Outpatient Procedure Fee Schedule
Outpatient Hospital Services

Effective4/1/2007
Montana Medicaid Conversion Factor = $47.75

Definitions:

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

Method – Source of fee determination

APC: Based on APC assigned weight x Montana's conversion factor. Pricing is affected by modifiers as listed in the provider manual. Procedures paid by APC method that have a zero fee are either bundled or not covered services. (See the Status Indicator)

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

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

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

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

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

Not Allowed: These services are not payable

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

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

Status Indicators:

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

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

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Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
00100	N	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS INCLU	-	-	-	APC/ Bundled				
00102	N	ANESTHESIA FOR PROCEDURES ON PLASTIC REPAIR OF CLEF	-	-	-	APC/ Bundled				
00103	N	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELI	-	-	-	APC/ Bundled				
00104	N	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY	-	-	-	APC/ Bundled				
00120	N	ANESTHESIA FOR PROCEDURES ON EXTERNAL MIDDLE AND	-	-	-	APC/ Bundled				
00124	N	ANESTHESIA FOR OTOSCOPY	-	-	-	APC/ Bundled				
00126	N	ANESTHESIA FOR TYMPANOTOMY	-	-	-	APC/ Bundled				
00140	N	ANESTHESIA FOR PROCEDURES ON EYE; NOS	-	-	-	APC/ Bundled				
00142	N	ANESTHESIA FOR LENS SURGERY	-	-	-	APC/ Bundled				
00144	N	ANESTHESIA FOR CORNEAL TRANSPLANT	-	-	-	APC/ Bundled				Y
00145	N	ANESTHESIA FOR VITREORETINAL SURGERY	-	-	-	APC/ Bundled				
00147	N	ANESTHESIA FOR IRIDECTOMY	-	-	-	APC/ Bundled				
00148	N	ANESTHESIA FOR OPTHALMOSCOPY	-	-	-	APC/ Bundled				
00160	N	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY S	-	-	-	APC/ Bundled				
00162	N	ANESTH FOR PROC ON NOSE/ACCESSORY SINUSES; RADICAL	-	-	-	APC/ Bundled				
00164	N	ANESTH FOR PROC ON NOSE/ACCESSORY SINSUES; BIOPSY S	-	-	-	APC/ Bundled				
00170	N	ANESTHESIA FOR INTRAORAL PROCEDURES INCLUDING BIOP	-	-	-	APC/ Bundled				
00172	N	ANESTHESIA FOR REPAIR OF CLEFT PALATE	-	-	-	APC/ Bundled				
00174	N	ANESTHESIA FOR EXCISION OF RETROPHARYNGEAL TUMOR	-	-	-	APC/ Bundled				
00176	C	ANESTH FOR INTRAORAL PROC INCLUDING BIOPSY; RADICAL	-	-	-	Inpatient Only				
00190	N	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL	-	-	-	APC/ Bundled				
00192	C	ANESTHESIA FOR PROCEDURES ON FACIAL BONES; RADICAL	-	-	-	Inpatient Only				
00210	N	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOS	-	-	-	APC/ Bundled				
00212	N	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL T	-	-	-	APC/ Bundled				
00214	C	ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES	-	-	-	Inpatient Only				
00215	C	ANES FOR CRANIOPLASTY OR ELEV OF DEP SKULL FX EXTRA	-	-	-	Inpatient Only				
00216	N	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR P	-	-	-	APC/ Bundled				
00218	N	ANESTH FOR INTRACRANIAL PROCEDURES; PROC IN SITTING	-	-	-	APC/ Bundled				
00220	N	ANESTH INTRCRN NERVE	-	-	-	APC/ Bundled				
00222	N	ANESTHESIA FOR ELECTROCOAGULATION OF INTRACRANIAL	-	-	-	APC/ Bundled				
00300	N	ANES FOR PX ON INTEG SYS MUSCLES NERVES OF HEAD NE	-	-	-	APC/ Bundled				
00320	N	ANESTH NECK ORGAN 1 & OVER	-	-	-	APC/ Bundled				
00322	N	ANESTHESIA FOR NEEDLE BIOPSY OF THYROID	-	-	-	APC/ Bundled				
00326	N	ANESTH LARYNX/TRACH < 1 YR	-	-	-	APC/ Bundled				
00350	N	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NEC	-	-	-	APC/ Bundled				
00352	N	ANESTHESIA FOR PROC ON MAJOR VESSELS OF NECK; SIMPL	-	-	-	APC/ Bundled				
00400	N	ANES FOR PX ON INTEG SYS ON EXTREM ANT TRUNK PERINE	-	-	-	APC/ Bundled				
00402	N	ANESTHESIA FOR RECONSTRUCTIVE PROC ON BREAST	-	-	-	APC/ Bundled				
00404	N	ANESTH FOR RADICAL OR MODIFIED RADICAL PROC ON BREA	-	-	-	APC/ Bundled				
00406	N	ANESTH RAD OR MOD RAD PROC/BREAST W/INT MAMMARY N	-	-	-	APC/ Bundled				
00410	N	ANESTHESIA FOELECTRICAL CONVERSION OF ARRYTHMIAS	-	-	-	APC/ Bundled				
00450	N	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA;	-	-	-	APC/ Bundled				
00452	C	ANESTH FOR PROC ON CLAVICLE & SCAPULA RADICAL SURGE	-	-	-	Inpatient Only				

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00454	N	ANESTH FOR BIOPSY OF CLAVICLE	-	-	-	APC/ Bundled				
00470	N	ANESTHESIA FOR PARTIAL RIB RESECTION; NOS	-	-	-	APC/ Bundled				
00472	N	ANESTHESIA FOR THORACOPLASTY	-	-	-	APC/ Bundled				
00474	C	ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCED	-	-	-	Inpatient Only				
00500	N	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS	-	-	-	APC/ Bundled				
00520	N	ANES FOR CLOSED CHEST PX; (INCL BRONCHOSC) NOS	-	-	-	APC/ Bundled				
00522	N	ANES FOR CLOSED CHEST PX (INC BRONC);NEEDLE BIOPSY C	-	-	-	APC/ Bundled				
00524	C	ANES FOR CLOSED CHEST PX (INC BRONCH); PNEUMOCENTE	-	-	-	Inpatient Only				
00528	N	ANESTH CHEST PARTITION VIEW	-	-	-	APC/ Bundled				
00529	N	ANESTH CHEST PARTITION VIEW	-	-	-	APC/ Bundled				
00530	N	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER II	-	-	-	APC/ Bundled				
00532	N	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATIO	-	-	-	APC/ Bundled				
00534	N	ANESTHESIA FOR TRANSVEN INSERT OR REPLACE OF PACING	-	-	-	APC/ Bundled				
00537	N	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDU	-	-	-	APC/ Bundled				
00539	N	ANESTH TRACH-BRONCH RECONST	-	-	-	APC/ Bundled				
00540	C	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING L	-	-	-	Inpatient Only				
00541	N	ANESTH ONE LUNG VENTILATION	-	-	-	APC/ Bundled				
00542	C	ANESTHESIA FOR DECORTICATION	-	-	-	Inpatient Only				
00546	C	ANESTHESIA FOR PULMONARY RESE TION W/THORACOPLAST	-	-	-	Inpatient Only				
00548	N	ANESTH FOR INTRATHORACIC REPAIR ON TRACHEA AND BRO	-	-	-	APC/ Bundled				
00550	N	ANESTHESIA FOR STERNAL DEBRIDEMENT	-	-	-	APC/ Bundled				
00560	C	ANESTH, OPEN HEART SURGERY	-	-	-	Inpatient Only				
00561	C	ANESTH HEART SURG < AGE 1	-	-	-	Inpatient Only				
00562	C	ANESTHESIA FOR PROCEDURES ON HEART PERICARDIUM AI	-	-	-	Inpatient Only				
00563	N	ANES FOR HEART PERICARD GREAT VESSELS W/PUMP OXYG	-	-	-	APC/ Bundled				
00566	N	ANES FOR DIRECT CORONARY ARTERY BYPASS GRAFT W/O P	-	-	-	APC/ Bundled				
00580	C	ANESTH HEART/LUNG TRANSPLNT	-	-	-	Inpatient Only				Y
00600	N	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CO	-	-	-	APC/ Bundled				
00604	C	ANESTHESIA FOR CERVICAL SPINE & CORD; PATIENT IN SIT P	-	-	-	Inpatient Only				
00620	N	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CO	-	-	-	APC/ Bundled				
00622	C	ANESTHESIA FOR THORACOLUMBAR SYMPATHECTOMY	-	-	-	Inpatient Only				
00625	N	ANES SPINE TRANTHOR W/O VENT	-	-	-	APC/ Bundled				
00626	N	ANES, SPINE TRANSTHOR W/VENT	-	-	-	APC/ Bundled				
00630	N	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOS	-	-	-	APC/ Bundled				
00632	C	ANESTHESIA FOR LUMBAR SYMPATHECTOMY	-	-	-	Inpatient Only				
00634	N	ANESTHESIA FOR CHEMONUCLEOLYSIS	-	-	-	APC/ Bundled				
00635	N	ANES FOR LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC P	-	-	-	APC/ Bundled				
00640	N	ANESTH SPINE MANIPULATION	-	-	-	APC/ Bundled				
00670	C	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROC	-	-	-	Inpatient Only				
00700	N	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOM	-	-	-	APC/ Bundled				
00702	N	ANESTHESIA FOR PERCUTANEOUS LIVER BIOPSY	-	-	-	APC/ Bundled				
00730	N	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDO	-	-	-	APC/ Bundled				
00740	N	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC P	-	-	-	APC/ Bundled				
00750	N	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOS	-	-	-	APC/ Bundled				

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00752	N	ANESTHESIA FOR LUMBAR/VENTRAL HERNIAS & FOR WOUND	-	-	-	APC/ Bundled				
00754	N	ANESTHESIA FOR OMPHALOCELE	-	-	-	APC/ Bundled				
00756	N	ANESTHESIA FOR TRANSABDOMINAL REPAIR OF DIAPHRAGM/	-	-	-	APC/ Bundled				
00770	N	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL E	-	-	-	APC/ Bundled				
00790	N	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER	-	-	-	APC/ Bundled				
00792	C	ANESTHESIA FOR PARTIAL HEPATECTOMY (EXCLUDE LIVER B	-	-	-	Inpatient Only				
00794	C	ANESTHESIA FOR PANCREATECTOMY PARTIAL OR TOTAL	-	-	-	Inpatient Only				
00796	C	ANESTHESIA FOR LIVER TRANSPLANT (RECIPIENT)	-	-	-	Inpatient Only				Y
00797	N	ANESTH, SURGERY FOR OBESITY	-	-	-	APC/ Bundled				
00800	N	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOI	-	-	-	APC/ Bundled				
00802	C	ANESTHESIA FOR PANNICULECTOMY	-	-	-	Inpatient Only				
00810	N	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDU	-	-	-	APC/ Bundled				
00820	N	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABD(	-	-	-	APC/ Bundled				
00830	N	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN;NOS	-	-	-	APC/ Bundled				
00832	N	ANESTHESIA FOR VENTRAL & INCISIONAL HERNIAS	-	-	-	APC/ Bundled				
00834	N	ANESTH HERNIA REPAIR< 1 YR	-	-	-	APC/ Bundled				
00836	N	ANESTH HERNIA REPAIR PREEMIE	-	-	-	APC/ Bundled				
00840	N	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWEF	-	-	-	APC/ Bundled				
00842	N	ANESTHESIA FOR AMNIOCENTESIS	-	-	-	APC/ Bundled				
00844	C	ANESTHESIA FOR ABDOMINOPERINEAL RESECTION	-	-	-	Inpatient Only				
00846	C	ANESTHESIA FOR RADICAL HYSTERECTOMY	-	-	-	Inpatient Only				
00848	C	ANESTHESIA FOR PELVIC EXENTERATION	-	-	-	Inpatient Only				
00851	N	ANES FOR INTRAPERITONEAL PROC IN LOW ABD INCL LAP; TU	-	-	-	APC/ Bundled				
00860	N	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWE	-	-	-	APC/ Bundled				
00862	N	ANESTHESIA FOR RENAL PROC INCL UPPER 1/3 URETER OR D	-	-	-	APC/ Bundled				
00864	C	ANESTHESIA FOR TOTAL CYCTECTOMY	-	-	-	Inpatient Only				
00865	C	RADICAL PROSTATECTOMY (SUPRAPUBIC RETROPUBIC)	-	-	-	Inpatient Only				
00866	C	ANESTHESIA FOR ADRENALECTOMY	-	-	-	Inpatient Only				
00868	C	ANESTHESIA FOR RENAL TRANSPLANT (RECIPIENT)	-	-	-	Inpatient Only				Y
00870	N	ANESTHESIA FOR CYSTOLITHOTOMY	-	-	-	APC/ Bundled				
00872	N	ANESTHESIA FOR LITHOTRIPSY EXTRACORPOREAL SHOCK W	-	-	-	APC/ Bundled				
00873	N	ANESTHESIA FOR LITHOTRIPSY EXTRACORPOREAL SHOCK W	-	-	-	APC/ Bundled				
00880	N	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMIN	-	-	-	APC/ Bundled				
00882	C	ANESTHESIA FOR INFERIOR VENA CAVA LIGATION	-	-	-	Inpatient Only				
00902	N	ANESTH FOR ANORECTAL PROCEDURE	-	-	-	APC/ Bundled				
00904	C	ANESTHESIA FOR RADICAL PERINEAL PROCEDURE	-	-	-	Inpatient Only				
00906	N	ANESTHESIA FOR VULVECTOMY	-	-	-	APC/ Bundled				
00908	C	ANESTHESIA FOR PERINEAL PROSTATECTOMY	-	-	-	Inpatient Only				
00910	N	ANES FOR TRANSURETHRAL PX; NOT OTHERWISE SPECIFIED	-	-	-	APC/ Bundled				
00912	N	ANES FOR TRANSURETHRAL PX; TRANSURETHRAL RESECT B	-	-	-	APC/ Bundled				
00914	N	ANES FOR TRANSURETHRAL PX; TRANSURETHRAL RESECT P	-	-	-	APC/ Bundled				
00916	N	ANES FOR TRANSURETHRAL PX; POST-TRANSURETH RESECT	-	-	-	APC/ Bundled				
00918	N	ANES FOR TRANSURETHRAL PX;W/FRAGMNT MANIPUL &/OR C	-	-	-	APC/ Bundled				
00920	N	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA; NOS	-	-	-	APC/ Bundled				

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00921	N	ANESTH VASECTOMY	-	-	-	APC/ Bundled				
00922	N	ANESTHESIA FOR PROCEDURES ON SEMINAL VESICLES	-	-	-	APC/ Bundled				
00924	N	ANESTHESIA FOR PROCEDURES ON UNDESCENDED TESTIS U	-	-	-	APC/ Bundled				
00926	N	ANESTHESIA FOR RADICAL ORCHIECTOMY INGUINAL	-	-	-	APC/ Bundled				
00928	N	ANESTHESIA FOR RADICAL ORCHIECTOMY ABDOMINAL	-	-	-	APC/ Bundled				
00930	N	ANESTHESIA FOR ORCHIOPEXY UNILATERAL OR BILATERAL	-	-	-	APC/ Bundled				
00932	C	ANESTHESIA FOR COMPLETE AMPUTATION OF PENIS	-	-	-	Inpatient Only				
00934	C	ANESTHESIA FOR RAD AMPUTATION OF PENIS W/BILAT INGUIN	-	-	-	Inpatient Only				
00936	C	ANESTH FOR RAD AMP OF PENIS W/BILAT INGUINAL & ILIAC LY	-	-	-	Inpatient Only				
00938	N	ANESTH FOR INSERTION OF PENILE PROSTHESIS (PERINEAL A	-	-	-	APC/ Bundled				
00940	N	ANES FOR VAGINAL PX; NOT OTHERWISE SPECIFIED	-	-	-	APC/ Bundled				
00942	N	ANESTH SURG ON VAG/URETHRAL	-	-	-	APC/ Bundled				
00944	C	ANES FOR VAGINAL PX; VAGINAL HYSTERECTOMY	-	-	-	Inpatient Only				
00948	N	ANES FOR VAGINAL PX; CERVICAL CERCLAGE	-	-	-	APC/ Bundled				
00950	N	ANES FOR VAGINAL PX; CULDOSCOPY	-	-	-	APC/ Bundled				
00952	N	ANES FOR VAGINAL PX; HYSTEROSCOPY &/OR HYSTEROSALP	-	-	-	APC/ Bundled				
01112	N	ANESTHESIA FOR BONE MARROW ASP &/OR BIOPSY ILIAC CR	-	-	-	APC/ Bundled				
01120	N	ANESTHESIA FOR PROCEDURES ON BONY PELVIS	-	-	-	APC/ Bundled				
01130	N	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	-	-	-	APC/ Bundled				
01140	C	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AM	-	-	-	Inpatient Only				
01150	C	ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PEL	-	-	-	Inpatient Only				
01160	N	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHY	-	-	-	APC/ Bundled				
01170	N	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS	-	-	-	APC/ Bundled				
01173	N	ANESTH FX REPAIR PELVIS	-	-	-	APC/ Bundled				
01180	N	ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC	-	-	-	APC/ Bundled				
01190	N	ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC	-	-	-	APC/ Bundled				
01200	N	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP	-	-	-	APC/ Bundled				
01202	N	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOIN	-	-	-	APC/ Bundled				
01210	N	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT;	-	-	-	APC/ Bundled				
01212	C	ANESTHESIA FOR HIP DISARTICULATION	-	-	-	Inpatient Only				
01214	C	ANESTH HIP ARTHROPLASTY	-	-	-	Inpatient Only				
01215	N	ANES FOR OPEN PROCEDURE INVOLVING HIP; REVISION TOT	-	-	-	APC/ Bundled				
01220	N	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPP	-	-	-	APC/ Bundled				
01230	N	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3	-	-	-	APC/ Bundled				
01232	C	ANESTHESIA FOR AMPUTATION INVOLVING UPPER 2/3 OF FEM	-	-	-	Inpatient Only				
01234	C	ANESTHESIA FOR RADICAL RESECTION INCL UPPER 2/3 OF FE	-	-	-	Inpatient Only				
01250	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES T	-	-	-	APC/ Bundled				
01260	N	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UP	-	-	-	APC/ Bundled				
01270	N	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UP	-	-	-	APC/ Bundled				
01272	C	ANESTHESIA FOR FEMORAL ARTERY LIGATION	-	-	-	Inpatient Only				
01274	C	ANESTHESIA FOR FEMORAL ARTERY EMBOLECTOMY	-	-	-	Inpatient Only				
01320	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES T	-	-	-	APC/ Bundled				
01340	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 O	-	-	-	APC/ Bundled				
01360	N	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF	-	-	-	APC/ Bundled				

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01380	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	-	-	-	APC/ Bundled				
01382	N	ANESTH DX KNEE ARTHROSCOPY	-	-	-	APC/ Bundled				
01390	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER END	-	-	-	APC/ Bundled				
01392	N	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS C	-	-	-	APC/ Bundled				
01400	N	ANESTH KNEE JOINT SURGERY	-	-	-	APC/ Bundled				
01402	C	ANESTH KNEE ARTHROPLASTY	-	-	-	Inpatient Only				
01404	C	ANESTHESIA FOR DISARTICULATION AT KNEE	-	-	-	Inpatient Only				
01420	N	ANESTHESIA FOR ALL CAST APPLICATIONS REMOVAL OR RE	-	-	-	APC/ Bundled				
01430	N	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POP	-	-	-	APC/ Bundled				
01432	N	ANESTHESIA FOR ARTERIOVENOUS FISTULA OF KNEE & POPL	-	-	-	APC/ Bundled				
01440	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND	-	-	-	APC/ Bundled				
01442	C	ANEST FOR POPLITEAL THROMBOENDARTECTOMY W/OR W/O	-	-	-	Inpatient Only				
01444	C	ANES FOR POPLITEAL EXC & GRAFT /REPAIR FOR OCCLU/ANE	-	-	-	Inpatient Only				
01462	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG	-	-	-	APC/ Bundled				
01464	N	ANESTH ANKLE/FT ARTHROSCOPY	-	-	-	APC/ Bundled				
01470	N	ANESTHESIA FOR PROCEDURES ON NERVES MUSCLES TEND	-	-	-	APC/ Bundled				
01472	N	ANES FOR REPAIR RUPTURED ACHILLES TENDON W/OR W/O C	-	-	-	APC/ Bundled				
01474	N	ANEST FOR GASTROCNEMIUS RECESSION (STRAYER PROCED	-	-	-	APC/ Bundled				
01480	N	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER	-	-	-	APC/ Bundled				
01482	N	ANESTHESIA FOR RADICAL RESECTION ON BONES OF LOWER	-	-	-	APC/ Bundled				
01484	N	ANESTHESIA FOR OSEOTOMY OR OSTEOPLASTY OF TIBIA & C	-	-	-	APC/ Bundled				
01486	C	ANESTHESIA FOR TOTAL ANKLE REPLACEMENT	-	-	-	Inpatient Only				
01490	N	ANESTHESIA FOR LOWER LEG CAST APPLICATION REMOVAL	-	-	-	APC/ Bundled				
01500	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG	-	-	-	APC/ Bundled				
01502	C	ANESTHESIA FOR EMBOLECTOMY DIRECT OR CATHETER LO	-	-	-	Inpatient Only				
01520	N	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; N	-	-	-	APC/ Bundled				
01522	N	ANES FOR VENOUS THROMBECTOMY DIRECT OR CATHETER	-	-	-	APC/ Bundled				
01610	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES	-	-	-	APC/ Bundled				
01620	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL H	-	-	-	APC/ Bundled				
01622	N	ANES DX SHOULDER ARTHROSCOPY	-	-	-	APC/ Bundled				
01630	N	ANESTH SURGERY OF SHOULDER	-	-	-	APC/ Bundled				
01632	C	ANESTHESIA FOR RADICAL RESECTION ON HUMERAL HEAD &	-	-	-	Inpatient Only				
01634	C	ANESTHESIA FOR SHOULDER DISARTICULATION	-	-	-	Inpatient Only				
01636	C	ANESTHESIA FOR INTERTHORACOSCAPULAR (FOREQUARTER	-	-	-	Inpatient Only				
01638	C	ANESTHESIA FOR TOTAL SHOULDER REPLACEMENT	-	-	-	Inpatient Only				
01650	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER	-	-	-	APC/ Bundled				
01652	C	ANESTHESIA FOR AXILLARY-BRACHIAL ANEURYSM	-	-	-	Inpatient Only				
01654	C	ANESTHESIA FOR BYPASS GRAFT ON ARTERIES OF SHOULDE	-	-	-	Inpatient Only				
01656	C	ANESTHESIA FOR AXILLARY-FEMORAL BYPASS GRAFT	-	-	-	Inpatient Only				
01670	N	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER	-	-	-	APC/ Bundled				
01680	N	ANESTHESIA FOR SHOULDER CAST APPLICATION REMOVAL C	-	-	-	APC/ Bundled				
01682	N	ANESTHESIA FOR SHOULDER SPICA APPLICATION REMOVAL	-	-	-	APC/ Bundled				
01710	N	ANESTHESIA FOR PROCEDURES ON NERVES MUSCLES TEND	-	-	-	APC/ Bundled				
01712	N	ANESTHESIA FOR TENOTOMY ELBOW TO SHOULDER OPEN	-	-	-	APC/ Bundled				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
01714	N	ANESTHESIA FOR TENOPLASTY ELBOW TO SHOULDER	-	-	-	APC/ Bundled				
01716	N	ANESTHESIA FOR TENODESIS RUPTURE OF LONG TENDON O	-	-	-	APC/ Bundled				
01730	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS A	-	-	-	APC/ Bundled				
01732	N	ANESTH DX ELBOW ARTHROSCOPY	-	-	-	APC/ Bundled				
01740	N	ANESTH UPPER ARM SURGERY	-	-	-	APC/ Bundled				
01742	N	ANESTHESIA FOR OSTEOTOMY OF HUMERUS	-	-	-	APC/ Bundled				
01744	N	ANESTHESIA FOR REPAIR OF NONUNION OR MALUNION OF HU	-	-	-	APC/ Bundled				
01756	C	ANESTHESIA FOR RADICAL PROCEDURES ON HUMERUS AND	-	-	-	Inpatient Only				
01758	N	ANESTHESIA FOR EXCISION OF CYST OR TUMOR OF HUMERU	-	-	-	APC/ Bundled				
01760	N	ANESTHESIA FOR TOTAL ELBOW REPLACEMENT	-	-	-	APC/ Bundled				
01770	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM	-	-	-	APC/ Bundled				
01772	N	ANESTHESIA FOR EMBOLECTOMY OF UPPER ARM AND ELBOV	-	-	-	APC/ Bundled				
01780	N	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AN	-	-	-	APC/ Bundled				
01782	N	ANESTHESIA FOR PHLEBORRHAPHY OF UPPER ARM & ELBOW	-	-	-	APC/ Bundled				
01810	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES T	-	-	-	APC/ Bundled				
01820	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS ULN	-	-	-	APC/ Bundled				
01829	N	ANESTH DX WRIST ARTHROSCOPY	-	-	-	APC/ Bundled				
01830	N	ANESTH LOWER ARM SURGERY	-	-	-	APC/ Bundled				
01832	N	ANESTHESIA FOR TOTAL WRIST REPLACEMENT	-	-	-	APC/ Bundled				
01840	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM	-	-	-	APC/ Bundled				
01842	N	ANESTHESIA FOR EMBOLECTOMY OF FOREARM WRIST AND	-	-	-	APC/ Bundled				
01844	N	ANESTHESIA FOR VASCULAR SHUNT OR SHUNT REVISION AN	-	-	-	APC/ Bundled				
01850	N	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM WRI	-	-	-	APC/ Bundled				
01852	N	ANESTHESIA FOR PHLEBORRHAPHY OF FOREARM WRIST AN	-	-	-	APC/ Bundled				
01860	N	ANESTHESIA FOR FOREARM WRIST OR HAND CAST APPLICAT	-	-	-	APC/ Bundled				
01905	N	ANESTHESIA FOR MYELOGRAPHY DISKOGRAPHY VERTEBRO	-	-	-	APC/ Bundled				
01916	N	ANESTH DX ARTERIOGRAPHY	-	-	-	APC/ Bundled				
01920	N	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CO	-	-	-	APC/ Bundled				
01922	N	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THE	-	-	-	APC/ Bundled				
01924	N	ANES THER INTERVEN RAD ART	-	-	-	APC/ Bundled				
01925	N	ANESTH FOR RADIOL PROC INVOLV ARTL SYS CAROTIDOR CO	-	-	-	APC/ Bundled				
01926	N	ANES TX INTERV RAD HRT/CRAN	-	-	-	APC/ Bundled				
01930	N	ANESTH FOR RADIOL PROC INVOLV VENOUS/LYMPH SYS NOS	-	-	-	APC/ Bundled				
01931	N	ANES THER INTERVEN RAD TIP	-	-	-	APC/ Bundled				
01932	N	ANES FOR RADIOL PROC INVOLV VEN/LYMPH SYS INTRATHOR	-	-	-	APC/ Bundled				
01933	N	ANES TX INTERV RAD INTRACRANIAL	-	-	-	APC/ Bundled				
01951	N	ANES 2ND&3RD DEG BURN EXCISION OR DEBRIDEMENT; < 1%	-	-	-	APC/ Bundled				
01952	N	ANESTH, BURN, 4-9 PERCENT	-	-	-	APC/ Bundled				
01953	N	ANES 2ND&3RD DEG BURN EXCISION OR DEBRIDEMENT; EACH	-	-	-	APC/ Bundled				
01958	N	ANESTH ANTEPARTUM MANIPUL	-	-	-	APC/ Bundled				
01960	N	ANESTH VAGINAL DELIVERY	-	-	-	APC/ Bundled				
01961	N	ANESTH CS DELIVERY	-	-	-	APC/ Bundled				
01962	N	ANESTH EMER HYSTERECTOMY	-	-	-	APC/ Bundled				
01963	N	ANESTH CS HYSTERECTOMY	-	-	-	APC/ Bundled				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
01965	N	ANESTH INC/MISSED AB PROC	-	-	-	APC/ Bundled				
01966	N	ANESTH INDUCED AB PROCEDURE	-	-	-	APC/ Bundled				
01967	N	NEURAXIAL LABOR ANESTH FOR PLANNED VAGINAL DELIVERY	-	-	-	APC/ Bundled				
01968	N	ANES/ANALG CS DELIVER ADD-ON	-	-	-	APC/ Bundled				
01969	N	ANESTH/ANALG CS HYST ADD-ON	-	-	-	APC/ Bundled				
01990	C	PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FI	-	-	-	Inpatient Only				Y
01991	N	ANESTH NERVE BLOCK/INJ	-	-	-	APC/ Bundled				
01992	N	ANESTH N BLOCK/INJ PRONE	-	-	-	APC/ Bundled				
01996	N	HOSP MANAGE CONT DRUG ADMIN	-	-	-	APC/ Bundled				
01999	N	UNLISTED ANESTHESIA PROCEDURE(S)	-	-	-	APC/ Bundled				
10021	T	FNA W/O IMAGE	00002	1.0995	$52.50	APC				
10022	T	FNA W/IMAGE	00036	2.0738	$99.02	APC				
10040	T	ACNE SURGERY	00010	0.476	$22.73	APC				
10060	T	DRAINAGE OF SKIN ABSCESS	00006	1.4392	$68.72	APC				
10061	T	DRAINAGE OF SKIN ABSCESS	00006	1.4392	$68.72	APC				
10080	T	DRAINAGE OF PILONIDAL CYST	00006	1.4392	$68.72	APC				
10081	T	DRAINAGE OF PILONIDAL CYST	00007	11.1535	$532.58	APC				
10120	T	REMOVE FOREIGN BODY	00006	1.4392	$68.72	APC				
10121	T	REMOVE FOREIGN BODY	00021	15.1024	$721.14	APC				
10140	T	DRAINAGE OF HEMATOMA/FLUID	00007	11.1535	$532.58	APC				
10160	T	PUNCTURE DRAINAGE OF LESION	00018	1.0259	$48.99	APC				
10180	T	COMPLEX DRAINAGE, WOUND	00008	17.5086	$836.04	APC				
11000	T	DEBRIDE INFECTED SKIN	00013	1.0918	$52.13	APC				
11001	T	DEBRIDE INFECTED SKIN ADD-ON	00012	0.8432	$40.26	APC				
11004	C	DEBRIDE GENITALIA & PERINEUM	-	-	-	Inpatient Only				
11005	C	DEBRIDE ABDOM WALL	-	-	-	Inpatient Only				
11006	C	DEBRIDE GENIT/PER/ABDOM WALL	-	-	-	Inpatient Only				
11008	C	REMOVE MESH FROM ABD WALL	-	-	-	Inpatient Only				
11010	T	DEBRIDE SKIN FX	00019	4.0919	$195.39	APC				
11011	T	DEBRIDE SKIN/MUSCLE FX	00019	4.0919	$195.39	APC				
11012	T	DEBRIDE SKIN/MUSCLE/BONE FX	00019	4.0919	$195.39	APC				
11040	T	DEBRIDE SKIN, PARTIAL	00015	1.6241	$77.55	APC				
11041	T	DEBRIDE SKIN, FULL	00015	1.6241	$77.55	APC				
11042	T	DEBRIDE SKIN/TISSUE	00016	2.6749	$127.73	APC				
11043	T	DEBRIDE TISSUE/MUSCLE	00016	2.6749	$127.73	APC				
11044	T	DEBRIDE TISSUE/MUSCLE/BONE	00682	6.8832	$328.67	APC				
11055	T	TRIM SKIN LESION	00012	0.8432	$40.26	APC				
11056	T	TRIM SKIN LESIONS, 2 TO 4	00012	0.8432	$40.26	APC				
11057	T	TRIM SKIN LESIONS, OVER 4	00013	1.0918	$52.13	APC				
11100	T	BIOPSY SKIN LESION	00018	1.0259	$48.99	APC				
11101	T	BIOPSY, SKIN ADD-ON	00018	1.0259	$48.99	APC				
11200	T	REMOVAL OF SKIN TAGS	00013	1.0918	$52.13	APC				
11201	T	REMOVE SKIN TAGS ADD-ON	00015	1.6241	$77.55	APC				
11300	T	SHAVE SKIN LESION	00012	0.8432	$40.26	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
11301	T	SHAVE SKIN LESION	00012	0.8432	$40.26	APC				
11302	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11303	T	SHAVE SKIN LESION	00015	1.6241	$77.55	APC				
11305	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11306	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11307	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11308	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11310	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11311	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11312	T	SHAVE SKIN LESION	00013	1.0918	$52.13	APC				
11313	T	SHAVE SKIN LESION	00016	2.6749	$127.73	APC				
11400	T	EXC TR-EXT B9+MARG 0.5 < CM	00019	4.0919	$195.39	APC				
11401	T	EXC TR-EXT B9+MARG 0.6-1 CM	00019	4.0919	$195.39	APC				
11402	T	EXC TR-EXT B9+MARG 1.1-2 CM	00019	4.0919	$195.39	APC				
11403	T	EXC TR-EXT B9+MARG 2.1-3 CM	00020	6.8083	$325.10	APC				
11404	T	EXC TR-EXT B9+MARG 3.1-4 CM	00021	15.1024	$721.14	APC				
11406	T	EXC TR-EXT B9+MARG > 4.0 CM	00021	15.1024	$721.14	APC				
11420	T	EXC H-F-NK-SP B9+MARG 0.5 <	00020	6.8083	$325.10	APC				
11421	T	EXC H-F-NK-SP B9+MARG 0.6-1	00020	6.8083	$325.10	APC				
11422	T	EXC H-F-NK-SP B9+MARG 1.1-2	00020	6.8083	$325.10	APC				
11423	T	EXC H-F-NK-SP B9+MARG 2.1-3	00021	15.1024	$721.14	APC				
11424	T	EXC H-F-NK-SP B9+MARG 3.1-4	00021	15.1024	$721.14	APC				
11426	T	EXC H-F-NK-SP B9+MARG > 4 CM	00022	20.0656	$958.13	APC				
11440	T	EXC FACE-MM B9+MARG 0.5 < CM	00019	4.0919	$195.39	APC				
11441	T	EXC FACE-MM B9+MARG 0.6-1 CM	00019	4.0919	$195.39	APC				
11442	T	EXC FACE-MM B9+MARG 1.1-2 CM	00020	6.8083	$325.10	APC				
11443	T	EXC FACE-MM B9+MARG 2.1-3 CM	00020	6.8083	$325.10	APC				
11444	T	EXC FACE-MM B9+MARG 3.1-4 CM	00020	6.8083	$325.10	APC				
11446	T	EXC FACE-MM B9+MARG > 4 CM	00022	20.0656	$958.13	APC				
11450	T	REMOVAL, SWEAT GLAND LESION	00022	20.0656	$958.13	APC				
11451	T	REMOVAL, SWEAT GLAND LESION	00022	20.0656	$958.13	APC				
11462	T	REMOVAL, SWEAT GLAND LESION	00022	20.0656	$958.13	APC				
11463	T	REMOVAL, SWEAT GLAND LESION	00022	20.0656	$958.13	APC				
11470	T	REMOVAL, SWEAT GLAND LESION	00022	20.0656	$958.13	APC				
11471	T	REMOVAL, SWEAT GLAND LESION	00022	20.0656	$958.13	APC				
11600	T	EXC TR-EXT MLG+MARG 0.5 < CM	00019	4.0919	$195.39	APC				
11601	T	EXC TR-EXT MLG+MARG 0.6-1 CM	00019	4.0919	$195.39	APC				
11602	T	EXC TR-EXT MLG+MARG 1.1-2 CM	00019	4.0919	$195.39	APC				
11603	T	EXC TR-EXT MLG+MARG 2.1-3 CM	00020	6.8083	$325.10	APC				
11604	T	EXC TR-EXT MLG+MARG 3.1-4 CM	00020	6.8083	$325.10	APC				
11606	T	EXC TR-EXT MLG+MARG > 4 CM	00021	15.1024	$721.14	APC				
11620	T	EXC H-F-NK-SP MLG+MARG 0.5 <	00020	6.8083	$325.10	APC				
11621	T	EXC H-F-NK-SP MLG+MARG 0.6-1	00019	4.0919	$195.39	APC				
11622	T	EXC H-F-NK-SP MLG+MARG 1.1-2	00020	6.8083	$325.10	APC				

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11623	T	EXC H-F-NK-SP MLG+MARG 2.1-3	00021	15.1024	$721.14	APC				
11624	T	EXC H-F-NK-SP MLG+MARG 3.1-4	00021	15.1024	$721.14	APC				
11626	T	EXC H-F-NK-SP MLG+MAR > 4 CM	00022	20.0656	$958.13	APC				
11640	T	EXC FACE-MM MALIG+MARG 0.5 <	00020	6.8083	$325.10	APC				
11641	T	EXC FACE-MM MALIG+MARG 0.6-1	00020	6.8083	$325.10	APC				
11642	T	EXC FACE-MM MALIG+MARG 1.1-2	00020	6.8083	$325.10	APC				
11643	T	EXC FACE-MM MALIG+MARG 2.1-3	00020	6.8083	$325.10	APC				
11644	T	EXC FACE-MM MALIG+MARG 3.1-4	00021	15.1024	$721.14	APC				
11646	T	EXC FACE-MM MLG+MARG > 4 CM	00022	20.0656	$958.13	APC				
11719	T	TRIM NAIL(S)	00009	0.7744	$36.98	APC				
11720	T	DEBRIDE NAIL, 1-5	00009	0.7744	$36.98	APC				
11721	T	DEBRIDE NAIL, 6 OR MORE	00009	0.7744	$36.98	APC				
11730	T	REMOVAL OF NAIL PLATE	00013	1.0918	$52.13	APC				
11732	T	REMOVE NAIL PLATE, ADD-ON	00012	0.8432	$40.26	APC				
11740	T	DRAIN BLOOD FROM UNDER NAIL	00009	0.7744	$36.98	APC				
11750	T	REMOVAL OF NAIL BED	00019	4.0919	$195.39	APC				
11752	T	REMOVE NAIL BED/FINGER TIP	00022	20.0656	$958.13	APC				
11755	T	BIOPSY, NAIL UNIT	00019	4.0919	$195.39	APC				
11760	T	REPAIR OF NAIL BED	00024	1.4843	$70.88	APC				
11762	T	RECONSTRUCTION OF NAIL BED	00024	1.4843	$70.88	APC				
11765	T	EXCISION OF NAIL FOLD, TOE	00015	1.6241	$77.55	APC				
11770	T	REMOVAL OF PILONIDAL LESION	00022	20.0656	$958.13	APC				
11771	T	REMOVAL OF PILONIDAL LESION	00022	20.0656	$958.13	APC				
11772	T	REMOVAL OF PILONIDAL LESION	00022	20.0656	$958.13	APC				
11900	T	INJECTION INTO SKIN LESIONS	00012	0.8432	$40.26	APC				
11901	T	ADDED SKIN LESIONS INJECTION	00012	0.8432	$40.26	APC				
11920	T	CORRECT SKIN COLOR DEFECTS	00024	1.4843	$70.88	APC				
11921	T	CORRECT SKIN COLOR DEFECTS	00024	1.4843	$70.88	APC				
11922	T	CORRECT SKIN COLOR DEFECTS	00024	1.4843	$70.88	APC				
11950	T	THERAPY FOR CONTOUR DEFECTS	00024	1.4843	$70.88	APC				
11951	T	THERAPY FOR CONTOUR DEFECTS	00024	1.4843	$70.88	APC				
11952	T	THERAPY FOR CONTOUR DEFECTS	00024	1.4843	$70.88	APC				
11954	T	THERAPY FOR CONTOUR DEFECTS	00024	1.4843	$70.88	APC				
11960	T	INSERT TISSUE EXPANDER(S)	00027	21.4302	$1,023.29	APC				
11970	T	REPLACE TISSUE EXPANDER	00051	41.0893	$1,962.01	APC				
11971	T	REMOVE TISSUE EXPANDER(S)	00022	20.0656	$958.13	APC				
11975	M	INSERT CONTRACEPTIVE CAP	-	-	-	By Report				
11976	T	REMOVAL OF CONTRACEPTIVE CAP	00019	4.0919	$195.39	APC				
11977	M	REMOVAL/REINSERT CONTRA CAP	-	-	-	By Report				
11980	X	IMPLANT HORMONE PELLET(S)	00340	0.6102	$29.14	APC				
11981	X	INSERT DRUG IMPLANT DEVICE	00340	0.6102	$29.14	APC				
11982	X	REMOVE DRUG IMPLANT DEVICE	00340	0.6102	$29.14	APC				
11983	X	REMOVE/INSERT DRUG IMPLANT	00340	0.6102	$29.14	APC				
12001	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
12002	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12004	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12005	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12006	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12007	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12011	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12013	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12014	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12015	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12016	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12017	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12018	T	REPAIR SUPERFICIAL WOUND(S)	00024	1.4843	$70.88	APC				
12020	T	CLOSURE OF SPLIT WOUND	00024	1.4843	$70.88	APC				
12021	T	CLOSURE OF SPLIT WOUND	00024	1.4843	$70.88	APC				
12031	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12032	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12034	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12035	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12036	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12037	T	LAYER CLOSURE OF WOUND(S)	00025	5.2594	$251.14	APC				
12041	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12042	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12044	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12045	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12046	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12047	T	LAYER CLOSURE OF WOUND(S)	00025	5.2594	$251.14	APC				
12051	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12052	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12053	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12054	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12055	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12056	T	LAYER CLOSURE OF WOUND(S)	00024	1.4843	$70.88	APC				
12057	T	LAYER CLOSURE OF WOUND(S)	00025	5.2594	$251.14	APC				
13100	T	REPAIR OF WOUND OR LESION	00025	5.2594	$251.14	APC				
13101	T	REPAIR OF WOUND OR LESION	00025	5.2594	$251.14	APC				
13102	T	REPAIR WOUND/LESION ADD-ON	00024	1.4843	$70.88	APC				
13120	T	REPAIR OF WOUND OR LESION	00024	1.4843	$70.88	APC				
13121	T	REPAIR OF WOUND OR LESION	00024	1.4843	$70.88	APC				
13122	T	REPAIR WOUND/LESION ADD-ON	00024	1.4843	$70.88	APC				
13131	T	REPAIR OF WOUND OR LESION	00024	1.4843	$70.88	APC				
13132	T	REPAIR OF WOUND OR LESION	00024	1.4843	$70.88	APC				
13133	T	REPAIR WOUND/LESION ADD-ON	00024	1.4843	$70.88	APC				
13150	T	REPAIR OF WOUND OR LESION	00025	5.2594	$251.14	APC				
13151	T	REPAIR OF WOUND OR LESION	00025	5.2594	$251.14	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
13152	T	REPAIR OF WOUND OR LESION	00025	5.2594	$251.14	APC				
13153	T	REPAIR WOUND/LESION ADD-ON	00024	1.4843	$70.88	APC				
13160	T	LATE CLOSURE OF WOUND	00027	21.4302	$1,023.29	APC				
14000	T	SKIN TISSUE REARRANGEMENT	00686	14.0346	$670.15	APC				
14001	T	SKIN TISSUE REARRANGEMENT	00027	21.4302	$1,023.29	APC				
14020	T	SKIN TISSUE REARRANGEMENT	00686	14.0346	$670.15	APC				
14021	T	SKIN TISSUE REARRANGEMENT	00686	14.0346	$670.15	APC				
14040	T	SKIN TISSUE REARRANGEMENT	00686	14.0346	$670.15	APC				
14041	T	SKIN TISSUE REARRANGEMENT	00686	14.0346	$670.15	APC				
14060	T	SKIN TISSUE REARRANGEMENT	00686	14.0346	$670.15	APC				
14061	T	SKIN TISSUE REARRANGEMENT	00686	14.0346	$670.15	APC				
14300	T	SKIN TISSUE REARRANGEMENT	00027	21.4302	$1,023.29	APC				
14350	T	SKIN TISSUE REARRANGEMENT	00027	21.4302	$1,023.29	APC				
15002	T	WND PREP, CH/INF, TRK/ARM/LG	00025	5.2594	$251.14	APC				
15003	T	WND PREP, CH/INF ADDL 100 CM	00025	5.2594	$251.14	APC				
15004	T	WND PREP CH/INF, F/N/HF/G	00025	5.2594	$251.14	APC				
15005	T	WND PREP, F/N/HF/G, ADDL CM	00025	5.2594	$251.14	APC				
15040	T	HARVEST CULTURED SKIN GRAFT	00024	1.4843	$70.88	APC				
15050	T	SKIN PINCH GRAFT	00025	5.2594	$251.14	APC				
15100	T	SKIN SPLT GRFT TRNK/ARM/LEG	00027	21.4302	$1,023.29	APC				
15101	T	SKIN SPLT GRFT T/A/L ADD-ON	00027	21.4302	$1,023.29	APC				
15110	T	EPIDRM AUTOGRFT TRNK/ARM/LEG	00027	21.4302	$1,023.29	APC				
15111	T	EPIDRM AUTOGRFT T/A/L ADD-ON	00027	21.4302	$1,023.29	APC				
15115	T	EPIDRM A-GRFT FACE/NCK/HF/G	00027	21.4302	$1,023.29	APC				
15116	T	EPIDRM A-GRFT F/N/HF/G ADDL	00027	21.4302	$1,023.29	APC				
15120	T	SKN SPLT A-GRFT FAC/NCK/HF/G	00027	21.4302	$1,023.29	APC				
15121	T	SKN SPLT A-GRFT F/N/HF/G ADD	00027	21.4302	$1,023.29	APC				
15130	T	DERM AUTOGRAFT TRNK/ARM/LEG	00027	21.4302	$1,023.29	APC				
15131	T	DERM AUTOGRAFT T/A/L ADD-ON	00027	21.4302	$1,023.29	APC				
15135	T	DERM AUTOGRAFT FACE/NCK/HF/G	00027	21.4302	$1,023.29	APC				
15136	T	DERM AUTOGRAFT F/N/HF/G ADD	00027	21.4302	$1,023.29	APC				
15150	T	CULT EPIDERM GRFT T/ARM/LEG	00027	21.4302	$1,023.29	APC				
15151	T	CULT EPIDERM GRFT T/A/L ADDL	00027	21.4302	$1,023.29	APC				
15152	T	CULT EPIDERM GRAFT T/A/L +%	00027	21.4302	$1,023.29	APC				
15155	T	CULT EPIDERM GRAFT F/N/HF/G	00027	21.4302	$1,023.29	APC				
15156	T	CULT EPIDRM GRFT F/N/HFG ADD	00027	21.4302	$1,023.29	APC				
15157	T	CULT EPIDERM GRFT F/N/HFG +%	00027	21.4302	$1,023.29	APC				
15170	T	ACELL GRAFT TRUNK/ARMS/LEGS	00025	5.2594	$251.14	APC				
15171	T	ACELL GRAFT T/ARM/LEG ADD-ON	00025	5.2594	$251.14	APC				
15175	T	ACELLULAR GRAFT F/N/HF/G	00025	5.2594	$251.14	APC				
15176	T	ACELL GRAFT F/N/HF/G ADD-ON	00025	5.2594	$251.14	APC				
15200	T	SKIN FULL GRAFT TRUNK	00686	14.0346	$670.15	APC				
15201	T	SKIN FULL GRAFT TRUNK ADD-ON	00025	5.2594	$251.14	APC				
15220	T	SKIN FULL GRAFT SCLP/ARM/LEG	00686	14.0346	$670.15	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
15221	T	SKIN FULL GRAFT ADD-ON	00025	5.2594	$251.14	APC				
15240	T	SKIN FULL GRFT FACE/GENIT/HF	00686	14.0346	$670.15	APC				
15241	T	SKIN FULL GRAFT ADD-ON	00025	5.2594	$251.14	APC				
15260	T	SKIN FULL GRAFT EEN & LIPS	00686	14.0346	$670.15	APC				
15261	T	SKIN FULL GRAFT ADD-ON	00025	5.2594	$251.14	APC				
15300	T	APPLY SKINALLOGRFT T/ARM/LG	00025	5.2594	$251.14	APC				
15301	T	APPLY SKNALLOGRFT T/A/L ADDL	00025	5.2594	$251.14	APC				
15320	T	APPLY SKIN ALLOGRFT F/N/HF/G	00025	5.2594	$251.14	APC				
15321	T	APLY SKNALLOGRFT F/N/HFG ADD	00025	5.2594	$251.14	APC				
15330	T	APLY ACELL ALOGRFT T/ARM/LEG	00025	5.2594	$251.14	APC				
15331	T	APLY ACELL GRFT T/A/L ADD-ON	00025	5.2594	$251.14	APC				
15335	T	APPLY ACELL GRAFT F/N/HF/G	00025	5.2594	$251.14	APC				
15336	T	APLY ACELL GRFT F/N/HF/G ADD	00025	5.2594	$251.14	APC				
15340	T	APPLY CULT SKIN SUBSTITUTE	00025	5.2594	$251.14	APC				
15341	T	APPLY CULT SKIN SUB ADD-ON	00025	5.2594	$251.14	APC				
15360	T	APPLY CULT DERM SUB T/A/L	00025	5.2594	$251.14	APC				
15361	T	APLY CULT DERM SUB T/A/L ADD	00025	5.2594	$251.14	APC				
15365	T	APPLY CULT DERM SUB F/N/HF/G	00025	5.2594	$251.14	APC				
15366	T	APPLY CULT DERM F/HF/G ADD	00025	5.2594	$251.14	APC				
15400	T	APPLY SKIN XENOGRAFT T/A/L	00025	5.2594	$251.14	APC				
15401	T	APPLY SKN XENOGRFT T/A/L ADD	00025	5.2594	$251.14	APC				
15420	T	APPLY SKIN XGRAFT F/N/HF/G	00025	5.2594	$251.14	APC				
15421	T	APPLY SKN XGRFT F/N/HF/G ADD	00025	5.2594	$251.14	APC				
15430	T	APPLY ACELLULAR XENOGRAFT	00025	5.2594	$251.14	APC				
15431	T	APPLY ACELLULAR XGRAFT ADD	00025	5.2594	$251.14	APC				
15570	T	FORM SKIN PEDICLE FLAP	00027	21.4302	$1,023.29	APC				
15572	T	FORM SKIN PEDICLE FLAP	00027	21.4302	$1,023.29	APC				
15574	T	FORM SKIN PEDICLE FLAP	00027	21.4302	$1,023.29	APC				
15576	T	FORM SKIN PEDICLE FLAP	00686	14.0346	$670.15	APC				
15600	T	SKIN GRAFT	00027	21.4302	$1,023.29	APC				
15610	T	SKIN GRAFT	00027	21.4302	$1,023.29	APC				
15620	T	SKIN GRAFT	00027	21.4302	$1,023.29	APC				
15630	T	SKIN GRAFT	00027	21.4302	$1,023.29	APC				
15650	T	TRANSFER SKIN PEDICLE FLAP	00027	21.4302	$1,023.29	APC				
15731	T	FOREHEAD FLAP W/VASC PEDICLE	00686	14.0346	$670.15	APC				
15732	T	MUSCLE-SKIN GRAFT, HEAD/NECK	00027	21.4302	$1,023.29	APC				
15734	T	MUSCLE-SKIN GRAFT, TRUNK	00027	21.4302	$1,023.29	APC				
15736	T	MUSCLE-SKIN GRAFT, ARM	00027	21.4302	$1,023.29	APC				
15738	T	MUSCLE-SKIN GRAFT, LEG	00027	21.4302	$1,023.29	APC				
15740	T	ISLAND PEDICLE FLAP GRAFT	00686	14.0346	$670.15	APC				
15750	T	NEUROVASCULAR PEDICLE GRAFT	00027	21.4302	$1,023.29	APC				
15756	C	FREE MYO/SKIN FLAP MICROVASC	-	-	-	Inpatient Only				
15757	C	FREE SKIN FLAP MICROVASC	-	-	-	Inpatient Only				
15758	C	FREE FASCIAL FLAP MICROVASC	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
15760	T	COMPOSITE SKIN GRAFT	00027	21.4302	$1,023.29	APC				
15770	T	DERMA-FAT-FASCIA GRAFT	00027	21.4302	$1,023.29	APC				
15775	T	HAIR TRANSPLANT PUNCH GRAFTS	-	-	-	Not Allowed				
15776	T	HAIR TRANSPLANT PUNCH GRAFTS	-	-	-	Not Allowed				
15780	T	ABRASION TREATMENT OF SKIN	-	-	-	Not Allowed				
15781	T	ABRASION TREATMENT OF SKIN	-	-	-	Not Allowed				
15782	T	ABRASION TREATMENT OF SKIN	-	-	-	Not Allowed				
15783	T	ABRASION TREATMENT OF SKIN	-	-	-	Not Allowed				
15786	T	ABRASION, LESION, SINGLE	-	-	-	Not Allowed				
15787	T	ABRASION, LESIONS, ADD-ON	-	-	-	Not Allowed				
15788	T	CHEMICAL PEEL, FACE, EPIDERM	-	-	-	Not Allowed				
15789	T	CHEMICAL PEEL, FACE, DERMAL	-	-	-	Not Allowed				
15792	T	CHEMICAL PEEL, NONFACIAL	-	-	-	Not Allowed				
15793	T	CHEMICAL PEEL, NONFACIAL	-	-	-	Not Allowed				
15819	T	PLASTIC SURGERY, NECK	-	-	-	Not Allowed				
15820	T	REVISION OF LOWER EYELID	00027	21.4302	$1,023.29	APC				Y
15821	T	REVISION OF LOWER EYELID	00027	21.4302	$1,023.29	APC				Y
15822	T	REVISION OF UPPER EYELID	00027	21.4302	$1,023.29	APC				Y
15823	T	REVISION OF UPPER EYELID	00686	14.0346	$670.15	APC				Y
15824	T	REMOVAL OF FOREHEAD WRINKLES	-	-	-	Not Allowed				Y
15825	T	REMOVAL OF NECK WRINKLES	-	-	-	Not Allowed				Y
15826	T	REMOVAL OF BROW WRINKLES	-	-	-	Not Allowed				Y
15828	T	REMOVAL OF FACE WRINKLES	-	-	-	Not Allowed				Y
15829	T	REMOVAL OF SKIN WRINKLES	-	-	-	Not Allowed				Y
15830	T	EXC SKIN ABD	00022	20.0656	$958.13	APC				
15832	T	EXCISE EXCESSIVE SKIN TISSUE	00022	20.0656	$958.13	APC				Y
15833	T	EXCISE EXCESSIVE SKIN TISSUE	00022	20.0656	$958.13	APC				Y
15834	T	EXCISE EXCESSIVE SKIN TISSUE	00022	20.0656	$958.13	APC				Y
15835	T	EXCISE EXCESSIVE SKIN TISSUE	00025	5.2594	$251.14	APC				Y
15836	T	EXCISE EXCESSIVE SKIN TISSUE	00021	15.1024	$721.14	APC				Y
15837	T	EXCISE EXCESSIVE SKIN TISSUE	00021	15.1024	$721.14	APC				Y
15838	T	EXCISE EXCESSIVE SKIN TISSUE	00021	15.1024	$721.14	APC				Y
15839	T	EXCISE EXCESSIVE SKIN TISSUE	00021	15.1024	$721.14	APC				Y
15840	T	GRAFT FOR FACE NERVE PALSY	00027	21.4302	$1,023.29	APC				
15841	T	GRAFT FOR FACE NERVE PALSY	00027	21.4302	$1,023.29	APC				
15842	T	FLAP FOR FACE NERVE PALSY	00686	14.0346	$670.15	APC				
15845	T	SKIN AND MUSCLE REPAIR, FACE	00027	21.4302	$1,023.29	APC				
15847	T	EXC SKIN ABD ADD-ON	00022	20.0656	$958.13	APC				
15850	T	REMOVAL OF SUTURES	00016	2.6749	$127.73	APC				
15851	T	REMOVAL OF SUTURES	00016	2.6749	$127.73	APC				
15852	X	DRESSING CHANGE NOT FOR BURN	00340	0.6102	$29.14	APC				
15860	X	TEST FOR BLOOD FLOW IN GRAFT	00340	0.6102	$29.14	APC				
15876	T	SUCTION ASSISTED LIPECTOMY	-	-	-	Not Allowed				
15877	T	SUCTION ASSISTED LIPECTOMY	-	-	-	Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
15878	T	SUCTION ASSISTED LIPECTOMY	-	-	-	Not Allowed				
15879	T	SUCTION ASSISTED LIPECTOMY	-	-	-	Not Allowed				Y
15920	T	REMOVAL OF TAIL BONE ULCER	00019	4.0919	$195.39	APC				
15922	T	REMOVAL OF TAIL BONE ULCER	00027	21.4302	$1,023.29	APC				
15931	T	REMOVE SACRUM PRESSURE SORE	00022	20.0656	$958.13	APC				
15933	T	REMOVE SACRUM PRESSURE SORE	00022	20.0656	$958.13	APC				
15934	T	REMOVE SACRUM PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15935	T	REMOVE SACRUM PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15936	T	REMOVE SACRUM PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15937	T	REMOVE SACRUM PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15940	T	REMOVE HIP PRESSURE SORE	00022	20.0656	$958.13	APC				
15941	T	REMOVE HIP PRESSURE SORE	00022	20.0656	$958.13	APC				
15944	T	REMOVE HIP PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15945	T	REMOVE HIP PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15946	T	REMOVE HIP PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15950	T	REMOVE THIGH PRESSURE SORE	00022	20.0656	$958.13	APC				
15951	T	REMOVE THIGH PRESSURE SORE	00022	20.0656	$958.13	APC				
15952	T	REMOVE THIGH PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15953	T	REMOVE THIGH PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15956	T	REMOVE THIGH PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15958	T	REMOVE THIGH PRESSURE SORE	00027	21.4302	$1,023.29	APC				
15999	T	REMOVAL OF PRESSURE SORE	00019	4.0919	$195.39	APC				
16000	T	INITIAL TREATMENT OF BURN(S)	00012	0.8432	$40.26	APC				
16020	T	DRESS/DEBRID P-THICK BURN S	00013	1.0918	$52.13	APC				
16025	T	DRESS/DEBRID P-THICK BURN M	00013	1.0918	$52.13	APC				
16030	T	DRESS/DEBRID P-THICK BURN L	00015	1.6241	$77.55	APC				
16035	T	INCISION OF BURN SCAB INITI	00016	2.6749	$127.73	APC				
16036	C	ESCHAROTOMY; ADD L INCISION	-	-	-	Inpatient Only				
17000	T	DESTROY BENIGN/PREMLG LESION	00010	0.476	$22.73	APC				
17003	T	DESTROY LESIONS, 2-14	00010	0.476	$22.73	APC				
17004	T	DESTROY LESIONS, 15 OR MORE	00011	2.5665	$122.55	APC				
17106	T	DESTRUCTION OF SKIN LESIONS	00011	2.5665	$122.55	APC				
17107	T	DESTRUCTION OF SKIN LESIONS	00011	2.5665	$122.55	APC				
17108	T	DESTRUCTION OF SKIN LESIONS	00011	2.5665	$122.55	APC				
17110	T	DESTRUCT LESION, 1-14	00012	0.8432	$40.26	APC				
17111	T	DESTRUCT LESION, 15 OR MORE	00013	1.0918	$52.13	APC				
17250	T	CHEMICAL CAUTERY, TISSUE	00013	1.0918	$52.13	APC				
17260	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17261	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17262	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17263	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17264	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17266	T	DESTRUCTION OF SKIN LESIONS	00016	2.6749	$127.73	APC				
17270	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
17271	T	DESTRUCTION OF SKIN LESIONS	00013	1.0918	$52.13	APC				
17272	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17273	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17274	T	DESTRUCTION OF SKIN LESIONS	00016	2.6749	$127.73	APC				
17276	T	DESTRUCTION OF SKIN LESIONS	00016	2.6749	$127.73	APC				
17280	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17281	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17282	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17283	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17284	T	DESTRUCTION OF SKIN LESIONS	00016	2.6749	$127.73	APC				
17286	T	DESTRUCTION OF SKIN LESIONS	00015	1.6241	$77.55	APC				
17311	T	MOHS, 1 STAGE, H/N/HF/G	00694	3.7292	$178.07	APC				
17312	T	MOHS ADDL STAGE	00694	3.7292	$178.07	APC				
17313	T	MOHS, 1 STAGE, T/A/L	00694	3.7292	$178.07	APC				
17314	T	MOHS, ADDL STAGE, T/A/L	00694	3.7292	$178.07	APC				
17315	T	MOHS SURG, ADDL BLOCK	00694	3.7292	$178.07	APC				
17340	T	CRYOTHERAPY OF SKIN	00016	2.6749	$127.73	APC				
17360	T	SKIN PEEL THERAPY	00013	1.0918	$52.13	APC				
17380	T	HAIR REMOVAL BY ELECTROLYSIS	00013	1.0918	$52.13	APC				
17999	T	SKIN TISSUE PROCEDURE	00012	0.8432	$40.26	APC				
19000	T	DRAINAGE OF BREAST LESION	00004	2.0687	$98.78	APC				
19001	T	DRAIN BREAST LESION ADD-ON	00002	1.0995	$52.50	APC				
19020	T	INCISION OF BREAST LESION	00008	17.5086	$836.04	APC				
19030	N	INJECTION FOR BREAST X-RAY	-	-	-	APC/ Bundled				
19100	T	BX BREAST PERCUT W/O IMAGE	00005	3.9045	$186.44	APC				
19101	T	BIOPSY OF BREAST, OPEN	00028	19.2788	$920.56	APC				
19102	T	BX BREAST PERCUT W/IMAGE	00005	3.9045	$186.44	APC				
19103	T	BX BREAST PERCUT W/DEVICE	00658	6.4387	$307.45	APC				
19105	T	CRYOSURG ABLATE FA, EACH	00029	28.0166	$1,337.79	APC				
19110	T	NIPPLE EXPLORATION	00028	19.2788	$920.56	APC				
19112	T	EXCISE BREAST DUCT FISTULA	00028	19.2788	$920.56	APC				
19120	T	REMOVAL OF BREAST LESION	00028	19.2788	$920.56	APC				
19125	T	EXCISION, BREAST LESION	00028	19.2788	$920.56	APC				
19126	T	EXCISION, ADDL BREAST LESION	00028	19.2788	$920.56	APC				
19260	T	REMOVAL OF CHEST WALL LESION	00021	15.1024	$721.14	APC				
19271	C	REVISION OF CHEST WALL	-	-	-	Inpatient Only				
19272	C	EXTENSIVE CHEST WALL SURGERY	-	-	-	Inpatient Only				
19290	N	PLACE NEEDLE WIRE, BREAST	-	-	-	APC/ Bundled				
19291	N	PLACE NEEDLE WIRE, BREAST	-	-	-	APC/ Bundled				
19295	S	PLACE BREAST CLIP, PERCUT	00657	1.7369	$82.94	APC				
19296	T	PLACE PO BREAST CATH FOR RAD	00648	51.2269	$2,446.08	APC				
19297	T	PLACE BREAST CATH FOR RAD	00648	51.2269	$2,446.08	APC				
19298	S	PLACE BREAST RAD TUBE/CATHS	01524	52.873	$2,524.69	APC				
19300	T	REMOVAL OF BREAST TISSUE	00028	19.2788	$920.56	APC				

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19301	T	PARTICAL MASTECTOMY	00028	19.2788	$920.56	APC				
19302	T	P-MASTECTOMY W/LN REMOVAL	00693	36.9988	$1,766.69	APC				
19303	T	MAST, SIMPLE, COMPLETE	00029	28.0166	$1,337.79	APC				
19304	T	MAST, SUBQ	00029	28.0166	$1,337.79	APC				
19305	C	MAST, RADICAL	-	-	-	Inpatient Only				
19306	C	MAST, RAD, URBAN TYPE	-	-	-	Inpatient Only				
19307	T	MAST, MOD RAD	00030	37.8692	$1,808.25	APC				
19316	T	SUSPENSION OF BREAST	00029	28.0166	$1,337.79	APC				
19318	T	REDUCTION OF LARGE BREAST	00693	36.9988	$1,766.69	APC				Y
19324	T	ENLARGE BREAST	00693	36.9988	$1,766.69	APC				
19325	T	ENLARGE BREAST WITH IMPLANT	00648	51.2269	$2,446.08	APC				Y
19328	T	REMOVAL OF BREAST IMPLANT	00029	28.0166	$1,337.79	APC				
19330	T	REMOVAL OF IMPLANT MATERIAL	00029	28.0166	$1,337.79	APC				
19340	T	IMMEDIATE BREAST PROSTHESIS	00030	37.8692	$1,808.25	APC				
19342	T	DELAYED BREAST PROSTHESIS	00648	51.2269	$2,446.08	APC				
19350	T	BREAST RECONSTRUCTION	00028	19.2788	$920.56	APC				
19355	T	CORRECT INVERTED NIPPLE(S)	-	-	-	Not Allowed				Y
19357	T	BREAST RECONSTRUCTION	00648	51.2269	$2,446.08	APC				
19361	C	BREAST RECONSTRUCTION	-	-	-	Inpatient Only				
19364	C	BREAST RECONSTRUCTION	-	-	-	Inpatient Only				
19366	T	BREAST RECONSTRUCTION	00029	28.0166	$1,337.79	APC				
19367	C	BREAST RECONSTRUCTION	-	-	-	Inpatient Only				
19368	C	BREAST RECONSTRUCTION	-	-	-	Inpatient Only				
19369	C	BREAST RECONSTRUCTION	-	-	-	Inpatient Only				
19370	T	SURGERY OF BREAST CAPSULE	00029	28.0166	$1,337.79	APC				
19371	T	REMOVAL OF BREAST CAPSULE	00029	28.0166	$1,337.79	APC				
19380	T	REVISE BREAST RECONSTRUCTION	00030	37.8692	$1,808.25	APC				
19396	T	DESIGN CUSTOM BREAST IMPLANT	00029	28.0166	$1,337.79	APC				
19499	T	BREAST SURGERY PROCEDURE	00028	19.2788	$920.56	APC				
20000	T	INCISION OF ABSCESS	00006	1.4392	$68.72	APC				
20005	T	INCISION OF DEEP ABSCESS	00049	20.8706	$996.57	APC				
20100	T	EXPLORE WOUND, NECK	00023	4.2212	$201.56	APC				
20101	T	EXPLORE WOUND, CHEST	00027	21.4302	$1,023.29	APC				
20102	T	EXPLORE WOUND, ABDOMEN	00027	21.4302	$1,023.29	APC				
20103	T	EXPLORE WOUND, EXTREMITY	00023	4.2212	$201.56	APC				
20150	T	EXCISE EPIPHYSEAL BAR	00051	41.0893	$1,962.01	APC				
20200	T	MUSCLE BIOPSY	00021	15.1024	$721.14	APC				
20205	T	DEEP MUSCLE BIOPSY	00021	15.1024	$721.14	APC				
20206	T	NEEDLE BIOPSY, MUSCLE	00005	3.9045	$186.44	APC				
20220	T	BONE BIOPSY, TROCAR/NEEDLE	00019	4.0919	$195.39	APC				
20225	T	BONE BIOPSY, TROCAR/NEEDLE	00020	6.8083	$325.10	APC				
20240	T	BONE BIOPSY EXCISIONAL	00022	20.0656	$958.13	APC				
20245	T	BONE BIOPSY, EXCISIONAL	00022	20.0656	$958.13	APC				
20250	T	OPEN BONE BIOPSY	00049	20.8706	$996.57	APC				

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20251	T	OPEN BONE BIOPSY	00049	20.8706	$996.57	APC				
20500	T	INJECTION OF SINUS TRACT	00251	2.452	$117.08	APC				
20501	N	INJECT SINUS TRACT FOR X-RAY	-	-	-	APC/ Bundled				
20520	T	REMOVAL OF FOREIGN BODY	00019	4.0919	$195.39	APC				
20525	T	REMOVAL OF FOREIGN BODY	00022	20.0656	$958.13	APC				
20526	T	THER INJECTION CARP TUNNEL	00204	2.2614	$107.98	APC				
20550	T	INJ TENDON SHEATH/LIGAMENT	00204	2.2614	$107.98	APC				
20551	T	INJ TENDON ORIGIN/INSERTION	00204	2.2614	$107.98	APC				
20552	T	INJ TRIGGER POINT 1/2 MUSCL	00204	2.2614	$107.98	APC				
20553	T	INJECT TRIGGER POINTS =/> 3	00204	2.2614	$107.98	APC				
20600	T	DRAIN/INJECT JOINT/BURSA	00204	2.2614	$107.98	APC				
20605	T	DRAIN/INJECT JOINT/BURSA	00204	2.2614	$107.98	APC				
20610	T	DRAIN/INJECT, JOINT/BURSA	00204	2.2614	$107.98	APC				
20612	T	ASPIRATE/INJ GANGLION CYST	00204	2.2614	$107.98	APC				
20615	T	TREATMENT OF BONE CYST	00004	2.0687	$98.78	APC				
20650	T	INSERT AND REMOVE BONE PIN	00049	20.8706	$996.57	APC				
20660	C	APPLY REM FIXATION DEVICE	-	-	-	Inpatient Only				
20661	C	APPLICATION OF HEAD BRACE	-	-	-	Inpatient Only				
20662	T	APPLICATION OF PELVIS BRACE	00049	20.8706	$996.57	APC				
20663	T	APPLICATION OF THIGH BRACE	00049	20.8706	$996.57	APC				
20664	C	HALO BRACE APPLICATION	-	-	-	Inpatient Only				
20665	X	REMOVAL OF FIXATION DEVICE	00340	0.6102	$29.14	APC				
20670	T	REMOVAL OF SUPPORT IMPLANT	00021	15.1024	$721.14	APC				
20680	T	REMOVAL OF SUPPORT IMPLANT	00022	20.0656	$958.13	APC				
20690	T	APPLY BONE FIXATION DEVICE	00050	25.1296	$1,199.94	APC				
20692	T	APPLY BONE FIXATION DEVICE	00050	25.1296	$1,199.94	APC				
20693	T	ADJUST BONE FIXATION DEVICE	00049	20.8706	$996.57	APC				
20694	T	REMOVE BONE FIXATION DEVICE	00049	20.8706	$996.57	APC				
20802	C	REPLANTATION, ARM, COMPLETE	-	-	-	Inpatient Only				
20805	C	REPLANT FOREARM COMPLETE	-	-	-	Inpatient Only				
20808	C	REPLANTATION HAND, COMPLETE	-	-	-	Inpatient Only				
20816	C	REPLANTATION DIGIT, COMPLETE	-	-	-	Inpatient Only				
20822	T	REPLANTATION DIGIT, COMPLETE	00054	25.8758	$1,235.57	APC				
20824	C	REPLANTATION THUMB, COMPLETE	-	-	-	Inpatient Only				
20827	C	REPLANTATION THUMB, COMPLETE	-	-	-	Inpatient Only				
20838	C	REPLANTATION FOOT, COMPLETE	-	-	-	Inpatient Only				
20900	T	REMOVAL OF BONE FOR GRAFT	00050	25.1296	$1,199.94	APC				
20902	T	REMOVAL OF BONE FOR GRAFT	00050	25.1296	$1,199.94	APC				
20910	T	REMOVE CARTILAGE FOR GRAFT	00027	21.4302	$1,023.29	APC				
20912	T	REMOVE CARTILAGE FOR GRAFT	00027	21.4302	$1,023.29	APC				
20920	T	REMOVAL OF FASCIA FOR GRAFT	00686	14.0346	$670.15	APC				
20922	T	REMOVAL OF FASCIA FOR GRAFT	00027	21.4302	$1,023.29	APC				
20924	T	REMOVAL OF TENDON FOR GRAFT	00050	25.1296	$1,199.94	APC				
20926	T	REMOVAL OF TISSUE FOR GRAFT	00686	14.0346	$670.15	APC				

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20930	C	SPINAL BONE ALLOGRAFT	-	-	-	Inpatient Only				
20931	C	SPINAL BONE ALLOGRAFT	-	-	-	Inpatient Only				
20936	C	SPINAL BONE AUTOGRAFT	-	-	-	Inpatient Only				
20937	C	SPINAL BONE AUTOGRAFT	-	-	-	Inpatient Only				
20938	C	SPINAL BONE AUTOGRAFT	-	-	-	Inpatient Only				
20950	T	FLUID PRESSURE, MUSCLE	00006	1.4392	$68.72	APC				
20955	C	FIBULA BONE GRAFT MICROVASC	-	-	-	Inpatient Only				
20956	C	ILIAC BONE GRAFT, MICROVASC	-	-	-	Inpatient Only				
20957	C	MT BONE GRAFT, MICROVASC	-	-	-	Inpatient Only				
20962	C	OTHER BONE GRAFT MICROVASC	-	-	-	Inpatient Only				
20969	C	BONE/SKIN GRAFT MICROVASC	-	-	-	Inpatient Only				
20970	C	BONE/SKIN GRAFT ILIAC CREST	-	-	-	Inpatient Only				
20972	T	BONE/SKIN GRAFT METATARSAL	00056	40.8559	$1,950.87	APC				
20973	T	BONE/SKIN GRAFT GREAT TOE	00056	40.8559	$1,950.87	APC				
20974	M	ELECTRICAL BONE STIMULATION	-	-	$42.72	Fee Schedule				
20975	X	ELECTRICAL BONE STIMULATION	00340	0.6102	$29.14	APC				
20979	X	US BONE STIMULATION	00340	0.6102	$29.14	APC				
20982	T	ABLATE BONE TUMOR(S) PERQ	00051	41.0893	$1,962.01	APC				
20999	T	MUSCULOSKELETAL SURGERY	00049	20.8706	$996.57	APC				
21010	T	INCISION OF JAW JOINT	00254	23.3299	$1,114.00	APC				
21015	T	RESECTION OF FACIAL TUMOR	00253	16.4266	$784.37	APC				
21025	T	EXCISION OF BONE, LOWER JAW	00256	38.1991	$1,824.01	APC				
21026	T	EXCISION OF FACIAL BONE(S)	00256	38.1991	$1,824.01	APC				
21029	T	CONTOUR OF FACE BONE LESION	00256	38.1991	$1,824.01	APC				
21030	T	EXCISE MAX/ZYGOMA B9 TUMOR	00254	23.3299	$1,114.00	APC				
21031	T	REMOVE EXOSTOSIS, MANDIBLE	00254	23.3299	$1,114.00	APC				
21032	T	REMOVE EXOSTOSIS, MAXILLA	00254	23.3299	$1,114.00	APC				
21034	T	EXCISE MAX/ZYGOMA MLG TUMOR	00256	38.1991	$1,824.01	APC				
21040	T	EXCISE MANDIBLE LESION	00254	23.3299	$1,114.00	APC				
21044	T	REMOVAL OF JAW BONE LESION	00256	38.1991	$1,824.01	APC				
21045	C	EXTENSIVE JAW SURGERY	-	-	-	Inpatient Only				
21046	T	REMOVE MANDIBLE CYST COMPLEX	00256	38.1991	$1,824.01	APC				
21047	T	EXCISE LWR JAW CYST W/REPAIR	00256	38.1991	$1,824.01	APC				
21048	T	REMOVE MAXILLA CYST COMPLEX	00256	38.1991	$1,824.01	APC				
21049	T	EXCIS UPPR JAW CYST W/REPAIR	00256	38.1991	$1,824.01	APC				
21050	T	REMOVAL OF JAW JOINT	00256	38.1991	$1,824.01	APC				
21060	T	REMOVE JAW JOINT CARTILAGE	00256	38.1991	$1,824.01	APC				
21070	T	REMOVE CORONOID PROCESS	00256	38.1991	$1,824.01	APC				
21076	T	PREPARE FACE/ORAL PROSTHESIS	00254	23.3299	$1,114.00	APC				
21077	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21079	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21080	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21081	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21082	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				

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21083	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21084	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21085	T	PREPARE FACE/ORAL PROSTHESIS	00253	16.4266	$784.37	APC				
21086	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21087	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21088	T	PREPARE FACE/ORAL PROSTHESIS	00256	38.1991	$1,824.01	APC				
21089	T	PREPARE FACE/ORAL PROSTHESIS	00251	2.452	$117.08	APC				
21100	T	MAXILLOFACIAL FIXATION	00256	38.1991	$1,824.01	APC				
21110	T	INTERDENTAL FIXATION	00252	7.5511	$360.57	APC				
21116	N	INJECTION, JAW JOINT X-RAY	-	-	-	APC/ Bundled				
21120	T	RECONSTRUCTION OF CHIN	00254	23.3299	$1,114.00	APC				Y
21121	T	RECONSTRUCTION OF CHIN	00254	23.3299	$1,114.00	APC				Y
21122	T	RECONSTRUCTION OF CHIN	00254	23.3299	$1,114.00	APC				Y
21123	T	RECONSTRUCTION OF CHIN	00254	23.3299	$1,114.00	APC				Y
21125	T	AUGMENTATION, LOWER JAW BONE	00254	23.3299	$1,114.00	APC				Y
21127	T	AUGMENTATION LOWER JAW BONE	00256	38.1991	$1,824.01	APC				Y
21137	T	REDUCTION OF FOREHEAD	00254	23.3299	$1,114.00	APC				Y
21138	T	REDUCTION OF FOREHEAD	00256	38.1991	$1,824.01	APC				Y
21139	T	REDUCTION OF FOREHEAD	00256	38.1991	$1,824.01	APC				Y
21141	C	RECONSTRUCT MIDFACE, LEFORT	-	-	-	Inpatient Only				Y
21142	C	RECONSTRUCT MIDFACE, LEFORT	-	-	-	Inpatient Only				Y
21143	C	RECONSTRUCT MIDFACE, LEFORT	-	-	-	Inpatient Only				Y
21145	C	RECONSTRUCT MIDFACE, LEFORT	-	-	-	Inpatient Only				Y
21146	C	RECONSTRUCT MIDFACE, LEFORT	-	-	-	Inpatient Only				Y
21147	C	RECONSTRUCT MIDFACE, LEFORT	-	-	-	Inpatient Only				Y
21150	T	RECONSTRUCT MIDFACE, LEFORT	00256	38.1991	$1,824.01	APC				Y
21151	C	RECONSTRUCT MIDFACE, LEFORT	-	-	-	Inpatient Only				Y
21154	C	RECONSTRUCT MIDFACE, LEFORT	-	-	-	Inpatient Only				Y
21155	C	RECONSTRUCT MIDFACE, LEFORT	-	-	-	Inpatient Only				Y
21159	C	RECONSTRUCT MIDFACE, LEFORT	-	-	-	Inpatient Only				Y
21160	C	RECONSTRUCT MIDFACE, LEFORT	-	-	-	Inpatient Only				Y
21172	C	RECONSTRUCT ORBIT/FOREHEAD	-	-	-	Inpatient Only				Y
21175	T	RECONSTRUCT ORBIT/FOREHEAD	00256	38.1991	$1,824.01	APC				Y
21179	C	RECONSTRUCT ENTIRE FOREHEAD	-	-	-	Inpatient Only				Y
21180	C	RECONSTRUCT ENTIRE FOREHEAD	-	-	-	Inpatient Only				Y
21181	T	CONTOUR CRANIAL BONE LESION	00254	23.3299	$1,114.00	APC				Y
21182	C	RECONSTRUCT CRANIAL BONE	-	-	-	Inpatient Only				Y
21183	C	RECONSTRUCT CRANIAL BONE	-	-	-	Inpatient Only				Y
21184	C	RECONSTRUCT CRANIAL BONE	-	-	-	Inpatient Only				Y
21188	C	RECONSTRUCTION OF MIDFACE	-	-	-	Inpatient Only				Y
21193	C	RECONST LWR JAW W/O GRAFT	-	-	-	Inpatient Only				Y
21194	C	RECONST LWR JAW W/GRAFT	-	-	-	Inpatient Only				Y
21195	T	RECONST LWR JAW W/O FIXATION	00256	38.1991	$1,824.01	APC				Y
21196	C	RECONST LWR JAW W/FIXATION	-	-	-	Inpatient Only				Y

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21198	T	RECONSTR LWR JAW SEGMENT	00256	38.1991	$1,824.01	APC				Y
21199	T	RECONSTR LWR JAW W/ADVANCE	00256	38.1991	$1,824.01	APC				Y
21206	T	RECONSTRUCT UPPER JAW BONE	00256	38.1991	$1,824.01	APC				Y
21208	T	AUGMENTATION OF FACIAL BONES	00256	38.1991	$1,824.01	APC				Y
21209	T	REDUCTION OF FACIAL BONES	00256	38.1991	$1,824.01	APC				Y
21210	T	FACE BONE GRAFT	00256	38.1991	$1,824.01	APC				Y
21215	T	LOWER JAW BONE GRAFT	00256	38.1991	$1,824.01	APC				Y
21230	T	RIB CARTILAGE GRAFT	00256	38.1991	$1,824.01	APC				Y
21235	T	EAR CARTILAGE GRAFT	00254	23.3299	$1,114.00	APC				Y
21240	T	RECONSTRUCTION OF JAW JOINT	00256	38.1991	$1,824.01	APC				Y
21242	T	RECONSTRUCTION OF JAW JOINT	00256	38.1991	$1,824.01	APC				Y
21243	T	RECONSTRUCTION OF JAW JOINT	00256	38.1991	$1,824.01	APC				Y
21244	T	RECONSTRUCTION OF LOWER JAW	00256	38.1991	$1,824.01	APC				Y
21245	T	RECONSTRUCTION OF JAW	00256	38.1991	$1,824.01	APC				Y
21246	T	RECONSTRUCTION OF JAW	00256	38.1991	$1,824.01	APC				Y
21247	C	RECONSTRUCT LOWER JAW BONE	-	-	-	Inpatient Only				Y
21248	T	RECONSTRUCTION OF JAW	00256	38.1991	$1,824.01	APC				Y
21249	T	RECONSTRUCTION OF JAW	00256	38.1991	$1,824.01	APC				Y
21255	C	RECONSTRUCT LOWER JAW BONE	-	-	-	Inpatient Only				Y
21256	C	RECONSTRUCTION OF ORBIT	-	-	-	Inpatient Only				Y
21260	T	REVISE EYE SOCKETS	00256	38.1991	$1,824.01	APC				
21261	T	REVISE EYE SOCKETS	00256	38.1991	$1,824.01	APC				
21263	T	REVISE EYE SOCKETS	00256	38.1991	$1,824.01	APC				
21267	T	REVISE EYE SOCKETS	00256	38.1991	$1,824.01	APC				
21268	C	REVISE EYE SOCKETS	-	-	-	Inpatient Only				
21270	T	AUGMENTATION, CHEEK BONE	00256	38.1991	$1,824.01	APC				
21275	T	REVISION, ORBITOFACIAL BONES	00256	38.1991	$1,824.01	APC				
21280	T	REVISION OF EYELID	00256	38.1991	$1,824.01	APC				
21282	T	REVISION OF EYELID	00253	16.4266	$784.37	APC				
21295	T	REVISION OF JAW MUSCLE/BONE	00252	7.5511	$360.57	APC				
21296	T	REVISION OF JAW MUSCLE/BONE	00254	23.3299	$1,114.00	APC				
21299	T	CRANIO/MAXILLOFACIAL SURGERY	00251	2.452	$117.08	APC				
21310	T	TREATMENT OF NOSE FRACTURE	00251	2.452	$117.08	APC				
21315	T	TREATMENT OF NOSE FRACTURE	00251	2.452	$117.08	APC				
21320	T	TREATMENT OF NOSE FRACTURE	00252	7.5511	$360.57	APC				
21325	T	TREATMENT OF NOSE FRACTURE	00254	23.3299	$1,114.00	APC				
21330	T	TREATMENT OF NOSE FRACTURE	00254	23.3299	$1,114.00	APC				
21335	T	TREATMENT OF NOSE FRACTURE	00254	23.3299	$1,114.00	APC				
21336	T	TREAT NASAL SEPTAL FRACTURE	00063	37.5382	$1,792.45	APC				
21337	T	TREAT NASAL SEPTAL FRACTURE	00253	16.4266	$784.37	APC				
21338	T	TREAT NASOETHMOID FRACTURE	00254	23.3299	$1,114.00	APC				
21339	T	TREAT NASOETHMOID FRACTURE	00254	23.3299	$1,114.00	APC				
21340	T	TREATMENT OF NOSE FRACTURE	00256	38.1991	$1,824.01	APC				
21343	C	TREATMENT OF SINUS FRACTURE	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
21344	C	TREATMENT OF SINUS FRACTURE	-	-	-	Inpatient Only				
21345	T	TREAT NOSE/JAW FRACTURE	00254	23.3299	$1,114.00	APC				
21346	C	TREAT NOSE/JAW FRACTURE	-	-	-	Inpatient Only				
21347	C	TREAT NOSE/JAW FRACTURE	-	-	-	Inpatient Only				
21348	C	TREAT NOSE/JAW FRACTURE	-	-	-	Inpatient Only				
21355	T	TREAT CHEEK BONE FRACTURE	00256	38.1991	$1,824.01	APC				
21356	T	TREAT CHEEK BONE FRACTURE	00254	23.3299	$1,114.00	APC				
21360	C	TREAT CHEEK BONE FRACTURE	-	-	-	Inpatient Only				
21365	C	TREAT CHEEK BONE FRACTURE	-	-	-	Inpatient Only				
21366	C	TREAT CHEEK BONE FRACTURE	-	-	-	Inpatient Only				
21385	C	TREAT EYE SOCKET FRACTURE	-	-	-	Inpatient Only				
21386	C	TREAT EYE SOCKET FRACTURE	-	-	-	Inpatient Only				
21387	C	TREAT EYE SOCKET FRACTURE	-	-	-	Inpatient Only				
21390	T	TREAT EYE SOCKET FRACTURE	00256	38.1991	$1,824.01	APC				
21395	C	TREAT EYE SOCKET FRACTURE	-	-	-	Inpatient Only				
21400	T	TREAT EYE SOCKET FRACTURE	00252	7.5511	$360.57	APC				
21401	T	TREAT EYE SOCKET FRACTURE	00253	16.4266	$784.37	APC				
21406	T	TREAT EYE SOCKET FRACTURE	00256	38.1991	$1,824.01	APC				
21407	T	TREAT EYE SOCKET FRACTURE	00256	38.1991	$1,824.01	APC				
21408	T	TREAT EYE SOCKET FRACTURE	00256	38.1991	$1,824.01	APC				
21421	T	TREAT MOUTH ROOF FRACTURE	00254	23.3299	$1,114.00	APC				
21422	C	TREAT MOUTH ROOF FRACTURE	-	-	-	Inpatient Only				
21423	C	TREAT MOUTH ROOF FRACTURE	-	-	-	Inpatient Only				
21431	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only				
21432	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only				
21433	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only				
21435	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only				
21436	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only				
21440	T	TREAT DENTAL RIDGE FRACTURE	00254	23.3299	$1,114.00	APC				
21445	T	TREAT DENTAL RIDGE FRACTURE	00254	23.3299	$1,114.00	APC				
21450	T	TREAT LOWER JAW FRACTURE	00251	2.452	$117.08	APC				
21451	T	TREAT LOWER JAW FRACTURE	00252	7.5511	$360.57	APC				
21452	T	TREAT LOWER JAW FRACTURE	00253	16.4266	$784.37	APC				
21453	T	TREAT LOWER JAW FRACTURE	00256	38.1991	$1,824.01	APC				
21454	T	TREAT LOWER JAW FRACTURE	00254	23.3299	$1,114.00	APC				
21461	T	TREAT LOWER JAW FRACTURE	00256	38.1991	$1,824.01	APC				
21462	T	TREAT LOWER JAW FRACTURE	00256	38.1991	$1,824.01	APC				
21465	T	TREAT LOWER JAW FRACTURE	00256	38.1991	$1,824.01	APC				
21470	T	TREAT LOWER JAW FRACTURE	00256	38.1991	$1,824.01	APC				
21480	T	RESET DISLOCATED JAW	00251	2.452	$117.08	APC				
21485	T	RESET DISLOCATED JAW	00253	16.4266	$784.37	APC				
21490	T	REPAIR DISLOCATED JAW	00256	38.1991	$1,824.01	APC				
21495	T	TREAT HYOID BONE FRACTURE	00253	16.4266	$784.37	APC				
21497	T	INTERDENTAL WIRING	00253	16.4266	$784.37	APC				

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21499	T	HEAD SURGERY PROCEDURE	00251	2.452	$117.08	APC				
21501	T	DRAIN NECK/CHEST LESION	00008	17.5086	$836.04	APC				
21502	T	DRAIN CHEST LESION	00049	20.8706	$996.57	APC				
21510	C	DRAINAGE OF BONE LESION	-	-	-	Inpatient Only				
21550	T	BIOPSY OF NECK/CHEST	00020	6.8083	$325.10	APC				
21555	T	REMOVE LESION, NECK/CHEST	00022	20.0656	$958.13	APC				
21556	T	REMOVE LESION, NECK/CHEST	00022	20.0656	$958.13	APC				
21557	T	REMOVE TUMOR, NECK/CHEST	00022	20.0656	$958.13	APC				
21600	T	PARTIAL REMOVAL OF RIB	00050	25.1296	$1,199.94	APC				
21610	T	PARTIAL REMOVAL OF RIB	00050	25.1296	$1,199.94	APC				
21615	C	REMOVAL OF RIB	-	-	-	Inpatient Only				
21616	C	REMOVAL OF RIB AND NERVES	-	-	-	Inpatient Only				
21620	C	PARTIAL REMOVAL OF STERNUM	-	-	-	Inpatient Only				
21627	C	STERNAL DEBRIDEMENT	-	-	-	Inpatient Only				
21630	C	EXTENSIVE STERNUM SURGERY	-	-	-	Inpatient Only				
21632	C	EXTENSIVE STERNUM SURGERY	-	-	-	Inpatient Only				
21685	T	HYOID MYOTOMY & SUSPENSION	00252	7.5511	$360.57	APC				
21700	T	REVISION OF NECK MUSCLE	00049	20.8706	$996.57	APC				
21705	C	REVISION OF NECK MUSCLE/RIB	-	-	-	Inpatient Only				
21720	T	REVISION OF NECK MUSCLE	00049	20.8706	$996.57	APC				
21725	T	REVISION OF NECK MUSCLE	00006	1.4392	$68.72	APC				
21740	C	RECONSTRUCTION OF STERNUM	-	-	-	Inpatient Only				
21742	T	REPAIR STERN/NUSS W/O SCOPE	00051	41.0893	$1,962.01	APC				
21743	T	REPAIR STERNUM/NUSS W/SCOPE	00051	41.0893	$1,962.01	APC				
21750	C	REPAIR OF STERNUM SEPARATION	-	-	-	Inpatient Only				
21800	T	TREATMENT OF RIB FRACTURE	00043	1.6857	$80.49	APC				
21805	T	TREATMENT OF RIB FRACTURE	00062	25.5264	$1,218.89	APC				
21810	C	TREATMENT OF RIB FRACTURE(S)	-	-	-	Inpatient Only				
21820	T	TREAT STERNUM FRACTURE	00043	1.6857	$80.49	APC				
21825	C	TREAT STERNUM FRACTURE	-	-	-	Inpatient Only				
21899	T	NECK/CHEST SURGERY PROCEDURE	00251	2.452	$117.08	APC				
21920	T	BIOPSY SOFT TISSUE OF BACK	00020	6.8083	$325.10	APC				
21925	T	BIOPSY SOFT TISSUE OF BACK	00022	20.0656	$958.13	APC				
21930	T	REMOVE LESION, BACK OR FLANK	00022	20.0656	$958.13	APC				
21935	T	REMOVE TUMOR, BACK	00022	20.0656	$958.13	APC				
22010	C	BIOPSY SPINAL SOFT TISSUES;	-	-	-	Inpatient Only				
22015	C	I&D P-SPINE L/S/LS	-	-	-	Inpatient Only				
22100	T	REMOVE PART OF NECK VERTEBRA	00208	44.1489	$2,108.11	APC				
22101	T	REMOVE PART THORAX VERTEBRA	00208	44.1489	$2,108.11	APC				
22102	T	REMOVE PART LUMBAR VERTEBRA	00208	44.1489	$2,108.11	APC				
22103	T	REMOVE EXTRA SPINE SEGMENT	00208	44.1489	$2,108.11	APC				
22110	C	REMOVE PART OF NECK VERTEBRA	-	-	-	Inpatient Only				
22112	C	REMOVE PART, THORAX VERTEBRA	-	-	-	Inpatient Only				
22114	C	REMOVE PART, LUMBAR VERTEBRA	-	-	-	Inpatient Only				

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22116	C	REMOVE EXTRA SPINE SEGMENT	-	-	-	Inpatient Only				
22210	C	REVISION OF NECK SPINE	-	-	-	Inpatient Only				
22212	C	REVISION OF THORAX SPINE	-	-	-	Inpatient Only				
22214	C	REVISION OF LUMBAR SPINE	-	-	-	Inpatient Only				
22216	C	REVISE, EXTRA SPINE SEGMENT	-	-	-	Inpatient Only				
22220	C	REVISION OF NECK SPINE	-	-	-	Inpatient Only				
22222	T	REVISION OF THORAX SPINE	00208	44.1489	$2,108.11	APC				
22224	C	REVISION OF LUMBAR SPINE	-	-	-	Inpatient Only				
22226	C	REVISE, EXTRA SPINE SEGMENT	-	-	-	Inpatient Only				
22305	T	TREAT SPINE PROCESS FRACTURE	00043	1.6857	$80.49	APC				
22310	T	TREAT SPINE FRACTURE	00043	1.6857	$80.49	APC				
22315	T	TREAT SPINE FRACTURE	00043	1.6857	$80.49	APC				
22318	C	TREAT ODONTOID FX W/O GRAFT	-	-	-	Inpatient Only				
22319	C	TREAT ODONTOID FX W/GRAFT	-	-	-	Inpatient Only				
22325	C	TREAT SPINE FRACTURE	-	-	-	Inpatient Only				
22326	C	TREAT NECK SPINE FRACTURE	-	-	-	Inpatient Only				
22327	C	TREAT THORAX SPINE FRACTURE	-	-	-	Inpatient Only				
22328	C	TREAT EACH ADD SPINE FX	-	-	-	Inpatient Only				
22505	T	MANIPULATION OF SPINE	00045	14.5947	$696.90	APC				
22520	T	PERCUT VERTEBROPLASTY THOR	00050	25.1296	$1,199.94	APC				
22521	T	PERCUT VERTEBROPLASTY LUMB	00050	25.1296	$1,199.94	APC				
22522	T	PERCUT VERTEBROPLASTY ADD L	00050	25.1296	$1,199.94	APC				
22523	T	PERCUT KYPHOPLASTY THOR	00052	66.58	$3,179.20	APC				
22524	T	PERCUT KYPHOPLASTY LUMBAR	00052	66.58	$3,179.20	APC				
22525	T	PERCUT KYPHOPLASTY ADD-ON	00052	66.58	$3,179.20	APC				
22526	T	IDET, SINGLE LEVEL	00050	25.1296	$1,199.94	APC				
22527	T	IDET, 1 OR MORE LEVELS	00050	25.1296	$1,199.94	APC				
22532	C	LAT THORAX SPINE FUSION	-	-	-	Inpatient Only				
22533	C	LAT LUMBAR SPINE FUSION	-	-	-	Inpatient Only				
22534	C	LAT THOR/LUMB ADD L SEG	-	-	-	Inpatient Only				
22548	C	NECK SPINE FUSION	-	-	-	Inpatient Only				
22554	C	NECK SPINE FUSION	-	-	-	Inpatient Only				
22556	C	THORAX SPINE FUSION	-	-	-	Inpatient Only				
22558	C	LUMBAR SPINE FUSION	-	-	-	Inpatient Only				
22585	C	ADDITIONAL SPINAL FUSION	-	-	-	Inpatient Only				
22590	C	SPINE & SKULL SPINAL FUSION	-	-	-	Inpatient Only				
22595	C	NECK SPINAL FUSION	-	-	-	Inpatient Only				
22600	C	NECK SPINE FUSION	-	-	-	Inpatient Only				
22610	C	THORAX SPINE FUSION	-	-	-	Inpatient Only				
22612	T	LUMBAR SPINE FUSION	00208	44.1489	$2,108.11	APC				
22614	T	SPINE FUSION, EXTRA SEGMENT	00208	44.1489	$2,108.11	APC				
22630	C	LUMBAR SPINE FUSION	-	-	-	Inpatient Only				
22632	C	SPINE FUSION, EXTRA SEGMENT	-	-	-	Inpatient Only				
22800	C	FUSION OF SPINE	-	-	-	Inpatient Only				

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22802	C	FUSION OF SPINE	-	-	-	Inpatient Only				
22804	C	FUSION OF SPINE	-	-	-	Inpatient Only				
22808	C	FUSION OF SPINE	-	-	-	Inpatient Only				
22810	C	FUSION OF SPINE	-	-	-	Inpatient Only				
22812	C	FUSION OF SPINE	-	-	-	Inpatient Only				
22818	C	KYPHECTOMY, 1-2 SEGMENTS	-	-	-	Inpatient Only				
22819	C	KYPHECTOMY, 3 OR MORE	-	-	-	Inpatient Only				
22830	C	EXPLORATION OF SPINAL FUSION	-	-	-	Inpatient Only				
22840	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only				
22841	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only				
22842	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only				
22843	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only				
22844	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only				
22845	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only				
22846	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only				
22847	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only				
22848	C	INSERT PELV FIXATION DEVICE	-	-	-	Inpatient Only				
22849	C	REINSERT SPINAL FIXATION	-	-	-	Inpatient Only				
22850	C	REMOVE SPINE FIXATION DEVICE	-	-	-	Inpatient Only				
22851	T	APPLY SPINE PROSTH DEVICE	00049	20.8706	$996.57	APC				
22852	C	REMOVE SPINE FIXATION DEVICE	-	-	-	Inpatient Only				
22855	C	REMOVE SPINE FIXATION DEVICE	-	-	-	Inpatient Only				
22857	C	LUMBAR ARTIF DISKECTOMY	-	-	-	Inpatient Only				
22862	C	REVISE LUMBAR ARTIF DISC	-	-	-	Inpatient Only				
22865	C	REMOVE LUMB ARTIF DISC	-	-	-	Inpatient Only				
22899	T	SPINE SURGERY PROCEDURE	00049	20.8706	$996.57	APC				
22900	T	REMOVE ABDOMINAL WALL LESION	00022	20.0656	$958.13	APC				
22999	T	ABDOMEN SURGERY PROCEDURE	00049	20.8706	$996.57	APC				
23000	T	REMOVAL OF CALCIUM DEPOSITS	00021	15.1024	$721.14	APC				
23020	T	RELEASE SHOULDER JOINT	00051	41.0893	$1,962.01	APC				
23030	T	DRAIN SHOULDER LESION	00008	17.5086	$836.04	APC				
23031	T	DRAIN SHOULDER BURSA	00008	17.5086	$836.04	APC				
23035	T	DRAIN SHOULDER BONE LESION	00049	20.8706	$996.57	APC				
23040	T	EXPLORATORY SHOULDER SURGERY	00050	25.1296	$1,199.94	APC				
23044	T	EXPLORATORY SHOULDER SURGERY	00050	25.1296	$1,199.94	APC				
23065	T	BIOPSY SHOULDER TISSUES	00020	6.8083	$325.10	APC				
23066	T	BIOPSY SHOULDER TISSUES	00022	20.0656	$958.13	APC				
23075	T	REMOVAL OF SHOULDER LESION	00021	15.1024	$721.14	APC				
23076	T	REMOVAL OF SHOULDER LESION	00022	20.0656	$958.13	APC				
23077	T	REMOVE TUMOR OF SHOULDER	00022	20.0656	$958.13	APC				
23100	T	BIOPSY OF SHOULDER JOINT	00049	20.8706	$996.57	APC				
23101	T	SHOULDER JOINT SURGERY	00050	25.1296	$1,199.94	APC				
23105	T	REMOVE SHOULDER JOINT LINING	00050	25.1296	$1,199.94	APC				
23106	T	INCISION OF COLLARBONE JOINT	00050	25.1296	$1,199.94	APC				

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23107	T	EXPLORE TREAT SHOULDER JOINT	00050	25.1296	$1,199.94	APC				
23120	T	PARTIAL REMOVAL, COLLAR BONE	00051	41.0893	$1,962.01	APC				
23125	T	REMOVAL OF COLLAR BONE	00051	41.0893	$1,962.01	APC				
23130	T	REMOVE SHOULDER BONE, PART	00051	41.0893	$1,962.01	APC				
23140	T	REMOVAL OF BONE LESION	00049	20.8706	$996.57	APC				
23145	T	REMOVAL OF BONE LESION	00050	25.1296	$1,199.94	APC				
23146	T	REMOVAL OF BONE LESION	00050	25.1296	$1,199.94	APC				
23150	T	REMOVAL OF HUMERUS LESION	00050	25.1296	$1,199.94	APC				
23155	T	REMOVAL OF HUMERUS LESION	00050	25.1296	$1,199.94	APC				
23156	T	REMOVAL OF HUMERUS LESION	00050	25.1296	$1,199.94	APC				
23170	T	REMOVE COLLAR BONE LESION	00050	25.1296	$1,199.94	APC				
23172	T	REMOVE SHOULDER BLADE LESION	00050	25.1296	$1,199.94	APC				
23174	T	REMOVE HUMERUS LESION	00050	25.1296	$1,199.94	APC				
23180	T	REMOVE COLLAR BONE LESION	00050	25.1296	$1,199.94	APC				
23182	T	REMOVE SHOULDER BLADE LESION	00050	25.1296	$1,199.94	APC				
23184	T	REMOVE HUMERUS LESION	00050	25.1296	$1,199.94	APC				
23190	T	PARTIAL REMOVAL OF SCAPULA	00050	25.1296	$1,199.94	APC				
23195	T	REMOVAL OF HEAD OF HUMERUS	00050	25.1296	$1,199.94	APC				
23200	C	REMOVAL OF COLLAR BONE	-	-	-	Inpatient Only				
23210	C	REMOVAL OF SHOULDER BLADE	-	-	-	Inpatient Only				
23220	C	PARTIAL REMOVAL OF HUMERUS	-	-	-	Inpatient Only				
23221	C	PARTIAL REMOVAL OF HUMERUS	-	-	-	Inpatient Only				
23222	C	PARTIAL REMOVAL OF HUMERUS	-	-	-	Inpatient Only				
23330	T	REMOVE SHOULDER FOREIGN BODY	00020	6.8083	$325.10	APC				
23331	T	REMOVE SHOULDER FOREIGN BODY	00022	20.0656	$958.13	APC				
23332	C	REMOVE SHOULDER FOREIGN BODY	-	-	-	Inpatient Only				
23350	N	INJECTION FOR SHOULDER X-RAY	-	-	-	APC/ Bundled				
23395	T	MUSCLE TRANSFER,SHOULDER/ARM	00051	41.0893	$1,962.01	APC				
23397	T	MUSCLE TRANSFERS	00052	66.58	$3,179.20	APC				
23400	T	FIXATION OF SHOULDER BLADE	00050	25.1296	$1,199.94	APC				
23405	T	INCISION OF TENDON & MUSCLE	00050	25.1296	$1,199.94	APC				
23406	T	INCISE TENDON(S) & MUSCLE(S)	00050	25.1296	$1,199.94	APC				
23410	T	REPAIR ROTATOR CUFF ACUTE	00051	41.0893	$1,962.01	APC				
23412	T	REPAIR ROTATOR CUFF CHRONIC	00051	41.0893	$1,962.01	APC				
23415	T	RELEASE OF SHOULDER LIGAMENT	00051	41.0893	$1,962.01	APC				
23420	T	REPAIR OF SHOULDER	00051	41.0893	$1,962.01	APC				
23430	T	REPAIR BICEPS TENDON	00051	41.0893	$1,962.01	APC				
23440	T	REMOVE/TRANSPLANT TENDON	00051	41.0893	$1,962.01	APC				
23450	T	REPAIR SHOULDER CAPSULE	00052	66.58	$3,179.20	APC				
23455	T	REPAIR SHOULDER CAPSULE	00052	66.58	$3,179.20	APC				
23460	T	REPAIR SHOULDER CAPSULE	00052	66.58	$3,179.20	APC				
23462	T	REPAIR SHOULDER CAPSULE	00051	41.0893	$1,962.01	APC				
23465	T	REPAIR SHOULDER CAPSULE	00052	66.58	$3,179.20	APC				
23466	T	REPAIR SHOULDER CAPSULE	00051	41.0893	$1,962.01	APC				

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23470	T	RECONSTRUCT SHOULDER JOINT	00425	107.1942	$5,118.52	APC				
23472	C	RECONSTRUCT SHOULDER JOINT	-	-	-	Inpatient Only				
23480	T	REVISION OF COLLAR BONE	00051	41.0893	$1,962.01	APC				
23485	T	REVISION OF COLLAR BONE	00052	66.58	$3,179.20	APC				
23490	T	REINFORCE CLAVICLE	00051	41.0893	$1,962.01	APC				
23491	T	REINFORCE SHOULDER BONES	00052	66.58	$3,179.20	APC				
23500	T	TREAT CLAVICLE FRACTURE	00043	1.6857	$80.49	APC				
23505	T	TREAT CLAVICLE FRACTURE	00043	1.6857	$80.49	APC				
23515	T	TREAT CLAVICLE FRACTURE	00064	57.2172	$2,732.12	APC				
23520	T	TREAT CLAVICLE DISLOCATION	00043	1.6857	$80.49	APC				
23525	T	TREAT CLAVICLE DISLOCATION	00043	1.6857	$80.49	APC				
23530	T	TREAT CLAVICLE DISLOCATION	00063	37.5382	$1,792.45	APC				
23532	T	TREAT CLAVICLE DISLOCATION	00062	25.5264	$1,218.89	APC				
23540	T	TREAT CLAVICLE DISLOCATION	00043	1.6857	$80.49	APC				
23545	T	TREAT CLAVICLE DISLOCATION	00043	1.6857	$80.49	APC				
23550	T	TREAT CLAVICLE DISLOCATION	00063	37.5382	$1,792.45	APC				
23552	T	TREAT CLAVICLE DISLOCATION	00063	37.5382	$1,792.45	APC				
23570	T	TREAT SHOULDER BLADE FX	00043	1.6857	$80.49	APC				
23575	T	TREAT SHOULDER BLADE FX	00043	1.6857	$80.49	APC				
23585	T	TREAT SCAPULA FRACTURE	00064	57.2172	$2,732.12	APC				
23600	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
23605	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
23615	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
23616	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
23620	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
23625	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
23630	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
23650	T	TREAT SHOULDER DISLOCATION	00043	1.6857	$80.49	APC				
23655	T	TREAT SHOULDER DISLOCATION	00045	14.5947	$696.90	APC				
23660	T	TREAT SHOULDER DISLOCATION	00063	37.5382	$1,792.45	APC				
23665	T	TREAT DISLOCATION/FRACTURE	00043	1.6857	$80.49	APC				
23670	T	TREAT DISLOCATION/FRACTURE	00064	57.2172	$2,732.12	APC				
23675	T	TREAT DISLOCATION/FRACTURE	00043	1.6857	$80.49	APC				
23680	T	TREAT DISLOCATION/FRACTURE	00063	37.5382	$1,792.45	APC				
23700	T	FIXATION OF SHOULDER	00045	14.5947	$696.90	APC				
23800	T	FUSION OF SHOULDER JOINT	00052	66.58	$3,179.20	APC				
23802	T	FUSION OF SHOULDER JOINT	00051	41.0893	$1,962.01	APC				
23900	C	AMPUTATION OF ARM & GIRDLE	-	-	-	Inpatient Only				
23920	C	AMPUTATION AT SHOULDER JOINT	-	-	-	Inpatient Only				
23921	T	AMPUTATION FOLLOW-UP SURGERY	00025	5.2594	$251.14	APC				
23929	T	SHOULDER SURGERY PROCEDURE	00043	1.6857	$80.49	APC				
23930	T	DRAINAGE OF ARM LESION	00008	17.5086	$836.04	APC				
23931	T	DRAINAGE OF ARM BURSA	00008	17.5086	$836.04	APC				
23935	T	DRAIN ARM/ELBOW BONE LESION	00049	20.8706	$996.57	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
24000	T	EXPLORATORY ELBOW SURGERY	00050	25.1296	$1,199.94	APC				
24006	T	RELEASE ELBOW JOINT	00050	25.1296	$1,199.94	APC				
24065	T	BIOPSY ARM/ELBOW SOFT TISSUE	00021	15.1024	$721.14	APC				
24066	T	BIOPSY ARM/ELBOW SOFT TISSUE	00021	15.1024	$721.14	APC				
24075	T	REMOVE ARM/ELBOW LESION	00021	15.1024	$721.14	APC				
24076	T	REMOVE ARM/ELBOW LESION	00022	20.0656	$958.13	APC				
24077	T	REMOVE TUMOR OF ARM/ELBOW	00022	20.0656	$958.13	APC				
24100	T	BIOPSY ELBOW JOINT LINING	00049	20.8706	$996.57	APC				
24101	T	EXPLORE/TREAT ELBOW JOINT	00050	25.1296	$1,199.94	APC				
24102	T	REMOVE ELBOW JOINT LINING	00050	25.1296	$1,199.94	APC				
24105	T	REMOVAL OF ELBOW BURSA	00049	20.8706	$996.57	APC				
24110	T	REMOVE HUMERUS LESION	00049	20.8706	$996.57	APC				
24115	T	REMOVE/GRAFT BONE LESION	00050	25.1296	$1,199.94	APC				
24116	T	REMOVE/GRAFT BONE LESION	00050	25.1296	$1,199.94	APC				
24120	T	REMOVE ELBOW LESION	00049	20.8706	$996.57	APC				
24125	T	REMOVE/GRAFT BONE LESION	00050	25.1296	$1,199.94	APC				
24126	T	REMOVE/GRAFT BONE LESION	00050	25.1296	$1,199.94	APC				
24130	T	REMOVAL OF HEAD OF RADIUS	00050	25.1296	$1,199.94	APC				
24134	T	REMOVAL OF ARM BONE LESION	00050	25.1296	$1,199.94	APC				
24136	T	REMOVE RADIUS BONE LESION	00050	25.1296	$1,199.94	APC				
24138	T	REMOVE ELBOW BONE LESION	00050	25.1296	$1,199.94	APC				
24140	T	PARTIAL REMOVAL OF ARM BONE	00050	25.1296	$1,199.94	APC				
24145	T	PARTIAL REMOVAL OF RADIUS	00050	25.1296	$1,199.94	APC				
24147	T	PARTIAL REMOVAL OF ELBOW	00050	25.1296	$1,199.94	APC				
24149	T	RADICAL RESECTION OF ELBOW	00050	25.1296	$1,199.94	APC				
24150	T	EXTENSIVE HUMERUS SURGERY	00051	41.0893	$1,962.01	APC				
24151	T	EXTENSIVE HUMERUS SURGERY	00052	66.58	$3,179.20	APC				
24152	T	EXTENSIVE RADIUS SURGERY	00051	41.0893	$1,962.01	APC				
24153	T	EXTENSIVE RADIUS SURGERY	00052	66.58	$3,179.20	APC				
24155	T	REMOVAL OF ELBOW JOINT	00051	41.0893	$1,962.01	APC				
24160	T	REMOVE ELBOW JOINT IMPLANT	00050	25.1296	$1,199.94	APC				
24164	T	REMOVE RADIUS HEAD IMPLANT	00050	25.1296	$1,199.94	APC				
24200	T	REMOVAL OF ARM FOREIGN BODY	00019	4.0919	$195.39	APC				
24201	T	REMOVAL OF ARM FOREIGN BODY	00021	15.1024	$721.14	APC				
24220	N	INJECTION FOR ELBOW X-RAY	-	-	-	APC/ Bundled				
24300	T	MANIPULATE ELBOW W/ANESTH	00045	14.5947	$696.90	APC				
24301	T	MUSCLE/TENDON TRANSFER	00050	25.1296	$1,199.94	APC				
24305	T	ARM TENDON LENGTHENING	00050	25.1296	$1,199.94	APC				
24310	T	REVISION OF ARM TENDON	00049	20.8706	$996.57	APC				
24320	T	REPAIR OF ARM TENDON	00051	41.0893	$1,962.01	APC				
24330	T	REVISION OF ARM MUSCLES	00052	66.58	$3,179.20	APC				
24331	T	REVISION OF ARM MUSCLES	00051	41.0893	$1,962.01	APC				
24332	T	TENOLYSIS, TRICEPS	00049	20.8706	$996.57	APC				
24340	T	REPAIR OF BICEPS TENDON	00051	41.0893	$1,962.01	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
24341	T	REPAIR ARM TENDON/MUSCLE	00051	41.0893	$1,962.01	APC				
24342	T	REPAIR OF RUPTURED TENDON	00051	41.0893	$1,962.01	APC				
24343	T	REPR ELBOW LAT LIGMNT W/TISS	00050	25.1296	$1,199.94	APC				
24344	T	RECONSTRUCT ELBOW LAT LIGMNT	00052	66.58	$3,179.20	APC				
24345	T	REPR ELBW MED LIGMNT W/TISSU	00050	25.1296	$1,199.94	APC				
24346	T	RECONSTRUCT ELBOW MED LIGMNT	00051	41.0893	$1,962.01	APC				
24350	T	REPAIR OF TENNIS ELBOW	00050	25.1296	$1,199.94	APC				
24351	T	REPAIR OF TENNIS ELBOW	00050	25.1296	$1,199.94	APC				
24352	T	REPAIR OF TENNIS ELBOW	00050	25.1296	$1,199.94	APC				
24354	T	REPAIR OF TENNIS ELBOW	00050	25.1296	$1,199.94	APC				
24356	T	REVISION OF TENNIS ELBOW	00050	25.1296	$1,199.94	APC				
24360	T	RECONSTRUCT ELBOW JOINT	00047	33.4505	$1,597.26	APC				
24361	T	RECONSTRUCT ELBOW JOINT	00425	107.1942	$5,118.52	APC				
24362	T	RECONSTRUCT ELBOW JOINT	00048	47.4378	$2,265.15	APC				
24363	T	REPLACE ELBOW JOINT	00425	107.1942	$5,118.52	APC				
24365	T	RECONSTRUCT HEAD OF RADIUS	00047	33.4505	$1,597.26	APC				
24366	T	RECONSTRUCT HEAD OF RADIUS	00425	107.1942	$5,118.52	APC				
24400	T	REVISION OF HUMERUS	00050	25.1296	$1,199.94	APC				
24410	T	REVISION OF HUMERUS	00050	25.1296	$1,199.94	APC				
24420	T	REVISION OF HUMERUS	00051	41.0893	$1,962.01	APC				
24430	T	REPAIR OF HUMERUS	00052	66.58	$3,179.20	APC				
24435	T	REPAIR HUMERUS WITH GRAFT	00052	66.58	$3,179.20	APC				
24470	T	REVISION OF ELBOW JOINT	00051	41.0893	$1,962.01	APC				
24495	T	DECOMPRESSION OF FOREARM	00050	25.1296	$1,199.94	APC				
24498	T	REINFORCE HUMERUS	00052	66.58	$3,179.20	APC				
24500	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24505	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24515	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
24516	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
24530	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24535	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24538	T	TREAT HUMERUS FRACTURE	00062	25.5264	$1,218.89	APC				
24545	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
24546	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
24560	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24565	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24566	T	TREAT HUMERUS FRACTURE	00062	25.5264	$1,218.89	APC				
24575	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
24576	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24577	T	TREAT HUMERUS FRACTURE	00043	1.6857	$80.49	APC				
24579	T	TREAT HUMERUS FRACTURE	00064	57.2172	$2,732.12	APC				
24582	T	TREAT HUMERUS FRACTURE	00062	25.5264	$1,218.89	APC				
24586	T	TREAT ELBOW FRACTURE	00064	57.2172	$2,732.12	APC				
24587	T	TREAT ELBOW FRACTURE	00064	57.2172	$2,732.12	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
24600	T	TREAT ELBOW DISLOCATION	00043	1.6857	$80.49	APC				
24605	T	TREAT ELBOW DISLOCATION	00045	14.5947	$696.90	APC				
24615	T	TREAT ELBOW DISLOCATION	00064	57.2172	$2,732.12	APC				
24620	T	TREAT ELBOW FRACTURE	00043	1.6857	$80.49	APC				
24635	T	TREAT ELBOW FRACTURE	00064	57.2172	$2,732.12	APC				
24640	T	TREAT ELBOW DISLOCATION	00043	1.6857	$80.49	APC				
24650	T	TREAT RADIUS FRACTURE	00043	1.6857	$80.49	APC				
24655	T	TREAT RADIUS FRACTURE	00043	1.6857	$80.49	APC				
24665	T	TREAT RADIUS FRACTURE	00063	37.5382	$1,792.45	APC				
24666	T	TREAT RADIUS FRACTURE	00064	57.2172	$2,732.12	APC				
24670	T	TREAT ULNAR FRACTURE	00043	1.6857	$80.49	APC				
24675	T	TREAT ULNAR FRACTURE	00043	1.6857	$80.49	APC				
24685	T	TREAT ULNAR FRACTURE	00063	37.5382	$1,792.45	APC				
24800	T	FUSION OF ELBOW JOINT	00051	41.0893	$1,962.01	APC				
24802	T	FUSION/GRAFT OF ELBOW JOINT	00051	41.0893	$1,962.01	APC				
24900	C	AMPUTATION OF UPPER ARM	-	-	-	Inpatient Only				
24920	C	AMPUTATION OF UPPER ARM	-	-	-	Inpatient Only				
24925	T	AMPUTATION FOLLOW-UP SURGERY	00049	20.8706	$996.57	APC				
24930	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only				
24931	C	AMPUTATE UPPER ARM & IMPLANT	-	-	-	Inpatient Only				
24935	T	REVISION OF AMPUTATION	00052	66.58	$3,179.20	APC				
24940	C	REVISION OF UPPER ARM	-	-	-	Inpatient Only				
24999	T	UPPER ARM/ELBOW SURGERY	00043	1.6857	$80.49	APC				
25000	T	INCISION OF TENDON SHEATH	00049	20.8706	$996.57	APC				
25001	T	INCISE FLEXOR CARPI RADIALIS	00049	20.8706	$996.57	APC				
25020	T	DECOMPRESS FOREARM 1 SPACE	00049	20.8706	$996.57	APC				
25023	T	DECOMPRESS FOREARM 1 SPACE	00050	25.1296	$1,199.94	APC				
25024	T	DECOMPRESS FOREARM 2 SPACES	00050	25.1296	$1,199.94	APC				
25025	T	DECOMPRESS FOREARM 2 SPACES	00050	25.1296	$1,199.94	APC				
25028	T	DRAINAGE OF FOREARM LESION	00049	20.8706	$996.57	APC				
25031	T	DRAINAGE OF FOREARM BURSA	00049	20.8706	$996.57	APC				
25035	T	TREAT FOREARM BONE LESION	00049	20.8706	$996.57	APC				
25040	T	EXPLORE/TREAT WRIST JOINT	00050	25.1296	$1,199.94	APC				
25065	T	BIOPSY FOREARM SOFT TISSUES	00020	6.8083	$325.10	APC				
25066	T	BIOPSY FOREARM SOFT TISSUES	00022	20.0656	$958.13	APC				
25075	T	REMOVAL FOREARM LESION SUBCU	00021	15.1024	$721.14	APC				
25076	T	REMOVAL FOREARM LESION DEEP	00022	20.0656	$958.13	APC				
25077	T	REMOVE TUMOR, FOREARM/WRIST	00022	20.0656	$958.13	APC				
25085	T	INCISION OF WRIST CAPSULE	00049	20.8706	$996.57	APC				
25100	T	BIOPSY OF WRIST JOINT	00049	20.8706	$996.57	APC				
25101	T	EXPLORE/TREAT WRIST JOINT	00050	25.1296	$1,199.94	APC				
25105	T	REMOVE WRIST JOINT LINING	00050	25.1296	$1,199.94	APC				
25107	T	REMOVE WRIST JOINT CARTILAGE	00050	25.1296	$1,199.94	APC				
25109	T	EXCISE TENDON FOREARM/WRIST	00049	20.8706	$996.57	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
25110	T	REMOVE WRIST TENDON LESION	00049	20.8706	$996.57	APC				
25111	T	REMOVE WRIST TENDON LESION	00053	16.154	$771.35	APC				
25112	T	REREMOVE WRIST TENDON LESION	00053	16.154	$771.35	APC				
25115	T	REMOVE WRIST/FOREARM LESION	00049	20.8706	$996.57	APC				
25116	T	REMOVE WRIST/FOREARM LESION	00049	20.8706	$996.57	APC				
25118	T	EXCISE WRIST TENDON SHEATH	00050	25.1296	$1,199.94	APC				
25119	T	PARTIAL REMOVAL OF ULNA	00050	25.1296	$1,199.94	APC				
25120	T	REMOVAL OF FOREARM LESION	00050	25.1296	$1,199.94	APC				
25125	T	REMOVE/GRAFT FOREARM LESION	00050	25.1296	$1,199.94	APC				
25126	T	REMOVE/GRAFT FOREARM LESION	00050	25.1296	$1,199.94	APC				
25130	T	REMOVAL OF WRIST LESION	00050	25.1296	$1,199.94	APC				
25135	T	REMOVE & GRAFT WRIST LESION	00050	25.1296	$1,199.94	APC				
25136	T	REMOVE & GRAFT WRIST LESION	00050	25.1296	$1,199.94	APC				
25145	T	REMOVE FOREARM BONE LESION	00050	25.1296	$1,199.94	APC				
25150	T	PARTIAL REMOVAL OF ULNA	00050	25.1296	$1,199.94	APC				
25151	T	PARTIAL REMOVAL OF RADIUS	00050	25.1296	$1,199.94	APC				
25170	T	EXTENSIVE FOREARM SURGERY	00051	41.0893	$1,962.01	APC				
25210	T	REMOVAL OF WRIST BONE	00054	25.8758	$1,235.57	APC				
25215	T	REMOVAL OF WRIST BONES	00054	25.8758	$1,235.57	APC				
25230	T	PARTIAL REMOVAL OF RADIUS	00050	25.1296	$1,199.94	APC				
25240	T	PARTIAL REMOVAL OF ULNA	00050	25.1296	$1,199.94	APC				
25246	N	INJECTION FOR WRIST X-RAY	-	-	-	APC/ Bundled				
25248	T	REMOVE FOREARM FOREIGN BODY	00049	20.8706	$996.57	APC				
25250	T	REMOVAL OF WRIST PROSTHESIS	00050	25.1296	$1,199.94	APC				
25251	T	REMOVAL OF WRIST PROSTHESIS	00050	25.1296	$1,199.94	APC				
25259	T	MANIPULATE WRIST W/ANESTHES	00043	1.6857	$80.49	APC				
25260	T	REPAIR FOREARM TENDON/MUSCLE	00050	25.1296	$1,199.94	APC				
25263	T	REPAIR FOREARM TENDON/MUSCLE	00050	25.1296	$1,199.94	APC				
25265	T	REPAIR FOREARM TENDON/MUSCLE	00050	25.1296	$1,199.94	APC				
25270	T	REPAIR FOREARM TENDON/MUSCLE	00050	25.1296	$1,199.94	APC				
25272	T	REPAIR FOREARM TENDON/MUSCLE	00050	25.1296	$1,199.94	APC				
25274	T	REPAIR FOREARM TENDON/MUSCLE	00050	25.1296	$1,199.94	APC				
25275	T	REPAIR FOREARM TENDON SHEATH	00050	25.1296	$1,199.94	APC				
25280	T	REVISE WRIST/FOREARM TENDON	00050	25.1296	$1,199.94	APC				
25290	T	INCISE WRIST/FOREARM TENDON	00050	25.1296	$1,199.94	APC				
25295	T	RELEASE WRIST/FOREARM TENDON	00049	20.8706	$996.57	APC				
25300	T	FUSION OF TENDONS AT WRIST	00050	25.1296	$1,199.94	APC				
25301	T	FUSION OF TENDONS AT WRIST	00050	25.1296	$1,199.94	APC				
25310	T	TRANSPLANT FOREARM TENDON	00051	41.0893	$1,962.01	APC				
25312	T	TRANSPLANT FOREARM TENDON	00051	41.0893	$1,962.01	APC				
25315	T	REVISE PALSY HAND TENDON(S)	00051	41.0893	$1,962.01	APC				
25316	T	REVISE PALSY HAND TENDON(S)	00052	66.58	$3,179.20	APC				
25320	T	REPAIR/REVISE WRIST JOINT	00051	41.0893	$1,962.01	APC				
25332	T	REVISE WRIST JOINT	00047	33.4505	$1,597.26	APC				

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25335	T	REALIGNMENT OF HAND	00051	41.0893	$1,962.01	APC				
25337	T	RECONSTRUCT ULNA/RADIOULNAR	00051	41.0893	$1,962.01	APC				
25350	T	REVISION OF RADIUS	00052	66.58	$3,179.20	APC				
25355	T	REVISION OF RADIUS	00051	41.0893	$1,962.01	APC				
25360	T	REVISION OF ULNA	00050	25.1296	$1,199.94	APC				
25365	T	REVISE RADIUS & ULNA	00050	25.1296	$1,199.94	APC				
25370	T	REVISE RADIUS OR ULNA	00051	41.0893	$1,962.01	APC				
25375	T	REVISE RADIUS & ULNA	00051	41.0893	$1,962.01	APC				
25390	T	SHORTEN RADIUS OR ULNA	00050	25.1296	$1,199.94	APC				
25391	T	LENGTHEN RADIUS OR ULNA	00051	41.0893	$1,962.01	APC				
25392	T	SHORTEN RADIUS & ULNA	00050	25.1296	$1,199.94	APC				
25393	T	LENGTHEN RADIUS & ULNA	00051	41.0893	$1,962.01	APC				
25394	T	REPAIR CARPAL BONE, SHORTEN	00053	16.154	$771.35	APC				
25400	T	REPAIR RADIUS OR ULNA	00050	25.1296	$1,199.94	APC				
25405	T	REPAIR/GRAFT RADIUS OR ULNA	00050	25.1296	$1,199.94	APC				
25415	T	REPAIR RADIUS & ULNA	00050	25.1296	$1,199.94	APC				
25420	T	REPAIR/GRAFT RADIUS & ULNA	00052	66.58	$3,179.20	APC				
25425	T	REPAIR/GRAFT RADIUS OR ULNA	00051	41.0893	$1,962.01	APC				
25426	T	REPAIR/GRAFT RADIUS & ULNA	00051	41.0893	$1,962.01	APC				
25430	T	VASC GRAFT INTO CARPAL BONE	00054	25.8758	$1,235.57	APC				
25431	T	REPAIR NONUNION CARPAL BONE	00054	25.8758	$1,235.57	APC				
25440	T	REPAIR/GRAFT WRIST BONE	00052	66.58	$3,179.20	APC				
25441	T	RECONSTRUCT WRIST JOINT	00425	107.1942	$5,118.52	APC				
25442	T	RECONSTRUCT WRIST JOINT	00425	107.1942	$5,118.52	APC				
25443	T	RECONSTRUCT WRIST JOINT	00048	47.4378	$2,265.15	APC				
25444	T	RECONSTRUCT WRIST JOINT	00048	47.4378	$2,265.15	APC				
25445	T	RECONSTRUCT WRIST JOINT	00048	47.4378	$2,265.15	APC				
25446	T	WRIST REPLACEMENT	00425	107.1942	$5,118.52	APC				
25447	T	REPAIR WRIST JOINT(S)	00047	33.4505	$1,597.26	APC				
25449	T	REMOVE WRIST JOINT IMPLANT	00047	33.4505	$1,597.26	APC				
25450	T	REVISION OF WRIST JOINT	00051	41.0893	$1,962.01	APC				
25455	T	REVISION OF WRIST JOINT	00051	41.0893	$1,962.01	APC				
25490	T	REINFORCE RADIUS	00051	41.0893	$1,962.01	APC				
25491	T	REINFORCE ULNA	00051	41.0893	$1,962.01	APC				
25492	T	REINFORCE RADIUS AND ULNA	00051	41.0893	$1,962.01	APC				
25500	T	TREAT FRACTURE OF RADIUS	00043	1.6857	$80.49	APC				
25505	T	TREAT FRACTURE OF RADIUS	00043	1.6857	$80.49	APC				
25515	T	TREAT FRACTURE OF RADIUS	00063	37.5382	$1,792.45	APC				
25520	T	TREAT FRACTURE OF RADIUS	00043	1.6857	$80.49	APC				
25525	T	TREAT FRACTURE OF RADIUS	00063	37.5382	$1,792.45	APC				
25526	T	TREAT FRACTURE OF RADIUS	00063	37.5382	$1,792.45	APC				
25530	T	TREAT FRACTURE OF ULNA	00043	1.6857	$80.49	APC				
25535	T	TREAT FRACTURE OF ULNA	00043	1.6857	$80.49	APC				
25545	T	TREAT FRACTURE OF ULNA	00063	37.5382	$1,792.45	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
25560	T	TREAT FRACTURE RADIUS & ULNA	00043	1.6857	$80.49	APC				
25565	T	TREAT FRACTURE RADIUS & ULNA	00043	1.6857	$80.49	APC				
25574	T	TREAT FRACTURE RADIUS & ULNA	00064	57.2172	$2,732.12	APC				
25575	T	TREAT FRACTURE RADIUS/ULNA	00064	57.2172	$2,732.12	APC				
25600	T	TREAT FRACTURE RADIUS/ULNA	00043	1.6857	$80.49	APC				
25605	T	TREAT FRACTURE RADIUS/ULNA	00043	1.6857	$80.49	APC				
25606	T	TREAT FX DISTAL RADIAL	00062	25.5264	$1,218.89	APC				
25607	T	TREAT FX RAD EXTRA-ARTICUL	00064	57.2172	$2,732.12	APC				
25608	T	TREAT FX RAD INTRA-ARTICUL	00064	57.2172	$2,732.12	APC				
25609	T	TREAT FX RADIAL 3+ FRAG	00064	57.2172	$2,732.12	APC				
25622	T	TREAT WRIST BONE FRACTURE	00043	1.6857	$80.49	APC				
25624	T	TREAT WRIST BONE FRACTURE	00043	1.6857	$80.49	APC				
25628	T	TREAT WRIST BONE FRACTURE	00063	37.5382	$1,792.45	APC				
25630	T	TREAT WRIST BONE FRACTURE	00043	1.6857	$80.49	APC				
25635	T	TREAT WRIST BONE FRACTURE	00043	1.6857	$80.49	APC				
25645	T	TREAT WRIST BONE FRACTURE	00063	37.5382	$1,792.45	APC				
25650	T	TREAT WRIST BONE FRACTURE	00043	1.6857	$80.49	APC				
25651	T	PIN ULNAR STYLOID FRACTURE	00062	25.5264	$1,218.89	APC				
25652	T	TREAT FRACTURE ULNAR STYLOID	00063	37.5382	$1,792.45	APC				
25660	T	TREAT WRIST DISLOCATION	00043	1.6857	$80.49	APC				
25670	T	TREAT WRIST DISLOCATION	00062	25.5264	$1,218.89	APC				
25671	T	PIN RADIOULNAR DISLOCATION	00062	25.5264	$1,218.89	APC				
25675	T	TREAT WRIST DISLOCATION	00043	1.6857	$80.49	APC				
25676	T	TREAT WRIST DISLOCATION	00062	25.5264	$1,218.89	APC				
25680	T	TREAT WRIST FRACTURE	00043	1.6857	$80.49	APC				
25685	T	TREAT WRIST FRACTURE	00062	25.5264	$1,218.89	APC				
25690	T	TREAT WRIST DISLOCATION	00043	1.6857	$80.49	APC				
25695	T	TREAT WRIST DISLOCATION	00062	25.5264	$1,218.89	APC				
25800	T	FUSION OF WRIST JOINT	00052	66.58	$3,179.20	APC				
25805	T	FUSION/GRAFT OF WRIST JOINT	00051	41.0893	$1,962.01	APC				
25810	T	FUSION/GRAFT OF WRIST JOINT	00052	66.58	$3,179.20	APC				
25820	T	FUSION OF HAND BONES	00053	16.154	$771.35	APC				
25825	T	FUSE HAND BONES WITH GRAFT	00054	25.8758	$1,235.57	APC				
25830	T	FUSION RADIOULNAR JNT/ULNA	00052	66.58	$3,179.20	APC				
25900	C	AMPUTATION OF FOREARM	-	-	-	Inpatient Only				
25905	C	AMPUTATION OF FOREARM	-	-	-	Inpatient Only				
25907	T	AMPUTATION FOLLOW-UP SURGERY	00049	20.8706	$996.57	APC				
25909	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only				
25915	C	AMPUTATION OF FOREARM	-	-	-	Inpatient Only				
25920	C	AMPUTATE HAND AT WRIST	-	-	-	Inpatient Only				
25922	T	AMPUTATE HAND AT WRIST	00049	20.8706	$996.57	APC				
25924	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only				
25927	C	AMPUTATION OF HAND	-	-	-	Inpatient Only				
25929	T	AMPUTATION FOLLOW-UP SURGERY	00686	14.0346	$670.15	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
25931	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only				
25999	T	FOREARM OR WRIST SURGERY	00043	1.6857	$80.49	APC				
26010	T	DRAINAGE OF FINGER ABSCESS	00006	1.4392	$68.72	APC				
26011	T	DRAINAGE OF FINGER ABSCESS	00007	11.1535	$532.58	APC				
26020	T	DRAIN HAND TENDON SHEATH	00053	16.154	$771.35	APC				
26025	T	DRAINAGE OF PALM BURSA	00053	16.154	$771.35	APC				
26030	T	DRAINAGE OF PALM BURSA(S)	00053	16.154	$771.35	APC				
26034	T	TREAT HAND BONE LESION	00053	16.154	$771.35	APC				
26035	T	DECOMPRESS FINGERS/HAND	00053	16.154	$771.35	APC				
26037	T	DECOMPRESS FINGERS/HAND	00053	16.154	$771.35	APC				
26040	T	RELEASE PALM CONTRACTURE	00054	25.8758	$1,235.57	APC				
26045	T	RELEASE PALM CONTRACTURE	00054	25.8758	$1,235.57	APC				
26055	T	INCISE FINGER TENDON SHEATH	00053	16.154	$771.35	APC				
26060	T	INCISION OF FINGER TENDON	00053	16.154	$771.35	APC				
26070	T	EXPLORE/TREAT HAND JOINT	00053	16.154	$771.35	APC				
26075	T	EXPLORE/TREAT FINGER JOINT	00053	16.154	$771.35	APC				
26080	T	EXPLORE/TREAT FINGER JOINT	00053	16.154	$771.35	APC				
26100	T	BIOPSY HAND JOINT LINING	00053	16.154	$771.35	APC				
26105	T	BIOPSY FINGER JOINT LINING	00053	16.154	$771.35	APC				
26110	T	BIOPSY FINGER JOINT LINING	00053	16.154	$771.35	APC				
26115	T	REMOVAL HAND LESION SUBCUT	00022	20.0656	$958.13	APC				
26116	T	REMOVAL HAND LESION, DEEP	00022	20.0656	$958.13	APC				
26117	T	REMOVE TUMOR, HAND/FINGER	00022	20.0656	$958.13	APC				
26121	T	RELEASE PALM CONTRACTURE	00054	25.8758	$1,235.57	APC				
26123	T	RELEASE PALM CONTRACTURE	00054	25.8758	$1,235.57	APC				
26125	T	RELEASE PALM CONTRACTURE	00053	16.154	$771.35	APC				
26130	T	REMOVE WRIST JOINT LINING	00053	16.154	$771.35	APC				
26135	T	REVISE FINGER JOINT, EACH	00054	25.8758	$1,235.57	APC				
26140	T	REVISE FINGER JOINT, EACH	00053	16.154	$771.35	APC				
26145	T	TENDON EXCISION, PALM/FINGER	00053	16.154	$771.35	APC				
26160	T	REMOVE TENDON SHEATH LESION	00053	16.154	$771.35	APC				
26170	T	REMOVAL OF PALM TENDON, EACH	00053	16.154	$771.35	APC				
26180	T	REMOVAL OF FINGER TENDON	00053	16.154	$771.35	APC				
26185	T	REMOVE FINGER BONE	00053	16.154	$771.35	APC				
26200	T	REMOVE HAND BONE LESION	00053	16.154	$771.35	APC				
26205	T	REMOVE/GRAFT BONE LESION	00054	25.8758	$1,235.57	APC				
26210	T	REMOVAL OF FINGER LESION	00053	16.154	$771.35	APC				
26215	T	REMOVE/GRAFT FINGER LESION	00053	16.154	$771.35	APC				
26230	T	PARTIAL REMOVAL OF HAND BONE	00053	16.154	$771.35	APC				
26235	T	PARTIAL REMOVAL, FINGER BONE	00053	16.154	$771.35	APC				
26236	T	PARTIAL REMOVAL, FINGER BONE	00053	16.154	$771.35	APC				
26250	T	EXTENSIVE HAND SURGERY	00053	16.154	$771.35	APC				
26255	T	EXTENSIVE HAND SURGERY	00054	25.8758	$1,235.57	APC				
26260	T	EXTENSIVE FINGER SURGERY	00053	16.154	$771.35	APC				

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26261	T	EXTENSIVE FINGER SURGERY	00053	16.154	$771.35	APC				
26262	T	PARTIAL REMOVAL OF FINGER	00053	16.154	$771.35	APC				
26320	T	REMOVAL OF IMPLANT FROM HAND	00021	15.1024	$721.14	APC				
26340	T	MANIPULATE FINGER W/ANESTH	00043	1.6857	$80.49	APC				
26350	T	REPAIR FINGER/HAND TENDON	00054	25.8758	$1,235.57	APC				
26352	T	REPAIR/GRAFT HAND TENDON	00054	25.8758	$1,235.57	APC				
26356	T	REPAIR FINGER/HAND TENDON	00054	25.8758	$1,235.57	APC				
26357	T	REPAIR FINGER/HAND TENDON	00054	25.8758	$1,235.57	APC				
26358	T	REPAIR/GRAFT HAND TENDON	00054	25.8758	$1,235.57	APC				
26370	T	REPAIR FINGER/HAND TENDON	00054	25.8758	$1,235.57	APC				
26372	T	REPAIR/GRAFT HAND TENDON	00054	25.8758	$1,235.57	APC				
26373	T	REPAIR FINGER/HAND TENDON	00054	25.8758	$1,235.57	APC				
26390	T	REVISE HAND/FINGER TENDON	00054	25.8758	$1,235.57	APC				
26392	T	REPAIR/GRAFT HAND TENDON	00054	25.8758	$1,235.57	APC				
26410	T	REPAIR HAND TENDON	00053	16.154	$771.35	APC				
26412	T	REPAIR/GRAFT HAND TENDON	00054	25.8758	$1,235.57	APC				
26415	T	EXCISION, HAND/FINGER TENDON	00054	25.8758	$1,235.57	APC				
26416	T	GRAFT HAND OR FINGER TENDON	00054	25.8758	$1,235.57	APC				
26418	T	REPAIR FINGER TENDON	00053	16.154	$771.35	APC				
26420	T	REPAIR/GRAFT FINGER TENDON	00054	25.8758	$1,235.57	APC				
26426	T	REPAIR FINGER/HAND TENDON	00054	25.8758	$1,235.57	APC				
26428	T	REPAIR/GRAFT FINGER TENDON	00054	25.8758	$1,235.57	APC				
26432	T	REPAIR FINGER TENDON	00053	16.154	$771.35	APC				
26433	T	REPAIR FINGER TENDON	00053	16.154	$771.35	APC				
26434	T	REPAIR/GRAFT FINGER TENDON	00054	25.8758	$1,235.57	APC				
26437	T	REALIGNMENT OF TENDONS	00053	16.154	$771.35	APC				
26440	T	RELEASE PALM/FINGER TENDON	00053	16.154	$771.35	APC				
26442	T	RELEASE PALM & FINGER TENDON	00054	25.8758	$1,235.57	APC				
26445	T	RELEASE HAND/FINGER TENDON	00053	16.154	$771.35	APC				
26449	T	RELEASE FOREARM/HAND TENDON	00054	25.8758	$1,235.57	APC				
26450	T	INCISION OF PALM TENDON	00053	16.154	$771.35	APC				
26455	T	INCISION OF FINGER TENDON	00053	16.154	$771.35	APC				
26460	T	INCISE HAND/FINGER TENDON	00053	16.154	$771.35	APC				
26471	T	FUSION OF FINGER TENDONS	00053	16.154	$771.35	APC				
26474	T	FUSION OF FINGER TENDONS	00053	16.154	$771.35	APC				
26476	T	TENDON LENGTHENING	00053	16.154	$771.35	APC				
26477	T	TENDON SHORTENING	00053	16.154	$771.35	APC				
26478	T	LENGTHENING OF HAND TENDON	00053	16.154	$771.35	APC				
26479	T	SHORTENING OF HAND TENDON	00053	16.154	$771.35	APC				
26480	T	TRANSPLANT HAND TENDON	00054	25.8758	$1,235.57	APC				
26483	T	TRANSPLANT/GRAFT HAND TENDON	00054	25.8758	$1,235.57	APC				
26485	T	TRANSPLANT PALM TENDON	00054	25.8758	$1,235.57	APC				
26489	T	TRANSPLANT/GRAFT PALM TENDON	00054	25.8758	$1,235.57	APC				
26490	T	REVISE THUMB TENDON	00054	25.8758	$1,235.57	APC				

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26492	T	TENDON TRANSFER WITH GRAFT	00054	25.8758	$1,235.57	APC				
26494	T	HAND TENDON/MUSCLE TRANSFER	00054	25.8758	$1,235.57	APC				
26496	T	REVISE THUMB TENDON	00054	25.8758	$1,235.57	APC				
26497	T	FINGER TENDON TRANSFER	00054	25.8758	$1,235.57	APC				
26498	T	FINGER TENDON TRANSFER	00054	25.8758	$1,235.57	APC				
26499	T	REVISION OF FINGER	00054	25.8758	$1,235.57	APC				
26500	T	HAND TENDON RECONSTRUCTION	00053	16.154	$771.35	APC				
26502	T	HAND TENDON RECONSTRUCTION	00054	25.8758	$1,235.57	APC				
26508	T	RELEASE THUMB CONTRACTURE	00053	16.154	$771.35	APC				
26510	T	THUMB TENDON TRANSFER	00054	25.8758	$1,235.57	APC				
26516	T	FUSION OF KNUCKLE JOINT	00054	25.8758	$1,235.57	APC				
26517	T	FUSION OF KNUCKLE JOINTS	00054	25.8758	$1,235.57	APC				
26518	T	FUSION OF KNUCKLE JOINTS	00054	25.8758	$1,235.57	APC				
26520	T	RELEASE KNUCKLE CONTRACTURE	00053	16.154	$771.35	APC				
26525	T	RELEASE FINGER CONTRACTURE	00053	16.154	$771.35	APC				
26530	T	REVISE KNUCKLE JOINT	00047	33.4505	$1,597.26	APC				
26531	T	REVISE KNUCKLE WITH IMPLANT	00048	47.4378	$2,265.15	APC				
26535	T	REVISE FINGER JOINT	00047	33.4505	$1,597.26	APC				
26536	T	REVISE/IMPLANT FINGER JOINT	00048	47.4378	$2,265.15	APC				
26540	T	REPAIR HAND JOINT	00053	16.154	$771.35	APC				
26541	T	REPAIR HAND JOINT WITH GRAFT	00054	25.8758	$1,235.57	APC				
26542	T	REPAIR HAND JOINT WITH GRAFT	00053	16.154	$771.35	APC				
26545	T	RECONSTRUCT FINGER JOINT	00054	25.8758	$1,235.57	APC				
26546	T	REPAIR NONUNION HAND	00054	25.8758	$1,235.57	APC				
26548	T	RECONSTRUCT FINGER JOINT	00054	25.8758	$1,235.57	APC				
26550	T	CONSTRUCT THUMB REPLACEMENT	00054	25.8758	$1,235.57	APC				
26551	C	GREAT TOE-HAND TRANSFER	-	-	-	Inpatient Only				
26553	C	SINGLE TRANSFER TOE-HAND	-	-	-	Inpatient Only				
26554	C	DOUBLE TRANSFER TOE-HAND	-	-	-	Inpatient Only				
26555	T	POSITIONAL CHANGE OF FINGER	00054	25.8758	$1,235.57	APC				
26556	C	TOE JOINT TRANSFER	-	-	-	Inpatient Only				
26560	T	REPAIR OF WEB FINGER	00053	16.154	$771.35	APC				
26561	T	REPAIR OF WEB FINGER	00054	25.8758	$1,235.57	APC				
26562	T	REPAIR OF WEB FINGER	00054	25.8758	$1,235.57	APC				
26565	T	CORRECT METACARPAL FLAW	00054	25.8758	$1,235.57	APC				
26567	T	CORRECT FINGER DEFORMITY	00054	25.8758	$1,235.57	APC				
26568	T	LENGTHEN METACARPAL/FINGER	00054	25.8758	$1,235.57	APC				
26580	T	REPAIR HAND DEFORMITY	00053	16.154	$771.35	APC				
26587	T	RECONSTRUCT EXTRA FINGER	00053	16.154	$771.35	APC				
26590	T	REPAIR FINGER DEFORMITY	00053	16.154	$771.35	APC				
26591	T	REPAIR MUSCLES OF HAND	00054	25.8758	$1,235.57	APC				
26593	T	RELEASE MUSCLES OF HAND	00053	16.154	$771.35	APC				
26596	T	EXCISION CONSTRICTING TISSUE	00053	16.154	$771.35	APC				
26600	T	TREAT METACARPAL FRACTURE	00043	1.6857	$80.49	APC				

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26605	T	TREAT METACARPAL FRACTURE	00043	1.6857	$80.49	APC				
26607	T	TREAT METACARPAL FRACTURE	00043	1.6857	$80.49	APC				
26608	T	TREAT METACARPAL FRACTURE	00062	25.5264	$1,218.89	APC				
26615	T	TREAT METACARPAL FRACTURE	00063	37.5382	$1,792.45	APC				
26641	T	TREAT THUMB DISLOCATION	00043	1.6857	$80.49	APC				
26645	T	TREAT THUMB FRACTURE	00043	1.6857	$80.49	APC				
26650	T	TREAT THUMB FRACTURE	00062	25.5264	$1,218.89	APC				
26665	T	TREAT THUMB FRACTURE	00063	37.5382	$1,792.45	APC				
26670	T	TREAT HAND DISLOCATION	00043	1.6857	$80.49	APC				
26675	T	TREAT HAND DISLOCATION	00043	1.6857	$80.49	APC				
26676	T	PIN HAND DISLOCATION	00062	25.5264	$1,218.89	APC				
26685	T	TREAT HAND DISLOCATION	00063	37.5382	$1,792.45	APC				
26686	T	TREAT HAND DISLOCATION	00064	57.2172	$2,732.12	APC				
26700	T	TREAT KNUCKLE DISLOCATION	00043	1.6857	$80.49	APC				
26705	T	TREAT KNUCKLE DISLOCATION	00043	1.6857	$80.49	APC				
26706	T	PIN KNUCKLE DISLOCATION	00043	1.6857	$80.49	APC				
26715	T	TREAT KNUCKLE DISLOCATION	00063	37.5382	$1,792.45	APC				
26720	T	TREAT FINGER FRACTURE, EACH	00043	1.6857	$80.49	APC				
26725	T	TREAT FINGER FRACTURE, EACH	00043	1.6857	$80.49	APC				
26727	T	TREAT FINGER FRACTURE, EACH	00062	25.5264	$1,218.89	APC				
26735	T	TREAT FINGER FRACTURE, EACH	00063	37.5382	$1,792.45	APC				
26740	T	TREAT FINGER FRACTURE, EACH	00043	1.6857	$80.49	APC				
26742	T	TREAT FINGER FRACTURE, EACH	00043	1.6857	$80.49	APC				
26746	T	TREAT FINGER FRACTURE, EACH	00063	37.5382	$1,792.45	APC				
26750	T	TREAT FINGER FRACTURE, EACH	00043	1.6857	$80.49	APC				
26755	T	TREAT FINGER FRACTURE, EACH	00043	1.6857	$80.49	APC				
26756	T	PIN FINGER FRACTURE, EACH	00062	25.5264	$1,218.89	APC				
26765	T	TREAT FINGER FRACTURE, EACH	00063	37.5382	$1,792.45	APC				
26770	T	TREAT FINGER DISLOCATION	00043	1.6857	$80.49	APC				
26775	T	TREAT FINGER DISLOCATION	00045	14.5947	$696.90	APC				
26776	T	PIN FINGER DISLOCATION	00062	25.5264	$1,218.89	APC				
26785	T	TREAT FINGER DISLOCATION	00062	25.5264	$1,218.89	APC				
26820	T	THUMB FUSION WITH GRAFT	00054	25.8758	$1,235.57	APC				
26841	T	FUSION OF THUMB	00054	25.8758	$1,235.57	APC				
26842	T	THUMB FUSION WITH GRAFT	00054	25.8758	$1,235.57	APC				
26843	T	FUSION OF HAND JOINT	00054	25.8758	$1,235.57	APC				
26844	T	FUSION/GRAFT OF HAND JOINT	00054	25.8758	$1,235.57	APC				
26850	T	FUSION OF KNUCKLE	00054	25.8758	$1,235.57	APC				
26852	T	FUSION OF KNUCKLE WITH GRAFT	00054	25.8758	$1,235.57	APC				
26860	T	FUSION OF FINGER JOINT	00054	25.8758	$1,235.57	APC				
26861	T	FUSION OF FINGER JNT, ADD-ON	00054	25.8758	$1,235.57	APC				
26862	T	FUSION/GRAFT OF FINGER JOINT	00054	25.8758	$1,235.57	APC				
26863	T	FUSE/GRAFT ADDED JOINT	00054	25.8758	$1,235.57	APC				
26910	T	AMPUTATE METACARPAL BONE	00054	25.8758	$1,235.57	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
26951	T	AMPUTATION OF FINGER/THUMB	00053	16.154	$771.35	APC				
26952	T	AMPUTATION OF FINGER/THUMB	00053	16.154	$771.35	APC				
26989	T	HAND/FINGER SURGERY	00043	1.6857	$80.49	APC				
26990	T	DRAINAGE OF PELVIS LESION	00049	20.8706	$996.57	APC				
26991	T	DRAINAGE OF PELVIS BURSA	00049	20.8706	$996.57	APC				
26992	C	DRAINAGE OF BONE LESION	-	-	-	Inpatient Only				
27000	T	INCISION OF HIP TENDON	00049	20.8706	$996.57	APC				
27001	T	INCISION OF HIP TENDON	00050	25.1296	$1,199.94	APC				
27003	T	INCISION OF HIP TENDON	00050	25.1296	$1,199.94	APC				
27005	C	INCISION OF HIP TENDON	-	-	-	Inpatient Only				
27006	C	INCISION OF HIP TENDONS	-	-	-	Inpatient Only				
27025	C	INCISION OF HIP/THIGH FASCIA	-	-	-	Inpatient Only				
27030	C	DRAINAGE OF HIP JOINT	-	-	-	Inpatient Only				
27033	T	EXPLORATION OF HIP JOINT	00051	41.0893	$1,962.01	APC				
27035	T	DENERVATION OF HIP JOINT	00051	41.0893	$1,962.01	APC				
27036	C	EXCISION OF HIP JOINT/MUSCLE	-	-	-	Inpatient Only				
27040	T	BIOPSY OF SOFT TISSUES	00020	6.8083	$325.10	APC				
27041	T	BIOPSY OF SOFT TISSUES	00020	6.8083	$325.10	APC				
27047	T	REMOVE HIP/PELVIS LESION	00022	20.0656	$958.13	APC				
27048	T	REMOVE HIP/PELVIS LESION	00022	20.0656	$958.13	APC				
27049	T	REMOVE TUMOR, HIP/PELVIS	00022	20.0656	$958.13	APC				
27050	T	BIOPSY OF SACROILIAC JOINT	00049	20.8706	$996.57	APC				
27052	T	BIOPSY OF HIP JOINT	00049	20.8706	$996.57	APC				
27054	C	REMOVAL OF HIP JOINT LINING	-	-	-	Inpatient Only				
27060	T	REMOVAL OF ISCHIAL BURSA	00049	20.8706	$996.57	APC				
27062	T	REMOVE FEMUR LESION/BURSA	00049	20.8706	$996.57	APC				
27065	T	REMOVAL OF HIP BONE LESION	00049	20.8706	$996.57	APC				
27066	T	REMOVAL OF HIP BONE LESION	00050	25.1296	$1,199.94	APC				
27067	T	REMOVE/GRAFT HIP BONE LESION	00050	25.1296	$1,199.94	APC				
27070	C	PARTIAL REMOVAL OF HIP BONE	-	-	-	Inpatient Only				
27071	C	PARTIAL REMOVAL OF HIP BONE	-	-	-	Inpatient Only				
27075	C	EXTENSIVE HIP SURGERY	-	-	-	Inpatient Only				
27076	C	EXTENSIVE HIP SURGERY	-	-	-	Inpatient Only				
27077	C	EXTENSIVE HIP SURGERY	-	-	-	Inpatient Only				
27078	C	EXTENSIVE HIP SURGERY	-	-	-	Inpatient Only				
27079	C	EXTENSIVE HIP SURGERY	-	-	-	Inpatient Only				
27080	T	REMOVAL OF TAIL BONE	00050	25.1296	$1,199.94	APC				
27086	T	REMOVE HIP FOREIGN BODY	00020	6.8083	$325.10	APC				
27087	T	REMOVE HIP FOREIGN BODY	00049	20.8706	$996.57	APC				
27090	C	REMOVAL OF HIP PROSTHESIS	-	-	-	Inpatient Only				
27091	C	REMOVAL OF HIP PROSTHESIS	-	-	-	Inpatient Only				
27093	N	INJECTION FOR HIP X-RAY	-	-	-	APC/ Bundled				
27095	N	INJECTION FOR HIP X-RAY	-	-	-	APC/ Bundled				
27096	N	INJECT SACROILIAC JOINT	-	-	-	APC/Bundled				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
27097	T	REVISION OF HIP TENDON	00050	25.1296	$1,199.94	APC				
27098	T	TRANSFER TENDON TO PELVIS	00050	25.1296	$1,199.94	APC				
27100	T	TRANSFER OF ABDOMINAL MUSCLE	00051	41.0893	$1,962.01	APC				
27105	T	TRANSFER OF SPINAL MUSCLE	00051	41.0893	$1,962.01	APC				
27110	T	TRANSFER OF ILIOPSOAS MUSCLE	00051	41.0893	$1,962.01	APC				
27111	T	TRANSFER OF ILIOPSOAS MUSCLE	00051	41.0893	$1,962.01	APC				
27120	C	RECONSTRUCTION OF HIP SOCKET	-	-	-	Inpatient Only				
27122	C	RECONSTRUCTION OF HIP SOCKET	-	-	-	Inpatient Only				
27125	C	PARTIAL HIP REPLACEMENT	-	-	-	Inpatient Only				
27130	C	TOTAL HIP ARTHROPLASTY	-	-	-	Inpatient Only				
27132	C	TOTAL HIP ARTHROPLASTY	-	-	-	Inpatient Only				
27134	C	REVISE HIP JOINT REPLACEMENT	-	-	-	Inpatient Only				
27137	C	REVISE HIP JOINT REPLACEMENT	-	-	-	Inpatient Only				
27138	C	REVISE HIP JOINT REPLACEMENT	-	-	-	Inpatient Only				
27140	C	TRANSPLANT FEMUR RIDGE	-	-	-	Inpatient Only				
27146	C	INCISION OF HIP BONE	-	-	-	Inpatient Only				
27147	C	REVISION OF HIP BONE	-	-	-	Inpatient Only				
27151	C	INCISION OF HIP BONES	-	-	-	Inpatient Only				
27156	C	REVISION OF HIP BONES	-	-	-	Inpatient Only				
27158	C	REVISION OF PELVIS	-	-	-	Inpatient Only				
27161	C	INCISION OF NECK OF FEMUR	-	-	-	Inpatient Only				
27165	C	INCISION/FIXATION OF FEMUR	-	-	-	Inpatient Only				
27170	C	REPAIR/GRAFT FEMUR HEAD/NECK	-	-	-	Inpatient Only				
27175	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only				
27176	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only				
27177	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only				
27178	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only				
27179	C	REVISE HEAD/NECK OF FEMUR	-	-	-	Inpatient Only				
27181	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only				
27185	C	REVISION OF FEMUR EPIPHYSIS	-	-	-	Inpatient Only				
27187	C	REINFORCE HIP BONES	-	-	-	Inpatient Only				
27193	T	TREAT PELVIC RING FRACTURE	00043	1.6857	$80.49	APC				
27194	T	TREAT PELVIC RING FRACTURE	00045	14.5947	$696.90	APC				
27200	T	TREAT TAIL BONE FRACTURE	00043	1.6857	$80.49	APC				
27202	T	TREAT TAIL BONE FRACTURE	00063	37.5382	$1,792.45	APC				
27215	C	TREAT PELVIC FRACTURE(S)	-	-	-	Inpatient Only				
27216	T	TREAT PELVIC RING FRACTURE	00050	25.1296	$1,199.94	APC				
27217	C	TREAT PELVIC RING FRACTURE	-	-	-	Inpatient Only				
27218	C	TREAT PELVIC RING FRACTURE	-	-	-	Inpatient Only				
27220	T	TREAT HIP SOCKET FRACTURE	00043	1.6857	$80.49	APC				
27222	C	TREAT HIP SOCKET FRACTURE	-	-	-	Inpatient Only				
27226	C	TREAT HIP WALL FRACTURE	-	-	-	Inpatient Only				
27227	C	TREAT HIP FRACTURE(S)	-	-	-	Inpatient Only				
27228	C	TREAT HIP FRACTURE(S)	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
27230	T	TREAT THIGH FRACTURE	00043	1.6857	$80.49	APC				
27232	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only				
27235	T	TREAT THIGH FRACTURE	00050	25.1296	$1,199.94	APC				
27236	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only				
27238	T	TREAT THIGH FRACTURE	00043	1.6857	$80.49	APC				
27240	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only				
27244	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only				
27245	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only				
27246	T	TREAT THIGH FRACTURE	00043	1.6857	$80.49	APC				
27248	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only				
27250	T	TREAT HIP DISLOCATION	00043	1.6857	$80.49	APC				
27252	T	TREAT HIP DISLOCATION	00045	14.5947	$696.90	APC				
27253	C	TREAT HIP DISLOCATION	-	-	-	Inpatient Only				
27254	C	TREAT HIP DISLOCATION	-	-	-	Inpatient Only				
27256	T	TREAT HIP DISLOCATION	00043	1.6857	$80.49	APC				
27257	T	TREAT HIP DISLOCATION	00045	14.5947	$696.90	APC				
27258	C	TREAT HIP DISLOCATION	-	-	-	Inpatient Only				
27259	C	TREAT HIP DISLOCATION	-	-	-	Inpatient Only				
27265	T	TREAT HIP DISLOCATION	00043	1.6857	$80.49	APC				
27266	T	TREAT HIP DISLOCATION	00045	14.5947	$696.90	APC				
27275	T	MANIPULATION OF HIP JOINT	00045	14.5947	$696.90	APC				
27280	C	FUSION OF SACROILIAC JOINT	-	-	-	Inpatient Only				
27282	C	FUSION OF PUBIC BONES	-	-	-	Inpatient Only				
27284	C	FUSION OF HIP JOINT	-	-	-	Inpatient Only				
27286	C	FUSION OF HIP JOINT	-	-	-	Inpatient Only				
27290	C	AMPUTATION OF LEG AT HIP	-	-	-	Inpatient Only				
27295	C	AMPUTATION OF LEG AT HIP	-	-	-	Inpatient Only				
27299	T	PELVIS/HIP JOINT SURGERY	00043	1.6857	$80.49	APC				
27301	T	DRAIN THIGH/KNEE LESION	00008	17.5086	$836.04	APC				
27303	C	DRAINAGE OF BONE LESION	-	-	-	Inpatient Only				
27305	T	INCISE THIGH TENDON & FASCIA	00049	20.8706	$996.57	APC				
27306	T	INCISION OF THIGH TENDON	00049	20.8706	$996.57	APC				
27307	T	INCISION OF THIGH TENDONS	00049	20.8706	$996.57	APC				
27310	T	EXPLORATION OF KNEE JOINT	00050	25.1296	$1,199.94	APC				
27323	T	BIOPSY, THIGH SOFT TISSUES	00020	6.8083	$325.10	APC				
27324	T	BIOPSY, THIGH SOFT TISSUES	00022	20.0656	$958.13	APC				
27325	T	NEURECTOMY, HAMSTRING	00220	17.8499	$852.33	APC				
27326	T	NEURECTOMY, POPLITEAL	00220	17.8499	$852.33	APC				
27327	T	REMOVAL OF THIGH LESION	00022	20.0656	$958.13	APC				
27328	T	REMOVAL OF THIGH LESION	00022	20.0656	$958.13	APC				
27329	T	REMOVE TUMOR THIGH/KNEE	00022	20.0656	$958.13	APC				
27330	T	BIOPSY, KNEE JOINT LINING	00050	25.1296	$1,199.94	APC				
27331	T	EXPLORE/TREAT KNEE JOINT	00050	25.1296	$1,199.94	APC				
27332	T	REMOVAL OF KNEE CARTILAGE	00050	25.1296	$1,199.94	APC				

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27333	T	REMOVAL OF KNEE CARTILAGE	00050	25.1296	$1,199.94	APC				
27334	T	REMOVE KNEE JOINT LINING	00050	25.1296	$1,199.94	APC				
27335	T	REMOVE KNEE JOINT LINING	00050	25.1296	$1,199.94	APC				
27340	T	REMOVAL OF KNEECAP BURSA	00049	20.8706	$996.57	APC				
27345	T	REMOVAL OF KNEE CYST	00049	20.8706	$996.57	APC				
27347	T	REMOVE KNEE CYST	00049	20.8706	$996.57	APC				
27350	T	REMOVAL OF KNEECAP	00050	25.1296	$1,199.94	APC				
27355	T	REMOVE FEMUR LESION	00050	25.1296	$1,199.94	APC				
27356	T	REMOVE FEMUR LESION/GRAFT	00050	25.1296	$1,199.94	APC				
27357	T	REMOVE FEMUR LESION/GRAFT	00050	25.1296	$1,199.94	APC				
27358	T	REMOVE FEMUR LESION/FIXATION	00050	25.1296	$1,199.94	APC				
27360	T	PARTIAL REMOVAL, LEG BONE(S)	00050	25.1296	$1,199.94	APC				
27365	C	EXTENSIVE LEG SURGERY	-	-	-	Inpatient Only				
27370	N	INJECTION FOR KNEE X-RAY	-	-	-	APC/ Bundled				
27372	T	REMOVAL OF FOREIGN BODY	00022	20.0656	$958.13	APC				
27380	T	REPAIR OF KNEECAP TENDON	00049	20.8706	$996.57	APC				
27381	T	REPAIR/GRAFT KNEECAP TENDON	00049	20.8706	$996.57	APC				
27385	T	REPAIR OF THIGH MUSCLE	00049	20.8706	$996.57	APC				
27386	T	REPAIR/GRAFT OF THIGH MUSCLE	00049	20.8706	$996.57	APC				
27390	T	INCISION OF THIGH TENDON	00049	20.8706	$996.57	APC				
27391	T	INCISION OF THIGH TENDONS	00049	20.8706	$996.57	APC				
27392	T	INCISION OF THIGH TENDONS	00049	20.8706	$996.57	APC				
27393	T	LENGTHENING OF THIGH TENDON	00050	25.1296	$1,199.94	APC				
27394	T	LENGTHENING OF THIGH TENDONS	00050	25.1296	$1,199.94	APC				
27395	T	LENGTHENING OF THIGH TENDONS	00051	41.0893	$1,962.01	APC				
27396	T	TRANSPLANT OF THIGH TENDON	00050	25.1296	$1,199.94	APC				
27397	T	TRANSPLANTS OF THIGH TENDONS	00051	41.0893	$1,962.01	APC				
27400	T	REVISE THIGH MUSCLES/TENDONS	00051	41.0893	$1,962.01	APC				
27403	T	REPAIR OF KNEE CARTILAGE	00050	25.1296	$1,199.94	APC				
27405	T	REPAIR OF KNEE LIGAMENT	00051	41.0893	$1,962.01	APC				
27407	T	REPAIR OF KNEE LIGAMENT	00052	66.58	$3,179.20	APC				
27409	T	REPAIR OF KNEE LIGAMENTS	00051	41.0893	$1,962.01	APC				
27412	T	AUTOCHONDROCYTE IMPLANT KNEE	00042	45.5027	$2,172.75	APC				
27415	T	OSTEOCHONDRAL KNEE ALLOGRAFT	00042	45.5027	$2,172.75	APC				
27418	T	REPAIR DEGENERATED KNEECAP	00051	41.0893	$1,962.01	APC				
27420	T	REVISION OF UNSTABLE KNEECAP	00051	41.0893	$1,962.01	APC				
27422	T	REVISION OF UNSTABLE KNEECAP	00051	41.0893	$1,962.01	APC				
27424	T	REVISION/REMOVAL OF KNEECAP	00051	41.0893	$1,962.01	APC				
27425	T	LAT RETINACULAR RELEASE OPEN	00050	25.1296	$1,199.94	APC				
27427	T	RECONSTRUCTION, KNEE	00051	41.0893	$1,962.01	APC				
27428	T	RECONSTRUCTION, KNEE	00052	66.58	$3,179.20	APC				
27429	T	RECONSTRUCTION, KNEE	00052	66.58	$3,179.20	APC				
27430	T	REVISION OF THIGH MUSCLES	00051	41.0893	$1,962.01	APC				
27435	T	INCISION OF KNEE JOINT	00051	41.0893	$1,962.01	APC				

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27437	T	REVISE KNEECAP	00047	33.4505	$1,597.26	APC				
27438	T	REVISE KNEECAP WITH IMPLANT	00048	47.4378	$2,265.15	APC				
27440	T	REVISION OF KNEE JOINT	00047	33.4505	$1,597.26	APC				
27441	T	REVISION OF KNEE JOINT	00047	33.4505	$1,597.26	APC				
27442	T	REVISION OF KNEE JOINT	00047	33.4505	$1,597.26	APC				
27443	T	REVISION OF KNEE JOINT	00047	33.4505	$1,597.26	APC				
27445	C	REVISION OF KNEE JOINT	-	-	-	Inpatient Only				
27446	T	REVISION OF KNEE JOINT	00681	205.6815	$9,821.29	APC				
27447	C	TOTAL KNEE ARTHROPLASTY	-	-	-	Inpatient Only				
27448	C	INCISION OF THIGH	-	-	-	Inpatient Only				
27450	C	INCISION OF THIGH	-	-	-	Inpatient Only				
27454	C	REALIGNMENT OF THIGH BONE	-	-	-	Inpatient Only				
27455	C	REALIGNMENT OF KNEE	-	-	-	Inpatient Only				
27457	C	REALIGNMENT OF KNEE	-	-	-	Inpatient Only				
27465	C	SHORTENING OF THIGH BONE	-	-	-	Inpatient Only				
27466	C	LENGTHENING OF THIGH BONE	-	-	-	Inpatient Only				
27468	C	SHORTEN/LENGTHEN THIGHS	-	-	-	Inpatient Only				
27470	C	REPAIR OF THIGH	-	-	-	Inpatient Only				
27472	C	REPAIR/GRAFT OF THIGH	-	-	-	Inpatient Only				
27475	T	SURGERY TO STOP LEG GROWTH	00050	25.1296	$1,199.94	APC				
27477	C	SURGERY TO STOP LEG GROWTH	-	-	-	Inpatient Only				
27479	C	SURGERY TO STOP LEG GROWTH	-	-	-	Inpatient Only				
27485	C	SURGERY TO STOP LEG GROWTH	-	-	-	Inpatient Only				
27486	C	REVISE/REPLACE KNEE JOINT	-	-	-	Inpatient Only				
27487	C	REVISE/REPLACE KNEE JOINT	-	-	-	Inpatient Only				
27488	C	REMOVAL OF KNEE PROSTHESIS	-	-	-	Inpatient Only				
27495	C	REINFORCE THIGH	-	-	-	Inpatient Only				
27496	T	DECOMPRESSION OF THIGH/KNEE	00049	20.8706	$996.57	APC				
27497	T	DECOMPRESSION OF THIGH/KNEE	00049	20.8706	$996.57	APC				
27498	T	DECOMPRESSION OF THIGH/KNEE	00049	20.8706	$996.57	APC				
27499	T	DECOMPRESSION OF THIGH/KNEE	00049	20.8706	$996.57	APC				
27500	T	TREATMENT OF THIGH FRACTURE	00043	1.6857	$80.49	APC				
27501	T	TREATMENT OF THIGH FRACTURE	00043	1.6857	$80.49	APC				
27502	T	TREATMENT OF THIGH FRACTURE	00043	1.6857	$80.49	APC				
27503	T	TREATMENT OF THIGH FRACTURE	00043	1.6857	$80.49	APC				
27506	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only				
27507	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only				
27508	T	TREATMENT OF THIGH FRACTURE	00043	1.6857	$80.49	APC				
27509	T	TREATMENT OF THIGH FRACTURE	00062	25.5264	$1,218.89	APC				
27510	T	TREATMENT OF THIGH FRACTURE	00043	1.6857	$80.49	APC				
27511	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only				
27513	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only				
27514	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only				
27516	T	TREAT THIGH FX GROWTH PLATE	00043	1.6857	$80.49	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
27517	T	TREAT THIGH FX GROWTH PLATE	00043	1.6857	$80.49	APC				
27519	C	TREAT THIGH FX GROWTH PLATE	-	-	-	Inpatient Only				
27520	T	TREAT KNEECAP FRACTURE	00043	1.6857	$80.49	APC				
27524	T	TREAT KNEECAP FRACTURE	00063	37.5382	$1,792.45	APC				
27530	T	TREAT KNEE FRACTURE	00043	1.6857	$80.49	APC				
27532	T	TREAT KNEE FRACTURE	00043	1.6857	$80.49	APC				
27535	C	TREAT KNEE FRACTURE	-	-	-	Inpatient Only				
27536	C	TREAT KNEE FRACTURE	-	-	-	Inpatient Only				
27538	T	TREAT KNEE FRACTURE(S)	00043	1.6857	$80.49	APC				
27540	C	TREAT KNEE FRACTURE	-	-	-	Inpatient Only				
27550	T	TREAT KNEE DISLOCATION	00043	1.6857	$80.49	APC				
27552	T	TREAT KNEE DISLOCATION	00045	14.5947	$696.90	APC				
27556	C	TREAT KNEE DISLOCATION	-	-	-	Inpatient Only				
27557	C	TREAT KNEE DISLOCATION	-	-	-	Inpatient Only				
27558	C	TREAT KNEE DISLOCATION	-	-	-	Inpatient Only				
27560	T	TREAT KNEECAP DISLOCATION	00043	1.6857	$80.49	APC				
27562	T	TREAT KNEECAP DISLOCATION	00045	14.5947	$696.90	APC				
27566	T	TREAT KNEECAP DISLOCATION	00063	37.5382	$1,792.45	APC				
27570	T	FIXATION OF KNEE JOINT	00045	14.5947	$696.90	APC				
27580	C	FUSION OF KNEE	-	-	-	Inpatient Only				
27590	C	AMPUTATE LEG AT THIGH	-	-	-	Inpatient Only				
27591	C	AMPUTATE LEG AT THIGH	-	-	-	Inpatient Only				
27592	C	AMPUTATE LEG AT THIGH	-	-	-	Inpatient Only				
27594	T	AMPUTATION FOLLOW-UP SURGERY	00049	20.8706	$996.57	APC				
27596	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only				
27598	C	AMPUTATE LOWER LEG AT KNEE	-	-	-	Inpatient Only				
27599	T	LEG SURGERY PROCEDURE	00043	1.6857	$80.49	APC				
27600	T	DECOMPRESSION OF LOWER LEG	00049	20.8706	$996.57	APC				
27601	T	DECOMPRESSION OF LOWER LEG	00049	20.8706	$996.57	APC				
27602	T	DECOMPRESSION OF LOWER LEG	00049	20.8706	$996.57	APC				
27603	T	DRAIN LOWER LEG LESION	00008	17.5086	$836.04	APC				
27604	T	DRAIN LOWER LEG BURSA	00049	20.8706	$996.57	APC				
27605	T	INCISION OF ACHILLES TENDON	00055	20.4263	$975.36	APC				
27606	T	INCISION OF ACHILLES TENDON	00049	20.8706	$996.57	APC				
27607	T	TREAT LOWER LEG BONE LESION	00049	20.8706	$996.57	APC				
27610	T	EXPLORE/TREAT ANKLE JOINT	00050	25.1296	$1,199.94	APC				
27612	T	EXPLORATION OF ANKLE JOINT	00050	25.1296	$1,199.94	APC				
27613	T	BIOPSY LOWER LEG SOFT TISSUE	00020	6.8083	$325.10	APC				
27614	T	BIOPSY LOWER LEG SOFT TISSUE	00022	20.0656	$958.13	APC				
27615	T	REMOVE TUMOR, LOWER LEG	00050	25.1296	$1,199.94	APC				
27618	T	REMOVE LOWER LEG LESION	00021	15.1024	$721.14	APC				
27619	T	REMOVE LOWER LEG LESION	00022	20.0656	$958.13	APC				
27620	T	EXPLORE/TREAT ANKLE JOINT	00050	25.1296	$1,199.94	APC				
27625	T	REMOVE ANKLE JOINT LINING	00050	25.1296	$1,199.94	APC				

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27626	T	REMOVE ANKLE JOINT LINING	00050	25.1296	$1,199.94	APC				
27630	T	REMOVAL OF TENDON LESION	00049	20.8706	$996.57	APC				
27635	T	REMOVE LOWER LEG BONE LESION	00050	25.1296	$1,199.94	APC				
27637	T	REMOVE/GRAFT LEG BONE LESION	00050	25.1296	$1,199.94	APC				
27638	T	REMOVE/GRAFT LEG BONE LESION	00050	25.1296	$1,199.94	APC				
27640	T	PARTIAL REMOVAL OF TIBIA	00051	41.0893	$1,962.01	APC				
27641	T	PARTIAL REMOVAL OF FIBULA	00050	25.1296	$1,199.94	APC				
27645	C	EXTENSIVE LOWER LEG SURGERY	-	-	-	Inpatient Only				
27646	C	EXTENSIVE LOWER LEG SURGERY	-	-	-	Inpatient Only				
27647	T	EXTENSIVE ANKLE/HEEL SURGERY	00051	41.0893	$1,962.01	APC				
27648	N	INJECTION FOR ANKLE X-RAY	-	-	-	APC/ Bundled				
27650	T	REPAIR ACHILLES TENDON	00051	41.0893	$1,962.01	APC				
27652	T	REPAIR/GRAFT ACHILLES TENDON	00052	66.58	$3,179.20	APC				
27654	T	REPAIR OF ACHILLES TENDON	00051	41.0893	$1,962.01	APC				
27656	T	REPAIR LEG FASCIA DEFECT	00049	20.8706	$996.57	APC				
27658	T	REPAIR OF LEG TENDON, EACH	00049	20.8706	$996.57	APC				
27659	T	REPAIR OF LEG TENDON, EACH	00049	20.8706	$996.57	APC				
27664	T	REPAIR OF LEG TENDON, EACH	00049	20.8706	$996.57	APC				
27665	T	REPAIR OF LEG TENDON, EACH	00050	25.1296	$1,199.94	APC				
27675	T	REPAIR LOWER LEG TENDONS	00049	20.8706	$996.57	APC				
27676	T	REPAIR LOWER LEG TENDONS	00050	25.1296	$1,199.94	APC				
27680	T	RELEASE OF LOWER LEG TENDON	00050	25.1296	$1,199.94	APC				
27681	T	RELEASE OF LOWER LEG TENDONS	00050	25.1296	$1,199.94	APC				
27685	T	REVISION OF LOWER LEG TENDON	00050	25.1296	$1,199.94	APC				
27686	T	REVISE LOWER LEG TENDONS	00050	25.1296	$1,199.94	APC				
27687	T	REVISION OF CALF TENDON	00050	25.1296	$1,199.94	APC				
27690	T	REVISE LOWER LEG TENDON	00051	41.0893	$1,962.01	APC				
27691	T	REVISE LOWER LEG TENDON	00051	41.0893	$1,962.01	APC				
27692	T	REVISE ADDITIONAL LEG TENDON	00051	41.0893	$1,962.01	APC				
27695	T	REPAIR OF ANKLE LIGAMENT	00050	25.1296	$1,199.94	APC				
27696	T	REPAIR OF ANKLE LIGAMENTS	00050	25.1296	$1,199.94	APC				
27698	T	REPAIR OF ANKLE LIGAMENT	00050	25.1296	$1,199.94	APC				
27700	T	REVISION OF ANKLE JOINT	00047	33.4505	$1,597.26	APC				
27702	C	RECONSTRUCT ANKLE JOINT	-	-	-	Inpatient Only				
27703	C	RECONSTRUCTION, ANKLE JOINT	-	-	-	Inpatient Only				
27704	T	REMOVAL OF ANKLE IMPLANT	00049	20.8706	$996.57	APC				
27705	T	INCISION OF TIBIA	00051	41.0893	$1,962.01	APC				
27707	T	INCISION OF FIBULA	00049	20.8706	$996.57	APC				
27709	T	INCISION OF TIBIA & FIBULA	00050	25.1296	$1,199.94	APC				
27712	C	REALIGNMENT OF LOWER LEG	-	-	-	Inpatient Only				
27715	C	REVISION OF LOWER LEG	-	-	-	Inpatient Only				
27720	C	REPAIR OF TIBIA	-	-	-	Inpatient Only				
27722	C	REPAIR/GRAFT OF TIBIA	-	-	-	Inpatient Only				
27724	C	REPAIR/GRAFT OF TIBIA	-	-	-	Inpatient Only				

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27725	C	REPAIR OF LOWER LEG	-	-	-	Inpatient Only				
27727	C	REPAIR OF LOWER LEG	-	-	-	Inpatient Only				
27730	T	REPAIR OF TIBIA EPIPHYSIS	00050	25.1296	$1,199.94	APC				
27732	T	REPAIR OF FIBULA EPIPHYSIS	00050	25.1296	$1,199.94	APC				
27734	T	REPAIR LOWER LEG EPIPHYSES	00050	25.1296	$1,199.94	APC				
27740	T	REPAIR OF LEG EPIPHYSES	00050	25.1296	$1,199.94	APC				
27742	T	REPAIR OF LEG EPIPHYSES	00051	41.0893	$1,962.01	APC				
27745	T	REINFORCE TIBIA	00052	66.58	$3,179.20	APC				
27750	T	TREATMENT OF TIBIA FRACTURE	00043	1.6857	$80.49	APC				
27752	T	TREATMENT OF TIBIA FRACTURE	00043	1.6857	$80.49	APC				
27756	T	TREATMENT OF TIBIA FRACTURE	00062	25.5264	$1,218.89	APC				
27758	T	TREATMENT OF TIBIA FRACTURE	00063	37.5382	$1,792.45	APC				
27759	T	TREATMENT OF TIBIA FRACTURE	00064	57.2172	$2,732.12	APC				
27760	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27762	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27766	T	TREATMENT OF ANKLE FRACTURE	00063	37.5382	$1,792.45	APC				
27780	T	TREATMENT OF FIBULA FRACTURE	00043	1.6857	$80.49	APC				
27781	T	TREATMENT OF FIBULA FRACTURE	00043	1.6857	$80.49	APC				
27784	T	TREATMENT OF FIBULA FRACTURE	00063	37.5382	$1,792.45	APC				
27786	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27788	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27792	T	TREATMENT OF ANKLE FRACTURE	00063	37.5382	$1,792.45	APC				
27808	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27810	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27814	T	TREATMENT OF ANKLE FRACTURE	00063	37.5382	$1,792.45	APC				
27816	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27818	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
27822	T	TREATMENT OF ANKLE FRACTURE	00063	37.5382	$1,792.45	APC				
27823	T	TREATMENT OF ANKLE FRACTURE	00064	57.2172	$2,732.12	APC				
27824	T	TREAT LOWER LEG FRACTURE	00043	1.6857	$80.49	APC				
27825	T	TREAT LOWER LEG FRACTURE	00043	1.6857	$80.49	APC				
27826	T	TREAT LOWER LEG FRACTURE	00063	37.5382	$1,792.45	APC				
27827	T	TREAT LOWER LEG FRACTURE	00064	57.2172	$2,732.12	APC				
27828	T	TREAT LOWER LEG FRACTURE	00064	57.2172	$2,732.12	APC				
27829	T	TREAT LOWER LEG JOINT	00063	37.5382	$1,792.45	APC				
27830	T	TREAT LOWER LEG DISLOCATION	00043	1.6857	$80.49	APC				
27831	T	TREAT LOWER LEG DISLOCATION	00043	1.6857	$80.49	APC				
27832	T	TREAT LOWER LEG DISLOCATION	00063	37.5382	$1,792.45	APC				
27840	T	TREAT ANKLE DISLOCATION	00043	1.6857	$80.49	APC				
27842	T	TREAT ANKLE DISLOCATION	00045	14.5947	$696.90	APC				
27846	T	TREAT ANKLE DISLOCATION	00063	37.5382	$1,792.45	APC				
27848	T	TREAT ANKLE DISLOCATION	00063	37.5382	$1,792.45	APC				
27860	T	FIXATION OF ANKLE JOINT	00045	14.5947	$696.90	APC				
27870	T	FUSION OF ANKLE JOINT OPEN	00052	66.58	$3,179.20	APC				

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27871	T	FUSION OF TIBIOFIBULAR JOINT	00052	66.58	$3,179.20	APC				
27880	C	AMPUTATION OF LOWER LEG	-	-	-	Inpatient Only				
27881	C	AMPUTATION OF LOWER LEG	-	-	-	Inpatient Only				
27882	C	AMPUTATION OF LOWER LEG	-	-	-	Inpatient Only				
27884	T	AMPUTATION FOLLOW-UP SURGERY	00049	20.8706	$996.57	APC				
27886	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only				
27888	C	AMPUTATION OF FOOT AT ANKLE	-	-	-	Inpatient Only				
27889	T	AMPUTATION OF FOOT AT ANKLE	00050	25.1296	$1,199.94	APC				
27892	T	DECOMPRESSION OF LEG	00049	20.8706	$996.57	APC				
27893	T	DECOMPRESSION OF LEG	00049	20.8706	$996.57	APC				
27894	T	DECOMPRESSION OF LEG	00049	20.8706	$996.57	APC				
27899	T	LEG/ANKLE SURGERY PROCEDURE	00043	1.6857	$80.49	APC				
28001	T	DRAINAGE OF BURSA OF FOOT	00007	11.1535	$532.58	APC				
28002	T	TREATMENT OF FOOT INFECTION	00049	20.8706	$996.57	APC				
28003	T	TREATMENT OF FOOT INFECTION	00049	20.8706	$996.57	APC				
28005	T	TREAT FOOT BONE LESION	00055	20.4263	$975.36	APC				
28008	T	INCISION OF FOOT FASCIA	00055	20.4263	$975.36	APC				
28010	T	INCISION OF TOE TENDON	00055	20.4263	$975.36	APC				
28011	T	INCISION OF TOE TENDONS	00055	20.4263	$975.36	APC				
28020	T	EXPLORATION OF FOOT JOINT	00055	20.4263	$975.36	APC				
28022	T	EXPLORATION OF FOOT JOINT	00055	20.4263	$975.36	APC				
28024	T	EXPLORATION OF TOE JOINT	00055	20.4263	$975.36	APC				
28035	T	DECOMPRESSION OF TIBIA NERVE	00220	17.8499	$852.33	APC				
28043	T	EXCISION OF FOOT LESION	00022	20.0656	$958.13	APC				
28045	T	EXCISION OF FOOT LESION	00055	20.4263	$975.36	APC				
28046	T	RESECTION OF TUMOR, FOOT	00055	20.4263	$975.36	APC				
28050	T	BIOPSY OF FOOT JOINT LINING	00055	20.4263	$975.36	APC				
28052	T	BIOPSY OF FOOT JOINT LINING	00055	20.4263	$975.36	APC				
28054	T	BIOPSY OF TOE JOINT LINING	00055	20.4263	$975.36	APC				
28055	T	NEURECTOMY, FOOT	00220	17.8499	$852.33	APC				
28060	T	PARTIAL REMOVAL, FOOT FASCIA	00055	20.4263	$975.36	APC				
28062	T	REMOVAL OF FOOT FASCIA	00055	20.4263	$975.36	APC				
28070	T	REMOVAL OF FOOT JOINT LINING	00055	20.4263	$975.36	APC				
28072	T	REMOVAL OF FOOT JOINT LINING	00055	20.4263	$975.36	APC				
28080	T	REMOVAL OF FOOT LESION	00055	20.4263	$975.36	APC				
28086	T	EXCISE FOOT TENDON SHEATH	00055	20.4263	$975.36	APC				
28088	T	EXCISE FOOT TENDON SHEATH	00055	20.4263	$975.36	APC				
28090	T	REMOVAL OF FOOT LESION	00055	20.4263	$975.36	APC				
28092	T	REMOVAL OF TOE LESIONS	00055	20.4263	$975.36	APC				
28100	T	REMOVAL OF ANKLE/HEEL LESION	00055	20.4263	$975.36	APC				
28102	T	REMOVE/GRAFT FOOT LESION	00056	40.8559	$1,950.87	APC				
28103	T	REMOVE/GRAFT FOOT LESION	00056	40.8559	$1,950.87	APC				
28104	T	REMOVAL OF FOOT LESION	00055	20.4263	$975.36	APC				
28106	T	REMOVE/GRAFT FOOT LESION	00056	40.8559	$1,950.87	APC				

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28107	T	REMOVE/GRAFT FOOT LESION	00056	40.8559	$1,950.87	APC				
28108	T	REMOVAL OF TOE LESIONS	00055	20.4263	$975.36	APC				
28110	T	PART REMOVAL OF METATARSAL	00055	20.4263	$975.36	APC				
28111	T	PART REMOVAL OF METATARSAL	00055	20.4263	$975.36	APC				
28112	T	PART REMOVAL OF METATARSAL	00055	20.4263	$975.36	APC				
28113	T	PART REMOVAL OF METATARSAL	00055	20.4263	$975.36	APC				
28114	T	REMOVAL OF METATARSAL HEADS	00055	20.4263	$975.36	APC				
28116	T	REVISION OF FOOT	00055	20.4263	$975.36	APC				
28118	T	REMOVAL OF HEEL BONE	00055	20.4263	$975.36	APC				
28119	T	REMOVAL OF HEEL SPUR	00055	20.4263	$975.36	APC				
28120	T	PART REMOVAL OF ANKLE/HEEL	00055	20.4263	$975.36	APC				
28122	T	PARTIAL REMOVAL OF FOOT BONE	00055	20.4263	$975.36	APC				
28124	T	PARTIAL REMOVAL OF TOE	00055	20.4263	$975.36	APC				
28126	T	PARTIAL REMOVAL OF TOE	00055	20.4263	$975.36	APC				
28130	T	REMOVAL OF ANKLE BONE	00055	20.4263	$975.36	APC				
28140	T	REMOVAL OF METATARSAL	00055	20.4263	$975.36	APC				
28150	T	REMOVAL OF TOE	00055	20.4263	$975.36	APC				
28153	T	PARTIAL REMOVAL OF TOE	00055	20.4263	$975.36	APC				
28160	T	PARTIAL REMOVAL OF TOE	00055	20.4263	$975.36	APC				
28171	T	EXTENSIVE FOOT SURGERY	00055	20.4263	$975.36	APC				
28173	T	EXTENSIVE FOOT SURGERY	00055	20.4263	$975.36	APC				
28175	T	EXTENSIVE FOOT SURGERY	00055	20.4263	$975.36	APC				
28190	T	REMOVAL OF FOOT FOREIGN BODY	00019	4.0919	$195.39	APC				
28192	T	REMOVAL OF FOOT FOREIGN BODY	00021	15.1024	$721.14	APC				
28193	T	REMOVAL OF FOOT FOREIGN BODY	00020	6.8083	$325.10	APC				
28200	T	REPAIR OF FOOT TENDON	00055	20.4263	$975.36	APC				
28202	T	REPAIR/GRAFT OF FOOT TENDON	00055	20.4263	$975.36	APC				
28208	T	REPAIR OF FOOT TENDON	00055	20.4263	$975.36	APC				
28210	T	REPAIR/GRAFT OF FOOT TENDON	00056	40.8559	$1,950.87	APC				
28220	T	RELEASE OF FOOT TENDON	00055	20.4263	$975.36	APC				
28222	T	RELEASE OF FOOT TENDONS	00055	20.4263	$975.36	APC				
28225	T	RELEASE OF FOOT TENDON	00055	20.4263	$975.36	APC				
28226	T	RELEASE OF FOOT TENDONS	00055	20.4263	$975.36	APC				
28230	T	INCISION OF FOOT TENDON(S)	00055	20.4263	$975.36	APC				
28232	T	INCISION OF TOE TENDON	00055	20.4263	$975.36	APC				
28234	T	INCISION OF FOOT TENDON	00055	20.4263	$975.36	APC				
28238	T	REVISION OF FOOT TENDON	00056	40.8559	$1,950.87	APC				
28240	T	RELEASE OF BIG TOE	00055	20.4263	$975.36	APC				
28250	T	REVISION OF FOOT FASCIA	00055	20.4263	$975.36	APC				
28260	T	RELEASE OF MIDFOOT JOINT	00055	20.4263	$975.36	APC				
28261	T	REVISION OF FOOT TENDON	00055	20.4263	$975.36	APC				
28262	T	REVISION OF FOOT AND ANKLE	00055	20.4263	$975.36	APC				
28264	T	RELEASE OF MIDFOOT JOINT	00056	40.8559	$1,950.87	APC				
28270	T	RELEASE OF FOOT CONTRACTURE	00055	20.4263	$975.36	APC				

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28272	T	RELEASE OF TOE JOINT, EACH	00055	20.4263	$975.36	APC				
28280	T	FUSION OF TOES	00055	20.4263	$975.36	APC				
28285	T	REPAIR OF HAMMERTOE	00055	20.4263	$975.36	APC				
28286	T	REPAIR OF HAMMERTOE	00055	20.4263	$975.36	APC				
28288	T	PARTIAL REMOVAL OF FOOT BONE	00055	20.4263	$975.36	APC				
28289	T	REPAIR HALLUX RIGIDUS	00055	20.4263	$975.36	APC				
28290	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28292	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28293	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28294	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28296	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28297	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28298	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28299	T	CORRECTION OF BUNION	00057	28.2349	$1,348.22	APC				
28300	T	INCISION OF HEEL BONE	00056	40.8559	$1,950.87	APC				
28302	T	INCISION OF ANKLE BONE	00055	20.4263	$975.36	APC				
28304	T	INCISION OF MIDFOOT BONES	00056	40.8559	$1,950.87	APC				
28305	T	INCISE/GRAFT MIDFOOT BONES	00056	40.8559	$1,950.87	APC				
28306	T	INCISION OF METATARSAL	00055	20.4263	$975.36	APC				
28307	T	INCISION OF METATARSAL	00055	20.4263	$975.36	APC				
28308	T	INCISION OF METATARSAL	00055	20.4263	$975.36	APC				
28309	T	INCISION OF METATARSALS	00056	40.8559	$1,950.87	APC				
28310	T	REVISION OF BIG TOE	00055	20.4263	$975.36	APC				
28312	T	REVISION OF TOE	00055	20.4263	$975.36	APC				
28313	T	REPAIR DEFORMITY OF TOE	00055	20.4263	$975.36	APC				
28315	T	REMOVAL OF SESAMOID BONE	00055	20.4263	$975.36	APC				
28320	T	REPAIR OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28322	T	REPAIR OF METATARSALS	00056	40.8559	$1,950.87	APC				
28340	T	RESECT ENLARGED TOE TISSUE	00055	20.4263	$975.36	APC				
28341	T	RESECT ENLARGED TOE	00055	20.4263	$975.36	APC				
28344	T	REPAIR EXTRA TOE(S)	00055	20.4263	$975.36	APC				
28345	T	REPAIR WEBBED TOE(S)	00055	20.4263	$975.36	APC				
28360	T	RECONSTRUCT CLEFT FOOT	00056	40.8559	$1,950.87	APC				
28400	T	TREATMENT OF HEEL FRACTURE	00043	1.6857	$80.49	APC				
28405	T	TREATMENT OF HEEL FRACTURE	00043	1.6857	$80.49	APC				
28406	T	TREATMENT OF HEEL FRACTURE	00062	25.5264	$1,218.89	APC				
28415	T	TREAT HEEL FRACTURE	00063	37.5382	$1,792.45	APC				
28420	T	TREAT/GRAFT HEEL FRACTURE	00063	37.5382	$1,792.45	APC				
28430	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
28435	T	TREATMENT OF ANKLE FRACTURE	00043	1.6857	$80.49	APC				
28436	T	TREATMENT OF ANKLE FRACTURE	00062	25.5264	$1,218.89	APC				
28445	T	TREAT ANKLE FRACTURE	00063	37.5382	$1,792.45	APC				
28450	T	TREAT MIDFOOT FRACTURE, EACH	00043	1.6857	$80.49	APC				
28455	T	TREAT MIDFOOT FRACTURE, EACH	00043	1.6857	$80.49	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
28456	T	TREAT MIDFOOT FRACTURE	00062	25.5264	$1,218.89	APC				
28465	T	TREAT MIDFOOT FRACTURE, EACH	00063	37.5382	$1,792.45	APC				
28470	T	TREAT METATARSAL FRACTURE	00043	1.6857	$80.49	APC				
28475	T	TREAT METATARSAL FRACTURE	00043	1.6857	$80.49	APC				
28476	T	TREAT METATARSAL FRACTURE	00062	25.5264	$1,218.89	APC				
28485	T	TREAT METATARSAL FRACTURE	00063	37.5382	$1,792.45	APC				
28490	T	TREAT BIG TOE FRACTURE	00043	1.6857	$80.49	APC				
28495	T	TREAT BIG TOE FRACTURE	00043	1.6857	$80.49	APC				
28496	T	TREAT BIG TOE FRACTURE	00062	25.5264	$1,218.89	APC				
28505	T	TREAT BIG TOE FRACTURE	00063	37.5382	$1,792.45	APC				
28510	T	TREATMENT OF TOE FRACTURE	00043	1.6857	$80.49	APC				
28515	T	TREATMENT OF TOE FRACTURE	00043	1.6857	$80.49	APC				
28525	T	TREAT TOE FRACTURE	00063	37.5382	$1,792.45	APC				
28530	T	TREAT SESAMOID BONE FRACTURE	00043	1.6857	$80.49	APC				
28531	T	TREAT SESAMOID BONE FRACTURE	00063	37.5382	$1,792.45	APC				
28540	T	TREAT FOOT DISLOCATION	00043	1.6857	$80.49	APC				
28545	T	TREAT FOOT DISLOCATION	00062	25.5264	$1,218.89	APC				
28546	T	TREAT FOOT DISLOCATION	00062	25.5264	$1,218.89	APC				
28555	T	REPAIR FOOT DISLOCATION	00063	37.5382	$1,792.45	APC				
28570	T	TREAT FOOT DISLOCATION	00043	1.6857	$80.49	APC				
28575	T	TREAT FOOT DISLOCATION	00043	1.6857	$80.49	APC				
28576	T	TREAT FOOT DISLOCATION	00062	25.5264	$1,218.89	APC				
28585	T	REPAIR FOOT DISLOCATION	00063	37.5382	$1,792.45	APC				
28600	T	TREAT FOOT DISLOCATION	00043	1.6857	$80.49	APC				
28605	T	TREAT FOOT DISLOCATION	00043	1.6857	$80.49	APC				
28606	T	TREAT FOOT DISLOCATION	00062	25.5264	$1,218.89	APC				
28615	T	REPAIR FOOT DISLOCATION	00063	37.5382	$1,792.45	APC				
28630	T	TREAT TOE DISLOCATION	00043	1.6857	$80.49	APC				
28635	T	TREAT TOE DISLOCATION	00045	14.5947	$696.90	APC				
28636	T	TREAT TOE DISLOCATION	00062	25.5264	$1,218.89	APC				
28645	T	REPAIR TOE DISLOCATION	00063	37.5382	$1,792.45	APC				
28660	T	TREAT TOE DISLOCATION	00043	1.6857	$80.49	APC				
28665	T	TREAT TOE DISLOCATION	00045	14.5947	$696.90	APC				
28666	T	TREAT TOE DISLOCATION	00062	25.5264	$1,218.89	APC				
28675	T	REPAIR OF TOE DISLOCATION	00063	37.5382	$1,792.45	APC				
28705	T	FUSION OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28715	T	FUSION OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28725	T	FUSION OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28730	T	FUSION OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28735	T	FUSION OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28737	T	REVISION OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28740	T	FUSION OF FOOT BONES	00056	40.8559	$1,950.87	APC				
28750	T	FUSION OF BIG TOE JOINT	00056	40.8559	$1,950.87	APC				
28755	T	FUSION OF BIG TOE JOINT	00055	20.4263	$975.36	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
28760	T	FUSION OF BIG TOE JOINT	00056	40.8559	$1,950.87	APC				
28800	C	AMPUTATION OF MIDFOOT	-	-	-	Inpatient Only				
28805	C	AMPUTATION THRU METATARSAL	-	-	-	Inpatient Only				
28810	T	AMPUTATION TOE & METATARSAL	00055	20.4263	$975.36	APC				
28820	T	AMPUTATION OF TOE	00055	20.4263	$975.36	APC				
28825	T	PARTIAL AMPUTATION OF TOE	00055	20.4263	$975.36	APC				
28890	T	HIGH ENERGY ESWT PLANTAR F	00050	25.1296	$1,199.94	APC				
28899	T	FOOT/TOES SURGERY PROCEDURE	00043	1.6857	$80.49	APC				
29000	S	APPLICATION OF BODY CAST	00058	1.0607	$50.65	APC				
29010	S	APPLICATION OF BODY CAST	00426	2.2777	$108.76	APC				
29015	S	APPLICATION OF BODY CAST	00426	2.2777	$108.76	APC				
29020	S	APPLICATION OF BODY CAST	00058	1.0607	$50.65	APC				
29025	S	APPLICATION OF BODY CAST	00058	1.0607	$50.65	APC				
29035	S	APPLICATION OF BODY CAST	00426	2.2777	$108.76	APC				
29040	S	APPLICATION OF BODY CAST	00058	1.0607	$50.65	APC				
29044	S	APPLICATION OF BODY CAST	00426	2.2777	$108.76	APC				
29046	S	APPLICATION OF BODY CAST	00426	2.2777	$108.76	APC				
29049	S	APPLICATION OF FIGURE EIGHT	00058	1.0607	$50.65	APC				
29055	S	APPLICATION OF SHOULDER CAST	00426	2.2777	$108.76	APC				
29058	S	APPLICATION OF SHOULDER CAST	00058	1.0607	$50.65	APC				
29065	S	APPLICATION OF LONG ARM CAST	00426	2.2777	$108.76	APC				
29075	S	APPLICATION OF FOREARM CAST	00426	2.2777	$108.76	APC				
29085	S	APPLY HAND/WRIST CAST	00058	1.0607	$50.65	APC				
29086	S	APPLY FINGER CAST	00058	1.0607	$50.65	APC				
29105	S	APPLY LONG ARM SPLINT	00058	1.0607	$50.65	APC				
29125	S	APPLY FOREARM SPLINT	00058	1.0607	$50.65	APC				
29126	S	APPLY FOREARM SPLINT	00058	1.0607	$50.65	APC				
29130	S	APPLICATION OF FINGER SPLINT	00058	1.0607	$50.65	APC				
29131	S	APPLICATION OF FINGER SPLINT	00058	1.0607	$50.65	APC				
29200	S	STRAPPING OF CHEST	00058	1.0607	$50.65	APC				
29220	S	STRAPPING OF LOW BACK	00058	1.0607	$50.65	APC				
29240	S	STRAPPING OF SHOULDER	00058	1.0607	$50.65	APC				
29260	S	STRAPPING OF ELBOW OR WRIST	00058	1.0607	$50.65	APC				
29280	S	STRAPPING OF HAND OR FINGER	00058	1.0607	$50.65	APC				
29305	S	APPLICATION OF HIP CAST	00426	2.2777	$108.76	APC				
29325	S	APPLICATION OF HIP CASTS	00426	2.2777	$108.76	APC				
29345	S	APPLICATION OF LONG LEG CAST	00426	2.2777	$108.76	APC				
29355	S	APPLICATION OF LONG LEG CAST	00426	2.2777	$108.76	APC				
29358	S	APPLY LONG LEG CAST BRACE	00426	2.2777	$108.76	APC				
29365	S	APPLICATION OF LONG LEG CAST	00426	2.2777	$108.76	APC				
29405	S	APPLY SHORT LEG CAST	00426	2.2777	$108.76	APC				
29425	S	APPLY SHORT LEG CAST	00426	2.2777	$108.76	APC				
29435	S	APPLY SHORT LEG CAST	00426	2.2777	$108.76	APC				
29440	S	ADDITION OF WALKER TO CAST	00058	1.0607	$50.65	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
29445	S	APPLY RIGID LEG CAST	00426	2.2777	$108.76	APC				
29450	S	APPLICATION OF LEG CAST	00058	1.0607	$50.65	APC				
29505	S	APPLICATION, LONG LEG SPLINT	00058	1.0607	$50.65	APC				
29515	S	APPLICATION LOWER LEG SPLINT	00058	1.0607	$50.65	APC				
29520	S	STRAPPING OF HIP	00058	1.0607	$50.65	APC				
29530	S	STRAPPING OF KNEE	00058	1.0607	$50.65	APC				
29540	S	STRAPPING OF ANKLE AND/OR FT	00058	1.0607	$50.65	APC				
29550	S	STRAPPING OF TOES	00058	1.0607	$50.65	APC				
29580	S	APPLICATION OF PASTE BOOT	00058	1.0607	$50.65	APC				
29590	S	APPLICATION OF FOOT SPLINT	00058	1.0607	$50.65	APC				
29700	S	REMOVAL/REVISION OF CAST	00058	1.0607	$50.65	APC				
29705	S	REMOVAL/REVISION OF CAST	00058	1.0607	$50.65	APC				
29710	S	REMOVAL/REVISION OF CAST	00426	2.2777	$108.76	APC				
29715	S	REMOVAL/REVISION OF CAST	00058	1.0607	$50.65	APC				
29720	S	REPAIR OF BODY CAST	00058	1.0607	$50.65	APC				
29730	S	WINDOWING OF CAST	00058	1.0607	$50.65	APC				
29740	S	WEDGING OF CAST	00058	1.0607	$50.65	APC				
29750	S	WEDGING OF CLUBFOOT CAST	00058	1.0607	$50.65	APC				
29799	S	CASTING/STRAPPING PROCEDURE	00058	1.0607	$50.65	APC				
29800	T	JAW ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				Y
29804	T	JAW ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				Y
29805	T	SHOULDER ARTHROSCOPY, DX	00041	28.6245	$1,366.82	APC				
29806	T	SHOULDER ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29807	T	SHOULDER ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29819	T	SHOULDER ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29820	T	SHOULDER ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29821	T	SHOULDER ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29822	T	SHOULDER ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29823	T	SHOULDER ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29824	T	SHOULDER ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29825	T	SHOULDER ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29826	T	SHOULDER ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29827	T	ARTHROSCOP ROTATOR CUFF REPR	00042	45.5027	$2,172.75	APC				
29830	T	ELBOW ARTHROSCOPY	00041	28.6245	$1,366.82	APC				
29834	T	ELBOW ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29835	T	ELBOW ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29836	T	ELBOW ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29837	T	ELBOW ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29838	T	ELBOW ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29840	T	WRIST ARTHROSCOPY	00041	28.6245	$1,366.82	APC				
29843	T	WRIST ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29844	T	WRIST ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29845	T	WRIST ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29846	T	WRIST ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
29847	T	WRIST ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29848	T	WRIST ENDOSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29850	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29851	T	KNEE ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29855	T	TIBIAL ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29856	T	TIBIAL ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29860	T	HIP ARTHROSCOPY DX	00041	28.6245	$1,366.82	APC				
29861	T	HIP ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29862	T	HIP ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29863	T	HIP ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29866	T	AUTGRFT IMPLNT KNEE W/SCOPE	00042	45.5027	$2,172.75	APC				
29867	T	ALLGRFT IMPLNT KNEE W/SCOPE	00042	45.5027	$2,172.75	APC				
29868	T	MENISCAL TRNSPL KNEE W/SCPE	00042	45.5027	$2,172.75	APC				
29870	T	KNEE ARTHROSCOPY, DX	00041	28.6245	$1,366.82	APC				
29871	T	KNEE ARTHROSCOPY/DRAINAGE	00041	28.6245	$1,366.82	APC				
29873	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29874	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29875	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29876	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29877	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29879	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29880	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29881	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29882	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29883	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29884	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29885	T	KNEE ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29886	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29887	T	KNEE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29888	T	KNEE ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29889	T	KNEE ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29891	T	ANKLE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29892	T	ANKLE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29893	T	SCOPE PLANTAR FASCIOTOMY	00055	20.4263	$975.36	APC				
29894	T	ANKLE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29895	T	ANKLE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29897	T	ANKLE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29898	T	ANKLE ARTHROSCOPY/SURGERY	00041	28.6245	$1,366.82	APC				
29899	T	ANKLE ARTHROSCOPY/SURGERY	00042	45.5027	$2,172.75	APC				
29900	T	MCP JOINT ARTHROSCOPY, DX	00053	16.154	$771.35	APC				
29901	T	MCP JOINT ARTHROSCOPY, SURG	00053	16.154	$771.35	APC				
29902	T	MCP JOINT ARTHROSCOPY, SURG	00053	16.154	$771.35	APC				
29999	T	ARTHROSCOPY OF JOINT	00041	28.6245	$1,366.82	APC				
30000	T	DRAINAGE OF NOSE LESION	00251	2.452	$117.08	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
30020	T	DRAINAGE OF NOSE LESION	00251	2.452	$117.08	APC				
30100	T	INTRANASAL BIOPSY	00252	7.5511	$360.57	APC				
30110	T	REMOVAL OF NOSE POLYP(S)	00253	16.4266	$784.37	APC				
30115	T	REMOVAL OF NOSE POLYP(S)	00253	16.4266	$784.37	APC				
30117	T	REMOVAL OF INTRANASAL LESION	00253	16.4266	$784.37	APC				
30118	T	REMOVAL OF INTRANASAL LESION	00254	23.3299	$1,114.00	APC				
30120	T	REVISION OF NOSE	00253	16.4266	$784.37	APC				
30124	T	REMOVAL OF NOSE LESION	00252	7.5511	$360.57	APC				
30125	T	REMOVAL OF NOSE LESION	00256	38.1991	$1,824.01	APC				
30130	T	EXCISE INFERIOR TURBINATE	00253	16.4266	$784.37	APC				
30140	T	RESECT INFERIOR TURBINATE	00254	23.3299	$1,114.00	APC				
30150	T	PARTIAL REMOVAL OF NOSE	00256	38.1991	$1,824.01	APC				
30160	T	REMOVAL OF NOSE	00256	38.1991	$1,824.01	APC				
30200	T	INJECTION TREATMENT OF NOSE	00252	7.5511	$360.57	APC				
30210	T	NASAL SINUS THERAPY	00252	7.5511	$360.57	APC				
30220	T	INSERT NASAL SEPTAL BUTTON	00252	7.5511	$360.57	APC				
30300	X	REMOVE NASAL FOREIGN BODY	00340	0.6102	$29.14	APC				
30310	T	REMOVE NASAL FOREIGN BODY	00253	16.4266	$784.37	APC				
30320	T	REMOVE NASAL FOREIGN BODY	00253	16.4266	$784.37	APC				
30400	T	RECONSTRUCTION OF NOSE	00256	38.1991	$1,824.01	APC				Y
30410	T	RECONSTRUCTION OF NOSE	00256	38.1991	$1,824.01	APC				Y
30420	T	RECONSTRUCTION OF NOSE	00256	38.1991	$1,824.01	APC				Y
30430	T	REVISION OF NOSE	00254	23.3299	$1,114.00	APC				Y
30435	T	REVISION OF NOSE	00256	38.1991	$1,824.01	APC				Y
30450	T	REVISION OF NOSE	00256	38.1991	$1,824.01	APC				Y
30460	T	REVISION OF NOSE	00256	38.1991	$1,824.01	APC				Y
30462	T	REVISION OF NOSE	00256	38.1991	$1,824.01	APC				Y
30465	T	REPAIR NASAL STENOSIS	00256	38.1991	$1,824.01	APC				Y
30520	T	REPAIR OF NASAL SEPTUM	00254	23.3299	$1,114.00	APC				
30540	T	REPAIR NASAL DEFECT	00256	38.1991	$1,824.01	APC				
30545	T	REPAIR NASAL DEFECT	00256	38.1991	$1,824.01	APC				
30560	T	RELEASE OF NASAL ADHESIONS	00251	2.452	$117.08	APC				
30580	T	REPAIR UPPER JAW FISTULA	00256	38.1991	$1,824.01	APC				
30600	T	REPAIR MOUTH/NOSE FISTULA	00256	38.1991	$1,824.01	APC				
30620	T	INTRANASAL RECONSTRUCTION	00256	38.1991	$1,824.01	APC				
30630	T	REPAIR NASAL SEPTUM DEFECT	00254	23.3299	$1,114.00	APC				
30801	T	ABLATE INF TURBINATE SUPERF	00252	7.5511	$360.57	APC				
30802	T	CAUTERIZATION, INNER NOSE	00252	7.5511	$360.57	APC				
30901	T	CONTROL OF NOSEBLEED	00250	1.1791	$56.30	APC				
30903	T	CONTROL OF NOSEBLEED	00250	1.1791	$56.30	APC				
30905	T	CONTROL OF NOSEBLEED	00250	1.1791	$56.30	APC				
30906	T	REPEAT CONTROL OF NOSEBLEED	00250	1.1791	$56.30	APC				
30915	T	LIGATION, NASAL SINUS ARTERY	00092	24.8809	$1,188.06	APC				
30920	T	LIGATION, UPPER JAW ARTERY	00092	24.8809	$1,188.06	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
30930	T	THER FX NASAL INF TURBINATE	00253	16.4266	$784.37	APC				
30999	T	NASAL SURGERY PROCEDURE	00251	2.452	$117.08	APC				
31000	T	IRRIGATION, MAXILLARY SINUS	00251	2.452	$117.08	APC				
31002	T	IRRIGATION, SPHENOID SINUS	00252	7.5511	$360.57	APC				
31020	T	EXPLORATION, MAXILLARY SINUS	00254	23.3299	$1,114.00	APC				
31030	T	EXPLORATION, MAXILLARY SINUS	00256	38.1991	$1,824.01	APC				
31032	T	EXPLORE SINUS REMOVE POLYPS	00256	38.1991	$1,824.01	APC				
31040	T	EXPLORATION BEHIND UPPER JAW	00254	23.3299	$1,114.00	APC				
31050	T	EXPLORATION, SPHENOID SINUS	00256	38.1991	$1,824.01	APC				
31051	T	SPHENOID SINUS SURGERY	00256	38.1991	$1,824.01	APC				
31070	T	EXPLORATION OF FRONTAL SINUS	00254	23.3299	$1,114.00	APC				
31075	T	EXPLORATION OF FRONTAL SINUS	00256	38.1991	$1,824.01	APC				
31080	T	REMOVAL OF FRONTAL SINUS	00256	38.1991	$1,824.01	APC				
31081	T	REMOVAL OF FRONTAL SINUS	00256	38.1991	$1,824.01	APC				
31084	T	REMOVAL OF FRONTAL SINUS	00256	38.1991	$1,824.01	APC				
31085	T	REMOVAL OF FRONTAL SINUS	00256	38.1991	$1,824.01	APC				
31086	T	REMOVAL OF FRONTAL SINUS	00256	38.1991	$1,824.01	APC				
31087	T	REMOVAL OF FRONTAL SINUS	00256	38.1991	$1,824.01	APC				
31090	T	EXPLORATION OF SINUSES	00256	38.1991	$1,824.01	APC				
31200	T	REMOVAL OF ETHMOID SINUS	00256	38.1991	$1,824.01	APC				
31201	T	REMOVAL OF ETHMOID SINUS	00256	38.1991	$1,824.01	APC				
31205	T	REMOVAL OF ETHMOID SINUS	00256	38.1991	$1,824.01	APC				
31225	C	REMOVAL OF UPPER JAW	-	-	-	Inpatient Only				
31230	C	REMOVAL OF UPPER JAW	-	-	-	Inpatient Only				
31231	T	NASAL ENDOSCOPY, DX	00072	1.4054	$67.11	APC				
31233	T	NASAL/SINUS ENDOSCOPY, DX	00072	1.4054	$67.11	APC				
31235	T	NASAL/SINUS ENDOSCOPY, DX	00074	14.7928	$706.36	APC				
31237	T	NASAL/SINUS ENDOSCOPY, SURG	00074	14.7928	$706.36	APC				
31238	T	NASAL/SINUS ENDOSCOPY, SURG	00074	14.7928	$706.36	APC				
31239	T	NASAL/SINUS ENDOSCOPY, SURG	00075	21.9512	$1,048.17	APC				
31240	T	NASAL/SINUS ENDOSCOPY, SURG	00074	14.7928	$706.36	APC				
31254	T	REVISION OF ETHMOID SINUS	00075	21.9512	$1,048.17	APC				
31255	T	REMOVAL OF ETHMOID SINUS	00075	21.9512	$1,048.17	APC				
31256	T	EXPLORATION MAXILLARY SINUS	00075	21.9512	$1,048.17	APC				
31267	T	ENDOSCOPY, MAXILLARY SINUS	00075	21.9512	$1,048.17	APC				
31276	T	SINUS ENDOSCOPY, SURGICAL	00075	21.9512	$1,048.17	APC				
31287	T	NASAL/SINUS ENDOSCOPY, SURG	00075	21.9512	$1,048.17	APC				
31288	T	NASAL/SINUS ENDOSCOPY, SURG	00075	21.9512	$1,048.17	APC				
31290	C	NASAL/SINUS ENDOSCOPY, SURG	-	-	-	Inpatient Only				
31291	C	NASAL/SINUS ENDOSCOPY, SURG	-	-	-	Inpatient Only				
31292	T	NASAL/SINUS ENDOSCOPY, SURG	00075	21.9512	$1,048.17	APC				
31293	T	NASAL/SINUS ENDOSCOPY, SURG	00075	21.9512	$1,048.17	APC				
31294	T	NASAL/SINUS ENDOSCOPY, SURG	00075	21.9512	$1,048.17	APC				
31299	T	SINUS SURGERY PROCEDURE	00251	2.452	$117.08	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
31300	T	REMOVAL OF LARYNX LESION	00254	23.3299	$1,114.00	APC				
31320	T	DIAGNOSTIC INCISION, LARYNX	00256	38.1991	$1,824.01	APC				
31360	C	REMOVAL OF LARYNX	-	-	-	Inpatient Only				
31365	C	REMOVAL OF LARYNX	-	-	-	Inpatient Only				
31367	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only				
31368	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only				
31370	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only				
31375	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only				
31380	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only				
31382	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only				
31390	C	REMOVAL OF LARYNX & PHARYNX	-	-	-	Inpatient Only				
31395	C	RECONSTRUCT LARYNX & PHARYNX	-	-	-	Inpatient Only				
31400	T	REVISION OF LARYNX	00256	38.1991	$1,824.01	APC				
31420	T	REMOVAL OF EPIGLOTTIS	00256	38.1991	$1,824.01	APC				
31500	S	INSERT EMERGENCY AIRWAY	00094	2.4233	$115.71	APC				
31502	T	CHANGE OF WINDPIPE AIRWAY	00121	2.3587	$112.63	APC				
31505	T	DIAGNOSTIC LARYNGOSCOPY	00071	0.7698	$36.76	APC				
31510	T	LARYNGOSCOPY WITH BIOPSY	00074	14.7928	$706.36	APC				
31511	T	REMOVE FOREIGN BODY, LARYNX	00072	1.4054	$67.11	APC				
31512	T	REMOVAL OF LARYNX LESION	00074	14.7928	$706.36	APC				
31513	T	INJECTION INTO VOCAL CORD	00072	1.4054	$67.11	APC				
31515	T	LARYNGOSCOPY FOR ASPIRATION	00074	14.7928	$706.36	APC				
31520	T	DX LARYNGOSCOPY NEWBORN	00072	1.4054	$67.11	APC				
31525	T	DX LARYNGOSCOPY EXCL NB	00074	14.7928	$706.36	APC				
31526	T	DX LARYNGOSCOPY W/OPER SCOPE	00075	21.9512	$1,048.17	APC				
31527	T	LARYNGOSCOPY FOR TREATMENT	00075	21.9512	$1,048.17	APC				
31528	T	LARYNGOSCOPY AND DILATION	00074	14.7928	$706.36	APC				
31529	T	LARYNGOSCOPY AND DILATION	00074	14.7928	$706.36	APC				
31530	T	LARYNGOSCOPY W/FB REMOVAL	00075	21.9512	$1,048.17	APC				
31531	T	LARYNGOSCOPY W/FB & OP SCOPE	00075	21.9512	$1,048.17	APC				
31535	T	LARYNGOSCOPY W/BIOPSY	00075	21.9512	$1,048.17	APC				
31536	T	LARYNGOSCOPY W/BX & OP SCOPE	00075	21.9512	$1,048.17	APC				
31540	T	LARYNGOSCOPY W/EXC OF TUMOR	00075	21.9512	$1,048.17	APC				
31541	T	LARYNSCOP W/TUMR EXC + SCOPE	00075	21.9512	$1,048.17	APC				
31545	T	REMOVE VC LESION W/SCOPE	00075	21.9512	$1,048.17	APC				
31546	T	REMOVE VC LESION SCOPE/GRAFT	00075	21.9512	$1,048.17	APC				
31560	T	LARYNGOSCOP W/ARYTENOIDECTOM	00075	21.9512	$1,048.17	APC				
31561	T	LARYNSCOP REMVE CART + SCOP	00075	21.9512	$1,048.17	APC				
31570	T	LARYNGOSCOPE W/VC INJ	00074	14.7928	$706.36	APC				
31571	T	LARYNGOSCOP W/VC INJ + SCOPE	00075	21.9512	$1,048.17	APC				
31575	T	DIAGNOSTIC LARYNGOSCOPY	00072	1.4054	$67.11	APC				
31576	T	LARYNGOSCOPY WITH BIOPSY	00075	21.9512	$1,048.17	APC				
31577	T	REMOVE FOREIGN BODY, LARYNX	00073	3.8463	$183.66	APC				
31578	T	REMOVAL OF LARYNX LESION	00075	21.9512	$1,048.17	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
31579	T	DIAGNOSTIC LARYNGOSCOPY	00073	3.8463	$183.66	APC				
31580	T	REVISION OF LARYNX	00256	38.1991	$1,824.01	APC				
31582	T	REVISION OF LARYNX	00256	38.1991	$1,824.01	APC				
31584	C	TREAT LARYNX FRACTURE	-	-	-	Inpatient Only				
31587	C	REVISION OF LARYNX	-	-	-	Inpatient Only				
31588	T	REVISION OF LARYNX	00256	38.1991	$1,824.01	APC				
31590	T	REINNERVATE LARYNX	00256	38.1991	$1,824.01	APC				
31595	T	LARYNX NERVE SURGERY	00256	38.1991	$1,824.01	APC				
31599	T	LARYNX SURGERY PROCEDURE	00251	2.452	$117.08	APC				
31600	T	INCISION OF WINDPIPE	00254	23.3299	$1,114.00	APC				
31601	T	INCISION OF WINDPIPE	00254	23.3299	$1,114.00	APC				
31603	T	INCISION OF WINDPIPE	00252	7.5511	$360.57	APC				
31605	T	INCISION OF WINDPIPE	00252	7.5511	$360.57	APC				
31610	T	INCISION OF WINDPIPE	00254	23.3299	$1,114.00	APC				
31611	T	SURGERY/SPEECH PROSTHESIS	00254	23.3299	$1,114.00	APC				
31612	T	PUNCTURE/CLEAR WINDPIPE	00254	23.3299	$1,114.00	APC				
31613	T	REPAIR WINDPIPE OPENING	00254	23.3299	$1,114.00	APC				
31614	T	REPAIR WINDPIPE OPENING	00256	38.1991	$1,824.01	APC				
31615	T	VISUALIZATION OF WINDPIPE	00076	9.5228	$454.71	APC				
31620	S	ENDOBRONCHIAL US ADD-ON	00670	32.2854	$1,541.63	APC				
31622	T	DX BRONCHOSCOPE/WASH	00076	9.5228	$454.71	APC				
31623	T	DX BRONCHOSCOPE/BRUSH	00076	9.5228	$454.71	APC				
31624	T	DX BRONCHOSCOPE/LAVAGE	00076	9.5228	$454.71	APC				
31625	T	BRONCHOSCOPY W/BIOPSY(S)	00076	9.5228	$454.71	APC				
31628	T	BRONCHOSCOPY/LUNG BX EACH	00076	9.5228	$454.71	APC				
31629	T	BRONCHOSCOPY/NEEDLE BX EACH	00076	9.5228	$454.71	APC				
31630	T	BRONCHOSCOPY DILATE/FX REPR	00415	22.0099	$1,050.97	APC				
31631	T	BRONCHOSCOPY DILATE W/STENT	00415	22.0099	$1,050.97	APC				
31632	T	BRONCHOSCOPY/LUNG BX ADD L	00076	9.5228	$454.71	APC				
31633	T	BRONCHOSCOPY/NEEDLE BX ADD L	00076	9.5228	$454.71	APC				
31635	T	BRONCHOSCOPY W/FB REMOVAL	00076	9.5228	$454.71	APC				
31636	T	BRONCHOSCOPY BRONCH STENTS	00415	22.0099	$1,050.97	APC				
31637	T	BRONCHOSCOPY STENT ADD-ON	00076	9.5228	$454.71	APC				
31638	T	BRONCHOSCOPY REVISE STENT	00415	22.0099	$1,050.97	APC				
31640	T	BRONCHOSCOPY W/TUMOR EXCISE	00415	22.0099	$1,050.97	APC				
31641	T	BRONCHOSCOPY, TREAT BLOCKAGE	00415	22.0099	$1,050.97	APC				
31643	T	DIAG BRONCHOSCOPE/CATHETER	00076	9.5228	$454.71	APC				
31645	T	BRONCHOSCOPY, CLEAR AIRWAYS	00076	9.5228	$454.71	APC				
31646	T	BRONCHOSCOPY, RECLEAR AIRWAY	00076	9.5228	$454.71	APC				
31656	T	BRONCHOSCOPY INJ FOR X-RAY	00076	9.5228	$454.71	APC				
31715	N	INJECTION FOR BRONCHUS X-RAY	-	-	-	APC/ Bundled				
31717	T	BRONCHIAL BRUSH BIOPSY	00073	3.8463	$183.66	APC				
31720	T	CLEARANCE OF AIRWAYS	00071	0.7698	$36.76	APC				
31725	C	CLEARANCE OF AIRWAYS	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
31730	T	INTRO, WINDPIPE WIRE/TUBE	00073	3.8463	$183.66	APC				
31750	T	REPAIR OF WINDPIPE	00256	38.1991	$1,824.01	APC				
31755	T	REPAIR OF WINDPIPE	00256	38.1991	$1,824.01	APC				
31760	C	REPAIR OF WINDPIPE	-	-	-	Inpatient Only				
31766	C	RECONSTRUCTION OF WINDPIPE	-	-	-	Inpatient Only				
31770	C	REPAIR/GRAFT OF BRONCHUS	-	-	-	Inpatient Only				
31775	C	RECONSTRUCT BRONCHUS	-	-	-	Inpatient Only				
31780	C	RECONSTRUCT WINDPIPE	-	-	-	Inpatient Only				
31781	C	RECONSTRUCT WINDPIPE	-	-	-	Inpatient Only				
31785	T	REMOVE WINDPIPE LESION	00254	23.3299	$1,114.00	APC				
31786	C	REMOVE WINDPIPE LESION	-	-	-	Inpatient Only				
31800	C	REPAIR OF WINDPIPE INJURY	-	-	-	Inpatient Only				
31805	C	REPAIR OF WINDPIPE INJURY	-	-	-	Inpatient Only				
31820	T	CLOSURE OF WINDPIPE LESION	00253	16.4266	$784.37	APC				
31825	T	REPAIR OF WINDPIPE DEFECT	00254	23.3299	$1,114.00	APC				
31830	T	REVISE WINDPIPE SCAR	00254	23.3299	$1,114.00	APC				
31899	T	AIRWAYS SURGICAL PROCEDURE	00076	9.5228	$454.71	APC				
32000	T	DRAINAGE OF CHEST	00070	3.6244	$173.07	APC				
32002	T	TREATMENT OF COLLAPSED LUNG	00070	3.6244	$173.07	APC				
32005	T	TREAT LUNG LINING CHEMICALLY	00070	3.6244	$173.07	APC				
32019	T	INSERT PLEURAL CATHETER	00652	29.5416	$1,410.61	APC				
32020	T	INSERTION OF CHEST TUBE	00070	3.6244	$173.07	APC				
32035	C	EXPLORATION OF CHEST	-	-	-	Inpatient Only				
32036	C	EXPLORATION OF CHEST	-	-	-	Inpatient Only				
32095	C	BIOPSY THROUGH CHEST WALL	-	-	-	Inpatient Only				
32100	C	EXPLORATION/BIOPSY OF CHEST	-	-	-	Inpatient Only				
32110	C	EXPLORE/REPAIR CHEST	-	-	-	Inpatient Only				
32120	C	RE-EXPLORATION OF CHEST	-	-	-	Inpatient Only				
32124	C	EXPLORE CHEST FREE ADHESIONS	-	-	-	Inpatient Only				
32140	C	REMOVAL OF LUNG LESION(S)	-	-	-	Inpatient Only				
32141	C	REMOVE/TREAT LUNG LESIONS	-	-	-	Inpatient Only				
32150	C	REMOVAL OF LUNG LESION(S)	-	-	-	Inpatient Only				
32151	C	REMOVE LUNG FOREIGN BODY	-	-	-	Inpatient Only				
32160	C	OPEN CHEST HEART MASSAGE	-	-	-	Inpatient Only				
32200	C	DRAIN, OPEN, LUNG LESION	-	-	-	Inpatient Only				
32201	T	DRAIN, PERCUT, LUNG LESION	00070	3.6244	$173.07	APC				
32215	C	TREAT CHEST LINING	-	-	-	Inpatient Only				
32220	C	RELEASE OF LUNG	-	-	-	Inpatient Only				
32225	C	PARTIAL RELEASE OF LUNG	-	-	-	Inpatient Only				
32310	C	REMOVAL OF CHEST LINING	-	-	-	Inpatient Only				
32320	C	FREE/REMOVE CHEST LINING	-	-	-	Inpatient Only				
32400	T	NEEDLE BIOPSY CHEST LINING	00685	6.1384	$293.11	APC				
32402	C	OPEN BIOPSY CHEST LINING	-	-	-	Inpatient Only				
32405	T	BIOPSY, LUNG OR MEDIASTINUM	00685	6.1384	$293.11	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
32420	T	PUNCTURE/CLEAR LUNG	00070	3.6244	$173.07	APC				
32440	C	REMOVAL OF LUNG	-	-	-	Inpatient Only				
32442	C	SLEEVE PNEUMONECTOMY	-	-	-	Inpatient Only				
32445	C	REMOVAL OF LUNG	-	-	-	Inpatient Only				
32480	C	PARTIAL REMOVAL OF LUNG	-	-	-	Inpatient Only				
32482	C	BILOBECTOMY	-	-	-	Inpatient Only				
32484	C	SEGMENTECTOMY	-	-	-	Inpatient Only				
32486	C	SLEEVE LOBECTOMY	-	-	-	Inpatient Only				
32488	C	COMPLETION PNEUMONECTOMY	-	-	-	Inpatient Only				
32491	C	LUNG VOLUME REDUCTION	-	-	-	Inpatient Only				
32500	C	PARTIAL REMOVAL OF LUNG	-	-	-	Inpatient Only				
32501	C	REPAIR BRONCHUS ADD-ON	-	-	-	Inpatient Only				
32503	C	RESECT APICAL LUNG TUMOR	-	-	-	Inpatient Only				
32504	C	RESECT APICAL LUNG TUM/CHEST	-	-	-	Inpatient Only				
32540	C	REMOVAL OF LUNG LESION	-	-	-	Inpatient Only				
32601	T	THORACOSCOPY, DIAGNOSTIC	00069	31.9442	$1,525.34	APC				
32602	T	THORACOSCOPY, DIAGNOSTIC	00069	31.9442	$1,525.34	APC				
32603	T	THORACOSCOPY, DIAGNOSTIC	00069	31.9442	$1,525.34	APC				
32604	T	THORACOSCOPY, DIAGNOSTIC	00069	31.9442	$1,525.34	APC				
32605	T	THORACOSCOPY, DIAGNOSTIC	00069	31.9442	$1,525.34	APC				
32606	T	THORACOSCOPY, DIAGNOSTIC	00069	31.9442	$1,525.34	APC				
32650	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32651	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32652	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32653	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32654	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32655	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32656	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32657	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32658	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32659	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32660	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32661	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32662	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32663	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32664	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32665	C	THORACOSCOPY, SURGICAL	-	-	-	Inpatient Only				
32800	C	REPAIR LUNG HERNIA	-	-	-	Inpatient Only				
32810	C	CLOSE CHEST AFTER DRAINAGE	-	-	-	Inpatient Only				
32815	C	CLOSE BRONCHIAL FISTULA	-	-	-	Inpatient Only				
32820	C	RECONSTRUCT INJURED CHEST	-	-	-	Inpatient Only				
32850	C	DONOR PNEUMONECTOMY	-	-	-	Inpatient Only				Y
32851	C	LUNG TRANSPLANT, SINGLE	-	-	-	Inpatient Only				Y
32852	C	LUNG TRANSPLANT WITH BYPASS	-	-	-	Inpatient Only				Y

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
32853	C	LUNG TRANSPLANT, DOUBLE	-	-	-	Inpatient Only				Y
32854	C	LUNG TRANSPLANT WITH BYPASS	-	-	-	Inpatient Only				Y
32855	C	PREPARE DONOR LUNG SINGLE	-	-	-	Inpatient Only				Y
32856	C	PREPARE DONOR LUNG DOUBLE	-	-	-	Inpatient Only				Y
32900	C	REMOVAL OF RIB(S)	-	-	-	Inpatient Only				
32905	C	REVISE & REPAIR CHEST WALL	-	-	-	Inpatient Only				
32906	C	REVISE & REPAIR CHEST WALL	-	-	-	Inpatient Only				
32940	C	REVISION OF LUNG	-	-	-	Inpatient Only				
32960	T	THERAPEUTIC PNEUMOTHORAX	00070	3.6244	$173.07	APC				
32997	C	TOTAL LUNG LAVAGE	-	-	-	Inpatient Only				
32998	T	PERQ RF ABLATE TX, PUL TUMOR	00423	37.3604	$1,783.96	APC				
32999	T	CHEST SURGERY PROCEDURE	00070	3.6244	$173.07	APC				
33010	T	DRAINAGE OF HEART SAC	00070	3.6244	$173.07	APC				
33011	T	REPEAT DRAINAGE OF HEART SAC	00070	3.6244	$173.07	APC				
33015	C	INCISION OF HEART SAC	-	-	-	Inpatient Only				
33020	C	INCISION OF HEART SAC	-	-	-	Inpatient Only				
33025	C	INCISION OF HEART SAC	-	-	-	Inpatient Only				
33030	C	PARTIAL REMOVAL OF HEART SAC	-	-	-	Inpatient Only				
33031	C	PARTIAL REMOVAL OF HEART SAC	-	-	-	Inpatient Only				
33050	C	REMOVAL OF HEART SAC LESION	-	-	-	Inpatient Only				
33120	C	REMOVAL OF HEART LESION	-	-	-	Inpatient Only				
33130	C	REMOVAL OF HEART LESION	-	-	-	Inpatient Only				
33140	C	HEART REVASCULARIZE (TMR)	-	-	-	Inpatient Only				
33141	C	HEART TMR W/OTHER PROCEDURE	-	-	-	Inpatient Only				
33202	C	INSERT EPICARD ELTRD, OPEN	-	-	-	Inpatient Only				
33203	C	INSERT EPICARD ELTRD, ENDO	-	-	-	Inpatient Only				
33206	T	INSERTION OF HEART PACEMAKER	00089	123.6693	$5,905.21	APC				
33207	T	INSERTION OF HEART PACEMAKER	00089	123.6693	$5,905.21	APC				
33208	T	INSERTION OF HEART PACEMAKER	00655	152.6392	$7,288.52	APC				
33210	T	INSERTION OF HEART ELECTRODE	00106	58.8594	$2,810.54	APC				
33211	T	INSERTION OF HEART ELECTRODE	00106	58.8594	$2,810.54	APC				
33212	T	INSERTION OF PULSE GENERATOR	00090	98.3023	$4,693.93	APC				
33213	T	INSERTION OF PULSE GENERATOR	00654	112.7719	$5,384.86	APC				
33214	T	UPGRADE OF PACEMAKER SYSTEM	00655	152.6392	$7,288.52	APC				
33215	T	REPOSITION PACING-DEFIB LEAD	00105	25.6142	$1,223.08	APC				
33216	T	INSERT LEAD PACE-DEFIB ONE	00106	58.8594	$2,810.54	APC				
33217	T	INSERT LEAD PACE-DEFIB DUAL	00106	58.8594	$2,810.54	APC				
33218	T	REPAIR LEAD PACE-DEFIB ONE	00105	25.6142	$1,223.08	APC				
33220	T	REPAIR LEAD PACE-DEFIB DUAL	00105	25.6142	$1,223.08	APC				
33222	T	REVISE POCKET PACEMAKER	00027	21.4302	$1,023.29	APC				
33223	T	REVISE POCKET PACING-DEFIB	00027	21.4302	$1,023.29	APC				
33224	T	INSERT PACING LEAD & CONNECT	00418	307.2828	$14,672.75	APC				
33225	T	L VENTRIC PACING LEAD ADD-ON	00418	307.2828	$14,672.75	APC				
33226	T	REPOSITION L VENTRIC LEAD	00105	25.6142	$1,223.08	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33233	T	REMOVAL OF PACEMAKER SYSTEM	00105	25.6142	$1,223.08	APC				
33234	T	REMOVAL OF PACEMAKER SYSTEM	00105	25.6142	$1,223.08	APC				
33235	T	REMOVAL PACEMAKER ELECTRODE	00105	25.6142	$1,223.08	APC				
33236	C	REMOVE ELECTRODE/THORACOTOMY	-	-	-	Inpatient Only				
33237	C	REMOVE ELECTRODE/THORACOTOMY	-	-	-	Inpatient Only				
33238	C	REMOVE ELECTRODE/THORACOTOMY	-	-	-	Inpatient Only				
33240	E	INSERT PULSE GENERATOR	-	-	-	Not Allowed				
33241	T	REMOVE PULSE GENERATOR	00105	25.6142	$1,223.08	APC				
33243	C	REMOVE ELTRD/THORACOTOMY	-	-	-	Inpatient Only				
33244	T	REMOVE ELTRD, TRANSVEN	00105	25.6142	$1,223.08	APC				
33249	E	ELTRD/INSERT PACE-DEFIB	-	-	-	Not Allowed				
33250	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	-	Inpatient Only				
33251	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	-	Inpatient Only				
33254	C	ABLATE ATRIA, LMTD	-	-	-	Inpatient Only				
33255	C	ABLATE ATRIA W/O BYPASS, EXT	-	-	-	Inpatient Only				
33256	C	ABLATE ATRIA W/BYPASS, EXTEN	-	-	-	Inpatient Only				
33261	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	-	Inpatient Only				
33265	C	ABLATE ATRIA W/BYPASS, ENDO	-	-	-	Inpatient Only				
33266	C	ABLATE ATRIA W/O BYPASS ENDO	-	-	-	Inpatient Only				
33282	S	IMPLANT PAT-ACTIVE HT RECORD	00680	72.6022	$3,466.76	APC				
33284	T	REMOVE PAT-ACTIVE HT RECORD	00109	10.9918	$524.86	APC				
33300	C	REPAIR OF HEART WOUND	-	-	-	Inpatient Only				
33305	C	REPAIR OF HEART WOUND	-	-	-	Inpatient Only				
33310	C	EXPLORATORY HEART SURGERY	-	-	-	Inpatient Only				
33315	C	EXPLORATORY HEART SURGERY	-	-	-	Inpatient Only				
33320	C	REPAIR MAJOR BLOOD VESSEL(S)	-	-	-	Inpatient Only				
33321	C	REPAIR MAJOR VESSEL	-	-	-	Inpatient Only				
33322	C	REPAIR MAJOR BLOOD VESSEL(S)	-	-	-	Inpatient Only				
33330	C	INSERT MAJOR VESSEL GRAFT	-	-	-	Inpatient Only				
33332	C	INSERT MAJOR VESSEL GRAFT	-	-	-	Inpatient Only				
33335	C	INSERT MAJOR VESSEL GRAFT	-	-	-	Inpatient Only				
33400	C	REPAIR OF AORTIC VALVE	-	-	-	Inpatient Only				
33401	C	VALVULOPLASTY, OPEN	-	-	-	Inpatient Only				
33403	C	VALVULOPLASTY, W/CP BYPASS	-	-	-	Inpatient Only				
33404	C	PREPARE HEART-AORTA CONDUIT	-	-	-	Inpatient Only				
33405	C	REPLACEMENT OF AORTIC VALVE	-	-	-	Inpatient Only				
33406	C	REPLACEMENT OF AORTIC VALVE	-	-	-	Inpatient Only				
33410	C	REPLACEMENT OF AORTIC VALVE	-	-	-	Inpatient Only				
33411	C	REPLACEMENT OF AORTIC VALVE	-	-	-	Inpatient Only				
33412	C	REPLACEMENT OF AORTIC VALVE	-	-	-	Inpatient Only				
33413	C	REPLACEMENT OF AORTIC VALVE	-	-	-	Inpatient Only				
33414	C	REPAIR OF AORTIC VALVE	-	-	-	Inpatient Only				
33415	C	REVISION, SUBVALVULAR TISSUE	-	-	-	Inpatient Only				
33416	C	REVISE VENTRICLE MUSCLE	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33417	C	REPAIR OF AORTIC VALVE	-	-	-	Inpatient Only				
33420	C	REVISION OF MITRAL VALVE	-	-	-	Inpatient Only				
33422	C	REVISION OF MITRAL VALVE	-	-	-	Inpatient Only				
33425	C	REPAIR OF MITRAL VALVE	-	-	-	Inpatient Only				
33426	C	REPAIR OF MITRAL VALVE	-	-	-	Inpatient Only				
33427	C	REPAIR OF MITRAL VALVE	-	-	-	Inpatient Only				
33430	C	REPLACEMENT OF MITRAL VALVE	-	-	-	Inpatient Only				
33460	C	REVISION OF TRICUSPID VALVE	-	-	-	Inpatient Only				
33463	C	VALVULOPLASTY, TRICUSPID	-	-	-	Inpatient Only				
33464	C	VALVULOPLASTY, TRICUSPID	-	-	-	Inpatient Only				
33465	C	REPLACE TRICUSPID VALVE	-	-	-	Inpatient Only				
33468	C	REVISION OF TRICUSPID VALVE	-	-	-	Inpatient Only				
33470	C	REVISION OF PULMONARY VALVE	-	-	-	Inpatient Only				
33471	C	VALVOTOMY, PULMONARY VALVE	-	-	-	Inpatient Only				
33472	C	REVISION OF PULMONARY VALVE	-	-	-	Inpatient Only				
33474	C	REVISION OF PULMONARY VALVE	-	-	-	Inpatient Only				
33475	C	REPLACEMENT, PULMONARY VALVE	-	-	-	Inpatient Only				
33476	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only				
33478	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only				
33496	C	REPAIR, PROSTH VALVE CLOT	-	-	-	Inpatient Only				
33500	C	REPAIR HEART VESSEL FISTULA	-	-	-	Inpatient Only				
33501	C	REPAIR HEART VESSEL FISTULA	-	-	-	Inpatient Only				
33502	C	CORONARY ARTERY CORRECTION	-	-	-	Inpatient Only				
33503	C	CORONARY ARTERY GRAFT	-	-	-	Inpatient Only				
33504	C	CORONARY ARTERY GRAFT	-	-	-	Inpatient Only				
33505	C	REPAIR ARTERY W/TUNNEL	-	-	-	Inpatient Only				
33506	C	REPAIR ARTERY, TRANSLOCATION	-	-	-	Inpatient Only				
33507	C	REPAIR ART INTRAMURAL	-	-	-	Inpatient Only				
33508	N	ENDOSCOPIC VEIN HARVEST	-	-	-	APC/ Bundled				
33510	C	CABG, VEIN, SINGLE	-	-	-	Inpatient Only				
33511	C	CABG, VEIN, TWO	-	-	-	Inpatient Only				
33512	C	CABG, VEIN, THREE	-	-	-	Inpatient Only				
33513	C	CABG, VEIN, FOUR	-	-	-	Inpatient Only				
33514	C	CABG, VEIN, FIVE	-	-	-	Inpatient Only				
33516	C	CABG, VEIN, SIX OR MORE	-	-	-	Inpatient Only				
33517	C	CABG, ARTERY-VEIN, SINGLE	-	-	-	Inpatient Only				
33518	C	CABG, ARTERY-VEIN, TWO	-	-	-	Inpatient Only				
33519	C	CABG, ARTERY-VEIN, THREE	-	-	-	Inpatient Only				
33521	C	CABG, ARTERY-VEIN, FOUR	-	-	-	Inpatient Only				
33522	C	CABG, ARTERY-VEIN, FIVE	-	-	-	Inpatient Only				
33523	C	CABG, ART-VEIN, SIX OR MORE	-	-	-	Inpatient Only				
33530	C	CORONARY ARTERY, BYPASS/REOP	-	-	-	Inpatient Only				
33533	C	CABG, ARTERIAL, SINGLE	-	-	-	Inpatient Only				
33534	C	CABG, ARTERIAL, TWO	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33535	C	CABG, ARTERIAL, THREE	-	-	-	Inpatient Only				
33536	C	CABG, ARTERIAL, FOUR OR MORE	-	-	-	Inpatient Only				
33542	C	REMOVAL OF HEART LESION	-	-	-	Inpatient Only				
33545	C	REPAIR OF HEART DAMAGE	-	-	-	Inpatient Only				
33548	C	RESTORE/REMODEL VENTRICLE	-	-	-	Inpatient Only				
33572	C	OPEN CORONARY ENDARTERECTOMY	-	-	-	Inpatient Only				
33600	C	CLOSURE OF VALVE	-	-	-	Inpatient Only				
33602	C	CLOSURE OF VALVE	-	-	-	Inpatient Only				
33606	C	ANASTOMOSIS/ARTERY-AORTA	-	-	-	Inpatient Only				
33608	C	REPAIR ANOMALY W/CONDUIT	-	-	-	Inpatient Only				
33610	C	REPAIR BY ENLARGEMENT	-	-	-	Inpatient Only				
33611	C	REPAIR DOUBLE VENTRICLE	-	-	-	Inpatient Only				
33612	C	REPAIR DOUBLE VENTRICLE	-	-	-	Inpatient Only				
33615	C	REPAIR, MODIFIED FONTAN	-	-	-	Inpatient Only				
33617	C	REPAIR SINGLE VENTRICLE	-	-	-	Inpatient Only				
33619	C	REPAIR SINGLE VENTRICLE	-	-	-	Inpatient Only				
33641	C	REPAIR HEART SEPTUM DEFECT	-	-	-	Inpatient Only				
33645	C	REVISION OF HEART VEINS	-	-	-	Inpatient Only				
33647	C	REPAIR HEART SEPTUM DEFECTS	-	-	-	Inpatient Only				
33660	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only				
33665	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only				
33670	C	REPAIR OF HEART CHAMBERS	-	-	-	Inpatient Only				
33675	C	CLOSE MULT VSD	-	-	-	Inpatient Only				
33676	C	CLOSE MULT VSD W/RESECTION	-	-	-	Inpatient Only				
33677	C	CL MULT VSD W/REM PUL BAND	-	-	-	Inpatient Only				
33681	C	REPAIR HEART SEPTUM DEFECT	-	-	-	Inpatient Only				
33684	C	REPAIR HEART SEPTUM DEFECT	-	-	-	Inpatient Only				
33688	C	REPAIR HEART SEPTUM DEFECT	-	-	-	Inpatient Only				
33690	C	REINFORCE PULMONARY ARTERY	-	-	-	Inpatient Only				
33692	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only				
33694	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only				
33697	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only				
33702	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only				
33710	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only				
33720	C	REPAIR OF HEART DEFECT	-	-	-	Inpatient Only				
33722	C	REPAIR OF HEART DEFECT	-	-	-	Inpatient Only				
33724	C	REPAIR VENOUS ANOMALY	-	-	-	Inpatient Only				
33726	C	REPAIR PUL VENOUS STENOSIS	-	-	-	Inpatient Only				
33730	C	REPAIR HEART-VEIN DEFECT(S)	-	-	-	Inpatient Only				
33732	C	REPAIR HEART-VEIN DEFECT	-	-	-	Inpatient Only				
33735	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only				
33736	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only				
33737	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only				
33750	C	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33755	C	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only				
33762	C	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only				
33764	C	MAJOR VESSEL SHUNT & GRAFT	-	-	-	Inpatient Only				
33766	C	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only				
33767	C	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only				
33768	C	CAVOPULMONARY SHUNTING	-	-	-	Inpatient Only				
33770	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only				
33771	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only				
33774	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only				
33775	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only				
33776	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only				
33777	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only				
33778	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only				
33779	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only				
33780	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only				
33781	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only				
33786	C	REPAIR ARTERIAL TRUNK	-	-	-	Inpatient Only				
33788	C	REVISION OF PULMONARY ARTERY	-	-	-	Inpatient Only				
33800	C	AORTIC SUSPENSION	-	-	-	Inpatient Only				
33802	C	REPAIR VESSEL DEFECT	-	-	-	Inpatient Only				
33803	C	REPAIR VESSEL DEFECT	-	-	-	Inpatient Only				
33813	C	REPAIR SEPTAL DEFECT	-	-	-	Inpatient Only				
33814	C	REPAIR SEPTAL DEFECT	-	-	-	Inpatient Only				
33820	C	REVISE MAJOR VESSEL	-	-	-	Inpatient Only				
33822	C	REVISE MAJOR VESSEL	-	-	-	Inpatient Only				
33824	C	REVISE MAJOR VESSEL	-	-	-	Inpatient Only				
33840	C	REMOVE AORTA CONSTRICTION	-	-	-	Inpatient Only				
33845	C	REMOVE AORTA CONSTRICTION	-	-	-	Inpatient Only				
33851	C	REMOVE AORTA CONSTRICTION	-	-	-	Inpatient Only				
33852	C	REPAIR SEPTAL DEFECT	-	-	-	Inpatient Only				
33853	C	REPAIR SEPTAL DEFECT	-	-	-	Inpatient Only				
33860	C	ASCENDING AORTIC GRAFT	-	-	-	Inpatient Only				
33861	C	ASCENDING AORTIC GRAFT	-	-	-	Inpatient Only				
33863	C	ASCENDING AORTIC GRAFT	-	-	-	Inpatient Only				
33870	C	TRANSVERSE AORTIC ARCH GRAFT	-	-	-	Inpatient Only				
33875	C	THORACIC AORTIC GRAFT	-	-	-	Inpatient Only				
33877	C	THORACOABDOMINAL GRAFT	-	-	-	Inpatient Only				
33880	C	ENDOVASC TAA REPR INCL SUBCL	-	-	-	Inpatient Only				
33881	C	ENDOVASC TAA REPR W/O SUBCL	-	-	-	Inpatient Only				
33883	C	INSERT ENDOVASC PROSTH TAA	-	-	-	Inpatient Only				
33884	C	ENDOVASC PROSTH TAA ADD-ON	-	-	-	Inpatient Only				
33886	C	ENDOVASC PROSTH DELAYED	-	-	-	Inpatient Only				
33889	C	ARTERY TRANSPOSE/ENDOVAS TAA	-	-	-	Inpatient Only				
33891	C	CAR-CAR BP GRFT/ENDOVAS TAA	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33910	C	REMOVE LUNG ARTERY EMBOLI	-	-	-	Inpatient Only				
33915	C	REMOVE LUNG ARTERY EMBOLI	-	-	-	Inpatient Only				
33916	C	SURGERY OF GREAT VESSEL	-	-	-	Inpatient Only				
33917	C	REPAIR PULMONARY ARTERY	-	-	-	Inpatient Only				
33920	C	REPAIR PULMONARY ATRESIA	-	-	-	Inpatient Only				
33922	C	TRANSECT PULMONARY ARTERY	-	-	-	Inpatient Only				
33924	C	REMOVE PULMONARY SHUNT	-	-	-	Inpatient Only				
33925	C	RPR PUL ART UNIFOCAL W/O CPB	-	-	-	Inpatient Only				
33926	C	REPR PUL ART UNIFOCAL W/CPB	-	-	-	Inpatient Only				
33930	C	REMOVAL OF DONOR HEART/LUNG	-	-	-	Inpatient Only				Y
33933	C	PREPARE DONOR HEART/LUNG	-	-	-	Inpatient Only				Y
33935	C	TRANSPLANTATION, HEART/LUNG	-	-	-	Inpatient Only				Y
33940	C	REMOVAL OF DONOR HEART	-	-	-	Inpatient Only				Y
33944	C	PREPARE DONOR HEART	-	-	-	Inpatient Only				Y
33945	C	TRANSPLANTATION OF HEART	-	-	-	Inpatient Only				Y
33960	C	EXTERNAL CIRCULATION ASSIST	-	-	-	Inpatient Only				
33961	C	EXTERNAL CIRCULATION ASSIST	-	-	-	Inpatient Only				
33967	C	INSERT IA PERCUT DEVICE	-	-	-	Inpatient Only				
33968	C	REMOVE AORTIC ASSIST DEVICE	-	-	-	Inpatient Only				
33970	C	AORTIC CIRCULATION ASSIST	-	-	-	Inpatient Only				
33971	C	AORTIC CIRCULATION ASSIST	-	-	-	Inpatient Only				
33973	C	INSERT BALLOON DEVICE	-	-	-	Inpatient Only				
33974	C	REMOVE INTRA-AORTIC BALLOON	-	-	-	Inpatient Only				
33975	C	IMPLANT VENTRICULAR DEVICE	-	-	-	Inpatient Only				
33976	C	IMPLANT VENTRICULAR DEVICE	-	-	-	Inpatient Only				
33977	C	REMOVE VENTRICULAR DEVICE	-	-	-	Inpatient Only				
33978	C	REMOVE VENTRICULAR DEVICE	-	-	-	Inpatient Only				
33979	C	INSERT INTRACORPOREAL DEVICE	-	-	-	Inpatient Only				
33980	C	REMOVE INTRACORPOREAL DEVICE	-	-	-	Inpatient Only				
33999	T	CARDIAC SURGERY PROCEDURE	00070	3.6244	$173.07	APC				
34001	C	REMOVAL OF ARTERY CLOT	-	-	-	Inpatient Only				
34051	C	REMOVAL OF ARTERY CLOT	-	-	-	Inpatient Only				
34101	T	REMOVAL OF ARTERY CLOT	00088	37.7391	$1,802.04	APC				
34111	T	REMOVAL OF ARM ARTERY CLOT	00088	37.7391	$1,802.04	APC				
34151	C	REMOVAL OF ARTERY CLOT	-	-	-	Inpatient Only				
34201	T	REMOVAL OF ARTERY CLOT	00088	37.7391	$1,802.04	APC				
34203	T	REMOVAL OF LEG ARTERY CLOT	00088	37.7391	$1,802.04	APC				
34401	C	REMOVAL OF VEIN CLOT	-	-	-	Inpatient Only				
34421	T	REMOVAL OF VEIN CLOT	00088	37.7391	$1,802.04	APC				
34451	C	REMOVAL OF VEIN CLOT	-	-	-	Inpatient Only				
34471	T	REMOVAL OF VEIN CLOT	00088	37.7391	$1,802.04	APC				
34490	T	REMOVAL OF VEIN CLOT	00088	37.7391	$1,802.04	APC				
34501	T	REPAIR VALVE, FEMORAL VEIN	00088	37.7391	$1,802.04	APC				
34502	C	RECONSTRUCT VENA CAVA	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
34510	T	TRANSPOSITION OF VEIN VALVE	00088	37.7391	$1,802.04	APC				
34520	T	CROSS-OVER VEIN GRAFT	00088	37.7391	$1,802.04	APC				
34530	T	LEG VEIN FUSION	00088	37.7391	$1,802.04	APC				
34800	C	ENDOVASC ABDO REPAIR W/TUBE	-	-	-	Inpatient Only				
34802	C	ENDOVASC ABDO REPR W/DEVICE	-	-	-	Inpatient Only				
34803	C	ENDOVAS AAA REPR W/3-P PART	-	-	-	Inpatient Only				
34804	C	ENDOVASC ABDO REPR W/DEVICE	-	-	-	Inpatient Only				
34805	C	ENDOVASC ABDO REPAIR W/PROS	-	-	-	Inpatient Only				
34808	C	ENDOVASC ABDO OCCLUD DEVICE	-	-	-	Inpatient Only				
34812	C	XPOSE FOR ENDOPROSTH FEMORL	-	-	-	Inpatient Only				
34813	C	FEMORAL ENDOVAS GRAFT ADD-ON	-	-	-	Inpatient Only				
34820	C	XPOSE FOR ENDOPROSTH, ILIAC	-	-	-	Inpatient Only				
34825	C	ENDOVASC EXTEND PROSTH INIT	-	-	-	Inpatient Only				
34826	C	ENDOVASC EXTEN PROSTH ADD L	-	-	-	Inpatient Only				
34830	C	OPEN AORTIC TUBE PROSTH REPR	-	-	-	Inpatient Only				
34831	C	OPEN AORTOILIAC PROSTH REPR	-	-	-	Inpatient Only				
34832	C	OPEN AORTOFEMOR PROSTH REPR	-	-	-	Inpatient Only				
34833	C	XPOSE FOR ENDOPROSTH ILIAC	-	-	-	Inpatient Only				
34834	C	XPOSE ENDOPROSTH BRACHIAL	-	-	-	Inpatient Only				
34900	C	ENDOVASC ILIAC REPR W/GRAFT	-	-	-	Inpatient Only				
35001	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only				
35002	C	REPAIR ARTERY RUPTURE, NECK	-	-	-	Inpatient Only				
35005	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only				
35011	T	REPAIR DEFECT OF ARTERY	00653	32.3818	$1,546.23	APC				
35013	C	REPAIR ARTERY RUPTURE, ARM	-	-	-	Inpatient Only				
35021	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only				
35022	C	REPAIR ARTERY RUPTURE, CHEST	-	-	-	Inpatient Only				
35045	C	REPAIR DEFECT OF ARM ARTERY	-	-	-	Inpatient Only				
35081	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only				
35082	C	REPAIR ARTERY RUPTURE, AORTA	-	-	-	Inpatient Only				
35091	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only				
35092	C	REPAIR ARTERY RUPTURE, AORTA	-	-	-	Inpatient Only				
35102	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only				
35103	C	REPAIR ARTERY RUPTURE, GROIN	-	-	-	Inpatient Only				
35111	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only				
35112	C	REPAIR ARTERY RUPTURE,SPLEEN	-	-	-	Inpatient Only				
35121	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only				
35122	C	REPAIR ARTERY RUPTURE, BELLY	-	-	-	Inpatient Only				
35131	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only				
35132	C	REPAIR ARTERY RUPTURE, GROIN	-	-	-	Inpatient Only				
35141	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only				
35142	C	REPAIR ARTERY RUPTURE, THIGH	-	-	-	Inpatient Only				
35151	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only				
35152	C	REPAIR ARTERY RUPTURE, KNEE	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
35180	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35182	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only				
35184	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35188	T	REPAIR BLOOD VESSEL LESION	00088	37.7391	$1,802.04	APC				
35189	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only				
35190	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35201	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35206	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35207	T	REPAIR BLOOD VESSEL LESION	00088	37.7391	$1,802.04	APC				
35211	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only				
35216	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only				
35221	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only				
35226	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35231	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35236	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35241	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only				
35246	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only				
35251	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only				
35256	T	REPAIR BLOOD VESSEL LESION	00093	22.8653	$1,091.82	APC				
35261	T	REPAIR BLOOD VESSEL LESION	00653	32.3818	$1,546.23	APC				
35266	T	REPAIR BLOOD VESSEL LESION	00653	32.3818	$1,546.23	APC				
35271	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only				
35276	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only				
35281	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only				
35286	T	REPAIR BLOOD VESSEL LESION	00653	32.3818	$1,546.23	APC				
35301	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35302	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35303	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35304	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35305	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35306	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35311	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35321	T	RECHANNELING OF ARTERY	00093	22.8653	$1,091.82	APC				
35331	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35341	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35351	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35355	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35361	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35363	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35371	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35372	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only				
35390	C	REOPERATION, CAROTID ADD-ON	-	-	-	Inpatient Only				
35400	C	ANGIOSCOPY	-	-	-	Inpatient Only				
35450	C	REPAIR ARTERIAL BLOCKAGE	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
35452	C	REPAIR ARTERIAL BLOCKAGE	-	-	-	Inpatient Only				
35454	C	REPAIR ARTERIAL BLOCKAGE	-	-	-	Inpatient Only				
35456	C	REPAIR ARTERIAL BLOCKAGE	-	-	-	Inpatient Only				
35458	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35459	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35460	T	REPAIR VENOUS BLOCKAGE	00081	42.936	$2,050.19	APC				
35470	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35471	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35472	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35473	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35474	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35475	T	REPAIR ARTERIAL BLOCKAGE	00081	42.936	$2,050.19	APC				
35476	T	REPAIR VENOUS BLOCKAGE	00081	42.936	$2,050.19	APC				
35480	C	ATHERECTOMY, OPEN	-	-	-	Inpatient Only				
35481	C	ATHERECTOMY, OPEN	-	-	-	Inpatient Only				
35482	C	ATHERECTOMY, OPEN	-	-	-	Inpatient Only				
35483	C	ATHERECTOMY, OPEN	-	-	-	Inpatient Only				
35484	T	ATHERECTOMY, OPEN	00081	42.936	$2,050.19	APC				
35485	T	ATHERECTOMY, OPEN	00081	42.936	$2,050.19	APC				
35490	T	ATHERECTOMY, PERCUTANEOUS	00081	42.936	$2,050.19	APC				
35491	T	ATHERECTOMY, PERCUTANEOUS	00081	42.936	$2,050.19	APC				
35492	T	ATHERECTOMY, PERCUTANEOUS	00081	42.936	$2,050.19	APC				
35493	T	ATHERECTOMY, PERCUTANEOUS	00081	42.936	$2,050.19	APC				
35494	T	ATHERECTOMY, PERCUTANEOUS	00081	42.936	$2,050.19	APC				
35495	T	ATHERECTOMY, PERCUTANEOUS	00081	42.936	$2,050.19	APC				
35500	T	HARVEST VEIN FOR BYPASS	00081	42.936	$2,050.19	APC				
35501	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35506	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35508	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35509	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35510	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35511	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35512	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35515	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35516	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35518	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35521	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35522	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35525	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35526	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35531	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35533	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35536	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35537	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
35538	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35539	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35540	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35548	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35549	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35551	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35556	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35558	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35560	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35563	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35565	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35566	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35571	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35572	N	HARVEST FEMOROPOPLITEAL VEIN	-	-	-	APC/ Bundled				
35583	C	VEIN BYPASS GRAFT	-	-	-	Inpatient Only				
35585	C	VEIN BYPASS GRAFT	-	-	-	Inpatient Only				
35587	C	VEIN BYPASS GRAFT	-	-	-	Inpatient Only				
35600	C	HARVEST ARTERY FOR CABG	-	-	-	Inpatient Only				
35601	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35606	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35612	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35616	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35621	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35623	C	BYPASS GRAFT, NOT VEIN	-	-	-	Inpatient Only				
35626	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35631	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35636	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35637	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35638	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35642	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35645	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35646	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35647	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35650	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35651	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35654	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35656	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35661	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35663	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35665	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35666	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35671	C	ARTERY BYPASS GRAFT	-	-	-	Inpatient Only				
35681	C	COMPOSITE BYPASS GRAFT	-	-	-	Inpatient Only				
35682	C	COMPOSITE BYPASS GRAFT	-	-	-	Inpatient Only				

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35683	C	COMPOSITE BYPASS GRAFT	-	-	-	Inpatient Only				
35685	T	BYPASS GRAFT PATENCY/PATCH	00093	22.8653	$1,091.82	APC				
35686	T	BYPASS GRAFT/AV FIST PATENCY	00093	22.8653	$1,091.82	APC				
35691	C	ARTERIAL TRANSPOSITION	-	-	-	Inpatient Only				
35693	C	ARTERIAL TRANSPOSITION	-	-	-	Inpatient Only				
35694	C	ARTERIAL TRANSPOSITION	-	-	-	Inpatient Only				
35695	C	ARTERIAL TRANSPOSITION	-	-	-	Inpatient Only				
35697	C	REIMPLANT ARTERY EACH	-	-	-	Inpatient Only				
35700	C	REOPERATION, BYPASS GRAFT	-	-	-	Inpatient Only				
35701	C	EXPLORATION, CAROTID ARTERY	-	-	-	Inpatient Only				
35721	C	EXPLORATION, FEMORAL ARTERY	-	-	-	Inpatient Only				
35741	C	EXPLORATION POPLITEAL ARTERY	-	-	-	Inpatient Only				
35761	T	EXPLORATION OF ARTERY/VEIN	00115	29.2133	$1,394.94	APC				
35800	C	EXPLORE NECK VESSELS	-	-	-	Inpatient Only				
35820	C	EXPLORE CHEST VESSELS	-	-	-	Inpatient Only				
35840	C	EXPLORE ABDOMINAL VESSELS	-	-	-	Inpatient Only				
35860	T	EXPLORE LIMB VESSELS	00093	22.8653	$1,091.82	APC				
35870	C	REPAIR VESSEL GRAFT DEFECT	-	-	-	Inpatient Only				
35875	T	REMOVAL OF CLOT IN GRAFT	00088	37.7391	$1,802.04	APC				
35876	T	REMOVAL OF CLOT IN GRAFT	00088	37.7391	$1,802.04	APC				
35879	T	REVISE GRAFT W/VEIN	00088	37.7391	$1,802.04	APC				
35881	T	REVISE GRAFT W/VEIN	00088	37.7391	$1,802.04	APC				
35883	T	REVISE GRAFT W/NONAUTO GRAFT	00088	37.7391	$1,802.04	APC				
35884	T	REVISE GRAFT W/VEIN	00088	37.7391	$1,802.04	APC				
35901	C	EXCISION, GRAFT, NECK	-	-	-	Inpatient Only				
35903	T	EXCISION, GRAFT, EXTREMITY	00115	29.2133	$1,394.94	APC				
35905	C	EXCISION, GRAFT, THORAX	-	-	-	Inpatient Only				
35907	C	EXCISION, GRAFT, ABDOMEN	-	-	-	Inpatient Only				
36000	N	PLACE NEEDLE IN VEIN	-	-	-	APC/ Bundled				
36002	S	PSEUDOANEURYSM INJECTION TRT	00267	2.4606	$117.49	APC				
36005	N	INJECTION EXT VENOGRAPHY	-	-	-	APC/ Bundled				
36010	N	PLACE CATHETER IN VEIN	-	-	-	APC/ Bundled				
36011	N	PLACE CATHETER IN VEIN	-	-	-	APC/ Bundled				
36012	N	PLACE CATHETER IN VEIN	-	-	-	APC/ Bundled				
36013	N	PLACE CATHETER IN ARTERY	-	-	-	APC/ Bundled				
36014	N	PLACE CATHETER IN ARTERY	-	-	-	APC/ Bundled				
36015	N	PLACE CATHETER IN ARTERY	-	-	-	APC/ Bundled				
36100	N	ESTABLISH ACCESS TO ARTERY	-	-	-	APC/ Bundled				
36120	N	ESTABLISH ACCESS TO ARTERY	-	-	-	APC/ Bundled				
36140	N	ESTABLISH ACCESS TO ARTERY	-	-	-	APC/ Bundled				
36145	N	ARTERY TO VEIN SHUNT	-	-	-	APC/ Bundled				
36160	N	ESTABLISH ACCESS TO AORTA	-	-	-	APC/ Bundled				
36200	N	PLACE CATHETER IN AORTA	-	-	-	APC/ Bundled				
36215	N	PLACE CATHETER IN ARTERY	-	-	-	APC/ Bundled				

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36216	N	PLACE CATHETER IN ARTERY	-	-	-	APC/ Bundled				
36217	N	PLACE CATHETER IN ARTERY	-	-	-	APC/ Bundled				
36218	N	PLACE CATHETER IN ARTERY	-	-	-	APC/ Bundled				
36245	N	PLACE CATHETER IN ARTERY	-	-	-	APC/ Bundled				
36246	N	PLACE CATHETER IN ARTERY	-	-	-	APC/ Bundled				
36247	N	PLACE CATHETER IN ARTERY	-	-	-	APC/ Bundled				
36248	N	PLACE CATHETER IN ARTERY	-	-	-	APC/ Bundled				
36260	T	INSERTION OF INFUSION PUMP	00623	28.5032	$1,361.03	APC				
36261	T	REVISION OF INFUSION PUMP	00623	28.5032	$1,361.03	APC				
36262	T	REMOVAL OF INFUSION PUMP	00622	22.6665	$1,082.33	APC				
36299	N	VESSEL INJECTION PROCEDURE	-	-	-	APC/ Bundled				
36400	N	BL DRAW < 3 YRS FEM/JUGULAR	-	-	-	APC/ Bundled				
36405	N	BL DRAW < 3 YRS SCALP VEIN	-	-	-	APC/ Bundled				
36406	N	BL DRAW < 3 YRS OTHER VEIN	-	-	-	APC/ Bundled				
36410	N	NON-ROUTINE BL DRAW > 3 YRS	-	-	-	APC/ Bundled				
36415	M	ROUTINE VENIPUNCTURE	-	-	$3.00	Medicare	$3.00			
36416	N	CAPILLARY BLOOD DRAW	-	-	-	APC/ Bundled				
36420	T	VEIN ACCESS CUTDOWN < 1 YR	00035	0.1999	$9.55	APC				
36425	T	VEIN ACCESS CUTDOWN > 1 YR	00035	0.1999	$9.55	APC				
36430	S	BLOOD TRANSFUSION SERVICE	00110	3.4584	$165.14	APC				
36440	S	BL PUSH TRANSFUSE 2 YR OR <	00110	3.4584	$165.14	APC				
36450	S	BL EXCHANGE/TRANSFUSE NB	00110	3.4584	$165.14	APC				
36455	S	BL EXCHANGE/TRANSFUSE NON-NB	00110	3.4584	$165.14	APC				
36460	S	TRANSFUSION SERVICE, FETAL	00110	3.4584	$165.14	APC				
36468	T	INJECTION(S), SPIDER VEINS	00098	1.0798	$51.56	APC				
36469	T	INJECTION(S), SPIDER VEINS	00098	1.0798	$51.56	APC				
36470	T	INJECTION THERAPY OF VEIN	00098	1.0798	$51.56	APC				
36471	T	INJECTION THERAPY OF VEINS	00098	1.0798	$51.56	APC				
36475	T	ENDOVENOUS RF 1ST VEIN	00091	34.7288	$1,658.30	APC				
36476	T	ENDOVENOUS RF VEIN ADD-ON	00091	34.7288	$1,658.30	APC				
36478	T	ENDOVENOUS LASER 1ST VEIN	00092	24.8809	$1,188.06	APC				
36479	T	ENDOVENOUS LASER VEIN ADDON	00092	24.8809	$1,188.06	APC				
36481	N	INSERTION OF CATHETER, VEIN	-	-	-	APC/ Bundled				
36500	N	INSERTION OF CATHETER, VEIN	-	-	-	APC/ Bundled				
36510	N	INSERTION OF CATHETER, VEIN	-	-	-	APC/ Bundled				
36511	S	APHERESIS WBC	00111	11.7134	$559.31	APC				
36512	S	APHERESIS RBC	00111	11.7134	$559.31	APC				
36513	S	APHERESIS PLATELETS	00111	11.7134	$559.31	APC				
36514	S	APHERESIS PLASMA	00111	11.7134	$559.31	APC				
36515	S	APHERESIS ADSORP/REINFUSE	00112	30.2231	$1,443.15	APC				
36516	S	APHERESIS SELECTIVE	00112	30.2231	$1,443.15	APC				
36522	S	PHOTOPHERESIS	00112	30.2231	$1,443.15	APC				
36540	X	COLLECT BLOOD VENOUS DEVICE	00624	0.5145	$24.57	Bundled subject to separate payment criteria				
36550	T	DECLOT VASCULAR DEVICE	00676	2.0726	$98.97	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
36555	T	INSERT NON-TUNNEL CV CATH	00621	8.7846	$419.46	APC				
36556	T	INSERT NON-TUNNEL CV CATH	00621	8.7846	$419.46	APC				
36557	T	INSERT TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36558	T	INSERT TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36560	T	INSERT TUNNELED CV CATH	00623	28.5032	$1,361.03	APC				
36561	T	INSERT TUNNELED CV CATH	00623	28.5032	$1,361.03	APC				
36563	T	INSERT TUNNELED CV CATH	00623	28.5032	$1,361.03	APC				
36565	T	INSERT TUNNELED CV CATH	00623	28.5032	$1,361.03	APC				
36566	T	INSERT TUNNELED CV CATH	00625	83.4609	$3,985.26	APC				
36568	T	INSERT TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36569	T	INSERT TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36570	T	INSERT TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36571	T	INSERT TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36575	T	REPAIR TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36576	T	REPAIR TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36578	T	REPLACE TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36580	T	REPLACE TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36581	T	REPLACE TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36582	T	REPLACE TUNNELED CV CATH	00623	28.5032	$1,361.03	APC				
36583	T	REPLACE TUNNELED CV CATH	00623	28.5032	$1,361.03	APC				
36584	T	REPLACE TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36585	T	REPLACE TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36589	T	REMOVAL TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36590	T	REMOVAL TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36595	T	MECH REMOV TUNNELED CV CATH	00622	22.6665	$1,082.33	APC				
36596	T	MECH REMOV TUNNELED CV CATH	00621	8.7846	$419.46	APC				
36597	T	REPOSITION VENOUS CATHETER	00621	8.7846	$419.46	APC				
36598	X	INJ W/FLUOR EVAL CV DEVICE	00340	0.6102	$29.14	APC				
36600	T	ARTERIAL PUNCTURE WITHDRAWAL OF BLOOD FOR DIAGNOS	00035	0.1999	$9.55	Bundled subject to separate payment criteria				
36620	N	INSERTION CATHETER, ARTERY	-	-	-	APC/ Bundled				
36625	N	INSERTION CATHETER, ARTERY	-	-	-	APC/ Bundled				
36640	T	INSERTION CATHETER, ARTERY	00623	28.5032	$1,361.03	APC				
36660	C	INSERTION CATHETER, ARTERY	-	-	-	Inpatient Only				
36680	T	INSERT NEEDLE, BONE CAVITY	00002	1.0995	$52.50	APC				
36800	T	INSERTION OF CANNULA	00115	29.2133	$1,394.94	APC				
36810	T	INSERTION OF CANNULA	00115	29.2133	$1,394.94	APC				
36815	T	INSERTION OF CANNULA	00115	29.2133	$1,394.94	APC				
36818	T	AV FUSE UPPR ARM CEPHALIC	00088	37.7391	$1,802.04	APC				
36819	T	AV FUSION/UPPR ARM VEIN	00088	37.7391	$1,802.04	APC				
36820	T	AV FUSION/FOREARM VEIN	00088	37.7391	$1,802.04	APC				
36821	T	AV FUSION DIRECT ANY SITE	00088	37.7391	$1,802.04	APC				
36822	C	INSERTION OF CANNULA(S)	-	-	-	Inpatient Only				
36823	C	INSERTION OF CANNULA(S)	-	-	-	Inpatient Only				
36825	T	ARTERY-VEIN AUTOGRAFT	00088	37.7391	$1,802.04	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
36830	T	ARTERY-VEIN NONAUTOGRAFT	00088	37.7391	$1,802.04	APC				
36831	T	OPEN THROMBECT AV FISTULA	00088	37.7391	$1,802.04	APC				
36832	T	AV FISTULA REVISION, OPEN	00088	37.7391	$1,802.04	APC				
36833	T	AV FISTULA REVISION	00088	37.7391	$1,802.04	APC				
36834	T	REPAIR A-V ANEURYSM	00088	37.7391	$1,802.04	APC				
36835	T	ARTERY TO VEIN SHUNT	00115	29.2133	$1,394.94	APC				
36838	T	DIST REVAS LIGATION HEMO	00088	37.7391	$1,802.04	APC				
36860	T	EXTERNAL CANNULA DECLOTTING	00676	2.0726	$98.97	APC				
36861	T	CANNULA DECLOTTING	00115	29.2133	$1,394.94	APC				
36870	T	PERCUT THROMBECT AV FISTULA	00653	32.3818	$1,546.23	APC				
37140	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only				
37145	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only				
37160	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only				
37180	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only				
37181	C	SPLICE SPLEEN/KIDNEY VEINS	-	-	-	Inpatient Only				
37182	C	INSERT HEPATIC SHUNT (TIPS)	-	-	-	Inpatient Only				
37183	T	REMOVE HEPATIC SHUNT (TIPS)	00229	68.4697	$3,269.43	APC				
37184	T	PRIM ART MECH THROMBECTOMY	00088	37.7391	$1,802.04	APC				
37185	T	PRIM ART M-THROMBECT ADD-ON	00088	37.7391	$1,802.04	APC				
37186	T	SEC ART M-THROMBECT ADD-ON	00088	37.7391	$1,802.04	APC				
37187	T	VENOUS MECH THROMBECTOMY	00088	37.7391	$1,802.04	APC				
37188	T	VENOUS M-THROMBECTOMY ADD-ON	00088	37.7391	$1,802.04	APC				
37195	T	THROMBOLYTIC THERAPY, STROKE	00676	2.0726	$98.97	APC				
37200	T	TRANSCATHETER BIOPSY	00685	6.1384	$293.11	APC				
37201	T	TRANSCATHETER THERAPY INFUSE	00676	2.0726	$98.97	APC				
37202	T	TRANSCATHETER THERAPY INFUSE	00676	2.0726	$98.97	APC				
37203	T	TRANSCATHETER RETRIEVAL	00103	16.2375	$775.34	APC				
37204	T	TRANSCATHETER OCCLUSION	00115	29.2133	$1,394.94	APC				
37205	T	TRANSCATHETER STENT	00229	68.4697	$3,269.43	APC				
37206	T	TRANSCATHETER STENT ADD-ON	00229	68.4697	$3,269.43	APC				
37207	T	TRANSCATHETER STENT	00229	68.4697	$3,269.43	APC				
37208	T	TRANSCATHETER STENT ADD-ON	00229	68.4697	$3,269.43	APC				
37209	T	CHANGE IV CATH AT THROMB TX	00103	16.2375	$775.34	APC				
37210	T	EMBOLIZATION UTERINE FIBROID	00202	42.9896	$2,052.75	APC				
37215	C	TRANSCATH STENT CCA W/EPS	-	-	-	Inpatient Only				
37216	E	TRANSCATH STENT CCA W/O EPS	-	-	-	Not Allowed				
37250	S	IV US FIRST VESSEL ADD-ON	00416	32.5472	$1,554.13	APC				
37251	S	IV US EACH ADD VESSEL ADD-ON	00416	32.5472	$1,554.13	APC				
37500	T	ENDOSCOPY LIGATE PERF VEINS	00091	34.7288	$1,658.30	APC				
37501	T	VASCULAR ENDOSCOPY PROCEDURE	00092	24.8809	$1,188.06	APC				
37565	T	LIGATION OF NECK VEIN	00093	22.8653	$1,091.82	APC				
37600	T	LIGATION OF NECK ARTERY	00093	22.8653	$1,091.82	APC				
37605	T	LIGATION OF NECK ARTERY	00091	34.7288	$1,658.30	APC				
37606	T	LIGATION OF NECK ARTERY	00092	24.8809	$1,188.06	APC				

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37607	T	LIGATION OF A-V FISTULA	00092	24.8809	$1,188.06	APC				
37609	T	TEMPORAL ARTERY PROCEDURE	00021	15.1024	$721.14	APC				
37615	T	LIGATION OF NECK ARTERY	00092	24.8809	$1,188.06	APC				
37616	C	LIGATION OF CHEST ARTERY	-	-	-	Inpatient Only				
37617	C	LIGATION OF ABDOMEN ARTERY	-	-	-	Inpatient Only				
37618	C	LIGATION OF EXTREMITY ARTERY	-	-	-	Inpatient Only				
37620	T	REVISION OF MAJOR VEIN	00091	34.7288	$1,658.30	APC				
37650	T	REVISION OF MAJOR VEIN	00092	24.8809	$1,188.06	APC				
37660	C	REVISION OF MAJOR VEIN	-	-	-	Inpatient Only				
37700	T	REVISE LEG VEIN	00091	34.7288	$1,658.30	APC				
37718	T	LIGATE/STRIP SHORT LEG VEIN	00091	34.7288	$1,658.30	APC				
37722	T	LIGATE/STRIP LONG LEG VEIN	00091	34.7288	$1,658.30	APC				
37735	T	REMOVAL OF LEG VEINS/LESION	00091	34.7288	$1,658.30	APC				
37760	T	LIGATION LEG VEINS OPEN	00092	24.8809	$1,188.06	APC				
37765	T	PHLEB VEINS - EXTREM - TO 20	00092	24.8809	$1,188.06	APC				
37766	T	PHLEB VEINS - EXTREM 20+	00092	24.8809	$1,188.06	APC				
37780	T	REVISION OF LEG VEIN	00092	24.8809	$1,188.06	APC				
37785	T	LIGATE/DIVIDE/EXCISE VEIN	00092	24.8809	$1,188.06	APC				
37788	C	REVASCULARIZATION, PENIS	-	-	-	Inpatient Only				
37790	T	PENILE VENOUS OCCLUSION	00181	32.9873	$1,575.14	APC				
37799	T	VASCULAR SURGERY PROCEDURE	00103	16.2375	$775.34	APC				
38100	C	REMOVAL OF SPLEEN, TOTAL	-	-	-	Inpatient Only				
38101	C	REMOVAL OF SPLEEN, PARTIAL	-	-	-	Inpatient Only				
38102	C	REMOVAL OF SPLEEN, TOTAL	-	-	-	Inpatient Only				
38115	C	REPAIR OF RUPTURED SPLEEN	-	-	-	Inpatient Only				
38120	T	LAPAROSCOPY, SPLENECTOMY	00131	43.5488	$2,079.46	APC				
38129	T	LAPAROSCOPE PROC, SPLEEN	00130	32.1241	$1,533.93	APC				
38200	N	INJECTION FOR SPLEEN X-RAY	-	-	-	APC/ Bundled				
38204	N	BL DONOR SEARCH MANAGEMENT	-	-	-	APC/ Bundled				Y
38205	S	HARVEST ALLOGENIC STEM CELLS	00111	11.7134	$559.31	APC				Y
38206	S	HARVEST AUTO STEM CELLS	00111	11.7134	$559.31	APC				Y
38207	E	CRYOPRESERVE STEM CELLS	-	-	-	Not Allowed				Y
38208	E	THAW PRESERVED STEM CELLS	-	-	-	Not Allowed				Y
38209	E	WASH HARVEST STEM CELLS	-	-	-	Not Allowed				Y
38210	E	T-CELL DEPLETION OF HARVEST	-	-	-	Not Allowed				Y
38211	E	TUMOR CELL DEPLETE OF HARVST	-	-	-	Not Allowed				Y
38212	E	RBC DEPLETION OF HARVEST	-	-	-	Not Allowed				Y
38213	E	PLATELET DEPLETE OF HARVEST	-	-	-	Not Allowed				Y
38214	E	VOLUME DEPLETE OF HARVEST	-	-	-	Not Allowed				Y
38215	E	HARVEST STEM CELL CONCENTRTE	-	-	-	Not Allowed				Y
38220	T	BONE MARROW ASPIRATION	00003	2.4011	$114.65	APC				
38221	T	BONE MARROW BIOPSY	00003	2.4011	$114.65	APC				
38230	S	BONE MARROW COLLECTION	00123	20.3582	$972.10	APC				Y
38240	S	BONE MARROW/STEM TRANSPLANT	00123	20.3582	$972.10	APC				Y

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38241	S	BONE MARROW/STEM TRANSPLANT	00123	20.3582	$972.10	APC				Y
38242	S	LYMPHOCYTE INFUSE TRANSPLANT	00111	11.7134	$559.31	APC				Y
38300	T	DRAINAGE, LYMPH NODE LESION	00007	11.1535	$532.58	APC				
38305	T	DRAINAGE, LYMPH NODE LESION	00008	17.5086	$836.04	APC				
38308	T	INCISION OF LYMPH CHANNELS	00113	21.2621	$1,015.27	APC				
38380	C	THORACIC DUCT PROCEDURE	-	-	-	Inpatient Only				
38381	C	THORACIC DUCT PROCEDURE	-	-	-	Inpatient Only				
38382	C	THORACIC DUCT PROCEDURE	-	-	-	Inpatient Only				
38500	T	BIOPSY/REMOVAL, LYMPH NODES	00113	21.2621	$1,015.27	APC				
38505	T	NEEDLE BIOPSY, LYMPH NODES	00005	3.9045	$186.44	APC				
38510	T	BIOPSY/REMOVAL, LYMPH NODES	00113	21.2621	$1,015.27	APC				
38520	T	BIOPSY/REMOVAL, LYMPH NODES	00113	21.2621	$1,015.27	APC				
38525	T	BIOPSY/REMOVAL, LYMPH NODES	00113	21.2621	$1,015.27	APC				
38530	T	BIOPSY/REMOVAL, LYMPH NODES	00113	21.2621	$1,015.27	APC				
38542	T	EXPLORE DEEP NODE(S), NECK	00114	37.7224	$1,801.24	APC				
38550	T	REMOVAL, NECK/ARMPIT LESION	00113	21.2621	$1,015.27	APC				
38555	T	REMOVAL, NECK/ARMPIT LESION	00113	21.2621	$1,015.27	APC				
38562	C	REMOVAL, PELVIC LYMPH NODES	-	-	-	Inpatient Only				
38564	C	REMOVAL, ABDOMEN LYMPH NODES	-	-	-	Inpatient Only				
38570	T	LAPAROSCOPY, LYMPH NODE BIOP	00131	43.5488	$2,079.46	APC				
38571	T	LAPAROSCOPY, LYMPHADENECTOMY	00132	70.5066	$3,366.69	APC				
38572	T	LAPAROSCOPY, LYMPHADENECTOMY	00131	43.5488	$2,079.46	APC				
38589	T	LAPAROSCOPE PROC, LYMPHATIC	00130	32.1241	$1,533.93	APC				
38700	T	REMOVAL OF LYMPH NODES NECK	00113	21.2621	$1,015.27	APC				
38720	T	REMOVAL OF LYMPH NODES, NECK	00113	21.2621	$1,015.27	APC				
38724	C	REMOVAL OF LYMPH NODES, NECK	-	-	-	Inpatient Only				
38740	T	REMOVE ARMPIT LYMPH NODES	00114	37.7224	$1,801.24	APC				
38745	T	REMOVE ARMPIT LYMPH NODES	00114	37.7224	$1,801.24	APC				
38746	C	REMOVE THORACIC LYMPH NODES	-	-	-	Inpatient Only				
38747	C	REMOVE ABDOMINAL LYMPH NODES	-	-	-	Inpatient Only				
38760	T	REMOVE GROIN LYMPH NODES	00113	21.2621	$1,015.27	APC				
38765	C	REMOVE GROIN LYMPH NODES	-	-	-	Inpatient Only				
38770	C	REMOVE PELVIS LYMPH NODES	-	-	-	Inpatient Only				
38780	C	REMOVE ABDOMEN LYMPH NODES	-	-	-	Inpatient Only				
38790	N	INJECT FOR LYMPHATIC X-RAY	-	-	-	APC/ Bundled				
38792	S	IDENTIFY SENTINEL NODE	00389	1.3754	$65.68	Bundled subject to separate payment criteria				
38794	N	ACCESS THORACIC LYMPH DUCT	-	-	-	APC/ Bundled				
38999	S	BLOOD/LYMPH SYSTEM PROCEDURE	00110	3.4584	$165.14	APC				
39000	C	EXPLORATION OF CHEST	-	-	-	Inpatient Only				
39010	C	EXPLORATION OF CHEST	-	-	-	Inpatient Only				
39200	C	REMOVAL CHEST LESION	-	-	-	Inpatient Only				
39220	C	REMOVAL CHEST LESION	-	-	-	Inpatient Only				
39400	T	VISUALIZATION OF CHEST	00069	31.9442	$1,525.34	APC				
39499	C	CHEST PROCEDURE	-	-	-	Inpatient Only				

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39501	C	REPAIR DIAPHRAGM LACERATION	-	-	-	Inpatient Only				
39502	C	REPAIR PARAESOPHAGEAL HERNIA	-	-	-	Inpatient Only				
39503	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only				
39520	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only				
39530	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only				
39531	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only				
39540	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only				
39541	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only				
39545	C	REVISION OF DIAPHRAGM	-	-	-	Inpatient Only				
39560	C	RESECT DIAPHRAGM, SIMPLE	-	-	-	Inpatient Only				
39561	C	RESECT DIAPHRAGM, COMPLEX	-	-	-	Inpatient Only				
39599	C	DIAPHRAGM SURGERY PROCEDURE	-	-	-	Inpatient Only				
40490	T	BIOPSY OF LIP	00251	2.452	$117.08	APC				
40500	T	PARTIAL EXCISION OF LIP	00253	16.4266	$784.37	APC				
40510	T	PARTIAL EXCISION OF LIP	00254	23.3299	$1,114.00	APC				
40520	T	PARTIAL EXCISION OF LIP	00253	16.4266	$784.37	APC				
40525	T	RECONSTRUCT LIP WITH FLAP	00254	23.3299	$1,114.00	APC				
40527	T	RECONSTRUCT LIP WITH FLAP	00254	23.3299	$1,114.00	APC				
40530	T	PARTIAL REMOVAL OF LIP	00254	23.3299	$1,114.00	APC				
40650	T	REPAIR LIP	00252	7.5511	$360.57	APC				
40652	T	REPAIR LIP	00252	7.5511	$360.57	APC				
40654	T	REPAIR LIP	00252	7.5511	$360.57	APC				
40700	T	REPAIR CLEFT LIP/NASAL	00256	38.1991	$1,824.01	APC				
40701	T	REPAIR CLEFT LIP/NASAL	00256	38.1991	$1,824.01	APC				
40702	T	REPAIR CLEFT LIP/NASAL	00256	38.1991	$1,824.01	APC				
40720	T	REPAIR CLEFT LIP/NASAL	00256	38.1991	$1,824.01	APC				
40761	T	REPAIR CLEFT LIP/NASAL	00256	38.1991	$1,824.01	APC				
40799	T	LIP SURGERY PROCEDURE	00251	2.452	$117.08	APC				
40800	T	DRAINAGE OF MOUTH LESION	00006	1.4392	$68.72	APC				
40801	T	DRAINAGE OF MOUTH LESION	00252	7.5511	$360.57	APC				
40804	X	REMOVAL, FOREIGN BODY, MOUTH	00340	0.6102	$29.14	APC				
40805	T	REMOVAL FOREIGN BODY MOUTH	00252	7.5511	$360.57	APC				
40806	T	INCISION OF LIP FOLD	00251	2.452	$117.08	APC				
40808	T	BIOPSY OF MOUTH LESION	00251	2.452	$117.08	APC				
40810	T	EXCISION OF MOUTH LESION	00253	16.4266	$784.37	APC				
40812	T	EXCISE/REPAIR MOUTH LESION	00253	16.4266	$784.37	APC				
40814	T	EXCISE/REPAIR MOUTH LESION	00253	16.4266	$784.37	APC				
40816	T	EXCISION OF MOUTH LESION	00254	23.3299	$1,114.00	APC				
40818	T	EXCISE ORAL MUCOSA FOR GRAFT	00251	2.452	$117.08	APC				
40819	T	EXCISE LIP OR CHEEK FOLD	00252	7.5511	$360.57	APC				
40820	T	TREATMENT OF MOUTH LESION	00253	16.4266	$784.37	APC				
40830	T	REPAIR MOUTH LACERATION	00251	2.452	$117.08	APC				
40831	T	REPAIR MOUTH LACERATION	00252	7.5511	$360.57	APC				
40840	T	RECONSTRUCTION OF MOUTH	00254	23.3299	$1,114.00	APC				

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40842	T	RECONSTRUCTION OF MOUTH	00254	23.3299	$1,114.00	APC				
40843	T	RECONSTRUCTION OF MOUTH	00254	23.3299	$1,114.00	APC				
40844	T	RECONSTRUCTION OF MOUTH	00256	38.1991	$1,824.01	APC				
40845	T	RECONSTRUCTION OF MOUTH	00256	38.1991	$1,824.01	APC				
40899	T	MOUTH SURGERY PROCEDURE	00251	2.452	$117.08	APC				
41000	T	DRAINAGE OF MOUTH LESION	00253	16.4266	$784.37	APC				
41005	T	DRAINAGE OF MOUTH LESION	00251	2.452	$117.08	APC				
41006	T	DRAINAGE OF MOUTH LESION	00254	23.3299	$1,114.00	APC				
41007	T	DRAINAGE OF MOUTH LESION	00253	16.4266	$784.37	APC				
41008	T	DRAINAGE OF MOUTH LESION	00253	16.4266	$784.37	APC				
41009	T	DRAINAGE OF MOUTH LESION	00251	2.452	$117.08	APC				
41010	T	INCISION OF TONGUE FOLD	00252	7.5511	$360.57	APC				
41015	T	DRAINAGE OF MOUTH LESION	00251	2.452	$117.08	APC				
41016	T	DRAINAGE OF MOUTH LESION	00252	7.5511	$360.57	APC				
41017	T	DRAINAGE OF MOUTH LESION	00252	7.5511	$360.57	APC				
41018	T	DRAINAGE OF MOUTH LESION	00252	7.5511	$360.57	APC				
41100	T	BIOPSY OF TONGUE	00252	7.5511	$360.57	APC				
41105	T	BIOPSY OF TONGUE	00253	16.4266	$784.37	APC				
41108	T	BIOPSY OF FLOOR OF MOUTH	00252	7.5511	$360.57	APC				
41110	T	EXCISION OF TONGUE LESION	00253	16.4266	$784.37	APC				
41112	T	EXCISION OF TONGUE LESION	00253	16.4266	$784.37	APC				
41113	T	EXCISION OF TONGUE LESION	00253	16.4266	$784.37	APC				
41114	T	EXCISION OF TONGUE LESION	00254	23.3299	$1,114.00	APC				
41115	T	EXCISION OF TONGUE FOLD	00252	7.5511	$360.57	APC				
41116	T	EXCISION OF MOUTH LESION	00253	16.4266	$784.37	APC				
41120	T	PARTIAL REMOVAL OF TONGUE	00254	23.3299	$1,114.00	APC				
41130	C	PARTIAL REMOVAL OF TONGUE	-	-	-	Inpatient Only				
41135	C	TONGUE AND NECK SURGERY	-	-	-	Inpatient Only				
41140	C	REMOVAL OF TONGUE	-	-	-	Inpatient Only				
41145	C	TONGUE REMOVAL, NECK SURGERY	-	-	-	Inpatient Only				
41150	C	TONGUE, MOUTH, JAW SURGERY	-	-	-	Inpatient Only				
41153	C	TONGUE, MOUTH, NECK SURGERY	-	-	-	Inpatient Only				
41155	C	TONGUE, JAW, & NECK SURGERY	-	-	-	Inpatient Only				
41250	T	REPAIR TONGUE LACERATION	00251	2.452	$117.08	APC				
41251	T	REPAIR TONGUE LACERATION	00251	2.452	$117.08	APC				
41252	T	REPAIR TONGUE LACERATION	00252	7.5511	$360.57	APC				
41500	T	FIXATION OF TONGUE	00254	23.3299	$1,114.00	APC				
41510	T	TONGUE TO LIP SURGERY	00253	16.4266	$784.37	APC				
41520	T	RECONSTRUCTION, TONGUE FOLD	00252	7.5511	$360.57	APC				
41599	T	TONGUE AND MOUTH SURGERY	00251	2.452	$117.08	APC				
41800	T	DRAINAGE OF GUM LESION	00006	1.4392	$68.72	APC				
41805	T	REMOVAL FOREIGN BODY GUM	00254	23.3299	$1,114.00	APC				
41806	T	REMOVAL FOREIGN BODY JAWBONE	00253	16.4266	$784.37	APC				
41820	T	EXCISION, GUM, EACH QUADRANT	00252	7.5511	$360.57	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
41821	T	EXCISION OF GUM FLAP	00252	7.5511	$360.57	APC				
41822	T	EXCISION OF GUM LESION	00253	16.4266	$784.37	APC				
41823	T	EXCISION OF GUM LESION	00254	23.3299	$1,114.00	APC				
41825	T	EXCISION OF GUM LESION	00253	16.4266	$784.37	APC				
41826	T	EXCISION OF GUM LESION	00253	16.4266	$784.37	APC				
41827	T	EXCISION OF GUM LESION	00254	23.3299	$1,114.00	APC				
41828	T	EXCISION OF GUM LESION	00253	16.4266	$784.37	APC				
41830	T	REMOVAL OF GUM TISSUE	00253	16.4266	$784.37	APC				
41850	T	TREATMENT OF GUM LESION	00253	16.4266	$784.37	APC				
41870	T	GUM GRAFT	00254	23.3299	$1,114.00	APC				
41872	T	REPAIR GUM	00253	16.4266	$784.37	APC				
41874	T	REPAIR TOOTH SOCKET	00254	23.3299	$1,114.00	APC				
41899	T	DENTAL SURGERY PROCEDURE	00251	2.452	$117.08	APC				
42000	T	DRAINAGE MOUTH ROOF LESION	00251	2.452	$117.08	APC				
42100	T	BIOPSY ROOF OF MOUTH	00252	7.5511	$360.57	APC				
42104	T	EXCISION LESION MOUTH ROOF	00253	16.4266	$784.37	APC				
42106	T	EXCISION LESION MOUTH ROOF	00253	16.4266	$784.37	APC				
42107	T	EXCISION LESION, MOUTH ROOF	00254	23.3299	$1,114.00	APC				
42120	T	REMOVE PALATE/LESION	00256	38.1991	$1,824.01	APC				
42140	T	EXCISION OF UVULA	00252	7.5511	$360.57	APC				
42145	T	REPAIR PALATE, PHARYNX/UVULA	00254	23.3299	$1,114.00	APC				
42160	T	TREATMENT MOUTH ROOF LESION	00253	16.4266	$784.37	APC				
42180	T	REPAIR PALATE	00251	2.452	$117.08	APC				
42182	T	REPAIR PALATE	00256	38.1991	$1,824.01	APC				
42200	T	RECONSTRUCT CLEFT PALATE	00256	38.1991	$1,824.01	APC				
42205	T	RECONSTRUCT CLEFT PALATE	00256	38.1991	$1,824.01	APC				
42210	T	RECONSTRUCT CLEFT PALATE	00256	38.1991	$1,824.01	APC				
42215	T	RECONSTRUCT CLEFT PALATE	00256	38.1991	$1,824.01	APC				
42220	T	RECONSTRUCT CLEFT PALATE	00256	38.1991	$1,824.01	APC				
42225	T	RECONSTRUCT CLEFT PALATE	00256	38.1991	$1,824.01	APC				
42226	T	LENGTHENING OF PALATE	00256	38.1991	$1,824.01	APC				
42227	T	LENGTHENING OF PALATE	00256	38.1991	$1,824.01	APC				
42235	T	REPAIR PALATE	00253	16.4266	$784.37	APC				
42260	T	REPAIR NOSE TO LIP FISTULA	00254	23.3299	$1,114.00	APC				
42280	T	PREPARATION, PALATE MOLD	00251	2.452	$117.08	APC				
42281	T	INSERTION PALATE PROSTHESIS	00253	16.4266	$784.37	APC				
42299	T	PALATE/UVULA SURGERY	00251	2.452	$117.08	APC				
42300	T	DRAINAGE OF SALIVARY GLAND	00253	16.4266	$784.37	APC				
42305	T	DRAINAGE OF SALIVARY GLAND	00253	16.4266	$784.37	APC				
42310	T	DRAINAGE OF SALIVARY GLAND	00251	2.452	$117.08	APC				
42320	T	DRAINAGE OF SALIVARY GLAND	00251	2.452	$117.08	APC				
42330	T	REMOVAL OF SALIVARY STONE	00253	16.4266	$784.37	APC				
42335	T	REMOVAL OF SALIVARY STONE	00253	16.4266	$784.37	APC				
42340	T	REMOVAL OF SALIVARY STONE	00253	16.4266	$784.37	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
42400	T	BIOPSY OF SALIVARY GLAND	00005	3.9045	$186.44	APC				
42405	T	BIOPSY OF SALIVARY GLAND	00253	16.4266	$784.37	APC				
42408	T	EXCISION OF SALIVARY CYST	00253	16.4266	$784.37	APC				
42409	T	DRAINAGE OF SALIVARY CYST	00253	16.4266	$784.37	APC				
42410	T	EXCISE PAROTID GLAND/LESION	00256	38.1991	$1,824.01	APC				
42415	T	EXCISE PAROTID GLAND/LESION	00256	38.1991	$1,824.01	APC				
42420	T	EXCISE PAROTID GLAND/LESION	00256	38.1991	$1,824.01	APC				
42425	T	EXCISE PAROTID GLAND/LESION	00256	38.1991	$1,824.01	APC				
42426	C	EXCISE PAROTID GLAND/LESION	-	-	-	Inpatient Only				
42440	T	EXCISE SUBMAXILLARY GLAND	00256	38.1991	$1,824.01	APC				
42450	T	EXCISE SUBLINGUAL GLAND	00254	23.3299	$1,114.00	APC				
42500	T	REPAIR SALIVARY DUCT	00254	23.3299	$1,114.00	APC				
42505	T	REPAIR SALIVARY DUCT	00256	38.1991	$1,824.01	APC				
42507	T	PAROTID DUCT DIVERSION	00256	38.1991	$1,824.01	APC				
42508	T	PAROTID DUCT DIVERSION	00256	38.1991	$1,824.01	APC				
42509	T	PAROTID DUCT DIVERSION	00256	38.1991	$1,824.01	APC				
42510	T	PAROTID DUCT DIVERSION	00256	38.1991	$1,824.01	APC				
42550	N	INJECTION FOR SALIVARY X-RAY	-	-	-	APC/ Bundled				
42600	T	CLOSURE OF SALIVARY FISTULA	00253	16.4266	$784.37	APC				
42650	T	DILATION OF SALIVARY DUCT	00252	7.5511	$360.57	APC				
42660	T	DILATION OF SALIVARY DUCT	00251	2.452	$117.08	APC				
42665	T	LIGATION OF SALIVARY DUCT	00254	23.3299	$1,114.00	APC				
42699	T	SALIVARY SURGERY PROCEDURE	00251	2.452	$117.08	APC				
42700	T	DRAINAGE OF TONSIL ABSCESS	00251	2.452	$117.08	APC				
42720	T	DRAINAGE OF THROAT ABSCESS	00253	16.4266	$784.37	APC				
42725	T	DRAINAGE OF THROAT ABSCESS	00256	38.1991	$1,824.01	APC				
42800	T	BIOPSY OF THROAT	00252	7.5511	$360.57	APC				
42802	T	BIOPSY OF THROAT	00253	16.4266	$784.37	APC				
42804	T	BIOPSY OF UPPER NOSE/THROAT	00253	16.4266	$784.37	APC				
42806	T	BIOPSY OF UPPER NOSE/THROAT	00254	23.3299	$1,114.00	APC				
42808	T	EXCISE PHARYNX LESION	00253	16.4266	$784.37	APC				
42809	X	REMOVE PHARYNX FOREIGN BODY	00340	0.6102	$29.14	APC				
42810	T	EXCISION OF NECK CYST	00254	23.3299	$1,114.00	APC				
42815	T	EXCISION OF NECK CYST	00256	38.1991	$1,824.01	APC				
42820	T	REMOVE TONSILS AND ADENOIDS	00258	22.1165	$1,056.06	APC				
42821	T	REMOVE TONSILS AND ADENOIDS	00258	22.1165	$1,056.06	APC				
42825	T	REMOVAL OF TONSILS	00258	22.1165	$1,056.06	APC				
42826	T	REMOVAL OF TONSILS	00258	22.1165	$1,056.06	APC				
42830	T	REMOVAL OF ADENOIDS	00258	22.1165	$1,056.06	APC				
42831	T	REMOVAL OF ADENOIDS	00258	22.1165	$1,056.06	APC				
42835	T	REMOVAL OF ADENOIDS	00258	22.1165	$1,056.06	APC				
42836	T	REMOVAL OF ADENOIDS	00258	22.1165	$1,056.06	APC				
42842	T	EXTENSIVE SURGERY OF THROAT	00254	23.3299	$1,114.00	APC				
42844	T	EXTENSIVE SURGERY OF THROAT	00256	38.1991	$1,824.01	APC				

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42845	C	EXTENSIVE SURGERY OF THROAT	-	-	-	Inpatient Only				
42860	T	EXCISION OF TONSIL TAGS	00258	22.1165	$1,056.06	APC				
42870	T	EXCISION OF LINGUAL TONSIL	00258	22.1165	$1,056.06	APC				
42890	T	PARTIAL REMOVAL OF PHARYNX	00256	38.1991	$1,824.01	APC				
42892	T	REVISION OF PHARYNGEAL WALLS	00256	38.1991	$1,824.01	APC				
42894	C	REVISION OF PHARYNGEAL WALLS	-	-	-	Inpatient Only				
42900	T	REPAIR THROAT WOUND	00252	7.5511	$360.57	APC				
42950	T	RECONSTRUCTION OF THROAT	00254	23.3299	$1,114.00	APC				
42953	C	REPAIR THROAT, ESOPHAGUS	-	-	-	Inpatient Only				
42955	T	SURGICAL OPENING OF THROAT	00254	23.3299	$1,114.00	APC				
42960	T	CONTROL THROAT BLEEDING	00250	1.1791	$56.30	APC				
42961	C	CONTROL THROAT BLEEDING	-	-	-	Inpatient Only				
42962	T	CONTROL THROAT BLEEDING	00256	38.1991	$1,824.01	APC				
42970	T	CONTROL NOSE/THROAT BLEEDING	00250	1.1791	$56.30	APC				
42971	C	CONTROL NOSE/THROAT BLEEDING	-	-	-	Inpatient Only				
42972	T	CONTROL NOSE/THROAT BLEEDING	00253	16.4266	$784.37	APC				
42999	T	THROAT SURGERY PROCEDURE	00251	2.452	$117.08	APC				
43020	T	INCISION OF ESOPHAGUS	00252	7.5511	$360.57	APC				
43030	T	THROAT MUSCLE SURGERY	00253	16.4266	$784.37	APC				
43045	C	INCISION OF ESOPHAGUS	-	-	-	Inpatient Only				
43100	C	EXCISION OF ESOPHAGUS LESION	-	-	-	Inpatient Only				
43101	C	EXCISION OF ESOPHAGUS LESION	-	-	-	Inpatient Only				
43107	C	REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only				
43108	C	REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only				
43112	C	REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only				
43113	C	REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only				
43116	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only				
43117	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only				
43118	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only				
43121	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only				
43122	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only				
43123	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only				
43124	C	REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only				
43130	T	REMOVAL OF ESOPHAGUS POUCH	00256	38.1991	$1,824.01	APC				
43135	C	REMOVAL OF ESOPHAGUS POUCH	-	-	-	Inpatient Only				
43200	T	ESOPHAGUS ENDOSCOPY	00141	8.3175	$397.16	APC				
43201	T	ESOPH SCOPE W/SUBMUCOUS INJ	00141	8.3175	$397.16	APC				
43202	T	ESOPHAGUS ENDOSCOPY, BIOPSY	00141	8.3175	$397.16	APC				
43204	T	ESOPH SCOPE W/SCLEROSIS INJ	00141	8.3175	$397.16	APC				
43205	T	ESOPHAGUS ENDOSCOPY/LIGATION	00141	8.3175	$397.16	APC				
43215	T	ESOPHAGUS ENDOSCOPY	00141	8.3175	$397.16	APC				
43216	T	ESOPHAGUS ENDOSCOPY/LESION	00141	8.3175	$397.16	APC				
43217	T	ESOPHAGUS ENDOSCOPY	00141	8.3175	$397.16	APC				
43219	T	ESOPHAGUS ENDOSCOPY	00384	22.9475	$1,095.74	APC				

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43220	T	ESOPH ENDOSCOPY, DILATION	00141	8.3175	$397.16	APC				
43226	T	ESOPH ENDOSCOPY, DILATION	00141	8.3175	$397.16	APC				
43227	T	ESOPH ENDOSCOPY, REPAIR	00141	8.3175	$397.16	APC				
43228	T	ESOPH ENDOSCOPY, ABLATION	00422	25.7552	$1,229.81	APC				
43231	T	ESOPH ENDOSCOPY W/US EXAM	00141	8.3175	$397.16	APC				
43232	T	ESOPH ENDOSCOPY W/US FN BX	00141	8.3175	$397.16	APC				
43234	T	UPPER GI ENDOSCOPY, EXAM	00141	8.3175	$397.16	APC				
43235	T	UPPR GI ENDOSCOPY, DIAGNOSIS	00141	8.3175	$397.16	APC				
43236	T	UPPR GI SCOPE W/SUBMUC INJ	00141	8.3175	$397.16	APC				
43237	T	ENDOSCOPIC US EXAM ESOPH	00141	8.3175	$397.16	APC				
43238	T	UPPR GI ENDOSCOPY W/US FN BX	00141	8.3175	$397.16	APC				
43239	T	UPPER GI ENDOSCOPY, BIOPSY	00141	8.3175	$397.16	APC				
43240	T	ESOPH ENDOSCOPE W/DRAIN CYST	00141	8.3175	$397.16	APC				
43241	T	UPPER GI ENDOSCOPY WITH TUBE	00141	8.3175	$397.16	APC				
43242	T	UPPR GI ENDOSCOPY W/US FN BX	00141	8.3175	$397.16	APC				
43243	T	UPPER GI ENDOSCOPY & INJECT	00141	8.3175	$397.16	APC				
43244	T	UPPER GI ENDOSCOPY/LIGATION	00141	8.3175	$397.16	APC				
43245	T	UPPR GI SCOPE DILATE STRICTR	00141	8.3175	$397.16	APC				
43246	T	PLACE GASTROSTOMY TUBE	00141	8.3175	$397.16	APC				
43247	T	OPERATIVE UPPER GI ENDOSCOPY	00141	8.3175	$397.16	APC				
43248	T	UPPR GI ENDOSCOPY/GUIDE WIRE	00141	8.3175	$397.16	APC				
43249	T	ESOPH ENDOSCOPY, DILATION	00141	8.3175	$397.16	APC				
43250	T	UPPER GI ENDOSCOPY/TUMOR	00141	8.3175	$397.16	APC				
43251	T	OPERATIVE UPPER GI ENDOSCOPY	00141	8.3175	$397.16	APC				
43255	T	OPERATIVE UPPER GI ENDOSCOPY	00141	8.3175	$397.16	APC				
43256	T	UPPR GI ENDOSCOPY W STENT	00384	22.9475	$1,095.74	APC				
43257	T	UPPR GI SCOPE W/THRML TXMNT	00422	25.7552	$1,229.81	APC				
43258	T	OPERATIVE UPPER GI ENDOSCOPY	00141	8.3175	$397.16	APC				
43259	T	ENDOSCOPIC ULTRASOUND EXAM	00141	8.3175	$397.16	APC				
43260	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43261	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43262	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43263	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43264	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43265	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43267	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43268	T	ENDO CHOLANGIOPANCREATOGRAPH	00384	22.9475	$1,095.74	APC				
43269	T	ENDO CHOLANGIOPANCREATOGRAPH	00384	22.9475	$1,095.74	APC				
43271	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43272	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	19.8381	$947.27	APC				
43280	T	LAPAROSCOPY, FUNDOPLASTY	00132	70.5066	$3,366.69	APC				
43289	T	LAPAROSCOPE PROC, ESOPH	00130	32.1241	$1,533.93	APC				
43300	C	REPAIR OF ESOPHAGUS	-	-	-	Inpatient Only				
43305	C	REPAIR ESOPHAGUS AND FISTULA	-	-	-	Inpatient Only				

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43310	C	REPAIR OF ESOPHAGUS	-	-	-	Inpatient Only				
43312	C	REPAIR ESOPHAGUS AND FISTULA	-	-	-	Inpatient Only				
43313	C	ESOPHAGOPLASTY CONGENITAL	-	-	-	Inpatient Only				
43314	C	TRACHEO-ESOPHAGOPLASTY CONG	-	-	-	Inpatient Only				
43320	C	FUSE ESOPHAGUS & STOMACH	-	-	-	Inpatient Only				
43324	C	REVISE ESOPHAGUS & STOMACH	-	-	-	Inpatient Only				
43325	C	REVISE ESOPHAGUS & STOMACH	-	-	-	Inpatient Only				
43326	C	REVISE ESOPHAGUS & STOMACH	-	-	-	Inpatient Only				
43330	C	REPAIR OF ESOPHAGUS	-	-	-	Inpatient Only				
43331	C	REPAIR OF ESOPHAGUS	-	-	-	Inpatient Only				
43340	C	FUSE ESOPHAGUS & INTESTINE	-	-	-	Inpatient Only				
43341	C	FUSE ESOPHAGUS & INTESTINE	-	-	-	Inpatient Only				
43350	C	SURGICAL OPENING, ESOPHAGUS	-	-	-	Inpatient Only				
43351	C	SURGICAL OPENING, ESOPHAGUS	-	-	-	Inpatient Only				
43352	C	SURGICAL OPENING, ESOPHAGUS	-	-	-	Inpatient Only				
43360	C	GASTROINTESTINAL REPAIR	-	-	-	Inpatient Only				
43361	C	GASTROINTESTINAL REPAIR	-	-	-	Inpatient Only				
43400	C	LIGATE ESOPHAGUS VEINS	-	-	-	Inpatient Only				
43401	C	ESOPHAGUS SURGERY FOR VEINS	-	-	-	Inpatient Only				
43405	C	LIGATE/STAPLE ESOPHAGUS	-	-	-	Inpatient Only				
43410	C	REPAIR ESOPHAGUS WOUND	-	-	-	Inpatient Only				
43415	C	REPAIR ESOPHAGUS WOUND	-	-	-	Inpatient Only				
43420	C	REPAIR ESOPHAGUS OPENING	-	-	-	Inpatient Only				
43425	C	REPAIR ESOPHAGUS OPENING	-	-	-	Inpatient Only				
43450	T	DILATE ESOPHAGUS	00140	5.4566	$260.55	APC				
43453	T	DILATE ESOPHAGUS	00140	5.4566	$260.55	APC				
43456	T	DILATE ESOPHAGUS	00140	5.4566	$260.55	APC				
43458	T	DILATE ESOPHAGUS	00140	5.4566	$260.55	APC				
43460	C	PRESSURE TREATMENT ESOPHAGUS	-	-	-	Inpatient Only				
43496	C	FREE JEJUNUM FLAP, MICROVASC	-	-	-	Inpatient Only				
43499	T	ESOPHAGUS SURGERY PROCEDURE	00141	8.3175	$397.16	APC				
43500	C	SURGICAL OPENING OF STOMACH	-	-	-	Inpatient Only				
43501	C	SURGICAL REPAIR OF STOMACH	-	-	-	Inpatient Only				
43502	C	SURGICAL REPAIR OF STOMACH	-	-	-	Inpatient Only				
43510	T	SURGICAL OPENING OF STOMACH	00141	8.3175	$397.16	APC				
43520	C	INCISION OF PYLORIC MUSCLE	-	-	-	Inpatient Only				
43600	T	BIOPSY OF STOMACH	00141	8.3175	$397.16	APC				
43605	C	BIOPSY OF STOMACH	-	-	-	Inpatient Only				
43610	C	EXCISION OF STOMACH LESION	-	-	-	Inpatient Only				
43611	C	EXCISION OF STOMACH LESION	-	-	-	Inpatient Only				
43620	C	REMOVAL OF STOMACH	-	-	-	Inpatient Only				
43621	C	REMOVAL OF STOMACH	-	-	-	Inpatient Only				
43622	C	REMOVAL OF STOMACH	-	-	-	Inpatient Only				
43631	C	REMOVAL OF STOMACH, PARTIAL	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
43632	C	REMOVAL OF STOMACH, PARTIAL	-	-	-	Inpatient Only				
43633	C	REMOVAL OF STOMACH, PARTIAL	-	-	-	Inpatient Only				
43634	C	REMOVAL OF STOMACH, PARTIAL	-	-	-	Inpatient Only				
43635	C	REMOVAL OF STOMACH, PARTIAL	-	-	-	Inpatient Only				
43640	C	VAGOTOMY & PYLORUS REPAIR	-	-	-	Inpatient Only				
43641	C	VAGOTOMY & PYLORUS REPAIR	-	-	-	Inpatient Only				
43644	C	LAP GASTRIC BYPASS/ROUX-EN-Y	-	-	-	Inpatient Only				
43645	C	LAP GASTR BYPASS INCL SMLL I	-	-	-	Inpatient Only				
43647	T	LAP IMPL ELECTRODE, ANTRUM	00130	32.1241	$1,533.93	APC				
43648	T	LAP REVISE/REMV ELTRD ANTRUM	00130	32.1241	$1,533.93	APC				
43651	T	LAPAROSCOPY, VAGUS NERVE	00132	70.5066	$3,366.69	APC				
43652	T	LAPAROSCOPY, VAGUS NERVE	00132	70.5066	$3,366.69	APC				
43653	T	LAPAROSCOPY, GASTROSTOMY	00131	43.5488	$2,079.46	APC				
43659	T	LAPAROSCOPE PROC, STOM	00130	32.1241	$1,533.93	APC				
43750	T	PLACE GASTROSTOMY TUBE	00141	8.3175	$397.16	APC				
43752	X	NASAL/OROGASTRIC W/STENT	00272	1.2908	$61.64	APC				
43760	T	CHANGE GASTROSTOMY TUBE	00121	2.3587	$112.63	APC				
43761	T	REPOSITION GASTROSTOMY TUBE	00122	7.48	$357.17	APC				
43770	C	LAP PLACE GASTR ADJUST BAND	-	-	-	Inpatient Only				
43771	C	LAP REVISE ADJUST GAST BAND	-	-	-	Inpatient Only				
43772	C	LAP REMOVE ADJUST GAST BAND	-	-	-	Inpatient Only				
43773	C	LAP CHANGE ADJUST GAST BAND	-	-	-	Inpatient Only				
43774	C	LAP REMOV ADJ GAST BAND/PORT	-	-	-	Inpatient Only				
43800	C	RECONSTRUCTION OF PYLORUS	-	-	-	Inpatient Only				
43810	C	FUSION OF STOMACH AND BOWEL	-	-	-	Inpatient Only				
43820	C	FUSION OF STOMACH AND BOWEL	-	-	-	Inpatient Only				
43825	C	FUSION OF STOMACH AND BOWEL	-	-	-	Inpatient Only				
43830	T	PLACE GASTROSTOMY TUBE	00422	25.7552	$1,229.81	APC				
43831	T	PLACE GASTROSTOMY TUBE	00141	8.3175	$397.16	APC				
43832	C	PLACE GASTROSTOMY TUBE	-	-	-	Inpatient Only				
43840	C	REPAIR OF STOMACH LESION	-	-	-	Inpatient Only				
43842	E	GASTROPLASTY FOR OBESITY	-	-	-	Not Allowed				Y
43843	C	GASTROPLASTY FOR OBESITY	-	-	-	Inpatient Only				Y
43845	C	GASTROPLASTY DUODENAL SWITCH	-	-	-	Inpatient Only				
43846	C	GASTRIC BYPASS FOR OBESITY	-	-	-	Inpatient Only				Y
43847	C	GASTRIC BYPASS FOR OBESITY	-	-	-	Inpatient Only				Y
43848	C	REVISION GASTROPLASTY	-	-	-	Inpatient Only				
43850	C	REVISE STOMACH-BOWEL FUSION	-	-	-	Inpatient Only				
43855	C	REVISE STOMACH-BOWEL FUSION	-	-	-	Inpatient Only				
43860	C	REVISE STOMACH-BOWEL FUSION	-	-	-	Inpatient Only				
43865	C	REVISE STOMACH-BOWEL FUSION	-	-	-	Inpatient Only				
43870	T	REPAIR STOMACH OPENING	00141	8.3175	$397.16	APC				
43880	C	REPAIR STOMACH-BOWEL FISTULA	-	-	-	Inpatient Only				
43881	C	IMPL/REDO ELECTRD, ANTRUM	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
43882	C	REVISE/REMOVE ELECTRD ANTRUM	-	-	-	Inpatient Only				
43886	E	REVISE GASTRIC PORT OPEN	-	-	-	Not Allowed				
43887	E	REMOVE GASTRIC PORT OPEN	-	-	-	Not Allowed				
43888	E	CHANGE GASTRIC PORT OPEN	-	-	-	Not Allowed				
43999	T	STOMACH SURGERY PROCEDURE	00141	8.3175	$397.16	APC				
44005	C	FREEING OF BOWEL ADHESION	-	-	-	Inpatient Only				
44010	C	INCISION OF SMALL BOWEL	-	-	-	Inpatient Only				
44015	C	INSERT NEEDLE CATH BOWEL	-	-	-	Inpatient Only				
44020	C	EXPLORE SMALL INTESTINE	-	-	-	Inpatient Only				
44021	C	DECOMPRESS SMALL BOWEL	-	-	-	Inpatient Only				
44025	C	INCISION OF LARGE BOWEL	-	-	-	Inpatient Only				
44050	C	REDUCE BOWEL OBSTRUCTION	-	-	-	Inpatient Only				
44055	C	CORRECT MALROTATION OF BOWEL	-	-	-	Inpatient Only				
44100	T	BIOPSY OF BOWEL	00141	8.3175	$397.16	APC				
44110	C	EXCISE INTESTINE LESION(S)	-	-	-	Inpatient Only				
44111	C	EXCISION OF BOWEL LESION(S)	-	-	-	Inpatient Only				
44120	C	REMOVAL OF SMALL INTESTINE	-	-	-	Inpatient Only				
44121	C	REMOVAL OF SMALL INTESTINE	-	-	-	Inpatient Only				
44125	C	REMOVAL OF SMALL INTESTINE	-	-	-	Inpatient Only				
44126	C	ENTERECTOMY W/O TAPER CONG	-	-	-	Inpatient Only				
44127	C	ENTERECTOMY W/TAPER CONG	-	-	-	Inpatient Only				
44128	C	ENTERECTOMY CONG, ADD-ON	-	-	-	Inpatient Only				
44130	C	BOWEL TO BOWEL FUSION	-	-	-	Inpatient Only				
44132	C	ENTERECTOMY, CADAVER DONOR	-	-	-	Inpatient Only				Y
44133	C	ENTERECTOMY, LIVE DONOR	-	-	-	Inpatient Only				Y
44135	C	INTESTINE TRANSPLNT, CADAVER	-	-	-	Inpatient Only				Y
44136	C	INTESTINE TRANSPLANT, LIVE	-	-	-	Inpatient Only				Y
44137	C	REMOVE INTESTINAL ALLOGRAFT	-	-	-	Inpatient Only				Y
44139	C	MOBILIZATION OF COLON	-	-	-	Inpatient Only				
44140	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only				
44141	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only				
44143	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only				
44144	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only				
44145	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only				
44146	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only				
44147	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only				
44150	C	REMOVAL OF COLON	-	-	-	Inpatient Only				
44151	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	Inpatient Only				
44155	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	Inpatient Only				
44156	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	Inpatient Only				
44157	C	COLECTOMY W/ILEOANAL ANAST	-	-	-	Inpatient Only				
44158	C	COLECTOMY W/NEO-RECTUM POUCH	-	-	-	Inpatient Only				
44160	C	REMOVAL OF COLON	-	-	-	Inpatient Only				
44180	T	LAP ENTEROLYSIS	00131	43.5488	$2,079.46	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
44186	T	LAP JEJUNOSTOMY	00131	43.5488	$2,079.46	APC				
44187	C	LAP ILEO/JEJUNO-STOMY	-	-	-	Inpatient Only				
44188	C	LAP COLOSTOMY	-	-	-	Inpatient Only				
44202	C	LAP ENTERECTOMY	-	-	-	Inpatient Only				
44203	C	LAP RESECT S/INTESTINE, ADDL	-	-	-	Inpatient Only				
44204	C	LAPARO PARTIAL COLECTOMY	-	-	-	Inpatient Only				
44205	C	LAP COLECTOMY PART W/ILEUM	-	-	-	Inpatient Only				
44206	T	LAP PART COLECTOMY W/STOMA	00132	70.5066	$3,366.69	APC				
44207	T	L COLECTOMY/COLOPROCTOSTOMY	00132	70.5066	$3,366.69	APC				
44208	T	L COLECTOMY/COLOPROCTOSTOMY	00132	70.5066	$3,366.69	APC				
44210	C	LAPARO TOTAL PROCTOCOLECTOMY	-	-	-	Inpatient Only				
44211	C	LAPARO TOTAL PROCTOCOLECTOMY	-	-	-	Inpatient Only				
44212	C	LAPARO TOTAL PROCTOCOLECTOMY	-	-	-	Inpatient Only				
44213	T	LAP MOBIL SPLENIC FL ADD-ON	00130	32.1241	$1,533.93	APC				
44227	C	LAP CLOSE ENTEROSTOMY	-	-	-	Inpatient Only				
44238	T	LAPAROSCOPE PROC INTESTINE	00130	32.1241	$1,533.93	APC				
44300	C	OPEN BOWEL TO SKIN	-	-	-	Inpatient Only				
44310	C	ILEOSTOMY/JEJUNOSTOMY	-	-	-	Inpatient Only				
44312	T	REVISION OF ILEOSTOMY	00027	21.4302	$1,023.29	APC				
44314	C	REVISION OF ILEOSTOMY	-	-	-	Inpatient Only				
44316	C	DEVISE BOWEL POUCH	-	-	-	Inpatient Only				
44320	C	COLOSTOMY	-	-	-	Inpatient Only				
44322	C	COLOSTOMY WITH BIOPSIES	-	-	-	Inpatient Only				
44340	T	REVISION OF COLOSTOMY	00027	21.4302	$1,023.29	APC				
44345	C	REVISION OF COLOSTOMY	-	-	-	Inpatient Only				
44346	C	REVISION OF COLOSTOMY	-	-	-	Inpatient Only				
44360	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44361	T	SMALL BOWEL ENDOSCOPY/BIOPSY	00142	9.4946	$453.37	APC				
44363	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44364	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44365	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44366	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44369	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44370	T	SMALL BOWEL ENDOSCOPY/STENT	00384	22.9475	$1,095.74	APC				
44372	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44373	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44376	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44377	T	SMALL BOWEL ENDOSCOPY/BIOPSY	00142	9.4946	$453.37	APC				
44378	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44379	T	S BOWEL ENDOSCOPE W/STENT	00384	22.9475	$1,095.74	APC				
44380	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44382	T	SMALL BOWEL ENDOSCOPY	00142	9.4946	$453.37	APC				
44383	T	ILEOSCOPY W/STENT	00384	22.9475	$1,095.74	APC				
44385	T	ENDOSCOPY OF BOWEL POUCH	00143	8.7686	$418.70	APC				

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44386	T	ENDOSCOPY, BOWEL POUCH/BIOP	00143	8.7686	$418.70	APC				
44388	T	COLONOSCOPY	00143	8.7686	$418.70	APC				
44389	T	COLONOSCOPY WITH BIOPSY	00143	8.7686	$418.70	APC				
44390	T	COLONOSCOPY FOR FOREIGN BODY	00143	8.7686	$418.70	APC				
44391	T	COLONOSCOPY FOR BLEEDING	00143	8.7686	$418.70	APC				
44392	T	COLONOSCOPY & POLYPECTOMY	00143	8.7686	$418.70	APC				
44393	T	COLONOSCOPY, LESION REMOVAL	00143	8.7686	$418.70	APC				
44394	T	COLONOSCOPY W/SNARE	00143	8.7686	$418.70	APC				
44397	T	COLONOSCOPY W/STENT	00384	22.9475	$1,095.74	APC				
44500	T	INTRO, GASTROINTESTINAL TUBE	00121	2.3587	$112.63	APC				
44602	C	SUTURE, SMALL INTESTINE	-	-	-	Inpatient Only				
44603	C	SUTURE, SMALL INTESTINE	-	-	-	Inpatient Only				
44604	C	SUTURE, LARGE INTESTINE	-	-	-	Inpatient Only				
44605	C	REPAIR OF BOWEL LESION	-	-	-	Inpatient Only				
44615	C	INTESTINAL STRICTUROPLASTY	-	-	-	Inpatient Only				
44620	C	REPAIR BOWEL OPENING	-	-	-	Inpatient Only				
44625	C	REPAIR BOWEL OPENING	-	-	-	Inpatient Only				
44626	C	REPAIR BOWEL OPENING	-	-	-	Inpatient Only				
44640	C	REPAIR BOWEL-SKIN FISTULA	-	-	-	Inpatient Only				
44650	C	REPAIR BOWEL FISTULA	-	-	-	Inpatient Only				
44660	C	REPAIR BOWEL-BLADDER FISTULA	-	-	-	Inpatient Only				
44661	C	REPAIR BOWEL-BLADDER FISTULA	-	-	-	Inpatient Only				
44680	C	SURGICAL REVISION, INTESTINE	-	-	-	Inpatient Only				
44700	C	SUSPEND BOWEL W/PROSTHESIS	-	-	-	Inpatient Only				
44701	N	INTRAOP COLON LAVAGE ADD-ON	-	-	-	APC/ Bundled				
44715	C	PREPARE DONOR INTESTINE	-	-	-	Inpatient Only				Y
44720	C	PREP DONOR INTESTINE/VENOUS	-	-	-	Inpatient Only				Y
44721	C	PREP DONOR INTESTINE/ARTERY	-	-	-	Inpatient Only				Y
44799	T	UNLISTED PROCEDURE INTESTINE	00153	22.0832	$1,054.47	APC				
44800	C	EXCISION OF BOWEL POUCH	-	-	-	Inpatient Only				
44820	C	EXCISION OF MESENTERY LESION	-	-	-	Inpatient Only				
44850	C	REPAIR OF MESENTERY	-	-	-	Inpatient Only				
44899	C	BOWEL SURGERY PROCEDURE	-	-	-	Inpatient Only				
44900	C	DRAIN APP ABSCESS, OPEN	-	-	-	Inpatient Only				
44901	T	DRAIN APP ABSCESS, PERCUT	00037	10.2655	$490.18	APC				
44950	C	APPENDECTOMY	-	-	-	Inpatient Only				
44955	C	APPENDECTOMY ADD-ON	-	-	-	Inpatient Only				
44960	C	APPENDECTOMY	-	-	-	Inpatient Only				
44970	T	LAPAROSCOPY, APPENDECTOMY	00131	43.5488	$2,079.46	APC				
44979	T	LAPAROSCOPE PROC, APP	00130	32.1241	$1,533.93	APC				
45000	T	DRAINAGE OF PELVIC ABSCESS	00148	5.077	$242.43	APC				
45005	T	DRAINAGE OF RECTAL ABSCESS	00155	12.7389	$608.28	APC				
45020	T	DRAINAGE OF RECTAL ABSCESS	00155	12.7389	$608.28	APC				
45100	T	BIOPSY OF RECTUM	00149	22.2682	$1,063.31	APC				

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45108	T	REMOVAL OF ANORECTAL LESION	00149	22.2682	$1,063.31	APC				
45110	C	REMOVAL OF RECTUM	-	-	-	Inpatient Only				
45111	C	PARTIAL REMOVAL OF RECTUM	-	-	-	Inpatient Only				
45112	C	REMOVAL OF RECTUM	-	-	-	Inpatient Only				
45113	C	PARTIAL PROCTECTOMY	-	-	-	Inpatient Only				
45114	C	PARTIAL REMOVAL OF RECTUM	-	-	-	Inpatient Only				
45116	C	PARTIAL REMOVAL OF RECTUM	-	-	-	Inpatient Only				
45119	C	REMOVE RECTUM W/RESERVOIR	-	-	-	Inpatient Only				
45120	C	REMOVAL OF RECTUM	-	-	-	Inpatient Only				
45121	C	REMOVAL OF RECTUM AND COLON	-	-	-	Inpatient Only				
45123	C	PARTIAL PROCTECTOMY	-	-	-	Inpatient Only				
45126	C	PELVIC EXENTERATION	-	-	-	Inpatient Only				
45130	C	EXCISION OF RECTAL PROLAPSE	-	-	-	Inpatient Only				
45135	C	EXCISION OF RECTAL PROLAPSE	-	-	-	Inpatient Only				
45136	C	EXCISE ILEOANAL RESERVIOR	-	-	-	Inpatient Only				
45150	T	EXCISION OF RECTAL STRICTURE	00149	22.2682	$1,063.31	APC				
45160	T	EXCISION OF RECTAL LESION	00149	22.2682	$1,063.31	APC				
45170	T	EXCISION OF RECTAL LESION	00149	22.2682	$1,063.31	APC				
45190	T	DESTRUCTION RECTAL TUMOR	00149	22.2682	$1,063.31	APC				
45300	T	PROCTOSIGMOIDOSCOPY DX	00146	4.8683	$232.46	APC				
45303	T	PROCTOSIGMOIDOSCOPY DILATE	00147	8.5477	$408.15	APC				
45305	T	PROCTOSIGMOIDOSCOPY W/BX	00147	8.5477	$408.15	APC				
45307	T	PROCTOSIGMOIDOSCOPY FB	00428	20.6375	$985.44	APC				
45308	T	PROCTOSIGMOIDOSCOPY REMOVAL	00147	8.5477	$408.15	APC				
45309	T	PROCTOSIGMOIDOSCOPY REMOVAL	00147	8.5477	$408.15	APC				
45315	T	PROCTOSIGMOIDOSCOPY REMOVAL	00147	8.5477	$408.15	APC				
45317	T	PROCTOSIGMOIDOSCOPY BLEED	00147	8.5477	$408.15	APC				
45320	T	PROCTOSIGMOIDOSCOPY ABLATE	00428	20.6375	$985.44	APC				
45321	T	PROCTOSIGMOIDOSCOPY VOLVUL	00428	20.6375	$985.44	APC				
45327	T	PROCTOSIGMOIDOSCOPY W/STENT	00384	22.9475	$1,095.74	APC				
45330	T	DIAGNOSTIC SIGMOIDOSCOPY	00146	4.8683	$232.46	APC				
45331	T	SIGMOIDOSCOPY AND BIOPSY	00146	4.8683	$232.46	APC				
45332	T	SIGMOIDOSCOPY W/FB REMOVAL	00146	4.8683	$232.46	APC				
45333	T	SIGMOIDOSCOPY & POLYPECTOMY	00147	8.5477	$408.15	APC				
45334	T	SIGMOIDOSCOPY FOR BLEEDING	00147	8.5477	$408.15	APC				
45335	T	SIGMOIDOSCOPY W/SUBMUC INJ	00146	4.8683	$232.46	APC				
45337	T	SIGMOIDOSCOPY & DECOMPRESS	00146	4.8683	$232.46	APC				
45338	T	SIGMOIDOSCOPY W/TUMR REMOVE	00147	8.5477	$408.15	APC				
45339	T	SIGMOIDOSCOPY W/ABLATE TUMR	00147	8.5477	$408.15	APC				
45340	T	SIG W/BALLOON DILATION	00147	8.5477	$408.15	APC				
45341	T	SIGMOIDOSCOPY W/ULTRASOUND	00147	8.5477	$408.15	APC				
45342	T	SIGMOIDOSCOPY W/US GUIDE BX	00147	8.5477	$408.15	APC				
45345	T	SIGMOIDOSCOPY W/STENT	00384	22.9475	$1,095.74	APC				
45355	T	SURGICAL COLONOSCOPY	00143	8.7686	$418.70	APC				

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45378	T	DIAGNOSTIC COLONOSCOPY	00143	8.7686	$418.70	APC				
45379	T	COLONOSCOPY W/FB REMOVAL	00143	8.7686	$418.70	APC				
45380	T	COLONOSCOPY AND BIOPSY	00143	8.7686	$418.70	APC				
45381	T	COLONOSCOPY SUBMUCOUS INJ	00143	8.7686	$418.70	APC				
45382	T	COLONOSCOPY/CONTROL BLEEDING	00143	8.7686	$418.70	APC				
45383	T	LESION REMOVAL COLONOSCOPY	00143	8.7686	$418.70	APC				
45384	T	LESION REMOVE COLONOSCOPY	00143	8.7686	$418.70	APC				
45385	T	LESION REMOVAL COLONOSCOPY	00143	8.7686	$418.70	APC				
45386	T	COLONOSCOPY DILATE STRICTURE	00143	8.7686	$418.70	APC				
45387	T	COLONOSCOPY W/STENT	00384	22.9475	$1,095.74	APC				
45391	T	COLONOSCOPY W/ENDOSCOPE US	00143	8.7686	$418.70	APC				
45392	T	COLONOSCOPY W/ENDOSCOPIC FNB	00143	8.7686	$418.70	APC				
45395	C	LAP REMOVAL OF RECTUM	-	-	-	Inpatient Only				
45397	C	LAP REMOVE RECTUM W/POUCH	-	-	-	Inpatient Only				
45400	C	LAPAROSCOPIC PROCTOPEXY	-	-	-	Inpatient Only				
45402	C	LAP PROCTOPEXY W/SIG RESECT	-	-	-	Inpatient Only				
45499	T	LAPAROSCOPE PROC RECTUM	00130	32.1241	$1,533.93	APC				
45500	T	REPAIR OF RECTUM	00149	22.2682	$1,063.31	APC				
45505	T	REPAIR OF RECTUM	00150	29.6189	$1,414.30	APC				
45520	T	TREATMENT OF RECTAL PROLAPSE	00098	1.0798	$51.56	APC				
45540	C	CORRECT RECTAL PROLAPSE	-	-	-	Inpatient Only				
45541	T	CORRECT RECTAL PROLAPSE	00150	29.6189	$1,414.30	APC				
45550	C	REPAIR RECTUM/REMOVE SIGMOID	-	-	-	Inpatient Only				
45560	T	REPAIR OF RECTOCELE	00150	29.6189	$1,414.30	APC				
45562	C	EXPLORATION/REPAIR OF RECTUM	-	-	-	Inpatient Only				
45563	C	EXPLORATION/REPAIR OF RECTUM	-	-	-	Inpatient Only				
45800	C	REPAIR RECT/BLADDER FISTULA	-	-	-	Inpatient Only				
45805	C	REPAIR FISTULA W/COLOSTOMY	-	-	-	Inpatient Only				
45820	C	REPAIR RECTOURETHRAL FISTULA	-	-	-	Inpatient Only				
45825	C	REPAIR FISTULA W/COLOSTOMY	-	-	-	Inpatient Only				
45900	T	REDUCTION OF RECTAL PROLAPSE	00148	5.077	$242.43	APC				
45905	T	DILATION OF ANAL SPHINCTER	00149	22.2682	$1,063.31	APC				
45910	T	DILATION OF RECTAL NARROWING	00149	22.2682	$1,063.31	APC				
45915	T	REMOVE RECTAL OBSTRUCTION	00148	5.077	$242.43	APC				
45990	T	SURG DX EXAM ANORECTAL	00148	5.077	$242.43	APC				
45999	T	RECTUM SURGERY PROCEDURE	00148	5.077	$242.43	APC				
46020	T	PLACEMENT OF SETON	00149	22.2682	$1,063.31	APC				
46030	T	REMOVAL OF RECTAL MARKER	00148	5.077	$242.43	APC				
46040	T	INCISION OF RECTAL ABSCESS	00149	22.2682	$1,063.31	APC				
46045	T	INCISION OF RECTAL ABSCESS	00149	22.2682	$1,063.31	APC				
46050	T	INCISION OF ANAL ABSCESS	00148	5.077	$242.43	APC				
46060	T	INCISION OF RECTAL ABSCESS	00149	22.2682	$1,063.31	APC				
46070	T	INCISION OF ANAL SEPTUM	00155	12.7389	$608.28	APC				
46080	T	INCISION OF ANAL SPHINCTER	00149	22.2682	$1,063.31	APC				

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46083	T	INCISE EXTERNAL HEMORRHOID	00164	2.1393	$102.15	APC				
46200	T	REMOVAL OF ANAL FISSURE	00149	22.2682	$1,063.31	APC				
46210	T	REMOVAL OF ANAL CRYPT	00149	22.2682	$1,063.31	APC				
46211	T	REMOVAL OF ANAL CRYPTS	00149	22.2682	$1,063.31	APC				
46220	T	REMOVAL OF ANAL TAG	00149	22.2682	$1,063.31	APC				
46221	T	LIGATION OF HEMORRHOID(S)	00148	5.077	$242.43	APC				
46230	T	REMOVAL OF ANAL TAGS	00149	22.2682	$1,063.31	APC				
46250	T	HEMORRHOIDECTOMY	00149	22.2682	$1,063.31	APC				
46255	T	HEMORRHOIDECTOMY	00149	22.2682	$1,063.31	APC				
46257	T	REMOVE HEMORRHOIDS & FISSURE	00149	22.2682	$1,063.31	APC				
46258	T	REMOVE HEMORRHOIDS & FISTULA	00149	22.2682	$1,063.31	APC				
46260	T	HEMORRHOIDECTOMY	00149	22.2682	$1,063.31	APC				
46261	T	REMOVE HEMORRHOIDS & FISSURE	00149	22.2682	$1,063.31	APC				
46262	T	REMOVE HEMORRHOIDS & FISTULA	00149	22.2682	$1,063.31	APC				
46270	T	REMOVAL OF ANAL FISTULA	00149	22.2682	$1,063.31	APC				
46275	T	REMOVAL OF ANAL FISTULA	00149	22.2682	$1,063.31	APC				
46280	T	REMOVAL OF ANAL FISTULA	00149	22.2682	$1,063.31	APC				
46285	T	REMOVAL OF ANAL FISTULA	00149	22.2682	$1,063.31	APC				
46288	T	REPAIR ANAL FISTULA	00149	22.2682	$1,063.31	APC				
46320	T	REMOVAL OF HEMORRHOID CLOT	00155	12.7389	$608.28	APC				
46500	T	INJECTION INTO HEMORRHOID(S)	00155	12.7389	$608.28	APC				
46505	T	CHEMODENERVATION ANAL MUSC	00148	5.077	$242.43	APC				
46600	X	DIAGNOSTIC ANOSCOPY	00340	0.6102	$29.14	APC				
46604	T	ANOSCOPY AND DILATION	00147	8.5477	$408.15	APC				
46606	T	ANOSCOPY AND BIOPSY	00146	4.8683	$232.46	APC				
46608	T	ANOSCOPY REMOVE FOR BODY	00147	8.5477	$408.15	APC				
46610	T	ANOSCOPY REMOVE LESION	00428	20.6375	$985.44	APC				
46611	T	ANOSCOPY	00147	8.5477	$408.15	APC				
46612	T	ANOSCOPY REMOVE LESIONS	00428	20.6375	$985.44	APC				
46614	T	ANOSCOPY CONTROL BLEEDING	00146	4.8683	$232.46	APC				
46615	T	ANOSCOPY	00428	20.6375	$985.44	APC				
46700	T	REPAIR OF ANAL STRICTURE	00149	22.2682	$1,063.31	APC				
46705	C	REPAIR OF ANAL STRICTURE	-	-	-	Inpatient Only				
46706	T	REPR OF ANAL FISTULA W/GLUE	00150	29.6189	$1,414.30	APC				
46710	C	REPR PER/VAG POUCH SNGL PROC	-	-	-	Inpatient Only				
46712	C	REPR PER/VAG POUCH DBL PROC	-	-	-	Inpatient Only				
46715	C	REPAIR OF ANOVAGINAL FISTULA	-	-	-	Inpatient Only				
46716	C	REPAIR OF ANOVAGINAL FISTULA	-	-	-	Inpatient Only				
46730	C	CONSTRUCTION OF ABSENT ANUS	-	-	-	Inpatient Only				
46735	C	CONSTRUCTION OF ABSENT ANUS	-	-	-	Inpatient Only				
46740	C	CONSTRUCTION OF ABSENT ANUS	-	-	-	Inpatient Only				
46742	C	REPAIR OF IMPERFORATED ANUS	-	-	-	Inpatient Only				
46744	C	REPAIR OF CLOACAL ANOMALY	-	-	-	Inpatient Only				
46746	C	REPAIR OF CLOACAL ANOMALY	-	-	-	Inpatient Only				

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46748	C	REPAIR OF CLOACAL ANOMALY	-	-	-	Inpatient Only				
46750	T	REPAIR OF ANAL SPHINCTER	00171	37.8991	$1,809.68	APC				
46751	C	REPAIR OF ANAL SPHINCTER	-	-	-	Inpatient Only				
46753	T	RECONSTRUCTION OF ANUS	00149	22.2682	$1,063.31	APC				
46754	T	REMOVAL OF SUTURE FROM ANUS	00149	22.2682	$1,063.31	APC				
46760	T	REPAIR OF ANAL SPHINCTER	00171	37.8991	$1,809.68	APC				
46761	T	REPAIR OF ANAL SPHINCTER	00171	37.8991	$1,809.68	APC				
46762	T	IMPLANT ARTIFICIAL SPHINCTER	00171	37.8991	$1,809.68	APC				
46900	T	DESTRUCTION, ANAL LESION(S)	00016	2.6749	$127.73	APC				
46910	T	DESTRUCTION, ANAL LESION(S)	00017	17.4423	$832.87	APC				
46916	T	CRYOSURGERY, ANAL LESION(S)	00013	1.0918	$52.13	APC				
46917	T	LASER SURGERY ANAL LESIONS	00695	20.4276	$975.42	APC				
46922	T	EXCISION OF ANAL LESION(S)	00695	20.4276	$975.42	APC				
46924	T	DESTRUCTION, ANAL LESION(S)	00695	20.4276	$975.42	APC				
46934	T	DESTRUCTION OF HEMORRHOIDS	00155	12.7389	$608.28	APC				
46935	T	DESTRUCTION OF HEMORRHOIDS	00155	12.7389	$608.28	APC				
46936	T	DESTRUCTION OF HEMORRHOIDS	00149	22.2682	$1,063.31	APC				
46937	T	CRYOTHERAPY OF RECTAL LESION	00149	22.2682	$1,063.31	APC				
46938	T	CRYOTHERAPY OF RECTAL LESION	00150	29.6189	$1,414.30	APC				
46940	T	TREATMENT OF ANAL FISSURE	00149	22.2682	$1,063.31	APC				
46942	T	TREATMENT OF ANAL FISSURE	00148	5.077	$242.43	APC				
46945	T	LIGATION OF HEMORRHOIDS	00155	12.7389	$608.28	APC				
46946	T	LIGATION OF HEMORRHOIDS	00155	12.7389	$608.28	APC				
46947	T	HEMORRHOIDOPEXY BY STAPLING	00150	29.6189	$1,414.30	APC				
46999	T	ANUS SURGERY PROCEDURE	00148	5.077	$242.43	APC				
47000	T	NEEDLE BIOPSY OF LIVER	00685	6.1384	$293.11	APC				
47001	N	NEEDLE BIOPSY, LIVER ADD-ON	-	-	-	APC/ Bundled				
47010	C	OPEN DRAINAGE, LIVER LESION	-	-	-	Inpatient Only				
47011	T	PERCUT DRAIN, LIVER LESION	00037	10.2655	$490.18	APC				
47015	C	INJECT/ASPIRATE LIVER CYST	-	-	-	Inpatient Only				
47100	C	WEDGE BIOPSY OF LIVER	-	-	-	Inpatient Only				
47120	C	PARTIAL REMOVAL OF LIVER	-	-	-	Inpatient Only				
47122	C	EXTENSIVE REMOVAL OF LIVER	-	-	-	Inpatient Only				
47125	C	PARTIAL REMOVAL OF LIVER	-	-	-	Inpatient Only				
47130	C	PARTIAL REMOVAL OF LIVER	-	-	-	Inpatient Only				
47133	C	REMOVAL OF DONOR LIVER	-	-	-	Inpatient Only				Y
47135	C	TRANSPLANTATION OF LIVER	-	-	-	Inpatient Only				Y
47136	C	TRANSPLANTATION OF LIVER	-	-	-	Inpatient Only				Y
47140	C	PARTIAL REMOVAL DONOR LIVER	-	-	-	Inpatient Only				Y
47141	C	PARTIAL REMOVAL DONOR LIVER	-	-	-	Inpatient Only				Y
47142	C	PARTIAL REMOVAL DONOR LIVER	-	-	-	Inpatient Only				Y
47143	C	PREP DONOR LIVER WHOLE	-	-	-	Inpatient Only				Y
47144	C	PREP DONOR LIVER 3-SEGMENT	-	-	-	Inpatient Only				Y
47145	C	PREP DONOR LIVER LOBE SPLIT	-	-	-	Inpatient Only				Y

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47146	C	PREP DONOR LIVER/VENOUS	-	-	-	Inpatient Only				Y
47147	C	PREP DONOR LIVER/ARTERIAL	-	-	-	Inpatient Only				Y
47300	C	SURGERY FOR LIVER LESION	-	-	-	Inpatient Only				
47350	C	REPAIR LIVER WOUND	-	-	-	Inpatient Only				
47360	C	REPAIR LIVER WOUND	-	-	-	Inpatient Only				
47361	C	REPAIR LIVER WOUND	-	-	-	Inpatient Only				
47362	C	REPAIR LIVER WOUND	-	-	-	Inpatient Only				
47370	T	LAPARO ABLATE LIVER TUMOR RF	00132	70.5066	$3,366.69	APC				
47371	T	LAPARO ABLATE LIVER CRYOSURG	00131	43.5488	$2,079.46	APC				
47379	T	LAPAROSCOPE PROCEDURE, LIVER	00130	32.1241	$1,533.93	APC				
47380	C	OPEN ABLATE LIVER TUMOR RF	-	-	-	Inpatient Only				
47381	C	OPEN ABLATE LIVER TUMOR CRYO	-	-	-	Inpatient Only				
47382	T	PERCUT ABLATE LIVER RF	00423	37.3604	$1,783.96	APC				
47399	T	LIVER SURGERY PROCEDURE	00004	2.0687	$98.78	APC				
47400	C	INCISION OF LIVER DUCT	-	-	-	Inpatient Only				
47420	C	INCISION OF BILE DUCT	-	-	-	Inpatient Only				
47425	C	INCISION OF BILE DUCT	-	-	-	Inpatient Only				
47460	C	INCISE BILE DUCT SPHINCTER	-	-	-	Inpatient Only				
47480	C	INCISION OF GALLBLADDER	-	-	-	Inpatient Only				
47490	T	INCISION OF GALLBLADDER	00152	20.2682	$967.81	APC				
47500	N	INJECTION FOR LIVER X-RAYS	-	-	-	APC/ Bundled				
47505	N	INJECTION FOR LIVER X-RAYS	-	-	-	APC/ Bundled				
47510	T	INSERT CATHETER, BILE DUCT	00152	20.2682	$967.81	APC				
47511	T	INSERT BILE DUCT DRAIN	00152	20.2682	$967.81	APC				
47525	T	CHANGE BILE DUCT CATHETER	00427	11.6575	$556.65	APC				
47530	T	REVISE/REINSERT BILE TUBE	00427	11.6575	$556.65	APC				
47550	C	BILE DUCT ENDOSCOPY ADD-ON	-	-	-	Inpatient Only				
47552	T	BILIARY ENDOSCOPY THRU SKIN	00152	20.2682	$967.81	APC				
47553	T	BILIARY ENDOSCOPY THRU SKIN	00152	20.2682	$967.81	APC				
47554	T	BILIARY ENDOSCOPY THRU SKIN	00152	20.2682	$967.81	APC				
47555	T	BILIARY ENDOSCOPY THRU SKIN	00152	20.2682	$967.81	APC				
47556	T	BILIARY ENDOSCOPY THRU SKIN	00152	20.2682	$967.81	APC				
47560	T	LAPAROSCOPY W/CHOLANGIO	00130	32.1241	$1,533.93	APC				
47561	T	LAPARO W/CHOLANGIO/BIOPSY	00130	32.1241	$1,533.93	APC				
47562	T	LAPAROSCOPIC CHOLECYSTECTOMY	00131	43.5488	$2,079.46	APC				
47563	T	LAPARO CHOLECYSTECTOMY/GRAPH	00131	43.5488	$2,079.46	APC				
47564	T	LAPARO CHOLECYSTECTOMY/EXPLR	00131	43.5488	$2,079.46	APC				
47570	C	LAPARO CHOLECYSTOENTEROSTOMY	-	-	-	Inpatient Only				
47579	T	LAPAROSCOPE PROC, BILIARY	00130	32.1241	$1,533.93	APC				
47600	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only				
47605	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only				
47610	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only				
47612	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only				
47620	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only				

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47630	T	REMOVE BILE DUCT STONE	00152	20.2682	$967.81	APC				
47700	C	EXPLORATION OF BILE DUCTS	-	-	-	Inpatient Only				
47701	C	BILE DUCT REVISION	-	-	-	Inpatient Only				
47711	C	EXCISION OF BILE DUCT TUMOR	-	-	-	Inpatient Only				
47712	C	EXCISION OF BILE DUCT TUMOR	-	-	-	Inpatient Only				
47715	C	EXCISION OF BILE DUCT CYST	-	-	-	Inpatient Only				
47719	C	FUSION OF BILE DUCT CYST	-	-	-	Inpatient Only				
47720	C	FUSE GALLBLADDER & BOWEL	-	-	-	Inpatient Only				
47721	C	FUSE UPPER GI STRUCTURES	-	-	-	Inpatient Only				
47740	C	FUSE GALLBLADDER & BOWEL	-	-	-	Inpatient Only				
47741	C	FUSE GALLBLADDER & BOWEL	-	-	-	Inpatient Only				
47760	C	FUSE BILE DUCTS AND BOWEL	-	-	-	Inpatient Only				
47765	C	FUSE LIVER DUCTS & BOWEL	-	-	-	Inpatient Only				
47780	C	FUSE BILE DUCTS AND BOWEL	-	-	-	Inpatient Only				
47785	C	FUSE BILE DUCTS AND BOWEL	-	-	-	Inpatient Only				
47800	C	RECONSTRUCTION OF BILE DUCTS	-	-	-	Inpatient Only				
47801	C	PLACEMENT, BILE DUCT SUPPORT	-	-	-	Inpatient Only				
47802	C	FUSE LIVER DUCT & INTESTINE	-	-	-	Inpatient Only				
47900	C	SUTURE BILE DUCT INJURY	-	-	-	Inpatient Only				
47999	T	BILE TRACT SURGERY PROCEDURE	00152	20.2682	$967.81	APC				
48000	C	DRAINAGE OF ABDOMEN	-	-	-	Inpatient Only				
48001	C	PLACEMENT OF DRAIN, PANCREAS	-	-	-	Inpatient Only				
48020	C	REMOVAL OF PANCREATIC STONE	-	-	-	Inpatient Only				
48100	C	BIOPSY OF PANCREAS, OPEN	-	-	-	Inpatient Only				
48102	T	NEEDLE BIOPSY, PANCREAS	00685	6.1384	$293.11	APC				
48105	C	RESECT/DEBRIDE PANCREAS	-	-	-	Inpatient Only				
48120	C	REMOVAL OF PANCREAS LESION	-	-	-	Inpatient Only				
48140	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	Inpatient Only				
48145	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	Inpatient Only				
48146	C	PANCREATECTOMY	-	-	-	Inpatient Only				
48148	C	REMOVAL OF PANCREATIC DUCT	-	-	-	Inpatient Only				
48150	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	Inpatient Only				
48152	C	PANCREATECTOMY	-	-	-	Inpatient Only				
48153	C	PANCREATECTOMY	-	-	-	Inpatient Only				
48154	C	PANCREATECTOMY	-	-	-	Inpatient Only				
48155	C	REMOVAL OF PANCREAS	-	-	-	Inpatient Only				
48160	M	PANCREAS REMOVAL/TRANSPLANT	-	-	-	By Report				Y
48400	C	INJECTION, INTRAOP ADD-ON	-	-	-	Inpatient Only				
48500	C	SURGERY OF PANCREATIC CYST	-	-	-	Inpatient Only				
48510	C	DRAIN PANCREATIC PSEUDOCYST	-	-	-	Inpatient Only				
48511	T	DRAIN PANCREATIC PSEUDOCYST	00037	10.2655	$490.18	APC				
48520	C	FUSE PANCREAS CYST AND BOWEL	-	-	-	Inpatient Only				
48540	C	FUSE PANCREAS CYST AND BOWEL	-	-	-	Inpatient Only				
48545	C	PANCREATORRHAPHY	-	-	-	Inpatient Only				

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48547	C	DUODENAL EXCLUSION	-	-	-	Inpatient Only				
48548	C	FUSE PANCREAS AND BOWEL	-	-	-	Inpatient Only				
48550	M	DONOR PANCREATECTOMY	-	-	-	By Report				Y
48551	C	PREP DONOR PANCREAS	-	-	-	Inpatient Only				Y
48552	C	PREP DONOR PANCREAS/VENOUS	-	-	-	Inpatient Only				Y
48554	C	TRANSPL ALLOGRAFT PANCREAS	-	-	-	Inpatient Only				Y
48556	C	REMOVAL, ALLOGRAFT PANCREAS	-	-	-	Inpatient Only				Y
48999	T	PANCREAS SURGERY PROCEDURE	00004	2.0687	$98.78	APC				
49000	C	EXPLORATION OF ABDOMEN	-	-	-	Inpatient Only				
49002	C	REOPENING OF ABDOMEN	-	-	-	Inpatient Only				
49010	C	EXPLORATION BEHIND ABDOMEN	-	-	-	Inpatient Only				
49020	C	DRAIN ABDOMINAL ABSCESS	-	-	-	Inpatient Only				
49021	T	DRAIN ABDOMINAL ABSCESS	00037	10.2655	$490.18	APC				
49040	C	DRAIN, OPEN, ABDOM ABSCESS	-	-	-	Inpatient Only				
49041	T	DRAIN, PERCUT, ABDOM ABSCESS	00037	10.2655	$490.18	APC				
49060	C	DRAIN, OPEN, RETROP ABSCESS	-	-	-	Inpatient Only				
49061	T	DRAIN, PERCUT, RETROPER ABSC	00037	10.2655	$490.18	APC				
49062	C	DRAIN TO PERITONEAL CAVITY	-	-	-	Inpatient Only				
49080	T	PUNCTURE, PERITONEAL CAVITY	00070	3.6244	$173.07	APC				
49081	T	REMOVAL OF ABDOMINAL FLUID	00070	3.6244	$173.07	APC				
49180	T	BIOPSY, ABDOMINAL MASS	00685	6.1384	$293.11	APC				
49200	T	REMOVAL OF ABDOMINAL LESION	00130	32.1241	$1,533.93	APC				
49201	C	REMOVE ABDOM LESION COMPLEX	-	-	-	Inpatient Only				
49215	C	EXCISE SACRAL SPINE TUMOR	-	-	-	Inpatient Only				
49220	C	MULTIPLE SURGERY, ABDOMEN	-	-	-	Inpatient Only				
49250	T	EXCISION OF UMBILICUS	00153	22.0832	$1,054.47	APC				
49255	C	REMOVAL OF OMENTUM	-	-	-	Inpatient Only				
49320	T	DIAG LAPARO SEPARATE PROC	00130	32.1241	$1,533.93	APC				
49321	T	LAPAROSCOPY, BIOPSY	00130	32.1241	$1,533.93	APC				
49322	T	LAPAROSCOPY, ASPIRATION	00130	32.1241	$1,533.93	APC				
49323	T	LAPARO DRAIN LYMPHOCELE	00130	32.1241	$1,533.93	APC				
49324	T	LAP INSERTION PERM IP CATH	00130	32.1241	$1,533.93	APC				
49325	T	LAP REVISION PERM IP CATH	00130	32.1241	$1,533.93	APC				
49326	T	LAP W/OMENTOPEXY ADD-ON	00130	32.1241	$1,533.93	APC				
49329	T	LAPARO PROC, ABDM/PER/OMENT	00130	32.1241	$1,533.93	APC				
49400	N	AIR INJECTION INTO ABDOMEN	-	-	-	APC/ Bundled				
49402	T	REMOVE FOREIGN BODY, ADBOMEN	00153	22.0832	$1,054.47	APC				
49419	T	INSRT ABDOM CATH FOR CHEMOTX	00115	29.2133	$1,394.94	APC				
49420	T	INSERT ABDOM DRAIN TEMP	00652	29.5416	$1,410.61	APC				
49421	T	INSERT ABDOM DRAIN PERM	00652	29.5416	$1,410.61	APC				
49422	T	REMOVE PERM CANNULA/CATHETER	00105	25.6142	$1,223.08	APC				
49423	T	EXCHANGE DRAINAGE CATHETER	00427	11.6575	$556.65	APC				
49424	N	ASSESS CYST, CONTRAST INJECT	-	-	-	APC/ Bundled				
49425	C	INSERT ABDOMEN-VENOUS DRAIN	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
49426	T	REVISE ABDOMEN-VENOUS SHUNT	00153	22.0832	$1,054.47	APC				
49427	N	INJECTION, ABDOMINAL SHUNT	-	-	-	APC/ Bundled				
49428	C	LIGATION OF SHUNT	-	-	-	Inpatient Only				
49429	T	REMOVAL OF SHUNT	00105	25.6142	$1,223.08	APC				
49435	T	INSERT SUBQ EXTEN TO IP CATH	00427	11.6575	$556.65	APC				
49436	T	EMBEDDED IP CATH EXIT-SITE	00427	11.6575	$556.65	APC				
49491	T	RPR HERN PREEMIE REDUC	00154	29.2182	$1,395.17	APC				
49492	T	RPR ING HERN PREMIE, BLOCKED	00154	29.2182	$1,395.17	APC				
49495	T	RPR ING HERNIA BABY REDUC	00154	29.2182	$1,395.17	APC				
49496	T	RPR ING HERNIA BABY BLOCKED	00154	29.2182	$1,395.17	APC				
49500	T	RPR ING HERNIA INIT REDUCE	00154	29.2182	$1,395.17	APC				
49501	T	RPR ING HERNIA INIT BLOCKED	00154	29.2182	$1,395.17	APC				
49505	T	PRP I/HERN INIT REDUC>5 YR	00154	29.2182	$1,395.17	APC				
49507	T	PRP I/HERN INIT BLOCK>5 YR	00154	29.2182	$1,395.17	APC				
49520	T	REREPAIR ING HERNIA, REDUCE	00154	29.2182	$1,395.17	APC				
49521	T	REREPAIR ING HERNIA BLOCKED	00154	29.2182	$1,395.17	APC				
49525	T	REPAIR ING HERNIA, SLIDING	00154	29.2182	$1,395.17	APC				
49540	T	REPAIR LUMBAR HERNIA	00154	29.2182	$1,395.17	APC				
49550	T	RPR REM HERNIA INIT REDUCE	00154	29.2182	$1,395.17	APC				
49553	T	RPR FEM HERNIA INIT BLOCKED	00154	29.2182	$1,395.17	APC				
49555	T	REREPAIR FEM HERNIA, REDUCE	00154	29.2182	$1,395.17	APC				
49557	T	REREPAIR FEM HERNIA BLOCKED	00154	29.2182	$1,395.17	APC				
49560	T	RPR VENTRAL HERN INIT, REDUC	00154	29.2182	$1,395.17	APC				
49561	T	RPR VENTRAL HERN INIT BLOCK	00154	29.2182	$1,395.17	APC				
49565	T	REREPAIR VENTRL HERN, REDUCE	00154	29.2182	$1,395.17	APC				
49566	T	REREPAIR VENTRL HERN BLOCK	00154	29.2182	$1,395.17	APC				
49568	T	HERNIA REPAIR W/MESH	00154	29.2182	$1,395.17	APC				
49570	T	RPR EPIGASTRIC HERN, REDUCE	00154	29.2182	$1,395.17	APC				
49572	T	RPR EPIGASTRIC HERN BLOCKED	00154	29.2182	$1,395.17	APC				
49580	T	RPR UMBIL HERN REDUC < 5 YR	00154	29.2182	$1,395.17	APC				
49582	T	RPR UMBIL HERN BLOCK < 5 YR	00154	29.2182	$1,395.17	APC				
49585	T	RPR UMBIL HERN, REDUC > 5 YR	00154	29.2182	$1,395.17	APC				
49587	T	RPR UMBIL HERN BLOCK > 5 YR	00154	29.2182	$1,395.17	APC				
49590	T	REPAIR SPIGELIAN HERNIA	00154	29.2182	$1,395.17	APC				
49600	T	REPAIR UMBILICAL LESION	00154	29.2182	$1,395.17	APC				
49605	C	REPAIR UMBILICAL LESION	-	-	-	Inpatient Only				
49606	C	REPAIR UMBILICAL LESION	-	-	-	Inpatient Only				
49610	C	REPAIR UMBILICAL LESION	-	-	-	Inpatient Only				
49611	C	REPAIR UMBILICAL LESION	-	-	-	Inpatient Only				
49650	T	LAPARO HERNIA REPAIR INITIAL	00131	43.5488	$2,079.46	APC				
49651	T	LAPARO HERNIA REPAIR RECUR	00131	43.5488	$2,079.46	APC				
49659	T	LAPARO PROC, HERNIA REPAIR	00130	32.1241	$1,533.93	APC				
49900	C	REPAIR OF ABDOMINAL WALL	-	-	-	Inpatient Only				
49904	C	OMENTAL FLAP EXTRA-ABDOM	-	-	-	Inpatient Only				

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49905	C	OMENTAL FLAP INTRA-ABDOM	-	-	-	Inpatient Only				
49906	C	FREE OMENTAL FLAP, MICROVASC	-	-	-	Inpatient Only				
49999	T	ABDOMEN SURGERY PROCEDURE	00153	22.0832	$1,054.47	APC				
50010	C	EXPLORATION OF KIDNEY	-	-	-	Inpatient Only				
50020	T	RENAL ABSCESS OPEN DRAIN	00162	23.87	$1,139.79	APC				
50021	T	RENAL ABSCESS, PERCUT DRAIN	00037	10.2655	$490.18	APC				
50040	C	DRAINAGE OF KIDNEY	-	-	-	Inpatient Only				
50045	C	EXPLORATION OF KIDNEY	-	-	-	Inpatient Only				
50060	C	REMOVAL OF KIDNEY STONE	-	-	-	Inpatient Only				
50065	C	INCISION OF KIDNEY	-	-	-	Inpatient Only				
50070	C	INCISION OF KIDNEY	-	-	-	Inpatient Only				
50075	C	REMOVAL OF KIDNEY STONE	-	-	-	Inpatient Only				
50080	T	REMOVAL OF KIDNEY STONE	00429	43.1004	$2,058.04	APC				
50081	T	REMOVAL OF KIDNEY STONE	00429	43.1004	$2,058.04	APC				
50100	C	REVISE KIDNEY BLOOD VESSELS	-	-	-	Inpatient Only				
50120	C	EXPLORATION OF KIDNEY	-	-	-	Inpatient Only				
50125	C	EXPLORE AND DRAIN KIDNEY	-	-	-	Inpatient Only				
50130	C	REMOVAL OF KIDNEY STONE	-	-	-	Inpatient Only				
50135	C	EXPLORATION OF KIDNEY	-	-	-	Inpatient Only				
50200	T	BIOPSY OF KIDNEY	00685	6.1384	$293.11	APC				
50205	C	BIOPSY OF KIDNEY	-	-	-	Inpatient Only				
50220	C	REMOVE KIDNEY, OPEN	-	-	-	Inpatient Only				
50225	C	REMOVAL KIDNEY OPEN, COMPLEX	-	-	-	Inpatient Only				
50230	C	REMOVAL KIDNEY OPEN, RADICAL	-	-	-	Inpatient Only				
50234	C	REMOVAL OF KIDNEY & URETER	-	-	-	Inpatient Only				
50236	C	REMOVAL OF KIDNEY & URETER	-	-	-	Inpatient Only				
50240	C	PARTIAL REMOVAL OF KIDNEY	-	-	-	Inpatient Only				
50250	C	CRYOABLATE RENAL MASS OPEN	-	-	-	Inpatient Only				
50280	C	REMOVAL OF KIDNEY LESION	-	-	-	Inpatient Only				
50290	C	REMOVAL OF KIDNEY LESION	-	-	-	Inpatient Only				
50300	C	REMOVAL OF DONOR KIDNEY	-	-	-	Inpatient Only				Y
50320	C	REMOVAL OF DONOR KIDNEY	-	-	-	Inpatient Only				Y
50323	C	PREP CADAVER RENAL ALLOGRAFT	-	-	-	Inpatient Only				Y
50325	C	PREP DONOR RENAL GRAFT	-	-	-	Inpatient Only				Y
50327	C	PREP RENAL GRAFT/VENOUS	-	-	-	Inpatient Only				Y
50328	C	PREP RENAL GRAFT/ARTERIAL	-	-	-	Inpatient Only				Y
50329	C	PREP RENAL GRAFT/URETERAL	-	-	-	Inpatient Only				Y
50340	C	REMOVAL OF KIDNEY	-	-	-	Inpatient Only				Y
50360	C	TRANSPLANTATION OF KIDNEY	-	-	-	Inpatient Only				Y
50365	C	TRANSPLANTATION OF KIDNEY	-	-	-	Inpatient Only				Y
50370	C	REMOVE TRANSPLANTED KIDNEY	-	-	-	Inpatient Only				Y
50380	C	REIMPLANTATION OF KIDNEY	-	-	-	Inpatient Only				Y
50382	T	CHANGE URETER STENT PERCUT	00161	19.2251	$918.00	APC				
50384	T	REMOVE URETER STENT PERCUT	00161	19.2251	$918.00	APC				

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50387	T	CHANGE EXT/INT URETER STENT	00122	7.48	$357.17	APC				
50389	T	REMOVE RENAL TUBE W/FLUORO	00156	3.4079	$162.73	APC				
50390	T	DRAINAGE OF KIDNEY LESION	00685	6.1384	$293.11	APC				
50391	T	INSTLL RX AGNT INTO RNAL TUB	00126	1.0887	$51.99	APC				
50392	T	INSERT KIDNEY DRAIN	00161	19.2251	$918.00	APC				
50393	T	INSERT URETERAL TUBE	00161	19.2251	$918.00	APC				
50394	N	INJECTION FOR KIDNEY X-RAY	-	-	-	APC/ Bundled				
50395	T	CREATE PASSAGE TO KIDNEY	00161	19.2251	$918.00	APC				
50396	T	MEASURE KIDNEY PRESSURE	00164	2.1393	$102.15	APC				
50398	T	CHANGE KIDNEY TUBE	00122	7.48	$357.17	APC				
50400	C	REVISION OF KIDNEY/URETER	-	-	-	Inpatient Only				
50405	C	REVISION OF KIDNEY/URETER	-	-	-	Inpatient Only				
50500	C	REPAIR OF KIDNEY WOUND	-	-	-	Inpatient Only				
50520	C	CLOSE KIDNEY-SKIN FISTULA	-	-	-	Inpatient Only				
50525	C	REPAIR RENAL-ABDOMEN FISTULA	-	-	-	Inpatient Only				
50526	C	REPAIR RENAL-ABDOMEN FISTULA	-	-	-	Inpatient Only				
50540	C	REVISION OF HORSESHOE KIDNEY	-	-	-	Inpatient Only				
50541	T	LAPARO ABLATE RENAL CYST	00130	32.1241	$1,533.93	APC				
50542	T	LAPARO ABLATE RENAL MASS	00132	70.5066	$3,366.69	APC				
50543	T	LAPARO PARTIAL NEPHRECTOMY	00131	43.5488	$2,079.46	APC				
50544	T	LAPAROSCOPY, PYELOPLASTY	00130	32.1241	$1,533.93	APC				
50545	C	LAPARO RADICAL NEPHRECTOMY	-	-	-	Inpatient Only				
50546	C	LAPAROSCOPIC NEPHRECTOMY	-	-	-	Inpatient Only				
50547	C	LAPARO REMOVAL DONOR KIDNEY	-	-	-	Inpatient Only				Y
50548	C	LAPARO REMOVE W/ URETER	-	-	-	Inpatient Only				
50549	T	LAPAROSCOPE PROC, RENAL	00130	32.1241	$1,533.93	APC				
50551	T	KIDNEY ENDOSCOPY	00160	6.4951	$310.14	APC				
50553	T	KIDNEY ENDOSCOPY	00161	19.2251	$918.00	APC				
50555	T	KIDNEY ENDOSCOPY & BIOPSY	00160	6.4951	$310.14	APC				
50557	T	KIDNEY ENDOSCOPY & TREATMENT	00162	23.87	$1,139.79	APC				
50561	T	KIDNEY ENDOSCOPY & TREATMENT	00161	19.2251	$918.00	APC				
50562	T	RENAL SCOPE W/TUMOR RESECT	00160	6.4951	$310.14	APC				
50570	T	KIDNEY ENDOSCOPY	00160	6.4951	$310.14	APC				
50572	T	KIDNEY ENDOSCOPY	00160	6.4951	$310.14	APC				
50574	T	KIDNEY ENDOSCOPY & BIOPSY	00160	6.4951	$310.14	APC				
50575	T	KIDNEY ENDOSCOPY	00163	34.9261	$1,667.72	APC				
50576	T	KIDNEY ENDOSCOPY & TREATMENT	00161	19.2251	$918.00	APC				
50580	C	KIDNEY ENDOSCOPY & TREATMENT	-	-	-	Inpatient Only				
50590	T	FRAGMENTING OF KIDNEY STONE	00169	43.5398	$2,079.03	APC				
50592	T	PERC RF ABLATE RENAL TUMOR	00423	37.3604	$1,783.96	APC				
50600	C	EXPLORATION OF URETER	-	-	-	Inpatient Only				
50605	C	INSERT URETERAL SUPPORT	-	-	-	Inpatient Only				
50610	C	REMOVAL OF URETER STONE	-	-	-	Inpatient Only				
50620	C	REMOVAL OF URETER STONE	-	-	-	Inpatient Only				

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50630	C	REMOVAL OF URETER STONE	-	-	-	Inpatient Only				
50650	C	REMOVAL OF URETER	-	-	-	Inpatient Only				
50660	C	REMOVAL OF URETER	-	-	-	Inpatient Only				
50684	N	INJECTION FOR URETER X-RAY	-	-	-	APC/ Bundled				
50686	T	MEASURE URETER PRESSURE	00126	1.0887	$51.99	APC				
50688	T	CHANGE OF URETER TUBE/STENT	00122	7.48	$357.17	APC				
50690	N	INJECTION FOR URETER X-RAY	-	-	-	APC/ Bundled				
50700	C	REVISION OF URETER	-	-	-	Inpatient Only				
50715	C	RELEASE OF URETER	-	-	-	Inpatient Only				
50722	C	RELEASE OF URETER	-	-	-	Inpatient Only				
50725	C	RELEASE/REVISE URETER	-	-	-	Inpatient Only				
50727	C	REVISE URETER	-	-	-	Inpatient Only				
50728	C	REVISE URETER	-	-	-	Inpatient Only				
50740	C	FUSION OF URETER & KIDNEY	-	-	-	Inpatient Only				
50750	C	FUSION OF URETER & KIDNEY	-	-	-	Inpatient Only				
50760	C	FUSION OF URETERS	-	-	-	Inpatient Only				
50770	C	SPLICING OF URETERS	-	-	-	Inpatient Only				
50780	C	REIMPLANT URETER IN BLADDER	-	-	-	Inpatient Only				
50782	C	REIMPLANT URETER IN BLADDER	-	-	-	Inpatient Only				
50783	C	REIMPLANT URETER IN BLADDER	-	-	-	Inpatient Only				
50785	C	REIMPLANT URETER IN BLADDER	-	-	-	Inpatient Only				
50800	C	IMPLANT URETER IN BOWEL	-	-	-	Inpatient Only				
50810	C	FUSION OF URETER & BOWEL	-	-	-	Inpatient Only				
50815	C	URINE SHUNT TO INTESTINE	-	-	-	Inpatient Only				
50820	C	CONSTRUCT BOWEL BLADDER	-	-	-	Inpatient Only				
50825	C	CONSTRUCT BOWEL BLADDER	-	-	-	Inpatient Only				
50830	C	REVISE URINE FLOW	-	-	-	Inpatient Only				
50840	C	REPLACE URETER BY BOWEL	-	-	-	Inpatient Only				
50845	C	APPENDICO-VESICOSTOMY	-	-	-	Inpatient Only				
50860	C	TRANSPLANT URETER TO SKIN	-	-	-	Inpatient Only				
50900	C	REPAIR OF URETER	-	-	-	Inpatient Only				
50920	C	CLOSURE URETER/SKIN FISTULA	-	-	-	Inpatient Only				
50930	C	CLOSURE URETER/BOWEL FISTULA	-	-	-	Inpatient Only				
50940	C	RELEASE OF URETER	-	-	-	Inpatient Only				
50945	T	LAPAROSCOPY URETEROLITHOTOMY	00131	43.5488	$2,079.46	APC				
50947	T	LAPARO NEW URETER/BLADDER	00131	43.5488	$2,079.46	APC				
50948	T	LAPARO NEW URETER/BLADDER	00131	43.5488	$2,079.46	APC				
50949	T	LAPAROSCOPE PROC, URETER	00130	32.1241	$1,533.93	APC				
50951	T	ENDOSCOPY OF URETER	00160	6.4951	$310.14	APC				
50953	T	ENDOSCOPY OF URETER	00160	6.4951	$310.14	APC				
50955	T	URETER ENDOSCOPY & BIOPSY	00161	19.2251	$918.00	APC				
50957	T	URETER ENDOSCOPY & TREATMENT	00161	19.2251	$918.00	APC				
50961	T	URETER ENDOSCOPY & TREATMENT	00161	19.2251	$918.00	APC				
50970	T	URETER ENDOSCOPY	00160	6.4951	$310.14	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
50972	T	URETER ENDOSCOPY & CATHETER	00160	6.4951	$310.14	APC				
50974	T	URETER ENDOSCOPY & BIOPSY	00161	19.2251	$918.00	APC				
50976	T	URETER ENDOSCOPY & TREATMENT	00161	19.2251	$918.00	APC				
50980	T	URETER ENDOSCOPY & TREATMENT	00161	19.2251	$918.00	APC				
51000	T	DRAINAGE OF BLADDER	00164	2.1393	$102.15	APC				
51005	T	DRAINAGE OF BLADDER	00126	1.0887	$51.99	APC				
51010	T	DRAINAGE OF BLADDER	00165	18.1679	$867.52	APC				
51020	T	INCISE & TREAT BLADDER	00162	23.87	$1,139.79	APC				
51030	T	INCISE & TREAT BLADDER	00162	23.87	$1,139.79	APC				
51040	T	INCISE & DRAIN BLADDER	00162	23.87	$1,139.79	APC				
51045	T	INCISE BLADDER/DRAIN URETER	00160	6.4951	$310.14	APC				
51050	T	REMOVAL OF BLADDER STONE	00162	23.87	$1,139.79	APC				
51060	C	REMOVAL OF URETER STONE	-	-	-	Inpatient Only				
51065	T	REMOVE URETER CALCULUS	00162	23.87	$1,139.79	APC				
51080	T	DRAINAGE OF BLADDER ABSCESS	00008	17.5086	$836.04	APC				
51500	T	REMOVAL OF BLADDER CYST	00154	29.2182	$1,395.17	APC				
51520	T	REMOVAL OF BLADDER LESION	00162	23.87	$1,139.79	APC				
51525	C	REMOVAL OF BLADDER LESION	-	-	-	Inpatient Only				
51530	C	REMOVAL OF BLADDER LESION	-	-	-	Inpatient Only				
51535	C	REPAIR OF URETER LESION	-	-	-	Inpatient Only				
51550	C	PARTIAL REMOVAL OF BLADDER	-	-	-	Inpatient Only				
51555	C	PARTIAL REMOVAL OF BLADDER	-	-	-	Inpatient Only				
51565	C	REVISE BLADDER & URETER(S)	-	-	-	Inpatient Only				
51570	C	REMOVAL OF BLADDER	-	-	-	Inpatient Only				
51575	C	REMOVAL OF BLADDER & NODES	-	-	-	Inpatient Only				
51580	C	REMOVE BLADDER/REVISE TRACT	-	-	-	Inpatient Only				
51585	C	REMOVAL OF BLADDER & NODES	-	-	-	Inpatient Only				
51590	C	REMOVE BLADDER/REVISE TRACT	-	-	-	Inpatient Only				
51595	C	REMOVE BLADDER/REVISE TRACT	-	-	-	Inpatient Only				
51596	C	REMOVE BLADDER/CREATE POUCH	-	-	-	Inpatient Only				
51597	C	REMOVAL OF PELVIC STRUCTURES	-	-	-	Inpatient Only				
51600	N	INJECTION FOR BLADDER X-RAY	-	-	-	APC/ Bundled				
51605	N	PREPARATION FOR BLADDER XRAY	-	-	-	APC/ Bundled				
51610	N	INJECTION FOR BLADDER X-RAY	-	-	-	APC/ Bundled				
51700	T	IRRIGATION OF BLADDER	00164	2.1393	$102.15	APC				
51701	X	INSERT BLADDER CATHETER	00340	0.6102	$29.14	APC				
51702	X	INSERT TEMP BLADDER CATH	00340	0.6102	$29.14	APC				
51703	T	INSERT BLADDER CATH COMPLEX	00126	1.0887	$51.99	APC				
51705	T	CHANGE OF BLADDER TUBE	00121	2.3587	$112.63	APC				
51710	T	CHANGE OF BLADDER TUBE	00122	7.48	$357.17	APC				
51715	T	ENDOSCOPIC INJECTION/IMPLANT	00168	29.0253	$1,385.96	APC				
51720	T	TREATMENT OF BLADDER LESION	00164	2.1393	$102.15	APC				
51725	T	SIMPLE CYSTOMETROGRAM	00164	2.1393	$102.15	APC				
51726	T	COMPLEX CYSTOMETROGRAM	00156	3.4079	$162.73	APC				

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51736	T	URINE FLOW MEASUREMENT	00126	1.0887	$51.99	APC				
51741	T	ELECTRO-UROFLOWMETRY FIRST	00126	1.0887	$51.99	APC				
51772	T	URETHRA PRESSURE PROFILE	00164	2.1393	$102.15	APC				
51784	T	ANAL/URINARY MUSCLE STUDY	00126	1.0887	$51.99	APC				
51785	T	ANAL/URINARY MUSCLE STUDY	00126	1.0887	$51.99	APC				
51792	T	URINARY REFLEX STUDY	00126	1.0887	$51.99	APC				
51795	T	URINE VOIDING PRESSURE STUDY	00164	2.1393	$102.15	APC				
51797	T	INTRAABDOMINAL PRESSURE TEST	00164	2.1393	$102.15	APC				
51798	X	US URINE CAPACITY MEASURE	00340	0.6102	$29.14	APC				
51800	C	REVISION OF BLADDER/URETHRA	-	-	-	Inpatient Only				
51820	C	REVISION OF URINARY TRACT	-	-	-	Inpatient Only				
51840	C	ATTACH BLADDER/URETHRA	-	-	-	Inpatient Only				
51841	C	ATTACH BLADDER/URETHRA	-	-	-	Inpatient Only				
51845	C	REPAIR BLADDER NECK	-	-	-	Inpatient Only				
51860	C	REPAIR OF BLADDER WOUND	-	-	-	Inpatient Only				
51865	C	REPAIR OF BLADDER WOUND	-	-	-	Inpatient Only				
51880	T	REPAIR OF BLADDER OPENING	00162	23.87	$1,139.79	APC				
51900	C	REPAIR BLADDER/VAGINA LESION	-	-	-	Inpatient Only				
51920	C	CLOSE BLADDER-UTERUS FISTULA	-	-	-	Inpatient Only				
51925	C	HYSTERECTOMY/BLADDER REPAIR	-	-	-	Inpatient Only				
51940	C	CORRECTION OF BLADDER DEFECT	-	-	-	Inpatient Only				
51960	C	REVISION OF BLADDER & BOWEL	-	-	-	Inpatient Only				
51980	C	CONSTRUCT BLADDER OPENING	-	-	-	Inpatient Only				
51990	T	LAPARO URETHRAL SUSPENSION	00131	43.5488	$2,079.46	APC				
51992	T	LAPARO SLING OPERATION	00131	43.5488	$2,079.46	APC				
51999	T	LAPAROSCOPE PROC BLADDER	00130	32.1241	$1,533.93	APC				
52000	T	CYSTOSCOPY	00160	6.4951	$310.14	APC				
52001	T	CYSTOSCOPY REMOVAL OF CLOTS	00160	6.4951	$310.14	APC				
52005	T	CYSTOSCOPY & URETER CATHETER	00161	19.2251	$918.00	APC				
52007	T	CYSTOSCOPY AND BIOPSY	00161	19.2251	$918.00	APC				
52010	T	CYSTOSCOPY & DUCT CATHETER	00160	6.4951	$310.14	APC				
52204	T	CYSTOSCOPY	00161	19.2251	$918.00	APC				
52214	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52224	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52234	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52235	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52240	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52250	T	CYSTOSCOPY AND RADIOTRACER	00162	23.87	$1,139.79	APC				
52260	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52265	T	CYSTOSCOPY AND TREATMENT	00160	6.4951	$310.14	APC				
52270	T	CYSTOSCOPY & REVISE URETHRA	00161	19.2251	$918.00	APC				
52275	T	CYSTOSCOPY & REVISE URETHRA	00161	19.2251	$918.00	APC				
52276	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52277	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
52281	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52282	T	CYSTOSCOPY IMPLANT STENT	00163	34.9261	$1,667.72	APC				
52283	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52285	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52290	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52300	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52301	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52305	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52310	T	CYSTOSCOPY AND TREATMENT	00160	6.4951	$310.14	APC				
52315	T	CYSTOSCOPY AND TREATMENT	00161	19.2251	$918.00	APC				
52317	T	REMOVE BLADDER STONE	00162	23.87	$1,139.79	APC				
52318	T	REMOVE BLADDER STONE	00162	23.87	$1,139.79	APC				
52320	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52325	T	CYSTOSCOPY, STONE REMOVAL	00162	23.87	$1,139.79	APC				
52327	T	CYSTOSCOPY INJECT MATERIAL	00162	23.87	$1,139.79	APC				
52330	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52332	T	CYSTOSCOPY AND TREATMENT	00162	23.87	$1,139.79	APC				
52334	T	CREATE PASSAGE TO KIDNEY	00162	23.87	$1,139.79	APC				
52341	T	CYSTO W/URETER STRICTURE TX	00162	23.87	$1,139.79	APC				
52342	T	CYSTO W/UP STRICTURE TX	00162	23.87	$1,139.79	APC				
52343	T	CYSTO W/RENAL STRICTURE TX	00162	23.87	$1,139.79	APC				
52344	T	CYSTO/URETERO, STRICTURE TX	00162	23.87	$1,139.79	APC				
52345	T	CYSTO/URETERO W/UP STRICTURE	00162	23.87	$1,139.79	APC				
52346	T	CYSTOURETERO W/RENAL STRICT	00162	23.87	$1,139.79	APC				
52351	T	CYSTOURETERO & OR PYELOSCOPE	00161	19.2251	$918.00	APC				
52352	T	CYSTOURETERO W/STONE REMOVE	00162	23.87	$1,139.79	APC				
52353	T	CYSTOURETERO W/LITHOTRIPSY	00163	34.9261	$1,667.72	APC				
52354	T	CYSTOURETERO W/BIOPSY	00162	23.87	$1,139.79	APC				
52355	T	CYSTOURETERO W/EXCISE TUMOR	00162	23.87	$1,139.79	APC				
52400	T	CYSTOURETERO W/CONGEN REPR	00162	23.87	$1,139.79	APC				
52402	T	CYSTOURETHRO CUT EJACUL DUCT	00162	23.87	$1,139.79	APC				
52450	T	INCISION OF PROSTATE	00162	23.87	$1,139.79	APC				
52500	T	REVISION OF BLADDER NECK	00162	23.87	$1,139.79	APC				
52510	T	DILATION PROSTATIC URETHRA	00161	19.2251	$918.00	APC				
52601	T	PROSTATECTOMY (TURP)	00163	34.9261	$1,667.72	APC				
52606	T	CONTROL POSTOP BLEEDING	00162	23.87	$1,139.79	APC				
52612	T	PROSTATECTOMY, FIRST STAGE	00163	34.9261	$1,667.72	APC				
52614	T	PROSTATECTOMY, SECOND STAGE	00163	34.9261	$1,667.72	APC				
52620	T	REMOVE RESIDUAL PROSTATE	00163	34.9261	$1,667.72	APC				
52630	T	REMOVE PROSTATE REGROWTH	00163	34.9261	$1,667.72	APC				
52640	T	RELIEVE BLADDER CONTRACTURE	00162	23.87	$1,139.79	APC				
52647	T	LASER SURGERY OF PROSTATE	00429	43.1004	$2,058.04	APC				
52648	T	LASER SURGERY OF PROSTATE	00429	43.1004	$2,058.04	APC				
52700	T	DRAINAGE OF PROSTATE ABSCESS	00162	23.87	$1,139.79	APC				

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53000	T	INCISION OF URETHRA	00166	18.396	$878.41	APC				
53010	T	INCISION OF URETHRA	00166	18.396	$878.41	APC				
53020	T	INCISION OF URETHRA	00166	18.396	$878.41	APC				
53025	T	INCISION OF URETHRA	00166	18.396	$878.41	APC				
53040	T	DRAINAGE OF URETHRA ABSCESS	00166	18.396	$878.41	APC				
53060	T	DRAINAGE OF URETHRA ABSCESS	00166	18.396	$878.41	APC				
53080	T	DRAINAGE OF URINARY LEAKAGE	00166	18.396	$878.41	APC				
53085	T	DRAINAGE OF URINARY LEAKAGE	00166	18.396	$878.41	APC				
53200	T	BIOPSY OF URETHRA	00166	18.396	$878.41	APC				
53210	T	REMOVAL OF URETHRA	00168	29.0253	$1,385.96	APC				
53215	T	REMOVAL OF URETHRA	00166	18.396	$878.41	APC				
53220	T	TREATMENT OF URETHRA LESION	00168	29.0253	$1,385.96	APC				
53230	T	REMOVAL OF URETHRA LESION	00168	29.0253	$1,385.96	APC				
53235	T	REMOVAL OF URETHRA LESION	00166	18.396	$878.41	APC				
53240	T	SURGERY FOR URETHRA POUCH	00168	29.0253	$1,385.96	APC				
53250	T	REMOVAL OF URETHRA GLAND	00166	18.396	$878.41	APC				
53260	T	TREATMENT OF URETHRA LESION	00166	18.396	$878.41	APC				
53265	T	TREATMENT OF URETHRA LESION	00166	18.396	$878.41	APC				
53270	T	REMOVAL OF URETHRA GLAND	00166	18.396	$878.41	APC				
53275	T	REPAIR OF URETHRA DEFECT	00166	18.396	$878.41	APC				
53400	T	REVISE URETHRA, STAGE 1	00168	29.0253	$1,385.96	APC				
53405	T	REVISE URETHRA, STAGE 2	00168	29.0253	$1,385.96	APC				
53410	T	RECONSTRUCTION OF URETHRA	00168	29.0253	$1,385.96	APC				
53415	C	RECONSTRUCTION OF URETHRA	-	-	-	Inpatient Only				
53420	T	RECONSTRUCT URETHRA, STAGE 1	00168	29.0253	$1,385.96	APC				
53425	T	RECONSTRUCT URETHRA, STAGE 2	00168	29.0253	$1,385.96	APC				
53430	T	RECONSTRUCTION OF URETHRA	00168	29.0253	$1,385.96	APC				
53431	T	RECONSTRUCT URETHRA/BLADDER	00168	29.0253	$1,385.96	APC				
53440	S	MALE SLING PROCEDURE	00385	79.2092	$3,782.24	APC				
53442	T	REMOVE/REVISE MALE SLING	00168	29.0253	$1,385.96	APC				
53444	S	INSERT TANDEM CUFF	00385	79.2092	$3,782.24	APC				
53445	S	INSERT URO/VES NCK SPHINCTER	00386	137.3897	$6,560.36	APC				
53446	T	REMOVE URO SPHINCTER	00168	29.0253	$1,385.96	APC				
53447	S	REMOVE/REPLACE UR SPHINCTER	00386	137.3897	$6,560.36	APC				
53448	C	REMOV/REPLC UR SPHINCTR COMP	-	-	-	Inpatient Only				
53449	T	REPAIR URO SPHINCTER	00168	29.0253	$1,385.96	APC				
53450	T	REVISION OF URETHRA	00168	29.0253	$1,385.96	APC				
53460	T	REVISION OF URETHRA	00166	18.396	$878.41	APC				
53500	T	URETHRLYS TRANSVAG W/ SCOPE	00168	29.0253	$1,385.96	APC				
53502	T	REPAIR OF URETHRA INJURY	00166	18.396	$878.41	APC				
53505	T	REPAIR OF URETHRA INJURY	00168	29.0253	$1,385.96	APC				
53510	T	REPAIR OF URETHRA INJURY	00166	18.396	$878.41	APC				
53515	T	REPAIR OF URETHRA INJURY	00168	29.0253	$1,385.96	APC				
53520	T	REPAIR OF URETHRA DEFECT	00168	29.0253	$1,385.96	APC				

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53600	T	DILATE URETHRA STRICTURE	00156	3.4079	$162.73	APC				
53601	T	DILATE URETHRA STRICTURE	00126	1.0887	$51.99	APC				
53605	T	DILATE URETHRA STRICTURE	00161	19.2251	$918.00	APC				
53620	T	DILATE URETHRA STRICTURE	00165	18.1679	$867.52	APC				
53621	T	DILATE URETHRA STRICTURE	00164	2.1393	$102.15	APC				
53660	T	DILATION OF URETHRA	00126	1.0887	$51.99	APC				
53661	T	DILATION OF URETHRA	00126	1.0887	$51.99	APC				
53665	T	DILATION OF URETHRA	00166	18.396	$878.41	APC				
53850	T	PROSTATIC MICROWAVE THERMOTX	00675	41.1375	$1,964.32	APC				
53852	T	PROSTATIC RF THERMOTX	00675	41.1375	$1,964.32	APC				
53853	T	PROSTATIC WATER THERMOTHER	00162	23.87	$1,139.79	APC				
53899	T	UROLOGY SURGERY PROCEDURE	00126	1.0887	$51.99	APC				
54000	T	SLITTING OF PREPUCE	00166	18.396	$878.41	APC				
54001	T	SLITTING OF PREPUCE	00166	18.396	$878.41	APC				
54015	T	DRAIN PENIS LESION	00008	17.5086	$836.04	APC				
54050	T	DESTRUCTION, PENIS LESION(S)	00013	1.0918	$52.13	APC				
54055	T	DESTRUCTION, PENIS LESION(S)	00017	17.4423	$832.87	APC				
54056	T	CRYOSURGERY, PENIS LESION(S)	00012	0.8432	$40.26	APC				
54057	T	LASER SURG, PENIS LESION(S)	00017	17.4423	$832.87	APC				
54060	T	EXCISION OF PENIS LESION(S)	00017	17.4423	$832.87	APC				
54065	T	DESTRUCTION, PENIS LESION(S)	00695	20.4276	$975.42	APC				
54100	T	BIOPSY OF PENIS	00021	15.1024	$721.14	APC				
54105	T	BIOPSY OF PENIS	00022	20.0656	$958.13	APC				
54110	T	TREATMENT OF PENIS LESION	00181	32.9873	$1,575.14	APC				
54111	T	TREAT PENIS LESION GRAFT	00181	32.9873	$1,575.14	APC				
54112	T	TREAT PENIS LESION GRAFT	00181	32.9873	$1,575.14	APC				
54115	T	TREATMENT OF PENIS LESION	00008	17.5086	$836.04	APC				
54120	T	PARTIAL REMOVAL OF PENIS	00181	32.9873	$1,575.14	APC				
54125	C	REMOVAL OF PENIS	-	-	-	Inpatient Only				
54130	C	REMOVE PENIS & NODES	-	-	-	Inpatient Only				
54135	C	REMOVE PENIS & NODES	-	-	-	Inpatient Only				
54150	T	CIRCUMCISION W/REGIONL BLOCK	00180	20.5513	$981.32	APC				Y
54160	T	CIRCUMCISION, NEONATE	00180	20.5513	$981.32	APC				Y
54161	T	CIRCUM 28 DAYS OR OLDER	00180	20.5513	$981.32	APC				Y
54162	T	LYSIS PENIL CIRCUMIC LESION	00180	20.5513	$981.32	APC				
54163	T	REPAIR OF CIRCUMCISION	00180	20.5513	$981.32	APC				
54164	T	FRENULOTOMY OF PENIS	00180	20.5513	$981.32	APC				
54200	T	TREATMENT OF PENIS LESION	00164	2.1393	$102.15	APC				
54205	T	TREATMENT OF PENIS LESION	00181	32.9873	$1,575.14	APC				
54220	T	TREATMENT OF PENIS LESION	00164	2.1393	$102.15	APC				
54230	N	PREPARE PENIS STUDY	-	-	-	APC/ Bundled				
54231	T	DYNAMIC CAVERNOSOMETRY	00165	18.1679	$867.52	APC				
54235	T	PENILE INJECTION	-	-	-	Not Allowed				
54240	T	PENIS STUDY	00126	1.0887	$51.99	APC				

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54250	T	PENIS STUDY	-	-	-	Not Allowed				
54300	T	REVISION OF PENIS	00181	32.9873	$1,575.14	APC				
54304	T	REVISION OF PENIS	00181	32.9873	$1,575.14	APC				
54308	T	RECONSTRUCTION OF URETHRA	00181	32.9873	$1,575.14	APC				
54312	T	RECONSTRUCTION OF URETHRA	00181	32.9873	$1,575.14	APC				
54316	T	RECONSTRUCTION OF URETHRA	00181	32.9873	$1,575.14	APC				
54318	T	RECONSTRUCTION OF URETHRA	00181	32.9873	$1,575.14	APC				
54322	T	RECONSTRUCTION OF URETHRA	00181	32.9873	$1,575.14	APC				
54324	T	RECONSTRUCTION OF URETHRA	00181	32.9873	$1,575.14	APC				
54326	T	RECONSTRUCTION OF URETHRA	00181	32.9873	$1,575.14	APC				
54328	T	REVISE PENIS/URETHRA	00181	32.9873	$1,575.14	APC				
54332	C	REVISE PENIS/URETHRA	-	-	-	Inpatient Only				
54336	C	REVISE PENIS/URETHRA	-	-	-	Inpatient Only				
54340	T	SECONDARY URETHRAL SURGERY	00181	32.9873	$1,575.14	APC				
54344	T	SECONDARY URETHRAL SURGERY	00181	32.9873	$1,575.14	APC				
54348	T	SECONDARY URETHRAL SURGERY	00181	32.9873	$1,575.14	APC				
54352	T	RECONSTRUCT URETHRA/PENIS	00181	32.9873	$1,575.14	APC				
54360	T	PENIS PLASTIC SURGERY	-	-	-	Not Allowed				Y
54380	T	REPAIR PENIS	00181	32.9873	$1,575.14	APC				
54385	T	REPAIR PENIS	00181	32.9873	$1,575.14	APC				
54390	C	REPAIR PENIS AND BLADDER	-	-	-	Inpatient Only				
54400	S	INSERT SEMI-RIGID PROSTHESIS	00385	79.2092	$3,782.24	APC				
54401	S	INSERT SELF-CONTD PROSTHESIS	00386	137.3897	$6,560.36	APC				
54405	S	INSERT MULTI-COMP PENIS PROS	00386	137.3897	$6,560.36	APC				
54406	T	REMOVE MUTI-COMP PENIS PROS	00181	32.9873	$1,575.14	APC				
54408	T	REPAIR MULTI-COMP PENIS PROS	00181	32.9873	$1,575.14	APC				
54410	S	REMOVE/REPLACE PENIS PROSTH	00386	137.3897	$6,560.36	APC				
54411	C	REMOV/REPLC PENIS PROS COMP	-	-	-	Inpatient Only				
54415	T	REMOVE SELF-CONTD PENIS PROS	00181	32.9873	$1,575.14	APC				
54416	S	REMV/REPL PENIS CONTAIN PROS	00386	137.3897	$6,560.36	APC				
54417	C	REMV/REPLC PENIS PROS, COMPL	-	-	-	Inpatient Only				
54420	T	REVISION OF PENIS	00181	32.9873	$1,575.14	APC				
54430	C	REVISION OF PENIS	-	-	-	Inpatient Only				
54435	T	REVISION OF PENIS	00181	32.9873	$1,575.14	APC				
54440	T	REPAIR OF PENIS	00181	32.9873	$1,575.14	APC				
54450	T	PREPUTIAL STRETCHING	00156	3.4079	$162.73	APC				
54500	T	BIOPSY OF TESTIS	00037	10.2655	$490.18	APC				
54505	T	BIOPSY OF TESTIS	00183	23.531	$1,123.61	APC				
54512	T	EXCISE LESION TESTIS	00183	23.531	$1,123.61	APC				
54520	T	REMOVAL OF TESTIS	00183	23.531	$1,123.61	APC				
54522	T	ORCHIECTOMY PARTIAL	00183	23.531	$1,123.61	APC				
54530	T	REMOVAL OF TESTIS	00154	29.2182	$1,395.17	APC				
54535	C	EXTENSIVE TESTIS SURGERY	-	-	-	Inpatient Only				
54550	T	EXPLORATION FOR TESTIS	00154	29.2182	$1,395.17	APC				

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54560	T	EXPLORATION FOR TESTIS	00183	23.531	$1,123.61	APC				
54600	T	REDUCE TESTIS TORSION	00183	23.531	$1,123.61	APC				
54620	T	SUSPENSION OF TESTIS	00183	23.531	$1,123.61	APC				
54640	T	SUSPENSION OF TESTIS	00154	29.2182	$1,395.17	APC				
54650	C	ORCHIOPEXY (FOWLER-STEPHENS)	-	-	-	Inpatient Only				
54660	T	REVISION OF TESTIS	00183	23.531	$1,123.61	APC				
54670	T	REPAIR TESTIS INJURY	00183	23.531	$1,123.61	APC				
54680	T	RELOCATION OF TESTIS(ES)	00183	23.531	$1,123.61	APC				
54690	T	LAPAROSCOPY, ORCHIECTOMY	00131	43.5488	$2,079.46	APC				
54692	T	LAPAROSCOPY, ORCHIOPEXY	00132	70.5066	$3,366.69	APC				
54699	T	LAPAROSCOPE PROC, TESTIS	00130	32.1241	$1,533.93	APC				
54700	T	DRAINAGE OF SCROTUM	00183	23.531	$1,123.61	APC				
54800	T	BIOPSY OF EPIDIDYMIS	00004	2.0687	$98.78	APC				
54830	T	REMOVE EPIDIDYMIS LESION	00183	23.531	$1,123.61	APC				
54840	T	REMOVE EPIDIDYMIS LESION	00183	23.531	$1,123.61	APC				
54860	T	REMOVAL OF EPIDIDYMIS	00183	23.531	$1,123.61	APC				
54861	T	REMOVAL OF EPIDIDYMIS	00183	23.531	$1,123.61	APC				
54865	T	EXPLORE EPIDIDYMIS	00183	23.531	$1,123.61	APC				
54900	T	FUSION OF SPERMATIC DUCTS	00183	23.531	$1,123.61	APC				
54901	T	FUSION OF SPERMATIC DUCTS	00183	23.531	$1,123.61	APC				
55000	T	DRAINAGE OF HYDROCELE	00004	2.0687	$98.78	APC				
55040	T	REMOVAL OF HYDROCELE	00154	29.2182	$1,395.17	APC				
55041	T	REMOVAL OF HYDROCELES	00154	29.2182	$1,395.17	APC				
55060	T	REPAIR OF HYDROCELE	00183	23.531	$1,123.61	APC				
55100	T	DRAINAGE OF SCROTUM ABSCESS	00007	11.1535	$532.58	APC				
55110	T	EXPLORE SCROTUM	00183	23.531	$1,123.61	APC				
55120	T	REMOVAL OF SCROTUM LESION	00183	23.531	$1,123.61	APC				
55150	T	REMOVAL OF SCROTUM	00183	23.531	$1,123.61	APC				
55175	T	REVISION OF SCROTUM	00183	23.531	$1,123.61	APC				
55180	T	REVISION OF SCROTUM	00183	23.531	$1,123.61	APC				
55200	T	INCISION OF SPERM DUCT	00183	23.531	$1,123.61	APC				
55250	T	REMOVAL OF SPERM DUCT(S)	00183	23.531	$1,123.61	APC				
55300	N	PREPARE, SPERM DUCT X-RAY	-	-	-	APC/ Bundled				
55400	T	REPAIR OF SPERM DUCT	00183	23.531	$1,123.61	APC				
55450	T	LIGATION OF SPERM DUCT	00183	23.531	$1,123.61	APC				
55500	T	REMOVAL OF HYDROCELE	00183	23.531	$1,123.61	APC				
55520	T	REMOVAL OF SPERM CORD LESION	00183	23.531	$1,123.61	APC				
55530	T	REVISE SPERMATIC CORD VEINS	00183	23.531	$1,123.61	APC				
55535	T	REVISE SPERMATIC CORD VEINS	00154	29.2182	$1,395.17	APC				
55540	T	REVISE HERNIA & SPERM VEINS	00154	29.2182	$1,395.17	APC				
55550	T	LAPARO LIGATE SPERMATIC VEIN	00131	43.5488	$2,079.46	APC				
55559	T	LAPARO PROC, SPERMATIC CORD	00130	32.1241	$1,533.93	APC				
55600	T	INCISE SPERM DUCT POUCH	00183	23.531	$1,123.61	APC				
55605	C	INCISE SPERM DUCT POUCH	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
55650	C	REMOVE SPERM DUCT POUCH	-	-	-	Inpatient Only				
55680	T	REMOVE SPERM POUCH LESION	00183	23.531	$1,123.61	APC				
55700	T	BIOPSY OF PROSTATE	00184	5.6262	$268.65	APC				
55705	T	BIOPSY OF PROSTATE	00184	5.6262	$268.65	APC				
55720	T	DRAINAGE OF PROSTATE ABSCESS	00162	23.87	$1,139.79	APC				
55725	T	DRAINAGE OF PROSTATE ABSCESS	00162	23.87	$1,139.79	APC				
55801	C	REMOVAL OF PROSTATE	-	-	-	Inpatient Only				
55810	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only				
55812	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only				
55815	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only				
55821	C	REMOVAL OF PROSTATE	-	-	-	Inpatient Only				
55831	C	REMOVAL OF PROSTATE	-	-	-	Inpatient Only				
55840	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only				
55842	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only				
55845	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only				
55860	T	SURGICAL EXPOSURE, PROSTATE	00165	18.1679	$867.52	APC				
55862	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only				
55865	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only				
55866	C	LAPARO RADICAL PROSTATECTOMY	-	-	-	Inpatient Only				
55870	E	ELECTROEJACULATION	-	-	-	Not Allowed				
55873	T	CRYOABLATE PROSTATE	00674	108.7566	$5,193.13	APC				
55875	T	TRANSPERI NEEDLE PLACE, PROS	00163	34.9261	$1,667.72	APC				
55876	T	PLACE RT DEVICE/MARKER, PROS	00156	3.4079	$162.73	APC				
55899	T	GENITAL SURGERY PROCEDURE	00126	1.0887	$51.99	APC				
55970	E	SEX TRANSFORMATION, M TO F	-	-	-	Not Allowed				
55980	E	SEX TRANSFORMATION, F TO M	-	-	-	Not Allowed				
56405	T	I & D OF VULVA/PERINEUM	00189	2.8966	$138.31	APC				
56420	T	DRAINAGE OF GLAND ABSCESS	00188	1.29	$61.60	APC				
56440	T	SURGERY FOR VULVA LESION	00194	20.5081	$979.26	APC				
56441	T	LYSIS OF LABIAL LESION(S)	00193	14.8489	$709.03	APC				
56442	T	HYMENOTOMY	00193	14.8489	$709.03	APC				
56501	T	DESTROY VULVA LESIONS SIM	00017	17.4423	$832.87	APC				
56515	T	DESTROY VULVA LESION/S COMPL	00695	20.4276	$975.42	APC				
56605	T	BIOPSY OF VULVA/PERINEUM	00019	4.0919	$195.39	APC				
56606	T	BIOPSY OF VULVA/PERINEUM	00019	4.0919	$195.39	APC				
56620	T	PARTIAL REMOVAL OF VULVA	00195	28.5095	$1,361.33	APC				
56625	T	COMPLETE REMOVAL OF VULVA	00195	28.5095	$1,361.33	APC				
56630	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only				
56631	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only				
56632	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only				
56633	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only				
56634	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only				
56637	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only				
56640	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only				

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56700	T	PARTIAL REMOVAL OF HYMEN	00194	20.5081	$979.26	APC				
56740	T	REMOVE VAGINA GLAND LESION	00194	20.5081	$979.26	APC				
56800	T	REPAIR OF VAGINA	00194	20.5081	$979.26	APC				
56805	T	REPAIR CLITORIS	00193	14.8489	$709.03	APC				
56810	T	REPAIR OF PERINEUM	00194	20.5081	$979.26	APC				
56820	T	EXAM OF VULVA W/SCOPE	00188	1.29	$61.60	APC				
56821	T	EXAM/BIOPSY OF VULVA W/SCOPE	00189	2.8966	$138.31	APC				
57000	T	EXPLORATION OF VAGINA	00193	14.8489	$709.03	APC				
57010	T	DRAINAGE OF PELVIC ABSCESS	00193	14.8489	$709.03	APC				
57020	T	DRAINAGE OF PELVIC FLUID	00192	6.6592	$317.98	APC				
57022	T	I & D VAGINAL HEMATOMA, PP	00007	11.1535	$532.58	APC				
57023	T	I & D VAG HEMATOMA, NON-OB	00008	17.5086	$836.04	APC				
57061	T	DESTROY VAG LESIONS, SIMPLE	00194	20.5081	$979.26	APC				
57065	T	DESTROY VAG LESIONS, COMPLEX	00194	20.5081	$979.26	APC				
57100	T	BIOPSY OF VAGINA	00192	6.6592	$317.98	APC				
57105	T	BIOPSY OF VAGINA	00194	20.5081	$979.26	APC				
57106	T	REMOVE VAGINA WALL, PARTIAL	00194	20.5081	$979.26	APC				
57107	T	REMOVE VAGINA TISSUE, PART	00195	28.5095	$1,361.33	APC				
57109	T	VAGINECTOMY PARTIAL W/NODES	00195	28.5095	$1,361.33	APC				
57110	C	REMOVE VAGINA WALL, COMPLETE	-	-	-	Inpatient Only				
57111	C	REMOVE VAGINA TISSUE, COMPL	-	-	-	Inpatient Only				
57112	C	VAGINECTOMY W/NODES, COMPL	-	-	-	Inpatient Only				
57120	T	CLOSURE OF VAGINA	00195	28.5095	$1,361.33	APC				
57130	T	REMOVE VAGINA LESION	00194	20.5081	$979.26	APC				
57135	T	REMOVE VAGINA LESION	00194	20.5081	$979.26	APC				
57150	T	TREAT VAGINA INFECTION	00191	0.1468	$7.01	APC				
57155	T	INSERT UTERI TANDEMS/OVOIDS	00192	6.6592	$317.98	APC				
57160	T	INSERT PESSARY/OTHER DEVICE	00188	1.29	$61.60	APC				
57170	T	FITTING OF DIAPHRAGM/CAP	00191	0.1468	$7.01	APC				
57180	T	TREAT VAGINAL BLEEDING	00189	2.8966	$138.31	APC				
57200	T	REPAIR OF VAGINA	00194	20.5081	$979.26	APC				
57210	T	REPAIR VAGINA/PERINEUM	00194	20.5081	$979.26	APC				
57220	T	REVISION OF URETHRA	00202	42.9896	$2,052.75	APC				
57230	T	REPAIR OF URETHRAL LESION	00195	28.5095	$1,361.33	APC				
57240	T	REPAIR BLADDER & VAGINA	00195	28.5095	$1,361.33	APC				
57250	T	REPAIR RECTUM & VAGINA	00195	28.5095	$1,361.33	APC				
57260	T	REPAIR OF VAGINA	00195	28.5095	$1,361.33	APC				
57265	T	EXTENSIVE REPAIR OF VAGINA	00202	42.9896	$2,052.75	APC				
57267	T	INSERT MESH/PELVIC FLR ADDON	00195	28.5095	$1,361.33	APC				
57268	T	REPAIR OF BOWEL BULGE	00195	28.5095	$1,361.33	APC				
57270	C	REPAIR OF BOWEL POUCH	-	-	-	Inpatient Only				
57280	C	SUSPENSION OF VAGINA	-	-	-	Inpatient Only				
57282	T	COLPOPEXY, EXTRAPERITONEAL	00202	42.9896	$2,052.75	APC				
57283	T	COLPOPEXY INTRAPERITONEAL	00202	42.9896	$2,052.75	APC				

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57284	T	REPAIR PARAVAGINAL DEFECT	00202	42.9896	$2,052.75	APC				
57287	T	REVISE/REMOVE SLING REPAIR	00195	28.5095	$1,361.33	APC				
57288	T	REPAIR BLADDER DEFECT	00202	42.9896	$2,052.75	APC				
57289	T	REPAIR BLADDER & VAGINA	00195	28.5095	$1,361.33	APC				
57291	T	CONSTRUCTION OF VAGINA	-	-	-	Not Allowed				
57292	T	CONSTRUCT VAGINA WITH GRAFT	00195	28.5095	$1,361.33	APC				
57295	T	CHANGE VAGINAL GRAFT	00194	20.5081	$979.26	APC				
57296	C	REVISE VAG GRAFT, OPEN ABD	-	-	-	Inpatient Only				
57300	T	REPAIR RECTUM-VAGINA FISTULA	00195	28.5095	$1,361.33	APC				
57305	C	REPAIR RECTUM-VAGINA FISTULA	-	-	-	Inpatient Only				
57307	C	FISTULA REPAIR & COLOSTOMY	-	-	-	Inpatient Only				
57308	C	FISTULA REPAIR, TRANSPERINE	-	-	-	Inpatient Only				
57310	T	REPAIR URETHROVAGINAL LESION	00202	42.9896	$2,052.75	APC				
57311	C	REPAIR URETHROVAGINAL LESION	-	-	-	Inpatient Only				
57320	T	REPAIR BLADDER-VAGINA LESION	00195	28.5095	$1,361.33	APC				
57330	T	REPAIR BLADDER-VAGINA LESION	00195	28.5095	$1,361.33	APC				
57335	T	REPAIR VAGINA	00195	28.5095	$1,361.33	APC				
57400	T	DILATION OF VAGINA	00194	20.5081	$979.26	APC				
57410	T	PELVIC EXAMINATION	00193	14.8489	$709.03	APC				
57415	T	REMOVE VAGINAL FOREIGN BODY	00194	20.5081	$979.26	APC				
57420	T	EXAM OF VAGINA W/SCOPE	00189	2.8966	$138.31	APC				
57421	T	EXAM/BIOPSY OF VAG W/SCOPE	00189	2.8966	$138.31	APC				
57425	T	LAPAROSCOPY SURG COLPOPEXY	00130	32.1241	$1,533.93	APC				
57452	T	EXAM OF CERVIX W/SCOPE	00188	1.29	$61.60	APC				
57454	T	BX/CURETT OF CERVIX W/SCOPE	00189	2.8966	$138.31	APC				
57455	T	BIOPSY OF CERVIX W/SCOPE	00189	2.8966	$138.31	APC				
57456	T	ENDOCERV CURETTAGE W/SCOPE	00189	2.8966	$138.31	APC				
57460	T	BX OF CERVIX W/SCOPE LEEP	00193	14.8489	$709.03	APC				
57461	T	CONZ OF CERVIX W/SCOPE LEEP	00194	20.5081	$979.26	APC				
57500	T	BIOPSY OF CERVIX	00189	2.8966	$138.31	APC				
57505	T	ENDOCERVICAL CURETTAGE	00189	2.8966	$138.31	APC				
57510	T	CAUTERIZATION OF CERVIX	00193	14.8489	$709.03	APC				
57511	T	CRYOCAUTERY OF CERVIX	00188	1.29	$61.60	APC				
57513	T	LASER SURGERY OF CERVIX	00193	14.8489	$709.03	APC				
57520	T	CONIZATION OF CERVIX	00194	20.5081	$979.26	APC				
57522	T	CONIZATION OF CERVIX	00195	28.5095	$1,361.33	APC				
57530	T	REMOVAL OF CERVIX	00195	28.5095	$1,361.33	APC				
57531	C	REMOVAL OF CERVIX, RADICAL	-	-	-	Inpatient Only				
57540	C	REMOVAL OF RESIDUAL CERVIX	-	-	-	Inpatient Only				
57545	C	REMOVE CERVIX/REPAIR PELVIS	-	-	-	Inpatient Only				
57550	T	REMOVAL OF RESIDUAL CERVIX	00195	28.5095	$1,361.33	APC				
57555	T	REMOVE CERVIX/REPAIR VAGINA	00195	28.5095	$1,361.33	APC				
57556	T	REMOVE CERVIX REPAIR BOWEL	00202	42.9896	$2,052.75	APC				
57558	T	D&C OF CERVICAL STUMP	00196	17.7499	$847.56	APC				

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57700	T	REVISION OF CERVIX	00194	20.5081	$979.26	APC				
57720	T	REVISION OF CERVIX	00194	20.5081	$979.26	APC				
57800	T	DILATION OF CERVICAL CANAL	00193	14.8489	$709.03	APC				
58100	T	BIOPSY OF UTERUS LINING	00188	1.29	$61.60	APC				
58110	T	BX DONE W/COLPOSCOPY ADD-ON	00188	1.29	$61.60	APC				
58120	T	DILATION AND CURETTAGE	00196	17.7499	$847.56	APC				
58140	C	MYOMECTOMY ABDOM METHOD	-	-	-	Inpatient Only				
58145	T	MYOMECTOMY VAG METHOD	00195	28.5095	$1,361.33	APC				
58146	C	MYOMECTOMY ABDOM COMPLEX	-	-	-	Inpatient Only				
58150	C	TOTAL HYSTERECTOMY	-	-	-	Inpatient Only				
58152	C	TOTAL HYSTERECTOMY	-	-	-	Inpatient Only				
58180	C	PARTIAL HYSTERECTOMY	-	-	-	Inpatient Only				
58200	C	EXTENSIVE HYSTERECTOMY	-	-	-	Inpatient Only				
58210	C	EXTENSIVE HYSTERECTOMY	-	-	-	Inpatient Only				
58240	C	REMOVAL OF PELVIS CONTENTS	-	-	-	Inpatient Only				
58260	T	VAGINAL HYSTERECTOMY	00195	28.5095	$1,361.33	APC				
58262	T	VAG HYST INCLUDING T/O	00195	28.5095	$1,361.33	APC				
58263	T	VAG HYST W/T/O & VAG REPAIR	00195	28.5095	$1,361.33	APC				
58267	C	VAG HYST W/URINARY REPAIR	-	-	-	Inpatient Only				
58270	T	VAG HYST W/ENTEROCELE REPAIR	00195	28.5095	$1,361.33	APC				
58275	C	HYSTERECTOMY/REVISE VAGINA	-	-	-	Inpatient Only				
58280	C	HYSTERECTOMY/REVISE VAGINA	-	-	-	Inpatient Only				
58285	C	EXTENSIVE HYSTERECTOMY	-	-	-	Inpatient Only				
58290	T	VAG HYST COMPLEX	00202	42.9896	$2,052.75	APC				
58291	T	VAG HYST INCL T/O COMPLEX	00202	42.9896	$2,052.75	APC				
58292	T	VAG HYST T/O & REPAIR COMPL	00202	42.9896	$2,052.75	APC				
58293	C	VAG HYST W/URO REPAIR COMPL	-	-	-	Inpatient Only				
58294	T	VAG HYST W/ENTEROCELE COMPL	00202	42.9896	$2,052.75	APC				
58300	M	INSERT INTRAUTERINE DEVICE	-	-	-	By Report				
58301	T	REMOVE INTRAUTERINE DEVICE	00188	1.29	$61.60	APC				
58321	E	ARTIFICIAL INSEMINATION	-	-	-	Not Allowed				
58322	E	ARTIFICIAL INSEMINATION	-	-	-	Not Allowed				
58323	E	SPERM WASHING	-	-	-	Not Allowed				
58340	N	CATHETER FOR HYSTEROGRAPHY	-	-	-	APC/ Bundled				
58345	T	REOPEN FALLOPIAN TUBE	-	-	-	Not Allowed				Y
58346	T	INSERT HEYMAN UTERI CAPSULE	00193	14.8489	$709.03	APC				
58350	T	REOPEN FALLOPIAN TUBE	00195	28.5095	$1,361.33	APC				
58353	T	ENDOMETR ABLATE, THERMAL	00195	28.5095	$1,361.33	APC				
58356	T	ENDOMETRIAL CRYOABLATION	00202	42.9896	$2,052.75	APC				
58400	C	SUSPENSION OF UTERUS	-	-	-	Inpatient Only				
58410	C	SUSPENSION OF UTERUS	-	-	-	Inpatient Only				
58520	C	REPAIR OF RUPTURED UTERUS	-	-	-	Inpatient Only				
58540	C	REVISION OF UTERUS	-	-	-	Inpatient Only				
58541	T	LSH, UTERUS 250 G OR LESS	00131	43.5488	$2,079.46	APC				

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58542	T	LSH W/T/O UT 250 G OR LESS	00131	43.5488	$2,079.46	APC				
58543	T	LSH UTERUS ABOVE 250 G	00131	43.5488	$2,079.46	APC				
58544	T	LSH W/T/O UTERUS ABOVE 250 G	00131	43.5488	$2,079.46	APC				
58545	T	LAPAROSCOPIC MYOMECTOMY	00130	32.1241	$1,533.93	APC				
58546	T	LAPARO-MYOMECTOMY COMPLEX	00131	43.5488	$2,079.46	APC				
58548	C	LAP RADICAL HYST	-	-	-	Inpatient Only				
58550	T	LAPARO-ASST VAG HYSTERECTOMY	00132	70.5066	$3,366.69	APC				
58552	T	LAPARO-VAG HYST INCL T/O	00131	43.5488	$2,079.46	APC				
58553	T	LAPARO-VAG HYST COMPLEX	00131	43.5488	$2,079.46	APC				
58554	T	LAPARO-VAG HYST W/T/O COMPL	00131	43.5488	$2,079.46	APC				
58555	T	HYSTEROSCOPY, DX, SEP PROC	00190	21.3586	$1,019.87	APC				
58558	T	HYSTEROSCOPY, BIOPSY	00190	21.3586	$1,019.87	APC				
58559	T	HYSTEROSCOPY, LYSIS	00190	21.3586	$1,019.87	APC				
58560	T	HYSTEROSCOPY, RESECT SEPTUM	00387	34.0155	$1,624.24	APC				
58561	T	HYSTEROSCOPY, REMOVE MYOMA	00387	34.0155	$1,624.24	APC				
58562	T	HYSTEROSCOPY, REMOVE FB	00190	21.3586	$1,019.87	APC				
58563	T	HYSTEROSCOPY, ABLATION	00387	34.0155	$1,624.24	APC				
58565	T	HYSTEROSCOPY STERILIZATION	00202	42.9896	$2,052.75	APC				
58578	T	LAPARO PROC, UTERUS	00130	32.1241	$1,533.93	APC				
58579	T	HYSTEROSCOPE PROCEDURE	00190	21.3586	$1,019.87	APC				
58600	T	DIVISION OF FALLOPIAN TUBE	00195	28.5095	$1,361.33	APC				
58605	C	DIVISION OF FALLOPIAN TUBE	-	-	-	Inpatient Only				
58611	C	LIGATE OVIDUCT(S) ADD-ON	-	-	-	Inpatient Only				
58615	T	OCCLUDE FALLOPIAN TUBE(S)	00194	20.5081	$979.26	APC				
58660	T	LAPAROSCOPY, LYSIS	00131	43.5488	$2,079.46	APC				
58661	T	LAPAROSCOPY, REMOVE ADNEXA	00131	43.5488	$2,079.46	APC				
58662	T	LAPAROSCOPY, EXCISE LESIONS	00131	43.5488	$2,079.46	APC				
58670	T	LAPAROSCOPY, TUBAL CAUTERY	00131	43.5488	$2,079.46	APC				
58671	T	LAPAROSCOPY, TUBAL BLOCK	00131	43.5488	$2,079.46	APC				
58672	T	LAPAROSCOPY, FIMBRIOPLASTY	00131	43.5488	$2,079.46	APC				
58673	T	LAPAROSCOPY, SALPINGOSTOMY	00131	43.5488	$2,079.46	APC				
58679	T	LAPARO PROC, OVIDUCT-OVARY	00130	32.1241	$1,533.93	APC				
58700	C	REMOVAL OF FALLOPIAN TUBE	-	-	-	Inpatient Only				
58720	C	REMOVAL OF OVARY/TUBE(S)	-	-	-	Inpatient Only				
58740	C	REVISE FALLOPIAN TUBE(S)	-	-	-	Inpatient Only				
58750	C	REPAIR OVIDUCT	-	-	-	Inpatient Only				Y
58752	C	REVISE OVARIAN TUBE(S)	-	-	-	Inpatient Only				Y
58760	C	REMOVE TUBAL OBSTRUCTION	-	-	-	Inpatient Only				Y
58770	T	CREATE NEW TUBAL OPENING	00195	28.5095	$1,361.33	APC				Y
58800	T	DRAINAGE OF OVARIAN CYST(S)	00193	14.8489	$709.03	APC				
58805	C	DRAINAGE OF OVARIAN CYST(S)	-	-	-	Inpatient Only				
58820	T	DRAIN OVARY ABSCESS, OPEN	00195	28.5095	$1,361.33	APC				
58822	C	DRAIN OVARY ABSCESS, PERCUT	-	-	-	Inpatient Only				
58823	T	DRAIN PELVIC ABSCESS, PERCUT	00193	14.8489	$709.03	APC				

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58825	C	TRANSPOSITION, OVARY(S)	-	-	-	Inpatient Only				
58900	T	BIOPSY OF OVARY(S)	00193	14.8489	$709.03	APC				
58920	T	PARTIAL REMOVAL OF OVARY(S)	00195	28.5095	$1,361.33	APC				
58925	T	REMOVAL OF OVARIAN CYST(S)	00195	28.5095	$1,361.33	APC				
58940	C	REMOVAL OF OVARY(S)	-	-	-	Inpatient Only				
58943	C	REMOVAL OF OVARY(S)	-	-	-	Inpatient Only				
58950	C	RESECT OVARIAN MALIGNANCY	-	-	-	Inpatient Only				
58951	C	RESECT OVARIAN MALIGNANCY	-	-	-	Inpatient Only				
58952	C	RESECT OVARIAN MALIGNANCY	-	-	-	Inpatient Only				
58953	C	TAH, RAD DISSECT FOR DEBULK	-	-	-	Inpatient Only				
58954	C	TAH RAD DEBULK/LYMPH REMOVE	-	-	-	Inpatient Only				
58956	C	BSO OMENTECTOMY W/TAH	-	-	-	Inpatient Only				
58957	C	RESECT RECURRENT GYN MAL	-	-	-	Inpatient Only				
58958	C	RESECT RECUR GYN MAL W/LYM	-	-	-	Inpatient Only				
58960	C	EXPLORATION OF ABDOMEN	-	-	-	Inpatient Only				
58970	E	RETRIEVAL OF OOCYTE	-	-	-	Not Allowed				
58974	E	TRANSFER OF EMBRYO	-	-	-	Not Allowed				
58976	E	TRANSFER OF EMBRYO	-	-	-	Not Allowed				
58999	T	GENITAL SURGERY PROCEDURE	00191	0.1468	$7.01	APC				
59000	T	AMNIOCENTESIS, DIAGNOSTIC	00198	1.4222	$67.91	APC				
59001	T	AMNIOCENTESIS, THERAPEUTIC	00192	6.6592	$317.98	APC				
59012	T	FETAL CORD PUNCTURE,PRENATAL	00198	1.4222	$67.91	APC				
59015	T	CHORION BIOPSY	00198	1.4222	$67.91	APC				
59020	T	FETAL CONTRACT STRESS TEST	00189	2.8966	$138.31	APC				
59025	T	FETAL NON-STRESS TEST	00198	1.4222	$67.91	APC				
59030	T	FETAL SCALP BLOOD SAMPLE	00198	1.4222	$67.91	APC				
59050	M	FETAL MONITOR W/REPORT	-	-	-	By Report				
59051	E	FETAL MONITOR/INTERPRET ONLY	-	-	-	Not Allowed				
59070	T	TRANSABDOM AMNIOINFUS W/ US	00198	1.4222	$67.91	APC				
59072	T	UMBILICAL CORD OCCLUD W/ US	00198	1.4222	$67.91	APC				
59074	T	FETAL FLUID DRAINAGE W/ US	00198	1.4222	$67.91	APC				
59076	T	FETAL SHUNT PLACEMENT W/ US	00198	1.4222	$67.91	APC				
59100	T	REMOVE UTERUS LESION	00195	28.5095	$1,361.33	APC				
59120	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only				
59121	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only				
59130	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only				
59135	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only				
59136	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only				
59140	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only				
59150	T	TREAT ECTOPIC PREGNANCY	00131	43.5488	$2,079.46	APC				
59151	T	TREAT ECTOPIC PREGNANCY	00131	43.5488	$2,079.46	APC				
59160	T	D & C AFTER DELIVERY	00196	17.7499	$847.56	APC				
59200	T	INSERT CERVICAL DILATOR	00189	2.8966	$138.31	APC				
59300	T	EPISIOTOMY OR VAGINAL REPAIR	00193	14.8489	$709.03	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
59320	T	REVISION OF CERVIX	00194	20.5081	$979.26	APC				
59325	C	REVISION OF CERVIX	-	-	-	Inpatient Only				
59350	C	REPAIR OF UTERUS	-	-	-	Inpatient Only				
59400	E	OBSTETRICAL CARE	-	-	-	Not Allowed				
59409	T	OBSTETRICAL CARE	00194	20.5081	$979.26	APC				
59410	E	OBSTETRICAL CARE	-	-	-	Not Allowed				
59412	T	ANTEPARTUM MANIPULATION	00700	2.3864	$113.95	APC				
59414	T	DELIVER PLACENTA	00193	14.8489	$709.03	APC				
59425	M	ANTEPARTUM CARE ONLY	-	-	$0.00	Fee Schedule				
59426	M	ANTEPARTUM CARE ONLY	-	-	$0.00	Fee Schedule				
59430	M	CARE AFTER DELIVERY	-	-	$0.00	Fee Schedule				
59510	E	CESAREAN DELIVERY	-	-	-	Not Allowed				
59514	C	CESAREAN DELIVERY ONLY	-	-	-	Inpatient Only				
59515	E	CESAREAN DELIVERY	-	-	-	Not Allowed				
59525	C	REMOVE UTERUS AFTER CESAREAN	-	-	-	Inpatient Only				
59610	E	VBAC DELIVERY	-	-	-	Not Allowed				
59612	T	VBAC DELIVERY ONLY	00194	20.5081	$979.26	APC				
59614	E	VBAC CARE AFTER DELIVERY	-	-	-	Not Allowed				
59618	E	ATTEMPTED VBAC DELIVERY	-	-	-	Not Allowed				
59620	C	ATTEMPTED VBAC DELIVERY ONLY	-	-	-	Inpatient Only				
59622	E	ATTEMPTED VBAC AFTER CARE	-	-	-	Not Allowed				
59812	T	TREATMENT OF MISCARRIAGE	00201	18.5201	$884.33	APC				
59820	T	CARE OF MISCARRIAGE	00201	18.5201	$884.33	APC				
59821	T	TREATMENT OF MISCARRIAGE	00201	18.5201	$884.33	APC				
59830	C	TREAT UTERUS INFECTION	-	-	-	Inpatient Only				
59840	T	ABORTION	00200	16.9328	$808.54	APC				
59841	T	ABORTION	00200	16.9328	$808.54	APC				
59850	C	ABORTION	-	-	-	Inpatient Only				
59851	C	ABORTION	-	-	-	Inpatient Only				
59852	C	ABORTION	-	-	-	Inpatient Only				
59855	C	ABORTION	-	-	-	Inpatient Only				
59856	C	ABORTION	-	-	-	Inpatient Only				
59857	C	ABORTION	-	-	-	Inpatient Only				
59866	T	ABORTION (MPR)	00198	1.4222	$67.91	APC				
59870	T	EVACUATE MOLE OF UTERUS	00201	18.5201	$884.33	APC				
59871	T	REMOVE CERCLAGE SUTURE	00194	20.5081	$979.26	APC				
59897	T	FETAL INVAS PX W/ US	00198	1.4222	$67.91	APC				
59898	T	LAPARO PROC, OB CARE/DELIVER	00130	32.1241	$1,533.93	APC				
59899	T	MATERNITY CARE PROCEDURE	00198	1.4222	$67.91	APC				
60000	T	DRAIN THYROID/TONGUE CYST	00252	7.5511	$360.57	APC				
60001	T	ASPIRATE/INJECT THYRIOD CYST	00004	2.0687	$98.78	APC				
60100	T	BIOPSY OF THYROID	00004	2.0687	$98.78	APC				
60200	T	REMOVE THYROID LESION	00114	37.7224	$1,801.24	APC				
60210	T	PARTIAL THYROID EXCISION	00114	37.7224	$1,801.24	APC				

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60212	T	PARTIAL THYROID EXCISION	00114	37.7224	$1,801.24	APC				
60220	T	PARTIAL REMOVAL OF THYROID	00114	37.7224	$1,801.24	APC				
60225	T	PARTIAL REMOVAL OF THYROID	00114	37.7224	$1,801.24	APC				
60240	T	REMOVAL OF THYROID	00114	37.7224	$1,801.24	APC				
60252	T	REMOVAL OF THYROID	00256	38.1991	$1,824.01	APC				
60254	C	EXTENSIVE THYROID SURGERY	-	-	-	Inpatient Only				
60260	T	REPEAT THYROID SURGERY	00256	38.1991	$1,824.01	APC				
60270	C	REMOVAL OF THYROID	-	-	-	Inpatient Only				
60271	C	REMOVAL OF THYROID	-	-	-	Inpatient Only				
60280	T	REMOVE THYROID DUCT LESION	00114	37.7224	$1,801.24	APC				
60281	T	REMOVE THYROID DUCT LESION	00114	37.7224	$1,801.24	APC				
60500	T	EXPLORE PARATHYROID GLANDS	00256	38.1991	$1,824.01	APC				
60502	T	RE-EXPLORE PARATHYROIDS	00256	38.1991	$1,824.01	APC				
60505	C	EXPLORE PARATHYROID GLANDS	-	-	-	Inpatient Only				
60512	T	AUTOTRANSPLANT PARATHYROID	00022	20.0656	$958.13	APC				
60520	T	REMOVAL OF THYMUS GLAND	00256	38.1991	$1,824.01	APC				
60521	C	REMOVAL OF THYMUS GLAND	-	-	-	Inpatient Only				
60522	C	REMOVAL OF THYMUS GLAND	-	-	-	Inpatient Only				
60540	C	EXPLORE ADRENAL GLAND	-	-	-	Inpatient Only				
60545	C	EXPLORE ADRENAL GLAND	-	-	-	Inpatient Only				
60600	C	REMOVE CAROTID BODY LESION	-	-	-	Inpatient Only				
60605	C	REMOVE CAROTID BODY LESION	-	-	-	Inpatient Only				
60650	C	LAPAROSCOPY ADRENALECTOMY	-	-	-	Inpatient Only				
60659	T	LAPARO PROC, ENDOCRINE	00130	32.1241	$1,533.93	APC				
60699	T	ENDOCRINE SURGERY PROCEDURE	00114	37.7224	$1,801.24	APC				
61000	T	REMOVE CRANIAL CAVITY FLUID	00212	2.9907	$142.81	APC				
61001	T	REMOVE CRANIAL CAVITY FLUID	00212	2.9907	$142.81	APC				
61020	T	REMOVE BRAIN CAVITY FLUID	00212	2.9907	$142.81	APC				
61026	T	INJECTION INTO BRAIN CANAL	00212	2.9907	$142.81	APC				
61050	T	REMOVE BRAIN CANAL FLUID	00212	2.9907	$142.81	APC				
61055	T	INJECTION INTO BRAIN CANAL	00212	2.9907	$142.81	APC				
61070	T	BRAIN CANAL SHUNT PROCEDURE	00212	2.9907	$142.81	APC				
61105	C	TWIST DRILL HOLE	-	-	-	Inpatient Only				
61107	C	DRILL SKULL FOR IMPLANTATION	-	-	-	Inpatient Only				
61108	C	DRILL SKULL FOR DRAINAGE	-	-	-	Inpatient Only				
61120	C	BURR HOLE FOR PUNCTURE	-	-	-	Inpatient Only				
61140	C	PIERCE SKULL FOR BIOPSY	-	-	-	Inpatient Only				
61150	C	PIERCE SKULL FOR DRAINAGE	-	-	-	Inpatient Only				
61151	C	PIERCE SKULL FOR DRAINAGE	-	-	-	Inpatient Only				
61154	C	PIERCE SKULL & REMOVE CLOT	-	-	-	Inpatient Only				
61156	C	PIERCE SKULL FOR DRAINAGE	-	-	-	Inpatient Only				
61210	C	PIERCE SKULL, IMPLANT DEVICE	-	-	-	Inpatient Only				
61215	T	INSERT BRAIN-FLUID DEVICE	00224	47.0342	$2,245.88	APC				
61250	C	PIERCE SKULL & EXPLORE	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
61253	C	PIERCE SKULL & EXPLORE	-	-	-	Inpatient Only				
61304	C	OPEN SKULL FOR EXPLORATION	-	-	-	Inpatient Only				
61305	C	OPEN SKULL FOR EXPLORATION	-	-	-	Inpatient Only				
61312	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only				
61313	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only				
61314	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only				
61315	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only				
61316	C	IMPLT CRAN BONE FLAP TO ABDO	-	-	-	Inpatient Only				
61320	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only				
61321	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only				
61322	C	DECOMPRESSIVE CRANIOTOMY	-	-	-	Inpatient Only				
61323	C	DECOMPRESSIVE LOBECTOMY	-	-	-	Inpatient Only				
61330	T	DECOMPRESS EYE SOCKET	00256	38.1991	$1,824.01	APC				
61332	C	EXPLORE/BIOPSY EYE SOCKET	-	-	-	Inpatient Only				
61333	C	EXPLORE ORBIT/REMOVE LESION	-	-	-	Inpatient Only				
61334	T	EXPLORE ORBIT/REMOVE OBJECT	00256	38.1991	$1,824.01	APC				
61340	C	SUBTEMPORAL DECOMPRESSION	-	-	-	Inpatient Only				
61343	C	INCISE SKULL (PRESS RELIEF)	-	-	-	Inpatient Only				
61345	C	RELIEVE CRANIAL PRESSURE	-	-	-	Inpatient Only				
61440	C	INCISE SKULL FOR SURGERY	-	-	-	Inpatient Only				
61450	C	INCISE SKULL FOR SURGERY	-	-	-	Inpatient Only				
61458	C	INCISE SKULL FOR BRAIN WOUND	-	-	-	Inpatient Only				
61460	C	INCISE SKULL FOR SURGERY	-	-	-	Inpatient Only				
61470	C	INCISE SKULL FOR SURGERY	-	-	-	Inpatient Only				
61480	C	INCISE SKULL FOR SURGERY	-	-	-	Inpatient Only				
61490	C	INCISE SKULL FOR SURGERY	-	-	-	Inpatient Only				
61500	C	REMOVAL OF SKULL LESION	-	-	-	Inpatient Only				
61501	C	REMOVE INFECTED SKULL BONE	-	-	-	Inpatient Only				
61510	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only				
61512	C	REMOVE BRAIN LINING LESION	-	-	-	Inpatient Only				
61514	C	REMOVAL OF BRAIN ABSCESS	-	-	-	Inpatient Only				
61516	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only				
61517	C	IMPLT BRAIN CHEMOTX ADD-ON	-	-	-	Inpatient Only				
61518	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only				
61519	C	REMOVE BRAIN LINING LESION	-	-	-	Inpatient Only				
61520	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only				
61521	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only				
61522	C	REMOVAL OF BRAIN ABSCESS	-	-	-	Inpatient Only				
61524	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only				
61526	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only				
61530	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only				
61531	C	IMPLANT BRAIN ELECTRODES	-	-	-	Inpatient Only				
61533	C	IMPLANT BRAIN ELECTRODES	-	-	-	Inpatient Only				
61534	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
61535	C	REMOVE BRAIN ELECTRODES	-	-	-	Inpatient Only				
61536	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only				
61537	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only				
61538	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only				
61539	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only				
61540	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only				
61541	C	INCISION OF BRAIN TISSUE	-	-	-	Inpatient Only				
61542	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only				
61543	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only				
61544	C	REMOVE & TREAT BRAIN LESION	-	-	-	Inpatient Only				
61545	C	EXCISION OF BRAIN TUMOR	-	-	-	Inpatient Only				
61546	C	REMOVAL OF PITUITARY GLAND	-	-	-	Inpatient Only				
61548	C	REMOVAL OF PITUITARY GLAND	-	-	-	Inpatient Only				
61550	C	RELEASE OF SKULL SEAMS	-	-	-	Inpatient Only				
61552	C	RELEASE OF SKULL SEAMS	-	-	-	Inpatient Only				
61556	C	INCISE SKULL/SUTURES	-	-	-	Inpatient Only				
61557	C	INCISE SKULL/SUTURES	-	-	-	Inpatient Only				
61558	C	EXCISION OF SKULL/SUTURES	-	-	-	Inpatient Only				
61559	C	EXCISION OF SKULL/SUTURES	-	-	-	Inpatient Only				
61563	C	EXCISION OF SKULL TUMOR	-	-	-	Inpatient Only				
61564	C	EXCISION OF SKULL TUMOR	-	-	-	Inpatient Only				
61566	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only				
61567	C	INCISION OF BRAIN TISSUE	-	-	-	Inpatient Only				
61570	C	REMOVE FOREIGN BODY, BRAIN	-	-	-	Inpatient Only				
61571	C	INCISE SKULL FOR BRAIN WOUND	-	-	-	Inpatient Only				
61575	C	SKULL BASE/BRAINSTEM SURGERY	-	-	-	Inpatient Only				
61576	C	SKULL BASE/BRAINSTEM SURGERY	-	-	-	Inpatient Only				
61580	C	CRANIOFACIAL APPROACH, SKULL	-	-	-	Inpatient Only				
61581	C	CRANIOFACIAL APPROACH, SKULL	-	-	-	Inpatient Only				
61582	C	CRANIOFACIAL APPROACH, SKULL	-	-	-	Inpatient Only				
61583	C	CRANIOFACIAL APPROACH, SKULL	-	-	-	Inpatient Only				
61584	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	Inpatient Only				
61585	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	Inpatient Only				
61586	C	RESECT NASOPHARYNX, SKULL	-	-	-	Inpatient Only				
61590	C	INFRATEMPORAL APPROACH/SKULL	-	-	-	Inpatient Only				
61591	C	INFRATEMPORAL APPROACH/SKULL	-	-	-	Inpatient Only				
61592	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	Inpatient Only				
61595	C	TRANSTEMPORAL APPROACH/SKULL	-	-	-	Inpatient Only				
61596	C	TRANSCOCHLEAR APPROACH/SKULL	-	-	-	Inpatient Only				
61597	C	TRANSCONDYLAR APPROACH/SKULL	-	-	-	Inpatient Only				
61598	C	TRANSPETROSAL APPROACH/SKULL	-	-	-	Inpatient Only				
61600	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only				
61601	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only				
61605	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
61606	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only				
61607	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only				
61608	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only				
61609	C	TRANSECT ARTERY, SINUS	-	-	-	Inpatient Only				
61610	C	TRANSECT ARTERY, SINUS	-	-	-	Inpatient Only				
61611	C	TRANSECT ARTERY, SINUS	-	-	-	Inpatient Only				
61612	C	TRANSECT ARTERY, SINUS	-	-	-	Inpatient Only				
61613	C	REMOVE ANEURYSM, SINUS	-	-	-	Inpatient Only				
61615	C	RESECT/EXCISE LESION, SKULL	-	-	-	Inpatient Only				
61616	C	RESECT/EXCISE LESION, SKULL	-	-	-	Inpatient Only				
61618	C	REPAIR DURA	-	-	-	Inpatient Only				
61619	C	REPAIR DURA	-	-	-	Inpatient Only				
61623	T	ENDOVASC TEMPORY VESSEL OCCL	00081	42.936	$2,050.19	APC				
61624	C	TRANSCATH OCCLUSION CNS	-	-	-	Inpatient Only				
61626	T	TRANSCATH OCCLUSION NON-CNS	00081	42.936	$2,050.19	APC				
61630	E	INTRACRANIAL ANGIOPLASTY	-	-	-	Not Allowed				
61635	E	INTRACRAN ANGIOPLSTY W/STENT	-	-	-	Not Allowed				
61640	E	DILATE IC VASOSPASM INIT	-	-	-	Not Allowed				
61641	E	DILATE IC VASOSPASM ADD-ON	-	-	-	Not Allowed				
61642	E	DILATE IC VASOSPASM ADD-ON	-	-	-	Not Allowed				
61680	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only				
61682	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only				
61684	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only				
61686	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only				
61690	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only				
61692	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only				
61697	C	BRAIN ANEURYSM REPR, COMPLX	-	-	-	Inpatient Only				
61698	C	BRAIN ANEURYSM REPR, COMPLX	-	-	-	Inpatient Only				
61700	C	BRAIN ANEURYSM REPR SIMPLE	-	-	-	Inpatient Only				
61702	C	INNER SKULL VESSEL SURGERY	-	-	-	Inpatient Only				
61703	C	CLAMP NECK ARTERY	-	-	-	Inpatient Only				
61705	C	REVISE CIRCULATION TO HEAD	-	-	-	Inpatient Only				
61708	C	REVISE CIRCULATION TO HEAD	-	-	-	Inpatient Only				
61710	C	REVISE CIRCULATION TO HEAD	-	-	-	Inpatient Only				
61711	C	FUSION OF SKULL ARTERIES	-	-	-	Inpatient Only				
61720	T	INCISE SKULL/BRAIN SURGERY	00221	33.152	$1,583.01	APC				
61735	C	INCISE SKULL/BRAIN SURGERY	-	-	-	Inpatient Only				
61750	C	INCISE SKULL/BRAIN BIOPSY	-	-	-	Inpatient Only				
61751	C	BRAIN BIOPSY W/CT/MR GUIDE	-	-	-	Inpatient Only				
61760	C	IMPLANT BRAIN ELECTRODES	-	-	-	Inpatient Only				
61770	C	INCISE SKULL FOR TREATMENT	-	-	-	Inpatient Only				
61790	T	TREAT TRIGEMINAL NERVE	00220	17.8499	$852.33	APC				
61791	T	TREAT TRIGEMINAL TRACT	00206	5.7253	$273.38	APC				
61793	M	FOCUS RADIATION BEAM	-	-	-	By Report				

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61795	S	BRAIN SURGERY USING COMPUTER	00302	4.9138	$234.63	APC				
61850	C	IMPLANT NEUROELECTRODES	-	-	-	Inpatient Only				
61860	C	IMPLANT NEUROELECTRODES	-	-	-	Inpatient Only				
61863	C	IMPLANT NEUROELECTRODE	-	-	-	Inpatient Only				
61864	C	IMPLANT NEUROELECTRDE ADDL	-	-	-	Inpatient Only				
61867	C	IMPLANT NEUROELECTRODE	-	-	-	Inpatient Only				
61868	C	IMPLANT NEUROELECTRDE ADD L	-	-	-	Inpatient Only				
61870	C	IMPLANT NEUROELECTRODES	-	-	-	Inpatient Only				
61875	C	IMPLANT NEUROELECTRODES	-	-	-	Inpatient Only				
61880	T	REVISE/REMOVE NEUROELECTRODE	00687	17.8334	$851.54	APC				
61885	S	IMPLANT NEUROSTIM ONE ARRAY	00039	187.3821	$8,947.50	APC				
61886	T	IMPLANT NEUROSTIM ARRAYS	00315	242.9363	$11,600.21	APC				
61888	T	REVISE/REMOVE NEURORECEIVER	00688	35.5702	$1,698.48	APC				
62000	T	TREAT SKULL FRACTURE	00254	23.3299	$1,114.00	APC				
62005	C	TREAT SKULL FRACTURE	-	-	-	Inpatient Only				
62010	C	TREATMENT OF HEAD INJURY	-	-	-	Inpatient Only				
62100	C	REPAIR BRAIN FLUID LEAKAGE	-	-	-	Inpatient Only				
62115	C	REDUCTION OF SKULL DEFECT	-	-	-	Inpatient Only				
62116	C	REDUCTION OF SKULL DEFECT	-	-	-	Inpatient Only				
62117	C	REDUCTION OF SKULL DEFECT	-	-	-	Inpatient Only				
62120	C	REPAIR SKULL CAVITY LESION	-	-	-	Inpatient Only				
62121	C	INCISE SKULL REPAIR	-	-	-	Inpatient Only				
62140	C	REPAIR OF SKULL DEFECT	-	-	-	Inpatient Only				
62141	C	REPAIR OF SKULL DEFECT	-	-	-	Inpatient Only				
62142	C	REMOVE SKULL PLATE/FLAP	-	-	-	Inpatient Only				
62143	C	REPLACE SKULL PLATE/FLAP	-	-	-	Inpatient Only				
62145	C	REPAIR OF SKULL & BRAIN	-	-	-	Inpatient Only				
62146	C	REPAIR OF SKULL WITH GRAFT	-	-	-	Inpatient Only				
62147	C	REPAIR OF SKULL WITH GRAFT	-	-	-	Inpatient Only				
62148	C	RETR BONE FLAP TO FIX SKULL	-	-	-	Inpatient Only				
62160	T	NEUROENDOSCOPY ADD-ON	00122	7.48	$357.17	APC				
62161	C	DISSECT BRAIN W/SCOPE	-	-	-	Inpatient Only				
62162	C	REMOVE COLLOID CYST W/SCOPE	-	-	-	Inpatient Only				
62163	C	NEUROENDOSCOPY W/FB REMOVAL	-	-	-	Inpatient Only				
62164	C	REMOVE BRAIN TUMOR W/SCOPE	-	-	-	Inpatient Only				
62165	C	REMOVE PITUIT TUMOR W/SCOPE	-	-	-	Inpatient Only				
62180	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only				
62190	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only				
62192	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only				
62194	T	REPLACE/IRRIGATE CATHETER	00427	11.6575	$556.65	APC				
62200	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only				
62201	C	BRAIN CAVITY SHUNT W/SCOPE	-	-	-	Inpatient Only				
62220	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only				
62223	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only				

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62225	T	REPLACE/IRRIGATE CATHETER	00427	11.6575	$556.65	APC				
62230	T	REPLACE/REVISE BRAIN SHUNT	00224	47.0342	$2,245.88	APC				
62252	S	CSF SHUNT REPROGRAM	00691	2.8942	$138.20	APC				
62256	C	REMOVE BRAIN CAVITY SHUNT	-	-	-	Inpatient Only				
62258	C	REPLACE BRAIN CAVITY SHUNT	-	-	-	Inpatient Only				
62263	T	EPIDURAL LYSIS MULT SESSIONS	00203	12.1702	$581.13	APC				
62264	T	EPIDURAL LYSIS ON SINGLE DAY	00203	12.1702	$581.13	APC				
62268	T	DRAIN SPINAL CORD CYST	00212	2.9907	$142.81	APC				
62269	T	NEEDLE BIOPSY, SPINAL CORD	00685	6.1384	$293.11	APC				
62270	T	SPINAL FLUID TAP, DIAGNOSTIC	00204	2.2614	$107.98	APC				
62272	T	DRAIN CEREBRO SPINAL FLUID	00204	2.2614	$107.98	APC				
62273	T	INJECT EPIDURAL PATCH	00206	5.7253	$273.38	APC				
62280	T	TREAT SPINAL CORD LESION	00207	6.3603	$303.70	APC				
62281	T	TREAT SPINAL CORD LESION	00207	6.3603	$303.70	APC				
62282	T	TREAT SPINAL CANAL LESION	00207	6.3603	$303.70	APC				
62284	N	INJECTION FOR MYELOGRAM	-	-	-	APC/ Bundled				
62287	T	PERCUTANEOUS DISKECTOMY	00221	33.152	$1,583.01	APC				
62290	N	INJECT FOR SPINE DISK X-RAY	-	-	-	APC/ Bundled				
62291	N	INJECT FOR SPINE DISK X-RAY	-	-	-	APC/ Bundled				
62292	T	INJECTION INTO DISK LESION	00212	2.9907	$142.81	APC				
62294	T	INJECTION INTO SPINAL ARTERY	00212	2.9907	$142.81	APC				
62310	T	INJECT SPINE C/T	00207	6.3603	$303.70	APC				
62311	T	INJECT SPINE L/S (CD)	00207	6.3603	$303.70	APC				
62318	T	INJECT SPINE W/CATH, C/T	00207	6.3603	$303.70	APC				
62319	T	INJECT SPINE W/CATH L/S (CD)	00207	6.3603	$303.70	APC				
62350	T	IMPLANT SPINAL CANAL CATH	00223	30.8394	$1,472.58	APC				
62351	T	IMPLANT SPINAL CANAL CATH	00208	44.1489	$2,108.11	APC				
62355	T	REMOVE SPINAL CANAL CATHETER	00203	12.1702	$581.13	APC				
62360	T	INSERT SPINE INFUSION DEVICE	00226	112.6322	$5,378.19	APC				
62361	T	IMPLANT SPINE INFUSION PUMP	00227	174.4056	$8,327.87	APC				
62362	T	IMPLANT SPINE INFUSION PUMP	00227	174.4056	$8,327.87	APC				
62365	T	REMOVE SPINE INFUSION DEVICE	00221	33.152	$1,583.01	APC				
62367	S	ANALYZE SPINE INFUSION PUMP	00691	2.8942	$138.20	APC				
62368	S	ANALYZE SPINE INFUSION PUMP	00691	2.8942	$138.20	APC				
63001	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63003	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63005	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63011	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63012	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63015	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63016	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63017	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63020	T	NECK SPINE DISK SURGERY	00208	44.1489	$2,108.11	APC				
63030	T	LOW BACK DISK SURGERY	00208	44.1489	$2,108.11	APC				

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63035	T	SPINAL DISK SURGERY ADD-ON	00208	44.1489	$2,108.11	APC				
63040	T	LAMINOTOMY, SINGLE CERVICAL	00208	44.1489	$2,108.11	APC				
63042	T	LAMINOTOMY, SINGLE LUMBAR	00208	44.1489	$2,108.11	APC				
63043	C	LAMINOTOMY ADD L CERVICAL	-	-	-	Inpatient Only				
63044	C	LAMINOTOMY ADD L LUMBAR	-	-	-	Inpatient Only				
63045	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63046	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63047	T	REMOVAL OF SPINAL LAMINA	00208	44.1489	$2,108.11	APC				
63048	T	REMOVE SPINAL LAMINA ADD-ON	00208	44.1489	$2,108.11	APC				
63050	C	CERVICAL LAMINOPLASTY	-	-	-	Inpatient Only				
63051	C	C-LAMINOPLASTY W/GRAFT/PLATE	-	-	-	Inpatient Only				
63055	T	DECOMPRESS SPINAL CORD	00208	44.1489	$2,108.11	APC				
63056	T	DECOMPRESS SPINAL CORD	00208	44.1489	$2,108.11	APC				
63057	T	DECOMPRESS SPINE CORD ADD-ON	00208	44.1489	$2,108.11	APC				
63064	T	DECOMPRESS SPINAL CORD	00208	44.1489	$2,108.11	APC				
63066	T	DECOMPRESS SPINE CORD ADD-ON	00208	44.1489	$2,108.11	APC				
63075	T	NECK SPINE DISK SURGERY	00208	44.1489	$2,108.11	APC				
63076	C	NECK SPINE DISK SURGERY	-	-	-	Inpatient Only				
63077	C	SPINE DISK SURGERY, THORAX	-	-	-	Inpatient Only				
63078	C	SPINE DISK SURGERY, THORAX	-	-	-	Inpatient Only				
63081	C	REMOVAL OF VERTEBRAL BODY	-	-	-	Inpatient Only				
63082	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only				
63085	C	REMOVAL OF VERTEBRAL BODY	-	-	-	Inpatient Only				
63086	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only				
63087	C	REMOVAL OF VERTEBRAL BODY	-	-	-	Inpatient Only				
63088	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only				
63090	C	REMOVAL OF VERTEBRAL BODY	-	-	-	Inpatient Only				
63091	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only				
63101	C	REMOVAL OF VERTEBRAL BODY	-	-	-	Inpatient Only				
63102	C	REMOVAL OF VERTEBRAL BODY	-	-	-	Inpatient Only				
63103	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only				
63170	C	INCISE SPINAL CORD TRACT(S)	-	-	-	Inpatient Only				
63172	C	DRAINAGE OF SPINAL CYST	-	-	-	Inpatient Only				
63173	C	DRAINAGE OF SPINAL CYST	-	-	-	Inpatient Only				
63180	C	REVISE SPINAL CORD LIGAMENTS	-	-	-	Inpatient Only				
63182	C	REVISE SPINAL CORD LIGAMENTS	-	-	-	Inpatient Only				
63185	C	INCISE SPINAL COLUMN/NERVES	-	-	-	Inpatient Only				
63190	C	INCISE SPINAL COLUMN/NERVES	-	-	-	Inpatient Only				
63191	C	INCISE SPINAL COLUMN/NERVES	-	-	-	Inpatient Only				
63194	C	INCISE SPINAL COLUMN & CORD	-	-	-	Inpatient Only				
63195	C	INCISE SPINAL COLUMN & CORD	-	-	-	Inpatient Only				
63196	C	INCISE SPINAL COLUMN & CORD	-	-	-	Inpatient Only				
63197	C	INCISE SPINAL COLUMN & CORD	-	-	-	Inpatient Only				
63198	C	INCISE SPINAL COLUMN & CORD	-	-	-	Inpatient Only				

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63199	C	INCISE SPINAL COLUMN & CORD	-	-	-	Inpatient Only				
63200	C	RELEASE OF SPINAL CORD	-	-	-	Inpatient Only				
63250	C	REVISE SPINAL CORD VESSELS	-	-	-	Inpatient Only				
63251	C	REVISE SPINAL CORD VESSELS	-	-	-	Inpatient Only				
63252	C	REVISE SPINAL CORD VESSELS	-	-	-	Inpatient Only				
63265	C	EXCISE INTRASPINAL LESION	-	-	-	Inpatient Only				
63266	C	EXCISE INTRASPINAL LESION	-	-	-	Inpatient Only				
63267	C	EXCISE INTRASPINAL LESION	-	-	-	Inpatient Only				
63268	C	EXCISE INTRASPINAL LESION	-	-	-	Inpatient Only				
63270	C	EXCISE INTRASPINAL LESION	-	-	-	Inpatient Only				
63271	C	EXCISE INTRASPINAL LESION	-	-	-	Inpatient Only				
63272	C	EXCISE INTRASPINAL LESION	-	-	-	Inpatient Only				
63273	C	EXCISE INTRASPINAL LESION	-	-	-	Inpatient Only				
63275	C	BIOPSY/EXCISE SPINAL TUMOR	-	-	-	Inpatient Only				
63276	C	BIOPSY/EXCISE SPINAL TUMOR	-	-	-	Inpatient Only				
63277	C	BIOPSY/EXCISE SPINAL TUMOR	-	-	-	Inpatient Only				
63278	C	BIOPSY/EXCISE SPINAL TUMOR	-	-	-	Inpatient Only				
63280	C	BIOPSY/EXCISE SPINAL TUMOR	-	-	-	Inpatient Only				
63281	C	BIOPSY/EXCISE SPINAL TUMOR	-	-	-	Inpatient Only				
63282	C	BIOPSY/EXCISE SPINAL TUMOR	-	-	-	Inpatient Only				
63283	C	BIOPSY/EXCISE SPINAL TUMOR	-	-	-	Inpatient Only				
63285	C	BIOPSY/EXCISE SPINAL TUMOR	-	-	-	Inpatient Only				
63286	C	BIOPSY/EXCISE SPINAL TUMOR	-	-	-	Inpatient Only				
63287	C	BIOPSY/EXCISE SPINAL TUMOR	-	-	-	Inpatient Only				
63290	C	BIOPSY/EXCISE SPINAL TUMOR	-	-	-	Inpatient Only				
63295	C	REPAIR OF LAMINECTOMY DEFECT	-	-	-	Inpatient Only				
63300	C	REMOVAL OF VERTEBRAL BODY	-	-	-	Inpatient Only				
63301	C	REMOVAL OF VERTEBRAL BODY	-	-	-	Inpatient Only				
63302	C	REMOVAL OF VERTEBRAL BODY	-	-	-	Inpatient Only				
63303	C	REMOVAL OF VERTEBRAL BODY	-	-	-	Inpatient Only				
63304	C	REMOVAL OF VERTEBRAL BODY	-	-	-	Inpatient Only				
63305	C	REMOVAL OF VERTEBRAL BODY	-	-	-	Inpatient Only				
63306	C	REMOVAL OF VERTEBRAL BODY	-	-	-	Inpatient Only				
63307	C	REMOVAL OF VERTEBRAL BODY	-	-	-	Inpatient Only				
63308	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only				
63600	T	REMOVE SPINAL CORD LESION	00220	17.8499	$852.33	APC				
63610	T	STIMULATION OF SPINAL CORD	00220	17.8499	$852.33	APC				
63615	T	REMOVE LESION OF SPINAL CORD	00220	17.8499	$852.33	APC				
63650	S	IMPLANT NEUROELECTRODES	00040	56.5705	$2,701.24	APC				
63655	S	IMPLANT NEUROELECTRODES	00061	84.1967	$4,020.39	APC				
63660	T	REVISE/REMOVE NEUROELECTRODE	00687	17.8334	$851.54	APC				
63685	T	IMPLANT NEURORECEIVER	00222	181.6249	$8,672.59	APC				
63688	T	REVISE/REMOVE NEURORECEIVER	00688	35.5702	$1,698.48	APC				
63700	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only				

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63702	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only				
63704	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only				
63706	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only				
63707	C	REPAIR SPINAL FLUID LEAKAGE	-	-	-	Inpatient Only				
63709	C	REPAIR SPINAL FLUID LEAKAGE	-	-	-	Inpatient Only				
63710	C	GRAFT REPAIR OF SPINE DEFECT	-	-	-	Inpatient Only				
63740	C	INSTALL SPINAL SHUNT	-	-	-	Inpatient Only				
63741	T	INSTALL SPINAL SHUNT	00228	39.2633	$1,874.82	APC				
63744	T	REVISION OF SPINAL SHUNT	00228	39.2633	$1,874.82	APC				
63746	T	REMOVAL OF SPINAL SHUNT	00109	10.9918	$524.86	APC				
64400	T	N BLOCK INJ TRIGEMINAL	00204	2.2614	$107.98	APC				
64402	T	N BLOCK INJ FACIAL	00204	2.2614	$107.98	APC				
64405	T	N BLOCK INJ OCCIPITAL	00204	2.2614	$107.98	APC				
64408	T	N BLOCK INJ VAGUS	00204	2.2614	$107.98	APC				
64410	T	N BLOCK INJ PHRENIC	00206	5.7253	$273.38	APC				
64412	T	N BLOCK INJ SPINAL ACCESSOR	00206	5.7253	$273.38	APC				
64413	T	N BLOCK INJ CERVICAL PLEXUS	00204	2.2614	$107.98	APC				
64415	T	N BLOCK INJ BRACHIAL PLEXUS	00204	2.2614	$107.98	APC				
64416	T	N BLOCK CONT INFUSE B PLEX	00204	2.2614	$107.98	APC				
64417	T	N BLOCK INJ AXILLARY	00204	2.2614	$107.98	APC				
64418	T	N BLOCK INJ SUPRASCAPULAR	00204	2.2614	$107.98	APC				
64420	T	N BLOCK INJ INTERCOST SNG	00204	2.2614	$107.98	APC				
64421	T	N BLOCK INJ INTERCOST MLT	00206	5.7253	$273.38	APC				
64425	T	N BLOCK INJ ILIO-ING/HYPOGI	00204	2.2614	$107.98	APC				
64430	T	N BLOCK INJ PUDENDAL	00204	2.2614	$107.98	APC				
64435	T	N BLOCK INJ PARACERVICAL	00204	2.2614	$107.98	APC				
64445	T	N BLOCK INJ SCIATIC SNG	00204	2.2614	$107.98	APC				
64446	T	N BLK INJ SCIATIC CONT INF	00206	5.7253	$273.38	APC				
64447	T	N BLOCK INJ FEM SINGLE	00204	2.2614	$107.98	APC				
64448	T	N BLOCK INJ FEM CONT INF	00204	2.2614	$107.98	APC				
64449	T	N BLOCK INJ LUMBAR PLEXUS	00204	2.2614	$107.98	APC				
64450	T	N BLOCK OTHER PERIPHERAL	00204	2.2614	$107.98	APC				
64470	T	INJ PARAVERTEBRAL C/T	00207	6.3603	$303.70	APC				
64472	T	INJ PARAVERTEBRAL C/T ADD-ON	00206	5.7253	$273.38	APC				
64475	T	INJ PARAVERTEBRAL L/S	00207	6.3603	$303.70	APC				
64476	T	INJ PARAVERTEBRAL L/S ADD-ON	00206	5.7253	$273.38	APC				
64479	T	INJ FORAMEN EPIDURAL C/T	00207	6.3603	$303.70	APC				
64480	T	INJ FORAMEN EPIDURAL ADD-ON	00207	6.3603	$303.70	APC				
64483	T	INJ FORAMEN EPIDURAL L/S	00207	6.3603	$303.70	APC				
64484	T	INJ FORAMEN EPIDURAL ADD-ON	00207	6.3603	$303.70	APC				
64505	T	N BLOCK SPENOPALATINE GANGL	00204	2.2614	$107.98	APC				
64508	T	N BLOCK CAROTID SINUS S/P	00204	2.2614	$107.98	APC				
64510	T	N BLOCK STELLATE GANGLION	00207	6.3603	$303.70	APC				
64517	T	N BLOCK INJ HYPOGAS PLXS	00204	2.2614	$107.98	APC				

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64520	T	N BLOCK LUMBAR/THORACIC	00207	6.3603	$303.70	APC				
64530	T	N BLOCK INJ CELIAC PELUS	00207	6.3603	$303.70	APC				
64550	M	APPLY NEUROSTIMULATOR	-	-	$7.58	Fee Schedule				
64553	S	IMPLANT NEUROELECTRODES	00225	221.1512	$10,559.97	APC				
64555	S	IMPLANT NEUROELECTRODES	00040	56.5705	$2,701.24	APC				
64560	S	IMPLANT NEUROELECTRODES	00040	56.5705	$2,701.24	APC				
64561	S	IMPLANT NEUROELECTRODES	00040	56.5705	$2,701.24	APC				
64565	S	IMPLANT NEUROELECTRODES	00040	56.5705	$2,701.24	APC				
64573	S	IMPLANT NEUROELECTRODES	00225	221.1512	$10,559.97	APC				
64575	S	IMPLANT NEUROELECTRODES	00061	84.1967	$4,020.39	APC				
64577	S	IMPLANT NEUROELECTRODES	00061	84.1967	$4,020.39	APC				
64580	S	IMPLANT NEUROELECTRODES	00061	84.1967	$4,020.39	APC				
64581	S	IMPLANT NEUROELECTRODES	00061	84.1967	$4,020.39	APC				
64585	T	REVISE/REMOVE NEUROELECTRODE	00687	17.8334	$851.54	APC				
64590	T	IMPLANT NEURORECEIVER	00222	181.6249	$8,672.59	APC				
64595	T	REVISE/REMOVE NEURORECEIVER	00688	35.5702	$1,698.48	APC				
64600	T	INJECTION TREATMENT OF NERVE	00203	12.1702	$581.13	APC				
64605	T	INJECTION TREATMENT OF NERVE	00203	12.1702	$581.13	APC				
64610	T	INJECTION TREATMENT OF NERVE	00203	12.1702	$581.13	APC				
64612	T	DESTROY NERVE, FACE MUSCLE	00204	2.2614	$107.98	APC				
64613	T	DESTROY NERVE NECK MUSCLE	00204	2.2614	$107.98	APC				
64614	T	DESTROY NERVE, EXTREM MUSC	00204	2.2614	$107.98	APC				
64620	T	INJECTION TREATMENT OF NERVE	00203	12.1702	$581.13	APC				
64622	T	DESTR PARAVERTEBRL NERVE L/S	00203	12.1702	$581.13	APC				
64623	T	DESTR PARAVERTEBRAL N ADD-ON	00207	6.3603	$303.70	APC				
64626	T	DESTR PARAVERTEBRL NERVE C/T	00203	12.1702	$581.13	APC				
64627	T	DESTR PARAVERTEBRAL N ADD-ON	00207	6.3603	$303.70	APC				
64630	T	INJECTION TREATMENT OF NERVE	00206	5.7253	$273.38	APC				
64640	T	INJECTION TREATMENT OF NERVE	00206	5.7253	$273.38	APC				
64650	T	CHEMODENERV ECCRINE GLANDS	00204	2.2614	$107.98	APC				
64653	T	CHEMODENERV ECCRINE GLANDS	00204	2.2614	$107.98	APC				
64680	T	INJECTION TREATMENT OF NERVE	00207	6.3603	$303.70	APC				
64681	T	INJECTION TREATMENT OF NERVE	00203	12.1702	$581.13	APC				
64702	T	REVISE FINGER/TOE NERVE	00220	17.8499	$852.33	APC				
64704	T	REVISE HAND/FOOT NERVE	00220	17.8499	$852.33	APC				
64708	T	REVISE ARM/LEG NERVE	00220	17.8499	$852.33	APC				
64712	T	REVISION OF SCIATIC NERVE	00220	17.8499	$852.33	APC				
64713	T	REVISION OF ARM NERVE(S)	00220	17.8499	$852.33	APC				
64714	T	REVISE LOW BACK NERVE(S)	00220	17.8499	$852.33	APC				
64716	T	REVISION OF CRANIAL NERVE	00220	17.8499	$852.33	APC				
64718	T	REVISE ULNAR NERVE AT ELBOW	00220	17.8499	$852.33	APC				
64719	T	REVISE ULNAR NERVE AT WRIST	00220	17.8499	$852.33	APC				
64721	T	CARPAL TUNNEL SURGERY	00220	17.8499	$852.33	APC				
64722	T	RELIEVE PRESSURE ON NERVE(S)	00220	17.8499	$852.33	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
64726	T	RELEASE FOOT/TOE NERVE	00220	17.8499	$852.33	APC				
64727	T	INTERNAL NERVE REVISION	00220	17.8499	$852.33	APC				
64732	T	INCISION OF BROW NERVE	00220	17.8499	$852.33	APC				
64734	T	INCISION OF CHEEK NERVE	00220	17.8499	$852.33	APC				
64736	T	INCISION OF CHIN NERVE	00220	17.8499	$852.33	APC				
64738	T	INCISION OF JAW NERVE	00220	17.8499	$852.33	APC				
64740	T	INCISION OF TONGUE NERVE	00220	17.8499	$852.33	APC				
64742	T	INCISION OF FACIAL NERVE	00220	17.8499	$852.33	APC				
64744	T	INCISE NERVE, BACK OF HEAD	00220	17.8499	$852.33	APC				
64746	T	INCISE DIAPHRAGM NERVE	00220	17.8499	$852.33	APC				
64752	C	INCISION OF VAGUS NERVE	-	-	-	Inpatient Only				
64755	C	INCISION OF STOMACH NERVES	-	-	-	Inpatient Only				
64760	C	INCISION OF VAGUS NERVE	-	-	-	Inpatient Only				
64761	T	INCISION OF PELVIS NERVE	00220	17.8499	$852.33	APC				
64763	T	INCISE HIP/THIGH NERVE	00220	17.8499	$852.33	APC				
64766	T	INCISE HIP/THIGH NERVE	00221	33.152	$1,583.01	APC				
64771	T	SEVER CRANIAL NERVE	00220	17.8499	$852.33	APC				
64772	T	INCISION OF SPINAL NERVE	00220	17.8499	$852.33	APC				
64774	T	REMOVE SKIN NERVE LESION	00220	17.8499	$852.33	APC				
64776	T	REMOVE DIGIT NERVE LESION	00220	17.8499	$852.33	APC				
64778	T	DIGIT NERVE SURGERY ADD-ON	00220	17.8499	$852.33	APC				
64782	T	REMOVE LIMB NERVE LESION	00220	17.8499	$852.33	APC				
64783	T	LIMB NERVE SURGERY ADD-ON	00220	17.8499	$852.33	APC				
64784	T	REMOVE NERVE LESION	00220	17.8499	$852.33	APC				
64786	T	REMOVE SCIATIC NERVE LESION	00221	33.152	$1,583.01	APC				
64787	T	IMPLANT NERVE END	00220	17.8499	$852.33	APC				
64788	T	REMOVE SKIN NERVE LESION	00220	17.8499	$852.33	APC				
64790	T	REMOVAL OF NERVE LESION	00220	17.8499	$852.33	APC				
64792	T	REMOVAL OF NERVE LESION	00221	33.152	$1,583.01	APC				
64795	T	BIOPSY OF NERVE	00220	17.8499	$852.33	APC				
64802	T	REMOVE SYMPATHETIC NERVES	00220	17.8499	$852.33	APC				
64804	T	REMOVE SYMPATHETIC NERVES	00220	17.8499	$852.33	APC				
64809	C	REMOVE SYMPATHETIC NERVES	-	-	-	Inpatient Only				
64818	C	REMOVE SYMPATHETIC NERVES	-	-	-	Inpatient Only				
64820	T	REMOVE SYMPATHETIC NERVES	00220	17.8499	$852.33	APC				
64821	T	REMOVE SYMPATHETIC NERVES	00054	25.8758	$1,235.57	APC				
64822	T	REMOVE SYMPATHETIC NERVES	00054	25.8758	$1,235.57	APC				
64823	T	REMOVE SYMPATHETIC NERVES	00054	25.8758	$1,235.57	APC				
64831	T	REPAIR OF DIGIT NERVE	00221	33.152	$1,583.01	APC				
64832	T	REPAIR NERVE ADD-ON	00221	33.152	$1,583.01	APC				
64834	T	REPAIR OF HAND OR FOOT NERVE	00221	33.152	$1,583.01	APC				
64835	T	REPAIR OF HAND OR FOOT NERVE	00221	33.152	$1,583.01	APC				
64836	T	REPAIR OF HAND OR FOOT NERVE	00221	33.152	$1,583.01	APC				
64837	T	REPAIR NERVE ADD-ON	00221	33.152	$1,583.01	APC				

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64840	T	REPAIR OF LEG NERVE	00221	33.152	$1,583.01	APC				
64856	T	REPAIR/TRANSPOSE NERVE	00221	33.152	$1,583.01	APC				
64857	T	REPAIR ARM/LEG NERVE	00221	33.152	$1,583.01	APC				
64858	T	REPAIR SCIATIC NERVE	00221	33.152	$1,583.01	APC				
64859	T	NERVE SURGERY	00221	33.152	$1,583.01	APC				
64861	T	REPAIR OF ARM NERVES	00221	33.152	$1,583.01	APC				
64862	T	REPAIR OF LOW BACK NERVES	00221	33.152	$1,583.01	APC				
64864	T	REPAIR OF FACIAL NERVE	00221	33.152	$1,583.01	APC				
64865	T	REPAIR OF FACIAL NERVE	00221	33.152	$1,583.01	APC				
64866	C	FUSION OF FACIAL/OTHER NERVE	-	-	-	Inpatient Only				
64868	C	FUSION OF FACIAL/OTHER NERVE	-	-	-	Inpatient Only				
64870	T	FUSION OF FACIAL/OTHER NERVE	00221	33.152	$1,583.01	APC				
64872	T	SUBSEQUENT REPAIR OF NERVE	00221	33.152	$1,583.01	APC				
64874	T	REPAIR & REVISE NERVE ADD-ON	00221	33.152	$1,583.01	APC				
64876	T	REPAIR NERVE/SHORTEN BONE	00221	33.152	$1,583.01	APC				
64885	T	NERVE GRAFT HEAD OR NECK	00221	33.152	$1,583.01	APC				
64886	T	NERVE GRAFT HEAD OR NECK	00221	33.152	$1,583.01	APC				
64890	T	NERVE GRAFT, HAND OR FOOT	00221	33.152	$1,583.01	APC				
64891	T	NERVE GRAFT, HAND OR FOOT	00221	33.152	$1,583.01	APC				
64892	T	NERVE GRAFT, ARM OR LEG	00221	33.152	$1,583.01	APC				
64893	T	NERVE GRAFT, ARM OR LEG	00221	33.152	$1,583.01	APC				
64895	T	NERVE GRAFT, HAND OR FOOT	00221	33.152	$1,583.01	APC				
64896	T	NERVE GRAFT, HAND OR FOOT	00221	33.152	$1,583.01	APC				
64897	T	NERVE GRAFT, ARM OR LEG	00221	33.152	$1,583.01	APC				
64898	T	NERVE GRAFT, ARM OR LEG	00221	33.152	$1,583.01	APC				
64901	T	NERVE GRAFT ADD-ON	00221	33.152	$1,583.01	APC				
64902	T	NERVE GRAFT ADD-ON	00221	33.152	$1,583.01	APC				
64905	T	NERVE PEDICLE TRANSFER	00221	33.152	$1,583.01	APC				
64907	T	NERVE PEDICLE TRANSFER	00221	33.152	$1,583.01	APC				
64910	T	NERVE REPAIR W/ALLOGRAFT	00220	17.8499	$852.33	APC				
64911	T	NEURORRAPHY W/VEIN AUTOGRAFT	00220	17.8499	$852.33	APC				
64999	T	NERVOUS SYSTEM SURGERY	00204	2.2614	$107.98	APC				
65091	T	REVISE EYE	00242	35.2292	$1,682.19	APC				
65093	T	REVISE EYE WITH IMPLANT	00242	35.2292	$1,682.19	APC				
65101	T	REMOVAL OF EYE	00242	35.2292	$1,682.19	APC				
65103	T	REMOVE EYE/INSERT IMPLANT	00242	35.2292	$1,682.19	APC				
65105	T	REMOVE EYE/ATTACH IMPLANT	00242	35.2292	$1,682.19	APC				
65110	T	REMOVAL OF EYE	00242	35.2292	$1,682.19	APC				
65112	T	REMOVE EYE/REVISE SOCKET	00242	35.2292	$1,682.19	APC				
65114	T	REMOVE EYE/REVISE SOCKET	00242	35.2292	$1,682.19	APC				
65125	T	REVISE OCULAR IMPLANT	00240	17.1243	$817.69	APC				
65130	T	INSERT OCULAR IMPLANT	00241	25.255	$1,205.93	APC				
65135	T	INSERT OCULAR IMPLANT	00241	25.255	$1,205.93	APC				
65140	T	ATTACH OCULAR IMPLANT	00242	35.2292	$1,682.19	APC				

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65150	T	REVISE OCULAR IMPLANT	00241	25.255	$1,205.93	APC				
65155	T	REINSERT OCULAR IMPLANT	00242	35.2292	$1,682.19	APC				
65175	T	REMOVAL OF OCULAR IMPLANT	00240	17.1243	$817.69	APC				
65205	S	REMOVE FOREIGN BODY FROM EYE	00698	1.1607	$55.42	APC				
65210	S	REMOVE FOREIGN BODY FROM EYE	00698	1.1607	$55.42	APC				
65220	S	REMOVE FOREIGN BODY FROM EYE	00698	1.1607	$55.42	APC				
65222	S	REMOVE FOREIGN BODY FROM EYE	00698	1.1607	$55.42	APC				
65235	T	REMOVE FOREIGN BODY FROM EYE	00233	15.2259	$727.04	APC				
65260	T	REMOVE FOREIGN BODY FROM EYE	00236	16.5239	$789.02	APC				
65265	T	REMOVE FOREIGN BODY FROM EYE	00237	27.602	$1,318.00	APC				
65270	T	REPAIR OF EYE WOUND	00240	17.1243	$817.69	APC				
65272	T	REPAIR OF EYE WOUND	00234	22.997	$1,098.11	APC				
65273	C	REPAIR OF EYE WOUND	-	-	-	Inpatient Only				
65275	T	REPAIR OF EYE WOUND	00234	22.997	$1,098.11	APC				
65280	T	REPAIR OF EYE WOUND	00236	16.5239	$789.02	APC				
65285	T	REPAIR OF EYE WOUND	00672	37.429	$1,787.23	APC				
65286	T	REPAIR OF EYE WOUND	00232	6.0673	$289.71	APC				
65290	T	REPAIR OF EYE SOCKET WOUND	00243	21.2801	$1,016.12	APC				
65400	T	REMOVAL OF EYE LESION	00233	15.2259	$727.04	APC				
65410	T	BIOPSY OF CORNEA	00233	15.2259	$727.04	APC				
65420	T	REMOVAL OF EYE LESION	00233	15.2259	$727.04	APC				
65426	T	REMOVAL OF EYE LESION	00234	22.997	$1,098.11	APC				
65430	S	CORNEAL SMEAR	00698	1.1607	$55.42	APC				
65435	T	CURETTE/TREAT CORNEA	00239	7.2819	$347.71	APC				
65436	T	CURETTE/TREAT CORNEA	00233	15.2259	$727.04	APC				
65450	S	TREATMENT OF CORNEAL LESION	00231	2.1451	$102.43	APC				
65600	T	REVISION OF CORNEA	00240	17.1243	$817.69	APC				
65710	T	CORNEAL TRANSPLANT	00244	38.2707	$1,827.43	APC				Y
65730	T	CORNEAL TRANSPLANT	00244	38.2707	$1,827.43	APC				Y
65750	T	CORNEAL TRANSPLANT	00244	38.2707	$1,827.43	APC				Y
65755	T	CORNEAL TRANSPLANT	00244	38.2707	$1,827.43	APC				Y
65760	E	REVISION OF CORNEA	-	-	-	Not Allowed				
65765	E	REVISION OF CORNEA	-	-	-	Not Allowed				
65767	M	CORNEAL TISSUE TRANSPLANT	-	-	-	By Report				
65770	T	REVISE CORNEA WITH IMPLANT	00293	51.9894	$2,482.49	APC				
65771	E	RADIAL KERATOTOMY	-	-	-	Not Allowed				Y
65772	T	CORRECTION OF ASTIGMATISM	00233	15.2259	$727.04	APC				
65775	T	CORRECTION OF ASTIGMATISM	00233	15.2259	$727.04	APC				
65780	T	OCULAR RECONST TRANSPLANT	00244	38.2707	$1,827.43	APC				Y
65781	T	OCULAR RECONST TRANSPLANT	00244	38.2707	$1,827.43	APC				Y
65782	T	OCULAR RECONST TRANSPLANT	00244	38.2707	$1,827.43	APC				Y
65800	T	DRAINAGE OF EYE	00233	15.2259	$727.04	APC				
65805	T	DRAINAGE OF EYE	00233	15.2259	$727.04	APC				
65810	T	DRAINAGE OF EYE	00234	22.997	$1,098.11	APC				

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65815	T	DRAINAGE OF EYE	00234	22.997	$1,098.11	APC				
65820	T	RELIEVE INNER EYE PRESSURE	00232	6.0673	$289.71	APC				
65850	T	INCISION OF EYE	00234	22.997	$1,098.11	APC				
65855	T	LASER SURGERY OF EYE	00247	5.0839	$242.76	APC				
65860	T	INCISE INNER EYE ADHESIONS	00247	5.0839	$242.76	APC				
65865	T	INCISE INNER EYE ADHESIONS	00233	15.2259	$727.04	APC				
65870	T	INCISE INNER EYE ADHESIONS	00234	22.997	$1,098.11	APC				
65875	T	INCISE INNER EYE ADHESIONS	00234	22.997	$1,098.11	APC				
65880	T	INCISE INNER EYE ADHESIONS	00233	15.2259	$727.04	APC				
65900	T	REMOVE EYE LESION	00233	15.2259	$727.04	APC				
65920	T	REMOVE IMPLANT OF EYE	00234	22.997	$1,098.11	APC				
65930	T	REMOVE BLOOD CLOT FROM EYE	00234	22.997	$1,098.11	APC				
66020	T	INJECTION TREATMENT OF EYE	00233	15.2259	$727.04	APC				
66030	T	INJECTION TREATMENT OF EYE	00232	6.0673	$289.71	APC				
66130	T	REMOVE EYE LESION	00234	22.997	$1,098.11	APC				
66150	T	GLAUCOMA SURGERY	00234	22.997	$1,098.11	APC				
66155	T	GLAUCOMA SURGERY	00234	22.997	$1,098.11	APC				
66160	T	GLAUCOMA SURGERY	00234	22.997	$1,098.11	APC				
66165	T	GLAUCOMA SURGERY	00234	22.997	$1,098.11	APC				
66170	T	GLAUCOMA SURGERY	00234	22.997	$1,098.11	APC				
66172	T	INCISION OF EYE	00234	22.997	$1,098.11	APC				
66180	T	IMPLANT EYE SHUNT	00673	37.8967	$1,809.57	APC				
66185	T	REVISE EYE SHUNT	00673	37.8967	$1,809.57	APC				
66220	T	REPAIR EYE LESION	00672	37.429	$1,787.23	APC				
66225	T	REPAIR/GRAFT EYE LESION	00673	37.8967	$1,809.57	APC				
66250	T	FOLLOW-UP SURGERY OF EYE	00233	15.2259	$727.04	APC				
66500	T	INCISION OF IRIS	00232	6.0673	$289.71	APC				
66505	T	INCISION OF IRIS	00232	6.0673	$289.71	APC				
66600	T	REMOVE IRIS AND LESION	00234	22.997	$1,098.11	APC				
66605	T	REMOVAL OF IRIS	00234	22.997	$1,098.11	APC				
66625	T	REMOVAL OF IRIS	00232	6.0673	$289.71	APC				
66630	T	REMOVAL OF IRIS	00234	22.997	$1,098.11	APC				
66635	T	REMOVAL OF IRIS	00234	22.997	$1,098.11	APC				
66680	T	REPAIR IRIS & CILIARY BODY	00234	22.997	$1,098.11	APC				
66682	T	REPAIR IRIS & CILIARY BODY	00234	22.997	$1,098.11	APC				
66700	T	DESTRUCTION, CILIARY BODY	00233	15.2259	$727.04	APC				
66710	T	DESTRUCTION, CILIARY BODY	00233	15.2259	$727.04	APC				
66711	T	CILIARY ENDOSCOPIC ABLATION	00233	15.2259	$727.04	APC				
66720	T	DESTRUCTION, CILIARY BODY	00233	15.2259	$727.04	APC				
66740	T	DESTRUCTION, CILIARY BODY	00234	22.997	$1,098.11	APC				
66761	T	REVISION OF IRIS	00247	5.0839	$242.76	APC				
66762	T	REVISION OF IRIS	00247	5.0839	$242.76	APC				
66770	T	REMOVAL OF INNER EYE LESION	00247	5.0839	$242.76	APC				
66820	T	INCISION, SECONDARY CATARACT	00232	6.0673	$289.71	APC				

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66821	T	AFTER CATARACT LASER SURGERY	00247	5.0839	$242.76	APC				
66825	T	REPOSITION INTRAOCULAR LENS	00234	22.997	$1,098.11	APC				
66830	T	REMOVAL OF LENS LESION	00232	6.0673	$289.71	APC				
66840	T	REMOVAL OF LENS MATERIAL	00245	14.8702	$710.05	APC				
66850	T	REMOVAL OF LENS MATERIAL	00249	29.2281	$1,395.64	APC				
66852	T	REMOVAL OF LENS MATERIAL	00249	29.2281	$1,395.64	APC				
66920	T	EXTRACTION OF LENS	00249	29.2281	$1,395.64	APC				
66930	T	EXTRACTION OF LENS	00249	29.2281	$1,395.64	APC				
66940	T	EXTRACTION OF LENS	00245	14.8702	$710.05	APC				
66982	T	CATARACT SURGERY, COMPLEX	00246	23.6313	$1,128.39	APC				
66983	T	CATARACT SURG W/IOL, 1 STAGE	00246	23.6313	$1,128.39	APC				
66984	T	CATARACT SURG W/IOL 1 STAGE	00246	23.6313	$1,128.39	APC				
66985	T	INSERT LENS PROSTHESIS	00246	23.6313	$1,128.39	APC				
66986	T	EXCHANGE LENS PROSTHESIS	00246	23.6313	$1,128.39	APC				
66990	N	OPHTHALMIC ENDOSCOPE ADD-ON	-	-	-	APC/ Bundled				
66999	T	EYE SURGERY PROCEDURE	00232	6.0673	$289.71	APC				
67005	T	PARTIAL REMOVAL OF EYE FLUID	00237	27.602	$1,318.00	APC				
67010	T	PARTIAL REMOVAL OF EYE FLUID	00237	27.602	$1,318.00	APC				
67015	T	RELEASE OF EYE FLUID	00237	27.602	$1,318.00	APC				
67025	T	REPLACE EYE FLUID	00237	27.602	$1,318.00	APC				
67027	T	IMPLANT EYE DRUG SYSTEM	00672	37.429	$1,787.23	APC				
67028	T	INJECTION EYE DRUG	00235	3.9333	$187.82	APC				
67030	T	INCISE INNER EYE STRANDS	00236	16.5239	$789.02	APC				
67031	T	LASER SURGERY, EYE STRANDS	00247	5.0839	$242.76	APC				
67036	T	REMOVAL OF INNER EYE FLUID	00672	37.429	$1,787.23	APC				
67038	T	STRIP RETINAL MEMBRANE	00672	37.429	$1,787.23	APC				
67039	T	LASER TREATMENT OF RETINA	00672	37.429	$1,787.23	APC				
67040	T	LASER TREATMENT OF RETINA	00672	37.429	$1,787.23	APC				
67101	T	REPAIR DETACHED RETINA	00236	16.5239	$789.02	APC				
67105	T	REPAIR DETACHED RETINA	00248	5.0841	$242.77	APC				
67107	T	REPAIR DETACHED RETINA	00672	37.429	$1,787.23	APC				
67108	T	REPAIR DETACHED RETINA	00672	37.429	$1,787.23	APC				
67110	T	REPAIR DETACHED RETINA	00236	16.5239	$789.02	APC				
67112	T	REREPAIR DETACHED RETINA	00672	37.429	$1,787.23	APC				
67115	T	RELEASE ENCIRCLING MATERIAL	00236	16.5239	$789.02	APC				
67120	T	REMOVE EYE IMPLANT MATERIAL	00236	16.5239	$789.02	APC				
67121	T	REMOVE EYE IMPLANT MATERIAL	00237	27.602	$1,318.00	APC				
67141	T	TREATMENT OF RETINA	00235	3.9333	$187.82	APC				
67145	T	TREATMENT OF RETINA	00248	5.0841	$242.77	APC				
67208	T	TREATMENT OF RETINAL LESION	00236	16.5239	$789.02	APC				
67210	T	TREATMENT OF RETINAL LESION	00248	5.0841	$242.77	APC				
67218	T	TREATMENT OF RETINAL LESION	00236	16.5239	$789.02	APC				
67220	T	TREATMENT OF CHOROID LESION	00235	3.9333	$187.82	APC				
67221	T	OCULAR PHOTODYNAMIC THER	00235	3.9333	$187.82	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
67225	T	EYE PHOTODYNAMIC THER ADD-ON	00235	3.9333	$187.82	APC				
67227	T	TREATMENT OF RETINAL LESION	00237	27.602	$1,318.00	APC				
67228	T	TREATMENT OF RETINAL LESION	00248	5.0841	$242.77	APC				
67250	T	REINFORCE EYE WALL	00240	17.1243	$817.69	APC				
67255	T	REINFORCE/GRAFT EYE WALL	00237	27.602	$1,318.00	APC				
67299	T	EYE SURGERY PROCEDURE	00235	3.9333	$187.82	APC				
67311	T	REVISE EYE MUSCLE	00243	21.2801	$1,016.12	APC				
67312	T	REVISE TWO EYE MUSCLES	00243	21.2801	$1,016.12	APC				
67314	T	REVISE EYE MUSCLE	00243	21.2801	$1,016.12	APC				
67316	T	REVISE TWO EYE MUSCLES	00243	21.2801	$1,016.12	APC				
67318	T	REVISE EYE MUSCLE(S)	00243	21.2801	$1,016.12	APC				
67320	T	REVISE EYE MUSCLE(S) ADD-ON	00243	21.2801	$1,016.12	APC				
67331	T	EYE SURGERY FOLLOW-UP ADD-ON	00243	21.2801	$1,016.12	APC				
67332	T	REREVISE EYE MUSCLES ADD-ON	00243	21.2801	$1,016.12	APC				
67334	T	REVISE EYE MUSCLE W/SUTURE	00243	21.2801	$1,016.12	APC				
67335	T	EYE SUTURE DURING SURGERY	00243	21.2801	$1,016.12	APC				
67340	T	REVISE EYE MUSCLE ADD-ON	00243	21.2801	$1,016.12	APC				
67343	T	RELEASE EYE TISSUE	00243	21.2801	$1,016.12	APC				
67345	T	DESTROY NERVE OF EYE MUSCLE	00238	2.8954	$138.26	APC				
67346	T	BIOPSY, EYE MUSCLE	00699	14.3845	$686.86	APC				
67399	T	EYE MUSCLE SURGERY PROCEDURE	00243	21.2801	$1,016.12	APC				
67400	T	EXPLORE/BIOPSY EYE SOCKET	00241	25.255	$1,205.93	APC				
67405	T	EXPLORE/DRAIN EYE SOCKET	00241	25.255	$1,205.93	APC				
67412	T	EXPLORE/TREAT EYE SOCKET	00241	25.255	$1,205.93	APC				
67413	T	EXPLORE/TREAT EYE SOCKET	00241	25.255	$1,205.93	APC				
67414	T	EXPLR/DECOMPRESS EYE SOCKET	00242	35.2292	$1,682.19	APC				
67415	T	ASPIRATION, ORBITAL CONTENTS	00240	17.1243	$817.69	APC				
67420	T	EXPLORE/TREAT EYE SOCKET	00242	35.2292	$1,682.19	APC				
67430	T	EXPLORE/TREAT EYE SOCKET	00242	35.2292	$1,682.19	APC				
67440	T	EXPLORE/DRAIN EYE SOCKET	00242	35.2292	$1,682.19	APC				
67445	T	EXPLR/DECOMPRESS EYE SOCKET	00242	35.2292	$1,682.19	APC				
67450	T	EXPLORE/BIOPSY EYE SOCKET	00242	35.2292	$1,682.19	APC				
67500	S	INJECT/TREAT EYE SOCKET	00231	2.1451	$102.43	APC				
67505	T	INJECT/TREAT EYE SOCKET	00238	2.8954	$138.26	APC				
67515	T	INJECT/TREAT EYE SOCKET	00238	2.8954	$138.26	APC				
67550	T	INSERT EYE SOCKET IMPLANT	00242	35.2292	$1,682.19	APC				
67560	T	REVISE EYE SOCKET IMPLANT	00241	25.255	$1,205.93	APC				
67570	T	DECOMPRESS OPTIC NERVE	00242	35.2292	$1,682.19	APC				
67599	T	ORBIT SURGERY PROCEDURE	00238	2.8954	$138.26	APC				
67700	T	DRAINAGE OF EYELID ABSCESS	00238	2.8954	$138.26	APC				
67710	T	INCISION OF EYELID	00239	7.2819	$347.71	APC				
67715	T	INCISION OF EYELID FOLD	00240	17.1243	$817.69	APC				
67800	T	REMOVE EYELID LESION	00238	2.8954	$138.26	APC				
67801	T	REMOVE EYELID LESIONS	00239	7.2819	$347.71	APC				

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67805	T	REMOVE EYELID LESIONS	00238	2.8954	$138.26	APC				
67808	T	REMOVE EYELID LESION(S)	00240	17.1243	$817.69	APC				
67810	T	BIOPSY OF EYELID	00238	2.8954	$138.26	APC				
67820	S	REVISE EYELASHES	00698	1.1607	$55.42	APC				
67825	T	REVISE EYELASHES	00238	2.8954	$138.26	APC				
67830	T	REVISE EYELASHES	00239	7.2819	$347.71	APC				
67835	T	REVISE EYELASHES	00240	17.1243	$817.69	APC				
67840	T	REMOVE EYELID LESION	00239	7.2819	$347.71	APC				
67850	T	TREAT EYELID LESION	00239	7.2819	$347.71	APC				
67875	T	CLOSURE OF EYELID BY SUTURE	00239	7.2819	$347.71	APC				
67880	T	REVISION OF EYELID	00233	15.2259	$727.04	APC				
67882	T	REVISION OF EYELID	00240	17.1243	$817.69	APC				
67900	T	REPAIR BROW DEFECT	00240	17.1243	$817.69	APC				Y
67901	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67902	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67903	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67904	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67906	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67908	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67909	T	REVISE EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67911	T	REVISE EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67912	T	CORRECTION EYELID W/ IMPLANT	00240	17.1243	$817.69	APC				
67914	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67915	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67916	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67917	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67921	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67922	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67923	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67924	T	REPAIR EYELID DEFECT	00240	17.1243	$817.69	APC				Y
67930	T	REPAIR EYELID WOUND	00240	17.1243	$817.69	APC				
67935	T	REPAIR EYELID WOUND	00240	17.1243	$817.69	APC				
67938	S	REMOVE EYELID FOREIGN BODY	00698	1.1607	$55.42	APC				
67950	T	REVISION OF EYELID	00240	17.1243	$817.69	APC				
67961	T	REVISION OF EYELID	00240	17.1243	$817.69	APC				
67966	T	REVISION OF EYELID	00240	17.1243	$817.69	APC				
67971	T	RECONSTRUCTION OF EYELID	00241	25.255	$1,205.93	APC				
67973	T	RECONSTRUCTION OF EYELID	00241	25.255	$1,205.93	APC				
67974	T	RECONSTRUCTION OF EYELID	00241	25.255	$1,205.93	APC				
67975	T	RECONSTRUCTION OF EYELID	00240	17.1243	$817.69	APC				
67999	T	REVISION OF EYELID	00238	2.8954	$138.26	APC				
68020	T	INCISE/DRAIN EYELID LINING	00240	17.1243	$817.69	APC				
68040	S	TREATMENT OF EYELID LESIONS	00698	1.1607	$55.42	APC				
68100	T	BIOPSY OF EYELID LINING	00232	6.0673	$289.71	APC				

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68110	T	REMOVE EYELID LINING LESION	00699	14.3845	$686.86	APC				
68115	T	REMOVE EYELID LINING LESION	00240	17.1243	$817.69	APC				
68130	T	REMOVE EYELID LINING LESION	00233	15.2259	$727.04	APC				
68135	T	REMOVE EYELID LINING LESION	00239	7.2819	$347.71	APC				
68200	S	TREAT EYELID BY INJECTION	00230	0.7898	$37.71	APC				
68320	T	REVISE/GRAFT EYELID LINING	00240	17.1243	$817.69	APC				
68325	T	REVISE/GRAFT EYELID LINING	00241	25.255	$1,205.93	APC				
68326	T	REVISE/GRAFT EYELID LINING	00241	25.255	$1,205.93	APC				
68328	T	REVISE/GRAFT EYELID LINING	00241	25.255	$1,205.93	APC				
68330	T	REVISE EYELID LINING	00234	22.997	$1,098.11	APC				
68335	T	REVISE/GRAFT EYELID LINING	00241	25.255	$1,205.93	APC				
68340	T	SEPARATE EYELID ADHESIONS	00240	17.1243	$817.69	APC				
68360	T	REVISE EYELID LINING	00234	22.997	$1,098.11	APC				
68362	T	REVISE EYELID LINING	00234	22.997	$1,098.11	APC				
68371	T	HARVEST EYE TISSUE ALOGRAFT	00233	15.2259	$727.04	APC				Y
68399	T	EYELID LINING SURGERY	00238	2.8954	$138.26	APC				
68400	T	INCISE/DRAIN TEAR GLAND	00238	2.8954	$138.26	APC				
68420	T	INCISE/DRAIN TEAR SAC	00240	17.1243	$817.69	APC				
68440	T	INCISE TEAR DUCT OPENING	00238	2.8954	$138.26	APC				
68500	T	REMOVAL OF TEAR GLAND	00241	25.255	$1,205.93	APC				
68505	T	PARTIAL REMOVAL, TEAR GLAND	00241	25.255	$1,205.93	APC				
68510	T	BIOPSY OF TEAR GLAND	00240	17.1243	$817.69	APC				
68520	T	REMOVAL OF TEAR SAC	00241	25.255	$1,205.93	APC				
68525	T	BIOPSY OF TEAR SAC	00240	17.1243	$817.69	APC				
68530	T	CLEARANCE OF TEAR DUCT	00240	17.1243	$817.69	APC				
68540	T	REMOVE TEAR GLAND LESION	00241	25.255	$1,205.93	APC				
68550	T	REMOVE TEAR GLAND LESION	00241	25.255	$1,205.93	APC				
68700	T	REPAIR TEAR DUCTS	00241	25.255	$1,205.93	APC				
68705	T	REVISE TEAR DUCT OPENING	00238	2.8954	$138.26	APC				
68720	T	CREATE TEAR SAC DRAIN	00241	25.255	$1,205.93	APC				
68745	T	CREATE TEAR DUCT DRAIN	00241	25.255	$1,205.93	APC				
68750	T	CREATE TEAR DUCT DRAIN	00241	25.255	$1,205.93	APC				
68760	S	CLOSE TEAR DUCT OPENING	00231	2.1451	$102.43	APC				
68761	S	CLOSE TEAR DUCT OPENING	00231	2.1451	$102.43	APC				
68770	T	CLOSE TEAR SYSTEM FISTULA	00240	17.1243	$817.69	APC				
68801	S	DILATE TEAR DUCT OPENING	00698	1.1607	$55.42	APC				
68810	S	PROBE NASOLACRIMAL DUCT	00231	2.1451	$102.43	APC				
68811	T	PROBE NASOLACRIMAL DUCT	00240	17.1243	$817.69	APC				
68815	T	PROBE NASOLACRIMAL DUCT	00240	17.1243	$817.69	APC				
68840	S	EXPLORE/IRRIGATE TEAR DUCTS	00698	1.1607	$55.42	APC				
68850	N	INJECTION FOR TEAR SAC X-RAY	-	-	-	APC/ Bundled				
68899	T	TEAR DUCT SYSTEM SURGERY	00238	2.8954	$138.26	APC				
69000	T	DRAIN EXTERNAL EAR LESION	00006	1.4392	$68.72	APC				
69005	T	DRAIN EXTERNAL EAR LESION	00008	17.5086	$836.04	APC				

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69020	T	DRAIN OUTER EAR CANAL LESION	00006	1.4392	$68.72	APC				
69090	E	PIERCE EARLOBES	-	-	-	Not Allowed				
69100	T	BIOPSY OF EXTERNAL EAR	00019	4.0919	$195.39	APC				
69105	T	BIOPSY OF EXTERNAL EAR CANAL	00253	16.4266	$784.37	APC				
69110	T	REMOVE EXTERNAL EAR, PARTIAL	00021	15.1024	$721.14	APC				
69120	T	REMOVAL OF EXTERNAL EAR	00254	23.3299	$1,114.00	APC				
69140	T	REMOVE EAR CANAL LESION(S)	00254	23.3299	$1,114.00	APC				
69145	T	REMOVE EAR CANAL LESION(S)	00021	15.1024	$721.14	APC				
69150	T	EXTENSIVE EAR CANAL SURGERY	00252	7.5511	$360.57	APC				
69155	C	EXTENSIVE EAR/NECK SURGERY	-	-	-	Inpatient Only				
69200	X	CLEAR OUTER EAR CANAL	00340	0.6102	$29.14	APC				
69205	T	CLEAR OUTER EAR CANAL	00022	20.0656	$958.13	APC				
69210	X	REMOVE IMPACTED EAR WAX	00340	0.6102	$29.14	APC				
69220	T	CLEAN OUT MASTOID CAVITY	00012	0.8432	$40.26	APC				
69222	T	CLEAN OUT MASTOID CAVITY	00252	7.5511	$360.57	APC				
69300	T	REVISE EXTERNAL EAR	-	-	-	Not Allowed				
69310	T	REBUILD OUTER EAR CANAL	00256	38.1991	$1,824.01	APC				
69320	T	REBUILD OUTER EAR CANAL	00256	38.1991	$1,824.01	APC				
69399	T	OUTER EAR SURGERY PROCEDURE	00251	2.452	$117.08	APC				
69400	T	INFLATE MIDDLE EAR CANAL	00251	2.452	$117.08	APC				
69401	T	INFLATE MIDDLE EAR CANAL	00251	2.452	$117.08	APC				
69405	T	CATHETERIZE MIDDLE EAR CANAL	00252	7.5511	$360.57	APC				
69420	T	INCISION OF EARDRUM	00251	2.452	$117.08	APC				
69421	T	INCISION OF EARDRUM	00253	16.4266	$784.37	APC				
69424	T	REMOVE VENTILATING TUBE	00252	7.5511	$360.57	APC				
69433	T	CREATE EARDRUM OPENING	00252	7.5511	$360.57	APC				
69436	T	CREATE EARDRUM OPENING	00253	16.4266	$784.37	APC				
69440	T	EXPLORATION OF MIDDLE EAR	00254	23.3299	$1,114.00	APC				
69450	T	EARDRUM REVISION	00256	38.1991	$1,824.01	APC				
69501	T	MASTOIDECTOMY	00256	38.1991	$1,824.01	APC				
69502	T	MASTOIDECTOMY	00254	23.3299	$1,114.00	APC				
69505	T	REMOVE MASTOID STRUCTURES	00256	38.1991	$1,824.01	APC				
69511	T	EXTENSIVE MASTOID SURGERY	00256	38.1991	$1,824.01	APC				
69530	T	EXTENSIVE MASTOID SURGERY	00256	38.1991	$1,824.01	APC				
69535	C	REMOVE PART OF TEMPORAL BONE	-	-	-	Inpatient Only				
69540	T	REMOVE EAR LESION	00253	16.4266	$784.37	APC				
69550	T	REMOVE EAR LESION	00256	38.1991	$1,824.01	APC				
69552	T	REMOVE EAR LESION	00256	38.1991	$1,824.01	APC				
69554	C	REMOVE EAR LESION	-	-	-	Inpatient Only				
69601	T	MASTOID SURGERY REVISION	00256	38.1991	$1,824.01	APC				
69602	T	MASTOID SURGERY REVISION	00256	38.1991	$1,824.01	APC				
69603	T	MASTOID SURGERY REVISION	00256	38.1991	$1,824.01	APC				
69604	T	MASTOID SURGERY REVISION	00256	38.1991	$1,824.01	APC				
69605	T	MASTOID SURGERY REVISION	00256	38.1991	$1,824.01	APC				

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69610	T	REPAIR OF EARDRUM	00254	23.3299	$1,114.00	APC				
69620	T	REPAIR OF EARDRUM	00254	23.3299	$1,114.00	APC				
69631	T	REPAIR EARDRUM STRUCTURES	00256	38.1991	$1,824.01	APC				
69632	T	REBUILD EARDRUM STRUCTURES	00256	38.1991	$1,824.01	APC				
69633	T	REBUILD EARDRUM STRUCTURES	00256	38.1991	$1,824.01	APC				
69635	T	REPAIR EARDRUM STRUCTURES	00256	38.1991	$1,824.01	APC				
69636	T	REBUILD EARDRUM STRUCTURES	00256	38.1991	$1,824.01	APC				
69637	T	REBUILD EARDRUM STRUCTURES	00256	38.1991	$1,824.01	APC				
69641	T	REVISE MIDDLE EAR & MASTOID	00256	38.1991	$1,824.01	APC				
69642	T	REVISE MIDDLE EAR & MASTOID	00256	38.1991	$1,824.01	APC				
69643	T	REVISE MIDDLE EAR & MASTOID	00256	38.1991	$1,824.01	APC				
69644	T	REVISE MIDDLE EAR & MASTOID	00256	38.1991	$1,824.01	APC				
69645	T	REVISE MIDDLE EAR & MASTOID	00256	38.1991	$1,824.01	APC				
69646	T	REVISE MIDDLE EAR & MASTOID	00256	38.1991	$1,824.01	APC				
69650	T	RELEASE MIDDLE EAR BONE	00254	23.3299	$1,114.00	APC				
69660	T	REVISE MIDDLE EAR BONE	00256	38.1991	$1,824.01	APC				
69661	T	REVISE MIDDLE EAR BONE	00256	38.1991	$1,824.01	APC				
69662	T	REVISE MIDDLE EAR BONE	00256	38.1991	$1,824.01	APC				
69666	T	REPAIR MIDDLE EAR STRUCTURES	00256	38.1991	$1,824.01	APC				
69667	T	REPAIR MIDDLE EAR STRUCTURES	00256	38.1991	$1,824.01	APC				
69670	T	REMOVE MASTOID AIR CELLS	00256	38.1991	$1,824.01	APC				
69676	T	REMOVE MIDDLE EAR NERVE	00256	38.1991	$1,824.01	APC				
69700	T	CLOSE MASTOID FISTULA	00256	38.1991	$1,824.01	APC				
69710	E	IMPLANT/REPLACE HEARING AID	-	-	-	Not Allowed				
69711	T	REMOVE/REPAIR HEARING AID	00256	38.1991	$1,824.01	APC				
69714	T	IMPLANT TEMPLE BONE W/STIMUL	00256	38.1991	$1,824.01	APC				
69715	T	TEMPLE BNE IMPLNT W/STIMULAT	00256	38.1991	$1,824.01	APC				
69717	T	TEMPLE BONE IMPLANT REVISION	00256	38.1991	$1,824.01	APC				
69718	T	REVISE TEMPLE BONE IMPLANT	00256	38.1991	$1,824.01	APC				
69720	T	RELEASE FACIAL NERVE	00256	38.1991	$1,824.01	APC				
69725	T	RELEASE FACIAL NERVE	00256	38.1991	$1,824.01	APC				
69740	T	REPAIR FACIAL NERVE	00256	38.1991	$1,824.01	APC				
69745	T	REPAIR FACIAL NERVE	00256	38.1991	$1,824.01	APC				
69799	T	MIDDLE EAR SURGERY PROCEDURE	00251	2.452	$117.08	APC				
69801	T	INCISE INNER EAR	00256	38.1991	$1,824.01	APC				
69802	T	INCISE INNER EAR	00256	38.1991	$1,824.01	APC				
69805	T	EXPLORE INNER EAR	00256	38.1991	$1,824.01	APC				
69806	T	EXPLORE INNER EAR	00256	38.1991	$1,824.01	APC				
69820	T	ESTABLISH INNER EAR WINDOW	00256	38.1991	$1,824.01	APC				
69840	T	REVISE INNER EAR WINDOW	00256	38.1991	$1,824.01	APC				
69905	T	REMOVE INNER EAR	00256	38.1991	$1,824.01	APC				
69910	T	REMOVE INNER EAR & MASTOID	00256	38.1991	$1,824.01	APC				
69915	T	INCISE INNER EAR NERVE	00256	38.1991	$1,824.01	APC				
69930	T	IMPLANT COCHLEAR DEVICE	00259	414.8455	$19,808.87	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
69949	T	INNER EAR SURGERY PROCEDURE	00251	2.452	$117.08	APC				
69950	C	INCISE INNER EAR NERVE	-	-	-	Inpatient Only				
69955	T	RELEASE FACIAL NERVE	00256	38.1991	$1,824.01	APC				
69960	T	RELEASE INNER EAR CANAL	00256	38.1991	$1,824.01	APC				
69970	C	REMOVE INNER EAR LESION	-	-	-	Inpatient Only				
69979	T	TEMPORAL BONE SURGERY	00251	2.452	$117.08	APC				
69990	N	MICROSURGERY ADD-ON	-	-	-	APC/ Bundled				
70010	S	CONTRAST X-RAY OF BRAIN	00274	2.5544	$121.97	APC				
70015	S	CONTRAST X-RAY OF BRAIN	00274	2.5544	$121.97	APC				
70030	X	X-RAY EYE FOR FOREIGN BODY	00260	0.7093	$33.87	APC				
70100	X	X-RAY EXAM OF JAW	00260	0.7093	$33.87	APC				
70110	X	X-RAY EXAM OF JAW	00260	0.7093	$33.87	APC				
70120	X	X-RAY EXAM OF MASTOIDS	00260	0.7093	$33.87	APC				
70130	X	X-RAY EXAM OF MASTOIDS	00260	0.7093	$33.87	APC				
70134	X	X-RAY EXAM OF MIDDLE EAR	00261	1.2224	$58.37	APC				
70140	X	X-RAY EXAM OF FACIAL BONES	00260	0.7093	$33.87	APC				
70150	X	X-RAY EXAM OF FACIAL BONES	00260	0.7093	$33.87	APC				
70160	X	X-RAY EXAM OF NASAL BONES	00260	0.7093	$33.87	APC				
70170	X	X-RAY EXAM OF TEAR DUCT	00264	2.9586	$141.27	APC				
70190	X	X-RAY EXAM OF EYE SOCKETS	00260	0.7093	$33.87	APC				
70200	X	X-RAY EXAM OF EYE SOCKETS	00260	0.7093	$33.87	APC				
70210	X	X-RAY EXAM OF SINUSES	00260	0.7093	$33.87	APC				
70220	X	X-RAY EXAM OF SINUSES	00260	0.7093	$33.87	APC				
70240	X	X-RAY EXAM PITUITARY SADDLE	00260	0.7093	$33.87	APC				
70250	X	X-RAY EXAM OF SKULL	00260	0.7093	$33.87	APC				
70260	X	X-RAY EXAM OF SKULL	00261	1.2224	$58.37	APC				
70300	X	X-RAY EXAM OF TEETH	00262	0.655	$31.28	APC				
70310	X	X-RAY EXAM OF TEETH	00262	0.655	$31.28	APC				
70320	X	FULL MOUTH X-RAY OF TEETH	00262	0.655	$31.28	APC				
70328	X	X-RAY EXAM OF JAW JOINT	00260	0.7093	$33.87	APC				
70330	X	X-RAY EXAM OF JAW JOINTS	00260	0.7093	$33.87	APC				
70332	S	X-RAY EXAM OF JAW JOINT	00275	3.6915	$176.27	APC				
70336	S	MAGNETIC IMAGE JAW JOINT	00335	4.5523	$217.37	APC				
70350	X	X-RAY HEAD FOR ORTHODONTIA	00260	0.7093	$33.87	APC				
70355	X	PANORAMIC X-RAY OF JAWS	00260	0.7093	$33.87	APC				
70360	X	X-RAY EXAM OF NECK	00260	0.7093	$33.87	APC				
70370	X	THROAT X-RAY & FLUOROSCOPY	00272	1.2908	$61.64	APC				
70371	X	SPEECH EVALUATION COMPLEX	00272	1.2908	$61.64	APC				
70373	X	CONTRAST X-RAY OF LARYNX	00263	1.6956	$80.96	APC				
70380	X	X-RAY EXAM OF SALIVARY GLAND	00260	0.7093	$33.87	APC				
70390	X	X-RAY EXAM OF SALIVARY DUCT	00263	1.6956	$80.96	APC				
70450	S	CT HEAD/BRAIN W/O DYE	00332	3.0908	$147.59	APC				
70460	S	CONTRAST CAT SCAN OF HEAD	00283	4.0825	$194.94	APC				
70470	S	CT HEAD/BRAIN W/O & W/DYE	00333	4.8405	$231.13	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
70480	S	CT ORBIT/EAR/FOSSA W/O DYE	00332	3.0908	$147.59	APC				
70481	S	CONTRAST CAT SCAN OF SKULL	00283	4.0825	$194.94	APC				
70482	S	CT ORBIT/EAR/FOSSA W/O&W/DYE	00333	4.8405	$231.13	APC				
70486	S	CT MAXILLOFACIAL W/O DYE	00332	3.0908	$147.59	APC				
70487	S	CT MAXILLOFACIAL W/DYE	00283	4.0825	$194.94	APC				
70488	S	CT MAXILLOFACIAL W/O & W/DYE	00333	4.8405	$231.13	APC				
70490	S	CT SOFT TISSUE NECK W/O DYE	00332	3.0908	$147.59	APC				
70491	S	CT SOFT TISSUE NECK W/DYE	00283	4.0825	$194.94	APC				
70492	S	CT SFT TSUE NCK W/O & W/DYE	00333	4.8405	$231.13	APC				
70496	S	CT ANGIOGRAPHY HEAD	00662	4.8552	$231.84	APC				
70498	S	CT ANGIOGRAPHY NECK	00662	4.8552	$231.84	APC				
70540	S	MRI ORBIT/FACE/NECK W/O DYE	00336	5.6745	$270.96	APC				
70542	S	MRI ORBIT FACE AND NECK; WITH CONTRAST MATERIAL(S)	00284	6.1231	$292.38	APC				
70543	S	MRI ORBT/FAC/NCK W/O & W/DYE	00337	8.1155	$387.52	APC				
70544	S	MAGNETIC RESONANCE ANGIOGRAPHY HEAD; W/O CONTRAS	00336	5.6745	$270.96	APC				
70545	S	MAGNETIC RESONANCE ANGIOGRAPHY HEAD; WITH CONTRA	00284	6.1231	$292.38	APC				
70546	S	MR ANGIOGRAPH HEAD W/O&W/DYE	00337	8.1155	$387.52	APC				
70547	S	MAGNETIC RESONANCE ANGIOGRAPHY NECK; W/O CONTRAS	00336	5.6745	$270.96	APC				
70548	S	MAGNETIC RESONANCE ANGIOGRAPHY NECK;WITH CONTRAS	00284	6.1231	$292.38	APC				
70549	S	MR ANGIOGRAPH NECK W/O&W/DYE	00337	8.1155	$387.52	APC				
70551	S	MAGNETIC IMAGE BRAIN (MRI)	00336	5.6745	$270.96	APC				
70552	S	MRI BRAIN W/DYE	00284	6.1231	$292.38	APC				
70553	S	MRI BRAIN W/O & W/DYE	00337	8.1155	$387.52	APC				
70554	S	FMRI BRAIN BY TECH	00336	5.6745	$270.96	APC				
70555	S	FMRI BRAIN BY PHYS/PSYCH	00336	5.6745	$270.96	APC				
70557	S	MRI BRAIN W/O DYE	00336	5.6745	$270.96	APC				
70558	S	MRI BRAIN W/DYE	00284	6.1231	$292.38	APC				
70559	S	MRI BRAIN W/O & W/DYE	00337	8.1155	$387.52	APC				
71010	X	CHEST X-RAY	00260	0.7093	$33.87	APC				
71015	X	X-RAY EXAM OF CHEST	00260	0.7093	$33.87	APC				
71020	X	CHEST X-RAY	00260	0.7093	$33.87	APC				
71021	X	CHEST X-RAY	00260	0.7093	$33.87	APC				
71022	X	CHEST X-RAY	00260	0.7093	$33.87	APC				
71023	X	CHEST X-RAY AND FLUOROSCOPY	00272	1.2908	$61.64	APC				
71030	X	CHEST X-RAY	00260	0.7093	$33.87	APC				
71034	X	CHEST X-RAY & FLUOROSCOPY	00272	1.2908	$61.64	APC				
71035	X	CHEST X-RAY	00260	0.7093	$33.87	APC				
71040	X	CONTRAST X-RAY OF BRONCHI	00263	1.6956	$80.96	APC				
71060	X	CONTRAST X-RAY OF BRONCHI	00263	1.6956	$80.96	APC				
71090	X	X-RAY & PACEMAKER INSERTION	00272	1.2908	$61.64	APC				
71100	X	X-RAY EXAM OF RIBS	00260	0.7093	$33.87	APC				
71101	X	X-RAY EXAM OF RIBS CHEST	00260	0.7093	$33.87	APC				
71110	X	X-RAY EXAM OF RIBS	00260	0.7093	$33.87	APC				
71111	X	X-RAY EXAM OF RIBS/CHEST	00261	1.2224	$58.37	APC				

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71120	X	X-RAY EXAM OF BREASTBONE	00260	0.7093	$33.87	APC				
71130	X	X-RAY EXAM OF BREASTBONE	00260	0.7093	$33.87	APC				
71250	S	CT THORAX W/O DYE	00332	3.0908	$147.59	APC				
71260	S	CONTRAST CAT SCAN OF CHEST	00283	4.0825	$194.94	APC				
71270	S	CT THORAX W/O & W/DYE	00333	4.8405	$231.13	APC				
71275	S	CT ANGIOGRAPHY CHEST W/O CONTRAST FOLLOWED BY CO	00662	4.8552	$231.84	APC				
71550	S	MAGNETIC IMAGE CHEST	00336	5.6745	$270.96	APC				
71551	S	MRI CHEST; WITH CONTRAST MATERIAL(S)	00284	6.1231	$292.38	APC				
71552	S	MRI CHEST W/O & W/DYE	00337	8.1155	$387.52	APC				
71555	M	MAGNETIC IMAGING/CHEST (MRA)	-	-	-	By Report				
72010	X	X-RAY EXAM OF SPINE	00260	0.7093	$33.87	APC				
72020	X	X-RAY EXAM OF SPINE	00260	0.7093	$33.87	APC				
72040	X	X-RAY EXAM OF NECK SPINE	00260	0.7093	$33.87	APC				
72050	X	X-RAY EXAM OF NECK SPINE	00261	1.2224	$58.37	APC				
72052	X	X-RAY EXAM OF NECK SPINE	00261	1.2224	$58.37	APC				
72069	X	X-RAY EXAM OF TRUNK SPINE	00260	0.7093	$33.87	APC				
72070	X	X-RAY EXAM OF THORAX SPINE	00260	0.7093	$33.87	APC				
72072	X	X-RAY EXAM OF THORACIC SPINE	00260	0.7093	$33.87	APC				
72074	X	X-RAY EXAM OF THORACIC SPINE	00260	0.7093	$33.87	APC				
72080	X	X-RAY EXAM OF TRUNK SPINE	00260	0.7093	$33.87	APC				
72090	X	X-RAY EXAM OF TRUNK SPINE	00261	1.2224	$58.37	APC				
72100	X	X-RAY EXAM OF LOWER SPINE	00260	0.7093	$33.87	APC				
72110	X	X-RAY EXAM OF LOWER SPINE	00261	1.2224	$58.37	APC				
72114	X	X-RAY EXAM OF LOWER SPINE	00261	1.2224	$58.37	APC				
72120	X	X-RAY EXAM OF LOWER SPINE	00261	1.2224	$58.37	APC				
72125	S	CT NECK SPINE W/O DYE	00332	3.0908	$147.59	APC				
72126	S	CONTRAST CAT SCAN OF NECK	00283	4.0825	$194.94	APC				
72127	S	CT NECK SPINE W/O & W/DYE	00333	4.8405	$231.13	APC				
72128	S	CT CHEST SPINE W/O DYE	00332	3.0908	$147.59	APC				
72129	S	CONTRAST CAT SCAN OF THORAX	00283	4.0825	$194.94	APC				
72130	S	CT CHEST SPINE W/O & W/DYE	00333	4.8405	$231.13	APC				
72131	S	CT LUMBAR SPINE W/O DYE	00332	3.0908	$147.59	APC				
72132	S	CONTRAST CAT OF LOWER SPINE	00283	4.0825	$194.94	APC				
72133	S	CT LUMBAR SPINE W/O & W/DYE	00333	4.8405	$231.13	APC				
72141	S	MAGNETIC IMAGE NECK SPINE	00336	5.6745	$270.96	APC				
72142	S	MAGNETIC IMAGE NECK SPINE	00284	6.1231	$292.38	APC				
72146	S	MAGNETIC IMAGE CHEST SPINE	00336	5.6745	$270.96	APC				
72147	S	MAGNETIC IMAGE CHEST SPINE	00284	6.1231	$292.38	APC				
72148	S	MAGNETIC IMAGE LUMBAR SPINE	00336	5.6745	$270.96	APC				
72149	S	MAGNETIC IMAGE LUMBAR SPINE	00284	6.1231	$292.38	APC				
72156	S	MRI NECK SPINE W/O & W/DYE	00337	8.1155	$387.52	APC				
72157	S	MRI CHEST SPINE W/O & W/DYE	00337	8.1155	$387.52	APC				
72158	S	MRI LUMBAR SPINE W/O & W/DYE	00337	8.1155	$387.52	APC				
72159	E	MR ANGIO SPINE W/O&W/DYE	-	-	-	Not Allowed				

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72170	X	X-RAY EXAM OF PELVIS	00260	0.7093	$33.87	APC				
72190	X	X-RAY EXAM OF PELVIS	00260	0.7093	$33.87	APC				
72191	S	CT ANGIOGRAPH PELV W/O&W/DYE	00662	4.8552	$231.84	APC				
72192	S	CT PELVIS W/O DYE	00332	3.0908	$147.59	APC				
72193	S	CONTRAST CAT SCAN OF PELVIS	00283	4.0825	$194.94	APC				
72194	S	CT PELVIS W/O & W/DYE	00333	4.8405	$231.13	APC				
72195	S	MRI PELVIS W/O DYE	00336	5.6745	$270.96	APC				
72196	S	MAGNETIC IMAGE PELVIS	00284	6.1231	$292.38	APC				
72197	S	MRI PELVIS W/O & W/DYE	00337	8.1155	$387.52	APC				
72198	E	MR ANGIO PELVIS W/O & W/DYE	-	-	-	Not Allowed				
72200	X	X-RAY EXAM SACROILIAC JOINTS	00260	0.7093	$33.87	APC				
72202	X	X-RAY EXAM SACROILIAC JOINTS	00260	0.7093	$33.87	APC				
72220	X	X-RAY EXAM OF TAILBONE	00260	0.7093	$33.87	APC				
72240	S	CONTRAST X-RAY OF NECK SPINE	00274	2.5544	$121.97	APC				
72255	S	CONTRAST X-RAY THORAX SPINE	00274	2.5544	$121.97	APC				
72265	S	CONTRAST X-RAY LOWER SPINE	00274	2.5544	$121.97	APC				
72270	S	CONTRAST X-RAY SPINE	00274	2.5544	$121.97	APC				
72275	S	EPIDUROGRAPHY	00274	2.5544	$121.97	APC				
72285	S	DISKOGRAPHY CERVICAL OR THORACIC RADIOLOGICAL SPR	00388	15.9758	$762.84	APC				
72291	S	PERQ VERTEBROPLASTY, FLUOR	00274	2.5544	$121.97	APC				
72292	S	PERQ VERTEBROPLASTY, CT	00274	2.5544	$121.97	APC				
72295	S	X-RAY OF LOWER SPINE DISK	00388	15.9758	$762.84	APC				
73000	X	X-RAY EXAM OF COLLARBONE	00260	0.7093	$33.87	APC				
73010	X	X-RAY EXAM OF SHOULDER BLADE	00260	0.7093	$33.87	APC				
73020	X	X-RAY EXAM OF SHOULDER	00260	0.7093	$33.87	APC				
73030	X	X-RAY EXAM OF SHOULDER	00260	0.7093	$33.87	APC				
73040	S	CONTRAST X-RAY OF SHOULDER	00275	3.6915	$176.27	APC				
73050	X	X-RAY EXAM OF SHOULDERS	00260	0.7093	$33.87	APC				
73060	X	X-RAY EXAM OF HUMERUS	00260	0.7093	$33.87	APC				
73070	X	X-RAY EXAM OF ELBOW	00260	0.7093	$33.87	APC				
73080	X	X-RAY EXAM OF ELBOW	00260	0.7093	$33.87	APC				
73085	S	CONTRAST X-RAY OF ELBOW	00275	3.6915	$176.27	APC				
73090	X	X-RAY EXAM OF FOREARM	00260	0.7093	$33.87	APC				
73092	X	X-RAY EXAM OF ARM INFANT	00260	0.7093	$33.87	APC				
73100	X	X-RAY EXAM OF WRIST	00260	0.7093	$33.87	APC				
73110	X	X-RAY EXAM OF WRIST	00260	0.7093	$33.87	APC				
73115	S	CONTRAST X-RAY OF WRIST	00275	3.6915	$176.27	APC				
73120	X	X-RAY EXAM OF HAND	00260	0.7093	$33.87	APC				
73130	X	X-RAY EXAM OF HAND	00260	0.7093	$33.87	APC				
73140	X	X-RAY EXAM OF FINGER(S)	00260	0.7093	$33.87	APC				
73200	S	CT UPPER EXTREMITY W/O DYE	00332	3.0908	$147.59	APC				
73201	S	CONTRAST CAT SCAN OF ARM	00283	4.0825	$194.94	APC				
73202	S	CT UPPR EXTREMITY W/O&W/DYE	00333	4.8405	$231.13	APC				
73206	S	CT ANGIO UPR EXTRM W/O&W/DYE	00662	4.8552	$231.84	APC				

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73218	S	MRI UPPER EXTREMITY OTHER THAN JOINT; W/O CONTRAST	00336	5.6745	$270.96	APC				
73219	S	MRI UPPER EXTREMITY OTHER THAN JOINT WITH CONTRAST	00284	6.1231	$292.38	APC				
73220	S	MRI UPPR EXTREMITY W/O&W/DYE	00337	8.1155	$387.52	APC				
73221	S	MAGNETIC IMAGE JOINT OF ARM	00336	5.6745	$270.96	APC				
73222	S	MRI JOINT UPR EXTREM W/DYE	00284	6.1231	$292.38	APC				
73223	S	MRI JOINT UPR EXTR W/O&W/DYE	00337	8.1155	$387.52	APC				
73225	E	MR ANGIO UPR EXTR W/O&W/DYE	-	-	-	Not Allowed				
73500	X	X-RAY EXAM OF HIP	00260	0.7093	$33.87	APC				
73510	X	X-RAY EXAM OF HIP	00260	0.7093	$33.87	APC				
73520	X	X-RAY EXAM OF HIPS	00261	1.2224	$58.37	APC				
73525	S	CONTRAST X-RAY OF HIP	00275	3.6915	$176.27	APC				
73530	X	X-RAY EXAM OF HIP	00261	1.2224	$58.37	APC				
73540	X	X-RAY EXAM OF PELVIS & HIPS	00260	0.7093	$33.87	APC				
73542	S	X-RAY EXAM SACROILIAC JOINT	00275	3.6915	$176.27	APC				
73550	X	X-RAY EXAM OF THIGH	00260	0.7093	$33.87	APC				
73560	X	RADIOLOGIC EXAMINATION KNEE; ONE OR TWO VIEWS	00260	0.7093	$33.87	APC				
73562	X	RADIOLOGIC EXAMINATION KNEE; THREE VIEWS	00260	0.7093	$33.87	APC				
73564	X	RADIOLOGIC EXAMINATION KNEE; COMPLETE FOUR OR MOR	00260	0.7093	$33.87	APC				
73565	X	RADIOLOGIC EXAMINATION KNEE; BOTH KNEES STANDING A	00260	0.7093	$33.87	APC				
73580	S	CONTRAST X-RAY OF KNEE JOINT	00275	3.6915	$176.27	APC				
73590	X	X-RAY EXAM OF LOWER LEG	00260	0.7093	$33.87	APC				
73592	X	X-RAY EXAM OF LEG INFANT	00260	0.7093	$33.87	APC				
73600	X	X-RAY EXAM OF ANKLE	00260	0.7093	$33.87	APC				
73610	X	X-RAY EXAM OF ANKLE	00260	0.7093	$33.87	APC				
73615	S	CONTRAST X-RAY OF ANKLE	00275	3.6915	$176.27	APC				
73620	X	X-RAY EXAM OF FOOT	00260	0.7093	$33.87	APC				
73630	X	X-RAY EXAM OF FOOT	00260	0.7093	$33.87	APC				
73650	X	X-RAY EXAM OF HEEL	00260	0.7093	$33.87	APC				
73660	X	X-RAY EXAM OF TOE(S)	00260	0.7093	$33.87	APC				
73700	S	CT LOWER EXTREMITY W/O DYE	00332	3.0908	$147.59	APC				
73701	S	CONTRAST CAT SCAN OF LEG	00283	4.0825	$194.94	APC				
73702	S	CT LWR EXTREMITY W/O&W/DYE	00333	4.8405	$231.13	APC				
73706	S	CT ANGIO LWR EXTR W/O&W/DYE	00662	4.8552	$231.84	APC				
73718	S	MRI LOWER EXTREMITY OTHER THAN JOINT; W/O CONTRAST	00336	5.6745	$270.96	APC				
73719	S	MRI LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST	00284	6.1231	$292.38	APC				
73720	S	MRI LWR EXTREMITY W/O&W/DYE	00337	8.1155	$387.52	APC				
73721	S	MRI JNT OF LWR EXTRE W/O DYE	00336	5.6745	$270.96	APC				
73722	S	MRI ANY LOWER EXTREMITY JOINT; WITH CONTRAST MATERIA	00284	6.1231	$292.38	APC				
73723	S	MRI JOINT LWR EXTR W/O&W/DYE	00337	8.1155	$387.52	APC				
73725	M	MAGNETIC IMAGING/LOWER (MRA)	-	-	-	By Report				
74000	X	X-RAY EXAM OF ABDOMEN	00260	0.7093	$33.87	APC				
74010	X	X-RAY EXAM OF ABDOMEN	00260	0.7093	$33.87	APC				
74020	X	X-RAY EXAM OF ABDOMEN	00260	0.7093	$33.87	APC				
74022	X	X-RAY EXAM SERIES ABDOMEN	00261	1.2224	$58.37	APC				

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74150	S	CT ABDOMEN W/O DYE	00332	3.0908	$147.59	APC				
74160	S	CONTRAST CAT SCAN OF ABDOMEN	00283	4.0825	$194.94	APC				
74170	S	CT ABDOMEN W/O & W/DYE	00333	4.8405	$231.13	APC				
74175	S	CT ANGIO ABDOM W/O & W/DYE	00662	4.8552	$231.84	APC				
74181	S	MAGNETIC IMAGE ABDOMEN (MRI)	00336	5.6745	$270.96	APC				
74182	S	MRI ABDOMEN; WITH CONTRAST MATERIAL(S)	00284	6.1231	$292.38	APC				
74183	S	MRI ABDOMEN W/O & W/DYE	00337	8.1155	$387.52	APC				
74185	M	MRI ANGIO ABDOM W ORW/O DYE	-	-	-	By Report				
74190	X	X-RAY EXAM OF PERITONEUM	00264	2.9586	$141.27	APC				
74210	S	CONTRAST XRAY EXAM OF THROAT	00276	1.4294	$68.25	APC				
74220	S	CONTRAST XRAY EXAM ESOPHAGUS	00276	1.4294	$68.25	APC				
74230	S	CINE/VID X-RAY THROAT/ESOPH	00276	1.4294	$68.25	APC				
74235	S	REMOVE ESOPHAGUS OBSTRUCTION	00257	1.0974	$52.40	APC				
74240	S	X-RAY EXAM UPPER GI TRACT	00276	1.4294	$68.25	APC				
74241	S	X-RAY EXAM UPPER GI TRACT	00276	1.4294	$68.25	APC				
74245	S	X-RAY EXAM, UPPER GI TRACT	00277	2.2176	$105.89	APC				
74246	S	CONTRAST XRAY UPPER GI TRACT	00276	1.4294	$68.25	APC				
74247	S	CONTRAST XRAY UPPER GI TRACT	00276	1.4294	$68.25	APC				
74249	S	CONTRST X-RAY UPPR GI TRACT	00277	2.2176	$105.89	APC				
74250	S	X-RAY EXAM OF SMALL BOWEL	00276	1.4294	$68.25	APC				
74251	S	X-RAY EXAM OF SMALL BOWEL	00277	2.2176	$105.89	APC				
74260	S	X-RAY EXAM OF SMALL BOWEL	00276	1.4294	$68.25	APC				
74270	S	CONTRAST X-RAY EXAM OF COLON	00276	1.4294	$68.25	APC				
74280	S	CONTRAST X-RAY EXAM OF COLON	00277	2.2176	$105.89	APC				
74283	S	CONTRAST X-RAY EXAM OF COLON	00276	1.4294	$68.25	APC				
74290	S	CONTRAST X-RAY GALLBLADDER	00276	1.4294	$68.25	APC				
74291	S	CONTRAST X-RAYS GALLBLADDER	00276	1.4294	$68.25	APC				
74300	X	X-RAY BILE DUCTS/PANCREAS	00263	1.6956	$80.96	APC				
74301	X	X-RAYS AT SURGERY ADD-ON	00263	1.6956	$80.96	APC				
74305	X	X-RAY BILE DUCTS/PANCREAS	00263	1.6956	$80.96	APC				
74320	X	CONTRAST X-RAY OF BILE DUCTS	00264	2.9586	$141.27	APC				
74327	S	X-RAY BILE STONE REMOVAL	00296	2.6802	$127.98	APC				
74328	N	X-RAY BILE DUCT ENDOSCOPY	-	-	-	APC/ Bundled				
74329	N	X-RAY FOR PANCREAS ENDOSCOPY	-	-	-	APC/ Bundled				
74330	N	X-RAY BILE/PANC ENDOSCOPY	-	-	-	APC/ Bundled				
74340	X	X-RAY GUIDE FOR GI TUBE	00272	1.2908	$61.64	APC				
74350	X	X-RAY GUIDE STOMACH TUBE	00263	1.6956	$80.96	APC				
74355	X	X-RAY GUIDE INTESTINAL TUBE	00263	1.6956	$80.96	APC				
74360	S	X-RAY GUIDE GI DILATION	00257	1.0974	$52.40	APC				
74363	S	X-RAY BILE DUCT DILATION	00297	3.6392	$173.77	APC				
74400	S	CONTRAST X-RAY URINARY TRACT	00278	2.4159	$115.36	APC				
74410	S	CONTRAST X-RAY URINARY TRACT	00278	2.4159	$115.36	APC				
74415	S	CONTRAST X-RAY URINARY TRACT	00278	2.4159	$115.36	APC				
74420	S	CONTRAST X-RAY URINARY TRACT	00278	2.4159	$115.36	APC				

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74425	S	CONTRAST X-RAY URINARY TRACT	00278	2.4159	$115.36	APC				
74430	S	CONTRAST X-RAY OF BLADDER	00278	2.4159	$115.36	APC				
74440	S	XRAY EXAM MALE GENITAL TRACT	00278	2.4159	$115.36	APC				
74445	S	X-RAY EXAM OF PENIS	00278	2.4159	$115.36	APC				
74450	S	X-RAY EXAM URETHRA/BLADDER	00278	2.4159	$115.36	APC				
74455	S	X-RAY EXAM URETHRA/BLADDER	00278	2.4159	$115.36	APC				
74470	X	X-RAY EXAM OF KIDNEY LESION	00263	1.6956	$80.96	APC				
74475	S	X-RAY CONTROL CATH INSERT	00297	3.6392	$173.77	APC				
74480	S	X-RAY CONTROL CATH INSERT	00296	2.6802	$127.98	APC				
74485	S	X-RAY GUIDE GU DILATION	00296	2.6802	$127.98	APC				
74710	X	X-RAY MEASUREMENT OF PELVIS	00261	1.2224	$58.37	APC				
74740	X	X-RAY FEMALE GENITAL TRACT	00264	2.9586	$141.27	APC				
74742	X	X-RAY FALLOPIAN TUBE	00264	2.9586	$141.27	APC				
74775	S	X-RAY EXAM OF PERINEUM	00278	2.4159	$115.36	APC				
75552	S	MAGNETIC IMAGE MYOCARDIUM	00336	5.6745	$270.96	APC				
75553	S	MAGNETIC IMAGE MYOCARDIUM	00284	6.1231	$292.38	APC				
75554	S	CARDIAC MRI/FUNCTION	00336	5.6745	$270.96	APC				
75555	S	CARDIAC MRI/LIMITED STUDY	00336	5.6745	$270.96	APC				
75556	M	CARDIAC MRI/FLOW MAPPING	-	-	-	By Report				
75600	S	CONTRAST X-RAY EXAM OF AORTA	00280	20.8225	$994.27	APC				
75605	S	CONTRAST X-RAY EXAM OF AORTA	00280	20.8225	$994.27	APC				
75625	S	CONTRAST X-RAY EXAM OF AORTA	00280	20.8225	$994.27	APC				
75630	S	X-RAY AORTA LEG ARTERIES	00280	20.8225	$994.27	APC				
75635	S	CT ANGIO ABDOMINAL ARTERIES	00662	4.8552	$231.84	APC				
75650	S	ARTERY X-RAYS HEAD & NECK	00280	20.8225	$994.27	APC				
75658	S	X-RAY EXAM OF ARM ARTERIES	00279	9.5061	$453.92	APC				
75660	S	ARTERY X-RAYS HEAD & NECK	00668	6.2463	$298.26	APC				
75662	S	ARTERY X-RAYS HEAD & NECK	00280	20.8225	$994.27	APC				
75665	S	ARTERY X-RAYS HEAD & NECK	00280	20.8225	$994.27	APC				
75671	S	ARTERY X-RAYS HEAD & NECK	00280	20.8225	$994.27	APC				
75676	S	ARTERY X-RAYS NECK	00280	20.8225	$994.27	APC				
75680	S	ARTERY X-RAYS NECK	00280	20.8225	$994.27	APC				
75685	S	ARTERY X-RAYS SPINE	00280	20.8225	$994.27	APC				
75705	S	ARTERY X-RAYS SPINE	00668	6.2463	$298.26	APC				
75710	S	ARTERY X-RAYS ARM/LEG	00280	20.8225	$994.27	APC				
75716	S	ARTERY X-RAYS ARMS/LEGS	00280	20.8225	$994.27	APC				
75722	S	ARTERY X-RAYS KIDNEY	00280	20.8225	$994.27	APC				
75724	S	ARTERY X-RAYS KIDNEYS	00280	20.8225	$994.27	APC				
75726	S	ARTERY X-RAYS ABDOMEN	00280	20.8225	$994.27	APC				
75731	S	ARTERY X-RAYS ADRENAL GLAND	00280	20.8225	$994.27	APC				
75733	S	ARTERY X-RAYS ADRENAL GLANDS	00668	6.2463	$298.26	APC				
75736	S	ARTERY X-RAYS PELVIS	00280	20.8225	$994.27	APC				
75741	S	ARTERY X-RAYS LUNG	00279	9.5061	$453.92	APC				
75743	S	ARTERY X-RAYS LUNGS	00280	20.8225	$994.27	APC				

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75746	S	ARTERY X-RAYS LUNG	00279	9.5061	$453.92	APC				
75756	S	ARTERY X-RAYS CHEST	00279	9.5061	$453.92	APC				
75774	S	ANGIOGRAPHY SELECTIVE EA ADD'L VESSEL STUDIED AFTEF	00279	9.5061	$453.92	APC				
75790	S	VISUALIZE A-V SHUNT	00279	9.5061	$453.92	APC				
75801	X	LYMPH VESSEL X-RAY ARM/LEG	00264	2.9586	$141.27	APC				
75803	X	LYMPH VESSEL X-RAY ARMS/LEGS	00264	2.9586	$141.27	APC				
75805	X	LYMPH VESSEL X-RAY TRUNK	00264	2.9586	$141.27	APC				
75807	X	LYMPH VESSEL X-RAY TRUNK	00264	2.9586	$141.27	APC				
75809	X	NONVASCULAR SHUNT X-RAY	00263	1.6956	$80.96	APC				
75810	S	VEIN X-RAY SPLEEN/LIVER	00279	9.5061	$453.92	APC				
75820	S	VEIN X-RAY ARM/LEG	00668	6.2463	$298.26	APC				
75822	S	VEIN X-RAY ARMS/LEGS	00668	6.2463	$298.26	APC				
75825	S	VEIN X-RAY TRUNK	00279	9.5061	$453.92	APC				
75827	S	VEIN X-RAY CHEST	00279	9.5061	$453.92	APC				
75831	S	VEIN X-RAY KIDNEY	00279	9.5061	$453.92	APC				
75833	S	VEIN X-RAY KIDNEYS	00279	9.5061	$453.92	APC				
75840	S	VEIN X-RAY ADRENAL GLAND	00280	20.8225	$994.27	APC				
75842	S	VEIN X-RAY ADRENAL GLANDS	00280	20.8225	$994.27	APC				
75860	S	VEIN X-RAY NECK	00668	6.2463	$298.26	APC				
75870	S	VEIN X-RAY SKULL	00668	6.2463	$298.26	APC				
75872	S	VEIN X-RAY SKULL	00279	9.5061	$453.92	APC				
75880	S	VEIN X-RAY EYE SOCKET	00668	6.2463	$298.26	APC				
75885	S	.EIN X-RAY LIVER	00280	20.8225	$994.27	APC				
75887	S	VEIN X-RAY LIVER	00279	9.5061	$453.92	APC				
75889	S	VEIN X-RAY LIVER	00280	20.8225	$994.27	APC				
75891	S	VEIN X-RAY LIVER	00279	9.5061	$453.92	APC				
75893	S	VENOUS SAMPLING BY CATHETER	00668	6.2463	$298.26	Bundled subject to separate payment criteria				
75894	S	X-RAYS TRANSCATH THERAPY	00298	8.3906	$400.65	APC				
75896	S	X-RAYS TRANSCATH THERAPY	00298	8.3906	$400.65	APC				
75898	X	FOLLOW-UP ANGIOGRAPHY	00263	1.6956	$80.96	APC				
75900	C	INTRAVASCULAR CATH EXCHANGE	-	-	-	Inpatient Only				
75901	X	REMOVE CVA DEVICE OBSTRUCT	00263	1.6956	$80.96	APC				
75902	X	REMOVE CVA LUMEN OBSTRUCT	00263	1.6956	$80.96	APC				
75940	S	X-RAY PLACEMENT VEIN FILTER	00298	8.3906	$400.65	APC				
75945	S	INTRAVASCULAR ULTRASOUND RADIOLOGICAL S&I; INITIAL VE	00267	2.4606	$117.49	APC				
75946	S	INTRAVASCULAR ULTRASOUND RADIOLOGICAL S&I; EA ADD'L	00266	1.5607	$74.52	APC				
75952	C	ENDOVASC REPAIR ABDOM AORTA	-	-	-	Inpatient Only				
75953	C	ABDOM ANEURYSM ENDOVAS RPR	-	-	-	Inpatient Only				
75954	C	ILIAC ANEURYSM ENDOVAS RPR	-	-	-	Inpatient Only				
75956	C	XRAY, ENDOVASC THOR AO REPR	-	-	-	Inpatient Only				
75957	C	XRAY ENDOVASC THOR AO REPR	-	-	-	Inpatient Only				
75958	C	XRAY PLACE PROX EXT THOR AO	-	-	-	Inpatient Only				
75959	C	XRAY PLACE DIST EXT THOR AO	-	-	-	Inpatient Only				
75960	S	TRANSCATH IV STENT RS&I	00668	6.2463	$298.26	APC				

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75961	S	RETRIEVAL BROKEN CATHETER	00668	6.2463	$298.26	APC				
75962	S	REPAIR ARTERIAL BLOCKAGE	00668	6.2463	$298.26	APC				
75964	S	REPAIR ARTERY BLOCKAGE EACH	00668	6.2463	$298.26	APC				
75966	S	REPAIR ARTERIAL BLOCKAGE	00668	6.2463	$298.26	APC				
75968	S	REPAIR ARTERY BLOCKAGE EACH	00668	6.2463	$298.26	APC				
75970	S	VASCULAR BIOPSY	00668	6.2463	$298.26	APC				
75978	S	REPAIR VENOUS BLOCKAGE	00668	6.2463	$298.26	APC				
75980	S	CONTRAST XRAY EXAM BILE DUCT	00297	3.6392	$173.77	APC				
75982	S	CONTRAST XRAY EXAM BILE DUCT	00297	3.6392	$173.77	APC				
75984	X	XRAY CONTROL CATHETER CHANGE	00263	1.6956	$80.96	APC				
75989	N	ABSCESS DRAINAGE UNDER X-RAY	-	-	-	APC/ Bundled				
75992	S	ATHERECTOMY X-RAY EXAM	00668	6.2463	$298.26	APC				
75993	S	ATHERECTOMY X-RAY EXAM	00668	6.2463	$298.26	APC				
75994	S	ATHERECTOMY X-RAY EXAM	00668	6.2463	$298.26	APC				
75995	S	ATHERECTOMY X-RAY EXAM	00668	6.2463	$298.26	APC				
75996	S	ATHERECTOMY X-RAY EXAM	00668	6.2463	$298.26	APC				
76000	X	FLUOROSCOPE EXAMINATION	00272	1.2908	$61.64	APC				
76001	N	FLUOROSCOPE EXAM EXTENSIVE	-	-	-	APC/ Bundled				
76010	X	X-RAY NOSE TO RECTUM	00260	0.7093	$33.87	APC				
76080	X	RADIOLOGIC EXAM ABSCESS FISTULA OR SINUS TRACT STUI	00263	1.6956	$80.96	APC				
76098	X	X-RAY EXAM BREAST SPECIMEN	00260	0.7093	$33.87	APC				
76100	X	X-RAY EXAM OF BODY SECTION	00261	1.2224	$58.37	APC				
76101	X	COMPLEX BODY SECTION X-RAY	00263	1.6956	$80.96	APC				
76102	X	COMPLEX BODY SECTION X-RAYS	00264	2.9586	$141.27	APC				
76120	X	CINE/VIDEO X-RAYS	00272	1.2908	$61.64	APC				
76125	X	CINE/VIDEO X-RAYS ADD-ON	00260	0.7093	$33.87	APC				
76140	E	X-RAY CONSULTATION	-	-	-	Not Allowed				
76150	X	X-RAY EXAM DRY PROCESS	00260	0.7093	$33.87	APC				
76350	N	SPECIAL X-RAY CONTRAST STUDY	-	-	-	APC/ Bundled				
76376	X	3D RENDER W/O POSTPROCESS	00340	0.6102	$29.14	APC				
76377	S	3D RENDERING W/POSTPROCESS	00282	1.5379	$73.43	APC				
76380	S	CAT SCAN FOLLOW-UP STUDY	00282	1.5379	$73.43	APC				
76390	E	MR SPECTROSCOPY	-	-	-	Not Allowed				
76496	X	FLUOROSCOPIC PROCEDURE	00272	1.2908	$61.64	APC				
76497	S	CT PROCEDURE	00282	1.5379	$73.43	APC				
76498	S	MRI PROCEDURE	00335	4.5523	$217.37	APC				
76499	X	RADIOGRAPHIC PROCEDURE	00260	0.7093	$33.87	APC				
76506	S	ECHO EXAM OF HEAD	00265	0.9923	$47.38	APC				
76510	S	OPHTH US B & QUANT A	00266	1.5607	$74.52	APC				
76511	S	OPHTH US QUANT A ONLY	00266	1.5607	$74.52	APC				
76512	S	OPHTH US B W/NON-QUANT A	00266	1.5607	$74.52	APC				
76513	S	OPHTHALMIC U/S ECHOGRAPHY DX; ANTERIOR IMMERSION	00266	1.5607	$74.52	APC				
76514	X	ECHO EXAM OF EYE THICKNESS	00340	0.6102	$29.14	APC				
76516	S	ECHO EXAM OF EYE	00265	0.9923	$47.38	APC				

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76519	S	ECHO EXAM OF EYE	00266	1.5607	$74.52	APC				
76529	S	ECHO EXAM OF EYE	00265	0.9923	$47.38	APC				
76536	S	US EXAM OF HEAD AND NECK	00266	1.5607	$74.52	APC				
76604	S	ECHO EXAM OF CHEST	00265	0.9923	$47.38	APC				
76645	S	US EXAM, BREAST(S)	00265	0.9923	$47.38	APC				
76700	S	ECHO EXAM OF ABDOMEN	00266	1.5607	$74.52	APC				
76705	S	ECHO EXAM OF ABDOMEN	00266	1.5607	$74.52	APC				
76770	S	ECHO EXAM ABDOMEN BACK WALL	00266	1.5607	$74.52	APC				
76775	S	US EXAM ABDO BACK WALL LIM	00266	1.5607	$74.52	APC				
76776	S	US EXAM K TRANSPL W/DOPPLER	00266	1.5607	$74.52	APC				
76800	S	US EXAM, SPINAL CANAL	00266	1.5607	$74.52	APC				
76801	S	OB US < 14 WKS SINGLE FETUS	00266	1.5607	$74.52	APC				
76802	S	OB US < 14 WKS ADD□L FETUS	00265	0.9923	$47.38	APC				
76805	S	OB US >/= 14 WKS SNGL FETUS	00266	1.5607	$74.52	APC				
76810	S	OB US >/= 14 WKS ADDL FETUS	00266	1.5607	$74.52	APC				
76811	S	OB US DETAILED SNGL FETUS	00267	2.4606	$117.49	APC				
76812	S	OB US DETAILED ADDL FETUS	00265	0.9923	$47.38	APC				
76813	S	OB US NUCHAL MEAS, 1 GEST	00266	1.5607	$74.52	APC				
76814	S	OB US NUCHAL MEAS, ADD-ON	00265	0.9923	$47.38	APC				
76815	S	OB US LIMITED FETUS(S)	00265	0.9923	$47.38	APC				
76816	S	OB US FOLLOW-UP PER FETUS	00265	0.9923	$47.38	APC				
76817	S	TRANSVAGINAL US OBSTETRIC	00265	0.9923	$47.38	APC				
76818	S	FETAL BIOPHYS PROFILE W/NST	00266	1.5607	$74.52	APC				
76819	S	FETAL BIOPHYS PROFIL W/O NST	00266	1.5607	$74.52	APC				
76820	S	UMBILICAL ARTERY ECHO	00096	1.5303	$73.07	APC				
76821	S	MIDDLE CEREBRAL ARTERY ECHO	00096	1.5303	$73.07	APC				
76825	S	ECHO EXAM OF FETAL HEART	00697	1.5973	$76.27	APC				
76826	S	ECHO EXAM OF FETAL HEART	00697	1.5973	$76.27	APC				
76827	S	ECHO EXAM OF FETAL HEART	00697	1.5973	$76.27	APC				
76828	S	ECHO EXAM OF FETAL HEART	00697	1.5973	$76.27	APC				
76830	S	TRANSVAGINAL US NON-OB	00266	1.5607	$74.52	APC				
76831	S	ECHO EXAM UTERUS	00267	2.4606	$117.49	APC				
76856	S	US EXAM, PELVIC, COMPLETE	00266	1.5607	$74.52	APC				
76857	S	ECHO EXAM OF PELVIS	00265	0.9923	$47.38	APC				
76870	S	US EXAM, SCROTUM	00266	1.5607	$74.52	APC				
76872	S	US TRANSRECTAL	00266	1.5607	$74.52	APC				
76873	S	ECHOGRAP TRANS R PROS STUDY	00266	1.5607	$74.52	APC				
76880	S	US EXAM, EXTREMITY	00266	1.5607	$74.52	APC				
76885	S	US EXAM INFANT HIPS DYNAMIC	00265	0.9923	$47.38	APC				
76886	S	US EXAM INFANT HIPS STATIC	00265	0.9923	$47.38	APC				
76930	S	ECHO GUIDE CARDIOCENTESIS	00268	1.1882	$56.74	APC				
76932	S	ECHO GUIDE FOR HEART BIOPSY	00309	2.1012	$100.33	APC				
76936	S	ECHO GUIDE FOR ARTERY REPAIR	00309	2.1012	$100.33	APC				
76937	N	US GUIDE VASCULAR ACCESS	-	-	-	APC/ Bundled				

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76940	S	US GUIDE TISSUE ABLATION	00268	1.1882	$56.74	APC				
76941	S	ECHO GUIDE FOR TRANSFUSION	00268	1.1882	$56.74	APC				
76942	S	ECHO GUIDE FOR BIOPSY	00268	1.1882	$56.74	APC				
76945	S	ECHO GUIDE VILLUS SAMPLING	00268	1.1882	$56.74	APC				
76946	S	ECHO GUIDE FOR AMNIOCENTESIS	00268	1.1882	$56.74	APC				
76948	S	ECHO GUIDE OVA ASPIRATION	00309	2.1012	$100.33	APC				
76950	S	ECHO GUIDANCE RADIOTHERAPY	00268	1.1882	$56.74	APC				
76965	S	ECHO GUIDANCE RADIOTHERAPY	00309	2.1012	$100.33	APC				
76970	S	ULTRASOUND EXAM FOLLOW-UP	00265	0.9923	$47.38	APC				
76975	S	GI ENDOSCOPIC ULTRASOUND	00266	1.5607	$74.52	APC				
76977	X	U/S BONE DENSITY MEASUREMENT AND INTERP PERIPH SITE	00340	0.6102	$29.14	APC				
76998	S	US GUIDE, INTRAOP	00266	1.5607	$74.52	APC				
76999	S	ECHO EXAMINATION PROCEDURE	00265	0.9923	$47.38	APC				
77001	N	FLUOROGUIDE FOR VEIN DEVICE	-	-	-	APC/ Bundled				
77002	N	NEEDLE LOCALIZATION BY XRAY	-	-	-	APC/ Bundled				
77003	N	FLUOROGUIDE FOR SPINE INJECT	-	-	-	APC/ Bundled				
77011	S	CT SCAN FOR LOCALIZATION	00283	4.0825	$194.94	APC				
77012	S	CT SCAN FOR NEEDLE BIOPSY	00283	4.0825	$194.94	APC				
77013	S	CT GUIDE FOR TISSUE ABLATION	00333	4.8405	$231.13	APC				
77014	S	CT SCAN FOR THERAPY GUIDE	00282	1.5379	$73.43	APC				
77021	S	MR GUIDANCE FOR NEEDLE PLACE	00335	4.5523	$217.37	APC				
77022	S	MRI FOR TISSUE ABLATION	00335	4.5523	$217.37	APC				
77031	X	STEREOTACT GUIDE FOR BRST BX	00264	2.9586	$141.27	APC				
77032	X	GUIDANCE FOR NEEDLE, BREAST	00263	1.6956	$80.96	APC				
77051	M	COMPUTER DX MAMMOGRAM ADD-ON	-	-	$12.80	Fee Schedule				
77052	M	COMP SCREEN MAMMOGRAM ADD-ON	-	-	$12.80	Fee Schedule				
77053	X	X-RAY OF MAMMARY DUCT	00263	1.6956	$80.96	APC				
77054	X	X-RAY OF MAMMARY DUCTS	00263	1.6956	$80.96	APC				
77055	M	MAMMOGRAM, ONE BREAST	-	-	$59.39	Fee Schedule				
77056	M	MAMMOGRAM, BOTH BREASTS	-	-	$74.15	Fee Schedule				
77057	M	MAMMOGRAM, SCREENING	-	-	$62.17	Fee Schedule				
77058	M	MRI, ONE BREAST	-	-	$0.00	Fee Schedule				
77059	M	MRI, BOTH BREASTS	-	-	$0.00	Fee Schedule				
77071	X	X-RAY STRESS VIEW	00260	0.7093	$33.87	APC				
77072	X	X-RAYS FOR BONE AGE	00260	0.7093	$33.87	APC				
77073	X	X-RAYS, BONE LENGTH STUDIES	00260	0.7093	$33.87	APC				
77074	X	X-RAYS, BONE SURVEY, LIMITED	00261	1.2224	$58.37	APC				
77075	X	X-RAYS, BONE SURVEY COMPLETE	00261	1.2224	$58.37	APC				
77076	X	X-RAYS, BONE SURVEY, INFANT	00260	0.7093	$33.87	APC				
77077	X	JOINT SURVEY, SINGLE VIEW	00260	0.7093	$33.87	APC				
77078	S	CT BONE DENSITY, AXIAL	00288	1.1755	$56.13	APC				
77079	S	CT BONE DENSITY, PERIPHERAL	00282	1.5379	$73.43	APC				
77080	S	DXA BONE DENSITY, AXIAL	00288	1.1755	$56.13	APC				
77081	S	DXA BONE DENSITY/PERIPHERAL	00665	0.5497	$26.25	APC				

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77082	X	DXA BONE DENSITY, VERT FX	00260	0.7093	$33.87	APC				
77083	X	RADIOGRAPHIC ABSORPTIOMETRY	00261	1.2224	$58.37	APC				
77084	S	MAGNETIC IMAGE, BONE MARROW	00335	4.5523	$217.37	APC				
77261	E	RADIATION THERAPY PLANNING	-	-	-	Not Allowed				
77262	E	RADIATION THERAPY PLANNING	-	-	-	Not Allowed				
77263	E	RADIATION THERAPY PLANNING	-	-	-	Not Allowed				
77280	X	SET RADIATION THERAPY FIELD; SIMPLE	00304	1.5735	$75.13	APC				
77285	X	SET RADIATION THERAPY FIELD; INTERMEDIATE	00305	3.9723	$189.68	APC				
77290	X	SET RADIATION THERAPY FIELD; COMPLEX	00305	3.9723	$189.68	APC				
77295	X	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING	00310	13.8081	$659.34	APC				
77299	X	RADIATION THERAPY PLANNING UNLISTED PROCEDURE	00304	1.5735	$75.13	APC				
77300	X	RADIATION THERAPY DOSE PLAN	00304	1.5735	$75.13	APC				
77301	X	RADIOTHERAPY DOSE PLAN IMRT	00310	13.8081	$659.34	APC				
77305	X	TELETX ISODOSE PLAN SIMPLE	00304	1.5735	$75.13	APC				
77310	X	TELETX ISODOSE PLAN INTERMED	00305	3.9723	$189.68	APC				
77315	X	TELETX ISODOSE PLAN COMPLEX	00305	3.9723	$189.68	APC				
77321	X	SPECIAL TELETX PORT PLAN	00305	3.9723	$189.68	APC				
77326	X	BRACHYTX ISODOSE CALC SIMP	00304	1.5735	$75.13	APC				
77327	X	BRACHYTX ISODOSE CALC INTERM	00305	3.9723	$189.68	APC				
77328	X	BRACHYTX ISODOSE PLAN COMPL	00305	3.9723	$189.68	APC				
77331	X	SPECIAL RADIATION DOSIMETRY	00304	1.5735	$75.13	APC				
77332	X	RADIATION TREATMENT AID(S)	00303	2.943	$140.53	APC				
77333	X	RADIATION TREATMENT AID(S)	00303	2.943	$140.53	APC				
77334	X	RADIATION TREATMENT AID(S)	00303	2.943	$140.53	APC				
77336	X	CONTINUING MEDICAL RADIATION PHYSICS CONSULT PER WI	00304	1.5735	$75.13	APC				
77370	X	RADIATION PHYSICS CONSULT	00304	1.5735	$75.13	APC				
77371	S	SRS, MULTISOURCE	00127	138.4486	$6,610.92	APC				
77372	M	SRS, LINEAR BASED	-	-	$0.00	Fee Schedule				
77373	M	SBRT DELIVERY	-	-	$0.00	Fee Schedule				
77399	X	UNLISTED PROC RADIATION PHYSICS DOSIM/TX DEVICE& SP	00304	1.5735	$75.13	APC				
77401	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77402	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77403	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77404	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77406	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77407	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77408	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77409	S	RADIATION TREATMENT DELIVERY	00300	1.4826	$70.79	APC				
77411	S	RADIATION TREATMENT DELIVERY	00301	2.2295	$106.46	APC				
77412	S	RADIATION TREATMENT DELIVERY	00301	2.2295	$106.46	APC				
77413	S	RADIATION TREATMENT DELIVERY	00301	2.2295	$106.46	APC				
77414	S	RADIATION TREATMENT DELIVERY	00301	2.2295	$106.46	APC				
77416	S	RADIATION TREATMENT DELIVERY	00301	2.2295	$106.46	APC				
77417	X	RADIOLOGY PORT FILM(S)	00260	0.7093	$33.87	APC				

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77418	S	RADIATION TX DELIVERY IMRT	00412	5.4731	$261.34	APC				
77421	S	STEREOSCOPIC X-RAY GUIDANCE	00257	1.0974	$52.40	APC				
77422	S	NEUTRON BEAM TX SIMPLE	00301	2.2295	$106.46	APC				
77423	S	NEUTRON BEAM TX COMPLEX	00301	2.2295	$106.46	APC				
77427	M	RADIATION TREATMENT MANAGEMENT FIVE TREATMENTS	-	-	$142.99	Fee Schedule				
77431	M	RADIATION THERAPY MANAGEMENT	-	-	$80.88	Fee Schedule				
77432	M	STEREOTACTIC RADIATION TRMT	-	-	$352.61	Fee Schedule				
77435	N	SBRT MANAGEMENT	-	-	-	APC/ Bundled				
77470	S	SPECIAL RADIATION TREATMENT	00299	5.8839	$280.96	APC				
77499	M	RADIATION THERAPY MANAGEMENT	-	-	-	By Report				
77520	S	PROTON BEAM DELIVERY TO SNGL TX AREA SNGL PORT CUS	00664	18.8926	$902.12	APC				
77522	S	PROTON TREATMENT DELIVERY; SIMPLE WITH COMPENSATIO	00664	18.8926	$902.12	APC				
77523	S	PROTON BEAM DELIVERY TO 1-2 TX AREAS 2 OR MORE PORTS	00667	22.6031	$1,079.30	APC				
77525	S	PROTON TREATMENT DELIVERY; COMPLEX	00667	22.6031	$1,079.30	APC				
77600	S	HYPERTHERMIA TREATMENT	00314	3.3461	$159.78	APC				
77605	S	HYPERTHERMIA TREATMENT	00314	3.3461	$159.78	APC				
77610	S	HYPERTHERMIA TREATMENT	00314	3.3461	$159.78	APC				
77615	S	HYPERTHERMIA TREATMENT	00314	3.3461	$159.78	APC				
77620	S	HYPERTHERMIA TREATMENT	00314	3.3461	$159.78	APC				
77750	S	INFUSE RADIOACTIVE MATERIALS	00301	2.2295	$106.46	APC				
77761	S	RADIOELEMENT APPLICATION	00312	4.8569	$231.92	APC				
77762	S	RADIOELEMENT APPLICATION	00312	4.8569	$231.92	APC				
77763	S	RADIOELEMENT APPLICATION	00312	4.8569	$231.92	APC				
77776	S	RADIOELEMENT APPLICATION	00312	4.8569	$231.92	APC				
77777	S	APPLY INTERSTIT RADIAT INTER	00312	4.8569	$231.92	APC				
77778	S	APPLY INTERSTIT RADIAT COMPL	00651	16.8462	$804.41	APC				
77781	S	HIGH INTENSITY BRACHYTHERAPY	00313	12.8473	$613.46	APC				
77782	S	HIGH INTENSITY BRACHYTHERAPY	00313	12.8473	$613.46	APC				
77783	S	HIGH INTENSITY BRACHYTHERAPY	00313	12.8473	$613.46	APC				
77784	S	HIGH INTENSITY BRACHYTHERAPY	00313	12.8473	$613.46	APC				
77789	S	RADIOELEMENT APPLICATION	00300	1.4826	$70.79	APC				
77790	N	RADIOELEMENT HANDLING	-	-	-	APC/ Bundled				
77799	S	RADIUM/RADIOISOTOPE THERAPY	00312	4.8569	$231.92	APC				
78000	S	THYROID SINGLE UPTAKE	00389	1.3754	$65.68	APC				
78001	S	THYROID MULTIPLE UPTAKES	00389	1.3754	$65.68	APC				
78003	S	THYROID SUPPRESS/STIMUL	00392	2.0057	$95.77	APC				
78006	S	THYROID IMAGING WITH UPTAKE	00390	2.3432	$111.89	APC				
78007	S	THYROID IMAGE MULT UPTAKES	00391	2.7146	$129.62	APC				
78010	S	THYROID IMAGING	00390	2.3432	$111.89	APC				
78011	S	THYROID IMAGING WITH FLOW	00390	2.3432	$111.89	APC				
78015	S	THYROID MET IMAGING	00406	3.9934	$190.68	APC				
78016	S	THYROID MET IMAGING/STUDIES	00406	3.9934	$190.68	APC				
78018	S	THYROID MET IMAGING BODY	00406	3.9934	$190.68	APC				
78020	S	THYROID CARCINOMA METASTASES UPTAKE	00399	1.5054	$71.88	APC				

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78070	S	PARATHYROID NUCLEAR IMAGING	00391	2.7146	$129.62	APC				
78075	S	ADRENAL NUCLEAR IMAGING	00391	2.7146	$129.62	APC				
78099	S	ENDOCRINE NUCLEAR PROCEDURE	00390	2.3432	$111.89	APC				
78102	S	BONE MARROW IMAGING LTD	00400	3.9073	$186.57	APC				
78103	S	BONE MARROW IMAGING MULT	00400	3.9073	$186.57	APC				
78104	S	BONE MARROW IMAGING BODY	00400	3.9073	$186.57	APC				
78110	S	PLASMA VOLUME SINGLE	00393	3.7562	$179.36	APC				
78111	S	PLASMA VOLUME MULTIPLE	00393	3.7562	$179.36	APC				
78120	S	RED CELL MASS SINGLE	00393	3.7562	$179.36	APC				
78121	S	RED CELL MASS MULTIPLE	00393	3.7562	$179.36	APC				
78122	S	BLOOD VOLUME	00393	3.7562	$179.36	APC				
78130	S	RED CELL SURVIVAL STUDY	00393	3.7562	$179.36	APC				
78135	S	RED CELL SURVIVAL KINETICS	00393	3.7562	$179.36	APC				
78140	S	RED CELL SEQUESTRATION	00393	3.7562	$179.36	APC				
78185	S	SPLEEN IMAGING	00400	3.9073	$186.57	APC				
78190	S	PLATELET SURVIVAL KINETICS	00392	2.0057	$95.77	APC				
78191	S	PLATELET SURVIVAL	00392	2.0057	$95.77	APC				
78195	S	LYMPH SYSTEM IMAGING	00400	3.9073	$186.57	APC				
78199	S	BLOOD/LYMPH NUCLEAR EXAM	00400	3.9073	$186.57	APC				
78201	S	LIVER IMAGING	00394	4.3774	$209.02	APC				
78202	S	LIVER IMAGING WITH FLOW	00394	4.3774	$209.02	APC				
78205	S	LIVER IMAGING (3D)	00394	4.3774	$209.02	APC				
78206	S	LIVER IMAGE (3D) WITH FLOW	00394	4.3774	$209.02	APC				
78215	S	LIVER AND SPLEEN IMAGING	00394	4.3774	$209.02	APC				
78216	S	LIVER & SPLEEN IMAGE FLOW	00394	4.3774	$209.02	APC				
78220	S	LIVER FUNCTION STUDY	00394	4.3774	$209.02	APC				
78223	S	HEPATOBILIARY IMAGING	00394	4.3774	$209.02	APC				
78230	S	SALIVARY GLAND IMAGING	00395	3.6526	$174.41	APC				
78231	S	SERIAL SALIVARY IMAGING	00395	3.6526	$174.41	APC				
78232	S	SALIVARY GLAND FUNCTION EXAM	00395	3.6526	$174.41	APC				
78258	S	ESOPHAGEAL MOTILITY STUDY	00395	3.6526	$174.41	APC				
78261	S	GASTRIC MUCOSA IMAGING	00395	3.6526	$174.41	APC				
78262	S	GASTROESOPHAGEAL REFLUX EXAM	00395	3.6526	$174.41	APC				
78264	S	GASTRIC EMPTYING STUDY	00395	3.6526	$174.41	APC				
78267	Q	BREATH TST ATTAIN/ANAL C-14	-	-	$18.30	Medicare	$18.30	$11.35	$10.98	
78268	Q	BREATH TEST ANALYSIS C-14	-	-	$156.85	Medicare	$156.85	$97.25	$94.11	
78270	S	VIT B-12 ABSORPTION EXAM	00392	2.0057	$95.77	APC				
78271	S	VIT B-12 ABSRP EXAM INT FAC	00392	2.0057	$95.77	APC				
78272	S	VIT B-12 ABSORP COMBINED	00392	2.0057	$95.77	APC				
78278	S	ACUTE GI BLOOD LOSS IMAGING	00395	3.6526	$174.41	APC				
78282	S	GI PROTEIN LOSS EXAM	00395	3.6526	$174.41	APC				
78290	S	MECKEL□S DIVERT EXAM	00395	3.6526	$174.41	APC				
78291	S	LEVEEN/SHUNT PATENCY EXAM	00395	3.6526	$174.41	APC				
78299	S	GI NUCLEAR PROCEDURE	00395	3.6526	$174.41	APC				

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78300	S	BONE IMAGING LIMITED AREA	00396	3.9174	$187.06	APC				
78305	S	BONE IMAGING MULTIPLE AREAS	00396	3.9174	$187.06	APC				
78306	S	BONE IMAGING WHOLE BODY	00396	3.9174	$187.06	APC				
78315	S	BONE IMAGING 3 PHASE	00396	3.9174	$187.06	APC				
78320	S	BONE IMAGING (3D)	00396	3.9174	$187.06	APC				
78350	E	BONE DENSITY STUDY ONE OR MORE SITES; SINGLE PHOTON	-	-	-	Not Allowed				
78351	E	BONE DENSITY STUDY ONE OR MORE SITES; DUAL PHOTON A	-	-	-	Not Allowed				
78399	S	MUSCULOSKELETAL NUCLEAR EXAM	00396	3.9174	$187.06	APC				
78414	S	NON-IMAGING HEART FUNCTION	00398	4.1265	$197.04	APC				
78428	S	CARDIAC SHUNT IMAGING	00398	4.1265	$197.04	APC				
78445	S	VASCULAR FLOW IMAGING	00397	2.4204	$115.57	APC				
78456	S	ACUTE VENOUS THROMBUS IMAGE	00397	2.4204	$115.57	APC				
78457	S	VENOUS THROMBOSIS IMAGING VENOGRAM; UNILATERAL	00397	2.4204	$115.57	APC				
78458	S	VENOUS THROMBOSIS IMAGING VENOGRAM; BILATERAL	00397	2.4204	$115.57	APC				
78459	S	HEART MUSCLE IMAGING (PET)	00307	11.8963	$568.05	APC				
78460	S	HEART MUSCLE BLOOD SINGLE	00398	4.1265	$197.04	APC				
78461	S	HEART MUSCLE BLOOD MULTIPLE	00377	6.5012	$310.43	APC				
78464	S	HEART IMAGE (3D) SINGLE	00398	4.1265	$197.04	APC				
78465	S	HEART IMAGE (3D) MULTIPLE	00377	6.5012	$310.43	APC				
78466	S	HEART INFARCT IMAGE	00398	4.1265	$197.04	APC				
78468	S	HEART INFARCT IMAGE EF	00398	4.1265	$197.04	APC				
78469	S	HEART INFARCT IMAGE (3D)	00398	4.1265	$197.04	APC				
78472	S	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM; PLANA	00398	4.1265	$197.04	APC				
78473	S	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM; MULT S	00376	4.9832	$237.95	APC				
78478	S	MYOCARDIAL PERF STUDY W/ WALL MOTION QUALIT OR QUA	00399	1.5054	$71.88	APC				
78480	S	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION	00399	1.5054	$71.88	APC				
78481	S	HEART FIRST PASS SINGLE	00398	4.1265	$197.04	APC				
78483	S	HEART FIRST PASS MULTIPLE	00376	4.9832	$237.95	APC				
78491	S	HEART IMAGE (PET) SINGLE	00307	11.8963	$568.05	APC				
78492	S	HEART IMAGE (PET) MULTIPLE	00307	11.8963	$568.05	APC				
78494	S	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM SPECT	00398	4.1265	$197.04	APC				
78496	S	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM SNGL	00399	1.5054	$71.88	APC				
78499	S	CARDIOVASCULAR NUCLEAR EXAM	00398	4.1265	$197.04	APC				
78580	S	LUNG PERFUSION IMAGING	00401	3.1802	$151.85	APC				
78584	S	LUNG V/Q IMAGE SINGLE BREATH	00378	5.0975	$243.41	APC				
78585	S	LUNG V/Q IMAGING	00378	5.0975	$243.41	APC				
78586	S	AEROSOL LUNG IMAGE SINGLE	00401	3.1802	$151.85	APC				
78587	S	AEROSOL LUNG IMAGE MULTIPLE	00401	3.1802	$151.85	APC				
78588	S	PULMONARY PERFUSION IMAG PARTICULATE W/VENT IMAG A	00378	5.0975	$243.41	APC				
78591	S	VENT IMAGE 1 BREATH 1 PROJ	00401	3.1802	$151.85	APC				
78593	S	VENT IMAGE 1 PROJ GAS	00401	3.1802	$151.85	APC				
78594	S	VENT IMAGE MULT PROJ GAS	00401	3.1802	$151.85	APC				
78596	S	LUNG DIFFERENTIAL FUNCTION	00378	5.0975	$243.41	APC				
78599	S	RESPIRATORY NUCLEAR EXAM	00401	3.1802	$151.85	APC				

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78600	S	BRAIN IMAGING LTD STATIC	00402	4.6418	$221.65	APC				
78601	S	BRAIN IMAGING LTD W/FLOW	00402	4.6418	$221.65	APC				
78605	S	BRAIN IMAGING COMPLETE	00402	4.6418	$221.65	APC				
78606	S	BRAIN IMAGING COMP & FLOW	00402	4.6418	$221.65	APC				
78607	S	BRAIN IMAGING (3D)	00402	4.6418	$221.65	APC				
78608	S	BRAIN IMAGING (PET)	00308	13.9166	$664.52	APC				
78609	E	BRAIN IMAGING (PET)	-	-	-	Not Allowed				
78610	S	BRAIN FLOW IMAGING ONLY	00402	4.6418	$221.65	APC				
78615	S	CEREBRAL VASCULAR FLOW IMAGE	00402	4.6418	$221.65	APC				
78630	S	CEREBROSPINAL FLUID SCAN	00403	3.4923	$166.76	APC				
78635	S	CSF VENTRICULOGRAPHY	00403	3.4923	$166.76	APC				
78645	S	CSF SHUNT EVALUATION	00403	3.4923	$166.76	APC				
78647	S	CEREBROSPINAL FLUID SCAN	00403	3.4923	$166.76	APC				
78650	S	CSF LEAKAGE IMAGING	00403	3.4923	$166.76	APC				
78660	S	NUCLEAR EXAM OF TEAR FLOW	00403	3.4923	$166.76	APC				
78699	S	NERVOUS SYSTEM NUCLEAR EXAM	00402	4.6418	$221.65	APC				
78700	S	KIDNEY IMAGING STATIC	00404	3.4209	$163.35	APC				
78701	S	KIDNEY IMAGING WITH FLOW	00404	3.4209	$163.35	APC				
78707	S	KIDNEY IMAGING; SINGLE STUDY W/OUT PHARMACOLOGICAL	00404	3.4209	$163.35	APC				
78708	S	KIDNEY FLOW/FUNCTION IMAGE	00405	4.0378	$192.80	APC				
78709	S	KIDNEY FLOW/FUNCTION IMAGE	00405	4.0378	$192.80	APC				
78710	S	KIDNEY IMAGING TOMOGRAPHIC (SPECT)	00404	3.4209	$163.35	APC				
78725	S	KIDNEY FUNCTION STUDY NON-IMAGING RADIOISOTOPIC STU	00389	1.3754	$65.68	APC				
78730	X	URINARY BLADDER RETENTION	00340	0.6102	$29.14	APC				
78740	S	URETERAL REFLUX STUDY	00404	3.4209	$163.35	APC				
78761	S	TESTICULAR IMAGING & FLOW	00404	3.4209	$163.35	APC				
78799	S	GENITOURINARY NUCLEAR EXAM	00404	3.4209	$163.35	APC				
78800	S	TUMOR IMAGING LIMITED AREA	00406	3.9934	$190.68	APC				
78801	S	TUMOR IMAGING MULT AREAS	00406	3.9934	$190.68	APC				
78802	S	TUMOR IMAGING WHOLE BODY	00406	3.9934	$190.68	APC				
78803	S	TUMOR IMAGING (3D)	00406	3.9934	$190.68	APC				
78804	S	TUMOR IMAGING WHOLE BODY	00408	5.9245	$282.89	APC				
78805	S	ABSCESS IMAGING LTD AREA	00406	3.9934	$190.68	APC				
78806	S	ABSCESS IMAGING WHOLE BODY	00406	3.9934	$190.68	APC				
78807	S	NUCLEAR LOCALIZATION/ABSCESS	00406	3.9934	$190.68	APC				
78811	S	TUMOR IMAGING (PET) LIMITED	00308	13.9166	$664.52	APC				
78812	S	TUMOR IMAGE (PET)/SKUL-THIGH	00308	13.9166	$664.52	APC				
78813	S	TUMOR IMAGE (PET) FULL BODY	00308	13.9166	$664.52	APC				
78814	S	TUMOR IMAGE PET/CT LIMITED	01511	15.4552	$737.99	APC				
78815	S	TUMORIMAGE PET/CT SKUL-THIGH	01511	15.4552	$737.99	APC				
78816	S	TUMOR IMAGE PET/CT FULL BODY	01511	15.4552	$737.99	APC				
78890	N	NUCLEAR MEDICINE DATA PROC	-	-	-	APC/ Bundled				
78891	N	NUCLEAR MED DATA PROC	-	-	-	APC/ Bundled				
78999	S	NUCLEAR DIAGNOSTIC EXAM	00389	1.3754	$65.68	APC				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
79005	S	NUCLEAR RX ORAL ADMIN	00407	3.1779	$151.74	APC				
79101	S	NUCLEAR RX IV ADMIN	00407	3.1779	$151.74	APC				
79200	S	NUCLEAR RX INTRACAV ADMIN	00413	5.2957	$252.87	APC				
79300	S	NUCLR RX INTERSTIT COLLOID	00407	3.1779	$151.74	APC				
79403	S	HEMATOPOIETIC NUCLEAR TX	00413	5.2957	$252.87	APC				
79440	S	NUCLEAR RX INTRA-ARTICULAR	00413	5.2957	$252.87	APC				
79445	S	NUCLEAR RX INTRA-ARTERIAL	00407	3.1779	$151.74	APC				
79999	S	NUCLEAR MEDICINE THERAPY	00407	3.1779	$151.74	APC				
80048	Q	BASIC METABOLIC PANEL	-	-	$19.72	Medicare	$19.72	$12.23	$11.83	
80050	Q	GENERAL HEALTH PANEL	-	-	$56.77	Fee Schedule				
80051	Q	ELECTROLYTE PANEL	-	-	$16.33	Medicare	$16.33	$10.12	$9.80	
80053	Q	COMPREHENSIVE METABOLIC PANEL	-	-	$24.62	Medicare	$24.62	$15.26	$14.77	
80055	Q	OBSTETRIC PANEL	-	-	$44.69	Fee Schedule				
80061	Q	LIPID PANEL	-	-	$31.20	Medicare	$31.20	$19.34	$18.72	
80069	Q	RENAL FUNCTION PANEL	-	-	$20.22	Medicare	$20.22	$12.54	$12.13	
80074	Q	ACUTE HEPATITIS PANEL	-	-	$109.38	Medicare	$109.38	$67.82	$65.63	
80076	Q	HEPATIC FUNCTION PANEL	-	-	$19.03	Medicare	$19.03	$11.80	$11.42	
80100	Q	DRUG SCREEN; MULTIPLE DRUG CLASSES EACH PROCEDUR	-	-	$33.87	Medicare	$33.87	$21.00	$20.32	
80101	Q	DRUG SCREEN; SINGLE DRUG CLASS EACH DRUG CLASS	-	-	$32.07	Medicare	$32.07	$19.88	$19.24	
80102	Q	DRUG CONFIRMATION EACH PROCEDURE	-	-	$30.85	Medicare	$30.85	$19.13	$18.51	
80103	N	TISSUE PREPARATION FOR DRUG ANALYSIS	-	-	-	APC/ Bundled				
80150	Q	AMIKACIN	-	-	$35.10	Medicare	$35.10	$21.76	$21.06	
80152	Q	AMITRIPTYLINE	-	-	$41.68	Medicare	$41.68	$25.84	$25.01	
80154	Q	BENZODIAZEPINES	-	-	$43.07	Medicare	$43.07	$26.70	$25.84	
80156	Q	CARBAMAZEPINE	-	-	$33.90	Medicare	$33.90	$21.02	$20.34	
80157	Q	ASSAY, CARBAMAZEPINE, FREE	-	-	$30.87	Medicare	$30.87	$19.14	$18.52	
80158	Q	CYCLOSPORINE	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
80160	Q	DESIPRAMINE	-	-	$40.08	Medicare	$40.08	$24.85	$24.05	
80162	Q	DIGOXIN	-	-	$30.92	Medicare	$30.92	$19.17	$18.55	
80164	Q	DIPROPYLACETIC ACID (VALPROIC ACID)	-	-	$31.55	Medicare	$31.55	$19.56	$18.93	
80166	Q	DOXEPIN	-	-	$36.10	Medicare	$36.10	$22.38	$21.66	
80168	Q	ETHOSUXIMIDE	-	-	$26.63	Medicare	$26.63	$16.51	$15.98	
80170	Q	GENTAMICIN	-	-	$38.17	Medicare	$38.17	$23.67	$22.90	
80172	Q	GOLD	-	-	$37.93	Medicare	$37.93	$23.52	$22.76	
80173	Q	ASSAY OF HALOPERIDOL	-	-	$33.90	Medicare	$33.90	$21.02	$20.34	
80174	Q	IMIPRAMINE	-	-	$40.08	Medicare	$40.08	$24.85	$24.05	
80176	Q	LIDOCAINE	-	-	$34.20	Medicare	$34.20	$21.20	$20.52	
80178	Q	LITHIUM	-	-	$15.40	Medicare	$15.40	$9.55	$9.24	
80182	Q	NORTRIPTYLINE	-	-	$31.55	Medicare	$31.55	$19.56	$18.93	
80184	Q	PHENOBARBITAL	-	-	$26.68	Medicare	$26.68	$16.54	$16.01	
80185	Q	PHENYTOIN; TOTAL	-	-	$30.87	Medicare	$30.87	$19.14	$18.52	
80186	Q	PHENYTOIN; FREE	-	-	$32.05	Medicare	$32.05	$19.87	$19.23	
80188	Q	PRIMIDONE	-	-	$36.87	Medicare	$36.87	$22.86	$22.12	
80190	Q	PROCAINAMIDE;	-	-	$39.02	Medicare	$39.02	$24.19	$23.41	

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80192	Q	PROCAINAMIDE;W/METABOLITES (EG N-ACETYL PROCAINAMI	-	-	$39.02	Medicare	$39.02	$24.19	$23.41	
80194	Q	QUINIDINE	-	-	$33.98	Medicare	$33.98	$21.07	$20.39	
80195	Q	ASSAY OF SIROLIMUS	-	-	$31.95	Medicare	$31.95	$19.81	$19.17	
80196	Q	SALICYLATE	-	-	$16.53	Medicare	$16.53	$10.25	$9.92	
80197	Q	TACROLIMUS	-	-	$31.95	Medicare	$31.95	$19.81	$19.17	
80198	Q	THEOPHYLLINE	-	-	$32.95	Medicare	$32.95	$20.43	$19.77	
80200	Q	TOBRAMYCIN	-	-	$37.53	Medicare	$37.53	$23.27	$22.52	
80201	Q	ASSAY OF TOPIRAMATE	-	-	$27.77	Medicare	$27.77	$17.22	$16.66	
80202	Q	VANCOMYCIN	-	-	$31.55	Medicare	$31.55	$19.56	$18.93	
80299	Q	QUANTITATION OF DRUG NOT ELSEWHERE SPECIFIED	-	-	$31.88	Medicare	$31.88	$19.77	$19.13	
80400	Q	ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY	-	-	$75.93	Medicare	$75.93	$47.08	$45.56	
80402	Q	ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENC	-	-	$202.43	Medicare	$202.43	$125.51	$121.46	
80406	Q	ACTH STIMULATION PANEL;FOR 3 BETA-HYDROXYDEHYDROG	-	-	$147.60	Medicare	$147.60	$91.51	$88.56	
80408	Q	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG SALIN	-	-	$292.23	Medicare	$292.23	$181.18	$175.34	
80410	Q	CALCIUM-PENTAGASTRIN STIMULATION PANEL	-	-	$187.05	Medicare	$187.05	$115.97	$112.23	
80412	Q	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION	-	-	$767.50	Medicare	$767.50	$475.85	$460.50	
80414	Q	CHORIONIC GONADOTROPHIN STIMULATION PANEL;TESTOST	-	-	$120.27	Medicare	$120.27	$74.57	$72.16	
80415	Q	CHORIONIC GONADOTROPHIN STIMULATION PANEL;ESTRADIC	-	-	$130.13	Medicare	$130.13	$80.68	$78.08	
80416	Q	RENAL VEIN RENIN STIMULATION PANEL (EG CAPTOPRIL)	-	-	$307.30	Medicare	$307.30	$190.53	$184.38	
80417	Q	PERIPHERAL VEIN RENIN STIMULATION PANEL (EG CAPTOPRI	-	-	$102.43	Medicare	$102.43	$63.51	$61.46	
80418	Q	COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL	-	-	$1,349.60	Medicare	$1,349.60	$836.75	$809.76	
80420	Q	DEXAMETHASONE SUPPRESSION PANEL 48 HOUR	-	-	$167.73	Medicare	$167.73	$103.99	$100.64	
80422	Q	GLUCAGON TOLERANCE PANEL; FOR INSULINOMA	-	-	$107.30	Medicare	$107.30	$66.53	$64.38	
80424	Q	GLUCAGON TOLERANCE PANEL	-	-	$117.60	Medicare	$117.60	$72.91	$70.56	
80426	Q	GONADOTROPIN RELEASING HORMONE STIMULATION PANEL	-	-	$345.67	Medicare	$345.67	$214.32	$207.40	
80428	Q	GROWTH HORMONE STIMULATION PANEL (EG ARGININE INFU	-	-	$155.27	Medicare	$155.27	$96.27	$93.16	
80430	Q	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINI	-	-	$182.67	Medicare	$182.67	$113.26	$109.60	
80432	Q	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	-	-	$261.97	Medicare	$261.97	$162.42	$157.18	
80434	Q	INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY	-	-	$235.50	Medicare	$235.50	$146.01	$141.30	
80435	Q	INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICI	-	-	$239.75	Medicare	$239.75	$148.65	$143.85	
80436	Q	METYRAPONE PANEL	-	-	$212.27	Medicare	$212.27	$131.61	$127.36	
80438	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PA	-	-	$117.35	Medicare	$117.35	$72.76	$70.41	
80439	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PA	-	-	$156.47	Medicare	$156.47	$97.01	$93.88	
80440	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PA	-	-	$135.40	Medicare	$135.40	$83.95	$81.24	
80500	X	CLINICAL PATHOLOGY CONSULTATION;LIMITED W/O REVIEW	00433	0.2557	$12.21	APC				
80502	X	CLINICAL PATHOLOGY CONSULTATION;COMPREHENSIVE FOR	00342	0.0824	$3.93	APC				
81000	Q	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUB	-	-	$7.38	Medicare	$7.38	$4.58	$4.43	
81001	Q	URINALYSIS BY DIP STICK OR TABLE REAGENT;AUTOMATED	-	-	$7.38	Medicare	$7.38	$4.58	$4.43	
81002	Q	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUB	-	-	$5.95	Medicare	$5.95	$3.69	$3.57	
81003	Q	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUB	-	-	$5.23	Medicare	$5.23	$3.24	$3.14	
81005	Q	URINALYSIS;QUALITATIVE OR SEMIQUANTITIVE EXCEPT IMMU	-	-	$5.05	Medicare	$5.05	$3.13	$3.03	
81007	Q	URINALYSIS;BACTERIURIA SCREEN BY NON-CULTURE TECHN	-	-	$5.98	Medicare	$5.98	$3.71	$3.59	
81015	Q	URINALYSIS; MICROSCOPIC ONLY	-	-	$7.07	Medicare	$7.07	$4.38	$4.24	
81020	Q	URINALYSIS TWO OR THREE GLASS TEST	-	-	$8.58	Medicare	$8.58	$5.32	$5.15	

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81025	Q	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON MI	-	-	$9.23	Medicare	$9.23	$5.72	$5.54	
81050	Q	VOLUME MEASUREMENT FOR TIMED COLLECTION EACH	-	-	$6.98	Medicare	$6.98	$4.33	$4.19	
81099	M	UNLISTED URINALYSIS PROCEDURE	-	-	-	By Report				
82000	Q	ACETALDEHYDE BLOOD	-	-	$28.85	Medicare	$28.85	$17.89	$17.31	
82003	Q	ACETAMINOPHEN	-	-	$47.13	Medicare	$47.13	$29.22	$28.28	
82009	Q	ACETONE OR OTHER KETONE BODIES SERUM; QUALITATIVE	-	-	$10.52	Medicare	$10.52	$6.52	$6.31	
82010	Q	ACETONE OR OTHER KETONE BODIES SERUM; QUANTITATIVE	-	-	$19.03	Medicare	$19.03	$11.80	$11.42	
82013	Q	ACETYLCHOLINESTERASE	-	-	$26.02	Medicare	$26.02	$16.13	$15.61	
82016	Q	ACYLCARNITINES; QUALITATIVE EACH SPECIMEN	-	-	$32.28	Medicare	$32.28	$20.01	$19.37	
82017	Q	ACYLCARNITINES; QUANTITATIVE EACH SPEC (82379 FOR CAR	-	-	$39.28	Medicare	$39.28	$24.35	$23.57	
82024	Q	ADRENOCORTICOTROPIC HORMONE (ACTH)	-	-	$89.95	Medicare	$89.95	$55.77	$53.97	
82030	Q	ASSAY OF ADP & AMP	-	-	$60.08	Medicare	$60.08	$37.25	$36.05	
82040	Q	ALBUMIN; SERUM	-	-	$9.73	Medicare	$9.73	$6.03	$5.84	
82042	Q	ALBUMIN; URINE QUANTITATIVE	-	-	$6.92	Medicare	$6.92	$4.29	$4.15	
82043	Q	ALBUMIN; URINE MICROALBUMIN QUANTITATIVE	-	-	$13.48	Medicare	$13.48	$8.36	$8.09	
82044	Q	ALBUMIN;URINE MICROALBUMIN SEMIQUANTITATIVE(EG REA	-	-	$10.65	Medicare	$10.65	$6.60	$6.39	
82045	Q	ALBUMIN ISCHEMIA MODIFIED	-	-	$79.05	Medicare	$79.05	$49.01	$47.43	
82055	Q	ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH	-	-	$25.17	Medicare	$25.17	$15.61	$15.10	
82075	Q	ALCOHOL (ETHANOL); BREATH	-	-	$28.07	Medicare	$28.07	$17.40	$16.84	
82085	Q	ALDOLASE	-	-	$22.60	Medicare	$22.60	$14.01	$13.56	
82088	Q	ALDOSTERONE	-	-	$94.90	Medicare	$94.90	$58.84	$56.94	
82101	Q	ALKALOIDS URINE QUANTITATIVE	-	-	$69.90	Medicare	$69.90	$43.34	$41.94	
82103	Q	ALPHA-1-ANTITRYPSIN; TOTAL	-	-	$31.28	Medicare	$31.28	$19.39	$18.77	
82104	Q	ALPHA-1-ANTITRYPSIN; PHENOTYPE	-	-	$33.67	Medicare	$33.67	$20.88	$20.20	
82105	Q	ALPHA-FETOPROTEIN; SERUM	-	-	$39.07	Medicare	$39.07	$24.22	$23.44	
82106	Q	ALPHA-FETOPROTEIN; AMNIOTIC FLUID	-	-	$39.07	Medicare	$39.07	$24.22	$23.44	
82107	Q	ALPHA-FETOPROTEIN L3	-	-	$149.98	Medicare	$149.98	$92.99	$89.99	
82108	Q	ALUMINUM	-	-	$59.33	Medicare	$59.33	$36.78	$35.60	
82120	Q	AMINES VAGINAL FLUID QUALITATIVE	-	-	$8.75	Medicare	$8.75	$5.43	$5.25	
82127	Q	AMINO ACIDS; SINGLE QUALITATIVE EACH SPECIMEN	-	-	$32.28	Medicare	$32.28	$20.01	$19.37	
82128	Q	AMINO ACIDS; MULTIPLE QUALITATIVE EACH SPECIMEN	-	-	$32.28	Medicare	$32.28	$20.01	$19.37	
82131	Q	AMINO ACIDS; SINGLE QUANTITATIVE EACH SPECIMEN	-	-	$39.28	Medicare	$39.28	$24.35	$23.57	
82135	Q	AMINOLEVULINIC ACID DELTA (ALA)	-	-	$38.33	Medicare	$38.33	$23.76	$23.00	
82136	Q	AMINO ACIDS 2 TO 5 AMINO ACIDS QUANTITATIVE EACH SPE	-	-	$39.28	Medicare	$39.28	$24.35	$23.57	
82139	Q	AMINO ACIDS 6 OR MORE AMINO ACIDS QUANTITATIVE EACH	-	-	$39.28	Medicare	$39.28	$24.35	$23.57	
82140	Q	AMMONIA	-	-	$30.58	Medicare	$30.58	$18.96	$18.35	
82143	Q	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	-	-	$16.02	Medicare	$16.02	$9.93	$9.61	
82145	Q	AMPHETAMINE OR METHAMPHETAMINE	-	-	$36.20	Medicare	$36.20	$22.44	$21.72	
82150	Q	AMYLASE	-	-	$15.10	Medicare	$15.10	$9.36	$9.06	
82154	Q	ANDROSTANEDIOL GLUCURONIDE	-	-	$67.15	Medicare	$67.15	$41.63	$40.29	
82157	Q	ANDROSTENEDIONE	-	-	$68.17	Medicare	$68.17	$42.27	$40.90	
82160	Q	ANDROSTERONE	-	-	$58.23	Medicare	$58.23	$36.10	$34.94	
82163	Q	ANGIOTENSIN II	-	-	$47.80	Medicare	$47.80	$29.64	$28.68	
82164	Q	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	-	-	$33.98	Medicare	$33.98	$21.07	$20.39	

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82172	Q	APOLIPOPROTEIN EACH	-	-	$36.08	Medicare	$36.08	$22.37	$21.65	
82175	Q	ARSENIC	-	-	$44.18	Medicare	$44.18	$27.39	$26.51	
82180	Q	ASCORBIC ACID (VITAMIN C) BLOOD	-	-	$23.02	Medicare	$23.02	$14.27	$13.81	
82190	Q	ATOMIC ABSORPTION SPECTROSCOPY EACH ANALYTE	-	-	$34.72	Medicare	$34.72	$21.53	$20.83	
82205	Q	BARBITURATES NOT ELSEWHERE SPECIFIED	-	-	$26.68	Medicare	$26.68	$16.54	$16.01	
82232	Q	BETA-2 MICROGLOBULIN	-	-	$37.68	Medicare	$37.68	$23.36	$22.61	
82239	Q	BILE ACIDS; TOTAL	-	-	$39.90	Medicare	$39.90	$24.74	$23.94	
82240	Q	BILE ACIDS; CHOLYLGLYCINE	-	-	$61.88	Medicare	$61.88	$38.37	$37.13	
82247	Q	BILIRUBIN; TOTAL	-	-	$11.70	Medicare	$11.70	$7.25	$7.02	
82248	Q	BILIRUBIN; DIRECT	-	-	$11.70	Medicare	$11.70	$7.25	$7.02	
82252	Q	BILIRUBIN; FECES QUALITATIVE	-	-	$10.58	Medicare	$10.58	$6.56	$6.35	
82261	Q	BIOTINIDASE EACH SPECIMEN	-	-	$39.28	Medicare	$39.28	$24.35	$23.57	
82270	Q	OCCULT BLOOD OTHER SOURCES	-	-	$7.57	Medicare	$7.57	$4.69	$4.54	
82271	Q	OCCULT BLOOD FECES SINGLE	-	-	$7.57	Medicare	$7.57	$4.69	$4.54	
82272	Q	BLOOD OCCULT PEROXIDASE	-	-	$7.57	Medicare	$7.57	$4.69	$4.54	
82274	Q	ASSAY TEST FOR BLOOD FECAL	-	-	$37.03	Medicare	$37.03	$22.96	$22.22	
82286	Q	BRADYKININ	-	-	$16.03	Medicare	$16.03	$9.94	$9.62	
82300	Q	CADMIUM	-	-	$53.88	Medicare	$53.88	$33.41	$32.33	
82306	Q	CALCIFEDIOL (25-OH VITAMIN D-3)	-	-	$68.93	Medicare	$68.93	$42.74	$41.36	
82307	Q	CALCIFEROL (VITAMIN D)	-	-	$75.03	Medicare	$75.03	$46.52	$45.02	
82308	Q	CALCITONIN	-	-	$62.35	Medicare	$62.35	$38.66	$37.41	
82310	Q	CALCIUM; TOTAL	-	-	$12.00	Medicare	$12.00	$7.44	$7.20	
82330	Q	CALCIUM; IONIZED	-	-	$31.82	Medicare	$31.82	$19.73	$19.09	
82331	Q	CALCIUM; AFTER CALCIUM INFUSION TEST	-	-	$12.05	Medicare	$12.05	$7.47	$7.23	
82340	Q	CALCIUM; URINE QUANTITATIVE TIMED SPECIMEN	-	-	$14.05	Medicare	$14.05	$8.71	$8.43	
82355	Q	CALCULUS ANALYSIS, QUAL	-	-	$26.95	Medicare	$26.95	$16.71	$16.17	
82360	Q	CALCULUS (STONE); QUANTITATIVE ANALYSIS CHEMICAL	-	-	$29.98	Medicare	$29.98	$18.59	$17.99	
82365	Q	CALCULUS SPECTROSCOPY	-	-	$30.02	Medicare	$30.02	$18.61	$18.01	
82370	Q	CALCULUS (STONE); X-RAY DIFFRACTION	-	-	$29.18	Medicare	$29.18	$18.09	$17.51	
82373	Q	ASSAY, C-D TRANSFER MEASURE	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
82374	Q	CARBON DIOXIDE (BICARBONATE)	-	-	$11.38	Medicare	$11.38	$7.06	$6.83	
82375	Q	CARBON MONOXIDE (CARBOXYHEMOGLOBIN); QUANTITATIVE	-	-	$20.37	Medicare	$20.37	$12.63	$12.22	
82376	Q	CARBON MONOXIDE (CARBOXYHEMOGLOBIN); QUALITATIVE	-	-	$13.95	Medicare	$13.95	$8.65	$8.37	
82378	Q	CARCINOEMBRYONIC ANTIGEN (CEA)	-	-	$44.18	Medicare	$44.18	$27.39	$26.51	
82379	Q	CARNITINE (TOTAL AND FREE) QUANTITATIVE EACH SPECIME	-	-	$39.28	Medicare	$39.28	$24.35	$23.57	
82380	Q	CAROTENE	-	-	$21.48	Medicare	$21.48	$13.32	$12.89	
82382	Q	CATECHOLAMINES; TOTAL URINE	-	-	$40.03	Medicare	$40.03	$24.82	$24.02	
82383	Q	CATECHOLAMINES; BLOOD	-	-	$58.35	Medicare	$58.35	$36.18	$35.01	
82384	Q	CATECHOLAMINES; FRACTIONATED	-	-	$58.80	Medicare	$58.80	$36.46	$35.28	
82387	Q	CATHEPSIN-D	-	-	$9.15	Medicare	$9.15	$5.67	$5.49	
82390	Q	CERULOPLASMIN	-	-	$25.02	Medicare	$25.02	$15.51	$15.01	
82397	Q	CHEMILUMINESCENT ASSAY	-	-	$30.52	Medicare	$30.52	$18.92	$18.31	
82415	Q	CHLORAMPHENICOL	-	-	$29.50	Medicare	$29.50	$18.29	$17.70	
82435	Q	CHLORIDE; BLOOD	-	-	$10.70	Medicare	$10.70	$6.63	$6.42	

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82436	Q	CHLORIDE; URINE	-	-	$11.70	Medicare	$11.70	$7.25	$7.02	
82438	Q	CHLORIDE; OTHER SOURCE	-	-	$11.38	Medicare	$11.38	$7.06	$6.83	
82441	Q	CHLORINATED HYDROCARBONS SCREEN	-	-	$13.97	Medicare	$13.97	$8.66	$8.38	
82465	Q	CHOLESTEROL SERUM TOTAL	-	-	$10.13	Medicare	$10.13	$6.28	$6.08	
82480	Q	CHOLINESTERASE; SERUM	-	-	$18.35	Medicare	$18.35	$11.38	$11.01	
82482	Q	CHOLINESTERASE; RBC	-	-	$17.90	Medicare	$17.90	$11.10	$10.74	
82485	Q	CHONDROITIN B SULFATE QUANTITATIVE	-	-	$48.08	Medicare	$48.08	$29.81	$28.85	
82486	Q	CHROMATOGRAPHY QUALITATIVE; COLUMN ANALYTE NES	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
82487	Q	CHROMATOGRAPHY QUALITATIVE;PAPER 1-DIMENSIONAL AN	-	-	$37.17	Medicare	$37.17	$23.05	$22.30	
82488	Q	CHROMATOGRAPHY QUALITATIVE;PAPER 2-DIMENSIONAL AN	-	-	$49.75	Medicare	$49.75	$30.85	$29.85	
82489	Q	CHROMATOGRAPHY QUALITATIVE; THIN LAYER. ANALYTE NES	-	-	$43.07	Medicare	$43.07	$26.70	$25.84	
82491	Q	CHROMATOGRAPHY QUANTITATIVE COLUMN; SINGLE ANALY	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
82492	Q	CHROMATOGRAPHY QUANTITATIVE COLUMN; MULT ANALYTE	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
82495	Q	CHROMIUM	-	-	$47.23	Medicare	$47.23	$29.28	$28.34	
82507	Q	CITRATE	-	-	$64.75	Medicare	$64.75	$40.15	$38.85	
82520	Q	COCAINE OR METABOLITE	-	-	$35.28	Medicare	$35.28	$21.87	$21.17	
82523	Q	COLLAGEN CROSSLINKS	-	-	$35.65	Medicare	$35.65	$22.10	$21.39	
82525	Q	COPPER	-	-	$28.90	Medicare	$28.90	$17.92	$17.34	
82528	Q	CORTICOSTERONE	-	-	$52.42	Medicare	$52.42	$32.50	$31.45	
82530	Q	CORTISOL; FREE	-	-	$38.92	Medicare	$38.92	$24.13	$23.35	
82533	Q	CORTISOL; TOTAL	-	-	$37.97	Medicare	$37.97	$23.54	$22.78	
82540	Q	CREATINE	-	-	$10.80	Medicare	$10.80	$6.70	$6.48	
82541	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; QU	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
82542	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; QU	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
82543	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; IS	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
82544	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; IS	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
82550	Q	CREATINE KINASE (CK) (CPK); TOTAL	-	-	$15.17	Medicare	$15.17	$9.41	$9.10	
82552	Q	CREATINE KINASE (CK) (CPK); ISOENZYMES	-	-	$31.18	Medicare	$31.18	$19.33	$18.71	
82553	Q	CREATINE KINASE (CK) (CPK); MB FRACTION ONLY	-	-	$26.88	Medicare	$26.88	$16.67	$16.13	
82554	Q	CREATINE KINASE (CK) (CPK); ISOFORMS	-	-	$21.35	Medicare	$21.35	$13.24	$12.81	
82565	Q	CREATININE; BLOOD	-	-	$11.93	Medicare	$11.93	$7.40	$7.16	
82570	Q	CREATININE; OTHER SOURCE	-	-	$12.05	Medicare	$12.05	$7.47	$7.23	
82575	Q	CREATININE; CLEARANCE	-	-	$22.00	Medicare	$22.00	$13.64	$13.20	
82585	Q	CRYOFIBRINOGEN	-	-	$19.97	Medicare	$19.97	$12.38	$11.98	
82595	Q	CRYOGLOBULIN	-	-	$15.07	Medicare	$15.07	$9.34	$9.04	
82600	Q	CYANIDE	-	-	$45.18	Medicare	$45.18	$28.01	$27.11	
82607	Q	CYANOCOBALAMIN (VITAMIN B-12);	-	-	$35.10	Medicare	$35.10	$21.76	$21.06	
82608	Q	CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CA	-	-	$33.35	Medicare	$33.35	$20.68	$20.01	
82615	Q	CYSTINE AND HOMOCYSTINE URINE QUALITATIVE	-	-	$19.02	Medicare	$19.02	$11.79	$11.41	
82626	Q	DEHYDROEPIANDROSTERONE (DHEA)	-	-	$58.85	Medicare	$58.85	$36.49	$35.31	
82627	Q	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	-	-	$51.78	Medicare	$51.78	$32.10	$31.07	
82633	Q	DESOXYCORTICOSTERONE 11-	-	-	$72.13	Medicare	$72.13	$44.72	$43.28	
82634	Q	DEOXYCORTISOL 11-	-	-	$68.17	Medicare	$68.17	$42.27	$40.90	
82638	Q	DIBUCAINE NUMBER	-	-	$28.52	Medicare	$28.52	$17.68	$17.11	

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82646	Q	DIHYDROCODEINONE	-	-	$48.08	Medicare	$48.08	$29.81	$28.85	
82649	Q	DIHYDROMORPHINONE	-	-	$59.85	Medicare	$59.85	$37.11	$35.91	
82651	Q	DIHYDROTESTOSTERONE (DHT)	-	-	$60.12	Medicare	$60.12	$37.27	$36.07	
82652	Q	DIHYDROXYVITAMIN D 1 25-	-	-	$89.63	Medicare	$89.63	$55.57	$53.78	
82654	Q	DIMETHADIONE	-	-	$32.23	Medicare	$32.23	$19.98	$19.34	
82656	Q	DOXEPIN	-	-	$26.87	Medicare	$26.87	$16.66	$16.12	
82657	Q	ENZYME ACTIVITY BLOOD OR CULTURED CELLS OR TISSUE; N	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
82658	Q	ENZYME ACTIVITY BLOOD OR CULTURED CELLS OR TISSUE; R	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
82664	Q	ELECTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	-	-	$80.00	Medicare	$80.00	$49.60	$48.00	
82666	Q	EPIANDROSTERONE	-	-	$50.02	Medicare	$50.02	$31.01	$30.01	
82668	Q	ERYTHROPOIETIN	-	-	$43.77	Medicare	$43.77	$27.14	$26.26	
82670	Q	ESTRADIOL	-	-	$65.07	Medicare	$65.07	$40.34	$39.04	
82671	Q	ESTROGENS; FRACTIONATED	-	-	$75.22	Medicare	$75.22	$46.64	$45.13	
82672	Q	ESTROGENS; TOTAL	-	-	$50.50	Medicare	$50.50	$31.31	$30.30	
82677	Q	ESTRIOL	-	-	$56.32	Medicare	$56.32	$34.92	$33.79	
82679	Q	ESTRONE	-	-	$58.13	Medicare	$58.13	$36.04	$34.88	
82690	Q	ETHCHLORVYNOL	-	-	$40.25	Medicare	$40.25	$24.96	$24.15	
82693	Q	ETHYLENE GLYCOL	-	-	$34.70	Medicare	$34.70	$21.51	$20.82	
82696	Q	ETIOCHOLANOLONE	-	-	$54.92	Medicare	$54.92	$34.05	$32.95	
82705	Q	FAT OR LIPIDS FECES; QUALITATIVE	-	-	$11.85	Medicare	$11.85	$7.35	$7.11	
82710	Q	FAT OR LIPIDS FECES; QUANITITATIVE	-	-	$39.12	Medicare	$39.12	$24.25	$23.47	
82715	Q	FAT DIFFERENTIAL FECES QUANTITATIVE	-	-	$40.08	Medicare	$40.08	$24.85	$24.05	
82725	Q	FATTY ACIDS NONESTERIFIED	-	-	$31.00	Medicare	$31.00	$19.22	$18.60	
82726	Q	VERY LONG CHAIN FATTY ACIDS	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
82728	Q	FERRITIN	-	-	$31.72	Medicare	$31.72	$19.67	$19.03	
82731	Q	FETAL FIBRONECTIN CERVICOVAGINAL SECRETIONS SEMI-Q	-	-	$149.98	Medicare	$149.98	$92.99	$89.99	
82735	Q	FLUORIDE	-	-	$43.18	Medicare	$43.18	$26.77	$25.91	
82742	Q	FLURAZEPAM	-	-	$46.10	Medicare	$46.10	$28.58	$27.66	
82746	Q	FOLIC ACID; SERUM	-	-	$34.23	Medicare	$34.23	$21.22	$20.54	
82747	Q	FOLIC ACID; RBC	-	-	$40.33	Medicare	$40.33	$25.00	$24.20	
82757	Q	FRUCTOSE SEMEN	-	-	$40.40	Medicare	$40.40	$25.05	$24.24	
82759	Q	GALACTOKINASE RBC	-	-	$50.02	Medicare	$50.02	$31.01	$30.01	
82760	Q	GALACTOSE	-	-	$26.07	Medicare	$26.07	$16.16	$15.64	
82775	Q	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITA	-	-	$49.05	Medicare	$49.05	$30.41	$29.43	
82776	Q	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN	-	-	$19.52	Medicare	$19.52	$12.10	$11.71	
82784	Q	GAMMAGLOBULIN; IGA IGD IGG IGM EACH	-	-	$21.20	Medicare	$21.20	$13.14	$12.72	
82785	Q	GAMMAGLOBULIN; IGE	-	-	$38.35	Medicare	$38.35	$23.78	$23.01	
82787	Q	GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES (IGG1 2 3	-	-	$18.67	Medicare	$18.67	$11.58	$11.20	
82800	Q	GASES BLOOD PH ONLY	-	-	$19.72	Medicare	$19.72	$12.23	$11.83	
82803	Q	GASES BLOOD ANY COMBINATION OF PH PCO2 PO2 CO2 H	-	-	$45.07	Medicare	$45.07	$27.94	$27.04	
82805	Q	GASES BLOOD ANY COMBINATION OF PH PCO2 PO2 CO2 H	-	-	$66.08	Medicare	$66.08	$40.97	$39.65	
82810	Q	GASES BLOOD O2 SATURATION ONLY BY DIRECT MEASUREM	-	-	$20.33	Medicare	$20.33	$12.60	$12.20	
82820	Q	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN	-	-	$23.27	Medicare	$23.27	$14.43	$13.96	
82926	Q	GASTRIC ACID FREE AND TOTAL EACH SPECIMEN	-	-	$12.68	Medicare	$12.68	$7.86	$7.61	

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82928	Q	GASTRIC ACID FREE OR TOTAL EACH SPECIMEN	-	-	$15.25	Medicare	$15.25	$9.46	$9.15	
82938	Q	GASTRIN AFTER SECRETIN STIMULATION	-	-	$41.20	Medicare	$41.20	$25.54	$24.72	
82941	Q	GASTRIN	-	-	$41.07	Medicare	$41.07	$25.46	$24.64	
82943	Q	ASSAY OF GLUCAGON	-	-	$33.28	Medicare	$33.28	$20.63	$19.97	
82945	Q	GLUCOSE OTHER FLUID	-	-	$9.13	Medicare	$9.13	$5.66	$5.48	
82946	Q	GLUCAGON TOLERANCE TEST	-	-	$31.85	Medicare	$31.85	$19.75	$19.11	
82947	Q	GLUCOSE; QUANTITATIVE	-	-	$9.13	Medicare	$9.13	$5.66	$5.48	
82948	Q	GLUCOSE; BLOOD REAGENT STRIP	-	-	$7.38	Medicare	$7.38	$4.58	$4.43	
82950	Q	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	-	-	$11.07	Medicare	$11.07	$6.86	$6.64	
82951	Q	GLUCOSE; TOLERANCE TEST (GTT) 3 SPECIMENS (INCLUDES (	-	-	$29.98	Medicare	$29.98	$18.59	$17.99	
82952	Q	GLUCOSE;TOLERANCE TEST EACH ADDITONAL BEYOND 3 SP	-	-	$9.13	Medicare	$9.13	$5.66	$5.48	
82953	Q	GLUCOSE; TOLBUTAMIDE TOLERANCE TEST	-	-	$35.27	Medicare	$35.27	$21.87	$21.16	
82955	Q	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTIT	-	-	$22.58	Medicare	$22.58	$14.00	$13.55	
82960	Q	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN	-	-	$14.12	Medicare	$14.12	$8.75	$8.47	
82962	Q	GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEA	-	-	$5.45	Medicare	$5.45	$3.38	$3.27	
82963	Q	GLUCOSIDASE BETA	-	-	$50.02	Medicare	$50.02	$31.01	$30.01	
82965	Q	GLUTAMATE DEHYDROGENASE	-	-	$18.00	Medicare	$18.00	$11.16	$10.80	
82975	Q	GLUTAMINE (GLUTAMIC ACID AMIDE)	-	-	$36.88	Medicare	$36.88	$22.87	$22.13	
82977	Q	GLUTAMYLTRANSFERASE GAMMA (GGT)	-	-	$16.77	Medicare	$16.77	$10.40	$10.06	
82978	Q	GLUTATHIONE	-	-	$33.18	Medicare	$33.18	$20.57	$19.91	
82979	Q	GLUTATHIONE REDUCTASE RBC	-	-	$16.03	Medicare	$16.03	$9.94	$9.62	
82980	Q	GLUTETHIMIDE	-	-	$42.67	Medicare	$42.67	$26.46	$25.60	
82985	Q	GLYCATED PROTEIN	-	-	$27.10	Medicare	$27.10	$16.80	$16.26	
83001	Q	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)	-	-	$43.28	Medicare	$43.28	$26.83	$25.97	
83002	Q	GONADOTROPIN; LUTEINIZING HORMONE (LH)	-	-	$43.13	Medicare	$43.13	$26.74	$25.88	
83003	Q	GROWTH HORMONE HUMAN (HGH) (SOMATOTROPIN)	-	-	$38.82	Medicare	$38.82	$24.07	$23.29	
83008	Q	GUANOSINE MONOPHOSPHATE (GMP) CYCLIC	-	-	$39.08	Medicare	$39.08	$24.23	$23.45	
83009	Q	H PYLORI (C-13) BLOOD	-	-	$156.85	Medicare	$156.85	$97.25	$94.11	
83010	Q	HAPTOGLOBIN; QUANTITATIVE	-	-	$29.30	Medicare	$29.30	$18.17	$17.58	
83012	Q	HAPTOGLOBIN; PHENOTYPES	-	-	$40.03	Medicare	$40.03	$24.82	$24.02	
83013	Q	H PYLORI (C-13) BREATH	-	-	$156.85	Medicare	$156.85	$97.25	$94.11	
83014	Q	H PYLORI DRUG ADMIN	-	-	$18.30	Medicare	$18.30	$11.35	$10.98	
83015	Q	HEAVY METAL (ARSENIC BARIUM BERYLLIUM BISMUTH ANTI	-	-	$43.85	Medicare	$43.85	$27.19	$26.31	
83018	Q	HEAVY METAL (ARSENIC BARIUM BERYLLIUM BISMUTH ANTI	-	-	$51.13	Medicare	$51.13	$31.70	$30.68	
83020	Q	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTRO	-	-	$29.98	Medicare	$29.98	$18.59	$17.99	
83021	Q	HEMOGLOBIN FRACTIONATION/QUANTITATION; CHROMOTOGR	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
83026	Q	HEMOGLOBIN; BY COPPER SULFATE METHOD NONAUTOMATE	-	-	$5.50	Medicare	$5.50	$3.41	$3.30	
83030	Q	HEMOGLOBIN; F (FETAL) CHEMICAL	-	-	$19.27	Medicare	$19.27	$11.95	$11.56	
83033	Q	HEMOGLOBIN; F (FETAL) QUALITATIVE (APT) TEST FECAL	-	-	$13.88	Medicare	$13.88	$8.61	$8.33	
83036	Q	GLYCOSYLATED HEMOGLOBIN TEST	-	-	$22.60	Medicare	$22.60	$14.01	$13.56	
83037	E	GLYCOSYLATED HB HOME DEVICE	-	-	-	Not Allowed				
83045	Q	HEMOGLOBIN; METHEMOGLOBIN QUALITATIVE	-	-	$11.55	Medicare	$11.55	$7.16	$6.93	
83050	Q	HEMOGLOBIN; METHEMOGLOBIN QUANTITATIVE	-	-	$17.05	Medicare	$17.05	$10.57	$10.23	
83051	Q	HEMOGLOBIN; PLASMA	-	-	$17.02	Medicare	$17.02	$10.55	$10.21	

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
83055	Q	HEMOGLOBIN; SULFHEMOGLOBIN QUALITATIVE	-	-	$11.45	Medicare	$11.45	$7.10	$6.87	
83060	Q	HEMOGLOBIN; SULFHEMOGLOBIN QUANTITATIVE	-	-	$19.27	Medicare	$19.27	$11.95	$11.56	
83065	Q	HEMOGLOBIN; THERMOLABILE	-	-	$16.03	Medicare	$16.03	$9.94	$9.62	
83068	Q	HEMOGLOBIN; UNSTABLE SCREEN	-	-	$19.72	Medicare	$19.72	$12.23	$11.83	
83069	Q	HEMOGLOBIN; URINE	-	-	$9.18	Medicare	$9.18	$5.69	$5.51	
83070	Q	HEMOSIDERIN; QUALITATIVE	-	-	$11.07	Medicare	$11.07	$6.86	$6.64	
83071	Q	HEMOSIDERIN; QUANTITATIVE	-	-	$16.02	Medicare	$16.02	$9.93	$9.61	
83080	Q	B-HEXOSAMINIDASE EACH ASSAY	-	-	$39.28	Medicare	$39.28	$24.35	$23.57	
83088	Q	HISTAMINE	-	-	$68.77	Medicare	$68.77	$42.64	$41.26	
83090	Q	ASSAY OF HOMOCYSTINE	-	-	$39.28	Medicare	$39.28	$24.35	$23.57	
83150	Q	HOMOVANILLIC ACID (HVA)	-	-	$45.07	Medicare	$45.07	$27.94	$27.04	
83491	Q	HYDROXYCORTICOSTEROIDS 17- (17-OHCS)	-	-	$40.78	Medicare	$40.78	$25.28	$24.47	
83497	Q	HYDROXYINDOLACETIC ACID 5-(HIAA)	-	-	$30.02	Medicare	$30.02	$18.61	$18.01	
83498	Q	HYDROXYPROGESTERONE 17-D	-	-	$63.25	Medicare	$63.25	$39.22	$37.95	
83499	Q	HYDROXYPROGESTERONE 20-	-	-	$58.70	Medicare	$58.70	$36.39	$35.22	
83500	Q	ASSAY, FREE HYDROXYPROLINE	-	-	$52.75	Medicare	$52.75	$32.71	$31.65	
83505	Q	HYDROXYPROLINE; TOTAL	-	-	$56.60	Medicare	$56.60	$35.09	$33.96	
83516	Q	IMMUNOASSAY FOR ANALYTE QUALIT OR SEMIQUANTIT; MUL	-	-	$26.87	Medicare	$26.87	$16.66	$16.12	
83518	Q	IMMUNOASSAY FOR ANALYTE QUALIT OR SEMIQUANTIT; SING	-	-	$19.75	Medicare	$19.75	$12.25	$11.85	
83519	Q	IMMUNOASSAY ANALYTE; QUANTITATIVE; BY RADIOPHARM TI	-	-	$31.47	Medicare	$31.47	$19.51	$18.88	
83520	Q	IMMUNOASSAY ANALYTE QUANTITATIVE; NOT OTHERWISE S	-	-	$30.15	Medicare	$30.15	$18.69	$18.09	
83525	Q	INSULIN; TOTAL	-	-	$26.63	Medicare	$26.63	$16.51	$15.98	
83527	Q	INSULIN; FREE	-	-	$30.15	Medicare	$30.15	$18.69	$18.09	
83528	Q	INTRINSIC FACTOR	-	-	$37.03	Medicare	$37.03	$22.96	$22.22	
83540	Q	IRON	-	-	$10.10	Medicare	$10.10	$6.26	$6.06	
83550	Q	IRON BINDING CAPACITY	-	-	$12.63	Medicare	$12.63	$7.83	$7.58	
83570	Q	ISOCITRIC DEHYDROGENASE (IDH)	-	-	$20.60	Medicare	$20.60	$12.77	$12.36	
83582	Q	KETOGENIC STEROIDS FRACTIONATION	-	-	$33.00	Medicare	$33.00	$20.46	$19.80	
83586	Q	KETOSTEROIDS 17- (17-KS); TOTAL	-	-	$29.82	Medicare	$29.82	$18.49	$17.89	
83593	Q	KETOSTEROIDS 17- (17-KS); FRACTIONATION	-	-	$61.25	Medicare	$61.25	$37.98	$36.75	
83605	Q	LACTATE (LACTIC ACID)	-	-	$24.87	Medicare	$24.87	$15.42	$14.92	
83615	Q	LACTATE DEHYDROGENASE (LD) (LDH);	-	-	$14.07	Medicare	$14.07	$8.72	$8.44	
83625	Q	LACTATE DEHYDROGENASE (LD) (LDH);ISOENZYMES SEPARA	-	-	$29.80	Medicare	$29.80	$18.48	$17.88	
83630	Q	LACTOFERRIN FECAL (QUAL)	-	-	$45.70	Medicare	$45.70	$28.33	$27.42	
83631	Q	LACTOFERRIN, FECAL (QUANT)	-	-	$45.70	Medicare	$45.70	$28.33	$27.42	
83632	Q	LACTOGEN HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SO	-	-	$47.07	Medicare	$47.07	$29.18	$28.24	
83633	Q	LACTOSE URINE; QUALITATIVE	-	-	$12.82	Medicare	$12.82	$7.95	$7.69	
83634	Q	LACTOSE URINE; QUANTITATIVE	-	-	$26.83	Medicare	$26.83	$16.63	$16.10	
83655	Q	LEAD	-	-	$28.18	Medicare	$28.18	$17.47	$16.91	
83661	Q	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); QUANTITATIVE	-	-	$51.18	Medicare	$51.18	$31.73	$30.71	
83662	Q	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO);FROM STABILIT	-	-	$15.75	Medicare	$15.75	$9.77	$9.45	
83663	Q	FLUORO POLARIZE, FETAL LUNG	-	-	$15.75	Medicare	$15.75	$9.77	$9.45	
83664	Q	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENS	-	-	$15.75	Medicare	$15.75	$9.77	$9.45	
83670	Q	LEUCINE AMINOPEPTIDASE (LAP)	-	-	$21.33	Medicare	$21.33	$13.22	$12.80	

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83690	Q	LIPASE	-	-	$15.60	Medicare	$15.60	$9.67	$9.36	
83695	Q	ASSAY OF LIPOPROTEIN(A)	-	-	$30.15	Medicare	$30.15	$18.69	$18.09	
83698	Q	ASSAY LIPOPROTEIN PLA2	-	-	$79.05	Medicare	$79.05	$49.01	$47.43	
83700	Q	LIPIDS BLOOD;	-	-	$26.22	Medicare	$26.22	$16.26	$15.73	
83701	Q	LIPOPROTEIN BLD HR FRACTION	-	-	$57.80	Medicare	$57.80	$35.84	$34.68	
83704	Q	LIPOPROTEIN BLD BY NMR	-	-	$73.47	Medicare	$73.47	$45.55	$44.08	
83718	Q	LIPOPROTEIN DIRECT MEASUREMENT;HIGH DENSITY CHOLES	-	-	$19.07	Medicare	$19.07	$11.82	$11.44	
83719	Q	LIPOPROTEIN DIRECT MEASUREMENT; VLDL CHOLESTEROL	-	-	$27.10	Medicare	$27.10	$16.80	$16.26	
83721	Q	LIPOPROTEIN DIRECT MEASUREMENT; LDL CHOLESTEROL	-	-	$22.22	Medicare	$22.22	$13.78	$13.33	
83727	Q	LUTEINIZING RELEASING FACTOR (LRH)	-	-	$40.03	Medicare	$40.03	$24.82	$24.02	
83735	Q	MAGNESIUM	-	-	$15.60	Medicare	$15.60	$9.67	$9.36	
83775	Q	MALATE DEHYDROGENASE	-	-	$17.17	Medicare	$17.17	$10.65	$10.30	
83785	Q	MANGANESE	-	-	$57.27	Medicare	$57.27	$35.51	$34.36	
83788	Q	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY;	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
83789	Q	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY;	-	-	$42.05	Medicare	$42.05	$26.07	$25.23	
83805	Q	MEPROBAMATE	-	-	$41.05	Medicare	$41.05	$25.45	$24.63	
83825	Q	MERCURY QUANTITATIVE	-	-	$37.87	Medicare	$37.87	$23.48	$22.72	
83835	Q	METANEPHRINES	-	-	$39.45	Medicare	$39.45	$24.46	$23.67	
83840	Q	METHADONE	-	-	$38.02	Medicare	$38.02	$23.57	$22.81	
83857	Q	METHEMALBUMIN	-	-	$25.02	Medicare	$25.02	$15.51	$15.01	
83858	Q	METHSUXIMIDE	-	-	$34.52	Medicare	$34.52	$21.40	$20.71	
83864	Q	MUCOPOLYSACCHARIDES ACID; QUANTITATIVE	-	-	$46.37	Medicare	$46.37	$28.75	$27.82	
83866	Q	MUCOPOLYSACCHARIDES ACID; SCREEN	-	-	$22.93	Medicare	$22.93	$14.22	$13.76	
83872	Q	MUCIN SYNOVIAL FLUID (ROPES TEST)	-	-	$13.65	Medicare	$13.65	$8.46	$8.19	
83873	Q	ASSAY OF CSF PROTEIN	-	-	$40.07	Medicare	$40.07	$24.84	$24.04	
83874	Q	MYOGLOBIN	-	-	$30.07	Medicare	$30.07	$18.64	$18.04	
83880	Q	NATRIURETIC PEPTIDE	-	-	$79.05	Medicare	$79.05	$49.01	$47.43	
83883	Q	NEPHELOMETRY EACH ANALYTE NOT ELSEWHERE SPECIFIED	-	-	$31.67	Medicare	$31.67	$19.64	$19.00	
83885	Q	NICKEL	-	-	$57.05	Medicare	$57.05	$35.37	$34.23	
83887	Q	NICOTINE	-	-	$55.15	Medicare	$55.15	$34.19	$33.09	
83890	Q	MOLECULAR DIAGNOSTICS; MOLECULAR ISOLATION OR EXTR	-	-	$9.33	Medicare	$9.33	$5.78	$5.60	
83891	Q	MOLECULAR DIAGNOSTICS; ISOLATION/EXTRACTION NUCLEIC	-	-	$9.33	Medicare	$9.33	$5.78	$5.60	
83892	Q	MOLECULAR DIAGNOSTICS	-	-	$9.33	Medicare	$9.33	$5.78	$5.60	
83893	Q	MOLECULE DOT/SLOT/BLOT	-	-	$9.33	Medicare	$9.33	$5.78	$5.60	
83894	Q	MOLECULE GEL ELECTROPHOR	-	-	$9.33	Medicare	$9.33	$5.78	$5.60	
83896	Q	MOLECULAR DIAGNOSTICS	-	-	$9.33	Medicare	$9.33	$5.78	$5.60	
83897	Q	MOLECULE NUCLEIC TRANSFER	-	-	$9.33	Medicare	$9.33	$5.78	$5.60	
83898	Q	MOLECULE NUCLEIC AMPLI EACH	-	-	$39.03	Medicare	$39.03	$24.20	$23.42	
83900	Q	MOLECULE NUCLEIC AMPLI 2 SEQ	-	-	$78.07	Medicare	$78.07	$48.40	$46.84	
83901	Q	MOLECULE NUCLEIC AMPLI ADDON	-	-	$39.03	Medicare	$39.03	$24.20	$23.42	
83902	Q	MOLECULAR DIAGNOSTICS	-	-	$33.05	Medicare	$33.05	$20.49	$19.83	
83903	Q	MOLECULAR DIAGNOSTICS; MUTATION SCANNING SINGLE SE	-	-	$39.03	Medicare	$39.03	$24.20	$23.42	
83904	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF SEQUENCING	-	-	$39.03	Medicare	$39.03	$24.20	$23.42	
83905	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF ALLELE TRANS	-	-	$39.03	Medicare	$39.03	$24.20	$23.42	

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83906	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF. ALLELE TRAN	-	-	$39.03	Medicare	$39.03	$24.20	$23.42	
83907	Q	LYSE CELLS FOR NUCLEIC EXT	-	-	$31.10	Medicare	$31.10	$19.28	$18.66	
83908	Q	NUCLEIC ACID SIGNAL AMPLI	-	-	$39.03	Medicare	$39.03	$24.20	$23.42	
83909	Q	NUCLEIC ACID HIGH RESOLUTE	-	-	$39.03	Medicare	$39.03	$24.20	$23.42	
83912	Q	GENETIC EXAMINATION	-	-	$9.33	Medicare	$9.33	$5.78	$5.60	
83913	Q	MOLECULAR, RNA STABILIZATION	-	-	$31.10	Medicare	$31.10	$19.28	$18.66	
83914	Q	MUTATION IDENT OLA/SBCE/ASPE	-	-	$39.03	Medicare	$39.03	$24.20	$23.42	
83915	Q	NUCLEOTIDASE 5'-	-	-	$25.97	Medicare	$25.97	$16.10	$15.58	
83916	Q	OLIGOCLONAL BANDS	-	-	$46.82	Medicare	$46.82	$29.03	$28.09	
83918	Q	ORGANIC ACIDS QUANTITATIVE EACH SPECIMEN	-	-	$38.33	Medicare	$38.33	$23.76	$23.00	
83919	Q	ORGANIC ACIDS; QUALITATIVE EACH SPECIMEN	-	-	$38.33	Medicare	$38.33	$23.76	$23.00	
83921	Q	ORGANIC ACID SINGLE QUANT	-	-	$38.33	Medicare	$38.33	$23.76	$23.00	
83925	Q	OPIATES (EG MORPHINE MEPERIDINE)	-	-	$45.32	Medicare	$45.32	$28.10	$27.19	
83930	Q	OSMOLALITY; BLOOD	-	-	$15.40	Medicare	$15.40	$9.55	$9.24	
83935	Q	OSMOLALITY; URINE	-	-	$15.87	Medicare	$15.87	$9.84	$9.52	
83937	Q	OSTEOCALCIN (BONE G1A PROTEIN)	-	-	$69.52	Medicare	$69.52	$43.10	$41.71	
83945	Q	OXALATE	-	-	$29.98	Medicare	$29.98	$18.59	$17.99	
83950	Q	ONCOPROTEIN HER-2/NEU	-	-	$149.98	Medicare	$149.98	$92.99	$89.99	
83970	Q	PARATHORMONE (PARATHYROID HORMONE)	-	-	$96.12	Medicare	$96.12	$59.59	$57.67	
83986	Q	PH BODY FLUID EXCEPT BLOOD	-	-	$8.33	Medicare	$8.33	$5.16	$5.00	
83992	Q	PHENCYCLIDINE (PCP)	-	-	$34.23	Medicare	$34.23	$21.22	$20.54	
84022	Q	PHENOTHIAZINE	-	-	$36.27	Medicare	$36.27	$22.49	$21.76	
84030	Q	PHENYLALANINE (PKU) BLOOD	-	-	$12.82	Medicare	$12.82	$7.95	$7.69	
84035	Q	PHENYLKETONES QUALITATIVE	-	-	$8.52	Medicare	$8.52	$5.28	$5.11	
84060	Q	PHOSPHATASE ACID; TOTAL	-	-	$17.20	Medicare	$17.20	$10.66	$10.32	
84061	Q	PHOSPHATASE ACID; FORENSIC EXAMINATION	-	-	$18.43	Medicare	$18.43	$11.43	$11.06	
84066	Q	PHOSPHATASE ACID; PROSTATIC	-	-	$22.50	Medicare	$22.50	$13.95	$13.50	
84075	Q	PHOSPHATASE ALKALINE;	-	-	$12.05	Medicare	$12.05	$7.47	$7.23	
84078	Q	PHOSPHATASE ALKALINE; HEAT STABLE (TOTAL NOT INCLUD	-	-	$17.00	Medicare	$17.00	$10.54	$10.20	
84080	Q	PHOSPHATASE ALKALINE; ISOENZYMES	-	-	$34.43	Medicare	$34.43	$21.35	$20.66	
84081	Q	PHOSPHATIDYLGLYCEROL	-	-	$38.48	Medicare	$38.48	$23.86	$23.09	
84085	Q	PHOSPHOGLUCONATE 6- DEHYDROGENASE RBC	-	-	$15.70	Medicare	$15.70	$9.73	$9.42	
84087	Q	PHOSPHOHEXOSE ISOMERASE	-	-	$24.03	Medicare	$24.03	$14.90	$14.42	
84100	Q	PHOSPHORUS INORGANIC (PHOSPHATE);	-	-	$11.05	Medicare	$11.05	$6.85	$6.63	
84105	Q	PHOSPHORUS INORGANIC (PHOSPHATE); URINE	-	-	$12.05	Medicare	$12.05	$7.47	$7.23	
84106	Q	PORPHOBILINOGEN URINE; QUALITATIVE	-	-	$9.98	Medicare	$9.98	$6.19	$5.99	
84110	Q	PORPHOBILINOGEN URINE; QUANTITATIVE	-	-	$19.67	Medicare	$19.67	$12.20	$11.80	
84119	Q	PORPHYRINS URINE; QUALITATIVE	-	-	$20.05	Medicare	$20.05	$12.43	$12.03	
84120	Q	PORPHYRINS URINE; QUANTITATION & FRACTIONATION	-	-	$34.25	Medicare	$34.25	$21.24	$20.55	
84126	Q	PORPHYRINS FECES; QUANTITATIVE	-	-	$59.32	Medicare	$59.32	$36.78	$35.59	
84127	Q	PORPHYRINS FECES; QUALITATIVE	-	-	$27.13	Medicare	$27.13	$16.82	$16.28	
84132	Q	POTASSIUM; SERUM	-	-	$10.70	Medicare	$10.70	$6.63	$6.42	
84133	Q	POTASSIUM; URINE	-	-	$10.02	Medicare	$10.02	$6.21	$6.01	
84134	Q	PREALBUMIN	-	-	$33.97	Medicare	$33.97	$21.06	$20.38	

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84135	Q	PREGNANEDIOL	-	-	$44.55	Medicare	$44.55	$27.62	$26.73	
84138	Q	PREGNANETRIOL	-	-	$44.10	Medicare	$44.10	$27.34	$26.46	
84140	Q	PREGNENOLONE	-	-	$48.15	Medicare	$48.15	$29.85	$28.89	
84143	Q	17-HYDROXYPREGNENOLONE	-	-	$35.83	Medicare	$35.83	$22.21	$21.50	
84144	Q	PROGESTERONE	-	-	$48.58	Medicare	$48.58	$30.12	$29.15	
84146	Q	PROLACTIN	-	-	$45.13	Medicare	$45.13	$27.98	$27.08	
84150	Q	PROSTAGLANDIN EACH	-	-	$58.13	Medicare	$58.13	$36.04	$34.88	
84152	Q	ASSAY OF PSA, COMPLEXED	-	-	$42.83	Medicare	$42.83	$26.55	$25.70	
84153	Q	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	-	-	$42.83	Medicare	$42.83	$26.55	$25.70	
84154	Q	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	-	-	$42.83	Medicare	$42.83	$26.55	$25.70	
84155	Q	ASSAY OF PROTEIN SERUM	-	-	$8.53	Medicare	$8.53	$5.29	$5.12	
84156	Q	ASSAY OF PROTEIN URINE	-	-	$8.53	Medicare	$8.53	$5.29	$5.12	
84157	Q	ASSAY OF PROTEIN OTHER	-	-	$8.53	Medicare	$8.53	$5.29	$5.12	
84160	Q	ASSAY OF PROTEIN ANY SOURCE	-	-	$12.05	Medicare	$12.05	$7.47	$7.23	
84163	Q	PAPPA SERUM	-	-	$35.05	Medicare	$35.05	$21.73	$21.03	
84165	Q	PROTEIN E-PHORESIS SERUM	-	-	$25.02	Medicare	$25.02	$15.51	$15.01	
84166	Q	PROTEIN E-PHORESIS/URINE/CSF	-	-	$41.53	Medicare	$41.53	$25.75	$24.92	
84181	Q	PROTEIN;WESTERN BLOT W/INTERP & REPORT BLOOD OR O	-	-	$39.67	Medicare	$39.67	$24.60	$23.80	
84182	Q	WESTERN BLOT W/INTERP & REPORT BLOOD OR OTHER BOD	-	-	$41.92	Medicare	$41.92	$25.99	$25.15	
84202	Q	PROTOPORPHYRIN RBC; QUANTITATIVE	-	-	$33.42	Medicare	$33.42	$20.72	$20.05	
84203	Q	PROTOPORPHYRIN RBC; SERUM	-	-	$20.05	Medicare	$20.05	$12.43	$12.03	
84206	Q	PROINSULIN	-	-	$41.48	Medicare	$41.48	$25.72	$24.89	
84207	Q	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	-	-	$65.42	Medicare	$65.42	$40.56	$39.25	
84210	Q	PYRUVATE	-	-	$25.28	Medicare	$25.28	$15.67	$15.17	
84220	Q	PYRUVATE KINASE	-	-	$21.97	Medicare	$21.97	$13.62	$13.18	
84228	Q	QUININE	-	-	$27.10	Medicare	$27.10	$16.80	$16.26	
84233	Q	RECEPTOR ASSAY; ESTROGEN	-	-	$149.98	Medicare	$149.98	$92.99	$89.99	
84234	Q	RECEPTOR ASSAY; PROGESTERONE	-	-	$151.07	Medicare	$151.07	$93.66	$90.64	
84235	Q	RECEPTOR ASSAY;ENDOCRINE OTHER THAN ESTROGEN OR	-	-	$121.87	Medicare	$121.87	$75.56	$73.12	
84238	Q	ASSAY NONENDOCRINE RECEPTOR	-	-	$85.15	Medicare	$85.15	$52.79	$51.09	
84244	Q	RENIN	-	-	$51.22	Medicare	$51.22	$31.76	$30.73	
84252	Q	RIBOFLAVIN (VITAMIN B-2)	-	-	$47.13	Medicare	$47.13	$29.22	$28.28	
84255	Q	SELENIUM	-	-	$59.45	Medicare	$59.45	$36.86	$35.67	
84260	Q	ASSAY OF SEROTONIN	-	-	$72.13	Medicare	$72.13	$44.72	$43.28	
84270	Q	SEX HORMONE BINDING GLOBULIN (SHBG)	-	-	$50.60	Medicare	$50.60	$31.37	$30.36	
84275	Q	SIALIC ACID	-	-	$31.28	Medicare	$31.28	$19.39	$18.77	
84285	Q	SILICA	-	-	$54.83	Medicare	$54.83	$33.99	$32.90	
84295	Q	SODIUM; SCREEN	-	-	$11.20	Medicare	$11.20	$6.94	$6.72	
84300	Q	SODIUM; URINE	-	-	$11.32	Medicare	$11.32	$7.02	$6.79	
84302	Q	ASSAY OF SWEAT SODIUM	-	-	$11.32	Medicare	$11.32	$7.02	$6.79	
84305	Q	SOMATOMEDIN	-	-	$49.50	Medicare	$49.50	$30.69	$29.70	
84307	Q	SOMATOSTATIN	-	-	$42.57	Medicare	$42.57	$26.39	$25.54	
84311	Q	SPECTROPHOTOMETRY ANALYTE NOT ELSEWHERE SPECIFIE	-	-	$16.28	Medicare	$16.28	$10.09	$9.77	
84315	Q	SPECIFIC GRAVITY (EXCEPT URINE)	-	-	$5.83	Medicare	$5.83	$3.61	$3.50	

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
84375	Q	SUGARS CHROMATOGRAPHIC TLC OR PAPER CHROMATOGR	-	-	$45.65	Medicare	$45.65	$28.30	$27.39	
84376	Q	SUGARS (MON- DI AND OLIGOSACCHARIDES); SINGLE QUALIT/	-	-	$12.82	Medicare	$12.82	$7.95	$7.69	
84377	Q	SUGARS (MON- DI AND OLIGOSACCHARIDES); MULTIPLE QUAL	-	-	$12.82	Medicare	$12.82	$7.95	$7.69	
84378	Q	SUGARS SINGLE QUANT	-	-	$26.83	Medicare	$26.83	$16.63	$16.10	
84379	Q	SUGARS (MON- DI AND OLIGOSACCHARIDES); MULTIPLE QUAN	-	-	$26.83	Medicare	$26.83	$16.63	$16.10	
84392	Q	SULFATE URINE	-	-	$11.07	Medicare	$11.07	$6.86	$6.64	
84402	Q	TESTOSTERONE; FREE	-	-	$59.28	Medicare	$59.28	$36.75	$35.57	
84403	Q	TESTOSTERONE; TOTAL	-	-	$60.13	Medicare	$60.13	$37.28	$36.08	
84425	Q	THIAMINE (VITAMIN B-1)	-	-	$49.45	Medicare	$49.45	$30.66	$29.67	
84430	Q	THIOCYANATE	-	-	$27.10	Medicare	$27.10	$16.80	$16.26	
84432	Q	THYROGLOBULIN	-	-	$37.40	Medicare	$37.40	$23.19	$22.44	
84436	Q	THYROXINE; TOTAL	-	-	$16.02	Medicare	$16.02	$9.93	$9.61	
84437	Q	THYROXINE; REQUIRING ELUTION (EG NEONATAL)	-	-	$15.07	Medicare	$15.07	$9.34	$9.04	
84439	Q	THYROXINE; FREE	-	-	$21.00	Medicare	$21.00	$13.02	$12.60	
84442	Q	THYROXINE BINDING GLOBULIN (TBG)	-	-	$34.43	Medicare	$34.43	$21.35	$20.66	
84443	Q	THYROID STIMULATING HORMONE (TSH)	-	-	$39.12	Medicare	$39.12	$24.25	$23.47	
84445	Q	ASSAY OF TSI	-	-	$118.42	Medicare	$118.42	$73.42	$71.05	
84446	Q	TOCOPHEROL ALPHA (VITAMIN E)	-	-	$33.02	Medicare	$33.02	$20.47	$19.81	
84449	Q	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	-	-	$41.92	Medicare	$41.92	$25.99	$25.15	
84450	Q	TRANSFERASE; ASPARTATE AMINO (AST)(SGOT)	-	-	$12.03	Medicare	$12.03	$7.46	$7.22	
84460	Q	TRANSFERASE; ALANINE AMINO (ALT)(SGPT)	-	-	$12.33	Medicare	$12.33	$7.64	$7.40	
84466	Q	TRANSFERRIN	-	-	$29.73	Medicare	$29.73	$18.43	$17.84	
84478	Q	TRIGLYCERIDES	-	-	$13.40	Medicare	$13.40	$8.31	$8.04	
84479	Q	TRIIODOTHYRONINE (T-3); RESIN UPTAKE	-	-	$15.07	Medicare	$15.07	$9.34	$9.04	
84480	Q	TRIIODOTHYRONINE (T-3); TOTAL (TT-3)	-	-	$33.02	Medicare	$33.02	$20.47	$19.81	
84481	Q	TRIIODOTHYRONINE (T-3); FREE	-	-	$39.45	Medicare	$39.45	$24.46	$23.67	
84482	Q	T3 REVERSE	-	-	$36.70	Medicare	$36.70	$22.75	$22.02	
84484	Q	TROPONIN QUALITATIVE	-	-	$22.92	Medicare	$22.92	$14.21	$13.75	
84485	Q	TRYPSIN; DUODENAL FLUID	-	-	$17.48	Medicare	$17.48	$10.84	$10.49	
84488	Q	TRYPSIN; FECES QUALITATIVE	-	-	$17.00	Medicare	$17.00	$10.54	$10.20	
84490	Q	TRYPSIN; FECES QUANTITATIVE 24-HOUR COLLECTION	-	-	$17.72	Medicare	$17.72	$10.99	$10.63	
84510	Q	TYROSINE	-	-	$24.22	Medicare	$24.22	$15.02	$14.53	
84512	Q	TROPONIN QUALITATIVE	-	-	$17.93	Medicare	$17.93	$11.12	$10.76	
84520	Q	UREA NITROGEN; QUANTITATIVE	-	-	$9.18	Medicare	$9.18	$5.69	$5.51	
84525	Q	UREA NITROGEN; SEMIQUANTITATIVE (EG REAGENT STRIP TE	-	-	$8.75	Medicare	$8.75	$5.43	$5.25	
84540	Q	UREA NITROGEN URINE	-	-	$11.07	Medicare	$11.07	$6.86	$6.64	
84545	Q	UREA NITROGEN CLEARANCE	-	-	$15.38	Medicare	$15.38	$9.54	$9.23	
84550	Q	URIC ACID; BLOOD	-	-	$10.52	Medicare	$10.52	$6.52	$6.31	
84560	Q	URIC ACID; OTHER SOURCE	-	-	$11.07	Medicare	$11.07	$6.86	$6.64	
84577	Q	UROBILINOGEN FECES QUANTITATIVE	-	-	$29.05	Medicare	$29.05	$18.01	$17.43	
84578	Q	UROBILINOGEN URINE; QUALITATIVE	-	-	$7.57	Medicare	$7.57	$4.69	$4.54	
84580	Q	UROBILINOGEN URINE; QUANTITATIVE TIMED SPECIMEN	-	-	$16.53	Medicare	$16.53	$10.25	$9.92	
84583	Q	UROBILINOGEN URINE; SEMIQUANTITATIVE	-	-	$11.70	Medicare	$11.70	$7.25	$7.02	
84585	Q	VANILLYLMANDELIC ACID (VMA) URINE	-	-	$36.10	Medicare	$36.10	$22.38	$21.66	

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84586	Q	VASOACTIVE INTESTINAL PEPTIDE (VIP)	-	-	$82.28	Medicare	$82.28	$51.01	$49.37	
84588	Q	VASOPRESSIN (ANTIDIURETIC HORMONE ADH)	-	-	$79.05	Medicare	$79.05	$49.01	$47.43	
84590	Q	VITAMIN A	-	-	$27.00	Medicare	$27.00	$16.74	$16.20	
84591	Q	ASSAY OF NOS VITAMIN	-	-	$27.00	Medicare	$27.00	$16.74	$16.20	
84597	Q	VITAMIN K	-	-	$31.92	Medicare	$31.92	$19.79	$19.15	
84600	Q	VOLATILES (EG ACETIC ANHYDRIDE CARBON TETRACHLORID	-	-	$37.42	Medicare	$37.42	$23.20	$22.45	
84620	Q	XYLOSE ABSORPTION TEST BLOOD AND/OR URINE	-	-	$27.58	Medicare	$27.58	$17.10	$16.55	
84630	Q	ZINC	-	-	$26.52	Medicare	$26.52	$16.44	$15.91	
84681	Q	C-PEPTIDE	-	-	$37.93	Medicare	$37.93	$23.52	$22.76	
84702	Q	GONADOTROPIN CHORIONIC (HCG); QUANTITATIVE	-	-	$35.05	Medicare	$35.05	$21.73	$21.03	
84703	Q	GONADOTROPIN CHORIONIC (HCG); QUALITATIVE	-	-	$17.48	Medicare	$17.48	$10.84	$10.49	
84830	Q	OVULATION TESTS BY VISUAL COLOR COMPARISON METHOD	-	-	$9.23	Medicare	$9.23	$5.72	$5.54	
84999	M	UNLISTED CHEMISTRY PROCEDURE	-	-	-	By Report				
85002	Q	BLEEDING TIME	-	-	$10.48	Medicare	$10.48	$6.50	$6.29	
85004	Q	AUTOMATED DIFF WBC COUNT	-	-	$15.07	Medicare	$15.07	$9.34	$9.04	
85007	Q	BL SMEAR W/DIFF WBC COUNT	-	-	$8.02	Medicare	$8.02	$4.97	$4.81	
85008	Q	BL SMEAR W/O DIFF WBC COUNT	-	-	$8.02	Medicare	$8.02	$4.97	$4.81	
85009	Q	MANUAL DIFF WBC COUNT B-COAT	-	-	$6.70	Medicare	$6.70	$4.15	$4.02	
85013	Q	SPUN MICROHEMATOCRIT	-	-	$5.52	Medicare	$5.52	$3.42	$3.31	
85014	Q	HEMATOCRIT	-	-	$5.52	Medicare	$5.52	$3.42	$3.31	
85018	Q	HEMOGLOBIN	-	-	$5.52	Medicare	$5.52	$3.42	$3.31	
85025	Q	COMPLETE CBC W/AUTO DIFF WBC	-	-	$18.10	Medicare	$18.10	$11.22	$10.86	
85027	Q	COMPLETE CBC AUTOMATED	-	-	$15.07	Medicare	$15.07	$9.34	$9.04	
85032	Q	MANUAL CELL COUNT EACH	-	-	$10.02	Medicare	$10.02	$6.21	$6.01	
85041	Q	AUTOMATED RBC COUNT	-	-	$7.00	Medicare	$7.00	$4.34	$4.20	
85044	Q	MANUAL RETICULOCYTE COUNT	-	-	$10.02	Medicare	$10.02	$6.21	$6.01	
85045	Q	AUTOMATED RETICULOCYTE COUNT	-	-	$9.32	Medicare	$9.32	$5.78	$5.59	
85046	Q	RETICYTE/HGB CONCENTRATE	-	-	$13.00	Medicare	$13.00	$8.06	$7.80	
85048	Q	AUTOMATED LEUKOCYTE COUNT	-	-	$5.92	Medicare	$5.92	$3.67	$3.55	
85049	Q	AUTOMATED PLATELET COUNT	-	-	$10.42	Medicare	$10.42	$6.46	$6.25	
85055	Q	RETICULATED PLATELET ASSAY	-	-	$62.35	Medicare	$62.35	$38.66	$37.41	
85060	M	BLOOD SMEAR INTERPRETATION	-	-	$0.00	Fee Schedule				
85097	X	BONE MARROW INTERPRETATION	00343	0.5211	$24.88	APC				
85130	Q	CHROMOGENIC SUBSTRATE ASSAY	-	-	$27.70	Medicare	$27.70	$17.17	$16.62	
85170	Q	CLOT RETRACTION	-	-	$8.42	Medicare	$8.42	$5.22	$5.05	
85175	Q	CLOT LYSIS TIME WHOLE BLOOD DILUTION	-	-	$10.58	Medicare	$10.58	$6.56	$6.35	
85210	Q	CLOTTING; FACTOR II PROTHROMBIN SPECIFIC	-	-	$30.23	Medicare	$30.23	$18.74	$18.14	
85220	Q	CLOTTING; FACTOR V (ACG OR PROACCELERIN) LABILE FACT	-	-	$41.10	Medicare	$41.10	$25.48	$24.66	
85230	Q	CLOTTING; FACTOR VII (PROCONVERTIN STABLE FACTOR)	-	-	$41.70	Medicare	$41.70	$25.85	$25.02	
85240	Q	CLOTTING; FACTOR VIII (AHG) ONE STAGE	-	-	$41.70	Medicare	$41.70	$25.85	$25.02	
85244	Q	CLOTTING; FACTOR VIII RELATED ANTIGEN	-	-	$47.55	Medicare	$47.55	$29.48	$28.53	
85245	Q	CLOTTING; FACTOR VIII VW FACTOR RISTOCETIN COFACTOR	-	-	$53.43	Medicare	$53.43	$33.13	$32.06	
85246	Q	CLOTTING; FACTOR VIII VW FACTOR ANTIGEN	-	-	$53.43	Medicare	$53.43	$33.13	$32.06	
85247	Q	CLOTTING; FACTOR VIII VON WILLEBRAND'S FACTOR MULTIM	-	-	$53.43	Medicare	$53.43	$33.13	$32.06	

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85250	Q	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)	-	-	$44.33	Medicare	$44.33	$27.48	$26.60	
85260	Q	CLOTTING; FACTOR X (STUART-POWER)	-	-	$41.70	Medicare	$41.70	$25.85	$25.02	
85270	Q	CLOTTING; FACTOR XI (PTA)	-	-	$41.70	Medicare	$41.70	$25.85	$25.02	
85280	Q	CLOTTING; FACTOR XII (HAGEMAN)	-	-	$45.07	Medicare	$45.07	$27.94	$27.04	
85290	Q	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)	-	-	$38.05	Medicare	$38.05	$23.59	$22.83	
85291	Q	CLOTTING;FACTOR XIII (FIBRIN STABILIZING) SCREEN SOLUBI	-	-	$20.70	Medicare	$20.70	$12.83	$12.42	
85292	Q	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY	-	-	$44.10	Medicare	$44.10	$27.34	$26.46	
85293	Q	CLOTTING;HIGH MOLECULAR WEIGHT KININOGEN ASSAY(FITZ	-	-	$44.10	Medicare	$44.10	$27.34	$26.46	
85300	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;ANTITHROMBIN	-	-	$27.58	Medicare	$27.58	$17.10	$16.55	
85301	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;ANTITHROMBIN	-	-	$25.18	Medicare	$25.18	$15.61	$15.11	
85302	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;PROTEIN C ANT	-	-	$28.00	Medicare	$28.00	$17.36	$16.80	
85303	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C ACT	-	-	$32.20	Medicare	$32.20	$19.96	$19.32	
85305	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S TOT	-	-	$27.00	Medicare	$27.00	$16.74	$16.20	
85306	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S FRE	-	-	$35.68	Medicare	$35.68	$22.12	$21.41	
85307	Q	ASSAY ACTIVATED PROTEIN C	-	-	$35.68	Medicare	$35.68	$22.12	$21.41	
85335	Q	FACTOR INHIBITOR TEST	-	-	$29.98	Medicare	$29.98	$18.59	$17.99	
85337	Q	THROMBOMODULIN	-	-	$24.27	Medicare	$24.27	$15.05	$14.56	
85345	Q	COAGULATION TIME; LEE & WHITE	-	-	$10.02	Medicare	$10.02	$6.21	$6.01	
85347	Q	COAGULATION TIME; ACTIVATED	-	-	$9.92	Medicare	$9.92	$6.15	$5.95	
85348	Q	COAGULATION TIME; OTHER METHODS	-	-	$8.67	Medicare	$8.67	$5.38	$5.20	
85360	Q	EUGLOBULIN LYSIS	-	-	$19.57	Medicare	$19.57	$12.13	$11.74	
85362	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);	-	-	$16.03	Medicare	$16.03	$9.94	$9.62	
85366	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);	-	-	$20.05	Medicare	$20.05	$12.43	$12.03	
85370	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);	-	-	$26.45	Medicare	$26.45	$16.40	$15.87	
85378	Q	FIBRIN DEGRADE SEMIQUANT	-	-	$16.62	Medicare	$16.62	$10.30	$9.97	
85379	Q	FIBRIN DEGRADATION QUANT	-	-	$23.70	Medicare	$23.70	$14.69	$14.22	
85380	Q	FIBRIN DEGRADATION VTE	-	-	$23.70	Medicare	$23.70	$14.69	$14.22	
85384	Q	FIBRINOGEN; ACTIVITY	-	-	$19.78	Medicare	$19.78	$12.26	$11.87	
85385	Q	FIBRINOGEN; ANTIGEN	-	-	$19.78	Medicare	$19.78	$12.26	$11.87	
85390	Q	FIBRINOLYSINS OR COAGULOPATHY SCREEN INTERPRETATI	-	-	$12.03	Medicare	$12.03	$7.46	$7.22	
85396	N	FIBRINOLYSINS CLOT LYSI	-	-	-	APC/ Bundled				
85400	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN	-	-	$20.60	Medicare	$20.60	$12.77	$12.36	
85410	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ACTIVATO	-	-	$17.95	Medicare	$17.95	$11.13	$10.77	
85415	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACT	-	-	$40.03	Medicare	$40.03	$24.82	$24.02	
85420	Q	FIBRINOLYTIC FACTORS AND INHIBITORS;PLASMINOGEN EXC	-	-	$15.22	Medicare	$15.22	$9.44	$9.13	
85421	Q	FIBRINOLYTIC FACTORS AND INHIBITORS;PLASMINOGEN ANT	-	-	$23.72	Medicare	$23.72	$14.71	$14.23	
85441	Q	HEINZ BODIES; DIRECT	-	-	$9.80	Medicare	$9.80	$6.08	$5.88	
85445	Q	HEINZ BODIES; INDUCED ACETYL PHENYLHYDRAZINE	-	-	$15.87	Medicare	$15.87	$9.84	$9.52	
85460	Q	HGC OR RBC'S FETAL FOR FETOMATERNAL HEMORRHAGE; D	-	-	$18.02	Medicare	$18.02	$11.17	$10.81	
85461	Q	HGB OR RBC'S FETAL FOR FETOMATERNAL HEMORRHAGE; F	-	-	$15.43	Medicare	$15.43	$9.57	$9.26	
85475	Q	HEMOLYSIN ACID	-	-	$20.67	Medicare	$20.67	$12.82	$12.40	
85520	Q	HEPARIN ASSAY	-	-	$30.48	Medicare	$30.48	$18.90	$18.29	
85525	Q	HEPARIN NEUTRALIZATION	-	-	$27.58	Medicare	$27.58	$17.10	$16.55	
85530	Q	HEPARIN-PROTAMINE TOLERANCE TEST	-	-	$33.02	Medicare	$33.02	$20.47	$19.81	

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85536	Q	IRON STAIN PERIPHERAL BLOOD	-	-	$15.07	Medicare	$15.07	$9.34	$9.04	
85540	Q	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	-	-	$20.03	Medicare	$20.03	$12.42	$12.02	
85547	Q	MECHANICAL FRAGILITY RBC	-	-	$20.03	Medicare	$20.03	$12.42	$12.02	
85549	Q	MURAMIDASE	-	-	$43.68	Medicare	$43.68	$27.08	$26.21	
85555	Q	OSMOTIC FRAGILITY RBC; UNINCUBATED	-	-	$15.57	Medicare	$15.57	$9.65	$9.34	
85557	Q	OSMOTIC FRAGILITY RBC; INCUBATED	-	-	$31.10	Medicare	$31.10	$19.28	$18.66	
85576	Q	PLATELET; AGGREGATION (IN VITRO) EACH AGENT	-	-	$50.02	Medicare	$50.02	$31.01	$30.01	
85597	Q	PLATELET NEUTRALIZATION	-	-	$12.45	Medicare	$12.45	$7.72	$7.47	
85610	Q	PROTHROMBIN TIME;	-	-	$9.15	Medicare	$9.15	$5.67	$5.49	
85611	Q	PROTHROMBIN TIME; SUBSTITUTIONS PLASMA FRACTIONS E	-	-	$9.18	Medicare	$9.18	$5.69	$5.51	
85612	Q	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED	-	-	$22.28	Medicare	$22.28	$13.81	$13.37	
85613	Q	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	-	-	$22.28	Medicare	$22.28	$13.81	$13.37	
85635	Q	REPTILASE TEST	-	-	$22.93	Medicare	$22.93	$14.22	$13.76	
85651	Q	SEDIMENTATION RATE ERYTHROCYTE NON-AUTOMATED	-	-	$8.27	Medicare	$8.27	$5.13	$4.96	
85652	Q	SEDIMENTATION RATE ERYTHROCYTE; AUTOMATED	-	-	$6.28	Medicare	$6.28	$3.89	$3.77	
85660	Q	SICKLING OF RBC REDUCTION	-	-	$12.85	Medicare	$12.85	$7.97	$7.71	
85670	Q	THROMBIN TIME; PLASMA	-	-	$13.45	Medicare	$13.45	$8.34	$8.07	
85675	Q	THROMBIN TIME; TITER	-	-	$15.97	Medicare	$15.97	$9.90	$9.58	
85705	Q	THROMBOPLASTIN INHIBITION; TISSUE	-	-	$21.97	Medicare	$21.97	$13.62	$13.18	
85730	Q	THROMBOPLASTIN TIME PARTIAL (PTT); PLASMA OR WHOLE E	-	-	$13.97	Medicare	$13.97	$8.66	$8.38	
85732	Q	THROMBOPLASTIN TIME PARTIAL (PTT);SUBSTITUTION PLASI	-	-	$15.07	Medicare	$15.07	$9.34	$9.04	
85810	Q	VISCOSITY	-	-	$27.20	Medicare	$27.20	$16.86	$16.32	
85999	E	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE	-	-	-	Not Allowed				
86000	Q	AGGLUTININS FEBRILE (EG BRUCELLA FRANCISELLA MURIN	-	-	$16.25	Medicare	$16.25	$10.08	$9.75	
86001	Q	ALLERGEN SPECIFIC IGG	-	-	$6.73	Medicare	$6.73	$4.17	$4.04	
86003	Q	ALLERGEN SPECIFIC IGE;QUANTITATIVE/SEMI-QUANT EACH A	-	-	$6.73	Medicare	$6.73	$4.17	$4.04	
86005	Q	ALLERGEN SPECIFIC IGE;QUALITATIVE MULTIALLERGEN SCRI	-	-	$18.57	Medicare	$18.57	$11.51	$11.14	
86021	Q	ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES	-	-	$35.05	Medicare	$35.05	$21.73	$21.03	
86022	Q	PLATELET ANTIBODIES	-	-	$42.77	Medicare	$42.77	$26.52	$25.66	
86023	Q	IMMUNOGLOBULIN ASSAY	-	-	$29.00	Medicare	$29.00	$17.98	$17.40	
86038	Q	ANTINUCLEAR ANTIBODIES (ANA);	-	-	$28.15	Medicare	$28.15	$17.45	$16.89	
86039	Q	ANTINUCLEAR ANTIBODIES (ANA); TITER	-	-	$26.00	Medicare	$26.00	$16.12	$15.60	
86060	Q	ANTISTREPTOLYSIN 0; TITER	-	-	$17.00	Medicare	$17.00	$10.54	$10.20	
86063	Q	ANTISTREPTOLYSIN 0; SCREEN	-	-	$13.45	Medicare	$13.45	$8.34	$8.07	
86077	X	PHYSICIAN BLOOD BANK SERVICE	00433	0.2557	$12.21	APC				
86078	X	PHYSICIAN BLOOD BANK SERVICE	00343	0.5211	$24.88	APC				
86079	X	PHYSICIAN BLOOD BANK SERVICE	00433	0.2557	$12.21	APC				
86140	Q	C-REACTIVE PROTEIN	-	-	$12.05	Medicare	$12.05	$7.47	$7.23	
86141	Q	C-REACTIVE PROTEIN HS	-	-	$30.15	Medicare	$30.15	$18.69	$18.09	
86146	Q	GLYCOPROTEIN ANTIBODY	-	-	$59.23	Medicare	$59.23	$36.72	$35.54	
86147	Q	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	-	-	$59.23	Medicare	$59.23	$36.72	$35.54	
86148	Q	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID)	-	-	$37.40	Medicare	$37.40	$23.19	$22.44	
86155	Q	CHEMOTAXIS ASSAY SPECIFY METHOD	-	-	$37.22	Medicare	$37.22	$23.08	$22.33	
86156	Q	COLD AGGLUTININ; SCREEN	-	-	$15.60	Medicare	$15.60	$9.67	$9.36	

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86157	Q	COLD AGGLUTININ; TITER	-	-	$18.78	Medicare	$18.78	$11.64	$11.27	
86160	Q	COMPLEMENT; ANTIGEN EACH COMPONENT	-	-	$27.97	Medicare	$27.97	$17.34	$16.78	
86161	Q	COMPLEMENT; FUNCTIONAL ACTIVITY EACH COMPONENT	-	-	$27.97	Medicare	$27.97	$17.34	$16.78	
86162	Q	COMPLEMENT; TOTAL HEMOLYTIC (CH50)	-	-	$44.85	Medicare	$44.85	$27.81	$26.91	
86171	Q	COMPLEMENT FIXATION TESTS EACH ANTIGEN	-	-	$23.33	Medicare	$23.33	$14.46	$14.00	
86185	Q	COUNTERIMMUNOELECTROPHORESIS EACH ANTIGEN	-	-	$20.83	Medicare	$20.83	$12.91	$12.50	
86200	Q	CCP ANTIBODY	-	-	$30.15	Medicare	$30.15	$18.69	$18.09	
86215	Q	DEOXYRIBONUCLEASE ANTIBODY	-	-	$30.85	Medicare	$30.85	$19.13	$18.51	
86225	Q	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY;NATIVE OR DOUBI	-	-	$32.00	Medicare	$32.00	$19.84	$19.20	
86226	Q	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDE	-	-	$25.75	Medicare	$25.75	$15.97	$15.45	
86235	Q	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY TO ANY METHO	-	-	$41.77	Medicare	$41.77	$25.90	$25.06	
86243	Q	FC RECEPTOR	-	-	$47.80	Medicare	$47.80	$29.64	$28.68	
86255	Q	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN E	-	-	$28.07	Medicare	$28.07	$17.40	$16.84	
86256	Q	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER EA	-	-	$28.07	Medicare	$28.07	$17.40	$16.84	
86277	Q	GROWTH HORMONE HUMAN (HGH) ANTIBODY	-	-	$36.65	Medicare	$36.65	$22.72	$21.99	
86280	Q	HEMAGGLUTINATION INHIBITION TEST (HAI)	-	-	$19.07	Medicare	$19.07	$11.82	$11.44	
86294	Q	IMMUNOASSAY TUMOR QUAL	-	-	$45.68	Medicare	$45.68	$28.32	$27.41	
86300	Q	IMMUNOASSAY TUMOR CA 15-3	-	-	$48.45	Medicare	$48.45	$30.04	$29.07	
86301	Q	IMMUNOASSAY TUMOR CA 19-9	-	-	$48.45	Medicare	$48.45	$30.04	$29.07	
86304	Q	IMUNOASSAY FOR TUMOR ANTIGEN QUANTITATIVE; CA 125	-	-	$48.45	Medicare	$48.45	$30.04	$29.07	
86308	Q	HETEROPHILE ANTIBODIES; SCREENING	-	-	$9.55	Medicare	$9.55	$5.92	$5.73	
86309	Q	HETEROPHILE ANTIBODIES; TITER	-	-	$15.07	Medicare	$15.07	$9.34	$9.04	
86310	Q	HETEROPHILE ANTIBODIES;TITERS AFTER ABSORPTION W/BE	-	-	$17.17	Medicare	$17.17	$10.65	$10.30	
86316	Q	IMMUNOASSAY, TUMOR OTHER	-	-	$48.45	Medicare	$48.45	$30.04	$29.07	
86317	Q	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY QUANTIT/	-	-	$25.78	Medicare	$25.78	$15.98	$15.47	
86318	Q	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY QUALITAT	-	-	$30.15	Medicare	$30.15	$18.69	$18.09	
86320	Q	IMMUNOELECTROPHORESIS; SERUM	-	-	$52.20	Medicare	$52.20	$32.36	$31.32	
86325	Q	OTHER IMMUNOELECTROPHORESIS	-	-	$52.07	Medicare	$52.07	$32.28	$31.24	
86327	Q	IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASS/	-	-	$52.83	Medicare	$52.83	$32.75	$31.70	
86329	Q	IMMUNODIFFUSION; NOT ELSEWHERE SPECIFIED	-	-	$32.70	Medicare	$32.70	$20.27	$19.62	
86331	Q	IMMUNODIFFUSION; GEL DIFFUSION QUALITATIVE EACH ANT	-	-	$27.92	Medicare	$27.92	$17.31	$16.75	
86332	Q	IMMUNE COMPLEX ASSAY	-	-	$56.75	Medicare	$56.75	$35.19	$34.05	
86334	Q	IMMUNOFIX E-PHORESIS SERUM	-	-	$52.02	Medicare	$52.02	$32.25	$31.21	
86335	Q	IMMUNOGLOBULIN TYPING (GC GM INV) EACH	-	-	$68.33	Medicare	$68.33	$42.36	$41.00	
86336	Q	INHIBIN A	-	-	$36.28	Medicare	$36.28	$22.49	$21.77	
86337	Q	INSULIN ANTIBODIES	-	-	$49.87	Medicare	$49.87	$30.92	$29.92	
86340	Q	INTRINSIC FACTOR ANTIBODIES	-	-	$35.10	Medicare	$35.10	$21.76	$21.06	
86341	Q	ISLET CELL ANTIBODY	-	-	$46.08	Medicare	$46.08	$28.57	$27.65	
86343	Q	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	-	-	$29.02	Medicare	$29.02	$17.99	$17.41	
86344	Q	LEUKOCYTE PHAGOCYTOSIS	-	-	$18.60	Medicare	$18.60	$11.53	$11.16	
86353	Q	LYMPHOCYTE TRANSFORMATION MITOGEN (PHYTOMITOGEN	-	-	$114.15	Medicare	$114.15	$70.77	$68.49	
86355	Q	B CELLS TOTAL COUNT	-	-	$87.83	Medicare	$87.83	$54.45	$52.70	
86357	Q	NK CELLS, TOTAL COUNT	-	-	$87.83	Medicare	$87.83	$54.45	$52.70	
86359	Q	T CELLS; (TOTAL COUNT)	-	-	$87.83	Medicare	$87.83	$54.45	$52.70	

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86360	Q	T CELLS; ABSOLUTE CD4 AND CD8 COUNT INCLUDING RATIO	-	-	$109.42	Medicare	$109.42	$67.84	$65.65	
86361	Q	T CELLS; ABSOLUTE CD4 COUNT	-	-	$62.35	Medicare	$62.35	$38.66	$37.41	
86367	Q	STEM CELLS TOTAL COUNT	-	-	$87.83	Medicare	$87.83	$54.45	$52.70	
86376	Q	MICROSOMAL ANTIBODIES (EG THYROID OR LIVER-KIDNEY) E	-	-	$33.88	Medicare	$33.88	$21.01	$20.33	
86378	Q	MIGRATION INHIBITORY FACTOR TEST (MIF)	-	-	$45.85	Medicare	$45.85	$28.43	$27.51	
86382	Q	NEUTRALIZATION TEST VIRAL	-	-	$39.37	Medicare	$39.37	$24.41	$23.62	
86384	Q	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	-	-	$26.52	Medicare	$26.52	$16.44	$15.91	
86403	Q	PARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY	-	-	$23.73	Medicare	$23.73	$14.71	$14.24	
86406	Q	PARTICLE AGGULINATION; TITER EACH ANTIBODY	-	-	$24.78	Medicare	$24.78	$15.36	$14.87	
86430	Q	RHEUMATOID FACTOR; QUALITATIVE	-	-	$13.22	Medicare	$13.22	$8.20	$7.93	
86431	Q	RHEUMATOID FACTOR; QUANTITATIVE	-	-	$13.22	Medicare	$13.22	$8.20	$7.93	
86480	Q	TB TEST, CELL IMMUN MEASURE	-	-	$144.32	Medicare	$144.32	$89.48	$86.59	
86485	X	SKIN TEST; CANDIDA	00341	0.0914	$4.36	APC				
86490	X	SKIN TEST; COCCIDIOIDOMYCOSIS	00341	0.0914	$4.36	APC				
86510	X	SKIN TEST; HISTOPLASMOSIS	00341	0.0914	$4.36	APC				
86580	X	SKIN TEST; TUBERCULOSIS INTRADERMAL	00341	0.0914	$4.36	APC				
86586	Q	SKIN TEST; UNLISTED ANTIGEN EACH	-	-	$87.83	Medicare	$87.83	$54.45	$52.70	
86590	Q	STREPTOKINASE ANTIBODY	-	-	$25.68	Medicare	$25.68	$15.92	$15.41	
86592	Q	SYPHILIS TEST; QUALITATIVE (EG VDRL RPR ART)	-	-	$9.93	Medicare	$9.93	$6.16	$5.96	
86593	Q	SYPHILIS TEST; QUANTITATIVE	-	-	$10.27	Medicare	$10.27	$6.37	$6.16	
86602	Q	ANTIBODY; ACTINOMYCES	-	-	$23.70	Medicare	$23.70	$14.69	$14.22	
86603	Q	ANTIBODY; ADENOVIRUS	-	-	$29.97	Medicare	$29.97	$18.58	$17.98	
86606	Q	ANTIBODY; ASPERGILLUS	-	-	$35.05	Medicare	$35.05	$21.73	$21.03	
86609	Q	ANTIBODY; BACTERIUM NOT ELSEWHERE SPECIFIED	-	-	$30.00	Medicare	$30.00	$18.60	$18.00	
86611	Q	BARTONELLA ANTIBODY	-	-	$23.70	Medicare	$23.70	$14.69	$14.22	
86612	Q	ANTIBODY; BLASTOMYCES	-	-	$30.05	Medicare	$30.05	$18.63	$18.03	
86615	Q	ANTIBODY; BORDETELLA	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86617	Q	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIF	-	-	$36.07	Medicare	$36.07	$22.36	$21.64	
86618	Q	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)	-	-	$39.67	Medicare	$39.67	$24.60	$23.80	
86619	Q	ANTIBODY; BORRELIA (RELAPSING FEVER)	-	-	$31.15	Medicare	$31.15	$19.31	$18.69	
86622	Q	ANTIBODY; BRUCELLA	-	-	$20.80	Medicare	$20.80	$12.90	$12.48	
86625	Q	ANTIBODY; CAMPYLOBACTER	-	-	$30.55	Medicare	$30.55	$18.94	$18.33	
86628	Q	ANTIBODY; CANDIDA	-	-	$27.97	Medicare	$27.97	$17.34	$16.78	
86631	Q	ANTIBODY; CHLAMYDIA	-	-	$27.53	Medicare	$27.53	$17.07	$16.52	
86632	Q	ANTIBODY; CHLAMYDIA IGG	-	-	$29.57	Medicare	$29.57	$18.33	$17.74	
86635	Q	ANTIBODY; CACCIDIOIDES	-	-	$26.72	Medicare	$26.72	$16.57	$16.03	
86638	Q	ANTIBODY; COXIELLA BRUNETTI (Q FEVER)	-	-	$28.23	Medicare	$28.23	$17.50	$16.94	
86641	Q	ANTIBODY; CRYPTOCOCCUS	-	-	$33.57	Medicare	$33.57	$20.81	$20.14	
86644	Q	ANTIBODY; CYTOMEGALOVIRUS (CMV)	-	-	$26.30	Medicare	$26.30	$16.31	$15.78	
86645	Q	ANTIBODY; CYTOMEGALOVIRUS (CMV) IGM	-	-	$39.23	Medicare	$39.23	$24.32	$23.54	
86648	Q	ANTIBODY; DIPHTHERIA	-	-	$35.42	Medicare	$35.42	$21.96	$21.25	
86651	Q	ANTIBODY; ENCEPHALITIS CALIFORNIA (LA CROSSE)	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86652	Q	ANTIBODY; ENCEPHALITIS EASTERN EQUINE	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86653	Q	ANTIBODY; ENCEPHALITIS ST. LOUIS	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	

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86654	Q	ANTIBODY; ENCEPHALITIS WESTERN EQUINE	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86658	Q	ANTIBODY; ENTEROVIRUS (EG COXSACKIE ECHO POLIO)	-	-	$30.33	Medicare	$30.33	$18.80	$18.20	
86663	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS EARLY ANTIGEN (EA)	-	-	$30.55	Medicare	$30.55	$18.94	$18.33	
86664	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS NUCLEAR ANTIGEN	-	-	$35.63	Medicare	$35.63	$22.09	$21.38	
86665	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS VIRAL CAPOID (VCA)	-	-	$42.25	Medicare	$42.25	$26.20	$25.35	
86666	Q	EHRLICHIA ANTIBODY	-	-	$23.70	Medicare	$23.70	$14.69	$14.22	
86668	Q	ANTIBODY; FRANCISELLA TULARENSIS	-	-	$24.22	Medicare	$24.22	$15.02	$14.53	
86671	Q	ANTIBODY; FUNGUS NES	-	-	$28.55	Medicare	$28.55	$17.70	$17.13	
86674	Q	ANTIBODY; GIARDIA LAMBLIA	-	-	$34.27	Medicare	$34.27	$21.25	$20.56	
86677	Q	ANTIBODY; HELICOBACTER PYLORI	-	-	$33.80	Medicare	$33.80	$20.96	$20.28	
86682	Q	ANTIBODY; HELMINTH NES	-	-	$30.28	Medicare	$30.28	$18.77	$18.17	
86684	Q	ANTIBODY; HEMOPHILUS INFLUENZA	-	-	$36.90	Medicare	$36.90	$22.88	$22.14	
86687	Q	ANTIBODY; HTLV-I	-	-	$19.53	Medicare	$19.53	$12.11	$11.72	
86688	Q	ANTIBODY; HTLV-II	-	-	$32.62	Medicare	$32.62	$20.22	$19.57	
86689	Q	ANTIBODY;HTLV OR HIV ANTIBODY CONFIRMATORY TEST(EG	-	-	$45.08	Medicare	$45.08	$27.95	$27.05	
86692	Q	ANTIBODY; HEPATITIS DELTA AGENT	-	-	$39.97	Medicare	$39.97	$24.78	$23.98	
86694	Q	ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST	-	-	$26.30	Medicare	$26.30	$16.31	$15.78	
86695	Q	ANTIBODY; HERPES SIMPLEX TYPE 1	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86696	Q	HERPES SIMPLEX TYPE 2	-	-	$45.08	Medicare	$45.08	$27.95	$27.05	
86698	Q	ANTIBODY; HISTOPLASMA	-	-	$29.10	Medicare	$29.10	$18.04	$17.46	
86701	Q	ANTIBODY; HIV-1	-	-	$17.13	Medicare	$17.13	$10.62	$10.28	
86702	Q	ANTIBODY; HIV-2	-	-	$31.47	Medicare	$31.47	$19.51	$18.88	
86703	Q	ANTIBODY; HIV-1 AND HIV-2 SINGLE ASSAY	-	-	$31.95	Medicare	$31.95	$19.81	$19.17	
86704	Q	HEPATITIS B CORE ANTIBODY (HBCAB); IGG AND IGM	-	-	$28.07	Medicare	$28.07	$17.40	$16.84	
86705	Q	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	-	-	$27.40	Medicare	$27.40	$16.99	$16.44	
86706	Q	HEPATITIS B SURFACE ANTIBODY (HBSAB)	-	-	$21.20	Medicare	$21.20	$13.14	$12.72	
86707	Q	HEPATITIS BE ANTIBODY (HBEAB)	-	-	$26.93	Medicare	$26.93	$16.70	$16.16	
86708	Q	HEPATITIS A ANTIBODY (HAAB); IGG AND IGM	-	-	$28.85	Medicare	$28.85	$17.89	$17.31	
86709	Q	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	-	-	$26.22	Medicare	$26.22	$16.26	$15.73	
86710	Q	ANTIBODY; INFLUENZA VIRUS	-	-	$31.57	Medicare	$31.57	$19.57	$18.94	
86713	Q	ANTIBODY; LEGIONELLA	-	-	$35.65	Medicare	$35.65	$22.10	$21.39	
86717	Q	ANTIBODY; LEISHMANIA	-	-	$28.53	Medicare	$28.53	$17.69	$17.12	
86720	Q	ANTIBODY; LEPTOSPIRA	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86723	Q	ANTIBODY; LISTERIA MONOCYTOGENES	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86727	Q	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	-	-	$29.97	Medicare	$29.97	$18.58	$17.98	
86729	Q	ANTIBODY; LYMPHOGRANULOMA VENEREUM	-	-	$27.82	Medicare	$27.82	$17.25	$16.69	
86732	Q	ANTIBODY; MUCORMYCOSIS	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86735	Q	ANTIBODY; MUMPS	-	-	$30.38	Medicare	$30.38	$18.84	$18.23	
86738	Q	ANTIBODY; MYCOPLASMA	-	-	$30.85	Medicare	$30.85	$19.13	$18.51	
86741	Q	ANTIBODY; NEISSERIA MENINGITIS	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86744	Q	ANTIBODY; NOCARDIA	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86747	Q	ANTIBODY; PARVOVIRUS	-	-	$35.00	Medicare	$35.00	$21.70	$21.00	
86750	Q	ANTIBODY; PLASMODIUM (MALARIA)	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86753	Q	ANTIBODY; PROTOZOA NES	-	-	$28.87	Medicare	$28.87	$17.90	$17.32	

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86756	Q	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	-	-	$30.02	Medicare	$30.02	$18.61	$18.01	
86757	Q	RICKETTSIA ANTIBODY	-	-	$45.08	Medicare	$45.08	$27.95	$27.05	
86759	Q	ANTIBODY; ROTAVIRUS	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86762	Q	ANTIBODY; RUBELLA	-	-	$26.30	Medicare	$26.30	$16.31	$15.78	
86765	Q	ANTIBODY; RUBEOLA	-	-	$30.00	Medicare	$30.00	$18.60	$18.00	
86768	Q	ANTIBODY; SALMONELLA	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86771	Q	ANTIBODY; SHIGELLA	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86774	Q	ANTIBODY; TETANUS	-	-	$34.47	Medicare	$34.47	$21.37	$20.68	
86777	Q	ANTIBODY; TOXOPLASMA	-	-	$26.30	Medicare	$26.30	$16.31	$15.78	
86778	Q	ANTIBODY; TOXOPLASMA IGM	-	-	$33.53	Medicare	$33.53	$20.79	$20.12	
86781	Q	ANTIBODY;TREPONEMA PALLIDUM CONFIRMATORY TEST (EG	-	-	$30.83	Medicare	$30.83	$19.11	$18.50	
86784	Q	ANTIBODY; TRICHINELLA	-	-	$29.25	Medicare	$29.25	$18.14	$17.55	
86787	Q	ANTIBODY; VARICELLA-ZOSTER	-	-	$30.00	Medicare	$30.00	$18.60	$18.00	
86788	Q	WEST NILE VIRUS AB, IGM	-	-	$39.23	Medicare	$39.23	$24.32	$23.54	
86789	Q	WEST NILE VIRUS ANTIBODY	-	-	$26.30	Medicare	$26.30	$16.31	$15.78	
86790	Q	ANTIBODY; VIRUS NES	-	-	$30.00	Medicare	$30.00	$18.60	$18.00	
86793	Q	ANTIBODY; YERSINIA	-	-	$30.72	Medicare	$30.72	$19.05	$18.43	
86800	Q	THYROGLOBULIN ANTIBODY	-	-	$37.03	Medicare	$37.03	$22.96	$22.22	
86803	Q	HEPATITIS C ANTIBODY	-	-	$33.23	Medicare	$33.23	$20.60	$19.94	
86804	Q	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG IMMUNOB	-	-	$35.93	Medicare	$35.93	$22.28	$21.56	
86805	Q	LYMPHOCYTOTOXICITY ASSAY VISUAL CROSSMATCH;W/TITR	-	-	$121.75	Medicare	$121.75	$75.49	$73.05	
86806	Q	LYMPHOCYTOTOXICITY ASSAY VISUAL CROSSMATCH; W/O TI	-	-	$110.82	Medicare	$110.82	$68.71	$66.49	
86807	Q	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE AN	-	-	$92.15	Medicare	$92.15	$57.13	$55.29	
86808	Q	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE AN	-	-	$69.12	Medicare	$69.12	$42.85	$41.47	
86812	Q	HLA TYPING; A B OR C (EG A10 B7 B27) SINGLE ANTIGEN	-	-	$60.10	Medicare	$60.10	$37.26	$36.06	
86813	Q	HLA TYPING; A B OR C MULTIPLE ANTIGENS	-	-	$135.03	Medicare	$135.03	$83.72	$81.02	
86816	Q	HLA TYPING; DR/DQ MULTIPLE ANTIGENS	-	-	$64.87	Medicare	$64.87	$40.22	$38.92	
86817	Q	HLA TYPING; DR/DQ MULTIPLE ANTIGENS	-	-	$149.92	Medicare	$149.92	$92.95	$89.95	
86821	Q	HLA TYPING; LYMPHOCYTE CULTURE MIXED (MLC)	-	-	$131.47	Medicare	$131.47	$81.51	$78.88	
86822	Q	HLA TYPING; LYMPHOCYTE CULTURE PRIMED (PLC)	-	-	$85.12	Medicare	$85.12	$52.77	$51.07	
86849	M	UNLISTED IMMUNOLOGY PROCEDURE	-	-	-	By Report				
86850	X	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	00345	0.2178	$10.40	APC				
86860	X	ANTIBODY ELUTION (RBC) EACH ELUTION	00346	0.3484	$16.64	APC				
86870	X	ANTIBODY IDENTIFICATION RBC ANTIBODIES EACH PANEL FO	00346	0.3484	$16.64	APC				
86880	X	COOMBS TEST DIRECT	00409	0.1227	$5.86	APC				
86885	X	COOMBS TEST INDIRECT QUAL	00409	0.1227	$5.86	APC				
86886	X	COOMBS TEST INDIRECT TITER	00409	0.1227	$5.86	APC				
86890	X	AUTOLOGOUS BLOOD OR COMPONENT COLLECTION PROCES	00347	0.7423	$35.44	APC				
86891	X	AUTOLOGOUS BLOOD OR COMPONENT COLLECTION PROCES	00346	0.3484	$16.64	APC				
86900	X	BLOOD TYPING; ABO	00409	0.1227	$5.86	APC				
86901	X	BLOOD TYPING; RH (D)	00409	0.1227	$5.86	APC				
86903	X	BLOOD TYPING;ANTIGEN SCREENING FOR COMPATIBLE BLOO	00345	0.2178	$10.40	APC				
86904	X	BLOOD TYPING;ANTIGEN SCREENING FOR COMPATIBLE BLOO	00346	0.3484	$16.64	APC				
86905	X	BLOOD TYPING;RBC ANTIGENS OTHER THAN ABO OR RH(D) E	00345	0.2178	$10.40	APC				

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86906	X	BLOOD TYPING; RH PHENOTYPING COMPLETE	00345	0.2178	$10.40	APC				
86910	E	BLOOD TYPING FOR PATERNITY TESTING PER INDIVIDUAL A	-	-	-	Not Allowed				
86911	E	BLOOD TYPING FOR PATERNITY TESTING PER INDIVIDUAL A	-	-	-	Not Allowed				
86920	X	COMPATIBILITY TEST SPIN	00346	0.3484	$16.64	APC				
86921	X	COMPATIBILITY TEST INCUBATE	00345	0.2178	$10.40	APC				
86922	X	COMPATIBILITY TEST ANTIGLOB	00346	0.3484	$16.64	APC				
86923	X	COMPATIBILITY TEST ELECTRIC	00345	0.2178	$10.40	APC				
86927	X	FRESH FROZEN PLASMA THAWING EACH UNIT	00345	0.2178	$10.40	APC				
86930	X	FROZEN BLOOD PREP	00347	0.7423	$35.44	APC				
86931	X	FROZEN BLOOD THAW	00347	0.7423	$35.44	APC				
86932	X	FROZEN BLOOD FREEZE/THAW	00347	0.7423	$35.44	APC				
86940	Q	HEMOLYSINS AND AGGLUTININS AUTO SCREEN EACH;	-	-	$19.10	Medicare	$19.10	$11.84	$11.46	
86941	Q	HEMOLYSINS AND AGGLUTININS AUTO SCREEN EACH; INCU	-	-	$28.20	Medicare	$28.20	$17.48	$16.92	
86945	X	IRRADIATION OF BLOOD PRODUCT EACH UNIT	00345	0.2178	$10.40	APC				
86950	X	LEUKOCYTE TRANSFUSION	00345	0.2178	$10.40	APC				
86960	X	VOL REDUCTION OF BLOOD/PROD	00345	0.2178	$10.40	APC				
86965	X	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	00346	0.3484	$16.64	APC				
86970	X	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETEC	00345	0.2178	$10.40	APC				
86971	X	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETEC	00345	0.2178	$10.40	APC				
86972	X	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETEC	00346	0.3484	$16.64	APC				
86975	X	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENT	00346	0.3484	$16.64	APC				
86976	X	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENT	00345	0.2178	$10.40	APC				
86977	X	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENT	00346	0.3484	$16.64	APC				
86978	X	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENT	00346	0.3484	$16.64	APC				
86985	X	SPLITTING OF BLOOD OR BLOOD PRODUCTS EACH UNIT	00345	0.2178	$10.40	APC				
86999	X	UNLISTED TRANSFUSION MEDICINE PROCEDURE	00345	0.2178	$10.40	APC				
87001	Q	ANIMAL INOCULATION SMALL ANIMAL; W/OBSERVATION	-	-	$30.78	Medicare	$30.78	$19.08	$18.47	
87003	Q	ANIMAL INOCULATION SMALL ANIMAL; W/OBSEVATION & DISS	-	-	$39.20	Medicare	$39.20	$24.30	$23.52	
87015	Q	CONCENTRATION (ANY TYPE) FOR PARASITES OVA OR TUBE	-	-	$15.55	Medicare	$15.55	$9.64	$9.33	
87040	Q	BLOOD CULTURE FOR BACTERIA	-	-	$24.03	Medicare	$24.03	$14.90	$14.42	
87045	Q	FECES CULTURE BACTERIA	-	-	$21.97	Medicare	$21.97	$13.62	$13.18	
87046	Q	STOOL CULTR BACTERIA EACH	-	-	$21.97	Medicare	$21.97	$13.62	$13.18	
87070	Q	CULTURE BACTERIA OTHER	-	-	$20.05	Medicare	$20.05	$12.43	$12.03	
87071	Q	CULTURE BACTERI AEROBIC OTHR	-	-	$21.97	Medicare	$21.97	$13.62	$13.18	
87073	Q	CULTURE BACTERIA ANAEROBIC	-	-	$21.97	Medicare	$21.97	$13.62	$13.18	
87075	Q	CULTR BACTERIA EXCEPT BLOOD	-	-	$22.03	Medicare	$22.03	$13.66	$13.22	
87076	Q	CULTURE BACTERIAL ANY SOURCE;DIFINITIVE IDENTIFICATI	-	-	$18.82	Medicare	$18.82	$11.67	$11.29	
87077	Q	CULTURE AEROBIC IDENTIFY	-	-	$18.82	Medicare	$18.82	$11.67	$11.29	
87081	Q	CULTURE BACTERIAL SCREENING ONLY FOR SINGLE ORGAN	-	-	$13.23	Medicare	$13.23	$8.20	$7.94	
87084	Q	CULTURE PRESUMPTIVE PATHOGENIC ORGANISMS SCREEN	-	-	$20.05	Medicare	$20.05	$12.43	$12.03	
87086	Q	CULTURE BACTERIAL URINE; QUANTITATIVE COLONY COUN	-	-	$18.80	Medicare	$18.80	$11.66	$11.28	
87088	Q	URINE BACTERIA CULTURE	-	-	$13.23	Medicare	$13.23	$8.20	$7.94	
87101	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTI	-	-	$17.95	Medicare	$17.95	$11.13	$10.77	
87102	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTI	-	-	$16.28	Medicare	$16.28	$10.09	$9.77	

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87103	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTIV	-	-	$21.00	Medicare	$21.00	$13.02	$12.60	
87106	Q	CULTURE FUNGI DEFINITIVE IDENTIFICATION OF EACH FUNG	-	-	$12.78	Medicare	$12.78	$7.92	$7.67	
87107	Q	FUNGI IDENTIFICATION, MOLD	-	-	$12.78	Medicare	$12.78	$7.92	$7.67	
87109	Q	CULTURE MYCOPLASMA ANY SOURCE	-	-	$35.83	Medicare	$35.83	$22.21	$21.50	
87110	Q	CULTURE CHLAMYDIA	-	-	$45.62	Medicare	$45.62	$28.28	$27.37	
87116	Q	CULTURE TUBERCLE OR OTHER ACID-FAST BACILLI (EG TB A	-	-	$25.17	Medicare	$25.17	$15.61	$15.10	
87118	Q	CULTURE MYCOBACTERIA DEFINITIVE IDENTIFICATION OF EA	-	-	$25.48	Medicare	$25.48	$15.80	$15.29	
87140	Q	CULTURE TYPE IMMUNOFLUORESC	-	-	$12.98	Medicare	$12.98	$8.05	$7.79	
87143	Q	CULTURE TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) ME	-	-	$29.18	Medicare	$29.18	$18.09	$17.51	
87147	Q	CULTURE TYPING;IMMUNOLOGIC METHOD OTHER THAN IMM	-	-	$12.05	Medicare	$12.05	$7.47	$7.23	
87149	Q	CULTURE TYPE, NUCLEIC ACID	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87152	Q	CULTURE TYPE PULSE FIELD GEL	-	-	$12.18	Medicare	$12.18	$7.55	$7.31	
87158	Q	CULTURE TYPING; OTHER METHODS	-	-	$12.18	Medicare	$12.18	$7.55	$7.31	
87164	Q	DARK FIELD EXAMINATION	-	-	$25.02	Medicare	$25.02	$15.51	$15.01	
87166	Q	DARK FIELD EXAMINATION ANY SOURCE (EG PENILE VAGINA	-	-	$26.30	Medicare	$26.30	$16.31	$15.78	
87168	Q	MACROSCOPIC EXAM ARTHROPOD	-	-	$9.93	Medicare	$9.93	$6.16	$5.96	
87169	Q	MACROSCOPIC EXAM PARASITE	-	-	$9.93	Medicare	$9.93	$6.16	$5.96	
87172	Q	PINWORM EXAM	-	-	$9.93	Medicare	$9.93	$6.16	$5.96	
87176	Q	ENDOTOXIN BACTERIAL (PYROGENS); HOMOGENIZATION TIS	-	-	$13.70	Medicare	$13.70	$8.49	$8.22	
87177	Q	OVA AND PARASITES DIRECT SMEARS CONCENTRATION AND	-	-	$20.72	Medicare	$20.72	$12.85	$12.43	
87181	Q	MICROBE SUSCEPTIBLE, DIFFUSE	-	-	$9.55	Medicare	$9.55	$5.92	$5.73	
87184	Q	SENSITIVITY STUDIES ANTIBIOTIC;DISK METHOD PER PLATE(	-	-	$16.05	Medicare	$16.05	$9.95	$9.63	
87185	Q	MICROBE SUSCEPTIBLE, ENZYME	-	-	$9.55	Medicare	$9.55	$5.92	$5.73	
87186	Q	SENSITIVITY STUDIES ANTIBIOTIC;MICROTITER MINIMUM INH	-	-	$20.13	Medicare	$20.13	$12.48	$12.08	
87187	Q	MICROBE SUSCEPTIBLE, MLC	-	-	$24.13	Medicare	$24.13	$14.96	$14.48	
87188	Q	SENSITIVITY STUDIES ANTIBIOTIC;MACROTUBE DILUTION ME	-	-	$15.45	Medicare	$15.45	$9.58	$9.27	
87190	Q	SENSITIVITY STUDIES ANTIBIOTIC;TUBERCLE BACILLUS(TB A	-	-	$13.17	Medicare	$13.17	$8.17	$7.90	
87197	Q	SERUM BACTERICIDAL TITER (SCHLICTER TEST)	-	-	$34.98	Medicare	$34.98	$21.69	$20.99	
87205	Q	SMEAR PRIMARY SOURCE WITH INTERP;ROUTINE STAIN FOR	-	-	$9.93	Medicare	$9.93	$6.16	$5.96	
87206	Q	SMEAR, FLUORESCENT/ACID STAI	-	-	$12.50	Medicare	$12.50	$7.75	$7.50	
87207	Q	SMEAR SPECIAL STAIN	-	-	$13.95	Medicare	$13.95	$8.65	$8.37	
87209	Q	SMEAR COMPLEX STAIN	-	-	$41.85	Medicare	$41.85	$25.95	$25.11	
87210	Q	SMEAR PRIMARY SOURCE WITH INTERP;WET MOUNT W/SIMP	-	-	$9.93	Medicare	$9.93	$6.16	$5.96	
87220	Q	TISSUE EXAM FOR FUNGI	-	-	$9.93	Medicare	$9.93	$6.16	$5.96	
87230	Q	TOXIN OR ANTITOXIN ASSAY TISSUE CULTURE (EG CLOSTRID	-	-	$45.98	Medicare	$45.98	$28.51	$27.59	
87250	Q	VIRUS IDENTIFICATION;INCOCULATION OF EMBRYONATED EG	-	-	$45.53	Medicare	$45.53	$28.23	$27.32	
87252	Q	VIRUS IDENTIFICATION;TISSUE CULTURE INOCULATION & OBS	-	-	$58.12	Medicare	$58.12	$36.03	$34.87	
87253	Q	VIRUS IDENTIFICATION;TISSUE CULTURE ADDITIONAL STUDIE	-	-	$47.03	Medicare	$47.03	$29.16	$28.22	
87254	Q	VIRUS INOCULATION SHELL VIA	-	-	$45.53	Medicare	$45.53	$28.23	$27.32	
87255	Q	GENET VIRUS ISOLATE HSV	-	-	$78.85	Medicare	$78.85	$48.89	$47.31	
87260	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; ADEN	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87265	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; PERT	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87267	Q	ENTEROVIRUS ANTIBODY DFA	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87269	Q	GIARDIA AG IF	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	

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87270	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; CHYLI	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87271	Q	CRYPTOSPORIDUM/GARDIA AG IF	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87272	Q	CRYPTOSPORIDIUM AG IF	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87273	Q	HERPES SIMPLEX 2, AG, IF	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87274	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; HERP	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87275	Q	INFLUENZA B, AG, IF	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87276	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; INFLU	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87277	Q	LEGIONELLA MICDADEI, AG, IF	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87278	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; LEGIC	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87279	Q	PARAINFLUENZA, AG, IF	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87280	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; RSV	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87281	Q	PNEUMOCYSTIS CARINII, AG, IF	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87283	Q	INFECTIOUS AGENT ANTIGEN DETECT BY IMMUNOFL; RUBEOL	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87285	Q	TREPONEMA PALLIDUM, AG, IF	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87290	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; VARIC	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87299	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; NOS	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87300	Q	AG DETECTION, POLYVAL, IF	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87301	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;ADENO	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87305	Q	ASPERGILLUS AG, EIA	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87320	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;CHYLDI	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87324	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; CLOST	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87327	Q	CRYPTOCOCCUS NEOFORM AG, EIA	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87328	Q	CRYPTOSPORIDIUM AG EIA	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87329	Q	GIARDIA AG EIA	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87332	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; CMV	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87335	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; E COLI	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87336	Q	ENTAMOEB HIST DISPR, AG, EIA	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87337	Q	INFECT AGENT ANTIGEN DETECT BY ENZYME IMMUNO;ENTAM	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87338	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;HELICO	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87339	Q	H PYLORI AG, EIA	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87340	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP B	-	-	$22.53	Medicare	$22.53	$13.97	$13.52	
87341	Q	HEPATITIS B SURFACE, AG, EIA	-	-	$22.53	Medicare	$22.53	$13.97	$13.52	
87350	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP BE	-	-	$22.77	Medicare	$22.77	$14.12	$13.66	
87380	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP DE	-	-	$38.23	Medicare	$38.23	$23.70	$22.94	
87385	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HISTOF	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87390	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HIV-1	-	-	$41.08	Medicare	$41.08	$25.47	$24.65	
87391	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HIV-2	-	-	$41.08	Medicare	$41.08	$25.47	$24.65	
87400	Q	INFLUENZA A/B, AG, EIA	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87420	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; RSV	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87425	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; ROTAV	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87427	Q	SHIGA-LIKE TOXIN AG, EIA	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87430	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; STREP	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87449	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; NOS	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87450	Q	INFEC. AGENT ANTIGEN DETEC/EIA SING STEP MTHD; NOS	-	-	$22.32	Medicare	$22.32	$13.84	$13.39	

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
87451	Q	AG DETECT POLYVAL, EIA, MULT	-	-	$22.32	Medicare	$22.32	$13.84	$13.39	
87470	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA DI	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87471	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA AM	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87472	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA Q	-	-	$99.75	Medicare	$99.75	$61.85	$59.85	
87475	Q	LYME DIS, DNA, DIR PROBE	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87476	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BORRELIA AMP	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87477	Q	LYME DIS, DNA, QUANT	-	-	$99.75	Medicare	$99.75	$61.85	$59.85	
87480	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA DIREC	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87481	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA AMPLI	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87482	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA QUAN	-	-	$97.22	Medicare	$97.22	$60.28	$58.33	
87485	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87486	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87487	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM	-	-	$99.75	Medicare	$99.75	$61.85	$59.85	
87490	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87491	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87492	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH	-	-	$81.40	Medicare	$81.40	$50.47	$48.84	
87495	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV DIRECT PR	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87496	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV AMP PROB	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87497	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV QUANTIFIC	-	-	$99.75	Medicare	$99.75	$61.85	$59.85	
87498	Q	ENTEROVIRUS, DNA, AMP PROBE	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87510	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87511	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87512	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG	-	-	$97.22	Medicare	$97.22	$60.28	$58.33	
87515	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEP B VIRUS DI	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87516	Q	HEPATITIS B, DNA, AMP PROBE	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87517	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEP B VIRUS QU	-	-	$99.75	Medicare	$99.75	$61.85	$59.85	
87520	Q	HEPATITIS C, RNA, DIR PROBE	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87521	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS C AM	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87522	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS C QU	-	-	$99.75	Medicare	$99.75	$61.85	$59.85	
87525	Q	HEPATITIS G, DNA, DIR PROBE	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87526	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS G AM	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87527	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS G QU	-	-	$97.22	Medicare	$97.22	$60.28	$58.33	
87528	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP D	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87529	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP A	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87530	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP Q	-	-	$99.75	Medicare	$99.75	$61.85	$59.85	
87531	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87532	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87533	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6	-	-	$97.22	Medicare	$97.22	$60.28	$58.33	
87534	Q	HIV-1 DNA DIR PROBE	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87535	Q	HIV-1 DNA AMP PROBE	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87536	Q	HIV-1 DNA QUANT	-	-	$198.15	Medicare	$198.15	$122.85	$118.89	
87537	Q	HIV-2 DNA DIR PROBE	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87538	Q	HIV-2 DNA AMP PROBE	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87539	Q	HIV-2 DNA QUANT	-	-	$99.75	Medicare	$99.75	$61.85	$59.85	

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87540	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMC	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87541	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMC	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87542	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMC	-	-	$97.22	Medicare	$97.22	$60.28	$58.33	
87550	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87551	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87552	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA	-	-	$99.75	Medicare	$99.75	$61.85	$59.85	
87555	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB D	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87556	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB A	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87557	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB Q	-	-	$99.75	Medicare	$99.75	$61.85	$59.85	
87560	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87561	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87562	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA	-	-	$99.75	Medicare	$99.75	$61.85	$59.85	
87580	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87581	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87582	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON	-	-	$97.22	Medicare	$97.22	$60.28	$58.33	
87590	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEA	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87591	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEA	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87592	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEA	-	-	$99.75	Medicare	$99.75	$61.85	$59.85	
87620	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV DIRECT PR	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87621	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV AMP PROB	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87622	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV QUANTIFIC	-	-	$97.22	Medicare	$97.22	$60.28	$58.33	
87640	Q	STAPH A, DNA, AMP PROBE	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87641	Q	MR-STAPH, DNA, AMP PROBE	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87650	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A DIREC	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87651	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A AMP P	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87652	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A QUANT	-	-	$97.22	Medicare	$97.22	$60.28	$58.33	
87653	Q	STREP B, DNA, AMP PROBE	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87660	Q	TRICHOMONAS VAGIN DIR PROBE	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87797	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS DIRECT PR	-	-	$46.70	Medicare	$46.70	$28.95	$28.02	
87798	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS AMP PROB	-	-	$81.73	Medicare	$81.73	$50.67	$49.04	
87799	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS QUANTIFIC	-	-	$99.75	Medicare	$99.75	$61.85	$59.85	
87800	Q	DETECT AGNT MULT, DNA, DIREC	-	-	$93.38	Medicare	$93.38	$57.90	$56.03	
87801	Q	INFECTIOUS AGENT DETECT BY NUCLEIC ACID;AMPLIFIED PR	-	-	$163.45	Medicare	$163.45	$101.34	$98.07	
87802	Q	STREP B ASSAY W/OPTIC	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87803	Q	CLOSTRIDIUM TOXIN A W/OPTIC	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87804	Q	INFLUENZA ASSAY W/OPTIC	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87807	Q	RSV ASSAY W/OPTIC	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87808	Q	TRICHOMONAS ASSAY W/OPTIC	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87810	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; CHY	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87850	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; N.G	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87880	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; STR	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87899	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; NOS	-	-	$27.93	Medicare	$27.93	$17.32	$16.76	
87900	Q	PHENOTYPE INFECT AGENT DRUG	-	-	$290.58	Medicare	$290.58	$180.16	$174.35	
87901	Q	GENOTYPE DNA HIV REVERSE T	-	-	$599.48	Medicare	$599.48	$371.68	$359.69	

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87902	Q	GENOTYPE DNA HEPATITIS C	-	-	$599.48	Medicare	$599.48	$371.68	$359.69	
87903	Q	PHENOTYPE DNA HIV W/CULTURE	-	-	$1,137.87	Medicare	$1,137.87	$705.48	$682.72	
87904	Q	PHENOTYPE DNA HIV W/CLT ADD	-	-	$58.12	Medicare	$58.12	$36.03	$34.87	
87999	M	MICROBIOLOGY PROCEDURE	-	-	-	By Report				
88000	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;	-	-	-	Not Allowed				Y
88005	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;	-	-	-	Not Allowed				
88007	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;	-	-	-	Not Allowed				
88012	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;	-	-	-	Not Allowed				
88014	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;	-	-	-	Not Allowed				
88016	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;	-	-	-	Not Allowed				
88020	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;	-	-	-	Not Allowed				
88025	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;	-	-	-	Not Allowed				
88027	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;	-	-	-	Not Allowed				
88028	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;	-	-	-	Not Allowed				
88029	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;	-	-	-	Not Allowed				
88036	E	NECROPSY (AUTOPSY) LIMITED GROSS AND/OR MICROSCOP	-	-	-	Not Allowed				
88037	E	NECROPSY (AUTOPSY) LIMITED GROSS AND/OR MICROSCOP	-	-	-	Not Allowed				
88040	E	NECROPSY (AUTOPSY);	-	-	-	Not Allowed				
88045	E	CORONER S AUTOPSY (NECROPSY)	-	-	-	Not Allowed				
88099	E	NECROPSY (AUTOPSY) PROCEDURE	-	-	-	Not Allowed				
88104	X	CYTOPATHOLOGY FLUIDS	00433	0.2557	$12.21	APC				
88106	X	CYTOPATHOLOGY FLUIDS	00433	0.2557	$12.21	APC				
88107	X	CYTOPATHOLOGY FLUIDS	00433	0.2557	$12.21	APC				
88108	X	CYTOPATH CONCENTRATE TECH	00433	0.2557	$12.21	APC				
88112	X	CYTOPATH CELL ENHANCE TECH	00343	0.5211	$24.88	APC				
88125	X	FORENSIC CYTOPATHOLOGY	00433	0.2557	$12.21	APC				
88130	Q	SEX CHROMATIN IDENTIFICATION	-	-	$35.03	Medicare	$35.03	$21.72	$21.02	
88140	Q	SEX CHROMATIN IDENTIFICATION	-	-	$18.62	Medicare	$18.62	$11.54	$11.17	
88141	N	CYTOPATH C/V INTERPRET	-	-	-	APC/ Bundled				
88142	Q	DX CYTOPATHOLOGY/CERV OR VAG; MANUAL SCREEN PHYS	-	-	$47.18	Medicare	$47.18	$29.25	$28.31	
88143	Q	CYTOPATH C/V THIN LAYER REDO	-	-	$47.18	Medicare	$47.18	$29.25	$28.31	
88147	Q	CYTOPATHOLOGY SMEARS CERV/VAG; AUTOMATED SCRN PH	-	-	$26.50	Medicare	$26.50	$16.43	$15.90	
88148	Q	CYTOPATHOLOGY SMEARS CERV/VAG; AUTO SCRN MAN RES	-	-	$35.38	Medicare	$35.38	$21.94	$21.23	
88150	Q	CYTOPATH C/V MANUAL	-	-	$24.60	Medicare	$24.60	$15.25	$14.76	
88152	Q	CYTOPATHOLOGY SLIDES CERV/VAG; MAN & COMP SCRN PH	-	-	$24.60	Medicare	$24.60	$15.25	$14.76	
88153	Q	CYTOPATH SLIDES CERV OR VAG; MAN SCRN & RE-SCRN PH	-	-	$24.60	Medicare	$24.60	$15.25	$14.76	
88154	Q	CYTOPATH SLIDES CERV/VAG;MAN&COMP SCRN CELL SELEC	-	-	$24.60	Medicare	$24.60	$15.25	$14.76	
88155	Q	CYTOPATH C/V INDEX ADD-ON	-	-	$13.95	Medicare	$13.95	$8.65	$8.37	
88160	X	CYTOPATH SMEAR OTHER SOURCE	00433	0.2557	$12.21	APC				
88161	X	CYTOPATH SMEAR OTHER SOURCE	00433	0.2557	$12.21	APC				
88162	X	CYTOPATH SMEAR OTHER SOURCE	00433	0.2557	$12.21	APC				
88164	Q	DX CYTOPATH SLIDES CERV OR VAG; MAN SCREEN UNDER PH	-	-	$24.60	Medicare	$24.60	$15.25	$14.76	
88165	Q	DX CYTOPATH SLIDES CERV OR VAG; MAN SCRN & RE-SCRN F	-	-	$24.60	Medicare	$24.60	$15.25	$14.76	
88166	Q	DX CYTOPATH SLIDE CERV/VAG; MAN & COMP SCRN UNDER P	-	-	$24.60	Medicare	$24.60	$15.25	$14.76	

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88167	Q	DX CYTOPATH SLIDE CERV/VAG;MAN&COMP SCRN CELL SELE	-	-	$24.60	Medicare	$24.60	$15.25	$14.76	
88172	X	CYTOPATHOLOGY EVAL OF FNA	00343	0.5211	$24.88	APC				
88173	X	CYTOPATH EVAL FNA REPORT	00343	0.5211	$24.88	APC				
88174	Q	CYTOPATH C/V AUTO IN FLUID	-	-	$49.75	Medicare	$49.75	$30.85	$29.85	
88175	Q	CYTOPATH C/V AUTO FLUID REDO	-	-	$61.68	Medicare	$61.68	$38.24	$37.01	
88182	X	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	00343	0.5211	$24.88	APC				
88184	X	FLOWCYTOMETRY/ TC 1 MARKER	00433	0.2557	$12.21	APC				
88185	X	FLOWCYTOMETRY/TC ADD-ON	00433	0.2557	$12.21	APC				
88187	X	FLOWCYTOMETRY/READ 2-8	00433	0.2557	$12.21	APC				
88188	X	FLOWCYTOMETRY/READ 9-15	00433	0.2557	$12.21	APC				
88189	X	FLOWCYTOMETRY/READ 16 & >	00343	0.5211	$24.88	APC				
88199	X	UNLISTED CYTOPATHOLOGY PROCEDURE	00342	0.0824	$3.93	APC				
88230	Q	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; LYMPHOCY	-	-	$271.28	Medicare	$271.28	$168.19	$162.77	
88233	Q	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; SKIN/SOLID	-	-	$327.72	Medicare	$327.72	$203.19	$196.63	
88235	Q	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; AMNIOTIC /	-	-	$342.90	Medicare	$342.90	$212.60	$205.74	
88237	Q	TISSUE CULTURE FOR NEOPLASTIC DISORD; BONE MARROW	-	-	$294.12	Medicare	$294.12	$182.35	$176.47	
88239	Q	TISSUE CULTURE FOR NEOPLASTIC DISORD; SOLID TUMOR	-	-	$343.53	Medicare	$343.53	$212.99	$206.12	
88240	Q	CRYOPRESERVATION FREEZING & STORAGE OF CELLS EA C	-	-	$23.52	Medicare	$23.52	$14.58	$14.11	
88241	Q	THAWING AND EXPANSION OF FROZEN CELLS EACH ALIQUOT	-	-	$23.52	Medicare	$23.52	$14.58	$14.11	
88245	Q	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; BASELIN	-	-	$346.63	Medicare	$346.63	$214.91	$207.98	
88248	Q	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; BASELIN	-	-	$403.27	Medicare	$403.27	$250.03	$241.96	
88249	Q	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; SCORE	-	-	$403.27	Medicare	$403.27	$250.03	$241.96	
88261	Q	CHROMOSOME ANALYSIS; COUNT 5 CELLS 1 KARYOTYPE W/	-	-	$411.55	Medicare	$411.55	$255.16	$246.93	
88262	Q	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS 2 KARYOTYPE	-	-	$290.23	Medicare	$290.23	$179.94	$174.14	
88263	Q	CHROMOSOME ANALYSIS; CNT 45 CELLS MOSAICISM 2 KARYO	-	-	$349.95	Medicare	$349.95	$216.97	$209.97	
88264	Q	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	-	-	$290.23	Medicare	$290.23	$179.94	$174.14	
88267	Q	CHROMOSOME ANALYSIS AMNIOTIC FLUID OR CHORIONIC VII	-	-	$418.62	Medicare	$418.62	$259.54	$251.17	
88269	Q	CHROMOSOME ANALYSIS IN SITU FOR AMNIOTIC FLUID CELLS	-	-	$387.30	Medicare	$387.30	$240.13	$232.38	
88271	Q	MOLECULAR CYTOGENETICS; DNA PROBE EACH (EG FISH)	-	-	$33.70	Medicare	$33.70	$20.89	$20.22	
88272	Q	MOLECULAR CYTOGENETICS; ANALYZE 3-5 CELLS CHROMOS	-	-	$42.13	Medicare	$42.13	$26.12	$25.28	
88273	Q	MOLECULAR CYTOGENETICS; ANALYZE 10-30 CELLS CHROMO	-	-	$58.98	Medicare	$58.98	$36.57	$35.39	
88274	Q	MOLECULAR CYTOGENETICS; ANALYZE 25-99 CELLS INTERPH	-	-	$67.40	Medicare	$67.40	$41.79	$40.44	
88275	Q	MOLECULAR CYTOGENETICS; ANALYZE 100-300 CELLS INTER	-	-	$75.83	Medicare	$75.83	$47.01	$45.50	
88280	Q	CHROMOSOME ANALYSIS; ADDITIONAL KAROTYPES EACH ST	-	-	$58.45	Medicare	$58.45	$36.24	$35.07	
88283	Q	CHROMOSOME ANALYSIS;ADDITIONAL SPECIALIZED BANDING	-	-	$43.18	Medicare	$43.18	$26.77	$25.91	
88285	Q	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED EAC	-	-	$44.23	Medicare	$44.23	$27.42	$26.54	
88289	Q	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION ST	-	-	$7.42	Medicare	$7.42	$4.60	$4.45	
88291	E	CYTO/MOLECULAR REPORT	-	-	-	Not Allowed				
88299	X	UNLISTED CYTOGENETIC STUDY	00342	0.0824	$3.93	APC				
88300	X	SURGICAL PATH GROSS	00433	0.2557	$12.21	APC				
88302	X	TISSUE EXAM BY PATHOLOGIST	00433	0.2557	$12.21	APC				
88304	X	TISSUE EXAM BY PATHOLOGIST	00343	0.5211	$24.88	APC				
88305	X	TISSUE EXAM BY PATHOLOGIST	00343	0.5211	$24.88	APC				
88307	X	TISSUE EXAM BY PATHOLOGIST	00344	0.7927	$37.85	APC				

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88309	X	TISSUE EXAM BY PATHOLOGIST	00344	0.7927	$37.85	APC				
88311	X	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITIC	00433	0.2557	$12.21	APC				
88312	X	SPECIAL STAINS	00433	0.2557	$12.21	APC				
88313	X	SPECIAL STAINS	00433	0.2557	$12.21	APC				
88314	X	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FO	00342	0.0824	$3.93	APC				
88318	X	DETERMINATIVE HISTOCHEMISTRY TO IDENTIFY CHEMICAL C	00433	0.2557	$12.21	APC				
88319	X	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO I	00343	0.5211	$24.88	APC				
88321	X	MICROSLIDE CONSULTATION	00433	0.2557	$12.21	APC				
88323	X	MICROSLIDE CONSULTATION	00343	0.5211	$24.88	APC				
88325	X	COMPREHENSIVE REVIEW OF DATA	00344	0.7927	$37.85	APC				
88329	X	PATH CONSULT INTROP	00433	0.2557	$12.21	APC				
88331	X	PATH CONSULT INTRAOP 1 BLOC	00343	0.5211	$24.88	APC				
88332	X	PATH CONSULT INTRAOP ADD L	00433	0.2557	$12.21	APC				
88333	X	INTRAOP CYTO PATH CONSULT 1	00343	0.5211	$24.88	APC				
88334	X	INTRAOP CYTO PATH CONSULT 2	00433	0.2557	$12.21	APC				
88342	X	IMMUNOHISTOCHEMISTRY	00343	0.5211	$24.88	APC				
88346	X	IMMUNOFLUORESCENT STUDY EACH ANTIBODY; DIRECT MET	00343	0.5211	$24.88	APC				
88347	X	IMMUNOFLUORESCENT STUDY EACH ANTIBODY; INDIRECT M	00343	0.5211	$24.88	APC				
88348	X	ELECTRON MICROSCOPY	00661	2.5255	$120.59	APC				
88349	X	SCANNING ELECTRON MICROSCOPY	00661	2.5255	$120.59	APC				
88355	X	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE	00343	0.5211	$24.88	APC				
88356	X	MORPHOMETRIC ANALYSIS; NERVE	00344	0.7927	$37.85	APC				
88358	X	ANALYSIS TUMOR	00344	0.7927	$37.85	APC				
88360	X	SPECIAL WHOLE ORGAN SECT	00343	0.5211	$24.88	APC				
88361	X	TUMOR IMMUNOHISTOCHEM/COMPUT	00344	0.7927	$37.85	APC				
88362	X	NERVE TEASING PREPARATIONS	00344	0.7927	$37.85	APC				
88365	X	INSITU HYBRIDIZATION (FISH)	00344	0.7927	$37.85	APC				
88367	X	INSITU HYBRIDIZATION AUTO	00344	0.7927	$37.85	APC				
88368	X	INSITU HYBRIDIZATION MANUAL	00344	0.7927	$37.85	APC				
88371	Q	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT WITH INTE	-	-	$28.82	Medicare	$28.82	$17.87	$17.29	
88372	Q	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT WITH INTE	-	-	$43.22	Medicare	$43.22	$26.80	$25.93	
88380	N	MICRODISSECTION	-	-	-	APC/ Bundled				
88384	X	EVAL MOLECULAR PROBES 11-50	00433	0.2557	$12.21	APC				
88385	X	EVAL MOLECUL PROBES 51-250	00343	0.5211	$24.88	APC				
88386	X	EVAL MOLECUL PROBES 251-500	00344	0.7927	$37.85	APC				
88399	X	UNLISTED SURGICAL PATHOLOGY PROCEDURE	00342	0.0824	$3.93	APC				
88400	Q	BILIRUBIN TOTAL TRANSCUTANEOUS	-	-	$11.70	Medicare	$11.70	$7.25	$7.02	
89049	X	CHCT FOR MAL HYPERTHERMIA	00343	0.5211	$24.88	APC				
89050	Q	BODY FLUID CELL COUNT	-	-	$11.02	Medicare	$11.02	$6.83	$6.61	
89051	Q	CELL COUNT MISCELLANEOUS BODY FLUIDS (EG CSF JOINT	-	-	$12.83	Medicare	$12.83	$7.95	$7.70	
89055	Q	LEUKOCYTE ASSESSMENT FECAL	-	-	$9.93	Medicare	$9.93	$6.16	$5.96	
89060	Q	EXAM SYNOVIAL FLUID CRYSTALS	-	-	$16.65	Medicare	$16.65	$10.32	$9.99	
89100	X	SAMPLE INTESTINAL CONTENTS	00360	1.4154	$67.59	APC				
89105	X	SAMPLE INTESTINAL CONTENTS	00360	1.4154	$67.59	APC				

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89125	Q	FAT STAIN FECES URINE OR SPUTUM	-	-	$10.05	Medicare	$10.05	$6.23	$6.03	
89130	X	SAMPLE STOMACH CONTENTS	00360	1.4154	$67.59	APC				
89132	X	SAMPLE STOMACH CONTENTS	00360	1.4154	$67.59	APC				
89135	X	SAMPLE STOMACH CONTENTS	00360	1.4154	$67.59	APC				
89136	X	SAMPLE STOMACH CONTENTS	00360	1.4154	$67.59	APC				
89140	X	SAMPLE STOMACH CONTENTS	00360	1.4154	$67.59	APC				
89141	X	SAMPLE STOMACH CONTENTS	00360	1.4154	$67.59	APC				
89160	Q	MEAT FIBERS FECES	-	-	$8.58	Medicare	$8.58	$5.32	$5.15	
89190	Q	NASAL SMEAR FOR EOSINOPHILS	-	-	$11.07	Medicare	$11.07	$6.86	$6.64	
89220	X	SPUTUM SPECIMEN COLLECTION	00343	0.5211	$24.88	APC				
89225	Q	STARCH GRANULES FECES	-	-	$7.78	Medicare	$7.78	$4.82	$4.67	
89230	X	COLLECT SWEAT FOR TEST	00433	0.2557	$12.21	APC				
89235	Q	WATER LOAD TEST	-	-	$12.82	Medicare	$12.82	$7.95	$7.69	
89240	M	PATHOLOGY LAB PROCEDURE	-	-	-	Not Allowed				
89250	E	CULTR OOCYTE/EMBRYO <4 DAYS	-	-	-	Not Allowed				
89251	E	CULTR OOCYTE/EMBRYO <4 DAYS	-	-	-	Not Allowed				
89253	E	ASSISTED EMBRYO HATCHING MICROTECHNIQUES (ANY MET	-	-	-	Not Allowed				
89254	E	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID	-	-	-	Not Allowed				
89255	E	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)	-	-	-	Not Allowed				
89257	E	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEM	-	-	-	Not Allowed				
89258	E	CRYOPRESERVATION; EMBRYO(S)	-	-	-	Not Allowed				
89259	E	CRYOPRESERVATION; SPERM	-	-	-	Not Allowed				
89260	E	SPERM ISOLATION; SIMPLE PREP FOR INSEMINATION OR DIAG	-	-	-	Not Allowed				
89261	E	SPERM ISOLATION; COMPLEX PREP FOR INSEMINATION OR DI	-	-	-	Not Allowed				
89264	E	SPERM IDENTIFICATION FROM TESTIS TISSUE FRESH OR CRY	-	-	-	Not Allowed				
89268	E	INSEMINATION OF OOCYTES	-	-	-	Not Allowed				
89272	E	EXTENDED CULTURE OF OOCYTES	-	-	-	Not Allowed				
89280	E	ASSIST OOCYTE FERTILIZATION	-	-	-	Not Allowed				
89281	E	ASSIST OOCYTE FERTILIZATION	-	-	-	Not Allowed				
89290	E	BIOPSY OOCYTE POLAR BODY	-	-	-	Not Allowed				
89291	E	BIOPSY OOCYTE POLAR BODY	-	-	-	Not Allowed				
89300	E	SEMEN ANALYSIS W/HUHNER	-	-	-	Not Allowed				
89310	E	SEMEN ANALYSIS W/COUNT	-	-	-	Not Allowed				
89320	E	SEMEN ANALYSIS COMPLETE	-	-	-	Not Allowed				
89321	E	SEMEN ANALYSIS & MOTILITY	-	-	-	Not Allowed				
89325	E	SPERM ANTIBODIES	-	-	-	Not Allowed				
89329	E	SPERM EVALUATION; HAMSTER PENETRATION TEST	-	-	-	Not Allowed				
89330	E	SPERM EVALUATION;CERVICAL MUCUS PENETRATION TEST W	-	-	-	Not Allowed				
89335	E	CRYOPRESERVE TESTICULAR TISS	-	-	-	Not Allowed				
89342	E	STORAGE/YEAR; EMBRYO(S)	-	-	-	Not Allowed				
89343	E	STORAGE/YEAR; SPERM/SEMEN	-	-	-	Not Allowed				
89344	E	STORAGE/YEAR; REPROD TISSUE	-	-	-	Not Allowed				
89346	E	STORAGE/YEAR; OOCYTE(S)	-	-	-	Not Allowed				
89352	E	THAWING CRYOPRESRVED; EMBRYO	-	-	-	Not Allowed				

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89353	E	THAWING CRYOPRESRVED; SPERM	-	-	-	Not Allowed				
89354	E	THAW CRYOPRSVRD; REPROD TISS	-	-	-	Not Allowed				
89356	E	THAWING CRYOPRESRVED; OOCYTE	-	-	-	Not Allowed				
90281	N	HUMAN IG, IM	-	-	-	APC/Bundled				
90283	N	HUMAN IG, IV	-	-	-	APC/Bundled				
90287	N	BOTULINUM ANTITOXIN	-	-	-	APC/Bundled				
90288	N	BOTULISM IG, IV	-	-	-	APC/Bundled				
90291	N	CMV IG, IV	-	-	-	APC/Bundled				
90296	N	DIPHTHERIA ANTITOXIN	-	-	-	APC/ Bundled				
90371	K	HEP B IG, IM	01630	2.175	$103.86	APC				
90375	K	RABIES IG, IM/SC	09133	1.0646	$50.83	APC				
90376	K	RABIES IG, HEAT TREATED	09134	1.1398	$54.43	APC				
90378	M	RSV IG, IM, 50MG	-	-	$686.04	Fee Schedule				
90379	M	RSV IG, IV	-	-	$839.34	Fee Schedule				
90384	M	RH IG, FULL-DOSE, IM	-	-	-	By Report				
90385	N	RH IG, MINIDOSE, IM	-	-	-	APC/ Bundled				
90386	M	RH IG, IV	-	-	-	By Report				
90389	M	TETANUS IG, IM	-	-	-	By Report				
90393	N	VACCINA IG, IM	-	-	-	APC/ Bundled				
90396	K	VARICELLA-ZOSTER IG, IM	09135	1.9968	$95.35	APC				
90399	M	IMMUNE GLOBULIN	-	-	-	By Report				
90465	M	IMMUNE ADMIN 1 INJ < 8 YRS	-	-	$14.54	Fee Schedule				
90466	M	IMMUNE ADMIN ADDL INJ < 8 Y	-	-	$8.83	Fee Schedule				
90467	M	IMMUNE ADMIN O OR N < 8 YRS	-	-	-	By Report				
90468	M	IMMUNE ADMIN O/N ADDL < 8 Y	-	-	-	By Report				
90471	N	IMMUNIZATION ADMIN	00437	-	-	APC/ Bundled				
90472	N	IMMUNIZATION ADMIN, EACH ADD	00436	-	-	APC/ Bundled				
90473	S	IMMUNE ADMIN ORAL/NASAL	00436	0.1809	$8.64	APC				
90474	S	IMMUNE ADMIN ORAL/NASAL ADDL	00436	0.1809	$8.64	APC				
90476	N	ADENOVIRUS VACCINE, TYPE 4	-	-	-	APC/ Bundled				
90477	N	ADENOVIRUS VACCINE, TYPE 7	-	-	-	APC/ Bundled				
90581	N	ANTHRAX VACCINE, SC	-	-	-	APC/ Bundled				
90585	K	BCG VACCINE, PERCUT	09137	1.8486	$88.27	APC				
90586	M	BCG VACCINE, INTRAVESICAL	-	-	$110.67	Medicare	$110.67			
90632	N	HEP A VACCINE, ADULT IM	-	-	-	APC/ Bundled				
90633	N	HEP A VACC, PED/ADOL, 2 DOSE	-	-	-	APC/ Bundled				
90634	M	HEP A VACC, PED/ADOL, 3 DOSE	-	-	-	Not Allowed				
90636	N	HEP A/HEP B VACC, ADULT IM	-	-	-	APC/ Bundled				
90645	N	HIB VACCINE, HBOC, IM	-	-	-	APC/ Bundled				
90646	N	HIB VACCINE, PRP-D, IM	-	-	-	APC/ Bundled				
90647	N	HIB VACCINE, PRP-OMP, IM	-	-	-	APC/ Bundled				
90648	N	HIB VACCINE, PRP-T, IM	-	-	-	APC/ Bundled				
90649	M	H PAPILLOMA VACC 3 DOSE IM	-	-	$120.00	Fee Schedule				
90655	M	FLU VACCINE 6-35 MO IM	-	-	$0.00	Fee Schedule				

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90656	M	FLU VACCINE NO PRESERV 3 & >	-	-	$0.00	Fee Schedule				
90657	M	FLU VACCINE 6-35 MO IM	-	-	$0.00	Fee Schedule				
90658	M	FLU VACCINE AGE 3 & OVER IM	-	-	$0.00	Fee Schedule				
90660	M	FLU VACCINE, NASAL	-	-	$18.95	Medicare	$18.95			
90665	N	LYME DISEASE VACCINE, IM	-	-	-	APC/ Bundled				
90669	M	PNEUMOCOCCAL VACC PED <5	-	-	$0.00	Fee Schedule				
90675	K	RABIES VACCINE, IM	09139	2.39	$114.12	APC				
90676	K	RABIES VACCINE, ID	09140	1.95	$93.11	APC				
90680	N	ROTOVIRUS VACC 3 DOSE ORAL	-	-	-	APC/ Bundled				
90690	N	TYPHOID VACCINE, ORAL	-	-	-	APC/ Bundled				
90691	N	TYPHOID VACCINE, IM	-	-	-	APC/ Bundled				
90692	N	TYPHOID VACCINE, H-P, SC/ID	-	-	-	APC/ Bundled				
90693	N	TYPHOID VACCINE AKD SC	-	-	-	APC/ Bundled				
90698	N	DTAP-HIB-IP VACCINE IM	-	-	-	APC/ Bundled				
90700	N	DTAP VACCINE, < 7 YRS, IM	-	-	-	APC/ Bundled				
90701	N	DTP VACCINE, IM	-	-	-	APC/ Bundled				
90702	N	DT VACCINE < 7, IM	-	-	-	APC/ Bundled				
90703	N	TETANUS VACCINE IM	-	-	-	APC/ Bundled				
90704	N	MUMPS VACCINE SC	-	-	-	APC/ Bundled				
90705	N	MEASLES VACCINE SC	-	-	-	APC/ Bundled				
90706	N	RUBELLA VACCINE SC	-	-	-	APC/ Bundled				
90707	N	MMR VACCINE SC	-	-	-	APC/ Bundled				
90708	K	MEASLES-RUBELLA VACCINE SC	09141	0.7407	$35.37	APC				
90710	N	MMRV VACCINE, SC	-	-	-	APC/ Bundled				
90712	N	ORAL POLIOVIRUS VACCINE	-	-	-	APC/ Bundled				
90713	N	POLIOVIRUS IPV SC/IM	-	-	-	APC/ Bundled				
90714	N	TD VACCINE NO PRSRV >/= 7 IM	-	-	-	APC/ Bundled				
90715	N	TDAP VACCINE >7 IM	-	-	-	APC/ Bundled				
90716	M	CHICKEN POX VACCINE, SC	-	-	$0.00	Fee Schedule				
90717	N	YELLOW FEVER VACCINE, SC	-	-	-	APC/ Bundled				
90718	N	TD VACCINE > 7 IM	-	-	-	APC/ Bundled				
90719	N	DIPHTHERIA VACCINE, IM	-	-	-	APC/ Bundled				
90720	K	DTP/HIB VACCINE, IM	03032	0.955	$45.60	APC				
90721	N	DTAP/HIB VACCINE, IM	-	-	-	APC/ Bundled				
90723	M	DTAP-HEP B-IPV VACCINE IM	-	-	$0.00	Fee Schedule				
90725	N	CHOLERA VACCINE, INJECTABLE	-	-	-	APC/ Bundled				
90727	K	PLAGUE VACCINE IM	00744	0.116	$5.54	APC				
90732	M	PNEUMOCOCCAL VACCINE	-	-	$0.00	Fee Schedule				
90733	K	MENINGOCOCCAL VACCINE SC	09143	1.4549	$69.47	APC				
90734	K	MENINGOCOCCAL VACCINE IM	09145	1.334	$63.70	APC				
90735	K	ENCEPHALITIS VACCINE, SC	09144	1.6124	$76.99	APC				
90736	E	ZOSTER VACC SC	-	-	-	Not Allowed				
90740	M	HEPB VACC ILL PAT 3 DOSE IM	-	-	$102.46	Fee Schedule				
90743	M	HEP B VACC ADOL 2 DOSE IM	-	-	$0.00	Fee Schedule				

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90744	M	HEPB VACC PED/ADOL 3 DOSE IM	-	-	$0.00	Fee Schedule				
90746	M	HEP B VACCINE ADULT IM	-	-	$51.24	Fee Schedule				
90747	M	HEPB VACC ILL PAT 4 DOSE IM	-	-	$102.46	Fee Schedule				
90748	M	HEP B/HIB VACCINE, IM	-	-	$0.00	Fee Schedule				
90749	N	VACCINE TOXOID	-	-	-	APC/ Bundled				
90760	S	HYDRATION IV INFUSION, INIT	00440	1.809	$86.38	APC				
90761	S	HYDRATE IV INFUSION, ADD-ON	00437	0.3945	$18.84	APC				
90765	S	THER/PROPH/DIAG IV INF INIT	00440	1.809	$86.38	APC				
90766	S	THER/PROPH/DG IV INF ADD-ON	00437	0.3945	$18.84	APC				
90767	S	TX/PROPH/DG ADDL SEQ IV INF	00437	0.3945	$18.84	APC				
90768	N	THER/DIAG CONCURRENT INF	-	-	-	APC/ Bundled				
90772	S	THER/PROPH/DIAG INJ SC/IM	00437	0.3945	$18.84	APC				
90773	S	THER/PROPH/DIAG INJ IA	00438	0.7942	$37.92	APC				
90774	S	THER/PROPH/DIAG IINJ, IV PUSH	00438	0.7942	$37.92	APC				
90775	S	THER/PROPH/DIAG INJ ADD-ON	00438	0.7942	$37.92	APC				
90779	S	THER/PROP/DIAG INJ/INF PROC	00436	0.1809	$8.64	APC				
90801	S	PSY DX INTERVIEW	00323	1.7066	$81.49	APC				
90802	S	INTAC PSY DX INTERVIEW	00323	1.7066	$81.49	APC				
90804	S	PSYTX, OFFICE, 20-30 MIN	00322	1.1798	$56.34	APC				
90805	S	PSYTX, OFF, 20-30 MIN W/E&M	00322	1.1798	$56.34	APC				
90806	S	PSYTX, OFF, 45-50 MIN	00323	1.7066	$81.49	APC				
90807	S	PSYTX, OFF, 45-50 MIN W/E&M	00323	1.7066	$81.49	APC				
90808	S	PSYTX, OFFICE, 75-80 MIN	00323	1.7066	$81.49	APC				
90809	S	PSYTX, OFF, 75-80, W/E&M	00323	1.7066	$81.49	APC				
90810	S	INTAC PSYTX, OFF, 20-30 MIN	00322	1.1798	$56.34	APC				
90811	S	INTAC PSYTX, 20-30, W/E&M	00322	1.1798	$56.34	APC				
90812	S	INTAC PSYTX, OFF, 45-50 MIN	00323	1.7066	$81.49	APC				
90813	S	INTAC PSYTX, 45-50 MIN W/E&M	00323	1.7066	$81.49	APC				
90814	S	INTAC PSYTX, OFF, 75-80 MIN	00323	1.7066	$81.49	APC				
90815	S	INTAC PSYTX, 75-80 W/E&M	00323	1.7066	$81.49	APC				
90816	S	PSYTX, HOSP, 20-30 MIN	00322	1.1798	$56.34	APC				
90817	S	PSYTX, HOSP, 20-30 MIN W/E&M	00322	1.1798	$56.34	APC				
90818	S	PSYTX, HOSP, 45-50 MIN	00323	1.7066	$81.49	APC				
90819	S	PSYTX, HOSP, 45-50 MIN W/E&M	00323	1.7066	$81.49	APC				
90821	S	PSYTX, HOSP, 75-80 MIN	00323	1.7066	$81.49	APC				
90822	S	PSYTX, HOSP, 75-80 MIN W/E&M	00323	1.7066	$81.49	APC				
90823	S	INTAC PSYTX, HOSP, 20-30 MIN	00322	1.1798	$56.34	APC				
90824	S	INTAC PSYTX, HSP 20-30 W/E&M	00322	1.1798	$56.34	APC				
90826	S	INTAC PSYTX, HOSP, 45-50 MIN	00323	1.7066	$81.49	APC				
90827	S	INTAC PSYTX, HSP 45-50 W/E&M	00323	1.7066	$81.49	APC				
90828	S	INTAC PSYTX, HOSP, 75-80 MIN	00323	1.7066	$81.49	APC				
90829	S	INTAC PSYTX, HSP 75-80 W/E&M	00323	1.7066	$81.49	APC				
90845	S	PSYCHOANALYSIS	00323	1.7066	$81.49	APC				
90846	S	FAMILY PSYTX W/O PATIENT	00324	2.1633	$103.30	APC				

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90847	S	FAMILY PSYTX W/PATIENT	00324	2.1633	$103.30	APC				
90849	S	MULTIPLE FAMILY GROUP PSYTX	00325	1.0765	$51.40	APC				
90853	S	GROUP PSYCHOTHERAPY	00325	1.0765	$51.40	APC				
90857	S	INTAC GROUP PSYTX	00325	1.0765	$51.40	APC				
90862	X	MEDICATION MANAGEMENT	00374	1.1418	$54.52	APC				
90865	S	NARCOSYNTHESIS	00323	1.7066	$81.49	APC				
90870	S	ELECTROCONVULSIVE THERAPY	00320	5.5676	$265.85	APC				
90875	E	PSYCHOPHYSIOLOGICAL THERAPY	-	-	-	Not Allowed				
90876	E	PSYCHOPHYSIOLOGICAL THERAPY	-	-	-	Not Allowed				
90880	S	HYPNOTHERAPY	00323	1.7066	$81.49	APC				
90882	E	ENVIRONMENTAL MANIPULATION	-	-	-	Not Allowed				
90885	N	PSY EVALUATION OF RECORDS	-	-	-	APC/ Bundled				
90887	N	CONSULTATION WITH FAMILY	-	-	-	APC/ Bundled				
90889	N	PREPARATION OF REPORT	-	-	-	APC/ Bundled				
90899	S	PSYCHIATRIC SERVICE/THERAPY	00322	1.1798	$56.34	APC				
90901	M	BIOFEEDBACK TRAIN, ANY METH	-	-	$32.06	Fee Schedule				
90911	S	BIOFEEDBACK PERI/URO/RECTAL	00321	1.3384	$63.91	APC				
90918	M	ESRD RELATED SERVICES MONTH	-	-	$0.00	Fee Schedule				
90919	M	ESRD RELATED SERVICES MONTH	-	-	$0.00	Fee Schedule				
90920	M	ESRD RELATED SERVICES MONTH	-	-	$0.00	Fee Schedule				
90921	M	ESRD RELATED SERVICES MONTH	-	-	$0.00	Fee Schedule				
90922	M	ESRD RELATED SERVICES DAY	-	-	$0.00	Fee Schedule				
90923	M	ESRD RELATED SERVICES DAY	-	-	$0.00	Fee Schedule				
90924	M	ESRD RELATED SERVICES DAY	-	-	$0.00	Fee Schedule				
90925	M	ESRD RELATED SERVICES DAY	-	-	$0.00	Fee Schedule				
90935	S	HEMODIALYSIS, ONE EVALUATION	00170	6.6089	$315.57	APC				
90937	M	HEMODIALYSIS, REPEATED EVAL	-	-	$0.00	Fee Schedule				
90940	N	HEMODIALYSIS ACCESS STUDY	-	-	-	APC/ Bundled				
90945	S	DIALYSIS, ONE EVALUATION	00170	6.6089	$315.57	APC				
90947	M	DIALYSIS, REPEATED EVAL	-	-	$0.00	Fee Schedule				
90989	M	DIALYSIS TRAINING, COMPLETE	-	-	$0.00	Fee Schedule				
90993	M	DIALYSIS TRAINING, INCOMPL	-	-	$0.00	Fee Schedule				
90997	M	HEMOPERFUSION	-	-	$0.00	Fee Schedule				
90999	M	DIALYSIS PROCEDURE	-	-	$0.00	Fee Schedule				
91000	X	ESOPHAGEAL INTUBATION	00361	3.8887	$185.69	APC				
91010	X	ESOPHAGEAL MOTILITY STUDY;	00361	3.8887	$185.69	APC				
91011	X	ESOPHAGUS MOTILITY STUDY	00361	3.8887	$185.69	APC				
91012	X	ESOPHAGUS MOTILITY STUDY	00361	3.8887	$185.69	APC				
91020	X	GASTRIC MOTILITY STUDIES	00361	3.8887	$185.69	APC				
91022	X	DUODENAL MOTILITY STUDY	00361	3.8887	$185.69	APC				
91030	X	ACID PERFUSION OF ESOPHAGUS	00361	3.8887	$185.69	APC				
91034	X	GASTROESOPHAGEAL REFLUX TEST	00361	3.8887	$185.69	APC				
91035	X	G-ESOPH REFLX TST W/ELECTROD	00361	3.8887	$185.69	APC				
91037	X	ESOPH IMPED FUNCTION TEST	00361	3.8887	$185.69	APC				

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91038	X	ESOPH IMPED FUNCT TEST > 1H	00361	3.8887	$185.69	APC				
91040	X	ESOPH BALLOON DISTENSION TST	00360	1.4154	$67.59	APC				
91052	X	GASTRIC ANALYSIS TEST	00361	3.8887	$185.69	APC				
91055	X	GASTRIC INTUBATION FOR SMEAR	00360	1.4154	$67.59	APC				
91065	X	BREATH HYDROGEN TEST	00360	1.4154	$67.59	APC				
91100	X	PASS INTESTINE BLEEDING TUBE	00360	1.4154	$67.59	APC				
91105	X	GASTRIC INTUBATION TREATMENT	00360	1.4154	$67.59	APC				
91110	T	GI TRACT CAPSULE ENDOSCOPY	00142	9.4946	$453.37	APC				
91111	T	ESOPHAGEAL CAPSULE ENDOSCOPY	00141	8.3175	$397.16	APC				
91120	T	RECTAL SENSATION TEST	00126	1.0887	$51.99	APC				
91122	T	ANAL PRESSURE RECORD	00164	2.1393	$102.15	APC				
91123	N	IRRIGATE FECAL IMPACTION	-	-	-	APC/ Bundled				
91132	X	ELECTROGASTROGRAPHY	00360	1.4154	$67.59	APC				
91133	X	ELECTROGASTROGRAPHY W/TEST	00360	1.4154	$67.59	APC				
91299	X	GASTROENTEROLOGY PROCEDURE	00360	1.4154	$67.59	APC				
92002	V	EYE EXAM, NEW PATIENT	00605	0.984	$46.99	APC				
92004	V	EYE EXAM, NEW PATIENT	00606	1.3646	$65.16	APC				
92012	V	EYE EXAM ESTABLISHED PAT	00604	0.8242	$39.36	APC				
92014	V	EYE EXAM & TREATMENT	00605	0.984	$46.99	APC				
92015	E	REFRACTION	-	-	-	Not Allowed				
92018	T	NEW EYE EXAM & TREATMENT	00699	14.3845	$686.86	APC				
92019	T	EYE EXAM & TREATMENT	00699	14.3845	$686.86	APC				
92020	S	SPECIAL EYE EVALUATION	00230	0.7898	$37.71	APC				
92025	S	CORNEAL TOPOGRAPHY	00698	1.1607	$55.42	APC				
92060	S	SPECIAL EYE EVALUATION	00230	0.7898	$37.71	APC				
92065	S	ORTHOPTIC/PLEOPTIC TRAINING	00230	0.7898	$37.71	APC				
92070	N	FITTING OF CONTACT LENS	-	-	-	APC/ Bundled				Y
92081	S	VISUAL FIELD EXAMINATION(S)	00230	0.7898	$37.71	APC				
92082	S	VISUAL FIELD EXAMINATION(S)	00230	0.7898	$37.71	APC				
92083	S	VISUAL FIELD EXAMINATION(S)	00230	0.7898	$37.71	APC				
92100	N	SERIAL TONOMETRY EXAM(S)	-	-	-	APC/ Bundled				
92120	S	TONOGRAPHY & EYE EVALUATION	00230	0.7898	$37.71	APC				
92130	S	WATER PROVOCATION TONOGRAPHY	00230	0.7898	$37.71	APC				
92135	S	SCANNING COMPUT.OPHTHALMIC DX IMAGING INTERP & REP	00230	0.7898	$37.71	APC				
92136	S	OPHTHALMIC BIOMETRY	00698	1.1607	$55.42	APC				
92140	S	GLAUCOMA PROVOCATIVE TESTS	00230	0.7898	$37.71	APC				
92225	S	SPECIAL EYE EXAM, INITIAL	00230	0.7898	$37.71	APC				
92226	S	SPECIAL EYE EXAM, SUBSEQUENT	00230	0.7898	$37.71	APC				
92230	S	EYE EXAM WITH PHOTOS	00231	2.1451	$102.43	APC				
92235	S	EYE EXAM WITH PHOTOS	00231	2.1451	$102.43	APC				
92240	S	ICG ANGIOGRAPHY	00231	2.1451	$102.43	APC				
92250	S	EYE EXAM WITH PHOTOS	00230	0.7898	$37.71	APC				
92260	S	OPHTHALMOSCOPY/DYNAMOMETRY	00230	0.7898	$37.71	APC				
92265	S	EYE MUSCLE EVALUATION	00230	0.7898	$37.71	APC				

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92270	S	ELECTRO-OCULOGRAPHY	00230	0.7898	$37.71	APC				
92275	S	ELECTRORETINOGRAPHY	00231	2.1451	$102.43	APC				
92283	S	COLOR VISION EXAMINATION	00230	0.7898	$37.71	APC				
92284	S	DARK ADAPTATION EYE EXAM	00698	1.1607	$55.42	APC				
92285	S	EYE PHOTOGRAPHY	00230	0.7898	$37.71	APC				
92286	S	INTERNAL EYE PHOTOGRAPHY	00698	1.1607	$55.42	APC				
92287	S	INTERNAL EYE PHOTOGRAPHY	00698	1.1607	$55.42	APC				
92310	E	CONTACT LENS FITTING	-	-	-	Not Allowed				Y
92311	X	CONTACT LENS FITTING	00362	0.5865	$28.01	APC				Y
92312	X	CONTACT LENS FITTING	00362	0.5865	$28.01	APC				Y
92313	X	CONTACT LENS FITTING	00362	0.5865	$28.01	APC				Y
92314	E	PRESCRIPTION OF CONTACT LENS	-	-	-	Not Allowed				Y
92315	X	PRESCRIPTION OF CONTACT LENS	00362	0.5865	$28.01	APC				Y
92316	X	PRESCRIPTION OF CONTACT LENS	00362	0.5865	$28.01	APC				Y
92317	X	PRESCRIPTION OF CONTACT LENS	00362	0.5865	$28.01	APC				Y
92325	X	MODIFICATION OF CONTACT LENS	00362	0.5865	$28.01	APC				Y
92326	X	REPLACEMENT OF CONTACT LENS	00362	0.5865	$28.01	APC				Y
92340	E	FITTING OF SPECTACLES	-	-	-	Not Allowed				
92341	E	FITTING OF SPECTACLES	-	-	-	Not Allowed				
92342	E	FITTING OF SPECTACLES	-	-	-	Not Allowed				
92352	X	SPECIAL SPECTACLES FITTING	00362	0.5865	$28.01	APC				
92353	X	SPECIAL SPECTACLES FITTING	00362	0.5865	$28.01	APC				
92354	X	SPECIAL SPECTACLES FITTING	00362	0.5865	$28.01	APC				
92355	X	SPECIAL SPECTACLES FITTING	00362	0.5865	$28.01	APC				
92358	X	EYE PROSTHESIS SERVICE	00362	0.5865	$28.01	APC				
92370	E	REPAIR & ADJUST SPECTACLES	-	-	-	Not Allowed				
92371	X	REPAIR & ADJUST SPECTACLES	00362	0.5865	$28.01	APC				
92499	S	EYE SERVICE OR PROCEDURE	00230	0.7898	$37.71	APC				
92502	T	EAR AND THROAT EXAMINATION	00251	2.452	$117.08	APC				
92504	N	EAR MICROSCOPY EXAMINATION	-	-	-	APC/ Bundled				
92506	Y	SPEECH/HEARING EVALUATION	-	-	$33.28	Fee Schedule				
92507	Y	SPEECH/HEARING THERAPY	-	-	$19.89	Fee Schedule				
92508	Y	SPEECH/HEARING THERAPY	-	-	$10.05	Fee Schedule				
92511	T	NASOPHARYNGOSCOPY	00071	0.7698	$36.76	APC				
92512	X	NASAL FUNCTION STUDIES	00363	0.8525	$40.71	APC				
92516	X	FACIAL NERVE FUNCTION TEST	00660	1.4461	$69.05	APC				
92520	X	LARYNGEAL FUNCTION STUDIES	00660	1.4461	$69.05	APC				
92526	Y	ORAL FUNCTION THERAPY	-	-	$20.02	Fee Schedule				
92531	N	SPONTANEOUS NYSTAGMUS STUDY	-	-	-	APC/ Bundled				
92532	N	POSITIONAL NYSTAGMUS TEST	-	-	-	APC/ Bundled				
92533	N	CALORIC VESTIBULAR TEST	-	-	-	APC/ Bundled				
92534	N	OPTOKINETIC NYSTAGMUS TEST	-	-	-	APC/ Bundled				
92541	X	SPONTANEOUS NYSTAGMUS TEST	00363	0.8525	$40.71	APC				
92542	X	POSITIONAL NYSTAGMUS TEST	00363	0.8525	$40.71	APC				

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92543	X	CALORIC VESTIBULAR TEST	00660	1.4461	$69.05	APC				
92544	X	OPTOKINETIC NYSTAGMUS TEST	00363	0.8525	$40.71	APC				
92545	X	OSCILLATING TRACKING TEST	00363	0.8525	$40.71	APC				
92546	X	TORSION SWING RECORDING	00660	1.4461	$69.05	APC				
92547	X	SUPPLEMENTAL ELECTRICAL TEST	00363	0.8525	$40.71	APC				
92548	X	POSTUROGRAPHY	00660	1.4461	$69.05	APC				
92551	M	PURE TONE HEARING TEST, AIR	-	-	$9.45	Fee Schedule				
92552	X	PURE TONE AUDIOMETRY AIR	00364	0.4627	$22.09	APC				
92553	X	AUDIOMETRY AIR & BONE	00365	1.2419	$59.30	APC				
92555	X	SPEECH THRESHOLD AUDIOMETRY	00364	0.4627	$22.09	APC				
92556	X	SPEECH AUDIOMETRY COMPLETE	00364	0.4627	$22.09	APC				
92557	X	COMPREHENSIVE HEARING TEST	00365	1.2419	$59.30	APC				
92559	E	GROUP AUDIOMETRIC TESTING	-	-	-	Not Allowed				
92560	E	BEKESY AUDIOMETRY, SCREEN	-	-	-	Not Allowed				
92561	X	BEKESY AUDIOMETRY DIAGNOSIS	00364	0.4627	$22.09	APC				
92562	X	LOUDNESS BALANCE TEST	00364	0.4627	$22.09	APC				
92563	X	TONE DECAY HEARING TEST	00364	0.4627	$22.09	APC				
92564	X	SISI HEARING TEST	00364	0.4627	$22.09	APC				
92565	X	STENGER TEST PURE TONE	00364	0.4627	$22.09	APC				
92567	X	TYMPANOMETRY	00364	0.4627	$22.09	APC				
92568	X	ACOUSTIC REFL THRESHOLD TST	00364	0.4627	$22.09	APC				
92569	X	ACOUSTIC REFLEX DECAY TEST	00364	0.4627	$22.09	APC				
92571	X	FILTERED SPEECH HEARING TEST	00364	0.4627	$22.09	APC				
92572	X	STAGGERED SPONDAIC WORD TEST	00366	1.8511	$88.39	APC				
92575	X	SENSORINEURAL ACUITY TEST	00364	0.4627	$22.09	APC				
92576	X	SYNTHETIC SENTENCE TEST	00364	0.4627	$22.09	APC				
92577	X	STENGER TEST SPEECH	00366	1.8511	$88.39	APC				
92579	X	VISUAL AUDIOMETRY (VRA)	00365	1.2419	$59.30	APC				
92582	X	CONDITIONING PLAY AUDIOMETRY	00365	1.2419	$59.30	APC				
92583	X	SELECT PICTURE AUDIOMETRY	00364	0.4627	$22.09	APC				
92584	X	ELECTROCOCHLEOGRAPHY	00660	1.4461	$69.05	APC				
92585	S	BRAINSTEM EVOKED AUDIOMETRY	00216	2.7199	$129.88	APC				
92586	S	AUDITOR EVOKE POTENT, LIMIT	00218	1.1872	$56.69	APC				
92587	X	EVOKED AUDITORY TEST	00363	0.8525	$40.71	APC				
92588	X	EVOKED AUDITORY TEST	00660	1.4461	$69.05	APC				
92590	E	HEARING AID EXAM, ONE EAR	-	-	-	Not Allowed				
92591	E	HEARING AID EXAM, BOTH EARS	-	-	-	Not Allowed				
92592	E	HEARING AID CHECK, ONE EAR	-	-	-	Not Allowed				
92593	E	HEARING AID CHECK, BOTH EARS	-	-	-	Not Allowed				
92594	E	ELECTRO HEARNG AID TEST, ONE	-	-	-	Not Allowed				
92595	E	ELECTRO HEARNG AID TST, BOTH	-	-	-	Not Allowed				
92596	X	EAR PROTECTOR EVALUATION	00364	0.4627	$22.09	APC				
92597	Y	ORAL SPEECH DEVICE EVAL	-	-	$62.84	Fee Schedule				
92601	M	COCHLEAR IMPLT F/UP EXAM < 7	00366	-	-	Not Allowed				

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92602	M	REPROGRAM COCHLEAR IMPLT < 7	00366	-	-	Not Allowed				
92603	X	COCHLEAR IMPLT F/UP EXAM 7 >	00366	1.8511	$88.39	APC				
92604	M	REPROGRAM COCHLEAR IMPLT 7 >	00366	-	-	Not Allowed				
92605	M	EVAL FOR NONSPEECH DEVICE RX	-	-	$0.00	Fee Schedule				
92606	N	NON-SPEECH DEVICE SERVICE	-	-	-	APC/Bundled				
92607	Y	EX FOR SPEECH DEVICE RX 1HR	-	-	$72.07	Fee Schedule				
92608	Y	EX FOR SPEECH DEVICE RX ADDL	-	-	$13.82	Fee Schedule				
92609	Y	USE OF SPEECH DEVICE SERVICE	-	-	$37.43	Fee Schedule				
92610	Y	EVALUATE SWALLOWING FUNCTION	-	-	$80.85	Fee Schedule				
92611	Y	MOTION FLUOROSCOPY/SWALLOW	-	-	$80.85	Fee Schedule				
92612	M	ENDOSCOPY SWALLOW TST (FEES)	-	-	$119.00	Fee Schedule				
92613	M	ENDOSCOPY SWALLOW TST (FEES)	-	-	$35.86	Fee Schedule				
92614	M	LARYNGOSCOPIC SENSORY TEST	-	-	$112.37	Fee Schedule				
92615	M	EVAL LARYNGOSCOPY SENSE TST	-	-	$31.86	Fee Schedule				
92616	M	FEES W/LARYNGEAL SENSE TEST	-	-	$157.62	Fee Schedule				
92617	M	INTERPRT FEES/LARYNGEAL TEST	-	-	$0.00	Fee Schedule				
92620	X	AUDITORY FUNCTION 60 MIN	00365	1.2419	$59.30	APC				
92621	N	AUDITORY FUNCTION + 15 MIN	-	-	-	APC/ Bundled				
92625	X	TINNITUS ASSESSMENT	00365	1.2419	$59.30	APC				
92626	X	EVAL AUD REHAB STATUS	00365	1.2419	$59.30	APC				
92627	N	EVAL AUD STATUS REHAB ADD-ON	-	-	-	APC/ Bundled				
92630	E	AUD REHAB PRE-LING HEAR LOSS	-	-	-	Not Allowed				
92633	E	AUD REHAB POSTLING HEAR LOSS	-	-	-	Not Allowed				
92640	X	AUD BRAINSTEM IMPLT PROGRAMG	00365	1.2419	$59.30	APC				
92700	X	ENT PROCEDURE/SERVICE	00364	0.4627	$22.09	APC				
92950	S	HEART/LUNG RESUSCITATION CPR	00094	2.4233	$115.71	APC				
92953	S	TEMPORARY EXTERNAL PACING	00094	2.4233	$115.71	APC				
92960	S	CARDIOVERSION ELECTRIC, EXT	00679	5.5233	$263.74	APC				
92961	S	CARDIOVERSION, ELECTRIC, INT	00679	5.5233	$263.74	APC				
92970	C	CARDIOASSIST, INTERNAL	-	-	-	Inpatient Only				
92971	C	CARDIOASSIST, EXTERNAL	-	-	-	Inpatient Only				
92973	T	PERCUT CORONARY THROMBECTOMY	00088	37.7391	$1,802.04	APC				
92974	T	CATH PLACE, CARDIO BRACHYTX	00103	16.2375	$775.34	APC				
92975	C	DISSOLVE CLOT, HEART VESSEL	-	-	-	Inpatient Only				
92977	T	DISSOLVE CLOT, HEART VESSEL	00676	2.0726	$98.97	APC				
92978	S	INTRAVASC US, HEART ADD-ON	00670	32.2854	$1,541.63	APC				
92979	S	INTRAVASC US, HEART ADD-ON	00416	32.5472	$1,554.13	APC				
92980	T	INSERT INTRACORONARY STENT	00104	87.7183	$4,188.55	APC				
92981	T	INSERT INTRACORONARY STENT	00104	87.7183	$4,188.55	APC				
92982	T	CORONARY ARTERY DILATION	00083	58.7904	$2,807.24	APC				
92984	T	CORONARY ARTERY DILATION	00083	58.7904	$2,807.24	APC				
92986	T	REVISION OF AORTIC VALVE	00083	58.7904	$2,807.24	APC				
92987	T	REVISION OF MITRAL VALVE	00083	58.7904	$2,807.24	APC				
92990	T	REVISION OF PULMONARY VALVE	00083	58.7904	$2,807.24	APC				

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92992	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only				
92993	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only				
92995	T	CORONARY ATHERECTOMY	00082	72.1982	$3,447.46	APC				
92996	T	CORONARY ATHERECTOMY ADD-ON	00082	72.1982	$3,447.46	APC				
92997	T	PUL ART BALLOON REPR, PERCUT	00081	42.936	$2,050.19	APC				
92998	T	PUL ART BALLOON REPR, PERCUT	00081	42.936	$2,050.19	APC				
93000	M	ELECTROCARDIOGRAM, COMPLETE	-	-	$0.00	Fee Schedule				
93005	S	ELECTROCARDIOGRAM TRACING	00099	0.3789	$18.09	APC				
93010	M	ELECTROCARDIOGRAM REPORT	-	-	$0.00	Fee Schedule				
93012	N	TRANSMISSION OF ECG	-	-	-	APC/ Bundled				
93014	M	REPORT ON TRANSMITTED ECG	-	-	$0.00	Fee Schedule				
93015	M	CARDIOVASCULAR STRESS TEST	-	-	$0.00	Fee Schedule				
93016	M	CARDIOVASCULAR STRESS TEST	-	-	$0.00	Fee Schedule				
93017	X	CARDIOVASCULAR STRESS TEST	00100	2.5336	$120.98	APC				
93018	M	CARDIOVASCULAR STRESS TEST	-	-	$0.00	Fee Schedule				
93024	X	CARDIAC DRUG STRESS TEST	00100	2.5336	$120.98	APC				
93025	X	MICROVOLT T-WAVE ASSESS	00100	2.5336	$120.98	APC				
93040	M	RHYTHM ECG WITH REPORT	-	-	$0.00	Fee Schedule				
93041	S	RHYTHM ECG TRACING	00099	0.3789	$18.09	APC				
93042	M	RHYTHM ECG, REPORT	-	-	$0.00	Fee Schedule				
93224	M	ECG MONITOR/REPORT, 24 HRS	-	-	$0.00	Fee Schedule				
93225	X	ECG MONITOR/RECORD 24 HRS	00097	1.0225	$48.82	APC				
93226	X	ECG MONITOR/REPORT 24 HRS	00097	1.0225	$48.82	APC				
93227	M	ECG MONITOR/REVIEW, 24 HRS	-	-	$0.00	Fee Schedule				
93230	M	ECG MONITOR/REPORT, 24 HRS	-	-	$0.00	Fee Schedule				
93231	X	ECG MONITOR/RECORD, 24 HRS	00097	1.0225	$48.82	APC				
93232	X	ECG MONITOR/REPORT 24 HRS	00097	1.0225	$48.82	APC				
93233	M	ECG MONITOR/REVIEW, 24 HRS	-	-	$0.00	Fee Schedule				
93235	M	ECG MONITOR/REPORT, 24 HRS	-	-	$0.00	Fee Schedule				
93236	X	ECG MONITOR/REPORT 24 HRS	00097	1.0225	$48.82	APC				
93237	M	ECG MONITOR/REVIEW, 24 HRS	-	-	$0.00	Fee Schedule				
93268	M	ECG RECORD/REVIEW	-	-	$0.00	Fee Schedule				
93270	X	ECG RECORDING	00097	1.0225	$48.82	APC				
93271	X	ECG/MONITORING AND ANALYSIS	00097	1.0225	$48.82	APC				
93272	M	ECG/REVIEW, INTERPRET ONLY	-	-	$0.00	Fee Schedule				
93278	S	ECG/SIGNAL-AVERAGED	00099	0.3789	$18.09	APC				
93303	S	ECHO TRANSTHORACIC	00269	3.2154	$153.54	APC				
93304	S	ECHO TRANSTHORACIC	00697	1.5973	$76.27	APC				
93307	S	ECHO EXAM OF HEART	00269	3.2154	$153.54	APC				
93308	S	ECHO EXAM OF HEART	00697	1.5973	$76.27	APC				
93312	S	ECHO EXAM OF HEART	00270	6.2505	$298.46	APC				
93313	S	ECHO TRANSESOPHAGEAL	00270	6.2505	$298.46	APC				
93314	N	ECHO EXAM OF HEART	-	-	-	APC/ Bundled				
93315	S	ECHO TRANSESOPHAGEAL	00270	6.2505	$298.46	APC				

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93316	S	ECHO TRANSESOPHAGEAL	00270	6.2505	$298.46	APC				
93317	N	ECHO TRANSESOPHAGEAL	-	-	-	APC/ Bundled				
93318	S	ECHO TRANSESOPHAGEAL INTRAOP	00270	6.2505	$298.46	APC				
93320	S	DOPPLER ECHOCARDIOGRAPHY; COMPLETE	00697	1.5973	$76.27	APC				
93321	S	DOPPLER ECHO EXAM HEART	00697	1.5973	$76.27	APC				
93325	S	DOPPLER COLOR FLOW VELOCITY MAPPING (LIST SEPARATEL	00697	1.5973	$76.27	APC				
93350	S	ECHO TRANSTHORACIC	00269	3.2154	$153.54	APC				
93501	T	RIGHT HEART CATHETERIZATION	00080	37.0615	$1,769.69	APC				
93503	T	INSERT/PLACE HEART CATHETER	00103	16.2375	$775.34	APC				
93505	T	BIOPSY OF HEART LINING	00103	16.2375	$775.34	APC				
93508	T	CATHETER PLACEMENT FOR ANGIOPLASTY W/OUT CONCOM L	00080	37.0615	$1,769.69	APC				
93510	T	LEFT HEART CATHETERIZATION	00080	37.0615	$1,769.69	APC				
93511	T	LEFT HEART CATHETERIZATION	00080	37.0615	$1,769.69	APC				
93514	T	LEFT HEART CATHETERIZATION	00080	37.0615	$1,769.69	APC				
93524	T	LEFT HEART CATHETERIZATION	00080	37.0615	$1,769.69	APC				
93526	T	RT & LT HEART CATHETERS	00080	37.0615	$1,769.69	APC				
93527	T	RT & LT HEART CATHETERS	00080	37.0615	$1,769.69	APC				
93528	T	RT & LT HEART CATHETERS	00080	37.0615	$1,769.69	APC				
93529	T	RT LT HEART CATHETERIZATION	00080	37.0615	$1,769.69	APC				
93530	T	RIGHT HEART CATHETERIZATION FOR CONITAL CARDIAC ANO	00080	37.0615	$1,769.69	APC				
93531	T	COMBINED RT HEART CATH & RETRO LT HEART CATH FOR CO	00080	37.0615	$1,769.69	APC				
93532	T	COMBINED RT & TRANSSEPTAL LT HEART CATH THRU INTACT	00080	37.0615	$1,769.69	APC				
93533	T	COMBINED RT & TRANSSEPTAL LT HEART CATH THRU EXISTIN	00080	37.0615	$1,769.69	APC				
93539	N	INJECTION CARDIAC CATH	-	-	-	APC/ Bundled				
93540	N	INJECTION CARDIAC CATH	-	-	-	APC/ Bundled				
93541	N	INJECTION FOR LUNG ANGIOGRAM	-	-	-	APC/ Bundled				
93542	N	INJECTION FOR HEART X-RAYS	-	-	-	APC/ Bundled				
93543	N	INJECTION FOR HEART X-RAYS	-	-	-	APC/ Bundled				
93544	N	INJECTION FOR AORTOGRAPHY	-	-	-	APC/ Bundled				
93545	N	INJECTION FOR CORONARY X-RAYS	-	-	-	APC/ Bundled				
93555	N	IMAGING CARDIAC CATH	-	-	-	APC/ Bundled				
93556	N	IMAGING CARDIAC CATH	-	-	-	APC/ Bundled				
93561	N	CARDIAC OUTPUT MEASUREMENT	-	-	-	APC/ Bundled				
93562	N	CARDIAC OUTPUT MEASUREMENT	-	-	-	APC/ Bundled				
93571	S	HEART FLOW RESERV MSRMNT DURING CORONARY ANGIO; IN	00670	32.2854	$1,541.63	APC				
93572	S	HEART FLOW RESERV MSRMNT DURING CORONARY ANGIO; E	00416	32.5472	$1,554.13	APC				
93580	T	TRANSCATH CLOSURE OF ASD	00434	88.0728	$4,205.48	APC				
93581	T	TRANSCATH CLOSURE OF VSD	00434	88.0728	$4,205.48	APC				
93600	T	BUNDLE OF HIS RECORDING	00087	32.8988	$1,570.92	APC				
93602	T	INTRA-ATRIAL RECORDING	00087	32.8988	$1,570.92	APC				
93603	T	RIGHT VENTRICULAR RECORDING	00087	32.8988	$1,570.92	APC				
93609	T	MAPPING OF TACHYCARDIA	00087	32.8988	$1,570.92	APC				
93610	T	INTRA-ATRIAL PACING	00087	32.8988	$1,570.92	APC				
93612	T	INTRAVENTRICULAR PACING	00087	32.8988	$1,570.92	APC				

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93613	T	ELECTROPHYS MAP 3D ADD-ON	00087	32.8988	$1,570.92	APC				
93615	T	ESOPHAGEAL RECORDING	00087	32.8988	$1,570.92	APC				
93616	T	ESOPHAGEAL RECORDING	00087	32.8988	$1,570.92	APC				
93618	T	HEART RHYTHM PACING	00087	32.8988	$1,570.92	APC				
93619	T	ELECTROPHYSIOLOGY EVALUATION	00085	34.2808	$1,636.91	APC				
93620	T	ELECTROPHYSIOLOGY EVALUATION	00085	34.2808	$1,636.91	APC				
93621	T	ELECTROPHYSIOLOGY EVALUATION	00085	34.2808	$1,636.91	APC				
93622	T	ELECTROPHYSIOLOGY EVALUATION	00085	34.2808	$1,636.91	APC				
93623	T	STIMULATION, PACING HEART	00087	32.8988	$1,570.92	APC				
93624	T	ELECTROPHYSIOLOGIC STUDY	00085	34.2808	$1,636.91	APC				
93631	T	HEART PACING MAPPING	00087	32.8988	$1,570.92	APC				
93640	N	ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIB LEAD	-	-	-	APC/ Bundled				
93641	N	ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIB LEAD	-	-	-	APC/ Bundled				
93642	S	ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIBRILLA	00084	9.8924	$472.36	APC				
93650	T	ABLATE HEART DYSRHYTHM FOCUS	00086	47.4931	$2,267.80	APC				
93651	T	ABLATE HEART DYSRHYTHM FOCUS	00086	47.4931	$2,267.80	APC				
93652	T	ABLATE HEART DYSRHYTHM FOCUS	00086	47.4931	$2,267.80	APC				
93660	S	TILT TABLE EVALUATION	00101	4.2769	$204.22	APC				
93662	S	INTRACARDIAC ECG (ICE)	00670	32.2854	$1,541.63	APC				
93668	E	PERIPHERAL VASCULAR REHAB	-	-	-	Not Allowed				
93701	S	BIOIMPEDANCE, THORACIC	00099	0.3789	$18.09	APC				
93720	M	TOTAL BODY PLETHYSMOGRAPHY	-	-	$0.00	Fee Schedule				
93721	X	PLETHYSMOGRAPHY TRACING	00368	0.9454	$45.14	APC				
93722	M	PLETHYSMOGRAPHY REPORT	-	-	$0.00	Fee Schedule				
93724	S	ANALYZE PACEMAKER SYSTEM	00690	0.3613	$17.25	APC				
93727	S	ANALYZE ILR SYSTEM	00690	0.3613	$17.25	APC				
93731	S	ELECT ANALYSIS DUAL-CHAMBER PACEMAKER SYSTEM; W/O	00690	0.3613	$17.25	APC				
93732	S	ELECT ANALYSIS DUAL-CHAMBER PACEMAKER SYSTEM; W/ R	00690	0.3613	$17.25	APC				
93733	S	ELECT ANAL DUAL-CHAMBER PACEMAKER SYSTEM TELEPHO	00690	0.3613	$17.25	APC				
93734	S	ELECT ANALYSIS SNGL-CHAMBER PACEMAKER SYSTEM; W/O	00690	0.3613	$17.25	APC				
93735	S	ELECT ANALYSIS SNGL-CHAMBER PACEMAKER SYSTEM; W/ R	00690	0.3613	$17.25	APC				
93736	S	TELEPHONIC ANALY PACEMAKER	00690	0.3613	$17.25	APC				
93740	X	TEMPERATURE GRADIENT STUDIES	00368	0.9454	$45.14	APC				
93741	S	ANALYZE HT PACE DEVICE SNGL	00689	0.6003	$28.66	APC				
93742	S	ANALYZE HT PACE DEVICE SNGL	00689	0.6003	$28.66	APC				
93743	S	ANALYZE HT PACE DEVICE DUAL	00689	0.6003	$28.66	APC				
93744	S	ANALYZE HT PACE DEVICE DUAL	00689	0.6003	$28.66	APC				
93745	S	SET-UP CARDIOVERT-DEFIBRILL	00689	0.6003	$28.66	APC				
93760	M	CEPHALIC THERMOGRAM	-	-	-	By Report				
93762	M	PERIPHERAL THERMOGRAM	-	-	-	By Report				
93770	N	MEASURE VENOUS PRESSURE	-	-	-	APC/ Bundled				
93784	M	AMBULATORY BP MONITORING	-	-	$0.00	Fee Schedule				
93786	X	AMBULATORY BP RECORDING	00097	1.0225	$48.82	APC				
93788	X	AMBULATORY BP ANALYSIS	00097	1.0225	$48.82	APC				

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93790	M	REVIEW/REPORT BP RECORDING	-	-	$0.00	Fee Schedule				
93797	S	CARDIAC REHAB	00095	0.5748	$27.45	APC				
93798	S	CARDIAC REHAB/MONITOR	00095	0.5748	$27.45	APC				
93799	X	CARDIOVASCULAR PROCEDURE	00097	1.0225	$48.82	APC				
93875	S	EXTRACRANIAL STUDY	00096	1.5303	$73.07	APC				
93880	S	EXTRACRANIAL STUDY	00267	2.4606	$117.49	APC				
93882	S	EXTRACRANIAL STUDY	00267	2.4606	$117.49	APC				
93886	S	INTRACRANIAL STUDY	00267	2.4606	$117.49	APC				
93888	S	INTRACRANIAL STUDY	00265	0.9923	$47.38	APC				
93890	S	TCD VASOREACTIVITY STUDY	00266	1.5607	$74.52	APC				
93892	S	TCD EMBOLI DETECT W/O INJ	00266	1.5607	$74.52	APC				
93893	S	TCD EMBOLI DETECT W/INJ	00266	1.5607	$74.52	APC				
93922	S	EXTREMITY STUDY	00096	1.5303	$73.07	APC				
93923	S	EXTREMITY STUDY	00096	1.5303	$73.07	APC				
93924	S	EXTREMITY STUDY	00096	1.5303	$73.07	APC				
93925	S	LOWER EXTREMITY STUDY	00267	2.4606	$117.49	APC				
93926	S	LOWER EXTREMITY STUDY	00266	1.5607	$74.52	APC				
93930	S	UPPER EXTREMITY STUDY	00267	2.4606	$117.49	APC				
93931	S	UPPER EXTREMITY STUDY	00266	1.5607	$74.52	APC				
93965	S	EXTREMITY STUDY	00096	1.5303	$73.07	APC				
93970	S	EXTREMITY STUDY	00267	2.4606	$117.49	APC				
93971	S	EXTREMITY STUDY	00266	1.5607	$74.52	APC				
93975	S	VASCULAR STUDY	00267	2.4606	$117.49	APC				
93976	S	VASCULAR STUDY	00267	2.4606	$117.49	APC				
93978	S	VASCULAR STUDY	00266	1.5607	$74.52	APC				
93979	S	VASCULAR STUDY	00266	1.5607	$74.52	APC				
93980	S	PENILE VASCULAR STUDY	00267	2.4606	$117.49	APC				
93981	S	PENILE VASCULAR STUDY	00266	1.5607	$74.52	APC				
93990	S	DOPPLER FLOW TESTING	00266	1.5607	$74.52	APC				
94002	S	VENT MGMT INPAT, INIT DAY	00079	2.6116	$124.70	APC				
94003	S	VENT MGMT INPAT, SUBQ DAY	00079	2.6116	$124.70	APC				
94004	E	VENT MGMT NF PER DAY	-	-	-	Not Allowed				
94005	E	HOME VENT MGMT SUPERVISION	-	-	-	Not Allowed				
94010	X	SPIROMETRY INCL GRAPHIC RECORD TOTAL AND TIMED VC	00368	0.9454	$45.14	APC				
94014	X	PATIENT RECORDED SPIROMETRY/30 DAY; EDU/TRANSM/CAP	00367	0.6277	$29.97	APC				
94015	X	PATIENT RECORDED SPIROMETRY/30 DAY; RECORDING	00367	0.6277	$29.97	APC				
94016	N	REVIEW PATIENT SPIROMETRY	-	-	-	APC/ Bundled				
94060	X	EVALUATION OF WHEEZING	00368	0.9454	$45.14	APC				
94070	X	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPA	00369	2.7669	$132.12	APC				
94150	X	VITAL CAPACITY TEST	00367	0.6277	$29.97	APC				
94200	X	LUNG FUNCTION TEST (MBC/MVV)	00367	0.6277	$29.97	APC				
94240	X	RESIDUAL LUNG CAPACITY	00368	0.9454	$45.14	APC				
94250	X	EXPIRED GAS COLLECTION	00367	0.6277	$29.97	APC				
94260	X	THORACIC GAS VOLUME	00368	0.9454	$45.14	APC				

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94350	X	LUNG NITROGEN WASHOUT CURVE	00368	0.9454	$45.14	APC				
94360	X	MEASURE AIRFLOW RESISTANCE	00367	0.6277	$29.97	APC				
94370	X	BREATH AIRWAY CLOSING VOLUME	00367	0.6277	$29.97	APC				
94375	X	RESPIRATORY FLOW VOLUME LOOP	00367	0.6277	$29.97	APC				
94400	X	CO2 BREATHING RESPONSE CURVE	00367	0.6277	$29.97	APC				
94450	X	HYPOXIA RESPONSE CURVE	00368	0.9454	$45.14	APC				
94452	X	HAST W/REPORT	00368	0.9454	$45.14	APC				
94453	X	HAST W/OXYGEN TITRATE	00367	0.6277	$29.97	APC				
94610	S	SURFACTANT ADMIN THRU TUBE	00077	0.3527	$16.84	APC				
94620	X	PULMONARY STRESS TESTING	00368	0.9454	$45.14	APC				
94621	X	PULMONARY STRESS TESTING; COMPLEX	00369	2.7669	$132.12	APC				
94640	S	AIRWAY INHALATION TREATMENT	00077	0.3527	$16.84	APC				
94642	S	AEROSOL INHALATION TREATMENT	00078	1.1206	$53.51	APC				
94644	S	CBT, 1ST HOUR	00078	1.1206	$53.51	APC				
94645	S	CBT, EACH ADDL HOUR	00078	1.1206	$53.51	APC				
94660	S	POS AIRWAY PRESSURE, CPAP	00068	1.5353	$73.31	APC				
94662	S	NEG PRESS VENTILATION, CNP	00079	2.6116	$124.70	APC				
94664	S	EVALUATE PT USE OF INHALER	00077	0.3527	$16.84	APC				
94667	S	CHEST WALL MANIPULATION	00077	0.3527	$16.84	APC				
94668	S	CHEST WALL MANIPULATION	00077	0.3527	$16.84	APC				
94680	X	EXHALED AIR ANALYSIS: O2	00367	0.6277	$29.97	APC				
94681	X	EXHALED AIR ANALYSIS: O2 CO2	00368	0.9454	$45.14	APC				
94690	X	EXHALED AIR ANALYSIS	00367	0.6277	$29.97	APC				
94720	X	MONOXIDE DIFFUSING CAPACITY	00368	0.9454	$45.14	APC				
94725	X	MEMBRANE DIFFUSION CAPACITY	00368	0.9454	$45.14	APC				
94750	X	PULMONARY COMPLIANCE STUDY	00367	0.6277	$29.97	APC				
94760	N	MEASURE BLOOD OXYGEN LEVEL	-	-	-	APC/ Bundled				
94761	N	MEASURE BLOOD OXYGEN LEVEL	-	-	-	APC/ Bundled				
94762	X	MEASURE BLOOD OXYGEN LEVEL	00443	1.0409	$49.70	Bundled subject to separate payment criteria				
94770	X	EXHALED CARBON DIOXIDE TEST	00367	0.6277	$29.97	APC				
94772	X	BREATH RECORDING, INFANT	00369	2.7669	$132.12	APC				
94774	E	PED HOME APNEA REC, COMPL	-	-	-	Not Allowed				
94775	X	PED HOME APNEA REC, HK-UP	00097	1.0225	$48.82	APC				
94776	X	PED HOME APNEA REC, DOWNLD	00097	1.0225	$48.82	APC				
94777	E	PED HOME APNEA REC, REPORT	-	-	-	Not Allowed				
94799	X	PULMONARY SERVICE/PROCEDURE	00367	0.6277	$29.97	APC				
95004	X	ALLERGY SKIN TESTS	00381	0.2688	$12.84	APC				
95010	X	PERCUT ALLERGY TITRATE TEST	00381	0.2688	$12.84	APC				
95012	X	EXHALED NITRIC OXIDE MEAS	00367	0.6277	$29.97	APC				
95015	X	ID ALLERGY TITRATE-DRUG/BUG	00381	0.2688	$12.84	APC				
95024	X	ALLERGY SKIN TESTS	00381	0.2688	$12.84	APC				
95027	X	SKIN END POINT TITRATION	00381	0.2688	$12.84	APC				
95028	X	ALLERGY SKIN TESTS	00381	0.2688	$12.84	APC				
95044	X	ALLERGY PATCH TESTS	00381	0.2688	$12.84	APC				

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95052	X	PHOTO PATCH TEST	00381	0.2688	$12.84	APC				
95056	X	PHOTOSENSITIVITY TESTS	00370	1.027	$49.04	APC				
95060	X	EYE ALLERGY TEST	00370	1.027	$49.04	APC				
95065	X	NOSE ALLERGY TEST	00381	0.2688	$12.84	APC				
95070	X	BRONCHIAL ALLERGY TESTS	00369	2.7669	$132.12	APC				
95071	X	BRONCHIAL ALLERGY TESTS	00369	2.7669	$132.12	APC				
95075	X	INGESTION CHALLENGE TEST	00361	3.8887	$185.69	APC				
95115	S	IMMUNOTHERAPY, ONE INJECTION	00436	0.1809	$8.64	APC				
95117	S	IMMUNOTHERAPY INJECTIONS	00437	0.3945	$18.84	APC				
95120	M	IMMUNOTHERAPY, ONE INJECTION	-	-	-	By Report				
95125	M	IMMUNOTHERAPY, MANY ANTIGENS	-	-	-	By Report				
95130	M	IMMUNOTHERAPY, INSECT VENOM	-	-	-	By Report				
95131	M	IMMUNOTHERAPY, INSECT VENOMS	-	-	-	By Report				
95132	M	IMMUNOTHERAPY, INSECT VENOMS	-	-	-	By Report				
95133	M	IMMUNOTHERAPY, INSECT VENOMS	-	-	-	By Report				
95134	M	IMMUNOTHERAPY, INSECT VENOMS	-	-	-	By Report				
95144	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95145	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95146	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95147	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95148	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95149	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95165	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95170	S	ANTIGEN THERAPY SERVICES	00437	0.3945	$18.84	APC				
95180	X	RAPID DESENSITIZATION	00370	1.027	$49.04	APC				
95199	X	ALLERGY IMMUNOLOGY SERVICES	00381	0.2688	$12.84	APC				
95250	X	GLUCOSE MONITORING CONT	00421	1.627	$77.69	APC				
95251	E	GLUC MONITOR CONT PHYS I&R	-	-	-	Not Allowed				
95805	S	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNE	00209	11.2463	$537.01	APC				
95806	S	SLEEP STUDY, UNATTENDED	00213	2.2755	$108.66	APC				
95807	S	SLEEP STUDY SIMULTANEOUS RECORDING ATTENDED BY TE	00209	11.2463	$537.01	APC				
95808	S	POLYSOMNOGRAPHY 1-3	00209	11.2463	$537.01	APC				
95810	S	POLYSOMNOGRAPHY 4 OR MORE	00209	11.2463	$537.01	APC				
95811	S	POLYSOMNOGRAPHY W/CPAP	00209	11.2463	$537.01	APC				
95812	S	EEG EXTENDED MONITORING; UP TO ONE HOUR	00213	2.2755	$108.66	APC				
95813	S	EEG EXTENDED MONITORING; GREATER THAN ONE HOUR	00213	2.2755	$108.66	APC				
95816	S	ELECTROENCEPHALOGRAM (EEG) INCL RECORDING AWAKE A	00213	2.2755	$108.66	APC				
95819	S	ELECTROENCEPHALOGRAM (EEG) INCL RECORDING AWAKE A	00213	2.2755	$108.66	APC				
95822	S	ELECTROENCEPHALOGRAM (EEG); SLEEP ONLY	00213	2.2755	$108.66	APC				
95824	S	ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUA	00214	1.1968	$57.15	APC				
95827	S	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT SLEEP ONLY	00213	2.2755	$108.66	APC				
95829	S	SURGERY ELECTROCORTICOGRAM	00214	1.1968	$57.15	APC				
95830	M	INSERT ELECTRODES FOR EEG	-	-	$0.00	Fee Schedule				
95831	N	LIMB MUSCLE TESTING, MANUAL	-	-	-	APC/Bundled				

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95832	N	HAND MUSCLE TESTING, MANUAL	-	-	-	APC/Bundled				
95833	N	BODY MUSCLE TESTING, MANUAL	-	-	-	APC/Bundled				
95834	N	BODY MUSCLE TESTING, MANUAL	-	-	-	APC/Bundled				
95851	N	RANGE OF MOTION MEASUREMENTS	-	-	-	APC/Bundled				
95852	N	RANGE OF MOTION MEASUREMENTS	-	-	-	APC/Bundled				
95857	S	TENSILON TEST	00218	1.1872	$56.69	APC				
95860	S	NEEDLE ELECTROMYOGRAPHY ONE EXTREMITY W/ OR W/OU	00218	1.1872	$56.69	APC				
95861	S	NEEDLE ELECTROMYOGRAPHY TWO EXTREMITIES W/ OR W/(	00218	1.1872	$56.69	APC				
95863	S	NEEDLE ELECTROMYOGRAPHY THREE EXTREMITIES W/ OR W	00218	1.1872	$56.69	APC				
95864	S	NEEDLE ELECTROMYOGRAPHY FOUR EXTREMITIES W/ OR W/	00218	1.1872	$56.69	APC				
95865	S	MUSCLE TEST LARYNX	00218	1.1872	$56.69	APC				
95866	S	MUSCLE TEST HEMIDIAPHRAGM	00218	1.1872	$56.69	APC				
95867	S	MUSCLE TEST HEAD OR NECK	00218	1.1872	$56.69	APC				
95868	S	MUSCLE TEST HEAD OR NECK	00218	1.1872	$56.69	APC				
95869	S	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUS	00215	0.5741	$27.41	APC				
95870	S	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES	00215	0.5741	$27.41	APC				
95872	S	MUSCLE TEST ONE FIBER	00218	1.1872	$56.69	APC				
95873	S	GUIDE NERV DESTR ELEC STIM	00215	0.5741	$27.41	APC				
95874	S	GUIDE NERV DESTR NEEDLE EMG	00215	0.5741	$27.41	APC				
95875	S	LIMB EXERCISE TEST	00215	0.5741	$27.41	APC				
95900	S	NERVE CONDUCTION STUDY EA NERVE; MOTOR W/O F-WAVE	00215	0.5741	$27.41	APC				
95903	S	NERVE CONDUCTION STUDY EA NERVE; MOTOR WITH F-WAV	00215	0.5741	$27.41	APC				
95904	S	NERVE CONDUCTION STUDY EA NERVE; SENSORY OR MIXED	00215	0.5741	$27.41	APC				
95920	S	INTRAOPERATIVE NERVE TESTING	00216	2.7199	$129.88	APC				
95921	S	AUTONOMIC NERVE FUNCTION TEST	00215	0.5741	$27.41	APC				
95922	S	AUTONOMIC NERVE FUNCTION TEST	00215	0.5741	$27.41	APC				
95923	S	AUTONOMIC NERVE FUNCTION TEST	00215	0.5741	$27.41	APC				
95925	S	SOMATOSENSORY TESTING	00216	2.7199	$129.88	APC				
95926	S	SOMATOSENSORY TESTING	00216	2.7199	$129.88	APC				
95927	S	SOMATOSENSORY TESTING	00216	2.7199	$129.88	APC				
95928	S	C MOTOR EVOKED UPPR LIMBS	00218	1.1872	$56.69	APC				
95929	S	C MOTOR EVOKED LWR LIMBS	00218	1.1872	$56.69	APC				
95930	S	VISUAL EVOKED POTENTIAL TEST	00216	2.7199	$129.88	APC				
95933	S	BLINK REFLEX TEST	00215	0.5741	$27.41	APC				
95934	S	H'REFEX TEST	00215	0.5741	$27.41	APC				
95936	S	H'REFLEX TEST	00215	0.5741	$27.41	APC				
95937	S	NEUROMUSCULAR JUNCTION TEST	00215	0.5741	$27.41	APC				
95950	S	AMBULATORY EEG MONITORING	00209	11.2463	$537.01	APC				
95951	S	EEG MONITORING/VIDEORECORD	00209	11.2463	$537.01	APC				
95953	S	EEG MONITORING/COMPUTER	00209	11.2463	$537.01	APC				
95954	S	EEG MONITORING/GIVING DRUGS	00214	1.1968	$57.15	APC				
95955	S	EEG DURING SURGERY	00213	2.2755	$108.66	APC				
95956	S	EEG MONITORING/CABLE/RADIO	00209	11.2463	$537.01	APC				
95957	S	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EG FOR SI	00214	1.1968	$57.15	APC				

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95958	S	EEG MONITORING/FUNCTION TEST	00213	2.2755	$108.66	APC				
95961	S	STIMULATION OF ELECTRODES ON BRAIN SURF; INITIAL HR PH	00216	2.7199	$129.88	APC				
95962	S	STIMULATION OF ELECTRODES ON BRAIN SURF;EA ADD'L HR I	00216	2.7199	$129.88	APC				
95965	S	MEG, SPONTANEOUS	00038	53.5161	$2,555.39	APC				
95966	S	MEG, EVOKED, SINGLE	00209	11.2463	$537.01	APC				
95967	S	MEG EVOKED EACH ADD L	00209	11.2463	$537.01	APC				
95970	S	ANALYZE NEUROSTIM, NO PROG	00218	1.1872	$56.69	APC				
95971	S	ANALYZE NEUROSTIM, SIMPLE	00692	1.9323	$92.27	APC				
95972	S	ANALYZE NEUROSTIM, COMPLEX	00692	1.9323	$92.27	APC				
95973	S	ANALYZE NEUROSTIM, COMPLEX	00663	1.1067	$52.84	APC				
95974	S	CRANIAL NEUROSTIM, COMPLEX	00692	1.9323	$92.27	APC				
95975	S	CRANIAL NEUROSTIM, COMPLEX	00692	1.9323	$92.27	APC				
95978	S	ANALYZE NEUROSTIM BRAIN/1H	00692	1.9323	$92.27	APC				
95979	S	ANALYZ NEUROSTIM BRAIN ADDON	00663	1.1067	$52.84	APC				
95990	T	SPIN/BRAIN PUMP REFIL & MAIN	00125	2.2041	$105.25	APC				
95991	T	SPIN/BRAIN PUMP REFIL & MAIN	00125	2.2041	$105.25	APC				
95999	S	NEUROLOGICAL PROCEDURE	00215	0.5741	$27.41	APC				
96000	S	MOTION ANALYSIS, VIDEO/3D	00216	2.7199	$129.88	APC				
96001	S	MOTION TEST W/FT PRESS MEAS	00216	2.7199	$129.88	APC				
96002	S	DYNAMIC SURFACE EMG	00218	1.1872	$56.69	APC				
96003	S	DYNAMIC FINE WIRE EMG	00215	0.5741	$27.41	APC				
96004	M	PHYS REVIEW OF MOTION TESTS	-	-	$0.00	Fee Schedule				
96020	X	FUNCTIONAL BRAIN MAPPING	00373	1.7682	$84.43	APC				
96040	E	GENETIC COUNSELING, 30 MIN	-	-	-	Not Allowed				
96101	X	PSYCHO TESTING BY PSYCH/PHYS	00373	1.7682	$84.43	APC				
96102	X	PSYCHO TESTING BY TECHNICIAN	00382	2.846	$135.90	APC				
96103	X	PSYCHO TESTING ADMIN BY COMP	00373	1.7682	$84.43	APC				
96105	Y	ASSESSMENT OF APHASIA	-	-	$45.02	Fee Schedule				
96110	X	DEVELOPMENTAL TEST, LIM	00373	1.7682	$84.43	APC				
96111	X	DEVELOPMENTAL TEST, EXTEND	00373	1.7682	$84.43	APC				
96116	X	NEUROBEHAVIORAL STATUS EXAM	00373	1.7682	$84.43	APC				
96118	X	NEUROPSYCH TST BY PSYCH/PHYS	00373	1.7682	$84.43	APC				
96119	X	NEUROPSYCH TESTING BY TECH	00382	2.846	$135.90	APC				
96120	X	NEUROPSYCH TST ADMIN W/COMP	00373	1.7682	$84.43	APC				
96150	S	ASSESS HLTH/BEHAVE INIT	00432	0.6072	$28.99	APC				
96151	S	ASSESS HLTH/BEHAVE, SUBSEQ	00432	0.6072	$28.99	APC				
96152	S	INTERVENE HLTH/BEHAVE, INDIV	00432	0.6072	$28.99	APC				
96153	S	INTERVENE HLTH/BEHAVE, GROUP	00432	0.6072	$28.99	APC				
96154	S	INTERV HLTH/BEHAV, FAM W/PT	00432	0.6072	$28.99	APC				
96155	M	INTERV HLTH/BEHAV FAM NO PT	-	-	$18.49	Fee Schedule				
96401	S	CHEMO ANTI-NEOPL SQ/IM	00438	0.7942	$37.92	APC				
96402	S	CHEMO HORMON ANTINEOPL SQ/IM	00438	0.7942	$37.92	APC				
96405	S	CHEMO INTRALESIONAL UP TO 7	00438	0.7942	$37.92	APC				
96406	S	CHEMO INTRALESIONAL OVER 7	00438	0.7942	$37.92	APC				

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96409	S	CHEMO IV PUSH SNGL DRUG	00439	1.5848	$75.67	APC				
96411	S	CHEMO IV PUSH ADDL DRUG	00439	1.5848	$75.67	APC				
96413	S	CHEMO IV INFUSION 1 HR	00441	2.4851	$118.66	APC				
96415	S	CHEMO IV INFUSION ADDL HR	00438	0.7942	$37.92	APC				
96416	S	CHEMO PROLONG INFUSE W/PUMP	00441	2.4851	$118.66	APC				
96417	S	CHEMO IV INFUS EACH ADDL SEQ	00438	0.7942	$37.92	APC				
96420	S	CHEMO IA PUSH TECNIQUE	00439	1.5848	$75.67	APC				
96422	S	CHEMO IA INFUSION UP TO 1 HR	00441	2.4851	$118.66	APC				
96423	S	CHEMO IA INFUSE EACH ADDL HR	00438	0.7942	$37.92	APC				
96425	S	CHEMOTHERAPY INFUSION METHOD	00441	2.4851	$118.66	APC				
96440	S	CHEMOTHERAPY, INTRACAVITARY	00441	2.4851	$118.66	APC				
96445	S	CHEMOTHERAPY, INTRACAVITARY	00441	2.4851	$118.66	APC				
96450	S	CHEMOTHERAPY, INTO CNS	00441	2.4851	$118.66	APC				
96521	S	REFILL/MAINT PORTABLE PUMP	00440	1.809	$86.38	APC				
96522	S	REFILL/MAINT PUMP/RESVR SYST	00440	1.809	$86.38	APC				
96523	X	IRRIG DRUG DELIVERY DEVICE	00624	0.5145	$24.57	Bundled subject to separate payment criteria				
96542	S	CHEMOTHERAPY INJECTION	00438	0.7942	$37.92	APC				
96549	S	CHEMOTHERAPY, UNSPECIFIED	00436	0.1809	$8.64	APC				
96567	T	PHOTODYNAMIC TX, SKIN	00016	2.6749	$127.73	APC				
96570	T	PHOTODYNAMIC TX, 30 MIN	00015	1.6241	$77.55	APC				
96571	T	PHOTODYNAMIC TX, ADDL 15 MIN	00015	1.6241	$77.55	APC				
96900	S	ULTRAVIOLET LIGHT THERAPY	00001	0.4914	$23.46	APC				
96902	N	TRICHOGRAM	-	-	-	APC/ Bundled				
96904	N	WHOLE BODY PHOTOGRAPHY	-	-	-	APC/ Bundled				
96910	S	PHOTOCHEMOTHERAPY WITH UV-B	00001	0.4914	$23.46	APC				
96912	S	PHOTOCHEMOTHERAPY WITH UV-A	00001	0.4914	$23.46	APC				
96913	S	PHOTOCHEMOTHERAPY, UV-A OR B	00683	2.6734	$127.65	APC				
96920	T	LASER TX SKIN < 250 SQ CM	00013	1.0918	$52.13	APC				
96921	T	LASER TX SKIN 250-500 SQ CM	00013	1.0918	$52.13	APC				
96922	T	LASER TX SKIN > 500 SQ CM	00013	1.0918	$52.13	APC				
96999	T	DERMATOLOGICAL PROCEDURE	00010	0.476	$22.73	APC				
97001	Y	PT EVALUATION	-	-	$44.15	Fee Schedule				
97002	Y	PT RE-EVALUATION	-	-	$22.06	Fee Schedule				
97003	Y	OT EVALUATION	-	-	$43.25	Fee Schedule				
97004	Y	OT RE-EVALUATION	-	-	$21.14	Fee Schedule				
97005	E	ATHLETIC TRAIN EVAL	-	-	-	Not Allowed				
97006	E	ATHLETIC TRAIN REEVAL	-	-	-	Not Allowed				
97010	E	HOT OR COLD PACKS THERAPY	-	-	-	Not Allowed				
97012	Y	MECHANICAL TRACTION THERAPY	-	-	$10.02	Fee Schedule				
97014	Y	ELECTRIC STIMULATION THERAPY	-	-	$9.48	Fee Schedule				
97016	Y	VASOPNEUMATIC DEVICE THERAPY	-	-	$9.26	Fee Schedule				
97018	Y	PARAFFIN BATH THERAPY	-	-	$4.16	Fee Schedule				
97022	Y	WHIRLPOOL THERAPY	-	-	$9.67	Fee Schedule				
97024	Y	DIATHERMY EG MICROWAVE	-	-	$3.48	Fee Schedule				

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97026	Y	INFRARED THERAPY	-	-	$3.26	Fee Schedule				
97028	Y	ULTRAVIOLET THERAPY	-	-	$4.02	Fee Schedule				
97032	Y	ELECTRICAL STIMULATION	-	-	$10.70	Fee Schedule				
97033	Y	ELECTRIC CURRENT THERAPY	-	-	$13.50	Fee Schedule				
97034	Y	CONTRAST BATH THERAPY	-	-	$9.40	Fee Schedule				
97035	Y	ULTRASOUND THERAPY	-	-	$8.23	Fee Schedule				
97036	Y	HYDROTHERAPY	-	-	$15.19	Fee Schedule				
97039	Y	PHYSICAL THERAPY TREATMENT	-	-	-	By Report				
97110	Y	THERAPEUTIC EXERCISES	-	-	$18.91	Fee Schedule				
97112	Y	NEUROMUSCULAR REEDUCATION	-	-	$19.59	Fee Schedule				
97113	Y	AQUATIC THERAPY/EXERCISES	-	-	$21.14	Fee Schedule				
97116	Y	GAIT TRAINING THERAPY	-	-	$16.63	Fee Schedule				
97124	Y	MASSAGE THERAPY	-	-	$15.02	Fee Schedule				
97139	Y	PHYSICAL MEDICINE PROCEDURE	-	-	-	By Report				
97140	Y	MANUAL THERAPY	-	-	$17.66	Fee Schedule				
97150	Y	GROUP THERAPEUTIC PROCEDURES	-	-	$11.71	Fee Schedule				
97530	Y	THERAPEUTIC ACTIVITIES	-	-	$19.53	Fee Schedule				
97532	Y	COGNITIVE SKILLS DEVELOPMENT	-	-	$16.79	Fee Schedule				
97533	Y	SENSORY INTEGRATION	-	-	$17.71	Fee Schedule				
97535	Y	SELF CARE MNGMENT TRAINING	-	-	$20.05	Fee Schedule				
97537	Y	COMMUNITY/WORK REINTEGRATION	-	-	$18.42	Fee Schedule				
97542	Y	WHEELCHAIR MNGMENT TRAINING	-	-	$18.88	Fee Schedule				
97545	Y	WORK HARDENING	-	-	-	By Report				
97546	Y	WORK HARDENING ADD-ON	-	-	-	By Report				
97597	T	ACTIVE WOUND CARE/20 CM OR <	00012	0.8432	$40.26	APC				
97598	T	ACTIVE WOUND CARE > 20 CM	00013	1.0918	$52.13	APC				
97602	X	WOUND(S) CARE NON-SELECTIVE	00340	0.6102	$29.14	APC				
97605	T	NEG PRESS WOUND TX < 50 CM	00012	0.8432	$40.26	APC				
97606	T	NEG PRESS WOUND TX > 50 CM	00013	1.0918	$52.13	APC				
97750	Y	PHYSICAL PERFORMANCE TEST	-	-	$20.05	Fee Schedule				
97755	E	ASSISTIVE TECHNOLOGY ASSESS	-	-	-	Not Allowed				
97760	Y	ORTHOTIC MGMT AND TRAINING	-	-	$17.55	Fee Schedule				
97761	M	PROSTHETIC TRAINING	-	-	$20.56	Fee Schedule				
97762	M	C/O FOR ORTHOTIC/PROSTH USE	-	-	$14.05	Fee Schedule				
97799	Y	PHYSICAL MEDICINE PROCEDURE	-	-	-	By Report				
97802	M	MEDICAL NUTRITION, INDIV, IN	-	-	$13.32	Fee Schedule				
97803	M	MED NUTRITION, INDIV, SUBSEQ	-	-	$13.32	Fee Schedule				
97804	M	MEDICAL NUTRITION, GROUP	-	-	$5.28	Fee Schedule				
97810	E	ACUPUNCT W/O STIMUL 15 MIN	-	-	-	Not Allowed				
97811	E	ACUPUNCT W/O STIMUL ADDL 15M	-	-	-	Not Allowed				
97813	E	ACUPUNCT W/STIMUL 15 MIN	-	-	-	Not Allowed				
97814	E	ACUPUNCT W/STIMUL ADDL 15M	-	-	-	Not Allowed				
98925	S	OSTEOPATHIC MANIPULATION	00060	0.4657	$22.24	APC				
98926	S	OSTEOPATHIC MANIPULATION	00060	0.4657	$22.24	APC				

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98927	S	OSTEOPATHIC MANIPULATION	00060	0.4657	$22.24	APC				
98928	S	OSTEOPATHIC MANIPULATION	00060	0.4657	$22.24	APC				
98929	S	OSTEOPATHIC MANIPULATION	00060	0.4657	$22.24	APC				
98940	S	CHIROPRACTIC MANIPULATION	00060	0.4657	$22.24	APC				
98941	S	CHIROPRACTIC MANIPULATION	00060	0.4657	$22.24	APC				
98942	S	CHIROPRACTIC MANIPULATION	00060	0.4657	$22.24	APC				
98943	E	CHIROPRACTIC MANIPULATION	-	-	-	Not Allowed				
98960	E	SELF-MGMT EDUC & TRAIN 1 PT	-	-	-	Not Allowed				
98961	E	SELF-MGMT EDUC/TRAIN 2-4 PT	-	-	-	Not Allowed				
98962	E	SELF-MGMT EDUC/TRAIN 5-8 PT	-	-	-	Not Allowed				
99000	E	SPECIMEN HANDLING	-	-	-	Not Allowed				
99001	E	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANFE	-	-	-	Not Allowed				
99002	N	DEVICE HANDLING	-	-	-	APC/Bundled				
99024	M	POSTOP FOLLOW-UP VISIT	-	-	$0.00	Fee Schedule				
99026	E	IN-HOSPITAL ON CALL SERVICE	-	-	-	Not Allowed				
99027	E	OUT-OF-HOSP ON CALL SERVICE	-	-	-	Not Allowed				
99050	E	MEDICAL SERVICES AFTER HRS	-	-	-	Not Allowed				
99051	M	MED SERV EVE/WKEND/HOLIDAY	-	-	$0.00	Fee Schedule				
99053	M	MED SERV 10PM-8AM 24 HR FAC	-	-	$0.00	Fee Schedule				
99056	E	MED SERVICE OUT OF OFFICE	-	-	-	Not Allowed				
99058	E	OFFICE EMERGENCY CARE	-	-	-	Not Allowed				
99060	M	OUT OF OFFICE EMERG MED SERV	-	-	$0.00	Fee Schedule				
99070	N	SPECIAL SUPPLIES	-	-	-	APC/Bundled				
99071	N	PATIENT EDUCATION MATERIALS	-	-	-	APC/Bundled				
99075	E	MEDICAL TESTIMONY	-	-	-	Not Allowed				
99078	N	GROUP HEALTH EDUCATION	-	-	-	APC/ Bundled				
99080	E	SPECIAL REPORTS OR FORMS	-	-	-	Not Allowed				
99082	E	UNUSUAL PHYSICIAN TRAVEL	-	-	-	Not Allowed				
99090	E	COMPUTER DATA ANALYSIS	-	-	-	Not Allowed				
99091	N	COLLECT/REVIEW DATA FROM PT	-	-	-	APC/ Bundled				
99100	N	SPECIAL ANESTHESIA SERVICE	-	-	-	APC/Bundled				
99116	N	ANESTHESIA WITH HYPOTHERMIA	-	-	-	APC/Bundled				
99135	N	SPECIAL ANESTHESIA PROCEDURE	-	-	-	APC/Bundled				
99140	N	EMERGENCY ANESTHESIA	-	-	-	APC/Bundled				
99143	N	MOD CS BY SAME PHYS < 5 YRS	-	-	-	APC/ Bundled				
99144	N	MOD CS BY SAME PHYS 5 YRS +	-	-	-	APC/ Bundled				
99145	N	MOD CS BY SAME PHYS ADD-ON	-	-	-	APC/ Bundled				
99148	N	MOD CS DIFF PHYS < 5 YRS	-	-	-	APC/ Bundled				
99149	N	MOD CS DIFF PHYS 5 YRS +	-	-	-	APC/ Bundled				
99150	N	MOD CS DIFF PHYS ADD-ON	-	-	-	APC/ Bundled				
99170	T	ANOGENITAL EXAM, CHILD	00191	0.1468	$7.01	APC				
99172	M	OCULAR FUNCTION SCREEN	-	-	-	By Report				
99173	M	VISUAL ACUITY SCREEN	-	-	-	By Report				
99175	N	INDUCTION OF VOMITING	-	-	-	APC/ Bundled				

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99183	M	HYPERBARIC OXYGEN THERAPY	-	-	-	By Report				
99185	N	REGIONAL HYPOTHERMIA	-	-	-	APC/ Bundled				
99186	N	TOTAL BODY HYPOTHERMIA	-	-	-	APC/ Bundled				
99190	C	SPECIAL PUMP SERVICES	-	-	-	Inpatient Only				
99191	C	SPECIAL PUMP SERVICES	-	-	-	Inpatient Only				
99192	C	SPECIAL PUMP SERVICES	-	-	-	Inpatient Only				
99195	X	PHLEBOTOMY	00372	0.5723	$27.33	APC				
99199	E	SPECIAL SERVICE/PROC/REPORT	-	-	-	Not Allowed				
99201	V	OFFICE/OUTPATIENT VISIT, NEW	00604	0.8242	$39.36	APC				
99202	V	OFFICE/OUTPATIENT VISIT, NEW	00605	0.984	$46.99	APC				
99203	V	OFFICE/OUTPATIENT VISIT, NEW	00606	1.3646	$65.16	APC				
99204	V	OFFICE/OUTPATIENT VISIT, NEW	00607	1.7096	$81.63	APC				
99205	V	OFFICE/OUTPATIENT VISIT, NEW	00608	2.1794	$104.07	APC				
99211	V	OFFICE/OUTPATIENT VISIT, EST	00604	0.8242	$39.36	APC				
99212	V	OFFICE/OUTPATIENT VISIT, EST	00605	0.984	$46.99	APC				
99213	V	OFFICE/OUTPATIENT VISIT, EST	00605	0.984	$46.99	APC				
99214	V	OFFICE/OUTPATIENT VISIT, EST	00606	1.3646	$65.16	APC				
99215	V	OFFICE/OUTPATIENT VISIT, EST	00607	1.7096	$81.63	APC				
99217	M	OBSERVATION CARE DISCHARGE	-	-	$0.00	Fee Schedule				
99218	M	OBSERVATION CARE	-	-	$0.00	Fee Schedule				
99219	M	OBSERVATION CARE	-	-	$0.00	Fee Schedule				
99220	M	OBSERVATION CARE	-	-	$0.00	Fee Schedule				
99221	M	INITIAL HOSPITAL CARE	-	-	$0.00	Fee Schedule				
99222	M	INITIAL HOSPITAL CARE	-	-	$0.00	Fee Schedule				
99223	M	INITIAL HOSPITAL CARE	-	-	$0.00	Fee Schedule				
99231	M	SUBSEQUENT HOSPITAL CARE	-	-	$0.00	Fee Schedule				
99232	M	SUBSEQUENT HOSPITAL CARE	-	-	$0.00	Fee Schedule				
99233	M	SUBSEQUENT HOSPITAL CARE	-	-	$0.00	Fee Schedule				
99234	N	OBSERV/HOSP SAME DATE	00339	7.2039	$343.99	Bundled subject to separate payment criteria				
99235	N	OBSERV/HOSP SAME DATE	00339	7.2039	$343.99	Bundled subject to separate payment criteria				
99236	N	OBSERV/HOSP SAME DATE	00339	7.2039	$343.99	Bundled subject to separate payment criteria				
99238	M	HOSPITAL DISCHARGE DAY	-	-	$0.00	Fee Schedule				
99239	M	HOSPITAL DISCHARGE DAY	-	-	$0.00	Fee Schedule				
99241	V	OFFICE CONSULTATION	00604	0.8242	$39.36	APC				
99242	V	OFFICE CONSULTATION	00605	0.984	$46.99	APC				
99243	V	OFFICE CONSULTATION	00605	0.984	$46.99	APC				
99244	V	OFFICE CONSULTATION	00606	1.3646	$65.16	APC				
99245	V	OFFICE CONSULTATION	00607	1.7096	$81.63	APC				
99251	C	INPATIENT CONSULT	-	-	-	Inpatient Only				
99252	C	INPATIENT CONSULT	-	-	-	Inpatient Only				
99253	C	INPATIENT CONSULT	-	-	-	Inpatient Only				
99254	C	INPATIENT CONSULT	-	-	-	Inpatient Only				
99255	C	INPATIENT CONSULT	-	-	-	Inpatient Only				
99281	V	EMERGENCY DEPT VISIT	00609	0.8242	$39.36	APC				

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99282	V	EMERGENCY DEPT VISIT	00613	0.8242	$39.36	APC				
99283	V	EMERGENCY DEPT VISIT	00614	2.115	$100.99	APC				
99284	V	EMERGENCY DEPT VISIT	00615	3.4163	$163.13	APC				
99285	V	EMERGENCY DEPT VISIT	00616	5.2915	$252.67	APC				
99288	E	DIRECT ADVANCED LIFE SUPPORT	-	-	-	Not Allowed				
99289	N	PED CRIT CARE TRANSPORT	-	-	-	APC/ Bundled				
99290	N	PED CRIT CARE TRANSPORT ADDL	-	-	-	APC/ Bundled				
99291	S	CRITICAL CARE, FIRST HOUR	00617	6.5894	$314.64	APC				
99292	N	CRITICAL CARE ADD L 30 MIN	-	-	-	APC/ Bundled				
99293	C	PED CRITICAL CARE INITIAL	-	-	-	Inpatient Only				
99294	C	PED CRITICAL CARE SUBSEQ	-	-	-	Inpatient Only				
99295	C	NEONATE CRIT CARE, INITIAL	-	-	-	Inpatient Only				
99296	C	NEONATE CRITICAL CARE SUBSEQ	-	-	-	Inpatient Only				
99298	C	IC FOR LBW INFANT < 1500 GM	-	-	-	Inpatient Only				
99299	C	IC LBW INFANT 1500-2500 GM	-	-	-	Inpatient Only				
99300	N	IC INFANT PBW 2501-5000 GM	-	-	-	APC/ Bundled				
99304	M	NURSING FACILITY CARE INIT	-	-	$0.00	Fee Schedule				
99305	M	NURSING FACILITY CARE INIT	-	-	$0.00	Fee Schedule				
99306	M	NURSING FACILITY CARE INIT	-	-	$0.00	Fee Schedule				
99307	M	NURSING FAC CARE SUBSEQ	-	-	$0.00	Fee Schedule				
99308	M	NURSING FAC CARE SUBSEQ	-	-	$0.00	Fee Schedule				
99309	M	NURSING FAC CARE SUBSEQ	-	-	$0.00	Fee Schedule				
99310	M	NURSING FAC CARE SUBSEQ	-	-	$0.00	Fee Schedule				
99315	M	NURSING FAC DISCHARGE DAY	-	-	$0.00	Fee Schedule				
99316	M	NURSING FAC DISCHARGE DAY	-	-	$0.00	Fee Schedule				
99318	M	ANNUAL NURSING FAC ASSESSMNT	-	-	$0.00	Fee Schedule				
99324	M	DOMICIL/R-HOME VISIT NEW PAT	-	-	$0.00	Fee Schedule				
99325	M	DOMICIL/R-HOME VISIT NEW PAT	-	-	$0.00	Fee Schedule				
99326	M	DOMICIL/R-HOME VISIT NEW PAT	-	-	$0.00	Fee Schedule				
99327	M	DOMICIL/R-HOME VISIT NEW PAT	-	-	$0.00	Fee Schedule				
99328	M	DOMICIL/R-HOME VISIT NEW PAT	-	-	$0.00	Fee Schedule				
99334	M	DOMICIL/R-HOME VISIT EST PAT	-	-	$0.00	Fee Schedule				
99335	M	DOMICIL/R-HOME VISIT EST PAT	-	-	$0.00	Fee Schedule				
99336	M	DOMICIL/R-HOME VISIT EST PAT	-	-	$0.00	Fee Schedule				
99337	M	DOMICIL/R-HOME VISIT EST PAT	-	-	$0.00	Fee Schedule				
99339	M	DOMICIL/R-HOME CARE SUPERVIS	-	-	$0.00	Fee Schedule				
99340	M	DOMICIL/R-HOME CARE SUPERVIS	-	-	$0.00	Fee Schedule				
99341	M	HOME VISIT, NEW PATIENT	-	-	$0.00	Fee Schedule				
99342	M	HOME VISIT, NEW PATIENT	-	-	$0.00	Fee Schedule				
99343	M	HOME VISIT, NEW PATIENT	-	-	$0.00	Fee Schedule				
99344	M	HOME VISIT, NEW PATIENT	-	-	$0.00	Fee Schedule				
99345	M	HOME VISIT, NEW PATIENT	-	-	$0.00	Fee Schedule				
99347	M	HOME VISIT, EST PATIENT	-	-	$0.00	Fee Schedule				
99348	M	HOME VISIT, EST PATIENT	-	-	$0.00	Fee Schedule				

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99349	M	HOME VISIT, EST PATIENT	-	-	$0.00	Fee Schedule				
99350	M	HOME VISIT, EST PATIENT	-	-	$0.00	Fee Schedule				
99354	N	PROLONGED SERVICE, OFFICE	-	-	-	APC/ Bundled				
99355	N	PROLONGED SERVICE, OFFICE	-	-	-	APC/ Bundled				
99356	C	PROLONGED SERVICE, INPATIENT	-	-	-	Inpatient Only				
99357	C	PROLONGED SERVICE, INPATIENT	-	-	-	Inpatient Only				
99358	N	PROLONGED SERV, W/O CONTACT	-	-	-	APC/ Bundled				
99359	N	PROLONGED SERV, W/O CONTACT	-	-	-	APC/ Bundled				
99360	E	PHYSICIAN STANDBY SERVICES	-	-	-	Not Allowed				
99361	N	PHYSICIAN/TEAM CONFERENCE	-	-	-	APC/ Bundled				
99362	N	PHYSICIAN/TEAM CONFERENCE	-	-	-	APC/ Bundled				
99363	E	ANTICOAG MGMT, INIT	-	-	-	Not Allowed				
99364	E	ANTICOAG MGMT, SUBSEQ	-	-	-	Not Allowed				
99371	E	PHYSICIAN PHONE CONSULTATION	-	-	-	Not Allowed				Y
99372	E	PHYSICIAN PHONE CONSULTATION	-	-	-	Not Allowed				Y
99373	E	PHYSICIAN PHONE CONSULTATION	-	-	-	Not Allowed				Y
99374	E	HOME HEALTH CARE SUPERVISION	-	-	-	Not Allowed				
99375	E	HOME HEALTH CARE SUPERVISION	-	-	-	Not Allowed				
99377	E	HOSPICE CARE SUPERVISION	-	-	-	Not Allowed				
99378	E	HOSPICE CARE SUPERVISION	-	-	-	Not Allowed				
99379	E	NURSING FAC CARE SUPERVISION	-	-	-	Not Allowed				
99380	E	NURSING FAC CARE SUPERVISION	-	-	-	Not Allowed				
99381	M	PREV VISIT, NEW, INFANT	-	-	$68.31	Fee Schedule				
99382	M	PREV VISIT, NEW, AGE 1-4	-	-	$75.86	Fee Schedule				
99383	M	PREV VISIT, NEW, AGE 5-11	-	-	$75.86	Fee Schedule				
99384	M	PREV VISIT, NEW, AGE 12-17	-	-	$83.73	Fee Schedule				
99385	M	PREV VISIT, NEW, AGE 18-39	-	-	$68.31	Fee Schedule				
99386	M	PREV VISIT, NEW, AGE 40-64	-	-	$83.70	Fee Schedule				
99387	M	PREV VISIT, NEW, 65 & OVER	-	-	$91.54	Fee Schedule				
99391	M	PREV VISIT, EST, INFANT	-	-	$60.76	Fee Schedule				
99392	M	PREV VISIT, EST, AGE 1-4	-	-	$68.31	Fee Schedule				
99393	M	PREV VISIT, EST, AGE 5-11	-	-	$52.99	Fee Schedule				
99394	M	PREV VISIT, EST, AGE 12-17	-	-	$75.86	Fee Schedule				
99395	M	PREV VISIT, EST, AGE 18-39	-	-	$60.50	Fee Schedule				
99396	M	PREV VISIT, EST, AGE 40-64	-	-	$68.31	Fee Schedule				
99397	M	PREV VISIT, EST, 65 & OVER	-	-	$76.15	Fee Schedule				
99401	M	PREVENTIVE COUNSELING, INDIV	-	-	$0.00	Fee Schedule				
99402	M	PREVENTIVE COUNSELING, INDIV	-	-	$0.00	Fee Schedule				
99403	M	PREVENTIVE COUNSELING, INDIV	-	-	$0.00	Fee Schedule				
99404	M	PREVENTIVE COUNSELING, INDIV	-	-	$0.00	Fee Schedule				
99411	M	PREVENTIVE COUNSELING, GROUP	-	-	$0.00	Fee Schedule				
99412	M	PREVENTIVE COUNSELING, GROUP	-	-	$0.00	Fee Schedule				
99420	M	HEALTH RISK ASSESSMENT TEST	-	-	$0.00	Fee Schedule				
99429	M	UNLISTED PREVENTIVE SERVICE	-	-	$0.00	Fee Schedule				

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99431	V	INITIAL CARE, NORMAL NEWBORN	00605	0.984	$46.99	APC				
99432	N	NEWBORN CARE, NOT IN HOSP	-	-	-	APC/ Bundled				
99433	C	NORMAL NEWBORN CARE/HOSPITAL	-	-	-	Inpatient Only				
99435	M	NEWBORN DISCHARGE DAY HOSP	-	-	$0.00	Fee Schedule				
99436	N	ATTENDANCE, BIRTH	-	-	-	APC/ Bundled				
99440	S	NEWBORN RESUSCITATION	00094	2.4233	$115.71	APC				
99450	M	LIFE/DISABILITY EVALUATION	-	-	$0.00	Fee Schedule				
99455	M	DISABILITY EXAMINATION	-	-	$0.00	Fee Schedule				
99456	M	DISABILITY EXAMINATION	-	-	$0.00	Fee Schedule				
99499	M	UNLISTED E&M SERVICE	-	-	$0.00	Fee Schedule				
99500	M	HOME VISIT, PRENATAL	-	-	$0.00	Fee Schedule				
99501	M	HOME VISIT, POSTNATAL	-	-	$0.00	Fee Schedule				
99502	M	HOME VISIT, NB CARE	-	-	$0.00	Fee Schedule				
99503	E	HOME VISIT, RESP THERAPY	-	-	-	Not Allowed				
99504	E	HOME VISIT MECH VENTILATOR	-	-	-	Not Allowed				
99505	E	HOME VISIT, STOMA CARE	-	-	-	Not Allowed				
99506	E	HOME VISIT, IM INJECTION	-	-	-	Not Allowed				
99507	E	HOME VISIT, CATH MAINTAIN	-	-	-	Not Allowed				
99509	E	HOME VISIT DAY LIFE ACTIVITY	-	-	-	Not Allowed				
99510	E	HOME VISIT, SING/M/FAM COUNS	-	-	-	Not Allowed				
99511	E	HOME VISIT, FECAL/ENEMA MGMT	-	-	-	Not Allowed				
99512	E	HOME VISIT FOR HEMODIALYSIS	-	-	-	Not Allowed				
99600	E	HOME VISIT NOS	-	-	-	Not Allowed				
99601	E	HOME INFUSION/VISIT 2 HRS	-	-	-	Not Allowed				
99602	E	HOME INFUSION EACH ADDTL HR	-	-	-	Not Allowed				
0001F	E	HEART FAILURE COMPOSITE	-	-	-	Not Allowed				
0005F	E	OSTEOARTHRITIS COMPOSITE	-	-	-	Not Allowed				
0012F	E	CAP BACTERIAL ASSESS	-	-	-	Not Allowed				
0016T	T	THERMOTX CHOROID VASC LESION	00235	3.9333	$187.82	APC				Y
0017T	T	PHOTOCOAGULAT MACULAR DRUSEN	00235	3.9333	$187.82	APC				Y
0019T	M	EXTRACORP SHOCK WAVE TX MS	-	-	-	By Report				Y
0024T	C	TRANSCATH CARDIAC REDUCTION	-	-	-	Inpatient Only				Y
0026T	M	MEASURE REMNANT LIPOPROTEINS	-	-	-	By Report				Y
0027T	T	ENDOSCOPIC EPIDURAL LYSIS	00220	17.8499	$852.33	APC				Y
0028T	N	DEXA BODY COMPOSITION STUDY	-	-	-	APC/ Bundled				
0029T	N	MAGNETIC TX FOR INCONTINENCE	-	-	-	APC/Bundled				Y
0030T	M	ANTIPROTHROMBIN ANTIBODY	-	-	-	By Report				Y
0031T	N	SPECULOSCOPY	-	-	-	APC/ Bundled				Y
0032T	N	SPECULOSCOPY W/DIRECT SAMPLE	-	-	-	APC/ Bundled				Y
0041T	Q	DETECT UR INFECT AGNT W/CPAS	-	-	-	By report				Y
0042T	N	CT PERFUSION W/CONTRAST CBF	-	-	-	APC/ Bundled				Y
0043T	Q	CO EXPIRED GAS ANALYSIS	-	-	-	By report				Y
0046T	T	CATH LAVAGE MAMMARY DUCT(S	00021	15.1024	$721.14	APC				
0047T	T	CATH LAVAGE MAMMARY DUCT(S)	00021	15.1024	$721.14	APC				

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0048T	C	IMPLANT VENTRICULAR DEVICE	-	-	-	Inpatient Only				
0049T	C	EXTERNAL CIRCULATION ASSIST	-	-	-	Inpatient Only				
0050T	C	REMOVAL CIRCULATION ASSIST	-	-	-	Inpatient Only				
0051T	C	IMPLANT TOTAL HEART SYSTEM	-	-	-	Inpatient Only				
0052T	C	REPLACE COMPONENT HEART SYST	-	-	-	Inpatient Only				
0053T	C	REPLACE COMPONENT HEART SYST	-	-	-	Inpatient Only				
0054T	S	BONE SURGERY USING COMPUTER	00302	4.9138	$234.63	APC				
0055T	S	BONE SURGERY USING COMPUTER	00302	4.9138	$234.63	APC				
0056T	S	BONE SURGERY USING COMPUTER	00302	4.9138	$234.63	APC				
0058T	E	CRYOPRESERVATION OVARY TISS	-	-	-	Not Allowed				
0059T	E	CRYOPRESERVATION OOCYTE	-	-	-	Not Allowed				
0060T	E	ELECTRICAL IMPEDANCE SCAN	-	-	-	Not Allowed				
0061T	E	DESTRUCTION OF TUMOR BREAST	-	-	-	Not Allowed				
0062T	T	REP INTRADISC ANNULUS;1 LEV	00050	25.1296	$1,199.94	APC				
0063T	T	REP INTRADISC ANNULUS;>1LEV	00050	25.1296	$1,199.94	APC				
0064T	X	SPECTROSCOP EVAL EXPIRED GAS	00367	0.6277	$29.97	APC				
0065T	E	OCULAR PHOTOSCREEN BILAT	-	-	-	Not Allowed				
0066T	E	CT COLONOGRAPHY;SCREEN	-	-	-	Not Allowed				
0067T	S	CT COLONOGRAPHY;DX	00333	4.8405	$231.13	APC				
0068T	E	INTERP/REPT HEART SOUND	-	-	-	Not Allowed				
0069T	N	ANALYSIS ONLY HEART SOUND	-	-	-	APC/ Bundled				
0070T	N	INTERP ONLY HEART SOUND	-	-	-	APC/ Bundled				
0071T	T	U/S LEIOMYOMATA ABLATE <200	00195	28.5095	$1,361.33	APC				
0072T	T	U/S LEIOMYOMATA ABLATE >200	00202	42.9896	$2,052.75	APC				
0073T	S	DELIVERY COMP IMRT	00412	5.4731	$261.34	APC				
0074T	E	ONLINE PHYSICIAN E/M	-	-	-	Not Allowed				
0075T	C	PERQ STENT/CHEST VERT ART	-	-	-	Inpatient Only				
0076T	C	S&I STENT/CHEST VERT ART	-	-	-	Inpatient Only				
0077T	C	CEREB THERM PERFUSION PROBE	-	-	-	Inpatient Only				
0078T	C	ENDOVASC AORT REPR W/DEVICE	-	-	-	Inpatient Only				
0079T	C	ENDOVASC VISC EXTNSN REPR	-	-	-	Inpatient Only				
0080T	C	ENDOVASC AORT REPR RAD S&I	-	-	-	Inpatient Only				
0081T	C	ENDOVASC VISC EXTNSN S&I	-	-	-	Inpatient Only				
0084T	T	TEMP PROSTATE URETHRAL STENT	00164	2.1393	$102.15	APC				
0085T	X	BREATH TEST HEART REJECT	00340	0.6102	$29.14	APC				
0086T	N	L VENTRICLE FILL PRESSURE	-	-	-	APC/ Bundled				
0087T	E	SPERM EVAL HYALURONAN	-	-	-	Not Allowed				
0088T	T	RF TONGUE BASE VOL REDUXN	00253	16.4266	$784.37	APC				
0089T	S	ACTIGRAPHY TESTING, 3-DAY	00218	1.1872	$56.69	APC				Y
0090T	C	CERVICAL ARTIFIC DISC	-	-	-	Inpatient Only				
0092T	C	ARTIFIC DISC ADDL	-	-	-	Inpatient Only				
0093T	C	CERVICAL ARTIFIC DISKECTOMY	-	-	-	Inpatient Only				
0095T	C	ARTIFIC DISKECTOMY ADDL	-	-	-	Inpatient Only				
0096T	C	REV CERVICAL ARTIFIC DISC	-	-	-	Inpatient Only				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
0098T	C	REV ARTIFIC DISC ADDL	-	-	-	Inpatient Only				
0099T	T	IMPLANT CORNEAL RING	00233	15.2259	$727.04	APC				Y
0100T	T	PROSTH RETINA RECEIVE & GEN	00672	37.429	$1,787.23	APC				Y
0101T	T	EXTRACORP SHOCKWV TX, HI ENRG	00050	25.1296	$1,199.94	APC				Y
0102T	T	EXTRACORP SHOCKWV TX, ANESTH	00050	25.1296	$1,199.94	APC				Y
0103T	E	HOLOTRANSCOBALAMIN	-	-	-	Not Allowed				
0104T	E	AT REST CARDIO GAS REBREATHE	-	-	-	Not Allowed				
0105T	E	EXERC CARDIO GAS REBREATHE	-	-	-	Not Allowed				
0106T	X	TOUCH QUANT SENSORY TEST	00341	0.0914	$4.36	APC				Y
0107T	X	VIBRATE QUANT SENSORY TEST	00341	0.0914	$4.36	APC				Y
0108T	X	COOL QUANT SENSORY TEST	00341	0.0914	$4.36	APC				Y
0109T	X	HEAT QUANT SENSORY TEST	00341	0.0914	$4.36	APC				Y
0110T	X	NOS QUANT SENSORY TEST	00341	0.0914	$4.36	APC				Y
0111T	E	RBC MEMBRANES FATTY ACIDS	-	-	-	Not Allowed				
0115T	E	MED TX MNGMT 15 MIN	-	-	-	Not Allowed				Y
0116T	E	MED TX MNGMT SUBSQT	-	-	-	Not Allowed				Y
0117T	E	MED TX MNGMT ADDL 15 MIN	-	-	-	Not Allowed				Y
0123T	T	SCLERAL FISTULIZATION	00234	22.997	$1,098.11	APC				Y
0124T	T	CONJUNCTIVAL DRUG PLACEMENT	00232	6.0673	$289.71	APC				Y
0126T	N	CHD RISK IMT STUDY	-	-	-	APC/ Bundled				Y
0130T	E	CHRON CARE DRUG INVESTIGATN	-	-	-	Not Allowed				Y
0133T	T	ESOPHAGEAL IMPLANT INJEXN	00422	25.7552	$1,229.81	APC				Y
0135T	T	PERQ CRYOABLATE RENAL TUMOR	00423	37.3604	$1,783.96	APC				Y
0137T	T	PROSTATE SATURATION SAMPLING	00184	5.6262	$268.65	APC				Y
0140T	E	EXHALED BREATH CONDENSATE PH	-	-	-	Not Allowed				Y
0141T	E	PERQ ISLET TRANSPLANT	-	-	-	Not Allowed				Y
0142T	E	OPEN ISLET TRANSPLANT	-	-	-	Not Allowed				Y
0143T	E	LAPAROSCOPIC ISLET TRANSPLNT	-	-	-	Not Allowed				Y
0144T	S	CT HEART WO DYE; QUAL CALC	00398	4.1265	$197.04	APC				Y
0145T	S	CT HEART W/WO DYE FUNCT	00376	4.9832	$237.95	APC				Y
0146T	S	CCTA W/WO DYE	00376	4.9832	$237.95	APC				Y
0147T	S	CCTA W/WO QUAN CALCIUM	00376	4.9832	$237.95	APC				Y
0148T	S	CCTA W/WO STRXR	00377	6.5012	$310.43	APC				Y
0149T	S	CCTA W/WO STRXR QUAN CALC	00377	6.5012	$310.43	APC				Y
0150T	S	CCTA W/WO DISEASE STRXR	00398	4.1265	$197.04	APC				Y
0151T	S	CT HEART FUNCT ADD-ON	00282	1.5379	$73.43	APC				Y
0153T	C	IMPLANT ANEUR SENSOR ADD-ON	-	-	-	Inpatient Only				Y
0154T	X	IMPLANT ANEUR SENSOR STUDY	00097	1.0225	$48.82	APC				Y
0155T	E	LAP INS GASTR ELRD FOR MO	-	-	-	Not Allowed				
0156T	E	LAP REDO GASTR ELRD FOR MO	-	-	-	Not Allowed				
0157T	C	OPN INS GAST ELRD FOR MO	-	-	-	Inpatient Only				
0158T	C	OPN REDO GAST ELRD FOR MO	-	-	-	Inpatient Only				
0159T	N	COMPUTER BREAST MRI ADD-ON	-	-	-	APC/ Bundled				
0160T	M	TRANSCRAN MAG STIM PLANNING	-	-	-	Not Allowed				

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0161T	M	TRANSCAN MAG STIM DELIVERY	-	-	-	Not Allowed				
0162T	S	ANAL PROGRAM GAST NEUROSTIM	00692	1.9323	$92.27	APC				
0163T	C	LUMB ARTIF DISKECTOMY ADDL	-	-	-	Inpatient Only				
0164T	C	REMOVE LUMB ARTIF DISC ADDL	-	-	-	Inpatient Only				
0165T	C	REVISE LUMB ARTIF DISC ADDL	-	-	-	Inpatient Only				
0166T	C	TCATH VSD CLOSE W/O BYPASS	-	-	-	Inpatient Only				
0167T	C	TCATH VSD CLOSE W BYPASS	-	-	-	Inpatient Only				
0168T	T	RHINOPHOTOTX LIGHT APP BILAT	00251	2.452	$117.08	APC				
0169T	C	PLACE STEREO CATH BRAIN	-	-	-	Inpatient Only				
0170T	T	ANORECTAL FISTULA PLUG RPR	00150	29.6189	$1,414.30	APC				
0171T	T	LUMBAR SPINE PROCES DISTRACT	00050	25.1296	$1,199.94	APC				
0172T	T	LUMBAR SPINE PROCES ADDL	00050	25.1296	$1,199.94	APC				
0173T	N	IOP MONIT IO PRESSURE	-	-	-	APC/ Bundled				
0174T	N	CAD CXR WITH INTERP	-	-	-	APC/ Bundled				
0175T	N	CAD CXR REMOTE	-	-	-	APC/ Bundled				
0176T	T	AQU CANAL DILAT W/O RETENT	00673	37.8967	$1,809.57	APC				
0177T	T	AQU CANAL DILAT W RETENT	00673	37.8967	$1,809.57	APC				
0500F	E	INITIAL PRENATAL CARE VISIT	-	-	-	Not Allowed				
0501F	E	PRENATAL FLOW SHEET	-	-	-	Not Allowed				
0502F	E	SUBSEQUENT PRENATAL CARE	-	-	-	Not Allowed				
0503F	E	POSTPARTUM CARE VISIT	-	-	-	Not Allowed				
0505F	E	HEMODIALYSIS PLAN DOCFD	-	-	-	Not Allowed				
0507F	E	PERITON DIALYSIS PLAN DOCFD	-	-	-	Not Allowed				
0509F	E	URINE INCON PLAN DOC□D	-	-	-	Not Allowed				
1000F	E	TOBACCO USE ASSESSED	-	-	-	Not Allowed				
1002F	E	ASSESS ANGINAL SYMPTOM/LEVEL	-	-	-	Not Allowed				
1003F	E	LEVEL OF ACTIVITY ASSESS	-	-	-	Not Allowed				
1004F	E	CLIN SYMP VOL OVRLD ASSESS	-	-	-	Not Allowed				
1005F	E	ASTHMA SYMPTOMS EVALUATE	-	-	-	Not Allowed				
1006F	E	OSTEOARTHRITIS ASSESS	-	-	-	Not Allowed				
1007F	E	ANTI-INFLM/ANLGSC OTC ASSESS	-	-	-	Not Allowed				
1008F	E	GI/RENAL RISK ASSESS	-	-	-	Not Allowed				
1015F	E	COPD SYMPTOMS ASSESS	-	-	-	Not Allowed				
1018F	E	ASSESS DYSPNEA NOT PRESENT	-	-	-	Not Allowed				
1019F	E	ASSESS DYSPNEA PRESENT	-	-	-	Not Allowed				
1022F	E	PNEUMO IMM STATUS ASSESS	-	-	-	Not Allowed				
1026F	E	CO-MORBID CONDITION ASSESS	-	-	-	Not Allowed				
1030F	E	INFLUENZA IMM STATUS ASSESS	-	-	-	Not Allowed				
1034F	E	CURRENT TOBACCO SMOKER	-	-	-	Not Allowed				
1035F	E	SMOKELESS TOBACCO USER	-	-	-	Not Allowed				
1036F	E	TOBACCO NON-USER	-	-	-	Not Allowed				
1038F	E	PERSISTENT ASTHMA	-	-	-	Not Allowed				
1039F	E	INTERMITTENT ASTHMA	-	-	-	Not Allowed				
1040F	E	DSM-IV INFO MDD DOCFD	-	-	-	Not Allowed				

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1050F	E	HISTORY OF MOLE CHANGES	-	-	-	Not Allowed				
1055F	E	VISUAL FUNCT STATUS ASSESS	-	-	-	Not Allowed				
1060F	E	DOC PERM/CONT/PAROX ATR. FIB	-	-	-	Not Allowed				
1061F	E	DOC LACK PERM+CONT+PAROX FIB	-	-	-	Not Allowed				
1065F	E	ISCHM STROKE SYMP <3 HRS B/4	-	-	-	Not Allowed				
1066F	E	ISCHM STROKE SYMP ?3 HRS B/4	-	-	-	Not Allowed				
1070F	E	ALARM SYMP ASSESSED-ABSENT	-	-	-	Not Allowed				
1071F	E	ALARM SYMP ASSESSED-1+ PRSNT	-	-	-	Not Allowed				
1080F	E	DECIS MKR/ADVNCD PLAN DOC□D	-	-	-	Not Allowed				
1090F	E	PRES/ABSN URINE INCON ASSESS	-	-	-	Not Allowed				
1091F	E	URINE INCON CHARACTERIZED	-	-	-	Not Allowed				
1100F	E	PT FALLS ASSESS-DOC□D?2+/YR	-	-	-	Not Allowed				
1101F	E	PT FALLS ASSESSED-DOC□D?1/YR	-	-	-	Not Allowed				
1110F	E	PT LFT INPT FAC W/IN 60 DAYS	-	-	-	Not Allowed				
1111F	E	DSCHRG MED/CURRENT MED MERGE	-	-	-	Not Allowed				
2000F	E	BLOOD PRESSURE MEASURE	-	-	-	Not Allowed				
2001F	E	WEIGHT RECORD	-	-	-	Not Allowed				
2002F	E	CLIN SIGN VOL OVRLD ASSESS	-	-	-	Not Allowed				
2004F	E	INITIAL EXAM INVOLVED JOINTS	-	-	-	Not Allowed				
2010F	E	VITAL SIGNS RECORDED	-	-	-	Not Allowed				
2014F	E	MENTAL STATUS ASSESS	-	-	-	Not Allowed				
2018F	E	HYDRATION STATUS ASSESS	-	-	-	Not Allowed				
2019F	E	DILATED MACUL EXAM DONE	-	-	-	Not Allowed				
2020F	E	DILATED FUNDUS EVAL DONE	-	-	-	Not Allowed				
2021F	E	DILAT MACUL+EXAM DONE	-	-	-	Not Allowed				
2022F	E	DIL RETINA EXAM INTERP REV	-	-	-	Not Allowed				
2024F	E	7 FIELD PHOTO INTERP DOC REV	-	-	-	Not Allowed				
2026F	E	EYE IMAGE VALID TO DX REV	-	-	-	Not Allowed				
2027F	E	OPTIC NERVE HEAD EVAL DONE	-	-	-	Not Allowed				
2028F	E	FOOT EXAM PERFORMED	-	-	-	Not Allowed				
2029F	E	COMPLETE PHYS SKIN EXAM DONE	-	-	-	Not Allowed				
2030F	E	H2O STAT DOCFD, NORMAL	-	-	-	Not Allowed				
2031F	E	H2O STAT DOCFD, DEHYDRATED	-	-	-	Not Allowed				
3006F	E	CXR DOC REV	-	-	-	Not Allowed				
3011F	E	LIPID PANEL DOC REV	-	-	-	Not Allowed				
3014F	E	SCREEN MAMMO DOC REV	-	-	-	Not Allowed				
3017F	E	COLORECTAL CA SCREEN DOC REV	-	-	-	Not Allowed				
3020F	E	LVF ASSESS	-	-	-	Not Allowed				
3021F	E	LVEF MOD/SEVER DEPRS SYST	-	-	-	Not Allowed				
3022F	E	LVEF >= 40% SYSTOLIC	-	-	-	Not Allowed				
3023F	E	SPIROM DOC REV	-	-	-	Not Allowed				
3025F	E	SPIROM FEV/FVC<70% W COPD	-	-	-	Not Allowed				
3027F	E	SPIROM FEV/FVC >= 70%/ W/O COPD	-	-	-	Not Allowed				
3028F	E	O2 SATURATION DOC REV	-	-	-	Not Allowed				

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3035F	E	O2 SATURATION <= 88% /PA0 <= 55	-	-	-	Not Allowed				
3037F	E	O2 SATURATION> 88% /PA0>55	-	-	-	Not Allowed				
3040F	E	FEV<40% PREDICTED VALUE	-	-	-	Not Allowed				
3042F	E	FEV >= 40% PREDICTED VALUE	-	-	-	Not Allowed				
3044F	E	HG A1C LEVEL <7.0%	-	-	-	Not Allowed				
3045F	E	HG A1C LEVEL 7.0-9.0%	-	-	-	Not Allowed				
3046F	E	HEMOGLOBIN A1C LEVEL > 9.0%	-	-	-	Not Allowed				
3048F	E	LDL-C <100 MG/DL	-	-	-	Not Allowed				
3049F	E	LDL-C 100-129 MG/DL	-	-	-	Not Allowed				
3050F	E	LDL-C >= 130 MG/DL	-	-	-	Not Allowed				
3060F	E	POS MICROALBUMINURIA REV	-	-	-	Not Allowed				
3061F	E	NEG MICROALBUMINURIA REV	-	-	-	Not Allowed				
3062F	E	POS MACROALBUMINURIA REV	-	-	-	Not Allowed				
3066F	E	NEPHROPATHY DOC TX	-	-	-	Not Allowed				
3072F	E	LOW RISK FOR RETINOPATHY	-	-	-	Not Allowed				
3073F	E	PRE-SURG EYE MEASURES DOC'D	-	-	-	Not Allowed				
3074F	E	SYST BP<130 MM HG	-	-	-	Not Allowed				
3075F	E	SYST BP >=130 - 139 MM HG	-	-	-	Not Allowed				
3077F	E	SYST BP >= 140 MM HG	-	-	-	Not Allowed				
3078F	E	DIAST BP < 80 MM HG	-	-	-	Not Allowed				
3079F	E	DIAST BP 80-89 MM HG	-	-	-	Not Allowed				
3080F	E	DIAST BP >= 90 MM HG	-	-	-	Not Allowed				
3082F	E	KT/V <1.2	-	-	-	Not Allowed				
3083F	E	KT/V >= 1.2 AND <1.7	-	-	-	Not Allowed				
3084F	E	KT/V >= 1.7	-	-	-	Not Allowed				
3085F	E	SUICIDE RISK ASSESSED	-	-	-	Not Allowed				
3088F	E	MDD, MILD	-	-	-	Not Allowed				
3089F	E	MDD, MODERATE	-	-	-	Not Allowed				
3090F	E	MDD, SEVERE; W/O PSYCH	-	-	-	Not Allowed				
3091F	E	MDD, SEVERE; W/PSYCH	-	-	-	Not Allowed				
3092F	E	MDD, IN REMISSION	-	-	-	Not Allowed				
3093F	E	DOC NEW DIAG 1ST/ADDL. MDD	-	-	-	Not Allowed				
3095F	E	CENTRAL DEXA RESULTS DOC'D	-	-	-	Not Allowed				
3096F	E	CENTRAL DEXA ORDERED	-	-	-	Not Allowed				
3100F	E	CAROT BLK DOC□D W/ CAROT REF	-	-	-	Not Allowed				
3101F	E	INTL CAROT BLK 30□99% RANGE	-	-	-	Not Allowed				
3102F	E	INT CAROT BLK < 30%	-	-	-	Not Allowed				
3110F	E	PRES/ABSN HMRHG/LESION DOC□D	-	-	-	Not Allowed				
3111F	E	CT/MRI BRAIN DONE W/IN 24HRS	-	-	-	Not Allowed				
3112F	E	CT/MRI BRAIN DONE > 24 HRS	-	-	-	Not Allowed				
3120F	E	12-LEAD ECG PERFORMED	-	-	-	Not Allowed				
3130F	E	UPPER GI ENDOSCOPY PERFORMED	-	-	-	Not Allowed				
3132F	E	DOC REF. UPPER GI ENDOSCOPY	-	-	-	Not Allowed				
3140F	E	FORCEPS ESOPH BIOPSY DONE	-	-	-	Not Allowed				

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3141F	E	UPPER GI ENDO SHOWS BARRTT S	-	-	-	Not Allowed				
3142F	E	UPPER GI ENDO NOT BARRTT S	-	-	-	Not Allowed				
3143F	E	DOC ORDER BARIUM SWALLOW TST	-	-	-	Not Allowed				
4000F	E	TOBACCO USE TXMNT COUNSELING	-	-	-	Not Allowed				
4001F	E	TOBACCO USE TXMNT PHARMACOL	-	-	-	Not Allowed				
4002F	E	STATIN THERAPY RX	-	-	-	Not Allowed				
4003F	E	PT ED WRITE/ORAL PTS W/ HF	-	-	-	Not Allowed				
4005F	E	PHARM THX FOR OP RX'D	-	-	-	Not Allowed				
4006F	E	BETA-BLOCKER THERAPY RX	-	-	-	Not Allowed				
4007F	E	ANTIOX VIT/MIN SUPP RX'D	-	-	-	Not Allowed				
4009F	E	ACE/ARB INHIBITOR THERAPY RX	-	-	-	Not Allowed				
4011F	E	ORAL ANTIPLATELET THERAPY RX	-	-	-	Not Allowed				
4012F	E	WARFARIN THERAPY RX	-	-	-	Not Allowed				
4014F	E	WRITTEN DISCHARGE INSTR PRVD	-	-	-	Not Allowed				
4015F	E	PERSIST ASTHMA MEDICINE CTRL	-	-	-	Not Allowed				
4016F	E	ANTI-INFLM/ANLGSC AGENT RX	-	-	-	Not Allowed				
4017F	E	GI PROPHYLAXIS FOR NSAID RX	-	-	-	Not Allowed				
4018F	E	THERAPY EXERCISE JOINT RX	-	-	-	Not Allowed				
4019F	E	DOC RECPT COUNSL VIT D/CALC+	-	-	-	Not Allowed				
4025F	E	INHALED BRONCHOLIDATOR RX	-	-	-	Not Allowed				
4030F	E	OXYGEN THERAPY RX	-	-	-	Not Allowed				
4033F	E	PULMONARY REHAB REC	-	-	-	Not Allowed				
4035F	E	INFLUENZA IMM REC	-	-	-	Not Allowed				
4037F	E	INFLUENZA IMM ORDER/ADMIN	-	-	-	Not Allowed				
4040F	E	PNEUMOC IMM ORDER/ADMIN	-	-	-	Not Allowed				
4041F	E	DOC ORDER CEFAZOLIN/CEFUROX.	-	-	-	Not Allowed				
4042F	E	DOC ANTIBIO NOT GIVEN	-	-	-	Not Allowed				
4043F	E	DOC ORDER GIVEN STOP ANTIBIO	-	-	-	Not Allowed				
4044F	E	DOC ORDER GIVEN VTE PROPHYLX	-	-	-	Not Allowed				
4045F	E	EMPIRIC ANTIBIOTIC RX	-	-	-	Not Allowed				
4046F	E	DOC ANTIBIO GIVEN B/4 SURG	-	-	-	Not Allowed				
4047F	E	DOC ANTIBIO GIVEN B/4 SURG	-	-	-	Not Allowed				
4048F	E	DOC ANTIBIO GIVEN B/4 SURG	-	-	-	Not Allowed				
4049F	E	DOC ORDER GIVEN STOP ANTIBIO	-	-	-	Not Allowed				
4050F	E	HT CARE PLAN DOC	-	-	-	Not Allowed				
4051F	E	REFERRED FOR AN AV FISTULA	-	-	-	Not Allowed				
4052F	E	HEMODIALYSIS VIA AV FISTULA	-	-	-	Not Allowed				
4053F	E	HEMODIALYSIS VIA AV GRAFT	-	-	-	Not Allowed				
4054F	E	HEMODIALYSIS VIA CATHETER	-	-	-	Not Allowed				
4055F	E	PT. RCVNG PERITON DIALYSIS	-	-	-	Not Allowed				
4056F	E	APPROP. ORAL REHYD. RECOMMFD	-	-	-	Not Allowed				
4058F	E	PED GASTRO ED GIVEN, CAREGVR	-	-	-	Not Allowed				
4060F	E	PSYCH SVCS PROVIDED	-	-	-	Not Allowed				
4062F	E	PT REFERRAL PSYCH DOCFD	-	-	-	Not Allowed				

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4064F	E	ANTIDEPRESSANT RX	-	-	-	Not Allowed				
4065F	E	ANTIPSYCHOTIC RX	-	-	-	Not Allowed				
4066F	E	ECT PROVIDED	-	-	-	Not Allowed				
4067F	E	PT REFERRAL FOR ECT DOC/ED	-	-	-	Not Allowed				
4070F	E	DVT PROPHYLX RECV□D DAY 2	-	-	-	Not Allowed				
4073F	E	ORAL ANTIPLAT THX RX DISCHRG	-	-	-	Not Allowed				
4075F	E	ANTICOAG THX RX AT DISCHRG	-	-	-	Not Allowed				
4077F	E	DOC T-PA ADMIN CONSIDERED	-	-	-	Not Allowed				
4079F	E	DOC REHAB SVCS CONSIDERED	-	-	-	Not Allowed				
4084F	E	ASPIRIN RECV□D W/IN 24 HRS	-	-	-	Not Allowed				
5005F	E	PT COUNSLD ON EXAM FOR MOLES	-	-	-	Not Allowed				
5010F	E	MACUL + FINDINGS TO DR MNG DM	-	-	-	Not Allowed				
5015F	E	DOC FX & TEST/TXMNT FOR OP	-	-	-	Not Allowed				
6005F	E	CARE LEVEL RATIONALE DOC	-	-	-	Not Allowed				
6010F	E	DYSPHAG TEST DONE B/4 EATING	-	-	-	Not Allowed				
6015F	E	PT RECVNG/OK FOR EATING/SWALLOWING	-	-	-	Not Allowed				
6020F	E	NPO (NOTHING-MOUTH) ORDERED	-	-	-	Not Allowed				
A0021	E	OUTSIDE STATE AMBULANCE SERV	-	-	-	Not Allowed				Y
A0080	E	NONINTEREST ESCORT IN NON ER	-	-	-	Not Allowed				
A0090	E	INTEREST ESCORT IN NON ER	-	-	-	Not Allowed				Y
A0100	E	NONEMERGENCY TRANSPORT TAXI	-	-	-	Not Allowed				
A0110	E	NONEMERGENCY TRANSPORT BUS	-	-	-	Not Allowed				Y
A0120	E	NONER TRANSPORT MINI-BUS	-	-	-	Not Allowed				
A0130	E	NONER TRANSPORT WHEELCH VAN	-	-	-	Not Allowed				Y
A0140	E	NONEMERGENCY TRANSPORT AIR	-	-	-	Not Allowed				Y
A0160	E	NONER TRANSPORT CASE WORKER	-	-	-	Not Allowed				Y
A0170	E	TRANSPORT PARKING FEES/TOLLS	-	-	-	Not Allowed				
A0180	E	NONER TRANSPORT LODGNG RECIP	-	-	-	Not Allowed				Y
A0190	E	NONER TRANSPORT MEALS RECIP	-	-	-	Not Allowed				Y
A0200	E	NONER TRANSPORT LODGNG ESCRT	-	-	-	Not Allowed				
A0210	E	NONER TRANSPORT MEALS ESCORT	-	-	-	Not Allowed				
A0225	E	NEONATAL EMERGENCY TRANSPORT	-	-	-	Not Allowed				
A0380	E	BASIC LIFE SUPPORT MILEAGE	-	-	-	Not Allowed				
A0382	E	BASIC SUPPORT ROUTINE SUPPLS	-	-	-	Not Allowed				
A0384	E	BLS DEFIBRILLATION SUPPLIES	-	-	-	Not Allowed				
A0390	E	ADVANCED LIFE SUPPORT MILEAG	-	-	-	Not Allowed				
A0392	E	ALS DEFIBRILLATION SUPPLIES	-	-	-	Not Allowed				
A0394	E	ALS IV DRUG THERAPY SUPPLIES	-	-	-	Not Allowed				
A0396	E	ALS ESOPHAGEAL INTUB SUPPLS	-	-	-	Not Allowed				
A0398	E	ALS ROUTINE DISPOSBLE SUPPLS	-	-	-	Not Allowed				
A0420	E	AMBULANCE WAITING 1/2 HR	-	-	-	Not Allowed				
A0422	E	AMBULANCE 02 LIFE SUSTAINING	-	-	-	Not Allowed				Y
A0424	E	EXTRA AMBULANCE ATTENDANT	-	-	-	Not Allowed				
A0425	E	GROUND MILEAGE	-	-	-	Not Allowed				Y

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
A0426	E	ALS 1	-	-	-	Not Allowed				Y
A0427	E	ALS1-EMERGENCY	-	-	-	Not Allowed				Y
A0428	E	BLS	-	-	-	Not Allowed				Y
A0429	E	BLS-EMERGENCY	-	-	-	Not Allowed				Y
A0430	E	FIXED WING AIR TRANSPORT	-	-	-	Not Allowed				Y
A0431	E	ROTARY WING AIR TRANSPORT	-	-	-	Not Allowed				Y
A0432	E	PI VOLUNTEER AMBULANCE CO	-	-	-	Not Allowed				Y
A0433	E	ALS 2	-	-	-	Not Allowed				Y
A0434	E	SPECIALTY CARE TRANSPORT	-	-	-	Not Allowed				Y
A0435	E	FIXED WING AIR MILEAGE	-	-	-	Not Allowed				Y
A0436	E	ROTARY WING AIR MILEAGE	-	-	-	Not Allowed				Y
A0888	E	NONCOVERED AMBULANCE MILEAGE	-	-	-	Not Allowed				Y
A0998	E	AMBULANCE RESPONSE/TREATMENT	-	-	-	Not Allowed				
A0999	E	UNLISTED AMBULANCE SERVICE	-	-	-	Not Allowed				
A4206	N	1 CC STERILE SYRINGE&NEEDLE	-	-	-	APC/Bundled				
A4207	N	2 CC STERILE SYRINGE&NEEDLE	-	-	-	APC/Bundled				
A4208	N	3 CC STERILE SYRINGE&NEEDLE	-	-	-	APC/Bundled				
A4209	N	5+ CC STERILE SYRINGE&NEEDLE	-	-	-	APC/Bundled				
A4210	N	NONNEEDLE INJECTION DEVICE	-	-	-	APC/Bundled				
A4211	N	SUPP FOR SELF-ADM INJECTIONS	-	-	-	APC/Bundled				
A4212	N	NON CORING NEEDLE OR STYLET	-	-	-	APC/Bundled				
A4213	N	20+ CC SYRINGE ONLY	-	-	-	APC/Bundled				
A4215	N	STERILE NEEDLE	-	-	-	APC/Bundled				
A4216	E	STERILE WATER/SALINE 10 ML	-	-	-	Not Allowed				
A4217	E	STERILE WATER/SALINE 500 ML	-	-	-	Not Allowed				
A4218	N	STERILE SALINE OR WATER	-	-	-	APC/ Bundled				
A4220	N	INFUSION PUMP REFILL KIT	-	-	-	APC/ Bundled				
A4221	N	MAINT DRUG INFUS CATH PER WK	-	-	-	APC/Bundled				
A4222	N	DRUG INFUSION PUMP SUPPLIES	-	-	-	APC/Bundled				
A4223	E	INFUSION SUPPLIES W/O PUMP	-	-	-	Not Allowed				
A4230	N	INFUS INSULIN PUMP NON NEEDL	-	-	-	APC/Bundled				
A4231	N	INFUSION INSULIN PUMP NEEDLE	-	-	-	APC/Bundled				
A4232	N	SYRINGE W/NEEDLE INSULIN 3CC	-	-	-	APC/Bundled				
A4233	E	ALKALIN BATT FOR GLUCOSE MON	-	-	-	Not Allowed				
A4234	E	J-CELL BATT FOR GLUCOSE MON	-	-	-	Not Allowed				
A4235	E	LITHIUM BATT FOR GLUCOSE MON	-	-	-	Not Allowed				
A4236	E	SILVR OXIDE BATT GLUCOSE MON	-	-	-	Not Allowed				
A4244	N	ALCOHOL OR PEROXIDE PER PINT	-	-	-	APC/Bundled				
A4245	N	ALCOHOL WIPES PER BOX	-	-	-	APC/Bundled				
A4246	N	BETADINE/PHISOHEX SOLUTION	-	-	-	APC/Bundled				
A4247	N	BETADINE/IODINE SWABS/WIPES	-	-	-	APC/Bundled				
A4248	N	CHLORHEXIDINE ANTISEPT	-	-	-	APC/ Bundled				
A4250	N	URINE REAGENT STRIPS/TABLETS	-	-	-	APC/Bundled				
A4253	N	BLOOD GLUCOSE/REAGENT STRIPS	-	-	-	APC/Bundled				

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A4255	N	GLUCOSE MONITOR PLATFORMS	-	-	-	APC/Bundled				
A4256	N	CALIBRATOR SOLUTION/CHIPS	-	-	-	APC/Bundled				
A4257	N	REPLACE LENSSHIELD CARTRIDGE	-	-	-	APC/Bundled				
A4258	N	LANCET DEVICE EACH	-	-	-	APC/Bundled				
A4259	N	LANCETS PER BOX	-	-	-	APC/Bundled				
A4261	E	CERVICAL CAP CONTRACEPTIVE	-	-	-	Not Allowed				
A4262	N	TEMPORARY TEAR DUCT PLUG	-	-	-	APC/ Bundled				
A4263	N	PERMANENT TEAR DUCT PLUG	-	-	-	APC/ Bundled				
A4265	N	PARAFFIN	-	-	-	APC/Bundled				
A4266	E	DIAPHRAGM	-	-	-	Not Allowed				
A4267	E	MALE CONDOM	-	-	-	Not Allowed				
A4268	N	FEMALE CONDOM	-	-	-	APC/Bundled				
A4269	N	SPERMICIDE	-	-	-	APC/Bundled				
A4270	N	DISPOSABLE ENDOSCOPE SHEATH	-	-	-	APC/ Bundled				
A4280	N	BRST PRSTHS ADHSV ATTCHMNT	-	-	-	APC/Bundled				
A4281	E	REPLACEMENT BREASTPUMP TUBE	-	-	-	Not Allowed				
A4282	E	REPLACEMENT BREASTPUMP ADPT	-	-	-	Not Allowed				
A4283	E	REPLACEMENT BREASTPUMP CAP	-	-	-	Not Allowed				
A4284	E	REPLCMNT BREAST PUMP SHIELD	-	-	-	Not Allowed				
A4285	E	REPLCMNT BREAST PUMP BOTTLE	-	-	-	Not Allowed				
A4286	E	REPLCMNT BREASTPUMP LOK RING	-	-	-	Not Allowed				
A4290	N	SACRAL NERVE STIM TEST LEAD	-	-	-	APC/Bundled				
A4300	N	CATH IMPL VASC ACCESS PORTAL	-	-	-	APC/ Bundled				
A4301	N	IMPLANTABLE ACCESS SYST PERC	-	-	-	APC/ Bundled				
A4305	N	DRUG DELIVERY SYSTEM >=50 ML	-	-	-	APC/ Bundled				
A4306	N	DRUG DELIVERY SYSTEM <=50 ML	-	-	-	APC/ Bundled				
A4310	N	INSERT TRAY W/O BAG/CATH	-	-	-	APC/Bundled				
A4311	N	CATHETER W/O BAG 2-WAY LATEX	-	-	-	APC/Bundled				
A4312	N	CATH W/O BAG 2-WAY SILICONE	-	-	-	APC/Bundled				
A4313	N	CATHETER W/BAG 3-WAY	-	-	-	APC/Bundled				
A4314	N	CATH W/DRAINAGE 2-WAY LATEX	-	-	-	APC/Bundled				
A4315	N	CATH W/DRAINAGE 2-WAY SILCNE	-	-	-	APC/Bundled				
A4316	N	CATH W/DRAINAGE 3-WAY	-	-	-	APC/Bundled				
A4320	N	IRRIGATION TRAY	-	-	-	APC/Bundled				
A4321	N	CATH THERAPEUTIC IRRIG AGENT	-	-	-	APC/Bundled				
A4322	N	IRRIGATION SYRINGE	-	-	-	APC/Bundled				
A4326	N	MALE EXTERNAL CATHETER	-	-	-	APC/Bundled				
A4327	N	FEM URINARY COLLECT DEV CUP	-	-	-	APC/Bundled				
A4328	N	FEM URINARY COLLECT POUCH	-	-	-	APC/Bundled				
A4330	N	STOOL COLLECTION POUCH	-	-	-	APC/Bundled				
A4331	N	EXTENSION DRAINAGE TUBING	-	-	-	APC/Bundled				
A4332	N	LUBRICANT FOR CATH INSERTION	-	-	-	APC/Bundled				
A4333	N	URINARY CATH ANCHOR DEVICE	-	-	-	APC/Bundled				
A4334	N	URINARY CATH LEG STRAP	-	-	-	APC/Bundled				

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A4335	N	INCONTINENCE SUPPLY	-	-	-	APC/Bundled				
A4338	N	INDWELLING CATHETER LATEX	-	-	-	APC/Bundled				
A4340	N	INDWELLING CATHETER SPECIAL	-	-	-	APC/Bundled				
A4344	N	CATH INDW FOLEY 2 WAY SILICN	-	-	-	APC/Bundled				
A4346	N	CATH INDW FOLEY 3 WAY	-	-	-	APC/Bundled				
A4349	E	DISPOSABLE MALE EXTERNAL CAT	-	-	-	Not Allowed				
A4351	N	STRAIGHT TIP URINE CATHETER	-	-	-	APC/Bundled				
A4352	N	COUDE TIP URINARY CATHETER	-	-	-	APC/Bundled				
A4353	N	INTERMITTENT URINARY CATH	-	-	-	APC/Bundled				
A4354	N	CATH INSERTION TRAY W/BAG	-	-	-	APC/Bundled				
A4355	N	BLADDER IRRIGATION TUBING	-	-	-	APC/Bundled				
A4356	N	EXT URETH CLMP OR COMPR DVC	-	-	-	APC/Bundled				
A4357	N	BEDSIDE DRAINAGE BAG	-	-	-	APC/Bundled				
A4358	N	URINARY LEG OR ABDOMEN BAG	-	-	-	APC/Bundled				
A4361	N	OSTOMY FACE PLATE	-	-	-	APC/Bundled				
A4362	N	SOLID SKIN BARRIER	-	-	-	APC/Bundled				
A4363	N	OSTOMY CLAMP, REPLACEMENT	-	-	-	APC/Bundled				
A4364	N	ADHESIVE LIQUID OR EQUAL	-	-	-	APC/Bundled				
A4365	N	ADHESIVE REMOVER WIPES	-	-	-	APC/Bundled				
A4366	E	OSTOMY VENT	-	-	-	Not Allowed				
A4367	N	OSTOMY BELT	-	-	-	APC/Bundled				
A4368	N	OSTOMY FILTER	-	-	-	APC/Bundled				
A4369	N	SKIN BARRIER LIQUID PER OZ	-	-	-	APC/Bundled				
A4371	N	SKIN BARRIER POWDER PER OZ	-	-	-	APC/Bundled				
A4372	N	SKIN BARRIER SOLID 4X4 EQUIV	-	-	-	APC/Bundled				
A4373	N	SKIN BARRIER WITH FLANGE	-	-	-	APC/Bundled				
A4375	N	DRAINABLE PLASTIC PCH W FCPL	-	-	-	APC/Bundled				
A4376	N	DRAINABLE RUBBER PCH W FCPLT	-	-	-	APC/Bundled				
A4377	N	DRAINABLE PLSTIC PCH W/O FP	-	-	-	APC/Bundled				
A4378	N	DRAINABLE RUBBER PCH W/O FP	-	-	-	APC/Bundled				
A4379	N	URINARY PLASTIC POUCH W FCPL	-	-	-	APC/Bundled				
A4380	N	URINARY RUBBER POUCH W FCPLT	-	-	-	APC/Bundled				
A4381	N	URINARY PLASTIC POUCH W/O FP	-	-	-	APC/Bundled				
A4382	N	URINARY HVY PLSTC PCH W/O FP	-	-	-	APC/Bundled				
A4383	N	URINARY RUBBER POUCH W/O FP	-	-	-	APC/Bundled				
A4384	N	OSTOMY FACEPLT/SILICONE RING	-	-	-	APC/Bundled				
A4385	N	OST SKN BARRIER SLD EXT WEAR	-	-	-	APC/Bundled				
A4387	N	OST CLSD POUCH W ATT ST BARR	-	-	-	APC/Bundled				
A4388	N	DRAINABLE PCH W EX WEAR BARR	-	-	-	APC/Bundled				
A4389	N	DRAINABLE PCH W ST WEAR BARR	-	-	-	APC/Bundled				
A4390	N	DRAINABLE PCH EX WEAR CONVEX	-	-	-	APC/Bundled				
A4391	N	URINARY POUCH W EX WEAR BARR	-	-	-	APC/Bundled				
A4392	N	URINARY POUCH W ST WEAR BARR	-	-	-	APC/Bundled				
A4393	N	URINE PCH W EX WEAR BAR CONV	-	-	-	APC/Bundled				

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A4394	N	OSTOMY POUCH LIQ DEODORANT	-	-	-	APC/Bundled				
A4395	N	OSTOMY POUCH SOLID DEODORANT	-	-	-	APC/Bundled				
A4396	N	PERISTOMAL HERNIA SUPPRT BLT	-	-	-	APC/Bundled				
A4397	N	IRRIGATION SUPPLY SLEEVE	-	-	-	APC/Bundled				
A4398	N	OSTOMY IRRIGATION BAG	-	-	-	APC/Bundled				
A4399	N	OSTOMY IRRIG CONE/CATH W BRS	-	-	-	APC/Bundled				
A4400	N	OSTOMY IRRIGATION SET	-	-	-	APC/Bundled				
A4402	N	LUBRICANT PER OUNCE	-	-	-	APC/Bundled				
A4404	N	OSTOMY RING EACH	-	-	-	APC/Bundled				
A4405	N	NONPECTIN BASED OSTOMY PASTE	-	-	-	APC/Bundled				
A4406	N	PECTIN BASED OSTOMY PASTE	-	-	-	APC/Bundled				
A4407	N	EXT WEAR OST SKN BARR <=4SQ	-	-	-	APC/Bundled				
A4408	N	EXT WEAR OST SKN BARR >4SQ	-	-	-	APC/Bundled				
A4409	N	OST SKN BARR CONVEX <=4 SQ I	-	-	-	APC/Bundled				
A4410	N	OST SKN BARR EXTND >4 SQ	-	-	-	APC/Bundled				
A4411	E	OST SKN BARR EXTND =4SQ	-	-	-	Not Allowed				
A4412	E	OST POUCH DRAIN HIGH OUTPUT	-	-	-	Not Allowed				
A4413	N	2 PC DRAINABLE OST POUCH	-	-	-	APC/Bundled				
A4414	N	OST SKNBAR W/O CONV<=4 SQ IN	-	-	-	APC/Bundled				
A4415	N	OST SKN BARR W/O CONV >4 SQI	-	-	-	APC/Bundled				
A4416	E	OST PCH CLSD W BARRIER/FILTR	-	-	-	Not Allowed				
A4417	E	OST PCH W BAR/BLTINCONV/FLTR	-	-	-	Not Allowed				
A4418	E	OST PCH CLSD W/O BAR W FILTR	-	-	-	Not Allowed				
A4419	E	OST PCH FOR BAR W FLANGE/FLT	-	-	-	Not Allowed				
A4420	E	OST PCH CLSD FOR BAR W LK FL	-	-	-	Not Allowed				
A4421	N	OSTOMY SUPPLY MISC	-	-	-	APC/Bundled				
A4422	N	OST POUCH ABSORBENT MATERIAL	-	-	-	APC/Bundled				
A4423	E	OST PCH FOR BAR W LK FL/FLTR	-	-	-	Not Allowed				
A4424	E	OST PCH DRAIN W BAR & FILTER	-	-	-	Not Allowed				
A4425	E	OST PCH DRAIN FOR BARRIER FL	-	-	-	Not Allowed				
A4426	E	OST PCH DRAIN 2 PIECE SYSTEM	-	-	-	Not Allowed				
A4427	E	OST PCH DRAIN/BARR LK FLNG/F	-	-	-	Not Allowed				
A4428	E	URINE OST POUCH W FAUCET/TAP	-	-	-	Not Allowed				
A4429	E	URINE OST POUCH W BLTINCONV	-	-	-	Not Allowed				
A4430	E	OST URINE PCH W B/BLTIN CONV	-	-	-	Not Allowed				
A4431	E	OST PCH URINE W BARRIER/TAPV	-	-	-	Not Allowed				
A4432	E	OS PCH URINE W BAR/FANGE/TAP	-	-	-	Not Allowed				
A4433	E	URINE OST PCH BAR W LOCK FLN	-	-	-	Not Allowed				
A4434	E	OST PCH URINE W LOCK FLNG/FT	-	-	-	Not Allowed				
A4450	N	NON-WATERPROOF TAPE	-	-	-	APC/Bundled				
A4452	N	WATERPROOF TAPE	-	-	-	APC/Bundled				
A4455	N	ADHESIVE REMOVER PER OUNCE	-	-	-	APC/Bundled				
A4458	N	REUSABLE ENEMA BAG	-	-	-	APC/Bundled				
A4461	E	SURGICL DRESS HOLD NON-REUSE	-	-	-	Not Allowed				

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A4463	E	SURGICAL DRESS HOLDER REUSE	-	-	-	Not Allowed				
A4465	N	NON-ELASTIC EXTREMITY BINDER	-	-	-	APC/Bundled				
A4470	N	GRAVLEE JET WASHER	-	-	-	APC/Bundled				
A4480	N	VABRA ASPIRATOR	-	-	-	APC/Bundled				
A4481	N	TRACHEOSTOMA FILTER	-	-	-	APC/Bundled				
A4483	N	MOISTURE EXCHANGER	-	-	-	APC/Bundled				
A4490	N	ABOVE KNEE SURGICAL STOCKING	-	-	-	APC/Bundled				
A4495	N	THIGH LENGTH SURG STOCKING	-	-	-	APC/Bundled				
A4500	N	BELOW KNEE SURGICAL STOCKING	-	-	-	APC/Bundled				
A4510	N	FULL LENGTH SURG STOCKING	-	-	-	APC/Bundled				
A4520	E	INCONTINENCE GARMENT ANYTYPE	-	-	-	Not Allowed				
A4550	N	SURGICAL TRAYS	-	-	-	APC/Bundled				
A4554	N	DISPOSABLE UNDERPADS	-	-	-	APC/Bundled				
A4556	N	ELECTRODES, PAIR	-	-	-	APC/Bundled				
A4557	N	LEAD WIRES, PAIR	-	-	-	APC/Bundled				
A4558	N	CONDUCTIVE PASTE OR GEL	-	-	-	APC/Bundled				
A4559	N	COUPLING GEL OR PASTE	-	-	-	APC/Bundled				
A4561	N	PESSARY RUBBER, ANY TYPE	-	-	-	APC/ Bundled				
A4562	N	PESSARY, NON RUBBER,ANY TYPE	-	-	-	APC/ Bundled				
A4565	N	SLINGS	-	-	-	APC/Bundled				
A4570	N	SPLINT	-	-	-	APC/Bundled				
A4575	N	HYPERBARIC O2 CHAMBER DISPS	-	-	-	APC/Bundled				
A4580	N	CAST SUPPLIES (PLASTER)	-	-	-	APC/Bundled				
A4590	N	SPECIAL CASTING MATERIAL	-	-	-	APC/Bundled				
A4595	N	TENS SUPPL 2 LEAD PER MONTH	-	-	-	APC/Bundled				
A4600	N	SLEEVE, INTER LIMB COMP DEV	-	-	-	APC/Bundled				
A4601	N	LITH ION BATT, NON-PROS USE	-	-	-	APC/Bundled				
A4604	E	TUBING WITH HEATING ELEMENT	-	-	-	Not Allowed				
A4605	E	TRACH SUCTION CATH CLOSE SYS	-	-	-	Not Allowed				
A4606	N	OXYGEN PROBE USED W OXIMETER	-	-	-	APC/Bundled				
A4608	N	TRANSTRACHEAL OXYGEN CATH	-	-	-	APC/Bundled				
A4611	N	HEAVY DUTY BATTERY	-	-	-	APC/Bundled				
A4612	N	BATTERY CABLES	-	-	-	APC/Bundled				
A4613	N	BATTERY CHARGER	-	-	-	APC/Bundled				
A4614	N	HAND-HELD PEFR METER	-	-	-	APC/ Bundled				
A4615	N	CANNULA NASAL	-	-	-	APC/Bundled				
A4616	N	TUBING (OXYGEN) PER FOOT	-	-	-	APC/Bundled				
A4617	N	MOUTH PIECE	-	-	-	APC/Bundled				
A4618	N	BREATHING CIRCUITS	-	-	-	APC/Bundled				
A4619	N	FACE TENT	-	-	-	APC/Bundled				
A4620	N	VARIABLE CONCENTRATION MASK	-	-	-	APC/Bundled				
A4623	N	TRACHEOSTOMY INNER CANNULA	-	-	-	APC/Bundled				
A4624	N	TRACHEAL SUCTION TUBE	-	-	-	APC/Bundled				
A4625	N	TRACH CARE KIT FOR NEW TRACH	-	-	-	APC/Bundled				

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A4626	N	TRACHEOSTOMY CLEANING BRUSH	-	-	-	APC/Bundled				
A4627	N	SPACER BAG/RESERVOIR	-	-	-	APC/Bundled				
A4628	N	OROPHARYNGEAL SUCTION CATH	-	-	-	APC/Bundled				
A4629	N	TRACHEOSTOMY CARE KIT	-	-	-	APC/Bundled				
A4630	N	REPL BAT T.E.N.S. OWN BY PT	-	-	-	APC/Bundled				
A4633	N	UVL REPLACEMENT BULB	-	-	-	APC/Bundled				
A4634	N	REPLACEMENT BULB TH LIGHTBOX	-	-	-	APC/Bundled				
A4635	N	UNDERARM CRUTCH PAD	-	-	-	APC/Bundled				
A4636	N	HANDGRIP FOR CANE ETC	-	-	-	APC/Bundled				
A4637	N	REPL TIP CANE/CRUTCH/WALKER	-	-	-	APC/Bundled				
A4638	E	REPL BATT PULSE GEN SYS	-	-	-	Not Allowed				
A4639	N	INFRARED HT SYS REPLCMNT PAD	-	-	-	APC/Bundled				
A4640	N	ALTERNATING PRESSURE PAD	-	-	-	APC/Bundled				
A4641	N	RADIOPHARM DX AGENT NOC	-	-	-	APC/ Bundled				
A4642	H	IN111 SATUMOMAB	00704	-	-	APC/By Report				
A4649	N	SURGICAL SUPPLIES	-	-	-	APC/Bundled				
A4651	N	CALIBRATED MICROCAP TUBE	-	-	-	APC/Bundled				
A4652	N	MICROCAPILLARY TUBE SEALANT	-	-	-	APC/Bundled				
A4653	N	PD CATHETER ANCHOR BELT	-	-	-	APC/Bundled				
A4657	N	SYRINGE W/WO NEEDLE	-	-	-	APC/Bundled				
A4660	N	SPHYG/BP APP W CUFF AND STET	-	-	-	APC/Bundled				
A4663	N	DIALYSIS BLOOD PRESSURE CUFF	-	-	-	APC/Bundled				
A4670	N	AUTOMATIC BP MONITOR DIAL	-	-	-	APC/Bundled				
A4671	E	DISPOSABLE CYCLER SET	-	-	-	Not Allowed				
A4672	E	DRAINAGE EXT LINE DIALYSIS	-	-	-	Not Allowed				
A4673	E	EXT LINE W EASY LOCK CONNECT	-	-	-	Not Allowed				
A4674	E	CHEM/ANTISEPT SOLUTION 8OZ	-	-	-	Not Allowed				
A4680	N	ACTIFICIAL CARBON FILTER, EA	-	-	-	APC/Bundled				
A4690	N	DIALYZER, EACH	-	-	-	APC/Bundled				Y
A4706	N	BICARBONATE CONC SOL PER GAL	-	-	-	APC/Bundled				
A4707	N	BICARBONATE CONC POW PER PAC	-	-	-	APC/Bundled				
A4708	N	ACETATE CONC SOL PER GALLON	-	-	-	APC/Bundled				
A4709	N	ACID CONC SOL PER GALLON	-	-	-	APC/Bundled				
A4714	N	TREATED WATER PER GALLON	-	-	-	APC/Bundled				
A4719	N	Y SET TUBING FOR PERITONEAL DIALYSIS	-	-	-	APC/Bundled				
A4720	N	DIALYSAT SOL FLD VOL > 249CC	-	-	-	APC/Bundled				
A4721	N	DIALYSAT SOL FLD VOL > 999CC	-	-	-	APC/Bundled				
A4722	N	DIALYS SOL FLD VOL > 1999CC	-	-	-	APC/Bundled				
A4723	N	DIALYS SOL FLD VOL > 2999CC	-	-	-	APC/Bundled				
A4724	N	DIALYS SOL FLD VOL > 3999CC	-	-	-	APC/Bundled				
A4725	N	DIALYS SOL FLD VOL > 4999CC	-	-	-	APC/Bundled				
A4726	N	DIALYS SOL FLD VOL > 5999CC	-	-	-	APC/Bundled				
A4728	E	DIALYSATE SOLUTION NON-DEX	-	-	-	Not Allowed				
A4730	N	FISTULA CANNULATION SET, EA	-	-	-	APC/Bundled				

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A4736	N	TOPICAL ANESTHETIC, PER GRAM	-	-	-	APC/Bundled				
A4737	N	INJ ANESTHETIC PER 10 ML	-	-	-	APC/Bundled				
A4740	N	SHUNT ACCESSORY	-	-	-	APC/Bundled				
A4750	N	ART OR VENOUS BLOOD TUBING	-	-	-	APC/Bundled				
A4755	N	COMB ART/VENOUS BLOOD TUBING	-	-	-	APC/Bundled				
A4760	N	DIALYSATE SOL TEST KIT, EACH	-	-	-	APC/Bundled				
A4765	N	DIALYSATE CONC POW PER PACK	-	-	-	APC/Bundled				
A4766	N	DIALYSATE CONC SOL ADD 10 ML	-	-	-	APC/Bundled				
A4770	N	BLOOD COLLECTION TUBE/VACUUM	-	-	-	APC/Bundled				
A4771	N	SERUM CLOTTING TIME TUBE	-	-	-	APC/Bundled				
A4772	N	BLOOD GLUCOSE TEST STRIPS	-	-	-	APC/Bundled				
A4773	N	OCCULT BLOOD TEST STRIPS	-	-	-	APC/Bundled				
A4774	N	AMMONIA TEST STRIPS	-	-	-	APC/Bundled				
A4802	N	PROTAMINE SULFATE PER 50 MG	-	-	-	APC/Bundled				
A4860	N	DISPOSABLE CATHETER TIPS	-	-	-	APC/Bundled				
A4870	N	PLUMB/ELEC WK HM HEMO EQUIP	-	-	-	APC/Bundled				Y
A4890	N	REPAIR/MAINT CONT HEMO EQUIP	-	-	-	APC/Bundled				
A4911	N	DRAIN BAG/BOTTLE	-	-	-	APC/Bundled				
A4913	N	MISC DIALYSIS SUPPLIES NOC	-	-	-	APC/Bundled				
A4918	N	VENOUS PRESSURE CLAMP	-	-	-	APC/Bundled				
A4927	N	NON-STERILE GLOVES	-	-	-	APC/Bundled				
A4928	N	SURGICAL MASK	-	-	-	APC/Bundled				
A4929	N	TOURNIQUET FOR DIALYSIS, EA	-	-	-	APC/Bundled				
A4930	N	STERILE GLOVES PER PAIR	-	-	-	APC/Bundled				
A4931	N	REUSABLE ORAL THERMOMETER	-	-	-	APC/Bundled				
A4932	N	REUSABLE RECTAL THERMOMETER	-	-	-	APC/Bundled				
A5051	N	POUCH CLSD W BARR ATTACHED	-	-	-	APC/Bundled				
A5052	N	CLSD OSTOMY POUCH W/O BARR	-	-	-	APC/Bundled				
A5053	N	CLSD OSTOMY POUCH FACEPLATE	-	-	-	APC/Bundled				
A5054	N	CLSD OSTOMY POUCH W/FLANGE	-	-	-	APC/Bundled				
A5055	N	STOMA CAP	-	-	-	APC/Bundled				
A5061	N	POUCH DRAINABLE W BARRIER AT	-	-	-	APC/Bundled				
A5062	N	DRNBLE OSTOMY POUCH W/O BARR	-	-	-	APC/Bundled				
A5063	N	DRAIN OSTOMY POUCH W/FLANGE	-	-	-	APC/Bundled				
A5071	N	URINARY POUCH W/BARRIER	-	-	-	APC/Bundled				
A5072	N	URINARY POUCH W/O BARRIER	-	-	-	APC/Bundled				
A5073	N	URINARY POUCH ON BARR W/FLNG	-	-	-	APC/Bundled				
A5081	N	CONTINENT STOMA PLUG	-	-	-	APC/Bundled				
A5082	N	CONTINENT STOMA CATHETER	-	-	-	APC/Bundled				
A5093	N	OSTOMY ACCESSORY CONVEX INSE	-	-	-	APC/Bundled				
A5102	N	BEDSIDE DRAIN BTL W/WO TUBE	-	-	-	APC/Bundled				
A5105	N	URINARY SUSPENSORY	-	-	-	APC/Bundled				
A5112	N	URINARY LEG BAG	-	-	-	APC/Bundled				
A5113	N	LATEX LEG STRAP	-	-	-	APC/Bundled				

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A5114	N	FOAM/FABRIC LEG STRAP	-	-	-	APC/Bundled				
A5120	E	SKIN BARRIER WIPE OR SWAB	-	-	-	Not Allowed				
A5121	N	SOLID SKIN BARRIER 6X6	-	-	-	APC/Bundled				
A5122	N	SOLID SKIN BARRIER 8X8	-	-	-	APC/Bundled				
A5126	N	DISK/FOAM PAD +OR- ADHESIVE	-	-	-	APC/Bundled				
A5131	N	APPLIANCE CLEANER	-	-	-	APC/Bundled				
A5200	N	PERCUTANEOUS CATHETER ANCHOR	-	-	-	APC/Bundled				
A5500	N	DIAB SHOE FOR DENSITY INSERT	-	-	-	APC/Bundled				
A5501	N	DIABETIC CUSTOM MOLDED SHOE	-	-	-	APC/Bundled				
A5503	N	DIABETIC SHOE W/ROLLER/ROCKR	-	-	-	APC/Bundled				
A5504	N	DIABETIC SHOE WITH WEDGE	-	-	-	APC/Bundled				
A5505	N	DIAB SHOE W/METATARSAL BAR	-	-	-	APC/Bundled				
A5506	N	DIABETIC SHOE W/OFF SET HEEL	-	-	-	APC/Bundled				
A5507	N	MODIFICATION DIABETIC SHOE	-	-	-	APC/Bundled				
A5508	N	DIABETIC DELUXE SHOE	-	-	-	APC/Bundled				
A5510	N	COMPRESSION FORM SHOE INSERT	-	-	-	APC/Bundled				
A5512	E	MULTI DEN INSERT DIRECT FORM	-	-	-	Not Allowed				
A5513	E	MULTI DEN INSERT CUSTOM MOLD	-	-	-	Not Allowed				
A6000	N	WOUND WARMING WOUND COVER	-	-	-	APC/Bundled				
A6010	N	COLLAGEN BASED WOUND FILLER	-	-	-	APC/Bundled				
A6011	N	COLLAGEN GEL/PASTE WOUND FIL	-	-	-	APC/Bundled				
A6021	N	COLLAGEN DRESSING <=16 SQ IN	-	-	-	APC/Bundled				
A6022	N	COLLAGEN DRSG>6<=48 SQ IN	-	-	-	APC/Bundled				
A6023	N	COLLAGEN DRESSING >48 SQ IN	-	-	-	APC/Bundled				
A6024	N	COLLAGEN DSG WOUND FILLER	-	-	-	APC/Bundled				
A6025	N	SILICONE GEL SHEET EACH	-	-	-	APC/Bundled				
A6154	N	WOUND POUCH EACH	-	-	-	APC/Bundled				
A6196	N	ALGINATE DRESSING <=16 SQ IN	-	-	-	APC/Bundled				
A6197	N	ALGINATE DRSG >16 <=48 SQ IN	-	-	-	APC/Bundled				
A6198	N	ALGINATE DRESSING > 48 SQ IN	-	-	-	APC/Bundled				
A6199	N	ALGINATE DRSG WOUND FILLER	-	-	-	APC/Bundled				
A6200	N	COMPOS DRSG <=16 NO BORDER	-	-	-	APC/Bundled				
A6201	N	COMPOS DRSG >16<=48 NO BDR	-	-	-	APC/Bundled				
A6202	N	COMPOS DRSG >48 NO BORDER	-	-	-	APC/Bundled				
A6203	N	COMPOSITE DRSG <= 16 SQ IN	-	-	-	APC/Bundled				
A6204	N	COMPOSITE DRSG >16<=48 SQ IN	-	-	-	APC/Bundled				
A6205	N	COMPOSITE DRSG > 48 SQ IN	-	-	-	APC/Bundled				
A6206	N	CONTACT LAYER <= 16 SQ IN	-	-	-	APC/Bundled				
A6207	N	CONTACT LAYER >16<= 48 SQ IN	-	-	-	APC/Bundled				
A6208	N	CONTACT LAYER > 48 SQ IN	-	-	-	APC/Bundled				
A6209	N	FOAM DRSG <=16 SQ IN W/O BDR	-	-	-	APC/Bundled				
A6210	N	FOAM DRG >16<=48 SQ IN W/O B	-	-	-	APC/Bundled				
A6211	N	FOAM DRG > 48 SQ IN W/O BRDR	-	-	-	APC/Bundled				
A6212	N	FOAM DRG <=16 SQ IN W/BORDER	-	-	-	APC/Bundled				

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A6213	N	FOAM DRG >16<=48 SQ IN W/BDR	-	-	-	APC/Bundled				
A6214	N	FOAM DRG > 48 SQ IN W/BORDER	-	-	-	APC/Bundled				
A6215	N	FOAM DRESSING WOUND FILLER	-	-	-	APC/Bundled				
A6216	N	NON-STERILE GAUZE<=16 SQ IN	-	-	-	APC/Bundled				
A6217	N	NON-STERILE GAUZE>16<=48 SQ	-	-	-	APC/Bundled				
A6218	N	NON-STERILE GAUZE > 48 SQ IN	-	-	-	APC/Bundled				
A6219	N	GAUZE <= 16 SQ IN W/BORDER	-	-	-	APC/Bundled				
A6220	N	GAUZE >16 <=48 SQ IN W/BORDR	-	-	-	APC/Bundled				
A6221	N	GAUZE > 48 SQ IN W/BORDER	-	-	-	APC/Bundled				
A6222	N	GAUZE <=16 IN NO W/SAL W/O B	-	-	-	APC/Bundled				
A6223	N	GAUZE >16<=48 NO W/SAL W/O B	-	-	-	APC/Bundled				
A6224	N	GAUZE > 48 IN NO W/SAL W/O B	-	-	-	APC/Bundled				
A6228	N	GAUZE <= 16 SQ IN WATER/SAL	-	-	-	APC/Bundled				
A6229	N	GAUZE >16<=48 SQ IN WATR/SAL	-	-	-	APC/Bundled				
A6230	N	GAUZE > 48 SQ IN WATER/SALNE	-	-	-	APC/Bundled				
A6231	N	HYDROGEL DSG<=16 SQ IN	-	-	-	APC/Bundled				
A6232	N	HYDROGEL DSG>16<=48 SQ IN	-	-	-	APC/Bundled				
A6233	N	HYDROGEL DRESSING >48 SQ IN	-	-	-	APC/Bundled				
A6234	N	HYDROCOLLD DRG <=16 W/O BDR	-	-	-	APC/Bundled				
A6235	N	HYDROCOLLD DRG >16<=48 W/O B	-	-	-	APC/Bundled				
A6236	N	HYDROCOLLD DRG > 48 IN W/O B	-	-	-	APC/Bundled				
A6237	N	HYDROCOLLD DRG <=16 IN W/BDR	-	-	-	APC/Bundled				
A6238	N	HYDROCOLLD DRG >16<=48 W/BDR	-	-	-	APC/Bundled				
A6239	N	HYDROCOLLD DRG > 48 IN W/BDR	-	-	-	APC/Bundled				
A6240	N	HYDROCOLLD DRG FILLER PASTE	-	-	-	APC/Bundled				
A6241	N	HYDROCOLLOID DRG FILLER DRY	-	-	-	APC/Bundled				
A6242	N	HYDROGEL DRG <=16 IN W/O BDR	-	-	-	APC/Bundled				
A6243	N	HYDROGEL DRG >16<=48 W/O BDR	-	-	-	APC/Bundled				
A6244	N	HYDROGEL DRG >48 IN W/O BDR	-	-	-	APC/Bundled				
A6245	N	HYDROGEL DRG <= 16 IN W/BDR	-	-	-	APC/Bundled				
A6246	N	HYDROGEL DRG >16<=48 IN W/B	-	-	-	APC/Bundled				
A6247	N	HYDROGEL DRG > 48 SQ IN W/B	-	-	-	APC/Bundled				
A6248	N	HYDROGEL DRSG GEL FILLER	-	-	-	APC/Bundled				
A6250	N	SKIN SEAL PROTECT MOISTURIZR	-	-	-	APC/Bundled				
A6251	N	ABSORPT DRG <=16 SQ IN W/O B	-	-	-	APC/Bundled				
A6252	N	ABSORPT DRG >16 <=48 W/O BDR	-	-	-	APC/Bundled				
A6253	N	ABSORPT DRG > 48 SQ IN W/O B	-	-	-	APC/Bundled				
A6254	N	ABSORPT DRG <=16 SQ IN W/BDR	-	-	-	APC/Bundled				
A6255	N	ABSORPT DRG >16<=48 IN W/BDR	-	-	-	APC/Bundled				
A6256	N	ABSORPT DRG > 48 SQ IN W/BDR	-	-	-	APC/Bundled				
A6257	N	TRANSPARENT FILM <= 16 SQ IN	-	-	-	APC/Bundled				
A6258	N	TRANSPARENT FILM >16<=48 IN	-	-	-	APC/Bundled				
A6259	N	TRANSPARENT FILM > 48 SQ IN	-	-	-	APC/Bundled				
A6260	N	WOUND CLEANSER ANY TYPE/SIZE	-	-	-	APC/Bundled				

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A6261	N	WOUND FILLER GEL/PASTE /OZ	-	-	-	APC/Bundled				
A6262	N	WOUND FILLER DRY FORM / GRAM	-	-	-	APC/Bundled				
A6266	N	IMPREG GAUZE NO H20/SAL/YARD	-	-	-	APC/Bundled				
A6402	N	STERILE GAUZE <= 16 SQ IN	-	-	-	APC/Bundled				
A6403	N	STERILE GAUZE>16 <= 48 SQ IN	-	-	-	APC/Bundled				
A6404	N	STERILE GAUZE > 48 SQ IN	-	-	-	APC/Bundled				
A6407	E	PACKING STRIPS NON-IMPREG	-	-	-	Not Allowed				
A6410	N	STERILE EYE PAD	-	-	-	APC/Bundled				
A6411	N	NON-STERILE EYE PAD	-	-	-	APC/Bundled				
A6412	N	OCCLUSIVE EYE PATCH	-	-	-	APC/Bundled				
A6441	E	PAD BAND W>=3" <5"/YD	-	-	-	Not Allowed				
A6442	E	CONFORM BAND N/S W<3"/YD	-	-	-	Not Allowed				
A6443	E	CONFORM BAND N/S W>=3"<5"/YD	-	-	-	Not Allowed				
A6444	E	CONFORM BAND N/S W>=5Þ/YD	-	-	-	Not Allowed				
A6445	E	CONFORM BAND S W <3Þ/YD	-	-	-	Not Allowed				
A6446	E	CONFORM BAND S W>=3Þ <5Þ/YD	-	-	-	Not Allowed				
A6447	E	CONFORM BAND S W >=5Þ/YD	-	-	-	Not Allowed				
A6448	E	LT COMPRES BAND <3Þ/YD	-	-	-	Not Allowed				
A6449	E	LT COMPRES BAND >=3Þ <5Þ/YD	-	-	-	Not Allowed				
A6450	E	LT COMPRES BAND >=5Þ/YD	-	-	-	Not Allowed				
A6451	E	MOD COMPRES BAND W>=3Þ<5Þ/YD	-	-	-	Not Allowed				
A6452	E	HIGH COMPRES BAND W>=3Þ<5ÞYD	-	-	-	Not Allowed				
A6453	E	SELF-ADHER BAND W <3Þ/YD	-	-	-	Not Allowed				
A6454	E	SELF-ADHER BAND W>=3Þ <5Þ/YD	-	-	-	Not Allowed				
A6455	E	SELF-ADHER BAND >=5Þ/YD	-	-	-	Not Allowed				
A6456	E	ZINC PASTE BAND W >=3Þ<5Þ/YD	-	-	-	Not Allowed				
A6457	E	TUBULAR DRESSING	-	-	-	Not Allowed				
A6501	N	COMPRES BURNGARMENT BODYSUIT	-	-	-	APC/Bundled				
A6502	N	COMPRES BURNGARMENT CHINSTRP	-	-	-	APC/Bundled				
A6503	N	COMPRES BURNGARMENT FACEHOOD	-	-	-	APC/Bundled				
A6504	N	CMPRSBURNGARMENT GLOVE-WRIST	-	-	-	APC/Bundled				
A6505	N	CMPRSBURNGARMENT GLOVE-ELBOW	-	-	-	APC/Bundled				
A6506	N	CMPRSBURNGRMNT GLOVE-AXILLA	-	-	-	APC/Bundled				
A6507	N	CMPRS BURNGARMENT FOOT-KNEE	-	-	-	APC/Bundled				
A6508	N	CMPRS BURNGARMENT FOOT-THIGH	-	-	-	APC/Bundled				
A6509	N	COMPRES BURN GARMENT JACKET	-	-	-	APC/Bundled				
A6510	N	COMPRES BURN GARMENT LEOTARD	-	-	-	APC/Bundled				
A6511	N	COMPRES BURN GARMENT PANTY	-	-	-	APC/Bundled				
A6512	N	COMPRES BURN GARMENT NOC	-	-	-	APC/Bundled				
A6513	E	COMPRESS BURN MASK FACE/NECK	-	-	-	Not Allowed				
A6530	E	COMPRESSION STOCKING BK18-30	-	-	-	Not Allowed				
A6531	E	COMPRESSION STOCKING BK30-40	-	-	-	Not Allowed				
A6532	E	COMPRESSION STOCKING BK40-50	-	-	-	Not Allowed				
A6533	E	GC STOCKING THIGHLNGTH 18-30	-	-	-	Not Allowed				

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A6534	E	GC STOCKING THIGHLNGTH 30-40	-	-	-	Not Allowed				
A6535	E	GC STOCKING THIGHLNGTH 40-50	-	-	-	Not Allowed				
A6536	E	GC STOCKING FULL LNGTH 18-30	-	-	-	Not Allowed				
A6537	E	GC STOCKING FULL LNGTH 30-40	-	-	-	Not Allowed				
A6538	E	GC STOCKING FULL LNGTH 40-50	-	-	-	Not Allowed				
A6539	E	GC STOCKING WAISTLNGTH 18-30	-	-	-	Not Allowed				
A6540	E	GC STOCKING WAISTLNGTH 30-40	-	-	-	Not Allowed				
A6541	E	GC STOCKING WAISTLNGTH 40-50	-	-	-	Not Allowed				
A6542	E	GC STOCKING CUSTOM MADE	-	-	-	Not Allowed				
A6543	E	GC STOCKING LYMPHEDEMA	-	-	-	Not Allowed				
A6544	E	GC STOCKING GARTER BELT	-	-	-	Not Allowed				
A6549	E	G COMPRESSION STOCKING	-	-	-	Not Allowed				
A6550	E	NEG PRES WOUND THER DRSG SET	-	-	-	Not Allowed				
A7000	N	DISPOSABLE CANISTER FOR PUMP	-	-	-	APC/Bundled				
A7001	N	NONDISPOSABLE PUMP CANISTER	-	-	-	APC/Bundled				
A7002	N	TUBING USED W SUCTION PUMP	-	-	-	APC/Bundled				
A7003	N	NEBULIZER ADMINISTRATION SET	-	-	-	APC/Bundled				
A7004	N	DISPOSABLE NEBULIZER SML VOL	-	-	-	APC/Bundled				
A7005	N	NONDISPOSABLE NEBULIZER SET	-	-	-	APC/Bundled				
A7006	N	FILTERED NEBULIZER ADMIN SET	-	-	-	APC/Bundled				
A7007	N	LG VOL NEBULIZER DISPOSABLE	-	-	-	APC/Bundled				
A7008	N	DISPOSABLE NEBULIZER PREFILL	-	-	-	APC/Bundled				
A7009	N	NEBULIZER RESERVOIR BOTTLE	-	-	-	APC/Bundled				
A7010	N	DISPOSABLE CORRUGATED TUBING	-	-	-	APC/Bundled				
A7011	N	NONDISPOS CORRUGATED TUBING	-	-	-	APC/Bundled				
A7012	N	NEBULIZER WATER COLLEC DEVIC	-	-	-	APC/Bundled				
A7013	N	DISPOSABLE COMPRESSOR FILTER	-	-	-	APC/Bundled				
A7014	N	COMPRESSOR NONDISPOS FILTER	-	-	-	APC/Bundled				
A7015	N	AEROSOL MASK USED W NEBULIZE	-	-	-	APC/Bundled				
A7016	N	NEBULIZER DOME & MOUTHPIECE	-	-	-	APC/Bundled				
A7017	N	NEBULIZER NOT USED W OXYGEN	-	-	-	APC/Bundled				
A7018	N	WATER DISTILLED W/NEBULIZER	-	-	-	APC/Bundled				
A7025	N	REPLACE CHEST COMPRESS VEST	-	-	-	APC/Bundled				
A7026	N	REPLACE CHST CMPRSS SYS HOSE	-	-	-	APC/Bundled				
A7030	N	CPAP FULL FACE MASK	-	-	-	APC/Bundled				
A7031	N	REPLACEMENT FACEMASK INTERFA	-	-	-	APC/Bundled				
A7032	N	REPLACEMENT NASAL CUSHION	-	-	-	APC/Bundled				
A7033	N	REPLACEMENT NASAL PILLOWS	-	-	-	APC/Bundled				
A7034	N	NASAL APPLICATION DEVICE	-	-	-	APC/Bundled				
A7035	N	POS AIRWAY PRESS HEADGEAR	-	-	-	APC/Bundled				
A7036	N	POS AIRWAY PRESS CHINSTRAP	-	-	-	APC/Bundled				
A7037	N	POS AIRWAY PRESSURE TUBING	-	-	-	APC/Bundled				
A7038	N	POS AIRWAY PRESSURE FILTER	-	-	-	APC/Bundled				
A7039	N	FILTER NON DISPOSABLE W PAP	-	-	-	APC/Bundled				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
A7040	E	ONE WAY CHEST DRAIN VALVE	-	-	-	Not Allowed				
A7041	E	WATER SEAL DRAIN CONTAINER	-	-	-	Not Allowed				
A7042	N	IMPLANTED PLEURAL CATHETER	-	-	-	APC/Bundled				
A7043	N	VACUUM DRAINAGEBOTTLE/TUBING	-	-	-	APC/Bundled				
A7044	N	PAP ORAL INTERFACE	-	-	-	APC/Bundled				
A7045	E	REPL EXHALATION PORT FOR PAP	-	-	-	Not Allowed				
A7046	E	REPL WATER CHAMBER PAP DEV	-	-	-	Not Allowed				
A7501	N	TRACHEOSTOMA VALVE W DIAPHRA	-	-	-	APC/Bundled				
A7502	N	REPLACEMENT DIAPHRAGM/FPLATE	-	-	-	APC/Bundled				
A7503	N	HMES FILTER HOLDER OR CAP	-	-	-	APC/Bundled				
A7504	N	TRACHEOSTOMA HMES FILTER	-	-	-	APC/Bundled				
A7505	N	HMES OR TRACH VALVE HOUSING	-	-	-	APC/Bundled				
A7506	N	HMES/TRACHVALVE ADHESIVEDISK	-	-	-	APC/Bundled				
A7507	N	INTEGRATED FILTER & HOLDER	-	-	-	APC/Bundled				
A7508	N	HOUSING & INTEGRATED ADHESIV	-	-	-	APC/Bundled				
A7509	N	HEAT & MOISTURE EXCHANGE SYS	-	-	-	APC/Bundled				
A7520	E	TRACH/LARYN TUBE NON-CUFFED	-	-	-	Not Allowed				
A7521	E	TRACH/LARYN TUBE CUFFED	-	-	-	Not Allowed				
A7522	E	TRACH/LARYN TUBE STAINLESS	-	-	-	Not Allowed				
A7523	E	TRACHEOSTOMY SHOWER PROTECT	-	-	-	Not Allowed				
A7524	E	TRACHEOSTOMA STENT/STUD/BTTN	-	-	-	Not Allowed				
A7525	E	TRACHEOSTOMY MASK	-	-	-	Not Allowed				
A7526	E	TRACHEOSTOMY TUBE COLLAR	-	-	-	Not Allowed				
A7527	E	TRACH/LARYN TUBE PLUG/STOP	-	-	-	Not Allowed				
A8000	E	SOFT PROTECT HELMET PREFAB	-	-	-	Not Allowed				
A8001	E	HARD PROTECT HELMET PREFAB	-	-	-	Not Allowed				
A8002	E	SOFT PROTECT HELMET CUSTOM	-	-	-	Not Allowed				
A8003	E	HARD PROTECT HELMET CUSTOM	-	-	-	Not Allowed				
A8004	E	REPL SOFT INTERFACE, HELMET	-	-	-	Not Allowed				
A9150	N	MISC/EXPER NON-PRESCRIPT DRU	-	-	-	APC/Bundled				
A9152	E	SINGLE VITAMIN NOS	-	-	-	Not Allowed				
A9153	E	MULTI-VITAMIN NOS	-	-	-	Not Allowed				
A9180	E	LICE TREATMENT TOPICAL	-	-	-	Not Allowed				
A9270	E	NON-COVERED ITEM OR SERVICE	-	-	-	Not Allowed				
A9275	E	DISP HOME GLUCOSE MONITOR	-	-	-	Not Allowed				
A9279	E	MONITORING FEATURE/DEVICENOC	-	-	-	Not Allowed				
A9280	E	ALERT DEVICE, NOC	-	-	-	Not Allowed				
A9281	E	REACHING/GRABBING DEVICE	-	-	-	Not Allowed				
A9282	E	WIG ANY TYPE	-	-	-	Not Allowed				
A9300	E	EXERCISE EQUIPMENT	-	-	-	Not Allowed				
A9500	H	TC99M SESTAMIBI	01600	-	-	APC/By Report				
A9502	H	TC99M TETROFOSMIN	00705	-	-	APC/By Report				
A9503	N	TC99M MEDRONATE	-	-	-	APC/ Bundled				
A9504	N	TC99M APCITIDE	-	-	-	APC/ Bundled				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
A9505	H	TL201 THALLIUM	01603	-	-	APC/By Report				
A9507	H	IN111 CAPROMAB	01604	-	-	APC/By Report				
A9508	H	I131 IODOBENGUATE DX	01045	-	-	APC/By Report				
A9510	N	TC99M DISOFENIN	-	-	-	APC/ Bundled				
A9512	N	TC99M PERTECHNETATE	-	-	-	APC/ Bundled				
A9516	H	I123 IODIDE CAP DX	09148	-	-	APC/By Report				
A9517	H	I131 IODIDE CAP RX	01064	-	-	APC/By Report				
A9521	H	TC99M EXAMETAZIME	01096	-	-	APC/By Report				
A9524	H	I131 SERUM ALBUMIN DX	09100	-	-	APC/By Report				
A9526	H	NITROGEN N-13 AMMONIA	00737	-	-	APC/By Report				
A9527	H	IODINE I-125 SODIUM IODIDE	02632	-	-	APC/By Report				
A9528	H	IODINE I-131 IODIDE CAP DX	01088	-	-	APC/By Report				
A9529	N	I131 IODIDE SOL DX	-	-	-	APC/ Bundled				
A9530	H	I131 IODIDE SOL RX	01150	-	-	APC/By Report				
A9531	N	I131 MAX 100UCI	-	-	-	APC/ Bundled				
A9532	N	I125 SERUM ALBUMIN DX	-	-	-	APC/ Bundled				
A9535	N	INJECTION METHYLENE BLUE	-	-	-	APC/ Bundled				
A9536	H	TC99M DEPREOTIDE	00739	-	-	APC/By Report				
A9537	N	TC99M MEBROFENIN	-	-	-	APC/ Bundled				
A9538	N	TC99M PYROPHOSPHATE	-	-	-	APC/ Bundled				
A9539	H	TC99M PENTETATE	00722	-	-	APC/By Report				
A9540	N	TC99M MAA	-	-	-	APC/ Bundled				
A9541	N	TC99M SULFUR COLLOID	-	-	-	APC/ Bundled				
A9542	H	IN111 IBRITUMOMAB DX	01642	-	-	APC/By Report				
A9543	H	Y90 IBRITUMOMAB RX	01643	-	-	APC/By Report				
A9544	H	I131 TOSITUMOMAB DX	01644	-	-	APC/By Report				
A9545	H	I131 TOSITUMOMAB RX	01645	-	-	APC/By Report				
A9546	H	CO57/58	00723	-	-	APC/By Report				
A9547	H	IN111 OXYQUINOLINE	01646	-	-	APC/By Report				
A9548	H	IN111 PENTETATE	01647	-	-	APC/By Report				
A9550	H	TC99M GLUCEPTATE	00740	-	-	APC/By Report				
A9551	H	TC99M SUCCIMER	01650	-	-	APC/By Report				
A9552	H	F18 FDG	01651	-	-	APC/By Report				
A9553	H	CR51 CHROMATE	00741	-	-	APC/By Report				
A9554	N	I125 IOTHALAMATE DX	-	-	-	APC/ Bundled				
A9555	H	RB82 RUBIDIUM	01654	-	-	APC/By Report				
A9556	H	GA67 GALLIUM	01671	-	-	APC/By Report				
A9557	H	TC99M BICISATE	01672	-	-	APC/By Report				
A9558	N	XE133 XENON 10MCI	-	-	-	APC/ Bundled				
A9559	H	CO57 CYANO	00724	-	-	APC/By Report				
A9560	H	TC99M LABELED RBC	00742	-	-	APC/By Report				
A9561	N	TC99M OXIDRONATE	-	-	-	APC/ Bundled				
A9562	H	TC99M MERTIATIDE	00743	-	-	APC/By Report				
A9563	H	P32 NA PHOSPHATE	01675	-	-	APC/By Report				

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A9564	H	P32 CHROMIC PHOSPHATE	01676	-	-	APC/By Report				
A9565	H	IN111 PENTETREOTIDE	01677	-	-	APC/By Report				
A9566	H	TC99M FANOLESOMAB	01678	-	-	APC/By Report				
A9567	H	TECHNETIUM TC-99M AEROSOL	00829	-	-	APC/By Report				
A9568	H	TECHNETIUM TC99M ARCITUMOMAB	01648	-	-	APC/By Report				
A9600	H	SR89 STRONTIUM	00701	-	-	APC/By Report				
A9605	H	SM 153 LEXIDRONM	00702	-	-	APC/By Report				
A9698	N	NON-RAD CONTRAST MATERIALNOC	-	-	-	APC/ Bundled				
A9699	N	RADIOPHARM RX AGENT NOC	-	-	-	APC/ Bundled				
A9700	E	ECHOCARDIOGRAPHY CONTRAST	-	-	-	Not Allowed				
A9900	N	SUPPLY/ACCESSORY/SERVICE	-	-	-	APC/Bundled				
A9901	N	DELIVERY/SET UP/DISPENSING	-	-	-	APC/Bundled				
A9999	E	DME SUPPLY OR ACCESSORY NOS	-	-	-	Not Allowed				
B4034	E	ENTERAL FEEDING SUPPLY KIT; SYRINGE PER DAY	-	-	-	Not Allowed				
B4035	E	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY	-	-	-	Not Allowed				
B4036	E	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY	-	-	-	Not Allowed				
B4081	E	NASOGASTRIC TUBING WITH STYLET	-	-	-	Not Allowed				
B4082	E	NASOGASTRIC TUBING WITHOUT STYLET	-	-	-	Not Allowed				
B4083	E	STOMACH TUBE - LEVINE TYPE	-	-	-	Not Allowed				
B4086	E	GASTROSTOMY/JEJUNOSTOMY TUBE	-	-	-	Not Allowed				
B4100	E	FOOD THICKENER ORAL	-	-	-	Not Allowed				
B4102	E	EF ADULT FLUIDS AND ELECTRO	-	-	-	Not Allowed				
B4103	E	EF PED FLUID AND ELECTROLYTE	-	-	-	Not Allowed				
B4104	E	ADDITIVE FOR ENTERAL FORMULA	-	-	-	Not Allowed				
B4149	E	EF BLENDERIZED FOODS	-	-	-	Not Allowed				
B4150	E	ENTERAL FORMULAE CATEGORY I; SEMI-SYNTHETIC INTACT F	-	-	-	Not Allowed				
B4152	E	ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEI	-	-	-	Not Allowed				
B4153	E	ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/A	-	-	-	Not Allowed				
B4154	E	ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPE	-	-	-	Not Allowed				
B4155	E	ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS	-	-	-	Not Allowed				
B4157	E	EF SPECIAL METABOLIC INHERIT	-	-	-	Not Allowed				
B4158	E	EF PED COMPLETE INTACT NUT	-	-	-	Not Allowed				
B4159	E	EF PED COMPLETE SOY BASED	-	-	-	Not Allowed				
B4160	E	EF PED CALORIC DENSE>/=0.7KC	-	-	-	Not Allowed				
B4161	E	EF PED HYDROLYZED/AMINO ACID	-	-	-	Not Allowed				
B4162	E	EF PED SPECMETABOLIC INHERIT	-	-	-	Not Allowed				
B4164	E	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEX	-	-	-	Not Allowed				
B4168	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID	-	-	-	Not Allowed				
B4172	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID	-	-	-	Not Allowed				
B4176	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID	-	-	-	Not Allowed				
B4178	E	PARENTERAL NUTRITION SOLUTION: AMINO ACID GREATER T	-	-	-	Not Allowed				
B4180	E	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXT	-	-	-	Not Allowed				
B4185	E	PARENTERAL SOL 10 GM LIPIDS	-	-	-	Not Allowed				
B4189	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO A	-	-	-	Not Allowed				

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B4193	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO AC	-	-	-	Not Allowed				
B4197	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO AC	-	-	-	Not Allowed				
B4199	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO AC	-	-	-	Not Allowed				
B4216	E	PARENTERAL NUTRITION; ADDITIVES (VITAMINS TRACE ELEM	-	-	-	Not Allowed				
B4220	E	PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY	-	-	-	Not Allowed				
B4222	E	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY	-	-	-	Not Allowed				
B4224	E	PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY	-	-	-	Not Allowed				
B5000	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO A	-	-	-	Not Allowed				
B5100	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO AC	-	-	-	Not Allowed				
B5200	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO A	-	-	-	Not Allowed				
B9000	E	ENTERAL NUTRITION INFUSION PUMP WITHOUT ALARM	-	-	-	Not Allowed				
B9002	E	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	-	-	-	Not Allowed				
B9004	E	PARENTERAL NUTRITION INFUSION PUMP PORTABLE	-	-	-	Not Allowed				Y
B9006	E	PARENTERAL NUTRITION INFUSION PUMP STATIONARY	-	-	-	Not Allowed				Y
B9998	E	NOC FOR ENTERNAL SUPPLIES	-	-	-	Not Allowed				
B9999	E	NOC FOR PARENTERAL SUPPLIES	-	-	-	Not Allowed				
C1300	S	HYPERBARIC OXYGEN	00659	1.5906	$75.95	APC				
C1713	N	ANCHOR/SCREW BN/BN TIS/BN	-	-	-	APC/ Bundled				
C1714	N	CATH, TRANS ATHERECTOMY, DIR	-	-	-	APC/ Bundled				
C1715	N	BRACHYTHERAPY NEEDLE	-	-	-	APC/ Bundled				
C1716	H	BRACHYTX SOURCE GOLD 198	01716	-	-	APC/By Report				
C1717	H	BRACHYTHERAPY SEED HDR IR-192	01717	-	-	APC/By Report				
C1718	H	BRACHYTX SOURCE IODINE 125	01718	-	-	APC/By Report				
C1719	H	BRACHYTX SOUR NON-HDR IR-192	01719	-	-	APC/By Report				
C1720	H	BRACHYTX SOUR PALLADIUM 103	01720	-	-	APC/By Report				
C1721	N	CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER (IMPLANTAB	-	-	-	APC/ Bundled				
C1722	N	AICD SINGLE CHAMBER	-	-	-	APC/ Bundled				
C1724	N	CATH, TRANS ATHEREC,ROTATION	-	-	-	APC/ Bundled				
C1725	N	CATH TRANSLUMIN NON-LASER	-	-	-	APC/ Bundled				
C1726	N	CATH, BAL DIL, NON-VASCULAR	-	-	-	APC/ Bundled				
C1727	N	CATH BAL TIS DIS NON-VAS	-	-	-	APC/ Bundled				
C1728	N	CATH, BRACHYTX SEED ADM	-	-	-	APC/ Bundled				
C1729	N	CATHETER, DRAINAGE	-	-	-	APC/ Bundled				
C1730	N	CATH, EP, 19 OR FEW ELECT	-	-	-	APC/ Bundled				
C1731	N	CATH EP 20 OR MORE ELEC	-	-	-	APC/ Bundled				
C1732	N	CATH, EP, DIAG/ABL, 3D/VECT	-	-	-	APC/ Bundled				
C1733	N	CATH EP OTHER THAN COOL-TIP	-	-	-	APC/ Bundled				
C1750	N	CATH, HEMODIALYSIS,LONG-TERM	-	-	-	APC/ Bundled				
C1751	N	CATH INF PER/CENT/MIDLINE	-	-	-	APC/ Bundled				
C1752	N	CATH,HEMODIALYSIS,SHORT-TERM	-	-	-	APC/ Bundled				
C1753	N	CATH INTRAVAS ULTRASOUND	-	-	-	APC/ Bundled				
C1754	N	CATHETER, INTRADISCAL	-	-	-	APC/ Bundled				
C1755	N	CATHETER INTRASPINAL	-	-	-	APC/ Bundled				
C1756	N	CATH, PACING, TRANSESOPH	-	-	-	APC/ Bundled				

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C1757	N	CATH THROMBECTOMY/EMBOLECT	-	-	-	APC/ Bundled				
C1758	N	CATHETER, URETERAL	-	-	-	APC/ Bundled				
C1759	N	CATH INTRA ECHOCARDIOGRAPHY	-	-	-	APC/ Bundled				
C1760	N	CLOSURE DEV, VASC	-	-	-	APC/ Bundled				
C1762	N	CONN TISS HUMAN (INC FASCIA)	-	-	-	APC/ Bundled				
C1763	N	CONN TISS, NON-HUMAN	-	-	-	APC/ Bundled				
C1764	N	EVENT RECORDER CARDIAC	-	-	-	APC/ Bundled				
C1765	N	ADHESION BARRIER	-	-	-	APC/ Bundled				
C1766	N	INTRO/SHEATH STRBLE NON-PEEL	-	-	-	APC/ Bundled				
C1767	N	GENERATOR, NEUROSTIM, IMP	-	-	-	APC/ Bundled				
C1768	N	GRAFT VASCULAR	-	-	-	APC/ Bundled				
C1769	N	GUIDE WIRE	-	-	-	APC/ Bundled				
C1770	N	IMAGING COIL MR INSERTABLE	-	-	-	APC/ Bundled				
C1771	N	REP DEV, URINARY, W/SLING	-	-	-	APC/ Bundled				
C1772	N	INFUSION PUMP PROGRAMMABLE	-	-	-	APC/ Bundled				
C1773	N	RET DEV, INSERTABLE	-	-	-	APC/ Bundled				
C1776	N	JOINT DEVICE (IMPLANTABLE)	-	-	-	APC/ Bundled				
C1777	N	LEAD, AICD, ENDO SINGLE COIL	-	-	-	APC/ Bundled				
C1778	N	LEAD NEUROSTIMULATOR	-	-	-	APC/ Bundled				
C1779	N	LEAD, PMKR, TRANSVENOUS VDD	-	-	-	APC/ Bundled				
C1780	N	LENS INTRAOCULAR (NEW TACH)	-	-	-	APC/ Bundled				
C1781	N	MESH (IMPLANTABLE)	-	-	-	APC/ Bundled				
C1782	N	MORCELLATOR	-	-	-	APC/ Bundled				
C1783	N	OCULAR IMPLANT AQUEOUS DRAIN DEV	-	-	-	APC/ Bundled				
C1784	N	OCULAR DEV, INTRAOP, DET RET	-	-	-	APC/ Bundled				
C1785	N	PMKR DUAL RATE-RESP	-	-	-	APC/ Bundled				
C1786	N	PMKR, SINGLE, RATE-RESP	-	-	-	APC/ Bundled				
C1787	N	PATIENT PROGR NEUROSTIM	-	-	-	APC/ Bundled				
C1788	N	PORT, INDWELLING, IMP	-	-	-	APC/ Bundled				
C1789	N	PROSTHESIS BREAST IMP	-	-	-	APC/ Bundled				
C1813	N	PROSTHESIS, PENILE, INFLATAB	-	-	-	APC/ Bundled				
C1814	N	RETINAL TAMP, SILICONE OIL	-	-	-	APC/ Bundled				
C1815	N	PROS URINARY SPH IMP	-	-	-	APC/ Bundled				
C1816	N	RECEIVER/TRANSMITTER, NEURO	-	-	-	APC/ Bundled				
C1817	N	SEPTAL DEFECT IMP SYS	-	-	-	APC/ Bundled				
C1818	N	INTEGRATED KERATOPROSTHESIS	-	-	-	APC/ Bundled				
C1819	N	TISSUE LOCALIZATION-EXCISION	-	-	-	APC/ Bundled				
C1820	H	GENERATOR NEURO RECHG BAT SYS	01820	-	-	APC/By Report				
C1821	H	INTERSPINOUS IMPLANT	01821	-	-	APC/By Report				
C1874	N	STENT, COATED/COV W/DEL SYS	-	-	-	APC/ Bundled				
C1875	N	STENT COATED/COV W/O DEL SYS	-	-	-	APC/ Bundled				
C1876	N	STENT, NON-COA/NON-COV W/DEL	-	-	-	APC/ Bundled				
C1877	N	STENT NON-COAT/COV W/O DEL	-	-	-	APC/ Bundled				
C1878	N	MATRL FOR VOCAL CORD	-	-	-	APC/ Bundled				

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C1879	N	TISSUE MARKER (IMPLANTABLE)	-	-	-	APC/ Bundled				
C1880	N	VENA CAVA FILTER	-	-	-	APC/ Bundled				
C1881	N	DIALYSIS ACCESS SYSTEM	-	-	-	APC/ Bundled				
C1882	N	AICD, OTHER THAN SING/DUAL	-	-	-	APC/ Bundled				
C1883	N	ADAPTOR/EXT PACING/NEURO LEAD	-	-	-	APC/ Bundled				
C1884	N	EMBOLIZATION PROTECTIVE SYSTEM	-	-	-	APC/ Bundled				
C1885	N	CATH, TRANSLUMIN ANGIO LASER	-	-	-	APC/ Bundled				
C1887	N	CATHETER GUIDING	-	-	-	APC/ Bundled				
C1888	N	ENDOVAS NON-CARDIAC ABL CATH	-	-	-	APC/ Bundled				
C1891	N	INFUSION PUMP,NON-PROG, PERM	-	-	-	APC/ Bundled				
C1892	N	INTRO/SHEATH FIXED PEEL-AWAY	-	-	-	APC/ Bundled				
C1893	N	INTRO/SHEATH, FIXED,NON-PEEL	-	-	-	APC/ Bundled				
C1894	N	INTRO/SHEATH NON-LASER	-	-	-	APC/ Bundled				
C1895	N	LEAD, AICD, ENDO DUAL COIL	-	-	-	APC/ Bundled				
C1896	N	LEAD AICD NON SING/DUAL	-	-	-	APC/ Bundled				
C1897	N	LEAD, NEUROSTIM TEST KIT	-	-	-	APC/ Bundled				
C1898	N	LEAD PMKR OTHER THAN TRANS	-	-	-	APC/ Bundled				
C1899	N	LEAD, PMKR/AICD COMBINATION	-	-	-	APC/ Bundled				
C1900	N	LEAD CORONARY VENOUS	-	-	-	APC/ Bundled				
C2614	N	PROBE PERC LUMB DISC	-	-	-	APC/ Bundled				
C2615	N	SEALANT, PULMONARY, LIQUID	-	-	-	APC/ Bundled				
C2616	H	BRACHYTX SOURCE YTTRIUM-90	02616	-	-	APC/By Report				
C2617	N	STENT, NON-COR, TEM W/O DEL	-	-	-	APC/ Bundled				
C2618	N	PROBE CRYOABLATION	-	-	-	APC/ Bundled				
C2619	N	PMKR, DUAL, NON RATE-RESP	-	-	-	APC/ Bundled				
C2620	N	PMKR SINGLE NON RATE-RESP	-	-	-	APC/ Bundled				
C2621	N	PMKR, OTHER THAN SING/DUAL	-	-	-	APC/ Bundled				
C2622	N	PROSTHESIS PENILE NON-INF	-	-	-	APC/ Bundled				
C2625	N	STENT, NON-COR, TEM W/DEL SY	-	-	-	APC/ Bundled				
C2626	N	INFUSION PUMP NON-PROG TEMP	-	-	-	APC/ Bundled				
C2627	N	CATH, SUPRAPUBIC/CYSTOSCOPIC	-	-	-	APC/ Bundled				
C2628	N	CATHETER OCCLUSION	-	-	-	APC/ Bundled				
C2629	N	INTRO/SHEATH, LASER	-	-	-	APC/ Bundled				
C2630	N	CATH EP COOL-TIP	-	-	-	APC/ Bundled				
C2631	N	REP DEV, URINARY, W/O SLING	-	-	-	APC/ Bundled				
C2633	H	BRACHYTX SOURCE CESIUM-131	02633	-	-	APC/By Report				
C2634	H	BRACHYTX SOURCE, HA, I-125	02634	-	-	APC/By Report				
C2635	H	BRACHYTX SOURCE, HA, P-103	02635	-	-	APC/By Report				
C2636	H	BRACHYTX LINEAR SOURCE, P-103	02636	-	-	APC/By Report				
C2637	H	BRACHYTX, YTTERBIUM-169	02637	-	-	APC/By Report				
C8900	S	MRA W/CONT, ABD	00284	6.1231	$292.38	APC				
C8901	S	MRA W/O CONT, ABD	00336	5.6745	$270.96	APC				
C8902	S	MRA W/O CONT, ABD	00337	8.1155	$387.52	APC				
C8903	S	MRI W/CONT, BREAST, UNI	00284	6.1231	$292.38	APC				

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C8904	S	MRI W/CONT, BREAST, UNI	00336	5.6745	$270.96	APC				
C8905	S	MRI W/O FOL W/CONT, BRST, UN	00337	8.1155	$387.52	APC				
C8906	S	MRI W/O FOL W/CONT, BRST, UN	00284	6.1231	$292.38	APC				
C8907	S	MRI W/O CONT, BREAST, BI	00336	5.6745	$270.96	APC				
C8908	S	MRI W/O CONT, BREAST, BI	00337	8.1155	$387.52	APC				
C8909	S	MRA W/CONT, CHEST	00284	6.1231	$292.38	APC				
C8910	S	MRA W/CONT, CHEST	00336	5.6745	$270.96	APC				
C8911	S	MRA W/O FOL W/CONT, CHEST	00337	8.1155	$387.52	APC				
C8912	S	MRA W/O FOL W/CONT, CHEST	00284	6.1231	$292.38	APC				
C8913	S	MRA W/O CONT, LWR EXT	00336	5.6745	$270.96	APC				
C8914	S	MRA W/O CONT, LWR EXT	00337	8.1155	$387.52	APC				
C8918	S	MRA W/CONT PELVIS	00284	6.1231	$292.38	APC				
C8919	S	MRA W/O CONT PELVIS	00336	5.6745	$270.96	APC				
C8920	S	MRA W/O FOL W/CONT PELVIS	00337	8.1155	$387.52	APC				
C8957	S	CHEMOTHERAPY ADMINISTRATION IV PUSH TECH	00441	2.4851	$118.66	APC				
C9003	K	PALIVIZUMAB, PER 50 MG	09003	11.1347	$531.68	APC				
C9113	M	INJ PANTOPRAZOLE SODIUM VIA	-	-	-	Not Allowed				
C9121	K	INJECTION ARGATROBAN	09121	0.2935	$14.01	APC				
C9232	G	INJECTION, IDURSULFASE	09232	7.4027	$353.48	APC				
C9233	G	INJECTION, RANIBIZUMAB	09233	33.0403	$1,577.67	APC				
C9234	K	INJ, ALGLUCOSIDASE ALFA	09234	2.0694	$98.81	APC				
C9235	G	INJECTION, PANITUMUMAB	09235	1.3796	-	APC				
C9350	G	POROUS COLLAGEN TUBE PER CM	09350	7.9051	$377.47	APC				
C9351	G	ACELLULAR DERM TISSUE PERCM2	09351	0.6766	$32.31	APC				
C9399	M	UNCLASSIFIED DRUGS/BIOLOGICALS	-	-	$0.00	Fee Schedule				
C9716	T	RF ENERGY TO ANUS	00150	29.6189	$1,414.30	APC				
C9723	S	DYN IR PERF IMG	01502	1.2201	$58.26	APC				
C9724	E	EPS GAST CARDIA PLIC	-	-	-	Not Allowed				
C9725	S	PLACE ENDORECTAL APP	01507	8.9477	$427.25	APC				
C9726	S	RXT BREAST APPL PLACE/REMOV	01508	10.5746	$504.94	APC				
C9727	S	INSERT PALATE IMPLANTS	01510	13.8283	$660.30	APC				
D0120	M	PERIODIC ORAL EVALUATION	-	-	$68.64	Fee Schedule				
D0140	M	LIMIT ORAL EVAL PROBLM FOCUS	-	-	$68.64	Fee Schedule				
D0145	E	ORAL EVALUATION, PT < 3YRS	-	-	-	Not Allowed				
D0150	S	COMPREHENSVE ORAL EVALUATION	00330	7.055	$336.88	APC				
D0160	E	EXTENSV ORAL EVAL PROB FOCUS	-	-	-	Not Allowed				
D0170	E	RE-EVAL,EST PT,PROBLEM FOCUS	-	-	-	Not Allowed				
D0180	E	COMP PERIODONTAL EVALUATION	-	-	-	Not Allowed				
D0210	M	INTRAOR COMPLETE FILM SERIES	-	-	$68.64	Fee Schedule				
D0220	M	INTRAORAL PERIAPICAL FIRST F	-	-	$68.64	Fee Schedule				
D0230	M	INTRAORAL PERIAPICAL EA ADD	-	-	$68.64	Fee Schedule				
D0240	S	INTRAORAL OCCLUSAL FILM	00330	7.055	$336.88	APC				
D0250	S	EXTRAORAL FIRST FILM	00330	7.055	$336.88	APC				
D0260	S	EXTRAORAL EA ADDITIONAL FILM	00330	7.055	$336.88	APC				

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D0270	S	DENTAL BITEWING SINGLE FILM	00330	7.055	$336.88	APC				
D0272	S	DENTAL BITEWINGS TWO FILMS	00330	7.055	$336.88	APC				
D0273	E	BITEWINGS - THREE FILMS	-	-	-	Not Allowed				
D0274	S	DENTAL BITEWINGS FOUR FILMS	00330	7.055	$336.88	APC				
D0277	S	VERT BITEWINGS-SEV TO EIGHT	00330	7.055	$336.88	APC				
D0290	E	DENTAL FILM SKULL/FACIAL BON	-	-	-	Not Allowed				
D0310	E	DENTAL SALIOGRAPHY	-	-	-	Not Allowed				
D0320	E	DENTAL TMJ ARTHROGRAM INCL I	-	-	-	Not Allowed				
D0321	E	DENTAL OTHER TMJ FILMS	-	-	-	Not Allowed				Y
D0322	M	DENTAL TOMOGRAPHIC SURVEY	-	-	$68.64	Fee Schedule				
D0330	M	DENTAL PANORAMIC FILM	-	-	$68.64	Fee Schedule				
D0340	M	DENTAL CEPHALOMETRIC FILM	-	-	$68.64	Fee Schedule				
D0350	M	ORAL/FACIAL IMAGES	-	-	$68.64	Fee Schedule				
D0360	E	CONE BEAM CT	-	-	-	Not Allowed				
D0362	E	CONE BEAM, TWO DIMENSIONAL	-	-	-	Not Allowed				
D0363	E	CONE BEAM, THREE DIMENSIONAL	-	-	-	Not Allowed				
D0415	E	BACTERIOLOGIC STUDY	-	-	-	Not Allowed				
D0416	E	VIRAL CULTURE	-	-	-	Not Allowed				
D0421	E	GEN TST SUSCEPT ORAL DISEASE	-	-	-	Not Allowed				
D0425	E	CARIES SUSCEPTIBILITY TEST	-	-	-	Not Allowed				
D0431	E	DIAG TST DETECT MUCOS ABNORM	-	-	-	Not Allowed				
D0460	S	PULP VITALITY TEST	00330	7.055	$336.88	APC				
D0470	M	DIAGNOSTIC CASTS	-	-	$68.64	Fee Schedule				
D0472	E	GROSS EXAM, PREP & REPORT	-	-	-	Not Allowed				
D0473	E	MICRO EXAM, PREP & REPORT	-	-	-	Not Allowed				
D0474	E	MICRO W EXAM OF SURG MARGINS	-	-	-	Not Allowed				
D0475	E	DECALCIFICATION PROCEDURE	-	-	-	Not Allowed				
D0476	E	SPEC STAINS FOR MICROORGANIS	-	-	-	Not Allowed				
D0477	E	SPEC STAINS NOT FOR MICROORG	-	-	-	Not Allowed				
D0478	E	IMMUNOHISTOCHEMICAL STAINS	-	-	-	Not Allowed				
D0479	E	TISSUE IN-SITU HYBRIDIZATION	-	-	-	Not Allowed				
D0480	E	CYTOPATH SMEAR PREP & REPORT	-	-	-	Not Allowed				
D0481	E	ELECTRON MICROSCOPY DIAGNOST	-	-	-	Not Allowed				
D0482	E	DIRECT IMMUNOFLUORESCENCE	-	-	-	Not Allowed				
D0483	E	INDIRECT IMMUNOFLUORESCENCE	-	-	-	Not Allowed				
D0484	E	CONSULT SLIDES PREP ELSEWHER	-	-	-	Not Allowed				
D0485	E	CONSULT INC PREP OF SLIDES	-	-	-	Not Allowed				
D0486	E	ACCESSION OF BRUSH BIOPSY	-	-	-	Not Allowed				
D0502	E	OTHER ORAL PATHOLOGY PROCEDU	-	-	-	Not Allowed				
D0999	E	UNSPECIFIED DIAGNOSTIC PROCE	-	-	-	Not Allowed				
D1110	M	DENTAL PROPHYLAXIS ADULT	-	-	$68.64	Fee Schedule				
D1120	M	DENTAL PROPHYLAXIS CHILD	-	-	$68.64	Fee Schedule				
D1201	M	TOPICAL FLUOR W PROPHY CHILD	-	-						
D1203	M	TOPICAL FLUOR W/O PROPHY CHI	-	-	$68.64	Fee Schedule				

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D1204	E	TOPICAL FLUOR W/O PROPHY ADU	-	-	-	Not Allowed				
D1205	M	TOPICAL FLUORIDE W/ PROPHY A	-	-						
D1206	E	TOPICAL FLUORIDE VARNISH	-	-	-	Not Allowed				
D1310	E	NUTRI COUNSEL-CONTROL CARIES	-	-	-	Not Allowed				
D1320	E	TOBACCO COUNSELING	-	-	-	Not Allowed				
D1330	E	ORAL HYGIENE INSTRUCTION	-	-	-	Not Allowed				
D1351	M	DENTAL SEALANT PER TOOTH	-	-	$68.64	Fee Schedule				
D1510	S	SPACE MAINTAINER FXD UNILAT	00330	7.055	$336.88	APC				
D1515	S	FIXED BILAT SPACE MAINTAINER	00330	7.055	$336.88	APC				
D1520	S	REMOVE UNILAT SPACE MAINTAIN	00330	7.055	$336.88	APC				Y
D1525	S	REMOVE BILAT SPACE MAINTAIN	00330	7.055	$336.88	APC				Y
D1550	S	RECEMENT SPACE MAINTAINER	00330	7.055	$336.88	APC				
D1555	E	REMOVE FIX SPACE MAINTAINER	-	-	-	Not Allowed				
D2140	M	AMALGAM ONE SURFACE PERMANEN	-	-	$68.64	Fee Schedule				
D2150	M	AMALGAM TWO SURFACES PERMANE	-	-	$68.64	Fee Schedule				
D2160	M	AMALGAM THREE SURFACES PERMA	-	-	$68.64	Fee Schedule				
D2161	M	AMALGAM 4 OR > SURFACES PERM	-	-	$68.64	Fee Schedule				
D2330	M	RESIN ONE SURFACE-ANTERIOR	-	-	$68.64	Fee Schedule				
D2331	M	RESIN TWO SURFACES-ANTERIOR	-	-	$68.64	Fee Schedule				
D2332	M	RESIN THREE SURFACES-ANTERIO	-	-	$68.64	Fee Schedule				
D2335	M	RESIN 4/> SURF OR W INCIS AN	-	-	$68.64	Fee Schedule				
D2390	M	ANT RESIN-BASED CMPST CROWN	-	-	$68.64	Fee Schedule				
D2391	M	POST 1 SRFC RESINBASED CMPST	-	-	$68.64	Fee Schedule				
D2392	M	POST 2 SRFC RESINBASED CMPST	-	-	$68.64	Fee Schedule				
D2393	M	POST 3 SRFC RESINBASED CMPST	-	-	$68.64	Fee Schedule				
D2394	M	POST >=4SRFC RESINBASE CMPST	-	-	$68.64	Fee Schedule				
D2410	E	DENTAL GOLD FOIL ONE SURFACE	-	-	-	Not Allowed				
D2420	E	DENTAL GOLD FOIL TWO SURFACE	-	-	-	Not Allowed				
D2430	E	DENTAL GOLD FOIL THREE SURFA	-	-	-	Not Allowed				
D2510	E	DENTAL INLAY METALIC 1 SURF	-	-	-	Not Allowed				
D2520	E	DENTAL INLAY METALLIC 2 SURF	-	-	-	Not Allowed				
D2530	E	DENTAL INLAY METL 3/MORE SUR	-	-	-	Not Allowed				
D2542	E	DENTAL ONLAY METALLIC 2 SURF	-	-	-	Not Allowed				
D2543	E	DENTAL ONLAY METALLIC 3 SURF	-	-	-	Not Allowed				
D2544	E	DENTAL ONLAY METL 4/MORE SUR	-	-	-	Not Allowed				
D2610	E	INLAY PORCELAIN/CERAMIC 1 SU	-	-	-	Not Allowed				
D2620	E	INLAY PORCELAIN/CERAMIC 2 SU	-	-	-	Not Allowed				
D2630	E	DENTAL ONLAY PORC 3/MORE SUR	-	-	-	Not Allowed				
D2642	E	DENTAL ONLAY PORCELIN 2 SURF	-	-	-	Not Allowed				
D2643	E	DENTAL ONLAY PORCELIN 3 SURF	-	-	-	Not Allowed				
D2644	E	DENTAL ONLAY PORC 4/MORE SUR	-	-	-	Not Allowed				
D2650	E	INLAY COMPOSITE/RESIN ONE SU	-	-	-	Not Allowed				
D2651	E	INLAY COMPOSITE/RESIN TWO SU	-	-	-	Not Allowed				
D2652	E	DENTAL INLAY RESIN 3/MRE SUR	-	-	-	Not Allowed				

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D2662	E	DENTAL ONLAY RESIN 2 SURFACE	-	-	-	Not Allowed				
D2663	E	DENTAL ONLAY RESIN 3 SURFACE	-	-	-	Not Allowed				
D2664	E	DENTAL ONLAY RESIN 4/MRE SUR	-	-	-	Not Allowed				
D2710	M	CROWN RESIN LABORATORY	-	-	$68.64	Fee Schedule				
D2712	M	CROWN 3/4 RESIN-BASED COMPOS	-	-	$68.64	Fee Schedule				
D2720	M	CROWN RESIN W/ HIGH NOBLE ME	-	-	$68.64	Fee Schedule				
D2721	M	CROWN RESIN W/ BASE METAL	-	-	$68.64	Fee Schedule				
D2722	M	CROWN RESIN W/ NOBLE METAL	-	-	$68.64	Fee Schedule				
D2740	M	CROWN PORCELAIN/CERAMIC SUBS	-	-	$68.64	Fee Schedule				
D2750	M	CROWN PORCELAIN W/ H NOBLE M	-	-	$68.64	Fee Schedule				
D2751	M	CROWN PORCELAIN FUSED BASE M	-	-	$68.64	Fee Schedule				
D2752	M	CROWN PORCELAIN W/ NOBLE MET	-	-	$68.64	Fee Schedule				
D2780	M	CROWN 3/4 CAST HI NOBLE MET	-	-	$68.64	Fee Schedule				
D2781	M	CROWN 3/4 CAST BASE METAL	-	-	$68.64	Fee Schedule				
D2782	M	CROWN 3/4 CAST NOBLE METAL	-	-	$68.64	Fee Schedule				
D2783	M	CROWN 3/4 PORCELAIN/CERAMIC	-	-	$68.64	Fee Schedule				
D2790	M	CROWN FULL CAST HIGH NOBLE M	-	-	$68.64	Fee Schedule				
D2791	M	CROWN FULL CAST BASE METAL	-	-	$68.64	Fee Schedule				
D2792	M	CROWN FULL CAST NOBLE METAL	-	-	$68.64	Fee Schedule				
D2794	M	CROWN-TITANIUM	-	-	$68.64	Fee Schedule				
D2799	M	PROVISIONAL CROWN	-	-	$68.64	Fee Schedule				
D2910	M	DENTAL RECEMENT INLAY	-	-	$68.64	Fee Schedule				
D2915	E	RECEMENT CAST OR PREFAB POST	-	-	-	Not Allowed				
D2920	M	DENTAL RECEMENT CROWN	-	-	$68.64	Fee Schedule				
D2930	M	PREFAB STNLSS STEEL CRWN PRI	-	-	$68.64	Fee Schedule				
D2931	M	PREFAB STNLSS STEEL CROWN PE	-	-	$68.64	Fee Schedule				
D2932	M	PREFABRICATED RESIN CROWN	-	-	$68.64	Fee Schedule				
D2933	M	PREFAB STAINLESS STEEL CROWN	-	-	$68.64	Fee Schedule				
D2934	E	PREFAB STEEL CROWN PRIMARY	-	-	-	Not Allowed				
D2940	M	DENTAL SEDATIVE FILLING	-	-	$68.64	Fee Schedule				
D2950	M	CORE BUILD-UP INCL ANY PINS	-	-	$68.64	Fee Schedule				
D2951	M	TOOTH PIN RETENTION	-	-	$68.64	Fee Schedule				
D2952	M	POST AND CORE CAST + CROWN	-	-	$68.64	Fee Schedule				
D2953	M	EACH ADDTNL CAST POST	-	-	$68.64	Fee Schedule				
D2954	M	PREFAB POST/CORE + CROWN	-	-	$68.64	Fee Schedule				
D2955	E	POST REMOVAL	-	-	-	Not Allowed				
D2957	M	EACH ADDTNL PREFAB POST	-	-	$68.64	Fee Schedule				
D2960	M	LAMINATE LABIAL VENEER	-	-	$68.64	Fee Schedule				
D2961	M	LAB LABIAL VENEER RESIN	-	-	$68.64	Fee Schedule				
D2962	M	LAB LABIAL VENEER PORCELAIN	-	-	$68.64	Fee Schedule				
D2971	E	ADD PROC CONSTRUCT NEW CROWN	-	-	-	Not Allowed				
D2975	E	COPING	-	-	-	Not Allowed				
D2980	M	CROWN REPAIR	-	-	$68.64	Fee Schedule				
D2999	S	DENTAL UNSPEC RESTORATIVE PR	00330	7.055	$336.88	APC				

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D3110	M	PULP CAP DIRECT	-	-	$68.64	Fee Schedule				
D3120	M	PULP CAP INDIRECT	-	-	$68.64	Fee Schedule				
D3220	M	THERAPEUTIC PULPOTOMY	-	-	$68.64	Fee Schedule				
D3221	M	GROSS PULPAL DEBRIDEMENT	-	-	$68.64	Fee Schedule				
D3230	M	PULPAL THERAPY ANTERIOR PRIM	-	-	$68.64	Fee Schedule				
D3240	M	PULPAL THERAPY POSTERIOR PRI	-	-	$68.64	Fee Schedule				
D3310	M	ANTERIOR	-	-	$68.64	Fee Schedule				
D3320	M	ROOT CANAL THERAPY 2 CANALS	-	-	$68.64	Fee Schedule				
D3330	M	ROOT CANAL THERAPY 3 CANALS	-	-	$68.64	Fee Schedule				
D3331	M	NON-SURG TX ROOT CANAL OBS	-	-	$68.64	Fee Schedule				
D3332	E	INCOMPLETE ENDODONTIC TX	-	-	-	Not Allowed				
D3333	E	INTERNAL ROOT REPAIR	-	-	-	Not Allowed				
D3346	M	RETREAT ROOT CANAL ANTERIOR	-	-	$68.64	Fee Schedule				
D3347	M	RETREAT ROOT CANAL BICUSPID	-	-	$68.64	Fee Schedule				
D3348	M	RETREAT ROOT CANAL MOLAR	-	-	$68.64	Fee Schedule				
D3351	E	APEXIFICATION/RECALC INITIAL	-	-	-	Not Allowed				
D3352	E	APEXIFICATION/RECALC INTERIM	-	-	-	Not Allowed				
D3353	E	APEXIFICATION/RECALC FINAL	-	-	-	Not Allowed				
D3410	M	APICOECT/PERIRAD SURG ANTER	-	-	$68.64	Fee Schedule				
D3421	M	ROOT SURGERY BICUSPID	-	-	$68.64	Fee Schedule				
D3425	M	ROOT SURGERY MOLAR	-	-	$68.64	Fee Schedule				
D3426	M	ROOT SURGERY EA ADD ROOT	-	-	$68.64	Fee Schedule				
D3430	M	RETROGRADE FILLING	-	-	$68.64	Fee Schedule				
D3450	E	ROOT AMPUTATION	-	-	-	Not Allowed				
D3460	S	ENDODONTIC ENDOSSEOUS IMPLAN	00330	7.055	$336.88	APC				
D3470	E	INTENTIONAL REPLANTATION	-	-	-	Not Allowed				
D3910	E	ISOLATION- TOOTH W RUBB DAM	-	-	-	Not Allowed				
D3920	E	TOOTH SPLITTING	-	-	-	Not Allowed				
D3950	E	CANAL PREP/FITTING OF DOWEL	-	-	-	Not Allowed				
D3999	S	ENDODONTIC PROCEDURE	00330	7.055	$336.88	APC				
D4210	M	GINGIVECTOMY/PLASTY PER QUAD	-	-	$68.64	Fee Schedule				
D4211	M	GINGIVECTOMY/PLASTY PER TOOT	-	-	$68.64	Fee Schedule				
D4230	E	ANA CROWN EXP 4 OR> PER QUAD	-	-	-	Not Allowed				
D4231	E	ANA CROWN EXP 1-3 PER QUAD	-	-	-	Not Allowed				
D4240	M	GINGIVAL FLAP PROC W/ PLANIN	-	-	$68.64	Fee Schedule				
D4241	M	GNGVL FLAP W ROOTPLAN 1-3 TH	-	-	$68.64	Fee Schedule				
D4245	E	APICALLY POSITIONED FLAP	-	-	-	Not Allowed				
D4249	E	CROWN LENGTHEN HARD TISSUE	-	-	-	Not Allowed				
D4260	S	OSSEOUS SURGERY PER QUADRANT	00330	7.055	$336.88	APC				
D4261	M	OSSEOUS SURGERY INCL FLAP ONE TO THREE TEETH PER Q	-	-	$68.64	Fee Schedule				
D4263	S	BONE REPLCE GRAFT FIRST SITE	00330	7.055	$336.88	APC				
D4264	S	BONE REPLCE GRAFT EACH ADD	00330	7.055	$336.88	APC				
D4265	E	BIO MTRLS TO AID SOFT/OS REG	-	-	-	Not Allowed				
D4266	E	GUIDED TISS REGEN RESORBLE	-	-	-	Not Allowed				

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D4267	E	GUIDED TISS REGEN NONRESORB	-	-	-	Not Allowed				
D4268	M	SURGICAL REVISION PROCEDURE	-	-	-	Not Allowed				
D4270	S	PEDICLE SOFT TISSUE GRAFT PR	00330	7.055	$336.88	APC				
D4271	S	FREE SOFT TISSUE GRAFT PROC	00330	7.055	$336.88	APC				
D4273	M	SUBEPITHELIAL TISSUE GRAFT	-	-	-	Not Allowed				
D4274	E	DISTAL/PROXIMAL WEDGE PROC	-	-	-	Not Allowed				
D4275	E	SOFT TISSUE ALLOGRAFT	-	-	-	Not Allowed				
D4276	E	CON TISSUE W DBLE PED GRAFT	-	-	-	Not Allowed				
D4320	M	PROVISION SPLNT INTRACORONAL	-	-	$68.64	Fee Schedule				
D4321	E	PROVISIONAL SPLINT EXTRACORO	-	-	-	Not Allowed				
D4341	M	PERIODONTAL SCALING & ROOT	-	-	$68.64	Fee Schedule				
D4342	M	PERIODONTAL SCALING 1-3 TEETH	-	-	$68.64	Fee Schedule				
D4355	S	FULL MOUTH DEBRIDEMENT	00330	7.055	$336.88	APC				
D4381		LOCALIZED CHEMO DELIVERY	-	-	-	Not Allowed				
D4910	M	PERIODONTAL MAINT PROCEDURES	-	-	$68.64	Fee Schedule				
D4920	M	UNSCHEDULED DRESSING CHANGE	-	-	$68.64	Fee Schedule				
D4999	M	UNSPECIFIED PERIODONTAL PROC	-	-	$68.64	Fee Schedule				
D5110	M	DENTURES COMPLETE MAXILLARY	-	-	$68.64	Fee Schedule				
D5120	M	DENTURES COMPLETE MANDIBLE	-	-	$68.64	Fee Schedule				
D5130	M	DENTURES IMMEDIAT MAXILLARY	-	-	$68.64	Fee Schedule				
D5140	M	DENTURES IMMEDIAT MANDIBLE	-	-	$68.64	Fee Schedule				
D5211	M	DENTURES MAXILL PART RESIN	-	-	$68.64	Fee Schedule				
D5212	M	DENTURES MAND PART RESIN	-	-	$68.64	Fee Schedule				
D5213	M	DENTURES MAXILL PART METAL	-	-	$68.64	Fee Schedule				
D5214	M	DENTURES MANDIBL PART METAL	-	-	$68.64	Fee Schedule				
D5225	M	MAXILLARY PART DENTURE FLEX	-	-	$68.64	Fee Schedule				
D5226	M	MANDIBULAR PART DENTURE FLEX	-	-	$68.64	Fee Schedule				
D5281	E	REMOVABLE PARTIAL DENTURE	-	-	-	Not Allowed				Y
D5410	M	DENTURES ADJUST CMPLT MAXIL	-	-	$68.64	Fee Schedule				
D5411	M	DENTURES ADJUST CMPLT MAND	-	-	$68.64	Fee Schedule				
D5421	M	DENTURES ADJUST PART MAXILL	-	-	$68.64	Fee Schedule				
D5422	M	DENTURES ADJUST PART MANDBL	-	-	$68.64	Fee Schedule				
D5510	M	DENTUR REPR BROKEN COMPL BAS	-	-	$68.64	Fee Schedule				
D5520	M	REPLACE DENTURE TEETH COMPLT	-	-	$68.64	Fee Schedule				
D5610	M	DENTURES REPAIR RESIN BASE	-	-	$68.64	Fee Schedule				
D5620	M	REP PART DENTURE CAST FRAME	-	-	$68.64	Fee Schedule				
D5630	M	REP PARTIAL DENTURE CLASP	-	-	$68.64	Fee Schedule				
D5640	M	REPLACE PART DENTURE TEETH	-	-	$68.64	Fee Schedule				
D5650	M	ADD TOOTH TO PARTIAL DENTURE	-	-	$68.64	Fee Schedule				
D5660	M	ADD CLASP TO PARTIAL DENTURE	-	-	$68.64	Fee Schedule				
D5670	E	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAME M	-	-	-	Not Allowed				
D5671	E	REPLC TTH&ACRLC MANDIBULAR	-	-	-	Not Allowed				
D5710	M	DENTURES REBASE CMPLT MAXIL	-	-	$68.64	Fee Schedule				
D5711	M	DENTURES REBASE CMPLT MAND	-	-	$68.64	Fee Schedule				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D5720	M	DENTURES REBASE PART MAXILL	-	-	$68.64	Fee Schedule				
D5721	M	DENTURES REBASE PART MANDBL	-	-	$68.64	Fee Schedule				
D5730	M	DENTURE RELN CMPLT MAXIL CH	-	-	$68.64	Fee Schedule				
D5731	M	DENTURE RELN CMPLT MAND CHR	-	-	$68.64	Fee Schedule				
D5740	M	DENTURE RELN PART MAXIL CHR	-	-	$68.64	Fee Schedule				
D5741	M	DENTURE RELN PART MAND CHR	-	-	$68.64	Fee Schedule				
D5750	M	DENTURE RELN CMPLT MAX LAB	-	-	$68.64	Fee Schedule				
D5751	M	DENTURE RELN CMPLT MAND LAB	-	-	$68.64	Fee Schedule				
D5760	M	DENTURE RELN PART MAXIL LAB	-	-	$68.64	Fee Schedule				
D5761	M	DENTURE RELN PART MAND LAB	-	-	$68.64	Fee Schedule				
D5810	E	DENTURE INTERM CMPLT MAXILL	-	-	-	Not Allowed				
D5811	E	DENTURE INTERM CMPLT MANDBL	-	-	-	Not Allowed				
D5820	M	DENTURE INTERM PART MAXILL	-	-	$68.64	Fee Schedule				
D5821	M	DENTURE INTERM PART MANDBL	-	-	$68.64	Fee Schedule				
D5850	M	DENTURE TISS CONDITN MAXILL	-	-	$68.64	Fee Schedule				Y
D5851	E	DENTURE TISS CONDTIN MANDBL	-	-	-	Not Allowed				
D5860	E	OVERDENTURE COMPLETE	-	-	-	Not Allowed				Y
D5861	E	OVERDENTURE PARTIAL	-	-	-	Not Allowed				Y
D5862	E	PRECISION ATTACHMENT	-	-	-	Not Allowed				Y
D5867	E	REPLACEMENT OF PRECISION ATT	-	-	-	Not Allowed				
D5875	E	PROSTHESIS MODIFICATION	-	-	-	Not Allowed				
D5899	M	REMOVABLE PROSTHODONTIC PROC	-	-	$68.64	Fee Schedule				
D5911	M	FACIAL MOULAGE SECTIONAL	-	-	-	Not Allowed				
D5912	M	FACIAL MOULAGE COMPLETE	-	-	-	Not Allowed				
D5913	E	NASAL PROSTHESIS	-	-	-	Not Allowed				
D5914	E	AURICULAR PROSTHESIS	-	-	-	Not Allowed				
D5915	E	ORBITAL PROSTHESIS	-	-	-	Not Allowed				
D5916	E	OCULAR PROSTHESIS	-	-	-	Not Allowed				
D5919	E	FACIAL PROSTHESIS	-	-	-	Not Allowed				
D5922	E	NASAL SEPTAL PROSTHESIS	-	-	-	Not Allowed				
D5923	E	OCULAR PROSTHESIS INTERIM	-	-	-	Not Allowed				
D5924	E	CRANIAL PROSTHESIS	-	-	-	Not Allowed				
D5925	E	FACIAL AUGMENTATION IMPLANT	-	-	-	Not Allowed				
D5926	E	REPLACEMENT NASAL PROSTHESIS	-	-	-	Not Allowed				
D5927	E	AURICULAR REPLACEMENT	-	-	-	Not Allowed				
D5928	E	ORBITAL REPLACEMENT	-	-	-	Not Allowed				
D5929	E	FACIAL REPLACEMENT	-	-	-	Not Allowed				
D5931	E	SURGICAL OBTURATOR	-	-	-	Not Allowed				
D5932	E	POSTSURGICAL OBTURATOR	-	-	-	Not Allowed				Y
D5933	E	REFITTING OF OBTURATOR	-	-	-	Not Allowed				
D5934	E	MANDIBULAR FLANGE PROSTHESIS	-	-	-	Not Allowed				
D5935	E	MANDIBULAR DENTURE PROSTH	-	-	-	Not Allowed				
D5936	E	TEMP OBTURATOR PROSTHESIS	-	-	-	Not Allowed				
D5937	E	TRISMUS APPLIANCE	-	-	-	Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D5951	E	FEEDING AID	-	-	-	Not Allowed				
D5952	E	PEDIATRIC SPEECH AID	-	-	-	Not Allowed				
D5953	E	ADULT SPEECH AID	-	-	-	Not Allowed				
D5954	E	SUPERIMPOSED PROSTHESIS	-	-	-	Not Allowed				
D5955	E	PALATAL LIFT PROSTHESIS	-	-	-	Not Allowed				
D5958	E	INTRAORAL CON DEF INTER PLT	-	-	-	Not Allowed				
D5959	E	INTRAORAL CON DEF MOD PALAT	-	-	-	Not Allowed				
D5960	E	MODIFY SPEECH AID PROSTHESIS	-	-	-	Not Allowed				
D5982	E	SURGICAL STENT	-	-	-	Not Allowed				
D5983	S	RADIATION APPLICATOR	00330	7.055	$336.88	APC				Y
D5984	S	RADIATION SHIELD	00330	7.055	$336.88	APC				Y
D5985	S	RADIATION CONE LOCATOR	00330	7.055	$336.88	APC				Y
D5986	E	FLUORIDE APPLICATOR	-	-	-	Not Allowed				Y
D5987	M	COMMISSURE SPLINT	-	-	-	Not Allowed				
D5988	E	SURGICAL SPLINT	-	-	-	Not Allowed				
D5999	E	MAXILLOFACIAL PROSTHESIS	-	-	-	Not Allowed				
D6010	E	ODONTICS ENDOSTEAL IMPLANT	-	-	-	Not Allowed				
D6012	E	ENDOSTEAL IMPLANT	-	-	-	Not Allowed				
D6040	E	ODONTICS EPOSTEAL IMPLANT	-	-	-	Not Allowed				
D6050	E	ODONTICS TRANSOSTEAL IMPLNT	-	-	-	Not Allowed				
D6053	E	IMPLNT/ABTMNT SPPRT REMV DNT	-	-	-	Not Allowed				
D6054	E	IMPLNT/ABTMNT SPPRT REMVPRTL	-	-	-	Not Allowed				
D6055	E	IMPLANT CONNECTING BAR	-	-	-	Not Allowed				
D6056	E	PREFABRICATED ABUTMENT	-	-	-	Not Allowed				
D6057	E	CUSTOM ABUTMENT	-	-	-	Not Allowed				
D6058	E	ABUTMENT SUPPORTED CROWN	-	-	-	Not Allowed				
D6059	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed				
D6060	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed				
D6061	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed				
D6062	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed				
D6063	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed				
D6064	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed				
D6065	E	IMPLANT SUPPORTED CROWN	-	-	-	Not Allowed				
D6066	E	IMPLANT SUPPORTED MTL CROWN	-	-	-	Not Allowed				
D6067	E	IMPLANT SUPPORTED MTL CROWN	-	-	-	Not Allowed				
D6068	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed				
D6069	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed				
D6070	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed				
D6071	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed				
D6072	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed				
D6073	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed				
D6074	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed				
D6075	E	IMPLANT SUPPORTED RETAINER	-	-	-	Not Allowed				
D6076	E	IMPLANT SUPPORTED RETAINER	-	-	-	Not Allowed				

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D6077	E	IMPLANT SUPPORTED RETAINER	-	-	-	Not Allowed				
D6078	E	IMPLNT/ABUT SUPRTD FIXD DENT	-	-	-	Not Allowed				
D6079	E	IMPLNT/ABUT SUPRTD FIXD DENT	-	-	-	Not Allowed				
D6080	E	IMPLANT MAINTENANCE	-	-	-	Not Allowed				
D6090	E	REPAIR IMPLANT	-	-	-	Not Allowed				
D6091	E	REPL SEMI/PRECISION ATTACH	-	-	-	Not Allowed				
D6092	E	RECEMENT SUPP CROWN	-	-	-	Not Allowed				
D6093	E	RECEMENT SUPP PART DENTURE	-	-	-	Not Allowed				
D6094	E	ABUT SUPPORT CROWN TITANIUM	-	-	-	Not Allowed				
D6095	E	ODONTICS REPR ABUTMENT	-	-	-	Not Allowed				
D6100	E	REMOVAL OF IMPLANT	-	-	-	Not Allowed				
D6190	E	RADIO/SURGICAL IMPLANT INDEX	-	-	-	Not Allowed				
D6194	E	ABUT SUPPORT RETAINER TITANI	-	-	-	Not Allowed				
D6199	E	IMPLANT PROCEDURE	-	-	-	Not Allowed				Y
D6205	M	PONTIC-INDIRECT RESIN BASED	-	-	$68.64	Fee Schedule				
D6210	M	PROSTHODONT HIGH NOBLE METAL	-	-	$68.64	Fee Schedule				
D6211	M	BRIDGE BASE METAL CAST	-	-	$68.64	Fee Schedule				
D6212	M	BRIDGE NOBLE METAL CAST	-	-	$68.64	Fee Schedule				
D6214	M	PONTIC TITANIUM	-	-	$68.64	Fee Schedule				
D6240	M	BRIDGE PORCELAIN HIGH NOBLE	-	-	$68.64	Fee Schedule				
D6241	M	BRIDGE PORCELAIN BASE METAL	-	-	$68.64	Fee Schedule				
D6242	M	BRIDGE PORCELAIN NOBEL METAL	-	-	$68.64	Fee Schedule				
D6245	M	BRIDGE PORCELAIN/CERAMIC	-	-	$68.64	Fee Schedule				
D6250	M	BRIDGE RESIN W/HIGH NOBLE	-	-	$68.64	Fee Schedule				
D6251	M	BRIDGE RESIN BASE METAL	-	-	$68.64	Fee Schedule				
D6252	M	BRIDGE RESIN W/NOBLE METAL	-	-	$68.64	Fee Schedule				
D6253	E	PROVISIONAL PONTIC	-	-	-	Not Allowed				
D6545	E	DENTAL RETAINR CAST METL	-	-	-	Not Allowed				
D6548	E	PORCELAIN/CERAMIC RETAINER	-	-	-	Not Allowed				
D6600	E	PORCELAIN/CERAMIC INLAY 2SRF	-	-	-	Not Allowed				
D6601	E	PORC/CERAM INLAY >= 3 SURFAC	-	-	-	Not Allowed				
D6602	E	CST HGH NBLE MTL INLAY 2 SRF	-	-	-	Not Allowed				
D6603	E	CST HGH NBLE MTL INLAY >=3SR	-	-	-	Not Allowed				
D6604	E	CST BSE MTL INLAY 2 SURFACES	-	-	-	Not Allowed				
D6605	E	CST BSE MTL INLAY >= 3 SURFA	-	-	-	Not Allowed				
D6606	E	CAST NOBLE METAL INLAY 2 SUR	-	-	-	Not Allowed				
D6607	E	CST NOBLE MTL INLAY >=3 SURF	-	-	-	Not Allowed				
D6608	E	ONLAY PORC/CRMC 2 SURFACES	-	-	-	Not Allowed				
D6609	E	ONLAY PORC/CRMC >=3 SURFACES	-	-	-	Not Allowed				
D6610	E	ONLAY CAST HIGH NOBLE METAL TWO SURFACES	-	-	-	Not Allowed				
D6611	E	ONLAY CST HGH NBL MTL >=3SRF	-	-	-	Not Allowed				
D6612	E	ONLAY CST BASE MTL 2 SURFACE	-	-	-	Not Allowed				
D6613	E	ONLAY CST BASE MTL >=3 SURFA	-	-	-	Not Allowed				
D6614	E	ONLAY CST NBL MTL 2 SURFACES	-	-	-	Not Allowed				

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D6615	E	ONLAY CST NBL MTL >=3 SURFAC	-	-	-	Not Allowed				
D6624	E	INLAY TITANIUM	-	-	-	Not Allowed				
D6634	E	ONLAY TITANIUM	-	-	-	Not Allowed				
D6710	M	CROWN-INDIRECT RESIN BASED	-	-	$68.64	Fee Schedule				
D6720	M	RETAIN CROWN RESIN W HI NBLE	-	-	$68.64	Fee Schedule				
D6721	M	CROWN RESIN W/BASE METAL	-	-	$68.64	Fee Schedule				
D6722	M	CROWN RESIN W/NOBLE METAL	-	-	$68.64	Fee Schedule				
D6740	M	CROWN PORCELAIN/CERAMIC	-	-	$68.64	Fee Schedule				
D6750	M	CROWN PORCELAIN HIGH NOBLE	-	-	$68.64	Fee Schedule				
D6751	M	CROWN PORCELAIN BASE METAL	-	-	$68.64	Fee Schedule				
D6752	M	CROWN PORCELAIN NOBLE METAL	-	-	$68.64	Fee Schedule				
D6780	M	CROWN 3/4 HIGH NOBLE METAL	-	-	$68.64	Fee Schedule				
D6781	M	CROWN 3/4 CAST BASED METAL	-	-	$68.64	Fee Schedule				
D6782	M	CROWN 3/4 CAST NOBLE METAL	-	-	$68.64	Fee Schedule				
D6783	M	CROWN 3/4 PORCELAIN/CERAMIC	-	-	$68.64	Fee Schedule				
D6790	M	CROWN FULL HIGH NOBLE METAL	-	-	$68.64	Fee Schedule				
D6791	M	CROWN FULL BASE METAL CAST	-	-	$68.64	Fee Schedule				
D6792	M	CROWN FULL NOBLE METAL CAST	-	-	$68.64	Fee Schedule				
D6793	E	PROVISIONAL RETAINER CROWN	-	-	-	Not Allowed				
D6794	M	CROWN TITANIUM	-	-	$68.64	Fee Schedule				
D6920	S	DENTAL CONNECTOR BAR	-	-	-	Not Allowed				
D6930	M	DENTAL RECEMENT BRIDGE	-	-	$68.64	Fee Schedule				
D6940	E	STRESS BREAKER	-	-	-	Not Allowed				
D6950	M	PRECISION ATTACHMENT	-	-	$68.64	Fee Schedule				
D6970	E	POST & CORE PLUS RETAINER	-	-	-	Not Allowed				
D6972	E	PREFAB POST & CORE PLUS RETA	-	-	-	Not Allowed				
D6973	E	CORE BUILD UP FOR RETAINER	-	-	-	Not Allowed				
D6975	E	COPING METAL	-	-	-	Not Allowed				
D6976	E	EACH ADDTNL CAST POST	-	-	-	Not Allowed				
D6977	E	EACH ADDTL PREFAB POST	-	-	-	Not Allowed				
D6980	M	BRIDGE REPAIR	-	-	$68.64	Fee Schedule				
D6985	E	PEDIATRIC PARTIAL DENTURE FX	-	-	-	Not Allowed				
D6999	M	FIXED PROSTHODONTIC PROC	-	-	$68.64	Fee Schedule				
D7111	S	CORONAL REMNANTS DECIDUOUS T	00330	7.055	$336.88	APC				
D7140	S	EXTRACTION ERUPTED TOOTH/EXR	00330	7.055	$336.88	APC				
D7210	S	REM IMP TOOTH W MUCOPER FLP	00330	7.055	$336.88	APC				
D7220	S	IMPACT TOOTH REMOV SOFT TISS	00330	7.055	$336.88	APC				
D7230	S	IMPACT TOOTH REMOV PART BONY	00330	7.055	$336.88	APC				
D7240	S	IMPACT TOOTH REMOV COMP BONY	00330	7.055	$336.88	APC				
D7241	S	IMPACT TOOTH REM BONY W/COMP	00330	7.055	$336.88	APC				
D7250	S	TOOTH ROOT REMOVAL	00330	7.055	$336.88	APC				
D7260	S	ORAL ANTRAL FISTULA CLOSURE	00330	7.055	$336.88	APC				
D7261	S	PRIMARY CLOSURE SINUS PERF	-	-	-	Not Allowed				
D7270	M	TOOTH REIMPLANTATION	-	-	$68.64	Fee Schedule				

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D7272	E	TOOTH TRANSPLANTATION	-	-	-	Not Allowed				
D7280	M	EXPOSURE IMPACT TOOTH ORTHOD	-	-	$68.64	Fee Schedule				
D7282	M	MOBILIZE ERUPTED/MALPOS TOOT	-	-	$68.64	Fee Schedule				
D7283	E	PLACE DEVICE IMPACTED TOOTH	-	-	-	Not Allowed				
D7285	E	BIOPSY OF ORAL TISSUE HARD	-	-	-	Not Allowed				
D7286	E	BIOPSY OF ORAL TISSUE SOFT	-	-	-	Not Allowed				
D7287	E	CYTOLOGY SAMPLE COLLECTION	-	-	-	Not Allowed				
D7288	E	BRUSH BIOPSY	-	-	-	Not Allowed				
D7290	E	REPOSITIONING OF TEETH	-	-	-	Not Allowed				
D7291	M	TRANSSEPTAL FIBEROTOMY	-	-	-	Not Allowed				
D7292	E	SCREW RETAINED PLATE	-	-	-	Not Allowed				
D7293	E	TEMP ANCHORAGE DEV W FLAP	-	-	-	Not Allowed				
D7294	E	TEMP ANCHORAGE DEV W/O FLAP	-	-	-	Not Allowed				
D7310	M	ALVEOPLASTY W/ EXTRACTION	-	-	$68.64	Fee Schedule				
D7311	E	ALVEOLOPLASTY W/EXTRACT 1-3	-	-	-	Not Allowed				
D7320	M	ALVEOPLASTY W/O EXTRACTION	-	-	$68.64	Fee Schedule				
D7321	M	ALVEOLOPLASTY NOT W/EXTRACTS	-	-	$68.64	Fee Schedule				
D7340	E	VESTIBULOPLASTY RIDGE EXTENS	-	-	-	Not Allowed				
D7350	E	VESTIBULOPLASTY EXTEN GRAFT	-	-	-	Not Allowed				
D7410	E	RAD EXC LESION UP TO 1.25 CM	-	-	-	Not Allowed				
D7411	E	EXCISION BENIGN LESION>1.25C	-	-	-	Not Allowed				
D7412	E	EXCISION BENIGN LESION COMPL	-	-	-	Not Allowed				
D7413	E	EXCISION MALIG LESION<=1.25C	-	-	-	Not Allowed				
D7414	E	EXCISION MALIG LESION>1.25CM	-	-	-	Not Allowed				
D7415	E	EXCISION MALIG LES COMPLICAT	-	-	-	Not Allowed				
D7440	E	MALIG TUMOR EXC TO 1.25 CM	-	-	-	Not Allowed				
D7441	E	MALIG TUMOR > 1.25 CM	-	-	-	Not Allowed				
D7450	E	REM ODONTOGEN CYST TO 1.25CM	-	-	-	Not Allowed				
D7451	E	REM ODONTOGEN CYST > 1.25 CM	-	-	-	Not Allowed				
D7460	E	REM NONODONTO CYST TO 1.25CM	-	-	-	Not Allowed				
D7461	E	REM NONODONTO CYST > 1.25 CM	-	-	-	Not Allowed				
D7465	E	LESION DESTRUCTION	-	-	-	Not Allowed				
D7471	E	REM EXOSTOSIS ANY SITE	-	-	-	Not Allowed				
D7472	E	REMOVAL OF TORUS PALATINUS	-	-	-	Not Allowed				
D7473	E	REMOVE TORUS MANDIBULARIS	-	-	-	Not Allowed				
D7485	E	SURG REDUCT OSSEOUSTUBEROSIT	-	-	-	Not Allowed				
D7490	E	MANDIBLE RESECTION	-	-	-	Not Allowed				
D7510	M	I&D ABSC INTRAORAL SOFT TISS	-	-	$68.64	Fee Schedule				
D7511	M	INCISION/DRAIN ABSCESS INTRA	-	-	$68.64	Fee Schedule				
D7520	M	I&D ABSCESS EXTRAORAL	-	-	$68.64	Fee Schedule				
D7521	M	INCISION/DRAIN ABSCESS EXTRA	-	-	$68.64	Fee Schedule				
D7530	E	REMOVAL FB SKIN/AREOLAR TISS	-	-	-	Not Allowed				
D7540	M	REMOVAL OF FB REACTION	-	-	$68.64	Fee Schedule				
D7550	M	REMOVAL OF SLOUGHED OFF BONE	-	-	$68.64	Fee Schedule				

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D7560	M	MAXILLARY SINUSOTOMY	-	-	$68.64	Fee Schedule				
D7610	E	MAXILLA OPEN REDUCT SIMPLE	-	-	-	Not Allowed				
D7620	E	CLSD REDUCT SIMPL MAXILLA FX	-	-	-	Not Allowed				
D7630	E	OPEN RED SIMPL MANDIBLE FX	-	-	-	Not Allowed				
D7640	E	CLSD RED SIMPL MANDIBLE FX	-	-	-	Not Allowed				
D7650	E	OPEN RED SIMP MALAR/ZYGOM FX	-	-	-	Not Allowed				Y
D7660	E	CLSD RED SIMP MALAR/ZYGOM FX	-	-	-	Not Allowed				Y
D7670	E	CLOSD RDUCTN SPLINT ALVEOLUS	-	-	-	Not Allowed				Y
D7671	E	ALVEOLUS OPEN REDUCTION	-	-	-	Not Allowed				
D7680	E	REDUCT SIMPLE FACIAL BONE FX	-	-	-	Not Allowed				Y
D7710	E	MAXILLA OPEN REDUCT COMPOUND	-	-	-	Not Allowed				Y
D7720	E	CLSD REDUCT COMPD MAXILLA FX	-	-	-	Not Allowed				Y
D7730	E	OPEN REDUCT COMPD MANDBLE FX	-	-	-	Not Allowed				Y
D7740	E	CLSD REDUCT COMPD MANDBLE FX	-	-	-	Not Allowed				Y
D7750	E	OPEN RED COMP MALAR/ZYGMA FX	-	-	-	Not Allowed				Y
D7760	E	CLSD RED COMP MALAR/ZYGMA FX	-	-	-	Not Allowed				Y
D7770	E	OPEN REDUC COMPD ALVEOLUS FX	-	-	-	Not Allowed				Y
D7771	E	ALVEOLUS CLSD REDUC STBLZ TE	-	-	-	Not Allowed				
D7780	E	REDUCT COMPND FACIAL BONE FX	-	-	-	Not Allowed				Y
D7810	E	TMJ OPEN REDUCT-DISLOCATION	-	-	-	Not Allowed				Y
D7820	E	CLOSED TMP MANIPULATION	-	-	-	Not Allowed				Y
D7830	E	TMJ MANIPULATION UNDER ANEST	-	-	-	Not Allowed				
D7840	E	REMOVAL OF TMJ CONDYLE	-	-	-	Not Allowed				
D7850	E	TMJ MENISCECTOMY	-	-	-	Not Allowed				Y
D7852	E	TMJ REPAIR OF JOINT DISC	-	-	-	Not Allowed				
D7854	E	TMJ EXCISN OF JOINT MEMBRANE	-	-	-	Not Allowed				
D7856	E	TMJ CUTTING OF A MUSCLE	-	-	-	Not Allowed				
D7858	E	TMJ RECONSTRUCTION	-	-	-	Not Allowed				
D7860	E	TMJ CUTTING INTO JOINT	-	-	-	Not Allowed				Y
D7865	E	TMJ RESHAPING COMPONENTS	-	-	-	Not Allowed				Y
D7870	E	TMJ ASPIRATION JOINT FLUID	-	-	-	Not Allowed				Y
D7871	E	LYSIS + LAVAGE W CATHETERS	-	-	-	Not Allowed				
D7872	E	TMJ DIAGNOSTIC ARTHROSCOPY	-	-	-	Not Allowed				
D7873	E	TMJ ARTHROSCOPY LYSIS ADHESN	-	-	-	Not Allowed				
D7874	E	TMJ ARTHROSCOPY DISC REPOSIT	-	-	-	Not Allowed				
D7875	E	TMJ ARTHROSCOPY SYNOVECTOMY	-	-	-	Not Allowed				
D7876	E	TMJ ARTHROSCOPY DISCECTOMY	-	-	-	Not Allowed				
D7877	E	TMJ ARTHROSCOPY DEBRIDEMENT	-	-	-	Not Allowed				
D7880	E	OCCLUSAL ORTHOTIC APPLIANCE	-	-	-	Not Allowed				
D7899	E	TMJ UNSPECIFIED THERAPY	-	-	-	Not Allowed				
D7910	M	DENT SUTUR RECENT WND TO 5CM	-	-	$68.64	Fee Schedule				
D7911	M	DENTAL SUTURE WOUND TO 5 CM	-	-	$68.64	Fee Schedule				
D7912	M	SUTURE COMPLICATE WND > 5 CM	-	-	$68.64	Fee Schedule				
D7920	E	DENTAL SKIN GRAFT	-	-	-	Not Allowed				

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D7940	S	RESHAPING BONE ORTHOGNATHIC	-	-	-	Not Allowed				
D7941	E	BONE CUTTING RAMUS CLOSED	-	-	-	Not Allowed				
D7943	E	CUTTING RAMUS OPEN W/GRAFT	-	-	-	Not Allowed				
D7944	E	BONE CUTTING SEGMENTED	-	-	-	Not Allowed				
D7945	E	BONE CUTTING BODY MANDIBLE	-	-	-	Not Allowed				
D7946	E	RECONSTRUCTION MAXILLA TOTAL	-	-	-	Not Allowed				
D7947	E	RECONSTRUCT MAXILLA SEGMENT	-	-	-	Not Allowed				
D7948	E	RECONSTRUCT MIDFACE NO GRAFT	-	-	-	Not Allowed				
D7949	E	RECONSTRUCT MIDFACE W/GRAFT	-	-	-	Not Allowed				
D7950	E	MANDIBLE GRAFT	-	-	-	Not Allowed				Y
D7951	E	SINUS AUG W BONE/BONE SUP	-	-	-	Not Allowed				
D7953	E	BONE REPLACEMENT GRAFT	-	-	-	Not Allowed				
D7955	E	REPAIR MAXILLOFACIAL DEFECTS	-	-	-	Not Allowed				
D7960	E	FRENULECTOMY/FRENULOTOMY	-	-	-	Not Allowed				Y
D7963	E	FRENULOPLASTY	-	-	-	Not Allowed				
D7970	M	EXCISION HYPERPLASTIC TISSUE	-	-	$68.64	Fee Schedule				
D7971	E	EXCISION PERICORONAL GINGIVA	-	-	-	Not Allowed				
D7972	E	SURG REDCT FIBROUS TUBEROSIT	-	-	-	Not Allowed				
D7980	E	SIALOLITHOTOMY	-	-	-	Not Allowed				
D7981	E	EXCISION OF SALIVARY GLAND	-	-	-	Not Allowed				Y
D7982	E	SIALODOCHOPLASTY	-	-	-	Not Allowed				
D7983	E	CLOSURE OF SALIVARY FISTULA	-	-	-	Not Allowed				
D7990	E	EMERGENCY TRACHEOTOMY	-	-	-	Not Allowed				
D7991	E	DENTAL CORONOIDECTOMY	-	-	-	Not Allowed				
D7995	E	SYNTHETIC GRAFT FACIAL BONES	-	-	-	Not Allowed				
D7996	E	IMPLANT MANDIBLE FOR AUGMENT	-	-	-	Not Allowed				
D7997	E	APPLIANCE REMOVAL	-	-	-	Not Allowed				
D7998	E	INTRAORAL PLACE OF FIX DEV	-	-	-	Not Allowed				
D7999	E	ORAL SURGERY PROCEDURE	-	-	-	Not Allowed				Y
D8010	E	LIMITED DENTAL TX PRIMARY	-	-	-	Not Allowed				
D8020	E	LIMITED DENTAL TX TRANSITION	-	-	-	Not Allowed				
D8030	E	LIMITED DENTAL TX ADOLESCENT	-	-	-	Not Allowed				
D8040	E	LIMITED DENTAL TX ADULT	-	-	-	Not Allowed				
D8050	M	INTERCEP DENTAL TX PRIMARY	-	-	$68.64	Fee Schedule				Y
D8060	M	INTERCEP DENTAL TX TRANSITN	-	-	$68.64	Fee Schedule				Y
D8070	M	COMPRE DENTAL TX TRANSITION	-	-	$68.64	Fee Schedule				Y
D8080	M	COMPRE DENTAL TX ADOLESCENT	-	-	$68.64	Fee Schedule				Y
D8090	M	COMPRE DENTAL TX ADULT	-	-	$68.64	Fee Schedule				Y
D8210	E	ORTHODONTIC REM APPLIANCE TX	-	-	-	Not Allowed				
D8220	M	FIXED APPLIANCE THERAPY HABT	-	-	$68.64	Fee Schedule				
D8660	E	PREORTHODONTIC TX VISIT	-	-	-	Not Allowed				
D8670	M	PERIODIC ORTHODONTC TX VISIT	-	-	$68.64	Fee Schedule				Y
D8680	E	ORTHODONTIC RETENTION	-	-	-	Not Allowed				
D8690	E	ORTHODONTIC TREATMENT	-	-	-	Not Allowed				

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D8691	E	REPAIR ORTHO APPLIANCE	-	-	-	Not Allowed				
D8692	E	REPLACEMENT RETAINER	-	-	-	Not Allowed				
D8693	E	REBOND/CEMENT/REPAIR RETAIN	-	-	-	Not Allowed				
D8999	E	ORTHODONTIC PROCEDURE	-	-	-	Not Allowed				
D9110	N	TX DENTAL PAIN MINOR PROC	-	-	-	APC/ Bundled				
D9120	E	FIX PARTIAL DENTURE SECTION	-	-	-	Not Allowed				
D9210	E	DENT ANESTHESIA W/O SURGERY	-	-	-	Not Allowed				
D9211	E	REGIONAL BLOCK ANESTHESIA	-	-	-	Not Allowed				
D9212	E	TRIGEMINAL BLOCK ANESTHESIA	-	-	-	Not Allowed				
D9215	E	LOCAL ANESTHESIA	-	-	-	Not Allowed				
D9220	E	GENERAL ANESTHESIA	-	-	-	Not Allowed				
D9221	E	GENERAL ANESTHESIA EA AD 15M	-	-	-	Not Allowed				Y
D9230	M	ANALGESIA	-	-	-	Not Allowed				
D9241	M	INTRAVENOUS SEDATION	-	-	$68.64	Fee Schedule				
D9242	M	IV SEDATION EA AD 30 M	-	-	$68.64	Fee Schedule				
D9248	N	SEDATION (NON-IV)	-	-	-	APC/ Bundled				
D9310	M	DENTAL CONSULTATION	-	-	$68.64	Fee Schedule				
D9410	E	DENTAL HOUSE CALL	-	-	-	Not Allowed				
D9420	E	HOSPITAL CALL	-	-	-	Not Allowed				
D9430	E	OFFICE VISIT DURING HOURS	-	-	-	Not Allowed				
D9440	E	OFFICE VISIT AFTER HOURS	-	-	-	Not Allowed				
D9450	E	CASE PRESENTATION TX PLAN	-	-	-	Not Allowed				
D9610	E	DENT THERAPEUTIC DRUG INJECT	-	-	-	Not Allowed				
D9612	E	THERA PAR DRUGS 2 OR > ADMIN	-	-	-	Not Allowed				
D9630	S	OTHER DRUGS/MEDICAMENTS	00330	7.055	$336.88	APC				
D9910	E	DENT APPL DESENSITIZING MED	-	-	-	Not Allowed				
D9911	E	APPL DESENSITIZING RESIN	-	-	-	Not Allowed				
D9920	M	BEHAVIOR MANAGEMENT	-	-	$68.64	Fee Schedule				
D9930	S	TREATMENT OF COMPLICATIONS	-	-	-	Not Allowed				
D9940	S	DENTAL OCCLUSAL GUARD	-	-	-	Not Allowed				
D9941	E	FABRICATION ATHLETIC GUARD	-	-	-	Not Allowed				
D9942	E	REPAIR/RELINE OCCLUSAL GUARD	-	-	-	Not Allowed				
D9950	S	OCCLUSION ANALYSIS	-	-	-	Not Allowed				
D9951	S	LIMITED OCCLUSAL ADJUSTMENT	-	-	-	Not Allowed				
D9952	S	COMPLETE OCCLUSAL ADJUSTMENT	-	-	-	Not Allowed				
D9970	E	ENAMEL MICROABRASION	-	-	-	Not Allowed				
D9971	E	ODONTOPLASTY 1-2 TEETH	-	-	-	Not Allowed				
D9972	E	EXTRNL BLEACHING PER ARCH	-	-	-	Not Allowed				
D9973	E	EXTRNL BLEACHING PER TOOTH	-	-	-	Not Allowed				
D9974	E	INTRNL BLEACHING PER TOOTH	-	-	-	Not Allowed				
D9999	E	ADJUNCTIVE PROCEDURE	-	-	-	Not Allowed				
E0100	M	CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR	-	-	$21.07	Fee Schedule				
E0105	M	CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MA	-	-	$49.11	Fee Schedule				
E0110	M	CRUTCHES FOREARM INCLUDES CRUTCHES OF VARIOUS M	-	-	$77.59	Fee Schedule				

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E0111	M	CRUTCH FOREARM INCLUDES CRUTCHES OF VARIOUS MATE	-	-	$53.26	Fee Schedule				
E0112	M	CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR	-	-	$37.00	Fee Schedule				
E0113	M	CRUTCH UNDERAR WOOD ADJ. OR FIXED EA. W/PAD TIP &	-	-	$17.96	Fee Schedule				
E0114	M	CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED F	-	-	$47.19	Fee Schedule				
E0116	M	CRUTCH UNDERARM EACH NO WOOD	-	-	$27.74	Fee Schedule				
E0117	M	UNDERARM SPRINGASSIST CRUTCH	-	-	$192.71	Fee Schedule				
E0118	E	CRUTCH SUBSTITUTE	-	-	-	Not Allowed				
E0130	E	WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT	-	-	-	Not Allowed				
E0135	E	WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT	-	-	-	Not Allowed				
E0140	E	WALKER W TRUNK SUPPORT	-	-	-	Not Allowed				
E0141	E	RIGID WHEELED WALKER ADJ/FIX	-	-	-	Not Allowed				
E0143	E	WALKER FOLDING WHEELED W/O S	-	-	-	Not Allowed				
E0144	E	ENCLOSED WALKER W REAR SEAT	-	-	-	Not Allowed				
E0147	E	WALKER VARIABLE WHEEL RESIST	-	-	-	Not Allowed				
E0148	E	WALKER HEAVY DUTY W/O WHEELS RIGID OR FOLDING ANY	-	-	-	Not Allowed				
E0149	E	HEAVY DUTY WHEELED WALKER	-	-	-	Not Allowed				
E0153	E	PLATFORM ATTACHMENT FOREARM CRUTCH EACH	-	-	-	Not Allowed				
E0154	E	PLATFORM ATTACHMENT WALKER EACH	-	-	-	Not Allowed				
E0155	E	WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR	-	-	-	Not Allowed				
E0156	E	SEAT ATTACHMENT WALKER	-	-	-	Not Allowed				
E0157	E	CRUTCH ATTACHMENT WALKER EACH	-	-	-	Not Allowed				
E0158	E	LEG EXTENSIONS FOR WALKER PER SET OF FOUR (4)	-	-	-	Not Allowed				
E0159	E	BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT	-	-	-	Not Allowed				
E0160	E	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT	-	-	-	Not Allowed				
E0161	E	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT	-	-	-	Not Allowed				
E0162	E	SITZ BATH CHAIR	-	-	-	Not Allowed				
E0163	E	COMMODE CHAIR STATIONARY WITH FIXED ARMS	-	-	-	Not Allowed				
E0165	E	COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS	-	-	-	Not Allowed				
E0167	E	PAIL OR PAN FOR USE WITH COMMODE CHAIR	-	-	-	Not Allowed				
E0168	E	COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY STATIO	-	-	-	Not Allowed				
E0170	E	COMMODE CHAIR STATIONARY WITH PAIL OR PAN DETACHA	-	-	-	Not Allowed				
E0171	E	COMMODE CHAIR NON-ELECTRIC	-	-	-	Not Allowed				
E0172	E	SEAT LIFT MECHANISM TOILET	-	-	-	Not Allowed				
E0175	E	FOOT REST FOR USE WITH COMMODE CHAIR EACH	-	-	-	Not Allowed				
E0181	E	PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY	-	-	-	Not Allowed				
E0182	E	PUMP FOR ALTERNATING PRESSURE PAD	-	-	-	Not Allowed				
E0184	E	PRESSURE MATTRESS DRY	-	-	-	Not Allowed				
E0185	E	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LEN	-	-	-	Not Allowed				
E0186	E	AIR PRESSURE MATTRESS	-	-	-	Not Allowed				
E0187	E	WATER PRESSURE MATTRESS	-	-	-	Not Allowed				
E0188	E	SYNTHETIC SHEEPSKIN PAD	-	-	-	Not Allowed				
E0189	E	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	-	-	-	Not Allowed				
E0190	E	POSITIONING CUSHION	-	-	-	Not Allowed				
E0191	E	HEEL OR ELBOW PROTECTOR EACH	-	-	-	Not Allowed				

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E0193	E	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	-	-	-	Not Allowed				Y
E0194	E	AIR FLUIDIZED BED	-	-	-	Not Allowed				Y
E0196	E	GEL PRESSURE MATTRESS	-	-	-	Not Allowed				
E0197	E	AIR PRESSURE PAD FOR MATTRESS STND MATTRESS LENGT	-	-	-	Not Allowed				
E0198	E	WATER PRESSURE PAD FOR MATTRESS STND MATTRESS LE	-	-	-	Not Allowed				
E0199	E	DRY PRESSURE PAD FOR MATTRESS STANDARD MATTRESS L	-	-	-	Not Allowed				
E0200	E	HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BUL	-	-	-	Not Allowed				
E0202	E	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	-	-	-	Not Allowed				
E0203	E	THERAPEUTIC LIGHTBOX TABLETP	-	-	-	Not Allowed				
E0205	E	HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED	-	-	-	Not Allowed				
E0210	E	ELECTRIC HEAT PAD STANDARD	-	-	-	Not Allowed				
E0215	E	ELECTRIC HEAT PAD MOIST	-	-	-	Not Allowed				
E0217	E	WATER CIRCULATING HEAT PAD WITH PUMP	-	-	-	Not Allowed				
E0218	E	WATER CIRCULATING COLD PAD WITH PUMP	-	-	-	Not Allowed				
E0220	E	HOT WATER BOTTLE	-	-	-	Not Allowed				
E0221	E	INFRARED HEATING PAD SYSTEM	-	-	-	Not Allowed				
E0225	E	HYDROCOLLATOR UNIT INCLUDING PADS	-	-	-	Not Allowed				
E0230	E	ICE CAP OR COLLAR	-	-	-	Not Allowed				
E0231	E	WOUND WARMING DEVICE	-	-	-	Not Allowed				
E0232	E	WARMING CARD FOR NWT	-	-	-	Not Allowed				
E0235	E	PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY COD	-	-	-	Not Allowed				
E0236	E	PUMP FOR WATER CIRCULATING PAD	-	-	-	Not Allowed				
E0238	E	NON-ELECTRIC HEAT PAD MOIST	-	-	-	Not Allowed				
E0239	E	HYDROCOLLATOR UNIT PORTABLE	-	-	-	Not Allowed				
E0240	E	BATH/SHOWER CHAIR	-	-	-	Not Allowed				
E0241	E	BATH TUB WALL RAIL EACH	-	-	-	Not Allowed				
E0242	E	BATH TUB RAIL FLOOR BASE	-	-	-	Not Allowed				
E0243	E	TOILET RAIL EACH	-	-	-	Not Allowed				
E0244	E	RAISED TOILET SEAT	-	-	-	Not Allowed				
E0245	E	TUB STOOL OR BENCH	-	-	-	Not Allowed				
E0246	E	TRANSFER TUB RAIL ATTACHMENT	-	-	-	Not Allowed				
E0247	E	TRANS BENCH W/WO COMM OPEN	-	-	-	Not Allowed				
E0248	E	HDTRANS BENCH W/WO COMM OPEN	-	-	-	Not Allowed				
E0249	E	PAD FOR WATER CIRCULATING HEAT UNIT	-	-	-	Not Allowed				
E0250	E	HOSPITAL BED W/ 2 SIDE RAILS FIXED HEIGHT WITH MATTRE	-	-	-	Not Allowed				Y
E0251	E	HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT W/OUT MATT	-	-	-	Not Allowed				Y
E0255	E	HOSP BED W/ 2 SIDE RAILS VARIABLE HEIGHT HI-LO W/MATT	-	-	-	Not Allowed				Y
E0256	E	HOSP BED VAR HT HI-LO W/ANY TYPE SIDE RAILS W/OUT MA	-	-	-	Not Allowed				Y
E0260	E	HOSP BED W/ 2 SIDE RAILS SEMI-ELECTRIC W/ MATTRESS	-	-	-	Not Allowed				Y
E0261	E	HOSP BED SEMI-ELECTRIC W/ANY TYPE SIDE RAILS W/OUT M	-	-	-	Not Allowed				Y
E0265	E	HOSPITAL BED TOTAL ELECTRIC WITH 2 SIDERAILS	-	-	-	Not Allowed				Y
E0266	E	HOSP BED W/SIDE RAILS TOTAL ELECTRIC W/OUT MATTRES	-	-	-	Not Allowed				Y
E0270	E	HOSPITAL BED INSTITUTIONAL TYPE INCLUDES: OSCILLATIN	-	-	-	Not Allowed				
E0271	E	MATTRESS INNERSPRING	-	-	-	Not Allowed				

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E0272	E	MATTRESS FOAM RUBBER	-	-	-	Not Allowed				
E0273	E	BED BOARD	-	-	-	Not Allowed				
E0274	E	OVERBED TABLE	-	-	-	Not Allowed				
E0275	E	BED PAN STANDARD METAL OR PLASTIC	-	-	-	Not Allowed				
E0276	E	BED PAN FRACTURE METAL OR PLASTIC	-	-	-	Not Allowed				
E0277	E	POWERED PRESSURE-REDUCING AIR MATTRESS	-	-	-	Not Allowed				Y
E0280	E	BED CRADLE ANY TYPE	-	-	-	Not Allowed				
E0290	E	HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS WITH MATTR	-	-	-	Not Allowed				Y
E0291	E	HOSPITAL BED FIXED HEIGHT W/OUT SIDE RAILS W/OUT MAT	-	-	-	Not Allowed				Y
E0292	E	HOSPITAL BED VAR HT HI-LO W/OUT SIDE RAILS W/MATTRES	-	-	-	Not Allowed				
E0293	E	HOSP BED VARIABLE HT HI-LO W/OUT SIDE RAILS OR MATTR	-	-	-	Not Allowed				Y
E0294	E	HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/MATTRESS	-	-	-	Not Allowed				Y
E0295	E	HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/OUT MATTR	-	-	-	Not Allowed				Y
E0296	E	HOSP BED TOTAL ELECTRIC W/O SIDE RAILS WITH MATTRES	-	-	-	Not Allowed				Y
E0297	E	HOSP BED TOTAL ELECTRIC W/OUT SIDE RAILS W/OUT MATT	-	-	-	Not Allowed				Y
E0300	E	ENCLOSED PED CRIB HOSP GRADE	-	-	-	Not Allowed				
E0301	E	HD HOSP BED 350-600 LBS	-	-	-	Not Allowed				
E0302	E	EX HD HOSP BED > 600 LBS	-	-	-	Not Allowed				
E0303	E	HOSP BED HVY DTY XTRA WIDE	-	-	-	Not Allowed				
E0304	E	HOSP BED XTRA HVY DTY X WIDE	-	-	-	Not Allowed				
E0305	E	BED SIDE RAILS HALF LENGTH EACH	-	-	-	Not Allowed				
E0310	E	BEDSIDE RAILS FULL-LENGTH	-	-	-	Not Allowed				
E0315	E	BED ACCESSORIES: BOARDS OR TABLES ANY TYPE	-	-	-	Not Allowed				
E0316	E	BED SAFETY ENCLOSURE	-	-	-	Not Allowed				
E0325	E	URINAL MALE ANY MATERIAL	-	-	-	Not Allowed				
E0326	E	URINAL FEMALE ANY MATERIAL	-	-	-	Not Allowed				
E0350	E	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUA	-	-	-	Not Allowed				
E0352	E	DISPOSABLE PACK FOR USE W/ELECTRONIC BOWEL EVAC/IRR	-	-	-	Not Allowed				
E0370	E	AIR PRESSURE ELEVATOR FOR HEEL	-	-	-	Not Allowed				
E0371	E	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY F	-	-	-	Not Allowed				
E0372	E	POWERED AIR OVERLAY FOR MATTRESS STD MATTRESS LGT	-	-	-	Not Allowed				
E0373	E	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	-	-	-	Not Allowed				
E0424	E	STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES UNIT	-	-	-	Not Allowed				
E0425	E	STN O2 COMP GAS SYS PURCHASE INCLUDES ALL SUPPLIES	-	-	-	Not Allowed				
E0430	E	PORT GAS O2 SYS PURCHASE INCLUDES ALL SUPPLIES	-	-	-	Not Allowed				Y
E0431	E	PORT GAS O2SYS RENTAL MC REG FLOW HUMID CANNULA MA	-	-	-	Not Allowed				
E0434	E	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUP	-	-	-	Not Allowed				
E0435	E	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUP	-	-	-	Not Allowed				
E0439	E	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT	-	-	-	Not Allowed				
E0440	E	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT	-	-	-	Not Allowed				
E0441	E	OXYGEN CONTENTS GASEOUS	-	-	-	Not Allowed				
E0442	E	OXYGEN CONTENTS LIQUID	-	-	-	Not Allowed				
E0443	E	PORTABLE 02 CONTENTS GAS	-	-	-	Not Allowed				
E0444	E	PORTABLE 02 CONTENTS LIQUID	-	-	-	Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
E0445	E	OXIMETER DEVICE FOR MEASURING BLOOD O2 LEVELS NON-I	-	-	-	Not Allowed				Y
E0450	E	VOLUME VENTILATOR STATIONARY OR PORTABLE W/BACKUP	-	-	-	Not Allowed				Y
E0455	E	PRESSURE VENTILATOR	-	-	-	Not Allowed				
E0457	E	CHEST SHELL (CUIRASS)	-	-	-	Not Allowed				
E0459	E	CHEST WRAP	-	-	-	Not Allowed				
E0460	E	NEGATIVE PRESSURE PUMP	-	-	-	Not Allowed				
E0461	E	VOL VENT NONINVASIVE INTERFACE	-	-	-	Not Allowed				
E0462	E	ROCKING BED WITH OR WITHOUT SIDE RAILS	-	-	-	Not Allowed				Y
E0463	E	PRESS SUPP VENT INVASIVE INT	-	-	-	Not Allowed				
E0464	E	PRESS SUPP VENT NONINV INT	-	-	-	Not Allowed				
E0470	E	RAD W/O BACKUP NON-INV INTFC	-	-	-	Not Allowed				
E0471	E	RAD W/BACKUP NON INV INTRFC	-	-	-	Not Allowed				
E0472	E	RAD W BACKUP INVASIVE INTRFC	-	-	-	Not Allowed				
E0480	E	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL	-	-	-	Not Allowed				
E0481	E	INTRPULMNRY PERCUSS VENT SYS	-	-	-	Not Allowed				
E0482	E	COUGH STIMULATING DEVICE	-	-	-	Not Allowed				Y
E0483	E	CHEST COMPRESSION GEN SYSTEM	-	-	-	Not Allowed				Y
E0484	E	NON-ELEC OSCILLATORY PEP DVC	-	-	-	Not Allowed				
E0485	E	ORAL DEVICE/APPLIANCE PREFAB	-	-	-	Not Allowed				
E0486	E	ORAL DEVICE/APPLIANCE CUSFAB	-	-	-	Not Allowed				
E0500	E	IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SO	-	-	-	Not Allowed				
E0550	E	HUMIDIF EXTENS SUPPLE W IPPB	-	-	-	Not Allowed				
E0555	E	HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMI	-	-	-	Not Allowed				
E0560	E	HUMIDIFIER SUPPLEMENTAL W/ I	-	-	-	Not Allowed				
E0561	E	HUMIDIFIER NONHEATED W PAP	-	-	-	Not Allowed				
E0562	E	HUMIDIFIER HEATED USED W PAP	-	-	-	Not Allowed				
E0565	E	COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH	-	-	-	Not Allowed				
E0570	E	NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID	-	-	-	Not Allowed				
E0571	E	AEROSOL COMPRESSOR BATTERY POWERED FOR SM VOL N	-	-	-	Not Allowed				
E0572	E	AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DU	-	-	-	Not Allowed				
E0574	E	ULTRASONIC GENERATOR W SVNEB	-	-	-	Not Allowed				
E0575	E	NEBULIZER ULTRASONIC LARGE VOLUME	-	-	-	Not Allowed				
E0580	E	NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC B	-	-	-	Not Allowed				
E0585	E	NEBULIZER WITH COMPRESSOR AND HEATER	-	-	-	Not Allowed				
E0600	E	SUCTION PUMP PORTAB HOM MODL	-	-	-	Not Allowed				
E0601	E	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVISE	-	-	-	Not Allowed				Y
E0602	E	MANUAL BREAST PUMP	-	-	-	Not Allowed				
E0603	E	ELECTRIC BREAST PUMP	-	-	-	Not Allowed				
E0604	E	HOSP GRADE ELEC BREAST PUMP	-	-	-	Not Allowed				
E0605	E	VAPORIZER ROOM TYPE	-	-	-	Not Allowed				
E0606	E	POSTURAL DRAINAGE BOARD	-	-	-	Not Allowed				
E0607	E	HOME BLOOD GLUCOSE MONITOR	-	-	-	Not Allowed				
E0610	E	PACEMAKER MONITOR SELF-CONTAINED (CHECKS BATTERY	-	-	-	Not Allowed				Y
E0615	E	PACEMAKER MONITOR SELF CONTAINED CHECKS BATTERY	-	-	-	Not Allowed				Y

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E0616	N	CARDIAC EVENT RECORDER	-	-	-	APC/ Bundled				
E0617	E	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARD	-	-	-	Not Allowed				
E0618	E	APNEA MONITOR	-	-	-	Not Allowed				Y
E0619	E	APNEA MONITOR W RECORDER	-	-	-	Not Allowed				Y
E0620	E	CAP BLD SKIN PIERCING LASER	-	-	-	Not Allowed				
E0621	E	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON	-	-	-	Not Allowed				
E0625	E	PATIENT LIFT KARTOP BATHROOM OR TOILET	-	-	-	Not Allowed				
E0627	E	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION	-	-	-	Not Allowed				
E0628	E	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OV	-	-	-	Not Allowed				
E0629	E	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OV	-	-	-	Not Allowed				
E0630	E	PATIENT LIFT HYDRAULIC WITH SEAT OR SLING	-	-	-	Not Allowed				
E0635	E	PATIENT LIFT ELECTRIC WITH SEAT OR SLING	-	-	-	Not Allowed				Y
E0636	E	PT SUPPORT & POSITIONING SYS	-	-	-	Not Allowed				
E0637	E	COMBINATION SIT TO STAND SYS	-	-	-	Not Allowed				
E0638	E	STANDING FRAME SYS	-	-	-	Not Allowed				
E0639	E	MOVEABLE PATIENT LIFT SYSTEM	-	-	-	Not Allowed				
E0640	E	FIXED PATIENT LIFT SYSTEM	-	-	-	Not Allowed				
E0641	E	MULTI-POSITION STND FRAM SYS	-	-	-	Not Allowed				
E0642	E	DYNAMIC STANDING FRAME	-	-	-	Not Allowed				
E0650	E	PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL	-	-	-	Not Allowed				Y
E0651	E	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O C	-	-	-	Not Allowed				Y
E0652	E	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL WITH (	-	-	-	Not Allowed				Y
E0655	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRE	-	-	-	Not Allowed				Y
E0660	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRE	-	-	-	Not Allowed				Y
E0665	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRE	-	-	-	Not Allowed				Y
E0666	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRE	-	-	-	Not Allowed				Y
E0667	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR LEG	-	-	-	Not Allowed				Y
E0668	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR ARM	-	-	-	Not Allowed				Y
E0669	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR HALF L	-	-	-	Not Allowed				Y
E0671	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE F	-	-	-	Not Allowed				Y
E0672	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE F	-	-	-	Not Allowed				Y
E0673	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE H	-	-	-	Not Allowed				Y
E0675	E	PNEUMATIC COMPRESSION DEVICE	-	-	-	Not Allowed				
E0676	E	INTER LIMB COMPRESS DEV NOS	-	-	-	Not Allowed				
E0691	E	UVL PNL 2 SQ FT OR LESS	-	-	-	Not Allowed				
E0692	E	UVL SYS PANEL 4 FT	-	-	-	Not Allowed				Y
E0693	E	UVL SYS PANEL 6 FT	-	-	-	Not Allowed				Y
E0694	E	UVL MD CABINET SYS 6 FT	-	-	-	Not Allowed				Y
E0700	E	SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)	-	-	-	Not Allowed				
E0705	E	TRANSFER BOARD OR DEVICE	-	-	-	Not Allowed				
E0710	E	RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)	-	-	-	Not Allowed				
E0720	E	TENS TWO LEAD LOCALIZED STIMULATION	-	-	-	Not Allowed				
E0730	E	TENS FOUR LEAD	-	-	-	Not Allowed				
E0731	E	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TEN	-	-	-	Not Allowed				

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E0740	E	INCONTINENCE TREATMENT SYSTM	-	-	-	Not Allowed				
E0744	E	NEUROMUSCULAR STIMULATOR FOR SCOLOSIS	-	-	-	Not Allowed				
E0745	E	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT M	-	-	-	Not Allowed				
E0746	E	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE	-	-	-	Not Allowed				
E0747	E	OSTEOGENESIS STIMULATOR (NON-INVASIVE)	-	-	-	Not Allowed				Y
E0748	E	OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATC	-	-	-	Not Allowed				Y
E0749	N	OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)	-	-	-	APC/ Bundled				Y
E0755	E	ELECTRONIC SALIVARY REFLEX STIMULATOR(INTRAORAL/NOI	-	-	-	Not Allowed				Y
E0760	E	OSTEOGEN ULTRASOUND STIMLTOR	-	-	-	Not Allowed				Y
E0761	E	NONTHERM ELECTROMGNTC DEVICE	-	-	-	Not Allowed				
E0762	E	TRANS ELEC JT STIM DEV SYS	-	-	-	Not Allowed				
E0764	E	FUNCTIONAL NEUROMUSCULARSTIM	-	-	-	Not Allowed				
E0765	E	FDA APPROVED NERVE STIMULATOR WITH REPLACEMENT BA	-	-	-	Not Allowed				Y
E0769	E	ELECTRIC WOUND TREATMENT DEV	-	-	-	Not Allowed				
E0776	E	IV POLE	-	-	-	Not Allowed				
E0779	E	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION =	-	-	-	Not Allowed				
E0780	E	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION <	-	-	-	Not Allowed				
E0781	E	AMBULATORY INFUSION PUMP SING OR MULT CHAN W/ADMIN	-	-	-	Not Allowed				
E0782	M	NON-PROGRAMBLE INFUSION PUMP	-	-	-	Not Allowed				
E0783	M	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (IN	-	-	-	Not Allowed				Y
E0784	E	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	-	-	-	Not Allowed				Y
E0785	M	IMPLANTABLE INTRASPINAL CATH USED W/INFUSION PUMP R	-	-	-	Not Allowed				Y
E0786	M	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPLACEME	-	-	-	Not Allowed				
E0791	E	PARENTERAL INFUSION PUMP STATIONARY	-	-	-	Not Allowed				
E0830	N	AMBULATORY TRACTION DEVICE ALL TYPES EACH	-	-	-	APC/ Bundled				
E0840	E	TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERV	-	-	-	Not Allowed				
E0849	E	CERVICAL PNEUM TRAC EQUIP	-	-	-	Not Allowed				
E0850	E	TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACT	-	-	-	Not Allowed				
E0855	E	CERVICAL TRACTION EQUIP. NOT REQUIRING ADD'L STAND OI	-	-	-	Not Allowed				
E0860	E	TRACTION EQUIPMENT OVERDOOR CERVICAL	-	-	-	Not Allowed				
E0870	E	TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTRI	-	-	-	Not Allowed				
E0880	E	TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRA(	-	-	-	Not Allowed				
E0890	E	TRACTION FRAME ATTACHED TO FOOTBOARD PELVIC TRAC	-	-	-	Not Allowed				
E0900	E	TRACTION STAND FREE STANDING SIMPLE PELVIC TRACTIO	-	-	-	Not Allowed				
E0910	E	TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED \	-	-	-	Not Allowed				
E0911	E	HD TRAPEZE BAR ATTACH TO BED	-	-	-	Not Allowed				
E0912	E	HD TRAPEZE BAR FREE STANDING	-	-	-	Not Allowed				
E0920	E	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS	-	-	-	Not Allowed				
E0930	E	FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS	-	-	-	Not Allowed				
E0935	E	CONT PAS MOTION EXERCISE DEV	-	-	-	Not Allowed				
E0936	E	CPM DEVICE, OTHER THAN KNEE	-	-	-	Not Allowed				
E0940	E	TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR	-	-	-	Not Allowed				
E0941	E	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE	-	-	-	Not Allowed				
E0942	E	CERVICAL HEAD HARNESS/HALTER	-	-	-	Not Allowed				

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E0944	E	PELVIC BELT/HARNESS/BOOT	-	-	-	Not Allowed				
E0945	E	EXTREMITY BELT/HARNESS	-	-	-	Not Allowed				
E0946	E	FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO	-	-	-	Not Allowed				
E0947	E	FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TR	-	-	-	Not Allowed				
E0948	E	FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL	-	-	-	Not Allowed				
E0950	E	TRAY	-	-	-	Not Allowed				
E0951	E	LOOP HEEL	-	-	-	Not Allowed				
E0952	E	TOE LOOP/HOLDER EACH	-	-	-	Not Allowed				
E0955	E	CUSHIONED HEADREST	-	-	-	Not Allowed				
E0956	E	W/C LATERAL TRUNK/HIP SUPPOR	-	-	-	Not Allowed				
E0957	E	W/C MEDIAL THIGH SUPPORT	-	-	-	Not Allowed				
E0958	E	WHLCHR ATT- CONV 1 ARM DRIVE	-	-	-	Not Allowed				
E0959	E	AMPUTEE ADAPTER	-	-	-	Not Allowed				
E0960	E	W/C SHOULDER HARNESS/STRAPS	-	-	-	Not Allowed				
E0961	E	WHEELCHAIR BRAKE EXTENSION	-	-	-	Not Allowed				
E0966	E	WHEELCHAIR HEAD REST EXTENSI	-	-	-	Not Allowed				
E0967	E	WHEELCHAIR HAND RIMS	-	-	-	Not Allowed				
E0968	E	COMMODE SEAT WHEELCHAIR	-	-	-	Not Allowed				
E0969	E	NARROWING DEVICE WHEELCHAIR	-	-	-	Not Allowed				
E0970	E	WHEELCHAIR NO. 2 FOOTPLATES	-	-	-	Not Allowed				
E0971	E	WHEELCHAIR ANTI-TIPPING DEVI	-	-	-	Not Allowed				
E0973	E	W/CH ACCESS DET ADJ ARMREST	-	-	-	Not Allowed				
E0974	E	W/CH ACCESS ANTI-ROLLBACK	-	-	-	Not Allowed				
E0978	E	W/C ACC SAF BELT PELV STRAP	-	-	-	Not Allowed				
E0980	E	SAFETY VEST WHEELCHAIR	-	-	-	Not Allowed				
E0981	E	SEAT UPHOLSTERY REPLACEMENT	-	-	-	Not Allowed				
E0982	E	BACK UPHOLSTERY REPLACEMENT	-	-	-	Not Allowed				
E0983	E	ADD PWR JOYSTICK	-	-	-	Not Allowed				
E0984	E	ADD PWR TILLER	-	-	-	Not Allowed				
E0985	E	W/C SEAT LIFT MECHANISM	-	-	-	Not Allowed				
E0986	E	MAN W/C PUSH-RIM POW ASSIST	-	-	-	Not Allowed				
E0990	E	WHELLCHAIR ELEVATING LEG RES	-	-	-	Not Allowed				
E0992	E	WHEELCHAIR SOLID SEAT INSERT	-	-	-	Not Allowed				
E0994	E	ARMREST EACH	-	-	-	Not Allowed				
E0995	E	WHEELCHAIR CALF REST	-	-	-	Not Allowed				
E1002	E	PWR SEAT TILT	-	-	-	Not Allowed				
E1003	E	PWR SEAT RECLINE	-	-	-	Not Allowed				
E1004	E	PWR SEAT RECLINE MECH	-	-	-	Not Allowed				
E1005	E	PWR SEAT RECLINE PWR	-	-	-	Not Allowed				
E1006	E	PWR SEAT COMBO W/O SHEAR	-	-	-	Not Allowed				
E1007	E	PWR SEAT COMBO W/SHEAR	-	-	-	Not Allowed				
E1008	E	PWR SEAT COMBO PWR SHEAR	-	-	-	Not Allowed				
E1009	E	ADD MECH LEG ELEVATION	-	-	-	Not Allowed				
E1010	E	ADD PWR LEG ELEVATION	-	-	-	Not Allowed				

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E1011	E	PED WC MODIFY WIDTH ADJUSTM	-	-	-	Not Allowed				
E1014	E	RECLINING BACK ADD PED W/C	-	-	-	Not Allowed				
E1015	E	SHOCK ABSORBER FOR MAN W/C	-	-	-	Not Allowed				
E1016	E	SHOCK ABSORBER FOR POWER W/C	-	-	-	Not Allowed				
E1017	E	HD SHCK ABSRBR FOR HD MAN WC	-	-	-	Not Allowed				
E1018	E	HD SHCK ABSRBER FOR HD POWWC	-	-	-	Not Allowed				
E1020	E	RESIDUAL LIMB SUPPORT SYSTEM	-	-	-	Not Allowed				
E1028	E	W/C MANUAL SWINGAWAY	-	-	-	Not Allowed				
E1029	E	W/C VENT TRAY FIXED	-	-	-	Not Allowed				
E1030	E	W/C VENT TRAY GIMBALED	-	-	-	Not Allowed				
E1031	E	ROLLABOUT CHAIR ANY AND ALL TYPES W/CASTORS 5" OR G	-	-	-	Not Allowed				Y
E1035	E	PATIENT TRANSFER SYSTEM	-	-	-	Not Allowed				
E1037	E	TRANSPORT CHAIR PED SIZE	-	-	-	Not Allowed				Y
E1038	E	TRANSPORT CHAIR PT WT<=300LB	-	-	-	Not Allowed				Y
E1039	E	TRANSPORT CHAIR PT WT >300LB	-	-	-	Not Allowed				
E1050	E	FULLY-RECLINING WHEELCH FULL ARMS SWING AWAY DET I	-	-	-	Not Allowed				Y
E1060	E	FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET	-	-	-	Not Allowed				Y
E1070	E	FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET F	-	-	-	Not Allowed				Y
E1083	E	HEMI-WHEELCHAIR FULL ARMS SWING AWAY DET ELEVATE	-	-	-	Not Allowed				Y
E1084	E	HEMI-WHEELCHAIR DET ARMS DESK OR FULL DET ELEVATE	-	-	-	Not Allowed				Y
E1085	E	HEMI-WHEELCHAIR FIXED ARMS	-	-	-	Not Allowed				Y
E1086	E	HEMI-WHEELCHAIR DET ARMS DESK OR FULL DETACH FOOT	-	-	-	Not Allowed				Y
E1087	E	HIGH-STREN LIGHTWT WHEELCH FULL ARMS SWING-AWAY D	-	-	-	Not Allowed				Y
E1088	E	HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL D	-	-	-	Not Allowed				Y
E1089	E	WHEELCHAIR LIGHTWT FIXED ARM	-	-	-	Not Allowed				Y
E1090	E	HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL D	-	-	-	Not Allowed				Y
E1092	E	WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET	-	-	-	Not Allowed				Y
E1093	E	WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET	-	-	-	Not Allowed				Y
E1100	E	SEMI-RECLIN WHEELCH FULL ARMS SWING-AWAY DET LEGR	-	-	-	Not Allowed				Y
E1110	E	SEMI-RECLIN WHEELCH DET ARMS DESK OR FULL ELEV LEG	-	-	-	Not Allowed				Y
E1130	E	WHLCHR STAND FXD ARM FT REST	-	-	-	Not Allowed				Y
E1140	E	WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET F	-	-	-	Not Allowed				Y
E1150	E	WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET L	-	-	-	Not Allowed				Y
E1160	E	WHEELCHAIR FIXED ARMS SWING-AWAY DETACH ELEVATIN	-	-	-	Not Allowed				Y
E1161	E	3ANUAL ADULT WC W TILTINSPAC	-	-	-	Not Allowed				Y
E1170	E	AMPUTEE WHEELCH FIXED FULL ARMS SWING-AWAY DET LE	-	-	-	Not Allowed				Y
E1171	E	AMPUTEE WHEELCH FULL ARMS WITHOUT FOOTRESTS OR L	-	-	-	Not Allowed				Y
E1172	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL W/OUT FOOT	-	-	-	Not Allowed				Y
E1180	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY	-	-	-	Not Allowed				Y
E1190	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY	-	-	-	Not Allowed				Y
E1195	E	HEAVY DUTY WHEELCH FIXED ARMS SWING-AWAYDET ELEV	-	-	-	Not Allowed				Y
E1200	E	AMPUTEE WHEELCH FIXED ARMS SWING-AWAY DETACH FO	-	-	-	Not Allowed				Y
E1220	E	WHEELCHAIR SPECIALLY SIZED OR CONSTRUCTED	-	-	-	Not Allowed				Y
E1221	E	WHEELCHAIR WITH FIXED ARM FOOTRESTS	-	-	-	Not Allowed				Y

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E1222	E	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS	-	-	-	Not Allowed				Y
E1223	E	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS	-	-	-	Not Allowed				Y
E1224	E	WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGREST	-	-	-	Not Allowed				Y
E1225	E	WHEELCHAIR SPEC SZ SEMI-RECL	-	-	-	Not Allowed				Y
E1226	E	W/C ACCESS FULLY RECLINEBACK	-	-	-	Not Allowed				Y
E1227	E	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	-	-	-	Not Allowed				Y
E1228	E	SPECIAL BACK HEIGHT FOR WHEELCHAIR	-	-	-	Not Allowed				Y
E1229	E	PEDIATRIC WHEELCHAIR NOS	-	-	-	Not Allowed				
E1230	E	POWER OPERATED VEHICLE (3- OR 4-WHEEL NONHIGHWAY) S	-	-	-	Not Allowed				Y
E1231	E	RIGID PED W/C TILT-IN-SPACE	-	-	-	Not Allowed				Y
E1232	E	FOLDING PED WC TILT-IN-SPACE	-	-	-	Not Allowed				Y
E1233	E	RIG PED WC TLTNSPC W/O SEAT	-	-	-	Not Allowed				Y
E1234	E	FLD PED WC TLTNSPC W/O SEAT	-	-	-	Not Allowed				Y
E1235	E	RIGID PED WC ADJUSTABLE	-	-	-	Not Allowed				Y
E1236	E	FOLDING PED WC ADJUSTABLE	-	-	-	Not Allowed				Y
E1237	E	RGD PED WC ADJSTABL W/O SEAT	-	-	-	Not Allowed				Y
E1238	E	FLD PED WC ADJSTABL W/O SEAT	-	-	-	Not Allowed				Y
E1239	E	PED POWER WHEELCHAIR NOS	-	-	-	Not Allowed				
E1240	E	LIGHTWT WHEELCH DET ARMS DESK/FULL SWING-AWAY DE	-	-	-	Not Allowed				Y
E1250	E	WHEELCHAIR LIGHTWT FIXED ARM	-	-	-	Not Allowed				Y
E1260	E	LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS(DESK OR FU	-	-	-	Not Allowed				Y
E1270	E	LIGHTWT WHEELCH FIXED ARMS SWING-AWAY DET ELEV LE	-	-	-	Not Allowed				Y
E1280	E	HEAVY-DUTY WHEELCH DETACH ARMS DESK/FULL ELEV LE(	-	-	-	Not Allowed				Y
E1285	E	WHEELCHAIR HEAVY DUTY FIXED	-	-	-	Not Allowed				Y
E1290	E	HEAVY-DUTY WHEELCH DET ARMS DESK/FULL SWING-AWAY	-	-	-	Not Allowed				Y
E1295	E	HEAVY-DUTY WHEELCH FIXED ARMS ELEVATING LEGRESTS	-	-	-	Not Allowed				Y
E1296	E	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	-	-	-	Not Allowed				Y
E1297	E	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY	-	-	-	Not Allowed				Y
E1298	E	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONS	-	-	-	Not Allowed				Y
E1300	E	WHIRLPOOL PORTABLE (OVERTUB TYPE)	-	-	-	Not Allowed				Y
E1310	E	WHIRLPOOL NON-PORTABLE (BUILT-IN TYPE)	-	-	-	Not Allowed				Y
E1340	E	REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF	-	-	-	Not Allowed				
E1353	E	REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF	-	-	-	Not Allowed				
E1355	E	REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF	-	-	-	Not Allowed				
E1372	E	IMMERSION EXTERNAL HEATER FOR NEBULIZER	-	-	-	Not Allowed				
E1390	E	OXYGEN CONCENTRATOR	-	-	-	Not Allowed				
E1391	E	OXYGEN CONCENTRATOR DUAL	-	-	-	Not Allowed				
E1392	E	PORTABLE OXYGEN CONCENTRATOR	-	-	-	Not Allowed				
E1399	E	MISC SUPP & EQUIP. NOC (OR WHEELCHAIR REPAIRS/CROSS(	-	-	-	Not Allowed				
E1405	E	OXY & WATER VAPOR ENRICHING SYSTEM WITH HEATED DEL	-	-	-	Not Allowed				
E1406	E	OXY & WATER VAPOR ENRICHING SYSTEM W/O HEATED DELI\	-	-	-	Not Allowed				
E1500	E	CENTRIFUGE	-	-	-	Not Allowed				
E1510	E	KIDNEY DIALYSATE DELIVERY SYST. KIDNEY MACHINE PUMP	-	-	-	Not Allowed				Y
E1520	E	HEPARIN INFUSION PUMP	-	-	-	Not Allowed				Y

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E1530	E	AIR BUBBLE DETECTOR FOR DIALYSIS	-	-	-	Not Allowed				Y
E1540	E	REPLACEMENT PRESSURE ALARM	-	-	-	Not Allowed				Y
E1550	E	BATH CONDUCTIVITY METER FOR DIALYSIS	-	-	-	Not Allowed				Y
E1560	E	REPLACE BLOOD LEAK DETECTOR	-	-	-	Not Allowed				Y
E1570	E	ADJUSTABLE CHAIR FOR ESRD PATIENTS	-	-	-	Not Allowed				Y
E1575	E	TRANSDUCER PROTECT/FLD BAR	-	-	-	Not Allowed				Y
E1580	E	UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS	-	-	-	Not Allowed				Y
E1590	E	HEMODIALYSIS MACHINE	-	-	-	Not Allowed				Y
E1592	E	AUTOMATIC INTERMITTENT PERITIONEAL DIALYSIS SYSTEM	-	-	-	Not Allowed				Y
E1594	E	CYCLER DIALYSIS MACHINE	-	-	-	Not Allowed				Y
E1600	E	DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIAL	-	-	-	Not Allowed				Y
E1610	E	REVERSE OSMOSIS H2O PURI SYS	-	-	-	Not Allowed				Y
E1615	E	DEIONIZER WATER PURIFICATION SYSTEM	-	-	-	Not Allowed				Y
E1620	E	REPLACEMENT BLOOD PUMP	-	-	-	Not Allowed				Y
E1625	E	WATER SOFTENING SYSTEM	-	-	-	Not Allowed				Y
E1630	E	RECIPROCATING PERITONEAL DIA	-	-	-	Not Allowed				Y
E1632	E	WEARABLE ARTIFICAL KIDNEY	-	-	-	Not Allowed				Y
E1634	E	PERITONEAL DIALYSIS CLAMP	-	-	-	Not Allowed				
E1635	E	COMPACT TRAVEL HEMODIALYZER	-	-	-	Not Allowed				Y
E1636	E	SORBENT CARTRIDGES PER CASE	-	-	-	Not Allowed				
E1637	E	HEMOSTATS FOR DIALYSIS EACH	-	-	-	Not Allowed				
E1639	E	DIALYSIS SCALE	-	-	-	Not Allowed				
E1699	E	DIALYSIS EQUIPMENT NOC	-	-	-	Not Allowed				Y
E1700	E	JAW MOTION REHAB SYSTEM	-	-	-	Not Allowed				
E1701	E	REPL CUSHIONS FOR JAW MOTION	-	-	-	Not Allowed				
E1702	E	REPL MEASR SCALES JAW MOTION	-	-	-	Not Allowed				
E1800	E	ADJUST ELBOW EXT/FLEX DEVICE	-	-	-	Not Allowed				Y
E1801	E	SPS ELBOW DEVICE	-	-	-	Not Allowed				
E1802	E	ADJST FOREARM PRO/SUP DEVICE	-	-	-	Not Allowed				Y
E1805	E	ADJUST WRIST EXT/FLEX DEVICE	-	-	-	Not Allowed				Y
E1806	E	SPS WRIST DEVICE	-	-	-	Not Allowed				
E1810	E	ADJUST KNEE EXT/FLEX DEVICE	-	-	-	Not Allowed				Y
E1811	E	SPS KNEE DEVICE	-	-	-	Not Allowed				
E1812	E	KNEE EXT/FLEX W ACT RES CTRL	-	-	-	Not Allowed				
E1815	E	ADJUST ANKLE EXT/FLEX DEVICE	-	-	-	Not Allowed				Y
E1816	E	SPS ANKLE DEVICE	-	-	-	Not Allowed				
E1818	E	SPS FOREARM DEVICE	-	-	-	Not Allowed				
E1820	E	SOFT INTERFACE MATERIAL FOR DYNAMIC ADJ EXT/FLEXION	-	-	-	Not Allowed				
E1821	E	REPLACEMENT INTERFACE SPSD	-	-	-	Not Allowed				
E1825	E	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	-	-	-	Not Allowed				Y
E1830	E	ADJUST TOE EXT/FLEX DEVICE	-	-	-	Not Allowed				Y
E1840	E	ADJ SHOULDER EXT/FLEX DEVICE	-	-	-	Not Allowed				
E1841	E	STATIC STR SHLDR DEV ROM ADJ	-	-	-	Not Allowed				
E1902	E	AAC NON-ELECTRONIC BOARD	-	-	-	Not Allowed				Y

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E2000	E	GASTRIC SUCTION PUMP HME MDL	-	-	-	Not Allowed				
E2100	E	BLD GLUCOSE MONITOR W VOICE	-	-	-	Not Allowed				
E2101	E	BLD GLUCOSE MONITOR W LANCE	-	-	-	Not Allowed				
E2120	E	PULSE GEN SYS TX ENDOLYMP FL	-	-	-	Not Allowed				
E2201	E	MAN W/CH ACC SEAT W>=20Þ<24Þ	-	-	-	Not Allowed				
E2202	E	SEAT WIDTH 24-27 IN	-	-	-	Not Allowed				
E2203	E	FRAME DEPTH LESS THAN 22 IN	-	-	-	Not Allowed				
E2204	E	FRAME DEPTH 22 TO 25 IN	-	-	-	Not Allowed				
E2205	E	MANUAL WC ACCESSORY HANDRIM	-	-	-	Not Allowed				
E2206	E	COMPLETE WHEEL LOCK ASSEMBLY	-	-	-	Not Allowed				
E2207	E	CRUTCH AND CANE HOLDER	-	-	-	Not Allowed				
E2208	E	CYLINDER TANK CARRIER	-	-	-	Not Allowed				
E2209	E	ARM TROUGH EACH	-	-	-	Not Allowed				
E2210	E	WHEELCHAIR BEARINGS	-	-	-	Not Allowed				
E2211	E	PNEUMATIC PROPULSION TIRE	-	-	-	Not Allowed				
E2212	E	PNEUMATIC PROP TIRE TUBE	-	-	-	Not Allowed				
E2213	E	PNEUMATIC PROP TIRE INSERT	-	-	-	Not Allowed				
E2214	E	PNEUMATIC CASTER TIRE EACH	-	-	-	Not Allowed				
E2215	E	PNEUMATIC CASTER TIRE TUBE	-	-	-	Not Allowed				
E2216	E	FOAM FILLED PROPULSION TIRE	-	-	-	Not Allowed				
E2217	E	FOAM FILLED CASTER TIRE EACH	-	-	-	Not Allowed				
E2218	E	FOAM PROPULSION TIRE EACH	-	-	-	Not Allowed				
E2219	E	FOAM CASTER TIRE ANY SIZE EA	-	-	-	Not Allowed				
E2220	E	SOLID PROPULSION TIRE EACH	-	-	-	Not Allowed				
E2221	E	SOLID CASTER TIRE EACH	-	-	-	Not Allowed				
E2222	E	SOLID CASTER INTEGRATED WHL	-	-	-	Not Allowed				
E2223	E	VALVE REPLACEMENT ONLY EACH	-	-	-	Not Allowed				
E2224	E	PROPULSION WHL EXCLUDES TIRE	-	-	-	Not Allowed				
E2225	E	CASTER WHEEL EXCLUDES TIRE	-	-	-	Not Allowed				
E2226	E	CASTER FORK REPLACEMENT ONLY	-	-	-	Not Allowed				
E2291	E	PLANAR BACK FOR PED SIZE WC	-	-	-	Not Allowed				
E2292	E	PLANAR SEAT FOR PED SIZE WC	-	-	-	Not Allowed				
E2293	E	CONTOUR BACK FOR PED SIZE WC	-	-	-	Not Allowed				
E2294	E	CONTOUR SEAT FOR PED SIZE WC	-	-	-	Not Allowed				
E2300	E	PWR SEAT ELEVATION SYS	-	-	-	Not Allowed				
E2301	E	PWR STANDING	-	-	-	Not Allowed				
E2310	E	ELECTRO CONNECT BTW CONTROL	-	-	-	Not Allowed				
E2311	E	ELECTRO CONNECT BTW 2 SYS	-	-	-	Not Allowed				
E2321	E	HAND INTERFACE JOYSTICK	-	-	-	Not Allowed				
E2322	E	MULT MECH SWITCHES	-	-	-	Not Allowed				
E2323	E	SPECIAL JOYSTICK HANDLE	-	-	-	Not Allowed				
E2324	E	CHIN CUP INTERFACE	-	-	-	Not Allowed				
E2325	E	SIP AND PUFF INTERFACE	-	-	-	Not Allowed				
E2326	E	BREATH TUBE KIT	-	-	-	Not Allowed				

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E2327	E	HEAD CONTROL INTERFACE MECH	-	-	-	Not Allowed				
E2328	E	HEAD/EXTREMITY CONTROL INTER	-	-	-	Not Allowed				
E2329	E	HEAD CONTROL NONPROPORTIONAL	-	-	-	Not Allowed				
E2330	E	HEAD CONTROL PROXIMITY SWITC	-	-	-	Not Allowed				
E2331	E	ATTENDANT CONTROL	-	-	-	Not Allowed				
E2340	E	W/C WDTH 20-23 IN SEAT FRAME	-	-	-	Not Allowed				
E2341	E	W/C WDTH 24-27 IN SEAT FRAME	-	-	-	Not Allowed				
E2342	E	W/C DPTH 20-21 IN SEAT FRAME	-	-	-	Not Allowed				
E2343	E	W/C DPTH 22-25 IN SEAT FRAME	-	-	-	Not Allowed				
E2351	E	ELECTRONIC SGD INTERFACE	-	-	-	Not Allowed				
E2360	E	22NF NONSEALED LEADACID	-	-	-	Not Allowed				
E2361	E	22NF SEALED LEADACID BATTERY	-	-	-	Not Allowed				
E2362	E	GR24 NONSEALED LEADACID	-	-	-	Not Allowed				
E2363	E	GR24 SEALED LEADACID BATTERY	-	-	-	Not Allowed				
E2364	E	U1NONSEALED LEADACID BATTERY	-	-	-	Not Allowed				
E2365	E	U1 SEALED LEADACID BATTERY	-	-	-	Not Allowed				
E2366	E	BATTERY CHARGER SINGLE MODE	-	-	-	Not Allowed				
E2367	E	BATTERY CHARGER DUAL MODE	-	-	-	Not Allowed				
E2368	E	POWER WC MOTOR REPLACEMENT	-	-	-	Not Allowed				
E2369	E	PWR WC GEAR BOX REPLACEMENT	-	-	-	Not Allowed				
E2370	E	PWR WC MOTOR/GEAR BOX COMBO	-	-	-	Not Allowed				
E2371	E	GR27 SEALED LEADACID BATTERY	-	-	-	Not Allowed				
E2372	E	GR27 NON-SEALED LEADACID	-	-	-	Not Allowed				
E2373	E	HAND/CHIN CTRL SPEC JOYSTICK	-	-	-	Not Allowed				
E2374	E	HAND/CHIN CTRL STD JOYSTICK	-	-	-	Not Allowed				
E2375	E	NON-EXPANDABLE CONTROLLER	-	-	-	Not Allowed				
E2376	E	EXPANDABLE CONTROLLER, REPL	-	-	-	Not Allowed				
E2377	E	EXPANDABLE CONTROLLER, INITL	-	-	-	Not Allowed				
E2381	E	PNEUM DRIVE WHEEL TIRE	-	-	-	Not Allowed				
E2382	E	TUBE, PNEUM WHEEL DRIVE TIRE	-	-	-	Not Allowed				
E2383	E	INSERT, PNEUM WHEEL DRIVE	-	-	-	Not Allowed				
E2384	E	PNEUMATIC CASTER TIRE	-	-	-	Not Allowed				
E2385	E	TUBE, PNEUMATIC CASTER TIRE	-	-	-	Not Allowed				
E2386	E	FOAM FILLED DRIVE WHEEL TIRE	-	-	-	Not Allowed				
E2387	E	FOAM FILLED CASTER TIRE	-	-	-	Not Allowed				
E2388	E	FOAM DRIVE WHEEL TIRE	-	-	-	Not Allowed				
E2389	E	FOAM CASTER TIRE	-	-	-	Not Allowed				
E2390	E	SOLID DRIVE WHEEL TIRE	-	-	-	Not Allowed				
E2391	E	SOLID CASTER TIRE	-	-	-	Not Allowed				
E2392	E	SOLID CASTER TIRE, INTEGRATE	-	-	-	Not Allowed				
E2393	E	VALVE, PNEUMATIC TIRE TUBE	-	-	-	Not Allowed				
E2394	E	DRIVE WHEEL EXCLUDES TIRE	-	-	-	Not Allowed				
E2395	E	CASTER WHEEL EXCLUDES TIRE	-	-	-	Not Allowed				
E2396	E	CASTER FORK	-	-	-	Not Allowed				

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E2399	E	NOC INTERFACE	-	-	-	Not Allowed				
E2402	E	NEG PRESS WOUND THERAPY PUMP	-	-	-	Not Allowed				
E2500	E	SGD DIGITIZED PRE-REC <=8MIN	-	-	-	Not Allowed				
E2502	E	SGD PREREC MSG >8MIN <=20MIN	-	-	-	Not Allowed				
E2504	E	SGD PREREC MSG>20MIN <=40MIN	-	-	-	Not Allowed				
E2506	E	SGD PREREC MSG > 40 MIN	-	-	-	Not Allowed				
E2508	E	SGD SPELLING PHYS CONTACT	-	-	-	Not Allowed				
E2510	E	SGD W MULTI METHODS MSG/ACCS	-	-	-	Not Allowed				
E2511	E	SGD SFTWRE PRGRM FOR PC/PDA	-	-	-	Not Allowed				
E2512	E	SGD ACCESSORY MOUNTING SYS	-	-	-	Not Allowed				
E2599	E	SGD ACCESSORY NOC	-	-	-	Not Allowed				
E2601	E	GEN W/C CUSHION WDTH < 22 IN	-	-	-	Not Allowed				
E2602	E	GEN W/C CUSHION WDTH >=22 IN	-	-	-	Not Allowed				
E2603	E	SKIN PROTECT WC CUS WD <22IN	-	-	-	Not Allowed				
E2604	E	SKIN PROTECT WC CUS WD>=22IN	-	-	-	Not Allowed				
E2605	E	POSITION WC CUSH WDTH <22 IN	-	-	-	Not Allowed				
E2606	E	POSITION WC CUSH WDTH>=22 IN	-	-	-	Not Allowed				
E2607	E	SKIN PRO/POS WC CUS WD <22IN	-	-	-	Not Allowed				
E2608	E	SKIN PRO/POS WC CUS WD>=22IN	-	-	-	Not Allowed				
E2609	E	CUSTOM FABRICATE W/C CUSHION	-	-	-	Not Allowed				
E2610	E	POWERED W/C CUSHION	-	-	-	Not Allowed				
E2611	E	GEN USE BACK CUSH WDTH <22IN	-	-	-	Not Allowed				
E2612	E	GEN USE BACK CUSH WDTH>=22IN	-	-	-	Not Allowed				
E2613	E	POSITION BACK CUSH WD <22IN	-	-	-	Not Allowed				
E2614	E	POSITION BACK CUSH WD>=22IN	-	-	-	Not Allowed				
E2615	E	POS BACK POST/LAT WDTH <22IN	-	-	-	Not Allowed				
E2616	E	POS BACK POST/LAT WDTH>=22IN	-	-	-	Not Allowed				
E2617	E	CUSTOM FAB W/C BACK CUSHION	-	-	-	Not Allowed				
E2618	E	WC ACC SOLID SEAT SUPP BASE	-	-	-	Not Allowed				
E2619	E	REPLACE COVER W/C SEAT CUSH	-	-	-	Not Allowed				
E2620	E	WC PLANAR BACK CUSH WD <22IN	-	-	-	Not Allowed				
E2621	E	WC PLANAR BACK CUSH WD>=22IN	-	-	-	Not Allowed				
E8000	E	POSTERIOR GAIT TRAINER	-	-	-	Not Allowed				
E8001	E	UPRIGHT GAIT TRAINER	-	-	-	Not Allowed				
E8002	E	ANTERIOR GAIT TRAINER	-	-	-	Not Allowed				
G0008	S	ADMIN INFLUENZA VIRUS VAC	00350	0.3945	$18.84	APC				
G0009	S	ADMIN PNEUMOCOCCAL VACCINE	00350	0.3945	$18.84	APC				
G0010	M	ADMIN HEPATITIS B VACCINE	-	-	$5.78	Fee Schedule				
G0027	E	SEMEN ANALYSIS PRESENCE &/OR MOBILITY OF SPERM	-	-	-	Not Allowed				
G0101	V	CA SCREEN;PELVIC/BREAST EXAM	00604	0.8242	$39.36	APC				
G0102	N	PROSTATE CA SCREENING; DRE	-	-	-	APC/ Bundled				
G0103	Q	PSA SCREENING	-	-	$42.83	Medicare	$42.83	$26.55	$25.70	
G0104	S	CA SCREEN;FLEXI SIGMOIDSCOPE	00159	3.6592	$174.73	APC				
G0105	T	COLORECTAL SCRN; HI RISK IND	00158	7.8492	$374.80	APC				

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G0106	S	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104	00157	2.1149	$100.99	APC				
G0108	M	DIAB MANAGE TRN PER INDIV	-	-	$23.30	Fee Schedule				
G0109	M	DIAB MANAGE TRN IND/GROUP	-	-	$13.58	Fee Schedule				
G0117	S	GLAUCOMA SCRN HGH RISK DIREC	00230	0.7898	$37.71	APC				
G0118	S	GLAUCOMA SCRN HGH RISK DIREC	00230	0.7898	$37.71	APC				
G0120	S	COLORECTAL CA SCREENING; ALTERNATIVE TO G0105 BARIU	00157	2.1149	$100.99	APC				
G0121	T	COLON CA SCRN NOT HI RSK IND	00158	7.8492	$374.80	APC				
G0122	E	COLORECTAL CANCER SCREENING; BARIUM ENEMA	-	-	-	Not Allowed				
G0123	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOT	-	-	$47.18	Medicare	$47.18	$29.25	$28.31	
G0124	E	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSI(	-	-	-	Not Allowed				
G0127	T	TRIM NAIL(S)	00009	0.7744	$36.98	APC				
G0128	E	CORF SKILLED NURSING SERVICE	-	-	-	Not Allowed				
G0129	E	OCCUPATIONAL TX AS COMPONENT A PARTIAL HOSP TX PRO(	-	-	-	Not Allowed				
G0130	X	SEXA BONE DENSITY STUDY/ONE OR MORE SITES/APPENDICU	00260	0.7093	$33.87	APC				
G0141	E	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSI(	-	-	-	Not Allowed				
G0143	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOT	-	-	$47.18	Medicare	$47.18	$29.25	$28.31	
G0144	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOT	-	-	$49.75	Medicare	$49.75	$30.85	$29.85	
G0145	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOT	-	-	$61.68	Medicare	$61.68	$38.24	$37.01	
G0147	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSI(	-	-	$26.50	Medicare	$26.50	$16.43	$15.90	
G0148	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL AUTOM	-	-	$35.38	Medicare	$35.38	$21.94	$21.23	
G0151	M	SERVICES OF PHYSICAL TX IN HOME HEALTH SETTING EACH	-	-	$0.00	Fee Schedule				
G0152	M	SERVICES OF OCCUPATIONAL TX IN HOME HEALTH SETTING E	-	-	$0.00	Fee Schedule				
G0153	M	SERVICES OF SPEECH/LANG PATH HOME HEALTH SETTING E	-	-	$0.00	Fee Schedule				
G0154	M	SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING EA	-	-	$0.00	Fee Schedule				
G0155	E	SERVICES OF CLINICAL SW IN HOME HEALTH SETTING EA 15	-	-	-	Not Allowed				
G0156	M	SERVICES OF HOME HEALTH AIDE HOME HEALTH SETTING E	-	-	$0.00	Fee Schedule				
G0166	T	EXTRNL COUNTERPULSE, PER TX	00678	1.7418	$83.17	APC				
G0168	E	WOUND CLOSURE BY ADHESIVE	-	-	-	Not Allowed				
G0173	S	STEREO RADOISURGERY,COMPLETE	00067	63.3759	$3,026.20	APC				
G0175	V	OPPS SERVICE,SCHED TEAM CONF	00608	2.1794	$104.07	APC				
G0176	E	OPPS/PHP;ACTIVITY THERAPY	-	-	-	Not Allowed				
G0177	E	OPPS/PHP; TRAIN & EDUC SERV	-	-	-	Not Allowed				
G0179	E	MD RECERTIFICATION HHA PT	-	-	-	Not Allowed				
G0180	E	MD CERTIFICATION HHA PATIENT	-	-	-	Not Allowed				
G0181	E	HOME HEALTH CARE SUPERVISION	-	-	-	Not Allowed				
G0182	E	HOSPICE CARE SUPERVISION	-	-	-	Not Allowed				
G0186	T	DSTRY EYE LESN,FDR VSSL TECH	00235	3.9333	$187.82	APC				
G0202	M	SCREENING MAMMOGRAPHY DIGITAL	-	-	$72.67	Fee Schedule				
G0204	M	DIAGNOSTIC MAMMOGRAPHY DIRECT DIGITAL IMAGE BILAT	-	-	$71.59	Fee Schedule				
G0206	M	DIAGNOSTIC MAMMOGRAPHY DIRECT DIGITAL IMAGE UNILAT	-	-	$30.22	Fee Schedule				
G0219	E	PET IMG WH BD RING NONCOV IND	-	-	-	Not Allowed				
G0235	E	PET NOT OTHERWISE SPECIFIED	-	-	-	Not Allowed				
G0237	S	THERAPEUTIC PROCD STRG ENDUR	00411	0.3848	$18.37	APC				
G0238	S	OTH RESP PROC, INDIV	00411	0.3848	$18.37	APC				

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G0239	S	OTH RESP PROC GROUP	00411	0.3848	$18.37	APC				
G0245	V	INITIAL FOOT EXAM PTLOPS	00604	0.8242	$39.36	APC				
G0246	V	FOLLOWUP EVAL OF FOOT PT LOP	00605	0.984	$46.99	APC				
G0247	T	ROUTINE FOOTCARE PT W LOPS	00009	0.7744	$36.98	APC				
G0248	X	DEMONSTRATE USE HOME INR MON	00421	1.627	$77.69	APC				
G0249	X	PROVIDE TEST MATERIAL EQUIPM	00421	1.627	$77.69	APC				
G0250	E	MD REVIEW INTERPRET OF TEST	-	-	-	Not Allowed				
G0251	S	LINEAR ACC BASED STERO RADIO	00065	20.3224	$970.39	APC				
G0252	E	PET IMAGING FOR INITIAL DIAGNOSIS OF BREAST CANCER	-	-	-	Not Allowed				
G0255	E	CURRENT PERCEP THRESHOLD TST	-	-	-	Not Allowed				
G0257	S	UNSCHED DIALYSIS ESRD PT HOS	00170	6.6089	$315.57	APC				
G0259	N	INJECT FOR SACROILIAC JOINT	-	-	-	APC/ Bundled				
G0260	T	INJ FOR SACROILIAC JT ANESTH	00206	5.7253	$273.38	APC				
G0265	Q	CRYOPRESEVATION FREEZE+STORA	-	-	$23.52	Medicare	$23.52	$14.58	$14.11	
G0266	Q	THAWING + EXPANSION FROZ CEL	-	-	$23.52	Medicare	$23.52	$14.58	$14.11	
G0267	S	BONE MARROW OR PSC HARVEST	00110	3.4584	$165.14	APC				Y
G0268	X	REMOVAL OF IMPACTED WAX MD	00340	0.6102	$29.14	APC				Y
G0269	N	OCCLUSIVE DEVICE IN VEIN ART	-	-	-	APC/ Bundled				
G0270	M	MNT SUBS TX FOR CHANGE DX	-	-	$13.32	Fee Schedule				
G0271	M	GROUP MNT 2 OR MORE 30 MINS	-	-	$5.28	Fee Schedule				
G0275	N	RENAL ANGIO CARDIAC CATH	-	-	-	APC/ Bundled				
G0278	N	ILIAC ART ANGIO CARDIAC CATH	-	-	-	APC/ Bundled				
G0281	E	ELEC STIM UNATTEND FOR PRESS	-	-	-	Not Allowed				
G0282	E	ELECT STIM WOUND CARE NOT PD	-	-	-	Not Allowed				
G0283	Y	ELEC STIM OTHER THAN WOUND	-	-	$9.25	Fee Schedule				
G0288	S	RECON CTA FOR SURG PLAN	00417	3.2393	$154.68	APC				
G0289	N	ARTHRO LOOSE BODY + CHONDRO	-	-	-	APC/ Bundled				
G0290	T	DRUG-ELUTING STENTS SINGLE	00656	108.3003	$5,171.34	APC				
G0291	T	DRUG-ELUTING STENTS EACH ADD	00656	108.3003	$5,171.34	APC				
G0293	X	NON-COV SURG PROC CLIN TRIAL	00340	0.6102	$29.14	APC				
G0294	X	NON-COV PROC CLINICAL TRIAL	00340	0.6102	$29.14	APC				
G0295	E	ELECTROMAGNETIC THERAPY ONC	-	-	-	Not Allowed				
G0297	T	INSERT SINGLE CHAMBER/CD	00107	304.4894	$14,539.37	APC				
G0298	T	INSERT DUAL CHAMBER/CD	00107	304.4894	$14,539.37	APC				
G0299	T	INSER/REPOS SINGLE ICD+LEADS	00108	379.7339	$18,132.29	APC				
G0300	T	INSERT REPOSIT LEAD DUAL+GEN	00108	379.7339	$18,132.29	APC				
G0302	S	PRE-OP SERVICE LVRS COMPLETE	01509	12.2015	$582.62	APC				
G0303	S	PRE-OP SERVICE LVRS 10-15DOS	01507	8.9477	$427.25	APC				
G0304	S	PRE-OP SERVICE LVRS 1-9 DOS	01504	4.0672	$194.21	APC				
G0305	S	POST OP SERVICE LVRS MIN 6	01504	4.0672	$194.21	APC				
G0306	Q	CBC/DIFFWBC W/O PLATELET	-	-	$18.10	Medicare	$18.10	$11.22	$10.86	
G0307	Q	CBC WITHOUT PLATELET	-	-	$15.07	Medicare	$15.07	$9.34	$9.04	
G0308	E	ESRD RELATED SVC 4+MO < 2YRS	-	-	-	Not Allowed				
G0309	E	ESRD RELATED SVC 2-3MO <2YRS	-	-	-	Not Allowed				

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G0310	E	ESRD RELATED SVC 1 VST <2YRS	-	-	-	Not Allowed				
G0311	E	ESRD RELATED SVS 4+MO 2-11YR	-	-	-	Not Allowed				
G0312	E	ESRD RELATE SVS 2-3 MO 2-11Y	-	-	-	Not Allowed				
G0313	E	ESRD RELATED SVS 1 MON 2-11Y	-	-	-	Not Allowed				
G0314	E	ESRD RELATED SVS 4+ MO 12-19	-	-	-	Not Allowed				
G0315	E	ESRD RELATED SVS 2-3MO/12-19	-	-	-	Not Allowed				
G0316	E	ESRD RELATED SVS 1VIS/12-19Y	-	-	-	Not Allowed				
G0317	E	ESRD RELATED SVS 4+MO 20+YRS	-	-	-	Not Allowed				
G0318	E	ESRD RELATED SVS 2-3 MO 20+Y	-	-	-	Not Allowed				
G0319	E	ESRD RELATED SVS 1VISIT 20+Y	-	-	-	Not Allowed				
G0320	E	ESD RELATED SVS HOME UNDR 2	-	-	-	Not Allowed				
G0321	E	ESRD RELATED SVS HOME MO 2-11 YRS	-	-	-	Not Allowed				
G0322	E	ESRD RELATED SVS HOM MO12-19	-	-	-	Not Allowed				
G0323	E	ESRD RELATED SVS HOME MO 20+	-	-	-	Not Allowed				
G0324	E	ESRD RELATE SVS HOME/DY<2Y	-	-	-	Not Allowed				
G0325	E	ESRD RELATE HOME/DAY/ 2-11YR	-	-	-	Not Allowed				
G0326	E	ESRD RELATE HOME/DY 12-19YR	-	-	-	Not Allowed				
G0327	E	ESRD RELATE HOME/DY 20+YRS	-	-	-	Not Allowed				
G0328	Q	FECAL BLOOD SCRN IMMUNOASSAY	-	-	$37.03	Medicare	$37.03	$22.96	$22.22	
G0329	M	ELECTROMAGNETIC TX FOR ULCERS	-	-	$0.00	Fee Schedule				
G0332	S	PREADMIN IV IMMUNOGLOBULIN	01502	1.2201	$58.26	APC				
G0333	E	DISPENSE FEE INITIAL 30 DAY	-	-	-	Not Allowed				
G0337	E	HOSPICE EVALUATION PREELECTI	-	-	-	Not Allowed				
G0339	S	ROBOT LIN-RADSURG COM FIRST	00067	63.3759	$3,026.20	APC				
G0340	S	ROBT LIN-RADSURG FRACTX 2-5	00066	43.0297	$2,054.67	APC				
G0341	C	PERCUTANEOUS ISLET CELL TRANS	-	-	-	Inpatient Only				Y
G0342	C	LAPAROSCOPY ISLET CELL TRANS	-	-	-	Inpatient Only				Y
G0343	C	LAPAROTOMY ISLET CELL TRANSP	-	-	-	Inpatient Only				Y
G0344	V	INITIAL PREVENTIVE EXAM	00605	0.984	$46.99	APC				
G0364	T	BONE MARROW ASPIRATE &BIOPSY	00002	1.0995	$52.50	APC				
G0365	S	VESSEL MAPPING HEMO ACCESS	00267	2.4606	$117.49	APC				
G0366	E	EKG FOR INITIAL PREVENT EXAM	-	-	-	Not Allowed				
G0367	S	EKG TRACING FOR INITIAL PREV	00099	0.3789	$18.09	APC				
G0368	E	EKG INTERPRET & REPORT PREVE	-	-	-	Not Allowed				
G0372	E	MD SERVICE REQUIRED FOR PMD	-	-	-	Not Allowed				
G0375	E	SMOKE/TOBACCO COUNSELING 3-10	-	-	-	Not Allowed				
G0376	E	SMOKE/TOBACCO COUNSELING >10	-	-	-	Not Allowed				
G0377	E	ADMINISTRA PART D VACCINE	-	-	-	Not Allowed				
G0378	S	HOSPITAL OBSERVATION PER HR	00339	7.2039	$343.99	Bundled subject to separate payment criteria				
G0379	V	DIRECT ADMIT HOSPITAL OBSERV	00604	0.8242	$39.36	Bundled subject to separate payment criteria				
G0380	E	LEV 1 HOSP TYPE B ED VISIT	-	-	-	Not Allowed				
G0381	E	LEV 2 HOSP TYPE B ED VISIT	-	-	-	Not Allowed				
G0382	E	LEV 3 HOSP TYPE B ED VISIT	-	-	-	Not Allowed				
G0383	E	LEV 4 HOSP TYPE B ED VISIT	-	-	-	Not Allowed				

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G0384	E	LEV 5 HOSP TYPE B ED VISIT	-	-	-	Not Allowed				
G0389	S	ULTRASOUND EXAM AAA SCREEN	00266	1.5607	$74.52	APC				
G0390	S	TRAUMA RESPONS W/HOSP CRITI	00618	8.0455	$384.17	APC				
G0392	T	AV FISTULA OR GRAFT ARTERIAL	00081	42.936	$2,050.19	APC				
G0393	T	AV FISTULA OR GRAFT VENOUS	00081	42.936	$2,050.19	APC				
G0394	Q	BLOOD OCCULT TEST,COLORECTAL	-	-	$7.57	Medicare	$7.57	$4.69	$4.54	
G3001	S	ADMIN + SUPPLY TOSITUMOMAB	00442	22.3666	$1,068.01	APC				
G8006	E	AMI PT RECD ASPIRIN AT ARRIV	-	-	-	Not Allowed				
G8007	E	AMI PT DID NOT RECEIV ASPIRI	-	-	-	Not Allowed				
G8008	E	AMI PT INELIGIBLE FOR ASPIRI	-	-	-	Not Allowed				
G8009	E	AMI PT RECD BBLOCK AT ARR	-	-	-	Not Allowed				
G8010	E	AMI PT DID NOT REC BBLOCK	-	-	-	Not Allowed				
G8011	E	AMI PT INELIG BBLOC AT ARRIV	-	-	-	Not Allowed				
G8012	E	PNEUM PT RECV ANTIBIOTIC 4 H	-	-	-	Not Allowed				
G8013	E	PNEUM PT W/O ANTIBIOTIC 4 HR	-	-	-	Not Allowed				
G8014	E	PNEUM PT NOT ELIG ANTIBIOTIC	-	-	-	Not Allowed				
G8015	E	DIABETIC PT W/ HBA1C>9%	-	-	-	Not Allowed				
G8016	E	DIABETIC PT W/ HBA1C<OR=9%	-	-	-	Not Allowed				
G8017	E	DM PT INELIG FOR HBA1C MEASU	-	-	-	Not Allowed				
G8018	E	CARE NOT PROVIDED FOR HBA1C	-	-	-	Not Allowed				
G8019	E	DIABETIC PT W/LDL>= 100MG/DL	-	-	-	Not Allowed				
G8020	E	DIAB PT W/LDL< 100MG/DL	-	-	-	Not Allowed				
G8021	E	DIAB PT INELIG FOR LDL MEAS	-	-	-	Not Allowed				
G8022	E	CARE NOT PROVIDED FOR LDL	-	-	-	Not Allowed				
G8023	E	DM PT W BP>=140/80	-	-	-	Not Allowed				
G8024	E	DIABETIC PT WBP<140/80	-	-	-	Not Allowed				
G8025	E	DIABETIC PT INELIG FOR BP ME	-	-	-	Not Allowed				
G8026	E	DIABET PT W NO CARE RE BP ME	-	-	-	Not Allowed				
G8027	E	HF P W/LVSD ON ACE-I/ARB	-	-	-	Not Allowed				
G8028	E	HF PT W/LVSD NOT ON ACE-I/AR	-	-	-	Not Allowed				
G8029	E	HF PT NOT ELIG FOR ACE-I/ARB	-	-	-	Not Allowed				
G8030	E	HF PT W/LVSD ON BBLOCKER	-	-	-	Not Allowed				
G8031	E	HF PT W/LVSD NOT ON BBLOCKER	-	-	-	Not Allowed				
G8032	E	HF PT NOT ELIG FOR BBLOCKER	-	-	-	Not Allowed				
G8033	E	PMI-CAD PT ON BBLOCKER	-	-	-	Not Allowed				
G8034	E	PMI-CAD PT NOT ON BBLOCKER	-	-	-	Not Allowed				
G8035	E	PMI-CAD PT INELIG BBLOCKER	-	-	-	Not Allowed				
G8036	E	AMI-CAD PT DOC ON ANTIPLATEL	-	-	-	Not Allowed				
G8037	E	AMI-CAD PT NOT DOCU ON ANTIP	-	-	-	Not Allowed				
G8038	E	AMI-CAD INELIG ANTIPLATE MEA	-	-	-	Not Allowed				
G8039	E	CAD PT W/LDL>100MG/DL	-	-	-	Not Allowed				
G8040	E	CAD PT W/LDL<OR=100MG/DL	-	-	-	Not Allowed				
G8041	E	CAD PT NOT ELIGIBLE FOR LDL	-	-	-	Not Allowed				
G8051	E	OSTEOPOROSIS ASSESS	-	-	-	Not Allowed				

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G8052	E	OSTEOPOR PT NOT ASSESS	-	-	-	Not Allowed				
G8053	E	PT INELIG FOR OSTEOPOR MEAS	-	-	-	Not Allowed				
G8054	E	FALLS ASSESS NOT DOCUM 12 MO	-	-	-	Not Allowed				
G8055	E	FALLS ASSESS W/ 12 MON	-	-	-	Not Allowed				
G8056	E	NOT ELIG FOR FALLS ASSESSMEN	-	-	-	Not Allowed				
G8057	E	HEARING ASSESS RECEIVE	-	-	-	Not Allowed				
G8058	E	PT W/O HEARING ASSESS	-	-	-	Not Allowed				
G8059	E	PT INELIG FOR HEARING ASSESS	-	-	-	Not Allowed				
G8060	E	URINARY INCONT PT ASSESS	-	-	-	Not Allowed				
G8061	E	PT NOT ASSESS FOR URINARY IN	-	-	-	Not Allowed				
G8062	E	PT NOT ELIG FOR URINARY INCO	-	-	-	Not Allowed				
G8075	E	ESRD PT W/ DIALY OF URR>=65%	-	-	-	Not Allowed				
G8076	E	ESRD PT W/ DIALY OF URR<65%	-	-	-	Not Allowed				
G8077	E	ESRD PT NOT ELIG FOR URR/KTV	-	-	-	Not Allowed				
G8078	E	ESRD PT W/HCT>OR=33	-	-	-	Not Allowed				
G8079	E	ESRD PT W/HCT<33	-	-	-	Not Allowed				
G8080	E	ESRD PT INELIG FOR HCT/HGB	-	-	-	Not Allowed				
G8081	E	ESRD PT W/ AUTO AV FISTULA	-	-	-	Not Allowed				
G8082	E	ESRD PT W OTHER FISTULA	-	-	-	Not Allowed				
G8085	E	ESRD PT INELIG AUTO AV FISTU	-	-	-	Not Allowed				
G8093	E	COPD PT REC SMOKING CESSAT	-	-	-	Not Allowed				
G8094	E	COPD PT W/O SMOKE CESSAT INT	-	-	-	Not Allowed				
G8099	E	OSTEOPO PT GIVEN CA+VITD SUP	-	-	-	Not Allowed				
G8100	E	OSTEOP PT INELIG FOR CA+VITD	-	-	-	Not Allowed				
G8103	E	NEW DX OSTEO PT W/ANTIRESORP	-	-	-	Not Allowed				
G8104	E	OSTEO PT INELIG FOR ANTIRESO	-	-	-	Not Allowed				
G8106	E	BONE DENS MEAS TEST PERF	-	-	-	Not Allowed				
G8107	E	BONE DENS MEAS TEST INELIG	-	-	-	Not Allowed				
G8108	E	PT RECEIV INFLUENZA VACC	-	-	-	Not Allowed				
G8109	E	PT W/O INFLUENZA VACC	-	-	-	Not Allowed				
G8110	E	PT INELIG FOR INFLUENZA VACC	-	-	-	Not Allowed				
G8111	E	PT RECEIV MAMMOGRAM	-	-	-	Not Allowed				
G8112	E	PT NOT DOC MAMMOGRAM	-	-	-	Not Allowed				
G8113	E	PT INELIGIBLE MAMMOGRAPHY	-	-	-	Not Allowed				
G8114	E	CARE NOT PROVIDED FOR MAMOGR	-	-	-	Not Allowed				
G8115	E	PT RECEIV PNEUMO VACC	-	-	-	Not Allowed				
G8116	E	PT DID NOT REC PNEUMO VACC	-	-	-	Not Allowed				
G8117	E	PT WAS INELIG FOR PNEUMO VAC	-	-	-	Not Allowed				
G8126	E	PT TREAT W/ANTIDEPRESS12WKS	-	-	-	Not Allowed				
G8127	E	PT NOT TREAT W/ANTIDEPRES12W	-	-	-	Not Allowed				
G8128	E	PT INELIG FOR ANTIDEPRES MED	-	-	-	Not Allowed				
G8129	E	PT TREAT W/ANTIDEPRES FOR 6M	-	-	-	Not Allowed				
G8130	E	PT NOT TREAT W/ANTIDEPRES 6M	-	-	-	Not Allowed				
G8131	E	PT INELIG FOR ANTIDEPRES MED	-	-	-	Not Allowed				

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G8152	E	PT W/AB 1 HR PRIOR TO INCISI	-	-	-	Not Allowed				
G8153	E	PT NOT DOC FOR AB 1 HR PRIOR	-	-	-	Not Allowed				
G8154	E	PT INELIGI FOR AB THERAPY	-	-	-	Not Allowed				
G8155	E	PT RECD THROMBOEMB PROPHYLAX	-	-	-	Not Allowed				
G8156	E	PT DID NOT REC THROMBOEMBO	-	-	-	Not Allowed				
G8157	E	PT INELIGI FOR THROMBOLISM	-	-	-	Not Allowed				
G8158	E	PT RECD CABG W/ IMA	-	-	-	Not Allowed				
G8159	E	PT W/CABG W/O IMA	-	-	-	Not Allowed				
G8160	E	PT INELIG FOR CABG W/IMA	-	-	-	Not Allowed				
G8161	E	ISO CABG PT REC PREOP BBLOCK	-	-	-	Not Allowed				
G8162	E	ISO CABG PT W/O PREOP BBLOCK	-	-	-	Not Allowed				
G8163	E	ISO CABG PT INELIG FOR PREO	-	-	-	Not Allowed				
G8164	E	ISO CABG PT W/PROLNG INTUB	-	-	-	Not Allowed				
G8165	E	ISO CABG PT W/O PROLNG INTUB	-	-	-	Not Allowed				
G8166	E	ISO CABG REQ SURG REXPO	-	-	-	Not Allowed				
G8167	E	ISO CABG W/O SURG EXPLO	-	-	-	Not Allowed				
G8170	E	CEA/EXT BYPASS PT ON ASPIRIN	-	-	-	Not Allowed				
G8171	E	PT W/CAROT ENDARCT/EXT BYPAS	-	-	-	Not Allowed				
G8172	E	CEA/EXT BYPASS PT NOT ON ASP	-	-	-	Not Allowed				
G8182	E	CAD PT CARE NOT PROV LDL	-	-	-	Not Allowed				
G8183	E	HF/ATRIAL FIB PT ON WARFARIN	-	-	-	Not Allowed				
G8184	E	HF/ATRIAL FIB PT INELIG WARF	-	-	-	Not Allowed				
G8185	E	OSTEOARTH PT W/ ASSESS PAIN	-	-	-	Not Allowed				
G8186	E	OSTEOARTH PT INELIG ASSESS	-	-	-	Not Allowed				
G8191	E	ANTIBIOTIC GIVEN PRIOR SURG	-	-	-	Not Allowed				
G8192	E	ANTIB GIVEN PRIOR SURG INCIS	-	-	-	Not Allowed				
G8193	E	ANTIBIO NOT DOC PRIOR SURG	-	-	-	Not Allowed				
G8194	E	PT NOT ELIG FOR ANTIBIOTIC	-	-	-	Not Allowed				
G8195	E	ANTIBIOTIC GIVEN PRIOR SURG	-	-	-	Not Allowed				
G8196	E	ANTIBIO NOT DOCUM PRIOR SURG	-	-	-	Not Allowed				
G8197	E	ANTIB ORDER PRIOR TO SURG	-	-	-	Not Allowed				
G8198	E	CEFAZOLIN DOCUMENTED ORDERED	-	-	-	Not Allowed				
G8199	E	CEFAZOLIN GIVEN PROPHYLAXIS	-	-	-	Not Allowed				
G8200	E	CEFAZOLIN NOT DOCUM PROPHY	-	-	-	Not Allowed				
G8201	E	PT NOT ELIGI FOR CEFAZOLIN	-	-	-	Not Allowed				
G8202	E	ORDER GIVEN TO D/C ANTIBIO	-	-	-	Not Allowed				
G8203	E	ANTIB WAS D/C 24HRS SURG TIM	-	-	-	Not Allowed				
G8204	E	MD NOT DOC ORDER TO D/C ANTI	-	-	-	Not Allowed				
G8205	E	PT NOT ELIGI FOR PROPH ANTIB	-	-	-	Not Allowed				
G8206	E	MD DOC PROPHYLACTIC AB GIVEN	-	-	-	Not Allowed				
G8207	E	CLINI DOC ORDER TO D/C ANTIB	-	-	-	Not Allowed				
G8208	E	CLINI DOC AB WAS D/C 48 H	-	-	-	Not Allowed				
G8209	E	CLINICIAN DID NOT DOC	-	-	-	Not Allowed				
G8210	E	CLINI DOC PT INELIGIB ANTI	-	-	-	Not Allowed				

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G8211	E	CLINI DOC PROPH AB GIV	-	-	-	Not Allowed				
G8212	E	CLINI ORDER GIVEN FOR VTE	-	-	-	Not Allowed				
G8213	E	CLINI GIVEN VTE PROP	-	-	-	Not Allowed				
G8214	E	CLINI NOT DOC ORDER VTE	-	-	-	Not Allowed				
G8215	E	CLINI DOC PT INELIG VTE	-	-	-	Not Allowed				
G8216	E	PT RECEIVED DVT PROPHYLAXIS	-	-	-	Not Allowed				
G8217	E	PT NOT RECEIVED DVT PROPH	-	-	-	Not Allowed				
G8218	E	PT INELIG DVT PROPHYLAXIS	-	-	-	Not Allowed				
G8219	E	RECEIVED DVT PROPH DAY 2	-	-	-	Not Allowed				
G8220	E	PT NOT REC DVT PROPH DAY 2	-	-	-	Not Allowed				
G8221	E	PT INELIG FOR DVT PROPH	-	-	-	Not Allowed				
G8222	E	PT PRESCRIBE PLATELET AT D/C	-	-	-	Not Allowed				
G8223	E	PT NOT DOC FOR PRESC ANTIPLA	-	-	-	Not Allowed				
G8224	E	PT INELIG FOR ANTIPLAT PROPH	-	-	-	Not Allowed				
G8225	E	PT PRESCRIB ANTICOAG AT D/C	-	-	-	Not Allowed				
G8226	E	PT NO PRESCR ANTICOA AT D/C	-	-	-	Not Allowed				
G8227	E	PT NOT DOC TO HAVE PERM/AF	-	-	-	Not Allowed				
G8228	E	CLIN PT INELIG ANTICOAG D/C	-	-	-	Not Allowed				
G8229	E	PT DOC TO HAVE ADMIN T-PA	-	-	-	Not Allowed				
G8230	E	PT INELIG T-PA ISCH STROK>3H	-	-	-	Not Allowed				
G8231	E	PT NOT DOC FOR ADMIN T-PA	-	-	-	Not Allowed				
G8232	E	PT RECEIVED DYSPHAGIA SCREEN	-	-	-	Not Allowed				
G8234	E	PT NOT DOC DYSPHAGIA SCREEN	-	-	-	Not Allowed				
G8235	E	PT RECEIVED NPO	-	-	-	Not Allowed				
G8236	E	PT INELIG DYSPHAGIA SCREEN	-	-	-	Not Allowed				
G8237	E	PT DOC REC REHAB SERV	-	-	-	Not Allowed				
G8238	E	PT NOT DOC TO REC REHAB SERV	-	-	-	Not Allowed				
G8239	E	INTER CAROTID STENOSIS <30%	-	-	-	Not Allowed				
G8240	E	INTER CAROTID STENOSIS30-99%	-	-	-	Not Allowed				
G8241	E	PT INELIG CANDIDATE ITO MEAS	-	-	-	Not Allowed				
G8242	E	PT DOC TO HAVE CT/MRI W/LES	-	-	-	Not Allowed				
G8243	E	PT NOT DOC MRI/CT W/O LESION	-	-	-	Not Allowed				
G8245	E	CLINI DOC PRESE/ABS ALARM	-	-	-	Not Allowed				
G8246	E	PT INELIG HX W NEW/CHG MOLE	-	-	-	Not Allowed				
G8247	E	PT W/ALARM SYMP UPPER ENDO	-	-	-	Not Allowed				
G8248	E	PT W/ONE ALARM SYMP NOT DOC	-	-	-	Not Allowed				
G8249	E	PT INELIG FOR UPPER ENDO	-	-	-	Not Allowed				
G8250	E	PT W/BARRETTS ESOPH ENDO RE	-	-	-	Not Allowed				
G8251	E	PT NOT DOC W/BARRETTS, ENDO	-	-	-	Not Allowed				
G8252	E	PT INELIG FOR ESOPHAG BIOP	-	-	-	Not Allowed				
G8253	E	PT REC ORDER FOR BARIUM	-	-	-	Not Allowed				
G8254	E	PT W/NO DOC ORDER FOR BARIUM	-	-	-	Not Allowed				
G8255	E	CLINI DOC PT INELIG BAR SWAL	-	-	-	Not Allowed				
G8256	E	CLINI DOC REV D/C MEDS W/MED	-	-	-	Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
G8257	E	PT NOT DOC REV MEDS D/C	-	-	-	Not Allowed				
G8258	E	PT INELIG FOR D/C MEDS REV	-	-	-	Not Allowed				
G8259	E	PT DOC TO HAV DECISION MAKER	-	-	-	Not Allowed				
G8260	E	PT NOT DOC TO HAVE DEC MAKER	-	-	-	Not Allowed				
G8261	E	CLIN DOC PT INELIG DEC MAKER	-	-	-	Not Allowed				
G8262	E	PT DOC ASSESS URINY INCON	-	-	-	Not Allowed				
G8263	E	PT NOT DOC ASSESS URINARY IN	-	-	-	Not Allowed				
G8264	E	PT INELIG ASSESS URINARY INC	-	-	-	Not Allowed				
G8265	E	PT DOC REC CHARC URIN INCON	-	-	-	Not Allowed				
G8266	E	PT NOT DOC CHARC URIN INCON	-	-	-	Not Allowed				
G8267	E	PT DOC REC PLAN URINARY INCO	-	-	-	Not Allowed				
G8268	E	PT NOT DOC REC CARE URIN INC	-	-	-	Not Allowed				
G8269	E	CLIN NOT PROV CARE URIN INCO	-	-	-	Not Allowed				
G8270	E	PT RECEIV SCREEN FOR FALL	-	-	-	Not Allowed				
G8271	E	PT NO DOC SCREEN FALL	-	-	-	Not Allowed				
G8272	E	CLIN DOC PT INELIG FALL RISK	-	-	-	Not Allowed				
G8273	E	CLIN NOT PROV CARE SCRE FALL	-	-	-	Not Allowed				
G8274	E	CLINI NOT DOC PRES/ABS ALARM	-	-	-	Not Allowed				
G8275	E	PT HX W/ NEW MOLES	-	-	-	Not Allowed				
G8276	E	PT NOT DOC MOLE CHANGE	-	-	-	Not Allowed				
G8277	E	PT INELIG FOR ASSESS MOLE	-	-	-	Not Allowed				
G8278	E	PT DOC REC PE SKIN	-	-	-	Not Allowed				
G8279	E	PT NOT DOC REC PE	-	-	-	Not Allowed				
G8280	E	PT INELIG PE SKIN	-	-	-	Not Allowed				
G8281	E	PT REC COUNSEL FOR SELF-EXAM	-	-	-	Not Allowed				
G8282	E	PT NOT DOC TO REC COUNS	-	-	-	Not Allowed				
G8283	E	PT INELIG FOR COUNSEL	-	-	-	Not Allowed				
G8284	E	PT DOC TO REC PRES OSTEO	-	-	-	Not Allowed				
G8285	E	PT DID NOT REC PRES OSTEO	-	-	-	Not Allowed				
G8286	E	PT INELIG TO REC PRES OSTEO	-	-	-	Not Allowed				
G8287	E	CLIN NOT PROV CARE FOR PHARM	-	-	-	Not Allowed				
G8288	E	PT DOC REC CA/VIT D	-	-	-	Not Allowed				
G8289	E	PT NOT DOC REC CA/VIT D	-	-	-	Not Allowed				
G8290	E	CLIN DOC PT INELIG CA/VIT D	-	-	-	Not Allowed				
G8291	E	CLIN NO PRO CARE PT CA/VIT D	-	-	-	Not Allowed				
G8292	E	COPD PT W/SPIR RESULTS	-	-	-	Not Allowed				
G8293	E	COPD PT W/O SPIR RESULTS	-	-	-	Not Allowed				
G8294	E	COPD PT INELIG SPIR RESULTS	-	-	-	Not Allowed				
G8295	E	COPD PT DOC BRONCH THER	-	-	-	Not Allowed				
G8296	E	COPD PT NOT DOC BRONCH THER	-	-	-	Not Allowed				
G8297	E	COPD PT INELIG BRONCH THERAP	-	-	-	Not Allowed				
G8298	E	PT DOC OPTIC NERVE EVAL	-	-	-	Not Allowed				
G8299	E	PT NOT DOC OPTIC NERV EVAL	-	-	-	Not Allowed				
G8300	E	PT INELIG FOR OPTIC NERV EVA	-	-	-	Not Allowed				

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G8301	E	CLIN NOT PROV CARE POAG	-	-	-	Not Allowed				
G8302	E	PT DOC W/ TARGET IOP	-	-	-	Not Allowed				
G8303	E	PT NOT DOC W/ IOP	-	-	-	Not Allowed				
G8304	E	CLIN DOC PT INELIG IOP	-	-	-	Not Allowed				
G8305	E	CLIN NOT PROV CARE POAG	-	-	-	Not Allowed				
G8306	E	POAG W/ IOP REC CARE PLAN	-	-	-	Not Allowed				
G8307	E	POAG W/ IOP NO CARE PLAN	-	-	-	Not Allowed				
G8308	E	POAG W/ IOP NOT DOC PLAN	-	-	-	Not Allowed				
G8309	E	PT DOC REC ANTIOXIDANT	-	-	-	Not Allowed				
G8310	E	PT NOT DOC REC ANTIOX	-	-	-	Not Allowed				
G8311	E	PT INELIG FOR ANTIOXIDANT	-	-	-	Not Allowed				
G8312	E	CLIN NO PROV CARE FOR ANTIOX	-	-	-	Not Allowed				
G8313	E	PT DOC REC MACULAR EXAM	-	-	-	Not Allowed				
G8314	E	PT NOT DOC TO REC MAC EXAM	-	-	-	Not Allowed				
G8315	E	CLIN DOC PT INELIG MAC EXAM	-	-	-	Not Allowed				
G8316	E	CLIN NO PRO CARE FOR MAC DEG	-	-	-	Not Allowed				
G8317	E	PT DOC TO HAVE VISUAL FUNC	-	-	-	Not Allowed				
G8318	E	PT DOC NOT HAVE VISUAL FUNC	-	-	-	Not Allowed				
G8319	E	PT INELIG FOR VIS FUNC STAT	-	-	-	Not Allowed				
G8320	E	CLIN NOT PROV CARE CATARAC	-	-	-	Not Allowed				
G8321	E	PT DOC TO PRE AXIAL LENG	-	-	-	Not Allowed				
G8322	E	PT NOT DOC PRE AXIAL LENG	-	-	-	Not Allowed				
G8323	E	PT INELIG FOR PRE SURG AXIAL	-	-	-	Not Allowed				
G8324	E	CLIN NOT PROV CARE FOR IOL	-	-	-	Not Allowed				
G8325	E	PT REC FUND EXAM PRIOR SURG	-	-	-	Not Allowed				
G8326	E	PT NOT DOC REC FUNDUS EXAM	-	-	-	Not Allowed				
G8327	E	PT INELIG FOR PRE SURG FUNDU	-	-	-	Not Allowed				
G8328	E	CLIN NOT PROV CARE FUND EVAL	-	-	-	Not Allowed				
G8329	E	PT DOC REC DILATED MACULAR	-	-	-	Not Allowed				
G8330	E	PT NOT DOC REC DILATED MAC	-	-	-	Not Allowed				
G8331	E	PT INELIG DILATE FUNDUS	-	-	-	Not Allowed				
G8332	E	CLIN PROV NO CARE DIABETIC R	-	-	-	Not Allowed				
G8333	E	PT DOC TO HAVE MACULAR EXAM	-	-	-	Not Allowed				
G8334	E	DOC OF MACULAR NOT GIV MD	-	-	-	Not Allowed				
G8335	E	CLIN DOC PT INELIG MACULAR	-	-	-	Not Allowed				
G8336	E	CLIN DID NOT PRO CARE DIABET	-	-	-	Not Allowed				
G8337	E	CLIN DOC PT WAS TEST OSTEO	-	-	-	Not Allowed				
G8338	E	CLIN NOT DOC PT TEST OSTEO	-	-	-	Not Allowed				
G8339	E	PT INELIG FOR TEST OSTEO	-	-	-	Not Allowed				
G8340	E	PT DOC HAVE DEXA	-	-	-	Not Allowed				
G8341	E	PT NOT DOC FOR DEXA	-	-	-	Not Allowed				
G8342	E	CLIN DOC PT INELIG DEXA	-	-	-	Not Allowed				
G8343	E	CLIN NOT PROV CARE DEXA	-	-	-	Not Allowed				
G8344	E	PT DOC HAVE DEXA PERFORM	-	-	-	Not Allowed				

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G8345	E	PT NOT DOC HAVE DEXA	-	-	-	Not Allowed				
G8346	E	CLIN DOC PT INELIG DEXA	-	-	-	Not Allowed				
G8347	E	CLIN NOT PROV CARE DEXA	-	-	-	Not Allowed				
G8348	E	INT CAROTID STENOSIS MEAS	-	-	-	Not Allowed				
G8349	E	PT INELIG FOR DOC OF ALARM	-	-	-	Not Allowed				
G8350	E	PT DOC 12 LEAD ECG	-	-	-	Not Allowed				
G8351	E	PT NOT DOC ECG	-	-	-	Not Allowed				
G8352	E	PT INELIG FOR ECG	-	-	-	Not Allowed				
G8353	E	PT DOC REC ASPIRIN 24HRS ER	-	-	-	Not Allowed				
G8354	E	PT NOT REC ASPIRIN PRIOR ER	-	-	-	Not Allowed				
G8355	E	CLIN DOC PT INELIG ASPIRIN	-	-	-	Not Allowed				
G8356	E	PT DOC TO HAVE ECG	-	-	-	Not Allowed				
G8357	E	PT NOT DOC TO HAVE ECG	-	-	-	Not Allowed				
G8358	E	CLIN DOC PT INELIG ECG	-	-	-	Not Allowed				
G8359	E	PT DOC VITAL SIGNS RECORDED	-	-	-	Not Allowed				
G8360	E	PT NOT DOC VITAL SIGNS RECOR	-	-	-	Not Allowed				
G8361	E	PT DOC TO HAVE 02 SAT ASSESS	-	-	-	Not Allowed				
G8362	E	PT NOT DOC 02 SAT ASSESS	-	-	-	Not Allowed				
G8363	E	CLIN DOC PT INELIG 02 SAT	-	-	-	Not Allowed				
G8364	E	PT DOC MENTAL STATUS ASSESS	-	-	-	Not Allowed				
G8365	E	PT NOT DOC MENTAL STATUS	-	-	-	Not Allowed				
G8366	E	PT DOC TO HAVE EMPIRIC AB	-	-	-	Not Allowed				
G8367	E	PT NOT DOC HAVE EMPIRIC AB	-	-	-	Not Allowed				
G8368	E	CLIN DOC PT INELIG EMPIRI AB	-	-	-	Not Allowed				
G9001	E	MCCD, INITIAL RATE	-	-	-	Not Allowed				
G9002	E	MCCD,MAINTENANCE RATE	-	-	-	Not Allowed				
G9003	E	MCCD, RISK ADJ HI, INITIAL	-	-	-	Not Allowed				
G9004	E	MCCD, RISK ADJ LO, INITIAL	-	-	-	Not Allowed				
G9005	E	MCCD, RISK ADJ, MAINTENANCE	-	-	-	Not Allowed				
G9006	E	MCCD, HOME MONITORING	-	-	-	Not Allowed				
G9007	E	MCCD, SCH TEAM CONF	-	-	-	Not Allowed				
G9008	E	MCCD,PHYS COOR-CARE OVRSGHT	-	-	-	Not Allowed				
G9009	E	MCCD, RISK ADJ, LEVEL 3	-	-	-	Not Allowed				
G9010	E	MCCD, RISK ADJ, LEVEL 4	-	-	-	Not Allowed				
G9011	E	MCCD, RISK ADJ, LEVEL 5	-	-	-	Not Allowed				
G9012	E	OTHER SPECIFIED CASE MGMT	-	-	-	Not Allowed				
G9013	M	ESRD DEMO BUNDLE LEVEL I	-	-	$0.00	Fee Schedule				
G9014	M	ESRD DEMO BUNDLE-LEVEL II	-	-	$0.00	Fee Schedule				
G9016	E	DEMO-SMOKING CESSATION COUN	-	-	-	Not Allowed				
G9017	E	AMANTADINE HCL ORAL	-	-	-	Not Allowed				
G9018	E	ZANAMIVIR INH PWDR	-	-	-	Not Allowed				
G9019	E	OSELTAMIVIR PHOSP	-	-	-	Not Allowed				
G9020	E	RIMANTADINE HCL	-	-	-	Not Allowed				
G9033	E	AMANTADINE HCL, ORAL, BRAND	-	-	-	Not Allowed				

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G9034	E	ZANAMIVIR POWDER VIA INHALER	-	-	-	Not Allowed				
G9035	E	OSELTAMIVIR PHOSPHATE 75MG, ORAL	-	-	-	Not Allowed				
G9036	E	RIMANTADINE HCL 100MG	-	-	-	Not Allowed				
G9041	E	LOW VISION SERV OCCUPATIONAL	-	-	-	Not Allowed				
G9042	E	LOW VISION ORIENT/MOBILITY	-	-	-	Not Allowed				
G9043	E	LOW VISION REHAB THERAPIST	-	-	-	Not Allowed				
G9044	E	LOW VISION REHAB TEACHER	-	-	-	Not Allowed				
G9050	E	ONCOLOGY WORK-UP EVALUATION	-	-	-	Not Allowed				
G9051	E	ONCOLOGY TREATMENT DECISION	-	-	-	Not Allowed				
G9052	E	ONC SURVEILLANCE FOR DISEASE	-	-	-	Not Allowed				
G9053	E	ONC EXPECTANT MANAGEMENT PT	-	-	-	Not Allowed				
G9054	E	ONC SUPERVISION PALLIATIVE	-	-	-	Not Allowed				
G9055	E	ONC VISIT UNSPECIFIED NOS	-	-	-	Not Allowed				
G9056	E	ONC PRAC MGMT ADHERES GUIDE	-	-	-	Not Allowed				
G9057	E	ONC PRACT MGMT DIFFERS GUIDE	-	-	-	Not Allowed				
G9058	E	ONC PRAC MGMT DISAGREE W/GUI	-	-	-	Not Allowed				
G9059	E	ONC PRAC MGMT PT OPT ALTERNA	-	-	-	Not Allowed				
G9060	E	ONC PRAC MGMT DIF PT COMORB	-	-	-	Not Allowed				
G9061	E	ONC PRAC COND NOADD BY GUIDE	-	-	-	Not Allowed				
G9062	E	ONC PRAC GUIDE DIFFERS NOS	-	-	-	Not Allowed				
G9063	E	ONC DX NSCLC STGI NO DX PROG	-	-	-	Not Allowed				
G9064	E	ONC DX NSCLC STG2 NO DX PROG	-	-	-	Not Allowed				
G9065	E	ONC DX NSCLC STG3A NODX PROG	-	-	-	Not Allowed				
G9066	E	ONC DX NSCLC STG3B-4 METASTA	-	-	-	Not Allowed				
G9067	E	ONC DX NSCLC DX UNKNOWN NOS	-	-	-	Not Allowed				
G9068	E	ONC DX NSCLC/SCLC LIMITED	-	-	-	Not Allowed				
G9069	E	ONC DX SCLC/NSCLC EXT AT DX	-	-	-	Not Allowed				
G9070	E	ONC DX SCLC/NSCLC EXT UNKNWN	-	-	-	Not Allowed				
G9071	E	ONC DX BRST STG1 2B NO DX PR	-	-	-	Not Allowed				
G9072	E	ONC DX BRST STG1-2 NOPROGRES	-	-	-	Not Allowed				
G9073	E	ONC DX BRST STG3-W/PROGRES	-	-	-	Not Allowed				
G9074	E	ONC DX BRST STG3-NOPROGRESS	-	-	-	Not Allowed				
G9075	E	ONC DX BRST METASTIC/ RECUR	-	-	-	Not Allowed				
G9077	E	ONC DX PROSTATE T1NO PROGRES	-	-	-	Not Allowed				
G9078	E	ONC DX PROSTATE T2NO PROGRES	-	-	-	Not Allowed				
G9079	E	ONC DX PROSTATE T3B-T4NOPROG	-	-	-	Not Allowed				
G9080	E	ONC DX PROSTATE W/RISE PSA	-	-	-	Not Allowed				
G9083	E	ONC DX PROSTATE UNKNOWN NOS	-	-	-	Not Allowed				
G9084	E	ONC DX COLON T1-3 N1-2 NO PR	-	-	-	Not Allowed				
G9085	E	ONC DX COLON T4 N0 W/O PROG	-	-	-	Not Allowed				
G9086	E	ONC DX COLON T1-4 NO DX PROG	-	-	-	Not Allowed				
G9087	E	ONC DX COLON RADIOLG EVID DX	-	-	-	Not Allowed				
G9088	E	ONC DX COLON M1/METS W/O RAD	-	-	-	Not Allowed				
G9089	E	ONC DX COLON EXTENT UNKNOWN	-	-	-	Not Allowed				

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G9090	E	ONC DX RECTAL T1-2 NO PROGR	-	-	-	Not Allowed				
G9091	E	ONC DX RECTAL T3 N0 NO PROG	-	-	-	Not Allowed				
G9092	E	ONC DX RECTAL T1-3 N1-2NOPRG	-	-	-	Not Allowed				
G9093	E	ONC DX RECTAL T4 N M0 NO PRG	-	-	-	Not Allowed				
G9094	E	ONC DX RECTAL M1 W/METS PROG	-	-	-	Not Allowed				
G9095	E	ONC DX RECTAL EXTENT UNKNWN	-	-	-	Not Allowed				
G9096	E	ONC DX ESOPHAG T1-T3 NOPROG	-	-	-	Not Allowed				
G9097	E	ONC DX ESOPHAGEAL T4 NO PROG	-	-	-	Not Allowed				
G9098	E	ONC DX ESOPHAGEAL METS RECUR	-	-	-	Not Allowed				
G9099	E	ONC DX ESOPHAGEAL UNKNOWN	-	-	-	Not Allowed				
G9100	E	ONC DX GASTRIC NO RECURRENCE	-	-	-	Not Allowed				
G9101	E	ONC DX GASTRIC P R1-R2NOPROG	-	-	-	Not Allowed				
G9102	E	ONC DX GASTRIC UNRESECTABLE	-	-	-	Not Allowed				
G9103	E	ONC DX GASTRIC RECURRENT	-	-	-	Not Allowed				
G9104	E	ONC DX GASTRIC UNKNOWN NOS	-	-	-	Not Allowed				
G9105	E	ONC DX PANCREATC P R0 RES NO	-	-	-	Not Allowed				
G9106	E	ONC DX PANCREATC P R1/R2 NO	-	-	-	Not Allowed				
G9107	E	ONC DX PANCREATIC UNRESECTAB	-	-	-	Not Allowed				
G9108	E	ONC DX PANCREATIC UNKNWN NOS	-	-	-	Not Allowed				
G9109	E	ONC DX HEAD/NECK T1-T2NO PRG	-	-	-	Not Allowed				
G9110	E	ONC DX HEAD/NECK T3-4 NOPROG	-	-	-	Not Allowed				
G9111	E	ONC DX HEAD/NECK M1 METS REC	-	-	-	Not Allowed				
G9112	E	ONC DX HEAD/NECK EXT UNKNOWN	-	-	-	Not Allowed				
G9113	E	ONC DX OVARIAN STG1A-B NO PR	-	-	-	Not Allowed				
G9114	E	ONC DX OVARIAN STG1A-B OR 2	-	-	-	Not Allowed				
G9115	E	ONC DX OVARIAN STG3/4 NOPROG	-	-	-	Not Allowed				
G9116	E	ONC DX OVARIAN RECURRENCE	-	-	-	Not Allowed				
G9117	E	ONC DX OVARIAN UNKNOWN NOS	-	-	-	Not Allowed				
G9123	E	ONC DX NHL LGE BCELL RELAP	-	-	-	Not Allowed				
G9124	E	ONC DX NHL RELAPSE/REFRACTOR	-	-	-	Not Allowed				
G9125	E	ONC DX NHL STG UNKNOWN	-	-	-	Not Allowed				
G9126	E	ONC DX OVARIAN STG IA/B	-	-	-	Not Allowed				
G9128	E	ONC DX MULT MYELOMA STG2 HIG	-	-	-	Not Allowed				
G9129	E	ONC DX MULT MYELOMA UNKWN OP	-	-	-	Not Allowed				
G9130	E	ONC DX MULTI MYELOMA UNKNOWN	-	-	-	Not Allowed				
G9131	E	ONC DX BRST UNKNOWN NOS	-	-	-	Not Allowed				
G9132	E	ONC DX PROSTATE METS NO CAST	-	-	-	Not Allowed				
G9133	E	ONC DX PROSTATE CLINICAL MET	-	-	-	Not Allowed				
G9134	E	ONC NHLSTG 1-2 NO RELAP NO	-	-	-	Not Allowed				
G9135	E	ONC DX NHL STG 3-4 NOT RELAP	-	-	-	Not Allowed				
G9136	E	ONC DX NHL TRANS TO LG BCELL	-	-	-	Not Allowed				
G9137	E	ONC DX NHL RELAPSE/REFRACTOR	-	-	-	Not Allowed				
G9138	E	ONC DX NHL STG UNKNOWN	-	-	-	Not Allowed				
G9139	E	ONC DX CML DX STATUS UNKNOWN	-	-	-	Not Allowed				

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H0001	E	ALCOHOL AND/OR DRUG ASSESS	-	-	-	Not Allowed				
H0002	E	ALCOHOL AND/OR DRUG SCREENIN	-	-	-	Not Allowed				
H0003	E	ALCOHOL AND/OR DRUG SCREENIN	-	-	-	Not Allowed				
H0004	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0005	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0006	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0007	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0008	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0009	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0010	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0011	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0012	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0013	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0014	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0015	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0016	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0017	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0018	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0019	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0020	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed				
H0021	E	ALCOHOL AND/OR DRUG TRAINING	-	-	-	Not Allowed				
H0022	E	ALCOHOL AND/OR DRUG INTERVEN	-	-	-	Not Allowed				
H0023	E	ALCOHOL AND/OR DRUG OUTREACH	-	-	-	Not Allowed				
H0024	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed				
H0025	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed				
H0026	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed				
H0027	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed				
H0028	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed				
H0029	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed				
H0030	E	ALCOHOL AND/OR DRUG HOTLINE	-	-	-	Not Allowed				
H0031	E	MH HEALTH ASSESS BY NON-MD	-	-	-	Not Allowed				
H0032	E	MH SVC PLAN DEV BY NON-MD	-	-	-	Not Allowed				
H0033	E	ORAL MED ADM DIRECT OBSERVE	-	-	-	Not Allowed				
H0034	E	MED TRNG & SUPPORT PER 15MIN	-	-	-	Not Allowed				
H0035	M	MH PARTIAL HOSP TX UNDER 24H	-	-	$71.99	Fee Schedule				Y
H0036	E	COMM PSY FACE-FACE PER 15MIN	-	-	-	Not Allowed				
H0037	E	COMM PSY SUP TX PGM PER DIEM	-	-	-	Not Allowed				
H0038	E	SELF-HELP/PEER SVC PER 15MIN	-	-	-	Not Allowed				
H0039	E	ASSER COM TX FACE-FACE/15MIN	-	-	-	Not Allowed				
H0040	E	ASSERT COMM TX PGM PER DIEM	-	-	-	Not Allowed				
H0041	E	FOS C CHLD NON-THER PER DIEM	-	-	-	Not Allowed				
H0042	E	FOS C CHLD NON-THER PER MON	-	-	-	Not Allowed				
H0043	E	SUPPORTED HOUSING PER DIEM	-	-	-	Not Allowed				
H0044	E	SUPPORTED HOUSING PER MONTH	-	-	-	Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
H0045	E	RESPITE NOT-IN-HOME PER DIEM	-	-	-	Not Allowed				
H0046	E	MENTAL HEALTH SERVICE NOS	-	-	-	Not Allowed				
H0047	E	ALCOHOL/DRUG ABUSE SVC NOS	-	-	-	Not Allowed				
H0048	E	SPEC COLL NON-BLOOD:A/D TEST	-	-	-	Not Allowed				
H0049	E	ALCOHOL/DRUG SCREENING	-	-	-	Not Allowed				
H0050	E	ALCOHOL/DRUG SERVICE 15 MIN	-	-	-	Not Allowed				
H1000	E	PRENATAL CARE ATRISK ASSESSM	-	-	-	Not Allowed				
H1001	E	ANTEPARTUM MANAGEMENT	-	-	-	Not Allowed				
H1002	E	CARECOORDINATION PRENATAL	-	-	-	Not Allowed				
H1003	E	PRENATAL AT RISK EDUCATION	-	-	-	Not Allowed				
H1004	E	FOLLOW UP HOME VISIT/PRENTAL	-	-	-	Not Allowed				
H1005	E	PRENATALCARE ENHANCED SRV PK	-	-	-	Not Allowed				
H1010	E	NONMED FAMILY PLANNING ED	-	-	-	Not Allowed				
H1011	E	FAMILY ASSESSMENT	-	-	-	Not Allowed				
H2000	E	COMP MULTIDISIPLN EVALUATION	-	-	-	Not Allowed				
H2001	E	REHABILITATION PROGRAM 1/2 D	-	-	-	Not Allowed				
H2010	E	COMPREHENSIVE MED SVC 15 MIN	-	-	-	Not Allowed				
H2011	E	CRISIS INTERVEN SVC, 15 MIN	-	-	-	Not Allowed				
H2012	E	BEHAV HLTH DAY TREAT, PER HR	-	-	-	Not Allowed				
H2013	E	PSYCH HLTH FAC SVC, PER DIEM	-	-	-	Not Allowed				
H2014	E	SKILLS TRAIN AND DEV, 15 MIN	-	-	-	Not Allowed				
H2015	E	COMP COMM SUPP SVC, 15 MIN	-	-	-	Not Allowed				
H2016	E	COMP COMM SUPP SVC, PER DIEM	-	-	-	Not Allowed				
H2017	E	PSYSOC REHAB SVC, PER 15 MIN	-	-	-	Not Allowed				
H2018	E	PSYSOC REHAB SVC, PER DIEM	-	-	-	Not Allowed				
H2019	E	THER BEHAV SVC, PER 15 MIN	-	-	-	Not Allowed				
H2020	E	THER BEHAV SVC, PER DIEM	-	-	-	Not Allowed				
H2021	E	COM WRAP-AROUND SV, 15 MIN	-	-	-	Not Allowed				
H2022	E	COM WRAP-AROUND SV, PER DIEM	-	-	-	Not Allowed				
H2023	E	SUPPORTED EMPLOY, PER 15 MIN	-	-	-	Not Allowed				
H2024	E	SUPPORTED EMPLOY, PER DIEM	-	-	-	Not Allowed				
H2025	E	SUPP MAINT EMPLOY, 15 MIN	-	-	-	Not Allowed				
H2026	E	SUPP MAINT EMPLOY, PER DIEM	-	-	-	Not Allowed				
H2027	E		-	-	-	Not Allowed				
H2028	E	SEX OFFEND TX SVC, 15 MIN	-	-	-	Not Allowed				
H2029	E	SEX OFFEND TX SVC, PER DIEM	-	-	-	Not Allowed				
H2030	E	MH CLUBHOUSE SVC, PER 15 MIN	-	-	-	Not Allowed				
H2031	E	MH CLUBHOUSE SVC, PER DIEM	-	-	-	Not Allowed				
H2032	E	ACTIVITY THERAPY, PER 15 MIN	-	-	-	Not Allowed				
H2033	E	MULTISYS THER/JUVENILE 15MIN	-	-	-	Not Allowed				
H2034	E	A/D HALFWAY HOUSE, PER DIEM	-	-	-	Not Allowed				
H2035	E	A/D TX PROGRAM, PER HOUR	-	-	-	Not Allowed				
H2036	E	A/D TX PROGRAM, PER DIEM	-	-	-	Not Allowed				
H2037	E	DEV DELAY PREV DP CH, 15 MIN	-	-	-	Not Allowed				

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J0120	N	TETRACYCLIN INJECTION	-	-	-	APC/ Bundled				
J0128	K	ABARELIX INJECTION	09216	1.1164	$53.31	APC				
J0129	G	ABATACEPT INJECTION	09230	0.3041	$14.52	APC				
J0130	K	ABCIXIMAB INJECTION	01605	6.7215	$320.95	APC				
J0132	K	ACETYLCYSTEINE INJECTION	01680	0.0316	$1.51	APC				
J0133	N	ACYCLOVIR INJECTION	-	-	-	APC/ Bundled				
J0135	K	ADALIMUMAB INJECTION	01083	5.1902	$247.83	APC				
J0150	K	INJECTION ADENOSINE 6 MG	00379	0.3719	$17.76	APC				
J0152	K	ADENOSINE INJECTION	00917	1.1251	$53.72	APC				
J0170	N	ADRENALIN EPINEPHRIN INJECT	-	-	-	APC/ Bundled				
J0180	K	AGALSIDASE BETA INJECTION	09208	2.0694	$98.81	APC				
J0190	K	INJ BIPERIDEN LACTATE/5 MG	03038	1.4341	$68.48	APC				
J0200	N	ALATROFLOXACIN MESYLATE	-	-	-	APC/ Bundled				
J0205	K	ALGLUCERASE INJECTION	00900	0.6381	$30.47	APC				
J0207	K	AMIFOSTINE	07000	7.8194	$373.38	APC				
J0210	K	METHYLDOPATE HCL INJECTION	02210	0.1645	$7.85	APC				
J0215	K	ALEFACEPT	01633	0.4241	$20.25	APC				
J0256	K	ALPHA 1 PROTEINASE INHIBITOR	00901	0.0534	$2.55	APC				
J0270	M	ALPROSTADIL FOR INJECTION	-	-	$1.84	Medicare				
J0275	M	ALPROSTADIL URETHRAL SUPPOS	-	-	$22.97	Medicare				
J0278	N	AMIKACIN SULFATE INJECTION	-	-	-	APC/ Bundled				
J0280	N	AMINOPHYLLIN 250 MG INJ	-	-	-	APC/ Bundled				
J0282	N	AMIODARONE HCL	-	-	-	APC/ Bundled				
J0285	N	AMPHOTERICIN B	-	-	-	APC/ Bundled				
J0287	K	AMPHOTERICIN B LIPID COMPLEX	09024	0.1689	$8.06	APC				
J0288	K	AMPHO B CHOLESTERYL SULFATE	00735	0.1952	$9.32	APC				
J0289	K	AMPHOTERICIN B LIPOSOME INJ	00736	0.2805	$13.39	APC				
J0290	N	AMPICILLIN 500 MG INJ	-	-	-	APC/ Bundled				
J0295	N	AMPICILLIN SODIUM PER 1.5 GM	-	-	-	APC/ Bundled				
J0300	N	AMOBARBITAL 125 MG INJ	-	-	-	APC/ Bundled				
J0330	N	SUCCINYCHOLINE CHLORIDE INJ	-	-	-	APC/ Bundled				
J0348	G	ANADULAFUNGIN INJECTION	00760	0.0311	$1.48	APC				
J0350	K	INJECTION ANISTREPLASE 30 U	01606	43.8244	$2,092.62	APC				
J0360	N	HYDRALAZINE HCL INJECTION	-	-	-	APC/ Bundled				
J0364	K	APOMORPHINE HYDROCHLORIDE	00766	0.0486	$2.32	APC				
J0365	K	APROTONIN 10 000 KIU	01682	0.041	$1.96	APC				
J0380	K	INJ METARAMINOL BITARTRATE	03039	0.2549	$12.17	APC				
J0390	N	CHLOROQUINE INJECTION	-	-	-	APC/ Bundled				
J0395	K	ARBUTAMINE HCL INJECTION	09031	2.9674	$141.69	APC				
J0456	N	AZITHROMYCIN	-	-	-	APC/ Bundled				
J0460	N	ATROPINE SULFATE INJECTION	-	-	-	APC/ Bundled				
J0470	N	DIMECAPROL INJECTION	-	-	-	APC/ Bundled				
J0475	K	BACLOFEN 10 MG INJECTION	09032	3.2056	$153.07	APC				
J0476	K	BACLOFEN INTRATHECAL TRIAL	01631	1.1647	$55.61	APC				

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J0480	K	BASILIXIMAB	01683	22.1248	$1,056.46	APC				
J0500	N	DICYCLOMINE INJECTION	-	-	-	APC/ Bundled				
J0515	N	INJ BENZTROPINE MESYLATE	-	-	-	APC/ Bundled				
J0520	N	BETHANECHOL CHLORIDE INJECT	-	-	-	APC/ Bundled				
J0530	N	PENICILLIN G BENZATHINE INJ	-	-	-	APC/ Bundled				
J0540	N	PENICILLIN G BENZATHINE INJ	-	-	-	APC/ Bundled				
J0550	N	PENICILLIN G BENZATHINE INJ	-	-	-	APC/ Bundled				
J0560	N	PENICILLIN G BENZATHINE INJ	-	-	-	APC/ Bundled				
J0570	N	PENICILLIN G BENZATHINE INJ	-	-	-	APC/ Bundled				
J0580	N	PENICILLIN G BENZATHINE INJ	-	-	-	APC/ Bundled				
J0583	K	BIVALIRUDIN	03041	0.0283	$1.35	APC				
J0585	K	BOTULINUM TOXIN A PER UNIT	00902	0.083	$3.96	APC				Y
J0587	K	BOTULINUM TOXIN TYPE B	09018	0.1362	$6.50	APC				Y
J0592	N	BUPRENORPHINE HYDROCHLORIDE	-	-	-	APC/ Bundled				
J0594	K	BUSULFAN INJECTION	01178	0.1446	$6.90	APC				
J0595	N	BUTORPHANOL TARTRATE 1 MG	-	-	-	APC/ Bundled				
J0600	K	EDETATE CALCIUM DISODIUM INJ	00892	0.6538	$31.22	APC				
J0610	N	CALCIUM GLUCONATE INJECTION	-	-	-	APC/ Bundled				
J0620	N	CALCIUM GLYCER & LACT/10 ML	-	-	-	APC/ Bundled				
J0630	N	CALCITONIN SALMON INJECTION	-	-	-	APC/ Bundled				
J0636	N	INJ CALCITRIOL PER 0.1 MCG	-	-	-	APC/ Bundled				
J0637	K	CASPOFUNGIN ACETATE	09019	0.4938	$23.58	APC				
J0640	N	LEUCOVORIN CALCIUM INJECTION	-	-	-	APC/ Bundled				
J0670	N	INJ MEPIVACAINE HCL/10 ML	-	-	-	APC/ Bundled				
J0690	N	CEFAZOLIN SODIUM INJECTION	-	-	-	APC/ Bundled				
J0692	N	CEFEPIME HCL FOR INJECTION	-	-	-	APC/ Bundled				
J0694	N	CEFOXITIN SODIUM INJECTION	-	-	-	APC/ Bundled				
J0696	N	CEFTRIAXONE SODIUM INJECTION	-	-	-	APC/ Bundled				
J0697	N	STERILE CEFUROXIME INJECTION	-	-	-	APC/ Bundled				
J0698	N	CEFOTAXIME SODIUM INJECTION	-	-	-	APC/ Bundled				
J0702	N	BETAMETHASONE ACET&SOD PHOSP	-	-	-	APC/ Bundled				
J0704	N	BETAMETHASONE SOD PHOSP/4 MG	-	-	-	APC/ Bundled				
J0706	K	CAFFEINE CITRATE INJECTION	00876	0.0547	$2.61	APC				
J0710	N	CEPHAPIRIN SODIUM INJECTION	-	-	-	APC/ Bundled				
J0713	N	INJ CEFTAZIDIME PER 500 MG	-	-	-	APC/ Bundled				
J0715	N	CEFTIZOXIME SODIUM / 500 MG	-	-	-	APC/ Bundled				
J0720	N	CHLORAMPHENICOL SODIUM INJEC	-	-	-	APC/ Bundled				
J0725	N	CHORIONIC GONADOTROPIN/1000U	-	-	-	APC/ Bundled				
J0735	K	CLONIDINE HYDROCHLORIDE	00935	1.0324	$49.30	APC				
J0740	K	CIDOFOVIR INJECTION	09033	12.3936	$591.79	APC				
J0743	N	CILASTATIN SODIUM INJECTION	-	-	-	APC/ Bundled				
J0744	N	CIPROFLOXACIN IV	-	-	-	APC/ Bundled				
J0745	N	INJ CODEINE PHOSPHATE /30 MG	-	-	-	APC/ Bundled				
J0760	N	COLCHICINE INJECTION	-	-	-	APC/ Bundled				

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J0770	N	COLISTIMETHATE SODIUM INJ	-	-	-	APC/ Bundled				
J0780	N	PROCHLORPERAZINE INJECTION	-	-	-	APC/ Bundled				
J0795	K	CORTICORELIN OVINE TRIFLUTAL	01684	0.0701	$3.35	APC				
J0800	K	CORTICOTROPIN INJECTION	01280	2.078	$99.22	APC				
J0835	K	INJ COSYNTROPIN PER 0.25 MG	00835	1.0388	$49.60	APC				
J0850	K	CYTOMEGALOVIRUS IMM IV /VIAL	00903	14.122	$674.33	APC				
J0878	K	DAPTOMYCIN INJECTION	09124	0.0054	$0.26	APC				
J0881	K	DARBEPOETIN ALFA NON-ESRD	01685	0.0511	$2.44	APC				
J0882	Q	DARBEPOETIN ALFA ESRD USE	-	-	$3.14	Medicare	$3.14	$1.95	$1.88	
J0885	K	EPOETIN ALFA NON-ESRD	01686	0.1537	$7.34	APC				
J0886	E	EPOETIN ALFA ESRD	-	-	-	Not Allowed				
J0894	G	DECITABINE INJECTION	09231	0.4308	$20.57	APC				
J0895	K	DEFEROXAMINE MESYLATE INJ	00895	0.2362	$11.28	APC				
J0900	N	TESTOSTERONE ENANTHATE INJ	-	-	-	APC/ Bundled				
J0945	N	BROMPHENIRAMINE MALEATE INJ	-	-	-	APC/ Bundled				
J0970	N	ESTRADIOL VALERATE INJECTION	-	-	-	APC/ Bundled				
J1000	N	DEPO-ESTRADIOL CYPIONATE INJ	-	-	-	APC/ Bundled				
J1020	N	METHYLPREDNISOLONE 20 MG INJ	-	-	-	APC/ Bundled				
J1030	N	METHYLPREDNISOLONE 40 MG INJ	-	-	-	APC/ Bundled				
J1040	N	METHYLPREDNISOLONE 80 MG INJ	-	-	-	APC/ Bundled				
J1051	N	MEDROXYPROGESTERONE INJ	-	-	-	APC/ Bundled				
J1055	M	MEDRXYPROGESTER ACETATE INJ	-	-	$49.52	Fee Schedule				
J1056	M	MA/EC CONTRACEPTIVEINJECTION	-	-	$22.89	Fee Schedule				
J1060	N	TESTOSTERONE CYPIONATE 1 ML	-	-	-	APC/ Bundled				
J1070	N	TESTOSTERONE CYPIONAT 100 MG	-	-	-	APC/ Bundled				
J1080	N	TESTOSTERONE CYPIONAT 200 MG	-	-	-	APC/ Bundled				
J1094	N	INJ DEXAMETHASONE ACETATE	-	-	-	APC/ Bundled				
J1100	N	DEXAMETHASONE SODIUM PHOS	-	-	-	APC/ Bundled				
J1110	N	INJ DIHYDROERGOTAMINE MESYLT	-	-	-	APC/ Bundled				
J1120	N	ACETAZOLAMID SODIUM INJECTIO	-	-	-	APC/ Bundled				
J1160	N	DIGOXIN INJECTION	-	-	-	APC/ Bundled				
J1162	K	DIGOXIN IMMUNE FAB (OVINE)	01687	8.4003	$401.11	APC				
J1165	N	PHENYTOIN SODIUM INJECTION	-	-	-	APC/ Bundled				
J1170	N	HYDROMORPHONE INJECTION	-	-	-	APC/ Bundled				
J1180	N	DYPHYLLINE INJECTION	-	-	-	APC/ Bundled				
J1190	K	DEXRAZOXANE HCL INJECTION	00726	2.8319	$135.22	APC				
J1200	N	DIPHENHYDRAMINE HCL INJECTIO	-	-	-	APC/ Bundled				
J1205	K	CHLOROTHIAZIDE SODIUM INJ	00747	2.0147	$96.20	APC				
J1212	N	DIMETHYL SULFOXIDE 50% 50 ML	-	-	-	APC/ Bundled				
J1230	N	METHADONE INJECTION	-	-	-	APC/ Bundled				
J1240	N	DIMENHYDRINATE INJECTION	-	-	-	APC/ Bundled				
J1245	N	DIPYRIDAMOLE INJECTION	-	-	-	APC/ Bundled				
J1250	N	INJ DOBUTAMINE HCL/250 MG	-	-	-	APC/ Bundled				
J1260	K	DOLASETRON MESYLATE	00750	0.0994	$4.75	APC				

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J1265	N	DOPAMINE INJECTION	-	-	-	APC/ Bundled				
J1270	N	INJECTION, DOXERCALCIFEROL	-	-	-	APC/ Bundled				
J1320	N	AMITRIPTYLINE INJECTION	-	-	-	APC/ Bundled				
J1324	K	ENFUVIRTIDE INJECTION	00767	0.3727	$17.80	APC				
J1325	N	EPOPROSTENOL INJECTION	-	-	-	APC/ Bundled				
J1327	K	EPTIFIBATIDE INJECTION	01607	0.2611	$12.47	APC				
J1330	K	ERGONOVINE MALEATE INJECTION	01330	0.0651	$3.11	APC				
J1335	N	ERTAPENEM INJECTION	-	-	-	APC/ Bundled				
J1364	N	ERYTHRO LACTOBIONATE /500 MG	-	-	-	APC/ Bundled				
J1380	N	ESTRADIOL VALERATE 10 MG INJ	-	-	-	APC/ Bundled				
J1390	N	ESTRADIOL VALERATE 20 MG INJ	-	-	-	APC/ Bundled				
J1410	K	INJ ESTROGEN CONJUGATE 25 MG	09038	0.9908	$47.31	APC				
J1430	K	ETHANOLAMINE OLEATE 100 MG	01688	1.2854	$61.38	APC				
J1435	N	INJECTION ESTRONE PER 1 MG	-	-	-	APC/ Bundled				
J1436	K	ETIDRONATE DISODIUM INJ	01436	1.1617	$55.47	APC				
J1438	K	ETANERCEPT INJECTION	01608	2.6282	$125.50	APC				
J1440	K	FILGRASTIM 300 MCG INJECITON	00728	3.0824	$147.18	APC				
J1441	K	FILGRASTIM 480 MCG INJECTION	07049	4.89	$233.50	APC				
J1450	N	FLUCONAZOLE	-	-	-	APC/ Bundled				
J1451	K	FOMEPIZOLE 15 MG	01689	0.2016	$9.63	APC				
J1452	K	INTRAOCULAR FOMIVIRSEN NA	09040	3.8638	$184.50	APC				
J1455	K	FOSCARNET SODIUM INJECTION	03042	0.1659	$7.92	APC				
J1457	N	GALLIUM NITRATE INJECTION	-	-	-	APC/ Bundled				
J1458	K	GALSULFASE INJECTION	09224	4.8793	$232.99	APC				
J1460	K	GAMMA GLOBULIN 1 CC INJ	03043	0.1858	$8.87	APC				
J1470	M	GAMMA GLOBULIN 2 CC INJ	-	-	$22.84	Medicare				
J1480	M	GAMMA GLOBULIN 3 CC INJ	-	-	$34.25	Medicare				
J1490	M	GAMMA GLOBULIN 4 CC INJ	-	-	$45.68	Medicare				
J1500	M	GAMMA GLOBULIN 5 CC INJ	-	-	$57.10	Medicare				
J1510	M	GAMMA GLOBULIN 6 CC INJ	-	-	$68.56	Medicare				
J1520	M	GAMMA GLOBULIN 7 CC INJ	-	-	$79.89	Medicare				
J1530	M	GAMMA GLOBULIN 8 CC INJ	-	-	$91.37	Medicare				
J1540	M	GAMMA GLOBULIN 9 CC INJ	-	-	$102.85	Medicare				
J1550	M	GAMMA GLOBULIN 10 CC INJ	-	-	$114.21	Medicare				
J1560	M	GAMMA GLOBULIN > 10 CC INJ	-	-	$114.21	Medicare				
J1562	K	IMMUNE GLOBULIN SUBCUTANEOUS	00804	0.2069	$9.88	APC				
J1565	K	RSV-IVIG	00906	0.2632	$12.57	APC				
J1566	K	IMMUNE GLOBULIN POWDER	02731	0.4184	$19.98	APC				
J1567	K	IMMUNE GLOBULIN LIQUID	02732	0.4973	$23.75	APC				
J1570	N	GANCICLOVIR SODIUM INJECTION	-	-	-	APC/ Bundled				
J1580	N	GARAMYCIN GENTAMICIN INJ	-	-	-	APC/ Bundled				
J1590	N	GATIFLOXACIN INJECTION	-	-	-	APC/ Bundled				
J1595	N	INJECTION GLATIRAMER ACETATE	-	-	-	APC/ Bundled				
J1600	N	GOLD SODIUM THIOMALEATE INJ	-	-	-	APC/ Bundled				

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J1610	K	GLUCAGON HYDROCHLORIDE/1 MG	09042	1.0781	$51.48	APC				
J1620	K	GONADORELIN HYDROCH/ 100 MCG	07005	2.9332	$140.06	APC				
J1626	K	GRANISETRON HCL INJECTION	00764	0.122	$5.83	APC				
J1630	N	HALOPERIDOL INJECTION	-	-	-	APC/ Bundled				
J1631	N	HALOPERIDOL DECANOATE INJ	-	-	-	APC/ Bundled				
J1640	K	HEMIN, 1 MG	01690	0.1106	$5.28	APC				
J1642	N	INJ HEPARIN SODIUM PER 10 U	-	-	-	APC/ Bundled				
J1644	N	INJ HEPARIN SODIUM PER 1000U	-	-	-	APC/ Bundled				
J1645	N	DALTEPARIN SODIUM	-	-	-	APC/ Bundled				
J1650	N	INJ ENOXAPARIN SODIUM	-	-	-	APC/ Bundled				
J1652	N	FONDAPARINUX SODIUM	-	-	-	APC/ Bundled				
J1655	K	TINZAPARIN SODIUM INJECTION	01655	0.0399	$1.91	APC				
J1670	K	TETANUS IMMUNE GLOBULIN INJ	01670	1.5823	$75.55	APC				
J1675	E	HISTRELIN ACETATE	-	-	-	Not Allowed				
J1700	N	HYDROCORTISONE ACETATE INJ	-	-	-	APC/ Bundled				
J1710	N	HYDROCORTISONE SODIUM PH INJ	-	-	-	APC/ Bundled				
J1720	N	HYDROCORTISONE SODIUM SUCC I	-	-	-	APC/ Bundled				
J1730	K	DIAZOXIDE INJECTION	01740	1.8598	$88.81	APC				
J1740	G	IBANDRONATE SODIUM INJECTION	09229	2.2566	$107.75	APC				
J1742	K	IBUTILIDE FUMARATE INJECTION	09044	4.3424	$207.35	APC				
J1745	K	INFLIXIMAB INJECTION	07043	0.8746	$41.76	APC				
J1751	K	IRON DEXTRAN 165 INJECTION	01691	0.1907	$9.11	APC				
J1752	K	IRON DEXTRAN 267 INJECTION	01692	0.1695	$8.09	APC				
J1756	K	IRON SUCROSE INJECTION	09046	0.006	$0.29	APC				
J1785	K	INJECTION IMIGLUCERASE /UNIT	00916	0.0638	$3.05	APC				
J1790	N	DROPERIDOL INJECTION	-	-	-	APC/ Bundled				
J1800	N	PROPRANOLOL INJECTION	-	-	-	APC/ Bundled				
J1810	M	DROPERIDOL/FENTANYL INJ	-	-	$5.58	Fee Schedule				
J1815	N	INSULIN INJECTION	-	-	-	APC/ Bundled				
J1817	N	INSULIN FOR INSULIN PUMP USE	-	-	-	APC/ Bundled				
J1825	E	INTERFERON BETA-1A	-	-	-	Not Allowed				
J1830	K	INTERFERON BETA-1B / .25 MG	00910	1.3815	$65.97	APC				
J1835	K	INTRACONAZOLE INJECTION	09047	0.6249	$29.84	APC				
J1840	N	KANAMYCIN SULFATE 500 MG INJ	-	-	-	APC/ Bundled				
J1850	N	KANAMYCIN SULFATE 75 MG INJ	-	-	-	APC/ Bundled				
J1885	N	KETOROLAC TROMETHAMINE INJ	-	-	-	APC/ Bundled				
J1890	N	CEPHALOTHIN SODIUM INJECTION	-	-	-	APC/ Bundled				
J1931	K	LARONIDASE INJECTION	09209	0.3883	$18.54	APC				
J1940	N	FUROSEMIDE INJECTION	-	-	-	APC/ Bundled				
J1945	K	LEPIRIDIN	01693	2.5198	$120.32	APC				
J1950	K	LEUPROLIDE ACETATE /3.75 MG	00800	7.0593	$337.08	APC				
J1955	M	INJ LEVOCARNITINE PER 1 GM	-	-	$8.96	Medicare				
J1956	N	LEVOFLOXACIN INJECTION	-	-	-	APC/ Bundled				
J1960	N	LEVORPHANOL TARTRATE INJ	-	-	-	APC/ Bundled				

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J1980	N	HYOSCYAMINE SULFATE INJ	-	-	-	APC/ Bundled				
J1990	N	CHLORDIAZEPOXIDE INJECTION	-	-	-	APC/ Bundled				
J2001	N	LIDOCAINE INJECTION	-	-	-	APC/ Bundled				
J2010	N	LINCOMYCIN INJECTION	-	-	-	APC/ Bundled				
J2020	K	LINEZOLID INJECTION	09001	0.4095	$19.55	APC				
J2060	N	LORAZEPAM INJECTION	-	-	-	APC/ Bundled				
J2150	N	MANNITOL INJECTION	-	-	-	APC/ Bundled				
J2170	K	MECASERMIN INJECTION	00805	0.1941	$9.27	APC				
J2175	N	MEPERIDINE HYDROCHL /100 MG	-	-	-	APC/ Bundled				
J2180	N	MEPERIDINE/PROMETHAZINE INJ	-	-	-	APC/ Bundled				
J2185	K	MEROPENEM	03045	0.0604	$2.88	APC				
J2210	N	METHYLERGONOVIN MALEATE INJ	-	-	-	APC/ Bundled				
J2248	G	MICAFUNGIN SODIUM INJECTION	09227	0.0278	$1.33	APC				
J2250	N	INJ MIDAZOLAM HYDROCHLORIDE	-	-	-	APC/ Bundled				
J2260	N	INJ MILRINONE LACTATE / 5 MG	-	-	-	APC/ Bundled				
J2270	N	MORPHINE SULFATE INJECTION	-	-	-	APC/ Bundled				
J2271	N	MORPHINE SO4 INJECTION 100MG	-	-	-	APC/ Bundled				
J2275	N	MORPHINE SULFATE INJECTION	-	-	-	APC/ Bundled				
J2278	G	ZICONOTIDE INJECTION	01694	0.1061	$5.06	APC				
J2280	N	INJ, MOXIFLOXACIN 100 MG	-	-	-	APC/ Bundled				
J2300	N	INJ NALBUPHINE HYDROCHLORIDE	-	-	-	APC/ Bundled				
J2310	N	INJ NALOXONE HYDROCHLORIDE	-	-	-	APC/ Bundled				
J2315	K	NALTREXONE, DEPOT FORM	00759	0.0309	$1.48	APC				
J2320	N	NANDROLONE DECANOATE 50 MG	-	-	-	APC/ Bundled				
J2321	N	NANDROLONE DECANOATE 100 MG	-	-	-	APC/ Bundled				
J2322	N	NANDROLONE DECANOATE 200 MG	-	-	-	APC/ Bundled				
J2325	K	NESIRITIDE INJECTION	01695	0.5151	$24.60	APC				
J2353	K	OCTREOTIDE INJECTION DEPOT	01207	1.5743	$75.17	APC				
J2354	N	OCTREOTIDE INJ NON-DEPOT	-	-	-	APC/ Bundled				
J2355	K	OPRELVEKIN INJECTION	07011	4.0234	$192.12	APC				
J2357	K	OMALIZUMAB INJECTION	09300	0.2758	$13.17	APC				
J2360	N	ORPHENADRINE INJECTION	-	-	-	APC/ Bundled				
J2370	N	PHENYLEPHRINE HCL INJECTION	-	-	-	APC/ Bundled				
J2400	N	CHLOROPROCAINE HCL INJECTION	-	-	-	APC/ Bundled				
J2405	K	ONDANSETRON HCL INJECTION	00768	0.0553	$2.64	APC				
J2410	N	OXYMORPHONE HCL INJECTION	-	-	-	APC/ Bundled				
J2425	K	PALIFERMIN INJECTION	01696	0.186	$8.88	APC				
J2430	K	PAMIDRONATE DISODIUM /30 MG	00730	0.5007	$23.91	APC				
J2440	N	PAPAVERIN HCL INJECTION	-	-	-	APC/ Bundled				
J2460	N	OXYTETRACYCLINE INJECTION	-	-	-	APC/ Bundled				
J2469	K	PALONOSETRON HCL	09210	0.2603	$12.43	APC				
J2501	N	PARICALCITOL	-	-	-	APC/ Bundled				
J2503	G	PEGAPTANIB SODIUM INJECTION	01697	17.1585	$819.32	APC				
J2504	K	PEGADEMASE BOVINE 25 IU	01739	2.8931	$138.15	APC				

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J2505	K	INJECTION PEGFILGRASTIM 6MG	09119	35.1944	$1,680.53	APC				
J2510	N	PENICILLIN G PROCAINE INJ	-	-	-	APC/ Bundled				
J2513	N	PENTASTARCH 10% SOLUTION	-	-	-	APC/ Bundled				
J2515	N	PENTOBARBITAL SODIUM INJ	-	-	-	APC/ Bundled				
J2540	N	PENICILLIN G POTASSIUM INJ	-	-	-	APC/ Bundled				
J2543	N	PIPERACILLIN/TAZOBACTAM	-	-	-	APC/ Bundled				
J2545	M	PENTAMIDINE ISETHIONTE/300MG	-	-	$45.16	Medicare				
J2550	N	PROMETHAZINE HCL INJECTION	-	-	-	APC/ Bundled				
J2560	N	PHENOBARBITAL SODIUM INJ	-	-	-	APC/ Bundled				
J2590	N	OXYTOCIN INJECTION	-	-	-	APC/ Bundled				
J2597	N	INJ DESMOPRESSIN ACETATE	-	-	-	APC/ Bundled				
J2650	N	PREDNISOLONE ACETATE INJ	-	-	-	APC/ Bundled				
J2670	N	TOTAZOLINE HCL INJECTION	-	-	-	APC/ Bundled				
J2675	N	INJ PROGESTERONE PER 50 MG	-	-	-	APC/ Bundled				
J2680	N	FLUPHENAZINE DECANOATE 25 MG	-	-	-	APC/ Bundled				
J2690	N	PROCAINAMIDE HCL INJECTION	-	-	-	APC/ Bundled				
J2700	N	OXACILLIN SODIUM INJECITON	-	-	-	APC/ Bundled				
J2710	N	NEOSTIGMINE METHYLSLFTE INJ	-	-	-	APC/ Bundled				
J2720	N	INJ PROTAMINE SULFATE/10 MG	-	-	-	APC/ Bundled				
J2725	N	INJ PROTIRELIN PER 250 MCG	-	-	-	APC/ Bundled				
J2730	N	PRALIDOXIME CHLORIDE INJ	-	-	-	APC/ Bundled				
J2760	N	PHENTOLAINE MESYLATE INJ	-	-	-	APC/ Bundled				
J2765	N	METOCLOPRAMIDE HCL INJECTION	-	-	-	APC/ Bundled				
J2770	K	QUINUPRISTIN/DALFOPRISTIN	02770	1.9166	$91.52	APC				
J2780	N	RANITIDINE HYDROCHLORIDE INJ	-	-	-	APC/ Bundled				
J2783	K	RASBURICASE	00738	2.1561	$102.95	APC				
J2788	K	RHO D IMMUNE GLOBULIN 50 MCG	09023	0.4337	$20.71	APC				
J2790	K	RHO D IMMUNE GLOBULIN INJ	00884	1.3256	$63.30	APC				
J2792	K	RHO(D) IMMUNE GLOBULIN H, SD	01609	0.2588	$12.36	APC				
J2794	K	RISPERIDONE LONG ACTING	09125	0.0789	$3.77	APC				
J2795	N	ROPIVACAINE HCL INJECTION	-	-	-	APC/ Bundled				
J2800	N	METHOCARBAMOL INJECTION	-	-	-	APC/ Bundled				
J2805	N	SINCALIDE INJECTION	-	-	-	APC/ Bundled				
J2810	N	INJ THEOPHYLLINE PER 40 MG	-	-	-	APC/ Bundled				
J2820	K	SARGRAMOSTIM INJECTION	00731	0.4118	$19.66	APC				
J2850	K	INJ SECRETIN SYNTHETIC HUMAN	01700	0.3304	$15.78	APC				
J2910	N	AUROTHIOGLUCOSE INJECITON	-	-	-	APC/ Bundled				
J2916	N	NA FERRIC GLUCONATE COMPLEX	-	-	-	APC/ Bundled				
J2920	N	METHYLPREDNISOLONE INJECTION	-	-	-	APC/ Bundled				
J2930	N	METHYLPREDNISOLONE INJECTION	-	-	-	APC/ Bundled				
J2940	K	SOMATREM INJECTION	02940	2.7478	$131.21	APC				
J2941	K	SOMATROPIN INJECTION	07034	0.7677	$36.66	APC				
J2950	N	PROMAZINE HCL INJECITON	-	-	-	APC/ Bundled				
J2993	K	RETEPLASE INJECTION	09005	14.6338	$698.76	APC				

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J2995	K	INJ STREPTOKINASE /250000 IU	00911	2.1109	$100.80	APC				
J2997	K	ALTEPLASE RECOMBINANT	07048	0.5334	$25.47	APC				
J3000	N	STREPTOMYCIN INJECTION	-	-	-	APC/ Bundled				
J3010	N	FENTANYL CITRATE INJECITON	-	-	-	APC/ Bundled				
J3030	K	SUMATRIPTAN SUCCINATE / 6 MG	03030	0.966	$46.13	APC				
J3070	N	PENTAZOCINE INJECTION	-	-	-	APC/ Bundled				
J3100	K	TENECTEPLASE INJECTION	09002	33.2433	$1,587.37	APC				
J3105	N	TERBUTALINE SULFATE INJ	-	-	-	APC/ Bundled				
J3110	M	TERIPARATIDE INJECTION	-	-	$6.99	Fee Schedule				
J3120	N	TESTOSTERONE ENANTHATE INJ	-	-	-	APC/ Bundled				
J3130	N	TESTOSTERONE ENANTHATE INJ	-	-	-	APC/ Bundled				
J3140	N	TESTOSTERONE SUSPENSION INJ	-	-	-	APC/ Bundled				
J3150	N	TESTOSTERON PROPIONATE INJ	-	-	-	APC/ Bundled				
J3230	N	CHLORPROMAZINE HCL INJECTION	-	-	-	APC/ Bundled				
J3240	K	THYROTROPIN INJECTION	09108	12.4517	$594.57	APC				
J3243	G	TIGECYCLINE INJECTION	09228	0.0148	$0.71	APC				
J3246	K	TIROFIBAN HCL	07041	0.1258	$6.01	APC				
J3250	N	TRIMETHOBENZAMIDE HCL INJ	-	-	-	APC/ Bundled				
J3260	N	TOBRAMYCIN SULFATE INJECTION	-	-	-	APC/ Bundled				
J3265	N	INJECTION TORSEMIDE 10 MG/ML	-	-	-	APC/ Bundled				
J3280	N	THIETHYLPERAZINE MALEATE INJ	-	-	-	APC/ Bundled				
J3285	K	TREPROSTINIL INJECTION	01701	0.9093	$43.42	APC				
J3301	N	TRIAMCINOLONE ACETONIDE INJ	-	-	-	APC/ Bundled				
J3302	N	TRIAMCINOLONE DIACETATE INJ	-	-	-	APC/ Bundled				
J3303	N	TRIAMCINOLONE HEXACETONL INJ	-	-	-	APC/ Bundled				
J3305	K	INJ TRIMETREXATE GLUCORONATE	07045	2.3632	$112.84	APC				
J3310	N	PERPHENAZINE INJECITON	-	-	-	APC/ Bundled				
J3315	K	TRIPTORELIN PAMOATE	09122	2.5288	$120.75	APC				
J3320	K	SPECTINOMYCN DI-HCL INJ	00753	0.4894	$23.37	APC				
J3350	K	UREA INJECTION	09051	1.2065	$57.61	APC				
J3355	K	UROFOLLITROPIN, 75 IU	01741	0.8248	$39.38	APC				
J3360	N	DIAZEPAM INJECTION	-	-	-	APC/ Bundled				
J3364	N	UROKINASE 5000 IU INJECTION	-	-	-	APC/ Bundled				
J3365	K	UROKINASE 250,000 IU INJ	07036	7.4466	$355.58	APC				
J3370	N	VANCOMYCIN HCL INJECITON	-	-	-	APC/ Bundled				
J3396	K	VERTEPORFIN INJECTION	01203	0.1451	$6.93	APC				
J3400	N	TRIFLUPROMAZINE HCL INJ	-	-	-	APC/ Bundled				
J3410	N	HYDROXYZINE HCL INJECITON	-	-	-	APC/ Bundled				
J3411	N	THIAMINE HCL 100 MG	-	-	-	APC/ Bundled				
J3415	N	PYRIDOXINE HCL 100 MG	-	-	-	APC/ Bundled				
J3420	N	VITAMIN B12 INJECTION	-	-	-	APC/ Bundled				
J3430	N	VITAMIN K PHYTONADIONE INJ	-	-	-	APC/ Bundled				
J3465	K	INJECTION VORICONAZOLE	01052	0.0812	$3.88	APC				
J3470	N	HYALURONIDASE INJECTION	-	-	-	APC/ Bundled				

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J3471	N	OVINE UP TO 999 USP UNITS	-	-	-	APC/ Bundled				
J3472	K	OVINE 1000 USP UNITS	01703	2.1969	$104.90	APC				
J3473	G	HYALURONIDASE RECOMBINANT	00806	0.0065	$0.31	APC				
J3475	N	INJ MAGNESIUM SULFATE	-	-	-	APC/ Bundled				
J3480	N	INJ POTASSIUM CHLORIDE	-	-	-	APC/ Bundled				
J3485	N	ZIDOVUDINE	-	-	-	APC/ Bundled				
J3486	N	ZIPRASIDONE MESYLATE	-	-	-	APC/ Bundled				
J3487	K	ZOLEDRONIC ACID	09115	3.352	$160.06	APC				
J3490	N	DRUGS UNCLASSIFIED INJECTION	-	-	-	APC/ Bundled				
J3520	E	EDETATE DISODIUM PER 150 MG	-	-	-	Not Allowed				
J3530	N	NASAL VACCINE INHALATION	-	-	-	APC/ Bundled				
J3535	M	METERED DOSE INHALER DRUG	-	-	-	By Report				
J3570	E	LAETRILE AMYGDALIN VIT B17	-	-	-	Not Allowed				
J3590	N	UNCLASSIFIED BIOLOGICS	-	-	-	APC/ Bundled				
J7030	N	NORMAL SALINE SOLUTION INFUS	-	-	-	APC/ Bundled				
J7040	N	NORMAL SALINE SOLUTION INFUS	-	-	-	APC/ Bundled				
J7042	N	5% DEXTROSE/NORMAL SALINE	-	-	-	APC/ Bundled				
J7050	N	NORMAL SALINE SOLUTION INFUS	-	-	-	APC/ Bundled				
J7060	N	5% DEXTROSE/WATER	-	-	-	APC/ Bundled				
J7070	N	D5W INFUSION	-	-	-	APC/ Bundled				
J7100	N	DEXTRAN 40 INFUSION	-	-	-	APC/ Bundled				
J7110	N	DEXTRAN 75 INFUSION	-	-	-	APC/ Bundled				
J7120	N	RINGERS LACTATE INFUSION	-	-	-	APC/ Bundled				
J7130	N	HYPERTONIC SALINE SOLUTION	-	-	-	APC/ Bundled				
J7187	K	INJ VONWILLEBRAND FACTOR IU	01704	0.0143	$0.68	APC				
J7189	K	FACTOR VIIA	01705	0.0182	$0.87	APC				
J7190	K	FACTOR VIII	00925	0.0114	$0.54	APC				
J7191	K	FACTOR VIII (PORCINE)	00926	0.0122	$0.58	APC				
J7192	K	FACTOR VIII RECOMBINANT	00927	0.0174	$0.83	APC				
J7193	K	FACTOR IX NON-RECOMBINANT	00931	0.0145	$0.69	APC				
J7194	K	FACTOR IX COMPLEX	00928	0.0122	$0.58	APC				
J7195	K	FACTOR IX RECOMBINANT	00932	0.0161	$0.77	APC				
J7197	K	ANTITHROMBIN III INJECTION	00930	0.0267	$1.27	APC				
J7198	K	ANTI-INHIBITOR	00929	0.0221	$1.06	APC				
J7199	M	HEMOPHILIA CLOT FACTOR NOC	-	-	-	By Report				
J7300	M	INTRAUT COPPER CONTRACEPTIVE	-	-	$385.81	Medicare				
J7302	M	LEVONORGESTREL IU CONTRACEPT	-	-	$412.23	Fee Schedule				
J7303	M	CONTRACEPTIVE VAGINAL RING	-	-	$35.26	Fee Schedule				
J7304	M	CONTRACEPTIVE HORMONE PATCH	-	-	$15.26	Medicare				
J7306	E	LEVONORGESTREL IMPLANT SYS	-	-	-	Not Allowed				
J7308	K	AMINOLEVULINIC ACID HCL TOP	07308	1.7152	$81.90	APC				
J7310	K	GANCICLOVIR LONG ACT IMPLANT	00913	77.3127	$3,691.68	APC				
J7311	G	FLUOCINOLONE ACETONIDE IMPLT	09225	314.7166	$15,027.72	APC				
J7319	E	SODIUM HYALURONATE INJECTION	-	-	-	Not Allowed				

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J7330	E	CULTURED CHONDROCYTES IMPLNT	-	-	-	Not Allowed				
J7340	K	METABOLIC ACTIVE D/E TISSUE	01632	0.4682	$22.36	APC				
J7341	K	NON-HUMAN METABOLIC TISSUE	01707	0.0296	$1.41	APC				
J7342	K	METABOLICALLY ACTIVE TISSUE	09054	0.5151	$24.60	APC				
J7343	K	NONMETABOLIC ACT D/E TISSUE	01629	0.2977	$14.22	APC				
J7344	K	NONMETABOLIC ACTIVE TISSUE	09156	1.4513	$69.30	APC				
J7345	K	NON-HUMAN, NON-METAB TISSUE	00837	0.5873	$28.04	APC				
J7346	K	INJECTABLE HUMAN TISSUE	09222	11.9636	$571.26	APC				
J7500	N	AZATHIOPRINE ORAL 50MG	-	-	-	APC/ Bundled				
J7501	K	AZATHIOPRINE PARENTERAL	00887	0.7881	$37.63	APC				
J7502	K	CYCLOSPORINE ORAL 100 MG	00888	0.0586	$2.80	APC				
J7504	K	LYMPHOCYTE IMMUNE GLOBULIN	00890	5.1601	$246.39	APC				
J7505	K	MONOCLONAL ANTIBODIES	07038	14.5629	$695.38	APC				
J7506	N	PREDNISONE ORAL	-	-	-	APC/ Bundled				
J7507	K	TACROLIMUS ORAL PER 1 MG	00891	0.0595	$2.84	APC				
J7509	N	METHYLPREDNISOLONE ORAL	-	-	-	APC/ Bundled				
J7510	N	PREDNISOLONE ORAL PER 5 MG	-	-	-	APC/ Bundled				
J7511	K	ANTITHYMOCYTE GLOBULN RABBIT	09104	5.332	$254.60	APC				
J7513	K	DACLIZUMAB, PARENTERAL	01612	4.8783	$232.94	APC				
J7515	N	CYCLOSPORINE ORAL 25 MG	-	-	-	APC/ Bundled				
J7516	N	CYCLOSPORIN PARENTERAL 250MG	-	-	-	APC/ Bundled				
J7517	K	MYCOPHENOLATE MOFETIL ORAL	09015	0.0426	$2.03	APC				
J7518	K	MYCOPHENOLIC ACID	09219	0.0369	$1.76	APC				
J7520	K	SIROLIMUS, ORAL	09020	0.1175	$5.61	APC				
J7525	K	TACROLIMUS INJECTION	09006	2.2848	$109.10	APC				
J7599	N	IMMUNOSUPPRESSIVE DRUG NOC	-	-	-	APC/ Bundled				
J7607	M	LEVALBUTEROL COMP CON	-	-	-	By Report				
J7608	M	ACETYLCYSTEINE INH SOL U D	-	-	$2.63	Medicare				
J7609	M	ALBUTEROL COMP UNIT	-	-	-	By Report				
J7610	E	ALBUTEROL COMP CON	-	-	-	Not Allowed				
J7611	E	ALBUTEROL CONCENTRATED FORM	-	-	-	Not Allowed				
J7612	E	LEVALBUTEROL CONCENTRATED	-	-	-	Not Allowed				
J7613	E	ALBUTEROL UNIT DOSE	-	-	-	Not Allowed				
J7614	E	LEVALBUTEROL UNIT DOSE	-	-	-	Not Allowed				
J7615	E	LEVALBUTEROL COMP UNIT	-	-	-	Not Allowed				
J7620	N	ALBUTEROL NON-COMPOUNDED	-	-	-	APC/Bundled				
J7622	M	BECLOMETHASONE COMP UNIT	-	-	$0.04	Fee Schedule				
J7624	M	BETAMETHASONE COMP UNIT	-	-	$0.73	Fee Schedule				
J7626	M	BUDESONIDE NON-COMP UNIT	-	-	$4.56	Medicare				
J7627	E	BUDESONIDE COMP UNIT	-	-	-	Not Allowed				
J7628	M	BITOLTEROL MES INHAL SOL CON	-	-	$0.18	Fee Schedule				
J7629	M	BITOLTEROL MES INH SOL U D	-	-	$0.18	Fee Schedule				
J7631	M	CROMOLYN SODIUM INH SOL U D	-	-	$0.07	Medicare				
J7633	N	BUDESONIDE NON-COMP CON	-	-	-	APC/ Bundled				

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J7634	M	BUDESONIDE COMP CON	-	-	-	By Report				
J7635	M	ATROPINE INHAL SOL CON	-	-	$0.10	Fee Schedule				
J7636	M	ATROPINE INHAL SOL UNIT DOSE	-	-	$0.10	Fee Schedule				
J7637	M	DEXAMETHASONE INHAL SOL CON	-	-	$0.11	Fee Schedule				
J7638	M	DEXAMETHASONE INHAL SOL U D	-	-	$0.12	Fee Schedule				
J7639	M	DORNASE ALPHA INHAL SOL U D	-	-	$19.87	Medicare				
J7640	E	FORMOTEROL COMP UNIT	-	-	-	Not Allowed				
J7641	M	FLUNISOLIDE COMP UNIT	-	-	$0.17	Fee Schedule				
J7642	M	GLYCOPYRROLATE INHAL SOL CON	-	-	$1.05	Fee Schedule				
J7643	M	GLYCOPYRROLATE INHAL SOL U D	-	-	$1.05	Fee Schedule				
J7644	M	IPRATROPIUM BROM INH SOL U D	-	-	$0.17	Medicare				
J7645	E	IPRATROPIUM BROMIDE COMP	-	-	-	Not Allowed				
J7647	M	ISOETHARINE COMP CON	-	-	-	By Report				
J7648	M	ISOETHARINE HCL INH SOL CON	-	-	$0.14	Fee Schedule				
J7649	M	ISOETHARINE HCL INH SOL U D	-	-	$0.14	Fee Schedule				
J7650	E	ISOETHARINE COMP UNIT	-	-	-	Not Allowed				
J7657	M	ISOPROTERENOL COMP CON	-	-	-	By Report				
J7658	M	ISOPROTERENOLHCL INH SOL CON	-	-	$2.07	Fee Schedule				
J7659	M	ISOPROTERENOL HCL INH SOL UD	-	-	$2.07	Fee Schedule				
J7660	E	ISOPROTERENOL COMP UNIT	-	-	-	Not Allowed				
J7667	E	METAPROTERENOL COMP CON	-	-	-	Not Allowed				
J7668	E	METAPROTERENOL INH SOL CON	-	-	-	Not Allowed				
J7669	M	METAPROTERENOL INH SOL U D	-	-	$0.25	Medicare				
J7670	E	METAPROTERENOL COMP UNIT	-	-	-	Not Allowed				
J7674	N	METHACHOLINE CHLORIDE NEB	-	-	-	APC/ Bundled				
J7680	M	TERBUTALINE SO4 INH SOL CON	-	-	$0.01	Fee Schedule				
J7681	M	TERBUTALINE SO4 INH SOL U D	-	-	$0.01	Fee Schedule				
J7682	M	TOBRAMYCIN INHALATION SOL	-	-	$57.28	Medicare				
J7683	M	TRIAMCINOLONE INH SOL CON	-	-	$0.56	Fee Schedule				
J7684	M	TRIAMCINOLONE INH SOL U D	-	-	$0.56	Fee Schedule				
J7685	M	TOBRAMYCIN COMP UNIT	-	-	-	By Report				
J7699	M	INHALATION SOLUTION FOR DME	-	-	-	By Report				
J7799	N	NON-INHALATION DRUG FOR DME	-	-	-	APC/ Bundled				
J8498	E	ANTIEMETIC RECTAL/SUPP NOS	-	-	-	Not Allowed				
J8499	M	ORAL PRESCRIP DRUG NON CHEMO	-	-	-	By Report				
J8501	G	ORAL APREPITANT	00868	0.0825	$3.94	APC				
J8510	K	ORAL BUSULFAN	07015	0.0348	$1.66	APC				
J8515	M	CABERGOLINE ORAL 0.25MG	-	-	$17.27	Medicare				
J8520	K	CAPECITABINE, ORAL, 150 MG	07042	0.0646	$3.08	APC				
J8521	E	CAPECITABINE, ORAL, 500 MG	-	-	-	Not Allowed				
J8530	N	CYCLOPHOSPHAMIDE ORAL 25 MG	-	-	-	APC/ Bundled				
J8540	N	ORAL DEXAMETHASONE	-	-	-	APC/ Bundled				
J8560	K	ETOPOSIDE ORAL 50 MG	00802	0.4816	$23.00	APC				
J8565	E	GEFITINIB ORAL	-	-	-	Not Allowed				

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J8597	N	ANTIEMETIC DRUG ORAL NOS	-	-	-	APC/ Bundled				
J8600	N	MELPHALAN ORAL 2 MG	-	-	-	APC/ Bundled				
J8610	N	METHOTREXATE ORAL 2.5 MG	-	-	-	APC/ Bundled				
J8650	K	NABILONE ORAL	00808	0.2759	$13.17	APC				
J8700	K	TEMOZOLMIDE	01086	0.1206	$5.76	APC				
J8999	M	ORAL PRESCRIPTION DRUG CHEMO	-	-	-	By Report				
J9000	K	DOXORUBIC HCL 10 MG VL CHEMO	03048	0.1027	$4.90	APC				
J9001	K	DOXORUBICIN HCL LIPOSOME INJ	07046	6.3363	$302.56	APC				
J9010	K	ALEMTUZUMAB 10 MG	09110	8.8046	$420.42	APC				
J9015	K	ALDESLEUKIN/SINGLE USE VIAL	00807	12.4126	$592.70	APC				
J9017	K	ARSENIC TRIOXIDE	09012	0.5559	$26.54	APC				
J9020	K	ASPARAGINASE INJECTION	00814	0.8902	$42.51	APC				
J9025	K	AZACITIDINE INJECTION	01709	0.07	$3.34	APC				
J9027	G	CLOFARABINE INJECTION	01710	1.8994	$90.69	APC				
J9031	K	BCG LIVE INTRAVESICAL VAC	00809	1.8004	$85.97	APC				
J9035	K	BEVACIZUMAB INJECTION	09214	0.9359	$44.69	APC				
J9040	K	BLEOMYCIN SULFATE INJECTION	00748	0.5832	$27.85	APC				
J9041	K	BORTEZOMIB INJECTION	09207	0.5317	$25.39	APC				
J9045	K	CARBOPLATIN INJECTION	00811	0.1376	$6.57	APC				
J9050	K	CARMUS BISCHL NITRO INJ	00812	2.275	$108.63	APC				
J9055	K	CETUXIMAB INJECTION	09215	0.8103	$38.69	APC				
J9060	N	CISPLATIN 10 MG INJECITON	-	-	-	APC/ Bundled				
J9062	M	CISPLATIN 50 MG INJECITON	-	-	$13.50	Medicare				
J9065	K	INJ CLADRIBINE PER 1 MG	00858	0.5876	$28.06	APC				
J9070	N	CYCLOPHOSPHAMIDE 100 MG INJ	-	-	-	APC/ Bundled				
J9080	M	CYCLOPHOSPHAMIDE 200 MG INJ	-	-	$3.82	Medicare				
J9090	M	CYCLOPHOSPHAMIDE 500 MG INJ	-	-	$16.50	Medicare				
J9091	M	CYCLOPHOSPHAMIDE 1.0 GRM INJ	-	-	$19.07	Medicare				
J9092	M	CYCLOPHOSPHAMIDE 2.0 GRM INJ	-	-	$38.15	Medicare				
J9093	K	CYCLOPHOSPHAMIDE LYOPHILIZED	03049	0.0324	$1.55	APC				
J9094	M	CYCLOPHOSPHAMIDE LYOPHILIZED	-	-	$3.97	Medicare				
J9095	M	CYCLOPHOSPHAMIDE LYOPHILIZED	-	-	$9.93	Medicare				
J9096	M	CYCLOPHOSPHAMIDE LYOPHILIZED	-	-	$19.87	Medicare				
J9097	M	CYCLOPHOSPHAMIDE LYOPHILIZED	-	-	$39.74	Medicare				
J9098	K	CYTARABINE LIPOSOME	01166	6.4268	$306.88	APC				
J9100	N	CYTARABINE HCL 100 MG INJ	-	-	-	APC/ Bundled				
J9110	M	CYTARABINE HCL 500 MG INJ	-	-	$8.80	Medicare				
J9120	K	DACTINOMYCIN ACTINOMYCIN D	00752	8.0274	$383.31	APC				
J9130	K	DACARBAZINE 100 MG INJ	00746	0.0854	$4.08	APC				
J9140	M	DACARBAZINE 200 MG INJ	-	-	$10.49	Medicare				
J9150	K	DAUNORUBICIN	00820	0.333	$15.90	APC				
J9151	K	DAUNORUBICIN CITRATE LIPOSOM	00821	0.9097	$43.44	APC				
J9160	K	DENILEUKIN DIFTITOX, 300 MCG	01084	22.8833	$1,092.68	APC				
J9165	N	DIETHYLSTILBESTROL INJECTION	-	-	-	APC/ Bundled				

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J9170	K	DOCETAXEL 20MG	00823	4.9914	$238.34	APC				
J9175	N	ELLIOTTS B SOLUTION PER ML	-	-	-	APC/ Bundled				
J9178	K	INJ EPIRUBICIN HCL 2 MG	01167	0.3451	$16.48	APC				
J9181	N	ETOPOSIDE 10 MG INJ	-	-	-	APC/ Bundled				
J9182	M	ETOPOSIDE 100 MG INJ	-	-	$4.83	Medicare				
J9185	K	FLUDARABINE PHOSPHATE INJ	00842	3.8466	$183.68	APC				
J9190	N	FLUOROURACIL INJECTION	-	-	-	APC/ Bundled				
J9200	K	FLOXURIDINE INJECTION	00827	0.8347	$39.86	APC				
J9201	K	GEMCITABINE HCL, 200 MG	00828	2.0362	$97.23	APC				
J9202	K	GOSERELIN ACETATE IMPLANT	00810	3.2323	$154.34	APC				
J9206	K	IRINOTECAN 20 MG	00830	2.0498	$97.88	APC				
J9208	K	IFOSFOMIDE INJECTION	00831	0.758	$36.19	APC				
J9209	K	MESNA INJECTION	00732	0.1459	$6.97	APC				
J9211	K	IDARUBICIN HCL INJECITON	00832	4.9556	$236.63	APC				
J9212	K	INTERFERON ALFACON-1	00912	0.0756	$3.61	APC				
J9213	K	INTERFERON ALFA-2A INJ	00834	0.6164	$29.43	APC				
J9214	K	INTERFERON ALFA-2B INJ	00836	0.2258	$10.78	APC				
J9215	K	INTERFERON ALFA-N3 INJ	00865	0.1484	$7.09	APC				
J9216	K	INTERFERON GAMMA 1-B INJ	00838	4.7158	$225.18	APC				
J9217	K	LEUPROLIDE ACETATE SUSPNSION	09217	3.7337	$178.28	APC				
J9218	K	LEUPROLIDE ACETATE INJECITON	00861	0.1445	$6.90	APC				
J9219	K	LEUPROLIDE ACETATE IMPLANT	07051	27.8701	$1,330.80	APC				
J9225	K	HISTRELIN IMPLANT	01711	23.7647	$1,134.76	APC				
J9230	K	MECHLORETHAMINE HCL INJ	00751	2.3038	$110.01	APC				
J9245	K	INJ MELPHALAN HYDROCHL 50 MG	00840	20.8909	$997.54	APC				
J9250	N	METHOTREXATE SODIUM INJ	-	-	-	APC/ Bundled				
J9260	M	METHOTREXATE SODIUM INJ	-	-	$2.64	Medicare				
J9261	K	NELARABINE INJECTION	00825	1.3557	$64.73	APC				
J9263	K	OXALIPLATIN	01738	0.1459	$6.97	APC				
J9264	G	PACLITAXEL INJECTION	01712	0.142	$6.78	APC				
J9265	K	PACLITAXEL INJECTION	00863	0.2048	$9.78	APC				
J9266	K	PEGASPARGASE/SINGL DOSE VIAL	00843	27.3881	$1,307.78	APC				
J9268	K	PENTOSTATIN INJECTION	00844	31.4783	$1,503.09	APC				
J9270	K	PLICAMYCIN (MITHRAMYCIN) INJ	00860	2.8049	$133.93	APC				
J9280	K	MITOMYCIN 5 MG INJ	00862	0.2624	$12.53	APC				
J9290	M	MITOMYCIN 20 MG INJ	-	-	$64.53	Medicare				
J9291	M	MITOMYCIN 40 MG INJ	-	-	$129.07	Medicare				
J9293	K	MITOXANTRONE HYDROCHL / 5 MG	00864	2.7369	$130.69	APC				
J9300	K	GEMTUZUMAB OZOGAMICIN	09004	38.3448	$1,830.96	APC				
J9305	K	PEMETREXED INJECTION	09213	0.7124	$34.02	APC				
J9310	K	RITUXIMAB CANCER TREATMENT	00849	8.0728	$385.48	APC				
J9320	K	STREPTOZOCIN INJECTION	00850	2.501	$119.42	APC				
J9340	K	THIOTEPA INJECTION	00851	0.6621	$31.62	APC				
J9350	K	TOPOTECAN	00852	13.515	$645.34	APC				

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J9355	K	TRASTUZUMAB	01613	0.9415	$44.96	APC				
J9357	K	VALRUBICIN, 200 MG	09167	1.2683	$60.56	APC				
J9360	N	VINBLASTINE SULFATE INJ	-	-	-	APC/ Bundled				
J9370	N	VINCRISTINE SULFATE 1 MG INJ	-	-	-	APC/ Bundled				
J9375	M	VINCRISTINE SULFATE 2 MG INJ	-	-	$13.31	Medicare				
J9380	M	VINCRISTINE SULFATE 5 MG INJ	-	-	$33.28	Medicare				
J9390	K	VINORELBINE TARTRATE/10 MG	00855	0.3265	$15.59	APC				
J9395	K	INJECTION FULVESTRANT	09120	1.3106	$62.58	APC				
J9600	K	PORFIMER SODIUM	00856	41.7015	$1,991.25	APC				
J9999	N	CHEMOTHERAPY DRUG	-	-	-	APC/ Bundled				
K0001	E	STANDARD WHEELCHAIR	-	-	-	Not Allowed				Y
K0002	E	STANDARD HEMI (LOW SEAT) WHEELCHAIR	-	-	-	Not Allowed				Y
K0003	E	LIGHTWEIGHT WHEELCHAIR	-	-	-	Not Allowed				Y
K0004	E	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	-	-	-	Not Allowed				Y
K0005	E	ULTRALIGHTWEIGHT WHEELCHAIR	-	-	-	Not Allowed				Y
K0006	E	HEAVY DUTY WHEELCHAIR	-	-	-	Not Allowed				Y
K0007	E	EXTRA HEAVY DUTY WHEELCHAIR	-	-	-	Not Allowed				Y
K0009	E	OTHER MANUAL WHEELCHAIR/BASE	-	-	-	Not Allowed				Y
K0010	E	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHA	-	-	-	Not Allowed				Y
K0011	E	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHA	-	-	-	Not Allowed				Y
K0012	E	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	-	-	-	Not Allowed				Y
K0014	E	OTHER MOTORIZED/POWER WHEELCHAIR BASE	-	-	-	Not Allowed				Y
K0015	E	DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH	-	-	-	Not Allowed				
K0017	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH	-	-	-	Not Allowed				
K0018	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTI(	-	-	-	Not Allowed				
K0019	E	ARM PAD EACH	-	-	-	Not Allowed				
K0020	E	FIXED ADJUSTABLE HEIGHT ARMREST PAIR	-	-	-	Not Allowed				
K0037	E	HIGH MOUNT FLIP-UP FOOTREST EACH	-	-	-	Not Allowed				
K0038	E	LEG STRAP EACH	-	-	-	Not Allowed				
K0039	E	LEG STRAP H STYLE EACH	-	-	-	Not Allowed				
K0040	E	ADJUSTABLE ANGLE FOOTPLATE EACH	-	-	-	Not Allowed				
K0041	E	LARGE SIZE FOOTPLATE EACH	-	-	-	Not Allowed				
K0042	E	STANDARD SIZE FOOTPLATE EACH	-	-	-	Not Allowed				
K0043	E	FOOTREST LOWER EXTENSION TUBE EACH	-	-	-	Not Allowed				
K0044	E	FOOTREST UPPER HANGER BRACKET EACH	-	-	-	Not Allowed				
K0045	E	FOOTREST COMPLETE ASSEMBLY	-	-	-	Not Allowed				
K0046	E	ELEVATING LEGREST LOWER EXTENSION TUBE EACH	-	-	-	Not Allowed				
K0047	E	ELEVATING LEGREST UPPER HANGER BRACKET EACH	-	-	-	Not Allowed				
K0050	E	RATCHET ASSEMBLY	-	-	-	Not Allowed				
K0051	E	CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH	-	-	-	Not Allowed				
K0052	E	SWINGAWAY DETACHABLE FOOTRESTS EACH	-	-	-	Not Allowed				
K0053	E	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EAC	-	-	-	Not Allowed				
K0056	E	SEAT HEIGHT < 17" OR <= 21" HIGH STRENGTH LTWT WHEELC	-	-	-	Not Allowed				
K0065	E	SPOKE PROTECTORS EACH	-	-	-	Not Allowed				

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K0069	E	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOK	-	-	-	Not Allowed				
K0070	E	REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE	-	-	-	Not Allowed				
K0071	E	FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIR	-	-	-	Not Allowed				
K0072	E	FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMAT	-	-	-	Not Allowed				
K0073	E	CASTER PIN LOCK EACH	-	-	-	Not Allowed				
K0077	E	FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EA	-	-	-	Not Allowed				
K0098	E	DRIVE BELT FOR POWER WHEELCHAIR	-	-	-	Not Allowed				
K0105	E	IV HANGER EACH	-	-	-	Not Allowed				
K0108	E	WHEELCHAIR COMPONENT OR ACCESSORY NOT OTHERWISE	-	-	-	Not Allowed				
K0195	E	ELEVATING LEG RESTS PAIR (WHEELCHAIR)	-	-	-	Not Allowed				
K0455	E	PUMP UNINTERRUPTED INFUSION	-	-	-	Not Allowed				
K0462	E	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIP.BEI	-	-	-	Not Allowed				
K0552	E	SUPPY/EXT INF PUMP SYR TYPE	-	-	-	Not Allowed				
K0601	E	REPL BATT SILVER OXIDE 1.5V	-	-	-	Not Allowed				
K0602	E	REPL BATT SILVER OXIDE 3 V	-	-	-	Not Allowed				
K0603	E	REPL BATT ALKALINE 1.5 V	-	-	-	Not Allowed				
K0604	E	REPL BATT LITHIUM 3.6 V	-	-	-	Not Allowed				
K0605	E	REPL BATT LITHIUM 4.5 V	-	-	-	Not Allowed				
K0606	E	AED GARMENT W ELEC ANALYSIS	-	-	-	Not Allowed				
K0607	E	REPL BATT FOR AED	-	-	-	Not Allowed				
K0608	E	REPL GARMENT FOR AED	-	-	-	Not Allowed				
K0609	E	REPL ELECTRODE FOR AED	-	-	-	Not Allowed				
K0669	E	SEAT/BACK CUS NO SADMERC VER	-	-	-	Not Allowed				
K0730	E	CTRL DOSE INH DRUG DELIV SYS	-	-	-	Not Allowed				
K0733	E	12-24HR SEALED LEAD ACID	-	-	-	Not Allowed				
K0734	E	ADJ SKIN PRO W/C CUS WD<22IN	-	-	-	Not Allowed				
K0735	E	ADJ SKIN PRO WC CUS WD>=22IN	-	-	-	Not Allowed				
K0736	E	ADJ SKIN PRO/POS WC CUS<22IN	-	-	-	Not Allowed				
K0737	E	ADJ SKIN PRO/POS WC CUS>=22"	-	-	-	Not Allowed				
K0738	E	PORTABLE GAS OXYGEN SYSTEM	-	-	-	Not Allowed				
K0800	E	POV GROUP 1 STD UP TO 300 LBS	-	-	-	Not Allowed				
K0801	E	POV GROUP 1 HD 301-450 LBS	-	-	-	Not Allowed				
K0802	E	POV GROUP 1 VHD 451-600 LBS	-	-	-	Not Allowed				
K0806	E	POV GROUP 2 STD UP TO 300LBS	-	-	-	Not Allowed				
K0807	E	POV GROUP 2 HD 301-450 LBS	-	-	-	Not Allowed				
K0808	E	POV GROUP 2 VHD 451-600 LBS	-	-	-	Not Allowed				
K0812	E	POWER OPERATED VEHICLE NOC	-	-	-	Not Allowed				
K0813	E	PWC GP 1 STD PORT SEAT/BACK	-	-	-	Not Allowed				
K0814	E	PWC GP 1 STD PORT CAP CHAIR	-	-	-	Not Allowed				
K0815	E	PWC GP 1 STD SEAT/BACK	-	-	-	Not Allowed				
K0816	E	PWC GP 1 STD CAP CHAIR	-	-	-	Not Allowed				
K0820	E	PWC GP 2 STD PORT SEAT/BACK	-	-	-	Not Allowed				
K0821	E	PWC GP 2 STD PORT CAP CHAIR	-	-	-	Not Allowed				
K0822	E	PWC GP 2 STD SEAT/BACK	-	-	-	Not Allowed				

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K0823	E	PWC GP 2 STD CAP CHAIR	-	-	-	Not Allowed				
K0824	E	PWC GP 2 HD SEAT/BACK	-	-	-	Not Allowed				
K0825	E	PWC GP 2 HD CAP CHAIR	-	-	-	Not Allowed				
K0826	E	PWC GP2 VHD SEAT/BACK	-	-	-	Not Allowed				
K0827	E	PWC GP 2 VHD CAP CHAIR	-	-	-	Not Allowed				
K0828	E	PWC GP 2 XTRA HD SEAT/BACK	-	-	-	Not Allowed				
K0829	E	PWC GP 2 XTRA HD CAP CHAIR	-	-	-	Not Allowed				
K0830	E	PWC GP2 STD SEAT ELEVATE S/B	-	-	-	Not Allowed				
K0831	E	PWC GP2 STD SEAT ELEVATE CAP	-	-	-	Not Allowed				
K0835	E	PWC GP2 STD SING POW OPT S/B	-	-	-	Not Allowed				
K0836	E	PWC GP2 STD SING POW OPT CAP	-	-	-	Not Allowed				
K0837	E	PWC GP 2 HD SING POW OPT S/B	-	-	-	Not Allowed				
K0838	E	PWC GP 2 HD SING POW OPT CAP	-	-	-	Not Allowed				
K0839	E	PWC GP2 VHD SING POW OPT S/B	-	-	-	Not Allowed				
K0840	E	PWC GP2 XHD SING POW OPT S/B	-	-	-	Not Allowed				
K0841	E	PWC GP2 STD MULT POW OPT S/B	-	-	-	Not Allowed				
K0842	E	PWC GP2 STD MULT POW OPT CAP	-	-	-	Not Allowed				
K0843	E	PWC GP2 HD MULT POW OPT S/B	-	-	-	Not Allowed				
K0848	E	PWC GP 3 STD SEAT/BACK	-	-	-	Not Allowed				
K0849	E	PWC GP 3 STD CAP CHAIR	-	-	-	Not Allowed				
K0850	E	PWC GP 3 HD SEAT/BACK	-	-	-	Not Allowed				
K0851	E	PWC GP 3 HD CAP CHAIR	-	-	-	Not Allowed				
K0852	E	PWC GP 3 VHD SEAT/BACK	-	-	-	Not Allowed				
K0853	E	PWC GP 3 VHD CAP CHAIR	-	-	-	Not Allowed				
K0854	E	PWC GP 3 XHD SEAT/BACK	-	-	-	Not Allowed				
K0855	E	PWC GP 3 XHD CAP CHAIR	-	-	-	Not Allowed				
K0856	E	PWC GP3 STD SING POW OPT S/B	-	-	-	Not Allowed				
K0857	E	PWC GP3 STD SING POW OPT CAP	-	-	-	Not Allowed				
K0858	E	PWC GP3 HD SING POW OPT S/B	-	-	-	Not Allowed				
K0859	E	PWC GP3 HD SING POW OPT CAP	-	-	-	Not Allowed				
K0860	E	PWC GP3 VHD SING POW OPT S/B	-	-	-	Not Allowed				
K0861	E	PWC GP3 STD MULT POW OPT S/B	-	-	-	Not Allowed				
K0862	E	PWC GP3 HD MULT POW OPT S/B	-	-	-	Not Allowed				
K0863	E	PWC GP3 VHD MULT POW OPT S/B	-	-	-	Not Allowed				
K0864	E	PWC GP3 XHD MULT POW OPT S/B	-	-	-	Not Allowed				
K0868	E	PWC GP 4 STD SEAT/BACK	-	-	-	Not Allowed				
K0869	E	PWC GP 4 STD CAP CHAIR	-	-	-	Not Allowed				
K0870	E	PWC GP 4 HD SEAT/BACK	-	-	-	Not Allowed				
K0871	E	PWC GP 4 VHD SEAT/BACK	-	-	-	Not Allowed				
K0877	E	PWC GP4 STD SING POW OPT S/B	-	-	-	Not Allowed				
K0878	E	PWC GP4 STD SING POW OPT CAP	-	-	-	Not Allowed				
K0879	E	PWC GP4 HD SING POW OPT S/B	-	-	-	Not Allowed				
K0880	E	PWC GP4 VHD SING POW OPT S/B	-	-	-	Not Allowed				
K0884	E	PWC GP4 STD MULT POW OPT S/B	-	-	-	Not Allowed				

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K0885	E	PWC GP4 STD MULT POW OPT CAP	-	-	-	Not Allowed				
K0886	E	PWC GP4 HD MULT POW S/B	-	-	-	Not Allowed				
K0890	E	PWC GP5 PED SING POW OPT S/B	-	-	-	Not Allowed				
K0891	E	PWC GP5 PED MULT POW OPT S/B	-	-	-	Not Allowed				
K0898	E	POWER WHEELCHAIR NOC	-	-	-	Not Allowed				
K0899	E	POW MOBILITY DEV NO SADMERC	-	-	-	Not Allowed				
L0112	E	CRANIAL CERVICAL ORTHOSIS	-	-	-	Not Allowed				
L0120	M	CERVICAL FLEXIBLE NON-ADJUSTABLE (FOAM COLLAR)	-	-	$19.97	Fee Schedule				
L0130	E	CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO	-	-	-	Not Allowed				
L0140	M	CERVICAL SEMI-RIGID ADJUSTABLE (PLASTIC COLLAR)	-	-	$54.41	Fee Schedule				
L0150	M	CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP (PLAS	-	-	$81.35	Fee Schedule				
L0160	E	CERVICAL SEMI-RIGID WIRE FRAME OCCIPITAL/MANDIB. SUP	-	-	-	Not Allowed				
L0170	E	CERVICAL COLLAR MOLDED TO PATIENT MODEL	-	-	-	Not Allowed				
L0172	M	CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO	-	-	$99.28	Fee Schedule				
L0174	E	CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO	-	-	-	Not Allowed				
L0180	M	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUP	-	-	$278.92	Fee Schedule				
L0190	E	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUP	-	-	-	Not Allowed				
L0200	E	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUP	-	-	-	Not Allowed				
L0210	M	THORACIC RIB BELT	-	-	$33.33	Fee Schedule				
L0220	E	THORACIC RIB BELT CUSTOM FABRICATED	-	-	-	Not Allowed				
L0430	E	DEWALL POSTURE PROTECTOR	-	-	-	Not Allowed				
L0450	M	TLSO FLEX PREFAB THORACIC	-	-	$130.83	Fee Schedule				
L0452	E	TLSO FLEX CUSTOM FAB THORACI	-	-	-	Not Allowed				
L0454	M	TLSO FLEX PREFAB SACROCOC-T9	-	-	$282.27	Fee Schedule				
L0456	M	TLSO FLEX PREFAB	-	-	$809.47	Fee Schedule				
L0458	M	TLSO 2MOD SYMPHIS-XIPHO PRE	-	-	$725.85	Fee Schedule				
L0460	M	TLSO2MOD SYMPHYSIS-STERN PRE	-	-	$817.01	Fee Schedule				
L0462	M	TLSO 3MOD SACRO-SCAP PRE	-	-	$1,016.20	Fee Schedule				
L0464	M	TLSO 4MOD SACRO-SCAP PRE	-	-	$1,209.77	Fee Schedule				
L0466	M	TLSO RIGID FRAME PRE SOFT AP	-	-	$293.85	Fee Schedule				
L0468	M	TLSO RIGID FRAME PREFAB PELV	-	-	$345.05	Fee Schedule				
L0470	M	TLSO RIGID FRAME PRE SUBCLAV	-	-	$479.92	Fee Schedule				
L0472	M	TLSO RIGID FRAME HYPEREX PRE	-	-	$304.37	Fee Schedule				
L0480	E	TLSO RIGID PLASTIC CUSTOM FA	-	-	-	Not Allowed				Y
L0482	E	TLSO RIGID LINED CUSTOM FAB	-	-	-	Not Allowed				Y
L0484	E	TLSO RIGID PLASTIC CUST FAB	-	-	-	Not Allowed				Y
L0486	E	TLSO RIGIDLINED CUST FAB TWO	-	-	-	Not Allowed				Y
L0488	E	TLSO RIGID LINED PRE ONE PIE	-	-	-	Not Allowed				Y
L0490	E	TLSO RIGID PLASTIC PRE ONE	-	-	-	Not Allowed				
L0491	E	TLSO 2 PIECE RIGID SHELL	-	-	-	Not Allowed				
L0492	E	TLSO 3 PIECE RIGID SHELL	-	-	-	Not Allowed				
L0621	E	SIO FLEX PELVISACRAL PREFAB	-	-	-	Not Allowed				
L0622	E	SIO FLEX PELVISACRAL CUSTOM	-	-	-	Not Allowed				
L0623	E	SIO PANEL PREFAB	-	-	-	Not Allowed				

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L0624	E	SIO PANEL CUSTOM	-	-	-	Not Allowed				
L0625	E	LO FLEXIBL L1-BELOW L5 PRE	-	-	-	Not Allowed				
L0626	E	LO SAG STAYS/PANELS PRE-FAB	-	-	-	Not Allowed				
L0627	E	LO SAGITT RIGID PANEL PREFAB	-	-	-	Not Allowed				
L0628	E	LO FLEX W/O RIGID STAYS PRE	-	-	-	Not Allowed				
L0629	E	LSO FLEX W/RIGID STAYS CUST	-	-	-	Not Allowed				
L0630	E	LSO POST RIGID PANEL PRE	-	-	-	Not Allowed				
L0631	E	LSO SAG-CORO RIGID FRAME PRE	-	-	-	Not Allowed				
L0632	E	LSO SAG RIGID FRAME CUST	-	-	-	Not Allowed				
L0633	E	LSO FLEXION CONTROL PREFAB	-	-	-	Not Allowed				
L0634	E	LSO FLEXION CONTROL CUSTOM	-	-	-	Not Allowed				
L0635	E	LSO SAGIT RIGID PANEL PREFAB	-	-	-	Not Allowed				
L0636	E	LSO SAGITTAL RIGID PANEL CUS	-	-	-	Not Allowed				
L0637	E	LSO SAG-CORONAL PANEL PREFAB	-	-	-	Not Allowed				
L0638	E	LSO SAG-CORONAL PANEL CUSTOM	-	-	-	Not Allowed				
L0639	E	LSO S/C SHELL/PANEL PREFAB	-	-	-	Not Allowed				
L0640	E	LSO S/C SHELL/PANEL CUSTOM	-	-	-	Not Allowed				
L0700	E	CTLSO ANT.-POST.-LAT. CONTROL MOLDED TO PATIENT MOD	-	-	-	Not Allowed				
L0710	E	CTLSO ANT.-POST.-LAT. CTRL. MOLDED TO PT. MODEL W/INTE	-	-	-	Not Allowed				
L0810	E	HALO PROCEDURE CERVICAL HALO INCORPORATED INTO JA	-	-	-	Not Allowed				
L0820	E	HALO PROCEDURE CERV. HALO INCORP. INTO PLASTER BOD	-	-	-	Not Allowed				
L0830	E	HALO PROCEDURE CERV. HALO INCORP. INTO MILWAUKEE C	-	-	-	Not Allowed				
L0859	E	MRI COMPATIBLE SYSTEM	-	-	-	Not Allowed				
L0861	E	HALO REPL LINER/INTERFACE	-	-	-	Not Allowed				
L0960	E	TORSO SUPPORT POSTSURGICAL SUPPORT PADS FOR SUP	-	-	-	Not Allowed				
L0970	E	TLSO CORSET FRONT	-	-	-	Not Allowed				
L0972	E	LSO CORSET FRONT	-	-	-	Not Allowed				
L0974	E	TLSO FULL CORSET	-	-	-	Not Allowed				
L0976	E	LSO FULL CORSET	-	-	-	Not Allowed				
L0978	E	AXILLARY CRUTCH EXTENSION	-	-	-	Not Allowed				
L0980	E	PERONEAL STRAPS PAIR	-	-	-	Not Allowed				
L0982	E	STOCKING SUPPORTER GRIPS SET OF FOUR (4)	-	-	-	Not Allowed				
L0984	E	PROTECTIVE BODY SOCK EACH	-	-	-	Not Allowed				
L0999	E	ADDITION TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED	-	-	-	Not Allowed				
L1000	E	CTLSO (MILWAUKEE) INCLUS. OF INITIAL ORTHOSIS INCL. MOD	-	-	-	Not Allowed				
L1001	E	CTLSO INFANT IMMOBILIZER	-	-	-	Not Allowed				
L1005	E	TENSION BASED SCOLIOSIS ORTH	-	-	-	Not Allowed				Y
L1010	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS AXILLA SLING	-	-	-	Not Allowed				
L1020	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD	-	-	-	Not Allowed				
L1025	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPH. PAD FL	-	-	-	Not Allowed				
L1030	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR BOLS	-	-	-	Not Allowed				
L1040	E	ADD'N TO CTLSO OR SCOLIOSIS ORTHO. LUMBAR OR LUMBAR	-	-	-	Not Allowed				
L1050	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS STERNAL PAD	-	-	-	Not Allowed				
L1060	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS THORACIC PA	-	-	-	Not Allowed				

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L1070	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS TRAPEZIUS SL	-	-	-	Not Allowed				
L1080	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER	-	-	-	Not Allowed				
L1085	E	ADD'N TO CTLSO OR SCOLIOSIS ORTHO. OUTRIGGER BILAT.	-	-	-	Not Allowed				
L1090	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR SLIN	-	-	-	Not Allowed				
L1100	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE	-	-	-	Not Allowed				
L1110	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE	-	-	-	Not Allowed				
L1120	E	ADD'N TO CTLSO SCOLIOSIS ORTHO. COVER FOR UPRIGHT	-	-	-	Not Allowed				
L1200	E	TLSO INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	-	-	-	Not Allowed				
L1210	E	ADDITION TO TLSO (LOW PROFILE) LATERAL THORACIC EXTE	-	-	-	Not Allowed				
L1220	E	ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC EX	-	-	-	Not Allowed				
L1230	E	ADDITION TO TLSO (LOW PROFILE) MILWAUKEE TYPE SUPER	-	-	-	Not Allowed				
L1240	E	ADDITION TO TLSO (LOW PROFILE) LUMBAR DEROTATION PA	-	-	-	Not Allowed				
L1250	E	ADDITION TO TLSO (LOW PROFILE) ANTERIOR ASIS PAD	-	-	-	Not Allowed				
L1260	M	ADDITION TO TLSO (LOW PROFILE) ANT. THOR. DEROTATION	-	-	$56.95	Fee Schedule				
L1270	E	ADDITION TO TLSO (LOW PROFILE) ABDOMINAL PAD	-	-	-	Not Allowed				
L1280	E	ADDITION TO TLSO (LOW PROFILE) RIB GUSSET (ELASTIC) E	-	-	-	Not Allowed				
L1290	E	ADDITION TO TLSO (LOW PROFILE) LATERAL TROCHANTERIC	-	-	-	Not Allowed				
L1300	E	OTHER SCOLIOSIS PROCEDURE BODY JACKET MOLDED TO P	-	-	-	Not Allowed				
L1310	E	OTHER SCOLIOSIS PROCEDURE POSTOPERATIVE BODY JAC	-	-	-	Not Allowed				
L1499	E	SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED	-	-	-	Not Allowed				
L1500	E	THKAO MOBILITY FRAME (NEWINGTON PARAPODIUM TYPES)	-	-	-	Not Allowed				
L1510	E	THKAO STANDING FRAME	-	-	-	Not Allowed				
L1520	E	THKAO SWIVEL WALKER	-	-	-	Not Allowed				
L1600	E	HO ABDUCTION CONTROL OF HIP JOINTS FLEX. FREJKA TYP	-	-	-	Not Allowed				
L1610	E	HO ABDUCTION CONTROL OF HIP JOINTS FLEX.(FREJKA COV	-	-	-	Not Allowed				
L1620	M	HO ABDUCTION CONTROL OF HIP JOINTS FLEX. (PAVLIK HAR	-	-	$100.86	Fee Schedule				
L1630	E	HO ABDUCTION CONTROL OF HIP JOINTS SEMI-FLEX. (VON R	-	-	-	Not Allowed				
L1640	E	HO ABDUCTION CONTROL OF HIP JOINTS STATIC PELVIC	-	-	-	Not Allowed				
L1650	E	HO ABDUCTION CONTROL OF HIP JOINTS STATIC ADJUSTAB	-	-	-	Not Allowed				
L1652	M	HO BI THIGHCUFFS W SPRDR BAR	-	-	$290.13	Fee Schedule				
L1660	M	HO ABDUCTION CONTROL OF HIP JOINTS STATIC PLASTIC	-	-	$128.82	Fee Schedule				
L1680	E	HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC PELVIC	-	-	-	Not Allowed				
L1685	E	HO ABDUC. CTRL. OF HIP JOINT POSTOP HIP ABDUC. CUSTO	-	-	-	Not Allowed				
L1686	E	HO ABDUCTION CONTROL OF HIP JOINT POSTOP HIP ABDUC.	-	-	-	Not Allowed				
L1690	E	COMBO BILAT/L-S/HIP/FEMUR ORTHOSIS ADDUC/INT ROTATI	-	-	-	Not Allowed				
L1700	E	LEGG PERTHES ORTHOSIS (TORONTO TYPE) CUSTOM-FABRI	-	-	-	Not Allowed				
L1710	E	LEGG PERTHES ORTHOSIS (NEWINGTON TYPE) CUSTOM-FAB	-	-	-	Not Allowed				
L1720	E	LEGG PERTHES ORTHOSIS TRILATERAL (TACHDIJAN TYPE) C	-	-	-	Not Allowed				
L1730	E	LEGG PERTHES ORTHOSIS (SCOTTISH RITE TYPE) CUSTOM F	-	-	-	Not Allowed				
L1755	E	LEGG PERTHES ORTHOSIS (PATTEN BOTTOM TYPE) CUSTOM	-	-	-	Not Allowed				
L1800	M	KNEE ORTHOSIS (KO) ELASTIC WITH STAYS PREFAB W/ FITTI	-	-	$50.07	Fee Schedule				
L1810	M	KO ELASTIC WITH JOINTS PREFABRICATED INCL FITTING/AD	-	-	$76.00	Fee Schedule				
L1815	M	KO ELASTIC OR OTHER ELASTIC TYPE MAT. W/CONDYLAR PA	-	-	$72.92	Fee Schedule				
L1820	M	KO ELASTIC WITH CONDYLAR PADS AND JOINTS PREFABRIC	-	-	$106.74	Fee Schedule				

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L1825	M	KO ELASTIC KNEE CAP PREFABRICATED INCL FIT AND ADJUS	-	-	$41.39	Fee Schedule				
L1830	M	KO IMMOBILIZER CANVAS LONGITUDINAL PREFAB INCL FITT	-	-	$69.54	Fee Schedule				
L1831	E	KNEE ORTH POS LOCKING JOINT	-	-	-	Not Allowed				
L1832	M	KO ADJ JNT POS RIGID SUPPORT	-	-	$457.65	Fee Schedule				
L1834	E	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED	-	-	-	Not Allowed				
L1836	M	RIGID KO WO JOINTS	-	-	$108.61	Fee Schedule				
L1840	M	KO DEROTATION MED.-LAT. AC LIGAMENT CUSTOM FABRIC/	-	-	$692.14	Fee Schedule				
L1843	E	KO SINGLE UPRIGHT CUSTOM FIT	-	-	-	Not Allowed				
L1844	E	KO W/ADJ JT ROT CNTRL MOLDED	-	-	-	Not Allowed				
L1845	E	KO W/ ADJ FLEX/EXT ROTAT CUS	-	-	-	Not Allowed				
L1846	M	KO W ADJ FLEX/EXT ROTAT MOLD	-	-	$799.20	Fee Schedule				
L1847	E	KNEE ORTHOSIS DOUBLE UPRIGHT W/ADJ JOINT INFL. AIR CH	-	-	-	Not Allowed				
L1850	M	KO SWEDISH TYPE PREFABRICATED INCL FITTING AND ADJU	-	-	$246.75	Fee Schedule				
L1855	E	KO MOLDED PLASTIC THIGH AND CALF SECTIONS CUSTOM-F	-	-	-	Not Allowed				
L1858	M	KO MOLDED PLASTIC POLYCENTRIC KNEE JTS. PNEUMATIC K	-	-	$996.41	Fee Schedule				
L1860	E	KO MODIF. OF SUPRACONDYLAR PROSTHETIC SOCKET CUST	-	-	-	Not Allowed				
L1870	E	KO DBL.UPRIGHT THIGH & CALF LACERS CUSTOM FABRICATI	-	-	-	Not Allowed				
L1880	E	KO DBL. UPRIGHT NON-MOLDED THIGH&CALF CUFFS/LACERS	-	-	-	Not Allowed				
L1900	E	AFO SPRING WIRE DORSIFLEXION ASSIST CALF BAND CUSTO	-	-	-	Not Allowed				
L1901	M	PREFAB ANKLE ORTHOSIS	-	-	$14.38	Fee Schedule				
L1902	M	AFO ANKLE GAUNTLET PREFABRICATED INCL FIT AND ADJUS	-	-	$60.09	Fee Schedule				
L1904	M	AFO MOLDED ANKLE GAUNTLET CUSTOM FABRICATED	-	-	$353.98	Fee Schedule				
L1906	M	AFO MULTILIGAMENTUS ANKLE SUPPORT PREFAB INCL FIT &	-	-	$120.70	Fee Schedule				
L1907	E	AFO SUPRAMALLEOLAR CUSTOM	-	-	-	Not Allowed				
L1910	E	AFO POSTERIOR SINGLE BAR CLASP ATTACHMENT TO SHOE	-	-	-	Not Allowed				
L1920	M	AFO SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP C	-	-	$330.98	Fee Schedule				
L1930	M	AFO PLASTIC	-	-	$194.36	Fee Schedule				
L1932	E	AFO RIG ANT TIB PREFAB TCF/=	-	-	-	Not Allowed				
L1940	E	AFO MOLDED TO PATIENT MODEL PLASTIC CUSTOM FABRIC	-	-	-	Not Allowed				
L1945	M	AFO PLASTIC RIGID ANTERIOR TIBIAL SEC CUSTOM FABRICA	-	-	$716.99	Fee Schedule				
L1950	E	AFO SPIRAL MOLDED TO PT PLAS	-	-	-	Not Allowed				
L1951	E	AFO SPIRAL PREFABRICATED	-	-	-	Not Allowed				
L1960	M	AFO POSTERIOR SOLID ANKLE PLASTIC CUSTOM FABRICATE	-	-	$417.24	Fee Schedule				
L1970	E	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED	-	-	-	Not Allowed				
L1971	E	AFO W/ANKLE JOINT PREFAB	-	-	-	Not Allowed				
L1980	E	AFO SNGL. UPRIGHT FREE PLANTAR DORSIFLEX. (SNGL BAR	-	-	-	Not Allowed				
L1990	M	AFO DBL. UPRIGHT FREE PLANTAR DORSIFLEX. (DBL. BAR "BK	-	-	$335.54	Fee Schedule				
L2000	M	KAFO SINGLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM F	-	-	$791.06	Fee Schedule				
L2005	E	KAFO SNG/DBL MECHANICAL ACT	-	-	-	Not Allowed				
L2010	E	KAFO SINGLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JO	-	-	-	Not Allowed				
L2020	M	KAFO DOUBLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM	-	-	$878.96	Fee Schedule				
L2030	E	KAFO DOUBLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JO	-	-	-	Not Allowed				
L2034	E	KAFO PLA SIN UP W/WO K/A CUS	-	-	-	Not Allowed				
L2035	E	KAFO FULL PLASTIC STATIC PREFABRICATED (PEDIATRIC SI	-	-	-	Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L2036	E	KAFO PLAS DOUB FREE KNEE MOL	-	-	-	Not Allowed				
L2037	E	KAFO PLAS SING FREE KNEE MOL	-	-	-	Not Allowed				
L2038	E	KAFO W/O JOINT MULTI-AXIS AN	-	-	-	Not Allowed				
L2040	E	HKAFO TORSION CTRL. BILAT. ROTATION STRAPS PELVIC BAI	-	-	-	Not Allowed				
L2050	E	HKAFO TORSION CTRL. BILAT. TORSION CABLES HIP JT. PELV	-	-	-	Not Allowed				
L2060	E	HKAFO TORSION CTRL. BILAT. TORSION CABLES BALL BEAR H	-	-	-	Not Allowed				
L2070	E	HKAFO TORSION CTRL. UNILAT. ROTATION STRAPS PELVIC BA	-	-	-	Not Allowed				
L2080	E	HKAFO TORSION CTRL. UNILAT. TORSION CABLES HIP JT. PEL	-	-	-	Not Allowed				
L2090	E	HKAFO TORSION CTRL. UNILAT. TORSION CABLES BALL BEAR	-	-	-	Not Allowed				
L2106	M	AFO FX ORTHO. TIBIAL FX CAST ORTHOSIS THERMOPLAS C	-	-	$511.81	Fee Schedule				
L2108	E	AFO FX ORTHOSIS TIBIAL FX CAST ORTHOSIS CUSTOM FABR	-	-	-	Not Allowed				
L2112	M	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SOFT PREFABRICAT	-	-	$351.20	Fee Schedule				
L2114	M	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SEMI-RIGID PREFAB	-	-	$440.51	Fee Schedule				
L2116	M	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS RIGID PREFABRICAT	-	-	$535.89	Fee Schedule				
L2126	E	KAFO FX ORTHO. FEMORAL FX CAST ORTHO. THERMOPLAST	-	-	-	Not Allowed				
L2128	E	KAFO FX ORTHO. FEMORAL FX CAST ORTHOSIS CUSTOM FA	-	-	-	Not Allowed				
L2132	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SOFT PR	-	-	-	Not Allowed				
L2134	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SEMI-RIG	-	-	-	Not Allowed				
L2136	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS RIGID PR	-	-	-	Not Allowed				
L2180	M	ADD'N TO LOWER EXTREMITY FX ORTHOSIS PLASTIC SHOE IN	-	-	$114.79	Fee Schedule				
L2182	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS DROP LOCK KNE	-	-	-	Not Allowed				
L2184	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS LMTD MOTION KN	-	-	-	Not Allowed				
L2186	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS ADJUS. MOTION	-	-	-	Not Allowed				
L2188	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS QUADRILATERAL	-	-	-	Not Allowed				
L2190	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS WAIST BELT	-	-	-	Not Allowed				
L2192	E	ADD'N TO LOWER EXTREM. FX ORTHO. HIP JT./PELVIC BAND/T	-	-	-	Not Allowed				
L2200	E	ADD'N TO LOWER EXTREMITY LIMITED ANKLE MOTION EACH	-	-	-	Not Allowed				
L2210	E	ADD'N TO LOWER EXTREMITY DORSIFLEXION ASSIST EACH J	-	-	-	Not Allowed				
L2220	E	ADD'N TO LOWER EXTREMITY DORSIFLEX/PLANTAR FLEX EA	-	-	-	Not Allowed				
L2230	E	ADD'N TO LOWER EXTREM. SPLIT FLAT CALIPER STIRRUPS/PL	-	-	-	Not Allowed				
L2232	E	ROCKER BOTTOM CONTACT AFO	-	-	-	Not Allowed				
L2240	E	ADD'N TO LOWER EXTREMITY ROUND CALIPER AND PLATE AT	-	-	-	Not Allowed				
L2250	E	ADD'N TO LOWER EXTREMITY FOOT PLATE MOLDED STIRRU	-	-	-	Not Allowed				
L2260	E	ADD'N TO LOWER EXTREMITY REINFORCED SOLID STIRRUP	-	-	-	Not Allowed				
L2265	E	ADD'N TO LOWER EXTREMITY LONG TONGUE STIRRUP	-	-	-	Not Allowed				
L2270	M	ADD'N TO LOWER EXTREMITY "T" STRAP PADDED/LINED OR N	-	-	$44.39	Fee Schedule				
L2275	M	ADD'N TO LOWER EXTREMITY VARUS/VALGUS CORREC. PLAS	-	-	$112.14	Fee Schedule				
L2280	M	ADD'N TO LOWER EXTREMITY MOLDED INNER BOOT	-	-	$340.86	Fee Schedule				
L2300	E	ADD'N TO LOWER EXTREMITY ABDUC. BAR JOINTED ADJUST	-	-	-	Not Allowed				
L2310	M	ADD'N TO LOWER EXTREMITY ABDUCTION BAR STRAIGHT	-	-	$100.50	Fee Schedule				
L2320	E	ADD'N TO LOWER EXTREMITY NONMOLDED LACER	-	-	-	Not Allowed				
L2330	E	ADD'N TO LOWER EXTREMITY LACER MOLDED TO PATIENT M	-	-	-	Not Allowed				
L2335	E	ADD'N TO LOWER EXTREMITY ANTERIOR SWING BAND	-	-	-	Not Allowed				
L2340	M	ADD'N TO LOWER EXTREMITY PRETIBIAL SHELL MOLDED TO	-	-	$336.43	Fee Schedule				

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L2350	E	ADD'N TO LOWER EXTREMITY PROSTHETIC TYPE (BK) SOCKE	-	-	-	Not Allowed				
L2360	E	ADD'N TO LOWER EXTREMITY EXTENDED STEEL SHANK	-	-	-	Not Allowed				
L2370	E	ADD'N TO LOWER EXTREMITY PATTEN BOTTOM	-	-	-	Not Allowed				
L2375	E	ADD'N TO LOWER EXTREM. TORSION CTRL. ANKLE JT.& HALF	-	-	-	Not Allowed				
L2380	E	ADD'N TO LOWER EXTREM. TORSION CTRL. STRAIGHT KNEE J	-	-	-	Not Allowed				
L2385	E	ADD'N TO LOWER EXTREM. STRAIGHT KNEE JT. HEAVY DUTY	-	-	-	Not Allowed				
L2387	E	ADD LE POLY KNEE CUSTOM KAFO	-	-	-	Not Allowed				
L2390	E	ADD'N TO LOWER EXTREMITY OFFSET KNEE JOINT EACH JOI	-	-	-	Not Allowed				
L2395	E	ADD'N TO LOWER EXTREMITY OFFSET KNEE JT. HEAVY DUTY	-	-	-	Not Allowed				
L2397	E	ADD'N TO LOWER EXTREMITY ORTHOSIS SUSPENSION SLEEV	-	-	-	Not Allowed				
L2405	E	KNEE JOINT DROP LOCK EA JNT	-	-	-	Not Allowed				
L2415	E	KNEE JOINT CAM LOCK EACH JOI	-	-	-	Not Allowed				
L2425	M	ADD'N TO KNEE JT. DISC OR DIAL LOCK FOR ADJ. KNEE FLEX E	-	-	$116.67	Fee Schedule				
L2430	E	ADD'N TO KNEE JOINT RATCHET LOCK FOR KNEE EXTENSION	-	-	-	Not Allowed				
L2492	E	ADD'N TO KNEE JOINT LIFT LOOP FOR DROP LOCK RING	-	-	-	Not Allowed				
L2500	E	ADD'N TO LOWER EXTREM. THIGH/WEIGHT BEARING GLUT/ISC	-	-	-	Not Allowed				
L2510	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT B	-	-	-	Not Allowed				
L2520	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT B	-	-	-	Not Allowed				
L2525	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BR	-	-	-	Not Allowed				
L2526	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BR	-	-	-	Not Allowed				
L2530	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER NONI	-	-	-	Not Allowed				
L2540	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER MOLI	-	-	-	Not Allowed				
L2550	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING HIGH ROLL C	-	-	-	Not Allowed				
L2570	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT 2 POSITI	-	-	-	Not Allowed				
L2580	E	ADD'N TO LOWER EXTREMITY PELVIC CONTROL PELVIC SLIN	-	-	-	Not Allowed				
L2600	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT FREE E	-	-	-	Not Allowed				
L2610	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT LOCK EA	-	-	-	Not Allowed				
L2620	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT HEAVY-D	-	-	-	Not Allowed				
L2622	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT ADJUS F	-	-	-	Not Allowed				
L2624	E	ADD'N TO LOWER EXTREM. PELVIC CTRL. HIP JT ADJUS F/E/A	-	-	-	Not Allowed				
L2627	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL PLASTIC MOLD	-	-	-	Not Allowed				
L2628	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL METAL FRAME	-	-	-	Not Allowed				
L2630	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BELT	-	-	-	Not Allowed				
L2640	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BELT	-	-	-	Not Allowed				
L2650	E	ADD'N TO LOWER EXTREM. PELV.&THORACIC CTRL. GLUTEAL	-	-	-	Not Allowed				
L2660	E	ADD'N TO LOWER EXTREM. THORACIC CONTROL THORACIC E	-	-	-	Not Allowed				
L2670	E	ADD'N TO LOWER EXTREM. THORACIC CONTROL PARASPINAL	-	-	-	Not Allowed				
L2680	E	ADD'N TO LOWER EXTREM. THORACIC CTRL. LATERAL SUPPO	-	-	-	Not Allowed				
L2750	E	ADD'N TO LOWER EXTREM. ORTHO. PLATING CHROME/NICKE	-	-	-	Not Allowed				
L2755	E	CARBON GRAPHITE LAMINATION	-	-	-	Not Allowed				
L2760	E	ADD'N TO LOWER EXTREM. ORTHO. EXTENSION PER EXTEN.	-	-	-	Not Allowed				
L2768	E	ORTHO SIDEBAR DISCONNECT	-	-	-	Not Allowed				
L2770	E	ADD'N TO LOWER EXTREM. ORTHO. ANY MATERIAL PER BAR	-	-	-	Not Allowed				
L2780	E	ADD'N TO LOWER EXTREM. ORTHO. NONCORROSIVE FINISH	-	-	-	Not Allowed				

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L2785	E	ADD'N TO LOWER EXTREM. ORTHOSIS DROP LOCK RETAINER	-	-	-	Not Allowed				
L2795	M	ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL FULL	-	-	$63.96	Fee Schedule				
L2800	M	ADD'N TO LOWER EXTREM. ORTHO. KNEE CTRL. KNEECAP ME	-	-	$88.06	Fee Schedule				
L2810	E	ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL COND	-	-	-	Not Allowed				
L2820	M	ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED BE	-	-	$87.16	Fee Schedule				
L2830	M	ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED AB	-	-	$94.30	Fee Schedule				
L2840	E	ADD'N TO LOWER EXTREM. ORTHO. TIBIAL LENGTH SOCK FX (	-	-	-	Not Allowed				
L2850	E	ADD'N TO LOWER EXTREM. ORTHO. FEM. LENGTH SOCK FX OF	-	-	-	Not Allowed				
L2860	E	ADD'N TO LOWER EXTREM. JT./KNEE/ANKLE TORSION MECHAI	-	-	-	Not Allowed				
L2999	E	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED	-	-	-	Not Allowed				
L3000	M	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL "UCB" TY	-	-	-	By Report				
L3001	M	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SPENCO	-	-	-	By Report				
L3002	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL PLASTAZ	-	-	-	Not Allowed				
L3003	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SILICONE	-	-	-	Not Allowed				
L3010	M	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL ARCH SU	-	-	-	By Report				
L3020	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL MT SUPP	-	-	-	Not Allowed				
L3030	E	FOOT INSERT REMOVABLE FORMED TO PATIENT FOOT EACH	-	-	-	Not Allowed				
L3031	E	FOOT LAMIN/PREPREG COMPOSITE	-	-	-	Not Allowed				
L3040	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUD	-	-	-	Not Allowed				
L3050	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED METATARS	-	-	-	Not Allowed				
L3060	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUD.	-	-	-	Not Allowed				
L3070	E	FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE	-	-	-	Not Allowed				
L3080	E	FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE	-	-	-	Not Allowed				
L3090	E	FOOT ARCH SUPPORT NONREMOV. ATTACHED TO SHOE LON	-	-	-	Not Allowed				
L3100	M	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	-	-	-	By Report				
L3140	E	FOOT ABDUCTION ROTATION BAR INCLUDING SHOES	-	-	-	Not Allowed				
L3150	E	FOOT ABDUCTION ROTATION BAR WITHOUT SHOES	-	-	-	Not Allowed				
L3160	E	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	-	-	-	Not Allowed				
L3170	M	FOOT PLASTIC HEEL STABILIZER	-	-	-	By Report				
L3201	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATO	-	-	-	Not Allowed				
L3202	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATO	-	-	-	Not Allowed				
L3203	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATO	-	-	-	Not Allowed				
L3204	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATC	-	-	-	Not Allowed				
L3206	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATC	-	-	-	Not Allowed				
L3207	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATC	-	-	-	Not Allowed				
L3208	E	SURGICAL BOOT EACH INFANT	-	-	-	Not Allowed				
L3209	E	SURGICAL BOOT EACH CHILD	-	-	-	Not Allowed				
L3211	M	SURGICAL BOOT EACH JUNIOR	-	-	-	By Report				
L3212	E	BENESCH BOOT PAIR INFANT	-	-	-	Not Allowed				
L3213	E	BENESCH BOOT PAIR CHILD	-	-	-	Not Allowed				
L3214	E	BENESCH BOOT PAIR JUNIOR	-	-	-	Not Allowed				
L3215	E	ORTHOPEDIC FTWEAR LADIES OXF	-	-	-	Not Allowed				
L3216	E	ORTHOPED LADIES SHOES DPTH I	-	-	-	Not Allowed				
L3217	E	LADIES SHOES HIGHTOP DEPTH I	-	-	-	Not Allowed				

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L3219	E	ORTHOPEDIC MENS SHOES OXFORD	-	-	-	Not Allowed				
L3221	E	ORTHOPEDIC MENS SHOES DPTH I	-	-	-	Not Allowed				
L3222	E	MENS SHOES HIGHTOP DEPTH INL	-	-	-	Not Allowed				
L3224	M	ORTH FOOTWEAR WOMAN'S OXFORD SHOE AS INTEGRAL PAF	-	-	$46.03	Fee Schedule				
L3225	M	ORTH FOOTWEAR MAN'S OXFORD SHOE AS INTEGRAL PART C	-	-	$61.42	Fee Schedule				
L3230	E	CUSTOM SHOES DEPTH INLAY	-	-	-	Not Allowed				
L3250	M	ORTHOPEDIC FOOTWEAR CUSTOM MOLDED SHOE EACH	-	-	-	By Report				
L3251	E	FOOT SHOE MOLDED TO PATIENT MODEL SILICONE SHOE E/	-	-	-	Not Allowed				
L3252	E	FOOT SHOE MOLDED TO PT. MODEL PLASTAZOTE CUSTOM I	-	-	-	Not Allowed				
L3253	E	FOOT MOLDED SHOE PLASTAZOTE(OR SIMILAR) CUSTOM FIT	-	-	-	Not Allowed				
L3254	E	ORTHOPEDIC FOOTWEAR NONSTANDARD SIZE OR WIDTH	-	-	-	Not Allowed				
L3255	E	ORTHOPEDIC FOOTWEAR NONSTANDARD SIZE OR LENGTH	-	-	-	Not Allowed				
L3257	E	ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE FOR SPLIT SI	-	-	-	Not Allowed				
L3260	E	AMBULATORY SURGICAL BOOT EAC	-	-	-	Not Allowed				
L3265	M	PLASTAZOTE SANDAL EACH	-	-	-	By Report				
L3300	M	LIFT ELEVATION HEEL TAPERED TO METATARSALS PER INC	-	-	-	By Report				
L3310	E	LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH	-	-	-	Not Allowed				
L3320	E	LIFT ELEVATION HEEL AND SOLE CORK PER INCH	-	-	-	Not Allowed				
L3330	E	LIFT ELEVATION METAL EXTENSION (SKATE)	-	-	-	Not Allowed				
L3332	M	LIFT ELEVATION INSIDE SHOE TAPERED UP TO ONE-HALF IN	-	-	-	By Report				
L3334	E	LIFT ELEVATION HEEL PER INCH	-	-	-	Not Allowed				
L3340	E	HEEL WEDGE SACH	-	-	-	Not Allowed				
L3350	M	HEEL WEDGE	-	-	-	By Report				
L3360	E	SOLE WEDGE OUTSIDE SOLE	-	-	-	Not Allowed				
L3370	E	SOLE WEDGE BETWEEN SOLE	-	-	-	Not Allowed				
L3380	E	CLUBFOOT WEDGE	-	-	-	Not Allowed				
L3390	E	OUTFLARE WEDGE	-	-	-	Not Allowed				
L3400	E	METATARSAL BAR WEDGE ROCKER	-	-	-	Not Allowed				
L3410	E	METATARSAL BAR WEDGE BETWEEN SOLE	-	-	-	Not Allowed				
L3420	M	FULL SOLE AND HEEL WEDGE BETWEEN SOLE	-	-	-	By Report				
L3430	E	HEEL COUNTER PLASTIC REINFORCED	-	-	-	Not Allowed				
L3440	E	HEEL COUNTER LEATHER REINFORCED	-	-	-	Not Allowed				
L3450	M	HEEL SACH CUSHION TYPE	-	-	-	By Report				
L3455	E	HEEL NEW LEATHER STANDARD	-	-	-	Not Allowed				
L3460	M	HEEL NEW RUBBER STANDARD	-	-	-	By Report				
L3465	E	HEEL THOMAS WITH WEDGE	-	-	-	Not Allowed				
L3470	M	HEEL THOMAS EXTENDED TO BALL	-	-	-	By Report				
L3480	M	HEEL PAD AND DEPRESSION FOR SPUR	-	-	-	By Report				
L3485	M	HEEL PAD REMOVABLE FOR SPUR	-	-	-	By Report				
L3500	E	ORTHOPEDIC SHOE ADDITION INSOLE LEATHER	-	-	-	Not Allowed				
L3510	E	ORTHOPEDIC SHOE ADDITION INSOLE RUBBER	-	-	-	Not Allowed				
L3520	E	ORTHOPEDIC SHOE ADDITION INSOLE FELT COVERED WITH I	-	-	-	Not Allowed				
L3530	E	ORTHOPEDIC SHOE ADDITION SOLE HALF	-	-	-	Not Allowed				
L3540	E	ORTHOPEDIC SHOE ADDITION SOLE FULL	-	-	-	Not Allowed				

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L3550	E	ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD	-	-	-	Not Allowed				
L3560	E	ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE	-	-	-	Not Allowed				
L3570	E	ORTHOPEDIC SHOE ADDITION SPECIAL EXTENSION TO INSTE	-	-	-	Not Allowed				
L3580	E	ORTHOPEDIC SHOE ADDITION CONVERT INSTEP TO VELCRO	-	-	-	Not Allowed				
L3590	E	ORTHOPEDIC SHOE ADDITION CONVERT FIRM TO SOFT SHOE	-	-	-	Not Allowed				
L3595	E	ORTHOPEDIC SHOE ADDITION MARCH BAR	-	-	-	Not Allowed				
L3600	E	TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE E	-	-	-	Not Allowed				
L3610	E	TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE N	-	-	-	Not Allowed				
L3620	E	TRANSFER ORTHOSIS TO ANOTHER SHOE SOLID STIRRUP E	-	-	-	Not Allowed				
L3630	E	TRANSFER ORTHOSIS TO ANOTHER SHOE SOLIC STIRRUP N	-	-	-	Not Allowed				
L3640	E	TRANS. ORTHO. TO ANOTHER SHOE DENNIS BROWNE SPLINT	-	-	-	Not Allowed				
L3649	M	ORTHOPEDIC SHOE MODIFICATION ADDITION OR TRANSFER	-	-	-	By Report				
L3650	M	SO FIGURE EIGHT DESIGN ABDUCTION RESTRAINER PREFA	-	-	$43.68	Fee Schedule				
L3651	M	PREFAB SHOULDER ORTHOSIS	-	-	$48.78	Fee Schedule				
L3652	M	PREFAB DBL SHOULDER ORTHOSIS	-	-	$146.99	Fee Schedule				
L3660	M	SO FIGURE OF 8 DESIGN ABDUCTION RESTRAINER CANVAS &	-	-	$98.81	Fee Schedule				
L3670	M	SO ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE) PR	-	-	$83.30	Fee Schedule				
L3671	E	SO CAP DESIGN W/O JNTS CF	-	-	-	Not Allowed				
L3672	E	SO AIRPLANE W/O JNTS CF	-	-	-	Not Allowed				
L3673	E	SO AIRPLANE W/JOINT CF	-	-	-	Not Allowed				
L3675	E	SO VEST TYPE ABDUCTION RESTRAINER CANVAS WEBBING	-	-	-	Not Allowed				
L3677	E	SO HARD PLASTIC STABILIZER	-	-	-	Not Allowed				
L3700	M	EO ELASTIC WITH STAYS PREFABRICATED INCL FIT AND AD	-	-	$51.42	Fee Schedule				
L3701	M	PREFAB ELBOW ORTHOSIS	-	-	$15.09	Fee Schedule				
L3702	E	EO W/O JOINTS CF	-	-	-	Not Allowed				
L3710	M	EO ELASTIC WITH METAL JOINTS PREFABRICATED	-	-	$91.06	Fee Schedule				
L3720	M	EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS FREE MO	-	-	$481.80	Fee Schedule				
L3730	E	EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS EXT./FLEX ASSIS	-	-	-	Not Allowed				
L3740	M	EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS ADJUSTABLE PO	-	-	$787.25	Fee Schedule				
L3760	M	ELBOW ORTHOSIS ADJUSTABLE POSITIONLOCKING JOINT P	-	-	$370.42	Fee Schedule				
L3762	M	RIGID EO WO JOINTS	-	-	$79.64	Fee Schedule				
L3763	E	EWHO RIGID W/O JNTS CF	-	-	-	Not Allowed				
L3764	E	EWHO W/JOINT(S) CF	-	-	-	Not Allowed				
L3765	E	EWHFO RIGID W/O JNTS CF	-	-	-	Not Allowed				
L3766	E	EWHFO W/JOINT(S) CF	-	-	-	Not Allowed				
L3800	M	WHFO SHORT OPPONENS NO ATTACHMENT CUSTOM FABRI	-	-	$196.39	Fee Schedule				
L3805	M	WHFO LONG OPPONENS NO ATTACHMENT CUSTOM FABRIC	-	-	$278.39	Fee Schedule				
L3806	E	WHFO W/JOINT(S) CUSTOM FAB	-	-	-	Not Allowed				
L3807	M	WHFO WITHOUT JOINT(S) PREFABRICATED INCL FIT AND AD	-	-	$185.19	Fee Schedule				
L3808	E	WHFO, RIGID W/O JOINTS	-	-	-	Not Allowed				
L3810	M	WHFO ADD'N TO SHORT & LONG OPPONENS THUMB ABDUC.	-	-	$63.65	Fee Schedule				
L3815	E	WHFO ADD'N TO SHORT & LONG OPPONENS 2ND M.P. ABDU	-	-	-	Not Allowed				
L3820	E	WHFO ADD'N TO SHORT & LONG OPPON. IP EXT.ASSIST W/ M	-	-	-	Not Allowed				
L3825	E	WHFO ADD'N TO SHORT & LONG OPPONENS M.P. EXTENSION	-	-	-	Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L3830	E	WHFO ADD'N TO SHORT & LONG OPPONENS M.P. EXTENSION	-	-	-	Not Allowed				
L3835	E	WHFO ADD'N TO SHORT & LONG OPPONENS M.P. SPRING EX	-	-	-	Not Allowed				
L3840	E	WHFO ADD'N TO SHORT & LONG OPPONENS SPRING SWIVEL	-	-	-	Not Allowed				
L3845	E	WHFO ADD'N TO SHORT & LONG OPPON. THUMB IP EXT ASSI	-	-	-	Not Allowed				
L3850	E	WHO ADD'N TO SHORT & LONG OPPON. ACTION WRIST W/ DO	-	-	-	Not Allowed				
L3855	E	WHFO ADD'N TO SHORT & LONG OPPON. ADJ. M.P. FLEXION (	-	-	-	Not Allowed				
L3860	M	WHFO ADD'N TO SHORT & LONG OPPON. ADJ. M.P. FLEX CTRL	-	-	$139.17	Fee Schedule				
L3890	E	ADD'N TO UPPER EXTREM. JT./WRIST/ELBOW TORSION MECH/	-	-	-	Not Allowed				
L3900	E	WHFO DYNAMIC FLEXOR HINGE WRIST OR FINGER DRIVEN (	-	-	-	Not Allowed				
L3901	E	WHFO DYNAMIC FLEXOR HINGE CABLE DRIVEN CUSTOM FAI	-	-	-	Not Allowed				
L3904	E	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATE	-	-	-	Not Allowed				
L3905	E	WHO W/NONTORSION JNT(S) CF	-	-	-	Not Allowed				
L3906	M	WHO W/O JOINTS CF	-	-	$301.25	Fee Schedule				
L3907	M	WHFO WRIST GAUNTLET WITH THUMB SPICA CUSTOM FABRI	-	-	$374.18	Fee Schedule				
L3908	M	WHO WRIST EXTENSION CONTROL COCK-UP NON MOLDED F	-	-	$44.14	Fee Schedule				
L3909	M	PREFAB WRIST ORTHOSIS	-	-	$10.48	Fee Schedule				
L3910	M	WHFO SWANSON DESIGN PREFABRICATED INCL FIT AND AD	-	-	$326.31	Fee Schedule				
L3911	M	PREFAB HAND FINGER ORTHOSIS	-	-	-	By Report				
L3912	E	HFO FLEXION GLOVE WITH ELASTIC FINGER CONTROL PREF	-	-	-	Not Allowed				
L3913	E	HFO W/O JOINTS CF	-	-	-	Not Allowed				
L3915	E	WHO W NONTOR JNT(S) PREFAB	-	-	-	Not Allowed				
L3916	M	WHFO WRIST EXTENSION COCK-UP WITH OUTRIGGER PREF	-	-	$93.55	Fee Schedule				
L3917	E	PREFAB METACARPL FX ORTHOSIS	-	-	-	Not Allowed				
L3918	E	HFO KNUCKLE BENDER PREFABRICATED INCL FITTING & AD	-	-	-	Not Allowed				
L3919	E	HO W/O JOINTS CF	-	-	-	Not Allowed				
L3920	E	HFO KNUCKLE BENDER WITH OUTRIGGER PREFABRICATED	-	-	-	Not Allowed				
L3921	E	HFO W/JOINT(S) CF	-	-	-	Not Allowed				
L3922	E	HFO KNUCKLE BENDER TWO SEGMENT TO FLEX JOINTS PRE	-	-	-	Not Allowed				
L3923	E	HFO W/O JOINTS PF	-	-	-	Not Allowed				
L3924	M	WHFO OPPENHEIMER PREFABRICATED INCLUDES FIT AND A	-	-	$78.54	Fee Schedule				
L3926	E	WHFO THOMAS SUSPENSION PREFABRICATED INCL FIT AND	-	-	-	Not Allowed				
L3928	M	HFO FINGER EXTENSION WITH CLOCK SPRING PREFABRICA	-	-	$42.87	Fee Schedule				
L3930	M	WHFO FINGER EXTENSION WITH WRIST SUPPORT PREFABR	-	-	$45.32	Fee Schedule				
L3932	M	FO SAFETY PIN SPRING WIRE PREFABRICATED INCL FIT & A	-	-	$34.62	Fee Schedule				
L3933	E	FO W/O JOINTS CF	-	-	-	Not Allowed				
L3934	M	FO SAFETY PIN MODIFIED PREFABRICATED INCL FIT & ADJU	-	-	$35.49	Fee Schedule				
L3935	E	FO NONTORSION JOINT CF	-	-	-	Not Allowed				
L3936	M	WHFO PALMER PREFABRICATED INCLUDES FITTING AND AD	-	-	$65.61	Fee Schedule				
L3938	M	WHFO DORSAL WRIST PREFABRICATED INCLUDES FIT AND A	-	-	$68.71	Fee Schedule				
L3940	M	WHFO DORSAL WRIST WITH OUTRIGGER ATTACHMENT PRE	-	-	$79.19	Fee Schedule				
L3942	M	HFO REVERSE KNUCKLE BENDER PREFABRICATED INCL FIT	-	-	$58.72	Fee Schedule				
L3944	E	HFO REVERSE KNUCKLE BENDER WITH OUTRIGGER PREFAB	-	-	-	Not Allowed				
L3946	M	HFO COMPOSITE ELASTIC PREFABRICATED INCL FIT AND AD	-	-	$65.28	Fee Schedule				
L3948	M	FO FINGER KNUCKLE BENDER PREFABRICATED INCL FIT & A	-	-	$40.59	Fee Schedule				

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L3950	E	WHFO COMBO OPPENHEIMER W/ KNUCKLE BENDER AND 2 A	-	-	-	Not Allowed				
L3952	E	WHFO COMBO OPPENHEIMER W/ REVERSE KNUCKLE AND 2	-	-	-	Not Allowed				
L3954	E	HFO SPREADING HAND PREFABRICATED INCL FITTING & AD	-	-	-	Not Allowed				
L3956	E	ADD'N JOINT TO UPPER EXTREM. ORTHOSIS ANY MATERIAL;	-	-	-	Not Allowed				
L3960	M	SEWHO ABDUCTION POSITIONING AIRPLANE DESIGN PREFA	-	-	$541.35	Fee Schedule				
L3961	E	SEWHO CAP DESIGN W/O JNTS CF	-	-	-	Not Allowed				
L3962	E	SEWHO ABDUCTION POSITIONING ERBS PALSEY DESIGN PR	-	-	-	Not Allowed				
L3964	E	SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED A	-	-	-	Not Allowed				
L3965	E	SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED R	-	-	-	Not Allowed				
L3966	E	SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED R	-	-	-	Not Allowed				
L3967	E	SEWHO AIRPLANE W/O JNTS CF	-	-	-	Not Allowed				
L3968	E	SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED F	-	-	-	Not Allowed				
L3969	E	SEO MOBILE ARM SUPPORT MONOSUSPENSION/OVERHEAD S	-	-	-	Not Allowed				
L3970	E	SEO ADD'N TO MOBILE ARM SUPPORT ELEVATING PROXIMAL	-	-	-	Not Allowed				
L3971	E	SEWHO CAP DESIGN W/JNT(S) CF	-	-	-	Not Allowed				
L3972	E	SEO ADD'N TO MOBILE ARM SUPPORT OFFSET OR LAT. ROCK	-	-	-	Not Allowed				
L3973	E	SEWHO AIRPLANE W/JNT(S) CF	-	-	-	Not Allowed				
L3974	E	SEO ADD'N TO MOBILE ARM SUPPORT SUPINATOR	-	-	-	Not Allowed				
L3975	E	SEWHFO CAP DESIGN W/O JNT CF	-	-	-	Not Allowed				
L3976	E	SEWHFO AIRPLANE W/O JNTS CF	-	-	-	Not Allowed				
L3977	E	SEWHFO CAP DESGN W/JNT(S) CF	-	-	-	Not Allowed				
L3978	E	SEWHFO AIRPLANE W/JNT(S) CF	-	-	-	Not Allowed				
L3980	M	UPPER EXTREMITY FX ORTHOSIS HUMERAL PREFABRICATED	-	-	$227.72	Fee Schedule				
L3982	E	UPPER EXTREMITY FX ORTHOSIS RADIUS/ULNAR PREFABRIC	-	-	-	Not Allowed				
L3984	M	UPPER EXTREMITY FX ORTHOSIS WRIST PREFABRICATED	-	-	$291.33	Fee Schedule				
L3985	E	UPPER EXTREMITY FX ORTHOSIS FOREARM HAND WITH WRI	-	-	-	Not Allowed				
L3986	M	UPPER EXTREMITY FX ORTHOSIS COMBO HUMERAL/RADIUS/U	-	-	$412.88	Fee Schedule				
L3995	E	ADD'N TO UPPER EXTREM. ORTHOSIS SOCK FX OR EQUAL E	-	-	-	Not Allowed				
L3999	M	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED	-	-	-	By Report				
L4000	E	REPL GIRDLE MILWAUKEE ORTH	-	-	-	Not Allowed				
L4002	E	REPLACE STRAP ANY ORTHOSIS	-	-	-	Not Allowed				
L4010	E	REPLACE TRILATERAL SOCKET BRIM	-	-	-	Not Allowed				
L4020	E	REPLACE QUADRILATERAL SOCKET BRIM MOLDED TO PATIEN	-	-	-	Not Allowed				
L4030	E	REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED	-	-	-	Not Allowed				
L4040	E	REPLACE MOLDED THIGH LACER	-	-	-	Not Allowed				
L4045	E	REPLACE NONMOLDED THIGH LACER	-	-	-	Not Allowed				
L4050	E	REPLACE MOLDED CALF LACER	-	-	-	Not Allowed				
L4055	E	REPLACE NONMOLDED CALF LACER	-	-	-	Not Allowed				
L4060	E	REPLACE HIGH ROLL CUFF	-	-	-	Not Allowed				
L4070	E	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	-	-	-	Not Allowed				
L4080	E	REPLACE METAL BANDS KAFO PROXIMAL THIGH	-	-	-	Not Allowed				
L4090	E	REPLACE METAL BANDS KAFO-AFO CALF OR DISTAL THIGH	-	-	-	Not Allowed				
L4100	E	REPLACE LEATHER CUFF KAFO PROXIMAL THIGH	-	-	-	Not Allowed				
L4110	E	REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH	-	-	-	Not Allowed				

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L4130	E	REPLACE PRETIBIAL SHELL	-	-	-	Not Allowed				
L4205	E	REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT PER 15 M	-	-	-	Not Allowed				
L4210	M	REPAIR OF ORTHOTIC DEVICE REPAIR OR REPLACE MINOR P	-	-	-	By Report				
L4350	M	ANKLE CONTROL ORTHOSI PREFAB	-	-	$67.29	Fee Schedule				
L4360	M	PNEUMATI WALKING BOOT PREFAB	-	-	$224.92	Fee Schedule				
L4370	M	PNEUMATIC FULL LEG SPLINT	-	-	$155.89	Fee Schedule				
L4380	M	PNEUMATIC KNEE SPLINT	-	-	$80.85	Fee Schedule				
L4386	M	NON-PNEUM WALK BOOT PREFAB	-	-	$129.03	Fee Schedule				
L4392	M	REPLACEMENT SOFT INTERFACE MATERIAL STATIC AFO	-	-	$18.80	Fee Schedule				
L4394	E	REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT	-	-	-	Not Allowed				
L4396	M	STATIC AFO	-	-	$134.12	Fee Schedule				
L4398	E	FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE PREF	-	-	-	Not Allowed				
L5000	E	PARTIAL FOOT SHOE INSERT WITH LONGITUDINAL ARCH TOE	-	-	-	Not Allowed				
L5010	E	PARTIAL FOOT MOLDED SOCKET ANKLE HEIGHT WITH TOE F	-	-	-	Not Allowed				
L5020	E	PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HT. W/ TO	-	-	-	Not Allowed				
L5050	E	ANKLE SYMES MOLDED SOCKET SACH FOOT	-	-	-	Not Allowed				
L5060	E	ANKLE SYMES METAL FRAME MOLDED LEATHER SOCKET	-	-	-	Not Allowed				
L5100	E	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	-	-	-	Not Allowed				
L5105	E	BELOW KNEE PLASTIC SOCKET JOINTS & THIGH LACER SAC	-	-	-	Not Allowed				
L5150	E	KNEE DISARTIC. MOLDED SOCKET SACH FOOT	-	-	-	Not Allowed				
L5160	E	KNEE DISARTIC. MOLDED SOCKET BENT KNEE CONFIGURATI	-	-	-	Not Allowed				
L5200	E	ABOVE KNEE MOLDED SOCK. SNGL. AXIS CONSTANT FRICTIO	-	-	-	Not Allowed				
L5210	E	ABOVE KNEE SHORT PROS. NO KNEE JT. W/FOOT BLOCKS E	-	-	-	Not Allowed				
L5220	E	ABOVE KNEE SHORT PROS. NO KNEE JT. W/ARTIC. ANKLE/FO	-	-	-	Not Allowed				
L5230	E	ABOVE KNEE FOR PROX. FEMRAL FOCAL DEF CONSTANT FR	-	-	-	Not Allowed				
L5250	E	HIP DISARTICULATION CANADIAN TYPE; MOLDED SOCKET SN	-	-	-	Not Allowed				
L5270	E	HIP DISARTICULATION TILT TABLE TYPE; MOLDED SOCK. SNG	-	-	-	Not Allowed				
L5280	E	HEMIPELVECTOMY CANADIAN TYPE;	-	-	-	Not Allowed				
L5301	E	BK MOLD SOCKET SACH FT ENDO	-	-	-	Not Allowed				Y
L5311	E	KNEE DISART SACH FT ENDO	-	-	-	Not Allowed				Y
L5321	E	AK OPEN END SACH	-	-	-	Not Allowed				Y
L5331	E	HIP DISART CANADIAN SACH FT	-	-	-	Not Allowed				Y
L5341	E	HEMIPELVECTOMY CANADIAN SACH	-	-	-	Not Allowed				Y
L5400	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BELOW	-	-	-	Not Allowed				
L5410	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BK EA.	-	-	-	Not Allowed				
L5420	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. "AK" OF	-	-	-	Not Allowed				
L5430	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. AK EA.	-	-	-	Not Allowed				
L5450	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWE	-	-	-	Not Allowed				
L5460	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWE	-	-	-	Not Allowed				
L5500	E	INITIAL BELOW KNEE "PTB" TYPE SOCKET	-	-	-	Not Allowed				
L5505	E	INITIAL ABOVE KNEE - KNEE DISARTIC. ISCHIAL LEVEL SOCKE	-	-	-	Not Allowed				
L5510	E	PREP. BELOW KNEE "PTB" TYPE SOCKET PLASTER SOCKET	-	-	-	Not Allowed				
L5520	E	PREPARATORY BELOW KNEE "PTB" TYPE SOCKET DIRECT F	-	-	-	Not Allowed				
L5530	E	PREP. BELOW KNEE "PTB" TYPE SOCKET THERMOPLASTIC M	-	-	-	Not Allowed				

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L5535	E	PREP. BELOW KNEE "PTB" TYPE SOCKET PREFABRICATED AD	-	-	-	Not Allowed				
L5540	E	PREP. BELOW KNEE "PTB" TYPE SOCKET LAMINATED SOCK. I	-	-	-	Not Allowed				
L5560	E	PREP. ABOVE KNEE - PLASTER SOCKET MOLDED TO MODEL	-	-	-	Not Allowed				
L5570	E	PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL DIRECT FO	-	-	-	Not Allowed				
L5580	E	PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL MOLDED TO	-	-	-	Not Allowed				
L5585	E	PREP. ABOVE KNEE - PREFABRICATED ADJUSTABLE OPEN EN	-	-	-	Not Allowed				
L5590	E	PREP. ABOVE KNEE - LAMINATED SOCKET MOLDED TO MODE	-	-	-	Not Allowed				
L5595	E	PREP. HIP DISARTIC. - HEMIPELVECTOMY THERMOPLASTIC M	-	-	-	Not Allowed				
L5600	E	PREP. HIP DISARTIC. - HEMIPELVECTOMY LAMINATED SOCK. I	-	-	-	Not Allowed				
L5610	E	ADD'N TO LOWER EXTREMITY ENDOSKEL ABOVE KNEE HYDI	-	-	-	Not Allowed				
L5611	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/FRICTION	-	-	-	Not Allowed				
L5613	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/HYDRAU	-	-	-	Not Allowed				
L5614	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/PNEUMA	-	-	-	Not Allowed				
L5616	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK UNIVERS. FRICTIO	-	-	-	Not Allowed				
L5617	E	ADD'N TO LOWER EXTREM. QUICK CHANGE SELF-ALIGN AK O	-	-	-	Not Allowed				
L5618	E	ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES	-	-	-	Not Allowed				
L5620	E	ADDITION TO LOWER EXTREMITY TEST SOCKET BELOW KNE	-	-	-	Not Allowed				
L5622	E	ADD'N TO LOWER EXTREMITY TEST SOCKET KNEE DISARTIC	-	-	-	Not Allowed				
L5624	E	ADDITION TO LOWER EXTREMITY TEST SOCKET ABOVE KNE	-	-	-	Not Allowed				
L5626	E	ADD'N TO LOWER EXTREMITY TEST SOCKET HIP DISARTICUL	-	-	-	Not Allowed				
L5628	E	ADDITION TO LOWER EXTREMITY TEST SOCKET HEMIPELVEC	-	-	-	Not Allowed				
L5629	E	ADDITION TO LOWER EXTREMITY BELOW KNEE ACRYLIC SOC	-	-	-	Not Allowed				
L5630	E	ADD'N TO LOWER EXTREMITY SYMES TYPE EXPANDABLE WA	-	-	-	Not Allowed				
L5631	E	ADD'N TO LOWER EXTREMITY AK OR KNEE DISARTIC. ACRYL	-	-	-	Not Allowed				
L5632	E	ADD'N TO LOWER EXTREM. SYMES TYPE "PTB" BRIM DESIGN	-	-	-	Not Allowed				
L5634	E	ADD'N TO LOWER EXTREM. SYMES TYPE POSTERIOR OPENIN	-	-	-	Not Allowed				
L5636	E	ADD'N TO LOWER EXTREMITY SYMES TYPE MEDIAL OPENING	-	-	-	Not Allowed				
L5637	E	ADDITION TO LOWER EXTREMITY BELOW KNEE TOTAL CONT	-	-	-	Not Allowed				
L5638	E	ADDITION TO LOWER EXTREMITY BELOW KNEE LEATHER SO	-	-	-	Not Allowed				
L5639	E	ADDITION TO LOWER EXTREMITY BELOW KNEE WOOD SOCK	-	-	-	Not Allowed				
L5640	E	ADD'N TO LOWER EXTREMITY KNEE DISARTIC. LEATHER SOC	-	-	-	Not Allowed				
L5642	E	ADDITION TO LOWER EXTREMITY ABOVE KNEE LEATHER SOC	-	-	-	Not Allowed				
L5643	E	ADD'N TO LOWER EXTREM. HIP DISARTIC. FLEX. INNER/EXT F	-	-	-	Not Allowed				
L5644	E	ADDITION TO LOWER EXTREMITY ABOVE KNEE WOOD SOCKE	-	-	-	Not Allowed				
L5645	E	ADD'N TO LOWER EXTREM. BELOW KNEE FLEX. INNER / EXT.	-	-	-	Not Allowed				
L5646	E	BELOW KNEE CUSHION SOCKET	-	-	-	Not Allowed				
L5647	E	ADDITION TO LOWER EXTREMITY BELOW KNEE SUCTION SOC	-	-	-	Not Allowed				
L5648	E	ABOVE KNEE CUSHION SOCKET	-	-	-	Not Allowed				
L5649	E	ADD'N TO LOWER EXTREM. ISCHIAL CONTAINMENT/NARROW	-	-	-	Not Allowed				
L5650	E	ADD'N TO LOWER EXTREM. TOTAL CONTACT AK OR KNEE DIS	-	-	-	Not Allowed				
L5651	E	ADD'N TO LOWER EXTREM. ABOVE KNEE FLEX. INNER /EXT. F	-	-	-	Not Allowed				
L5652	E	ADD'N TO LOWER EXTREM. SUCTION SUSPENSION AK OR KN	-	-	-	Not Allowed				
L5653	E	ADD'N TO LOWER EXTREMITY KNEE DISARTICULATION EXP. V	-	-	-	Not Allowed				
L5654	E	ADD'N TO LOWER EXTREM. SOCKET INSERT SYMES	-	-	-	Not Allowed				

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

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L5718	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT.	-	-	-	Not Allowed				
L5722	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMAT	-	-	-	Not Allowed				
L5724	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SW	-	-	-	Not Allowed				
L5726	E	ADD'N EXOSKEL. KNEE-SHIN SYS. SNGL. AXIS EXT. JTS. FLUI	-	-	-	Not Allowed				
L5728	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SW	-	-	-	Not Allowed				
L5780	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMAT	-	-	-	Not Allowed				
L5781	E	LOWER LIMB PROS VACUUM PUMP	-	-	-	Not Allowed				Y
L5782	E	HD LOW LIMB PROS VACUUM PUMP	-	-	-	Not Allowed				
L5785	E	ADD'N EXOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT M	-	-	-	Not Allowed				
L5790	E	ADD'N EXOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT M	-	-	-	Not Allowed				
L5795	E	ADD'N EXOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT M	-	-	-	Not Allowed				
L5810	E	ADD'N ENDOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MANU	-	-	-	Not Allowed				
L5811	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL L	-	-	-	Not Allowed				
L5812	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION	-	-	-	Not Allowed				
L5814	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC HYDR	-	-	-	Not Allowed				
L5816	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECH	-	-	-	Not Allowed				
L5818	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT	-	-	-	Not Allowed				
L5822	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMA	-	-	-	Not Allowed				
L5824	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SV	-	-	-	Not Allowed				
L5826	E	ADD'N ENDOSKEL. KNEE-SHIN SYS. SNGL. AXIS HYDRAULIC I	-	-	-	Not Allowed				
L5828	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SV	-	-	-	Not Allowed				
L5830	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMA	-	-	-	Not Allowed				
L5840	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. 4-BAR OR MULTIAXIA	-	-	-	Not Allowed				
L5845	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. STANCE FLEXION AD	-	-	-	Not Allowed				
L5848	E	KNEE-SHIN SYS HYDRAUL STANCE	-	-	-	Not Allowed				
L5850	E	ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. EXT. AS	-	-	-	Not Allowed				
L5855	E	ADD'N ENDOSKELETAL SYS. HIP DISARTIC. MECHAN. HIP EXT.	-	-	-	Not Allowed				
L5856	E	ELEC KNEE-SHIN SWING/STANCE	-	-	-	Not Allowed				
L5857	E	ELEC KNEE-SHIN SWING ONLY	-	-	-	Not Allowed				
L5858	E	STANCE PHASE ONLY	-	-	-	Not Allowed				
L5910	E	ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ALIGNABL	-	-	-	Not Allowed				
L5920	E	ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. ALIGNA	-	-	-	Not Allowed				
L5925	E	ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTI	-	-	-	Not Allowed				
L5930	E	ADD'N ENDOSKELETAL SYSTEM HIGH ACTIVITY KNEE CONTR	-	-	-	Not Allowed				
L5940	E	ADD'N ENDOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT M	-	-	-	Not Allowed				
L5950	E	ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT M	-	-	-	Not Allowed				
L5960	E	ADD'N ENDOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT	-	-	-	Not Allowed				
L5962	E	ADD'N ENDOSKELETAL SYSTEM BK FLEX. PROTEC OUTER SU	-	-	-	Not Allowed				
L5964	E	ADD'N ENDOSKELETAL SYSTEM AK FLEX. PROTEC OUTER SU	-	-	-	Not Allowed				
L5966	E	ADD'N ENDOSKELETAL SYSTEM HIP DISAR. PRTEC OUTER SU	-	-	-	Not Allowed				
L5968	E	ADD'N TO LOWER LIMB PROSTHESIS MULTIAXIAL ANKLE W/SV	-	-	-	Not Allowed				Y
L5970	E	ALL LOWER EXTREM. PROS. FOOT EXTERNAL KEEL SACH FO	-	-	-	Not Allowed				
L5971	E	SACH FOOT REPLACEMENT	-	-	-	Not Allowed				
L5972	E	ALL LOWER EXTREM. PROS. FLEXIBLE KEEL FOOT	-	-	-	Not Allowed				

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L5974	E	ALL LOWER EXTREM. PROS. FOOT SINGLE AXIS ANKLE/FOOT	-	-	-	Not Allowed				
L5975	E	ALL LOWER EXTREM. PROS. COMBO SNGL. AXIS ANKLE/FLEX	-	-	-	Not Allowed				
L5976	E	ALL LOWER EXTREM. PROS. ENERGY STORING FOOT	-	-	-	Not Allowed				
L5978	E	ALL LOWER EXTREM. PROS. FOOT MULTIAXIAL ANKLE/FOOT	-	-	-	Not Allowed				
L5979	E	ALL LOWER EXTREM. PROS. MULTIAXIAL ANKLE/DYNAMIC RE	-	-	-	Not Allowed				
L5980	E	ALL LOWER EXTREM. PROS. FLEX FOOT SYSTEM	-	-	-	Not Allowed				
L5981	E	ALL LOWER EXTREM. PROS. FLEX-WALK SYSTEM OR EQUAL	-	-	-	Not Allowed				
L5982	E	ALL LOWER EXTREM. PROS. AXIAL ROTATION UNIT	-	-	-	Not Allowed				
L5984	E	ENDOSKELETAL AXIAL ROTATION	-	-	-	Not Allowed				
L5985	E	ALL LOWER EXTREM. PROS. DYNAMIC PROSTHETIC PYLON	-	-	-	Not Allowed				
L5986	E	ALL LOWER EXTREM. PROS. MULTIAXIAL ROTATION UNIT	-	-	-	Not Allowed				
L5987	E	ALL LOWER EXTREM. PROS. SHANK FOOT SYSTEM W/VERT. L	-	-	-	Not Allowed				
L5988	E	ADD'N TO LOWER LIMB PROSTHESIS VERTICAL SHOCK REDU	-	-	-	Not Allowed				Y
L5990	E	USER ADJUSTABLE HEEL HEIGHT	-	-	-	Not Allowed				
L5993	E	HEAVY DUTY FEATURE, FOOT	-	-	-	Not Allowed				
L5994	E	HEAVY DUTY FEATURE, KNEE	-	-	-	Not Allowed				
L5995	E	LOWER EXT PROS HEAVYDUTY FEA	-	-	-	Not Allowed				
L5999	E	LOWER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIE	-	-	-	Not Allowed				
L6000	E	PARTIAL HAND ROBIN-AIDS THUMB REMAINING (OR EQUAL)	-	-	-	Not Allowed				
L6010	E	PARTIAL HAND ROBIN-AIDS LITTLE &/OR RING FINGER REMAI	-	-	-	Not Allowed				
L6020	E	PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING (OR EQU	-	-	-	Not Allowed				
L6025	E	PART HAND DISART MYOELECTRIC	-	-	-	Not Allowed				Y
L6050	E	WRIST DISARTIC. MOLDED SOCK. FLEX. ELBOW HINGES TRIC	-	-	-	Not Allowed				
L6055	E	WRIST DISARTIC. MOLDED SOCK. W/ EXPANDABLE INTERFAC	-	-	-	Not Allowed				
L6100	E	BELOW ELBOW MOLDED SOCKET FLEX. ELBOW HINGE TRIC	-	-	-	Not Allowed				
L6110	E	BELOW ELBOW MOLDED SOCKET (MUENSTER OR NW SUSPE	-	-	-	Not Allowed				
L6120	E	BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STEP	-	-	-	Not Allowed				
L6130	E	BELOW ELBOW MOLDED DBL. WALL SPLIT SOCK. STUMP ACT	-	-	-	Not Allowed				
L6200	E	ELBOW DISARTIC. MOLDED SOCK. OUTSIDE LOCKING HINGE	-	-	-	Not Allowed				
L6205	E	ELBOW DISARTIC. MOLDED SOCK. EXP. INTFACE LOCKING F	-	-	-	Not Allowed				
L6250	E	ABOVE ELBOW MOLDED DBL. WALL SOCK. INT.LOCK ELBOW	-	-	-	Not Allowed				
L6300	E	SHOULDER DISARTIC. MOLDED SOCK. SHLDR BULKHEAD HU	-	-	-	Not Allowed				
L6310	E	SHOULDER DISARTIC. PASSIVE RESTORATION(COMPLETE PR	-	-	-	Not Allowed				
L6320	E	SHOULDER DISARTIC. PASSIVE RESTORATION (SHOULDER C	-	-	-	Not Allowed				
L6350	E	INTERSCAP. THORACIC MOLDED SOCKET SHOULDER BULKH	-	-	-	Not Allowed				
L6360	E	INTERSCAP. THORACIC PASSIVE RESTORATION(COMPLETE P	-	-	-	Not Allowed				
L6370	E	INTERSCAP. THORACIC PASSIVE RESTORATION (SHOULDER	-	-	-	Not Allowed				
L6380	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. WRIST	-	-	-	Not Allowed				
L6382	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. ELBOW	-	-	-	Not Allowed				
L6384	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. SHLDR.	-	-	-	Not Allowed				
L6386	E	IMMED. POSTSURG. OR EARLY FIT EA ADD'L CAST CHANGE/R	-	-	-	Not Allowed				
L6388	E	IMMED. POSTSURG. OR EARLY FIT APPLIC. RIGID DRESSING	-	-	-	Not Allowed				
L6400	E	BELOW ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE	-	-	-	Not Allowed				
L6450	E	ELBOW DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISS	-	-	-	Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L6500	E	ABOVE ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE S	-	-	-	Not Allowed				
L6550	E	SHLDR. DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISSU	-	-	-	Not Allowed				
L6570	E	INTERSCAPULAR THORACIC MOLDED SOCKET ENDOSKELET.	-	-	-	Not Allowed				
L6580	E	PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW	-	-	-	Not Allowed				
L6582	E	PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW	-	-	-	Not Allowed				
L6584	E	PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW	-	-	-	Not Allowed				
L6586	E	PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW	-	-	-	Not Allowed				
L6588	E	PREPARATORY SHOULDER DISARTICULATION OR INTERSCAP	-	-	-	Not Allowed				
L6590	E	PREPARATORY SHOULDER DISARTICULATION OR INTERSCAP	-	-	-	Not Allowed				
L6600	E	UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR	-	-	-	Not Allowed				
L6605	E	UPPER EXTREMITY ADDITIONS SINGLE PIVOT HINGE PAIR	-	-	-	Not Allowed				
L6610	E	UPPER EXTREMITY ADDITIONS FLEXIBLE METAL HINGE PAIR	-	-	-	Not Allowed				
L6611	E	ADDITIONAL SWITCH, EXT POWER	-	-	-	Not Allowed				
L6615	E	UPPER EXTREMITY ADDITIONS DISCONNECT LOCKING WRIST	-	-	-	Not Allowed				
L6616	E	UPPER EXTREMITY ADDITION ADDITIONAL DISCONNECT INSE	-	-	-	Not Allowed				
L6620	E	FLEXION/EXTENSION WRIST UNIT	-	-	-	Not Allowed				
L6621	E	FLEX/EXT WRIST W/WO FRICTION	-	-	-	Not Allowed				
L6623	E	UPPER EXTREMITY ADDITION SPRING ASSISTED ROTATIONA	-	-	-	Not Allowed				
L6624	E	FLEX/EXT/ROTATION WRIST UNIT	-	-	-	Not Allowed				
L6625	E	UPPER EXTREMITY ADDITIONS ROTATION WRIST UNIT WITH C	-	-	-	Not Allowed				
L6628	E	UPPER EXTREMITY ADDITION QUICK DISCONNECT HOOK AD/	-	-	-	Not Allowed				
L6629	E	UPPER EXTREMITY ADDITION QUICK DISCONNECT LAMINATI	-	-	-	Not Allowed				
L6630	E	UPPER EXTREMITY ADDITIONS STAINLESS STEEL ANY WRIST	-	-	-	Not Allowed				
L6632	E	UPPER EXTREMITY ADDITION LATEX SUSPENSION SLEEVE E	-	-	-	Not Allowed				
L6635	E	UPPER EXTREMITY ADDITIONS LIFT ASSIST FOR ELBOW	-	-	-	Not Allowed				
L6637	E	UPPER EXTREMITY ADDITION NUDGE CONTROL ELBOW LOCI	-	-	-	Not Allowed				
L6638	E	ELEC LOCK ON MANUAL PW ELBOW	-	-	-	Not Allowed				Y
L6639	E	HEAVY DUTY ELBOW FEATURE	-	-	-	Not Allowed				
L6640	E	UPPER EXTREMITY ADDITIONS SHOULDER ABDUCTION JOINT	-	-	-	Not Allowed				
L6641	E	UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER PULLE	-	-	-	Not Allowed				
L6642	E	UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER LEVER	-	-	-	Not Allowed				
L6645	E	UPPER EXTREMITY ADDITIONS SHOULDER FLEXION-ABDUCTI	-	-	-	Not Allowed				
L6646	E	MULTIPO LOCKING SHOULDER JNT	-	-	-	Not Allowed				Y
L6647	E	SHOULDER LOCK ACTUATOR	-	-	-	Not Allowed				
L6648	E	EXT PWRD SHLDER LOCK/UNLOCK	-	-	-	Not Allowed				Y
L6650	E	UPPER EXTREMITY ADDITIONS SHOULDER UNIVERSAL JOINT	-	-	-	Not Allowed				
L6655	E	UPPER EXTREMITY ADDITIONS STANDARD CONTROL CABLE	-	-	-	Not Allowed				
L6660	E	UPPER EXTREMITY ADDITIONS HEAVY DUTY CONTROL CABLE	-	-	-	Not Allowed				
L6665	E	UPPER EXTREMITY ADDITIONS TEFLON OR EQUAL CABLE LI	-	-	-	Not Allowed				
L6670	E	UPPER EXTREMITY ADDITIONS HOOK TO HAND CABLE ADAP	-	-	-	Not Allowed				
L6672	E	UPPER EXTREMITY ADDITIONS HARNESS CHEST OR	-	-	-	Not Allowed				
L6675	E	HARNESS FIGURE OF 8 SING CON	-	-	-	Not Allowed				
L6676	E	HARNESS FIGURE OF 8 DUAL CON	-	-	-	Not Allowed				
L6677	E	UE TRIPLE CONTROL HARNESS	-	-	-	Not Allowed				

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L6680	E	UPPER EXTREMITY ADDITIONS TEST SOCKET WRIST DISART	-	-	-	Not Allowed				
L6682	E	UPPER EXTREMITY ADDITIONS TEST SOCKET ELBOW DISART	-	-	-	Not Allowed				
L6684	E	UPPER EXTREMITY ADDITIONS TEST SOCKET SHOULDER DIS	-	-	-	Not Allowed				
L6686	E	UPPER EXTREMITY ADDITION SUCTION SOCKET	-	-	-	Not Allowed				
L6687	E	UPPER EXTREMITY FRAME TYPE SOCKET BELOW ELBOW	-	-	-	Not Allowed				
L6688	E	UPPER EXTREMITY FRAME TYPE SOCKET ABOVE ELBOW	-	-	-	Not Allowed				
L6689	E	UPPER EXTREMITY ADDITION FRAME TYPE SOCKET SHOULD	-	-	-	Not Allowed				
L6690	E	UPPER EXTREMITY ADDITION FRAME TYPE SOCKET INTERS	-	-	-	Not Allowed				
L6691	E	UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH	-	-	-	Not Allowed				
L6692	E	UPPER EXTREMITY ADDITION SILICONE GEL INSERT OR EQUA	-	-	-	Not Allowed				
L6693	E	UPPER EXTREM ADD'N EXT LOCKING ELBOW/FOREARM COUN	-	-	-	Not Allowed				Y
L6694	E	ELBOW SOCKET INS USE W/LOCK	-	-	-	Not Allowed				
L6695	E	ELBOW SOCKET INS USE W/O LCK	-	-	-	Not Allowed				
L6696	E	CUS ELBO SKT IN FOR CON/ATYP	-	-	-	Not Allowed				
L6697	E	CUS ELBO SKT IN NOT CON/ATYP	-	-	-	Not Allowed				
L6698	E	BELOW/ABOVE ELBOW LOCK MECH	-	-	-	Not Allowed				
L6703	E	TERM DEV, PASSIVE HAND MITT	-	-	-	Not Allowed				
L6704	E	TERM DEV, SPORT/REC/WORK ATT	-	-	-	Not Allowed				
L6706	E	TERM DEV MECH HOOK VOL OPEN	-	-	-	Not Allowed				
L6707	E	TERM DEV MECH HOOK VOL CLOSE	-	-	-	Not Allowed				
L6708	E	TERM DEV MECH HAND VOL OPEN	-	-	-	Not Allowed				
L6709	E	TERM DEV MECH HAND VOL CLOSE	-	-	-	Not Allowed				
L6805	E	TERM DEV MODIFIER WRIST UNIT	-	-	-	Not Allowed				
L6810	E	TERM DEV PRECISION PINCH DEV	-	-	-	Not Allowed				
L6881	E	TERM DEV AUTO GRASP FEATURE	-	-	-	Not Allowed				
L6882	E	MICROPROCESSOR CONTROL UPLMB	-	-	-	Not Allowed				
L6883	E	REPLC SOCKT BELOW E/W DISA	-	-	-	Not Allowed				
L6884	E	REPLC SOCKT ABOVE ELBOW DISA	-	-	-	Not Allowed				
L6885	E	REPLC SOCKT SHLDR DIS/INTERC	-	-	-	Not Allowed				
L6890	E	TERMINAL DEVICE GLOVES FOR ABOVE HANDS PRODUCTION	-	-	-	Not Allowed				
L6895	E	TERMINAL DEVICES GLOVES FOR ABOVE HANDS CUSTOM GL	-	-	-	Not Allowed				
L6900	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS	-	-	-	Not Allowed				
L6905	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS	-	-	-	Not Allowed				
L6910	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS	-	-	-	Not Allowed				
L6915	E	HAND RESTORATION (SHADING AND MEASUREMENTS INCLUD	-	-	-	Not Allowed				
L6920	E	WRIST DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE	-	-	-	Not Allowed				
L6925	E	WRIST DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL D	-	-	-	Not Allowed				
L6930	E	BELOW ELBOW SWITCH CONTROL OF TERMINAL DEVICE	-	-	-	Not Allowed				
L6935	E	BELOW ELBOW MYOELECTRONIC CONTROL OF TERMINAL DE	-	-	-	Not Allowed				
L6940	E	ELBOW DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE	-	-	-	Not Allowed				
L6945	E	ELBOW DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL	-	-	-	Not Allowed				
L6950	E	ABOVE ELBOW SWITCH CONTROL OF TERMINAL DEVICE	-	-	-	Not Allowed				
L6955	E	ABOVE ELBOW MYOELECTRONIC CONTROL OF TERMINAL DE	-	-	-	Not Allowed				
L6960	E	SHLDR DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE	-	-	-	Not Allowed				

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L6965	E	SHLDR DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL	-	-	-	Not Allowed				
L6970	E	INTERSCAP-THOR. SWITCH CONTROL OF TERMINAL DEVICE	-	-	-	Not Allowed				
L6975	E	INTERSCAP-THOR. MYOELECTRONIC CONTROL OF TERMINAL	-	-	-	Not Allowed				
L7007	E	ADULT ELECTRIC HAND	-	-	-	Not Allowed				
L7008	E	PEDIATRIC ELECTRIC HAND	-	-	-	Not Allowed				
L7009	E	ADULT ELECTRIC HOOK	-	-	-	Not Allowed				
L7040	E	PREHENSILE ACTUATOR	-	-	-	Not Allowed				
L7045	E	PEDIATRIC ELECTRIC HOOK	-	-	-	Not Allowed				
L7170	E	ELECTRONIC ELBOW HOSMER OR EQUAL SWITCH CONTROL	-	-	-	Not Allowed				
L7180	E	ELECTRONIC ELBOW UTAH OR EQUAL MYOELECTRONICALLY	-	-	-	Not Allowed				
L7181	E	ELECTRONIC ELBO SIMULTANEOUS	-	-	-	Not Allowed				
L7185	E	ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL SWITCH C	-	-	-	Not Allowed				
L7186	E	ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL SW	-	-	-	Not Allowed				
L7190	E	ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL MYOELEC	-	-	-	Not Allowed				
L7191	E	ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL MY	-	-	-	Not Allowed				
L7260	E	ELECTRONIC WRIST ROTATOR OTTO BOCK OR EQUAL	-	-	-	Not Allowed				
L7261	E	ELECTRONIC WRIST ROTATOR FOR UTAH ARM	-	-	-	Not Allowed				
L7266	E	SERVO CONTROL STEEPER OR EQUAL	-	-	-	Not Allowed				
L7272	E	ANALOGUE CONTROL UNB OR EQUAL	-	-	-	Not Allowed				
L7274	E	PROPORTIONAL CONTROL 12 VOLT UTAH OR EQUAL	-	-	-	Not Allowed				
L7360	E	SIX VOLT BATTERY OTTO BOCK OR EQUAL EACH	-	-	-	Not Allowed				
L7362	E	BATTERY CHARGER SIX VOLT OTTO BOCK OR EQUAL	-	-	-	Not Allowed				
L7364	E	TWELVE VOLT BATTERY UTAH OR EQUAL EACH	-	-	-	Not Allowed				
L7366	E	BATTERY CHARGER TWELVE VOLT UTAH OR EQUAL	-	-	-	Not Allowed				
L7367	E	REPLACEMNT LITHIUM IONBATTER	-	-	-	Not Allowed				
L7368	E	3ITHIUM ION BATTERY CHARGER	-	-	-	Not Allowed				
L7400	E	ADD UE PROST BE/WD ULTLITE	-	-	-	Not Allowed				
L7401	E	ADD UE PROST A/E ULTLITE MAT	-	-	-	Not Allowed				
L7402	E	ADD UE PROST S/D ULTLITE MAT	-	-	-	Not Allowed				
L7403	E	ADD UE PROST B/E ACRYLIC	-	-	-	Not Allowed				
L7404	E	ADD UE PROST A/E ACRYLIC	-	-	-	Not Allowed				
L7405	E	ADD UE PROST S/D ACRYLIC	-	-	-	Not Allowed				
L7499	E	UPPER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED	-	-	-	Not Allowed				
L7500	E	REPAIR OF PROSTHETIC DEVICE HOURLY RATE	-	-	-	Not Allowed				
L7510	E	PROSTHETIC DEVICE REPAIR REP	-	-	-	Not Allowed				
L7520	E	REPAIR PROSTHETIC DEVICE LABOR COMPONENT PER 15 MI	-	-	-	Not Allowed				
L7600	E	PROSTHETIC DONNING SLEEVE	-	-	-	Not Allowed				
L7900	E	MALE VACUUM ERECTION SYSTEM	-	-	-	Not Allowed				
L8000	M	BREAST PROSTHESIS MASTECTOMY BRA	-	-	$30.15	Fee Schedule				
L8001	E	BREAST PROSTHESIS BRA & FORM	-	-	-	Not Allowed				
L8002	E	BRST PRSTH BRA & BILAT FORM	-	-	-	Not Allowed				
L8010	M	MASTECTOMY SLEEVE	-	-	-	By Report				
L8015	E	EXT BREAST PROSTHESIS GARMENT W/MASTECTOMY FORM	-	-	-	Not Allowed				
L8020	M	BREAST PROSTHESIS MASTECTOMY FORM	-	-	$160.88	Fee Schedule				

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L8030	M	BREAST PROSTHESIS SILICONE OR EQUAL	-	-	$285.49	Fee Schedule				
L8035	E	CUSTOM BREAST PROSTH. POST MASTECTOMY MOLDED TO	-	-	-	Not Allowed				Y
L8039	E	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED	-	-	-	Not Allowed				
L8040	E	NASAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	-	-	-	Not Allowed				Y
L8041	E	MIDFACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	-	-	-	Not Allowed				Y
L8042	E	ORBITAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	-	-	-	Not Allowed				Y
L8043	E	UPPER FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	-	-	-	Not Allowed				Y
L8044	E	HEMI-FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	-	-	-	Not Allowed				Y
L8045	E	AURICULAR PROSTHESIS PROVIDED BY A NON PHYSICIAN	-	-	-	Not Allowed				Y
L8046	E	PARTIAL FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIA	-	-	-	Not Allowed				Y
L8047	E	NASAL SEPTAL PROSTHESIS PROVIDED BY A NON PHYSICIAN	-	-	-	Not Allowed				
L8048	E	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY A NON PHYSIC	-	-	-	Not Allowed				
L8049	E	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS L	-	-	-	Not Allowed				
L8300	E	TRUSSES SINGLE WITH STANDARD PAD	-	-	-	Not Allowed				
L8310	E	TRUSSES DOUBLE WITH STANDARD PADS	-	-	-	Not Allowed				
L8320	E	TRUSSES ADDITION TO STANDARD PADS WATER PAD	-	-	-	Not Allowed				
L8330	E	TRUSSES ADDITION TO STANDARD PADS SCROTAL PAD	-	-	-	Not Allowed				
L8400	E	PROSTHETIC SHEATH BELOW KNEE EACH	-	-	-	Not Allowed				
L8410	E	PROSTHETIC SHEATH ABOVE KNEE EACH	-	-	-	Not Allowed				
L8415	E	PROSTHETIC SHEATH UPPER LIMB EACH	-	-	-	Not Allowed				
L8417	E	PROS SHEATH/SOCK GEL CUSHION BELOW OR ABOVE KNEE	-	-	-	Not Allowed				
L8420	E	PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH	-	-	-	Not Allowed				
L8430	E	PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH	-	-	-	Not Allowed				
L8435	E	PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH	-	-	-	Not Allowed				
L8440	E	PROSTHETIC SHRINKER BELOW KNEE EACH	-	-	-	Not Allowed				
L8460	E	PROSTHETIC SHRINKER ABOVE KNEE EACH	-	-	-	Not Allowed				
L8465	E	PROSTHETIC SHRINKER UPPER LIMB EACH	-	-	-	Not Allowed				
L8470	E	PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EACH	-	-	-	Not Allowed				
L8480	E	PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EACH	-	-	-	Not Allowed				
L8485	E	PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EACH	-	-	-	Not Allowed				
L8499	E	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC	-	-	-	Not Allowed				
L8500	E	ARTIFICIAL LARYNX ANY TYPE	-	-	-	Not Allowed				
L8501	E	TRACHEOSTOMY SPEAKING VALVE	-	-	-	Not Allowed				
L8505	E	ARTIFICIAL LARYNX ACCESSORY	-	-	-	Not Allowed				
L8507	E	TRACH-ESOPH VOICE PROS PT IN	-	-	-	Not Allowed				Y
L8509	E	TRACH-ESOPH VOICE PROS MD IN	-	-	-	Not Allowed				Y
L8510	E	VOICE AMPLIFIER	-	-	-	Not Allowed				Y
L8511	E	INDWELLING TRACH INSERT	-	-	-	Not Allowed				
L8512	E	GEL CAP FOR TRACH VOICE PROS	-	-	-	Not Allowed				
L8513	E	TRACH PROS CLEANING DEVICE	-	-	-	Not Allowed				
L8514	E	REPL TRACH PUNCTURE DILATOR	-	-	-	Not Allowed				
L8515	E	GEL CAP APP DEVICE FOR TRACH	-	-	-	Not Allowed				
L8600	N	IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL	-	-	-	APC/ Bundled				
L8603	N	COLLAGEN IMPLANT URINARY TRACT PER 2.5 ML SYRINGE IN	-	-	-	APC/ Bundled				

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L8606	N	INJECTABLE BULKING AGENT SYNTHETIC IMPLANT URINARY	-	-	-	APC/ Bundled				
L8609	N	ARTIFICIAL CORNEA	-	-	-	APC/ Bundled				
L8610	N	OCULAR IMPLANT	-	-	-	APC/ Bundled				
L8612	N	AQUEOUS SHUNT	-	-	-	APC/ Bundled				
L8613	N	OSSICULAR IMPLANT	-	-	-	APC/ Bundled				
L8614	N	COCHLEAR DEVICE	-	-	-	APC/ Bundled				
L8615	E	COCH IMPLANT HEADSET REPLACE	-	-	-	Not Allowed				
L8616	E	COCH IMPLANT MICROPHONE REPL	-	-	-	Not Allowed				
L8617	E	COCH IMPLANT TRANS COIL REPL	-	-	-	Not Allowed				
L8618	E	COCH IMPLANT TRAN CABLE REPL	-	-	-	Not Allowed				
L8619	E	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR REPLA	-	-	-	Not Allowed				
L8621	E	REPL ZINC AIR BATTERY	-	-	-	Not Allowed				
L8622	E	REPL ALKALINE BATTERY	-	-	-	Not Allowed				
L8623	E	LITH ION BATT CID,NON-EARLVL	-	-	-	Not Allowed				
L8624	E	LITH ION BATT CID, EAR LEVEL	-	-	-	Not Allowed				
L8630	N	METACARPOPHALANGEAL JOINT IMPLANT	-	-	-	APC/ Bundled				
L8631	M	MCP JOINT REPL 2 PC OR MORE	-	-	-	Not Allowed				
L8641	N	METATARSAL JOINT IMPLANT	-	-	-	APC/ Bundled				
L8642	N	HALLUX IMPLANT	-	-	-	APC/ Bundled				
L8658	N	INTERPHALANGEAL JOINT SPACER	-	-	-	APC/ Bundled				
L8659	M	INTERPHALANGEAL JOINT REPL	-	-	-	Not Allowed				
L8670	N	VASCULAR GRAFT MATERIAL SYNTHETIC IMPLANT	-	-	-	APC/ Bundled				
L8680	E	IMPLT NEUROSTIM ELCTR EACH	-	-	-	Not Allowed				
L8681	E	PT PRGRM FOR IMPLT NEUROSTIM	-	-	-	Not Allowed				
L8682	N	IMPLT NEUROSTIM RADIOFQ REC	-	-	-	APC/ Bundled				
L8683	E	RADIOFQ TRSMTR FOR IMPLT NEU	-	-	-	Not Allowed				
L8684	E	RADIOF TRSMTR IMPLT SCRL NEU	-	-	-	Not Allowed				
L8685	E	IMPLT NROSTM PLS GEN SNG REC	-	-	-	Not Allowed				
L8686	E	IMPLT NROSTM PLS GEN SNG NON	-	-	-	Not Allowed				
L8687	E	IMPLT NROSTM PLS GEN DUA REC	-	-	-	Not Allowed				
L8688	E	IMPLT NROSTM PLS GEN DUA NON	-	-	-	Not Allowed				
L8689	E	EXTERNAL RECHARG SYS INTERN	-	-	-	Not Allowed				
L8690	H	AUD OSSEO DEV, INT/EXT COMP	01032	-	-	APC/By Report				
L8691	E	AUD OSSEO DEV EXT SND PROCES	-	-	-	Not Allowed				
L8695	E	EXTERNAL RECHARG SYS EXTERN	-	-	-	Not Allowed				
L8699	N	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED	-	-	-	APC/ Bundled				
L9900	E	ORTHO/PROSTHETIC SUPP ACCESS &/OR SRVC COMPONT OF	-	-	-	Not Allowed				
M0064	X	VISIT FOR DRUG MONITORING	00374	1.1418	$54.52	APC				
M0075	E	CELLULAR THERAPY	-	-	-	Not Allowed				
M0076	E	PROLOTHERAPY	-	-	-	Not Allowed				
M0100	E	INTRAGASTRIC HYPOTHERMIA	-	-	-	Not Allowed				
M0300	E	IV CHELATIONTHERAPY	-	-	-	Not Allowed				
M0301	E	FABRIC WRAPPING OF ANEURYSM	-	-	-	Not Allowed				
P2028	Q	CEPHALIN FLOCULATION BLOOD	-	-	-	By report				

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P2029	Q	CONGO RED BLOOD	-	-	-	By report				
P2031	E	HAIR ANALYSIS (EXCLUDING ARSENIC)	-	-	-	Not Allowed				
P2033	Q	THYMOL TURBIDITY BLOOD	-	-	-	By report				
P2038	Q	MUCOPROTEIN BLOOD (SEROMUCOID) (MEDICAL NECESSITY	-	-	$11.70	Medicare	$11.70	$7.25	$7.02	
P3000	Q	SCREENING PAPANICOLAOU SMEAR CERVICAL OR VAGINAL	-	-	$24.60	Medicare	$24.60	$15.25	$14.76	
P3001	M	SCREENING PAP SMEAR BY PHYS	-	-	$0.00	Fee Schedule				
P7001	E	CULTURE BACTERIAL URINE; QUANTITATIVE SENSITIVITY ST	-	-	-	Not Allowed				
P9010	K	WHOLE BLOOD FOR TRANSFUSION	00950	2.1471	$102.52	APC				
P9011	K	BLOOD, SPLIT UNIT	00967	2.2324	$106.60	APC				
P9012	K	CRYOPRECIPITATE EACH UNIT	00952	0.7905	$37.75	APC				
P9016	K	RBC LEUKOCYTES REDUCED	00954	2.859	$136.52	APC				
P9017	K	PLASMA 1 DONOR FRZ W/IN 8 HR	09508	1.1422	$54.54	APC				
P9019	K	PLATELETS, EACH UNIT	00957	0.959	$45.79	APC				
P9020	K	PLATELET RICH PLASMA EACH UNIT	00958	3.4048	$162.58	APC				
P9021	K	RED BLOOD CELLS UNIT	00959	2.1073	$100.62	APC				
P9022	K	WASHED RED BLOOD CELLS EACH UNIT	00960	3.4332	$163.94	APC				
P9023	K	FROZEN PLASMA, POOLED, SD	00949	0.9346	$44.63	APC				
P9031	K	PLATELETS LEUKOCYTES REDUCED EACH UNIT	01013	1.5469	$73.86	APC				
P9032	K	PLATELETS, IRRADIATED	09500	2.1079	$100.65	APC				
P9033	K	PLATELETS LEUKOCYTES REDUCED IRRADIATED EACH UNIT	00968	2.039	$97.36	APC				
P9034	K	PLATELETS, PHERESIS	09507	7.3686	$351.85	APC				
P9035	K	PLATELETS PHERESIS LEUKOCYTES REDUCED EACH UNIT	09501	7.9511	$379.67	APC				
P9036	K	PLATELET PHERESIS IRRADIATED	09502	6.8088	$325.12	APC				
P9037	K	PLATELETS PHERESIS LEUKOCYTES REDUCED IRRADIATED	01019	10.0443	$479.62	APC				
P9038	K	RBC IRRADIATED	09505	3.2049	$153.03	APC				
P9039	K	RED BLOOD CELLS DEGLYCEROLIZED EACH UNIT	09504	5.8292	$278.34	APC				
P9040	K	RBC LEUKOREDUCED IRRADIATED	00969	3.5394	$169.01	APC				
P9041	K	INFUSION ALBUMIN(HUMAN) 5% 50ML	00961	0.4144	$19.79	APC				
P9043	K	INFUSION PLASMA PROTEIN FRACTION(HUMAN) 5% 50 ML	00956	0.8339	$39.82	APC				
P9044	K	CRYOPRECIPITATEREDUCEDPLASMA	01009	1.3404	$64.00	APC				
P9045	K	INFUSION ALBUMIN (HUMAN) 5% 250 ML	00963	1.1694	$55.84	APC				
P9046	K	ALBUMIN (HUMAN) 25% 20 ML	00964	0.423	$20.20	APC				
P9047	K	INFUSION ALBUMIN (HUMAN) 25% 50 ML	00965	1.0339	$49.37	APC				
P9048	K	PLASMAPROTEIN FRACT 5% 250ML	00966	3.8746	$185.01	APC				
P9050	K	GRANULOCYTES PHERESIS EACH UNIT	09506	12.2073	$582.90	APC				
P9051	K	BLOOD L/R CMV-NEG	01010	2.5493	$121.73	APC				
P9052	K	PLATELETS HLA-M L/R UNIT	01011	10.9263	$521.73	APC				
P9053	K	PLT PHER L/R CMV-NEG IRR	01020	11.4755	$547.96	APC				
P9054	K	BLOOD L/R FROZ/DEGLY/WASH	01016	3.4335	$163.95	APC				
P9055	K	PLT APH/PHER L/R CMV-NEG	01017	6.4556	$308.25	APC				
P9056	K	BLOOD L/R IRRADIATED	01018	2.3472	$112.08	APC				
P9057	K	RBC FRZ/DEG/WSH L/R IRRAD	01021	8.0727	$385.47	APC				
P9058	K	RBC L/R CMV-NEG IRRAD	01022	4.2653	$203.67	APC				
P9059	K	PLASMA FRZ BETWEEN 8-24HOUR	00955	1.2489	$59.63	APC				

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P9060	K	FR FRZ PLASMA DONOR RETESTED	09503	1.2119	$57.87	APC				
P9603	E	ONE-WAY TRAVEL ALLOWANCE PRORATED MILES	-	-	-	Not Allowed				
P9604	E	ONE-WAY TRAVEL ALLOWANCE PRORATED TRIP	-	-	-	Not Allowed				
P9612	N	CATHETERIZATION FOR SPECIMEN COLLECTION SINGLE PT.	-	-	-	APC/Bundled				
P9615	N	CATHETERIZATION FOR COLLECTION OF SPECIMEN(S)	-	-	-	APC/ Bundled				
Q0035	X	CARDIOKYMOGRAPHY	00100	2.5336	$120.98	APC				
Q0081	E	INFUSION THERAPY USING OTHER THAN CHEMOTHERAPEUTI	-	-	-	Not Allowed				
Q0083	E	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION	-	-	-	Not Allowed				
Q0084	E	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE	-	-	-	Not Allowed				
Q0085	E	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHN	-	-	-	Not Allowed				
Q0091	T	SCREENING PAPANICOLAOU SMEAR; OBTAINING PREPARING	00191	0.1468	$7.01	APC				
Q0092	N	SET UP PORTABLE X-RAY EQUIPMENT	-	-	-	APC/ Bundled				
Q0111	Q	WET MOUNTS INCL PREP OF VAGINAL CERVICAL OR SKIN SPE	-	-	$9.93	Medicare	$9.93	$6.16	$5.96	
Q0112	Q	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	-	-	$9.93	Medicare	$9.93	$6.16	$5.96	
Q0113	Q	PINWORM EXAMINATIONS	-	-	$10.62	Medicare	$10.62	$6.58	$6.37	
Q0114	Q	FERN TEST	-	-	$16.65	Medicare	$16.65	$10.32	$9.99	
Q0115	Q	POST COITAL DIRECT QUALITATIVE EXAM OF VAG OR CERV M	-	-	$23.05	Medicare	$23.05	$14.29	$13.83	
Q0144	N	AZITHROMYCIN DIHYDRATE, ORAL	-	-	-	APC/Bundled				
Q0163	N	DIPHENHYDRAMINE HCL 50MG	-	-	-	APC/ Bundled				
Q0164	N	PROCHLORPERAZINE MALEATE 5MG	-	-	-	APC/ Bundled				
Q0165	N	PROCHLORPERAZINE MALEATE10MG	-	-	-	APC/Bundled				
Q0166	K	GRANISETRON HCL 1 MG ORAL	00765	0.73	$34.86	APC				
Q0167	N	DRONABINOL 2.5MG ORAL	-	-	-	APC/ Bundled				
Q0168	N	DRONABINOL 5MG ORAL	-	-	-	APC/Bundled				
Q0169	N	PROMETHAZINE HCL 12.5MG ORAL	-	-	-	APC/ Bundled				
Q0170	N	PROMETHAZINE HCL 25 MG ORAL	-	-	-	APC/Bundled				
Q0171	N	CHLORPROMAZINE HCL 10MG ORAL	-	-	-	APC/ Bundled				
Q0172	N	CHLORPROMAZINE HCL 25MG ORAL	-	-	-	APC/Bundled				
Q0173	N	TRIMETHOBENZAMIDE HCL 250MG	-	-	-	APC/ Bundled				
Q0174	N	THIETHYLPERAZINE MALEATE10MG	-	-	-	APC/ Bundled				
Q0175	N	PERPHENAZINE 4MG ORAL	-	-	-	APC/ Bundled				
Q0176	N	PERPHENAZINE 8MG ORAL	-	-	-	APC/Bundled				
Q0177	N	HYDROXYZINE PAMOATE 25MG	-	-	-	APC/ Bundled				
Q0178	N	HYDROXYZINE PAMOATE 50MG	-	-	-	APC/Bundled				
Q0179	K	ONDANSETRON HCL 8MG ORAL	00769	0.5946	$28.39	APC				
Q0180	K	DOLASETRON MESYLATE ORAL	00763	0.7731	$36.92	APC				
Q0181	N	UNSPECIFIED ORAL ANTI-EMETIC	-	-	-	APC/Bundled				
Q0480	E	DRIVER PNEUMATIC VAD, REP	-	-	-	Not Allowed				
Q0481	E	MICROPRCSR CU ELEC VAD, REP	-	-	-	Not Allowed				
Q0482	E	MICROPRCSR CU COMBO VAD, REP	-	-	-	Not Allowed				
Q0483	E	MONITOR ELEC VAD, REP	-	-	-	Not Allowed				
Q0484	E	MONITOR ELEC OR COMB VAD REP	-	-	-	Not Allowed				
Q0485	E	MONITOR CABLE ELEC VAD, REP	-	-	-	Not Allowed				
Q0486	E	MON CABLE ELEC/PNEUM VAD REP	-	-	-	Not Allowed				

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Q0487	E	LEADS ANY TYPE VAD, REP ONLY	-	-	-	Not Allowed				
Q0488	E	PWR PACK BASE ELEC VAD, REP	-	-	-	Not Allowed				
Q0489	E	PWR PCK BASE COMBO VAD, REP	-	-	-	Not Allowed				
Q0490	E	EMR PWR SOURCE ELEC VAD, REP	-	-	-	Not Allowed				
Q0491	E	EMR PWR SOURCE COMBO VAD REP	-	-	-	Not Allowed				
Q0492	E	EMR PWR CBL ELEC VAD, REP	-	-	-	Not Allowed				
Q0493	E	EMR PWR CBL COMBO VAD, REP	-	-	-	Not Allowed				
Q0494	E	EMR HD PMP ELEC/COMBO, REP	-	-	-	Not Allowed				
Q0495	E	CHARGER ELEC/COMBO VAD REP	-	-	-	Not Allowed				
Q0496	E	BATTERY ELEC/COMBO VAD REP	-	-	-	Not Allowed				
Q0497	E	BAT CLPS ELEC/COMB VAD REP	-	-	-	Not Allowed				
Q0498	E	HOLSTER ELEC/COMBO VAD REP	-	-	-	Not Allowed				
Q0499	E	BELT/VEST ELEC/COMBO VAD REP	-	-	-	Not Allowed				
Q0500	E	FILTERS ELEC/COMBO VAD, REP	-	-	-	Not Allowed				
Q0501	E	SHWR COV ELEC/COMBO VAD, REP	-	-	-	Not Allowed				
Q0502	E	MOBILITY CART PNEUM VAD, REP	-	-	-	Not Allowed				
Q0503	E	BATTERY PNEUM VAD REPLACEMNT	-	-	-	Not Allowed				
Q0504	E	PWR ADPT PNEUM VAD, REP VEH	-	-	-	Not Allowed				
Q0505	E	MISCL SUPPLY/ACCESSORY VAD	-	-	-	Not Allowed				
Q0510	E	DISPENS FEE IMMUNOSUPRESSIVE	-	-	-	Not Allowed				
Q0511	E	SUP FEE ANTIEM ANTICA IMMUNO	-	-	-	Not Allowed				
Q0512	E	PX SUP FEE ANTI-CAN SUB PRES	-	-	-	Not Allowed				
Q0513	E	DISP FEE INHAL DRUGS/30 DAYS	-	-	-	Not Allowed				
Q0514	E	DISP FEE INHAL DRUGS/90 DAYS	-	-	-	Not Allowed				
Q0515	K	SERMORELIN ACETATE INJECTION	03050	0.0285	$1.36	APC				
Q1003	N	NTIOL CATEGORY 3	-	-	-	APC/ Bundled				
Q1004	N	NTIOL CATEGORY 4	-	-	-	APC/ Bundled				
Q1005	N	NTIOL CATEGORY 5	-	-	-	APC/ Bundled				
Q2004	N	BLADDER CALCULI IRRIG SOL	-	-	-	APC/ Bundled				
Q2009	K	FOSPHENYTOIN, 50 MG	07028	0.0921	$4.40	APC				
Q2017	K	TENIPOSIDE, 50 MG	07035	4.2964	$205.15	APC				
Q3001	E	BRACHYTHERAPY RADIOELEMENTS	-	-	-	Not Allowed				
Q3014	E	CYANOCOBALAMIN COBALT CO57	-	-	-	Not Allowed				
Q3025	K	IM INJ INTERFERON BETA 1-A	09022	1.8639	$89.00	APC				
Q3026	E	SUBC INJ INTERFERON BETA-1A	-	-	-	Not Allowed				
Q3031	N	COLLAGEN SKIN TEST	-	-	-	APC/ Bundled				
Q4001	N	CAST SUP BODY CAST PLASTER	-	-	-	APC/Bundled				
Q4002	N	CAST SUP BODY CAST FIBERGLAS	-	-	-	APC/Bundled				
Q4003	N	CAST SUP SHOULDER CAST PLSTR	-	-	-	APC/Bundled				
Q4004	N	CAST SUP SHOULDER CAST FBRGL	-	-	-	APC/Bundled				
Q4005	N	CAST SUP LONG ARM ADULT PLST	-	-	-	APC/Bundled				
Q4006	N	CAST SUP LONG ARM ADULT FBRG	-	-	-	APC/Bundled				
Q4007	N	CAST SUP LONG ARM PED PLSTER	-	-	-	APC/Bundled				
Q4008	N	CAST SUP LONG ARM PED FBRGLS	-	-	-	APC/Bundled				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
Q4009	N	CAST SUP SHT ARM ADULT PLSTR	-	-	-	APC/Bundled				
Q4010	N	CAST SUP SHT ARM ADULT FBRGL	-	-	-	APC/Bundled				
Q4011	N	CAST SUP SHT ARM PED PLASTER	-	-	-	APC/Bundled				
Q4012	N	CAST SUP SHT ARM PED FBRGLAS	-	-	-	APC/Bundled				
Q4013	N	CAST SUP GAUNTLET PLASTER	-	-	-	APC/Bundled				
Q4014	N	CAST SUP GAUNTLET FIBERGLASS	-	-	-	APC/Bundled				
Q4015	N	CAST SUP GAUNTLET PED PLSTER	-	-	-	APC/Bundled				
Q4016	N	CAST SUP GAUNTLET PED FBRGLS	-	-	-	APC/Bundled				
Q4017	N	CAST SUP LNG ARM SPLINT PLST	-	-	-	APC/Bundled				
Q4018	N	CAST SUP LNG ARM SPLINT FBRG	-	-	-	APC/Bundled				
Q4019	N	CAST SUP LNG ARM SPLNT PED P	-	-	-	APC/Bundled				
Q4020	N	CAST SUP LNG ARM SPLNT PED F	-	-	-	APC/Bundled				
Q4021	N	CAST SUP SHT ARM SPLINT PLST	-	-	-	APC/Bundled				
Q4022	N	CAST SUP SHT ARM SPLINT FBRG	-	-	-	APC/Bundled				
Q4023	N	CAST SUP SHT ARM SPLNT PED P	-	-	-	APC/Bundled				
Q4024	N	CAST SUP SHT ARM SPLNT PED F	-	-	-	APC/Bundled				
Q4025	N	CAST SUP HIP SPICA PLASTER	-	-	-	APC/Bundled				
Q4026	N	CAST SUP HIP SPICA FIBERGLAS	-	-	-	APC/Bundled				
Q4027	N	CAST SUP HIP SPICA PED PLSTR	-	-	-	APC/Bundled				
Q4028	N	CAST SUP HIP SPICA PED FBRGL	-	-	-	APC/Bundled				
Q4029	N	CAST SUP LONG LEG PLASTER	-	-	-	APC/Bundled				
Q4030	N	CAST SUP LONG LEG FIBERGLASS	-	-	-	APC/Bundled				
Q4031	N	CAST SUP LNG LEG PED PLASTER	-	-	-	APC/Bundled				
Q4032	N	CAST SUP LNG LEG PED FBRGLS	-	-	-	APC/Bundled				
Q4033	N	CAST SUP LNG LEG CYLINDER PL	-	-	-	APC/Bundled				
Q4034	N	CAST SUP LNG LEG CYLINDER FB	-	-	-	APC/Bundled				
Q4035	N	CAST SUP LNGLEG CYLNDR PED P	-	-	-	APC/Bundled				
Q4036	N	CAST SUP LNGLEG CYLNDR PED F	-	-	-	APC/Bundled				
Q4037	N	CAST SUP SHRT LEG PLASTER	-	-	-	APC/Bundled				
Q4038	N	CAST SUP SHRT LEG FIBERGLASS	-	-	-	APC/Bundled				
Q4039	N	CAST SUP SHRT LEG PED PLSTER	-	-	-	APC/Bundled				
Q4040	N	CAST SUP SHRT LEG PED FBRGLS	-	-	-	APC/Bundled				
Q4041	N	CAST SUP LNG LEG SPLNT PLSTR	-	-	-	APC/Bundled				
Q4042	N	CAST SUP LNG LEG SPLNT FBRGL	-	-	-	APC/Bundled				
Q4043	N	CAST SUP LNG LEG SPLNT PED P	-	-	-	APC/Bundled				
Q4044	N	CAST SUP LNG LEG SPLNT PED F	-	-	-	APC/Bundled				
Q4045	N	CAST SUP SHT LEG SPLNT PLSTR	-	-	-	APC/Bundled				
Q4046	N	CAST SUP SHT LEG SPLNT FBRGL	-	-	-	APC/Bundled				
Q4047	N	CAST SUP SHT LEG SPLNT PED P	-	-	-	APC/Bundled				
Q4048	N	CAST SUP SHT LEG SPLNT PED F	-	-	-	APC/Bundled				
Q4049	N	FINGER SPLINT, STATIC	-	-	-	APC/Bundled				
Q4050	N	CAST SUPPLIES UNLISTED	-	-	-	APC/Bundled				
Q4051	N	SPLINT SUPPLIES MISC	-	-	-	APC/Bundled				
Q4079	G	NATALIZUMAB INJECTION	09126	0.1223	$5.84	APC				

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Q4080	E	ILOPROST INHALATION SOLUTION	-	-	-	Not Allowed				
Q4081	E	EPOETIN ALFA, 100 UNITS ESRD	-	-	-	Not Allowed				
Q4082	E	DRUG/BIO NOC PART B DRUG CAP	-	-	-	Not Allowed				
Q4083	K	HYALGAN OR SUPARTZ, INJ	00873	1.7058	$81.45	APC				
Q4084	K	SYNVISC, INJ	00874	3.0367	$145.00	APC				
Q4085	K	EUFLEXXA INJ	00875	1.8735	$89.46	APC				
Q4086	K	ORTHOVISC, INJ	00877	3.2267	$154.07	APC				
Q5001	E	HOSPICE IN PATIENT HOME	-	-	-	Not Allowed				
Q5002	E	HOSPICE IN ASSISTED LIVING	-	-	-	Not Allowed				
Q5003	E	HOSPICE IN LT/NON-SKILLED NF	-	-	-	Not Allowed				
Q5004	E	HOSPICE IN SNF	-	-	-	Not Allowed				
Q5005	E	HOSPICE, INPATIENT HOSPITAL	-	-	-	Not Allowed				
Q5006	E	HOSPICE IN HOSPICE FACILITY	-	-	-	Not Allowed				
Q5007	E	HOSPICE IN LTCH	-	-	-	Not Allowed				
Q5008	E	HOSPICE IN INPATIENT PSYCH	-	-	-	Not Allowed				
Q5009	E	HOSPICE CARE, NOS	-	-	-	Not Allowed				
Q9945	K	LOCM <=149 MG/ML IODINE, 1ML	09157	0.0068	$0.32	APC				
Q9946	K	LOCM 150-199 MG/ML IODINE, 1ML	09158	0.0317	$1.51	APC				
Q9947	K	LOCM 200-249MG/ML IODINE, 1ML	09159	0.0216	$1.03	APC				
Q9948	K	LOCM 250-299 MG/ML IODINE, 1ML	09160	0.0059	$0.28	APC				
Q9949	K	LOCM 300-349MG/ML IODINE, 1ML	09161	0.006	$0.29	APC				
Q9950	K	LOCM 350-399MG/ML IODINE, 1ML	09162	0.0036	$0.17	APC				
Q9951	K	LOCM >=400MG/ML IODINE, 1ML	09163	0.0036	$0.17	APC				
Q9952	K	INJ GAD-BASE MR CONTRAST, ML	09164	0.0459	$2.19	APC				
Q9953	K	INJ FE-BASED MR CONTRAST, ML	01713	0.4947	$23.62	APC				
Q9954	K	ORAL MR CONTRAST, 100ML	09165	0.1435	$6.85	APC				
Q9955	K	INJ PERFLEXANE LIP MICROS, ML	09203	0.2108	$10.07	APC				
Q9956	K	INJ OCTAFLUOROPROPANE MIC, ML	09202	0.8071	$38.54	APC				
Q9957	K	INJ PERFLUTREN LIP MICROS, ML	09112	1.0013	$47.81	APC				
Q9958	N	HOCM <= 149 MG/ML IODINE, 1ML	-	-	-	APC/ Bundled				
Q9959	N	HOCM 150-199MG/ML IODINE, 1ML	-	-	-	APC/ Bundled				
Q9960	N	HOCM 200-249 MG/ML IODINE, 1ML	-	-	-	APC/ Bundled				
Q9961	N	HOCM 250-299 MG/ML IODINE, 1ML	-	-	-	APC/ Bundled				
Q9962	N	HOCM 300-349 MG/ML IODINE, 1ML	-	-	-	APC/ Bundled				
Q9963	N	HOCM 350-399 MG/ML IODINE, 1ML	-	-	-	APC/ Bundled				
Q9964	N	HOCM >= 400 MG/ML IODINE, 1ML	-	-	-	APC/ Bundled				
R0070	E	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PER	-	-	-	Not Allowed				
R0075	E	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PER	-	-	-	Not Allowed				
R0076	E	TRANSPORT PORTABLE EKG	-	-	-	Not Allowed				
S0073	E	INJECTION, AZTREONAM, 500 MG	-	-	-	Not Allowed				
S0074	E	INJECTION, CEFOTETAN DISODIU	-	-	-	Not Allowed				
S0078	E	INJECTION, FOSPHENYTOIN SODI	-	-	-	Not Allowed				
S0080	E	INJECTION, PENTAMIDINE ISETH	-	-	-	Not Allowed				
S0081	E	INJECTION, PIPERACILLIN SODI	-	-	-	Not Allowed				

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S0086	E	INJECTION, VERTEPORFIN, 15MG	-	-	-	Not Allowed				
S0088	E	IMATINIB 100 MG	-	-	-	Not Allowed				
S0090	E	SILDENAFIL CITRATE, 25 MG	-	-	-	Not Allowed				
S0106	E	BUPROPION HCL SR 60 TABLETS	-	-	-	Not Allowed				
S0108	E	MERCAPTOPURINE ORAL 50 MG	-	-	-	Not Allowed				
S0117	E	TRETINOIN TOPICAL 5 G	-	-	-	Not Allowed				
S0122	E	INJECTION MENOTROPINS 75 IU	-	-	-	Not Allowed				
S0126	E	INJECTION FOLLITROPIN ALFA 75 IU	-	-	-	Not Allowed				
S0128	E	INJECTION FOLLITROPIN BETA 75 IU	-	-	-	Not Allowed				
S0132	E	INJECTION GANIRELIX ACETATE 250 MCG	-	-	-	Not Allowed				
S0145	E	PEG INTERFERON ALFA-2A/180	-	-	-	Not Allowed				
S0146	E	PEG INTERFERON ALFA-2B/10	-	-	-	Not Allowed				
S0155	E	EPOPROSTENOL DILUTANT	-	-	-	Not Allowed				
S0156	E	EXEMESTANE, 25 MG	-	-	-	Not Allowed				
S0157	E	BECAPLERMIN GEL 1%, 0.5 GM	-	-	-	Not Allowed				
S0160	E	DEXTROAMPHETAMINE	-	-	-	Not Allowed				
S0161	E	CALCITROL	-	-	-	Not Allowed				
S0162	E	INJECTION EFALIZUMAB	-	-	-	Not Allowed				
S0164	E	INJECTION PANTROPRAZOLE	-	-	-	Not Allowed				
S0170	E	ANASTROZOLE 1 MG	-	-	-	Not Allowed				
S0171	E	BUMETANIDE 0.5 MG	-	-	-	Not Allowed				
S0172	E	CHLORAMBUCIL 2 MG	-	-	-	Not Allowed				
S0174	E	DOLASETRON 50 MG	-	-	-	Not Allowed				
S0175	E	FLUTAMIDE 125 MG	-	-	-	Not Allowed				
S0176	E	HYDROXYUREA 500 MG	-	-	-	Not Allowed				
S0177	E	LEVAMISOLE 50 MG	-	-	-	Not Allowed				
S0178	E	LOMUSTINE 10 MG	-	-	-	Not Allowed				
S0179	E	MEGESTROL 20 MG	-	-	-	Not Allowed				
S0180	M	ETONOGESTREL IMPLANT SYSTEM	-	-	$555.69	Fee Schedule				
S0181	E	ONDANSETRON 4 MG	-	-	-	Not Allowed				
S0182	E	PROCARBAZINE 5 MG	-	-	-	Not Allowed				
S0183	E	PROCHLORPERAZINE 5 MG	-	-	-	Not Allowed				
S0187	E	TAMOXIFEN 10 MG	-	-	-	Not Allowed				
S0189	E	TESTOSTERONE PELLET 75 MG	-	-	-	Not Allowed				
S0190	M	MITEPRISTONE, ORAL, 200MG	-	-	$76.50	Fee Schedule				
S0191	M	MISOPROSTOL, ORAL, 200 MCG	-	-	$1.02	Fee Schedule				
S0194	E	VITAMIN SUPPL 100 CAPS	-	-	-	Not Allowed				
S0195	E	PNEUMOCOCCAL CONJUGATE VAC	-	-	-	Not Allowed				
S0196	E	POLY-L-LACTIC ACID 1ML FACE	-	-	-	Not Allowed				
S0208	E	PARAMED INTRCEPT NONVOL	-	-	-	Not Allowed				
S0209	E	WC VAN MILEAGE PER MI	-	-	-	Not Allowed				
S0215	E	NONEMERG TRANSP MILEAGE	-	-	-	Not Allowed				
S0220	E	MEDICAL CONFERENCE BY PHYSIC	-	-	-	Not Allowed				
S0221	E	MEDICAL CONFERENCE, 60 MIN	-	-	-	Not Allowed				

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S0250	E	COMP GERIATR ASSMT TEAM	-	-	-	Not Allowed				
S0255	E	HOSPICE REFER VISIT NONMD	-	-	-	Not Allowed				
S0257	E	END OF LIFE COUNSELING	-	-	-	Not Allowed				
S0260	E	H&P FOR SURGERY	-	-	-	Not Allowed				
S0265	E	GENETIC COUNSEL 15 MINS	-	-	-	Not Allowed				
S0270	E	HOME STD CASE RATE 30 DAYS	-	-	-	Not Allowed				
S0271	E	HOME HOSPICE CASE 30 DAYS	-	-	-	Not Allowed				
S0272	E	HOME EPISODIC CASE 30 DAYS	-	-	-	Not Allowed				
S0273	E	MD HOME VISIT OUTSIDE CAP	-	-	-	Not Allowed				
S0274	E	NURSE PRACTR VISIT OUTS CAP	-	-	-	Not Allowed				
S0302	E	COMPLETED EPSDT	-	-	-	Not Allowed				
S0310	E	HOSPITALIST VISIT	-	-	-	Not Allowed				
S0340	E	LIFESTYLE MOD 1ST STAGE	-	-	-	Not Allowed				
S0341	E	LIFESTYLE MOD 2 OR 3 STAGE	-	-	-	Not Allowed				
S0342	E	LIFESTYLE MOD 4TH STAGE	-	-	-	Not Allowed				
S0390	E	ROUTINE FOOT CARE PER VISIT	-	-	-	Not Allowed				
S0395	E	IMPRESSION CASTING FT	-	-	-	Not Allowed				
S0400	E	GLOBAL ESWL KIDNEY	-	-	-	Not Allowed				
S0500	E	DISPOS CONT LENS	-	-	-	Not Allowed				
S0504	E	SINGL PRSCRP LENS	-	-	-	Not Allowed				
S0506	E	BIFOC PRSCP LENS	-	-	-	Not Allowed				
S0508	E	TRIFOC PRSCRP LENS	-	-	-	Not Allowed				
S0510	E	NON-PRSCRP LENS	-	-	-	Not Allowed				
S0512	E	DAILY CONT LENS	-	-	-	Not Allowed				
S0514	E	COLOR CONT LENS	-	-	-	Not Allowed				
S0516	E	SAFETY FRAMES	-	-	-	Not Allowed				
S0518	E	SUNGLASS FRAMES	-	-	-	Not Allowed				
S0580	E	POLYCARB LENS	-	-	-	Not Allowed				Y
S0581	E	NONSTND LENS	-	-	-	Not Allowed				
S0590	E	MISC INTEGRAL LENS SERV	-	-	-	Not Allowed				
S0592	E	COMP CONT LENS EVAL	-	-	-	Not Allowed				
S0601	E	SCREENING PROCTOSCOPY	-	-	-	Not Allowed				
S0605	E	DIGITAL RECTAL EXAMINATION,	-	-	-	Not Allowed				
S0610	E	ANNUAL GYNECOLOGICAL EXAMINA	-	-	-	Not Allowed				
S0612	E	ANNUAL GYNECOLOGICAL EXAMINA	-	-	-	Not Allowed				
S0613	M	ANN BREAST EXAM	-	-	-	By Report				
S0618	E	AUDIOMETRY FOR HEARING AID	-	-	-	Not Allowed				
S0620	E	ROUTINE OPHTHALMOLOGICAL EXA	-	-	-	Not Allowed				
S0621	E	ROUTINE OPHTHALMOLOGICAL EXA	-	-	-	Not Allowed				
S0622	E	PHYS EXAM FOR COLLEGE	-	-	-	Not Allowed				
S0630	E	REMOVAL OF SUTURES	-	-	-	Not Allowed				
S0800	E	LASER IN SITU KERATOMILEUSIS	-	-	-	Not Allowed				
S0810	E	PHOTOREFRACTIVE KERATECTOMY	-	-	-	Not Allowed				
S0812	E	PHOTOTHERAP KERATECT	-	-	-	Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
S1001	E	DELUXE ITEM	-	-	-	Not Allowed				
S1002	E	CUSTOM ITEM	-	-	-	Not Allowed				
S1015	E	IV TUBING EXTENSION SET	-	-	-	Not Allowed				
S1016	E	NON-PVC INTRAVENOUS ADMINIST	-	-	-	Not Allowed				
S1025	E	INHAL NITRIC OXIDE NEONATE	-	-	-	Not Allowed				
S1030	E	GLUC MONITOR PURCHASE	-	-	-	Not Allowed				
S1031	E	GLUC MONITOR RENTAL	-	-	-	Not Allowed				
S2053	E	TRANSPLANTATION OF SMALL INT	-	-	-	Not Allowed				
S2054	E	TRANSPLANTATION OF MULTIVISC	-	-	-	Not Allowed				
S2055	E	HARVESTING OF DONOR MULTIVIS	-	-	-	Not Allowed				
S2060	E	LOBAR LUNG TRANSPLANTATION	-	-	-	Not Allowed				
S2061	E	DONOR LOBECTOMY (LUNG)	-	-	-	Not Allowed				
S2065	E	SIMULT PANC KIDN TRANS	-	-	-	Not Allowed				
S2068	E	BREAST DIEP FLAP RECONSTRUCT	-	-	-	Not Allowed				
S2070	E	CYSTO LASER TX URETERAL CALC	-	-	-	Not Allowed				
S2078	E	LAP SUPRACERV HYSTERECTOMY	-	-	-	Not Allowed				
S2079	E	LAP ESOPHAGOMYOTOMY	-	-	-	Not Allowed				
S2080	E	LAUP	-	-	-	Not Allowed				
S2083	E	ADJUSTMENT GASTRIC BAND	-	-	-	Not Allowed				
S2095	E	TRANSCATH EMBOLIZ MICROSPHER	-	-	-	Not Allowed				
S2102	E	ISLET CELL TISSUE TRANSPLANT	-	-	-	Not Allowed				
S2103	E	ADRENAL TISSUE TRANSPLANT	-	-	-	Not Allowed				
S2107	E	ADOPTIVE IMMUNOTHERAPY	-	-	-	Not Allowed				
S2109	E	AUTOLOGOUS CHONDROCYTE TRANSPLANTATION	-	-	-	Not Allowed				
S2112	E	KNEE ARTHROSCP HARV	-	-	-	Not Allowed				
S2115	E	PERIACETABULAR OSTEOTOMY	-	-	-	Not Allowed				
S2120	E	LOW DENSITY LIPOPROTEIN(LDL)	-	-	-	Not Allowed				
S2135	E	NEUROLYSIS INTERSPACE FOOT	-	-	-	Not Allowed				
S2140	E	CORD BLOOD HARVESTING	-	-	-	Not Allowed				
S2142	E	CORD BLOOD-DERIVED STEM-CELL	-	-	-	Not Allowed				
S2150	E	BMT HARV/TRANSPL 28D PKG	-	-	-	Not Allowed				
S2152	E	SOLID ORGAN TRANSPL PKG	-	-	-	Not Allowed				
S2202	E	ECHOSCLEROTHERAPY	-	-	-	Not Allowed				
S2205	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed				
S2206	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed				
S2207	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed				
S2208	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed				
S2209	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed				
S2225	E	MYRINGOTOMY LASER-ASSIST	-	-	-	Not Allowed				
S2230	E	IMPLANT SEMI-IMP HEAR	-	-	-	Not Allowed				
S2235	E	IMPLANT AUDITORY BRAIN IMP	-	-	-	Not Allowed				
S2260	E	INDUCED ABORTION 17-24 WEEKS	-	-	-	Not Allowed				
S2300	E	ARTHROSCOPY, SHOULDER, SURGI	-	-	-	Not Allowed				
S2340	E	CHEMODENERVATION OF ABDUCTOR	-	-	-	Not Allowed				

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S2341	E	CHEMODENERV ADDUCT VOCAL	-	-	-	Not Allowed				
S2342	E	NASAL ENDOSCOP PO DEBRID	-	-	-	Not Allowed				
S2348	E	DECOMPRESS DISC RF LUMBAR	-	-	-	Not Allowed				
S2350	E	DISKECTOMY, ANTERIOR, WITH D	-	-	-	Not Allowed				
S2351	E	DISKECTOMY, ANTERIOR, WITH D	-	-	-	Not Allowed				
S2360	E	VERTEBROPLAST CERV 1ST	-	-	-	Not Allowed				
S2361	E	VERTEBROPLAST CERV ADDL	-	-	-	Not Allowed				
S2400	E	FETAL SURG CONGEN HERNIA	-	-	-	Not Allowed				
S2401	E	FETAL SURG URIN TRAC OBSTR	-	-	-	Not Allowed				
S2402	E	FETAL SURG CONG CYST MALF	-	-	-	Not Allowed				
S2403	E	FETAL SURG PULMON SEQUEST	-	-	-	Not Allowed				
S2404	E	FETAL SURG MYELOMENINGO	-	-	-	Not Allowed				
S2405	E	FETAL SURG SACROCOC TERATOMA	-	-	-	Not Allowed				
S2409	E	FETAL SURG NOC	-	-	-	Not Allowed				
S2411	E	FETOSCOP LASER THER TTTS	-	-	-	Not Allowed				
S2900	E	ROBOTIC SURGICAL SYSTEM	-	-	-	Not Allowed				
S3600	E	STAT LAB	-	-	-	Not Allowed				
S3601	E	STAT LAB HOME/NF	-	-	-	Not Allowed				
S3618	E	FREE BETA HCG	-	-	-	Not Allowed				
S3620	E	NEWBORN METABOLIC SCREENING	-	-	-	Not Allowed				
S3630	E	EOSINOPHIL BLOOD COUNT	-	-	-	Not Allowed				
S3645	E	HIV-1 ANTIBODY TESTING OF OR	-	-	-	Not Allowed				
S3650	E	SALIVA TEST, HORMONE LEVEL;	-	-	-	Not Allowed				
S3652	E	SALIVA TEST, HORMONE LEVEL;	-	-	-	Not Allowed				
S3708	E	GASTROINTESTINAL FAT ABSORPT	-	-	-	Not Allowed				
S3818	E	BRCA1 GENE ANAL	-	-	-	Not Allowed				
S3819	E	BRCA2 GENE ANAL	-	-	-	Not Allowed				
S3830	E	GENE TEST HNPCC COMP	-	-	-	Not Allowed				
S3831	E	GENE TEST HNPCC SINGLE	-	-	-	Not Allowed				
S3835	E	GENE TEST CYSTIC FIBROSIS	-	-	-	Not Allowed				
S3837	E	GENE TEST HEMOCHROMATO	-	-	-	Not Allowed				
S3853	E	GENE TEST MYO MUSCLR DYST	-	-	-	Not Allowed				
S3854	E	GENE PROFILE PANEL BREAST	-	-	-	Not Allowed				
S3890	E	FECAL DNA ANALYSIS	-	-	-	Not Allowed				
S3900	E	SURFACE EMG	-	-	-	Not Allowed				
S3902	E	BALLISTOCARDIOGRAM	-	-	-	Not Allowed				
S3904	E	MASTERS TWO STEP	-	-	-	Not Allowed				
S4005	E	INTERIM LABOR FACILITY GLOBAL	-	-	-	Not Allowed				
S4011	E	IVF PACKAGE	-	-	-	Not Allowed				
S4013	E	COMPLETE GIFT CASE RATE	-	-	-	Not Allowed				
S4014	E	COMPLETE ZIFT CASE RATE	-	-	-	Not Allowed				
S4015	E	COMPLETE IVF NOS CASE RATE	-	-	-	Not Allowed				
S4016	E	FROZEN IVF CASE RATE	-	-	-	Not Allowed				
S4017	E	IVF CANC A STIM CASE RATE	-	-	-	Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
S4018	E	F EMB TRNS CANC CASE RATE	-	-	-	Not Allowed				
S4020	E	IVF CANC A ASPIR CASE RATE	-	-	-	Not Allowed				
S4021	E	IVF CANC P ASPIR CASE RATE	-	-	-	Not Allowed				
S4022	E	ASST OOCYTE FERT CASE RATE	-	-	-	Not Allowed				
S4023	E	DONOR EGG CYCLE INCOMPLETE CASE RATE	-	-	-	Not Allowed				
S4025	E	DONOR SERV IVF CASE RATE	-	-	-	Not Allowed				
S4026	E	PROCURE DONOR SPERM	-	-	-	Not Allowed				
S4027	E	STORE PREV FROZ EMBRYOS	-	-	-	Not Allowed				
S4028	E	MICROSURG EPI SPERM ASP	-	-	-	Not Allowed				
S4030	E	SPERM PROCURE INIT VISIT	-	-	-	Not Allowed				
S4031	E	SPERM PROCURE SUBS VISIT	-	-	-	Not Allowed				
S4035	E	STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE RATE	-	-	-	Not Allowed				
S4037	E	CRYOPRESERVED EMBRYO TRANSFER CASE RATE	-	-	-	Not Allowed				
S4040	E	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS	-	-	-	Not Allowed				
S4042	E	OVULATION MGMT PER CYCLE	-	-	-	Not Allowed				
S4980	E	LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EA(	-	-	-	Not Allowed				
S4981	E	INSERT LEVONORGESTREL IUS	-	-	-	Not Allowed				
S4989	E	CONTRACEPT IUD	-	-	-	Not Allowed				
S4990	E	NICOTINE PATCH LEGEND	-	-	-	Not Allowed				
S4991	E	NICOTINE PATCH NONLEGEND	-	-	-	Not Allowed				
S4993	N	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	-	-	-	APC/ Bundled				
S4995	E	SMOKING CESSATION GUM	-	-	-	Not Allowed				
S5000	E	PRESCRIPTION DRUG, GENERIC	-	-	-	Not Allowed				
S5001	E	PRESCRIPTION DRUG,BRAND NAME	-	-	-	Not Allowed				
S5010	E	5% DEXTROSE AND 0.45% SALINE	-	-	-	Not Allowed				
S5011	E	5% DEXTROSE IN LACTATED RING	-	-	-	Not Allowed				
S5012	E	5% DEXTROSE WITH POTASSIUM	-	-	-	Not Allowed				
S5014	E	D5W/0.45NS W KCL AND MGS04	-	-	-	Not Allowed				
S5016	E	ANTIBIOTIC ADMIN SUPPLIES W/	-	-	-	Not Allowed				
S5017	E	ANTIBIOTIC ADMINSUPPLIES W/O	-	-	-	Not Allowed				
S5018	E	PAIN THERAPY ADMIN SUPPLIES	-	-	-	Not Allowed				
S5020	E	CHEMOTHERAPY ADMIN SUPPLIES	-	-	-	Not Allowed				
S5021	E	HYDRATION THERAPY ADMIN SUPP	-	-	-	Not Allowed				
S5022	E	GROWTH HORMONE THERAPY	-	-	-	Not Allowed				
S5025	E	INFUSION PUMP RENTAL,PERDIEM	-	-	-	Not Allowed				
S5035	E	HIT ROUTINE DEVICE MAINT	-	-	-	Not Allowed				
S5497	E	HIT CATH CARE NOC	-	-	-	Not Allowed				
S5498	E	HIT SIMPLE CATH CARE	-	-	-	Not Allowed				
S5501	E	HIT COMPLEX CATH CARE	-	-	-	Not Allowed				
S5502	E	HIT INTERIM CATH CARE	-	-	-	Not Allowed				
S5517	E	HIT DECLOTTING KIT	-	-	-	Not Allowed				
S5518	E	HIT CATH REPAIR KIT	-	-	-	Not Allowed				
S5520	E	HIT PICC INSERT KIT	-	-	-	Not Allowed				
S5521	E	HIT MIDLINE CATH INSERT KIT	-	-	-	Not Allowed				

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S5522	E	HIT PICC INSERT NO SUPP	-	-	-	Not Allowed				
S5523	E	HIP MIDLINE CATH INSERT KIT	-	-	-	Not Allowed				
S5550	E	INSULIN RAPID 5 U	-	-	-	Not Allowed				
S5551	E	INSULIN MOST RAPID 5 U	-	-	-	Not Allowed				
S5552	E	INSULIN INTERMED 5 U	-	-	-	Not Allowed				
S5553	E	INSULIN LONG ACTING 5 U	-	-	-	Not Allowed				
S5560	E	INSULIN REUSE PEN 1.5 ML	-	-	-	Not Allowed				
S5561	E	INSULIN REUSE PEN 3 ML	-	-	-	Not Allowed				
S5565	E	INSULIN CARTRIDGE 150 U	-	-	-	Not Allowed				
S5566	E	INSULIN CARTRIDGE 300 U	-	-	-	Not Allowed				
S5570	E	INSULIN DISPOS PEN 1.5 ML	-	-	-	Not Allowed				
S5571	E	INSULIN DISPOS PEN 3 ML	-	-	-	Not Allowed				
S8030	E	TANTALUM RING APPLICATION	-	-	-	Not Allowed				
S8035	E	MAGNETIC SOURCE IMAGING	-	-	-	Not Allowed				
S8037	E	MRCP	-	-	-	Not Allowed				
S8040	E	TOPOGRAPHIC BRAIN MAPPING	-	-	-	Not Allowed				
S8042	E	MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD	-	-	-	Not Allowed				
S8049	E	INTRAOPERATIVE RADIATION THE	-	-	-	Not Allowed				
S8055	E	US GUIDANCE FETAL REDUCT	-	-	-	Not Allowed				
S8080	E	SCINTIMAMMOGRAPHY	-	-	-	Not Allowed				
S8085	E	FLUORINE-18 FLUORODEOXYGLUCO	-	-	-	Not Allowed				
S8092	E	ELECTRON BEAM COMPUTED TOMOG	-	-	-	Not Allowed				
S8096	E	PORTABLE PEAK FLOW METER	-	-	-	Not Allowed				
S8097	E	ASTHMA KIT	-	-	-	Not Allowed				
S8100	E	SPACER WITHOUT MASK	-	-	-	Not Allowed				
S8101	E	SPACER WITH MASK	-	-	-	Not Allowed				
S8110	E	PEAK EXPIRATORY FLOW RATE (P	-	-	-	Not Allowed				
S8120	E	O2 CONTENTS GAS CUBIC FT	-	-	-	Not Allowed				
S8121	E	O2 CONTENTS LIQUID LB	-	-	-	Not Allowed				
S8185	E	FLUTTER DEVICE	-	-	-	Not Allowed				
S8186	E	SWIVEL ADAPTOR	-	-	-	Not Allowed				
S8189	E	TRACH SUPPLY NOC	-	-	-	Not Allowed				
S8190	E	ELECTRONIC SPIROMETER	-	-	-	Not Allowed				
S8205	E	CHEST COMPRESSION SYSTEM GEN	-	-	-	Not Allowed				
S8210	E	MUCUS TRAP	-	-	-	Not Allowed				
S8262	E	MANDIBULAR ORTHOPEDIC REPOSITIONING DEVICE EACH	-	-	-	Not Allowed				
S8265	E	HABERMAN FEEDER FOR CLEFT LIP/PALATE	-	-	-	Not Allowed				
S8270	E	ENURESIS ALARM	-	-	-	Not Allowed				
S8300	E	SACRAL NERVE STIMULATION TEST LEAD KIT	-	-	-	Not Allowed				
S8301	E	INFECT CONTROL SUPPLIES NOS	-	-	-	Not Allowed				
S8400	E	INCONTINENCE PANTS, EACH	-	-	-	Not Allowed				
S8402	E	DIAPERS, EACH	-	-	-	Not Allowed				
S8415	E	SUPPLIES FOR HOME DELIVERY	-	-	-	Not Allowed				
S8420	E	CUSTOM GRADIENT SLEEV/GLOV	-	-	-	Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
S8421	E	READY GRADIENT SLEEV/GLOV	-	-	-	Not Allowed				
S8422	E	CUSTOM GRAD SLEEVE MED	-	-	-	Not Allowed				
S8423	E	CUSTOM GRAD SLEEVE HEAVY	-	-	-	Not Allowed				
S8424	E	READY GRADIENT SLEEVE	-	-	-	Not Allowed				
S8425	E	CUSTOM GRAD GLOVE MED	-	-	-	Not Allowed				
S8426	E	CUSTOM GRAD GLOVE HEAVY	-	-	-	Not Allowed				
S8427	E	READY GRADIENT GLOVE	-	-	-	Not Allowed				
S8428	E	READY GRADIENT GAUNTLET	-	-	-	Not Allowed				
S8429	E	GRADIENT PRESSURE WRAP	-	-	-	Not Allowed				
S8430	E	PADDING FOR COMPRSSN BDG	-	-	-	Not Allowed				
S8431	E	COMPRESSION BANDAGE	-	-	-	Not Allowed				
S8450	E	SPLINT DIGIT	-	-	-	Not Allowed				
S8451	E	SPLINT WRIST OR ANKLE	-	-	-	Not Allowed				
S8452	E	SPLINT ELBOW	-	-	-	Not Allowed				
S8490	E	100 INSULIN SYRINGES	-	-	-	Not Allowed				
S8948	E	LOW-LEVEL LASER TRMT 15 MIN	-	-	-	Not Allowed				
S8950	E	COMPLEX LYMPHEDEMA THERAPY,	-	-	-	Not Allowed				
S8999	E	RESUSCITATION BAG	-	-	-	Not Allowed				
S9001	E	HOME UTERINE MONITOR WITH OR	-	-	-	Not Allowed				
S9007	E	ULTRAFILTRATION MONITOR	-	-	-	Not Allowed				
S9015	E	AUTOMATED EEG MONITORING	-	-	-	Not Allowed				
S9024	E	PARANASAL SINUS ULTRASOUND	-	-	-	Not Allowed				
S9025	E	OMNICARDIOGRAM/CARDIOINTEGRA	-	-	-	Not Allowed				
S9034	E	ESWL FOR GALLSTONES	-	-	-	Not Allowed				
S9055	E	PROCUREN OR OTHER GROWTH FAC	-	-	-	Not Allowed				
S9056	E	COMA STIMULATION PER DIEM	-	-	-	Not Allowed				
S9061	E	MEDICAL SUPPLIES AND EQUIPME	-	-	-	Not Allowed				
S9075	E	SMOKING CESSATION TREATMENT	-	-	-	Not Allowed				
S9083	E	URGENT CARE CENTER GLOBAL	-	-	-	Not Allowed				
S9088	E	SERVICES PROVIDED IN URGENT	-	-	-	Not Allowed				
S9090	E	VERTEBRAL AXIAL DECOMPRESSIO	-	-	-	Not Allowed				
S9092	M	CANOLITH REPOSITIONING PER VISIT	-	-	-	By Report				
S9098	E	HOME PHOTOTHERAPY VISIT	-	-	-	Not Allowed				
S9109	E	CHF TELEMONITORING MONTH	-	-	-	Not Allowed				
S9117	E	BACK SCHOOL VISIT	-	-	-	Not Allowed				
S9122	E	HOME HEALTH AIDE OR CERTIFIE	-	-	-	Not Allowed				
S9123	E	NURSING CARE IN HOME RN	-	-	-	Not Allowed				
S9124	E	NURSING CARE, IN THE HOME; B	-	-	-	Not Allowed				
S9125	E	RESPITE CARE, IN THE HOME, P	-	-	-	Not Allowed				
S9126	E	HOSPICE CARE, IN THE HOME, P	-	-	-	Not Allowed				
S9127	E	SOCIAL WORK VISIT, IN THE HO	-	-	-	Not Allowed				
S9128	E	SPEECH THERAPY, IN THE HOME,	-	-	-	Not Allowed				
S9129	E	OCCUPATIONAL THERAPY, IN THE	-	-	-	Not Allowed				
S9131	E	PT IN THE HOME PER DIEM	-	-	-	Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
S9140	E	DIABETIC MANAGEMENT PROGRAM,	-	-	-	Not Allowed				
S9141	E	DIABETIC MANAGEMENT PROGRAM,	-	-	-	Not Allowed				
S9145	E	INSULIN PUMP INITIATION	-	-	-	Not Allowed				
S9208	E	HOME MGMT PRETERM LABOR	-	-	-	Not Allowed				
S9209	E	HOME MGMT PPROM	-	-	-	Not Allowed				
S9211	E	HOME MGMT GEST HYPERTENSION	-	-	-	Not Allowed				
S9212	E	HM POSTPAR HYPER PER DIEM	-	-	-	Not Allowed				
S9213	E	HM PREECLAMP PER DIEM	-	-	-	Not Allowed				
S9214	E	HM GEST DM PER DIEM	-	-	-	Not Allowed				
S9325	E	HIT PAIN MGMT PER DIEM	-	-	-	Not Allowed				
S9326	E	HIT CONT PAIN PER DIEM	-	-	-	Not Allowed				
S9327	E	HIT INT PAIN PER DIEM	-	-	-	Not Allowed				
S9328	E	HIT PAIN IMP PUMP DIEM	-	-	-	Not Allowed				
S9329	E	HIT CHEMO PER DIEM	-	-	-	Not Allowed				
S9330	E	HIT CONT CHEM DIEM	-	-	-	Not Allowed				
S9331	E	HIT INTERMIT CHEMO DIEM	-	-	-	Not Allowed				
S9336	E	HIT CONT ANTICOAG DIEM	-	-	-	Not Allowed				
S9338	E	HIT IMMUNOTHERAPY DIEM	-	-	-	Not Allowed				
S9339	E	HIT PERITON DIALYSIS DIEM	-	-	-	Not Allowed				
S9340	E	HIT ENTERAL PER DIEM	-	-	-	Not Allowed				
S9341	E	HIT ENTERAL GRAV DIEM	-	-	-	Not Allowed				
S9342	E	HIT ENTERAL PUMP DIEM	-	-	-	Not Allowed				
S9343	E	HIT ENTERAL BOLUS NURS	-	-	-	Not Allowed				
S9345	E	HIT ANTI-HEMOPHIL DIEM	-	-	-	Not Allowed				
S9346	E	HIT ALPHA-1-PROTEINAS DIEM	-	-	-	Not Allowed				
S9347	E	HIT LONGTERM INFUSION DIEM	-	-	-	Not Allowed				
S9348	E	HIT SYMPATHOMIM DIEM	-	-	-	Not Allowed				
S9349	E	HIT TOCOLYSIS DIEM	-	-	-	Not Allowed				
S9351	E	HIT CONT ANTIEMETIC DIEM	-	-	-	Not Allowed				
S9353	E	HIT CONT INSULIN DIEM	-	-	-	Not Allowed				
S9355	E	HIT CHELATION DIEM	-	-	-	Not Allowed				
S9357	E	HIT ENZYME REPLACE DIEM	-	-	-	Not Allowed				
S9359	E	HIT ANTI-TNF PER DIEM	-	-	-	Not Allowed				
S9361	E	HIT DIURETIC INFUS DIEM	-	-	-	Not Allowed				
S9363	E	HIT ANTI-SPASMOTIC DIEM	-	-	-	Not Allowed				
S9364	E	HIT TPN TOTAL DIEM	-	-	-	Not Allowed				
S9365	E	HIT TPN 1 LITER DIEM	-	-	-	Not Allowed				
S9366	E	HIT TPN 2 LITER DIEM	-	-	-	Not Allowed				
S9367	E	HIT TPN 3 LITER DIEM	-	-	-	Not Allowed				
S9368	E	HIT TPN OVER 3L DIEM	-	-	-	Not Allowed				
S9370	E	HT INJ ANTIEMETIC DIEM	-	-	-	Not Allowed				
S9372	E	HT INJ ANTICOAG DIEM	-	-	-	Not Allowed				
S9373	E	HIT HYDRA TOTAL DIEM	-	-	-	Not Allowed				
S9374	E	HIT HYDRA 1 LITER DIEM	-	-	-	Not Allowed				

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S9375	E	HIT HYDRA 2 LITER DIEM	-	-	-	Not Allowed				
S9376	E	HIT HYDRA 3 LITER DIEM	-	-	-	Not Allowed				
S9377	E	HIT HYDRA OVER 3L DIEM	-	-	-	Not Allowed				
S9379	E	HIT NOC PER DIEM	-	-	-	Not Allowed				
S9381	E	HIT HIGH RISK/ESCORT	-	-	-	Not Allowed				
S9401	E	ANTICOAGULATION CLINIC PER SESSION	-	-	-	Not Allowed				
S9430	E	PHARMACY COMPOUNDING AND DISPENSING SERVICES	-	-	-	Not Allowed				
S9435	E	MEDICAL FOODS FOR INBORN ERR	-	-	-	Not Allowed				
S9436	E	LAMAZE CLASS PER SESSION	-	-	-	Not Allowed				
S9437	E	CHILDBIRTH REFRESHER CLASSES PER SESSION	-	-	-	Not Allowed				
S9438	E	CESAREAN BIRTH CLASS PER SESSION	-	-	-	Not Allowed				
S9439	E	VBAC CLASS PER SESSION	-	-	-	Not Allowed				
S9441	E	ASTHMA EDUCATION	-	-	-	Not Allowed				
S9442	E	BIRTHING CLASS	-	-	-	Not Allowed				
S9443	E	LACTATION CLASS	-	-	-	Not Allowed				
S9444	E	PARENTING CLASSES NON-PHYSICIAN PROVIDER PER SESSI	-	-	-	Not Allowed				
S9445	E	PT EDUCATION NOC INDIVID	-	-	-	Not Allowed				
S9446	E	PT EDUCATION NOC GROUP	-	-	-	Not Allowed				
S9447	E	INFANT SAFETY CLASS PER SESSION	-	-	-	Not Allowed				
S9449	E	WEIGHT MANAGEMENT CLASSES PER SESSION	-	-	-	Not Allowed				
S9451	E	EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SESSION	-	-	-	Not Allowed				
S9452	E	NUTRITION CLASSES NON-PHYSICIAN PROVIDER PER SESSI	-	-	-	Not Allowed				
S9453	E	SMOKING CESSATION CLASS PER SESSION	-	-	-	Not Allowed				
S9454	E	STRESS MANAGEMENT CLASS PER SESSION	-	-	-	Not Allowed				
S9455	E	DIABETIC MANAGEMENT PROGRAM,	-	-	-	Not Allowed				
S9460	E	DIABETIC MANAGEMENT PROGRAM,	-	-	-	Not Allowed				
S9465	E	DIABETIC MANAGEMENT PROGRAM,	-	-	-	Not Allowed				
S9470	E	NUTRITIONAL COUNSELING, DIET	-	-	-	Not Allowed				
S9472	E	CARDIAC REHABILITATION PROGR	-	-	-	Not Allowed				
S9473	E	PULMONARY REHABILITATION PRO	-	-	-	Not Allowed				
S9474	E	ENTEROSTOMAL THERAPY BY A RE	-	-	-	Not Allowed				
S9475	E	AMBULATORY SETTING SUBSTANCE	-	-	-	Not Allowed				
S9476	E	VESTIBULAR REHAB PER DIEM	-	-	-	Not Allowed				
S9480	E	INTENSIVE OUTPATIENT PSYCHIA	-	-	-	Not Allowed				
S9482	E	FAMILY STABILIZATION 15 MIN	-	-	-	Not Allowed				
S9485	E	CRISIS INTERVENTION PER DIEM	-	-	-	Not Allowed				
S9494	E	HIT ANTIBIOTIC TOTAL DIEM	-	-	-	Not Allowed				
S9497	E	HIT ANTIBIOTIC Q3H DIEM	-	-	-	Not Allowed				
S9500	E	HIT ANTIBIOTIC Q24H DIEM	-	-	-	Not Allowed				
S9501	E	HIT ANTIBIOTIC Q12H DIEM	-	-	-	Not Allowed				
S9502	E	HIT ANTIBIOTIC Q8H DIEM	-	-	-	Not Allowed				
S9503	E	HIT ANTIBIOTIC Q6H DIEM	-	-	-	Not Allowed				
S9504	E	HIT ANTIBIOTIC Q4H DIEM	-	-	-	Not Allowed				
S9529	E	VENIPUNCTURE HOME/SNF	-	-	-	Not Allowed				

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S9537	E	HT HEM HORM INJ DIEM	-	-	-	Not Allowed				
S9538	E	HIT BLOOD PRODUCTS DIEM	-	-	-	Not Allowed				
S9542	E	HT INJ NOC PER DIEM	-	-	-	Not Allowed				
S9558	E	HT INJ GROWTH HORM DIEM	-	-	-	Not Allowed				
S9559	E	HIT INJ INTERFERON DIEM	-	-	-	Not Allowed				
S9560	E	HT INJ HORMONE DIEM	-	-	-	Not Allowed				
S9562	E	PALIVIZUMAB HOME INJ PERDIEM	-	-	-	Not Allowed				
S9590	E	IN HOME IRRIGATION THERAPY	-	-	-	Not Allowed				
S9810	E	HT PHARM PER HOUR	-	-	-	Not Allowed				
S9970	E	HEALTH CLUB MEMBERSHIP ANNUAL	-	-	-	Not Allowed				
S9975	E	TRANSPLANT RELATED PER DIEM	-	-	-	Not Allowed				
S9976	E	LODGING PER DIEM	-	-	-	Not Allowed				
S9977	E	MEALS PER DIEM	-	-	-	Not Allowed				
S9981	E	MED RECORD COPY ADMIN	-	-	-	Not Allowed				
S9982	E	MED RECORD COPY PER PAGE	-	-	-	Not Allowed				
S9986	E	NOT MEDICALLY NECESSARY SVC	-	-	-	Not Allowed				
S9988	E	SERV PART OF PHASE I TRIAL	-	-	-	Not Allowed				
S9989	E	SERVICES OUTSIDE US	-	-	-	Not Allowed				
S9990	E	SERVICES PROVIDED AS PART OF	-	-	-	Not Allowed				
S9991	E	SERVICES PROVIDED AS PART OF	-	-	-	Not Allowed				
S9992	E	TRANSPORTATION COSTS TO AND	-	-	-	Not Allowed				
T1000	E	PRIVATE DUTY/INDEPENDENT NSG	-	-	-	Not Allowed				
T1001	E	NURSING ASSESSMENT/EVALUATN	-	-	-	Not Allowed				
T1002	E	RN SERVICES UP TO 15 MINUTES	-	-	-	Not Allowed				
T1003	E	LPN/LVN SERVICES UP TO 15MIN	-	-	-	Not Allowed				
T1004	E	NSG AIDE SERVICE UP TO 15MIN	-	-	-	Not Allowed				
T1005	E	RESPITE CARE SERVICE 15 MIN	-	-	-	Not Allowed				
T1006	E	FAMILY/COUPLE COUNSELING	-	-	-	Not Allowed				
T1007	E	TREATMENT PLAN DEVELOPMENT	-	-	-	Not Allowed				
T1009	E	CHILD SITTING SERVICES	-	-	-	Not Allowed				
T1010	E	MEALS WHEN RECEIVE SERVICES	-	-	-	Not Allowed				
T1012	E	ALCOHOL/SUBSTANCE ABUSE SKIL	-	-	-	Not Allowed				
T1013	E	SIGN LANG/ORAL INTERPRETER	-	-	-	Not Allowed				
T1014	E	TELEHEALTH TRANSMIT, PER MIN	-	-	-	Not Allowed				
T1015	E	CLINIC SERVICE	-	-	-	Not Allowed				
T1016	M	CASE MANAGEMENT	-	-	$0.00	Fee Schedule				
T1016HD	M	CASE MANAGEMENT, EACH 15 MINUTES	-	-	$0.00	Fee Schedule				
T1017	E	TARGETED CASE MANAGEMENT	-	-	-	Not Allowed				
T1018	E	SCHOOL-BASED IEP SER BUNDLED	-	-	-	Not Allowed				
T1019	E	PERSONAL CARE SER PER 15 MIN	-	-	-	Not Allowed				
T1020	E	EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE	-	-	-	Not Allowed				
T1021	E	HH AIDE OR CN AIDE PER VISIT	-	-	-	Not Allowed				
T1022	E	CONTRACTED SERVICES PER DAY	-	-	-	Not Allowed				
T1023	E	PROGRAM INTAKE ASSESSMENT	-	-	-	Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
T1024	M	TEAM EVALUATION & MANAGEMENT	-	-	$100.00	Fee Schedule				
T1025	M	PED COMPR CARE PKG PER DIEM	-	-	$1,000.00	Fee Schedule				
T1026	E	PED COMPR CARE PKG PER HOUR	-	-	-	Not Allowed				
T1027	E	FAMILY TRAINING & COUNSELING	-	-	-	Not Allowed				
T1028	E	HOME ENVIRONMENT ASSESSMENT	-	-	-	Not Allowed				
T1029	E	NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND ARE	-	-	-	Not Allowed				
T1030	E	REMOVAL OF SUTURES BY ANOTHER PHYSICIAN	-	-	-	Not Allowed				
T1031	E	LPN HOME CARE PER DIEM	-	-	-	Not Allowed				
T1502	E	MEDICATION ADMIN VISIT	-	-	-	Not Allowed				
T1503	E	MED ADMIN OTHER THAN ORAL	-	-	-	Not Allowed				
T1999	E	NOT OTHERWISE CLASSIFIED BREAST EXCISION	-	-	-	Not Allowed				
T2001	E	N-ET; PATIENT ATTEND/ESCORT	-	-	-	Not Allowed				
T2002	E	N-ET; PER DIEM	-	-	-	Not Allowed				
T2003	E	N-ET; ENCOUNTER/TRIP	-	-	-	Not Allowed				
T2004	E	N-ET; COMMERC CARRIER PASS	-	-	-	Not Allowed				
T2005	E	N-ET; STRETCHER VAN	-	-	-	Not Allowed				
T2007	E	NON-EMER TRANSPORT WAIT TIME	-	-	-	Not Allowed				
T2010	E	PASRR LEVEL I	-	-	-	Not Allowed				
T2011	E	PASRR LEVEL II	-	-	-	Not Allowed				
T2012	E	HABIL ED WAIVER, PER DIEM	-	-	-	Not Allowed				
T2013	E	HABIL ED WAIVER PER HOUR	-	-	-	Not Allowed				
T2014	E	HABIL PREVOC WAIVER, PER D	-	-	-	Not Allowed				
T2015	E	HABIL PREVOC WAIVER PER HR	-	-	-	Not Allowed				
T2016	E	HABIL RES WAIVER PER DIEM	-	-	-	Not Allowed				
T2017	E	HABIL RES WAIVER 15 MIN	-	-	-	Not Allowed				
T2018	E	HABIL SUP EMPL WAIVER/DIEM	-	-	-	Not Allowed				
T2019	E	HABIL SUP EMPL WAIVER 15MIN	-	-	-	Not Allowed				
T2020	E	DAY HABIL WAIVER PER DIEM	-	-	-	Not Allowed				
T2021	E	DAY HABIL WAIVER PER 15 MIN	-	-	-	Not Allowed				
T2022	E	CASE MANAGEMENT, PER MONTH	-	-	-	Not Allowed				
T2023	E	TARGETED CASE MGMT PER MONTH	-	-	-	Not Allowed				
T2024	E	SERV ASMNT/CARE PLAN WAIVER	-	-	-	Not Allowed				
T2025	E	WAIVER SERVICE, NOS	-	-	-	Not Allowed				
T2026	E	SPECIAL CHILDCARE WAIVER/D	-	-	-	Not Allowed				
T2027	E	SPEC CHILDCARE WAIVER 15 MIN	-	-	-	Not Allowed				
T2028	E	SPECIAL SUPPLY, NOS WAIVER	-	-	-	Not Allowed				
T2029	E	SPECIAL MED EQUIP, NOSWAIVER	-	-	-	Not Allowed				
T2030	E	ASSIST LIVING WAIVER/MONTH	-	-	-	Not Allowed				
T2031	E	ASSIST LIVING WAIVER/DIEM	-	-	-	Not Allowed				
T2032	E	RES CARE, NOS WAIVER/MONTH	-	-	-	Not Allowed				
T2033	E	RES, NOS WAIVER PER DIEM	-	-	-	Not Allowed				
T2034	E	CRISIS INTERVEN WAIVER/DIEM	-	-	-	Not Allowed				
T2035	E	UTILITY SERVICES WAIVER	-	-	-	Not Allowed				
T2036	E	CAMP OVERNITE WAIVER/SESSION	-	-	-	Not Allowed				

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T2037	E	CAMP DAY WAIVER/SESSION	-	-	-	Not Allowed				
T2038	E	COMM TRANS WAIVER/SERVICE	-	-	-	Not Allowed				
T2039	E	VEHICLE MOD WAIVER/SERVICE	-	-	-	Not Allowed				
T2040	E	FINANCIAL MGT WAIVER/15MIN	-	-	-	Not Allowed				
T2041	E	SUPPORT BROKER WAIVER/15 MIN	-	-	-	Not Allowed				
T2042	E	HOSPICE ROUTINE HOME CARE	-	-	-	Not Allowed				
T2043	E	HOSPICE CONTINUOUS HOME CARE	-	-	-	Not Allowed				
T2044	E	HOSPICE RESPITE CARE	-	-	-	Not Allowed				
T2045	E	HOSPICE GENERAL CARE	-	-	-	Not Allowed				
T2046	E	HOSPICE LONG TERM CARE R&B	-	-	-	Not Allowed				
T2048	E	BH LTC RES R&B, PER DIEM	-	-	-	Not Allowed				
T2049	E	N-ET; STRETCHER VAN MILEAGE	-	-	-	Not Allowed				
T2101	E	BREAST MILK PROC/STORE/DIST	-	-	-	Not Allowed				
T4521	E	ADULT SIZE BRIEF/DIAPER SM	-	-	-	Not Allowed				
T4522	E	ADULT SIZE BRIEF/DIAPER MED	-	-	-	Not Allowed				
T4523	E	ADULT SIZE BRIEF/DIAPER LG	-	-	-	Not Allowed				
T4524	E	ADULT SIZE BRIEF/DIAPER XL	-	-	-	Not Allowed				
T4525	E	ADULT SIZE PULL-ON SM	-	-	-	Not Allowed				
T4526	E	ADULT SIZE PULL-ON MED	-	-	-	Not Allowed				
T4527	E	ADULT SIZE PULL-ON LG	-	-	-	Not Allowed				
T4528	E	ADULT SIZE PULL-ON XL	-	-	-	Not Allowed				
T4529	E	PED SIZE BRIEF/DIAPER SM/MED	-	-	-	Not Allowed				
T4530	E	PED SIZE BRIEF/DIAPER LG	-	-	-	Not Allowed				
T4531	E	PED SIZE PULL-ON SM/MED	-	-	-	Not Allowed				
T4532	E	PED SIZE PULL-ON LG	-	-	-	Not Allowed				
T4533	E	YOUTH SIZE BRIEF/DIAPER	-	-	-	Not Allowed				
T4534	E	YOUTH SIZE PULL-ON	-	-	-	Not Allowed				
T4535	E	DISPOSABLE LINER/SHIELD/PAD	-	-	-	Not Allowed				
T4536	E	REUSABLE PULL-ON ANY SIZE	-	-	-	Not Allowed				
T4537	E	REUSABLE UNDERPAD BED SIZE	-	-	-	Not Allowed				
T4538	E	DIAPER SERV REUSABLE DIAPER	-	-	-	Not Allowed				
T4539	E	REUSE DIAPER/BRIEF ANY SIZE	-	-	-	Not Allowed				
T4540	E	REUSABLE UNDERPAD CHAIR SIZE	-	-	-	Not Allowed				
T4541	E	LARGE DISPOSABLE UNDERPAD	-	-	-	Not Allowed				
T4542	E	SMALL DISPOSABLE UNDERPAD	-	-	-	Not Allowed				
T5001	E	SPECIAL POSITION SEAT/VEHICL	-	-	-	Not Allowed				
T5999	E	SUPPLY, NOS	-	-	-	Not Allowed				
V2020	E	VISION SVCS FRAMES PURCHASES	-	-	-	Not Allowed				
V2025	E	EYEGLASSES DELUX FRAMES	-	-	-	Not Allowed				Y
V2100	E	LENS SPHER SINGLE PLANO 4.00	-	-	-	Not Allowed				
V2101	E	SINGLE VISN SPHERE 4.12-7.00	-	-	-	Not Allowed				
V2102	E	SINGL VISN SPHERE 7.12-20.00	-	-	-	Not Allowed				
V2103	E	SPHEROCYLINDR 4.00D/12-2.00D	-	-	-	Not Allowed				
V2104	E	SPHEROCYLINDR 4.00D/2.12-4D	-	-	-	Not Allowed				

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V2105	E	SPHEROCYLINDER 4.00D/4.25-6D	-	-	-	Not Allowed				
V2106	E	SPHEROCYLINDER 4.00D/>6.00D	-	-	-	Not Allowed				
V2107	E	SPHEROCYLINDER 4.25D/12-2D	-	-	-	Not Allowed				
V2108	E	SPHEROCYLINDER 4.25D/2.12-4D	-	-	-	Not Allowed				
V2109	E	SPHEROCYLINDER 4.25D/4.25-6D	-	-	-	Not Allowed				
V2110	E	SPHEROCYLINDER 4.25D/OVER 6D	-	-	-	Not Allowed				
V2111	E	SPHEROCYLINDR 7.25D/.25-2.25	-	-	-	Not Allowed				
V2112	E	SPHEROCYLINDR 7.25D/2.25-4D	-	-	-	Not Allowed				
V2113	E	SPHEROCYLINDR 7.25D/4.25-6D	-	-	-	Not Allowed				
V2114	E	SPHEROCYLINDER OVER 12.00D	-	-	-	Not Allowed				
V2115	E	LENS LENTICULAR BIFOCAL	-	-	-	Not Allowed				
V2118	E	LENS ANISEIKONIC SINGLE	-	-	-	Not Allowed				
V2121	E	LENTICULAR LENS SINGLE	-	-	-	Not Allowed				
V2199	E	LENS SINGLE VISION NOT OTH C	-	-	-	Not Allowed				
V2200	E	LENS SPHER BIFOC PLANO 4.00D	-	-	-	Not Allowed				
V2201	E	LENS SPHERE BIFOCAL 4.12-7.0	-	-	-	Not Allowed				
V2202	E	LENS SPHERE BIFOCAL 7.12-20.	-	-	-	Not Allowed				
V2203	E	LENS SPHCYL BIFOCAL 4.00D/.1	-	-	-	Not Allowed				
V2204	E	LENS SPHCY BIFOCAL 4.00D/2.1	-	-	-	Not Allowed				
V2205	E	LENS SPHCY BIFOCAL 4.00D/4.2	-	-	-	Not Allowed				
V2206	E	LENS SPHCY BIFOCAL 4.00D/OVE	-	-	-	Not Allowed				
V2207	E	LENS SPHCY BIFOCAL 4.25-7D/.	-	-	-	Not Allowed				
V2208	E	LENS SPHCY BIFOCAL 4.25-7/2.	-	-	-	Not Allowed				
V2209	E	LENS SPHCY BIFOCAL 4.25-7/4.	-	-	-	Not Allowed				
V2210	E	LENS SPHCY BIFOCAL 4.25-7/OV	-	-	-	Not Allowed				
V2211	E	LENS SPHCY BIFO 7.25-12/.25-	-	-	-	Not Allowed				
V2212	E	LENS SPHCYL BIFO 7.25-12/2.2	-	-	-	Not Allowed				
V2213	E	LENS SPHCYL BIFO 7.25-12/4.2	-	-	-	Not Allowed				
V2214	E	LENS SPHCYL BIFOCAL OVER 12.	-	-	-	Not Allowed				
V2215	E	LENS LENTICULAR BIFOCAL	-	-	-	Not Allowed				
V2218	E	LENS ANISEIKONIC BIFOCAL	-	-	-	Not Allowed				
V2219	E	LENS BIFOCAL SEG WIDTH OVER	-	-	-	Not Allowed				
V2220	E	LENS BIFOCAL ADD OVER 3.25D	-	-	-	Not Allowed				
V2221	E	LENTICULAR LENS BIFOCAL	-	-	-	Not Allowed				
V2299	E	LENS BIFOCAL SPECIALITY	-	-	-	Not Allowed				
V2300	E	LENS SPHERE TRIFOCAL 4.00D	-	-	-	Not Allowed				
V2301	E	LENS SPHERE TRIFOCAL 4.12-7.	-	-	-	Not Allowed				
V2302	E	LENS SPHERE TRIFOCAL 7.12-20	-	-	-	Not Allowed				
V2303	E	LENS SPHCY TRIFOCAL 4.0/.12-	-	-	-	Not Allowed				
V2304	E	LENS SPHCY TRIFOCAL 4.0/2.25	-	-	-	Not Allowed				
V2305	E	LENS SPHCY TRIFOCAL 4.0/4.25	-	-	-	Not Allowed				
V2306	E	LENS SPHCYL TRIFOCAL 4.00/>6	-	-	-	Not Allowed				
V2307	E	LENS SPHCY TRIFOCAL 4.25-7/.	-	-	-	Not Allowed				
V2308	E	LENS SPHC TRIFOCAL 4.25-7/2.	-	-	-	Not Allowed				

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

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V2702	E	DELUXE LENS FEATURE	-	-	-	Not Allowed				
V2710	E	GLASS/PLASTIC SLAB OFF PRISM	-	-	-	Not Allowed				
V2715	E	PRISM LENS/ES	-	-	-	Not Allowed				
V2718	E	FRESNELL PRISM PRESS-ON LENS	-	-	-	Not Allowed				
V2730	E	SPECIAL BASE CURVE	-	-	-	Not Allowed				
V2744	E	TINT PHOTOCHROMATIC LENS/ES	-	-	-	Not Allowed				Y
V2745	E	TINT ANY COLOR/SOLID/GRAD	-	-	-	Not Allowed				
V2750	E	ANTI-REFLECTIVE COATING	-	-	-	Not Allowed				
V2755	E	UV LENS/ES	-	-	-	Not Allowed				Y
V2756	E	EYE GLASS CASE	-	-	-	Not Allowed				
V2760	E	SCRATCH RESISTANT COATING	-	-	-	Not Allowed				Y
V2761	E	MIRROR COATING	-	-	-	Not Allowed				
V2762	E	POLARIZATION ANY LENS	-	-	-	Not Allowed				
V2770	E	OCCLUDER LENS/ES	-	-	-	Not Allowed				
V2780	E	OVERSIZE LENS/ES	-	-	-	Not Allowed				
V2781	E	PROGRESSIVE LENS PER LENS	-	-	-	Not Allowed				
V2782	E	LENS 1.54-1.65 P/1.60-1.79G	-	-	-	Not Allowed				
V2783	E	LENS >= 1.66 P/>=1.80 G	-	-	-	Not Allowed				
V2784	E	LENS POLYCARB OR EQUAL	-	-	-	Not Allowed				
V2785	M	CORNEAL TISSUE PROCESSING	-	-	$1,100.00	Fee Schedule				
V2786	E	OCCUPATIONAL MULTIFOCAL LENS	-	-	-	Not Allowed				
V2788	E	PRESBYOPIA-CORRECT FUNCTION	-	-	-	Not Allowed				
V2790	N	AMNIOTIC MEMBRANE	-	-	-	APC/ Bundled				
V2797	E	VIS ITEM/SVC IN OTHER CODE	-	-	-	Not Allowed				
V2799	E	MISCELLANEOUS VISION SERVICE	-	-	-	Not Allowed				
V5008	E	HEARING SCREENING	-	-	-	Not Allowed				
V5010	E	ASSESSMENT FOR HEARING AID	-	-	-	Not Allowed				
V5011	E	HEARING AID FITTING/CHECKING	-	-	-	Not Allowed				
V5014	E	HEARING AID REPAIR/MODIFYING	-	-	-	Not Allowed				
V5020	E	CONFORMITY EVALUATION	-	-	-	Not Allowed				
V5030	E	BODY-WORN HEARING AID AIR	-	-	-	Not Allowed				Y
V5040	E	BODY-WORN HEARING AID BONE	-	-	-	Not Allowed				Y
V5050	E	HEARING AID MONAURAL IN EAR	-	-	-	Not Allowed				Y
V5060	E	BEHIND EAR HEARING AID	-	-	-	Not Allowed				Y
V5070	E	GLASSES AIR CONDUCTION	-	-	-	Not Allowed				Y
V5080	E	GLASSES BONE CONDUCTION	-	-	-	Not Allowed				Y
V5090	E	HEARING AID DISPENSING FEE	-	-	-	Not Allowed				Y
V5095	E	IMPLANT MID EAR HEARING PROS	-	-	-	Not Allowed				
V5100	E	BODY-WORN BILAT HEARING AID	-	-	-	Not Allowed				Y
V5110	E	HEARING AID DISPENSING FEE	-	-	-	Not Allowed				
V5120	E	BODY-WORN BINAUR HEARING AID	-	-	-	Not Allowed				Y
V5130	E	IN EAR BINAURAL HEARING AID	-	-	-	Not Allowed				Y
V5140	E	BEHIND EAR BINAUR HEARING AI	-	-	-	Not Allowed				Y
V5150	E	GLASSES BINAURAL HEARING AID	-	-	-	Not Allowed				Y

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V5160	E	DISPENSING FEE BINAURAL	-	-	-	Not Allowed				Y
V5170	E	WITHIN EAR CROS HEARING AID	-	-	-	Not Allowed				Y
V5180	E	BEHIND EAR CROS HEARING AID	-	-	-	Not Allowed				Y
V5190	E	GLASSES CROS HEARING AID	-	-	-	Not Allowed				Y
V5200	E	CROS HEARING AID DISPENS FEE	-	-	-	Not Allowed				
V5210	E	IN EAR BICROS HEARING AID	-	-	-	Not Allowed				Y
V5220	E	BEHIND EAR BICROS HEARING AI	-	-	-	Not Allowed				Y
V5230	E	GLASSES BICROS HEARING AID	-	-	-	Not Allowed				Y
V5240	E	DISPENSING FEE BICROS	-	-	-	Not Allowed				
V5241	E	DISPENSING FEE, MONAURAL	-	-	-	Not Allowed				Y
V5242	E	HEARING AID, MONAURAL, CIC	-	-	-	Not Allowed				Y
V5243	E	HEARING AID, MONAURAL, ITC	-	-	-	Not Allowed				Y
V5244	E	HEARING AID, PROG, MON, CIC	-	-	-	Not Allowed				Y
V5245	E	HEARING AID, PROG, MON, ITC	-	-	-	Not Allowed				Y
V5246	E	HEARING AID, PROG, MON, ITE	-	-	-	Not Allowed				Y
V5247	E	HEARING AID, PROG, MON, BTE	-	-	-	Not Allowed				Y
V5248	E	HEARING AID, BINAURAL, CIC	-	-	-	Not Allowed				Y
V5249	E	HEARING AID, BINAURAL, ITC	-	-	-	Not Allowed				Y
V5250	E	HEARING AID, PROG, BIN, CIC	-	-	-	Not Allowed				Y
V5251	E	HEARING AID, PROG, BIN, ITC	-	-	-	Not Allowed				Y
V5252	E	HEARING AID, PROG, BIN, ITE	-	-	-	Not Allowed				Y
V5253	E	HEARING AID, PROG, BIN, BTE	-	-	-	Not Allowed				Y
V5254	E	HEARING ID, DIGIT, MON, CIC	-	-	-	Not Allowed				Y
V5255	E	HEARING AID, DIGIT, MON, ITC	-	-	-	Not Allowed				Y
V5256	E	HEARING AID, DIGIT, MON, ITE	-	-	-	Not Allowed				Y
V5257	E	HEARING AID, DIGIT, MON, BTE	-	-	-	Not Allowed				Y
V5258	E	HEARING AID, DIGIT, BIN, CIC	-	-	-	Not Allowed				Y
V5259	E	HEARING AID, DIGIT, BIN, ITC	-	-	-	Not Allowed				Y
V5260	E	HEARING AID, DIGIT, BIN, ITE	-	-	-	Not Allowed				Y
V5261	E	HEARING AID, DIGIT, BIN, BTE	-	-	-	Not Allowed				Y
V5262	E	HEARING AID, DISP, MONAURAL	-	-	-	Not Allowed				
V5263	E	HEARING AID, DISP, BINAURAL	-	-	-	Not Allowed				
V5264	E	EAR MOLD/INSERT	-	-	-	Not Allowed				
V5265	E	EAR MOLD/INSERT, DISP	-	-	-	Not Allowed				
V5266	E	BATTERY FOR HEARING DEVICE	-	-	-	Not Allowed				
V5267	E	HEARING AID SUPPLY/ACCESSORY	-	-	-	Not Allowed				
V5268	E	ALD TELEPHONE AMPLIFIER	-	-	-	Not Allowed				
V5269	E	ALERTING DEVICE, ANY TYPE	-	-	-	Not Allowed				
V5270	E	ALD, TV AMPLIFIER, ANY TYPE	-	-	-	Not Allowed				
V5271	E	ALD, TV CAPTION DECODER	-	-	-	Not Allowed				
V5272	E	TDD	-	-	-	Not Allowed				
V5273	E	ALD FOR COCHLEAR IMPLANT	-	-	-	Not Allowed				
V5274	E	ALD UNSPECIFIED	-	-	-	Not Allowed				
V5275	E	EAR IMPRESSION	-	-	-	Not Allowed				

Proc Code	2007 Status Ind.	Description	APC	APC Weight	2007 APC Payment	Method	2007 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
V5298	E	HEARING AID NOC	-	-	-	Not Allowed				
V5299	E	HEARING SERVICE	-	-	-	Not Allowed				Y
V5336	E	REPAIR COMMUNICATION DEVICE	-	-	-	Not Allowed				
V5362	E	SPEECH SCREENING	-	-	-	Not Allowed				
V5363	E	LANGUAGE SCREENING	-	-	-	Not Allowed				
V5364	E	DYSPHAGIA SCREENING	-	-	-	Not Allowed				