Montana Medicaid
ASC Covered Surgical and Ancillary Services for CY 2014
(Including Services for Which Payment is Packaged)
Revised July 2013

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Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
0027T	ENDOSCOPIC EPIDURAL LYSIS			07/01/2009	Not Allowed	$0.00
0042T	CT PERFUSION W/CONTRAST CBF			01/01/2009	No Separate Payment	$0.00
0071T	U/S LEIOMYOMATA ABLATE <200		Y	01/01/2009	Not Allowed	$0.00
0072T	U/S LEIOMYOMATA ABLATE >200		Y	01/01/2009	Not Allowed	$0.00
0073T	DELIVERY COMP IMRT		Y	01/01/2013	Fee Schedule	$271.42
0099T	IMPLANT CORNEAL RING	Y	Y	01/01/2013	Fee Schedule	$940.80
0100T	PROSTH RETINA RECEIVE&GEN	Y	Y	01/01/2013	Fee Schedule	$1,635.00
0101T	EXTRACORP SHOCKWV TX HI ENRG	Y	Y	01/01/2013	Fee Schedule	$1,294.39
0102T	EXTRACORP SHOCKWV TX ANESTH	Y	Y	01/01/2013	Fee Schedule	$1,294.39
0123T	SCLERAL FISTULIZATION	Y	Y	01/01/2013	Fee Schedule	$940.80
0124T	CONJUNCTIVAL DRUG PLACEMENT	Y	Y	01/01/2013	Fee Schedule	$81.25
0126T	CHD RISK IMT STUDY		Y	01/01/2009	No Separate Payment	$0.00
0159T	CAD BREAST MRI			01/01/2009	No Separate Payment	$0.00
0174T	CAD CXR WITH INTERP			01/01/2009	No Separate Payment	$0.00
0175T	CAD CXR REMOTE			01/01/2009	No Separate Payment	$0.00
0182T	HDR ELECT BRACHYTHERAPY		Y	01/01/2013	Fee Schedule	$385.88
0185T	COMPTR PROBABILITY ANALYSIS			01/01/2009	No Separate Payment	$0.00
0186T	SUPRACHOROIDAL DRUG DELIVERY	Y	Y	01/01/2013	Fee Schedule	$809.22
0190T	PLACE INTRAOC RADIATION SRC	Y	Y	01/01/2013	Fee Schedule	$809.22
0191T	INSERT ANT SEGMENT DRAIN INT	Y	Y	01/01/2013	Fee Schedule	$1,671.00
0192T	INSERT ANT SEGMENT DRAIN EXT	Y	Y	01/01/2013	Fee Schedule	$1,671.00
0200T	PERQ SACRAL AUGMT UNILAT INJ	Y	Y	01/01/2013	Fee Schedule	$1,294.39
0201T	PERQ SACRAL AUGMT BILAT INJ	Y	Y	01/01/2013	Fee Schedule	$1,294.39
0213T	NJX PARAVERT W/US CER/THOR	Y	Y	01/01/2013	Fee Schedule	$317.46
0214T	NJX PARAVERT W/US CER/THOR	Y	Y	01/01/2013	Fee Schedule	$102.47
0215T	NJX PARAVERT W/US CER/THOR	Y	Y	01/01/2013	Fee Schedule	$102.47
0216T	NJX PARAVERT W/US LUMB/SAC	Y	Y	01/01/2013	Fee Schedule	$317.46
0217T	NJX PARAVERT W/US LUMB/SAC	Y	Y	01/01/2013	Fee Schedule	$102.47
0218T	NJX PARAVERT W/US LUMB/SAC	Y	Y	01/01/2013	Fee Schedule	$102.47
0226T	ANOSCOPY HRA W/SPEC COLLECT		Y	01/01/2013	Fee Schedule	$27.85
0227T	ANOSCOPY HRA W/BIOPSY	Y	Y	01/01/2013	Fee Schedule	$235.85
0228T	NJX TFRML EPRL W/US CER/THOR	Y	Y	01/01/2013	Fee Schedule	$317.46
0229T	NJX TFRML EPRL W/US CER/THOR	Y	Y	01/01/2013	Fee Schedule	$163.70
0230T	NJX TFRML EPRL W/US LUMB/SAC	Y	Y	01/01/2013	Fee Schedule	$317.46
0231T	NJX TFRML EPRL W/US LUMB/SAC	Y	Y	01/01/2013	Fee Schedule	$163.70
0232T	NJX PLATELET PLASMA		Y	01/01/2013	Fee Schedule	$27.85
0238T	TRLUML PERIP ATHRC ILIAC ART			03/01/2011	Not Allowed	$0.00
0249T	LIGATION HEMORRHOID W/US			03/01/2011	Not Allowed	$0.00
0250T	INSERT BRONCHIAL VALVE			03/01/2011	Not Allowed	$0.00
0251T	REMOV BRONCHIAL VALVE			03/01/2011	Not Allowed	$0.00
0252T	REMOV BRONCH VALVE ADDL			03/01/2011	Not Allowed	$0.00
0253T	INSERT AQUEOUS DRAIN DEVICE			03/01/2011	Not Allowed	$0.00
0260T	HYPTHRM BDY NEONATE 28D/<			03/01/2011	Not Allowed	$0.00
0261T	HYPTHRM HEAD NEONATE 28D/<			03/01/2011	Not Allowed	$0.00

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0263T	IM B1 MRW CEL THER CMPL		Y	01/01/2013	Fee Schedule	$1,620.94
0264T	IM B1 MRW CEL THER XCL HRVST		Y	01/01/2013	Fee Schedule	$1,620.94
0265T	IM B1 MRW CEL THER HRVST ONL		Y	01/01/2013	Fee Schedule	$1,620.94
0269T	REV/REMVL CRTD SNS DEV TOTAL	Y	Y	01/01/2013	Fee Schedule	$1,392.48
0270T	REV/REMVL CRTD SNS DEV LEAD	Y	Y	01/01/2013	Fee Schedule	$847.91
0271T	REV/REMVL CRTD SNS DEV GEN	Y	Y	01/01/2013	Fee Schedule	$1,457.96
0274T	PERQ LAMOT/LAM CRV/THRC	Y		01/01/2013	Fee Schedule	$2,109.06
0275T	PERQ LAMOT/LAM LUMBAR	Y		01/01/2013	Fee Schedule	$2,109.06
0282T	PERIPH FIELD STIMUL TRIAL			01/01/2013	Fee Schedule	$3,550.55
0283T	PERIPH FIELD STIMUL PERM			01/01/2013	Fee Schedule	$24,363.34
0284T	PERIPH FIELD STIMUL REVISE	Y		01/01/2013	Fee Schedule	$847.91
0286T	NEAR IFR SPECTRSC OF WOUNDS			01/01/2012	No Separate Payment	$0.00
0287T	NEAR IFR GUIDE OF VASC SITE			01/01/2012	No Separate Payment	$0.00
0288T	ANOSCOPY W/RF DELIVERY	Y		01/01/2013	Fee Schedule	$1,327.61
0289T	LASER INC FOR PKP/LKP DONOR			01/01/2012	No Separate Payment	$0.00
0290T	LASER INC FOR PKP/LKP RECIP			01/01/2012	No Separate Payment	$0.00
0291T	IV OCT FOR PROC INIT VESSEL			01/01/2012	No Separate Payment	$0.00
0292T	IV OCT FOR PROC ADDL VESSEL			01/01/2012	No Separate Payment	$0.00
0299T	ESW WOUND HEALING INIT WOUND			04/01/2013	Fee Schedule	$48.11
0300T	ESW WOUND HEALING ADDL WOUND			04/01/2013	Fee Schedule	$48.11
0301T	MW THERAPY FOR BREAST TUMOR			01/01/2013	Fee Schedule	$548.93
0302T	ICAR ISCHM MNTRNG SYS COMPL	Y		01/01/2013	Fee Schedule	$7,127.41
0303T	ICAR ISCHM MNTRNG SYS ELTRD	Y		01/01/2013	Fee Schedule	$2,113.24
0304T	ICAR ISCHM MNTRNG SYS DEVICE	Y		01/01/2013	Fee Schedule	$5,772.53
0307T	RMVL ICAR ISCHM MNTRNG DVICE	Y		01/01/2013	Fee Schedule	$944.45
0308T	INSJ OCULAR TELESCOPE PROSTH	Y		01/01/2013	Fee Schedule	$940.80
0313T	LAPS RMVL NSTIM ARRAY VAGUS	Y		01/01/2013	Fee Schedule	$847.91
0314T	LAPS RMVL VGL ARRY & PLS GEN	Y		01/01/2013	Fee Schedule	$1,457.96
0315T	RMVL VAGUS NERVE PLS GEN	Y		01/01/2013	Fee Schedule	$1,457.96
0316T	REPLC VAGUS NERVE PLS GEN			04/01/2013	Fee Schedule	$15,431.30
0319T	INSERT SUBQ DEFIB W/ELTRD	Y		01/01/2013	Fee Schedule	$20,941.14
0320T	INSERT SUBQ DEFIB ELECTRODE	Y		01/01/2013	Fee Schedule	$2,113.24
0321T	INSERT SUBQ DEFIB PLS GEN	Y		01/01/2013	Fee Schedule	$20,941.14
0322T	RMVL SUBQ DEFIB PLS GEN	Y		01/01/2013	Fee Schedule	$944.45
0323T	RMVL & REPLC SUBQ PLS GEN	Y		01/01/2013	Fee Schedule	$20,941.14
0325T	REPOS SUBQ DEFIB ELTRD &/GEN	Y		01/01/2013	Fee Schedule	$944.45
0326T	EPHYS EVAL SUBQ IMPLT DEFIB			01/01/2013	No Separate Payment	$0.00
0331T	HEART SYMP IMAGE PLNR			07/01/2013	Fee Schedule	$173.38
0332T	HEART SYMP IMAGE PLNR SPECT			07/01/2013	Fee Schedule	$173.38
10021	FNA W/O IMAGE	Y		01/01/2013	Fee Schedule	$68.80
10022	FNA W/IMAGE	Y		01/01/2013	Fee Schedule	$193.88
10040	ACNE SURGERY	Y		01/01/2013	Fee Schedule	$40.14
10060	DRAINAGE OF SKIN ABSCESS	Y		04/01/2013	Fee Schedule	$70.40
10061	DRAINAGE OF SKIN ABSCESS	Y		01/01/2013	Fee Schedule	$70.40
10080	DRAINAGE OF PILONIDAL CYST	Y		01/01/2013	Fee Schedule	$70.40
10081	DRAINAGE OF PILONIDAL CYST	Y		04/01/2013	Fee Schedule	$179.98
10120	REMOVE FOREIGN BODY	Y		04/01/2013	Fee Schedule	$109.21
10121	REMOVE FOREIGN BODY	Y		01/01/2013	Fee Schedule	$629.45

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10140	DRAINAGE OF HEMATOMA/FLUID	Y		04/01/2013	Fee Schedule	$105.81
10160	PUNCTURE DRAINAGE OF LESION	Y		04/01/2013	Fee Schedule	$70.40
10180	COMPLEX DRAINAGE WOUND	Y		01/01/2013	Fee Schedule	$740.20
11000	DEBRIDE INFECTED SKIN	Y		04/01/2013	Fee Schedule	$33.00
11001	DEBRIDE INFECTED SKIN ADD-ON	Y		04/01/2013	Fee Schedule	$10.21
11010	DEBRIDE SKIN AT FX SITE	Y		01/01/2013	Fee Schedule	$188.75
11011	DEBRIDE SKIN MUSC AT FX SITE	Y		01/01/2013	Fee Schedule	$188.75
11012	DEB SKIN BONE AT FX SITE	Y		01/01/2013	Fee Schedule	$188.75
11042	DEB SUBQ TISSUE 20 SQ CM/<	Y		01/01/2013	Fee Schedule	$117.64
11043	DEB MUSC/FASCIA 20 SQ CM/<	Y		01/01/2013	Fee Schedule	$117.64
11044	DEB BONE 20 SQ CM/<	Y		01/01/2013	Fee Schedule	$327.48
11045	DEB SUBQ TISSUE ADD-ON	Y		01/01/2013	Fee Schedule	$117.64
11046	DEB MUSC/FASCIA ADD-ON	Y		01/01/2013	Fee Schedule	$117.64
11047	DEB BONE ADD-ON	Y		01/01/2013	Fee Schedule	$188.75
11055	TRIM SKIN LESION	Y		04/01/2013	Fee Schedule	$35.72
11056	TRIM SKIN LESIONS 2 TO 4	Y		04/01/2013	Fee Schedule	$40.14
11057	TRIM SKIN LESIONS OVER 4	Y		04/01/2013	Fee Schedule	$42.53
11100	BIOPSY SKIN LESION	Y		04/01/2013	Fee Schedule	$60.02
11101	BIOPSY SKIN ADD-ON	Y		04/01/2013	Fee Schedule	$17.01
11200	REMOVAL OF SKIN TAGS	Y		01/01/2013	Fee Schedule	$40.14
11201	REMOVE SKIN TAGS ADD-ON	Y		04/01/2013	Fee Schedule	$7.83
11300	SHAVE SKIN LESION	Y		01/01/2013	Fee Schedule	$40.14
11301	SHAVE SKIN LESION	Y		01/01/2013	Fee Schedule	$40.14
11302	SHAVE SKIN LESION	Y		01/01/2013	Fee Schedule	$40.14
11303	SHAVE SKIN LESION	Y		01/01/2013	Fee Schedule	$60.02
11305	SHAVE SKIN LESION	Y		01/01/2013	Fee Schedule	$40.14
11306	SHAVE SKIN LESION	Y		01/01/2013	Fee Schedule	$40.14
11307	SHAVE SKIN LESION	Y		01/01/2013	Fee Schedule	$40.14
11308	SHAVE SKIN LESION	Y		01/01/2013	Fee Schedule	$60.02
11310	SHAVE SKIN LESION	Y		01/01/2013	Fee Schedule	$40.14
11311	SHAVE SKIN LESION	Y		01/01/2013	Fee Schedule	$40.14
11312	SHAVE SKIN LESION	Y		01/01/2013	Fee Schedule	$60.02
11313	SHAVE SKIN LESION	Y		01/01/2013	Fee Schedule	$60.02
11400	EXC TR-EXT B9+MARG 0.5 < CM	Y		04/01/2013	Fee Schedule	$92.20
11401	EXC TR-EXT B9+MARG 0.6-1 CM	Y		04/01/2013	Fee Schedule	$102.41
11402	EXC TR-EXT B9+MARG 1.1-2 CM	Y		04/01/2013	Fee Schedule	$112.28
11403	EXC TR-EXT B9+MARG 2.1-3 CM	Y		04/01/2013	Fee Schedule	$122.48
11404	EXC TR-EXT B9+MARG 3.1-4 CM	Y		01/01/2013	Fee Schedule	$629.45
11406	EXC TR-EXT B9+MARG > 4.0 CM	Y		01/01/2013	Fee Schedule	$629.45
11420	EXC H-F-NK-SP B9+MARG 0.5 <	Y		04/01/2013	Fee Schedule	$86.76
11421	EXC H-F-NK-SP B9+MARG 0.6-1	Y		04/01/2013	Fee Schedule	$103.77
11422	EXC H-F-NK-SP B9+MARG 1.1-2	Y		04/01/2013	Fee Schedule	$113.30
11423	EXC H-F-NK-SP B9+MARG 2.1-3	Y		04/01/2013	Fee Schedule	$125.20
11424	EXC H-F-NK-SP B9+MARG 3.1-4	Y		01/01/2013	Fee Schedule	$629.45
11426	EXC H-F-NK-SP B9+MARG > 4 CM	Y		01/01/2013	Fee Schedule	$932.08
11440	EXC FACE-MM B9+MARG 0.5 < CM	Y		04/01/2013	Fee Schedule	$97.99
11441	EXC FACE-MM B9+MARG 0.6-1 CM	Y		04/01/2013	Fee Schedule	$111.94
11442	EXC FACE-MM B9+MARG 1.1-2 CM	Y		04/01/2013	Fee Schedule	$122.14

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11443	EXC FACE-MM B9+MARG 2.1-3 CM	Y		04/01/2013	Fee Schedule	$135.75
11444	EXC FACE-MM B9+MARG 3.1-4 CM	Y		01/01/2013	Fee Schedule	$327.48
11446	EXC FACE-MM B9+MARG > 4 CM	Y		01/01/2013	Fee Schedule	$932.08
11450	REMOVAL SWEAT GLAND LESION	Y		01/01/2013	Fee Schedule	$932.08
11451	REMOVAL SWEAT GLAND LESION	Y		01/01/2013	Fee Schedule	$932.08
11462	REMOVAL SWEAT GLAND LESION	Y		01/01/2013	Fee Schedule	$932.08
11463	REMOVAL SWEAT GLAND LESION	Y		01/01/2013	Fee Schedule	$932.08
11470	REMOVAL SWEAT GLAND LESION	Y		01/01/2013	Fee Schedule	$932.08
11471	REMOVAL SWEAT GLAND LESION	Y		01/01/2013	Fee Schedule	$932.08
11600	EXC TR-EXT MAL+MARG 0.5 < CM	Y		04/01/2013	Fee Schedule	$133.03
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	Y		04/01/2013	Fee Schedule	$152.76
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	Y		04/01/2013	Fee Schedule	$165.01
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	Y		04/01/2013	Fee Schedule	$177.94
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	Y		01/01/2013	Fee Schedule	$327.48
11606	EXC TR-EXT MAL+MARG > 4 CM	Y		01/01/2013	Fee Schedule	$629.45
11620	EXC H-F-NK-SP MAL+MARG 0.5 <	Y		04/01/2013	Fee Schedule	$135.41
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	Y		04/01/2013	Fee Schedule	$154.12
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	Y		04/01/2013	Fee Schedule	$167.73
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	Y		04/01/2013	Fee Schedule	$184.06
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	Y		01/01/2013	Fee Schedule	$629.45
11626	EXC S/N/H/F/G MAL+MRG > 4 CM	Y		01/01/2013	Fee Schedule	$932.08
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	Y		04/01/2013	Fee Schedule	$140.51
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	Y		04/01/2013	Fee Schedule	$158.55
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	Y		04/01/2013	Fee Schedule	$174.88
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	Y		04/01/2013	Fee Schedule	$191.55
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	Y		01/01/2013	Fee Schedule	$629.45
11646	EXC F/E/E/N/L MAL+MRG > 4 CM	Y		01/01/2013	Fee Schedule	$932.08
11719	TRIM NAIL(S)	Y		04/01/2013	Fee Schedule	$5.44
11720	DEBRIDE NAIL 1-5	Y		04/01/2013	Fee Schedule	$20.75
11721	DEBRIDE NAIL 6 OR MORE	Y		04/01/2013	Fee Schedule	$25.18
11730	REMOVAL OF NAIL PLATE	Y		01/01/2013	Fee Schedule	$40.14
11732	REMOVE NAIL PLATE ADD-ON	Y		04/01/2013	Fee Schedule	$19.73
11740	DRAIN BLOOD FROM UNDER NAIL	Y		01/01/2013	Fee Schedule	$15.94
11750	REMOVAL OF NAIL BED	Y		04/01/2013	Fee Schedule	$134.05
11752	REMOVE NAIL BED/FINGER TIP	Y		04/01/2013	Fee Schedule	$189.85
11755	BIOPSY NAIL UNIT	Y		04/01/2013	Fee Schedule	$88.80
11760	REPAIR OF NAIL BED	Y		01/01/2013	Fee Schedule	$48.11
11762	RECONSTRUCTION OF NAIL BED	Y		04/01/2013	Fee Schedule	$179.64
11765	EXCISION OF NAIL FOLD TOE	Y		01/01/2013	Fee Schedule	$40.14
11770	REMOVAL OF PILONIDAL LESION	Y		01/01/2013	Fee Schedule	$932.08
11771	REMOVAL OF PILONIDAL LESION	Y		01/01/2013	Fee Schedule	$932.08
11772	REMOVAL OF PILONIDAL LESION	Y		01/01/2013	Fee Schedule	$932.08
11900	INJECTION INTO SKIN LESIONS	Y		04/01/2013	Fee Schedule	$36.74
11901	ADDED SKIN LESIONS INJECTION	Y		04/01/2013	Fee Schedule	$39.81
11920	CORRECT SKIN COLOR DEFECTS	Y		04/01/2013	Fee Schedule	$111.26
11921	CORRECT SKIN COLOR DEFECTS	Y		04/01/2013	Fee Schedule	$125.54
11922	CORRECT SKIN COLOR DEFECTS	Y		04/01/2013	Fee Schedule	$43.89
11950	THERAPY FOR CONTOUR DEFECTS			03/01/2011	Not Allowed	$0.00

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11951	THERAPY FOR CONTOUR DEFECTS			03/01/2011	Not Allowed	$0.00
11952	THERAPY FOR CONTOUR DEFECTS			03/01/2011	Not Allowed	$0.00
11954	THERAPY FOR CONTOUR DEFECTS			03/01/2011	Not Allowed	$0.00
11960	INSERT TISSUE EXPANDER(S)	Y	Y	01/01/2013	Fee Schedule	$847.34
11970	REPLACE TISSUE EXPANDER	Y	Y	01/01/2013	Fee Schedule	$1,928.93
11971	REMOVE TISSUE EXPANDER(S)	Y	Y	01/01/2013	Fee Schedule	$932.08
11976	REMOVAL OF CONTRACEPTIVE CAP	Y		04/01/2013	Fee Schedule	$76.21
11980	IMPLANT HORMONE PELLET(S)			01/01/2013	Fee Schedule	$27.85
11981	INSERT DRUG IMPLANT DEVICE			01/01/2013	Fee Schedule	$27.85
11982	REMOVE DRUG IMPLANT DEVICE			01/01/2013	Fee Schedule	$27.85
11983	REMOVE/INSERT DRUG IMPLANT			01/01/2013	Fee Schedule	$27.85
12001	REPAIR SUPERFICIAL WOUND(S)	Y		04/01/2013	Fee Schedule	$48.11
12002	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2013	Fee Schedule	$48.11
12004	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2013	Fee Schedule	$48.11
12005	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2013	Fee Schedule	$48.11
12006	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2013	Fee Schedule	$48.11
12007	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2013	Fee Schedule	$48.11
12011	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2013	Fee Schedule	$48.11
12013	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2013	Fee Schedule	$48.11
12014	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2013	Fee Schedule	$48.11
12015	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2013	Fee Schedule	$48.11
12016	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2013	Fee Schedule	$48.11
12017	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2013	Fee Schedule	$48.11
12018	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2013	Fee Schedule	$141.11
12020	CLOSURE OF SPLIT WOUND	Y		01/01/2013	Fee Schedule	$220.74
12021	CLOSURE OF SPLIT WOUND	Y		01/01/2013	Fee Schedule	$141.11
12031	INTMD WND REPAIR S/A/T/EXT	Y		04/01/2013	Fee Schedule	$141.11
12032	INTMD WND REPAIR S/A/T/EXT	Y		01/01/2013	Fee Schedule	$141.11
12034	INTMD WND REPAIR S/TR/EXT	Y		01/01/2013	Fee Schedule	$141.11
12035	INTMD WND REPAIR S/A/T/EXT	Y		01/01/2013	Fee Schedule	$141.11
12036	INTMD WND REPAIR S/A/T/EXT	Y		01/01/2013	Fee Schedule	$141.11
12037	INTMD WND REPAIR S/TR/EXT	Y		01/01/2013	Fee Schedule	$141.11
12041	INTMD WND REPAIR N-HF/GENIT	Y		01/01/2013	Fee Schedule	$48.11
12042	INTMD WND REPAIR N-HF/GENIT	Y		04/01/2013	Fee Schedule	$141.11
12044	INTMD WND REPAIR N-HF/GENIT	Y		01/01/2013	Fee Schedule	$141.11
12045	INTMD WND REPAIR N-HF/GENIT	Y		01/01/2013	Fee Schedule	$141.11
12046	INTMD WND REPAIR N-HF/GENIT	Y		01/01/2013	Fee Schedule	$141.11
12047	INTMD WND REPAIR N-HF/GENIT	Y		01/01/2013	Fee Schedule	$141.11
12051	INTMD WND REPAIR FACE/MM	Y		04/01/2013	Fee Schedule	$141.11
12052	INTMD WND REPAIR FACE/MM	Y		04/01/2013	Fee Schedule	$141.11
12053	INTMD WND REPAIR FACE/MM	Y		01/01/2013	Fee Schedule	$141.11
12054	INTMD WND REPAIR FACE/MM	Y		01/01/2013	Fee Schedule	$48.11
12055	INTMD WND REPAIR FACE/MM	Y		01/01/2013	Fee Schedule	$141.11
12056	INTMD WND REPAIR FACE/MM	Y		01/01/2013	Fee Schedule	$141.11
12057	INTMD WND REPAIR FACE/MM	Y		01/01/2013	Fee Schedule	$141.11
13100	REPAIR OF WOUND OR LESION	Y		01/01/2013	Fee Schedule	$220.74
13101	REPAIR OF WOUND OR LESION	Y		01/01/2013	Fee Schedule	$220.74
13102	REPAIR WOUND/LESION ADD-ON	Y		01/01/2013	Fee Schedule	$141.11

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13120	REPAIR OF WOUND OR LESION	Y		01/01/2013	Fee Schedule	$141.11
13121	REPAIR OF WOUND OR LESION	Y		01/01/2013	Fee Schedule	$141.11
13122	REPAIR WOUND/LESION ADD-ON	Y		01/01/2013	Fee Schedule	$48.11
13131	REPAIR OF WOUND OR LESION	Y		01/01/2013	Fee Schedule	$141.11
13132	REPAIR OF WOUND OR LESION	Y		01/01/2013	Fee Schedule	$220.74
13133	REPAIR WOUND/LESION ADD-ON	Y		01/01/2013	Fee Schedule	$141.11
13150	REPAIR OF WOUND OR LESION	Y		01/01/2013	Fee Schedule	$220.74
13151	REPAIR OF WOUND OR LESION	Y		01/01/2013	Fee Schedule	$220.74
13152	REPAIR OF WOUND OR LESION	Y		01/01/2013	Fee Schedule	$220.74
13153	REPAIR WOUND/LESION ADD-ON	Y		01/01/2013	Fee Schedule	$141.11
13160	LATE CLOSURE OF WOUND	Y		01/01/2013	Fee Schedule	$847.34
14000	SKIN TISSUE REARRANGEMENT	Y		01/01/2013	Fee Schedule	$623.76
14001	SKIN TISSUE REARRANGEMENT	Y		01/01/2013	Fee Schedule	$623.76
14020	SKIN TISSUE REARRANGEMENT	Y		01/01/2013	Fee Schedule	$623.76
14021	SKIN TISSUE REARRANGEMENT	Y		01/01/2013	Fee Schedule	$623.76
14040	SKIN TISSUE REARRANGEMENT	Y		01/01/2013	Fee Schedule	$623.76
14041	SKIN TISSUE REARRANGEMENT	Y		01/01/2013	Fee Schedule	$623.76
14060	SKIN TISSUE REARRANGEMENT	Y		01/01/2013	Fee Schedule	$623.76
14061	SKIN TISSUE REARRANGEMENT	Y		01/01/2013	Fee Schedule	$623.76
14301	SKIN TISSUE REARRANGEMENT	Y		01/01/2013	Fee Schedule	$847.34
14302	SKIN TISSUE REARRANGE ADD-ON	Y		01/01/2013	Fee Schedule	$847.34
14350	SKIN TISSUE REARRANGEMENT	Y		01/01/2013	Fee Schedule	$847.34
15002	WOUND PREP TRK/ARM/LEG	Y		01/01/2013	Fee Schedule	$220.74
15003	WOUND PREP ADDL 100 CM	Y		01/01/2013	Fee Schedule	$220.74
15004	WOUND PREP F/N/HF/G	Y		01/01/2013	Fee Schedule	$141.11
15005	WND PREP F/N/HF/G ADDL CM	Y		01/01/2013	Fee Schedule	$220.74
15040	HARVEST CULTURED SKIN GRAFT	Y		01/01/2013	Fee Schedule	$141.11
15050	SKIN PINCH GRAFT	Y		01/01/2013	Fee Schedule	$141.11
15100	SKIN SPLT GRFT TRNK/ARM/LEG	Y		01/01/2013	Fee Schedule	$847.34
15101	SKIN SPLT GRFT T/A/L ADD-ON	Y		01/01/2013	Fee Schedule	$847.34
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	Y		01/01/2013	Fee Schedule	$220.74
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	Y		01/01/2013	Fee Schedule	$220.74
15115	EPIDRM A-GRFT FACE/NCK/HF/G	Y		01/01/2013	Fee Schedule	$623.76
15116	EPIDRM A-GRFT F/N/HF/G ADDL	Y		01/01/2013	Fee Schedule	$141.11
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	Y		01/01/2013	Fee Schedule	$847.34
15121	SKN SPLT A-GRFT F/N/HF/G ADD	Y		01/01/2013	Fee Schedule	$847.34
15130	DERM AUTOGRAFT TRNK/ARM/LEG	Y		01/01/2013	Fee Schedule	$623.76
15131	DERM AUTOGRAFT T/A/L ADD-ON	Y		01/01/2013	Fee Schedule	$623.76
15135	DERM AUTOGRAFT FACE/NCK/HF/G	Y		01/01/2013	Fee Schedule	$623.76
15136	DERM AUTOGRAFT F/N/HF/G ADD	Y		01/01/2013	Fee Schedule	$623.76
15150	CULT SKIN GRFT T/ARM/LEG	Y		01/01/2013	Fee Schedule	$141.11
15151	CULT SKIN GRFT T/A/L ADDL	Y		01/01/2013	Fee Schedule	$141.11
15152	CULT SKIN GRAFT T/A/L +%	Y		01/01/2013	Fee Schedule	$141.11
15155	CULT SKIN GRAFT F/N/HF/G	Y		01/01/2013	Fee Schedule	$141.11
15156	CULT SKIN GRFT F/N/HFG ADD	Y		01/01/2013	Fee Schedule	$141.11
15157	CULT EPIDERM GRFT F/N/HFG +%	Y		01/01/2013	Fee Schedule	$141.11
15200	SKIN FULL GRAFT TRUNK	Y		01/01/2013	Fee Schedule	$623.76
15201	SKIN FULL GRAFT TRUNK ADD-ON	Y		01/01/2013	Fee Schedule	$623.76

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15220	SKIN FULL GRAFT SCLP/ARM/LEG	Y		01/01/2013	Fee Schedule	$623.76
15221	SKIN FULL GRAFT ADD-ON	Y		01/01/2013	Fee Schedule	$220.74
15240	SKIN FULL GRFT FACE/GENIT/HF	Y		01/01/2013	Fee Schedule	$623.76
15241	SKIN FULL GRAFT ADD-ON	Y		01/01/2013	Fee Schedule	$141.11
15260	SKIN FULL GRAFT EEN & LIPS	Y		01/01/2013	Fee Schedule	$623.76
15261	SKIN FULL GRAFT ADD-ON	Y		01/01/2013	Fee Schedule	$623.76
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Y		01/01/2013	Fee Schedule	$141.11
15272	SKIN SUB GRAFT T/A/L ADD-ON	Y		01/01/2013	Fee Schedule	$48.11
15273	SKIN SUB GRFT T/ARM/LG CHILD	Y		01/01/2013	Fee Schedule	$220.74
15274	SKN SUB GRFT T/A/L CHILD ADD	Y		01/01/2013	Fee Schedule	$141.11
15275	SKIN SUB GRAFT FACE/NK/HF/G	Y		01/01/2013	Fee Schedule	$141.11
15276	SKIN SUB GRAFT F/N/HF/G ADDL	Y		01/01/2013	Fee Schedule	$48.11
15277	SKN SUB GRFT F/N/HF/G CHILD	Y		01/01/2013	Fee Schedule	$220.74
15278	SKN SUB GRFT F/N/HF/G CH ADD	Y		01/01/2013	Fee Schedule	$141.11
15570	FORM SKIN PEDICLE FLAP	Y		01/01/2013	Fee Schedule	$847.34
15572	FORM SKIN PEDICLE FLAP	Y		01/01/2013	Fee Schedule	$847.34
15574	FORM SKIN PEDICLE FLAP	Y		01/01/2013	Fee Schedule	$847.34
15576	FORM SKIN PEDICLE FLAP	Y		01/01/2013	Fee Schedule	$847.34
15600	SKIN GRAFT	Y		01/01/2013	Fee Schedule	$847.34
15610	SKIN GRAFT	Y		01/01/2013	Fee Schedule	$847.34
15620	SKIN GRAFT	Y		01/01/2013	Fee Schedule	$847.34
15630	SKIN GRAFT	Y		01/01/2013	Fee Schedule	$847.34
15650	TRANSFER SKIN PEDICLE FLAP	Y		01/01/2013	Fee Schedule	$847.34
15731	FOREHEAD FLAP W/VASC PEDICLE	Y		01/01/2013	Fee Schedule	$847.34
15732	MUSCLE-SKIN GRAFT HEAD/NECK	Y		01/01/2013	Fee Schedule	$847.34
15734	MUSCLE-SKIN GRAFT TRUNK	Y		01/01/2013	Fee Schedule	$847.34
15736	MUSCLE-SKIN GRAFT ARM	Y		01/01/2013	Fee Schedule	$847.34
15738	MUSCLE-SKIN GRAFT LEG	Y		01/01/2013	Fee Schedule	$847.34
15740	ISLAND PEDICLE FLAP GRAFT	Y		01/01/2013	Fee Schedule	$623.76
15750	NEUROVASCULAR PEDICLE GRAFT	Y		01/01/2013	Fee Schedule	$847.34
15760	COMPOSITE SKIN GRAFT	Y		01/01/2013	Fee Schedule	$847.34
15770	DERMA-FAT-FASCIA GRAFT	Y		01/01/2013	Fee Schedule	$847.34
15775	HAIR TRANSPLANT PUNCH GRAFTS			03/01/2011	Not Allowed	$0.00
15776	HAIR TRANSPLANT PUNCH GRAFTS			03/01/2011	Not Allowed	$0.00
15777	ACELLULAR DERM MATRIX IMPLT	Y		01/01/2013	Fee Schedule	$623.76
15780	ABRASION TREATMENT OF SKIN			03/01/2011	Not Allowed	$0.00
15781	ABRASION TREATMENT OF SKIN			03/01/2011	Not Allowed	$0.00
15782	ABRASION TREATMENT OF SKIN			03/01/2011	Not Allowed	$0.00
15783	ABRASION TREATMENT OF SKIN			03/01/2011	Not Allowed	$0.00
15786	ABRASION LESION SINGLE			03/01/2011	Not Allowed	$0.00
15787	ABRASION LESIONS ADD-ON			03/01/2011	Not Allowed	$0.00
15788	CHEMICAL PEEL FACE EPIDERM			03/01/2011	Not Allowed	$0.00
15789	CHEMICAL PEEL FACE DERMAL			03/01/2011	Not Allowed	$0.00
15792	CHEMICAL PEEL NONFACIAL			03/01/2011	Not Allowed	$0.00
15793	CHEMICAL PEEL NONFACIAL			03/01/2011	Not Allowed	$0.00
15819	PLASTIC SURGERY NECK			03/01/2011	Not Allowed	$0.00
15820	REVISION OF LOWER EYELID	Y	Y	01/01/2013	Fee Schedule	$847.34
15821	REVISION OF LOWER EYELID	Y	Y	01/01/2013	Fee Schedule	$847.34

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15822	REVISION OF UPPER EYELID	Y	Y	01/01/2013	Fee Schedule	$847.34
15823	REVISION OF UPPER EYELID	Y	Y	01/01/2013	Fee Schedule	$847.34
15824	REMOVAL OF FOREHEAD WRINKLES			03/01/2011	Not Allowed	$0.00
15825	REMOVAL OF NECK WRINKLES			03/01/2011	Not Allowed	$0.00
15826	REMOVAL OF BROW WRINKLES			03/01/2011	Not Allowed	$0.00
15828	REMOVAL OF FACE WRINKLES			03/01/2011	Not Allowed	$0.00
15829	REMOVAL OF SKIN WRINKLES			03/01/2011	Not Allowed	$0.00
15830	EXC SKIN ABD	Y	Y	01/01/2013	Fee Schedule	$932.08
15832	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2013	Fee Schedule	$932.08
15833	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2013	Fee Schedule	$932.08
15834	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2013	Fee Schedule	$932.08
15835	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2013	Fee Schedule	$932.08
15836	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2013	Fee Schedule	$629.45
15837	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2013	Fee Schedule	$629.45
15838	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2013	Fee Schedule	$629.45
15839	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2013	Fee Schedule	$629.45
15840	GRAFT FOR FACE NERVE PALSY	Y		01/01/2013	Fee Schedule	$847.34
15841	GRAFT FOR FACE NERVE PALSY	Y		01/01/2013	Fee Schedule	$847.34
15842	FLAP FOR FACE NERVE PALSY	Y		01/01/2013	Fee Schedule	$847.34
15845	SKIN AND MUSCLE REPAIR FACE	Y		01/01/2013	Fee Schedule	$847.34
15847	EXC SKIN ABD ADD-ON	Y		01/01/2013	Fee Schedule	$932.08
15850	REMOVAL OF SUTURES	Y		01/01/2013	Fee Schedule	$117.64
15851	REMOVAL OF SUTURES	Y		04/01/2013	Fee Schedule	$68.73
15852	DRESSING CHANGE NOT FOR BURN			01/01/2013	Fee Schedule	$27.85
15860	TEST FOR BLOOD FLOW IN GRAFT			01/01/2013	Fee Schedule	$27.85
15876	SUCTION ASSISTED LIPECTOMY			03/01/2011	Not Allowed	$0.00
15877	SUCTION ASSISTED LIPECTOMY			03/01/2011	Not Allowed	$0.00
15878	SUCTION ASSISTED LIPECTOMY			03/01/2011	Not Allowed	$0.00
15879	SUCTION ASSISTED LIPECTOMY			03/01/2011	Not Allowed	$0.00
15920	REMOVAL OF TAIL BONE ULCER	Y		01/01/2013	Fee Schedule	$188.75
15922	REMOVAL OF TAIL BONE ULCER	Y		01/01/2013	Fee Schedule	$847.34
15931	REMOVE SACRUM PRESSURE SORE	Y		01/01/2013	Fee Schedule	$932.08
15933	REMOVE SACRUM PRESSURE SORE	Y		01/01/2013	Fee Schedule	$932.08
15934	REMOVE SACRUM PRESSURE SORE	Y		01/01/2013	Fee Schedule	$847.34
15935	REMOVE SACRUM PRESSURE SORE	Y		01/01/2013	Fee Schedule	$847.34
15936	REMOVE SACRUM PRESSURE SORE	Y		01/01/2013	Fee Schedule	$623.76
15937	REMOVE SACRUM PRESSURE SORE	Y		01/01/2013	Fee Schedule	$847.34
15940	REMOVE HIP PRESSURE SORE	Y		01/01/2013	Fee Schedule	$932.08
15941	REMOVE HIP PRESSURE SORE	Y		01/01/2013	Fee Schedule	$932.08
15944	REMOVE HIP PRESSURE SORE	Y		01/01/2013	Fee Schedule	$847.34
15945	REMOVE HIP PRESSURE SORE	Y		01/01/2013	Fee Schedule	$847.34
15946	REMOVE HIP PRESSURE SORE	Y		01/01/2013	Fee Schedule	$847.34
15950	REMOVE THIGH PRESSURE SORE	Y		01/01/2013	Fee Schedule	$932.08
15951	REMOVE THIGH PRESSURE SORE	Y		01/01/2013	Fee Schedule	$932.08
15952	REMOVE THIGH PRESSURE SORE	Y		01/01/2013	Fee Schedule	$623.76
15953	REMOVE THIGH PRESSURE SORE	Y		01/01/2013	Fee Schedule	$623.76
15956	REMOVE THIGH PRESSURE SORE	Y		01/01/2013	Fee Schedule	$623.76
15958	REMOVE THIGH PRESSURE SORE	Y		01/01/2013	Fee Schedule	$623.76

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16000	INITIAL TREATMENT OF BURN(S)	Y		04/01/2013	Fee Schedule	$35.38
16020	DRESS/DEBRID P-THICK BURN S	Y		04/01/2013	Fee Schedule	$55.80
16025	DRESS/DEBRID P-THICK BURN M	Y		01/01/2013	Fee Schedule	$60.02
16030	DRESS/DEBRID P-THICK BURN L	Y		01/01/2013	Fee Schedule	$60.02
16035	INCISION OF BURN SCAB INITI	Y		01/01/2013	Fee Schedule	$60.02
17000	DESTRUCT PREMALG LESION	Y		01/01/2013	Fee Schedule	$40.14
17003	DESTRUCT PREMALG LES 2-14	Y		04/01/2013	Fee Schedule	$4.08
17004	DESTROY PREMAL LESIONS 15/>	Y		04/01/2013	Fee Schedule	$100.71
17106	DESTRUCTION OF SKIN LESIONS	Y		01/01/2013	Fee Schedule	$117.64
17107	DESTRUCTION OF SKIN LESIONS	Y		01/01/2013	Fee Schedule	$117.64
17108	DESTRUCTION OF SKIN LESIONS	Y		01/01/2013	Fee Schedule	$117.64
17110	DESTRUCT B9 LESION 1-14	Y		01/01/2013	Fee Schedule	$40.14
17111	DESTRUCT LESION 15 OR MORE	Y		01/01/2013	Fee Schedule	$60.02
17250	CHEMICAL CAUTERY TISSUE	Y		04/01/2013	Fee Schedule	$60.02
17260	DESTRUCTION OF SKIN LESIONS	Y		04/01/2013	Fee Schedule	$59.20
17261	DESTRUCTION OF SKIN LESIONS	Y		01/01/2013	Fee Schedule	$60.02
17262	DESTRUCTION OF SKIN LESIONS	Y		01/01/2013	Fee Schedule	$60.02
17263	DESTRUCTION OF SKIN LESIONS	Y		01/01/2013	Fee Schedule	$60.02
17264	DESTRUCTION OF SKIN LESIONS	Y		01/01/2013	Fee Schedule	$60.02
17266	DESTRUCTION OF SKIN LESIONS	Y		04/01/2013	Fee Schedule	$117.64
17270	DESTRUCTION OF SKIN LESIONS	Y		01/01/2013	Fee Schedule	$60.02
17271	DESTRUCTION OF SKIN LESIONS	Y		01/01/2013	Fee Schedule	$60.02
17272	DESTRUCTION OF SKIN LESIONS	Y		01/01/2013	Fee Schedule	$60.02
17273	DESTRUCTION OF SKIN LESIONS	Y		04/01/2013	Fee Schedule	$117.64
17274	DESTRUCTION OF SKIN LESIONS	Y		04/01/2013	Fee Schedule	$117.64
17276	DESTRUCTION OF SKIN LESIONS	Y		01/01/2013	Fee Schedule	$117.64
17280	DESTRUCTION OF SKIN LESIONS	Y		01/01/2013	Fee Schedule	$60.02
17281	DESTRUCTION OF SKIN LESIONS	Y		04/01/2013	Fee Schedule	$112.62
17282	DESTRUCTION OF SKIN LESIONS	Y		04/01/2013	Fee Schedule	$117.64
17283	DESTRUCTION OF SKIN LESIONS	Y		04/01/2013	Fee Schedule	$117.64
17284	DESTRUCTION OF SKIN LESIONS	Y		04/01/2013	Fee Schedule	$117.64
17286	DESTRUCTION OF SKIN LESIONS	Y		01/01/2013	Fee Schedule	$117.64
17311	MOHS 1 STAGE H/N/HF/G	Y		01/01/2013	Fee Schedule	$206.42
17312	MOHS ADDL STAGE	Y		04/01/2013	Fee Schedule	$206.42
17313	MOHS 1 STAGE T/A/L	Y		01/01/2013	Fee Schedule	$206.42
17314	MOHS ADDL STAGE T/A/L	Y		04/01/2013	Fee Schedule	$206.42
17315	MOHS SURG ADDL BLOCK	Y		04/01/2013	Fee Schedule	$45.59
17340	CRYOTHERAPY OF SKIN	Y		04/01/2013	Fee Schedule	$22.11
17360	SKIN PEEL THERAPY	Y		04/01/2013	Fee Schedule	$60.02
17380	HAIR REMOVAL BY ELECTROLYSIS			03/01/2011	Not Allowed	$0.00
19000	DRAINAGE OF BREAST LESION	Y		04/01/2013	Fee Schedule	$81.66
19001	DRAIN BREAST LESION ADD-ON	Y		04/01/2013	Fee Schedule	$10.55
19020	INCISION OF BREAST LESION	Y		01/01/2013	Fee Schedule	$740.20
19030	INJECTION FOR BREAST X-RAY			01/01/2009	No Separate Payment	$0.00
19100	BX BREAST PERCUT W/O IMAGE	Y		01/01/2013	Fee Schedule	$193.88
19101	BIOPSY OF BREAST OPEN	Y		01/01/2013	Fee Schedule	$1,045.25
19102	BX BREAST PERCUT W/IMAGE	Y		01/01/2013	Fee Schedule	$350.84
19103	BX BREAST PERCUT W/DEVICE	Y		01/01/2013	Fee Schedule	$627.64

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19105	CRYOSURG ABLATE FA EACH	Y		01/01/2013	Fee Schedule	$1,379.81
19110	NIPPLE EXPLORATION	Y		01/01/2013	Fee Schedule	$1,045.25
19112	EXCISE BREAST DUCT FISTULA	Y		01/01/2013	Fee Schedule	$1,045.25
19120	REMOVAL OF BREAST LESION	Y		01/01/2013	Fee Schedule	$1,045.25
19125	EXCISION BREAST LESION	Y		01/01/2013	Fee Schedule	$1,045.25
19126	EXCISION ADDL BREAST LESION	Y		01/01/2013	Fee Schedule	$1,045.25
19290	PLACE NEEDLE WIRE BREAST			01/01/2009	No Separate Payment	$0.00
19291	PLACE NEEDLE WIRE BREAST			01/01/2009	No Separate Payment	$0.00
19295	PLACE BREAST CLIP PERCUT			01/01/2009	No Separate Payment	$0.00
19296	PLACE PO BREAST CATH FOR RAD	Y		01/01/2013	Fee Schedule	$3,565.14
19297	PLACE BREAST CATH FOR RAD	Y		01/01/2013	Fee Schedule	$3,565.14
19298	PLACE BREAST RAD TUBE/CATHS	Y		01/01/2013	Fee Schedule	$3,565.14
19300	REMOVAL OF BREAST TISSUE	Y		01/01/2013	Fee Schedule	$1,045.25
19301	PARTIAL MASTECTOMY	Y		01/01/2013	Fee Schedule	$1,045.25
19302	P-MASTECTOMY W/LN REMOVAL	Y		01/01/2013	Fee Schedule	$1,815.79
19303	MAST SIMPLE COMPLETE	Y		01/01/2013	Fee Schedule	$1,379.81
19304	MAST SUBQ	Y		01/01/2013	Fee Schedule	$1,379.81
19316	SUSPENSION OF BREAST	Y		01/01/2013	Fee Schedule	$1,379.81
19318	REDUCTION OF LARGE BREAST	Y	Y	01/01/2013	Fee Schedule	$1,815.79
19324	ENLARGE BREAST	Y	Y	01/01/2013	Fee Schedule	$1,815.79
19325	ENLARGE BREAST WITH IMPLANT	Y	Y	01/01/2013	Fee Schedule	$3,565.14
19328	REMOVAL OF BREAST IMPLANT	Y		01/01/2013	Fee Schedule	$1,379.81
19330	REMOVAL OF IMPLANT MATERIAL	Y		01/01/2013	Fee Schedule	$1,379.81
19340	IMMEDIATE BREAST PROSTHESIS	Y		01/01/2013	Fee Schedule	$1,815.79
19342	DELAYED BREAST PROSTHESIS	Y		01/01/2013	Fee Schedule	$3,565.14
19350	BREAST RECONSTRUCTION	Y		01/01/2013	Fee Schedule	$1,045.25
19355	CORRECT INVERTED NIPPLE(S)			03/01/2011	Not Allowed	$0.00
19357	BREAST RECONSTRUCTION	Y		01/01/2013	Fee Schedule	$3,565.14
19366	BREAST RECONSTRUCTION	Y		01/01/2013	Fee Schedule	$1,379.81
19370	SURGERY OF BREAST CAPSULE	Y		01/01/2013	Fee Schedule	$1,379.81
19371	REMOVAL OF BREAST CAPSULE	Y		01/01/2013	Fee Schedule	$1,379.81
19380	REVISE BREAST RECONSTRUCTION	Y		01/01/2013	Fee Schedule	$1,815.79
19396	DESIGN CUSTOM BREAST IMPLANT	Y		01/01/2013	Fee Schedule	$1,379.81
20005	I&D ABSCESS SUBFASCIAL	Y		01/01/2013	Fee Schedule	$327.48
20103	EXPLORE WOUND EXTREMITY	Y		01/01/2013	Fee Schedule	$407.14
20150	EXCISE EPIPHYSEAL BAR	Y		01/01/2013	Fee Schedule	$1,928.93
20200	MUSCLE BIOPSY	Y		01/01/2013	Fee Schedule	$629.45
20205	DEEP MUSCLE BIOPSY	Y		01/01/2013	Fee Schedule	$629.45
20206	NEEDLE BIOPSY MUSCLE	Y		01/01/2013	Fee Schedule	$350.84
20220	BONE BIOPSY TROCAR/NEEDLE	Y		01/01/2013	Fee Schedule	$327.48
20225	BONE BIOPSY TROCAR/NEEDLE	Y		01/01/2013	Fee Schedule	$629.45
20240	BONE BIOPSY EXCISIONAL	Y		01/01/2013	Fee Schedule	$932.08
20245	BONE BIOPSY EXCISIONAL	Y		01/01/2013	Fee Schedule	$932.08
20250	OPEN BONE BIOPSY	Y		01/01/2013	Fee Schedule	$1,294.39
20251	OPEN BONE BIOPSY	Y		01/01/2013	Fee Schedule	$1,294.39
20500	INJECTION OF SINUS TRACT	Y		04/01/2013	Fee Schedule	$59.54
20501	INJECT SINUS TRACT FOR X-RAY			01/01/2009	No Separate Payment	$0.00
20520	REMOVAL OF FOREIGN BODY	Y		04/01/2013	Fee Schedule	$133.37

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20525	REMOVAL OF FOREIGN BODY	Y		01/01/2013	Fee Schedule	$932.08
20526	THER INJECTION CARP TUNNEL	Y		04/01/2013	Fee Schedule	$39.81
20527	INJ DUPUYTREN CORD W/ENZYME	Y		04/01/2013	Fee Schedule	$37.43
20550	INJ TENDON SHEATH/LIGAMENT	Y		04/01/2013	Fee Schedule	$30.28
20551	INJ TENDON ORIGIN/INSERTION	Y		04/01/2013	Fee Schedule	$32.32
20552	INJ TRIGGER POINT 1/2 MUSCL	Y		04/01/2013	Fee Schedule	$30.96
20553	INJECT TRIGGER POINTS =/> 3	Y		04/01/2013	Fee Schedule	$37.09
20555	PLACE NDL MUSC/TIS FOR RT	Y		01/01/2013	Fee Schedule	$1,294.39
20600	DRAIN/INJECT JOINT/BURSA	Y		04/01/2013	Fee Schedule	$22.46
20605	DRAIN/INJECT JOINT/BURSA	Y		04/01/2013	Fee Schedule	$28.24
20610	DRAIN/INJECT JOINT/BURSA	Y		04/01/2013	Fee Schedule	$29.60
20612	ASPIRATE/INJ GANGLION CYST	Y		04/01/2013	Fee Schedule	$34.36
20615	TREATMENT OF BONE CYST	Y		04/01/2013	Fee Schedule	$158.21
20650	INSERT AND REMOVE BONE PIN	Y		01/01/2013	Fee Schedule	$1,294.39
20662	APPLICATION OF PELVIS BRACE	Y		01/01/2013	Fee Schedule	$872.73
20663	APPLICATION OF THIGH BRACE	Y		01/01/2013	Fee Schedule	$1,294.39
20665	REMOVAL OF FIXATION DEVICE			01/01/2013	Fee Schedule	$27.85
20670	REMOVAL OF SUPPORT IMPLANT	Y		01/01/2013	Fee Schedule	$629.45
20680	REMOVAL OF SUPPORT IMPLANT	Y		01/01/2013	Fee Schedule	$932.08
20690	APPLY BONE FIXATION DEVICE	Y		01/01/2013	Fee Schedule	$1,294.39
20692	APPLY BONE FIXATION DEVICE	Y		01/01/2013	Fee Schedule	$1,294.39
20693	ADJUST BONE FIXATION DEVICE	Y		01/01/2013	Fee Schedule	$1,294.39
20694	REMOVE BONE FIXATION DEVICE	Y		01/01/2013	Fee Schedule	$872.73
20696	COMP MULTIPLANE EXT FIXATION	Y		01/01/2013	Fee Schedule	$1,294.39
20697	COMP EXT FIXATE STRUT CHANGE	Y		01/01/2013	Fee Schedule	$468.77
20822	REPLANTATION DIGIT COMPLETE	Y		01/01/2013	Fee Schedule	$1,159.36
20900	REMOVAL OF BONE FOR GRAFT	Y		01/01/2013	Fee Schedule	$1,294.39
20902	REMOVAL OF BONE FOR GRAFT	Y		01/01/2013	Fee Schedule	$1,294.39
20910	REMOVE CARTILAGE FOR GRAFT	Y		01/01/2013	Fee Schedule	$847.34
20912	REMOVE CARTILAGE FOR GRAFT	Y		01/01/2013	Fee Schedule	$847.34
20920	REMOVAL OF FASCIA FOR GRAFT	Y		01/01/2013	Fee Schedule	$623.76
20922	REMOVAL OF FASCIA FOR GRAFT	Y		01/01/2013	Fee Schedule	$623.76
20924	REMOVAL OF TENDON FOR GRAFT	Y		01/01/2013	Fee Schedule	$1,294.39
20926	REMOVAL OF TISSUE FOR GRAFT	Y		01/01/2013	Fee Schedule	$623.76
20930	SP BONE ALGRFT MORSEL ADD-ON			01/01/2013	No Separate Payment	$0.00
20931	SP BONE ALGRFT STRUCT ADD-ON			01/01/2013	No Separate Payment	$0.00
20950	FLUID PRESSURE MUSCLE	Y		01/01/2013	Fee Schedule	$70.40
20972	BONE/SKIN GRAFT METATARSAL	Y		01/01/2013	Fee Schedule	$2,428.46
20973	BONE/SKIN GRAFT GREAT TOE	Y		01/01/2013	Fee Schedule	$2,428.46
20975	ELECTRICAL BONE STIMULATION			01/01/2009	No Separate Payment	$0.00
20979	US BONE STIMULATION			04/01/2013	Fee Schedule	$27.85
20982	ABLATE BONE TUMOR(S) PERQ	Y		01/01/2013	Fee Schedule	$1,928.93
20985	CPTR-ASST DIR MS PX			01/01/2009	No Separate Payment	$0.00
21010	INCISION OF JAW JOINT	Y		01/01/2013	Fee Schedule	$1,839.88
21011	EXC FACE LES SC < 2 CM	Y		04/01/2013	Fee Schedule	$240.88
21012	EXC FACE LES SBQ 2 CM/>	Y		01/01/2013	Fee Schedule	$327.48
21013	EXC FACE TUM DEEP < 2 CM	Y		04/01/2013	Fee Schedule	$318.80
21014	EXC FACE TUM DEEP 2 CM/>	Y		01/01/2013	Fee Schedule	$327.48

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21015	RESECT FACE TUM < 2 CM	Y		01/01/2013	Fee Schedule	$629.45
21016	RESECT FACE TUM 2 CM/>	Y		01/01/2013	Fee Schedule	$932.08
21025	EXCISION OF BONE LOWER JAW	Y		01/01/2013	Fee Schedule	$1,839.88
21026	EXCISION OF FACIAL BONE(S)	Y		01/01/2013	Fee Schedule	$1,009.91
21029	CONTOUR OF FACE BONE LESION	Y		01/01/2013	Fee Schedule	$1,009.91
21030	EXCISE MAX/ZYGOMA B9 TUMOR	Y		04/01/2013	Fee Schedule	$341.25
21031	REMOVE EXOSTOSIS MANDIBLE	Y		04/01/2013	Fee Schedule	$276.61
21032	REMOVE EXOSTOSIS MAXILLA	Y		04/01/2013	Fee Schedule	$283.41
21034	EXCISE MAX/ZYGOMA MAL TUMOR	Y		01/01/2013	Fee Schedule	$1,839.88
21040	EXCISE MANDIBLE LESION	Y		01/01/2013	Fee Schedule	$1,009.91
21044	REMOVAL OF JAW BONE LESION	Y		01/01/2013	Fee Schedule	$1,009.91
21046	REMOVE MANDIBLE CYST COMPLEX	Y		01/01/2013	Fee Schedule	$1,839.88
21047	EXCISE LWR JAW CYST W/REPAIR	Y		01/01/2013	Fee Schedule	$1,839.88
21048	REMOVE MAXILLA CYST COMPLEX	Y		01/01/2013	Fee Schedule	$1,839.88
21050	REMOVAL OF JAW JOINT	Y		01/01/2013	Fee Schedule	$1,839.88
21060	REMOVE JAW JOINT CARTILAGE	Y		01/01/2013	Fee Schedule	$1,839.88
21070	REMOVE CORONOID PROCESS	Y		01/01/2013	Fee Schedule	$1,839.88
21073	MNPJ OF TMJ W/ANESTH	Y		04/01/2013	Fee Schedule	$261.30
21076	PREPARE FACE/ORAL PROSTHESIS	Y		04/01/2013	Fee Schedule	$489.25
21077	PREPARE FACE/ORAL PROSTHESIS	Y		04/01/2013	Fee Schedule	$1,222.11
21079	PREPARE FACE/ORAL PROSTHESIS	Y		04/01/2013	Fee Schedule	$842.75
21080	PREPARE FACE/ORAL PROSTHESIS	Y		04/01/2013	Fee Schedule	$945.50
21081	PREPARE FACE/ORAL PROSTHESIS	Y		04/01/2013	Fee Schedule	$882.22
21082	PREPARE FACE/ORAL PROSTHESIS	Y		04/01/2013	Fee Schedule	$872.01
21083	PREPARE FACE/ORAL PROSTHESIS	Y		04/01/2013	Fee Schedule	$856.70
21084	PREPARE FACE/ORAL PROSTHESIS	Y		04/01/2013	Fee Schedule	$956.39
21085	PREPARE FACE/ORAL PROSTHESIS	Y		01/01/2013	Fee Schedule	$279.76
21086	PREPARE FACE/ORAL PROSTHESIS	Y		04/01/2013	Fee Schedule	$919.64
21087	PREPARE FACE/ORAL PROSTHESIS	Y		04/01/2013	Fee Schedule	$901.27
21088	PREPARE FACE/ORAL PROSTHESIS	Y		01/01/2013	Fee Schedule	$1,839.88
21100	MAXILLOFACIAL FIXATION	Y		01/01/2013	Fee Schedule	$1,839.88
21110	INTERDENTAL FIXATION	Y		01/01/2013	Fee Schedule	$279.76
21116	INJECTION JAW JOINT X-RAY			01/01/2009	No Separate Payment	$0.00
21120	RECONSTRUCTION OF CHIN	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21121	RECONSTRUCTION OF CHIN	Y	Y	01/01/2013	Fee Schedule	$1,009.91
21122	RECONSTRUCTION OF CHIN	Y	Y	01/01/2013	Fee Schedule	$1,009.91
21123	RECONSTRUCTION OF CHIN	Y	Y	01/01/2013	Fee Schedule	$1,009.91
21125	AUGMENTATION LOWER JAW BONE	Y	Y	01/01/2013	Fee Schedule	$1,009.91
21127	AUGMENTATION LOWER JAW BONE	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21137	REDUCTION OF FOREHEAD	Y	Y	01/01/2013	Fee Schedule	$1,009.91
21138	REDUCTION OF FOREHEAD	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21139	REDUCTION OF FOREHEAD	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21150	RECONSTRUCT MIDFACE LEFORT	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21181	CONTOUR CRANIAL BONE LESION	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21198	RECONSTR LWR JAW SEGMENT	Y	Y	01/01/2013	Fee Schedule	$1,009.91
21199	RECONSTR LWR JAW W/ADVANCE	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21206	RECONSTRUCT UPPER JAW BONE	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21208	AUGMENTATION OF FACIAL BONES	Y	Y	01/01/2013	Fee Schedule	$1,839.88

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21209	REDUCTION OF FACIAL BONES	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21210	FACE BONE GRAFT	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21215	LOWER JAW BONE GRAFT	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21230	RIB CARTILAGE GRAFT	Y	Y	01/01/2013	Fee Schedule	$1,009.91
21235	EAR CARTILAGE GRAFT	Y	Y	01/01/2013	Fee Schedule	$643.83
21240	RECONSTRUCTION OF JAW JOINT	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21242	RECONSTRUCTION OF JAW JOINT	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21243	RECONSTRUCTION OF JAW JOINT	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21244	RECONSTRUCTION OF LOWER JAW	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21245	RECONSTRUCTION OF JAW	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21246	RECONSTRUCTION OF JAW	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21248	RECONSTRUCTION OF JAW	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21249	RECONSTRUCTION OF JAW	Y	Y	01/01/2013	Fee Schedule	$1,839.88
21260	REVISE EYE SOCKETS	Y		01/01/2013	Fee Schedule	$1,839.88
21267	REVISE EYE SOCKETS	Y		01/01/2013	Fee Schedule	$1,839.88
21270	AUGMENTATION CHEEK BONE	Y		01/01/2013	Fee Schedule	$1,839.88
21275	REVISION ORBITOFACIAL BONES	Y		01/01/2013	Fee Schedule	$1,839.88
21280	REVISION OF EYELID	Y		01/01/2013	Fee Schedule	$1,839.88
21282	REVISION OF EYELID	Y		01/01/2013	Fee Schedule	$643.83
21295	REVISION OF JAW MUSCLE/BONE	Y		01/01/2013	Fee Schedule	$279.76
21296	REVISION OF JAW MUSCLE/BONE	Y		01/01/2013	Fee Schedule	$1,009.91
21310	TREATMENT OF NOSE FRACTURE	Y		01/01/2013	Fee Schedule	$43.82
21315	TREATMENT OF NOSE FRACTURE	Y		01/01/2013	Fee Schedule	$643.83
21320	TREATMENT OF NOSE FRACTURE	Y		01/01/2013	Fee Schedule	$643.83
21325	TREATMENT OF NOSE FRACTURE	Y		01/01/2013	Fee Schedule	$1,009.91
21330	TREATMENT OF NOSE FRACTURE	Y		01/01/2013	Fee Schedule	$1,009.91
21335	TREATMENT OF NOSE FRACTURE	Y		01/01/2013	Fee Schedule	$1,009.91
21336	TREAT NASAL SEPTAL FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
21337	TREAT NASAL SEPTAL FRACTURE	Y		01/01/2013	Fee Schedule	$643.83
21338	TREAT NASOETHMOID FRACTURE	Y		01/01/2013	Fee Schedule	$1,839.88
21339	TREAT NASOETHMOID FRACTURE	Y		01/01/2013	Fee Schedule	$1,009.91
21340	TREATMENT OF NOSE FRACTURE	Y		01/01/2013	Fee Schedule	$1,839.88
21345	TREAT NOSE/JAW FRACTURE	Y		01/01/2013	Fee Schedule	$1,009.91
21355	TREAT CHEEK BONE FRACTURE	Y		01/01/2013	Fee Schedule	$1,839.88
21356	TREAT CHEEK BONE FRACTURE	Y		01/01/2013	Fee Schedule	$1,009.91
21360	TREAT CHEEK BONE FRACTURE	Y		01/01/2013	Fee Schedule	$1,839.88
21390	TREAT EYE SOCKET FRACTURE	Y		01/01/2013	Fee Schedule	$1,839.88
21400	TREAT EYE SOCKET FRACTURE	Y		01/01/2013	Fee Schedule	$279.76
21401	TREAT EYE SOCKET FRACTURE	Y		01/01/2013	Fee Schedule	$279.76
21406	TREAT EYE SOCKET FRACTURE	Y		01/01/2013	Fee Schedule	$1,839.88
21407	TREAT EYE SOCKET FRACTURE	Y		01/01/2013	Fee Schedule	$1,839.88
21421	TREAT MOUTH ROOF FRACTURE	Y		01/01/2013	Fee Schedule	$1,839.88
21440	TREAT DENTAL RIDGE FRACTURE	Y		04/01/2013	Fee Schedule	$468.50
21445	TREAT DENTAL RIDGE FRACTURE	Y		01/01/2013	Fee Schedule	$1,009.91
21450	TREAT LOWER JAW FRACTURE	Y		01/01/2013	Fee Schedule	$128.95
21451	TREAT LOWER JAW FRACTURE	Y		01/01/2013	Fee Schedule	$643.83
21452	TREAT LOWER JAW FRACTURE	Y		01/01/2013	Fee Schedule	$643.83
21453	TREAT LOWER JAW FRACTURE	Y		01/01/2013	Fee Schedule	$1,839.88

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21454	TREAT LOWER JAW FRACTURE	Y		01/01/2013	Fee Schedule	$1,839.88
21461	TREAT LOWER JAW FRACTURE	Y		01/01/2013	Fee Schedule	$1,839.88
21462	TREAT LOWER JAW FRACTURE	Y		01/01/2013	Fee Schedule	$1,839.88
21465	TREAT LOWER JAW FRACTURE	Y		01/01/2013	Fee Schedule	$1,839.88
21480	RESET DISLOCATED JAW	Y		01/01/2013	Fee Schedule	$43.82
21485	RESET DISLOCATED JAW	Y		01/01/2013	Fee Schedule	$1,009.91
21490	REPAIR DISLOCATED JAW	Y		01/01/2013	Fee Schedule	$1,839.88
21495	TREAT HYOID BONE FRACTURE	Y		01/01/2013	Fee Schedule	$643.83
21497	INTERDENTAL WIRING	Y		01/01/2013	Fee Schedule	$279.76
21501	DRAIN NECK/CHEST LESION	Y		01/01/2013	Fee Schedule	$740.20
21502	DRAIN CHEST LESION	Y		01/01/2013	Fee Schedule	$872.73
21550	BIOPSY OF NECK/CHEST	Y		01/01/2013	Fee Schedule	$629.45
21552	EXC NECK LES SC 3 CM/>	Y		01/01/2013	Fee Schedule	$932.08
21554	EXC NECK TUM DEEP 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
21555	EXC NECK LES SC < 3 CM	Y		01/01/2013	Fee Schedule	$629.45
21556	EXC NECK TUM DEEP < 5 CM	Y		01/01/2013	Fee Schedule	$932.08
21557	RESECT NECK TUM < 5 CM	Y		01/01/2013	Fee Schedule	$629.45
21558	RESECT NECK TUM 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
21600	PARTIAL REMOVAL OF RIB	Y		01/01/2013	Fee Schedule	$1,294.39
21610	PARTIAL REMOVAL OF RIB	Y		01/01/2013	Fee Schedule	$1,294.39
21685	HYOID MYOTOMY & SUSPENSION	Y		01/01/2013	Fee Schedule	$1,009.91
21700	REVISION OF NECK MUSCLE	Y		01/01/2013	Fee Schedule	$872.73
21720	REVISION OF NECK MUSCLE	Y		01/01/2013	Fee Schedule	$872.73
21725	REVISION OF NECK MUSCLE	Y		01/01/2013	Fee Schedule	$70.40
21800	TREATMENT OF RIB FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
21805	TREATMENT OF RIB FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
21820	TREAT STERNUM FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
21920	BIOPSY SOFT TISSUE OF BACK	Y		04/01/2013	Fee Schedule	$186.11
21925	BIOPSY SOFT TISSUE OF BACK	Y		01/01/2013	Fee Schedule	$932.08
21930	EXC BACK LES SC < 3 CM	Y		01/01/2013	Fee Schedule	$629.45
21931	EXC BACK LES SC 3 CM/>	Y		01/01/2013	Fee Schedule	$932.08
21932	EXC BACK TUM DEEP < 5 CM	Y		01/01/2013	Fee Schedule	$629.45
21933	EXC BACK TUM DEEP 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
21935	RESECT BACK TUM < 5 CM	Y		01/01/2013	Fee Schedule	$629.45
21936	RESECT BACK TUM 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
22102	REMOVE PART LUMBAR VERTEBRA	Y		01/01/2013	Fee Schedule	$2,109.06
22103	REMOVE EXTRA SPINE SEGMENT	Y		01/01/2013	Fee Schedule	$2,109.06
22305	TREAT SPINE PROCESS FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
22310	TREAT SPINE FRACTURE	Y		01/01/2013	Fee Schedule	$223.81
22315	TREAT SPINE FRACTURE	Y		01/01/2013	Fee Schedule	$468.77
22505	MANIPULATION OF SPINE	Y		01/01/2013	Fee Schedule	$583.05
22520	PERCUT VERTEBROPLASTY THOR	Y		01/01/2013	Fee Schedule	$1,294.39
22521	PERCUT VERTEBROPLASTY LUMB	Y		01/01/2013	Fee Schedule	$1,294.39
22522	PERCUT VERTEBROPLASTY ADDL	Y		01/01/2013	Fee Schedule	$1,294.39
22523	PERCUT KYPHOPLASTY THOR	Y		01/01/2013	Fee Schedule	$3,289.61
22524	PERCUT KYPHOPLASTY LUMBAR	Y		01/01/2013	Fee Schedule	$3,289.61
22525	PERCUT KYPHOPLASTY ADD-ON	Y		01/01/2013	Fee Schedule	$3,289.61
22526	IDET SINGLE LEVEL			01/01/2012	Not Allowed	$0.00

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22527	IDET 1 OR MORE LEVELS			01/01/2012	Not Allowed	$0.00
22900	EXC ABDL TUM DEEP < 5 CM	Y		01/01/2013	Fee Schedule	$932.08
22901	EXC ABDL TUM DEEP 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
22902	EXC ABD LES SC < 3 CM	Y		01/01/2013	Fee Schedule	$629.45
22903	EXC ABD LES SC 3 CM/>	Y		01/01/2013	Fee Schedule	$932.08
22904	RESECT ABD TUM < 5 CM	Y		01/01/2013	Fee Schedule	$629.45
22905	RESECT ABD TUM 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
23000	REMOVAL OF CALCIUM DEPOSITS	Y		01/01/2013	Fee Schedule	$629.45
23020	RELEASE SHOULDER JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
23030	DRAIN SHOULDER LESION	Y		01/01/2013	Fee Schedule	$740.20
23031	DRAIN SHOULDER BURSA	Y		01/01/2013	Fee Schedule	$740.20
23035	DRAIN SHOULDER BONE LESION	Y		01/01/2013	Fee Schedule	$872.73
23040	EXPLORATORY SHOULDER SURGERY	Y		01/01/2013	Fee Schedule	$1,294.39
23044	EXPLORATORY SHOULDER SURGERY	Y		01/01/2013	Fee Schedule	$1,294.39
23065	BIOPSY SHOULDER TISSUES	Y		04/01/2013	Fee Schedule	$133.03
23066	BIOPSY SHOULDER TISSUES	Y		01/01/2013	Fee Schedule	$932.08
23071	EXC SHOULDER LES SC 3 CM/>	Y		01/01/2013	Fee Schedule	$932.08
23073	EXC SHOULDER TUM DEEP 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
23075	EXC SHOULDER LES SC < 3 CM	Y		01/01/2013	Fee Schedule	$629.45
23076	EXC SHOULDER TUM DEEP < 5 CM	Y		01/01/2013	Fee Schedule	$629.45
23077	RESECT SHOULDER TUM < 5 CM	Y		01/01/2013	Fee Schedule	$629.45
23078	RESECT SHOULDER TUM 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
23100	BIOPSY OF SHOULDER JOINT	Y		01/01/2013	Fee Schedule	$872.73
23101	SHOULDER JOINT SURGERY	Y		01/01/2013	Fee Schedule	$1,294.39
23105	REMOVE SHOULDER JOINT LINING	Y		01/01/2013	Fee Schedule	$1,294.39
23106	INCISION OF COLLARBONE JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
23107	EXPLORE TREAT SHOULDER JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
23120	PARTIAL REMOVAL COLLAR BONE	Y		01/01/2013	Fee Schedule	$1,294.39
23125	REMOVAL OF COLLAR BONE	Y		01/01/2013	Fee Schedule	$1,294.39
23130	REMOVE SHOULDER BONE PART	Y		01/01/2013	Fee Schedule	$1,928.93
23140	REMOVAL OF BONE LESION	Y		01/01/2013	Fee Schedule	$872.73
23145	REMOVAL OF BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
23146	REMOVAL OF BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
23150	REMOVAL OF HUMERUS LESION	Y		01/01/2013	Fee Schedule	$1,294.39
23155	REMOVAL OF HUMERUS LESION	Y		01/01/2013	Fee Schedule	$1,294.39
23156	REMOVAL OF HUMERUS LESION	Y		01/01/2013	Fee Schedule	$1,294.39
23170	REMOVE COLLAR BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
23172	REMOVE SHOULDER BLADE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
23174	REMOVE HUMERUS LESION	Y		01/01/2013	Fee Schedule	$1,294.39
23180	REMOVE COLLAR BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
23182	REMOVE SHOULDER BLADE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
23184	REMOVE HUMERUS LESION	Y		01/01/2013	Fee Schedule	$1,294.39
23190	PARTIAL REMOVAL OF SCAPULA	Y		01/01/2013	Fee Schedule	$1,294.39
23195	REMOVAL OF HEAD OF HUMERUS	Y		01/01/2013	Fee Schedule	$1,294.39
23330	REMOVE SHOULDER FOREIGN BODY	Y		01/01/2013	Fee Schedule	$327.48
23331	REMOVE SHOULDER FOREIGN BODY	Y		01/01/2013	Fee Schedule	$932.08
23350	INJECTION FOR SHOULDER X-RAY			01/01/2009	No Separate Payment	$0.00
23395	MUSCLE TRANSFER SHOULDER/ARM	Y		01/01/2013	Fee Schedule	$1,928.93

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
23397	MUSCLE TRANSFERS	Y		01/01/2013	Fee Schedule	$3,289.61
23400	FIXATION OF SHOULDER BLADE	Y		01/01/2013	Fee Schedule	$1,294.39
23405	INCISION OF TENDON & MUSCLE	Y		01/01/2013	Fee Schedule	$1,294.39
23406	INCISE TENDON(S) & MUSCLE(S)	Y		01/01/2013	Fee Schedule	$1,294.39
23410	REPAIR ROTATOR CUFF ACUTE	Y		01/01/2013	Fee Schedule	$1,928.93
23412	REPAIR ROTATOR CUFF CHRONIC	Y		01/01/2013	Fee Schedule	$1,928.93
23415	RELEASE OF SHOULDER LIGAMENT	Y		01/01/2013	Fee Schedule	$1,928.93
23420	REPAIR OF SHOULDER	Y		01/01/2013	Fee Schedule	$1,928.93
23430	REPAIR BICEPS TENDON	Y		01/01/2013	Fee Schedule	$1,928.93
23440	REMOVE/TRANSPLANT TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
23450	REPAIR SHOULDER CAPSULE	Y		01/01/2013	Fee Schedule	$3,289.61
23455	REPAIR SHOULDER CAPSULE	Y		01/01/2013	Fee Schedule	$3,289.61
23460	REPAIR SHOULDER CAPSULE	Y		01/01/2013	Fee Schedule	$3,289.61
23462	REPAIR SHOULDER CAPSULE	Y		01/01/2013	Fee Schedule	$1,928.93
23465	REPAIR SHOULDER CAPSULE	Y		01/01/2013	Fee Schedule	$3,289.61
23466	REPAIR SHOULDER CAPSULE	Y		01/01/2013	Fee Schedule	$1,928.93
23480	REVISION OF COLLAR BONE	Y		01/01/2013	Fee Schedule	$1,928.93
23485	REVISION OF COLLAR BONE	Y		01/01/2013	Fee Schedule	$3,289.61
23490	REINFORCE CLAVICLE	Y		01/01/2013	Fee Schedule	$3,289.61
23491	REINFORCE SHOULDER BONES	Y		01/01/2013	Fee Schedule	$3,289.61
23500	TREAT CLAVICLE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
23505	TREAT CLAVICLE FRACTURE	Y		01/01/2013	Fee Schedule	$468.77
23515	TREAT CLAVICLE FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
23520	TREAT CLAVICLE DISLOCATION	Y		01/01/2013	Fee Schedule	$223.81
23525	TREAT CLAVICLE DISLOCATION	Y		01/01/2013	Fee Schedule	$223.81
23530	TREAT CLAVICLE DISLOCATION	Y		01/01/2013	Fee Schedule	$2,112.06
23532	TREAT CLAVICLE DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
23540	TREAT CLAVICLE DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
23545	TREAT CLAVICLE DISLOCATION	Y		01/01/2013	Fee Schedule	$223.81
23550	TREAT CLAVICLE DISLOCATION	Y		01/01/2013	Fee Schedule	$2,112.06
23552	TREAT CLAVICLE DISLOCATION	Y		01/01/2013	Fee Schedule	$2,112.06
23570	TREAT SHOULDER BLADE FX	Y		01/01/2013	Fee Schedule	$74.99
23575	TREAT SHOULDER BLADE FX	Y		01/01/2013	Fee Schedule	$223.81
23585	TREAT SCAPULA FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
23600	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
23605	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$468.77
23615	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
23616	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
23620	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
23625	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$468.77
23630	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
23650	TREAT SHOULDER DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
23655	TREAT SHOULDER DISLOCATION	Y		01/01/2013	Fee Schedule	$583.05
23660	TREAT SHOULDER DISLOCATION	Y		01/01/2013	Fee Schedule	$2,112.06
23665	TREAT DISLOCATION/FRACTURE	Y		01/01/2013	Fee Schedule	$223.81
23670	TREAT DISLOCATION/FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
23675	TREAT DISLOCATION/FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
23680	TREAT DISLOCATION/FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06

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23700	FIXATION OF SHOULDER	Y		01/01/2013	Fee Schedule	$583.05
23800	FUSION OF SHOULDER JOINT	Y		01/01/2013	Fee Schedule	$3,289.61
23802	FUSION OF SHOULDER JOINT	Y		01/01/2013	Fee Schedule	$3,289.61
23921	AMPUTATION FOLLOW-UP SURGERY	Y		01/01/2013	Fee Schedule	$623.76
23930	DRAINAGE OF ARM LESION	Y		01/01/2013	Fee Schedule	$740.20
23931	DRAINAGE OF ARM BURSA	Y		01/01/2013	Fee Schedule	$407.14
23935	DRAIN ARM/ELBOW BONE LESION	Y		01/01/2013	Fee Schedule	$872.73
24000	EXPLORATORY ELBOW SURGERY	Y		01/01/2013	Fee Schedule	$1,294.39
24006	RELEASE ELBOW JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
24065	BIOPSY ARM/ELBOW SOFT TISSUE	Y		04/01/2013	Fee Schedule	$182.36
24066	BIOPSY ARM/ELBOW SOFT TISSUE	Y		01/01/2013	Fee Schedule	$629.45
24071	EXC ARM/ELBOW LES SC 3 CM/>	Y		01/01/2013	Fee Schedule	$932.08
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
24075	EXC ARM/ELBOW LES SC < 3 CM	Y		01/01/2013	Fee Schedule	$629.45
24076	EX ARM/ELBOW TUM DEEP < 5 CM	Y		01/01/2013	Fee Schedule	$629.45
24077	RESECT ARM/ELBOW TUM < 5 CM	Y		01/01/2013	Fee Schedule	$629.45
24079	RESECT ARM/ELBOW TUM 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
24100	BIOPSY ELBOW JOINT LINING	Y		01/01/2013	Fee Schedule	$872.73
24101	EXPLORE/TREAT ELBOW JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
24102	REMOVE ELBOW JOINT LINING	Y		01/01/2013	Fee Schedule	$1,294.39
24105	REMOVAL OF ELBOW BURSA	Y		01/01/2013	Fee Schedule	$872.73
24110	REMOVE HUMERUS LESION	Y		01/01/2013	Fee Schedule	$872.73
24115	REMOVE/GRAFT BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
24116	REMOVE/GRAFT BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
24120	REMOVE ELBOW LESION	Y		01/01/2013	Fee Schedule	$872.73
24125	REMOVE/GRAFT BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
24126	REMOVE/GRAFT BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
24130	REMOVAL OF HEAD OF RADIUS	Y		01/01/2013	Fee Schedule	$1,294.39
24134	REMOVAL OF ARM BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
24136	REMOVE RADIUS BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
24138	REMOVE ELBOW BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
24140	PARTIAL REMOVAL OF ARM BONE	Y		01/01/2013	Fee Schedule	$1,294.39
24145	PARTIAL REMOVAL OF RADIUS	Y		01/01/2013	Fee Schedule	$1,294.39
24147	PARTIAL REMOVAL OF ELBOW	Y		01/01/2013	Fee Schedule	$1,294.39
24149	RADICAL RESECTION OF ELBOW	Y		01/01/2013	Fee Schedule	$1,294.39
24152	RESECT RADIUS TUMOR	Y		01/01/2013	Fee Schedule	$1,928.93
24155	REMOVAL OF ELBOW JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
24160	REMOVE ELBOW JOINT IMPLANT	Y		01/01/2013	Fee Schedule	$1,294.39
24164	REMOVE RADIUS HEAD IMPLANT	Y		01/01/2013	Fee Schedule	$1,294.39
24200	REMOVAL OF ARM FOREIGN BODY	Y		04/01/2013	Fee Schedule	$138.47
24201	REMOVAL OF ARM FOREIGN BODY	Y		01/01/2013	Fee Schedule	$629.45
24220	INJECTION FOR ELBOW X-RAY			01/01/2009	No Separate Payment	$0.00
24300	MANIPULATE ELBOW W/ANESTH	Y		01/01/2013	Fee Schedule	$583.05
24301	MUSCLE/TENDON TRANSFER	Y		01/01/2013	Fee Schedule	$1,294.39
24305	ARM TENDON LENGTHENING	Y		01/01/2013	Fee Schedule	$1,294.39
24310	REVISION OF ARM TENDON	Y		01/01/2013	Fee Schedule	$872.73
24320	REPAIR OF ARM TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
24330	REVISION OF ARM MUSCLES	Y		01/01/2013	Fee Schedule	$3,289.61

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24331	REVISION OF ARM MUSCLES	Y		01/01/2013	Fee Schedule	$1,928.93
24332	TENOLYSIS TRICEPS	Y		01/01/2013	Fee Schedule	$1,294.39
24340	REPAIR OF BICEPS TENDON	Y		01/01/2013	Fee Schedule	$1,928.93
24341	REPAIR ARM TENDON/MUSCLE	Y		01/01/2013	Fee Schedule	$1,928.93
24342	REPAIR OF RUPTURED TENDON	Y		01/01/2013	Fee Schedule	$1,928.93
24343	REPR ELBOW LAT LIGMNT W/TISS	Y		01/01/2013	Fee Schedule	$1,294.39
24344	RECONSTRUCT ELBOW LAT LIGMNT	Y		01/01/2013	Fee Schedule	$3,289.61
24345	REPR ELBW MED LIGMNT W/TISSU	Y		01/01/2013	Fee Schedule	$1,294.39
24346	RECONSTRUCT ELBOW MED LIGMNT	Y		01/01/2013	Fee Schedule	$3,289.61
24357	REPAIR ELBOW PERC	Y		01/01/2013	Fee Schedule	$1,294.39
24358	REPAIR ELBOW W/DEB OPEN	Y		01/01/2013	Fee Schedule	$1,294.39
24359	REPAIR ELBOW DEB/ATTCH OPEN	Y		01/01/2013	Fee Schedule	$1,294.39
24360	RECONSTRUCT ELBOW JOINT	Y		01/01/2013	Fee Schedule	$1,609.32
24361	RECONSTRUCT ELBOW JOINT	Y		01/01/2013	Fee Schedule	$7,888.90
24362	RECONSTRUCT ELBOW JOINT	Y		01/01/2013	Fee Schedule	$2,497.09
24363	REPLACE ELBOW JOINT	Y		01/01/2013	Fee Schedule	$7,888.90
24365	RECONSTRUCT HEAD OF RADIUS	Y		01/01/2013	Fee Schedule	$1,609.32
24366	RECONSTRUCT HEAD OF RADIUS	Y		01/01/2013	Fee Schedule	$7,888.90
24370	REVISE RECONST ELBOW JOINT	Y		01/01/2013	Fee Schedule	$7,888.90
24371	REVISE RECONST ELBOW JOINT	Y		01/01/2013	Fee Schedule	$7,888.90
24400	REVISION OF HUMERUS	Y		01/01/2013	Fee Schedule	$3,289.61
24410	REVISION OF HUMERUS	Y		01/01/2013	Fee Schedule	$1,928.93
24420	REVISION OF HUMERUS	Y		01/01/2013	Fee Schedule	$1,928.93
24430	REPAIR OF HUMERUS	Y		01/01/2013	Fee Schedule	$3,289.61
24435	REPAIR HUMERUS WITH GRAFT	Y		01/01/2013	Fee Schedule	$3,289.61
24470	REVISION OF ELBOW JOINT	Y		01/01/2013	Fee Schedule	$1,928.93
24495	DECOMPRESSION OF FOREARM	Y		01/01/2013	Fee Schedule	$1,294.39
24498	REINFORCE HUMERUS	Y		01/01/2013	Fee Schedule	$3,289.61
24500	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
24505	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
24515	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
24516	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
24530	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
24535	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$223.81
24538	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
24545	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
24546	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
24560	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
24565	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
24566	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
24575	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
24576	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
24577	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
24579	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
24582	TREAT HUMERUS FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
24586	TREAT ELBOW FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
24587	TREAT ELBOW FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
24600	TREAT ELBOW DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99

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24605	TREAT ELBOW DISLOCATION	Y		01/01/2013	Fee Schedule	$583.05
24615	TREAT ELBOW DISLOCATION	Y		01/01/2013	Fee Schedule	$2,828.26
24620	TREAT ELBOW FRACTURE	Y		01/01/2013	Fee Schedule	$468.77
24635	TREAT ELBOW FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
24640	TREAT ELBOW DISLOCATION	Y		04/01/2013	Fee Schedule	$74.99
24650	TREAT RADIUS FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
24655	TREAT RADIUS FRACTURE	Y		01/01/2013	Fee Schedule	$223.81
24665	TREAT RADIUS FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
24666	TREAT RADIUS FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
24670	TREAT ULNAR FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
24675	TREAT ULNAR FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
24685	TREAT ULNAR FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
24800	FUSION OF ELBOW JOINT	Y		01/01/2013	Fee Schedule	$1,928.93
24802	FUSION/GRAFT OF ELBOW JOINT	Y		01/01/2013	Fee Schedule	$3,289.61
24925	AMPUTATION FOLLOW-UP SURGERY	Y		01/01/2013	Fee Schedule	$872.73
25000	INCISION OF TENDON SHEATH	Y		01/01/2013	Fee Schedule	$872.73
25001	INCISE FLEXOR CARPI RADIALIS	Y		01/01/2013	Fee Schedule	$872.73
25020	DECOMPRESS FOREARM 1 SPACE	Y		01/01/2013	Fee Schedule	$1,294.39
25023	DECOMPRESS FOREARM 1 SPACE	Y		01/01/2013	Fee Schedule	$1,294.39
25024	DECOMPRESS FOREARM 2 SPACES	Y		01/01/2013	Fee Schedule	$1,294.39
25025	DECOMPRESS FOREARM 2 SPACES	Y		01/01/2013	Fee Schedule	$1,294.39
25028	DRAINAGE OF FOREARM LESION	Y		01/01/2013	Fee Schedule	$872.73
25031	DRAINAGE OF FOREARM BURSA	Y		01/01/2013	Fee Schedule	$872.73
25035	TREAT FOREARM BONE LESION	Y		01/01/2013	Fee Schedule	$872.73
25040	EXPLORE/TREAT WRIST JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
25065	BIOPSY FOREARM SOFT TISSUES	Y		04/01/2013	Fee Schedule	$183.72
25066	BIOPSY FOREARM SOFT TISSUES	Y		01/01/2013	Fee Schedule	$932.08
25071	EXC FOREARM LES SC 3 CM/>	Y		01/01/2013	Fee Schedule	$932.08
25073	EXC FOREARM TUM DEEP 3 CM/>	Y		01/01/2013	Fee Schedule	$932.08
25075	EXC FOREARM LES SC < 3 CM	Y		01/01/2013	Fee Schedule	$629.45
25076	EXC FOREARM TUM DEEP < 3 CM	Y		01/01/2013	Fee Schedule	$629.45
25077	RESECT FOREARM/WRIST TUM<3CM	Y		01/01/2013	Fee Schedule	$629.45
25078	RESECT FORARM/WRIST TUM 3CM>	Y		01/01/2013	Fee Schedule	$932.08
25085	INCISION OF WRIST CAPSULE	Y		01/01/2013	Fee Schedule	$872.73
25100	BIOPSY OF WRIST JOINT	Y		01/01/2013	Fee Schedule	$872.73
25101	EXPLORE/TREAT WRIST JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
25105	REMOVE WRIST JOINT LINING	Y		01/01/2013	Fee Schedule	$1,294.39
25107	REMOVE WRIST JOINT CARTILAGE	Y		01/01/2013	Fee Schedule	$1,294.39
25109	EXCISE TENDON FOREARM/WRIST	Y		01/01/2013	Fee Schedule	$872.73
25110	REMOVE WRIST TENDON LESION	Y		01/01/2013	Fee Schedule	$872.73
25111	REMOVE WRIST TENDON LESION	Y		01/01/2013	Fee Schedule	$872.73
25112	REREMOVE WRIST TENDON LESION	Y		01/01/2013	Fee Schedule	$872.73
25115	REMOVE WRIST/FOREARM LESION	Y		01/01/2013	Fee Schedule	$872.73
25116	REMOVE WRIST/FOREARM LESION	Y		01/01/2013	Fee Schedule	$872.73
25118	EXCISE WRIST TENDON SHEATH	Y		01/01/2013	Fee Schedule	$1,294.39
25119	PARTIAL REMOVAL OF ULNA	Y		01/01/2013	Fee Schedule	$1,294.39
25120	REMOVAL OF FOREARM LESION	Y		01/01/2013	Fee Schedule	$1,294.39
25125	REMOVE/GRAFT FOREARM LESION	Y		01/01/2013	Fee Schedule	$1,294.39

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25126	REMOVE/GRAFT FOREARM LESION	Y		01/01/2013	Fee Schedule	$1,294.39
25130	REMOVAL OF WRIST LESION	Y		01/01/2013	Fee Schedule	$1,294.39
25135	REMOVE & GRAFT WRIST LESION	Y		01/01/2013	Fee Schedule	$1,294.39
25136	REMOVE & GRAFT WRIST LESION	Y		01/01/2013	Fee Schedule	$1,294.39
25145	REMOVE FOREARM BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
25150	PARTIAL REMOVAL OF ULNA	Y		01/01/2013	Fee Schedule	$1,294.39
25151	PARTIAL REMOVAL OF RADIUS	Y		01/01/2013	Fee Schedule	$1,294.39
25210	REMOVAL OF WRIST BONE	Y		01/01/2013	Fee Schedule	$1,294.39
25215	REMOVAL OF WRIST BONES	Y		01/01/2013	Fee Schedule	$1,294.39
25230	PARTIAL REMOVAL OF RADIUS	Y		01/01/2013	Fee Schedule	$1,294.39
25240	PARTIAL REMOVAL OF ULNA	Y		01/01/2013	Fee Schedule	$1,294.39
25246	INJECTION FOR WRIST X-RAY			01/01/2009	No Separate Payment	$0.00
25248	REMOVE FOREARM FOREIGN BODY	Y		01/01/2013	Fee Schedule	$872.73
25250	REMOVAL OF WRIST PROSTHESIS	Y		01/01/2013	Fee Schedule	$1,294.39
25251	REMOVAL OF WRIST PROSTHESIS	Y		01/01/2013	Fee Schedule	$1,294.39
25259	MANIPULATE WRIST W/ANESTHES	Y		01/01/2013	Fee Schedule	$468.77
25260	REPAIR FOREARM TENDON/MUSCLE	Y		01/01/2013	Fee Schedule	$1,294.39
25263	REPAIR FOREARM TENDON/MUSCLE	Y		01/01/2013	Fee Schedule	$1,294.39
25265	REPAIR FOREARM TENDON/MUSCLE	Y		01/01/2013	Fee Schedule	$1,294.39
25270	REPAIR FOREARM TENDON/MUSCLE	Y		01/01/2013	Fee Schedule	$1,294.39
25272	REPAIR FOREARM TENDON/MUSCLE	Y		01/01/2013	Fee Schedule	$1,294.39
25274	REPAIR FOREARM TENDON/MUSCLE	Y		01/01/2013	Fee Schedule	$1,294.39
25275	REPAIR FOREARM TENDON SHEATH	Y		01/01/2013	Fee Schedule	$1,294.39
25280	REVISE WRIST/FOREARM TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
25290	INCISE WRIST/FOREARM TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
25295	RELEASE WRIST/FOREARM TENDON	Y		01/01/2013	Fee Schedule	$872.73
25300	FUSION OF TENDONS AT WRIST	Y		01/01/2013	Fee Schedule	$1,294.39
25301	FUSION OF TENDONS AT WRIST	Y		01/01/2013	Fee Schedule	$1,294.39
25310	TRANSPLANT FOREARM TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
25312	TRANSPLANT FOREARM TENDON	Y		01/01/2013	Fee Schedule	$1,928.93
25315	REVISE PALSY HAND TENDON(S)	Y		01/01/2013	Fee Schedule	$1,294.39
25316	REVISE PALSY HAND TENDON(S)	Y		01/01/2013	Fee Schedule	$3,289.61
25320	REPAIR/REVISE WRIST JOINT	Y		01/01/2013	Fee Schedule	$1,928.93
25332	REVISE WRIST JOINT	Y		01/01/2013	Fee Schedule	$1,609.32
25335	REALIGNMENT OF HAND	Y		01/01/2013	Fee Schedule	$1,928.93
25337	RECONSTRUCT ULNA/RADIOULNAR	Y		01/01/2013	Fee Schedule	$1,928.93
25350	REVISION OF RADIUS	Y		01/01/2013	Fee Schedule	$1,928.93
25355	REVISION OF RADIUS	Y		01/01/2013	Fee Schedule	$1,928.93
25360	REVISION OF ULNA	Y		01/01/2013	Fee Schedule	$1,928.93
25365	REVISE RADIUS & ULNA	Y		01/01/2013	Fee Schedule	$3,289.61
25370	REVISE RADIUS OR ULNA	Y		01/01/2013	Fee Schedule	$1,928.93
25375	REVISE RADIUS & ULNA	Y		01/01/2013	Fee Schedule	$1,928.93
25390	SHORTEN RADIUS OR ULNA	Y		01/01/2013	Fee Schedule	$1,928.93
25391	LENGTHEN RADIUS OR ULNA	Y		01/01/2013	Fee Schedule	$3,289.61
25392	SHORTEN RADIUS & ULNA	Y		01/01/2013	Fee Schedule	$1,294.39
25393	LENGTHEN RADIUS & ULNA	Y		01/01/2013	Fee Schedule	$1,928.93
25394	REPAIR CARPAL BONE SHORTEN	Y		01/01/2013	Fee Schedule	$1,928.93
25400	REPAIR RADIUS OR ULNA	Y		01/01/2013	Fee Schedule	$3,289.61

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25405	REPAIR/GRAFT RADIUS OR ULNA	Y		01/01/2013	Fee Schedule	$3,289.61
25415	REPAIR RADIUS & ULNA	Y		01/01/2013	Fee Schedule	$3,289.61
25420	REPAIR/GRAFT RADIUS & ULNA	Y		01/01/2013	Fee Schedule	$3,289.61
25425	REPAIR/GRAFT RADIUS OR ULNA	Y		01/01/2013	Fee Schedule	$3,289.61
25426	REPAIR/GRAFT RADIUS & ULNA	Y		01/01/2013	Fee Schedule	$1,928.93
25430	VASC GRAFT INTO CARPAL BONE	Y		01/01/2013	Fee Schedule	$1,928.93
25431	REPAIR NONUNION CARPAL BONE	Y		01/01/2013	Fee Schedule	$1,928.93
25440	REPAIR/GRAFT WRIST BONE	Y		01/01/2013	Fee Schedule	$3,289.61
25441	RECONSTRUCT WRIST JOINT	Y		01/01/2013	Fee Schedule	$7,888.90
25442	RECONSTRUCT WRIST JOINT	Y		01/01/2013	Fee Schedule	$7,888.90
25443	RECONSTRUCT WRIST JOINT	Y		01/01/2013	Fee Schedule	$2,497.09
25444	RECONSTRUCT WRIST JOINT	Y		01/01/2013	Fee Schedule	$2,497.09
25445	RECONSTRUCT WRIST JOINT	Y		01/01/2013	Fee Schedule	$2,497.09
25446	WRIST REPLACEMENT	Y		01/01/2013	Fee Schedule	$7,888.90
25447	REPAIR WRIST JOINTS	Y		01/01/2013	Fee Schedule	$1,609.32
25449	REMOVE WRIST JOINT IMPLANT	Y		01/01/2013	Fee Schedule	$1,609.32
25450	REVISION OF WRIST JOINT	Y		01/01/2013	Fee Schedule	$1,928.93
25455	REVISION OF WRIST JOINT	Y		01/01/2013	Fee Schedule	$1,928.93
25490	REINFORCE RADIUS	Y		01/01/2013	Fee Schedule	$1,928.93
25491	REINFORCE ULNA	Y		01/01/2013	Fee Schedule	$1,928.93
25492	REINFORCE RADIUS AND ULNA	Y		01/01/2013	Fee Schedule	$1,928.93
25500	TREAT FRACTURE OF RADIUS	Y		01/01/2013	Fee Schedule	$74.99
25505	TREAT FRACTURE OF RADIUS	Y		01/01/2013	Fee Schedule	$223.81
25515	TREAT FRACTURE OF RADIUS	Y		01/01/2013	Fee Schedule	$2,112.06
25520	TREAT FRACTURE OF RADIUS	Y		01/01/2013	Fee Schedule	$223.81
25525	TREAT FRACTURE OF RADIUS	Y		01/01/2013	Fee Schedule	$2,112.06
25526	TREAT FRACTURE OF RADIUS	Y		01/01/2013	Fee Schedule	$2,112.06
25530	TREAT FRACTURE OF ULNA	Y		01/01/2013	Fee Schedule	$74.99
25535	TREAT FRACTURE OF ULNA	Y		01/01/2013	Fee Schedule	$74.99
25545	TREAT FRACTURE OF ULNA	Y		01/01/2013	Fee Schedule	$2,112.06
25560	TREAT FRACTURE RADIUS & ULNA	Y		01/01/2013	Fee Schedule	$74.99
25565	TREAT FRACTURE RADIUS & ULNA	Y		01/01/2013	Fee Schedule	$223.81
25574	TREAT FRACTURE RADIUS & ULNA	Y		01/01/2013	Fee Schedule	$2,828.26
25575	TREAT FRACTURE RADIUS/ULNA	Y		01/01/2013	Fee Schedule	$2,828.26
25600	TREAT FRACTURE RADIUS/ULNA	Y		01/01/2013	Fee Schedule	$74.99
25605	TREAT FRACTURE RADIUS/ULNA	Y		01/01/2013	Fee Schedule	$223.81
25606	TREAT FX DISTAL RADIAL	Y		01/01/2013	Fee Schedule	$1,071.11
25607	TREAT FX RAD EXTRA-ARTICUL	Y		01/01/2013	Fee Schedule	$2,828.26
25608	TREAT FX RAD INTRA-ARTICUL	Y		01/01/2013	Fee Schedule	$2,828.26
25609	TREAT FX RADIAL 3+ FRAG	Y		01/01/2013	Fee Schedule	$2,828.26
25622	TREAT WRIST BONE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
25624	TREAT WRIST BONE FRACTURE	Y		01/01/2013	Fee Schedule	$223.81
25628	TREAT WRIST BONE FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
25630	TREAT WRIST BONE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
25635	TREAT WRIST BONE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
25645	TREAT WRIST BONE FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
25650	TREAT WRIST BONE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
25651	PIN ULNAR STYLOID FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
25652	TREAT FRACTURE ULNAR STYLOID	Y		01/01/2013	Fee Schedule	$2,112.06
25660	TREAT WRIST DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
25670	TREAT WRIST DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
25671	PIN RADIOULNAR DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
25675	TREAT WRIST DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
25676	TREAT WRIST DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
25680	TREAT WRIST FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
25685	TREAT WRIST FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
25690	TREAT WRIST DISLOCATION	Y		01/01/2013	Fee Schedule	$468.77
25695	TREAT WRIST DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
25800	FUSION OF WRIST JOINT	Y		01/01/2013	Fee Schedule	$3,289.61
25805	FUSION/GRAFT OF WRIST JOINT	Y		01/01/2013	Fee Schedule	$3,289.61
25810	FUSION/GRAFT OF WRIST JOINT	Y		01/01/2013	Fee Schedule	$3,289.61
25820	FUSION OF HAND BONES	Y		01/01/2013	Fee Schedule	$1,928.93
25825	FUSE HAND BONES WITH GRAFT	Y		01/01/2013	Fee Schedule	$3,289.61
25830	FUSION RADIOULNAR JNT/ULNA	Y		01/01/2013	Fee Schedule	$3,289.61
25907	AMPUTATION FOLLOW-UP SURGERY	Y		01/01/2013	Fee Schedule	$872.73
25922	AMPUTATE HAND AT WRIST	Y		01/01/2013	Fee Schedule	$872.73
25929	AMPUTATION FOLLOW-UP SURGERY	Y		01/01/2013	Fee Schedule	$623.76
25931	AMPUTATION FOLLOW-UP SURGERY	Y		01/01/2013	Fee Schedule	$872.73
26010	DRAINAGE OF FINGER ABSCESS	Y		01/01/2013	Fee Schedule	$70.40
26011	DRAINAGE OF FINGER ABSCESS	Y		01/01/2013	Fee Schedule	$407.14
26020	DRAIN HAND TENDON SHEATH	Y		01/01/2013	Fee Schedule	$665.18
26025	DRAINAGE OF PALM BURSA	Y		01/01/2013	Fee Schedule	$665.18
26030	DRAINAGE OF PALM BURSAS	Y		01/01/2013	Fee Schedule	$665.18
26034	TREAT HAND BONE LESION	Y		01/01/2013	Fee Schedule	$665.18
26035	DECOMPRESS FINGERS/HAND	Y		01/01/2013	Fee Schedule	$665.18
26037	DECOMPRESS FINGERS/HAND	Y		01/01/2013	Fee Schedule	$665.18
26040	RELEASE PALM CONTRACTURE	Y		01/01/2013	Fee Schedule	$665.18
26045	RELEASE PALM CONTRACTURE	Y		01/01/2013	Fee Schedule	$1,159.36
26055	INCISE FINGER TENDON SHEATH	Y		01/01/2013	Fee Schedule	$665.18
26060	INCISION OF FINGER TENDON	Y		01/01/2013	Fee Schedule	$665.18
26070	EXPLORE/TREAT HAND JOINT	Y		01/01/2013	Fee Schedule	$665.18
26075	EXPLORE/TREAT FINGER JOINT	Y		01/01/2013	Fee Schedule	$665.18
26080	EXPLORE/TREAT FINGER JOINT	Y		01/01/2013	Fee Schedule	$665.18
26100	BIOPSY HAND JOINT LINING	Y		01/01/2013	Fee Schedule	$665.18
26105	BIOPSY FINGER JOINT LINING	Y		01/01/2013	Fee Schedule	$665.18
26110	BIOPSY FINGER JOINT LINING	Y		01/01/2013	Fee Schedule	$665.18
26111	EXC HAND LES SC 1.5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
26113	EXC HAND TUM DEEP 1.5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
26115	EXC HAND LES SC < 1.5 CM	Y		01/01/2013	Fee Schedule	$629.45
26116	EXC HAND TUM DEEP < 1.5 CM	Y		01/01/2013	Fee Schedule	$629.45
26117	EXC HAND TUM RA < 3 CM	Y		01/01/2013	Fee Schedule	$629.45
26118	EXC HAND TUM RA 3 CM/>	Y		01/01/2013	Fee Schedule	$932.08
26121	RELEASE PALM CONTRACTURE	Y		01/01/2013	Fee Schedule	$1,159.36
26123	RELEASE PALM CONTRACTURE	Y		01/01/2013	Fee Schedule	$1,159.36
26125	RELEASE PALM CONTRACTURE	Y		01/01/2013	Fee Schedule	$665.18
26130	REMOVE WRIST JOINT LINING	Y		01/01/2013	Fee Schedule	$665.18

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
26135	REVISE FINGER JOINT EACH	Y		01/01/2013	Fee Schedule	$1,159.36
26140	REVISE FINGER JOINT EACH	Y		01/01/2013	Fee Schedule	$665.18
26145	TENDON EXCISION PALM/FINGER	Y		01/01/2013	Fee Schedule	$665.18
26160	REMOVE TENDON SHEATH LESION	Y		01/01/2013	Fee Schedule	$665.18
26170	REMOVAL OF PALM TENDON EACH	Y		01/01/2013	Fee Schedule	$665.18
26180	REMOVAL OF FINGER TENDON	Y		01/01/2013	Fee Schedule	$665.18
26185	REMOVE FINGER BONE	Y		01/01/2013	Fee Schedule	$665.18
26200	REMOVE HAND BONE LESION	Y		01/01/2013	Fee Schedule	$665.18
26205	REMOVE/GRAFT BONE LESION	Y		01/01/2013	Fee Schedule	$1,159.36
26210	REMOVAL OF FINGER LESION	Y		01/01/2013	Fee Schedule	$665.18
26215	REMOVE/GRAFT FINGER LESION	Y		01/01/2013	Fee Schedule	$665.18
26230	PARTIAL REMOVAL OF HAND BONE	Y		01/01/2013	Fee Schedule	$665.18
26235	PARTIAL REMOVAL FINGER BONE	Y		01/01/2013	Fee Schedule	$665.18
26236	PARTIAL REMOVAL FINGER BONE	Y		01/01/2013	Fee Schedule	$665.18
26250	EXTENSIVE HAND SURGERY	Y		01/01/2013	Fee Schedule	$665.18
26260	RESECT PROX FINGER TUMOR	Y		01/01/2013	Fee Schedule	$665.18
26262	RESECT DISTAL FINGER TUMOR	Y		01/01/2013	Fee Schedule	$665.18
26320	REMOVAL OF IMPLANT FROM HAND	Y		01/01/2013	Fee Schedule	$629.45
26340	MANIPULATE FINGER W/ANESTH	Y		01/01/2013	Fee Schedule	$223.81
26341	MANIPULAT PALM CORD POST INJ	Y		01/01/2013	Fee Schedule	$223.81
26350	REPAIR FINGER/HAND TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26352	REPAIR/GRAFT HAND TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26356	REPAIR FINGER/HAND TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26357	REPAIR FINGER/HAND TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26358	REPAIR/GRAFT HAND TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26370	REPAIR FINGER/HAND TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26372	REPAIR/GRAFT HAND TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26373	REPAIR FINGER/HAND TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26390	REVISE HAND/FINGER TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26392	REPAIR/GRAFT HAND TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26410	REPAIR HAND TENDON	Y		01/01/2013	Fee Schedule	$665.18
26412	REPAIR/GRAFT HAND TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26415	EXCISION HAND/FINGER TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26416	GRAFT HAND OR FINGER TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26418	REPAIR FINGER TENDON	Y		01/01/2013	Fee Schedule	$665.18
26420	REPAIR/GRAFT FINGER TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26426	REPAIR FINGER/HAND TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26428	REPAIR/GRAFT FINGER TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26432	REPAIR FINGER TENDON	Y		01/01/2013	Fee Schedule	$665.18
26433	REPAIR FINGER TENDON	Y		01/01/2013	Fee Schedule	$665.18
26434	REPAIR/GRAFT FINGER TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26437	REALIGNMENT OF TENDONS	Y		01/01/2013	Fee Schedule	$665.18
26440	RELEASE PALM/FINGER TENDON	Y		01/01/2013	Fee Schedule	$665.18
26442	RELEASE PALM & FINGER TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26445	RELEASE HAND/FINGER TENDON	Y		01/01/2013	Fee Schedule	$665.18
26449	RELEASE FOREARM/HAND TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26450	INCISION OF PALM TENDON	Y		01/01/2013	Fee Schedule	$665.18
26455	INCISION OF FINGER TENDON	Y		01/01/2013	Fee Schedule	$665.18

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26460	INCISE HAND/FINGER TENDON	Y		01/01/2013	Fee Schedule	$665.18
26471	FUSION OF FINGER TENDONS	Y		01/01/2013	Fee Schedule	$665.18
26474	FUSION OF FINGER TENDONS	Y		01/01/2013	Fee Schedule	$665.18
26476	TENDON LENGTHENING	Y		01/01/2013	Fee Schedule	$665.18
26477	TENDON SHORTENING	Y		01/01/2013	Fee Schedule	$665.18
26478	LENGTHENING OF HAND TENDON	Y		01/01/2013	Fee Schedule	$665.18
26479	SHORTENING OF HAND TENDON	Y		01/01/2013	Fee Schedule	$665.18
26480	TRANSPLANT HAND TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26483	TRANSPLANT/GRAFT HAND TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26485	TRANSPLANT PALM TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26489	TRANSPLANT/GRAFT PALM TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26490	REVISE THUMB TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26492	TENDON TRANSFER WITH GRAFT	Y		01/01/2013	Fee Schedule	$1,159.36
26494	HAND TENDON/MUSCLE TRANSFER	Y		01/01/2013	Fee Schedule	$1,159.36
26496	REVISE THUMB TENDON	Y		01/01/2013	Fee Schedule	$1,159.36
26497	FINGER TENDON TRANSFER	Y		01/01/2013	Fee Schedule	$1,159.36
26498	FINGER TENDON TRANSFER	Y		01/01/2013	Fee Schedule	$1,159.36
26499	REVISION OF FINGER	Y		01/01/2013	Fee Schedule	$1,159.36
26500	HAND TENDON RECONSTRUCTION	Y		01/01/2013	Fee Schedule	$665.18
26502	HAND TENDON RECONSTRUCTION	Y		01/01/2013	Fee Schedule	$1,159.36
26508	RELEASE THUMB CONTRACTURE	Y		01/01/2013	Fee Schedule	$665.18
26510	THUMB TENDON TRANSFER	Y		01/01/2013	Fee Schedule	$1,159.36
26516	FUSION OF KNUCKLE JOINT	Y		01/01/2013	Fee Schedule	$1,159.36
26517	FUSION OF KNUCKLE JOINTS	Y		01/01/2013	Fee Schedule	$1,159.36
26518	FUSION OF KNUCKLE JOINTS	Y		01/01/2013	Fee Schedule	$1,159.36
26520	RELEASE KNUCKLE CONTRACTURE	Y		01/01/2013	Fee Schedule	$665.18
26525	RELEASE FINGER CONTRACTURE	Y		01/01/2013	Fee Schedule	$665.18
26530	REVISE KNUCKLE JOINT	Y		01/01/2013	Fee Schedule	$1,609.32
26531	REVISE KNUCKLE WITH IMPLANT	Y		01/01/2013	Fee Schedule	$2,497.09
26535	REVISE FINGER JOINT	Y		01/01/2013	Fee Schedule	$1,609.32
26536	REVISE/IMPLANT FINGER JOINT	Y		01/01/2013	Fee Schedule	$2,497.09
26540	REPAIR HAND JOINT	Y		01/01/2013	Fee Schedule	$665.18
26541	REPAIR HAND JOINT WITH GRAFT	Y		01/01/2013	Fee Schedule	$1,159.36
26542	REPAIR HAND JOINT WITH GRAFT	Y		01/01/2013	Fee Schedule	$665.18
26545	RECONSTRUCT FINGER JOINT	Y		01/01/2013	Fee Schedule	$1,159.36
26546	REPAIR NONUNION HAND	Y		01/01/2013	Fee Schedule	$1,159.36
26548	RECONSTRUCT FINGER JOINT	Y		01/01/2013	Fee Schedule	$1,159.36
26550	CONSTRUCT THUMB REPLACEMENT	Y		01/01/2013	Fee Schedule	$1,159.36
26555	POSITIONAL CHANGE OF FINGER	Y		01/01/2013	Fee Schedule	$1,159.36
26560	REPAIR OF WEB FINGER	Y		01/01/2013	Fee Schedule	$665.18
26561	REPAIR OF WEB FINGER	Y		01/01/2013	Fee Schedule	$1,159.36
26562	REPAIR OF WEB FINGER	Y		01/01/2013	Fee Schedule	$1,159.36
26565	CORRECT METACARPAL FLAW	Y		01/01/2013	Fee Schedule	$1,159.36
26567	CORRECT FINGER DEFORMITY	Y		01/01/2013	Fee Schedule	$1,159.36
26568	LENGTHEN METACARPAL/FINGER	Y		01/01/2013	Fee Schedule	$1,159.36
26580	REPAIR HAND DEFORMITY	Y		01/01/2013	Fee Schedule	$665.18
26587	RECONSTRUCT EXTRA FINGER	Y		01/01/2013	Fee Schedule	$665.18
26590	REPAIR FINGER DEFORMITY	Y		01/01/2013	Fee Schedule	$665.18

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
26591	REPAIR MUSCLES OF HAND	Y		01/01/2013	Fee Schedule	$1,159.36
26593	RELEASE MUSCLES OF HAND	Y		01/01/2013	Fee Schedule	$665.18
26596	EXCISION CONSTRICTING TISSUE	Y		01/01/2013	Fee Schedule	$665.18
26600	TREAT METACARPAL FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
26605	TREAT METACARPAL FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
26607	TREAT METACARPAL FRACTURE	Y		01/01/2013	Fee Schedule	$468.77
26608	TREAT METACARPAL FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
26615	TREAT METACARPAL FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
26641	TREAT THUMB DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
26645	TREAT THUMB FRACTURE	Y		01/01/2013	Fee Schedule	$223.81
26650	TREAT THUMB FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
26665	TREAT THUMB FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
26670	TREAT HAND DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
26675	TREAT HAND DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
26676	PIN HAND DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
26685	TREAT HAND DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
26686	TREAT HAND DISLOCATION	Y		01/01/2013	Fee Schedule	$2,828.26
26700	TREAT KNUCKLE DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
26705	TREAT KNUCKLE DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
26706	PIN KNUCKLE DISLOCATION	Y		01/01/2013	Fee Schedule	$468.77
26715	TREAT KNUCKLE DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
26720	TREAT FINGER FRACTURE EACH	Y		01/01/2013	Fee Schedule	$74.99
26725	TREAT FINGER FRACTURE EACH	Y		01/01/2013	Fee Schedule	$74.99
26727	TREAT FINGER FRACTURE EACH	Y		01/01/2013	Fee Schedule	$1,071.11
26735	TREAT FINGER FRACTURE EACH	Y		01/01/2013	Fee Schedule	$1,071.11
26740	TREAT FINGER FRACTURE EACH	Y		01/01/2013	Fee Schedule	$74.99
26742	TREAT FINGER FRACTURE EACH	Y		01/01/2013	Fee Schedule	$74.99
26746	TREAT FINGER FRACTURE EACH	Y		01/01/2013	Fee Schedule	$1,071.11
26750	TREAT FINGER FRACTURE EACH	Y		01/01/2013	Fee Schedule	$74.99
26755	TREAT FINGER FRACTURE EACH	Y		01/01/2013	Fee Schedule	$74.99
26756	PIN FINGER FRACTURE EACH	Y		01/01/2013	Fee Schedule	$1,071.11
26765	TREAT FINGER FRACTURE EACH	Y		01/01/2013	Fee Schedule	$1,071.11
26770	TREAT FINGER DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
26775	TREAT FINGER DISLOCATION	Y		04/01/2013	Fee Schedule	$237.14
26776	PIN FINGER DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
26785	TREAT FINGER DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
26820	THUMB FUSION WITH GRAFT	Y		01/01/2013	Fee Schedule	$1,159.36
26841	FUSION OF THUMB	Y		01/01/2013	Fee Schedule	$1,159.36
26842	THUMB FUSION WITH GRAFT	Y		01/01/2013	Fee Schedule	$1,159.36
26843	FUSION OF HAND JOINT	Y		01/01/2013	Fee Schedule	$1,159.36
26844	FUSION/GRAFT OF HAND JOINT	Y		01/01/2013	Fee Schedule	$1,159.36
26850	FUSION OF KNUCKLE	Y		01/01/2013	Fee Schedule	$1,159.36
26852	FUSION OF KNUCKLE WITH GRAFT	Y		01/01/2013	Fee Schedule	$1,159.36
26860	FUSION OF FINGER JOINT	Y		01/01/2013	Fee Schedule	$1,159.36
26861	FUSION OF FINGER JNT ADD-ON	Y		01/01/2013	Fee Schedule	$1,159.36
26862	FUSION/GRAFT OF FINGER JOINT	Y		01/01/2013	Fee Schedule	$1,159.36
26863	FUSE/GRAFT ADDED JOINT	Y		01/01/2013	Fee Schedule	$1,159.36
26910	AMPUTATE METACARPAL BONE	Y		01/01/2013	Fee Schedule	$1,159.36

Montana Medicaid
ASC Covered Surgical and Ancillary Services for CY 2014
(Including Services for Which Payment is Packaged)
Revised July 2013

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
26951	AMPUTATION OF FINGER/THUMB	Y		01/01/2013	Fee Schedule	$665.18
26952	AMPUTATION OF FINGER/THUMB	Y		01/01/2013	Fee Schedule	$665.18
26990	DRAINAGE OF PELVIS LESION	Y		01/01/2013	Fee Schedule	$872.73
26991	DRAINAGE OF PELVIS BURSA	Y		01/01/2013	Fee Schedule	$872.73
27000	INCISION OF HIP TENDON	Y		01/01/2013	Fee Schedule	$872.73
27001	INCISION OF HIP TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
27003	INCISION OF HIP TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
27033	EXPLORATION OF HIP JOINT	Y		01/01/2013	Fee Schedule	$1,928.93
27035	DENERVATION OF HIP JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
27040	BIOPSY OF SOFT TISSUES	Y		01/01/2013	Fee Schedule	$327.48
27041	BIOPSY OF SOFT TISSUES	Y		01/01/2013	Fee Schedule	$327.48
27043	EXC HIP PELVIS LES SC 3 CM/>	Y		01/01/2013	Fee Schedule	$932.08
27045	EXC HIP/PELV TUM DEEP 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
27047	EXC HIP/PELVIS LES SC < 3 CM	Y		01/01/2013	Fee Schedule	$629.45
27048	EXC HIP/PELV TUM DEEP < 5 CM	Y		01/01/2013	Fee Schedule	$629.45
27049	RESECT HIP/PELV TUM < 5 CM	Y		01/01/2013	Fee Schedule	$629.45
27050	BIOPSY OF SACROILIAC JOINT	Y		01/01/2013	Fee Schedule	$872.73
27052	BIOPSY OF HIP JOINT	Y		01/01/2013	Fee Schedule	$872.73
27059	RESECT HIP/PELV TUM 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
27060	REMOVAL OF ISCHIAL BURSA	Y		01/01/2013	Fee Schedule	$872.73
27062	REMOVE FEMUR LESION/BURSA	Y		01/01/2013	Fee Schedule	$872.73
27065	REMOVE HIP BONE LES SUPER	Y		01/01/2013	Fee Schedule	$872.73
27066	REMOVE HIP BONE LES DEEP	Y		01/01/2013	Fee Schedule	$1,294.39
27067	REMOVE/GRAFT HIP BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
27080	REMOVAL OF TAIL BONE	Y		01/01/2013	Fee Schedule	$1,294.39
27086	REMOVE HIP FOREIGN BODY	Y		01/01/2013	Fee Schedule	$327.48
27087	REMOVE HIP FOREIGN BODY	Y		01/01/2013	Fee Schedule	$872.73
27093	INJECTION FOR HIP X-RAY			01/01/2009	No Separate Payment	$0.00
27095	INJECTION FOR HIP X-RAY			01/01/2009	No Separate Payment	$0.00
27097	REVISION OF HIP TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
27098	TRANSFER TENDON TO PELVIS	Y		01/01/2013	Fee Schedule	$1,294.39
27100	TRANSFER OF ABDOMINAL MUSCLE	Y		01/01/2013	Fee Schedule	$1,928.93
27105	TRANSFER OF SPINAL MUSCLE	Y		01/01/2013	Fee Schedule	$1,928.93
27110	TRANSFER OF ILIOPSOAS MUSCLE	Y		01/01/2013	Fee Schedule	$1,928.93
27111	TRANSFER OF ILIOPSOAS MUSCLE	Y		01/01/2013	Fee Schedule	$1,928.93
27193	TREAT PELVIC RING FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27194	TREAT PELVIC RING FRACTURE	Y		01/01/2013	Fee Schedule	$583.05
27200	TREAT TAIL BONE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27202	TREAT TAIL BONE FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
27220	TREAT HIP SOCKET FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27230	TREAT THIGH FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27238	TREAT THIGH FRACTURE	Y		01/01/2013	Fee Schedule	$223.81
27246	TREAT THIGH FRACTURE	Y		01/01/2013	Fee Schedule	$223.81
27250	TREAT HIP DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
27252	TREAT HIP DISLOCATION	Y		01/01/2013	Fee Schedule	$583.05
27256	TREAT HIP DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
27257	TREAT HIP DISLOCATION	Y		01/01/2013	Fee Schedule	$583.05
27265	TREAT HIP DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
27266	TREAT HIP DISLOCATION	Y		01/01/2013	Fee Schedule	$583.05
27267	CLTX THIGH FX	Y		01/01/2013	Fee Schedule	$74.99
27275	MANIPULATION OF HIP JOINT	Y		01/01/2013	Fee Schedule	$583.05
27301	DRAIN THIGH/KNEE LESION	Y		01/01/2013	Fee Schedule	$740.20
27305	INCISE THIGH TENDON & FASCIA	Y		01/01/2013	Fee Schedule	$872.73
27306	INCISION OF THIGH TENDON	Y		01/01/2013	Fee Schedule	$872.73
27307	INCISION OF THIGH TENDONS	Y		01/01/2013	Fee Schedule	$1,294.39
27310	EXPLORATION OF KNEE JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
27323	BIOPSY THIGH SOFT TISSUES	Y		01/01/2013	Fee Schedule	$327.48
27324	BIOPSY THIGH SOFT TISSUES	Y		01/01/2013	Fee Schedule	$932.08
27325	NEURECTOMY HAMSTRING	Y		01/01/2013	Fee Schedule	$754.56
27326	NEURECTOMY POPLITEAL	Y		01/01/2013	Fee Schedule	$754.56
27327	EXC THIGH/KNEE LES SC < 3 CM	Y		01/01/2013	Fee Schedule	$932.08
27328	EXC THIGH/KNEE TUM DEEP <5CM	Y		01/01/2013	Fee Schedule	$629.45
27329	RESECT THIGH/KNEE TUM < 5 CM	Y		01/01/2013	Fee Schedule	$629.45
27330	BIOPSY KNEE JOINT LINING	Y		01/01/2013	Fee Schedule	$1,294.39
27331	EXPLORE/TREAT KNEE JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
27332	REMOVAL OF KNEE CARTILAGE	Y		01/01/2013	Fee Schedule	$1,294.39
27333	REMOVAL OF KNEE CARTILAGE	Y		01/01/2013	Fee Schedule	$1,294.39
27334	REMOVE KNEE JOINT LINING	Y		01/01/2013	Fee Schedule	$1,294.39
27335	REMOVE KNEE JOINT LINING	Y		01/01/2013	Fee Schedule	$1,294.39
27337	EXC THIGH/KNEE LES SC 3 CM/>	Y		01/01/2013	Fee Schedule	$932.08
27339	EXC THIGH/KNEE TUM DEP 5CM/>	Y		01/01/2013	Fee Schedule	$932.08
27340	REMOVAL OF KNEECAP BURSA	Y		01/01/2013	Fee Schedule	$872.73
27345	REMOVAL OF KNEE CYST	Y		01/01/2013	Fee Schedule	$872.73
27347	REMOVE KNEE CYST	Y		01/01/2013	Fee Schedule	$872.73
27350	REMOVAL OF KNEECAP	Y		01/01/2013	Fee Schedule	$1,294.39
27355	REMOVE FEMUR LESION	Y		01/01/2013	Fee Schedule	$1,294.39
27356	REMOVE FEMUR LESION/GRAFT	Y		01/01/2013	Fee Schedule	$1,294.39
27357	REMOVE FEMUR LESION/GRAFT	Y		01/01/2013	Fee Schedule	$1,294.39
27358	REMOVE FEMUR LESION/FIXATION	Y		01/01/2013	Fee Schedule	$1,294.39
27360	PARTIAL REMOVAL LEG BONE(S)	Y		01/01/2013	Fee Schedule	$1,294.39
27364	RESECT THIGH/KNEE TUM 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
27370	INJECTION FOR KNEE X-RAY			01/01/2009	No Separate Payment	$0.00
27372	REMOVAL OF FOREIGN BODY	Y		01/01/2013	Fee Schedule	$932.08
27380	REPAIR OF KNEECAP TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
27381	REPAIR/GRAFT KNEECAP TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
27385	REPAIR OF THIGH MUSCLE	Y		01/01/2013	Fee Schedule	$1,294.39
27386	REPAIR/GRAFT OF THIGH MUSCLE	Y		01/01/2013	Fee Schedule	$1,294.39
27390	INCISION OF THIGH TENDON	Y		01/01/2013	Fee Schedule	$872.73
27391	INCISION OF THIGH TENDONS	Y		01/01/2013	Fee Schedule	$872.73
27392	INCISION OF THIGH TENDONS	Y		01/01/2013	Fee Schedule	$1,294.39
27393	LENGTHENING OF THIGH TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
27394	LENGTHENING OF THIGH TENDONS	Y		01/01/2013	Fee Schedule	$1,294.39
27395	LENGTHENING OF THIGH TENDONS	Y		01/01/2013	Fee Schedule	$1,928.93
27396	TRANSPLANT OF THIGH TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
27397	TRANSPLANTS OF THIGH TENDONS	Y		01/01/2013	Fee Schedule	$1,928.93
27400	REVISE THIGH MUSCLES/TENDONS	Y		01/01/2013	Fee Schedule	$1,928.93

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
27403	REPAIR OF KNEE CARTILAGE	Y		01/01/2013	Fee Schedule	$1,294.39
27405	REPAIR OF KNEE LIGAMENT	Y		01/01/2013	Fee Schedule	$1,928.93
27407	REPAIR OF KNEE LIGAMENT	Y		01/01/2013	Fee Schedule	$3,289.61
27409	REPAIR OF KNEE LIGAMENTS	Y		01/01/2013	Fee Schedule	$3,289.61
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Y		01/01/2013	Fee Schedule	$1,928.93
27418	REPAIR DEGENERATED KNEECAP	Y		01/01/2013	Fee Schedule	$1,928.93
27420	REVISION OF UNSTABLE KNEECAP	Y		01/01/2013	Fee Schedule	$1,928.93
27422	REVISION OF UNSTABLE KNEECAP	Y		01/01/2013	Fee Schedule	$1,928.93
27424	REVISION/REMOVAL OF KNEECAP	Y		01/01/2013	Fee Schedule	$1,928.93
27425	LAT RETINACULAR RELEASE OPEN	Y		01/01/2013	Fee Schedule	$1,294.39
27427	RECONSTRUCTION KNEE	Y		01/01/2013	Fee Schedule	$3,289.61
27428	RECONSTRUCTION KNEE	Y		01/01/2013	Fee Schedule	$3,289.61
27429	RECONSTRUCTION KNEE	Y		01/01/2013	Fee Schedule	$3,289.61
27430	REVISION OF THIGH MUSCLES	Y		01/01/2013	Fee Schedule	$1,928.93
27435	INCISION OF KNEE JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
27437	REVISE KNEECAP	Y		01/01/2013	Fee Schedule	$1,609.32
27438	REVISE KNEECAP WITH IMPLANT	Y		01/01/2013	Fee Schedule	$2,497.09
27440	REVISION OF KNEE JOINT	Y		01/01/2013	Fee Schedule	$1,609.32
27441	REVISION OF KNEE JOINT	Y		01/01/2013	Fee Schedule	$1,609.32
27442	REVISION OF KNEE JOINT	Y		01/01/2013	Fee Schedule	$1,609.32
27443	REVISION OF KNEE JOINT	Y		01/01/2013	Fee Schedule	$1,609.32
27446	REVISION OF KNEE JOINT	Y		01/01/2013	Fee Schedule	$7,888.90
27475	SURGERY TO STOP LEG GROWTH	Y		01/01/2013	Fee Schedule	$1,294.39
27479	SURGERY TO STOP LEG GROWTH	Y		01/01/2013	Fee Schedule	$1,294.39
27496	DECOMPRESSION OF THIGH/KNEE	Y		01/01/2013	Fee Schedule	$1,294.39
27497	DECOMPRESSION OF THIGH/KNEE	Y		01/01/2013	Fee Schedule	$872.73
27498	DECOMPRESSION OF THIGH/KNEE	Y		01/01/2013	Fee Schedule	$1,294.39
27499	DECOMPRESSION OF THIGH/KNEE	Y		01/01/2013	Fee Schedule	$1,294.39
27500	TREATMENT OF THIGH FRACTURE	Y		01/01/2013	Fee Schedule	$223.81
27501	TREATMENT OF THIGH FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27502	TREATMENT OF THIGH FRACTURE	Y		01/01/2013	Fee Schedule	$468.77
27503	TREATMENT OF THIGH FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27508	TREATMENT OF THIGH FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27509	TREATMENT OF THIGH FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
27510	TREATMENT OF THIGH FRACTURE	Y		01/01/2013	Fee Schedule	$223.81
27516	TREAT THIGH FX GROWTH PLATE	Y		01/01/2013	Fee Schedule	$74.99
27517	TREAT THIGH FX GROWTH PLATE	Y		01/01/2013	Fee Schedule	$74.99
27520	TREAT KNEECAP FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27530	TREAT KNEE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27532	TREAT KNEE FRACTURE	Y		01/01/2013	Fee Schedule	$468.77
27538	TREAT KNEE FRACTURE(S)	Y		01/01/2013	Fee Schedule	$74.99
27550	TREAT KNEE DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
27552	TREAT KNEE DISLOCATION	Y		01/01/2013	Fee Schedule	$583.05
27560	TREAT KNEECAP DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
27562	TREAT KNEECAP DISLOCATION	Y		01/01/2013	Fee Schedule	$583.05
27566	TREAT KNEECAP DISLOCATION	Y		01/01/2013	Fee Schedule	$2,112.06
27570	FIXATION OF KNEE JOINT	Y		01/01/2013	Fee Schedule	$583.05
27594	AMPUTATION FOLLOW-UP SURGERY	Y		01/01/2013	Fee Schedule	$872.73

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
27600	DECOMPRESSION OF LOWER LEG	Y		01/01/2013	Fee Schedule	$872.73
27601	DECOMPRESSION OF LOWER LEG	Y		01/01/2013	Fee Schedule	$872.73
27602	DECOMPRESSION OF LOWER LEG	Y		01/01/2013	Fee Schedule	$1,294.39
27603	DRAIN LOWER LEG LESION	Y		01/01/2013	Fee Schedule	$740.20
27604	DRAIN LOWER LEG BURSA	Y		01/01/2013	Fee Schedule	$1,294.39
27605	INCISION OF ACHILLES TENDON	Y		01/01/2013	Fee Schedule	$888.79
27606	INCISION OF ACHILLES TENDON	Y		01/01/2013	Fee Schedule	$872.73
27607	TREAT LOWER LEG BONE LESION	Y		01/01/2013	Fee Schedule	$872.73
27610	EXPLORE/TREAT ANKLE JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
27612	EXPLORATION OF ANKLE JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
27613	BIOPSY LOWER LEG SOFT TISSUE	Y		04/01/2013	Fee Schedule	$177.60
27614	BIOPSY LOWER LEG SOFT TISSUE	Y		01/01/2013	Fee Schedule	$932.08
27615	RESECT LEG/ANKLE TUM < 5 CM	Y		01/01/2013	Fee Schedule	$629.45
27616	RESECT LEG/ANKLE TUM 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
27618	EXC LEG/ANKLE TUM < 3 CM	Y		01/01/2013	Fee Schedule	$629.45
27619	EXC LEG/ANKLE TUM DEEP <5 CM	Y		01/01/2013	Fee Schedule	$629.45
27620	EXPLORE/TREAT ANKLE JOINT	Y		01/01/2013	Fee Schedule	$1,294.39
27625	REMOVE ANKLE JOINT LINING	Y		01/01/2013	Fee Schedule	$1,294.39
27626	REMOVE ANKLE JOINT LINING	Y		01/01/2013	Fee Schedule	$1,294.39
27630	REMOVAL OF TENDON LESION	Y		01/01/2013	Fee Schedule	$872.73
27632	EXC LEG/ANKLE LES SC 3 CM/>	Y		01/01/2013	Fee Schedule	$932.08
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
27635	REMOVE LOWER LEG BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
27637	REMOVE/GRAFT LEG BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
27638	REMOVE/GRAFT LEG BONE LESION	Y		01/01/2013	Fee Schedule	$1,294.39
27640	PARTIAL REMOVAL OF TIBIA	Y		01/01/2013	Fee Schedule	$1,294.39
27641	PARTIAL REMOVAL OF FIBULA	Y		01/01/2013	Fee Schedule	$1,294.39
27647	RESECT TALUS/CALCANEUS TUM	Y		01/01/2013	Fee Schedule	$1,294.39
27648	INJECTION FOR ANKLE X-RAY			01/01/2009	No Separate Payment	$0.00
27650	REPAIR ACHILLES TENDON	Y		01/01/2013	Fee Schedule	$1,928.93
27652	REPAIR/GRAFT ACHILLES TENDON	Y		01/01/2013	Fee Schedule	$3,289.61
27654	REPAIR OF ACHILLES TENDON	Y		01/01/2013	Fee Schedule	$1,928.93
27656	REPAIR LEG FASCIA DEFECT	Y		01/01/2013	Fee Schedule	$872.73
27658	REPAIR OF LEG TENDON EACH	Y		01/01/2013	Fee Schedule	$872.73
27659	REPAIR OF LEG TENDON EACH	Y		01/01/2013	Fee Schedule	$872.73
27664	REPAIR OF LEG TENDON EACH	Y		01/01/2013	Fee Schedule	$1,294.39
27665	REPAIR OF LEG TENDON EACH	Y		01/01/2013	Fee Schedule	$1,294.39
27675	REPAIR LOWER LEG TENDONS	Y		01/01/2013	Fee Schedule	$872.73
27676	REPAIR LOWER LEG TENDONS	Y		01/01/2013	Fee Schedule	$1,294.39
27680	RELEASE OF LOWER LEG TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
27681	RELEASE OF LOWER LEG TENDONS	Y		01/01/2013	Fee Schedule	$1,294.39
27685	REVISION OF LOWER LEG TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
27686	REVISE LOWER LEG TENDONS	Y		01/01/2013	Fee Schedule	$1,294.39
27687	REVISION OF CALF TENDON	Y		01/01/2013	Fee Schedule	$1,294.39
27690	REVISE LOWER LEG TENDON	Y		01/01/2013	Fee Schedule	$1,928.93
27691	REVISE LOWER LEG TENDON	Y		01/01/2013	Fee Schedule	$1,928.93
27692	REVISE ADDITIONAL LEG TENDON	Y		01/01/2013	Fee Schedule	$1,928.93
27695	REPAIR OF ANKLE LIGAMENT	Y		01/01/2013	Fee Schedule	$1,294.39

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27696	REPAIR OF ANKLE LIGAMENTS	Y		01/01/2013	Fee Schedule	$1,294.39
27698	REPAIR OF ANKLE LIGAMENT	Y		01/01/2013	Fee Schedule	$1,294.39
27700	REVISION OF ANKLE JOINT	Y		01/01/2013	Fee Schedule	$1,609.32
27704	REMOVAL OF ANKLE IMPLANT	Y		01/01/2013	Fee Schedule	$872.73
27705	INCISION OF TIBIA	Y		01/01/2013	Fee Schedule	$1,928.93
27707	INCISION OF FIBULA	Y		01/01/2013	Fee Schedule	$1,294.39
27709	INCISION OF TIBIA & FIBULA	Y		01/01/2013	Fee Schedule	$1,294.39
27720	REPAIR OF TIBIA	Y		01/01/2013	Fee Schedule	$2,112.06
27726	REPAIR FIBULA NONUNION	Y		01/01/2013	Fee Schedule	$2,112.06
27730	REPAIR OF TIBIA EPIPHYSIS	Y		01/01/2013	Fee Schedule	$1,294.39
27732	REPAIR OF FIBULA EPIPHYSIS	Y		01/01/2013	Fee Schedule	$1,294.39
27734	REPAIR LOWER LEG EPIPHYSES	Y		01/01/2013	Fee Schedule	$1,294.39
27740	REPAIR OF LEG EPIPHYSES	Y		01/01/2013	Fee Schedule	$1,294.39
27742	REPAIR OF LEG EPIPHYSES	Y		01/01/2013	Fee Schedule	$1,928.93
27745	REINFORCE TIBIA	Y		01/01/2013	Fee Schedule	$3,289.61
27750	TREATMENT OF TIBIA FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27752	TREATMENT OF TIBIA FRACTURE	Y		01/01/2013	Fee Schedule	$468.77
27756	TREATMENT OF TIBIA FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
27758	TREATMENT OF TIBIA FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
27759	TREATMENT OF TIBIA FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
27760	CLTX MEDIAL ANKLE FX	Y		01/01/2013	Fee Schedule	$74.99
27762	CLTX MED ANKLE FX W/MNPJ	Y		01/01/2013	Fee Schedule	$468.77
27766	OPTX MEDIAL ANKLE FX	Y		01/01/2013	Fee Schedule	$2,112.06
27767	CLTX POST ANKLE FX	Y		01/01/2013	Fee Schedule	$74.99
27768	CLTX POST ANKLE FX W/MNPJ	Y		01/01/2013	Fee Schedule	$74.99
27769	OPTX POST ANKLE FX	Y		01/01/2013	Fee Schedule	$2,112.06
27780	TREATMENT OF FIBULA FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27781	TREATMENT OF FIBULA FRACTURE	Y		01/01/2013	Fee Schedule	$468.77
27784	TREATMENT OF FIBULA FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
27786	TREATMENT OF ANKLE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27788	TREATMENT OF ANKLE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27792	TREATMENT OF ANKLE FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
27808	TREATMENT OF ANKLE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27810	TREATMENT OF ANKLE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27814	TREATMENT OF ANKLE FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
27816	TREATMENT OF ANKLE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27818	TREATMENT OF ANKLE FRACTURE	Y		01/01/2013	Fee Schedule	$223.81
27822	TREATMENT OF ANKLE FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
27823	TREATMENT OF ANKLE FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
27824	TREAT LOWER LEG FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
27825	TREAT LOWER LEG FRACTURE	Y		01/01/2013	Fee Schedule	$468.77
27826	TREAT LOWER LEG FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
27827	TREAT LOWER LEG FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
27828	TREAT LOWER LEG FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
27829	TREAT LOWER LEG JOINT	Y		01/01/2013	Fee Schedule	$2,112.06
27830	TREAT LOWER LEG DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
27831	TREAT LOWER LEG DISLOCATION	Y		01/01/2013	Fee Schedule	$468.77
27832	TREAT LOWER LEG DISLOCATION	Y		01/01/2013	Fee Schedule	$2,112.06

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27840	TREAT ANKLE DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
27842	TREAT ANKLE DISLOCATION	Y		01/01/2013	Fee Schedule	$583.05
27846	TREAT ANKLE DISLOCATION	Y		01/01/2013	Fee Schedule	$2,112.06
27848	TREAT ANKLE DISLOCATION	Y		01/01/2013	Fee Schedule	$2,112.06
27860	FIXATION OF ANKLE JOINT	Y		01/01/2013	Fee Schedule	$583.05
27870	FUSION OF ANKLE JOINT OPEN	Y		01/01/2013	Fee Schedule	$3,289.61
27871	FUSION OF TIBIOFIBULAR JOINT	Y		01/01/2013	Fee Schedule	$3,289.61
27884	AMPUTATION FOLLOW-UP SURGERY	Y		01/01/2013	Fee Schedule	$872.73
27889	AMPUTATION OF FOOT AT ANKLE	Y		01/01/2013	Fee Schedule	$1,294.39
27892	DECOMPRESSION OF LEG	Y		01/01/2013	Fee Schedule	$1,294.39
27893	DECOMPRESSION OF LEG	Y		01/01/2013	Fee Schedule	$1,294.39
27894	DECOMPRESSION OF LEG	Y		01/01/2013	Fee Schedule	$1,294.39
28001	DRAINAGE OF BURSA OF FOOT	Y		04/01/2013	Fee Schedule	$180.32
28002	TREATMENT OF FOOT INFECTION	Y		01/01/2013	Fee Schedule	$872.73
28003	TREATMENT OF FOOT INFECTION	Y		01/01/2013	Fee Schedule	$872.73
28005	TREAT FOOT BONE LESION	Y		01/01/2013	Fee Schedule	$888.79
28008	INCISION OF FOOT FASCIA	Y		01/01/2013	Fee Schedule	$888.79
28010	INCISION OF TOE TENDON	Y		04/01/2013	Fee Schedule	$127.25
28011	INCISION OF TOE TENDONS	Y		01/01/2013	Fee Schedule	$888.79
28020	EXPLORATION OF FOOT JOINT	Y		01/01/2013	Fee Schedule	$888.79
28022	EXPLORATION OF FOOT JOINT	Y		01/01/2013	Fee Schedule	$888.79
28024	EXPLORATION OF TOE JOINT	Y		01/01/2013	Fee Schedule	$888.79
28035	DECOMPRESSION OF TIBIA NERVE	Y		01/01/2013	Fee Schedule	$754.56
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	Y		01/01/2013	Fee Schedule	$932.08
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	Y		01/01/2013	Fee Schedule	$932.08
28043	EXC FOOT/TOE TUM SC < 1.5 CM	Y		01/01/2013	Fee Schedule	$629.45
28045	EXC FOOT/TOE TUM DEEP <1.5CM	Y		01/01/2013	Fee Schedule	$629.45
28046	RESECT FOOT/TOE TUMOR < 3 CM	Y		01/01/2013	Fee Schedule	$629.45
28047	RESECT FOOT/TOE TUMOR 3 CM/>	Y		01/01/2013	Fee Schedule	$932.08
28050	BIOPSY OF FOOT JOINT LINING	Y		01/01/2013	Fee Schedule	$888.79
28052	BIOPSY OF FOOT JOINT LINING	Y		01/01/2013	Fee Schedule	$888.79
28054	BIOPSY OF TOE JOINT LINING	Y		01/01/2013	Fee Schedule	$888.79
28055	NEURECTOMY FOOT	Y		01/01/2013	Fee Schedule	$754.56
28060	PARTIAL REMOVAL FOOT FASCIA	Y		01/01/2013	Fee Schedule	$888.79
28062	REMOVAL OF FOOT FASCIA	Y		01/01/2013	Fee Schedule	$888.79
28070	REMOVAL OF FOOT JOINT LINING	Y		01/01/2013	Fee Schedule	$888.79
28072	REMOVAL OF FOOT JOINT LINING	Y		01/01/2013	Fee Schedule	$888.79
28080	REMOVAL OF FOOT LESION	Y		01/01/2013	Fee Schedule	$888.79
28086	EXCISE FOOT TENDON SHEATH	Y		01/01/2013	Fee Schedule	$888.79
28088	EXCISE FOOT TENDON SHEATH	Y		01/01/2013	Fee Schedule	$888.79
28090	REMOVAL OF FOOT LESION	Y		01/01/2013	Fee Schedule	$888.79
28092	REMOVAL OF TOE LESIONS	Y		01/01/2013	Fee Schedule	$888.79
28100	REMOVAL OF ANKLE/HEEL LESION	Y		01/01/2013	Fee Schedule	$888.79
28102	REMOVE/GRAFT FOOT LESION	Y		01/01/2013	Fee Schedule	$2,428.46
28103	REMOVE/GRAFT FOOT LESION	Y		01/01/2013	Fee Schedule	$2,428.46
28104	REMOVAL OF FOOT LESION	Y		01/01/2013	Fee Schedule	$888.79
28106	REMOVE/GRAFT FOOT LESION	Y		01/01/2013	Fee Schedule	$2,428.46
28107	REMOVE/GRAFT FOOT LESION	Y		01/01/2013	Fee Schedule	$2,428.46

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28108	REMOVAL OF TOE LESIONS	Y		01/01/2013	Fee Schedule	$888.79
28110	PART REMOVAL OF METATARSAL	Y		01/01/2013	Fee Schedule	$888.79
28111	PART REMOVAL OF METATARSAL	Y		01/01/2013	Fee Schedule	$888.79
28112	PART REMOVAL OF METATARSAL	Y		01/01/2013	Fee Schedule	$888.79
28113	PART REMOVAL OF METATARSAL	Y		01/01/2013	Fee Schedule	$888.79
28114	REMOVAL OF METATARSAL HEADS	Y		01/01/2013	Fee Schedule	$888.79
28116	REVISION OF FOOT	Y		01/01/2013	Fee Schedule	$888.79
28118	REMOVAL OF HEEL BONE	Y		01/01/2013	Fee Schedule	$888.79
28119	REMOVAL OF HEEL SPUR	Y		01/01/2013	Fee Schedule	$888.79
28120	PART REMOVAL OF ANKLE/HEEL	Y		01/01/2013	Fee Schedule	$888.79
28122	PARTIAL REMOVAL OF FOOT BONE	Y		01/01/2013	Fee Schedule	$888.79
28124	PARTIAL REMOVAL OF TOE	Y		04/01/2013	Fee Schedule	$307.57
28126	PARTIAL REMOVAL OF TOE	Y		01/01/2013	Fee Schedule	$888.79
28130	REMOVAL OF ANKLE BONE	Y		01/01/2013	Fee Schedule	$888.79
28140	REMOVAL OF METATARSAL	Y		01/01/2013	Fee Schedule	$888.79
28150	REMOVAL OF TOE	Y		01/01/2013	Fee Schedule	$888.79
28153	PARTIAL REMOVAL OF TOE	Y		01/01/2013	Fee Schedule	$888.79
28160	PARTIAL REMOVAL OF TOE	Y		01/01/2013	Fee Schedule	$888.79
28171	RESECT TARSAL TUMOR	Y		01/01/2013	Fee Schedule	$888.79
28173	RESECT METATARSAL TUMOR	Y		01/01/2013	Fee Schedule	$888.79
28175	RESECT PHALANX OF TOE TUMOR	Y		01/01/2013	Fee Schedule	$888.79
28190	REMOVAL OF FOOT FOREIGN BODY	Y		04/01/2013	Fee Schedule	$192.57
28192	REMOVAL OF FOOT FOREIGN BODY	Y		01/01/2013	Fee Schedule	$629.45
28193	REMOVAL OF FOOT FOREIGN BODY	Y		01/01/2013	Fee Schedule	$327.48
28200	REPAIR OF FOOT TENDON	Y		01/01/2013	Fee Schedule	$888.79
28202	REPAIR/GRAFT OF FOOT TENDON	Y		01/01/2013	Fee Schedule	$888.79
28208	REPAIR OF FOOT TENDON	Y		01/01/2013	Fee Schedule	$888.79
28210	REPAIR/GRAFT OF FOOT TENDON	Y		01/01/2013	Fee Schedule	$2,428.46
28220	RELEASE OF FOOT TENDON	Y		04/01/2013	Fee Schedule	$290.22
28222	RELEASE OF FOOT TENDONS	Y		01/01/2013	Fee Schedule	$888.79
28225	RELEASE OF FOOT TENDON	Y		01/01/2013	Fee Schedule	$888.79
28226	RELEASE OF FOOT TENDONS	Y		01/01/2013	Fee Schedule	$888.79
28230	INCISION OF FOOT TENDON(S)	Y		04/01/2013	Fee Schedule	$284.43
28232	INCISION OF TOE TENDON	Y		04/01/2013	Fee Schedule	$274.91
28234	INCISION OF FOOT TENDON	Y		01/01/2013	Fee Schedule	$888.79
28238	REVISION OF FOOT TENDON	Y		01/01/2013	Fee Schedule	$2,428.46
28240	RELEASE OF BIG TOE	Y		01/01/2013	Fee Schedule	$888.79
28250	REVISION OF FOOT FASCIA	Y		01/01/2013	Fee Schedule	$888.79
28260	RELEASE OF MIDFOOT JOINT	Y		01/01/2013	Fee Schedule	$888.79
28261	REVISION OF FOOT TENDON	Y		01/01/2013	Fee Schedule	$888.79
28262	REVISION OF FOOT AND ANKLE	Y		01/01/2013	Fee Schedule	$888.79
28264	RELEASE OF MIDFOOT JOINT	Y		01/01/2013	Fee Schedule	$2,428.46
28270	RELEASE OF FOOT CONTRACTURE	Y		01/01/2013	Fee Schedule	$888.79
28272	RELEASE OF TOE JOINT EACH	Y		04/01/2013	Fee Schedule	$263.00
28280	FUSION OF TOES	Y		01/01/2013	Fee Schedule	$888.79
28285	REPAIR OF HAMMERTOE	Y		01/01/2013	Fee Schedule	$888.79
28286	REPAIR OF HAMMERTOE	Y		01/01/2013	Fee Schedule	$888.79
28288	PARTIAL REMOVAL OF FOOT BONE	Y		01/01/2013	Fee Schedule	$888.79

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28289	REPAIR HALLUX RIGIDUS	Y		01/01/2013	Fee Schedule	$888.79
28290	CORRECTION OF BUNION	Y		01/01/2013	Fee Schedule	$1,377.81
28292	CORRECTION OF BUNION	Y		01/01/2013	Fee Schedule	$1,377.81
28293	CORRECTION OF BUNION	Y		01/01/2013	Fee Schedule	$1,377.81
28294	CORRECTION OF BUNION	Y		01/01/2013	Fee Schedule	$1,377.81
28296	CORRECTION OF BUNION	Y		01/01/2013	Fee Schedule	$1,377.81
28297	CORRECTION OF BUNION	Y		01/01/2013	Fee Schedule	$1,377.81
28298	CORRECTION OF BUNION	Y		01/01/2013	Fee Schedule	$1,377.81
28299	CORRECTION OF BUNION	Y		01/01/2013	Fee Schedule	$1,377.81
28300	INCISION OF HEEL BONE	Y		01/01/2013	Fee Schedule	$2,428.46
28302	INCISION OF ANKLE BONE	Y		01/01/2013	Fee Schedule	$888.79
28304	INCISION OF MIDFOOT BONES	Y		01/01/2013	Fee Schedule	$2,428.46
28305	INCISE/GRAFT MIDFOOT BONES	Y		01/01/2013	Fee Schedule	$2,428.46
28306	INCISION OF METATARSAL	Y		01/01/2013	Fee Schedule	$888.79
28307	INCISION OF METATARSAL	Y		01/01/2013	Fee Schedule	$888.79
28308	INCISION OF METATARSAL	Y		01/01/2013	Fee Schedule	$888.79
28309	INCISION OF METATARSALS	Y		01/01/2013	Fee Schedule	$2,428.46
28310	REVISION OF BIG TOE	Y		01/01/2013	Fee Schedule	$888.79
28312	REVISION OF TOE	Y		01/01/2013	Fee Schedule	$888.79
28313	REPAIR DEFORMITY OF TOE	Y		01/01/2013	Fee Schedule	$888.79
28315	REMOVAL OF SESAMOID BONE	Y		01/01/2013	Fee Schedule	$888.79
28320	REPAIR OF FOOT BONES	Y		01/01/2013	Fee Schedule	$2,428.46
28322	REPAIR OF METATARSALS	Y		01/01/2013	Fee Schedule	$2,428.46
28340	RESECT ENLARGED TOE TISSUE	Y		01/01/2013	Fee Schedule	$888.79
28341	RESECT ENLARGED TOE	Y		01/01/2013	Fee Schedule	$888.79
28344	REPAIR EXTRA TOE(S)	Y		01/01/2013	Fee Schedule	$888.79
28345	REPAIR WEBBED TOE(S)	Y		01/01/2013	Fee Schedule	$888.79
28400	TREATMENT OF HEEL FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
28405	TREATMENT OF HEEL FRACTURE	Y		01/01/2013	Fee Schedule	$468.77
28406	TREATMENT OF HEEL FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
28415	TREAT HEEL FRACTURE	Y		01/01/2013	Fee Schedule	$2,828.26
28420	TREAT/GRAFT HEEL FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
28430	TREATMENT OF ANKLE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
28435	TREATMENT OF ANKLE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
28436	TREATMENT OF ANKLE FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
28445	TREAT ANKLE FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
28446	OSTEOCHONDRAL TALUS AUTOGRFT	Y		01/01/2013	Fee Schedule	$2,428.46
28450	TREAT MIDFOOT FRACTURE EACH	Y		01/01/2013	Fee Schedule	$74.99
28455	TREAT MIDFOOT FRACTURE EACH	Y		01/01/2013	Fee Schedule	$74.99
28456	TREAT MIDFOOT FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
28465	TREAT MIDFOOT FRACTURE EACH	Y		01/01/2013	Fee Schedule	$2,112.06
28470	TREAT METATARSAL FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
28475	TREAT METATARSAL FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
28476	TREAT METATARSAL FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
28485	TREAT METATARSAL FRACTURE	Y		01/01/2013	Fee Schedule	$2,112.06
28490	TREAT BIG TOE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
28495	TREAT BIG TOE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
28496	TREAT BIG TOE FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11

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28505	TREAT BIG TOE FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
28510	TREATMENT OF TOE FRACTURE	Y		04/01/2013	Fee Schedule	$74.99
28515	TREATMENT OF TOE FRACTURE	Y		01/01/2013	Fee Schedule	$74.99
28525	TREAT TOE FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
28530	TREAT SESAMOID BONE FRACTURE	Y		04/01/2013	Fee Schedule	$74.99
28531	TREAT SESAMOID BONE FRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
28540	TREAT FOOT DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
28545	TREAT FOOT DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
28546	TREAT FOOT DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
28555	REPAIR FOOT DISLOCATION	Y		01/01/2013	Fee Schedule	$2,112.06
28570	TREAT FOOT DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
28575	TREAT FOOT DISLOCATION	Y		01/01/2013	Fee Schedule	$468.77
28576	TREAT FOOT DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
28585	REPAIR FOOT DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
28600	TREAT FOOT DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
28605	TREAT FOOT DISLOCATION	Y		01/01/2013	Fee Schedule	$74.99
28606	TREAT FOOT DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
28615	REPAIR FOOT DISLOCATION	Y		01/01/2013	Fee Schedule	$2,112.06
28630	TREAT TOE DISLOCATION	Y		04/01/2013	Fee Schedule	$74.99
28635	TREAT TOE DISLOCATION	Y		01/01/2013	Fee Schedule	$583.05
28636	TREAT TOE DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
28645	REPAIR TOE DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
28660	TREAT TOE DISLOCATION	Y		04/01/2013	Fee Schedule	$70.09
28665	TREAT TOE DISLOCATION	Y		01/01/2013	Fee Schedule	$583.05
28666	TREAT TOE DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
28675	REPAIR OF TOE DISLOCATION	Y		01/01/2013	Fee Schedule	$1,071.11
28705	FUSION OF FOOT BONES	Y		01/01/2013	Fee Schedule	$2,428.46
28715	FUSION OF FOOT BONES	Y		01/01/2013	Fee Schedule	$3,289.61
28725	FUSION OF FOOT BONES	Y		01/01/2013	Fee Schedule	$2,428.46
28730	FUSION OF FOOT BONES	Y		01/01/2013	Fee Schedule	$2,428.46
28735	FUSION OF FOOT BONES	Y		01/01/2013	Fee Schedule	$2,428.46
28737	REVISION OF FOOT BONES	Y		01/01/2013	Fee Schedule	$2,428.46
28740	FUSION OF FOOT BONES	Y		01/01/2013	Fee Schedule	$2,428.46
28750	FUSION OF BIG TOE JOINT	Y		01/01/2013	Fee Schedule	$2,428.46
28755	FUSION OF BIG TOE JOINT	Y		01/01/2013	Fee Schedule	$888.79
28760	FUSION OF BIG TOE JOINT	Y		01/01/2013	Fee Schedule	$2,428.46
28810	AMPUTATION TOE & METATARSAL	Y		01/01/2013	Fee Schedule	$888.79
28820	AMPUTATION OF TOE	Y		01/01/2013	Fee Schedule	$888.79
28825	PARTIAL AMPUTATION OF TOE	Y		01/01/2013	Fee Schedule	$888.79
28890	HIGH ENERGY ESWT PLANTAR F	Y		04/01/2013	Fee Schedule	$207.54
29000	APPLICATION OF BODY CAST			01/01/2013	Fee Schedule	$53.05
29010	APPLICATION OF BODY CAST			01/01/2013	Fee Schedule	$106.13
29015	APPLICATION OF BODY CAST			01/01/2013	Fee Schedule	$106.13
29020	APPLICATION OF BODY CAST			01/01/2013	Fee Schedule	$53.05
29025	APPLICATION OF BODY CAST			01/01/2013	Fee Schedule	$53.05
29035	APPLICATION OF BODY CAST			01/01/2013	Fee Schedule	$106.13
29040	APPLICATION OF BODY CAST			01/01/2013	Fee Schedule	$53.05
29044	APPLICATION OF BODY CAST			01/01/2013	Fee Schedule	$106.13

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Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
29046	APPLICATION OF BODY CAST			01/01/2013	Fee Schedule	$106.13
29049	APPLICATION OF FIGURE EIGHT			04/01/2013	Fee Schedule	$53.05
29055	APPLICATION OF SHOULDER CAST			01/01/2013	Fee Schedule	$106.13
29058	APPLICATION OF SHOULDER CAST			01/01/2013	Fee Schedule	$53.05
29065	APPLICATION OF LONG ARM CAST			04/01/2013	Fee Schedule	$64.30
29075	APPLICATION OF FOREARM CAST			04/01/2013	Fee Schedule	$58.52
29085	APPLY HAND/WRIST CAST			04/01/2013	Fee Schedule	$53.05
29086	APPLY FINGER CAST			04/01/2013	Fee Schedule	$53.05
29105	APPLY LONG ARM SPLINT			04/01/2013	Fee Schedule	$53.05
29125	APPLY FOREARM SPLINT			04/01/2013	Fee Schedule	$47.63
29126	APPLY FOREARM SPLINT			04/01/2013	Fee Schedule	$53.05
29130	APPLICATION OF FINGER SPLINT			04/01/2013	Fee Schedule	$22.46
29131	APPLICATION OF FINGER SPLINT			04/01/2013	Fee Schedule	$30.27
29200	STRAPPING OF CHEST			04/01/2013	Fee Schedule	$30.27
29240	STRAPPING OF SHOULDER			04/01/2013	Fee Schedule	$30.27
29260	STRAPPING OF ELBOW OR WRIST			04/01/2013	Fee Schedule	$30.27
29280	STRAPPING OF HAND OR FINGER			04/01/2013	Fee Schedule	$30.27
29305	APPLICATION OF HIP CAST			01/01/2013	Fee Schedule	$106.13
29325	APPLICATION OF HIP CASTS			01/01/2013	Fee Schedule	$106.13
29345	APPLICATION OF LONG LEG CAST			04/01/2013	Fee Schedule	$83.70
29355	APPLICATION OF LONG LEG CAST			04/01/2013	Fee Schedule	$84.04
29358	APPLY LONG LEG CAST BRACE			04/01/2013	Fee Schedule	$106.13
29365	APPLICATION OF LONG LEG CAST			04/01/2013	Fee Schedule	$79.27
29405	APPLY SHORT LEG CAST			04/01/2013	Fee Schedule	$53.08
29425	APPLY SHORT LEG CAST			04/01/2013	Fee Schedule	$50.01
29435	APPLY SHORT LEG CAST			04/01/2013	Fee Schedule	$75.53
29440	ADDITION OF WALKER TO CAST			04/01/2013	Fee Schedule	$23.48
29445	APPLY RIGID LEG CAST			04/01/2013	Fee Schedule	$70.77
29450	APPLICATION OF LEG CAST			04/01/2013	Fee Schedule	$53.05
29505	APPLICATION LONG LEG SPLINT			04/01/2013	Fee Schedule	$53.05
29515	APPLICATION LOWER LEG SPLINT			04/01/2013	Fee Schedule	$45.93
29520	STRAPPING OF HIP			04/01/2013	Fee Schedule	$29.94
29530	STRAPPING OF KNEE			04/01/2013	Fee Schedule	$30.27
29540	STRAPPING OF ANKLE AND/OR FT			04/01/2013	Fee Schedule	$23.48
29550	STRAPPING OF TOES			04/01/2013	Fee Schedule	$23.48
29580	APPLICATION OF PASTE BOOT			04/01/2013	Fee Schedule	$33.00
29581	APPLY MULTLAY COMPRS LWR LEG			04/01/2013	Fee Schedule	$53.05
29582	APPLY MULTLAY COMPRS UPR LEG			01/01/2013	Fee Schedule	$30.27
29583	APPLY MULTLAY COMPRS UPR ARM			04/01/2013	Fee Schedule	$30.27
29584	APPL MULTLAY COMPRS ARM/HAND			01/01/2013	Fee Schedule	$30.27
29700	REMOVAL/REVISION OF CAST			04/01/2013	Fee Schedule	$45.25
29705	REMOVAL/REVISION OF CAST			04/01/2013	Fee Schedule	$38.11
29710	REMOVAL/REVISION OF CAST			04/01/2013	Fee Schedule	$71.79
29715	REMOVAL/REVISION OF CAST			04/01/2013	Fee Schedule	$46.27
29720	REPAIR OF BODY CAST			04/01/2013	Fee Schedule	$53.05
29730	WINDOWING OF CAST			04/01/2013	Fee Schedule	$37.43
29740	WEDGING OF CAST			04/01/2013	Fee Schedule	$51.37
29750	WEDGING OF CLUBFOOT CAST			04/01/2013	Fee Schedule	$53.05

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29800	JAW ARTHROSCOPY/SURGERY	Y	Y	01/01/2013	Fee Schedule	$1,184.89
29804	JAW ARTHROSCOPY/SURGERY	Y	Y	01/01/2013	Fee Schedule	$1,184.89
29805	SHOULDER ARTHROSCOPY DX	Y		01/01/2013	Fee Schedule	$1,184.89
29806	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$2,177.30
29807	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$2,177.30
29819	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$2,177.30
29820	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$2,177.30
29821	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$2,177.30
29822	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29823	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$2,177.30
29824	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29825	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$2,177.30
29826	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29827	ARTHROSCOP ROTATOR CUFF REPR	Y		01/01/2013	Fee Schedule	$2,177.30
29828	ARTHROSCOPY BICEPS TENODESIS	Y		01/01/2013	Fee Schedule	$2,177.30
29830	ELBOW ARTHROSCOPY	Y		01/01/2013	Fee Schedule	$1,184.89
29834	ELBOW ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29835	ELBOW ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29836	ELBOW ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29837	ELBOW ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29838	ELBOW ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29840	WRIST ARTHROSCOPY	Y		01/01/2013	Fee Schedule	$1,184.89
29843	WRIST ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29844	WRIST ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29845	WRIST ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29846	WRIST ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29847	WRIST ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$2,177.30
29848	WRIST ENDOSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29850	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29851	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$2,177.30
29855	TIBIAL ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$2,177.30
29856	TIBIAL ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$2,177.30
29860	HIP ARTHROSCOPY DX	Y		01/01/2013	Fee Schedule	$2,177.30
29861	HIP ARTHRO W/FB REMOVAL	Y		01/01/2013	Fee Schedule	$2,177.30
29862	HIP ARTHR0 W/DEBRIDEMENT	Y		01/01/2013	Fee Schedule	$2,177.30
29863	HIP ARTHR0 W/SYNOVECTOMY	Y		01/01/2013	Fee Schedule	$2,177.30
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Y		01/01/2013	Fee Schedule	$2,177.30
29870	KNEE ARTHROSCOPY DX	Y		01/01/2013	Fee Schedule	$1,184.89
29871	KNEE ARTHROSCOPY/DRAINAGE	Y		01/01/2013	Fee Schedule	$1,184.89
29873	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29874	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29875	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29876	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29877	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29879	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29880	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29881	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29882	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
29883	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29884	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29885	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$2,177.30
29886	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29887	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29888	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$3,289.61
29889	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$3,289.61
29891	ANKLE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$2,177.30
29892	ANKLE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$3,289.61
29893	SCOPE PLANTAR FASCIOTOMY	Y		01/01/2013	Fee Schedule	$888.79
29894	ANKLE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29895	ANKLE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29897	ANKLE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29898	ANKLE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$1,184.89
29899	ANKLE ARTHROSCOPY/SURGERY	Y		01/01/2013	Fee Schedule	$2,177.30
29900	MCP JOINT ARTHROSCOPY DX	Y		01/01/2013	Fee Schedule	$1,184.89
29901	MCP JOINT ARTHROSCOPY SURG	Y		01/01/2013	Fee Schedule	$1,184.89
29902	MCP JOINT ARTHROSCOPY SURG	Y		01/01/2013	Fee Schedule	$1,184.89
29904	SUBTALAR ARTHRO W/FB RMVL	Y		01/01/2013	Fee Schedule	$1,184.89
29905	SUBTALAR ARTHRO W/EXC	Y		01/01/2013	Fee Schedule	$1,184.89
29906	SUBTALAR ARTHRO W/DEB	Y		01/01/2013	Fee Schedule	$1,184.89
29907	SUBTALAR ARTHRO W/FUSION	Y		01/01/2013	Fee Schedule	$2,177.30
29914	HIP ARTHRO W/FEMOROPLASTY	Y		01/01/2013	Fee Schedule	$2,177.30
29915	HIP ARTHRO ACETABULOPLASTY	Y		01/01/2013	Fee Schedule	$2,177.30
29916	HIP ARTHRO W/LABRAL REPAIR	Y		01/01/2013	Fee Schedule	$2,177.30
30000	DRAINAGE OF NOSE LESION	Y		01/01/2013	Fee Schedule	$128.95
30020	DRAINAGE OF NOSE LESION	Y		01/01/2013	Fee Schedule	$128.95
30100	INTRANASAL BIOPSY	Y		04/01/2013	Fee Schedule	$113.64
30110	REMOVAL OF NOSE POLYP(S)	Y		04/01/2013	Fee Schedule	$177.60
30115	REMOVAL OF NOSE POLYP(S)	Y		01/01/2013	Fee Schedule	$1,009.91
30117	REMOVAL OF INTRANASAL LESION	Y		01/01/2013	Fee Schedule	$643.83
30118	REMOVAL OF INTRANASAL LESION	Y		01/01/2013	Fee Schedule	$1,009.91
30120	REVISION OF NOSE	Y		01/01/2013	Fee Schedule	$1,009.91
30124	REMOVAL OF NOSE LESION	Y		01/01/2013	Fee Schedule	$1,009.91
30125	REMOVAL OF NOSE LESION	Y		01/01/2013	Fee Schedule	$1,839.88
30130	EXCISE INFERIOR TURBINATE	Y		01/01/2013	Fee Schedule	$1,009.91
30140	RESECT INFERIOR TURBINATE	Y		01/01/2013	Fee Schedule	$1,009.91
30150	PARTIAL REMOVAL OF NOSE	Y		01/01/2013	Fee Schedule	$1,839.88
30160	REMOVAL OF NOSE	Y		01/01/2013	Fee Schedule	$1,839.88
30200	INJECTION TREATMENT OF NOSE	Y		04/01/2013	Fee Schedule	$90.50
30210	NASAL SINUS THERAPY	Y		04/01/2013	Fee Schedule	$114.32
30220	INSERT NASAL SEPTAL BUTTON	Y		01/01/2013	Fee Schedule	$643.83
30300	REMOVE NASAL FOREIGN BODY			01/01/2013	Fee Schedule	$27.85
30310	REMOVE NASAL FOREIGN BODY	Y		01/01/2013	Fee Schedule	$643.83
30320	REMOVE NASAL FOREIGN BODY	Y		01/01/2013	Fee Schedule	$1,009.91
30400	RECONSTRUCTION OF NOSE	Y	Y	01/01/2013	Fee Schedule	$1,009.91
30410	RECONSTRUCTION OF NOSE	Y	Y	01/01/2013	Fee Schedule	$1,839.88
30420	RECONSTRUCTION OF NOSE	Y	Y	01/01/2013	Fee Schedule	$1,839.88

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
30430	REVISION OF NOSE	Y	Y	01/01/2013	Fee Schedule	$1,009.91
30435	REVISION OF NOSE	Y	Y	01/01/2013	Fee Schedule	$1,839.88
30450	REVISION OF NOSE	Y	Y	01/01/2013	Fee Schedule	$1,839.88
30460	REVISION OF NOSE	Y	Y	01/01/2013	Fee Schedule	$1,839.88
30462	REVISION OF NOSE	Y	Y	01/01/2013	Fee Schedule	$1,839.88
30465	REPAIR NASAL STENOSIS	Y	Y	01/01/2013	Fee Schedule	$1,839.88
30520	REPAIR OF NASAL SEPTUM	Y		01/01/2013	Fee Schedule	$1,009.91
30540	REPAIR NASAL DEFECT	Y		01/01/2013	Fee Schedule	$1,839.88
30545	REPAIR NASAL DEFECT	Y		01/01/2013	Fee Schedule	$1,839.88
30560	RELEASE OF NASAL ADHESIONS	Y		01/01/2013	Fee Schedule	$128.95
30580	REPAIR UPPER JAW FISTULA	Y		01/01/2013	Fee Schedule	$1,839.88
30600	REPAIR MOUTH/NOSE FISTULA	Y		01/01/2013	Fee Schedule	$1,839.88
30620	INTRANASAL RECONSTRUCTION	Y		01/01/2013	Fee Schedule	$1,839.88
30630	REPAIR NASAL SEPTUM DEFECT	Y		01/01/2013	Fee Schedule	$1,009.91
30801	ABLATE INF TURBINATE SUPERF	Y		01/01/2013	Fee Schedule	$643.83
30802	ABLATE INF TURBINATE SUBMUC	Y		01/01/2013	Fee Schedule	$643.83
30901	CONTROL OF NOSEBLEED	Y		04/01/2013	Fee Schedule	$43.82
30903	CONTROL OF NOSEBLEED	Y		01/01/2013	Fee Schedule	$43.82
30905	CONTROL OF NOSEBLEED	Y		01/01/2013	Fee Schedule	$43.82
30906	REPEAT CONTROL OF NOSEBLEED	Y		01/01/2013	Fee Schedule	$43.82
30915	LIGATION NASAL SINUS ARTERY	Y		01/01/2013	Fee Schedule	$1,099.07
30920	LIGATION UPPER JAW ARTERY	Y		01/01/2013	Fee Schedule	$1,099.07
30930	THER FX NASAL INF TURBINATE	Y		01/01/2013	Fee Schedule	$1,009.91
31000	IRRIGATION MAXILLARY SINUS	Y		04/01/2013	Fee Schedule	$128.95
31002	IRRIGATION SPHENOID SINUS	Y		01/01/2013	Fee Schedule	$279.76
31020	EXPLORATION MAXILLARY SINUS	Y		01/01/2013	Fee Schedule	$1,009.91
31030	EXPLORATION MAXILLARY SINUS	Y		01/01/2013	Fee Schedule	$1,839.88
31032	EXPLORE SINUS REMOVE POLYPS	Y		01/01/2013	Fee Schedule	$1,839.88
31040	EXPLORATION BEHIND UPPER JAW	Y		01/01/2013	Fee Schedule	$1,009.91
31050	EXPLORATION SPHENOID SINUS	Y		01/01/2013	Fee Schedule	$1,839.88
31051	SPHENOID SINUS SURGERY	Y		01/01/2013	Fee Schedule	$1,839.88
31070	EXPLORATION OF FRONTAL SINUS	Y		01/01/2013	Fee Schedule	$1,839.88
31075	EXPLORATION OF FRONTAL SINUS	Y		01/01/2013	Fee Schedule	$1,839.88
31080	REMOVAL OF FRONTAL SINUS	Y		01/01/2013	Fee Schedule	$1,839.88
31081	REMOVAL OF FRONTAL SINUS	Y		01/01/2013	Fee Schedule	$1,839.88
31084	REMOVAL OF FRONTAL SINUS	Y		01/01/2013	Fee Schedule	$1,839.88
31085	REMOVAL OF FRONTAL SINUS	Y		01/01/2013	Fee Schedule	$1,839.88
31086	REMOVAL OF FRONTAL SINUS	Y		01/01/2013	Fee Schedule	$1,839.88
31087	REMOVAL OF FRONTAL SINUS	Y		01/01/2013	Fee Schedule	$1,839.88
31090	EXPLORATION OF SINUSES	Y		01/01/2013	Fee Schedule	$1,839.88
31200	REMOVAL OF ETHMOID SINUS	Y		01/01/2013	Fee Schedule	$1,009.91
31201	REMOVAL OF ETHMOID SINUS	Y		01/01/2013	Fee Schedule	$1,009.91
31205	REMOVAL OF ETHMOID SINUS	Y		01/01/2013	Fee Schedule	$1,009.91
31231	NASAL ENDOSCOPY DX	Y		01/01/2013	Fee Schedule	$80.18
31233	NASAL/SINUS ENDOSCOPY DX	Y		01/01/2013	Fee Schedule	$80.18
31235	NASAL/SINUS ENDOSCOPY DX	Y		01/01/2013	Fee Schedule	$758.67
31237	NASAL/SINUS ENDOSCOPY SURG	Y		01/01/2013	Fee Schedule	$758.67
31238	NASAL/SINUS ENDOSCOPY SURG	Y		01/01/2013	Fee Schedule	$758.67

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
31239	NASAL/SINUS ENDOSCOPY SURG	Y		01/01/2013	Fee Schedule	$1,137.31
31240	NASAL/SINUS ENDOSCOPY SURG	Y		01/01/2013	Fee Schedule	$1,137.31
31254	REVISION OF ETHMOID SINUS	Y		01/01/2013	Fee Schedule	$1,137.31
31255	REMOVAL OF ETHMOID SINUS	Y		01/01/2013	Fee Schedule	$1,137.31
31256	EXPLORATION MAXILLARY SINUS	Y		01/01/2013	Fee Schedule	$1,137.31
31267	ENDOSCOPY MAXILLARY SINUS	Y		01/01/2013	Fee Schedule	$1,137.31
31276	SINUS ENDOSCOPY SURGICAL	Y		01/01/2013	Fee Schedule	$1,137.31
31287	NASAL/SINUS ENDOSCOPY SURG	Y		01/01/2013	Fee Schedule	$1,137.31
31288	NASAL/SINUS ENDOSCOPY SURG	Y		01/01/2013	Fee Schedule	$1,137.31
31295	SINUS ENDO W/BALLOON DIL	Y		01/01/2013	Fee Schedule	$1,137.31
31296	SINUS ENDO W/BALLOON DIL	Y		01/01/2013	Fee Schedule	$1,137.31
31297	SINUS ENDO W/BALLOON DIL	Y		01/01/2013	Fee Schedule	$1,137.31
31300	REMOVAL OF LARYNX LESION	Y		01/01/2013	Fee Schedule	$1,009.91
31320	DIAGNOSTIC INCISION LARYNX	Y		01/01/2013	Fee Schedule	$1,839.88
31400	REVISION OF LARYNX	Y		01/01/2013	Fee Schedule	$1,839.88
31420	REMOVAL OF EPIGLOTTIS	Y		01/01/2013	Fee Schedule	$1,839.88
31500	INSERT EMERGENCY AIRWAY			01/01/2013	Fee Schedule	$90.24
31502	CHANGE OF WINDPIPE AIRWAY			01/01/2013	Fee Schedule	$56.64
31505	DIAGNOSTIC LARYNGOSCOPY	Y		01/01/2013	Fee Schedule	$43.37
31510	LARYNGOSCOPY WITH BIOPSY	Y		01/01/2013	Fee Schedule	$758.67
31511	REMOVE FOREIGN BODY LARYNX	Y		01/01/2013	Fee Schedule	$80.18
31512	REMOVAL OF LARYNX LESION	Y		01/01/2013	Fee Schedule	$758.67
31513	INJECTION INTO VOCAL CORD	Y		01/01/2013	Fee Schedule	$80.18
31515	LARYNGOSCOPY FOR ASPIRATION	Y		01/01/2013	Fee Schedule	$758.67
31520	DX LARYNGOSCOPY NEWBORN	Y		01/01/2013	Fee Schedule	$80.18
31525	DX LARYNGOSCOPY EXCL NB	Y		01/01/2013	Fee Schedule	$758.67
31526	DX LARYNGOSCOPY W/OPER SCOPE	Y		01/01/2013	Fee Schedule	$758.67
31527	LARYNGOSCOPY FOR TREATMENT	Y		01/01/2013	Fee Schedule	$1,137.31
31528	LARYNGOSCOPY AND DILATION	Y		01/01/2013	Fee Schedule	$1,137.31
31529	LARYNGOSCOPY AND DILATION	Y		01/01/2013	Fee Schedule	$1,137.31
31530	LARYNGOSCOPY W/FB REMOVAL	Y		01/01/2013	Fee Schedule	$758.67
31531	LARYNGOSCOPY W/FB & OP SCOPE	Y		01/01/2013	Fee Schedule	$758.67
31535	LARYNGOSCOPY W/BIOPSY	Y		01/01/2013	Fee Schedule	$758.67
31536	LARYNGOSCOPY W/BX & OP SCOPE	Y		01/01/2013	Fee Schedule	$758.67
31540	LARYNGOSCOPY W/EXC OF TUMOR	Y		01/01/2013	Fee Schedule	$758.67
31541	LARYNSCOP W/TUMR EXC + SCOPE	Y		01/01/2013	Fee Schedule	$1,137.31
31545	REMOVE VC LESION W/SCOPE	Y		01/01/2013	Fee Schedule	$1,137.31
31546	REMOVE VC LESION SCOPE/GRAFT	Y		01/01/2013	Fee Schedule	$1,137.31
31560	LARYNGOSCOP W/ARYTENOIDECTOM	Y		01/01/2013	Fee Schedule	$1,137.31
31561	LARYNSCOP REMVE CART + SCOP	Y		01/01/2013	Fee Schedule	$1,137.31
31570	LARYNGOSCOPE W/VC INJ	Y		01/01/2013	Fee Schedule	$758.67
31571	LARYNGOSCOP W/VC INJ + SCOPE	Y		01/01/2013	Fee Schedule	$1,137.31
31575	DIAGNOSTIC LARYNGOSCOPY	Y		04/01/2013	Fee Schedule	$76.55
31576	LARYNGOSCOPY WITH BIOPSY	Y		01/01/2013	Fee Schedule	$758.67
31577	REMOVE FOREIGN BODY LARYNX	Y		01/01/2013	Fee Schedule	$189.24
31578	REMOVAL OF LARYNX LESION	Y		01/01/2013	Fee Schedule	$758.67
31579	DIAGNOSTIC LARYNGOSCOPY	Y		04/01/2013	Fee Schedule	$130.99
31580	REVISION OF LARYNX	Y		01/01/2013	Fee Schedule	$1,839.88

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
31582	REVISION OF LARYNX	Y		01/01/2013	Fee Schedule	$1,839.88
31588	REVISION OF LARYNX	Y		01/01/2013	Fee Schedule	$1,839.88
31590	REINNERVATE LARYNX	Y		01/01/2013	Fee Schedule	$1,839.88
31595	LARYNX NERVE SURGERY	Y		01/01/2013	Fee Schedule	$1,839.88
31603	INCISION OF WINDPIPE	Y		01/01/2013	Fee Schedule	$279.76
31605	INCISION OF WINDPIPE	Y		01/01/2013	Fee Schedule	$279.76
31611	SURGERY/SPEECH PROSTHESIS	Y		01/01/2013	Fee Schedule	$1,009.91
31612	PUNCTURE/CLEAR WINDPIPE	Y		01/01/2013	Fee Schedule	$1,839.88
31613	REPAIR WINDPIPE OPENING	Y		01/01/2013	Fee Schedule	$1,009.91
31614	REPAIR WINDPIPE OPENING	Y		01/01/2013	Fee Schedule	$1,839.88
31615	VISUALIZATION OF WINDPIPE	Y		01/01/2013	Fee Schedule	$279.76
31620	ENDOBRONCHIAL US ADD-ON			01/01/2009	No Separate Payment	$0.00
31622	DX BRONCHOSCOPE/WASH	Y		01/01/2013	Fee Schedule	$428.64
31623	DX BRONCHOSCOPE/BRUSH	Y		01/01/2013	Fee Schedule	$428.64
31624	DX BRONCHOSCOPE/LAVAGE	Y		01/01/2013	Fee Schedule	$428.64
31625	BRONCHOSCOPY W/BIOPSY(S)	Y		01/01/2013	Fee Schedule	$428.64
31626	BRONCHOSCOPY W/MARKERS	Y		01/01/2013	Fee Schedule	$882.21
31627	NAVIGATIONAL BRONCHOSCOPY			01/01/2010	No Separate Payment	$0.00
31628	BRONCHOSCOPY/LUNG BX EACH	Y		01/01/2013	Fee Schedule	$428.64
31629	BRONCHOSCOPY/NEEDLE BX EACH	Y		01/01/2013	Fee Schedule	$882.21
31630	BRONCHOSCOPY DILATE/FX REPR	Y		01/01/2013	Fee Schedule	$882.21
31631	BRONCHOSCOPY DILATE W/STENT	Y		01/01/2013	Fee Schedule	$882.21
31632	BRONCHOSCOPY/LUNG BX ADDL	Y		01/01/2013	Fee Schedule	$428.64
31633	BRONCHOSCOPY/NEEDLE BX ADDL	Y		01/01/2013	Fee Schedule	$428.64
31634	BRONCH W/BALLOON OCCLUSION	Y		01/01/2013	Fee Schedule	$882.21
31635	BRONCHOSCOPY W/FB REMOVAL	Y		01/01/2013	Fee Schedule	$428.64
31636	BRONCHOSCOPY BRONCH STENTS	Y		01/01/2013	Fee Schedule	$882.21
31637	BRONCHOSCOPY STENT ADD-ON	Y		01/01/2013	Fee Schedule	$428.64
31638	BRONCHOSCOPY REVISE STENT	Y		01/01/2013	Fee Schedule	$882.21
31640	BRONCHOSCOPY W/TUMOR EXCISE	Y		01/01/2013	Fee Schedule	$882.21
31641	BRONCHOSCOPY TREAT BLOCKAGE	Y		01/01/2013	Fee Schedule	$882.21
31643	DIAG BRONCHOSCOPE/CATHETER	Y		01/01/2013	Fee Schedule	$428.64
31645	BRONCHOSCOPY CLEAR AIRWAYS	Y		01/01/2013	Fee Schedule	$428.64
31646	BRONCHOSCOPY RECLEAR AIRWAY	Y		01/01/2013	Fee Schedule	$428.64
31647	BRONCHIAL VALVE INIT INSERT	Y		01/01/2013	Fee Schedule	$882.21
31648	BRONCHIAL VALVE REMOV INIT	Y		01/01/2013	Fee Schedule	$882.21
31649	BRONCHIAL VALVE REMOV ADDL	Y		01/01/2013	Fee Schedule	$428.64
31651	BRONCHIAL VALVE ADDL INSERT	Y		01/01/2013	Fee Schedule	$882.21
31717	BRONCHIAL BRUSH BIOPSY	Y		01/01/2013	Fee Schedule	$189.24
31720	CLEARANCE OF AIRWAYS			01/01/2013	Fee Schedule	$19.69
31730	INTRO WINDPIPE WIRE/TUBE	Y		01/01/2013	Fee Schedule	$189.24
31750	REPAIR OF WINDPIPE	Y		01/01/2013	Fee Schedule	$1,839.88
31755	REPAIR OF WINDPIPE	Y		01/01/2013	Fee Schedule	$1,839.88
31820	CLOSURE OF WINDPIPE LESION	Y		01/01/2013	Fee Schedule	$1,009.91
31825	REPAIR OF WINDPIPE DEFECT	Y		01/01/2013	Fee Schedule	$1,009.91
31830	REVISE WINDPIPE SCAR	Y		01/01/2013	Fee Schedule	$1,009.91
32400	NEEDLE BIOPSY CHEST LINING	Y		01/01/2013	Fee Schedule	$400.40
32405	PERCUT BX LUNG/MEDIASTINUM	Y		01/01/2013	Fee Schedule	$400.40

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32550	INSERT PLEURAL CATH	Y		01/01/2013	Fee Schedule	$1,267.64
32552	REMOVE LUNG CATHETER	Y		04/01/2013	Fee Schedule	$231.40
32553	INS MARK THOR FOR RT PERQ			01/01/2013	Fee Schedule	$552.43
32554	ASPIRATE PLEURA W/O IMAGING	Y		01/01/2013	Fee Schedule	$231.40
32555	ASPIRATE PLEURA W/ IMAGING	Y		01/01/2013	Fee Schedule	$231.40
32556	INSERT CATH PLEURA W/O IMAGE	Y		01/01/2013	Fee Schedule	$231.40
32557	INSERT CATH PLEURA W/ IMAGE	Y		01/01/2013	Fee Schedule	$231.40
32960	THERAPEUTIC PNEUMOTHORAX	Y		01/01/2013	Fee Schedule	$231.40
32998	PERQ RF ABLATE TX PUL TUMOR	Y		01/01/2013	Fee Schedule	$2,270.67
33010	DRAINAGE OF HEART SAC	Y		01/01/2013	Fee Schedule	$231.40
33011	REPEAT DRAINAGE OF HEART SAC	Y		01/01/2013	Fee Schedule	$231.40
33206	INSERT HEART PM ATRIAL	Y		01/01/2013	Fee Schedule	$7,127.41
33207	INSERT HEART PM VENTRICULAR	Y		01/01/2013	Fee Schedule	$7,127.41
33208	INSRT HEART PM ATRIAL & VENT	Y		01/01/2013	Fee Schedule	$8,988.91
33210	INSERT ELECTRD/PM CATH SNGL	Y		01/01/2013	Fee Schedule	$2,113.24
33211	INSERT CARD ELECTRODES DUAL	Y		01/01/2013	Fee Schedule	$2,113.24
33212	INSERT PULSE GEN SNGL LEAD	Y		01/01/2013	Fee Schedule	$5,772.53
33213	INSERT PULSE GEN DUAL LEADS	Y		01/01/2013	Fee Schedule	$6,833.73
33214	UPGRADE OF PACEMAKER SYSTEM	Y		01/01/2013	Fee Schedule	$8,988.91
33215	REPOSITION PACING-DEFIB LEAD	Y		01/01/2013	Fee Schedule	$944.45
33216	INSERT 1 ELECTRODE PM-DEFIB	Y		01/01/2013	Fee Schedule	$2,113.24
33217	INSERT 2 ELECTRODE PM-DEFIB	Y		01/01/2013	Fee Schedule	$2,113.24
33218	REPAIR LEAD PACE-DEFIB ONE	Y		01/01/2013	Fee Schedule	$944.45
33220	REPAIR LEAD PACE-DEFIB DUAL	Y		01/01/2013	Fee Schedule	$944.45
33221	INSERT PULSE GEN MULT LEADS	Y		01/01/2013	Fee Schedule	$6,833.73
33222	REVISE POCKET PACEMAKER	Y		01/01/2013	Fee Schedule	$623.76
33223	REVISE POCKET FOR DEFIB	Y		01/01/2013	Fee Schedule	$623.76
33224	INSERT PACING LEAD & CONNECT	Y		01/01/2013	Fee Schedule	$8,988.91
33225	L VENTRIC PACING LEAD ADD-ON			01/01/2013	Fee Schedule	$8,988.91
33226	REPOSITION L VENTRIC LEAD	Y		01/01/2013	Fee Schedule	$944.45
33227	REMOVE&REPLACE PM GEN SINGL	Y		01/01/2013	Fee Schedule	$5,772.53
33228	REMV&REPLC PM GEN DUAL LEAD	Y		01/01/2013	Fee Schedule	$6,833.73
33229	REMV&REPLC PM GEN MULT LEADS	Y		01/01/2013	Fee Schedule	$6,833.73
33230	INSRT PULSE GEN W/DUAL LEADS	Y		01/01/2013	Fee Schedule	$20,941.14
33231	INSRT PULSE GEN W/MULT LEADS	Y		01/01/2013	Fee Schedule	$20,941.14
33233	REMOVAL OF PM GENERATOR	Y		01/01/2013	Fee Schedule	$944.45
33234	REMOVAL OF PACEMAKER SYSTEM	Y		01/01/2013	Fee Schedule	$944.45
33235	REMOVAL PACEMAKER ELECTRODE	Y		01/01/2013	Fee Schedule	$944.45
33240	INSRT PULSE GEN W/SINGL LEAD	Y		01/01/2013	Fee Schedule	$20,941.14
33241	REMOVE PULSE GENERATOR	Y		01/01/2013	Fee Schedule	$944.45
33249	NSERT PACE-DEFIB W/LEAD			01/01/2013	Fee Schedule	$28,513.56
33262	REMV&REPLC CVD GEN SING LEAD	Y		01/01/2013	Fee Schedule	$20,941.14
33263	REMV&REPLC CVD GEN DUAL LEAD	Y		01/01/2013	Fee Schedule	$20,941.14
33264	REMV&REPLC CVD GEN MULT LEAD	Y		01/01/2013	Fee Schedule	$20,941.14
33282	IMPLANT PAT-ACTIVE HT RECORD			01/01/2013	Fee Schedule	$5,221.31
33284	REMOVE PAT-ACTIVE HT RECORD	Y		01/01/2013	Fee Schedule	$327.48
33508	ENDOSCOPIC VEIN HARVEST			01/01/2009	No Separate Payment	$0.00
34490	REMOVAL OF VEIN CLOT	Y		01/01/2013	Fee Schedule	$1,739.63

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
35188	REPAIR BLOOD VESSEL LESION	Y		01/01/2013	Fee Schedule	$1,739.63
35207	REPAIR BLOOD VESSEL LESION	Y		01/01/2013	Fee Schedule	$1,739.63
35460	REPAIR VENOUS BLOCKAGE	Y		01/01/2013	Fee Schedule	$2,257.45
35475	REPAIR ARTERIAL BLOCKAGE	Y		04/01/2013	Fee Schedule	$1,410.93
35476	REPAIR VENOUS BLOCKAGE	Y		04/01/2013	Fee Schedule	$1,328.94
35572	HARVEST FEMOROPOPLITEAL VEIN			01/01/2009	No Separate Payment	$0.00
35761	EXPLORATION OF ARTERY/VEIN	Y		01/01/2013	Fee Schedule	$1,206.01
35875	REMOVAL OF CLOT IN GRAFT	Y		01/01/2013	Fee Schedule	$1,739.63
35876	REMOVAL OF CLOT IN GRAFT	Y		01/01/2013	Fee Schedule	$1,739.63
36000	PLACE NEEDLE IN VEIN			01/01/2009	No Separate Payment	$0.00
36002	PSEUDOANEURYSM INJECTION TRT			01/01/2013	Fee Schedule	$86.83
36005	INJECTION EXT VENOGRAPHY			01/01/2009	No Separate Payment	$0.00
36010	PLACE CATHETER IN VEIN			01/01/2009	No Separate Payment	$0.00
36011	PLACE CATHETER IN VEIN			01/01/2009	No Separate Payment	$0.00
36012	PLACE CATHETER IN VEIN			01/01/2009	No Separate Payment	$0.00
36013	PLACE CATHETER IN ARTERY			01/01/2009	No Separate Payment	$0.00
36014	PLACE CATHETER IN ARTERY			01/01/2009	No Separate Payment	$0.00
36015	PLACE CATHETER IN ARTERY			01/01/2009	No Separate Payment	$0.00
36100	ESTABLISH ACCESS TO ARTERY			01/01/2009	No Separate Payment	$0.00
36120	ESTABLISH ACCESS TO ARTERY			01/01/2009	No Separate Payment	$0.00
36140	ESTABLISH ACCESS TO ARTERY			01/01/2009	No Separate Payment	$0.00
36147	ACCESS AV DIAL GRFT FOR EVAL	Y		01/01/2013	Fee Schedule	$401.78
36148	ACCESS AV DIAL GRFT FOR PROC			01/01/2010	No Separate Payment	$0.00
36160	ESTABLISH ACCESS TO AORTA			01/01/2009	No Separate Payment	$0.00
36200	PLACE CATHETER IN AORTA			01/01/2009	No Separate Payment	$0.00
36215	PLACE CATHETER IN ARTERY			01/01/2009	No Separate Payment	$0.00
36216	PLACE CATHETER IN ARTERY			01/01/2009	No Separate Payment	$0.00
36217	PLACE CATHETER IN ARTERY			01/01/2009	No Separate Payment	$0.00
36218	PLACE CATHETER IN ARTERY			01/01/2009	No Separate Payment	$0.00
36221	PLACE CATH THORACIC AORTA			01/01/2013	No Separate Payment	$0.00
36222	PLACE CATH CAROTID/INOM ART			01/01/2013	No Separate Payment	$0.00
36223	PLACE CATH CAROTID/INOM ART			01/01/2013	No Separate Payment	$0.00
36224	PLACE CATH CAROTD ART			01/01/2013	No Separate Payment	$0.00
36225	PLACE CATH SUBCLAVIAN ART			01/01/2013	No Separate Payment	$0.00
36226	PLACE CATH VERTEBRAL ART			01/01/2013	No Separate Payment	$0.00
36227	PLACE CATH XTRNL CAROTID			01/01/2013	No Separate Payment	$0.00
36228	PLACE CATH INTRACRANIAL ART			01/01/2013	No Separate Payment	$0.00
36245	INS CATH ABD/L-EXT ART 1ST			01/01/2009	No Separate Payment	$0.00
36246	INS CATH ABD/L-EXT ART 2ND			01/01/2009	No Separate Payment	$0.00
36247	INS CATH ABD/L-EXT ART 3RD			01/01/2009	No Separate Payment	$0.00
36248	INS CATH ABD/L-EXT ART ADDL			01/01/2009	No Separate Payment	$0.00
36251	INS CATH REN ART 1ST UNILAT			01/01/2012	No Separate Payment	$0.00
36252	INS CATH REN ART 1ST BILAT			01/01/2012	No Separate Payment	$0.00
36253	INS CATH REN ART 2ND+ UNILAT			01/01/2012	No Separate Payment	$0.00
36254	INS CATH REN ART 2ND+ BILAT			01/01/2012	No Separate Payment	$0.00
36260	INSERTION OF INFUSION PUMP	Y		01/01/2013	Fee Schedule	$1,250.19
36261	REVISION OF INFUSION PUMP	Y		01/01/2013	Fee Schedule	$944.45
36262	REMOVAL OF INFUSION PUMP	Y		01/01/2013	Fee Schedule	$944.45

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36400	BL DRAW < 3 YRS FEM/JUGULAR			01/01/2009	No Separate Payment	$0.00
36405	BL DRAW < 3 YRS SCALP VEIN			01/01/2009	No Separate Payment	$0.00
36406	BL DRAW < 3 YRS OTHER VEIN			01/01/2009	No Separate Payment	$0.00
36410	NON-ROUTINE BL DRAW > 3 YRS			01/01/2009	No Separate Payment	$0.00
36416	CAPILLARY BLOOD DRAW			01/01/2009	No Separate Payment	$0.00
36420	VEIN ACCESS CUTDOWN < 1 YR			01/01/2013	Fee Schedule	$13.15
36425	VEIN ACCESS CUTDOWN > 1 YR			01/01/2013	Fee Schedule	$13.15
36430	BLOOD TRANSFUSION SERVICE			04/01/2013	Fee Schedule	$34.36
36440	BL PUSH TRANSFUSE 2 YR OR <			01/01/2013	Fee Schedule	$146.14
36450	BL EXCHANGE/TRANSFUSE NB			01/01/2013	Fee Schedule	$146.14
36455	BL EXCHANGE/TRANSFUSE NON-NB			01/01/2013	Fee Schedule	$146.14
36468	INJECTION(S) SPIDER VEINS			03/01/2011	Not Allowed	$0.00
36469	INJECTION(S) SPIDER VEINS			03/01/2011	Not Allowed	$0.00
36470	INJECTION THERAPY OF VEIN	Y		01/01/2013	Fee Schedule	$60.02
36471	INJECTION THERAPY OF VEINS	Y		01/01/2013	Fee Schedule	$60.02
36475	ENDOVENOUS RF 1ST VEIN	Y		01/01/2013	Fee Schedule	$1,697.22
36476	ENDOVENOUS RF VEIN ADD-ON	Y		01/01/2013	Fee Schedule	$1,099.07
36478	ENDOVENOUS LASER 1ST VEIN	Y		01/01/2013	Fee Schedule	$1,099.07
36479	ENDOVENOUS LASER VEIN ADDON	Y		01/01/2013	Fee Schedule	$1,099.07
36481	INSERTION OF CATHETER VEIN			01/01/2009	No Separate Payment	$0.00
36500	INSERTION OF CATHETER VEIN			01/01/2009	No Separate Payment	$0.00
36510	INSERTION OF CATHETER VEIN			01/01/2009	No Separate Payment	$0.00
36511	APHERESIS WBC			01/01/2013	Fee Schedule	$533.44
36512	APHERESIS RBC			01/01/2013	Fee Schedule	$533.44
36513	APHERESIS PLATELETS			01/01/2013	Fee Schedule	$533.44
36514	APHERESIS PLASMA			01/01/2013	Fee Schedule	$533.44
36515	APHERESIS ADSORP/REINFUSE			04/01/2013	Fee Schedule	$1,620.94
36516	APHERESIS SELECTIVE			04/01/2013	Fee Schedule	$1,620.94
36522	PHOTOPHERESIS			03/01/2011	Not Allowed	$0.00
36555	INSERT NON-TUNNEL CV CATH	Y		01/01/2013	Fee Schedule	$441.09
36556	INSERT NON-TUNNEL CV CATH	Y		01/01/2013	Fee Schedule	$441.09
36557	INSERT TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$984.28
36558	INSERT TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$984.28
36560	INSERT TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$1,250.19
36561	INSERT TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$1,250.19
36563	INSERT TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$1,250.19
36565	INSERT TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$1,250.19
36566	INSERT TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$1,250.19
36568	INSERT PICC CATH	Y		01/01/2013	Fee Schedule	$441.09
36569	INSERT PICC CATH	Y		01/01/2013	Fee Schedule	$441.09
36570	INSERT PICVAD CATH	Y		01/01/2013	Fee Schedule	$984.28
36571	INSERT PICVAD CATH	Y		01/01/2013	Fee Schedule	$984.28
36575	REPAIR TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$246.69
36576	REPAIR TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$441.09
36578	REPLACE TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$984.28
36580	REPLACE CVAD CATH	Y		01/01/2013	Fee Schedule	$441.09
36581	REPLACE TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$984.28
36582	REPLACE TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$1,250.19

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36583	REPLACE TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$1,250.19
36584	REPLACE PICC CATH	Y		01/01/2013	Fee Schedule	$441.09
36585	REPLACE PICVAD CATH	Y		01/01/2013	Fee Schedule	$984.28
36589	REMOVAL TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$246.69
36590	REMOVAL TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$441.09
36591	DRAW BLOOD OFF VENOUS DEVICE			01/01/2009	No Separate Payment	$0.00
36592	COLLECT BLOOD FROM PICC			01/01/2009	No Separate Payment	$0.00
36593	DECLOT VASCULAR DEVICE	Y		04/01/2013	Fee Schedule	$31.30
36595	MECH REMOV TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$984.28
36596	MECH REMOV TUNNELED CV CATH	Y		01/01/2013	Fee Schedule	$441.09
36597	REPOSITION VENOUS CATHETER	Y		01/01/2013	Fee Schedule	$441.09
36598	INJ W/FLUOR EVAL CV DEVICE	Y		04/01/2013	Fee Schedule	$85.06
36600	WITHDRAWAL OF ARTERIAL BLOOD			01/01/2009	No Separate Payment	$0.00
36620	INSERTION CATHETER ARTERY			01/01/2009	No Separate Payment	$0.00
36625	INSERTION CATHETER ARTERY			01/01/2009	No Separate Payment	$0.00
36640	INSERTION CATHETER ARTERY	Y		01/01/2013	Fee Schedule	$1,250.19
36680	INSERT NEEDLE BONE CAVITY	Y		01/01/2013	Fee Schedule	$68.80
36800	INSERTION OF CANNULA	Y		01/01/2013	Fee Schedule	$1,503.67
36810	INSERTION OF CANNULA	Y		01/01/2013	Fee Schedule	$1,503.67
36815	INSERTION OF CANNULA	Y		01/01/2013	Fee Schedule	$1,503.67
36818	AV FUSE UPPR ARM CEPHALIC	Y		01/01/2013	Fee Schedule	$1,739.63
36819	AV FUSE UPPR ARM BASILIC	Y		01/01/2013	Fee Schedule	$1,739.63
36820	AV FUSION/FOREARM VEIN	Y		01/01/2013	Fee Schedule	$1,739.63
36821	AV FUSION DIRECT ANY SITE	Y		01/01/2013	Fee Schedule	$1,739.63
36825	ARTERY-VEIN AUTOGRAFT	Y		01/01/2013	Fee Schedule	$1,739.63
36830	ARTERY-VEIN NONAUTOGRAFT	Y		01/01/2013	Fee Schedule	$1,739.63
36831	OPEN THROMBECT AV FISTULA	Y		01/01/2013	Fee Schedule	$1,739.63
36832	AV FISTULA REVISION OPEN	Y		01/01/2013	Fee Schedule	$1,739.63
36833	AV FISTULA REVISION	Y		01/01/2013	Fee Schedule	$1,739.63
36835	ARTERY TO VEIN SHUNT	Y		01/01/2013	Fee Schedule	$1,503.67
36860	EXTERNAL CANNULA DECLOTTING	Y		01/01/2013	Fee Schedule	$96.89
36861	CANNULA DECLOTTING	Y		01/01/2013	Fee Schedule	$1,503.67
36870	PERCUT THROMBECT AV FISTULA	Y		01/01/2013	Fee Schedule	$1,498.95
37184	PRIM ART MECH THROMBECTOMY	Y		01/01/2013	Fee Schedule	$1,739.63
37185	PRIM ART M-THROMBECT ADD-ON	Y		01/01/2013	Fee Schedule	$1,739.63
37186	SEC ART M-THROMBECT ADD-ON	Y		01/01/2013	Fee Schedule	$1,739.63
37187	VENOUS MECH THROMBECTOMY	Y		01/01/2013	Fee Schedule	$1,739.63
37188	VENOUS M-THROMBECTOMY ADD-ON	Y		01/01/2013	Fee Schedule	$1,739.63
37197	REMOVE INTRVAS FOREIGN BODY	Y		01/01/2013	Fee Schedule	$1,250.19
37200	TRANSCATHETER BIOPSY	Y		01/01/2013	Fee Schedule	$1,250.19
37202	TRANSCATHETER THERAPY INFUSE	Y		01/01/2013	Fee Schedule	$648.95
37204	TRANSCATHETER OCCLUSION	Y		01/01/2013	Fee Schedule	$4,304.52
37205	TRANSCATH IV STENT PERCUT			01/01/2012	Not Allowed	$0.00
37206	TRANSCATH IV STENT/PERC ADDL			01/01/2012	Not Allowed	$0.00
37207	TRANSCATH IV STENT OPEN	Y		01/01/2013	Fee Schedule	$4,857.59
37208	TRANSCATH IV STENT/OPEN ADDL	Y		01/01/2013	Fee Schedule	$4,857.59
37210	EMBOLIZATION UTERINE FIBROID	Y		01/01/2013	Fee Schedule	$4,857.59
37211	THROMBOLYTIC ART THERAPY	Y		01/01/2013	Fee Schedule	$441.09

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
37212	THROMBOLYTIC VENOUS THERAPY	Y		01/01/2013	Fee Schedule	$441.09
37220	ILIAC REVASC	Y		01/01/2013	Fee Schedule	$2,257.45
37221	ILIAC REVASC W/STENT	Y		01/01/2013	Fee Schedule	$4,857.59
37222	ILIAC REVASC ADD-ON	Y		01/01/2013	Fee Schedule	$2,257.45
37223	ILIAC REVASC W/STENT ADD-ON	Y		01/01/2013	Fee Schedule	$2,257.45
37224	FEM/POPL REVAS W/TLA	Y		01/01/2013	Fee Schedule	$2,257.45
37225	FEM/POPL REVAS W/ATHER	Y		01/01/2013	Fee Schedule	$4,857.59
37226	FEM/POPL REVASC W/STENT	Y		01/01/2013	Fee Schedule	$4,857.59
37227	FEM/POPL REVASC STNT & ATHER	Y		01/01/2013	Fee Schedule	$11,601.50
37228	TIB/PER REVASC W/TLA	Y		01/01/2013	Fee Schedule	$2,257.45
37229	TIB/PER REVASC W/ATHER	Y		01/01/2013	Fee Schedule	$4,857.59
37230	TIB/PER REVASC W/STENT	Y		01/01/2013	Fee Schedule	$4,857.59
37231	TIB/PER REVASC STENT & ATHER	Y		01/01/2013	Fee Schedule	$11,601.50
37232	TIB/PER REVASC ADD-ON	Y		01/01/2013	Fee Schedule	$2,257.45
37233	TIBPER REVASC W/ATHER ADD-ON	Y		01/01/2013	Fee Schedule	$4,857.59
37234	REVSC OPN/PRQ TIB/PERO STENT	Y		01/01/2013	Fee Schedule	$2,257.45
37235	TIB/PER REVASC STNT & ATHER	Y		01/01/2013	Fee Schedule	$2,257.45
37250	IV US FIRST VESSEL ADD-ON			01/01/2009	No Separate Payment	$0.00
37251	IV US EACH ADD VESSEL ADD-ON			01/01/2009	No Separate Payment	$0.00
37500	ENDOSCOPY LIGATE PERF VEINS	Y		01/01/2013	Fee Schedule	$1,697.22
37607	LIGATION OF A-V FISTULA	Y		01/01/2013	Fee Schedule	$1,099.07
37609	TEMPORAL ARTERY PROCEDURE	Y		01/01/2013	Fee Schedule	$629.45
37650	REVISION OF MAJOR VEIN	Y		01/01/2013	Fee Schedule	$1,099.07
37700	REVISE LEG VEIN	Y		01/01/2013	Fee Schedule	$1,099.07
37718	LIGATE/STRIP SHORT LEG VEIN	Y		01/01/2013	Fee Schedule	$1,099.07
37722	LIGATE/STRIP LONG LEG VEIN	Y		01/01/2013	Fee Schedule	$1,697.22
37735	REMOVAL OF LEG VEINS/LESION	Y		01/01/2013	Fee Schedule	$1,697.22
37760	LIGATE LEG VEINS RADICAL	Y		01/01/2013	Fee Schedule	$1,099.07
37761	LIGATE LEG VEINS OPEN	Y		01/01/2013	Fee Schedule	$1,099.07
37765	STAB PHLEB VEINS XTR 10-20	Y		04/01/2013	Fee Schedule	$372.21
37766	PHLEB VEINS - EXTREM 20+	Y		04/01/2013	Fee Schedule	$420.86
37780	REVISION OF LEG VEIN	Y		01/01/2013	Fee Schedule	$1,099.07
37785	LIGATE/DIVIDE/EXCISE VEIN	Y		01/01/2013	Fee Schedule	$1,099.07
37790	PENILE VENOUS OCCLUSION	Y		01/01/2013	Fee Schedule	$1,557.41
38200	INJECTION FOR SPLEEN X-RAY			01/01/2009	No Separate Payment	$0.00
38204	BL DONOR SEARCH MANAGEMENT			01/01/2009	No Separate Payment	$0.00
38205	HARVEST ALLOGENEIC STEM CELL		Y	01/01/2012	Not Allowed	$0.00
38206	HARVEST AUTO STEM CELLS		Y	01/01/2013	Fee Schedule	$533.44
38220	BONE MARROW ASPIRATION	Y		04/01/2013	Fee Schedule	$124.52
38221	BONE MARROW BIOPSY	Y		04/01/2013	Fee Schedule	$118.40
38230	BONE MARROW HARVEST ALLOGEN		Y	01/01/2013	Fee Schedule	$1,620.94
38232	BONE MARROW HARVEST AUTOLOG			01/01/2013	Fee Schedule	$1,620.94
38241	BN MARROW/STM TRANSPLT AUTO		Y	01/01/2013	Fee Schedule	$1,620.94
38242	LYMPHOCYTE INFUSE TRANSPLANT		Y	01/01/2013	Fee Schedule	$533.44
38243	TRANSPLJ HEMATOPOIETIC BOOST			01/01/2013	Fee Schedule	$533.44
38300	DRAINAGE LYMPH NODE LESION	Y		01/01/2013	Fee Schedule	$407.14
38305	DRAINAGE LYMPH NODE LESION	Y		01/01/2013	Fee Schedule	$740.20
38308	INCISION OF LYMPH CHANNELS	Y		01/01/2013	Fee Schedule	$1,021.26

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
38500	BIOPSY/REMOVAL LYMPH NODES	Y		01/01/2013	Fee Schedule	$1,021.26
38505	NEEDLE BIOPSY LYMPH NODES	Y		01/01/2013	Fee Schedule	$350.84
38510	BIOPSY/REMOVAL LYMPH NODES	Y		01/01/2013	Fee Schedule	$1,021.26
38520	BIOPSY/REMOVAL LYMPH NODES	Y		01/01/2013	Fee Schedule	$1,021.26
38525	BIOPSY/REMOVAL LYMPH NODES	Y		01/01/2013	Fee Schedule	$1,021.26
38530	BIOPSY/REMOVAL LYMPH NODES	Y		01/01/2013	Fee Schedule	$1,021.26
38542	EXPLORE DEEP NODE(S) NECK	Y		01/01/2013	Fee Schedule	$2,059.99
38550	REMOVAL NECK/ARMPIT LESION	Y		01/01/2013	Fee Schedule	$1,021.26
38555	REMOVAL NECK/ARMPIT LESION	Y		01/01/2013	Fee Schedule	$1,021.26
38570	LAPAROSCOPY LYMPH NODE BIOP	Y		01/01/2013	Fee Schedule	$1,956.74
38571	LAPAROSCOPY LYMPHADENECTOMY	Y		01/01/2013	Fee Schedule	$2,873.76
38572	LAPAROSCOPY LYMPHADENECTOMY	Y		01/01/2013	Fee Schedule	$1,956.74
38700	REMOVAL OF LYMPH NODES NECK	Y		01/01/2013	Fee Schedule	$1,021.26
38740	REMOVE ARMPIT LYMPH NODES	Y		01/01/2013	Fee Schedule	$2,059.99
38745	REMOVE ARMPIT LYMPH NODES	Y		01/01/2013	Fee Schedule	$2,059.99
38760	REMOVE GROIN LYMPH NODES	Y		01/01/2013	Fee Schedule	$1,021.26
38790	INJECT FOR LYMPHATIC X-RAY			01/01/2009	No Separate Payment	$0.00
38792	RA TRACER ID OF SENTINL NODE			01/01/2009	No Separate Payment	$0.00
38794	ACCESS THORACIC LYMPH DUCT			01/01/2009	No Separate Payment	$0.00
38900	IO MAP OF SENT LYMPH NODE			01/01/2011	No Separate Payment	$0.00
40490	BIOPSY OF LIP	Y		04/01/2013	Fee Schedule	$85.74
40500	PARTIAL EXCISION OF LIP	Y		01/01/2013	Fee Schedule	$643.83
40510	PARTIAL EXCISION OF LIP	Y		01/01/2013	Fee Schedule	$1,009.91
40520	PARTIAL EXCISION OF LIP	Y		01/01/2013	Fee Schedule	$643.83
40525	RECONSTRUCT LIP WITH FLAP	Y		01/01/2013	Fee Schedule	$1,009.91
40527	RECONSTRUCT LIP WITH FLAP	Y		01/01/2013	Fee Schedule	$1,839.88
40530	PARTIAL REMOVAL OF LIP	Y		01/01/2013	Fee Schedule	$1,009.91
40650	REPAIR LIP	Y		01/01/2013	Fee Schedule	$279.76
40652	REPAIR LIP	Y		01/01/2013	Fee Schedule	$279.76
40654	REPAIR LIP	Y		01/01/2013	Fee Schedule	$279.76
40700	REPAIR CLEFT LIP/NASAL	Y		01/01/2013	Fee Schedule	$1,839.88
40701	REPAIR CLEFT LIP/NASAL	Y		01/01/2013	Fee Schedule	$1,839.88
40702	REPAIR CLEFT LIP/NASAL	Y		01/01/2013	Fee Schedule	$1,839.88
40720	REPAIR CLEFT LIP/NASAL	Y		01/01/2013	Fee Schedule	$1,839.88
40761	REPAIR CLEFT LIP/NASAL	Y		01/01/2013	Fee Schedule	$1,839.88
40800	DRAINAGE OF MOUTH LESION	Y		01/01/2013	Fee Schedule	$70.40
40801	DRAINAGE OF MOUTH LESION	Y		01/01/2013	Fee Schedule	$279.76
40804	REMOVAL FOREIGN BODY MOUTH			01/01/2013	Fee Schedule	$27.85
40805	REMOVAL FOREIGN BODY MOUTH	Y		04/01/2013	Fee Schedule	$309.27
40806	INCISION OF LIP FOLD	Y		04/01/2013	Fee Schedule	$109.89
40808	BIOPSY OF MOUTH LESION	Y		04/01/2013	Fee Schedule	$128.95
40810	EXCISION OF MOUTH LESION	Y		04/01/2013	Fee Schedule	$167.05
40812	EXCISE/REPAIR MOUTH LESION	Y		04/01/2013	Fee Schedule	$210.94
40814	EXCISE/REPAIR MOUTH LESION	Y		01/01/2013	Fee Schedule	$1,009.91
40816	EXCISION OF MOUTH LESION	Y		01/01/2013	Fee Schedule	$1,009.91
40818	EXCISE ORAL MUCOSA FOR GRAFT	Y		01/01/2013	Fee Schedule	$128.95
40819	EXCISE LIP OR CHEEK FOLD	Y		01/01/2013	Fee Schedule	$643.83
40820	TREATMENT OF MOUTH LESION	Y		04/01/2013	Fee Schedule	$233.40

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40830	REPAIR MOUTH LACERATION	Y		01/01/2013	Fee Schedule	$128.95
40831	REPAIR MOUTH LACERATION	Y		01/01/2013	Fee Schedule	$279.76
40840	RECONSTRUCTION OF MOUTH	Y		01/01/2013	Fee Schedule	$1,009.91
40842	RECONSTRUCTION OF MOUTH	Y		01/01/2013	Fee Schedule	$1,839.88
40843	RECONSTRUCTION OF MOUTH	Y		01/01/2013	Fee Schedule	$1,009.91
40844	RECONSTRUCTION OF MOUTH	Y		01/01/2013	Fee Schedule	$1,839.88
40845	RECONSTRUCTION OF MOUTH	Y		01/01/2013	Fee Schedule	$1,839.88
41000	DRAINAGE OF MOUTH LESION	Y		04/01/2013	Fee Schedule	$118.06
41005	DRAINAGE OF MOUTH LESION	Y		01/01/2013	Fee Schedule	$128.95
41006	DRAINAGE OF MOUTH LESION	Y		01/01/2013	Fee Schedule	$1,009.91
41007	DRAINAGE OF MOUTH LESION	Y		01/01/2013	Fee Schedule	$1,009.91
41008	DRAINAGE OF MOUTH LESION	Y		01/01/2013	Fee Schedule	$643.83
41009	DRAINAGE OF MOUTH LESION	Y		01/01/2013	Fee Schedule	$128.95
41010	INCISION OF TONGUE FOLD	Y		01/01/2013	Fee Schedule	$279.76
41015	DRAINAGE OF MOUTH LESION	Y		01/01/2013	Fee Schedule	$128.95
41016	DRAINAGE OF MOUTH LESION	Y		01/01/2013	Fee Schedule	$1,009.91
41017	DRAINAGE OF MOUTH LESION	Y		01/01/2013	Fee Schedule	$643.83
41018	DRAINAGE OF MOUTH LESION	Y		01/01/2013	Fee Schedule	$279.76
41019	PLACE NEEDLES H&N FOR RT	Y		01/01/2013	Fee Schedule	$1,009.91
41100	BIOPSY OF TONGUE	Y		04/01/2013	Fee Schedule	$122.48
41105	BIOPSY OF TONGUE	Y		04/01/2013	Fee Schedule	$123.16
41108	BIOPSY OF FLOOR OF MOUTH	Y		04/01/2013	Fee Schedule	$114.66
41110	EXCISION OF TONGUE LESION	Y		04/01/2013	Fee Schedule	$166.03
41112	EXCISION OF TONGUE LESION	Y		01/01/2013	Fee Schedule	$643.83
41113	EXCISION OF TONGUE LESION	Y		01/01/2013	Fee Schedule	$643.83
41114	EXCISION OF TONGUE LESION	Y		01/01/2013	Fee Schedule	$1,009.91
41115	EXCISION OF TONGUE FOLD	Y		04/01/2013	Fee Schedule	$196.31
41116	EXCISION OF MOUTH LESION	Y		01/01/2013	Fee Schedule	$1,009.91
41120	PARTIAL REMOVAL OF TONGUE	Y		01/01/2013	Fee Schedule	$1,009.91
41250	REPAIR TONGUE LACERATION	Y		01/01/2013	Fee Schedule	$43.82
41251	REPAIR TONGUE LACERATION	Y		01/01/2013	Fee Schedule	$128.95
41252	REPAIR TONGUE LACERATION	Y		01/01/2013	Fee Schedule	$279.76
41500	FIXATION OF TONGUE	Y		01/01/2013	Fee Schedule	$643.83
41510	TONGUE TO LIP SURGERY	Y		01/01/2013	Fee Schedule	$643.83
41512	TONGUE SUSPENSION	Y		01/01/2013	Fee Schedule	$1,009.91
41520	RECONSTRUCTION TONGUE FOLD	Y		01/01/2013	Fee Schedule	$1,009.91
41530	TONGUE BASE VOL REDUCTION	Y		01/01/2013	Fee Schedule	$1,009.91
41800	DRAINAGE OF GUM LESION	Y		01/01/2013	Fee Schedule	$70.40
41805	REMOVAL FOREIGN BODY GUM	Y		04/01/2013	Fee Schedule	$209.92
41806	REMOVAL FOREIGN BODY JAWBONE	Y		04/01/2013	Fee Schedule	$262.66
41820	EXCISION GUM EACH QUADRANT	Y		01/01/2013	Fee Schedule	$1,009.91
41821	EXCISION OF GUM FLAP	Y		01/01/2013	Fee Schedule	$279.76
41822	EXCISION OF GUM LESION	Y		04/01/2013	Fee Schedule	$210.94
41823	EXCISION OF GUM LESION	Y		04/01/2013	Fee Schedule	$300.76
41825	EXCISION OF GUM LESION	Y		04/01/2013	Fee Schedule	$169.77
41826	EXCISION OF GUM LESION	Y		04/01/2013	Fee Schedule	$237.14
41827	EXCISION OF GUM LESION	Y		01/01/2013	Fee Schedule	$1,009.91
41828	EXCISION OF GUM LESION	Y		04/01/2013	Fee Schedule	$196.31

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41830	REMOVAL OF GUM TISSUE	Y		04/01/2013	Fee Schedule	$276.27
41850	TREATMENT OF GUM LESION	Y		01/01/2013	Fee Schedule	$1,009.91
41870	GUM GRAFT	Y		01/01/2013	Fee Schedule	$1,839.88
41872	REPAIR GUM	Y		04/01/2013	Fee Schedule	$277.63
41874	REPAIR TOOTH SOCKET	Y		04/01/2013	Fee Schedule	$266.74
41899	UNLISTED PROCEDURE, DENTOALVEOLAR	Y		04/01/2008	By Report	$0.00
42000	DRAINAGE MOUTH ROOF LESION	Y		01/01/2013	Fee Schedule	$128.95
42100	BIOPSY ROOF OF MOUTH	Y		04/01/2013	Fee Schedule	$105.47
42104	EXCISION LESION MOUTH ROOF	Y		04/01/2013	Fee Schedule	$163.31
42106	EXCISION LESION MOUTH ROOF	Y		04/01/2013	Fee Schedule	$204.48
42107	EXCISION LESION MOUTH ROOF	Y		01/01/2013	Fee Schedule	$1,839.88
42120	REMOVE PALATE/LESION	Y		01/01/2013	Fee Schedule	$1,009.91
42140	EXCISION OF UVULA	Y		01/01/2013	Fee Schedule	$643.83
42145	REPAIR PALATE PHARYNX/UVULA	Y		01/01/2013	Fee Schedule	$1,839.88
42160	TREATMENT MOUTH ROOF LESION	Y		04/01/2013	Fee Schedule	$174.54
42180	REPAIR PALATE	Y		01/01/2013	Fee Schedule	$128.95
42182	REPAIR PALATE	Y		01/01/2013	Fee Schedule	$1,009.91
42200	RECONSTRUCT CLEFT PALATE	Y		01/01/2013	Fee Schedule	$1,839.88
42205	RECONSTRUCT CLEFT PALATE	Y		01/01/2013	Fee Schedule	$1,839.88
42210	RECONSTRUCT CLEFT PALATE	Y		01/01/2013	Fee Schedule	$1,839.88
42215	RECONSTRUCT CLEFT PALATE	Y		01/01/2013	Fee Schedule	$1,839.88
42220	RECONSTRUCT CLEFT PALATE	Y		01/01/2013	Fee Schedule	$1,839.88
42225	RECONSTRUCT CLEFT PALATE	Y		01/01/2013	Fee Schedule	$1,009.91
42226	LENGTHENING OF PALATE	Y		01/01/2013	Fee Schedule	$1,839.88
42227	LENGTHENING OF PALATE	Y		01/01/2013	Fee Schedule	$1,839.88
42235	REPAIR PALATE	Y		01/01/2013	Fee Schedule	$1,009.91
42260	REPAIR NOSE TO LIP FISTULA	Y		01/01/2013	Fee Schedule	$1,009.91
42280	PREPARATION PALATE MOLD	Y		04/01/2013	Fee Schedule	$108.53
42281	INSERTION PALATE PROSTHESIS	Y		01/01/2013	Fee Schedule	$643.83
42300	DRAINAGE OF SALIVARY GLAND	Y		01/01/2013	Fee Schedule	$279.76
42305	DRAINAGE OF SALIVARY GLAND	Y		01/01/2013	Fee Schedule	$1,009.91
42310	DRAINAGE OF SALIVARY GLAND	Y		01/01/2013	Fee Schedule	$128.95
42320	DRAINAGE OF SALIVARY GLAND	Y		01/01/2013	Fee Schedule	$128.95
42330	REMOVAL OF SALIVARY STONE	Y		04/01/2013	Fee Schedule	$157.53
42335	REMOVAL OF SALIVARY STONE	Y		04/01/2013	Fee Schedule	$265.04
42340	REMOVAL OF SALIVARY STONE	Y		01/01/2013	Fee Schedule	$643.83
42400	BIOPSY OF SALIVARY GLAND	Y		04/01/2013	Fee Schedule	$82.68
42405	BIOPSY OF SALIVARY GLAND	Y		01/01/2013	Fee Schedule	$1,009.91
42408	EXCISION OF SALIVARY CYST	Y		01/01/2013	Fee Schedule	$1,009.91
42409	DRAINAGE OF SALIVARY CYST	Y		01/01/2013	Fee Schedule	$1,009.91
42410	EXCISE PAROTID GLAND/LESION	Y		01/01/2013	Fee Schedule	$1,839.88
42415	EXCISE PAROTID GLAND/LESION	Y		01/01/2013	Fee Schedule	$1,839.88
42420	EXCISE PAROTID GLAND/LESION	Y		01/01/2013	Fee Schedule	$1,839.88
42425	EXCISE PAROTID GLAND/LESION	Y		01/01/2013	Fee Schedule	$1,839.88
42440	EXCISE SUBMAXILLARY GLAND	Y		01/01/2013	Fee Schedule	$1,839.88
42450	EXCISE SUBLINGUAL GLAND	Y		01/01/2013	Fee Schedule	$1,839.88
42500	REPAIR SALIVARY DUCT	Y		01/01/2013	Fee Schedule	$1,009.91
42505	REPAIR SALIVARY DUCT	Y		01/01/2013	Fee Schedule	$1,839.88

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42507	PAROTID DUCT DIVERSION	Y		01/01/2013	Fee Schedule	$1,839.88
42508	PAROTID DUCT DIVERSION	Y		01/01/2013	Fee Schedule	$1,009.91
42509	PAROTID DUCT DIVERSION	Y		01/01/2013	Fee Schedule	$1,839.88
42510	PAROTID DUCT DIVERSION	Y		01/01/2013	Fee Schedule	$1,839.88
42550	INJECTION FOR SALIVARY X-RAY			01/01/2009	No Separate Payment	$0.00
42600	CLOSURE OF SALIVARY FISTULA	Y		01/01/2013	Fee Schedule	$643.83
42650	DILATION OF SALIVARY DUCT	Y		04/01/2013	Fee Schedule	$58.52
42660	DILATION OF SALIVARY DUCT	Y		04/01/2013	Fee Schedule	$84.72
42665	LIGATION OF SALIVARY DUCT	Y		01/01/2013	Fee Schedule	$1,839.88
42700	DRAINAGE OF TONSIL ABSCESS	Y		01/01/2013	Fee Schedule	$128.95
42720	DRAINAGE OF THROAT ABSCESS	Y		01/01/2013	Fee Schedule	$643.83
42725	DRAINAGE OF THROAT ABSCESS	Y		01/01/2013	Fee Schedule	$1,839.88
42800	BIOPSY OF THROAT	Y		04/01/2013	Fee Schedule	$112.62
42802	BIOPSY OF THROAT	Y		01/01/2013	Fee Schedule	$643.83
42804	BIOPSY OF UPPER NOSE/THROAT	Y		01/01/2013	Fee Schedule	$643.83
42806	BIOPSY OF UPPER NOSE/THROAT	Y		01/01/2013	Fee Schedule	$1,009.91
42808	EXCISE PHARYNX LESION	Y		01/01/2013	Fee Schedule	$1,009.91
42809	REMOVE PHARYNX FOREIGN BODY			01/01/2013	Fee Schedule	$27.85
42810	EXCISION OF NECK CYST	Y		01/01/2013	Fee Schedule	$1,009.91
42815	EXCISION OF NECK CYST	Y		01/01/2013	Fee Schedule	$1,839.88
42820	REMOVE TONSILS AND ADENOIDS	Y		01/01/2013	Fee Schedule	$1,009.91
42821	REMOVE TONSILS AND ADENOIDS	Y		01/01/2013	Fee Schedule	$1,009.91
42825	REMOVAL OF TONSILS	Y		01/01/2013	Fee Schedule	$1,839.88
42826	REMOVAL OF TONSILS	Y		01/01/2013	Fee Schedule	$1,009.91
42830	REMOVAL OF ADENOIDS	Y		01/01/2013	Fee Schedule	$1,839.88
42831	REMOVAL OF ADENOIDS	Y		01/01/2013	Fee Schedule	$1,009.91
42835	REMOVAL OF ADENOIDS	Y		01/01/2013	Fee Schedule	$1,009.91
42836	REMOVAL OF ADENOIDS	Y		01/01/2013	Fee Schedule	$1,009.91
42860	EXCISION OF TONSIL TAGS	Y		01/01/2013	Fee Schedule	$1,839.88
42870	EXCISION OF LINGUAL TONSIL	Y		01/01/2013	Fee Schedule	$1,009.91
42890	PARTIAL REMOVAL OF PHARYNX	Y		01/01/2013	Fee Schedule	$1,839.88
42892	REVISION OF PHARYNGEAL WALLS	Y		01/01/2013	Fee Schedule	$1,839.88
42900	REPAIR THROAT WOUND	Y		01/01/2013	Fee Schedule	$1,009.91
42950	RECONSTRUCTION OF THROAT	Y		01/01/2013	Fee Schedule	$1,839.88
42955	SURGICAL OPENING OF THROAT	Y		01/01/2013	Fee Schedule	$1,009.91
42960	CONTROL THROAT BLEEDING	Y		01/01/2013	Fee Schedule	$43.82
42962	CONTROL THROAT BLEEDING	Y		01/01/2013	Fee Schedule	$1,009.91
42970	CONTROL NOSE/THROAT BLEEDING	Y		01/01/2013	Fee Schedule	$43.82
42972	CONTROL NOSE/THROAT BLEEDING	Y		01/01/2013	Fee Schedule	$643.83
43030	THROAT MUSCLE SURGERY	Y		01/01/2013	Fee Schedule	$1,009.91
43130	REMOVAL OF ESOPHAGUS POUCH	Y		01/01/2013	Fee Schedule	$1,839.88
43200	ESOPHAGUS ENDOSCOPY	Y		01/01/2013	Fee Schedule	$349.83
43201	ESOPH SCOPE W/SUBMUCOUS INJ	Y		01/01/2013	Fee Schedule	$520.05
43202	ESOPHAGUS ENDOSCOPY BIOPSY	Y		01/01/2013	Fee Schedule	$349.83
43204	ESOPH SCOPE W/SCLEROSIS INJ	Y		01/01/2013	Fee Schedule	$349.83
43205	ESOPHAGUS ENDOSCOPY/LIGATION	Y		01/01/2013	Fee Schedule	$520.05
43206	ESOPH OPTICAL ENDOMICROSCOPY	Y		01/01/2013	Fee Schedule	$520.05
43215	ESOPHAGUS ENDOSCOPY	Y		01/01/2013	Fee Schedule	$520.05

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
43216	ESOPHAGUS ENDOSCOPY/LESION	Y		01/01/2013	Fee Schedule	$1,047.82
43217	ESOPHAGUS ENDOSCOPY	Y		01/01/2013	Fee Schedule	$520.05
43219	ESOPHAGUS ENDOSCOPY	Y		01/01/2013	Fee Schedule	$1,187.92
43220	ESOPH ENDOSCOPY DILATION	Y		01/01/2013	Fee Schedule	$520.05
43226	ESOPH ENDOSCOPY DILATION	Y		01/01/2013	Fee Schedule	$520.05
43227	ESOPH ENDOSCOPY REPAIR	Y		01/01/2013	Fee Schedule	$520.05
43228	ESOPH ENDOSCOPY ABLATION	Y		01/01/2013	Fee Schedule	$1,047.82
43231	ESOPH ENDOSCOPY W/US EXAM	Y		01/01/2013	Fee Schedule	$520.05
43232	ESOPH ENDOSCOPY W/US FN BX	Y		01/01/2013	Fee Schedule	$520.05
43235	UPPR GI ENDOSCOPY DIAGNOSIS	Y		01/01/2013	Fee Schedule	$349.83
43236	UPPR GI SCOPE W/SUBMUC INJ	Y		01/01/2013	Fee Schedule	$349.83
43237	ENDOSCOPIC US EXAM ESOPH	Y		01/01/2013	Fee Schedule	$520.05
43238	UPPR GI ENDOSCOPY W/US FN BX	Y		01/01/2013	Fee Schedule	$520.05
43239	UPPER GI ENDOSCOPY BIOPSY	Y		01/01/2013	Fee Schedule	$349.83
43240	ESOPH ENDOSCOPE W/DRAIN CYST	Y		01/01/2013	Fee Schedule	$520.05
43241	UPPER GI ENDOSCOPY WITH TUBE	Y		01/01/2013	Fee Schedule	$349.83
43242	UPPR GI ENDOSCOPY W/US FN BX	Y		01/01/2013	Fee Schedule	$520.05
43243	UPPER GI ENDOSCOPY & INJECT	Y		01/01/2013	Fee Schedule	$349.83
43244	UPPER GI ENDOSCOPY/LIGATION	Y		01/01/2013	Fee Schedule	$520.05
43245	UPPR GI SCOPE DILATE STRICTR	Y		01/01/2013	Fee Schedule	$520.05
43246	PLACE GASTROSTOMY TUBE	Y		01/01/2013	Fee Schedule	$520.05
43247	OPERATIVE UPPER GI ENDOSCOPY	Y		01/01/2013	Fee Schedule	$349.83
43248	UPPR GI ENDOSCOPY/GUIDE WIRE	Y		01/01/2013	Fee Schedule	$349.83
43249	ESOPH ENDOSCOPY DILATION	Y		01/01/2013	Fee Schedule	$520.05
43250	UPPER GI ENDOSCOPY/TUMOR	Y		01/01/2013	Fee Schedule	$520.05
43251	OPERATIVE UPPER GI ENDOSCOPY	Y		01/01/2013	Fee Schedule	$520.05
43252	UPPR GI OPTICL ENDOMICRSCOPY	Y		01/01/2013	Fee Schedule	$520.05
43255	OPERATIVE UPPER GI ENDOSCOPY	Y		01/01/2013	Fee Schedule	$520.05
43256	UPPR GI ENDOSCOPY W/STENT	Y		01/01/2013	Fee Schedule	$1,187.92
43257	UPPR GI SCOPE W/THRML TXMNT	Y		01/01/2013	Fee Schedule	$1,047.82
43258	OPERATIVE UPPER GI ENDOSCOPY	Y		01/01/2013	Fee Schedule	$520.05
43259	ENDOSCOPIC ULTRASOUND EXAM	Y		01/01/2013	Fee Schedule	$520.05
43260	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2013	Fee Schedule	$969.24
43261	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2013	Fee Schedule	$969.24
43262	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2013	Fee Schedule	$969.24
43263	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2013	Fee Schedule	$969.24
43264	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2013	Fee Schedule	$969.24
43265	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2013	Fee Schedule	$969.24
43267	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2013	Fee Schedule	$969.24
43268	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2013	Fee Schedule	$1,187.92
43269	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2013	Fee Schedule	$1,187.92
43271	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2013	Fee Schedule	$969.24
43272	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2013	Fee Schedule	$969.24
43273	ENDOSCOPIC PANCREATOSCOPY	Y		01/01/2013	Fee Schedule	$969.24
43450	DILATE ESOPHAGUS	Y		01/01/2013	Fee Schedule	$271.06
43453	DILATE ESOPHAGUS	Y		01/01/2013	Fee Schedule	$271.06
43456	DILATE ESOPHAGUS	Y		01/01/2013	Fee Schedule	$271.06
43458	DILATE ESOPHAGUS	Y		01/01/2013	Fee Schedule	$520.05

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
43653	LAPAROSCOPY GASTROSTOMY	Y		01/01/2013	Fee Schedule	$1,956.74
43752	NASAL/OROGASTRIC W/STENT			01/01/2013	Fee Schedule	$64.12
43753	TX GASTRO INTUB W/ASP			01/01/2013	Fee Schedule	$27.85
43754	DX GASTR INTUB W/ASP SPEC			01/01/2013	Fee Schedule	$27.85
43755	DX GASTR INTUB W/ASP SPECS			01/01/2013	Fee Schedule	$37.32
43756	DX DUOD INTUB W/ASP SPEC			01/01/2013	Fee Schedule	$64.12
43757	DX DUOD INTUB W/ASP SPECS			01/01/2013	Fee Schedule	$64.12
43760	CHANGE GASTROSTOMY TUBE	Y		01/01/2013	Fee Schedule	$96.89
43761	REPOSITION GASTROSTOMY TUBE	Y		01/01/2013	Fee Schedule	$349.83
43870	REPAIR STOMACH OPENING	Y		01/01/2013	Fee Schedule	$1,047.82
43886	REVISE GASTRIC PORT OPEN			03/01/2011	Not Allowed	$0.00
43887	REMOVE GASTRIC PORT OPEN			03/01/2011	Not Allowed	$0.00
43888	CHANGE GASTRIC PORT OPEN			03/01/2011	Not Allowed	$0.00
44100	BIOPSY OF BOWEL	Y		01/01/2013	Fee Schedule	$520.05
44312	REVISION OF ILEOSTOMY	Y		01/01/2013	Fee Schedule	$847.34
44340	REVISION OF COLOSTOMY	Y		01/01/2013	Fee Schedule	$847.34
44360	SMALL BOWEL ENDOSCOPY	Y		01/01/2013	Fee Schedule	$421.23
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	Y		01/01/2013	Fee Schedule	$421.23
44363	SMALL BOWEL ENDOSCOPY	Y		01/01/2013	Fee Schedule	$421.23
44364	SMALL BOWEL ENDOSCOPY	Y		01/01/2013	Fee Schedule	$621.79
44365	SMALL BOWEL ENDOSCOPY	Y		01/01/2013	Fee Schedule	$621.79
44366	SMALL BOWEL ENDOSCOPY	Y		01/01/2013	Fee Schedule	$621.79
44369	SMALL BOWEL ENDOSCOPY	Y		01/01/2013	Fee Schedule	$621.79
44370	SMALL BOWEL ENDOSCOPY/STENT	Y		01/01/2013	Fee Schedule	$1,187.92
44372	SMALL BOWEL ENDOSCOPY	Y		01/01/2013	Fee Schedule	$621.79
44373	SMALL BOWEL ENDOSCOPY	Y		01/01/2013	Fee Schedule	$621.79
44376	SMALL BOWEL ENDOSCOPY	Y		01/01/2013	Fee Schedule	$421.23
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	Y		01/01/2013	Fee Schedule	$421.23
44378	SMALL BOWEL ENDOSCOPY	Y		01/01/2013	Fee Schedule	$621.79
44379	S BOWEL ENDOSCOPE W/STENT	Y		01/01/2013	Fee Schedule	$1,187.92
44380	SMALL BOWEL ENDOSCOPY	Y		01/01/2013	Fee Schedule	$421.23
44382	SMALL BOWEL ENDOSCOPY	Y		01/01/2013	Fee Schedule	$421.23
44383	ILEOSCOPY W/STENT	Y		01/01/2013	Fee Schedule	$1,187.92
44385	ENDOSCOPY OF BOWEL POUCH	Y		01/01/2013	Fee Schedule	$387.92
44386	ENDOSCOPY BOWEL POUCH/BIOP	Y		01/01/2013	Fee Schedule	$387.92
44388	COLONOSCOPY	Y		01/01/2013	Fee Schedule	$387.92
44389	COLONOSCOPY WITH BIOPSY	Y		01/01/2013	Fee Schedule	$387.92
44390	COLONOSCOPY FOR FOREIGN BODY	Y		01/01/2013	Fee Schedule	$387.92
44391	COLONOSCOPY FOR BLEEDING	Y		01/01/2013	Fee Schedule	$387.92
44392	COLONOSCOPY & POLYPECTOMY	Y		01/01/2013	Fee Schedule	$387.92
44393	COLONOSCOPY LESION REMOVAL	Y		01/01/2013	Fee Schedule	$387.92
44394	COLONOSCOPY W/SNARE	Y		01/01/2013	Fee Schedule	$387.92
44397	COLONOSCOPY W/STENT	Y		01/01/2013	Fee Schedule	$1,187.92
44500	INTRO GASTROINTESTINAL TUBE	Y		01/01/2013	Fee Schedule	$246.69
44701	INTRAOP COLON LAVAGE ADD-ON			01/01/2009	No Separate Payment	$0.00
45000	DRAINAGE OF PELVIC ABSCESS	Y		01/01/2013	Fee Schedule	$1,026.54
45005	DRAINAGE OF RECTAL ABSCESS	Y		01/01/2013	Fee Schedule	$717.60
45020	DRAINAGE OF RECTAL ABSCESS	Y		01/01/2013	Fee Schedule	$717.60

Montana Medicaid
ASC Covered Surgical and Ancillary Services for CY 2014
(Including Services for Which Payment is Packaged)
Revised July 2013

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
45100	BIOPSY OF RECTUM	Y		01/01/2013	Fee Schedule	$717.60
45108	REMOVAL OF ANORECTAL LESION	Y		01/01/2013	Fee Schedule	$1,026.54
45150	EXCISION OF RECTAL STRICTURE	Y		01/01/2013	Fee Schedule	$1,026.54
45160	EXCISION OF RECTAL LESION	Y		01/01/2013	Fee Schedule	$1,026.54
45171	EXC RECT TUM TRANSANAL PART	Y		01/01/2013	Fee Schedule	$1,026.54
45172	EXC RECT TUM TRANSANAL FULL	Y		01/01/2013	Fee Schedule	$1,327.61
45190	DESTRUCTION RECTAL TUMOR	Y		01/01/2013	Fee Schedule	$1,026.54
45300	PROCTOSIGMOIDOSCOPY DX	Y		04/01/2013	Fee Schedule	$98.33
45303	PROCTOSIGMOIDOSCOPY DILATE	Y		01/01/2013	Fee Schedule	$401.52
45305	PROCTOSIGMOIDOSCOPY W/BX	Y		01/01/2013	Fee Schedule	$401.52
45307	PROCTOSIGMOIDOSCOPY FB	Y		01/01/2013	Fee Schedule	$859.19
45308	PROCTOSIGMOIDOSCOPY REMOVAL	Y		01/01/2013	Fee Schedule	$401.52
45309	PROCTOSIGMOIDOSCOPY REMOVAL	Y		01/01/2013	Fee Schedule	$401.52
45315	PROCTOSIGMOIDOSCOPY REMOVAL	Y		01/01/2013	Fee Schedule	$401.52
45317	PROCTOSIGMOIDOSCOPY BLEED	Y		01/01/2013	Fee Schedule	$401.52
45320	PROCTOSIGMOIDOSCOPY ABLATE	Y		01/01/2013	Fee Schedule	$859.19
45321	PROCTOSIGMOIDOSCOPY VOLVUL	Y		01/01/2013	Fee Schedule	$859.19
45327	PROCTOSIGMOIDOSCOPY W/STENT	Y		01/01/2013	Fee Schedule	$1,187.92
45330	DIAGNOSTIC SIGMOIDOSCOPY	Y		04/01/2013	Fee Schedule	$107.85
45331	SIGMOIDOSCOPY AND BIOPSY	Y		01/01/2013	Fee Schedule	$235.85
45332	SIGMOIDOSCOPY W/FB REMOVAL	Y		01/01/2013	Fee Schedule	$235.85
45333	SIGMOIDOSCOPY & POLYPECTOMY	Y		01/01/2013	Fee Schedule	$235.85
45334	SIGMOIDOSCOPY FOR BLEEDING	Y		01/01/2013	Fee Schedule	$401.52
45335	SIGMOIDOSCOPY W/SUBMUC INJ	Y		01/01/2013	Fee Schedule	$235.85
45337	SIGMOIDOSCOPY & DECOMPRESS	Y		01/01/2013	Fee Schedule	$401.52
45338	SIGMOIDOSCOPY W/TUMR REMOVE	Y		01/01/2013	Fee Schedule	$401.52
45339	SIGMOIDOSCOPY W/ABLATE TUMR	Y		01/01/2013	Fee Schedule	$401.52
45340	SIG W/BALLOON DILATION	Y		01/01/2013	Fee Schedule	$401.52
45341	SIGMOIDOSCOPY W/ULTRASOUND	Y		01/01/2013	Fee Schedule	$401.52
45342	SIGMOIDOSCOPY W/US GUIDE BX	Y		01/01/2013	Fee Schedule	$401.52
45345	SIGMOIDOSCOPY W/STENT	Y		01/01/2013	Fee Schedule	$1,187.92
45355	SURGICAL COLONOSCOPY	Y		01/01/2013	Fee Schedule	$387.92
45378	DIAGNOSTIC COLONOSCOPY	Y		01/01/2013	Fee Schedule	$387.92
45379	COLONOSCOPY W/FB REMOVAL	Y		01/01/2013	Fee Schedule	$387.92
45380	COLONOSCOPY AND BIOPSY	Y		01/01/2013	Fee Schedule	$387.92
45381	COLONOSCOPY SUBMUCOUS INJ	Y		01/01/2013	Fee Schedule	$387.92
45382	COLONOSCOPY/CONTROL BLEEDING	Y		01/01/2013	Fee Schedule	$387.92
45383	LESION REMOVAL COLONOSCOPY	Y		01/01/2013	Fee Schedule	$387.92
45384	LESION REMOVE COLONOSCOPY	Y		01/01/2013	Fee Schedule	$387.92
45385	LESION REMOVAL COLONOSCOPY	Y		01/01/2013	Fee Schedule	$387.92
45386	COLONOSCOPY DILATE STRICTURE	Y		01/01/2013	Fee Schedule	$387.92
45387	COLONOSCOPY W/STENT	Y		01/01/2013	Fee Schedule	$1,187.92
45391	COLONOSCOPY W/ENDOSCOPE US	Y		01/01/2013	Fee Schedule	$387.92
45392	COLONOSCOPY W/ENDOSCOPIC FNB	Y		01/01/2013	Fee Schedule	$387.92
45500	REPAIR OF RECTUM	Y		01/01/2013	Fee Schedule	$1,026.54
45505	REPAIR OF RECTUM	Y		01/01/2013	Fee Schedule	$1,327.61
45520	TREATMENT OF RECTAL PROLAPSE	Y		01/01/2013	Fee Schedule	$60.02
45541	CORRECT RECTAL PROLAPSE	Y		01/01/2013	Fee Schedule	$1,327.61

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
45560	REPAIR OF RECTOCELE	Y		01/01/2013	Fee Schedule	$1,327.61
45900	REDUCTION OF RECTAL PROLAPSE	Y		01/01/2013	Fee Schedule	$246.53
45905	DILATION OF ANAL SPHINCTER	Y		01/01/2013	Fee Schedule	$717.60
45910	DILATION OF RECTAL NARROWING	Y		01/01/2013	Fee Schedule	$717.60
45915	REMOVE RECTAL OBSTRUCTION	Y		01/01/2013	Fee Schedule	$717.60
45990	SURG DX EXAM ANORECTAL	Y		01/01/2013	Fee Schedule	$717.60
46020	PLACEMENT OF SETON	Y		01/01/2013	Fee Schedule	$1,026.54
46030	REMOVAL OF RECTAL MARKER	Y		01/01/2013	Fee Schedule	$246.53
46040	INCISION OF RECTAL ABSCESS	Y		01/01/2013	Fee Schedule	$717.60
46045	INCISION OF RECTAL ABSCESS	Y		01/01/2013	Fee Schedule	$1,026.54
46050	INCISION OF ANAL ABSCESS	Y		01/01/2013	Fee Schedule	$246.53
46060	INCISION OF RECTAL ABSCESS	Y		01/01/2013	Fee Schedule	$717.60
46070	INCISION OF ANAL SEPTUM	Y		01/01/2013	Fee Schedule	$717.60
46080	INCISION OF ANAL SPHINCTER	Y		01/01/2013	Fee Schedule	$717.60
46083	INCISE EXTERNAL HEMORRHOID	Y		01/01/2013	Fee Schedule	$85.71
46200	REMOVAL OF ANAL FISSURE	Y		01/01/2013	Fee Schedule	$1,026.54
46220	EXCISE ANAL EXT TAG/PAPILLA	Y		01/01/2013	Fee Schedule	$717.60
46221	LIGATION OF HEMORRHOID(S)	Y		04/01/2013	Fee Schedule	$186.79
46230	REMOVAL OF ANAL TAGS	Y		01/01/2013	Fee Schedule	$717.60
46250	REMOVE EXT HEM GROUPS 2+	Y		01/01/2013	Fee Schedule	$1,026.54
46255	REMOVE INT/EXT HEM 1 GROUP	Y		01/01/2013	Fee Schedule	$1,026.54
46257	REMOVE IN/EX HEM GRP & FISS	Y		01/01/2013	Fee Schedule	$1,026.54
46258	REMOVE IN/EX HEM GRP W/FISTU	Y		01/01/2013	Fee Schedule	$1,026.54
46260	REMOVE IN/EX HEM GROUPS 2+	Y		01/01/2013	Fee Schedule	$1,026.54
46261	REMOVE IN/EX HEM GRPS & FISS	Y		01/01/2013	Fee Schedule	$1,026.54
46262	REMOVE IN/EX HEM GRPS W/FIST	Y		01/01/2013	Fee Schedule	$1,026.54
46270	REMOVE ANAL FIST SUBQ	Y		01/01/2013	Fee Schedule	$1,026.54
46275	REMOVE ANAL FIST INTER	Y		01/01/2013	Fee Schedule	$1,026.54
46280	REMOVE ANAL FIST COMPLEX	Y		01/01/2013	Fee Schedule	$1,026.54
46285	REMOVE ANAL FIST 2 STAGE	Y		01/01/2013	Fee Schedule	$1,026.54
46288	REPAIR ANAL FISTULA	Y		01/01/2013	Fee Schedule	$1,327.61
46320	REMOVAL OF HEMORRHOID CLOT	Y		04/01/2013	Fee Schedule	$124.86
46500	INJECTION INTO HEMORRHOID(S)	Y		04/01/2013	Fee Schedule	$182.02
46505	CHEMODENERVATION ANAL MUSC	Y		01/01/2013	Fee Schedule	$717.60
46600	DIAGNOSTIC ANOSCOPY			01/01/2013	Fee Schedule	$27.85
46604	ANOSCOPY AND DILATION	Y		01/01/2013	Fee Schedule	$401.52
46606	ANOSCOPY AND BIOPSY	Y		04/01/2013	Fee Schedule	$190.53
46608	ANOSCOPY REMOVE FOR BODY	Y		01/01/2013	Fee Schedule	$401.52
46610	ANOSCOPY REMOVE LESION	Y		01/01/2013	Fee Schedule	$859.19
46611	ANOSCOPY	Y		01/01/2013	Fee Schedule	$401.52
46612	ANOSCOPY REMOVE LESIONS	Y		01/01/2013	Fee Schedule	$859.19
46614	ANOSCOPY CONTROL BLEEDING	Y		04/01/2013	Fee Schedule	$94.58
46615	ANOSCOPY	Y		01/01/2013	Fee Schedule	$859.19
46700	REPAIR OF ANAL STRICTURE	Y		01/01/2013	Fee Schedule	$1,026.54
46706	REPR OF ANAL FISTULA W/GLUE	Y		01/01/2013	Fee Schedule	$1,026.54
46707	REPAIR ANORECTAL FIST W/PLUG	Y		01/01/2013	Fee Schedule	$1,327.61
46750	REPAIR OF ANAL SPHINCTER	Y		01/01/2013	Fee Schedule	$1,327.61
46753	RECONSTRUCTION OF ANUS	Y		01/01/2013	Fee Schedule	$1,026.54

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
46754	REMOVAL OF SUTURE FROM ANUS	Y		01/01/2013	Fee Schedule	$717.60
46760	REPAIR OF ANAL SPHINCTER	Y		01/01/2013	Fee Schedule	$1,327.61
46761	REPAIR OF ANAL SPHINCTER	Y		01/01/2013	Fee Schedule	$1,327.61
46762	IMPLANT ARTIFICIAL SPHINCTER	Y		01/01/2013	Fee Schedule	$1,327.61
46900	DESTRUCTION ANAL LESION(S)	Y		01/01/2013	Fee Schedule	$117.64
46910	DESTRUCTION ANAL LESION(S)	Y		04/01/2013	Fee Schedule	$189.51
46916	CRYOSURGERY ANAL LESION(S)	Y		01/01/2013	Fee Schedule	$60.02
46917	LASER SURGERY ANAL LESIONS	Y		01/01/2013	Fee Schedule	$795.57
46922	EXCISION OF ANAL LESION(S)	Y		01/01/2013	Fee Schedule	$795.57
46924	DESTRUCTION ANAL LESION(S)	Y		01/01/2013	Fee Schedule	$795.57
46930	DESTROY INTERNAL HEMORRHOIDS	Y		04/01/2013	Fee Schedule	$149.70
46940	TREATMENT OF ANAL FISSURE	Y		04/01/2013	Fee Schedule	$145.28
46942	TREATMENT OF ANAL FISSURE	Y		04/01/2013	Fee Schedule	$143.58
46945	REMOVE BY LIGAT INT HEM GRP	Y		04/01/2013	Fee Schedule	$233.40
46946	REMOVE BY LIGAT INT HEM GRPS	Y		01/01/2013	Fee Schedule	$1,026.54
46947	HEMORRHOIDOPEXY BY STAPLING	Y		01/01/2013	Fee Schedule	$1,327.61
47000	NEEDLE BIOPSY OF LIVER	Y		01/01/2013	Fee Schedule	$400.40
47001	NEEDLE BIOPSY LIVER ADD-ON			01/01/2009	No Separate Payment	$0.00
47382	PERCUT ABLATE LIVER RF	Y		01/01/2013	Fee Schedule	$2,270.67
47500	INJECTION FOR LIVER X-RAYS			01/01/2009	No Separate Payment	$0.00
47505	INJECTION FOR LIVER X-RAYS			01/01/2009	No Separate Payment	$0.00
47510	INSERT CATHETER BILE DUCT	Y		01/01/2013	Fee Schedule	$1,137.84
47511	INSERT BILE DUCT DRAIN	Y		01/01/2013	Fee Schedule	$1,137.84
47525	CHANGE BILE DUCT CATHETER	Y		01/01/2013	Fee Schedule	$674.26
47530	REVISE/REINSERT BILE TUBE	Y		01/01/2013	Fee Schedule	$674.26
47552	BILIARY ENDOSCOPY THRU SKIN	Y		01/01/2013	Fee Schedule	$1,137.84
47553	BILIARY ENDOSCOPY THRU SKIN	Y		01/01/2013	Fee Schedule	$1,137.84
47554	BILIARY ENDOSCOPY THRU SKIN	Y		01/01/2013	Fee Schedule	$1,137.84
47555	BILIARY ENDOSCOPY THRU SKIN	Y		01/01/2013	Fee Schedule	$1,137.84
47556	BILIARY ENDOSCOPY THRU SKIN	Y		01/01/2013	Fee Schedule	$2,270.67
47560	LAPAROSCOPY W/CHOLANGIO	Y		01/01/2013	Fee Schedule	$1,531.92
47561	LAPARO W/CHOLANGIO/BIOPSY	Y		01/01/2013	Fee Schedule	$1,531.92
47562	LAPAROSCOPIC CHOLECYSTECTOMY	Y		01/01/2013	Fee Schedule	$1,956.74
47563	LAPARO CHOLECYSTECTOMY/GRAPH	Y		01/01/2013	Fee Schedule	$1,956.74
47564	LAPARO CHOLECYSTECTOMY/EXPLR	Y		01/01/2013	Fee Schedule	$1,956.74
47630	REMOVE BILE DUCT STONE	Y		01/01/2013	Fee Schedule	$1,137.84
48102	NEEDLE BIOPSY PANCREAS	Y		01/01/2013	Fee Schedule	$400.40
49082	ABD PARACENTESIS	Y		01/01/2013	Fee Schedule	$231.40
49083	ABD PARACENTESIS W/IMAGING	Y		01/01/2013	Fee Schedule	$231.40
49084	PERITONEAL LAVAGE	Y		01/01/2013	Fee Schedule	$231.40
49180	BIOPSY ABDOMINAL MASS	Y		01/01/2013	Fee Schedule	$400.40
49250	EXCISION OF UMBILICUS	Y		01/01/2013	Fee Schedule	$1,039.54
49320	DIAG LAPARO SEPARATE PROC	Y		01/01/2013	Fee Schedule	$1,531.92
49321	LAPAROSCOPY BIOPSY	Y		01/01/2013	Fee Schedule	$1,531.92
49322	LAPAROSCOPY ASPIRATION	Y		01/01/2013	Fee Schedule	$1,531.92
49324	LAP INSERT TUNNEL IP CATH	Y		01/01/2013	Fee Schedule	$1,531.92
49325	LAP REVISION PERM IP CATH	Y		01/01/2013	Fee Schedule	$1,531.92
49326	LAP W/OMENTOPEXY ADD-ON	Y		01/01/2013	Fee Schedule	$1,531.92

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Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
49327	LAP INS DEVICE FOR RT	Y		01/01/2013	Fee Schedule	$1,531.92
49400	AIR INJECTION INTO ABDOMEN			01/01/2009	No Separate Payment	$0.00
49402	REMOVE FOREIGN BODY ADBOMEN	Y		01/01/2013	Fee Schedule	$1,039.54
49411	INS MARK ABD/PEL FOR RT PERQ			04/01/2013	Fee Schedule	$410.66
49418	INSERT TUN IP CATH PERC	Y		01/01/2013	Fee Schedule	$1,267.64
49419	INSERT TUN IP CATH W/PORT	Y		01/01/2013	Fee Schedule	$1,503.67
49421	INS TUN IP CATH FOR DIAL OPN	Y		01/01/2013	Fee Schedule	$1,267.64
49422	REMOVE TUNNELED IP CATH	Y		01/01/2013	Fee Schedule	$944.45
49423	EXCHANGE DRAINAGE CATHETER	Y		01/01/2013	Fee Schedule	$674.26
49424	ASSESS CYST CONTRAST INJECT			01/01/2009	No Separate Payment	$0.00
49426	REVISE ABDOMEN-VENOUS SHUNT	Y		01/01/2013	Fee Schedule	$1,039.54
49427	INJECTION ABDOMINAL SHUNT			01/01/2009	No Separate Payment	$0.00
49429	REMOVAL OF SHUNT	Y		01/01/2013	Fee Schedule	$944.45
49435	INSERT SUBQ EXTEN TO IP CATH	Y		01/01/2013	Fee Schedule	$674.26
49436	EMBEDDED IP CATH EXIT-SITE	Y		01/01/2013	Fee Schedule	$674.26
49440	PLACE GASTROSTOMY TUBE PERC	Y		01/01/2013	Fee Schedule	$520.05
49441	PLACE DUOD/JEJ TUBE PERC	Y		01/01/2013	Fee Schedule	$520.05
49442	PLACE CECOSTOMY TUBE PERC	Y		01/01/2013	Fee Schedule	$717.60
49446	CHANGE G-TUBE TO G-J PERC	Y		01/01/2013	Fee Schedule	$520.05
49450	REPLACE G/C TUBE PERC	Y		01/01/2013	Fee Schedule	$246.69
49451	REPLACE DUOD/JEJ TUBE PERC	Y		01/01/2013	Fee Schedule	$246.69
49452	REPLACE G-J TUBE PERC	Y		01/01/2013	Fee Schedule	$246.69
49460	FIX G/COLON TUBE W/DEVICE	Y		01/01/2013	Fee Schedule	$246.69
49465	FLUORO EXAM OF G/COLON TUBE			01/01/2009	No Separate Payment	$0.00
49495	RPR ING HERNIA BABY REDUC	Y		01/01/2013	Fee Schedule	$1,363.05
49496	RPR ING HERNIA BABY BLOCKED	Y		01/01/2013	Fee Schedule	$1,363.05
49500	RPR ING HERNIA INIT REDUCE	Y		01/01/2013	Fee Schedule	$1,363.05
49501	RPR ING HERNIA INIT BLOCKED	Y		01/01/2013	Fee Schedule	$1,363.05
49505	PRP I/HERN INIT REDUC >5 YR	Y		01/01/2013	Fee Schedule	$1,363.05
49507	PRP I/HERN INIT BLOCK >5 YR	Y		01/01/2013	Fee Schedule	$1,363.05
49520	REREPAIR ING HERNIA REDUCE	Y		01/01/2013	Fee Schedule	$1,363.05
49521	REREPAIR ING HERNIA BLOCKED	Y		01/01/2013	Fee Schedule	$1,363.05
49525	REPAIR ING HERNIA SLIDING	Y		01/01/2013	Fee Schedule	$1,363.05
49540	REPAIR LUMBAR HERNIA	Y		01/01/2013	Fee Schedule	$1,363.05
49550	RPR REM HERNIA INIT REDUCE	Y		01/01/2013	Fee Schedule	$1,363.05
49553	RPR FEM HERNIA INIT BLOCKED	Y		01/01/2013	Fee Schedule	$1,363.05
49555	REREPAIR FEM HERNIA REDUCE	Y		01/01/2013	Fee Schedule	$1,363.05
49557	REREPAIR FEM HERNIA BLOCKED	Y		01/01/2013	Fee Schedule	$1,363.05
49560	RPR VENTRAL HERN INIT REDUC	Y		01/01/2013	Fee Schedule	$1,363.05
49561	RPR VENTRAL HERN INIT BLOCK	Y		01/01/2013	Fee Schedule	$1,363.05
49565	REREPAIR VENTRL HERN REDUCE	Y		01/01/2013	Fee Schedule	$1,363.05
49566	REREPAIR VENTRL HERN BLOCK	Y		01/01/2013	Fee Schedule	$1,363.05
49568	HERNIA REPAIR W/MESH	Y		01/01/2013	Fee Schedule	$1,363.05
49570	RPR EPIGASTRIC HERN REDUCE	Y		01/01/2013	Fee Schedule	$1,363.05
49572	RPR EPIGASTRIC HERN BLOCKED	Y		01/01/2013	Fee Schedule	$1,363.05
49580	RPR UMBIL HERN REDUC < 5 YR	Y		01/01/2013	Fee Schedule	$1,363.05
49582	RPR UMBIL HERN BLOCK < 5 YR	Y		01/01/2013	Fee Schedule	$1,363.05
49585	RPR UMBIL HERN REDUC > 5 YR	Y		01/01/2013	Fee Schedule	$1,363.05

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
49587	RPR UMBIL HERN BLOCK > 5 YR	Y		01/01/2013	Fee Schedule	$1,363.05
49590	REPAIR SPIGELIAN HERNIA	Y		01/01/2013	Fee Schedule	$1,363.05
49600	REPAIR UMBILICAL LESION	Y		01/01/2013	Fee Schedule	$1,363.05
49650	LAP ING HERNIA REPAIR INIT	Y		01/01/2013	Fee Schedule	$1,956.74
49651	LAP ING HERNIA REPAIR RECUR	Y		01/01/2013	Fee Schedule	$1,956.74
49652	LAP VENT/ABD HERNIA REPAIR	Y		01/01/2013	Fee Schedule	$2,873.76
49653	LAP VENT/ABD HERN PROC COMP	Y		01/01/2013	Fee Schedule	$2,873.76
49654	LAP INC HERNIA REPAIR	Y		01/01/2013	Fee Schedule	$2,873.76
49655	LAP INC HERN REPAIR COMP	Y		01/01/2013	Fee Schedule	$2,873.76
49656	LAP INC HERNIA REPAIR RECUR	Y		01/01/2013	Fee Schedule	$2,873.76
49657	LAP INC HERN RECUR COMP	Y		01/01/2013	Fee Schedule	$2,873.76
50080	REMOVAL OF KIDNEY STONE	Y		01/01/2013	Fee Schedule	$1,829.87
50081	REMOVAL OF KIDNEY STONE	Y		01/01/2013	Fee Schedule	$1,829.87
50200	RENAL BIOPSY PERQ	Y		01/01/2013	Fee Schedule	$400.40
50382	CHANGE URETER STENT PERCUT	Y		01/01/2013	Fee Schedule	$1,071.11
50384	REMOVE URETER STENT PERCUT	Y		01/01/2013	Fee Schedule	$634.79
50385	CHANGE STENT VIA TRANSURETH	Y		01/01/2013	Fee Schedule	$1,071.11
50386	REMOVE STENT VIA TRANSURETH	Y		01/01/2013	Fee Schedule	$286.04
50387	CHANGE EXT/INT URETER STENT	Y		01/01/2013	Fee Schedule	$674.26
50389	REMOVE RENAL TUBE W/FLUORO	Y		01/01/2013	Fee Schedule	$286.04
50390	DRAINAGE OF KIDNEY LESION	Y		01/01/2013	Fee Schedule	$400.40
50391	INSTLL RX AGNT INTO RNAL TUB	Y		04/01/2013	Fee Schedule	$46.01
50392	INSERT KIDNEY DRAIN	Y		01/01/2013	Fee Schedule	$634.79
50393	INSERT URETERAL TUBE	Y		01/01/2013	Fee Schedule	$1,071.11
50394	INJECTION FOR KIDNEY X-RAY			01/01/2009	No Separate Payment	$0.00
50395	CREATE PASSAGE TO KIDNEY	Y		01/01/2013	Fee Schedule	$1,071.11
50396	MEASURE KIDNEY PRESSURE	Y		01/01/2013	Fee Schedule	$85.71
50398	CHANGE KIDNEY TUBE	Y		01/01/2013	Fee Schedule	$674.26
50551	KIDNEY ENDOSCOPY	Y		01/01/2013	Fee Schedule	$286.04
50553	KIDNEY ENDOSCOPY	Y		01/01/2013	Fee Schedule	$1,071.11
50555	KIDNEY ENDOSCOPY & BIOPSY	Y		01/01/2013	Fee Schedule	$286.04
50557	KIDNEY ENDOSCOPY & TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
50561	KIDNEY ENDOSCOPY & TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
50562	RENAL SCOPE W/TUMOR RESECT	Y		01/01/2013	Fee Schedule	$286.04
50570	KIDNEY ENDOSCOPY	Y		01/01/2013	Fee Schedule	$286.04
50572	KIDNEY ENDOSCOPY	Y		01/01/2013	Fee Schedule	$286.04
50574	KIDNEY ENDOSCOPY & BIOPSY	Y		01/01/2013	Fee Schedule	$286.04
50575	KIDNEY ENDOSCOPY	Y		01/01/2013	Fee Schedule	$1,535.86
50576	KIDNEY ENDOSCOPY & TREATMENT	Y		01/01/2013	Fee Schedule	$634.79
50580	KIDNEY ENDOSCOPY & TREATMENT	Y		01/01/2013	Fee Schedule	$634.79
50590	FRAGMENTING OF KIDNEY STONE	Y		01/01/2013	Fee Schedule	$1,592.65
50592	PERC RF ABLATE RENAL TUMOR	Y		01/01/2013	Fee Schedule	$2,270.67
50593	PERC CRYO ABLATE RENAL TUM	Y		01/01/2013	Fee Schedule	$2,270.67
50684	INJECTION FOR URETER X-RAY			01/01/2009	No Separate Payment	$0.00
50686	MEASURE URETER PRESSURE	Y		01/01/2013	Fee Schedule	$46.01
50688	CHANGE OF URETER TUBE/STENT	Y		01/01/2013	Fee Schedule	$674.26
50690	INJECTION FOR URETER X-RAY			01/01/2009	No Separate Payment	$0.00
50727	REVISE URETER	Y		01/01/2013	Fee Schedule	$790.93

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50947	LAPARO NEW URETER/BLADDER	Y		01/01/2013	Fee Schedule	$1,956.74
50948	LAPARO NEW URETER/BLADDER	Y		01/01/2013	Fee Schedule	$1,956.74
50951	ENDOSCOPY OF URETER	Y		01/01/2013	Fee Schedule	$286.04
50953	ENDOSCOPY OF URETER	Y		01/01/2013	Fee Schedule	$286.04
50955	URETER ENDOSCOPY & BIOPSY	Y		01/01/2013	Fee Schedule	$1,071.11
50957	URETER ENDOSCOPY & TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
50961	URETER ENDOSCOPY & TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
50970	URETER ENDOSCOPY	Y		01/01/2013	Fee Schedule	$286.04
50972	URETER ENDOSCOPY & CATHETER	Y		01/01/2013	Fee Schedule	$286.04
50974	URETER ENDOSCOPY & BIOPSY	Y		01/01/2013	Fee Schedule	$634.79
50976	URETER ENDOSCOPY & TREATMENT	Y		01/01/2013	Fee Schedule	$634.79
50980	URETER ENDOSCOPY & TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
51020	INCISE & TREAT BLADDER	Y		01/01/2013	Fee Schedule	$1,071.11
51030	INCISE & TREAT BLADDER	Y		01/01/2013	Fee Schedule	$1,071.11
51040	INCISE & DRAIN BLADDER	Y		01/01/2013	Fee Schedule	$1,071.11
51045	INCISE BLADDER/DRAIN URETER	Y		01/01/2013	Fee Schedule	$286.04
51050	REMOVAL OF BLADDER STONE	Y		01/01/2013	Fee Schedule	$1,071.11
51065	REMOVE URETER CALCULUS	Y		01/01/2013	Fee Schedule	$1,071.11
51080	DRAINAGE OF BLADDER ABSCESS	Y		01/01/2013	Fee Schedule	$740.20
51100	DRAIN BLADDER BY NEEDLE	Y		04/01/2013	Fee Schedule	$32.66
51101	DRAIN BLADDER BY TROCAR/CATH	Y		01/01/2013	Fee Schedule	$46.01
51102	DRAIN BL W/CATH INSERTION	Y		01/01/2013	Fee Schedule	$790.93
51500	REMOVAL OF BLADDER CYST	Y		01/01/2013	Fee Schedule	$1,363.05
51520	REMOVAL OF BLADDER LESION	Y		01/01/2013	Fee Schedule	$1,071.11
51535	REPAIR OF URETER LESION	Y		01/01/2013	Fee Schedule	$1,071.11
51600	INJECTION FOR BLADDER X-RAY			01/01/2009	No Separate Payment	$0.00
51605	PREPARATION FOR BLADDER XRAY			01/01/2009	No Separate Payment	$0.00
51610	INJECTION FOR BLADDER X-RAY			01/01/2009	No Separate Payment	$0.00
51700	IRRIGATION OF BLADDER	Y		04/01/2013	Fee Schedule	$50.35
51701	INSERT BLADDER CATHETER			04/01/2013	Fee Schedule	$27.85
51702	INSERT TEMP BLADDER CATH			01/01/2013	Fee Schedule	$27.85
51703	INSERT BLADDER CATH COMPLEX	Y		01/01/2013	Fee Schedule	$46.01
51705	CHANGE OF BLADDER TUBE	Y		04/01/2013	Fee Schedule	$57.50
51710	CHANGE OF BLADDER TUBE	Y		01/01/2013	Fee Schedule	$246.69
51715	ENDOSCOPIC INJECTION/IMPLANT	Y		01/01/2013	Fee Schedule	$1,331.68
51720	TREATMENT OF BLADDER LESION	Y		04/01/2013	Fee Schedule	$51.71
51725	SIMPLE CYSTOMETROGRAM	Y		04/01/2013	Fee Schedule	$114.66
51726	COMPLEX CYSTOMETROGRAM	Y		01/01/2013	Fee Schedule	$130.36
51727	CYSTOMETROGRAM W/UP	Y		01/01/2013	Fee Schedule	$130.36
51728	CYSTOMETROGRAM W/VP	Y		01/01/2013	Fee Schedule	$130.36
51729	CYSTOMETROGRAM W/VP&UP	Y		01/01/2013	Fee Schedule	$130.36
51736	URINE FLOW MEASUREMENT			04/01/2013	Fee Schedule	$6.80
51741	ELECTRO-UROFLOWMETRY FIRST	Y		04/01/2013	Fee Schedule	$7.14
51784	ANAL/URINARY MUSCLE STUDY	Y		01/01/2013	Fee Schedule	$46.01
51785	ANAL/URINARY MUSCLE STUDY	Y		01/01/2013	Fee Schedule	$85.71
51792	URINARY REFLEX STUDY	Y		01/01/2013	Fee Schedule	$46.01
51797	INTRAABDOMINAL PRESSURE TEST	Y		04/01/2013	Fee Schedule	$74.17
51798	US URINE CAPACITY MEASURE			04/01/2013	Fee Schedule	$19.39

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51880	REPAIR OF BLADDER OPENING	Y		01/01/2013	Fee Schedule	$1,071.11
51992	LAPARO SLING OPERATION	Y		01/01/2013	Fee Schedule	$1,956.74
52000	CYSTOSCOPY	Y		01/01/2013	Fee Schedule	$286.04
52001	CYSTOSCOPY REMOVAL OF CLOTS	Y		01/01/2013	Fee Schedule	$634.79
52005	CYSTOSCOPY & URETER CATHETER	Y		01/01/2013	Fee Schedule	$1,071.11
52007	CYSTOSCOPY AND BIOPSY	Y		01/01/2013	Fee Schedule	$1,071.11
52010	CYSTOSCOPY & DUCT CATHETER	Y		01/01/2013	Fee Schedule	$286.04
52204	CYSTOSCOPY W/BIOPSY(S)	Y		01/01/2013	Fee Schedule	$1,071.11
52214	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52224	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52234	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52235	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52240	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52250	CYSTOSCOPY AND RADIOTRACER	Y		01/01/2013	Fee Schedule	$1,071.11
52260	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$634.79
52265	CYSTOSCOPY AND TREATMENT	Y		04/01/2013	Fee Schedule	$257.55
52270	CYSTOSCOPY & REVISE URETHRA	Y		01/01/2013	Fee Schedule	$634.79
52275	CYSTOSCOPY & REVISE URETHRA	Y		01/01/2013	Fee Schedule	$1,071.11
52276	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52277	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52281	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$634.79
52282	CYSTOSCOPY IMPLANT STENT	Y		01/01/2013	Fee Schedule	$1,535.86
52283	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52285	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$634.79
52287	CYSTOSCOPY CHEMODENERVATION	Y		01/01/2013	Fee Schedule	$634.79
52290	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52300	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52301	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52305	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52310	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$634.79
52315	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52317	REMOVE BLADDER STONE	Y		01/01/2013	Fee Schedule	$1,071.11
52318	REMOVE BLADDER STONE	Y		01/01/2013	Fee Schedule	$1,071.11
52320	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52325	CYSTOSCOPY STONE REMOVAL	Y		01/01/2013	Fee Schedule	$1,071.11
52327	CYSTOSCOPY INJECT MATERIAL	Y		01/01/2013	Fee Schedule	$1,535.86
52330	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52332	CYSTOSCOPY AND TREATMENT	Y		01/01/2013	Fee Schedule	$1,071.11
52334	CREATE PASSAGE TO KIDNEY	Y		01/01/2013	Fee Schedule	$1,071.11
52341	CYSTO W/URETER STRICTURE TX	Y		01/01/2013	Fee Schedule	$1,071.11
52342	CYSTO W/UP STRICTURE TX	Y		01/01/2013	Fee Schedule	$1,071.11
52343	CYSTO W/RENAL STRICTURE TX	Y		01/01/2013	Fee Schedule	$1,071.11
52344	CYSTO/URETERO STRICTURE TX	Y		01/01/2013	Fee Schedule	$1,071.11
52345	CYSTO/URETERO W/UP STRICTURE	Y		01/01/2013	Fee Schedule	$1,071.11
52346	CYSTOURETERO W/RENAL STRICT	Y		01/01/2013	Fee Schedule	$1,071.11
52351	CYSTOURETERO & OR PYELOSCOPE	Y		01/01/2013	Fee Schedule	$1,071.11
52352	CYSTOURETERO W/STONE REMOVE	Y		01/01/2013	Fee Schedule	$1,071.11
52353	CYSTOURETERO W/LITHOTRIPSY	Y		01/01/2013	Fee Schedule	$1,535.86

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52354	CYSTOURETERO W/BIOPSY	Y		01/01/2013	Fee Schedule	$1,071.11
52355	CYSTOURETERO W/EXCISE TUMOR	Y		01/01/2013	Fee Schedule	$1,071.11
52400	CYSTOURETERO W/CONGEN REPR	Y		01/01/2013	Fee Schedule	$1,071.11
52402	CYSTOURETHRO CUT EJACUL DUCT	Y		01/01/2013	Fee Schedule	$1,071.11
52450	INCISION OF PROSTATE	Y		01/01/2013	Fee Schedule	$1,071.11
52500	REVISION OF BLADDER NECK	Y		01/01/2013	Fee Schedule	$1,071.11
52601	PROSTATECTOMY (TURP)	Y		01/01/2013	Fee Schedule	$1,535.86
52630	REMOVE PROSTATE REGROWTH	Y		01/01/2013	Fee Schedule	$1,535.86
52640	RELIEVE BLADDER CONTRACTURE	Y		01/01/2013	Fee Schedule	$1,071.11
52647	LASER SURGERY OF PROSTATE	Y		01/01/2013	Fee Schedule	$1,829.87
52648	LASER SURGERY OF PROSTATE	Y		01/01/2013	Fee Schedule	$1,829.87
52649	PROSTATE LASER ENUCLEATION	Y		01/01/2013	Fee Schedule	$1,829.87
52700	DRAINAGE OF PROSTATE ABSCESS	Y		01/01/2013	Fee Schedule	$1,071.11
53000	INCISION OF URETHRA	Y		01/01/2013	Fee Schedule	$864.21
53010	INCISION OF URETHRA	Y		01/01/2013	Fee Schedule	$864.21
53020	INCISION OF URETHRA	Y		01/01/2013	Fee Schedule	$864.21
53025	INCISION OF URETHRA	Y		01/01/2013	Fee Schedule	$864.21
53040	DRAINAGE OF URETHRA ABSCESS	Y		01/01/2013	Fee Schedule	$864.21
53060	DRAINAGE OF URETHRA ABSCESS	Y		04/01/2013	Fee Schedule	$78.59
53080	DRAINAGE OF URINARY LEAKAGE	Y		01/01/2013	Fee Schedule	$864.21
53085	DRAINAGE OF URINARY LEAKAGE	Y		01/01/2013	Fee Schedule	$864.21
53200	BIOPSY OF URETHRA	Y		01/01/2013	Fee Schedule	$864.21
53210	REMOVAL OF URETHRA	Y		01/01/2013	Fee Schedule	$1,331.68
53215	REMOVAL OF URETHRA	Y		01/01/2013	Fee Schedule	$864.21
53220	TREATMENT OF URETHRA LESION	Y		01/01/2013	Fee Schedule	$1,331.68
53230	REMOVAL OF URETHRA LESION	Y		01/01/2013	Fee Schedule	$1,331.68
53235	REMOVAL OF URETHRA LESION	Y		01/01/2013	Fee Schedule	$864.21
53240	SURGERY FOR URETHRA POUCH	Y		01/01/2013	Fee Schedule	$1,331.68
53250	REMOVAL OF URETHRA GLAND	Y		01/01/2013	Fee Schedule	$864.21
53260	TREATMENT OF URETHRA LESION	Y		01/01/2013	Fee Schedule	$864.21
53265	TREATMENT OF URETHRA LESION	Y		01/01/2013	Fee Schedule	$864.21
53270	REMOVAL OF URETHRA GLAND	Y		01/01/2013	Fee Schedule	$864.21
53275	REPAIR OF URETHRA DEFECT	Y		01/01/2013	Fee Schedule	$864.21
53400	REVISE URETHRA STAGE 1	Y		01/01/2013	Fee Schedule	$1,331.68
53405	REVISE URETHRA STAGE 2	Y		01/01/2013	Fee Schedule	$1,331.68
53410	RECONSTRUCTION OF URETHRA	Y		01/01/2013	Fee Schedule	$1,331.68
53420	RECONSTRUCT URETHRA STAGE 1	Y		01/01/2013	Fee Schedule	$1,331.68
53425	RECONSTRUCT URETHRA STAGE 2	Y		01/01/2013	Fee Schedule	$1,331.68
53430	RECONSTRUCTION OF URETHRA	Y		01/01/2013	Fee Schedule	$1,331.68
53431	RECONSTRUCT URETHRA/BLADDER	Y		01/01/2013	Fee Schedule	$1,331.68
53440	MALE SLING PROCEDURE			01/01/2013	Fee Schedule	$6,371.69
53442	REMOVE/REVISE MALE SLING	Y		01/01/2013	Fee Schedule	$1,331.68
53444	INSERT TANDEM CUFF			01/01/2013	Fee Schedule	$6,371.69
53445	INSERT URO/VES NCK SPHINCTER			01/01/2013	Fee Schedule	$10,864.48
53446	REMOVE URO SPHINCTER	Y		01/01/2013	Fee Schedule	$1,331.68
53447	REMOVE/REPLACE UR SPHINCTER			01/01/2013	Fee Schedule	$10,864.48
53449	REPAIR URO SPHINCTER	Y		01/01/2013	Fee Schedule	$1,331.68
53450	REVISION OF URETHRA	Y		01/01/2013	Fee Schedule	$1,331.68

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53460	REVISION OF URETHRA	Y		01/01/2013	Fee Schedule	$864.21
53502	REPAIR OF URETHRA INJURY	Y		01/01/2013	Fee Schedule	$864.21
53505	REPAIR OF URETHRA INJURY	Y		01/01/2013	Fee Schedule	$1,331.68
53510	REPAIR OF URETHRA INJURY	Y		01/01/2013	Fee Schedule	$864.21
53515	REPAIR OF URETHRA INJURY	Y		01/01/2013	Fee Schedule	$1,331.68
53520	REPAIR OF URETHRA DEFECT	Y		01/01/2013	Fee Schedule	$1,331.68
53600	DILATE URETHRA STRICTURE	Y		04/01/2013	Fee Schedule	$37.09
53601	DILATE URETHRA STRICTURE	Y		04/01/2013	Fee Schedule	$43.89
53605	DILATE URETHRA STRICTURE	Y		01/01/2013	Fee Schedule	$634.79
53620	DILATE URETHRA STRICTURE	Y		04/01/2013	Fee Schedule	$54.10
53621	DILATE URETHRA STRICTURE	Y		04/01/2013	Fee Schedule	$58.18
53660	DILATION OF URETHRA	Y		04/01/2013	Fee Schedule	$43.89
53661	DILATION OF URETHRA	Y		04/01/2013	Fee Schedule	$42.19
53665	DILATION OF URETHRA	Y		01/01/2013	Fee Schedule	$864.21
53850	PROSTATIC MICROWAVE THERMOTX	Y		04/01/2013	Fee Schedule	$1,724.97
53852	PROSTATIC RF THERMOTX	Y		04/01/2013	Fee Schedule	$1,527.97
53855	INSERT PROST URETHRAL STENT	Y		01/01/2013	Fee Schedule	$85.71
53860	TRANSURETHRAL RF TREATMENT	Y		01/01/2013	Fee Schedule	$790.93
54000	SLITTING OF PREPUCE	Y		01/01/2013	Fee Schedule	$864.21
54001	SLITTING OF PREPUCE	Y		01/01/2013	Fee Schedule	$864.21
54015	DRAIN PENIS LESION	Y		01/01/2013	Fee Schedule	$740.20
54050	DESTRUCTION PENIS LESION(S)	Y		01/01/2013	Fee Schedule	$60.02
54055	DESTRUCTION PENIS LESION(S)	Y		04/01/2013	Fee Schedule	$72.81
54056	CRYOSURGERY PENIS LESION(S)	Y		01/01/2013	Fee Schedule	$40.14
54057	LASER SURG PENIS LESION(S)	Y		01/01/2013	Fee Schedule	$795.57
54060	EXCISION OF PENIS LESION(S)	Y		01/01/2013	Fee Schedule	$795.57
54065	DESTRUCTION PENIS LESION(S)	Y		01/01/2013	Fee Schedule	$795.57
54100	BIOPSY OF PENIS	Y		01/01/2013	Fee Schedule	$629.45
54105	BIOPSY OF PENIS	Y		01/01/2013	Fee Schedule	$932.08
54110	TREATMENT OF PENIS LESION	Y		01/01/2013	Fee Schedule	$1,557.41
54111	TREAT PENIS LESION GRAFT	Y		01/01/2013	Fee Schedule	$1,557.41
54112	TREAT PENIS LESION GRAFT	Y		01/01/2013	Fee Schedule	$1,557.41
54115	TREATMENT OF PENIS LESION	Y		01/01/2013	Fee Schedule	$740.20
54120	PARTIAL REMOVAL OF PENIS	Y		01/01/2013	Fee Schedule	$1,557.41
54150	CIRCUMCISION W/REGIONL BLOCK	Y	Y	01/01/2013	Fee Schedule	$952.14
54160	CIRCUMCISION NEONATE	Y	Y	01/01/2013	Fee Schedule	$952.14
54161	CIRCUM 28 DAYS OR OLDER	Y	Y	01/01/2013	Fee Schedule	$952.14
54162	LYSIS PENIL CIRCUMIC LESION	Y		01/01/2013	Fee Schedule	$952.14
54163	REPAIR OF CIRCUMCISION	Y		01/01/2013	Fee Schedule	$952.14
54164	FRENULOTOMY OF PENIS	Y		01/01/2013	Fee Schedule	$952.14
54200	TREATMENT OF PENIS LESION	Y		04/01/2013	Fee Schedule	$66.00
54205	TREATMENT OF PENIS LESION	Y		01/01/2013	Fee Schedule	$1,557.41
54220	TREATMENT OF PENIS LESION	Y		01/01/2013	Fee Schedule	$85.71
54230	PREPARE PENIS STUDY			03/01/2011	Not Allowed	$0.00
54231	DYNAMIC CAVERNOSOMETRY			03/01/2011	Not Allowed	$0.00
54235	PENILE INJECTION			03/01/2011	Not Allowed	$0.00
54240	PENIS STUDY			03/01/2011	Not Allowed	$0.00
54250	PENIS STUDY			03/01/2011	Not Allowed	$0.00

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54300	REVISION OF PENIS	Y		01/01/2013	Fee Schedule	$1,557.41
54304	REVISION OF PENIS	Y		01/01/2013	Fee Schedule	$1,557.41
54308	RECONSTRUCTION OF URETHRA	Y		01/01/2013	Fee Schedule	$1,557.41
54312	RECONSTRUCTION OF URETHRA	Y		01/01/2013	Fee Schedule	$1,557.41
54316	RECONSTRUCTION OF URETHRA	Y		01/01/2013	Fee Schedule	$1,557.41
54318	RECONSTRUCTION OF URETHRA	Y		01/01/2013	Fee Schedule	$1,557.41
54322	RECONSTRUCTION OF URETHRA	Y		01/01/2013	Fee Schedule	$1,557.41
54324	RECONSTRUCTION OF URETHRA	Y		01/01/2013	Fee Schedule	$1,557.41
54326	RECONSTRUCTION OF URETHRA	Y		01/01/2013	Fee Schedule	$1,557.41
54328	REVISE PENIS/URETHRA	Y		01/01/2013	Fee Schedule	$1,557.41
54340	SECONDARY URETHRAL SURGERY	Y		01/01/2013	Fee Schedule	$1,557.41
54344	SECONDARY URETHRAL SURGERY	Y		01/01/2013	Fee Schedule	$1,557.41
54348	SECONDARY URETHRAL SURGERY	Y		01/01/2013	Fee Schedule	$1,557.41
54352	RECONSTRUCT URETHRA/PENIS	Y		01/01/2013	Fee Schedule	$1,557.41
54360	PENIS PLASTIC SURGERY			03/01/2011	Not Allowed	$0.00
54380	REPAIR PENIS	Y		01/01/2013	Fee Schedule	$1,557.41
54385	REPAIR PENIS	Y		01/01/2013	Fee Schedule	$1,557.41
54400	INSERT SEMI-RIGID PROSTHESIS			03/01/2011	Not Allowed	$0.00
54401	INSERT SELF-CONTD PROSTHESIS			03/01/2011	Not Allowed	$0.00
54405	INSERT MULTI-COMP PENIS PROS			03/01/2011	Not Allowed	$0.00
54406	REMOVE MUTI-COMP PENIS PROS			03/01/2011	Not Allowed	$0.00
54408	REPAIR MULTI-COMP PENIS PROS			03/01/2011	Not Allowed	$0.00
54410	REMOVE/REPLACE PENIS PROSTH			03/01/2011	Not Allowed	$0.00
54415	REMOVE SELF-CONTD PENIS PROS			03/01/2011	Not Allowed	$0.00
54416	REMV/REPL PENIS CONTAIN PROS			03/01/2011	Not Allowed	$0.00
54420	REVISION OF PENIS	Y		01/01/2013	Fee Schedule	$1,557.41
54435	REVISION OF PENIS	Y		01/01/2013	Fee Schedule	$1,557.41
54440	REPAIR OF PENIS	Y		01/01/2013	Fee Schedule	$1,557.41
54450	PREPUTIAL STRETCHING	Y		01/01/2013	Fee Schedule	$130.36
54500	BIOPSY OF TESTIS	Y		01/01/2013	Fee Schedule	$627.64
54505	BIOPSY OF TESTIS	Y		01/01/2013	Fee Schedule	$952.14
54512	EXCISE LESION TESTIS	Y		01/01/2013	Fee Schedule	$952.14
54520	REMOVAL OF TESTIS	Y		01/01/2013	Fee Schedule	$952.14
54522	ORCHIECTOMY PARTIAL	Y		01/01/2013	Fee Schedule	$952.14
54530	REMOVAL OF TESTIS	Y		01/01/2013	Fee Schedule	$1,363.05
54550	EXPLORATION FOR TESTIS	Y		01/01/2013	Fee Schedule	$1,363.05
54560	EXPLORATION FOR TESTIS	Y		01/01/2013	Fee Schedule	$952.14
54600	REDUCE TESTIS TORSION	Y		01/01/2013	Fee Schedule	$952.14
54620	SUSPENSION OF TESTIS	Y		01/01/2013	Fee Schedule	$952.14
54640	SUSPENSION OF TESTIS	Y		01/01/2013	Fee Schedule	$1,363.05
54660	REVISION OF TESTIS	Y		01/01/2013	Fee Schedule	$952.14
54670	REPAIR TESTIS INJURY	Y		01/01/2013	Fee Schedule	$952.14
54680	RELOCATION OF TESTIS(ES)	Y		01/01/2013	Fee Schedule	$952.14
54690	LAPAROSCOPY ORCHIECTOMY	Y		01/01/2013	Fee Schedule	$1,956.74
54692	LAPAROSCOPY ORCHIOPEXY	Y		01/01/2013	Fee Schedule	$2,873.76
54700	DRAINAGE OF SCROTUM	Y		01/01/2013	Fee Schedule	$952.14
54800	BIOPSY OF EPIDIDYMIS	Y		01/01/2013	Fee Schedule	$193.88
54830	REMOVE EPIDIDYMIS LESION	Y		01/01/2013	Fee Schedule	$952.14

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54840	REMOVE EPIDIDYMIS LESION	Y		01/01/2013	Fee Schedule	$952.14
54860	REMOVAL OF EPIDIDYMIS	Y		01/01/2013	Fee Schedule	$952.14
54861	REMOVAL OF EPIDIDYMIS	Y		01/01/2013	Fee Schedule	$952.14
54865	EXPLORE EPIDIDYMIS	Y		01/01/2013	Fee Schedule	$952.14
54900	FUSION OF SPERMATIC DUCTS	Y		01/01/2013	Fee Schedule	$952.14
54901	FUSION OF SPERMATIC DUCTS	Y		01/01/2013	Fee Schedule	$952.14
55000	DRAINAGE OF HYDROCELE	Y		04/01/2013	Fee Schedule	$63.28
55040	REMOVAL OF HYDROCELE	Y		01/01/2013	Fee Schedule	$1,363.05
55041	REMOVAL OF HYDROCELES	Y		01/01/2013	Fee Schedule	$1,363.05
55060	REPAIR OF HYDROCELE	Y		01/01/2013	Fee Schedule	$952.14
55100	DRAINAGE OF SCROTUM ABSCESS	Y		01/01/2013	Fee Schedule	$407.14
55110	EXPLORE SCROTUM	Y		01/01/2013	Fee Schedule	$952.14
55120	REMOVAL OF SCROTUM LESION	Y		01/01/2013	Fee Schedule	$952.14
55150	REMOVAL OF SCROTUM	Y		01/01/2013	Fee Schedule	$952.14
55175	REVISION OF SCROTUM	Y		01/01/2013	Fee Schedule	$952.14
55180	REVISION OF SCROTUM	Y		01/01/2013	Fee Schedule	$952.14
55200	INCISION OF SPERM DUCT	Y		01/01/2013	Fee Schedule	$952.14
55250	REMOVAL OF SPERM DUCT(S)	Y		01/01/2013	Fee Schedule	$952.14
55300	PREPARE SPERM DUCT X-RAY			01/01/2009	No Separate Payment	$0.00
55400	REPAIR OF SPERM DUCT	Y		01/01/2013	Fee Schedule	$952.14
55450	LIGATION OF SPERM DUCT	Y		04/01/2013	Fee Schedule	$191.21
55500	REMOVAL OF HYDROCELE	Y		01/01/2013	Fee Schedule	$952.14
55520	REMOVAL OF SPERM CORD LESION	Y		01/01/2013	Fee Schedule	$952.14
55530	REVISE SPERMATIC CORD VEINS	Y		01/01/2013	Fee Schedule	$952.14
55535	REVISE SPERMATIC CORD VEINS	Y		01/01/2013	Fee Schedule	$1,363.05
55540	REVISE HERNIA & SPERM VEINS	Y		01/01/2013	Fee Schedule	$1,363.05
55550	LAPARO LIGATE SPERMATIC VEIN	Y		01/01/2013	Fee Schedule	$1,956.74
55600	INCISE SPERM DUCT POUCH	Y		01/01/2013	Fee Schedule	$952.14
55680	REMOVE SPERM POUCH LESION	Y		01/01/2013	Fee Schedule	$952.14
55700	BIOPSY OF PROSTATE	Y		01/01/2013	Fee Schedule	$542.73
55705	BIOPSY OF PROSTATE	Y		01/01/2013	Fee Schedule	$542.73
55706	PROSTATE SATURATION SAMPLING	Y		01/01/2013	Fee Schedule	$542.73
55720	DRAINAGE OF PROSTATE ABSCESS	Y		01/01/2013	Fee Schedule	$1,071.11
55725	DRAINAGE OF PROSTATE ABSCESS	Y		01/01/2013	Fee Schedule	$1,071.11
55860	SURGICAL EXPOSURE PROSTATE	Y		01/01/2013	Fee Schedule	$790.93
55870	ELECTROEJACULATION			03/01/2011	Not Allowed	$0.00
55873	CRYOABLATE PROSTATE	Y		01/01/2013	Fee Schedule	$6,264.93
55875	TRANSPERI NEEDLE PLACE PROS			01/01/2013	Fee Schedule	$1,535.86
55876	PLACE RT DEVICE/MARKER PROS			04/01/2013	Fee Schedule	$70.09
55920	PLACE NEEDLES PELVIC FOR RT	Y		01/01/2013	Fee Schedule	$1,039.54
56405	I & D OF VULVA/PERINEUM	Y		04/01/2013	Fee Schedule	$52.74
56420	DRAINAGE OF GLAND ABSCESS	Y		04/01/2013	Fee Schedule	$66.53
56440	SURGERY FOR VULVA LESION	Y		01/01/2013	Fee Schedule	$816.19
56441	LYSIS OF LABIAL LESION(S)	Y		01/01/2013	Fee Schedule	$816.19
56442	HYMENOTOMY	Y		01/01/2013	Fee Schedule	$816.19
56501	DESTROY VULVA LESIONS SIM	Y		04/01/2013	Fee Schedule	$71.11
56515	DESTROY VULVA LESION/S COMPL	Y		01/01/2013	Fee Schedule	$795.57
56605	BIOPSY OF VULVA/PERINEUM	Y		04/01/2013	Fee Schedule	$40.49

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56606	BIOPSY OF VULVA/PERINEUM	Y		04/01/2013	Fee Schedule	$16.33
56620	PARTIAL REMOVAL OF VULVA	Y		01/01/2013	Fee Schedule	$816.19
56625	COMPLETE REMOVAL OF VULVA	Y		01/01/2013	Fee Schedule	$816.19
56700	PARTIAL REMOVAL OF HYMEN	Y		01/01/2013	Fee Schedule	$816.19
56740	REMOVE VAGINA GLAND LESION	Y		01/01/2013	Fee Schedule	$816.19
56800	REPAIR OF VAGINA	Y		01/01/2013	Fee Schedule	$816.19
56805	REPAIR CLITORIS	Y		01/01/2013	Fee Schedule	$816.19
56810	REPAIR OF PERINEUM	Y		01/01/2013	Fee Schedule	$816.19
56820	EXAM OF VULVA W/SCOPE	Y		04/01/2013	Fee Schedule	$53.42
56821	EXAM/BIOPSY OF VULVA W/SCOPE	Y		04/01/2013	Fee Schedule	$66.53
57000	EXPLORATION OF VAGINA	Y		01/01/2013	Fee Schedule	$816.19
57010	DRAINAGE OF PELVIC ABSCESS	Y		01/01/2013	Fee Schedule	$816.19
57020	DRAINAGE OF PELVIC FLUID	Y		01/01/2013	Fee Schedule	$279.51
57022	I & D VAGINAL HEMATOMA PP	Y		01/01/2013	Fee Schedule	$407.14
57023	I & D VAG HEMATOMA NON-OB	Y		01/01/2013	Fee Schedule	$740.20
57061	DESTROY VAG LESIONS SIMPLE	Y		04/01/2013	Fee Schedule	$64.98
57065	DESTROY VAG LESIONS COMPLEX	Y		01/01/2013	Fee Schedule	$816.19
57100	BIOPSY OF VAGINA	Y		04/01/2013	Fee Schedule	$42.19
57105	BIOPSY OF VAGINA	Y		01/01/2013	Fee Schedule	$816.19
57130	REMOVE VAGINA LESION	Y		01/01/2013	Fee Schedule	$816.19
57135	REMOVE VAGINA LESION	Y		01/01/2013	Fee Schedule	$816.19
57150	TREAT VAGINA INFECTION	Y		04/01/2013	Fee Schedule	$24.84
57155	INSERT UTERI TANDEMS/OVOIDS	Y		01/01/2013	Fee Schedule	$279.51
57156	INS VAG BRACHYTX DEVICE	Y		01/01/2013	Fee Schedule	$131.36
57160	INSERT PESSARY/OTHER DEVICE	Y		04/01/2013	Fee Schedule	$43.21
57170	FITTING OF DIAPHRAGM/CAP	Y		01/01/2013	Fee Schedule	$4.63
57180	TREAT VAGINAL BLEEDING	Y		01/01/2013	Fee Schedule	$66.53
57200	REPAIR OF VAGINA	Y		01/01/2013	Fee Schedule	$816.19
57210	REPAIR VAGINA/PERINEUM	Y		01/01/2013	Fee Schedule	$816.19
57220	REVISION OF URETHRA	Y		01/01/2013	Fee Schedule	$1,910.94
57230	REPAIR OF URETHRAL LESION	Y		01/01/2013	Fee Schedule	$1,481.07
57240	REPAIR BLADDER & VAGINA	Y		01/01/2013	Fee Schedule	$1,481.07
57250	REPAIR RECTUM & VAGINA	Y		01/01/2013	Fee Schedule	$1,481.07
57260	REPAIR OF VAGINA	Y		01/01/2013	Fee Schedule	$1,481.07
57265	EXTENSIVE REPAIR OF VAGINA	Y		01/01/2013	Fee Schedule	$1,910.94
57267	INSERT MESH/PELVIC FLR ADDON	Y		01/01/2013	Fee Schedule	$1,481.07
57268	REPAIR OF BOWEL BULGE	Y		01/01/2013	Fee Schedule	$1,481.07
57287	REVISE/REMOVE SLING REPAIR	Y		01/01/2013	Fee Schedule	$1,481.07
57288	REPAIR BLADDER DEFECT	Y		01/01/2013	Fee Schedule	$1,910.94
57289	REPAIR BLADDER & VAGINA	Y		01/01/2013	Fee Schedule	$1,481.07
57291	CONSTRUCTION OF VAGINA			03/01/2011	Not Allowed	$0.00
57295	REVISE VAG GRAFT VIA VAGINA	Y		01/01/2013	Fee Schedule	$816.19
57300	REPAIR RECTUM-VAGINA FISTULA	Y		01/01/2013	Fee Schedule	$1,481.07
57320	REPAIR BLADDER-VAGINA LESION	Y		01/01/2013	Fee Schedule	$1,481.07
57400	DILATION OF VAGINA	Y		01/01/2013	Fee Schedule	$816.19
57410	PELVIC EXAMINATION	Y		01/01/2013	Fee Schedule	$816.19
57415	REMOVE VAGINAL FOREIGN BODY	Y		01/01/2013	Fee Schedule	$816.19
57420	EXAM OF VAGINA W/SCOPE	Y		04/01/2013	Fee Schedule	$55.12

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57421	EXAM/BIOPSY OF VAG W/SCOPE	Y		04/01/2013	Fee Schedule	$71.79
57426	REVISE PROSTH VAG GRAFT LAP	Y		01/01/2013	Fee Schedule	$816.19
57452	EXAM OF CERVIX W/SCOPE	Y		04/01/2013	Fee Schedule	$51.71
57454	BX/CURETT OF CERVIX W/SCOPE	Y		04/01/2013	Fee Schedule	$63.96
57455	BIOPSY OF CERVIX W/SCOPE	Y		04/01/2013	Fee Schedule	$67.03
57456	ENDOCERV CURETTAGE W/SCOPE	Y		04/01/2013	Fee Schedule	$64.30
57460	BX OF CERVIX W/SCOPE LEEP	Y		04/01/2013	Fee Schedule	$179.64
57461	CONZ OF CERVIX W/SCOPE LEEP	Y		04/01/2013	Fee Schedule	$192.91
57500	BIOPSY OF CERVIX	Y		04/01/2013	Fee Schedule	$84.38
57505	ENDOCERVICAL CURETTAGE	Y		04/01/2013	Fee Schedule	$57.50
57510	CAUTERIZATION OF CERVIX	Y		04/01/2013	Fee Schedule	$58.86
57511	CRYOCAUTERY OF CERVIX	Y		04/01/2013	Fee Schedule	$66.53
57513	LASER SURGERY OF CERVIX	Y		01/01/2013	Fee Schedule	$816.19
57520	CONIZATION OF CERVIX	Y		01/01/2013	Fee Schedule	$816.19
57522	CONIZATION OF CERVIX	Y		01/01/2013	Fee Schedule	$816.19
57530	REMOVAL OF CERVIX	Y		01/01/2013	Fee Schedule	$1,481.07
57550	REMOVAL OF RESIDUAL CERVIX	Y		01/01/2013	Fee Schedule	$1,481.07
57556	REMOVE CERVIX REPAIR BOWEL	Y		01/01/2013	Fee Schedule	$1,910.94
57558	D&C OF CERVICAL STUMP	Y		01/01/2013	Fee Schedule	$816.19
57700	REVISION OF CERVIX	Y		01/01/2013	Fee Schedule	$816.19
57720	REVISION OF CERVIX	Y		01/01/2013	Fee Schedule	$816.19
57800	DILATION OF CERVICAL CANAL	Y		04/01/2013	Fee Schedule	$31.30
58100	BIOPSY OF UTERUS LINING	Y		04/01/2013	Fee Schedule	$50.69
58110	BX DONE W/COLPOSCOPY ADD-ON			01/01/2009	No Separate Payment	$0.00
58120	DILATION AND CURETTAGE	Y		01/01/2013	Fee Schedule	$816.19
58145	MYOMECTOMY VAG METHOD	Y		01/01/2013	Fee Schedule	$1,481.07
58301	REMOVE INTRAUTERINE DEVICE	Y		04/01/2013	Fee Schedule	$46.95
58321	ARTIFICIAL INSEMINATION			07/01/2010	Not Allowed	$0.00
58322	ARTIFICIAL INSEMINATION			07/01/2010	Not Allowed	$0.00
58323	SPERM WASHING			07/01/2010	Not Allowed	$0.00
58340	CATHETER FOR HYSTEROGRAPHY			01/01/2009	No Separate Payment	$0.00
58345	REOPEN FALLOPIAN TUBE			03/01/2011	Not Allowed	$0.00
58346	INSERT HEYMAN UTERI CAPSULE	Y		01/01/2013	Fee Schedule	$816.19
58350	REOPEN FALLOPIAN TUBE	Y		01/01/2013	Fee Schedule	$1,481.07
58353	ENDOMETR ABLATE THERMAL	Y		01/01/2013	Fee Schedule	$1,481.07
58356	ENDOMETRIAL CRYOABLATION	Y		04/01/2013	Fee Schedule	$1,711.02
58541	LSH UTERUS 250 G OR LESS	Y		01/01/2013	Fee Schedule	$2,873.76
58542	LSH W/T/O UT 250 G OR LESS	Y		01/01/2013	Fee Schedule	$2,873.76
58545	LAPAROSCOPIC MYOMECTOMY	Y		01/01/2013	Fee Schedule	$1,531.92
58546	LAPARO-MYOMECTOMY COMPLEX	Y		01/01/2013	Fee Schedule	$1,956.74
58550	LAPARO-ASST VAG HYSTERECTOMY	Y		01/01/2013	Fee Schedule	$2,873.76
58552	LAPARO-VAG HYST INCL T/O	Y		01/01/2013	Fee Schedule	$1,956.74
58555	HYSTEROSCOPY DX SEP PROC	Y		01/01/2013	Fee Schedule	$943.85
58558	HYSTEROSCOPY BIOPSY	Y		01/01/2013	Fee Schedule	$943.85
58559	HYSTEROSCOPY LYSIS	Y		01/01/2013	Fee Schedule	$943.85
58560	HYSTEROSCOPY RESECT SEPTUM	Y		01/01/2013	Fee Schedule	$1,501.63
58561	HYSTEROSCOPY REMOVE MYOMA	Y		01/01/2013	Fee Schedule	$1,501.63
58562	HYSTEROSCOPY REMOVE FB	Y		01/01/2013	Fee Schedule	$943.85

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58563	HYSTEROSCOPY ABLATION	Y		01/01/2013	Fee Schedule	$1,501.63
58565	HYSTEROSCOPY STERILIZATION	Y		01/01/2013	Fee Schedule	$1,910.94
58570	TLH UTERUS 250 G OR LESS	Y		01/01/2013	Fee Schedule	$1,956.74
58571	TLH W/T/O 250 G OR LESS	Y		01/01/2013	Fee Schedule	$1,956.74
58600	DIVISION OF FALLOPIAN TUBE	Y		01/01/2013	Fee Schedule	$1,481.07
58615	OCCLUDE FALLOPIAN TUBE(S)	Y		01/01/2013	Fee Schedule	$816.19
58660	LAPAROSCOPY LYSIS	Y		01/01/2013	Fee Schedule	$1,956.74
58661	LAPAROSCOPY REMOVE ADNEXA	Y		01/01/2013	Fee Schedule	$1,956.74
58662	LAPAROSCOPY EXCISE LESIONS	Y		01/01/2013	Fee Schedule	$1,956.74
58670	LAPAROSCOPY TUBAL CAUTERY	Y		01/01/2013	Fee Schedule	$1,956.74
58671	LAPAROSCOPY TUBAL BLOCK	Y		01/01/2013	Fee Schedule	$1,956.74
58672	LAPAROSCOPY FIMBRIOPLASTY	Y		01/01/2013	Fee Schedule	$1,956.74
58673	LAPAROSCOPY SALPINGOSTOMY	Y		01/01/2013	Fee Schedule	$1,956.74
58800	DRAINAGE OF OVARIAN CYST(S)	Y		01/01/2013	Fee Schedule	$816.19
58805	DRAINAGE OF OVARIAN CYST(S)	Y		01/01/2013	Fee Schedule	$1,481.07
58820	DRAIN OVARY ABSCESS OPEN	Y		01/01/2013	Fee Schedule	$1,481.07
58900	BIOPSY OF OVARY(S)	Y		01/01/2013	Fee Schedule	$816.19
58970	RETRIEVAL OF OOCYTE			03/01/2011	Not Allowed	$0.00
58974	TRANSFER OF EMBRYO			03/01/2011	Not Allowed	$0.00
58976	TRANSFER OF EMBRYO			03/01/2011	Not Allowed	$0.00
59000	AMNIOCENTESIS DIAGNOSTIC	Y		04/01/2013	Fee Schedule	$73.15
59001	AMNIOCENTESIS THERAPEUTIC	Y		01/01/2013	Fee Schedule	$279.51
59012	FETAL CORD PUNCTURE PRENATAL	Y		01/01/2013	Fee Schedule	$131.36
59015	CHORION BIOPSY	Y		04/01/2013	Fee Schedule	$63.96
59020	FETAL CONTRACT STRESS TEST	Y		04/01/2013	Fee Schedule	$35.38
59025	FETAL NON-STRESS TEST	Y		04/01/2013	Fee Schedule	$19.05
59070	TRANSABDOM AMNIOINFUS W/US	Y		01/01/2013	Fee Schedule	$66.53
59072	UMBILICAL CORD OCCLUD W/US	Y		01/01/2013	Fee Schedule	$131.36
59074	FETAL FLUID DRAINAGE W/US	Y		01/01/2013	Fee Schedule	$131.36
59076	FETAL SHUNT PLACEMENT W/US	Y		01/01/2013	Fee Schedule	$131.36
59100	REMOVE UTERUS LESION	Y		01/01/2013	Fee Schedule	$1,481.07
59150	TREAT ECTOPIC PREGNANCY	Y		01/01/2013	Fee Schedule	$1,956.74
59151	TREAT ECTOPIC PREGNANCY	Y		01/01/2013	Fee Schedule	$1,956.74
59160	D & C AFTER DELIVERY	Y		01/01/2013	Fee Schedule	$816.19
59200	INSERT CERVICAL DILATOR	Y		04/01/2013	Fee Schedule	$39.81
59300	EPISIOTOMY OR VAGINAL REPAIR	Y		04/01/2013	Fee Schedule	$93.90
59320	REVISION OF CERVIX	Y		01/01/2013	Fee Schedule	$816.19
59412	ANTEPARTUM MANIPULATION	Y		01/01/2013	Fee Schedule	$816.19
59414	DELIVER PLACENTA	Y		01/01/2013	Fee Schedule	$816.19
59812	TREATMENT OF MISCARRIAGE	Y		01/01/2013	Fee Schedule	$816.19
59820	CARE OF MISCARRIAGE	Y		01/01/2013	Fee Schedule	$816.19
59821	TREATMENT OF MISCARRIAGE	Y		01/01/2013	Fee Schedule	$816.19
59840	ABORTION	Y		01/01/2013	Fee Schedule	$816.19
59841	ABORTION	Y		01/01/2013	Fee Schedule	$816.19
59866	ABORTION (MPR)	Y		01/01/2013	Fee Schedule	$131.36
59870	EVACUATE MOLE OF UTERUS	Y		01/01/2013	Fee Schedule	$816.19
59871	REMOVE CERCLAGE SUTURE	Y		01/01/2013	Fee Schedule	$816.19
60000	DRAIN THYROID/TONGUE CYST	Y		01/01/2013	Fee Schedule	$279.76

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60100	BIOPSY OF THYROID	Y		04/01/2013	Fee Schedule	$53.76
60200	REMOVE THYROID LESION	Y		01/01/2013	Fee Schedule	$2,059.99
60210	PARTIAL THYROID EXCISION	Y		01/01/2013	Fee Schedule	$2,059.99
60212	PARTIAL THYROID EXCISION	Y		01/01/2013	Fee Schedule	$2,059.99
60220	PARTIAL REMOVAL OF THYROID	Y		01/01/2013	Fee Schedule	$2,059.99
60225	PARTIAL REMOVAL OF THYROID	Y		01/01/2013	Fee Schedule	$2,059.99
60280	REMOVE THYROID DUCT LESION	Y		01/01/2013	Fee Schedule	$2,059.99
60281	REMOVE THYROID DUCT LESION	Y		01/01/2013	Fee Schedule	$2,059.99
60300	ASPIR/INJ THYROID CYST	Y		04/01/2013	Fee Schedule	$83.70
61000	REMOVE CRANIAL CAVITY FLUID	Y		01/01/2013	Fee Schedule	$317.46
61001	REMOVE CRANIAL CAVITY FLUID	Y		01/01/2013	Fee Schedule	$317.46
61020	REMOVE BRAIN CAVITY FLUID	Y		01/01/2013	Fee Schedule	$317.46
61026	INJECTION INTO BRAIN CANAL	Y		01/01/2013	Fee Schedule	$317.46
61050	REMOVE BRAIN CANAL FLUID	Y		01/01/2013	Fee Schedule	$317.46
61055	INJECTION INTO BRAIN CANAL	Y		01/01/2013	Fee Schedule	$317.46
61070	BRAIN CANAL SHUNT PROCEDURE	Y		01/01/2013	Fee Schedule	$246.69
61215	INSERT BRAIN-FLUID DEVICE	Y		01/01/2013	Fee Schedule	$1,824.28
61330	DECOMPRESS EYE SOCKET	Y		01/01/2013	Fee Schedule	$1,839.88
61334	EXPLORE ORBIT/REMOVE OBJECT	Y		01/01/2013	Fee Schedule	$1,839.88
61770	INCISE SKULL FOR TREATMENT	Y		01/01/2013	Fee Schedule	$1,392.48
61781	SCAN PROC CRANIAL INTRA			01/01/2011	No Separate Payment	$0.00
61782	SCAN PROC CRANIAL EXTRA			01/01/2011	No Separate Payment	$0.00
61783	SCAN PROC SPINAL			01/01/2011	No Separate Payment	$0.00
61790	TREAT TRIGEMINAL NERVE	Y		01/01/2013	Fee Schedule	$754.56
61791	TREAT TRIGEMINAL TRACT	Y		01/01/2013	Fee Schedule	$480.71
61880	REVISE/REMOVE NEUROELECTRODE	Y		01/01/2013	Fee Schedule	$847.91
61885	INSRT/REDO NEUROSTIM 1 ARRAY			01/01/2013	Fee Schedule	$15,431.30
61886	IMPLANT NEUROSTIM ARRAYS			01/01/2013	Fee Schedule	$19,560.64
61888	REVISE/REMOVE NEURORECEIVER	Y		01/01/2013	Fee Schedule	$1,457.96
62160	NEUROENDOSCOPY ADD-ON			07/01/2009	No Separate Payment	$0.00
62194	REPLACE/IRRIGATE CATHETER	Y		01/01/2013	Fee Schedule	$317.46
62225	REPLACE/IRRIGATE CATHETER	Y		01/01/2013	Fee Schedule	$674.26
62230	REPLACE/REVISE BRAIN SHUNT	Y		01/01/2013	Fee Schedule	$1,824.28
62252	CSF SHUNT REPROGRAM			04/01/2013	Fee Schedule	$42.19
62263	EPIDURAL LYSIS MULT SESSIONS	Y		01/01/2013	Fee Schedule	$480.71
62264	EPIDURAL LYSIS ON SINGLE DAY	Y		01/01/2013	Fee Schedule	$480.71
62267	INTERDISCAL PERQ ASPIR DX	Y		01/01/2013	Fee Schedule	$193.88
62268	DRAIN SPINAL CORD CYST	Y		01/01/2013	Fee Schedule	$317.46
62269	NEEDLE BIOPSY SPINAL CORD	Y		01/01/2013	Fee Schedule	$400.40
62270	SPINAL FLUID TAP DIAGNOSTIC	Y		01/01/2013	Fee Schedule	$163.70
62272	DRAIN CEREBRO SPINAL FLUID	Y		01/01/2013	Fee Schedule	$163.70
62273	INJECT EPIDURAL PATCH	Y		01/01/2013	Fee Schedule	$317.46
62280	TREAT SPINAL CORD LESION	Y		01/01/2013	Fee Schedule	$317.46
62281	TREAT SPINAL CORD LESION	Y		01/01/2013	Fee Schedule	$480.71
62282	TREAT SPINAL CANAL LESION	Y		01/01/2013	Fee Schedule	$480.71
62284	INJECTION FOR MYELOGRAM			01/01/2009	No Separate Payment	$0.00
62287	PERCUTANEOUS DISKECTOMY	Y		01/01/2013	Fee Schedule	$1,392.48
62290	INJECT FOR SPINE DISK X-RAY			01/01/2009	No Separate Payment	$0.00

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62291	INJECT FOR SPINE DISK X-RAY			01/01/2009	No Separate Payment	$0.00
62292	INJECTION INTO DISK LESION	Y		01/01/2013	Fee Schedule	$317.46
62294	INJECTION INTO SPINAL ARTERY	Y		01/01/2013	Fee Schedule	$317.46
62310	INJECT SPINE C/T	Y		01/01/2013	Fee Schedule	$317.46
62311	INJECT SPINE L/S (CD)	Y		01/01/2013	Fee Schedule	$317.46
62318	INJECT SPINE W/CATH C/T	Y		01/01/2013	Fee Schedule	$317.46
62319	INJECT SPINE W/CATH L/S (CD)	Y		01/01/2013	Fee Schedule	$480.71
62350	IMPLANT SPINAL CANAL CATH	Y		01/01/2013	Fee Schedule	$1,824.28
62355	REMOVE SPINAL CANAL CATHETER	Y		01/01/2013	Fee Schedule	$480.71
62360	INSERT SPINE INFUSION DEVICE	Y		01/01/2013	Fee Schedule	$1,824.28
62361	IMPLANT SPINE INFUSION PUMP	Y		01/01/2013	Fee Schedule	$12,969.25
62362	IMPLANT SPINE INFUSION PUMP	Y		01/01/2013	Fee Schedule	$12,969.25
62365	REMOVE SPINE INFUSION DEVICE	Y		01/01/2013	Fee Schedule	$1,392.48
62367	ANALYZE SPINE INFUS PUMP			04/01/2013	Fee Schedule	$24.84
62368	ANALYZE SP INF PUMP W/REPROG			04/01/2013	Fee Schedule	$33.34
62369	ANAL SP INF PMP W/REPRG&FILL			04/01/2013	Fee Schedule	$104.79
62370	ANL SP INF PMP W/MDREPRG&FIL			04/01/2013	Fee Schedule	$101.73
63001	REMOVAL OF SPINAL LAMINA	Y		04/01/2013	Fee Schedule	$2,109.06
63003	REMOVAL OF SPINAL LAMINA	Y		04/01/2013	Fee Schedule	$2,109.06
63005	REMOVAL OF SPINAL LAMINA	Y		04/01/2013	Fee Schedule	$2,109.06
63600	REMOVE SPINAL CORD LESION	Y		01/01/2013	Fee Schedule	$754.56
63610	STIMULATION OF SPINAL CORD	Y		01/01/2013	Fee Schedule	$754.56
63615	REMOVE LESION OF SPINAL CORD	Y		01/01/2013	Fee Schedule	$754.56
63650	IMPLANT NEUROELECTRODES			01/01/2013	Fee Schedule	$3,550.55
63655	IMPLANT NEUROELECTRODES			01/01/2013	Fee Schedule	$5,860.83
63661	REMOVE SPINE ELTRD PERQ ARAY	Y		01/01/2013	Fee Schedule	$847.91
63662	REMOVE SPINE ELTRD PLATE	Y		01/01/2013	Fee Schedule	$847.91
63663	REVISE SPINE ELTRD PERQ ARAY			01/01/2013	Fee Schedule	$3,550.55
63664	REVISE SPINE ELTRD PLATE			01/01/2013	Fee Schedule	$3,550.55
63685	INSRT/REDO SPINE N GENERATOR			01/01/2013	Fee Schedule	$15,431.30
63688	REVISE/REMOVE NEURORECEIVER	Y		01/01/2013	Fee Schedule	$1,457.96
63744	REVISION OF SPINAL SHUNT	Y		01/01/2013	Fee Schedule	$1,824.28
63746	REMOVAL OF SPINAL SHUNT	Y		01/01/2013	Fee Schedule	$480.71
64400	N BLOCK INJ TRIGEMINAL	Y		04/01/2013	Fee Schedule	$82.34
64402	N BLOCK INJ FACIAL	Y		04/01/2013	Fee Schedule	$76.21
64405	N BLOCK INJ OCCIPITAL	Y		04/01/2013	Fee Schedule	$65.32
64408	N BLOCK INJ VAGUS	Y		04/01/2013	Fee Schedule	$47.97
64410	N BLOCK INJ PHRENIC	Y		01/01/2013	Fee Schedule	$102.47
64412	N BLOCK INJ SPINAL ACCESSOR	Y		04/01/2013	Fee Schedule	$96.29
64413	N BLOCK INJ CERVICAL PLEXUS	Y		04/01/2013	Fee Schedule	$74.17
64415	N BLOCK INJ BRACHIAL PLEXUS	Y		01/01/2013	Fee Schedule	$163.70
64416	N BLOCK CONT INFUSE B PLEX	Y		01/01/2013	Fee Schedule	$317.46
64417	N BLOCK INJ AXILLARY	Y		01/01/2013	Fee Schedule	$163.70
64418	N BLOCK INJ SUPRASCAPULAR	Y		04/01/2013	Fee Schedule	$96.29
64420	N BLOCK INJ INTERCOST SNG	Y		01/01/2013	Fee Schedule	$163.70
64421	N BLOCK INJ INTERCOST MLT	Y		01/01/2013	Fee Schedule	$317.46
64425	N BLOCK INJ ILIO-ING/HYPOGI	Y		04/01/2013	Fee Schedule	$72.13
64430	N BLOCK INJ PUDENDAL	Y		01/01/2013	Fee Schedule	$317.46

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64435	N BLOCK INJ PARACERVICAL	Y		04/01/2013	Fee Schedule	$81.66
64445	N BLOCK INJ SCIATIC SNG	Y		04/01/2013	Fee Schedule	$83.36
64446	N BLK INJ SCIATIC CONT INF	Y		01/01/2013	Fee Schedule	$317.46
64447	N BLOCK INJ FEM SINGLE	Y		04/01/2013	Fee Schedule	$66.69
64448	N BLOCK INJ FEM CONT INF	Y		01/01/2013	Fee Schedule	$317.46
64449	N BLOCK INJ LUMBAR PLEXUS	Y		01/01/2013	Fee Schedule	$317.46
64450	N BLOCK OTHER PERIPHERAL	Y		04/01/2013	Fee Schedule	$53.76
64455	N BLOCK INJ PLANTAR DIGIT	Y		04/01/2013	Fee Schedule	$20.07
64479	INJ FORAMEN EPIDURAL C/T	Y		01/01/2013	Fee Schedule	$317.46
64480	INJ FORAMEN EPIDURAL ADD-ON	Y		01/01/2013	Fee Schedule	$163.70
64483	INJ FORAMEN EPIDURAL L/S	Y		01/01/2013	Fee Schedule	$317.46
64484	INJ FORAMEN EPIDURAL ADD-ON	Y		01/01/2013	Fee Schedule	$163.70
64490	INJ PARAVERT F JNT C/T 1 LEV	Y		01/01/2013	Fee Schedule	$317.46
64491	INJ PARAVERT F JNT C/T 2 LEV	Y		01/01/2013	Fee Schedule	$102.47
64492	INJ PARAVERT F JNT C/T 3 LEV	Y		01/01/2013	Fee Schedule	$102.47
64493	INJ PARAVERT F JNT L/S 1 LEV	Y		01/01/2013	Fee Schedule	$317.46
64494	INJ PARAVERT F JNT L/S 2 LEV	Y		01/01/2013	Fee Schedule	$102.47
64495	INJ PARAVERT F JNT L/S 3 LEV	Y		01/01/2013	Fee Schedule	$102.47
64505	N BLOCK SPENOPALATINE GANGL	Y		04/01/2013	Fee Schedule	$55.46
64508	N BLOCK CAROTID SINUS S/P	Y		04/01/2013	Fee Schedule	$19.39
64510	N BLOCK STELLATE GANGLION	Y		01/01/2013	Fee Schedule	$317.46
64517	N BLOCK INJ HYPOGAS PLXS	Y		01/01/2013	Fee Schedule	$317.46
64520	N BLOCK LUMBAR/THORACIC	Y		01/01/2013	Fee Schedule	$317.46
64530	N BLOCK INJ CELIAC PELUS	Y		01/01/2013	Fee Schedule	$317.46
64553	IMPLANT NEUROELECTRODES			01/01/2013	Fee Schedule	$3,550.55
64555	IMPLANT NEUROELECTRODES			01/01/2013	Fee Schedule	$3,550.55
64561	IMPLANT NEUROELECTRODES			01/01/2013	Fee Schedule	$3,550.55
64565	IMPLANT NEUROELECTRODES			01/01/2013	Fee Schedule	$3,550.55
64566	NEUROELTRD STIM POST TIBIAL	Y		04/01/2013	Fee Schedule	$101.73
64568	INC FOR VAGUS N ELECT IMPL			01/01/2013	Fee Schedule	$24,363.34
64569	REVISE/REPL VAGUS N ELTRD	Y		01/01/2013	Fee Schedule	$3,550.55
64570	REMOVE VAGUS N ELTRD	Y		01/01/2013	Fee Schedule	$1,392.48
64575	IMPLANT NEUROELECTRODES			01/01/2013	Fee Schedule	$5,860.83
64580	IMPLANT NEUROELECTRODES			01/01/2013	Fee Schedule	$5,860.83
64581	IMPLANT NEUROELECTRODES			01/01/2013	Fee Schedule	$5,860.83
64585	REVISE/REMOVE NEUROELECTRODE	Y		01/01/2013	Fee Schedule	$847.91
64590	INSRT/REDO PN/GASTR STIMUL			01/01/2013	Fee Schedule	$15,431.30
64595	REVISE/RMV PN/GASTR STIMUL	Y		01/01/2013	Fee Schedule	$1,457.96
64600	INJECTION TREATMENT OF NERVE	Y		01/01/2013	Fee Schedule	$480.71
64605	INJECTION TREATMENT OF NERVE	Y		01/01/2013	Fee Schedule	$754.56
64610	INJECTION TREATMENT OF NERVE	Y		01/01/2013	Fee Schedule	$754.56
64611	CHEMODENERV SALIV GLANDS	Y		04/01/2013	Fee Schedule	$69.75
64612	DESTROY NERVE FACE MUSCLE	Y		04/01/2013	Fee Schedule	$76.21
64613	DESTROY NERVE NECK MUSCLE	Y		04/01/2013	Fee Schedule	$86.76
64614	DESTROY NERVE EXTREM MUSC	Y		04/01/2013	Fee Schedule	$99.01
64615	CHEMODENERV MUSC MIGRAINE	Y		04/01/2013	Fee Schedule	$60.56
64620	INJECTION TREATMENT OF NERVE	Y		01/01/2013	Fee Schedule	$480.71
64630	INJECTION TREATMENT OF NERVE	Y		01/01/2013	Fee Schedule	$317.46

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64632	N BLOCK INJ COMMON DIGIT	Y		04/01/2013	Fee Schedule	$40.83
64633	DESTROY CERV/THOR FACET JNT	Y		01/01/2013	Fee Schedule	$317.46
64634	DESTROY C/TH FACET JNT ADDL	Y		01/01/2013	Fee Schedule	$102.47
64635	DESTROY LUMB/SAC FACET JNT	Y		01/01/2013	Fee Schedule	$480.71
64636	DESTROY L/S FACET JNT ADDL	Y		01/01/2013	Fee Schedule	$317.46
64640	INJECTION TREATMENT OF NERVE	Y		04/01/2013	Fee Schedule	$92.88
64650	CHEMODENERV ECCRINE GLANDS	Y		04/01/2013	Fee Schedule	$100.03
64653	CHEMODENERV ECCRINE GLANDS	Y		04/01/2013	Fee Schedule	$102.47
64680	INJECTION TREATMENT OF NERVE	Y		01/01/2013	Fee Schedule	$480.71
64681	INJECTION TREATMENT OF NERVE	Y		01/01/2013	Fee Schedule	$480.71
64702	REVISE FINGER/TOE NERVE	Y		01/01/2013	Fee Schedule	$754.56
64704	REVISE HAND/FOOT NERVE	Y		01/01/2013	Fee Schedule	$754.56
64708	REVISE ARM/LEG NERVE	Y		01/01/2013	Fee Schedule	$754.56
64712	REVISION OF SCIATIC NERVE	Y		01/01/2013	Fee Schedule	$754.56
64713	REVISION OF ARM NERVE(S)	Y		01/01/2013	Fee Schedule	$754.56
64714	REVISE LOW BACK NERVE(S)	Y		01/01/2013	Fee Schedule	$754.56
64716	REVISION OF CRANIAL NERVE	Y		01/01/2013	Fee Schedule	$754.56
64718	REVISE ULNAR NERVE AT ELBOW	Y		01/01/2013	Fee Schedule	$754.56
64719	REVISE ULNAR NERVE AT WRIST	Y		01/01/2013	Fee Schedule	$754.56
64721	CARPAL TUNNEL SURGERY	Y		01/01/2013	Fee Schedule	$754.56
64722	RELIEVE PRESSURE ON NERVE(S)	Y		01/01/2013	Fee Schedule	$754.56
64726	RELEASE FOOT/TOE NERVE	Y		01/01/2013	Fee Schedule	$754.56
64727	INTERNAL NERVE REVISION	Y		01/01/2013	Fee Schedule	$754.56
64732	INCISION OF BROW NERVE	Y		01/01/2013	Fee Schedule	$754.56
64734	INCISION OF CHEEK NERVE	Y		01/01/2013	Fee Schedule	$754.56
64736	INCISION OF CHIN NERVE	Y		01/01/2013	Fee Schedule	$754.56
64738	INCISION OF JAW NERVE	Y		01/01/2013	Fee Schedule	$754.56
64740	INCISION OF TONGUE NERVE	Y		01/01/2013	Fee Schedule	$754.56
64742	INCISION OF FACIAL NERVE	Y		01/01/2013	Fee Schedule	$754.56
64744	INCISE NERVE BACK OF HEAD	Y		01/01/2013	Fee Schedule	$754.56
64746	INCISE DIAPHRAGM NERVE	Y		01/01/2013	Fee Schedule	$754.56
64761	INCISION OF PELVIS NERVE	Y		01/01/2013	Fee Schedule	$754.56
64763	INCISE HIP/THIGH NERVE	Y		01/01/2013	Fee Schedule	$754.56
64766	INCISE HIP/THIGH NERVE	Y		01/01/2013	Fee Schedule	$1,392.48
64771	SEVER CRANIAL NERVE	Y		01/01/2013	Fee Schedule	$754.56
64772	INCISION OF SPINAL NERVE	Y		01/01/2013	Fee Schedule	$754.56
64774	REMOVE SKIN NERVE LESION	Y		01/01/2013	Fee Schedule	$754.56
64776	REMOVE DIGIT NERVE LESION	Y		01/01/2013	Fee Schedule	$754.56
64778	DIGIT NERVE SURGERY ADD-ON	Y		01/01/2013	Fee Schedule	$754.56
64782	REMOVE LIMB NERVE LESION	Y		01/01/2013	Fee Schedule	$754.56
64783	LIMB NERVE SURGERY ADD-ON	Y		01/01/2013	Fee Schedule	$754.56
64784	REMOVE NERVE LESION	Y		01/01/2013	Fee Schedule	$754.56
64786	REMOVE SCIATIC NERVE LESION	Y		01/01/2013	Fee Schedule	$1,392.48
64787	IMPLANT NERVE END	Y		01/01/2013	Fee Schedule	$754.56
64788	REMOVE SKIN NERVE LESION	Y		01/01/2013	Fee Schedule	$754.56
64790	REMOVAL OF NERVE LESION	Y		01/01/2013	Fee Schedule	$754.56
64792	REMOVAL OF NERVE LESION	Y		01/01/2013	Fee Schedule	$1,392.48
64795	BIOPSY OF NERVE	Y		01/01/2013	Fee Schedule	$754.56

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
64802	REMOVE SYMPATHETIC NERVES	Y		01/01/2013	Fee Schedule	$754.56
64820	REMOVE SYMPATHETIC NERVES	Y		01/01/2013	Fee Schedule	$754.56
64821	REMOVE SYMPATHETIC NERVES	Y		01/01/2013	Fee Schedule	$1,159.36
64822	REMOVE SYMPATHETIC NERVES	Y		01/01/2013	Fee Schedule	$1,159.36
64823	REMOVE SYMPATHETIC NERVES	Y		01/01/2013	Fee Schedule	$1,159.36
64831	REPAIR OF DIGIT NERVE	Y		01/01/2013	Fee Schedule	$1,392.48
64832	REPAIR NERVE ADD-ON	Y		01/01/2013	Fee Schedule	$1,392.48
64834	REPAIR OF HAND OR FOOT NERVE	Y		01/01/2013	Fee Schedule	$1,392.48
64835	REPAIR OF HAND OR FOOT NERVE	Y		01/01/2013	Fee Schedule	$1,392.48
64836	REPAIR OF HAND OR FOOT NERVE	Y		01/01/2013	Fee Schedule	$1,392.48
64837	REPAIR NERVE ADD-ON	Y		01/01/2013	Fee Schedule	$1,392.48
64840	REPAIR OF LEG NERVE	Y		01/01/2013	Fee Schedule	$1,392.48
64856	REPAIR/TRANSPOSE NERVE	Y		01/01/2013	Fee Schedule	$1,392.48
64857	REPAIR ARM/LEG NERVE	Y		01/01/2013	Fee Schedule	$1,392.48
64858	REPAIR SCIATIC NERVE	Y		01/01/2013	Fee Schedule	$1,392.48
64859	NERVE SURGERY	Y		01/01/2013	Fee Schedule	$1,392.48
64861	REPAIR OF ARM NERVES	Y		01/01/2013	Fee Schedule	$1,392.48
64862	REPAIR OF LOW BACK NERVES	Y		01/01/2013	Fee Schedule	$1,392.48
64864	REPAIR OF FACIAL NERVE	Y		01/01/2013	Fee Schedule	$1,392.48
64865	REPAIR OF FACIAL NERVE	Y		01/01/2013	Fee Schedule	$1,392.48
64870	FUSION OF FACIAL/OTHER NERVE	Y		01/01/2013	Fee Schedule	$1,392.48
64872	SUBSEQUENT REPAIR OF NERVE	Y		01/01/2013	Fee Schedule	$1,392.48
64874	REPAIR & REVISE NERVE ADD-ON	Y		01/01/2013	Fee Schedule	$1,392.48
64876	REPAIR NERVE/SHORTEN BONE	Y		01/01/2013	Fee Schedule	$1,392.48
64885	NERVE GRAFT HEAD OR NECK	Y		01/01/2013	Fee Schedule	$1,392.48
64886	NERVE GRAFT HEAD OR NECK	Y		01/01/2013	Fee Schedule	$1,392.48
64890	NERVE GRAFT HAND OR FOOT	Y		01/01/2013	Fee Schedule	$1,392.48
64891	NERVE GRAFT HAND OR FOOT	Y		01/01/2013	Fee Schedule	$1,392.48
64892	NERVE GRAFT ARM OR LEG	Y		01/01/2013	Fee Schedule	$1,392.48
64893	NERVE GRAFT ARM OR LEG	Y		01/01/2013	Fee Schedule	$1,392.48
64895	NERVE GRAFT HAND OR FOOT	Y		01/01/2013	Fee Schedule	$1,392.48
64896	NERVE GRAFT HAND OR FOOT	Y		01/01/2013	Fee Schedule	$1,392.48
64897	NERVE GRAFT ARM OR LEG	Y		01/01/2013	Fee Schedule	$1,392.48
64898	NERVE GRAFT ARM OR LEG	Y		01/01/2013	Fee Schedule	$1,392.48
64901	NERVE GRAFT ADD-ON	Y		01/01/2013	Fee Schedule	$1,392.48
64902	NERVE GRAFT ADD-ON	Y		01/01/2013	Fee Schedule	$1,392.48
64905	NERVE PEDICLE TRANSFER	Y		01/01/2013	Fee Schedule	$1,392.48
64907	NERVE PEDICLE TRANSFER	Y		01/01/2013	Fee Schedule	$1,392.48
64910	NERVE REPAIR W/ALLOGRAFT	Y		01/01/2013	Fee Schedule	$1,392.48
65091	REVISE EYE	Y		01/01/2013	Fee Schedule	$1,589.52
65093	REVISE EYE WITH IMPLANT	Y		01/01/2013	Fee Schedule	$1,589.52
65101	REMOVAL OF EYE	Y		01/01/2013	Fee Schedule	$1,589.52
65103	REMOVE EYE/INSERT IMPLANT	Y		01/01/2013	Fee Schedule	$1,589.52
65105	REMOVE EYE/ATTACH IMPLANT	Y		01/01/2013	Fee Schedule	$1,589.52
65110	REMOVAL OF EYE	Y		01/01/2013	Fee Schedule	$1,589.52
65112	REMOVE EYE/REVISE SOCKET	Y		01/01/2013	Fee Schedule	$1,589.52
65114	REMOVE EYE/REVISE SOCKET	Y		01/01/2013	Fee Schedule	$1,589.52
65125	REVISE OCULAR IMPLANT	Y		01/01/2013	Fee Schedule	$1,068.42

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
65130	INSERT OCULAR IMPLANT	Y		01/01/2013	Fee Schedule	$1,068.42
65135	INSERT OCULAR IMPLANT	Y		01/01/2013	Fee Schedule	$1,068.42
65140	ATTACH OCULAR IMPLANT	Y		01/01/2013	Fee Schedule	$1,589.52
65150	REVISE OCULAR IMPLANT	Y		01/01/2013	Fee Schedule	$1,068.42
65155	REINSERT OCULAR IMPLANT	Y		01/01/2013	Fee Schedule	$1,589.52
65175	REMOVAL OF OCULAR IMPLANT	Y		01/01/2013	Fee Schedule	$767.58
65205	REMOVE FOREIGN BODY FROM EYE			04/01/2013	Fee Schedule	$30.28
65210	REMOVE FOREIGN BODY FROM EYE			04/01/2013	Fee Schedule	$38.79
65220	REMOVE FOREIGN BODY FROM EYE			01/01/2013	Fee Schedule	$41.56
65222	REMOVE FOREIGN BODY FROM EYE			04/01/2013	Fee Schedule	$37.09
65235	REMOVE FOREIGN BODY FROM EYE	Y		01/01/2013	Fee Schedule	$633.77
65260	REMOVE FOREIGN BODY FROM EYE	Y		01/01/2013	Fee Schedule	$233.65
65265	REMOVE FOREIGN BODY FROM EYE	Y		01/01/2013	Fee Schedule	$809.22
65270	REPAIR OF EYE WOUND	Y		01/01/2013	Fee Schedule	$767.58
65272	REPAIR OF EYE WOUND	Y		01/01/2013	Fee Schedule	$940.80
65275	REPAIR OF EYE WOUND	Y		01/01/2013	Fee Schedule	$940.80
65280	REPAIR OF EYE WOUND	Y		01/01/2013	Fee Schedule	$809.22
65285	REPAIR OF EYE WOUND	Y		01/01/2013	Fee Schedule	$1,635.00
65286	REPAIR OF EYE WOUND	Y		04/01/2013	Fee Schedule	$371.94
65290	REPAIR OF EYE SOCKET WOUND	Y		01/01/2013	Fee Schedule	$1,008.73
65400	REMOVAL OF EYE LESION	Y		01/01/2013	Fee Schedule	$633.77
65410	BIOPSY OF CORNEA	Y		01/01/2013	Fee Schedule	$633.77
65420	REMOVAL OF EYE LESION	Y		01/01/2013	Fee Schedule	$633.77
65426	REMOVAL OF EYE LESION	Y		01/01/2013	Fee Schedule	$940.80
65430	CORNEAL SMEAR			01/01/2013	Fee Schedule	$41.56
65435	CURETTE/TREAT CORNEA	Y		04/01/2013	Fee Schedule	$47.29
65436	CURETTE/TREAT CORNEA	Y		04/01/2013	Fee Schedule	$214.69
65450	TREATMENT OF CORNEAL LESION			01/01/2013	Fee Schedule	$81.30
65600	REVISION OF CORNEA	Y		04/01/2013	Fee Schedule	$247.35
65710	CORNEAL TRANSPLANT	Y		01/01/2013	Fee Schedule	$1,665.08
65730	CORNEAL TRANSPLANT	Y		01/01/2013	Fee Schedule	$1,665.08
65750	CORNEAL TRANSPLANT	Y		01/01/2013	Fee Schedule	$1,665.08
65755	CORNEAL TRANSPLANT	Y		01/01/2013	Fee Schedule	$1,665.08
65756	CORNEAL TRNSPL ENDOTHELIAL	Y		01/01/2013	Fee Schedule	$1,665.08
65757	PREP CORNEAL ENDO ALLOGRAFT			01/01/2010	No Separate Payment	$0.00
65770	REVISE CORNEA WITH IMPLANT	Y		01/01/2013	Fee Schedule	$7,378.12
65772	CORRECTION OF ASTIGMATISM	Y		01/01/2013	Fee Schedule	$633.77
65775	CORRECTION OF ASTIGMATISM	Y		01/01/2013	Fee Schedule	$633.77
65778	COVER EYE W/MEMBRANE			01/01/2012	No Separate Payment	$0.00
65779	COVER EYE W/MEMBRANE SUTURE			01/01/2013	No Separate Payment	$0.00
65780	OCULAR RECONST TRANSPLANT	Y		01/01/2013	Fee Schedule	$1,665.08
65781	OCULAR RECONST TRANSPLANT	Y		01/01/2013	Fee Schedule	$1,665.08
65782	OCULAR RECONST TRANSPLANT	Y		01/01/2013	Fee Schedule	$1,665.08
65800	DRAINAGE OF EYE	Y		01/01/2013	Fee Schedule	$371.94
65810	DRAINAGE OF EYE	Y		01/01/2013	Fee Schedule	$940.80
65815	DRAINAGE OF EYE	Y		01/01/2013	Fee Schedule	$940.80
65820	RELIEVE INNER EYE PRESSURE	Y		01/01/2013	Fee Schedule	$940.80
65850	INCISION OF EYE	Y		01/01/2013	Fee Schedule	$940.80

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
65855	LASER SURGERY OF EYE	Y		04/01/2013	Fee Schedule	$195.97
65860	INCISE INNER EYE ADHESIONS	Y		04/01/2013	Fee Schedule	$181.00
65865	INCISE INNER EYE ADHESIONS	Y		01/01/2013	Fee Schedule	$633.77
65870	INCISE INNER EYE ADHESIONS	Y		01/01/2013	Fee Schedule	$940.80
65875	INCISE INNER EYE ADHESIONS	Y		01/01/2013	Fee Schedule	$940.80
65880	INCISE INNER EYE ADHESIONS	Y		01/01/2013	Fee Schedule	$633.77
65900	REMOVE EYE LESION	Y		01/01/2013	Fee Schedule	$81.25
65920	REMOVE IMPLANT OF EYE	Y		01/01/2013	Fee Schedule	$940.80
65930	REMOVE BLOOD CLOT FROM EYE	Y		01/01/2013	Fee Schedule	$1,671.00
66020	INJECTION TREATMENT OF EYE	Y		01/01/2013	Fee Schedule	$633.77
66030	INJECTION TREATMENT OF EYE	Y		01/01/2013	Fee Schedule	$633.77
66130	REMOVE EYE LESION	Y		01/01/2013	Fee Schedule	$940.80
66150	GLAUCOMA SURGERY	Y		01/01/2013	Fee Schedule	$940.80
66155	GLAUCOMA SURGERY	Y		01/01/2013	Fee Schedule	$1,671.00
66160	GLAUCOMA SURGERY	Y		01/01/2013	Fee Schedule	$940.80
66165	GLAUCOMA SURGERY	Y		01/01/2013	Fee Schedule	$940.80
66170	GLAUCOMA SURGERY	Y		01/01/2013	Fee Schedule	$940.80
66172	INCISION OF EYE	Y		01/01/2013	Fee Schedule	$940.80
66174	TRANSLUM DIL EYE CANAL	Y		01/01/2013	Fee Schedule	$1,671.00
66175	TRNSLUM DIL EYE CANAL W/STNT	Y		01/01/2013	Fee Schedule	$1,671.00
66180	IMPLANT EYE SHUNT	Y		01/01/2013	Fee Schedule	$1,671.00
66185	REVISE EYE SHUNT	Y		01/01/2013	Fee Schedule	$1,671.00
66220	REPAIR EYE LESION	Y		01/01/2013	Fee Schedule	$1,635.00
66225	REPAIR/GRAFT EYE LESION	Y		01/01/2013	Fee Schedule	$1,671.00
66250	FOLLOW-UP SURGERY OF EYE	Y		01/01/2013	Fee Schedule	$633.77
66500	INCISION OF IRIS	Y		01/01/2013	Fee Schedule	$81.25
66505	INCISION OF IRIS	Y		01/01/2013	Fee Schedule	$371.94
66600	REMOVE IRIS AND LESION	Y		01/01/2013	Fee Schedule	$940.80
66605	REMOVAL OF IRIS	Y		01/01/2013	Fee Schedule	$1,671.00
66625	REMOVAL OF IRIS	Y		01/01/2013	Fee Schedule	$371.94
66630	REMOVAL OF IRIS	Y		01/01/2013	Fee Schedule	$940.80
66635	REMOVAL OF IRIS	Y		01/01/2013	Fee Schedule	$940.80
66680	REPAIR IRIS & CILIARY BODY	Y		01/01/2013	Fee Schedule	$940.80
66682	REPAIR IRIS & CILIARY BODY	Y		01/01/2013	Fee Schedule	$940.80
66700	DESTRUCTION CILIARY BODY	Y		01/01/2013	Fee Schedule	$633.77
66710	CILIARY TRANSSLERAL THERAPY	Y		01/01/2013	Fee Schedule	$633.77
66711	CILIARY ENDOSCOPIC ABLATION	Y		01/01/2013	Fee Schedule	$940.80
66720	DESTRUCTION CILIARY BODY	Y		01/01/2013	Fee Schedule	$633.77
66740	DESTRUCTION CILIARY BODY	Y		01/01/2013	Fee Schedule	$940.80
66761	REVISION OF IRIS	Y		04/01/2013	Fee Schedule	$191.89
66762	REVISION OF IRIS	Y		04/01/2013	Fee Schedule	$230.51
66770	REMOVAL OF INNER EYE LESION	Y		04/01/2013	Fee Schedule	$230.51
66820	INCISION SECONDARY CATARACT	Y		01/01/2013	Fee Schedule	$371.94
66821	AFTER CATARACT LASER SURGERY	Y		01/01/2013	Fee Schedule	$230.51
66825	REPOSITION INTRAOCULAR LENS	Y		01/01/2013	Fee Schedule	$940.80
66830	REMOVAL OF LENS LESION	Y		01/01/2013	Fee Schedule	$371.94
66840	REMOVAL OF LENS MATERIAL	Y		01/01/2013	Fee Schedule	$633.77
66850	REMOVAL OF LENS MATERIAL	Y		01/01/2013	Fee Schedule	$1,175.82

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66852	REMOVAL OF LENS MATERIAL	Y		01/01/2013	Fee Schedule	$1,175.82
66920	EXTRACTION OF LENS	Y		01/01/2013	Fee Schedule	$1,175.82
66930	EXTRACTION OF LENS	Y		01/01/2013	Fee Schedule	$1,175.82
66940	EXTRACTION OF LENS	Y		01/01/2013	Fee Schedule	$371.94
66982	CATARACT SURGERY COMPLEX	Y		01/01/2013	Fee Schedule	$971.02
66983	CATARACT SURG W/IOL 1 STAGE	Y		01/01/2013	Fee Schedule	$971.02
66984	CATARACT SURG W/IOL 1 STAGE	Y		01/01/2013	Fee Schedule	$971.02
66985	INSERT LENS PROSTHESIS	Y		01/01/2013	Fee Schedule	$971.02
66986	EXCHANGE LENS PROSTHESIS	Y		01/01/2013	Fee Schedule	$971.02
66990	OPHTHALMIC ENDOSCOPE ADD-ON			01/01/2009	No Separate Payment	$0.00
67005	PARTIAL REMOVAL OF EYE FLUID	Y		01/01/2013	Fee Schedule	$809.22
67010	PARTIAL REMOVAL OF EYE FLUID	Y		01/01/2013	Fee Schedule	$1,635.00
67015	RELEASE OF EYE FLUID	Y		01/01/2013	Fee Schedule	$1,635.00
67025	REPLACE EYE FLUID	Y		01/01/2013	Fee Schedule	$1,635.00
67027	IMPLANT EYE DRUG SYSTEM	Y		01/01/2013	Fee Schedule	$1,635.00
67028	INJECTION EYE DRUG	Y		04/01/2013	Fee Schedule	$49.33
67030	INCISE INNER EYE STRANDS	Y		01/01/2013	Fee Schedule	$809.22
67031	LASER SURGERY EYE STRANDS	Y		01/01/2013	Fee Schedule	$230.51
67036	REMOVAL OF INNER EYE FLUID	Y		01/01/2013	Fee Schedule	$1,635.00
67039	LASER TREATMENT OF RETINA	Y		01/01/2013	Fee Schedule	$1,635.00
67040	LASER TREATMENT OF RETINA	Y		01/01/2013	Fee Schedule	$1,635.00
67041	VIT FOR MACULAR PUCKER	Y		01/01/2013	Fee Schedule	$1,635.00
67042	VIT FOR MACULAR HOLE	Y		01/01/2013	Fee Schedule	$1,635.00
67043	VIT FOR MEMBRANE DISSECT	Y		01/01/2013	Fee Schedule	$1,635.00
67101	REPAIR DETACHED RETINA	Y		04/01/2013	Fee Schedule	$472.24
67105	REPAIR DETACHED RETINA	Y		01/01/2013	Fee Schedule	$230.51
67107	REPAIR DETACHED RETINA	Y		01/01/2013	Fee Schedule	$1,635.00
67108	REPAIR DETACHED RETINA	Y		01/01/2013	Fee Schedule	$1,635.00
67110	REPAIR DETACHED RETINA	Y		04/01/2013	Fee Schedule	$503.88
67112	REREPAIR DETACHED RETINA	Y		01/01/2013	Fee Schedule	$1,635.00
67113	REPAIR RETINAL DETACH CPLX	Y		01/01/2013	Fee Schedule	$1,635.00
67115	RELEASE ENCIRCLING MATERIAL	Y		01/01/2013	Fee Schedule	$809.22
67120	REMOVE EYE IMPLANT MATERIAL	Y		01/01/2013	Fee Schedule	$809.22
67121	REMOVE EYE IMPLANT MATERIAL	Y		01/01/2013	Fee Schedule	$1,635.00
67141	TREATMENT OF RETINA	Y		01/01/2013	Fee Schedule	$233.65
67145	TREATMENT OF RETINA	Y		04/01/2013	Fee Schedule	$230.51
67208	TREATMENT OF RETINAL LESION	Y		01/01/2013	Fee Schedule	$233.65
67210	TREATMENT OF RETINAL LESION	Y		04/01/2013	Fee Schedule	$230.51
67218	TREATMENT OF RETINAL LESION	Y		01/01/2013	Fee Schedule	$809.22
67220	TREATMENT OF CHOROID LESION	Y		04/01/2013	Fee Schedule	$233.65
67221	OCULAR PHOTODYNAMIC THER	Y		04/01/2013	Fee Schedule	$163.65
67225	EYE PHOTODYNAMIC THER ADD-ON	Y		04/01/2013	Fee Schedule	$12.59
67227	TREATMENT OF RETINAL LESION	Y		01/01/2013	Fee Schedule	$809.22
67228	TREATMENT OF RETINAL LESION	Y		01/01/2013	Fee Schedule	$230.51
67229	TR RETINAL LES PRETERM INF	Y		01/01/2013	Fee Schedule	$230.51
67250	REINFORCE EYE WALL	Y		01/01/2013	Fee Schedule	$767.58
67255	REINFORCE/GRAFT EYE WALL	Y		01/01/2013	Fee Schedule	$809.22
67311	REVISE EYE MUSCLE	Y		01/01/2013	Fee Schedule	$1,008.73

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
67312	REVISE TWO EYE MUSCLES	Y		01/01/2013	Fee Schedule	$1,008.73
67314	REVISE EYE MUSCLE	Y		01/01/2013	Fee Schedule	$1,008.73
67316	REVISE TWO EYE MUSCLES	Y		01/01/2013	Fee Schedule	$1,008.73
67318	REVISE EYE MUSCLE(S)	Y		01/01/2013	Fee Schedule	$1,008.73
67320	REVISE EYE MUSCLE(S) ADD-ON	Y		01/01/2013	Fee Schedule	$1,008.73
67331	EYE SURGERY FOLLOW-UP ADD-ON	Y		01/01/2013	Fee Schedule	$1,008.73
67332	REREVISE EYE MUSCLES ADD-ON	Y		01/01/2013	Fee Schedule	$1,008.73
67334	REVISE EYE MUSCLE W/SUTURE	Y		01/01/2013	Fee Schedule	$1,008.73
67335	EYE SUTURE DURING SURGERY	Y		01/01/2013	Fee Schedule	$1,008.73
67340	REVISE EYE MUSCLE ADD-ON	Y		01/01/2013	Fee Schedule	$1,008.73
67343	RELEASE EYE TISSUE	Y		01/01/2013	Fee Schedule	$1,008.73
67345	DESTROY NERVE OF EYE MUSCLE	Y		04/01/2013	Fee Schedule	$127.93
67346	BIOPSY EYE MUSCLE	Y		01/01/2013	Fee Schedule	$634.98
67400	EXPLORE/BIOPSY EYE SOCKET	Y		01/01/2013	Fee Schedule	$767.58
67405	EXPLORE/DRAIN EYE SOCKET	Y		01/01/2013	Fee Schedule	$1,068.42
67412	EXPLORE/TREAT EYE SOCKET	Y		01/01/2013	Fee Schedule	$767.58
67413	EXPLORE/TREAT EYE SOCKET	Y		01/01/2013	Fee Schedule	$1,068.42
67414	EXPLR/DECOMPRESS EYE SOCKET	Y		01/01/2013	Fee Schedule	$1,589.52
67415	ASPIRATION ORBITAL CONTENTS	Y		01/01/2013	Fee Schedule	$767.58
67420	EXPLORE/TREAT EYE SOCKET	Y		01/01/2013	Fee Schedule	$1,589.52
67430	EXPLORE/TREAT EYE SOCKET	Y		01/01/2013	Fee Schedule	$1,589.52
67440	EXPLORE/DRAIN EYE SOCKET	Y		01/01/2013	Fee Schedule	$1,589.52
67445	EXPLR/DECOMPRESS EYE SOCKET	Y		01/01/2013	Fee Schedule	$1,589.52
67450	EXPLORE/BIOPSY EYE SOCKET	Y		01/01/2013	Fee Schedule	$1,589.52
67500	INJECT/TREAT EYE SOCKET			01/01/2013	Fee Schedule	$81.30
67505	INJECT/TREAT EYE SOCKET	Y		04/01/2013	Fee Schedule	$42.87
67515	INJECT/TREAT EYE SOCKET	Y		04/01/2013	Fee Schedule	$45.93
67550	INSERT EYE SOCKET IMPLANT	Y		01/01/2013	Fee Schedule	$1,589.52
67560	REVISE EYE SOCKET IMPLANT	Y		01/01/2013	Fee Schedule	$1,068.42
67570	DECOMPRESS OPTIC NERVE	Y		01/01/2013	Fee Schedule	$1,589.52
67700	DRAINAGE OF EYELID ABSCESS	Y		01/01/2013	Fee Schedule	$130.05
67710	INCISION OF EYELID	Y		04/01/2013	Fee Schedule	$192.91
67715	INCISION OF EYELID FOLD	Y		01/01/2013	Fee Schedule	$767.58
67800	REMOVE EYELID LESION	Y		04/01/2013	Fee Schedule	$76.89
67801	REMOVE EYELID LESIONS	Y		04/01/2013	Fee Schedule	$93.90
67805	REMOVE EYELID LESIONS	Y		04/01/2013	Fee Schedule	$121.12
67808	REMOVE EYELID LESION(S)	Y		01/01/2013	Fee Schedule	$767.58
67810	BIOPSY OF EYELID	Y		04/01/2013	Fee Schedule	$130.05
67820	REVISE EYELASHES			04/01/2013	Fee Schedule	$24.50
67825	REVISE EYELASHES	Y		04/01/2013	Fee Schedule	$77.91
67830	REVISE EYELASHES	Y		01/01/2013	Fee Schedule	$345.48
67835	REVISE EYELASHES	Y		01/01/2013	Fee Schedule	$767.58
67840	REMOVE EYELID LESION	Y		04/01/2013	Fee Schedule	$205.84
67850	TREAT EYELID LESION	Y		04/01/2013	Fee Schedule	$154.80
67875	CLOSURE OF EYELID BY SUTURE	Y		01/01/2013	Fee Schedule	$345.48
67880	REVISION OF EYELID	Y		01/01/2013	Fee Schedule	$633.77
67882	REVISION OF EYELID	Y		01/01/2013	Fee Schedule	$767.58
67900	REPAIR BROW DEFECT	Y	Y	01/01/2013	Fee Schedule	$1,068.42

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67901	REPAIR EYELID DEFECT	Y	Y	01/01/2013	Fee Schedule	$767.58
67902	REPAIR EYELID DEFECT	Y	Y	01/01/2013	Fee Schedule	$1,068.42
67903	REPAIR EYELID DEFECT	Y	Y	01/01/2013	Fee Schedule	$767.58
67904	REPAIR EYELID DEFECT	Y	Y	01/01/2013	Fee Schedule	$767.58
67906	REPAIR EYELID DEFECT	Y	Y	01/01/2013	Fee Schedule	$767.58
67908	REPAIR EYELID DEFECT	Y	Y	01/01/2013	Fee Schedule	$767.58
67909	REVISE EYELID DEFECT	Y	Y	01/01/2013	Fee Schedule	$767.58
67911	REVISE EYELID DEFECT	Y	Y	01/01/2013	Fee Schedule	$767.58
67912	CORRECTION EYELID W/IMPLANT	Y		01/01/2013	Fee Schedule	$767.58
67914	REPAIR EYELID DEFECT	Y	Y	01/01/2013	Fee Schedule	$767.58
67915	REPAIR EYELID DEFECT	Y	Y	04/01/2013	Fee Schedule	$239.18
67916	REPAIR EYELID DEFECT	Y	Y	01/01/2013	Fee Schedule	$767.58
67917	REPAIR EYELID DEFECT	Y	Y	01/01/2013	Fee Schedule	$767.58
67921	REPAIR EYELID DEFECT	Y	Y	01/01/2013	Fee Schedule	$767.58
67922	REPAIR EYELID DEFECT	Y	Y	04/01/2013	Fee Schedule	$235.10
67923	REPAIR EYELID DEFECT	Y	Y	01/01/2013	Fee Schedule	$767.58
67924	REPAIR EYELID DEFECT	Y	Y	01/01/2013	Fee Schedule	$767.58
67930	REPAIR EYELID WOUND	Y		04/01/2013	Fee Schedule	$236.80
67935	REPAIR EYELID WOUND	Y		01/01/2013	Fee Schedule	$767.58
67938	REMOVE EYELID FOREIGN BODY			01/01/2013	Fee Schedule	$81.30
67950	REVISION OF EYELID	Y		01/01/2013	Fee Schedule	$767.58
67961	REVISION OF EYELID	Y		01/01/2013	Fee Schedule	$767.58
67966	REVISION OF EYELID	Y		01/01/2013	Fee Schedule	$767.58
67971	RECONSTRUCTION OF EYELID	Y		01/01/2013	Fee Schedule	$767.58
67973	RECONSTRUCTION OF EYELID	Y		01/01/2013	Fee Schedule	$1,068.42
67974	RECONSTRUCTION OF EYELID	Y		01/01/2013	Fee Schedule	$767.58
67975	RECONSTRUCTION OF EYELID	Y		01/01/2013	Fee Schedule	$767.58
68020	INCISE/DRAIN EYELID LINING	Y		04/01/2013	Fee Schedule	$69.07
68040	TREATMENT OF EYELID LESIONS			04/01/2013	Fee Schedule	$33.68
68100	BIOPSY OF EYELID LINING	Y		04/01/2013	Fee Schedule	$124.52
68110	REMOVE EYELID LINING LESION	Y		04/01/2013	Fee Schedule	$164.33
68115	REMOVE EYELID LINING LESION	Y		01/01/2013	Fee Schedule	$767.58
68130	REMOVE EYELID LINING LESION	Y		01/01/2013	Fee Schedule	$633.77
68135	REMOVE EYELID LINING LESION	Y		04/01/2013	Fee Schedule	$88.80
68200	TREAT EYELID BY INJECTION			04/01/2013	Fee Schedule	$23.48
68320	REVISE/GRAFT EYELID LINING	Y		01/01/2013	Fee Schedule	$1,068.42
68325	REVISE/GRAFT EYELID LINING	Y		01/01/2013	Fee Schedule	$1,068.42
68326	REVISE/GRAFT EYELID LINING	Y		01/01/2013	Fee Schedule	$767.58
68328	REVISE/GRAFT EYELID LINING	Y		01/01/2013	Fee Schedule	$1,068.42
68330	REVISE EYELID LINING	Y		01/01/2013	Fee Schedule	$940.80
68335	REVISE/GRAFT EYELID LINING	Y		01/01/2013	Fee Schedule	$1,068.42
68340	SEPARATE EYELID ADHESIONS	Y		01/01/2013	Fee Schedule	$767.58
68360	REVISE EYELID LINING	Y		01/01/2013	Fee Schedule	$940.80
68362	REVISE EYELID LINING	Y		01/01/2013	Fee Schedule	$940.80
68371	HARVEST EYE TISSUE ALOGRAFT	Y		01/01/2013	Fee Schedule	$940.80
68400	INCISE/DRAIN TEAR GLAND	Y		01/01/2013	Fee Schedule	$130.05
68420	INCISE/DRAIN TEAR SAC	Y		04/01/2013	Fee Schedule	$243.60
68440	INCISE TEAR DUCT OPENING	Y		04/01/2013	Fee Schedule	$68.05

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68500	REMOVAL OF TEAR GLAND	Y		01/01/2013	Fee Schedule	$1,068.42
68505	PARTIAL REMOVAL TEAR GLAND	Y		01/01/2013	Fee Schedule	$1,068.42
68510	BIOPSY OF TEAR GLAND	Y		01/01/2013	Fee Schedule	$767.58
68520	REMOVAL OF TEAR SAC	Y		01/01/2013	Fee Schedule	$1,068.42
68525	BIOPSY OF TEAR SAC	Y		01/01/2013	Fee Schedule	$767.58
68530	CLEARANCE OF TEAR DUCT	Y		01/01/2013	Fee Schedule	$130.05
68540	REMOVE TEAR GLAND LESION	Y		01/01/2013	Fee Schedule	$767.58
68550	REMOVE TEAR GLAND LESION	Y		01/01/2013	Fee Schedule	$1,068.42
68700	REPAIR TEAR DUCTS	Y		01/01/2013	Fee Schedule	$767.58
68705	REVISE TEAR DUCT OPENING	Y		04/01/2013	Fee Schedule	$130.05
68720	CREATE TEAR SAC DRAIN	Y		01/01/2013	Fee Schedule	$1,068.42
68745	CREATE TEAR DUCT DRAIN	Y		01/01/2013	Fee Schedule	$1,068.42
68750	CREATE TEAR DUCT DRAIN	Y		01/01/2013	Fee Schedule	$1,068.42
68760	CLOSE TEAR DUCT OPENING	Y		04/01/2013	Fee Schedule	$130.05
68761	CLOSE TEAR DUCT OPENING	Y		04/01/2013	Fee Schedule	$99.35
68770	CLOSE TEAR SYSTEM FISTULA	Y		01/01/2013	Fee Schedule	$1,068.42
68801	DILATE TEAR DUCT OPENING			01/01/2013	Fee Schedule	$41.56
68810	PROBE NASOLACRIMAL DUCT	Y		01/01/2013	Fee Schedule	$130.05
68811	PROBE NASOLACRIMAL DUCT	Y		01/01/2013	Fee Schedule	$767.58
68815	PROBE NASOLACRIMAL DUCT	Y		01/01/2013	Fee Schedule	$767.58
68816	PROBE NL DUCT W/BALLOON	Y		01/01/2013	Fee Schedule	$767.58
68840	EXPLORE/IRRIGATE TEAR DUCTS			04/01/2013	Fee Schedule	$81.30
68850	INJECTION FOR TEAR SAC X-RAY			01/01/2009	No Separate Payment	$0.00
69000	DRAIN EXTERNAL EAR LESION	Y		01/01/2013	Fee Schedule	$70.40
69005	DRAIN EXTERNAL EAR LESION	Y		04/01/2013	Fee Schedule	$140.51
69020	DRAIN OUTER EAR CANAL LESION	Y		01/01/2013	Fee Schedule	$70.40
69100	BIOPSY OF EXTERNAL EAR	Y		04/01/2013	Fee Schedule	$72.47
69105	BIOPSY OF EXTERNAL EAR CANAL	Y		04/01/2013	Fee Schedule	$116.36
69110	REMOVE EXTERNAL EAR PARTIAL	Y		01/01/2013	Fee Schedule	$629.45
69120	REMOVAL OF EXTERNAL EAR	Y		01/01/2013	Fee Schedule	$1,009.91
69140	REMOVE EAR CANAL LESION(S)	Y		01/01/2013	Fee Schedule	$1,839.88
69145	REMOVE EAR CANAL LESION(S)	Y		01/01/2013	Fee Schedule	$629.45
69150	EXTENSIVE EAR CANAL SURGERY	Y		01/01/2013	Fee Schedule	$1,009.91
69200	CLEAR OUTER EAR CANAL			01/01/2013	Fee Schedule	$27.85
69205	CLEAR OUTER EAR CANAL	Y		01/01/2013	Fee Schedule	$932.08
69210	REMOVE IMPACTED EAR WAX			04/01/2013	Fee Schedule	$27.85
69220	CLEAN OUT MASTOID CAVITY	Y		01/01/2013	Fee Schedule	$40.14
69222	CLEAN OUT MASTOID CAVITY	Y		04/01/2013	Fee Schedule	$177.26
69300	REVISE EXTERNAL EAR			03/01/2011	Not Allowed	$0.00
69310	REBUILD OUTER EAR CANAL	Y		01/01/2013	Fee Schedule	$1,839.88
69320	REBUILD OUTER EAR CANAL	Y		01/01/2013	Fee Schedule	$1,839.88
69400	INFLATE MIDDLE EAR CANAL	Y		04/01/2013	Fee Schedule	$126.23
69401	INFLATE MIDDLE EAR CANAL	Y		04/01/2013	Fee Schedule	$69.41
69405	CATHETERIZE MIDDLE EAR CANAL	Y		04/01/2013	Fee Schedule	$169.43
69420	INCISION OF EARDRUM	Y		04/01/2013	Fee Schedule	$128.95
69421	INCISION OF EARDRUM	Y		01/01/2013	Fee Schedule	$643.83
69424	REMOVE VENTILATING TUBE	Y		04/01/2013	Fee Schedule	$103.09
69433	CREATE EARDRUM OPENING	Y		04/01/2013	Fee Schedule	$153.10

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69436	CREATE EARDRUM OPENING	Y		01/01/2013	Fee Schedule	$643.83
69440	EXPLORATION OF MIDDLE EAR	Y		01/01/2013	Fee Schedule	$1,839.88
69450	EARDRUM REVISION	Y		01/01/2013	Fee Schedule	$1,839.88
69501	MASTOIDECTOMY	Y		01/01/2013	Fee Schedule	$1,839.88
69502	MASTOIDECTOMY	Y		01/01/2013	Fee Schedule	$1,839.88
69505	REMOVE MASTOID STRUCTURES	Y		01/01/2013	Fee Schedule	$1,839.88
69511	EXTENSIVE MASTOID SURGERY	Y		01/01/2013	Fee Schedule	$1,839.88
69530	EXTENSIVE MASTOID SURGERY	Y		01/01/2013	Fee Schedule	$1,839.88
69540	REMOVE EAR LESION	Y		04/01/2013	Fee Schedule	$173.86
69550	REMOVE EAR LESION	Y		01/01/2013	Fee Schedule	$1,839.88
69552	REMOVE EAR LESION	Y		01/01/2013	Fee Schedule	$1,839.88
69601	MASTOID SURGERY REVISION	Y		01/01/2013	Fee Schedule	$1,839.88
69602	MASTOID SURGERY REVISION	Y		01/01/2013	Fee Schedule	$1,839.88
69603	MASTOID SURGERY REVISION	Y		01/01/2013	Fee Schedule	$1,839.88
69604	MASTOID SURGERY REVISION	Y		01/01/2013	Fee Schedule	$1,839.88
69605	MASTOID SURGERY REVISION	Y		01/01/2013	Fee Schedule	$1,839.88
69610	REPAIR OF EARDRUM	Y		04/01/2013	Fee Schedule	$225.57
69620	REPAIR OF EARDRUM	Y		01/01/2013	Fee Schedule	$1,009.91
69631	REPAIR EARDRUM STRUCTURES	Y		01/01/2013	Fee Schedule	$1,839.88
69632	REBUILD EARDRUM STRUCTURES	Y		01/01/2013	Fee Schedule	$1,839.88
69633	REBUILD EARDRUM STRUCTURES	Y		01/01/2013	Fee Schedule	$1,839.88
69635	REPAIR EARDRUM STRUCTURES	Y		01/01/2013	Fee Schedule	$1,839.88
69636	REBUILD EARDRUM STRUCTURES	Y		01/01/2013	Fee Schedule	$1,839.88
69637	REBUILD EARDRUM STRUCTURES	Y		01/01/2013	Fee Schedule	$1,839.88
69641	REVISE MIDDLE EAR & MASTOID	Y		01/01/2013	Fee Schedule	$1,839.88
69642	REVISE MIDDLE EAR & MASTOID	Y		01/01/2013	Fee Schedule	$1,839.88
69643	REVISE MIDDLE EAR & MASTOID	Y		01/01/2013	Fee Schedule	$1,839.88
69644	REVISE MIDDLE EAR & MASTOID	Y		01/01/2013	Fee Schedule	$1,839.88
69645	REVISE MIDDLE EAR & MASTOID	Y		01/01/2013	Fee Schedule	$1,839.88
69646	REVISE MIDDLE EAR & MASTOID	Y		01/01/2013	Fee Schedule	$1,839.88
69650	RELEASE MIDDLE EAR BONE	Y		01/01/2013	Fee Schedule	$1,839.88
69660	REVISE MIDDLE EAR BONE	Y		01/01/2013	Fee Schedule	$1,839.88
69661	REVISE MIDDLE EAR BONE	Y		01/01/2013	Fee Schedule	$1,839.88
69662	REVISE MIDDLE EAR BONE	Y		01/01/2013	Fee Schedule	$1,839.88
69666	REPAIR MIDDLE EAR STRUCTURES	Y		01/01/2013	Fee Schedule	$1,009.91
69667	REPAIR MIDDLE EAR STRUCTURES	Y		01/01/2013	Fee Schedule	$1,009.91
69670	REMOVE MASTOID AIR CELLS	Y		01/01/2013	Fee Schedule	$1,839.88
69676	REMOVE MIDDLE EAR NERVE	Y		01/01/2013	Fee Schedule	$1,009.91
69700	CLOSE MASTOID FISTULA	Y		01/01/2013	Fee Schedule	$1,009.91
69711	REMOVE/REPAIR HEARING AID	Y		01/01/2013	Fee Schedule	$1,839.88
69714	IMPLANT TEMPLE BONE W/STIMUL	Y		01/01/2013	Fee Schedule	$7,888.90
69715	TEMPLE BNE IMPLNT W/STIMULAT	Y		01/01/2013	Fee Schedule	$7,888.90
69717	TEMPLE BONE IMPLANT REVISION	Y		01/01/2013	Fee Schedule	$7,888.90
69718	REVISE TEMPLE BONE IMPLANT	Y		01/01/2013	Fee Schedule	$7,888.90
69720	RELEASE FACIAL NERVE	Y		01/01/2013	Fee Schedule	$1,839.88
69740	REPAIR FACIAL NERVE	Y		01/01/2013	Fee Schedule	$1,839.88
69745	REPAIR FACIAL NERVE	Y		01/01/2013	Fee Schedule	$1,839.88
69801	INCISE INNER EAR	Y		04/01/2013	Fee Schedule	$124.52

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69805	EXPLORE INNER EAR	Y		01/01/2013	Fee Schedule	$1,839.88
69806	EXPLORE INNER EAR	Y		01/01/2013	Fee Schedule	$1,839.88
69820	ESTABLISH INNER EAR WINDOW	Y		01/01/2013	Fee Schedule	$1,839.88
69840	REVISE INNER EAR WINDOW	Y		01/01/2013	Fee Schedule	$1,839.88
69905	REMOVE INNER EAR	Y		01/01/2013	Fee Schedule	$1,839.88
69910	REMOVE INNER EAR & MASTOID	Y		01/01/2013	Fee Schedule	$1,839.88
69915	INCISE INNER EAR NERVE	Y		01/01/2013	Fee Schedule	$1,839.88
69930	IMPLANT COCHLEAR DEVICE	Y		01/01/2013	Fee Schedule	$28,186.69
69990	MICROSURGERY ADD-ON			01/01/2009	No Separate Payment	$0.00
70010	CONTRAST X-RAY OF BRAIN			01/01/2009	No Separate Payment	$0.00
70015	CONTRAST X-RAY OF BRAIN			01/01/2009	No Separate Payment	$0.00
70030	X-RAY EYE FOR FOREIGN BODY			04/01/2013	Fee Schedule	$21.43
70100	X-RAY EXAM OF JAW			04/01/2013	Fee Schedule	$25.78
70110	X-RAY EXAM OF JAW			04/01/2013	Fee Schedule	$28.24
70120	X-RAY EXAM OF MASTOIDS			04/01/2013	Fee Schedule	$27.90
70130	X-RAY EXAM OF MASTOIDS			01/01/2013	Fee Schedule	$25.78
70134	X-RAY EXAM OF MIDDLE EAR			04/01/2013	Fee Schedule	$30.96
70140	X-RAY EXAM OF FACIAL BONES			04/01/2013	Fee Schedule	$20.75
70150	X-RAY EXAM OF FACIAL BONES			04/01/2013	Fee Schedule	$30.96
70160	X-RAY EXAM OF NASAL BONES			04/01/2013	Fee Schedule	$25.78
70170	X-RAY EXAM OF TEAR DUCT			01/01/2009	No Separate Payment	$0.00
70190	X-RAY EXAM OF EYE SOCKETS			04/01/2013	Fee Schedule	$25.78
70200	X-RAY EXAM OF EYE SOCKETS			04/01/2013	Fee Schedule	$30.96
70210	X-RAY EXAM OF SINUSES			04/01/2013	Fee Schedule	$23.14
70220	X-RAY EXAM OF SINUSES			04/01/2013	Fee Schedule	$27.56
70240	X-RAY EXAM PITUITARY SADDLE			04/01/2013	Fee Schedule	$21.09
70250	X-RAY EXAM OF SKULL			04/01/2013	Fee Schedule	$25.78
70260	X-RAY EXAM OF SKULL			04/01/2013	Fee Schedule	$31.30
70300	X-RAY EXAM OF TEETH			04/01/2013	Fee Schedule	$9.19
70310	X-RAY EXAM OF TEETH			01/01/2013	Fee Schedule	$20.13
70320	FULL MOUTH X-RAY OF TEETH			01/01/2013	Fee Schedule	$20.13
70328	X-RAY EXAM OF JAW JOINT			04/01/2013	Fee Schedule	$23.48
70330	X-RAY EXAM OF JAW JOINTS			01/01/2013	Fee Schedule	$25.78
70332	X-RAY EXAM OF JAW JOINT			01/01/2009	No Separate Payment	$0.00
70336	MAGNETIC IMAGE JAW JOINT			01/01/2013	Fee Schedule	$189.94
70350	X-RAY HEAD FOR ORTHODONTIA			04/01/2013	Fee Schedule	$11.91
70355	PANORAMIC X-RAY OF JAWS			04/01/2013	Fee Schedule	$10.21
70360	X-RAY EXAM OF NECK			04/01/2013	Fee Schedule	$20.07
70370	THROAT X-RAY & FLUOROSCOPY			04/01/2013	Fee Schedule	$64.12
70371	SPEECH EVALUATION COMPLEX			04/01/2013	Fee Schedule	$52.40
70373	CONTRAST X-RAY OF LARYNX			01/01/2009	No Separate Payment	$0.00
70380	X-RAY EXAM OF SALIVARY GLAND			04/01/2013	Fee Schedule	$25.78
70390	X-RAY EXAM OF SALIVARY DUCT			01/01/2009	No Separate Payment	$0.00
70450	CT HEAD/BRAIN W/O DYE			04/01/2013	Fee Schedule	$97.40
70460	CT HEAD/BRAIN W/DYE			04/01/2013	Fee Schedule	$165.01
70470	CT HEAD/BRAIN W/O & W/DYE			04/01/2013	Fee Schedule	$160.25
70480	CT ORBIT/EAR/FOSSA W/O DYE			01/01/2013	Fee Schedule	$97.40
70481	CT ORBIT/EAR/FOSSA W/DYE			01/01/2013	Fee Schedule	$166.74

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70482	CT ORBIT/EAR/FOSSA W/O&W/DYE			01/01/2013	Fee Schedule	$184.80
70486	CT MAXILLOFACIAL W/O DYE			01/01/2013	Fee Schedule	$97.40
70487	CT MAXILLOFACIAL W/DYE			04/01/2013	Fee Schedule	$166.74
70488	CT MAXILLOFACIAL W/O & W/DYE			01/01/2013	Fee Schedule	$184.80
70490	CT SOFT TISSUE NECK W/O DYE			01/01/2013	Fee Schedule	$97.40
70491	CT SOFT TISSUE NECK W/DYE			04/01/2013	Fee Schedule	$166.74
70492	CT SFT TSUE NCK W/O & W/DYE			01/01/2013	Fee Schedule	$184.80
70496	CT ANGIOGRAPHY HEAD			01/01/2013	Fee Schedule	$190.35
70498	CT ANGIOGRAPHY NECK			01/01/2013	Fee Schedule	$190.35
70540	MRI ORBIT/FACE/NECK W/O DYE			01/01/2013	Fee Schedule	$189.94
70542	MRI ORBIT/FACE/NECK W/DYE			01/01/2013	Fee Schedule	$255.06
70543	MRI ORBT/FAC/NCK W/O & W/DYE			01/01/2013	Fee Schedule	$308.32
70544	MR ANGIOGRAPHY HEAD W/O DYE			01/01/2013	Fee Schedule	$189.94
70545	MR ANGIOGRAPHY HEAD W/DYE			01/01/2013	Fee Schedule	$255.06
70546	MR ANGIOGRAPH HEAD W/O&W/DYE			01/01/2013	Fee Schedule	$308.32
70547	MR ANGIOGRAPHY NECK W/O DYE			01/01/2013	Fee Schedule	$189.94
70548	MR ANGIOGRAPHY NECK W/DYE			01/01/2013	Fee Schedule	$255.06
70549	MR ANGIOGRAPH NECK W/O&W/DYE			01/01/2013	Fee Schedule	$308.32
70551	MRI BRAIN W/O DYE			01/01/2013	Fee Schedule	$189.94
70552	MRI BRAIN W/DYE			01/01/2013	Fee Schedule	$255.06
70553	MRI BRAIN W/O & W/DYE			01/01/2013	Fee Schedule	$308.32
70554	FMRI BRAIN BY TECH			01/01/2013	Fee Schedule	$189.94
70555	FMRI BRAIN BY PHYS/PSYCH			01/01/2013	Fee Schedule	$189.94
70557	MRI BRAIN W/O DYE			01/01/2013	Fee Schedule	$189.94
70558	MRI BRAIN W/DYE			01/01/2013	Fee Schedule	$255.06
70559	MRI BRAIN W/O & W/DYE			01/01/2013	Fee Schedule	$308.32
71010	CHEST X-RAY			04/01/2013	Fee Schedule	$14.63
71015	CHEST X-RAY			04/01/2013	Fee Schedule	$20.75
71020	CHEST X-RAY			04/01/2013	Fee Schedule	$20.07
71021	CHEST X-RAY			04/01/2013	Fee Schedule	$24.84
71022	CHEST X-RAY			04/01/2013	Fee Schedule	$25.78
71023	CHEST X-RAY AND FLUOROSCOPY			04/01/2013	Fee Schedule	$48.99
71030	CHEST X-RAY			04/01/2013	Fee Schedule	$31.98
71034	CHEST X-RAY AND FLUOROSCOPY			04/01/2013	Fee Schedule	$64.12
71035	CHEST X-RAY			04/01/2013	Fee Schedule	$25.78
71100	X-RAY EXAM OF RIBS			04/01/2013	Fee Schedule	$22.11
71101	X-RAY EXAM OF RIBS/CHEST			04/01/2013	Fee Schedule	$27.22
71110	X-RAY EXAM OF RIBS			04/01/2013	Fee Schedule	$28.24
71111	X-RAY EXAM OF RIBS/CHEST			04/01/2013	Fee Schedule	$38.79
71120	X-RAY EXAM OF BREASTBONE			04/01/2013	Fee Schedule	$22.46
71130	X-RAY EXAM OF BREASTBONE			04/01/2013	Fee Schedule	$25.78
71250	CT THORAX W/O DYE			01/01/2013	Fee Schedule	$97.40
71260	CT THORAX W/DYE			04/01/2013	Fee Schedule	$166.74
71270	CT THORAX W/O & W/DYE			01/01/2013	Fee Schedule	$184.80
71275	CT ANGIOGRAPHY CHEST			01/01/2013	Fee Schedule	$190.35
71550	MRI CHEST W/O DYE			01/01/2013	Fee Schedule	$189.94
71551	MRI CHEST W/DYE			01/01/2013	Fee Schedule	$255.06
71552	MRI CHEST W/O & W/DYE			01/01/2013	Fee Schedule	$308.32

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72010	X-RAY EXAM OF SPINE			01/01/2013	Fee Schedule	$39.75
72020	X-RAY EXAM OF SPINE			04/01/2013	Fee Schedule	$16.33
72040	X-RAY EXAM OF NECK SPINE			04/01/2013	Fee Schedule	$24.84
72050	X-RAY EXAM OF NECK SPINE			04/01/2013	Fee Schedule	$33.68
72052	X-RAY EXAM OF NECK SPINE			01/01/2013	Fee Schedule	$39.75
72069	X-RAY EXAM OF TRUNK SPINE			04/01/2013	Fee Schedule	$25.78
72070	X-RAY EXAM OF THORACIC SPINE			04/01/2013	Fee Schedule	$23.48
72072	X-RAY EXAM OF THORACIC SPINE			04/01/2013	Fee Schedule	$27.22
72074	X-RAY EXAM OF THORACIC SPINE			04/01/2013	Fee Schedule	$25.78
72080	X-RAY EXAM OF TRUNK SPINE			04/01/2013	Fee Schedule	$25.78
72090	X-RAY EXAM OF TRUNK SPINE			04/01/2013	Fee Schedule	$38.45
72100	X-RAY EXAM OF LOWER SPINE			04/01/2013	Fee Schedule	$25.18
72110	X-RAY EXAM OF LOWER SPINE			04/01/2013	Fee Schedule	$34.36
72114	X-RAY EXAM OF LOWER SPINE			04/01/2013	Fee Schedule	$39.75
72120	X-RAY EXAM OF LOWER SPINE			04/01/2013	Fee Schedule	$31.64
72125	CT NECK SPINE W/O DYE			01/01/2013	Fee Schedule	$97.40
72126	CT NECK SPINE W/DYE			04/01/2013	Fee Schedule	$166.74
72127	CT NECK SPINE W/O & W/DYE			01/01/2013	Fee Schedule	$184.80
72128	CT CHEST SPINE W/O DYE			01/01/2013	Fee Schedule	$97.40
72129	CT CHEST SPINE W/DYE			04/01/2013	Fee Schedule	$166.74
72130	CT CHEST SPINE W/O & W/DYE			01/01/2013	Fee Schedule	$184.80
72131	CT LUMBAR SPINE W/O DYE			01/01/2013	Fee Schedule	$97.40
72132	CT LUMBAR SPINE W/DYE			04/01/2013	Fee Schedule	$166.74
72133	CT LUMBAR SPINE W/O & W/DYE			01/01/2013	Fee Schedule	$184.80
72141	MRI NECK SPINE W/O DYE			01/01/2013	Fee Schedule	$189.94
72142	MRI NECK SPINE W/DYE			01/01/2013	Fee Schedule	$255.06
72146	MRI CHEST SPINE W/O DYE			01/01/2013	Fee Schedule	$189.94
72147	MRI CHEST SPINE W/DYE			01/01/2013	Fee Schedule	$255.06
72148	MRI LUMBAR SPINE W/O DYE			01/01/2013	Fee Schedule	$189.94
72149	MRI LUMBAR SPINE W/DYE			01/01/2013	Fee Schedule	$255.06
72156	MRI NECK SPINE W/O & W/DYE			01/01/2013	Fee Schedule	$308.32
72157	MRI CHEST SPINE W/O & W/DYE			04/01/2013	Fee Schedule	$308.32
72158	MRI LUMBAR SPINE W/O & W/DYE			01/01/2013	Fee Schedule	$308.32
72170	X-RAY EXAM OF PELVIS			04/01/2013	Fee Schedule	$20.41
72190	X-RAY EXAM OF PELVIS			04/01/2013	Fee Schedule	$25.78
72191	CT ANGIOGRAPH PELV W/O&W/DYE			01/01/2013	Fee Schedule	$190.35
72192	CT PELVIS W/O DYE			04/01/2013	Fee Schedule	$97.40
72193	CT PELVIS W/DYE			04/01/2013	Fee Schedule	$166.74
72194	CT PELVIS W/O & W/DYE			04/01/2013	Fee Schedule	$184.80
72195	MRI PELVIS W/O DYE			01/01/2013	Fee Schedule	$189.94
72196	MRI PELVIS W/DYE			01/01/2013	Fee Schedule	$255.06
72197	MRI PELVIS W/O & W/DYE			01/01/2013	Fee Schedule	$308.32
72200	X-RAY EXAM SACROILIAC JOINTS			04/01/2013	Fee Schedule	$21.77
72202	X-RAY EXAM SACROILIAC JOINTS			04/01/2013	Fee Schedule	$25.78
72220	X-RAY EXAM OF TAILBONE			04/01/2013	Fee Schedule	$21.09
72240	CONTRAST X-RAY OF NECK SPINE			01/01/2009	No Separate Payment	$0.00
72255	CONTRAST X-RAY THORAX SPINE			01/01/2009	No Separate Payment	$0.00
72265	CONTRAST X-RAY LOWER SPINE			01/01/2009	No Separate Payment	$0.00

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72270	CONTRAST X-RAY SPINE			01/01/2009	No Separate Payment	$0.00
72275	EPIDUROGRAPHY			01/01/2009	No Separate Payment	$0.00
72285	X-RAY C/T SPINE DISK			01/01/2009	No Separate Payment	$0.00
72291	PERQ VERTE/SACROPLSTY FLUOR			01/01/2009	No Separate Payment	$0.00
72292	PERQ VERTE/SACROPLSTY CT			01/01/2009	No Separate Payment	$0.00
72295	X-RAY OF LOWER SPINE DISK			01/01/2009	No Separate Payment	$0.00
73000	X-RAY EXAM OF COLLAR BONE			04/01/2013	Fee Schedule	$21.43
73010	X-RAY EXAM OF SHOULDER BLADE			04/01/2013	Fee Schedule	$23.48
73020	X-RAY EXAM OF SHOULDER			04/01/2013	Fee Schedule	$16.67
73030	X-RAY EXAM OF SHOULDER			04/01/2013	Fee Schedule	$21.77
73040	CONTRAST X-RAY OF SHOULDER			01/01/2009	No Separate Payment	$0.00
73050	X-RAY EXAM OF SHOULDERS			04/01/2013	Fee Schedule	$25.78
73060	X-RAY EXAM OF HUMERUS			04/01/2013	Fee Schedule	$21.09
73070	X-RAY EXAM OF ELBOW			04/01/2013	Fee Schedule	$21.43
73080	X-RAY EXAM OF ELBOW			04/01/2013	Fee Schedule	$25.78
73085	CONTRAST X-RAY OF ELBOW			01/01/2009	No Separate Payment	$0.00
73090	X-RAY EXAM OF FOREARM			04/01/2013	Fee Schedule	$20.41
73092	X-RAY EXAM OF ARM INFANT			04/01/2013	Fee Schedule	$25.18
73100	X-RAY EXAM OF WRIST			04/01/2013	Fee Schedule	$23.82
73110	X-RAY EXAM OF WRIST			04/01/2013	Fee Schedule	$25.78
73115	CONTRAST X-RAY OF WRIST			01/01/2009	No Separate Payment	$0.00
73120	X-RAY EXAM OF HAND			04/01/2013	Fee Schedule	$20.07
73130	X-RAY EXAM OF HAND			04/01/2013	Fee Schedule	$24.84
73140	X-RAY EXAM OF FINGER(S)			04/01/2013	Fee Schedule	$25.78
73200	CT UPPER EXTREMITY W/O DYE			01/01/2013	Fee Schedule	$97.40
73201	CT UPPER EXTREMITY W/DYE			04/01/2013	Fee Schedule	$166.74
73202	CT UPPR EXTREMITY W/O&W/DYE			01/01/2013	Fee Schedule	$184.80
73206	CT ANGIO UPR EXTRM W/O&W/DYE			01/01/2013	Fee Schedule	$190.35
73218	MRI UPPER EXTREMITY W/O DYE			01/01/2013	Fee Schedule	$189.94
73219	MRI UPPER EXTREMITY W/DYE			01/01/2013	Fee Schedule	$255.06
73220	MRI UPPR EXTREMITY W/O&W/DYE			01/01/2013	Fee Schedule	$308.32
73221	MRI JOINT UPR EXTREM W/O DYE			04/01/2013	Fee Schedule	$189.94
73222	MRI JOINT UPR EXTREM W/DYE			01/01/2013	Fee Schedule	$255.06
73223	MRI JOINT UPR EXTR W/O&W/DYE			01/01/2013	Fee Schedule	$308.32
73500	X-RAY EXAM OF HIP			04/01/2013	Fee Schedule	$18.71
73510	X-RAY EXAM OF HIP			04/01/2013	Fee Schedule	$25.78
73520	X-RAY EXAM OF HIPS			04/01/2013	Fee Schedule	$28.58
73525	CONTRAST X-RAY OF HIP			01/01/2009	No Separate Payment	$0.00
73530	X-RAY EXAM OF HIP			01/01/2009	No Separate Payment	$0.00
73540	X-RAY EXAM OF PELVIS & HIPS			01/01/2013	Fee Schedule	$25.78
73550	X-RAY EXAM OF THIGH			04/01/2013	Fee Schedule	$20.07
73560	X-RAY EXAM OF KNEE 1 OR 2			04/01/2013	Fee Schedule	$22.46
73562	X-RAY EXAM OF KNEE 3			04/01/2013	Fee Schedule	$25.78
73564	X-RAY EXAM KNEE 4 OR MORE			04/01/2013	Fee Schedule	$33.34
73565	X-RAY EXAM OF KNEES			04/01/2013	Fee Schedule	$25.78
73580	CONTRAST X-RAY OF KNEE JOINT			01/01/2009	No Separate Payment	$0.00
73590	X-RAY EXAM OF LOWER LEG			04/01/2013	Fee Schedule	$19.73
73592	X-RAY EXAM OF LEG INFANT			04/01/2013	Fee Schedule	$20.75

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73600	X-RAY EXAM OF ANKLE			04/01/2013	Fee Schedule	$21.43
73610	X-RAY EXAM OF ANKLE			04/01/2013	Fee Schedule	$25.78
73615	CONTRAST X-RAY OF ANKLE			01/01/2009	No Separate Payment	$0.00
73620	X-RAY EXAM OF FOOT			04/01/2013	Fee Schedule	$20.75
73630	X-RAY EXAM OF FOOT			04/01/2013	Fee Schedule	$24.16
73650	X-RAY EXAM OF HEEL			04/01/2013	Fee Schedule	$21.43
73660	X-RAY EXAM OF TOE(S)			04/01/2013	Fee Schedule	$24.84
73700	CT LOWER EXTREMITY W/O DYE			01/01/2013	Fee Schedule	$97.40
73701	CT LOWER EXTREMITY W/DYE			04/01/2013	Fee Schedule	$166.74
73702	CT LWR EXTREMITY W/O&W/DYE			01/01/2013	Fee Schedule	$184.80
73706	CT ANGIO LWR EXTR W/O&W/DYE			01/01/2013	Fee Schedule	$190.35
73718	MRI LOWER EXTREMITY W/O DYE			01/01/2013	Fee Schedule	$189.94
73719	MRI LOWER EXTREMITY W/DYE			01/01/2013	Fee Schedule	$255.06
73720	MRI LWR EXTREMITY W/O&W/DYE			01/01/2013	Fee Schedule	$308.32
73721	MRI JNT OF LWR EXTRE W/O DYE			04/01/2013	Fee Schedule	$189.94
73722	MRI JOINT OF LWR EXTR W/DYE			01/01/2013	Fee Schedule	$255.06
73723	MRI JOINT LWR EXTR W/O&W/DYE			01/01/2013	Fee Schedule	$308.32
74000	X-RAY EXAM OF ABDOMEN			04/01/2013	Fee Schedule	$15.65
74010	X-RAY EXAM OF ABDOMEN			04/01/2013	Fee Schedule	$25.78
74020	X-RAY EXAM OF ABDOMEN			04/01/2013	Fee Schedule	$25.78
74022	X-RAY EXAM SERIES ABDOMEN			04/01/2013	Fee Schedule	$34.36
74150	CT ABDOMEN W/O DYE			04/01/2013	Fee Schedule	$97.40
74160	CT ABDOMEN W/DYE			04/01/2013	Fee Schedule	$166.74
74170	CT ABDOMEN W/O & W/DYE			04/01/2013	Fee Schedule	$184.80
74174	CT ANGIO ABD&PELV W/O&W/DYE			01/01/2013	Fee Schedule	$270.79
74175	CT ANGIO ABDOM W/O & W/DYE			01/01/2013	Fee Schedule	$190.35
74176	CT ABD & PELVIS			04/01/2013	Fee Schedule	$148.00
74177	CT ABD & PELV W/CONTRAST			01/01/2013	Fee Schedule	$270.79
74178	CT ABD & PELV 1/> REGNS			04/01/2013	Fee Schedule	$270.79
74181	MRI ABDOMEN W/O DYE			01/01/2013	Fee Schedule	$189.94
74182	MRI ABDOMEN W/DYE			01/01/2013	Fee Schedule	$255.06
74183	MRI ABDOMEN W/O & W/DYE			01/01/2013	Fee Schedule	$308.32
74190	X-RAY EXAM OF PERITONEUM			01/01/2009	No Separate Payment	$0.00
74210	CONTRST X-RAY EXAM OF THROAT			01/01/2013	Fee Schedule	$46.42
74220	CONTRAST X-RAY ESOPHAGUS			01/01/2013	Fee Schedule	$46.42
74230	CINE/VID X-RAY THROAT/ESOPH			01/01/2013	Fee Schedule	$46.42
74235	REMOVE ESOPHAGUS OBSTRUCTION			01/01/2009	No Separate Payment	$0.00
74240	X-RAY EXAM UPPER GI TRACT			04/01/2013	Fee Schedule	$68.92
74241	X-RAY EXAM UPPER GI TRACT			04/01/2013	Fee Schedule	$68.92
74245	X-RAY EXAM UPPER GI TRACT			01/01/2013	Fee Schedule	$68.92
74246	CONTRST X-RAY UPPR GI TRACT			01/01/2013	Fee Schedule	$68.92
74247	CONTRST X-RAY UPPR GI TRACT			01/01/2013	Fee Schedule	$68.92
74249	CONTRST X-RAY UPPR GI TRACT			01/01/2013	Fee Schedule	$68.92
74250	X-RAY EXAM OF SMALL BOWEL			01/01/2013	Fee Schedule	$46.42
74251	X-RAY EXAM OF SMALL BOWEL			01/01/2013	Fee Schedule	$68.92
74260	X-RAY EXAM OF SMALL BOWEL			01/01/2013	Fee Schedule	$46.42
74261	CT COLONOGRAPHY DX			01/01/2013	Fee Schedule	$97.40
74262	CT COLONOGRAPHY DX W/DYE			01/01/2013	Fee Schedule	$166.74

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74270	CONTRAST X-RAY EXAM OF COLON			01/01/2013	Fee Schedule	$68.92
74280	CONTRAST X-RAY EXAM OF COLON			01/01/2013	Fee Schedule	$68.92
74283	CONTRAST X-RAY EXAM OF COLON			01/01/2013	Fee Schedule	$68.92
74290	CONTRAST X-RAY GALLBLADDER			01/01/2013	Fee Schedule	$46.42
74291	CONTRAST X-RAYS GALLBLADDER			01/01/2013	Fee Schedule	$46.42
74300	X-RAY BILE DUCTS/PANCREAS			01/01/2009	No Separate Payment	$0.00
74301	X-RAYS AT SURGERY ADD-ON			01/01/2009	No Separate Payment	$0.00
74305	X-RAY BILE DUCTS/PANCREAS			01/01/2009	No Separate Payment	$0.00
74320	CONTRAST X-RAY OF BILE DUCTS			01/01/2009	No Separate Payment	$0.00
74327	X-RAY BILE STONE REMOVAL			01/01/2009	No Separate Payment	$0.00
74328	X-RAY BILE DUCT ENDOSCOPY			01/01/2009	No Separate Payment	$0.00
74329	X-RAY FOR PANCREAS ENDOSCOPY			01/01/2009	No Separate Payment	$0.00
74330	X-RAY BILE/PANC ENDOSCOPY			01/01/2009	No Separate Payment	$0.00
74340	X-RAY GUIDE FOR GI TUBE			01/01/2009	No Separate Payment	$0.00
74355	X-RAY GUIDE INTESTINAL TUBE			01/01/2009	No Separate Payment	$0.00
74360	X-RAY GUIDE GI DILATION			01/01/2009	No Separate Payment	$0.00
74363	X-RAY BILE DUCT DILATION			01/01/2009	No Separate Payment	$0.00
74400	CONTRST X-RAY URINARY TRACT			01/01/2013	Fee Schedule	$117.59
74410	CONTRST X-RAY URINARY TRACT			01/01/2013	Fee Schedule	$117.59
74415	CONTRST X-RAY URINARY TRACT			01/01/2013	Fee Schedule	$117.59
74420	CONTRST X-RAY URINARY TRACT			01/01/2013	Fee Schedule	$117.59
74425	CONTRST X-RAY URINARY TRACT			01/01/2009	No Separate Payment	$0.00
74430	CONTRAST X-RAY BLADDER			01/01/2009	No Separate Payment	$0.00
74440	X-RAY MALE GENITAL TRACT			01/01/2009	No Separate Payment	$0.00
74445	X-RAY EXAM OF PENIS			01/01/2009	No Separate Payment	$0.00
74450	X-RAY URETHRA/BLADDER			01/01/2009	No Separate Payment	$0.00
74455	X-RAY URETHRA/BLADDER			01/01/2009	No Separate Payment	$0.00
74470	X-RAY EXAM OF KIDNEY LESION			01/01/2009	No Separate Payment	$0.00
74475	X-RAY CONTROL CATH INSERT			01/01/2009	No Separate Payment	$0.00
74480	X-RAY CONTROL CATH INSERT			01/01/2009	No Separate Payment	$0.00
74485	X-RAY GUIDE GU DILATION			01/01/2009	No Separate Payment	$0.00
74710	X-RAY MEASUREMENT OF PELVIS			04/01/2013	Fee Schedule	$18.37
74740	X-RAY FEMALE GENITAL TRACT			01/01/2009	No Separate Payment	$0.00
74742	X-RAY FALLOPIAN TUBE			01/01/2009	No Separate Payment	$0.00
74775	X-RAY EXAM OF PERINEUM			01/01/2013	Fee Schedule	$117.59
75557	CARDIAC MRI FOR MORPH			04/01/2013	Fee Schedule	$189.94
75559	CARDIAC MRI W/STRESS IMG			01/01/2013	Fee Schedule	$189.94
75561	CARDIAC MRI FOR MORPH W/DYE			04/01/2013	Fee Schedule	$308.32
75563	CARD MRI W/STRESS IMG & DYE			01/01/2013	Fee Schedule	$308.32
75565	CARD MRI VELOC FLOW MAPPING			01/01/2010	No Separate Payment	$0.00
75571	CT HRT W/O DYE W/CA TEST			01/01/2013	Fee Schedule	$27.85
75572	CT HRT W/3D IMAGE			01/01/2013	Fee Schedule	$149.93
75573	CT HRT W/3D IMAGE CONGEN			01/01/2013	Fee Schedule	$149.93
75574	CT ANGIO HRT W/3D IMAGE			01/01/2013	Fee Schedule	$149.93
75600	CONTRAST X-RAY EXAM OF AORTA			01/01/2009	No Separate Payment	$0.00
75605	CONTRAST X-RAY EXAM OF AORTA			01/01/2009	No Separate Payment	$0.00
75625	CONTRAST X-RAY EXAM OF AORTA			01/01/2009	No Separate Payment	$0.00
75630	X-RAY AORTA LEG ARTERIES			01/01/2009	No Separate Payment	$0.00

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75635	CT ANGIO ABDOMINAL ARTERIES			01/01/2009	No Separate Payment	$0.00
75658	ARTERY X-RAYS ARM			01/01/2009	No Separate Payment	$0.00
75705	ARTERY X-RAYS SPINE			01/01/2009	No Separate Payment	$0.00
75710	ARTERY X-RAYS ARM/LEG			01/01/2009	No Separate Payment	$0.00
75716	ARTERY X-RAYS ARMS/LEGS			01/01/2009	No Separate Payment	$0.00
75726	ARTERY X-RAYS ABDOMEN			01/01/2009	No Separate Payment	$0.00
75731	ARTERY X-RAYS ADRENAL GLAND			01/01/2009	No Separate Payment	$0.00
75733	ARTERY X-RAYS ADRENALS			01/01/2009	No Separate Payment	$0.00
75736	ARTERY X-RAYS PELVIS			01/01/2009	No Separate Payment	$0.00
75741	ARTERY X-RAYS LUNG			01/01/2009	No Separate Payment	$0.00
75743	ARTERY X-RAYS LUNGS			01/01/2009	No Separate Payment	$0.00
75746	ARTERY X-RAYS LUNG			01/01/2009	No Separate Payment	$0.00
75756	ARTERY X-RAYS CHEST			01/01/2009	No Separate Payment	$0.00
75774	ARTERY X-RAY EACH VESSEL			01/01/2009	No Separate Payment	$0.00
75791	AV DIALYSIS SHUNT IMAGING			01/01/2010	No Separate Payment	$0.00
75801	LYMPH VESSEL X-RAY ARM/LEG			01/01/2009	No Separate Payment	$0.00
75803	LYMPH VESSEL X-RAY ARMS/LEGS			01/01/2009	No Separate Payment	$0.00
75805	LYMPH VESSEL X-RAY TRUNK			01/01/2009	No Separate Payment	$0.00
75807	LYMPH VESSEL X-RAY TRUNK			01/01/2009	No Separate Payment	$0.00
75809	NONVASCULAR SHUNT X-RAY			01/01/2009	No Separate Payment	$0.00
75810	VEIN X-RAY SPLEEN/LIVER			01/01/2009	No Separate Payment	$0.00
75820	VEIN X-RAY ARM/LEG			01/01/2009	No Separate Payment	$0.00
75822	VEIN X-RAY ARMS/LEGS			01/01/2009	No Separate Payment	$0.00
75825	VEIN X-RAY TRUNK			01/01/2009	No Separate Payment	$0.00
75827	VEIN X-RAY CHEST			01/01/2009	No Separate Payment	$0.00
75831	VEIN X-RAY KIDNEY			01/01/2009	No Separate Payment	$0.00
75833	VEIN X-RAY KIDNEYS			01/01/2009	No Separate Payment	$0.00
75840	VEIN X-RAY ADRENAL GLAND			01/01/2009	No Separate Payment	$0.00
75842	VEIN X-RAY ADRENAL GLANDS			01/01/2009	No Separate Payment	$0.00
75860	VEIN X-RAY NECK			01/01/2009	No Separate Payment	$0.00
75870	VEIN X-RAY SKULL			01/01/2009	No Separate Payment	$0.00
75872	VEIN X-RAY SKULL			01/01/2009	No Separate Payment	$0.00
75880	VEIN X-RAY EYE SOCKET			01/01/2009	No Separate Payment	$0.00
75885	VEIN X-RAY LIVER			01/01/2009	No Separate Payment	$0.00
75887	VEIN X-RAY LIVER			01/01/2009	No Separate Payment	$0.00
75889	VEIN X-RAY LIVER			01/01/2009	No Separate Payment	$0.00
75891	VEIN X-RAY LIVER			01/01/2009	No Separate Payment	$0.00
75893	VENOUS SAMPLING BY CATHETER			01/01/2009	No Separate Payment	$0.00
75894	X-RAYS TRANSCATH THERAPY			01/01/2009	No Separate Payment	$0.00
75896	X-RAYS TRANSCATH THERAPY			01/01/2009	No Separate Payment	$0.00
75898	FOLLOW-UP ANGIOGRAPHY			01/01/2009	No Separate Payment	$0.00
75901	REMOVE CVA DEVICE OBSTRUCT			01/01/2009	No Separate Payment	$0.00
75902	REMOVE CVA LUMEN OBSTRUCT			01/01/2009	No Separate Payment	$0.00
75945	INTRAVASCULAR US			01/01/2009	No Separate Payment	$0.00
75946	INTRAVASCULAR US ADD-ON			01/01/2009	No Separate Payment	$0.00
75960	TRANSCATH IV STENT RS&I			01/01/2009	No Separate Payment	$0.00
75962	REPAIR ARTERIAL BLOCKAGE			01/01/2009	No Separate Payment	$0.00
75964	REPAIR ARTERY BLOCKAGE EACH			01/01/2009	No Separate Payment	$0.00

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75966	REPAIR ARTERIAL BLOCKAGE			01/01/2009	No Separate Payment	$0.00
75968	REPAIR ARTERY BLOCKAGE EACH			01/01/2009	No Separate Payment	$0.00
75970	VASCULAR BIOPSY			01/01/2009	No Separate Payment	$0.00
75978	REPAIR VENOUS BLOCKAGE			01/01/2009	No Separate Payment	$0.00
75980	CONTRAST XRAY EXAM BILE DUCT			01/01/2009	No Separate Payment	$0.00
75982	CONTRAST XRAY EXAM BILE DUCT			01/01/2009	No Separate Payment	$0.00
75984	XRAY CONTROL CATHETER CHANGE			01/01/2009	No Separate Payment	$0.00
75989	ABSCESS DRAINAGE UNDER X-RAY			01/01/2009	No Separate Payment	$0.00
76000	FLUOROSCOPE EXAMINATION			01/01/2009	No Separate Payment	$0.00
76001	FLUOROSCOPE EXAM EXTENSIVE			01/01/2009	No Separate Payment	$0.00
76010	X-RAY NOSE TO RECTUM			04/01/2013	Fee Schedule	$18.37
76080	X-RAY EXAM OF FISTULA			01/01/2009	No Separate Payment	$0.00
76098	X-RAY EXAM BREAST SPECIMEN			01/01/2010	No Separate Payment	$0.00
76100	X-RAY EXAM OF BODY SECTION			01/01/2013	Fee Schedule	$39.75
76101	COMPLEX BODY SECTION X-RAY			04/01/2013	Fee Schedule	$121.12
76102	COMPLEX BODY SECTION X-RAYS			04/01/2013	Fee Schedule	$143.35
76120	CINE/VIDEO X-RAYS			04/01/2013	Fee Schedule	$58.18
76125	CINE/VIDEO X-RAYS ADD-ON			01/01/2009	No Separate Payment	$0.00
76376	3D RENDER W/O POSTPROCESS			01/01/2009	No Separate Payment	$0.00
76377	3D RENDERING W/POSTPROCESS			01/01/2009	No Separate Payment	$0.00
76380	CAT SCAN FOLLOW-UP STUDY			01/01/2013	Fee Schedule	$55.48
76496	FLUOROSCOPIC PROCEDURE			01/01/2013	Fee Schedule	$64.12
76497	CT PROCEDURE			01/01/2013	Fee Schedule	$55.48
76498	MRI PROCEDURE			01/01/2013	Fee Schedule	$189.94
76499	RADIOGRAPHIC PROCEDURE			01/01/2013	Fee Schedule	$25.78
76506	ECHO EXAM OF HEAD			01/01/2013	Fee Schedule	$36.23
76510	OPHTH US B & QUANT A			04/01/2013	Fee Schedule	$81.25
76511	OPHTH US QUANT A ONLY			04/01/2013	Fee Schedule	$50.69
76512	OPHTH US B W/NON-QUANT A			04/01/2013	Fee Schedule	$41.85
76513	ECHO EXAM OF EYE WATER BATH			04/01/2013	Fee Schedule	$55.73
76514	ECHO EXAM OF EYE THICKNESS			04/01/2013	Fee Schedule	$5.44
76516	ECHO EXAM OF EYE			01/01/2013	Fee Schedule	$36.23
76519	ECHO EXAM OF EYE			04/01/2013	Fee Schedule	$55.73
76529	ECHO EXAM OF EYE			04/01/2013	Fee Schedule	$36.23
76536	US EXAM OF HEAD AND NECK			01/01/2013	Fee Schedule	$55.73
76604	US EXAM CHEST			01/01/2013	Fee Schedule	$36.23
76645	US EXAM BREAST(S)			01/01/2013	Fee Schedule	$36.23
76700	US EXAM ABDOM COMPLETE			01/01/2013	Fee Schedule	$55.73
76705	ECHO EXAM OF ABDOMEN			01/01/2013	Fee Schedule	$55.73
76770	US EXAM ABDO BACK WALL COMP			01/01/2013	Fee Schedule	$55.73
76775	US EXAM ABDO BACK WALL LIM			01/01/2013	Fee Schedule	$55.73
76776	US EXAM K TRANSPL W/DOPPLER			01/01/2013	Fee Schedule	$55.73
76800	US EXAM SPINAL CANAL			01/01/2013	Fee Schedule	$55.73
76801	OB US < 14 WKS SINGLE FETUS			01/01/2013	Fee Schedule	$55.73
76802	OB US < 14 WKS ADDL FETUS			04/01/2013	Fee Schedule	$26.20
76805	OB US >/= 14 WKS SNGL FETUS			01/01/2013	Fee Schedule	$55.73
76810	OB US >/= 14 WKS ADDL FETUS			04/01/2013	Fee Schedule	$50.35
76811	OB US DETAILED SNGL FETUS			04/01/2013	Fee Schedule	$86.83

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76812	OB US DETAILED ADDL FETUS			01/01/2013	Fee Schedule	$36.23
76813	OB US NUCHAL MEAS 1 GEST			01/01/2013	Fee Schedule	$36.23
76814	OB US NUCHAL MEAS ADD-ON			04/01/2013	Fee Schedule	$31.30
76815	OB US LIMITED FETUS(S)			01/01/2013	Fee Schedule	$36.23
76816	OB US FOLLOW-UP PER FETUS			01/01/2013	Fee Schedule	$36.23
76817	TRANSVAGINAL US OBSTETRIC			01/01/2013	Fee Schedule	$36.23
76818	FETAL BIOPHYS PROFILE W/NST			04/01/2013	Fee Schedule	$55.73
76819	FETAL BIOPHYS PROFIL W/O NST			04/01/2013	Fee Schedule	$53.42
76820	UMBILICAL ARTERY ECHO			04/01/2013	Fee Schedule	$15.99
76821	MIDDLE CEREBRAL ARTERY ECHO			01/01/2013	Fee Schedule	$36.23
76825	ECHO EXAM OF FETAL HEART			04/01/2013	Fee Schedule	$119.33
76826	ECHO EXAM OF FETAL HEART			04/01/2013	Fee Schedule	$92.88
76827	ECHO EXAM OF FETAL HEART			04/01/2013	Fee Schedule	$32.32
76828	ECHO EXAM OF FETAL HEART			04/01/2013	Fee Schedule	$17.35
76830	TRANSVAGINAL US NON-OB			04/01/2013	Fee Schedule	$42.19
76831	ECHO EXAM UTERUS			04/01/2013	Fee Schedule	$86.83
76856	US EXAM PELVIC COMPLETE			01/01/2013	Fee Schedule	$55.73
76857	US EXAM PELVIC LIMITED			01/01/2013	Fee Schedule	$36.23
76870	US EXAM SCROTUM			01/01/2013	Fee Schedule	$55.73
76872	US TRANSRECTAL			04/01/2013	Fee Schedule	$40.15
76873	ECHOGRAP TRANS R PROS STUDY			04/01/2013	Fee Schedule	$86.83
76881	US XTR NON-VASC COMPLETE			01/01/2013	Fee Schedule	$55.73
76882	US XTR NON-VASC LMTD			04/01/2013	Fee Schedule	$11.23
76885	US EXAM INFANT HIPS DYNAMIC			01/01/2013	Fee Schedule	$36.23
76886	US EXAM INFANT HIPS STATIC			01/01/2013	Fee Schedule	$36.23
76930	ECHO GUIDE CARDIOCENTESIS			01/01/2009	No Separate Payment	$0.00
76932	ECHO GUIDE FOR HEART BIOPSY			01/01/2009	No Separate Payment	$0.00
76936	ECHO GUIDE FOR ARTERY REPAIR			01/01/2013	Fee Schedule	$60.94
76937	US GUIDE VASCULAR ACCESS			01/01/2009	No Separate Payment	$0.00
76940	US GUIDE TISSUE ABLATION			01/01/2009	No Separate Payment	$0.00
76941	ECHO GUIDE FOR TRANSFUSION			01/01/2009	No Separate Payment	$0.00
76942	ECHO GUIDE FOR BIOPSY			01/01/2009	No Separate Payment	$0.00
76945	ECHO GUIDE VILLUS SAMPLING			01/01/2009	No Separate Payment	$0.00
76946	ECHO GUIDE FOR AMNIOCENTESIS			01/01/2009	No Separate Payment	$0.00
76948	ECHO GUIDE OVA ASPIRATION			01/01/2009	No Separate Payment	$0.00
76950	ECHO GUIDANCE RADIOTHERAPY			01/01/2009	No Separate Payment	$0.00
76965	ECHO GUIDANCE RADIOTHERAPY			01/01/2009	No Separate Payment	$0.00
76970	ULTRASOUND EXAM FOLLOW-UP			01/01/2013	Fee Schedule	$36.23
76975	GI ENDOSCOPIC ULTRASOUND			01/01/2009	No Separate Payment	$0.00
76977	US BONE DENSITY MEASURE			04/01/2013	Fee Schedule	$4.08
76998	US GUIDE INTRAOP			01/01/2009	No Separate Payment	$0.00
76999	ECHO EXAMINATION PROCEDURE			01/01/2013	Fee Schedule	$36.23
77001	FLUOROGUIDE FOR VEIN DEVICE			01/01/2009	No Separate Payment	$0.00
77002	NEEDLE LOCALIZATION BY XRAY			01/01/2009	No Separate Payment	$0.00
77003	FLUOROGUIDE FOR SPINE INJECT			01/01/2009	No Separate Payment	$0.00
77011	CT SCAN FOR LOCALIZATION			01/01/2009	No Separate Payment	$0.00
77012	CT SCAN FOR NEEDLE BIOPSY			01/01/2009	No Separate Payment	$0.00
77013	CT GUIDE FOR TISSUE ABLATION			01/01/2009	No Separate Payment	$0.00

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77014	CT SCAN FOR THERAPY GUIDE			01/01/2009	No Separate Payment	$0.00
77021	MR GUIDANCE FOR NEEDLE PLACE			01/01/2009	No Separate Payment	$0.00
77022	MRI FOR TISSUE ABLATION			01/01/2009	No Separate Payment	$0.00
77031	STEREOTACT GUIDE FOR BRST BX			01/01/2009	No Separate Payment	$0.00
77032	GUIDANCE FOR NEEDLE BREAST			01/01/2009	No Separate Payment	$0.00
77053	X-RAY OF MAMMARY DUCT			01/01/2009	No Separate Payment	$0.00
77054	X-RAY OF MAMMARY DUCTS			01/01/2009	No Separate Payment	$0.00
77071	X-RAY STRESS VIEW			01/01/2013	Fee Schedule	$25.78
77072	X-RAYS FOR BONE AGE			04/01/2013	Fee Schedule	$14.29
77073	X-RAYS BONE LENGTH STUDIES			04/01/2013	Fee Schedule	$24.50
77074	X-RAYS BONE SURVEY LIMITED			04/01/2013	Fee Schedule	$39.75
77075	X-RAYS BONE SURVEY COMPLETE			01/01/2013	Fee Schedule	$39.75
77076	X-RAYS BONE SURVEY INFANT			01/01/2013	Fee Schedule	$39.75
77077	JOINT SURVEY SINGLE VIEW			04/01/2013	Fee Schedule	$24.50
77078	CT BONE DENSITY AXIAL			01/01/2013	Fee Schedule	$41.45
77080	DXA BONE DENSITY AXIAL			04/01/2013	Fee Schedule	$40.15
77081	DXA BONE DENSITY/PERIPHERAL			04/01/2013	Fee Schedule	$17.35
77082	DXA BONE DENSITY VERT FX			04/01/2013	Fee Schedule	$19.73
77084	MAGNETIC IMAGE BONE MARROW			01/01/2013	Fee Schedule	$189.94
77280	SET RADIATION THERAPY FIELD			01/01/2013	Fee Schedule	$61.57
77285	SET RADIATION THERAPY FIELD			01/01/2013	Fee Schedule	$163.28
77290	SET RADIATION THERAPY FIELD			01/01/2013	Fee Schedule	$163.28
77295	SET RADIATION THERAPY FIELD			04/01/2013	Fee Schedule	$217.75
77299	RADIATION THERAPY PLANNING			01/01/2013	Fee Schedule	$61.57
77300	RADIATION THERAPY DOSE PLAN			04/01/2013	Fee Schedule	$35.72
77301	RADIOTHERAPY DOSE PLAN IMRT			01/01/2013	Fee Schedule	$552.43
77305	TELETX ISODOSE PLAN SIMPLE			04/01/2013	Fee Schedule	$23.82
77310	TELETX ISODOSE PLAN INTERMED			04/01/2013	Fee Schedule	$32.32
77315	TELETX ISODOSE PLAN COMPLEX			04/01/2013	Fee Schedule	$56.48
77321	SPECIAL TELETX PORT PLAN			04/01/2013	Fee Schedule	$43.55
77326	BRACHYTX ISODOSE CALC SIMP			01/01/2013	Fee Schedule	$61.57
77327	BRACHYTX ISODOSE CALC INTERM			04/01/2013	Fee Schedule	$134.05
77328	BRACHYTX ISODOSE PLAN COMPL			04/01/2013	Fee Schedule	$163.28
77331	SPECIAL RADIATION DOSIMETRY			04/01/2013	Fee Schedule	$18.71
77332	RADIATION TREATMENT AID(S)			04/01/2013	Fee Schedule	$53.08
77333	RADIATION TREATMENT AID(S)			04/01/2013	Fee Schedule	$9.19
77334	RADIATION TREATMENT AID(S)			04/01/2013	Fee Schedule	$88.80
77336	RADIATION PHYSICS CONSULT			04/01/2013	Fee Schedule	$43.55
77338	DESIGN MLC DEVICE FOR IMRT			01/01/2013	Fee Schedule	$163.28
77370	RADIATION PHYSICS CONSULT			01/01/2013	Fee Schedule	$61.57
77371	SRS MULTISOURCE			01/01/2013	Fee Schedule	$4,438.82
77399	EXTERNAL RADIATION DOSIMETRY			01/01/2013	Fee Schedule	$61.57
77401	RADIATION TREATMENT DELIVERY			04/01/2013	Fee Schedule	$20.41
77402	RADIATION TREATMENT DELIVERY			01/01/2013	Fee Schedule	$53.59
77403	RADIATION TREATMENT DELIVERY			01/01/2013	Fee Schedule	$53.59
77404	RADIATION TREATMENT DELIVERY			01/01/2013	Fee Schedule	$53.59
77406	RADIATION TREATMENT DELIVERY			01/01/2013	Fee Schedule	$53.59
77407	RADIATION TREATMENT DELIVERY			01/01/2013	Fee Schedule	$53.59

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77408	RADIATION TREATMENT DELIVERY			01/01/2013	Fee Schedule	$100.73
77409	RADIATION TREATMENT DELIVERY			01/01/2013	Fee Schedule	$100.73
77411	RADIATION TREATMENT DELIVERY			01/01/2013	Fee Schedule	$100.73
77412	RADIATION TREATMENT DELIVERY			01/01/2013	Fee Schedule	$100.73
77413	RADIATION TREATMENT DELIVERY			01/01/2013	Fee Schedule	$100.73
77414	RADIATION TREATMENT DELIVERY			01/01/2013	Fee Schedule	$100.73
77416	RADIATION TREATMENT DELIVERY			01/01/2013	Fee Schedule	$100.73
77417	RADIOLOGY PORT FILM(S)			01/01/2009	No Separate Payment	$0.00
77418	RADIATION TX DELIVERY IMRT			01/01/2013	Fee Schedule	$271.42
77421	STEREOSCOPIC X-RAY GUIDANCE			01/01/2009	No Separate Payment	$0.00
77422	NEUTRON BEAM TX SIMPLE			01/01/2013	Fee Schedule	$100.73
77423	NEUTRON BEAM TX COMPLEX			01/01/2013	Fee Schedule	$100.73
77424	IO RAD TX DELIVERY BY X-RAY			01/01/2013	Fee Schedule	$548.93
77425	IO RAD TX DELIVER BY ELCTRNS			01/01/2013	Fee Schedule	$548.93
77435	SBRT MANAGEMENT			01/01/2009	No Separate Payment	$0.00
77469	IO RADIATION TX MANAGEMENT			01/01/2012	No Separate Payment	$0.00
77470	SPECIAL RADIATION TREATMENT			04/01/2013	Fee Schedule	$47.63
77520	PROTON TRMT SIMPLE W/O COMP			01/01/2013	Fee Schedule	$637.79
77522	PROTON TRMT SIMPLE W/COMP			01/01/2013	Fee Schedule	$637.79
77523	PROTON TRMT INTERMEDIATE			01/01/2013	Fee Schedule	$382.89
77525	PROTON TREATMENT COMPLEX			01/01/2013	Fee Schedule	$382.89
77600	HYPERTHERMIA TREATMENT			01/01/2013	Fee Schedule	$220.19
77605	HYPERTHERMIA TREATMENT			01/01/2013	Fee Schedule	$220.19
77610	HYPERTHERMIA TREATMENT			01/01/2013	Fee Schedule	$220.19
77615	HYPERTHERMIA TREATMENT			01/01/2013	Fee Schedule	$220.19
77620	HYPERTHERMIA TREATMENT			01/01/2013	Fee Schedule	$220.19
77750	INFUSE RADIOACTIVE MATERIALS			04/01/2013	Fee Schedule	$100.73
77761	APPLY INTRCAV RADIAT SIMPLE			04/01/2013	Fee Schedule	$192.23
77762	APPLY INTRCAV RADIAT INTERM			04/01/2013	Fee Schedule	$220.81
77763	APPLY INTRCAV RADIAT COMPL			04/01/2013	Fee Schedule	$230.53
77776	APPLY INTERSTIT RADIAT SIMPL			04/01/2013	Fee Schedule	$192.57
77777	APPLY INTERSTIT RADIAT INTER			04/01/2013	Fee Schedule	$206.18
77778	APPLY INTERSTIT RADIAT COMPL			04/01/2013	Fee Schedule	$290.56
77785	HDR BRACHYTX 1 CHANNEL			04/01/2013	Fee Schedule	$179.30
77786	HDR BRACHYTX 2-12 CHANNEL			04/01/2013	Fee Schedule	$385.88
77787	HDR BRACHYTX OVER 12 CHAN			01/01/2013	Fee Schedule	$385.88
77789	APPLY SURFACE RADIATION			04/01/2013	Fee Schedule	$53.59
77790	RADIATION HANDLING			01/01/2009	No Separate Payment	$0.00
77799	RADIUM/RADIOISOTOPE THERAPY			01/01/2013	Fee Schedule	$230.53
78012	THYROID UPTAKE MEASUREMENT			01/01/2013	Fee Schedule	$63.98
78013	THYROID IMAGING W/BLOOD FLOW			01/01/2013	Fee Schedule	$84.19
78014	THYROID IMAGING W/BLOOD FLOW			01/01/2013	Fee Schedule	$130.71
78015	THYROID MET IMAGING			01/01/2013	Fee Schedule	$168.38
78016	THYROID MET IMAGING/STUDIES			01/01/2013	Fee Schedule	$168.38
78018	THYROID MET IMAGING BODY			01/01/2013	Fee Schedule	$168.38
78020	THYROID MET UPTAKE			01/01/2009	No Separate Payment	$0.00
78070	PARATHYROID NUCLEAR IMAGING			01/01/2013	Fee Schedule	$130.71
78071	PARATHYROID PLANAR IMAGING			01/01/2013	Fee Schedule	$180.71

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78072	PARATHYRD PLANAR W/WO SUBTRJ			01/01/2013	Fee Schedule	$180.71
78075	ADRENAL NUCLEAR IMAGING			01/01/2013	Fee Schedule	$536.22
78099	ENDOCRINE NUCLEAR PROCEDURE			01/01/2013	Fee Schedule	$84.19
78102	BONE MARROW IMAGING LTD			01/01/2013	Fee Schedule	$157.09
78103	BONE MARROW IMAGING MULT			01/01/2013	Fee Schedule	$157.09
78104	BONE MARROW IMAGING BODY			01/01/2013	Fee Schedule	$157.09
78110	PLASMA VOLUME SINGLE			01/01/2013	Fee Schedule	$244.53
78111	PLASMA VOLUME MULTIPLE			01/01/2013	Fee Schedule	$244.53
78120	RED CELL MASS SINGLE			01/01/2013	Fee Schedule	$244.53
78121	RED CELL MASS MULTIPLE			01/01/2013	Fee Schedule	$244.53
78122	BLOOD VOLUME			01/01/2013	Fee Schedule	$244.53
78130	RED CELL SURVIVAL STUDY			01/01/2013	Fee Schedule	$244.53
78135	RED CELL SURVIVAL KINETICS			01/01/2013	Fee Schedule	$244.53
78140	RED CELL SEQUESTRATION			01/01/2013	Fee Schedule	$244.53
78185	SPLEEN IMAGING			01/01/2013	Fee Schedule	$157.09
78190	PLATELET SURVIVAL KINETICS			01/01/2013	Fee Schedule	$110.31
78191	PLATELET SURVIVAL			01/01/2013	Fee Schedule	$110.31
78195	LYMPH SYSTEM IMAGING			01/01/2013	Fee Schedule	$157.09
78199	BLOOD/LYMPH NUCLEAR EXAM			01/01/2013	Fee Schedule	$157.09
78201	LIVER IMAGING			01/01/2013	Fee Schedule	$176.41
78202	LIVER IMAGING WITH FLOW			01/01/2013	Fee Schedule	$176.41
78205	LIVER IMAGING (3D)			01/01/2013	Fee Schedule	$176.41
78206	LIVER IMAGE (3D) WITH FLOW			01/01/2013	Fee Schedule	$176.41
78215	LIVER AND SPLEEN IMAGING			01/01/2013	Fee Schedule	$176.41
78216	LIVER & SPLEEN IMAGE/FLOW			01/01/2013	Fee Schedule	$176.41
78226	HEPATOBILIARY SYSTEM IMAGING			01/01/2013	Fee Schedule	$176.41
78227	HEPATOBIL SYST IMAGE W/DRUG			01/01/2013	Fee Schedule	$176.41
78230	SALIVARY GLAND IMAGING			01/01/2013	Fee Schedule	$144.07
78231	SERIAL SALIVARY IMAGING			01/01/2013	Fee Schedule	$144.07
78232	SALIVARY GLAND FUNCTION EXAM			01/01/2013	Fee Schedule	$144.07
78258	ESOPHAGEAL MOTILITY STUDY			01/01/2013	Fee Schedule	$144.07
78261	GASTRIC MUCOSA IMAGING			01/01/2013	Fee Schedule	$144.07
78262	GASTROESOPHAGEAL REFLUX EXAM			01/01/2013	Fee Schedule	$144.07
78264	GASTRIC EMPTYING STUDY			01/01/2013	Fee Schedule	$144.07
78270	VIT B-12 ABSORPTION EXAM			01/01/2013	Fee Schedule	$110.31
78271	VIT B-12 ABSRP EXAM INT FAC			01/01/2013	Fee Schedule	$110.31
78272	VIT B-12 ABSORP COMBINED			01/01/2013	Fee Schedule	$110.31
78278	ACUTE GI BLOOD LOSS IMAGING			01/01/2013	Fee Schedule	$144.07
78282	GI PROTEIN LOSS EXAM			01/01/2013	Fee Schedule	$144.07
78290	MECKELS DIVERT EXAM			01/01/2013	Fee Schedule	$144.07
78291	LEVEEN/SHUNT PATENCY EXAM			01/01/2013	Fee Schedule	$144.07
78299	GI NUCLEAR PROCEDURE			01/01/2013	Fee Schedule	$144.07
78300	BONE IMAGING LIMITED AREA			01/01/2013	Fee Schedule	$146.83
78305	BONE IMAGING MULTIPLE AREAS			01/01/2013	Fee Schedule	$146.83
78306	BONE IMAGING WHOLE BODY			01/01/2013	Fee Schedule	$146.83
78315	BONE IMAGING 3 PHASE			01/01/2013	Fee Schedule	$146.83
78320	BONE IMAGING (3D)			01/01/2013	Fee Schedule	$146.83
78399	MUSCULOSKELETAL NUCLEAR EXAM			01/01/2013	Fee Schedule	$146.83

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78414	NON-IMAGING HEART FUNCTION			01/01/2013	Fee Schedule	$173.38
78428	CARDIAC SHUNT IMAGING			01/01/2013	Fee Schedule	$173.38
78445	VASCULAR FLOW IMAGING			01/01/2013	Fee Schedule	$185.72
78451	HT MUSCLE IMAGE SPECT SING			01/01/2013	Fee Schedule	$381.39
78452	HT MUSCLE IMAGE SPECT MULT			01/01/2013	Fee Schedule	$381.39
78453	HT MUSCLE IMAGE PLANAR SING			01/01/2013	Fee Schedule	$381.39
78454	HT MUSC IMAGE PLANAR MULT			01/01/2013	Fee Schedule	$381.39
78456	ACUTE VENOUS THROMBUS IMAGE			01/01/2013	Fee Schedule	$185.72
78457	VENOUS THROMBOSIS IMAGING			01/01/2013	Fee Schedule	$185.72
78458	VEN THROMBOSIS IMAGES BILAT			01/01/2013	Fee Schedule	$185.72
78459	HEART MUSCLE IMAGING (PET)			01/01/2013	Fee Schedule	$592.62
78466	HEART INFARCT IMAGE			01/01/2013	Fee Schedule	$173.38
78468	HEART INFARCT IMAGE (EF)			01/01/2013	Fee Schedule	$173.38
78469	HEART INFARCT IMAGE (3D)			01/01/2013	Fee Schedule	$173.38
78472	GATED HEART PLANAR SINGLE			01/01/2013	Fee Schedule	$173.38
78473	GATED HEART MULTIPLE			01/01/2013	Fee Schedule	$173.38
78481	HEART FIRST PASS SINGLE			01/01/2013	Fee Schedule	$173.38
78483	HEART FIRST PASS MULTIPLE			01/01/2013	Fee Schedule	$173.38
78491	HEART IMAGE (PET) SINGLE			01/01/2013	Fee Schedule	$592.62
78492	HEART IMAGE (PET) MULTIPLE			01/01/2013	Fee Schedule	$592.62
78494	HEART IMAGE SPECT			01/01/2013	Fee Schedule	$173.38
78496	HEART FIRST PASS ADD-ON			01/01/2009	No Separate Payment	$0.00
78499	CARDIOVASCULAR NUCLEAR EXAM			01/01/2013	Fee Schedule	$173.38
78579	LUNG VENTILATION IMAGING			01/01/2013	Fee Schedule	$123.98
78580	LUNG PERFUSION IMAGING			01/01/2013	Fee Schedule	$123.98
78582	LUNG VENTILAT&PERFUS IMAGING			01/01/2013	Fee Schedule	$188.77
78597	LUNG PERFUSION DIFFERENTIAL			01/01/2013	Fee Schedule	$123.98
78598	LUNG PERF&VENTILAT DIFERENTL			01/01/2013	Fee Schedule	$188.77
78599	RESPIRATORY NUCLEAR EXAM			01/01/2013	Fee Schedule	$123.98
78600	BRAIN IMAGE < 4 VIEWS			01/01/2013	Fee Schedule	$148.19
78601	BRAIN IMAGE W/FLOW < 4 VIEWS			01/01/2013	Fee Schedule	$257.19
78605	BRAIN IMAGE 4+ VIEWS			01/01/2013	Fee Schedule	$148.19
78606	BRAIN IMAGE W/FLOW 4 + VIEWS			01/01/2013	Fee Schedule	$257.19
78607	BRAIN IMAGING (3D)			01/01/2013	Fee Schedule	$257.19
78608	BRAIN IMAGING (PET)			01/01/2013	Fee Schedule	$592.62
78610	BRAIN FLOW IMAGING ONLY			01/01/2013	Fee Schedule	$148.19
78630	CEREBROSPINAL FLUID SCAN			01/01/2013	Fee Schedule	$257.19
78635	CSF VENTRICULOGRAPHY			01/01/2013	Fee Schedule	$257.19
78645	CSF SHUNT EVALUATION			01/01/2013	Fee Schedule	$148.19
78647	CEREBROSPINAL FLUID SCAN			01/01/2013	Fee Schedule	$257.19
78650	CSF LEAKAGE IMAGING			01/01/2013	Fee Schedule	$257.19
78660	NUCLEAR EXAM OF TEAR FLOW			01/01/2013	Fee Schedule	$148.19
78699	NERVOUS SYSTEM NUCLEAR EXAM			01/01/2013	Fee Schedule	$148.19
78700	KIDNEY IMAGING MORPHOL			01/01/2013	Fee Schedule	$186.80
78701	KIDNEY IMAGING WITH FLOW			01/01/2013	Fee Schedule	$186.80
78707	K FLOW/FUNCT IMAGE W/O DRUG			01/01/2013	Fee Schedule	$186.80
78708	K FLOW/FUNCT IMAGE W/DRUG			01/01/2013	Fee Schedule	$186.80
78709	K FLOW/FUNCT IMAGE MULTIPLE			01/01/2013	Fee Schedule	$186.80

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78710	KIDNEY IMAGING (3D)			01/01/2013	Fee Schedule	$186.80
78725	KIDNEY FUNCTION STUDY			01/01/2013	Fee Schedule	$110.31
78730	URINARY BLADDER RETENTION			01/01/2013	Fee Schedule	$63.98
78740	URETERAL REFLUX STUDY			01/01/2013	Fee Schedule	$186.80
78761	TESTICULAR IMAGING W/FLOW			01/01/2013	Fee Schedule	$186.80
78799	GENITOURINARY NUCLEAR EXAM			01/01/2013	Fee Schedule	$186.80
78800	TUMOR IMAGING LIMITED AREA			01/01/2013	Fee Schedule	$168.38
78801	TUMOR IMAGING MULT AREAS			01/01/2013	Fee Schedule	$281.99
78802	TUMOR IMAGING WHOLE BODY			01/01/2013	Fee Schedule	$281.99
78803	TUMOR IMAGING (3D)			01/01/2013	Fee Schedule	$281.99
78804	TUMOR IMAGING WHOLE BODY			01/01/2013	Fee Schedule	$536.22
78805	ABSCESS IMAGING LTD AREA			01/01/2013	Fee Schedule	$281.99
78806	ABSCESS IMAGING WHOLE BODY			01/01/2013	Fee Schedule	$281.99
78807	NUCLEAR LOCALIZATION/ABSCESS			01/01/2013	Fee Schedule	$281.99
78808	IV INJ RA DRUG DX STUDY			01/01/2009	No Separate Payment	$0.00
78811	PET IMAGE LTD AREA			01/01/2013	Fee Schedule	$592.62
78812	PET IMAGE SKULL-THIGH			01/01/2013	Fee Schedule	$592.62
78813	PET IMAGE FULL BODY			01/01/2013	Fee Schedule	$592.62
78814	PET IMAGE W/CT LMTD			01/01/2013	Fee Schedule	$592.62
78815	PET IMAGE W/CT SKULL-THIGH			01/01/2013	Fee Schedule	$592.62
78816	PET IMAGE W/CT FULL BODY			01/01/2013	Fee Schedule	$592.62
78999	NUCLEAR DIAGNOSTIC EXAM			01/01/2013	Fee Schedule	$63.98
79005	NUCLEAR RX ORAL ADMIN			04/01/2013	Fee Schedule	$49.33
79101	NUCLEAR RX IV ADMIN			04/01/2013	Fee Schedule	$51.03
79200	NUCLEAR RX INTRACAV ADMIN			04/01/2013	Fee Schedule	$56.48
79300	NUCLR RX INTERSTIT COLLOID			01/01/2013	Fee Schedule	$132.82
79403	HEMATOPOIETIC NUCLEAR TX			04/01/2013	Fee Schedule	$80.97
79440	NUCLEAR RX INTRA-ARTICULAR			04/01/2013	Fee Schedule	$47.97
79445	NUCLEAR RX INTRA-ARTERIAL			01/01/2013	Fee Schedule	$132.82
79999	NUCLEAR MEDICINE THERAPY			01/01/2013	Fee Schedule	$132.82
90296	DIPHTHERIA ANTITOXIN			03/01/2011	Not Allowed	$0.00
90371	HEP B IG IM			07/01/2013	Fee Schedule	$101.00
90375	RABIES IG IM/SC			07/01/2013	Fee Schedule	$215.65
90376	RABIES IG HEAT TREATED			07/01/2013	Fee Schedule	$213.03
90378	RSV MAB IM 50MG			04/01/2013	Fee Schedule	$1,240.19
90385	RH IG MINIDOSE IM			01/01/2009	No Separate Payment	$0.00
90393	VACCINA IG IM			03/01/2011	Not Allowed	$0.00
90396	VARICELLA-ZOSTER IG IM			01/01/2013	Fee Schedule	$79.88
90476	ADENOVIRUS VACCINE TYPE 4			01/01/2012	No Separate Payment	$0.00
90477	ADENOVIRUS VACCINE TYPE 7			03/01/2011	Not Allowed	$0.00
90581	ANTHRAX VACCINE SC OR IM			04/01/2013	Fee Schedule	$94.05
90585	BCG VACCINE PERCUT			07/01/2013	Fee Schedule	$119.30
90632	HEP A VACCINE ADULT IM			01/01/2009	No Separate Payment	$0.00
90633	HEP A VACC PED/ADOL 2 DOSE			01/01/2009	No Separate Payment	$0.00
90634	HEP A VACC PED/ADOL 3 DOSE			01/01/2009	No Separate Payment	$0.00
90636	HEP A/HEP B VACC ADULT IM			01/01/2009	No Separate Payment	$0.00
90644	MENINGOCCL HIB VAC 4 DOSE IM			01/01/2013	No Separate Payment	$0.00
90645	HIB VACCINE HBOC IM			01/01/2009	No Separate Payment	$0.00

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90646	HIB VACCINE PRP-D IM			01/01/2009	No Separate Payment	$0.00
90647	HIB VACCINE PRP-OMP IM			01/01/2009	No Separate Payment	$0.00
90648	HIB VACCINE PRP-T IM			01/01/2009	No Separate Payment	$0.00
90654	FLU VACCINE NO PRESERV ID			01/01/2012	No Separate Payment	$0.00
90655	FLU VACCINE NO PRESERV 6-35M			01/01/2009	No Separate Payment	$0.00
90656	FLU VACCINE NO PRESERV 3 & >			01/01/2009	No Separate Payment	$0.00
90657	FLU VACCINE 3 YRS IM			01/01/2009	No Separate Payment	$0.00
90660	FLU VACCINE NASAL			01/01/2009	No Separate Payment	$0.00
90661	FLU VACC CELL CULT PRSV FREE			04/01/2013	No Separate Payment	$0.00
90662	FLU VACC PRSV FREE INC ANTIG			12/23/2009	No Separate Payment	$0.00
90669	PNEUMOCOCCAL VACC 7 VAL IM			01/01/2009	No Separate Payment	$0.00
90670	PNEUMOCOCCAL VACC 13 VAL IM			04/01/2010	No Separate Payment	$0.00
90672	FLU VACCINE 4 VALENT NASAL			01/01/2013	No Separate Payment	$0.00
90675	RABIES VACCINE IM			07/01/2013	Fee Schedule	$203.43
90676	RABIES VACCINE ID			01/01/2013	Fee Schedule	$155.64
90680	ROTOVIRUS VACC 3 DOSE ORAL			01/01/2012	No Separate Payment	$0.00
90681	ROTAVIRUS VACC 2 DOSE ORAL			01/01/2013	Fee Schedule	$102.50
90686	FLU VAC NO PRSV 4 VAL 3 YRS+			07/01/2013	No Separate Payment	$0.00
90690	TYPHOID VACCINE ORAL			01/01/2009	No Separate Payment	$0.00
90691	TYPHOID VACCINE IM			01/01/2009	No Separate Payment	$0.00
90692	TYPHOID VACCINE H-P SC/ID			01/01/2009	No Separate Payment	$0.00
90696	DTAP-IPV VACC 4-6 YR IM			01/01/2010	No Separate Payment	$0.00
90698	DTAP-HIB-IP VACCINE IM			01/01/2009	No Separate Payment	$0.00
90700	DTAP VACCINE < 7 YRS IM			01/01/2009	No Separate Payment	$0.00
90702	DT VACCINE < 7 IM			01/01/2009	No Separate Payment	$0.00
90703	TETANUS VACCINE IM			01/01/2009	No Separate Payment	$0.00
90704	MUMPS VACCINE SC			01/01/2009	No Separate Payment	$0.00
90705	MEASLES VACCINE SC			01/01/2009	No Separate Payment	$0.00
90706	RUBELLA VACCINE SC			01/01/2009	No Separate Payment	$0.00
90707	MMR VACCINE SC			01/01/2009	No Separate Payment	$0.00
90708	MEASLES-RUBELLA VACCINE SC			07/01/2009	No Separate Payment	$0.00
90710	MMRV VACCINE SC			01/01/2009	No Separate Payment	$0.00
90712	ORAL POLIOVIRUS VACCINE			01/01/2009	No Separate Payment	$0.00
90713	POLIOVIRUS IPV SC/IM			01/01/2009	No Separate Payment	$0.00
90714	TD VACCINE NO PRSRV >/= 7 IM			01/01/2009	No Separate Payment	$0.00
90715	TDAP VACCINE >7 IM			01/01/2009	No Separate Payment	$0.00
90717	YELLOW FEVER VACCINE SC			01/01/2009	No Separate Payment	$0.00
90719	DIPHTHERIA VACCINE IM			01/01/2009	No Separate Payment	$0.00
90720	DTP/HIB VACCINE IM			01/01/2009	No Separate Payment	$0.00
90721	DTAP/HIB VACCINE IM			01/01/2009	No Separate Payment	$0.00
90725	CHOLERA VACCINE INJECTABLE			07/01/2010	Fee Schedule	$103.90
90727	PLAGUE VACCINE IM			01/01/2009	No Separate Payment	$0.00
90732	PNEUMOCOCCAL VACCINE			01/01/2009	No Separate Payment	$0.00
90733	MENINGOCOCCAL VACCINE SC			01/01/2013	Fee Schedule	$106.49
90734	MENINGOCOCCAL VACCINE IM			07/01/2013	Fee Schedule	$120.07
90735	ENCEPHALITIS VACCINE SC			01/01/2013	Fee Schedule	$102.08
90740	HEPB VACC ILL PAT 3 DOSE IM			07/01/2010	No Separate Payment	$0.00
90743	HEP B VACC ADOL 2 DOSE IM			07/01/2010	No Separate Payment	$0.00

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90744	HEPB VACC PED/ADOL 3 DOSE IM			07/01/2010	No Separate Payment	$0.00
90746	HEP B VACCINE ADULT IM			07/01/2010	No Separate Payment	$0.00
90747	HEPB VACC ILL PAT 4 DOSE IM			07/01/2010	No Separate Payment	$0.00
90749	VACCINE TOXOID			01/01/2009	No Separate Payment	$0.00
92018	NEW EYE EXAM & TREATMENT			10/01/2008	By Report	$0.00
92071	CONTACT LENS FITTING FOR TX			01/01/2012	No Separate Payment	$0.00
92072	FIT CONTAC LENS FOR MANAGMNT			01/01/2012	No Separate Payment	$0.00
95940	IONM IN OPERATNG ROOM 15 MIN			01/01/2013	No Separate Payment	$0.00
95941	IONM REMOTE/>1 PT OR PER HR			01/01/2013	No Separate Payment	$0.00
A4218	STERILE SALINE OR WATER			01/01/2009	No Separate Payment	$0.00
A4220	INFUSION PUMP REFILL KIT			01/01/2009	No Separate Payment	$0.00
A4248	CHLORHEXIDINE ANTISEPT			01/01/2009	No Separate Payment	$0.00
A4262	TEMPORARY TEAR DUCT PLUG			01/01/2009	No Separate Payment	$0.00
A4263	PERMANENT TEAR DUCT PLUG			01/01/2009	No Separate Payment	$0.00
A4270	DISPOSABLE ENDOSCOPE SHEATH			01/01/2009	No Separate Payment	$0.00
A4300	CATH IMPL VASC ACCESS PORTAL			01/01/2009	No Separate Payment	$0.00
A4301	IMPLANTABLE ACCESS SYST PERC			01/01/2009	No Separate Payment	$0.00
A4305	DRUG DELIVERY SYSTEM >=50 ML			01/01/2009	No Separate Payment	$0.00
A4306	DRUG DELIVERY SYSTEM <=50 ML			01/01/2009	No Separate Payment	$0.00
A4641	RADIOPHARM DX AGENT NOC			01/01/2009	No Separate Payment	$0.00
A4642	IN111 SATUMOMAB			01/01/2009	No Separate Payment	$0.00
A4648	IMPLANTABLE TISSUE MARKER			01/01/2009	No Separate Payment	$0.00
A4650	IMPLANT RADIATION DOSIMETER			01/01/2009	No Separate Payment	$0.00
A9500	TC99M SESTAMIBI			01/01/2009	No Separate Payment	$0.00
A9501	TECHNETIUM TC-99M TEBOROXIME			01/01/2009	No Separate Payment	$0.00
A9502	TC99M TETROFOSMIN			01/01/2009	No Separate Payment	$0.00
A9503	TC99M MEDRONATE			01/01/2009	No Separate Payment	$0.00
A9504	TC99M APCITIDE			01/01/2009	No Separate Payment	$0.00
A9505	TL201 THALLIUM			01/01/2009	No Separate Payment	$0.00
A9507	IN111 CAPROMAB			01/01/2009	No Separate Payment	$0.00
A9508	I131 IODOBENGUATE, DX			01/01/2009	No Separate Payment	$0.00
A9509	IODINE I-123 SOD IODIDE MIL			01/01/2009	No Separate Payment	$0.00
A9510	TC99M DISOFENIN			01/01/2009	No Separate Payment	$0.00
A9512	TC99M PERTECHNETATE			01/01/2009	No Separate Payment	$0.00
A9516	IODINE I-123 SOD IODIDE MIC			01/01/2009	No Separate Payment	$0.00
A9521	TC99M EXAMETAZIME			01/01/2009	No Separate Payment	$0.00
A9524	I131 SERUM ALBUMIN, DX			01/01/2009	No Separate Payment	$0.00
A9526	NITROGEN N-13 AMMONIA			01/01/2009	No Separate Payment	$0.00
A9527	IODINE I-125 SODIUM IODIDE			01/01/2013	Fee Schedule	$21.03
A9528	IODINE I-131 IODIDE CAP, DX			01/01/2009	No Separate Payment	$0.00
A9529	I131 IODIDE SOL, DX			01/01/2009	No Separate Payment	$0.00
A9531	I131 MAX 100UCI			01/01/2009	No Separate Payment	$0.00
A9532	I125 SERUM ALBUMIN, DX			01/01/2009	No Separate Payment	$0.00
A9536	TC99M DEPREOTIDE			01/01/2009	No Separate Payment	$0.00
A9537	TC99M MEBROFENIN			01/01/2009	No Separate Payment	$0.00
A9538	TC99M PYROPHOSPHATE			01/01/2009	No Separate Payment	$0.00
A9539	TC99M PENTETATE			01/01/2009	No Separate Payment	$0.00
A9540	TC99M MAA			01/01/2009	No Separate Payment	$0.00

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A9541	TC99M SULFUR COLLOID			01/01/2009	No Separate Payment	$0.00
A9542	IN111 IBRITUMOMAB, DX			01/01/2009	No Separate Payment	$0.00
A9544	I131 TOSITUMOMAB, DX			01/01/2009	No Separate Payment	$0.00
A9546	CO57/58			01/01/2009	No Separate Payment	$0.00
A9547	IN111 OXYQUINOLINE			01/01/2009	No Separate Payment	$0.00
A9548	IN111 PENTETATE			01/01/2009	No Separate Payment	$0.00
A9550	TC99M GLUCEPTATE			01/01/2009	No Separate Payment	$0.00
A9551	TC99M SUCCIMER			01/01/2009	No Separate Payment	$0.00
A9552	F18 FDG			01/01/2009	No Separate Payment	$0.00
A9553	CR51 CHROMATE			01/01/2009	No Separate Payment	$0.00
A9554	I125 IOTHALAMATE, DX			01/01/2009	No Separate Payment	$0.00
A9555	RB82 RUBIDIUM			01/01/2009	No Separate Payment	$0.00
A9556	GA67 GALLIUM			01/01/2009	No Separate Payment	$0.00
A9557	TC99M BICISATE			01/01/2009	No Separate Payment	$0.00
A9558	XE133 XENON 10MCI			01/01/2009	No Separate Payment	$0.00
A9559	CO57 CYANO			01/01/2009	No Separate Payment	$0.00
A9560	TC99M LABELED RBC			01/01/2009	No Separate Payment	$0.00
A9561	TC99M OXIDRONATE			01/01/2009	No Separate Payment	$0.00
A9562	TC99M MERTIATIDE			01/01/2009	No Separate Payment	$0.00
A9566	TC99M FANOLESOMAB			01/01/2009	No Separate Payment	$0.00
A9567	TECHNETIUM TC-99M AEROSOL			01/01/2009	No Separate Payment	$0.00
A9568	TECHNETIUM TC99M ARCITUMOMAB			01/01/2009	No Separate Payment	$0.00
A9569	TECHNETIUM TC-99M AUTO WBC			01/01/2009	No Separate Payment	$0.00
A9570	INDIUM IN-111 AUTO WBC			01/01/2009	No Separate Payment	$0.00
A9571	INDIUM IN-111 AUTO PLATELET			01/01/2009	No Separate Payment	$0.00
A9572	INDIUM IN-111 PENTETREOTIDE			01/01/2009	No Separate Payment	$0.00
A9576	INJ PROHANCE MULTIPACK			01/01/2009	No Separate Payment	$0.00
A9577	INJ MULTIHANCE			01/01/2009	No Separate Payment	$0.00
A9578	INJ MULTIHANCE MULTIPACK			01/01/2009	No Separate Payment	$0.00
A9579	GAD-BASE MR CONTRAST NOS,1ML			01/01/2009	No Separate Payment	$0.00
A9580	SODIUM FLUORIDE F-18			01/01/2009	No Separate Payment	$0.00
A9581	GADOXETATE DISODIUM INJ			01/01/2011	No Separate Payment	$0.00
A9582	IODINE I-123 IOBENGUANE			01/01/2012	No Separate Payment	$0.00
A9583	GADOFOSVESET TRISODIUM INJ			01/01/2012	No Separate Payment	$0.00
A9584	IODINE I-123 IOFLUPANE			07/01/2013	Fee Schedule	$2,335.62
A9585	GADOBUTROL INJECTION			01/01/2012	No Separate Payment	$0.00
A9698	NON-RAD CONTRAST MATERIALNOC			01/01/2009	No Separate Payment	$0.00
C1713	ANCHOR/SCREW BN/BN,TIS/BN			01/01/2009	No Separate Payment	$0.00
C1714	CATH, TRANS ATHERECTOMY, DIR			01/01/2009	No Separate Payment	$0.00
C1715	BRACHYTHERAPY NEEDLE			01/01/2009	No Separate Payment	$0.00
C1716	BRACHYTX, NON-STR, GOLD-198			01/01/2013	Fee Schedule	$109.39
C1717	BRACHYTX, NON-STR,HDR IR-192			01/01/2013	Fee Schedule	$249.07
C1719	BRACHYTX, NS, NON-HDRIR-192			01/01/2013	Fee Schedule	$37.12
C1721	AICD, DUAL CHAMBER			01/01/2009	No Separate Payment	$0.00
C1722	AICD, SINGLE CHAMBER			01/01/2009	No Separate Payment	$0.00
C1724	CATH, TRANS ATHEREC,ROTATION			01/01/2009	No Separate Payment	$0.00
C1725	CATH, TRANSLUMIN NON-LASER			01/01/2009	No Separate Payment	$0.00
C1726	CATH, BAL DIL, NON-VASCULAR			01/01/2009	No Separate Payment	$0.00

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C1727	CATH, BAL TIS DIS, NON-VAS			01/01/2009	No Separate Payment	$0.00
C1728	CATH, BRACHYTX SEED ADM			01/01/2009	No Separate Payment	$0.00
C1729	CATH, DRAINAGE			01/01/2009	No Separate Payment	$0.00
C1730	CATH, EP, 19 OR FEW ELECT			01/01/2009	No Separate Payment	$0.00
C1731	CATH, EP, 20 OR MORE ELEC			01/01/2009	No Separate Payment	$0.00
C1732	CATH, EP, DIAG/ABL, 3D/VECT			01/01/2009	No Separate Payment	$0.00
C1733	CATH, EP, OTHR THAN COOL-TIP			01/01/2009	No Separate Payment	$0.00
C1749	ENDO, COLON, RETRO IMAGING			10/01/2010	By Report	$0.00
C1750	CATH, HEMODIALYSIS,LONG-TERM			01/01/2009	No Separate Payment	$0.00
C1751	CATH, INF, PER/CENT/MIDLINE			01/01/2009	No Separate Payment	$0.00
C1752	CATH,HEMODIALYSIS,SHORT-TERM			01/01/2009	No Separate Payment	$0.00
C1753	CATH, INTRAVAS ULTRASOUND			01/01/2009	No Separate Payment	$0.00
C1754	CATHETER, INTRADISCAL			01/01/2009	No Separate Payment	$0.00
C1755	CATHETER, INTRASPINAL			01/01/2009	No Separate Payment	$0.00
C1756	CATH, PACING, TRANSESOPH			01/01/2009	No Separate Payment	$0.00
C1757	CATH, THROMBECTOMY/EMBOLECT			01/01/2009	No Separate Payment	$0.00
C1758	CATHETER, URETERAL			01/01/2009	No Separate Payment	$0.00
C1759	CATH, INTRA ECHOCARDIOGRAPHY			01/01/2009	No Separate Payment	$0.00
C1760	CLOSURE DEV, VASC			01/01/2009	No Separate Payment	$0.00
C1762	CONN TISS, HUMAN(INC FASCIA)			01/01/2009	No Separate Payment	$0.00
C1763	CONN TISS, NON-HUMAN			01/01/2009	No Separate Payment	$0.00
C1764	EVENT RECORDER, CARDIAC			01/01/2009	No Separate Payment	$0.00
C1765	ADHESION BARRIER			01/01/2009	No Separate Payment	$0.00
C1766	INTRO/SHEATH,STRBLE,NON-PEEL			01/01/2009	No Separate Payment	$0.00
C1767	GENERATOR, NEURO NON-RECHARG			01/01/2009	No Separate Payment	$0.00
C1768	GRAFT, VASCULAR			01/01/2009	No Separate Payment	$0.00
C1769	GUIDE WIRE			01/01/2009	No Separate Payment	$0.00
C1770	IMAGING COIL, MR, INSERTABLE			01/01/2009	No Separate Payment	$0.00
C1771	REP DEV, URINARY, W/SLING			01/01/2009	No Separate Payment	$0.00
C1772	INFUSION PUMP, PROGRAMMABLE			01/01/2009	No Separate Payment	$0.00
C1773	RET DEV, INSERTABLE			01/01/2009	No Separate Payment	$0.00
C1776	JOINT DEVICE (IMPLANTABLE)			01/01/2009	No Separate Payment	$0.00
C1777	LEAD, AICD, ENDO SINGLE COIL			01/01/2009	No Separate Payment	$0.00
C1778	LEAD, NEUROSTIMULATOR			01/01/2009	No Separate Payment	$0.00
C1779	LEAD, PMKR, TRANSVENOUS VDD			01/01/2009	No Separate Payment	$0.00
C1780	LENS, INTRAOCULAR (NEW TECH)			01/01/2009	No Separate Payment	$0.00
C1781	MESH (IMPLANTABLE)			01/01/2009	No Separate Payment	$0.00
C1782	MORCELLATOR			01/01/2009	No Separate Payment	$0.00
C1783	OCULAR IMP, AQUEOUS DRAIN DE			01/01/2009	No Separate Payment	$0.00
C1784	OCULAR DEV, INTRAOP, DET RET			01/01/2009	No Separate Payment	$0.00
C1785	PMKR, DUAL, RATE-RESP			01/01/2009	No Separate Payment	$0.00
C1786	PMKR, SINGLE, RATE-RESP			01/01/2009	No Separate Payment	$0.00
C1787	PATIENT PROGR, NEUROSTIM			01/01/2009	No Separate Payment	$0.00
C1788	PORT, INDWELLING, IMP			01/01/2009	No Separate Payment	$0.00
C1789	PROSTHESIS, BREAST, IMP			01/01/2009	No Separate Payment	$0.00
C1813	PROSTHESIS, PENILE, INFLATAB			03/01/2011	Not Allowed	$0.00
C1814	RETINAL TAMP, SILICONE OIL			01/01/2009	No Separate Payment	$0.00
C1815	PROS, URINARY SPH, IMP			01/01/2009	No Separate Payment	$0.00

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C1816	RECEIVER/TRANSMITTER, NEURO			01/01/2009	No Separate Payment	$0.00
C1817	SEPTAL DEFECT IMP SYS			01/01/2009	No Separate Payment	$0.00
C1818	INTEGRATED KERATOPROSTHESIS			01/01/2009	No Separate Payment	$0.00
C1819	TISSUE LOCALIZATION-EXCISION			01/01/2009	No Separate Payment	$0.00
C1820	GENERATOR NEURO RECHG BAT SY			01/01/2009	No Separate Payment	$0.00
C1821	INTERSPINOUS IMPLANT			01/01/2009	No Separate Payment	$0.00
C1830	POWER BONE MARROW BX NEEDLE			10/01/2011	By Report	$0.00
C1840	TELESCOPIC INTRAOCULAR LENS			10/01/2011	By Report	$0.00
C1874	STENT, COATED/COV W/DEL SYS			01/01/2009	No Separate Payment	$0.00
C1875	STENT, COATED/COV W/O DEL SY			01/01/2009	No Separate Payment	$0.00
C1876	STENT, NON-COA/NON-COV W/DEL			01/01/2009	No Separate Payment	$0.00
C1877	STENT, NON-COAT/COV W/O DEL			01/01/2009	No Separate Payment	$0.00
C1878	MATRL FOR VOCAL CORD			01/01/2009	No Separate Payment	$0.00
C1879	TISSUE MARKER, IMPLANTABLE			01/01/2009	No Separate Payment	$0.00
C1880	VENA CAVA FILTER			01/01/2009	No Separate Payment	$0.00
C1881	DIALYSIS ACCESS SYSTEM			01/01/2009	No Separate Payment	$0.00
C1882	AICD, OTHER THAN SING/DUAL			01/01/2009	No Separate Payment	$0.00
C1883	ADAPT/EXT, PACING/NEURO LEAD			01/01/2009	No Separate Payment	$0.00
C1884	EMBOLIZATION PROTECT SYST			01/01/2009	No Separate Payment	$0.00
C1885	CATH, TRANSLUMIN ANGIO LASER			01/01/2009	No Separate Payment	$0.00
C1886	CATHETER, ABLATION			01/01/2012	By Report	$0.00
C1887	CATHETER, GUIDING			01/01/2009	No Separate Payment	$0.00
C1888	ENDOVAS NON-CARDIAC ABL CATH			01/01/2009	No Separate Payment	$0.00
C1891	INFUSION PUMP,NON-PROG, PERM			01/01/2009	No Separate Payment	$0.00
C1892	INTRO/SHEATH,FIXED,PEEL-AWAY			01/01/2009	No Separate Payment	$0.00
C1893	INTRO/SHEATH, FIXED,NON-PEEL			01/01/2009	No Separate Payment	$0.00
C1894	INTRO/SHEATH, NON-LASER			01/01/2009	No Separate Payment	$0.00
C1895	LEAD, AICD, ENDO DUAL COIL			01/01/2009	No Separate Payment	$0.00
C1896	LEAD, AICD, NON SING/DUAL			01/01/2009	No Separate Payment	$0.00
C1897	LEAD, NEUROSTIM TEST KIT			01/01/2009	No Separate Payment	$0.00
C1898	LEAD, PMKR, OTHER THAN TRANS			01/01/2009	No Separate Payment	$0.00
C1899	LEAD, PMKR/AICD COMBINATION			01/01/2009	No Separate Payment	$0.00
C1900	LEAD, CORONARY VENOUS			01/01/2009	No Separate Payment	$0.00
C2614	PROBE, PERC LUMB DISC			01/01/2009	No Separate Payment	$0.00
C2615	SEALANT, PULMONARY, LIQUID			01/01/2009	No Separate Payment	$0.00
C2616	BRACHYTX, NON-STR,YTTRIUM-90			01/01/2013	Fee Schedule	$15,669.18
C2617	STENT, NON-COR, TEM W/O DEL			01/01/2009	No Separate Payment	$0.00
C2618	PROBE, CRYOABLATION			01/01/2009	No Separate Payment	$0.00
C2619	PMKR, DUAL, NON RATE-RESP			01/01/2009	No Separate Payment	$0.00
C2620	PMKR, SINGLE, NON RATE-RESP			01/01/2009	No Separate Payment	$0.00
C2621	PMKR, OTHER THAN SING/DUAL			01/01/2009	No Separate Payment	$0.00
C2622	PROSTHESIS, PENILE, NON-INF			03/01/2011	Not Allowed	$0.00
C2625	STENT, NON-COR, TEM W/DEL SY			01/01/2009	No Separate Payment	$0.00
C2626	INFUSION PUMP, NON-PROG,TEMP			01/01/2009	No Separate Payment	$0.00
C2627	CATH, SUPRAPUBIC/CYSTOSCOPIC			01/01/2009	No Separate Payment	$0.00
C2628	CATHETER, OCCLUSION			01/01/2009	No Separate Payment	$0.00
C2629	INTRO/SHEATH, LASER			01/01/2009	No Separate Payment	$0.00
C2630	CATH, EP, COOL-TIP			01/01/2009	No Separate Payment	$0.00

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C2631	REP DEV, URINARY, W/O SLING			01/01/2009	No Separate Payment	$0.00
C2634	BRACHYTX, NON-STR, HA, I-125			01/01/2013	Fee Schedule	$65.81
C2635	BRACHYTX, NON-STR, HA, P-103			01/01/2013	Fee Schedule	$30.56
C2636	BRACHY LINEAR, NON-STR,P-103			01/01/2013	Fee Schedule	$35.61
C2638	BRACHYTX, STRANDED, I-125			01/01/2013	Fee Schedule	$46.70
C2639	BRACHYTX, NON-STRANDED,I-125			01/01/2013	Fee Schedule	$35.69
C2640	BRACHYTX, STRANDED, P-103			01/01/2013	Fee Schedule	$75.43
C2641	BRACHYTX, NON-STRANDED,P-103			01/01/2013	Fee Schedule	$60.48
C2642	BRACHYTX, STRANDED, C-131			01/01/2013	Fee Schedule	$110.26
C2643	BRACHYTX, NON-STRANDED,C-131			01/01/2013	Fee Schedule	$66.03
C2698	BRACHYTX, STRANDED, NOS			01/01/2013	Fee Schedule	$46.70
C2699	BRACHYTX, NON-STRANDED, NOS			01/01/2013	Fee Schedule	$30.56
C8900	MRA W/CONT, ABD			01/01/2013	Fee Schedule	$255.06
C8901	MRA W/O CONT, ABD			01/01/2013	Fee Schedule	$189.94
C8902	MRA W/O FOL W/CONT, ABD			01/01/2013	Fee Schedule	$308.32
C8903	MRI W/CONT, BREAST, UNI			01/01/2013	Fee Schedule	$255.06
C8904	MRI W/O CONT, BREAST, UNI			01/01/2013	Fee Schedule	$189.94
C8905	MRI W/O FOL W/CONT, BRST, UN			01/01/2013	Fee Schedule	$308.32
C8906	MRI W/CONT, BREAST, BI			01/01/2013	Fee Schedule	$255.06
C8907	MRI W/O CONT, BREAST, BI			01/01/2013	Fee Schedule	$189.94
C8908	MRI W/O FOL W/CONT, BREAST,			01/01/2013	Fee Schedule	$308.32
C8909	MRA W/CONT, CHEST			01/01/2013	Fee Schedule	$255.06
C8910	MRA W/O CONT, CHEST			01/01/2013	Fee Schedule	$189.94
C8911	MRA W/O FOL W/CONT, CHEST			01/01/2013	Fee Schedule	$308.32
C8912	MRA W/CONT, LWR EXT			01/01/2013	Fee Schedule	$255.06
C8913	MRA W/O CONT, LWR EXT			01/01/2013	Fee Schedule	$189.94
C8914	MRA W/O FOL W/CONT, LWR EXT			01/01/2013	Fee Schedule	$308.32
C8918	MRA W/CONT, PELVIS			01/01/2013	Fee Schedule	$255.06
C8919	MRA W/O CONT, PELVIS			01/01/2013	Fee Schedule	$189.94
C8920	MRA W/O FOL W/CONT, PELVIS			01/01/2013	Fee Schedule	$308.32
C8931	MRA, W/DYE, SPINAL CANAL			01/01/2013	Fee Schedule	$255.06
C8932	MRA, W/O DYE, SPINAL CANAL			01/01/2013	Fee Schedule	$189.94
C8933	MRA, W/O&W/DYE, SPINAL CANAL			01/01/2013	Fee Schedule	$308.32
C8934	MRA, W/DYE, UPPER EXTREMITY			01/01/2013	Fee Schedule	$255.06
C8935	MRA, W/O DYE, UPPER EXTR			01/01/2013	Fee Schedule	$189.94
C8936	MRA, W/O&W/DYE, UPPER EXTR			01/01/2013	Fee Schedule	$308.32
C9113	INJ PANTOPRAZOLE SODIUM, VIA			01/01/2009	No Separate Payment	$0.00
C9121	INJECTION, ARGATROBAN			07/01/2013	Fee Schedule	$18.07
C9130	INJECTION, IVIG BIVIGAM			04/01/2013	Fee Schedule	$63.58
C9131	IN ADO-TRASTUZUMAB EMTANSINE			07/01/2013	Fee Schedule	$29.40
C9248	INJ, CLEVIDIPINE BUTYRATE			07/01/2013	Fee Schedule	$2.83
C9250	ARTISS FIBRIN SEALANT			07/01/2013	Fee Schedule	$33.91
C9254	INJECTION, LACOSAMIDE			01/01/2013	No Separate Payment	$0.00
C9257	BEVACIZUMAB INJECTION			07/01/2013	Fee Schedule	$1.62
C9275	HEXAMINOLEVULINATE HCL			01/01/2013	No Separate Payment	$0.00
C9285	PATCH, LIDOCAINE/TETRACAINE			07/01/2013	Fee Schedule	$13.17
C9290	INJ, BUPIVICAINE LIPOSOME			04/01/2013	Fee Schedule	$1.08
C9292	INJECTION, PERTUZUMAB			07/01/2013	Fee Schedule	$102.09

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C9293	INJECTION, GLUCARPIDASE			10/01/2012	Fee Schedule	$233.73
C9294	INJ, TALIGLUCERASE ALFA			01/01/2013	Fee Schedule	$30.90
C9295	INJECTION, CARFILZOMIB			01/01/2013	Fee Schedule	$29.29
C9296	INJECTION, ZIV-AFLIBERCEPT			07/01/2013	Fee Schedule	$11.10
C9297	OMACETAXINE MEPESUCCINATE			07/01/2013	Fee Schedule	$2.48
C9298	INJECTION, OCRIPLASMIN			07/01/2013	Fee Schedule	$1,046.75
C9352	NEURAGEN NERVE GUIDE, PER CM			07/01/2009	No Separate Payment	$0.00
C9353	NEURAWRAP NERVE PROTECTOR,CM			07/01/2009	No Separate Payment	$0.00
C9354	VERITAS COLLAGEN MATRIX, CM2			01/01/2010	No Separate Payment	$0.00
C9355	NEUROMATRIX NERVE CUFF, CM			01/01/2010	No Separate Payment	$0.00
C9356	TENOGLIDE TENDON PROT, CM2			01/01/2011	No Separate Payment	$0.00
C9358	SURGIMEND, FETAL			07/01/2013	Fee Schedule	$11.96
C9359	IMPLNT,BON VOID FILLER-PUTTY			01/01/2011	No Separate Payment	$0.00
C9360	SURGIMEND, NEONATAL			07/01/2013	Fee Schedule	$12.04
C9361	NEUROMEND NERVE WRAP			01/01/2012	No Separate Payment	$0.00
C9362	IMPLNT,BON VOID FILLER-STRIP			01/01/2012	No Separate Payment	$0.00
C9363	INTEGRA MESHED BIL WOUND MAT			07/01/2013	Fee Schedule	$29.17
C9364	PORCINE IMPLANT, PERMACOL			01/01/2012	No Separate Payment	$0.00
C9367	ENDOFORM DERMAL TEMPLATE			07/01/2010	Fee Schedule	$4.35
C9399	UNCLASSIFIED DRUGS OR BIOLOG			04/01/2008	By Report	$0.00
C9724	EPS GAST CARDIA PLIC	Y		01/01/2013	Fee Schedule	$1,047.82
C9725	PLACE ENDORECTAL APP	Y		01/01/2013	Fee Schedule	$246.53
C9726	RXT BREAST APPL PLACE/REMOV	Y		01/01/2013	Fee Schedule	$1,045.25
C9727	INSERT PALATE IMPLANTS	Y		01/01/2013	Fee Schedule	$279.76
C9728	PLACE DEVICE/MARKER, NON PRO			01/01/2013	Fee Schedule	$552.43
C9733	NON-OPHTHALMIC FVA			04/01/2012	No Separate Payment	$0.00
C9735	ANOSCOPY, SUBMUCOSAL INJ	Y		04/01/2013	Fee Schedule	$1,327.61
C9736	LAP ABLATE UTERI FIBROID RF	Y		07/01/2013	Fee Schedule	$1,956.74
C9800	DERMAL FILLER INJ PX/SUPPL	Y	Y	01/01/2013	Fee Schedule	$220.74
E0616	CARDIAC EVENT RECORDER			04/01/2012	Not Allowed	$0.00
E0749	ELEC OSTEOGEN STIM IMPLANTED			01/01/2009	No Separate Payment	$0.00
E0782	NON-PROGRAMBLE INFUSION PUMP			01/01/2009	No Separate Payment	$0.00
E0783	PROGRAMMABLE INFUSION PUMP			01/01/2009	No Separate Payment	$0.00
E0785	REPLACEMENT IMPL PUMP CATHET			01/01/2009	No Separate Payment	$0.00
E0786	IMPLANTABLE PUMP REPLACEMENT			04/01/2012	Not Allowed	$0.00
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE			04/01/2013	Fee Schedule	$107.85
G0105	COLORECTAL SCRN; HI RISK IND	Y		01/01/2013	Fee Schedule	$343.28
G0121	COLON CA SCRN NOT HI RSK IND	Y		01/01/2013	Fee Schedule	$343.28
G0127	TRIM NAIL(S)	Y		04/01/2013	Fee Schedule	$15.94
G0130	SINGLE ENERGY X-RAY STUDY			04/01/2013	Fee Schedule	$23.48
G0173	LINEAR ACC STEREO RADSUR COM			01/01/2013	Fee Schedule	$1,852.08
G0186	DSTRY EYE LESN,FDR VSSL TECH	Y		01/01/2013	Fee Schedule	$233.65
G0247	ROUTINE FOOTCARE PT W LOPS	Y		01/01/2013	Fee Schedule	$40.14
G0251	LINEAR ACC BASED STERO RADIO			01/01/2013	Fee Schedule	$548.93
G0259	INJECT FOR SACROILIAC JOINT			01/01/2009	No Separate Payment	$0.00
G0260	INJ FOR SACROILIAC JT ANESTH	Y		01/01/2013	Fee Schedule	$317.46
G0268	REMOVAL OF IMPACTED WAX MD			01/01/2009	No Separate Payment	$0.00
G0269	OCCLUSIVE DEVICE IN VEIN ART			01/01/2009	No Separate Payment	$0.00

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G0288	RECON, CTA FOR SURG PLAN			01/01/2009	No Separate Payment	$0.00
G0289	ARTHRO, LOOSE BODY + CHONDRO			01/01/2009	No Separate Payment	$0.00
G0339	ROBOT LIN-RADSURG COM, FIRST			01/01/2013	Fee Schedule	$1,852.08
G0340	ROBT LIN-RADSURG FRACTX 2-5			01/01/2013	Fee Schedule	$1,321.34
G0364	BONE MARROW ASPIRATE &BIOPSY			04/01/2013	Fee Schedule	$6.46
G0365	VESSEL MAPPING HEMO ACCESS			01/01/2013	Fee Schedule	$86.83
G0448	PLACE PERM PACING CARDIOVERT	Y		04/01/2013	Fee Schedule	$28,513.56
G0453	INTRAOP NEURO MONITOR			01/01/2013	No Separate Payment	$0.00
G0458	LDR PROS BRACHY COMP RAT	Y		01/01/2013	Fee Schedule	$1,826.29
G8907	PT DOC NO EVENTS ON DISCHARGE			04/01/2012	No Separate Payment	$0.00
G8908	PT DOC W BURN PRIOR TO D/C			04/01/2012	No Separate Payment	$0.00
G8909	PT DOC NO BURN PRIOR TO D/C			04/01/2012	No Separate Payment	$0.00
G8910	PT DOC TO HAVE FALL IN ASC			04/01/2012	No Separate Payment	$0.00
G8911	PT DOC NO FALL IN ASC			04/01/2012	No Separate Payment	$0.00
G8912	PT DOC WITH WRONG EVENT			04/01/2012	No Separate Payment	$0.00
G8913	PT DOC NO WRONG EVENT			04/01/2012	No Separate Payment	$0.00
G8914	PT TRANS TO HOSP POST D/C			04/01/2012	No Separate Payment	$0.00
G8915	PT NOT TRANS TO HOSP AT D/C			04/01/2012	No Separate Payment	$0.00
G8916	PT W IV AB GIVEN ON TIME			04/01/2012	No Separate Payment	$0.00
G8917	PT W IV AB NOT GIVEN ON TIME			04/01/2012	No Separate Payment	$0.00
G8918	PT W/O PREOP ORDER IV AB PROP			04/01/2012	No Separate Payment	$0.00
J0120	TETRACYCLIN INJECTION			01/01/2009	No Separate Payment	$0.00
J0129	ABATACEPT INJECTION			07/01/2013	Fee Schedule	$22.84
J0130	ABCIXIMAB INJECTION			07/01/2013	Fee Schedule	$629.40
J0131	ACETAMINOPHEN INJECTION			04/01/2013	Fee Schedule	$0.13
J0132	ACETYLCYSTEINE INJECTION			07/01/2013	Fee Schedule	$3.08
J0133	ACYCLOVIR INJECTION			01/01/2009	No Separate Payment	$0.00
J0135	ADALIMUMAB INJECTION			07/01/2013	Fee Schedule	$526.39
J0150	INJECTION ADENOSINE 6 MG			01/01/2011	No Separate Payment	$0.00
J0152	ADENOSINE INJECTION			07/01/2013	Fee Schedule	$109.14
J0171	ADRENALIN EPINEPHRINE INJECT			01/01/2011	No Separate Payment	$0.00
J0178	AFLIBERCEPT INJECTION			01/01/2013	Fee Schedule	$980.50
J0180	AGALSIDASE BETA INJECTION			07/01/2013	Fee Schedule	$145.71
J0190	INJ BIPERIDEN LACTATE/5 MG			07/01/2009	No Separate Payment	$0.00
J0200	ALATROFLOXACIN MESYLATE			01/01/2009	No Separate Payment	$0.00
J0205	ALGLUCERASE INJECTION			01/01/2013	Fee Schedule	$42.03
J0207	AMIFOSTINE			07/01/2013	Fee Schedule	$295.95
J0210	METHYLDOPATE HCL INJECTION			01/01/2013	Fee Schedule	$42.40
J0215	ALEFACEPT			01/01/2013	Fee Schedule	$41.64
J0220	ALGLUCOSIDASE ALFA INJECTION			07/01/2013	Fee Schedule	$206.09
J0221	LUMIZYME INJECTION			01/01/2013	Fee Schedule	$153.62
J0256	ALPHA 1 PROTEINASE INHIBITOR			07/01/2013	Fee Schedule	$3.99
J0257	GLASSIA INJECTION			07/01/2013	Fee Schedule	$4.03
J0278	AMIKACIN SULFATE INJECTION			01/01/2009	No Separate Payment	$0.00
J0280	AMINOPHYLLIN 250 MG INJ			01/01/2009	No Separate Payment	$0.00
J0282	AMIODARONE HCL			01/01/2009	No Separate Payment	$0.00
J0285	AMPHOTERICIN B			01/01/2009	No Separate Payment	$0.00
J0287	AMPHOTERICIN B LIPID COMPLEX			07/01/2013	Fee Schedule	$11.41

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J0288	AMPHO B CHOLESTERYL SULFATE			01/01/2013	Fee Schedule	$14.00
J0289	AMPHOTERICIN B LIPOSOME INJ			07/01/2013	Fee Schedule	$14.87
J0290	AMPICILLIN 500 MG INJ			01/01/2009	No Separate Payment	$0.00
J0295	AMPICILLIN SODIUM PER 1.5 GM			01/01/2009	No Separate Payment	$0.00
J0300	AMOBARBITAL 125 MG INJ			01/01/2013	Fee Schedule	$152.43
J0330	SUCCINYCHOLINE CHLORIDE INJ			01/01/2009	No Separate Payment	$0.00
J0348	ANIDULAFUNGIN INJECTION			07/01/2013	Fee Schedule	$0.66
J0350	INJECTION ANISTREPLASE 30 U			07/01/2009	No Separate Payment	$0.00
J0360	HYDRALAZINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J0364	APOMORPHINE HYDROCHLORIDE			01/01/2013	No Separate Payment	$0.00
J0365	APROTONIN, 10,000 KIU			01/01/2013	Fee Schedule	$2.65
J0380	INJ METARAMINOL BITARTRATE			01/01/2009	No Separate Payment	$0.00
J0390	CHLOROQUINE INJECTION			01/01/2009	No Separate Payment	$0.00
J0395	ARBUTAMINE HCL INJECTION			01/01/2013	Fee Schedule	$86.37
J0400	ARIPIPRAZOLE INJECTION			07/01/2009	No Separate Payment	$0.00
J0456	AZITHROMYCIN			01/01/2009	No Separate Payment	$0.00
J0461	ATROPINE SULFATE INJECTION			01/01/2010	No Separate Payment	$0.00
J0470	DIMECAPROL INJECTION			01/01/2011	No Separate Payment	$0.00
J0475	BACLOFEN 10 MG INJECTION			07/01/2013	Fee Schedule	$173.97
J0476	BACLOFEN INTRATHECAL TRIAL			07/01/2013	Fee Schedule	$75.19
J0480	BASILIXIMAB			07/01/2013	Fee Schedule	$2,431.61
J0485	BELATACEPT INJECTION			07/01/2013	Fee Schedule	$3.80
J0490	BELIMUMAB INJECTION			07/01/2013	Fee Schedule	$38.23
J0500	DICYCLOMINE INJECTION			01/01/2009	No Separate Payment	$0.00
J0515	INJ BENZTROPINE MESYLATE			01/01/2012	No Separate Payment	$0.00
J0520	BETHANECHOL CHLORIDE INJECT			01/01/2009	No Separate Payment	$0.00
J0558	PENG BENZATHINE/PROCAINE INJ			01/01/2011	No Separate Payment	$0.00
J0561	PENICILLIN G BENZATHINE INJ			01/01/2011	No Separate Payment	$0.00
J0583	BIVALIRUDIN			07/01/2013	Fee Schedule	$3.21
J0585	INJECTION,ONABOTULINUMTOXINA		Y	07/01/2013	Fee Schedule	$5.47
J0586	ABOBOTULINUMTOXINA		Y	07/01/2013	Fee Schedule	$6.96
J0587	INJ, RIMABOTULINUMTOXINB		Y	04/01/2013	Fee Schedule	$10.82
J0588	INCOBOTULINUMTOXIN A			07/01/2013	Fee Schedule	$4.48
J0592	BUPRENORPHINE HYDROCHLORIDE			01/01/2009	No Separate Payment	$0.00
J0594	BUSULFAN INJECTION			07/01/2013	Fee Schedule	$24.80
J0595	BUTORPHANOL TARTRATE 1 MG			01/01/2009	No Separate Payment	$0.00
J0597	C-1 ESTERASE, BERINERT			04/01/2013	Fee Schedule	$31.14
J0598	C-1 ESTERASE, CINRYZE			07/01/2013	Fee Schedule	$48.68
J0600	EDETATE CALCIUM DISODIUM INJ			01/01/2013	Fee Schedule	$201.40
J0610	CALCIUM GLUCONATE INJECTION			01/01/2009	No Separate Payment	$0.00
J0620	CALCIUM GLYCER & LACT/10 ML			01/01/2009	No Separate Payment	$0.00
J0630	CALCITONIN SALMON INJECTION			07/01/2013	Fee Schedule	$68.54
J0636	INJ CALCITRIOL PER 0.1 MCG			01/01/2009	No Separate Payment	$0.00
J0637	CASPOFUNGIN ACETATE			07/01/2013	Fee Schedule	$12.79
J0638	CANAKINUMAB INJECTION			07/01/2013	Fee Schedule	$90.94
J0640	LEUCOVORIN CALCIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J0641	LEVOLEUCOVORIN INJECTION			07/01/2013	Fee Schedule	$1.79
J0670	INJ MEPIVACAINE HCL/10 ML			01/01/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J0690	CEFAZOLIN SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J0692	CEFEPIME HCL FOR INJECTION			01/01/2009	No Separate Payment	$0.00
J0694	CEFOXITIN SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J0696	CEFTRIAXONE SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J0697	STERILE CEFUROXIME INJECTION			01/01/2009	No Separate Payment	$0.00
J0698	CEFOTAXIME SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J0702	BETAMETHASONE ACET&SOD PHOSP			01/01/2009	No Separate Payment	$0.00
J0706	CAFFEINE CITRATE INJECTION			01/01/2009	No Separate Payment	$0.00
J0710	CEPHAPIRIN SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J0712	CEFTAROLINE FOSAMIL INJ			04/01/2013	Fee Schedule	$0.82
J0713	INJ CEFTAZIDIME PER 500 MG			01/01/2009	No Separate Payment	$0.00
J0715	CEFTIZOXIME SODIUM / 500 MG			01/01/2009	No Separate Payment	$0.00
J0716	CENTRUROIDES IMMUNE F(AB)			07/01/2013	Fee Schedule	$3,635.80
J0718	CERTOLIZUMAB PEGOL INJ			07/01/2013	Fee Schedule	$5.01
J0720	CHLORAMPHENICOL SODIUM INJEC			01/01/2009	No Separate Payment	$0.00
J0725	CHORIONIC GONADOTROPIN/1000U			01/01/2009	No Separate Payment	$0.00
J0735	CLONIDINE HYDROCHLORIDE			01/01/2012	No Separate Payment	$0.00
J0740	CIDOFOVIR INJECTION			07/01/2013	Fee Schedule	$686.11
J0743	CILASTATIN SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J0744	CIPROFLOXACIN IV			01/01/2009	No Separate Payment	$0.00
J0745	INJ CODEINE PHOSPHATE /30 MG			01/01/2009	No Separate Payment	$0.00
J0760	COLCHICINE INJECTION			01/01/2009	No Separate Payment	$0.00
J0770	COLISTIMETHATE SODIUM INJ			01/01/2009	No Separate Payment	$0.00
J0775	COLLAGENASE, CLOST HIST INJ			07/01/2013	Fee Schedule	$38.69
J0780	PROCHLORPERAZINE INJECTION			01/01/2009	No Separate Payment	$0.00
J0795	CORTICORELIN OVINE TRIFLUTAL			07/01/2013	Fee Schedule	$7.10
J0800	CORTICOTROPIN INJECTION			07/01/2013	Fee Schedule	$3,013.54
J0833	COSYNTROPIN INJECTION NOS			01/01/2013	Fee Schedule	$101.68
J0834	COSYNTROPIN CORTROSYN INJ			01/01/2012	No Separate Payment	$0.00
J0840	CROTALIDAE POLY IMMUNE FAB			07/01/2013	Fee Schedule	$2,216.80
J0850	CYTOMEGALOVIRUS IMM IV /VIAL			07/01/2013	Fee Schedule	$1,013.88
J0878	DAPTOMYCIN INJECTION			07/01/2013	Fee Schedule	$0.61
J0881	DARBEPOETIN ALFA, NON-ESRD			07/01/2013	Fee Schedule	$3.46
J0885	EPOETIN ALFA, NON-ESRD			07/01/2013	Fee Schedule	$10.97
J0894	DECITABINE INJECTION			07/01/2013	Fee Schedule	$34.54
J0895	DEFEROXAMINE MESYLATE INJ			01/01/2009	No Separate Payment	$0.00
J0897	DENOSUMAB INJECTION			07/01/2013	Fee Schedule	$14.16
J0900	TESTOSTERONE ENANTHATE INJ			01/01/2013	Fee Schedule	$33.36
J0945	BROMPHENIRAMINE MALEATE INJ			01/01/2012	No Separate Payment	$0.00
J1000	DEPO-ESTRADIOL CYPIONATE INJ			01/01/2009	No Separate Payment	$0.00
J1020	METHYLPREDNISOLONE 20 MG INJ			01/01/2009	No Separate Payment	$0.00
J1030	METHYLPREDNISOLONE 40 MG INJ			01/01/2009	No Separate Payment	$0.00
J1040	METHYLPREDNISOLONE 80 MG INJ			01/01/2009	No Separate Payment	$0.00
J1050	MEDROXYPROGESTERONE ACETATE			01/01/2013	No Separate Payment	$0.00
J1060	TESTOSTERONE CYPIONATE 1 ML			01/01/2009	No Separate Payment	$0.00
J1070	TESTOSTERONE CYPIONAT 100 MG			01/01/2009	No Separate Payment	$0.00
J1080	TESTOSTERONE CYPIONAT 200 MG			01/01/2009	No Separate Payment	$0.00
J1094	INJ DEXAMETHASONE ACETATE			01/01/2009	No Separate Payment	$0.00

Montana Medicaid
ASC Covered Surgical and Ancillary Services for CY 2014
(Including Services for Which Payment is Packaged)
Revised July 2013

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J1100	DEXAMETHASONE SODIUM PHOS			01/01/2009	No Separate Payment	$0.00
J1110	INJ DIHYDROERGOTAMINE MESYLT			01/01/2009	No Separate Payment	$0.00
J1120	ACETAZOLAMID SODIUM INJECTIO			01/01/2009	No Separate Payment	$0.00
J1160	DIGOXIN INJECTION			01/01/2009	No Separate Payment	$0.00
J1162	DIGOXIN IMMUNE FAB (OVINE)			07/01/2013	Fee Schedule	$1,090.96
J1165	PHENYTOIN SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J1170	HYDROMORPHONE INJECTION			01/01/2009	No Separate Payment	$0.00
J1180	DYPHYLLINE INJECTION			01/01/2009	No Separate Payment	$0.00
J1190	DEXRAZOXANE HCL INJECTION			07/01/2013	Fee Schedule	$153.02
J1200	DIPHENHYDRAMINE HCL INJECTIO			01/01/2009	No Separate Payment	$0.00
J1205	CHLOROTHIAZIDE SODIUM INJ			07/01/2013	Fee Schedule	$177.23
J1212	DIMETHYL SULFOXIDE 50% 50 ML			07/01/2013	Fee Schedule	$82.02
J1230	METHADONE INJECTION			01/01/2009	No Separate Payment	$0.00
J1240	DIMENHYDRINATE INJECTION			01/01/2009	No Separate Payment	$0.00
J1245	DIPYRIDAMOLE INJECTION			01/01/2009	No Separate Payment	$0.00
J1250	INJ DOBUTAMINE HCL/250 MG			01/01/2009	No Separate Payment	$0.00
J1260	DOLASETRON MESYLATE			01/01/2010	No Separate Payment	$0.00
J1265	DOPAMINE INJECTION			01/01/2009	No Separate Payment	$0.00
J1267	DORIPENEM INJECTION			01/01/2011	No Separate Payment	$0.00
J1270	INJECTION, DOXERCALCIFEROL			01/01/2009	No Separate Payment	$0.00
J1290	ECALLANTIDE INJECTION			07/01/2013	Fee Schedule	$316.55
J1300	ECULIZUMAB INJECTION			04/01/2013	Fee Schedule	$201.12
J1320	AMITRIPTYLINE INJECTION			01/01/2009	No Separate Payment	$0.00
J1324	ENFUVIRTIDE INJECTION			04/01/2013	Fee Schedule	$0.55
J1325	EPOPROSTENOL INJECTION			01/01/2009	No Separate Payment	$0.00
J1327	EPTIFIBATIDE INJECTION			07/01/2013	Fee Schedule	$26.12
J1330	ERGONOVINE MALEATE INJECTION			01/01/2009	No Separate Payment	$0.00
J1335	ERTAPENEM INJECTION			01/01/2009	No Separate Payment	$0.00
J1364	ERYTHRO LACTOBIONATE /500 MG			01/01/2009	No Separate Payment	$0.00
J1380	ESTRADIOL VALERATE 10 MG INJ			01/01/2009	No Separate Payment	$0.00
J1410	INJ ESTROGEN CONJUGATE 25 MG			07/01/2013	Fee Schedule	$148.88
J1430	ETHANOLAMINE OLEATE 100 MG			01/01/2013	Fee Schedule	$299.94
J1435	INJECTION ESTRONE PER 1 MG			01/01/2013	Fee Schedule	$1.54
J1436	ETIDRONATE DISODIUM INJ			01/01/2011	No Separate Payment	$0.00
J1438	ETANERCEPT INJECTION			07/01/2013	Fee Schedule	$253.48
J1440	FILGRASTIM 300 MCG INJECTION			07/01/2013	Fee Schedule	$285.39
J1441	FILGRASTIM 480 MCG INJECTION			07/01/2013	Fee Schedule	$452.26
J1450	FLUCONAZOLE			01/01/2009	No Separate Payment	$0.00
J1451	FOMEPIZOLE, 15 MG			07/01/2013	Fee Schedule	$6.46
J1452	INTRAOCULAR FOMIVIRSEN NA			01/01/2013	Fee Schedule	$85.00
J1453	FOSAPREPITANT INJECTION			04/01/2013	Fee Schedule	$1.72
J1455	FOSCARNET SODIUM INJECTION			01/01/2013	No Separate Payment	$0.00
J1457	GALLIUM NITRATE INJECTION			01/01/2012	No Separate Payment	$0.00
J1458	GALSULFASE INJECTION			07/01/2013	Fee Schedule	$357.31
J1459	INJ IVIG PRIVIGEN 500 MG			07/01/2013	Fee Schedule	$36.60
J1460	GAMMA GLOBULIN 1 CC INJ			07/01/2013	Fee Schedule	$23.81
J1557	GAMMAPLEX INJECTION			07/01/2013	Fee Schedule	$36.94
J1559	HIZENTRA INJECTION			01/01/2013	Fee Schedule	$7.29

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J1560	GAMMA GLOBULIN > 10 CC INJ			07/01/2013	Fee Schedule	$238.08
J1561	GAMUNEX/GAMUNEX C			07/01/2013	Fee Schedule	$38.97
J1562	VIVAGLOBIN, INJ			01/01/2013	Fee Schedule	$12.72
J1566	IMMUNE GLOBULIN, POWDER			07/01/2013	Fee Schedule	$12.72
J1568	OCTAGAM INJECTION			07/01/2013	Fee Schedule	$31.57
J1569	GAMMAGARD LIQUID INJECTION			07/01/2013	Fee Schedule	$39.17
J1570	GANCICLOVIR SODIUM INJECTION			07/01/2013	Fee Schedule	$72.65
J1571	HEPAGAM B IM INJECTION			07/01/2013	Fee Schedule	$51.73
J1572	FLEBOGAMMA INJECTION			07/01/2013	Fee Schedule	$35.95
J1573	HEPAGAM B INTRAVENOUS, INJ			07/01/2013	Fee Schedule	$51.73
J1580	GARAMYCIN GENTAMICIN INJ			01/01/2009	No Separate Payment	$0.00
J1590	GATIFLOXACIN INJECTION			01/01/2013	Fee Schedule	$86.33
J1595	INJECTION GLATIRAMER ACETATE			07/01/2013	Fee Schedule	$149.96
J1599	IVIG NON-LYOPHILIZED, NOS			01/01/2011	No Separate Payment	$0.00
J1600	GOLD SODIUM THIOMALEATE INJ			01/01/2009	No Separate Payment	$0.00
J1610	GLUCAGON HYDROCHLORIDE/1 MG			07/01/2013	Fee Schedule	$122.27
J1620	GONADORELIN HYDROCH/ 100 MCG			01/01/2013	Fee Schedule	$6.06
J1626	GRANISETRON HCL INJECTION			01/01/2010	No Separate Payment	$0.00
J1630	HALOPERIDOL INJECTION			01/01/2009	No Separate Payment	$0.00
J1631	HALOPERIDOL DECANOATE INJ			01/01/2009	No Separate Payment	$0.00
J1640	HEMIN, 1 MG			07/01/2013	Fee Schedule	$15.65
J1642	INJ HEPARIN SODIUM PER 10 U			07/01/2012	No Separate Payment	$0.00
J1644	INJ HEPARIN SODIUM PER 1000U			07/01/2012	No Separate Payment	$0.00
J1645	DALTEPARIN SODIUM			01/01/2009	No Separate Payment	$0.00
J1650	INJ ENOXAPARIN SODIUM			01/01/2009	No Separate Payment	$0.00
J1652	FONDAPARINUX SODIUM			01/01/2011	No Separate Payment	$0.00
J1655	TINZAPARIN SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J1670	TETANUS IMMUNE GLOBULIN INJ			07/01/2013	Fee Schedule	$363.88
J1680	HUMAN FIBRINOGEN CONC INJ			07/01/2012	Not Allowed	$0.00
J1700	HYDROCORTISONE ACETATE INJ			01/01/2009	No Separate Payment	$0.00
J1710	HYDROCORTISONE SODIUM PH INJ			01/01/2009	No Separate Payment	$0.00
J1720	HYDROCORTISONE SODIUM SUCC I			01/01/2009	No Separate Payment	$0.00
J1725	HYDROXYPROGESTERONE CAPROATE			04/01/2013	Fee Schedule	$2.71
J1730	DIAZOXIDE INJECTION			01/01/2013	Fee Schedule	$88.27
J1740	IBANDRONATE SODIUM INJECTION			07/01/2013	Fee Schedule	$154.66
J1741	IBUPROFEN INJECTION			01/01/2013	No Separate Payment	$0.00
J1742	IBUTILIDE FUMARATE INJECTION			07/01/2013	Fee Schedule	$133.57
J1743	IDURSULFASE INJECTION			07/01/2013	Fee Schedule	$468.97
J1744	ICATIBANT INJECTION			07/01/2013	Fee Schedule	$254.72
J1745	INFLIXIMAB INJECTION			07/01/2013	Fee Schedule	$67.96
J1750	INJ IRON DEXTRAN			07/01/2013	Fee Schedule	$12.12
J1756	IRON SUCROSE INJECTION			01/01/2013	No Separate Payment	$0.00
J1786	IMUGLUCERASE INJECTION			07/01/2013	Fee Schedule	$41.94
J1790	DROPERIDOL INJECTION			01/01/2009	No Separate Payment	$0.00
J1800	PROPRANOLOL INJECTION			01/01/2009	No Separate Payment	$0.00
J1815	INSULIN INJECTION			01/01/2009	No Separate Payment	$0.00
J1817	INSULIN FOR INSULIN PUMP USE			01/01/2011	No Separate Payment	$0.00
J1830	INTERFERON BETA-1B / .25 MG			07/01/2013	Fee Schedule	$279.71

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J1835	ITRACONAZOLE INJECTION			01/01/2013	Fee Schedule	$0.28
J1840	KANAMYCIN SULFATE 500 MG INJ			01/01/2009	No Separate Payment	$0.00
J1850	KANAMYCIN SULFATE 75 MG INJ			01/01/2009	No Separate Payment	$0.00
J1885	KETOROLAC TROMETHAMINE INJ			01/01/2009	No Separate Payment	$0.00
J1890	CEPHALOTHIN SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J1930	LANREOTIDE INJECTION			07/01/2013	Fee Schedule	$36.45
J1931	LARONIDASE INJECTION			07/01/2013	Fee Schedule	$28.27
J1940	FUROSEMIDE INJECTION			01/01/2009	No Separate Payment	$0.00
J1945	LEPIRUDIN			01/01/2013	Fee Schedule	$570.54
J1950	LEUPROLIDE ACETATE /3.75 MG			07/01/2013	Fee Schedule	$744.73
J1953	LEVETIRACETAM INJECTION			01/01/2011	No Separate Payment	$0.00
J1956	LEVOFLOXACIN INJECTION			01/01/2009	No Separate Payment	$0.00
J1960	LEVORPHANOL TARTRATE INJ			01/01/2009	No Separate Payment	$0.00
J1980	HYOSCYAMINE SULFATE INJ			01/01/2009	No Separate Payment	$0.00
J1990	CHLORDIAZEPOXIDE INJECTION			01/01/2009	No Separate Payment	$0.00
J2001	LIDOCAINE INJECTION			01/01/2009	No Separate Payment	$0.00
J2010	LINCOMYCIN INJECTION			01/01/2009	No Separate Payment	$0.00
J2020	LINEZOLID INJECTION			07/01/2013	Fee Schedule	$40.93
J2060	LORAZEPAM INJECTION			01/01/2009	No Separate Payment	$0.00
J2150	MANNITOL INJECTION			01/01/2009	No Separate Payment	$0.00
J2170	MECASERMIN INJECTION			01/01/2013	No Separate Payment	$0.00
J2175	MEPERIDINE HYDROCHL /100 MG			01/01/2009	No Separate Payment	$0.00
J2180	MEPERIDINE/PROMETHAZINE INJ			01/01/2009	No Separate Payment	$0.00
J2185	MEROPENEM			01/01/2009	No Separate Payment	$0.00
J2210	METHYLERGONOVIN MALEATE INJ			01/01/2009	No Separate Payment	$0.00
J2212	METHYLNALTREXONE, 0.1 MG			07/01/2013	Fee Schedule	$0.40
J2248	MICAFUNGIN SODIUM INJECTION			07/01/2013	Fee Schedule	$0.94
J2250	INJ MIDAZOLAM HYDROCHLORIDE			01/01/2009	No Separate Payment	$0.00
J2260	INJ MILRINONE LACTATE / 5 MG			01/01/2009	No Separate Payment	$0.00
J2265	MINOCYCLINE HYDROCHLORIDE			01/01/2013	Fee Schedule	$0.58
J2270	MORPHINE SULFATE INJECTION			01/01/2009	No Separate Payment	$0.00
J2271	MORPHINE SO4 INJECTION 100MG			01/01/2009	No Separate Payment	$0.00
J2275	MORPHINE SULFATE INJECTION			01/01/2009	No Separate Payment	$0.00
J2278	ZICONOTIDE INJECTION			04/01/2013	Fee Schedule	$6.61
J2280	INJ, MOXIFLOXACIN 100 MG			01/01/2009	No Separate Payment	$0.00
J2300	INJ NALBUPHINE HYDROCHLORIDE			01/01/2009	No Separate Payment	$0.00
J2310	INJ NALOXONE HYDROCHLORIDE			01/01/2009	No Separate Payment	$0.00
J2315	NALTREXONE, DEPOT FORM			04/01/2013	Fee Schedule	$2.83
J2320	NANDROLONE DECANOATE 50 MG			01/01/2012	No Separate Payment	$0.00
J2323	NATALIZUMAB INJECTION			07/01/2013	Fee Schedule	$13.08
J2325	NESIRITIDE INJECTION			07/01/2013	Fee Schedule	$59.72
J2353	OCTREOTIDE INJECTION, DEPOT			07/01/2013	Fee Schedule	$134.64
J2354	OCTREOTIDE INJ, NON-DEPOT			01/01/2009	No Separate Payment	$0.00
J2355	OPRELVEKIN INJECTION			07/01/2013	Fee Schedule	$277.71
J2357	OMALIZUMAB INJECTION			04/01/2013	Fee Schedule	$24.47
J2358	OLANZAPINE LONG-ACTING INJ			01/01/2013	Fee Schedule	$2.75
J2360	ORPHENADRINE INJECTION			01/01/2009	No Separate Payment	$0.00
J2370	PHENYLEPHRINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J2400	CHLOROPROCAINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2405	ONDANSETRON HCL INJECTION			01/01/2010	No Separate Payment	$0.00
J2410	OXYMORPHONE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2425	PALIFERMIN INJECTION			04/01/2013	Fee Schedule	$13.26
J2426	PALIPERIDONE PALMITATE INJ			07/01/2013	Fee Schedule	$7.42
J2430	PAMIDRONATE DISODIUM /30 MG			01/01/2011	No Separate Payment	$0.00
J2440	PAPAVERIN HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2460	OXYTETRACYCLINE INJECTION			01/01/2013	No Separate Payment	$0.00
J2469	PALONOSETRON HCL			07/01/2013	Fee Schedule	$18.93
J2501	PARICALCITOL			01/01/2009	No Separate Payment	$0.00
J2503	PEGAPTANIB SODIUM INJECTION			07/01/2013	Fee Schedule	$1,027.30
J2504	PEGADEMASE BOVINE, 25 IU			07/01/2013	Fee Schedule	$275.88
J2505	INJECTION, PEGFILGRASTIM 6MG			07/01/2013	Fee Schedule	$3,013.87
J2507	PEGLOTICASE INJECTION			07/01/2013	Fee Schedule	$423.06
J2510	PENICILLIN G PROCAINE INJ			01/01/2012	No Separate Payment	$0.00
J2513	PENTASTARCH 10% SOLUTION			01/01/2013	No Separate Payment	$0.00
J2515	PENTOBARBITAL SODIUM INJ			01/01/2010	No Separate Payment	$0.00
J2540	PENICILLIN G POTASSIUM INJ			01/01/2009	No Separate Payment	$0.00
J2543	PIPERACILLIN/TAZOBACTAM			01/01/2009	No Separate Payment	$0.00
J2550	PROMETHAZINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2560	PHENOBARBITAL SODIUM INJ			01/01/2009	No Separate Payment	$0.00
J2562	PLERIXAFOR INJECTION			07/01/2013	Fee Schedule	$296.66
J2590	OXYTOCIN INJECTION			01/01/2009	No Separate Payment	$0.00
J2597	INJ DESMOPRESSIN ACETATE			07/01/2013	Fee Schedule	$5.64
J2650	PREDNISOLONE ACETATE INJ			01/01/2009	No Separate Payment	$0.00
J2670	TOTAZOLINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2675	INJ PROGESTERONE PER 50 MG			01/01/2009	No Separate Payment	$0.00
J2680	FLUPHENAZINE DECANOATE 25 MG			01/01/2009	No Separate Payment	$0.00
J2690	PROCAINAMIDE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2700	OXACILLIN SODIUM INJECITON			07/01/2013	Fee Schedule	$2.15
J2710	NEOSTIGMINE METHYLSLFTE INJ			01/01/2009	No Separate Payment	$0.00
J2720	INJ PROTAMINE SULFATE/10 MG			01/01/2009	No Separate Payment	$0.00
J2724	PROTEIN C CONCENTRATE			07/01/2013	Fee Schedule	$14.32
J2725	INJ PROTIRELIN PER 250 MCG			01/01/2013	Fee Schedule	$29.74
J2730	PRALIDOXIME CHLORIDE INJ			07/01/2013	Fee Schedule	$90.16
J2760	PHENTOLAINE MESYLATE INJ			01/01/2013	No Separate Payment	$0.00
J2765	METOCLOPRAMIDE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2770	QUINUPRISTIN/DALFOPRISTIN			07/01/2013	Fee Schedule	$200.41
J2778	RANIBIZUMAB INJECTION			07/01/2013	Fee Schedule	$397.51
J2780	RANITIDINE HYDROCHLORIDE INJ			01/01/2009	No Separate Payment	$0.00
J2783	RASBURICASE			07/01/2013	Fee Schedule	$210.96
J2785	REGADENOSON INJECTION			07/01/2013	Fee Schedule	$53.48
J2788	RHO D IMMUNE GLOBULIN 50 MCG			07/01/2013	Fee Schedule	$26.58
J2790	RHO D IMMUNE GLOBULIN INJ			07/01/2013	Fee Schedule	$92.00
J2791	RHOPHYLAC INJECTION			07/01/2013	Fee Schedule	$4.76
J2792	RHO(D) IMMUNE GLOBULIN H, SD			07/01/2013	Fee Schedule	$18.31
J2793	RILONACEPT INJECTION			01/01/2013	Fee Schedule	$24.09
J2794	RISPERIDONE, LONG ACTING			07/01/2013	Fee Schedule	$5.77

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J2795	ROPIVACAINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2796	ROMIPLOSTIM INJECTION			07/01/2013	Fee Schedule	$50.93
J2800	METHOCARBAMOL INJECTION			01/01/2009	No Separate Payment	$0.00
J2805	SINCALIDE INJECTION			01/01/2012	No Separate Payment	$0.00
J2810	INJ THEOPHYLLINE PER 40 MG			01/01/2009	No Separate Payment	$0.00
J2820	SARGRAMOSTIM INJECTION			07/01/2013	Fee Schedule	$28.60
J2850	INJ SECRETIN SYNTHETIC HUMAN			01/01/2013	Fee Schedule	$27.49
J2910	AUROTHIOGLUCOSE INJECITON			01/01/2009	No Separate Payment	$0.00
J2916	NA FERRIC GLUCONATE COMPLEX			01/01/2009	No Separate Payment	$0.00
J2920	METHYLPREDNISOLONE INJECTION			01/01/2009	No Separate Payment	$0.00
J2930	METHYLPREDNISOLONE INJECTION			01/01/2009	No Separate Payment	$0.00
J2940	SOMATREM INJECTION			01/01/2011	No Separate Payment	$0.00
J2941	SOMATROPIN INJECTION			07/01/2013	Fee Schedule	$70.38
J2950	PROMAZINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2993	RETEPLASE INJECTION			07/01/2013	Fee Schedule	$2,171.61
J2995	INJ STREPTOKINASE /250000 IU			01/01/2013	No Separate Payment	$0.00
J2997	ALTEPLASE RECOMBINANT			07/01/2013	Fee Schedule	$56.35
J3000	STREPTOMYCIN INJECTION			01/01/2009	No Separate Payment	$0.00
J3010	FENTANYL CITRATE INJECITON			01/01/2009	No Separate Payment	$0.00
J3030	SUMATRIPTAN SUCCINATE / 6 MG			01/01/2013	No Separate Payment	$0.00
J3070	PENTAZOCINE INJECTION			01/01/2009	No Separate Payment	$0.00
J3095	TELAVANCIN INJECTION			07/01/2013	Fee Schedule	$2.65
J3101	TENECTEPLASE INJECTION			07/01/2013	Fee Schedule	$74.97
J3105	TERBUTALINE SULFATE INJ			01/01/2009	No Separate Payment	$0.00
J3120	TESTOSTERONE ENANTHATE INJ			01/01/2009	No Separate Payment	$0.00
J3130	TESTOSTERONE ENANTHATE INJ			01/01/2009	No Separate Payment	$0.00
J3140	TESTOSTERONE SUSPENSION INJ			01/01/2009	No Separate Payment	$0.00
J3150	TESTOSTERON PROPIONATE INJ			01/01/2009	No Separate Payment	$0.00
J3230	CHLORPROMAZINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J3240	THYROTROPIN INJECTION			07/01/2013	Fee Schedule	$1,053.26
J3243	TIGECYCLINE INJECTION			07/01/2013	Fee Schedule	$1.76
J3246	TIROFIBAN HCL			07/01/2013	Fee Schedule	$8.03
J3250	TRIMETHOBENZAMIDE HCL INJ			01/01/2009	No Separate Payment	$0.00
J3260	TOBRAMYCIN SULFATE INJECTION			01/01/2009	No Separate Payment	$0.00
J3262	TOCILIZUMAB INJECTION			07/01/2013	Fee Schedule	$3.70
J3265	INJECTION TORSEMIDE 10 MG/ML			01/01/2009	No Separate Payment	$0.00
J3280	THIETHYLPERAZINE MALEATE INJ			01/01/2009	No Separate Payment	$0.00
J3285	TREPROSTINIL INJECTION			01/01/2013	Fee Schedule	$61.24
J3300	TRIAMCINOLONE A INJ PRS-FREE			07/01/2013	Fee Schedule	$3.91
J3301	TRIAMCINOLONE ACET INJ NOS			01/01/2009	No Separate Payment	$0.00
J3302	TRIAMCINOLONE DIACETATE INJ			01/01/2009	No Separate Payment	$0.00
J3303	TRIAMCINOLONE HEXACETONL INJ			01/01/2009	No Separate Payment	$0.00
J3305	INJ TRIMETREXATE GLUCORONATE			01/01/2011	No Separate Payment	$0.00
J3310	PERPHENAZINE INJECITON			01/01/2013	No Separate Payment	$0.00
J3315	TRIPTORELIN PAMOATE			07/01/2013	Fee Schedule	$192.43
J3320	SPECTINOMYCN DI-HCL INJ			01/01/2009	No Separate Payment	$0.00
J3350	UREA INJECTION			01/01/2013	No Separate Payment	$0.00
J3355	UROFOLLITROPIN, 75 IU			07/01/2013	Fee Schedule	$64.42

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J3357	USTEKINUMAB INJECTION			07/01/2013	Fee Schedule	$138.29
J3360	DIAZEPAM INJECTION			01/01/2009	No Separate Payment	$0.00
J3364	UROKINASE 5000 IU INJECTION			01/01/2009	No Separate Payment	$0.00
J3365	UROKINASE 250,000 IU INJ			01/01/2013	Fee Schedule	$457.73
J3370	VANCOMYCIN HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J3385	VELAGLUCERASE ALFA			07/01/2013	Fee Schedule	$348.64
J3396	VERTEPORFIN INJECTION			07/01/2013	Fee Schedule	$10.43
J3400	TRIFLUPROMAZINE HCL INJ			01/01/2010	No Separate Payment	$0.00
J3410	HYDROXYZINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J3411	THIAMINE HCL 100 MG			01/01/2009	No Separate Payment	$0.00
J3415	PYRIDOXINE HCL 100 MG			01/01/2009	No Separate Payment	$0.00
J3420	VITAMIN B12 INJECTION			01/01/2009	No Separate Payment	$0.00
J3430	VITAMIN K PHYTONADIONE INJ			01/01/2009	No Separate Payment	$0.00
J3465	INJECTION, VORICONAZOLE			07/01/2013	Fee Schedule	$4.65
J3470	HYALURONIDASE INJECTION			01/01/2009	No Separate Payment	$0.00
J3471	OVINE, UP TO 999 USP UNITS			01/01/2009	No Separate Payment	$0.00
J3472	OVINE, 1000 USP UNITS			01/01/2010	No Separate Payment	$0.00
J3473	HYALURONIDASE RECOMBINANT			01/01/2010	No Separate Payment	$0.00
J3475	INJ MAGNESIUM SULFATE			01/01/2009	No Separate Payment	$0.00
J3480	INJ POTASSIUM CHLORIDE			01/01/2009	No Separate Payment	$0.00
J3485	ZIDOVUDINE			01/01/2009	No Separate Payment	$0.00
J3486	ZIPRASIDONE MESYLATE			01/01/2009	No Separate Payment	$0.00
J3487	ZOLEDRONIC ACID			04/01/2013	Fee Schedule	$220.95
J3488	RECLAST INJECTION			04/01/2013	Fee Schedule	$224.68
J3490	DRUGS UNCLASSIFIED INJECTION			01/01/2009	No Separate Payment	$0.00
J3530	NASAL VACCINE INHALATION			01/01/2009	No Separate Payment	$0.00
J3590	UNCLASSIFIED BIOLOGICS			01/01/2009	No Separate Payment	$0.00
J7030	NORMAL SALINE SOLUTION INFUS			01/01/2009	No Separate Payment	$0.00
J7040	NORMAL SALINE SOLUTION INFUS			01/01/2009	No Separate Payment	$0.00
J7042	5% DEXTROSE/NORMAL SALINE			01/01/2009	No Separate Payment	$0.00
J7050	NORMAL SALINE SOLUTION INFUS			01/01/2009	No Separate Payment	$0.00
J7060	5% DEXTROSE/WATER			01/01/2009	No Separate Payment	$0.00
J7070	D5W INFUSION			01/01/2009	No Separate Payment	$0.00
J7100	DEXTRAN 40 INFUSION			01/01/2009	No Separate Payment	$0.00
J7110	DEXTRAN 75 INFUSION			01/01/2009	No Separate Payment	$0.00
J7120	RINGERS LACTATE INFUSION			01/01/2009	No Separate Payment	$0.00
J7131	HYPERTONIC SALINE SOL			01/01/2012	No Separate Payment	$0.00
J7178	HUMAN FIBRINOGEN CONC INJ			01/01/2013	Fee Schedule	$0.92
J7180	FACTOR XIII ANTI-HEM FACTOR			01/01/2013	Fee Schedule	$6.42
J7183	WILATE INJECTION			07/01/2013	Fee Schedule	$0.91
J7185	XYNTHA INJ			07/01/2013	Fee Schedule	$1.11
J7186	ANTIHEMOPHILIC VIII/VWF COMP			07/01/2013	Fee Schedule	$0.94
J7187	HUMATE-P, INJ			07/01/2013	Fee Schedule	$0.91
J7189	FACTOR VIIA			07/01/2013	Fee Schedule	$1.66
J7190	FACTOR VIII			07/01/2013	Fee Schedule	$0.93
J7191	FACTOR VIII (PORCINE)			01/01/2013	No Separate Payment	$0.00
J7192	FACTOR VIII RECOMBINANT NOS			01/01/2013	Fee Schedule	$1.13
J7193	FACTOR IX NON-RECOMBINANT			07/01/2013	Fee Schedule	$0.97

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J7194	FACTOR IX COMPLEX			07/01/2013	Fee Schedule	$1.10
J7195	FACTOR IX RECOMBINANT			07/01/2013	Fee Schedule	$1.33
J7196	ANTITHROMBIN RECOMBINANT			01/01/2013	Fee Schedule	$103.35
J7197	ANTITHROMBIN III INJECTION			07/01/2013	Fee Schedule	$3.05
J7198	ANTI-INHIBITOR			04/01/2013	Fee Schedule	$1.64
J7308	AMINOLEVULINIC ACID HCL TOP			07/01/2013	Fee Schedule	$173.99
J7309	METHYL AMINOLEVULINATE, TOP			07/01/2013	Fee Schedule	$83.69
J7310	GANCICLOVIR LONG ACT IMPLANT		Y	01/01/2013	Fee Schedule	$16,960.00
J7311	FLUOCINOLONE ACETONIDE IMPLT		Y	01/01/2013	Fee Schedule	$19,345.00
J7312	DEXAMETHASONE INTRA IMPLANT			07/01/2013	Fee Schedule	$195.89
J7315	OPTHALMIC MITOMYCIN			07/01/2013	Fee Schedule	$379.24
J7321	HYALGAN/SUPARTZ INJ PER DOSE			07/01/2013	Fee Schedule	$85.13
J7323	EUFLEXXA INJ PER DOSE			07/01/2013	Fee Schedule	$152.88
J7324	ORTHOVISC INJ PER DOSE			07/01/2013	Fee Schedule	$172.20
J7325	SYNVISC OR SYNVISC-ONE			07/01/2013	Fee Schedule	$12.57
J7326	GEL-ONE			07/01/2013	Fee Schedule	$620.10
J7335	CAPSAICIN 8% PATCH			01/01/2011	Fee Schedule	$25.55
J7500	AZATHIOPRINE ORAL 50MG			01/01/2009	No Separate Payment	$0.00
J7501	AZATHIOPRINE PARENTERAL			07/01/2013	Fee Schedule	$186.28
J7502	CYCLOSPORINE ORAL 100 MG			01/01/2011	No Separate Payment	$0.00
J7504	LYMPHOCYTE IMMUNE GLOBULIN			07/01/2013	Fee Schedule	$725.00
J7505	MONOCLONAL ANTIBODIES			01/01/2013	Fee Schedule	$1,156.08
J7506	PREDNISONE ORAL			01/01/2009	No Separate Payment	$0.00
J7507	TACROLIMUS ORAL PER 1 MG			01/01/2011	No Separate Payment	$0.00
J7509	METHYLPREDNISOLONE ORAL			01/01/2009	No Separate Payment	$0.00
J7510	PREDNISOLONE ORAL PER 5 MG			01/01/2009	No Separate Payment	$0.00
J7511	ANTITHYMOCYTE GLOBULN RABBIT			07/01/2013	Fee Schedule	$578.93
J7513	DACLIZUMAB, PARENTERAL			01/01/2013	Fee Schedule	$526.34
J7515	CYCLOSPORINE ORAL 25 MG			01/01/2011	No Separate Payment	$0.00
J7516	CYCLOSPORIN PARENTERAL 250MG			01/01/2011	No Separate Payment	$0.00
J7517	MYCOPHENOLATE MOFETIL ORAL			01/01/2011	No Separate Payment	$0.00
J7518	MYCOPHENOLIC ACID			01/01/2010	No Separate Payment	$0.00
J7520	SIROLIMUS, ORAL			01/01/2011	No Separate Payment	$0.00
J7525	TACROLIMUS INJECTION			07/01/2013	Fee Schedule	$137.57
J7527	ORAL EVEROLIMUS			07/01/2013	Fee Schedule	$6.46
J7599	IMMUNOSUPPRESSIVE DRUG NOC			01/01/2009	No Separate Payment	$0.00
J7665	MANNITOL FOR INHALER			01/01/2013	No Separate Payment	$0.00
J7674	METHACHOLINE CHLORIDE, NEB			01/01/2009	No Separate Payment	$0.00
J7799	NON-INHALATION DRUG FOR DME			01/01/2009	No Separate Payment	$0.00
J8501	ORAL APREPITANT			07/01/2013	Fee Schedule	$6.68
J8510	ORAL BUSULFAN			07/01/2013	Fee Schedule	$11.00
J8520	CAPECITABINE, ORAL, 150 MG			07/01/2013	Fee Schedule	$9.59
J8521	CAPECITABINE, ORAL, 500 MG			07/01/2013	Fee Schedule	$31.90
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG			01/01/2009	No Separate Payment	$0.00
J8540	ORAL DEXAMETHASONE			01/01/2009	No Separate Payment	$0.00
J8560	ETOPOSIDE ORAL 50 MG			07/01/2013	Fee Schedule	$55.12
J8562	ORAL FLUDARABINE PHOSPHATE			04/01/2012	Fee Schedule	$81.77
J8597	ANTIEMETIC DRUG ORAL NOS			01/01/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J8600	MELPHALAN ORAL 2 MG			07/01/2009	No Separate Payment	$0.00
J8610	METHOTREXATE ORAL 2.5 MG			01/01/2009	No Separate Payment	$0.00
J8650	NABILONE ORAL			04/01/2013	Fee Schedule	$27.07
J8700	TEMOZOLOMIDE			07/01/2013	Fee Schedule	$11.22
J8705	TOPOTECAN ORAL			07/01/2013	Fee Schedule	$86.64
J9000	DOXORUBICIN HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J9001	DOXORUBICIN HCL LIPOSOME INJ			07/01/2012	Not Allowed	$0.00
J9002	DOXIL INJECTION			04/01/2013	Fee Schedule	$543.06
J9010	ALEMTUZUMAB INJECTION			04/01/2013	Fee Schedule	$623.63
J9015	ALDESLEUKIN INJECTION			07/01/2013	Fee Schedule	$1,492.41
J9017	ARSENIC TRIOXIDE INJECTION			07/01/2013	Fee Schedule	$47.41
J9019	ERWINAZE INJECTION			07/01/2013	Fee Schedule	$342.74
J9020	ASPARAGINASE INJECTION			07/01/2013	Fee Schedule	$64.56
J9025	AZACITIDINE INJECTION			07/01/2013	Fee Schedule	$5.77
J9027	CLOFARABINE INJECTION			07/01/2013	Fee Schedule	$129.21
J9031	BCG LIVE INTRAVESICAL VAC			07/01/2013	Fee Schedule	$119.30
J9033	BENDAMUSTINE INJECTION			07/01/2013	Fee Schedule	$20.82
J9035	BEVACIZUMAB INJECTION			07/01/2013	Fee Schedule	$64.64
J9040	BLEOMYCIN SULFATE INJECTION			07/01/2009	No Separate Payment	$0.00
J9041	BORTEZOMIB INJECTION			07/01/2013	Fee Schedule	$45.33
J9042	BRENTUXIMAB VEDOTIN INJ			07/01/2013	Fee Schedule	$102.74
J9043	CABAZITAXEL INJECTION			07/01/2013	Fee Schedule	$139.73
J9045	CARBOPLATIN INJECTION			07/01/2009	No Separate Payment	$0.00
J9050	CARMUSTINE INJECTION			07/01/2013	Fee Schedule	$175.30
J9055	CETUXIMAB INJECTION			07/01/2013	Fee Schedule	$52.48
J9060	CISPLATIN 10 MG INJECTION			01/01/2009	No Separate Payment	$0.00
J9065	INJ CLADRIBINE PER 1 MG			07/01/2013	Fee Schedule	$25.98
J9070	CYCLOPHOSPHAMIDE 100 MG INJ			07/01/2013	Fee Schedule	$40.38
J9098	CYTARABINE LIPOSOME INJ			07/01/2013	Fee Schedule	$544.23
J9100	CYTARABINE HCL 100 MG INJ			01/01/2009	No Separate Payment	$0.00
J9120	DACTINOMYCIN INJECTION			07/01/2013	Fee Schedule	$618.79
J9130	DACARBAZINE 100 MG INJ			01/01/2009	No Separate Payment	$0.00
J9150	DAUNORUBICIN INJECTION			07/01/2013	Fee Schedule	$28.73
J9151	DAUNORUBICIN CITRATE INJ			01/01/2013	Fee Schedule	$243.80
J9155	DEGARELIX INJECTION			07/01/2013	Fee Schedule	$3.05
J9160	DENILEUKIN DIFTITOX INJ			01/01/2013	Fee Schedule	$1,646.18
J9165	DIETHYLSTILBESTROL INJECTION			01/01/2011	No Separate Payment	$0.00
J9171	DOCETAXEL INJECTION			07/01/2013	Fee Schedule	$4.76
J9175	ELLIOTTS B SOLUTION PER ML			01/01/2009	No Separate Payment	$0.00
J9178	INJ, EPIRUBICIN HCL, 2 MG			07/01/2013	Fee Schedule	$1.34
J9179	ERIBULIN MESYLATE INJECTION			07/01/2013	Fee Schedule	$97.92
J9181	ETOPOSIDE INJECTION			01/01/2009	No Separate Payment	$0.00
J9185	FLUDARABINE PHOSPHATE INJ			07/01/2013	Fee Schedule	$88.53
J9190	FLUOROURACIL INJECTION			01/01/2009	No Separate Payment	$0.00
J9200	FLOXURIDINE INJECTION			07/01/2013	Fee Schedule	$64.13
J9201	GEMCITABINE HCL INJECTION			07/01/2013	Fee Schedule	$5.67
J9202	GOSERELIN ACETATE IMPLANT			07/01/2013	Fee Schedule	$189.54
J9206	IRINOTECAN INJECTION			01/01/2013	No Separate Payment	$0.00

Montana Medicaid
ASC Covered Surgical and Ancillary Services for CY 2014
(Including Services for Which Payment is Packaged)
Revised July 2013

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J9207	IXABEPILONE INJECTION			07/01/2013	Fee Schedule	$67.66
J9208	IFOSFAMIDE INJECTION			07/01/2013	Fee Schedule	$30.27
J9209	MESNA INJECTION			01/01/2011	No Separate Payment	$0.00
J9211	IDARUBICIN HCL INJECTION			07/01/2013	Fee Schedule	$43.76
J9212	INTERFERON ALFACON-1 INJ			01/01/2013	Fee Schedule	$17.06
J9213	INTERFERON ALFA-2A INJ			01/01/2011	No Separate Payment	$0.00
J9214	INTERFERON ALFA-2B INJ			07/01/2013	Fee Schedule	$18.80
J9215	INTERFERON ALFA-N3 INJ			01/01/2013	No Separate Payment	$0.00
J9216	INTERFERON GAMMA 1-B INJ			01/01/2013	Fee Schedule	$2,517.90
J9217	LEUPROLIDE ACETATE SUSPNSION			07/01/2013	Fee Schedule	$206.01
J9218	LEUPROLIDE ACETATE INJECITON			07/01/2013	Fee Schedule	$10.50
J9219	LEUPROLIDE ACETATE IMPLANT			01/01/2013	Fee Schedule	$4,819.82
J9225	VANTAS IMPLANT			07/01/2013	Fee Schedule	$2,994.41
J9226	SUPPRELIN LA IMPLANT			07/01/2013	Fee Schedule	$16,424.13
J9228	IPILIMUMAB INJECTION			07/01/2013	Fee Schedule	$127.05
J9230	MECHLORETHAMINE HCL INJ			07/01/2013	Fee Schedule	$157.61
J9245	INJ MELPHALAN HYDROCHL 50 MG			07/01/2013	Fee Schedule	$1,273.10
J9250	METHOTREXATE SODIUM INJ			01/01/2009	No Separate Payment	$0.00
J9260	METHOTREXATE SODIUM INJ			01/01/2009	No Separate Payment	$0.00
J9261	NELARABINE INJECTION			07/01/2013	Fee Schedule	$127.28
J9263	OXALIPLATIN			07/01/2013	Fee Schedule	$0.88
J9264	PACLITAXEL PROTEIN BOUND			04/01/2013	Fee Schedule	$9.54
J9265	PACLITAXEL INJECTION			01/01/2012	No Separate Payment	$0.00
J9266	PEGASPARGASE INJECTION			07/01/2013	Fee Schedule	$6,004.74
J9268	PENTOSTATIN INJECTION			07/01/2013	Fee Schedule	$1,399.29
J9270	PLICAMYCIN (MITHRAMYCIN) INJ			01/01/2010	No Separate Payment	$0.00
J9280	MITOMYCIN 5 MG INJ			07/01/2013	Fee Schedule	$23.99
J9293	MITOXANTRONE HYDROCHL / 5 MG			07/01/2013	Fee Schedule	$37.17
J9300	GEMTUZUMAB OZOGAMICIN INJ			01/01/2013	Fee Schedule	$2,742.59
J9302	OFATUMUMAB INJECTION			07/01/2013	Fee Schedule	$46.50
J9303	PANITUMUMAB INJECTION			07/01/2013	Fee Schedule	$91.10
J9305	PEMETREXED INJECTION			07/01/2013	Fee Schedule	$59.48
J9307	PRALATREXATE INJECTION			07/01/2013	Fee Schedule	$182.58
J9310	RITUXIMAB INJECTION			07/01/2013	Fee Schedule	$678.87
J9315	ROMIDEPSIN INJECTION			07/01/2013	Fee Schedule	$253.47
J9320	STREPTOZOCIN INJECTION			07/01/2013	Fee Schedule	$276.05
J9328	TEMOZOLOMIDE INJECTION			07/01/2013	Fee Schedule	$4.84
J9330	TEMSIROLIMUS INJECTION			07/01/2013	Fee Schedule	$55.95
J9340	THIOTEPA INJECTION			04/01/2013	Fee Schedule	$265.00
J9351	TOPOTECAN INJECTION			07/01/2013	Fee Schedule	$2.13
J9355	TRASTUZUMAB INJECTION			07/01/2013	Fee Schedule	$78.70
J9357	VALRUBICIN INJECTION			07/01/2013	Fee Schedule	$1,054.48
J9360	VINBLASTINE SULFATE INJ			01/01/2009	No Separate Payment	$0.00
J9370	VINCRISTINE SULFATE 1 MG INJ			01/01/2009	No Separate Payment	$0.00
J9390	VINORELBINE TARTRATE INJ			01/01/2013	No Separate Payment	$0.00
J9395	INJECTION, FULVESTRANT			07/01/2013	Fee Schedule	$89.62
J9600	PORFIMER SODIUM INJECTION			01/01/2013	Fee Schedule	$19,325.78
J9999	CHEMOTHERAPY DRUG			01/01/2009	No Separate Payment	$0.00

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L8600	IMPLANT BREAST SILICONE/EQ			01/01/2009	No Separate Payment	$0.00
L8603	COLLAGEN IMP URINARY 2.5 ML			01/01/2009	No Separate Payment	$0.00
L8604	DEXTRANOMER/HYALURONIC ACID			01/01/2009	No Separate Payment	$0.00
L8606	SYNTHETIC IMPLNT URINARY 1ML			01/01/2012	Not Allowed	$0.00
L8609	ARTIFICIAL CORNEA			01/01/2009	No Separate Payment	$0.00
L8610	OCULAR IMPLANT			01/01/2009	No Separate Payment	$0.00
L8612	AQUEOUS SHUNT PROSTHESIS			01/01/2009	No Separate Payment	$0.00
L8613	OSSICULAR IMPLANT			01/01/2009	No Separate Payment	$0.00
L8614	COCHLEAR DEVICE			01/01/2009	No Separate Payment	$0.00
L8630	METACARPOPHALANGEAL IMPLANT			01/01/2009	No Separate Payment	$0.00
L8631	MCP JOINT REPL 2 PC OR MORE			01/01/2009	No Separate Payment	$0.00
L8641	METATARSAL JOINT IMPLANT			01/01/2009	No Separate Payment	$0.00
L8642	HALLUX IMPLANT			01/01/2009	No Separate Payment	$0.00
L8658	INTERPHALANGEAL JOINT SPACER			01/01/2009	No Separate Payment	$0.00
L8659	INTERPHALANGEAL JOINT REPL			01/01/2009	No Separate Payment	$0.00
L8670	VASCULAR GRAFT, SYNTHETIC			01/01/2009	No Separate Payment	$0.00
L8682	IMPLT NEUROSTIM RADIOFQ REC			01/01/2009	No Separate Payment	$0.00
L8690	AUD OSSEO DEV, INT/EXT COMP			01/01/2009	No Separate Payment	$0.00
L8699	PROSTHETIC IMPLANT NOS			01/01/2009	No Separate Payment	$0.00
L9900	O&P SUPPLY/ACCESSORY/SERVICE			01/01/2013	No Separate Payment	$0.00
P9041	ALBUMIN (HUMAN),5%, 50ML			01/01/2013	Fee Schedule	$22.63
P9045	ALBUMIN (HUMAN), 5%, 250 ML			01/01/2013	Fee Schedule	$60.67
P9046	ALBUMIN (HUMAN), 25%, 20 ML			01/01/2013	Fee Schedule	$30.24
P9047	ALBUMIN (HUMAN), 25%, 50ML			01/01/2013	Fee Schedule	$69.20
Q0138	FERUMOXYTOL, NON-ESRD			01/01/2013	Fee Schedule	$0.64
Q0162	ONDANSETRON ORAL			01/01/2012	No Separate Payment	$0.00
Q0163	DIPHENHYDRAMINE HCL 50MG			01/01/2009	No Separate Payment	$0.00
Q0164	PROCHLORPERAZINE MALEATE 5MG			01/01/2009	No Separate Payment	$0.00
Q0165	PROCHLORPERAZINE MALEATE10MG			01/01/2013	No Separate Payment	$0.00
Q0166	GRANISETRON HCL 1 MG ORAL			01/01/2010	No Separate Payment	$0.00
Q0167	DRONABINOL 2.5MG ORAL			01/01/2009	No Separate Payment	$0.00
Q0168	DRONABINOL 5MG ORAL			01/01/2013	No Separate Payment	$0.00
Q0169	PROMETHAZINE HCL 12.5MG ORAL			01/01/2009	No Separate Payment	$0.00
Q0170	PROMETHAZINE HCL 25 MG ORAL			01/01/2013	No Separate Payment	$0.00
Q0171	CHLORPROMAZINE HCL 10MG ORAL			01/01/2009	No Separate Payment	$0.00
Q0172	CHLORPROMAZINE HCL 25MG ORAL			01/01/2013	No Separate Payment	$0.00
Q0173	TRIMETHOBENZAMIDE HCL 250MG			01/01/2009	No Separate Payment	$0.00
Q0174	THIETHYLPERAZINE MALEATE10MG			01/01/2013	No Separate Payment	$0.00
Q0175	PERPHENAZINE 4MG ORAL			01/01/2009	No Separate Payment	$0.00
Q0176	PERPHENAZINE 8MG ORAL			01/01/2013	No Separate Payment	$0.00
Q0177	HYDROXYZINE PAMOATE 25MG			01/01/2009	No Separate Payment	$0.00
Q0178	HYDROXYZINE PAMOATE 50MG			01/01/2013	No Separate Payment	$0.00
Q0180	DOLASETRON MESYLATE ORAL			01/01/2010	No Separate Payment	$0.00
Q0515	SERMORELIN ACETATE INJECTION			01/01/2013	Fee Schedule	$1.80
Q2004	BLADDER CALCULI IRRIG SOL			01/01/2011	No Separate Payment	$0.00
Q2009	FOSPHENYTOIN INJ PE			07/01/2009	No Separate Payment	$0.00
Q2017	TENIPOSIDE, 50 MG			07/01/2013	Fee Schedule	$321.05
Q2033	INFLUENZA VACCINE, (FLUBLOK)			07/01/2013	No Separate Payment	$0.00

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Q2034	AGRIFLU VACCINE			07/01/2012	No Separate Payment	$0.00
Q2035	AFLURIA VACC, 3 YRS & >, IM			10/01/2011	No Separate Payment	$0.00
Q2036	FLULAVAL VACC, 3 YRS & >, IM			04/01/2011	No Separate Payment	$0.00
Q2037	FLUVIRIN VACC, 3 YRS & >, IM			04/01/2011	No Separate Payment	$0.00
Q2038	FLUZONE VACC, 3 YRS & >, IM			04/01/2011	No Separate Payment	$0.00
Q2039	NOS FLU VACC, 3 YRS & >, IM			10/01/2011	No Separate Payment	$0.00
Q2043	SIPULEUCEL-T AUTO CD54+			07/01/2013	Fee Schedule	$32,844.60
Q2049	IMPORTED LIPODOX INJ			01/01/2013	Fee Schedule	$498.26
Q2050	DOXORUBICIN INJ 10MG			07/01/2013	Fee Schedule	$545.44
Q2051	ZOLDEDRONIC ACID 1MG			07/01/2013	Fee Schedule	$196.42
Q3025	IM INJ INTERFERON BETA 1-A			07/01/2013	Fee Schedule	$311.31
Q3031	COLLAGEN SKIN TEST			01/01/2013	No Separate Payment	$0.00
Q4100	SKIN SUBSTITUTE, NOS			01/01/2009	No Separate Payment	$0.00
Q4101	APLIGRAF			07/01/2013	Fee Schedule	$41.02
Q4102	OASIS WOUND MATRIX			07/01/2013	Fee Schedule	$8.17
Q4103	OASIS BURN MATRIX			07/01/2013	Fee Schedule	$8.17
Q4104	INTEGRA BMWD			07/01/2013	Fee Schedule	$22.79
Q4105	INTEGRA DRT			07/01/2013	Fee Schedule	$13.88
Q4106	DERMAGRAFT			07/01/2013	Fee Schedule	$44.48
Q4107	GRAFTJACKET			07/01/2013	Fee Schedule	$100.98
Q4108	INTEGRA MATRIX			07/01/2013	Fee Schedule	$28.56
Q4110	PRIMATRIX			07/01/2013	Fee Schedule	$39.54
Q4111	GAMMAGRAFT			07/01/2013	Fee Schedule	$6.95
Q4112	CYMETRA INJECTABLE			07/01/2013	Fee Schedule	$350.58
Q4113	GRAFTJACKET XPRESS			07/01/2013	Fee Schedule	$350.58
Q4114	INTEGRA FLOWABLE WOUND MATRI			07/01/2013	Fee Schedule	$1,253.89
Q4115	ALLOSKIN			07/01/2013	Fee Schedule	$8.98
Q4116	ALLODERM			07/01/2013	Fee Schedule	$32.20
Q4118	MATRISTEM MICROMATRIX			07/01/2013	Fee Schedule	$2.80
Q4119	MATRISTEM WOUND MATRIX			07/01/2013	Fee Schedule	$12.75
Q4121	THERASKIN			07/01/2013	Fee Schedule	$23.35
Q4122	DERMACELL			07/01/2013	Fee Schedule	$74.90
Q4123	ALLOSKIN			07/01/2013	Fee Schedule	$15.76
Q4124	OASIS TRI-LAYER WOUND MATRIX			07/01/2013	Fee Schedule	$11.28
Q4125	ARTHROFLEX			07/01/2013	Fee Schedule	$117.05
Q4126	MEMODERM			07/01/2013	Fee Schedule	$54.22
Q4127	TALYMED			04/01/2013	Fee Schedule	$0.55
Q4128	FLEXHD OR ALLOPATCH HD			07/01/2013	Fee Schedule	$31.98
Q4129	UNITE BIOMATRIX			01/01/2013	Fee Schedule	$31.26
Q4130	STRATTICE TM			01/01/2012	No Separate Payment	$0.00
Q4131	EPIFIX			07/01/2013	Fee Schedule	$200.74
Q4132	GRAFIX CORE			07/01/2013	Fee Schedule	$129.85
Q4133	GRAFIX PRIME			07/01/2013	Fee Schedule	$127.06
Q4134	HMATRIX			07/01/2013	Fee Schedule	$35.45
Q9951	LOCM >= 400 MG/ML IODINE,1ML			01/01/2009	No Separate Payment	$0.00
Q9953	INJ FE-BASED MR CONTRAST,1ML			01/01/2009	No Separate Payment	$0.00
Q9954	ORAL MR CONTRAST, 100 ML			01/01/2009	No Separate Payment	$0.00
Q9955	INJ PERFLEXANE LIP MICROS,ML			01/01/2009	No Separate Payment	$0.00

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Q9956	INJ OCTAFLUOROPROPANE MIC,ML			01/01/2009	No Separate Payment	$0.00
Q9957	INJ PERFLUTREN LIP MICROS,ML			01/01/2009	No Separate Payment	$0.00
Q9958	HOCM <=149 MG/ML IODINE, 1ML			01/01/2009	No Separate Payment	$0.00
Q9959	HOCM 150-199MG/ML IODINE,1ML			01/01/2009	No Separate Payment	$0.00
Q9960	HOCM 200-249MG/ML IODINE,1ML			01/01/2009	No Separate Payment	$0.00
Q9961	HOCM 250-299MG/ML IODINE,1ML			01/01/2009	No Separate Payment	$0.00
Q9962	HOCM 300-349MG/ML IODINE,1ML			01/01/2009	No Separate Payment	$0.00
Q9963	HOCM 350-399MG/ML IODINE,1ML			01/01/2009	No Separate Payment	$0.00
Q9964	HOCM>= 400MG/ML IODINE, 1ML			01/01/2009	No Separate Payment	$0.00
Q9965	LOCM 100-199MG/ML IODINE,1ML			01/01/2009	No Separate Payment	$0.00
Q9966	LOCM 200-299MG/ML IODINE,1ML			01/01/2009	No Separate Payment	$0.00
Q9967	LOCM 300-399MG/ML IODINE,1ML			01/01/2009	No Separate Payment	$0.00
Q9968	VISUALIZATION ADJUNCT			07/01/2013	Fee Schedule	$1.43
V2630	ANTER CHAMBER INTRAOCUL LENS			01/01/2013	No Separate Payment	$0.00
V2631	IRIS SUPPORT INTRAOCLR LENS			01/01/2013	No Separate Payment	$0.00
V2632	POST CHMBR INTRAOCULAR LENS			01/01/2013	No Separate Payment	$0.00
V2785	CORNEAL TISSUE PROCESSING			04/01/2013	Fee Schedule	$0.00
V2790	AMNIOTIC MEMBRANE			01/01/2013	No Separate Payment	$0.00