Montana Medicaid

ASC Covered Surgical and Ancillary Services for CY 2014
(Including Services for Which Payment is Packaged)

Revised July 1, 2014

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Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
0042T	CT PERFUSION W/CONTRAST CBF				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	01/01/2014	Fee Schedule	$281.99
0099T	IMPLANT CORNEAL RING	Y	Y	01/01/2014	Fee Schedule	$966.16
0100T	PROSTH RETINA RECEIVE&GEN	Y	Y	01/01/2014	Fee Schedule	$1,690.59
0101T	EXTRACORP SHOCKWV TX HI ENRG	Y	Y	01/01/2014	Fee Schedule	$1,422.98
0102T	EXTRACORP SHOCKWV TX ANESTH	Y	Y	01/01/2014	Fee Schedule	$1,422.98
0123T	SCLERAL FISTULIZATION	Y	Y	01/01/2014	Fee Schedule	$966.16
0126T	CHD RISK IMT STUDY		Y	01/01/2009	No Separate Payment	$0.00
0159T	CAD BREAST MRI				No Separate Payment	$0.00
0174T	CAD CXR WITH INTERP				No Separate Payment	$0.00
0175T	CAD CXR REMOTE				No Separate Payment	$0.00
0182T	HDR ELECT BRACHYTHERAPY		Y	01/01/2014	Fee Schedule	$405.36
0190T	PLACE INTRAOC RADIATION SRC		Y	01/01/2014	No Separate Payment	$0.00
0191T	INSERT ANT SEGMENT DRAIN INT	Y	Y	01/01/2014	Fee Schedule	$1,677.90
0200T	PERQ SACRAL AUGMT UNILAT INJ	Y	Y	01/01/2014	Fee Schedule	$1,422.98
0201T	PERQ SACRAL AUGMT BILAT INJ	Y	Y	01/01/2014	Fee Schedule	$1,422.98
0213T	NJX PARAVERT W/US CER/THOR	Y	Y	01/01/2014	Fee Schedule	$370.07
0214T	NJX PARAVERT W/US CER/THOR		Y	01/01/2014	No Separate Payment	$0.00
0215T	NJX PARAVERT W/US CER/THOR		Y	01/01/2014	No Separate Payment	$0.00
0216T	NJX PARAVERT W/US LUMB/SAC	Y	Y	01/01/2014	Fee Schedule	$370.07
0217T	NJX PARAVERT W/US LUMB/SAC		Y	01/01/2014	No Separate Payment	$0.00
0218T	NJX PARAVERT W/US LUMB/SAC		Y	01/01/2014	No Separate Payment	$0.00
0226T	ANOSCOPY HRA W/SPEC COLLECT		Y	01/01/2014	Fee Schedule	$29.52
0227T	ANOSCOPY HRA W/BIOPSY	Y	Y	01/01/2014	Fee Schedule	$430.53
0228T	NJX TFRML EPRL W/US CER/THOR	Y	Y	01/01/2014	Fee Schedule	$370.07
0229T	NJX TFRML EPRL W/US CER/THOR		Y	01/01/2014	No Separate Payment	$0.00
0230T	NJX TFRML EPRL W/US LUMB/SAC	Y	Y	01/01/2014	Fee Schedule	$370.07
0231T	NJX TFRML EPRL W/US LUMB/SAC		Y	01/01/2014	No Separate Payment	$0.00
0232T	NJX PLATELET PLASMA		Y	01/01/2014	Fee Schedule	$54.28
0238T	TRLUML PERIP ATHRC ILIAC ART				Not Allowed	$0.00
0249T	LIGATION HEMORRHOID W/US				Not Allowed	$0.00
0250T	INSERT BRONCHIAL VALVE				Not Allowed	$0.00
0251T	REMOV BRONCHIAL VALVE				Not Allowed	$0.00
0252T	REMOV BRONCH VALVE ADDL				Not Allowed	$0.00
0253T	INSERT AQUEOUS DRAIN DEVICE				Not Allowed	$0.00
0263T	IM B1 MRW CEL THER CMPL		Y	01/01/2014	Fee Schedule	$1,693.54
0264T	IM B1 MRW CEL THER XCL HRVST		Y	01/01/2014	Fee Schedule	$1,693.54
0265T	IM B1 MRW CEL THER HRVST ONL		Y	01/01/2014	Fee Schedule	$1,693.54
0269T	REV/REMVL CRTD SNS DEV TOTAL		Y	01/01/2014	Fee Schedule	$1,582.01
0270T	REV/REMVL CRTD SNS DEV LEAD		Y	01/01/2014	Fee Schedule	$945.06
0271T	REV/REMVL CRTD SNS DEV GEN		Y	01/01/2014	Fee Schedule	$1,227.57
0274T	PERQ LAMOT/LAM CRV/THRC	Y			Fee Schedule	$2,211.51

0275T	PERQ LAMOT/LAM LUMBAR	Y			Fee Schedule	$2,211.51
0282T	PERIPH FIELD STIMUL TRIAL				Fee Schedule	$3,691.78
0283T	PERIPH FIELD STIMUL PERM				Fee Schedule	$26,041.79
0284T	PERIPH FIELD STIMUL REVISE				Fee Schedule	$945.06
0286T	NEAR IFR SPECTRSC OF WOUNDS				No Separate Payment	$0.00
0287T	NEAR IFR GUIDE OF VASC SITE				No Separate Payment	$0.00
0288T	ANOSCOPY W/RF DELIVERY	Y			Fee Schedule	$1,381.77
0289T	LASER INC FOR PKP/LKP DONOR				No Separate Payment	$0.00
0290T	LASER INC FOR PKP/LKP RECIP				No Separate Payment	$0.00
0291T	IV OCT FOR PROC INIT VESSEL				No Separate Payment	$0.00
0292T	IV OCT FOR PROC ADDL VESSEL				No Separate Payment	$0.00
0299T	ESW WOUND HEALING INIT WOUND	Y			Fee Schedule	$109.95
0300T	ESW WOUND HEALING ADDL WOUND				No Separate Payment	$0.00
0301T	MW THERAPY FOR BREAST TUMOR				Fee Schedule	$689.58
0302T	ICAR ISCHM MNTRNG SYS COMPL	Y			Fee Schedule	$7,574.98
0303T	ICAR ISCHM MNTRNG SYS ELTRD	Y			Fee Schedule	$2,542.22
0304T	ICAR ISCHM MNTRNG SYS DEVICE	Y			Fee Schedule	$6,269.02
0307T	RMVL ICAR ISCHM MNTRNG DVICE				Fee Schedule	$1,280.34
0308T	INSJ OCULAR TELESCOPE PROSTH	Y			Fee Schedule	$8,590.81
0313T	LAPS RMVL NSTIM ARRAY VAGUS	Y			Fee Schedule	$945.06
0314T	LAPS RMVL VGL ARRY & PLS GEN				Fee Schedule	$1,227.57
0315T	RMVL VAGUS NERVE PLS GEN				Fee Schedule	$1,227.57
0316T	REPLC VAGUS NERVE PLS GEN				Fee Schedule	$16,172.35
0319T	INSERT SUBQ DEFIB W/ELTRD	Y			Fee Schedule	$22,881.67
0320T	INSERT SUBQ DEFIB ELECTRODE	Y			Fee Schedule	$2,542.22
0321T	INSERT SUBQ DEFIB PLS GEN	Y			Fee Schedule	$22,881.67
0322T	RMVL SUBQ DEFIB PLS GEN				Fee Schedule	$1,280.34
0323T	RMVL & REPLC SUBQ PLS GEN				Fee Schedule	$22,881.67
0325T	REPOS SUBQ DEFIB ELTRD &/GEN	Y			Fee Schedule	$1,280.34
0326T	EPHYS EVAL SUBQ IMPLT DEFIB				No Separate Payment	$0.00
0331T	HEART SYMP IMAGE PLNR				Fee Schedule	$637.28
0332T	HEART SYMP IMAGE PLNR SPECT				Fee Schedule	$637.28
0334T	PERQ STABLJ SACROILIAC JOINT	Y			Fee Schedule	$3,594.58
0335T	EXTRAOSSEOUS JOINT STBLZTION	Y			Fee Schedule	$1,111.58
0336T	LAP ABLAT UTERINE FIBROIDS	Y			Fee Schedule	$4,747.16
0338T	TRNSCTH RENAL SYMP DENRV UNL				Fee Schedule	$1,423.28
0339T	TRNSCTH RENAL SYMP DENRV BIL				Fee Schedule	$1,423.28
0340T	ABLATE PULM TUMORS + EXTNSN	Y			Fee Schedule	$2,268.34
0341T	QUANT PUPILLOMETRY W/ RPRT				No Separate Payment	$0.00
0342T	THXP APHERESIS W/ HDL DELIP				Fee Schedule	$1,693.54
0346T	ULTRASOUND ELASTOGRAPHY				No Separate Payment	$0.00
0348T	RSA SPINE EXAM				Fee Schedule	$50.21
0349T	RSA UPPER EXTR EXAM				Fee Schedule	$50.21
0350T	RSA LOWER EXTR EXAM				Fee Schedule	$50.21
0356T	INSRT DRUG DEVICE FOR IOP				Fee Schedule	$42.81
10021	FNA W/O IMAGE	Y			Fee Schedule	$81.42
10022	FNA W/IMAGE	Y			Fee Schedule	$227.18
10030	GUIDE CATHET FLUID DRAINAGE	Y			Fee Schedule	$88.20
10040	ACNE SURGERY	Y			Fee Schedule	$46.26
10060	DRAINAGE OF SKIN ABSCESS	Y			Fee Schedule	$68.78
10061	DRAINAGE OF SKIN ABSCESS	Y			Fee Schedule	$88.20
10080	DRAINAGE OF PILONIDAL CYST	Y			Fee Schedule	$88.20
10081	DRAINAGE OF PILONIDAL CYST	Y			Fee Schedule	$167.65
10120	REMOVE FOREIGN BODY	Y			Fee Schedule	$103.53

10121	REMOVE FOREIGN BODY	Y			Fee Schedule	$633.26
10140	DRAINAGE OF HEMATOMA/FLUID	Y			Fee Schedule	$100.30
10160	PUNCTURE DRAINAGE OF LESION	Y			Fee Schedule	$80.60
10180	COMPLEX DRAINAGE WOUND	Y			Fee Schedule	$867.01
11000	DEBRIDE INFECTED SKIN	Y			Fee Schedule	$31.52
11001	DEBRIDE INFECTED SKIN ADD-ON				No Separate Payment	$0.00
11010	DEBRIDE SKIN AT FX SITE	Y			Fee Schedule	$354.05
11011	DEBRIDE SKIN MUSC AT FX SITE	Y			Fee Schedule	$176.11
11012	DEB SKIN BONE AT FX SITE	Y			Fee Schedule	$354.05
11042	DEB SUBQ TISSUE 20 SQ CM/<	Y			Fee Schedule	$151.81
11043	DEB MUSC/FASCIA 20 SQ CM/<	Y			Fee Schedule	$151.81
11044	DEB BONE 20 SQ CM/<	Y			Fee Schedule	$354.05
11045	DEB SUBQ TISSUE ADD-ON				No Separate Payment	$0.00
11046	DEB MUSC/FASCIA ADD-ON				No Separate Payment	$0.00
11047	DEB BONE ADD-ON				No Separate Payment	$0.00
11055	TRIM SKIN LESION	Y			Fee Schedule	$34.39
11056	TRIM SKIN LESIONS 2 TO 4	Y			Fee Schedule	$39.41
11057	TRIM SKIN LESIONS OVER 4	Y			Fee Schedule	$41.20
11100	BIOPSY SKIN LESION	Y			Fee Schedule	$69.50
11101	BIOPSY SKIN ADD-ON				No Separate Payment	$0.00
11200	REMOVAL OF SKIN TAGS	Y			Fee Schedule	$46.26
11201	REMOVE SKIN TAGS ADD-ON				No Separate Payment	$0.00
11300	SHAVE SKIN LESION	Y			Fee Schedule	$46.26
11301	SHAVE SKIN LESION	Y			Fee Schedule	$46.26
11302	SHAVE SKIN LESION	Y			Fee Schedule	$46.26
11303	SHAVE SKIN LESION	Y			Fee Schedule	$81.42
11305	SHAVE SKIN LESION	Y			Fee Schedule	$46.26
11306	SHAVE SKIN LESION	Y			Fee Schedule	$46.26
11307	SHAVE SKIN LESION	Y			Fee Schedule	$46.26
11308	SHAVE SKIN LESION	Y			Fee Schedule	$81.42
11310	SHAVE SKIN LESION	Y			Fee Schedule	$46.26
11311	SHAVE SKIN LESION	Y			Fee Schedule	$46.26
11312	SHAVE SKIN LESION	Y			Fee Schedule	$81.42
11313	SHAVE SKIN LESION	Y			Fee Schedule	$81.42
11400	EXC TR-EXT B9+MARG 0.5 < CM	Y			Fee Schedule	$86.33
11401	EXC TR-EXT B9+MARG 0.6-1 CM	Y			Fee Schedule	$95.65
11402	EXC TR-EXT B9+MARG 1.1-2 CM	Y			Fee Schedule	$104.96
11403	EXC TR-EXT B9+MARG 2.1-3 CM	Y			Fee Schedule	$114.63
11404	EXC TR-EXT B9+MARG 3.1-4 CM	Y			Fee Schedule	$633.26
11406	EXC TR-EXT B9+MARG > 4.0 CM	Y			Fee Schedule	$633.26
11420	EXC H-F-NK-SP B9+MARG 0.5 <	Y			Fee Schedule	$81.32
11421	EXC H-F-NK-SP B9+MARG 0.6-1	Y			Fee Schedule	$97.08
11422	EXC H-F-NK-SP B9+MARG 1.1-2	Y			Fee Schedule	$106.39
11423	EXC H-F-NK-SP B9+MARG 2.1-3	Y			Fee Schedule	$117.14
11424	EXC H-F-NK-SP B9+MARG 3.1-4	Y			Fee Schedule	$633.26
11426	EXC H-F-NK-SP B9+MARG > 4 CM	Y			Fee Schedule	$959.30
11440	EXC FACE-MM B9+MARG 0.5 < CM	Y			Fee Schedule	$92.42
11441	EXC FACE-MM B9+MARG 0.6-1 CM	Y			Fee Schedule	$105.32
11442	EXC FACE-MM B9+MARG 1.1-2 CM	Y			Fee Schedule	$114.99
11443	EXC FACE-MM B9+MARG 2.1-3 CM	Y			Fee Schedule	$127.89
11444	EXC FACE-MM B9+MARG 3.1-4 CM	Y			Fee Schedule	$354.05
11446	EXC FACE-MM B9+MARG > 4 CM	Y			Fee Schedule	$959.30
11450	REMOVAL SWEAT GLAND LESION	Y			Fee Schedule	$959.30
11451	REMOVAL SWEAT GLAND LESION	Y			Fee Schedule	$959.30

11462	REMOVAL SWEAT GLAND LESION	Y			Fee Schedule	$959.30
11463	REMOVAL SWEAT GLAND LESION	Y			Fee Schedule	$959.30
11470	REMOVAL SWEAT GLAND LESION	Y			Fee Schedule	$959.30
11471	REMOVAL SWEAT GLAND LESION	Y			Fee Schedule	$959.30
11600	EXC TR-EXT MAL+MARG 0.5 < CM	Y			Fee Schedule	$125.38
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	Y			Fee Schedule	$142.93
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	Y			Fee Schedule	$154.04
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	Y			Fee Schedule	$166.58
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	Y			Fee Schedule	$354.05
11606	EXC TR-EXT MAL+MARG > 4 CM	Y			Fee Schedule	$633.26
11620	EXC H-F-NK-SP MAL+MARG 0.5 <	Y			Fee Schedule	$127.17
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	Y			Fee Schedule	$144.01
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	Y			Fee Schedule	$156.90
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	Y			Fee Schedule	$172.67
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	Y			Fee Schedule	$633.26
11626	EXC S/N/H/F/G MAL+MRG > 4 CM	Y			Fee Schedule	$959.30
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	Y			Fee Schedule	$131.83
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	Y			Fee Schedule	$148.66
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	Y			Fee Schedule	$163.71
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	Y			Fee Schedule	$180.55
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	Y			Fee Schedule	$633.26
11646	EXC F/E/E/N/L MAL+MRG > 4 CM	Y			Fee Schedule	$959.30
11719	TRIM NAIL(S)	Y			Fee Schedule	$7.52
11720	DEBRIDE NAIL 1-5	Y			Fee Schedule	$20.06
11721	DEBRIDE NAIL 6 OR MORE	Y			Fee Schedule	$24.36
11730	REMOVAL OF NAIL PLATE	Y			Fee Schedule	$57.32
11732	REMOVE NAIL PLATE ADD-ON				No Separate Payment	$0.00
11740	DRAIN BLOOD FROM UNDER NAIL	Y			Fee Schedule	$33.60
11750	REMOVAL OF NAIL BED	Y			Fee Schedule	$128.60
11752	REMOVE NAIL BED/FINGER TIP	Y			Fee Schedule	$181.26
11755	BIOPSY NAIL UNIT	Y			Fee Schedule	$83.83
11760	REPAIR OF NAIL BED	Y			Fee Schedule	$109.95
11762	RECONSTRUCTION OF NAIL BED	Y			Fee Schedule	$168.73
11765	EXCISION OF NAIL FOLD TOE	Y			Fee Schedule	$46.26
11770	REMOVAL OF PILONIDAL LESION	Y			Fee Schedule	$959.30
11771	REMOVAL OF PILONIDAL LESION	Y			Fee Schedule	$959.30
11772	REMOVAL OF PILONIDAL LESION	Y			Fee Schedule	$959.30
11900	INJECTION INTO SKIN LESIONS	Y			Fee Schedule	$34.03
11901	ADDED SKIN LESIONS INJECTION	Y			Fee Schedule	$37.26
11920	CORRECT SKIN COLOR DEFECTS	Y			Fee Schedule	$104.24
11921	CORRECT SKIN COLOR DEFECTS	Y			Fee Schedule	$118.93
11922	CORRECT SKIN COLOR DEFECTS				No Separate Payment	$0.00
11950	THERAPY FOR CONTOUR DEFECTS				Not Allowed	$0.00
11951	THERAPY FOR CONTOUR DEFECTS				Not Allowed	$0.00
11952	THERAPY FOR CONTOUR DEFECTS				Not Allowed	$0.00
11954	THERAPY FOR CONTOUR DEFECTS				Not Allowed	$0.00
11960	INSERT TISSUE EXPANDER(S)	Y	Y	01/01/2014	Fee Schedule	$1,248.73
11970	REPLACE TISSUE EXPANDER	Y	Y	01/01/2014	Fee Schedule	$2,089.06
11971	REMOVE TISSUE EXPANDER(S)		Y	01/01/2014	Fee Schedule	$959.30
11976	REMOVAL OF CONTRACEPTIVE CAP				Fee Schedule	$72.72
11980	IMPLANT HORMONE PELLET(S)				Fee Schedule	$43.70
11981	INSERT DRUG IMPLANT DEVICE				Fee Schedule	$54.28
11982	REMOVE DRUG IMPLANT DEVICE				Fee Schedule	$54.28
11983	REMOVE/INSERT DRUG IMPLANT				Fee Schedule	$54.28

12001	REPAIR SUPERFICIAL WOUND(S)	Y			Fee Schedule	$46.26
12002	REPAIR SUPERFICIAL WOUND(S)	Y			Fee Schedule	$46.26
12004	REPAIR SUPERFICIAL WOUND(S)	Y			Fee Schedule	$46.26
12005	REPAIR SUPERFICIAL WOUND(S)	Y			Fee Schedule	$46.26
12006	REPAIR SUPERFICIAL WOUND(S)	Y			Fee Schedule	$109.95
12007	REPAIR SUPERFICIAL WOUND(S)	Y			Fee Schedule	$46.26
12011	REPAIR SUPERFICIAL WOUND(S)	Y			Fee Schedule	$46.26
12013	REPAIR SUPERFICIAL WOUND(S)	Y			Fee Schedule	$46.26
12014	REPAIR SUPERFICIAL WOUND(S)	Y			Fee Schedule	$46.26
12015	REPAIR SUPERFICIAL WOUND(S)	Y			Fee Schedule	$46.26
12016	REPAIR SUPERFICIAL WOUND(S)	Y			Fee Schedule	$46.26
12017	REPAIR SUPERFICIAL WOUND(S)	Y			Fee Schedule	$46.26
12018	REPAIR SUPERFICIAL WOUND(S)	Y			Fee Schedule	$46.26
12020	CLOSURE OF SPLIT WOUND	Y			Fee Schedule	$226.17
12021	CLOSURE OF SPLIT WOUND	Y			Fee Schedule	$109.95
12031	INTMD WND REPAIR S/A/T/EXT	Y			Fee Schedule	$109.95
12032	INTMD WND REPAIR S/A/T/EXT	Y			Fee Schedule	$109.95
12034	INTMD WND REPAIR S/TR/EXT	Y			Fee Schedule	$109.95
12035	INTMD WND REPAIR S/A/T/EXT	Y			Fee Schedule	$226.17
12036	INTMD WND REPAIR S/A/T/EXT	Y			Fee Schedule	$226.17
12037	INTMD WND REPAIR S/TR/EXT	Y			Fee Schedule	$226.17
12041	INTMD WND REPAIR N-HF/GENIT	Y			Fee Schedule	$109.95
12042	INTMD WND REPAIR N-HF/GENIT	Y			Fee Schedule	$109.95
12044	INTMD WND REPAIR N-HF/GENIT	Y			Fee Schedule	$109.95
12045	INTMD WND REPAIR N-HF/GENIT	Y			Fee Schedule	$109.95
12046	INTMD WND REPAIR N-HF/GENIT	Y			Fee Schedule	$109.95
12047	INTMD WND REPAIR N-HF/GENIT	Y			Fee Schedule	$226.17
12051	INTMD WND REPAIR FACE/MM	Y			Fee Schedule	$109.95
12052	INTMD WND REPAIR FACE/MM	Y			Fee Schedule	$109.95
12053	INTMD WND REPAIR FACE/MM	Y			Fee Schedule	$109.95
12054	INTMD WND REPAIR FACE/MM	Y			Fee Schedule	$109.95
12055	INTMD WND REPAIR FACE/MM	Y			Fee Schedule	$109.95
12056	INTMD WND REPAIR FACE/MM	Y			Fee Schedule	$109.95
12057	INTMD WND REPAIR FACE/MM	Y			Fee Schedule	$109.95
13100	REPAIR OF WOUND OR LESION	Y			Fee Schedule	$226.17
13101	REPAIR OF WOUND OR LESION	Y			Fee Schedule	$226.17
13102	REPAIR WOUND/LESION ADD-ON				No Separate Payment	$0.00
13120	REPAIR OF WOUND OR LESION	Y			Fee Schedule	$109.95
13121	REPAIR OF WOUND OR LESION	Y			Fee Schedule	$226.17
13122	REPAIR WOUND/LESION ADD-ON				No Separate Payment	$0.00
13131	REPAIR OF WOUND OR LESION	Y			Fee Schedule	$109.95
13132	REPAIR OF WOUND OR LESION	Y			Fee Schedule	$226.17
13133	REPAIR WOUND/LESION ADD-ON				No Separate Payment	$0.00
13151	REPAIR OF WOUND OR LESION	Y			Fee Schedule	$226.17
13152	REPAIR OF WOUND OR LESION	Y			Fee Schedule	$226.17
13153	REPAIR WOUND/LESION ADD-ON				No Separate Payment	$0.00
13160	LATE CLOSURE OF WOUND	Y			Fee Schedule	$757.47
14000	SKIN TISSUE REARRANGEMENT	Y			Fee Schedule	$757.47
14001	SKIN TISSUE REARRANGEMENT	Y			Fee Schedule	$757.47
14020	SKIN TISSUE REARRANGEMENT	Y			Fee Schedule	$757.47
14021	SKIN TISSUE REARRANGEMENT	Y			Fee Schedule	$757.47
14040	SKIN TISSUE REARRANGEMENT	Y			Fee Schedule	$757.47
14041	SKIN TISSUE REARRANGEMENT	Y			Fee Schedule	$757.47
14060	SKIN TISSUE REARRANGEMENT	Y			Fee Schedule	$757.47

14061	SKIN TISSUE REARRANGEMENT	Y			Fee Schedule	$757.47
14301	SKIN TISSUE REARRANGEMENT	Y			Fee Schedule	$1,248.73
14302	SKIN TISSUE REARRANGE ADD-ON				No Separate Payment	$0.00
14350	SKIN TISSUE REARRANGEMENT	Y			Fee Schedule	$757.47
15002	WOUND PREP TRK/ARM/LEG	Y			Fee Schedule	$226.17
15003	WOUND PREP ADDL 100 CM				No Separate Payment	$0.00
15004	WOUND PREP F/N/HF/G	Y			Fee Schedule	$226.17
15005	WND PREP F/N/HF/G ADDL CM				No Separate Payment	$0.00
15040	HARVEST CULTURED SKIN GRAFT	Y			Fee Schedule	$226.17
15050	SKIN PINCH GRAFT	Y			Fee Schedule	$226.17
15100	SKIN SPLT GRFT TRNK/ARM/LEG	Y			Fee Schedule	$1,248.73
15101	SKIN SPLT GRFT T/A/L ADD-ON				No Separate Payment	$0.00
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	Y			Fee Schedule	$1,248.73
15111	EPIDRM AUTOGRFT T/A/L ADD-ON				No Separate Payment	$0.00
15115	EPIDRM A-GRFT FACE/NCK/HF/G	Y			Fee Schedule	$757.47
15116	EPIDRM A-GRFT F/N/HF/G ADDL				No Separate Payment	$0.00
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	Y			Fee Schedule	$1,248.73
15121	SKN SPLT A-GRFT F/N/HF/G ADD				No Separate Payment	$0.00
15130	DERM AUTOGRAFT TRNK/ARM/LEG	Y			Fee Schedule	$1,248.73
15131	DERM AUTOGRAFT T/A/L ADD-ON				No Separate Payment	$0.00
15135	DERM AUTOGRAFT FACE/NCK/HF/G	Y			Fee Schedule	$757.47
15136	DERM AUTOGRAFT F/N/HF/G ADD				No Separate Payment	$0.00
15150	CULT SKIN GRFT T/ARM/LEG	Y			Fee Schedule	$757.47
15151	CULT SKIN GRFT T/A/L ADDL				No Separate Payment	$0.00
15152	CULT SKIN GRAFT T/A/L +%				No Separate Payment	$0.00
15155	CULT SKIN GRAFT F/N/HF/G	Y			Fee Schedule	$1,248.73
15156	CULT SKIN GRFT F/N/HFG ADD				No Separate Payment	$0.00
15157	CULT EPIDERM GRFT F/N/HFG +%				No Separate Payment	$0.00
15200	SKIN FULL GRAFT TRUNK	Y			Fee Schedule	$1,248.73
15201	SKIN FULL GRAFT TRUNK ADD-ON				No Separate Payment	$0.00
15220	SKIN FULL GRAFT SCLP/ARM/LEG	Y			Fee Schedule	$757.47
15221	SKIN FULL GRAFT ADD-ON				No Separate Payment	$0.00
15240	SKIN FULL GRFT FACE/GENIT/HF	Y			Fee Schedule	$757.47
15241	SKIN FULL GRAFT ADD-ON				No Separate Payment	$0.00
15260	SKIN FULL GRAFT EEN & LIPS	Y			Fee Schedule	$757.47
15261	SKIN FULL GRAFT ADD-ON				No Separate Payment	$0.00
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Y			Fee Schedule	$757.47
15272	SKIN SUB GRAFT T/A/L ADD-ON				No Separate Payment	$0.00
15273	SKIN SUB GRFT T/ARM/LG CHILD	Y			Fee Schedule	$1,248.73
15274	SKN SUB GRFT T/A/L CHILD ADD				No Separate Payment	$0.00
15275	SKIN SUB GRAFT FACE/NK/HF/G	Y			Fee Schedule	$757.47
15276	SKIN SUB GRAFT F/N/HF/G ADDL				No Separate Payment	$0.00
15277	SKN SUB GRFT F/N/HF/G CHILD	Y			Fee Schedule	$757.47
15278	SKN SUB GRFT F/N/HF/G CH ADD				No Separate Payment	$0.00
15570	FORM SKIN PEDICLE FLAP	Y			Fee Schedule	$757.47
15572	FORM SKIN PEDICLE FLAP	Y			Fee Schedule	$757.47
15574	FORM SKIN PEDICLE FLAP	Y			Fee Schedule	$757.47
15576	FORM SKIN PEDICLE FLAP	Y			Fee Schedule	$757.47
15600	SKIN GRAFT	Y			Fee Schedule	$1,248.73
15610	SKIN GRAFT	Y			Fee Schedule	$1,248.73
15620	SKIN GRAFT	Y			Fee Schedule	$757.47
15630	SKIN GRAFT	Y			Fee Schedule	$757.47
15650	TRANSFER SKIN PEDICLE FLAP	Y			Fee Schedule	$757.47
15731	FOREHEAD FLAP W/VASC PEDICLE	Y			Fee Schedule	$1,248.73

15732	MUSCLE-SKIN GRAFT HEAD/NECK	Y			Fee Schedule	$757.47
15734	MUSCLE-SKIN GRAFT TRUNK	Y			Fee Schedule	$1,248.73
15736	MUSCLE-SKIN GRAFT ARM	Y			Fee Schedule	$757.47
15738	MUSCLE-SKIN GRAFT LEG	Y			Fee Schedule	$1,248.73
15740	ISLAND PEDICLE FLAP GRAFT	Y			Fee Schedule	$757.47
15750	NEUROVASCULAR PEDICLE GRAFT	Y			Fee Schedule	$757.47
15760	COMPOSITE SKIN GRAFT	Y			Fee Schedule	$757.47
15770	DERMA-FAT-FASCIA GRAFT	Y			Fee Schedule	$1,248.73
15775	HAIR TRANSPLANT PUNCH GRAFTS				Not Allowed	$0.00
15776	HAIR TRANSPLANT PUNCH GRAFTS				Not Allowed	$0.00
15777	ACELLULAR DERM MATRIX IMPLT				No Separate Payment	$0.00
15780	ABRASION TREATMENT OF SKIN				Not Allowed	$0.00
15781	ABRASION TREATMENT OF SKIN				Not Allowed	$0.00
15782	ABRASION TREATMENT OF SKIN				Not Allowed	$0.00
15783	ABRASION TREATMENT OF SKIN				Not Allowed	$0.00
15786	ABRASION LESION SINGLE				Not Allowed	$0.00
15787	ABRASION LESIONS ADD-ON				Not Allowed	$0.00
15788	CHEMICAL PEEL FACE EPIDERM				Not Allowed	$0.00
15789	CHEMICAL PEEL FACE DERMAL				Not Allowed	$0.00
15792	CHEMICAL PEEL NONFACIAL				Not Allowed	$0.00
15793	CHEMICAL PEEL NONFACIAL				Not Allowed	$0.00
15819	PLASTIC SURGERY NECK				Not Allowed	$0.00
15820	REVISION OF LOWER EYELID	Y	Y	01/01/2014	Fee Schedule	$757.47
15821	REVISION OF LOWER EYELID	Y	Y	01/01/2014	Fee Schedule	$757.47
15822	REVISION OF UPPER EYELID	Y	Y	01/01/2014	Fee Schedule	$757.47
15823	REVISION OF UPPER EYELID	Y	Y	01/01/2014	Fee Schedule	$757.47
15824	REMOVAL OF FOREHEAD WRINKLES				Not Allowed	$0.00
15825	REMOVAL OF NECK WRINKLES				Not Allowed	$0.00
15826	REMOVAL OF BROW WRINKLES				Not Allowed	$0.00
15828	REMOVAL OF FACE WRINKLES				Not Allowed	$0.00
15829	REMOVAL OF SKIN WRINKLES				Not Allowed	$0.00
15830	EXC SKIN ABD	Y	Y	01/01/2014	Fee Schedule	$1,981.42
15832	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2014	Fee Schedule	$959.30
15833	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2014	Fee Schedule	$959.30
15834	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2014	Fee Schedule	$959.30
15835	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2014	Fee Schedule	$959.30
15836	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2014	Fee Schedule	$633.26
15837	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2014	Fee Schedule	$633.26
15838	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2014	Fee Schedule	$633.26
15839	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2014	Fee Schedule	$633.26
15840	GRAFT FOR FACE NERVE PALSY	Y			Fee Schedule	$1,248.73
15841	GRAFT FOR FACE NERVE PALSY	Y			Fee Schedule	$1,248.73
15842	FLAP FOR FACE NERVE PALSY	Y			Fee Schedule	$1,248.73
15845	SKIN AND MUSCLE REPAIR FACE	Y			Fee Schedule	$1,248.73
15847	EXC SKIN ABD ADD-ON				No Separate Payment	$0.00
15850	REMOVAL OF SUTURES	Y			Fee Schedule	$151.81
15851	REMOVAL OF SUTURES	Y			Fee Schedule	$64.84
15852	DRESSING CHANGE NOT FOR BURN				Fee Schedule	$54.28
15860	TEST FOR BLOOD FLOW IN GRAFT				Fee Schedule	$54.28
15876	SUCTION ASSISTED LIPECTOMY				Not Allowed	$0.00
15877	SUCTION ASSISTED LIPECTOMY				Not Allowed	$0.00
15878	SUCTION ASSISTED LIPECTOMY				Not Allowed	$0.00
15879	SUCTION ASSISTED LIPECTOMY				Not Allowed	$0.00
15920	REMOVAL OF TAIL BONE ULCER	Y			Fee Schedule	$354.05

15922	REMOVAL OF TAIL BONE ULCER	Y			Fee Schedule	$757.47
15931	REMOVE SACRUM PRESSURE SORE	Y			Fee Schedule	$959.30
15933	REMOVE SACRUM PRESSURE SORE	Y			Fee Schedule	$959.30
15934	REMOVE SACRUM PRESSURE SORE	Y			Fee Schedule	$1,248.73
15935	REMOVE SACRUM PRESSURE SORE	Y			Fee Schedule	$1,248.73
15936	REMOVE SACRUM PRESSURE SORE	Y			Fee Schedule	$757.47
15937	REMOVE SACRUM PRESSURE SORE	Y			Fee Schedule	$757.47
15940	REMOVE HIP PRESSURE SORE	Y			Fee Schedule	$959.30
15941	REMOVE HIP PRESSURE SORE	Y			Fee Schedule	$959.30
15944	REMOVE HIP PRESSURE SORE	Y			Fee Schedule	$757.47
15945	REMOVE HIP PRESSURE SORE	Y			Fee Schedule	$226.17
15946	REMOVE HIP PRESSURE SORE	Y			Fee Schedule	$1,248.73
15950	REMOVE THIGH PRESSURE SORE	Y			Fee Schedule	$959.30
15951	REMOVE THIGH PRESSURE SORE	Y			Fee Schedule	$959.30
15952	REMOVE THIGH PRESSURE SORE	Y			Fee Schedule	$1,248.73
15953	REMOVE THIGH PRESSURE SORE	Y			Fee Schedule	$1,248.73
15956	REMOVE THIGH PRESSURE SORE	Y			Fee Schedule	$757.47
15958	REMOVE THIGH PRESSURE SORE	Y			Fee Schedule	$1,248.73
16000	INITIAL TREATMENT OF BURN(S)	Y			Fee Schedule	$33.60
16020	DRESS/DEBRID P-THICK BURN S	Y			Fee Schedule	$53.38
16025	DRESS/DEBRID P-THICK BURN M	Y			Fee Schedule	$81.42
16030	DRESS/DEBRID P-THICK BURN L	Y			Fee Schedule	$81.42
16035	INCISION OF BURN SCAB INITI	Y			Fee Schedule	$81.42
17000	DESTRUCT PREMALG LESION	Y			Fee Schedule	$46.26
17003	DESTRUCT PREMALG LES 2-14				No Separate Payment	$0.00
17004	DESTROY PREMAL LESIONS 15/>	Y			Fee Schedule	$93.50
17106	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$151.81
17107	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$151.81
17108	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$151.81
17110	DESTRUCT B9 LESION 1-14	Y			Fee Schedule	$46.26
17111	DESTRUCT LESION 15 OR MORE	Y			Fee Schedule	$81.42
17250	CHEMICAL CAUTERY TISSUE	Y			Fee Schedule	$59.11
17260	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$55.17
17261	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$81.42
17262	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$81.42
17263	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$81.42
17264	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$81.42
17266	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$134.34
17270	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$81.42
17271	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$81.42
17272	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$81.42
17273	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$121.44
17274	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$137.56
17276	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$151.53
17280	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$81.42
17281	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$104.60
17282	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$118.22
17283	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$134.69
17284	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$149.38
17286	DESTRUCTION OF SKIN LESIONS	Y			Fee Schedule	$151.81
17311	MOHS 1 STAGE H/N/HF/G	Y			Fee Schedule	$240.97
17312	MOHS ADDL STAGE				No Separate Payment	$0.00
17313	MOHS 1 STAGE T/A/L	Y			Fee Schedule	$240.97
17314	MOHS ADDL STAGE T/A/L				No Separate Payment	$0.00

17315	MOHS SURG ADDL BLOCK				No Separate Payment	$0.00
17340	CRYOTHERAPY OF SKIN	Y			Fee Schedule	$21.49
17360	SKIN PEEL THERAPY	Y			Fee Schedule	$69.50
17380	HAIR REMOVAL BY ELECTROLYSIS				Not Allowed	$0.00
19000	DRAINAGE OF BREAST LESION	Y			Fee Schedule	$79.17
19001	DRAIN BREAST LESION ADD-ON				No Separate Payment	$0.00
19020	INCISION OF BREAST LESION	Y			Fee Schedule	$867.01
19030	INJECTION FOR BREAST X-RAY				No Separate Payment	$0.00
19081	BX BREAST 1ST LESION STRTCTC	Y			Fee Schedule	$387.84
19082	BX BREAST ADD LESION STRTCTC				No Separate Payment	$0.00
19083	BX BREAST 1ST LESION US IMAG	Y			Fee Schedule	$387.84
19084	BX BREAST ADD LESION US IMAG				No Separate Payment	$0.00
19085	BX BREAST 1ST LESION MR IMAG	Y			Fee Schedule	$387.84
19086	BX BREAST ADD LESION MR IMAG				No Separate Payment	$0.00
19100	BX BREAST PERCUT W/O IMAGE	Y			Fee Schedule	$227.18
19101	BIOPSY OF BREAST OPEN	Y			Fee Schedule	$1,090.62
19105	CRYOSURG ABLATE FA EACH	Y			Fee Schedule	$1,466.99
19110	NIPPLE EXPLORATION	Y			Fee Schedule	$1,090.62
19112	EXCISE BREAST DUCT FISTULA	Y			Fee Schedule	$1,090.62
19120	REMOVAL OF BREAST LESION	Y			Fee Schedule	$1,090.62
19125	EXCISION BREAST LESION	Y			Fee Schedule	$1,090.62
19126	EXCISION ADDL BREAST LESION				No Separate Payment	$0.00
19281	PERQ DEVICE BREAST 1ST IMAG				No Separate Payment	$0.00
19282	PERQ DEVICE BREAST EA IMAG				No Separate Payment	$0.00
19283	PERQ DEV BREAST 1ST STRTCTC				No Separate Payment	$0.00
19284	PERQ DEV BREAST ADD STRTCTC				No Separate Payment	$0.00
19285	PERQ DEV BREAST 1ST US IMAG				No Separate Payment	$0.00
19286	PERQ DEV BREAST ADD US IMAG				No Separate Payment	$0.00
19287	PERQ DEV BREAST 1ST MR GUIDE				No Separate Payment	$0.00
19288	PERQ DEV BREAST ADD MR GUIDE				No Separate Payment	$0.00
19296	PLACE PO BREAST CATH FOR RAD	Y			Fee Schedule	$2,677.42
19297	PLACE BREAST CATH FOR RAD	Y			Fee Schedule	$2,677.42
19298	PLACE BREAST RAD TUBE/CATHS	Y			Fee Schedule	$2,677.42
19300	REMOVAL OF BREAST TISSUE	Y			Fee Schedule	$1,090.62
19301	PARTICAL MASTECTOMY	Y			Fee Schedule	$1,090.62
19302	P-MASTECTOMY W/LN REMOVAL	Y			Fee Schedule	$1,981.42
19303	MAST SIMPLE COMPLETE	Y			Fee Schedule	$1,466.99
19304	MAST SUBQ	Y			Fee Schedule	$1,466.99
19316	SUSPENSION OF BREAST	Y			Fee Schedule	$1,466.99
19318	REDUCTION OF LARGE BREAST	Y	Y	01/01/2014	Fee Schedule	$1,981.42
19324	ENLARGE BREAST	Y	Y	01/01/2014	Fee Schedule	$1,981.42
19325	ENLARGE BREAST WITH IMPLANT	Y	Y	01/01/2014	Fee Schedule	$2,677.42
19328	REMOVAL OF BREAST IMPLANT				Fee Schedule	$1,466.99
19330	REMOVAL OF IMPLANT MATERIAL				Fee Schedule	$1,466.99
19340	IMMEDIATE BREAST PROSTHESIS	Y			Fee Schedule	$1,981.42
19342	DELAYED BREAST PROSTHESIS	Y			Fee Schedule	$2,677.42
19350	BREAST RECONSTRUCTION	Y			Fee Schedule	$1,090.62
19355	CORRECT INVERTED NIPPLE(S)				Not Allowed	$0.00
19357	BREAST RECONSTRUCTION	Y			Fee Schedule	$2,677.42
19366	BREAST RECONSTRUCTION	Y			Fee Schedule	$1,466.99
19370	SURGERY OF BREAST CAPSULE	Y			Fee Schedule	$1,466.99
19371	REMOVAL OF BREAST CAPSULE	Y			Fee Schedule	$1,466.99
19380	REVISE BREAST RECONSTRUCTION	Y			Fee Schedule	$1,981.42
19396	DESIGN CUSTOM BREAST IMPLANT	Y			Fee Schedule	$1,466.99

20005	I&D ABSCESS SUBFASCIAL	Y			Fee Schedule	$354.05
20103	EXPLORE WOUND EXTREMITY	Y			Fee Schedule	$466.55
20150	EXCISE EPIPHYSEAL BAR	Y			Fee Schedule	$2,089.06
20200	MUSCLE BIOPSY	Y			Fee Schedule	$633.26
20205	DEEP MUSCLE BIOPSY	Y			Fee Schedule	$633.26
20206	NEEDLE BIOPSY MUSCLE	Y			Fee Schedule	$387.84
20220	BONE BIOPSY TROCAR/NEEDLE	Y			Fee Schedule	$354.05
20225	BONE BIOPSY TROCAR/NEEDLE	Y			Fee Schedule	$633.26
20240	BONE BIOPSY EXCISIONAL	Y			Fee Schedule	$959.30
20245	BONE BIOPSY EXCISIONAL	Y			Fee Schedule	$959.30
20250	OPEN BONE BIOPSY	Y			Fee Schedule	$1,422.98
20251	OPEN BONE BIOPSY	Y			Fee Schedule	$1,422.98
20500	INJECTION OF SINUS TRACT	Y			Fee Schedule	$56.24
20501	INJECT SINUS TRACT FOR X-RAY				No Separate Payment	$0.00
20520	REMOVAL OF FOREIGN BODY	Y			Fee Schedule	$127.53
20525	REMOVAL OF FOREIGN BODY	Y			Fee Schedule	$959.30
20526	THER INJECTION CARP TUNNEL	Y			Fee Schedule	$38.69
20527	INJ DUPUYTREN CORD W/ENZYME	Y			Fee Schedule	$42.99
20550	INJ TENDON SHEATH/LIGAMENT	Y			Fee Schedule	$29.37
20551	INJ TENDON ORIGIN/INSERTION	Y			Fee Schedule	$31.52
20552	INJ TRIGGER POINT 1/2 MUSCL	Y			Fee Schedule	$29.73
20553	INJECT TRIGGER POINTS =/> 3	Y			Fee Schedule	$35.11
20555	PLACE NDL MUSC/TIS FOR RT	Y			Fee Schedule	$1,422.98
20600	DRAIN/INJECT JOINT/BURSA	Y			Fee Schedule	$22.21
20605	DRAIN/INJECT JOINT/BURSA	Y			Fee Schedule	$23.28
20610	DRAIN/INJECT JOINT/BURSA	Y			Fee Schedule	$28.66
20612	ASPIRATE/INJ GANGLION CYST	Y			Fee Schedule	$32.96
20615	TREATMENT OF BONE CYST	Y			Fee Schedule	$152.96
20650	INSERT AND REMOVE BONE PIN	Y			Fee Schedule	$1,422.98
20662	APPLICATION OF PELVIS BRACE	Y			Fee Schedule	$905.46
20663	APPLICATION OF THIGH BRACE	Y			Fee Schedule	$1,422.98
20665	REMOVAL OF FIXATION DEVICE				Fee Schedule	$54.28
20670	REMOVAL OF SUPPORT IMPLANT				Fee Schedule	$633.26
20680	REMOVAL OF SUPPORT IMPLANT				Fee Schedule	$959.30
20690	APPLY BONE FIXATION DEVICE	Y			Fee Schedule	$1,422.98
20692	APPLY BONE FIXATION DEVICE	Y			Fee Schedule	$1,422.98
20693	ADJUST BONE FIXATION DEVICE	Y			Fee Schedule	$1,422.98
20694	REMOVE BONE FIXATION DEVICE				Fee Schedule	$905.46
20696	COMP MULTIPLANE EXT FIXATION	Y			Fee Schedule	$1,422.98
20697	COMP EXT FIXATE STRUT CHANGE	Y			Fee Schedule	$247.99
20822	REPLANTATION DIGIT COMPLETE	Y			Fee Schedule	$1,231.21
20900	REMOVAL OF BONE FOR GRAFT	Y			Fee Schedule	$1,422.98
20902	REMOVAL OF BONE FOR GRAFT	Y			Fee Schedule	$1,422.98
20910	REMOVE CARTILAGE FOR GRAFT	Y			Fee Schedule	$226.17
20912	REMOVE CARTILAGE FOR GRAFT	Y			Fee Schedule	$1,248.73
20920	REMOVAL OF FASCIA FOR GRAFT	Y			Fee Schedule	$1,248.73
20922	REMOVAL OF FASCIA FOR GRAFT	Y			Fee Schedule	$1,248.73
20924	REMOVAL OF TENDON FOR GRAFT	Y			Fee Schedule	$1,422.98
20926	REMOVAL OF TISSUE FOR GRAFT	Y			Fee Schedule	$1,248.73
20930	SP BONE ALGRFT MORSEL ADD-ON				No Separate Payment	$0.00
20931	SP BONE ALGRFT STRUCT ADD-ON				No Separate Payment	$0.00
20950	FLUID PRESSURE MUSCLE	Y			Fee Schedule	$88.20
20972	BONE/SKIN GRAFT METATARSAL	Y			Fee Schedule	$2,689.89
20973	BONE/SKIN GRAFT GREAT TOE	Y			Fee Schedule	$2,689.89

20975	ELECTRICAL BONE STIMULATION				No Separate Payment	$0.00
20979	US BONE STIMULATION				Fee Schedule	$28.66
20982	ABLATE BONE TUMOR(S) PERQ	Y			Fee Schedule	$2,089.06
20985	CPTR-ASST DIR MS PX				No Separate Payment	$0.00
21010	INCISION OF JAW JOINT	Y			Fee Schedule	$1,969.21
21011	EXC FACE LES SC < 2 CM	Y			Fee Schedule	$226.40
21012	EXC FACE LES SBQ 2 CM/>	Y			Fee Schedule	$354.05
21013	EXC FACE TUM DEEP < 2 CM	Y			Fee Schedule	$299.12
21014	EXC FACE TUM DEEP 2 CM/>	Y			Fee Schedule	$354.05
21015	RESECT FACE TUM < 2 CM	Y			Fee Schedule	$633.26
21016	RESECT FACE TUM 2 CM/>	Y			Fee Schedule	$959.30
21025	EXCISION OF BONE LOWER JAW	Y			Fee Schedule	$1,969.21
21026	EXCISION OF FACIAL BONE(S)	Y			Fee Schedule	$1,027.11
21029	CONTOUR OF FACE BONE LESION	Y			Fee Schedule	$1,027.11
21030	EXCISE MAX/ZYGOMA B9 TUMOR	Y			Fee Schedule	$331.72
21031	REMOVE EXOSTOSIS MANDIBLE	Y			Fee Schedule	$269.75
21032	REMOVE EXOSTOSIS MAXILLA	Y			Fee Schedule	$275.12
21034	EXCISE MAX/ZYGOMA MAL TUMOR	Y			Fee Schedule	$1,969.21
21040	EXCISE MANDIBLE LESION	Y			Fee Schedule	$1,027.11
21044	REMOVAL OF JAW BONE LESION	Y			Fee Schedule	$1,969.21
21046	REMOVE MANDIBLE CYST COMPLEX	Y			Fee Schedule	$1,969.21
21047	EXCISE LWR JAW CYST W/REPAIR	Y			Fee Schedule	$1,969.21
21048	REMOVE MAXILLA CYST COMPLEX	Y			Fee Schedule	$1,969.21
21050	REMOVAL OF JAW JOINT	Y			Fee Schedule	$1,969.21
21060	REMOVE JAW JOINT CARTILAGE	Y			Fee Schedule	$1,969.21
21070	REMOVE CORONOID PROCESS	Y			Fee Schedule	$1,969.21
21073	MNPJ OF TMJ W/ANESTH	Y			Fee Schedule	$253.63
21076	PREPARE FACE/ORAL PROSTHESIS	Y			Fee Schedule	$485.04
21077	PREPARE FACE/ORAL PROSTHESIS	Y			Fee Schedule	$1,215.47
21079	PREPARE FACE/ORAL PROSTHESIS	Y			Fee Schedule	$828.58
21080	PREPARE FACE/ORAL PROSTHESIS	Y			Fee Schedule	$931.75
21081	PREPARE FACE/ORAL PROSTHESIS	Y			Fee Schedule	$873.00
21082	PREPARE FACE/ORAL PROSTHESIS	Y			Fee Schedule	$862.97
21083	PREPARE FACE/ORAL PROSTHESIS	Y			Fee Schedule	$846.13
21084	PREPARE FACE/ORAL PROSTHESIS	Y			Fee Schedule	$942.86
21085	PREPARE FACE/ORAL PROSTHESIS	Y			Fee Schedule	$301.15
21086	PREPARE FACE/ORAL PROSTHESIS	Y			Fee Schedule	$914.20
21087	PREPARE FACE/ORAL PROSTHESIS	Y			Fee Schedule	$914.20
21088	PREPARE FACE/ORAL PROSTHESIS	Y			Fee Schedule	$1,969.21
21100	MAXILLOFACIAL FIXATION	Y			Fee Schedule	$1,969.21
21110	INTERDENTAL FIXATION				Fee Schedule	$301.15
21116	INJECTION JAW JOINT X-RAY				No Separate Payment	$0.00
21120	RECONSTRUCTION OF CHIN	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21121	RECONSTRUCTION OF CHIN	Y	Y	01/01/2014	Fee Schedule	$1,027.11
21122	RECONSTRUCTION OF CHIN	Y	Y	01/01/2014	Fee Schedule	$1,027.11
21123	RECONSTRUCTION OF CHIN	Y	Y	01/01/2014	Fee Schedule	$1,027.11
21125	AUGMENTATION LOWER JAW BONE	Y	Y	01/01/2014	Fee Schedule	$1,027.11
21127	AUGMENTATION LOWER JAW BONE	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21137	REDUCTION OF FOREHEAD	Y	Y	01/01/2014	Fee Schedule	$1,027.11
21138	REDUCTION OF FOREHEAD	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21139	REDUCTION OF FOREHEAD	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21150	RECONSTRUCT MIDFACE LEFORT	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21181	CONTOUR CRANIAL BONE LESION	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21198	RECONSTR LWR JAW SEGMENT	Y	Y	01/01/2014	Fee Schedule	$1,027.11

21199	RECONSTR LWR JAW W/ADVANCE	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21206	RECONSTRUCT UPPER JAW BONE	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21208	AUGMENTATION OF FACIAL BONES	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21209	REDUCTION OF FACIAL BONES	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21210	FACE BONE GRAFT	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21215	LOWER JAW BONE GRAFT	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21230	RIB CARTILAGE GRAFT	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21235	EAR CARTILAGE GRAFT	Y	Y	01/01/2014	Fee Schedule	$672.75
21240	RECONSTRUCTION OF JAW JOINT	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21242	RECONSTRUCTION OF JAW JOINT	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21243	RECONSTRUCTION OF JAW JOINT	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21244	RECONSTRUCTION OF LOWER JAW	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21245	RECONSTRUCTION OF JAW	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21246	RECONSTRUCTION OF JAW	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21248	RECONSTRUCTION OF JAW	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21249	RECONSTRUCTION OF JAW	Y	Y	01/01/2014	Fee Schedule	$1,969.21
21260	REVISE EYE SOCKETS	Y			Fee Schedule	$1,969.21
21267	REVISE EYE SOCKETS	Y			Fee Schedule	$1,969.21
21270	AUGMENTATION CHEEK BONE	Y			Fee Schedule	$1,969.21
21275	REVISION ORBITOFACIAL BONES	Y			Fee Schedule	$1,969.21
21280	REVISION OF EYELID	Y			Fee Schedule	$1,969.21
21282	REVISION OF EYELID	Y			Fee Schedule	$672.75
21295	REVISION OF JAW MUSCLE/BONE	Y			Fee Schedule	$301.15
21296	REVISION OF JAW MUSCLE/BONE	Y			Fee Schedule	$1,027.11
21310	TREATMENT OF NOSE FRACTURE	Y			Fee Schedule	$46.47
21315	TREATMENT OF NOSE FRACTURE	Y			Fee Schedule	$301.15
21320	TREATMENT OF NOSE FRACTURE	Y			Fee Schedule	$672.75
21325	TREATMENT OF NOSE FRACTURE	Y			Fee Schedule	$1,027.11
21330	TREATMENT OF NOSE FRACTURE	Y			Fee Schedule	$1,027.11
21335	TREATMENT OF NOSE FRACTURE	Y			Fee Schedule	$1,027.11
21336	TREAT NASAL SEPTAL FRACTURE	Y			Fee Schedule	$1,111.58
21337	TREAT NASAL SEPTAL FRACTURE	Y			Fee Schedule	$672.75
21338	TREAT NASOETHMOID FRACTURE	Y			Fee Schedule	$1,969.21
21339	TREAT NASOETHMOID FRACTURE	Y			Fee Schedule	$1,027.11
21340	TREATMENT OF NOSE FRACTURE	Y			Fee Schedule	$1,969.21
21345	TREAT NOSE/JAW FRACTURE	Y			Fee Schedule	$1,027.11
21355	TREAT CHEEK BONE FRACTURE	Y			Fee Schedule	$1,969.21
21356	TREAT CHEEK BONE FRACTURE	Y			Fee Schedule	$1,027.11
21360	TREAT CHEEK BONE FRACTURE	Y			Fee Schedule	$1,969.21
21390	TREAT EYE SOCKET FRACTURE	Y			Fee Schedule	$1,969.21
21400	TREAT EYE SOCKET FRACTURE	Y			Fee Schedule	$301.15
21401	TREAT EYE SOCKET FRACTURE	Y			Fee Schedule	$301.15
21406	TREAT EYE SOCKET FRACTURE	Y			Fee Schedule	$1,969.21
21407	TREAT EYE SOCKET FRACTURE	Y			Fee Schedule	$1,969.21
21421	TREAT MOUTH ROOF FRACTURE	Y			Fee Schedule	$1,969.21
21440	TREAT DENTAL RIDGE FRACTURE	Y			Fee Schedule	$452.44
21445	TREAT DENTAL RIDGE FRACTURE	Y			Fee Schedule	$1,969.21
21450	TREAT LOWER JAW FRACTURE	Y			Fee Schedule	$144.23
21451	TREAT LOWER JAW FRACTURE	Y			Fee Schedule	$672.75
21452	TREAT LOWER JAW FRACTURE	Y			Fee Schedule	$672.75
21453	TREAT LOWER JAW FRACTURE	Y			Fee Schedule	$1,969.21
21454	TREAT LOWER JAW FRACTURE	Y			Fee Schedule	$1,969.21
21461	TREAT LOWER JAW FRACTURE	Y			Fee Schedule	$1,969.21
21462	TREAT LOWER JAW FRACTURE	Y			Fee Schedule	$1,969.21

21465	TREAT LOWER JAW FRACTURE	Y			Fee Schedule	$1,969.21
21480	RESET DISLOCATED JAW	Y			Fee Schedule	$46.47
21485	RESET DISLOCATED JAW	Y			Fee Schedule	$1,027.11
21490	REPAIR DISLOCATED JAW	Y			Fee Schedule	$1,969.21
21495	TREAT HYOID BONE FRACTURE	Y			Fee Schedule	$672.75
21497	INTERDENTAL WIRING	Y			Fee Schedule	$301.15
21501	DRAIN NECK/CHEST LESION	Y			Fee Schedule	$867.01
21502	DRAIN CHEST LESION	Y			Fee Schedule	$905.46
21550	BIOPSY OF NECK/CHEST	Y			Fee Schedule	$633.26
21552	EXC NECK LES SC 3 CM/>	Y			Fee Schedule	$959.30
21554	EXC NECK TUM DEEP 5 CM/>	Y			Fee Schedule	$959.30
21555	EXC NECK LES SC < 3 CM	Y			Fee Schedule	$633.26
21556	EXC NECK TUM DEEP < 5 CM	Y			Fee Schedule	$959.30
21557	RESECT NECK TUM < 5 CM	Y			Fee Schedule	$633.26
21558	RESECT NECK TUM 5 CM/>	Y			Fee Schedule	$959.30
21600	PARTIAL REMOVAL OF RIB	Y			Fee Schedule	$1,422.98
21610	PARTIAL REMOVAL OF RIB	Y			Fee Schedule	$1,422.98
21685	HYOID MYOTOMY & SUSPENSION	Y			Fee Schedule	$1,027.11
21700	REVISION OF NECK MUSCLE	Y			Fee Schedule	$905.46
21720	REVISION OF NECK MUSCLE	Y			Fee Schedule	$905.46
21725	REVISION OF NECK MUSCLE	Y			Fee Schedule	$88.20
21800	TREATMENT OF RIB FRACTURE	Y			Fee Schedule	$59.76
21805	TREATMENT OF RIB FRACTURE	Y			Fee Schedule	$1,111.58
21820	TREAT STERNUM FRACTURE	Y			Fee Schedule	$59.76
21920	BIOPSY SOFT TISSUE OF BACK	Y			Fee Schedule	$174.46
21925	BIOPSY SOFT TISSUE OF BACK	Y			Fee Schedule	$959.30
21930	EXC BACK LES SC < 3 CM	Y			Fee Schedule	$633.26
21931	EXC BACK LES SC 3 CM/>	Y			Fee Schedule	$959.30
21932	EXC BACK TUM DEEP < 5 CM	Y			Fee Schedule	$633.26
21933	EXC BACK TUM DEEP 5 CM/>	Y			Fee Schedule	$959.30
21935	RESECT BACK TUM < 5 CM	Y			Fee Schedule	$633.26
21936	RESECT BACK TUM 5 CM/>	Y			Fee Schedule	$959.30
22102	REMOVE PART LUMBAR VERTEBRA	Y			Fee Schedule	$2,211.51
22103	REMOVE EXTRA SPINE SEGMENT				No Separate Payment	$0.00
22305	TREAT SPINE PROCESS FRACTURE	Y			Fee Schedule	$59.76
22310	TREAT SPINE FRACTURE	Y			Fee Schedule	$95.82
22315	TREAT SPINE FRACTURE	Y			Fee Schedule	$691.71
22505	MANIPULATION OF SPINE	Y			Fee Schedule	$637.74
22520	PERCUT VERTEBROPLASTY THOR	Y			Fee Schedule	$1,422.98
22521	PERCUT VERTEBROPLASTY LUMB	Y			Fee Schedule	$1,422.98
22522	PERCUT VERTEBROPLASTY ADDL				No Separate Payment	$0.00
22523	PERCUT KYPHOPLASTY THOR	Y			Fee Schedule	$3,594.58
22524	PERCUT KYPHOPLASTY LUMBAR	Y			Fee Schedule	$3,594.58
22525	PERCUT KYPHOPLASTY ADD-ON				No Separate Payment	$0.00
22526	IDET SINGLE LEVEL				Not Allowed	$0.00
22527	IDET 1 OR MORE LEVELS				Not Allowed	$0.00
22900	EXC ABDL TUM DEEP < 5 CM	Y			Fee Schedule	$959.30
22901	EXC ABDL TUM DEEP 5 CM/>	Y			Fee Schedule	$959.30
22902	EXC ABD LES SC < 3 CM	Y			Fee Schedule	$633.26
22903	EXC ABD LES SC 3 CM/>	Y			Fee Schedule	$959.30
22904	RESECT ABD TUM < 5 CM	Y			Fee Schedule	$633.26
22905	RESECT ABD TUM 5 CM/>	Y			Fee Schedule	$959.30
23000	REMOVAL OF CALCIUM DEPOSITS	Y			Fee Schedule	$633.26
23020	RELEASE SHOULDER JOINT	Y			Fee Schedule	$1,422.98

23030	DRAIN SHOULDER LESION	Y			Fee Schedule	$867.01
23031	DRAIN SHOULDER BURSA	Y			Fee Schedule	$867.01
23035	DRAIN SHOULDER BONE LESION	Y			Fee Schedule	$905.46
23040	EXPLORATORY SHOULDER SURGERY	Y			Fee Schedule	$1,422.98
23044	EXPLORATORY SHOULDER SURGERY	Y			Fee Schedule	$1,422.98
23065	BIOPSY SHOULDER TISSUES	Y			Fee Schedule	$123.59
23066	BIOPSY SHOULDER TISSUES	Y			Fee Schedule	$959.30
23071	EXC SHOULDER LES SC 3 CM/>	Y			Fee Schedule	$959.30
23073	EXC SHOULDER TUM DEEP 5 CM/>	Y			Fee Schedule	$959.30
23075	EXC SHOULDER LES SC < 3 CM	Y			Fee Schedule	$633.26
23076	EXC SHOULDER TUM DEEP < 5 CM	Y			Fee Schedule	$633.26
23077	RESECT SHOULDER TUM < 5 CM	Y			Fee Schedule	$633.26
23078	RESECT SHOULDER TUM 5 CM/>	Y			Fee Schedule	$959.30
23100	BIOPSY OF SHOULDER JOINT	Y			Fee Schedule	$905.46
23101	SHOULDER JOINT SURGERY	Y			Fee Schedule	$1,422.98
23105	REMOVE SHOULDER JOINT LINING	Y			Fee Schedule	$1,422.98
23106	INCISION OF COLLARBONE JOINT	Y			Fee Schedule	$1,422.98
23107	EXPLORE TREAT SHOULDER JOINT	Y			Fee Schedule	$1,422.98
23120	PARTIAL REMOVAL COLLAR BONE	Y			Fee Schedule	$1,422.98
23125	REMOVAL OF COLLAR BONE	Y			Fee Schedule	$1,422.98
23130	REMOVE SHOULDER BONE PART	Y			Fee Schedule	$2,089.06
23140	REMOVAL OF BONE LESION	Y			Fee Schedule	$905.46
23145	REMOVAL OF BONE LESION	Y			Fee Schedule	$1,422.98
23146	REMOVAL OF BONE LESION	Y			Fee Schedule	$1,422.98
23150	REMOVAL OF HUMERUS LESION	Y			Fee Schedule	$1,422.98
23155	REMOVAL OF HUMERUS LESION	Y			Fee Schedule	$1,422.98
23156	REMOVAL OF HUMERUS LESION	Y			Fee Schedule	$1,422.98
23170	REMOVE COLLAR BONE LESION	Y			Fee Schedule	$1,422.98
23172	REMOVE SHOULDER BLADE LESION	Y			Fee Schedule	$1,422.98
23174	REMOVE HUMERUS LESION	Y			Fee Schedule	$1,422.98
23180	REMOVE COLLAR BONE LESION	Y			Fee Schedule	$1,422.98
23182	REMOVE SHOULDER BLADE LESION	Y			Fee Schedule	$1,422.98
23184	REMOVE HUMERUS LESION	Y			Fee Schedule	$1,422.98
23190	PARTIAL REMOVAL OF SCAPULA	Y			Fee Schedule	$1,422.98
23195	REMOVAL OF HEAD OF HUMERUS	Y			Fee Schedule	$1,422.98
23330	REMOVE SHOULDER FOREIGN BODY	Y			Fee Schedule	$354.05
23333	REMOVE SHOULDER FB DEEP	Y			Fee Schedule	$354.05
23334	SHOULDER PROSTHESIS REMOVAL	Y			Fee Schedule	$959.30
23350	INJECTION FOR SHOULDER X-RAY				No Separate Payment	$0.00
23395	MUSCLE TRANSFER SHOULDER/ARM	Y			Fee Schedule	$2,089.06
23397	MUSCLE TRANSFERS	Y			Fee Schedule	$2,089.06
23400	FIXATION OF SHOULDER BLADE	Y			Fee Schedule	$1,422.98
23405	INCISION OF TENDON & MUSCLE	Y			Fee Schedule	$1,422.98
23406	INCISE TENDON(S) & MUSCLE(S)	Y			Fee Schedule	$1,422.98
23410	REPAIR ROTATOR CUFF ACUTE	Y			Fee Schedule	$2,089.06
23412	REPAIR ROTATOR CUFF CHRONIC	Y			Fee Schedule	$2,089.06
23415	RELEASE OF SHOULDER LIGAMENT	Y			Fee Schedule	$2,089.06
23420	REPAIR OF SHOULDER	Y			Fee Schedule	$2,089.06
23430	REPAIR BICEPS TENDON	Y			Fee Schedule	$2,089.06
23440	REMOVE/TRANSPLANT TENDON	Y			Fee Schedule	$1,422.98
23450	REPAIR SHOULDER CAPSULE	Y			Fee Schedule	$3,594.58
23455	REPAIR SHOULDER CAPSULE	Y			Fee Schedule	$3,594.58
23460	REPAIR SHOULDER CAPSULE	Y			Fee Schedule	$3,594.58
23462	REPAIR SHOULDER CAPSULE	Y			Fee Schedule	$2,089.06

23465	REPAIR SHOULDER CAPSULE	Y			Fee Schedule	$2,089.06
23466	REPAIR SHOULDER CAPSULE	Y			Fee Schedule	$2,089.06
23480	REVISION OF COLLAR BONE	Y			Fee Schedule	$2,089.06
23485	REVISION OF COLLAR BONE	Y			Fee Schedule	$3,594.58
23490	REINFORCE CLAVICLE	Y			Fee Schedule	$3,594.58
23491	REINFORCE SHOULDER BONES	Y			Fee Schedule	$3,594.58
23500	TREAT CLAVICLE FRACTURE	Y			Fee Schedule	$59.76
23505	TREAT CLAVICLE FRACTURE	Y			Fee Schedule	$247.99
23515	TREAT CLAVICLE FRACTURE	Y			Fee Schedule	$2,974.03
23520	TREAT CLAVICLE DISLOCATION	Y			Fee Schedule	$691.71
23525	TREAT CLAVICLE DISLOCATION	Y			Fee Schedule	$95.82
23530	TREAT CLAVICLE DISLOCATION	Y			Fee Schedule	$2,278.63
23532	TREAT CLAVICLE DISLOCATION	Y			Fee Schedule	$1,111.58
23540	TREAT CLAVICLE DISLOCATION	Y			Fee Schedule	$95.82
23545	TREAT CLAVICLE DISLOCATION	Y			Fee Schedule	$95.82
23550	TREAT CLAVICLE DISLOCATION	Y			Fee Schedule	$2,278.63
23552	TREAT CLAVICLE DISLOCATION	Y			Fee Schedule	$2,278.63
23570	TREAT SHOULDER BLADE FX	Y			Fee Schedule	$59.76
23575	TREAT SHOULDER BLADE FX	Y			Fee Schedule	$95.82
23585	TREAT SCAPULA FRACTURE	Y			Fee Schedule	$2,974.03
23600	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$95.82
23605	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$691.71
23615	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$2,974.03
23616	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$2,974.03
23620	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$59.76
23625	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$691.71
23630	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$2,974.03
23650	TREAT SHOULDER DISLOCATION	Y			Fee Schedule	$95.82
23655	TREAT SHOULDER DISLOCATION	Y			Fee Schedule	$637.74
23660	TREAT SHOULDER DISLOCATION	Y			Fee Schedule	$2,278.63
23665	TREAT DISLOCATION/FRACTURE	Y			Fee Schedule	$247.99
23670	TREAT DISLOCATION/FRACTURE	Y			Fee Schedule	$2,974.03
23675	TREAT DISLOCATION/FRACTURE	Y			Fee Schedule	$95.82
23680	TREAT DISLOCATION/FRACTURE	Y			Fee Schedule	$2,278.63
23700	FIXATION OF SHOULDER	Y			Fee Schedule	$637.74
23800	FUSION OF SHOULDER JOINT	Y			Fee Schedule	$3,594.58
23802	FUSION OF SHOULDER JOINT	Y			Fee Schedule	$3,594.58
23921	AMPUTATION FOLLOW-UP SURGERY	Y			Fee Schedule	$1,248.73
23930	DRAINAGE OF ARM LESION	Y			Fee Schedule	$867.01
23931	DRAINAGE OF ARM BURSA	Y			Fee Schedule	$466.55
23935	DRAIN ARM/ELBOW BONE LESION	Y			Fee Schedule	$905.46
24000	EXPLORATORY ELBOW SURGERY	Y			Fee Schedule	$1,422.98
24006	RELEASE ELBOW JOINT	Y			Fee Schedule	$1,422.98
24065	BIOPSY ARM/ELBOW SOFT TISSUE	Y			Fee Schedule	$170.16
24066	BIOPSY ARM/ELBOW SOFT TISSUE	Y			Fee Schedule	$633.26
24071	EXC ARM/ELBOW LES SC 3 CM/>	Y			Fee Schedule	$959.30
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	Y			Fee Schedule	$959.30
24075	EXC ARM/ELBOW LES SC < 3 CM	Y			Fee Schedule	$633.26
24076	EX ARM/ELBOW TUM DEEP < 5 CM	Y			Fee Schedule	$633.26
24077	RESECT ARM/ELBOW TUM < 5 CM	Y			Fee Schedule	$633.26
24079	RESECT ARM/ELBOW TUM 5 CM/>	Y			Fee Schedule	$959.30
24100	BIOPSY ELBOW JOINT LINING	Y			Fee Schedule	$905.46
24101	EXPLORE/TREAT ELBOW JOINT	Y			Fee Schedule	$1,422.98
24102	REMOVE ELBOW JOINT LINING	Y			Fee Schedule	$1,422.98

24105	REMOVAL OF ELBOW BURSA	Y			Fee Schedule	$905.46
24110	REMOVE HUMERUS LESION	Y			Fee Schedule	$905.46
24115	REMOVE/GRAFT BONE LESION	Y			Fee Schedule	$1,422.98
24116	REMOVE/GRAFT BONE LESION	Y			Fee Schedule	$1,422.98
24120	REMOVE ELBOW LESION	Y			Fee Schedule	$905.46
24125	REMOVE/GRAFT BONE LESION	Y			Fee Schedule	$1,422.98
24126	REMOVE/GRAFT BONE LESION	Y			Fee Schedule	$1,422.98
24130	REMOVAL OF HEAD OF RADIUS	Y			Fee Schedule	$1,422.98
24134	REMOVAL OF ARM BONE LESION	Y			Fee Schedule	$1,422.98
24136	REMOVE RADIUS BONE LESION	Y			Fee Schedule	$1,422.98
24138	REMOVE ELBOW BONE LESION	Y			Fee Schedule	$1,422.98
24140	PARTIAL REMOVAL OF ARM BONE	Y			Fee Schedule	$1,422.98
24145	PARTIAL REMOVAL OF RADIUS	Y			Fee Schedule	$1,422.98
24147	PARTIAL REMOVAL OF ELBOW	Y			Fee Schedule	$1,422.98
24149	RADICAL RESECTION OF ELBOW	Y			Fee Schedule	$1,422.98
24152	RESECT RADIUS TUMOR	Y			Fee Schedule	$2,089.06
24155	REMOVAL OF ELBOW JOINT	Y			Fee Schedule	$1,422.98
24160	REMOVE ELBOW JOINT IMPLANT				Fee Schedule	$1,422.98
24164	REMOVE RADIUS HEAD IMPLANT				Fee Schedule	$1,422.98
24200	REMOVAL OF ARM FOREIGN BODY	Y			Fee Schedule	$132.19
24201	REMOVAL OF ARM FOREIGN BODY	Y			Fee Schedule	$633.26
24220	INJECTION FOR ELBOW X-RAY				No Separate Payment	$0.00
24300	MANIPULATE ELBOW W/ANESTH	Y			Fee Schedule	$637.74
24301	MUSCLE/TENDON TRANSFER	Y			Fee Schedule	$1,422.98
24305	ARM TENDON LENGTHENING	Y			Fee Schedule	$1,422.98
24310	REVISION OF ARM TENDON	Y			Fee Schedule	$905.46
24320	REPAIR OF ARM TENDON	Y			Fee Schedule	$1,422.98
24330	REVISION OF ARM MUSCLES	Y			Fee Schedule	$3,594.58
24331	REVISION OF ARM MUSCLES	Y			Fee Schedule	$2,089.06
24332	TENOLYSIS TRICEPS	Y			Fee Schedule	$1,422.98
24340	REPAIR OF BICEPS TENDON	Y			Fee Schedule	$2,089.06
24341	REPAIR ARM TENDON/MUSCLE	Y			Fee Schedule	$2,089.06
24342	REPAIR OF RUPTURED TENDON	Y			Fee Schedule	$2,089.06
24343	REPR ELBOW LAT LIGMNT W/TISS	Y			Fee Schedule	$1,422.98
24344	RECONSTRUCT ELBOW LAT LIGMNT	Y			Fee Schedule	$2,089.06
24345	REPR ELBW MED LIGMNT W/TISSU	Y			Fee Schedule	$1,422.98
24346	RECONSTRUCT ELBOW MED LIGMNT	Y			Fee Schedule	$2,089.06
24357	REPAIR ELBOW PERC	Y			Fee Schedule	$1,422.98
24358	REPAIR ELBOW W/DEB OPEN	Y			Fee Schedule	$1,422.98
24359	REPAIR ELBOW DEB/ATTCH OPEN	Y			Fee Schedule	$1,422.98
24360	RECONSTRUCT ELBOW JOINT	Y			Fee Schedule	$1,724.90
24361	RECONSTRUCT ELBOW JOINT	Y			Fee Schedule	$7,986.67
24362	RECONSTRUCT ELBOW JOINT	Y			Fee Schedule	$2,562.62
24363	REPLACE ELBOW JOINT	Y			Fee Schedule	$7,986.67
24365	RECONSTRUCT HEAD OF RADIUS	Y			Fee Schedule	$1,724.90
24366	RECONSTRUCT HEAD OF RADIUS	Y			Fee Schedule	$7,986.67
24370	REVISE RECONST ELBOW JOINT	Y			Fee Schedule	$7,986.67
24371	REVISE RECONST ELBOW JOINT	Y			Fee Schedule	$7,986.67
24400	REVISION OF HUMERUS	Y			Fee Schedule	$2,089.06
24410	REVISION OF HUMERUS	Y			Fee Schedule	$2,089.06
24420	REVISION OF HUMERUS	Y			Fee Schedule	$2,089.06
24430	REPAIR OF HUMERUS	Y			Fee Schedule	$3,594.58
24435	REPAIR HUMERUS WITH GRAFT	Y			Fee Schedule	$3,594.58
24470	REVISION OF ELBOW JOINT	Y			Fee Schedule	$2,089.06

24495	DECOMPRESSION OF FOREARM	Y			Fee Schedule	$1,422.98
24498	REINFORCE HUMERUS	Y			Fee Schedule	$3,594.58
24500	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$95.82
24505	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$95.82
24515	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$2,974.03
24516	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$2,974.03
24530	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$95.82
24535	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$95.82
24538	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$1,111.58
24545	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$2,974.03
24546	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$2,974.03
24560	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$59.76
24565	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$95.82
24566	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$1,111.58
24575	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$2,974.03
24576	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$95.82
24577	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$95.82
24579	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$2,974.03
24582	TREAT HUMERUS FRACTURE	Y			Fee Schedule	$1,111.58
24586	TREAT ELBOW FRACTURE	Y			Fee Schedule	$2,974.03
24587	TREAT ELBOW FRACTURE	Y			Fee Schedule	$2,974.03
24600	TREAT ELBOW DISLOCATION	Y			Fee Schedule	$95.82
24605	TREAT ELBOW DISLOCATION	Y			Fee Schedule	$637.74
24615	TREAT ELBOW DISLOCATION	Y			Fee Schedule	$2,974.03
24620	TREAT ELBOW FRACTURE	Y			Fee Schedule	$691.71
24635	TREAT ELBOW FRACTURE	Y			Fee Schedule	$2,974.03
24640	TREAT ELBOW DISLOCATION	Y			Fee Schedule	$88.48
24650	TREAT RADIUS FRACTURE	Y			Fee Schedule	$95.82
24655	TREAT RADIUS FRACTURE	Y			Fee Schedule	$95.82
24665	TREAT RADIUS FRACTURE	Y			Fee Schedule	$2,278.63
24666	TREAT RADIUS FRACTURE	Y			Fee Schedule	$2,974.03
24670	TREAT ULNAR FRACTURE	Y			Fee Schedule	$59.76
24675	TREAT ULNAR FRACTURE	Y			Fee Schedule	$95.82
24685	TREAT ULNAR FRACTURE	Y			Fee Schedule	$2,278.63
24800	FUSION OF ELBOW JOINT	Y			Fee Schedule	$2,089.06
24802	FUSION/GRAFT OF ELBOW JOINT	Y			Fee Schedule	$3,594.58
24925	AMPUTATION FOLLOW-UP SURGERY	Y			Fee Schedule	$905.46
25000	INCISION OF TENDON SHEATH	Y			Fee Schedule	$905.46
25001	INCISE FLEXOR CARPI RADIALIS	Y			Fee Schedule	$905.46
25020	DECOMPRESS FOREARM 1 SPACE	Y			Fee Schedule	$1,422.98
25023	DECOMPRESS FOREARM 1 SPACE	Y			Fee Schedule	$1,422.98
25024	DECOMPRESS FOREARM 2 SPACES	Y			Fee Schedule	$1,422.98
25025	DECOMPRESS FOREARM 2 SPACES	Y			Fee Schedule	$1,422.98
25028	DRAINAGE OF FOREARM LESION	Y			Fee Schedule	$905.46
25031	DRAINAGE OF FOREARM BURSA	Y			Fee Schedule	$905.46
25035	TREAT FOREARM BONE LESION	Y			Fee Schedule	$905.46
25040	EXPLORE/TREAT WRIST JOINT	Y			Fee Schedule	$1,422.98
25065	BIOPSY FOREARM SOFT TISSUES	Y			Fee Schedule	$170.52
25066	BIOPSY FOREARM SOFT TISSUES	Y			Fee Schedule	$959.30
25071	EXC FOREARM LES SC 3 CM/>	Y			Fee Schedule	$959.30
25073	EXC FOREARM TUM DEEP 3 CM/>	Y			Fee Schedule	$959.30
25075	EXC FOREARM LES SC < 3 CM	Y			Fee Schedule	$633.26
25076	EXC FOREARM TUM DEEP < 3 CM	Y			Fee Schedule	$633.26
25077	RESECT FOREARM/WRIST TUM<3CM	Y			Fee Schedule	$633.26

25078	RESECT FORARM/WRIST TUM 3CM>	Y			Fee Schedule	$959.30
25085	INCISION OF WRIST CAPSULE	Y			Fee Schedule	$905.46
25100	BIOPSY OF WRIST JOINT	Y			Fee Schedule	$905.46
25101	EXPLORE/TREAT WRIST JOINT	Y			Fee Schedule	$1,422.98
25105	REMOVE WRIST JOINT LINING	Y			Fee Schedule	$1,422.98
25107	REMOVE WRIST JOINT CARTILAGE	Y			Fee Schedule	$1,422.98
25109	EXCISE TENDON FOREARM/WRIST	Y			Fee Schedule	$905.46
25110	REMOVE WRIST TENDON LESION	Y			Fee Schedule	$905.46
25111	REMOVE WRIST TENDON LESION	Y			Fee Schedule	$905.46
25112	REREMOVE WRIST TENDON LESION	Y			Fee Schedule	$905.46
25115	REMOVE WRIST/FOREARM LESION	Y			Fee Schedule	$905.46
25116	REMOVE WRIST/FOREARM LESION	Y			Fee Schedule	$905.46
25118	EXCISE WRIST TENDON SHEATH	Y			Fee Schedule	$1,422.98
25119	PARTIAL REMOVAL OF ULNA	Y			Fee Schedule	$1,422.98
25120	REMOVAL OF FOREARM LESION	Y			Fee Schedule	$1,422.98
25125	REMOVE/GRAFT FOREARM LESION	Y			Fee Schedule	$1,422.98
25126	REMOVE/GRAFT FOREARM LESION	Y			Fee Schedule	$1,422.98
25130	REMOVAL OF WRIST LESION	Y			Fee Schedule	$1,422.98
25135	REMOVE & GRAFT WRIST LESION	Y			Fee Schedule	$1,422.98
25136	REMOVE & GRAFT WRIST LESION	Y			Fee Schedule	$1,422.98
25145	REMOVE FOREARM BONE LESION	Y			Fee Schedule	$1,422.98
25150	PARTIAL REMOVAL OF ULNA	Y			Fee Schedule	$1,422.98
25151	PARTIAL REMOVAL OF RADIUS	Y			Fee Schedule	$1,422.98
25210	REMOVAL OF WRIST BONE	Y			Fee Schedule	$1,422.98
25215	REMOVAL OF WRIST BONES	Y			Fee Schedule	$1,422.98
25230	PARTIAL REMOVAL OF RADIUS	Y			Fee Schedule	$1,422.98
25240	PARTIAL REMOVAL OF ULNA	Y			Fee Schedule	$1,422.98
25246	INJECTION FOR WRIST X-RAY				No Separate Payment	$0.00
25248	REMOVE FOREARM FOREIGN BODY	Y			Fee Schedule	$905.46
25250	REMOVAL OF WRIST PROSTHESIS				Fee Schedule	$1,422.98
25251	REMOVAL OF WRIST PROSTHESIS				Fee Schedule	$1,422.98
25259	MANIPULATE WRIST W/ANESTHES	Y			Fee Schedule	$691.71
25260	REPAIR FOREARM TENDON/MUSCLE	Y			Fee Schedule	$1,422.98
25263	REPAIR FOREARM TENDON/MUSCLE	Y			Fee Schedule	$1,422.98
25265	REPAIR FOREARM TENDON/MUSCLE	Y			Fee Schedule	$1,422.98
25270	REPAIR FOREARM TENDON/MUSCLE	Y			Fee Schedule	$1,422.98
25272	REPAIR FOREARM TENDON/MUSCLE	Y			Fee Schedule	$1,422.98
25274	REPAIR FOREARM TENDON/MUSCLE	Y			Fee Schedule	$1,422.98
25275	REPAIR FOREARM TENDON SHEATH	Y			Fee Schedule	$1,422.98
25280	REVISE WRIST/FOREARM TENDON	Y			Fee Schedule	$1,422.98
25290	INCISE WRIST/FOREARM TENDON	Y			Fee Schedule	$1,422.98
25295	RELEASE WRIST/FOREARM TENDON	Y			Fee Schedule	$905.46
25300	FUSION OF TENDONS AT WRIST	Y			Fee Schedule	$1,422.98
25301	FUSION OF TENDONS AT WRIST	Y			Fee Schedule	$1,422.98
25310	TRANSPLANT FOREARM TENDON	Y			Fee Schedule	$1,422.98
25312	TRANSPLANT FOREARM TENDON	Y			Fee Schedule	$2,089.06
25315	REVISE PALSY HAND TENDON(S)	Y			Fee Schedule	$1,422.98
25316	REVISE PALSY HAND TENDON(S)	Y			Fee Schedule	$3,594.58
25320	REPAIR/REVISE WRIST JOINT	Y			Fee Schedule	$2,089.06
25332	REVISE WRIST JOINT	Y			Fee Schedule	$1,724.90
25335	REALIGNMENT OF HAND	Y			Fee Schedule	$2,089.06
25337	RECONSTRUCT ULNA/RADIOULNAR	Y			Fee Schedule	$2,089.06
25350	REVISION OF RADIUS	Y			Fee Schedule	$2,089.06
25355	REVISION OF RADIUS	Y			Fee Schedule	$2,089.06

25360	REVISION OF ULNA	Y			Fee Schedule	$2,089.06
25365	REVISE RADIUS & ULNA	Y			Fee Schedule	$2,089.06
25370	REVISE RADIUS OR ULNA	Y			Fee Schedule	$2,089.06
25375	REVISE RADIUS & ULNA	Y			Fee Schedule	$2,089.06
25390	SHORTEN RADIUS OR ULNA	Y			Fee Schedule	$2,089.06
25391	LENGTHEN RADIUS OR ULNA	Y			Fee Schedule	$2,089.06
25392	SHORTEN RADIUS & ULNA	Y			Fee Schedule	$1,422.98
25393	LENGTHEN RADIUS & ULNA	Y			Fee Schedule	$2,089.06
25394	REPAIR CARPAL BONE SHORTEN	Y			Fee Schedule	$2,089.06
25400	REPAIR RADIUS OR ULNA	Y			Fee Schedule	$2,089.06
25405	REPAIR/GRAFT RADIUS OR ULNA	Y			Fee Schedule	$3,594.58
25415	REPAIR RADIUS & ULNA	Y			Fee Schedule	$3,594.58
25420	REPAIR/GRAFT RADIUS & ULNA	Y			Fee Schedule	$3,594.58
25425	REPAIR/GRAFT RADIUS OR ULNA	Y			Fee Schedule	$2,089.06
25426	REPAIR/GRAFT RADIUS & ULNA	Y			Fee Schedule	$2,089.06
25430	VASC GRAFT INTO CARPAL BONE	Y			Fee Schedule	$2,089.06
25431	REPAIR NONUNION CARPAL BONE	Y			Fee Schedule	$2,089.06
25440	REPAIR/GRAFT WRIST BONE	Y			Fee Schedule	$2,089.06
25441	RECONSTRUCT WRIST JOINT	Y			Fee Schedule	$7,986.67
25442	RECONSTRUCT WRIST JOINT	Y			Fee Schedule	$7,986.67
25443	RECONSTRUCT WRIST JOINT	Y			Fee Schedule	$2,562.62
25444	RECONSTRUCT WRIST JOINT	Y			Fee Schedule	$2,562.62
25445	RECONSTRUCT WRIST JOINT	Y			Fee Schedule	$2,562.62
25446	WRIST REPLACEMENT	Y			Fee Schedule	$7,986.67
25447	REPAIR WRIST JOINTS	Y			Fee Schedule	$1,724.90
25449	REMOVE WRIST JOINT IMPLANT	Y			Fee Schedule	$1,724.90
25450	REVISION OF WRIST JOINT	Y			Fee Schedule	$2,089.06
25455	REVISION OF WRIST JOINT	Y			Fee Schedule	$2,089.06
25490	REINFORCE RADIUS	Y			Fee Schedule	$2,089.06
25491	REINFORCE ULNA	Y			Fee Schedule	$2,089.06
25492	REINFORCE RADIUS AND ULNA	Y			Fee Schedule	$2,089.06
25500	TREAT FRACTURE OF RADIUS	Y			Fee Schedule	$59.76
25505	TREAT FRACTURE OF RADIUS	Y			Fee Schedule	$247.99
25515	TREAT FRACTURE OF RADIUS	Y			Fee Schedule	$2,278.63
25520	TREAT FRACTURE OF RADIUS	Y			Fee Schedule	$95.82
25525	TREAT FRACTURE OF RADIUS	Y			Fee Schedule	$2,278.63
25526	TREAT FRACTURE OF RADIUS	Y			Fee Schedule	$2,278.63
25530	TREAT FRACTURE OF ULNA	Y			Fee Schedule	$59.76
25535	TREAT FRACTURE OF ULNA	Y			Fee Schedule	$95.82
25545	TREAT FRACTURE OF ULNA	Y			Fee Schedule	$2,278.63
25560	TREAT FRACTURE RADIUS & ULNA	Y			Fee Schedule	$59.76
25565	TREAT FRACTURE RADIUS & ULNA	Y			Fee Schedule	$95.82
25574	TREAT FRACTURE RADIUS & ULNA	Y			Fee Schedule	$2,974.03
25575	TREAT FRACTURE RADIUS/ULNA	Y			Fee Schedule	$2,974.03
25600	TREAT FRACTURE RADIUS/ULNA	Y			Fee Schedule	$95.82
25605	TREAT FRACTURE RADIUS/ULNA	Y			Fee Schedule	$247.99
25606	TREAT FX DISTAL RADIAL	Y			Fee Schedule	$1,111.58
25607	TREAT FX RAD EXTRA-ARTICUL	Y			Fee Schedule	$2,974.03
25608	TREAT FX RAD INTRA-ARTICUL	Y			Fee Schedule	$2,974.03
25609	TREAT FX RADIAL 3+ FRAG	Y			Fee Schedule	$2,974.03
25622	TREAT WRIST BONE FRACTURE	Y			Fee Schedule	$95.82
25624	TREAT WRIST BONE FRACTURE	Y			Fee Schedule	$247.99
25628	TREAT WRIST BONE FRACTURE	Y			Fee Schedule	$2,278.63
25630	TREAT WRIST BONE FRACTURE	Y			Fee Schedule	$95.82

25635	TREAT WRIST BONE FRACTURE	Y			Fee Schedule	$95.82
25645	TREAT WRIST BONE FRACTURE	Y			Fee Schedule	$2,278.63
25650	TREAT WRIST BONE FRACTURE	Y			Fee Schedule	$95.82
25651	PIN ULNAR STYLOID FRACTURE	Y			Fee Schedule	$1,111.58
25652	TREAT FRACTURE ULNAR STYLOID	Y			Fee Schedule	$2,278.63
25660	TREAT WRIST DISLOCATION	Y			Fee Schedule	$95.82
25670	TREAT WRIST DISLOCATION	Y			Fee Schedule	$1,111.58
25671	PIN RADIOULNAR DISLOCATION	Y			Fee Schedule	$1,111.58
25675	TREAT WRIST DISLOCATION	Y			Fee Schedule	$95.82
25676	TREAT WRIST DISLOCATION	Y			Fee Schedule	$1,111.58
25680	TREAT WRIST FRACTURE	Y			Fee Schedule	$59.76
25685	TREAT WRIST FRACTURE	Y			Fee Schedule	$1,111.58
25690	TREAT WRIST DISLOCATION	Y			Fee Schedule	$691.71
25695	TREAT WRIST DISLOCATION	Y			Fee Schedule	$1,111.58
25800	FUSION OF WRIST JOINT	Y			Fee Schedule	$3,594.58
25805	FUSION/GRAFT OF WRIST JOINT	Y			Fee Schedule	$3,594.58
25810	FUSION/GRAFT OF WRIST JOINT	Y			Fee Schedule	$3,594.58
25820	FUSION OF HAND BONES	Y			Fee Schedule	$2,089.06
25825	FUSE HAND BONES WITH GRAFT	Y			Fee Schedule	$3,594.58
25830	FUSION RADIOULNAR JNT/ULNA	Y			Fee Schedule	$2,089.06
25907	AMPUTATION FOLLOW-UP SURGERY	Y			Fee Schedule	$905.46
25922	AMPUTATE HAND AT WRIST	Y			Fee Schedule	$905.46
25929	AMPUTATION FOLLOW-UP SURGERY	Y			Fee Schedule	$757.47
25931	AMPUTATION FOLLOW-UP SURGERY	Y			Fee Schedule	$905.46
26010	DRAINAGE OF FINGER ABSCESS	Y			Fee Schedule	$88.20
26011	DRAINAGE OF FINGER ABSCESS	Y			Fee Schedule	$466.55
26020	DRAIN HAND TENDON SHEATH	Y			Fee Schedule	$690.86
26025	DRAINAGE OF PALM BURSA	Y			Fee Schedule	$690.86
26030	DRAINAGE OF PALM BURSAS	Y			Fee Schedule	$690.86
26034	TREAT HAND BONE LESION	Y			Fee Schedule	$690.86
26035	DECOMPRESS FINGERS/HAND	Y			Fee Schedule	$690.86
26037	DECOMPRESS FINGERS/HAND	Y			Fee Schedule	$690.86
26040	RELEASE PALM CONTRACTURE	Y			Fee Schedule	$690.86
26045	RELEASE PALM CONTRACTURE	Y			Fee Schedule	$1,231.21
26055	INCISE FINGER TENDON SHEATH	Y			Fee Schedule	$690.86
26060	INCISION OF FINGER TENDON	Y			Fee Schedule	$690.86
26070	EXPLORE/TREAT HAND JOINT	Y			Fee Schedule	$690.86
26075	EXPLORE/TREAT FINGER JOINT	Y			Fee Schedule	$690.86
26080	EXPLORE/TREAT FINGER JOINT	Y			Fee Schedule	$690.86
26100	BIOPSY HAND JOINT LINING	Y			Fee Schedule	$690.86
26105	BIOPSY FINGER JOINT LINING	Y			Fee Schedule	$690.86
26110	BIOPSY FINGER JOINT LINING	Y			Fee Schedule	$690.86
26111	EXC HAND LES SC 1.5 CM/>	Y			Fee Schedule	$959.30
26113	EXC HAND TUM DEEP 1.5 CM/>	Y			Fee Schedule	$959.30
26115	EXC HAND LES SC < 1.5 CM	Y			Fee Schedule	$633.26
26116	EXC HAND TUM DEEP < 1.5 CM	Y			Fee Schedule	$633.26
26117	EXC HAND TUM RA < 3 CM	Y			Fee Schedule	$633.26
26118	EXC HAND TUM RA 3 CM/>	Y			Fee Schedule	$959.30
26121	RELEASE PALM CONTRACTURE	Y			Fee Schedule	$1,231.21
26123	RELEASE PALM CONTRACTURE	Y			Fee Schedule	$1,231.21
26125	RELEASE PALM CONTRACTURE				No Separate Payment	$0.00
26130	REMOVE WRIST JOINT LINING	Y			Fee Schedule	$690.86
26135	REVISE FINGER JOINT EACH	Y			Fee Schedule	$1,231.21
26140	REVISE FINGER JOINT EACH	Y			Fee Schedule	$690.86

26145	TENDON EXCISION PALM/FINGER	Y			Fee Schedule	$690.86
26160	REMOVE TENDON SHEATH LESION	Y			Fee Schedule	$690.86
26170	REMOVAL OF PALM TENDON EACH	Y			Fee Schedule	$690.86
26180	REMOVAL OF FINGER TENDON	Y			Fee Schedule	$690.86
26185	REMOVE FINGER BONE	Y			Fee Schedule	$690.86
26200	REMOVE HAND BONE LESION	Y			Fee Schedule	$690.86
26205	REMOVE/GRAFT BONE LESION	Y			Fee Schedule	$1,231.21
26210	REMOVAL OF FINGER LESION	Y			Fee Schedule	$690.86
26215	REMOVE/GRAFT FINGER LESION	Y			Fee Schedule	$690.86
26230	PARTIAL REMOVAL OF HAND BONE	Y			Fee Schedule	$690.86
26235	PARTIAL REMOVAL FINGER BONE	Y			Fee Schedule	$690.86
26236	PARTIAL REMOVAL FINGER BONE	Y			Fee Schedule	$690.86
26250	EXTENSIVE HAND SURGERY	Y			Fee Schedule	$690.86
26260	RESECT PROX FINGER TUMOR	Y			Fee Schedule	$690.86
26262	RESECT DISTAL FINGER TUMOR	Y			Fee Schedule	$690.86
26320	REMOVAL OF IMPLANT FROM HAND				Fee Schedule	$633.26
26340	MANIPULATE FINGER W/ANESTH	Y			Fee Schedule	$95.82
26341	MANIPULAT PALM CORD POST INJ	Y			Fee Schedule	$61.26
26350	REPAIR FINGER/HAND TENDON	Y			Fee Schedule	$1,231.21
26352	REPAIR/GRAFT HAND TENDON	Y			Fee Schedule	$1,231.21
26356	REPAIR FINGER/HAND TENDON	Y			Fee Schedule	$1,231.21
26357	REPAIR FINGER/HAND TENDON	Y			Fee Schedule	$1,231.21
26358	REPAIR/GRAFT HAND TENDON	Y			Fee Schedule	$1,231.21
26370	REPAIR FINGER/HAND TENDON	Y			Fee Schedule	$1,231.21
26372	REPAIR/GRAFT HAND TENDON	Y			Fee Schedule	$1,231.21
26373	REPAIR FINGER/HAND TENDON	Y			Fee Schedule	$1,231.21
26390	REVISE HAND/FINGER TENDON	Y			Fee Schedule	$1,231.21
26392	REPAIR/GRAFT HAND TENDON	Y			Fee Schedule	$1,231.21
26410	REPAIR HAND TENDON	Y			Fee Schedule	$690.86
26412	REPAIR/GRAFT HAND TENDON	Y			Fee Schedule	$1,231.21
26415	EXCISION HAND/FINGER TENDON	Y			Fee Schedule	$1,231.21
26416	GRAFT HAND OR FINGER TENDON	Y			Fee Schedule	$1,231.21
26418	REPAIR FINGER TENDON	Y			Fee Schedule	$690.86
26420	REPAIR/GRAFT FINGER TENDON	Y			Fee Schedule	$1,231.21
26426	REPAIR FINGER/HAND TENDON	Y			Fee Schedule	$1,231.21
26428	REPAIR/GRAFT FINGER TENDON	Y			Fee Schedule	$1,231.21
26432	REPAIR FINGER TENDON	Y			Fee Schedule	$690.86
26433	REPAIR FINGER TENDON	Y			Fee Schedule	$690.86
26434	REPAIR/GRAFT FINGER TENDON	Y			Fee Schedule	$1,231.21
26437	REALIGNMENT OF TENDONS	Y			Fee Schedule	$690.86
26440	RELEASE PALM/FINGER TENDON	Y			Fee Schedule	$690.86
26442	RELEASE PALM & FINGER TENDON	Y			Fee Schedule	$1,231.21
26445	RELEASE HAND/FINGER TENDON	Y			Fee Schedule	$690.86
26449	RELEASE FOREARM/HAND TENDON	Y			Fee Schedule	$1,231.21
26450	INCISION OF PALM TENDON	Y			Fee Schedule	$690.86
26455	INCISION OF FINGER TENDON	Y			Fee Schedule	$690.86
26460	INCISE HAND/FINGER TENDON	Y			Fee Schedule	$690.86
26471	FUSION OF FINGER TENDONS	Y			Fee Schedule	$690.86
26474	FUSION OF FINGER TENDONS	Y			Fee Schedule	$690.86
26476	TENDON LENGTHENING	Y			Fee Schedule	$690.86
26477	TENDON SHORTENING	Y			Fee Schedule	$690.86
26478	LENGTHENING OF HAND TENDON	Y			Fee Schedule	$690.86
26479	SHORTENING OF HAND TENDON	Y			Fee Schedule	$690.86
26480	TRANSPLANT HAND TENDON	Y			Fee Schedule	$1,231.21

26483	TRANSPLANT/GRAFT HAND TENDON	Y			Fee Schedule	$1,231.21
26485	TRANSPLANT PALM TENDON	Y			Fee Schedule	$1,231.21
26489	TRANSPLANT/GRAFT PALM TENDON	Y			Fee Schedule	$1,231.21
26490	REVISE THUMB TENDON	Y			Fee Schedule	$1,231.21
26492	TENDON TRANSFER WITH GRAFT	Y			Fee Schedule	$1,231.21
26494	HAND TENDON/MUSCLE TRANSFER	Y			Fee Schedule	$1,231.21
26496	REVISE THUMB TENDON	Y			Fee Schedule	$1,231.21
26497	FINGER TENDON TRANSFER	Y			Fee Schedule	$1,231.21
26498	FINGER TENDON TRANSFER	Y			Fee Schedule	$1,231.21
26499	REVISION OF FINGER	Y			Fee Schedule	$1,231.21
26500	HAND TENDON RECONSTRUCTION	Y			Fee Schedule	$690.86
26502	HAND TENDON RECONSTRUCTION	Y			Fee Schedule	$1,231.21
26508	RELEASE THUMB CONTRACTURE	Y			Fee Schedule	$690.86
26510	THUMB TENDON TRANSFER	Y			Fee Schedule	$1,231.21
26516	FUSION OF KNUCKLE JOINT	Y			Fee Schedule	$1,231.21
26517	FUSION OF KNUCKLE JOINTS	Y			Fee Schedule	$1,231.21
26518	FUSION OF KNUCKLE JOINTS	Y			Fee Schedule	$1,231.21
26520	RELEASE KNUCKLE CONTRACTURE	Y			Fee Schedule	$690.86
26525	RELEASE FINGER CONTRACTURE	Y			Fee Schedule	$690.86
26530	REVISE KNUCKLE JOINT	Y			Fee Schedule	$1,724.90
26531	REVISE KNUCKLE WITH IMPLANT	Y			Fee Schedule	$2,562.62
26535	REVISE FINGER JOINT	Y			Fee Schedule	$1,724.90
26536	REVISE/IMPLANT FINGER JOINT	Y			Fee Schedule	$2,562.62
26540	REPAIR HAND JOINT	Y			Fee Schedule	$690.86
26541	REPAIR HAND JOINT WITH GRAFT	Y			Fee Schedule	$1,231.21
26542	REPAIR HAND JOINT WITH GRAFT	Y			Fee Schedule	$690.86
26545	RECONSTRUCT FINGER JOINT	Y			Fee Schedule	$1,231.21
26546	REPAIR NONUNION HAND	Y			Fee Schedule	$1,231.21
26548	RECONSTRUCT FINGER JOINT	Y			Fee Schedule	$1,231.21
26550	CONSTRUCT THUMB REPLACEMENT	Y			Fee Schedule	$1,231.21
26555	POSITIONAL CHANGE OF FINGER	Y			Fee Schedule	$1,231.21
26560	REPAIR OF WEB FINGER	Y			Fee Schedule	$690.86
26561	REPAIR OF WEB FINGER	Y			Fee Schedule	$1,231.21
26562	REPAIR OF WEB FINGER	Y			Fee Schedule	$1,231.21
26565	CORRECT METACARPAL FLAW	Y			Fee Schedule	$1,231.21
26567	CORRECT FINGER DEFORMITY	Y			Fee Schedule	$1,231.21
26568	LENGTHEN METACARPAL/FINGER	Y			Fee Schedule	$1,231.21
26580	REPAIR HAND DEFORMITY	Y			Fee Schedule	$690.86
26587	RECONSTRUCT EXTRA FINGER	Y			Fee Schedule	$690.86
26590	REPAIR FINGER DEFORMITY	Y			Fee Schedule	$690.86
26591	REPAIR MUSCLES OF HAND	Y			Fee Schedule	$1,231.21
26593	RELEASE MUSCLES OF HAND	Y			Fee Schedule	$690.86
26596	EXCISION CONSTRICTING TISSUE	Y			Fee Schedule	$690.86
26600	TREAT METACARPAL FRACTURE	Y			Fee Schedule	$59.76
26605	TREAT METACARPAL FRACTURE	Y			Fee Schedule	$95.82
26607	TREAT METACARPAL FRACTURE	Y			Fee Schedule	$691.71
26608	TREAT METACARPAL FRACTURE	Y			Fee Schedule	$1,111.58
26615	TREAT METACARPAL FRACTURE	Y			Fee Schedule	$2,278.63
26641	TREAT THUMB DISLOCATION	Y			Fee Schedule	$95.82
26645	TREAT THUMB FRACTURE	Y			Fee Schedule	$95.82
26650	TREAT THUMB FRACTURE	Y			Fee Schedule	$1,111.58
26665	TREAT THUMB FRACTURE	Y			Fee Schedule	$2,278.63
26670	TREAT HAND DISLOCATION	Y			Fee Schedule	$59.76
26675	TREAT HAND DISLOCATION	Y			Fee Schedule	$95.82

26676	PIN HAND DISLOCATION	Y			Fee Schedule	$1,111.58
26685	TREAT HAND DISLOCATION	Y			Fee Schedule	$1,111.58
26686	TREAT HAND DISLOCATION	Y			Fee Schedule	$2,974.03
26700	TREAT KNUCKLE DISLOCATION	Y			Fee Schedule	$95.82
26705	TREAT KNUCKLE DISLOCATION	Y			Fee Schedule	$95.82
26706	PIN KNUCKLE DISLOCATION	Y			Fee Schedule	$691.71
26715	TREAT KNUCKLE DISLOCATION	Y			Fee Schedule	$1,111.58
26720	TREAT FINGER FRACTURE EACH	Y			Fee Schedule	$59.76
26725	TREAT FINGER FRACTURE EACH	Y			Fee Schedule	$95.82
26727	TREAT FINGER FRACTURE EACH	Y			Fee Schedule	$1,111.58
26735	TREAT FINGER FRACTURE EACH	Y			Fee Schedule	$1,111.58
26740	TREAT FINGER FRACTURE EACH	Y			Fee Schedule	$95.82
26742	TREAT FINGER FRACTURE EACH	Y			Fee Schedule	$95.82
26746	TREAT FINGER FRACTURE EACH	Y			Fee Schedule	$1,111.58
26750	TREAT FINGER FRACTURE EACH	Y			Fee Schedule	$59.76
26755	TREAT FINGER FRACTURE EACH	Y			Fee Schedule	$95.82
26756	PIN FINGER FRACTURE EACH	Y			Fee Schedule	$1,111.58
26765	TREAT FINGER FRACTURE EACH	Y			Fee Schedule	$1,111.58
26770	TREAT FINGER DISLOCATION	Y			Fee Schedule	$59.76
26775	TREAT FINGER DISLOCATION				Fee Schedule	$76.40
26776	PIN FINGER DISLOCATION	Y			Fee Schedule	$1,111.58
26785	TREAT FINGER DISLOCATION	Y			Fee Schedule	$1,111.58
26820	THUMB FUSION WITH GRAFT	Y			Fee Schedule	$1,231.21
26841	FUSION OF THUMB	Y			Fee Schedule	$1,231.21
26842	THUMB FUSION WITH GRAFT	Y			Fee Schedule	$1,231.21
26843	FUSION OF HAND JOINT	Y			Fee Schedule	$1,231.21
26844	FUSION/GRAFT OF HAND JOINT	Y			Fee Schedule	$1,231.21
26850	FUSION OF KNUCKLE	Y			Fee Schedule	$1,231.21
26852	FUSION OF KNUCKLE WITH GRAFT	Y			Fee Schedule	$1,231.21
26860	FUSION OF FINGER JOINT	Y			Fee Schedule	$1,231.21
26861	FUSION OF FINGER JNT ADD-ON				No Separate Payment	$0.00
26862	FUSION/GRAFT OF FINGER JOINT	Y			Fee Schedule	$1,231.21
26863	FUSE/GRAFT ADDED JOINT				No Separate Payment	$0.00
26910	AMPUTATE METACARPAL BONE	Y			Fee Schedule	$1,231.21
26951	AMPUTATION OF FINGER/THUMB	Y			Fee Schedule	$690.86
26952	AMPUTATION OF FINGER/THUMB	Y			Fee Schedule	$690.86
26990	DRAINAGE OF PELVIS LESION	Y			Fee Schedule	$905.46
26991	DRAINAGE OF PELVIS BURSA	Y			Fee Schedule	$905.46
27000	INCISION OF HIP TENDON	Y			Fee Schedule	$905.46
27001	INCISION OF HIP TENDON	Y			Fee Schedule	$1,422.98
27003	INCISION OF HIP TENDON	Y			Fee Schedule	$1,422.98
27033	EXPLORATION OF HIP JOINT	Y			Fee Schedule	$2,089.06
27035	DENERVATION OF HIP JOINT	Y			Fee Schedule	$1,422.98
27040	BIOPSY OF SOFT TISSUES	Y			Fee Schedule	$354.05
27041	BIOPSY OF SOFT TISSUES	Y			Fee Schedule	$354.05
27043	EXC HIP PELVIS LES SC 3 CM/>	Y			Fee Schedule	$959.30
27045	EXC HIP/PELV TUM DEEP 5 CM/>	Y			Fee Schedule	$959.30
27047	EXC HIP/PELVIS LES SC < 3 CM	Y			Fee Schedule	$633.26
27048	EXC HIP/PELV TUM DEEP < 5 CM	Y			Fee Schedule	$633.26
27049	RESECT HIP/PELV TUM < 5 CM	Y			Fee Schedule	$633.26
27050	BIOPSY OF SACROILIAC JOINT	Y			Fee Schedule	$905.46
27052	BIOPSY OF HIP JOINT	Y			Fee Schedule	$905.46
27059	RESECT HIP/PELV TUM 5 CM/>	Y			Fee Schedule	$959.30
27060	REMOVAL OF ISCHIAL BURSA	Y			Fee Schedule	$905.46

27062	REMOVE FEMUR LESION/BURSA	Y			Fee Schedule	$905.46
27065	REMOVE HIP BONE LES SUPER	Y			Fee Schedule	$905.46
27066	REMOVE HIP BONE LES DEEP	Y			Fee Schedule	$1,422.98
27067	REMOVE/GRAFT HIP BONE LESION	Y			Fee Schedule	$1,422.98
27080	REMOVAL OF TAIL BONE	Y			Fee Schedule	$1,422.98
27086	REMOVE HIP FOREIGN BODY	Y			Fee Schedule	$354.05
27087	REMOVE HIP FOREIGN BODY	Y			Fee Schedule	$905.46
27093	INJECTION FOR HIP X-RAY				No Separate Payment	$0.00
27095	INJECTION FOR HIP X-RAY				No Separate Payment	$0.00
27097	REVISION OF HIP TENDON	Y			Fee Schedule	$1,422.98
27098	TRANSFER TENDON TO PELVIS	Y			Fee Schedule	$1,422.98
27100	TRANSFER OF ABDOMINAL MUSCLE	Y			Fee Schedule	$2,089.06
27105	TRANSFER OF SPINAL MUSCLE	Y			Fee Schedule	$2,089.06
27110	TRANSFER OF ILIOPSOAS MUSCLE	Y			Fee Schedule	$2,089.06
27111	TRANSFER OF ILIOPSOAS MUSCLE	Y			Fee Schedule	$2,089.06
27193	TREAT PELVIC RING FRACTURE	Y			Fee Schedule	$95.82
27194	TREAT PELVIC RING FRACTURE	Y			Fee Schedule	$247.99
27200	TREAT TAIL BONE FRACTURE	Y			Fee Schedule	$59.76
27202	TREAT TAIL BONE FRACTURE	Y			Fee Schedule	$2,278.63
27220	TREAT HIP SOCKET FRACTURE	Y			Fee Schedule	$59.76
27230	TREAT THIGH FRACTURE	Y			Fee Schedule	$95.82
27238	TREAT THIGH FRACTURE	Y			Fee Schedule	$95.82
27246	TREAT THIGH FRACTURE	Y			Fee Schedule	$95.82
27250	TREAT HIP DISLOCATION	Y			Fee Schedule	$95.82
27252	TREAT HIP DISLOCATION	Y			Fee Schedule	$247.99
27256	TREAT HIP DISLOCATION	Y			Fee Schedule	$59.76
27257	TREAT HIP DISLOCATION	Y			Fee Schedule	$247.99
27265	TREAT HIP DISLOCATION	Y			Fee Schedule	$95.82
27266	TREAT HIP DISLOCATION	Y			Fee Schedule	$637.74
27267	CLTX THIGH FX	Y			Fee Schedule	$691.71
27275	MANIPULATION OF HIP JOINT	Y			Fee Schedule	$637.74
27301	DRAIN THIGH/KNEE LESION	Y			Fee Schedule	$867.01
27305	INCISE THIGH TENDON & FASCIA	Y			Fee Schedule	$905.46
27306	INCISION OF THIGH TENDON	Y			Fee Schedule	$905.46
27307	INCISION OF THIGH TENDONS	Y			Fee Schedule	$1,422.98
27310	EXPLORATION OF KNEE JOINT	Y			Fee Schedule	$1,422.98
27323	BIOPSY THIGH SOFT TISSUES	Y			Fee Schedule	$354.05
27324	BIOPSY THIGH SOFT TISSUES	Y			Fee Schedule	$959.30
27325	NEURECTOMY HAMSTRING	Y			Fee Schedule	$764.49
27326	NEURECTOMY POPLITEAL	Y			Fee Schedule	$764.49
27327	EXC THIGH/KNEE LES SC < 3 CM	Y			Fee Schedule	$959.30
27328	EXC THIGH/KNEE TUM DEEP <5CM	Y			Fee Schedule	$633.26
27329	RESECT THIGH/KNEE TUM < 5 CM	Y			Fee Schedule	$633.26
27330	BIOPSY KNEE JOINT LINING	Y			Fee Schedule	$1,422.98
27331	EXPLORE/TREAT KNEE JOINT	Y			Fee Schedule	$1,422.98
27332	REMOVAL OF KNEE CARTILAGE	Y			Fee Schedule	$1,422.98
27333	REMOVAL OF KNEE CARTILAGE	Y			Fee Schedule	$1,422.98
27334	REMOVE KNEE JOINT LINING	Y			Fee Schedule	$1,422.98
27335	REMOVE KNEE JOINT LINING	Y			Fee Schedule	$1,422.98
27337	EXC THIGH/KNEE LES SC 3 CM/>	Y			Fee Schedule	$959.30
27339	EXC THIGH/KNEE TUM DEP 5CM/>	Y			Fee Schedule	$959.30
27340	REMOVAL OF KNEECAP BURSA	Y			Fee Schedule	$905.46
27345	REMOVAL OF KNEE CYST	Y			Fee Schedule	$905.46
27347	REMOVE KNEE CYST	Y			Fee Schedule	$905.46

27350	REMOVAL OF KNEECAP	Y			Fee Schedule	$1,422.98
27355	REMOVE FEMUR LESION	Y			Fee Schedule	$1,422.98
27356	REMOVE FEMUR LESION/GRAFT	Y			Fee Schedule	$1,422.98
27357	REMOVE FEMUR LESION/GRAFT	Y			Fee Schedule	$1,422.98
27358	REMOVE FEMUR LESION/FIXATION				No Separate Payment	$0.00
27360	PARTIAL REMOVAL LEG BONE(S)	Y			Fee Schedule	$1,422.98
27364	RESECT THIGH/KNEE TUM 5 CM/>	Y			Fee Schedule	$959.30
27370	INJECTION FOR KNEE X-RAY				No Separate Payment	$0.00
27372	REMOVAL OF FOREIGN BODY	Y			Fee Schedule	$959.30
27380	REPAIR OF KNEECAP TENDON	Y			Fee Schedule	$1,422.98
27381	REPAIR/GRAFT KNEECAP TENDON	Y			Fee Schedule	$1,422.98
27385	REPAIR OF THIGH MUSCLE	Y			Fee Schedule	$1,422.98
27386	REPAIR/GRAFT OF THIGH MUSCLE	Y			Fee Schedule	$1,422.98
27390	INCISION OF THIGH TENDON	Y			Fee Schedule	$905.46
27391	INCISION OF THIGH TENDONS	Y			Fee Schedule	$905.46
27392	INCISION OF THIGH TENDONS	Y			Fee Schedule	$1,422.98
27393	LENGTHENING OF THIGH TENDON	Y			Fee Schedule	$1,422.98
27394	LENGTHENING OF THIGH TENDONS	Y			Fee Schedule	$1,422.98
27395	LENGTHENING OF THIGH TENDONS	Y			Fee Schedule	$2,089.06
27396	TRANSPLANT OF THIGH TENDON	Y			Fee Schedule	$1,422.98
27397	TRANSPLANTS OF THIGH TENDONS	Y			Fee Schedule	$2,089.06
27400	REVISE THIGH MUSCLES/TENDONS	Y			Fee Schedule	$2,089.06
27403	REPAIR OF KNEE CARTILAGE	Y			Fee Schedule	$1,422.98
27405	REPAIR OF KNEE LIGAMENT	Y			Fee Schedule	$2,089.06
27407	REPAIR OF KNEE LIGAMENT	Y			Fee Schedule	$3,594.58
27409	REPAIR OF KNEE LIGAMENTS	Y			Fee Schedule	$2,089.06
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Y			Fee Schedule	$3,594.58
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Y			Fee Schedule	$2,089.06
27418	REPAIR DEGENERATED KNEECAP	Y			Fee Schedule	$2,089.06
27420	REVISION OF UNSTABLE KNEECAP	Y			Fee Schedule	$2,089.06
27422	REVISION OF UNSTABLE KNEECAP	Y			Fee Schedule	$2,089.06
27424	REVISION/REMOVAL OF KNEECAP	Y			Fee Schedule	$2,089.06
27425	LAT RETINACULAR RELEASE OPEN	Y			Fee Schedule	$1,422.98
27427	RECONSTRUCTION KNEE	Y			Fee Schedule	$3,594.58
27428	RECONSTRUCTION KNEE	Y			Fee Schedule	$3,594.58
27429	RECONSTRUCTION KNEE	Y			Fee Schedule	$3,594.58
27430	REVISION OF THIGH MUSCLES	Y			Fee Schedule	$2,089.06
27435	INCISION OF KNEE JOINT	Y			Fee Schedule	$1,422.98
27437	REVISE KNEECAP	Y			Fee Schedule	$1,724.90
27438	REVISE KNEECAP WITH IMPLANT	Y			Fee Schedule	$2,562.62
27440	REVISION OF KNEE JOINT	Y			Fee Schedule	$1,724.90
27441	REVISION OF KNEE JOINT	Y			Fee Schedule	$1,724.90
27442	REVISION OF KNEE JOINT	Y			Fee Schedule	$1,724.90
27443	REVISION OF KNEE JOINT	Y			Fee Schedule	$1,724.90
27446	REVISION OF KNEE JOINT	Y			Fee Schedule	$7,986.67
27475	SURGERY TO STOP LEG GROWTH	Y			Fee Schedule	$1,422.98
27479	SURGERY TO STOP LEG GROWTH	Y			Fee Schedule	$1,422.98
27496	DECOMPRESSION OF THIGH/KNEE	Y			Fee Schedule	$1,422.98
27497	DECOMPRESSION OF THIGH/KNEE	Y			Fee Schedule	$905.46
27498	DECOMPRESSION OF THIGH/KNEE	Y			Fee Schedule	$1,422.98
27499	DECOMPRESSION OF THIGH/KNEE	Y			Fee Schedule	$1,422.98
27500	TREATMENT OF THIGH FRACTURE	Y			Fee Schedule	$95.82
27501	TREATMENT OF THIGH FRACTURE	Y			Fee Schedule	$95.82
27502	TREATMENT OF THIGH FRACTURE	Y			Fee Schedule	$691.71

27503	TREATMENT OF THIGH FRACTURE	Y			Fee Schedule	$95.82
27508	TREATMENT OF THIGH FRACTURE	Y			Fee Schedule	$95.82
27509	TREATMENT OF THIGH FRACTURE	Y			Fee Schedule	$1,111.58
27510	TREATMENT OF THIGH FRACTURE	Y			Fee Schedule	$95.82
27516	TREAT THIGH FX GROWTH PLATE	Y			Fee Schedule	$59.76
27517	TREAT THIGH FX GROWTH PLATE	Y			Fee Schedule	$95.82
27520	TREAT KNEECAP FRACTURE	Y			Fee Schedule	$95.82
27524	TREAT KNEECAP FRACTURE	Y			Fee Schedule	$2,278.63
27530	TREAT KNEE FRACTURE	Y			Fee Schedule	$95.82
27532	TREAT KNEE FRACTURE	Y			Fee Schedule	$691.71
27538	TREAT KNEE FRACTURE(S)	Y			Fee Schedule	$95.82
27550	TREAT KNEE DISLOCATION	Y			Fee Schedule	$95.82
27552	TREAT KNEE DISLOCATION	Y			Fee Schedule	$637.74
27560	TREAT KNEECAP DISLOCATION	Y			Fee Schedule	$59.76
27562	TREAT KNEECAP DISLOCATION	Y			Fee Schedule	$247.99
27566	TREAT KNEECAP DISLOCATION	Y			Fee Schedule	$2,278.63
27570	FIXATION OF KNEE JOINT	Y			Fee Schedule	$637.74
27594	AMPUTATION FOLLOW-UP SURGERY	Y			Fee Schedule	$905.46
27600	DECOMPRESSION OF LOWER LEG	Y			Fee Schedule	$905.46
27601	DECOMPRESSION OF LOWER LEG	Y			Fee Schedule	$905.46
27602	DECOMPRESSION OF LOWER LEG	Y			Fee Schedule	$1,422.98
27603	DRAIN LOWER LEG LESION	Y			Fee Schedule	$867.01
27604	DRAIN LOWER LEG BURSA	Y			Fee Schedule	$1,422.98
27605	INCISION OF ACHILLES TENDON	Y			Fee Schedule	$930.14
27606	INCISION OF ACHILLES TENDON	Y			Fee Schedule	$905.46
27607	TREAT LOWER LEG BONE LESION	Y			Fee Schedule	$905.46
27610	EXPLORE/TREAT ANKLE JOINT	Y			Fee Schedule	$1,422.98
27612	EXPLORATION OF ANKLE JOINT	Y			Fee Schedule	$1,422.98
27613	BIOPSY LOWER LEG SOFT TISSUE	Y			Fee Schedule	$165.50
27614	BIOPSY LOWER LEG SOFT TISSUE	Y			Fee Schedule	$959.30
27615	RESECT LEG/ANKLE TUM < 5 CM	Y			Fee Schedule	$633.26
27616	RESECT LEG/ANKLE TUM 5 CM/>	Y			Fee Schedule	$959.30
27618	EXC LEG/ANKLE TUM < 3 CM	Y			Fee Schedule	$633.26
27619	EXC LEG/ANKLE TUM DEEP <5 CM	Y			Fee Schedule	$633.26
27620	EXPLORE/TREAT ANKLE JOINT	Y			Fee Schedule	$1,422.98
27625	REMOVE ANKLE JOINT LINING	Y			Fee Schedule	$1,422.98
27626	REMOVE ANKLE JOINT LINING	Y			Fee Schedule	$1,422.98
27630	REMOVAL OF TENDON LESION	Y			Fee Schedule	$905.46
27632	EXC LEG/ANKLE LES SC 3 CM/>	Y			Fee Schedule	$959.30
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	Y			Fee Schedule	$959.30
27635	REMOVE LOWER LEG BONE LESION	Y			Fee Schedule	$1,422.98
27637	REMOVE/GRAFT LEG BONE LESION	Y			Fee Schedule	$1,422.98
27638	REMOVE/GRAFT LEG BONE LESION	Y			Fee Schedule	$1,422.98
27640	PARTIAL REMOVAL OF TIBIA	Y			Fee Schedule	$1,422.98
27641	PARTIAL REMOVAL OF FIBULA	Y			Fee Schedule	$1,422.98
27647	RESECT TALUS/CALCANEUS TUM	Y			Fee Schedule	$1,422.98
27648	INJECTION FOR ANKLE X-RAY				No Separate Payment	$0.00
27650	REPAIR ACHILLES TENDON	Y			Fee Schedule	$2,089.06
27652	REPAIR/GRAFT ACHILLES TENDON	Y			Fee Schedule	$2,089.06
27654	REPAIR OF ACHILLES TENDON	Y			Fee Schedule	$2,089.06
27656	REPAIR LEG FASCIA DEFECT	Y			Fee Schedule	$905.46
27658	REPAIR OF LEG TENDON EACH	Y			Fee Schedule	$905.46
27659	REPAIR OF LEG TENDON EACH	Y			Fee Schedule	$905.46
27664	REPAIR OF LEG TENDON EACH	Y			Fee Schedule	$1,422.98

27665	REPAIR OF LEG TENDON EACH	Y			Fee Schedule	$1,422.98
27675	REPAIR LOWER LEG TENDONS	Y			Fee Schedule	$905.46
27676	REPAIR LOWER LEG TENDONS	Y			Fee Schedule	$1,422.98
27680	RELEASE OF LOWER LEG TENDON	Y			Fee Schedule	$1,422.98
27681	RELEASE OF LOWER LEG TENDONS	Y			Fee Schedule	$1,422.98
27685	REVISION OF LOWER LEG TENDON	Y			Fee Schedule	$1,422.98
27686	REVISE LOWER LEG TENDONS	Y			Fee Schedule	$1,422.98
27687	REVISION OF CALF TENDON	Y			Fee Schedule	$1,422.98
27690	REVISE LOWER LEG TENDON	Y			Fee Schedule	$2,089.06
27691	REVISE LOWER LEG TENDON	Y			Fee Schedule	$2,089.06
27692	REVISE ADDITIONAL LEG TENDON				No Separate Payment	$0.00
27695	REPAIR OF ANKLE LIGAMENT	Y			Fee Schedule	$1,422.98
27696	REPAIR OF ANKLE LIGAMENTS	Y			Fee Schedule	$1,422.98
27698	REPAIR OF ANKLE LIGAMENT	Y			Fee Schedule	$1,422.98
27700	REVISION OF ANKLE JOINT	Y			Fee Schedule	$1,724.90
27704	REMOVAL OF ANKLE IMPLANT				Fee Schedule	$905.46
27705	INCISION OF TIBIA	Y			Fee Schedule	$2,089.06
27707	INCISION OF FIBULA	Y			Fee Schedule	$1,422.98
27709	INCISION OF TIBIA & FIBULA	Y			Fee Schedule	$1,422.98
27720	REPAIR OF TIBIA	Y			Fee Schedule	$2,278.63
27726	REPAIR FIBULA NONUNION	Y			Fee Schedule	$2,278.63
27730	REPAIR OF TIBIA EPIPHYSIS	Y			Fee Schedule	$1,422.98
27732	REPAIR OF FIBULA EPIPHYSIS	Y			Fee Schedule	$1,422.98
27734	REPAIR LOWER LEG EPIPHYSES	Y			Fee Schedule	$1,422.98
27740	REPAIR OF LEG EPIPHYSES	Y			Fee Schedule	$1,422.98
27742	REPAIR OF LEG EPIPHYSES	Y			Fee Schedule	$2,089.06
27745	REINFORCE TIBIA	Y			Fee Schedule	$3,594.58
27750	TREATMENT OF TIBIA FRACTURE	Y			Fee Schedule	$95.82
27752	TREATMENT OF TIBIA FRACTURE	Y			Fee Schedule	$691.71
27756	TREATMENT OF TIBIA FRACTURE	Y			Fee Schedule	$1,111.58
27758	TREATMENT OF TIBIA FRACTURE	Y			Fee Schedule	$2,278.63
27759	TREATMENT OF TIBIA FRACTURE	Y			Fee Schedule	$2,974.03
27760	CLTX MEDIAL ANKLE FX	Y			Fee Schedule	$95.82
27762	CLTX MED ANKLE FX W/MNPJ	Y			Fee Schedule	$691.71
27766	OPTX MEDIAL ANKLE FX	Y			Fee Schedule	$2,278.63
27767	CLTX POST ANKLE FX	Y			Fee Schedule	$59.76
27768	CLTX POST ANKLE FX W/MNPJ	Y			Fee Schedule	$59.76
27769	OPTX POST ANKLE FX	Y			Fee Schedule	$2,278.63
27780	TREATMENT OF FIBULA FRACTURE	Y			Fee Schedule	$95.82
27781	TREATMENT OF FIBULA FRACTURE	Y			Fee Schedule	$247.99
27784	TREATMENT OF FIBULA FRACTURE	Y			Fee Schedule	$2,278.63
27786	TREATMENT OF ANKLE FRACTURE	Y			Fee Schedule	$95.82
27788	TREATMENT OF ANKLE FRACTURE	Y			Fee Schedule	$95.82
27792	TREATMENT OF ANKLE FRACTURE	Y			Fee Schedule	$2,278.63
27808	TREATMENT OF ANKLE FRACTURE	Y			Fee Schedule	$95.82
27810	TREATMENT OF ANKLE FRACTURE	Y			Fee Schedule	$247.99
27814	TREATMENT OF ANKLE FRACTURE	Y			Fee Schedule	$2,278.63
27816	TREATMENT OF ANKLE FRACTURE	Y			Fee Schedule	$95.82
27818	TREATMENT OF ANKLE FRACTURE	Y			Fee Schedule	$247.99
27822	TREATMENT OF ANKLE FRACTURE	Y			Fee Schedule	$2,278.63
27823	TREATMENT OF ANKLE FRACTURE	Y			Fee Schedule	$2,974.03
27824	TREAT LOWER LEG FRACTURE	Y			Fee Schedule	$95.82
27825	TREAT LOWER LEG FRACTURE	Y			Fee Schedule	$691.71
27826	TREAT LOWER LEG FRACTURE	Y			Fee Schedule	$2,278.63

27827	TREAT LOWER LEG FRACTURE	Y			Fee Schedule	$2,974.03
27828	TREAT LOWER LEG FRACTURE	Y			Fee Schedule	$2,974.03
27829	TREAT LOWER LEG JOINT	Y			Fee Schedule	$2,278.63
27830	TREAT LOWER LEG DISLOCATION	Y			Fee Schedule	$59.76
27831	TREAT LOWER LEG DISLOCATION	Y			Fee Schedule	$247.99
27832	TREAT LOWER LEG DISLOCATION	Y			Fee Schedule	$2,278.63
27840	TREAT ANKLE DISLOCATION	Y			Fee Schedule	$95.82
27842	TREAT ANKLE DISLOCATION	Y			Fee Schedule	$637.74
27846	TREAT ANKLE DISLOCATION	Y			Fee Schedule	$2,278.63
27848	TREAT ANKLE DISLOCATION	Y			Fee Schedule	$2,278.63
27860	FIXATION OF ANKLE JOINT	Y			Fee Schedule	$637.74
27870	FUSION OF ANKLE JOINT OPEN	Y			Fee Schedule	$3,594.58
27871	FUSION OF TIBIOFIBULAR JOINT	Y			Fee Schedule	$3,594.58
27884	AMPUTATION FOLLOW-UP SURGERY	Y			Fee Schedule	$905.46
27889	AMPUTATION OF FOOT AT ANKLE	Y			Fee Schedule	$1,422.98
27892	DECOMPRESSION OF LEG	Y			Fee Schedule	$1,422.98
27893	DECOMPRESSION OF LEG	Y			Fee Schedule	$1,422.98
27894	DECOMPRESSION OF LEG	Y			Fee Schedule	$1,422.98
28001	DRAINAGE OF BURSA OF FOOT	Y			Fee Schedule	$175.17
28002	TREATMENT OF FOOT INFECTION	Y			Fee Schedule	$905.46
28003	TREATMENT OF FOOT INFECTION	Y			Fee Schedule	$905.46
28005	TREAT FOOT BONE LESION	Y			Fee Schedule	$930.14
28008	INCISION OF FOOT FASCIA	Y			Fee Schedule	$930.14
28010	INCISION OF TOE TENDON	Y			Fee Schedule	$122.87
28011	INCISION OF TOE TENDONS	Y			Fee Schedule	$930.14
28020	EXPLORATION OF FOOT JOINT	Y			Fee Schedule	$930.14
28022	EXPLORATION OF FOOT JOINT	Y			Fee Schedule	$930.14
28024	EXPLORATION OF TOE JOINT	Y			Fee Schedule	$930.14
28035	DECOMPRESSION OF TIBIA NERVE	Y			Fee Schedule	$764.49
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	Y			Fee Schedule	$959.30
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	Y			Fee Schedule	$959.30
28043	EXC FOOT/TOE TUM SC < 1.5 CM	Y			Fee Schedule	$633.26
28045	EXC FOOT/TOE TUM DEEP <1.5CM	Y			Fee Schedule	$633.26
28046	RESECT FOOT/TOE TUMOR < 3 CM	Y			Fee Schedule	$633.26
28047	RESECT FOOT/TOE TUMOR 3 CM/>	Y			Fee Schedule	$959.30
28050	BIOPSY OF FOOT JOINT LINING	Y			Fee Schedule	$930.14
28052	BIOPSY OF FOOT JOINT LINING	Y			Fee Schedule	$930.14
28054	BIOPSY OF TOE JOINT LINING	Y			Fee Schedule	$930.14
28055	NEURECTOMY FOOT	Y			Fee Schedule	$764.49
28060	PARTIAL REMOVAL FOOT FASCIA	Y			Fee Schedule	$930.14
28062	REMOVAL OF FOOT FASCIA	Y			Fee Schedule	$930.14
28070	REMOVAL OF FOOT JOINT LINING	Y			Fee Schedule	$930.14
28072	REMOVAL OF FOOT JOINT LINING	Y			Fee Schedule	$930.14
28080	REMOVAL OF FOOT LESION	Y			Fee Schedule	$930.14
28086	EXCISE FOOT TENDON SHEATH	Y			Fee Schedule	$930.14
28088	EXCISE FOOT TENDON SHEATH	Y			Fee Schedule	$930.14
28090	REMOVAL OF FOOT LESION	Y			Fee Schedule	$930.14
28092	REMOVAL OF TOE LESIONS	Y			Fee Schedule	$930.14
28100	REMOVAL OF ANKLE/HEEL LESION	Y			Fee Schedule	$930.14
28102	REMOVE/GRAFT FOOT LESION	Y			Fee Schedule	$2,689.89
28103	REMOVE/GRAFT FOOT LESION	Y			Fee Schedule	$2,689.89
28104	REMOVAL OF FOOT LESION	Y			Fee Schedule	$930.14
28106	REMOVE/GRAFT FOOT LESION	Y			Fee Schedule	$2,689.89
28107	REMOVE/GRAFT FOOT LESION	Y			Fee Schedule	$2,689.89

28108	REMOVAL OF TOE LESIONS	Y			Fee Schedule	$930.14
28110	PART REMOVAL OF METATARSAL	Y			Fee Schedule	$930.14
28111	PART REMOVAL OF METATARSAL	Y			Fee Schedule	$930.14
28112	PART REMOVAL OF METATARSAL	Y			Fee Schedule	$930.14
28113	PART REMOVAL OF METATARSAL	Y			Fee Schedule	$930.14
28114	REMOVAL OF METATARSAL HEADS	Y			Fee Schedule	$930.14
28116	REVISION OF FOOT	Y			Fee Schedule	$930.14
28118	REMOVAL OF HEEL BONE	Y			Fee Schedule	$930.14
28119	REMOVAL OF HEEL SPUR	Y			Fee Schedule	$930.14
28120	PART REMOVAL OF ANKLE/HEEL	Y			Fee Schedule	$930.14
28122	PARTIAL REMOVAL OF FOOT BONE	Y			Fee Schedule	$930.14
28124	PARTIAL REMOVAL OF TOE	Y			Fee Schedule	$295.54
28126	PARTIAL REMOVAL OF TOE	Y			Fee Schedule	$930.14
28130	REMOVAL OF ANKLE BONE	Y			Fee Schedule	$930.14
28140	REMOVAL OF METATARSAL	Y			Fee Schedule	$930.14
28150	REMOVAL OF TOE	Y			Fee Schedule	$930.14
28153	PARTIAL REMOVAL OF TOE	Y			Fee Schedule	$930.14
28160	PARTIAL REMOVAL OF TOE	Y			Fee Schedule	$930.14
28171	RESECT TARSAL TUMOR	Y			Fee Schedule	$930.14
28173	RESECT METATARSAL TUMOR	Y			Fee Schedule	$930.14
28175	RESECT PHALANX OF TOE TUMOR	Y			Fee Schedule	$930.14
28190	REMOVAL OF FOOT FOREIGN BODY	Y			Fee Schedule	$183.77
28192	REMOVAL OF FOOT FOREIGN BODY	Y			Fee Schedule	$633.26
28193	REMOVAL OF FOOT FOREIGN BODY	Y			Fee Schedule	$354.05
28200	REPAIR OF FOOT TENDON	Y			Fee Schedule	$930.14
28202	REPAIR/GRAFT OF FOOT TENDON	Y			Fee Schedule	$930.14
28208	REPAIR OF FOOT TENDON	Y			Fee Schedule	$930.14
28210	REPAIR/GRAFT OF FOOT TENDON	Y			Fee Schedule	$2,689.89
28220	RELEASE OF FOOT TENDON	Y			Fee Schedule	$277.98
28222	RELEASE OF FOOT TENDONS	Y			Fee Schedule	$930.14
28225	RELEASE OF FOOT TENDON	Y			Fee Schedule	$930.14
28226	RELEASE OF FOOT TENDONS	Y			Fee Schedule	$930.14
28230	INCISION OF FOOT TENDON(S)	Y			Fee Schedule	$278.34
28232	INCISION OF TOE TENDON	Y			Fee Schedule	$261.15
28234	INCISION OF FOOT TENDON	Y			Fee Schedule	$930.14
28238	REVISION OF FOOT TENDON	Y			Fee Schedule	$2,689.89
28240	RELEASE OF BIG TOE	Y			Fee Schedule	$930.14
28250	REVISION OF FOOT FASCIA	Y			Fee Schedule	$930.14
28260	RELEASE OF MIDFOOT JOINT	Y			Fee Schedule	$930.14
28261	REVISION OF FOOT TENDON	Y			Fee Schedule	$930.14
28262	REVISION OF FOOT AND ANKLE	Y			Fee Schedule	$930.14
28264	RELEASE OF MIDFOOT JOINT	Y			Fee Schedule	$2,689.89
28270	RELEASE OF FOOT CONTRACTURE	Y			Fee Schedule	$930.14
28272	RELEASE OF TOE JOINT EACH	Y			Fee Schedule	$252.91
28280	FUSION OF TOES	Y			Fee Schedule	$930.14
28285	REPAIR OF HAMMERTOE	Y			Fee Schedule	$930.14
28286	REPAIR OF HAMMERTOE	Y			Fee Schedule	$930.14
28288	PARTIAL REMOVAL OF FOOT BONE	Y			Fee Schedule	$930.14
28289	REPAIR HALLUX RIGIDUS	Y			Fee Schedule	$930.14
28290	CORRECTION OF BUNION	Y			Fee Schedule	$1,444.10
28292	CORRECTION OF BUNION	Y			Fee Schedule	$1,444.10
28293	CORRECTION OF BUNION	Y			Fee Schedule	$1,444.10
28294	CORRECTION OF BUNION	Y			Fee Schedule	$1,444.10
28296	CORRECTION OF BUNION	Y			Fee Schedule	$1,444.10

28297	CORRECTION OF BUNION	Y			Fee Schedule	$1,444.10
28298	CORRECTION OF BUNION	Y			Fee Schedule	$1,444.10
28299	CORRECTION OF BUNION	Y			Fee Schedule	$1,444.10
28300	INCISION OF HEEL BONE	Y			Fee Schedule	$2,689.89
28302	INCISION OF ANKLE BONE	Y			Fee Schedule	$930.14
28304	INCISION OF MIDFOOT BONES	Y			Fee Schedule	$2,689.89
28305	INCISE/GRAFT MIDFOOT BONES	Y			Fee Schedule	$2,689.89
28306	INCISION OF METATARSAL	Y			Fee Schedule	$930.14
28307	INCISION OF METATARSAL	Y			Fee Schedule	$930.14
28308	INCISION OF METATARSAL	Y			Fee Schedule	$930.14
28309	INCISION OF METATARSALS	Y			Fee Schedule	$2,689.89
28310	REVISION OF BIG TOE	Y			Fee Schedule	$930.14
28312	REVISION OF TOE	Y			Fee Schedule	$930.14
28313	REPAIR DEFORMITY OF TOE	Y			Fee Schedule	$930.14
28315	REMOVAL OF SESAMOID BONE	Y			Fee Schedule	$930.14
28320	REPAIR OF FOOT BONES	Y			Fee Schedule	$2,689.89
28322	REPAIR OF METATARSALS	Y			Fee Schedule	$2,689.89
28340	RESECT ENLARGED TOE TISSUE	Y			Fee Schedule	$930.14
28341	RESECT ENLARGED TOE	Y			Fee Schedule	$930.14
28344	REPAIR EXTRA TOE(S)	Y			Fee Schedule	$930.14
28345	REPAIR WEBBED TOE(S)	Y			Fee Schedule	$930.14
28400	TREATMENT OF HEEL FRACTURE	Y			Fee Schedule	$95.82
28405	TREATMENT OF HEEL FRACTURE	Y			Fee Schedule	$247.99
28406	TREATMENT OF HEEL FRACTURE	Y			Fee Schedule	$1,111.58
28415	TREAT HEEL FRACTURE	Y			Fee Schedule	$2,974.03
28420	TREAT/GRAFT HEEL FRACTURE	Y			Fee Schedule	$2,278.63
28430	TREATMENT OF ANKLE FRACTURE	Y			Fee Schedule	$59.76
28435	TREATMENT OF ANKLE FRACTURE	Y			Fee Schedule	$691.71
28436	TREATMENT OF ANKLE FRACTURE	Y			Fee Schedule	$1,111.58
28445	TREAT ANKLE FRACTURE	Y			Fee Schedule	$2,278.63
28446	OSTEOCHONDRAL TALUS AUTOGRFT	Y			Fee Schedule	$2,689.89
28450	TREAT MIDFOOT FRACTURE EACH	Y			Fee Schedule	$59.76
28455	TREAT MIDFOOT FRACTURE EACH	Y			Fee Schedule	$59.76
28456	TREAT MIDFOOT FRACTURE	Y			Fee Schedule	$1,111.58
28465	TREAT MIDFOOT FRACTURE EACH	Y			Fee Schedule	$2,278.63
28470	TREAT METATARSAL FRACTURE	Y			Fee Schedule	$95.82
28475	TREAT METATARSAL FRACTURE	Y			Fee Schedule	$95.82
28476	TREAT METATARSAL FRACTURE	Y			Fee Schedule	$1,111.58
28485	TREAT METATARSAL FRACTURE	Y			Fee Schedule	$2,278.63
28490	TREAT BIG TOE FRACTURE	Y			Fee Schedule	$59.76
28495	TREAT BIG TOE FRACTURE	Y			Fee Schedule	$95.82
28496	TREAT BIG TOE FRACTURE	Y			Fee Schedule	$1,111.58
28505	TREAT BIG TOE FRACTURE	Y			Fee Schedule	$1,111.58
28510	TREATMENT OF TOE FRACTURE	Y			Fee Schedule	$59.76
28515	TREATMENT OF TOE FRACTURE	Y			Fee Schedule	$95.82
28525	TREAT TOE FRACTURE	Y			Fee Schedule	$1,111.58
28530	TREAT SESAMOID BONE FRACTURE	Y			Fee Schedule	$59.76
28531	TREAT SESAMOID BONE FRACTURE	Y			Fee Schedule	$1,111.58
28540	TREAT FOOT DISLOCATION	Y			Fee Schedule	$59.76
28545	TREAT FOOT DISLOCATION	Y			Fee Schedule	$1,111.58
28546	TREAT FOOT DISLOCATION	Y			Fee Schedule	$1,111.58
28555	REPAIR FOOT DISLOCATION	Y			Fee Schedule	$2,278.63
28570	TREAT FOOT DISLOCATION	Y			Fee Schedule	$95.82
28575	TREAT FOOT DISLOCATION	Y			Fee Schedule	$691.71

28576	TREAT FOOT DISLOCATION	Y			Fee Schedule	$1,111.58
28585	REPAIR FOOT DISLOCATION	Y			Fee Schedule	$1,111.58
28600	TREAT FOOT DISLOCATION	Y			Fee Schedule	$59.76
28605	TREAT FOOT DISLOCATION	Y			Fee Schedule	$59.76
28606	TREAT FOOT DISLOCATION	Y			Fee Schedule	$1,111.58
28615	REPAIR FOOT DISLOCATION	Y			Fee Schedule	$2,278.63
28630	TREAT TOE DISLOCATION	Y			Fee Schedule	$89.92
28635	TREAT TOE DISLOCATION	Y			Fee Schedule	$691.71
28636	TREAT TOE DISLOCATION	Y			Fee Schedule	$1,111.58
28645	REPAIR TOE DISLOCATION	Y			Fee Schedule	$1,111.58
28660	TREAT TOE DISLOCATION	Y			Fee Schedule	$59.76
28665	TREAT TOE DISLOCATION				Fee Schedule	$76.40
28666	TREAT TOE DISLOCATION	Y			Fee Schedule	$1,111.58
28675	REPAIR OF TOE DISLOCATION	Y			Fee Schedule	$1,111.58
28705	FUSION OF FOOT BONES	Y			Fee Schedule	$2,689.89
28715	FUSION OF FOOT BONES	Y			Fee Schedule	$3,594.58
28725	FUSION OF FOOT BONES	Y			Fee Schedule	$2,689.89
28730	FUSION OF FOOT BONES	Y			Fee Schedule	$2,689.89
28735	FUSION OF FOOT BONES	Y			Fee Schedule	$2,689.89
28737	REVISION OF FOOT BONES	Y			Fee Schedule	$2,689.89
28740	FUSION OF FOOT BONES	Y			Fee Schedule	$2,689.89
28750	FUSION OF BIG TOE JOINT	Y			Fee Schedule	$2,689.89
28755	FUSION OF BIG TOE JOINT	Y			Fee Schedule	$930.14
28760	FUSION OF BIG TOE JOINT	Y			Fee Schedule	$2,689.89
28810	AMPUTATION TOE & METATARSAL	Y			Fee Schedule	$930.14
28820	AMPUTATION OF TOE	Y			Fee Schedule	$930.14
28825	PARTIAL AMPUTATION OF TOE	Y			Fee Schedule	$930.14
28890	HIGH ENERGY ESWT PLANTAR F	Y			Fee Schedule	$197.03
29000	APPLICATION OF BODY CAST				Fee Schedule	$55.36
29010	APPLICATION OF BODY CAST				Fee Schedule	$76.40
29015	APPLICATION OF BODY CAST				Fee Schedule	$76.40
29020	APPLICATION OF BODY CAST				Fee Schedule	$55.36
29025	APPLICATION OF BODY CAST				Fee Schedule	$55.36
29035	APPLICATION OF BODY CAST				Fee Schedule	$76.40
29040	APPLICATION OF BODY CAST				Fee Schedule	$55.36
29044	APPLICATION OF BODY CAST				Fee Schedule	$76.40
29046	APPLICATION OF BODY CAST				Fee Schedule	$76.40
29049	APPLICATION OF FIGURE EIGHT				Fee Schedule	$55.36
29055	APPLICATION OF SHOULDER CAST				Fee Schedule	$76.40
29058	APPLICATION OF SHOULDER CAST				Fee Schedule	$55.36
29065	APPLICATION OF LONG ARM CAST				Fee Schedule	$61.26
29075	APPLICATION OF FOREARM CAST				Fee Schedule	$55.88
29085	APPLY HAND/WRIST CAST				Fee Schedule	$55.36
29086	APPLY FINGER CAST				Fee Schedule	$54.81
29105	APPLY LONG ARM SPLINT				Fee Schedule	$53.38
29125	APPLY FOREARM SPLINT				Fee Schedule	$44.78
29126	APPLY FOREARM SPLINT				Fee Schedule	$49.79
29130	APPLICATION OF FINGER SPLINT				Fee Schedule	$21.49
29131	APPLICATION OF FINGER SPLINT				Fee Schedule	$29.73
29200	STRAPPING OF CHEST				Fee Schedule	$28.30
29240	STRAPPING OF SHOULDER				Fee Schedule	$30.45
29260	STRAPPING OF ELBOW OR WRIST				Fee Schedule	$30.09
29280	STRAPPING OF HAND OR FINGER				Fee Schedule	$30.85
29305	APPLICATION OF HIP CAST				Fee Schedule	$76.40

29325	APPLICATION OF HIP CASTS				Fee Schedule	$76.40
29345	APPLICATION OF LONG LEG CAST				Fee Schedule	$76.40
29355	APPLICATION OF LONG LEG CAST				Fee Schedule	$76.40
29358	APPLY LONG LEG CAST BRACE				Fee Schedule	$76.40
29365	APPLICATION OF LONG LEG CAST				Fee Schedule	$75.23
29405	APPLY SHORT LEG CAST				Fee Schedule	$50.51
29425	APPLY SHORT LEG CAST				Fee Schedule	$47.64
29435	APPLY SHORT LEG CAST				Fee Schedule	$67.35
29440	ADDITION OF WALKER TO CAST				Fee Schedule	$22.57
29445	APPLY RIGID LEG CAST				Fee Schedule	$66.63
29450	APPLICATION OF LEG CAST				Fee Schedule	$55.36
29505	APPLICATION LONG LEG SPLINT				Fee Schedule	$55.36
29515	APPLICATION LOWER LEG SPLINT				Fee Schedule	$43.35
29520	STRAPPING OF HIP				Fee Schedule	$27.58
29530	STRAPPING OF KNEE				Fee Schedule	$29.02
29540	STRAPPING OF ANKLE AND/OR FT				Fee Schedule	$22.57
29550	STRAPPING OF TOES				Fee Schedule	$22.21
29580	APPLICATION OF PASTE BOOT				Fee Schedule	$31.17
29581	APPLY MULTLAY COMPRS LWR LEG				Fee Schedule	$53.02
29582	APPLY MULTLAY COMPRS UPR LEG				Fee Schedule	$58.03
29583	APPLY MULTLAY COMPRS UPR ARM				Fee Schedule	$30.85
29584	APPL MULTLAY COMPRS ARM/HAND				Fee Schedule	$30.85
29700	REMOVAL/REVISION OF CAST				Fee Schedule	$39.05
29705	REMOVAL/REVISION OF CAST				Fee Schedule	$36.54
29710	REMOVAL/REVISION OF CAST				Fee Schedule	$60.90
29715	REMOVAL/REVISION OF CAST				Fee Schedule	$39.76
29720	REPAIR OF BODY CAST				Fee Schedule	$55.36
29730	WINDOWING OF CAST				Fee Schedule	$35.11
29740	WEDGING OF CAST				Fee Schedule	$53.38
29750	WEDGING OF CLUBFOOT CAST				Fee Schedule	$33.67
29800	JAW ARTHROSCOPY/SURGERY	Y	Y	01/01/2014	Fee Schedule	$1,190.84
29804	JAW ARTHROSCOPY/SURGERY	Y	Y	01/01/2014	Fee Schedule	$1,190.84
29805	SHOULDER ARTHROSCOPY DX	Y			Fee Schedule	$1,190.84
29806	SHOULDER ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29807	SHOULDER ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29819	SHOULDER ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29820	SHOULDER ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29821	SHOULDER ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29822	SHOULDER ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29823	SHOULDER ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29824	SHOULDER ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29825	SHOULDER ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29826	SHOULDER ARTHROSCOPY/SURGERY				No Separate Payment	$0.00
29827	ARTHROSCOP ROTATOR CUFF REPR	Y			Fee Schedule	$2,352.76
29828	ARTHROSCOPY BICEPS TENODESIS	Y			Fee Schedule	$2,352.76
29830	ELBOW ARTHROSCOPY	Y			Fee Schedule	$2,352.76
29834	ELBOW ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29835	ELBOW ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29836	ELBOW ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29837	ELBOW ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29838	ELBOW ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29840	WRIST ARTHROSCOPY	Y			Fee Schedule	$1,190.84
29843	WRIST ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29844	WRIST ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84

29845	WRIST ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29846	WRIST ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29847	WRIST ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29848	WRIST ENDOSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29850	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29851	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29855	TIBIAL ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29856	TIBIAL ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29860	HIP ARTHROSCOPY DX	Y			Fee Schedule	$2,352.76
29861	HIP ARTHRO W/FB REMOVAL	Y			Fee Schedule	$2,352.76
29862	HIP ARTHR0 W/DEBRIDEMENT	Y			Fee Schedule	$2,352.76
29863	HIP ARTHR0 W/SYNOVECTOMY	Y			Fee Schedule	$2,352.76
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Y			Fee Schedule	$2,352.76
29870	KNEE ARTHROSCOPY DX	Y			Fee Schedule	$1,190.84
29871	KNEE ARTHROSCOPY/DRAINAGE	Y			Fee Schedule	$1,190.84
29873	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29874	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29875	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29876	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29877	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29879	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29880	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29881	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29882	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29883	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29884	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29885	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29886	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29887	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29888	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$3,594.58
29889	KNEE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$3,594.58
29891	ANKLE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29892	ANKLE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,089.06
29893	SCOPE PLANTAR FASCIOTOMY	Y			Fee Schedule	$930.14
29894	ANKLE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29895	ANKLE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29897	ANKLE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29898	ANKLE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$1,190.84
29899	ANKLE ARTHROSCOPY/SURGERY	Y			Fee Schedule	$2,352.76
29900	MCP JOINT ARTHROSCOPY DX	Y			Fee Schedule	$1,190.84
29901	MCP JOINT ARTHROSCOPY SURG	Y			Fee Schedule	$2,352.76
29902	MCP JOINT ARTHROSCOPY SURG	Y			Fee Schedule	$1,190.84
29904	SUBTALAR ARTHRO W/FB RMVL	Y			Fee Schedule	$1,190.84
29905	SUBTALAR ARTHRO W/EXC	Y			Fee Schedule	$1,190.84
29906	SUBTALAR ARTHRO W/DEB	Y			Fee Schedule	$1,190.84
29907	SUBTALAR ARTHRO W/FUSION	Y			Fee Schedule	$2,352.76
29914	HIP ARTHRO W/FEMOROPLASTY	Y			Fee Schedule	$2,352.76
29915	HIP ARTHRO ACETABULOPLASTY	Y			Fee Schedule	$2,352.76
29916	HIP ARTHRO W/LABRAL REPAIR	Y			Fee Schedule	$2,352.76
30000	DRAINAGE OF NOSE LESION	Y			Fee Schedule	$46.47
30020	DRAINAGE OF NOSE LESION	Y			Fee Schedule	$144.23
30100	INTRANASAL BIOPSY	Y			Fee Schedule	$106.39
30110	REMOVAL OF NOSE POLYP(S)	Y			Fee Schedule	$168.01
30115	REMOVAL OF NOSE POLYP(S)	Y			Fee Schedule	$1,027.11

30117	REMOVAL OF INTRANASAL LESION	Y			Fee Schedule	$672.75
30118	REMOVAL OF INTRANASAL LESION	Y			Fee Schedule	$1,027.11
30120	REVISION OF NOSE	Y			Fee Schedule	$1,027.11
30124	REMOVAL OF NOSE LESION	Y			Fee Schedule	$1,027.11
30125	REMOVAL OF NOSE LESION	Y			Fee Schedule	$1,969.21
30130	EXCISE INFERIOR TURBINATE	Y			Fee Schedule	$1,027.11
30140	RESECT INFERIOR TURBINATE	Y			Fee Schedule	$1,027.11
30150	PARTIAL REMOVAL OF NOSE	Y			Fee Schedule	$1,969.21
30160	REMOVAL OF NOSE	Y			Fee Schedule	$1,969.21
30200	INJECTION TREATMENT OF NOSE	Y			Fee Schedule	$85.26
30210	NASAL SINUS THERAPY	Y			Fee Schedule	$108.18
30220	INSERT NASAL SEPTAL BUTTON	Y			Fee Schedule	$672.75
30300	REMOVE NASAL FOREIGN BODY				Fee Schedule	$54.28
30310	REMOVE NASAL FOREIGN BODY	Y			Fee Schedule	$672.75
30320	REMOVE NASAL FOREIGN BODY	Y			Fee Schedule	$1,027.11
30400	RECONSTRUCTION OF NOSE	Y	Y	01/01/2014	Fee Schedule	$1,027.11
30410	RECONSTRUCTION OF NOSE	Y	Y	01/01/2014	Fee Schedule	$1,969.21
30420	RECONSTRUCTION OF NOSE	Y	Y	01/01/2014	Fee Schedule	$1,969.21
30430	REVISION OF NOSE	Y	Y	01/01/2014	Fee Schedule	$1,027.11
30435	REVISION OF NOSE	Y	Y	01/01/2014	Fee Schedule	$1,969.21
30450	REVISION OF NOSE	Y	Y	01/01/2014	Fee Schedule	$1,969.21
30460	REVISION OF NOSE	Y	Y	01/01/2014	Fee Schedule	$1,969.21
30462	REVISION OF NOSE	Y	Y	01/01/2014	Fee Schedule	$1,969.21
30465	REPAIR NASAL STENOSIS	Y	Y	01/01/2014	Fee Schedule	$1,969.21
30520	REPAIR OF NASAL SEPTUM	Y			Fee Schedule	$1,027.11
30540	REPAIR NASAL DEFECT	Y			Fee Schedule	$1,969.21
30545	REPAIR NASAL DEFECT	Y			Fee Schedule	$1,969.21
30560	RELEASE OF NASAL ADHESIONS	Y			Fee Schedule	$144.23
30580	REPAIR UPPER JAW FISTULA	Y			Fee Schedule	$1,969.21
30600	REPAIR MOUTH/NOSE FISTULA	Y			Fee Schedule	$1,969.21
30620	INTRANASAL RECONSTRUCTION	Y			Fee Schedule	$1,969.21
30630	REPAIR NASAL SEPTUM DEFECT	Y			Fee Schedule	$1,027.11
30801	ABLATE INF TURBINATE SUPERF	Y			Fee Schedule	$301.15
30802	ABLATE INF TURBINATE SUBMUC	Y			Fee Schedule	$672.75
30901	CONTROL OF NOSEBLEED	Y			Fee Schedule	$46.47
30903	CONTROL OF NOSEBLEED	Y			Fee Schedule	$46.47
30905	CONTROL OF NOSEBLEED	Y			Fee Schedule	$46.47
30906	REPEAT CONTROL OF NOSEBLEED	Y			Fee Schedule	$46.47
30915	LIGATION NASAL SINUS ARTERY	Y			Fee Schedule	$1,181.68
30920	LIGATION UPPER JAW ARTERY	Y			Fee Schedule	$1,181.68
30930	THER FX NASAL INF TURBINATE	Y			Fee Schedule	$1,027.11
31000	IRRIGATION MAXILLARY SINUS	Y			Fee Schedule	$138.63
31002	IRRIGATION SPHENOID SINUS	Y			Fee Schedule	$301.15
31020	EXPLORATION MAXILLARY SINUS	Y			Fee Schedule	$1,027.11
31030	EXPLORATION MAXILLARY SINUS	Y			Fee Schedule	$1,969.21
31032	EXPLORE SINUS REMOVE POLYPS	Y			Fee Schedule	$1,969.21
31040	EXPLORATION BEHIND UPPER JAW	Y			Fee Schedule	$1,027.11
31050	EXPLORATION SPHENOID SINUS	Y			Fee Schedule	$1,969.21
31051	SPHENOID SINUS SURGERY	Y			Fee Schedule	$1,969.21
31070	EXPLORATION OF FRONTAL SINUS	Y			Fee Schedule	$1,969.21
31075	EXPLORATION OF FRONTAL SINUS	Y			Fee Schedule	$1,969.21
31080	REMOVAL OF FRONTAL SINUS	Y			Fee Schedule	$1,969.21
31081	REMOVAL OF FRONTAL SINUS	Y			Fee Schedule	$1,969.21
31084	REMOVAL OF FRONTAL SINUS	Y			Fee Schedule	$1,969.21

31085	REMOVAL OF FRONTAL SINUS	Y			Fee Schedule	$1,969.21
31086	REMOVAL OF FRONTAL SINUS	Y			Fee Schedule	$1,969.21
31087	REMOVAL OF FRONTAL SINUS	Y			Fee Schedule	$1,969.21
31090	EXPLORATION OF SINUSES	Y			Fee Schedule	$1,969.21
31200	REMOVAL OF ETHMOID SINUS	Y			Fee Schedule	$1,969.21
31201	REMOVAL OF ETHMOID SINUS	Y			Fee Schedule	$1,027.11
31205	REMOVAL OF ETHMOID SINUS	Y			Fee Schedule	$1,027.11
31231	NASAL ENDOSCOPY DX	Y			Fee Schedule	$83.09
31233	NASAL/SINUS ENDOSCOPY DX	Y			Fee Schedule	$204.16
31235	NASAL/SINUS ENDOSCOPY DX	Y			Fee Schedule	$671.91
31237	NASAL/SINUS ENDOSCOPY SURG	Y			Fee Schedule	$671.91
31238	NASAL/SINUS ENDOSCOPY SURG	Y			Fee Schedule	$671.91
31239	NASAL/SINUS ENDOSCOPY SURG	Y			Fee Schedule	$1,038.79
31240	NASAL/SINUS ENDOSCOPY SURG	Y			Fee Schedule	$1,038.79
31254	REVISION OF ETHMOID SINUS	Y			Fee Schedule	$1,038.79
31255	REMOVAL OF ETHMOID SINUS	Y			Fee Schedule	$1,685.85
31256	EXPLORATION MAXILLARY SINUS	Y			Fee Schedule	$1,038.79
31267	ENDOSCOPY MAXILLARY SINUS	Y			Fee Schedule	$1,038.79
31276	SINUS ENDOSCOPY SURGICAL	Y			Fee Schedule	$1,685.85
31287	NASAL/SINUS ENDOSCOPY SURG	Y			Fee Schedule	$1,685.85
31288	NASAL/SINUS ENDOSCOPY SURG	Y			Fee Schedule	$1,685.85
31295	SINUS ENDO W/BALLOON DIL	Y			Fee Schedule	$1,685.85
31296	SINUS ENDO W/BALLOON DIL	Y			Fee Schedule	$1,685.85
31297	SINUS ENDO W/BALLOON DIL	Y			Fee Schedule	$1,038.79
31300	REMOVAL OF LARYNX LESION	Y			Fee Schedule	$1,027.11
31320	DIAGNOSTIC INCISION LARYNX	Y			Fee Schedule	$1,969.21
31400	REVISION OF LARYNX	Y			Fee Schedule	$1,969.21
31420	REMOVAL OF EPIGLOTTIS	Y			Fee Schedule	$1,969.21
31500	INSERT EMERGENCY AIRWAY				Fee Schedule	$88.19
31502	CHANGE OF WINDPIPE AIRWAY				Fee Schedule	$74.80
31505	DIAGNOSTIC LARYNGOSCOPY	Y			Fee Schedule	$60.54
31510	LARYNGOSCOPY WITH BIOPSY	Y			Fee Schedule	$671.91
31511	REMOVE FOREIGN BODY LARYNX	Y			Fee Schedule	$83.09
31512	REMOVAL OF LARYNX LESION	Y			Fee Schedule	$1,038.79
31513	INJECTION INTO VOCAL CORD	Y			Fee Schedule	$204.16
31515	LARYNGOSCOPY FOR ASPIRATION	Y			Fee Schedule	$671.91
31520	DX LARYNGOSCOPY NEWBORN	Y			Fee Schedule	$204.16
31525	DX LARYNGOSCOPY EXCL NB	Y			Fee Schedule	$671.91
31526	DX LARYNGOSCOPY W/OPER SCOPE	Y			Fee Schedule	$671.91
31527	LARYNGOSCOPY FOR TREATMENT	Y			Fee Schedule	$1,038.79
31528	LARYNGOSCOPY AND DILATION	Y			Fee Schedule	$1,038.79
31529	LARYNGOSCOPY AND DILATION	Y			Fee Schedule	$1,038.79
31530	LARYNGOSCOPY W/FB REMOVAL	Y			Fee Schedule	$671.91
31531	LARYNGOSCOPY W/FB & OP SCOPE	Y			Fee Schedule	$671.91
31535	LARYNGOSCOPY W/BIOPSY	Y			Fee Schedule	$1,038.79
31536	LARYNGOSCOPY W/BX & OP SCOPE	Y			Fee Schedule	$1,038.79
31540	LARYNGOSCOPY W/EXC OF TUMOR	Y			Fee Schedule	$1,038.79
31541	LARYNSCOP W/TUMR EXC + SCOPE	Y			Fee Schedule	$1,038.79
31545	REMOVE VC LESION W/SCOPE	Y			Fee Schedule	$671.91
31546	REMOVE VC LESION SCOPE/GRAFT	Y			Fee Schedule	$1,685.85
31560	LARYNGOSCOP W/ARYTENOIDECTOM	Y			Fee Schedule	$1,685.85
31561	LARYNSCOP REMVE CART + SCOP	Y			Fee Schedule	$1,038.79
31570	LARYNGOSCOPE W/VC INJ	Y			Fee Schedule	$671.91
31571	LARYNGOSCOP W/VC INJ + SCOPE	Y			Fee Schedule	$1,038.79

31575	DIAGNOSTIC LARYNGOSCOPY	Y			Fee Schedule	$72.72
31576	LARYNGOSCOPY WITH BIOPSY	Y			Fee Schedule	$671.91
31577	REMOVE FOREIGN BODY LARYNX	Y			Fee Schedule	$204.16
31578	REMOVAL OF LARYNX LESION	Y			Fee Schedule	$671.91
31579	DIAGNOSTIC LARYNGOSCOPY	Y			Fee Schedule	$125.74
31580	REVISION OF LARYNX	Y			Fee Schedule	$1,969.21
31582	REVISION OF LARYNX	Y			Fee Schedule	$1,969.21
31588	REVISION OF LARYNX	Y			Fee Schedule	$1,969.21
31590	REINNERVATE LARYNX	Y			Fee Schedule	$1,969.21
31595	LARYNX NERVE SURGERY	Y			Fee Schedule	$1,969.21
31603	INCISION OF WINDPIPE	Y			Fee Schedule	$301.15
31605	INCISION OF WINDPIPE	Y			Fee Schedule	$301.15
31611	SURGERY/SPEECH PROSTHESIS	Y			Fee Schedule	$1,027.11
31612	PUNCTURE/CLEAR WINDPIPE	Y			Fee Schedule	$1,969.21
31613	REPAIR WINDPIPE OPENING	Y			Fee Schedule	$1,027.11
31614	REPAIR WINDPIPE OPENING	Y			Fee Schedule	$1,969.21
31615	VISUALIZATION OF WINDPIPE	Y			Fee Schedule	$301.15
31620	ENDOBRONCHIAL US ADD-ON				No Separate Payment	$0.00
31622	DX BRONCHOSCOPE/WASH	Y			Fee Schedule	$525.69
31623	DX BRONCHOSCOPE/BRUSH	Y			Fee Schedule	$525.69
31624	DX BRONCHOSCOPE/LAVAGE	Y			Fee Schedule	$525.69
31625	BRONCHOSCOPY W/BIOPSY(S)	Y			Fee Schedule	$525.69
31626	BRONCHOSCOPY W/MARKERS	Y			Fee Schedule	$1,105.05
31627	NAVIGATIONAL BRONCHOSCOPY				No Separate Payment	$0.00
31628	BRONCHOSCOPY/LUNG BX EACH	Y			Fee Schedule	$525.69
31629	BRONCHOSCOPY/NEEDLE BX EACH	Y			Fee Schedule	$1,105.05
31630	BRONCHOSCOPY DILATE/FX REPR	Y			Fee Schedule	$1,105.05
31631	BRONCHOSCOPY DILATE W/STENT	Y			Fee Schedule	$1,105.05
31632	BRONCHOSCOPY/LUNG BX ADDL				No Separate Payment	$0.00
31633	BRONCHOSCOPY/NEEDLE BX ADDL				No Separate Payment	$0.00
31634	BRONCH W/BALLOON OCCLUSION	Y			Fee Schedule	$1,105.05
31635	BRONCHOSCOPY W/FB REMOVAL	Y			Fee Schedule	$525.69
31636	BRONCHOSCOPY BRONCH STENTS	Y			Fee Schedule	$1,105.05
31637	BRONCHOSCOPY STENT ADD-ON				No Separate Payment	$0.00
31638	BRONCHOSCOPY REVISE STENT	Y			Fee Schedule	$1,105.05
31640	BRONCHOSCOPY W/TUMOR EXCISE	Y			Fee Schedule	$1,105.05
31641	BRONCHOSCOPY TREAT BLOCKAGE	Y			Fee Schedule	$1,105.05
31643	DIAG BRONCHOSCOPE/CATHETER	Y			Fee Schedule	$525.69
31645	BRONCHOSCOPY CLEAR AIRWAYS	Y			Fee Schedule	$525.69
31646	BRONCHOSCOPY RECLEAR AIRWAY	Y			Fee Schedule	$525.69
31647	BRONCHIAL VALVE INIT INSERT	Y			Fee Schedule	$1,105.05
31648	BRONCHIAL VALVE ADDL INSERT	Y			Fee Schedule	$1,105.05
31649	BRONCHIAL VALVE REMOV INIT				Fee Schedule	$525.69
31651	BRONCHIAL VALVE REMOV ADDL				No Separate Payment	$0.00
31717	BRONCHIAL BRUSH BIOPSY	Y			Fee Schedule	$204.16
31720	CLEARANCE OF AIRWAYS				Fee Schedule	$43.19
31730	INTRO WINDPIPE WIRE/TUBE	Y			Fee Schedule	$204.16
31750	REPAIR OF WINDPIPE	Y			Fee Schedule	$1,969.21
31755	REPAIR OF WINDPIPE	Y			Fee Schedule	$1,969.21
31820	CLOSURE OF WINDPIPE LESION	Y			Fee Schedule	$1,027.11
31825	REPAIR OF WINDPIPE DEFECT	Y			Fee Schedule	$1,027.11
31830	REVISE WINDPIPE SCAR	Y			Fee Schedule	$1,027.11
32400	NEEDLE BIOPSY CHEST LINING	Y			Fee Schedule	$418.60
32405	PERCUT BX LUNG/MEDIASTINUM	Y			Fee Schedule	$418.60

32550	INSERT PLEURAL CATH	Y			Fee Schedule	$1,335.12
32552	REMOVE LUNG CATHETER				Fee Schedule	$268.03
32553	INS MARK THOR FOR RT PERQ				Fee Schedule	$572.52
32554	ASPIRATE PLEURA W/O IMAGING	Y			Fee Schedule	$268.03
32555	ASPIRATE PLEURA W/ IMAGING	Y			Fee Schedule	$268.03
32556	INSERT CATH PLEURA W/O IMAGE	Y			Fee Schedule	$268.03
32557	INSERT CATH PLEURA W/ IMAGE	Y			Fee Schedule	$268.03
32960	THERAPEUTIC PNEUMOTHORAX	Y			Fee Schedule	$268.03
32998	PERQ RF ABLATE TX PUL TUMOR	Y			Fee Schedule	$2,268.34
33010	DRAINAGE OF HEART SAC	Y			Fee Schedule	$268.03
33011	REPEAT DRAINAGE OF HEART SAC	Y			Fee Schedule	$268.03
33206	INSERT HEART PM ATRIAL	Y			Fee Schedule	$7,574.98
33207	INSERT HEART PM VENTRICULAR	Y			Fee Schedule	$7,574.98
33208	INSRT HEART PM ATRIAL & VENT	Y			Fee Schedule	$9,285.61
33210	INSERT ELECTRD/PM CATH SNGL	Y			Fee Schedule	$2,542.22
33211	INSERT CARD ELECTRODES DUAL	Y			Fee Schedule	$2,542.22
33212	INSERT PULSE GEN SNGL LEAD	Y			Fee Schedule	$6,269.02
33213	INSERT PULSE GEN DUAL LEADS	Y			Fee Schedule	$7,255.67
33214	UPGRADE OF PACEMAKER SYSTEM	Y			Fee Schedule	$9,285.61
33215	REPOSITION PACING-DEFIB LEAD	Y			Fee Schedule	$841.96
33216	INSERT 1 ELECTRODE PM-DEFIB	Y			Fee Schedule	$2,542.22
33217	INSERT 2 ELECTRODE PM-DEFIB	Y			Fee Schedule	$2,542.22
33218	REPAIR LEAD PACE-DEFIB ONE	Y			Fee Schedule	$1,280.34
33220	REPAIR LEAD PACE-DEFIB DUAL	Y			Fee Schedule	$1,280.34
33221	INSERT PULSE GEN MULT LEADS	Y			Fee Schedule	$7,255.67
33222	REVISE POCKET PACEMAKER	Y			Fee Schedule	$757.47
33223	REVISE POCKET FOR DEFIB	Y			Fee Schedule	$757.47
33224	INSERT PACING LEAD & CONNECT	Y			Fee Schedule	$9,285.61
33225	L VENTRIC PACING LEAD ADD-ON				Fee Schedule	$9,285.61
33226	REPOSITION L VENTRIC LEAD	Y			Fee Schedule	$841.96
33227	REMOVE&REPLACE PM GEN SINGL	Y			Fee Schedule	$6,269.02
33228	REMV&REPLC PM GEN DUAL LEAD	Y			Fee Schedule	$7,255.67
33229	REMV&REPLC PM GEN MULT LEADS	Y			Fee Schedule	$7,255.67
33230	INSRT PULSE GEN W/DUAL LEADS	Y			Fee Schedule	$22,881.67
33231	INSRT PULSE GEN W/MULT LEADS	Y			Fee Schedule	$22,881.67
33233	REMOVAL OF PM GENERATOR				Fee Schedule	$1,280.34
33234	REMOVAL OF PACEMAKER SYSTEM				Fee Schedule	$1,280.34
33235	REMOVAL PACEMAKER ELECTRODE				Fee Schedule	$1,280.34
33240	INSRT PULSE GEN W/SINGL LEAD	Y			Fee Schedule	$22,881.67
33241	REMOVE PULSE GENERATOR				Fee Schedule	$1,280.34
33249	NSERT PACE-DEFIB W/LEAD				Fee Schedule	$29,599.81
33262	REMV&REPLC CVD GEN SING LEAD	Y			Fee Schedule	$22,881.67
33263	REMV&REPLC CVD GEN DUAL LEAD	Y			Fee Schedule	$22,881.67
33264	REMV&REPLC CVD GEN MULT LEAD	Y			Fee Schedule	$22,881.67
33282	IMPLANT PAT-ACTIVE HT RECORD				Fee Schedule	$5,497.58
33284	REMOVE PAT-ACTIVE HT RECORD				Fee Schedule	$633.26
33508	ENDOSCOPIC VEIN HARVEST				No Separate Payment	$0.00
34490	REMOVAL OF VEIN CLOT	Y			Fee Schedule	$1,807.27
35188	REPAIR BLOOD VESSEL LESION	Y			Fee Schedule	$1,807.27
35207	REPAIR BLOOD VESSEL LESION	Y			Fee Schedule	$1,807.27
35460	REPAIR VENOUS BLOCKAGE	Y			Fee Schedule	$2,436.40
35475	REPAIR ARTERIAL BLOCKAGE	Y			Fee Schedule	$1,337.62
35476	REPAIR VENOUS BLOCKAGE	Y			Fee Schedule	$1,262.40
35572	HARVEST FEMOROPOPLITEAL VEIN				No Separate Payment	$0.00

35761	EXPLORATION OF ARTERY/VEIN	Y			Fee Schedule	$1,572.57
35875	REMOVAL OF CLOT IN GRAFT	Y			Fee Schedule	$1,807.27
35876	REMOVAL OF CLOT IN GRAFT	Y			Fee Schedule	$1,807.27
36000	PLACE NEEDLE IN VEIN				No Separate Payment	$0.00
36002	PSEUDOANEURYSM INJECTION TRT				Fee Schedule	$105.43
36005	INJECTION EXT VENOGRAPHY				No Separate Payment	$0.00
36010	PLACE CATHETER IN VEIN				No Separate Payment	$0.00
36011	PLACE CATHETER IN VEIN				No Separate Payment	$0.00
36012	PLACE CATHETER IN VEIN				No Separate Payment	$0.00
36013	PLACE CATHETER IN ARTERY				No Separate Payment	$0.00
36014	PLACE CATHETER IN ARTERY				No Separate Payment	$0.00
36015	PLACE CATHETER IN ARTERY				No Separate Payment	$0.00
36100	ESTABLISH ACCESS TO ARTERY				No Separate Payment	$0.00
36120	ESTABLISH ACCESS TO ARTERY				No Separate Payment	$0.00
36140	ESTABLISH ACCESS TO ARTERY				No Separate Payment	$0.00
36147	ACCESS AV DIAL GRFT FOR EVAL	Y			Fee Schedule	$456.82
36148	ACCESS AV DIAL GRFT FOR PROC				No Separate Payment	$0.00
36160	ESTABLISH ACCESS TO AORTA				No Separate Payment	$0.00
36200	PLACE CATHETER IN AORTA				No Separate Payment	$0.00
36215	PLACE CATHETER IN ARTERY				No Separate Payment	$0.00
36216	PLACE CATHETER IN ARTERY				No Separate Payment	$0.00
36217	PLACE CATHETER IN ARTERY				No Separate Payment	$0.00
36218	PLACE CATHETER IN ARTERY				No Separate Payment	$0.00
36221	PLACE CATH THORACIC AORTA				No Separate Payment	$0.00
36222	PLACE CATH CAROTID/INOM ART				No Separate Payment	$0.00
36223	PLACE CATH CAROTID/INOM ART				No Separate Payment	$0.00
36224	PLACE CATH CAROTD ART				No Separate Payment	$0.00
36225	PLACE CATH SUBCLAVIAN ART				No Separate Payment	$0.00
36226	PLACE CATH VERTEBRAL ART				No Separate Payment	$0.00
36227	PLACE CATH XTRNL CAROTID				No Separate Payment	$0.00
36228	PLACE CATH INTRACRANIAL ART				No Separate Payment	$0.00
36245	INS CATH ABD/L-EXT ART 1ST				No Separate Payment	$0.00
36246	INS CATH ABD/L-EXT ART 2ND				No Separate Payment	$0.00
36247	INS CATH ABD/L-EXT ART 3RD				No Separate Payment	$0.00
36248	INS CATH ABD/L-EXT ART ADDL				No Separate Payment	$0.00
36251	INS CATH REN ART 1ST UNILAT				No Separate Payment	$0.00
36252	INS CATH REN ART 1ST BILAT				No Separate Payment	$0.00
36253	INS CATH REN ART 2ND+ UNILAT				No Separate Payment	$0.00
36254	INS CATH REN ART 2ND+ BILAT				No Separate Payment	$0.00
36260	INSERTION OF INFUSION PUMP	Y			Fee Schedule	$1,296.22
36261	REVISION OF INFUSION PUMP	Y			Fee Schedule	$1,280.34
36262	REMOVAL OF INFUSION PUMP				Fee Schedule	$1,280.34
36400	BL DRAW < 3 YRS FEM/JUGULAR				No Separate Payment	$0.00
36405	BL DRAW < 3 YRS SCALP VEIN				No Separate Payment	$0.00
36406	BL DRAW < 3 YRS OTHER VEIN				No Separate Payment	$0.00
36410	NON-ROUTINE BL DRAW > 3 YRS				No Separate Payment	$0.00
36416	CAPILLARY BLOOD DRAW				No Separate Payment	$0.00
36420	VEIN ACCESS CUTDOWN < 1 YR				Fee Schedule	$54.28
36425	VEIN ACCESS CUTDOWN > 1 YR				Fee Schedule	$12.21
36430	BLOOD TRANSFUSION SERVICE				Fee Schedule	$33.67
36440	BL PUSH TRANSFUSE 2 YR OR <				Fee Schedule	$157.53
36450	BL EXCHANGE/TRANSFUSE NB				Fee Schedule	$157.53
36455	BL EXCHANGE/TRANSFUSE NON-NB				Fee Schedule	$157.53
36468	INJECTION(S) SPIDER VEINS				Not Allowed	$0.00

36469	INJECTION(S) SPIDER VEINS				Not Allowed	$0.00
36470	INJECTION THERAPY OF VEIN	Y			Fee Schedule	$81.42
36471	INJECTION THERAPY OF VEINS	Y			Fee Schedule	$81.42
36475	ENDOVENOUS RF 1ST VEIN	Y			Fee Schedule	$1,181.68
36476	ENDOVENOUS RF VEIN ADD-ON				No Separate Payment	$0.00
36478	ENDOVENOUS LASER 1ST VEIN	Y			Fee Schedule	$1,181.68
36479	ENDOVENOUS LASER VEIN ADDON				No Separate Payment	$0.00
36481	INSERTION OF CATHETER VEIN				No Separate Payment	$0.00
36500	INSERTION OF CATHETER VEIN				No Separate Payment	$0.00
36510	INSERTION OF CATHETER VEIN				No Separate Payment	$0.00
36511	APHERESIS WBC				Fee Schedule	$599.58
36512	APHERESIS RBC				Fee Schedule	$599.58
36513	APHERESIS PLATELETS				Fee Schedule	$599.58
36514	APHERESIS PLASMA				Fee Schedule	$599.58
36515	APHERESIS ADSORP/REINFUSE				Fee Schedule	$1,693.54
36516	APHERESIS SELECTIVE				Fee Schedule	$1,693.54
36522	PHOTOPHERESIS				Not Allowed	$0.00
36555	INSERT NON-TUNNEL CV CATH	Y			Fee Schedule	$469.40
36556	INSERT NON-TUNNEL CV CATH	Y			Fee Schedule	$469.40
36557	INSERT TUNNELED CV CATH	Y			Fee Schedule	$1,062.84
36558	INSERT TUNNELED CV CATH	Y			Fee Schedule	$1,062.84
36560	INSERT TUNNELED CV CATH	Y			Fee Schedule	$1,296.22
36561	INSERT TUNNELED CV CATH	Y			Fee Schedule	$1,296.22
36563	INSERT TUNNELED CV CATH	Y			Fee Schedule	$1,296.22
36565	INSERT TUNNELED CV CATH	Y			Fee Schedule	$1,296.22
36566	INSERT TUNNELED CV CATH	Y			Fee Schedule	$1,296.22
36568	INSERT PICC CATH	Y			Fee Schedule	$469.40
36569	INSERT PICC CATH	Y			Fee Schedule	$469.40
36570	INSERT PICVAD CATH	Y			Fee Schedule	$1,062.84
36571	INSERT PICVAD CATH	Y			Fee Schedule	$1,062.84
36575	REPAIR TUNNELED CV CATH	Y			Fee Schedule	$257.70
36576	REPAIR TUNNELED CV CATH	Y			Fee Schedule	$469.40
36578	REPLACE TUNNELED CV CATH	Y			Fee Schedule	$1,062.84
36580	REPLACE CVAD CATH	Y			Fee Schedule	$469.40
36581	REPLACE TUNNELED CV CATH	Y			Fee Schedule	$1,062.84
36582	REPLACE TUNNELED CV CATH	Y			Fee Schedule	$1,296.22
36583	REPLACE TUNNELED CV CATH	Y			Fee Schedule	$1,296.22
36584	REPLACE PICC CATH	Y			Fee Schedule	$469.40
36585	REPLACE PICVAD CATH	Y			Fee Schedule	$1,062.84
36589	REMOVAL TUNNELED CV CATH				Fee Schedule	$257.70
36590	REMOVAL TUNNELED CV CATH				Fee Schedule	$469.40
36591	DRAW BLOOD OFF VENOUS DEVICE				No Separate Payment	$0.00
36592	COLLECT BLOOD FROM PICC				No Separate Payment	$0.00
36593	DECLOT VASCULAR DEVICE	Y			Fee Schedule	$30.45
36595	MECH REMOV TUNNELED CV CATH	Y			Fee Schedule	$449.58
36596	MECH REMOV TUNNELED CV CATH	Y			Fee Schedule	$469.40
36597	REPOSITION VENOUS CATHETER	Y			Fee Schedule	$469.40
36598	INJ W/FLUOR EVAL CV DEVICE	Y			Fee Schedule	$83.11
36600	WITHDRAWAL OF ARTERIAL BLOOD				No Separate Payment	$0.00
36620	INSERTION CATHETER ARTERY				No Separate Payment	$0.00
36625	INSERTION CATHETER ARTERY				No Separate Payment	$0.00
36640	INSERTION CATHETER ARTERY	Y			Fee Schedule	$1,296.22
36680	INSERT NEEDLE BONE CAVITY				Fee Schedule	$29.52
36800	INSERTION OF CANNULA	Y			Fee Schedule	$1,570.18

36810	INSERTION OF CANNULA	Y			Fee Schedule	$1,570.18
36815	INSERTION OF CANNULA	Y			Fee Schedule	$1,570.18
36818	AV FUSE UPPR ARM CEPHALIC	Y			Fee Schedule	$1,807.27
36819	AV FUSE UPPR ARM BASILIC	Y			Fee Schedule	$1,807.27
36820	AV FUSION/FOREARM VEIN	Y			Fee Schedule	$1,807.27
36821	AV FUSION DIRECT ANY SITE	Y			Fee Schedule	$1,807.27
36825	ARTERY-VEIN AUTOGRAFT	Y			Fee Schedule	$1,807.27
36830	ARTERY-VEIN NONAUTOGRAFT	Y			Fee Schedule	$1,807.27
36831	OPEN THROMBECT AV FISTULA	Y			Fee Schedule	$1,807.27
36832	AV FISTULA REVISION OPEN	Y			Fee Schedule	$1,807.27
36833	AV FISTULA REVISION	Y			Fee Schedule	$1,807.27
36835	ARTERY TO VEIN SHUNT	Y			Fee Schedule	$1,570.18
36860	EXTERNAL CANNULA DECLOTTING	Y			Fee Schedule	$101.51
36861	CANNULA DECLOTTING	Y			Fee Schedule	$1,570.18
36870	PERCUT THROMBECT AV FISTULA	Y			Fee Schedule	$1,703.03
37184	PRIM ART MECH THROMBECTOMY	Y			Fee Schedule	$1,807.27
37185	PRIM ART M-THROMBECT ADD-ON				No Separate Payment	$0.00
37186	SEC ART M-THROMBECT ADD-ON				No Separate Payment	$0.00
37187	VENOUS MECH THROMBECTOMY	Y			Fee Schedule	$1,807.27
37188	VENOUS M-THROMBECTOMY ADD-ON	Y			Fee Schedule	$1,807.27
37197	REMOVE INTRVAS FOREIGN BODY	Y			Fee Schedule	$1,296.22
37200	TRANSCATHETER BIOPSY	Y			Fee Schedule	$1,296.22
37202	TRANSCATHETER THERAPY INFUSE	Y			Fee Schedule	$841.96
37211	THROMBOLYTIC ART THERAPY	Y			Fee Schedule	$469.40
37212	THROMBOLYTIC VENOUS THERAPY	Y			Fee Schedule	$469.40
37220	ILIAC REVASC	Y			Fee Schedule	$2,436.40
37221	ILIAC REVASC W/STENT	Y			Fee Schedule	$5,037.90
37222	ILIAC REVASC ADD-ON	Y			Fee Schedule	$2,436.40
37223	ILIAC REVASC W/STENT ADD-ON	Y			Fee Schedule	$2,436.40
37224	FEM/POPL REVAS W/TLA	Y			Fee Schedule	$2,436.40
37225	FEM/POPL REVAS W/ATHER	Y			Fee Schedule	$5,037.90
37226	FEM/POPL REVASC W/STENT	Y			Fee Schedule	$5,037.90
37227	FEM/POPL REVASC STNT & ATHER	Y			Fee Schedule	$12,174.38
37228	TIB/PER REVASC W/TLA	Y			Fee Schedule	$2,436.40
37229	TIB/PER REVASC W/ATHER	Y			Fee Schedule	$5,037.90
37230	TIB/PER REVASC W/STENT	Y			Fee Schedule	$5,037.90
37231	TIB/PER REVASC STENT & ATHER	Y			Fee Schedule	$12,174.38
37232	TIB/PER REVASC ADD-ON	Y			Fee Schedule	$2,436.40
37233	TIBPER REVASC W/ATHER ADD-ON	Y			Fee Schedule	$5,037.90
37234	REVSC OPN/PRQ TIB/PERO STENT	Y			Fee Schedule	$2,436.40
37235	TIB/PER REVASC STNT & ATHER	Y			Fee Schedule	$2,436.40
37236	OPEN/PERQ PLACE STENT 1ST	Y			Fee Schedule	$5,037.90
37237	OPEN/PERQ PLACE STENT EA ADD	Y			Fee Schedule	$2,436.40
37238	OPEN/PERQ PLACE STENT SAME	Y			Fee Schedule	$5,037.90
37239	OPEN/PERQ PLACE STENT EA ADD	Y			Fee Schedule	$2,436.40
37250	IV US FIRST VESSEL ADD-ON				No Separate Payment	$0.00
37251	IV US EACH ADD VESSEL ADD-ON				No Separate Payment	$0.00
37500	ENDOSCOPY LIGATE PERF VEINS	Y			Fee Schedule	$1,181.68
37607	LIGATION OF A-V FISTULA	Y			Fee Schedule	$1,181.68
37609	TEMPORAL ARTERY PROCEDURE	Y			Fee Schedule	$633.26
37650	REVISION OF MAJOR VEIN	Y			Fee Schedule	$1,181.68
37700	REVISE LEG VEIN	Y			Fee Schedule	$1,181.68
37718	LIGATE/STRIP SHORT LEG VEIN	Y			Fee Schedule	$1,181.68
37722	LIGATE/STRIP LONG LEG VEIN	Y			Fee Schedule	$1,181.68

37735	REMOVAL OF LEG VEINS/LESION	Y			Fee Schedule	$1,181.68
37760	LIGATE LEG VEINS RADICAL	Y			Fee Schedule	$1,181.68
37761	LIGATE LEG VEINS OPEN	Y			Fee Schedule	$1,181.68
37765	STAB PHLEB VEINS XTR 10-20	Y			Fee Schedule	$346.05
37766	PHLEB VEINS - EXTREM 20+	Y			Fee Schedule	$395.48
37780	REVISION OF LEG VEIN	Y			Fee Schedule	$1,181.68
37785	LIGATE/DIVIDE/EXCISE VEIN	Y			Fee Schedule	$1,181.68
37790	PENILE VENOUS OCCLUSION	Y			Fee Schedule	$1,201.69
38200	INJECTION FOR SPLEEN X-RAY				No Separate Payment	$0.00
38204	BL DONOR SEARCH MANAGEMENT				No Separate Payment	$0.00
38205	HARVEST ALLOGENEIC STEM CELL		Y	01/01/2012	Not Allowed	$0.00
38206	HARVEST AUTO STEM CELLS		Y	01/01/2014	Fee Schedule	$599.58
38220	BONE MARROW ASPIRATION	Y			Fee Schedule	$119.29
38221	BONE MARROW BIOPSY	Y			Fee Schedule	$115.71
38230	BONE MARROW HARVEST ALLOGEN		Y	01/01/2014	Fee Schedule	$1,693.54
38232	BONE MARROW HARVEST AUTOLOG				Fee Schedule	$1,693.54
38241	BN MARROW/STM TRANSPLT AUTO		Y	01/01/2014	Fee Schedule	$1,693.54
38242	LYMPHOCYTE INFUSE TRANSPLANT		Y	01/01/2014	Fee Schedule	$599.58
38243	TRANSPLJ HEMATOPOIETIC BOOST				Fee Schedule	$599.58
38300	DRAINAGE LYMPH NODE LESION	Y			Fee Schedule	$466.55
38305	DRAINAGE LYMPH NODE LESION	Y			Fee Schedule	$867.01
38308	INCISION OF LYMPH CHANNELS	Y			Fee Schedule	$1,119.73
38500	BIOPSY/REMOVAL LYMPH NODES	Y			Fee Schedule	$1,119.73
38505	NEEDLE BIOPSY LYMPH NODES	Y			Fee Schedule	$387.84
38510	BIOPSY/REMOVAL LYMPH NODES	Y			Fee Schedule	$1,119.73
38520	BIOPSY/REMOVAL LYMPH NODES	Y			Fee Schedule	$1,119.73
38525	BIOPSY/REMOVAL LYMPH NODES	Y			Fee Schedule	$1,119.73
38530	BIOPSY/REMOVAL LYMPH NODES	Y			Fee Schedule	$1,119.73
38542	EXPLORE DEEP NODE(S) NECK	Y			Fee Schedule	$2,195.00
38550	REMOVAL NECK/ARMPIT LESION	Y			Fee Schedule	$1,119.73
38555	REMOVAL NECK/ARMPIT LESION	Y			Fee Schedule	$1,119.73
38570	LAPAROSCOPY LYMPH NODE BIOP	Y			Fee Schedule	$2,015.50
38571	LAPAROSCOPY LYMPHADENECTOMY	Y			Fee Schedule	$2,963.97
38572	LAPAROSCOPY LYMPHADENECTOMY	Y			Fee Schedule	$2,015.50
38700	REMOVAL OF LYMPH NODES NECK	Y			Fee Schedule	$1,119.73
38740	REMOVE ARMPIT LYMPH NODES	Y			Fee Schedule	$2,195.00
38745	REMOVE ARMPIT LYMPH NODES	Y			Fee Schedule	$2,195.00
38760	REMOVE GROIN LYMPH NODES	Y			Fee Schedule	$1,119.73
38790	INJECT FOR LYMPHATIC X-RAY				No Separate Payment	$0.00
38792	RA TRACER ID OF SENTINL NODE				No Separate Payment	$0.00
38794	ACCESS THORACIC LYMPH DUCT				No Separate Payment	$0.00
38900	IO MAP OF SENT LYMPH NODE				No Separate Payment	$0.00
40490	BIOPSY OF LIP	Y			Fee Schedule	$79.88
40500	PARTIAL EXCISION OF LIP	Y			Fee Schedule	$672.75
40510	PARTIAL EXCISION OF LIP	Y			Fee Schedule	$1,027.11
40520	PARTIAL EXCISION OF LIP	Y			Fee Schedule	$672.75
40525	RECONSTRUCT LIP WITH FLAP	Y			Fee Schedule	$1,027.11
40527	RECONSTRUCT LIP WITH FLAP	Y			Fee Schedule	$1,969.21
40530	PARTIAL REMOVAL OF LIP	Y			Fee Schedule	$1,027.11
40650	REPAIR LIP	Y			Fee Schedule	$301.15
40652	REPAIR LIP	Y			Fee Schedule	$301.15
40654	REPAIR LIP	Y			Fee Schedule	$301.15
40700	REPAIR CLEFT LIP/NASAL	Y			Fee Schedule	$1,969.21
40701	REPAIR CLEFT LIP/NASAL	Y			Fee Schedule	$1,969.21

40702	REPAIR CLEFT LIP/NASAL	Y			Fee Schedule	$1,969.21
40720	REPAIR CLEFT LIP/NASAL	Y			Fee Schedule	$1,969.21
40761	REPAIR CLEFT LIP/NASAL	Y			Fee Schedule	$1,969.21
40800	DRAINAGE OF MOUTH LESION	Y			Fee Schedule	$88.20
40801	DRAINAGE OF MOUTH LESION	Y			Fee Schedule	$301.15
40804	REMOVAL FOREIGN BODY MOUTH				Fee Schedule	$54.28
40805	REMOVAL FOREIGN BODY MOUTH	Y			Fee Schedule	$289.09
40806	INCISION OF LIP FOLD	Y			Fee Schedule	$123.95
40808	BIOPSY OF MOUTH LESION	Y			Fee Schedule	$144.23
40810	EXCISION OF MOUTH LESION	Y			Fee Schedule	$159.77
40812	EXCISE/REPAIR MOUTH LESION	Y			Fee Schedule	$203.12
40814	EXCISE/REPAIR MOUTH LESION	Y			Fee Schedule	$1,027.11
40816	EXCISION OF MOUTH LESION	Y			Fee Schedule	$1,027.11
40818	EXCISE ORAL MUCOSA FOR GRAFT	Y			Fee Schedule	$144.23
40819	EXCISE LIP OR CHEEK FOLD	Y			Fee Schedule	$672.75
40820	TREATMENT OF MOUTH LESION	Y			Fee Schedule	$219.95
40830	REPAIR MOUTH LACERATION	Y			Fee Schedule	$144.23
40831	REPAIR MOUTH LACERATION	Y			Fee Schedule	$301.15
40840	RECONSTRUCTION OF MOUTH	Y			Fee Schedule	$1,027.11
40842	RECONSTRUCTION OF MOUTH	Y			Fee Schedule	$1,969.21
40843	RECONSTRUCTION OF MOUTH	Y			Fee Schedule	$1,027.11
40844	RECONSTRUCTION OF MOUTH	Y			Fee Schedule	$1,969.21
40845	RECONSTRUCTION OF MOUTH	Y			Fee Schedule	$1,969.21
41000	DRAINAGE OF MOUTH LESION	Y			Fee Schedule	$114.27
41005	DRAINAGE OF MOUTH LESION	Y			Fee Schedule	$144.23
41006	DRAINAGE OF MOUTH LESION	Y			Fee Schedule	$1,027.11
41007	DRAINAGE OF MOUTH LESION	Y			Fee Schedule	$1,027.11
41008	DRAINAGE OF MOUTH LESION	Y			Fee Schedule	$672.75
41009	DRAINAGE OF MOUTH LESION	Y			Fee Schedule	$144.23
41010	INCISION OF TONGUE FOLD	Y			Fee Schedule	$301.15
41015	DRAINAGE OF MOUTH LESION	Y			Fee Schedule	$144.23
41016	DRAINAGE OF MOUTH LESION	Y			Fee Schedule	$1,027.11
41017	DRAINAGE OF MOUTH LESION	Y			Fee Schedule	$672.75
41018	DRAINAGE OF MOUTH LESION	Y			Fee Schedule	$301.15
41019	PLACE NEEDLES H&N FOR RT	Y			Fee Schedule	$1,027.11
41100	BIOPSY OF TONGUE	Y			Fee Schedule	$116.78
41105	BIOPSY OF TONGUE	Y			Fee Schedule	$117.50
41108	BIOPSY OF FLOOR OF MOUTH	Y			Fee Schedule	$109.26
41110	EXCISION OF TONGUE LESION	Y			Fee Schedule	$158.34
41112	EXCISION OF TONGUE LESION	Y			Fee Schedule	$672.75
41113	EXCISION OF TONGUE LESION	Y			Fee Schedule	$672.75
41114	EXCISION OF TONGUE LESION	Y			Fee Schedule	$1,027.11
41115	EXCISION OF TONGUE FOLD	Y			Fee Schedule	$184.85
41116	EXCISION OF MOUTH LESION	Y			Fee Schedule	$1,027.11
41120	PARTIAL REMOVAL OF TONGUE	Y			Fee Schedule	$1,969.21
41250	REPAIR TONGUE LACERATION	Y			Fee Schedule	$46.47
41251	REPAIR TONGUE LACERATION	Y			Fee Schedule	$144.23
41252	REPAIR TONGUE LACERATION	Y			Fee Schedule	$301.15
41500	FIXATION OF TONGUE	Y			Fee Schedule	$672.75
41510	TONGUE TO LIP SURGERY	Y			Fee Schedule	$672.75
41512	TONGUE SUSPENSION	Y			Fee Schedule	$1,969.21
41520	RECONSTRUCTION TONGUE FOLD	Y			Fee Schedule	$1,969.21
41530	TONGUE BASE VOL REDUCTION	Y			Fee Schedule	$1,027.11
41800	DRAINAGE OF GUM LESION	Y			Fee Schedule	$88.20

41805	REMOVAL FOREIGN BODY GUM	Y			Fee Schedule	$215.30
41806	REMOVAL FOREIGN BODY JAWBONE	Y			Fee Schedule	$255.42
41820	EXCISION GUM EACH QUADRANT	Y			Fee Schedule	$1,027.11
41821	EXCISION OF GUM FLAP	Y			Fee Schedule	$301.15
41822	EXCISION OF GUM LESION	Y			Fee Schedule	$205.26
41823	EXCISION OF GUM LESION	Y			Fee Schedule	$293.39
41825	EXCISION OF GUM LESION	Y			Fee Schedule	$162.64
41826	EXCISION OF GUM LESION	Y			Fee Schedule	$228.91
41827	EXCISION OF GUM LESION	Y			Fee Schedule	$1,969.21
41828	EXCISION OF GUM LESION	Y			Fee Schedule	$192.01
41830	REMOVAL OF GUM TISSUE	Y			Fee Schedule	$269.39
41850	TREATMENT OF GUM LESION	Y			Fee Schedule	$1,027.11
41870	GUM GRAFT	Y			Fee Schedule	$1,969.21
41872	REPAIR GUM	Y			Fee Schedule	$250.76
41874	REPAIR TOOTH SOCKET	Y			Fee Schedule	$260.79
41899	UNLISTED PROCEDURE, DENTOALVEOLAR				Fee Schedule	$2,042.00
42000	DRAINAGE MOUTH ROOF LESION	Y			Fee Schedule	$144.23
42100	BIOPSY ROOF OF MOUTH	Y			Fee Schedule	$101.02
42104	EXCISION LESION MOUTH ROOF	Y			Fee Schedule	$156.55
42106	EXCISION LESION MOUTH ROOF	Y			Fee Schedule	$197.03
42107	EXCISION LESION MOUTH ROOF	Y			Fee Schedule	$1,969.21
42120	REMOVE PALATE/LESION	Y			Fee Schedule	$1,027.11
42140	EXCISION OF UVULA	Y			Fee Schedule	$672.75
42145	REPAIR PALATE PHARYNX/UVULA	Y			Fee Schedule	$1,969.21
42160	TREATMENT MOUTH ROOF LESION	Y			Fee Schedule	$166.93
42180	REPAIR PALATE	Y			Fee Schedule	$144.23
42182	REPAIR PALATE	Y			Fee Schedule	$1,027.11
42200	RECONSTRUCT CLEFT PALATE	Y			Fee Schedule	$1,969.21
42205	RECONSTRUCT CLEFT PALATE	Y			Fee Schedule	$1,969.21
42210	RECONSTRUCT CLEFT PALATE	Y			Fee Schedule	$1,969.21
42215	RECONSTRUCT CLEFT PALATE	Y			Fee Schedule	$1,969.21
42220	RECONSTRUCT CLEFT PALATE	Y			Fee Schedule	$1,969.21
42225	RECONSTRUCT CLEFT PALATE	Y			Fee Schedule	$1,969.21
42226	LENGTHENING OF PALATE	Y			Fee Schedule	$1,969.21
42227	LENGTHENING OF PALATE	Y			Fee Schedule	$1,969.21
42235	REPAIR PALATE	Y			Fee Schedule	$1,969.21
42260	REPAIR NOSE TO LIP FISTULA	Y			Fee Schedule	$1,027.11
42280	PREPARATION PALATE MOLD	Y			Fee Schedule	$106.04
42281	INSERTION PALATE PROSTHESIS	Y			Fee Schedule	$672.75
42300	DRAINAGE OF SALIVARY GLAND	Y			Fee Schedule	$301.15
42305	DRAINAGE OF SALIVARY GLAND	Y			Fee Schedule	$1,027.11
42310	DRAINAGE OF SALIVARY GLAND	Y			Fee Schedule	$144.23
42320	DRAINAGE OF SALIVARY GLAND	Y			Fee Schedule	$144.23
42330	REMOVAL OF SALIVARY STONE	Y			Fee Schedule	$150.10
42335	REMOVAL OF SALIVARY STONE	Y			Fee Schedule	$252.91
42340	REMOVAL OF SALIVARY STONE	Y			Fee Schedule	$672.75
42400	BIOPSY OF SALIVARY GLAND	Y			Fee Schedule	$78.81
42405	BIOPSY OF SALIVARY GLAND	Y			Fee Schedule	$1,027.11
42408	EXCISION OF SALIVARY CYST	Y			Fee Schedule	$1,027.11
42409	DRAINAGE OF SALIVARY CYST	Y			Fee Schedule	$1,027.11
42410	EXCISE PAROTID GLAND/LESION	Y			Fee Schedule	$1,969.21
42415	EXCISE PAROTID GLAND/LESION	Y			Fee Schedule	$1,969.21
42420	EXCISE PAROTID GLAND/LESION	Y			Fee Schedule	$1,969.21
42425	EXCISE PAROTID GLAND/LESION	Y			Fee Schedule	$1,969.21

42440	EXCISE SUBMAXILLARY GLAND	Y			Fee Schedule	$1,969.21
42450	EXCISE SUBLINGUAL GLAND	Y			Fee Schedule	$1,969.21
42500	REPAIR SALIVARY DUCT	Y			Fee Schedule	$1,027.11
42505	REPAIR SALIVARY DUCT	Y			Fee Schedule	$1,969.21
42507	PAROTID DUCT DIVERSION	Y			Fee Schedule	$1,969.21
42508	PAROTID DUCT DIVERSION	Y			Fee Schedule	$1,027.11
42509	PAROTID DUCT DIVERSION	Y			Fee Schedule	$1,969.21
42510	PAROTID DUCT DIVERSION	Y			Fee Schedule	$1,969.21
42550	INJECTION FOR SALIVARY X-RAY				No Separate Payment	$0.00
42600	CLOSURE OF SALIVARY FISTULA	Y			Fee Schedule	$672.75
42650	DILATION OF SALIVARY DUCT	Y			Fee Schedule	$56.24
42660	DILATION OF SALIVARY DUCT	Y			Fee Schedule	$80.96
42665	LIGATION OF SALIVARY DUCT	Y			Fee Schedule	$1,969.21
42700	DRAINAGE OF TONSIL ABSCESS	Y			Fee Schedule	$144.23
42720	DRAINAGE OF THROAT ABSCESS	Y			Fee Schedule	$672.75
42725	DRAINAGE OF THROAT ABSCESS	Y			Fee Schedule	$1,969.21
42800	BIOPSY OF THROAT	Y			Fee Schedule	$106.75
42804	BIOPSY OF UPPER NOSE/THROAT	Y			Fee Schedule	$672.75
42806	BIOPSY OF UPPER NOSE/THROAT	Y			Fee Schedule	$1,027.11
42808	EXCISE PHARYNX LESION	Y			Fee Schedule	$1,027.11
42809	REMOVE PHARYNX FOREIGN BODY				Fee Schedule	$54.28
42810	EXCISION OF NECK CYST	Y			Fee Schedule	$1,027.11
42815	EXCISION OF NECK CYST	Y			Fee Schedule	$1,969.21
42820	REMOVE TONSILS AND ADENOIDS	Y			Fee Schedule	$1,027.11
42821	REMOVE TONSILS AND ADENOIDS	Y			Fee Schedule	$1,027.11
42825	REMOVAL OF TONSILS	Y			Fee Schedule	$1,969.21
42826	REMOVAL OF TONSILS	Y			Fee Schedule	$1,027.11
42830	REMOVAL OF ADENOIDS	Y			Fee Schedule	$1,969.21
42831	REMOVAL OF ADENOIDS	Y			Fee Schedule	$1,027.11
42835	REMOVAL OF ADENOIDS	Y			Fee Schedule	$1,027.11
42836	REMOVAL OF ADENOIDS	Y			Fee Schedule	$1,027.11
42860	EXCISION OF TONSIL TAGS	Y			Fee Schedule	$1,969.21
42870	EXCISION OF LINGUAL TONSIL	Y			Fee Schedule	$1,027.11
42890	PARTIAL REMOVAL OF PHARYNX	Y			Fee Schedule	$1,969.21
42892	REVISION OF PHARYNGEAL WALLS	Y			Fee Schedule	$1,969.21
42900	REPAIR THROAT WOUND	Y			Fee Schedule	$1,027.11
42950	RECONSTRUCTION OF THROAT	Y			Fee Schedule	$1,969.21
42955	SURGICAL OPENING OF THROAT	Y			Fee Schedule	$1,027.11
42960	CONTROL THROAT BLEEDING	Y			Fee Schedule	$46.47
42962	CONTROL THROAT BLEEDING	Y			Fee Schedule	$1,027.11
42970	CONTROL NOSE/THROAT BLEEDING	Y			Fee Schedule	$46.47
42972	CONTROL NOSE/THROAT BLEEDING	Y			Fee Schedule	$672.75
43030	THROAT MUSCLE SURGERY	Y			Fee Schedule	$1,969.21
43130	REMOVAL OF ESOPHAGUS POUCH	Y			Fee Schedule	$1,969.21
43191	ESOPHAGOSCOPY RIGID TRNSO DX	Y			Fee Schedule	$370.38
43192	ESOPHAGOSCP RIG TRNSO INJECT	Y			Fee Schedule	$559.63
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	Y			Fee Schedule	$559.63
43194	ESOPHAGOSCP RIG TRNSO REM FB	Y			Fee Schedule	$559.63
43195	ESOPHAGOSCOPY RIGID BALLOON	Y			Fee Schedule	$559.63
43196	ESOPHAGOSCP GUIDE WIRE DILAT	Y			Fee Schedule	$559.63
43197	ESOPHAGOSCOPY FLEX DX BRUSH	Y			Fee Schedule	$370.38
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	Y			Fee Schedule	$370.38
43200	ESOPHAGUS ENDOSCOPY	Y			Fee Schedule	$370.38
43201	ESOPH SCOPE W/SUBMUCOUS INJ	Y			Fee Schedule	$559.63

43202	ESOPHAGUS ENDOSCOPY BIOPSY	Y			Fee Schedule	$370.38
43204	ESOPH SCOPE W/SCLEROSIS INJ	Y			Fee Schedule	$370.38
43205	ESOPHAGUS ENDOSCOPY/LIGATION	Y			Fee Schedule	$559.63
43206	ESOPH OPTICAL ENDOMICROSCOPY	Y			Fee Schedule	$559.63
43211	ESOPHAGOSCOP MUCOSAL RESECT	Y			Fee Schedule	$370.38
43212	ESOPHAGOSCOP STENT PLACEMENT	Y			Fee Schedule	$1,310.01
43213	ESOPHAGOSCOPY RETRO BALLOON	Y			Fee Schedule	$559.63
43214	ESOPHAGOSC DILATE BALLOON 30	Y			Fee Schedule	$559.63
43215	ESOPHAGUS ENDOSCOPY	Y			Fee Schedule	$559.63
43216	ESOPHAGUS ENDOSCOPY/LESION	Y			Fee Schedule	$1,087.57
43217	ESOPHAGUS ENDOSCOPY	Y			Fee Schedule	$559.63
43220	ESOPH ENDOSCOPY DILATION	Y			Fee Schedule	$559.63
43226	ESOPH ENDOSCOPY DILATION	Y			Fee Schedule	$559.63
43227	ESOPH ENDOSCOPY REPAIR	Y			Fee Schedule	$559.63
43229	ESOPHAGOSCOPY LESION ABLATE	Y			Fee Schedule	$1,087.57
43231	ESOPH ENDOSCOPY W/US EXAM	Y			Fee Schedule	$559.63
43232	ESOPH ENDOSCOPY W/US FN BX	Y			Fee Schedule	$559.63
43233	EGD BALLOON DIL ESOPH30 MM/>	Y			Fee Schedule	$559.63
43235	UPPR GI ENDOSCOPY DIAGNOSIS	Y			Fee Schedule	$370.38
43236	UPPR GI SCOPE W/SUBMUC INJ	Y			Fee Schedule	$370.38
43237	ENDOSCOPIC US EXAM ESOPH	Y			Fee Schedule	$559.63
43238	UPPR GI ENDOSCOPY W/US FN BX	Y			Fee Schedule	$559.63
43239	UPPER GI ENDOSCOPY BIOPSY	Y			Fee Schedule	$370.38
43240	ESOPH ENDOSCOPE W/DRAIN CYST	Y			Fee Schedule	$559.63
43241	UPPER GI ENDOSCOPY WITH TUBE	Y			Fee Schedule	$370.38
43242	UPPR GI ENDOSCOPY W/US FN BX	Y			Fee Schedule	$559.63
43243	UPPER GI ENDOSCOPY & INJECT	Y			Fee Schedule	$370.38
43244	UPPER GI ENDOSCOPY/LIGATION	Y			Fee Schedule	$559.63
43245	UPPR GI SCOPE DILATE STRICTR	Y			Fee Schedule	$559.63
43246	PLACE GASTROSTOMY TUBE	Y			Fee Schedule	$559.63
43247	OPERATIVE UPPER GI ENDOSCOPY	Y			Fee Schedule	$370.38
43248	UPPR GI ENDOSCOPY/GUIDE WIRE	Y			Fee Schedule	$370.38
43249	ESOPH ENDOSCOPY DILATION	Y			Fee Schedule	$559.63
43250	UPPER GI ENDOSCOPY/TUMOR	Y			Fee Schedule	$559.63
43251	OPERATIVE UPPER GI ENDOSCOPY	Y			Fee Schedule	$559.63
43252	UPPR GI OPTICL ENDOMICRSCOPY	Y			Fee Schedule	$559.63
43253	EGD US TRANSMURAL INJXN/MARK	Y			Fee Schedule	$559.63
43254	EGD ENDO MUCOSAL RESECTION	Y			Fee Schedule	$370.38
43255	OPERATIVE UPPER GI ENDOSCOPY	Y			Fee Schedule	$559.63
43257	UPPR GI SCOPE W/THRML TXMNT	Y			Fee Schedule	$1,087.57
43259	ENDOSCOPIC ULTRASOUND EXAM	Y			Fee Schedule	$559.63
43260	ENDO CHOLANGIOPANCREATOGRAPH	Y			Fee Schedule	$1,068.21
43261	ENDO CHOLANGIOPANCREATOGRAPH	Y			Fee Schedule	$1,068.21
43262	ENDO CHOLANGIOPANCREATOGRAPH	Y			Fee Schedule	$1,068.21
43263	ENDO CHOLANGIOPANCREATOGRAPH	Y			Fee Schedule	$1,068.21
43264	ENDO CHOLANGIOPANCREATOGRAPH	Y			Fee Schedule	$1,068.21
43265	ENDO CHOLANGIOPANCREATOGRAPH	Y			Fee Schedule	$1,068.21
43266	EGD ENDOSCOPIC STENT PLACE	Y			Fee Schedule	$1,310.01
43270	EGD LESION ABLATION	Y			Fee Schedule	$559.63
43273	ENDOSCOPIC PANCREATOSCOPY				No Separate Payment	$0.00
43274	ERCP DUCT STENT PLACEMENT	Y			Fee Schedule	$1,068.21
43275	ERCP REMOVE FORGN BODY DUCT	Y			Fee Schedule	$1,068.21
43276	ERCP STENT EXCHANGE W/DILATE	Y			Fee Schedule	$1,068.21
43277	ERCP EA DUCT/AMPULLA DILATE	Y			Fee Schedule	$1,068.21

43278	ERCP LESION ABLATE W/DILATE	Y			Fee Schedule	$1,068.21
43450	DILATE ESOPHAGUS	Y			Fee Schedule	$370.38
43453	DILATE ESOPHAGUS	Y			Fee Schedule	$559.63
43653	LAPAROSCOPY GASTROSTOMY	Y			Fee Schedule	$2,015.50
43752	NASAL/OROGASTRIC W/STENT				Fee Schedule	$83.54
43753	TX GASTRO INTUB W/ASP				Fee Schedule	$54.28
43754	DX GASTR INTUB W/ASP SPEC				Fee Schedule	$54.28
43755	DX GASTR INTUB W/ASP SPECS				Fee Schedule	$72.40
43756	DX DUOD INTUB W/ASP SPEC				Fee Schedule	$86.55
43757	DX DUOD INTUB W/ASP SPECS				Fee Schedule	$86.55
43760	CHANGE GASTROSTOMY TUBE	Y			Fee Schedule	$101.51
43761	REPOSITION GASTROSTOMY TUBE	Y			Fee Schedule	$370.38
43870	REPAIR STOMACH OPENING	Y			Fee Schedule	$1,087.57
43886	REVISE GASTRIC PORT OPEN				Not Allowed	$0.00
43887	REMOVE GASTRIC PORT OPEN				Not Allowed	$0.00
43888	CHANGE GASTRIC PORT OPEN				Not Allowed	$0.00
44100	BIOPSY OF BOWEL	Y			Fee Schedule	$559.63
44312	REVISION OF ILEOSTOMY	Y			Fee Schedule	$1,248.73
44340	REVISION OF COLOSTOMY	Y			Fee Schedule	$1,248.73
44360	SMALL BOWEL ENDOSCOPY	Y			Fee Schedule	$462.47
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	Y			Fee Schedule	$462.47
44363	SMALL BOWEL ENDOSCOPY	Y			Fee Schedule	$462.47
44364	SMALL BOWEL ENDOSCOPY	Y			Fee Schedule	$681.16
44365	SMALL BOWEL ENDOSCOPY	Y			Fee Schedule	$681.16
44366	SMALL BOWEL ENDOSCOPY	Y			Fee Schedule	$681.16
44369	SMALL BOWEL ENDOSCOPY	Y			Fee Schedule	$681.16
44370	SMALL BOWEL ENDOSCOPY/STENT	Y			Fee Schedule	$1,310.01
44372	SMALL BOWEL ENDOSCOPY	Y			Fee Schedule	$681.16
44373	SMALL BOWEL ENDOSCOPY	Y			Fee Schedule	$681.16
44376	SMALL BOWEL ENDOSCOPY	Y			Fee Schedule	$462.47
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	Y			Fee Schedule	$681.16
44378	SMALL BOWEL ENDOSCOPY	Y			Fee Schedule	$681.16
44379	S BOWEL ENDOSCOPE W/STENT	Y			Fee Schedule	$1,310.01
44380	SMALL BOWEL ENDOSCOPY	Y			Fee Schedule	$462.47
44382	SMALL BOWEL ENDOSCOPY	Y			Fee Schedule	$462.47
44383	ILEOSCOPY W/STENT	Y			Fee Schedule	$1,310.01
44385	ENDOSCOPY OF BOWEL POUCH	Y			Fee Schedule	$407.05
44386	ENDOSCOPY BOWEL POUCH/BIOP	Y			Fee Schedule	$407.05
44388	COLONOSCOPY	Y			Fee Schedule	$407.05
44389	COLONOSCOPY WITH BIOPSY	Y			Fee Schedule	$407.05
44390	COLONOSCOPY FOR FOREIGN BODY	Y			Fee Schedule	$407.05
44391	COLONOSCOPY FOR BLEEDING	Y			Fee Schedule	$407.05
44392	COLONOSCOPY & POLYPECTOMY	Y			Fee Schedule	$407.05
44393	COLONOSCOPY LESION REMOVAL	Y			Fee Schedule	$407.05
44394	COLONOSCOPY W/SNARE	Y			Fee Schedule	$407.05
44397	COLONOSCOPY W/STENT	Y			Fee Schedule	$1,310.01
44500	INTRO GASTROINTESTINAL TUBE	Y			Fee Schedule	$257.70
44701	INTRAOP COLON LAVAGE ADD-ON				No Separate Payment	$0.00
45000	DRAINAGE OF PELVIC ABSCESS	Y			Fee Schedule	$1,054.69
45005	DRAINAGE OF RECTAL ABSCESS	Y			Fee Schedule	$784.40
45020	DRAINAGE OF RECTAL ABSCESS	Y			Fee Schedule	$784.40
45100	BIOPSY OF RECTUM	Y			Fee Schedule	$784.40
45108	REMOVAL OF ANORECTAL LESION	Y			Fee Schedule	$1,054.69
45150	EXCISION OF RECTAL STRICTURE	Y			Fee Schedule	$1,054.69

45160	EXCISION OF RECTAL LESION	Y			Fee Schedule	$1,054.69
45171	EXC RECT TUM TRANSANAL PART	Y			Fee Schedule	$1,054.69
45172	EXC RECT TUM TRANSANAL FULL	Y			Fee Schedule	$1,381.77
45190	DESTRUCTION RECTAL TUMOR	Y			Fee Schedule	$1,054.69
45300	PROCTOSIGMOIDOSCOPY DX	Y			Fee Schedule	$92.06
45303	PROCTOSIGMOIDOSCOPY DILATE	Y			Fee Schedule	$430.53
45305	PROCTOSIGMOIDOSCOPY W/BX	Y			Fee Schedule	$430.53
45307	PROCTOSIGMOIDOSCOPY FB	Y			Fee Schedule	$915.43
45308	PROCTOSIGMOIDOSCOPY REMOVAL	Y			Fee Schedule	$430.53
45309	PROCTOSIGMOIDOSCOPY REMOVAL	Y			Fee Schedule	$430.53
45315	PROCTOSIGMOIDOSCOPY REMOVAL	Y			Fee Schedule	$430.53
45317	PROCTOSIGMOIDOSCOPY BLEED	Y			Fee Schedule	$430.53
45320	PROCTOSIGMOIDOSCOPY ABLATE	Y			Fee Schedule	$915.43
45321	PROCTOSIGMOIDOSCOPY VOLVUL	Y			Fee Schedule	$915.43
45327	PROCTOSIGMOIDOSCOPY W/STENT	Y			Fee Schedule	$1,310.01
45330	DIAGNOSTIC SIGMOIDOSCOPY	Y			Fee Schedule	$99.23
45331	SIGMOIDOSCOPY AND BIOPSY	Y			Fee Schedule	$254.67
45332	SIGMOIDOSCOPY W/FB REMOVAL	Y			Fee Schedule	$430.53
45333	SIGMOIDOSCOPY & POLYPECTOMY	Y			Fee Schedule	$254.67
45334	SIGMOIDOSCOPY FOR BLEEDING	Y			Fee Schedule	$430.53
45335	SIGMOIDOSCOPY W/SUBMUC INJ	Y			Fee Schedule	$254.67
45337	SIGMOIDOSCOPY & DECOMPRESS	Y			Fee Schedule	$430.53
45338	SIGMOIDOSCOPY W/TUMR REMOVE	Y			Fee Schedule	$430.53
45339	SIGMOIDOSCOPY W/ABLATE TUMR	Y			Fee Schedule	$430.53
45340	SIG W/BALLOON DILATION	Y			Fee Schedule	$430.53
45341	SIGMOIDOSCOPY W/ULTRASOUND	Y			Fee Schedule	$430.53
45342	SIGMOIDOSCOPY W/US GUIDE BX	Y			Fee Schedule	$430.53
45345	SIGMOIDOSCOPY W/STENT	Y			Fee Schedule	$1,310.01
45355	SURGICAL COLONOSCOPY	Y			Fee Schedule	$407.05
45378	DIAGNOSTIC COLONOSCOPY	Y			Fee Schedule	$407.05
45379	COLONOSCOPY W/FB REMOVAL	Y			Fee Schedule	$407.05
45380	COLONOSCOPY AND BIOPSY	Y			Fee Schedule	$407.05
45381	COLONOSCOPY SUBMUCOUS INJ	Y			Fee Schedule	$407.05
45382	COLONOSCOPY/CONTROL BLEEDING	Y			Fee Schedule	$407.05
45383	LESION REMOVAL COLONOSCOPY	Y			Fee Schedule	$407.05
45384	LESION REMOVE COLONOSCOPY	Y			Fee Schedule	$407.05
45385	LESION REMOVAL COLONOSCOPY	Y			Fee Schedule	$407.05
45386	COLONOSCOPY DILATE STRICTURE	Y			Fee Schedule	$407.05
45387	COLONOSCOPY W/STENT	Y			Fee Schedule	$1,310.01
45391	COLONOSCOPY W/ENDOSCOPE US	Y			Fee Schedule	$407.05
45392	COLONOSCOPY W/ENDOSCOPIC FNB	Y			Fee Schedule	$407.05
45500	REPAIR OF RECTUM	Y			Fee Schedule	$1,054.69
45505	REPAIR OF RECTUM	Y			Fee Schedule	$1,381.77
45520	TREATMENT OF RECTAL PROLAPSE	Y			Fee Schedule	$81.42
45541	CORRECT RECTAL PROLAPSE	Y			Fee Schedule	$1,381.77
45560	REPAIR OF RECTOCELE	Y			Fee Schedule	$1,381.77
45900	REDUCTION OF RECTAL PROLAPSE	Y			Fee Schedule	$261.22
45905	DILATION OF ANAL SPHINCTER	Y			Fee Schedule	$784.40
45910	DILATION OF RECTAL NARROWING	Y			Fee Schedule	$784.40
45915	REMOVE RECTAL OBSTRUCTION	Y			Fee Schedule	$784.40
45990	SURG DX EXAM ANORECTAL	Y			Fee Schedule	$784.40
46020	PLACEMENT OF SETON	Y			Fee Schedule	$1,054.69
46030	REMOVAL OF RECTAL MARKER	Y			Fee Schedule	$261.22
46040	INCISION OF RECTAL ABSCESS	Y			Fee Schedule	$784.40

46045	INCISION OF RECTAL ABSCESS	Y			Fee Schedule	$1,054.69
46050	INCISION OF ANAL ABSCESS	Y			Fee Schedule	$261.22
46060	INCISION OF RECTAL ABSCESS	Y			Fee Schedule	$784.40
46070	INCISION OF ANAL SEPTUM	Y			Fee Schedule	$784.40
46080	INCISION OF ANAL SPHINCTER	Y			Fee Schedule	$784.40
46083	INCISE EXTERNAL HEMORRHOID	Y			Fee Schedule	$116.62
46200	REMOVAL OF ANAL FISSURE	Y			Fee Schedule	$1,054.69
46220	EXCISE ANAL EXT TAG/PAPILLA	Y			Fee Schedule	$784.40
46221	LIGATION OF HEMORRHOID(S)	Y			Fee Schedule	$173.74
46230	REMOVAL OF ANAL TAGS	Y			Fee Schedule	$784.40
46250	REMOVE EXT HEM GROUPS 2+	Y			Fee Schedule	$1,054.69
46255	REMOVE INT/EXT HEM 1 GROUP	Y			Fee Schedule	$1,054.69
46257	REMOVE IN/EX HEM GRP & FISS	Y			Fee Schedule	$1,054.69
46258	REMOVE IN/EX HEM GRP W/FISTU	Y			Fee Schedule	$1,054.69
46260	REMOVE IN/EX HEM GROUPS 2+	Y			Fee Schedule	$1,054.69
46261	REMOVE IN/EX HEM GRPS & FISS	Y			Fee Schedule	$1,054.69
46262	REMOVE IN/EX HEM GRPS W/FIST	Y			Fee Schedule	$1,054.69
46270	REMOVE ANAL FIST SUBQ	Y			Fee Schedule	$1,054.69
46275	REMOVE ANAL FIST INTER	Y			Fee Schedule	$1,054.69
46280	REMOVE ANAL FIST COMPLEX	Y			Fee Schedule	$1,054.69
46285	REMOVE ANAL FIST 2 STAGE	Y			Fee Schedule	$1,054.69
46288	REPAIR ANAL FISTULA	Y			Fee Schedule	$1,381.77
46320	REMOVAL OF HEMORRHOID CLOT	Y			Fee Schedule	$117.50
46500	INJECTION INTO HEMORRHOID(S)	Y			Fee Schedule	$171.59
46505	CHEMODENERVATION ANAL MUSC	Y			Fee Schedule	$784.40
46600	DIAGNOSTIC ANOSCOPY				Fee Schedule	$54.28
46604	ANOSCOPY AND DILATION	Y			Fee Schedule	$430.53
46606	ANOSCOPY AND BIOPSY	Y			Fee Schedule	$179.11
46608	ANOSCOPY REMOVE FOR BODY	Y			Fee Schedule	$430.53
46610	ANOSCOPY REMOVE LESION	Y			Fee Schedule	$915.43
46611	ANOSCOPY	Y			Fee Schedule	$430.53
46612	ANOSCOPY REMOVE LESIONS	Y			Fee Schedule	$915.43
46614	ANOSCOPY CONTROL BLEEDING	Y			Fee Schedule	$89.56
46615	ANOSCOPY	Y			Fee Schedule	$915.43
46700	REPAIR OF ANAL STRICTURE	Y			Fee Schedule	$1,054.69
46706	REPR OF ANAL FISTULA W/GLUE	Y			Fee Schedule	$1,054.69
46707	REPAIR ANORECTAL FIST W/PLUG	Y			Fee Schedule	$1,381.77
46750	REPAIR OF ANAL SPHINCTER	Y			Fee Schedule	$1,381.77
46753	RECONSTRUCTION OF ANUS	Y			Fee Schedule	$1,054.69
46754	REMOVAL OF SUTURE FROM ANUS	Y			Fee Schedule	$784.40
46760	REPAIR OF ANAL SPHINCTER	Y			Fee Schedule	$1,381.77
46761	REPAIR OF ANAL SPHINCTER	Y			Fee Schedule	$1,381.77
46762	IMPLANT ARTIFICIAL SPHINCTER	Y			Fee Schedule	$1,381.77
46900	DESTRUCTION ANAL LESION(S)	Y			Fee Schedule	$151.81
46910	DESTRUCTION ANAL LESION(S)	Y			Fee Schedule	$178.76
46916	CRYOSURGERY ANAL LESION(S)	Y			Fee Schedule	$81.42
46917	LASER SURGERY ANAL LESIONS	Y			Fee Schedule	$834.75
46922	EXCISION OF ANAL LESION(S)	Y			Fee Schedule	$834.75
46924	DESTRUCTION ANAL LESION(S)	Y			Fee Schedule	$834.75
46930	DESTROY INTERNAL HEMORRHOIDS	Y			Fee Schedule	$140.78
46940	TREATMENT OF ANAL FISSURE	Y			Fee Schedule	$136.48
46942	TREATMENT OF ANAL FISSURE	Y			Fee Schedule	$136.13
46945	REMOVE BY LIGAT INT HEM GRP	Y			Fee Schedule	$215.65
46946	REMOVE BY LIGAT INT HEM GRPS	Y			Fee Schedule	$1,054.69

46947	HEMORRHOIDOPEXY BY STAPLING	Y			Fee Schedule	$1,381.77
47000	NEEDLE BIOPSY OF LIVER	Y			Fee Schedule	$418.60
47001	NEEDLE BIOPSY LIVER ADD-ON				No Separate Payment	$0.00
47382	PERCUT ABLATE LIVER RF	Y			Fee Schedule	$2,268.34
47500	INJECTION FOR LIVER X-RAYS				No Separate Payment	$0.00
47505	INJECTION FOR LIVER X-RAYS				No Separate Payment	$0.00
47510	INSERT CATHETER BILE DUCT	Y			Fee Schedule	$987.93
47511	INSERT BILE DUCT DRAIN	Y			Fee Schedule	$2,268.34
47525	CHANGE BILE DUCT CATHETER	Y			Fee Schedule	$721.57
47530	REVISE/REINSERT BILE TUBE	Y			Fee Schedule	$721.57
47552	BILIARY ENDOSCOPY THRU SKIN	Y			Fee Schedule	$987.93
47553	BILIARY ENDOSCOPY THRU SKIN	Y			Fee Schedule	$2,268.34
47554	BILIARY ENDOSCOPY THRU SKIN	Y			Fee Schedule	$987.93
47555	BILIARY ENDOSCOPY THRU SKIN	Y			Fee Schedule	$987.93
47556	BILIARY ENDOSCOPY THRU SKIN	Y			Fee Schedule	$2,268.34
47560	LAPAROSCOPY W/CHOLANGIO	Y			Fee Schedule	$1,619.13
47561	LAPARO W/CHOLANGIO/BIOPSY	Y			Fee Schedule	$1,619.13
47562	LAPAROSCOPIC CHOLECYSTECTOMY	Y			Fee Schedule	$2,015.50
47563	LAPARO CHOLECYSTECTOMY/GRAPH	Y			Fee Schedule	$2,015.50
47564	LAPARO CHOLECYSTECTOMY/EXPLR	Y			Fee Schedule	$2,015.50
47630	REMOVE BILE DUCT STONE	Y			Fee Schedule	$987.93
48102	NEEDLE BIOPSY PANCREAS	Y			Fee Schedule	$418.60
49082	ABD PARACENTESIS	Y			Fee Schedule	$268.03
49083	ABD PARACENTESIS W/IMAGING	Y			Fee Schedule	$268.03
49084	PERITONEAL LAVAGE	Y			Fee Schedule	$268.03
49180	BIOPSY ABDOMINAL MASS	Y			Fee Schedule	$418.60
49250	EXCISION OF UMBILICUS	Y			Fee Schedule	$1,014.46
49320	DIAG LAPARO SEPARATE PROC	Y			Fee Schedule	$1,619.13
49321	LAPAROSCOPY BIOPSY	Y			Fee Schedule	$1,619.13
49322	LAPAROSCOPY ASPIRATION	Y			Fee Schedule	$1,619.13
49324	LAP INSERT TUNNEL IP CATH	Y			Fee Schedule	$1,619.13
49325	LAP REVISION PERM IP CATH	Y			Fee Schedule	$1,619.13
49326	LAP W/OMENTOPEXY ADD-ON				No Separate Payment	$0.00
49327	LAP INS DEVICE FOR RT				No Separate Payment	$0.00
49400	AIR INJECTION INTO ABDOMEN				No Separate Payment	$0.00
49402	REMOVE FOREIGN BODY ADBOMEN	Y			Fee Schedule	$1,014.46
49407	IMAGE CATH FLUID TRNS/VGNL	Y			Fee Schedule	$418.60
49411	INS MARK ABD/PEL FOR RT PERQ				Fee Schedule	$387.96
49418	INSERT TUN IP CATH PERC	Y			Fee Schedule	$1,335.12
49419	INSERT TUN IP CATH W/PORT	Y			Fee Schedule	$1,570.18
49421	INS TUN IP CATH FOR DIAL OPN	Y			Fee Schedule	$1,335.12
49422	REMOVE TUNNELED IP CATH				Fee Schedule	$841.96
49423	EXCHANGE DRAINAGE CATHETER	Y			Fee Schedule	$721.57
49424	ASSESS CYST CONTRAST INJECT				No Separate Payment	$0.00
49426	REVISE ABDOMEN-VENOUS SHUNT	Y			Fee Schedule	$1,014.46
49427	INJECTION ABDOMINAL SHUNT				No Separate Payment	$0.00
49429	REMOVAL OF SHUNT				Fee Schedule	$841.96
49435	INSERT SUBQ EXTEN TO IP CATH	Y			Fee Schedule	$721.57
49436	EMBEDDED IP CATH EXIT-SITE	Y			Fee Schedule	$721.57
49440	PLACE GASTROSTOMY TUBE PERC	Y			Fee Schedule	$559.63
49441	PLACE DUOD/JEJ TUBE PERC	Y			Fee Schedule	$559.63
49442	PLACE CECOSTOMY TUBE PERC	Y			Fee Schedule	$784.40
49446	CHANGE G-TUBE TO G-J PERC	Y			Fee Schedule	$559.63
49450	REPLACE G/C TUBE PERC	Y			Fee Schedule	$257.70

49451	REPLACE DUOD/JEJ TUBE PERC	Y			Fee Schedule	$257.70
49452	REPLACE G-J TUBE PERC	Y			Fee Schedule	$257.70
49460	FIX G/COLON TUBE W/DEVICE	Y			Fee Schedule	$257.70
49465	FLUORO EXAM OF G/COLON TUBE				No Separate Payment	$0.00
49495	RPR ING HERNIA BABY REDUC	Y			Fee Schedule	$1,436.09
49496	RPR ING HERNIA BABY BLOCKED	Y			Fee Schedule	$1,436.09
49500	RPR ING HERNIA INIT REDUCE	Y			Fee Schedule	$1,436.09
49501	RPR ING HERNIA INIT BLOCKED	Y			Fee Schedule	$1,436.09
49505	PRP I/HERN INIT REDUC >5 YR	Y			Fee Schedule	$1,436.09
49507	PRP I/HERN INIT BLOCK >5 YR	Y			Fee Schedule	$1,436.09
49520	REREPAIR ING HERNIA REDUCE	Y			Fee Schedule	$1,436.09
49521	REREPAIR ING HERNIA BLOCKED	Y			Fee Schedule	$1,436.09
49525	REPAIR ING HERNIA SLIDING	Y			Fee Schedule	$1,436.09
49540	REPAIR LUMBAR HERNIA	Y			Fee Schedule	$1,436.09
49550	RPR REM HERNIA INIT REDUCE	Y			Fee Schedule	$1,436.09
49553	RPR FEM HERNIA INIT BLOCKED	Y			Fee Schedule	$1,436.09
49555	REREPAIR FEM HERNIA REDUCE	Y			Fee Schedule	$1,436.09
49557	REREPAIR FEM HERNIA BLOCKED	Y			Fee Schedule	$1,436.09
49560	RPR VENTRAL HERN INIT REDUC	Y			Fee Schedule	$1,436.09
49561	RPR VENTRAL HERN INIT BLOCK	Y			Fee Schedule	$1,436.09
49565	REREPAIR VENTRL HERN REDUCE	Y			Fee Schedule	$1,436.09
49566	REREPAIR VENTRL HERN BLOCK	Y			Fee Schedule	$1,436.09
49568	HERNIA REPAIR W/MESH				No Separate Payment	$0.00
49570	RPR EPIGASTRIC HERN REDUCE	Y			Fee Schedule	$1,436.09
49572	RPR EPIGASTRIC HERN BLOCKED	Y			Fee Schedule	$1,436.09
49580	RPR UMBIL HERN REDUC < 5 YR	Y			Fee Schedule	$1,436.09
49582	RPR UMBIL HERN BLOCK < 5 YR	Y			Fee Schedule	$1,436.09
49585	RPR UMBIL HERN REDUC > 5 YR	Y			Fee Schedule	$1,436.09
49587	RPR UMBIL HERN BLOCK > 5 YR	Y			Fee Schedule	$1,436.09
49590	REPAIR SPIGELIAN HERNIA	Y			Fee Schedule	$1,436.09
49600	REPAIR UMBILICAL LESION	Y			Fee Schedule	$1,436.09
49650	LAP ING HERNIA REPAIR INIT	Y			Fee Schedule	$2,015.50
49651	LAP ING HERNIA REPAIR RECUR	Y			Fee Schedule	$2,015.50
49652	LAP VENT/ABD HERNIA REPAIR	Y			Fee Schedule	$2,963.97
49653	LAP VENT/ABD HERN PROC COMP	Y			Fee Schedule	$2,963.97
49654	LAP INC HERNIA REPAIR	Y			Fee Schedule	$2,963.97
49655	LAP INC HERN REPAIR COMP	Y			Fee Schedule	$2,963.97
49656	LAP INC HERNIA REPAIR RECUR	Y			Fee Schedule	$2,963.97
49657	LAP INC HERN RECUR COMP	Y			Fee Schedule	$2,963.97
50080	REMOVAL OF KIDNEY STONE	Y			Fee Schedule	$1,825.36
50081	REMOVAL OF KIDNEY STONE	Y			Fee Schedule	$1,825.36
50200	RENAL BIOPSY PERQ	Y			Fee Schedule	$418.60
50382	CHANGE URETER STENT PERCUT	Y			Fee Schedule	$1,108.88
50384	REMOVE URETER STENT PERCUT				Fee Schedule	$665.55
50385	CHANGE STENT VIA TRANSURETH	Y			Fee Schedule	$1,108.88
50386	REMOVE STENT VIA TRANSURETH				Fee Schedule	$297.76
50387	CHANGE EXT/INT URETER STENT	Y			Fee Schedule	$721.57
50389	REMOVE RENAL TUBE W/FLUORO				Fee Schedule	$297.76
50390	DRAINAGE OF KIDNEY LESION	Y			Fee Schedule	$418.60
50391	INSTLL RX AGNT INTO RNAL TUB	Y			Fee Schedule	$46.93
50392	INSERT KIDNEY DRAIN	Y			Fee Schedule	$665.55
50393	INSERT URETERAL TUBE	Y			Fee Schedule	$1,108.88
50394	INJECTION FOR KIDNEY X-RAY				No Separate Payment	$0.00
50395	CREATE PASSAGE TO KIDNEY	Y			Fee Schedule	$1,108.88

50396	MEASURE KIDNEY PRESSURE	Y			Fee Schedule	$116.62
50398	CHANGE KIDNEY TUBE	Y			Fee Schedule	$721.57
50551	KIDNEY ENDOSCOPY	Y			Fee Schedule	$297.76
50553	KIDNEY ENDOSCOPY	Y			Fee Schedule	$1,108.88
50555	KIDNEY ENDOSCOPY & BIOPSY	Y			Fee Schedule	$297.76
50557	KIDNEY ENDOSCOPY & TREATMENT	Y			Fee Schedule	$1,108.88
50561	KIDNEY ENDOSCOPY & TREATMENT	Y			Fee Schedule	$1,108.88
50562	RENAL SCOPE W/TUMOR RESECT	Y			Fee Schedule	$297.76
50570	KIDNEY ENDOSCOPY	Y			Fee Schedule	$297.76
50572	KIDNEY ENDOSCOPY	Y			Fee Schedule	$297.76
50574	KIDNEY ENDOSCOPY & BIOPSY	Y			Fee Schedule	$297.76
50575	KIDNEY ENDOSCOPY	Y			Fee Schedule	$1,604.79
50576	KIDNEY ENDOSCOPY & TREATMENT	Y			Fee Schedule	$665.55
50580	KIDNEY ENDOSCOPY & TREATMENT	Y			Fee Schedule	$665.55
50590	FRAGMENTING OF KIDNEY STONE	Y			Fee Schedule	$1,652.36
50592	PERC RF ABLATE RENAL TUMOR	Y			Fee Schedule	$2,268.34
50593	PERC CRYO ABLATE RENAL TUM	Y			Fee Schedule	$2,268.34
50684	INJECTION FOR URETER X-RAY				No Separate Payment	$0.00
50686	MEASURE URETER PRESSURE	Y			Fee Schedule	$43.79
50688	CHANGE OF URETER TUBE/STENT	Y			Fee Schedule	$721.57
50690	INJECTION FOR URETER X-RAY				No Separate Payment	$0.00
50727	REVISE URETER	Y			Fee Schedule	$783.89
50947	LAPARO NEW URETER/BLADDER	Y			Fee Schedule	$2,015.50
50948	LAPARO NEW URETER/BLADDER	Y			Fee Schedule	$2,015.50
50951	ENDOSCOPY OF URETER	Y			Fee Schedule	$297.76
50953	ENDOSCOPY OF URETER	Y			Fee Schedule	$297.76
50955	URETER ENDOSCOPY & BIOPSY	Y			Fee Schedule	$1,108.88
50957	URETER ENDOSCOPY & TREATMENT	Y			Fee Schedule	$1,108.88
50961	URETER ENDOSCOPY & TREATMENT	Y			Fee Schedule	$1,108.88
50970	URETER ENDOSCOPY	Y			Fee Schedule	$297.76
50972	URETER ENDOSCOPY & CATHETER	Y			Fee Schedule	$297.76
50974	URETER ENDOSCOPY & BIOPSY	Y			Fee Schedule	$665.55
50976	URETER ENDOSCOPY & TREATMENT	Y			Fee Schedule	$665.55
50980	URETER ENDOSCOPY & TREATMENT	Y			Fee Schedule	$1,108.88
51020	INCISE & TREAT BLADDER	Y			Fee Schedule	$1,108.88
51030	INCISE & TREAT BLADDER	Y			Fee Schedule	$1,108.88
51040	INCISE & DRAIN BLADDER	Y			Fee Schedule	$1,108.88
51045	INCISE BLADDER/DRAIN URETER	Y			Fee Schedule	$297.76
51050	REMOVAL OF BLADDER STONE	Y			Fee Schedule	$1,108.88
51065	REMOVE URETER CALCULUS	Y			Fee Schedule	$1,108.88
51080	DRAINAGE OF BLADDER ABSCESS	Y			Fee Schedule	$867.01
51100	DRAIN BLADDER BY NEEDLE	Y			Fee Schedule	$30.81
51101	DRAIN BLADDER BY TROCAR/CATH	Y			Fee Schedule	$43.79
51102	DRAIN BL W/CATH INSERTION	Y			Fee Schedule	$783.89
51500	REMOVAL OF BLADDER CYST	Y			Fee Schedule	$1,436.09
51520	REMOVAL OF BLADDER LESION	Y			Fee Schedule	$1,108.88
51535	REPAIR OF URETER LESION	Y			Fee Schedule	$1,108.88
51600	INJECTION FOR BLADDER X-RAY				No Separate Payment	$0.00
51605	PREPARATION FOR BLADDER XRAY				No Separate Payment	$0.00
51610	INJECTION FOR BLADDER X-RAY				No Separate Payment	$0.00
51700	IRRIGATION OF BLADDER	Y			Fee Schedule	$48.72
51701	INSERT BLADDER CATHETER				Fee Schedule	$35.11
51702	INSERT TEMP BLADDER CATH				Fee Schedule	$50.87
51703	INSERT BLADDER CATH COMPLEX	Y			Fee Schedule	$72.36

51705	CHANGE OF BLADDER TUBE	Y			Fee Schedule	$55.88
51710	CHANGE OF BLADDER TUBE	Y			Fee Schedule	$257.70
51715	ENDOSCOPIC INJECTION/IMPLANT	Y			Fee Schedule	$1,400.62
51720	TREATMENT OF BLADDER LESION	Y			Fee Schedule	$50.87
51725	SIMPLE CYSTOMETROGRAM	Y			Fee Schedule	$108.90
51726	COMPLEX CYSTOMETROGRAM	Y			Fee Schedule	$231.56
51727	CYSTOMETROGRAM W/UP	Y			Fee Schedule	$202.40
51728	CYSTOMETROGRAM W/VP	Y			Fee Schedule	$206.34
51729	CYSTOMETROGRAM W/VP&UP	Y			Fee Schedule	$210.28
51736	URINE FLOW MEASUREMENT				Fee Schedule	$6.45
51741	ELECTRO-UROFLOWMETRY FIRST	Y			Fee Schedule	$6.81
51784	ANAL/URINARY MUSCLE STUDY	Y			Fee Schedule	$43.79
51785	ANAL/URINARY MUSCLE STUDY	Y			Fee Schedule	$116.62
51792	URINARY REFLEX STUDY	Y			Fee Schedule	$43.79
51797	INTRAABDOMINAL PRESSURE TEST				No Separate Payment	$0.00
51798	US URINE CAPACITY MEASURE				Fee Schedule	$18.63
51880	REPAIR OF BLADDER OPENING	Y			Fee Schedule	$1,108.88
51992	LAPARO SLING OPERATION	Y			Fee Schedule	$2,015.50
52000	CYSTOSCOPY	Y			Fee Schedule	$297.76
52001	CYSTOSCOPY REMOVAL OF CLOTS	Y			Fee Schedule	$665.55
52005	CYSTOSCOPY & URETER CATHETER	Y			Fee Schedule	$1,108.88
52007	CYSTOSCOPY AND BIOPSY	Y			Fee Schedule	$1,108.88
52010	CYSTOSCOPY & DUCT CATHETER	Y			Fee Schedule	$297.76
52204	CYSTOSCOPY W/BIOPSY(S)	Y			Fee Schedule	$1,108.88
52214	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52224	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52234	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52235	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52240	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52250	CYSTOSCOPY AND RADIOTRACER	Y			Fee Schedule	$1,108.88
52260	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$665.55
52265	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$248.25
52270	CYSTOSCOPY & REVISE URETHRA	Y			Fee Schedule	$665.55
52275	CYSTOSCOPY & REVISE URETHRA	Y			Fee Schedule	$1,108.88
52276	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52277	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52281	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$665.55
52282	CYSTOSCOPY IMPLANT STENT	Y			Fee Schedule	$1,604.79
52283	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52285	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$665.55
52287	CYSTOSCOPY CHEMODENERVATION	Y			Fee Schedule	$665.55
52290	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52300	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52301	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52305	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52310	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$665.55
52315	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52317	REMOVE BLADDER STONE	Y			Fee Schedule	$1,108.88
52318	REMOVE BLADDER STONE	Y			Fee Schedule	$1,108.88
52320	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52325	CYSTOSCOPY STONE REMOVAL	Y			Fee Schedule	$1,108.88
52327	CYSTOSCOPY INJECT MATERIAL	Y			Fee Schedule	$1,604.79
52330	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88
52332	CYSTOSCOPY AND TREATMENT	Y			Fee Schedule	$1,108.88

52334	CREATE PASSAGE TO KIDNEY	Y			Fee Schedule	$1,108.88
52341	CYSTO W/URETER STRICTURE TX	Y			Fee Schedule	$1,108.88
52342	CYSTO W/UP STRICTURE TX	Y			Fee Schedule	$1,108.88
52343	CYSTO W/RENAL STRICTURE TX	Y			Fee Schedule	$1,108.88
52344	CYSTO/URETERO STRICTURE TX	Y			Fee Schedule	$1,108.88
52345	CYSTO/URETERO W/UP STRICTURE	Y			Fee Schedule	$1,108.88
52346	CYSTOURETERO W/RENAL STRICT	Y			Fee Schedule	$1,108.88
52351	CYSTOURETERO & OR PYELOSCOPE	Y			Fee Schedule	$1,108.88
52352	CYSTOURETERO W/STONE REMOVE	Y			Fee Schedule	$1,108.88
52353	CYSTOURETERO W/LITHOTRIPSY	Y			Fee Schedule	$1,604.79
52354	CYSTOURETERO W/BIOPSY	Y			Fee Schedule	$1,108.88
52355	CYSTOURETERO W/EXCISE TUMOR	Y			Fee Schedule	$1,108.88
52356	CYSTO/URETERO W/LITHOTRIPSY	Y			Fee Schedule	$1,825.36
52400	CYSTOURETERO W/CONGEN REPR	Y			Fee Schedule	$1,108.88
52402	CYSTOURETHRO CUT EJACUL DUCT	Y			Fee Schedule	$1,108.88
52450	INCISION OF PROSTATE	Y			Fee Schedule	$1,108.88
52500	REVISION OF BLADDER NECK	Y			Fee Schedule	$1,108.88
52601	PROSTATECTOMY (TURP)	Y			Fee Schedule	$1,604.79
52630	REMOVE PROSTATE REGROWTH	Y			Fee Schedule	$1,604.79
52640	RELIEVE BLADDER CONTRACTURE	Y			Fee Schedule	$1,108.88
52647	LASER SURGERY OF PROSTATE	Y			Fee Schedule	$1,825.36
52648	LASER SURGERY OF PROSTATE	Y			Fee Schedule	$1,825.36
52649	PROSTATE LASER ENUCLEATION	Y			Fee Schedule	$1,825.36
52700	DRAINAGE OF PROSTATE ABSCESS	Y			Fee Schedule	$1,108.88
53000	INCISION OF URETHRA	Y			Fee Schedule	$844.76
53010	INCISION OF URETHRA	Y			Fee Schedule	$844.76
53020	INCISION OF URETHRA	Y			Fee Schedule	$844.76
53025	INCISION OF URETHRA	Y			Fee Schedule	$844.76
53040	DRAINAGE OF URETHRA ABSCESS	Y			Fee Schedule	$844.76
53060	DRAINAGE OF URETHRA ABSCESS	Y			Fee Schedule	$79.88
53080	DRAINAGE OF URINARY LEAKAGE	Y			Fee Schedule	$844.76
53085	DRAINAGE OF URINARY LEAKAGE	Y			Fee Schedule	$844.76
53200	BIOPSY OF URETHRA	Y			Fee Schedule	$844.76
53210	REMOVAL OF URETHRA	Y			Fee Schedule	$1,400.62
53215	REMOVAL OF URETHRA	Y			Fee Schedule	$844.76
53220	TREATMENT OF URETHRA LESION	Y			Fee Schedule	$1,400.62
53230	REMOVAL OF URETHRA LESION	Y			Fee Schedule	$1,400.62
53235	REMOVAL OF URETHRA LESION	Y			Fee Schedule	$844.76
53240	SURGERY FOR URETHRA POUCH	Y			Fee Schedule	$1,400.62
53250	REMOVAL OF URETHRA GLAND	Y			Fee Schedule	$844.76
53260	TREATMENT OF URETHRA LESION	Y			Fee Schedule	$844.76
53265	TREATMENT OF URETHRA LESION	Y			Fee Schedule	$844.76
53270	REMOVAL OF URETHRA GLAND	Y			Fee Schedule	$844.76
53275	REPAIR OF URETHRA DEFECT	Y			Fee Schedule	$844.76
53400	REVISE URETHRA STAGE 1	Y			Fee Schedule	$1,400.62
53405	REVISE URETHRA STAGE 2	Y			Fee Schedule	$1,400.62
53410	RECONSTRUCTION OF URETHRA	Y			Fee Schedule	$1,400.62
53420	RECONSTRUCT URETHRA STAGE 1	Y			Fee Schedule	$1,400.62
53425	RECONSTRUCT URETHRA STAGE 2	Y			Fee Schedule	$1,400.62
53430	RECONSTRUCTION OF URETHRA	Y			Fee Schedule	$1,400.62
53431	RECONSTRUCT URETHRA/BLADDER	Y			Fee Schedule	$1,400.62
53440	MALE SLING PROCEDURE				Fee Schedule	$6,937.00
53442	REMOVE/REVISE MALE SLING	Y			Fee Schedule	$1,400.62
53444	INSERT TANDEM CUFF				Fee Schedule	$6,937.00

53445	INSERT URO/VES NCK SPHINCTER				Fee Schedule	$11,710.47
53446	REMOVE URO SPHINCTER				Fee Schedule	$1,400.62
53447	REMOVE/REPLACE UR SPHINCTER				Fee Schedule	$11,710.47
53449	REPAIR URO SPHINCTER	Y			Fee Schedule	$1,400.62
53450	REVISION OF URETHRA	Y			Fee Schedule	$1,400.62
53460	REVISION OF URETHRA	Y			Fee Schedule	$844.76
53502	REPAIR OF URETHRA INJURY	Y			Fee Schedule	$844.76
53505	REPAIR OF URETHRA INJURY	Y			Fee Schedule	$1,400.62
53510	REPAIR OF URETHRA INJURY	Y			Fee Schedule	$844.76
53515	REPAIR OF URETHRA INJURY	Y			Fee Schedule	$1,400.62
53520	REPAIR OF URETHRA DEFECT	Y			Fee Schedule	$1,400.62
53600	DILATE URETHRA STRICTURE	Y			Fee Schedule	$36.54
53601	DILATE URETHRA STRICTURE	Y			Fee Schedule	$42.99
53605	DILATE URETHRA STRICTURE	Y			Fee Schedule	$665.55
53620	DILATE URETHRA STRICTURE	Y			Fee Schedule	$53.38
53621	DILATE URETHRA STRICTURE	Y			Fee Schedule	$56.96
53660	DILATION OF URETHRA	Y			Fee Schedule	$42.63
53661	DILATION OF URETHRA	Y			Fee Schedule	$41.20
53665	DILATION OF URETHRA	Y			Fee Schedule	$844.76
53850	PROSTATIC MICROWAVE THERMOTX	Y			Fee Schedule	$1,667.91
53852	PROSTATIC RF THERMOTX	Y			Fee Schedule	$1,475.18
53855	INSERT PROST URETHRAL STENT	Y			Fee Schedule	$297.76
53860	TRANSURETHRAL RF TREATMENT	Y			Fee Schedule	$783.89
54000	SLITTING OF PREPUCE	Y			Fee Schedule	$844.76
54001	SLITTING OF PREPUCE	Y			Fee Schedule	$844.76
54015	DRAIN PENIS LESION	Y			Fee Schedule	$867.01
54050	DESTRUCTION PENIS LESION(S)	Y			Fee Schedule	$79.53
54055	DESTRUCTION PENIS LESION(S)	Y			Fee Schedule	$68.06
54056	CRYOSURGERY PENIS LESION(S)	Y			Fee Schedule	$46.26
54057	LASER SURG PENIS LESION(S)	Y			Fee Schedule	$834.75
54060	EXCISION OF PENIS LESION(S)	Y			Fee Schedule	$834.75
54065	DESTRUCTION PENIS LESION(S)	Y			Fee Schedule	$834.75
54100	BIOPSY OF PENIS	Y			Fee Schedule	$633.26
54105	BIOPSY OF PENIS	Y			Fee Schedule	$959.30
54110	TREATMENT OF PENIS LESION	Y			Fee Schedule	$1,962.99
54111	TREAT PENIS LESION GRAFT	Y			Fee Schedule	$1,962.99
54112	TREAT PENIS LESION GRAFT	Y			Fee Schedule	$1,962.99
54115	TREATMENT OF PENIS LESION	Y			Fee Schedule	$867.01
54120	PARTIAL REMOVAL OF PENIS	Y			Fee Schedule	$1,201.69
54150	CIRCUMCISION W/REGIONL BLOCK	Y	Y	01/01/2014	Fee Schedule	$958.61
54160	CIRCUMCISION NEONATE	Y	Y	01/01/2014	Fee Schedule	$958.61
54161	CIRCUM 28 DAYS OR OLDER	Y	Y	01/01/2014	Fee Schedule	$958.61
54162	LYSIS PENIL CIRCUMIC LESION	Y			Fee Schedule	$958.61
54163	REPAIR OF CIRCUMCISION	Y			Fee Schedule	$958.61
54164	FRENULOTOMY OF PENIS	Y			Fee Schedule	$958.61
54200	TREATMENT OF PENIS LESION	Y			Fee Schedule	$63.76
54205	TREATMENT OF PENIS LESION	Y			Fee Schedule	$1,201.69
54220	TREATMENT OF PENIS LESION	Y			Fee Schedule	$116.62
54230	PREPARE PENIS STUDY				Not Allowed	$0.00
54231	DYNAMIC CAVERNOSOMETRY				Not Allowed	$0.00
54235	PENILE INJECTION				Not Allowed	$0.00
54240	PENIS STUDY				Not Allowed	$0.00
54250	PENIS STUDY				Not Allowed	$0.00
54300	REVISION OF PENIS	Y			Fee Schedule	$1,962.99

54304	REVISION OF PENIS	Y			Fee Schedule	$1,962.99
54308	RECONSTRUCTION OF URETHRA	Y			Fee Schedule	$1,962.99
54312	RECONSTRUCTION OF URETHRA	Y			Fee Schedule	$1,201.69
54316	RECONSTRUCTION OF URETHRA	Y			Fee Schedule	$1,201.69
54318	RECONSTRUCTION OF URETHRA	Y			Fee Schedule	$1,201.69
54322	RECONSTRUCTION OF URETHRA	Y			Fee Schedule	$1,201.69
54324	RECONSTRUCTION OF URETHRA	Y			Fee Schedule	$1,962.99
54326	RECONSTRUCTION OF URETHRA	Y			Fee Schedule	$1,201.69
54328	REVISE PENIS/URETHRA	Y			Fee Schedule	$1,962.99
54340	SECONDARY URETHRAL SURGERY	Y			Fee Schedule	$1,201.69
54344	SECONDARY URETHRAL SURGERY	Y			Fee Schedule	$1,201.69
54348	SECONDARY URETHRAL SURGERY	Y			Fee Schedule	$1,201.69
54352	RECONSTRUCT URETHRA/PENIS	Y			Fee Schedule	$1,962.99
54360	PENIS PLASTIC SURGERY				Not Allowed	$0.00
54380	REPAIR PENIS	Y			Fee Schedule	$1,201.69
54385	REPAIR PENIS	Y			Fee Schedule	$1,201.69
54400	INSERT SEMI-RIGID PROSTHESIS				Not Allowed	$0.00
54401	INSERT SELF-CONTD PROSTHESIS				Not Allowed	$0.00
54405	INSERT MULTI-COMP PENIS PROS				Not Allowed	$0.00
54406	REMOVE MUTI-COMP PENIS PROS				Not Allowed	$0.00
54408	REPAIR MULTI-COMP PENIS PROS				Not Allowed	$0.00
54410	REMOVE/REPLACE PENIS PROSTH				Not Allowed	$0.00
54415	REMOVE SELF-CONTD PENIS PROS				Not Allowed	$0.00
54416	REMV/REPL PENIS CONTAIN PROS				Not Allowed	$0.00
54420	REVISION OF PENIS	Y			Fee Schedule	$1,201.69
54435	REVISION OF PENIS	Y			Fee Schedule	$1,201.69
54440	REPAIR OF PENIS	Y			Fee Schedule	$1,201.69
54450	PREPUTIAL STRETCHING	Y			Fee Schedule	$116.62
54500	BIOPSY OF TESTIS	Y			Fee Schedule	$675.75
54505	BIOPSY OF TESTIS	Y			Fee Schedule	$958.61
54512	EXCISE LESION TESTIS	Y			Fee Schedule	$958.61
54520	REMOVAL OF TESTIS	Y			Fee Schedule	$1,201.69
54522	ORCHIECTOMY PARTIAL	Y			Fee Schedule	$958.61
54530	REMOVAL OF TESTIS	Y			Fee Schedule	$1,436.09
54550	EXPLORATION FOR TESTIS	Y			Fee Schedule	$1,436.09
54560	EXPLORATION FOR TESTIS	Y			Fee Schedule	$958.61
54600	REDUCE TESTIS TORSION	Y			Fee Schedule	$958.61
54620	SUSPENSION OF TESTIS	Y			Fee Schedule	$958.61
54640	SUSPENSION OF TESTIS	Y			Fee Schedule	$1,436.09
54660	REVISION OF TESTIS	Y			Fee Schedule	$958.61
54670	REPAIR TESTIS INJURY	Y			Fee Schedule	$958.61
54680	RELOCATION OF TESTIS(ES)	Y			Fee Schedule	$958.61
54690	LAPAROSCOPY ORCHIECTOMY	Y			Fee Schedule	$2,015.50
54692	LAPAROSCOPY ORCHIOPEXY	Y			Fee Schedule	$2,963.97
54700	DRAINAGE OF SCROTUM	Y			Fee Schedule	$958.61
54800	BIOPSY OF EPIDIDYMIS	Y			Fee Schedule	$227.18
54830	REMOVE EPIDIDYMIS LESION	Y			Fee Schedule	$958.61
54840	REMOVE EPIDIDYMIS LESION	Y			Fee Schedule	$958.61
54860	REMOVAL OF EPIDIDYMIS	Y			Fee Schedule	$958.61
54861	REMOVAL OF EPIDIDYMIS	Y			Fee Schedule	$958.61
54865	EXPLORE EPIDIDYMIS	Y			Fee Schedule	$958.61
54900	FUSION OF SPERMATIC DUCTS	Y			Fee Schedule	$958.61
54901	FUSION OF SPERMATIC DUCTS	Y			Fee Schedule	$958.61
55000	DRAINAGE OF HYDROCELE	Y			Fee Schedule	$61.62

55040	REMOVAL OF HYDROCELE	Y			Fee Schedule	$1,436.09
55041	REMOVAL OF HYDROCELES	Y			Fee Schedule	$1,436.09
55060	REPAIR OF HYDROCELE	Y			Fee Schedule	$958.61
55100	DRAINAGE OF SCROTUM ABSCESS	Y			Fee Schedule	$466.55
55110	EXPLORE SCROTUM	Y			Fee Schedule	$958.61
55120	REMOVAL OF SCROTUM LESION	Y			Fee Schedule	$958.61
55150	REMOVAL OF SCROTUM	Y			Fee Schedule	$958.61
55175	REVISION OF SCROTUM	Y			Fee Schedule	$1,962.99
55180	REVISION OF SCROTUM	Y			Fee Schedule	$958.61
55200	INCISION OF SPERM DUCT	Y			Fee Schedule	$958.61
55250	REMOVAL OF SPERM DUCT(S)	Y			Fee Schedule	$958.61
55300	PREPARE SPERM DUCT X-RAY				No Separate Payment	$0.00
55400	REPAIR OF SPERM DUCT	Y			Fee Schedule	$958.61
55450	LIGATION OF SPERM DUCT	Y			Fee Schedule	$186.64
55500	REMOVAL OF HYDROCELE	Y			Fee Schedule	$1,201.69
55520	REMOVAL OF SPERM CORD LESION	Y			Fee Schedule	$958.61
55530	REVISE SPERMATIC CORD VEINS	Y			Fee Schedule	$958.61
55535	REVISE SPERMATIC CORD VEINS	Y			Fee Schedule	$1,436.09
55540	REVISE HERNIA & SPERM VEINS	Y			Fee Schedule	$1,436.09
55550	LAPARO LIGATE SPERMATIC VEIN	Y			Fee Schedule	$2,015.50
55600	INCISE SPERM DUCT POUCH	Y			Fee Schedule	$958.61
55680	REMOVE SPERM POUCH LESION	Y			Fee Schedule	$958.61
55700	BIOPSY OF PROSTATE	Y			Fee Schedule	$586.67
55705	BIOPSY OF PROSTATE	Y			Fee Schedule	$586.67
55706	PROSTATE SATURATION SAMPLING	Y			Fee Schedule	$586.67
55720	DRAINAGE OF PROSTATE ABSCESS	Y			Fee Schedule	$1,108.88
55725	DRAINAGE OF PROSTATE ABSCESS	Y			Fee Schedule	$1,108.88
55860	SURGICAL EXPOSURE PROSTATE	Y			Fee Schedule	$783.89
55870	ELECTROEJACULATION				Not Allowed	$0.00
55873	CRYOABLATE PROSTATE	Y			Fee Schedule	$6,621.89
55875	TRANSPERI NEEDLE PLACE PROS				Fee Schedule	$1,604.79
55876	PLACE RT DEVICE/MARKER PROS				Fee Schedule	$68.42
55920	PLACE NEEDLES PELVIC FOR RT	Y			Fee Schedule	$1,014.46
56405	I & D OF VULVA/PERINEUM	Y			Fee Schedule	$50.51
56420	DRAINAGE OF GLAND ABSCESS	Y			Fee Schedule	$64.48
56440	SURGERY FOR VULVA LESION	Y			Fee Schedule	$759.69
56441	LYSIS OF LABIAL LESION(S)	Y			Fee Schedule	$759.69
56442	HYMENOTOMY	Y			Fee Schedule	$759.69
56501	DESTROY VULVA LESIONS SIM	Y			Fee Schedule	$68.06
56515	DESTROY VULVA LESION/S COMPL	Y			Fee Schedule	$834.75
56605	BIOPSY OF VULVA/PERINEUM	Y			Fee Schedule	$39.05
56606	BIOPSY OF VULVA/PERINEUM				No Separate Payment	$0.00
56620	PARTIAL REMOVAL OF VULVA	Y			Fee Schedule	$1,393.52
56625	COMPLETE REMOVAL OF VULVA	Y			Fee Schedule	$1,393.52
56700	PARTIAL REMOVAL OF HYMEN	Y			Fee Schedule	$759.69
56740	REMOVE VAGINA GLAND LESION	Y			Fee Schedule	$1,393.52
56800	REPAIR OF VAGINA	Y			Fee Schedule	$1,393.52
56805	REPAIR CLITORIS	Y			Fee Schedule	$759.69
56810	REPAIR OF PERINEUM	Y			Fee Schedule	$1,393.52
56820	EXAM OF VULVA W/SCOPE	Y			Fee Schedule	$51.94
56821	EXAM/BIOPSY OF VULVA W/SCOPE	Y			Fee Schedule	$65.91
57000	EXPLORATION OF VAGINA	Y			Fee Schedule	$1,393.52
57010	DRAINAGE OF PELVIC ABSCESS	Y			Fee Schedule	$759.69
57020	DRAINAGE OF PELVIC FLUID	Y			Fee Schedule	$1,393.52

57022	I & D VAGINAL HEMATOMA PP	Y			Fee Schedule	$466.55
57023	I & D VAG HEMATOMA NON-OB	Y			Fee Schedule	$867.01
57061	DESTROY VAG LESIONS SIMPLE	Y			Fee Schedule	$61.97
57065	DESTROY VAG LESIONS COMPLEX	Y			Fee Schedule	$1,393.52
57100	BIOPSY OF VAGINA	Y			Fee Schedule	$40.84
57105	BIOPSY OF VAGINA	Y			Fee Schedule	$759.69
57130	REMOVE VAGINA LESION	Y			Fee Schedule	$1,393.52
57135	REMOVE VAGINA LESION	Y			Fee Schedule	$759.69
57150	TREAT VAGINA INFECTION	Y			Fee Schedule	$23.64
57155	INSERT UTERI TANDEMS/OVOIDS	Y			Fee Schedule	$759.69
57156	INS VAG BRACHYTX DEVICE	Y			Fee Schedule	$104.64
57160	INSERT PESSARY/OTHER DEVICE	Y			Fee Schedule	$41.55
57170	FITTING OF DIAPHRAGM/CAP	Y			Fee Schedule	$5.70
57180	TREAT VAGINAL BLEEDING	Y			Fee Schedule	$69.98
57200	REPAIR OF VAGINA	Y			Fee Schedule	$1,393.52
57210	REPAIR VAGINA/PERINEUM	Y			Fee Schedule	$1,393.52
57220	REVISION OF URETHRA	Y			Fee Schedule	$1,971.53
57230	REPAIR OF URETHRAL LESION	Y			Fee Schedule	$1,393.52
57240	REPAIR BLADDER & VAGINA	Y			Fee Schedule	$1,393.52
57250	REPAIR RECTUM & VAGINA	Y			Fee Schedule	$1,393.52
57260	REPAIR OF VAGINA	Y			Fee Schedule	$1,393.52
57265	EXTENSIVE REPAIR OF VAGINA	Y			Fee Schedule	$1,971.53
57267	INSERT MESH/PELVIC FLR ADDON				No Separate Payment	$0.00
57268	REPAIR OF BOWEL BULGE	Y			Fee Schedule	$1,393.52
57287	REVISE/REMOVE SLING REPAIR				Fee Schedule	$1,393.52
57288	REPAIR BLADDER DEFECT	Y			Fee Schedule	$1,971.53
57289	REPAIR BLADDER & VAGINA	Y			Fee Schedule	$1,393.52
57291	CONSTRUCTION OF VAGINA				Not Allowed	$0.00
57295	REVISE VAG GRAFT VIA VAGINA	Y			Fee Schedule	$1,393.52
57300	REPAIR RECTUM-VAGINA FISTULA	Y			Fee Schedule	$1,393.52
57320	REPAIR BLADDER-VAGINA LESION	Y			Fee Schedule	$1,393.52
57400	DILATION OF VAGINA	Y			Fee Schedule	$759.69
57410	PELVIC EXAMINATION	Y			Fee Schedule	$759.69
57415	REMOVE VAGINAL FOREIGN BODY	Y			Fee Schedule	$759.69
57420	EXAM OF VAGINA W/SCOPE	Y			Fee Schedule	$53.38
57421	EXAM/BIOPSY OF VAG W/SCOPE	Y			Fee Schedule	$69.14
57426	REVISE PROSTH VAG GRAFT LAP	Y			Fee Schedule	$1,393.52
57452	EXAM OF CERVIX W/SCOPE	Y			Fee Schedule	$49.79
57454	BX/CURETT OF CERVIX W/SCOPE	Y			Fee Schedule	$61.62
57455	BIOPSY OF CERVIX W/SCOPE	Y			Fee Schedule	$64.12
57456	ENDOCERV CURETTAGE W/SCOPE	Y			Fee Schedule	$61.97
57460	BX OF CERVIX W/SCOPE LEEP	Y			Fee Schedule	$170.87
57461	CONZ OF CERVIX W/SCOPE LEEP	Y			Fee Schedule	$184.13
57500	BIOPSY OF CERVIX	Y			Fee Schedule	$80.24
57505	ENDOCERVICAL CURETTAGE	Y			Fee Schedule	$54.81
57510	CAUTERIZATION OF CERVIX	Y			Fee Schedule	$56.60
57511	CRYOCAUTERY OF CERVIX	Y			Fee Schedule	$68.06
57513	LASER SURGERY OF CERVIX	Y			Fee Schedule	$759.69
57520	CONIZATION OF CERVIX	Y			Fee Schedule	$1,393.52
57522	CONIZATION OF CERVIX	Y			Fee Schedule	$759.69
57530	REMOVAL OF CERVIX	Y			Fee Schedule	$1,393.52
57550	REMOVAL OF RESIDUAL CERVIX	Y			Fee Schedule	$1,393.52
57556	REMOVE CERVIX REPAIR BOWEL	Y			Fee Schedule	$1,971.53
57558	D&C OF CERVICAL STUMP	Y			Fee Schedule	$759.69

57700	REVISION OF CERVIX	Y			Fee Schedule	$1,393.52
57720	REVISION OF CERVIX	Y			Fee Schedule	$759.69
57800	DILATION OF CERVICAL CANAL	Y			Fee Schedule	$30.09
58100	BIOPSY OF UTERUS LINING	Y			Fee Schedule	$48.72
58110	BX DONE W/COLPOSCOPY ADD-ON				No Separate Payment	$0.00
58120	DILATION AND CURETTAGE	Y			Fee Schedule	$759.69
58145	MYOMECTOMY VAG METHOD	Y			Fee Schedule	$1,393.52
58301	REMOVE INTRAUTERINE DEVICE				Fee Schedule	$45.14
58321	ARTIFICIAL INSEMINATION				Not Allowed	$0.00
58322	ARTIFICIAL INSEMINATION				Not Allowed	$0.00
58323	SPERM WASHING				Not Allowed	$0.00
58340	CATHETER FOR HYSTEROGRAPHY				No Separate Payment	$0.00
58345	REOPEN FALLOPIAN TUBE				Not Allowed	$0.00
58346	INSERT HEYMAN UTERI CAPSULE	Y			Fee Schedule	$759.69
58350	REOPEN FALLOPIAN TUBE	Y			Fee Schedule	$1,393.52
58353	ENDOMETR ABLATE THERMAL	Y			Fee Schedule	$1,393.52
58356	ENDOMETRIAL CRYOABLATION	Y			Fee Schedule	$1,622.77
58541	LSH UTERUS 250 G OR LESS	Y			Fee Schedule	$2,963.97
58542	LSH W/T/O UT 250 G OR LESS	Y			Fee Schedule	$2,963.97
58545	LAPAROSCOPIC MYOMECTOMY	Y			Fee Schedule	$1,619.13
58546	LAPARO-MYOMECTOMY COMPLEX	Y			Fee Schedule	$2,015.50
58550	LAPARO-ASST VAG HYSTERECTOMY	Y			Fee Schedule	$2,963.97
58552	LAPARO-VAG HYST INCL T/O	Y			Fee Schedule	$2,015.50
58555	HYSTEROSCOPY DX SEP PROC	Y			Fee Schedule	$974.12
58558	HYSTEROSCOPY BIOPSY	Y			Fee Schedule	$974.12
58559	HYSTEROSCOPY LYSIS	Y			Fee Schedule	$974.12
58560	HYSTEROSCOPY RESECT SEPTUM	Y			Fee Schedule	$1,556.48
58561	HYSTEROSCOPY REMOVE MYOMA	Y			Fee Schedule	$1,556.48
58562	HYSTEROSCOPY REMOVE FB	Y			Fee Schedule	$974.12
58563	HYSTEROSCOPY ABLATION	Y			Fee Schedule	$1,556.48
58565	HYSTEROSCOPY STERILIZATION	Y			Fee Schedule	$1,971.53
58570	TLH UTERUS 250 G OR LESS	Y			Fee Schedule	$2,015.50
58571	TLH W/T/O 250 G OR LESS	Y			Fee Schedule	$2,015.50
58600	DIVISION OF FALLOPIAN TUBE	Y			Fee Schedule	$1,393.52
58615	OCCLUDE FALLOPIAN TUBE(S)	Y			Fee Schedule	$1,393.52
58660	LAPAROSCOPY LYSIS	Y			Fee Schedule	$2,015.50
58661	LAPAROSCOPY REMOVE ADNEXA	Y			Fee Schedule	$2,015.50
58662	LAPAROSCOPY EXCISE LESIONS	Y			Fee Schedule	$2,015.50
58670	LAPAROSCOPY TUBAL CAUTERY	Y			Fee Schedule	$2,015.50
58671	LAPAROSCOPY TUBAL BLOCK	Y			Fee Schedule	$2,015.50
58672	LAPAROSCOPY FIMBRIOPLASTY	Y			Fee Schedule	$2,015.50
58673	LAPAROSCOPY SALPINGOSTOMY	Y			Fee Schedule	$2,015.50
58800	DRAINAGE OF OVARIAN CYST(S)	Y			Fee Schedule	$759.69
58805	DRAINAGE OF OVARIAN CYST(S)	Y			Fee Schedule	$1,393.52
58820	DRAIN OVARY ABSCESS OPEN	Y			Fee Schedule	$1,393.52
58900	BIOPSY OF OVARY(S)	Y			Fee Schedule	$759.69
58970	RETRIEVAL OF OOCYTE				Not Allowed	$0.00
58974	TRANSFER OF EMBRYO				Not Allowed	$0.00
58976	TRANSFER OF EMBRYO				Not Allowed	$0.00
59000	AMNIOCENTESIS DIAGNOSTIC	Y			Fee Schedule	$69.85
59001	AMNIOCENTESIS THERAPEUTIC	Y			Fee Schedule	$104.64
59012	FETAL CORD PUNCTURE PRENATAL	Y			Fee Schedule	$104.64
59015	CHORION BIOPSY	Y			Fee Schedule	$61.62
59020	FETAL CONTRACT STRESS TEST	Y			Fee Schedule	$33.32

59025	FETAL NON-STRESS TEST	Y			Fee Schedule	$17.91
59070	TRANSABDOM AMNIOINFUS W/US	Y			Fee Schedule	$203.93
59072	UMBILICAL CORD OCCLUD W/US	Y			Fee Schedule	$104.64
59074	FETAL FLUID DRAINAGE W/US	Y			Fee Schedule	$104.64
59076	FETAL SHUNT PLACEMENT W/US	Y			Fee Schedule	$104.64
59100	REMOVE UTERUS LESION	Y			Fee Schedule	$1,393.52
59150	TREAT ECTOPIC PREGNANCY	Y			Fee Schedule	$2,015.50
59151	TREAT ECTOPIC PREGNANCY	Y			Fee Schedule	$2,015.50
59160	D & C AFTER DELIVERY	Y			Fee Schedule	$759.69
59200	INSERT CERVICAL DILATOR	Y			Fee Schedule	$38.33
59300	EPISIOTOMY OR VAGINAL REPAIR	Y			Fee Schedule	$89.56
59320	REVISION OF CERVIX	Y			Fee Schedule	$759.69
59412	ANTEPARTUM MANIPULATION	Y			Fee Schedule	$759.69
59414	DELIVER PLACENTA	Y			Fee Schedule	$759.69
59812	TREATMENT OF MISCARRIAGE	Y			Fee Schedule	$759.69
59820	CARE OF MISCARRIAGE	Y			Fee Schedule	$759.69
59821	TREATMENT OF MISCARRIAGE	Y			Fee Schedule	$1,393.52
59840	ABORTION	Y			Fee Schedule	$759.69
59841	ABORTION	Y			Fee Schedule	$759.69
59866	ABORTION (MPR)	Y			Fee Schedule	$104.64
59870	EVACUATE MOLE OF UTERUS	Y			Fee Schedule	$1,393.52
59871	REMOVE CERCLAGE SUTURE				Fee Schedule	$759.69
60000	DRAIN THYROID/TONGUE CYST	Y			Fee Schedule	$301.15
60100	BIOPSY OF THYROID	Y			Fee Schedule	$53.73
60200	REMOVE THYROID LESION	Y			Fee Schedule	$2,195.00
60210	PARTIAL THYROID EXCISION	Y			Fee Schedule	$2,195.00
60212	PARTIAL THYROID EXCISION	Y			Fee Schedule	$2,195.00
60220	PARTIAL REMOVAL OF THYROID	Y			Fee Schedule	$2,195.00
60225	PARTIAL REMOVAL OF THYROID	Y			Fee Schedule	$2,195.00
60240	REMOVAL OF THYROID	Y			Fee Schedule	$2,195.00
60280	REMOVE THYROID DUCT LESION	Y			Fee Schedule	$2,195.00
60281	REMOVE THYROID DUCT LESION	Y			Fee Schedule	$2,195.00
60300	ASPIR/INJ THYROID CYST	Y			Fee Schedule	$80.60
60500	EXPLORE PARATHYROID GLANDS	Y			Fee Schedule	$1,969.21
61000	REMOVE CRANIAL CAVITY FLUID	Y			Fee Schedule	$370.07
61001	REMOVE CRANIAL CAVITY FLUID	Y			Fee Schedule	$370.07
61020	REMOVE BRAIN CAVITY FLUID	Y			Fee Schedule	$370.07
61026	INJECTION INTO BRAIN CANAL	Y			Fee Schedule	$370.07
61050	REMOVE BRAIN CANAL FLUID	Y			Fee Schedule	$853.53
61055	INJECTION INTO BRAIN CANAL	Y			Fee Schedule	$370.07
61070	BRAIN CANAL SHUNT PROCEDURE	Y			Fee Schedule	$257.70
61215	INSERT BRAIN-FLUID DEVICE	Y			Fee Schedule	$1,582.01
61330	DECOMPRESS EYE SOCKET	Y			Fee Schedule	$1,969.21
61334	EXPLORE ORBIT/REMOVE OBJECT	Y			Fee Schedule	$1,969.21
61770	INCISE SKULL FOR TREATMENT	Y			Fee Schedule	$1,582.01
61781	SCAN PROC CRANIAL INTRA				No Separate Payment	$0.00
61782	SCAN PROC CRANIAL EXTRA				No Separate Payment	$0.00
61783	SCAN PROC SPINAL				No Separate Payment	$0.00
61790	TREAT TRIGEMINAL NERVE	Y			Fee Schedule	$764.49
61791	TREAT TRIGEMINAL TRACT	Y			Fee Schedule	$853.53
61880	REVISE/REMOVE NEUROELECTRODE				Fee Schedule	$945.06
61885	INSRT/REDO NEUROSTIM 1 ARRAY				Fee Schedule	$16,172.35
61886	IMPLANT NEUROSTIM ARRAYS				Fee Schedule	$21,840.48
61888	REVISE/REMOVE NEURORECEIVER				Fee Schedule	$1,227.57

62160	NEUROENDOSCOPY ADD-ON				No Separate Payment	$0.00
62194	REPLACE/IRRIGATE CATHETER	Y			Fee Schedule	$853.53
62225	REPLACE/IRRIGATE CATHETER	Y			Fee Schedule	$721.57
62230	REPLACE/REVISE BRAIN SHUNT	Y			Fee Schedule	$1,582.01
62252	CSF SHUNT REPROGRAM				Fee Schedule	$38.69
62263	EPIDURAL LYSIS MULT SESSIONS	Y			Fee Schedule	$853.53
62264	EPIDURAL LYSIS ON SINGLE DAY	Y			Fee Schedule	$370.07
62267	INTERDISCAL PERQ ASPIR DX	Y			Fee Schedule	$227.18
62268	DRAIN SPINAL CORD CYST	Y			Fee Schedule	$370.07
62269	NEEDLE BIOPSY SPINAL CORD	Y			Fee Schedule	$418.60
62270	SPINAL FLUID TAP DIAGNOSTIC	Y			Fee Schedule	$195.55
62272	DRAIN CEREBRO SPINAL FLUID	Y			Fee Schedule	$195.55
62273	INJECT EPIDURAL PATCH	Y			Fee Schedule	$370.07
62280	TREAT SPINAL CORD LESION	Y			Fee Schedule	$370.07
62281	TREAT SPINAL CORD LESION	Y			Fee Schedule	$853.53
62282	TREAT SPINAL CANAL LESION	Y			Fee Schedule	$853.53
62284	INJECTION FOR MYELOGRAM				No Separate Payment	$0.00
62287	PERCUTANEOUS DISKECTOMY	Y			Fee Schedule	$1,582.01
62290	INJECT FOR SPINE DISK X-RAY				No Separate Payment	$0.00
62291	INJECT FOR SPINE DISK X-RAY				No Separate Payment	$0.00
62292	INJECTION INTO DISK LESION	Y			Fee Schedule	$853.53
62294	INJECTION INTO SPINAL ARTERY	Y			Fee Schedule	$370.07
62310	INJECT SPINE C/T	Y			Fee Schedule	$370.07
62311	INJECT SPINE L/S (CD)	Y			Fee Schedule	$370.07
62318	INJECT SPINE W/CATH C/T	Y			Fee Schedule	$370.07
62319	INJECT SPINE W/CATH L/S (CD)	Y			Fee Schedule	$370.07
62350	IMPLANT SPINAL CANAL CATH	Y			Fee Schedule	$1,886.87
62355	REMOVE SPINAL CANAL CATHETER				Fee Schedule	$853.53
62360	INSERT SPINE INFUSION DEVICE	Y			Fee Schedule	$1,886.87
62361	IMPLANT SPINE INFUSION PUMP	Y			Fee Schedule	$13,417.72
62362	IMPLANT SPINE INFUSION PUMP	Y			Fee Schedule	$13,417.72
62365	REMOVE SPINE INFUSION DEVICE				Fee Schedule	$1,582.01
62367	ANALYZE SPINE INFUS PUMP				Fee Schedule	$23.28
62368	ANALYZE SP INF PUMP W/REPROG				Fee Schedule	$31.52
62369	ANAL SP INF PMP W/REPRG&FILL				Fee Schedule	$96.01
62370	ANL SP INF PMP W/MDREPRG&FIL				Fee Schedule	$93.50
63001	REMOVAL OF SPINAL LAMINA	Y			Fee Schedule	$2,211.51
63003	REMOVAL OF SPINAL LAMINA	Y			Fee Schedule	$2,211.51
63005	REMOVAL OF SPINAL LAMINA	Y			Fee Schedule	$2,211.51
63600	REMOVE SPINAL CORD LESION	Y			Fee Schedule	$764.49
63610	STIMULATION OF SPINAL CORD	Y			Fee Schedule	$764.49
63615	REMOVE LESION OF SPINAL CORD	Y			Fee Schedule	$764.49
63650	IMPLANT NEUROELECTRODES				Fee Schedule	$3,691.78
63655	IMPLANT NEUROELECTRODES				Fee Schedule	$6,295.98
63661	REMOVE SPINE ELTRD PERQ ARAY				Fee Schedule	$945.06
63662	REMOVE SPINE ELTRD PLATE				Fee Schedule	$945.06
63663	REVISE SPINE ELTRD PERQ ARAY				Fee Schedule	$3,691.78
63664	REVISE SPINE ELTRD PLATE				Fee Schedule	$3,691.78
63685	INSRT/REDO SPINE N GENERATOR				Fee Schedule	$16,172.35
63688	REVISE/REMOVE NEURORECEIVER				Fee Schedule	$1,227.57
63744	REVISION OF SPINAL SHUNT	Y			Fee Schedule	$1,582.01
63746	REMOVAL OF SPINAL SHUNT				Fee Schedule	$853.53
64400	N BLOCK INJ TRIGEMINAL	Y			Fee Schedule	$80.24
64402	N BLOCK INJ FACIAL				Fee Schedule	$54.28

64405	N BLOCK INJ OCCIPITAL	Y			Fee Schedule	$61.97
64408	N BLOCK INJ VAGUS	Y			Fee Schedule	$45.14
64410	N BLOCK INJ PHRENIC	Y			Fee Schedule	$111.70
64412	N BLOCK INJ SPINAL ACCESSOR	Y			Fee Schedule	$90.99
64413	N BLOCK INJ CERVICAL PLEXUS	Y			Fee Schedule	$69.14
64415	N BLOCK INJ BRACHIAL PLEXUS	Y			Fee Schedule	$195.55
64416	N BLOCK CONT INFUSE B PLEX	Y			Fee Schedule	$370.07
64417	N BLOCK INJ AXILLARY	Y			Fee Schedule	$195.55
64418	N BLOCK INJ SUPRASCAPULAR	Y			Fee Schedule	$93.14
64420	N BLOCK INJ INTERCOST SNG	Y			Fee Schedule	$195.55
64421	N BLOCK INJ INTERCOST MLT	Y			Fee Schedule	$370.07
64425	N BLOCK INJ ILIO-ING/HYPOGI	Y			Fee Schedule	$66.27
64430	N BLOCK INJ PUDENDAL	Y			Fee Schedule	$370.07
64435	N BLOCK INJ PARACERVICAL	Y			Fee Schedule	$77.74
64445	N BLOCK INJ SCIATIC SNG	Y			Fee Schedule	$78.45
64446	N BLK INJ SCIATIC CONT INF	Y			Fee Schedule	$370.07
64447	N BLOCK INJ FEM SINGLE	Y			Fee Schedule	$62.33
64448	N BLOCK INJ FEM CONT INF	Y			Fee Schedule	$853.53
64449	N BLOCK INJ LUMBAR PLEXUS	Y			Fee Schedule	$370.07
64450	N BLOCK OTHER PERIPHERAL	Y			Fee Schedule	$51.94
64455	N BLOCK INJ PLANTAR DIGIT	Y			Fee Schedule	$19.34
64479	INJ FORAMEN EPIDURAL C/T	Y			Fee Schedule	$370.07
64480	INJ FORAMEN EPIDURAL ADD-ON				No Separate Payment	$0.00
64483	INJ FORAMEN EPIDURAL L/S	Y			Fee Schedule	$370.07
64484	INJ FORAMEN EPIDURAL ADD-ON				No Separate Payment	$0.00
64490	INJ PARAVERT F JNT C/T 1 LEV	Y			Fee Schedule	$370.07
64491	INJ PARAVERT F JNT C/T 2 LEV				No Separate Payment	$0.00
64492	INJ PARAVERT F JNT C/T 3 LEV				No Separate Payment	$0.00
64493	INJ PARAVERT F JNT L/S 1 LEV	Y			Fee Schedule	$370.07
64494	INJ PARAVERT F JNT L/S 2 LEV				No Separate Payment	$0.00
64495	INJ PARAVERT F JNT L/S 3 LEV				No Separate Payment	$0.00
64505	N BLOCK SPENOPALATINE GANGL	Y			Fee Schedule	$53.02
64508	N BLOCK CAROTID SINUS S/P	Y			Fee Schedule	$18.27
64510	N BLOCK STELLATE GANGLION	Y			Fee Schedule	$370.07
64517	N BLOCK INJ HYPOGAS PLXS	Y			Fee Schedule	$370.07
64520	N BLOCK LUMBAR/THORACIC	Y			Fee Schedule	$370.07
64530	N BLOCK INJ CELIAC PELUS	Y			Fee Schedule	$370.07
64553	IMPLANT NEUROELECTRODES				Fee Schedule	$3,691.78
64555	IMPLANT NEUROELECTRODES				Fee Schedule	$3,691.78
64561	IMPLANT NEUROELECTRODES				Fee Schedule	$3,691.78
64565	IMPLANT NEUROELECTRODES				Fee Schedule	$3,691.78
64566	NEUROELTRD STIM POST TIBIAL	Y			Fee Schedule	$97.44
64568	INC FOR VAGUS N ELECT IMPL				Fee Schedule	$26,041.79
64569	REVISE/REPL VAGUS N ELTRD				Fee Schedule	$3,691.78
64570	REMOVE VAGUS N ELTRD				Fee Schedule	$1,582.01
64575	IMPLANT NEUROELECTRODES				Fee Schedule	$6,295.98
64580	IMPLANT NEUROELECTRODES				Fee Schedule	$6,295.98
64581	IMPLANT NEUROELECTRODES				Fee Schedule	$6,295.98
64585	REVISE/REMOVE NEUROELECTRODE				Fee Schedule	$945.06
64590	INSRT/REDO PN/GASTR STIMUL				Fee Schedule	$16,172.35
64595	REVISE/RMV PN/GASTR STIMUL				Fee Schedule	$1,227.57
64600	INJECTION TREATMENT OF NERVE	Y			Fee Schedule	$853.53
64605	INJECTION TREATMENT OF NERVE	Y			Fee Schedule	$764.49
64610	INJECTION TREATMENT OF NERVE	Y			Fee Schedule	$764.49

64611	CHEMODENERV SALIV GLANDS	Y			Fee Schedule	$67.35
64612	DESTROY NERVE FACE MUSCLE	Y			Fee Schedule	$73.44
64615	CHEMODENERV MUSC MIGRAINE	Y			Fee Schedule	$59.11
64616	CHEMODENERV MUSC NECK DYSTON	Y			Fee Schedule	$54.45
64617	CHEMODENER MUSCLE LARYNX EMG	Y			Fee Schedule	$117.14
64620	INJECTION TREATMENT OF NERVE	Y			Fee Schedule	$853.53
64630	INJECTION TREATMENT OF NERVE	Y			Fee Schedule	$370.07
64632	N BLOCK INJ COMMON DIGIT	Y			Fee Schedule	$39.76
64633	DESTROY CERV/THOR FACET JNT	Y			Fee Schedule	$853.53
64634	DESTROY C/TH FACET JNT ADDL				No Separate Payment	$0.00
64635	DESTROY LUMB/SAC FACET JNT	Y			Fee Schedule	$853.53
64636	DESTROY L/S FACET JNT ADDL				No Separate Payment	$0.00
64640	INJECTION TREATMENT OF NERVE	Y			Fee Schedule	$87.41
64642	CHEMODENERV 1 EXTREMITY 1-4	Y			Fee Schedule	$71.29
64643	CHEMODENERV 1 EXTREM 1-4 EA				No Separate Payment	$0.00
64644	CHEMODENERV 1 EXTREM 5/> MUS	Y			Fee Schedule	$84.54
64645	CHEMODENERV 1 EXTREM 5/> EA				No Separate Payment	$0.00
64646	CHEMODENERV TRUNK MUSC 1-5	Y			Fee Schedule	$75.94
64647	CHEMODENERV TRUNK MUSC 6/>	Y			Fee Schedule	$87.05
64650	CHEMODENERV ECCRINE GLANDS	Y			Fee Schedule	$48.00
64653	CHEMODENERV ECCRINE GLANDS	Y			Fee Schedule	$57.67
64680	INJECTION TREATMENT OF NERVE	Y			Fee Schedule	$853.53
64681	INJECTION TREATMENT OF NERVE	Y			Fee Schedule	$370.07
64702	REVISE FINGER/TOE NERVE	Y			Fee Schedule	$764.49
64704	REVISE HAND/FOOT NERVE	Y			Fee Schedule	$764.49
64708	REVISE ARM/LEG NERVE	Y			Fee Schedule	$764.49
64712	REVISION OF SCIATIC NERVE	Y			Fee Schedule	$764.49
64713	REVISION OF ARM NERVE(S)	Y			Fee Schedule	$764.49
64714	REVISE LOW BACK NERVE(S)	Y			Fee Schedule	$764.49
64716	REVISION OF CRANIAL NERVE	Y			Fee Schedule	$764.49
64718	REVISE ULNAR NERVE AT ELBOW	Y			Fee Schedule	$764.49
64719	REVISE ULNAR NERVE AT WRIST	Y			Fee Schedule	$764.49
64721	CARPAL TUNNEL SURGERY	Y			Fee Schedule	$764.49
64722	RELIEVE PRESSURE ON NERVE(S)	Y			Fee Schedule	$764.49
64726	RELEASE FOOT/TOE NERVE	Y			Fee Schedule	$764.49
64727	INTERNAL NERVE REVISION				No Separate Payment	$0.00
64732	INCISION OF BROW NERVE	Y			Fee Schedule	$764.49
64734	INCISION OF CHEEK NERVE	Y			Fee Schedule	$764.49
64736	INCISION OF CHIN NERVE	Y			Fee Schedule	$764.49
64738	INCISION OF JAW NERVE	Y			Fee Schedule	$764.49
64740	INCISION OF TONGUE NERVE	Y			Fee Schedule	$764.49
64742	INCISION OF FACIAL NERVE	Y			Fee Schedule	$764.49
64744	INCISE NERVE BACK OF HEAD	Y			Fee Schedule	$764.49
64746	INCISE DIAPHRAGM NERVE	Y			Fee Schedule	$764.49
64761	INCISION OF PELVIS NERVE	Y			Fee Schedule	$764.49
64763	INCISE HIP/THIGH NERVE	Y			Fee Schedule	$764.49
64766	INCISE HIP/THIGH NERVE	Y			Fee Schedule	$1,582.01
64771	SEVER CRANIAL NERVE	Y			Fee Schedule	$764.49
64772	INCISION OF SPINAL NERVE	Y			Fee Schedule	$764.49
64774	REMOVE SKIN NERVE LESION	Y			Fee Schedule	$764.49
64776	REMOVE DIGIT NERVE LESION	Y			Fee Schedule	$764.49
64778	DIGIT NERVE SURGERY ADD-ON				No Separate Payment	$0.00
64782	REMOVE LIMB NERVE LESION	Y			Fee Schedule	$764.49
64783	LIMB NERVE SURGERY ADD-ON				No Separate Payment	$0.00

64784	REMOVE NERVE LESION	Y			Fee Schedule	$764.49
64786	REMOVE SCIATIC NERVE LESION	Y			Fee Schedule	$1,582.01
64787	IMPLANT NERVE END				No Separate Payment	$0.00
64788	REMOVE SKIN NERVE LESION	Y			Fee Schedule	$764.49
64790	REMOVAL OF NERVE LESION	Y			Fee Schedule	$764.49
64792	REMOVAL OF NERVE LESION	Y			Fee Schedule	$1,582.01
64795	BIOPSY OF NERVE	Y			Fee Schedule	$764.49
64802	REMOVE SYMPATHETIC NERVES	Y			Fee Schedule	$764.49
64820	REMOVE SYMPATHETIC NERVES	Y			Fee Schedule	$764.49
64821	REMOVE SYMPATHETIC NERVES	Y			Fee Schedule	$1,231.21
64822	REMOVE SYMPATHETIC NERVES	Y			Fee Schedule	$1,231.21
64823	REMOVE SYMPATHETIC NERVES	Y			Fee Schedule	$1,231.21
64831	REPAIR OF DIGIT NERVE	Y			Fee Schedule	$1,582.01
64832	REPAIR NERVE ADD-ON				No Separate Payment	$0.00
64834	REPAIR OF HAND OR FOOT NERVE	Y			Fee Schedule	$1,582.01
64835	REPAIR OF HAND OR FOOT NERVE	Y			Fee Schedule	$1,582.01
64836	REPAIR OF HAND OR FOOT NERVE	Y			Fee Schedule	$1,582.01
64837	REPAIR NERVE ADD-ON				No Separate Payment	$0.00
64840	REPAIR OF LEG NERVE	Y			Fee Schedule	$1,582.01
64856	REPAIR/TRANSPOSE NERVE	Y			Fee Schedule	$1,582.01
64857	REPAIR ARM/LEG NERVE	Y			Fee Schedule	$1,582.01
64858	REPAIR SCIATIC NERVE	Y			Fee Schedule	$1,582.01
64859	NERVE SURGERY				No Separate Payment	$0.00
64861	REPAIR OF ARM NERVES	Y			Fee Schedule	$1,582.01
64862	REPAIR OF LOW BACK NERVES	Y			Fee Schedule	$1,582.01
64864	REPAIR OF FACIAL NERVE	Y			Fee Schedule	$1,582.01
64865	REPAIR OF FACIAL NERVE	Y			Fee Schedule	$1,582.01
64870	FUSION OF FACIAL/OTHER NERVE	Y			Fee Schedule	$1,582.01
64872	SUBSEQUENT REPAIR OF NERVE				No Separate Payment	$0.00
64874	REPAIR & REVISE NERVE ADD-ON				No Separate Payment	$0.00
64876	REPAIR NERVE/SHORTEN BONE				No Separate Payment	$0.00
64885	NERVE GRAFT HEAD OR NECK	Y			Fee Schedule	$1,582.01
64886	NERVE GRAFT HEAD OR NECK	Y			Fee Schedule	$1,582.01
64890	NERVE GRAFT HAND OR FOOT	Y			Fee Schedule	$1,582.01
64891	NERVE GRAFT HAND OR FOOT	Y			Fee Schedule	$1,582.01
64892	NERVE GRAFT ARM OR LEG	Y			Fee Schedule	$1,582.01
64893	NERVE GRAFT ARM OR LEG	Y			Fee Schedule	$1,582.01
64895	NERVE GRAFT HAND OR FOOT	Y			Fee Schedule	$1,582.01
64896	NERVE GRAFT HAND OR FOOT	Y			Fee Schedule	$1,582.01
64897	NERVE GRAFT ARM OR LEG	Y			Fee Schedule	$1,582.01
64898	NERVE GRAFT ARM OR LEG	Y			Fee Schedule	$1,582.01
64901	NERVE GRAFT ADD-ON				No Separate Payment	$0.00
64902	NERVE GRAFT ADD-ON				No Separate Payment	$0.00
64905	NERVE PEDICLE TRANSFER	Y			Fee Schedule	$1,582.01
64907	NERVE PEDICLE TRANSFER	Y			Fee Schedule	$1,582.01
64910	NERVE REPAIR W/ALLOGRAFT	Y			Fee Schedule	$1,582.01
65091	REVISE EYE	Y			Fee Schedule	$1,725.18
65093	REVISE EYE WITH IMPLANT	Y			Fee Schedule	$1,725.18
65101	REMOVAL OF EYE	Y			Fee Schedule	$1,725.18
65103	REMOVE EYE/INSERT IMPLANT	Y			Fee Schedule	$1,725.18
65105	REMOVE EYE/ATTACH IMPLANT	Y			Fee Schedule	$1,725.18
65110	REMOVAL OF EYE	Y			Fee Schedule	$1,725.18
65112	REMOVE EYE/REVISE SOCKET	Y			Fee Schedule	$1,725.18
65114	REMOVE EYE/REVISE SOCKET	Y			Fee Schedule	$1,725.18

65125	REVISE OCULAR IMPLANT	Y			Fee Schedule	$1,097.60
65130	INSERT OCULAR IMPLANT	Y			Fee Schedule	$1,097.60
65135	INSERT OCULAR IMPLANT	Y			Fee Schedule	$1,097.60
65140	ATTACH OCULAR IMPLANT	Y			Fee Schedule	$1,725.18
65150	REVISE OCULAR IMPLANT	Y			Fee Schedule	$1,097.60
65155	REINSERT OCULAR IMPLANT	Y			Fee Schedule	$1,725.18
65175	REMOVAL OF OCULAR IMPLANT				Fee Schedule	$800.97
65205	REMOVE FOREIGN BODY FROM EYE				Fee Schedule	$29.73
65210	REMOVE FOREIGN BODY FROM EYE				Fee Schedule	$37.26
65220	REMOVE FOREIGN BODY FROM EYE				Fee Schedule	$42.81
65222	REMOVE FOREIGN BODY FROM EYE				Fee Schedule	$35.82
65235	REMOVE FOREIGN BODY FROM EYE	Y			Fee Schedule	$659.12
65260	REMOVE FOREIGN BODY FROM EYE	Y			Fee Schedule	$237.31
65265	REMOVE FOREIGN BODY FROM EYE	Y			Fee Schedule	$947.34
65270	REPAIR OF EYE WOUND	Y			Fee Schedule	$800.97
65272	REPAIR OF EYE WOUND	Y			Fee Schedule	$966.16
65275	REPAIR OF EYE WOUND	Y			Fee Schedule	$966.16
65280	REPAIR OF EYE WOUND	Y			Fee Schedule	$947.34
65285	REPAIR OF EYE WOUND	Y			Fee Schedule	$1,690.59
65286	REPAIR OF EYE WOUND	Y			Fee Schedule	$412.04
65290	REPAIR OF EYE SOCKET WOUND	Y			Fee Schedule	$1,075.62
65400	REMOVAL OF EYE LESION	Y			Fee Schedule	$659.12
65410	BIOPSY OF CORNEA	Y			Fee Schedule	$659.12
65420	REMOVAL OF EYE LESION	Y			Fee Schedule	$659.12
65426	REMOVAL OF EYE LESION	Y			Fee Schedule	$966.16
65430	CORNEAL SMEAR				Fee Schedule	$42.81
65435	CURETTE/TREAT CORNEA	Y			Fee Schedule	$45.49
65436	CURETTE/TREAT CORNEA	Y			Fee Schedule	$207.41
65450	TREATMENT OF CORNEAL LESION				Fee Schedule	$100.49
65600	REVISION OF CORNEA	Y			Fee Schedule	$237.15
65710	CORNEAL TRANSPLANT	Y			Fee Schedule	$1,783.30
65730	CORNEAL TRANSPLANT	Y			Fee Schedule	$1,783.30
65750	CORNEAL TRANSPLANT	Y			Fee Schedule	$1,783.30
65755	CORNEAL TRANSPLANT	Y			Fee Schedule	$1,783.30
65756	CORNEAL TRNSPL ENDOTHELIAL	Y			Fee Schedule	$1,783.30
65757	PREP CORNEAL ENDO ALLOGRAFT				No Separate Payment	$0.00
65770	REVISE CORNEA WITH IMPLANT	Y			Fee Schedule	$6,479.27
65772	CORRECTION OF ASTIGMATISM	Y			Fee Schedule	$659.12
65775	CORRECTION OF ASTIGMATISM	Y			Fee Schedule	$659.12
65778	COVER EYE W/MEMBRANE				No Separate Payment	$0.00
65779	COVER EYE W/MEMBRANE SUTURE				No Separate Payment	$0.00
65780	OCULAR RECONST TRANSPLANT	Y			Fee Schedule	$1,783.30
65781	OCULAR RECONST TRANSPLANT	Y			Fee Schedule	$1,783.30
65782	OCULAR RECONST TRANSPLANT	Y			Fee Schedule	$1,783.30
65800	DRAINAGE OF EYE	Y			Fee Schedule	$412.04
65810	DRAINAGE OF EYE	Y			Fee Schedule	$966.16
65815	DRAINAGE OF EYE	Y			Fee Schedule	$966.16
65820	RELIEVE INNER EYE PRESSURE	Y			Fee Schedule	$966.16
65850	INCISION OF EYE	Y			Fee Schedule	$966.16
65855	LASER SURGERY OF EYE	Y			Fee Schedule	$188.79
65860	INCISE INNER EYE ADHESIONS	Y			Fee Schedule	$174.82
65865	INCISE INNER EYE ADHESIONS	Y			Fee Schedule	$659.12
65870	INCISE INNER EYE ADHESIONS	Y			Fee Schedule	$966.16
65875	INCISE INNER EYE ADHESIONS	Y			Fee Schedule	$966.16

65880	INCISE INNER EYE ADHESIONS	Y			Fee Schedule	$659.12
65900	REMOVE EYE LESION	Y			Fee Schedule	$95.22
65920	REMOVE IMPLANT OF EYE				Fee Schedule	$966.16
65930	REMOVE BLOOD CLOT FROM EYE	Y			Fee Schedule	$1,677.90
66020	INJECTION TREATMENT OF EYE	Y			Fee Schedule	$659.12
66030	INJECTION TREATMENT OF EYE	Y			Fee Schedule	$659.12
66130	REMOVE EYE LESION	Y			Fee Schedule	$966.16
66150	GLAUCOMA SURGERY	Y			Fee Schedule	$966.16
66155	GLAUCOMA SURGERY	Y			Fee Schedule	$1,677.90
66160	GLAUCOMA SURGERY	Y			Fee Schedule	$966.16
66165	GLAUCOMA SURGERY	Y			Fee Schedule	$966.16
66170	GLAUCOMA SURGERY	Y			Fee Schedule	$966.16
66172	INCISION OF EYE	Y			Fee Schedule	$966.16
66174	TRANSLUM DIL EYE CANAL	Y			Fee Schedule	$1,677.90
66175	TRNSLUM DIL EYE CANAL W/STNT	Y			Fee Schedule	$1,677.90
66180	IMPLANT EYE SHUNT	Y			Fee Schedule	$1,677.90
66183	INSERT ANT DRAINAGE DEVICE	Y			Fee Schedule	$1,677.90
66185	REVISE EYE SHUNT	Y			Fee Schedule	$1,677.90
66220	REPAIR EYE LESION	Y			Fee Schedule	$1,690.59
66225	REPAIR/GRAFT EYE LESION	Y			Fee Schedule	$1,677.90
66250	FOLLOW-UP SURGERY OF EYE	Y			Fee Schedule	$659.12
66500	INCISION OF IRIS	Y			Fee Schedule	$95.22
66505	INCISION OF IRIS	Y			Fee Schedule	$412.04
66600	REMOVE IRIS AND LESION	Y			Fee Schedule	$966.16
66605	REMOVAL OF IRIS	Y			Fee Schedule	$1,677.90
66625	REMOVAL OF IRIS	Y			Fee Schedule	$412.04
66630	REMOVAL OF IRIS	Y			Fee Schedule	$966.16
66635	REMOVAL OF IRIS	Y			Fee Schedule	$966.16
66680	REPAIR IRIS & CILIARY BODY	Y			Fee Schedule	$966.16
66682	REPAIR IRIS & CILIARY BODY	Y			Fee Schedule	$966.16
66700	DESTRUCTION CILIARY BODY	Y			Fee Schedule	$659.12
66710	CILIARY TRANSSLERAL THERAPY	Y			Fee Schedule	$659.12
66711	CILIARY ENDOSCOPIC ABLATION	Y			Fee Schedule	$966.16
66720	DESTRUCTION CILIARY BODY	Y			Fee Schedule	$659.12
66740	DESTRUCTION CILIARY BODY	Y			Fee Schedule	$966.16
66761	REVISION OF IRIS	Y			Fee Schedule	$184.13
66762	REVISION OF IRIS	Y			Fee Schedule	$236.57
66770	REMOVAL OF INNER EYE LESION	Y			Fee Schedule	$236.57
66820	INCISION SECONDARY CATARACT	Y			Fee Schedule	$412.04
66821	AFTER CATARACT LASER SURGERY	Y			Fee Schedule	$236.57
66825	REPOSITION INTRAOCULAR LENS	Y			Fee Schedule	$966.16
66830	REMOVAL OF LENS LESION	Y			Fee Schedule	$412.04
66840	REMOVAL OF LENS MATERIAL	Y			Fee Schedule	$659.12
66850	REMOVAL OF LENS MATERIAL	Y			Fee Schedule	$1,190.11
66852	REMOVAL OF LENS MATERIAL	Y			Fee Schedule	$1,190.11
66920	EXTRACTION OF LENS	Y			Fee Schedule	$1,190.11
66930	EXTRACTION OF LENS	Y			Fee Schedule	$1,190.11
66940	EXTRACTION OF LENS	Y			Fee Schedule	$412.04
66982	CATARACT SURGERY COMPLEX	Y			Fee Schedule	$975.58
66983	CATARACT SURG W/IOL 1 STAGE	Y			Fee Schedule	$975.58
66984	CATARACT SURG W/IOL 1 STAGE	Y			Fee Schedule	$975.58
66985	INSERT LENS PROSTHESIS	Y			Fee Schedule	$975.58
66986	EXCHANGE LENS PROSTHESIS	Y			Fee Schedule	$975.58
66990	OPHTHALMIC ENDOSCOPE ADD-ON				No Separate Payment	$0.00

67005	PARTIAL REMOVAL OF EYE FLUID	Y			Fee Schedule	$947.34
67010	PARTIAL REMOVAL OF EYE FLUID	Y			Fee Schedule	$1,690.59
67015	RELEASE OF EYE FLUID	Y			Fee Schedule	$1,690.59
67025	REPLACE EYE FLUID	Y			Fee Schedule	$1,690.59
67027	IMPLANT EYE DRUG SYSTEM	Y			Fee Schedule	$1,690.59
67028	INJECTION EYE DRUG	Y			Fee Schedule	$48.00
67030	INCISE INNER EYE STRANDS	Y			Fee Schedule	$947.34
67031	LASER SURGERY EYE STRANDS	Y			Fee Schedule	$236.57
67036	REMOVAL OF INNER EYE FLUID	Y			Fee Schedule	$1,690.59
67039	LASER TREATMENT OF RETINA	Y			Fee Schedule	$1,690.59
67040	LASER TREATMENT OF RETINA	Y			Fee Schedule	$1,690.59
67041	VIT FOR MACULAR PUCKER	Y			Fee Schedule	$1,690.59
67042	VIT FOR MACULAR HOLE	Y			Fee Schedule	$1,690.59
67043	VIT FOR MEMBRANE DISSECT	Y			Fee Schedule	$1,690.59
67101	REPAIR DETACHED RETINA	Y			Fee Schedule	$454.59
67105	REPAIR DETACHED RETINA	Y			Fee Schedule	$236.57
67107	REPAIR DETACHED RETINA	Y			Fee Schedule	$1,690.59
67108	REPAIR DETACHED RETINA	Y			Fee Schedule	$1,690.59
67110	REPAIR DETACHED RETINA	Y			Fee Schedule	$485.76
67112	REREPAIR DETACHED RETINA	Y			Fee Schedule	$1,690.59
67113	REPAIR RETINAL DETACH CPLX	Y			Fee Schedule	$1,690.59
67115	RELEASE ENCIRCLING MATERIAL	Y			Fee Schedule	$947.34
67120	REMOVE EYE IMPLANT MATERIAL				Fee Schedule	$947.34
67121	REMOVE EYE IMPLANT MATERIAL				Fee Schedule	$1,690.59
67141	TREATMENT OF RETINA	Y			Fee Schedule	$237.31
67145	TREATMENT OF RETINA	Y			Fee Schedule	$236.57
67208	TREATMENT OF RETINAL LESION	Y			Fee Schedule	$237.31
67210	TREATMENT OF RETINAL LESION	Y			Fee Schedule	$236.57
67218	TREATMENT OF RETINAL LESION	Y			Fee Schedule	$947.34
67220	TREATMENT OF CHOROID LESION	Y			Fee Schedule	$236.57
67221	OCULAR PHOTODYNAMIC THER	Y			Fee Schedule	$157.98
67225	EYE PHOTODYNAMIC THER ADD-ON				No Separate Payment	$0.00
67227	TREATMENT OF RETINAL LESION	Y			Fee Schedule	$947.34
67228	TREATMENT OF RETINAL LESION	Y			Fee Schedule	$236.57
67229	TR RETINAL LES PRETERM INF	Y			Fee Schedule	$236.57
67250	REINFORCE EYE WALL	Y			Fee Schedule	$800.97
67255	REINFORCE/GRAFT EYE WALL	Y			Fee Schedule	$947.34
67311	REVISE EYE MUSCLE	Y			Fee Schedule	$1,075.62
67312	REVISE TWO EYE MUSCLES	Y			Fee Schedule	$1,075.62
67314	REVISE EYE MUSCLE	Y			Fee Schedule	$1,075.62
67316	REVISE TWO EYE MUSCLES	Y			Fee Schedule	$1,075.62
67318	REVISE EYE MUSCLE(S)	Y			Fee Schedule	$1,075.62
67320	REVISE EYE MUSCLE(S) ADD-ON				No Separate Payment	$0.00
67331	EYE SURGERY FOLLOW-UP ADD-ON				No Separate Payment	$0.00
67332	REREVISE EYE MUSCLES ADD-ON				No Separate Payment	$0.00
67334	REVISE EYE MUSCLE W/SUTURE				No Separate Payment	$0.00
67335	EYE SUTURE DURING SURGERY				No Separate Payment	$0.00
67340	REVISE EYE MUSCLE ADD-ON				No Separate Payment	$0.00
67343	RELEASE EYE TISSUE	Y			Fee Schedule	$1,075.62
67345	DESTROY NERVE OF EYE MUSCLE	Y			Fee Schedule	$123.95
67346	BIOPSY EYE MUSCLE	Y			Fee Schedule	$661.01
67400	EXPLORE/BIOPSY EYE SOCKET	Y			Fee Schedule	$800.97
67405	EXPLORE/DRAIN EYE SOCKET	Y			Fee Schedule	$1,097.60
67412	EXPLORE/TREAT EYE SOCKET	Y			Fee Schedule	$800.97

67413	EXPLORE/TREAT EYE SOCKET	Y			Fee Schedule	$1,097.60
67414	EXPLR/DECOMPRESS EYE SOCKET	Y			Fee Schedule	$1,725.18
67415	ASPIRATION ORBITAL CONTENTS	Y			Fee Schedule	$800.97
67420	EXPLORE/TREAT EYE SOCKET	Y			Fee Schedule	$1,725.18
67430	EXPLORE/TREAT EYE SOCKET	Y			Fee Schedule	$1,725.18
67440	EXPLORE/DRAIN EYE SOCKET	Y			Fee Schedule	$1,725.18
67445	EXPLR/DECOMPRESS EYE SOCKET	Y			Fee Schedule	$1,725.18
67450	EXPLORE/BIOPSY EYE SOCKET	Y			Fee Schedule	$1,725.18
67500	INJECT/TREAT EYE SOCKET				Fee Schedule	$100.49
67505	INJECT/TREAT EYE SOCKET	Y			Fee Schedule	$41.91
67515	INJECT/TREAT EYE SOCKET	Y			Fee Schedule	$44.78
67550	INSERT EYE SOCKET IMPLANT	Y			Fee Schedule	$1,725.18
67560	REVISE EYE SOCKET IMPLANT	Y			Fee Schedule	$1,097.60
67570	DECOMPRESS OPTIC NERVE	Y			Fee Schedule	$1,725.18
67700	DRAINAGE OF EYELID ABSCESS	Y			Fee Schedule	$141.07
67710	INCISION OF EYELID	Y			Fee Schedule	$183.05
67715	INCISION OF EYELID FOLD	Y			Fee Schedule	$800.97
67800	REMOVE EYELID LESION	Y			Fee Schedule	$74.15
67801	REMOVE EYELID LESIONS	Y			Fee Schedule	$90.27
67805	REMOVE EYELID LESIONS	Y			Fee Schedule	$116.42
67808	REMOVE EYELID LESION(S)	Y			Fee Schedule	$800.97
67810	BIOPSY OF EYELID	Y			Fee Schedule	$123.23
67820	REVISE EYELASHES				Fee Schedule	$23.64
67825	REVISE EYELASHES	Y			Fee Schedule	$74.87
67830	REVISE EYELASHES	Y			Fee Schedule	$355.60
67835	REVISE EYELASHES	Y			Fee Schedule	$800.97
67840	REMOVE EYELID LESION	Y			Fee Schedule	$195.59
67850	TREAT EYELID LESION	Y			Fee Schedule	$145.80
67875	CLOSURE OF EYELID BY SUTURE	Y			Fee Schedule	$355.60
67880	REVISION OF EYELID	Y			Fee Schedule	$659.12
67882	REVISION OF EYELID	Y			Fee Schedule	$800.97
67900	REPAIR BROW DEFECT	Y	Y	01/01/2014	Fee Schedule	$1,097.60
67901	REPAIR EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$800.97
67902	REPAIR EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$1,097.60
67903	REPAIR EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$800.97
67904	REPAIR EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$800.97
67906	REPAIR EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$800.97
67908	REPAIR EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$800.97
67909	REVISE EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$800.97
67911	REVISE EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$800.97
67912	CORRECTION EYELID W/IMPLANT	Y			Fee Schedule	$800.97
67914	REPAIR EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$800.97
67915	REPAIR EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$215.65
67916	REPAIR EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$800.97
67917	REPAIR EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$800.97
67921	REPAIR EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$800.97
67922	REPAIR EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$213.50
67923	REPAIR EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$800.97
67924	REPAIR EYELID DEFECT	Y	Y	01/01/2014	Fee Schedule	$800.97
67930	REPAIR EYELID WOUND	Y			Fee Schedule	$224.61
67935	REPAIR EYELID WOUND	Y			Fee Schedule	$800.97
67938	REMOVE EYELID FOREIGN BODY				Fee Schedule	$100.49
67950	REVISION OF EYELID	Y			Fee Schedule	$800.97
67961	REVISION OF EYELID	Y			Fee Schedule	$800.97

67966	REVISION OF EYELID	Y			Fee Schedule	$800.97
67971	RECONSTRUCTION OF EYELID	Y			Fee Schedule	$800.97
67973	RECONSTRUCTION OF EYELID	Y			Fee Schedule	$1,097.60
67974	RECONSTRUCTION OF EYELID	Y			Fee Schedule	$800.97
67975	RECONSTRUCTION OF EYELID	Y			Fee Schedule	$800.97
68020	INCISE/DRAIN EYELID LINING	Y			Fee Schedule	$66.27
68040	TREATMENT OF EYELID LESIONS				Fee Schedule	$32.60
68100	BIOPSY OF EYELID LINING	Y			Fee Schedule	$118.57
68110	REMOVE EYELID LINING LESION	Y			Fee Schedule	$156.90
68115	REMOVE EYELID LINING LESION	Y			Fee Schedule	$800.97
68130	REMOVE EYELID LINING LESION	Y			Fee Schedule	$659.12
68135	REMOVE EYELID LINING LESION	Y			Fee Schedule	$85.97
68200	TREAT EYELID BY INJECTION				Fee Schedule	$22.93
68320	REVISE/GRAFT EYELID LINING	Y			Fee Schedule	$1,097.60
68325	REVISE/GRAFT EYELID LINING	Y			Fee Schedule	$1,097.60
68326	REVISE/GRAFT EYELID LINING	Y			Fee Schedule	$800.97
68328	REVISE/GRAFT EYELID LINING	Y			Fee Schedule	$1,097.60
68330	REVISE EYELID LINING	Y			Fee Schedule	$966.16
68335	REVISE/GRAFT EYELID LINING	Y			Fee Schedule	$1,097.60
68340	SEPARATE EYELID ADHESIONS	Y			Fee Schedule	$800.97
68360	REVISE EYELID LINING	Y			Fee Schedule	$966.16
68362	REVISE EYELID LINING	Y			Fee Schedule	$966.16
68371	HARVEST EYE TISSUE ALOGRAFT	Y			Fee Schedule	$966.16
68400	INCISE/DRAIN TEAR GLAND	Y			Fee Schedule	$141.07
68420	INCISE/DRAIN TEAR SAC	Y			Fee Schedule	$231.77
68440	INCISE TEAR DUCT OPENING	Y			Fee Schedule	$64.84
68500	REMOVAL OF TEAR GLAND	Y			Fee Schedule	$1,097.60
68505	PARTIAL REMOVAL TEAR GLAND	Y			Fee Schedule	$1,097.60
68510	BIOPSY OF TEAR GLAND	Y			Fee Schedule	$800.97
68520	REMOVAL OF TEAR SAC	Y			Fee Schedule	$1,097.60
68525	BIOPSY OF TEAR SAC	Y			Fee Schedule	$800.97
68530	CLEARANCE OF TEAR DUCT	Y			Fee Schedule	$141.07
68540	REMOVE TEAR GLAND LESION	Y			Fee Schedule	$800.97
68550	REMOVE TEAR GLAND LESION	Y			Fee Schedule	$1,097.60
68700	REPAIR TEAR DUCTS	Y			Fee Schedule	$800.97
68705	REVISE TEAR DUCT OPENING	Y			Fee Schedule	$141.07
68720	CREATE TEAR SAC DRAIN	Y			Fee Schedule	$1,097.60
68745	CREATE TEAR DUCT DRAIN	Y			Fee Schedule	$1,097.60
68750	CREATE TEAR DUCT DRAIN	Y			Fee Schedule	$1,097.60
68760	CLOSE TEAR DUCT OPENING	Y			Fee Schedule	$134.34
68761	CLOSE TEAR DUCT OPENING	Y			Fee Schedule	$94.93
68770	CLOSE TEAR SYSTEM FISTULA	Y			Fee Schedule	$1,097.60
68801	DILATE TEAR DUCT OPENING				Fee Schedule	$42.81
68810	PROBE NASOLACRIMAL DUCT	Y			Fee Schedule	$141.07
68811	PROBE NASOLACRIMAL DUCT	Y			Fee Schedule	$800.97
68815	PROBE NASOLACRIMAL DUCT	Y			Fee Schedule	$800.97
68816	PROBE NL DUCT W/BALLOON	Y			Fee Schedule	$800.97
68840	EXPLORE/IRRIGATE TEAR DUCTS				Fee Schedule	$79.53
68850	INJECTION FOR TEAR SAC X-RAY				No Separate Payment	$0.00
69000	DRAIN EXTERNAL EAR LESION	Y			Fee Schedule	$88.20
69005	DRAIN EXTERNAL EAR LESION	Y			Fee Schedule	$132.90
69020	DRAIN OUTER EAR CANAL LESION	Y			Fee Schedule	$88.20
69100	BIOPSY OF EXTERNAL EAR	Y			Fee Schedule	$66.99
69105	BIOPSY OF EXTERNAL EAR CANAL	Y			Fee Schedule	$109.62

69110	REMOVE EXTERNAL EAR PARTIAL	Y			Fee Schedule	$633.26
69120	REMOVAL OF EXTERNAL EAR	Y			Fee Schedule	$1,027.11
69140	REMOVE EAR CANAL LESION(S)	Y			Fee Schedule	$1,969.21
69145	REMOVE EAR CANAL LESION(S)	Y			Fee Schedule	$633.26
69150	EXTENSIVE EAR CANAL SURGERY	Y			Fee Schedule	$1,027.11
69200	CLEAR OUTER EAR CANAL				Fee Schedule	$29.52
69205	CLEAR OUTER EAR CANAL	Y			Fee Schedule	$959.30
69210	REMOVE IMPACTED EAR WAX				Fee Schedule	$25.79
69220	CLEAN OUT MASTOID CAVITY	Y			Fee Schedule	$46.26
69222	CLEAN OUT MASTOID CAVITY	Y			Fee Schedule	$167.65
69300	REVISE EXTERNAL EAR				Not Allowed	$0.00
69310	REBUILD OUTER EAR CANAL	Y			Fee Schedule	$1,969.21
69320	REBUILD OUTER EAR CANAL	Y			Fee Schedule	$1,969.21
69400	INFLATE MIDDLE EAR CANAL	Y			Fee Schedule	$118.57
69401	INFLATE MIDDLE EAR CANAL	Y			Fee Schedule	$65.56
69405	CATHETERIZE MIDDLE EAR CANAL	Y			Fee Schedule	$161.20
69420	INCISION OF EARDRUM	Y			Fee Schedule	$141.14
69421	INCISION OF EARDRUM	Y			Fee Schedule	$672.75
69424	REMOVE VENTILATING TUBE				Fee Schedule	$96.72
69433	CREATE EARDRUM OPENING	Y			Fee Schedule	$144.72
69436	CREATE EARDRUM OPENING	Y			Fee Schedule	$672.75
69440	EXPLORATION OF MIDDLE EAR	Y			Fee Schedule	$1,969.21
69450	EARDRUM REVISION	Y			Fee Schedule	$1,969.21
69501	MASTOIDECTOMY	Y			Fee Schedule	$1,969.21
69502	MASTOIDECTOMY	Y			Fee Schedule	$1,969.21
69505	REMOVE MASTOID STRUCTURES	Y			Fee Schedule	$1,969.21
69511	EXTENSIVE MASTOID SURGERY	Y			Fee Schedule	$1,969.21
69530	EXTENSIVE MASTOID SURGERY	Y			Fee Schedule	$1,969.21
69540	REMOVE EAR LESION	Y			Fee Schedule	$164.43
69550	REMOVE EAR LESION	Y			Fee Schedule	$1,969.21
69552	REMOVE EAR LESION	Y			Fee Schedule	$1,969.21
69601	MASTOID SURGERY REVISION	Y			Fee Schedule	$1,969.21
69602	MASTOID SURGERY REVISION	Y			Fee Schedule	$1,969.21
69603	MASTOID SURGERY REVISION	Y			Fee Schedule	$1,969.21
69604	MASTOID SURGERY REVISION	Y			Fee Schedule	$1,969.21
69605	MASTOID SURGERY REVISION	Y			Fee Schedule	$1,969.21
69610	REPAIR OF EARDRUM	Y			Fee Schedule	$215.30
69620	REPAIR OF EARDRUM	Y			Fee Schedule	$1,027.11
69631	REPAIR EARDRUM STRUCTURES	Y			Fee Schedule	$1,969.21
69632	REBUILD EARDRUM STRUCTURES	Y			Fee Schedule	$1,969.21
69633	REBUILD EARDRUM STRUCTURES	Y			Fee Schedule	$1,969.21
69635	REPAIR EARDRUM STRUCTURES	Y			Fee Schedule	$1,969.21
69636	REBUILD EARDRUM STRUCTURES	Y			Fee Schedule	$1,969.21
69637	REBUILD EARDRUM STRUCTURES	Y			Fee Schedule	$1,969.21
69641	REVISE MIDDLE EAR & MASTOID	Y			Fee Schedule	$1,969.21
69642	REVISE MIDDLE EAR & MASTOID	Y			Fee Schedule	$1,969.21
69643	REVISE MIDDLE EAR & MASTOID	Y			Fee Schedule	$1,969.21
69644	REVISE MIDDLE EAR & MASTOID	Y			Fee Schedule	$1,969.21
69645	REVISE MIDDLE EAR & MASTOID	Y			Fee Schedule	$1,969.21
69646	REVISE MIDDLE EAR & MASTOID	Y			Fee Schedule	$1,969.21
69650	RELEASE MIDDLE EAR BONE	Y			Fee Schedule	$1,969.21
69660	REVISE MIDDLE EAR BONE	Y			Fee Schedule	$1,969.21
69661	REVISE MIDDLE EAR BONE	Y			Fee Schedule	$1,969.21
69662	REVISE MIDDLE EAR BONE	Y			Fee Schedule	$1,969.21

69666	REPAIR MIDDLE EAR STRUCTURES	Y			Fee Schedule	$1,027.11
69667	REPAIR MIDDLE EAR STRUCTURES	Y			Fee Schedule	$1,027.11
69670	REMOVE MASTOID AIR CELLS	Y			Fee Schedule	$1,969.21
69676	REMOVE MIDDLE EAR NERVE	Y			Fee Schedule	$1,027.11
69700	CLOSE MASTOID FISTULA	Y			Fee Schedule	$1,027.11
69711	REMOVE/REPAIR HEARING AID				Fee Schedule	$1,969.21
69714	IMPLANT TEMPLE BONE W/STIMUL	Y			Fee Schedule	$7,986.67
69715	TEMPLE BNE IMPLNT W/STIMULAT	Y			Fee Schedule	$7,986.67
69717	TEMPLE BONE IMPLANT REVISION	Y			Fee Schedule	$7,986.67
69718	REVISE TEMPLE BONE IMPLANT	Y			Fee Schedule	$7,986.67
69720	RELEASE FACIAL NERVE	Y			Fee Schedule	$1,969.21
69740	REPAIR FACIAL NERVE	Y			Fee Schedule	$1,969.21
69745	REPAIR FACIAL NERVE	Y			Fee Schedule	$1,969.21
69801	INCISE INNER EAR	Y			Fee Schedule	$118.57
69805	EXPLORE INNER EAR	Y			Fee Schedule	$1,969.21
69806	EXPLORE INNER EAR	Y			Fee Schedule	$1,969.21
69820	ESTABLISH INNER EAR WINDOW	Y			Fee Schedule	$1,969.21
69840	REVISE INNER EAR WINDOW	Y			Fee Schedule	$1,969.21
69905	REMOVE INNER EAR	Y			Fee Schedule	$1,969.21
69910	REMOVE INNER EAR & MASTOID	Y			Fee Schedule	$1,969.21
69915	INCISE INNER EAR NERVE	Y			Fee Schedule	$1,969.21
69930	IMPLANT COCHLEAR DEVICE	Y			Fee Schedule	$28,598.49
69990	MICROSURGERY ADD-ON				No Separate Payment	$0.00
70010	CONTRAST X-RAY OF BRAIN				No Separate Payment	$0.00
70015	CONTRAST X-RAY OF BRAIN				No Separate Payment	$0.00
70030	X-RAY EYE FOR FOREIGN BODY				Fee Schedule	$21.14
70100	X-RAY EXAM OF JAW <4VIEWS				Fee Schedule	$25.79
70110	X-RAY EXAM OF JAW 4/> VIEWS				Fee Schedule	$27.58
70120	X-RAY EXAM OF MASTOIDS				Fee Schedule	$27.23
70130	X-RAY EXAM OF MASTOIDS				Fee Schedule	$31.68
70134	X-RAY EXAM OF MIDDLE EAR				Fee Schedule	$31.68
70140	X-RAY EXAM OF FACIAL BONES				Fee Schedule	$20.06
70150	X-RAY EXAM OF FACIAL BONES				Fee Schedule	$30.09
70160	X-RAY EXAM OF NASAL BONES				Fee Schedule	$25.43
70170	X-RAY EXAM OF TEAR DUCT				No Separate Payment	$0.00
70190	X-RAY EXAM OF EYE SOCKETS				Fee Schedule	$25.79
70200	X-RAY EXAM OF EYE SOCKETS				Fee Schedule	$30.09
70210	X-RAY EXAM OF SINUSES				Fee Schedule	$22.21
70220	X-RAY EXAM OF SINUSES				Fee Schedule	$26.51
70240	X-RAY EXAM PITUITARY SADDLE				Fee Schedule	$21.14
70250	X-RAY EXAM OF SKULL				Fee Schedule	$25.08
70260	X-RAY EXAM OF SKULL				Fee Schedule	$30.81
70300	X-RAY EXAM OF TEETH				Fee Schedule	$8.96
70310	X-RAY EXAM OF TEETH				Fee Schedule	$23.55
70320	FULL MOUTH X-RAY OF TEETH				Fee Schedule	$23.55
70328	X-RAY EXAM OF JAW JOINT				Fee Schedule	$22.57
70330	X-RAY EXAM OF JAW JOINTS				Fee Schedule	$31.68
70332	X-RAY EXAM OF JAW JOINT				No Separate Payment	$0.00
70336	MAGNETIC IMAGE JAW JOINT				Fee Schedule	$162.84
70350	X-RAY HEAD FOR ORTHODONTIA				Fee Schedule	$11.46
70355	PANORAMIC X-RAY OF JAWS				Fee Schedule	$9.67
70360	X-RAY EXAM OF NECK				Fee Schedule	$20.78
70370	THROAT X-RAY & FLUOROSCOPY				Fee Schedule	$65.91
70371	SPEECH EVALUATION COMPLEX				Fee Schedule	$50.51

70373	CONTRAST X-RAY OF LARYNX				No Separate Payment	$0.00
70380	X-RAY EXAM OF SALIVARY GLAND				Fee Schedule	$29.37
70390	X-RAY EXAM OF SALIVARY DUCT				No Separate Payment	$0.00
70450	CT HEAD/BRAIN W/O DYE				Fee Schedule	$69.87
70460	CT HEAD/BRAIN W/DYE				Fee Schedule	$113.20
70470	CT HEAD/BRAIN W/O & W/DYE				Fee Schedule	$140.07
70480	CT ORBIT/EAR/FOSSA W/O DYE				Fee Schedule	$69.87
70481	CT ORBIT/EAR/FOSSA W/DYE				Fee Schedule	$137.55
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE				Fee Schedule	$154.90
70486	CT MAXILLOFACIAL W/O DYE				Fee Schedule	$69.87
70487	CT MAXILLOFACIAL W/DYE				Fee Schedule	$137.55
70488	CT MAXILLOFACIAL W/O & W/DYE				Fee Schedule	$154.90
70490	CT SOFT TISSUE NECK W/O DYE				Fee Schedule	$69.87
70491	CT SOFT TISSUE NECK W/DYE				Fee Schedule	$137.55
70492	CT SFT TSUE NCK W/O & W/DYE				Fee Schedule	$154.90
70496	CT ANGIOGRAPHY HEAD				Fee Schedule	$161.29
70498	CT ANGIOGRAPHY NECK				Fee Schedule	$161.29
70540	MRI ORBIT/FACE/NECK W/O DYE				Fee Schedule	$162.84
70542	MRI ORBIT/FACE/NECK W/DYE				Fee Schedule	$235.60
70543	MRI ORBT/FAC/NCK W/O &W/DYE				Fee Schedule	$272.30
70544	MR ANGIOGRAPHY HEAD W/O DYE				Fee Schedule	$162.84
70545	MR ANGIOGRAPHY HEAD W/DYE				Fee Schedule	$235.60
70546	MR ANGIOGRAPH HEAD W/O&W/DYE				Fee Schedule	$272.30
70547	MR ANGIOGRAPHY NECK W/O DYE				Fee Schedule	$162.84
70548	MR ANGIOGRAPHY NECK W/DYE				Fee Schedule	$235.60
70549	MR ANGIOGRAPH NECK W/O&W/DYE				Fee Schedule	$272.30
70551	MRI BRAIN STEM W/O DYE				Fee Schedule	$162.84
70552	MRI BRAIN STEM W/DYE				Fee Schedule	$235.60
70553	MRI BRAIN STEM W/O & W/DYE				Fee Schedule	$272.30
70554	FMRI BRAIN BY TECH				Fee Schedule	$162.84
70555	FMRI BRAIN BY PHYS/PSYCH				Fee Schedule	$162.84
70557	MRI BRAIN W/O DYE				Fee Schedule	$162.84
70558	MRI BRAIN W/DYE				Fee Schedule	$235.60
70559	MRI BRAIN W/O & W/DYE				Fee Schedule	$272.30
71010	CHEST X-RAY 1 VIEW FRONTAL				Fee Schedule	$14.33
71015	CHEST X-RAY STEREO FRONTAL				Fee Schedule	$19.70
71020	CHEST X-RAY 2VW FRONTAL&LATL				Fee Schedule	$19.70
71021	CHEST X-RAY FRNT LAT LORDOTC				Fee Schedule	$24.00
71022	CHEST X-RAY FRNT LAT OBLIQUE				Fee Schedule	$30.45
71023	CHEST X-RAY AND FLUOROSCOPY				Fee Schedule	$48.00
71030	CHEST X-RAY 4/> VIEWS				Fee Schedule	$31.52
71034	CHEST X-RAY&FLUORO 4/> VIEWS				Fee Schedule	$65.56
71035	CHEST X-RAY SPECIAL VIEWS				Fee Schedule	$27.58
71100	X-RAY EXAM RIBS UNI 2 VIEWS				Fee Schedule	$21.85
71101	X-RAY EXAM UNILAT RIBS/CHEST				Fee Schedule	$26.87
71110	X-RAY EXAM RIBS BIL 3 VIEWS				Fee Schedule	$27.58
71111	X-RAY EXAM RIBS/CHEST4/> VWS				Fee Schedule	$37.97
71120	X-RAY EXAM BREASTBONE 2/>VWS				Fee Schedule	$21.85
71130	X-RAY STRENOCLAVIC JT 3/>VWS				Fee Schedule	$26.51
71250	CT THORAX W/O DYE				Fee Schedule	$69.87
71260	CT THORAX W/DYE				Fee Schedule	$137.55
71270	CT THORAX W/O & W/DYE				Fee Schedule	$154.90
71275	CT ANGIOGRAPHY CHEST				Fee Schedule	$161.29
71550	MRI CHEST W/O DYE				Fee Schedule	$162.84

71551	MRI CHEST W/DYE				Fee Schedule	$235.60
71552	MRI CHEST W/O & W/DYE				Fee Schedule	$272.30
72010	X-RAY EXAM SPINE AP&LAT				Fee Schedule	$50.21
72020	X-RAY EXAM OF SPINE 1 VIEW				Fee Schedule	$15.40
72040	X-RAY EXAM NECK SPINE 2-3 VW				Fee Schedule	$24.36
72050	X-RAY EXAM NECK SPINE 4/5VWS				Fee Schedule	$32.96
72052	X-RAY EXAM NECK SPINE 6/>VWS				Fee Schedule	$44.42
72069	X-RAY EXAM TRUNK SPINE STAND				Fee Schedule	$26.87
72070	X-RAY EXAM THORAC SPINE 2VWS				Fee Schedule	$22.57
72072	X-RAY EXAM THORAC SPINE 3VWS				Fee Schedule	$26.87
72074	X-RAY EXAM THORAC SPINE4/>VW				Fee Schedule	$31.68
72080	X-RAY EXAM TRUNK SPINE 2 VWS				Fee Schedule	$24.72
72090	X-RAY EXAM SCLOIOSIS ERECT				Fee Schedule	$31.68
72100	X-RAY EXAM L-S SPINE 2/3 VWS				Fee Schedule	$24.36
72110	X-RAY EXAM L-2 SPINE 4/>VWS				Fee Schedule	$33.67
72114	X-RAY EXAM L-S SPINE BENDING				Fee Schedule	$48.00
72120	X-RAY BEND ONLY L-S SPINE				Fee Schedule	$29.02
72125	CT NECK SPINE W/O DYE				Fee Schedule	$69.87
72126	CT NECK SPINE W/DYE				Fee Schedule	$137.55
72127	CT NECK SPINE W/O & W/DYE				Fee Schedule	$154.90
72128	CT CHEST SPINE W/O DYE				Fee Schedule	$69.87
72129	CT CHEST SPINE W/DYE				Fee Schedule	$137.55
72130	CT CHEST SPINE W/O & W/DYE				Fee Schedule	$154.90
72131	CT LUMBAR SPINE W/O DYE				Fee Schedule	$69.87
72132	CT LUMBAR SPINE W/DYE				Fee Schedule	$137.55
72133	CT LUMBAR SPINE W/O & W/DYE				Fee Schedule	$154.90
72141	MRI NECK SPINE W/O DYE				Fee Schedule	$162.84
72142	MRI NECK SPINE W/DYE				Fee Schedule	$235.60
72146	MRI CHEST SPINE W/O DYE				Fee Schedule	$162.84
72147	MRI CHEST SPINE W/DYE				Fee Schedule	$235.60
72148	MRI LUMBAR SPINE W/O DYE				Fee Schedule	$162.84
72149	MRI LUMBAR SPINE W/DYE				Fee Schedule	$235.60
72156	MRI NECK SPINE W/O & W/DYE				Fee Schedule	$272.30
72157	MRI CHEST SPINE W/O & W/DYE				Fee Schedule	$272.30
72158	MRI LUMBAR SPINE W/O & W/DYE				Fee Schedule	$272.30
72170	X-RAY EXAM OF PELVIS				Fee Schedule	$19.70
72190	X-RAY EXAM OF PELVIS				Fee Schedule	$31.68
72191	CT ANGIOGRAPH PELV W/O&W/DYE				Fee Schedule	$161.29
72192	CT PELVIS W/O DYE				Fee Schedule	$69.87
72193	CT PELVIS W/DYE				Fee Schedule	$137.55
72194	CT PELVIS W/O & W/DYE				Fee Schedule	$154.90
72195	MRI PELVIS W/O DYE				Fee Schedule	$162.84
72196	MRI PELVIS W/DYE				Fee Schedule	$235.60
72197	MRI PELVIS W/O & W/DYE				Fee Schedule	$272.30
72200	X-RAY EXAM SI JOINTS				Fee Schedule	$21.14
72202	X-RAY EXAM SI JOINTS 3/> VWS				Fee Schedule	$25.79
72220	X-RAY EXAM SACRUM TAILBONE				Fee Schedule	$20.42
72240	MYELOGRAPHY NECK SPINE				No Separate Payment	$0.00
72255	MYELOGRAPHY THORACIC SPINE				No Separate Payment	$0.00
72265	MYELOGRAPHY L-S SPINE				No Separate Payment	$0.00
72270	MYELOGPHY 2/> SPINE REGIONS				No Separate Payment	$0.00
72275	EPIDUROGRAPHY				No Separate Payment	$0.00
72285	DISCOGRAPHY CERV/THOR SPINE				No Separate Payment	$0.00
72291	PERQ VERTE/SACROPLSTY FLUOR				No Separate Payment	$0.00

72292	PERQ VERTE/SACROPLSTY CT				No Separate Payment	$0.00
72295	X-RAY OF LOWER SPINE DISK				No Separate Payment	$0.00
73000	X-RAY EXAM OF COLLAR BONE				Fee Schedule	$20.78
73010	X-RAY EXAM OF SHOULDER BLADE				Fee Schedule	$22.57
73020	X-RAY EXAM OF SHOULDER				Fee Schedule	$16.12
73030	X-RAY EXAM OF SHOULDER				Fee Schedule	$21.14
73040	CONTRAST X-RAY OF SHOULDER				No Separate Payment	$0.00
73050	X-RAY EXAM OF SHOULDERS				Fee Schedule	$29.02
73060	X-RAY EXAM OF HUMERUS				Fee Schedule	$20.42
73070	X-RAY EXAM OF ELBOW				Fee Schedule	$20.42
73080	X-RAY EXAM OF ELBOW				Fee Schedule	$25.08
73085	CONTRAST X-RAY OF ELBOW				No Separate Payment	$0.00
73090	X-RAY EXAM OF FOREARM				Fee Schedule	$19.70
73092	X-RAY EXAM OF ARM INFANT				Fee Schedule	$20.42
73100	X-RAY EXAM OF WRIST				Fee Schedule	$22.57
73110	X-RAY EXAM OF WRIST				Fee Schedule	$29.37
73115	CONTRAST X-RAY OF WRIST				No Separate Payment	$0.00
73120	X-RAY EXAM OF HAND				Fee Schedule	$19.34
73130	X-RAY EXAM OF HAND				Fee Schedule	$24.36
73140	X-RAY EXAM OF FINGER(S)				Fee Schedule	$26.51
73200	CT UPPER EXTREMITY W/O DYE				Fee Schedule	$69.87
73201	CT UPPER EXTREMITY W/DYE				Fee Schedule	$137.55
73202	CT UPPR EXTREMITY W/O&W/DYE				Fee Schedule	$154.90
73206	CT ANGIO UPR EXTRM W/O&W/DYE				Fee Schedule	$161.29
73218	MRI UPPER EXTREMITY W/O DYE				Fee Schedule	$162.84
73219	MRI UPPER EXTREMITY W/DYE				Fee Schedule	$235.60
73220	MRI UPPR EXTREMITY W/O&W/DYE				Fee Schedule	$272.30
73221	MRI JOINT UPR EXTREM W/O DYE				Fee Schedule	$162.84
73222	MRI JOINT UPR EXTREM W/DYE				Fee Schedule	$235.60
73223	MRI JOINT UPR EXTR W/O&W/DYE				Fee Schedule	$272.30
73500	X-RAY EXAM OF HIP				Fee Schedule	$17.91
73510	X-RAY EXAM OF HIP				Fee Schedule	$28.30
73520	X-RAY EXAM OF HIPS				Fee Schedule	$27.94
73525	CONTRAST X-RAY OF HIP				No Separate Payment	$0.00
73530	X-RAY EXAM OF HIP				No Separate Payment	$0.00
73540	X-RAY EXAM OF PELVIS & HIPS				Fee Schedule	$31.68
73550	X-RAY EXAM OF THIGH				Fee Schedule	$19.34
73560	X-RAY EXAM OF KNEE 1 OR 2				Fee Schedule	$21.49
73562	X-RAY EXAM OF KNEE 3				Fee Schedule	$27.58
73564	X-RAY EXAM KNEE 4 OR MORE				Fee Schedule	$31.68
73565	X-RAY EXAM OF KNEES				Fee Schedule	$26.15
73580	CONTRAST X-RAY OF KNEE JOINT				No Separate Payment	$0.00
73590	X-RAY EXAM OF LOWER LEG				Fee Schedule	$18.99
73592	X-RAY EXAM OF LEG INFANT				Fee Schedule	$20.42
73600	X-RAY EXAM OF ANKLE				Fee Schedule	$20.42
73610	X-RAY EXAM OF ANKLE				Fee Schedule	$25.08
73615	CONTRAST X-RAY OF ANKLE				No Separate Payment	$0.00
73620	X-RAY EXAM OF FOOT				Fee Schedule	$19.70
73630	X-RAY EXAM OF FOOT				Fee Schedule	$23.28
73650	X-RAY EXAM OF HEEL				Fee Schedule	$20.42
73660	X-RAY EXAM OF TOE(S)				Fee Schedule	$24.00
73700	CT LOWER EXTREMITY W/O DYE				Fee Schedule	$69.87
73701	CT LOWER EXTREMITY W/DYE				Fee Schedule	$137.55
73702	CT LWR EXTREMITY W/O&W/DYE				Fee Schedule	$154.90

73706	CT ANGIO LWR EXTR W/O&W/DYE				Fee Schedule	$161.29
73718	MRI LOWER EXTREMITY W/O DYE				Fee Schedule	$162.84
73719	MRI LOWER EXTREMITY W/DYE				Fee Schedule	$235.60
73720	MRI LWR EXTREMITY W/O&W/DYE				Fee Schedule	$272.30
73721	MRI JNT OF LWR EXTRE W/O DYE				Fee Schedule	$162.84
73722	MRI JOINT OF LWR EXTR W/DYE				Fee Schedule	$235.60
73723	MRI JOINT LWR EXTR W/O&W/DYE				Fee Schedule	$272.30
74000	X-RAY EXAM OF ABDOMEN				Fee Schedule	$15.40
74010	X-RAY EXAM OF ABDOMEN				Fee Schedule	$27.58
74020	X-RAY EXAM OF ABDOMEN				Fee Schedule	$27.58
74022	X-RAY EXAM SERIES ABDOMEN				Fee Schedule	$33.67
74150	CT ABDOMEN W/O DYE				Fee Schedule	$69.87
74160	CT ABDOMEN W/DYE				Fee Schedule	$137.55
74170	CT ABDOMEN W/O & W/DYE				Fee Schedule	$154.90
74174	CT ANGIO ABD&PELV W/O&W/DYE				Fee Schedule	$215.51
74175	CT ANGIO ABDOM W/O & W/DYE				Fee Schedule	$161.29
74176	CT ABD & PELVIS W/O CONTRAST				Fee Schedule	$129.68
74177	CT ABD & PELV W/CONTRAST				Fee Schedule	$215.51
74178	CT ABD & PELV 1/> REGNS				Fee Schedule	$215.51
74181	MRI ABDOMEN W/O DYE				Fee Schedule	$162.84
74182	MRI ABDOMEN W/DYE				Fee Schedule	$235.60
74183	MRI ABDOMEN W/O & W/DYE				Fee Schedule	$272.30
74190	X-RAY EXAM OF PERITONEUM				No Separate Payment	$0.00
74210	CONTRST X-RAY EXAM OF THROAT				Fee Schedule	$56.26
74220	CONTRAST X-RAY ESOPHAGUS				Fee Schedule	$56.26
74230	CINE/VID X-RAY THROAT/ESOPH				Fee Schedule	$56.26
74235	REMOVE ESOPHAGUS OBSTRUCTION				No Separate Payment	$0.00
74240	X-RAY UPPER GI DELAY W/O KUB				Fee Schedule	$81.68
74241	X-RAYUPPER GI DELAY W/KUB				Fee Schedule	$83.54
74245	X-RAY UPPER GI&SMALL INTEST				Fee Schedule	$83.54
74246	CONTRST X-RAY UPPR GI TRACT				Fee Schedule	$83.54
74247	CONTRST X-RAY UPPR GI TRACT				Fee Schedule	$83.54
74249	CONTRST X-RAY UPPR GI TRACT				Fee Schedule	$83.54
74250	X-RAY EXAM OF SMALL BOWEL				Fee Schedule	$56.26
74251	X-RAY EXAM OF SMALL BOWEL				Fee Schedule	$83.54
74260	X-RAY EXAM OF SMALL BOWEL				Fee Schedule	$56.26
74261	CT COLONOGRAPHY DX				Fee Schedule	$69.87
74262	CT COLONOGRAPHY DX W/DYE				Fee Schedule	$137.55
74270	CONTRAST X-RAY EXAM OF COLON				Fee Schedule	$83.54
74280	CONTRAST X-RAY EXAM OF COLON				Fee Schedule	$83.54
74283	CONTRAST X-RAY EXAM OF COLON				Fee Schedule	$83.54
74290	CONTRAST X-RAY GALLBLADDER				Fee Schedule	$56.26
74291	CONTRAST X-RAYS GALLBLADDER				Fee Schedule	$56.26
74300	X-RAY BILE DUCTS/PANCREAS				No Separate Payment	$0.00
74301	X-RAYS AT SURGERY ADD-ON				No Separate Payment	$0.00
74305	X-RAY BILE DUCTS/PANCREAS				No Separate Payment	$0.00
74320	CONTRAST X-RAY OF BILE DUCTS				No Separate Payment	$0.00
74327	X-RAY BILE STONE REMOVAL				No Separate Payment	$0.00
74328	X-RAY BILE DUCT ENDOSCOPY				No Separate Payment	$0.00
74329	X-RAY FOR PANCREAS ENDOSCOPY				No Separate Payment	$0.00
74330	X-RAY BILE/PANC ENDOSCOPY				No Separate Payment	$0.00
74340	X-RAY GUIDE FOR GI TUBE				No Separate Payment	$0.00
74355	X-RAY GUIDE INTESTINAL TUBE				No Separate Payment	$0.00
74360	X-RAY GUIDE GI DILATION				No Separate Payment	$0.00

74363	X-RAY BILE DUCT DILATION				No Separate Payment	$0.00
74400	CONTRST X-RAY URINARY TRACT				Fee Schedule	$142.30
74410	CONTRST X-RAY URINARY TRACT				Fee Schedule	$142.30
74415	CONTRST X-RAY URINARY TRACT				Fee Schedule	$142.30
74420	CONTRST X-RAY URINARY TRACT				Fee Schedule	$142.30
74425	CONTRST X-RAY URINARY TRACT				No Separate Payment	$0.00
74430	CONTRAST X-RAY BLADDER				No Separate Payment	$0.00
74440	X-RAY MALE GENITAL TRACT				No Separate Payment	$0.00
74445	X-RAY EXAM OF PENIS				No Separate Payment	$0.00
74450	X-RAY URETHRA/BLADDER				No Separate Payment	$0.00
74455	X-RAY URETHRA/BLADDER				No Separate Payment	$0.00
74470	X-RAY EXAM OF KIDNEY LESION				No Separate Payment	$0.00
74475	X-RAY CONTROL CATH INSERT				No Separate Payment	$0.00
74480	X-RAY CONTROL CATH INSERT				No Separate Payment	$0.00
74485	X-RAY GUIDE GU DILATION				No Separate Payment	$0.00
74710	X-RAY MEASUREMENT OF PELVIS				Fee Schedule	$20.42
74740	X-RAY FEMALE GENITAL TRACT				No Separate Payment	$0.00
74742	X-RAY FALLOPIAN TUBE				No Separate Payment	$0.00
74775	X-RAY EXAM OF PERINEUM				Fee Schedule	$142.30
75557	CARDIAC MRI FOR MORPH				Fee Schedule	$162.84
75559	CARDIAC MRI W/STRESS IMG				Fee Schedule	$162.84
75561	CARDIAC MRI FOR MORPH W/DYE				Fee Schedule	$272.30
75563	CARD MRI W/STRESS IMG & DYE				Fee Schedule	$366.11
75565	CARD MRI VELOC FLOW MAPPING				No Separate Payment	$0.00
75571	CT HRT W/O DYE W/CA TEST				Fee Schedule	$12.21
75572	CT HRT W/3D IMAGE				Fee Schedule	$122.64
75573	CT HRT W/3D IMAGE CONGEN				Fee Schedule	$122.64
75574	CT ANGIO HRT W/3D IMAGE				Fee Schedule	$122.64
75600	CONTRAST EXAM THORACIC AORTA				No Separate Payment	$0.00
75605	CONTRAST EXAM THORACIC AORTA				No Separate Payment	$0.00
75625	CONTRAST EXAM ABDOMINL AORTA				No Separate Payment	$0.00
75630	X-RAY AORTA LEG ARTERIES				No Separate Payment	$0.00
75635	CT ANGIO ABDOMINAL ARTERIES				No Separate Payment	$0.00
75658	ARTERY X-RAYS ARM				No Separate Payment	$0.00
75705	ARTERY X-RAYS SPINE				No Separate Payment	$0.00
75710	ARTERY X-RAYS ARM/LEG				No Separate Payment	$0.00
75716	ARTERY X-RAYS ARMS/LEGS				No Separate Payment	$0.00
75726	ARTERY X-RAYS ABDOMEN				No Separate Payment	$0.00
75731	ARTERY X-RAYS ADRENAL GLAND				No Separate Payment	$0.00
75733	ARTERY X-RAYS ADRENALS				No Separate Payment	$0.00
75736	ARTERY X-RAYS PELVIS				No Separate Payment	$0.00
75741	ARTERY X-RAYS LUNG				No Separate Payment	$0.00
75743	ARTERY X-RAYS LUNGS				No Separate Payment	$0.00
75746	ARTERY X-RAYS LUNG				No Separate Payment	$0.00
75756	ARTERY X-RAYS CHEST				No Separate Payment	$0.00
75774	ARTERY X-RAY EACH VESSEL				No Separate Payment	$0.00
75791	AV DIALYSIS SHUNT IMAGING				No Separate Payment	$0.00
75801	LYMPH VESSEL X-RAY ARM/LEG				No Separate Payment	$0.00
75803	LYMPH VESSEL X-RAY ARMS/LEGS				No Separate Payment	$0.00
75805	LYMPH VESSEL X-RAY TRUNK				No Separate Payment	$0.00
75807	LYMPH VESSEL X-RAY TRUNK				No Separate Payment	$0.00
75809	NONVASCULAR SHUNT X-RAY				No Separate Payment	$0.00
75810	VEIN X-RAY SPLEEN/LIVER				No Separate Payment	$0.00
75820	VEIN X-RAY ARM/LEG				No Separate Payment	$0.00

75822	VEIN X-RAY ARMS/LEGS				No Separate Payment	$0.00
75825	VEIN X-RAY TRUNK				No Separate Payment	$0.00
75827	VEIN X-RAY CHEST				No Separate Payment	$0.00
75831	VEIN X-RAY KIDNEY				No Separate Payment	$0.00
75833	VEIN X-RAY KIDNEYS				No Separate Payment	$0.00
75840	VEIN X-RAY ADRENAL GLAND				No Separate Payment	$0.00
75842	VEIN X-RAY ADRENAL GLANDS				No Separate Payment	$0.00
75860	VEIN X-RAY NECK				No Separate Payment	$0.00
75870	VEIN X-RAY SKULL				No Separate Payment	$0.00
75872	VEIN X-RAY SKULL EPIDURAL				No Separate Payment	$0.00
75880	VEIN X-RAY EYE SOCKET				No Separate Payment	$0.00
75885	VEIN X-RAY LIVER W/HEMODYNAM				No Separate Payment	$0.00
75887	VEIN X-RAY LIVER W/O HEMODYN				No Separate Payment	$0.00
75889	VEIN X-RAY LIVER W/HEMODYNAM				No Separate Payment	$0.00
75891	VEIN X-RAY LIVER				No Separate Payment	$0.00
75893	VENOUS SAMPLING BY CATHETER				No Separate Payment	$0.00
75894	X-RAYS TRANSCATH THERAPY				No Separate Payment	$0.00
75896	X-RAYS TRANSCATH THERAPY				No Separate Payment	$0.00
75898	FOLLOW-UP ANGIOGRAPHY				No Separate Payment	$0.00
75901	REMOVE CVA DEVICE OBSTRUCT				No Separate Payment	$0.00
75902	REMOVE CVA LUMEN OBSTRUCT				No Separate Payment	$0.00
75945	INTRAVASCULAR US				No Separate Payment	$0.00
75946	INTRAVASCULAR US ADD-ON				No Separate Payment	$0.00
75962	REPAIR ARTERIAL BLOCKAGE				No Separate Payment	$0.00
75964	REPAIR ARTERY BLOCKAGE EACH				No Separate Payment	$0.00
75966	REPAIR ARTERIAL BLOCKAGE				No Separate Payment	$0.00
75968	REPAIR ARTERY BLOCKAGE EACH				No Separate Payment	$0.00
75970	VASCULAR BIOPSY				No Separate Payment	$0.00
75978	REPAIR VENOUS BLOCKAGE				No Separate Payment	$0.00
75980	CONTRAST XRAY EXAM BILE DUCT				No Separate Payment	$0.00
75982	CONTRAST XRAY EXAM BILE DUCT				No Separate Payment	$0.00
75984	XRAY CONTROL CATHETER CHANGE				No Separate Payment	$0.00
75989	ABSCESS DRAINAGE UNDER X-RAY				No Separate Payment	$0.00
76000	FLUOROSCOPE EXAMINATION				No Separate Payment	$0.00
76001	FLUOROSCOPE EXAM EXTENSIVE				No Separate Payment	$0.00
76010	X-RAY NOSE TO RECTUM				Fee Schedule	$18.27
76080	X-RAY EXAM OF FISTULA				No Separate Payment	$0.00
76098	X-RAY EXAM BREAST SPECIMEN				No Separate Payment	$0.00
76100	X-RAY EXAM OF BODY SECTION				Fee Schedule	$50.21
76101	COMPLEX BODY SECTION X-RAY				Fee Schedule	$115.35
76102	COMPLEX BODY SECTION X-RAYS				Fee Schedule	$166.22
76120	CINE/VIDEO X-RAYS				Fee Schedule	$73.79
76125	CINE/VIDEO X-RAYS ADD-ON				No Separate Payment	$0.00
76376	3D RENDER W/INTRP POSTPROCES				No Separate Payment	$0.00
76377	3D RENDER W/INTRP POSTPROCES				No Separate Payment	$0.00
76380	CAT SCAN FOLLOW-UP STUDY				Fee Schedule	$43.95
76496	FLUOROSCOPIC PROCEDURE				Fee Schedule	$86.55
76497	CT PROCEDURE				Fee Schedule	$43.95
76498	MRI PROCEDURE				Fee Schedule	$162.84
76499	RADIOGRAPHIC PROCEDURE				Fee Schedule	$31.68
76506	ECHO EXAM OF HEAD				Fee Schedule	$74.34
76510	OPHTH US B & QUANT A				Fee Schedule	$80.60
76511	OPHTH US QUANT A ONLY				Fee Schedule	$48.72
76512	OPHTH US B W/NON-QUANT A				Fee Schedule	$39.41

76513	ECHO EXAM OF EYE WATER BATH				Fee Schedule	$59.82
76514	ECHO EXAM OF EYE THICKNESS				Fee Schedule	$5.02
76516	ECHO EXAM OF EYE				Fee Schedule	$47.29
76519	ECHO EXAM OF EYE				Fee Schedule	$49.74
76529	ECHO EXAM OF EYE				Fee Schedule	$46.57
76536	US EXAM OF HEAD AND NECK				Fee Schedule	$74.34
76604	US EXAM CHEST				Fee Schedule	$61.62
76645	US EXAM BREAST(S)				Fee Schedule	$49.74
76700	US EXAM ABDOM COMPLETE				Fee Schedule	$74.34
76705	ECHO EXAM OF ABDOMEN				Fee Schedule	$74.34
76770	US EXAM ABDO BACK WALL COMP				Fee Schedule	$74.34
76775	US EXAM ABDO BACK WALL LIM				Fee Schedule	$36.54
76776	US EXAM K TRANSPL W/DOPPLER				Fee Schedule	$74.34
76800	US EXAM SPINAL CANAL				Fee Schedule	$49.74
76801	OB US < 14 WKS SINGLE FETUS				Fee Schedule	$74.34
76802	OB US < 14 WKS ADDL FETUS				No Separate Payment	$0.00
76805	OB US >/= 14 WKS SNGL FETUS				Fee Schedule	$74.34
76810	OB US >/= 14 WKS ADDL FETUS				No Separate Payment	$0.00
76811	OB US DETAILED SNGL FETUS				Fee Schedule	$90.27
76812	OB US DETAILED ADDL FETUS				No Separate Payment	$0.00
76813	OB US NUCHAL MEAS 1 GEST				Fee Schedule	$61.97
76814	OB US NUCHAL MEAS ADD-ON				No Separate Payment	$0.00
76815	OB US LIMITED FETUS(S)				Fee Schedule	$58.39
76816	OB US FOLLOW-UP PER FETUS				Fee Schedule	$49.74
76817	TRANSVAGINAL US OBSTETRIC				Fee Schedule	$64.12
76818	FETAL BIOPHYS PROFILE W/NST				Fee Schedule	$69.50
76819	FETAL BIOPHYS PROFIL W/O NST				Fee Schedule	$50.87
76820	UMBILICAL ARTERY ECHO				Fee Schedule	$23.64
76821	MIDDLE CEREBRAL ARTERY ECHO				Fee Schedule	$49.74
76825	ECHO EXAM OF FETAL HEART				Fee Schedule	$138.48
76826	ECHO EXAM OF FETAL HEART				Fee Schedule	$123.59
76827	ECHO EXAM OF FETAL HEART				Fee Schedule	$46.93
76828	ECHO EXAM OF FETAL HEART				Fee Schedule	$24.72
76830	TRANSVAGINAL US NON-OB				Fee Schedule	$74.34
76831	ECHO EXAM UTERUS				Fee Schedule	$88.12
76856	US EXAM PELVIC COMPLETE				Fee Schedule	$74.34
76857	US EXAM PELVIC LIMITED				Fee Schedule	$34.75
76870	US EXAM SCROTUM				Fee Schedule	$41.91
76872	US TRANSRECTAL				Fee Schedule	$58.75
76873	ECHOGRAP TRANS R PROS STUDY				Fee Schedule	$93.86
76881	US XTR NON-VASC COMPLETE				Fee Schedule	$74.34
76882	US XTR NON-VASC LMTD				Fee Schedule	$10.75
76885	US EXAM INFANT HIPS DYNAMIC				Fee Schedule	$49.74
76886	US EXAM INFANT HIPS STATIC				Fee Schedule	$49.74
76930	ECHO GUIDE CARDIOCENTESIS				No Separate Payment	$0.00
76932	ECHO GUIDE FOR HEART BIOPSY				No Separate Payment	$0.00
76936	ECHO GUIDE FOR ARTERY REPAIR				Fee Schedule	$72.40
76937	US GUIDE VASCULAR ACCESS				No Separate Payment	$0.00
76940	US GUIDE TISSUE ABLATION				No Separate Payment	$0.00
76941	ECHO GUIDE FOR TRANSFUSION				No Separate Payment	$0.00
76942	ECHO GUIDE FOR BIOPSY				No Separate Payment	$0.00
76945	ECHO GUIDE VILLUS SAMPLING				No Separate Payment	$0.00
76946	ECHO GUIDE FOR AMNIOCENTESIS				No Separate Payment	$0.00
76948	ECHO GUIDE OVA ASPIRATION				No Separate Payment	$0.00

76950	ECHO GUIDANCE RADIOTHERAPY				No Separate Payment	$0.00
76965	ECHO GUIDANCE RADIOTHERAPY				No Separate Payment	$0.00
76970	ULTRASOUND EXAM FOLLOW-UP				Fee Schedule	$49.74
76975	GI ENDOSCOPIC ULTRASOUND				No Separate Payment	$0.00
76977	US BONE DENSITY MEASURE				Fee Schedule	$3.94
76998	US GUIDE INTRAOP				No Separate Payment	$0.00
76999	ECHO EXAMINATION PROCEDURE				Fee Schedule	$49.74
77001	FLUOROGUIDE FOR VEIN DEVICE				No Separate Payment	$0.00
77002	NEEDLE LOCALIZATION BY XRAY				No Separate Payment	$0.00
77003	FLUOROGUIDE FOR SPINE INJECT				No Separate Payment	$0.00
77011	CT SCAN FOR LOCALIZATION				No Separate Payment	$0.00
77012	CT SCAN FOR NEEDLE BIOPSY				No Separate Payment	$0.00
77013	CT GUIDE FOR TISSUE ABLATION				No Separate Payment	$0.00
77014	CT SCAN FOR THERAPY GUIDE				No Separate Payment	$0.00
77021	MR GUIDANCE FOR NEEDLE PLACE				No Separate Payment	$0.00
77022	MRI FOR TISSUE ABLATION				No Separate Payment	$0.00
77053	X-RAY OF MAMMARY DUCT				No Separate Payment	$0.00
77054	X-RAY OF MAMMARY DUCTS				No Separate Payment	$0.00
77071	X-RAY STRESS VIEW				Fee Schedule	$31.68
77072	X-RAYS FOR BONE AGE				Fee Schedule	$13.97
77073	X-RAYS BONE LENGTH STUDIES				Fee Schedule	$22.93
77074	X-RAYS BONE SURVEY LIMITED				Fee Schedule	$48.72
77075	X-RAYS BONE SURVEY COMPLETE				Fee Schedule	$50.21
77076	X-RAYS BONE SURVEY INFANT				Fee Schedule	$50.21
77077	JOINT SURVEY SINGLE VIEW				Fee Schedule	$23.28
77078	CT BONE DENSITY AXIAL				Fee Schedule	$49.81
77080	DXA BONE DENSITY AXIAL				Fee Schedule	$38.69
77081	DXA BONE DENSITY/PERIPHERAL				Fee Schedule	$16.48
77082	DXA BONE DENSITY VERT FX				Fee Schedule	$18.63
77084	MAGNETIC IMAGE BONE MARROW				Fee Schedule	$162.84
77280	SET RADIATION THERAPY FIELD				Fee Schedule	$63.33
77285	SET RADIATION THERAPY FIELD				Fee Schedule	$172.01
77290	SET RADIATION THERAPY FIELD				Fee Schedule	$172.01
77295	3-D RADIOTHERAPY PLAN				Fee Schedule	$260.79
77299	RADIATION THERAPY PLANNING				Fee Schedule	$63.33
77300	RADIATION THERAPY DOSE PLAN				Fee Schedule	$34.75
77301	RADIOTHERAPY DOSE PLAN IMRT				Fee Schedule	$572.52
77305	TELETX ISODOSE PLAN SIMPLE				Fee Schedule	$23.28
77310	TELETX ISODOSE PLAN INTERMED				Fee Schedule	$31.52
77315	TELETX ISODOSE PLAN COMPLEX				Fee Schedule	$54.81
77321	SPECIAL TELETX PORT PLAN				Fee Schedule	$42.27
77326	BRACHYTX ISODOSE CALC SIMP				Fee Schedule	$63.33
77327	BRACHYTX ISODOSE CALC INTERM				Fee Schedule	$130.39
77328	BRACHYTX ISODOSE PLAN COMPL				Fee Schedule	$162.64
77331	SPECIAL RADIATION DOSIMETRY				Fee Schedule	$18.27
77332	RADIATION TREATMENT AID(S)				Fee Schedule	$51.94
77333	RADIATION TREATMENT AID(S)				Fee Schedule	$8.96
77334	RADIATION TREATMENT AID(S)				Fee Schedule	$85.97
77336	RADIATION PHYSICS CONSULT				Fee Schedule	$63.33
77338	DESIGN MLC DEVICE FOR IMRT				Fee Schedule	$172.01
77370	RADIATION PHYSICS CONSULT				Fee Schedule	$63.33
77371	SRS MULTISOURCE				Fee Schedule	$1,984.10
77372	SRS LINEAR BASED				Fee Schedule	$1,043.52
77373	SBRT DELIVERY				Fee Schedule	$1,061.37

77399	EXTERNAL RADIATION DOSIMETRY				Fee Schedule	$63.33
77401	RADIATION TREATMENT DELIVERY				Fee Schedule	$19.70
77402	RADIATION TREATMENT DELIVERY				Fee Schedule	$57.59
77403	RADIATION TREATMENT DELIVERY				Fee Schedule	$57.59
77404	RADIATION TREATMENT DELIVERY				Fee Schedule	$57.59
77406	RADIATION TREATMENT DELIVERY				Fee Schedule	$106.22
77407	RADIATION TREATMENT DELIVERY				Fee Schedule	$57.59
77408	RADIATION TREATMENT DELIVERY				Fee Schedule	$106.22
77409	RADIATION TREATMENT DELIVERY				Fee Schedule	$106.22
77411	RADIATION TREATMENT DELIVERY				Fee Schedule	$106.22
77412	RADIATION TREATMENT DELIVERY				Fee Schedule	$106.22
77413	RADIATION TREATMENT DELIVERY				Fee Schedule	$106.22
77414	RADIATION TREATMENT DELIVERY				Fee Schedule	$106.22
77416	RADIATION TREATMENT DELIVERY				Fee Schedule	$106.22
77417	RADIOLOGY PORT FILM(S)				No Separate Payment	$0.00
77418	RADIATION TX DELIVERY IMRT				Fee Schedule	$281.99
77421	STEREOSCOPIC X-RAY GUIDANCE				No Separate Payment	$0.00
77422	NEUTRON BEAM TX SIMPLE				Fee Schedule	$41.55
77423	NEUTRON BEAM TX COMPLEX				Fee Schedule	$49.44
77424	IO RAD TX DELIVERY BY X-RAY				Fee Schedule	$689.58
77425	IO RAD TX DELIVER BY ELCTRNS				Fee Schedule	$689.58
77435	SBRT MANAGEMENT				No Separate Payment	$0.00
77469	IO RADIATION TX MANAGEMENT				No Separate Payment	$0.00
77470	SPECIAL RADIATION TREATMENT				Fee Schedule	$46.21
77520	PROTON TRMT SIMPLE W/O COMP				Fee Schedule	$481.92
77522	PROTON TRMT SIMPLE W/COMP				Fee Schedule	$481.92
77523	PROTON TRMT INTERMEDIATE				Fee Schedule	$665.81
77525	PROTON TREATMENT COMPLEX				Fee Schedule	$665.81
77600	HYPERTHERMIA TREATMENT				Fee Schedule	$228.27
77605	HYPERTHERMIA TREATMENT				Fee Schedule	$228.27
77610	HYPERTHERMIA TREATMENT				Fee Schedule	$228.27
77615	HYPERTHERMIA TREATMENT				Fee Schedule	$228.27
77620	HYPERTHERMIA TREATMENT				Fee Schedule	$228.27
77750	INFUSE RADIOACTIVE MATERIALS				Fee Schedule	$106.22
77761	APPLY INTRCAV RADIAT SIMPLE				Fee Schedule	$187.71
77762	APPLY INTRCAV RADIAT INTERM				Fee Schedule	$199.58
77763	APPLY INTRCAV RADIAT COMPL				Fee Schedule	$199.58
77776	APPLY INTERSTIT RADIAT SIMPL				Fee Schedule	$186.64
77777	APPLY INTERSTIT RADIAT INTER				Fee Schedule	$190.94
77778	APPLY INTERSTIT RADIAT COMPL				Fee Schedule	$281.93
77785	HDR BRACHYTX 1 CHANNEL				Fee Schedule	$162.64
77786	HDR BRACHYTX 2-12 CHANNEL				Fee Schedule	$314.17
77787	HDR BRACHYTX OVER 12 CHAN				Fee Schedule	$405.36
77789	APPLY SURFACE RADIATION				Fee Schedule	$58.75
77790	RADIATION HANDLING				No Separate Payment	$0.00
77799	RADIUM/RADIOISOTOPE THERAPY				Fee Schedule	$199.58
78012	THYROID UPTAKE MEASUREMENT				Fee Schedule	$77.55
78013	THYROID IMAGING W/BLOOD FLOW				Fee Schedule	$101.31
78014	THYROID IMAGING W/BLOOD FLOW				Fee Schedule	$158.51
78015	THYROID MET IMAGING				Fee Schedule	$211.45
78016	THYROID MET IMAGING/STUDIES				Fee Schedule	$211.45
78018	THYROID MET IMAGING BODY				Fee Schedule	$211.45
78020	THYROID MET UPTAKE				No Separate Payment	$0.00
78070	PARATHYROID PLANAR IMAGING				Fee Schedule	$158.51

78071	PARATHYRD PLANAR W/WO SUBTRJ				Fee Schedule	$408.07
78072	PARATHYRD PLANAR W/SPECT&CT				Fee Schedule	$408.07
78075	ADRENAL CORTEX & MEDULLA IMG				Fee Schedule	$639.38
78099	ENDOCRINE NUCLEAR PROCEDURE				Fee Schedule	$101.31
78102	BONE MARROW IMAGING LTD				Fee Schedule	$191.32
78103	BONE MARROW IMAGING MULT				Fee Schedule	$191.32
78104	BONE MARROW IMAGING BODY				Fee Schedule	$191.32
78110	PLASMA VOLUME SINGLE				Fee Schedule	$312.64
78111	PLASMA VOLUME MULTIPLE				Fee Schedule	$312.64
78120	RED CELL MASS SINGLE				Fee Schedule	$312.64
78121	RED CELL MASS MULTIPLE				Fee Schedule	$312.64
78122	BLOOD VOLUME				Fee Schedule	$312.64
78130	RED CELL SURVIVAL STUDY				Fee Schedule	$312.64
78135	RED CELL SURVIVAL KINETICS				Fee Schedule	$312.64
78140	RED CELL SEQUESTRATION				Fee Schedule	$312.64
78185	SPLEEN IMAGING				Fee Schedule	$191.32
78190	PLATELET SURVIVAL KINETICS				Fee Schedule	$142.21
78191	PLATELET SURVIVAL				Fee Schedule	$142.21
78195	LYMPH SYSTEM IMAGING				Fee Schedule	$191.32
78199	BLOOD/LYMPH NUCLEAR EXAM				Fee Schedule	$191.32
78201	LIVER IMAGING				Fee Schedule	$205.81
78202	LIVER IMAGING WITH FLOW				Fee Schedule	$205.81
78205	LIVER IMAGING (3D)				Fee Schedule	$205.81
78206	LIVER IMAGE (3D) WITH FLOW				Fee Schedule	$205.81
78215	LIVER AND SPLEEN IMAGING				Fee Schedule	$205.81
78216	LIVER & SPLEEN IMAGE/FLOW				Fee Schedule	$205.81
78226	HEPATOBILIARY SYSTEM IMAGING				Fee Schedule	$205.81
78227	HEPATOBIL SYST IMAGE W/DRUG				Fee Schedule	$205.81
78230	SALIVARY GLAND IMAGING				Fee Schedule	$178.86
78231	SERIAL SALIVARY IMAGING				Fee Schedule	$178.86
78232	SALIVARY GLAND FUNCTION EXAM				Fee Schedule	$178.86
78258	ESOPHAGEAL MOTILITY STUDY				Fee Schedule	$178.86
78261	GASTRIC MUCOSA IMAGING				Fee Schedule	$178.86
78262	GASTROESOPHAGEAL REFLUX EXAM				Fee Schedule	$178.86
78264	GASTRIC EMPTYING STUDY				Fee Schedule	$178.86
78270	VIT B-12 ABSORPTION EXAM				Fee Schedule	$142.21
78271	VIT B-12 ABSRP EXAM INT FAC				Fee Schedule	$142.21
78272	VIT B-12 ABSORP COMBINED				Fee Schedule	$142.21
78278	ACUTE GI BLOOD LOSS IMAGING				Fee Schedule	$178.86
78282	GI PROTEIN LOSS EXAM				Fee Schedule	$178.86
78290	MECKELS DIVERT EXAM				Fee Schedule	$178.86
78291	LEVEEN/SHUNT PATENCY EXAM				Fee Schedule	$178.86
78299	GI NUCLEAR PROCEDURE				Fee Schedule	$178.86
78300	BONE IMAGING LIMITED AREA				Fee Schedule	$178.95
78305	BONE IMAGING MULTIPLE AREAS				Fee Schedule	$178.95
78306	BONE IMAGING WHOLE BODY				Fee Schedule	$178.95
78315	BONE IMAGING 3 PHASE				Fee Schedule	$178.95
78320	BONE IMAGING (3D)				Fee Schedule	$178.95
78399	MUSCULOSKELETAL NUCLEAR EXAM				Fee Schedule	$178.95
78414	NON-IMAGING HEART FUNCTION				Fee Schedule	$211.63
78428	CARDIAC SHUNT IMAGING				Fee Schedule	$211.63
78445	VASCULAR FLOW IMAGING				Fee Schedule	$175.62
78451	HT MUSCLE IMAGE SPECT SING				Fee Schedule	$637.28
78452	HT MUSCLE IMAGE SPECT MULT				Fee Schedule	$637.28

78453	HT MUSCLE IMAGE PLANAR SING				Fee Schedule	$637.28
78454	HT MUSC IMAGE PLANAR MULT				Fee Schedule	$637.28
78456	ACUTE VENOUS THROMBUS IMAGE				Fee Schedule	$408.07
78457	VENOUS THROMBOSIS IMAGING				Fee Schedule	$175.62
78458	VEN THROMBOSIS IMAGES BILAT				Fee Schedule	$175.62
78459	HEART MUSCLE IMAGING (PET)				Fee Schedule	$724.00
78466	HEART INFARCT IMAGE				Fee Schedule	$211.63
78468	HEART INFARCT IMAGE (EF)				Fee Schedule	$211.63
78469	HEART INFARCT IMAGE (3D)				Fee Schedule	$211.63
78472	GATED HEART PLANAR SINGLE				Fee Schedule	$211.63
78473	GATED HEART MULTIPLE				Fee Schedule	$211.63
78481	HEART FIRST PASS SINGLE				Fee Schedule	$211.63
78483	HEART FIRST PASS MULTIPLE				Fee Schedule	$637.28
78491	HEART IMAGE (PET) SINGLE				Fee Schedule	$724.00
78492	HEART IMAGE (PET) MULTIPLE				Fee Schedule	$724.00
78494	HEART IMAGE SPECT				Fee Schedule	$211.63
78496	HEART FIRST PASS ADD-ON				No Separate Payment	$0.00
78499	CARDIOVASCULAR NUCLEAR EXAM				Fee Schedule	$211.63
78579	LUNG VENTILATION IMAGING				Fee Schedule	$169.05
78580	LUNG PERFUSION IMAGING				Fee Schedule	$169.05
78582	LUNG VENTILAT&PERFUS IMAGING				Fee Schedule	$238.02
78597	LUNG PERFUSION DIFFERENTIAL				Fee Schedule	$169.05
78598	LUNG PERF&VENTILAT DIFERENTL				Fee Schedule	$238.02
78599	RESPIRATORY NUCLEAR EXAM				Fee Schedule	$169.05
78600	BRAIN IMAGE < 4 VIEWS				Fee Schedule	$89.87
78601	BRAIN IMAGE W/FLOW < 4 VIEWS				Fee Schedule	$294.54
78605	BRAIN IMAGE 4+ VIEWS				Fee Schedule	$294.54
78606	BRAIN IMAGE W/FLOW 4 + VIEWS				Fee Schedule	$294.54
78607	BRAIN IMAGING (3D)				Fee Schedule	$639.38
78608	BRAIN IMAGING (PET)				Fee Schedule	$724.00
78610	BRAIN FLOW IMAGING ONLY				Fee Schedule	$294.54
78630	CEREBROSPINAL FLUID SCAN				Fee Schedule	$294.54
78635	CSF VENTRICULOGRAPHY				Fee Schedule	$294.54
78645	CSF SHUNT EVALUATION				Fee Schedule	$294.54
78647	CEREBROSPINAL FLUID SCAN				Fee Schedule	$294.54
78650	CSF LEAKAGE IMAGING				Fee Schedule	$294.54
78660	NUCLEAR EXAM OF TEAR FLOW				Fee Schedule	$89.87
78699	NERVOUS SYSTEM NUCLEAR EXAM				Fee Schedule	$89.87
78700	KIDNEY IMAGING MORPHOL				Fee Schedule	$230.37
78701	KIDNEY IMAGING WITH FLOW				Fee Schedule	$230.37
78707	K FLOW/FUNCT IMAGE W/O DRUG				Fee Schedule	$230.37
78708	K FLOW/FUNCT IMAGE W/DRUG				Fee Schedule	$230.37
78709	K FLOW/FUNCT IMAGE MULTIPLE				Fee Schedule	$230.37
78710	KIDNEY IMAGING (3D)				Fee Schedule	$230.37
78725	KIDNEY FUNCTION STUDY				Fee Schedule	$142.21
78730	URINARY BLADDER RETENTION				No Separate Payment	$0.00
78740	URETERAL REFLUX STUDY				Fee Schedule	$230.37
78761	TESTICULAR IMAGING W/FLOW				Fee Schedule	$230.37
78799	GENITOURINARY NUCLEAR EXAM				Fee Schedule	$230.37
78800	TUMOR IMAGING LIMITED AREA				Fee Schedule	$211.45
78801	TUMOR IMAGING MULT AREAS				Fee Schedule	$211.45
78802	TUMOR IMAGING WHOLE BODY				Fee Schedule	$362.92
78803	TUMOR IMAGING (3D)				Fee Schedule	$362.92
78804	TUMOR IMAGING WHOLE BODY				Fee Schedule	$639.38

78805	ABSCESS IMAGING LTD AREA				Fee Schedule	$362.92
78806	ABSCESS IMAGING WHOLE BODY				Fee Schedule	$362.92
78807	NUCLEAR LOCALIZATION/ABSCESS				Fee Schedule	$362.92
78808	IV INJ RA DRUG DX STUDY				No Separate Payment	$0.00
78811	PET IMAGE LTD AREA				Fee Schedule	$724.00
78812	PET IMAGE SKULL-THIGH				Fee Schedule	$724.00
78813	PET IMAGE FULL BODY				Fee Schedule	$724.00
78814	PET IMAGE W/CT LMTD				Fee Schedule	$724.00
78815	PET IMAGE W/CT SKULL-THIGH				Fee Schedule	$724.00
78816	PET IMAGE W/CT FULL BODY				Fee Schedule	$724.00
78999	NUCLEAR DIAGNOSTIC EXAM				Fee Schedule	$77.55
79005	NUCLEAR RX ORAL ADMIN				Fee Schedule	$48.36
79101	NUCLEAR RX IV ADMIN				Fee Schedule	$49.08
79200	NUCLEAR RX INTRACAV ADMIN				Fee Schedule	$55.53
79300	NUCLR RX INTERSTIT COLLOID				Fee Schedule	$141.31
79403	HEMATOPOIETIC NUCLEAR TX				Fee Schedule	$80.24
79440	NUCLEAR RX INTRA-ARTICULAR				Fee Schedule	$47.29
79445	NUCLEAR RX INTRA-ARTERIAL				Fee Schedule	$141.31
79999	NUCLEAR MEDICINE THERAPY				Fee Schedule	$141.31
90296	DIPHTHERIA ANTITOXIN				Not Allowed	$0.00
90371	HEP B IG IM				Fee Schedule	$118.22
90375	RABIES IG IM/SC				Fee Schedule	$241.04
90376	RABIES IG HEAT TREATED				Fee Schedule	$230.99
90378	RSV MAB IM 50MG				Fee Schedule	$1,308.40
90385	RH IG MINIDOSE IM				No Separate Payment	$0.00
90393	VACCINA IG IM				Not Allowed	$0.00
90396	VARICELLA-ZOSTER IG IM				Fee Schedule	$675.22
90476	ADENOVIRUS VACCINE TYPE 4				No Separate Payment	$0.00
90477	ADENOVIRUS VACCINE TYPE 7				Not Allowed	$0.00
90581	ANTHRAX VACCINE SC OR IM				Fee Schedule	$94.05
90585	BCG VACCINE PERCUT				Fee Schedule	$122.18
90632	HEP A VACCINE ADULT IM				No Separate Payment	$0.00
90633	HEP A VACC PED/ADOL 2 DOSE				No Separate Payment	$0.00
90634	HEP A VACC PED/ADOL 3 DOSE				No Separate Payment	$0.00
90636	HEP A/HEP B VACC ADULT IM				No Separate Payment	$0.00
90644	MENINGOCCL HIB VAC 4 DOSE IM				No Separate Payment	$0.00
90645	HIB VACCINE HBOC IM				No Separate Payment	$0.00
90646	HIB VACCINE PRP-D IM				No Separate Payment	$0.00
90647	HIB VACCINE PRP-OMP IM				No Separate Payment	$0.00
90648	HIB VACCINE PRP-T IM				No Separate Payment	$0.00
90654	FLU VACCINE NO PRESERV ID				No Separate Payment	$0.00
90655	FLU VAC NO PRSV 3 VAL 6-35 M				No Separate Payment	$0.00
90656	FLU VACCINE NO PRESERV 3 & >				No Separate Payment	$0.00
90657	FLU VACCINE 3 YRS IM				No Separate Payment	$0.00
90660	FLU VACCINE NASAL				No Separate Payment	$0.00
90661	FLU VACC CELL CULT PRSV FREE				No Separate Payment	$0.00
90662	FLU VACC PRSV FREE INC ANTIG				No Separate Payment	$0.00
90669	PNEUMOCOCCAL VACC 7 VAL IM				No Separate Payment	$0.00
90670	PNEUMOCOCCAL VACC 13 VAL IM				No Separate Payment	$0.00
90672	FLU VACCINE 4 VALENT NASAL				No Separate Payment	$0.00
90673	FLU VACC RIV3 NO PRESERV				No Separate Payment	$0.00
90675	RABIES VACCINE IM				Fee Schedule	$230.92
90676	RABIES VACCINE ID				Fee Schedule	$158.42
90680	ROTOVIRUS VACC 3 DOSE ORAL				No Separate Payment	$0.00

90681	ROTAVIRUS VACC 2 DOSE ORAL				Fee Schedule	$108.65
90685	FLU VAC NO PRSV 4 VAL 6-35 M				No Separate Payment	$0.00
90686	FLU VAC NO PRSV 4 VAL 3 YRS+				No Separate Payment	$0.00
90688	FLU VACC 4 VAL 3 YRS PLUS IM				No Separate Payment	$0.00
90690	TYPHOID VACCINE ORAL				No Separate Payment	$0.00
90691	TYPHOID VACCINE IM				No Separate Payment	$0.00
90692	TYPHOID VACCINE H-P SC/ID				No Separate Payment	$0.00
90696	DTAP-IPV VACC 4-6 YR IM				No Separate Payment	$0.00
90698	DTAP-HIB-IP VACCINE IM				No Separate Payment	$0.00
90700	DTAP VACCINE < 7 YRS IM				No Separate Payment	$0.00
90702	DT VACCINE < 7 YRS IM				No Separate Payment	$0.00
90703	TETANUS VACCINE IM				No Separate Payment	$0.00
90704	MUMPS VACCINE SC				Fee Schedule	$162.34
90705	MEASLES VACCINE SC				No Separate Payment	$0.00
90706	RUBELLA VACCINE SC				No Separate Payment	$0.00
90707	MMR VACCINE SC				No Separate Payment	$0.00
90708	MEASLES-RUBELLA VACCINE SC				No Separate Payment	$0.00
90710	MMRV VACCINE SC				No Separate Payment	$0.00
90712	ORAL POLIOVIRUS VACCINE				No Separate Payment	$0.00
90713	POLIOVIRUS IPV SC/IM				No Separate Payment	$0.00
90714	TD VACCINE NO PRSRV 7/> IM				No Separate Payment	$0.00
90715	TDAP VACCINE 7 YRS/> IM				No Separate Payment	$0.00
90717	YELLOW FEVER VACCINE SC				No Separate Payment	$0.00
90719	DIPHTHERIA VACCINE IM				No Separate Payment	$0.00
90720	DTP/HIB VACCINE IM				No Separate Payment	$0.00
90721	DTAP/HIB VACCINE IM				No Separate Payment	$0.00
90725	CHOLERA VACCINE INJECTABLE				Fee Schedule	$103.90
90727	PLAGUE VACCINE IM				No Separate Payment	$0.00
90732	PNEUMOCOCCAL VACC 23 VAL IM				No Separate Payment	$0.00
90733	MENINGOCOCCAL VACCINE SC				Fee Schedule	$106.49
90734	MENINGOCOCCAL VACCINE IM				Fee Schedule	$90.16
90735	ENCEPHALITIS VACCINE SC				Fee Schedule	$104.13
90740	HEPB VACC ILL PAT 3 DOSE IM				No Separate Payment	$0.00
90743	HEP B VACC ADOL 2 DOSE IM				No Separate Payment	$0.00
90744	HEPB VACC PED/ADOL 3 DOSE IM				No Separate Payment	$0.00
90746	HEP B VACC ADULT 3 DOSE IM				No Separate Payment	$0.00
90747	HEPB VACC ILL PAT 4 DOSE IM				No Separate Payment	$0.00
90749	VACCINE TOXOID				No Separate Payment	$0.00
92071	CONTACT LENS FITTING FOR TX				No Separate Payment	$0.00
92072	FIT CONTAC LENS FOR MANAGMNT				No Separate Payment	$0.00
95940	IONM IN OPERATNG ROOM 15 MIN				No Separate Payment	$0.00
95941	IONM REMOTE/>1 PT OR PER HR				No Separate Payment	$0.00
A4218	STERILE SALINE OR WATER				No Separate Payment	$0.00
A4220	INFUSION PUMP REFILL KIT				No Separate Payment	$0.00
A4248	CHLORHEXIDINE ANTISEPT				No Separate Payment	$0.00
A4262	TEMPORARY TEAR DUCT PLUG				No Separate Payment	$0.00
A4263	PERMANENT TEAR DUCT PLUG				No Separate Payment	$0.00
A4270	DISPOSABLE ENDOSCOPE SHEATH				No Separate Payment	$0.00
A4300	CATH IMPL VASC ACCESS PORTAL				No Separate Payment	$0.00
A4301	IMPLANTABLE ACCESS SYST PERC				No Separate Payment	$0.00
A4305	DRUG DELIVERY SYSTEM >=50 ML				No Separate Payment	$0.00
A4306	DRUG DELIVERY SYSTEM <=50 ML				No Separate Payment	$0.00
A4641	RADIOPHARM DX AGENT NOC				No Separate Payment	$0.00
A4642	IN111 SATUMOMAB				No Separate Payment	$0.00

A4648	IMPLANTABLE TISSUE MARKER				No Separate Payment	$0.00
A4650	IMPLANT RADIATION DOSIMETER				No Separate Payment	$0.00
A9500	TC99M SESTAMIBI				No Separate Payment	$0.00
A9501	TECHNETIUM TC-99M TEBOROXIME				No Separate Payment	$0.00
A9502	TC99M TETROFOSMIN				No Separate Payment	$0.00
A9503	TC99M MEDRONATE				No Separate Payment	$0.00
A9504	TC99M APCITIDE				No Separate Payment	$0.00
A9505	TL201 THALLIUM				No Separate Payment	$0.00
A9507	IN111 CAPROMAB				No Separate Payment	$0.00
A9508	I131 IODOBENGUATE, DX				No Separate Payment	$0.00
A9509	IODINE I-123 SOD IODIDE MIL				No Separate Payment	$0.00
A9510	TC99M DISOFENIN				No Separate Payment	$0.00
A9512	TC99M PERTECHNETATE				No Separate Payment	$0.00
A9516	IODINE I-123 SOD IODIDE MIC				No Separate Payment	$0.00
A9520	TC99 TILMANOCEPT DIAG 0.5MCI				Fee Schedule	$240.00
A9521	TC99M EXAMETAZIME				No Separate Payment	$0.00
A9524	I131 SERUM ALBUMIN, DX				No Separate Payment	$0.00
A9526	NITROGEN N-13 AMMONIA				No Separate Payment	$0.00
A9527	IODINE I-125 SODIUM IODIDE				Fee Schedule	$18.97
A9528	IODINE I-131 IODIDE CAP, DX				No Separate Payment	$0.00
A9529	I131 IODIDE SOL, DX				No Separate Payment	$0.00
A9531	I131 MAX 100UCI				No Separate Payment	$0.00
A9532	I125 SERUM ALBUMIN, DX				No Separate Payment	$0.00
A9536	TC99M DEPREOTIDE				No Separate Payment	$0.00
A9537	TC99M MEBROFENIN				No Separate Payment	$0.00
A9538	TC99M PYROPHOSPHATE				No Separate Payment	$0.00
A9539	TC99M PENTETATE				No Separate Payment	$0.00
A9540	TC99M MAA				No Separate Payment	$0.00
A9541	TC99M SULFUR COLLOID				No Separate Payment	$0.00
A9542	IN111 IBRITUMOMAB, DX				No Separate Payment	$0.00
A9544	I131 TOSITUMOMAB, DX				No Separate Payment	$0.00
A9546	CO57/58				No Separate Payment	$0.00
A9547	IN111 OXYQUINOLINE				No Separate Payment	$0.00
A9548	IN111 PENTETATE				No Separate Payment	$0.00
A9550	TC99M GLUCEPTATE				No Separate Payment	$0.00
A9551	TC99M SUCCIMER				No Separate Payment	$0.00
A9552	F18 FDG				No Separate Payment	$0.00
A9553	CR51 CHROMATE				No Separate Payment	$0.00
A9554	I125 IOTHALAMATE, DX				No Separate Payment	$0.00
A9555	RB82 RUBIDIUM				No Separate Payment	$0.00
A9556	GA67 GALLIUM				No Separate Payment	$0.00
A9557	TC99M BICISATE				No Separate Payment	$0.00
A9558	XE133 XENON 10MCI				No Separate Payment	$0.00
A9559	CO57 CYANO				No Separate Payment	$0.00
A9560	TC99M LABELED RBC				No Separate Payment	$0.00
A9561	TC99M OXIDRONATE				No Separate Payment	$0.00
A9562	TC99M MERTIATIDE				No Separate Payment	$0.00
A9566	TC99M FANOLESOMAB				No Separate Payment	$0.00
A9567	TECHNETIUM TC-99M AEROSOL				No Separate Payment	$0.00
A9568	TECHNETIUM TC99M ARCITUMOMAB				No Separate Payment	$0.00
A9569	TECHNETIUM TC-99M AUTO WBC				No Separate Payment	$0.00
A9570	INDIUM IN-111 AUTO WBC				No Separate Payment	$0.00
A9571	INDIUM IN-111 AUTO PLATELET				No Separate Payment	$0.00
A9572	INDIUM IN-111 PENTETREOTIDE				No Separate Payment	$0.00

A9575	INJ GADOTERATE MEGLUMI 0.1ML				No Separate Payment	$0.00
A9576	INJ PROHANCE MULTIPACK				No Separate Payment	$0.00
A9577	INJ MULTIHANCE				No Separate Payment	$0.00
A9578	INJ MULTIHANCE MULTIPACK				No Separate Payment	$0.00
A9579	GAD-BASE MR CONTRAST NOS,1ML				No Separate Payment	$0.00
A9580	SODIUM FLUORIDE F-18				No Separate Payment	$0.00
A9581	GADOXETATE DISODIUM INJ				No Separate Payment	$0.00
A9582	IODINE I-123 IOBENGUANE				No Separate Payment	$0.00
A9583	GADOFOSVESET TRISODIUM INJ				No Separate Payment	$0.00
A9584	IODINE I-123 IOFLUPANE				No Separate Payment	$0.00
A9585	GADOBUTROL INJECTION				No Separate Payment	$0.00
A9586	FLORBETAPIR F18				No Separate Payment	$0.00
A9599	RADIOPHA DX BETA AMYLOID PET				No Separate Payment	$0.00
A9698	NON-RAD CONTRAST MATERIALNOC				No Separate Payment	$0.00
C1713	ANCHOR/SCREW BN/BN,TIS/BN				No Separate Payment	$0.00
C1714	CATH, TRANS ATHERECTOMY, DIR				No Separate Payment	$0.00
C1715	BRACHYTHERAPY NEEDLE				No Separate Payment	$0.00
C1716	BRACHYTX, NON-STR, GOLD-198				Fee Schedule	$46.31
C1717	BRACHYTX, NON-STR,HDR IR-192				Fee Schedule	$278.25
C1719	BRACHYTX, NS, NON-HDRIR-192				Fee Schedule	$33.54
C1721	AICD, DUAL CHAMBER				No Separate Payment	$0.00
C1722	AICD, SINGLE CHAMBER				No Separate Payment	$0.00
C1724	CATH, TRANS ATHEREC,ROTATION				No Separate Payment	$0.00
C1725	CATH, TRANSLUMIN NON-LASER				No Separate Payment	$0.00
C1726	CATH, BAL DIL, NON-VASCULAR				No Separate Payment	$0.00
C1727	CATH, BAL TIS DIS, NON-VAS				No Separate Payment	$0.00
C1728	CATH, BRACHYTX SEED ADM				No Separate Payment	$0.00
C1729	CATH, DRAINAGE				No Separate Payment	$0.00
C1730	CATH, EP, 19 OR FEW ELECT				No Separate Payment	$0.00
C1731	CATH, EP, 20 OR MORE ELEC				No Separate Payment	$0.00
C1732	CATH, EP, DIAG/ABL, 3D/VECT				No Separate Payment	$0.00
C1733	CATH, EP, OTHR THAN COOL-TIP				No Separate Payment	$0.00
C1749	ENDO, COLON, RETRO IMAGING				Fee Schedule	$0.00
C1750	CATH, HEMODIALYSIS,LONG-TERM				No Separate Payment	$0.00
C1751	CATH, INF, PER/CENT/MIDLINE				No Separate Payment	$0.00
C1752	CATH,HEMODIALYSIS,SHORT-TERM				No Separate Payment	$0.00
C1753	CATH, INTRAVAS ULTRASOUND				No Separate Payment	$0.00
C1754	CATHETER, INTRADISCAL				No Separate Payment	$0.00
C1755	CATHETER, INTRASPINAL				No Separate Payment	$0.00
C1756	CATH, PACING, TRANSESOPH				No Separate Payment	$0.00
C1757	CATH, THROMBECTOMY/EMBOLECT				No Separate Payment	$0.00
C1758	CATHETER, URETERAL				No Separate Payment	$0.00
C1759	CATH, INTRA ECHOCARDIOGRAPHY				No Separate Payment	$0.00
C1760	CLOSURE DEV, VASC				No Separate Payment	$0.00
C1762	CONN TISS, HUMAN(INC FASCIA)				No Separate Payment	$0.00
C1763	CONN TISS, NON-HUMAN				No Separate Payment	$0.00
C1764	EVENT RECORDER, CARDIAC				No Separate Payment	$0.00
C1765	ADHESION BARRIER				No Separate Payment	$0.00
C1766	INTRO/SHEATH,STRBLE,NON-PEEL				No Separate Payment	$0.00
C1767	GENERATOR, NEURO NON-RECHARG				No Separate Payment	$0.00
C1768	GRAFT, VASCULAR				No Separate Payment	$0.00
C1769	GUIDE WIRE				No Separate Payment	$0.00
C1770	IMAGING COIL, MR, INSERTABLE				No Separate Payment	$0.00
C1771	REP DEV, URINARY, W/SLING				No Separate Payment	$0.00

C1772	INFUSION PUMP, PROGRAMMABLE				No Separate Payment	$0.00
C1773	RET DEV, INSERTABLE				No Separate Payment	$0.00
C1776	JOINT DEVICE (IMPLANTABLE)				No Separate Payment	$0.00
C1777	LEAD, AICD, ENDO SINGLE COIL				No Separate Payment	$0.00
C1778	LEAD, NEUROSTIMULATOR				No Separate Payment	$0.00
C1779	LEAD, PMKR, TRANSVENOUS VDD				No Separate Payment	$0.00
C1780	LENS, INTRAOCULAR (NEW TECH)				No Separate Payment	$0.00
C1781	MESH (IMPLANTABLE)				No Separate Payment	$0.00
C1782	MORCELLATOR				No Separate Payment	$0.00
C1783	OCULAR IMP, AQUEOUS DRAIN DE				No Separate Payment	$0.00
C1784	OCULAR DEV, INTRAOP, DET RET				No Separate Payment	$0.00
C1785	PMKR, DUAL, RATE-RESP				No Separate Payment	$0.00
C1786	PMKR, SINGLE, RATE-RESP				No Separate Payment	$0.00
C1787	PATIENT PROGR, NEUROSTIM				No Separate Payment	$0.00
C1788	PORT, INDWELLING, IMP				No Separate Payment	$0.00
C1789	PROSTHESIS, BREAST, IMP				No Separate Payment	$0.00
C1813	PROSTHESIS, PENILE, INFLATAB				Not Allowed	$0.00
C1814	RETINAL TAMP, SILICONE OIL				No Separate Payment	$0.00
C1815	PROS, URINARY SPH, IMP				No Separate Payment	$0.00
C1816	RECEIVER/TRANSMITTER, NEURO				No Separate Payment	$0.00
C1817	SEPTAL DEFECT IMP SYS				No Separate Payment	$0.00
C1818	INTEGRATED KERATOPROSTHESIS				No Separate Payment	$0.00
C1819	TISSUE LOCALIZATION-EXCISION				No Separate Payment	$0.00
C1820	GENERATOR NEURO RECHG BAT SY				No Separate Payment	$0.00
C1821	INTERSPINOUS IMPLANT				No Separate Payment	$0.00
C1830	POWER BONE MARROW BX NEEDLE				No Separate Payment	$0.00
C1840	TELESCOPIC INTRAOCULAR LENS				No Separate Payment	$0.00
C1874	STENT, COATED/COV W/DEL SYS				No Separate Payment	$0.00
C1875	STENT, COATED/COV W/O DEL SY				No Separate Payment	$0.00
C1876	STENT, NON-COA/NON-COV W/DEL				No Separate Payment	$0.00
C1877	STENT, NON-COAT/COV W/O DEL				No Separate Payment	$0.00
C1878	MATRL FOR VOCAL CORD				No Separate Payment	$0.00
C1880	VENA CAVA FILTER				No Separate Payment	$0.00
C1881	DIALYSIS ACCESS SYSTEM				No Separate Payment	$0.00
C1882	AICD, OTHER THAN SING/DUAL				No Separate Payment	$0.00
C1883	ADAPT/EXT, PACING/NEURO LEAD				No Separate Payment	$0.00
C1884	EMBOLIZATION PROTECT SYST				No Separate Payment	$0.00
C1885	CATH, TRANSLUMIN ANGIO LASER				No Separate Payment	$0.00
C1886	CATHETER, ABLATION				No Separate Payment	$0.00
C1887	CATHETER, GUIDING				No Separate Payment	$0.00
C1888	ENDOVAS NON-CARDIAC ABL CATH				No Separate Payment	$0.00
C1891	INFUSION PUMP,NON-PROG, PERM				No Separate Payment	$0.00
C1892	INTRO/SHEATH,FIXED,PEEL-AWAY				No Separate Payment	$0.00
C1893	INTRO/SHEATH, FIXED,NON-PEEL				No Separate Payment	$0.00
C1894	INTRO/SHEATH, NON-LASER				No Separate Payment	$0.00
C1895	LEAD, AICD, ENDO DUAL COIL				No Separate Payment	$0.00
C1896	LEAD, AICD, NON SING/DUAL				No Separate Payment	$0.00
C1897	LEAD, NEUROSTIM TEST KIT				No Separate Payment	$0.00
C1898	LEAD, PMKR, OTHER THAN TRANS				No Separate Payment	$0.00
C1899	LEAD, PMKR/AICD COMBINATION				No Separate Payment	$0.00
C1900	LEAD, CORONARY VENOUS				No Separate Payment	$0.00
C2614	PROBE, PERC LUMB DISC				No Separate Payment	$0.00
C2615	SEALANT, PULMONARY, LIQUID				No Separate Payment	$0.00
C2616	BRACHYTX, NON-STR,YTTRIUM-90				Fee Schedule	$16,829.13

C2617	STENT, NON-COR, TEM W/O DEL				No Separate Payment	$0.00
C2618	PROBE/NEEDLE, CRYO				No Separate Payment	$0.00
C2619	PMKR, DUAL, NON RATE-RESP				No Separate Payment	$0.00
C2620	PMKR, SINGLE, NON RATE-RESP				No Separate Payment	$0.00
C2621	PMKR, OTHER THAN SING/DUAL				No Separate Payment	$0.00
C2622	PROSTHESIS, PENILE, NON-INF				Not Allowed	$0.00
C2625	STENT, NON-COR, TEM W/DEL SY				No Separate Payment	$0.00
C2626	INFUSION PUMP, NON-PROG,TEMP				No Separate Payment	$0.00
C2627	CATH, SUPRAPUBIC/CYSTOSCOPIC				No Separate Payment	$0.00
C2628	CATHETER, OCCLUSION				No Separate Payment	$0.00
C2629	INTRO/SHEATH, LASER				No Separate Payment	$0.00
C2630	CATH, EP, COOL-TIP				No Separate Payment	$0.00
C2631	REP DEV, URINARY, W/O SLING				No Separate Payment	$0.00
C2634	BRACHYTX, NON-STR, HA, I-125				Fee Schedule	$74.13
C2635	BRACHYTX, NON-STR, HA, P-103				Fee Schedule	$26.66
C2636	BRACHY LINEAR, NON-STR,P-103				Fee Schedule	$40.34
C2638	BRACHYTX, STRANDED, I-125				Fee Schedule	$48.42
C2639	BRACHYTX, NON-STRANDED,I-125				Fee Schedule	$40.51
C2640	BRACHYTX, STRANDED, P-103				Fee Schedule	$71.84
C2641	BRACHYTX, NON-STRANDED,P-103				Fee Schedule	$68.75
C2642	BRACHYTX, STRANDED, C-131				Fee Schedule	$139.01
C2643	BRACHYTX, NON-STRANDED,C-131				Fee Schedule	$63.02
C2644	BRACHYTX CESIUM-131 CHLORIDE				Fee Schedule	$18.97
C2698	BRACHYTX, STRANDED, NOS				Fee Schedule	$48.42
C2699	BRACHYTX, NON-STRANDED, NOS				Fee Schedule	$26.66
C5271	LOW COST SKIN SUBSTITUTE APP	Y			Fee Schedule	$226.17
C5272	LOW COST SKIN SUBSTITUTE APP				No Separate Payment	$0.00
C5273	LOW COST SKIN SUBSTITUTE APP	Y			Fee Schedule	$757.47
C5274	LOW COST SKIN SUBSTITUTE APP				No Separate Payment	$0.00
C5275	LOW COST SKIN SUBSTITUTE APP	Y			Fee Schedule	$226.17
C5276	LOW COST SKIN SUBSTITUTE APP				No Separate Payment	$0.00
C5277	LOW COST SKIN SUBSTITUTE APP	Y			Fee Schedule	$226.17
C5278	LOW COST SKIN SUBSTITUTE APP				No Separate Payment	$0.00
C8900	MRA W/CONT, ABD				Fee Schedule	$235.60
C8901	MRA W/O CONT, ABD				Fee Schedule	$162.84
C8902	MRA W/O FOL W/CONT, ABD				Fee Schedule	$272.30
C8903	MRI W/CONT, BREAST, UNI				Fee Schedule	$235.60
C8904	MRI W/O CONT, BREAST, UNI				Fee Schedule	$162.84
C8905	MRI W/O FOL W/CONT, BRST, UN				Fee Schedule	$272.30
C8906	MRI W/CONT, BREAST, BI				Fee Schedule	$235.60
C8907	MRI W/O CONT, BREAST, BI				Fee Schedule	$162.84
C8908	MRI W/O FOL W/CONT, BREAST,				Fee Schedule	$272.30
C8909	MRA W/CONT, CHEST				Fee Schedule	$235.60
C8910	MRA W/O CONT, CHEST				Fee Schedule	$162.84
C8911	MRA W/O FOL W/CONT, CHEST				Fee Schedule	$272.30
C8912	MRA W/CONT, LWR EXT				Fee Schedule	$235.60
C8913	MRA W/O CONT, LWR EXT				Fee Schedule	$162.84
C8914	MRA W/O FOL W/CONT, LWR EXT				Fee Schedule	$272.30
C8918	MRA W/CONT, PELVIS				Fee Schedule	$235.60
C8919	MRA W/O CONT, PELVIS				Fee Schedule	$162.84
C8920	MRA W/O FOL W/CONT, PELVIS				Fee Schedule	$272.30
C8931	MRA, W/DYE, SPINAL CANAL				Fee Schedule	$235.60
C8932	MRA, W/O DYE, SPINAL CANAL				Fee Schedule	$162.84
C8933	MRA, W/O&W/DYE, SPINAL CANAL				Fee Schedule	$272.30

C8934	MRA, W/DYE, UPPER EXTREMITY				Fee Schedule	$235.60
C8935	MRA, W/O DYE, UPPER EXTR				Fee Schedule	$162.84
C8936	MRA, W/O&W/DYE, UPPER EXTR				Fee Schedule	$272.30
C9021	INJECTION, OBINUTUZUMAB				Fee Schedule	$54.34
C9022	INJECTION, ELOSULFASE ALFA				Fee Schedule	$226.42
C9113	INJ PANTOPRAZOLE SODIUM, VIA				No Separate Payment	$0.00
C9121	INJECTION, ARGATROBAN				Fee Schedule	$16.57
C9132	KCENTRA, PER I.U.				Fee Schedule	$1.54
C9133	FACTOR IX RECOMBINANT				Fee Schedule	$1.22
C9134	FACTOR XIII A-SUBUNIT RECOMB				Fee Schedule	$14.10
C9248	INJ, CLEVIDIPINE BUTYRATE				No Separate Payment	$0.00
C9250	ARTISS FIBRIN SEALANT				Fee Schedule	$34.70
C9254	INJECTION, LACOSAMIDE				No Separate Payment	$0.00
C9257	BEVACIZUMAB INJECTION				Fee Schedule	$1.66
C9275	HEXAMINOLEVULINATE HCL				No Separate Payment	$0.00
C9285	PATCH, LIDOCAINE/TETRACAINE				No Separate Payment	$0.00
C9290	INJ, BUPIVACAINE LIPOSOME				Fee Schedule	$1.11
C9293	INJECTION, GLUCARPIDASE				Fee Schedule	$245.42
C9352	NEURAGEN NERVE GUIDE, PER CM				No Separate Payment	$0.00
C9353	NEURAWRAP NERVE PROTECTOR,CM				No Separate Payment	$0.00
C9354	VERITAS COLLAGEN MATRIX, CM2				No Separate Payment	$0.00
C9355	NEUROMATRIX NERVE CUFF, CM				No Separate Payment	$0.00
C9356	TENOGLIDE TENDON PROT, CM2				No Separate Payment	$0.00
C9358	SURGIMEND, FETAL				No Separate Payment	$0.00
C9359	IMPLNT,BON VOID FILLER-PUTTY				No Separate Payment	$0.00
C9360	SURGIMEND, NEONATAL				No Separate Payment	$0.00
C9361	NEUROMEND NERVE WRAP				No Separate Payment	$0.00
C9362	IMPLNT,BON VOID FILLER-STRIP				No Separate Payment	$0.00
C9363	INTEGRA MESHED BIL WOUND MAT				No Separate Payment	$0.00
C9364	PORCINE IMPLANT, PERMACOL				No Separate Payment	$0.00
C9367	ENDOFORM DERMAL TEMPLATE				Fee Schedule	$4.35
C9441	INJ, FERRIC CARBOXYMALTOSE				Fee Schedule	$1.03
C9497	LOXAPINE, INHALATION POWDER				Fee Schedule	$153.70
C9724	EPS GAST CARDIA PLIC	Y			Fee Schedule	$1,087.57
C9725	PLACE ENDORECTAL APP	Y			Fee Schedule	$261.22
C9726	RXT BREAST APPL PLACE/REMOV				No Separate Payment	$0.00
C9727	INSERT PALATE IMPLANTS	Y			Fee Schedule	$301.15
C9728	PLACE DEVICE/MARKER, NON PRO				Fee Schedule	$572.52
C9733	NON-OPHTHALMIC FVA				No Separate Payment	$0.00
C9735	ANOSCOPY, SUBMUCOSAL INJ	Y			Fee Schedule	$1,381.77
C9737	LAP ESOPH AUGMENTATION	Y			Fee Schedule	$4,747.16
C9739	CYSTOSCOPY PROSTATIC IMP 1-3	Y			Fee Schedule	$1,108.88
C9740	CYSTO IMPL 4 OR MORE	Y			Fee Schedule	$2,624.00
C9800	DERMAL FILLER INJ PX/SUPPL	Y	Y	01/01/2014	Fee Schedule	$757.47
E0616	CARDIAC EVENT RECORDER				Not Allowed	$0.00
E0749	ELEC OSTEOGEN STIM IMPLANTED				No Separate Payment	$0.00
E0782	NON-PROGRAMBLE INFUSION PUMP				No Separate Payment	$0.00
E0783	PROGRAMMABLE INFUSION PUMP				No Separate Payment	$0.00
E0785	REPLACEMENT IMPL PUMP CATHET				No Separate Payment	$0.00
E0786	IMPLANTABLE PUMP REPLACEMENT				Not Allowed	$0.00
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE				Fee Schedule	$99.23
G0105	COLORECTAL SCRN; HI RISK IND	Y			Fee Schedule	$357.27
G0121	COLON CA SCRN NOT HI RSK IND	Y			Fee Schedule	$357.27
G0127	TRIM NAIL(S)	Y			Fee Schedule	$16.84

G0130	SINGLE ENERGY X-RAY STUDY				Fee Schedule	$22.57
G0173	LINEAR ACC STEREO RADSUR COM				Fee Schedule	$1,852.08
G0186	DSTRY EYE LESN,FDR VSSL TECH	Y			Fee Schedule	$237.31
G0247	ROUTINE FOOTCARE PT W LOPS	Y			Fee Schedule	$33.60
G0251	LINEAR ACC BASED STERO RADIO				Fee Schedule	$548.93
G0259	INJECT FOR SACROILIAC JOINT				No Separate Payment	$0.00
G0260	INJ FOR SACROILIAC JT ANESTH	Y			Fee Schedule	$370.07
G0268	REMOVAL OF IMPACTED WAX MD				No Separate Payment	$0.00
G0269	OCCLUSIVE DEVICE IN VEIN ART				No Separate Payment	$0.00
G0288	RECON, CTA FOR SURG PLAN				No Separate Payment	$0.00
G0289	ARTHRO, LOOSE BODY + CHONDRO				No Separate Payment	$0.00
G0339	ROBOT LIN-RADSURG COM, FIRST				Fee Schedule	$1,852.08
G0340	ROBT LIN-RADSURG FRACTX 2-5				Fee Schedule	$1,321.34
G0364	BONE MARROW ASPIRATE &BIOPSY	Y			Fee Schedule	$6.45
G0365	VESSEL MAPPING HEMO ACCESS				Fee Schedule	$105.43
G0448	PLACE PERM PACING CARDIOVERT				Fee Schedule	$29,599.81
G0453	CONT INTRAOP NEURO MONITOR				No Separate Payment	$0.00
G0458	LDR PROS BRACHY COMP RAT				Fee Schedule	$2,123.85
G8907	PT DOC NO EVENTS ON DISCHARGE				No Separate Payment	$0.00
G8908	PT DOC W BURN PRIOR TO D/C				No Separate Payment	$0.00
G8909	PT DOC NO BURN PRIOR TO D/C				No Separate Payment	$0.00
G8910	PT DOC TO HAVE FALL IN ASC				No Separate Payment	$0.00
G8911	PT DOC NO FALL IN ASC				No Separate Payment	$0.00
G8912	PT DOC WITH WRONG EVENT				No Separate Payment	$0.00
G8913	PT DOC NO WRONG EVENT				No Separate Payment	$0.00
G8914	PT TRANS TO HOSP POST D/C				No Separate Payment	$0.00
G8915	PT NOT TRANS TO HOSP AT D/C				No Separate Payment	$0.00
G8916	PT W IV AB GIVEN ON TIME				No Separate Payment	$0.00
G8917	PT W IV AB NOT GIVEN ON TIME				No Separate Payment	$0.00
G8918	PT W/O PREOP ORDER IV AB PROP				No Separate Payment	$0.00
J0120	TETRACYCLIN INJECTION				No Separate Payment	$0.00
J0129	ABATACEPT INJECTION				Fee Schedule	$32.21
J0130	ABCIXIMAB INJECTION				Fee Schedule	$740.83
J0131	ACETAMINOPHEN INJECTION				No Separate Payment	$0.00
J0132	ACETYLCYSTEINE INJECTION				Fee Schedule	$2.29
J0133	ACYCLOVIR INJECTION				No Separate Payment	$0.00
J0135	ADALIMUMAB INJECTION				Fee Schedule	$614.34
J0150	INJECTION ADENOSINE 6 MG				No Separate Payment	$0.00
J0151	INJ ADENOSINE DIAG 1MG				No Separate Payment	$0.00
J0171	ADRENALIN EPINEPHRINE INJECT				No Separate Payment	$0.00
J0178	AFLIBERCEPT INJECTION				Fee Schedule	$980.50
J0180	AGALSIDASE BETA INJECTION				Fee Schedule	$152.02
J0190	INJ BIPERIDEN LACTATE/5 MG				No Separate Payment	$0.00
J0200	ALATROFLOXACIN MESYLATE				No Separate Payment	$0.00
J0205	ALGLUCERASE INJECTION				Fee Schedule	$42.03
J0207	AMIFOSTINE				Fee Schedule	$294.47
J0210	METHYLDOPATE HCL INJECTION				No Separate Payment	$0.00
J0215	ALEFACEPT				Fee Schedule	$41.64
J0220	ALGLUCOSIDASE ALFA INJECTION				Fee Schedule	$206.63
J0221	LUMIZYME INJECTION				Fee Schedule	$153.64
J0256	ALPHA 1 PROTEINASE INHIBITOR				Fee Schedule	$4.17
J0257	GLASSIA INJECTION				Fee Schedule	$3.95
J0278	AMIKACIN SULFATE INJECTION				No Separate Payment	$0.00
J0280	AMINOPHYLLIN 250 MG INJ				No Separate Payment	$0.00

J0282	AMIODARONE HCL				No Separate Payment	$0.00
J0285	AMPHOTERICIN B				No Separate Payment	$0.00
J0287	AMPHOTERICIN B LIPID COMPLEX				Fee Schedule	$10.60
J0288	AMPHO B CHOLESTERYL SULFATE				No Separate Payment	$0.00
J0289	AMPHOTERICIN B LIPOSOME INJ				Fee Schedule	$16.42
J0290	AMPICILLIN 500 MG INJ				No Separate Payment	$0.00
J0295	AMPICILLIN SODIUM PER 1.5 GM				No Separate Payment	$0.00
J0300	AMOBARBITAL 125 MG INJ				Fee Schedule	$194.26
J0330	SUCCINYCHOLINE CHLORIDE INJ				No Separate Payment	$0.00
J0348	ANIDULAFUNGIN INJECTION				No Separate Payment	$0.00
J0350	INJECTION ANISTREPLASE 30 U				No Separate Payment	$0.00
J0360	HYDRALAZINE HCL INJECTION				No Separate Payment	$0.00
J0364	APOMORPHINE HYDROCHLORIDE				No Separate Payment	$0.00
J0365	APROTONIN, 10,000 KIU				Fee Schedule	$3.42
J0380	INJ METARAMINOL BITARTRATE				No Separate Payment	$0.00
J0390	CHLOROQUINE INJECTION				No Separate Payment	$0.00
J0395	ARBUTAMINE HCL INJECTION				Fee Schedule	$86.37
J0400	ARIPIPRAZOLE INJECTION				No Separate Payment	$0.00
J0401	INJ ARIPIPRAZOLE EXT REL 1MG				Fee Schedule	$3.87
J0456	AZITHROMYCIN				No Separate Payment	$0.00
J0461	ATROPINE SULFATE INJECTION				No Separate Payment	$0.00
J0470	DIMECAPROL INJECTION				No Separate Payment	$0.00
J0475	BACLOFEN 10 MG INJECTION				Fee Schedule	$163.54
J0476	BACLOFEN INTRATHECAL TRIAL				Fee Schedule	$76.02
J0480	BASILIXIMAB				Fee Schedule	$2,619.28
J0485	BELATACEPT INJECTION				Fee Schedule	$3.82
J0490	BELIMUMAB INJECTION				Fee Schedule	$39.35
J0500	DICYCLOMINE INJECTION				No Separate Payment	$0.00
J0515	INJ BENZTROPINE MESYLATE				No Separate Payment	$0.00
J0520	BETHANECHOL CHLORIDE INJECT				No Separate Payment	$0.00
J0558	PENG BENZATHINE/PROCAINE INJ				No Separate Payment	$0.00
J0561	PENICILLIN G BENZATHINE INJ				No Separate Payment	$0.00
J0583	BIVALIRUDIN				Fee Schedule	$3.45
J0585	INJECTION,ONABOTULINUMTOXINA		Y	07/01/2014	Fee Schedule	$5.57
J0586	ABOBOTULINUMTOXINA		Y	07/01/2014	Fee Schedule	$7.46
J0587	INJ, RIMABOTULINUMTOXINB		Y	07/01/2014	Fee Schedule	$11.30
J0588	INCOBOTULINUMTOXIN A				Fee Schedule	$4.48
J0592	BUPRENORPHINE HYDROCHLORIDE				No Separate Payment	$0.00
J0594	BUSULFAN INJECTION				Fee Schedule	$28.94
J0595	BUTORPHANOL TARTRATE 1 MG				No Separate Payment	$0.00
J0597	C-1 ESTERASE, BERINERT				Fee Schedule	$36.33
J0598	C-1 ESTERASE, CINRYZE				Fee Schedule	$51.63
J0600	EDETATE CALCIUM DISODIUM INJ				Fee Schedule	$1,679.96
J0610	CALCIUM GLUCONATE INJECTION				No Separate Payment	$0.00
J0620	CALCIUM GLYCER & LACT/10 ML				No Separate Payment	$0.00
J0630	CALCITONIN SALMON INJECTION				Fee Schedule	$69.05
J0636	INJ CALCITRIOL PER 0.1 MCG				No Separate Payment	$0.00
J0637	CASPOFUNGIN ACETATE				Fee Schedule	$12.26
J0638	CANAKINUMAB INJECTION				Fee Schedule	$90.98
J0640	LEUCOVORIN CALCIUM INJECTION				No Separate Payment	$0.00
J0641	LEVOLEUCOVORIN INJECTION				Fee Schedule	$1.72
J0670	INJ MEPIVACAINE HCL/10 ML				No Separate Payment	$0.00
J0690	CEFAZOLIN SODIUM INJECTION				No Separate Payment	$0.00
J0692	CEFEPIME HCL FOR INJECTION				No Separate Payment	$0.00

J0694	CEFOXITIN SODIUM INJECTION				No Separate Payment	$0.00
J0696	CEFTRIAXONE SODIUM INJECTION				No Separate Payment	$0.00
J0697	STERILE CEFUROXIME INJECTION				No Separate Payment	$0.00
J0698	CEFOTAXIME SODIUM INJECTION				No Separate Payment	$0.00
J0702	BETAMETHASONE ACET&SOD PHOSP				No Separate Payment	$0.00
J0706	CAFFEINE CITRATE INJECTION				No Separate Payment	$0.00
J0710	CEPHAPIRIN SODIUM INJECTION				No Separate Payment	$0.00
J0712	CEFTAROLINE FOSAMIL INJ				No Separate Payment	$0.00
J0713	INJ CEFTAZIDIME PER 500 MG				No Separate Payment	$0.00
J0715	CEFTIZOXIME SODIUM / 500 MG				No Separate Payment	$0.00
J0716	CENTRUROIDES IMMUNE F(AB)				Fee Schedule	$3,635.80
J0717	CERTOLIZUMAB PEGOL INJ 1MG				Fee Schedule	$6.53
J0720	CHLORAMPHENICOL SODIUM INJEC				No Separate Payment	$0.00
J0725	CHORIONIC GONADOTROPIN/1000U				No Separate Payment	$0.00
J0735	CLONIDINE HYDROCHLORIDE				No Separate Payment	$0.00
J0740	CIDOFOVIR INJECTION				Fee Schedule	$600.91
J0743	CILASTATIN SODIUM INJECTION				No Separate Payment	$0.00
J0744	CIPROFLOXACIN IV				No Separate Payment	$0.00
J0745	INJ CODEINE PHOSPHATE /30 MG				No Separate Payment	$0.00
J0760	COLCHICINE INJECTION				No Separate Payment	$0.00
J0770	COLISTIMETHATE SODIUM INJ				No Separate Payment	$0.00
J0775	COLLAGENASE, CLOST HIST INJ				Fee Schedule	$38.70
J0780	PROCHLORPERAZINE INJECTION				No Separate Payment	$0.00
J0795	CORTICORELIN OVINE TRIFLUTAL				Fee Schedule	$7.77
J0800	CORTICOTROPIN INJECTION				Fee Schedule	$3,299.53
J0833	COSYNTROPIN INJECTION NOS				Fee Schedule	$101.68
J0834	COSYNTROPIN CORTROSYN INJ				No Separate Payment	$0.00
J0840	CROTALIDAE POLY IMMUNE FAB				Fee Schedule	$2,484.42
J0850	CYTOMEGALOVIRUS IMM IV /VIAL				Fee Schedule	$1,013.87
J0878	DAPTOMYCIN INJECTION				Fee Schedule	$0.67
J0881	DARBEPOETIN ALFA, NON-ESRD				Fee Schedule	$3.70
J0885	EPOETIN ALFA, NON-ESRD				Fee Schedule	$11.38
J0894	DECITABINE INJECTION				Fee Schedule	$29.40
J0895	DEFEROXAMINE MESYLATE INJ				No Separate Payment	$0.00
J0897	DENOSUMAB INJECTION				Fee Schedule	$14.44
J0900	TESTOSTERONE ENANTHATE INJ				No Separate Payment	$0.00
J0945	BROMPHENIRAMINE MALEATE INJ				No Separate Payment	$0.00
J1000	DEPO-ESTRADIOL CYPIONATE INJ				No Separate Payment	$0.00
J1020	METHYLPREDNISOLONE 20 MG INJ				No Separate Payment	$0.00
J1030	METHYLPREDNISOLONE 40 MG INJ				No Separate Payment	$0.00
J1040	METHYLPREDNISOLONE 80 MG INJ				No Separate Payment	$0.00
J1050	MEDROXYPROGESTERONE ACETATE				No Separate Payment	$0.00
J1060	TESTOSTERONE CYPIONATE 1 ML				No Separate Payment	$0.00
J1070	TESTOSTERONE CYPIONAT 100 MG				No Separate Payment	$0.00
J1080	TESTOSTERONE CYPIONAT 200 MG				No Separate Payment	$0.00
J1094	INJ DEXAMETHASONE ACETATE				No Separate Payment	$0.00
J1100	DEXAMETHASONE SODIUM PHOS				No Separate Payment	$0.00
J1110	INJ DIHYDROERGOTAMINE MESYLT				No Separate Payment	$0.00
J1120	ACETAZOLAMID SODIUM INJECTIO				No Separate Payment	$0.00
J1160	DIGOXIN INJECTION				No Separate Payment	$0.00
J1162	DIGOXIN IMMUNE FAB (OVINE)				Fee Schedule	$1,645.90
J1165	PHENYTOIN SODIUM INJECTION				No Separate Payment	$0.00
J1170	HYDROMORPHONE INJECTION				No Separate Payment	$0.00
J1180	DYPHYLLINE INJECTION				No Separate Payment	$0.00

J1190	DEXRAZOXANE HCL INJECTION				Fee Schedule	$141.05
J1200	DIPHENHYDRAMINE HCL INJECTIO				No Separate Payment	$0.00
J1205	CHLOROTHIAZIDE SODIUM INJ				Fee Schedule	$131.93
J1212	DIMETHYL SULFOXIDE 50% 50 ML				No Separate Payment	$0.00
J1230	METHADONE INJECTION				No Separate Payment	$0.00
J1240	DIMENHYDRINATE INJECTION				No Separate Payment	$0.00
J1245	DIPYRIDAMOLE INJECTION				No Separate Payment	$0.00
J1250	INJ DOBUTAMINE HCL/250 MG				No Separate Payment	$0.00
J1260	DOLASETRON MESYLATE				No Separate Payment	$0.00
J1265	DOPAMINE INJECTION				No Separate Payment	$0.00
J1267	DORIPENEM INJECTION				No Separate Payment	$0.00
J1270	INJECTION, DOXERCALCIFEROL				No Separate Payment	$0.00
J1290	ECALLANTIDE INJECTION				Fee Schedule	$368.90
J1300	ECULIZUMAB INJECTION				Fee Schedule	$206.14
J1320	AMITRIPTYLINE INJECTION				No Separate Payment	$0.00
J1324	ENFUVIRTIDE INJECTION				Fee Schedule	$0.55
J1325	EPOPROSTENOL INJECTION				No Separate Payment	$0.00
J1327	EPTIFIBATIDE INJECTION				Fee Schedule	$27.23
J1330	ERGONOVINE MALEATE INJECTION				No Separate Payment	$0.00
J1335	ERTAPENEM INJECTION				No Separate Payment	$0.00
J1364	ERYTHRO LACTOBIONATE /500 MG				No Separate Payment	$0.00
J1380	ESTRADIOL VALERATE 10 MG INJ				No Separate Payment	$0.00
J1410	INJ ESTROGEN CONJUGATE 25 MG				Fee Schedule	$173.60
J1430	ETHANOLAMINE OLEATE 100 MG				Fee Schedule	$310.84
J1435	INJECTION ESTRONE PER 1 MG				Fee Schedule	$1.54
J1436	ETIDRONATE DISODIUM INJ				No Separate Payment	$0.00
J1438	ETANERCEPT INJECTION				Fee Schedule	$280.13
J1442	INJ, FILGRASTIM G-CSF 1MCG				Fee Schedule	$1.00
J1446	INJ, TBO-FILGRASTIM, 5 MCG				Fee Schedule	$4.09
J1450	FLUCONAZOLE				No Separate Payment	$0.00
J1451	FOMEPIZOLE, 15 MG				Fee Schedule	$6.73
J1452	INTRAOCULAR FOMIVIRSEN NA				No Separate Payment	$0.00
J1453	FOSAPREPITANT INJECTION				Fee Schedule	$1.72
J1455	FOSCARNET SODIUM INJECTION				Fee Schedule	$13.32
J1457	GALLIUM NITRATE INJECTION				No Separate Payment	$0.00
J1458	GALSULFASE INJECTION				Fee Schedule	$358.75
J1459	INJ IVIG PRIVIGEN 500 MG				Fee Schedule	$37.07
J1460	GAMMA GLOBULIN 1 CC INJ				Fee Schedule	$28.68
J1556	INJ, IMM GLOB BIVIGAM, 500MG				Fee Schedule	$37.92
J1557	GAMMAPLEX INJECTION				Fee Schedule	$40.37
J1559	HIZENTRA INJECTION				Fee Schedule	$7.93
J1560	GAMMA GLOBULIN > 10 CC INJ				Fee Schedule	$286.78
J1561	GAMUNEX-C/GAMMAKED				Fee Schedule	$40.32
J1562	VIVAGLOBIN, INJ				Fee Schedule	$12.72
J1566	IMMUNE GLOBULIN, POWDER				Fee Schedule	$28.71
J1568	OCTAGAM INJECTION				Fee Schedule	$31.96
J1569	GAMMAGARD LIQUID INJECTION				Fee Schedule	$39.68
J1570	GANCICLOVIR SODIUM INJECTION				Fee Schedule	$75.09
J1571	HEPAGAM B IM INJECTION				Fee Schedule	$51.64
J1572	FLEBOGAMMA INJECTION				Fee Schedule	$38.80
J1573	HEPAGAM B INTRAVENOUS, INJ				Fee Schedule	$51.64
J1580	GARAMYCIN GENTAMICIN INJ				No Separate Payment	$0.00
J1590	GATIFLOXACIN INJECTION				No Separate Payment	$0.00
J1595	INJECTION GLATIRAMER ACETATE				Fee Schedule	$170.84

J1599	IVIG NON-LYOPHILIZED, NOS				No Separate Payment	$0.00
J1600	GOLD SODIUM THIOMALEATE INJ				No Separate Payment	$0.00
J1602	GOLIMUMAB FOR IV USE 1MG				Fee Schedule	$23.93
J1610	GLUCAGON HYDROCHLORIDE/1 MG				Fee Schedule	$140.52
J1620	GONADORELIN HYDROCH/ 100 MCG				Fee Schedule	$6.06
J1626	GRANISETRON HCL INJECTION				No Separate Payment	$0.00
J1630	HALOPERIDOL INJECTION				No Separate Payment	$0.00
J1631	HALOPERIDOL DECANOATE INJ				No Separate Payment	$0.00
J1640	HEMIN, 1 MG				Fee Schedule	$19.02
J1642	INJ HEPARIN SODIUM PER 10 U				No Separate Payment	$0.00
J1644	INJ HEPARIN SODIUM PER 1000U				No Separate Payment	$0.00
J1645	DALTEPARIN SODIUM				No Separate Payment	$0.00
J1650	INJ ENOXAPARIN SODIUM				No Separate Payment	$0.00
J1652	FONDAPARINUX SODIUM				No Separate Payment	$0.00
J1655	TINZAPARIN SODIUM INJECTION				No Separate Payment	$0.00
J1670	TETANUS IMMUNE GLOBULIN INJ				Fee Schedule	$305.82
J1680	HUMAN FIBRINOGEN CONC INJ				Not Allowed	$0.00
J1700	HYDROCORTISONE ACETATE INJ				No Separate Payment	$0.00
J1710	HYDROCORTISONE SODIUM PH INJ				No Separate Payment	$0.00
J1720	HYDROCORTISONE SODIUM SUCC I				No Separate Payment	$0.00
J1725	HYDROXYPROGESTERONE CAPROATE				Fee Schedule	$2.68
J1730	DIAZOXIDE INJECTION				Fee Schedule	$88.27
J1740	IBANDRONATE SODIUM INJECTION				Fee Schedule	$160.36
J1741	IBUPROFEN INJECTION				No Separate Payment	$0.00
J1742	IBUTILIDE FUMARATE INJECTION				Fee Schedule	$140.52
J1743	IDURSULFASE INJECTION				Fee Schedule	$483.03
J1744	ICATIBANT INJECTION				Fee Schedule	$276.84
J1745	INFLIXIMAB INJECTION				Fee Schedule	$72.05
J1750	INJ IRON DEXTRAN				Fee Schedule	$11.83
J1756	IRON SUCROSE INJECTION				No Separate Payment	$0.00
J1786	IMUGLUCERASE INJECTION				Fee Schedule	$42.01
J1790	DROPERIDOL INJECTION				No Separate Payment	$0.00
J1800	PROPRANOLOL INJECTION				No Separate Payment	$0.00
J1815	INSULIN INJECTION				No Separate Payment	$0.00
J1817	INSULIN FOR INSULIN PUMP USE				No Separate Payment	$0.00
J1830	INTERFERON BETA-1B / .25 MG				Fee Schedule	$341.80
J1835	ITRACONAZOLE INJECTION				Fee Schedule	$0.28
J1840	KANAMYCIN SULFATE 500 MG INJ				No Separate Payment	$0.00
J1850	KANAMYCIN SULFATE 75 MG INJ				No Separate Payment	$0.00
J1885	KETOROLAC TROMETHAMINE INJ				No Separate Payment	$0.00
J1890	CEPHALOTHIN SODIUM INJECTION				No Separate Payment	$0.00
J1930	LANREOTIDE INJECTION				Fee Schedule	$39.66
J1931	LARONIDASE INJECTION				Fee Schedule	$29.39
J1940	FUROSEMIDE INJECTION				No Separate Payment	$0.00
J1945	LEPIRUDIN				Fee Schedule	$256.73
J1950	LEUPROLIDE ACETATE /3.75 MG				Fee Schedule	$824.50
J1953	LEVETIRACETAM INJECTION				No Separate Payment	$0.00
J1956	LEVOFLOXACIN INJECTION				No Separate Payment	$0.00
J1960	LEVORPHANOL TARTRATE INJ				No Separate Payment	$0.00
J1980	HYOSCYAMINE SULFATE INJ				No Separate Payment	$0.00
J1990	CHLORDIAZEPOXIDE INJECTION				No Separate Payment	$0.00
J2001	LIDOCAINE INJECTION				No Separate Payment	$0.00
J2010	LINCOMYCIN INJECTION				No Separate Payment	$0.00
J2020	LINEZOLID INJECTION				Fee Schedule	$44.67

J2060	LORAZEPAM INJECTION				No Separate Payment	$0.00
J2150	MANNITOL INJECTION				No Separate Payment	$0.00
J2170	MECASERMIN INJECTION				No Separate Payment	$0.00
J2175	MEPERIDINE HYDROCHL /100 MG				No Separate Payment	$0.00
J2180	MEPERIDINE/PROMETHAZINE INJ				No Separate Payment	$0.00
J2185	MEROPENEM				No Separate Payment	$0.00
J2210	METHYLERGONOVIN MALEATE INJ				No Separate Payment	$0.00
J2212	METHYLNALTREXONE INJECTION				Fee Schedule	$0.44
J2248	MICAFUNGIN SODIUM INJECTION				Fee Schedule	$0.99
J2250	INJ MIDAZOLAM HYDROCHLORIDE				No Separate Payment	$0.00
J2260	INJ MILRINONE LACTATE / 5 MG				No Separate Payment	$0.00
J2265	MINOCYCLINE HYDROCHLORIDE				No Separate Payment	$0.00
J2270	MORPHINE SULFATE INJECTION				No Separate Payment	$0.00
J2271	MORPHINE SO4 INJECTION 100MG				No Separate Payment	$0.00
J2275	MORPHINE SULFATE INJECTION				No Separate Payment	$0.00
J2278	ZICONOTIDE INJECTION				Fee Schedule	$6.87
J2280	INJ, MOXIFLOXACIN 100 MG				No Separate Payment	$0.00
J2300	INJ NALBUPHINE HYDROCHLORIDE				No Separate Payment	$0.00
J2310	INJ NALOXONE HYDROCHLORIDE				No Separate Payment	$0.00
J2315	NALTREXONE, DEPOT FORM				Fee Schedule	$2.74
J2320	NANDROLONE DECANOATE 50 MG				No Separate Payment	$0.00
J2323	NATALIZUMAB INJECTION				Fee Schedule	$14.95
J2325	NESIRITIDE INJECTION				Fee Schedule	$65.69
J2353	OCTREOTIDE INJECTION, DEPOT				Fee Schedule	$140.48
J2354	OCTREOTIDE INJ, NON-DEPOT				No Separate Payment	$0.00
J2355	OPRELVEKIN INJECTION				Fee Schedule	$317.39
J2357	OMALIZUMAB INJECTION				Fee Schedule	$26.57
J2358	OLANZAPINE LONG-ACTING INJ				Fee Schedule	$2.75
J2360	ORPHENADRINE INJECTION				No Separate Payment	$0.00
J2370	PHENYLEPHRINE HCL INJECTION				No Separate Payment	$0.00
J2400	CHLOROPROCAINE HCL INJECTION				No Separate Payment	$0.00
J2405	ONDANSETRON HCL INJECTION				No Separate Payment	$0.00
J2410	OXYMORPHONE HCL INJECTION				No Separate Payment	$0.00
J2425	PALIFERMIN INJECTION				Fee Schedule	$14.87
J2426	PALIPERIDONE PALMITATE INJ				Fee Schedule	$7.88
J2430	PAMIDRONATE DISODIUM /30 MG				No Separate Payment	$0.00
J2440	PAPAVERIN HCL INJECTION				No Separate Payment	$0.00
J2460	OXYTETRACYCLINE INJECTION				No Separate Payment	$0.00
J2469	PALONOSETRON HCL				Fee Schedule	$19.26
J2501	PARICALCITOL				No Separate Payment	$0.00
J2503	PEGAPTANIB SODIUM INJECTION				Fee Schedule	$1,036.45
J2504	PEGADEMASE BOVINE, 25 IU				Fee Schedule	$279.56
J2505	INJECTION, PEGFILGRASTIM 6MG				Fee Schedule	$3,368.78
J2507	PEGLOTICASE INJECTION				Fee Schedule	$740.26
J2510	PENICILLIN G PROCAINE INJ				No Separate Payment	$0.00
J2513	PENTASTARCH 10% SOLUTION				No Separate Payment	$0.00
J2515	PENTOBARBITAL SODIUM INJ				Fee Schedule	$34.89
J2540	PENICILLIN G POTASSIUM INJ				No Separate Payment	$0.00
J2543	PIPERACILLIN/TAZOBACTAM				No Separate Payment	$0.00
J2550	PROMETHAZINE HCL INJECTION				No Separate Payment	$0.00
J2560	PHENOBARBITAL SODIUM INJ				No Separate Payment	$0.00
J2562	PLERIXAFOR INJECTION				Fee Schedule	$302.12
J2590	OXYTOCIN INJECTION				No Separate Payment	$0.00
J2597	INJ DESMOPRESSIN ACETATE				Fee Schedule	$5.16

J2650	PREDNISOLONE ACETATE INJ				No Separate Payment	$0.00
J2670	TOTAZOLINE HCL INJECTION				Fee Schedule	$40.01
J2675	INJ PROGESTERONE PER 50 MG				No Separate Payment	$0.00
J2680	FLUPHENAZINE DECANOATE 25 MG				No Separate Payment	$0.00
J2690	PROCAINAMIDE HCL INJECTION				No Separate Payment	$0.00
J2700	OXACILLIN SODIUM INJECITON				No Separate Payment	$0.00
J2710	NEOSTIGMINE METHYLSLFTE INJ				No Separate Payment	$0.00
J2720	INJ PROTAMINE SULFATE/10 MG				No Separate Payment	$0.00
J2724	PROTEIN C CONCENTRATE				Fee Schedule	$14.53
J2725	INJ PROTIRELIN PER 250 MCG				Fee Schedule	$29.74
J2730	PRALIDOXIME CHLORIDE INJ				Fee Schedule	$88.40
J2760	PHENTOLAINE MESYLATE INJ				Fee Schedule	$106.68
J2765	METOCLOPRAMIDE HCL INJECTION				No Separate Payment	$0.00
J2770	QUINUPRISTIN/DALFOPRISTIN				Fee Schedule	$232.85
J2778	RANIBIZUMAB INJECTION				Fee Schedule	$396.59
J2780	RANITIDINE HYDROCHLORIDE INJ				No Separate Payment	$0.00
J2783	RASBURICASE				Fee Schedule	$218.60
J2785	REGADENOSON INJECTION				No Separate Payment	$0.00
J2788	RHO D IMMUNE GLOBULIN 50 MCG				No Separate Payment	$0.00
J2790	RHO D IMMUNE GLOBULIN INJ				No Separate Payment	$0.00
J2791	RHOPHYLAC INJECTION				Fee Schedule	$4.77
J2792	RHO(D) IMMUNE GLOBULIN H, SD				Fee Schedule	$18.96
J2793	RILONACEPT INJECTION				Fee Schedule	$24.09
J2794	RISPERIDONE, LONG ACTING				Fee Schedule	$6.14
J2795	ROPIVACAINE HCL INJECTION				No Separate Payment	$0.00
J2796	ROMIPLOSTIM INJECTION				Fee Schedule	$53.31
J2800	METHOCARBAMOL INJECTION				No Separate Payment	$0.00
J2805	SINCALIDE INJECTION				No Separate Payment	$0.00
J2810	INJ THEOPHYLLINE PER 40 MG				No Separate Payment	$0.00
J2820	SARGRAMOSTIM INJECTION				Fee Schedule	$33.37
J2850	INJ SECRETIN SYNTHETIC HUMAN				Fee Schedule	$27.49
J2910	AUROTHIOGLUCOSE INJECITON				No Separate Payment	$0.00
J2916	NA FERRIC GLUCONATE COMPLEX				No Separate Payment	$0.00
J2920	METHYLPREDNISOLONE INJECTION				No Separate Payment	$0.00
J2930	METHYLPREDNISOLONE INJECTION				No Separate Payment	$0.00
J2940	SOMATREM INJECTION				No Separate Payment	$0.00
J2941	SOMATROPIN INJECTION				No Separate Payment	$0.00
J2950	PROMAZINE HCL INJECTION				No Separate Payment	$0.00
J2993	RETEPLASE INJECTION				Fee Schedule	$2,301.91
J2995	INJ STREPTOKINASE /250000 IU				No Separate Payment	$0.00
J2997	ALTEPLASE RECOMBINANT				Fee Schedule	$63.73
J3000	STREPTOMYCIN INJECTION				No Separate Payment	$0.00
J3010	FENTANYL CITRATE INJECITON				No Separate Payment	$0.00
J3030	SUMATRIPTAN SUCCINATE / 6 MG				No Separate Payment	$0.00
J3060	INJ, TALIGLUCERACE ALFA 10 U				Fee Schedule	$30.90
J3070	PENTAZOCINE INJECTION				No Separate Payment	$0.00
J3095	TELAVANCIN INJECTION				Fee Schedule	$4.14
J3101	TENECTEPLASE INJECTION				Fee Schedule	$79.76
J3105	TERBUTALINE SULFATE INJ				No Separate Payment	$0.00
J3120	TESTOSTERONE ENANTHATE INJ				No Separate Payment	$0.00
J3130	TESTOSTERONE ENANTHATE INJ				No Separate Payment	$0.00
J3140	TESTOSTERONE SUSPENSION INJ				No Separate Payment	$0.00
J3150	TESTOSTERON PROPIONATE INJ				No Separate Payment	$0.00
J3230	CHLORPROMAZINE HCL INJECTION				No Separate Payment	$0.00

J3240	THYROTROPIN INJECTION				Fee Schedule	$1,431.81
J3243	TIGECYCLINE INJECTION				Fee Schedule	$1.95
J3246	TIROFIBAN HCL				Fee Schedule	$9.48
J3250	TRIMETHOBENZAMIDE HCL INJ				No Separate Payment	$0.00
J3260	TOBRAMYCIN SULFATE INJECTION				No Separate Payment	$0.00
J3262	TOCILIZUMAB INJECTION				Fee Schedule	$3.69
J3265	INJECTION TORSEMIDE 10 MG/ML				No Separate Payment	$0.00
J3280	THIETHYLPERAZINE MALEATE INJ				No Separate Payment	$0.00
J3285	TREPROSTINIL INJECTION				Fee Schedule	$61.24
J3300	TRIAMCINOLONE A INJ PRS-FREE				Fee Schedule	$3.68
J3301	TRIAMCINOLONE ACET INJ NOS				No Separate Payment	$0.00
J3302	TRIAMCINOLONE DIACETATE INJ				No Separate Payment	$0.00
J3303	TRIAMCINOLONE HEXACETONL INJ				No Separate Payment	$0.00
J3305	INJ TRIMETREXATE GLUCORONATE				No Separate Payment	$0.00
J3310	PERPHENAZINE INJECITON				No Separate Payment	$0.00
J3315	TRIPTORELIN PAMOATE				Fee Schedule	$185.89
J3320	SPECTINOMYCN DI-HCL INJ				No Separate Payment	$0.00
J3350	UREA INJECTION				Fee Schedule	$122.40
J3355	UROFOLLITROPIN, 75 IU				Fee Schedule	$65.49
J3357	USTEKINUMAB INJECTION				Fee Schedule	$156.93
J3360	DIAZEPAM INJECTION				No Separate Payment	$0.00
J3364	UROKINASE 5000 IU INJECTION				No Separate Payment	$0.00
J3365	UROKINASE 250,000 IU INJ				Fee Schedule	$457.73
J3370	VANCOMYCIN HCL INJECTION				No Separate Payment	$0.00
J3385	VELAGLUCERASE ALFA				Fee Schedule	$353.32
J3396	VERTEPORFIN INJECTION				Fee Schedule	$10.71
J3400	TRIFLUPROMAZINE HCL INJ				No Separate Payment	$0.00
J3410	HYDROXYZINE HCL INJECTION				No Separate Payment	$0.00
J3411	THIAMINE HCL 100 MG				No Separate Payment	$0.00
J3415	PYRIDOXINE HCL 100 MG				No Separate Payment	$0.00
J3420	VITAMIN B12 INJECTION				No Separate Payment	$0.00
J3430	VITAMIN K PHYTONADIONE INJ				No Separate Payment	$0.00
J3465	INJECTION, VORICONAZOLE				Fee Schedule	$4.17
J3470	HYALURONIDASE INJECTION				No Separate Payment	$0.00
J3471	OVINE, UP TO 999 USP UNITS				No Separate Payment	$0.00
J3472	OVINE, 1000 USP UNITS				No Separate Payment	$0.00
J3473	HYALURONIDASE RECOMBINANT				No Separate Payment	$0.00
J3475	INJ MAGNESIUM SULFATE				No Separate Payment	$0.00
J3480	INJ POTASSIUM CHLORIDE				No Separate Payment	$0.00
J3485	ZIDOVUDINE				No Separate Payment	$0.00
J3486	ZIPRASIDONE MESYLATE				No Separate Payment	$0.00
J3489	ZOLEDRONIC ACID 1MG				Fee Schedule	$61.58
J3490	DRUGS UNCLASSIFIED INJECTION				No Separate Payment	$0.00
J3530	NASAL VACCINE INHALATION				No Separate Payment	$0.00
J3590	UNCLASSIFIED BIOLOGICS				No Separate Payment	$0.00
J7030	NORMAL SALINE SOLUTION INFUS				No Separate Payment	$0.00
J7040	NORMAL SALINE SOLUTION INFUS				No Separate Payment	$0.00
J7042	5% DEXTROSE/NORMAL SALINE				No Separate Payment	$0.00
J7050	NORMAL SALINE SOLUTION INFUS				No Separate Payment	$0.00
J7060	5% DEXTROSE/WATER				No Separate Payment	$0.00
J7070	D5W INFUSION				No Separate Payment	$0.00
J7100	DEXTRAN 40 INFUSION				No Separate Payment	$0.00
J7110	DEXTRAN 75 INFUSION				No Separate Payment	$0.00
J7120	RINGERS LACTATE INFUSION				No Separate Payment	$0.00

J7131	HYPERTONIC SALINE SOL				No Separate Payment	$0.00
J7178	HUMAN FIBRINOGEN CONC INJ				Fee Schedule	$0.96
J7180	FACTOR XIII ANTI-HEM FACTOR				Fee Schedule	$6.74
J7183	WILATE INJECTION				Fee Schedule	$0.94
J7185	XYNTHA INJ				Fee Schedule	$1.19
J7186	ANTIHEMOPHILIC VIII/VWF COMP				Fee Schedule	$0.93
J7187	HUMATE-P, INJ				Fee Schedule	$0.95
J7189	FACTOR VIIA				Fee Schedule	$1.72
J7190	FACTOR VIII				Fee Schedule	$0.93
J7191	FACTOR VIII (PORCINE)				Fee Schedule	$0.20
J7192	FACTOR VIII RECOMBINANT NOS				Fee Schedule	$1.14
J7193	FACTOR IX NON-RECOMBINANT				Fee Schedule	$1.01
J7194	FACTOR IX COMPLEX				Fee Schedule	$1.12
J7195	FACTOR IX RECOMBINANT				Fee Schedule	$1.37
J7196	ANTITHROMBIN RECOMBINANT				Fee Schedule	$103.35
J7197	ANTITHROMBIN III INJECTION				Fee Schedule	$3.14
J7198	ANTI-INHIBITOR				Fee Schedule	$1.70
J7308	AMINOLEVULINIC ACID HCL TOP				Fee Schedule	$249.10
J7309	METHYL AMINOLEVULINATE, TOP				Fee Schedule	$83.69
J7310	GANCICLOVIR LONG ACT IMPLANT		Y	01/01/2014	Fee Schedule	$16,960.00
J7311	FLUOCINOLONE ACETONIDE IMPLT		Y	07/01/2014	Fee Schedule	$19,227.80
J7312	DEXAMETHASONE INTRA IMPLANT				Fee Schedule	$201.40
J7315	OPHTHALMIC MITOMYCIN				Fee Schedule	$379.59
J7316	INJ, OCRIPLASMIN, 0.125 MG				Fee Schedule	$1,046.75
J7321	HYALGAN/SUPARTZ INJ PER DOSE				Fee Schedule	$89.86
J7323	EUFLEXXA INJ PER DOSE				Fee Schedule	$161.88
J7324	ORTHOVISC INJ PER DOSE				Fee Schedule	$178.89
J7325	SYNVISC OR SYNVISC-ONE				Fee Schedule	$12.37
J7326	GEL-ONE				Fee Schedule	$559.95
J7335	CAPSAICIN 8% PATCH				Fee Schedule	$26.51
J7500	AZATHIOPRINE ORAL 50MG				No Separate Payment	$0.00
J7501	AZATHIOPRINE PARENTERAL				Fee Schedule	$217.30
J7502	CYCLOSPORINE ORAL 100 MG				No Separate Payment	$0.00
J7504	LYMPHOCYTE IMMUNE GLOBULIN				Fee Schedule	$824.12
J7505	MONOCLONAL ANTIBODIES				Fee Schedule	$6.62
J7506	PREDNISONE ORAL				No Separate Payment	$0.00
J7507	TACROLIMUS IMME REL ORAL 1MG				No Separate Payment	$0.00
J7508	TACROLIMUS EX REL ORAL 0.1MG				Fee Schedule	$0.40
J7509	METHYLPREDNISOLONE ORAL				No Separate Payment	$0.00
J7510	PREDNISOLONE ORAL PER 5 MG				No Separate Payment	$0.00
J7511	ANTITHYMOCYTE GLOBULN RABBIT				Fee Schedule	$602.26
J7513	DACLIZUMAB, PARENTERAL				Fee Schedule	$526.34
J7515	CYCLOSPORINE ORAL 25 MG				No Separate Payment	$0.00
J7516	CYCLOSPORIN PARENTERAL 250MG				No Separate Payment	$0.00
J7517	MYCOPHENOLATE MOFETIL ORAL				No Separate Payment	$0.00
J7518	MYCOPHENOLIC ACID				No Separate Payment	$0.00
J7520	SIROLIMUS, ORAL				No Separate Payment	$0.00
J7525	TACROLIMUS INJECTION				Fee Schedule	$135.02
J7527	ORAL EVEROLIMUS				No Separate Payment	$0.00
J7599	IMMUNOSUPPRESSIVE DRUG NOC				No Separate Payment	$0.00
J7665	MANNITOL FOR INHALER				No Separate Payment	$0.00
J7674	METHACHOLINE CHLORIDE, NEB				No Separate Payment	$0.00
J7799	NON-INHALATION DRUG FOR DME				No Separate Payment	$0.00
J8501	ORAL APREPITANT				Fee Schedule	$7.43

J8510	ORAL BUSULFAN				No Separate Payment	$0.00
J8520	CAPECITABINE, ORAL, 150 MG				Fee Schedule	$9.84
J8521	CAPECITABINE, ORAL, 500 MG				Fee Schedule	$32.83
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG				No Separate Payment	$0.00
J8540	ORAL DEXAMETHASONE				No Separate Payment	$0.00
J8560	ETOPOSIDE ORAL 50 MG				Fee Schedule	$57.88
J8562	ORAL FLUDARABINE PHOSPHATE				No Separate Payment	$0.00
J8597	ANTIEMETIC DRUG ORAL NOS				No Separate Payment	$0.00
J8600	MELPHALAN ORAL 2 MG				No Separate Payment	$0.00
J8610	METHOTREXATE ORAL 2.5 MG				No Separate Payment	$0.00
J8650	NABILONE ORAL				Fee Schedule	$28.42
J8700	TEMOZOLOMIDE				Fee Schedule	$5.90
J8705	TOPOTECAN ORAL				Fee Schedule	$94.65
J9000	DOXORUBICIN HCL INJECTION				No Separate Payment	$0.00
J9001	DOXORUBICIN HCL LIPOSOME INJ				Not Allowed	$0.00
J9010	ALEMTUZUMAB INJECTION				Fee Schedule	$582.30
J9015	ALDESLEUKIN INJECTION				Fee Schedule	$1,828.73
J9017	ARSENIC TRIOXIDE INJECTION				Fee Schedule	$51.04
J9019	ERWINAZE INJECTION				Fee Schedule	$354.76
J9020	ASPARAGINASE, NOS				Fee Schedule	$64.56
J9025	AZACITIDINE INJECTION				Fee Schedule	$4.43
J9027	CLOFARABINE INJECTION				Fee Schedule	$132.93
J9031	BCG LIVE INTRAVESICAL VAC				Fee Schedule	$122.18
J9033	BENDAMUSTINE INJECTION				Fee Schedule	$21.72
J9035	BEVACIZUMAB INJECTION				Fee Schedule	$66.55
J9040	BLEOMYCIN SULFATE INJECTION				No Separate Payment	$0.00
J9041	BORTEZOMIB INJECTION				Fee Schedule	$46.08
J9042	BRENTUXIMAB VEDOTIN INJ				Fee Schedule	$110.93
J9043	CABAZITAXEL INJECTION				Fee Schedule	$143.11
J9045	CARBOPLATIN INJECTION				No Separate Payment	$0.00
J9047	INJECTION, CARFILZOMIB, 1 MG				Fee Schedule	$29.61
J9050	CARMUSTINE INJECTION				Fee Schedule	$1,422.77
J9055	CETUXIMAB INJECTION				Fee Schedule	$53.38
J9060	CISPLATIN 10 MG INJECTION				No Separate Payment	$0.00
J9065	INJ CLADRIBINE PER 1 MG				Fee Schedule	$21.83
J9070	CYCLOPHOSPHAMIDE 100 MG INJ				Fee Schedule	$64.55
J9098	CYTARABINE LIPOSOME INJ				Fee Schedule	$553.83
J9100	CYTARABINE HCL 100 MG INJ				No Separate Payment	$0.00
J9120	DACTINOMYCIN INJECTION				Fee Schedule	$685.42
J9130	DACARBAZINE 100 MG INJ				No Separate Payment	$0.00
J9150	DAUNORUBICIN INJECTION				Fee Schedule	$23.87
J9151	DAUNORUBICIN CITRATE INJ				Fee Schedule	$238.92
J9155	DEGARELIX INJECTION				Fee Schedule	$3.44
J9160	DENILEUKIN DIFTITOX INJ				Fee Schedule	$1,646.18
J9165	DIETHYLSTILBESTROL INJECTION				No Separate Payment	$0.00
J9171	DOCETAXEL INJECTION				Fee Schedule	$4.97
J9175	ELLIOTTS B SOLUTION PER ML				No Separate Payment	$0.00
J9178	INJ, EPIRUBICIN HCL, 2 MG				No Separate Payment	$0.00
J9179	ERIBULIN MESYLATE INJECTION				Fee Schedule	$99.22
J9181	ETOPOSIDE INJECTION				No Separate Payment	$0.00
J9185	FLUDARABINE PHOSPHATE INJ				Fee Schedule	$78.21
J9190	FLUOROURACIL INJECTION				No Separate Payment	$0.00
J9200	FLOXURIDINE INJECTION				Fee Schedule	$68.14
J9201	GEMCITABINE HCL INJECTION				No Separate Payment	$0.00

J9202	GOSERELIN ACETATE IMPLANT				Fee Schedule	$221.53
J9206	IRINOTECAN INJECTION				No Separate Payment	$0.00
J9207	IXABEPILONE INJECTION				Fee Schedule	$70.32
J9208	IFOSFAMIDE INJECTION				Fee Schedule	$31.77
J9209	MESNA INJECTION				No Separate Payment	$0.00
J9211	IDARUBICIN HCL INJECTION				Fee Schedule	$46.76
J9212	INTERFERON ALFACON-1 INJ				No Separate Payment	$0.00
J9213	INTERFERON ALFA-2A INJ				Fee Schedule	$53.66
J9214	INTERFERON ALFA-2B INJ				Fee Schedule	$20.72
J9215	INTERFERON ALFA-N3 INJ				Fee Schedule	$31.80
J9216	INTERFERON GAMMA 1-B INJ				Fee Schedule	$2,879.49
J9217	LEUPROLIDE ACETATE SUSPNSION				Fee Schedule	$233.76
J9218	LEUPROLIDE ACETATE INJECITON				Fee Schedule	$7.29
J9219	LEUPROLIDE ACETATE IMPLANT				Fee Schedule	$4,819.82
J9225	VANTAS IMPLANT				Fee Schedule	$2,981.71
J9226	SUPPRELIN LA IMPLANT				Fee Schedule	$16,885.87
J9228	IPILIMUMAB INJECTION				Fee Schedule	$131.68
J9230	MECHLORETHAMINE HCL INJ				Fee Schedule	$154.70
J9245	INJ MELPHALAN HYDROCHL 50 MG				Fee Schedule	$1,220.50
J9250	METHOTREXATE SODIUM INJ				No Separate Payment	$0.00
J9260	METHOTREXATE SODIUM INJ				No Separate Payment	$0.00
J9261	NELARABINE INJECTION				Fee Schedule	$138.33
J9262	INJ, OMACETAXINE MEP, 0.01MG				Fee Schedule	$2.48
J9263	OXALIPLATIN				Fee Schedule	$0.57
J9264	PACLITAXEL PROTEIN BOUND				Fee Schedule	$9.80
J9265	PACLITAXEL INJECTION				No Separate Payment	$0.00
J9266	PEGASPARGASE INJECTION				Fee Schedule	$6,144.57
J9268	PENTOSTATIN INJECTION				Fee Schedule	$1,432.43
J9270	PLICAMYCIN (MITHRAMYCIN) INJ				No Separate Payment	$0.00
J9280	MITOMYCIN INJECTION				Fee Schedule	$22.96
J9293	MITOXANTRONE HYDROCHL / 5 MG				Fee Schedule	$34.46
J9300	GEMTUZUMAB OZOGAMICIN INJ				Fee Schedule	$2,742.59
J9302	OFATUMUMAB INJECTION				Fee Schedule	$47.72
J9303	PANITUMUMAB INJECTION				Fee Schedule	$94.57
J9305	PEMETREXED INJECTION				Fee Schedule	$60.33
J9306	INJECTION, PERTUZUMAB, 1 MG				Fee Schedule	$10.22
J9307	PRALATREXATE INJECTION				Fee Schedule	$197.28
J9310	RITUXIMAB INJECTION				Fee Schedule	$707.47
J9315	ROMIDEPSIN INJECTION				Fee Schedule	$265.43
J9320	STREPTOZOCIN INJECTION				Fee Schedule	$335.13
J9328	TEMOZOLOMIDE INJECTION				Fee Schedule	$5.17
J9330	TEMSIROLIMUS INJECTION				Fee Schedule	$58.22
J9340	THIOTEPA INJECTION				Fee Schedule	$630.70
J9351	TOPOTECAN INJECTION				Fee Schedule	$2.06
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG				Fee Schedule	$29.14
J9355	TRASTUZUMAB INJECTION				Fee Schedule	$82.37
J9357	VALRUBICIN INJECTION				Fee Schedule	$1,071.33
J9360	VINBLASTINE SULFATE INJ				No Separate Payment	$0.00
J9370	VINCRISTINE SULFATE 1 MG INJ				No Separate Payment	$0.00
J9371	INJ, VINCRISTINE SUL LIP 1MG				Fee Schedule	$2,062.34
J9390	VINORELBINE TARTRATE INJ				No Separate Payment	$0.00
J9395	INJECTION, FULVESTRANT				Fee Schedule	$90.93
J9400	INJ, ZIV-AFLIBERCEPT, 1MG				Fee Schedule	$7.10
J9600	PORFIMER SODIUM INJECTION				Fee Schedule	$19,834.12

J9999	CHEMOTHERAPY DRUG				No Separate Payment	$0.00
L8600	IMPLANT BREAST SILICONE/EQ				No Separate Payment	$0.00
L8603	COLLAGEN IMP URINARY 2.5 ML				No Separate Payment	$0.00
L8604	DEXTRANOMER/HYALURONIC ACID				No Separate Payment	$0.00
L8606	SYNTHETIC IMPLNT URINARY 1ML				Not Allowed	$0.00
L8609	ARTIFICIAL CORNEA				No Separate Payment	$0.00
L8610	OCULAR IMPLANT				No Separate Payment	$0.00
L8612	AQUEOUS SHUNT PROSTHESIS				No Separate Payment	$0.00
L8613	OSSICULAR IMPLANT				No Separate Payment	$0.00
L8614	COCHLEAR DEVICE				No Separate Payment	$0.00
L8630	METACARPOPHALANGEAL IMPLANT				No Separate Payment	$0.00
L8631	MCP JOINT REPL 2 PC OR MORE				No Separate Payment	$0.00
L8641	METATARSAL JOINT IMPLANT				No Separate Payment	$0.00
L8642	HALLUX IMPLANT				No Separate Payment	$0.00
L8658	INTERPHALANGEAL JOINT SPACER				No Separate Payment	$0.00
L8659	INTERPHALANGEAL JOINT REPL				No Separate Payment	$0.00
L8670	VASCULAR GRAFT, SYNTHETIC				No Separate Payment	$0.00
L8682	IMPLT NEUROSTIM RADIOFQ REC				No Separate Payment	$0.00
L8690	AUD OSSEO DEV, INT/EXT COMP				No Separate Payment	$0.00
L8699	PROSTHETIC IMPLANT NOS				No Separate Payment	$0.00
L9900	O&P SUPPLY/ACCESSORY/SERVICE				No Separate Payment	$0.00
P9041	ALBUMIN (HUMAN),5%, 50ML				Fee Schedule	$20.94
P9045	ALBUMIN (HUMAN), 5%, 250 ML				Fee Schedule	$68.22
P9046	ALBUMIN (HUMAN), 25%, 20 ML				Fee Schedule	$34.13
P9047	ALBUMIN (HUMAN), 25%, 50ML				Fee Schedule	$69.57
Q0138	FERUMOXYTOL, NON-ESRD				Fee Schedule	$0.73
Q0161	CHLORPROMAZINE HCL 5MG ORAL				No Separate Payment	$0.00
Q0162	ONDANSETRON ORAL				No Separate Payment	$0.00
Q0163	DIPHENHYDRAMINE HCL 50MG				No Separate Payment	$0.00
Q0164	PROCHLORPERAZINE MALEATE 5MG				No Separate Payment	$0.00
Q0166	GRANISETRON HCL 1 MG ORAL				No Separate Payment	$0.00
Q0167	DRONABINOL 2.5MG ORAL				No Separate Payment	$0.00
Q0169	PROMETHAZINE HCL 12.5MG ORAL				No Separate Payment	$0.00
Q0173	TRIMETHOBENZAMIDE HCL 250MG				No Separate Payment	$0.00
Q0174	THIETHYLPERAZINE MALEATE10MG				No Separate Payment	$0.00
Q0175	PERPHENAZINE 4MG ORAL				No Separate Payment	$0.00
Q0177	HYDROXYZINE PAMOATE 25MG				No Separate Payment	$0.00
Q0180	DOLASETRON MESYLATE ORAL				No Separate Payment	$0.00
Q0181	UNSPECIFIED ORAL ANTI-EMETIC				No Separate Payment	$0.00
Q0507	MISC SUP/ACC EXT VAD				No Separate Payment	$0.00
Q0508	MIS SUP/ACC IMP VAD				No Separate Payment	$0.00
Q0509	MIS SUP/AC IMP VAD NOPAY MED				No Separate Payment	$0.00
Q0515	SERMORELIN ACETATE INJECTION				Fee Schedule	$1.80
Q2004	BLADDER CALCULI IRRIG SOL				No Separate Payment	$0.00
Q2009	FOSPHENYTOIN INJ PE				No Separate Payment	$0.00
Q2017	TENIPOSIDE, 50 MG				Fee Schedule	$830.00
Q2033	INFLUENZA VACCINE, (FLUBLOK)				No Separate Payment	$0.00
Q2034	AGRIFLU VACCINE				No Separate Payment	$0.00
Q2035	AFLURIA VACC, 3 YRS & >, IM				No Separate Payment	$0.00
Q2036	FLULAVAL VACC, 3 YRS & >, IM				No Separate Payment	$0.00
Q2037	FLUVIRIN VACC, 3 YRS & >, IM				No Separate Payment	$0.00
Q2038	FLUZONE VACC, 3 YRS & >, IM				No Separate Payment	$0.00
Q2039	NOS FLU VACC, 3 YRS & >, IM				No Separate Payment	$0.00
Q2043	SIPULEUCEL-T AUTO CD54+				Fee Schedule	$34,357.33

Q2049	IMPORTED LIPODOX INJ				Fee Schedule	$498.26
Q2050	DOXORUBICIN INJ 10MG				Fee Schedule	$490.84
Q3027	INJ BETA INTERFERON IM 1 MCG				Fee Schedule	$36.01
Q3031	COLLAGEN SKIN TEST				No Separate Payment	$0.00
Q4100	SKIN SUBSTITUTE, NOS				No Separate Payment	$0.00
Q4101	APLIGRAF				No Separate Payment	$0.00
Q4102	OASIS WOUND MATRIX				No Separate Payment	$0.00
Q4103	OASIS BURN MATRIX				No Separate Payment	$0.00
Q4104	INTEGRA BMWD				No Separate Payment	$0.00
Q4105	INTEGRA DRT				No Separate Payment	$0.00
Q4106	DERMAGRAFT				No Separate Payment	$0.00
Q4107	GRAFTJACKET				No Separate Payment	$0.00
Q4108	INTEGRA MATRIX				No Separate Payment	$0.00
Q4110	PRIMATRIX				No Separate Payment	$0.00
Q4111	GAMMAGRAFT				No Separate Payment	$0.00
Q4112	CYMETRA INJECTABLE				No Separate Payment	$0.00
Q4113	GRAFTJACKET XPRESS				No Separate Payment	$0.00
Q4114	INTEGRA FLOWABLE WOUND MATRI				No Separate Payment	$0.00
Q4115	ALLOSKIN				No Separate Payment	$0.00
Q4116	ALLODERM				No Separate Payment	$0.00
Q4118	MATRISTEM MICROMATRIX				No Separate Payment	$0.00
Q4119	MATRISTEM WOUND MATRIX				No Separate Payment	$0.00
Q4121	THERASKIN				Fee Schedule	$21.56
Q4122	DERMACELL				Fee Schedule	$78.77
Q4123	ALLOSKIN				No Separate Payment	$0.00
Q4124	OASIS TRI-LAYER WOUND MATRIX				No Separate Payment	$0.00
Q4125	ARTHROFLEX				No Separate Payment	$0.00
Q4126	MEMODERM				Fee Schedule	$57.99
Q4127	TALYMED				Fee Schedule	$13.78
Q4128	FLEXHD/ALLOPATCHHD/MATRIXHD				No Separate Payment	$0.00
Q4129	UNITE BIOMATRIX				Fee Schedule	$31.26
Q4130	STRATTICE TM				No Separate Payment	$0.00
Q4131	EPIFIX				Fee Schedule	$216.74
Q4132	GRAFIX CORE				Fee Schedule	$137.02
Q4133	GRAFIX PRIME				Fee Schedule	$131.40
Q4134	HMATRIX				Fee Schedule	$31.48
Q4135	MEDISKIN				Fee Schedule	$0.16
Q4136	EZDERM				Fee Schedule	$0.15
Q4137	AMNIOEXCEL OR BIODEXCEL, 1CM				No Separate Payment	$0.00
Q4138	BIODFENCE DRYFLEX, 1CM				No Separate Payment	$0.00
Q4139	AMNIO OR BIODMATRIX, INJ 1CC				No Separate Payment	$0.00
Q4140	BIODFENCE 1CM				No Separate Payment	$0.00
Q4141	ALLOSKIN AC, 1 CM				No Separate Payment	$0.00
Q4142	XCM BIOLOGIC TISS MATRIX 1CM				No Separate Payment	$0.00
Q4143	REPRIZA, 1CM				No Separate Payment	$0.00
Q4145	EPIFIX, INJ, 1MG				No Separate Payment	$0.00
Q4146	TENSIX, 1CM				No Separate Payment	$0.00
Q4147	ARCHITECT ECM, 1CM				No Separate Payment	$0.00
Q4148	NEOX 1K, 1CM				No Separate Payment	$0.00
Q4149	EXCELLAGEN, 0.1 CC				No Separate Payment	$0.00
Q9951	LOCM >= 400 MG/ML IODINE,1ML				No Separate Payment	$0.00
Q9953	INJ FE-BASED MR CONTRAST,1ML				No Separate Payment	$0.00
Q9954	ORAL MR CONTRAST, 100 ML				No Separate Payment	$0.00
Q9955	INJ PERFLEXANE LIP MICROS,ML				No Separate Payment	$0.00

Q9956	INJ OCTAFLUOROPROPANE MIC,ML				No Separate Payment	$0.00
Q9957	INJ PERFLUTREN LIP MICROS,ML				No Separate Payment	$0.00
Q9958	HOCM <=149 MG/ML IODINE, 1ML				No Separate Payment	$0.00
Q9959	HOCM 150-199MG/ML IODINE,1ML				No Separate Payment	$0.00
Q9960	HOCM 200-249MG/ML IODINE,1ML				No Separate Payment	$0.00
Q9961	HOCM 250-299MG/ML IODINE,1ML				No Separate Payment	$0.00
Q9962	HOCM 300-349MG/ML IODINE,1ML				No Separate Payment	$0.00
Q9963	HOCM 350-399MG/ML IODINE,1ML				No Separate Payment	$0.00
Q9964	HOCM>= 400MG/ML IODINE, 1ML				No Separate Payment	$0.00
Q9965	LOCM 100-199MG/ML IODINE,1ML				No Separate Payment	$0.00
Q9966	LOCM 200-299MG/ML IODINE,1ML				No Separate Payment	$0.00
Q9967	LOCM 300-399MG/ML IODINE,1ML				No Separate Payment	$0.00
Q9968	VISUALIZATION ADJUNCT				No Separate Payment	$0.00
Q9970	INJ FERRIC CARBOXYMALTOS 1MG				Fee Schedule	$1.06
V2630	ANTER CHAMBER INTRAOCUL LENS				No Separate Payment	$0.00
V2631	IRIS SUPPORT INTRAOCLR LENS				No Separate Payment	$0.00
V2632	POST CHMBR INTRAOCULAR LENS				No Separate Payment	$0.00
V2785	CORNEAL TISSUE PROCESSING				Fee Schedule	$0.00
V2790	AMNIOTIC MEMBRANE				No Separate Payment	$0.00