Montana Medicaid Outpatient Procedure Fee Schedule

Outpatient Hospital Services

Effective 04/01/2015

Montana Medicaid Conversion Factor = **$ 55.53**

Laboratory Billing Provider Notice

http://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2014/medicaidoutpatientlabbilling02192014.pdf

Definitions:

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

Method – Source of fee determination

APC: Based on APC assigned weight x Montana's conversion factor. Pricing is affected by modifiers as listed in the provider manual.

Procedures paid by APC method that have a zero fee are either bundled or not covered services. (See the Status Indicator)

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

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

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

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

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

Not Allowed: These services are not payable

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

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

Status Indicators:

C Inpatient services that are not payable under OPPS

E Not allowed under Oupatient

G Pass through drugs and biologicals

H Pass through devices that are paid by report

K Drugs and biologicals paid by APC

M Montana Medicaid specific fee

N Services for which payment is packaged into another service or APC

Q Montana Medicaid Laboratory service

R Blood and blood products

S Significant procedures that are paid under OPPS but to which the multiple surgery reduction does not apply

T Significant services that are paid under the OPPS and to which the multiple procedure payment discount under OPPS applies

U Brachytherapy Sources

V Medical visits (including clinic or emergency department visits) that are paid under OPPS

X Ancillary services that are paid under OPPS

Y Montana Medicaid fee for Physical Therapy, Occupational Therapy or Speech and Language Therapy services

Some procedures may have a variable status dependant on if they are provided with another billable services.

These codes are listed on the fee schedule as status N (bundled) but will have an APC and price shown.

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

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Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
00100	N	ANESTH SALIVARY GLAND				Bundled, Sometimes Payable	$0.00			
00102	N	ANESTH REPAIR OF CLEFT LIP				Bundled, Sometimes Payable	$0.00			
00103	N	ANESTH BLEPHAROPLASTY				Bundled, Sometimes Payable	$0.00			
00104	N	ANESTH ELECTROSHOCK				Bundled, Sometimes Payable	$0.00			
00120	N	ANESTH EAR SURGERY				Bundled, Sometimes Payable	$0.00			
00124	N	ANESTH EAR EXAM				Bundled, Sometimes Payable	$0.00			
00126	N	ANESTH TYMPANOTOMY				Bundled, Sometimes Payable	$0.00			
00140	N	ANESTH PROCEDURES ON EYE				Bundled, Sometimes Payable	$0.00			
00142	N	ANESTH LENS SURGERY				Bundled, Sometimes Payable	$0.00			
00144	N	ANESTH CORNEAL TRANSPLANT				Bundled, Sometimes Payable	$0.00			
00145	N	ANESTH VITREORETINAL SURG				Bundled, Sometimes Payable	$0.00			
00147	N	ANESTH IRIDECTOMY				Bundled, Sometimes Payable	$0.00			
00148	N	ANESTH EYE EXAM				Bundled, Sometimes Payable	$0.00			
00160	N	ANESTH NOSE/SINUS SURGERY				Bundled, Sometimes Payable	$0.00			
00162	N	ANESTH NOSE/SINUS SURGERY				Bundled, Sometimes Payable	$0.00			
00164	N	ANESTH BIOPSY OF NOSE				Bundled, Sometimes Payable	$0.00			
00170	N	ANESTH PROCEDURE ON MOUTH				Bundled, Sometimes Payable	$0.00			
00172	N	ANESTH CLEFT PALATE REPAIR				Bundled, Sometimes Payable	$0.00			
00174	N	ANESTH PHARYNGEAL SURGERY				Bundled, Sometimes Payable	$0.00			
00176	C	ANESTH PHARYNGEAL SURGERY				Inpatient Only	$0.00			
00190	N	ANESTH FACE/SKULL BONE SURG				Bundled, Sometimes Payable	$0.00			
00192	C	ANESTH FACIAL BONE SURGERY				Inpatient Only	$0.00			
00210	N	ANESTH CRANIAL SURG NOS				Bundled, Sometimes Payable	$0.00			
00211	C	ANESTH CRAN SURG HEMOTOMA				Inpatient Only	$0.00			
00212	N	ANESTH SKULL DRAINAGE				Bundled, Sometimes Payable	$0.00			
00214	C	ANESTH SKULL DRAINAGE				Inpatient Only	$0.00			
00215	C	ANESTH SKULL REPAIR/FRACT				Inpatient Only	$0.00			
00216	N	ANESTH HEAD VESSEL SURGERY				Bundled, Sometimes Payable	$0.00			
00218	N	ANESTH SPECIAL HEAD SURGERY				Bundled, Sometimes Payable	$0.00			
00220	N	ANESTH INTRCRN NERVE				Bundled, Sometimes Payable	$0.00			
00222	N	ANESTH HEAD NERVE SURGERY				Bundled, Sometimes Payable	$0.00			
00300	N	ANESTH HEAD/NECK/PTRUNK				Bundled, Sometimes Payable	$0.00			
00320	N	ANESTH NECK ORGAN 1YR/>				Bundled, Sometimes Payable	$0.00			
00322	N	ANESTH BIOPSY OF THYROID				Bundled, Sometimes Payable	$0.00			
00326	N	ANESTH LARYNX/TRACH < 1 YR				Bundled, Sometimes Payable	$0.00			
00350	N	ANESTH NECK VESSEL SURGERY				Bundled, Sometimes Payable	$0.00			
00352	N	ANESTH NECK VESSEL SURGERY				Bundled, Sometimes Payable	$0.00			
00400	N	ANESTH SKIN EXT/PER/ATRUNK				Bundled, Sometimes Payable	$0.00			
00402	N	ANESTH SURGERY OF BREAST				Bundled, Sometimes Payable	$0.00			
00404	N	ANESTH SURGERY OF BREAST				Bundled, Sometimes Payable	$0.00			
00406	N	ANESTH SURGERY OF BREAST				Bundled, Sometimes Payable	$0.00			
00410	N	ANESTH CORRECT HEART RHYTHM				Bundled, Sometimes Payable	$0.00			
00450	N	ANESTH SURGERY OF SHOULDER				Bundled, Sometimes Payable	$0.00			
00454	N	ANESTH COLLAR BONE BIOPSY				Bundled, Sometimes Payable	$0.00			
00470	N	ANESTH REMOVAL OF RIB				Bundled, Sometimes Payable	$0.00			
00472	N	ANESTH CHEST WALL REPAIR				Bundled, Sometimes Payable	$0.00			
00474	C	ANESTH SURGERY OF RIB				Inpatient Only	$0.00			
00500	N	ANESTH ESOPHAGEAL SURGERY				Bundled, Sometimes Payable	$0.00			
00520	N	ANESTH CHEST PROCEDURE				Bundled, Sometimes Payable	$0.00			
00522	N	ANESTH CHEST LINING BIOPSY				Bundled, Sometimes Payable	$0.00			
00524	C	ANESTH CHEST DRAINAGE				Inpatient Only	$0.00			
00528	N	ANES MEDIASCPY & DX THORSCPY				Bundled, Sometimes Payable	$0.00			
00529	N	ANES MEDSCPY&THORSCPY 1 LUNG				Bundled, Sometimes Payable	$0.00			
00530	N	ANESTH PACEMAKER INSERTION				Bundled, Sometimes Payable	$0.00			
00532	N	ANESTH VASCULAR ACCESS				Bundled, Sometimes Payable	$0.00			
00534	N	ANESTH CARDIOVERTER/DEFIB				Bundled, Sometimes Payable	$0.00			
00537	N	ANESTH CARDIAC ELECTROPHYS				Bundled, Sometimes Payable	$0.00			
00539	N	ANESTH TRACH-BRONCH RECONST				Bundled, Sometimes Payable	$0.00			
00540	C	ANESTH CHEST SURGERY				Inpatient Only	$0.00			
00541	N	ANESTH ONE LUNG VENTILATION				Bundled, Sometimes Payable	$0.00			
00542	C	ANESTHESIA REMOVAL PLEURA				Inpatient Only	$0.00			
00546	C	ANESTH LUNG CHEST WALL SURG				Inpatient Only	$0.00			
00548	N	ANESTH TRACHEA BRONCHI SURG				Bundled, Sometimes Payable	$0.00			
00550	N	ANESTH STERNAL DEBRIDEMENT				Bundled, Sometimes Payable	$0.00			

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00560	C	ANESTH HEART SURG W/O PUMP				Inpatient Only	$0.00			
00561	C	ANESTH HEART SURG <1 YR				Inpatient Only	$0.00			
00562	C	ANESTH HRT SURG W/PMP AGE 1+				Inpatient Only	$0.00			
00563	N	ANESTH HEART SURG W/ARREST				Bundled, Sometimes Payable	$0.00			
00566	N	ANESTH CABG W/O PUMP				Bundled, Sometimes Payable	$0.00			
00567	C	ANESTH CABG W/PUMP				Inpatient Only	$0.00			
00580	C	ANESTH HEART/LUNG TRANSPLNT				Inpatient Only	$0.00			
00600	N	ANESTH SPINE CORD SURGERY				Bundled, Sometimes Payable	$0.00			
00604	C	ANESTH SITTING PROCEDURE				Inpatient Only	$0.00			
00620	N	ANESTH SPINE CORD SURGERY				Bundled, Sometimes Payable	$0.00			
00625	N	ANES SPINE TRANTHOR W/O VENT				Bundled, Sometimes Payable	$0.00			
00626	N	ANES SPINE TRANSTHOR W/VENT				Bundled, Sometimes Payable	$0.00			
00630	N	ANESTH SPINE CORD SURGERY				Bundled, Sometimes Payable	$0.00			
00632	C	ANESTH REMOVAL OF NERVES				Inpatient Only	$0.00			
00635	N	ANESTH LUMBAR PUNCTURE				Bundled, Sometimes Payable	$0.00			
00640	N	ANESTH SPINE MANIPULATION				Bundled, Sometimes Payable	$0.00			
00670	C	ANESTH SPINE CORD SURGERY				Inpatient Only	$0.00			
00700	N	ANESTH ABDOMINAL WALL SURG				Bundled, Sometimes Payable	$0.00			
00702	N	ANESTH FOR LIVER BIOPSY				Bundled, Sometimes Payable	$0.00			
00730	N	ANESTH ABDOMINAL WALL SURG				Bundled, Sometimes Payable	$0.00			
00740	N	ANESTH UPPER GI VISUALIZE				Bundled, Sometimes Payable	$0.00			
00750	N	ANESTH REPAIR OF HERNIA				Bundled, Sometimes Payable	$0.00			
00752	N	ANESTH REPAIR OF HERNIA				Bundled, Sometimes Payable	$0.00			
00754	N	ANESTH REPAIR OF HERNIA				Bundled, Sometimes Payable	$0.00			
00756	N	ANESTH REPAIR OF HERNIA				Bundled, Sometimes Payable	$0.00			
00770	N	ANESTH BLOOD VESSEL REPAIR				Bundled, Sometimes Payable	$0.00			
00790	N	ANESTH SURG UPPER ABDOMEN				Bundled, Sometimes Payable	$0.00			
00792	C	ANESTH HEMORR/EXCISE LIVER				Inpatient Only	$0.00			
00794	C	ANESTH PANCREAS REMOVAL				Inpatient Only	$0.00			
00796	C	ANESTH FOR LIVER TRANSPLANT				Inpatient Only	$0.00			
00797	N	ANESTH SURGERY FOR OBESITY				Bundled, Sometimes Payable	$0.00			
00800	N	ANESTH ABDOMINAL WALL SURG				Bundled, Sometimes Payable	$0.00			
00802	C	ANESTH FAT LAYER REMOVAL				Inpatient Only	$0.00			
00810	N	ANESTH LOW INTESTINE SCOPE				Bundled, Sometimes Payable	$0.00			
00820	N	ANESTH ABDOMINAL WALL SURG				Bundled, Sometimes Payable	$0.00			
00830	N	ANESTH REPAIR OF HERNIA				Bundled, Sometimes Payable	$0.00			
00832	N	ANESTH REPAIR OF HERNIA				Bundled, Sometimes Payable	$0.00			
00834	N	ANESTH HERNIA REPAIR < 1 YR				Bundled, Sometimes Payable	$0.00			
00836	N	ANESTH HERNIA REPAIR PREEMIE				Bundled, Sometimes Payable	$0.00			
00840	N	ANESTH SURG LOWER ABDOMEN				Bundled, Sometimes Payable	$0.00			
00842	N	ANESTH AMNIOCENTESIS				Bundled, Sometimes Payable	$0.00			
00844	C	ANESTH PELVIS SURGERY				Inpatient Only	$0.00			
00846	C	ANESTH HYSTERECTOMY				Inpatient Only	$0.00			
00848	C	ANESTH PELVIC ORGAN SURG				Inpatient Only	$0.00			
00851	N	ANESTH TUBAL LIGATION				Bundled, Sometimes Payable	$0.00			
00860	N	ANESTH SURGERY OF ABDOMEN				Bundled, Sometimes Payable	$0.00			
00862	N	ANESTH KIDNEY/URETER SURG				Bundled, Sometimes Payable	$0.00			
00864	C	ANESTH REMOVAL OF BLADDER				Inpatient Only	$0.00			
00865	C	ANESTH REMOVAL OF PROSTATE				Inpatient Only	$0.00			
00866	C	ANESTH REMOVAL OF ADRENAL				Inpatient Only	$0.00			
00868	C	ANESTH KIDNEY TRANSPLANT				Inpatient Only	$0.00			
00870	N	ANESTH BLADDER STONE SURG				Bundled, Sometimes Payable	$0.00			
00872	N	ANESTH KIDNEY STONE DESTRUCT				Bundled, Sometimes Payable	$0.00			
00873	N	ANESTH KIDNEY STONE DESTRUCT				Bundled, Sometimes Payable	$0.00			
00880	N	ANESTH ABDOMEN VESSEL SURG				Bundled, Sometimes Payable	$0.00			
00882	C	ANESTH MAJOR VEIN LIGATION				Inpatient Only	$0.00			
00902	N	ANESTH ANORECTAL SURGERY				Bundled, Sometimes Payable	$0.00			
00904	C	ANESTH PERINEAL SURGERY				Inpatient Only	$0.00			
00906	N	ANESTH REMOVAL OF VULVA				Bundled, Sometimes Payable	$0.00			
00908	C	ANESTH REMOVAL OF PROSTATE				Inpatient Only	$0.00			
00910	N	ANESTH BLADDER SURGERY				Bundled, Sometimes Payable	$0.00			
00912	N	ANESTH BLADDER TUMOR SURG				Bundled, Sometimes Payable	$0.00			
00914	N	ANESTH REMOVAL OF PROSTATE				Bundled, Sometimes Payable	$0.00			
00916	N	ANESTH BLEEDING CONTROL				Bundled, Sometimes Payable	$0.00			

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00918	N	ANESTH STONE REMOVAL				Bundled, Sometimes Payable	$0.00			
00920	N	ANESTH GENITALIA SURGERY				Bundled, Sometimes Payable	$0.00			
00921	N	ANESTH VASECTOMY				Bundled, Sometimes Payable	$0.00			
00922	N	ANESTH SPERM DUCT SURGERY				Bundled, Sometimes Payable	$0.00			
00924	N	ANESTH TESTIS EXPLORATION				Bundled, Sometimes Payable	$0.00			
00926	N	ANESTH REMOVAL OF TESTIS				Bundled, Sometimes Payable	$0.00			
00928	N	ANESTH REMOVAL OF TESTIS				Bundled, Sometimes Payable	$0.00			
00930	N	ANESTH TESTIS SUSPENSION				Bundled, Sometimes Payable	$0.00			
00932	C	ANESTH AMPUTATION OF PENIS				Inpatient Only	$0.00			
00934	C	ANESTH PENIS NODES REMOVAL				Inpatient Only	$0.00			
00936	C	ANESTH PENIS NODES REMOVAL				Inpatient Only	$0.00			
00938	N	ANESTH INSERT PENIS DEVICE				Bundled, Sometimes Payable	$0.00			
00940	N	ANESTH VAGINAL PROCEDURES				Bundled, Sometimes Payable	$0.00			
00942	N	ANESTH SURG ON VAG/URETHRAL				Bundled, Sometimes Payable	$0.00			
00944	C	ANESTH VAGINAL HYSTERECTOMY				Inpatient Only	$0.00			
00948	N	ANESTH REPAIR OF CERVIX				Bundled, Sometimes Payable	$0.00			
00950	N	ANESTH VAGINAL ENDOSCOPY				Bundled, Sometimes Payable	$0.00			
00952	N	ANESTH HYSTEROSCOPE/GRAPH				Bundled, Sometimes Payable	$0.00			
01112	N	ANESTH BONE ASPIRATE/BX				Bundled, Sometimes Payable	$0.00			
01120	N	ANESTH PELVIS SURGERY				Bundled, Sometimes Payable	$0.00			
01130	N	ANESTH BODY CAST PROCEDURE				Bundled, Sometimes Payable	$0.00			
01140	C	ANESTH AMPUTATION AT PELVIS				Inpatient Only	$0.00			
01150	C	ANESTH PELVIC TUMOR SURGERY				Inpatient Only	$0.00			
01160	N	ANESTH PELVIS PROCEDURE				Bundled, Sometimes Payable	$0.00			
01170	N	ANESTH PELVIS SURGERY				Bundled, Sometimes Payable	$0.00			
01173	N	ANESTH FX REPAIR PELVIS				Bundled, Sometimes Payable	$0.00			
01180	N	ANESTH PELVIS NERVE REMOVAL				Bundled, Sometimes Payable	$0.00			
01190	N	ANESTH PELVIS NERVE REMOVAL				Bundled, Sometimes Payable	$0.00			
01200	N	ANESTH HIP JOINT PROCEDURE				Bundled, Sometimes Payable	$0.00			
01202	N	ANESTH ARTHROSCOPY OF HIP				Bundled, Sometimes Payable	$0.00			
01210	N	ANESTH HIP JOINT SURGERY				Bundled, Sometimes Payable	$0.00			
01212	C	ANESTH HIP DISARTICULATION				Inpatient Only	$0.00			
01214	C	ANESTH HIP ARTHROPLASTY				Inpatient Only	$0.00			
01215	N	ANESTH REVISE HIP REPAIR				Bundled, Sometimes Payable	$0.00			
01220	N	ANESTH PROCEDURE ON FEMUR				Bundled, Sometimes Payable	$0.00			
01230	N	ANESTH SURGERY OF FEMUR				Bundled, Sometimes Payable	$0.00			
01232	C	ANESTH AMPUTATION OF FEMUR				Inpatient Only	$0.00			
01234	C	ANESTH RADICAL FEMUR SURG				Inpatient Only	$0.00			
01250	N	ANESTH UPPER LEG SURGERY				Bundled, Sometimes Payable	$0.00			
01260	N	ANESTH UPPER LEG VEINS SURG				Bundled, Sometimes Payable	$0.00			
01270	N	ANESTH THIGH ARTERIES SURG				Bundled, Sometimes Payable	$0.00			
01272	C	ANESTH FEMORAL ARTERY SURG				Inpatient Only	$0.00			
01274	C	ANESTH FEMORAL EMBOLECTOMY				Inpatient Only	$0.00			
01320	N	ANESTH KNEE AREA SURGERY				Bundled, Sometimes Payable	$0.00			
01340	N	ANESTH KNEE AREA PROCEDURE				Bundled, Sometimes Payable	$0.00			
01360	N	ANESTH KNEE AREA SURGERY				Bundled, Sometimes Payable	$0.00			
01380	N	ANESTH KNEE JOINT PROCEDURE				Bundled, Sometimes Payable	$0.00			
01382	N	ANESTH DX KNEE ARTHROSCOPY				Bundled, Sometimes Payable	$0.00			
01390	N	ANESTH KNEE AREA PROCEDURE				Bundled, Sometimes Payable	$0.00			
01392	N	ANESTH KNEE AREA SURGERY				Bundled, Sometimes Payable	$0.00			
01400	N	ANESTH KNEE JOINT SURGERY				Bundled, Sometimes Payable	$0.00			
01402	C	ANESTH KNEE ARTHROPLASTY				Inpatient Only	$0.00			
01404	C	ANESTH AMPUTATION AT KNEE				Inpatient Only	$0.00			
01420	N	ANESTH KNEE JOINT CASTING				Bundled, Sometimes Payable	$0.00			
01430	N	ANESTH KNEE VEINS SURGERY				Bundled, Sometimes Payable	$0.00			
01432	N	ANESTH KNEE VESSEL SURG				Bundled, Sometimes Payable	$0.00			
01440	N	ANESTH KNEE ARTERIES SURG				Bundled, Sometimes Payable	$0.00			
01442	C	ANESTH KNEE ARTERY SURG				Inpatient Only	$0.00			
01444	C	ANESTH KNEE ARTERY REPAIR				Inpatient Only	$0.00			
01462	N	ANESTH LOWER LEG PROCEDURE				Bundled, Sometimes Payable	$0.00			
01464	N	ANESTH ANKLE/FT ARTHROSCOPY				Bundled, Sometimes Payable	$0.00			
01470	N	ANESTH LOWER LEG SURGERY				Bundled, Sometimes Payable	$0.00			
01472	N	ANESTH ACHILLES TENDON SURG				Bundled, Sometimes Payable	$0.00			
01474	N	ANESTH LOWER LEG SURGERY				Bundled, Sometimes Payable	$0.00			

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01480	N	ANESTH LOWER LEG BONE SURG				Bundled, Sometimes Payable	$0.00			
01482	N	ANESTH RADICAL LEG SURGERY				Bundled, Sometimes Payable	$0.00			
01484	N	ANESTH LOWER LEG REVISION				Bundled, Sometimes Payable	$0.00			
01486	C	ANESTH ANKLE REPLACEMENT				Inpatient Only	$0.00			
01490	N	ANESTH LOWER LEG CASTING				Bundled, Sometimes Payable	$0.00			
01500	N	ANESTH LEG ARTERIES SURG				Bundled, Sometimes Payable	$0.00			
01502	C	ANESTH LWR LEG EMBOLECTOMY				Inpatient Only	$0.00			
01520	N	ANESTH LOWER LEG VEIN SURG				Bundled, Sometimes Payable	$0.00			
01522	N	ANESTH LOWER LEG VEIN SURG				Bundled, Sometimes Payable	$0.00			
01610	N	ANESTH SURGERY OF SHOULDER				Bundled, Sometimes Payable	$0.00			
01620	N	ANESTH SHOULDER PROCEDURE				Bundled, Sometimes Payable	$0.00			
01622	N	ANES DX SHOULDER ARTHROSCOPY				Bundled, Sometimes Payable	$0.00			
01630	N	ANESTH SURGERY OF SHOULDER				Bundled, Sometimes Payable	$0.00			
01634	C	ANESTH SHOULDER JOINT AMPUT				Inpatient Only	$0.00			
01636	C	ANESTH FOREQUARTER AMPUT				Inpatient Only	$0.00			
01638	C	ANESTH SHOULDER REPLACEMENT				Inpatient Only	$0.00			
01650	N	ANESTH SHOULDER ARTERY SURG				Bundled, Sometimes Payable	$0.00			
01652	C	ANESTH SHOULDER VESSEL SURG				Inpatient Only	$0.00			
01654	C	ANESTH SHOULDER VESSEL SURG				Inpatient Only	$0.00			
01656	C	ANESTH ARM-LEG VESSEL SURG				Inpatient Only	$0.00			
01670	N	ANESTH SHOULDER VEIN SURG				Bundled, Sometimes Payable	$0.00			
01680	N	ANESTH SHOULDER CASTING				Bundled, Sometimes Payable	$0.00			
01682	N	ANESTH AIRPLANE CAST				Bundled, Sometimes Payable	$0.00			
01710	N	ANESTH ELBOW AREA SURGERY				Bundled, Sometimes Payable	$0.00			
01712	N	ANESTH UPPR ARM TENDON SURG				Bundled, Sometimes Payable	$0.00			
01714	N	ANESTH UPPR ARM TENDON SURG				Bundled, Sometimes Payable	$0.00			
01716	N	ANESTH BICEPS TENDON REPAIR				Bundled, Sometimes Payable	$0.00			
01730	N	ANESTH UPPR ARM PROCEDURE				Bundled, Sometimes Payable	$0.00			
01732	N	ANESTH DX ELBOW ARTHROSCOPY				Bundled, Sometimes Payable	$0.00			
01740	N	ANESTH UPPER ARM SURGERY				Bundled, Sometimes Payable	$0.00			
01742	N	ANESTH HUMERUS SURGERY				Bundled, Sometimes Payable	$0.00			
01744	N	ANESTH HUMERUS REPAIR				Bundled, Sometimes Payable	$0.00			
01756	C	ANESTH RADICAL HUMERUS SURG				Inpatient Only	$0.00			
01758	N	ANESTH HUMERAL LESION SURG				Bundled, Sometimes Payable	$0.00			
01760	N	ANESTH ELBOW REPLACEMENT				Bundled, Sometimes Payable	$0.00			
01770	N	ANESTH UPPR ARM ARTERY SURG				Bundled, Sometimes Payable	$0.00			
01772	N	ANESTH UPPR ARM EMBOLECTOMY				Bundled, Sometimes Payable	$0.00			
01780	N	ANESTH UPPER ARM VEIN SURG				Bundled, Sometimes Payable	$0.00			
01782	N	ANESTH UPPR ARM VEIN REPAIR				Bundled, Sometimes Payable	$0.00			
01810	N	ANESTH LOWER ARM SURGERY				Bundled, Sometimes Payable	$0.00			
01820	N	ANESTH LOWER ARM PROCEDURE				Bundled, Sometimes Payable	$0.00			
01829	N	ANESTH DX WRIST ARTHROSCOPY				Bundled, Sometimes Payable	$0.00			
01830	N	ANESTH LOWER ARM SURGERY				Bundled, Sometimes Payable	$0.00			
01832	N	ANESTH WRIST REPLACEMENT				Bundled, Sometimes Payable	$0.00			
01840	N	ANESTH LWR ARM ARTERY SURG				Bundled, Sometimes Payable	$0.00			
01842	N	ANESTH LWR ARM EMBOLECTOMY				Bundled, Sometimes Payable	$0.00			
01844	N	ANESTH VASCULAR SHUNT SURG				Bundled, Sometimes Payable	$0.00			
01850	N	ANESTH LOWER ARM VEIN SURG				Bundled, Sometimes Payable	$0.00			
01852	N	ANESTH LWR ARM VEIN REPAIR				Bundled, Sometimes Payable	$0.00			
01860	N	ANESTH LOWER ARM CASTING				Bundled, Sometimes Payable	$0.00			
01916	N	ANESTH DX ARTERIOGRAPHY				Bundled, Sometimes Payable	$0.00			
01920	N	ANESTH CATHETERIZE HEART				Bundled, Sometimes Payable	$0.00			
01922	N	ANESTH CAT OR MRI SCAN				Bundled, Sometimes Payable	$0.00			
01924	N	ANES THER INTERVEN RAD ARTRL				Bundled, Sometimes Payable	$0.00			
01925	N	ANES THER INTERVEN RAD CARD				Bundled, Sometimes Payable	$0.00			
01926	N	ANES TX INTERV RAD HRT/CRAN				Bundled, Sometimes Payable	$0.00			
01930	N	ANES THER INTERVEN RAD VEIN				Bundled, Sometimes Payable	$0.00			
01931	N	ANES THER INTERVEN RAD TIPS				Bundled, Sometimes Payable	$0.00			
01932	N	ANES TX INTERV RAD TH VEIN				Bundled, Sometimes Payable	$0.00			
01933	N	ANES TX INTERV RAD CRAN VEIN				Bundled, Sometimes Payable	$0.00			
01935	N	ANESTH PERC IMG DX SP PROC				Bundled, Sometimes Payable	$0.00			
01936	N	ANESTH PERC IMG TX SP PROC				Bundled, Sometimes Payable	$0.00			
01951	N	ANESTH BURN LESS 4 PERCENT				Bundled, Sometimes Payable	$0.00			
01952	N	ANESTH BURN 4-9 PERCENT				Bundled, Sometimes Payable	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
01953	N	ANESTH BURN EACH 9 PERCENT				Bundled, Sometimes Payable	$0.00			
01958	N	ANESTH ANTEPARTUM MANIPUL				Bundled, Sometimes Payable	$0.00			
01960	N	ANESTH VAGINAL DELIVERY				Bundled, Sometimes Payable	$0.00			
01961	N	ANESTH CS DELIVERY				Bundled, Sometimes Payable	$0.00			
01962	N	ANESTH EMER HYSTERECTOMY				Bundled, Sometimes Payable	$0.00			
01963	N	ANESTH CS HYSTERECTOMY				Bundled, Sometimes Payable	$0.00			
01965	N	ANESTH INC/MISSED AB PROC				Bundled, Sometimes Payable	$0.00			
01966	N	ANESTH INDUCED AB PROCEDURE				Bundled, Sometimes Payable	$0.00			
01967	N	ANESTH/ANALG VAG DELIVERY				Bundled, Sometimes Payable	$0.00			
01968	N	ANES/ANALG CS DELIVER ADD-ON				Bundled, Sometimes Payable	$0.00			
01969	N	ANESTH/ANALG CS HYST ADD-ON				Bundled, Sometimes Payable	$0.00			
01990	C	SUPPORT FOR ORGAN DONOR				Inpatient Only	$0.00			
01991	N	ANESTH NERVE BLOCK/INJ				Bundled, Sometimes Payable	$0.00			
01992	N	ANESTH N BLOCK/INJ PRONE				Bundled, Sometimes Payable	$0.00			
01996	N	HOSP MANAGE CONT DRUG ADMIN				Bundled, Sometimes Payable	$0.00			
01999	N	UNLISTED ANESTH PROCEDURE				Bundled, Sometimes Payable	$0.00			
10021	T	FNA W/O IMAGE	00016	3.817		APC	$211.97			
10022	T	FNA W/IMAGE	00004	6.57		APC	$364.85			
10030	T	GUIDE CATHET FLUID DRAINAGE	00007	11.67		APC	$648.31			
10040	N	ACNE SURGERY	00012	1.328		Bundled, Sometimes Payable	$73.74			
10060	T	DRAINAGE OF SKIN ABSCESS	00006	2.184		APC	$121.26			
10061	T	DRAINAGE OF SKIN ABSCESS	00006	2.184		APC	$121.26			
10080	T	DRAINAGE OF PILONIDAL CYST	00006	2.184		APC	$121.26			
10081	T	DRAINAGE OF PILONIDAL CYST	00007	11.67		APC	$648.31			
10120	T	REMOVE FOREIGN BODY	00016	3.817		APC	$211.97			
10121	T	REMOVE FOREIGN BODY	00021	18.08		APC	$1,004.25			
10140	T	DRAINAGE OF HEMATOMA/FLUID	00007	11.67		APC	$648.31			
10160	T	PUNCTURE DRAINAGE OF LESION	00006	2.184		APC	$121.26			
10180	T	COMPLEX DRAINAGE WOUND	00008	22.05		APC	$1,224.63			
11000	T	DEBRIDE INFECTED SKIN	00016	3.817		APC	$211.97			
11001	N	DEBRIDE INFECTED SKIN ADD-ON				Bundled, Sometimes Payable	$0.00			
11004	C	DEBRIDE GENITALIA & PERINEUM				Inpatient Only	$0.00			
11005	C	DEBRIDE ABDOM WALL				Inpatient Only	$0.00			
11006	C	DEBRIDE GENIT/PER/ABDOM WALL				Inpatient Only	$0.00			
11008	C	REMOVE MESH FROM ABD WALL				Inpatient Only	$0.00			
11010	T	DEBRIDE SKIN AT FX SITE	00020	11.14		APC	$618.83			
11011	T	DEBRIDE SKIN MUSC AT FX SITE	00019	5.104		APC	$283.41			
11012	T	DEB SKIN BONE AT FX SITE	00020	11.14		APC	$618.83			
11042	T	DEB SUBQ TISSUE 20 SQ CM/<	00016	3.817		APC	$211.97			
11043	T	DEB MUSC/FASCIA 20 SQ CM/<	00016	3.817		APC	$211.97			
11044	T	DEB BONE 20 SQ CM/<	00020	11.14		APC	$618.83			
11045	N	DEB SUBQ TISSUE ADD-ON				Bundled, Sometimes Payable	$0.00			
11046	N	DEB MUSC/FASCIA ADD-ON				Bundled, Sometimes Payable	$0.00			
11047	N	DEB BONE ADD-ON				Bundled, Sometimes Payable	$0.00			
11055	N	TRIM SKIN LESION	00012	1.328		Bundled, Sometimes Payable	$73.74			
11056	T	TRIM SKIN LESIONS 2 TO 4	00015	1.97		APC	$109.41			
11057	T	TRIM SKIN LESIONS OVER 4	00015	1.97		APC	$109.41			
11100	T	BIOPSY SKIN LESION	00015	1.97		APC	$109.41			
11101	N	BIOPSY SKIN ADD-ON				Bundled, Sometimes Payable	$0.00			
11200	N	REMOVAL OF SKIN TAGS <W/15	00012	1.328		Bundled, Sometimes Payable	$73.74			
11201	N	REMOVE SKIN TAGS ADD-ON				Bundled, Sometimes Payable	$0.00			
11300	T	SHAVE SKIN LESION 0.5 CM/<	00015	1.97		APC	$109.41			
11301	T	SHAVE SKIN LESION 0.6-1.0 CM	00015	1.97		APC	$109.41			
11302	T	SHAVE SKIN LESION 1.1-2.0 CM	00015	1.97		APC	$109.41			
11303	T	SHAVE SKIN LESION >2.0 CM	00015	1.97		APC	$109.41			
11305	N	SHAVE SKIN LESION 0.5 CM/<	00012	1.328		Bundled, Sometimes Payable	$73.74			
11306	T	SHAVE SKIN LESION 0.6-1.0 CM	00015	1.97		APC	$109.41			
11307	T	SHAVE SKIN LESION 1.1-2.0 CM	00015	1.97		APC	$109.41			
11308	T	SHAVE SKIN LESION >2.0 CM	00015	1.97		APC	$109.41			
11310	T	SHAVE SKIN LESION 0.5 CM/<	00015	1.97		APC	$109.41			
11311	T	SHAVE SKIN LESION 0.6-1.0 CM	00015	1.97		APC	$109.41			
11312	T	SHAVE SKIN LESION 1.1-2.0 CM	00015	1.97		APC	$109.41			
11313	T	SHAVE SKIN LESION >2.0 CM	00015	1.97		APC	$109.41			
11400	T	EXC TR-EXT B9+MARG 0.5 CM<	00019	5.104		APC	$283.41			

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11401	T	EXC TR-EXT B9+MARG 0.6-1 CM	00019	5.104		APC	$283.41			
11402	T	EXC TR-EXT B9+MARG 1.1-2 CM	00019	5.104		APC	$283.41			
11403	T	EXC TR-EXT B9+MARG 2.1-3CM/<	00020	11.14		APC	$618.83			
11404	T	EXC TR-EXT B9+MARG 3.1-4 CM	00021	18.08		APC	$1,004.25			
11406	T	EXC TR-EXT B9+MARG >4.0 CM	00021	18.08		APC	$1,004.25			
11420	T	EXC H-F-NK-SP B9+MARG 0.5/<	00020	11.14		APC	$618.83			
11421	T	EXC H-F-NK-SP B9+MARG 0.6-1	00020	11.14		APC	$618.83			
11422	T	EXC H-F-NK-SP B9+MARG 1.1-2	00020	11.14		APC	$618.83			
11423	T	EXC H-F-NK-SP B9+MARG 2.1-3	00021	18.08		APC	$1,004.25			
11424	T	EXC H-F-NK-SP B9+MARG 3.1-4	00021	18.08		APC	$1,004.25			
11426	T	EXC H-F-NK-SP B9+MARG >4 CM	00022	24.6		APC	$1,365.78			
11440	T	EXC FACE-MM B9+MARG 0.5 CM/<	00019	5.104		APC	$283.41			
11441	T	EXC FACE-MM B9+MARG 0.6-1 CM	00019	5.104		APC	$283.41			
11442	T	EXC FACE-MM B9+MARG 1.1-2 CM	00020	11.14		APC	$618.83			
11443	T	EXC FACE-MM B9+MARG 2.1-3 CM	00020	11.14		APC	$618.83			
11444	T	EXC FACE-MM B9+MARG 3.1-4 CM	00020	11.14		APC	$618.83			
11446	T	EXC FACE-MM B9+MARG >4 CM	00022	24.6		APC	$1,365.78			
11450	T	REMOVAL SWEAT GLAND LESION	00022	24.6		APC	$1,365.78			
11451	T	REMOVAL SWEAT GLAND LESION	00022	24.6		APC	$1,365.78			
11462	T	REMOVAL SWEAT GLAND LESION	00022	24.6		APC	$1,365.78			
11463	T	REMOVAL SWEAT GLAND LESION	00022	24.6		APC	$1,365.78			
11470	T	REMOVAL SWEAT GLAND LESION	00022	24.6		APC	$1,365.78			
11471	T	REMOVAL SWEAT GLAND LESION	00022	24.6		APC	$1,365.78			
11600	T	EXC TR-EXT MAL+MARG 0.5 CM/<	00020	11.14		APC	$618.83			
11601	T	EXC TR-EXT MAL+MARG 0.6-1 CM	00019	5.104		APC	$283.41			
11602	T	EXC TR-EXT MAL+MARG 1.1-2 CM	00019	5.104		APC	$283.41			
11603	T	EXC TR-EXT MAL+MARG 2.1-3 CM	00020	11.14		APC	$618.83			
11604	T	EXC TR-EXT MAL+MARG 3.1-4 CM	00020	11.14		APC	$618.83			
11606	T	EXC TR-EXT MAL+MARG >4 CM	00021	18.08		APC	$1,004.25			
11620	T	EXC H-F-NK-SP MAL+MARG 0.5/<	00020	11.14		APC	$618.83			
11621	T	EXC S/N/H/F/G MAL+MRG 0.6-1	00020	11.14		APC	$618.83			
11622	T	EXC S/N/H/F/G MAL+MRG 1.1-2	00020	11.14		APC	$618.83			
11623	T	EXC S/N/H/F/G MAL+MRG 2.1-3	00020	11.14		APC	$618.83			
11624	T	EXC S/N/H/F/G MAL+MRG 3.1-4	00021	18.08		APC	$1,004.25			
11626	T	EXC S/N/H/F/G MAL+MRG >4 CM	00022	24.6		APC	$1,365.78			
11640	T	EXC F/E/E/N/L MAL+MRG 0.5CM<	00020	11.14		APC	$618.83			
11641	T	EXC F/E/E/N/L MAL+MRG 0.6-1	00020	11.14		APC	$618.83			
11642	T	EXC F/E/E/N/L MAL+MRG 1.1-2	00020	11.14		APC	$618.83			
11643	T	EXC F/E/E/N/L MAL+MRG 2.1-3	00020	11.14		APC	$618.83			
11644	T	EXC F/E/E/N/L MAL+MRG 3.1-4	00021	18.08		APC	$1,004.25			
11646	T	EXC F/E/E/N/L MAL+MRG >4 CM	00022	24.6		APC	$1,365.78			
11719	N	TRIM NAIL(S) ANY NUMBER	00340	0.706		Bundled, Sometimes Payable	$39.21			
11720	N	DEBRIDE NAIL 1-5	00340	0.706		Bundled, Sometimes Payable	$39.21			
11721	N	DEBRIDE NAIL 6 OR MORE	00340	0.706		Bundled, Sometimes Payable	$39.21			
11730	T	REMOVAL OF NAIL PLATE	00015	1.97		APC	$109.41			
11732	N	REMOVE NAIL PLATE ADD-ON				Bundled, Sometimes Payable	$0.00			
11740	N	DRAIN BLOOD FROM UNDER NAIL	00340	0.706		Bundled, Sometimes Payable	$39.21			
11750	T	REMOVAL OF NAIL BED	00019	5.104		APC	$283.41			
11752	T	REMOVE NAIL BED/TIP	00022	24.6		APC	$1,365.78			
11755	T	BIOPSY NAIL UNIT	00019	5.104		APC	$283.41			
11760	T	REPAIR OF NAIL BED	00326	2.965		APC	$164.65			
11762	T	RECONSTRUCTION OF NAIL BED	00328	18.97		APC	$1,053.67			
11765	T	EXCISION OF NAIL FOLD TOE	00015	1.97		APC	$109.41			
11770	T	REMOVE PILONIDAL CYST SIMPLE	00022	24.6		APC	$1,365.78			
11771	T	REMOVE PILONIDAL CYST EXTEN	00022	24.6		APC	$1,365.78			
11772	T	REMOVE PILONIDAL CYST COMPL	00022	24.6		APC	$1,365.78			
11900	N	INJECT SKIN LESIONS </W 7	00012	1.328		Bundled, Sometimes Payable	$73.74			
11901	N	INJECT SKIN LESIONS >7	00012	1.328		Bundled, Sometimes Payable	$73.74			
11920	T	CORRECT SKIN COLOR 6.0 CM/<	00327	5.799		APC	$322.01			
11921	T	CORRECT SKN COLOR 6.1-20.0CM	00327	5.799		APC	$322.01			
11922	N	CORRECT SKIN COLOR EA 20.0CM				Bundled, Sometimes Payable	$0.00			
11950	E	TX CONTOUR DEFECTS 1 CC/<				Not Allowed	$0.00			
11951	E	TX CONTOUR DEFECTS 1.1-5.0CC				Not Allowed	$0.00			
11952	E	TX CONTOUR DEFECTS 5.1-10CC				Not Allowed	$0.00			

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11954	E	TX CONTOUR DEFECTS >10.0 CC				Not Allowed	$0.00			
11960	T	INSERT TISSUE EXPANDER(S)	00329	31.03		APC	$1,723.06			Y
11970	T	REPLACE TISSUE EXPANDER	00051	50.73		APC	$2,817.19			Y
11971	N	REMOVE TISSUE EXPANDER(S)	00022	24.6		Bundled, Sometimes Payable	$1,365.78			Y
11976	N	REMOVE CONTRACEPTIVE CAPSULE	00019	5.104		Bundled, Sometimes Payable	$283.41			
11980	N	IMPLANT HORMONE PELLET(S)	00420	1.776		Bundled, Sometimes Payable	$98.63			
11981	N	INSERT DRUG IMPLANT DEVICE	00420	1.776		Bundled, Sometimes Payable	$98.63			
11982	N	REMOVE DRUG IMPLANT DEVICE	00420	1.776		Bundled, Sometimes Payable	$98.63			
11983	N	REMOVE/INSERT DRUG IMPLANT	00420	1.776		Bundled, Sometimes Payable	$98.63			
12001	N	RPR S/N/AX/GEN/TRNK 2.5CM/<	00012	1.328		Bundled, Sometimes Payable	$73.74			
12002	N	RPR S/N/AX/GEN/TRNK2.6-7.5CM	00012	1.328		Bundled, Sometimes Payable	$73.74			
12004	N	RPR S/N/AX/GEN/TRK7.6-12.5CM	00012	1.328		Bundled, Sometimes Payable	$73.74			
12005	T	RPR S/N/A/GEN/TRK12.6-20.0CM	00015	1.97		APC	$109.41			
12006	T	RPR S/N/A/GEN/TRK20.1-30.0CM	00326	2.965		APC	$164.65			
12007	T	RPR S/N/AX/GEN/TRNK >30.0 CM	00015	1.97		APC	$109.41			
12011	N	RPR F/E/E/N/L/M 2.5 CM/<	00012	1.328		Bundled, Sometimes Payable	$73.74			
12013	N	RPR F/E/E/N/L/M 2.6-5.0 CM	00012	1.328		Bundled, Sometimes Payable	$73.74			
12014	N	RPR F/E/E/N/L/M 5.1-7.5 CM	00012	1.328		Bundled, Sometimes Payable	$73.74			
12015	T	RPR F/E/E/N/L/M 7.6-12.5 CM	00015	1.97		APC	$109.41			
12016	T	RPR FE/E/EN/L/M 12.6-20.0 CM	00015	1.97		APC	$109.41			
12017	T	RPR FE/E/EN/L/M 20.1-30.0 CM	00015	1.97		APC	$109.41			
12018	T	RPR F/E/E/N/L/M >30.0 CM	00015	1.97		APC	$109.41			
12020	T	CLOSURE OF SPLIT WOUND	00327	5.799		APC	$322.01			
12021	T	CLOSURE OF SPLIT WOUND	00326	2.965		APC	$164.65			
12031	T	INTMD RPR S/A/T/EXT 2.5 CM/<	00326	2.965		APC	$164.65			
12032	T	INTMD RPR S/A/T/EXT 2.6-7.5	00326	2.965		APC	$164.65			
12034	T	INTMD RPR S/TR/EXT 7.6-12.5	00326	2.965		APC	$164.65			
12035	T	INTMD RPR S/A/T/EXT 12.6-20	00327	5.799		APC	$322.01			
12036	T	INTMD RPR S/A/T/EXT 20.1-30	00327	5.799		APC	$322.01			
12037	T	INTMD RPR S/TR/EXT >30.0 CM	00327	5.799		APC	$322.01			
12041	T	INTMD RPR N-HF/GENIT 2.5CM/<	00326	2.965		APC	$164.65			
12042	T	INTMD RPR N-HF/GENIT2.6-7.5	00326	2.965		APC	$164.65			
12044	T	INTMD RPR N-HF/GENIT7.6-12.5	00326	2.965		APC	$164.65			
12045	T	INTMD RPR N-HF/GENIT12.6-20	00326	2.965		APC	$164.65			
12046	T	INTMD RPR N-HF/GENIT20.1-30	00326	2.965		APC	$164.65			
12047	T	INTMD RPR N-HF/GENIT >30.0CM	00327	5.799		APC	$322.01			
12051	T	INTMD RPR FACE/MM 2.5 CM/<	00326	2.965		APC	$164.65			
12052	T	INTMD RPR FACE/MM 2.6-5.0 CM	00326	2.965		APC	$164.65			
12053	T	INTMD RPR FACE/MM 5.1-7.5 CM	00326	2.965		APC	$164.65			
12054	T	INTMD RPR FACE/MM 7.6-12.5CM	00326	2.965		APC	$164.65			
12055	T	INTMD RPR FACE/MM 12.6-20 CM	00326	2.965		APC	$164.65			
12056	T	INTMD RPR FACE/MM 20.1-30.0	00326	2.965		APC	$164.65			
12057	T	INTMD RPR FACE/MM >30.0 CM	00326	2.965		APC	$164.65			
13100	T	CMPLX RPR TRUNK 1.1-2.5 CM	00327	5.799		APC	$322.01			
13101	T	CMPLX RPR TRUNK 2.6-7.5 CM	00327	5.799		APC	$322.01			
13102	N	CMPLX RPR TRUNK ADDL 5CM/<				Bundled, Sometimes Payable	$0.00			
13120	T	CMPLX RPR S/A/L 1.1-2.5 CM	00326	2.965		APC	$164.65			
13121	T	CMPLX RPR S/A/L 2.6-7.5 CM	00327	5.799		APC	$322.01			
13122	N	CMPLX RPR S/A/L ADDL 5 CM/>				Bundled, Sometimes Payable	$0.00			
13131	T	CMPLX RPR F/C/C/M/N/AX/G/H/F	00326	2.965		APC	$164.65			
13132	T	CMPLX RPR F/C/C/M/N/AX/G/H/F	00327	5.799		APC	$322.01			
13133	N	CMPLX RPR F/C/C/M/N/AX/G/H/F				Bundled, Sometimes Payable	$0.00			
13151	T	CMPLX RPR E/N/E/L 1.1-2.5 CM	00327	5.799		APC	$322.01			
13152	T	CMPLX RPR E/N/E/L 2.6-7.5 CM	00327	5.799		APC	$322.01			
13153	N	CMPLX RPR E/N/E/L ADDL 5CM/<				Bundled, Sometimes Payable	$0.00			
13160	T	LATE CLOSURE OF WOUND	00328	18.97		APC	$1,053.67			
14000	T	TIS TRNFR TRUNK 10 SQ CM/<	00328	18.97		APC	$1,053.67			
14001	T	TIS TRNFR TRUNK 10.1-30SQCM	00328	18.97		APC	$1,053.67			
14020	T	TIS TRNFR S/A/L 10 SQ CM/<	00328	18.97		APC	$1,053.67			
14021	T	TIS TRNFR S/A/L 10.1-30 SQCM	00328	18.97		APC	$1,053.67			
14040	T	TIS TRNFR F/C/C/M/N/A/G/H/F	00328	18.97		APC	$1,053.67			
14041	T	TIS TRNFR F/C/C/M/N/A/G/H/F	00328	18.97		APC	$1,053.67			
14060	T	TIS TRNFR E/N/E/L 10 SQ CM/<	00328	18.97		APC	$1,053.67			
14061	T	TIS TRNFR E/N/E/L10.1-30SQCM	00328	18.97		APC	$1,053.67			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
14301	T	TIS TRNFR ANY 30.1-60 SQ CM	00329	31.03		APC	$1,723.06			
14302	N	TIS TRNFR ADDL 30 SQ CM/<				Bundled, Sometimes Payable	$0.00			
14350	T	FILLETED FINGER/TOE FLAP	00328	18.97		APC	$1,053.67			
15002	T	WOUND PREP TRK/ARM/LEG	00327	5.799		APC	$322.01			
15003	N	WOUND PREP ADDL 100 CM				Bundled, Sometimes Payable	$0.00			
15004	T	WOUND PREP F/N/HF/G	00327	5.799		APC	$322.01			
15005	N	WND PREP F/N/HF/G ADDL CM				Bundled, Sometimes Payable	$0.00			
15040	T	HARVEST CULTURED SKIN GRAFT	00327	5.799		APC	$322.01			
15050	T	SKIN PINCH GRAFT	00327	5.799		APC	$322.01			
15100	T	SKIN SPLT GRFT TRNK/ARM/LEG	00329	31.03		APC	$1,723.06			
15101	N	SKIN SPLT GRFT T/A/L ADD-ON				Bundled, Sometimes Payable	$0.00			
15110	T	EPIDRM AUTOGRFT TRNK/ARM/LEG	00327	5.799		APC	$322.01			
15111	N	EPIDRM AUTOGRFT T/A/L ADD-ON				Bundled, Sometimes Payable	$0.00			
15115	T	EPIDRM A-GRFT FACE/NCK/HF/G	00328	18.97		APC	$1,053.67			
15116	N	EPIDRM A-GRFT F/N/HF/G ADDL				Bundled, Sometimes Payable	$0.00			
15120	T	SKN SPLT A-GRFT FAC/NCK/HF/G	00329	31.03		APC	$1,723.06			
15121	N	SKN SPLT A-GRFT F/N/HF/G ADD				Bundled, Sometimes Payable	$0.00			
15130	T	DERM AUTOGRAFT TRNK/ARM/LEG	00329	31.03		APC	$1,723.06			
15131	N	DERM AUTOGRAFT T/A/L ADD-ON				Bundled, Sometimes Payable	$0.00			
15135	T	DERM AUTOGRAFT FACE/NCK/HF/G	00328	18.97		APC	$1,053.67			
15136	N	DERM AUTOGRAFT F/N/HF/G ADD				Bundled, Sometimes Payable	$0.00			
15150	T	CULT SKIN GRFT T/ARM/LEG	00328	18.97		APC	$1,053.67			
15151	N	CULT SKIN GRFT T/A/L ADDL				Bundled, Sometimes Payable	$0.00			
15152	N	CULT SKIN GRAFT T/A/L +%				Bundled, Sometimes Payable	$0.00			
15155	T	CULT SKIN GRAFT F/N/HF/G	00329	31.03		APC	$1,723.06			
15156	N	CULT SKIN GRFT F/N/HFG ADD				Bundled, Sometimes Payable	$0.00			
15157	N	CULT EPIDERM GRFT F/N/HFG +%				Bundled, Sometimes Payable	$0.00			
15200	T	SKIN FULL GRAFT TRUNK	00329	31.03		APC	$1,723.06			
15201	N	SKIN FULL GRAFT TRUNK ADD-ON				Bundled, Sometimes Payable	$0.00			
15220	T	SKIN FULL GRAFT SCLP/ARM/LEG	00328	18.97		APC	$1,053.67			
15221	N	SKIN FULL GRAFT ADD-ON				Bundled, Sometimes Payable	$0.00			
15240	T	SKIN FULL GRFT FACE/GENIT/HF	00328	18.97		APC	$1,053.67			
15241	N	SKIN FULL GRAFT ADD-ON				Bundled, Sometimes Payable	$0.00			
15260	T	SKIN FULL GRAFT EEN & LIPS	00328	18.97		APC	$1,053.67			
15261	N	SKIN FULL GRAFT ADD-ON				Bundled, Sometimes Payable	$0.00			
15271	T	SKIN SUB GRAFT TRNK/ARM/LEG	00328	18.97		APC	$1,053.67			
15272	N	SKIN SUB GRAFT T/A/L ADD-ON				Bundled, Sometimes Payable	$0.00			
15273	T	SKIN SUB GRFT T/ARM/LG CHILD	00329	31.03		APC	$1,723.06			
15274	N	SKN SUB GRFT T/A/L CHILD ADD				Bundled, Sometimes Payable	$0.00			
15275	T	SKIN SUB GRAFT FACE/NK/HF/G	00328	18.97		APC	$1,053.67			
15276	N	SKIN SUB GRAFT F/N/HF/G ADDL				Bundled, Sometimes Payable	$0.00			
15277	T	SKN SUB GRFT F/N/HF/G CHILD	00328	18.97		APC	$1,053.67			
15278	N	SKN SUB GRFT F/N/HF/G CH ADD				Bundled, Sometimes Payable	$0.00			
15570	T	SKIN PEDICLE FLAP TRUNK	00328	18.97		APC	$1,053.67			
15572	T	SKIN PEDICLE FLAP ARMS/LEGS	00328	18.97		APC	$1,053.67			
15574	T	PEDCLE FH/CH/CH/M/N/AX/G/H/F	00328	18.97		APC	$1,053.67			
15576	T	PEDICLE E/N/E/L/NTRORAL	00328	18.97		APC	$1,053.67			
15600	T	DELAY FLAP TRUNK	00329	31.03		APC	$1,723.06			
15610	T	DELAY FLAP ARMS/LEGS	00329	31.03		APC	$1,723.06			
15620	T	DELAY FLAP F/C/C/N/AX/G/H/F	00328	18.97		APC	$1,053.67			
15630	T	DELAY FLAP EYE/NOS/EAR/LIP	00328	18.97		APC	$1,053.67			
15650	T	TRANSFER SKIN PEDICLE FLAP	00328	18.97		APC	$1,053.67			
15731	T	FOREHEAD FLAP W/VASC PEDICLE	00329	31.03		APC	$1,723.06			
15732	T	MUSCLE-SKIN GRAFT HEAD/NECK	00328	18.97		APC	$1,053.67			
15734	T	MUSCLE-SKIN GRAFT TRUNK	00329	31.03		APC	$1,723.06			
15736	T	MUSCLE-SKIN GRAFT ARM	00328	18.97		APC	$1,053.67			
15738	T	MUSCLE-SKIN GRAFT LEG	00329	31.03		APC	$1,723.06			
15740	T	ISLAND PEDICLE FLAP GRAFT	00328	18.97		APC	$1,053.67			
15750	T	NEUROVASCULAR PEDICLE FLAP	00328	18.97		APC	$1,053.67			
15756	C	FREE MYO/SKIN FLAP MICROVASC				Inpatient Only	$0.00			
15757	C	FREE SKIN FLAP MICROVASC				Inpatient Only	$0.00			
15758	C	FREE FASCIAL FLAP MICROVASC				Inpatient Only	$0.00			
15760	T	COMPOSITE SKIN GRAFT	00328	18.97		APC	$1,053.67			
15770	T	DERMA-FAT-FASCIA GRAFT	00329	31.03		APC	$1,723.06			

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15775	E	HAIR TRNSPL 1-15 PUNCH GRFTS				Not Allowed	$0.00			
15776	E	HAIR TRNSPL >15 PUNCH GRAFTS				Not Allowed	$0.00			
15777	N	ACELLULAR DERM MATRIX IMPLT				Bundled, Sometimes Payable	$0.00			
15780	E	DERMABRASION TOTAL FACE				Not Allowed	$0.00			
15781	E	DERMABRASION SEGMENTAL FACE				Not Allowed	$0.00			
15782	E	DERMABRASION OTHER THAN FACE				Not Allowed	$0.00			
15783	E	DERMABRASION SUPRFL ANY SITE				Not Allowed	$0.00			
15786	E	ABRASION LESION SINGLE				Not Allowed	$0.00			
15787	N	ABRASION LESIONS ADD-ON				Bundled, Sometimes Payable	$0.00			
15788	E	CHEMICAL PEEL FACE EPIDERM				Not Allowed	$0.00			
15789	E	CHEMICAL PEEL FACE DERMAL				Not Allowed	$0.00			
15792	E	CHEMICAL PEEL NONFACIAL				Not Allowed	$0.00			
15793	E	CHEMICAL PEEL NONFACIAL				Not Allowed	$0.00			
15819	E	PLASTIC SURGERY NECK				Not Allowed	$0.00			
15820	T	REVISION OF LOWER EYELID	00328	18.97		APC	$1,053.67			Y
15821	T	REVISION OF LOWER EYELID	00328	18.97		APC	$1,053.67			Y
15822	T	REVISION OF UPPER EYELID	00328	18.97		APC	$1,053.67			Y
15823	T	REVISION OF UPPER EYELID	00328	18.97		APC	$1,053.67			Y
15824	E	REMOVAL OF FOREHEAD WRINKLES				Not Allowed	$0.00			
15825	E	REMOVAL OF NECK WRINKLES				Not Allowed	$0.00			
15826	E	REMOVAL OF BROW WRINKLES				Not Allowed	$0.00			
15828	E	REMOVAL OF FACE WRINKLES				Not Allowed	$0.00			
15829	E	REMOVAL OF SKIN WRINKLES				Not Allowed	$0.00			
15830	T	EXC SKIN ABD	00030	55.96		APC	$3,107.25			Y
15832	T	EXCISE EXCESSIVE SKIN THIGH	00022	24.6		APC	$1,365.78			Y
15833	T	EXCISE EXCESSIVE SKIN LEG	00022	24.6		APC	$1,365.78			Y
15834	T	EXCISE EXCESSIVE SKIN HIP	00022	24.6		APC	$1,365.78			Y
15835	T	EXCISE EXCESSIVE SKIN BUTTCK	00022	24.6		APC	$1,365.78			Y
15836	T	EXCISE EXCESSIVE SKIN ARM	00021	18.08		APC	$1,004.25			Y
15837	T	EXCISE EXCESS SKIN ARM/HAND	00021	18.08		APC	$1,004.25			Y
15838	T	EXCISE EXCESS SKIN FAT PAD	00021	18.08		APC	$1,004.25			Y
15839	T	EXCISE EXCESS SKIN & TISSUE	00021	18.08		APC	$1,004.25			Y
15840	T	NERVE PALSY FASCIAL GRAFT	00329	31.03		APC	$1,723.06			
15841	T	NERVE PALSY MUSCLE GRAFT	00329	31.03		APC	$1,723.06			
15842	T	NERVE PALSY MICROSURG GRAFT	00329	31.03		APC	$1,723.06			
15845	T	SKIN AND MUSCLE REPAIR FACE	00329	31.03		APC	$1,723.06			
15847	N	EXC SKIN ABD ADD-ON				Bundled, Sometimes Payable	$0.00			
15850	T	REMOVE SUTURES SAME SURGEON	00017	17.36		APC	$964.06			
15851	T	REMOVE SUTURES DIFF SURGEON	00017	17.36		APC	$964.06			
15852	N	DRESSING CHANGE NOT FOR BURN	00420	1.776		Bundled, Sometimes Payable	$98.63			
15860	N	TEST FOR BLOOD FLOW IN GRAFT	00420	1.776		Bundled, Sometimes Payable	$98.63			
15876	E	SUCTION LIPECTOMY HEAD&NECK				Not Allowed	$0.00			
15877	E	SUCTION LIPECTOMY TRUNK				Not Allowed	$0.00			
15878	E	SUCTION LIPECTOMY UPR EXTREM				Not Allowed	$0.00			
15879	E	SUCTION LIPECTOMY LWR EXTREM				Not Allowed	$0.00			
15920	T	REMOVAL OF TAIL BONE ULCER	00020	11.14		APC	$618.83			
15922	T	REMOVAL OF TAIL BONE ULCER	00328	18.97		APC	$1,053.67			
15931	T	REMOVE SACRUM PRESSURE SORE	00022	24.6		APC	$1,365.78			
15933	T	REMOVE SACRUM PRESSURE SORE	00022	24.6		APC	$1,365.78			
15934	T	REMOVE SACRUM PRESSURE SORE	00329	31.03		APC	$1,723.06			
15935	T	REMOVE SACRUM PRESSURE SORE	00329	31.03		APC	$1,723.06			
15936	T	REMOVE SACRUM PRESSURE SORE	00328	18.97		APC	$1,053.67			
15937	T	REMOVE SACRUM PRESSURE SORE	00328	18.97		APC	$1,053.67			
15940	T	REMOVE HIP PRESSURE SORE	00022	24.6		APC	$1,365.78			
15941	T	REMOVE HIP PRESSURE SORE	00022	24.6		APC	$1,365.78			
15944	T	REMOVE HIP PRESSURE SORE	00328	18.97		APC	$1,053.67			
15945	T	REMOVE HIP PRESSURE SORE	00327	5.799		APC	$322.01			
15946	T	REMOVE HIP PRESSURE SORE	00329	31.03		APC	$1,723.06			
15950	T	REMOVE THIGH PRESSURE SORE	00022	24.6		APC	$1,365.78			
15951	T	REMOVE THIGH PRESSURE SORE	00022	24.6		APC	$1,365.78			
15952	T	REMOVE THIGH PRESSURE SORE	00329	31.03		APC	$1,723.06			
15953	T	REMOVE THIGH PRESSURE SORE	00329	31.03		APC	$1,723.06			
15956	T	REMOVE THIGH PRESSURE SORE	00328	18.97		APC	$1,053.67			
15958	T	REMOVE THIGH PRESSURE SORE	00329	31.03		APC	$1,723.06			

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15999	T	REMOVAL OF PRESSURE SORE	00019	5.104		APC	$283.41			
16000	N	INITIAL TREATMENT OF BURN(S)	00012	1.328		Bundled, Sometimes Payable	$73.74			
16020	T	DRESS/DEBRID P-THICK BURN S	00015	1.97		APC	$109.41			
16025	T	DRESS/DEBRID P-THICK BURN M	00015	1.97		APC	$109.41			
16030	T	DRESS/DEBRID P-THICK BURN L	00016	3.817		APC	$211.97			
16035	T	INCISION OF BURN SCAB INITI	00016	3.817		APC	$211.97			
16036	C	ESCHAROTOMY ADDL INCISION				Inpatient Only	$0.00			
17000	T	DESTRUCT PREMALG LESION	00015	1.97		APC	$109.41			
17003	N	DESTRUCT PREMALG LES 2-14				Bundled, Sometimes Payable	$0.00			
17004	T	DESTROY PREMAL LESIONS 15/>	00016	3.817		APC	$211.97			
17106	T	DESTRUCTION OF SKIN LESIONS	00016	3.817		APC	$211.97			
17107	T	DESTRUCTION OF SKIN LESIONS	00016	3.817		APC	$211.97			
17108	T	DESTRUCTION OF SKIN LESIONS	00016	3.817		APC	$211.97			
17110	N	DESTRUCT B9 LESION 1-14	00012	1.328		Bundled, Sometimes Payable	$73.74			
17111	T	DESTRUCT LESION 15 OR MORE	00015	1.97		APC	$109.41			
17250	T	CHEMICAL CAUTERY TISSUE	00015	1.97		APC	$109.41			
17260	T	DESTRUCTION OF SKIN LESIONS	00015	1.97		APC	$109.41			
17261	T	DESTRUCTION OF SKIN LESIONS	00015	1.97		APC	$109.41			
17262	T	DESTRUCTION OF SKIN LESIONS	00015	1.97		APC	$109.41			
17263	T	DESTRUCTION OF SKIN LESIONS	00015	1.97		APC	$109.41			
17264	T	DESTRUCTION OF SKIN LESIONS	00015	1.97		APC	$109.41			
17266	T	DESTRUCTION OF SKIN LESIONS	00016	3.817		APC	$211.97			
17270	T	DESTRUCTION OF SKIN LESIONS	00015	1.97		APC	$109.41			
17271	T	DESTRUCTION OF SKIN LESIONS	00015	1.97		APC	$109.41			
17272	T	DESTRUCTION OF SKIN LESIONS	00015	1.97		APC	$109.41			
17273	T	DESTRUCTION OF SKIN LESIONS	00016	3.817		APC	$211.97			
17274	T	DESTRUCTION OF SKIN LESIONS	00016	3.817		APC	$211.97			
17276	T	DESTRUCTION OF SKIN LESIONS	00016	3.817		APC	$211.97			
17280	T	DESTRUCTION OF SKIN LESIONS	00015	1.97		APC	$109.41			
17281	T	DESTRUCTION OF SKIN LESIONS	00015	1.97		APC	$109.41			
17282	T	DESTRUCTION OF SKIN LESIONS	00016	3.817		APC	$211.97			
17283	T	DESTRUCTION OF SKIN LESIONS	00016	3.817		APC	$211.97			
17284	T	DESTRUCTION OF SKIN LESIONS	00016	3.817		APC	$211.97			
17286	T	DESTRUCTION OF SKIN LESIONS	00016	3.817		APC	$211.97			
17311	T	MOHS 1 STAGE H/N/HF/G	00327	5.799		APC	$322.01			
17312	N	MOHS ADDL STAGE				Bundled, Sometimes Payable	$0.00			
17313	T	MOHS 1 STAGE T/A/L	00327	5.799		APC	$322.01			
17314	N	MOHS ADDL STAGE T/A/L				Bundled, Sometimes Payable	$0.00			
17315	N	MOHS SURG ADDL BLOCK				Bundled, Sometimes Payable	$0.00			
17340	N	CRYOTHERAPY OF SKIN	00340	0.706		Bundled, Sometimes Payable	$39.21			
17360	T	SKIN PEEL THERAPY	00015	1.97		APC	$109.41			
17380	E	HAIR REMOVAL BY ELECTROLYSIS				Not Allowed	$0.00			
17999	N	SKIN TISSUE PROCEDURE	00012	1.328		Bundled, Sometimes Payable	$73.74			
19000	T	DRAINAGE OF BREAST LESION	00004	6.57		APC	$364.85			
19001	N	DRAIN BREAST LESION ADD-ON				Bundled, Sometimes Payable	$0.00			
19020	T	INCISION OF BREAST LESION	00008	22.05		APC	$1,224.63			
19030	N	INJECTION FOR BREAST X-RAY				Bundled, Sometimes Payable	$0.00			
19081	T	BX BREAST 1ST LESION STRTCTC	00005	14.19		APC	$788.06			
19082	N	BX BREAST ADD LESION STRTCTC				Bundled, Sometimes Payable	$0.00			
19083	T	BX BREAST 1ST LESION US IMAG	00005	14.19		APC	$788.06			
19084	N	BX BREAST ADD LESION US IMAG				Bundled, Sometimes Payable	$0.00			
19085	T	BX BREAST 1ST LESION MR IMAG	00005	14.19		APC	$788.06			
19086	N	BX BREAST ADD LESION MR IMAG				Bundled, Sometimes Payable	$0.00			
19100	T	BX BREAST PERCUT W/O IMAGE	00004	6.57		APC	$364.85			
19101	T	BIOPSY OF BREAST OPEN	00028	29.22		APC	$1,622.81			
19105	T	CRYOSURG ABLATE FA EACH	00029	40.62		APC	$2,255.52			
19110	T	NIPPLE EXPLORATION	00028	29.22		APC	$1,622.81			
19112	T	EXCISE BREAST DUCT FISTULA	00028	29.22		APC	$1,622.81			
19120	T	REMOVAL OF BREAST LESION	00028	29.22		APC	$1,622.81			
19125	T	EXCISION BREAST LESION	00028	29.22		APC	$1,622.81			
19126	N	EXCISION ADDL BREAST LESION				Bundled, Sometimes Payable	$0.00			
19260	T	REMOVAL OF CHEST WALL LESION	00021	18.08		APC	$1,004.25			
19271	C	REVISION OF CHEST WALL				Inpatient Only	$0.00			
19272	C	EXTENSIVE CHEST WALL SURGERY				Inpatient Only	$0.00			

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19281	N	PERQ DEVICE BREAST 1ST IMAG	00420	1.776		Bundled, Sometimes Payable	$98.63			
19282	N	PERQ DEVICE BREAST EA IMAG				Bundled, Sometimes Payable	$0.00			
19283	N	PERQ DEV BREAST 1ST STRTCTC	00420	1.776		Bundled, Sometimes Payable	$98.63			
19284	N	PERQ DEV BREAST ADD STRTCTC				Bundled, Sometimes Payable	$0.00			
19285	N	PERQ DEV BREAST 1ST US IMAG	00420	1.776		Bundled, Sometimes Payable	$98.63			
19286	N	PERQ DEV BREAST ADD US IMAG				Bundled, Sometimes Payable	$0.00			
19287	N	PERQ DEV BREAST 1ST MR GUIDE	00420	1.776		Bundled, Sometimes Payable	$98.63			
19288	N	PERQ DEV BREAST ADD MR GUIDE				Bundled, Sometimes Payable	$0.00			
19296	N	PLACE PO BREAST CATH FOR RAD	00648	100.6		Bundled, Sometimes Payable	$5,588.20			
19297	N	PLACE BREAST CATH FOR RAD				Bundled, Sometimes Payable	$0.00			
19298	N	PLACE BREAST RAD TUBE/CATHS	00648	100.6		Bundled, Sometimes Payable	$5,588.20			
19300	T	REMOVAL OF BREAST TISSUE	00028	29.22		APC	$1,622.81			
19301	T	PARTIAL MASTECTOMY	00028	29.22		APC	$1,622.81			
19302	T	P-MASTECTOMY W/LN REMOVAL	00030	55.96		APC	$3,107.25			
19303	T	MAST SIMPLE COMPLETE	00029	40.62		APC	$2,255.52			
19304	T	MAST SUBQ	00029	40.62		APC	$2,255.52			
19305	C	MAST RADICAL				Inpatient Only	$0.00			
19306	C	MAST RAD URBAN TYPE				Inpatient Only	$0.00			
19307	T	MAST MOD RAD	00030	55.96		APC	$3,107.25			
19316	T	SUSPENSION OF BREAST	00029	40.62		APC	$2,255.52			Y
19318	T	REDUCTION OF LARGE BREAST	00030	55.96		APC	$3,107.25			Y
19324	T	ENLARGE BREAST	00030	55.96		APC	$3,107.25			Y
19325	N	ENLARGE BREAST WITH IMPLANT	00648	100.6		Bundled, Sometimes Payable	$5,588.20			Y
19328	N	REMOVAL OF BREAST IMPLANT	00029	40.62		Bundled, Sometimes Payable	$2,255.52			Y
19330	N	REMOVAL OF IMPLANT MATERIAL	00029	40.62		Bundled, Sometimes Payable	$2,255.52			Y
19340	T	IMMEDIATE BREAST PROSTHESIS	00030	55.96		APC	$3,107.25			Y
19342	N	DELAYED BREAST PROSTHESIS	00648	100.6		Bundled, Sometimes Payable	$5,588.20			Y
19350	T	BREAST RECONSTRUCTION	00028	29.22		APC	$1,622.81			Y
19355	E	CORRECT INVERTED NIPPLE(S)				Not Allowed	$0.00			
19357	N	BREAST RECONSTRUCTION	00648	100.6		Bundled, Sometimes Payable	$5,588.20			Y
19361	C	BREAST RECONSTR W/LAT FLAP				Inpatient Only	$0.00			Y
19364	C	BREAST RECONSTRUCTION				Inpatient Only	$0.00			Y
19366	T	BREAST RECONSTRUCTION	00029	40.62		APC	$2,255.52			Y
19367	C	BREAST RECONSTRUCTION				Inpatient Only	$0.00			Y
19368	C	BREAST RECONSTRUCTION				Inpatient Only	$0.00			Y
19369	C	BREAST RECONSTRUCTION				Inpatient Only	$0.00			Y
19370	T	SURGERY OF BREAST CAPSULE	00029	40.62		APC	$2,255.52			Y
19371	T	REMOVAL OF BREAST CAPSULE	00029	40.62		APC	$2,255.52			Y
19380	T	REVISE BREAST RECONSTRUCTION	00030	55.96		APC	$3,107.25			Y
19396	T	DESIGN CUSTOM BREAST IMPLANT	00029	40.62		APC	$2,255.52			Y
19499	T	BREAST SURGERY PROCEDURE	00028	29.22		APC	$1,622.81			Y
20005	T	I&D ABSCESS SUBFASCIAL	00020	11.14		APC	$618.83			
20100	T	EXPLORE WOUND NECK	00252	8.718		APC	$484.13			
20101	T	EXPLORE WOUND CHEST	00328	18.97		APC	$1,053.67			
20102	T	EXPLORE WOUND ABDOMEN	00328	18.97		APC	$1,053.67			
20103	T	EXPLORE WOUND EXTREMITY	00007	11.67		APC	$648.31			
20150	T	EXCISE EPIPHYSEAL BAR	00051	50.73		APC	$2,817.19			
20200	T	MUSCLE BIOPSY	00021	18.08		APC	$1,004.25			
20205	T	DEEP MUSCLE BIOPSY	00021	18.08		APC	$1,004.25			
20206	T	NEEDLE BIOPSY MUSCLE	00005	14.19		APC	$788.06			
20220	T	BONE BIOPSY TROCAR/NEEDLE	00020	11.14		APC	$618.83			
20225	T	BONE BIOPSY TROCAR/NEEDLE	00021	18.08		APC	$1,004.25			
20240	T	BONE BIOPSY EXCISIONAL	00022	24.6		APC	$1,365.78			
20245	T	BONE BIOPSY EXCISIONAL	00022	24.6		APC	$1,365.78			
20250	T	OPEN BONE BIOPSY	00050	35.08		APC	$1,948.10			
20251	T	OPEN BONE BIOPSY	00050	35.08		APC	$1,948.10			
20500	T	INJECTION OF SINUS TRACT	00252	8.718		APC	$484.13			
20501	N	INJECT SINUS TRACT FOR X-RAY				Bundled, Sometimes Payable	$0.00			
20520	T	REMOVAL OF FOREIGN BODY	00020	11.14		APC	$618.83			
20525	T	REMOVAL OF FOREIGN BODY	00022	24.6		APC	$1,365.78			
20526	T	THER INJECTION CARP TUNNEL	00204	2.848		APC	$158.12			
20527	T	INJ DUPUYTREN CORD W/ENZYME	00204	2.848		APC	$158.12			
20550	T	INJ TENDON SHEATH/LIGAMENT	00204	2.848		APC	$158.12			
20551	T	INJ TENDON ORIGIN/INSERTION	00204	2.848		APC	$158.12			

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20552	T	INJ TRIGGER POINT 1/2 MUSCL	00204	2.848		APC	$158.12			
20553	T	INJECT TRIGGER POINTS 3/>	00204	2.848		APC	$158.12			
20555	T	PLACE NDL MUSC/TIS FOR RT	00050	35.08		APC	$1,948.10			
20600	T	DRAIN/INJ JOINT/BURSA W/O US	00204	2.848		APC	$158.12			
20604	T	DRAIN/INJ JOINT/BURSA W/US	00204	2.848		APC	$158.12			
20605	T	DRAIN/INJ JOINT/BURSA W/O US	00204	2.848		APC	$158.12			
20606	T	DRAIN/INJ JOINT/BURSA W/US	00204	2.848		APC	$158.12			
20610	T	DRAIN/INJ JOINT/BURSA W/O US	00204	2.848		APC	$158.12			
20611	T	DRAIN/INJ JOINT/BURSA W/US	00204	2.848		APC	$158.12			
20612	T	ASPIRATE/INJ GANGLION CYST	00204	2.848		APC	$158.12			
20615	T	TREATMENT OF BONE CYST	00004	6.57		APC	$364.85			
20650	T	INSERT AND REMOVE BONE PIN	00050	35.08		APC	$1,948.10			
20660	N	APPLY REM FIXATION DEVICE	00139	9.616		Bundled, Sometimes Payable	$533.98			
20661	C	APPLICATION OF HEAD BRACE				Inpatient Only	$0.00			
20662	T	APPLICATION OF PELVIS BRACE	00049	22.39		APC	$1,243.39			
20663	T	APPLICATION OF THIGH BRACE	00050	35.08		APC	$1,948.10			
20664	C	APPLICATION OF HALO				Inpatient Only	$0.00			
20665	N	REMOVAL OF FIXATION DEVICE	00420	1.776		Bundled, Sometimes Payable	$98.63			
20670	N	REMOVAL OF SUPPORT IMPLANT	00021	18.08		Bundled, Sometimes Payable	$1,004.25			
20680	N	REMOVAL OF SUPPORT IMPLANT	00022	24.6		Bundled, Sometimes Payable	$1,365.78			
20690	T	APPLY BONE FIXATION DEVICE	00050	35.08		APC	$1,948.10			
20692	T	APPLY BONE FIXATION DEVICE	00050	35.08		APC	$1,948.10			
20693	T	ADJUST BONE FIXATION DEVICE	00050	35.08		APC	$1,948.10			
20694	N	REMOVE BONE FIXATION DEVICE	00049	22.39		Bundled, Sometimes Payable	$1,243.39			
20696	T	COMP MULTIPLANE EXT FIXATION	00050	35.08		APC	$1,948.10			
20697	T	COMP EXT FIXATE STRUT CHANGE	00139	9.616		APC	$533.98			
20802	C	REPLANTATION ARM COMPLETE				Inpatient Only	$0.00			
20805	C	REPLANT FOREARM COMPLETE				Inpatient Only	$0.00			
20808	C	REPLANTATION HAND COMPLETE				Inpatient Only	$0.00			
20816	C	REPLANTATION DIGIT COMPLETE				Inpatient Only	$0.00			
20822	T	REPLANTATION DIGIT COMPLETE	00054	29.8		APC	$1,654.61			
20824	C	REPLANTATION THUMB COMPLETE				Inpatient Only	$0.00			
20827	C	REPLANTATION THUMB COMPLETE				Inpatient Only	$0.00			
20838	C	REPLANTATION FOOT COMPLETE				Inpatient Only	$0.00			
20900	T	REMOVAL OF BONE FOR GRAFT	00050	35.08		APC	$1,948.10			
20902	T	REMOVAL OF BONE FOR GRAFT	00050	35.08		APC	$1,948.10			
20910	T	REMOVE CARTILAGE FOR GRAFT	00327	5.799		APC	$322.01			
20912	T	REMOVE CARTILAGE FOR GRAFT	00329	31.03		APC	$1,723.06			
20920	T	REMOVAL OF FASCIA FOR GRAFT	00329	31.03		APC	$1,723.06			
20922	T	REMOVAL OF FASCIA FOR GRAFT	00329	31.03		APC	$1,723.06			
20924	T	REMOVAL OF TENDON FOR GRAFT	00050	35.08		APC	$1,948.10			
20926	T	REMOVAL OF TISSUE FOR GRAFT	00329	31.03		APC	$1,723.06			
20930	N	SP BONE ALGRFT MORSEL ADD-ON				Bundled, Sometimes Payable	$0.00			
20931	N	SP BONE ALGRFT STRUCT ADD-ON				Bundled, Sometimes Payable	$0.00			
20936	C	SP BONE AGRFT LOCAL ADD-ON				Inpatient Only	$0.00			
20937	C	SP BONE AGRFT MORSEL ADD-ON				Inpatient Only	$0.00			
20938	C	SP BONE AGRFT STRUCT ADD-ON				Inpatient Only	$0.00			
20950	T	FLUID PRESSURE MUSCLE	00006	2.184		APC	$121.26			
20955	C	FIBULA BONE GRAFT MICROVASC				Inpatient Only	$0.00			
20956	C	ILIAC BONE GRAFT MICROVASC				Inpatient Only	$0.00			
20957	C	MT BONE GRAFT MICROVASC				Inpatient Only	$0.00			
20962	C	OTHER BONE GRAFT MICROVASC				Inpatient Only	$0.00			
20969	C	BONE/SKIN GRAFT MICROVASC				Inpatient Only	$0.00			
20970	C	BONE/SKIN GRAFT ILIAC CREST				Inpatient Only	$0.00			
20972	T	BONE/SKIN GRAFT METATARSAL	00056	70.36		APC	$3,907.34			
20973	T	BONE/SKIN GRAFT GREAT TOE	00056	70.36		APC	$3,907.34			
20974	M	ELECTRICAL BONE STIMULATION				Fee Schedule	$51.21			
20975	N	ELECTRICAL BONE STIMULATION				Bundled, Sometimes Payable	$0.00			
20979	N	US BONE STIMULATION	00340	0.706		Bundled, Sometimes Payable	$39.21			
20982	T	ABLATE BONE TUMOR(S) PERQ	00051	50.73		APC	$2,817.19			
20983	T	ABLATE BONE TUMOR(S) PERQ	00051	50.73		APC	$2,817.19			
20985	N	CPTR-ASST DIR MS PX				Bundled, Sometimes Payable	$0.00			
20999	T	MUSCULOSKELETAL SURGERY	00049	22.39		APC	$1,243.39			
21010	T	INCISION OF JAW JOINT	00256	50.29		APC	$2,792.50			

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21011	T	EXC FACE LES SC <2 CM	00020	11.14		APC	$618.83			
21012	T	EXC FACE LES SBQ 2 CM/>	00020	11.14		APC	$618.83			
21013	T	EXC FACE TUM DEEP < 2 CM	00020	11.14		APC	$618.83			
21014	T	EXC FACE TUM DEEP 2 CM/>	00020	11.14		APC	$618.83			
21015	T	RESECT FACE/SCALP TUM < 2 CM	00021	18.08		APC	$1,004.25			
21016	T	RESECT FACE/SCALP TUM 2 CM/>	00022	24.6		APC	$1,365.78			
21025	T	EXCISION OF BONE LOWER JAW	00256	50.29		APC	$2,792.50			
21026	T	EXCISION OF FACIAL BONE(S)	00254	26.24		APC	$1,457.03			
21029	T	CONTOUR OF FACE BONE LESION	00254	26.24		APC	$1,457.03			
21030	T	EXCISE MAX/ZYGOMA B9 TUMOR	00254	26.24		APC	$1,457.03			
21031	T	REMOVE EXOSTOSIS MANDIBLE	00254	26.24		APC	$1,457.03			
21032	T	REMOVE EXOSTOSIS MAXILLA	00254	26.24		APC	$1,457.03			
21034	T	EXCISE MAX/ZYGOMA MAL TUMOR	00256	50.29		APC	$2,792.50			
21040	T	EXCISE MANDIBLE LESION	00254	26.24		APC	$1,457.03			
21044	T	REMOVAL OF JAW BONE LESION	00256	50.29		APC	$2,792.50			
21045	C	EXTENSIVE JAW SURGERY				Inpatient Only	$0.00			
21046	T	REMOVE MANDIBLE CYST COMPLEX	00256	50.29		APC	$2,792.50			
21047	T	EXCISE LWR JAW CYST W/REPAIR	00256	50.29		APC	$2,792.50			
21048	T	REMOVE MAXILLA CYST COMPLEX	00256	50.29		APC	$2,792.50			
21049	T	EXCIS UPPR JAW CYST W/REPAIR	00256	50.29		APC	$2,792.50			
21050	T	REMOVAL OF JAW JOINT	00256	50.29		APC	$2,792.50			
21060	T	REMOVE JAW JOINT CARTILAGE	00256	50.29		APC	$2,792.50			
21070	T	REMOVE CORONOID PROCESS	00256	50.29		APC	$2,792.50			
21073	T	MNPJ OF TMJ W/ANESTH	00254	26.24		APC	$1,457.03			
21076	T	PREPARE FACE/ORAL PROSTHESIS	00254	26.24		APC	$1,457.03			
21077	T	PREPARE FACE/ORAL PROSTHESIS	00256	50.29		APC	$2,792.50			
21079	T	PREPARE FACE/ORAL PROSTHESIS	00256	50.29		APC	$2,792.50			
21080	T	PREPARE FACE/ORAL PROSTHESIS	00256	50.29		APC	$2,792.50			
21081	T	PREPARE FACE/ORAL PROSTHESIS	00256	50.29		APC	$2,792.50			
21082	T	PREPARE FACE/ORAL PROSTHESIS	00256	50.29		APC	$2,792.50			
21083	T	PREPARE FACE/ORAL PROSTHESIS	00256	50.29		APC	$2,792.50			
21084	T	PREPARE FACE/ORAL PROSTHESIS	00256	50.29		APC	$2,792.50			
21085	T	PREPARE FACE/ORAL PROSTHESIS	00252	8.718		APC	$484.13			
21086	T	PREPARE FACE/ORAL PROSTHESIS	00256	50.29		APC	$2,792.50			
21087	T	PREPARE FACE/ORAL PROSTHESIS	00256	50.29		APC	$2,792.50			
21088	T	PREPARE FACE/ORAL PROSTHESIS	00256	50.29		APC	$2,792.50			
21089	T	PREPARE FACE/ORAL PROSTHESIS	00250	1.749		APC	$97.12			
21100	T	MAXILLOFACIAL FIXATION	00256	50.29		APC	$2,792.50			
21110	N	INTERDENTAL FIXATION	00252	8.718		Bundled, Sometimes Payable	$484.13			
21116	N	INJECTION JAW JOINT X-RAY				Bundled, Sometimes Payable	$0.00			
21120	T	RECONSTRUCTION OF CHIN	00256	50.29		APC	$2,792.50			Y
21121	T	RECONSTRUCTION OF CHIN	00254	26.24		APC	$1,457.03			Y
21122	T	RECONSTRUCTION OF CHIN	00254	26.24		APC	$1,457.03			Y
21123	T	RECONSTRUCTION OF CHIN	00254	26.24		APC	$1,457.03			Y
21125	T	AUGMENTATION LOWER JAW BONE	00254	26.24		APC	$1,457.03			Y
21127	T	AUGMENTATION LOWER JAW BONE	00256	50.29		APC	$2,792.50			Y
21137	T	REDUCTION OF FOREHEAD	00254	26.24		APC	$1,457.03			Y
21138	T	REDUCTION OF FOREHEAD	00256	50.29		APC	$2,792.50			Y
21139	T	REDUCTION OF FOREHEAD	00256	50.29		APC	$2,792.50			Y
21141	C	LEFORT I-1 PIECE W/O GRAFT				Inpatient Only	$0.00			
21142	C	LEFORT I-2 PIECE W/O GRAFT				Inpatient Only	$0.00			
21143	C	LEFORT I-3/> PIECE W/O GRAFT				Inpatient Only	$0.00			
21145	C	LEFORT I-1 PIECE W/ GRAFT				Inpatient Only	$0.00			
21146	C	LEFORT I-2 PIECE W/ GRAFT				Inpatient Only	$0.00			
21147	C	LEFORT I-3/> PIECE W/ GRAFT				Inpatient Only	$0.00			
21150	T	LEFORT II ANTERIOR INTRUSION	00256	50.29		APC	$2,792.50			Y
21151	C	LEFORT II W/BONE GRAFTS				Inpatient Only	$0.00			
21154	C	LEFORT III W/O LEFORT I				Inpatient Only	$0.00			
21155	C	LEFORT III W/ LEFORT I				Inpatient Only	$0.00			
21159	C	LEFORT III W/FHDW/O LEFORT I				Inpatient Only	$0.00			
21160	C	LEFORT III W/FHD W/ LEFORT I				Inpatient Only	$0.00			
21172	T	RECONSTRUCT ORBIT/FOREHEAD	00256	50.29		APC	$2,792.50			Y
21175	T	RECONSTRUCT ORBIT/FOREHEAD	00256	50.29		APC	$2,792.50			Y
21179	C	RECONSTRUCT ENTIRE FOREHEAD				Inpatient Only	$0.00			

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21180	C	RECONSTRUCT ENTIRE FOREHEAD				Inpatient Only	$0.00			
21181	T	CONTOUR CRANIAL BONE LESION	00256	50.29		APC	$2,792.50			Y
21182	C	RECONSTRUCT CRANIAL BONE				Inpatient Only	$0.00			
21183	C	RECONSTRUCT CRANIAL BONE				Inpatient Only	$0.00			
21184	C	RECONSTRUCT CRANIAL BONE				Inpatient Only	$0.00			
21188	C	RECONSTRUCTION OF MIDFACE				Inpatient Only	$0.00			
21193	T	RECONST LWR JAW W/O GRAFT	00256	50.29		APC	$2,792.50			
21194	C	RECONST LWR JAW W/GRAFT				Inpatient Only	$0.00			
21195	T	RECONST LWR JAW W/O FIXATION	00256	50.29		APC	$2,792.50			Y
21196	C	RECONST LWR JAW W/FIXATION				Inpatient Only	$0.00			
21198	T	RECONSTR LWR JAW SEGMENT	00254	26.24		APC	$1,457.03			Y
21199	T	RECONSTR LWR JAW W/ADVANCE	00256	50.29		APC	$2,792.50			Y
21206	T	RECONSTRUCT UPPER JAW BONE	00256	50.29		APC	$2,792.50			Y
21208	T	AUGMENTATION OF FACIAL BONES	00256	50.29		APC	$2,792.50			Y
21209	T	REDUCTION OF FACIAL BONES	00256	50.29		APC	$2,792.50			Y
21210	T	FACE BONE GRAFT	00256	50.29		APC	$2,792.50			Y
21215	T	LOWER JAW BONE GRAFT	00256	50.29		APC	$2,792.50			Y
21230	T	RIB CARTILAGE GRAFT	00256	50.29		APC	$2,792.50			Y
21235	T	EAR CARTILAGE GRAFT	00253	17.08		APC	$948.44			Y
21240	T	RECONSTRUCTION OF JAW JOINT	00256	50.29		APC	$2,792.50			Y
21242	T	RECONSTRUCTION OF JAW JOINT	00256	50.29		APC	$2,792.50			Y
21243	T	RECONSTRUCTION OF JAW JOINT	00256	50.29		APC	$2,792.50			Y
21244	T	RECONSTRUCTION OF LOWER JAW	00256	50.29		APC	$2,792.50			Y
21245	T	RECONSTRUCTION OF JAW	00256	50.29		APC	$2,792.50			Y
21246	T	RECONSTRUCTION OF JAW	00256	50.29		APC	$2,792.50			Y
21247	C	RECONSTRUCT LOWER JAW BONE				Inpatient Only	$0.00			
21248	T	RECONSTRUCTION OF JAW	00256	50.29		APC	$2,792.50			Y
21249	T	RECONSTRUCTION OF JAW	00256	50.29		APC	$2,792.50			Y
21255	C	RECONSTRUCT LOWER JAW BONE				Inpatient Only	$0.00			
21256	T	RECONSTRUCTION OF ORBIT	00256	50.29		APC	$2,792.50			Y
21260	T	REVISE EYE SOCKETS	00256	50.29		APC	$2,792.50			
21261	T	REVISE EYE SOCKETS	00256	50.29		APC	$2,792.50			
21263	T	REVISE EYE SOCKETS	00256	50.29		APC	$2,792.50			
21267	T	REVISE EYE SOCKETS	00256	50.29		APC	$2,792.50			
21268	C	REVISE EYE SOCKETS				Inpatient Only	$0.00			
21270	T	AUGMENTATION CHEEK BONE	00256	50.29		APC	$2,792.50			
21275	T	REVISION ORBITOFACIAL BONES	00256	50.29		APC	$2,792.50			
21280	T	REVISION OF EYELID	00256	50.29		APC	$2,792.50			
21282	T	REVISION OF EYELID	00253	17.08		APC	$948.44			
21295	T	REVISION OF JAW MUSCLE/BONE	00252	8.718		APC	$484.13			
21296	T	REVISION OF JAW MUSCLE/BONE	00254	26.24		APC	$1,457.03			
21299	T	CRANIO/MAXILLOFACIAL SURGERY	00250	1.749		APC	$97.12			
21310	T	CLOSED TX NOSE FX W/O MANJ	00250	1.749		APC	$97.12			
21315	T	CLOSED TX NOSE FX W/O STABLJ	00253	17.08		APC	$948.44			
21320	T	CLOSED TX NOSE FX W/ STABLJ	00253	17.08		APC	$948.44			
21325	T	OPEN TX NOSE FX UNCOMPLICATD	00254	26.24		APC	$1,457.03			
21330	T	OPEN TX NOSE FX W/SKELE FIXJ	00254	26.24		APC	$1,457.03			
21335	T	OPEN TX NOSE & SEPTAL FX	00254	26.24		APC	$1,457.03			
21336	T	OPEN TX SEPTAL FX W/WO STABJ	00062	27.54		APC	$1,529.24			
21337	T	CLOSED TX SEPTAL&NOSE FX	00253	17.08		APC	$948.44			
21338	T	OPEN NASOETHMOID FX W/O FIXJ	00256	50.29		APC	$2,792.50			
21339	T	OPEN NASOETHMOID FX W/ FIXJ	00254	26.24		APC	$1,457.03			
21340	T	PERQ TX NASOETHMOID FX	00256	50.29		APC	$2,792.50			
21343	C	OPEN TX DPRSD FRONT SINUS FX				Inpatient Only	$0.00			
21344	C	OPEN TX COMPL FRONT SINUS FX				Inpatient Only	$0.00			
21345	T	CLOSED TX NOSE/JAW FX	00254	26.24		APC	$1,457.03			
21346	T	OPN TX NASOMAX FX W/FIXJ	00256	50.29		APC	$2,792.50			
21347	C	OPN TX NASOMAX FX MULTPLE				Inpatient Only	$0.00			
21348	C	OPN TX NASOMAX FX W/GRAFT				Inpatient Only	$0.00			
21355	T	PERQ TX MALAR FRACTURE	00256	50.29		APC	$2,792.50			
21356	T	OPN TX DPRSD ZYGOMATIC ARCH	00254	26.24		APC	$1,457.03			
21360	T	OPN TX DPRSD MALAR FRACTURE	00256	50.29		APC	$2,792.50			
21365	T	OPN TX COMPLX MALAR FX	00256	50.29		APC	$2,792.50			
21366	C	OPN TX COMPLX MALAR W/GRFT				Inpatient Only	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
21385	T	OPN TX ORBIT FX TRANSANTRAL	00256	50.29		APC	$2,792.50			
21386	T	OPN TX ORBIT FX PERIORBITAL	00256	50.29		APC	$2,792.50			
21387	T	OPN TX ORBIT FX COMBINED	00256	50.29		APC	$2,792.50			
21390	T	OPN TX ORBIT PERIORBTL IMPLT	00256	50.29		APC	$2,792.50			
21395	T	OPN TX ORBIT PERIORBT W/GRFT	00256	50.29		APC	$2,792.50			
21400	T	CLOSED TX ORBIT W/O MANIPULJ	00252	8.718		APC	$484.13			
21401	T	CLOSED TX ORBIT W/MANIPULJ	00252	8.718		APC	$484.13			
21406	T	OPN TX ORBIT FX W/O IMPLANT	00256	50.29		APC	$2,792.50			
21407	T	OPN TX ORBIT FX W/IMPLANT	00256	50.29		APC	$2,792.50			
21408	T	OPN TX ORBIT FX W/BONE GRFT	00256	50.29		APC	$2,792.50			
21421	T	TREAT MOUTH ROOF FRACTURE	00256	50.29		APC	$2,792.50			
21422	C	TREAT MOUTH ROOF FRACTURE				Inpatient Only	$0.00			
21423	C	TREAT MOUTH ROOF FRACTURE				Inpatient Only	$0.00			
21431	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			
21432	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			
21433	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			
21435	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			
21436	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			
21440	T	TREAT DENTAL RIDGE FRACTURE	00254	26.24		APC	$1,457.03			
21445	T	TREAT DENTAL RIDGE FRACTURE	00256	50.29		APC	$2,792.50			
21450	T	TREAT LOWER JAW FRACTURE	00251	4.898		APC	$271.98			
21451	T	TREAT LOWER JAW FRACTURE	00253	17.08		APC	$948.44			
21452	T	TREAT LOWER JAW FRACTURE	00253	17.08		APC	$948.44			
21453	T	TREAT LOWER JAW FRACTURE	00256	50.29		APC	$2,792.50			
21454	T	TREAT LOWER JAW FRACTURE	00256	50.29		APC	$2,792.50			
21461	T	TREAT LOWER JAW FRACTURE	00256	50.29		APC	$2,792.50			
21462	T	TREAT LOWER JAW FRACTURE	00256	50.29		APC	$2,792.50			
21465	T	TREAT LOWER JAW FRACTURE	00256	50.29		APC	$2,792.50			
21470	T	TREAT LOWER JAW FRACTURE	00256	50.29		APC	$2,792.50			
21480	T	RESET DISLOCATED JAW	00250	1.749		APC	$97.12			
21485	T	RESET DISLOCATED JAW	00254	26.24		APC	$1,457.03			
21490	T	REPAIR DISLOCATED JAW	00256	50.29		APC	$2,792.50			
21495	T	TREAT HYOID BONE FRACTURE	00253	17.08		APC	$948.44			
21497	T	INTERDENTAL WIRING	00252	8.718		APC	$484.13			
21499	T	HEAD SURGERY PROCEDURE	00250	1.749		APC	$97.12			
21501	T	DRAIN NECK/CHEST LESION	00008	22.05		APC	$1,224.63			
21502	T	DRAIN CHEST LESION	00049	22.39		APC	$1,243.39			
21510	C	DRAINAGE OF BONE LESION				Inpatient Only	$0.00			
21550	T	BIOPSY OF NECK/CHEST	00021	18.08		APC	$1,004.25			
21552	T	EXC NECK LES SC 3 CM/>	00022	24.6		APC	$1,365.78			
21554	T	EXC NECK TUM DEEP 5 CM/>	00022	24.6		APC	$1,365.78			
21555	T	EXC NECK LES SC < 3 CM	00021	18.08		APC	$1,004.25			
21556	T	EXC NECK TUM DEEP < 5 CM	00022	24.6		APC	$1,365.78			
21557	T	RESECT NECK THORAX TUMOR<5CM	00021	18.08		APC	$1,004.25			
21558	T	RESECT NECK TUMOR 5 CM/>	00022	24.6		APC	$1,365.78			
21600	T	PARTIAL REMOVAL OF RIB	00050	35.08		APC	$1,948.10			
21610	T	PARTIAL REMOVAL OF RIB	00050	35.08		APC	$1,948.10			
21615	C	REMOVAL OF RIB				Inpatient Only	$0.00			
21616	C	REMOVAL OF RIB AND NERVES				Inpatient Only	$0.00			
21620	C	PARTIAL REMOVAL OF STERNUM				Inpatient Only	$0.00			
21627	C	STERNAL DEBRIDEMENT				Inpatient Only	$0.00			
21630	C	EXTENSIVE STERNUM SURGERY				Inpatient Only	$0.00			
21632	C	EXTENSIVE STERNUM SURGERY				Inpatient Only	$0.00			
21685	T	HYOID MYOTOMY & SUSPENSION	00254	26.24		APC	$1,457.03			
21700	T	REVISION OF NECK MUSCLE	00049	22.39		APC	$1,243.39			
21705	C	REVISION OF NECK MUSCLE/RIB				Inpatient Only	$0.00			
21720	T	REVISION OF NECK MUSCLE	00049	22.39		APC	$1,243.39			
21725	T	REVISION OF NECK MUSCLE	00006	2.184		APC	$121.26			
21740	C	RECONSTRUCTION OF STERNUM				Inpatient Only	$0.00			
21742	T	REPAIR STERN/NUSS W/O SCOPE	00051	50.73		APC	$2,817.19			
21743	T	REPAIR STERNUM/NUSS W/SCOPE	00051	50.73		APC	$2,817.19			
21750	C	REPAIR OF STERNUM SEPARATION				Inpatient Only	$0.00			
21805	T	TREATMENT OF RIB FRACTURE	00062	27.54		APC	$1,529.24			
21811	T	OPTX OF RIB FX W/FIXJ SCOPE	00062	27.54		APC	$1,529.24			

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21812	T	TREATMENT OF RIB FRACTURE	00062	27.54		APC	$1,529.24			
21813	T	TREATMENT OF RIB FRACTURE	00062	27.54		APC	$1,529.24			
21820	T	TREAT STERNUM FRACTURE	00129	2.28		APC	$126.59			
21825	C	TREAT STERNUM FRACTURE				Inpatient Only	$0.00			
21899	T	NECK/CHEST SURGERY PROCEDURE	00250	1.749		APC	$97.12			
21920	T	BIOPSY SOFT TISSUE OF BACK	00020	11.14		APC	$618.83			
21925	T	BIOPSY SOFT TISSUE OF BACK	00022	24.6		APC	$1,365.78			
21930	T	EXC BACK LES SC < 3 CM	00021	18.08		APC	$1,004.25			
21931	T	EXC BACK LES SC 3 CM/>	00022	24.6		APC	$1,365.78			
21932	T	EXC BACK TUM DEEP < 5 CM	00021	18.08		APC	$1,004.25			
21933	T	EXC BACK TUM DEEP 5 CM/>	00022	24.6		APC	$1,365.78			
21935	T	RESECT BACK TUM < 5 CM	00021	18.08		APC	$1,004.25			
21936	T	RESECT BACK TUM 5 CM/>	00022	24.6		APC	$1,365.78			
22010	C	I&D P-SPINE C/T/CERV-THOR				Inpatient Only	$0.00			
22015	C	I&D ABSCESS P-SPINE L/S/LS				Inpatient Only	$0.00			
22100	T	REMOVE PART OF NECK VERTEBRA	00208	55.45		APC	$3,079.34			
22101	T	REMOVE PART THORAX VERTEBRA	00208	55.45		APC	$3,079.34			
22102	T	REMOVE PART LUMBAR VERTEBRA	00208	55.45		APC	$3,079.34			
22103	N	REMOVE EXTRA SPINE SEGMENT				Bundled, Sometimes Payable	$0.00			
22110	C	REMOVE PART OF NECK VERTEBRA				Inpatient Only	$0.00			
22112	C	REMOVE PART THORAX VERTEBRA				Inpatient Only	$0.00			
22114	C	REMOVE PART LUMBAR VERTEBRA				Inpatient Only	$0.00			
22116	C	REMOVE EXTRA SPINE SEGMENT				Inpatient Only	$0.00			
22206	C	INCIS SPINE 3 COLUMN THORAC				Inpatient Only	$0.00			
22207	C	INCIS SPINE 3 COLUMN LUMBAR				Inpatient Only	$0.00			
22208	C	INCIS SPINE 3 COLUMN ADL SEG				Inpatient Only	$0.00			
22210	C	INCIS 1 VERTEBRAL SEG CERV				Inpatient Only	$0.00			
22212	C	INCIS 1 VERTEBRAL SEG THORAC				Inpatient Only	$0.00			
22214	C	INCIS 1 VERTEBRAL SEG LUMBAR				Inpatient Only	$0.00			
22216	C	INCIS ADDL SPINE SEGMENT				Inpatient Only	$0.00			
22220	C	INCIS W/DISCECTOMY CERVICAL				Inpatient Only	$0.00			
22222	C	INCIS W/DISCECTOMY THORACIC				Inpatient Only	$0.00			
22224	C	INCIS W/DISCECTOMY LUMBAR				Inpatient Only	$0.00			
22226	C	REVISE EXTRA SPINE SEGMENT				Inpatient Only	$0.00			
22305	T	CLOSED TX SPINE PROCESS FX	00129	2.28		APC	$126.59			
22310	T	CLOSED TX VERT FX W/O MANJ	00138	2.883		APC	$160.08			
22315	T	CLOSED TX VERT FX W/MANJ	00431	17.69		APC	$982.37			
22318	C	TREAT ODONTOID FX W/O GRAFT				Inpatient Only	$0.00			
22319	C	TREAT ODONTOID FX W/GRAFT				Inpatient Only	$0.00			
22325	C	TREAT SPINE FRACTURE				Inpatient Only	$0.00			
22326	C	TREAT NECK SPINE FRACTURE				Inpatient Only	$0.00			
22327	C	TREAT THORAX SPINE FRACTURE				Inpatient Only	$0.00			
22328	C	TREAT EACH ADD SPINE FX				Inpatient Only	$0.00			
22505	T	MANIPULATION OF SPINE	00045	15.51		APC	$861.46			
22510	T	PERQ CERVICOTHORACIC INJECT	00050	35.08		APC	$1,948.10			
22511	T	PERQ LUMBOSACRAL INJECTION	00050	35.08		APC	$1,948.10			
22512	N	VERTEBROPLASTY ADDL INJECT				Bundled, Sometimes Payable	$0.00			
22513	T	PERQ VERTEBRAL AUGMENTATION	00052	85.24		APC	$4,733.59			
22514	T	PERQ VERTEBRAL AUGMENTATION	00052	85.24		APC	$4,733.59			
22515	N	PERQ VERTEBRAL AUGMENTATION				Bundled, Sometimes Payable	$0.00			
22526	E	IDET SINGLE LEVEL				Not Allowed	$0.00			
22527	E	IDET 1 OR MORE LEVELS				Not Allowed	$0.00			
22532	C	LAT THORAX SPINE FUSION				Inpatient Only	$0.00			
22533	C	LAT LUMBAR SPINE FUSION				Inpatient Only	$0.00			
22534	C	LAT THOR/LUMB ADDL SEG				Inpatient Only	$0.00			
22548	C	NECK SPINE FUSION				Inpatient Only	$0.00			
22551	N	NECK SPINE FUSE&REMOV BEL C2	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
22552	C	ADDL NECK SPINE FUSION				Inpatient Only	$0.00			
22554	N	NECK SPINE FUSION	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
22556	C	THORAX SPINE FUSION				Inpatient Only	$0.00			
22558	C	LUMBAR SPINE FUSION				Inpatient Only	$0.00			
22585	C	ADDITIONAL SPINAL FUSION				Inpatient Only	$0.00			
22586	C	PRESCRL FUSE W/ INSTR L5-S1				Inpatient Only	$0.00			
22590	C	SPINE & SKULL SPINAL FUSION				Inpatient Only	$0.00			

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22595	C	NECK SPINAL FUSION				Inpatient Only	$0.00			
22600	C	NECK SPINE FUSION				Inpatient Only	$0.00			
22610	C	THORAX SPINE FUSION				Inpatient Only	$0.00			
22612	N	LUMBAR SPINE FUSION	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
22614	N	SPINE FUSION EXTRA SEGMENT				Bundled, Sometimes Payable	$0.00			
22630	C	LUMBAR SPINE FUSION				Inpatient Only	$0.00			
22632	C	SPINE FUSION EXTRA SEGMENT				Inpatient Only	$0.00			
22633	C	LUMBAR SPINE FUSION COMBINED				Inpatient Only	$0.00			
22634	C	SPINE FUSION EXTRA SEGMENT				Inpatient Only	$0.00			
22800	C	POST FUSION </6 VERT SEG				Inpatient Only	$0.00			
22802	C	POST FUSION 7-12 VERT SEG				Inpatient Only	$0.00			
22804	C	POST FUSION 13/> VERT SEG				Inpatient Only	$0.00			
22808	C	ANT FUSION 2-3 VERT SEG				Inpatient Only	$0.00			
22810	C	ANT FUSION 4-7 VERT SEG				Inpatient Only	$0.00			
22812	C	ANT FUSION 8/> VERT SEG				Inpatient Only	$0.00			
22818	C	KYPHECTOMY 1-2 SEGMENTS				Inpatient Only	$0.00			
22819	C	KYPHECTOMY 3 OR MORE				Inpatient Only	$0.00			
22830	C	EXPLORATION OF SPINAL FUSION				Inpatient Only	$0.00			
22840	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22841	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22842	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22843	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22844	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22845	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22846	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22847	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22848	C	INSERT PELV FIXATION DEVICE				Inpatient Only	$0.00			
22849	C	REINSERT SPINAL FIXATION				Inpatient Only	$0.00			
22850	C	REMOVE SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22851	N	APPLY SPINE PROSTH DEVICE				Bundled, Sometimes Payable	$0.00			
22852	C	REMOVE SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22855	C	REMOVE SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22856	N	CERV ARTIFIC DISKECTOMY	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
22857	C	LUMBAR ARTIF DISKECTOMY				Inpatient Only	$0.00			
22858	C	SECOND LEVEL CER DISKECTOMY				Inpatient Only	$0.00			
22861	C	REVISE CERV ARTIFIC DISC				Inpatient Only	$0.00			
22862	C	REVISE LUMBAR ARTIF DISC				Inpatient Only	$0.00			
22864	C	REMOVE CERV ARTIF DISC				Inpatient Only	$0.00			
22865	C	REMOVE LUMB ARTIF DISC				Inpatient Only	$0.00			
22899	T	SPINE SURGERY PROCEDURE	00050	35.08		APC	$1,948.10			
22900	T	EXC ABDL TUM DEEP < 5 CM	00022	24.6		APC	$1,365.78			
22901	T	EXC ABDL TUM DEEP 5 CM/>	00022	24.6		APC	$1,365.78			
22902	T	EXC ABD LES SC < 3 CM	00021	18.08		APC	$1,004.25			
22903	T	EXC ABD LES SC 3 CM/>	00022	24.6		APC	$1,365.78			
22904	T	RADICAL RESECT ABD TUMOR<5CM	00021	18.08		APC	$1,004.25			
22905	T	RAD RESECT ABD TUMOR 5 CM/>	00022	24.6		APC	$1,365.78			
22999	T	ABDOMEN SURGERY PROCEDURE	00049	22.39		APC	$1,243.39			
23000	T	REMOVAL OF CALCIUM DEPOSITS	00021	18.08		APC	$1,004.25			
23020	T	RELEASE SHOULDER JOINT	00050	35.08		APC	$1,948.10			
23030	T	DRAIN SHOULDER LESION	00008	22.05		APC	$1,224.63			
23031	T	DRAIN SHOULDER BURSA	00008	22.05		APC	$1,224.63			
23035	T	DRAIN SHOULDER BONE LESION	00049	22.39		APC	$1,243.39			
23040	T	EXPLORATORY SHOULDER SURGERY	00050	35.08		APC	$1,948.10			
23044	T	EXPLORATORY SHOULDER SURGERY	00050	35.08		APC	$1,948.10			
23065	T	BIOPSY SHOULDER TISSUES	00020	11.14		APC	$618.83			
23066	T	BIOPSY SHOULDER TISSUES	00022	24.6		APC	$1,365.78			
23071	T	EXC SHOULDER LES SC 3 CM/>	00022	24.6		APC	$1,365.78			
23073	T	EXC SHOULDER TUM DEEP 5 CM/>	00022	24.6		APC	$1,365.78			
23075	T	EXC SHOULDER LES SC < 3 CM	00021	18.08		APC	$1,004.25			
23076	T	EXC SHOULDER TUM DEEP < 5 CM	00021	18.08		APC	$1,004.25			
23077	T	RESECT SHOULDER TUMOR < 5 CM	00021	18.08		APC	$1,004.25			
23078	T	RESECT SHOULDER TUMOR 5 CM/>	00022	24.6		APC	$1,365.78			
23100	T	BIOPSY OF SHOULDER JOINT	00049	22.39		APC	$1,243.39			
23101	T	SHOULDER JOINT SURGERY	00050	35.08		APC	$1,948.10			

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23105	T	REMOVE SHOULDER JOINT LINING	00050	35.08		APC	$1,948.10			
23106	T	INCISION OF COLLARBONE JOINT	00050	35.08		APC	$1,948.10			
23107	T	EXPLORE TREAT SHOULDER JOINT	00050	35.08		APC	$1,948.10			
23120	T	PARTIAL REMOVAL COLLAR BONE	00050	35.08		APC	$1,948.10			
23125	T	REMOVAL OF COLLAR BONE	00050	35.08		APC	$1,948.10			
23130	T	REMOVE SHOULDER BONE PART	00051	50.73		APC	$2,817.19			
23140	T	REMOVAL OF BONE LESION	00049	22.39		APC	$1,243.39			
23145	T	REMOVAL OF BONE LESION	00050	35.08		APC	$1,948.10			
23146	T	REMOVAL OF BONE LESION	00050	35.08		APC	$1,948.10			
23150	T	REMOVAL OF HUMERUS LESION	00050	35.08		APC	$1,948.10			
23155	T	REMOVAL OF HUMERUS LESION	00050	35.08		APC	$1,948.10			
23156	T	REMOVAL OF HUMERUS LESION	00050	35.08		APC	$1,948.10			
23170	T	REMOVE COLLAR BONE LESION	00050	35.08		APC	$1,948.10			
23172	T	REMOVE SHOULDER BLADE LESION	00050	35.08		APC	$1,948.10			
23174	T	REMOVE HUMERUS LESION	00050	35.08		APC	$1,948.10			
23180	T	REMOVE COLLAR BONE LESION	00050	35.08		APC	$1,948.10			
23182	T	REMOVE SHOULDER BLADE LESION	00050	35.08		APC	$1,948.10			
23184	T	REMOVE HUMERUS LESION	00050	35.08		APC	$1,948.10			
23190	T	PARTIAL REMOVAL OF SCAPULA	00050	35.08		APC	$1,948.10			
23195	T	REMOVAL OF HEAD OF HUMERUS	00050	35.08		APC	$1,948.10			
23200	C	RESECT CLAVICLE TUMOR				Inpatient Only	$0.00			
23210	C	RESECT SCAPULA TUMOR				Inpatient Only	$0.00			
23220	C	RESECT PROX HUMERUS TUMOR				Inpatient Only	$0.00			
23330	T	REMOVE SHOULDER FOREIGN BODY	00020	11.14		APC	$618.83			
23333	T	REMOVE SHOULDER FB DEEP	00020	11.14		APC	$618.83			
23334	T	SHOULDER PROSTHESIS REMOVAL	00022	24.6		APC	$1,365.78			
23335	C	SHOULDER PROSTHESIS REMOVAL				Inpatient Only	$0.00			
23350	N	INJECTION FOR SHOULDER X-RAY				Bundled, Sometimes Payable	$0.00			
23395	T	MUSCLE TRANSFER SHOULDER/ARM	00051	50.73		APC	$2,817.19			
23397	T	MUSCLE TRANSFERS	00051	50.73		APC	$2,817.19			
23400	T	FIXATION OF SHOULDER BLADE	00050	35.08		APC	$1,948.10			
23405	T	INCISION OF TENDON & MUSCLE	00050	35.08		APC	$1,948.10			
23406	T	INCISE TENDON(S) & MUSCLE(S)	00050	35.08		APC	$1,948.10			
23410	T	REPAIR ROTATOR CUFF ACUTE	00051	50.73		APC	$2,817.19			
23412	T	REPAIR ROTATOR CUFF CHRONIC	00051	50.73		APC	$2,817.19			
23415	T	RELEASE OF SHOULDER LIGAMENT	00051	50.73		APC	$2,817.19			
23420	T	REPAIR OF SHOULDER	00051	50.73		APC	$2,817.19			
23430	T	REPAIR BICEPS TENDON	00051	50.73		APC	$2,817.19			
23440	T	REMOVE/TRANSPLANT TENDON	00050	35.08		APC	$1,948.10			
23450	T	REPAIR SHOULDER CAPSULE	00052	85.24		APC	$4,733.59			
23455	T	REPAIR SHOULDER CAPSULE	00052	85.24		APC	$4,733.59			
23460	T	REPAIR SHOULDER CAPSULE	00052	85.24		APC	$4,733.59			
23462	T	REPAIR SHOULDER CAPSULE	00051	50.73		APC	$2,817.19			
23465	T	REPAIR SHOULDER CAPSULE	00051	50.73		APC	$2,817.19			
23466	T	REPAIR SHOULDER CAPSULE	00051	50.73		APC	$2,817.19			
23470	N	RECONSTRUCT SHOULDER JOINT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
23472	C	RECONSTRUCT SHOULDER JOINT				Inpatient Only	$0.00			
23473	T	REVIS RECONST SHOULDER JOINT	00047	45.36		APC	$2,518.70			
23474	C	REVIS RECONST SHOULDER JOINT				Inpatient Only	$0.00			
23480	T	REVISION OF COLLAR BONE	00051	50.73		APC	$2,817.19			
23485	T	REVISION OF COLLAR BONE	00052	85.24		APC	$4,733.59			
23490	T	REINFORCE CLAVICLE	00052	85.24		APC	$4,733.59			
23491	T	REINFORCE SHOULDER BONES	00052	85.24		APC	$4,733.59			
23500	T	TREAT CLAVICLE FRACTURE	00129	2.28		APC	$126.59			
23505	T	TREAT CLAVICLE FRACTURE	00139	9.616		APC	$533.98			
23515	T	TREAT CLAVICLE FRACTURE	00064	75.09		APC	$4,169.61			
23520	T	TREAT CLAVICLE DISLOCATION	00431	17.69		APC	$982.37			
23525	T	TREAT CLAVICLE DISLOCATION	00138	2.883		APC	$160.08			
23530	T	TREAT CLAVICLE DISLOCATION	00063	57.01		APC	$3,165.62			
23532	T	TREAT CLAVICLE DISLOCATION	00062	27.54		APC	$1,529.24			
23540	T	TREAT CLAVICLE DISLOCATION	00138	2.883		APC	$160.08			
23545	T	TREAT CLAVICLE DISLOCATION	00138	2.883		APC	$160.08			
23550	T	TREAT CLAVICLE DISLOCATION	00063	57.01		APC	$3,165.62			
23552	T	TREAT CLAVICLE DISLOCATION	00063	57.01		APC	$3,165.62			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
23570	T	TREAT SHOULDER BLADE FX	00129	2.28		APC	$126.59			
23575	T	TREAT SHOULDER BLADE FX	00138	2.883		APC	$160.08			
23585	T	TREAT SCAPULA FRACTURE	00064	75.09		APC	$4,169.61			
23600	T	TREAT HUMERUS FRACTURE	00138	2.883		APC	$160.08			
23605	T	TREAT HUMERUS FRACTURE	00049	22.39		APC	$1,243.39			
23615	T	TREAT HUMERUS FRACTURE	00064	75.09		APC	$4,169.61			
23616	T	TREAT HUMERUS FRACTURE	00064	75.09		APC	$4,169.61			
23620	T	TREAT HUMERUS FRACTURE	00138	2.883		APC	$160.08			
23625	T	TREAT HUMERUS FRACTURE	00431	17.69		APC	$982.37			
23630	T	TREAT HUMERUS FRACTURE	00064	75.09		APC	$4,169.61			
23650	T	TREAT SHOULDER DISLOCATION	00138	2.883		APC	$160.08			
23655	T	TREAT SHOULDER DISLOCATION	00045	15.51		APC	$861.46			
23660	T	TREAT SHOULDER DISLOCATION	00063	57.01		APC	$3,165.62			
23665	T	TREAT DISLOCATION/FRACTURE	00139	9.616		APC	$533.98			
23670	T	TREAT DISLOCATION/FRACTURE	00064	75.09		APC	$4,169.61			
23675	T	TREAT DISLOCATION/FRACTURE	00138	2.883		APC	$160.08			
23680	T	TREAT DISLOCATION/FRACTURE	00063	57.01		APC	$3,165.62			
23700	T	FIXATION OF SHOULDER	00045	15.51		APC	$861.46			
23800	T	FUSION OF SHOULDER JOINT	00052	85.24		APC	$4,733.59			
23802	T	FUSION OF SHOULDER JOINT	00052	85.24		APC	$4,733.59			
23900	C	AMPUTATION OF ARM & GIRDLE				Inpatient Only	$0.00			
23920	C	AMPUTATION AT SHOULDER JOINT				Inpatient Only	$0.00			
23921	T	AMPUTATION FOLLOW-UP SURGERY	00329	31.03		APC	$1,723.06			
23929	T	SHOULDER SURGERY PROCEDURE	00129	2.28		APC	$126.59			
23930	T	DRAINAGE OF ARM LESION	00008	22.05		APC	$1,224.63			
23931	T	DRAINAGE OF ARM BURSA	00007	11.67		APC	$648.31			
23935	T	DRAIN ARM/ELBOW BONE LESION	00049	22.39		APC	$1,243.39			
24000	T	EXPLORATORY ELBOW SURGERY	00050	35.08		APC	$1,948.10			
24006	T	RELEASE ELBOW JOINT	00050	35.08		APC	$1,948.10			
24065	T	BIOPSY ARM/ELBOW SOFT TISSUE	00021	18.08		APC	$1,004.25			
24066	T	BIOPSY ARM/ELBOW SOFT TISSUE	00021	18.08		APC	$1,004.25			
24071	T	EXC ARM/ELBOW LES SC 3 CM/>	00022	24.6		APC	$1,365.78			
24073	T	EX ARM/ELBOW TUM DEEP 5 CM/>	00022	24.6		APC	$1,365.78			
24075	T	EXC ARM/ELBOW LES SC < 3 CM	00021	18.08		APC	$1,004.25			
24076	T	EX ARM/ELBOW TUM DEEP < 5 CM	00021	18.08		APC	$1,004.25			
24077	T	RESECT ARM/ELBOW TUM < 5 CM	00021	18.08		APC	$1,004.25			
24079	T	RESECT ARM/ELBOW TUM 5 CM/>	00022	24.6		APC	$1,365.78			
24100	T	BIOPSY ELBOW JOINT LINING	00049	22.39		APC	$1,243.39			
24101	T	EXPLORE/TREAT ELBOW JOINT	00050	35.08		APC	$1,948.10			
24102	T	REMOVE ELBOW JOINT LINING	00050	35.08		APC	$1,948.10			
24105	T	REMOVAL OF ELBOW BURSA	00049	22.39		APC	$1,243.39			
24110	T	REMOVE HUMERUS LESION	00049	22.39		APC	$1,243.39			
24115	T	REMOVE/GRAFT BONE LESION	00050	35.08		APC	$1,948.10			
24116	T	REMOVE/GRAFT BONE LESION	00050	35.08		APC	$1,948.10			
24120	T	REMOVE ELBOW LESION	00049	22.39		APC	$1,243.39			
24125	T	REMOVE/GRAFT BONE LESION	00050	35.08		APC	$1,948.10			
24126	T	REMOVE/GRAFT BONE LESION	00050	35.08		APC	$1,948.10			
24130	T	REMOVAL OF HEAD OF RADIUS	00050	35.08		APC	$1,948.10			
24134	T	REMOVAL OF ARM BONE LESION	00050	35.08		APC	$1,948.10			
24136	T	REMOVE RADIUS BONE LESION	00050	35.08		APC	$1,948.10			
24138	T	REMOVE ELBOW BONE LESION	00050	35.08		APC	$1,948.10			
24140	T	PARTIAL REMOVAL OF ARM BONE	00050	35.08		APC	$1,948.10			
24145	T	PARTIAL REMOVAL OF RADIUS	00050	35.08		APC	$1,948.10			
24147	T	PARTIAL REMOVAL OF ELBOW	00050	35.08		APC	$1,948.10			
24149	T	RADICAL RESECTION OF ELBOW	00050	35.08		APC	$1,948.10			
24150	T	RESECT DISTAL HUMERUS TUMOR	00051	50.73		APC	$2,817.19			
24152	T	RESECT RADIUS TUMOR	00051	50.73		APC	$2,817.19			
24155	T	REMOVAL OF ELBOW JOINT	00050	35.08		APC	$1,948.10			
24160	N	REMOVE ELBOW JOINT IMPLANT	00050	35.08		Bundled, Sometimes Payable	$1,948.10			
24164	N	REMOVE RADIUS HEAD IMPLANT	00050	35.08		Bundled, Sometimes Payable	$1,948.10			
24200	T	REMOVAL OF ARM FOREIGN BODY	00020	11.14		APC	$618.83			
24201	T	REMOVAL OF ARM FOREIGN BODY	00021	18.08		APC	$1,004.25			
24220	N	INJECTION FOR ELBOW X-RAY				Bundled, Sometimes Payable	$0.00			
24300	T	MANIPULATE ELBOW W/ANESTH	00045	15.51		APC	$861.46			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
24301	T	MUSCLE/TENDON TRANSFER	00050	35.08		APC	$1,948.10			
24305	T	ARM TENDON LENGTHENING	00050	35.08		APC	$1,948.10			
24310	T	REVISION OF ARM TENDON	00049	22.39		APC	$1,243.39			
24320	T	REPAIR OF ARM TENDON	00050	35.08		APC	$1,948.10			
24330	T	REVISION OF ARM MUSCLES	00052	85.24		APC	$4,733.59			
24331	T	REVISION OF ARM MUSCLES	00051	50.73		APC	$2,817.19			
24332	T	TENOLYSIS TRICEPS	00050	35.08		APC	$1,948.10			
24340	T	REPAIR OF BICEPS TENDON	00051	50.73		APC	$2,817.19			
24341	T	REPAIR ARM TENDON/MUSCLE	00051	50.73		APC	$2,817.19			
24342	T	REPAIR OF RUPTURED TENDON	00051	50.73		APC	$2,817.19			
24343	T	REPR ELBOW LAT LIGMNT W/TISS	00050	35.08		APC	$1,948.10			
24344	T	RECONSTRUCT ELBOW LAT LIGMNT	00051	50.73		APC	$2,817.19			
24345	T	REPR ELBW MED LIGMNT W/TISSU	00050	35.08		APC	$1,948.10			
24346	T	RECONSTRUCT ELBOW MED LIGMNT	00051	50.73		APC	$2,817.19			
24357	T	REPAIR ELBOW PERC	00050	35.08		APC	$1,948.10			
24358	T	REPAIR ELBOW W/DEB OPEN	00050	35.08		APC	$1,948.10			
24359	T	REPAIR ELBOW DEB/ATTCH OPEN	00050	35.08		APC	$1,948.10			
24360	T	RECONSTRUCT ELBOW JOINT	00047	45.36		APC	$2,518.70			
24361	N	RECONSTRUCT ELBOW JOINT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
24362	T	RECONSTRUCT ELBOW JOINT	00047	45.36		APC	$2,518.70			
24363	N	REPLACE ELBOW JOINT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
24365	N	RECONSTRUCT HEAD OF RADIUS	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
24366	N	RECONSTRUCT HEAD OF RADIUS	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
24370	N	REVISE RECONST ELBOW JOINT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
24371	N	REVISE RECONST ELBOW JOINT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
24400	T	REVISION OF HUMERUS	00051	50.73		APC	$2,817.19			
24410	T	REVISION OF HUMERUS	00051	50.73		APC	$2,817.19			
24420	T	REVISION OF HUMERUS	00051	50.73		APC	$2,817.19			
24430	T	REPAIR OF HUMERUS	00052	85.24		APC	$4,733.59			
24435	N	REPAIR HUMERUS WITH GRAFT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
24470	T	REVISION OF ELBOW JOINT	00051	50.73		APC	$2,817.19			
24495	T	DECOMPRESSION OF FOREARM	00050	35.08		APC	$1,948.10			
24498	N	REINFORCE HUMERUS	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
24500	T	TREAT HUMERUS FRACTURE	00138	2.883		APC	$160.08			
24505	T	TREAT HUMERUS FRACTURE	00138	2.883		APC	$160.08			
24515	T	TREAT HUMERUS FRACTURE	00064	75.09		APC	$4,169.61			
24516	T	TREAT HUMERUS FRACTURE	00064	75.09		APC	$4,169.61			
24530	T	TREAT HUMERUS FRACTURE	00138	2.883		APC	$160.08			
24535	T	TREAT HUMERUS FRACTURE	00138	2.883		APC	$160.08			
24538	T	TREAT HUMERUS FRACTURE	00062	27.54		APC	$1,529.24			
24545	T	TREAT HUMERUS FRACTURE	00064	75.09		APC	$4,169.61			
24546	T	TREAT HUMERUS FRACTURE	00064	75.09		APC	$4,169.61			
24560	T	TREAT HUMERUS FRACTURE	00129	2.28		APC	$126.59			
24565	T	TREAT HUMERUS FRACTURE	00138	2.883		APC	$160.08			
24566	T	TREAT HUMERUS FRACTURE	00062	27.54		APC	$1,529.24			
24575	T	TREAT HUMERUS FRACTURE	00064	75.09		APC	$4,169.61			
24576	T	TREAT HUMERUS FRACTURE	00138	2.883		APC	$160.08			
24577	T	TREAT HUMERUS FRACTURE	00138	2.883		APC	$160.08			
24579	T	TREAT HUMERUS FRACTURE	00064	75.09		APC	$4,169.61			
24582	T	TREAT HUMERUS FRACTURE	00062	27.54		APC	$1,529.24			
24586	T	TREAT ELBOW FRACTURE	00064	75.09		APC	$4,169.61			
24587	T	TREAT ELBOW FRACTURE	00064	75.09		APC	$4,169.61			
24600	T	TREAT ELBOW DISLOCATION	00138	2.883		APC	$160.08			
24605	T	TREAT ELBOW DISLOCATION	00045	15.51		APC	$861.46			
24615	T	TREAT ELBOW DISLOCATION	00064	75.09		APC	$4,169.61			
24620	T	TREAT ELBOW FRACTURE	00431	17.69		APC	$982.37			
24635	T	TREAT ELBOW FRACTURE	00064	75.09		APC	$4,169.61			
24640	T	TREAT ELBOW DISLOCATION	00138	2.883		APC	$160.08			
24650	T	TREAT RADIUS FRACTURE	00138	2.883		APC	$160.08			
24655	T	TREAT RADIUS FRACTURE	00138	2.883		APC	$160.08			
24665	T	TREAT RADIUS FRACTURE	00063	57.01		APC	$3,165.62			
24666	T	TREAT RADIUS FRACTURE	00064	75.09		APC	$4,169.61			
24670	T	TREAT ULNAR FRACTURE	00129	2.28		APC	$126.59			
24675	T	TREAT ULNAR FRACTURE	00138	2.883		APC	$160.08			

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24685	T	TREAT ULNAR FRACTURE	00063	57.01		APC	$3,165.62			
24800	T	FUSION OF ELBOW JOINT	00051	50.73		APC	$2,817.19			
24802	T	FUSION/GRAFT OF ELBOW JOINT	00052	85.24		APC	$4,733.59			
24900	C	AMPUTATION OF UPPER ARM				Inpatient Only	$0.00			
24920	C	AMPUTATION OF UPPER ARM				Inpatient Only	$0.00			
24925	T	AMPUTATION FOLLOW-UP SURGERY	00049	22.39		APC	$1,243.39			
24930	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only	$0.00			
24931	C	AMPUTATE UPPER ARM & IMPLANT				Inpatient Only	$0.00			
24935	T	REVISION OF AMPUTATION	00052	85.24		APC	$4,733.59			
24940	C	REVISION OF UPPER ARM				Inpatient Only	$0.00			
24999	T	UPPER ARM/ELBOW SURGERY	00129	2.28		APC	$126.59			
25000	T	INCISION OF TENDON SHEATH	00049	22.39		APC	$1,243.39			
25001	T	INCISE FLEXOR CARPI RADIALIS	00049	22.39		APC	$1,243.39			
25020	T	DECOMPRESS FOREARM 1 SPACE	00050	35.08		APC	$1,948.10			
25023	T	DECOMPRESS FOREARM 1 SPACE	00050	35.08		APC	$1,948.10			
25024	T	DECOMPRESS FOREARM 2 SPACES	00050	35.08		APC	$1,948.10			
25025	T	DECOMPRESS FOREARM 2 SPACES	00050	35.08		APC	$1,948.10			
25028	T	DRAINAGE OF FOREARM LESION	00049	22.39		APC	$1,243.39			
25031	T	DRAINAGE OF FOREARM BURSA	00049	22.39		APC	$1,243.39			
25035	T	TREAT FOREARM BONE LESION	00049	22.39		APC	$1,243.39			
25040	T	EXPLORE/TREAT WRIST JOINT	00050	35.08		APC	$1,948.10			
25065	T	BIOPSY FOREARM SOFT TISSUES	00020	11.14		APC	$618.83			
25066	T	BIOPSY FOREARM SOFT TISSUES	00022	24.6		APC	$1,365.78			
25071	T	EXC FOREARM LES SC 3 CM/>	00022	24.6		APC	$1,365.78			
25073	T	EXC FOREARM TUM DEEP 3 CM/>	00022	24.6		APC	$1,365.78			
25075	T	EXC FOREARM LES SC < 3 CM	00021	18.08		APC	$1,004.25			
25076	T	EXC FOREARM TUM DEEP < 3 CM	00021	18.08		APC	$1,004.25			
25077	T	RESECT FOREARM/WRIST TUM<3CM	00021	18.08		APC	$1,004.25			
25078	T	RESECT FORARM/WRIST TUM 3CM>	00022	24.6		APC	$1,365.78			
25085	T	INCISION OF WRIST CAPSULE	00049	22.39		APC	$1,243.39			
25100	T	BIOPSY OF WRIST JOINT	00049	22.39		APC	$1,243.39			
25101	T	EXPLORE/TREAT WRIST JOINT	00050	35.08		APC	$1,948.10			
25105	T	REMOVE WRIST JOINT LINING	00050	35.08		APC	$1,948.10			
25107	T	REMOVE WRIST JOINT CARTILAGE	00050	35.08		APC	$1,948.10			
25109	T	EXCISE TENDON FOREARM/WRIST	00049	22.39		APC	$1,243.39			
25110	T	REMOVE WRIST TENDON LESION	00049	22.39		APC	$1,243.39			
25111	T	REMOVE WRIST TENDON LESION	00049	22.39		APC	$1,243.39			
25112	T	REREMOVE WRIST TENDON LESION	00049	22.39		APC	$1,243.39			
25115	T	REMOVE WRIST/FOREARM LESION	00049	22.39		APC	$1,243.39			
25116	T	REMOVE WRIST/FOREARM LESION	00049	22.39		APC	$1,243.39			
25118	T	EXCISE WRIST TENDON SHEATH	00050	35.08		APC	$1,948.10			
25119	T	PARTIAL REMOVAL OF ULNA	00050	35.08		APC	$1,948.10			
25120	T	REMOVAL OF FOREARM LESION	00050	35.08		APC	$1,948.10			
25125	T	REMOVE/GRAFT FOREARM LESION	00050	35.08		APC	$1,948.10			
25126	T	REMOVE/GRAFT FOREARM LESION	00050	35.08		APC	$1,948.10			
25130	T	REMOVAL OF WRIST LESION	00050	35.08		APC	$1,948.10			
25135	T	REMOVE & GRAFT WRIST LESION	00050	35.08		APC	$1,948.10			
25136	T	REMOVE & GRAFT WRIST LESION	00050	35.08		APC	$1,948.10			
25145	T	REMOVE FOREARM BONE LESION	00050	35.08		APC	$1,948.10			
25150	T	PARTIAL REMOVAL OF ULNA	00050	35.08		APC	$1,948.10			
25151	T	PARTIAL REMOVAL OF RADIUS	00050	35.08		APC	$1,948.10			
25170	T	RESECT RADIUS/ULNAR TUMOR	00050	35.08		APC	$1,948.10			
25210	T	REMOVAL OF WRIST BONE	00050	35.08		APC	$1,948.10			
25215	T	REMOVAL OF WRIST BONES	00050	35.08		APC	$1,948.10			
25230	T	PARTIAL REMOVAL OF RADIUS	00050	35.08		APC	$1,948.10			
25240	T	PARTIAL REMOVAL OF ULNA	00050	35.08		APC	$1,948.10			
25246	N	INJECTION FOR WRIST X-RAY				Bundled, Sometimes Payable	$0.00			
25248	T	REMOVE FOREARM FOREIGN BODY	00049	22.39		APC	$1,243.39			
25250	N	REMOVAL OF WRIST PROSTHESIS	00050	35.08		Bundled, Sometimes Payable	$1,948.10			
25251	N	REMOVAL OF WRIST PROSTHESIS	00050	35.08		Bundled, Sometimes Payable	$1,948.10			
25259	T	MANIPULATE WRIST W/ANESTHES	00431	17.69		APC	$982.37			
25260	T	REPAIR FOREARM TENDON/MUSCLE	00050	35.08		APC	$1,948.10			
25263	T	REPAIR FOREARM TENDON/MUSCLE	00050	35.08		APC	$1,948.10			
25265	T	REPAIR FOREARM TENDON/MUSCLE	00050	35.08		APC	$1,948.10			

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25270	T	REPAIR FOREARM TENDON/MUSCLE	00050	35.08		APC	$1,948.10			
25272	T	REPAIR FOREARM TENDON/MUSCLE	00050	35.08		APC	$1,948.10			
25274	T	REPAIR FOREARM TENDON/MUSCLE	00050	35.08		APC	$1,948.10			
25275	T	REPAIR FOREARM TENDON SHEATH	00050	35.08		APC	$1,948.10			
25280	T	REVISE WRIST/FOREARM TENDON	00050	35.08		APC	$1,948.10			
25290	T	INCISE WRIST/FOREARM TENDON	00050	35.08		APC	$1,948.10			
25295	T	RELEASE WRIST/FOREARM TENDON	00049	22.39		APC	$1,243.39			
25300	T	FUSION OF TENDONS AT WRIST	00050	35.08		APC	$1,948.10			
25301	T	FUSION OF TENDONS AT WRIST	00050	35.08		APC	$1,948.10			
25310	T	TRANSPLANT FOREARM TENDON	00050	35.08		APC	$1,948.10			
25312	T	TRANSPLANT FOREARM TENDON	00051	50.73		APC	$2,817.19			
25315	T	REVISE PALSY HAND TENDON(S)	00050	35.08		APC	$1,948.10			
25316	T	REVISE PALSY HAND TENDON(S)	00052	85.24		APC	$4,733.59			
25320	T	REPAIR/REVISE WRIST JOINT	00051	50.73		APC	$2,817.19			
25332	T	REVISE WRIST JOINT	00047	45.36		APC	$2,518.70			
25335	T	REALIGNMENT OF HAND	00051	50.73		APC	$2,817.19			
25337	T	RECONSTRUCT ULNA/RADIOULNAR	00051	50.73		APC	$2,817.19			
25350	T	REVISION OF RADIUS	00051	50.73		APC	$2,817.19			
25355	T	REVISION OF RADIUS	00051	50.73		APC	$2,817.19			
25360	T	REVISION OF ULNA	00051	50.73		APC	$2,817.19			
25365	T	REVISE RADIUS & ULNA	00051	50.73		APC	$2,817.19			
25370	T	REVISE RADIUS OR ULNA	00051	50.73		APC	$2,817.19			
25375	T	REVISE RADIUS & ULNA	00051	50.73		APC	$2,817.19			
25390	T	SHORTEN RADIUS OR ULNA	00051	50.73		APC	$2,817.19			
25391	T	LENGTHEN RADIUS OR ULNA	00051	50.73		APC	$2,817.19			
25392	T	SHORTEN RADIUS & ULNA	00050	35.08		APC	$1,948.10			
25393	T	LENGTHEN RADIUS & ULNA	00051	50.73		APC	$2,817.19			
25394	T	REPAIR CARPAL BONE SHORTEN	00051	50.73		APC	$2,817.19			
25400	T	REPAIR RADIUS OR ULNA	00052	85.24		APC	$4,733.59			
25405	T	REPAIR/GRAFT RADIUS OR ULNA	00052	85.24		APC	$4,733.59			
25415	T	REPAIR RADIUS & ULNA	00052	85.24		APC	$4,733.59			
25420	T	REPAIR/GRAFT RADIUS & ULNA	00052	85.24		APC	$4,733.59			
25425	T	REPAIR/GRAFT RADIUS OR ULNA	00051	50.73		APC	$2,817.19			
25426	T	REPAIR/GRAFT RADIUS & ULNA	00051	50.73		APC	$2,817.19			
25430	T	VASC GRAFT INTO CARPAL BONE	00051	50.73		APC	$2,817.19			
25431	T	REPAIR NONUNION CARPAL BONE	00051	50.73		APC	$2,817.19			
25440	T	REPAIR/GRAFT WRIST BONE	00051	50.73		APC	$2,817.19			
25441	N	RECONSTRUCT WRIST JOINT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
25442	N	RECONSTRUCT WRIST JOINT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
25443	T	RECONSTRUCT WRIST JOINT	00047	45.36		APC	$2,518.70			
25444	N	RECONSTRUCT WRIST JOINT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
25445	T	RECONSTRUCT WRIST JOINT	00047	45.36		APC	$2,518.70			
25446	N	WRIST REPLACEMENT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
25447	T	REPAIR WRIST JOINTS	00047	45.36		APC	$2,518.70			
25449	T	REMOVE WRIST JOINT IMPLANT	00047	45.36		APC	$2,518.70			
25450	T	REVISION OF WRIST JOINT	00051	50.73		APC	$2,817.19			
25455	T	REVISION OF WRIST JOINT	00051	50.73		APC	$2,817.19			
25490	T	REINFORCE RADIUS	00051	50.73		APC	$2,817.19			
25491	T	REINFORCE ULNA	00051	50.73		APC	$2,817.19			
25492	T	REINFORCE RADIUS AND ULNA	00051	50.73		APC	$2,817.19			
25500	T	TREAT FRACTURE OF RADIUS	00129	2.28		APC	$126.59			
25505	T	TREAT FRACTURE OF RADIUS	00139	9.616		APC	$533.98			
25515	T	TREAT FRACTURE OF RADIUS	00063	57.01		APC	$3,165.62			
25520	T	TREAT FRACTURE OF RADIUS	00138	2.883		APC	$160.08			
25525	T	TREAT FRACTURE OF RADIUS	00063	57.01		APC	$3,165.62			
25526	T	TREAT FRACTURE OF RADIUS	00063	57.01		APC	$3,165.62			
25530	T	TREAT FRACTURE OF ULNA	00129	2.28		APC	$126.59			
25535	T	TREAT FRACTURE OF ULNA	00138	2.883		APC	$160.08			
25545	T	TREAT FRACTURE OF ULNA	00063	57.01		APC	$3,165.62			
25560	T	TREAT FRACTURE RADIUS & ULNA	00129	2.28		APC	$126.59			
25565	T	TREAT FRACTURE RADIUS & ULNA	00138	2.883		APC	$160.08			
25574	T	TREAT FRACTURE RADIUS & ULNA	00064	75.09		APC	$4,169.61			
25575	T	TREAT FRACTURE RADIUS/ULNA	00064	75.09		APC	$4,169.61			
25600	T	TREAT FRACTURE RADIUS/ULNA	00138	2.883		APC	$160.08			

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25605	T	TREAT FRACTURE RADIUS/ULNA	00139	9.616		APC	$533.98			
25606	T	TREAT FX DISTAL RADIAL	00062	27.54		APC	$1,529.24			
25607	T	TREAT FX RAD EXTRA-ARTICUL	00064	75.09		APC	$4,169.61			
25608	T	TREAT FX RAD INTRA-ARTICUL	00064	75.09		APC	$4,169.61			
25609	T	TREAT FX RADIAL 3+ FRAG	00064	75.09		APC	$4,169.61			
25622	T	TREAT WRIST BONE FRACTURE	00138	2.883		APC	$160.08			
25624	T	TREAT WRIST BONE FRACTURE	00139	9.616		APC	$533.98			
25628	T	TREAT WRIST BONE FRACTURE	00063	57.01		APC	$3,165.62			
25630	T	TREAT WRIST BONE FRACTURE	00138	2.883		APC	$160.08			
25635	T	TREAT WRIST BONE FRACTURE	00138	2.883		APC	$160.08			
25645	T	TREAT WRIST BONE FRACTURE	00063	57.01		APC	$3,165.62			
25650	T	TREAT WRIST BONE FRACTURE	00138	2.883		APC	$160.08			
25651	T	PIN ULNAR STYLOID FRACTURE	00062	27.54		APC	$1,529.24			
25652	T	TREAT FRACTURE ULNAR STYLOID	00063	57.01		APC	$3,165.62			
25660	T	TREAT WRIST DISLOCATION	00138	2.883		APC	$160.08			
25670	T	TREAT WRIST DISLOCATION	00062	27.54		APC	$1,529.24			
25671	T	PIN RADIOULNAR DISLOCATION	00062	27.54		APC	$1,529.24			
25675	T	TREAT WRIST DISLOCATION	00138	2.883		APC	$160.08			
25676	T	TREAT WRIST DISLOCATION	00062	27.54		APC	$1,529.24			
25680	T	TREAT WRIST FRACTURE	00129	2.28		APC	$126.59			
25685	T	TREAT WRIST FRACTURE	00062	27.54		APC	$1,529.24			
25690	T	TREAT WRIST DISLOCATION	00431	17.69		APC	$982.37			
25695	T	TREAT WRIST DISLOCATION	00062	27.54		APC	$1,529.24			
25800	T	FUSION OF WRIST JOINT	00052	85.24		APC	$4,733.59			
25805	T	FUSION/GRAFT OF WRIST JOINT	00052	85.24		APC	$4,733.59			
25810	T	FUSION/GRAFT OF WRIST JOINT	00052	85.24		APC	$4,733.59			
25820	T	FUSION OF HAND BONES	00051	50.73		APC	$2,817.19			
25825	T	FUSE HAND BONES WITH GRAFT	00052	85.24		APC	$4,733.59			
25830	T	FUSION RADIOULNAR JNT/ULNA	00051	50.73		APC	$2,817.19			
25900	C	AMPUTATION OF FOREARM				Inpatient Only	$0.00			
25905	C	AMPUTATION OF FOREARM				Inpatient Only	$0.00			
25907	T	AMPUTATION FOLLOW-UP SURGERY	00049	22.39		APC	$1,243.39			
25909	T	AMPUTATION FOLLOW-UP SURGERY	00049	22.39		APC	$1,243.39			
25915	C	AMPUTATION OF FOREARM				Inpatient Only	$0.00			
25920	C	AMPUTATE HAND AT WRIST				Inpatient Only	$0.00			
25922	T	AMPUTATE HAND AT WRIST	00049	22.39		APC	$1,243.39			
25924	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only	$0.00			
25927	C	AMPUTATION OF HAND				Inpatient Only	$0.00			
25929	T	AMPUTATION FOLLOW-UP SURGERY	00328	18.97		APC	$1,053.67			
25931	T	AMPUTATION FOLLOW-UP SURGERY	00049	22.39		APC	$1,243.39			
25999	T	FOREARM OR WRIST SURGERY	00129	2.28		APC	$126.59			
26010	T	DRAINAGE OF FINGER ABSCESS	00006	2.184		APC	$121.26			
26011	T	DRAINAGE OF FINGER ABSCESS	00007	11.67		APC	$648.31			
26020	T	DRAIN HAND TENDON SHEATH	00053	16.56		APC	$919.59			
26025	T	DRAINAGE OF PALM BURSA	00053	16.56		APC	$919.59			
26030	T	DRAINAGE OF PALM BURSAS	00053	16.56		APC	$919.59			
26034	T	TREAT HAND BONE LESION	00053	16.56		APC	$919.59			
26035	T	DECOMPRESS FINGERS/HAND	00053	16.56		APC	$919.59			
26037	T	DECOMPRESS FINGERS/HAND	00053	16.56		APC	$919.59			
26040	T	RELEASE PALM CONTRACTURE	00053	16.56		APC	$919.59			
26045	T	RELEASE PALM CONTRACTURE	00054	29.8		APC	$1,654.61			
26055	T	INCISE FINGER TENDON SHEATH	00053	16.56		APC	$919.59			
26060	T	INCISION OF FINGER TENDON	00053	16.56		APC	$919.59			
26070	T	EXPLORE/TREAT HAND JOINT	00053	16.56		APC	$919.59			
26075	T	EXPLORE/TREAT FINGER JOINT	00053	16.56		APC	$919.59			
26080	T	EXPLORE/TREAT FINGER JOINT	00053	16.56		APC	$919.59			
26100	T	BIOPSY HAND JOINT LINING	00053	16.56		APC	$919.59			
26105	T	BIOPSY FINGER JOINT LINING	00053	16.56		APC	$919.59			
26110	T	BIOPSY FINGER JOINT LINING	00053	16.56		APC	$919.59			
26111	T	EXC HAND LES SC 1.5 CM/>	00022	24.6		APC	$1,365.78			
26113	T	EXC HAND TUM DEEP 1.5 CM/>	00022	24.6		APC	$1,365.78			
26115	T	EXC HAND LES SC < 1.5 CM	00021	18.08		APC	$1,004.25			
26116	T	EXC HAND TUM DEEP < 1.5 CM	00021	18.08		APC	$1,004.25			
26117	T	RAD RESECT HAND TUMOR < 3 CM	00021	18.08		APC	$1,004.25			

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26118	T	RAD RESECT HAND TUMOR 3 CM/>	00022	24.6		APC	$1,365.78			
26121	T	RELEASE PALM CONTRACTURE	00054	29.8		APC	$1,654.61			
26123	T	RELEASE PALM CONTRACTURE	00054	29.8		APC	$1,654.61			
26125	N	RELEASE PALM CONTRACTURE				Bundled, Sometimes Payable	$0.00			
26130	T	REMOVE WRIST JOINT LINING	00053	16.56		APC	$919.59			
26135	T	REVISE FINGER JOINT EACH	00054	29.8		APC	$1,654.61			
26140	T	REVISE FINGER JOINT EACH	00053	16.56		APC	$919.59			
26145	T	TENDON EXCISION PALM/FINGER	00053	16.56		APC	$919.59			
26160	T	REMOVE TENDON SHEATH LESION	00053	16.56		APC	$919.59			
26170	T	REMOVAL OF PALM TENDON EACH	00053	16.56		APC	$919.59			
26180	T	REMOVAL OF FINGER TENDON	00053	16.56		APC	$919.59			
26185	T	REMOVE FINGER BONE	00053	16.56		APC	$919.59			
26200	T	REMOVE HAND BONE LESION	00053	16.56		APC	$919.59			
26205	T	REMOVE/GRAFT BONE LESION	00054	29.8		APC	$1,654.61			
26210	T	REMOVAL OF FINGER LESION	00053	16.56		APC	$919.59			
26215	T	REMOVE/GRAFT FINGER LESION	00053	16.56		APC	$919.59			
26230	T	PARTIAL REMOVAL OF HAND BONE	00053	16.56		APC	$919.59			
26235	T	PARTIAL REMOVAL FINGER BONE	00053	16.56		APC	$919.59			
26236	T	PARTIAL REMOVAL FINGER BONE	00053	16.56		APC	$919.59			
26250	T	EXTENSIVE HAND SURGERY	00053	16.56		APC	$919.59			
26260	T	RESECT PROX FINGER TUMOR	00053	16.56		APC	$919.59			
26262	T	RESECT DISTAL FINGER TUMOR	00053	16.56		APC	$919.59			
26320	N	REMOVAL OF IMPLANT FROM HAND	00021	18.08		Bundled, Sometimes Payable	$1,004.25			
26340	T	MANIPULATE FINGER W/ANESTH	00138	2.883		APC	$160.08			
26341	T	MANIPULAT PALM CORD POST INJ	00138	2.883		APC	$160.08			
26350	T	REPAIR FINGER/HAND TENDON	00054	29.8		APC	$1,654.61			
26352	T	REPAIR/GRAFT HAND TENDON	00054	29.8		APC	$1,654.61			
26356	T	REPAIR FINGER/HAND TENDON	00054	29.8		APC	$1,654.61			
26357	T	REPAIR FINGER/HAND TENDON	00054	29.8		APC	$1,654.61			
26358	T	REPAIR/GRAFT HAND TENDON	00054	29.8		APC	$1,654.61			
26370	T	REPAIR FINGER/HAND TENDON	00054	29.8		APC	$1,654.61			
26372	T	REPAIR/GRAFT HAND TENDON	00054	29.8		APC	$1,654.61			
26373	T	REPAIR FINGER/HAND TENDON	00054	29.8		APC	$1,654.61			
26390	T	REVISE HAND/FINGER TENDON	00054	29.8		APC	$1,654.61			
26392	T	REPAIR/GRAFT HAND TENDON	00054	29.8		APC	$1,654.61			
26410	T	REPAIR HAND TENDON	00053	16.56		APC	$919.59			
26412	T	REPAIR/GRAFT HAND TENDON	00054	29.8		APC	$1,654.61			
26415	T	EXCISION HAND/FINGER TENDON	00054	29.8		APC	$1,654.61			
26416	T	GRAFT HAND OR FINGER TENDON	00054	29.8		APC	$1,654.61			
26418	T	REPAIR FINGER TENDON	00053	16.56		APC	$919.59			
26420	T	REPAIR/GRAFT FINGER TENDON	00054	29.8		APC	$1,654.61			
26426	T	REPAIR FINGER/HAND TENDON	00054	29.8		APC	$1,654.61			
26428	T	REPAIR/GRAFT FINGER TENDON	00054	29.8		APC	$1,654.61			
26432	T	REPAIR FINGER TENDON	00053	16.56		APC	$919.59			
26433	T	REPAIR FINGER TENDON	00053	16.56		APC	$919.59			
26434	T	REPAIR/GRAFT FINGER TENDON	00054	29.8		APC	$1,654.61			
26437	T	REALIGNMENT OF TENDONS	00053	16.56		APC	$919.59			
26440	T	RELEASE PALM/FINGER TENDON	00053	16.56		APC	$919.59			
26442	T	RELEASE PALM & FINGER TENDON	00054	29.8		APC	$1,654.61			
26445	T	RELEASE HAND/FINGER TENDON	00053	16.56		APC	$919.59			
26449	T	RELEASE FOREARM/HAND TENDON	00054	29.8		APC	$1,654.61			
26450	T	INCISION OF PALM TENDON	00053	16.56		APC	$919.59			
26455	T	INCISION OF FINGER TENDON	00053	16.56		APC	$919.59			
26460	T	INCISE HAND/FINGER TENDON	00053	16.56		APC	$919.59			
26471	T	FUSION OF FINGER TENDONS	00053	16.56		APC	$919.59			
26474	T	FUSION OF FINGER TENDONS	00053	16.56		APC	$919.59			
26476	T	TENDON LENGTHENING	00053	16.56		APC	$919.59			
26477	T	TENDON SHORTENING	00053	16.56		APC	$919.59			
26478	T	LENGTHENING OF HAND TENDON	00053	16.56		APC	$919.59			
26479	T	SHORTENING OF HAND TENDON	00053	16.56		APC	$919.59			
26480	T	TRANSPLANT HAND TENDON	00054	29.8		APC	$1,654.61			
26483	T	TRANSPLANT/GRAFT HAND TENDON	00054	29.8		APC	$1,654.61			
26485	T	TRANSPLANT PALM TENDON	00054	29.8		APC	$1,654.61			
26489	T	TRANSPLANT/GRAFT PALM TENDON	00054	29.8		APC	$1,654.61			

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26490	T	REVISE THUMB TENDON	00054	29.8		APC	$1,654.61			
26492	T	TENDON TRANSFER WITH GRAFT	00054	29.8		APC	$1,654.61			
26494	T	HAND TENDON/MUSCLE TRANSFER	00054	29.8		APC	$1,654.61			
26496	T	REVISE THUMB TENDON	00054	29.8		APC	$1,654.61			
26497	T	FINGER TENDON TRANSFER	00054	29.8		APC	$1,654.61			
26498	T	FINGER TENDON TRANSFER	00054	29.8		APC	$1,654.61			
26499	T	REVISION OF FINGER	00054	29.8		APC	$1,654.61			
26500	T	HAND TENDON RECONSTRUCTION	00053	16.56		APC	$919.59			
26502	T	HAND TENDON RECONSTRUCTION	00054	29.8		APC	$1,654.61			
26508	T	RELEASE THUMB CONTRACTURE	00053	16.56		APC	$919.59			
26510	T	THUMB TENDON TRANSFER	00054	29.8		APC	$1,654.61			
26516	T	FUSION OF KNUCKLE JOINT	00054	29.8		APC	$1,654.61			
26517	T	FUSION OF KNUCKLE JOINTS	00054	29.8		APC	$1,654.61			
26518	T	FUSION OF KNUCKLE JOINTS	00054	29.8		APC	$1,654.61			
26520	T	RELEASE KNUCKLE CONTRACTURE	00053	16.56		APC	$919.59			
26525	T	RELEASE FINGER CONTRACTURE	00053	16.56		APC	$919.59			
26530	T	REVISE KNUCKLE JOINT	00047	45.36		APC	$2,518.70			
26531	T	REVISE KNUCKLE WITH IMPLANT	00047	45.36		APC	$2,518.70			
26535	T	REVISE FINGER JOINT	00047	45.36		APC	$2,518.70			
26536	T	REVISE/IMPLANT FINGER JOINT	00047	45.36		APC	$2,518.70			
26540	T	REPAIR HAND JOINT	00053	16.56		APC	$919.59			
26541	T	REPAIR HAND JOINT WITH GRAFT	00054	29.8		APC	$1,654.61			
26542	T	REPAIR HAND JOINT WITH GRAFT	00053	16.56		APC	$919.59			
26545	T	RECONSTRUCT FINGER JOINT	00054	29.8		APC	$1,654.61			
26546	T	REPAIR NONUNION HAND	00054	29.8		APC	$1,654.61			
26548	T	RECONSTRUCT FINGER JOINT	00054	29.8		APC	$1,654.61			
26550	T	CONSTRUCT THUMB REPLACEMENT	00054	29.8		APC	$1,654.61			
26551	C	GREAT TOE-HAND TRANSFER				Inpatient Only	$0.00			
26553	C	SINGLE TRANSFER TOE-HAND				Inpatient Only	$0.00			
26554	C	DOUBLE TRANSFER TOE-HAND				Inpatient Only	$0.00			
26555	T	POSITIONAL CHANGE OF FINGER	00054	29.8		APC	$1,654.61			
26556	C	TOE JOINT TRANSFER				Inpatient Only	$0.00			
26560	T	REPAIR OF WEB FINGER	00053	16.56		APC	$919.59			
26561	T	REPAIR OF WEB FINGER	00054	29.8		APC	$1,654.61			
26562	T	REPAIR OF WEB FINGER	00054	29.8		APC	$1,654.61			
26565	T	CORRECT METACARPAL FLAW	00054	29.8		APC	$1,654.61			
26567	T	CORRECT FINGER DEFORMITY	00054	29.8		APC	$1,654.61			
26568	T	LENGTHEN METACARPAL/FINGER	00054	29.8		APC	$1,654.61			
26580	T	REPAIR HAND DEFORMITY	00053	16.56		APC	$919.59			
26587	T	RECONSTRUCT EXTRA FINGER	00053	16.56		APC	$919.59			
26590	T	REPAIR FINGER DEFORMITY	00053	16.56		APC	$919.59			
26591	T	REPAIR MUSCLES OF HAND	00054	29.8		APC	$1,654.61			
26593	T	RELEASE MUSCLES OF HAND	00053	16.56		APC	$919.59			
26596	T	EXCISION CONSTRICTING TISSUE	00053	16.56		APC	$919.59			
26600	T	TREAT METACARPAL FRACTURE	00138	2.883		APC	$160.08			
26605	T	TREAT METACARPAL FRACTURE	00138	2.883		APC	$160.08			
26607	T	TREAT METACARPAL FRACTURE	00431	17.69		APC	$982.37			
26608	T	TREAT METACARPAL FRACTURE	00062	27.54		APC	$1,529.24			
26615	T	TREAT METACARPAL FRACTURE	00063	57.01		APC	$3,165.62			
26641	T	TREAT THUMB DISLOCATION	00138	2.883		APC	$160.08			
26645	T	TREAT THUMB FRACTURE	00138	2.883		APC	$160.08			
26650	T	TREAT THUMB FRACTURE	00062	27.54		APC	$1,529.24			
26665	T	TREAT THUMB FRACTURE	00063	57.01		APC	$3,165.62			
26670	T	TREAT HAND DISLOCATION	00129	2.28		APC	$126.59			
26675	T	TREAT HAND DISLOCATION	00138	2.883		APC	$160.08			
26676	T	PIN HAND DISLOCATION	00062	27.54		APC	$1,529.24			
26685	T	TREAT HAND DISLOCATION	00062	27.54		APC	$1,529.24			
26686	T	TREAT HAND DISLOCATION	00064	75.09		APC	$4,169.61			
26700	T	TREAT KNUCKLE DISLOCATION	00138	2.883		APC	$160.08			
26705	T	TREAT KNUCKLE DISLOCATION	00138	2.883		APC	$160.08			
26706	T	PIN KNUCKLE DISLOCATION	00431	17.69		APC	$982.37			
26715	T	TREAT KNUCKLE DISLOCATION	00062	27.54		APC	$1,529.24			
26720	T	TREAT FINGER FRACTURE EACH	00129	2.28		APC	$126.59			
26725	T	TREAT FINGER FRACTURE EACH	00138	2.883		APC	$160.08			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
26727	T	TREAT FINGER FRACTURE EACH	00062	27.54		APC	$1,529.24			
26735	T	TREAT FINGER FRACTURE EACH	00062	27.54		APC	$1,529.24			
26740	T	TREAT FINGER FRACTURE EACH	00138	2.883		APC	$160.08			
26742	T	TREAT FINGER FRACTURE EACH	00138	2.883		APC	$160.08			
26746	T	TREAT FINGER FRACTURE EACH	00062	27.54		APC	$1,529.24			
26750	T	TREAT FINGER FRACTURE EACH	00129	2.28		APC	$126.59			
26755	T	TREAT FINGER FRACTURE EACH	00138	2.883		APC	$160.08			
26756	T	PIN FINGER FRACTURE EACH	00062	27.54		APC	$1,529.24			
26765	T	TREAT FINGER FRACTURE EACH	00062	27.54		APC	$1,529.24			
26770	T	TREAT FINGER DISLOCATION	00129	2.28		APC	$126.59			
26775	S	TREAT FINGER DISLOCATION	00058	3.01		APC	$167.17			
26776	T	PIN FINGER DISLOCATION	00062	27.54		APC	$1,529.24			
26785	T	TREAT FINGER DISLOCATION	00062	27.54		APC	$1,529.24			
26820	T	THUMB FUSION WITH GRAFT	00054	29.8		APC	$1,654.61			
26841	T	FUSION OF THUMB	00054	29.8		APC	$1,654.61			
26842	T	THUMB FUSION WITH GRAFT	00054	29.8		APC	$1,654.61			
26843	T	FUSION OF HAND JOINT	00054	29.8		APC	$1,654.61			
26844	T	FUSION/GRAFT OF HAND JOINT	00054	29.8		APC	$1,654.61			
26850	T	FUSION OF KNUCKLE	00054	29.8		APC	$1,654.61			
26852	T	FUSION OF KNUCKLE WITH GRAFT	00054	29.8		APC	$1,654.61			
26860	T	FUSION OF FINGER JOINT	00054	29.8		APC	$1,654.61			
26861	N	FUSION OF FINGER JNT ADD-ON				Bundled, Sometimes Payable	$0.00			
26862	T	FUSION/GRAFT OF FINGER JOINT	00054	29.8		APC	$1,654.61			
26863	N	FUSE/GRAFT ADDED JOINT				Bundled, Sometimes Payable	$0.00			
26910	T	AMPUTATE METACARPAL BONE	00054	29.8		APC	$1,654.61			
26951	T	AMPUTATION OF FINGER/THUMB	00053	16.56		APC	$919.59			
26952	T	AMPUTATION OF FINGER/THUMB	00053	16.56		APC	$919.59			
26989	T	HAND/FINGER SURGERY	00129	2.28		APC	$126.59			
26990	T	DRAINAGE OF PELVIS LESION	00049	22.39		APC	$1,243.39			
26991	T	DRAINAGE OF PELVIS BURSA	00049	22.39		APC	$1,243.39			
26992	C	DRAINAGE OF BONE LESION				Inpatient Only	$0.00			
27000	T	INCISION OF HIP TENDON	00049	22.39		APC	$1,243.39			
27001	T	INCISION OF HIP TENDON	00050	35.08		APC	$1,948.10			
27003	T	INCISION OF HIP TENDON	00050	35.08		APC	$1,948.10			
27005	C	INCISION OF HIP TENDON				Inpatient Only	$0.00			
27006	T	INCISION OF HIP TENDONS	00050	35.08		APC	$1,948.10			
27025	C	INCISION OF HIP/THIGH FASCIA				Inpatient Only	$0.00			
27027	T	BUTTOCK FASCIOTOMY	00050	35.08		APC	$1,948.10			
27030	C	DRAINAGE OF HIP JOINT				Inpatient Only	$0.00			
27033	T	EXPLORATION OF HIP JOINT	00051	50.73		APC	$2,817.19			
27035	T	DENERVATION OF HIP JOINT	00050	35.08		APC	$1,948.10			
27036	C	EXCISION OF HIP JOINT/MUSCLE				Inpatient Only	$0.00			
27040	T	BIOPSY OF SOFT TISSUES	00020	11.14		APC	$618.83			
27041	T	BIOPSY OF SOFT TISSUES	00020	11.14		APC	$618.83			
27043	T	EXC HIP PELVIS LES SC 3 CM/>	00022	24.6		APC	$1,365.78			
27045	T	EXC HIP/PELV TUM DEEP 5 CM/>	00022	24.6		APC	$1,365.78			
27047	T	EXC HIP/PELVIS LES SC < 3 CM	00021	18.08		APC	$1,004.25			
27048	T	EXC HIP/PELV TUM DEEP < 5 CM	00021	18.08		APC	$1,004.25			
27049	T	RESECT HIP/PELV TUM < 5 CM	00021	18.08		APC	$1,004.25			
27050	T	BIOPSY OF SACROILIAC JOINT	00049	22.39		APC	$1,243.39			
27052	T	BIOPSY OF HIP JOINT	00049	22.39		APC	$1,243.39			
27054	C	REMOVAL OF HIP JOINT LINING				Inpatient Only	$0.00			
27057	T	BUTTOCK FASCIOTOMY W/DBRDMT	00049	22.39		APC	$1,243.39			
27059	T	RESECT HIP/PELV TUM 5 CM/>	00022	24.6		APC	$1,365.78			
27060	T	REMOVAL OF ISCHIAL BURSA	00049	22.39		APC	$1,243.39			
27062	T	REMOVE FEMUR LESION/BURSA	00049	22.39		APC	$1,243.39			
27065	T	REMOVE HIP BONE LES SUPER	00049	22.39		APC	$1,243.39			
27066	T	REMOVE HIP BONE LES DEEP	00050	35.08		APC	$1,948.10			
27067	T	REMOVE/GRAFT HIP BONE LESION	00050	35.08		APC	$1,948.10			
27070	C	PART REMOVE HIP BONE SUPER				Inpatient Only	$0.00			
27071	C	PART REMOVAL HIP BONE DEEP				Inpatient Only	$0.00			
27075	C	RESECT HIP TUMOR				Inpatient Only	$0.00			
27076	C	RESECT HIP TUM INCL ACETABUL				Inpatient Only	$0.00			
27077	C	RESECT HIP TUM W/INNOM BONE				Inpatient Only	$0.00			

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27078	C	RSECT HIP TUM INCL FEMUR				Inpatient Only	$0.00			
27080	T	REMOVAL OF TAIL BONE	00050	35.08		APC	$1,948.10			
27086	T	REMOVE HIP FOREIGN BODY	00020	11.14		APC	$618.83			
27087	T	REMOVE HIP FOREIGN BODY	00049	22.39		APC	$1,243.39			
27090	C	REMOVAL OF HIP PROSTHESIS				Inpatient Only	$0.00			
27091	C	REMOVAL OF HIP PROSTHESIS				Inpatient Only	$0.00			
27093	N	INJECTION FOR HIP X-RAY				Bundled, Sometimes Payable	$0.00			
27095	N	INJECTION FOR HIP X-RAY				Bundled, Sometimes Payable	$0.00			
27096	E	INJECT SACROILIAC JOINT				Not Allowed	$0.00			
27097	T	REVISION OF HIP TENDON	00050	35.08		APC	$1,948.10			
27098	T	TRANSFER TENDON TO PELVIS	00050	35.08		APC	$1,948.10			
27100	T	TRANSFER OF ABDOMINAL MUSCLE	00051	50.73		APC	$2,817.19			
27105	T	TRANSFER OF SPINAL MUSCLE	00051	50.73		APC	$2,817.19			
27110	T	TRANSFER OF ILIOPSOAS MUSCLE	00051	50.73		APC	$2,817.19			
27111	T	TRANSFER OF ILIOPSOAS MUSCLE	00051	50.73		APC	$2,817.19			
27120	C	RECONSTRUCTION OF HIP SOCKET				Inpatient Only	$0.00			
27122	C	RECONSTRUCTION OF HIP SOCKET				Inpatient Only	$0.00			
27125	C	PARTIAL HIP REPLACEMENT				Inpatient Only	$0.00			
27130	C	TOTAL HIP ARTHROPLASTY				Inpatient Only	$0.00			
27132	C	TOTAL HIP ARTHROPLASTY				Inpatient Only	$0.00			
27134	C	REVISE HIP JOINT REPLACEMENT				Inpatient Only	$0.00			
27137	C	REVISE HIP JOINT REPLACEMENT				Inpatient Only	$0.00			
27138	C	REVISE HIP JOINT REPLACEMENT				Inpatient Only	$0.00			
27140	C	TRANSPLANT FEMUR RIDGE				Inpatient Only	$0.00			
27146	C	INCISION OF HIP BONE				Inpatient Only	$0.00			
27147	C	REVISION OF HIP BONE				Inpatient Only	$0.00			
27151	C	INCISION OF HIP BONES				Inpatient Only	$0.00			
27156	C	REVISION OF HIP BONES				Inpatient Only	$0.00			
27158	C	REVISION OF PELVIS				Inpatient Only	$0.00			
27161	C	INCISION OF NECK OF FEMUR				Inpatient Only	$0.00			
27165	C	INCISION/FIXATION OF FEMUR				Inpatient Only	$0.00			
27170	C	REPAIR/GRAFT FEMUR HEAD/NECK				Inpatient Only	$0.00			
27175	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			
27176	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			
27177	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			
27178	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			
27179	T	REVISE HEAD/NECK OF FEMUR	00052	85.24		APC	$4,733.59			
27181	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			
27185	C	REVISION OF FEMUR EPIPHYSIS				Inpatient Only	$0.00			
27187	C	REINFORCE HIP BONES				Inpatient Only	$0.00			
27193	T	TREAT PELVIC RING FRACTURE	00138	2.883		APC	$160.08			
27194	T	TREAT PELVIC RING FRACTURE	00139	9.616		APC	$533.98			
27200	T	TREAT TAIL BONE FRACTURE	00129	2.28		APC	$126.59			
27202	T	TREAT TAIL BONE FRACTURE	00063	57.01		APC	$3,165.62			
27215	E	TREAT PELVIC FRACTURE(S)				Not Allowed	$0.00			
27216	E	TREAT PELVIC RING FRACTURE				Not Allowed	$0.00			
27217	E	TREAT PELVIC RING FRACTURE				Not Allowed	$0.00			
27218	E	TREAT PELVIC RING FRACTURE				Not Allowed	$0.00			
27220	T	TREAT HIP SOCKET FRACTURE	00129	2.28		APC	$126.59			
27222	C	TREAT HIP SOCKET FRACTURE				Inpatient Only	$0.00			
27226	C	TREAT HIP WALL FRACTURE				Inpatient Only	$0.00			
27227	C	TREAT HIP FRACTURE(S)				Inpatient Only	$0.00			
27228	C	TREAT HIP FRACTURE(S)				Inpatient Only	$0.00			
27230	T	TREAT THIGH FRACTURE	00138	2.883		APC	$160.08			
27232	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			
27235	T	TREAT THIGH FRACTURE	00050	35.08		APC	$1,948.10			
27236	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			
27238	T	TREAT THIGH FRACTURE	00138	2.883		APC	$160.08			
27240	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			
27244	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			
27245	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			
27246	T	TREAT THIGH FRACTURE	00138	2.883		APC	$160.08			
27248	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			
27250	T	TREAT HIP DISLOCATION	00138	2.883		APC	$160.08			

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27252	T	TREAT HIP DISLOCATION	00139	9.616		APC	$533.98			
27253	C	TREAT HIP DISLOCATION				Inpatient Only	$0.00			
27254	C	TREAT HIP DISLOCATION				Inpatient Only	$0.00			
27256	T	TREAT HIP DISLOCATION	00129	2.28		APC	$126.59			
27257	T	TREAT HIP DISLOCATION	00139	9.616		APC	$533.98			
27258	C	TREAT HIP DISLOCATION				Inpatient Only	$0.00			
27259	C	TREAT HIP DISLOCATION				Inpatient Only	$0.00			
27265	T	TREAT HIP DISLOCATION	00138	2.883		APC	$160.08			
27266	T	TREAT HIP DISLOCATION	00045	15.51		APC	$861.46			
27267	T	CLTX THIGH FX	00431	17.69		APC	$982.37			
27268	C	CLTX THIGH FX W/MNPJ				Inpatient Only	$0.00			
27269	C	OPTX THIGH FX				Inpatient Only	$0.00			
27275	T	MANIPULATION OF HIP JOINT	00045	15.51		APC	$861.46			
27279	N	ARTHRODESIS SACROILIAC JOINT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
27280	C	FUSION OF SACROILIAC JOINT				Inpatient Only	$0.00			
27282	C	FUSION OF PUBIC BONES				Inpatient Only	$0.00			
27284	C	FUSION OF HIP JOINT				Inpatient Only	$0.00			
27286	C	FUSION OF HIP JOINT				Inpatient Only	$0.00			
27290	C	AMPUTATION OF LEG AT HIP				Inpatient Only	$0.00			
27295	C	AMPUTATION OF LEG AT HIP				Inpatient Only	$0.00			
27299	T	PELVIS/HIP JOINT SURGERY	00129	2.28		APC	$126.59			
27301	T	DRAIN THIGH/KNEE LESION	00008	22.05		APC	$1,224.63			
27303	C	DRAINAGE OF BONE LESION				Inpatient Only	$0.00			
27305	T	INCISE THIGH TENDON & FASCIA	00049	22.39		APC	$1,243.39			
27306	T	INCISION OF THIGH TENDON	00049	22.39		APC	$1,243.39			
27307	T	INCISION OF THIGH TENDONS	00050	35.08		APC	$1,948.10			
27310	T	EXPLORATION OF KNEE JOINT	00050	35.08		APC	$1,948.10			
27323	T	BIOPSY THIGH SOFT TISSUES	00020	11.14		APC	$618.83			
27324	T	BIOPSY THIGH SOFT TISSUES	00022	24.6		APC	$1,365.78			
27325	T	NEURECTOMY HAMSTRING	00220	18.66		APC	$1,036.19			
27326	T	NEURECTOMY POPLITEAL	00220	18.66		APC	$1,036.19			
27327	T	EXC THIGH/KNEE LES SC < 3 CM	00022	24.6		APC	$1,365.78			
27328	T	EXC THIGH/KNEE TUM DEEP <5CM	00021	18.08		APC	$1,004.25			
27329	T	RESECT THIGH/KNEE TUM < 5 CM	00021	18.08		APC	$1,004.25			
27330	T	BIOPSY KNEE JOINT LINING	00050	35.08		APC	$1,948.10			
27331	T	EXPLORE/TREAT KNEE JOINT	00050	35.08		APC	$1,948.10			
27332	T	REMOVAL OF KNEE CARTILAGE	00050	35.08		APC	$1,948.10			
27333	T	REMOVAL OF KNEE CARTILAGE	00050	35.08		APC	$1,948.10			
27334	T	REMOVE KNEE JOINT LINING	00050	35.08		APC	$1,948.10			
27335	T	REMOVE KNEE JOINT LINING	00050	35.08		APC	$1,948.10			
27337	T	EXC THIGH/KNEE LES SC 3 CM/>	00022	24.6		APC	$1,365.78			
27339	T	EXC THIGH/KNEE TUM DEP 5CM/>	00022	24.6		APC	$1,365.78			
27340	T	REMOVAL OF KNEECAP BURSA	00049	22.39		APC	$1,243.39			
27345	T	REMOVAL OF KNEE CYST	00049	22.39		APC	$1,243.39			
27347	T	REMOVE KNEE CYST	00049	22.39		APC	$1,243.39			
27350	T	REMOVAL OF KNEECAP	00050	35.08		APC	$1,948.10			
27355	T	REMOVE FEMUR LESION	00050	35.08		APC	$1,948.10			
27356	T	REMOVE FEMUR LESION/GRAFT	00050	35.08		APC	$1,948.10			
27357	T	REMOVE FEMUR LESION/GRAFT	00050	35.08		APC	$1,948.10			
27358	N	REMOVE FEMUR LESION/FIXATION				Bundled, Sometimes Payable	$0.00			
27360	T	PARTIAL REMOVAL LEG BONE(S)	00050	35.08		APC	$1,948.10			
27364	T	RESECT THIGH/KNEE TUM 5 CM/>	00022	24.6		APC	$1,365.78			
27365	C	RESECT FEMUR/KNEE TUMOR				Inpatient Only	$0.00			
27370	N	INJECTION FOR KNEE X-RAY				Bundled, Sometimes Payable	$0.00			
27372	T	REMOVAL OF FOREIGN BODY	00022	24.6		APC	$1,365.78			
27380	T	REPAIR OF KNEECAP TENDON	00050	35.08		APC	$1,948.10			
27381	T	REPAIR/GRAFT KNEECAP TENDON	00050	35.08		APC	$1,948.10			
27385	T	REPAIR OF THIGH MUSCLE	00050	35.08		APC	$1,948.10			
27386	T	REPAIR/GRAFT OF THIGH MUSCLE	00050	35.08		APC	$1,948.10			
27390	T	INCISION OF THIGH TENDON	00049	22.39		APC	$1,243.39			
27391	T	INCISION OF THIGH TENDONS	00049	22.39		APC	$1,243.39			
27392	T	INCISION OF THIGH TENDONS	00050	35.08		APC	$1,948.10			
27393	T	LENGTHENING OF THIGH TENDON	00050	35.08		APC	$1,948.10			
27394	T	LENGTHENING OF THIGH TENDONS	00050	35.08		APC	$1,948.10			

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27395	T	LENGTHENING OF THIGH TENDONS	00051	50.73		APC	$2,817.19			
27396	T	TRANSPLANT OF THIGH TENDON	00050	35.08		APC	$1,948.10			
27397	T	TRANSPLANTS OF THIGH TENDONS	00051	50.73		APC	$2,817.19			
27400	T	REVISE THIGH MUSCLES/TENDONS	00051	50.73		APC	$2,817.19			
27403	T	REPAIR OF KNEE CARTILAGE	00050	35.08		APC	$1,948.10			
27405	T	REPAIR OF KNEE LIGAMENT	00051	50.73		APC	$2,817.19			
27407	T	REPAIR OF KNEE LIGAMENT	00052	85.24		APC	$4,733.59			
27409	T	REPAIR OF KNEE LIGAMENTS	00051	50.73		APC	$2,817.19			
27412	N	AUTOCHONDROCYTE IMPLANT KNEE	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
27415	N	OSTEOCHONDRAL KNEE ALLOGRAFT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
27416	T	OSTEOCHONDRAL KNEE AUTOGRAFT	00051	50.73		APC	$2,817.19			
27418	T	REPAIR DEGENERATED KNEECAP	00051	50.73		APC	$2,817.19			
27420	T	REVISION OF UNSTABLE KNEECAP	00051	50.73		APC	$2,817.19			
27422	T	REVISION OF UNSTABLE KNEECAP	00051	50.73		APC	$2,817.19			
27424	T	REVISION/REMOVAL OF KNEECAP	00051	50.73		APC	$2,817.19			
27425	T	LAT RETINACULAR RELEASE OPEN	00050	35.08		APC	$1,948.10			
27427	T	RECONSTRUCTION KNEE	00052	85.24		APC	$4,733.59			
27428	N	RECONSTRUCTION KNEE	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
27429	T	RECONSTRUCTION KNEE	00052	85.24		APC	$4,733.59			
27430	T	REVISION OF THIGH MUSCLES	00051	50.73		APC	$2,817.19			
27435	T	INCISION OF KNEE JOINT	00050	35.08		APC	$1,948.10			
27437	T	REVISE KNEECAP	00047	45.36		APC	$2,518.70			
27438	N	REVISE KNEECAP WITH IMPLANT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
27440	N	REVISION OF KNEE JOINT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
27441	T	REVISION OF KNEE JOINT	00047	45.36		APC	$2,518.70			
27442	N	REVISION OF KNEE JOINT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
27443	N	REVISION OF KNEE JOINT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
27445	C	REVISION OF KNEE JOINT				Inpatient Only	$0.00			
27446	N	REVISION OF KNEE JOINT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
27447	C	TOTAL KNEE ARTHROPLASTY				Inpatient Only	$0.00			
27448	C	INCISION OF THIGH				Inpatient Only	$0.00			
27450	C	INCISION OF THIGH				Inpatient Only	$0.00			
27454	C	REALIGNMENT OF THIGH BONE				Inpatient Only	$0.00			
27455	C	REALIGNMENT OF KNEE				Inpatient Only	$0.00			
27457	C	REALIGNMENT OF KNEE				Inpatient Only	$0.00			
27465	C	SHORTENING OF THIGH BONE				Inpatient Only	$0.00			
27466	C	LENGTHENING OF THIGH BONE				Inpatient Only	$0.00			
27468	C	SHORTEN/LENGTHEN THIGHS				Inpatient Only	$0.00			
27470	C	REPAIR OF THIGH				Inpatient Only	$0.00			
27472	C	REPAIR/GRAFT OF THIGH				Inpatient Only	$0.00			
27475	T	SURGERY TO STOP LEG GROWTH	00050	35.08		APC	$1,948.10			
27477	C	SURGERY TO STOP LEG GROWTH				Inpatient Only	$0.00			
27479	T	SURGERY TO STOP LEG GROWTH	00050	35.08		APC	$1,948.10			
27485	C	SURGERY TO STOP LEG GROWTH				Inpatient Only	$0.00			
27486	C	REVISE/REPLACE KNEE JOINT				Inpatient Only	$0.00			
27487	C	REVISE/REPLACE KNEE JOINT				Inpatient Only	$0.00			
27488	C	REMOVAL OF KNEE PROSTHESIS				Inpatient Only	$0.00			
27495	C	REINFORCE THIGH				Inpatient Only	$0.00			
27496	T	DECOMPRESSION OF THIGH/KNEE	00050	35.08		APC	$1,948.10			
27497	T	DECOMPRESSION OF THIGH/KNEE	00049	22.39		APC	$1,243.39			
27498	T	DECOMPRESSION OF THIGH/KNEE	00050	35.08		APC	$1,948.10			
27499	T	DECOMPRESSION OF THIGH/KNEE	00050	35.08		APC	$1,948.10			
27500	T	TREATMENT OF THIGH FRACTURE	00138	2.883		APC	$160.08			
27501	T	TREATMENT OF THIGH FRACTURE	00138	2.883		APC	$160.08			
27502	T	TREATMENT OF THIGH FRACTURE	00431	17.69		APC	$982.37			
27503	T	TREATMENT OF THIGH FRACTURE	00138	2.883		APC	$160.08			
27506	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			
27507	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			
27508	T	TREATMENT OF THIGH FRACTURE	00138	2.883		APC	$160.08			
27509	T	TREATMENT OF THIGH FRACTURE	00062	27.54		APC	$1,529.24			
27510	T	TREATMENT OF THIGH FRACTURE	00138	2.883		APC	$160.08			
27511	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			
27513	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			
27514	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
27516	T	TREAT THIGH FX GROWTH PLATE	00129	2.28		APC	$126.59			
27517	T	TREAT THIGH FX GROWTH PLATE	00138	2.883		APC	$160.08			
27519	C	TREAT THIGH FX GROWTH PLATE				Inpatient Only	$0.00			
27520	T	TREAT KNEECAP FRACTURE	00138	2.883		APC	$160.08			
27524	T	TREAT KNEECAP FRACTURE	00063	57.01		APC	$3,165.62			
27530	T	TREAT KNEE FRACTURE	00138	2.883		APC	$160.08			
27532	T	TREAT KNEE FRACTURE	00431	17.69		APC	$982.37			
27535	C	TREAT KNEE FRACTURE				Inpatient Only	$0.00			
27536	C	TREAT KNEE FRACTURE				Inpatient Only	$0.00			
27538	T	TREAT KNEE FRACTURE(S)	00138	2.883		APC	$160.08			
27540	C	TREAT KNEE FRACTURE				Inpatient Only	$0.00			
27550	T	TREAT KNEE DISLOCATION	00138	2.883		APC	$160.08			
27552	T	TREAT KNEE DISLOCATION	00045	15.51		APC	$861.46			
27556	C	TREAT KNEE DISLOCATION				Inpatient Only	$0.00			
27557	C	TREAT KNEE DISLOCATION				Inpatient Only	$0.00			
27558	C	TREAT KNEE DISLOCATION				Inpatient Only	$0.00			
27560	T	TREAT KNEECAP DISLOCATION	00129	2.28		APC	$126.59			
27562	T	TREAT KNEECAP DISLOCATION	00139	9.616		APC	$533.98			
27566	T	TREAT KNEECAP DISLOCATION	00063	57.01		APC	$3,165.62			
27570	T	FIXATION OF KNEE JOINT	00045	15.51		APC	$861.46			
27580	C	FUSION OF KNEE				Inpatient Only	$0.00			
27590	C	AMPUTATE LEG AT THIGH				Inpatient Only	$0.00			
27591	C	AMPUTATE LEG AT THIGH				Inpatient Only	$0.00			
27592	C	AMPUTATE LEG AT THIGH				Inpatient Only	$0.00			
27594	T	AMPUTATION FOLLOW-UP SURGERY	00049	22.39		APC	$1,243.39			
27596	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only	$0.00			
27598	C	AMPUTATE LOWER LEG AT KNEE				Inpatient Only	$0.00			
27599	T	LEG SURGERY PROCEDURE	00129	2.28		APC	$126.59			
27600	T	DECOMPRESSION OF LOWER LEG	00049	22.39		APC	$1,243.39			
27601	T	DECOMPRESSION OF LOWER LEG	00049	22.39		APC	$1,243.39			
27602	T	DECOMPRESSION OF LOWER LEG	00050	35.08		APC	$1,948.10			
27603	T	DRAIN LOWER LEG LESION	00008	22.05		APC	$1,224.63			
27604	T	DRAIN LOWER LEG BURSA	00050	35.08		APC	$1,948.10			
27605	T	INCISION OF ACHILLES TENDON	00055	23.51		APC	$1,305.29			
27606	T	INCISION OF ACHILLES TENDON	00049	22.39		APC	$1,243.39			
27607	T	TREAT LOWER LEG BONE LESION	00049	22.39		APC	$1,243.39			
27610	T	EXPLORE/TREAT ANKLE JOINT	00050	35.08		APC	$1,948.10			
27612	T	EXPLORATION OF ANKLE JOINT	00050	35.08		APC	$1,948.10			
27613	T	BIOPSY LOWER LEG SOFT TISSUE	00020	11.14		APC	$618.83			
27614	T	BIOPSY LOWER LEG SOFT TISSUE	00022	24.6		APC	$1,365.78			
27615	T	RESECT LEG/ANKLE TUM < 5 CM	00021	18.08		APC	$1,004.25			
27616	T	RESECT LEG/ANKLE TUM 5 CM/>	00022	24.6		APC	$1,365.78			
27618	T	EXC LEG/ANKLE TUM < 3 CM	00021	18.08		APC	$1,004.25			
27619	T	EXC LEG/ANKLE TUM DEEP <5 CM	00021	18.08		APC	$1,004.25			
27620	T	EXPLORE/TREAT ANKLE JOINT	00050	35.08		APC	$1,948.10			
27625	T	REMOVE ANKLE JOINT LINING	00050	35.08		APC	$1,948.10			
27626	T	REMOVE ANKLE JOINT LINING	00050	35.08		APC	$1,948.10			
27630	T	REMOVAL OF TENDON LESION	00049	22.39		APC	$1,243.39			
27632	T	EXC LEG/ANKLE LES SC 3 CM/>	00022	24.6		APC	$1,365.78			
27634	T	EXC LEG/ANKLE TUM DEP 5 CM/>	00022	24.6		APC	$1,365.78			
27635	T	REMOVE LOWER LEG BONE LESION	00050	35.08		APC	$1,948.10			
27637	T	REMOVE/GRAFT LEG BONE LESION	00050	35.08		APC	$1,948.10			
27638	T	REMOVE/GRAFT LEG BONE LESION	00050	35.08		APC	$1,948.10			
27640	T	PARTIAL REMOVAL OF TIBIA	00050	35.08		APC	$1,948.10			
27641	T	PARTIAL REMOVAL OF FIBULA	00050	35.08		APC	$1,948.10			
27645	C	RESECT TIBIA TUMOR				Inpatient Only	$0.00			
27646	C	RESECT FIBULA TUMOR				Inpatient Only	$0.00			
27647	T	RESECT TALUS/CALCANEUS TUM	00050	35.08		APC	$1,948.10			
27648	N	INJECTION FOR ANKLE X-RAY				Bundled, Sometimes Payable	$0.00			
27650	T	REPAIR ACHILLES TENDON	00051	50.73		APC	$2,817.19			
27652	T	REPAIR/GRAFT ACHILLES TENDON	00051	50.73		APC	$2,817.19			
27654	T	REPAIR OF ACHILLES TENDON	00051	50.73		APC	$2,817.19			
27656	T	REPAIR LEG FASCIA DEFECT	00049	22.39		APC	$1,243.39			
27658	T	REPAIR OF LEG TENDON EACH	00049	22.39		APC	$1,243.39			

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27659	T	REPAIR OF LEG TENDON EACH	00049	22.39		APC	$1,243.39			
27664	T	REPAIR OF LEG TENDON EACH	00050	35.08		APC	$1,948.10			
27665	T	REPAIR OF LEG TENDON EACH	00050	35.08		APC	$1,948.10			
27675	T	REPAIR LOWER LEG TENDONS	00049	22.39		APC	$1,243.39			
27676	T	REPAIR LOWER LEG TENDONS	00050	35.08		APC	$1,948.10			
27680	T	RELEASE OF LOWER LEG TENDON	00050	35.08		APC	$1,948.10			
27681	T	RELEASE OF LOWER LEG TENDONS	00050	35.08		APC	$1,948.10			
27685	T	REVISION OF LOWER LEG TENDON	00050	35.08		APC	$1,948.10			
27686	T	REVISE LOWER LEG TENDONS	00050	35.08		APC	$1,948.10			
27687	T	REVISION OF CALF TENDON	00050	35.08		APC	$1,948.10			
27690	T	REVISE LOWER LEG TENDON	00051	50.73		APC	$2,817.19			
27691	T	REVISE LOWER LEG TENDON	00051	50.73		APC	$2,817.19			
27692	N	REVISE ADDITIONAL LEG TENDON				Bundled, Sometimes Payable	$0.00			
27695	T	REPAIR OF ANKLE LIGAMENT	00050	35.08		APC	$1,948.10			
27696	T	REPAIR OF ANKLE LIGAMENTS	00050	35.08		APC	$1,948.10			
27698	T	REPAIR OF ANKLE LIGAMENT	00050	35.08		APC	$1,948.10			
27700	T	REVISION OF ANKLE JOINT	00047	45.36		APC	$2,518.70			
27702	C	RECONSTRUCT ANKLE JOINT				Inpatient Only	$0.00			
27703	C	RECONSTRUCTION ANKLE JOINT				Inpatient Only	$0.00			
27704	N	REMOVAL OF ANKLE IMPLANT	00049	22.39		Bundled, Sometimes Payable	$1,243.39			
27705	T	INCISION OF TIBIA	00051	50.73		APC	$2,817.19			
27707	T	INCISION OF FIBULA	00050	35.08		APC	$1,948.10			
27709	T	INCISION OF TIBIA & FIBULA	00050	35.08		APC	$1,948.10			
27712	C	REALIGNMENT OF LOWER LEG				Inpatient Only	$0.00			
27715	C	REVISION OF LOWER LEG				Inpatient Only	$0.00			
27720	T	REPAIR OF TIBIA	00063	57.01		APC	$3,165.62			
27722	T	REPAIR/GRAFT OF TIBIA	00064	75.09		APC	$4,169.61			
27724	C	REPAIR/GRAFT OF TIBIA				Inpatient Only	$0.00			
27725	C	REPAIR OF LOWER LEG				Inpatient Only	$0.00			
27726	T	REPAIR FIBULA NONUNION	00063	57.01		APC	$3,165.62			
27727	C	REPAIR OF LOWER LEG				Inpatient Only	$0.00			
27730	T	REPAIR OF TIBIA EPIPHYSIS	00050	35.08		APC	$1,948.10			
27732	T	REPAIR OF FIBULA EPIPHYSIS	00050	35.08		APC	$1,948.10			
27734	T	REPAIR LOWER LEG EPIPHYSES	00050	35.08		APC	$1,948.10			
27740	T	REPAIR OF LEG EPIPHYSES	00050	35.08		APC	$1,948.10			
27742	T	REPAIR OF LEG EPIPHYSES	00051	50.73		APC	$2,817.19			
27745	N	REINFORCE TIBIA	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
27750	T	TREATMENT OF TIBIA FRACTURE	00138	2.883		APC	$160.08			
27752	T	TREATMENT OF TIBIA FRACTURE	00431	17.69		APC	$982.37			
27756	T	TREATMENT OF TIBIA FRACTURE	00062	27.54		APC	$1,529.24			
27758	T	TREATMENT OF TIBIA FRACTURE	00063	57.01		APC	$3,165.62			
27759	T	TREATMENT OF TIBIA FRACTURE	00064	75.09		APC	$4,169.61			
27760	T	CLTX MEDIAL ANKLE FX	00138	2.883		APC	$160.08			
27762	T	CLTX MED ANKLE FX W/MNPJ	00431	17.69		APC	$982.37			
27766	T	OPTX MEDIAL ANKLE FX	00063	57.01		APC	$3,165.62			
27767	T	CLTX POST ANKLE FX	00129	2.28		APC	$126.59			
27768	T	CLTX POST ANKLE FX W/MNPJ	00129	2.28		APC	$126.59			
27769	T	OPTX POST ANKLE FX	00063	57.01		APC	$3,165.62			
27780	T	TREATMENT OF FIBULA FRACTURE	00138	2.883		APC	$160.08			
27781	T	TREATMENT OF FIBULA FRACTURE	00139	9.616		APC	$533.98			
27784	T	TREATMENT OF FIBULA FRACTURE	00063	57.01		APC	$3,165.62			
27786	T	TREATMENT OF ANKLE FRACTURE	00138	2.883		APC	$160.08			
27788	T	TREATMENT OF ANKLE FRACTURE	00138	2.883		APC	$160.08			
27792	T	TREATMENT OF ANKLE FRACTURE	00063	57.01		APC	$3,165.62			
27808	T	TREATMENT OF ANKLE FRACTURE	00138	2.883		APC	$160.08			
27810	T	TREATMENT OF ANKLE FRACTURE	00139	9.616		APC	$533.98			
27814	T	TREATMENT OF ANKLE FRACTURE	00063	57.01		APC	$3,165.62			
27816	T	TREATMENT OF ANKLE FRACTURE	00138	2.883		APC	$160.08			
27818	T	TREATMENT OF ANKLE FRACTURE	00139	9.616		APC	$533.98			
27822	T	TREATMENT OF ANKLE FRACTURE	00063	57.01		APC	$3,165.62			
27823	T	TREATMENT OF ANKLE FRACTURE	00064	75.09		APC	$4,169.61			
27824	T	TREAT LOWER LEG FRACTURE	00138	2.883		APC	$160.08			
27825	T	TREAT LOWER LEG FRACTURE	00431	17.69		APC	$982.37			
27826	T	TREAT LOWER LEG FRACTURE	00063	57.01		APC	$3,165.62			

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27827	T	TREAT LOWER LEG FRACTURE	00064	75.09		APC	$4,169.61			
27828	T	TREAT LOWER LEG FRACTURE	00064	75.09		APC	$4,169.61			
27829	T	TREAT LOWER LEG JOINT	00063	57.01		APC	$3,165.62			
27830	T	TREAT LOWER LEG DISLOCATION	00129	2.28		APC	$126.59			
27831	T	TREAT LOWER LEG DISLOCATION	00139	9.616		APC	$533.98			
27832	T	TREAT LOWER LEG DISLOCATION	00063	57.01		APC	$3,165.62			
27840	T	TREAT ANKLE DISLOCATION	00138	2.883		APC	$160.08			
27842	T	TREAT ANKLE DISLOCATION	00045	15.51		APC	$861.46			
27846	T	TREAT ANKLE DISLOCATION	00063	57.01		APC	$3,165.62			
27848	T	TREAT ANKLE DISLOCATION	00063	57.01		APC	$3,165.62			
27860	T	FIXATION OF ANKLE JOINT	00045	15.51		APC	$861.46			
27870	T	FUSION OF ANKLE JOINT OPEN	00052	85.24		APC	$4,733.59			
27871	T	FUSION OF TIBIOFIBULAR JOINT	00052	85.24		APC	$4,733.59			
27880	C	AMPUTATION OF LOWER LEG				Inpatient Only	$0.00			
27881	C	AMPUTATION OF LOWER LEG				Inpatient Only	$0.00			
27882	C	AMPUTATION OF LOWER LEG				Inpatient Only	$0.00			
27884	T	AMPUTATION FOLLOW-UP SURGERY	00049	22.39		APC	$1,243.39			
27886	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only	$0.00			
27888	C	AMPUTATION OF FOOT AT ANKLE				Inpatient Only	$0.00			
27889	T	AMPUTATION OF FOOT AT ANKLE	00050	35.08		APC	$1,948.10			
27892	T	DECOMPRESSION OF LEG	00050	35.08		APC	$1,948.10			
27893	T	DECOMPRESSION OF LEG	00050	35.08		APC	$1,948.10			
27894	T	DECOMPRESSION OF LEG	00050	35.08		APC	$1,948.10			
27899	T	LEG/ANKLE SURGERY PROCEDURE	00129	2.28		APC	$126.59			
28001	T	DRAINAGE OF BURSA OF FOOT	00007	11.67		APC	$648.31			
28002	T	TREATMENT OF FOOT INFECTION	00049	22.39		APC	$1,243.39			
28003	T	TREATMENT OF FOOT INFECTION	00049	22.39		APC	$1,243.39			
28005	T	TREAT FOOT BONE LESION	00055	23.51		APC	$1,305.29			
28008	T	INCISION OF FOOT FASCIA	00055	23.51		APC	$1,305.29			
28010	T	INCISION OF TOE TENDON	00055	23.51		APC	$1,305.29			
28011	T	INCISION OF TOE TENDONS	00055	23.51		APC	$1,305.29			
28020	T	EXPLORATION OF FOOT JOINT	00055	23.51		APC	$1,305.29			
28022	T	EXPLORATION OF FOOT JOINT	00055	23.51		APC	$1,305.29			
28024	T	EXPLORATION OF TOE JOINT	00055	23.51		APC	$1,305.29			
28035	T	DECOMPRESSION OF TIBIA NERVE	00220	18.66		APC	$1,036.19			
28039	T	EXC FOOT/TOE TUM SC 1.5 CM/>	00022	24.6		APC	$1,365.78			
28041	T	EXC FOOT/TOE TUM DEP 1.5CM/>	00022	24.6		APC	$1,365.78			
28043	T	EXC FOOT/TOE TUM SC < 1.5 CM	00021	18.08		APC	$1,004.25			
28045	T	EXC FOOT/TOE TUM DEEP <1.5CM	00021	18.08		APC	$1,004.25			
28046	T	RESECT FOOT/TOE TUMOR < 3 CM	00021	18.08		APC	$1,004.25			
28047	T	RESECT FOOT/TOE TUMOR 3 CM/>	00022	24.6		APC	$1,365.78			
28050	T	BIOPSY OF FOOT JOINT LINING	00055	23.51		APC	$1,305.29			
28052	T	BIOPSY OF FOOT JOINT LINING	00055	23.51		APC	$1,305.29			
28054	T	BIOPSY OF TOE JOINT LINING	00055	23.51		APC	$1,305.29			
28055	T	NEURECTOMY FOOT	00220	18.66		APC	$1,036.19			
28060	T	PARTIAL REMOVAL FOOT FASCIA	00055	23.51		APC	$1,305.29			
28062	T	REMOVAL OF FOOT FASCIA	00055	23.51		APC	$1,305.29			
28070	T	REMOVAL OF FOOT JOINT LINING	00055	23.51		APC	$1,305.29			
28072	T	REMOVAL OF FOOT JOINT LINING	00055	23.51		APC	$1,305.29			
28080	T	REMOVAL OF FOOT LESION	00055	23.51		APC	$1,305.29			
28086	T	EXCISE FOOT TENDON SHEATH	00055	23.51		APC	$1,305.29			
28088	T	EXCISE FOOT TENDON SHEATH	00055	23.51		APC	$1,305.29			
28090	T	REMOVAL OF FOOT LESION	00055	23.51		APC	$1,305.29			
28092	T	REMOVAL OF TOE LESIONS	00055	23.51		APC	$1,305.29			
28100	T	REMOVAL OF ANKLE/HEEL LESION	00055	23.51		APC	$1,305.29			
28102	T	REMOVE/GRAFT FOOT LESION	00056	70.36		APC	$3,907.34			
28103	T	REMOVE/GRAFT FOOT LESION	00056	70.36		APC	$3,907.34			
28104	T	REMOVAL OF FOOT LESION	00055	23.51		APC	$1,305.29			
28106	T	REMOVE/GRAFT FOOT LESION	00056	70.36		APC	$3,907.34			
28107	T	REMOVE/GRAFT FOOT LESION	00056	70.36		APC	$3,907.34			
28108	T	REMOVAL OF TOE LESIONS	00055	23.51		APC	$1,305.29			
28110	T	PART REMOVAL OF METATARSAL	00055	23.51		APC	$1,305.29			
28111	T	PART REMOVAL OF METATARSAL	00055	23.51		APC	$1,305.29			
28112	T	PART REMOVAL OF METATARSAL	00055	23.51		APC	$1,305.29			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
28113	T	PART REMOVAL OF METATARSAL	00055	23.51		APC	$1,305.29			
28114	T	REMOVAL OF METATARSAL HEADS	00055	23.51		APC	$1,305.29			
28116	T	REVISION OF FOOT	00055	23.51		APC	$1,305.29			
28118	T	REMOVAL OF HEEL BONE	00055	23.51		APC	$1,305.29			
28119	T	REMOVAL OF HEEL SPUR	00055	23.51		APC	$1,305.29			
28120	T	PART REMOVAL OF ANKLE/HEEL	00055	23.51		APC	$1,305.29			
28122	T	PARTIAL REMOVAL OF FOOT BONE	00055	23.51		APC	$1,305.29			
28124	T	PARTIAL REMOVAL OF TOE	00055	23.51		APC	$1,305.29			
28126	T	PARTIAL REMOVAL OF TOE	00055	23.51		APC	$1,305.29			
28130	T	REMOVAL OF ANKLE BONE	00055	23.51		APC	$1,305.29			
28140	T	REMOVAL OF METATARSAL	00055	23.51		APC	$1,305.29			
28150	T	REMOVAL OF TOE	00055	23.51		APC	$1,305.29			
28153	T	PARTIAL REMOVAL OF TOE	00055	23.51		APC	$1,305.29			
28160	T	PARTIAL REMOVAL OF TOE	00055	23.51		APC	$1,305.29			
28171	T	RESECT TARSAL TUMOR	00055	23.51		APC	$1,305.29			
28173	T	RESECT METATARSAL TUMOR	00055	23.51		APC	$1,305.29			
28175	T	RESECT PHALANX OF TOE TUMOR	00055	23.51		APC	$1,305.29			
28190	T	REMOVAL OF FOOT FOREIGN BODY	00020	11.14		APC	$618.83			
28192	T	REMOVAL OF FOOT FOREIGN BODY	00021	18.08		APC	$1,004.25			
28193	T	REMOVAL OF FOOT FOREIGN BODY	00020	11.14		APC	$618.83			
28200	T	REPAIR OF FOOT TENDON	00055	23.51		APC	$1,305.29			
28202	T	REPAIR/GRAFT OF FOOT TENDON	00055	23.51		APC	$1,305.29			
28208	T	REPAIR OF FOOT TENDON	00055	23.51		APC	$1,305.29			
28210	T	REPAIR/GRAFT OF FOOT TENDON	00056	70.36		APC	$3,907.34			
28220	T	RELEASE OF FOOT TENDON	00055	23.51		APC	$1,305.29			
28222	T	RELEASE OF FOOT TENDONS	00055	23.51		APC	$1,305.29			
28225	T	RELEASE OF FOOT TENDON	00055	23.51		APC	$1,305.29			
28226	T	RELEASE OF FOOT TENDONS	00055	23.51		APC	$1,305.29			
28230	T	INCISION OF FOOT TENDON(S)	00055	23.51		APC	$1,305.29			
28232	T	INCISION OF TOE TENDON	00055	23.51		APC	$1,305.29			
28234	T	INCISION OF FOOT TENDON	00055	23.51		APC	$1,305.29			
28238	T	REVISION OF FOOT TENDON	00056	70.36		APC	$3,907.34			
28240	T	RELEASE OF BIG TOE	00055	23.51		APC	$1,305.29			
28250	T	REVISION OF FOOT FASCIA	00055	23.51		APC	$1,305.29			
28260	T	RELEASE OF MIDFOOT JOINT	00055	23.51		APC	$1,305.29			
28261	T	REVISION OF FOOT TENDON	00055	23.51		APC	$1,305.29			
28262	T	REVISION OF FOOT AND ANKLE	00055	23.51		APC	$1,305.29			
28264	T	RELEASE OF MIDFOOT JOINT	00056	70.36		APC	$3,907.34			
28270	T	RELEASE OF FOOT CONTRACTURE	00055	23.51		APC	$1,305.29			
28272	T	RELEASE OF TOE JOINT EACH	00055	23.51		APC	$1,305.29			
28280	T	FUSION OF TOES	00055	23.51		APC	$1,305.29			
28285	T	REPAIR OF HAMMERTOE	00055	23.51		APC	$1,305.29			
28286	T	REPAIR OF HAMMERTOE	00055	23.51		APC	$1,305.29			
28288	T	PARTIAL REMOVAL OF FOOT BONE	00055	23.51		APC	$1,305.29			
28289	T	REPAIR HALLUX RIGIDUS	00055	23.51		APC	$1,305.29			
28290	T	CORRECTION OF BUNION	00057	36.08		APC	$2,003.74			
28292	T	CORRECTION OF BUNION	00057	36.08		APC	$2,003.74			
28293	T	CORRECTION OF BUNION	00057	36.08		APC	$2,003.74			
28294	T	CORRECTION OF BUNION	00057	36.08		APC	$2,003.74			
28296	T	CORRECTION OF BUNION	00057	36.08		APC	$2,003.74			
28297	T	CORRECTION OF BUNION	00057	36.08		APC	$2,003.74			
28298	T	CORRECTION OF BUNION	00057	36.08		APC	$2,003.74			
28299	T	CORRECTION OF BUNION	00057	36.08		APC	$2,003.74			
28300	T	INCISION OF HEEL BONE	00056	70.36		APC	$3,907.34			
28302	T	INCISION OF ANKLE BONE	00055	23.51		APC	$1,305.29			
28304	T	INCISION OF MIDFOOT BONES	00056	70.36		APC	$3,907.34			
28305	T	INCISE/GRAFT MIDFOOT BONES	00056	70.36		APC	$3,907.34			
28306	T	INCISION OF METATARSAL	00055	23.51		APC	$1,305.29			
28307	T	INCISION OF METATARSAL	00055	23.51		APC	$1,305.29			
28308	T	INCISION OF METATARSAL	00055	23.51		APC	$1,305.29			
28309	T	INCISION OF METATARSALS	00056	70.36		APC	$3,907.34			
28310	T	REVISION OF BIG TOE	00055	23.51		APC	$1,305.29			
28312	T	REVISION OF TOE	00055	23.51		APC	$1,305.29			
28313	T	REPAIR DEFORMITY OF TOE	00055	23.51		APC	$1,305.29			

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28315	T	REMOVAL OF SESAMOID BONE	00055	23.51		APC	$1,305.29			
28320	T	REPAIR OF FOOT BONES	00056	70.36		APC	$3,907.34			
28322	T	REPAIR OF METATARSALS	00055	23.51		APC	$1,305.29			
28340	T	RESECT ENLARGED TOE TISSUE	00055	23.51		APC	$1,305.29			
28341	T	RESECT ENLARGED TOE	00055	23.51		APC	$1,305.29			
28344	T	REPAIR EXTRA TOE(S)	00055	23.51		APC	$1,305.29			
28345	T	REPAIR WEBBED TOE(S)	00055	23.51		APC	$1,305.29			
28360	T	RECONSTRUCT CLEFT FOOT	00056	70.36		APC	$3,907.34			
28400	T	TREATMENT OF HEEL FRACTURE	00138	2.883		APC	$160.08			
28405	T	TREATMENT OF HEEL FRACTURE	00139	9.616		APC	$533.98			
28406	T	TREATMENT OF HEEL FRACTURE	00062	27.54		APC	$1,529.24			
28415	T	TREAT HEEL FRACTURE	00064	75.09		APC	$4,169.61			
28420	T	TREAT/GRAFT HEEL FRACTURE	00063	57.01		APC	$3,165.62			
28430	T	TREATMENT OF ANKLE FRACTURE	00129	2.28		APC	$126.59			
28435	T	TREATMENT OF ANKLE FRACTURE	00431	17.69		APC	$982.37			
28436	T	TREATMENT OF ANKLE FRACTURE	00062	27.54		APC	$1,529.24			
28445	T	TREAT ANKLE FRACTURE	00063	57.01		APC	$3,165.62			
28446	T	OSTEOCHONDRAL TALUS AUTOGRFT	00056	70.36		APC	$3,907.34			
28450	T	TREAT MIDFOOT FRACTURE EACH	00129	2.28		APC	$126.59			
28455	T	TREAT MIDFOOT FRACTURE EACH	00129	2.28		APC	$126.59			
28456	T	TREAT MIDFOOT FRACTURE	00062	27.54		APC	$1,529.24			
28465	T	TREAT MIDFOOT FRACTURE EACH	00063	57.01		APC	$3,165.62			
28470	T	TREAT METATARSAL FRACTURE	00138	2.883		APC	$160.08			
28475	T	TREAT METATARSAL FRACTURE	00138	2.883		APC	$160.08			
28476	T	TREAT METATARSAL FRACTURE	00062	27.54		APC	$1,529.24			
28485	T	TREAT METATARSAL FRACTURE	00063	57.01		APC	$3,165.62			
28490	T	TREAT BIG TOE FRACTURE	00129	2.28		APC	$126.59			
28495	T	TREAT BIG TOE FRACTURE	00138	2.883		APC	$160.08			
28496	T	TREAT BIG TOE FRACTURE	00062	27.54		APC	$1,529.24			
28505	T	TREAT BIG TOE FRACTURE	00062	27.54		APC	$1,529.24			
28510	T	TREATMENT OF TOE FRACTURE	00129	2.28		APC	$126.59			
28515	T	TREATMENT OF TOE FRACTURE	00138	2.883		APC	$160.08			
28525	T	TREAT TOE FRACTURE	00062	27.54		APC	$1,529.24			
28530	T	TREAT SESAMOID BONE FRACTURE	00129	2.28		APC	$126.59			
28531	T	TREAT SESAMOID BONE FRACTURE	00062	27.54		APC	$1,529.24			
28540	T	TREAT FOOT DISLOCATION	00129	2.28		APC	$126.59			
28545	T	TREAT FOOT DISLOCATION	00062	27.54		APC	$1,529.24			
28546	T	TREAT FOOT DISLOCATION	00062	27.54		APC	$1,529.24			
28555	T	REPAIR FOOT DISLOCATION	00063	57.01		APC	$3,165.62			
28570	T	TREAT FOOT DISLOCATION	00138	2.883		APC	$160.08			
28575	T	TREAT FOOT DISLOCATION	00431	17.69		APC	$982.37			
28576	T	TREAT FOOT DISLOCATION	00062	27.54		APC	$1,529.24			
28585	T	REPAIR FOOT DISLOCATION	00062	27.54		APC	$1,529.24			
28600	T	TREAT FOOT DISLOCATION	00129	2.28		APC	$126.59			
28605	T	TREAT FOOT DISLOCATION	00129	2.28		APC	$126.59			
28606	T	TREAT FOOT DISLOCATION	00062	27.54		APC	$1,529.24			
28615	T	REPAIR FOOT DISLOCATION	00063	57.01		APC	$3,165.62			
28630	T	TREAT TOE DISLOCATION	00138	2.883		APC	$160.08			
28635	T	TREAT TOE DISLOCATION	00431	17.69		APC	$982.37			
28636	T	TREAT TOE DISLOCATION	00062	27.54		APC	$1,529.24			
28645	T	REPAIR TOE DISLOCATION	00062	27.54		APC	$1,529.24			
28660	T	TREAT TOE DISLOCATION	00129	2.28		APC	$126.59			
28665	S	TREAT TOE DISLOCATION	00058	3.01		APC	$167.17			
28666	T	TREAT TOE DISLOCATION	00062	27.54		APC	$1,529.24			
28675	T	REPAIR OF TOE DISLOCATION	00062	27.54		APC	$1,529.24			
28705	T	FUSION OF FOOT BONES	00056	70.36		APC	$3,907.34			
28715	N	FUSION OF FOOT BONES	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
28725	T	FUSION OF FOOT BONES	00056	70.36		APC	$3,907.34			
28730	T	FUSION OF FOOT BONES	00056	70.36		APC	$3,907.34			
28735	T	FUSION OF FOOT BONES	00056	70.36		APC	$3,907.34			
28737	T	REVISION OF FOOT BONES	00056	70.36		APC	$3,907.34			
28740	T	FUSION OF FOOT BONES	00056	70.36		APC	$3,907.34			
28750	T	FUSION OF BIG TOE JOINT	00056	70.36		APC	$3,907.34			
28755	T	FUSION OF BIG TOE JOINT	00055	23.51		APC	$1,305.29			

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28760	T	FUSION OF BIG TOE JOINT	00056	70.36		APC	$3,907.34			
28800	C	AMPUTATION OF MIDFOOT				Inpatient Only	$0.00			
28805	T	AMPUTATION THRU METATARSAL	00055	23.51		APC	$1,305.29			
28810	T	AMPUTATION TOE & METATARSAL	00055	23.51		APC	$1,305.29			
28820	T	AMPUTATION OF TOE	00055	23.51		APC	$1,305.29			
28825	T	PARTIAL AMPUTATION OF TOE	00055	23.51		APC	$1,305.29			
28890	T	HI ENRGY ESWT PLANTAR FASCIA	00050	35.08		APC	$1,948.10			
28899	T	FOOT/TOES SURGERY PROCEDURE	00129	2.28		APC	$126.59			
29000	S	APPLICATION OF BODY CAST	00058	3.01		APC	$167.17			
29010	S	APPLICATION OF BODY CAST	00058	3.01		APC	$167.17			
29015	S	APPLICATION OF BODY CAST	00058	3.01		APC	$167.17			
29035	S	APPLICATION OF BODY CAST	00058	3.01		APC	$167.17			
29040	S	APPLICATION OF BODY CAST	00058	3.01		APC	$167.17			
29044	S	APPLICATION OF BODY CAST	00059	1.724		APC	$95.73			
29046	S	APPLICATION OF BODY CAST	00058	3.01		APC	$167.17			
29049	S	APPLICATION OF FIGURE EIGHT	00058	3.01		APC	$167.17			
29055	S	APPLICATION OF SHOULDER CAST	00058	3.01		APC	$167.17			
29058	S	APPLICATION OF SHOULDER CAST	00058	3.01		APC	$167.17			
29065	S	APPLICATION OF LONG ARM CAST	00058	3.01		APC	$167.17			
29075	S	APPLICATION OF FOREARM CAST	00058	3.01		APC	$167.17			
29085	S	APPLY HAND/WRIST CAST	00058	3.01		APC	$167.17			
29086	S	APPLY FINGER CAST	00059	1.724		APC	$95.73			
29105	S	APPLY LONG ARM SPLINT	00059	1.724		APC	$95.73			
29125	N	APPLY FOREARM SPLINT	00420	1.776		Bundled, Sometimes Payable	$98.63			
29126	N	APPLY FOREARM SPLINT	00340	0.706		Bundled, Sometimes Payable	$39.21			
29130	N	APPLICATION OF FINGER SPLINT	00340	0.706		Bundled, Sometimes Payable	$39.21			
29131	N	APPLICATION OF FINGER SPLINT	00340	0.706		Bundled, Sometimes Payable	$39.21			
29200	S	STRAPPING OF CHEST	00059	1.724		APC	$95.73			
29240	N	STRAPPING OF SHOULDER	00340	0.706		Bundled, Sometimes Payable	$39.21			
29260	N	STRAPPING OF ELBOW OR WRIST	00340	0.706		Bundled, Sometimes Payable	$39.21			
29280	N	STRAPPING OF HAND OR FINGER	00340	0.706		Bundled, Sometimes Payable	$39.21			
29305	S	APPLICATION OF HIP CAST	00058	3.01		APC	$167.17			
29325	S	APPLICATION OF HIP CASTS	00058	3.01		APC	$167.17			
29345	S	APPLICATION OF LONG LEG CAST	00058	3.01		APC	$167.17			
29355	S	APPLICATION OF LONG LEG CAST	00058	3.01		APC	$167.17			
29358	S	APPLY LONG LEG CAST BRACE	00058	3.01		APC	$167.17			
29365	S	APPLICATION OF LONG LEG CAST	00058	3.01		APC	$167.17			
29405	S	APPLY SHORT LEG CAST	00058	3.01		APC	$167.17			
29425	S	APPLY SHORT LEG CAST	00058	3.01		APC	$167.17			
29435	S	APPLY SHORT LEG CAST	00058	3.01		APC	$167.17			
29440	S	ADDITION OF WALKER TO CAST	00059	1.724		APC	$95.73			
29445	S	APPLY RIGID LEG CAST	00058	3.01		APC	$167.17			
29450	S	APPLICATION OF LEG CAST	00058	3.01		APC	$167.17			
29505	S	APPLICATION LONG LEG SPLINT	00059	1.724		APC	$95.73			
29515	S	APPLICATION LOWER LEG SPLINT	00059	1.724		APC	$95.73			
29520	N	STRAPPING OF HIP	00340	0.706		Bundled, Sometimes Payable	$39.21			
29530	N	STRAPPING OF KNEE	00340	0.706		Bundled, Sometimes Payable	$39.21			
29540	S	STRAPPING OF ANKLE AND/OR FT	00059	1.724		APC	$95.73			
29550	N	STRAPPING OF TOES	00340	0.706		Bundled, Sometimes Payable	$39.21			
29580	S	APPLICATION OF PASTE BOOT	00059	1.724		APC	$95.73			
29581	S	APPLY MULTLAY COMPRS LWR LEG	00059	1.724		APC	$95.73			
29582	S	APPLY MULTLAY COMPRS UPR LEG	00059	1.724		APC	$95.73			
29583	S	APPLY MULTLAY COMPRS UPR ARM	00059	1.724		APC	$95.73			
29584	S	APPL MULTLAY COMPRS ARM/HAND	00059	1.724		APC	$95.73			
29700	S	REMOVAL/REVISION OF CAST	00059	1.724		APC	$95.73			
29705	S	REMOVAL/REVISION OF CAST	00058	3.01		APC	$167.17			
29710	S	REMOVAL/REVISION OF CAST	00058	3.01		APC	$167.17			
29720	S	REPAIR OF BODY CAST	00059	1.724		APC	$95.73			
29730	S	WINDOWING OF CAST	00059	1.724		APC	$95.73			
29740	S	WEDGING OF CAST	00059	1.724		APC	$95.73			
29750	S	WEDGING OF CLUBFOOT CAST	00058	3.01		APC	$167.17			
29799	S	CASTING/STRAPPING PROCEDURE	00059	1.724		APC	$95.73			
29800	T	JAW ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			Y
29804	T	JAW ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			Y

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29805	T	SHOULDER ARTHROSCOPY DX	00041	29.01		APC	$1,610.79			
29806	T	SHOULDER ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29807	T	SHOULDER ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29819	T	SHOULDER ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29820	T	SHOULDER ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29821	T	SHOULDER ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29822	T	SHOULDER ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29823	T	SHOULDER ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29824	T	SHOULDER ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29825	T	SHOULDER ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29826	N	SHOULDER ARTHROSCOPY/SURGERY				Bundled, Sometimes Payable	$0.00			
29827	T	ARTHROSCOP ROTATOR CUFF REPR	00042	58.59		APC	$3,253.32			
29828	T	ARTHROSCOPY BICEPS TENODESIS	00042	58.59		APC	$3,253.32			
29830	T	ELBOW ARTHROSCOPY	00042	58.59		APC	$3,253.32			
29834	T	ELBOW ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29835	T	ELBOW ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29836	T	ELBOW ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29837	T	ELBOW ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29838	T	ELBOW ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29840	T	WRIST ARTHROSCOPY	00041	29.01		APC	$1,610.79			
29843	T	WRIST ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29844	T	WRIST ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29845	T	WRIST ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29846	T	WRIST ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29847	T	WRIST ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29848	T	WRIST ENDOSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29850	T	KNEE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29851	T	KNEE ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29855	T	TIBIAL ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29856	T	TIBIAL ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29860	T	HIP ARTHROSCOPY DX	00042	58.59		APC	$3,253.32			
29861	T	HIP ARTHRO W/FB REMOVAL	00042	58.59		APC	$3,253.32			
29862	T	HIP ARTHR0 W/DEBRIDEMENT	00042	58.59		APC	$3,253.32			
29863	T	HIP ARTHR0 W/SYNOVECTOMY	00042	58.59		APC	$3,253.32			
29866	T	AUTGRFT IMPLNT KNEE W/SCOPE	00042	58.59		APC	$3,253.32			
29867	T	ALLGRFT IMPLNT KNEE W/SCOPE	00042	58.59		APC	$3,253.32			
29868	T	MENISCAL TRNSPL KNEE W/SCPE	00042	58.59		APC	$3,253.32			
29870	T	KNEE ARTHROSCOPY DX	00041	29.01		APC	$1,610.79			
29871	T	KNEE ARTHROSCOPY/DRAINAGE	00041	29.01		APC	$1,610.79			
29873	T	KNEE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29874	T	KNEE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29875	T	KNEE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29876	T	KNEE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29877	T	KNEE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29879	T	KNEE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29880	T	KNEE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29881	T	KNEE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29882	T	KNEE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29883	T	KNEE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29884	T	KNEE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29885	T	KNEE ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29886	T	KNEE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29887	T	KNEE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29888	T	KNEE ARTHROSCOPY/SURGERY	00052	85.24		APC	$4,733.59			
29889	T	KNEE ARTHROSCOPY/SURGERY	00052	85.24		APC	$4,733.59			
29891	T	ANKLE ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29892	T	ANKLE ARTHROSCOPY/SURGERY	00051	50.73		APC	$2,817.19			
29893	T	SCOPE PLANTAR FASCIOTOMY	00055	23.51		APC	$1,305.29			
29894	T	ANKLE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29895	T	ANKLE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29897	T	ANKLE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29898	T	ANKLE ARTHROSCOPY/SURGERY	00041	29.01		APC	$1,610.79			
29899	T	ANKLE ARTHROSCOPY/SURGERY	00042	58.59		APC	$3,253.32			
29900	T	MCP JOINT ARTHROSCOPY DX	00041	29.01		APC	$1,610.79			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
29901	T	MCP JOINT ARTHROSCOPY SURG	00042	58.59		APC	$3,253.32			
29902	T	MCP JOINT ARTHROSCOPY SURG	00041	29.01		APC	$1,610.79			
29904	T	SUBTALAR ARTHRO W/FB RMVL	00041	29.01		APC	$1,610.79			
29905	T	SUBTALAR ARTHRO W/EXC	00041	29.01		APC	$1,610.79			
29906	T	SUBTALAR ARTHRO W/DEB	00041	29.01		APC	$1,610.79			
29907	T	SUBTALAR ARTHRO W/FUSION	00042	58.59		APC	$3,253.32			
29914	T	HIP ARTHRO W/FEMOROPLASTY	00042	58.59		APC	$3,253.32			
29915	T	HIP ARTHRO ACETABULOPLASTY	00042	58.59		APC	$3,253.32			
29916	T	HIP ARTHRO W/LABRAL REPAIR	00042	58.59		APC	$3,253.32			
29999	T	ARTHROSCOPY OF JOINT	00041	29.01		APC	$1,610.79			
30000	T	DRAINAGE OF NOSE LESION	00250	1.749		APC	$97.12			
30020	T	DRAINAGE OF NOSE LESION	00251	4.898		APC	$271.98			
30100	T	INTRANASAL BIOPSY	00252	8.718		APC	$484.13			
30110	T	REMOVAL OF NOSE POLYP(S)	00252	8.718		APC	$484.13			
30115	T	REMOVAL OF NOSE POLYP(S)	00254	26.24		APC	$1,457.03			
30117	T	REMOVAL OF INTRANASAL LESION	00253	17.08		APC	$948.44			
30118	T	REMOVAL OF INTRANASAL LESION	00254	26.24		APC	$1,457.03			
30120	T	REVISION OF NOSE	00254	26.24		APC	$1,457.03			
30124	T	REMOVAL OF NOSE LESION	00254	26.24		APC	$1,457.03			
30125	T	REMOVAL OF NOSE LESION	00256	50.29		APC	$2,792.50			
30130	T	EXCISE INFERIOR TURBINATE	00254	26.24		APC	$1,457.03			
30140	T	RESECT INFERIOR TURBINATE	00254	26.24		APC	$1,457.03			
30150	T	PARTIAL REMOVAL OF NOSE	00256	50.29		APC	$2,792.50			
30160	T	REMOVAL OF NOSE	00256	50.29		APC	$2,792.50			
30200	T	INJECTION TREATMENT OF NOSE	00252	8.718		APC	$484.13			
30210	T	NASAL SINUS THERAPY	00252	8.718		APC	$484.13			
30220	T	INSERT NASAL SEPTAL BUTTON	00253	17.08		APC	$948.44			
30300	N	REMOVE NASAL FOREIGN BODY	00420	1.776		Bundled, Sometimes Payable	$98.63			
30310	T	REMOVE NASAL FOREIGN BODY	00253	17.08		APC	$948.44			
30320	T	REMOVE NASAL FOREIGN BODY	00254	26.24		APC	$1,457.03			
30400	T	RECONSTRUCTION OF NOSE	00254	26.24		APC	$1,457.03			Y
30410	T	RECONSTRUCTION OF NOSE	00256	50.29		APC	$2,792.50			Y
30420	T	RECONSTRUCTION OF NOSE	00256	50.29		APC	$2,792.50			Y
30430	T	REVISION OF NOSE	00254	26.24		APC	$1,457.03			Y
30435	T	REVISION OF NOSE	00256	50.29		APC	$2,792.50			Y
30450	T	REVISION OF NOSE	00256	50.29		APC	$2,792.50			Y
30460	T	REVISION OF NOSE	00256	50.29		APC	$2,792.50			Y
30462	T	REVISION OF NOSE	00256	50.29		APC	$2,792.50			Y
30465	T	REPAIR NASAL STENOSIS	00256	50.29		APC	$2,792.50			Y
30520	T	REPAIR OF NASAL SEPTUM	00254	26.24		APC	$1,457.03			
30540	T	REPAIR NASAL DEFECT	00256	50.29		APC	$2,792.50			
30545	T	REPAIR NASAL DEFECT	00256	50.29		APC	$2,792.50			
30560	T	RELEASE OF NASAL ADHESIONS	00251	4.898		APC	$271.98			
30580	T	REPAIR UPPER JAW FISTULA	00256	50.29		APC	$2,792.50			
30600	T	REPAIR MOUTH/NOSE FISTULA	00256	50.29		APC	$2,792.50			
30620	T	INTRANASAL RECONSTRUCTION	00256	50.29		APC	$2,792.50			
30630	T	REPAIR NASAL SEPTUM DEFECT	00254	26.24		APC	$1,457.03			
30801	T	ABLATE INF TURBINATE SUPERF	00252	8.718		APC	$484.13			
30802	T	ABLATE INF TURBINATE SUBMUC	00253	17.08		APC	$948.44			
30901	N	CONTROL OF NOSEBLEED	00420	1.776		Bundled, Sometimes Payable	$98.63			
30903	T	CONTROL OF NOSEBLEED	00250	1.749		APC	$97.12			
30905	T	CONTROL OF NOSEBLEED	00250	1.749		APC	$97.12			
30906	T	REPEAT CONTROL OF NOSEBLEED	00250	1.749		APC	$97.12			
30915	T	LIGATION NASAL SINUS ARTERY	00219	29.28		APC	$1,625.87			
30920	T	LIGATION UPPER JAW ARTERY	00219	29.28		APC	$1,625.87			
30930	T	THER FX NASAL INF TURBINATE	00254	26.24		APC	$1,457.03			
30999	T	NASAL SURGERY PROCEDURE	00250	1.749		APC	$97.12			
31000	T	IRRIGATION MAXILLARY SINUS	00251	4.898		APC	$271.98			
31002	T	IRRIGATION SPHENOID SINUS	00252	8.718		APC	$484.13			
31020	T	EXPLORATION MAXILLARY SINUS	00254	26.24		APC	$1,457.03			
31030	T	EXPLORATION MAXILLARY SINUS	00256	50.29		APC	$2,792.50			
31032	T	EXPLORE SINUS REMOVE POLYPS	00256	50.29		APC	$2,792.50			
31040	T	EXPLORATION BEHIND UPPER JAW	00254	26.24		APC	$1,457.03			
31050	T	EXPLORATION SPHENOID SINUS	00256	50.29		APC	$2,792.50			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
31051	T	SPHENOID SINUS SURGERY	00256	50.29		APC	$2,792.50			
31070	T	EXPLORATION OF FRONTAL SINUS	00256	50.29		APC	$2,792.50			
31075	T	EXPLORATION OF FRONTAL SINUS	00256	50.29		APC	$2,792.50			
31080	T	REMOVAL OF FRONTAL SINUS	00256	50.29		APC	$2,792.50			
31081	T	REMOVAL OF FRONTAL SINUS	00256	50.29		APC	$2,792.50			
31084	T	REMOVAL OF FRONTAL SINUS	00256	50.29		APC	$2,792.50			
31085	T	REMOVAL OF FRONTAL SINUS	00256	50.29		APC	$2,792.50			
31086	T	REMOVAL OF FRONTAL SINUS	00256	50.29		APC	$2,792.50			
31087	T	REMOVAL OF FRONTAL SINUS	00256	50.29		APC	$2,792.50			
31090	T	EXPLORATION OF SINUSES	00256	50.29		APC	$2,792.50			
31200	T	REMOVAL OF ETHMOID SINUS	00256	50.29		APC	$2,792.50			
31201	T	REMOVAL OF ETHMOID SINUS	00254	26.24		APC	$1,457.03			
31205	T	REMOVAL OF ETHMOID SINUS	00254	26.24		APC	$1,457.03			
31225	C	REMOVAL OF UPPER JAW				Inpatient Only	$0.00			
31230	C	REMOVAL OF UPPER JAW				Inpatient Only	$0.00			
31231	T	NASAL ENDOSCOPY DX	00071	2.031		APC	$112.80			
31233	T	NASAL/SINUS ENDOSCOPY DX	00072	5.209		APC	$289.28			
31235	T	NASAL/SINUS ENDOSCOPY DX	00073	16.98		APC	$942.97			
31237	T	NASAL/SINUS ENDOSCOPY SURG	00073	16.98		APC	$942.97			
31238	T	NASAL/SINUS ENDOSCOPY SURG	00073	16.98		APC	$942.97			
31239	T	NASAL/SINUS ENDOSCOPY SURG	00074	27.1		APC	$1,504.99			
31240	T	NASAL/SINUS ENDOSCOPY SURG	00074	27.1		APC	$1,504.99			
31254	T	REVISION OF ETHMOID SINUS	00074	27.1		APC	$1,504.99			
31255	T	REMOVAL OF ETHMOID SINUS	00075	41.4		APC	$2,298.94			
31256	T	EXPLORATION MAXILLARY SINUS	00074	27.1		APC	$1,504.99			
31267	T	ENDOSCOPY MAXILLARY SINUS	00074	27.1		APC	$1,504.99			
31276	T	SINUS ENDOSCOPY SURGICAL	00075	41.4		APC	$2,298.94			
31287	T	NASAL/SINUS ENDOSCOPY SURG	00075	41.4		APC	$2,298.94			
31288	T	NASAL/SINUS ENDOSCOPY SURG	00075	41.4		APC	$2,298.94			
31290	C	NASAL/SINUS ENDOSCOPY SURG				Inpatient Only	$0.00			
31291	C	NASAL/SINUS ENDOSCOPY SURG				Inpatient Only	$0.00			
31292	T	NASAL/SINUS ENDOSCOPY SURG	00075	41.4		APC	$2,298.94			
31293	T	NASAL/SINUS ENDOSCOPY SURG	00075	41.4		APC	$2,298.94			
31294	T	NASAL/SINUS ENDOSCOPY SURG	00075	41.4		APC	$2,298.94			
31295	T	SINUS ENDO W/BALLOON DIL	00075	41.4		APC	$2,298.94			
31296	T	SINUS ENDO W/BALLOON DIL	00075	41.4		APC	$2,298.94			
31297	T	SINUS ENDO W/BALLOON DIL	00074	27.1		APC	$1,504.99			
31299	T	SINUS SURGERY PROCEDURE	00250	1.749		APC	$97.12			
31300	T	REMOVAL OF LARYNX LESION	00254	26.24		APC	$1,457.03			
31320	T	DIAGNOSTIC INCISION LARYNX	00256	50.29		APC	$2,792.50			
31360	C	REMOVAL OF LARYNX				Inpatient Only	$0.00			
31365	C	REMOVAL OF LARYNX				Inpatient Only	$0.00			
31367	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			
31368	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			
31370	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			
31375	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			
31380	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			
31382	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			
31390	C	REMOVAL OF LARYNX & PHARYNX				Inpatient Only	$0.00			
31395	C	RECONSTRUCT LARYNX & PHARYNX				Inpatient Only	$0.00			
31400	T	REVISION OF LARYNX	00256	50.29		APC	$2,792.50			
31420	T	REMOVAL OF EPIGLOTTIS	00256	50.29		APC	$2,792.50			
31500	T	INSERT EMERGENCY AIRWAY	00250	1.749		APC	$97.12			
31502	T	CHANGE OF WINDPIPE AIRWAY	00250	1.749		APC	$97.12			
31505	T	DIAGNOSTIC LARYNGOSCOPY	00071	2.031		APC	$112.80			
31510	T	LARYNGOSCOPY WITH BIOPSY	00073	16.98		APC	$942.97			
31511	T	REMOVE FOREIGN BODY LARYNX	00071	2.031		APC	$112.80			
31512	T	REMOVAL OF LARYNX LESION	00074	27.1		APC	$1,504.99			
31513	T	INJECTION INTO VOCAL CORD	00072	5.209		APC	$289.28			
31515	T	LARYNGOSCOPY FOR ASPIRATION	00073	16.98		APC	$942.97			
31520	T	DX LARYNGOSCOPY NEWBORN	00072	5.209		APC	$289.28			
31525	T	DX LARYNGOSCOPY EXCL NB	00073	16.98		APC	$942.97			
31526	T	DX LARYNGOSCOPY W/OPER SCOPE	00073	16.98		APC	$942.97			
31527	T	LARYNGOSCOPY FOR TREATMENT	00074	27.1		APC	$1,504.99			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
31528	T	LARYNGOSCOPY AND DILATION	00074	27.1		APC	$1,504.99			
31529	T	LARYNGOSCOPY AND DILATION	00074	27.1		APC	$1,504.99			
31530	T	LARYNGOSCOPY W/FB REMOVAL	00073	16.98		APC	$942.97			
31531	T	LARYNGOSCOPY W/FB & OP SCOPE	00073	16.98		APC	$942.97			
31535	T	LARYNGOSCOPY W/BIOPSY	00074	27.1		APC	$1,504.99			
31536	T	LARYNGOSCOPY W/BX & OP SCOPE	00074	27.1		APC	$1,504.99			
31540	T	LARYNGOSCOPY W/EXC OF TUMOR	00074	27.1		APC	$1,504.99			
31541	T	LARYNSCOP W/TUMR EXC + SCOPE	00074	27.1		APC	$1,504.99			
31545	T	REMOVE VC LESION W/SCOPE	00074	27.1		APC	$1,504.99			
31546	T	REMOVE VC LESION SCOPE/GRAFT	00075	41.4		APC	$2,298.94			
31560	T	LARYNGOSCOP W/ARYTENOIDECTOM	00075	41.4		APC	$2,298.94			
31561	T	LARYNSCOP REMVE CART + SCOP	00074	27.1		APC	$1,504.99			
31570	T	LARYNGOSCOPE W/VC INJ	00073	16.98		APC	$942.97			
31571	T	LARYNGOSCOP W/VC INJ + SCOPE	00074	27.1		APC	$1,504.99			
31575	T	DIAGNOSTIC LARYNGOSCOPY	00071	2.031		APC	$112.80			
31576	T	LARYNGOSCOPY WITH BIOPSY	00073	16.98		APC	$942.97			
31577	T	REMOVE FOREIGN BODY LARYNX	00072	5.209		APC	$289.28			
31578	T	REMOVAL OF LARYNX LESION	00073	16.98		APC	$942.97			
31579	T	DIAGNOSTIC LARYNGOSCOPY	00072	5.209		APC	$289.28			
31580	T	REVISION OF LARYNX	00256	50.29		APC	$2,792.50			
31582	T	REVISION OF LARYNX	00256	50.29		APC	$2,792.50			
31584	C	TREAT LARYNX FRACTURE				Inpatient Only	$0.00			
31587	C	REVISION OF LARYNX				Inpatient Only	$0.00			
31588	T	REVISION OF LARYNX	00256	50.29		APC	$2,792.50			
31590	T	REINNERVATE LARYNX	00256	50.29		APC	$2,792.50			
31595	T	LARYNX NERVE SURGERY	00256	50.29		APC	$2,792.50			
31599	T	LARYNX SURGERY PROCEDURE	00250	1.749		APC	$97.12			
31600	T	INCISION OF WINDPIPE	00254	26.24		APC	$1,457.03			
31601	T	INCISION OF WINDPIPE	00254	26.24		APC	$1,457.03			
31603	T	INCISION OF WINDPIPE	00252	8.718		APC	$484.13			
31605	T	INCISION OF WINDPIPE	00252	8.718		APC	$484.13			
31610	T	INCISION OF WINDPIPE	00256	50.29		APC	$2,792.50			
31611	T	SURGERY/SPEECH PROSTHESIS	00254	26.24		APC	$1,457.03			
31612	T	PUNCTURE/CLEAR WINDPIPE	00256	50.29		APC	$2,792.50			
31613	T	REPAIR WINDPIPE OPENING	00254	26.24		APC	$1,457.03			
31614	T	REPAIR WINDPIPE OPENING	00256	50.29		APC	$2,792.50			
31615	T	VISUALIZATION OF WINDPIPE	00252	8.718		APC	$484.13			
31620	N	ENDOBRONCHIAL US ADD-ON				Bundled, Sometimes Payable	$0.00			
31622	T	DX BRONCHOSCOPE/WASH	00076	14.23		APC	$789.92			
31623	T	DX BRONCHOSCOPE/BRUSH	00076	14.23		APC	$789.92			
31624	T	DX BRONCHOSCOPE/LAVAGE	00076	14.23		APC	$789.92			
31625	T	BRONCHOSCOPY W/BIOPSY(S)	00076	14.23		APC	$789.92			
31626	T	BRONCHOSCOPY W/MARKERS	00415	30.42		APC	$1,689.24			
31627	N	NAVIGATIONAL BRONCHOSCOPY				Bundled, Sometimes Payable	$0.00			
31628	T	BRONCHOSCOPY/LUNG BX EACH	00076	14.23		APC	$789.92			
31629	T	BRONCHOSCOPY/NEEDLE BX EACH	00415	30.42		APC	$1,689.24			
31630	T	BRONCHOSCOPY DILATE/FX REPR	00415	30.42		APC	$1,689.24			
31631	T	BRONCHOSCOPY DILATE W/STENT	00415	30.42		APC	$1,689.24			
31632	N	BRONCHOSCOPY/LUNG BX ADDL				Bundled, Sometimes Payable	$0.00			
31633	N	BRONCHOSCOPY/NEEDLE BX ADDL				Bundled, Sometimes Payable	$0.00			
31634	T	BRONCH W/BALLOON OCCLUSION	00415	30.42		APC	$1,689.24			
31635	T	BRONCHOSCOPY W/FB REMOVAL	00076	14.23		APC	$789.92			
31636	T	BRONCHOSCOPY BRONCH STENTS	00415	30.42		APC	$1,689.24			
31637	N	BRONCHOSCOPY STENT ADD-ON				Bundled, Sometimes Payable	$0.00			
31638	T	BRONCHOSCOPY REVISE STENT	00415	30.42		APC	$1,689.24			
31640	T	BRONCHOSCOPY W/TUMOR EXCISE	00415	30.42		APC	$1,689.24			
31641	T	BRONCHOSCOPY TREAT BLOCKAGE	00415	30.42		APC	$1,689.24			
31643	T	DIAG BRONCHOSCOPE/CATHETER	00076	14.23		APC	$789.92			
31645	T	BRONCHOSCOPY CLEAR AIRWAYS	00076	14.23		APC	$789.92			
31646	T	BRONCHOSCOPY RECLEAR AIRWAY	00076	14.23		APC	$789.92			
31647	T	BRONCHIAL VALVE INIT INSERT	00415	30.42		APC	$1,689.24			
31648	T	BRONCHIAL VALVE REMOV INIT	00415	30.42		APC	$1,689.24			
31649	N	BRONCHIAL VALVE REMOV ADDL	00076	14.23		Bundled, Sometimes Payable	$789.92			
31651	N	BRONCHIAL VALVE ADDL INSERT				Bundled, Sometimes Payable	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
31660	T	BRONCH THERMOPLSTY 1 LOBE	00415	30.42		APC	$1,689.24			
31661	T	BRONCH THERMOPLSTY 2/> LOBES	00415	30.42		APC	$1,689.24			
31717	T	BRONCHIAL BRUSH BIOPSY	00072	5.209		APC	$289.28			
31720	N	CLEARANCE OF AIRWAYS	00077	2.22		Bundled, Sometimes Payable	$123.25			
31725	C	CLEARANCE OF AIRWAYS				Inpatient Only	$0.00			
31730	T	INTRO WINDPIPE WIRE/TUBE	00072	5.209		APC	$289.28			
31750	T	REPAIR OF WINDPIPE	00256	50.29		APC	$2,792.50			
31755	T	REPAIR OF WINDPIPE	00256	50.29		APC	$2,792.50			
31760	C	REPAIR OF WINDPIPE				Inpatient Only	$0.00			
31766	C	RECONSTRUCTION OF WINDPIPE				Inpatient Only	$0.00			
31770	C	REPAIR/GRAFT OF BRONCHUS				Inpatient Only	$0.00			
31775	C	RECONSTRUCT BRONCHUS				Inpatient Only	$0.00			
31780	C	RECONSTRUCT WINDPIPE				Inpatient Only	$0.00			
31781	C	RECONSTRUCT WINDPIPE				Inpatient Only	$0.00			
31785	T	REMOVE WINDPIPE LESION	00254	26.24		APC	$1,457.03			
31786	C	REMOVE WINDPIPE LESION				Inpatient Only	$0.00			
31800	C	REPAIR OF WINDPIPE INJURY				Inpatient Only	$0.00			
31805	C	REPAIR OF WINDPIPE INJURY				Inpatient Only	$0.00			
31820	T	CLOSURE OF WINDPIPE LESION	00254	26.24		APC	$1,457.03			
31825	T	REPAIR OF WINDPIPE DEFECT	00254	26.24		APC	$1,457.03			
31830	T	REVISE WINDPIPE SCAR	00254	26.24		APC	$1,457.03			
31899	T	AIRWAYS SURGICAL PROCEDURE	00076	14.23		APC	$789.92			
32035	C	THORACOSTOMY W/RIB RESECTION				Inpatient Only	$0.00			
32036	C	THORACOSTOMY W/FLAP DRAINAGE				Inpatient Only	$0.00			
32096	C	OPEN WEDGE/BX LUNG INFILTR				Inpatient Only	$0.00			
32097	C	OPEN WEDGE/BX LUNG NODULE				Inpatient Only	$0.00			
32098	C	OPEN BIOPSY OF LUNG PLEURA				Inpatient Only	$0.00			
32100	C	EXPLORATION OF CHEST				Inpatient Only	$0.00			
32110	C	EXPLORE/REPAIR CHEST				Inpatient Only	$0.00			
32120	C	RE-EXPLORATION OF CHEST				Inpatient Only	$0.00			
32124	C	EXPLORE CHEST FREE ADHESIONS				Inpatient Only	$0.00			
32140	C	REMOVAL OF LUNG LESION(S)				Inpatient Only	$0.00			
32141	C	REMOVE/TREAT LUNG LESIONS				Inpatient Only	$0.00			
32150	C	REMOVAL OF LUNG LESION(S)				Inpatient Only	$0.00			
32151	C	REMOVE LUNG FOREIGN BODY				Inpatient Only	$0.00			
32160	C	OPEN CHEST HEART MASSAGE				Inpatient Only	$0.00			
32200	C	DRAIN OPEN LUNG LESION				Inpatient Only	$0.00			
32215	C	TREAT CHEST LINING				Inpatient Only	$0.00			
32220	C	RELEASE OF LUNG				Inpatient Only	$0.00			
32225	C	PARTIAL RELEASE OF LUNG				Inpatient Only	$0.00			
32310	C	REMOVAL OF CHEST LINING				Inpatient Only	$0.00			
32320	C	FREE/REMOVE CHEST LINING				Inpatient Only	$0.00			
32400	T	NEEDLE BIOPSY CHEST LINING	00005	14.19		APC	$788.06			
32405	T	PERCUT BX LUNG/MEDIASTINUM	00005	14.19		APC	$788.06			
32440	C	REMOVE LUNG PNEUMONECTOMY				Inpatient Only	$0.00			
32442	C	SLEEVE PNEUMONECTOMY				Inpatient Only	$0.00			
32445	C	REMOVAL OF LUNG EXTRAPLEURAL				Inpatient Only	$0.00			
32480	C	PARTIAL REMOVAL OF LUNG				Inpatient Only	$0.00			
32482	C	BILOBECTOMY				Inpatient Only	$0.00			
32484	C	SEGMENTECTOMY				Inpatient Only	$0.00			
32486	C	SLEEVE LOBECTOMY				Inpatient Only	$0.00			
32488	C	COMPLETION PNEUMONECTOMY				Inpatient Only	$0.00			
32491	C	LUNG VOLUME REDUCTION				Inpatient Only	$0.00			
32501	C	REPAIR BRONCHUS ADD-ON				Inpatient Only	$0.00			
32503	C	RESECT APICAL LUNG TUMOR				Inpatient Only	$0.00			
32504	C	RESECT APICAL LUNG TUM/CHEST				Inpatient Only	$0.00			
32505	C	WEDGE RESECT OF LUNG INITIAL				Inpatient Only	$0.00			
32506	C	WEDGE RESECT OF LUNG ADD-ON				Inpatient Only	$0.00			
32507	C	WEDGE RESECT OF LUNG DIAG				Inpatient Only	$0.00			
32540	C	REMOVAL OF LUNG LESION				Inpatient Only	$0.00			
32550	T	INSERT PLEURAL CATH	00652	30.85		APC	$1,713.10			
32551	T	INSERTION OF CHEST TUBE	00070	6.597		APC	$366.35			
32552	N	REMOVE LUNG CATHETER	00070	6.597		Bundled, Sometimes Payable	$366.35			
32553	S	INS MARK THOR FOR RT PERQ	00310	14		APC	$777.50			

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32554	T	ASPIRATE PLEURA W/O IMAGING	00070	6.597		APC	$366.35			
32555	T	ASPIRATE PLEURA W/ IMAGING	00070	6.597		APC	$366.35			
32556	T	INSERT CATH PLEURA W/O IMAGE	00070	6.597		APC	$366.35			
32557	T	INSERT CATH PLEURA W/ IMAGE	00070	6.597		APC	$366.35			
32560	T	TREAT PLEURODESIS W/AGENT	00070	6.597		APC	$366.35			
32561	T	LYSE CHEST FIBRIN INIT DAY	00070	6.597		APC	$366.35			
32562	T	LYSE CHEST FIBRIN SUBQ DAY	00070	6.597		APC	$366.35			
32601	T	THORACOSCOPY DIAGNOSTIC	00069	41.44		APC	$2,301.26			
32604	T	THORACOSCOPY WBX SAC	00069	41.44		APC	$2,301.26			
32606	T	THORACOSCOPY W/BX MED SPACE	00069	41.44		APC	$2,301.26			
32607	T	THORACOSCOPY W/BX INFILTRATE	00069	41.44		APC	$2,301.26			
32608	T	THORACOSCOPY W/BX NODULE	00069	41.44		APC	$2,301.26			
32609	T	THORACOSCOPY W/BX PLEURA	00069	41.44		APC	$2,301.26			
32650	C	THORACOSCOPY W/PLEURODESIS				Inpatient Only	$0.00			
32651	C	THORACOSCOPY REMOVE CORTEX				Inpatient Only	$0.00			
32652	C	THORACOSCOPY REM TOTL CORTEX				Inpatient Only	$0.00			
32653	C	THORACOSCOPY REMOV FB/FIBRIN				Inpatient Only	$0.00			
32654	C	THORACOSCOPY CONTRL BLEEDING				Inpatient Only	$0.00			
32655	C	THORACOSCOPY RESECT BULLAE				Inpatient Only	$0.00			
32656	C	THORACOSCOPY W/PLEURECTOMY				Inpatient Only	$0.00			
32658	C	THORACOSCOPY W/SAC FB REMOVE				Inpatient Only	$0.00			
32659	C	THORACOSCOPY W/SAC DRAINAGE				Inpatient Only	$0.00			
32661	C	THORACOSCOPY W/PERICARD EXC				Inpatient Only	$0.00			
32662	C	THORACOSCOPY W/MEDIAST EXC				Inpatient Only	$0.00			
32663	C	THORACOSCOPY W/LOBECTOMY				Inpatient Only	$0.00			
32664	C	THORACOSCOPY W/ TH NRV EXC				Inpatient Only	$0.00			
32665	C	THORACOSCOP W/ESOPH MUSC EXC				Inpatient Only	$0.00			
32666	C	THORACOSCOPY W/WEDGE RESECT				Inpatient Only	$0.00			
32667	C	THORACOSCOPY W/W RESECT ADDL				Inpatient Only	$0.00			
32668	C	THORACOSCOPY W/W RESECT DIAG				Inpatient Only	$0.00			
32669	C	THORACOSCOPY REMOVE SEGMENT				Inpatient Only	$0.00			
32670	C	THORACOSCOPY BILOBECTOMY				Inpatient Only	$0.00			
32671	C	THORACOSCOPY PNEUMONECTOMY				Inpatient Only	$0.00			
32672	C	THORACOSCOPY FOR LVRS				Inpatient Only	$0.00			
32673	C	THORACOSCOPY W/THYMUS RESECT				Inpatient Only	$0.00			
32674	C	THORACOSCOPY LYMPH NODE EXC				Inpatient Only	$0.00			
32701	E	THORAX STEREO RAD TARGETW/TX				Not Allowed	$0.00			
32800	C	REPAIR LUNG HERNIA				Inpatient Only	$0.00			
32810	C	CLOSE CHEST AFTER DRAINAGE				Inpatient Only	$0.00			
32815	C	CLOSE BRONCHIAL FISTULA				Inpatient Only	$0.00			
32820	C	RECONSTRUCT INJURED CHEST				Inpatient Only	$0.00			
32850	C	DONOR PNEUMONECTOMY				Inpatient Only	$0.00			
32851	C	LUNG TRANSPLANT SINGLE				Inpatient Only	$0.00			
32852	C	LUNG TRANSPLANT WITH BYPASS				Inpatient Only	$0.00			
32853	C	LUNG TRANSPLANT DOUBLE				Inpatient Only	$0.00			
32854	C	LUNG TRANSPLANT WITH BYPASS				Inpatient Only	$0.00			
32855	C	PREPARE DONOR LUNG SINGLE				Inpatient Only	$0.00			
32856	C	PREPARE DONOR LUNG DOUBLE				Inpatient Only	$0.00			
32900	C	REMOVAL OF RIB(S)				Inpatient Only	$0.00			
32905	C	REVISE & REPAIR CHEST WALL				Inpatient Only	$0.00			
32906	C	REVISE & REPAIR CHEST WALL				Inpatient Only	$0.00			
32940	C	REVISION OF LUNG				Inpatient Only	$0.00			
32960	T	THERAPEUTIC PNEUMOTHORAX	00070	6.597		APC	$366.35			
32997	C	TOTAL LUNG LAVAGE				Inpatient Only	$0.00			
32998	T	PERQ RF ABLATE TX PUL TUMOR	00423	55.22		APC	$3,066.41			
32999	T	CHEST SURGERY PROCEDURE	00070	6.597		APC	$366.35			
33010	T	DRAINAGE OF HEART SAC	00070	6.597		APC	$366.35			
33011	T	REPEAT DRAINAGE OF HEART SAC	00070	6.597		APC	$366.35			
33015	C	INCISION OF HEART SAC				Inpatient Only	$0.00			
33020	C	INCISION OF HEART SAC				Inpatient Only	$0.00			
33025	C	INCISION OF HEART SAC				Inpatient Only	$0.00			
33030	C	PARTIAL REMOVAL OF HEART SAC				Inpatient Only	$0.00			
33031	C	PARTIAL REMOVAL OF HEART SAC				Inpatient Only	$0.00			
33050	C	RESECT HEART SAC LESION				Inpatient Only	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33120	C	REMOVAL OF HEART LESION				Inpatient Only	$0.00			
33130	C	REMOVAL OF HEART LESION				Inpatient Only	$0.00			
33140	C	HEART REVASCULARIZE (TMR)				Inpatient Only	$0.00			
33141	C	HEART TMR W/OTHER PROCEDURE				Inpatient Only	$0.00			
33202	C	INSERT EPICARD ELTRD OPEN				Inpatient Only	$0.00			
33203	C	INSERT EPICARD ELTRD ENDO				Inpatient Only	$0.00			
33206	N	INSERT HEART PM ATRIAL	00089	128		Bundled, Sometimes Payable	$7,107.32			
33207	N	INSERT HEART PM VENTRICULAR	00089	128		Bundled, Sometimes Payable	$7,107.32			
33208	N	INSRT HEART PM ATRIAL & VENT	00089	128		Bundled, Sometimes Payable	$7,107.32			
33210	N	INSERT ELECTRD/PM CATH SNGL	00090	88.24		Bundled, Sometimes Payable	$4,900.20			
33211	N	INSERT CARD ELECTRODES DUAL	00090	88.24		Bundled, Sometimes Payable	$4,900.20			
33212	N	INSERT PULSE GEN SNGL LEAD	00090	88.24		Bundled, Sometimes Payable	$4,900.20			
33213	N	INSERT PULSE GEN DUAL LEADS	00089	128		Bundled, Sometimes Payable	$7,107.32			
33214	N	UPGRADE OF PACEMAKER SYSTEM	00089	128		Bundled, Sometimes Payable	$7,107.32			
33215	T	REPOSITION PACING-DEFIB LEAD	00103	21.25		APC	$1,179.92			
33216	N	INSERT 1 ELECTRODE PM-DEFIB	00090	88.24		Bundled, Sometimes Payable	$4,900.20			
33217	N	INSERT 2 ELECTRODE PM-DEFIB	00090	88.24		Bundled, Sometimes Payable	$4,900.20			
33218	T	REPAIR LEAD PACE-DEFIB ONE	00105	31.65		APC	$1,757.27			
33220	T	REPAIR LEAD PACE-DEFIB DUAL	00105	31.65		APC	$1,757.27			
33221	N	INSERT PULSE GEN MULT LEADS	00655	221.2		Bundled, Sometimes Payable	$12,283.48			
33222	T	RELOCATION POCKET PACEMAKER	00328	18.97		APC	$1,053.67			
33223	T	RELOCATE POCKET FOR DEFIB	00328	18.97		APC	$1,053.67			
33224	N	INSERT PACING LEAD & CONNECT	00089	128		Bundled, Sometimes Payable	$7,107.32			
33225	N	L VENTRIC PACING LEAD ADD-ON				Bundled, Sometimes Payable	$0.00			
33226	T	REPOSITION L VENTRIC LEAD	00103	21.25		APC	$1,179.92			
33227	N	REMOVE&REPLACE PM GEN SINGL	00090	88.24		Bundled, Sometimes Payable	$4,900.20			
33228	N	REMV&REPLC PM GEN DUAL LEAD	00089	128		Bundled, Sometimes Payable	$7,107.32			
33229	N	REMV&REPLC PM GEN MULT LEADS	00655	221.2		Bundled, Sometimes Payable	$12,283.48			
33230	N	INSRT PULSE GEN W/DUAL LEADS	00107	309		Bundled, Sometimes Payable	$17,156.63			
33231	N	INSRT PULSE GEN W/MULT LEADS	00108	415.5		Bundled, Sometimes Payable	$23,072.39			
33233	N	REMOVAL OF PM GENERATOR	00090	88.24		Bundled, Sometimes Payable	$4,900.20			
33234	N	REMOVAL OF PACEMAKER SYSTEM	00105	31.65		Bundled, Sometimes Payable	$1,757.27			
33235	N	REMOVAL PACEMAKER ELECTRODE	00105	31.65		Bundled, Sometimes Payable	$1,757.27			
33236	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only	$0.00			
33237	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only	$0.00			
33238	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only	$0.00			
33240	N	INSRT PULSE GEN W/SINGL LEAD	00107	309		Bundled, Sometimes Payable	$17,156.63			
33241	N	REMOVE PULSE GENERATOR	00105	31.65		Bundled, Sometimes Payable	$1,757.27			
33243	C	REMOVE ELTRD/THORACOTOMY				Inpatient Only	$0.00			
33244	N	REMOVE ELCTRD TRANSVENOUSLY	00105	31.65		Bundled, Sometimes Payable	$1,757.27			
33249	N	INSJ/RPLCMT DEFIB W/LEAD(S)	00108	415.5		Bundled, Sometimes Payable	$23,072.39			
33250	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only	$0.00			
33251	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only	$0.00			
33254	C	ABLATE ATRIA LMTD				Inpatient Only	$0.00			
33255	C	ABLATE ATRIA W/O BYPASS EXT				Inpatient Only	$0.00			
33256	C	ABLATE ATRIA W/BYPASS EXTEN				Inpatient Only	$0.00			
33257	C	ABLATE ATRIA LMTD ADD-ON				Inpatient Only	$0.00			
33258	C	ABLATE ATRIA X10SV ADD-ON				Inpatient Only	$0.00			
33259	C	ABLATE ATRIA W/BYPASS ADD-ON				Inpatient Only	$0.00			
33261	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only	$0.00			
33262	N	RMVL& REPLC PULSE GEN 1 LEAD	00107	309		Bundled, Sometimes Payable	$17,156.63			
33263	N	RMVL & RPLCMT DFB GEN 2 LEAD	00107	309		Bundled, Sometimes Payable	$17,156.63			
33264	N	RMVL & RPLCMT DFB GEN MLT LD	00108	415.5		Bundled, Sometimes Payable	$23,072.39			
33265	C	ABLATE ATRIA LMTD ENDO				Inpatient Only	$0.00			
33266	C	ABLATE ATRIA X10SV ENDO				Inpatient Only	$0.00			
33270	N	INS/REP SUBQ DEFIBRILLATOR	00108	415.5		Bundled, Sometimes Payable	$23,072.39			
33271	N	INSJ SUBQ IMPLTBL DFB ELCTRD	00090	88.24		Bundled, Sometimes Payable	$4,900.20			
33272	N	RMVL OF SUBQ DEFIBRILLATOR	00105	31.65		Bundled, Sometimes Payable	$1,757.27			
33273	T	REPOS PREV IMPLTBL SUBQ DFB	00105	31.65		APC	$1,757.27			
33282	N	IMPLANT PAT-ACTIVE HT RECORD	00090	88.24		Bundled, Sometimes Payable	$4,900.20			
33284	N	REMOVE PAT-ACTIVE HT RECORD	00020	11.14		Bundled, Sometimes Payable	$618.83			
33300	C	REPAIR OF HEART WOUND				Inpatient Only	$0.00			
33305	C	REPAIR OF HEART WOUND				Inpatient Only	$0.00			
33310	C	EXPLORATORY HEART SURGERY				Inpatient Only	$0.00			

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33315	C	EXPLORATORY HEART SURGERY				Inpatient Only	$0.00			
33320	C	REPAIR MAJOR BLOOD VESSEL(S)				Inpatient Only	$0.00			
33321	C	REPAIR MAJOR VESSEL				Inpatient Only	$0.00			
33322	C	REPAIR MAJOR BLOOD VESSEL(S)				Inpatient Only	$0.00			
33330	C	INSERT MAJOR VESSEL GRAFT				Inpatient Only	$0.00			
33335	C	INSERT MAJOR VESSEL GRAFT				Inpatient Only	$0.00			
33361	C	REPLACE AORTIC VALVE PERQ				Inpatient Only	$0.00			
33362	C	REPLACE AORTIC VALVE OPEN				Inpatient Only	$0.00			
33363	C	REPLACE AORTIC VALVE OPEN				Inpatient Only	$0.00			
33364	C	REPLACE AORTIC VALVE OPEN				Inpatient Only	$0.00			
33365	C	REPLACE AORTIC VALVE OPEN				Inpatient Only	$0.00			
33366	C	TRCATH REPLACE AORTIC VALVE				Inpatient Only	$0.00			
33367	C	REPLACE AORTIC VALVE W/BYP				Inpatient Only	$0.00			
33368	C	REPLACE AORTIC VALVE W/BYP				Inpatient Only	$0.00			
33369	C	REPLACE AORTIC VALVE W/BYP				Inpatient Only	$0.00			
33400	C	REPAIR OF AORTIC VALVE				Inpatient Only	$0.00			
33401	C	VALVULOPLASTY OPEN				Inpatient Only	$0.00			
33403	C	VALVULOPLASTY W/CP BYPASS				Inpatient Only	$0.00			
33404	C	PREPARE HEART-AORTA CONDUIT				Inpatient Only	$0.00			
33405	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			
33406	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			
33410	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			
33411	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			
33412	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			
33413	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			
33414	C	REPAIR OF AORTIC VALVE				Inpatient Only	$0.00			
33415	C	REVISION SUBVALVULAR TISSUE				Inpatient Only	$0.00			
33416	C	REVISE VENTRICLE MUSCLE				Inpatient Only	$0.00			
33417	C	REPAIR OF AORTIC VALVE				Inpatient Only	$0.00			
33418	C	REPAIR TCAT MITRAL VALVE				Inpatient Only	$0.00			
33419	N	REPAIR TCAT MITRAL VALVE				Bundled, Sometimes Payable	$0.00			
33420	C	REVISION OF MITRAL VALVE				Inpatient Only	$0.00			
33422	C	REVISION OF MITRAL VALVE				Inpatient Only	$0.00			
33425	C	REPAIR OF MITRAL VALVE				Inpatient Only	$0.00			
33426	C	REPAIR OF MITRAL VALVE				Inpatient Only	$0.00			
33427	C	REPAIR OF MITRAL VALVE				Inpatient Only	$0.00			
33430	C	REPLACEMENT OF MITRAL VALVE				Inpatient Only	$0.00			
33460	C	REVISION OF TRICUSPID VALVE				Inpatient Only	$0.00			
33463	C	VALVULOPLASTY TRICUSPID				Inpatient Only	$0.00			
33464	C	VALVULOPLASTY TRICUSPID				Inpatient Only	$0.00			
33465	C	REPLACE TRICUSPID VALVE				Inpatient Only	$0.00			
33468	C	REVISION OF TRICUSPID VALVE				Inpatient Only	$0.00			
33470	C	REVISION OF PULMONARY VALVE				Inpatient Only	$0.00			
33471	C	VALVOTOMY PULMONARY VALVE				Inpatient Only	$0.00			
33474	C	REVISION OF PULMONARY VALVE				Inpatient Only	$0.00			
33475	C	REPLACEMENT PULMONARY VALVE				Inpatient Only	$0.00			
33476	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			
33478	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			
33496	C	REPAIR PROSTH VALVE CLOT				Inpatient Only	$0.00			
33500	C	REPAIR HEART VESSEL FISTULA				Inpatient Only	$0.00			
33501	C	REPAIR HEART VESSEL FISTULA				Inpatient Only	$0.00			
33502	C	CORONARY ARTERY CORRECTION				Inpatient Only	$0.00			
33503	C	CORONARY ARTERY GRAFT				Inpatient Only	$0.00			
33504	C	CORONARY ARTERY GRAFT				Inpatient Only	$0.00			
33505	C	REPAIR ARTERY W/TUNNEL				Inpatient Only	$0.00			
33506	C	REPAIR ARTERY TRANSLOCATION				Inpatient Only	$0.00			
33507	C	REPAIR ART INTRAMURAL				Inpatient Only	$0.00			
33508	N	ENDOSCOPIC VEIN HARVEST				Bundled, Sometimes Payable	$0.00			
33510	C	CABG VEIN SINGLE				Inpatient Only	$0.00			
33511	C	CABG VEIN TWO				Inpatient Only	$0.00			
33512	C	CABG VEIN THREE				Inpatient Only	$0.00			
33513	C	CABG VEIN FOUR				Inpatient Only	$0.00			
33514	C	CABG VEIN FIVE				Inpatient Only	$0.00			
33516	C	CABG VEIN SIX OR MORE				Inpatient Only	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33517	C	CABG ARTERY-VEIN SINGLE				Inpatient Only	$0.00			
33518	C	CABG ARTERY-VEIN TWO				Inpatient Only	$0.00			
33519	C	CABG ARTERY-VEIN THREE				Inpatient Only	$0.00			
33521	C	CABG ARTERY-VEIN FOUR				Inpatient Only	$0.00			
33522	C	CABG ARTERY-VEIN FIVE				Inpatient Only	$0.00			
33523	C	CABG ART-VEIN SIX OR MORE				Inpatient Only	$0.00			
33530	C	CORONARY ARTERY BYPASS/REOP				Inpatient Only	$0.00			
33533	C	CABG ARTERIAL SINGLE				Inpatient Only	$0.00			
33534	C	CABG ARTERIAL TWO				Inpatient Only	$0.00			
33535	C	CABG ARTERIAL THREE				Inpatient Only	$0.00			
33536	C	CABG ARTERIAL FOUR OR MORE				Inpatient Only	$0.00			
33542	C	REMOVAL OF HEART LESION				Inpatient Only	$0.00			
33545	C	REPAIR OF HEART DAMAGE				Inpatient Only	$0.00			
33548	C	RESTORE/REMODEL VENTRICLE				Inpatient Only	$0.00			
33572	C	OPEN CORONARY ENDARTERECTOMY				Inpatient Only	$0.00			
33600	C	CLOSURE OF VALVE				Inpatient Only	$0.00			
33602	C	CLOSURE OF VALVE				Inpatient Only	$0.00			
33606	C	ANASTOMOSIS/ARTERY-AORTA				Inpatient Only	$0.00			
33608	C	REPAIR ANOMALY W/CONDUIT				Inpatient Only	$0.00			
33610	C	REPAIR BY ENLARGEMENT				Inpatient Only	$0.00			
33611	C	REPAIR DOUBLE VENTRICLE				Inpatient Only	$0.00			
33612	C	REPAIR DOUBLE VENTRICLE				Inpatient Only	$0.00			
33615	C	REPAIR MODIFIED FONTAN				Inpatient Only	$0.00			
33617	C	REPAIR SINGLE VENTRICLE				Inpatient Only	$0.00			
33619	C	REPAIR SINGLE VENTRICLE				Inpatient Only	$0.00			
33620	C	APPLY R&L PULM ART BANDS				Inpatient Only	$0.00			
33621	C	TRANSTHOR CATH FOR STENT				Inpatient Only	$0.00			
33622	C	REDO COMPL CARDIAC ANOMALY				Inpatient Only	$0.00			
33641	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	$0.00			
33645	C	REVISION OF HEART VEINS				Inpatient Only	$0.00			
33647	C	REPAIR HEART SEPTUM DEFECTS				Inpatient Only	$0.00			
33660	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			
33665	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			
33670	C	REPAIR OF HEART CHAMBERS				Inpatient Only	$0.00			
33675	C	CLOSE MULT VSD				Inpatient Only	$0.00			
33676	C	CLOSE MULT VSD W/RESECTION				Inpatient Only	$0.00			
33677	C	CL MULT VSD W/REM PUL BAND				Inpatient Only	$0.00			
33681	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	$0.00			
33684	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	$0.00			
33688	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	$0.00			
33690	C	REINFORCE PULMONARY ARTERY				Inpatient Only	$0.00			
33692	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			
33694	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			
33697	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			
33702	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			
33710	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			
33720	C	REPAIR OF HEART DEFECT				Inpatient Only	$0.00			
33722	C	REPAIR OF HEART DEFECT				Inpatient Only	$0.00			
33724	C	REPAIR VENOUS ANOMALY				Inpatient Only	$0.00			
33726	C	REPAIR PUL VENOUS STENOSIS				Inpatient Only	$0.00			
33730	C	REPAIR HEART-VEIN DEFECT(S)				Inpatient Only	$0.00			
33732	C	REPAIR HEART-VEIN DEFECT				Inpatient Only	$0.00			
33735	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			
33736	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			
33737	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			
33750	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			
33755	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			
33762	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			
33764	C	MAJOR VESSEL SHUNT & GRAFT				Inpatient Only	$0.00			
33766	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			
33767	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			
33768	C	CAVOPULMONARY SHUNTING				Inpatient Only	$0.00			
33770	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33771	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			

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33774	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33775	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33776	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33777	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33778	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33779	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33780	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33781	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33782	C	NIKAIDOH PROC				Inpatient Only	$0.00			
33783	C	NIKAIDOH PROC W/OSTIA IMPLT				Inpatient Only	$0.00			
33786	C	REPAIR ARTERIAL TRUNK				Inpatient Only	$0.00			
33788	C	REVISION OF PULMONARY ARTERY				Inpatient Only	$0.00			
33800	C	AORTIC SUSPENSION				Inpatient Only	$0.00			
33802	C	REPAIR VESSEL DEFECT				Inpatient Only	$0.00			
33803	C	REPAIR VESSEL DEFECT				Inpatient Only	$0.00			
33813	C	REPAIR SEPTAL DEFECT				Inpatient Only	$0.00			
33814	C	REPAIR SEPTAL DEFECT				Inpatient Only	$0.00			
33820	C	REVISE MAJOR VESSEL				Inpatient Only	$0.00			
33822	C	REVISE MAJOR VESSEL				Inpatient Only	$0.00			
33824	C	REVISE MAJOR VESSEL				Inpatient Only	$0.00			
33840	C	REMOVE AORTA CONSTRICTION				Inpatient Only	$0.00			
33845	C	REMOVE AORTA CONSTRICTION				Inpatient Only	$0.00			
33851	C	REMOVE AORTA CONSTRICTION				Inpatient Only	$0.00			
33852	C	REPAIR SEPTAL DEFECT				Inpatient Only	$0.00			
33853	C	REPAIR SEPTAL DEFECT				Inpatient Only	$0.00			
33860	C	ASCENDING AORTIC GRAFT				Inpatient Only	$0.00			
33863	C	ASCENDING AORTIC GRAFT				Inpatient Only	$0.00			
33864	C	ASCENDING AORTIC GRAFT				Inpatient Only	$0.00			
33870	C	TRANSVERSE AORTIC ARCH GRAFT				Inpatient Only	$0.00			
33875	C	THORACIC AORTIC GRAFT				Inpatient Only	$0.00			
33877	C	THORACOABDOMINAL GRAFT				Inpatient Only	$0.00			
33880	C	ENDOVASC TAA REPR INCL SUBCL				Inpatient Only	$0.00			
33881	C	ENDOVASC TAA REPR W/O SUBCL				Inpatient Only	$0.00			
33883	C	INSERT ENDOVASC PROSTH TAA				Inpatient Only	$0.00			
33884	C	ENDOVASC PROSTH TAA ADD-ON				Inpatient Only	$0.00			
33886	C	ENDOVASC PROSTH DELAYED				Inpatient Only	$0.00			
33889	C	ARTERY TRANSPOSE/ENDOVAS TAA				Inpatient Only	$0.00			
33891	C	CAR-CAR BP GRFT/ENDOVAS TAA				Inpatient Only	$0.00			
33910	C	REMOVE LUNG ARTERY EMBOLI				Inpatient Only	$0.00			
33915	C	REMOVE LUNG ARTERY EMBOLI				Inpatient Only	$0.00			
33916	C	SURGERY OF GREAT VESSEL				Inpatient Only	$0.00			
33917	C	REPAIR PULMONARY ARTERY				Inpatient Only	$0.00			
33920	C	REPAIR PULMONARY ATRESIA				Inpatient Only	$0.00			
33922	C	TRANSECT PULMONARY ARTERY				Inpatient Only	$0.00			
33924	C	REMOVE PULMONARY SHUNT				Inpatient Only	$0.00			
33925	C	RPR PUL ART UNIFOCAL W/O CPB				Inpatient Only	$0.00			
33926	C	REPR PUL ART UNIFOCAL W/CPB				Inpatient Only	$0.00			
33930	C	REMOVAL OF DONOR HEART/LUNG				Inpatient Only	$0.00			
33933	C	PREPARE DONOR HEART/LUNG				Inpatient Only	$0.00			
33935	C	TRANSPLANTATION HEART/LUNG				Inpatient Only	$0.00			
33940	C	REMOVAL OF DONOR HEART				Inpatient Only	$0.00			
33944	C	PREPARE DONOR HEART				Inpatient Only	$0.00			
33945	C	TRANSPLANTATION OF HEART				Inpatient Only	$0.00			
33946	C	ECMO/ECLS INITIATION VENOUS				Inpatient Only	$0.00			
33947	C	ECMO/ECLS INITIATION ARTERY				Inpatient Only	$0.00			
33948	C	ECMO/ECLS DAILY MGMT-VENOUS				Inpatient Only	$0.00			
33949	C	ECMO/ECLS DAILY MGMT ARTERY				Inpatient Only	$0.00			
33951	C	ECMO/ECLS INSJ PRPH CANNULA				Inpatient Only	$0.00			
33952	C	ECMO/ECLS INSJ PRPH CANNULA				Inpatient Only	$0.00			
33953	C	ECMO/ECLS INSJ PRPH CANNULA				Inpatient Only	$0.00			
33954	C	ECMO/ECLS INSJ PRPH CANNULA				Inpatient Only	$0.00			
33955	C	ECMO/ECLS INSJ CTR CANNULA				Inpatient Only	$0.00			
33956	C	ECMO/ECLS INSJ CTR CANNULA				Inpatient Only	$0.00			
33957	C	ECMO/ECLS REPOS PERPH CNULA				Inpatient Only	$0.00			

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33958	C	ECMO/ECLS REPOS PERPH CNULA				Inpatient Only	$0.00			
33959	C	ECMO/ECLS REPOS PERPH CNULA				Inpatient Only	$0.00			
33962	C	ECMO/ECLS REPOS PERPH CNULA				Inpatient Only	$0.00			
33963	C	ECMO/ECLS REPOS PERPH CNULA				Inpatient Only	$0.00			
33964	C	ECMO/ECLS REPOS PERPH CNULA				Inpatient Only	$0.00			
33965	C	ECMO/ECLS RMVL PERPH CANNULA				Inpatient Only	$0.00			
33966	C	ECMO/ECLS RMVL PRPH CANNULA				Inpatient Only	$0.00			
33967	C	INSERT I-AORT PERCUT DEVICE				Inpatient Only	$0.00			
33968	C	REMOVE AORTIC ASSIST DEVICE				Inpatient Only	$0.00			
33969	C	ECMO/ECLS RMVL PERPH CANNULA				Inpatient Only	$0.00			
33970	C	AORTIC CIRCULATION ASSIST				Inpatient Only	$0.00			
33971	C	AORTIC CIRCULATION ASSIST				Inpatient Only	$0.00			
33973	C	INSERT BALLOON DEVICE				Inpatient Only	$0.00			
33974	C	REMOVE INTRA-AORTIC BALLOON				Inpatient Only	$0.00			
33975	C	IMPLANT VENTRICULAR DEVICE				Inpatient Only	$0.00			
33976	C	IMPLANT VENTRICULAR DEVICE				Inpatient Only	$0.00			
33977	C	REMOVE VENTRICULAR DEVICE				Inpatient Only	$0.00			
33978	C	REMOVE VENTRICULAR DEVICE				Inpatient Only	$0.00			
33979	C	INSERT INTRACORPOREAL DEVICE				Inpatient Only	$0.00			
33980	C	REMOVE INTRACORPOREAL DEVICE				Inpatient Only	$0.00			
33981	C	REPLACE VAD PUMP EXT				Inpatient Only	$0.00			
33982	C	REPLACE VAD INTRA W/O BP				Inpatient Only	$0.00			
33983	C	REPLACE VAD INTRA W/BP				Inpatient Only	$0.00			
33984	C	ECMO/ECLS RMVL PRPH CANNULA				Inpatient Only	$0.00			
33985	C	ECMO/ECLS RMVL CTR CANNULA				Inpatient Only	$0.00			
33986	C	ECMO/ECLS RMVL CTR CANNULA				Inpatient Only	$0.00			
33987	C	ARTERY EXPOS/GRAFT ARTERY				Inpatient Only	$0.00			
33988	C	INSERTION OF LEFT HEART VENT				Inpatient Only	$0.00			
33989	C	REMOVAL OF LEFT HEART VENT				Inpatient Only	$0.00			
33990	C	INSERT VAD ARTERY ACCESS				Inpatient Only	$0.00			
33991	C	INSERT VAD ART&VEIN ACCESS				Inpatient Only	$0.00			
33992	C	REMOVE VAD DIFFERENT SESSION				Inpatient Only	$0.00			
33993	C	REPOSITION VAD DIFF SESSION				Inpatient Only	$0.00			
33999	T	CARDIAC SURGERY PROCEDURE	00070	6.597		APC	$366.35			
34001	C	REMOVAL OF ARTERY CLOT				Inpatient Only	$0.00			
34051	C	REMOVAL OF ARTERY CLOT				Inpatient Only	$0.00			
34101	T	REMOVAL OF ARTERY CLOT	00088	43.42		APC	$2,411.31			
34111	T	REMOVAL OF ARM ARTERY CLOT	00088	43.42		APC	$2,411.31			
34151	C	REMOVAL OF ARTERY CLOT				Inpatient Only	$0.00			
34201	T	REMOVAL OF ARTERY CLOT	00088	43.42		APC	$2,411.31			
34203	T	REMOVAL OF LEG ARTERY CLOT	00088	43.42		APC	$2,411.31			
34401	C	REMOVAL OF VEIN CLOT				Inpatient Only	$0.00			
34421	T	REMOVAL OF VEIN CLOT	00088	43.42		APC	$2,411.31			
34451	C	REMOVAL OF VEIN CLOT				Inpatient Only	$0.00			
34471	T	REMOVAL OF VEIN CLOT	00088	43.42		APC	$2,411.31			
34490	T	REMOVAL OF VEIN CLOT	00088	43.42		APC	$2,411.31			
34501	T	REPAIR VALVE FEMORAL VEIN	00088	43.42		APC	$2,411.31			
34502	C	RECONSTRUCT VENA CAVA				Inpatient Only	$0.00			
34510	T	TRANSPOSITION OF VEIN VALVE	00088	43.42		APC	$2,411.31			
34520	T	CROSS-OVER VEIN GRAFT	00088	43.42		APC	$2,411.31			
34530	T	LEG VEIN FUSION	00088	43.42		APC	$2,411.31			
34800	C	ENDOVAS AAA REPR W/SM TUBE				Inpatient Only	$0.00			
34802	C	ENDOVAS AAA REPR W/2-P PART				Inpatient Only	$0.00			
34803	C	ENDOVAS AAA REPR W/3-P PART				Inpatient Only	$0.00			
34804	C	ENDOVAS AAA REPR W/1-P PART				Inpatient Only	$0.00			
34805	C	ENDOVAS AAA REPR W/LONG TUBE				Inpatient Only	$0.00			
34806	C	ANEURYSM PRESS SENSOR ADD-ON				Inpatient Only	$0.00			
34808	C	ENDOVAS ILIAC A DEVICE ADDON				Inpatient Only	$0.00			
34812	C	XPOSE FOR ENDOPROSTH FEMORL				Inpatient Only	$0.00			
34813	C	FEMORAL ENDOVAS GRAFT ADD-ON				Inpatient Only	$0.00			
34820	C	XPOSE FOR ENDOPROSTH ILIAC				Inpatient Only	$0.00			
34825	C	ENDOVASC EXTEND PROSTH INIT				Inpatient Only	$0.00			
34826	C	ENDOVASC EXTEN PROSTH ADDL				Inpatient Only	$0.00			
34830	C	OPEN AORTIC TUBE PROSTH REPR				Inpatient Only	$0.00			

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34831	C	OPEN AORTOILIAC PROSTH REPR				Inpatient Only	$0.00			
34832	C	OPEN AORTOFEMOR PROSTH REPR				Inpatient Only	$0.00			
34833	C	XPOSE FOR ENDOPROSTH ILIAC				Inpatient Only	$0.00			
34834	C	XPOSE ENDOPROSTH BRACHIAL				Inpatient Only	$0.00			
34839	E	PLNNING PT SPEC FENEST GRAFT				Not Allowed	$0.00			
34841	C	ENDOVASC VISC AORTA 1 GRAFT				Inpatient Only	$0.00			
34842	C	ENDOVASC VISC AORTA 2 GRAFT				Inpatient Only	$0.00			
34843	C	ENDOVASC VISC AORTA 3 GRAFT				Inpatient Only	$0.00			
34844	C	ENDOVASC VISC AORTA 4 GRAFT				Inpatient Only	$0.00			
34845	C	VISC & INFRAREN ABD 1 PROSTH				Inpatient Only	$0.00			
34846	C	VISC & INFRAREN ABD 2 PROSTH				Inpatient Only	$0.00			
34847	C	VISC & INFRAREN ABD 3 PROSTH				Inpatient Only	$0.00			
34848	C	VISC & INFRAREN ABD 4+ PROST				Inpatient Only	$0.00			
34900	C	ENDOVASC ILIAC REPR W/GRAFT				Inpatient Only	$0.00			
35001	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35002	C	REPAIR ARTERY RUPTURE NECK				Inpatient Only	$0.00			
35005	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35011	T	REPAIR DEFECT OF ARTERY	00622	30.15		APC	$1,674.20			
35013	C	REPAIR ARTERY RUPTURE ARM				Inpatient Only	$0.00			
35021	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35022	C	REPAIR ARTERY RUPTURE CHEST				Inpatient Only	$0.00			
35045	T	REPAIR DEFECT OF ARM ARTERY	00093	33.72		APC	$1,872.51			
35081	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35082	C	REPAIR ARTERY RUPTURE AORTA				Inpatient Only	$0.00			
35091	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35092	C	REPAIR ARTERY RUPTURE AORTA				Inpatient Only	$0.00			
35102	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35103	C	REPAIR ARTERY RUPTURE AORTA				Inpatient Only	$0.00			
35111	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35112	C	REPAIR ARTERY RUPTURE SPLEEN				Inpatient Only	$0.00			
35121	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35122	C	REPAIR ARTERY RUPTURE BELLY				Inpatient Only	$0.00			
35131	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35132	C	REPAIR ARTERY RUPTURE GROIN				Inpatient Only	$0.00			
35141	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35142	C	REPAIR ARTERY RUPTURE THIGH				Inpatient Only	$0.00			
35151	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35152	C	REPAIR RUPTD POPLITEAL ART				Inpatient Only	$0.00			
35180	T	REPAIR BLOOD VESSEL LESION	00093	33.72		APC	$1,872.51			
35182	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35184	T	REPAIR BLOOD VESSEL LESION	00093	33.72		APC	$1,872.51			
35188	T	REPAIR BLOOD VESSEL LESION	00088	43.42		APC	$2,411.31			
35189	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35190	T	REPAIR BLOOD VESSEL LESION	00093	33.72		APC	$1,872.51			
35201	T	REPAIR BLOOD VESSEL LESION	00093	33.72		APC	$1,872.51			
35206	T	REPAIR BLOOD VESSEL LESION	00093	33.72		APC	$1,872.51			
35207	T	REPAIR BLOOD VESSEL LESION	00088	43.42		APC	$2,411.31			
35211	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35216	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35221	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35226	T	REPAIR BLOOD VESSEL LESION	00020	11.14		APC	$618.83			
35231	T	REPAIR BLOOD VESSEL LESION	00093	33.72		APC	$1,872.51			
35236	T	REPAIR BLOOD VESSEL LESION	00093	33.72		APC	$1,872.51			
35241	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35246	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35251	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35256	T	REPAIR BLOOD VESSEL LESION	00093	33.72		APC	$1,872.51			
35261	T	REPAIR BLOOD VESSEL LESION	00622	30.15		APC	$1,674.20			
35266	T	REPAIR BLOOD VESSEL LESION	00622	30.15		APC	$1,674.20			
35271	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35276	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35281	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35286	T	REPAIR BLOOD VESSEL LESION	00622	30.15		APC	$1,674.20			
35301	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			

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35302	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35303	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35304	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35305	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35306	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35311	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35321	T	RECHANNELING OF ARTERY	00093	33.72		APC	$1,872.51			
35331	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35341	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35351	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35355	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35361	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35363	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35371	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35372	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35390	C	REOPERATION CAROTID ADD-ON				Inpatient Only	$0.00			
35400	C	ANGIOSCOPY				Inpatient Only	$0.00			
35450	C	REPAIR ARTERIAL BLOCKAGE				Inpatient Only	$0.00			
35452	C	REPAIR ARTERIAL BLOCKAGE				Inpatient Only	$0.00			
35458	N	REPAIR ARTERIAL BLOCKAGE	00083	61.2		Bundled, Sometimes Payable	$3,398.31			
35460	N	REPAIR VENOUS BLOCKAGE	00083	61.2		Bundled, Sometimes Payable	$3,398.31			
35471	N	REPAIR ARTERIAL BLOCKAGE	00083	61.2		Bundled, Sometimes Payable	$3,398.31			
35472	N	REPAIR ARTERIAL BLOCKAGE	00083	61.2		Bundled, Sometimes Payable	$3,398.31			
35475	N	REPAIR ARTERIAL BLOCKAGE	00083	61.2		Bundled, Sometimes Payable	$3,398.31			
35476	N	REPAIR VENOUS BLOCKAGE	00083	61.2		Bundled, Sometimes Payable	$3,398.31			
35500	N	HARVEST VEIN FOR BYPASS				Bundled, Sometimes Payable	$0.00			
35501	C	ART BYP GRFT IPSILAT CAROTID				Inpatient Only	$0.00			
35506	C	ART BYP GRFT SUBCLAV-CAROTID				Inpatient Only	$0.00			
35508	C	ART BYP GRFT CAROTID-VERTBRL				Inpatient Only	$0.00			
35509	C	ART BYP GRFT CONTRAL CAROTID				Inpatient Only	$0.00			
35510	C	ART BYP GRFT CAROTID-BRCHIAL				Inpatient Only	$0.00			
35511	C	ART BYP GRFT SUBCLAV-SUBCLAV				Inpatient Only	$0.00			
35512	C	ART BYP GRFT SUBCLAV-BRCHIAL				Inpatient Only	$0.00			
35515	C	ART BYP GRFT SUBCLAV-VERTBRL				Inpatient Only	$0.00			
35516	C	ART BYP GRFT SUBCLAV-AXILARY				Inpatient Only	$0.00			
35518	C	ART BYP GRFT AXILLARY-AXILRY				Inpatient Only	$0.00			
35521	C	ART BYP GRFT AXILL-FEMORAL				Inpatient Only	$0.00			
35522	C	ART BYP GRFT AXILL-BRACHIAL				Inpatient Only	$0.00			
35523	C	ART BYP GRFT BRCHL-ULNR-RDL				Inpatient Only	$0.00			
35525	C	ART BYP GRFT BRACHIAL-BRCHL				Inpatient Only	$0.00			
35526	C	ART BYP GRFT AOR/CAROT/INNOM				Inpatient Only	$0.00			
35531	C	ART BYP GRFT AORCEL/AORMESEN				Inpatient Only	$0.00			
35533	C	ART BYP GRFT AXILL/FEM/FEM				Inpatient Only	$0.00			
35535	C	ART BYP GRFT HEPATORENAL				Inpatient Only	$0.00			
35536	C	ART BYP GRFT SPLENORENAL				Inpatient Only	$0.00			
35537	C	ART BYP GRFT AORTOILIAC				Inpatient Only	$0.00			
35538	C	ART BYP GRFT AORTOBI-ILIAC				Inpatient Only	$0.00			
35539	C	ART BYP GRFT AORTOFEMORAL				Inpatient Only	$0.00			
35540	C	ART BYP GRFT AORTBIFEMORAL				Inpatient Only	$0.00			
35556	C	ART BYP GRFT FEM-POPLITEAL				Inpatient Only	$0.00			
35558	C	ART BYP GRFT FEM-FEMORAL				Inpatient Only	$0.00			
35560	C	ART BYP GRFT AORTORENAL				Inpatient Only	$0.00			
35563	C	ART BYP GRFT ILIOILIAC				Inpatient Only	$0.00			
35565	C	ART BYP GRFT ILIOFEMORAL				Inpatient Only	$0.00			
35566	C	ART BYP FEM-ANT-POST TIB/PRL				Inpatient Only	$0.00			
35570	C	ART BYP TIBIAL-TIB/PERONEAL				Inpatient Only	$0.00			
35571	C	ART BYP POP-TIBL-PRL-OTHER				Inpatient Only	$0.00			
35572	N	HARVEST FEMOROPOPLITEAL VEIN				Bundled, Sometimes Payable	$0.00			
35583	C	VEIN BYP GRFT FEM-POPLITEAL				Inpatient Only	$0.00			
35585	C	VEIN BYP FEM-TIBIAL PERONEAL				Inpatient Only	$0.00			
35587	C	VEIN BYP POP-TIBL PERONEAL				Inpatient Only	$0.00			
35600	C	HARVEST ART FOR CABG ADD-ON				Inpatient Only	$0.00			
35601	C	ART BYP COMMON IPSI CAROTID				Inpatient Only	$0.00			
35606	C	ART BYP CAROTID-SUBCLAVIAN				Inpatient Only	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
35612	C	ART BYP SUBCLAV-SUBCLAVIAN				Inpatient Only	$0.00			
35616	C	ART BYP SUBCLAV-AXILLARY				Inpatient Only	$0.00			
35621	C	ART BYP AXILLARY-FEMORAL				Inpatient Only	$0.00			
35623	C	ART BYP AXILLARY-POP-TIBIAL				Inpatient Only	$0.00			
35626	C	ART BYP AORSUBCL/CAROT/INNOM				Inpatient Only	$0.00			
35631	C	ART BYP AOR-CELIAC-MSN-RENAL				Inpatient Only	$0.00			
35632	C	ART BYP ILIO-CELIAC				Inpatient Only	$0.00			
35633	C	ART BYP ILIO-MESENTERIC				Inpatient Only	$0.00			
35634	C	ART BYP ILIORENAL				Inpatient Only	$0.00			
35636	C	ART BYP SPENORENAL				Inpatient Only	$0.00			
35637	C	ART BYP AORTOILIAC				Inpatient Only	$0.00			
35638	C	ART BYP AORTOBI-ILIAC				Inpatient Only	$0.00			
35642	C	ART BYP CAROTID-VERTEBRAL				Inpatient Only	$0.00			
35645	C	ART BYP SUBCLAV-VERTEBRL				Inpatient Only	$0.00			
35646	C	ART BYP AORTOBIFEMORAL				Inpatient Only	$0.00			
35647	C	ART BYP AORTOFEMORAL				Inpatient Only	$0.00			
35650	C	ART BYP AXILLARY-AXILLARY				Inpatient Only	$0.00			
35654	C	ART BYP AXILL-FEM-FEMORAL				Inpatient Only	$0.00			
35656	C	ART BYP FEMORAL-POPLITEAL				Inpatient Only	$0.00			
35661	C	ART BYP FEMORAL-FEMORAL				Inpatient Only	$0.00			
35663	C	ART BYP ILIOILIAC				Inpatient Only	$0.00			
35665	C	ART BYP ILIOFEMORAL				Inpatient Only	$0.00			
35666	C	ART BYP FEM-ANT-POST TIB/PRL				Inpatient Only	$0.00			
35671	C	ART BYP POP-TIBL-PRL-OTHER				Inpatient Only	$0.00			
35681	C	COMPOSITE BYP GRFT PROS&VEIN				Inpatient Only	$0.00			
35682	C	COMPOSITE BYP GRFT 2 VEINS				Inpatient Only	$0.00			
35683	C	COMPOSITE BYP GRFT 3/> SEGMT				Inpatient Only	$0.00			
35685	N	BYPASS GRAFT PATENCY/PATCH				Bundled, Sometimes Payable	$0.00			
35686	N	BYPASS GRAFT/AV FIST PATENCY				Bundled, Sometimes Payable	$0.00			
35691	C	ART TRNSPOSJ VERTBRL CAROTID				Inpatient Only	$0.00			
35693	C	ART TRNSPOSJ SUBCLAVIAN				Inpatient Only	$0.00			
35694	C	ART TRNSPOSJ SUBCLAV CAROTID				Inpatient Only	$0.00			
35695	C	ART TRNSPOSJ CAROTID SUBCLAV				Inpatient Only	$0.00			
35697	C	REIMPLANT ARTERY EACH				Inpatient Only	$0.00			
35700	C	REOPERATION BYPASS GRAFT				Inpatient Only	$0.00			
35701	C	EXPLORATION CAROTID ARTERY				Inpatient Only	$0.00			
35721	C	EXPLORATION FEMORAL ARTERY				Inpatient Only	$0.00			
35741	C	EXPLORATION POPLITEAL ARTERY				Inpatient Only	$0.00			
35761	T	EXPLORATION OF ARTERY/VEIN	00093	33.72		APC	$1,872.51			
35800	C	EXPLORE NECK VESSELS				Inpatient Only	$0.00			
35820	C	EXPLORE CHEST VESSELS				Inpatient Only	$0.00			
35840	C	EXPLORE ABDOMINAL VESSELS				Inpatient Only	$0.00			
35860	T	EXPLORE LIMB VESSELS	00093	33.72		APC	$1,872.51			
35870	C	REPAIR VESSEL GRAFT DEFECT				Inpatient Only	$0.00			
35875	T	REMOVAL OF CLOT IN GRAFT	00088	43.42		APC	$2,411.31			
35876	T	REMOVAL OF CLOT IN GRAFT	00088	43.42		APC	$2,411.31			
35879	T	REVISE GRAFT W/VEIN	00088	43.42		APC	$2,411.31			
35881	T	REVISE GRAFT W/VEIN	00088	43.42		APC	$2,411.31			
35883	T	REVISE GRAFT W/NONAUTO GRAFT	00088	43.42		APC	$2,411.31			
35884	T	REVISE GRAFT W/VEIN	00088	43.42		APC	$2,411.31			
35901	C	EXCISION GRAFT NECK				Inpatient Only	$0.00			
35903	T	EXCISION GRAFT EXTREMITY	00093	33.72		APC	$1,872.51			
35905	C	EXCISION GRAFT THORAX				Inpatient Only	$0.00			
35907	C	EXCISION GRAFT ABDOMEN				Inpatient Only	$0.00			
36000	N	PLACE NEEDLE IN VEIN				Bundled, Sometimes Payable	$0.00			
36002	S	PSEUDOANEURYSM INJECTION TRT	00267	2.557		APC	$141.96			
36005	N	INJECTION EXT VENOGRAPHY				Bundled, Sometimes Payable	$0.00			
36010	N	PLACE CATHETER IN VEIN				Bundled, Sometimes Payable	$0.00			
36011	N	PLACE CATHETER IN VEIN				Bundled, Sometimes Payable	$0.00			
36012	N	PLACE CATHETER IN VEIN				Bundled, Sometimes Payable	$0.00			
36013	N	PLACE CATHETER IN ARTERY				Bundled, Sometimes Payable	$0.00			
36014	N	PLACE CATHETER IN ARTERY				Bundled, Sometimes Payable	$0.00			
36015	N	PLACE CATHETER IN ARTERY				Bundled, Sometimes Payable	$0.00			
36100	N	ESTABLISH ACCESS TO ARTERY				Bundled, Sometimes Payable	$0.00			

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36120	N	ESTABLISH ACCESS TO ARTERY				Bundled, Sometimes Payable	$0.00			
36140	N	ESTABLISH ACCESS TO ARTERY				Bundled, Sometimes Payable	$0.00			
36147	T	ACCESS AV DIAL GRFT FOR EVAL	00668	11.16		APC	$619.53			
36148	N	ACCESS AV DIAL GRFT FOR PROC				Bundled, Sometimes Payable	$0.00			
36160	N	ESTABLISH ACCESS TO AORTA				Bundled, Sometimes Payable	$0.00			
36200	N	PLACE CATHETER IN AORTA				Bundled, Sometimes Payable	$0.00			
36215	N	PLACE CATHETER IN ARTERY				Bundled, Sometimes Payable	$0.00			
36216	N	PLACE CATHETER IN ARTERY				Bundled, Sometimes Payable	$0.00			
36217	N	PLACE CATHETER IN ARTERY				Bundled, Sometimes Payable	$0.00			
36218	N	PLACE CATHETER IN ARTERY				Bundled, Sometimes Payable	$0.00			
36221	N	PLACE CATH THORACIC AORTA	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
36222	N	PLACE CATH CAROTID/INOM ART	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
36223	N	PLACE CATH CAROTID/INOM ART	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
36224	N	PLACE CATH CAROTD ART	00280	71.79		Bundled, Sometimes Payable	$3,986.29			
36225	N	PLACE CATH SUBCLAVIAN ART	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
36226	N	PLACE CATH VERTEBRAL ART	00280	71.79		Bundled, Sometimes Payable	$3,986.29			
36227	N	PLACE CATH XTRNL CAROTID				Bundled, Sometimes Payable	$0.00			
36228	N	PLACE CATH INTRACRANIAL ART				Bundled, Sometimes Payable	$0.00			
36245	N	INS CATH ABD/L-EXT ART 1ST				Bundled, Sometimes Payable	$0.00			
36246	N	INS CATH ABD/L-EXT ART 2ND				Bundled, Sometimes Payable	$0.00			
36247	N	INS CATH ABD/L-EXT ART 3RD				Bundled, Sometimes Payable	$0.00			
36248	N	INS CATH ABD/L-EXT ART ADDL				Bundled, Sometimes Payable	$0.00			
36251	N	INS CATH REN ART 1ST UNILAT	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
36252	N	INS CATH REN ART 1ST BILAT	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
36253	N	INS CATH REN ART 2ND+ UNILAT	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
36254	N	INS CATH REN ART 2ND+ BILAT	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
36260	T	INSERTION OF INFUSION PUMP	00622	30.15		APC	$1,674.20			
36261	T	REVISION OF INFUSION PUMP	00105	31.65		APC	$1,757.27			
36262	N	REMOVAL OF INFUSION PUMP	00105	31.65		Bundled, Sometimes Payable	$1,757.27			
36299	N	VESSEL INJECTION PROCEDURE				Bundled, Sometimes Payable	$0.00			
36400	N	BL DRAW < 3 YRS FEM/JUGULAR				Bundled, Sometimes Payable	$0.00			
36405	N	BL DRAW <3 YRS SCALP VEIN				Bundled, Sometimes Payable	$0.00			
36406	N	BL DRAW <3 YRS OTHER VEIN				Bundled, Sometimes Payable	$0.00			
36410	N	NON-ROUTINE BL DRAW 3/> YRS				Bundled, Sometimes Payable	$0.00			
36415	M	ROUTINE VENIPUNCTURE				Bundled	$0.00			
36416	N	CAPILLARY BLOOD DRAW				Bundled, Sometimes Payable	$0.00			
36420	N	VEIN ACCESS CUTDOWN < 1 YR	00420	1.776		Bundled, Sometimes Payable	$98.63			
36425	N	VEIN ACCESS CUTDOWN > 1 YR	00420	1.776		Bundled, Sometimes Payable	$98.63			
36430	S	BLOOD TRANSFUSION SERVICE	00110	4.008		APC	$222.58			
36440	S	BL PUSH TRANSFUSE 2 YR/<	00110	4.008		APC	$222.58			
36450	S	BL EXCHANGE/TRANSFUSE NB	00110	4.008		APC	$222.58			
36455	S	BL EXCHANGE/TRANSFUSE NON-NB	00110	4.008		APC	$222.58			
36460	S	TRANSFUSION SERVICE FETAL	00110	4.008		APC	$222.58			
36468	E	INJECTION(S) SPIDER VEINS				Not Allowed	$0.00			
36469	E	INJECTION(S) SPIDER VEINS				Not Allowed	$0.00			
36470	T	INJECTION THERAPY OF VEIN	00016	3.817		APC	$211.97			
36471	T	INJECTION THERAPY OF VEINS	00015	1.97		APC	$109.41			
36475	T	ENDOVENOUS RF 1ST VEIN	00219	29.28		APC	$1,625.87			
36476	N	ENDOVENOUS RF VEIN ADD-ON				Bundled, Sometimes Payable	$0.00			
36478	T	ENDOVENOUS LASER 1ST VEIN	00219	29.28		APC	$1,625.87			
36479	N	ENDOVENOUS LASER VEIN ADDON				Bundled, Sometimes Payable	$0.00			
36481	N	INSERTION OF CATHETER VEIN				Bundled, Sometimes Payable	$0.00			
36500	N	INSERTION OF CATHETER VEIN				Bundled, Sometimes Payable	$0.00			
36510	N	INSERTION OF CATHETER VEIN				Bundled, Sometimes Payable	$0.00			
36511	S	APHERESIS WBC	00111	14.23		APC	$790.13			
36512	S	APHERESIS RBC	00111	14.23		APC	$790.13			
36513	S	APHERESIS PLATELETS	00111	14.23		APC	$790.13			
36514	S	APHERESIS PLASMA	00111	14.23		APC	$790.13			
36515	S	APHERESIS ADSORP/REINFUSE	00112	38.37		APC	$2,130.53			
36516	S	APHERESIS SELECTIVE	00112	38.37		APC	$2,130.53			
36522	E	PHOTOPHERESIS				Not Allowed	$0.00			
36555	T	INSERT NON-TUNNEL CV CATH	00621	11.37		APC	$631.49			
36556	T	INSERT NON-TUNNEL CV CATH	00621	11.37		APC	$631.49			
36557	T	INSERT TUNNELED CV CATH	00622	30.15		APC	$1,674.20			

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36558	T	INSERT TUNNELED CV CATH	00622	30.15		APC	$1,674.20			
36560	T	INSERT TUNNELED CV CATH	00622	30.15		APC	$1,674.20			
36561	T	INSERT TUNNELED CV CATH	00622	30.15		APC	$1,674.20			
36563	T	INSERT TUNNELED CV CATH	00622	30.15		APC	$1,674.20			
36565	T	INSERT TUNNELED CV CATH	00622	30.15		APC	$1,674.20			
36566	T	INSERT TUNNELED CV CATH	00622	30.15		APC	$1,674.20			
36568	T	INSERT PICC CATH	00621	11.37		APC	$631.49			
36569	T	INSERT PICC CATH	00621	11.37		APC	$631.49			
36570	T	INSERT PICVAD CATH	00622	30.15		APC	$1,674.20			
36571	T	INSERT PICVAD CATH	00622	30.15		APC	$1,674.20			
36575	T	REPAIR TUNNELED CV CATH	00121	6.58		APC	$365.39			
36576	T	REPAIR TUNNELED CV CATH	00621	11.37		APC	$631.49			
36578	T	REPLACE TUNNELED CV CATH	00622	30.15		APC	$1,674.20			
36580	T	REPLACE CVAD CATH	00621	11.37		APC	$631.49			
36581	T	REPLACE TUNNELED CV CATH	00622	30.15		APC	$1,674.20			
36582	T	REPLACE TUNNELED CV CATH	00622	30.15		APC	$1,674.20			
36583	T	REPLACE TUNNELED CV CATH	00622	30.15		APC	$1,674.20			
36584	T	REPLACE PICC CATH	00621	11.37		APC	$631.49			
36585	T	REPLACE PICVAD CATH	00622	30.15		APC	$1,674.20			
36589	N	REMOVAL TUNNELED CV CATH	00121	6.58		Bundled, Sometimes Payable	$365.39			
36590	N	REMOVAL TUNNELED CV CATH	00621	11.37		Bundled, Sometimes Payable	$631.49			
36591	N	DRAW BLOOD OFF VENOUS DEVICE	00624	1.063		Bundled, Sometimes Payable	$59.01			
36592	N	COLLECT BLOOD FROM PICC	00624	1.063		Bundled, Sometimes Payable	$59.01			
36593	T	DECLOT VASCULAR DEVICE	00676	2.632		APC	$146.14			
36595	T	MECH REMOV TUNNELED CV CATH	00622	30.15		APC	$1,674.20			
36596	T	MECH REMOV TUNNELED CV CATH	00621	11.37		APC	$631.49			
36597	T	REPOSITION VENOUS CATHETER	00621	11.37		APC	$631.49			
36598	T	INJ W/FLUOR EVAL CV DEVICE	00676	2.632		APC	$146.14			
36600	N	WITHDRAWAL OF ARTERIAL BLOOD	00420	1.776		Bundled, Sometimes Payable	$98.63			
36620	N	INSERTION CATHETER ARTERY				Bundled, Sometimes Payable	$0.00			
36625	N	INSERTION CATHETER ARTERY				Bundled, Sometimes Payable	$0.00			
36640	T	INSERTION CATHETER ARTERY	00622	30.15		APC	$1,674.20			
36660	C	INSERTION CATHETER ARTERY				Inpatient Only	$0.00			
36680	N	INSERT NEEDLE BONE CAVITY	00420	1.776		Bundled, Sometimes Payable	$98.63			
36800	T	INSERTION OF CANNULA	00622	30.15		APC	$1,674.20			
36810	T	INSERTION OF CANNULA	00622	30.15		APC	$1,674.20			
36815	T	INSERTION OF CANNULA	00622	30.15		APC	$1,674.20			
36818	T	AV FUSE UPPR ARM CEPHALIC	00088	43.42		APC	$2,411.31			
36819	T	AV FUSE UPPR ARM BASILIC	00088	43.42		APC	$2,411.31			
36820	T	AV FUSION/FOREARM VEIN	00088	43.42		APC	$2,411.31			
36821	T	AV FUSION DIRECT ANY SITE	00088	43.42		APC	$2,411.31			
36823	C	INSERTION OF CANNULA(S)				Inpatient Only	$0.00			
36825	T	ARTERY-VEIN AUTOGRAFT	00088	43.42		APC	$2,411.31			
36830	T	ARTERY-VEIN NONAUTOGRAFT	00088	43.42		APC	$2,411.31			
36831	T	OPEN THROMBECT AV FISTULA	00088	43.42		APC	$2,411.31			
36832	T	AV FISTULA REVISION OPEN	00088	43.42		APC	$2,411.31			
36833	T	AV FISTULA REVISION	00088	43.42		APC	$2,411.31			
36835	T	ARTERY TO VEIN SHUNT	00622	30.15		APC	$1,674.20			
36838	T	DIST REVAS LIGATION HEMO	00088	43.42		APC	$2,411.31			
36860	T	EXTERNAL CANNULA DECLOTTING	00676	2.632		APC	$146.14			
36861	T	CANNULA DECLOTTING	00622	30.15		APC	$1,674.20			
36870	N	PERCUT THROMBECT AV FISTULA	00083	61.2		Bundled, Sometimes Payable	$3,398.31			
37140	C	REVISION OF CIRCULATION				Inpatient Only	$0.00			
37145	C	REVISION OF CIRCULATION				Inpatient Only	$0.00			
37160	C	REVISION OF CIRCULATION				Inpatient Only	$0.00			
37180	C	REVISION OF CIRCULATION				Inpatient Only	$0.00			
37181	C	SPLICE SPLEEN/KIDNEY VEINS				Inpatient Only	$0.00			
37182	C	INSERT HEPATIC SHUNT (TIPS)				Inpatient Only	$0.00			
37183	N	REMOVE HEPATIC SHUNT (TIPS)	00083	61.2		Bundled, Sometimes Payable	$3,398.31			
37184	T	PRIM ART MECH THROMBECTOMY	00088	43.42		APC	$2,411.31			
37185	N	PRIM ART M-THROMBECT ADD-ON				Bundled, Sometimes Payable	$0.00			
37186	N	SEC ART M-THROMBECT ADD-ON				Bundled, Sometimes Payable	$0.00			
37187	T	VENOUS MECH THROMBECTOMY	00088	43.42		APC	$2,411.31			
37188	T	VENOUS M-THROMBECTOMY ADD-ON	00088	43.42		APC	$2,411.31			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
37191	T	INS ENDOVAS VENA CAVA FILTR	00622	30.15		APC	$1,674.20			
37192	T	REDO ENDOVAS VENA CAVA FILTR	00622	30.15		APC	$1,674.20			
37193	T	REM ENDOVAS VENA CAVA FILTER	00622	30.15		APC	$1,674.20			
37195	T	THROMBOLYTIC THERAPY STROKE	00676	2.632		APC	$146.14			
37197	T	REMOVE INTRVAS FOREIGN BODY	00622	30.15		APC	$1,674.20			
37200	T	TRANSCATHETER BIOPSY	00622	30.15		APC	$1,674.20			
37202	T	TRANSCATHETER THERAPY INFUSE	00103	21.25		APC	$1,179.92			
37211	T	THROMBOLYTIC ART THERAPY	00621	11.37		APC	$631.49			
37212	T	THROMBOLYTIC VENOUS THERAPY	00621	11.37		APC	$631.49			
37213	T	THROMBLYTIC ART/VEN THERAPY	00622	30.15		APC	$1,674.20			
37214	T	CESSJ THERAPY CATH REMOVAL	00622	30.15		APC	$1,674.20			
37215	C	TRANSCATH STENT CCA W/EPS				Inpatient Only	$0.00			
37216	E	TRANSCATH STENT CCA W/O EPS				Not Allowed	$0.00			
37217	C	STENT PLACEMT RETRO CAROTID				Inpatient Only	$0.00			
37218	C	STENT PLACEMT ANTE CAROTID				Inpatient Only	$0.00			
37220	N	ILIAC REVASC	00083	61.2		Bundled, Sometimes Payable	$3,398.31			
37221	N	ILIAC REVASC W/STENT	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
37222	N	ILIAC REVASC ADD-ON				Bundled, Sometimes Payable	$0.00			
37223	N	ILIAC REVASC W/STENT ADD-ON				Bundled, Sometimes Payable	$0.00			
37224	N	FEM/POPL REVAS W/TLA	00083	61.2		Bundled, Sometimes Payable	$3,398.31			
37225	N	FEM/POPL REVAS W/ATHER	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
37226	N	FEM/POPL REVASC W/STENT	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
37227	N	FEM/POPL REVASC STNT & ATHER	00319	200.2		Bundled, Sometimes Payable	$11,114.87			
37228	N	TIB/PER REVASC W/TLA	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
37229	N	TIB/PER REVASC W/ATHER	00319	200.2		Bundled, Sometimes Payable	$11,114.87			
37230	N	TIB/PER REVASC W/STENT	00319	200.2		Bundled, Sometimes Payable	$11,114.87			
37231	N	TIB/PER REVASC STENT & ATHER	00319	200.2		Bundled, Sometimes Payable	$11,114.87			
37232	N	TIB/PER REVASC ADD-ON				Bundled, Sometimes Payable	$0.00			
37233	N	TIBPER REVASC W/ATHER ADD-ON				Bundled, Sometimes Payable	$0.00			
37234	N	REVSC OPN/PRQ TIB/PERO STENT				Bundled, Sometimes Payable	$0.00			
37235	N	TIB/PER REVASC STNT & ATHER				Bundled, Sometimes Payable	$0.00			
37236	N	OPEN/PERQ PLACE STENT 1ST	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
37237	N	OPEN/PERQ PLACE STENT EA ADD				Bundled, Sometimes Payable	$0.00			
37238	N	OPEN/PERQ PLACE STENT SAME	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
37239	N	OPEN/PERQ PLACE STENT EA ADD				Bundled, Sometimes Payable	$0.00			
37241	N	VASC EMBOLIZE/OCCLUDE VENOUS	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
37242	N	VASC EMBOLIZE/OCCLUDE ARTERY	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
37243	N	VASC EMBOLIZE/OCCLUDE ORGAN	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
37244	N	VASC EMBOLIZE/OCCLUDE BLEED	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
37250	N	IV US FIRST VESSEL ADD-ON				Bundled, Sometimes Payable	$0.00			
37251	N	IV US EACH ADD VESSEL ADD-ON				Bundled, Sometimes Payable	$0.00			
37500	T	ENDOSCOPY LIGATE PERF VEINS	00219	29.28		APC	$1,625.87			
37501	T	VASCULAR ENDOSCOPY PROCEDURE	00219	29.28		APC	$1,625.87			
37565	T	LIGATION OF NECK VEIN	00093	33.72		APC	$1,872.51			
37600	T	LIGATION OF NECK ARTERY	00093	33.72		APC	$1,872.51			
37605	T	LIGATION OF NECK ARTERY	00219	29.28		APC	$1,625.87			
37606	T	LIGATION OF NECK ARTERY	00219	29.28		APC	$1,625.87			
37607	T	LIGATION OF A-V FISTULA	00219	29.28		APC	$1,625.87			
37609	T	TEMPORAL ARTERY PROCEDURE	00021	18.08		APC	$1,004.25			
37615	T	LIGATION OF NECK ARTERY	00219	29.28		APC	$1,625.87			
37616	C	LIGATION OF CHEST ARTERY				Inpatient Only	$0.00			
37617	C	LIGATION OF ABDOMEN ARTERY				Inpatient Only	$0.00			
37618	C	LIGATION OF EXTREMITY ARTERY				Inpatient Only	$0.00			
37619	T	LIGATION OF INF VENA CAVA	00219	29.28		APC	$1,625.87			
37650	T	REVISION OF MAJOR VEIN	00219	29.28		APC	$1,625.87			
37660	C	REVISION OF MAJOR VEIN				Inpatient Only	$0.00			
37700	T	REVISE LEG VEIN	00219	29.28		APC	$1,625.87			
37718	T	LIGATE/STRIP SHORT LEG VEIN	00219	29.28		APC	$1,625.87			
37722	T	LIGATE/STRIP LONG LEG VEIN	00219	29.28		APC	$1,625.87			
37735	T	REMOVAL OF LEG VEINS/LESION	00219	29.28		APC	$1,625.87			
37760	T	LIGATE LEG VEINS RADICAL	00219	29.28		APC	$1,625.87			
37761	T	LIGATE LEG VEINS OPEN	00219	29.28		APC	$1,625.87			
37765	T	STAB PHLEB VEINS XTR 10-20	00219	29.28		APC	$1,625.87			
37766	T	PHLEB VEINS - EXTREM 20+	00219	29.28		APC	$1,625.87			

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37780	T	REVISION OF LEG VEIN	00219	29.28		APC	$1,625.87			
37785	T	LIGATE/DIVIDE/EXCISE VEIN	00219	29.28		APC	$1,625.87			
37788	C	REVASCULARIZATION PENIS				Inpatient Only	$0.00			
37790	T	PENILE VENOUS OCCLUSION	00181	30.13		APC	$1,673.39			
37799	N	VASCULAR SURGERY PROCEDURE	00624	1.063		Bundled, Sometimes Payable	$59.01			
38100	C	REMOVAL OF SPLEEN TOTAL				Inpatient Only	$0.00			
38101	C	REMOVAL OF SPLEEN PARTIAL				Inpatient Only	$0.00			
38102	C	REMOVAL OF SPLEEN TOTAL				Inpatient Only	$0.00			
38115	C	REPAIR OF RUPTURED SPLEEN				Inpatient Only	$0.00			
38120	T	LAPAROSCOPY SPLENECTOMY	00131	50.95		APC	$2,829.46			
38129	T	LAPAROSCOPE PROC SPLEEN	00130	40.67		APC	$2,258.64			
38200	N	INJECTION FOR SPLEEN X-RAY				Bundled, Sometimes Payable	$0.00			
38204	N	BL DONOR SEARCH MANAGEMENT				Bundled, Sometimes Payable	$0.00			
38205	E	HARVEST ALLOGENEIC STEM CELL				Not Allowed	$0.00			
38206	S	HARVEST AUTO STEM CELLS	00111	14.23		APC	$790.13			Y
38207	S	CRYOPRESERVE STEM CELLS	00110	4.008		APC	$222.58			Y
38208	S	THAW PRESERVED STEM CELLS	00110	4.008		APC	$222.58			Y
38209	S	WASH HARVEST STEM CELLS	00110	4.008		APC	$222.58			Y
38210	S	T-CELL DEPLETION OF HARVEST	00393	8.469		APC	$470.30			Y
38211	S	TUMOR CELL DEPLETE OF HARVST	00393	8.469		APC	$470.30			Y
38212	S	RBC DEPLETION OF HARVEST	00393	8.469		APC	$470.30			Y
38213	S	PLATELET DEPLETE OF HARVEST	00393	8.469		APC	$470.30			Y
38214	S	VOLUME DEPLETE OF HARVEST	00393	8.469		APC	$470.30			Y
38215	S	HARVEST STEM CELL CONCENTRTE	00393	8.469		APC	$470.30			Y
38220	T	BONE MARROW ASPIRATION	00020	11.14		APC	$618.83			
38221	T	BONE MARROW BIOPSY	00020	11.14		APC	$618.83			
38230	S	BONE MARROW HARVEST ALLOGEN	00112	38.37		APC	$2,130.53			Y
38232	S	BONE MARROW HARVEST AUTOLOG	00112	38.37		APC	$2,130.53			
38240	S	TRANSPLT ALLO HCT/DONOR	00112	38.37		APC	$2,130.53			Y
38241	S	TRANSPLT AUTOL HCT/DONOR	00112	38.37		APC	$2,130.53			Y
38242	S	TRANSPLT ALLO LYMPHOCYTES	00111	14.23		APC	$790.13			Y
38243	S	TRANSPLJ HEMATOPOIETIC BOOST	00111	14.23		APC	$790.13			
38300	T	DRAINAGE LYMPH NODE LESION	00007	11.67		APC	$648.31			
38305	T	DRAINAGE LYMPH NODE LESION	00008	22.05		APC	$1,224.63			
38308	T	INCISION OF LYMPH CHANNELS	00113	31.61		APC	$1,755.23			
38380	C	THORACIC DUCT PROCEDURE				Inpatient Only	$0.00			
38381	C	THORACIC DUCT PROCEDURE				Inpatient Only	$0.00			
38382	C	THORACIC DUCT PROCEDURE				Inpatient Only	$0.00			
38500	T	BIOPSY/REMOVAL LYMPH NODES	00113	31.61		APC	$1,755.23			
38505	T	NEEDLE BIOPSY LYMPH NODES	00005	14.19		APC	$788.06			
38510	T	BIOPSY/REMOVAL LYMPH NODES	00113	31.61		APC	$1,755.23			
38520	T	BIOPSY/REMOVAL LYMPH NODES	00113	31.61		APC	$1,755.23			
38525	T	BIOPSY/REMOVAL LYMPH NODES	00113	31.61		APC	$1,755.23			
38530	T	BIOPSY/REMOVAL LYMPH NODES	00113	31.61		APC	$1,755.23			
38542	T	EXPLORE DEEP NODE(S) NECK	00114	57.16		APC	$3,174.01			
38550	T	REMOVAL NECK/ARMPIT LESION	00113	31.61		APC	$1,755.23			
38555	T	REMOVAL NECK/ARMPIT LESION	00113	31.61		APC	$1,755.23			
38562	C	REMOVAL PELVIC LYMPH NODES				Inpatient Only	$0.00			
38564	C	REMOVAL ABDOMEN LYMPH NODES				Inpatient Only	$0.00			
38570	T	LAPAROSCOPY LYMPH NODE BIOP	00131	50.95		APC	$2,829.46			
38571	T	LAPAROSCOPY LYMPHADENECTOMY	00132	73.87		APC	$4,101.98			
38572	T	LAPAROSCOPY LYMPHADENECTOMY	00131	50.95		APC	$2,829.46			
38589	T	LAPAROSCOPE PROC LYMPHATIC	00130	40.67		APC	$2,258.64			
38700	T	REMOVAL OF LYMPH NODES NECK	00113	31.61		APC	$1,755.23			
38720	T	REMOVAL OF LYMPH NODES NECK	00113	31.61		APC	$1,755.23			
38724	C	REMOVAL OF LYMPH NODES NECK				Inpatient Only	$0.00			
38740	T	REMOVE ARMPIT LYMPH NODES	00114	57.16		APC	$3,174.01			
38745	T	REMOVE ARMPIT LYMPH NODES	00114	57.16		APC	$3,174.01			
38746	C	REMOVE THORACIC LYMPH NODES				Inpatient Only	$0.00			
38747	C	REMOVE ABDOMINAL LYMPH NODES				Inpatient Only	$0.00			
38760	T	REMOVE GROIN LYMPH NODES	00113	31.61		APC	$1,755.23			
38765	C	REMOVE GROIN LYMPH NODES				Inpatient Only	$0.00			
38770	C	REMOVE PELVIS LYMPH NODES				Inpatient Only	$0.00			
38780	C	REMOVE ABDOMEN LYMPH NODES				Inpatient Only	$0.00			

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38790	N	INJECT FOR LYMPHATIC X-RAY				Bundled, Sometimes Payable	$0.00			
38792	N	RA TRACER ID OF SENTINL NODE	00392	3.779		Bundled, Sometimes Payable	$209.83			
38794	N	ACCESS THORACIC LYMPH DUCT				Bundled, Sometimes Payable	$0.00			
38900	N	IO MAP OF SENT LYMPH NODE				Bundled, Sometimes Payable	$0.00			
38999	S	BLOOD/LYMPH SYSTEM PROCEDURE	00110	4.008		APC	$222.58			
39000	C	EXPLORATION OF CHEST				Inpatient Only	$0.00			
39010	C	EXPLORATION OF CHEST				Inpatient Only	$0.00			
39200	C	RESECT MEDIASTINAL CYST				Inpatient Only	$0.00			
39220	C	RESECT MEDIASTINAL TUMOR				Inpatient Only	$0.00			
39400	T	MEDIASTINOSCOPY INCL BIOPSY	00069	41.44		APC	$2,301.26			
39499	C	CHEST PROCEDURE				Inpatient Only	$0.00			
39501	C	REPAIR DIAPHRAGM LACERATION				Inpatient Only	$0.00			
39503	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	$0.00			
39540	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	$0.00			
39541	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	$0.00			
39545	C	REVISION OF DIAPHRAGM				Inpatient Only	$0.00			
39560	C	RESECT DIAPHRAGM SIMPLE				Inpatient Only	$0.00			
39561	C	RESECT DIAPHRAGM COMPLEX				Inpatient Only	$0.00			
39599	C	DIAPHRAGM SURGERY PROCEDURE				Inpatient Only	$0.00			
40490	T	BIOPSY OF LIP	00251	4.898		APC	$271.98			
40500	T	PARTIAL EXCISION OF LIP	00253	17.08		APC	$948.44			
40510	T	PARTIAL EXCISION OF LIP	00254	26.24		APC	$1,457.03			
40520	T	PARTIAL EXCISION OF LIP	00253	17.08		APC	$948.44			
40525	T	RECONSTRUCT LIP WITH FLAP	00254	26.24		APC	$1,457.03			
40527	T	RECONSTRUCT LIP WITH FLAP	00256	50.29		APC	$2,792.50			
40530	T	PARTIAL REMOVAL OF LIP	00254	26.24		APC	$1,457.03			
40650	T	REPAIR LIP	00252	8.718		APC	$484.13			
40652	T	REPAIR LIP	00252	8.718		APC	$484.13			
40654	T	REPAIR LIP	00252	8.718		APC	$484.13			
40700	T	REPAIR CLEFT LIP/NASAL	00256	50.29		APC	$2,792.50			
40701	T	REPAIR CLEFT LIP/NASAL	00256	50.29		APC	$2,792.50			
40702	T	REPAIR CLEFT LIP/NASAL	00256	50.29		APC	$2,792.50			
40720	T	REPAIR CLEFT LIP/NASAL	00256	50.29		APC	$2,792.50			
40761	T	REPAIR CLEFT LIP/NASAL	00256	50.29		APC	$2,792.50			
40799	T	LIP SURGERY PROCEDURE	00250	1.749		APC	$97.12			
40800	T	DRAINAGE OF MOUTH LESION	00006	2.184		APC	$121.26			
40801	T	DRAINAGE OF MOUTH LESION	00252	8.718		APC	$484.13			
40804	N	REMOVAL FOREIGN BODY MOUTH	00420	1.776		Bundled, Sometimes Payable	$98.63			
40805	T	REMOVAL FOREIGN BODY MOUTH	00254	26.24		APC	$1,457.03			
40806	T	INCISION OF LIP FOLD	00251	4.898		APC	$271.98			
40808	T	BIOPSY OF MOUTH LESION	00251	4.898		APC	$271.98			
40810	T	EXCISION OF MOUTH LESION	00253	17.08		APC	$948.44			
40812	T	EXCISE/REPAIR MOUTH LESION	00253	17.08		APC	$948.44			
40814	T	EXCISE/REPAIR MOUTH LESION	00254	26.24		APC	$1,457.03			
40816	T	EXCISION OF MOUTH LESION	00254	26.24		APC	$1,457.03			
40818	T	EXCISE ORAL MUCOSA FOR GRAFT	00251	4.898		APC	$271.98			
40819	T	EXCISE LIP OR CHEEK FOLD	00253	17.08		APC	$948.44			
40820	T	TREATMENT OF MOUTH LESION	00253	17.08		APC	$948.44			
40830	T	REPAIR MOUTH LACERATION	00251	4.898		APC	$271.98			
40831	T	REPAIR MOUTH LACERATION	00252	8.718		APC	$484.13			
40840	T	RECONSTRUCTION OF MOUTH	00254	26.24		APC	$1,457.03			
40842	T	RECONSTRUCTION OF MOUTH	00256	50.29		APC	$2,792.50			
40843	T	RECONSTRUCTION OF MOUTH	00254	26.24		APC	$1,457.03			
40844	T	RECONSTRUCTION OF MOUTH	00256	50.29		APC	$2,792.50			
40845	T	RECONSTRUCTION OF MOUTH	00256	50.29		APC	$2,792.50			
40899	T	MOUTH SURGERY PROCEDURE	00250	1.749		APC	$97.12			
41000	T	DRAINAGE OF MOUTH LESION	00252	8.718		APC	$484.13			
41005	T	DRAINAGE OF MOUTH LESION	00251	4.898		APC	$271.98			
41006	T	DRAINAGE OF MOUTH LESION	00254	26.24		APC	$1,457.03			
41007	T	DRAINAGE OF MOUTH LESION	00254	26.24		APC	$1,457.03			
41008	T	DRAINAGE OF MOUTH LESION	00253	17.08		APC	$948.44			
41009	T	DRAINAGE OF MOUTH LESION	00251	4.898		APC	$271.98			
41010	T	INCISION OF TONGUE FOLD	00252	8.718		APC	$484.13			
41015	T	DRAINAGE OF MOUTH LESION	00251	4.898		APC	$271.98			

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41016	T	DRAINAGE OF MOUTH LESION	00254	26.24		APC	$1,457.03			
41017	T	DRAINAGE OF MOUTH LESION	00253	17.08		APC	$948.44			
41018	T	DRAINAGE OF MOUTH LESION	00252	8.718		APC	$484.13			
41019	T	PLACE NEEDLES H&N FOR RT	00254	26.24		APC	$1,457.03			
41100	T	BIOPSY OF TONGUE	00252	8.718		APC	$484.13			
41105	T	BIOPSY OF TONGUE	00253	17.08		APC	$948.44			
41108	T	BIOPSY OF FLOOR OF MOUTH	00020	11.14		APC	$618.83			
41110	T	EXCISION OF TONGUE LESION	00253	17.08		APC	$948.44			
41112	T	EXCISION OF TONGUE LESION	00253	17.08		APC	$948.44			
41113	T	EXCISION OF TONGUE LESION	00253	17.08		APC	$948.44			
41114	T	EXCISION OF TONGUE LESION	00254	26.24		APC	$1,457.03			
41115	T	EXCISION OF TONGUE FOLD	00252	8.718		APC	$484.13			
41116	T	EXCISION OF MOUTH LESION	00254	26.24		APC	$1,457.03			
41120	T	PARTIAL REMOVAL OF TONGUE	00256	50.29		APC	$2,792.50			
41130	C	PARTIAL REMOVAL OF TONGUE				Inpatient Only	$0.00			
41135	C	TONGUE AND NECK SURGERY				Inpatient Only	$0.00			
41140	C	REMOVAL OF TONGUE				Inpatient Only	$0.00			
41145	C	TONGUE REMOVAL NECK SURGERY				Inpatient Only	$0.00			
41150	C	TONGUE MOUTH JAW SURGERY				Inpatient Only	$0.00			
41153	C	TONGUE MOUTH NECK SURGERY				Inpatient Only	$0.00			
41155	C	TONGUE JAW & NECK SURGERY				Inpatient Only	$0.00			
41250	T	REPAIR TONGUE LACERATION	00250	1.749		APC	$97.12			
41251	T	REPAIR TONGUE LACERATION	00251	4.898		APC	$271.98			
41252	T	REPAIR TONGUE LACERATION	00252	8.718		APC	$484.13			
41500	T	FIXATION OF TONGUE	00253	17.08		APC	$948.44			
41510	T	TONGUE TO LIP SURGERY	00253	17.08		APC	$948.44			
41512	T	TONGUE SUSPENSION	00256	50.29		APC	$2,792.50			
41520	T	RECONSTRUCTION TONGUE FOLD	00256	50.29		APC	$2,792.50			
41530	T	TONGUE BASE VOL REDUCTION	00254	26.24		APC	$1,457.03			
41599	T	TONGUE AND MOUTH SURGERY	00250	1.749		APC	$97.12			
41800	T	DRAINAGE OF GUM LESION	00006	2.184		APC	$121.26			
41805	T	REMOVAL FOREIGN BODY GUM	00254	26.24		APC	$1,457.03			
41806	T	REMOVAL FOREIGN BODY JAWBONE	00253	17.08		APC	$948.44			
41820	T	EXCISION GUM EACH QUADRANT	00254	26.24		APC	$1,457.03			
41821	T	EXCISION OF GUM FLAP	00252	8.718		APC	$484.13			
41822	T	EXCISION OF GUM LESION	00252	8.718		APC	$484.13			
41823	T	EXCISION OF GUM LESION	00256	50.29		APC	$2,792.50			
41825	T	EXCISION OF GUM LESION	00253	17.08		APC	$948.44			
41826	T	EXCISION OF GUM LESION	00254	26.24		APC	$1,457.03			
41827	T	EXCISION OF GUM LESION	00256	50.29		APC	$2,792.50			
41828	T	EXCISION OF GUM LESION	00254	26.24		APC	$1,457.03			
41830	T	REMOVAL OF GUM TISSUE	00254	26.24		APC	$1,457.03			
41850	T	TREATMENT OF GUM LESION	00254	26.24		APC	$1,457.03			
41870	T	GUM GRAFT	00256	50.29		APC	$2,792.50			
41872	T	REPAIR GUM	00256	50.29		APC	$2,792.50			
41874	T	REPAIR TOOTH SOCKET	00253	17.08		APC	$948.44			
41899	T	DENTAL SURGERY PROCEDURE	00250	1.749		APC	$97.12			
42000	T	DRAINAGE MOUTH ROOF LESION	00251	4.898		APC	$271.98			
42100	T	BIOPSY ROOF OF MOUTH	00252	8.718		APC	$484.13			
42104	T	EXCISION LESION MOUTH ROOF	00253	17.08		APC	$948.44			
42106	T	EXCISION LESION MOUTH ROOF	00253	17.08		APC	$948.44			
42107	T	EXCISION LESION MOUTH ROOF	00256	50.29		APC	$2,792.50			
42120	T	REMOVE PALATE/LESION	00254	26.24		APC	$1,457.03			
42140	T	EXCISION OF UVULA	00253	17.08		APC	$948.44			
42145	T	REPAIR PALATE PHARYNX/UVULA	00256	50.29		APC	$2,792.50			
42160	T	TREATMENT MOUTH ROOF LESION	00253	17.08		APC	$948.44			
42180	T	REPAIR PALATE	00251	4.898		APC	$271.98			
42182	T	REPAIR PALATE	00254	26.24		APC	$1,457.03			
42200	T	RECONSTRUCT CLEFT PALATE	00256	50.29		APC	$2,792.50			
42205	T	RECONSTRUCT CLEFT PALATE	00256	50.29		APC	$2,792.50			
42210	T	RECONSTRUCT CLEFT PALATE	00256	50.29		APC	$2,792.50			
42215	T	RECONSTRUCT CLEFT PALATE	00256	50.29		APC	$2,792.50			
42220	T	RECONSTRUCT CLEFT PALATE	00256	50.29		APC	$2,792.50			
42225	T	RECONSTRUCT CLEFT PALATE	00256	50.29		APC	$2,792.50			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
42226	T	LENGTHENING OF PALATE	00256	50.29		APC	$2,792.50			
42227	T	LENGTHENING OF PALATE	00256	50.29		APC	$2,792.50			
42235	T	REPAIR PALATE	00256	50.29		APC	$2,792.50			
42260	T	REPAIR NOSE TO LIP FISTULA	00254	26.24		APC	$1,457.03			
42280	T	PREPARATION PALATE MOLD	00251	4.898		APC	$271.98			
42281	T	INSERTION PALATE PROSTHESIS	00253	17.08		APC	$948.44			
42299	T	PALATE/UVULA SURGERY	00250	1.749		APC	$97.12			
42300	T	DRAINAGE OF SALIVARY GLAND	00252	8.718		APC	$484.13			
42305	T	DRAINAGE OF SALIVARY GLAND	00254	26.24		APC	$1,457.03			
42310	T	DRAINAGE OF SALIVARY GLAND	00251	4.898		APC	$271.98			
42320	T	DRAINAGE OF SALIVARY GLAND	00251	4.898		APC	$271.98			
42330	T	REMOVAL OF SALIVARY STONE	00253	17.08		APC	$948.44			
42335	T	REMOVAL OF SALIVARY STONE	00254	26.24		APC	$1,457.03			
42340	T	REMOVAL OF SALIVARY STONE	00253	17.08		APC	$948.44			
42400	T	BIOPSY OF SALIVARY GLAND	00004	6.57		APC	$364.85			
42405	T	BIOPSY OF SALIVARY GLAND	00254	26.24		APC	$1,457.03			
42408	T	EXCISION OF SALIVARY CYST	00254	26.24		APC	$1,457.03			
42409	T	DRAINAGE OF SALIVARY CYST	00254	26.24		APC	$1,457.03			
42410	T	EXCISE PAROTID GLAND/LESION	00256	50.29		APC	$2,792.50			
42415	T	EXCISE PAROTID GLAND/LESION	00256	50.29		APC	$2,792.50			
42420	T	EXCISE PAROTID GLAND/LESION	00256	50.29		APC	$2,792.50			
42425	T	EXCISE PAROTID GLAND/LESION	00256	50.29		APC	$2,792.50			
42426	C	EXCISE PAROTID GLAND/LESION				Inpatient Only	$0.00			
42440	T	EXCISE SUBMAXILLARY GLAND	00256	50.29		APC	$2,792.50			
42450	T	EXCISE SUBLINGUAL GLAND	00256	50.29		APC	$2,792.50			
42500	T	REPAIR SALIVARY DUCT	00254	26.24		APC	$1,457.03			
42505	T	REPAIR SALIVARY DUCT	00256	50.29		APC	$2,792.50			
42507	T	PAROTID DUCT DIVERSION	00256	50.29		APC	$2,792.50			
42509	T	PAROTID DUCT DIVERSION	00256	50.29		APC	$2,792.50			
42510	T	PAROTID DUCT DIVERSION	00256	50.29		APC	$2,792.50			
42550	N	INJECTION FOR SALIVARY X-RAY				Bundled, Sometimes Payable	$0.00			
42600	T	CLOSURE OF SALIVARY FISTULA	00253	17.08		APC	$948.44			
42650	T	DILATION OF SALIVARY DUCT	00253	17.08		APC	$948.44			
42660	T	DILATION OF SALIVARY DUCT	00251	4.898		APC	$271.98			
42665	T	LIGATION OF SALIVARY DUCT	00256	50.29		APC	$2,792.50			
42699	T	SALIVARY SURGERY PROCEDURE	00250	1.749		APC	$97.12			
42700	T	DRAINAGE OF TONSIL ABSCESS	00251	4.898		APC	$271.98			
42720	T	DRAINAGE OF THROAT ABSCESS	00253	17.08		APC	$948.44			
42725	T	DRAINAGE OF THROAT ABSCESS	00256	50.29		APC	$2,792.50			
42800	T	BIOPSY OF THROAT	00252	8.718		APC	$484.13			
42804	T	BIOPSY OF UPPER NOSE/THROAT	00253	17.08		APC	$948.44			
42806	T	BIOPSY OF UPPER NOSE/THROAT	00254	26.24		APC	$1,457.03			
42808	T	EXCISE PHARYNX LESION	00254	26.24		APC	$1,457.03			
42809	N	REMOVE PHARYNX FOREIGN BODY	00420	1.776		Bundled, Sometimes Payable	$98.63			
42810	T	EXCISION OF NECK CYST	00254	26.24		APC	$1,457.03			
42815	T	EXCISION OF NECK CYST	00256	50.29		APC	$2,792.50			
42820	T	REMOVE TONSILS AND ADENOIDS	00254	26.24		APC	$1,457.03			
42821	T	REMOVE TONSILS AND ADENOIDS	00254	26.24		APC	$1,457.03			
42825	T	REMOVAL OF TONSILS	00256	50.29		APC	$2,792.50			
42826	T	REMOVAL OF TONSILS	00254	26.24		APC	$1,457.03			
42830	T	REMOVAL OF ADENOIDS	00256	50.29		APC	$2,792.50			
42831	T	REMOVAL OF ADENOIDS	00254	26.24		APC	$1,457.03			
42835	T	REMOVAL OF ADENOIDS	00254	26.24		APC	$1,457.03			
42836	T	REMOVAL OF ADENOIDS	00254	26.24		APC	$1,457.03			
42842	T	EXTENSIVE SURGERY OF THROAT	00256	50.29		APC	$2,792.50			
42844	T	EXTENSIVE SURGERY OF THROAT	00256	50.29		APC	$2,792.50			
42845	C	EXTENSIVE SURGERY OF THROAT				Inpatient Only	$0.00			
42860	T	EXCISION OF TONSIL TAGS	00256	50.29		APC	$2,792.50			
42870	T	EXCISION OF LINGUAL TONSIL	00254	26.24		APC	$1,457.03			
42890	T	PARTIAL REMOVAL OF PHARYNX	00256	50.29		APC	$2,792.50			
42892	T	REVISION OF PHARYNGEAL WALLS	00256	50.29		APC	$2,792.50			
42894	C	REVISION OF PHARYNGEAL WALLS				Inpatient Only	$0.00			
42900	T	REPAIR THROAT WOUND	00254	26.24		APC	$1,457.03			
42950	T	RECONSTRUCTION OF THROAT	00256	50.29		APC	$2,792.50			

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42953	C	REPAIR THROAT ESOPHAGUS				Inpatient Only	$0.00			
42955	T	SURGICAL OPENING OF THROAT	00254	26.24		APC	$1,457.03			
42960	T	CONTROL THROAT BLEEDING	00250	1.749		APC	$97.12			
42961	C	CONTROL THROAT BLEEDING				Inpatient Only	$0.00			
42962	T	CONTROL THROAT BLEEDING	00254	26.24		APC	$1,457.03			
42970	T	CONTROL NOSE/THROAT BLEEDING	00250	1.749		APC	$97.12			
42971	C	CONTROL NOSE/THROAT BLEEDING				Inpatient Only	$0.00			
42972	T	CONTROL NOSE/THROAT BLEEDING	00253	17.08		APC	$948.44			
42999	T	THROAT SURGERY PROCEDURE	00250	1.749		APC	$97.12			
43020	T	INCISION OF ESOPHAGUS	00252	8.718		APC	$484.13			
43030	T	THROAT MUSCLE SURGERY	00256	50.29		APC	$2,792.50			
43045	C	INCISION OF ESOPHAGUS				Inpatient Only	$0.00			
43100	C	EXCISION OF ESOPHAGUS LESION				Inpatient Only	$0.00			
43101	C	EXCISION OF ESOPHAGUS LESION				Inpatient Only	$0.00			
43107	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43108	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43112	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43113	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43116	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43117	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43118	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43121	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43122	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43123	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43124	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43130	T	REMOVAL OF ESOPHAGUS POUCH	00256	50.29		APC	$2,792.50			
43135	C	REMOVAL OF ESOPHAGUS POUCH				Inpatient Only	$0.00			
43180	T	ESOPHAGOSCOPY RIGID TRNSO	00254	26.24		APC	$1,457.03			
43191	T	ESOPHAGOSCOPY RIGID TRNSO DX	00141	10.05		APC	$558.20			
43192	T	ESOPHAGOSCP RIG TRNSO INJECT	00419	14.36		APC	$797.22			
43193	T	ESOPHAGOSCP RIG TRNSO BIOPSY	00419	14.36		APC	$797.22			
43194	T	ESOPHAGOSCP RIG TRNSO REM FB	00419	14.36		APC	$797.22			
43195	T	ESOPHAGOSCOPY RIGID BALLOON	00419	14.36		APC	$797.22			
43196	T	ESOPHAGOSCP GUIDE WIRE DILAT	00419	14.36		APC	$797.22			
43197	T	ESOPHAGOSCOPY FLEX DX BRUSH	00141	10.05		APC	$558.20			
43198	T	ESOPHAGOSC FLEX TRNSN BIOPSY	00141	10.05		APC	$558.20			
43200	T	ESOPHAGOSCOPY FLEXIBLE BRUSH	00141	10.05		APC	$558.20			
43201	T	ESOPH SCOPE W/SUBMUCOUS INJ	00419	14.36		APC	$797.22			
43202	T	ESOPHAGOSCOPY FLEX BIOPSY	00141	10.05		APC	$558.20			
43204	T	ESOPH SCOPE W/SCLEROSIS INJ	00141	10.05		APC	$558.20			
43205	T	ESOPHAGUS ENDOSCOPY/LIGATION	00419	14.36		APC	$797.22			
43206	T	ESOPH OPTICAL ENDOMICROSCOPY	00419	14.36		APC	$797.22			
43211	T	ESOPHAGOSCOP MUCOSAL RESECT	00419	14.36		APC	$797.22			
43212	N	ESOPHAGOSCOP STENT PLACEMENT	00384	42.81		Bundled, Sometimes Payable	$2,377.03			
43213	T	ESOPHAGOSCOPY RETRO BALLOON	00419	14.36		APC	$797.22			
43214	T	ESOPHAGOSC DILATE BALLOON 30	00419	14.36		APC	$797.22			
43215	T	ESOPHAGOSCOPY FLEX REMOVE FB	00419	14.36		APC	$797.22			
43216	T	ESOPHAGOSCOPY LESION REMOVAL	00422	25.82		APC	$1,433.79			
43217	T	ESOPHAGOSCOPY SNARE LES REMV	00419	14.36		APC	$797.22			
43220	T	ESOPHAGOSCOPY BALLOON <30MM	00419	14.36		APC	$797.22			
43226	T	ESOPH ENDOSCOPY DILATION	00419	14.36		APC	$797.22			
43227	T	ESOPHAGOSCOPY CONTROL BLEED	00419	14.36		APC	$797.22			
43229	T	ESOPHAGOSCOPY LESION ABLATE	00422	25.82		APC	$1,433.79			
43231	T	ESOPHAGOSCOP ULTRASOUND EXAM	00419	14.36		APC	$797.22			
43232	T	ESOPHAGOSCOPY W/US NEEDLE BX	00419	14.36		APC	$797.22			
43233	T	EGD BALLOON DIL ESOPH30 MM/>	00419	14.36		APC	$797.22			
43235	T	EGD DIAGNOSTIC BRUSH WASH	00141	10.05		APC	$558.20			
43236	T	UPPR GI SCOPE W/SUBMUC INJ	00141	10.05		APC	$558.20			
43237	T	ENDOSCOPIC US EXAM ESOPH	00419	14.36		APC	$797.22			
43238	T	EGD US FINE NEEDLE BX/ASPIR	00419	14.36		APC	$797.22			
43239	T	EGD BIOPSY SINGLE/MULTIPLE	00141	10.05		APC	$558.20			
43240	T	EGD W/TRANSMURAL DRAIN CYST	00422	25.82		APC	$1,433.79			
43241	T	EGD TUBE/CATH INSERTION	00141	10.05		APC	$558.20			
43242	T	EGD US FINE NEEDLE BX/ASPIR	00419	14.36		APC	$797.22			

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43243	T	EGD INJECTION VARICES	00141	10.05		APC	$558.20			
43244	T	EGD VARICES LIGATION	00419	14.36		APC	$797.22			
43245	T	EGD DILATE STRICTURE	00419	14.36		APC	$797.22			
43246	T	EGD PLACE GASTROSTOMY TUBE	00419	14.36		APC	$797.22			
43247	T	EGD REMOVE FOREIGN BODY	00141	10.05		APC	$558.20			
43248	T	EGD GUIDE WIRE INSERTION	00141	10.05		APC	$558.20			
43249	T	ESOPH EGD DILATION <30 MM	00419	14.36		APC	$797.22			
43250	T	EGD CAUTERY TUMOR POLYP	00419	14.36		APC	$797.22			
43251	T	EGD REMOVE LESION SNARE	00419	14.36		APC	$797.22			
43252	T	EGD OPTICAL ENDOMICROSCOPY	00419	14.36		APC	$797.22			
43253	T	EGD US TRANSMURAL INJXN/MARK	00419	14.36		APC	$797.22			
43254	T	EGD ENDO MUCOSAL RESECTION	00419	14.36		APC	$797.22			
43255	T	EGD CONTROL BLEEDING ANY	00419	14.36		APC	$797.22			
43257	T	EGD W/THRML TXMNT GERD	00422	25.82		APC	$1,433.79			
43259	T	EGD US EXAM DUODENUM/JEJUNUM	00419	14.36		APC	$797.22			
43260	T	ERCP W/SPECIMEN COLLECTION	00151	26.33		APC	$1,462.17			
43261	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	26.33		APC	$1,462.17			
43262	T	ENDO CHOLANGIOPANCREATOGRAPH	00151	26.33		APC	$1,462.17			
43263	T	ERCP SPHINCTER PRESSURE MEAS	00151	26.33		APC	$1,462.17			
43264	T	ERCP REMOVE DUCT CALCULI	00151	26.33		APC	$1,462.17			
43265	T	ERCP LITHOTRIPSY CALCULI	00151	26.33		APC	$1,462.17			
43266	N	EGD ENDOSCOPIC STENT PLACE	00384	42.81		Bundled, Sometimes Payable	$2,377.03			
43270	T	EGD LESION ABLATION	00419	14.36		APC	$797.22			
43273	N	ENDOSCOPIC PANCREATOSCOPY				Bundled, Sometimes Payable	$0.00			
43274	N	ERCP DUCT STENT PLACEMENT	00384	42.81		Bundled, Sometimes Payable	$2,377.03			
43275	T	ERCP REMOVE FORGN BODY DUCT	00151	26.33		APC	$1,462.17			
43276	N	ERCP STENT EXCHANGE W/DILATE	00384	42.81		Bundled, Sometimes Payable	$2,377.03			
43277	T	ERCP EA DUCT/AMPULLA DILATE	00151	26.33		APC	$1,462.17			
43278	T	ERCP LESION ABLATE W/DILATE	00151	26.33		APC	$1,462.17			
43279	C	LAP MYOTOMY HELLER				Inpatient Only	$0.00			
43280	T	LAPAROSCOPY FUNDOPLASTY	00132	73.87		APC	$4,101.98			
43281	T	LAP PARAESOPHAG HERN REPAIR	00132	73.87		APC	$4,101.98			
43282	C	LAP PARAESOPH HER RPR W/MESH				Inpatient Only	$0.00			
43283	C	LAP ESOPH LENGTHENING				Inpatient Only	$0.00			
43289	T	LAPAROSCOPE PROC ESOPH	00130	40.67		APC	$2,258.64			
43300	C	REPAIR OF ESOPHAGUS				Inpatient Only	$0.00			
43305	C	REPAIR ESOPHAGUS AND FISTULA				Inpatient Only	$0.00			
43310	C	REPAIR OF ESOPHAGUS				Inpatient Only	$0.00			
43312	C	REPAIR ESOPHAGUS AND FISTULA				Inpatient Only	$0.00			
43313	C	ESOPHAGOPLASTY CONGENITAL				Inpatient Only	$0.00			
43314	C	TRACHEO-ESOPHAGOPLASTY CONG				Inpatient Only	$0.00			
43320	C	FUSE ESOPHAGUS & STOMACH				Inpatient Only	$0.00			
43325	C	REVISE ESOPHAGUS & STOMACH				Inpatient Only	$0.00			
43327	C	ESOPH FUNDOPLASTY LAP				Inpatient Only	$0.00			
43328	C	ESOPH FUNDOPLASTY THOR				Inpatient Only	$0.00			
43330	C	ESOPHAGOMYOTOMY ABDOMINAL				Inpatient Only	$0.00			
43331	C	ESOPHAGOMYOTOMY THORACIC				Inpatient Only	$0.00			
43332	C	TRANSAB ESOPH HIAT HERN RPR				Inpatient Only	$0.00			
43333	C	TRANSAB ESOPH HIAT HERN RPR				Inpatient Only	$0.00			
43334	C	TRANSTHOR DIAPHRAG HERN RPR				Inpatient Only	$0.00			
43335	C	TRANSTHOR DIAPHRAG HERN RPR				Inpatient Only	$0.00			
43336	C	THORABD DIAPHR HERN REPAIR				Inpatient Only	$0.00			
43337	C	THORABD DIAPHR HERN REPAIR				Inpatient Only	$0.00			
43338	C	ESOPH LENGTHENING				Inpatient Only	$0.00			
43340	C	FUSE ESOPHAGUS & INTESTINE				Inpatient Only	$0.00			
43341	C	FUSE ESOPHAGUS & INTESTINE				Inpatient Only	$0.00			
43351	C	SURGICAL OPENING ESOPHAGUS				Inpatient Only	$0.00			
43352	C	SURGICAL OPENING ESOPHAGUS				Inpatient Only	$0.00			
43360	C	GASTROINTESTINAL REPAIR				Inpatient Only	$0.00			
43361	C	GASTROINTESTINAL REPAIR				Inpatient Only	$0.00			
43400	C	LIGATE ESOPHAGUS VEINS				Inpatient Only	$0.00			
43401	C	ESOPHAGUS SURGERY FOR VEINS				Inpatient Only	$0.00			
43405	C	LIGATE/STAPLE ESOPHAGUS				Inpatient Only	$0.00			
43410	C	REPAIR ESOPHAGUS WOUND				Inpatient Only	$0.00			

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43415	C	REPAIR ESOPHAGUS WOUND				Inpatient Only	$0.00			
43420	T	REPAIR ESOPHAGUS OPENING	00254	26.24		APC	$1,457.03			
43425	C	REPAIR ESOPHAGUS OPENING				Inpatient Only	$0.00			
43450	T	DILATE ESOPHAGUS 1/MULT PASS	00141	10.05		APC	$558.20			
43453	T	DILATE ESOPHAGUS	00419	14.36		APC	$797.22			
43460	C	PRESSURE TREATMENT ESOPHAGUS				Inpatient Only	$0.00			
43496	C	FREE JEJUNUM FLAP MICROVASC				Inpatient Only	$0.00			
43499	T	ESOPHAGUS SURGERY PROCEDURE	00141	10.05		APC	$558.20			
43500	C	SURGICAL OPENING OF STOMACH				Inpatient Only	$0.00			
43501	C	SURGICAL REPAIR OF STOMACH				Inpatient Only	$0.00			
43502	C	SURGICAL REPAIR OF STOMACH				Inpatient Only	$0.00			
43510	T	SURGICAL OPENING OF STOMACH	00141	10.05		APC	$558.20			
43520	C	INCISION OF PYLORIC MUSCLE				Inpatient Only	$0.00			
43605	C	BIOPSY OF STOMACH				Inpatient Only	$0.00			
43610	C	EXCISION OF STOMACH LESION				Inpatient Only	$0.00			
43611	C	EXCISION OF STOMACH LESION				Inpatient Only	$0.00			
43620	C	REMOVAL OF STOMACH				Inpatient Only	$0.00			
43621	C	REMOVAL OF STOMACH				Inpatient Only	$0.00			
43622	C	REMOVAL OF STOMACH				Inpatient Only	$0.00			
43631	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	$0.00			
43632	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	$0.00			
43633	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	$0.00			
43634	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	$0.00			
43635	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	$0.00			
43640	C	VAGOTOMY & PYLORUS REPAIR				Inpatient Only	$0.00			
43641	C	VAGOTOMY & PYLORUS REPAIR				Inpatient Only	$0.00			
43644	E	LAP GASTRIC BYPASS/ROUX-EN-Y				Not Allowed	$0.00			
43645	E	LAP GASTR BYPASS INCL SMLL I				Not Allowed	$0.00			
43647	N	LAP IMPL ELECTRODE ANTRUM	00061	71.33		Bundled, Sometimes Payable	$3,960.87			
43648	N	LAP REVISE/REMV ELTRD ANTRUM	00130	40.67		Bundled, Sometimes Payable	$2,258.64			
43651	T	LAPAROSCOPY VAGUS NERVE	00132	73.87		APC	$4,101.98			
43652	T	LAPAROSCOPY VAGUS NERVE	00132	73.87		APC	$4,101.98			
43653	T	LAPAROSCOPY GASTROSTOMY	00131	50.95		APC	$2,829.46			
43659	T	LAPAROSCOPE PROC STOM	00130	40.67		APC	$2,258.64			
43752	N	NASAL/OROGASTRIC W/TUBE PLMT	00277	2.036		Bundled, Sometimes Payable	$113.04			
43753	N	TX GASTRO INTUB W/ASP	00420	1.776		Bundled, Sometimes Payable	$98.63			
43754	N	DX GASTR INTUB W/ASP SPEC	00420	1.776		Bundled, Sometimes Payable	$98.63			
43755	S	DX GASTR INTUB W/ASP SPECS	00096	4.446		APC	$246.88			
43756	S	DX DUOD INTUB W/ASP SPEC	00272	2.151		APC	$119.43			
43757	S	DX DUOD INTUB W/ASP SPECS	00272	2.151		APC	$119.43			
43760	T	CHANGE GASTROSTOMY TUBE	00676	2.632		APC	$146.14			
43761	T	REPOSITION GASTROSTOMY TUBE	00141	10.05		APC	$558.20			
43770	T	LAP PLACE GASTR ADJ DEVICE	00132	73.87		APC	$4,101.98			
43771	E	LAP REVISE GASTR ADJ DEVICE				Not Allowed	$0.00			
43772	E	LAP RMVL GASTR ADJ DEVICE				Not Allowed	$0.00			
43773	E	LAP REPLACE GASTR ADJ DEVICE				Not Allowed	$0.00			
43774	E	LAP RMVL GASTR ADJ ALL PARTS				Not Allowed	$0.00			
43775	E	LAP SLEEVE GASTRECTOMY				Not Allowed	$0.00			
43800	C	RECONSTRUCTION OF PYLORUS				Inpatient Only	$0.00			
43810	C	FUSION OF STOMACH AND BOWEL				Inpatient Only	$0.00			
43820	C	FUSION OF STOMACH AND BOWEL				Inpatient Only	$0.00			
43825	C	FUSION OF STOMACH AND BOWEL				Inpatient Only	$0.00			
43830	T	PLACE GASTROSTOMY TUBE	00422	25.82		APC	$1,433.79			
43831	T	PLACE GASTROSTOMY TUBE	00141	10.05		APC	$558.20			
43832	C	PLACE GASTROSTOMY TUBE				Inpatient Only	$0.00			
43840	C	REPAIR OF STOMACH LESION				Inpatient Only	$0.00			
43842	E	V-BAND GASTROPLASTY				Not Allowed	$0.00			
43843	E	GASTROPLASTY W/O V-BAND				Not Allowed	$0.00			
43845	E	GASTROPLASTY DUODENAL SWITCH				Not Allowed	$0.00			
43846	E	GASTRIC BYPASS FOR OBESITY				Not Allowed	$0.00			
43847	E	GASTRIC BYPASS INCL SMALL I				Not Allowed	$0.00			
43848	E	REVISION GASTROPLASTY				Not Allowed	$0.00			
43850	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	$0.00			
43855	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
43860	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	$0.00			
43865	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	$0.00			
43870	T	REPAIR STOMACH OPENING	00422	25.82		APC	$1,433.79			
43880	C	REPAIR STOMACH-BOWEL FISTULA				Inpatient Only	$0.00			
43881	C	IMPL/REDO ELECTRD ANTRUM				Inpatient Only	$0.00			
43882	C	REVISE/REMOVE ELECTRD ANTRUM				Inpatient Only	$0.00			
43886	E	REVISE GASTRIC PORT OPEN				Not Allowed	$0.00			
43887	E	REMOVE GASTRIC PORT OPEN				Not Allowed	$0.00			
43888	E	CHANGE GASTRIC PORT OPEN				Not Allowed	$0.00			
43999	T	STOMACH SURGERY PROCEDURE	00141	10.05		APC	$558.20			
44005	C	FREEING OF BOWEL ADHESION				Inpatient Only	$0.00			
44010	C	INCISION OF SMALL BOWEL				Inpatient Only	$0.00			
44015	C	INSERT NEEDLE CATH BOWEL				Inpatient Only	$0.00			
44020	C	EXPLORE SMALL INTESTINE				Inpatient Only	$0.00			
44021	C	DECOMPRESS SMALL BOWEL				Inpatient Only	$0.00			
44025	C	INCISION OF LARGE BOWEL				Inpatient Only	$0.00			
44050	C	REDUCE BOWEL OBSTRUCTION				Inpatient Only	$0.00			
44055	C	CORRECT MALROTATION OF BOWEL				Inpatient Only	$0.00			
44100	T	BIOPSY OF BOWEL	00419	14.36		APC	$797.22			
44110	C	EXCISE INTESTINE LESION(S)				Inpatient Only	$0.00			
44111	C	EXCISION OF BOWEL LESION(S)				Inpatient Only	$0.00			
44120	C	REMOVAL OF SMALL INTESTINE				Inpatient Only	$0.00			
44121	C	REMOVAL OF SMALL INTESTINE				Inpatient Only	$0.00			
44125	C	REMOVAL OF SMALL INTESTINE				Inpatient Only	$0.00			
44126	C	ENTERECTOMY W/O TAPER CONG				Inpatient Only	$0.00			
44127	C	ENTERECTOMY W/TAPER CONG				Inpatient Only	$0.00			
44128	C	ENTERECTOMY CONG ADD-ON				Inpatient Only	$0.00			
44130	C	BOWEL TO BOWEL FUSION				Inpatient Only	$0.00			
44132	C	ENTERECTOMY CADAVER DONOR				Inpatient Only	$0.00			
44133	C	ENTERECTOMY LIVE DONOR				Inpatient Only	$0.00			
44135	C	INTESTINE TRANSPLNT CADAVER				Inpatient Only	$0.00			
44136	C	INTESTINE TRANSPLANT LIVE				Inpatient Only	$0.00			
44137	C	REMOVE INTESTINAL ALLOGRAFT				Inpatient Only	$0.00			
44139	C	MOBILIZATION OF COLON				Inpatient Only	$0.00			
44140	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			
44141	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			
44143	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			
44144	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			
44145	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			
44146	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			
44147	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			
44150	C	REMOVAL OF COLON				Inpatient Only	$0.00			
44151	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only	$0.00			
44155	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only	$0.00			
44156	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only	$0.00			
44157	C	COLECTOMY W/ILEOANAL ANAST				Inpatient Only	$0.00			
44158	C	COLECTOMY W/NEO-RECTUM POUCH				Inpatient Only	$0.00			
44160	C	REMOVAL OF COLON				Inpatient Only	$0.00			
44180	T	LAP ENTEROLYSIS	00131	50.95		APC	$2,829.46			
44186	T	LAP JEJUNOSTOMY	00131	50.95		APC	$2,829.46			
44187	C	LAP ILEO/JEJUNO-STOMY				Inpatient Only	$0.00			
44188	C	LAP COLOSTOMY				Inpatient Only	$0.00			
44202	C	LAP ENTERECTOMY				Inpatient Only	$0.00			
44203	C	LAP RESECT S/INTESTINE ADDL				Inpatient Only	$0.00			
44204	C	LAPARO PARTIAL COLECTOMY				Inpatient Only	$0.00			
44205	C	LAP COLECTOMY PART W/ILEUM				Inpatient Only	$0.00			
44206	C	LAP PART COLECTOMY W/STOMA				Inpatient Only	$0.00			
44207	C	L COLECTOMY/COLOPROCTOSTOMY				Inpatient Only	$0.00			
44208	C	L COLECTOMY/COLOPROCTOSTOMY				Inpatient Only	$0.00			
44210	C	LAPARO TOTAL PROCTOCOLECTOMY				Inpatient Only	$0.00			
44211	C	LAP COLECTOMY W/PROCTECTOMY				Inpatient Only	$0.00			
44212	C	LAPARO TOTAL PROCTOCOLECTOMY				Inpatient Only	$0.00			
44213	C	LAP MOBIL SPLENIC FL ADD-ON				Inpatient Only	$0.00			
44227	C	LAP CLOSE ENTEROSTOMY				Inpatient Only	$0.00			

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44238	T	LAPAROSCOPE PROC INTESTINE	00130	40.67		APC	$2,258.64			
44300	C	OPEN BOWEL TO SKIN				Inpatient Only	$0.00			
44310	C	ILEOSTOMY/JEJUNOSTOMY				Inpatient Only	$0.00			
44312	T	REVISION OF ILEOSTOMY	00329	31.03		APC	$1,723.06			
44314	C	REVISION OF ILEOSTOMY				Inpatient Only	$0.00			
44316	C	DEVISE BOWEL POUCH				Inpatient Only	$0.00			
44320	C	COLOSTOMY				Inpatient Only	$0.00			
44322	C	COLOSTOMY WITH BIOPSIES				Inpatient Only	$0.00			
44340	T	REVISION OF COLOSTOMY	00329	31.03		APC	$1,723.06			
44345	C	REVISION OF COLOSTOMY				Inpatient Only	$0.00			
44346	C	REVISION OF COLOSTOMY				Inpatient Only	$0.00			
44360	T	SMALL BOWEL ENDOSCOPY	00142	11.49		APC	$638.17			
44361	T	SMALL BOWEL ENDOSCOPY/BIOPSY	00142	11.49		APC	$638.17			
44363	T	SMALL BOWEL ENDOSCOPY	00142	11.49		APC	$638.17			
44364	T	SMALL BOWEL ENDOSCOPY	00424	16.84		APC	$935.37			
44365	T	SMALL BOWEL ENDOSCOPY	00424	16.84		APC	$935.37			
44366	T	SMALL BOWEL ENDOSCOPY	00424	16.84		APC	$935.37			
44369	T	SMALL BOWEL ENDOSCOPY	00424	16.84		APC	$935.37			
44370	N	SMALL BOWEL ENDOSCOPY/STENT	00384	42.81		Bundled, Sometimes Payable	$2,377.03			
44372	T	SMALL BOWEL ENDOSCOPY	00424	16.84		APC	$935.37			
44373	T	SMALL BOWEL ENDOSCOPY	00424	16.84		APC	$935.37			
44376	T	SMALL BOWEL ENDOSCOPY	00142	11.49		APC	$638.17			
44377	T	SMALL BOWEL ENDOSCOPY/BIOPSY	00424	16.84		APC	$935.37			
44378	T	SMALL BOWEL ENDOSCOPY	00424	16.84		APC	$935.37			
44379	N	S BOWEL ENDOSCOPE W/STENT	00384	42.81		Bundled, Sometimes Payable	$2,377.03			
44380	T	SMALL BOWEL ENDOSCOPY BR/WA	00142	11.49		APC	$638.17			
44381	T	SMALL BOWEL ENDOSCOPY BR/WA	00142	11.49		APC	$638.17			
44382	T	SMALL BOWEL ENDOSCOPY	00142	11.49		APC	$638.17			
44384	T	SMALL BOWEL ENDOSCOPY	00142	11.49		APC	$638.17			
44385	T	ENDOSCOPY OF BOWEL POUCH	00143	10.65		APC	$591.33			
44386	T	ENDOSCOPY BOWEL POUCH/BIOP	00143	10.65		APC	$591.33			
44388	T	COLONOSCOPY THRU STOMA SPX	00143	10.65		APC	$591.33			
44389	T	COLONOSCOPY WITH BIOPSY	00143	10.65		APC	$591.33			
44390	T	COLONOSCOPY FOR FOREIGN BODY	00143	10.65		APC	$591.33			
44391	T	COLONOSCOPY FOR BLEEDING	00143	10.65		APC	$591.33			
44392	T	COLONOSCOPY & POLYPECTOMY	00143	10.65		APC	$591.33			
44394	T	COLONOSCOPY W/SNARE	00143	10.65		APC	$591.33			
44401	T	COLONOSCOPY WITH ABLATION	00143	10.65		APC	$591.33			
44402	T	COLONOSCOPY W/STENT PLCMT	00143	10.65		APC	$591.33			
44403	T	COLONOSCOPY W/RESECTION	00143	10.65		APC	$591.33			
44404	T	COLONOSCOPY W/INJECTION	00143	10.65		APC	$591.33			
44405	T	COLONOSCOPY W/DILATION	00143	10.65		APC	$591.33			
44406	T	COLONOSCOPY W/ULTRASOUND	00143	10.65		APC	$591.33			
44407	T	COLONOSCOPY W/NDL ASPIR/BX	00143	10.65		APC	$591.33			
44408	T	COLONOSCOPY W/DECOMPRESSION	00143	10.65		APC	$591.33			
44500	T	INTRO GASTROINTESTINAL TUBE	00121	6.58		APC	$365.39			
44602	C	SUTURE SMALL INTESTINE				Inpatient Only	$0.00			
44603	C	SUTURE SMALL INTESTINE				Inpatient Only	$0.00			
44604	C	SUTURE LARGE INTESTINE				Inpatient Only	$0.00			
44605	C	REPAIR OF BOWEL LESION				Inpatient Only	$0.00			
44615	C	INTESTINAL STRICTUROPLASTY				Inpatient Only	$0.00			
44620	C	REPAIR BOWEL OPENING				Inpatient Only	$0.00			
44625	C	REPAIR BOWEL OPENING				Inpatient Only	$0.00			
44626	C	REPAIR BOWEL OPENING				Inpatient Only	$0.00			
44640	C	REPAIR BOWEL-SKIN FISTULA				Inpatient Only	$0.00			
44650	C	REPAIR BOWEL FISTULA				Inpatient Only	$0.00			
44660	C	REPAIR BOWEL-BLADDER FISTULA				Inpatient Only	$0.00			
44661	C	REPAIR BOWEL-BLADDER FISTULA				Inpatient Only	$0.00			
44680	C	SURGICAL REVISION INTESTINE				Inpatient Only	$0.00			
44700	C	SUSPEND BOWEL W/PROSTHESIS				Inpatient Only	$0.00			
44701	N	INTRAOP COLON LAVAGE ADD-ON				Bundled, Sometimes Payable	$0.00			
44705	E	PREPARE FECAL MICROBIOTA				Not Allowed	$0.00			
44715	C	PREPARE DONOR INTESTINE				Inpatient Only	$0.00			
44720	C	PREP DONOR INTESTINE/VENOUS				Inpatient Only	$0.00			

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44721	C	PREP DONOR INTESTINE/ARTERY				Inpatient Only	$0.00			
44799	T	UNLISTED PX SMALL INTESTINE	00153	30.82		APC	$1,711.36			
44800	C	EXCISION OF BOWEL POUCH				Inpatient Only	$0.00			
44820	C	EXCISION OF MESENTERY LESION				Inpatient Only	$0.00			
44850	C	REPAIR OF MESENTERY				Inpatient Only	$0.00			
44899	C	BOWEL SURGERY PROCEDURE				Inpatient Only	$0.00			
44900	C	DRAIN APPENDIX ABSCESS OPEN				Inpatient Only	$0.00			
44950	T	APPENDECTOMY	00153	30.82		APC	$1,711.36			
44955	N	APPENDECTOMY ADD-ON				Bundled, Sometimes Payable	$0.00			
44960	C	APPENDECTOMY				Inpatient Only	$0.00			
44970	T	LAPAROSCOPY APPENDECTOMY	00131	50.95		APC	$2,829.46			
44979	T	LAPAROSCOPE PROC APP	00130	40.67		APC	$2,258.64			
45000	T	DRAINAGE OF PELVIC ABSCESS	00149	26.17		APC	$1,453.46			
45005	T	DRAINAGE OF RECTAL ABSCESS	00155	19.62		APC	$1,089.41			
45020	T	DRAINAGE OF RECTAL ABSCESS	00155	19.62		APC	$1,089.41			
45100	T	BIOPSY OF RECTUM	00155	19.62		APC	$1,089.41			
45108	T	REMOVAL OF ANORECTAL LESION	00149	26.17		APC	$1,453.46			
45110	C	REMOVAL OF RECTUM				Inpatient Only	$0.00			
45111	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only	$0.00			
45112	C	REMOVAL OF RECTUM				Inpatient Only	$0.00			
45113	C	PARTIAL PROCTECTOMY				Inpatient Only	$0.00			
45114	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only	$0.00			
45116	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only	$0.00			
45119	C	REMOVE RECTUM W/RESERVOIR				Inpatient Only	$0.00			
45120	C	REMOVAL OF RECTUM				Inpatient Only	$0.00			
45121	C	REMOVAL OF RECTUM AND COLON				Inpatient Only	$0.00			
45123	C	PARTIAL PROCTECTOMY				Inpatient Only	$0.00			
45126	C	PELVIC EXENTERATION				Inpatient Only	$0.00			
45130	C	EXCISION OF RECTAL PROLAPSE				Inpatient Only	$0.00			
45135	C	EXCISION OF RECTAL PROLAPSE				Inpatient Only	$0.00			
45136	C	EXCISE ILEOANAL RESERVIOR				Inpatient Only	$0.00			
45150	T	EXCISION OF RECTAL STRICTURE	00149	26.17		APC	$1,453.46			
45160	T	EXCISION OF RECTAL LESION	00149	26.17		APC	$1,453.46			
45171	T	EXC RECT TUM TRANSANAL PART	00149	26.17		APC	$1,453.46			
45172	T	EXC RECT TUM TRANSANAL FULL	00150	35.07		APC	$1,947.30			
45190	T	DESTRUCTION RECTAL TUMOR	00149	26.17		APC	$1,453.46			
45300	T	PROCTOSIGMOIDOSCOPY DX	00146	6.656		APC	$369.60			
45303	T	PROCTOSIGMOIDOSCOPY DILATE	00147	11.16		APC	$619.45			
45305	T	PROCTOSIGMOIDOSCOPY W/BX	00147	11.16		APC	$619.45			
45307	T	PROCTOSIGMOIDOSCOPY FB	00428	22.35		APC	$1,241.02			
45308	T	PROCTOSIGMOIDOSCOPY REMOVAL	00147	11.16		APC	$619.45			
45309	T	PROCTOSIGMOIDOSCOPY REMOVAL	00147	11.16		APC	$619.45			
45315	T	PROCTOSIGMOIDOSCOPY REMOVAL	00147	11.16		APC	$619.45			
45317	T	PROCTOSIGMOIDOSCOPY BLEED	00147	11.16		APC	$619.45			
45320	T	PROCTOSIGMOIDOSCOPY ABLATE	00428	22.35		APC	$1,241.02			
45321	T	PROCTOSIGMOIDOSCOPY VOLVUL	00428	22.35		APC	$1,241.02			
45327	N	PROCTOSIGMOIDOSCOPY W/STENT	00384	42.81		Bundled, Sometimes Payable	$2,377.03			
45330	T	DIAGNOSTIC SIGMOIDOSCOPY	00146	6.656		APC	$369.60			
45331	T	SIGMOIDOSCOPY AND BIOPSY	00146	6.656		APC	$369.60			
45332	T	SIGMOIDOSCOPY W/FB REMOVAL	00147	11.16		APC	$619.45			
45333	T	SIGMOIDOSCOPY & POLYPECTOMY	00146	6.656		APC	$369.60			
45334	T	SIGMOIDOSCOPY FOR BLEEDING	00147	11.16		APC	$619.45			
45335	T	SIGMOIDOSCOPY W/SUBMUC INJ	00146	6.656		APC	$369.60			
45337	T	SIGMOIDOSCOPY & DECOMPRESS	00147	11.16		APC	$619.45			
45338	T	SIGMOIDOSCOPY W/TUMR REMOVE	00147	11.16		APC	$619.45			
45340	T	SIG W/TNDSC BALLOON DILATION	00147	11.16		APC	$619.45			
45341	T	SIGMOIDOSCOPY W/ULTRASOUND	00147	11.16		APC	$619.45			
45342	T	SIGMOIDOSCOPY W/US GUIDE BX	00147	11.16		APC	$619.45			
45346	T	SIGMOIDOSCOPY W/ABLATION	00147	11.16		APC	$619.45			
45347	T	SIGMOIDOSCOPY W/PLCMT STENT	00147	11.16		APC	$619.45			
45349	T	SIGMOIDOSCOPY W/RESECTION	00147	11.16		APC	$619.45			
45350	T	SGMDSC W/BAND LIGATION	00147	11.16		APC	$619.45			
45378	T	DIAGNOSTIC COLONOSCOPY	00143	10.65		APC	$591.33			
45379	T	COLONOSCOPY W/FB REMOVAL	00143	10.65		APC	$591.33			

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45380	T	COLONOSCOPY AND BIOPSY	00143	10.65		APC	$591.33			
45381	T	COLONOSCOPY SUBMUCOUS NJX	00143	10.65		APC	$591.33			
45382	T	COLONOSCOPY W/CONTROL BLEED	00143	10.65		APC	$591.33			
45384	T	COLONOSCOPY W/LESION REMOVAL	00143	10.65		APC	$591.33			
45385	T	COLONOSCOPY W/LESION REMOVAL	00143	10.65		APC	$591.33			
45386	T	COLONOSCOPY W/BALLOON DILAT	00143	10.65		APC	$591.33			
45388	T	COLONOSCOPY W/ABLATION	00143	10.65		APC	$591.33			
45389	T	COLONOSCOPY W/STENT PLCMT	00143	10.65		APC	$591.33			
45390	T	COLONOSCOPY W/RESECTION	00143	10.65		APC	$591.33			
45391	T	COLONOSCOPY W/ENDOSCOPE US	00143	10.65		APC	$591.33			
45392	T	COLONOSCOPY W/ENDOSCOPIC FNB	00143	10.65		APC	$591.33			
45393	T	COLONOSCOPY W/DECOMPRESSION	00143	10.65		APC	$591.33			
45395	C	LAP REMOVAL OF RECTUM				Inpatient Only	$0.00			
45397	C	LAP REMOVE RECTUM W/POUCH				Inpatient Only	$0.00			
45398	T	COLONOSCOPY W/BAND LIGATION	00143	10.65		APC	$591.33			
45399	T	UNLISTED PROCEDURE COLON	00143	10.65		APC	$591.33			
45400	C	LAPAROSCOPIC PROC				Inpatient Only	$0.00			
45402	C	LAP PROCTOPEXY W/SIG RESECT				Inpatient Only	$0.00			
45499	T	LAPAROSCOPE PROC RECTUM	00130	40.67		APC	$2,258.64			
45500	T	REPAIR OF RECTUM	00149	26.17		APC	$1,453.46			
45505	T	REPAIR OF RECTUM	00150	35.07		APC	$1,947.30			
45520	T	TREATMENT OF RECTAL PROLAPSE	00015	1.97		APC	$109.41			
45540	C	CORRECT RECTAL PROLAPSE				Inpatient Only	$0.00			
45541	T	CORRECT RECTAL PROLAPSE	00150	35.07		APC	$1,947.30			
45550	C	REPAIR RECTUM/REMOVE SIGMOID				Inpatient Only	$0.00			
45560	T	REPAIR OF RECTOCELE	00150	35.07		APC	$1,947.30			
45562	C	EXPLORATION/REPAIR OF RECTUM				Inpatient Only	$0.00			
45563	C	EXPLORATION/REPAIR OF RECTUM				Inpatient Only	$0.00			
45800	C	REPAIR RECT/BLADDER FISTULA				Inpatient Only	$0.00			
45805	C	REPAIR FISTULA W/COLOSTOMY				Inpatient Only	$0.00			
45820	C	REPAIR RECTOURETHRAL FISTULA				Inpatient Only	$0.00			
45825	C	REPAIR FISTULA W/COLOSTOMY				Inpatient Only	$0.00			
45900	T	REDUCTION OF RECTAL PROLAPSE	00148	5.966		APC	$331.29			
45905	T	DILATION OF ANAL SPHINCTER	00155	19.62		APC	$1,089.41			
45910	T	DILATION OF RECTAL NARROWING	00155	19.62		APC	$1,089.41			
45915	T	REMOVE RECTAL OBSTRUCTION	00155	19.62		APC	$1,089.41			
45990	T	SURG DX EXAM ANORECTAL	00155	19.62		APC	$1,089.41			
45999	T	RECTUM SURGERY PROCEDURE	00148	5.966		APC	$331.29			
46020	T	PLACEMENT OF SETON	00149	26.17		APC	$1,453.46			
46030	T	REMOVAL OF RECTAL MARKER	00148	5.966		APC	$331.29			
46040	T	INCISION OF RECTAL ABSCESS	00155	19.62		APC	$1,089.41			
46045	T	INCISION OF RECTAL ABSCESS	00149	26.17		APC	$1,453.46			
46050	T	INCISION OF ANAL ABSCESS	00148	5.966		APC	$331.29			
46060	T	INCISION OF RECTAL ABSCESS	00155	19.62		APC	$1,089.41			
46070	T	INCISION OF ANAL SEPTUM	00155	19.62		APC	$1,089.41			
46080	T	INCISION OF ANAL SPHINCTER	00155	19.62		APC	$1,089.41			
46083	T	INCISE EXTERNAL HEMORRHOID	00164	2.882		APC	$160.05			
46200	T	REMOVAL OF ANAL FISSURE	00149	26.17		APC	$1,453.46			
46220	T	EXCISE ANAL EXT TAG/PAPILLA	00155	19.62		APC	$1,089.41			
46221	T	LIGATION OF HEMORRHOID(S)	00148	5.966		APC	$331.29			
46230	T	REMOVAL OF ANAL TAGS	00155	19.62		APC	$1,089.41			
46250	T	REMOVE EXT HEM GROUPS 2+	00149	26.17		APC	$1,453.46			
46255	T	REMOVE INT/EXT HEM 1 GROUP	00149	26.17		APC	$1,453.46			
46257	T	REMOVE IN/EX HEM GRP & FISS	00149	26.17		APC	$1,453.46			
46258	T	REMOVE IN/EX HEM GRP W/FISTU	00149	26.17		APC	$1,453.46			
46260	T	REMOVE IN/EX HEM GROUPS 2+	00149	26.17		APC	$1,453.46			
46261	T	REMOVE IN/EX HEM GRPS & FISS	00149	26.17		APC	$1,453.46			
46262	T	REMOVE IN/EX HEM GRPS W/FIST	00149	26.17		APC	$1,453.46			
46270	T	REMOVE ANAL FIST SUBQ	00149	26.17		APC	$1,453.46			
46275	T	REMOVE ANAL FIST INTER	00149	26.17		APC	$1,453.46			
46280	T	REMOVE ANAL FIST COMPLEX	00149	26.17		APC	$1,453.46			
46285	T	REMOVE ANAL FIST 2 STAGE	00149	26.17		APC	$1,453.46			
46288	T	REPAIR ANAL FISTULA	00150	35.07		APC	$1,947.30			
46320	T	REMOVAL OF HEMORRHOID CLOT	00155	19.62		APC	$1,089.41			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
46500	T	INJECTION INTO HEMORRHOID(S)	00148	5.966		APC	$331.29			
46505	T	CHEMODENERVATION ANAL MUSC	00155	19.62		APC	$1,089.41			
46600	N	DIAGNOSTIC ANOSCOPY SPX	00420	1.776		Bundled, Sometimes Payable	$98.63			
46601	N	DIAGNOSTIC ANOSCOPY	00420	1.776		Bundled, Sometimes Payable	$98.63			
46604	T	ANOSCOPY AND DILATION	00147	11.16		APC	$619.45			
46606	T	ANOSCOPY AND BIOPSY	00147	11.16		APC	$619.45			
46607	T	DIAGNOSTIC ANOSCOPY & BIOPSY	00147	11.16		APC	$619.45			
46608	T	ANOSCOPY REMOVE FOR BODY	00147	11.16		APC	$619.45			
46610	T	ANOSCOPY REMOVE LESION	00428	22.35		APC	$1,241.02			
46611	T	ANOSCOPY	00147	11.16		APC	$619.45			
46612	T	ANOSCOPY REMOVE LESIONS	00428	22.35		APC	$1,241.02			
46614	T	ANOSCOPY CONTROL BLEEDING	00147	11.16		APC	$619.45			
46615	T	ANOSCOPY	00428	22.35		APC	$1,241.02			
46700	T	REPAIR OF ANAL STRICTURE	00149	26.17		APC	$1,453.46			
46705	C	REPAIR OF ANAL STRICTURE				Inpatient Only	$0.00			
46706	T	REPR OF ANAL FISTULA W/GLUE	00149	26.17		APC	$1,453.46			
46707	T	REPAIR ANORECTAL FIST W/PLUG	00150	35.07		APC	$1,947.30			
46710	C	REPR PER/VAG POUCH SNGL PROC				Inpatient Only	$0.00			
46712	C	REPR PER/VAG POUCH DBL PROC				Inpatient Only	$0.00			
46715	C	REP PERF ANOPER FISTU				Inpatient Only	$0.00			
46716	C	REP PERF ANOPER/VESTIB FISTU				Inpatient Only	$0.00			
46730	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only	$0.00			
46735	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only	$0.00			
46740	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only	$0.00			
46742	C	REPAIR OF IMPERFORATED ANUS				Inpatient Only	$0.00			
46744	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only	$0.00			
46746	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only	$0.00			
46748	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only	$0.00			
46750	T	REPAIR OF ANAL SPHINCTER	00150	35.07		APC	$1,947.30			
46751	C	REPAIR OF ANAL SPHINCTER				Inpatient Only	$0.00			
46753	T	RECONSTRUCTION OF ANUS	00149	26.17		APC	$1,453.46			
46754	T	REMOVAL OF SUTURE FROM ANUS	00155	19.62		APC	$1,089.41			
46760	T	REPAIR OF ANAL SPHINCTER	00150	35.07		APC	$1,947.30			
46761	T	REPAIR OF ANAL SPHINCTER	00150	35.07		APC	$1,947.30			
46762	T	IMPLANT ARTIFICIAL SPHINCTER	00150	35.07		APC	$1,947.30			
46900	T	DESTRUCTION ANAL LESION(S)	00016	3.817		APC	$211.97			
46910	T	DESTRUCTION ANAL LESION(S)	00017	17.36		APC	$964.06			
46916	T	CRYOSURGERY ANAL LESION(S)	00015	1.97		APC	$109.41			
46917	T	LASER SURGERY ANAL LESIONS	00149	26.17		APC	$1,453.46			
46922	T	EXCISION OF ANAL LESION(S)	00149	26.17		APC	$1,453.46			
46924	T	DESTRUCTION ANAL LESION(S)	00149	26.17		APC	$1,453.46			
46930	T	DESTROY INTERNAL HEMORRHOIDS	00148	5.966		APC	$331.29			
46940	T	TREATMENT OF ANAL FISSURE	00155	19.62		APC	$1,089.41			
46942	T	TREATMENT OF ANAL FISSURE	00148	5.966		APC	$331.29			
46945	T	REMOVE BY LIGAT INT HEM GRP	00149	26.17		APC	$1,453.46			
46946	T	REMOVE BY LIGAT INT HEM GRPS	00149	26.17		APC	$1,453.46			
46947	T	HEMORRHOIDOPEXY BY STAPLING	00150	35.07		APC	$1,947.30			
46999	T	ANUS SURGERY PROCEDURE	00148	5.966		APC	$331.29			
47000	T	NEEDLE BIOPSY OF LIVER	00005	14.19		APC	$788.06			
47001	N	NEEDLE BIOPSY LIVER ADD-ON				Bundled, Sometimes Payable	$0.00			
47010	C	OPEN DRAINAGE LIVER LESION				Inpatient Only	$0.00			
47015	C	INJECT/ASPIRATE LIVER CYST				Inpatient Only	$0.00			
47100	C	WEDGE BIOPSY OF LIVER				Inpatient Only	$0.00			
47120	C	PARTIAL REMOVAL OF LIVER				Inpatient Only	$0.00			
47122	C	EXTENSIVE REMOVAL OF LIVER				Inpatient Only	$0.00			
47125	C	PARTIAL REMOVAL OF LIVER				Inpatient Only	$0.00			
47130	C	PARTIAL REMOVAL OF LIVER				Inpatient Only	$0.00			
47133	C	REMOVAL OF DONOR LIVER				Inpatient Only	$0.00			
47135	C	TRANSPLANTATION OF LIVER				Inpatient Only	$0.00			
47136	C	TRANSPLANTATION OF LIVER				Inpatient Only	$0.00			
47140	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only	$0.00			
47141	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only	$0.00			
47142	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only	$0.00			
47143	C	PREP DONOR LIVER WHOLE				Inpatient Only	$0.00			

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47144	C	PREP DONOR LIVER 3-SEGMENT				Inpatient Only	$0.00			
47145	C	PREP DONOR LIVER LOBE SPLIT				Inpatient Only	$0.00			
47146	C	PREP DONOR LIVER/VENOUS				Inpatient Only	$0.00			
47147	C	PREP DONOR LIVER/ARTERIAL				Inpatient Only	$0.00			
47300	C	SURGERY FOR LIVER LESION				Inpatient Only	$0.00			
47350	C	REPAIR LIVER WOUND				Inpatient Only	$0.00			
47360	C	REPAIR LIVER WOUND				Inpatient Only	$0.00			
47361	C	REPAIR LIVER WOUND				Inpatient Only	$0.00			
47362	C	REPAIR LIVER WOUND				Inpatient Only	$0.00			
47370	T	LAPARO ABLATE LIVER TUMOR RF	00174	108.8		APC	$6,041.58			
47371	T	LAPARO ABLATE LIVER CRYOSURG	00174	108.8		APC	$6,041.58			
47379	T	LAPAROSCOPE PROCEDURE LIVER	00130	40.67		APC	$2,258.64			
47380	C	OPEN ABLATE LIVER TUMOR RF				Inpatient Only	$0.00			
47381	C	OPEN ABLATE LIVER TUMOR CRYO				Inpatient Only	$0.00			
47382	T	PERCUT ABLATE LIVER RF	00423	55.22		APC	$3,066.41			
47383	T	PERQ ABLTJ LVR CRYOABLATION	00423	55.22		APC	$3,066.41			
47399	T	LIVER SURGERY PROCEDURE	00004	6.57		APC	$364.85			
47400	C	INCISION OF LIVER DUCT				Inpatient Only	$0.00			
47420	C	INCISION OF BILE DUCT				Inpatient Only	$0.00			
47425	C	INCISION OF BILE DUCT				Inpatient Only	$0.00			
47460	C	INCISE BILE DUCT SPHINCTER				Inpatient Only	$0.00			
47480	C	INCISION OF GALLBLADDER				Inpatient Only	$0.00			
47490	T	INCISION OF GALLBLADDER	00152	24.72		APC	$1,372.65			
47500	N	INJECTION FOR LIVER X-RAYS				Bundled, Sometimes Payable	$0.00			
47505	N	INJECTION FOR LIVER X-RAYS				Bundled, Sometimes Payable	$0.00			
47510	T	INSERT CATHETER BILE DUCT	00152	24.72		APC	$1,372.65			
47511	T	INSERT BILE DUCT DRAIN	00423	55.22		APC	$3,066.41			
47525	T	CHANGE BILE DUCT CATHETER	00427	17.38		APC	$965.07			
47530	T	REVISE/REINSERT BILE TUBE	00427	17.38		APC	$965.07			
47550	C	BILE DUCT ENDOSCOPY ADD-ON				Inpatient Only	$0.00			
47552	T	BILIARY ENDO PERQ DX W/SPECI	00152	24.72		APC	$1,372.65			
47553	T	BILIARY ENDOSCOPY THRU SKIN	00423	55.22		APC	$3,066.41			
47554	T	BILIARY ENDOSCOPY THRU SKIN	00152	24.72		APC	$1,372.65			
47555	T	BILIARY ENDOSCOPY THRU SKIN	00152	24.72		APC	$1,372.65			
47556	T	BILIARY ENDOSCOPY THRU SKIN	00423	55.22		APC	$3,066.41			
47560	T	LAPAROSCOPY W/CHOLANGIO	00130	40.67		APC	$2,258.64			
47561	T	LAPARO W/CHOLANGIO/BIOPSY	00130	40.67		APC	$2,258.64			
47562	T	LAPAROSCOPIC CHOLECYSTECTOMY	00131	50.95		APC	$2,829.46			
47563	T	LAPARO CHOLECYSTECTOMY/GRAPH	00131	50.95		APC	$2,829.46			
47564	T	LAPARO CHOLECYSTECTOMY/EXPLR	00131	50.95		APC	$2,829.46			
47570	C	LAPARO CHOLECYSTOENTEROSTOMY				Inpatient Only	$0.00			
47579	T	LAPAROSCOPE PROC BILIARY	00130	40.67		APC	$2,258.64			
47600	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			
47605	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			
47610	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			
47612	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			
47620	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			
47630	T	REMOVE BILE DUCT STONE	00152	24.72		APC	$1,372.65			
47700	C	EXPLORATION OF BILE DUCTS				Inpatient Only	$0.00			
47701	C	BILE DUCT REVISION				Inpatient Only	$0.00			
47711	C	EXCISION OF BILE DUCT TUMOR				Inpatient Only	$0.00			
47712	C	EXCISION OF BILE DUCT TUMOR				Inpatient Only	$0.00			
47715	C	EXCISION OF BILE DUCT CYST				Inpatient Only	$0.00			
47720	C	FUSE GALLBLADDER & BOWEL				Inpatient Only	$0.00			
47721	C	FUSE UPPER GI STRUCTURES				Inpatient Only	$0.00			
47740	C	FUSE GALLBLADDER & BOWEL				Inpatient Only	$0.00			
47741	C	FUSE GALLBLADDER & BOWEL				Inpatient Only	$0.00			
47760	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only	$0.00			
47765	C	FUSE LIVER DUCTS & BOWEL				Inpatient Only	$0.00			
47780	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only	$0.00			
47785	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only	$0.00			
47800	C	RECONSTRUCTION OF BILE DUCTS				Inpatient Only	$0.00			
47801	C	PLACEMENT BILE DUCT SUPPORT				Inpatient Only	$0.00			
47802	C	FUSE LIVER DUCT & INTESTINE				Inpatient Only	$0.00			

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47900	C	SUTURE BILE DUCT INJURY				Inpatient Only	$0.00			
47999	T	BILE TRACT SURGERY PROCEDURE	00152	24.72		APC	$1,372.65			
48000	C	DRAINAGE OF ABDOMEN				Inpatient Only	$0.00			
48001	C	PLACEMENT OF DRAIN PANCREAS				Inpatient Only	$0.00			
48020	C	REMOVAL OF PANCREATIC STONE				Inpatient Only	$0.00			
48100	C	BIOPSY OF PANCREAS OPEN				Inpatient Only	$0.00			
48102	T	NEEDLE BIOPSY PANCREAS	00005	14.19		APC	$788.06			
48105	C	RESECT/DEBRIDE PANCREAS				Inpatient Only	$0.00			
48120	C	REMOVAL OF PANCREAS LESION				Inpatient Only	$0.00			
48140	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only	$0.00			
48145	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only	$0.00			
48146	C	PANCREATECTOMY				Inpatient Only	$0.00			
48148	C	REMOVAL OF PANCREATIC DUCT				Inpatient Only	$0.00			
48150	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only	$0.00			
48152	C	PANCREATECTOMY				Inpatient Only	$0.00			
48153	C	PANCREATECTOMY				Inpatient Only	$0.00			
48154	C	PANCREATECTOMY				Inpatient Only	$0.00			
48155	C	REMOVAL OF PANCREAS				Inpatient Only	$0.00			
48160	E	PANCREAS REMOVAL/TRANSPLANT				Not Allowed	$0.00			
48400	C	INJECTION INTRAOP ADD-ON				Inpatient Only	$0.00			
48500	C	SURGERY OF PANCREATIC CYST				Inpatient Only	$0.00			
48510	C	DRAIN PANCREATIC PSEUDOCYST				Inpatient Only	$0.00			
48520	C	FUSE PANCREAS CYST AND BOWEL				Inpatient Only	$0.00			
48540	C	FUSE PANCREAS CYST AND BOWEL				Inpatient Only	$0.00			
48545	C	PANCREATORRHAPHY				Inpatient Only	$0.00			
48547	C	DUODENAL EXCLUSION				Inpatient Only	$0.00			
48548	C	FUSE PANCREAS AND BOWEL				Inpatient Only	$0.00			
48550	E	DONOR PANCREATECTOMY				Not Allowed	$0.00			
48551	C	PREP DONOR PANCREAS				Inpatient Only	$0.00			
48552	C	PREP DONOR PANCREAS/VENOUS				Inpatient Only	$0.00			
48554	C	TRANSPL ALLOGRAFT PANCREAS				Inpatient Only	$0.00			
48556	C	REMOVAL ALLOGRAFT PANCREAS				Inpatient Only	$0.00			
48999	T	PANCREAS SURGERY PROCEDURE	00004	6.57		APC	$364.85			
49000	C	EXPLORATION OF ABDOMEN				Inpatient Only	$0.00			
49002	C	REOPENING OF ABDOMEN				Inpatient Only	$0.00			
49010	C	EXPLORATION BEHIND ABDOMEN				Inpatient Only	$0.00			
49020	C	DRAINAGE ABDOM ABSCESS OPEN				Inpatient Only	$0.00			
49040	C	DRAIN OPEN ABDOM ABSCESS				Inpatient Only	$0.00			
49060	C	DRAIN OPEN RETROPERI ABSCESS				Inpatient Only	$0.00			
49062	C	DRAIN TO PERITONEAL CAVITY				Inpatient Only	$0.00			
49082	T	ABD PARACENTESIS	00070	6.597		APC	$366.35			
49083	T	ABD PARACENTESIS W/IMAGING	00070	6.597		APC	$366.35			
49084	T	PERITONEAL LAVAGE	00070	6.597		APC	$366.35			
49180	T	BIOPSY ABDOMINAL MASS	00005	14.19		APC	$788.06			
49203	C	EXC ABD TUM 5 CM OR LESS				Inpatient Only	$0.00			
49204	C	EXC ABD TUM OVER 5 CM				Inpatient Only	$0.00			
49205	C	EXC ABD TUM OVER 10 CM				Inpatient Only	$0.00			
49215	C	EXCISE SACRAL SPINE TUMOR				Inpatient Only	$0.00			
49220	C	MULTIPLE SURGERY ABDOMEN				Inpatient Only	$0.00			
49250	T	EXCISION OF UMBILICUS	00153	30.82		APC	$1,711.36			
49255	C	REMOVAL OF OMENTUM				Inpatient Only	$0.00			
49320	T	DIAG LAPARO SEPARATE PROC	00130	40.67		APC	$2,258.64			
49321	T	LAPAROSCOPY BIOPSY	00130	40.67		APC	$2,258.64			
49322	T	LAPAROSCOPY ASPIRATION	00130	40.67		APC	$2,258.64			
49323	T	LAPARO DRAIN LYMPHOCELE	00130	40.67		APC	$2,258.64			
49324	T	LAP INSERT TUNNEL IP CATH	00130	40.67		APC	$2,258.64			
49325	T	LAP REVISION PERM IP CATH	00130	40.67		APC	$2,258.64			
49326	N	LAP W/OMENTOPEXY ADD-ON				Bundled, Sometimes Payable	$0.00			
49327	N	LAP INS DEVICE FOR RT				Bundled, Sometimes Payable	$0.00			
49329	T	LAPARO PROC ABDM/PER/OMENT	00130	40.67		APC	$2,258.64			
49400	N	AIR INJECTION INTO ABDOMEN				Bundled, Sometimes Payable	$0.00			
49402	T	REMOVE FOREIGN BODY ADBOMEN	00153	30.82		APC	$1,711.36			
49405	T	IMAGE CATH FLUID COLXN VISC	00005	14.19		APC	$788.06			
49406	T	IMAGE CATH FLUID PERI/RETRO	00005	14.19		APC	$788.06			

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49407	T	IMAGE CATH FLUID TRNS/VGNL	00005	14.19		APC	$788.06			
49411	S	INS MARK ABD/PEL FOR RT PERQ	00310	14		APC	$777.50			
49412	C	INS DEVICE FOR RT GUIDE OPEN				Inpatient Only	$0.00			
49418	T	INSERT TUN IP CATH PERC	00652	30.85		APC	$1,713.10			
49419	T	INSERT TUN IP CATH W/PORT	00622	30.15		APC	$1,674.20			
49421	T	INS TUN IP CATH FOR DIAL OPN	00652	30.85		APC	$1,713.10			
49422	N	REMOVE TUNNELED IP CATH	00103	21.25		Bundled, Sometimes Payable	$1,179.92			
49423	T	EXCHANGE DRAINAGE CATHETER	00427	17.38		APC	$965.07			
49424	N	ASSESS CYST CONTRAST INJECT				Bundled, Sometimes Payable	$0.00			
49425	C	INSERT ABDOMEN-VENOUS DRAIN				Inpatient Only	$0.00			
49426	T	REVISE ABDOMEN-VENOUS SHUNT	00153	30.82		APC	$1,711.36			
49427	N	INJECTION ABDOMINAL SHUNT				Bundled, Sometimes Payable	$0.00			
49428	C	LIGATION OF SHUNT				Inpatient Only	$0.00			
49429	N	REMOVAL OF SHUNT	00103	21.25		Bundled, Sometimes Payable	$1,179.92			
49435	N	INSERT SUBQ EXTEN TO IP CATH				Bundled, Sometimes Payable	$0.00			
49436	T	EMBEDDED IP CATH EXIT-SITE	00427	17.38		APC	$965.07			
49440	T	PLACE GASTROSTOMY TUBE PERC	00419	14.36		APC	$797.22			
49441	T	PLACE DUOD/JEJ TUBE PERC	00419	14.36		APC	$797.22			
49442	T	PLACE CECOSTOMY TUBE PERC	00155	19.62		APC	$1,089.41			
49446	T	CHANGE G-TUBE TO G-J PERC	00419	14.36		APC	$797.22			
49450	T	REPLACE G/C TUBE PERC	00121	6.58		APC	$365.39			
49451	T	REPLACE DUOD/JEJ TUBE PERC	00121	6.58		APC	$365.39			
49452	T	REPLACE G-J TUBE PERC	00121	6.58		APC	$365.39			
49460	T	FIX G/COLON TUBE W/DEVICE	00121	6.58		APC	$365.39			
49465	S	FLUORO EXAM OF G/COLON TUBE	00277	2.036		APC	$113.04			
49491	T	RPR HERN PREEMIE REDUC	00154	36.07		APC	$2,002.97			
49492	T	RPR ING HERN PREMIE BLOCKED	00154	36.07		APC	$2,002.97			
49495	T	RPR ING HERNIA BABY REDUC	00154	36.07		APC	$2,002.97			
49496	T	RPR ING HERNIA BABY BLOCKED	00154	36.07		APC	$2,002.97			
49500	T	RPR ING HERNIA INIT REDUCE	00154	36.07		APC	$2,002.97			
49501	T	RPR ING HERNIA INIT BLOCKED	00154	36.07		APC	$2,002.97			
49505	T	PRP I/HERN INIT REDUC >5 YR	00154	36.07		APC	$2,002.97			
49507	T	PRP I/HERN INIT BLOCK >5 YR	00154	36.07		APC	$2,002.97			
49520	T	REREPAIR ING HERNIA REDUCE	00154	36.07		APC	$2,002.97			
49521	T	REREPAIR ING HERNIA BLOCKED	00154	36.07		APC	$2,002.97			
49525	T	REPAIR ING HERNIA SLIDING	00154	36.07		APC	$2,002.97			
49540	T	REPAIR LUMBAR HERNIA	00154	36.07		APC	$2,002.97			
49550	T	RPR REM HERNIA INIT REDUCE	00154	36.07		APC	$2,002.97			
49553	T	RPR FEM HERNIA INIT BLOCKED	00154	36.07		APC	$2,002.97			
49555	T	REREPAIR FEM HERNIA REDUCE	00154	36.07		APC	$2,002.97			
49557	T	REREPAIR FEM HERNIA BLOCKED	00154	36.07		APC	$2,002.97			
49560	T	RPR VENTRAL HERN INIT REDUC	00154	36.07		APC	$2,002.97			
49561	T	RPR VENTRAL HERN INIT BLOCK	00154	36.07		APC	$2,002.97			
49565	T	REREPAIR VENTRL HERN REDUCE	00154	36.07		APC	$2,002.97			
49566	T	REREPAIR VENTRL HERN BLOCK	00154	36.07		APC	$2,002.97			
49568	N	HERNIA REPAIR W/MESH				Bundled, Sometimes Payable	$0.00			
49570	T	RPR EPIGASTRIC HERN REDUCE	00154	36.07		APC	$2,002.97			
49572	T	RPR EPIGASTRIC HERN BLOCKED	00154	36.07		APC	$2,002.97			
49580	T	RPR UMBIL HERN REDUC < 5 YR	00154	36.07		APC	$2,002.97			
49582	T	RPR UMBIL HERN BLOCK < 5 YR	00154	36.07		APC	$2,002.97			
49585	T	RPR UMBIL HERN REDUC > 5 YR	00154	36.07		APC	$2,002.97			
49587	T	RPR UMBIL HERN BLOCK > 5 YR	00154	36.07		APC	$2,002.97			
49590	T	REPAIR SPIGELIAN HERNIA	00154	36.07		APC	$2,002.97			
49600	T	REPAIR UMBILICAL LESION	00154	36.07		APC	$2,002.97			
49605	C	REPAIR UMBILICAL LESION				Inpatient Only	$0.00			
49606	C	REPAIR UMBILICAL LESION				Inpatient Only	$0.00			
49610	C	REPAIR UMBILICAL LESION				Inpatient Only	$0.00			
49611	C	REPAIR UMBILICAL LESION				Inpatient Only	$0.00			
49650	T	LAP ING HERNIA REPAIR INIT	00131	50.95		APC	$2,829.46			
49651	T	LAP ING HERNIA REPAIR RECUR	00131	50.95		APC	$2,829.46			
49652	T	LAP VENT/ABD HERNIA REPAIR	00132	73.87		APC	$4,101.98			
49653	T	LAP VENT/ABD HERN PROC COMP	00132	73.87		APC	$4,101.98			
49654	T	LAP INC HERNIA REPAIR	00132	73.87		APC	$4,101.98			
49655	T	LAP INC HERN REPAIR COMP	00132	73.87		APC	$4,101.98			

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49656	T	LAP INC HERNIA REPAIR RECUR	00132	73.87		APC	$4,101.98			
49657	T	LAP INC HERN RECUR COMP	00132	73.87		APC	$4,101.98			
49659	T	LAPARO PROC HERNIA REPAIR	00130	40.67		APC	$2,258.64			
49900	C	REPAIR OF ABDOMINAL WALL				Inpatient Only	$0.00			
49904	C	OMENTAL FLAP EXTRA-ABDOM				Inpatient Only	$0.00			
49905	C	OMENTAL FLAP INTRA-ABDOM				Inpatient Only	$0.00			
49906	C	FREE OMENTAL FLAP MICROVASC				Inpatient Only	$0.00			
49999	T	ABDOMEN SURGERY PROCEDURE	00153	30.82		APC	$1,711.36			
50010	C	EXPLORATION OF KIDNEY				Inpatient Only	$0.00			
50020	T	RENAL ABSCESS OPEN DRAIN	00162	28.11		APC	$1,560.83			
50040	C	DRAINAGE OF KIDNEY				Inpatient Only	$0.00			
50045	C	EXPLORATION OF KIDNEY				Inpatient Only	$0.00			
50060	C	REMOVAL OF KIDNEY STONE				Inpatient Only	$0.00			
50065	C	INCISION OF KIDNEY				Inpatient Only	$0.00			
50070	C	INCISION OF KIDNEY				Inpatient Only	$0.00			
50075	C	REMOVAL OF KIDNEY STONE				Inpatient Only	$0.00			
50080	T	REMOVAL OF KIDNEY STONE	00163	41.98		APC	$2,331.13			
50081	T	REMOVAL OF KIDNEY STONE	00163	41.98		APC	$2,331.13			
50100	C	REVISE KIDNEY BLOOD VESSELS				Inpatient Only	$0.00			
50120	C	EXPLORATION OF KIDNEY				Inpatient Only	$0.00			
50125	C	EXPLORE AND DRAIN KIDNEY				Inpatient Only	$0.00			
50130	C	REMOVAL OF KIDNEY STONE				Inpatient Only	$0.00			
50135	C	EXPLORATION OF KIDNEY				Inpatient Only	$0.00			
50200	T	RENAL BIOPSY PERQ	00005	14.19		APC	$788.06			
50205	C	RENAL BIOPSY OPEN				Inpatient Only	$0.00			
50220	C	REMOVE KIDNEY OPEN				Inpatient Only	$0.00			
50225	C	REMOVAL KIDNEY OPEN COMPLEX				Inpatient Only	$0.00			
50230	C	REMOVAL KIDNEY OPEN RADICAL				Inpatient Only	$0.00			
50234	C	REMOVAL OF KIDNEY & URETER				Inpatient Only	$0.00			
50236	C	REMOVAL OF KIDNEY & URETER				Inpatient Only	$0.00			
50240	C	PARTIAL REMOVAL OF KIDNEY				Inpatient Only	$0.00			
50250	C	CRYOABLATE RENAL MASS OPEN				Inpatient Only	$0.00			
50280	C	REMOVAL OF KIDNEY LESION				Inpatient Only	$0.00			
50290	C	REMOVAL OF KIDNEY LESION				Inpatient Only	$0.00			
50300	C	REMOVE CADAVER DONOR KIDNEY				Inpatient Only	$0.00			
50320	C	REMOVE KIDNEY LIVING DONOR				Inpatient Only	$0.00			
50323	C	PREP CADAVER RENAL ALLOGRAFT				Inpatient Only	$0.00			
50325	C	PREP DONOR RENAL GRAFT				Inpatient Only	$0.00			
50327	C	PREP RENAL GRAFT/VENOUS				Inpatient Only	$0.00			
50328	C	PREP RENAL GRAFT/ARTERIAL				Inpatient Only	$0.00			
50329	C	PREP RENAL GRAFT/URETERAL				Inpatient Only	$0.00			
50340	C	REMOVAL OF KIDNEY				Inpatient Only	$0.00			
50360	C	TRANSPLANTATION OF KIDNEY				Inpatient Only	$0.00			
50365	C	TRANSPLANTATION OF KIDNEY				Inpatient Only	$0.00			
50370	C	REMOVE TRANSPLANTED KIDNEY				Inpatient Only	$0.00			
50380	C	REIMPLANTATION OF KIDNEY				Inpatient Only	$0.00			
50382	T	CHANGE URETER STENT PERCUT	00162	28.11		APC	$1,560.83			
50384	N	REMOVE URETER STENT PERCUT	00161	16.54		Bundled, Sometimes Payable	$918.57			
50385	T	CHANGE STENT VIA TRANSURETH	00162	28.11		APC	$1,560.83			
50386	N	REMOVE STENT VIA TRANSURETH	00160	7.401		Bundled, Sometimes Payable	$410.96			
50387	T	CHANGE EXT/INT URETER STENT	00427	17.38		APC	$965.07			
50389	N	REMOVE RENAL TUBE W/FLUORO	00160	7.401		Bundled, Sometimes Payable	$410.96			
50390	T	DRAINAGE OF KIDNEY LESION	00005	14.19		APC	$788.06			
50391	T	INSTLL RX AGNT INTO RNAL TUB	00164	2.882		APC	$160.05			
50392	T	INSERT KIDNEY DRAIN	00161	16.54		APC	$918.57			
50393	T	INSERT URETERAL TUBE	00162	28.11		APC	$1,560.83			
50394	N	INJECTION FOR KIDNEY X-RAY				Bundled, Sometimes Payable	$0.00			
50395	T	CREATE PASSAGE TO KIDNEY	00162	28.11		APC	$1,560.83			
50396	T	MEASURE KIDNEY PRESSURE	00164	2.882		APC	$160.05			
50398	T	CHANGE KIDNEY TUBE	00427	17.38		APC	$965.07			
50400	C	REVISION OF KIDNEY/URETER				Inpatient Only	$0.00			
50405	C	REVISION OF KIDNEY/URETER				Inpatient Only	$0.00			
50500	C	REPAIR OF KIDNEY WOUND				Inpatient Only	$0.00			
50520	C	CLOSE KIDNEY-SKIN FISTULA				Inpatient Only	$0.00			

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50525	C	REPAIR RENAL-ABDOMEN FISTULA				Inpatient Only	$0.00			
50526	C	REPAIR RENAL-ABDOMEN FISTULA				Inpatient Only	$0.00			
50540	C	REVISION OF HORSESHOE KIDNEY				Inpatient Only	$0.00			
50541	T	LAPARO ABLATE RENAL CYST	00130	40.67		APC	$2,258.64			
50542	T	LAPARO ABLATE RENAL MASS	00174	108.8		APC	$6,041.58			
50543	T	LAPARO PARTIAL NEPHRECTOMY	00131	50.95		APC	$2,829.46			
50544	T	LAPAROSCOPY PYELOPLASTY	00131	50.95		APC	$2,829.46			
50545	C	LAPARO RADICAL NEPHRECTOMY				Inpatient Only	$0.00			
50546	C	LAPAROSCOPIC NEPHRECTOMY				Inpatient Only	$0.00			
50547	C	LAPARO REMOVAL DONOR KIDNEY				Inpatient Only	$0.00			
50548	C	LAPARO REMOVE W/URETER				Inpatient Only	$0.00			
50549	T	LAPAROSCOPE PROC RENAL	00130	40.67		APC	$2,258.64			
50551	T	KIDNEY ENDOSCOPY	00160	7.401		APC	$410.96			
50553	T	KIDNEY ENDOSCOPY	00162	28.11		APC	$1,560.83			
50555	T	KIDNEY ENDOSCOPY & BIOPSY	00160	7.401		APC	$410.96			
50557	T	KIDNEY ENDOSCOPY & TREATMENT	00162	28.11		APC	$1,560.83			
50561	T	KIDNEY ENDOSCOPY & TREATMENT	00162	28.11		APC	$1,560.83			
50562	T	RENAL SCOPE W/TUMOR RESECT	00160	7.401		APC	$410.96			
50570	T	KIDNEY ENDOSCOPY	00160	7.401		APC	$410.96			
50572	T	KIDNEY ENDOSCOPY	00160	7.401		APC	$410.96			
50574	T	KIDNEY ENDOSCOPY & BIOPSY	00160	7.401		APC	$410.96			
50575	T	KIDNEY ENDOSCOPY	00163	41.98		APC	$2,331.13			
50576	T	KIDNEY ENDOSCOPY & TREATMENT	00161	16.54		APC	$918.57			
50580	T	KIDNEY ENDOSCOPY & TREATMENT	00161	16.54		APC	$918.57			
50590	T	FRAGMENTING OF KIDNEY STONE	00163	41.98		APC	$2,331.13			
50592	T	PERC RF ABLATE RENAL TUMOR	00423	55.22		APC	$3,066.41			
50593	T	PERC CRYO ABLATE RENAL TUM	00423	55.22		APC	$3,066.41			
50600	C	EXPLORATION OF URETER				Inpatient Only	$0.00			
50605	C	INSERT URETERAL SUPPORT				Inpatient Only	$0.00			
50610	C	REMOVAL OF URETER STONE				Inpatient Only	$0.00			
50620	C	REMOVAL OF URETER STONE				Inpatient Only	$0.00			
50630	C	REMOVAL OF URETER STONE				Inpatient Only	$0.00			
50650	C	REMOVAL OF URETER				Inpatient Only	$0.00			
50660	C	REMOVAL OF URETER				Inpatient Only	$0.00			
50684	N	INJECTION FOR URETER X-RAY				Bundled, Sometimes Payable	$0.00			
50686	T	MEASURE URETER PRESSURE	00126	1.527		APC	$84.77			
50688	T	CHANGE OF URETER TUBE/STENT	00427	17.38		APC	$965.07			
50690	N	INJECTION FOR URETER X-RAY				Bundled, Sometimes Payable	$0.00			
50700	C	REVISION OF URETER				Inpatient Only	$0.00			
50715	C	RELEASE OF URETER				Inpatient Only	$0.00			
50722	C	RELEASE OF URETER				Inpatient Only	$0.00			
50725	C	RELEASE/REVISE URETER				Inpatient Only	$0.00			
50727	T	REVISE URETER	00165	18.55		APC	$1,029.97			
50728	C	REVISE URETER				Inpatient Only	$0.00			
50740	C	FUSION OF URETER & KIDNEY				Inpatient Only	$0.00			
50750	C	FUSION OF URETER & KIDNEY				Inpatient Only	$0.00			
50760	C	FUSION OF URETERS				Inpatient Only	$0.00			
50770	C	SPLICING OF URETERS				Inpatient Only	$0.00			
50780	C	REIMPLANT URETER IN BLADDER				Inpatient Only	$0.00			
50782	C	REIMPLANT URETER IN BLADDER				Inpatient Only	$0.00			
50783	C	REIMPLANT URETER IN BLADDER				Inpatient Only	$0.00			
50785	C	REIMPLANT URETER IN BLADDER				Inpatient Only	$0.00			
50800	C	IMPLANT URETER IN BOWEL				Inpatient Only	$0.00			
50810	C	FUSION OF URETER & BOWEL				Inpatient Only	$0.00			
50815	C	URINE SHUNT TO INTESTINE				Inpatient Only	$0.00			
50820	C	CONSTRUCT BOWEL BLADDER				Inpatient Only	$0.00			
50825	C	CONSTRUCT BOWEL BLADDER				Inpatient Only	$0.00			
50830	C	REVISE URINE FLOW				Inpatient Only	$0.00			
50840	C	REPLACE URETER BY BOWEL				Inpatient Only	$0.00			
50845	C	APPENDICO-VESICOSTOMY				Inpatient Only	$0.00			
50860	C	TRANSPLANT URETER TO SKIN				Inpatient Only	$0.00			
50900	C	REPAIR OF URETER				Inpatient Only	$0.00			
50920	C	CLOSURE URETER/SKIN FISTULA				Inpatient Only	$0.00			
50930	C	CLOSURE URETER/BOWEL FISTULA				Inpatient Only	$0.00			

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50940	C	RELEASE OF URETER				Inpatient Only	$0.00			
50945	T	LAPAROSCOPY URETEROLITHOTOMY	00131	50.95		APC	$2,829.46			
50947	T	LAPARO NEW URETER/BLADDER	00131	50.95		APC	$2,829.46			
50948	T	LAPARO NEW URETER/BLADDER	00131	50.95		APC	$2,829.46			
50949	T	LAPAROSCOPE PROC URETER	00130	40.67		APC	$2,258.64			
50951	T	ENDOSCOPY OF URETER	00160	7.401		APC	$410.96			
50953	T	ENDOSCOPY OF URETER	00160	7.401		APC	$410.96			
50955	T	URETER ENDOSCOPY & BIOPSY	00162	28.11		APC	$1,560.83			
50957	T	URETER ENDOSCOPY & TREATMENT	00162	28.11		APC	$1,560.83			
50961	T	URETER ENDOSCOPY & TREATMENT	00162	28.11		APC	$1,560.83			
50970	T	URETER ENDOSCOPY	00160	7.401		APC	$410.96			
50972	T	URETER ENDOSCOPY & CATHETER	00160	7.401		APC	$410.96			
50974	T	URETER ENDOSCOPY & BIOPSY	00161	16.54		APC	$918.57			
50976	T	URETER ENDOSCOPY & TREATMENT	00161	16.54		APC	$918.57			
50980	T	URETER ENDOSCOPY & TREATMENT	00162	28.11		APC	$1,560.83			
51020	T	INCISE & TREAT BLADDER	00162	28.11		APC	$1,560.83			
51030	T	INCISE & TREAT BLADDER	00162	28.11		APC	$1,560.83			
51040	T	INCISE & DRAIN BLADDER	00162	28.11		APC	$1,560.83			
51045	T	INCISE BLADDER/DRAIN URETER	00160	7.401		APC	$410.96			
51050	T	REMOVAL OF BLADDER STONE	00162	28.11		APC	$1,560.83			
51060	T	REMOVAL OF URETER STONE	00163	41.98		APC	$2,331.13			
51065	T	REMOVE URETER CALCULUS	00162	28.11		APC	$1,560.83			
51080	T	DRAINAGE OF BLADDER ABSCESS	00008	22.05		APC	$1,224.63			
51100	T	DRAIN BLADDER BY NEEDLE	00164	2.882		APC	$160.05			
51101	T	DRAIN BLADDER BY TROCAR/CATH	00126	1.527		APC	$84.77			
51102	T	DRAIN BL W/CATH INSERTION	00165	18.55		APC	$1,029.97			
51500	T	REMOVAL OF BLADDER CYST	00154	36.07		APC	$2,002.97			
51520	T	REMOVAL OF BLADDER LESION	00162	28.11		APC	$1,560.83			
51525	C	REMOVAL OF BLADDER LESION				Inpatient Only	$0.00			
51530	C	REMOVAL OF BLADDER LESION				Inpatient Only	$0.00			
51535	T	REPAIR OF URETER LESION	00162	28.11		APC	$1,560.83			
51550	C	PARTIAL REMOVAL OF BLADDER				Inpatient Only	$0.00			
51555	C	PARTIAL REMOVAL OF BLADDER				Inpatient Only	$0.00			
51565	C	REVISE BLADDER & URETER(S)				Inpatient Only	$0.00			
51570	C	REMOVAL OF BLADDER				Inpatient Only	$0.00			
51575	C	REMOVAL OF BLADDER & NODES				Inpatient Only	$0.00			
51580	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only	$0.00			
51585	C	REMOVAL OF BLADDER & NODES				Inpatient Only	$0.00			
51590	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only	$0.00			
51595	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only	$0.00			
51596	C	REMOVE BLADDER/CREATE POUCH				Inpatient Only	$0.00			
51597	C	REMOVAL OF PELVIC STRUCTURES				Inpatient Only	$0.00			
51600	N	INJECTION FOR BLADDER X-RAY				Bundled, Sometimes Payable	$0.00			
51605	N	PREPARATION FOR BLADDER XRAY				Bundled, Sometimes Payable	$0.00			
51610	N	INJECTION FOR BLADDER X-RAY				Bundled, Sometimes Payable	$0.00			
51700	T	IRRIGATION OF BLADDER	00164	2.882		APC	$160.05			
51701	N	INSERT BLADDER CATHETER	00420	1.776		Bundled, Sometimes Payable	$98.63			
51702	N	INSERT TEMP BLADDER CATH	00420	1.776		Bundled, Sometimes Payable	$98.63			
51703	T	INSERT BLADDER CATH COMPLEX	00126	1.527		APC	$84.77			
51705	T	CHANGE OF BLADDER TUBE	00164	2.882		APC	$160.05			
51710	T	CHANGE OF BLADDER TUBE	00121	6.58		APC	$365.39			
51715	T	ENDOSCOPIC INJECTION/IMPLANT	00168	33.83		APC	$1,878.80			
51720	T	TREATMENT OF BLADDER LESION	00164	2.882		APC	$160.05			
51725	T	SIMPLE CYSTOMETROGRAM	00164	2.882		APC	$160.05			
51726	T	COMPLEX CYSTOMETROGRAM	00156	5.04		APC	$279.85			
51727	T	CYSTOMETROGRAM W/UP	00156	5.04		APC	$279.85			
51728	T	CYSTOMETROGRAM W/VP	00156	5.04		APC	$279.85			
51729	T	CYSTOMETROGRAM W/VP&UP	00156	5.04		APC	$279.85			
51736	N	URINE FLOW MEASUREMENT	00420	1.776		Bundled, Sometimes Payable	$98.63			
51741	T	ELECTRO-UROFLOWMETRY FIRST	00126	1.527		APC	$84.77			
51784	T	ANAL/URINARY MUSCLE STUDY	00126	1.527		APC	$84.77			
51785	T	ANAL/URINARY MUSCLE STUDY	00164	2.882		APC	$160.05			
51792	T	URINARY REFLEX STUDY	00126	1.527		APC	$84.77			
51797	N	INTRAABDOMINAL PRESSURE TEST				Bundled, Sometimes Payable	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
51798	N	US URINE CAPACITY MEASURE	00340	0.706		Bundled, Sometimes Payable	$39.21			
51800	C	REVISION OF BLADDER/URETHRA				Inpatient Only	$0.00			
51820	C	REVISION OF URINARY TRACT				Inpatient Only	$0.00			
51840	C	ATTACH BLADDER/URETHRA				Inpatient Only	$0.00			
51841	C	ATTACH BLADDER/URETHRA				Inpatient Only	$0.00			
51845	N	REPAIR BLADDER NECK	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
51860	T	REPAIR OF BLADDER WOUND	00162	28.11		APC	$1,560.83			
51865	C	REPAIR OF BLADDER WOUND				Inpatient Only	$0.00			
51880	T	REPAIR OF BLADDER OPENING	00162	28.11		APC	$1,560.83			
51900	C	REPAIR BLADDER/VAGINA LESION				Inpatient Only	$0.00			
51920	C	CLOSE BLADDER-UTERUS FISTULA				Inpatient Only	$0.00			
51925	C	HYSTERECTOMY/BLADDER REPAIR				Inpatient Only	$0.00			
51940	C	CORRECTION OF BLADDER DEFECT				Inpatient Only	$0.00			
51960	C	REVISION OF BLADDER & BOWEL				Inpatient Only	$0.00			
51980	C	CONSTRUCT BLADDER OPENING				Inpatient Only	$0.00			
51990	T	LAPARO URETHRAL SUSPENSION	00131	50.95		APC	$2,829.46			
51992	T	LAPARO SLING OPERATION	00131	50.95		APC	$2,829.46			
51999	T	LAPAROSCOPE PROC BLA	00130	40.67		APC	$2,258.64			
52000	T	CYSTOSCOPY	00160	7.401		APC	$410.96			
52001	T	CYSTOSCOPY REMOVAL OF CLOTS	00161	16.54		APC	$918.57			
52005	T	CYSTOSCOPY & URETER CATHETER	00162	28.11		APC	$1,560.83			
52007	T	CYSTOSCOPY AND BIOPSY	00162	28.11		APC	$1,560.83			
52010	T	CYSTOSCOPY & DUCT CATHETER	00160	7.401		APC	$410.96			
52204	T	CYSTOSCOPY W/BIOPSY(S)	00162	28.11		APC	$1,560.83			
52214	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52224	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52234	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52235	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52240	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52250	T	CYSTOSCOPY AND RADIOTRACER	00162	28.11		APC	$1,560.83			
52260	T	CYSTOSCOPY AND TREATMENT	00161	16.54		APC	$918.57			
52265	T	CYSTOSCOPY AND TREATMENT	00160	7.401		APC	$410.96			
52270	T	CYSTOSCOPY & REVISE URETHRA	00161	16.54		APC	$918.57			
52275	T	CYSTOSCOPY & REVISE URETHRA	00162	28.11		APC	$1,560.83			
52276	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52277	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52281	T	CYSTOSCOPY AND TREATMENT	00161	16.54		APC	$918.57			
52282	T	CYSTOSCOPY IMPLANT STENT	00162	28.11		APC	$1,560.83			
52283	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52285	T	CYSTOSCOPY AND TREATMENT	00161	16.54		APC	$918.57			
52287	T	CYSTOSCOPY CHEMODENERVATION	00161	16.54		APC	$918.57			
52290	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52300	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52301	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52305	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52310	T	CYSTOSCOPY AND TREATMENT	00161	16.54		APC	$918.57			
52315	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52317	T	REMOVE BLADDER STONE	00162	28.11		APC	$1,560.83			
52318	T	REMOVE BLADDER STONE	00162	28.11		APC	$1,560.83			
52320	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52325	T	CYSTOSCOPY STONE REMOVAL	00162	28.11		APC	$1,560.83			
52327	T	CYSTOSCOPY INJECT MATERIAL	00163	41.98		APC	$2,331.13			
52330	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52332	T	CYSTOSCOPY AND TREATMENT	00162	28.11		APC	$1,560.83			
52334	T	CREATE PASSAGE TO KIDNEY	00162	28.11		APC	$1,560.83			
52341	T	CYSTO W/URETER STRICTURE TX	00162	28.11		APC	$1,560.83			
52342	T	CYSTO W/UP STRICTURE TX	00162	28.11		APC	$1,560.83			
52343	T	CYSTO W/RENAL STRICTURE TX	00162	28.11		APC	$1,560.83			
52344	T	CYSTO/URETERO STRICTURE TX	00162	28.11		APC	$1,560.83			
52345	T	CYSTO/URETERO W/UP STRICTURE	00162	28.11		APC	$1,560.83			
52346	T	CYSTOURETERO W/RENAL STRICT	00162	28.11		APC	$1,560.83			
52351	T	CYSTOURETERO & OR PYELOSCOPE	00162	28.11		APC	$1,560.83			
52352	T	CYSTOURETERO W/STONE REMOVE	00162	28.11		APC	$1,560.83			
52353	T	CYSTOURETERO W/LITHOTRIPSY	00163	41.98		APC	$2,331.13			

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52354	T	CYSTOURETERO W/BIOPSY	00162	28.11		APC	$1,560.83			
52355	T	CYSTOURETERO W/EXCISE TUMOR	00162	28.11		APC	$1,560.83			
52356	T	CYSTO/URETERO W/LITHOTRIPSY	00163	41.98		APC	$2,331.13			
52400	T	CYSTOURETERO W/CONGEN REPR	00162	28.11		APC	$1,560.83			
52402	T	CYSTOURETHRO CUT EJACUL DUCT	00162	28.11		APC	$1,560.83			
52441	E	CYSTOURETHRO W/IMPLANT				Not Allowed	$0.00			
52442	E	CYSTOURETHRO W/ADDL IMPLANT				Not Allowed	$0.00			
52450	T	INCISION OF PROSTATE	00162	28.11		APC	$1,560.83			
52500	T	REVISION OF BLADDER NECK	00162	28.11		APC	$1,560.83			
52601	T	PROSTATECTOMY (TURP)	00163	41.98		APC	$2,331.13			
52630	T	REMOVE PROSTATE REGROWTH	00163	41.98		APC	$2,331.13			
52640	T	RELIEVE BLADDER CONTRACTURE	00162	28.11		APC	$1,560.83			
52647	T	LASER SURGERY OF PROSTATE	00163	41.98		APC	$2,331.13			
52648	T	LASER SURGERY OF PROSTATE	00163	41.98		APC	$2,331.13			
52649	T	PROSTATE LASER ENUCLEATION	00163	41.98		APC	$2,331.13			
52700	T	DRAINAGE OF PROSTATE ABSCESS	00162	28.11		APC	$1,560.83			
53000	T	INCISION OF URETHRA	00166	21.96		APC	$1,219.38			
53010	T	INCISION OF URETHRA	00166	21.96		APC	$1,219.38			
53020	T	INCISION OF URETHRA	00166	21.96		APC	$1,219.38			
53025	T	INCISION OF URETHRA	00166	21.96		APC	$1,219.38			
53040	T	DRAINAGE OF URETHRA ABSCESS	00166	21.96		APC	$1,219.38			
53060	T	DRAINAGE OF URETHRA ABSCESS	00166	21.96		APC	$1,219.38			
53080	T	DRAINAGE OF URINARY LEAKAGE	00166	21.96		APC	$1,219.38			
53085	T	DRAINAGE OF URINARY LEAKAGE	00166	21.96		APC	$1,219.38			
53200	T	BIOPSY OF URETHRA	00166	21.96		APC	$1,219.38			
53210	T	REMOVAL OF URETHRA	00168	33.83		APC	$1,878.80			
53215	T	REMOVAL OF URETHRA	00166	21.96		APC	$1,219.38			
53220	T	TREATMENT OF URETHRA LESION	00168	33.83		APC	$1,878.80			
53230	T	REMOVAL OF URETHRA LESION	00168	33.83		APC	$1,878.80			
53235	T	REMOVAL OF URETHRA LESION	00166	21.96		APC	$1,219.38			
53240	T	SURGERY FOR URETHRA POUCH	00168	33.83		APC	$1,878.80			
53250	T	REMOVAL OF URETHRA GLAND	00166	21.96		APC	$1,219.38			
53260	T	TREATMENT OF URETHRA LESION	00166	21.96		APC	$1,219.38			
53265	T	TREATMENT OF URETHRA LESION	00166	21.96		APC	$1,219.38			
53270	T	REMOVAL OF URETHRA GLAND	00166	21.96		APC	$1,219.38			
53275	T	REPAIR OF URETHRA DEFECT	00166	21.96		APC	$1,219.38			
53400	T	REVISE URETHRA STAGE 1	00168	33.83		APC	$1,878.80			
53405	T	REVISE URETHRA STAGE 2	00168	33.83		APC	$1,878.80			
53410	T	RECONSTRUCTION OF URETHRA	00168	33.83		APC	$1,878.80			
53415	C	RECONSTRUCTION OF URETHRA				Inpatient Only	$0.00			
53420	T	RECONSTRUCT URETHRA STAGE 1	00168	33.83		APC	$1,878.80			
53425	T	RECONSTRUCT URETHRA STAGE 2	00168	33.83		APC	$1,878.80			
53430	T	RECONSTRUCTION OF URETHRA	00168	33.83		APC	$1,878.80			
53431	T	RECONSTRUCT URETHRA/BLADDER	00168	33.83		APC	$1,878.80			
53440	N	MALE SLING PROCEDURE	00385	92.01		Bundled, Sometimes Payable	$5,109.58			
53442	T	REMOVE/REVISE MALE SLING	00168	33.83		APC	$1,878.80			
53444	N	INSERT TANDEM CUFF	00385	92.01		Bundled, Sometimes Payable	$5,109.58			
53445	N	INSERT URO/VES NCK SPHINCTER	00386	188.4		Bundled, Sometimes Payable	$10,461.28			
53446	N	REMOVE URO SPHINCTER	00168	33.83		Bundled, Sometimes Payable	$1,878.80			
53447	N	REMOVE/REPLACE UR SPHINCTER	00386	188.4		Bundled, Sometimes Payable	$10,461.28			
53448	C	REMOV/REPLC UR SPHINCTR COMP				Inpatient Only	$0.00			
53449	T	REPAIR URO SPHINCTER	00168	33.83		APC	$1,878.80			
53450	T	REVISION OF URETHRA	00168	33.83		APC	$1,878.80			
53460	T	REVISION OF URETHRA	00166	21.96		APC	$1,219.38			
53500	T	URETHRLYS TRANSVAG W/ SCOPE	00168	33.83		APC	$1,878.80			
53502	T	REPAIR OF URETHRA INJURY	00166	21.96		APC	$1,219.38			
53505	T	REPAIR OF URETHRA INJURY	00168	33.83		APC	$1,878.80			
53510	T	REPAIR OF URETHRA INJURY	00166	21.96		APC	$1,219.38			
53515	T	REPAIR OF URETHRA INJURY	00168	33.83		APC	$1,878.80			
53520	T	REPAIR OF URETHRA DEFECT	00168	33.83		APC	$1,878.80			
53600	T	DILATE URETHRA STRICTURE	00164	2.882		APC	$160.05			
53601	T	DILATE URETHRA STRICTURE	00126	1.527		APC	$84.77			
53605	T	DILATE URETHRA STRICTURE	00161	16.54		APC	$918.57			
53620	T	DILATE URETHRA STRICTURE	00160	7.401		APC	$410.96			

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53621	T	DILATE URETHRA STRICTURE	00164	2.882		APC	$160.05			
53660	T	DILATION OF URETHRA	00126	1.527		APC	$84.77			
53661	T	DILATION OF URETHRA	00126	1.527		APC	$84.77			
53665	T	DILATION OF URETHRA	00166	21.96		APC	$1,219.38			
53850	T	PROSTATIC MICROWAVE THERMOTX	00161	16.54		APC	$918.57			
53852	T	PROSTATIC RF THERMOTX	00163	41.98		APC	$2,331.13			
53855	T	INSERT PROST URETHRAL STENT	00160	7.401		APC	$410.96			
53860	T	TRANSURETHRAL RF TREATMENT	00165	18.55		APC	$1,029.97			
53899	T	UROLOGY SURGERY PROCEDURE	00126	1.527		APC	$84.77			
54000	T	SLITTING OF PREPUCE	00166	21.96		APC	$1,219.38			
54001	T	SLITTING OF PREPUCE	00166	21.96		APC	$1,219.38			
54015	T	DRAIN PENIS LESION	00008	22.05		APC	$1,224.63			
54050	T	DESTRUCTION PENIS LESION(S)	00015	1.97		APC	$109.41			
54055	T	DESTRUCTION PENIS LESION(S)	00017	17.36		APC	$964.06			
54056	N	CRYOSURGERY PENIS LESION(S)	00012	1.328		Bundled, Sometimes Payable	$73.74			
54057	T	LASER SURG PENIS LESION(S)	00017	17.36		APC	$964.06			
54060	T	EXCISION OF PENIS LESION(S)	00017	17.36		APC	$964.06			
54065	T	DESTRUCTION PENIS LESION(S)	00017	17.36		APC	$964.06			
54100	T	BIOPSY OF PENIS	00021	18.08		APC	$1,004.25			
54105	T	BIOPSY OF PENIS	00022	24.6		APC	$1,365.78			
54110	T	TREATMENT OF PENIS LESION	00205	46.06		APC	$2,557.66			
54111	T	TREAT PENIS LESION GRAFT	00205	46.06		APC	$2,557.66			
54112	T	TREAT PENIS LESION GRAFT	00205	46.06		APC	$2,557.66			
54115	T	TREATMENT OF PENIS LESION	00008	22.05		APC	$1,224.63			
54120	T	PARTIAL REMOVAL OF PENIS	00181	30.13		APC	$1,673.39			
54125	C	REMOVAL OF PENIS				Inpatient Only	$0.00			
54130	C	REMOVE PENIS & NODES				Inpatient Only	$0.00			
54135	C	REMOVE PENIS & NODES				Inpatient Only	$0.00			
54150	T	CIRCUMCISION W/REGIONL BLOCK	00183	24.43		APC	$1,356.70			Y
54160	T	CIRCUMCISION NEONATE	00183	24.43		APC	$1,356.70			Y
54161	T	CIRCUM 28 DAYS OR OLDER	00183	24.43		APC	$1,356.70			Y
54162	T	LYSIS PENIL CIRCUMIC LESION	00183	24.43		APC	$1,356.70			
54163	T	REPAIR OF CIRCUMCISION	00183	24.43		APC	$1,356.70			
54164	T	FRENULOTOMY OF PENIS	00183	24.43		APC	$1,356.70			
54200	T	TREATMENT OF PENIS LESION	00164	2.882		APC	$160.05			
54205	T	TREATMENT OF PENIS LESION	00181	30.13		APC	$1,673.39			
54220	T	TREATMENT OF PENIS LESION	00164	2.882		APC	$160.05			
54230	E	PREPARE PENIS STUDY				Not Allowed	$0.00			
54231	E	DYNAMIC CAVERNOSOMETRY				Not Allowed	$0.00			
54235	E	PENILE INJECTION				Not Allowed	$0.00			
54240	E	PENIS STUDY				Not Allowed	$0.00			
54250	E	PENIS STUDY				Not Allowed	$0.00			
54300	T	REVISION OF PENIS	00205	46.06		APC	$2,557.66			
54304	T	REVISION OF PENIS	00205	46.06		APC	$2,557.66			
54308	T	RECONSTRUCTION OF URETHRA	00205	46.06		APC	$2,557.66			
54312	T	RECONSTRUCTION OF URETHRA	00181	30.13		APC	$1,673.39			
54316	T	RECONSTRUCTION OF URETHRA	00181	30.13		APC	$1,673.39			
54318	T	RECONSTRUCTION OF URETHRA	00181	30.13		APC	$1,673.39			
54322	T	RECONSTRUCTION OF URETHRA	00181	30.13		APC	$1,673.39			
54324	T	RECONSTRUCTION OF URETHRA	00205	46.06		APC	$2,557.66			
54326	T	RECONSTRUCTION OF URETHRA	00181	30.13		APC	$1,673.39			
54328	T	REVISE PENIS/URETHRA	00205	46.06		APC	$2,557.66			
54332	T	REVISE PENIS/URETHRA	00181	30.13		APC	$1,673.39			
54336	T	REVISE PENIS/URETHRA	00181	30.13		APC	$1,673.39			
54340	T	SECONDARY URETHRAL SURGERY	00181	30.13		APC	$1,673.39			
54344	T	SECONDARY URETHRAL SURGERY	00181	30.13		APC	$1,673.39			
54348	T	SECONDARY URETHRAL SURGERY	00181	30.13		APC	$1,673.39			
54352	T	RECONSTRUCT URETHRA/PENIS	00205	46.06		APC	$2,557.66			
54360	E	PENIS PLASTIC SURGERY				Not Allowed	$0.00			
54380	T	REPAIR PENIS	00181	30.13		APC	$1,673.39			
54385	T	REPAIR PENIS	00181	30.13		APC	$1,673.39			
54390	C	REPAIR PENIS AND BLADDER				Inpatient Only	$0.00			
54400	E	INSERT SEMI-RIGID PROSTHESIS				Not Allowed	$0.00			
54401	E	INSERT SELF-CONTD PROSTHESIS				Not Allowed	$0.00			

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54405	E	INSERT MULTI-COMP PENIS PROS				Not Allowed	$0.00			
54406	E	REMOVE MUTI-COMP PENIS PROS				Not Allowed	$0.00			
54408	E	REPAIR MULTI-COMP PENIS PROS				Not Allowed	$0.00			
54410	E	REMOVE/REPLACE PENIS PROSTH				Not Allowed	$0.00			
54411	E	REMOV/REPLC PENIS PROS COMP				Not Allowed	$0.00			
54415	E	REMOVE SELF-CONTD PENIS PROS				Not Allowed	$0.00			
54416	E	REMV/REPL PENIS CONTAIN PROS				Not Allowed	$0.00			
54417	E	REMV/REPLC PENIS PROS COMPL				Not Allowed	$0.00			
54420	T	REVISION OF PENIS	00181	30.13		APC	$1,673.39			
54430	C	REVISION OF PENIS				Inpatient Only	$0.00			
54435	T	REVISION OF PENIS	00181	30.13		APC	$1,673.39			
54440	T	REPAIR OF PENIS	00181	30.13		APC	$1,673.39			
54450	T	PREPUTIAL STRETCHING	00164	2.882		APC	$160.05			
54500	T	BIOPSY OF TESTIS	00005	14.19		APC	$788.06			
54505	T	BIOPSY OF TESTIS	00183	24.43		APC	$1,356.70			
54512	T	EXCISE LESION TESTIS	00183	24.43		APC	$1,356.70			
54520	T	REMOVAL OF TESTIS	00181	30.13		APC	$1,673.39			
54522	T	ORCHIECTOMY PARTIAL	00183	24.43		APC	$1,356.70			
54530	T	REMOVAL OF TESTIS	00154	36.07		APC	$2,002.97			
54535	T	EXTENSIVE TESTIS SURGERY	00181	30.13		APC	$1,673.39			
54550	T	EXPLORATION FOR TESTIS	00154	36.07		APC	$2,002.97			
54560	T	EXPLORATION FOR TESTIS	00183	24.43		APC	$1,356.70			
54600	T	REDUCE TESTIS TORSION	00183	24.43		APC	$1,356.70			
54620	T	SUSPENSION OF TESTIS	00183	24.43		APC	$1,356.70			
54640	T	SUSPENSION OF TESTIS	00154	36.07		APC	$2,002.97			
54650	T	ORCHIOPEXY (FOWLER-STEPHENS)	00154	36.07		APC	$2,002.97			
54660	T	REVISION OF TESTIS	00183	24.43		APC	$1,356.70			
54670	T	REPAIR TESTIS INJURY	00183	24.43		APC	$1,356.70			
54680	T	RELOCATION OF TESTIS(ES)	00183	24.43		APC	$1,356.70			
54690	T	LAPAROSCOPY ORCHIECTOMY	00131	50.95		APC	$2,829.46			
54692	T	LAPAROSCOPY ORCHIOPEXY	00132	73.87		APC	$4,101.98			
54699	T	LAPAROSCOPE PROC TESTIS	00130	40.67		APC	$2,258.64			
54700	T	DRAINAGE OF SCROTUM	00183	24.43		APC	$1,356.70			
54800	T	BIOPSY OF EPIDIDYMIS	00004	6.57		APC	$364.85			
54830	T	REMOVE EPIDIDYMIS LESION	00183	24.43		APC	$1,356.70			
54840	T	REMOVE EPIDIDYMIS LESION	00183	24.43		APC	$1,356.70			
54860	T	REMOVAL OF EPIDIDYMIS	00183	24.43		APC	$1,356.70			
54861	T	REMOVAL OF EPIDIDYMIS	00183	24.43		APC	$1,356.70			
54865	T	EXPLORE EPIDIDYMIS	00183	24.43		APC	$1,356.70			
54900	T	FUSION OF SPERMATIC DUCTS	00183	24.43		APC	$1,356.70			
54901	T	FUSION OF SPERMATIC DUCTS	00183	24.43		APC	$1,356.70			
55000	T	DRAINAGE OF HYDROCELE	00004	6.57		APC	$364.85			
55040	T	REMOVAL OF HYDROCELE	00154	36.07		APC	$2,002.97			
55041	T	REMOVAL OF HYDROCELES	00154	36.07		APC	$2,002.97			
55060	T	REPAIR OF HYDROCELE	00183	24.43		APC	$1,356.70			
55100	T	DRAINAGE OF SCROTUM ABSCESS	00007	11.67		APC	$648.31			
55110	T	EXPLORE SCROTUM	00183	24.43		APC	$1,356.70			
55120	T	REMOVAL OF SCROTUM LESION	00183	24.43		APC	$1,356.70			
55150	T	REMOVAL OF SCROTUM	00183	24.43		APC	$1,356.70			
55175	T	REVISION OF SCROTUM	00205	46.06		APC	$2,557.66			
55180	T	REVISION OF SCROTUM	00183	24.43		APC	$1,356.70			
55200	T	INCISION OF SPERM DUCT	00183	24.43		APC	$1,356.70			
55250	T	REMOVAL OF SPERM DUCT(S)	00183	24.43		APC	$1,356.70			
55300	N	PREPARE SPERM DUCT X-RAY				Bundled, Sometimes Payable	$0.00			
55400	T	REPAIR OF SPERM DUCT	00183	24.43		APC	$1,356.70			
55450	T	LIGATION OF SPERM DUCT	00183	24.43		APC	$1,356.70			
55500	T	REMOVAL OF HYDROCELE	00181	30.13		APC	$1,673.39			
55520	T	REMOVAL OF SPERM CORD LESION	00183	24.43		APC	$1,356.70			
55530	T	REVISE SPERMATIC CORD VEINS	00183	24.43		APC	$1,356.70			
55535	T	REVISE SPERMATIC CORD VEINS	00154	36.07		APC	$2,002.97			
55540	T	REVISE HERNIA & SPERM VEINS	00154	36.07		APC	$2,002.97			
55550	T	LAPARO LIGATE SPERMATIC VEIN	00131	50.95		APC	$2,829.46			
55559	T	LAPARO PROC SPERMATIC CORD	00130	40.67		APC	$2,258.64			
55600	T	INCISE SPERM DUCT POUCH	00183	24.43		APC	$1,356.70			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
55605	C	INCISE SPERM DUCT POUCH				Inpatient Only	$0.00			
55650	C	REMOVE SPERM DUCT POUCH				Inpatient Only	$0.00			
55680	T	REMOVE SPERM POUCH LESION	00183	24.43		APC	$1,356.70			
55700	T	BIOPSY OF PROSTATE	00184	19.71		APC	$1,094.76			
55705	T	BIOPSY OF PROSTATE	00184	19.71		APC	$1,094.76			
55706	T	PROSTATE SATURATION SAMPLING	00184	19.71		APC	$1,094.76			
55720	T	DRAINAGE OF PROSTATE ABSCESS	00162	28.11		APC	$1,560.83			
55725	T	DRAINAGE OF PROSTATE ABSCESS	00162	28.11		APC	$1,560.83			
55801	C	REMOVAL OF PROSTATE				Inpatient Only	$0.00			
55810	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55812	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55815	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55821	C	REMOVAL OF PROSTATE				Inpatient Only	$0.00			
55831	C	REMOVAL OF PROSTATE				Inpatient Only	$0.00			
55840	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55842	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55845	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55860	T	SURGICAL EXPOSURE PROSTATE	00165	18.55		APC	$1,029.97			
55862	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55865	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55866	C	LAPARO RADICAL PROSTATECTOMY				Inpatient Only	$0.00			
55870	E	ELECTROEJACULATION				Not Allowed	$0.00			
55873	N	CRYOABLATE PROSTATE	00385	92.01		Bundled, Sometimes Payable	$5,109.58			
55875	N	TRANSPERI NEEDLE PLACE PROS	00162	28.11		Bundled, Sometimes Payable	$1,560.83			
55876	S	PLACE RT DEVICE/MARKER PROS	00310	14		APC	$777.50			
55899	T	GENITAL SURGERY PROCEDURE	00126	1.527		APC	$84.77			
55920	T	PLACE NEEDLES PELVIC FOR RT	00153	30.82		APC	$1,711.36			
55970	E	SEX TRANSFORMATION M TO F				Not Allowed	$0.00			
55980	E	SEX TRANSFORMATION F TO M				Not Allowed	$0.00			
56405	T	I & D OF VULVA/PERINEUM	00189	3.049		APC	$169.32			
56420	T	DRAINAGE OF GLAND ABSCESS	00188	1.766		APC	$98.06			
56440	T	SURGERY FOR VULVA LESION	00193	24.89		APC	$1,382.16			
56441	T	LYSIS OF LABIAL LESION(S)	00193	24.89		APC	$1,382.16			
56442	T	HYMENOTOMY	00193	24.89		APC	$1,382.16			
56501	T	DESTROY VULVA LESIONS SIM	00017	17.36		APC	$964.06			
56515	T	DESTROY VULVA LESION/S COMPL	00017	17.36		APC	$964.06			
56605	T	BIOPSY OF VULVA/PERINEUM	00192	6.569		APC	$364.78			
56606	N	BIOPSY OF VULVA/PERINEUM				Bundled, Sometimes Payable	$0.00			
56620	T	PARTIAL REMOVAL OF VULVA	00193	24.89		APC	$1,382.16			
56625	T	COMPLETE REMOVAL OF VULVA	00193	24.89		APC	$1,382.16			
56630	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			
56631	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			
56632	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			
56633	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			
56634	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			
56637	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			
56640	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			
56700	T	PARTIAL REMOVAL OF HYMEN	00193	24.89		APC	$1,382.16			
56740	T	REMOVE VAGINA GLAND LESION	00193	24.89		APC	$1,382.16			
56800	T	REPAIR OF VAGINA	00193	24.89		APC	$1,382.16			
56805	T	REPAIR CLITORIS	00193	24.89		APC	$1,382.16			
56810	T	REPAIR OF PERINEUM	00193	24.89		APC	$1,382.16			
56820	T	EXAM OF VULVA W/SCOPE	00188	1.766		APC	$98.06			
56821	T	EXAM/BIOPSY OF VULVA W/SCOPE	00189	3.049		APC	$169.32			
57000	T	EXPLORATION OF VAGINA	00193	24.89		APC	$1,382.16			
57010	T	DRAINAGE OF PELVIC ABSCESS	00193	24.89		APC	$1,382.16			
57020	T	DRAINAGE OF PELVIC FLUID	00193	24.89		APC	$1,382.16			
57022	T	I & D VAGINAL HEMATOMA PP	00007	11.67		APC	$648.31			
57023	T	I & D VAG HEMATOMA NON-OB	00008	22.05		APC	$1,224.63			
57061	T	DESTROY VAG LESIONS SIMPLE	00193	24.89		APC	$1,382.16			
57065	T	DESTROY VAG LESIONS COMPLEX	00193	24.89		APC	$1,382.16			
57100	T	BIOPSY OF VAGINA	00192	6.569		APC	$364.78			
57105	T	BIOPSY OF VAGINA	00193	24.89		APC	$1,382.16			
57106	T	REMOVE VAGINA WALL PARTIAL	00193	24.89		APC	$1,382.16			

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57107	T	REMOVE VAGINA TISSUE PART	00193	24.89		APC	$1,382.16			
57109	T	VAGINECTOMY PARTIAL W/NODES	00193	24.89		APC	$1,382.16			
57110	C	REMOVE VAGINA WALL COMPLETE				Inpatient Only	$0.00			
57111	C	REMOVE VAGINA TISSUE COMPL				Inpatient Only	$0.00			
57112	C	VAGINECTOMY W/NODES COMPL				Inpatient Only	$0.00			
57120	N	CLOSURE OF VAGINA	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57130	T	REMOVE VAGINA LESION	00193	24.89		APC	$1,382.16			
57135	T	REMOVE VAGINA LESION	00193	24.89		APC	$1,382.16			
57150	T	TREAT VAGINA INFECTION	00188	1.766		APC	$98.06			
57155	T	INSERT UTERI TANDEM/OVOIDS	00192	6.569		APC	$364.78			
57156	T	INS VAG BRACHYTX DEVICE	00189	3.049		APC	$169.32			
57160	T	INSERT PESSARY/OTHER DEVICE	00188	1.766		APC	$98.06			
57170	T	FITTING OF DIAPHRAGM/CAP	00188	1.766		APC	$98.06			
57180	T	TREAT VAGINAL BLEEDING	00188	1.766		APC	$98.06			
57200	T	REPAIR OF VAGINA	00193	24.89		APC	$1,382.16			
57210	T	REPAIR VAGINA/PERINEUM	00193	24.89		APC	$1,382.16			
57220	N	REVISION OF URETHRA	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57230	T	REPAIR OF URETHRAL LESION	00193	24.89		APC	$1,382.16			
57240	N	REPAIR BLADDER & VAGINA	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57250	N	REPAIR RECTUM & VAGINA	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57260	N	REPAIR OF VAGINA	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57265	N	EXTENSIVE REPAIR OF VAGINA	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57267	N	INSERT MESH/PELVIC FLR ADDON				Bundled, Sometimes Payable	$0.00			
57268	T	REPAIR OF BOWEL BULGE	00193	24.89		APC	$1,382.16			
57270	C	REPAIR OF BOWEL POUCH				Inpatient Only	$0.00			
57280	C	SUSPENSION OF VAGINA				Inpatient Only	$0.00			
57282	N	COLPOPEXY EXTRAPERITONEAL	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57283	N	COLPOPEXY INTRAPERITONEAL	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57284	N	REPAIR PARAVAG DEFECT OPEN	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57285	N	REPAIR PARAVAG DEFECT VAG	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57287	N	REVISE/REMOVE SLING REPAIR	00193	24.89		Bundled, Sometimes Payable	$1,382.16			
57288	N	REPAIR BLADDER DEFECT	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57289	N	REPAIR BLADDER & VAGINA	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57291	E	CONSTRUCTION OF VAGINA				Not Allowed	$0.00			
57292	E	CONSTRUCT VAGINA WITH GRAFT				Not Allowed	$0.00			
57295	T	REVISE VAG GRAFT VIA VAGINA	00193	24.89		APC	$1,382.16			
57296	C	REVISE VAG GRAFT OPEN ABD				Inpatient Only	$0.00			
57300	T	REPAIR RECTUM-VAGINA FISTULA	00193	24.89		APC	$1,382.16			
57305	C	REPAIR RECTUM-VAGINA FISTULA				Inpatient Only	$0.00			
57307	C	FISTULA REPAIR & COLOSTOMY				Inpatient Only	$0.00			
57308	C	FISTULA REPAIR TRANSPERINE				Inpatient Only	$0.00			
57310	N	REPAIR URETHROVAGINAL LESION	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57311	C	REPAIR URETHROVAGINAL LESION				Inpatient Only	$0.00			
57320	N	REPAIR BLADDER-VAGINA LESION	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57330	N	REPAIR BLADDER-VAGINA LESION	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57335	T	REPAIR VAGINA	00193	24.89		APC	$1,382.16			
57400	T	DILATION OF VAGINA	00193	24.89		APC	$1,382.16			
57410	T	PELVIC EXAMINATION	00193	24.89		APC	$1,382.16			
57415	T	REMOVE VAGINAL FOREIGN BODY	00193	24.89		APC	$1,382.16			
57420	T	EXAM OF VAGINA W/SCOPE	00189	3.049		APC	$169.32			
57421	T	EXAM/BIOPSY OF VAG W/SCOPE	00192	6.569		APC	$364.78			
57423	T	REPAIR PARAVAG DEFECT LAP	00131	50.95		APC	$2,829.46			
57425	T	LAPAROSCOPY SURG COLPOPEXY	00131	50.95		APC	$2,829.46			
57426	N	REVISE PROSTH VAG GRAFT LAP	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57452	T	EXAM OF CERVIX W/SCOPE	00188	1.766		APC	$98.06			
57454	T	BX/CURETT OF CERVIX W/SCOPE	00189	3.049		APC	$169.32			
57455	T	BIOPSY OF CERVIX W/SCOPE	00189	3.049		APC	$169.32			
57456	T	ENDOCERV CURETTAGE W/SCOPE	00189	3.049		APC	$169.32			
57460	T	BX OF CERVIX W/SCOPE LEEP	00193	24.89		APC	$1,382.16			
57461	T	CONZ OF CERVIX W/SCOPE LEEP	00193	24.89		APC	$1,382.16			
57500	T	BIOPSY OF CERVIX	00192	6.569		APC	$364.78			
57505	T	ENDOCERVICAL CURETTAGE	00192	6.569		APC	$364.78			
57510	T	CAUTERIZATION OF CERVIX	00193	24.89		APC	$1,382.16			
57511	T	CRYOCAUTERY OF CERVIX	00189	3.049		APC	$169.32			

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57513	T	LASER SURGERY OF CERVIX	00193	24.89		APC	$1,382.16			
57520	T	CONIZATION OF CERVIX	00193	24.89		APC	$1,382.16			
57522	T	CONIZATION OF CERVIX	00193	24.89		APC	$1,382.16			
57530	T	REMOVAL OF CERVIX	00193	24.89		APC	$1,382.16			
57531	C	REMOVAL OF CERVIX RADICAL				Inpatient Only	$0.00			
57540	C	REMOVAL OF RESIDUAL CERVIX				Inpatient Only	$0.00			
57545	C	REMOVE CERVIX/REPAIR PELVIS				Inpatient Only	$0.00			
57550	T	REMOVAL OF RESIDUAL CERVIX	00193	24.89		APC	$1,382.16			
57555	N	REMOVE CERVIX/REPAIR VAGINA	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57556	N	REMOVE CERVIX REPAIR BOWEL	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
57558	T	D&C OF CERVICAL STUMP	00193	24.89		APC	$1,382.16			
57700	T	REVISION OF CERVIX	00193	24.89		APC	$1,382.16			
57720	T	REVISION OF CERVIX	00193	24.89		APC	$1,382.16			
57800	T	DILATION OF CERVICAL CANAL	00193	24.89		APC	$1,382.16			
58100	T	BIOPSY OF UTERUS LINING	00189	3.049		APC	$169.32			
58110	N	BX DONE W/COLPOSCOPY ADD-ON				Bundled, Sometimes Payable	$0.00			
58120	T	DILATION AND CURETTAGE	00193	24.89		APC	$1,382.16			
58140	C	MYOMECTOMY ABDOM METHOD				Inpatient Only	$0.00			
58145	T	MYOMECTOMY VAG METHOD	00193	24.89		APC	$1,382.16			
58146	C	MYOMECTOMY ABDOM COMPLEX				Inpatient Only	$0.00			
58150	C	TOTAL HYSTERECTOMY				Inpatient Only	$0.00			
58152	C	TOTAL HYSTERECTOMY				Inpatient Only	$0.00			
58180	C	PARTIAL HYSTERECTOMY				Inpatient Only	$0.00			
58200	C	EXTENSIVE HYSTERECTOMY				Inpatient Only	$0.00			
58210	C	EXTENSIVE HYSTERECTOMY				Inpatient Only	$0.00			
58240	C	REMOVAL OF PELVIS CONTENTS				Inpatient Only	$0.00			
58260	N	VAGINAL HYSTERECTOMY	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58262	N	VAG HYST INCLUDING T/O	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58263	N	VAG HYST W/T/O & VAG REPAIR	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58267	C	VAG HYST W/URINARY REPAIR				Inpatient Only	$0.00			
58270	N	VAG HYST W/ENTEROCELE REPAIR	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58275	C	HYSTERECTOMY/REVISE VAGINA				Inpatient Only	$0.00			
58280	C	HYSTERECTOMY/REVISE VAGINA				Inpatient Only	$0.00			
58285	C	EXTENSIVE HYSTERECTOMY				Inpatient Only	$0.00			
58290	N	VAG HYST COMPLEX	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58291	N	VAG HYST INCL T/O COMPLEX	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58292	N	VAG HYST T/O & REPAIR COMPL	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58293	C	VAG HYST W/URO REPAIR COMPL				Inpatient Only	$0.00			
58294	N	VAG HYST W/ENTEROCELE COMPL	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58300	M	INSERT INTRAUTERINE DEVICE				Fee Schedule	$55.80			
58301	N	REMOVE INTRAUTERINE DEVICE	00189	3.049		Bundled, Sometimes Payable	$169.32			
58321	E	ARTIFICIAL INSEMINATION				Not Allowed	$0.00			
58322	E	ARTIFICIAL INSEMINATION				Not Allowed	$0.00			
58323	E	SPERM WASHING				Not Allowed	$0.00			
58340	N	CATHETER FOR HYSTEROGRAPHY				Bundled, Sometimes Payable	$0.00			
58345	E	REOPEN FALLOPIAN TUBE				Not Allowed	$0.00			
58346	T	INSERT HEYMAN UTERI CAPSULE	00193	24.89		APC	$1,382.16			
58350	N	REOPEN FALLOPIAN TUBE	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58353	N	ENDOMETR ABLATE THERMAL	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58356	N	ENDOMETRIAL CRYOABLATION	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58400	C	SUSPENSION OF UTERUS				Inpatient Only	$0.00			
58410	C	SUSPENSION OF UTERUS				Inpatient Only	$0.00			
58520	C	REPAIR OF RUPTURED UTERUS				Inpatient Only	$0.00			
58540	C	REVISION OF UTERUS				Inpatient Only	$0.00			
58541	T	LSH UTERUS 250 G OR LESS	00132	73.87		APC	$4,101.98			
58542	T	LSH W/T/O UT 250 G OR LESS	00132	73.87		APC	$4,101.98			
58543	T	LSH UTERUS ABOVE 250 G	00132	73.87		APC	$4,101.98			
58544	T	LSH W/T/O UTERUS ABOVE 250 G	00132	73.87		APC	$4,101.98			
58545	T	LAPAROSCOPIC MYOMECTOMY	00130	40.67		APC	$2,258.64			
58546	T	LAPARO-MYOMECTOMY COMPLEX	00131	50.95		APC	$2,829.46			
58548	C	LAP RADICAL HYST				Inpatient Only	$0.00			
58550	T	LAPARO-ASST VAG HYSTERECTOMY	00132	73.87		APC	$4,101.98			
58552	T	LAPARO-VAG HYST INCL T/O	00131	50.95		APC	$2,829.46			
58553	T	LAPARO-VAG HYST COMPLEX	00131	50.95		APC	$2,829.46			

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58554	T	LAPARO-VAG HYST W/T/O COMPL	00131	50.95		APC	$2,829.46			
58555	T	HYSTEROSCOPY DX SEP PROC	00193	24.89		APC	$1,382.16			
58558	T	HYSTEROSCOPY BIOPSY	00193	24.89		APC	$1,382.16			
58559	N	HYSTEROSCOPY LYSIS	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58560	N	HYSTEROSCOPY RESECT SEPTUM	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58561	N	HYSTEROSCOPY REMOVE MYOMA	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58562	T	HYSTEROSCOPY REMOVE FB	00193	24.89		APC	$1,382.16			
58563	N	HYSTEROSCOPY ABLATION	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58565	N	HYSTEROSCOPY STERILIZATION	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58570	T	TLH UTERUS 250 G OR LESS	00131	50.95		APC	$2,829.46			
58571	T	TLH W/T/O 250 G OR LESS	00131	50.95		APC	$2,829.46			
58572	T	TLH UTERUS OVER 250 G	00131	50.95		APC	$2,829.46			
58573	T	TLH W/T/O UTERUS OVER 250 G	00131	50.95		APC	$2,829.46			
58578	T	LAPARO PROC UTERUS	00130	40.67		APC	$2,258.64			
58579	T	HYSTEROSCOPE PROCEDURE	00188	1.766		APC	$98.06			
58600	T	DIVISION OF FALLOPIAN TUBE	00193	24.89		APC	$1,382.16			
58605	C	DIVISION OF FALLOPIAN TUBE				Inpatient Only	$0.00			
58611	C	LIGATE OVIDUCT(S) ADD-ON				Inpatient Only	$0.00			
58615	T	OCCLUDE FALLOPIAN TUBE(S)	00193	24.89		APC	$1,382.16			
58660	T	LAPAROSCOPY LYSIS	00131	50.95		APC	$2,829.46			
58661	T	LAPAROSCOPY REMOVE ADNEXA	00131	50.95		APC	$2,829.46			
58662	T	LAPAROSCOPY EXCISE LESIONS	00131	50.95		APC	$2,829.46			
58670	T	LAPAROSCOPY TUBAL CAUTERY	00131	50.95		APC	$2,829.46			
58671	T	LAPAROSCOPY TUBAL BLOCK	00131	50.95		APC	$2,829.46			
58672	T	LAPAROSCOPY FIMBRIOPLASTY	00131	50.95		APC	$2,829.46			
58673	T	LAPAROSCOPY SALPINGOSTOMY	00131	50.95		APC	$2,829.46			
58679	T	LAPARO PROC OVIDUCT-OVARY	00130	40.67		APC	$2,258.64			
58700	C	REMOVAL OF FALLOPIAN TUBE				Inpatient Only	$0.00			
58720	C	REMOVAL OF OVARY/TUBE(S)				Inpatient Only	$0.00			
58740	C	ADHESIOLYSIS TUBE OVARY				Inpatient Only	$0.00			
58750	E	REPAIR OVIDUCT				Not Allowed	$0.00			
58752	E	REVISE OVARIAN TUBE(S)				Not Allowed	$0.00			
58760	E	FIMBRIOPLASTY				Not Allowed	$0.00			
58770	E	CREATE NEW TUBAL OPENING				Not Allowed	$0.00			
58800	T	DRAINAGE OF OVARIAN CYST(S)	00193	24.89		APC	$1,382.16			
58805	T	DRAINAGE OF OVARIAN CYST(S)	00193	24.89		APC	$1,382.16			
58820	T	DRAIN OVARY ABSCESS OPEN	00193	24.89		APC	$1,382.16			
58822	C	DRAIN OVARY ABSCESS PERCUT				Inpatient Only	$0.00			
58825	C	TRANSPOSITION OVARY(S)				Inpatient Only	$0.00			
58900	T	BIOPSY OF OVARY(S)	00193	24.89		APC	$1,382.16			
58920	N	PARTIAL REMOVAL OF OVARY(S)	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58925	N	REMOVAL OF OVARIAN CYST(S)	00202	53.65		Bundled, Sometimes Payable	$2,979.03			
58940	C	REMOVAL OF OVARY(S)				Inpatient Only	$0.00			
58943	C	REMOVAL OF OVARY(S)				Inpatient Only	$0.00			
58950	C	RESECT OVARIAN MALIGNANCY				Inpatient Only	$0.00			
58951	C	RESECT OVARIAN MALIGNANCY				Inpatient Only	$0.00			
58952	C	RESECT OVARIAN MALIGNANCY				Inpatient Only	$0.00			
58953	C	TAH RAD DISSECT FOR DEBULK				Inpatient Only	$0.00			
58954	C	TAH RAD DEBULK/LYMPH REMOVE				Inpatient Only	$0.00			
58956	C	BSO OMENTECTOMY W/TAH				Inpatient Only	$0.00			
58957	C	RESECT RECURRENT GYN MAL				Inpatient Only	$0.00			
58958	C	RESECT RECUR GYN MAL W/LYM				Inpatient Only	$0.00			
58960	C	EXPLORATION OF ABDOMEN				Inpatient Only	$0.00			
58970	E	RETRIEVAL OF OOCYTE				Not Allowed	$0.00			
58974	E	TRANSFER OF EMBRYO				Not Allowed	$0.00			
58976	E	TRANSFER OF EMBRYO				Not Allowed	$0.00			
58999	T	GENITAL SURGERY PROCEDURE	00188	1.766		APC	$98.06			
59000	T	AMNIOCENTESIS DIAGNOSTIC	00192	6.569		APC	$364.78			
59001	T	AMNIOCENTESIS THERAPEUTIC	00189	3.049		APC	$169.32			
59012	T	FETAL CORD PUNCTURE PRENATAL	00189	3.049		APC	$169.32			
59015	T	CHORION BIOPSY	00192	6.569		APC	$364.78			
59020	T	FETAL CONTRACT STRESS TEST	00188	1.766		APC	$98.06			
59025	T	FETAL NON-STRESS TEST	00188	1.766		APC	$98.06			
59030	T	FETAL SCALP BLOOD SAMPLE	00189	3.049		APC	$169.32			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
59050	M	FETAL MONITOR W/REPORT				Charge Ratio	$0.00			
59051	E	FETAL MONITOR/INTERPRET ONLY				Not Allowed	$0.00			
59070	T	TRANSABDOM AMNIOINFUS W/US	00192	6.569		APC	$364.78			
59072	T	UMBILICAL CORD OCCLUD W/US	00189	3.049		APC	$169.32			
59074	T	FETAL FLUID DRAINAGE W/US	00189	3.049		APC	$169.32			
59076	T	FETAL SHUNT PLACEMENT W/US	00189	3.049		APC	$169.32			
59100	T	REMOVE UTERUS LESION	00193	24.89		APC	$1,382.16			
59120	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			
59121	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			
59130	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			
59135	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			
59136	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			
59140	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			
59150	T	TREAT ECTOPIC PREGNANCY	00131	50.95		APC	$2,829.46			
59151	T	TREAT ECTOPIC PREGNANCY	00131	50.95		APC	$2,829.46			
59160	T	D & C AFTER DELIVERY	00193	24.89		APC	$1,382.16			
59200	T	INSERT CERVICAL DILATOR	00189	3.049		APC	$169.32			
59300	T	EPISIOTOMY OR VAGINAL REPAIR	00193	24.89		APC	$1,382.16			
59320	T	REVISION OF CERVIX	00193	24.89		APC	$1,382.16			
59325	C	REVISION OF CERVIX				Inpatient Only	$0.00			
59350	C	REPAIR OF UTERUS				Inpatient Only	$0.00			
59400	E	OBSTETRICAL CARE				Not Allowed	$0.00			
59409	T	OBSTETRICAL CARE	00193	24.89		APC	$1,382.16			
59410	E	OBSTETRICAL CARE				Not Allowed	$0.00			
59412	T	ANTEPARTUM MANIPULATION	00193	24.89		APC	$1,382.16			
59414	T	DELIVER PLACENTA	00193	24.89		APC	$1,382.16			
59425	M	ANTEPARTUM CARE ONLY				Fee Schedule	$0.00			
59426	M	ANTEPARTUM CARE ONLY				Fee Schedule	$0.00			
59430	M	CARE AFTER DELIVERY				Fee Schedule	$0.00			
59510	E	CESAREAN DELIVERY				Not Allowed	$0.00			
59514	C	CESAREAN DELIVERY ONLY				Inpatient Only	$0.00			
59515	E	CESAREAN DELIVERY				Not Allowed	$0.00			
59525	C	REMOVE UTERUS AFTER CESAREAN				Inpatient Only	$0.00			
59610	E	VBAC DELIVERY				Not Allowed	$0.00			
59612	T	VBAC DELIVERY ONLY	00193	24.89		APC	$1,382.16			
59614	E	VBAC CARE AFTER DELIVERY				Not Allowed	$0.00			
59618	E	ATTEMPTED VBAC DELIVERY				Not Allowed	$0.00			
59620	C	ATTEMPTED VBAC DELIVERY ONLY				Inpatient Only	$0.00			
59622	E	ATTEMPTED VBAC AFTER CARE				Not Allowed	$0.00			
59812	T	TREATMENT OF MISCARRIAGE	00193	24.89		APC	$1,382.16			
59820	T	CARE OF MISCARRIAGE	00193	24.89		APC	$1,382.16			
59821	T	TREATMENT OF MISCARRIAGE	00193	24.89		APC	$1,382.16			
59830	C	TREAT UTERUS INFECTION				Inpatient Only	$0.00			
59840	T	ABORTION	00193	24.89		APC	$1,382.16			
59841	T	ABORTION	00193	24.89		APC	$1,382.16			
59850	C	ABORTION				Inpatient Only	$0.00			
59851	C	ABORTION				Inpatient Only	$0.00			
59852	C	ABORTION				Inpatient Only	$0.00			
59855	C	ABORTION				Inpatient Only	$0.00			
59856	C	ABORTION				Inpatient Only	$0.00			
59857	C	ABORTION				Inpatient Only	$0.00			
59866	T	ABORTION (MPR)	00189	3.049		APC	$169.32			
59870	T	EVACUATE MOLE OF UTERUS	00193	24.89		APC	$1,382.16			
59871	N	REMOVE CERCLAGE SUTURE	00193	24.89		Bundled, Sometimes Payable	$1,382.16			
59897	T	FETAL INVAS PX W/US	00188	1.766		APC	$98.06			
59898	T	LAPARO PROC OB CARE/DELIVER	00130	40.67		APC	$2,258.64			
59899	T	MATERNITY CARE PROCEDURE	00188	1.766		APC	$98.06			
60000	T	DRAIN THYROID/TONGUE CYST	00252	8.718		APC	$484.13			
60100	T	BIOPSY OF THYROID	00004	6.57		APC	$364.85			
60200	T	REMOVE THYROID LESION	00114	57.16		APC	$3,174.01			
60210	T	PARTIAL THYROID EXCISION	00114	57.16		APC	$3,174.01			
60212	T	PARTIAL THYROID EXCISION	00114	57.16		APC	$3,174.01			
60220	T	PARTIAL REMOVAL OF THYROID	00114	57.16		APC	$3,174.01			
60225	T	PARTIAL REMOVAL OF THYROID	00114	57.16		APC	$3,174.01			

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60240	T	REMOVAL OF THYROID	00114	57.16		APC	$3,174.01			
60252	T	REMOVAL OF THYROID	00256	50.29		APC	$2,792.50			
60254	C	EXTENSIVE THYROID SURGERY				Inpatient Only	$0.00			
60260	T	REPEAT THYROID SURGERY	00256	50.29		APC	$2,792.50			
60270	C	REMOVAL OF THYROID				Inpatient Only	$0.00			
60271	T	REMOVAL OF THYROID	00256	50.29		APC	$2,792.50			
60280	T	REMOVE THYROID DUCT LESION	00114	57.16		APC	$3,174.01			
60281	T	REMOVE THYROID DUCT LESION	00114	57.16		APC	$3,174.01			
60300	T	ASPIR/INJ THYROID CYST	00004	6.57		APC	$364.85			
60500	T	EXPLORE PARATHYROID GLANDS	00256	50.29		APC	$2,792.50			
60502	T	RE-EXPLORE PARATHYROIDS	00256	50.29		APC	$2,792.50			
60505	C	EXPLORE PARATHYROID GLANDS				Inpatient Only	$0.00			
60512	N	AUTOTRANSPLANT PARATHYROID				Bundled, Sometimes Payable	$0.00			
60520	T	REMOVAL OF THYMUS GLAND	00256	50.29		APC	$2,792.50			
60521	C	REMOVAL OF THYMUS GLAND				Inpatient Only	$0.00			
60522	C	REMOVAL OF THYMUS GLAND				Inpatient Only	$0.00			
60540	C	EXPLORE ADRENAL GLAND				Inpatient Only	$0.00			
60545	C	EXPLORE ADRENAL GLAND				Inpatient Only	$0.00			
60600	C	REMOVE CAROTID BODY LESION				Inpatient Only	$0.00			
60605	C	REMOVE CAROTID BODY LESION				Inpatient Only	$0.00			
60650	C	LAPAROSCOPY ADRENALECTOMY				Inpatient Only	$0.00			
60659	T	LAPARO PROC ENDOCRINE	00130	40.67		APC	$2,258.64			
60699	T	ENDOCRINE SURGERY PROCEDURE	00114	57.16		APC	$3,174.01			
61000	T	REMOVE CRANIAL CAVITY FLUID	00207	9.061		APC	$503.14			
61001	T	REMOVE CRANIAL CAVITY FLUID	00207	9.061		APC	$503.14			
61020	T	REMOVE BRAIN CAVITY FLUID	00207	9.061		APC	$503.14			
61026	T	INJECTION INTO BRAIN CANAL	00207	9.061		APC	$503.14			
61050	T	REMOVE BRAIN CANAL FLUID	00203	19.82		APC	$1,100.55			
61055	T	INJECTION INTO BRAIN CANAL	00207	9.061		APC	$503.14			
61070	T	BRAIN CANAL SHUNT PROCEDURE	00121	6.58		APC	$365.39			
61105	C	TWIST DRILL HOLE				Inpatient Only	$0.00			
61107	C	DRILL SKULL FOR IMPLANTATION				Inpatient Only	$0.00			
61108	C	DRILL SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61120	C	BURR HOLE FOR PUNCTURE				Inpatient Only	$0.00			
61140	C	PIERCE SKULL FOR BIOPSY				Inpatient Only	$0.00			
61150	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61151	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61154	C	PIERCE SKULL & REMOVE CLOT				Inpatient Only	$0.00			
61156	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61210	C	PIERCE SKULL IMPLANT DEVICE				Inpatient Only	$0.00			
61215	T	INSERT BRAIN-FLUID DEVICE	00221	39.74		APC	$2,206.69			
61250	C	PIERCE SKULL & EXPLORE				Inpatient Only	$0.00			
61253	C	PIERCE SKULL & EXPLORE				Inpatient Only	$0.00			
61304	C	OPEN SKULL FOR EXPLORATION				Inpatient Only	$0.00			
61305	C	OPEN SKULL FOR EXPLORATION				Inpatient Only	$0.00			
61312	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61313	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61314	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61315	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61316	C	IMPLT CRAN BONE FLAP TO ABDO				Inpatient Only	$0.00			
61320	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61321	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61322	C	DECOMPRESSIVE CRANIOTOMY				Inpatient Only	$0.00			
61323	C	DECOMPRESSIVE LOBECTOMY				Inpatient Only	$0.00			
61330	T	DECOMPRESS EYE SOCKET	00256	50.29		APC	$2,792.50			
61332	C	EXPLORE/BIOPSY EYE SOCKET				Inpatient Only	$0.00			
61333	C	EXPLORE ORBIT/REMOVE LESION				Inpatient Only	$0.00			
61340	C	SUBTEMPORAL DECOMPRESSION				Inpatient Only	$0.00			
61343	C	INCISE SKULL (PRESS RELIEF)				Inpatient Only	$0.00			
61345	C	RELIEVE CRANIAL PRESSURE				Inpatient Only	$0.00			
61450	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			
61458	C	INCISE SKULL FOR BRAIN WOUND				Inpatient Only	$0.00			
61460	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			
61480	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			

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61500	C	REMOVAL OF SKULL LESION				Inpatient Only	$0.00			
61501	C	REMOVE INFECTED SKULL BONE				Inpatient Only	$0.00			
61510	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61512	C	REMOVE BRAIN LINING LESION				Inpatient Only	$0.00			
61514	C	REMOVAL OF BRAIN ABSCESS				Inpatient Only	$0.00			
61516	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61517	C	IMPLT BRAIN CHEMOTX ADD-ON				Inpatient Only	$0.00			
61518	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61519	C	REMOVE BRAIN LINING LESION				Inpatient Only	$0.00			
61520	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61521	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61522	C	REMOVAL OF BRAIN ABSCESS				Inpatient Only	$0.00			
61524	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61526	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61530	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61531	C	IMPLANT BRAIN ELECTRODES				Inpatient Only	$0.00			
61533	C	IMPLANT BRAIN ELECTRODES				Inpatient Only	$0.00			
61534	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61535	C	REMOVE BRAIN ELECTRODES				Inpatient Only	$0.00			
61536	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61537	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61538	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61539	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61540	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61541	C	INCISION OF BRAIN TISSUE				Inpatient Only	$0.00			
61543	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61544	C	REMOVE & TREAT BRAIN LESION				Inpatient Only	$0.00			
61545	C	EXCISION OF BRAIN TUMOR				Inpatient Only	$0.00			
61546	C	REMOVAL OF PITUITARY GLAND				Inpatient Only	$0.00			
61548	C	REMOVAL OF PITUITARY GLAND				Inpatient Only	$0.00			
61550	C	RELEASE OF SKULL SEAMS				Inpatient Only	$0.00			
61552	C	RELEASE OF SKULL SEAMS				Inpatient Only	$0.00			
61556	C	INCISE SKULL/SUTURES				Inpatient Only	$0.00			
61557	C	INCISE SKULL/SUTURES				Inpatient Only	$0.00			
61558	C	EXCISION OF SKULL/SUTURES				Inpatient Only	$0.00			
61559	C	EXCISION OF SKULL/SUTURES				Inpatient Only	$0.00			
61563	C	EXCISION OF SKULL TUMOR				Inpatient Only	$0.00			
61564	C	EXCISION OF SKULL TUMOR				Inpatient Only	$0.00			
61566	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61567	C	INCISION OF BRAIN TISSUE				Inpatient Only	$0.00			
61570	C	REMOVE FOREIGN BODY BRAIN				Inpatient Only	$0.00			
61571	C	INCISE SKULL FOR BRAIN WOUND				Inpatient Only	$0.00			
61575	C	SKULL BASE/BRAINSTEM SURGERY				Inpatient Only	$0.00			
61576	C	SKULL BASE/BRAINSTEM SURGERY				Inpatient Only	$0.00			
61580	C	CRANIOFACIAL APPROACH SKULL				Inpatient Only	$0.00			
61581	C	CRANIOFACIAL APPROACH SKULL				Inpatient Only	$0.00			
61582	C	CRANIOFACIAL APPROACH SKULL				Inpatient Only	$0.00			
61583	C	CRANIOFACIAL APPROACH SKULL				Inpatient Only	$0.00			
61584	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only	$0.00			
61585	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only	$0.00			
61586	C	RESECT NASOPHARYNX SKULL				Inpatient Only	$0.00			
61590	C	INFRATEMPORAL APPROACH/SKULL				Inpatient Only	$0.00			
61591	C	INFRATEMPORAL APPROACH/SKULL				Inpatient Only	$0.00			
61592	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only	$0.00			
61595	C	TRANSTEMPORAL APPROACH/SKULL				Inpatient Only	$0.00			
61596	C	TRANSCOCHLEAR APPROACH/SKULL				Inpatient Only	$0.00			
61597	C	TRANSCONDYLAR APPROACH/SKULL				Inpatient Only	$0.00			
61598	C	TRANSPETROSAL APPROACH/SKULL				Inpatient Only	$0.00			
61600	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			
61601	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			
61605	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			
61606	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			
61607	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			
61608	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			

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61610	C	TRANSECT ARTERY SINUS				Inpatient Only	$0.00			
61611	C	TRANSECT ARTERY SINUS				Inpatient Only	$0.00			
61612	C	TRANSECT ARTERY SINUS				Inpatient Only	$0.00			
61613	C	REMOVE ANEURYSM SINUS				Inpatient Only	$0.00			
61615	C	RESECT/EXCISE LESION SKULL				Inpatient Only	$0.00			
61616	C	RESECT/EXCISE LESION SKULL				Inpatient Only	$0.00			
61618	C	REPAIR DURA				Inpatient Only	$0.00			
61619	C	REPAIR DURA				Inpatient Only	$0.00			
61623	N	ENDOVASC TEMPORY VESSEL OCCL	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
61624	C	TRANSCATH OCCLUSION CNS				Inpatient Only	$0.00			
61626	N	TRANSCATH OCCLUSION NON-CNS	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
61630	C	INTRACRANIAL ANGIOPLASTY				Inpatient Only	$0.00			
61635	C	INTRACRAN ANGIOPLSTY W/STENT				Inpatient Only	$0.00			
61640	E	DILATE IC VASOSPASM INIT				Not Allowed	$0.00			
61641	E	DILATE IC VASOSPASM ADD-ON				Not Allowed	$0.00			
61642	E	DILATE IC VASOSPASM ADD-ON				Not Allowed	$0.00			
61680	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			
61682	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			
61684	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			
61686	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			
61690	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			
61692	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			
61697	C	BRAIN ANEURYSM REPR COMPLX				Inpatient Only	$0.00			
61698	C	BRAIN ANEURYSM REPR COMPLX				Inpatient Only	$0.00			
61700	C	BRAIN ANEURYSM REPR SIMPLE				Inpatient Only	$0.00			
61702	C	INNER SKULL VESSEL SURGERY				Inpatient Only	$0.00			
61703	C	CLAMP NECK ARTERY				Inpatient Only	$0.00			
61705	C	REVISE CIRCULATION TO HEAD				Inpatient Only	$0.00			
61708	C	REVISE CIRCULATION TO HEAD				Inpatient Only	$0.00			
61710	C	REVISE CIRCULATION TO HEAD				Inpatient Only	$0.00			
61711	C	FUSION OF SKULL ARTERIES				Inpatient Only	$0.00			
61720	T	INCISE SKULL/BRAIN SURGERY	00221	39.74		APC	$2,206.69			
61735	C	INCISE SKULL/BRAIN SURGERY				Inpatient Only	$0.00			
61750	C	INCISE SKULL/BRAIN BIOPSY				Inpatient Only	$0.00			
61751	C	BRAIN BIOPSY W/CT/MR GUIDE				Inpatient Only	$0.00			
61760	C	IMPLANT BRAIN ELECTRODES				Inpatient Only	$0.00			
61770	T	INCISE SKULL FOR TREATMENT	00221	39.74		APC	$2,206.69			
61781	N	SCAN PROC CRANIAL INTRA				Bundled, Sometimes Payable	$0.00			
61782	N	SCAN PROC CRANIAL EXTRA				Bundled, Sometimes Payable	$0.00			
61783	N	SCAN PROC SPINAL				Bundled, Sometimes Payable	$0.00			
61790	T	TREAT TRIGEMINAL NERVE	00220	18.66		APC	$1,036.19			
61791	T	TREAT TRIGEMINAL TRACT	00203	19.82		APC	$1,100.55			
61796	E	SRS CRANIAL LESION SIMPLE				Not Allowed	$0.00			
61797	E	SRS CRAN LES SIMPLE ADDL				Not Allowed	$0.00			
61798	E	SRS CRANIAL LESION COMPLEX				Not Allowed	$0.00			
61799	E	SRS CRAN LES COMPLEX ADDL				Not Allowed	$0.00			
61800	E	APPLY SRS HEADFRAME ADD-ON				Not Allowed	$0.00			
61850	C	IMPLANT NEUROELECTRODES				Inpatient Only	$0.00			
61860	C	IMPLANT NEUROELECTRODES				Inpatient Only	$0.00			
61863	C	IMPLANT NEUROELECTRODE				Inpatient Only	$0.00			
61864	C	IMPLANT NEUROELECTRDE ADDL				Inpatient Only	$0.00			
61867	C	IMPLANT NEUROELECTRODE				Inpatient Only	$0.00			
61868	C	IMPLANT NEUROELECTRDE ADDL				Inpatient Only	$0.00			
61870	C	IMPLANT NEUROELECTRODES				Inpatient Only	$0.00			
61880	N	REVISE/REMOVE NEUROELECTRODE	00688	28.7		Bundled, Sometimes Payable	$1,593.74			
61885	N	INSRT/REDO NEUROSTIM 1 ARRAY	00039	230.6		Bundled, Sometimes Payable	$12,806.52			
61886	N	IMPLANT NEUROSTIM ARRAYS	00318	352.7		Bundled, Sometimes Payable	$19,586.61			
61888	N	REVISE/REMOVE NEURORECEIVER	00061	71.33		Bundled, Sometimes Payable	$3,960.87			
62000	T	TREAT SKULL FRACTURE	00256	50.29		APC	$2,792.50			
62005	C	TREAT SKULL FRACTURE				Inpatient Only	$0.00			
62010	C	TREATMENT OF HEAD INJURY				Inpatient Only	$0.00			
62100	C	REPAIR BRAIN FLUID LEAKAGE				Inpatient Only	$0.00			
62115	C	REDUCTION OF SKULL DEFECT				Inpatient Only	$0.00			
62117	C	REDUCTION OF SKULL DEFECT				Inpatient Only	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
62120	C	REPAIR SKULL CAVITY LESION				Inpatient Only	$0.00			
62121	C	INCISE SKULL REPAIR				Inpatient Only	$0.00			
62140	C	REPAIR OF SKULL DEFECT				Inpatient Only	$0.00			
62141	C	REPAIR OF SKULL DEFECT				Inpatient Only	$0.00			
62142	C	REMOVE SKULL PLATE/FLAP				Inpatient Only	$0.00			
62143	C	REPLACE SKULL PLATE/FLAP				Inpatient Only	$0.00			
62145	C	REPAIR OF SKULL & BRAIN				Inpatient Only	$0.00			
62146	C	REPAIR OF SKULL WITH GRAFT				Inpatient Only	$0.00			
62147	C	REPAIR OF SKULL WITH GRAFT				Inpatient Only	$0.00			
62148	C	RETR BONE FLAP TO FIX SKULL				Inpatient Only	$0.00			
62160	N	NEUROENDOSCOPY ADD-ON				Bundled, Sometimes Payable	$0.00			
62161	C	DISSECT BRAIN W/SCOPE				Inpatient Only	$0.00			
62162	C	REMOVE COLLOID CYST W/SCOPE				Inpatient Only	$0.00			
62163	C	ZNEUROENDOSCOPY W/FB REMOVAL				Inpatient Only	$0.00			
62164	C	REMOVE BRAIN TUMOR W/SCOPE				Inpatient Only	$0.00			
62165	C	REMOVE PITUIT TUMOR W/SCOPE				Inpatient Only	$0.00			
62180	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62190	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62192	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62194	T	REPLACE/IRRIGATE CATHETER	00203	19.82		APC	$1,100.55			
62200	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62201	C	BRAIN CAVITY SHUNT W/SCOPE				Inpatient Only	$0.00			
62220	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62223	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62225	T	REPLACE/IRRIGATE CATHETER	00427	17.38		APC	$965.07			
62230	T	REPLACE/REVISE BRAIN SHUNT	00221	39.74		APC	$2,206.69			
62252	S	CSF SHUNT REPROGRAM	00692	1.729		APC	$96.00			
62256	C	REMOVE BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62258	C	REPLACE BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62263	T	EPIDURAL LYSIS MULT SESSIONS	00203	19.82		APC	$1,100.55			
62264	T	EPIDURAL LYSIS ON SINGLE DAY	00207	9.061		APC	$503.14			
62267	T	INTERDISCAL PERQ ASPIR DX	00004	6.57		APC	$364.85			
62268	T	DRAIN SPINAL CORD CYST	00207	9.061		APC	$503.14			
62269	T	NEEDLE BIOPSY SPINAL CORD	00005	14.19		APC	$788.06			
62270	T	SPINAL FLUID TAP DIAGNOSTIC	00206	5.026		APC	$279.07			
62272	T	DRAIN CEREBRO SPINAL FLUID	00206	5.026		APC	$279.07			
62273	T	INJECT EPIDURAL PATCH	00207	9.061		APC	$503.14			
62280	T	TREAT SPINAL CORD LESION	00207	9.061		APC	$503.14			
62281	T	TREAT SPINAL CORD LESION	00203	19.82		APC	$1,100.55			
62282	T	TREAT SPINAL CANAL LESION	00203	19.82		APC	$1,100.55			
62284	N	INJECTION FOR MYELOGRAM				Bundled, Sometimes Payable	$0.00			
62287	T	PERCUTANEOUS DISKECTOMY	00221	39.74		APC	$2,206.69			
62290	N	INJECT FOR SPINE DISK X-RAY				Bundled, Sometimes Payable	$0.00			
62291	N	INJECT FOR SPINE DISK X-RAY				Bundled, Sometimes Payable	$0.00			
62292	T	INJECTION INTO DISK LESION	00203	19.82		APC	$1,100.55			
62294	T	INJECTION INTO SPINAL ARTERY	00207	9.061		APC	$503.14			
62302	N	MYELOGRAPHY LUMBAR INJECTION	00274	8.282		Bundled, Sometimes Payable	$459.88			
62303	N	MYELOGRAPHY LUMBAR INJECTION	00274	8.282		Bundled, Sometimes Payable	$459.88			
62304	N	MYELOGRAPHY LUMBAR INJECTION	00274	8.282		Bundled, Sometimes Payable	$459.88			
62305	N	MYELOGRAPHY LUMBAR INJECTION	00274	8.282		Bundled, Sometimes Payable	$459.88			
62310	T	INJECT SPINE CERV/THORACIC	00207	9.061		APC	$503.14			
62311	T	INJECT SPINE LUMBAR/SACRAL	00207	9.061		APC	$503.14			
62318	T	INJECT SPINE W/CATH CRV/THRC	00207	9.061		APC	$503.14			
62319	T	INJECT SPINE W/CATH LMB/SCRL	00207	9.061		APC	$503.14			
62350	T	IMPLANT SPINAL CANAL CATH	00224	49.38		APC	$2,741.98			
62351	T	IMPLANT SPINAL CANAL CATH	00208	55.45		APC	$3,079.34			
62355	N	REMOVE SPINAL CANAL CATHETER	00203	19.82		Bundled, Sometimes Payable	$1,100.55			
62360	T	INSERT SPINE INFUSION DEVICE	00224	49.38		APC	$2,741.98			
62361	N	IMPLANT SPINE INFUSION PUMP	00227	209.9		Bundled, Sometimes Payable	$11,658.38			
62362	N	IMPLANT SPINE INFUSION PUMP	00227	209.9		Bundled, Sometimes Payable	$11,658.38			
62365	N	REMOVE SPINE INFUSION DEVICE	00221	39.74		Bundled, Sometimes Payable	$2,206.69			
62367	S	ANALYZE SPINE INFUS PUMP	00691	3.337		APC	$185.33			
62368	S	ANALYZE SP INF PUMP W/REPROG	00691	3.337		APC	$185.33			
62369	S	ANAL SP INF PMP W/REPRG&FILL	00691	3.337		APC	$185.33			

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62370	S	ANL SP INF PMP W/MDREPRG&FIL	00691	3.337		APC	$185.33			
63001	T	REMOVE SPINE LAMINA 1/2 CRVL	00208	55.45		APC	$3,079.34			
63003	T	REMOVE SPINE LAMINA 1/2 THRC	00208	55.45		APC	$3,079.34			
63005	T	REMOVE SPINE LAMINA 1/2 LMBR	00208	55.45		APC	$3,079.34			
63011	T	REMOVE SPINE LAMINA 1/2 SCRL	00208	55.45		APC	$3,079.34			
63012	T	REMOVE LAMINA/FACETS LUMBAR	00208	55.45		APC	$3,079.34			
63015	T	REMOVE SPINE LAMINA >2 CRVCL	00208	55.45		APC	$3,079.34			
63016	T	REMOVE SPINE LAMINA >2 THRC	00208	55.45		APC	$3,079.34			
63017	T	REMOVE SPINE LAMINA >2 LMBR	00208	55.45		APC	$3,079.34			
63020	T	NECK SPINE DISK SURGERY	00208	55.45		APC	$3,079.34			
63030	T	LOW BACK DISK SURGERY	00208	55.45		APC	$3,079.34			
63035	N	SPINAL DISK SURGERY ADD-ON				Bundled, Sometimes Payable	$0.00			
63040	T	LAMINOTOMY SINGLE CERVICAL	00208	55.45		APC	$3,079.34			
63042	T	LAMINOTOMY SINGLE LUMBAR	00208	55.45		APC	$3,079.34			
63043	N	LAMINOTOMY ADDL CERVICAL				Bundled, Sometimes Payable	$0.00			
63044	N	LAMINOTOMY ADDL LUMBAR				Bundled, Sometimes Payable	$0.00			
63045	T	REMOVE SPINE LAMINA 1 CRVL	00208	55.45		APC	$3,079.34			
63046	T	REMOVE SPINE LAMINA 1 THRC	00208	55.45		APC	$3,079.34			
63047	T	REMOVE SPINE LAMINA 1 LMBR	00208	55.45		APC	$3,079.34			
63048	N	REMOVE SPINAL LAMINA ADD-ON				Bundled, Sometimes Payable	$0.00			
63050	C	CERVICAL LAMINOPLSTY 2/> SEG				Inpatient Only	$0.00			
63051	C	C-LAMINOPLASTY W/GRAFT/PLATE				Inpatient Only	$0.00			
63055	T	DECOMPRESS SPINAL CORD THRC	00208	55.45		APC	$3,079.34			
63056	T	DECOMPRESS SPINAL CORD LMBR	00208	55.45		APC	$3,079.34			
63057	N	DECOMPRESS SPINE CORD ADD-ON				Bundled, Sometimes Payable	$0.00			
63064	T	DECOMPRESS SPINAL CORD THRC	00208	55.45		APC	$3,079.34			
63066	N	DECOMPRESS SPINE CORD ADD-ON				Bundled, Sometimes Payable	$0.00			
63075	T	NECK SPINE DISK SURGERY	00208	55.45		APC	$3,079.34			
63076	N	NECK SPINE DISK SURGERY				Bundled, Sometimes Payable	$0.00			
63077	C	SPINE DISK SURGERY THORAX				Inpatient Only	$0.00			
63078	C	SPINE DISK SURGERY THORAX				Inpatient Only	$0.00			
63081	C	REMOVE VERT BODY DCMPRN CRVL				Inpatient Only	$0.00			
63082	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			
63085	C	REMOVE VERT BODY DCMPRN THRC				Inpatient Only	$0.00			
63086	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			
63087	C	REMOV VERTBR DCMPRN THRCLMBR				Inpatient Only	$0.00			
63088	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			
63090	C	REMOVE VERT BODY DCMPRN LMBR				Inpatient Only	$0.00			
63091	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			
63101	C	REMOVE VERT BODY DCMPRN THRC				Inpatient Only	$0.00			
63102	C	REMOVE VERT BODY DCMPRN LMBR				Inpatient Only	$0.00			
63103	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			
63170	C	INCISE SPINAL CORD TRACT(S)				Inpatient Only	$0.00			
63172	C	DRAINAGE OF SPINAL CYST				Inpatient Only	$0.00			
63173	C	DRAINAGE OF SPINAL CYST				Inpatient Only	$0.00			
63180	C	REVISE SPINAL CORD LIGAMENTS				Inpatient Only	$0.00			
63182	C	REVISE SPINAL CORD LIGAMENTS				Inpatient Only	$0.00			
63185	C	INCISE SPINE NRV HALF SEGMNT				Inpatient Only	$0.00			
63190	C	INCISE SPINE NRV >2 SEGMNTS				Inpatient Only	$0.00			
63191	C	INCISE SPINE ACCESSORY NERVE				Inpatient Only	$0.00			
63194	C	INCISE SPINE & CORD CERVICAL				Inpatient Only	$0.00			
63195	C	INCISE SPINE & CORD THORACIC				Inpatient Only	$0.00			
63196	C	INCISE SPINE&CORD 2 TRX CRVL				Inpatient Only	$0.00			
63197	C	INCISE SPINE&CORD 2 TRX THRC				Inpatient Only	$0.00			
63198	C	INCISE SPIN&CORD 2 STGS CRVL				Inpatient Only	$0.00			
63199	C	INCISE SPIN&CORD 2 STGS THRC				Inpatient Only	$0.00			
63200	C	RELEASE SPINAL CORD LUMBAR				Inpatient Only	$0.00			
63250	C	REVISE SPINAL CORD VSLS CRVL				Inpatient Only	$0.00			
63251	C	REVISE SPINAL CORD VSLS THRC				Inpatient Only	$0.00			
63252	C	REVISE SPINE CORD VSL THRLMB				Inpatient Only	$0.00			
63265	C	EXCISE INTRASPINL LESION CRV				Inpatient Only	$0.00			
63266	C	EXCISE INTRSPINL LESION THRC				Inpatient Only	$0.00			
63267	C	EXCISE INTRSPINL LESION LMBR				Inpatient Only	$0.00			
63268	C	EXCISE INTRSPINL LESION SCRL				Inpatient Only	$0.00			

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63270	C	EXCISE INTRSPINL LESION CRVL				Inpatient Only	$0.00			
63271	C	EXCISE INTRSPINL LESION THRC				Inpatient Only	$0.00			
63272	C	EXCISE INTRSPINL LESION LMBR				Inpatient Only	$0.00			
63273	C	EXCISE INTRSPINL LESION SCRL				Inpatient Only	$0.00			
63275	C	BX/EXC XDRL SPINE LESN CRVL				Inpatient Only	$0.00			
63276	C	BX/EXC XDRL SPINE LESN THRC				Inpatient Only	$0.00			
63277	C	BX/EXC XDRL SPINE LESN LMBR				Inpatient Only	$0.00			
63278	C	BX/EXC XDRL SPINE LESN SCRL				Inpatient Only	$0.00			
63280	C	BX/EXC IDRL SPINE LESN CRVL				Inpatient Only	$0.00			
63281	C	BX/EXC IDRL SPINE LESN THRC				Inpatient Only	$0.00			
63282	C	BX/EXC IDRL SPINE LESN LMBR				Inpatient Only	$0.00			
63283	C	BX/EXC IDRL SPINE LESN SCRL				Inpatient Only	$0.00			
63285	C	BX/EXC IDRL IMED LESN CERVL				Inpatient Only	$0.00			
63286	C	BX/EXC IDRL IMED LESN THRC				Inpatient Only	$0.00			
63287	C	BX/EXC IDRL IMED LESN THRLMB				Inpatient Only	$0.00			
63290	C	BX/EXC XDRL/IDRL LSN ANY LVL				Inpatient Only	$0.00			
63295	C	REPAIR LAMINECTOMY DEFECT				Inpatient Only	$0.00			
63300	C	REMOVE VERT XDRL BODY CRVCL				Inpatient Only	$0.00			
63301	C	REMOVE VERT XDRL BODY THRC				Inpatient Only	$0.00			
63302	C	REMOVE VERT XDRL BODY THRLMB				Inpatient Only	$0.00			
63303	C	REMOV VERT XDRL BDY LMBR/SAC				Inpatient Only	$0.00			
63304	C	REMOVE VERT IDRL BODY CRVCL				Inpatient Only	$0.00			
63305	C	REMOVE VERT IDRL BODY THRC				Inpatient Only	$0.00			
63306	C	REMOV VERT IDRL BDY THRCLMBR				Inpatient Only	$0.00			
63307	C	REMOV VERT IDRL BDY LMBR/SAC				Inpatient Only	$0.00			
63308	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			
63600	T	REMOVE SPINAL CORD LESION	00220	18.66		APC	$1,036.19			
63610	T	STIMULATION OF SPINAL CORD	00220	18.66		APC	$1,036.19			
63615	T	REMOVE LESION OF SPINAL CORD	00220	18.66		APC	$1,036.19			
63620	E	SRS SPINAL LESION				Not Allowed	$0.00			
63621	E	SRS SPINAL LESION ADDL				Not Allowed	$0.00			
63650	N	IMPLANT NEUROELECTRODES	00061	71.33		Bundled, Sometimes Payable	$3,960.87			
63655	N	IMPLANT NEUROELECTRODES	00039	230.6		Bundled, Sometimes Payable	$12,806.52			
63661	N	REMOVE SPINE ELTRD PERQ ARAY	00220	18.66		Bundled, Sometimes Payable	$1,036.19			
63662	N	REMOVE SPINE ELTRD PLATE	00688	28.7		Bundled, Sometimes Payable	$1,593.74			
63663	N	REVISE SPINE ELTRD PERQ ARAY	00061	71.33		Bundled, Sometimes Payable	$3,960.87			
63664	N	REVISE SPINE ELTRD PLATE	00061	71.33		Bundled, Sometimes Payable	$3,960.87			
63685	N	INSRT/REDO SPINE N GENERATOR	00318	352.7		Bundled, Sometimes Payable	$19,586.61			
63688	N	REVISE/REMOVE NEURORECEIVER	00688	28.7		Bundled, Sometimes Payable	$1,593.74			
63700	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	$0.00			
63702	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	$0.00			
63704	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	$0.00			
63706	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	$0.00			
63707	C	REPAIR SPINAL FLUID LEAKAGE				Inpatient Only	$0.00			
63709	C	REPAIR SPINAL FLUID LEAKAGE				Inpatient Only	$0.00			
63710	C	GRAFT REPAIR OF SPINE DEFECT				Inpatient Only	$0.00			
63740	C	INSTALL SPINAL SHUNT				Inpatient Only	$0.00			
63741	T	INSTALL SPINAL SHUNT	00221	39.74		APC	$2,206.69			
63744	T	REVISION OF SPINAL SHUNT	00221	39.74		APC	$2,206.69			
63746	N	REMOVAL OF SPINAL SHUNT	00203	19.82		Bundled, Sometimes Payable	$1,100.55			
64400	T	N BLOCK INJ TRIGEMINAL	00204	2.848		APC	$158.12			
64402	N	N BLOCK INJ FACIAL	00420	1.776		Bundled, Sometimes Payable	$98.63			
64405	T	N BLOCK INJ OCCIPITAL	00206	5.026		APC	$279.07			
64408	T	N BLOCK INJ VAGUS	00204	2.848		APC	$158.12			
64410	T	N BLOCK INJ PHRENIC	00204	2.848		APC	$158.12			
64412	T	N BLOCK INJ SPINAL ACCESSOR	00206	5.026		APC	$279.07			
64413	T	N BLOCK INJ CERVICAL PLEXUS	00206	5.026		APC	$279.07			
64415	T	N BLOCK INJ BRACHIAL PLEXUS	00206	5.026		APC	$279.07			
64416	T	N BLOCK CONT INFUSE B PLEX	00207	9.061		APC	$503.14			
64417	T	N BLOCK INJ AXILLARY	00206	5.026		APC	$279.07			
64418	T	N BLOCK INJ SUPRASCAPULAR	00206	5.026		APC	$279.07			
64420	T	N BLOCK INJ INTERCOST SNG	00206	5.026		APC	$279.07			
64421	T	N BLOCK INJ INTERCOST MLT	00207	9.061		APC	$503.14			
64425	T	N BLOCK INJ ILIO-ING/HYPOGI	00206	5.026		APC	$279.07			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
64430	T	N BLOCK INJ PUDENDAL	00207	9.061		APC	$503.14			
64435	T	N BLOCK INJ PARACERVICAL	00206	5.026		APC	$279.07			
64445	T	N BLOCK INJ SCIATIC SNG	00207	9.061		APC	$503.14			
64446	T	N BLK INJ SCIATIC CONT INF	00207	9.061		APC	$503.14			
64447	T	N BLOCK INJ FEM SINGLE	00206	5.026		APC	$279.07			
64448	T	N BLOCK INJ FEM CONT INF	00203	19.82		APC	$1,100.55			
64449	T	N BLOCK INJ LUMBAR PLEXUS	00207	9.061		APC	$503.14			
64450	T	N BLOCK OTHER PERIPHERAL	00206	5.026		APC	$279.07			
64455	T	N BLOCK INJ PLANTAR DIGIT	00204	2.848		APC	$158.12			
64479	T	INJ FORAMEN EPIDURAL C/T	00207	9.061		APC	$503.14			
64480	N	INJ FORAMEN EPIDURAL ADD-ON				Bundled, Sometimes Payable	$0.00			
64483	T	INJ FORAMEN EPIDURAL L/S	00207	9.061		APC	$503.14			
64484	N	INJ FORAMEN EPIDURAL ADD-ON				Bundled, Sometimes Payable	$0.00			
64486	N	TAP BLOCK UNIL BY INJECTION				Bundled, Sometimes Payable	$0.00			
64487	N	TAP BLOCK UNI BY INFUSION				Bundled, Sometimes Payable	$0.00			
64488	N	TAP BLOCK BI INJECTION				Bundled, Sometimes Payable	$0.00			
64489	N	TAP BLOCK BI BY INFUSION				Bundled, Sometimes Payable	$0.00			
64490	T	INJ PARAVERT F JNT C/T 1 LEV	00207	9.061		APC	$503.14			
64491	N	INJ PARAVERT F JNT C/T 2 LEV				Bundled, Sometimes Payable	$0.00			
64492	N	INJ PARAVERT F JNT C/T 3 LEV				Bundled, Sometimes Payable	$0.00			
64493	T	INJ PARAVERT F JNT L/S 1 LEV	00207	9.061		APC	$503.14			
64494	N	INJ PARAVERT F JNT L/S 2 LEV				Bundled, Sometimes Payable	$0.00			
64495	N	INJ PARAVERT F JNT L/S 3 LEV				Bundled, Sometimes Payable	$0.00			
64505	T	N BLOCK SPENOPALATINE GANGL	00204	2.848		APC	$158.12			
64508	T	N BLOCK CAROTID SINUS S/P	00204	2.848		APC	$158.12			
64510	T	N BLOCK STELLATE GANGLION	00207	9.061		APC	$503.14			
64517	T	N BLOCK INJ HYPOGAS PLXS	00207	9.061		APC	$503.14			
64520	T	N BLOCK LUMBAR/THORACIC	00207	9.061		APC	$503.14			
64530	T	N BLOCK INJ CELIAC PELUS	00207	9.061		APC	$503.14			
64550	M	APPLY NEUROSTIMULATOR				Fee Schedule	$9.40			
64553	N	IMPLANT NEUROELECTRODES	00061	71.33		Bundled, Sometimes Payable	$3,960.87			
64555	N	IMPLANT NEUROELECTRODES	00061	71.33		Bundled, Sometimes Payable	$3,960.87			
64561	N	IMPLANT NEUROELECTRODES	00061	71.33		Bundled, Sometimes Payable	$3,960.87			
64565	N	IMPLANT NEUROELECTRODES	00061	71.33		Bundled, Sometimes Payable	$3,960.87			
64566	T	NEUROELTRD STIM POST TIBIAL	00204	2.848		APC	$158.12			
64568	N	INC FOR VAGUS N ELECT IMPL	00318	352.7		Bundled, Sometimes Payable	$19,586.61			
64569	N	REVISE/REPL VAGUS N ELTRD	00061	71.33		Bundled, Sometimes Payable	$3,960.87			
64570	N	REMOVE VAGUS N ELTRD	00221	39.74		Bundled, Sometimes Payable	$2,206.69			
64575	N	IMPLANT NEUROELECTRODES	00061	71.33		Bundled, Sometimes Payable	$3,960.87			
64580	N	IMPLANT NEUROELECTRODES	00039	230.6		Bundled, Sometimes Payable	$12,806.52			
64581	N	IMPLANT NEUROELECTRODES	00061	71.33		Bundled, Sometimes Payable	$3,960.87			
64585	N	REVISE/REMOVE NEUROELECTRODE	00688	28.7		Bundled, Sometimes Payable	$1,593.74			
64590	N	INSRT/REDO PN/GASTR STIMUL	00039	230.6		Bundled, Sometimes Payable	$12,806.52			
64595	N	REVISE/RMV PN/GASTR STIMUL	00688	28.7		Bundled, Sometimes Payable	$1,593.74			
64600	T	INJECTION TREATMENT OF NERVE	00203	19.82		APC	$1,100.55			
64605	T	INJECTION TREATMENT OF NERVE	00220	18.66		APC	$1,036.19			
64610	T	INJECTION TREATMENT OF NERVE	00220	18.66		APC	$1,036.19			
64611	T	CHEMODENERV SALIV GLANDS	00204	2.848		APC	$158.12			
64612	T	DESTROY NERVE FACE MUSCLE	00204	2.848		APC	$158.12			
64615	T	CHEMODENERV MUSC MIGRAINE	00204	2.848		APC	$158.12			
64616	T	CHEMODENERV MUSC NECK DYSTON	00206	5.026		APC	$279.07			
64617	T	CHEMODENER MUSCLE LARYNX EMG	00206	5.026		APC	$279.07			
64620	T	INJECTION TREATMENT OF NERVE	00203	19.82		APC	$1,100.55			
64630	T	INJECTION TREATMENT OF NERVE	00207	9.061		APC	$503.14			
64632	T	N BLOCK INJ COMMON DIGIT	00204	2.848		APC	$158.12			
64633	T	DESTROY CERV/THOR FACET JNT	00203	19.82		APC	$1,100.55			
64634	N	DESTROY C/TH FACET JNT ADDL				Bundled, Sometimes Payable	$0.00			
64635	T	DESTROY LUMB/SAC FACET JNT	00203	19.82		APC	$1,100.55			
64636	N	DESTROY L/S FACET JNT ADDL				Bundled, Sometimes Payable	$0.00			
64640	T	INJECTION TREATMENT OF NERVE	00207	9.061		APC	$503.14			
64642	T	CHEMODENERV 1 EXTREMITY 1-4	00206	5.026		APC	$279.07			
64643	N	CHEMODENERV 1 EXTREM 1-4 EA				Bundled, Sometimes Payable	$0.00			
64644	T	CHEMODENERV 1 EXTREM 5/> MUS	00206	5.026		APC	$279.07			
64645	N	CHEMODENERV 1 EXTREM 5/> EA				Bundled, Sometimes Payable	$0.00			

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64646	T	CHEMODENERV TRUNK MUSC 1-5	00206	5.026		APC	$279.07			
64647	T	CHEMODENERV TRUNK MUSC 6/>	00206	5.026		APC	$279.07			
64650	T	CHEMODENERV ECCRINE GLANDS	00204	2.848		APC	$158.12			
64653	T	CHEMODENERV ECCRINE GLANDS	00204	2.848		APC	$158.12			
64680	T	INJECTION TREATMENT OF NERVE	00203	19.82		APC	$1,100.55			
64681	T	INJECTION TREATMENT OF NERVE	00207	9.061		APC	$503.14			
64702	T	REVISE FINGER/TOE NERVE	00220	18.66		APC	$1,036.19			
64704	T	REVISE HAND/FOOT NERVE	00220	18.66		APC	$1,036.19			
64708	T	REVISE ARM/LEG NERVE	00220	18.66		APC	$1,036.19			
64712	T	REVISION OF SCIATIC NERVE	00220	18.66		APC	$1,036.19			
64713	T	REVISION OF ARM NERVE(S)	00220	18.66		APC	$1,036.19			
64714	T	REVISE LOW BACK NERVE(S)	00220	18.66		APC	$1,036.19			
64716	T	REVISION OF CRANIAL NERVE	00220	18.66		APC	$1,036.19			
64718	T	REVISE ULNAR NERVE AT ELBOW	00220	18.66		APC	$1,036.19			
64719	T	REVISE ULNAR NERVE AT WRIST	00220	18.66		APC	$1,036.19			
64721	T	CARPAL TUNNEL SURGERY	00220	18.66		APC	$1,036.19			
64722	T	RELIEVE PRESSURE ON NERVE(S)	00220	18.66		APC	$1,036.19			
64726	T	RELEASE FOOT/TOE NERVE	00220	18.66		APC	$1,036.19			
64727	N	INTERNAL NERVE REVISION				Bundled, Sometimes Payable	$0.00			
64732	T	INCISION OF BROW NERVE	00220	18.66		APC	$1,036.19			
64734	T	INCISION OF CHEEK NERVE	00220	18.66		APC	$1,036.19			
64736	T	INCISION OF CHIN NERVE	00220	18.66		APC	$1,036.19			
64738	T	INCISION OF JAW NERVE	00220	18.66		APC	$1,036.19			
64740	T	INCISION OF TONGUE NERVE	00220	18.66		APC	$1,036.19			
64742	T	INCISION OF FACIAL NERVE	00220	18.66		APC	$1,036.19			
64744	T	INCISE NERVE BACK OF HEAD	00220	18.66		APC	$1,036.19			
64746	T	INCISE DIAPHRAGM NERVE	00220	18.66		APC	$1,036.19			
64755	C	INCISION OF STOMACH NERVES				Inpatient Only	$0.00			
64760	C	INCISION OF VAGUS NERVE				Inpatient Only	$0.00			
64763	T	INCISE HIP/THIGH NERVE	00220	18.66		APC	$1,036.19			
64766	T	INCISE HIP/THIGH NERVE	00221	39.74		APC	$2,206.69			
64771	T	SEVER CRANIAL NERVE	00220	18.66		APC	$1,036.19			
64772	T	INCISION OF SPINAL NERVE	00220	18.66		APC	$1,036.19			
64774	T	REMOVE SKIN NERVE LESION	00220	18.66		APC	$1,036.19			
64776	T	REMOVE DIGIT NERVE LESION	00220	18.66		APC	$1,036.19			
64778	N	DIGIT NERVE SURGERY ADD-ON				Bundled, Sometimes Payable	$0.00			
64782	T	REMOVE LIMB NERVE LESION	00220	18.66		APC	$1,036.19			
64783	N	LIMB NERVE SURGERY ADD-ON				Bundled, Sometimes Payable	$0.00			
64784	T	REMOVE NERVE LESION	00220	18.66		APC	$1,036.19			
64786	T	REMOVE SCIATIC NERVE LESION	00221	39.74		APC	$2,206.69			
64787	N	IMPLANT NERVE END				Bundled, Sometimes Payable	$0.00			
64788	T	REMOVE SKIN NERVE LESION	00220	18.66		APC	$1,036.19			
64790	T	REMOVAL OF NERVE LESION	00220	18.66		APC	$1,036.19			
64792	T	REMOVAL OF NERVE LESION	00221	39.74		APC	$2,206.69			
64795	T	BIOPSY OF NERVE	00220	18.66		APC	$1,036.19			
64802	T	SYMPATHECTOMY CERVICAL	00220	18.66		APC	$1,036.19			
64804	T	REMOVE SYMPATHETIC NERVES	00220	18.66		APC	$1,036.19			
64809	C	REMOVE SYMPATHETIC NERVES				Inpatient Only	$0.00			
64818	C	REMOVE SYMPATHETIC NERVES				Inpatient Only	$0.00			
64820	T	SYMPATHECTOMY DIGITAL ARTERY	00220	18.66		APC	$1,036.19			
64821	T	REMOVE SYMPATHETIC NERVES	00054	29.8		APC	$1,654.61			
64822	T	REMOVE SYMPATHETIC NERVES	00054	29.8		APC	$1,654.61			
64823	T	SYMPATHECTOMY SUPFC PALMAR	00054	29.8		APC	$1,654.61			
64831	T	REPAIR OF DIGIT NERVE	00221	39.74		APC	$2,206.69			
64832	N	REPAIR NERVE ADD-ON				Bundled, Sometimes Payable	$0.00			
64834	T	REPAIR OF HAND OR FOOT NERVE	00221	39.74		APC	$2,206.69			
64835	T	REPAIR OF HAND OR FOOT NERVE	00221	39.74		APC	$2,206.69			
64836	T	REPAIR OF HAND OR FOOT NERVE	00221	39.74		APC	$2,206.69			
64837	N	REPAIR NERVE ADD-ON				Bundled, Sometimes Payable	$0.00			
64840	T	REPAIR OF LEG NERVE	00221	39.74		APC	$2,206.69			
64856	T	REPAIR/TRANSPOSE NERVE	00221	39.74		APC	$2,206.69			
64857	T	REPAIR ARM/LEG NERVE	00221	39.74		APC	$2,206.69			
64858	T	REPAIR SCIATIC NERVE	00221	39.74		APC	$2,206.69			
64859	N	NERVE SURGERY				Bundled, Sometimes Payable	$0.00			

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64861	T	REPAIR OF ARM NERVES	00221	39.74		APC	$2,206.69			
64862	T	REPAIR OF LOW BACK NERVES	00221	39.74		APC	$2,206.69			
64864	T	REPAIR OF FACIAL NERVE	00221	39.74		APC	$2,206.69			
64865	T	REPAIR OF FACIAL NERVE	00221	39.74		APC	$2,206.69			
64866	C	FUSION OF FACIAL/OTHER NERVE				Inpatient Only	$0.00			
64868	C	FUSION OF FACIAL/OTHER NERVE				Inpatient Only	$0.00			
64872	N	SUBSEQUENT REPAIR OF NERVE				Bundled, Sometimes Payable	$0.00			
64874	N	REPAIR & REVISE NERVE ADD-ON				Bundled, Sometimes Payable	$0.00			
64876	N	REPAIR NERVE/SHORTEN BONE				Bundled, Sometimes Payable	$0.00			
64885	T	NERVE GRAFT HEAD/NECK </4 CM	00221	39.74		APC	$2,206.69			
64886	T	NERVE GRAFT HEAD/NECK >4 CM	00221	39.74		APC	$2,206.69			
64890	T	NERVE GRAFT HAND/FOOT </4 CM	00221	39.74		APC	$2,206.69			
64891	T	NERVE GRAFT HAND/FOOT >4 CM	00221	39.74		APC	$2,206.69			
64892	T	NERVE GRAFT ARM/LEG <4 CM	00221	39.74		APC	$2,206.69			
64893	T	NERVE GRAFT ARM/LEG >4 CM	00221	39.74		APC	$2,206.69			
64895	T	NERVE GRAFT HAND/FOOT </4 CM	00221	39.74		APC	$2,206.69			
64896	T	NERVE GRAFT HAND/FOOT >4 CM	00221	39.74		APC	$2,206.69			
64897	T	NERVE GRAFT ARM/LEG </4 CM	00221	39.74		APC	$2,206.69			
64898	T	NERVE GRAFT ARM/LEG >4 CM	00221	39.74		APC	$2,206.69			
64901	N	NERVE GRAFT ADD-ON				Bundled, Sometimes Payable	$0.00			
64902	N	NERVE GRAFT ADD-ON				Bundled, Sometimes Payable	$0.00			
64905	T	NERVE PEDICLE TRANSFER	00221	39.74		APC	$2,206.69			
64907	T	NERVE PEDICLE TRANSFER	00221	39.74		APC	$2,206.69			
64910	T	NERVE REPAIR W/ALLOGRAFT	00221	39.74		APC	$2,206.69			
64911	T	NEURORRAPHY W/VEIN AUTOGRAFT	00221	39.74		APC	$2,206.69			
64999	T	NERVOUS SYSTEM SURGERY	00204	2.848		APC	$158.12			
65091	T	REVISE EYE	00240	20.69		APC	$1,148.94			
65093	T	REVISE EYE WITH IMPLANT	00242	35.97		APC	$1,997.41			
65101	T	REMOVAL OF EYE	00242	35.97		APC	$1,997.41			
65103	T	REMOVE EYE/INSERT IMPLANT	00242	35.97		APC	$1,997.41			
65105	T	REMOVE EYE/ATTACH IMPLANT	00242	35.97		APC	$1,997.41			
65110	T	REMOVAL OF EYE	00242	35.97		APC	$1,997.41			
65112	T	REMOVE EYE/REVISE SOCKET	00242	35.97		APC	$1,997.41			
65114	T	REMOVE EYE/REVISE SOCKET	00242	35.97		APC	$1,997.41			
65125	T	REVISE OCULAR IMPLANT	00240	20.69		APC	$1,148.94			
65130	T	INSERT OCULAR IMPLANT	00242	35.97		APC	$1,997.41			
65135	T	INSERT OCULAR IMPLANT	00242	35.97		APC	$1,997.41			
65140	T	ATTACH OCULAR IMPLANT	00242	35.97		APC	$1,997.41			
65150	T	REVISE OCULAR IMPLANT	00240	20.69		APC	$1,148.94			
65155	T	REINSERT OCULAR IMPLANT	00242	35.97		APC	$1,997.41			
65175	T	REMOVAL OF OCULAR IMPLANT	00240	20.69		APC	$1,148.94			
65205	N	REMOVE FOREIGN BODY FROM EYE	00698	1.36		Bundled, Sometimes Payable	$75.50			
65210	N	REMOVE FOREIGN BODY FROM EYE	00698	1.36		Bundled, Sometimes Payable	$75.50			
65220	N	REMOVE FOREIGN BODY FROM EYE	00698	1.36		Bundled, Sometimes Payable	$75.50			
65222	N	REMOVE FOREIGN BODY FROM EYE	00698	1.36		Bundled, Sometimes Payable	$75.50			
65235	T	REMOVE FOREIGN BODY FROM EYE	00233	23.63		APC	$1,312.11			
65260	S	REMOVE FOREIGN BODY FROM EYE	00231	4.239		APC	$235.39			
65265	T	REMOVE FOREIGN BODY FROM EYE	00233	23.63		APC	$1,312.11			
65270	T	REPAIR OF EYE WOUND	00240	20.69		APC	$1,148.94			
65272	T	REPAIR OF EYE WOUND	00240	20.69		APC	$1,148.94			
65273	C	REPAIR OF EYE WOUND				Inpatient Only	$0.00			
65275	T	REPAIR OF EYE WOUND	00242	35.97		APC	$1,997.41			
65280	T	REPAIR OF EYE WOUND	00233	23.63		APC	$1,312.11			
65285	T	REPAIR OF EYE WOUND	00233	23.63		APC	$1,312.11			
65286	T	REPAIR OF EYE WOUND	00255	10.14		APC	$563.12			
65290	T	REPAIR OF EYE SOCKET WOUND	00240	20.69		APC	$1,148.94			
65400	T	REMOVAL OF EYE LESION	00239	9.46		APC	$525.30			
65410	T	BIOPSY OF CORNEA	00239	9.46		APC	$525.30			
65420	T	REMOVAL OF EYE LESION	00240	20.69		APC	$1,148.94			
65426	T	REMOVAL OF EYE LESION	00240	20.69		APC	$1,148.94			
65430	N	CORNEAL SMEAR	00698	1.36		Bundled, Sometimes Payable	$75.50			
65435	T	CURETTE/TREAT CORNEA	00239	9.46		APC	$525.30			
65436	T	CURETTE/TREAT CORNEA	00240	20.69		APC	$1,148.94			
65450	T	TREATMENT OF CORNEAL LESION	00238	4.022		APC	$223.36			

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65600	T	REVISION OF CORNEA	00240	20.69		APC	$1,148.94			
65710	T	CORNEAL TRANSPLANT	00673	42.1		APC	$2,337.72			
65730	T	CORNEAL TRANSPLANT	00673	42.1		APC	$2,337.72			
65750	T	CORNEAL TRANSPLANT	00673	42.1		APC	$2,337.72			
65755	T	CORNEAL TRANSPLANT	00673	42.1		APC	$2,337.72			
65756	T	CORNEAL TRNSPL ENDOTHELIAL	00673	42.1		APC	$2,337.72			
65757	N	PREP CORNEAL ENDO ALLOGRAFT				Bundled, Sometimes Payable	$0.00			
65760	E	REVISION OF CORNEA				Not Allowed	$0.00			
65765	E	REVISION OF CORNEA				Not Allowed	$0.00			
65767	E	CORNEAL TISSUE TRANSPLANT				Not Allowed	$0.00			
65770	N	REVISE CORNEA WITH IMPLANT	00293	113.9		Bundled, Sometimes Payable	$6,326.02			
65771	E	RADIAL KERATOTOMY				Not Allowed	$0.00			
65772	T	CORRECTION OF ASTIGMATISM	00239	9.46		APC	$525.30			
65775	T	CORRECTION OF ASTIGMATISM	00240	20.69		APC	$1,148.94			
65778	N	COVER EYE W/MEMBRANE	00239	9.46		Bundled, Sometimes Payable	$525.30			
65779	T	COVER EYE W/MEMBRANE SUTURE	00242	35.97		APC	$1,997.41			
65780	T	OCULAR RECONST TRANSPLANT	00242	35.97		APC	$1,997.41			
65781	T	OCULAR RECONST TRANSPLANT	00673	42.1		APC	$2,337.72			
65782	T	OCULAR RECONST TRANSPLANT	00242	35.97		APC	$1,997.41			
65800	S	DRAINAGE OF EYE	00231	4.239		APC	$235.39			
65810	T	DRAINAGE OF EYE	00233	23.63		APC	$1,312.11			
65815	T	DRAINAGE OF EYE	00233	23.63		APC	$1,312.11			
65820	T	RELIEVE INNER EYE PRESSURE	00233	23.63		APC	$1,312.11			
65850	T	INCISION OF EYE	00233	23.63		APC	$1,312.11			
65855	T	LASER SURGERY OF EYE	00247	5.981		APC	$332.12			
65860	T	INCISE INNER EYE ADHESIONS	00247	5.981		APC	$332.12			
65865	T	INCISE INNER EYE ADHESIONS	00233	23.63		APC	$1,312.11			
65870	T	INCISE INNER EYE ADHESIONS	00233	23.63		APC	$1,312.11			
65875	T	INCISE INNER EYE ADHESIONS	00233	23.63		APC	$1,312.11			
65880	T	INCISE INNER EYE ADHESIONS	00233	23.63		APC	$1,312.11			
65900	T	REMOVE EYE LESION	00233	23.63		APC	$1,312.11			
65920	T	REMOVE IMPLANT OF EYE	00233	23.63		APC	$1,312.11			
65930	T	REMOVE BLOOD CLOT FROM EYE	00233	23.63		APC	$1,312.11			
66020	T	INJECTION TREATMENT OF EYE	00255	10.14		APC	$563.12			
66030	T	INJECTION TREATMENT OF EYE	00255	10.14		APC	$563.12			
66130	T	REMOVE EYE LESION	00240	20.69		APC	$1,148.94			
66150	T	GLAUCOMA SURGERY	00233	23.63		APC	$1,312.11			
66155	T	GLAUCOMA SURGERY	00233	23.63		APC	$1,312.11			
66160	T	GLAUCOMA SURGERY	00233	23.63		APC	$1,312.11			
66170	T	GLAUCOMA SURGERY	00233	23.63		APC	$1,312.11			
66172	T	INCISION OF EYE	00233	23.63		APC	$1,312.11			
66174	T	TRANSLUM DIL EYE CANAL	00673	42.1		APC	$2,337.72			
66175	T	TRNSLUM DIL EYE CANAL W/STNT	00673	42.1		APC	$2,337.72			
66179	T	AQUEOUS SHUNT EYE W/O GRAFT	00673	42.1		APC	$2,337.72			
66180	T	AQUEOUS SHUNT EYE W/GRAFT	00673	42.1		APC	$2,337.72			
66183	T	INSERT ANT DRAINAGE DEVICE	00673	42.1		APC	$2,337.72			
66184	T	REVISION OF AQUEOUS SHUNT	00233	23.63		APC	$1,312.11			
66185	T	REVISE AQUEOUS SHUNT EYE	00233	23.63		APC	$1,312.11			
66220	T	REPAIR EYE LESION	00233	23.63		APC	$1,312.11			
66225	T	REPAIR/GRAFT EYE LESION	00233	23.63		APC	$1,312.11			
66250	T	FOLLOW-UP SURGERY OF EYE	00233	23.63		APC	$1,312.11			
66500	S	INCISION OF IRIS	00231	4.239		APC	$235.39			
66505	T	INCISION OF IRIS	00255	10.14		APC	$563.12			
66600	T	REMOVE IRIS AND LESION	00233	23.63		APC	$1,312.11			
66605	T	REMOVAL OF IRIS	00673	42.1		APC	$2,337.72			
66625	T	REMOVAL OF IRIS	00255	10.14		APC	$563.12			
66630	T	REMOVAL OF IRIS	00255	10.14		APC	$563.12			
66635	T	REMOVAL OF IRIS	00233	23.63		APC	$1,312.11			
66680	T	REPAIR IRIS & CILIARY BODY	00233	23.63		APC	$1,312.11			
66682	T	REPAIR IRIS & CILIARY BODY	00233	23.63		APC	$1,312.11			
66700	T	DESTRUCTION CILIARY BODY	00255	10.14		APC	$563.12			
66710	T	CILIARY TRANSSLERAL THERAPY	00240	20.69		APC	$1,148.94			
66711	T	CILIARY ENDOSCOPIC ABLATION	00233	23.63		APC	$1,312.11			
66720	T	DESTRUCTION CILIARY BODY	00240	20.69		APC	$1,148.94			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
66740	T	DESTRUCTION CILIARY BODY	00240	20.69		APC	$1,148.94			
66761	T	REVISION OF IRIS	00247	5.981		APC	$332.12			
66762	T	REVISION OF IRIS	00247	5.981		APC	$332.12			
66770	T	REMOVAL OF INNER EYE LESION	00247	5.981		APC	$332.12			
66820	S	INCISION SECONDARY CATARACT	00231	4.239		APC	$235.39			
66821	T	AFTER CATARACT LASER SURGERY	00247	5.981		APC	$332.12			
66825	T	REPOSITION INTRAOCULAR LENS	00233	23.63		APC	$1,312.11			
66830	T	REMOVAL OF LENS LESION	00233	23.63		APC	$1,312.11			
66840	T	REMOVAL OF LENS MATERIAL	00233	23.63		APC	$1,312.11			
66850	T	REMOVAL OF LENS MATERIAL	00233	23.63		APC	$1,312.11			
66852	T	REMOVAL OF LENS MATERIAL	00673	42.1		APC	$2,337.72			
66920	T	EXTRACTION OF LENS	00233	23.63		APC	$1,312.11			
66930	T	EXTRACTION OF LENS	00233	23.63		APC	$1,312.11			
66940	T	EXTRACTION OF LENS	00255	10.14		APC	$563.12			
66982	T	CATARACT SURGERY COMPLEX	00233	23.63		APC	$1,312.11			
66983	T	CATARACT SURG W/IOL 1 STAGE	00233	23.63		APC	$1,312.11			
66984	T	CATARACT SURG W/IOL 1 STAGE	00233	23.63		APC	$1,312.11			
66985	T	INSERT LENS PROSTHESIS	00233	23.63		APC	$1,312.11			
66986	T	EXCHANGE LENS PROSTHESIS	00233	23.63		APC	$1,312.11			
66990	N	OPHTHALMIC ENDOSCOPE ADD-ON				Bundled, Sometimes Payable	$0.00			
66999	T	EYE SURGERY PROCEDURE	00255	10.14		APC	$563.12			
67005	T	PARTIAL REMOVAL OF EYE FLUID	00233	23.63		APC	$1,312.11			
67010	T	PARTIAL REMOVAL OF EYE FLUID	00233	23.63		APC	$1,312.11			
67015	T	RELEASE OF EYE FLUID	00233	23.63		APC	$1,312.11			
67025	T	REPLACE EYE FLUID	00233	23.63		APC	$1,312.11			
67027	T	IMPLANT EYE DRUG SYSTEM	00673	42.1		APC	$2,337.72			
67028	S	INJECTION EYE DRUG	00231	4.239		APC	$235.39			
67030	T	INCISE INNER EYE STRANDS	00233	23.63		APC	$1,312.11			
67031	T	LASER SURGERY EYE STRANDS	00247	5.981		APC	$332.12			
67036	T	REMOVAL OF INNER EYE FLUID	00673	42.1		APC	$2,337.72			
67039	T	LASER TREATMENT OF RETINA	00673	42.1		APC	$2,337.72			
67040	T	LASER TREATMENT OF RETINA	00673	42.1		APC	$2,337.72			
67041	T	VIT FOR MACULAR PUCKER	00673	42.1		APC	$2,337.72			
67042	T	VIT FOR MACULAR HOLE	00673	42.1		APC	$2,337.72			
67043	T	VIT FOR MEMBRANE DISSECT	00673	42.1		APC	$2,337.72			
67101	T	REPAIR DETACHED RETINA	00233	23.63		APC	$1,312.11			
67105	T	REPAIR DETACHED RETINA	00247	5.981		APC	$332.12			
67107	T	REPAIR DETACHED RETINA	00673	42.1		APC	$2,337.72			
67108	T	REPAIR DETACHED RETINA	00673	42.1		APC	$2,337.72			
67110	T	REPAIR DETACHED RETINA	00233	23.63		APC	$1,312.11			
67112	T	REREPAIR DETACHED RETINA	00673	42.1		APC	$2,337.72			
67113	T	REPAIR RETINAL DETACH CPLX	00673	42.1		APC	$2,337.72			
67115	T	RELEASE ENCIRCLING MATERIAL	00233	23.63		APC	$1,312.11			
67120	T	REMOVE EYE IMPLANT MATERIAL	00233	23.63		APC	$1,312.11			
67121	T	REMOVE EYE IMPLANT MATERIAL	00673	42.1		APC	$2,337.72			
67141	T	TREATMENT OF RETINA	00238	4.022		APC	$223.36			
67145	T	TREATMENT OF RETINA	00247	5.981		APC	$332.12			
67208	T	TREATMENT OF RETINAL LESION	00238	4.022		APC	$223.36			
67210	T	TREATMENT OF RETINAL LESION	00247	5.981		APC	$332.12			
67218	T	TREATMENT OF RETINAL LESION	00240	20.69		APC	$1,148.94			
67220	T	TREATMENT OF CHOROID LESION	00247	5.981		APC	$332.12			
67221	T	OCULAR PHOTODYNAMIC THER	00247	5.981		APC	$332.12			
67225	N	EYE PHOTODYNAMIC THER ADD-ON				Bundled, Sometimes Payable	$0.00			
67227	T	TREATMENT OF RETINAL LESION	00242	35.97		APC	$1,997.41			
67228	T	TREATMENT OF RETINAL LESION	00247	5.981		APC	$332.12			
67229	T	TR RETINAL LES PRETERM INF	00247	5.981		APC	$332.12			
67250	T	REINFORCE EYE WALL	00240	20.69		APC	$1,148.94			
67255	T	REINFORCE/GRAFT EYE WALL	00233	23.63		APC	$1,312.11			
67299	T	EYE SURGERY PROCEDURE	00255	10.14		APC	$563.12			
67311	T	REVISE EYE MUSCLE	00240	20.69		APC	$1,148.94			
67312	T	REVISE TWO EYE MUSCLES	00240	20.69		APC	$1,148.94			
67314	T	REVISE EYE MUSCLE	00240	20.69		APC	$1,148.94			
67316	T	REVISE TWO EYE MUSCLES	00240	20.69		APC	$1,148.94			
67318	T	REVISE EYE MUSCLE(S)	00240	20.69		APC	$1,148.94			

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67320	N	REVISE EYE MUSCLE(S) ADD-ON				Bundled, Sometimes Payable	$0.00			
67331	N	EYE SURGERY FOLLOW-UP ADD-ON				Bundled, Sometimes Payable	$0.00			
67332	N	REREVISE EYE MUSCLES ADD-ON				Bundled, Sometimes Payable	$0.00			
67334	N	REVISE EYE MUSCLE W/SUTURE				Bundled, Sometimes Payable	$0.00			
67335	N	EYE SUTURE DURING SURGERY				Bundled, Sometimes Payable	$0.00			
67340	N	REVISE EYE MUSCLE ADD-ON				Bundled, Sometimes Payable	$0.00			
67343	T	RELEASE EYE TISSUE	00240	20.69		APC	$1,148.94			
67345	T	DESTROY NERVE OF EYE MUSCLE	00238	4.022		APC	$223.36			
67346	T	BIOPSY EYE MUSCLE	00240	20.69		APC	$1,148.94			
67399	T	UNLISTED PX EXTRAOCULAR MUSC	00240	20.69		APC	$1,148.94			
67400	T	EXPLORE/BIOPSY EYE SOCKET	00242	35.97		APC	$1,997.41			
67405	T	EXPLORE/DRAIN EYE SOCKET	00240	20.69		APC	$1,148.94			
67412	T	EXPLORE/TREAT EYE SOCKET	00240	20.69		APC	$1,148.94			
67413	T	EXPLORE/TREAT EYE SOCKET	00240	20.69		APC	$1,148.94			
67414	T	EXPLR/DECOMPRESS EYE SOCKET	00242	35.97		APC	$1,997.41			
67415	T	ASPIRATION ORBITAL CONTENTS	00240	20.69		APC	$1,148.94			
67420	T	EXPLORE/TREAT EYE SOCKET	00242	35.97		APC	$1,997.41			
67430	T	EXPLORE/TREAT EYE SOCKET	00242	35.97		APC	$1,997.41			
67440	T	EXPLORE/DRAIN EYE SOCKET	00242	35.97		APC	$1,997.41			
67445	T	EXPLR/DECOMPRESS EYE SOCKET	00242	35.97		APC	$1,997.41			
67450	T	EXPLORE/BIOPSY EYE SOCKET	00242	35.97		APC	$1,997.41			
67500	T	INJECT/TREAT EYE SOCKET	00238	4.022		APC	$223.36			
67505	T	INJECT/TREAT EYE SOCKET	00238	4.022		APC	$223.36			
67515	T	INJECT/TREAT EYE SOCKET	00238	4.022		APC	$223.36			
67550	T	INSERT EYE SOCKET IMPLANT	00242	35.97		APC	$1,997.41			
67560	T	REVISE EYE SOCKET IMPLANT	00240	20.69		APC	$1,148.94			
67570	T	DECOMPRESS OPTIC NERVE	00240	20.69		APC	$1,148.94			
67599	T	ORBIT SURGERY PROCEDURE	00238	4.022		APC	$223.36			
67700	T	DRAINAGE OF EYELID ABSCESS	00238	4.022		APC	$223.36			
67710	T	INCISION OF EYELID	00239	9.46		APC	$525.30			
67715	T	INCISION OF EYELID FOLD	00240	20.69		APC	$1,148.94			
67800	T	REMOVE EYELID LESION	00238	4.022		APC	$223.36			
67801	T	REMOVE EYELID LESIONS	00239	9.46		APC	$525.30			
67805	T	REMOVE EYELID LESIONS	00238	4.022		APC	$223.36			
67808	T	REMOVE EYELID LESION(S)	00240	20.69		APC	$1,148.94			
67810	T	BIOPSY EYELID & LID MARGIN	00238	4.022		APC	$223.36			
67820	N	REVISE EYELASHES	00698	1.36		Bundled, Sometimes Payable	$75.50			
67825	T	REVISE EYELASHES	00238	4.022		APC	$223.36			
67830	T	REVISE EYELASHES	00239	9.46		APC	$525.30			
67835	T	REVISE EYELASHES	00240	20.69		APC	$1,148.94			
67840	T	REMOVE EYELID LESION	00239	9.46		APC	$525.30			
67850	T	TREAT EYELID LESION	00239	9.46		APC	$525.30			
67875	T	CLOSURE OF EYELID BY SUTURE	00239	9.46		APC	$525.30			
67880	T	REVISION OF EYELID	00240	20.69		APC	$1,148.94			
67882	T	REVISION OF EYELID	00240	20.69		APC	$1,148.94			
67900	T	REPAIR BROW DEFECT	00240	20.69		APC	$1,148.94			Y
67901	T	REPAIR EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67902	T	REPAIR EYELID DEFECT	00242	35.97		APC	$1,997.41			Y
67903	T	REPAIR EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67904	T	REPAIR EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67906	T	REPAIR EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67908	T	REPAIR EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67909	T	REVISE EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67911	T	REVISE EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67912	T	CORRECTION EYELID W/IMPLANT	00240	20.69		APC	$1,148.94			
67914	T	REPAIR EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67915	T	REPAIR EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67916	T	REPAIR EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67917	T	REPAIR EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67921	T	REPAIR EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67922	T	REPAIR EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67923	T	REPAIR EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67924	T	REPAIR EYELID DEFECT	00240	20.69		APC	$1,148.94			Y
67930	T	REPAIR EYELID WOUND	00240	20.69		APC	$1,148.94			

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67935	T	REPAIR EYELID WOUND	00240	20.69		APC	$1,148.94			
67938	T	REMOVE EYELID FOREIGN BODY	00238	4.022		APC	$223.36			
67950	T	REVISION OF EYELID	00240	20.69		APC	$1,148.94			
67961	T	REVISION OF EYELID	00240	20.69		APC	$1,148.94			
67966	T	REVISION OF EYELID	00240	20.69		APC	$1,148.94			
67971	T	RECONSTRUCTION OF EYELID	00240	20.69		APC	$1,148.94			
67973	T	RECONSTRUCTION OF EYELID	00240	20.69		APC	$1,148.94			
67974	T	RECONSTRUCTION OF EYELID	00240	20.69		APC	$1,148.94			
67975	T	RECONSTRUCTION OF EYELID	00240	20.69		APC	$1,148.94			
67999	T	REVISION OF EYELID	00238	4.022		APC	$223.36			
68020	T	INCISE/DRAIN EYELID LINING	00239	9.46		APC	$525.30			
68040	T	TREATMENT OF EYELID LESIONS	00238	4.022		APC	$223.36			
68100	T	BIOPSY OF EYELID LINING	00239	9.46		APC	$525.30			
68110	T	REMOVE EYELID LINING LESION	00240	20.69		APC	$1,148.94			
68115	T	REMOVE EYELID LINING LESION	00240	20.69		APC	$1,148.94			
68130	T	REMOVE EYELID LINING LESION	00240	20.69		APC	$1,148.94			
68135	T	REMOVE EYELID LINING LESION	00240	20.69		APC	$1,148.94			
68200	N	TREAT EYELID BY INJECTION	00698	1.36		Bundled, Sometimes Payable	$75.50			
68320	T	REVISE/GRAFT EYELID LINING	00240	20.69		APC	$1,148.94			
68325	T	REVISE/GRAFT EYELID LINING	00242	35.97		APC	$1,997.41			
68326	T	REVISE/GRAFT EYELID LINING	00242	35.97		APC	$1,997.41			
68328	T	REVISE/GRAFT EYELID LINING	00240	20.69		APC	$1,148.94			
68330	T	REVISE EYELID LINING	00233	23.63		APC	$1,312.11			
68335	T	REVISE/GRAFT EYELID LINING	00242	35.97		APC	$1,997.41			
68340	T	SEPARATE EYELID ADHESIONS	00240	20.69		APC	$1,148.94			
68360	T	REVISE EYELID LINING	00242	35.97		APC	$1,997.41			
68362	T	REVISE EYELID LINING	00240	20.69		APC	$1,148.94			
68371	T	HARVEST EYE TISSUE ALOGRAFT	00240	20.69		APC	$1,148.94			
68399	T	EYELID LINING SURGERY	00238	4.022		APC	$223.36			
68400	T	INCISE/DRAIN TEAR GLAND	00239	9.46		APC	$525.30			
68420	T	INCISE/DRAIN TEAR SAC	00239	9.46		APC	$525.30			
68440	T	INCISE TEAR DUCT OPENING	00238	4.022		APC	$223.36			
68500	T	REMOVAL OF TEAR GLAND	00242	35.97		APC	$1,997.41			
68505	T	PARTIAL REMOVAL TEAR GLAND	00240	20.69		APC	$1,148.94			
68510	T	BIOPSY OF TEAR GLAND	00240	20.69		APC	$1,148.94			
68520	T	REMOVAL OF TEAR SAC	00242	35.97		APC	$1,997.41			
68525	T	BIOPSY OF TEAR SAC	00240	20.69		APC	$1,148.94			
68530	T	CLEARANCE OF TEAR DUCT	00238	4.022		APC	$223.36			
68540	T	REMOVE TEAR GLAND LESION	00240	20.69		APC	$1,148.94			
68550	T	REMOVE TEAR GLAND LESION	00242	35.97		APC	$1,997.41			
68700	T	REPAIR TEAR DUCTS	00240	20.69		APC	$1,148.94			
68705	T	REVISE TEAR DUCT OPENING	00238	4.022		APC	$223.36			
68720	T	CREATE TEAR SAC DRAIN	00242	35.97		APC	$1,997.41			
68745	T	CREATE TEAR DUCT DRAIN	00242	35.97		APC	$1,997.41			
68750	T	CREATE TEAR DUCT DRAIN	00240	20.69		APC	$1,148.94			
68760	T	CLOSE TEAR DUCT OPENING	00238	4.022		APC	$223.36			
68761	T	CLOSE TEAR DUCT OPENING	00238	4.022		APC	$223.36			
68770	T	CLOSE TEAR SYSTEM FISTULA	00239	9.46		APC	$525.30			
68801	N	DILATE TEAR DUCT OPENING	00698	1.36		Bundled, Sometimes Payable	$75.50			
68810	T	PROBE NASOLACRIMAL DUCT	00238	4.022		APC	$223.36			
68811	T	PROBE NASOLACRIMAL DUCT	00240	20.69		APC	$1,148.94			
68815	T	PROBE NASOLACRIMAL DUCT	00240	20.69		APC	$1,148.94			
68816	T	PROBE NL DUCT W/BALLOON	00240	20.69		APC	$1,148.94			
68840	T	EXPLORE/IRRIGATE TEAR DUCTS	00238	4.022		APC	$223.36			
68850	N	INJECTION FOR TEAR SAC X-RAY				Bundled, Sometimes Payable	$0.00			
68899	T	TEAR DUCT SYSTEM SURGERY	00238	4.022		APC	$223.36			
69000	T	DRAIN EXTERNAL EAR LESION	00006	2.184		APC	$121.26			
69005	T	DRAIN EXTERNAL EAR LESION	00007	11.67		APC	$648.31			
69020	T	DRAIN OUTER EAR CANAL LESION	00006	2.184		APC	$121.26			
69090	E	PIERCE EARLOBES				Not Allowed	$0.00			
69100	T	BIOPSY OF EXTERNAL EAR	00251	4.898		APC	$271.98			
69105	T	BIOPSY OF EXTERNAL EAR CANAL	00253	17.08		APC	$948.44			
69110	T	REMOVE EXTERNAL EAR PARTIAL	00021	18.08		APC	$1,004.25			
69120	T	REMOVAL OF EXTERNAL EAR	00254	26.24		APC	$1,457.03			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
69140	T	REMOVE EAR CANAL LESION(S)	00256	50.29		APC	$2,792.50			
69145	T	REMOVE EAR CANAL LESION(S)	00021	18.08		APC	$1,004.25			
69150	T	EXTENSIVE EAR CANAL SURGERY	00254	26.24		APC	$1,457.03			
69155	C	EXTENSIVE EAR/NECK SURGERY				Inpatient Only	$0.00			
69200	N	CLEAR OUTER EAR CANAL	00420	1.776		Bundled, Sometimes Payable	$98.63			
69205	T	CLEAR OUTER EAR CANAL	00022	24.6		APC	$1,365.78			
69210	N	REMOVE IMPACTED EAR WAX UNI	00340	0.706		Bundled, Sometimes Payable	$39.21			
69220	N	CLEAN OUT MASTOID CAVITY	00012	1.328		Bundled, Sometimes Payable	$73.74			
69222	T	CLEAN OUT MASTOID CAVITY	00252	8.718		APC	$484.13			
69300	E	REVISE EXTERNAL EAR				Not Allowed	$0.00			
69310	T	REBUILD OUTER EAR CANAL	00256	50.29		APC	$2,792.50			
69320	T	REBUILD OUTER EAR CANAL	00256	50.29		APC	$2,792.50			
69399	T	OUTER EAR SURGERY PROCEDURE	00250	1.749		APC	$97.12			
69420	T	INCISION OF EARDRUM	00251	4.898		APC	$271.98			
69421	T	INCISION OF EARDRUM	00253	17.08		APC	$948.44			
69424	N	REMOVE VENTILATING TUBE	00253	17.08		Bundled, Sometimes Payable	$948.44			
69433	T	CREATE EARDRUM OPENING	00251	4.898		APC	$271.98			
69436	T	CREATE EARDRUM OPENING	00253	17.08		APC	$948.44			
69440	T	EXPLORATION OF MIDDLE EAR	00256	50.29		APC	$2,792.50			
69450	T	EARDRUM REVISION	00256	50.29		APC	$2,792.50			
69501	T	MASTOIDECTOMY	00256	50.29		APC	$2,792.50			
69502	T	MASTOIDECTOMY	00256	50.29		APC	$2,792.50			
69505	T	REMOVE MASTOID STRUCTURES	00256	50.29		APC	$2,792.50			
69511	T	EXTENSIVE MASTOID SURGERY	00256	50.29		APC	$2,792.50			
69530	T	EXTENSIVE MASTOID SURGERY	00256	50.29		APC	$2,792.50			
69535	C	REMOVE PART OF TEMPORAL BONE				Inpatient Only	$0.00			
69540	T	REMOVE EAR LESION	00253	17.08		APC	$948.44			
69550	T	REMOVE EAR LESION	00256	50.29		APC	$2,792.50			
69552	T	REMOVE EAR LESION	00256	50.29		APC	$2,792.50			
69554	C	REMOVE EAR LESION				Inpatient Only	$0.00			
69601	T	MASTOID SURGERY REVISION	00256	50.29		APC	$2,792.50			
69602	T	MASTOID SURGERY REVISION	00256	50.29		APC	$2,792.50			
69603	T	MASTOID SURGERY REVISION	00256	50.29		APC	$2,792.50			
69604	T	MASTOID SURGERY REVISION	00256	50.29		APC	$2,792.50			
69605	T	MASTOID SURGERY REVISION	00256	50.29		APC	$2,792.50			
69610	T	REPAIR OF EARDRUM	00254	26.24		APC	$1,457.03			
69620	T	REPAIR OF EARDRUM	00254	26.24		APC	$1,457.03			
69631	T	REPAIR EARDRUM STRUCTURES	00256	50.29		APC	$2,792.50			
69632	T	REBUILD EARDRUM STRUCTURES	00256	50.29		APC	$2,792.50			
69633	T	REBUILD EARDRUM STRUCTURES	00256	50.29		APC	$2,792.50			
69635	T	REPAIR EARDRUM STRUCTURES	00256	50.29		APC	$2,792.50			
69636	T	REBUILD EARDRUM STRUCTURES	00256	50.29		APC	$2,792.50			
69637	T	REBUILD EARDRUM STRUCTURES	00256	50.29		APC	$2,792.50			
69641	T	REVISE MIDDLE EAR & MASTOID	00256	50.29		APC	$2,792.50			
69642	T	REVISE MIDDLE EAR & MASTOID	00256	50.29		APC	$2,792.50			
69643	T	REVISE MIDDLE EAR & MASTOID	00256	50.29		APC	$2,792.50			
69644	T	REVISE MIDDLE EAR & MASTOID	00256	50.29		APC	$2,792.50			
69645	T	REVISE MIDDLE EAR & MASTOID	00256	50.29		APC	$2,792.50			
69646	T	REVISE MIDDLE EAR & MASTOID	00256	50.29		APC	$2,792.50			
69650	T	RELEASE MIDDLE EAR BONE	00256	50.29		APC	$2,792.50			
69660	T	REVISE MIDDLE EAR BONE	00256	50.29		APC	$2,792.50			
69661	T	REVISE MIDDLE EAR BONE	00256	50.29		APC	$2,792.50			
69662	T	REVISE MIDDLE EAR BONE	00256	50.29		APC	$2,792.50			
69666	T	REPAIR MIDDLE EAR STRUCTURES	00254	26.24		APC	$1,457.03			
69667	T	REPAIR MIDDLE EAR STRUCTURES	00254	26.24		APC	$1,457.03			
69670	T	REMOVE MASTOID AIR CELLS	00256	50.29		APC	$2,792.50			
69676	T	REMOVE MIDDLE EAR NERVE	00254	26.24		APC	$1,457.03			
69700	T	CLOSE MASTOID FISTULA	00254	26.24		APC	$1,457.03			
69710	E	IMPLANT/REPLACE HEARING AID				Not Allowed	$0.00			
69711	N	REMOVE/REPAIR HEARING AID	00256	50.29		Bundled, Sometimes Payable	$2,792.50			
69714	N	IMPLANT TEMPLE BONE W/STIMUL	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
69715	N	TEMPLE BNE IMPLNT W/STIMULAT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			
69717	T	TEMPLE BONE IMPLANT REVISION	00047	45.36		APC	$2,518.70			
69718	N	REVISE TEMPLE BONE IMPLANT	00425	137.8		Bundled, Sometimes Payable	$7,654.25			

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69720	T	RELEASE FACIAL NERVE	00256	50.29		APC	$2,792.50			
69725	T	RELEASE FACIAL NERVE	00256	50.29		APC	$2,792.50			
69740	T	REPAIR FACIAL NERVE	00256	50.29		APC	$2,792.50			
69745	T	REPAIR FACIAL NERVE	00256	50.29		APC	$2,792.50			
69799	T	MIDDLE EAR SURGERY PROCEDURE	00250	1.749		APC	$97.12			
69801	T	INCISE INNER EAR	00253	17.08		APC	$948.44			
69805	T	EXPLORE INNER EAR	00256	50.29		APC	$2,792.50			
69806	T	EXPLORE INNER EAR	00256	50.29		APC	$2,792.50			
69820	T	ESTABLISH INNER EAR WINDOW	00256	50.29		APC	$2,792.50			
69840	T	REVISE INNER EAR WINDOW	00256	50.29		APC	$2,792.50			
69905	T	REMOVE INNER EAR	00256	50.29		APC	$2,792.50			
69910	T	REMOVE INNER EAR & MASTOID	00256	50.29		APC	$2,792.50			
69915	T	INCISE INNER EAR NERVE	00256	50.29		APC	$2,792.50			
69930	N	IMPLANT COCHLEAR DEVICE	00259	400.7		Bundled, Sometimes Payable	$22,248.88			Y
69949	T	INNER EAR SURGERY PROCEDURE	00250	1.749		APC	$97.12			
69950	C	INCISE INNER EAR NERVE				Inpatient Only	$0.00			
69955	T	RELEASE FACIAL NERVE	00256	50.29		APC	$2,792.50			
69960	T	RELEASE INNER EAR CANAL	00256	50.29		APC	$2,792.50			
69970	T	REMOVE INNER EAR LESION	00256	50.29		APC	$2,792.50			
69979	T	TEMPORAL BONE SURGERY	00250	1.749		APC	$97.12			
69990	N	MICROSURGERY ADD-ON				Bundled, Sometimes Payable	$0.00			
70010	N	CONTRAST X-RAY OF BRAIN	00274	8.282		Bundled, Sometimes Payable	$459.88			
70015	N	CONTRAST X-RAY OF BRAIN	00274	8.282		Bundled, Sometimes Payable	$459.88			
70030	N	X-RAY EYE FOR FOREIGN BODY	00260	0.8		Bundled, Sometimes Payable	$44.45			
70100	N	X-RAY EXAM OF JAW <4VIEWS	00260	0.8		Bundled, Sometimes Payable	$44.45			
70110	N	X-RAY EXAM OF JAW 4/> VIEWS	00261	1.281		Bundled, Sometimes Payable	$71.13			
70120	N	X-RAY EXAM OF MASTOIDS	00260	0.8		Bundled, Sometimes Payable	$44.45			
70130	N	X-RAY EXAM OF MASTOIDS	00261	1.281		Bundled, Sometimes Payable	$71.13			
70134	N	X-RAY EXAM OF MIDDLE EAR	00261	1.281		Bundled, Sometimes Payable	$71.13			
70140	N	X-RAY EXAM OF FACIAL BONES	00260	0.8		Bundled, Sometimes Payable	$44.45			
70150	N	X-RAY EXAM OF FACIAL BONES	00261	1.281		Bundled, Sometimes Payable	$71.13			
70160	N	X-RAY EXAM OF NASAL BONES	00260	0.8		Bundled, Sometimes Payable	$44.45			
70170	N	X-RAY EXAM OF TEAR DUCT	00263	4.544		Bundled, Sometimes Payable	$252.32			
70190	N	X-RAY EXAM OF EYE SOCKETS	00261	1.281		Bundled, Sometimes Payable	$71.13			
70200	N	X-RAY EXAM OF EYE SOCKETS	00261	1.281		Bundled, Sometimes Payable	$71.13			
70210	N	X-RAY EXAM OF SINUSES	00260	0.8		Bundled, Sometimes Payable	$44.45			
70220	N	X-RAY EXAM OF SINUSES	00261	1.281		Bundled, Sometimes Payable	$71.13			
70240	N	X-RAY EXAM PITUITARY SADDLE	00260	0.8		Bundled, Sometimes Payable	$44.45			
70250	N	X-RAY EXAM OF SKULL	00261	1.281		Bundled, Sometimes Payable	$71.13			
70260	N	X-RAY EXAM OF SKULL	00261	1.281		Bundled, Sometimes Payable	$71.13			
70300	N	X-RAY EXAM OF TEETH	00260	0.8		Bundled, Sometimes Payable	$44.45			
70310	N	X-RAY EXAM OF TEETH	00261	1.281		Bundled, Sometimes Payable	$71.13			
70320	N	FULL MOUTH X-RAY OF TEETH	00260	0.8		Bundled, Sometimes Payable	$44.45			
70328	N	X-RAY EXAM OF JAW JOINT	00260	0.8		Bundled, Sometimes Payable	$44.45			
70330	N	X-RAY EXAM OF JAW JOINTS	00260	0.8		Bundled, Sometimes Payable	$44.45			
70332	N	X-RAY EXAM OF JAW JOINT	00275	4.566		Bundled, Sometimes Payable	$253.53			
70336	N	MAGNETIC IMAGE JAW JOINT	00336	3.861		Bundled, Sometimes Payable	$214.42			
70350	N	X-RAY HEAD FOR ORTHODONTIA	00260	0.8		Bundled, Sometimes Payable	$44.45			
70355	N	PANORAMIC X-RAY OF JAWS	00260	0.8		Bundled, Sometimes Payable	$44.45			
70360	N	X-RAY EXAM OF NECK	00260	0.8		Bundled, Sometimes Payable	$44.45			
70370	S	THROAT X-RAY & FLUOROSCOPY	00272	2.151		APC	$119.43			
70371	S	SPEECH EVALUATION COMPLEX	00272	2.151		APC	$119.43			
70373	N	CONTRAST X-RAY OF LARYNX	00263	4.544		Bundled, Sometimes Payable	$252.32			
70380	N	X-RAY EXAM OF SALIVARY GLAND	00260	0.8		Bundled, Sometimes Payable	$44.45			
70390	N	X-RAY EXAM OF SALIVARY DUCT	00263	4.544		Bundled, Sometimes Payable	$252.32			
70450	N	CT HEAD/BRAIN W/O DYE	00332	1.618		Bundled, Sometimes Payable	$89.85			
70460	N	CT HEAD/BRAIN W/DYE	00283	3.248		Bundled, Sometimes Payable	$180.37			
70470	N	CT HEAD/BRAIN W/O & W/DYE	00333	3.636		Bundled, Sometimes Payable	$201.92			
70480	N	CT ORBIT/EAR/FOSSA W/O DYE	00332	1.618		Bundled, Sometimes Payable	$89.85			
70481	N	CT ORBIT/EAR/FOSSA W/DYE	00283	3.248		Bundled, Sometimes Payable	$180.37			
70482	N	CT ORBIT/EAR/FOSSA W/O&W/DYE	00333	3.636		Bundled, Sometimes Payable	$201.92			
70486	N	CT MAXILLOFACIAL W/O DYE	00332	1.618		Bundled, Sometimes Payable	$89.85			
70487	N	CT MAXILLOFACIAL W/DYE	00283	3.248		Bundled, Sometimes Payable	$180.37			
70488	N	CT MAXILLOFACIAL W/O & W/DYE	00333	3.636		Bundled, Sometimes Payable	$201.92			

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70490	N	CT SOFT TISSUE NECK W/O DYE	00332	1.618		Bundled, Sometimes Payable	$89.85			
70491	N	CT SOFT TISSUE NECK W/DYE	00283	3.248		Bundled, Sometimes Payable	$180.37			
70492	N	CT SFT TSUE NCK W/O & W/DYE	00333	3.636		Bundled, Sometimes Payable	$201.92			
70496	N	CT ANGIOGRAPHY HEAD	00662	3.801		Bundled, Sometimes Payable	$211.08			
70498	N	CT ANGIOGRAPHY NECK	00662	3.801		Bundled, Sometimes Payable	$211.08			
70540	N	MRI ORBIT/FACE/NECK W/O DYE	00336	3.861		Bundled, Sometimes Payable	$214.42			
70542	N	MRI ORBIT/FACE/NECK W/DYE	00284	5.757		Bundled, Sometimes Payable	$319.71			
70543	N	MRI ORBT/FAC/NCK W/O &W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
70544	N	MR ANGIOGRAPHY HEAD W/O DYE	00336	3.861		Bundled, Sometimes Payable	$214.42			
70545	N	MR ANGIOGRAPHY HEAD W/DYE	00284	5.757		Bundled, Sometimes Payable	$319.71			
70546	N	MR ANGIOGRAPH HEAD W/O&W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
70547	N	MR ANGIOGRAPHY NECK W/O DYE	00336	3.861		Bundled, Sometimes Payable	$214.42			
70548	N	MR ANGIOGRAPHY NECK W/DYE	00284	5.757		Bundled, Sometimes Payable	$319.71			
70549	N	MR ANGIOGRAPH NECK W/O&W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
70551	N	MRI BRAIN STEM W/O DYE	00336	3.861		Bundled, Sometimes Payable	$214.42			
70552	N	MRI BRAIN STEM W/DYE	00284	5.757		Bundled, Sometimes Payable	$319.71			
70553	N	MRI BRAIN STEM W/O & W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
70554	N	FMRI BRAIN BY TECH	00336	3.861		Bundled, Sometimes Payable	$214.42			
70555	S	FMRI BRAIN BY PHYS/PSYCH	00336	3.861		APC	$214.42			
70557	S	MRI BRAIN W/O DYE	00336	3.861		APC	$214.42			
70558	S	MRI BRAIN W/DYE	00284	5.757		APC	$319.71			
70559	S	MRI BRAIN W/O & W/DYE	00337	6.513		APC	$361.66			
71010	N	CHEST X-RAY 1 VIEW FRONTAL	00260	0.8		Bundled, Sometimes Payable	$44.45			
71015	N	CHEST X-RAY STEREO FRONTAL	00260	0.8		Bundled, Sometimes Payable	$44.45			
71020	N	CHEST X-RAY 2VW FRONTAL&LATL	00260	0.8		Bundled, Sometimes Payable	$44.45			
71021	N	CHEST X-RAY FRNT LAT LORDOTC	00260	0.8		Bundled, Sometimes Payable	$44.45			
71022	N	CHEST X-RAY FRNT LAT OBLIQUE	00261	1.281		Bundled, Sometimes Payable	$71.13			
71023	N	CHEST X-RAY AND FLUOROSCOPY	00261	1.281		Bundled, Sometimes Payable	$71.13			
71030	N	CHEST X-RAY 4/> VIEWS	00261	1.281		Bundled, Sometimes Payable	$71.13			
71034	S	CHEST X-RAY&FLUORO 4/> VIEWS	00272	2.151		APC	$119.43			
71035	N	CHEST X-RAY SPECIAL VIEWS	00260	0.8		Bundled, Sometimes Payable	$44.45			
71100	N	X-RAY EXAM RIBS UNI 2 VIEWS	00260	0.8		Bundled, Sometimes Payable	$44.45			
71101	N	X-RAY EXAM UNILAT RIBS/CHEST	00261	1.281		Bundled, Sometimes Payable	$71.13			
71110	N	X-RAY EXAM RIBS BIL 3 VIEWS	00261	1.281		Bundled, Sometimes Payable	$71.13			
71111	N	X-RAY EXAM RIBS/CHEST4/> VWS	00261	1.281		Bundled, Sometimes Payable	$71.13			
71120	N	X-RAY EXAM BREASTBONE 2/>VWS	00260	0.8		Bundled, Sometimes Payable	$44.45			
71130	N	X-RAY STRENOCLAVIC JT 3/>VWS	00260	0.8		Bundled, Sometimes Payable	$44.45			
71250	N	CT THORAX W/O DYE	00332	1.618		Bundled, Sometimes Payable	$89.85			
71260	N	CT THORAX W/DYE	00283	3.248		Bundled, Sometimes Payable	$180.37			
71270	N	CT THORAX W/O & W/DYE	00333	3.636		Bundled, Sometimes Payable	$201.92			
71275	N	CT ANGIOGRAPHY CHEST	00662	3.801		Bundled, Sometimes Payable	$211.08			
71550	N	MRI CHEST W/O DYE	00336	3.861		Bundled, Sometimes Payable	$214.42			
71551	N	MRI CHEST W/DYE	00284	5.757		Bundled, Sometimes Payable	$319.71			
71552	N	MRI CHEST W/O & W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
71555	M	MRI ANGIO CHEST W OR W/O DYE				Fee Schedule	$420.57			
72010	S	X-RAY EXAM SPINE AP&LAT	00272	2.151		APC	$119.43			
72020	N	X-RAY EXAM OF SPINE 1 VIEW	00260	0.8		Bundled, Sometimes Payable	$44.45			
72040	N	X-RAY EXAM NECK SPINE 2-3 VW	00261	1.281		Bundled, Sometimes Payable	$71.13			
72050	N	X-RAY EXAM NECK SPINE 4/5VWS	00261	1.281		Bundled, Sometimes Payable	$71.13			
72052	N	X-RAY EXAM NECK SPINE 6/>VWS	00261	1.281		Bundled, Sometimes Payable	$71.13			
72069	N	X-RAY EXAM TRUNK SPINE STAND	00260	0.8		Bundled, Sometimes Payable	$44.45			
72070	N	X-RAY EXAM THORAC SPINE 2VWS	00261	1.281		Bundled, Sometimes Payable	$71.13			
72072	N	X-RAY EXAM THORAC SPINE 3VWS	00261	1.281		Bundled, Sometimes Payable	$71.13			
72074	N	X-RAY EXAM THORAC SPINE4/>VW	00261	1.281		Bundled, Sometimes Payable	$71.13			
72080	N	X-RAY EXAM TRUNK SPINE 2 VWS	00260	0.8		Bundled, Sometimes Payable	$44.45			
72090	N	X-RAY EXAM SCLOIOSIS ERECT	00261	1.281		Bundled, Sometimes Payable	$71.13			
72100	N	X-RAY EXAM L-S SPINE 2/3 VWS	00261	1.281		Bundled, Sometimes Payable	$71.13			
72110	N	X-RAY EXAM L-2 SPINE 4/>VWS	00261	1.281		Bundled, Sometimes Payable	$71.13			
72114	N	X-RAY EXAM L-S SPINE BENDING	00261	1.281		Bundled, Sometimes Payable	$71.13			
72120	N	X-RAY BEND ONLY L-S SPINE	00261	1.281		Bundled, Sometimes Payable	$71.13			
72125	N	CT NECK SPINE W/O DYE	00332	1.618		Bundled, Sometimes Payable	$89.85			
72126	N	CT NECK SPINE W/DYE	00283	3.248		Bundled, Sometimes Payable	$180.37			
72127	N	CT NECK SPINE W/O & W/DYE	00333	3.636		Bundled, Sometimes Payable	$201.92			
72128	N	CT CHEST SPINE W/O DYE	00332	1.618		Bundled, Sometimes Payable	$89.85			

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72129	N	CT CHEST SPINE W/DYE	00283	3.248		Bundled, Sometimes Payable	$180.37			
72130	N	CT CHEST SPINE W/O & W/DYE	00333	3.636		Bundled, Sometimes Payable	$201.92			
72131	N	CT LUMBAR SPINE W/O DYE	00332	1.618		Bundled, Sometimes Payable	$89.85			
72132	N	CT LUMBAR SPINE W/DYE	00283	3.248		Bundled, Sometimes Payable	$180.37			
72133	N	CT LUMBAR SPINE W/O & W/DYE	00333	3.636		Bundled, Sometimes Payable	$201.92			
72141	N	MRI NECK SPINE W/O DYE	00336	3.861		Bundled, Sometimes Payable	$214.42			
72142	N	MRI NECK SPINE W/DYE	00284	5.757		Bundled, Sometimes Payable	$319.71			
72146	N	MRI CHEST SPINE W/O DYE	00336	3.861		Bundled, Sometimes Payable	$214.42			
72147	N	MRI CHEST SPINE W/DYE	00284	5.757		Bundled, Sometimes Payable	$319.71			
72148	N	MRI LUMBAR SPINE W/O DYE	00336	3.861		Bundled, Sometimes Payable	$214.42			
72149	N	MRI LUMBAR SPINE W/DYE	00284	5.757		Bundled, Sometimes Payable	$319.71			
72156	N	MRI NECK SPINE W/O & W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
72157	N	MRI CHEST SPINE W/O & W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
72158	N	MRI LUMBAR SPINE W/O & W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
72159	E	MR ANGIO SPINE W/O&W/DYE				Not Allowed	$0.00			
72170	N	X-RAY EXAM OF PELVIS	00261	1.281		Bundled, Sometimes Payable	$71.13			
72190	N	X-RAY EXAM OF PELVIS	00261	1.281		Bundled, Sometimes Payable	$71.13			
72191	N	CT ANGIOGRAPH PELV W/O&W/DYE	00662	3.801		Bundled, Sometimes Payable	$211.08			
72192	N	CT PELVIS W/O DYE	00332	1.618		Bundled, Sometimes Payable	$89.85			
72193	N	CT PELVIS W/DYE	00283	3.248		Bundled, Sometimes Payable	$180.37			
72194	N	CT PELVIS W/O & W/DYE	00333	3.636		Bundled, Sometimes Payable	$201.92			
72195	N	MRI PELVIS W/O DYE	00336	3.861		Bundled, Sometimes Payable	$214.42			
72196	N	MRI PELVIS W/DYE	00284	5.757		Bundled, Sometimes Payable	$319.71			
72197	N	MRI PELVIS W/O & W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
72198	E	MR ANGIO PELVIS W/O & W/DYE				Not Allowed	$0.00			
72200	N	X-RAY EXAM SI JOINTS	00260	0.8		Bundled, Sometimes Payable	$44.45			
72202	N	X-RAY EXAM SI JOINTS 3/> VWS	00261	1.281		Bundled, Sometimes Payable	$71.13			
72220	N	X-RAY EXAM SACRUM TAILBONE	00260	0.8		Bundled, Sometimes Payable	$44.45			
72240	N	MYELOGRAPHY NECK SPINE	00274	8.282		Bundled, Sometimes Payable	$459.88			
72255	N	MYELOGRAPHY THORACIC SPINE	00274	8.282		Bundled, Sometimes Payable	$459.88			
72265	N	MYELOGRAPHY L-S SPINE	00274	8.282		Bundled, Sometimes Payable	$459.88			
72270	N	MYELOGPHY 2/> SPINE REGIONS	00274	8.282		Bundled, Sometimes Payable	$459.88			
72275	N	EPIDUROGRAPHY				Bundled, Sometimes Payable	$0.00			
72285	N	DISCOGRAPHY CERV/THOR SPINE	00388	44.93		Bundled, Sometimes Payable	$2,495.08			
72295	N	X-RAY OF LOWER SPINE DISK	00388	44.93		Bundled, Sometimes Payable	$2,495.08			
73000	N	X-RAY EXAM OF COLLAR BONE	00260	0.8		Bundled, Sometimes Payable	$44.45			
73010	N	X-RAY EXAM OF SHOULDER BLADE	00260	0.8		Bundled, Sometimes Payable	$44.45			
73020	N	X-RAY EXAM OF SHOULDER	00260	0.8		Bundled, Sometimes Payable	$44.45			
73030	N	X-RAY EXAM OF SHOULDER	00261	1.281		Bundled, Sometimes Payable	$71.13			
73040	N	CONTRAST X-RAY OF SHOULDER	00275	4.566		Bundled, Sometimes Payable	$253.53			
73050	N	X-RAY EXAM OF SHOULDERS	00261	1.281		Bundled, Sometimes Payable	$71.13			
73060	N	X-RAY EXAM OF HUMERUS	00260	0.8		Bundled, Sometimes Payable	$44.45			
73070	N	X-RAY EXAM OF ELBOW	00260	0.8		Bundled, Sometimes Payable	$44.45			
73080	N	X-RAY EXAM OF ELBOW	00260	0.8		Bundled, Sometimes Payable	$44.45			
73085	N	CONTRAST X-RAY OF ELBOW	00275	4.566		Bundled, Sometimes Payable	$253.53			
73090	N	X-RAY EXAM OF FOREARM	00260	0.8		Bundled, Sometimes Payable	$44.45			
73092	N	X-RAY EXAM OF ARM INFANT	00261	1.281		Bundled, Sometimes Payable	$71.13			
73100	N	X-RAY EXAM OF WRIST	00260	0.8		Bundled, Sometimes Payable	$44.45			
73110	N	X-RAY EXAM OF WRIST	00260	0.8		Bundled, Sometimes Payable	$44.45			
73115	N	CONTRAST X-RAY OF WRIST	00275	4.566		Bundled, Sometimes Payable	$253.53			
73120	N	X-RAY EXAM OF HAND	00261	1.281		Bundled, Sometimes Payable	$71.13			
73130	N	X-RAY EXAM OF HAND	00260	0.8		Bundled, Sometimes Payable	$44.45			
73140	N	X-RAY EXAM OF FINGER(S)	00260	0.8		Bundled, Sometimes Payable	$44.45			
73200	N	CT UPPER EXTREMITY W/O DYE	00332	1.618		Bundled, Sometimes Payable	$89.85			
73201	N	CT UPPER EXTREMITY W/DYE	00283	3.248		Bundled, Sometimes Payable	$180.37			
73202	N	CT UPPR EXTREMITY W/O&W/DYE	00333	3.636		Bundled, Sometimes Payable	$201.92			
73206	N	CT ANGIO UPR EXTRM W/O&W/DYE	00662	3.801		Bundled, Sometimes Payable	$211.08			
73218	N	MRI UPPER EXTREMITY W/O DYE	00336	3.861		Bundled, Sometimes Payable	$214.42			
73219	N	MRI UPPER EXTREMITY W/DYE	00284	5.757		Bundled, Sometimes Payable	$319.71			
73220	N	MRI UPPR EXTREMITY W/O&W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
73221	N	MRI JOINT UPR EXTREM W/O DYE	00336	3.861		Bundled, Sometimes Payable	$214.42			
73222	N	MRI JOINT UPR EXTREM W/DYE	00284	5.757		Bundled, Sometimes Payable	$319.71			
73223	N	MRI JOINT UPR EXTR W/O&W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
73225	E	MR ANGIO UPR EXTR W/O&W/DYE				Not Allowed	$0.00			

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73500	N	X-RAY EXAM OF HIP	00260	0.8		Bundled, Sometimes Payable	$44.45			
73510	N	X-RAY EXAM OF HIP	00260	0.8		Bundled, Sometimes Payable	$44.45			
73520	N	X-RAY EXAM OF HIPS	00261	1.281		Bundled, Sometimes Payable	$71.13			
73525	N	CONTRAST X-RAY OF HIP	00275	4.566		Bundled, Sometimes Payable	$253.53			
73530	N	X-RAY EXAM OF HIP				Bundled, Sometimes Payable	$0.00			
73540	N	X-RAY EXAM OF PELVIS & HIPS	00260	0.8		Bundled, Sometimes Payable	$44.45			
73550	N	X-RAY EXAM OF THIGH	00260	0.8		Bundled, Sometimes Payable	$44.45			
73560	N	X-RAY EXAM OF KNEE 1 OR 2	00260	0.8		Bundled, Sometimes Payable	$44.45			
73562	N	X-RAY EXAM OF KNEE 3	00261	1.281		Bundled, Sometimes Payable	$71.13			
73564	N	X-RAY EXAM KNEE 4 OR MORE	00261	1.281		Bundled, Sometimes Payable	$71.13			
73565	N	X-RAY EXAM OF KNEES	00260	0.8		Bundled, Sometimes Payable	$44.45			
73580	N	CONTRAST X-RAY OF KNEE JOINT	00275	4.566		Bundled, Sometimes Payable	$253.53			
73590	N	X-RAY EXAM OF LOWER LEG	00260	0.8		Bundled, Sometimes Payable	$44.45			
73592	N	X-RAY EXAM OF LEG INFANT	00261	1.281		Bundled, Sometimes Payable	$71.13			
73600	N	X-RAY EXAM OF ANKLE	00261	1.281		Bundled, Sometimes Payable	$71.13			
73610	N	X-RAY EXAM OF ANKLE	00261	1.281		Bundled, Sometimes Payable	$71.13			
73615	N	CONTRAST X-RAY OF ANKLE	00275	4.566		Bundled, Sometimes Payable	$253.53			
73620	N	X-RAY EXAM OF FOOT	00260	0.8		Bundled, Sometimes Payable	$44.45			
73630	N	X-RAY EXAM OF FOOT	00260	0.8		Bundled, Sometimes Payable	$44.45			
73650	N	X-RAY EXAM OF HEEL	00260	0.8		Bundled, Sometimes Payable	$44.45			
73660	N	X-RAY EXAM OF TOE(S)	00260	0.8		Bundled, Sometimes Payable	$44.45			
73700	N	CT LOWER EXTREMITY W/O DYE	00332	1.618		Bundled, Sometimes Payable	$89.85			
73701	N	CT LOWER EXTREMITY W/DYE	00283	3.248		Bundled, Sometimes Payable	$180.37			
73702	N	CT LWR EXTREMITY W/O&W/DYE	00333	3.636		Bundled, Sometimes Payable	$201.92			
73706	N	CT ANGIO LWR EXTR W/O&W/DYE	00662	3.801		Bundled, Sometimes Payable	$211.08			
73718	N	MRI LOWER EXTREMITY W/O DYE	00336	3.861		Bundled, Sometimes Payable	$214.42			
73719	N	MRI LOWER EXTREMITY W/DYE	00284	5.757		Bundled, Sometimes Payable	$319.71			
73720	N	MRI LWR EXTREMITY W/O&W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
73721	N	MRI JNT OF LWR EXTRE W/O DYE	00336	3.861		Bundled, Sometimes Payable	$214.42			
73722	N	MRI JOINT OF LWR EXTR W/DYE	00284	5.757		Bundled, Sometimes Payable	$319.71			
73723	N	MRI JOINT LWR EXTR W/O&W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
73725	M	MR ANG LWR EXT W OR W/O DYE				Fee Schedule	$426.66			
74000	N	X-RAY EXAM OF ABDOMEN	00260	0.8		Bundled, Sometimes Payable	$44.45			
74010	N	X-RAY EXAM OF ABDOMEN	00260	0.8		Bundled, Sometimes Payable	$44.45			
74020	N	X-RAY EXAM OF ABDOMEN	00261	1.281		Bundled, Sometimes Payable	$71.13			
74022	N	X-RAY EXAM SERIES ABDOMEN	00261	1.281		Bundled, Sometimes Payable	$71.13			
74150	N	CT ABDOMEN W/O DYE	00332	1.618		Bundled, Sometimes Payable	$89.85			
74160	N	CT ABDOMEN W/DYE	00283	3.248		Bundled, Sometimes Payable	$180.37			
74170	N	CT ABDOMEN W/O & W/DYE	00333	3.636		Bundled, Sometimes Payable	$201.92			
74174	S	CT ANGIO ABD&PELV W/O&W/DYE	00334	5.063		APC	$281.17			
74175	N	CT ANGIO ABDOM W/O & W/DYE	00662	3.801		Bundled, Sometimes Payable	$211.08			
74176	N	CT ABD & PELVIS W/O CONTRAST	00331	3.193		Bundled, Sometimes Payable	$177.32			
74177	N	CT ABD & PELV W/CONTRAST	00334	5.063		Bundled, Sometimes Payable	$281.17			
74178	N	CT ABD & PELV 1/> REGNS	00334	5.063		Bundled, Sometimes Payable	$281.17			
74181	N	MRI ABDOMEN W/O DYE	00336	3.861		Bundled, Sometimes Payable	$214.42			
74182	N	MRI ABDOMEN W/DYE	00284	5.757		Bundled, Sometimes Payable	$319.71			
74183	N	MRI ABDOMEN W/O & W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
74185	M	MRI ANGIO ABDOM W ORW/O DYE				Fee Schedule	$426.66			
74190	N	X-RAY EXAM OF PERITONEUM	00263	4.544		Bundled, Sometimes Payable	$252.32			
74210	S	CONTRST X-RAY EXAM OF THROAT	00276	1.371		APC	$76.13			
74220	S	CONTRAST X-RAY ESOPHAGUS	00276	1.371		APC	$76.13			
74230	S	CINE/VID X-RAY THROAT/ESOPH	00276	1.371		APC	$76.13			
74235	N	REMOVE ESOPHAGUS OBSTRUCTION				Bundled, Sometimes Payable	$0.00			
74240	S	X-RAY UPPER GI DELAY W/O KUB	00277	2.036		APC	$113.04			
74241	S	X-RAYUPPER GI DELAY W/KUB	00277	2.036		APC	$113.04			
74245	S	X-RAY UPPER GI&SMALL INTEST	00277	2.036		APC	$113.04			
74246	S	CONTRST X-RAY UPPR GI TRACT	00277	2.036		APC	$113.04			
74247	S	CONTRST X-RAY UPPR GI TRACT	00277	2.036		APC	$113.04			
74249	S	CONTRST X-RAY UPPR GI TRACT	00277	2.036		APC	$113.04			
74250	S	X-RAY EXAM OF SMALL BOWEL	00276	1.371		APC	$76.13			
74251	S	X-RAY EXAM OF SMALL BOWEL	00277	2.036		APC	$113.04			
74260	S	X-RAY EXAM OF SMALL BOWEL	00276	1.371		APC	$76.13			
74261	N	CT COLONOGRAPHY DX	00332	1.618		Bundled, Sometimes Payable	$89.85			
74262	N	CT COLONOGRAPHY DX W/DYE	00283	3.248		Bundled, Sometimes Payable	$180.37			

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74263	E	CT COLONOGRAPHY SCREENING				Not Allowed	$0.00			
74270	S	CONTRAST X-RAY EXAM OF COLON	00277	2.036		APC	$113.04			
74280	S	CONTRAST X-RAY EXAM OF COLON	00277	2.036		APC	$113.04			
74283	S	CONTRAST X-RAY EXAM OF COLON	00277	2.036		APC	$113.04			
74290	S	CONTRAST X-RAY GALLBLADDER	00276	1.371		APC	$76.13			
74300	N	X-RAY BILE DUCTS/PANCREAS				Bundled, Sometimes Payable	$0.00			
74301	N	X-RAYS AT SURGERY ADD-ON				Bundled, Sometimes Payable	$0.00			
74305	N	X-RAY BILE DUCTS/PANCREAS	00263	4.544		Bundled, Sometimes Payable	$252.32			
74320	N	CONTRAST X-RAY OF BILE DUCTS	00317	10.96		Bundled, Sometimes Payable	$608.81			
74327	N	X-RAY BILE STONE REMOVAL				Bundled, Sometimes Payable	$0.00			
74328	N	X-RAY BILE DUCT ENDOSCOPY				Bundled, Sometimes Payable	$0.00			
74329	N	X-RAY FOR PANCREAS ENDOSCOPY				Bundled, Sometimes Payable	$0.00			
74330	N	X-RAY BILE/PANC ENDOSCOPY				Bundled, Sometimes Payable	$0.00			
74340	N	X-RAY GUIDE FOR GI TUBE				Bundled, Sometimes Payable	$0.00			
74355	N	X-RAY GUIDE INTESTINAL TUBE				Bundled, Sometimes Payable	$0.00			
74360	N	X-RAY GUIDE GI DILATION				Bundled, Sometimes Payable	$0.00			
74363	N	X-RAY BILE DUCT DILATION				Bundled, Sometimes Payable	$0.00			
74400	S	CONTRST X-RAY URINARY TRACT	00278	3.576		APC	$198.58			
74410	S	CONTRST X-RAY URINARY TRACT	00278	3.576		APC	$198.58			
74415	S	CONTRST X-RAY URINARY TRACT	00278	3.576		APC	$198.58			
74420	S	CONTRST X-RAY URINARY TRACT	00278	3.576		APC	$198.58			
74425	N	CONTRST X-RAY URINARY TRACT	00278	3.576		Bundled, Sometimes Payable	$198.58			
74430	N	CONTRAST X-RAY BLADDER	00278	3.576		Bundled, Sometimes Payable	$198.58			
74440	N	X-RAY MALE GENITAL TRACT	00278	3.576		Bundled, Sometimes Payable	$198.58			
74445	N	X-RAY EXAM OF PENIS	00278	3.576		Bundled, Sometimes Payable	$198.58			
74450	N	X-RAY URETHRA/BLADDER	00278	3.576		Bundled, Sometimes Payable	$198.58			
74455	N	X-RAY URETHRA/BLADDER	00278	3.576		Bundled, Sometimes Payable	$198.58			
74470	N	X-RAY EXAM OF KIDNEY LESION	00317	10.96		Bundled, Sometimes Payable	$608.81			
74475	N	X-RAY CONTROL CATH INSERT	00161	16.54		Bundled, Sometimes Payable	$918.57			
74480	N	X-RAY CONTROL CATH INSERT	00161	16.54		Bundled, Sometimes Payable	$918.57			
74485	N	X-RAY GUIDE GU DILATION	00161	16.54		Bundled, Sometimes Payable	$918.57			
74710	N	X-RAY MEASUREMENT OF PELVIS	00261	1.281		Bundled, Sometimes Payable	$71.13			
74740	N	X-RAY FEMALE GENITAL TRACT	00263	4.544		Bundled, Sometimes Payable	$252.32			
74742	N	X-RAY FALLOPIAN TUBE				Bundled, Sometimes Payable	$0.00			
74775	S	X-RAY EXAM OF PERINEUM	00278	3.576		APC	$198.58			
75557	N	CARDIAC MRI FOR MORPH	00336	3.861		Bundled, Sometimes Payable	$214.42			
75559	N	CARDIAC MRI W/STRESS IMG	00336	3.861		Bundled, Sometimes Payable	$214.42			
75561	N	CARDIAC MRI FOR MORPH W/DYE	00337	6.513		Bundled, Sometimes Payable	$361.66			
75563	N	CARD MRI W/STRESS IMG & DYE	00377	15.38		Bundled, Sometimes Payable	$853.87			
75565	N	CARD MRI VELOC FLOW MAPPING				Bundled, Sometimes Payable	$0.00			
75571	N	CT HRT W/O DYE W/CA TEST	00450	0.394		Bundled, Sometimes Payable	$21.89			
75572	S	CT HRT W/3D IMAGE	00383	2.913		APC	$161.75			
75573	S	CT HRT W/3D IMAGE CONGEN	00383	2.913		APC	$161.75			
75574	S	CT ANGIO HRT W/3D IMAGE	00383	2.913		APC	$161.75			
75600	N	CONTRAST EXAM THORACIC AORTA	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75605	N	CONTRAST EXAM THORACIC AORTA	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75625	N	CONTRAST EXAM ABDOMINL AORTA	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75630	N	X-RAY AORTA LEG ARTERIES	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75635	N	CT ANGIO ABDOMINAL ARTERIES	00662	3.801		Bundled, Sometimes Payable	$211.08			
75658	N	ARTERY X-RAYS ARM	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75705	N	ARTERY X-RAYS SPINE	00280	71.79		Bundled, Sometimes Payable	$3,986.29			
75710	N	ARTERY X-RAYS ARM/LEG	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75716	N	ARTERY X-RAYS ARMS/LEGS	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75726	N	ARTERY X-RAYS ABDOMEN	00280	71.79		Bundled, Sometimes Payable	$3,986.29			
75731	N	ARTERY X-RAYS ADRENAL GLAND	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75733	N	ARTERY X-RAYS ADRENALS	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75736	N	ARTERY X-RAYS PELVIS	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75741	N	ARTERY X-RAYS LUNG	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75743	N	ARTERY X-RAYS LUNGS	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75746	N	ARTERY X-RAYS LUNG	00668	11.16		Bundled, Sometimes Payable	$619.53			
75756	N	ARTERY X-RAYS CHEST	00668	11.16		Bundled, Sometimes Payable	$619.53			
75774	N	ARTERY X-RAY EACH VESSEL				Bundled, Sometimes Payable	$0.00			
75791	N	AV DIALYSIS SHUNT IMAGING	00668	11.16		Bundled, Sometimes Payable	$619.53			
75801	N	LYMPH VESSEL X-RAY ARM/LEG	00263	4.544		Bundled, Sometimes Payable	$252.32			

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75803	N	LYMPH VESSEL X-RAY ARMS/LEGS	00317	10.96		Bundled, Sometimes Payable	$608.81			
75805	N	LYMPH VESSEL X-RAY TRUNK	00317	10.96		Bundled, Sometimes Payable	$608.81			
75807	N	LYMPH VESSEL X-RAY TRUNK	00317	10.96		Bundled, Sometimes Payable	$608.81			
75809	N	NONVASCULAR SHUNT X-RAY	00261	1.281		Bundled, Sometimes Payable	$71.13			
75810	N	VEIN X-RAY SPLEEN/LIVER	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75820	N	VEIN X-RAY ARM/LEG	00668	11.16		Bundled, Sometimes Payable	$619.53			
75822	N	VEIN X-RAY ARMS/LEGS	00317	10.96		Bundled, Sometimes Payable	$608.81			
75825	N	VEIN X-RAY TRUNK	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75827	N	VEIN X-RAY CHEST	00668	11.16		Bundled, Sometimes Payable	$619.53			
75831	N	VEIN X-RAY KIDNEY	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75833	N	VEIN X-RAY KIDNEYS	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75840	N	VEIN X-RAY ADRENAL GLAND	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75842	N	VEIN X-RAY ADRENAL GLANDS	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75860	N	VEIN X-RAY NECK	00668	11.16		Bundled, Sometimes Payable	$619.53			
75870	N	VEIN X-RAY SKULL	00263	4.544		Bundled, Sometimes Payable	$252.32			
75872	N	VEIN X-RAY SKULL EPIDURAL	00668	11.16		Bundled, Sometimes Payable	$619.53			
75880	N	VEIN X-RAY EYE SOCKET	00668	11.16		Bundled, Sometimes Payable	$619.53			
75885	N	VEIN X-RAY LIVER W/HEMODYNAM	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75887	N	VEIN X-RAY LIVER W/O HEMODYN	00668	11.16		Bundled, Sometimes Payable	$619.53			
75889	N	VEIN X-RAY LIVER W/HEMODYNAM	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75891	N	VEIN X-RAY LIVER	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75893	N	VENOUS SAMPLING BY CATHETER	00279	34.52		Bundled, Sometimes Payable	$1,916.87			
75894	N	X-RAYS TRANSCATH THERAPY				Bundled, Sometimes Payable	$0.00			
75896	N	X-RAYS TRANSCATH THERAPY				Bundled, Sometimes Payable	$0.00			
75898	N	FOLLOW-UP ANGIOGRAPHY	00668	11.16		Bundled, Sometimes Payable	$619.53			
75901	N	REMOVE CVA DEVICE OBSTRUCT				Bundled, Sometimes Payable	$0.00			
75902	N	REMOVE CVA LUMEN OBSTRUCT				Bundled, Sometimes Payable	$0.00			
75945	N	INTRAVASCULAR US	00267	2.557		Bundled, Sometimes Payable	$141.96			
75946	N	INTRAVASCULAR US ADD-ON				Bundled, Sometimes Payable	$0.00			
75952	C	ENDOVASC REPAIR ABDOM AORTA				Inpatient Only	$0.00			
75953	C	ABDOM ANEURYSM ENDOVAS RPR				Inpatient Only	$0.00			
75954	C	ILIAC ANEURYSM ENDOVAS RPR				Inpatient Only	$0.00			
75956	C	XRAY ENDOVASC THOR AO REPR				Inpatient Only	$0.00			
75957	C	XRAY ENDOVASC THOR AO REPR				Inpatient Only	$0.00			
75958	C	XRAY PLACE PROX EXT THOR AO				Inpatient Only	$0.00			
75959	C	XRAY PLACE DIST EXT THOR AO				Inpatient Only	$0.00			
75962	N	REPAIR ARTERIAL BLOCKAGE				Bundled, Sometimes Payable	$0.00			
75964	N	REPAIR ARTERY BLOCKAGE EACH				Bundled, Sometimes Payable	$0.00			
75966	N	REPAIR ARTERIAL BLOCKAGE				Bundled, Sometimes Payable	$0.00			
75968	N	REPAIR ARTERY BLOCKAGE EACH				Bundled, Sometimes Payable	$0.00			
75970	N	VASCULAR BIOPSY				Bundled, Sometimes Payable	$0.00			
75978	N	REPAIR VENOUS BLOCKAGE	00093	33.72		Bundled, Sometimes Payable	$1,872.51			
75980	N	CONTRAST XRAY EXAM BILE DUCT				Bundled, Sometimes Payable	$0.00			
75982	N	CONTRAST XRAY EXAM BILE DUCT				Bundled, Sometimes Payable	$0.00			
75984	N	XRAY CONTROL CATHETER CHANGE				Bundled, Sometimes Payable	$0.00			
75989	N	ABSCESS DRAINAGE UNDER X-RAY				Bundled, Sometimes Payable	$0.00			
76000	S	FLUOROSCOPE EXAMINATION	00272	2.151		APC	$119.43			
76001	N	FLUOROSCOPE EXAM EXTENSIVE				Bundled, Sometimes Payable	$0.00			
76010	N	X-RAY NOSE TO RECTUM	00260	0.8		Bundled, Sometimes Payable	$44.45			
76080	N	X-RAY EXAM OF FISTULA	00263	4.544		Bundled, Sometimes Payable	$252.32			
76098	N	X-RAY EXAM BREAST SPECIMEN	00263	4.544		Bundled, Sometimes Payable	$252.32			
76100	N	X-RAY EXAM OF BODY SECTION	00261	1.281		Bundled, Sometimes Payable	$71.13			
76101	S	COMPLEX BODY SECTION X-RAY	00263	4.544		APC	$252.32			
76102	S	COMPLEX BODY SECTION X-RAYS	00263	4.544		APC	$252.32			
76120	S	CINE/VIDEO X-RAYS	00272	2.151		APC	$119.43			
76125	N	CINE/VIDEO X-RAYS ADD-ON				Bundled, Sometimes Payable	$0.00			
76140	E	X-RAY CONSULTATION				Not Allowed	$0.00			
76376	N	3D RENDER W/INTRP POSTPROCES				Bundled, Sometimes Payable	$0.00			
76377	N	3D RENDER W/INTRP POSTPROCES				Bundled, Sometimes Payable	$0.00			
76380	N	CAT SCAN FOLLOW-UP STUDY	00260	0.8		Bundled, Sometimes Payable	$44.45			
76390	E	MR SPECTROSCOPY				Not Allowed	$0.00			
76496	S	FLUOROSCOPIC PROCEDURE	00272	2.151		APC	$119.43			
76497	N	CT PROCEDURE	00260	0.8		Bundled, Sometimes Payable	$44.45			
76498	S	MRI PROCEDURE	00336	3.861		APC	$214.42			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
76499	N	RADIOGRAPHIC PROCEDURE	00260	0.8		Bundled, Sometimes Payable	$44.45			
76506	S	ECHO EXAM OF HEAD	00266	1.818		APC	$100.96			
76510	N	OPHTH US B & QUANT A	00698	1.36		Bundled, Sometimes Payable	$75.50			
76511	S	OPHTH US QUANT A ONLY	00266	1.818		APC	$100.96			
76512	S	OPHTH US B W/NON-QUANT A	00266	1.818		APC	$100.96			
76513	S	ECHO EXAM OF EYE WATER BATH	00266	1.818		APC	$100.96			
76514	N	ECHO EXAM OF EYE THICKNESS	00450	0.394		Bundled, Sometimes Payable	$21.89			
76516	N	ECHO EXAM OF EYE	00265	1.236		Bundled, Sometimes Payable	$68.65			
76519	N	ECHO EXAM OF EYE	00265	1.236		Bundled, Sometimes Payable	$68.65			
76529	S	ECHO EXAM OF EYE	00266	1.818		APC	$100.96			
76536	S	US EXAM OF HEAD AND NECK	00266	1.818		APC	$100.96			
76604	N	US EXAM CHEST	00266	1.818		Bundled, Sometimes Payable	$100.96			
76641	N	ULTRASOUND BREAST COMPLETE	00265	1.236		Bundled, Sometimes Payable	$68.65			
76642	N	ULTRASOUND BREAST LIMITED	00265	1.236		Bundled, Sometimes Payable	$68.65			
76700	N	US EXAM ABDOM COMPLETE	00266	1.818		Bundled, Sometimes Payable	$100.96			
76705	N	ECHO EXAM OF ABDOMEN	00266	1.818		Bundled, Sometimes Payable	$100.96			
76770	N	US EXAM ABDO BACK WALL COMP	00266	1.818		Bundled, Sometimes Payable	$100.96			
76775	N	US EXAM ABDO BACK WALL LIM	00266	1.818		Bundled, Sometimes Payable	$100.96			
76776	N	US EXAM K TRANSPL W/DOPPLER	00266	1.818		Bundled, Sometimes Payable	$100.96			
76800	N	US EXAM SPINAL CANAL	00265	1.236		Bundled, Sometimes Payable	$68.65			
76801	S	OB US < 14 WKS SINGLE FETUS	00266	1.818		APC	$100.96			
76802	N	OB US < 14 WKS ADDL FETUS				Bundled, Sometimes Payable	$0.00			
76805	S	OB US >/= 14 WKS SNGL FETUS	00266	1.818		APC	$100.96			
76810	N	OB US >/= 14 WKS ADDL FETUS				Bundled, Sometimes Payable	$0.00			
76811	S	OB US DETAILED SNGL FETUS	00267	2.557		APC	$141.96			
76812	N	OB US DETAILED ADDL FETUS				Bundled, Sometimes Payable	$0.00			
76813	S	OB US NUCHAL MEAS 1 GEST	00266	1.818		APC	$100.96			
76814	N	OB US NUCHAL MEAS ADD-ON				Bundled, Sometimes Payable	$0.00			
76815	S	OB US LIMITED FETUS(S)	00266	1.818		APC	$100.96			
76816	N	OB US FOLLOW-UP PER FETUS	00265	1.236		Bundled, Sometimes Payable	$68.65			
76817	S	TRANSVAGINAL US OBSTETRIC	00266	1.818		APC	$100.96			
76818	S	FETAL BIOPHYS PROFILE W/NST	00266	1.818		APC	$100.96			
76819	S	FETAL BIOPHYS PROFIL W/O NST	00266	1.818		APC	$100.96			
76820	N	UMBILICAL ARTERY ECHO	00265	1.236		Bundled, Sometimes Payable	$68.65			
76821	N	MIDDLE CEREBRAL ARTERY ECHO	00265	1.236		Bundled, Sometimes Payable	$68.65			
76825	S	ECHO EXAM OF FETAL HEART	00269	5.7		APC	$316.49			
76826	S	ECHO EXAM OF FETAL HEART	00269	5.7		APC	$316.49			
76827	N	ECHO EXAM OF FETAL HEART	00265	1.236		Bundled, Sometimes Payable	$68.65			
76828	N	ECHO EXAM OF FETAL HEART	00265	1.236		Bundled, Sometimes Payable	$68.65			
76830	S	TRANSVAGINAL US NON-OB	00266	1.818		APC	$100.96			
76831	N	ECHO EXAM UTERUS	00267	2.557		Bundled, Sometimes Payable	$141.96			
76856	N	US EXAM PELVIC COMPLETE	00266	1.818		Bundled, Sometimes Payable	$100.96			
76857	N	US EXAM PELVIC LIMITED	00265	1.236		Bundled, Sometimes Payable	$68.65			
76870	N	US EXAM SCROTUM	00266	1.818		Bundled, Sometimes Payable	$100.96			
76872	S	US TRANSRECTAL	00266	1.818		APC	$100.96			
76873	S	ECHOGRAP TRANS R PROS STUDY	00267	2.557		APC	$141.96			
76881	S	US XTR NON-VASC COMPLETE	00266	1.818		APC	$100.96			
76882	N	US XTR NON-VASC LMTD	00265	1.236		Bundled, Sometimes Payable	$68.65			
76885	N	US EXAM INFANT HIPS DYNAMIC	00265	1.236		Bundled, Sometimes Payable	$68.65			
76886	N	US EXAM INFANT HIPS STATIC	00265	1.236		Bundled, Sometimes Payable	$68.65			
76930	N	ECHO GUIDE CARDIOCENTESIS				Bundled, Sometimes Payable	$0.00			
76932	N	ECHO GUIDE FOR HEART BIOPSY				Bundled, Sometimes Payable	$0.00			
76936	S	ECHO GUIDE FOR ARTERY REPAIR	00096	4.446		APC	$246.88			
76937	N	US GUIDE VASCULAR ACCESS				Bundled, Sometimes Payable	$0.00			
76940	N	US GUIDE TISSUE ABLATION				Bundled, Sometimes Payable	$0.00			
76941	N	ECHO GUIDE FOR TRANSFUSION				Bundled, Sometimes Payable	$0.00			
76942	N	ECHO GUIDE FOR BIOPSY				Bundled, Sometimes Payable	$0.00			
76945	N	ECHO GUIDE VILLUS SAMPLING				Bundled, Sometimes Payable	$0.00			
76946	N	ECHO GUIDE FOR AMNIOCENTESIS				Bundled, Sometimes Payable	$0.00			
76948	N	ECHO GUIDE OVA ASPIRATION				Bundled, Sometimes Payable	$0.00			
76965	N	ECHO GUIDANCE RADIOTHERAPY				Bundled, Sometimes Payable	$0.00			
76970	N	ULTRASOUND EXAM FOLLOW-UP	00265	1.236		Bundled, Sometimes Payable	$68.65			
76975	N	GI ENDOSCOPIC ULTRASOUND	00267	2.557		Bundled, Sometimes Payable	$141.96			
76977	S	US BONE DENSITY MEASURE	00340	0.706		APC	$39.21			

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76998	N	US GUIDE INTRAOP				Bundled, Sometimes Payable	$0.00			
76999	N	ECHO EXAMINATION PROCEDURE	00265	1.236		Bundled, Sometimes Payable	$68.65			
77001	N	FLUOROGUIDE FOR VEIN DEVICE				Bundled, Sometimes Payable	$0.00			
77002	N	NEEDLE LOCALIZATION BY XRAY				Bundled, Sometimes Payable	$0.00			
77003	N	FLUOROGUIDE FOR SPINE INJECT				Bundled, Sometimes Payable	$0.00			
77011	N	CT SCAN FOR LOCALIZATION				Bundled, Sometimes Payable	$0.00			
77012	N	CT SCAN FOR NEEDLE BIOPSY				Bundled, Sometimes Payable	$0.00			
77013	N	CT GUIDE FOR TISSUE ABLATION				Bundled, Sometimes Payable	$0.00			
77014	N	CT SCAN FOR THERAPY GUIDE				Bundled, Sometimes Payable	$0.00			
77021	N	MR GUIDANCE FOR NEEDLE PLACE				Bundled, Sometimes Payable	$0.00			
77022	N	MRI FOR TISSUE ABLATION				Bundled, Sometimes Payable	$0.00			
77051	M	COMPUTER DX MAMMOGRAM ADD-ON				Fee Schedule	$10.51			
77052	M	COMP SCREEN MAMMOGRAM ADD-ON				Fee Schedule	$10.51			
77053	N	X-RAY OF MAMMARY DUCT	00263	4.544		Bundled, Sometimes Payable	$252.32			
77054	N	X-RAY OF MAMMARY DUCTS	00263	4.544		Bundled, Sometimes Payable	$252.32			
77055	M	MAMMOGRAM ONE BREAST				Fee Schedule	$90.65			
77056	M	MAMMOGRAM BOTH BREASTS				Fee Schedule	$116.55			
77057	M	MAMMOGRAM SCREENING				Fee Schedule	$83.12			
77058	M	MRI ONE BREAST				Fee Schedule	$555.04			
77059	M	MRI BOTH BREASTS				Fee Schedule	$552.89			
77061	E	BREAST TOMOSYNTHESIS UNI				Not Allowed	$0.00			
77062	E	BREAST TOMOSYNTHESIS BI				Not Allowed	$0.00			
77063	E	BREAST TOMOSYNTHESIS BI				Not Allowed	$0.00			
77071	N	X-RAY STRESS VIEW	00260	0.8		Bundled, Sometimes Payable	$44.45			
77072	N	X-RAYS FOR BONE AGE	00261	1.281		Bundled, Sometimes Payable	$71.13			
77073	N	X-RAYS BONE LENGTH STUDIES	00261	1.281		Bundled, Sometimes Payable	$71.13			
77074	N	X-RAYS BONE SURVEY LIMITED	00261	1.281		Bundled, Sometimes Payable	$71.13			
77075	S	X-RAYS BONE SURVEY COMPLETE	00272	2.151		APC	$119.43			
77076	N	X-RAYS BONE SURVEY INFANT	00261	1.281		Bundled, Sometimes Payable	$71.13			
77077	N	JOINT SURVEY SINGLE VIEW	00261	1.281		Bundled, Sometimes Payable	$71.13			
77078	S	CT BONE DENSITY AXIAL	00260	0.8		APC	$44.45			
77080	S	DXA BONE DENSITY AXIAL	00261	1.281		APC	$71.13			
77081	S	DXA BONE DENSITY/PERIPHERAL	00260	0.8		APC	$44.45			
77084	S	MAGNETIC IMAGE BONE MARROW	00336	3.861		APC	$214.42			
77085	N	DXA BONE DENSITY STUDY	00261	1.281		Bundled, Sometimes Payable	$71.13			
77086	N	FRACTURE ASSESSMENT VIA DXA	00260	0.8		Bundled, Sometimes Payable	$44.45			
77261	E	RADIATION THERAPY PLANNING				Not Allowed	$0.00			
77262	E	RADIATION THERAPY PLANNING				Not Allowed	$0.00			
77263	E	RADIATION THERAPY PLANNING				Not Allowed	$0.00			
77280	S	SET RADIATION THERAPY FIELD	00304	1.526		APC	$84.72			
77285	S	SET RADIATION THERAPY FIELD	00305	4.241		APC	$235.49			
77290	S	SET RADIATION THERAPY FIELD	00305	4.241		APC	$235.49			
77293	N	RESPIRATOR MOTION MGMT SIMUL				Bundled, Sometimes Payable	$0.00			
77295	S	3-D RADIOTHERAPY PLAN	00310	14		APC	$777.50			
77299	S	RADIATION THERAPY PLANNING	00304	1.526		APC	$84.72			
77300	S	RADIATION THERAPY DOSE PLAN	00304	1.526		APC	$84.72			
77301	S	RADIOTHERAPY DOSE PLAN IMRT	00310	14		APC	$777.50			
77306	S	TELETHX ISODOSE PLAN SIMPLE	00304	1.526		APC	$84.72			
77307	S	TELETHX ISODOSE PLAN CPLX	00304	1.526		APC	$84.72			
77316	S	BRACHYTX ISODOSE PLAN SIMPLE	00304	1.526		APC	$84.72			
77317	S	BRACHYTX ISODOSE INTERMED	00305	4.241		APC	$235.49			
77318	S	BRACHYTX ISODOSE COMPLEX	00305	4.241		APC	$235.49			
77321	S	SPECIAL TELETX PORT PLAN	00305	4.241		APC	$235.49			
77331	S	SPECIAL RADIATION DOSIMETRY	00304	1.526		APC	$84.72			
77332	S	RADIATION TREATMENT AID(S)	00303	2.907		APC	$161.43			
77333	S	RADIATION TREATMENT AID(S)	00303	2.907		APC	$161.43			
77334	S	RADIATION TREATMENT AID(S)	00303	2.907		APC	$161.43			
77336	S	RADIATION PHYSICS CONSULT	00304	1.526		APC	$84.72			
77338	S	DESIGN MLC DEVICE FOR IMRT	00305	4.241		APC	$235.49			
77370	S	RADIATION PHYSICS CONSULT	00304	1.526		APC	$84.72			
77371	N	SRS MULTISOURCE	00067	131.7		Bundled, Sometimes Payable	$7,313.78			
77372	N	SRS LINEAR BASED	00067	131.7		Bundled, Sometimes Payable	$7,313.78			
77373	S	SBRT DELIVERY	00066	25.66		APC	$1,424.86			
77385	S	NTSTY MODUL RAD TX DLVR SMPL	00412	6.846		APC	$380.13			

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77386	S	NTSTY MODUL RAD TX DLVR CPLX	00412	6.846		APC	$380.13			
77387	N	GUIDANCE FOR RADIAJ TX DLVR				Bundled, Sometimes Payable	$0.00			
77399	S	EXTERNAL RADIATION DOSIMETRY	00304	1.526		APC	$84.72			
77401	S	RADIATION TREATMENT DELIVERY	00300	1.35		APC	$74.97			
77402	S	RADIATION TREATMENT DELIVERY	00300	1.35		APC	$74.97			
77407	S	RADIATION TREATMENT DELIVERY	00300	1.35		APC	$74.97			
77412	S	RADIATION TREATMENT DELIVERY	00301	2.605		APC	$144.67			
77417	N	RADIOLOGY PORT FILM(S)				Bundled, Sometimes Payable	$0.00			
77422	S	NEUTRON BEAM TX SIMPLE	00301	2.605		APC	$144.67			
77423	S	NEUTRON BEAM TX COMPLEX	00301	2.605		APC	$144.67			
77424	N	IO RAD TX DELIVERY BY X-RAY	00648	100.6		Bundled, Sometimes Payable	$5,588.20			
77425	N	IO RAD TX DELIVER BY ELCTRNS	00648	100.6		Bundled, Sometimes Payable	$5,588.20			
77427	M	RADIATION TX MANAGEMENT X5				Fee Schedule	$188.01			
77431	M	RADIATION THERAPY MANAGEMENT				Fee Schedule	$102.95			
77432	M	STEREOTACTIC RADIATION TRMT				Fee Schedule	$423.58			
77435	N	SBRT MANAGEMENT				Bundled, Sometimes Payable	$0.00			
77469	E	IO RADIATION TX MANAGEMENT				Not Allowed	$0.00			
77470	S	SPECIAL RADIATION TREATMENT	00412	6.846		APC	$380.13			
77499	M	RADIATION THERAPY MANAGEMENT				Charge Ratio	$0.00			
77520	S	PROTON TRMT SIMPLE W/O COMP	00412	6.846		APC	$380.13			
77522	S	PROTON TRMT SIMPLE W/COMP	00667	14.46		APC	$802.84			
77523	S	PROTON TRMT INTERMEDIATE	00667	14.46		APC	$802.84			
77525	S	PROTON TREATMENT COMPLEX	00667	14.46		APC	$802.84			
77600	S	HYPERTHERMIA TREATMENT	00301	2.605		APC	$144.67			
77605	S	HYPERTHERMIA TREATMENT	00412	6.846		APC	$380.13			
77610	S	HYPERTHERMIA TREATMENT	00412	6.846		APC	$380.13			
77615	S	HYPERTHERMIA TREATMENT	00412	6.846		APC	$380.13			
77620	S	HYPERTHERMIA TREATMENT	00412	6.846		APC	$380.13			
77750	S	INFUSE RADIOACTIVE MATERIALS	00301	2.605		APC	$144.67			
77761	S	APPLY INTRCAV RADIAT SIMPLE	00312	5.338		APC	$296.41			
77762	S	APPLY INTRCAV RADIAT INTERM	00312	5.338		APC	$296.41			
77763	S	APPLY INTRCAV RADIAT COMPL	00312	5.338		APC	$296.41			
77776	S	APPLY INTERSTIT RADIAT SIMPL	00312	5.338		APC	$296.41			
77777	S	APPLY INTERSTIT RADIAT INTER	00312	5.338		APC	$296.41			
77778	N	APPLY INTERSTIT RADIAT COMPL	00651	12.84		Bundled, Sometimes Payable	$713.08			
77785	S	HDR BRACHYTX 1 CHANNEL	00313	9.838		APC	$546.28			
77786	S	HDR BRACHYTX 2-12 CHANNEL	00313	9.838		APC	$546.28			
77787	S	HDR BRACHYTX OVER 12 CHAN	00313	9.838		APC	$546.28			
77789	S	APPLY SURFACE RADIATION	00301	2.605		APC	$144.67			
77790	N	RADIATION HANDLING				Bundled, Sometimes Payable	$0.00			
77799	S	RADIUM/RADIOISOTOPE THERAPY	00312	5.338		APC	$296.41			
78012	S	THYROID UPTAKE MEASUREMENT	00389	2.55		APC	$141.61			
78013	S	THYROID IMAGING W/BLOOD FLOW	00390	2.561		APC	$142.18			
78014	S	THYROID IMAGING W/BLOOD FLOW	00391	3.802		APC	$211.12			
78015	S	THYROID MET IMAGING	00406	5.087		APC	$282.49			
78016	S	THYROID MET IMAGING/STUDIES	00406	5.087		APC	$282.49			
78018	S	THYROID MET IMAGING BODY	00406	5.087		APC	$282.49			
78020	N	THYROID MET UPTAKE				Bundled, Sometimes Payable	$0.00			
78070	S	PARATHYROID PLANAR IMAGING	00391	3.802		APC	$211.12			
78071	S	PARATHYRD PLANAR W/WO SUBTRJ	00406	5.087		APC	$282.49			
78072	S	PARATHYRD PLANAR W/SPECT&CT	00406	5.087		APC	$282.49			
78075	S	ADRENAL CORTEX & MEDULLA IMG	00408	16.03		APC	$889.96			
78099	S	ENDOCRINE NUCLEAR PROCEDURE	00390	2.561		APC	$142.18			
78102	S	BONE MARROW IMAGING LTD	00400	4.983		APC	$276.71			
78103	S	BONE MARROW IMAGING MULT	00400	4.983		APC	$276.71			
78104	S	BONE MARROW IMAGING BODY	00400	4.983		APC	$276.71			
78110	S	PLASMA VOLUME SINGLE	00393	8.469		APC	$470.30			
78111	S	PLASMA VOLUME MULTIPLE	00393	8.469		APC	$470.30			
78120	S	RED CELL MASS SINGLE	00393	8.469		APC	$470.30			
78121	S	RED CELL MASS MULTIPLE	00393	8.469		APC	$470.30			
78122	S	BLOOD VOLUME	00393	8.469		APC	$470.30			
78130	S	RED CELL SURVIVAL STUDY	00393	8.469		APC	$470.30			
78135	S	RED CELL SURVIVAL KINETICS	00393	8.469		APC	$470.30			
78140	S	RED CELL SEQUESTRATION	00393	8.469		APC	$470.30			

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78185	S	SPLEEN IMAGING	00400	4.983		APC	$276.71			
78190	S	PLATELET SURVIVAL KINETICS	00392	3.779		APC	$209.83			
78191	S	PLATELET SURVIVAL	00392	3.779		APC	$209.83			
78195	S	LYMPH SYSTEM IMAGING	00400	4.983		APC	$276.71			
78199	S	BLOOD/LYMPH NUCLEAR EXAM	00400	4.983		APC	$276.71			
78201	S	LIVER IMAGING	00394	5.03		APC	$279.29			
78202	S	LIVER IMAGING WITH FLOW	00394	5.03		APC	$279.29			
78205	S	LIVER IMAGING (3D)	00394	5.03		APC	$279.29			
78206	S	LIVER IMAGE (3D) WITH FLOW	00394	5.03		APC	$279.29			
78215	S	LIVER AND SPLEEN IMAGING	00394	5.03		APC	$279.29			
78216	S	LIVER & SPLEEN IMAGE/FLOW	00394	5.03		APC	$279.29			
78226	S	HEPATOBILIARY SYSTEM IMAGING	00394	5.03		APC	$279.29			
78227	S	HEPATOBIL SYST IMAGE W/DRUG	00394	5.03		APC	$279.29			
78230	S	SALIVARY GLAND IMAGING	00395	4.408		APC	$244.78			
78231	S	SERIAL SALIVARY IMAGING	00395	4.408		APC	$244.78			
78232	S	SALIVARY GLAND FUNCTION EXAM	00395	4.408		APC	$244.78			
78258	S	ESOPHAGEAL MOTILITY STUDY	00395	4.408		APC	$244.78			
78261	S	GASTRIC MUCOSA IMAGING	00395	4.408		APC	$244.78			
78262	S	GASTROESOPHAGEAL REFLUX EXAM	00395	4.408		APC	$244.78			
78264	S	GASTRIC EMPTYING STUDY	00395	4.408		APC	$244.78			
78267	Q	BREATH TST ATTAIN/ANAL C-14				Medicare	$17.83	$11.05	$10.70	
78268	Q	BREATH TEST ANALYSIS C-14				Medicare	$152.77	$94.72	$91.66	
78270	S	VIT B-12 ABSORPTION EXAM	00392	3.779		APC	$209.83			
78271	S	VIT B-12 ABSRP EXAM INT FAC	00392	3.779		APC	$209.83			
78272	S	VIT B-12 ABSORP COMBINED	00392	3.779		APC	$209.83			
78278	S	ACUTE GI BLOOD LOSS IMAGING	00395	4.408		APC	$244.78			
78282	S	GI PROTEIN LOSS EXAM	00395	4.408		APC	$244.78			
78290	S	MECKELS DIVERT EXAM	00395	4.408		APC	$244.78			
78291	S	LEVEEN/SHUNT PATENCY EXAM	00395	4.408		APC	$244.78			
78299	S	GI NUCLEAR PROCEDURE	00395	4.408		APC	$244.78			
78300	S	BONE IMAGING LIMITED AREA	00396	4.48		APC	$248.79			
78305	S	BONE IMAGING MULTIPLE AREAS	00396	4.48		APC	$248.79			
78306	S	BONE IMAGING WHOLE BODY	00396	4.48		APC	$248.79			
78315	S	BONE IMAGING 3 PHASE	00396	4.48		APC	$248.79			
78320	S	BONE IMAGING (3D)	00396	4.48		APC	$248.79			
78350	E	BONE MINERAL SINGLE PHOTON				Not Allowed	$0.00			
78351	E	BONE MINERAL DUAL PHOTON				Not Allowed	$0.00			
78399	S	MUSCULOSKELETAL NUCLEAR EXAM	00396	4.48		APC	$248.79			
78414	S	NON-IMAGING HEART FUNCTION	00398	5.036		APC	$279.67			
78428	S	CARDIAC SHUNT IMAGING	00398	5.036		APC	$279.67			
78445	S	VASCULAR FLOW IMAGING	00263	4.544		APC	$252.32			
78451	S	HT MUSCLE IMAGE SPECT SING	00377	15.38		APC	$853.87			
78452	S	HT MUSCLE IMAGE SPECT MULT	00377	15.38		APC	$853.87			
78453	S	HT MUSCLE IMAGE PLANAR SING	00377	15.38		APC	$853.87			
78454	S	HT MUSC IMAGE PLANAR MULT	00377	15.38		APC	$853.87			
78456	S	ACUTE VENOUS THROMBUS IMAGE	00317	10.96		APC	$608.81			
78457	S	VENOUS THROMBOSIS IMAGING	00263	4.544		APC	$252.32			
78458	S	VEN THROMBOSIS IMAGES BILAT	00263	4.544		APC	$252.32			
78459	S	HEART MUSCLE IMAGING (PET)	00308	17.34		APC	$962.94			
78466	S	HEART INFARCT IMAGE	00398	5.036		APC	$279.67			
78468	S	HEART INFARCT IMAGE (EF)	00398	5.036		APC	$279.67			
78469	S	HEART INFARCT IMAGE (3D)	00398	5.036		APC	$279.67			
78472	S	GATED HEART PLANAR SINGLE	00398	5.036		APC	$279.67			
78473	S	GATED HEART MULTIPLE	00398	5.036		APC	$279.67			
78481	S	HEART FIRST PASS SINGLE	00398	5.036		APC	$279.67			
78483	S	HEART FIRST PASS MULTIPLE	00377	15.38		APC	$853.87			
78491	S	HEART IMAGE (PET) SINGLE	00308	17.34		APC	$962.94			
78492	S	HEART IMAGE (PET) MULTIPLE	00308	17.34		APC	$962.94			
78494	S	HEART IMAGE SPECT	00398	5.036		APC	$279.67			
78496	N	HEART FIRST PASS ADD-ON				Bundled, Sometimes Payable	$0.00			
78499	S	CARDIOVASCULAR NUCLEAR EXAM	00398	5.036		APC	$279.67			
78579	S	LUNG VENTILATION IMAGING	00401	4.259		APC	$236.49			
78580	S	LUNG PERFUSION IMAGING	00401	4.259		APC	$236.49			
78582	S	LUNG VENTILAT&PERFUS IMAGING	00378	5.937		APC	$329.66			

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78597	S	LUNG PERFUSION DIFFERENTIAL	00401	4.259		APC	$236.49			
78598	S	LUNG PERF&VENTILAT DIFERENTL	00378	5.937		APC	$329.66			
78599	S	RESPIRATORY NUCLEAR EXAM	00401	4.259		APC	$236.49			
78600	S	BRAIN IMAGE < 4 VIEWS	00403	2.387		APC	$132.56			
78601	S	BRAIN IMAGE W/FLOW < 4 VIEWS	00402	7.513		APC	$417.19			
78605	S	BRAIN IMAGE 4+ VIEWS	00402	7.513		APC	$417.19			
78606	S	BRAIN IMAGE W/FLOW 4 + VIEWS	00402	7.513		APC	$417.19			
78607	S	BRAIN IMAGING (3D)	00408	16.03		APC	$889.96			
78608	S	BRAIN IMAGING (PET)	00308	17.34		APC	$962.94			
78609	E	BRAIN IMAGING (PET)				Not Allowed	$0.00			
78610	S	BRAIN FLOW IMAGING ONLY	00402	7.513		APC	$417.19			
78630	S	CEREBROSPINAL FLUID SCAN	00402	7.513		APC	$417.19			
78635	S	CSF VENTRICULOGRAPHY	00402	7.513		APC	$417.19			
78645	S	CSF SHUNT EVALUATION	00402	7.513		APC	$417.19			
78647	S	CEREBROSPINAL FLUID SCAN	00402	7.513		APC	$417.19			
78650	S	CSF LEAKAGE IMAGING	00402	7.513		APC	$417.19			
78660	S	NUCLEAR EXAM OF TEAR FLOW	00403	2.387		APC	$132.56			
78699	S	NERVOUS SYSTEM NUCLEAR EXAM	00403	2.387		APC	$132.56			
78700	S	KIDNEY IMAGING MORPHOL	00404	5.671		APC	$314.93			
78701	S	KIDNEY IMAGING WITH FLOW	00404	5.671		APC	$314.93			
78707	S	K FLOW/FUNCT IMAGE W/O DRUG	00404	5.671		APC	$314.93			
78708	S	K FLOW/FUNCT IMAGE W/DRUG	00404	5.671		APC	$314.93			
78709	S	K FLOW/FUNCT IMAGE MULTIPLE	00404	5.671		APC	$314.93			
78710	S	KIDNEY IMAGING (3D)	00404	5.671		APC	$314.93			
78725	S	KIDNEY FUNCTION STUDY	00392	3.779		APC	$209.83			
78730	N	URINARY BLADDER RETENTION				Bundled, Sometimes Payable	$0.00			
78740	S	URETERAL REFLUX STUDY	00404	5.671		APC	$314.93			
78761	S	TESTICULAR IMAGING W/FLOW	00404	5.671		APC	$314.93			
78799	S	GENITOURINARY NUCLEAR EXAM	00404	5.671		APC	$314.93			
78800	S	TUMOR IMAGING LIMITED AREA	00406	5.087		APC	$282.49			
78801	S	TUMOR IMAGING MULT AREAS	00406	5.087		APC	$282.49			
78802	S	TUMOR IMAGING WHOLE BODY	00414	9.528		APC	$529.10			
78803	S	TUMOR IMAGING (3D)	00414	9.528		APC	$529.10			
78804	S	TUMOR IMAGING WHOLE BODY	00408	16.03		APC	$889.96			
78805	S	ABSCESS IMAGING LTD AREA	00414	9.528		APC	$529.10			
78806	S	ABSCESS IMAGING WHOLE BODY	00414	9.528		APC	$529.10			
78807	S	NUCLEAR LOCALIZATION/ABSCESS	00414	9.528		APC	$529.10			
78808	N	IV INJ RA DRUG DX STUDY	00392	3.779		Bundled, Sometimes Payable	$209.83			
78811	S	PET IMAGE LTD AREA	00308	17.34		APC	$962.94			
78812	S	PET IMAGE SKULL-THIGH	00308	17.34		APC	$962.94			
78813	S	PET IMAGE FULL BODY	00308	17.34		APC	$962.94			
78814	S	PET IMAGE W/CT LMTD	00308	17.34		APC	$962.94			
78815	S	PET IMAGE W/CT SKULL-THIGH	00308	17.34		APC	$962.94			
78816	S	PET IMAGE W/CT FULL BODY	00308	17.34		APC	$962.94			
78999	S	NUCLEAR DIAGNOSTIC EXAM	00389	2.55		APC	$141.61			
79005	S	NUCLEAR RX ORAL ADMIN	00407	3.734		APC	$207.33			
79101	S	NUCLEAR RX IV ADMIN	00407	3.734		APC	$207.33			
79200	S	NUCLEAR RX INTRACAV ADMIN	00407	3.734		APC	$207.33			
79300	S	NUCLR RX INTERSTIT COLLOID	00407	3.734		APC	$207.33			
79403	S	HEMATOPOIETIC NUCLEAR TX	00407	3.734		APC	$207.33			
79440	S	NUCLEAR RX INTRA-ARTICULAR	00407	3.734		APC	$207.33			
79445	S	NUCLEAR RX INTRA-ARTERIAL	00407	3.734		APC	$207.33			
79999	S	NUCLEAR MEDICINE THERAPY	00407	3.734		APC	$207.33			
80047	Q	METABOLIC PANEL IONIZED CA				Bundled	$0.00			
80048	Q	METABOLIC PANEL TOTAL CA				Bundled	$0.00			
80050	Q	GENERAL HEALTH PANEL				Bundled	$0.00			
80051	Q	ELECTROLYTE PANEL				Bundled	$0.00			
80053	Q	COMPREHEN METABOLIC PANEL				Bundled	$0.00			
80055	Q	OBSTETRIC PANEL				Bundled	$0.00			
80061	Q	LIPID PANEL				Bundled	$0.00			
80069	Q	RENAL FUNCTION PANEL				Bundled	$0.00			
80074	Q	ACUTE HEPATITIS PANEL				Bundled	$0.00			
80076	Q	HEPATIC FUNCTION PANEL				Bundled	$0.00			
80150	Q	ASSAY OF AMIKACIN				Bundled	$0.00			

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80155	Q	DRUG ASSAY CAFFEINE				Bundled	$0.00			
80156	Q	ASSAY CARBAMAZEPINE TOTAL				Bundled	$0.00			
80157	Q	ASSAY CARBAMAZEPINE FREE				Bundled	$0.00			
80158	Q	DRUG ASSAY CYCLOSPORINE				Bundled	$0.00			
80159	Q	DRUG ASSAY CLOZAPINE				Bundled	$0.00			
80162	Q	ASSAY OF DIGOXIN TOTAL				Bundled	$0.00			
80163	Q	ASSAY OF DIGOXIN FREE				Medicare	$30.12	$18.67	$18.07	
80164	Q	ASSAY DIPROPYLACETIC ACD TOT				Bundled	$0.00			
80165	Q	DIPROPYLACETIC ACID FREE				Medicare	$30.73	$19.05	$18.44	
80168	Q	ASSAY OF ETHOSUXIMIDE				Bundled	$0.00			
80169	Q	DRUG ASSAY EVEROLIMUS				Bundled	$0.00			
80170	Q	ASSAY OF GENTAMICIN				Bundled	$0.00			
80171	Q	DRUG SCREEN QUANT GABAPENTIN				Bundled	$0.00			
80173	Q	ASSAY OF HALOPERIDOL				Bundled	$0.00			
80175	Q	DRUG SCREEN QUAN LAMOTRIGINE				Bundled	$0.00			
80176	Q	ASSAY OF LIDOCAINE				Bundled	$0.00			
80177	Q	DRUG SCRN QUAN LEVETIRACETAM				Bundled	$0.00			
80178	Q	ASSAY OF LITHIUM				Bundled	$0.00			
80180	Q	DRUG SCRN QUAN MYCOPHENOLATE				Bundled	$0.00			
80183	Q	DRUG SCRN QUANT OXCARBAZEPIN				Bundled	$0.00			
80184	Q	ASSAY OF PHENOBARBITAL				Bundled	$0.00			
80185	Q	ASSAY OF PHENYTOIN TOTAL				Bundled	$0.00			
80186	Q	ASSAY OF PHENYTOIN FREE				Bundled	$0.00			
80188	Q	ASSAY OF PRIMIDONE				Bundled	$0.00			
80190	Q	ASSAY OF PROCAINAMIDE				Bundled	$0.00			
80192	Q	ASSAY OF PROCAINAMIDE				Bundled	$0.00			
80194	Q	ASSAY OF QUINIDINE				Bundled	$0.00			
80195	Q	ASSAY OF SIROLIMUS				Bundled	$0.00			
80197	Q	ASSAY OF TACROLIMUS				Bundled	$0.00			
80198	Q	ASSAY OF THEOPHYLLINE				Bundled	$0.00			
80199	Q	DRUG SCREEN QUANT TIAGABINE				Bundled	$0.00			
80200	Q	ASSAY OF TOBRAMYCIN				Bundled	$0.00			
80201	Q	ASSAY OF TOPIRAMATE				Bundled	$0.00			
80202	Q	ASSAY OF VANCOMYCIN				Bundled	$0.00			
80203	Q	DRUG SCREEN QUANT ZONISAMIDE				Bundled	$0.00			
80299	Q	QUANTITATIVE ASSAY DRUG				Bundled	$0.00			
80300	E	DRUG SCREEN NON TLC DEVICES				Not Allowed	$0.00			
80301	E	DRUG SCREEN CLASS LIST A				Not Allowed	$0.00			
80302	E	DRUG SCREEN PRSMPTV 1 CLASS				Not Allowed	$0.00			
80303	E	DRUG SCREEN ONE/MULT CLASS				Not Allowed	$0.00			
80304	E	DRUG SCREEN ONE/MULT CLASS				Not Allowed	$0.00			
80320	E	DRUG SCREEN QUANTALCOHOLS				Not Allowed	$0.00			
80321	E	ALCOHOLS BIOMARKERS 1OR 2				Not Allowed	$0.00			
80322	E	ALCOHOLS BIOMARKERS 3/MORE				Not Allowed	$0.00			
80323	E	ALKALOIDS NOS				Not Allowed	$0.00			
80324	E	DRUG SCREEN AMPHETAMINES 1/2				Not Allowed	$0.00			
80325	E	AMPHETAMINES 3OR 4				Not Allowed	$0.00			
80326	E	AMPHETAMINES 5 OR MORE				Not Allowed	$0.00			
80327	E	ANABOLIC STEROID 1 OR 2				Not Allowed	$0.00			
80328	E	ANABOLIC STEROID 3 OR MORE				Not Allowed	$0.00			
80329	E	ANALGESICS NON-OPIOID 1 OR 2				Not Allowed	$0.00			
80330	E	ANALGESICS NON-OPIOID 3-5				Not Allowed	$0.00			
80331	E	ANALGESICS NON-OPIOID 6/MORE				Not Allowed	$0.00			
80332	E	ANTIDEPRESSANTS CLASS 1 OR 2				Not Allowed	$0.00			
80333	E	ANTIDEPRESSANTS CLASS 3-5				Not Allowed	$0.00			
80334	E	ANTIDEPRESSANTS CLASS 6/MORE				Not Allowed	$0.00			
80335	E	ANTIDEPRESSANT TRICYCLIC 1/2				Not Allowed	$0.00			
80336	E	ANTIDEPRESSANT TRICYCLIC 3-5				Not Allowed	$0.00			
80337	E	TRICYCLIC & CYCLICALS 6/MORE				Not Allowed	$0.00			
80338	E	ANTIDEPRESSANT NOT SPECIFIED				Not Allowed	$0.00			
80339	E	ANTIEPILEPTICS NOS 1-3				Not Allowed	$0.00			
80340	E	ANTIEPILEPTICS NOS 4-6				Not Allowed	$0.00			
80341	E	ANTIEPILEPTICS NOS 7/MORE				Not Allowed	$0.00			
80342	E	ANTIPSYCHOTICS NOS 1-3				Not Allowed	$0.00			

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80343	E	ANTIPSYCHOTICS NOS 4-6				Not Allowed	$0.00			
80344	E	ANTIPSYCHOTICS NOS 7/MORE				Not Allowed	$0.00			
80345	E	DRUG SCREENING BARBITURATES				Not Allowed	$0.00			
80346	E	BENZODIAZEPINES1-12				Not Allowed	$0.00			
80347	E	BENZODIAZEPINES 13 OR MORE				Not Allowed	$0.00			
80348	E	DRUG SCREENING BUPRENORPHINE				Not Allowed	$0.00			
80349	E	CANNABINOIDS NATURAL				Not Allowed	$0.00			
80350	E	CANNABINOIDS SYNTHETIC 1-3				Not Allowed	$0.00			
80351	E	CANNABINOIDS SYNTHETIC 4-6				Not Allowed	$0.00			
80352	E	CANNABINOID SYNTHETIC 7/MORE				Not Allowed	$0.00			
80353	E	DRUG SCREENING COCAINE				Not Allowed	$0.00			
80354	E	DRUG SCREENING FENTANYL				Not Allowed	$0.00			
80355	E	GABAPENTIN NON-BLOOD				Not Allowed	$0.00			
80356	E	HEROIN METABOLITE				Not Allowed	$0.00			
80357	E	KETAMINE AND NORKETAMINE				Not Allowed	$0.00			
80358	E	DRUG SCREENING METHADONE				Not Allowed	$0.00			
80359	E	METHYLENEDIOXYAMPHETAMINES				Not Allowed	$0.00			
80360	E	METHYLPHENIDATE				Not Allowed	$0.00			
80361	E	OPIATES 1 OR MORE				Not Allowed	$0.00			
80362	E	OPIOIDS & OPIATE ANALOGS 1/2				Not Allowed	$0.00			
80363	E	OPIOIDS & OPIATE ANALOGS 3/4				Not Allowed	$0.00			
80364	E	OPIOID &OPIATE ANALOG 5/MORE				Not Allowed	$0.00			
80365	E	DRUG SCREENING OXYCODONE				Not Allowed	$0.00			
80366	E	DRUG SCREENING PREGABALIN				Not Allowed	$0.00			
80367	E	DRUG SCREENING PROPOXYPHENE				Not Allowed	$0.00			
80368	E	SEDATIVE HYPNOTICS				Not Allowed	$0.00			
80369	E	SKELETAL MUSCLE RELAXANT 1/2				Not Allowed	$0.00			
80370	E	SKEL MUSC RELAXANT 3 OR MORE				Not Allowed	$0.00			
80371	E	STIMULANTS SYNTHETIC				Not Allowed	$0.00			
80372	E	DRUG SCREENING TAPENTADOL				Not Allowed	$0.00			
80373	E	DRUG SCREENING TRAMADOL				Not Allowed	$0.00			
80374	E	STEREOISOMER ANALYSIS				Not Allowed	$0.00			
80375	E	DRUG/SUBSTANCE NOS 1-3				Not Allowed	$0.00			
80376	E	DRUG/SUBSTANCE NOS 4-6				Not Allowed	$0.00			
80377	E	DRUG/SUBSTANCE NOS 7/MORE				Not Allowed	$0.00			
80400	Q	ACTH STIMULATION PANEL				Bundled	$0.00			
80402	Q	ACTH STIMULATION PANEL				Bundled	$0.00			
80406	Q	ACTH STIMULATION PANEL				Bundled	$0.00			
80408	Q	ALDOSTERONE SUPPRESSION EVAL				Bundled	$0.00			
80410	Q	CALCITONIN STIMUL PANEL				Bundled	$0.00			
80412	Q	CRH STIMULATION PANEL				Bundled	$0.00			
80414	Q	TESTOSTERONE RESPONSE				Bundled	$0.00			
80415	Q	ESTRADIOL RESPONSE PANEL				Bundled	$0.00			
80416	Q	RENIN STIMULATION PANEL				Bundled	$0.00			
80417	Q	RENIN STIMULATION PANEL				Bundled	$0.00			
80418	Q	PITUITARY EVALUATION PANEL				Bundled	$0.00			
80420	Q	DEXAMETHASONE PANEL				Bundled	$0.00			
80422	Q	GLUCAGON TOLERANCE PANEL				Bundled	$0.00			
80424	Q	GLUCAGON TOLERANCE PANEL				Bundled	$0.00			
80426	Q	GONADOTROPIN HORMONE PANEL				Bundled	$0.00			
80428	Q	GROWTH HORMONE PANEL				Bundled	$0.00			
80430	Q	GROWTH HORMONE PANEL				Bundled	$0.00			
80432	Q	INSULIN SUPPRESSION PANEL				Bundled	$0.00			
80434	Q	INSULIN TOLERANCE PANEL				Bundled	$0.00			
80435	Q	INSULIN TOLERANCE PANEL				Bundled	$0.00			
80436	Q	METYRAPONE PANEL				Bundled	$0.00			
80438	Q	TRH STIMULATION PANEL				Bundled	$0.00			
80439	Q	TRH STIMULATION PANEL				Bundled	$0.00			
80500	N	LAB PATHOLOGY CONSULTATION	00433	2.477		Bundled, Sometimes Payable	$137.52			
80502	N	LAB PATHOLOGY CONSULTATION	00342	0.732		Bundled, Sometimes Payable	$40.64			
81000	Q	URINALYSIS NONAUTO W/SCOPE				Bundled	$0.00			
81001	Q	URINALYSIS AUTO W/SCOPE				Bundled	$0.00			
81002	Q	URINALYSIS NONAUTO W/O SCOPE				Bundled	$0.00			
81003	Q	URINALYSIS AUTO W/O SCOPE				Bundled	$0.00			

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81005	Q	URINALYSIS				Bundled	$0.00			
81007	Q	URINE SCREEN FOR BACTERIA				Bundled	$0.00			
81015	Q	MICROSCOPIC EXAM OF URINE				Bundled	$0.00			
81020	Q	URINALYSIS GLASS TEST				Bundled	$0.00			
81025	Q	URINE PREGNANCY TEST				Bundled	$0.00			
81050	Q	URINALYSIS VOLUME MEASURE				Bundled	$0.00			
81099	N	URINALYSIS TEST PROCEDURE				Bundled	$0.00			
81161	E	DMD DUP/DELET ANALYSIS				Not Allowed	$0.00			
81200	Q	ASPA GENE				Charge Ratio	$0.00			
81201	Q	APC GENE FULL SEQUENCE				Charge Ratio	$0.00			
81202	Q	APC GENE KNOWN FAM VARIANTS				Charge Ratio	$0.00			
81203	Q	APC GENE DUP/DELET VARIANTS				Charge Ratio	$0.00			
81205	Q	BCKDHB GENE				Charge Ratio	$0.00			
81206	Q	BCR/ABL1 GENE MAJOR BP				Medicare	$371.88	$230.57	$223.13	
81207	Q	BCR/ABL1 GENE MINOR BP				Medicare	$328.50	$203.67	$197.10	
81208	Q	BCR/ABL1 GENE OTHER BP				Medicare	$364.80	$226.18	$218.88	
81209	Q	BLM GENE				Charge Ratio	$0.00			
81210	Q	BRAF GENE				Medicare	$298.00	$184.76	$178.80	
81211	E	BRCA1&2 SEQ & COM DUP/DEL				Not Allowed	$0.00			
81212	E	BRCA1&2 185&5385&6174 VAR				Not Allowed	$0.00			
81213	E	BRCA1&2 UNCOM DUP/DEL VAR				Not Allowed	$0.00			
81214	E	BRCA1 FULL SEQ & COM DUP/DEL				Not Allowed	$0.00			
81215	E	BRCA1 GENE KNOWN FAM VARIANT				Not Allowed	$0.00			
81216	E	BRCA2 GENE FULL SEQUENCE				Not Allowed	$0.00			
81217	E	BRCA2 GENE KNOWN FAM VARIANT				Not Allowed	$0.00			
81220	Q	CFTR GENE COM VARIANTS				Charge Ratio	$0.00			
81221	Q	CFTR GENE KNOWN FAM VARIANTS				Charge Ratio	$0.00			
81222	Q	CFTR GENE DUP/DELET VARIANTS				Charge Ratio	$0.00			
81223	Q	CFTR GENE FULL SEQUENCE				Charge Ratio	$0.00			
81224	Q	CFTR GENE INTRON POLY T				Charge Ratio	$0.00			
81225	Q	CYP2C19 GENE COM VARIANTS				Medicare	$485.12	$300.77	$291.07	
81226	Q	CYP2D6 GENE COM VARIANTS				Medicare	$750.77	$465.48	$450.46	
81227	Q	CYP2C9 GENE COM VARIANTS				Medicare	$291.07	$180.46	$174.64	
81228	Q	CYTOGEN MICRARRAY COPY NMBR				Charge Ratio	$0.00			
81229	Q	CYTOGEN M ARRAY COPY NO&SNP				Charge Ratio	$0.00			
81235	Q	EGFR GENE COM VARIANTS				Medicare	$548.63	$340.15	$329.18	
81240	Q	F2 GENE				Medicare	$111.60	$69.19	$66.96	
81241	Q	F5 GENE				Medicare	$138.60	$85.93	$83.16	
81242	Q	FANCC GENE				Charge Ratio	$0.00			
81243	Q	FMR1 GENE DETECTION				Charge Ratio	$0.00			
81244	Q	FMR1 GENE CHARACTERIZATION				Charge Ratio	$0.00			
81245	Q	FLT3 GENE				Medicare	$275.85	$171.03	$165.51	
81246	E	FLT3 GENE ANALYSIS				Not Allowed	$0.00			
81250	Q	G6PC GENE				Charge Ratio	$0.00			
81251	Q	GBA GENE				Charge Ratio	$0.00			
81252	Q	GJB2 GENE FULL SEQUENCE				Charge Ratio	$0.00			
81253	Q	GJB2 GENE KNOWN FAM VARIANTS				Charge Ratio	$0.00			
81254	Q	GJB6 GENE COM VARIANTS				Charge Ratio	$0.00			
81255	Q	HEXA GENE				Charge Ratio	$0.00			
81256	Q	HFE GENE				Medicare	$148.25	$91.92	$88.95	
81257	Q	HBA1/HBA2 GENE				Charge Ratio	$0.00			
81260	Q	IKBKAP GENE				Charge Ratio	$0.00			
81261	Q	IGH GENE REARRANGE AMP METH				Medicare	$449.05	$278.41	$269.43	
81262	Q	IGH GENE REARRANG DIR PROBE				Medicare	$99.00	$61.38	$59.40	
81263	Q	IGH VARI REGIONAL MUTATION				Medicare	$667.98	$414.15	$400.79	
81264	Q	IGK REARRANGEABN CLONAL POP				Medicare	$338.68	$209.98	$203.21	
81265	Q	STR MARKERS SPECIMEN ANAL				Medicare	$487.75	$302.41	$292.65	
81266	Q	STR MARKERS SPEC ANAL ADDL				Charge Ratio	$0.00			
81267	Q	CHIMERISM ANAL NO CELL SELEC				Medicare	$470.53	$291.73	$282.32	
81268	Q	CHIMERISM ANAL W/CELL SELECT				Medicare	$591.48	$366.72	$354.89	
81270	Q	JAK2 GENE				Medicare	$207.92	$128.91	$124.75	
81275	Q	KRAS GENE				Medicare	$328.32	$203.56	$196.99	
81280	Q	LONG QT SYND GENE FULL SEQ				Charge Ratio	$0.00			
81281	Q	LONG QT SYND KNOWN FAM VAR				Charge Ratio	$0.00			

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81282	Q	LONG QT SYN GENE DUP/DLT VAR				Charge Ratio	$0.00			
81287	Q	MGMT GENE METHYLATION ANAL				Charge Ratio	$0.00			
81288	E	MLH1 GENE				Not Allowed	$0.00			
81290	Q	MCOLN1 GENE				Charge Ratio	$0.00			
81291	Q	MTHFR GENE				Medicare	$99.00	$61.38	$59.40	
81292	Q	MLH1 GENE FULL SEQ				Medicare	$1,074.37	$666.11	$644.62	
81293	Q	MLH1 GENE KNOWN VARIANTS				Medicare	$430.68	$267.02	$258.41	
81294	Q	MLH1 GENE DUP/DELETE VARIANT				Medicare	$317.00	$196.54	$190.20	
81295	Q	MSH2 GENE FULL SEQ				Medicare	$252.22	$156.38	$151.33	
81296	Q	MSH2 GENE KNOWN VARIANTS				Medicare	$215.35	$133.52	$129.21	
81297	Q	MSH2 GENE DUP/DELETE VARIANT				Medicare	$252.22	$156.38	$151.33	
81298	Q	MSH6 GENE FULL SEQ				Medicare	$478.52	$296.68	$287.11	
81299	Q	MSH6 GENE KNOWN VARIANTS				Medicare	$268.07	$166.20	$160.84	
81300	Q	MSH6 GENE DUP/DELETE VARIANT				Medicare	$268.80	$166.66	$161.28	
81301	Q	MICROSATELLITE INSTABILITY				Medicare	$656.75	$407.19	$394.05	
81302	Q	MECP2 GENE FULL SEQ				Charge Ratio	$0.00			
81303	Q	MECP2 GENE KNOWN VARIANT				Charge Ratio	$0.00			
81304	Q	MECP2 GENE DUP/DELET VARIANT				Charge Ratio	$0.00			
81310	Q	NPM1 GENE				Medicare	$410.87	$254.74	$246.52	
81313	E	PCA3/KLK3 ANTIGEN				Not Allowed	$0.00			
81315	Q	PML/RARALPHA COM BREAKPOINTS				Medicare	$470.20	$291.52	$282.12	
81316	Q	PML/RARALPHA 1 BREAKPOINT				Medicare	$717.18	$444.65	$430.31	
81317	Q	PMS2 GENE FULL SEQ ANALYSIS				Medicare	$1,298.90	$805.32	$779.34	
81318	Q	PMS2 KNOWN FAMILIAL VARIANTS				Medicare	$306.92	$190.29	$184.15	
81319	Q	PMS2 GENE DUP/DELET VARIANTS				Medicare	$368.52	$228.48	$221.11	
81321	Q	PTEN GENE FULL SEQUENCE				Medicare	$998.67	$619.18	$599.20	
81322	Q	PTEN GENE KNOWN FAM VARIANT				Medicare	$97.08	$60.19	$58.25	
81323	Q	PTEN GENE DUP/DELET VARIANT				Medicare	$145.63	$90.29	$87.38	
81324	Q	PMP22 GENE DUP/DELET				Charge Ratio	$0.00			
81325	Q	PMP22 GENE FULL SEQUENCE				Charge Ratio	$0.00			
81326	Q	PMP22 GENE KNOWN FAM VARIANT				Charge Ratio	$0.00			
81330	Q	SMPD1 GENE COMMON VARIANTS				Charge Ratio	$0.00			
81331	Q	SNRPN/UBE3A GENE				Charge Ratio	$0.00			
81332	Q	SERPINA1 GENE				Medicare	$99.00	$61.38	$59.40	
81340	Q	TRB@ GENE REARRANGE AMPLIFY				Medicare	$473.85	$293.79	$284.31	
81341	Q	TRB@ GENE REARRANGE DIRPROBE				Medicare	$112.47	$69.73	$67.48	
81342	Q	TRG GENE REARRANGEMENT ANAL				Medicare	$457.02	$283.35	$274.21	
81350	Q	UGT1A1 GENE				Charge Ratio	$0.00			
81355	Q	VKORC1 GENE				Charge Ratio	$0.00			
81370	Q	HLA I & II TYPING LR				Medicare	$912.05	$565.47	$547.23	
81371	Q	HLA I & II TYPE VERIFY LR				Medicare	$545.90	$338.46	$327.54	
81372	Q	HLA I TYPING COMPLETE LR				Medicare	$501.02	$310.63	$300.61	
81373	Q	HLA I TYPING 1 LOCUS LR				Medicare	$252.58	$156.60	$151.55	
81374	Q	HLA I TYPING 1 ANTIGEN LR				Medicare	$165.00	$102.30	$99.00	
81375	Q	HLA II TYPING AG EQUIV LR				Medicare	$500.67	$310.42	$300.40	
81376	Q	HLA II TYPING 1 LOCUS LR				Medicare	$277.20	$171.86	$166.32	
81377	Q	HLA II TYPE 1 AG EQUIV LR				Medicare	$208.23	$129.10	$124.94	
81378	Q	HLA I & II TYPING HR				Medicare	$783.77	$485.94	$470.26	
81379	Q	HLA I TYPING COMPLETE HR				Medicare	$760.67	$471.62	$456.40	
81380	Q	HLA I TYPING 1 LOCUS HR				Medicare	$402.02	$249.25	$241.21	
81381	Q	HLA I TYPING 1 ALLELE HR				Medicare	$214.52	$133.00	$128.71	
81382	Q	HLA II TYPING 1 LOC HR				Medicare	$280.52	$173.92	$168.31	
81383	Q	HLA II TYPING 1 ALLELE HR				Medicare	$247.52	$153.46	$148.51	
81400	Q	MOPATH PROCEDURE LEVEL 1				Charge Ratio	$0.00			
81401	Q	MOPATH PROCEDURE LEVEL 2				Charge Ratio	$0.00			
81402	Q	MOPATH PROCEDURE LEVEL 3				Charge Ratio	$0.00			
81403	Q	MOPATH PROCEDURE LEVEL 4				Charge Ratio	$0.00			
81404	Q	MOPATH PROCEDURE LEVEL 5				Charge Ratio	$0.00			
81405	Q	MOPATH PROCEDURE LEVEL 6				Charge Ratio	$0.00			
81406	Q	MOPATH PROCEDURE LEVEL 7				Charge Ratio	$0.00			
81407	Q	MOPATH PROCEDURE LEVEL 8				Charge Ratio	$0.00			
81408	Q	MOPATH PROCEDURE LEVEL 9				Charge Ratio	$0.00			
81410	Q	AORTIC DYSFUNCTION/DILATION				Bundled	$0.00			
81411	Q	AORTIC DYSFUNCTION/DILATION				Bundled	$0.00			

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81415	Q	EXOME SEQUENCE ANALYSIS				Bundled	$0.00			
81416	Q	EXOME SEQUENCE ANALYSIS				Bundled	$0.00			
81417	Q	EXOME RE-EVALUATION				Bundled	$0.00			
81420	Q	FETAL CHRMOML ANEUPLOIDY				Bundled	$0.00			
81425	Q	GENOME SEQUENCE ANALYSIS				Bundled	$0.00			
81426	Q	GENOME SEQUENCE ANALYSIS				Bundled	$0.00			
81427	Q	GENOME RE-EVALUATION				Bundled	$0.00			
81430	Q	HEARING LOSS SEQUENCE ANALYS				Bundled	$0.00			
81431	Q	HEARING LOSS DUP/DEL ANALYS				Bundled	$0.00			
81435	Q	HEREDITARY COLON CANCER				Bundled	$0.00			
81436	Q	HEREDITARY COLON CA SYND				Bundled	$0.00			
81440	Q	MITOCHONDRIAL GENE				Bundled	$0.00			
81445	Q	TARGETED GENOMIC SEQ ANALYS				Bundled	$0.00			
81450	Q	TARGETED GENOMIC SEQ ANALYS				Bundled	$0.00			
81455	Q	TARGETED GENOMIC SEQ ANALYS				Bundled	$0.00			
81460	Q	WHOLE MITOCHONDRIAL GENOME				Bundled	$0.00			
81465	Q	WHOLE MITOCHONDRIAL GENOME				Bundled	$0.00			
81470	Q	X-LINKED INTELLECTUAL DBLT				Bundled	$0.00			
81471	Q	X-LINKED INTELLECTUAL DBLT				Bundled	$0.00			
81479	N	UNLISTED MOLECULAR PATHOLOGY				Bundled	$0.00			
81500	E	ONCO (OVAR) TWO PROTEINS				Not Allowed	$0.00			
81503	E	ONCO (OVAR) FIVE PROTEINS				Not Allowed	$0.00			
81504	E	ONCOLOGY TISSUE OF ORIGIN				Not Allowed	$0.00			
81506	E	ENDO ASSAY SEVEN ANAL				Not Allowed	$0.00			
81507	E	FETAL ANEUPLOIDY TRISOM RISK				Not Allowed	$0.00			
81508	E	FTL CGEN ABNOR TWO PROTEINS				Not Allowed	$0.00			
81509	E	FTL CGEN ABNOR 3 PROTEINS				Not Allowed	$0.00			
81510	E	FTL CGEN ABNOR THREE ANAL				Not Allowed	$0.00			
81511	E	FTL CGEN ABNOR FOUR ANAL				Not Allowed	$0.00			
81512	E	FTL CGEN ABNOR FIVE ANAL				Not Allowed	$0.00			
81519	N	ONCOLOGY BREAST MRNA				Bundled, Sometimes Payable	$0.00			
81599	E	UNLISTED MAAA				Not Allowed	$0.00			
82009	Q	TEST FOR ACETONE/KETONES				Bundled	$0.00			
82010	Q	ACETONE ASSAY				Bundled	$0.00			
82013	Q	ACETYLCHOLINESTERASE ASSAY				Bundled	$0.00			
82016	Q	ACYLCARNITINES QUAL				Bundled	$0.00			
82017	Q	ACYLCARNITINES QUANT				Bundled	$0.00			
82024	Q	ASSAY OF ACTH				Bundled	$0.00			
82030	Q	ASSAY OF ADP & AMP				Bundled	$0.00			
82040	Q	ASSAY OF SERUM ALBUMIN				Bundled	$0.00			
82042	Q	ASSAY OF URINE ALBUMIN				Bundled	$0.00			
82043	Q	MICROALBUMIN QUANTITATIVE				Bundled	$0.00			
82044	Q	MICROALBUMIN SEMIQUANT				Bundled	$0.00			
82045	Q	ALBUMIN ISCHEMIA MODIFIED				Bundled	$0.00			
82075	Q	ASSAY OF BREATH ETHANOL				Bundled	$0.00			
82085	Q	ASSAY OF ALDOLASE				Bundled	$0.00			
82088	Q	ASSAY OF ALDOSTERONE				Bundled	$0.00			
82103	Q	ALPHA-1-ANTITRYPSIN TOTAL				Bundled	$0.00			
82104	Q	ALPHA-1-ANTITRYPSIN PHENO				Bundled	$0.00			
82105	Q	ALPHA-FETOPROTEIN SERUM				Bundled	$0.00			
82106	Q	ALPHA-FETOPROTEIN AMNIOTIC				Bundled	$0.00			
82107	Q	ALPHA-FETOPROTEIN L3				Bundled	$0.00			
82108	Q	ASSAY OF ALUMINUM				Bundled	$0.00			
82120	Q	AMINES VAGINAL FLUID QUAL				Bundled	$0.00			
82127	Q	AMINO ACID SINGLE QUAL				Bundled	$0.00			
82128	Q	AMINO ACIDS MULT QUAL				Bundled	$0.00			
82131	Q	AMINO ACIDS SINGLE QUANT				Bundled	$0.00			
82135	Q	ASSAY AMINOLEVULINIC ACID				Bundled	$0.00			
82136	Q	AMINO ACIDS QUANT 2-5				Bundled	$0.00			
82139	Q	AMINO ACIDS QUAN 6 OR MORE				Bundled	$0.00			
82140	Q	ASSAY OF AMMONIA				Bundled	$0.00			
82143	Q	AMNIOTIC FLUID SCAN				Bundled	$0.00			
82150	Q	ASSAY OF AMYLASE				Bundled	$0.00			
82154	Q	ANDROSTANEDIOL GLUCURONIDE				Bundled	$0.00			

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82157	Q	ASSAY OF ANDROSTENEDIONE				Bundled	$0.00			
82160	Q	ASSAY OF ANDROSTERONE				Bundled	$0.00			
82163	Q	ASSAY OF ANGIOTENSIN II				Bundled	$0.00			
82164	Q	ANGIOTENSIN I ENZYME TEST				Bundled	$0.00			
82172	Q	ASSAY OF APOLIPOPROTEIN				Bundled	$0.00			
82175	Q	ASSAY OF ARSENIC				Bundled	$0.00			
82180	Q	ASSAY OF ASCORBIC ACID				Bundled	$0.00			
82190	Q	ATOMIC ABSORPTION				Bundled	$0.00			
82232	Q	ASSAY OF BETA-2 PROTEIN				Bundled	$0.00			
82239	Q	BILE ACIDS TOTAL				Bundled	$0.00			
82240	Q	BILE ACIDS CHOLYLGLYCINE				Bundled	$0.00			
82247	Q	BILIRUBIN TOTAL				Bundled	$0.00			
82248	Q	BILIRUBIN DIRECT				Bundled	$0.00			
82252	Q	FECAL BILIRUBIN TEST				Bundled	$0.00			
82261	Q	ASSAY OF BIOTINIDASE				Bundled	$0.00			
82270	Q	OCCULT BLOOD FECES				Bundled	$0.00			
82271	Q	OCCULT BLOOD OTHER SOURCES				Bundled	$0.00			
82272	Q	OCCULT BLD FECES 1-3 TESTS				Bundled	$0.00			
82274	Q	ASSAY TEST FOR BLOOD FECAL				Bundled	$0.00			
82286	Q	ASSAY OF BRADYKININ				Bundled	$0.00			
82300	Q	ASSAY OF CADMIUM				Bundled	$0.00			
82306	Q	VITAMIN D 25 HYDROXY				Bundled	$0.00			
82308	Q	ASSAY OF CALCITONIN				Bundled	$0.00			
82310	Q	ASSAY OF CALCIUM				Bundled	$0.00			
82330	Q	ASSAY OF CALCIUM				Bundled	$0.00			
82331	Q	CALCIUM INFUSION TEST				Bundled	$0.00			
82340	Q	ASSAY OF CALCIUM IN URINE				Bundled	$0.00			
82355	Q	CALCULUS ANALYSIS QUAL				Bundled	$0.00			
82360	Q	CALCULUS ASSAY QUANT				Bundled	$0.00			
82365	Q	CALCULUS SPECTROSCOPY				Bundled	$0.00			
82370	Q	X-RAY ASSAY CALCULUS				Bundled	$0.00			
82373	Q	ASSAY C-D TRANSFER MEASURE				Bundled	$0.00			
82374	Q	ASSAY BLOOD CARBON DIOXIDE				Bundled	$0.00			
82375	Q	ASSAY CARBOXYHB QUANT				Bundled	$0.00			
82376	Q	ASSAY CARBOXYHB QUAL				Bundled	$0.00			
82378	Q	CARCINOEMBRYONIC ANTIGEN				Bundled	$0.00			
82379	Q	ASSAY OF CARNITINE				Bundled	$0.00			
82380	Q	ASSAY OF CAROTENE				Bundled	$0.00			
82382	Q	ASSAY URINE CATECHOLAMINES				Bundled	$0.00			
82383	Q	ASSAY BLOOD CATECHOLAMINES				Bundled	$0.00			
82384	Q	ASSAY THREE CATECHOLAMINES				Bundled	$0.00			
82387	Q	ASSAY OF CATHEPSIN-D				Bundled	$0.00			
82390	Q	ASSAY OF CERULOPLASMIN				Bundled	$0.00			
82397	Q	CHEMILUMINESCENT ASSAY				Bundled	$0.00			
82415	Q	ASSAY OF CHLORAMPHENICOL				Bundled	$0.00			
82435	Q	ASSAY OF BLOOD CHLORIDE				Bundled	$0.00			
82436	Q	ASSAY OF URINE CHLORIDE				Bundled	$0.00			
82438	Q	ASSAY OTHER FLUID CHLORIDES				Bundled	$0.00			
82441	Q	TEST FOR CHLOROHYDROCARBONS				Bundled	$0.00			
82465	Q	ASSAY BLD/SERUM CHOLESTEROL				Bundled	$0.00			
82480	Q	ASSAY SERUM CHOLINESTERASE				Bundled	$0.00			
82482	Q	ASSAY RBC CHOLINESTERASE				Bundled	$0.00			
82485	Q	ASSAY CHONDROITIN SULFATE				Bundled	$0.00			
82486	Q	GAS/LIQUID CHROMATOGRAPHY				Bundled	$0.00			
82487	Q	PAPER CHROMATOGRAPHY				Bundled	$0.00			
82488	Q	PAPER CHROMATOGRAPHY				Bundled	$0.00			
82489	Q	THIN LAYER CHROMATOGRAPHY				Bundled	$0.00			
82491	Q	CHROMOTOGRAPHY QUANT SING				Bundled	$0.00			
82492	Q	CHROMOTOGRAPHY QUANT MULT				Bundled	$0.00			
82495	Q	ASSAY OF CHROMIUM				Bundled	$0.00			
82507	Q	ASSAY OF CITRATE				Bundled	$0.00			
82523	Q	COLLAGEN CROSSLINKS				Bundled	$0.00			
82525	Q	ASSAY OF COPPER				Bundled	$0.00			
82528	Q	ASSAY OF CORTICOSTERONE				Bundled	$0.00			

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82530	Q	CORTISOL FREE				Bundled	$0.00			
82533	Q	TOTAL CORTISOL				Bundled	$0.00			
82540	Q	ASSAY OF CREATINE				Bundled	$0.00			
82541	Q	COLUMN CHROMOTOGRAPHY QUAL				Bundled	$0.00			
82542	Q	COLUMN CHROMOTOGRAPHY QUANT				Bundled	$0.00			
82543	Q	COLUMN CHROMOTOGRAPH/ISOTOPE				Bundled	$0.00			
82544	Q	COLUMN CHROMOTOGRAPH/ISOTOPE				Bundled	$0.00			
82550	Q	ASSAY OF CK (CPK)				Bundled	$0.00			
82552	Q	ASSAY OF CPK IN BLOOD				Bundled	$0.00			
82553	Q	CREATINE MB FRACTION				Bundled	$0.00			
82554	Q	CREATINE ISOFORMS				Bundled	$0.00			
82565	Q	ASSAY OF CREATININE				Bundled	$0.00			
82570	Q	ASSAY OF URINE CREATININE				Bundled	$0.00			
82575	Q	CREATININE CLEARANCE TEST				Bundled	$0.00			
82585	Q	ASSAY OF CRYOFIBRINOGEN				Bundled	$0.00			
82595	Q	ASSAY OF CRYOGLOBULIN				Bundled	$0.00			
82600	Q	ASSAY OF CYANIDE				Bundled	$0.00			
82607	Q	VITAMIN B-12				Bundled	$0.00			
82608	Q	B-12 BINDING CAPACITY				Bundled	$0.00			
82610	Q	CYSTATIN C				Bundled	$0.00			
82615	Q	TEST FOR URINE CYSTINES				Bundled	$0.00			
82626	Q	DEHYDROEPIANDROSTERONE				Bundled	$0.00			
82627	Q	DEHYDROEPIANDROSTERONE				Bundled	$0.00			
82633	Q	DESOXYCORTICOSTERONE				Bundled	$0.00			
82634	Q	DEOXYCORTISOL				Bundled	$0.00			
82638	Q	ASSAY OF DIBUCAINE NUMBER				Bundled	$0.00			
82652	Q	VIT D 1 25-DIHYDROXY				Bundled	$0.00			
82656	Q	PANCREATIC ELASTASE FECAL				Bundled	$0.00			
82657	Q	ENZYME CELL ACTIVITY				Bundled	$0.00			
82658	Q	ENZYME CELL ACTIVITY RA				Bundled	$0.00			
82664	Q	ELECTROPHORETIC TEST				Bundled	$0.00			
82668	Q	ASSAY OF ERYTHROPOIETIN				Bundled	$0.00			
82670	Q	ASSAY OF ESTRADIOL				Bundled	$0.00			
82671	Q	ASSAY OF ESTROGENS				Bundled	$0.00			
82672	Q	ASSAY OF ESTROGEN				Bundled	$0.00			
82677	Q	ASSAY OF ESTRIOL				Bundled	$0.00			
82679	Q	ASSAY OF ESTRONE				Bundled	$0.00			
82693	Q	ASSAY OF ETHYLENE GLYCOL				Bundled	$0.00			
82696	Q	ASSAY OF ETIOCHOLANOLONE				Bundled	$0.00			
82705	Q	FATS/LIPIDS FECES QUAL				Bundled	$0.00			
82710	Q	FATS/LIPIDS FECES QUANT				Bundled	$0.00			
82715	Q	ASSAY OF FECAL FAT				Bundled	$0.00			
82725	Q	ASSAY OF BLOOD FATTY ACIDS				Bundled	$0.00			
82726	Q	LONG CHAIN FATTY ACIDS				Bundled	$0.00			
82728	Q	ASSAY OF FERRITIN				Bundled	$0.00			
82731	Q	ASSAY OF FETAL FIBRONECTIN				Bundled	$0.00			
82735	Q	ASSAY OF FLUORIDE				Bundled	$0.00			
82746	Q	ASSAY OF FOLIC ACID SERUM				Bundled	$0.00			
82747	Q	ASSAY OF FOLIC ACID RBC				Bundled	$0.00			
82757	Q	ASSAY OF SEMEN FRUCTOSE				Bundled	$0.00			
82759	Q	ASSAY OF RBC GALACTOKINASE				Bundled	$0.00			
82760	Q	ASSAY OF GALACTOSE				Bundled	$0.00			
82775	Q	ASSAY GALACTOSE TRANSFERASE				Bundled	$0.00			
82776	Q	GALACTOSE TRANSFERASE TEST				Bundled	$0.00			
82777	Q	GALECTIN-3				Bundled	$0.00			
82784	Q	ASSAY IGA/IGD/IGG/IGM EACH				Bundled	$0.00			
82785	Q	ASSAY OF IGE				Bundled	$0.00			
82787	Q	IGG 1 2 3 OR 4 EACH				Bundled	$0.00			
82800	Q	BLOOD PH				Bundled	$0.00			
82803	Q	BLOOD GASES ANY COMBINATION				Bundled	$0.00			
82805	Q	BLOOD GASES W/O2 SATURATION				Bundled	$0.00			
82810	Q	BLOOD GASES O2 SAT ONLY				Bundled	$0.00			
82820	Q	HEMOGLOBIN-OXYGEN AFFINITY				Bundled	$0.00			
82930	Q	GASTRIC ANALY W/PH EA SPEC				Bundled	$0.00			

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82938	Q	GASTRIN TEST				Bundled	$0.00			
82941	Q	ASSAY OF GASTRIN				Bundled	$0.00			
82943	Q	ASSAY OF GLUCAGON				Bundled	$0.00			
82945	Q	GLUCOSE OTHER FLUID				Bundled	$0.00			
82946	Q	GLUCAGON TOLERANCE TEST				Bundled	$0.00			
82947	Q	ASSAY GLUCOSE BLOOD QUANT				Bundled	$0.00			
82948	Q	REAGENT STRIP/BLOOD GLUCOSE				Bundled	$0.00			
82950	Q	GLUCOSE TEST				Bundled	$0.00			
82951	Q	GLUCOSE TOLERANCE TEST (GTT)				Bundled	$0.00			
82952	Q	GTT-ADDED SAMPLES				Bundled	$0.00			
82955	Q	ASSAY OF G6PD ENZYME				Bundled	$0.00			
82960	Q	TEST FOR G6PD ENZYME				Bundled	$0.00			
82962	Q	GLUCOSE BLOOD TEST				Bundled	$0.00			
82963	Q	ASSAY OF GLUCOSIDASE				Bundled	$0.00			
82965	Q	ASSAY OF GDH ENZYME				Bundled	$0.00			
82977	Q	ASSAY OF GGT				Bundled	$0.00			
82978	Q	ASSAY OF GLUTATHIONE				Bundled	$0.00			
82979	Q	ASSAY RBC GLUTATHIONE				Bundled	$0.00			
82985	Q	ASSAY OF GLYCATED PROTEIN				Bundled	$0.00			
83001	Q	ASSAY OF GONADOTROPIN (FSH)				Bundled	$0.00			
83002	Q	ASSAY OF GONADOTROPIN (LH)				Bundled	$0.00			
83003	Q	ASSAY GROWTH HORMONE (HGH)				Bundled	$0.00			
83006	Q	GROWTH STIMULATION GENE 2				Medicare	$49.88	$30.93	$29.93	
83009	Q	H PYLORI (C-13) BLOOD				Bundled	$0.00			
83010	Q	ASSAY OF HAPTOGLOBIN QUANT				Bundled	$0.00			
83012	Q	ASSAY OF HAPTOGLOBINS				Bundled	$0.00			
83013	Q	H PYLORI (C-13) BREATH				Bundled	$0.00			
83014	Q	H PYLORI DRUG ADMIN				Bundled	$0.00			
83015	Q	HEAVY METAL SCREEN				Bundled	$0.00			
83018	Q	QUANTITATIVE SCREEN METALS				Bundled	$0.00			
83020	Q	HEMOGLOBIN ELECTROPHORESIS				Bundled	$0.00			
83021	Q	HEMOGLOBIN CHROMOTOGRAPHY				Bundled	$0.00			
83026	Q	HEMOGLOBIN COPPER SULFATE				Bundled	$0.00			
83030	Q	FETAL HEMOGLOBIN CHEMICAL				Bundled	$0.00			
83033	Q	FETAL HEMOGLOBIN ASSAY QUAL				Bundled	$0.00			
83036	Q	GLYCOSYLATED HEMOGLOBIN TEST				Bundled	$0.00			
83037	E	GLYCOSYLATED HB HOME DEVICE				Bundled	$0.00			
83045	Q	BLOOD METHEMOGLOBIN TEST				Bundled	$0.00			
83050	Q	BLOOD METHEMOGLOBIN ASSAY				Bundled	$0.00			
83051	Q	ASSAY OF PLASMA HEMOGLOBIN				Bundled	$0.00			
83060	Q	BLOOD SULFHEMOGLOBIN ASSAY				Bundled	$0.00			
83065	Q	ASSAY OF HEMOGLOBIN HEAT				Bundled	$0.00			
83068	Q	HEMOGLOBIN STABILITY SCREEN				Bundled	$0.00			
83069	Q	ASSAY OF URINE HEMOGLOBIN				Bundled	$0.00			
83070	Q	ASSAY OF HEMOSIDERIN QUAL				Bundled	$0.00			
83080	Q	ASSAY OF B HEXOSAMINIDASE				Bundled	$0.00			
83088	Q	ASSAY OF HISTAMINE				Bundled	$0.00			
83090	Q	ASSAY OF HOMOCYSTINE				Bundled	$0.00			
83150	Q	ASSAY OF HOMOVANILLIC ACID				Bundled	$0.00			
83491	Q	ASSAY OF CORTICOSTEROIDS 17				Bundled	$0.00			
83497	Q	ASSAY OF 5-HIAA				Bundled	$0.00			
83498	Q	ASSAY OF PROGESTERONE 17-D				Bundled	$0.00			
83499	Q	ASSAY OF PROGESTERONE 20-				Bundled	$0.00			
83500	Q	ASSAY FREE HYDROXYPROLINE				Bundled	$0.00			
83505	Q	ASSAY TOTAL HYDROXYPROLINE				Bundled	$0.00			
83516	Q	IMMUNOASSAY NONANTIBODY				Bundled	$0.00			
83518	Q	IMMUNOASSAY DIPSTICK				Bundled	$0.00			
83519	Q	RIA NONANTIBODY				Bundled	$0.00			
83520	Q	IMMUNOASSAY QUANT NOS NONAB				Bundled	$0.00			
83525	Q	ASSAY OF INSULIN				Bundled	$0.00			
83527	Q	ASSAY OF INSULIN				Bundled	$0.00			
83528	Q	ASSAY OF INTRINSIC FACTOR				Bundled	$0.00			
83540	Q	ASSAY OF IRON				Bundled	$0.00			
83550	Q	IRON BINDING TEST				Bundled	$0.00			

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83570	Q	ASSAY OF IDH ENZYME				Bundled	$0.00			
83582	Q	ASSAY OF KETOGENIC STEROIDS				Bundled	$0.00			
83586	Q	ASSAY 17- KETOSTEROIDS				Bundled	$0.00			
83593	Q	FRACTIONATION KETOSTEROIDS				Bundled	$0.00			
83605	Q	ASSAY OF LACTIC ACID				Bundled	$0.00			
83615	Q	LACTATE (LD) (LDH) ENZYME				Bundled	$0.00			
83625	Q	ASSAY OF LDH ENZYMES				Bundled	$0.00			
83630	Q	LACTOFERRIN FECAL (QUAL)				Bundled	$0.00			
83631	Q	LACTOFERRIN FECAL (QUANT)				Bundled	$0.00			
83632	Q	PLACENTAL LACTOGEN				Bundled	$0.00			
83633	Q	TEST URINE FOR LACTOSE				Bundled	$0.00			
83655	Q	ASSAY OF LEAD				Bundled	$0.00			
83661	Q	L/S RATIO FETAL LUNG				Bundled	$0.00			
83662	Q	FOAM STABILITY FETAL LUNG				Bundled	$0.00			
83663	Q	FLUORO POLARIZE FETAL LUNG				Bundled	$0.00			
83664	Q	LAMELLAR BDY FETAL LUNG				Bundled	$0.00			
83670	Q	ASSAY OF LAP ENZYME				Bundled	$0.00			
83690	Q	ASSAY OF LIPASE				Bundled	$0.00			
83695	Q	ASSAY OF LIPOPROTEIN(A)				Bundled	$0.00			
83698	Q	ASSAY LIPOPROTEIN PLA2				Bundled	$0.00			
83700	Q	LIPOPRO BLD ELECTROPHORETIC				Bundled	$0.00			
83701	Q	LIPOPROTEIN BLD HR FRACTION				Bundled	$0.00			
83704	Q	LIPOPROTEIN BLD BY NMR				Bundled	$0.00			
83718	Q	ASSAY OF LIPOPROTEIN				Bundled	$0.00			
83719	Q	ASSAY OF BLOOD LIPOPROTEIN				Bundled	$0.00			
83721	Q	ASSAY OF BLOOD LIPOPROTEIN				Bundled	$0.00			
83727	Q	ASSAY OF LRH HORMONE				Bundled	$0.00			
83735	Q	ASSAY OF MAGNESIUM				Bundled	$0.00			
83775	Q	ASSAY MALATE DEHYDROGENASE				Bundled	$0.00			
83785	Q	ASSAY OF MANGANESE				Bundled	$0.00			
83788	Q	MASS SPECTROMETRY QUAL				Bundled	$0.00			
83789	Q	MASS SPECTROMETRY QUANT				Bundled	$0.00			
83825	Q	ASSAY OF MERCURY				Bundled	$0.00			
83835	Q	ASSAY OF METANEPHRINES				Bundled	$0.00			
83857	Q	ASSAY OF METHEMALBUMIN				Bundled	$0.00			
83861	Q	MICROFLUID ANALY TEARS				Bundled	$0.00			
83864	Q	MUCOPOLYSACCHARIDES				Bundled	$0.00			
83872	Q	ASSAY SYNOVIAL FLUID MUCIN				Bundled	$0.00			
83873	Q	ASSAY OF CSF PROTEIN				Bundled	$0.00			
83874	Q	ASSAY OF MYOGLOBIN				Bundled	$0.00			
83876	Q	ASSAY MYELOPEROXIDASE				Bundled	$0.00			
83880	Q	ASSAY OF NATRIURETIC PEPTIDE				Bundled	$0.00			
83883	Q	ASSAY NEPHELOMETRY NOT SPEC				Bundled	$0.00			
83885	Q	ASSAY OF NICKEL				Bundled	$0.00			
83915	Q	ASSAY OF NUCLEOTIDASE				Bundled	$0.00			
83916	Q	OLIGOCLONAL BANDS				Bundled	$0.00			
83918	Q	ORGANIC ACIDS TOTAL QUANT				Bundled	$0.00			
83919	Q	ORGANIC ACIDS QUAL EACH				Bundled	$0.00			
83921	Q	ORGANIC ACID SINGLE QUANT				Bundled	$0.00			
83930	Q	ASSAY OF BLOOD OSMOLALITY				Bundled	$0.00			
83935	Q	ASSAY OF URINE OSMOLALITY				Bundled	$0.00			
83937	Q	ASSAY OF OSTEOCALCIN				Bundled	$0.00			
83945	Q	ASSAY OF OXALATE				Bundled	$0.00			
83950	Q	ONCOPROTEIN HER-2/NEU				Bundled	$0.00			
83951	Q	ONCOPROTEIN DCP				Bundled	$0.00			
83970	Q	ASSAY OF PARATHORMONE				Bundled	$0.00			
83986	Q	ASSAY PH BODY FLUID NOS				Bundled	$0.00			
83987	Q	EXHALED BREATH CONDENSATE				Bundled	$0.00			
83992	Q	ASSAY FOR PHENCYCLIDINE				Bundled	$0.00			
83993	Q	ASSAY FOR CALPROTECTIN FECAL				Bundled	$0.00			
84030	Q	ASSAY OF BLOOD PKU				Bundled	$0.00			
84035	Q	ASSAY OF PHENYLKETONES				Bundled	$0.00			
84060	Q	ASSAY ACID PHOSPHATASE				Bundled	$0.00			
84061	Q	PHOSPHATASE FORENSIC EXAM				Bundled	$0.00			

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84066	Q	ASSAY PROSTATE PHOSPHATASE				Bundled	$0.00			
84075	Q	ASSAY ALKALINE PHOSPHATASE				Bundled	$0.00			
84078	Q	ASSAY ALKALINE PHOSPHATASE				Bundled	$0.00			
84080	Q	ASSAY ALKALINE PHOSPHATASES				Bundled	$0.00			
84081	Q	ASSAY PHOSPHATIDYLGLYCEROL				Bundled	$0.00			
84085	Q	ASSAY OF RBC PG6D ENZYME				Bundled	$0.00			
84087	Q	ASSAY PHOSPHOHEXOSE ENZYMES				Bundled	$0.00			
84100	Q	ASSAY OF PHOSPHORUS				Bundled	$0.00			
84105	Q	ASSAY OF URINE PHOSPHORUS				Bundled	$0.00			
84106	Q	TEST FOR PORPHOBILINOGEN				Bundled	$0.00			
84110	Q	ASSAY OF PORPHOBILINOGEN				Bundled	$0.00			
84112	Q	EVAL AMNIOTIC FLUID PROTEIN				Bundled	$0.00			
84119	Q	TEST URINE FOR PORPHYRINS				Bundled	$0.00			
84120	Q	ASSAY OF URINE PORPHYRINS				Bundled	$0.00			
84126	Q	ASSAY OF FECES PORPHYRINS				Bundled	$0.00			
84132	Q	ASSAY OF SERUM POTASSIUM				Bundled	$0.00			
84133	Q	ASSAY OF URINE POTASSIUM				Bundled	$0.00			
84134	Q	ASSAY OF PREALBUMIN				Bundled	$0.00			
84135	Q	ASSAY OF PREGNANEDIOL				Bundled	$0.00			
84138	Q	ASSAY OF PREGNANETRIOL				Bundled	$0.00			
84140	Q	ASSAY OF PREGNENOLONE				Bundled	$0.00			
84143	Q	ASSAY OF 17-HYDROXYPREGNENO				Bundled	$0.00			
84144	Q	ASSAY OF PROGESTERONE				Bundled	$0.00			
84145	Q	PROCALCITONIN (PCT)				Bundled	$0.00			
84146	Q	ASSAY OF PROLACTIN				Bundled	$0.00			
84150	Q	ASSAY OF PROSTAGLANDIN				Bundled	$0.00			
84152	Q	ASSAY OF PSA COMPLEXED				Bundled	$0.00			
84153	Q	ASSAY OF PSA TOTAL				Bundled	$0.00			
84154	Q	ASSAY OF PSA FREE				Bundled	$0.00			
84155	Q	ASSAY OF PROTEIN SERUM				Bundled	$0.00			
84156	Q	ASSAY OF PROTEIN URINE				Bundled	$0.00			
84157	Q	ASSAY OF PROTEIN OTHER				Bundled	$0.00			
84160	Q	ASSAY OF PROTEIN ANY SOURCE				Bundled	$0.00			
84163	Q	PAPPA SERUM				Bundled	$0.00			
84165	Q	PROTEIN E-PHORESIS SERUM				Bundled	$0.00			
84166	Q	PROTEIN E-PHORESIS/URINE/CSF				Bundled	$0.00			
84181	Q	WESTERN BLOT TEST				Bundled	$0.00			
84182	Q	PROTEIN WESTERN BLOT TEST				Bundled	$0.00			
84202	Q	ASSAY RBC PROTOPORPHYRIN				Bundled	$0.00			
84203	Q	TEST RBC PROTOPORPHYRIN				Bundled	$0.00			
84206	Q	ASSAY OF PROINSULIN				Bundled	$0.00			
84207	Q	ASSAY OF VITAMIN B-6				Bundled	$0.00			
84210	Q	ASSAY OF PYRUVATE				Bundled	$0.00			
84220	Q	ASSAY OF PYRUVATE KINASE				Bundled	$0.00			
84228	Q	ASSAY OF QUININE				Bundled	$0.00			
84233	Q	ASSAY OF ESTROGEN				Bundled	$0.00			
84234	Q	ASSAY OF PROGESTERONE				Bundled	$0.00			
84235	Q	ASSAY OF ENDOCRINE HORMONE				Bundled	$0.00			
84238	Q	ASSAY NONENDOCRINE RECEPTOR				Bundled	$0.00			
84244	Q	ASSAY OF RENIN				Bundled	$0.00			
84252	Q	ASSAY OF VITAMIN B-2				Bundled	$0.00			
84255	Q	ASSAY OF SELENIUM				Bundled	$0.00			
84260	Q	ASSAY OF SEROTONIN				Bundled	$0.00			
84270	Q	ASSAY OF SEX HORMONE GLOBUL				Bundled	$0.00			
84275	Q	ASSAY OF SIALIC ACID				Bundled	$0.00			
84285	Q	ASSAY OF SILICA				Bundled	$0.00			
84295	Q	ASSAY OF SERUM SODIUM				Bundled	$0.00			
84300	Q	ASSAY OF URINE SODIUM				Bundled	$0.00			
84302	Q	ASSAY OF SWEAT SODIUM				Bundled	$0.00			
84305	Q	ASSAY OF SOMATOMEDIN				Bundled	$0.00			
84307	Q	ASSAY OF SOMATOSTATIN				Bundled	$0.00			
84311	Q	SPECTROPHOTOMETRY				Bundled	$0.00			
84315	Q	BODY FLUID SPECIFIC GRAVITY				Bundled	$0.00			
84375	Q	CHROMATOGRAM ASSAY SUGARS				Bundled	$0.00			

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84376	Q	SUGARS SINGLE QUAL				Bundled	$0.00			
84377	Q	SUGARS MULTIPLE QUAL				Bundled	$0.00			
84378	Q	SUGARS SINGLE QUANT				Bundled	$0.00			
84379	Q	SUGARS MULTIPLE QUANT				Bundled	$0.00			
84392	Q	ASSAY OF URINE SULFATE				Bundled	$0.00			
84402	Q	ASSAY OF FREE TESTOSTERONE				Bundled	$0.00			
84403	Q	ASSAY OF TOTAL TESTOSTERONE				Bundled	$0.00			
84425	Q	ASSAY OF VITAMIN B-1				Bundled	$0.00			
84430	Q	ASSAY OF THIOCYANATE				Bundled	$0.00			
84431	Q	THROMBOXANE URINE				Bundled	$0.00			
84432	Q	ASSAY OF THYROGLOBULIN				Bundled	$0.00			
84436	Q	ASSAY OF TOTAL THYROXINE				Bundled	$0.00			
84437	Q	ASSAY OF NEONATAL THYROXINE				Bundled	$0.00			
84439	Q	ASSAY OF FREE THYROXINE				Bundled	$0.00			
84442	Q	ASSAY OF THYROID ACTIVITY				Bundled	$0.00			
84443	Q	ASSAY THYROID STIM HORMONE				Bundled	$0.00			
84445	Q	ASSAY OF TSI GLOBULIN				Bundled	$0.00			
84446	Q	ASSAY OF VITAMIN E				Bundled	$0.00			
84449	Q	ASSAY OF TRANSCORTIN				Bundled	$0.00			
84450	Q	TRANSFERASE (AST) (SGOT)				Bundled	$0.00			
84460	Q	ALANINE AMINO (ALT) (SGPT)				Bundled	$0.00			
84466	Q	ASSAY OF TRANSFERRIN				Bundled	$0.00			
84478	Q	ASSAY OF TRIGLYCERIDES				Bundled	$0.00			
84479	Q	ASSAY OF THYROID (T3 OR T4)				Bundled	$0.00			
84480	Q	ASSAY TRIIODOTHYRONINE (T3)				Bundled	$0.00			
84481	Q	FREE ASSAY (FT-3)				Bundled	$0.00			
84482	Q	T3 REVERSE				Bundled	$0.00			
84484	Q	ASSAY OF TROPONIN QUANT				Bundled	$0.00			
84485	Q	ASSAY DUODENAL FLUID TRYPSIN				Bundled	$0.00			
84488	Q	TEST FECES FOR TRYPSIN				Bundled	$0.00			
84490	Q	ASSAY OF FECES FOR TRYPSIN				Bundled	$0.00			
84510	Q	ASSAY OF TYROSINE				Bundled	$0.00			
84512	Q	ASSAY OF TROPONIN QUAL				Bundled	$0.00			
84520	Q	ASSAY OF UREA NITROGEN				Bundled	$0.00			
84525	Q	UREA NITROGEN SEMI-QUANT				Bundled	$0.00			
84540	Q	ASSAY OF URINE/UREA-N				Bundled	$0.00			
84545	Q	UREA-N CLEARANCE TEST				Bundled	$0.00			
84550	Q	ASSAY OF BLOOD/URIC ACID				Bundled	$0.00			
84560	Q	ASSAY OF URINE/URIC ACID				Bundled	$0.00			
84577	Q	ASSAY OF FECES/UROBILINOGEN				Bundled	$0.00			
84578	Q	TEST URINE UROBILINOGEN				Bundled	$0.00			
84580	Q	ASSAY OF URINE UROBILINOGEN				Bundled	$0.00			
84583	Q	ASSAY OF URINE UROBILINOGEN				Bundled	$0.00			
84585	Q	ASSAY OF URINE VMA				Bundled	$0.00			
84586	Q	ASSAY OF VIP				Bundled	$0.00			
84588	Q	ASSAY OF VASOPRESSIN				Bundled	$0.00			
84590	Q	ASSAY OF VITAMIN A				Bundled	$0.00			
84591	Q	ASSAY OF NOS VITAMIN				Bundled	$0.00			
84597	Q	ASSAY OF VITAMIN K				Bundled	$0.00			
84600	Q	ASSAY OF VOLATILES				Bundled	$0.00			
84620	Q	XYLOSE TOLERANCE TEST				Bundled	$0.00			
84630	Q	ASSAY OF ZINC				Bundled	$0.00			
84681	Q	ASSAY OF C-PEPTIDE				Bundled	$0.00			
84702	Q	CHORIONIC GONADOTROPIN TEST				Bundled	$0.00			
84703	Q	CHORIONIC GONADOTROPIN ASSAY				Bundled	$0.00			
84704	Q	HCG FREE BETACHAIN TEST				Bundled	$0.00			
84830	Q	OVULATION TESTS				Bundled	$0.00			
84999	N	CLINICAL CHEMISTRY TEST				Bundled	$0.00			
85002	Q	BLEEDING TIME TEST				Bundled	$0.00			
85004	Q	AUTOMATED DIFF WBC COUNT				Bundled	$0.00			
85007	Q	BL SMEAR W/DIFF WBC COUNT				Bundled	$0.00			
85008	Q	BL SMEAR W/O DIFF WBC COUNT				Bundled	$0.00			
85009	Q	MANUAL DIFF WBC COUNT B-COAT				Bundled	$0.00			
85013	Q	SPUN MICROHEMATOCRIT				Bundled	$0.00			

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85014	Q	HEMATOCRIT				Bundled	$0.00			
85018	Q	HEMOGLOBIN				Bundled	$0.00			
85025	Q	COMPLETE CBC W/AUTO DIFF WBC				Bundled	$0.00			
85027	Q	COMPLETE CBC AUTOMATED				Bundled	$0.00			
85032	Q	MANUAL CELL COUNT EACH				Bundled	$0.00			
85041	Q	AUTOMATED RBC COUNT				Bundled	$0.00			
85044	Q	MANUAL RETICULOCYTE COUNT				Bundled	$0.00			
85045	Q	AUTOMATED RETICULOCYTE COUNT				Bundled	$0.00			
85046	Q	RETICYTE/HGB CONCENTRATE				Bundled	$0.00			
85048	Q	AUTOMATED LEUKOCYTE COUNT				Bundled	$0.00			
85049	Q	AUTOMATED PLATELET COUNT				Bundled	$0.00			
85055	Q	RETICULATED PLATELET ASSAY				Bundled	$0.00			
85060	E	BLOOD SMEAR INTERPRETATION				Not Allowed	$0.00			
85097	S	BONE MARROW INTERPRETATION	00661	3.967		APC	$220.29			
85130	Q	CHROMOGENIC SUBSTRATE ASSAY				Bundled	$0.00			
85170	Q	BLOOD CLOT RETRACTION				Bundled	$0.00			
85175	Q	BLOOD CLOT LYSIS TIME				Bundled	$0.00			
85210	Q	CLOT FACTOR II PROTHROM SPEC				Bundled	$0.00			
85220	Q	BLOOC CLOT FACTOR V TEST				Bundled	$0.00			
85230	Q	CLOT FACTOR VII PROCONVERTIN				Bundled	$0.00			
85240	Q	CLOT FACTOR VIII AHG 1 STAGE				Bundled	$0.00			
85244	Q	CLOT FACTOR VIII RELTD ANTGN				Bundled	$0.00			
85245	Q	CLOT FACTOR VIII VW RISTOCTN				Bundled	$0.00			
85246	Q	CLOT FACTOR VIII VW ANTIGEN				Bundled	$0.00			
85247	Q	CLOT FACTOR VIII MULTIMETRIC				Bundled	$0.00			
85250	Q	CLOT FACTOR IX PTC/CHRSTMAS				Bundled	$0.00			
85260	Q	CLOT FACTOR X STUART-POWER				Bundled	$0.00			
85270	Q	CLOT FACTOR XI PTA				Bundled	$0.00			
85280	Q	CLOT FACTOR XII HAGEMAN				Bundled	$0.00			
85290	Q	CLOT FACTOR XIII FIBRIN STAB				Bundled	$0.00			
85291	Q	CLOT FACTOR XIII FIBRIN SCRN				Bundled	$0.00			
85292	Q	CLOT FACTOR FLETCHER FACT				Bundled	$0.00			
85293	Q	CLOT FACTOR WGHT KININOGEN				Bundled	$0.00			
85300	Q	ANTITHROMBIN III ACTIVITY				Bundled	$0.00			
85301	Q	ANTITHROMBIN III ANTIGEN				Bundled	$0.00			
85302	Q	CLOT INHIBIT PROT C ANTIGEN				Bundled	$0.00			
85303	Q	CLOT INHIBIT PROT C ACTIVITY				Bundled	$0.00			
85305	Q	CLOT INHIBIT PROT S TOTAL				Bundled	$0.00			
85306	Q	CLOT INHIBIT PROT S FREE				Bundled	$0.00			
85307	Q	ASSAY ACTIVATED PROTEIN C				Bundled	$0.00			
85335	Q	FACTOR INHIBITOR TEST				Bundled	$0.00			
85337	Q	THROMBOMODULIN				Bundled	$0.00			
85345	Q	COAGULATION TIME LEE & WHITE				Bundled	$0.00			
85347	Q	COAGULATION TIME ACTIVATED				Bundled	$0.00			
85348	Q	COAGULATION TIME OTR METHOD				Bundled	$0.00			
85360	Q	EUGLOBULIN LYSIS				Bundled	$0.00			
85362	Q	FIBRIN DEGRADATION PRODUCTS				Bundled	$0.00			
85366	Q	FIBRINOGEN TEST				Bundled	$0.00			
85370	Q	FIBRINOGEN TEST				Bundled	$0.00			
85378	Q	FIBRIN DEGRADE SEMIQUANT				Bundled	$0.00			
85379	Q	FIBRIN DEGRADATION QUANT				Bundled	$0.00			
85380	Q	FIBRIN DEGRADJ D-DIMER				Bundled	$0.00			
85384	Q	FIBRINOGEN ACTIVITY				Bundled	$0.00			
85385	Q	FIBRINOGEN ANTIGEN				Bundled	$0.00			
85390	Q	FIBRINOLYSINS SCREEN I&R				Bundled	$0.00			
85396	N	CLOTTING ASSAY WHOLE BLOOD				Bundled, Sometimes Payable	$0.00			
85397	Q	CLOTTING FUNCT ACTIVITY				Bundled	$0.00			
85400	Q	FIBRINOLYTIC PLASMIN				Bundled	$0.00			
85410	Q	FIBRINOLYTIC ANTIPLASMIN				Bundled	$0.00			
85415	Q	FIBRINOLYTIC PLASMINOGEN				Bundled	$0.00			
85420	Q	FIBRINOLYTIC PLASMINOGEN				Bundled	$0.00			
85421	Q	FIBRINOLYTIC PLASMINOGEN				Bundled	$0.00			
85441	Q	HEINZ BODIES DIRECT				Bundled	$0.00			
85445	Q	HEINZ BODIES INDUCED				Bundled	$0.00			

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85460	Q	HEMOGLOBIN FETAL				Bundled	$0.00			
85461	Q	HEMOGLOBIN FETAL				Bundled	$0.00			
85475	Q	HEMOLYSIN ACID				Bundled	$0.00			
85520	Q	HEPARIN ASSAY				Bundled	$0.00			
85525	Q	HEPARIN NEUTRALIZATION				Bundled	$0.00			
85530	Q	HEPARIN-PROTAMINE TOLERANCE				Bundled	$0.00			
85536	Q	IRON STAIN PERIPHERAL BLOOD				Bundled	$0.00			
85540	Q	WBC ALKALINE PHOSPHATASE				Bundled	$0.00			
85547	Q	RBC MECHANICAL FRAGILITY				Bundled	$0.00			
85549	Q	MURAMIDASE				Bundled	$0.00			
85555	Q	RBC OSMOTIC FRAGILITY				Bundled	$0.00			
85557	Q	RBC OSMOTIC FRAGILITY				Bundled	$0.00			
85576	Q	BLOOD PLATELET AGGREGATION				Bundled	$0.00			
85597	Q	PHOSPHOLIPID PLTLT NEUTRALIZ				Bundled	$0.00			
85598	Q	HEXAGNAL PHOSPH PLTLT NEUTRL				Bundled	$0.00			
85610	Q	PROTHROMBIN TIME				Bundled	$0.00			
85611	Q	PROTHROMBIN TEST				Bundled	$0.00			
85612	Q	VIPER VENOM PROTHROMBIN TIME				Bundled	$0.00			
85613	Q	RUSSELL VIPER VENOM DILUTED				Bundled	$0.00			
85635	Q	REPTILASE TEST				Bundled	$0.00			
85651	Q	RBC SED RATE NONAUTOMATED				Bundled	$0.00			
85652	Q	RBC SED RATE AUTOMATED				Bundled	$0.00			
85660	Q	RBC SICKLE CELL TEST				Bundled	$0.00			
85670	Q	THROMBIN TIME PLASMA				Bundled	$0.00			
85675	Q	THROMBIN TIME TITER				Bundled	$0.00			
85705	Q	THROMBOPLASTIN INHIBITION				Bundled	$0.00			
85730	Q	THROMBOPLASTIN TIME PARTIAL				Bundled	$0.00			
85732	Q	THROMBOPLASTIN TIME PARTIAL				Bundled	$0.00			
85810	Q	BLOOD VISCOSITY EXAMINATION				Bundled	$0.00			
85999	N	HEMATOLOGY PROCEDURE				Bundled	$0.00			
86000	Q	AGGLUTININS FEBRILE ANTIGEN				Bundled	$0.00			
86001	Q	ALLERGEN SPECIFIC IGG				Bundled	$0.00			
86003	Q	ALLERGEN SPECIFIC IGE				Bundled	$0.00			
86005	Q	ALLERGEN SPECIFIC IGE				Bundled	$0.00			
86021	Q	WBC ANTIBODY IDENTIFICATION				Bundled	$0.00			
86022	Q	PLATELET ANTIBODIES				Bundled	$0.00			
86023	Q	IMMUNOGLOBULIN ASSAY				Bundled	$0.00			
86038	Q	ANTINUCLEAR ANTIBODIES				Bundled	$0.00			
86039	Q	ANTINUCLEAR ANTIBODIES (ANA)				Bundled	$0.00			
86060	Q	ANTISTREPTOLYSIN O TITER				Bundled	$0.00			
86063	Q	ANTISTREPTOLYSIN O SCREEN				Bundled	$0.00			
86077	N	PHYS BLOOD BANK SERV XMATCH	00450	0.394		Bundled, Sometimes Payable	$21.89			
86078	N	PHYS BLOOD BANK SERV REACTJ	00433	2.477		Bundled, Sometimes Payable	$137.52			
86079	N	PHYS BLOOD BANK SERV AUTHRJ	00433	2.477		Bundled, Sometimes Payable	$137.52			
86140	Q	C-REACTIVE PROTEIN				Bundled	$0.00			
86141	Q	C-REACTIVE PROTEIN HS				Bundled	$0.00			
86146	Q	BETA-2 GLYCOPROTEIN ANTIBODY				Bundled	$0.00			
86147	Q	CARDIOLIPIN ANTIBODY EA IG				Bundled	$0.00			
86148	Q	ANTI-PHOSPHOLIPID ANTIBODY				Bundled	$0.00			
86152	Q	CELL ENUMERATION & ID				Medicare	$557.28	$345.51	$334.37	
86153	E	CELL ENUMERATION PHYS INTERP				Not Allowed	$0.00			
86155	Q	CHEMOTAXIS ASSAY				Bundled	$0.00			
86156	Q	COLD AGGLUTININ SCREEN				Bundled	$0.00			
86157	Q	COLD AGGLUTININ TITER				Bundled	$0.00			
86160	Q	COMPLEMENT ANTIGEN				Bundled	$0.00			
86161	Q	COMPLEMENT/FUNCTION ACTIVITY				Bundled	$0.00			
86162	Q	COMPLEMENT TOTAL (CH50)				Bundled	$0.00			
86171	Q	COMPLEMENT FIXATION EACH				Bundled	$0.00			
86185	Q	COUNTERIMMUNOELECTROPHORESIS				Bundled	$0.00			
86200	Q	CCP ANTIBODY				Bundled	$0.00			
86215	Q	DEOXYRIBONUCLEASE ANTIBODY				Bundled	$0.00			
86225	Q	DNA ANTIBODY NATIVE				Bundled	$0.00			
86226	Q	DNA ANTIBODY SINGLE STRAND				Bundled	$0.00			
86235	Q	NUCLEAR ANTIGEN ANTIBODY				Bundled	$0.00			

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86243	Q	FC RECEPTOR				Bundled	$0.00			
86255	Q	FLUORESCENT ANTIBODY SCREEN				Bundled	$0.00			
86256	Q	FLUORESCENT ANTIBODY TITER				Bundled	$0.00			
86277	Q	GROWTH HORMONE ANTIBODY				Bundled	$0.00			
86280	Q	HEMAGGLUTINATION INHIBITION				Bundled	$0.00			
86294	Q	IMMUNOASSAY TUMOR QUAL				Bundled	$0.00			
86300	Q	IMMUNOASSAY TUMOR CA 15-3				Bundled	$0.00			
86301	Q	IMMUNOASSAY TUMOR CA 19-9				Bundled	$0.00			
86304	Q	IMMUNOASSAY TUMOR CA 125				Bundled	$0.00			
86305	Q	HUMAN EPIDIDYMIS PROTEIN 4				Bundled	$0.00			
86308	Q	HETEROPHILE ANTIBODY SCREEN				Bundled	$0.00			
86309	Q	HETEROPHILE ANTIBODY TITER				Bundled	$0.00			
86310	Q	HETEROPHILE ANTIBODY ABSRBJ				Bundled	$0.00			
86316	Q	IMMUNOASSAY TUMOR OTHER				Bundled	$0.00			
86317	Q	IMMUNOASSAY INFECTIOUS AGENT				Bundled	$0.00			
86318	Q	IMMUNOASSAY INFECTIOUS AGENT				Bundled	$0.00			
86320	Q	SERUM IMMUNOELECTROPHORESIS				Bundled	$0.00			
86325	Q	OTHER IMMUNOELECTROPHORESIS				Bundled	$0.00			
86327	Q	IMMUNOELECTROPHORESIS ASSAY				Bundled	$0.00			
86329	Q	IMMUNODIFFUSION NES				Bundled	$0.00			
86331	Q	IMMUNODIFFUSION OUCHTERLONY				Bundled	$0.00			
86332	Q	IMMUNE COMPLEX ASSAY				Bundled	$0.00			
86334	Q	IMMUNOFIX E-PHORESIS SERUM				Bundled	$0.00			
86335	Q	IMMUNFIX E-PHORSIS/URINE/CSF				Bundled	$0.00			
86336	Q	INHIBIN A				Bundled	$0.00			
86337	Q	INSULIN ANTIBODIES				Bundled	$0.00			
86340	Q	INTRINSIC FACTOR ANTIBODY				Bundled	$0.00			
86341	Q	ISLET CELL ANTIBODY				Bundled	$0.00			
86343	Q	LEUKOCYTE HISTAMINE RELEASE				Bundled	$0.00			
86344	Q	LEUKOCYTE PHAGOCYTOSIS				Bundled	$0.00			
86352	Q	CELL FUNCTION ASSAY W/STIM				Bundled	$0.00			
86353	Q	LYMPHOCYTE TRANSFORMATION				Bundled	$0.00			
86355	Q	B CELLS TOTAL COUNT				Bundled	$0.00			
86356	Q	MONONUCLEAR CELL ANTIGEN				Bundled	$0.00			
86357	Q	NK CELLS TOTAL COUNT				Bundled	$0.00			
86359	Q	T CELLS TOTAL COUNT				Bundled	$0.00			
86360	Q	T CELL ABSOLUTE COUNT/RATIO				Bundled	$0.00			
86361	Q	T CELL ABSOLUTE COUNT				Bundled	$0.00			
86367	Q	STEM CELLS TOTAL COUNT				Bundled	$0.00			
86376	Q	MICROSOMAL ANTIBODY EACH				Bundled	$0.00			
86378	Q	MIGRATION INHIBITORY FACTOR				Bundled	$0.00			
86382	Q	NEUTRALIZATION TEST VIRAL				Bundled	$0.00			
86384	Q	NITROBLUE TETRAZOLIUM DYE				Bundled	$0.00			
86386	Q	NUCLEAR MATRIX PROTEIN 22				Bundled	$0.00			
86403	Q	PARTICLE AGGLUT ANTBDY SCRN				Bundled	$0.00			
86406	Q	PARTICLE AGGLUT ANTBDY TITR				Bundled	$0.00			
86430	Q	RHEUMATOID FACTOR TEST QUAL				Bundled	$0.00			
86431	Q	RHEUMATOID FACTOR QUANT				Bundled	$0.00			
86480	Q	TB TEST CELL IMMUN MEASURE				Bundled	$0.00			
86481	Q	TB AG RESPONSE T-CELL SUSP				Bundled	$0.00			
86485	N	SKIN TEST CANDIDA	00340	0.706		Bundled, Sometimes Payable	$39.21			
86486	N	SKIN TEST NOS ANTIGEN	00340	0.706		Bundled, Sometimes Payable	$39.21			
86490	N	COCCIDIOIDOMYCOSIS SKIN TEST	00420	1.776		Bundled, Sometimes Payable	$98.63			
86510	N	HISTOPLASMOSIS SKIN TEST	00340	0.706		Bundled, Sometimes Payable	$39.21			
86580	N	TB INTRADERMAL TEST	00450	0.394		Bundled, Sometimes Payable	$21.89			
86590	Q	STREPTOKINASE ANTIBODY				Bundled	$0.00			
86592	Q	SYPHILIS TEST NON-TREP QUAL				Bundled	$0.00			
86593	Q	SYPHILIS TEST NON-TREP QUANT				Bundled	$0.00			
86602	Q	ANTINOMYCES ANTIBODY				Bundled	$0.00			
86603	Q	ADENOVIRUS ANTIBODY				Bundled	$0.00			
86606	Q	ASPERGILLUS ANTIBODY				Bundled	$0.00			
86609	Q	BACTERIUM ANTIBODY				Bundled	$0.00			
86611	Q	BARTONELLA ANTIBODY				Bundled	$0.00			
86612	Q	BLASTOMYCES ANTIBODY				Bundled	$0.00			

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86615	Q	BORDETELLA ANTIBODY				Bundled	$0.00			
86617	Q	LYME DISEASE ANTIBODY				Bundled	$0.00			
86618	Q	LYME DISEASE ANTIBODY				Bundled	$0.00			
86619	Q	BORRELIA ANTIBODY				Bundled	$0.00			
86622	Q	BRUCELLA ANTIBODY				Bundled	$0.00			
86625	Q	CAMPYLOBACTER ANTIBODY				Bundled	$0.00			
86628	Q	CANDIDA ANTIBODY				Bundled	$0.00			
86631	Q	CHLAMYDIA ANTIBODY				Bundled	$0.00			
86632	Q	CHLAMYDIA IGM ANTIBODY				Bundled	$0.00			
86635	Q	COCCIDIOIDES ANTIBODY				Bundled	$0.00			
86638	Q	Q FEVER ANTIBODY				Bundled	$0.00			
86641	Q	CRYPTOCOCCUS ANTIBODY				Bundled	$0.00			
86644	Q	CMV ANTIBODY				Bundled	$0.00			
86645	Q	CMV ANTIBODY IGM				Bundled	$0.00			
86648	Q	DIPHTHERIA ANTIBODY				Bundled	$0.00			
86651	Q	ENCEPHALITIS CALIFORN ANTBDY				Bundled	$0.00			
86652	Q	ENCEPHALTIS EAST EQNE ANBDY				Bundled	$0.00			
86653	Q	ENCEPHALTIS ST LOUIS ANTBODY				Bundled	$0.00			
86654	Q	ENCEPHALTIS WEST EQNE ANTBDY				Bundled	$0.00			
86658	Q	ENTEROVIRUS ANTIBODY				Bundled	$0.00			
86663	Q	EPSTEIN-BARR ANTIBODY				Bundled	$0.00			
86664	Q	EPSTEIN-BARR NUCLEAR ANTIGEN				Bundled	$0.00			
86665	Q	EPSTEIN-BARR CAPSID VCA				Bundled	$0.00			
86666	Q	EHRLICHIA ANTIBODY				Bundled	$0.00			
86668	Q	FRANCISELLA TULARENSIS				Bundled	$0.00			
86671	Q	FUNGUS NES ANTIBODY				Bundled	$0.00			
86674	Q	GIARDIA LAMBLIA ANTIBODY				Bundled	$0.00			
86677	Q	HELICOBACTER PYLORI ANTIBODY				Bundled	$0.00			
86682	Q	HELMINTH ANTIBODY				Bundled	$0.00			
86684	Q	HEMOPHILUS INFLUENZA ANTIBDY				Bundled	$0.00			
86687	Q	HTLV-I ANTIBODY				Bundled	$0.00			
86688	Q	HTLV-II ANTIBODY				Bundled	$0.00			
86689	Q	HTLV/HIV CONFIRMJ ANTIBODY				Bundled	$0.00			
86692	Q	HEPATITIS DELTA AGENT ANTBDY				Bundled	$0.00			
86694	Q	HERPES SIMPLEX NES ANTBDY				Bundled	$0.00			
86695	Q	HERPES SIMPLEX TYPE 1 TEST				Bundled	$0.00			
86696	Q	HERPES SIMPLEX TYPE 2 TEST				Bundled	$0.00			
86698	Q	HISTOPLASMA ANTIBODY				Bundled	$0.00			
86701	Q	HIV-1ANTIBODY				Bundled	$0.00			
86702	Q	HIV-2 ANTIBODY				Bundled	$0.00			
86703	Q	HIV-1/HIV-2 1 RESULT ANTBDY				Bundled	$0.00			
86704	Q	HEP B CORE ANTIBODY TOTAL				Bundled	$0.00			
86705	Q	HEP B CORE ANTIBODY IGM				Bundled	$0.00			
86706	Q	HEP B SURFACE ANTIBODY				Bundled	$0.00			
86707	Q	HEPATITIS BE ANTIBODY				Bundled	$0.00			
86708	Q	HEPATITIS A TOTAL ANTIBODY				Bundled	$0.00			
86709	Q	HEPATITIS A IGM ANTIBODY				Bundled	$0.00			
86710	Q	INFLUENZA VIRUS ANTIBODY				Bundled	$0.00			
86711	Q	JOHN CUNNINGHAM ANTIBODY				Bundled	$0.00			
86713	Q	LEGIONELLA ANTIBODY				Bundled	$0.00			
86717	Q	LEISHMANIA ANTIBODY				Bundled	$0.00			
86720	Q	LEPTOSPIRA ANTIBODY				Bundled	$0.00			
86723	Q	LISTERIA MONOCYTOGENES				Bundled	$0.00			
86727	Q	LYMPH CHORIOMENINGITIS AB				Bundled	$0.00			
86729	Q	LYMPHO VENEREUM ANTIBODY				Bundled	$0.00			
86732	Q	MUCORMYCOSIS ANTIBODY				Bundled	$0.00			
86735	Q	MUMPS ANTIBODY				Bundled	$0.00			
86738	Q	MYCOPLASMA ANTIBODY				Bundled	$0.00			
86741	Q	NEISSERIA MENINGITIDIS				Bundled	$0.00			
86744	Q	NOCARDIA ANTIBODY				Bundled	$0.00			
86747	Q	PARVOVIRUS ANTIBODY				Bundled	$0.00			
86750	Q	MALARIA ANTIBODY				Bundled	$0.00			
86753	Q	PROTOZOA ANTIBODY NOS				Bundled	$0.00			
86756	Q	RESPIRATORY VIRUS ANTIBODY				Bundled	$0.00			

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86757	Q	RICKETTSIA ANTIBODY				Bundled	$0.00			
86759	Q	ROTAVIRUS ANTIBODY				Bundled	$0.00			
86762	Q	RUBELLA ANTIBODY				Bundled	$0.00			
86765	Q	RUBEOLA ANTIBODY				Bundled	$0.00			
86768	Q	SALMONELLA ANTIBODY				Bundled	$0.00			
86771	Q	SHIGELLA ANTIBODY				Bundled	$0.00			
86774	Q	TETANUS ANTIBODY				Bundled	$0.00			
86777	Q	TOXOPLASMA ANTIBODY				Bundled	$0.00			
86778	Q	TOXOPLASMA ANTIBODY IGM				Bundled	$0.00			
86780	Q	TREPONEMA PALLIDUM				Bundled	$0.00			
86784	Q	TRICHINELLA ANTIBODY				Bundled	$0.00			
86787	Q	VARICELLA-ZOSTER ANTIBODY				Bundled	$0.00			
86788	Q	WEST NILE VIRUS AB IGM				Bundled	$0.00			
86789	Q	WEST NILE VIRUS ANTIBODY				Bundled	$0.00			
86790	Q	VIRUS ANTIBODY NOS				Bundled	$0.00			
86793	Q	YERSINIA ANTIBODY				Bundled	$0.00			
86800	Q	THYROGLOBULIN ANTIBODY				Bundled	$0.00			
86803	Q	HEPATITIS C AB TEST				Bundled	$0.00			
86804	Q	HEP C AB TEST CONFIRM				Bundled	$0.00			
86805	Q	LYMPHOCYTOTOXICITY ASSAY				Bundled	$0.00			
86806	Q	LYMPHOCYTOTOXICITY ASSAY				Bundled	$0.00			
86807	Q	CYTOTOXIC ANTIBODY SCREENING				Bundled	$0.00			
86808	Q	CYTOTOXIC ANTIBODY SCREENING				Bundled	$0.00			
86812	Q	HLA TYPING A B OR C				Bundled	$0.00			
86813	Q	HLA TYPING A B OR C				Bundled	$0.00			
86816	Q	HLA TYPING DR/DQ				Bundled	$0.00			
86817	Q	HLA TYPING DR/DQ				Bundled	$0.00			
86821	Q	LYMPHOCYTE CULTURE MIXED				Bundled	$0.00			
86822	Q	LYMPHOCYTE CULTURE PRIMED				Bundled	$0.00			
86825	Q	HLA X-MATH NON-CYTOTOXIC				Bundled	$0.00			
86826	Q	HLA X-MATCH NONCYTOTOXC ADDL				Bundled	$0.00			
86828	Q	HLA CLASS I&II ANTIBODY QUAL				Bundled	$0.00			
86829	Q	HLA CLASS I/II ANTIBODY QUAL				Bundled	$0.00			
86830	Q	HLA CLASS I PHENOTYPE QUAL				Bundled	$0.00			
86831	Q	HLA CLASS II PHENOTYPE QUAL				Bundled	$0.00			
86832	Q	HLA CLASS I HIGH DEFIN QUAL				Bundled	$0.00			
86833	Q	HLA CLASS II HIGH DEFIN QUAL				Bundled	$0.00			
86834	Q	HLA CLASS I SEMIQUANT PANEL				Bundled	$0.00			
86835	Q	HLA CLASS II SEMIQUANT PANEL				Bundled	$0.00			
86849	N	IMMUNOLOGY PROCEDURE				Bundled	$0.00			
86850	N	RBC ANTIBODY SCREEN	00345	1.026		Bundled, Sometimes Payable	$56.95			
86860	S	RBC ANTIBODY ELUTION	00346	1.687		APC	$93.67			
86870	N	RBC ANTIBODY IDENTIFICATION	00433	2.477		Bundled, Sometimes Payable	$137.52			
86880	S	COOMBS TEST DIRECT	00346	1.687		APC	$93.67			
86885	S	COOMBS TEST INDIRECT QUAL	00346	1.687		APC	$93.67			
86886	N	COOMBS TEST INDIRECT TITER	00433	2.477		Bundled, Sometimes Payable	$137.52			
86890	S	AUTOLOGOUS BLOOD PROCESS	00346	1.687		APC	$93.67			
86891	S	AUTOLOGOUS BLOOD OP SALVAGE	00346	1.687		APC	$93.67			
86900	N	BLOOD TYPING SEROLOGIC ABO	00345	1.026		Bundled, Sometimes Payable	$56.95			
86901	N	BLOOD TYPING SEROLOGIC RH(D)	00345	1.026		Bundled, Sometimes Payable	$56.95			
86902	N	BLOOD TYPE ANTIGEN DONOR EA	00345	1.026		Bundled, Sometimes Payable	$56.95			
86904	N	BLOOD TYPING PATIENT SERUM	00345	1.026		Bundled, Sometimes Payable	$56.95			
86905	N	BLOOD TYPING RBC ANTIGENS	00345	1.026		Bundled, Sometimes Payable	$56.95			
86906	N	BLD TYPING SEROLOGIC RH PHNT	00345	1.026		Bundled, Sometimes Payable	$56.95			
86910	E	BLOOD TYPING PATERNITY TEST				Not Allowed	$0.00			
86911	E	BLOOD TYPING ANTIGEN SYSTEM				Not Allowed	$0.00			
86920	S	COMPATIBILITY TEST SPIN	00346	1.687		APC	$93.67			
86921	N	COMPATIBILITY TEST INCUBATE	00345	1.026		Bundled, Sometimes Payable	$56.95			
86922	S	COMPATIBILITY TEST ANTIGLOB	00346	1.687		APC	$93.67			
86923	S	COMPATIBILITY TEST ELECTRIC	00346	1.687		APC	$93.67			
86927	S	PLASMA FRESH FROZEN	00438	1.459		APC	$81.03			
86930	N	FROZEN BLOOD PREP	00345	1.026		Bundled, Sometimes Payable	$56.95			
86931	S	FROZEN BLOOD THAW	00346	1.687		APC	$93.67			
86932	N	FROZEN BLOOD FREEZE/THAW	00345	1.026		Bundled, Sometimes Payable	$56.95			

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86940	Q	HEMOLYSINS/AGGLUTININS AUTO				Bundled	$0.00			
86941	Q	HEMOLYSINS/AGGLUTININS				Bundled	$0.00			
86945	N	BLOOD PRODUCT/IRRADIATION	00345	1.026		Bundled, Sometimes Payable	$56.95			
86950	N	LEUKACYTE TRANSFUSION	00345	1.026		Bundled, Sometimes Payable	$56.95			
86960	S	VOL REDUCTION OF BLOOD/PROD	00346	1.687		APC	$93.67			
86965	S	POOLING BLOOD PLATELETS	00346	1.687		APC	$93.67			
86970	N	RBC PRETX INCUBATJ W/CHEMICL	00450	0.394		Bundled, Sometimes Payable	$21.89			
86971	S	RBC PRETX INCUBATJ W/ENZYMES	00346	1.687		APC	$93.67			
86972	S	RBC PRETX INCUBATJ W/DENSITY	00346	1.687		APC	$93.67			
86975	S	RBC SERUM PRETX INCUBJ DRUGS	00346	1.687		APC	$93.67			
86976	N	RBC SERUM PRETX ID DILUTION	00345	1.026		Bundled, Sometimes Payable	$56.95			
86977	N	RBC SERUM PRETX INCUBJ/INHIB	00345	1.026		Bundled, Sometimes Payable	$56.95			
86978	N	RBC PRETREATMENT SERUM	00345	1.026		Bundled, Sometimes Payable	$56.95			
86985	S	SPLIT BLOOD OR PRODUCTS	00346	1.687		APC	$93.67			
86999	N	TRANSFUSION PROCEDURE	00345	1.026		Bundled, Sometimes Payable	$56.95			
87003	Q	SMALL ANIMAL INOCULATION				Bundled	$0.00			
87015	Q	SPECIMEN INFECT AGNT CONCNTJ				Bundled	$0.00			
87040	Q	BLOOD CULTURE FOR BACTERIA				Bundled	$0.00			
87045	Q	FECES CULTURE AEROBIC BACT				Bundled	$0.00			
87046	Q	STOOL CULTR AEROBIC BACT EA				Bundled	$0.00			
87070	Q	CULTURE OTHR SPECIMN AEROBIC				Bundled	$0.00			
87071	Q	CULTURE AEROBIC QUANT OTHER				Bundled	$0.00			
87073	Q	CULTURE BACTERIA ANAEROBIC				Bundled	$0.00			
87075	Q	CULTR BACTERIA EXCEPT BLOOD				Bundled	$0.00			
87076	Q	CULTURE ANAEROBE IDENT EACH				Bundled	$0.00			
87077	Q	CULTURE AEROBIC IDENTIFY				Bundled	$0.00			
87081	Q	CULTURE SCREEN ONLY				Bundled	$0.00			
87084	Q	CULTURE OF SPECIMEN BY KIT				Bundled	$0.00			
87086	Q	URINE CULTURE/COLONY COUNT				Bundled	$0.00			
87088	Q	URINE BACTERIA CULTURE				Bundled	$0.00			
87101	Q	SKIN FUNGI CULTURE				Bundled	$0.00			
87102	Q	FUNGUS ISOLATION CULTURE				Bundled	$0.00			
87103	Q	BLOOD FUNGUS CULTURE				Bundled	$0.00			
87106	Q	FUNGI IDENTIFICATION YEAST				Bundled	$0.00			
87107	Q	FUNGI IDENTIFICATION MOLD				Bundled	$0.00			
87109	Q	MYCOPLASMA				Bundled	$0.00			
87110	Q	CHLAMYDIA CULTURE				Bundled	$0.00			
87116	Q	MYCOBACTERIA CULTURE				Bundled	$0.00			
87118	Q	MYCOBACTERIC IDENTIFICATION				Bundled	$0.00			
87140	Q	CULTURE TYPE IMMUNOFLUORESC				Bundled	$0.00			
87143	Q	CULTURE TYPING GLC/HPLC				Bundled	$0.00			
87147	Q	CULTURE TYPE IMMUNOLOGIC				Bundled	$0.00			
87149	Q	DNA/RNA DIRECT PROBE				Bundled	$0.00			
87150	Q	DNA/RNA AMPLIFIED PROBE				Bundled	$0.00			
87152	Q	CULTURE TYPE PULSE FIELD GEL				Bundled	$0.00			
87153	Q	DNA/RNA SEQUENCING				Bundled	$0.00			
87158	Q	CULTURE TYPING ADDED METHOD				Bundled	$0.00			
87164	Q	DARK FIELD EXAMINATION				Bundled	$0.00			
87166	Q	DARK FIELD EXAMINATION				Bundled	$0.00			
87168	Q	MACROSCOPIC EXAM ARTHROPOD				Bundled	$0.00			
87169	Q	MACROSCOPIC EXAM PARASITE				Bundled	$0.00			
87172	Q	PINWORM EXAM				Bundled	$0.00			
87176	Q	TISSUE HOMOGENIZATION CULTR				Bundled	$0.00			
87177	Q	OVA AND PARASITES SMEARS				Bundled	$0.00			
87181	Q	MICROBE SUSCEPTIBLE DIFFUSE				Bundled	$0.00			
87184	Q	MICROBE SUSCEPTIBLE DISK				Bundled	$0.00			
87185	Q	MICROBE SUSCEPTIBLE ENZYME				Bundled	$0.00			
87186	Q	MICROBE SUSCEPTIBLE MIC				Bundled	$0.00			
87187	Q	MICROBE SUSCEPTIBLE MLC				Bundled	$0.00			
87188	Q	MICROBE SUSCEPT MACROBROTH				Bundled	$0.00			
87190	Q	MICROBE SUSCEPT MYCOBACTERI				Bundled	$0.00			
87197	Q	BACTERICIDAL LEVEL SERUM				Bundled	$0.00			
87205	Q	SMEAR GRAM STAIN				Bundled	$0.00			
87206	Q	SMEAR FLUORESCENT/ACID STAI				Bundled	$0.00			

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87207	Q	SMEAR SPECIAL STAIN				Bundled	$0.00			
87209	Q	SMEAR COMPLEX STAIN				Bundled	$0.00			
87210	Q	SMEAR WET MOUNT SALINE/INK				Bundled	$0.00			
87220	Q	TISSUE EXAM FOR FUNGI				Bundled	$0.00			
87230	Q	ASSAY TOXIN OR ANTITOXIN				Bundled	$0.00			
87250	Q	VIRUS INOCULATE EGGS/ANIMAL				Bundled	$0.00			
87252	Q	VIRUS INOCULATION TISSUE				Bundled	$0.00			
87253	Q	VIRUS INOCULATE TISSUE ADDL				Bundled	$0.00			
87254	Q	VIRUS INOCULATION SHELL VIA				Bundled	$0.00			
87255	Q	GENET VIRUS ISOLATE HSV				Bundled	$0.00			
87260	Q	ADENOVIRUS AG IF				Bundled	$0.00			
87265	Q	PERTUSSIS AG IF				Bundled	$0.00			
87267	Q	ENTEROVIRUS ANTIBODY DFA				Bundled	$0.00			
87269	Q	GIARDIA AG IF				Bundled	$0.00			
87270	Q	CHLAMYDIA TRACHOMATIS AG IF				Bundled	$0.00			
87271	Q	CYTOMEGALOVIRUS DFA				Bundled	$0.00			
87272	Q	CRYPTOSPORIDIUM AG IF				Bundled	$0.00			
87273	Q	HERPES SIMPLEX 2 AG IF				Bundled	$0.00			
87274	Q	HERPES SIMPLEX 1 AG IF				Bundled	$0.00			
87275	Q	INFLUENZA B AG IF				Bundled	$0.00			
87276	Q	INFLUENZA A AG IF				Bundled	$0.00			
87277	Q	LEGIONELLA MICDADEI AG IF				Bundled	$0.00			
87278	Q	LEGION PNEUMOPHILIA AG IF				Bundled	$0.00			
87279	Q	PARAINFLUENZA AG IF				Bundled	$0.00			
87280	Q	RESPIRATORY SYNCYTIAL AG IF				Bundled	$0.00			
87281	Q	PNEUMOCYSTIS CARINII AG IF				Bundled	$0.00			
87283	Q	RUBEOLA AG IF				Bundled	$0.00			
87285	Q	TREPONEMA PALLIDUM AG IF				Bundled	$0.00			
87290	Q	VARICELLA ZOSTER AG IF				Bundled	$0.00			
87299	Q	ANTIBODY DETECTION NOS IF				Bundled	$0.00			
87300	Q	AG DETECTION POLYVAL IF				Bundled	$0.00			
87301	Q	ADENOVIRUS AG EIA				Bundled	$0.00			
87305	Q	ASPERGILLUS AG EIA				Bundled	$0.00			
87320	Q	CHYLMD TRACH AG EIA				Bundled	$0.00			
87324	Q	CLOSTRIDIUM AG EIA				Bundled	$0.00			
87327	Q	CRYPTOCOCCUS NEOFORM AG EIA				Bundled	$0.00			
87328	Q	CRYPTOSPORIDIUM AG EIA				Bundled	$0.00			
87329	Q	GIARDIA AG EIA				Bundled	$0.00			
87332	Q	CYTOMEGALOVIRUS AG EIA				Bundled	$0.00			
87335	Q	E COLI 0157 AG EIA				Bundled	$0.00			
87336	Q	ENTAMOEB HIST DISPR AG EIA				Bundled	$0.00			
87337	Q	ENTAMOEB HIST GROUP AG EIA				Bundled	$0.00			
87338	Q	HPYLORI STOOL EIA				Bundled	$0.00			
87339	Q	H PYLORI AG EIA				Bundled	$0.00			
87340	Q	HEPATITIS B SURFACE AG EIA				Bundled	$0.00			
87341	Q	HEPATITIS B SURFACE AG EIA				Bundled	$0.00			
87350	Q	HEPATITIS BE AG EIA				Bundled	$0.00			
87380	Q	HEPATITIS DELTA AG EIA				Bundled	$0.00			
87385	Q	HISTOPLASMA CAPSUL AG EIA				Bundled	$0.00			
87389	Q	HIV-1 AG W/HIV-1 & HIV-2 AB				Bundled	$0.00			
87390	Q	HIV-1 AG EIA				Bundled	$0.00			
87391	Q	HIV-2 AG EIA				Bundled	$0.00			
87400	Q	INFLUENZA A/B AG EIA				Bundled	$0.00			
87420	Q	RESP SYNCYTIAL AG EIA				Bundled	$0.00			
87425	Q	ROTAVIRUS AG EIA				Bundled	$0.00			
87427	Q	SHIGA-LIKE TOXIN AG EIA				Bundled	$0.00			
87430	Q	STREP A AG EIA				Bundled	$0.00			
87449	Q	AG DETECT NOS EIA MULT				Bundled	$0.00			
87450	Q	AG DETECT NOS EIA SINGLE				Bundled	$0.00			
87451	Q	AG DETECT POLYVAL EIA MULT				Bundled	$0.00			
87470	Q	BARTONELLA DNA DIR PROBE				Bundled	$0.00			
87471	Q	BARTONELLA DNA AMP PROBE				Bundled	$0.00			
87472	Q	BARTONELLA DNA QUANT				Bundled	$0.00			
87475	Q	LYME DIS DNA DIR PROBE				Bundled	$0.00			

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87476	Q	LYME DIS DNA AMP PROBE				Bundled	$0.00			
87477	Q	LYME DIS DNA QUANT				Bundled	$0.00			
87480	Q	CANDIDA DNA DIR PROBE				Bundled	$0.00			
87481	Q	CANDIDA DNA AMP PROBE				Bundled	$0.00			
87482	Q	CANDIDA DNA QUANT				Bundled	$0.00			
87485	Q	CHYLMD PNEUM DNA DIR PROBE				Bundled	$0.00			
87486	Q	CHYLMD PNEUM DNA AMP PROBE				Bundled	$0.00			
87487	Q	CHYLMD PNEUM DNA QUANT				Bundled	$0.00			
87490	Q	CHYLMD TRACH DNA DIR PROBE				Bundled	$0.00			
87491	Q	CHYLMD TRACH DNA AMP PROBE				Bundled	$0.00			
87492	Q	CHYLMD TRACH DNA QUANT				Bundled	$0.00			
87493	Q	C DIFF AMPLIFIED PROBE				Bundled	$0.00			
87495	Q	CYTOMEG DNA DIR PROBE				Bundled	$0.00			
87496	Q	CYTOMEG DNA AMP PROBE				Bundled	$0.00			
87497	Q	CYTOMEG DNA QUANT				Bundled	$0.00			
87498	Q	ENTEROVIRUS PROBE&REVRS TRNS				Bundled	$0.00			
87500	Q	VANOMYCIN DNA AMP PROBE				Bundled	$0.00			
87501	Q	INFLUENZA DNA AMP PROB 1+				Bundled	$0.00			
87502	Q	INFLUENZA DNA AMP PROBE				Bundled	$0.00			
87503	Q	INFLUENZA DNA AMP PROB ADDL				Bundled	$0.00			
87505	Q	NFCT AGENT DETECTION GI				Medicare	$290.97	$180.40	$174.58	
87506	Q	IADNA-DNA/RNA PROBE TQ 6-11				Medicare	$484.08	$300.13	$290.45	
87507	Q	IADNA-DNA/RNA PROBE TQ 12-25				Medicare	$945.30	$586.09	$567.18	
87510	Q	GARDNER VAG DNA DIR PROBE				Bundled	$0.00			
87511	Q	GARDNER VAG DNA AMP PROBE				Bundled	$0.00			
87512	Q	GARDNER VAG DNA QUANT				Bundled	$0.00			
87515	Q	HEPATITIS B DNA DIR PROBE				Bundled	$0.00			
87516	Q	HEPATITIS B DNA AMP PROBE				Bundled	$0.00			
87517	Q	HEPATITIS B DNA QUANT				Bundled	$0.00			
87520	Q	HEPATITIS C RNA DIR PROBE				Bundled	$0.00			
87521	Q	HEPATITIS C PROBE&RVRS TRNSC				Bundled	$0.00			
87522	Q	HEPATITIS C REVRS TRNSCRPJ				Bundled	$0.00			
87525	Q	HEPATITIS G DNA DIR PROBE				Bundled	$0.00			
87526	Q	HEPATITIS G DNA AMP PROBE				Bundled	$0.00			
87527	Q	HEPATITIS G DNA QUANT				Bundled	$0.00			
87528	Q	HSV DNA DIR PROBE				Bundled	$0.00			
87529	Q	HSV DNA AMP PROBE				Bundled	$0.00			
87530	Q	HSV DNA QUANT				Bundled	$0.00			
87531	Q	HHV-6 DNA DIR PROBE				Bundled	$0.00			
87532	Q	HHV-6 DNA AMP PROBE				Bundled	$0.00			
87533	Q	HHV-6 DNA QUANT				Bundled	$0.00			
87534	Q	HIV-1 DNA DIR PROBE				Bundled	$0.00			
87535	Q	HIV-1 PROBE&REVERSE TRNSCRPJ				Bundled	$0.00			
87536	Q	HIV-1 QUANT&REVRSE TRNSCRPJ				Bundled	$0.00			
87537	Q	HIV-2 DNA DIR PROBE				Bundled	$0.00			
87538	Q	HIV-2 PROBE&REVRSE TRNSCRIPJ				Bundled	$0.00			
87539	Q	HIV-2 QUANT&REVRSE TRNSCRIPJ				Bundled	$0.00			
87540	Q	LEGION PNEUMO DNA DIR PROB				Bundled	$0.00			
87541	Q	LEGION PNEUMO DNA AMP PROB				Bundled	$0.00			
87542	Q	LEGION PNEUMO DNA QUANT				Bundled	$0.00			
87550	Q	MYCOBACTERIA DNA DIR PROBE				Bundled	$0.00			
87551	Q	MYCOBACTERIA DNA AMP PROBE				Bundled	$0.00			
87552	Q	MYCOBACTERIA DNA QUANT				Bundled	$0.00			
87555	Q	M.TUBERCULO DNA DIR PROBE				Bundled	$0.00			
87556	Q	M.TUBERCULO DNA AMP PROBE				Bundled	$0.00			
87557	Q	M.TUBERCULO DNA QUANT				Bundled	$0.00			
87560	Q	M.AVIUM-INTRA DNA DIR PROB				Bundled	$0.00			
87561	Q	M.AVIUM-INTRA DNA AMP PROB				Bundled	$0.00			
87562	Q	M.AVIUM-INTRA DNA QUANT				Bundled	$0.00			
87580	Q	M.PNEUMON DNA DIR PROBE				Bundled	$0.00			
87581	Q	M.PNEUMON DNA AMP PROBE				Bundled	$0.00			
87582	Q	M.PNEUMON DNA QUANT				Bundled	$0.00			
87590	Q	N.GONORRHOEAE DNA DIR PROB				Bundled	$0.00			
87591	Q	N.GONORRHOEAE DNA AMP PROB				Bundled	$0.00			

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87592	Q	N.GONORRHOEAE DNA QUANT				Bundled	$0.00			
87623	Q	HPV LOW-RISK TYPES				Medicare	$79.60	$49.35	$47.76	
87624	Q	HPV HIGH-RISK TYPES				Medicare	$79.60	$49.35	$47.76	
87625	Q	HPV TYPES 16 & 18 ONLY				Medicare	$79.60	$49.35	$47.76	
87631	Q	RESP VIRUS 3-5 TARGETS				Bundled	$0.00			
87632	Q	RESP VIRUS 6-11 TARGETS				Bundled	$0.00			
87633	Q	RESP VIRUS 12-25 TARGETS				Bundled	$0.00			
87640	Q	STAPH A DNA AMP PROBE				Bundled	$0.00			
87641	Q	MR-STAPH DNA AMP PROBE				Bundled	$0.00			
87650	Q	STREP A DNA DIR PROBE				Bundled	$0.00			
87651	Q	STREP A DNA AMP PROBE				Bundled	$0.00			
87652	Q	STREP A DNA QUANT				Bundled	$0.00			
87653	Q	STREP B DNA AMP PROBE				Bundled	$0.00			
87660	Q	TRICHOMONAS VAGIN DIR PROBE				Bundled	$0.00			
87661	Q	TRICHOMONAS VAGINALIS AMPLIF				Bundled	$0.00			
87797	Q	DETECT AGENT NOS DNA DIR				Bundled	$0.00			
87798	Q	DETECT AGENT NOS DNA AMP				Bundled	$0.00			
87799	Q	DETECT AGENT NOS DNA QUANT				Bundled	$0.00			
87800	Q	DETECT AGNT MULT DNA DIREC				Bundled	$0.00			
87801	Q	DETECT AGNT MULT DNA AMPLI				Bundled	$0.00			
87802	Q	STREP B ASSAY W/OPTIC				Bundled	$0.00			
87803	Q	CLOSTRIDIUM TOXIN A W/OPTIC				Bundled	$0.00			
87804	Q	INFLUENZA ASSAY W/OPTIC				Bundled	$0.00			
87806	Q	HIV ANTIGEN W/HIV ANTIBODIES				Medicare	$54.62	$33.86	$32.77	
87807	Q	RSV ASSAY W/OPTIC				Bundled	$0.00			
87808	Q	TRICHOMONAS ASSAY W/OPTIC				Bundled	$0.00			
87809	Q	ADENOVIRUS ASSAY W/OPTIC				Bundled	$0.00			
87810	Q	CHYLMD TRACH ASSAY W/OPTIC				Bundled	$0.00			
87850	Q	N. GONORRHOEAE ASSAY W/OPTIC				Bundled	$0.00			
87880	Q	STREP A ASSAY W/OPTIC				Bundled	$0.00			
87899	Q	AGENT NOS ASSAY W/OPTIC				Bundled	$0.00			
87900	Q	PHENOTYPE INFECT AGENT DRUG				Bundled	$0.00			
87901	Q	GENOTYPE DNA HIV REVERSE T				Bundled	$0.00			
87902	Q	GENOTYPE DNA/RNA HEP C				Bundled	$0.00			
87903	Q	PHENOTYPE DNA HIV W/CULTURE				Bundled	$0.00			
87904	Q	PHENOTYPE DNA HIV W/CLT ADD				Bundled	$0.00			
87905	Q	SIALIDASE ENZYME ASSAY				Bundled	$0.00			
87906	Q	GENOTYPE DNA/RNA HIV				Bundled	$0.00			
87910	Q	GENOTYPE CYTOMEGALOVIRUS				Bundled	$0.00			
87912	Q	GENOTYPE DNA HEPATITIS B				Bundled	$0.00			
87999	N	MICROBIOLOGY PROCEDURE				Bundled	$0.00			
88000	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	$0.00			
88005	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	$0.00			
88007	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	$0.00			
88012	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	$0.00			
88014	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	$0.00			
88016	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	$0.00			
88020	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	$0.00			
88025	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	$0.00			
88027	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	$0.00			
88028	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	$0.00			
88029	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	$0.00			
88036	E	LIMITED AUTOPSY				Not Allowed	$0.00			
88037	E	LIMITED AUTOPSY				Not Allowed	$0.00			
88040	E	FORENSIC AUTOPSY (NECROPSY)				Not Allowed	$0.00			
88045	E	CORONERS AUTOPSY (NECROPSY)				Not Allowed	$0.00			
88099	E	NECROPSY (AUTOPSY) PROCEDURE				Not Allowed	$0.00			
88104	N	CYTOPATH FL NONGYN SMEARS	00450	0.394		Bundled, Sometimes Payable	$21.89			
88106	N	CYTOPATH FL NONGYN FILTER	00450	0.394		Bundled, Sometimes Payable	$21.89			
88108	N	CYTOPATH CONCENTRATE TECH	00450	0.394		Bundled, Sometimes Payable	$21.89			
88112	N	CYTOPATH CELL ENHANCE TECH	00342	0.732		Bundled, Sometimes Payable	$40.64			
88120	N	CYTP URNE 3-5 PROBES EA SPEC	00433	2.477		Bundled, Sometimes Payable	$137.52			
88121	N	CYTP URINE 3-5 PROBES CMPTR	00433	2.477		Bundled, Sometimes Payable	$137.52			
88125	N	FORENSIC CYTOPATHOLOGY	00433	2.477		Bundled, Sometimes Payable	$137.52			

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88130	Q	SEX CHROMATIN IDENTIFICATION				Bundled	$0.00			
88140	Q	SEX CHROMATIN IDENTIFICATION				Bundled	$0.00			
88141	N	CYTOPATH C/V INTERPRET				Bundled, Sometimes Payable	$0.00			
88142	Q	CYTOPATH C/V THIN LAYER				Bundled	$0.00			
88143	Q	CYTOPATH C/V THIN LAYER REDO				Bundled	$0.00			
88147	Q	CYTOPATH C/V AUTOMATED				Bundled	$0.00			
88148	Q	CYTOPATH C/V AUTO RESCREEN				Bundled	$0.00			
88150	Q	CYTOPATH C/V MANUAL				Bundled	$0.00			
88152	Q	CYTOPATH C/V AUTO REDO				Bundled	$0.00			
88153	Q	CYTOPATH C/V REDO				Bundled	$0.00			
88154	Q	CYTOPATH C/V SELECT				Bundled	$0.00			
88155	Q	CYTOPATH C/V INDEX ADD-ON				Bundled	$0.00			
88160	N	CYTOPATH SMEAR OTHER SOURCE	00450	0.394		Bundled, Sometimes Payable	$21.89			
88161	N	CYTOPATH SMEAR OTHER SOURCE	00450	0.394		Bundled, Sometimes Payable	$21.89			
88162	N	CYTOPATH SMEAR OTHER SOURCE	00342	0.732		Bundled, Sometimes Payable	$40.64			
88164	Q	CYTOPATH TBS C/V MANUAL				Bundled	$0.00			
88165	Q	CYTOPATH TBS C/V REDO				Bundled	$0.00			
88166	Q	CYTOPATH TBS C/V AUTO REDO				Bundled	$0.00			
88167	Q	CYTOPATH TBS C/V SELECT				Bundled	$0.00			
88172	N	CYTP DX EVAL FNA 1ST EA SITE	00342	0.732		Bundled, Sometimes Payable	$40.64			
88173	N	CYTOPATH EVAL FNA REPORT	00342	0.732		Bundled, Sometimes Payable	$40.64			
88174	Q	CYTOPATH C/V AUTO IN FLUID				Bundled	$0.00			
88175	Q	CYTOPATH C/V AUTO FLUID REDO				Bundled	$0.00			
88177	N	CYTP FNA EVAL EA ADDL				Bundled, Sometimes Payable	$0.00			
88182	S	CELL MARKER STUDY	00661	3.967		APC	$220.29			
88184	N	FLOWCYTOMETRY/ TC 1 MARKER	00433	2.477		Bundled, Sometimes Payable	$137.52			
88185	N	FLOWCYTOMETRY/TC ADD-ON				Bundled, Sometimes Payable	$0.00			
88187	E	FLOWCYTOMETRY/READ 2-8				Not Allowed	$0.00			
88188	E	FLOWCYTOMETRY/READ 9-15				Not Allowed	$0.00			
88189	E	FLOWCYTOMETRY/READ 16 & >				Not Allowed	$0.00			
88199	N	CYTOPATHOLOGY PROCEDURE	00342	0.732		Bundled, Sometimes Payable	$40.64			
88230	Q	TISSUE CULTURE LYMPHOCYTE				Bundled	$0.00			
88233	Q	TISSUE CULTURE SKIN/BIOPSY				Bundled	$0.00			
88235	Q	TISSUE CULTURE PLACENTA				Bundled	$0.00			
88237	Q	TISSUE CULTURE BONE MARROW				Bundled	$0.00			
88239	Q	TISSUE CULTURE TUMOR				Bundled	$0.00			
88240	Q	CELL CRYOPRESERVE/STORAGE				Bundled	$0.00			
88241	Q	FROZEN CELL PREPARATION				Bundled	$0.00			
88245	Q	CHROMOSOME ANALYSIS 20-25				Bundled	$0.00			
88248	Q	CHROMOSOME ANALYSIS 50-100				Bundled	$0.00			
88249	Q	CHROMOSOME ANALYSIS 100				Bundled	$0.00			
88261	Q	CHROMOSOME ANALYSIS 5				Bundled	$0.00			
88262	Q	CHROMOSOME ANALYSIS 15-20				Bundled	$0.00			
88263	Q	CHROMOSOME ANALYSIS 45				Bundled	$0.00			
88264	Q	CHROMOSOME ANALYSIS 20-25				Bundled	$0.00			
88267	Q	CHROMOSOME ANALYS PLACENTA				Bundled	$0.00			
88269	Q	CHROMOSOME ANALYS AMNIOTIC				Bundled	$0.00			
88271	Q	CYTOGENETICS DNA PROBE				Bundled	$0.00			
88272	Q	CYTOGENETICS 3-5				Bundled	$0.00			
88273	Q	CYTOGENETICS 10-30				Bundled	$0.00			
88274	Q	CYTOGENETICS 25-99				Bundled	$0.00			
88275	Q	CYTOGENETICS 100-300				Bundled	$0.00			
88280	Q	CHROMOSOME KARYOTYPE STUDY				Bundled	$0.00			
88283	Q	CHROMOSOME BANDING STUDY				Bundled	$0.00			
88285	Q	CHROMOSOME COUNT ADDITIONAL				Bundled	$0.00			
88289	Q	CHROMOSOME STUDY ADDITIONAL				Bundled	$0.00			
88291	E	CYTO/MOLECULAR REPORT				Not Allowed	$0.00			
88299	N	CYTOGENETIC STUDY	00342	0.732		Bundled, Sometimes Payable	$40.64			
88300	N	SURGICAL PATH GROSS	00450	0.394		Bundled, Sometimes Payable	$21.89			
88302	N	TISSUE EXAM BY PATHOLOGIST	00450	0.394		Bundled, Sometimes Payable	$21.89			
88304	N	TISSUE EXAM BY PATHOLOGIST	00342	0.732		Bundled, Sometimes Payable	$40.64			
88305	N	TISSUE EXAM BY PATHOLOGIST	00342	0.732		Bundled, Sometimes Payable	$40.64			
88307	N	TISSUE EXAM BY PATHOLOGIST	00433	2.477		Bundled, Sometimes Payable	$137.52			
88309	S	TISSUE EXAM BY PATHOLOGIST	00661	3.967		APC	$220.29			

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88311	N	DECALCIFY TISSUE				Bundled, Sometimes Payable	$0.00			
88312	N	SPECIAL STAINS GROUP 1	00342	0.732		Bundled, Sometimes Payable	$40.64			
88313	N	SPECIAL STAINS GROUP 2	00342	0.732		Bundled, Sometimes Payable	$40.64			
88314	N	HISTOCHEMICAL STAINS ADD-ON				Bundled, Sometimes Payable	$0.00			
88319	S	ENZYME HISTOCHEMISTRY	00661	3.967		APC	$220.29			
88321	N	MICROSLIDE CONSULTATION	00450	0.394		Bundled, Sometimes Payable	$21.89			
88323	N	MICROSLIDE CONSULTATION	00433	2.477		Bundled, Sometimes Payable	$137.52			
88325	N	COMPREHENSIVE REVIEW OF DATA	00342	0.732		Bundled, Sometimes Payable	$40.64			
88329	N	PATH CONSULT INTROP	00450	0.394		Bundled, Sometimes Payable	$21.89			
88331	N	PATH CONSULT INTRAOP 1 BLOC	00433	2.477		Bundled, Sometimes Payable	$137.52			
88332	N	PATH CONSULT INTRAOP ADDL				Bundled, Sometimes Payable	$0.00			
88333	S	INTRAOP CYTO PATH CONSULT 1	00661	3.967		APC	$220.29			
88334	N	INTRAOP CYTO PATH CONSULT 2				Bundled, Sometimes Payable	$0.00			
88341	N	IMMUNOHISTO ANTIBODY SLIDE				Bundled, Sometimes Payable	$0.00			
88342	E	IMMUNOHISTO ANTIBODY STAIN	00433	2.477		Not Allowed	$0.00			
88344	N	IMMUNOHISTO ANTIBODY SLIDE	00433	2.477		Bundled, Sometimes Payable	$137.52			
88346	N	IMMUNOFLUORESCENT STUDY	00433	2.477		Bundled, Sometimes Payable	$137.52			
88347	N	IMMUNOFLUORESCENT STUDY	00433	2.477		Bundled, Sometimes Payable	$137.52			
88348	S	ELECTRON MICROSCOPY	00661	3.967		APC	$220.29			
88355	N	ANALYSIS SKELETAL MUSCLE	00433	2.477		Bundled, Sometimes Payable	$137.52			
88356	N	ANALYSIS NERVE	00342	0.732		Bundled, Sometimes Payable	$40.64			
88358	S	ANALYSIS TUMOR	00661	3.967		APC	$220.29			
88360	N	TUMOR IMMUNOHISTOCHEM/MANUAL	00433	2.477		Bundled, Sometimes Payable	$137.52			
88361	N	TUMOR IMMUNOHISTOCHEM/COMPUT	00433	2.477		Bundled, Sometimes Payable	$137.52			
88362	S	NERVE TEASING PREPARATIONS	00661	3.967		APC	$220.29			
88363	N	XM ARCHIVE TISSUE MOLEC ANAL	00450	0.394		Bundled, Sometimes Payable	$21.89			
88364	N	INSITU HYBRIDIZATION (FISH)				Bundled, Sometimes Payable	$0.00			
88365	N	INSITU HYBRIDIZATION (FISH)	00342	0.732		Bundled, Sometimes Payable	$40.64			
88366	N	INSITU HYBRIDIZATION (FISH)	00342	0.732		Bundled, Sometimes Payable	$40.64			
88367	N	INSITU HYBRIDIZATION AUTO	00433	2.477		Bundled, Sometimes Payable	$137.52			
88368	N	INSITU HYBRIDIZATION MANUAL	00433	2.477		Bundled, Sometimes Payable	$137.52			
88369	N	M/PHMTRC ALYSISHQUANT/SEMIQ				Bundled, Sometimes Payable	$0.00			
88371	Q	PROTEIN WESTERN BLOT TISSUE				Bundled	$0.00			
88372	Q	PROTEIN ANALYSIS W/PROBE				Bundled	$0.00			
88373	N	M/PHMTRC ALYS ISHQUANT/SEMIQ				Bundled, Sometimes Payable	$0.00			
88374	N	M/PHMTRC ALYS ISHQUANT/SEMIQ	00433	2.477		Bundled, Sometimes Payable	$137.52			
88375	N	OPTICAL ENDOMICROSCPY INTERP	00342	0.732		Bundled, Sometimes Payable	$40.64			
88377	N	M/PHMTRC ALYS ISHQUANT/SEMIQ	00433	2.477		Bundled, Sometimes Payable	$137.52			
88380	N	MICRODISSECTION LASER				Bundled, Sometimes Payable	$0.00			
88381	N	MICRODISSECTION MANUAL				Bundled, Sometimes Payable	$0.00			
88387	N	TISS EXAM MOLECULAR STUDY				Bundled, Sometimes Payable	$0.00			
88388	N	TISS EX MOLECUL STUDY ADD-ON				Bundled, Sometimes Payable	$0.00			
88399	N	SURGICAL PATHOLOGY PROCEDURE	00342	0.732		Bundled, Sometimes Payable	$40.64			
88720	Q	BILIRUBIN TOTAL TRANSCUT				Bundled	$0.00			
88738	Q	HGB QUANT TRANSCUTANEOUS				Bundled	$0.00			
88740	Q	TRANSCUTANEOUS CARBOXYHB				Bundled	$0.00			
88741	Q	TRANSCUTANEOUS METHB				Bundled	$0.00			
88749	N	IN VIVO LAB SERVICE				Bundled	$0.00			
89049	N	CHCT FOR MAL HYPERTHERMIA	00433	2.477		Bundled, Sometimes Payable	$137.52			
89050	Q	BODY FLUID CELL COUNT				Bundled	$0.00			
89051	Q	BODY FLUID CELL COUNT				Bundled	$0.00			
89055	Q	LEUKOCYTE ASSESSMENT FECAL				Bundled	$0.00			
89060	Q	EXAM SYNOVIAL FLUID CRYSTALS				Bundled	$0.00			
89125	Q	SPECIMEN FAT STAIN				Bundled	$0.00			
89160	Q	EXAM FECES FOR MEAT FIBERS				Bundled	$0.00			
89190	Q	NASAL SMEAR FOR EOSINOPHILS				Bundled	$0.00			
89220	N	SPUTUM SPECIMEN COLLECTION	00433	2.477		Bundled, Sometimes Payable	$137.52			
89230	N	COLLECT SWEAT FOR TEST	00342	0.732		Bundled, Sometimes Payable	$40.64			
89240	N	PATHOLOGY LAB PROCEDURE	00342	0.732		Bundled, Sometimes Payable	$40.64			
89250	E	CULTR OOCYTE/EMBRYO <4 DAYS				Not Allowed	$0.00			
89251	E	CULTR OOCYTE/EMBRYO <4 DAYS				Not Allowed	$0.00			
89253	E	EMBRYO HATCHING				Not Allowed	$0.00			
89254	E	OOCYTE IDENTIFICATION				Not Allowed	$0.00			
89255	E	PREPARE EMBRYO FOR TRANSFER				Not Allowed	$0.00			

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89257	E	SPERM IDENTIFICATION				Not Allowed	$0.00			
89258	E	CRYOPRESERVATION EMBRYO(S)				Not Allowed	$0.00			
89259	E	CRYOPRESERVATION SPERM				Not Allowed	$0.00			
89260	E	SPERM ISOLATION SIMPLE				Not Allowed	$0.00			
89261	E	SPERM ISOLATION COMPLEX				Not Allowed	$0.00			
89264	E	IDENTIFY SPERM TISSUE				Not Allowed	$0.00			
89268	E	INSEMINATION OF OOCYTES	00433	2.477		Not Allowed	$0.00			
89272	E	EXTENDED CULTURE OF OOCYTES	00661	3.967		Not Allowed	$0.00			
89280	E	ASSIST OOCYTE FERTILIZATION	00661	3.967		Not Allowed	$0.00			
89281	E	ASSIST OOCYTE FERTILIZATION	00433	2.477		Not Allowed	$0.00			
89290	E	BIOPSY OOCYTE POLAR BODY	00433	2.477		Not Allowed	$0.00			
89291	E	BIOPSY OOCYTE POLAR BODY	00433	2.477		Not Allowed	$0.00			
89300	E	SEMEN ANALYSIS W/HUHNER				Bundled	$0.00			
89310	E	SEMEN ANALYSIS W/COUNT				Bundled	$0.00			
89320	E	SEMEN ANAL VOL/COUNT/MOT				Bundled	$0.00			
89321	E	SEMEN ANAL SPERM DETECTION				Bundled	$0.00			
89322	E	SEMEN ANAL STRICT CRITERIA				Bundled	$0.00			
89325	E	SPERM ANTIBODY TEST				Bundled	$0.00			
89329	E	SPERM EVALUATION TEST				Bundled	$0.00			
89330	E	EVALUATION CERVICAL MUCUS				Bundled	$0.00			
89331	E	RETROGRADE EJACULATION ANAL				Bundled	$0.00			
89335	E	CRYOPRESERVE TESTICULAR TISS	00342	0.732		Not Allowed	$0.00			
89337	N	CRYOPRESERVATION OOCYTE(S)	00433	2.477		Bundled, Sometimes Payable	$137.52			
89342	E	STORAGE/YEAR EMBRYO(S)	00433	2.477		Not Allowed	$0.00			
89343	E	STORAGE/YEAR SPERM/SEMEN	00342	0.732		Not Allowed	$0.00			
89344	E	STORAGE/YEAR REPROD TISSUE	00433	2.477		Not Allowed	$0.00			
89346	E	STORAGE/YEAR OOCYTE(S)	00433	2.477		Not Allowed	$0.00			
89352	E	THAWING CRYOPRESRVED EMBRYO	00433	2.477		Not Allowed	$0.00			
89353	E	THAWING CRYOPRESRVED SPERM	00433	2.477		Not Allowed	$0.00			
89354	E	THAW CRYOPRSVRD REPROD TISS	00433	2.477		Not Allowed	$0.00			
89356	E	THAWING CRYOPRESRVED OOCYTE	00433	2.477		Not Allowed	$0.00			
89398	E	UNLISTED REPROD MED LAB PROC				Not Allowed	$0.00			
90281	E	HUMAN IG IM				Not Allowed	$0.00			
90283	E	HUMAN IG IV				Not Allowed	$0.00			
90284	E	HUMAN IG SC				Not Allowed	$0.00			
90287	E	BOTULINUM ANTITOXIN				Not Allowed	$0.00			
90288	E	BOTULISM IG IV				Not Allowed	$0.00			
90291	E	CMV IG IV				Not Allowed	$0.00			
90296	E	DIPHTHERIA ANTITOXIN				Not Allowed	$0.00			
90371	K	HEP B IG IM	01630			APC	$104.56			
90375	K	RABIES IG IM/SC	09133			APC	$248.30			
90376	K	RABIES IG HEAT TREATED	09134			APC	$242.39			
90378	K	RSV MAB IM 50MG	09003			APC	$1,947.79			
90384	E	RH IG FULL-DOSE IM				Not Allowed	$0.00			
90385	N	RH IG MINIDOSE IM				Bundled, Sometimes Payable	$0.00			
90386	E	RH IG IV				Not Allowed	$0.00			
90389	E	TETANUS IG IM				Not Allowed	$0.00			
90393	E	VACCINA IG IM				Not Allowed	$0.00			
90396	K	VARICELLA-ZOSTER IG IM	09135			APC	$709.07			
90399	E	IMMUNE GLOBULIN				Not Allowed	$0.00			
90460	E	IM ADMIN 1ST/ONLY COMPONENT				Not Allowed	$0.00			
90461	E	IM ADMIN EACH ADDL COMPONENT				Not Allowed	$0.00			
90471	E	IMMUNIZATION ADMIN				Not Allowed	$0.00			
90472	E	IMMUNIZATION ADMIN EACH ADD				Not Allowed	$0.00			
90473	E	IMMUNE ADMIN ORAL/NASAL				Not Allowed	$0.00			
90474	E	IMMUNE ADMIN ORAL/NASAL ADDL				Not Allowed	$0.00			
90476	N	ADENOVIRUS VACCINE TYPE 4				Bundled, Sometimes Payable	$0.00			
90477	E	ADENOVIRUS VACCINE TYPE 7				Not Allowed	$0.00			
90581	K	ANTHRAX VACCINE SC OR IM	01422			APC	$94.05			Y
90585	K	BCG VACCINE PERCUT	09137			APC	$121.95			
90586	M	BCG VACCINE INTRAVESICAL				Fee Schedule	$121.95			
90620	M	MENB RP W/OMV VACCINE IM				Fee Schedule	$160.75			
90621	M	MENB RLP VACCINE IM				Fee Schedule	$115.75			
90630	E	FLU VACC IIV4 NO PRESERV ID				Not Allowed	$0.00			

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90632	N	HEP A VACCINE ADULT IM				Bundled	$0.00			
90633	N	HEP A VACC PED/ADOL 2 DOSE				Bundled	$0.00			
90634	N	HEP A VACC PED/ADOL 3 DOSE				Bundled, Sometimes Payable	$0.00			
90636	N	HEP A/HEP B VACC ADULT IM				Bundled	$0.00			
90644	E	MENINGOCCL HIB VAC 4 DOSE IM				Not Allowed	$0.00			
90645	N	HIB VACCINE HBOC IM				Bundled	$0.00			
90646	N	HIB VACCINE PRP-D IM				Bundled	$0.00			
90647	N	HIB VACCINE PRP-OMP IM				Bundled	$0.00			
90648	N	HIB VACCINE PRP-T IM				Bundled	$0.00			
90649	M	HPV VACCINE 4 VALENT IM				Fee Schedule	$147.00			
90650	M	HPV VACCINE 2 VALENT IM				Fee Schedule	$128.75			
90651	M	HPV VACCINE NON VALENT IM				Fee Schedule	$163.09			
90653	E	FLU VACCINE ADJUVANT IM				Not Allowed	$0.00			
90654	M	FLU VACC IIV3 NO PRESERV ID				Fee Schedule	$18.92			
90655	M	FLU VAC NO PRSV 3 VAL 6-35 M				Fee Schedule	$15.43			
90656	M	FLU VACCINE NO PRESERV 3 & >				Fee Schedule	$14.10			
90657	M	FLU VACCINE 3 YRS IM				Fee Schedule	$6.02			
90658	M	FLU VACCINE 3 YRS & > IM				Fee Schedule	$0.00			
90660	M	FLU VACCINE NASAL				Fee Schedule	$20.99			
90661	M	FLU VACC CELL CULT PRSV FREE				Fee Schedule	$21.67			
90662	M	FLU VACC PRSV FREE INC ANTIG				Fee Schedule	$0.00			
90664	E	FLU VACC PANDEMIC INTRANASAL				Not Allowed	$0.00			
90666	E	FLU VAC PANDEM PRSRV FREE IM				Not Allowed	$0.00			
90667	E	FLU VAC PANDEMIC ADJUVANT IM				Not Allowed	$0.00			
90668	E	FLU VAC PANDEMIC SPLT IM				Not Allowed	$0.00			
90669	M	PNEUMOCOCCAL VACC 7 VAL IM				Fee Schedule	$0.00			
90670	M	PNEUMOCOCCAL VACC 13 VAL IM				Fee Schedule	$173.15			
90672	N	FLU VACCINE 4 VALENT NASAL				Bundled	$0.00			
90673	M	FLU VACC RIV3 NO PRESERV				Fee Schedule	$37.19			
90675	K	RABIES VACCINE IM	09139			APC	$237.38			
90676	K	RABIES VACCINE ID	09140			APC	$172.30			
90680	N	ROTOVIRUS VACC 3 DOSE ORAL				Bundled, Sometimes Payable	$0.00			
90681	K	ROTAVIRUS VACC 2 DOSE ORAL				APC	$106.57			
90685	M	FLU VAC NO PRSV 4 VAL 6-35 M				Fee Schedule	$23.90			
90686	M	FLU VAC NO PRSV 4 VAL 3 YRS+				Fee Schedule	$17.98			
90687	M	FLU VACCINE 4 VAL 6-35 MO IM				Fee Schedule	$21.70			
90688	M	FLU VACC 4 VAL 3 YRS PLUS IM				Fee Schedule	$16.05			
90690	N	TYPHOID VACCINE ORAL				Bundled	$0.00			
90691	N	TYPHOID VACCINE IM				Bundled	$0.00			
90692	N	TYPHOID VACCINE H-P SC/ID				Bundled	$0.00			
90693	E	TYPHOID VACCINE AKD SC				Not Allowed	$0.00			
90696	N	DTAP-IPV VACC 4-6 YR IM				Bundled	$0.00			
90697	E	DTAP-IPV-HIB-HEPB VACCINE IM				Not Allowed	$0.00			
90698	N	DTAP-HIB-IP VACCINE IM				Bundled	$0.00			
90700	N	DTAP VACCINE < 7 YRS IM				Bundled	$0.00			
90702	N	DT VACCINE < 7 YRS IM				Bundled	$0.00			
90703	N	TETANUS VACCINE IM				Bundled	$0.00			
90704	N	MUMPS VACCINE SC				Bundled, Sometimes Payable	$0.00			
90705	N	MEASLES VACCINE SC				Bundled	$0.00			
90706	N	RUBELLA VACCINE SC				Bundled, Sometimes Payable	$0.00			
90707	N	MMR VACCINE SC				Bundled	$0.00			
90708	N	MEASLES-RUBELLA VACCINE SC				Bundled, Sometimes Payable	$0.00			
90710	N	MMRV VACCINE SC				Bundled	$0.00			
90712	N	ORAL POLIOVIRUS VACCINE				Bundled	$0.00			
90713	N	POLIOVIRUS IPV SC/IM				Bundled	$0.00			
90714	N	TD VACCINE NO PRSRV 7/> IM				Bundled	$0.00			
90715	N	TDAP VACCINE 7 YRS/> IM				Bundled	$0.00			
90716	M	CHICKEN POX VACCINE SC				Fee Schedule	$0.00			
90717	N	YELLOW FEVER VACCINE SC				Bundled	$0.00			
90719	N	DIPHTHERIA VACCINE IM				Bundled	$0.00			
90720	N	DTP/HIB VACCINE IM				Bundled, Sometimes Payable	$0.00			
90721	N	DTAP/HIB VACCINE IM				Bundled	$0.00			
90723	M	DTAP-HEP B-IPV VACCINE IM				Fee Schedule	$0.00			
90725	N	CHOLERA VACCINE INJECTABLE				Bundled, Sometimes Payable	$0.00			

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90727	E	PLAGUE VACCINE IM				Not Allowed	$0.00			
90732	M	PNEUMOCOCCAL VACC 23 VAL IM				Fee Schedule	$82.52			
90733	K	MENINGOCOCCAL VACCINE SC	09143			APC	$106.49			
90734	N	MENINGOCOCCAL VACCINE IM				Bundled	$0.00			
90735	K	ENCEPHALITIS VACCINE SC	09144			APC	$108.29			
90736	M	ZOSTER VACC SC				Fee Schedule	$187.89			
90738	E	INACTIVATED JE VACC IM				Not Allowed	$0.00			
90739	E	HEP B VACC ADULT 2 DOSE IM				Not Allowed	$0.00			
90740	M	HEPB VACC ILL PAT 3 DOSE IM				Fee Schedule	$119.42			
90743	M	HEP B VACC ADOL 2 DOSE IM				Fee Schedule	$24.22			
90744	M	HEPB VACC PED/ADOL 3 DOSE IM				Fee Schedule	$24.22			
90746	M	HEP B VACC ADULT 3 DOSE IM				Fee Schedule	$59.71			
90747	M	HEPB VACC ILL PAT 4 DOSE IM				Fee Schedule	$119.42			
90748	M	HEP B/HIB VACCINE IM				Fee Schedule	$0.00			
90749	N	VACCINE TOXOID				Bundled	$0.00			
90785	N	PSYTX COMPLEX INTERACTIVE				Bundled, Sometimes Payable	$0.00			
90791	N	PSYCH DIAGNOSTIC EVALUATION	00323	1.557		Bundled, Sometimes Payable	$86.48			
90792	N	PSYCH DIAG EVAL W/MED SRVCS	00323	1.557		Bundled, Sometimes Payable	$86.48			
90832	N	PSYTX PT&/FAMILY 30 MINUTES	00322	1.207		Bundled, Sometimes Payable	$67.00			
90833	N	PSYTX PT&/FAM W/E&M 30 MIN				Bundled, Sometimes Payable	$0.00			
90834	N	PSYTX PT&/FAMILY 45 MINUTES	00323	1.557		Bundled, Sometimes Payable	$86.48			
90836	N	PSYTX PT&/FAM W/E&M 45 MIN				Bundled, Sometimes Payable	$0.00			
90837	N	PSYTX PT&/FAMILY 60 MINUTES	00323	1.557		Bundled, Sometimes Payable	$86.48			
90838	N	PSYTX PT&/FAM W/E&M 60 MIN				Bundled, Sometimes Payable	$0.00			
90839	N	PSYTX CRISIS INITIAL 60 MIN	00323	1.557		Bundled, Sometimes Payable	$86.48			
90840	N	PSYTX CRISIS EA ADDL 30 MIN				Bundled, Sometimes Payable	$0.00			
90845	N	PSYCHOANALYSIS	00323	1.557		Bundled, Sometimes Payable	$86.48			
90846	N	FAMILY PSYTX W/O PATIENT	00324	1.672		Bundled, Sometimes Payable	$92.83			
90847	N	FAMILY PSYTX W/PATIENT	00324	1.672		Bundled, Sometimes Payable	$92.83			
90849	N	MULTIPLE FAMILY GROUP PSYTX	00325	0.891		Bundled, Sometimes Payable	$49.45			
90853	N	GROUP PSYCHOTHERAPY	00325	0.891		Bundled, Sometimes Payable	$49.45			
90863	E	PHARMACOLOGIC MGMT W/PSYTX				Not Allowed	$0.00			
90865	N	NARCOSYNTHESIS	00323	1.557		Bundled, Sometimes Payable	$86.48			
90867	S	TCRANIAL MAGN STIM TX PLAN	00218	2.142		APC	$118.93			
90868	S	TCRANIAL MAGN STIM TX DELI	00218	2.142		APC	$118.93			
90869	S	TCRAN MAGN STIM REDETEMINE	00218	2.142		APC	$118.93			
90870	S	ELECTROCONVULSIVE THERAPY	00320	6.017		APC	$334.12			
90875	E	PSYCHOPHYSIOLOGICAL THERAPY				Not Allowed	$0.00			
90876	E	PSYCHOPHYSIOLOGICAL THERAPY				Not Allowed	$0.00			
90880	N	HYPNOTHERAPY	00323	1.557		Bundled, Sometimes Payable	$86.48			
90882	E	ENVIRONMENTAL MANIPULATION				Not Allowed	$0.00			
90885	N	PSY EVALUATION OF RECORDS				Bundled, Sometimes Payable	$0.00			
90887	N	CONSULTATION WITH FAMILY				Bundled, Sometimes Payable	$0.00			
90889	N	PREPARATION OF REPORT				Bundled, Sometimes Payable	$0.00			
90899	N	PSYCHIATRIC SERVICE/THERAPY	00322	1.207		Bundled, Sometimes Payable	$67.00			
90901	M	BIOFEEDBACK TRAIN ANY METH				Fee Schedule	$20.51			
90911	T	BIOFEEDBACK PERI/URO/RECTAL	00126	1.527		APC	$84.77			
90935	S	HEMODIALYSIS ONE EVALUATION	00170	8.272		APC	$459.35			
90937	M	HEMODIALYSIS REPEATED EVAL				Fee Schedule	$0.00			
90940	N	HEMODIALYSIS ACCESS STUDY				Bundled, Sometimes Payable	$0.00			
90945	V	DIALYSIS ONE EVALUATION	00633	5.217		APC	$289.69			
90947	M	DIALYSIS REPEATED EVAL				Fee Schedule	$0.00			
90951	E	ESRD SERV 4 VISITS P MO <2YR				Not Allowed	$0.00			
90952	E	ESRD SERV 2-3 VSTS P MO <2YR				Not Allowed	$0.00			
90953	E	ESRD SERV 1 VISIT P MO <2YRS				Not Allowed	$0.00			
90954	E	ESRD SERV 4 VSTS P MO 2-11				Not Allowed	$0.00			
90955	E	ESRD SRV 2-3 VSTS P MO 2-11				Not Allowed	$0.00			
90956	E	ESRD SRV 1 VISIT P MO 2-11				Not Allowed	$0.00			
90957	E	ESRD SRV 4 VSTS P MO 12-19				Not Allowed	$0.00			
90958	E	ESRD SRV 2-3 VSTS P MO 12-19				Not Allowed	$0.00			
90959	E	ESRD SERV 1 VST P MO 12-19				Not Allowed	$0.00			
90960	E	ESRD SRV 4 VISITS P MO 20+				Not Allowed	$0.00			
90961	E	ESRD SRV 2-3 VSTS P MO 20+				Not Allowed	$0.00			
90962	E	ESRD SERV 1 VISIT P MO 20+				Not Allowed	$0.00			

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90963	E	ESRD HOME PT SERV P MO <2YRS				Not Allowed	$0.00			
90964	E	ESRD HOME PT SERV P MO 2-11				Not Allowed	$0.00			
90965	E	ESRD HOME PT SERV P MO 12-19				Not Allowed	$0.00			
90966	E	ESRD HOME PT SERV P MO 20+				Not Allowed	$0.00			
90967	E	ESRD HOME PT SERV P DAY <2				Not Allowed	$0.00			
90968	E	ESRD HOME PT SRV P DAY 2-11				Not Allowed	$0.00			
90969	E	ESRD HOME PT SRV P DAY 12-19				Not Allowed	$0.00			
90970	E	ESRD HOME PT SERV P DAY 20+				Not Allowed	$0.00			
90989	M	DIALYSIS TRAINING COMPLETE				Fee Schedule	$0.00			
90993	M	DIALYSIS TRAINING INCOMPL				Fee Schedule	$0.00			
90997	M	HEMOPERFUSION				Fee Schedule	$0.00			
90999	M	DIALYSIS PROCEDURE				Fee Schedule	$0.00			
91010	S	ESOPHAGUS MOTILITY STUDY	00361	4.432		APC	$246.11			
91013	N	ESOPHGL MOTIL W/STIM/PERFUS				Bundled, Sometimes Payable	$0.00			
91020	S	GASTRIC MOTILITY STUDIES	00361	4.432		APC	$246.11			
91022	S	DUODENAL MOTILITY STUDY	00361	4.432		APC	$246.11			
91030	S	ACID PERFUSION OF ESOPHAGUS	00361	4.432		APC	$246.11			
91034	S	GASTROESOPHAGEAL REFLUX TEST	00361	4.432		APC	$246.11			
91035	S	G-ESOPH REFLX TST W/ELECTROD	00361	4.432		APC	$246.11			
91037	S	ESOPH IMPED FUNCTION TEST	00360	1.903		APC	$105.69			
91038	S	ESOPH IMPED FUNCT TEST > 1HR	00361	4.432		APC	$246.11			
91040	S	ESOPH BALLOON DISTENSION TST	00360	1.903		APC	$105.69			
91065	S	BREATH HYDROGEN/METHANE TEST	00360	1.903		APC	$105.69			
91110	T	GI TRACT CAPSULE ENDOSCOPY	00142	11.49		APC	$638.17			
91111	T	ESOPHAGEAL CAPSULE ENDOSCOPY	00142	11.49		APC	$638.17			
91112	T	GI WIRELESS CAPSULE MEASURE	00142	11.49		APC	$638.17			
91117	T	COLON MOTILITY 6 HR STUDY	00164	2.882		APC	$160.05			
91120	T	RECTAL SENSATION TEST	00126	1.527		APC	$84.77			
91122	T	ANAL PRESSURE RECORD	00164	2.882		APC	$160.05			
91132	S	ELECTROGASTROGRAPHY	00360	1.903		APC	$105.69			
91133	S	ELECTROGASTROGRAPHY W/TEST	00360	1.903		APC	$105.69			
91200	S	LIVER ELASTOGRAPHY	00266	1.818		APC	$100.96			
91299	S	GASTROENTEROLOGY PROCEDURE	00360	1.903		APC	$105.69			
92002	V	EYE EXAM NEW PATIENT	00632	1.433		APC	$79.56			
92004	V	EYE EXAM NEW PATIENT	00632	1.433		APC	$79.56			
92012	V	EYE EXAM ESTABLISH PATIENT	00632	1.433		APC	$79.56			
92014	V	EYE EXAM&TX ESTAB PT 1/>VST	00632	1.433		APC	$79.56			
92015	E	DETERMINE REFRACTIVE STATE				Not Allowed	$0.00			
92018	T	NEW EYE EXAM & TREATMENT	00240	20.69		APC	$1,148.94			
92019	T	EYE EXAM & TREATMENT	00240	20.69		APC	$1,148.94			
92020	N	SPECIAL EYE EVALUATION	00230	0.702		Bundled, Sometimes Payable	$38.98			
92025	N	CORNEAL TOPOGRAPHY	00230	0.702		Bundled, Sometimes Payable	$38.98			
92060	N	SPECIAL EYE EVALUATION	00230	0.702		Bundled, Sometimes Payable	$38.98			
92065	N	ORTHOPTIC/PLEOPTIC TRAINING	00230	0.702		Bundled, Sometimes Payable	$38.98			
92071	N	CONTACT LENS FITTING FOR TX				Bundled, Sometimes Payable	$0.00			
92072	N	FIT CONTAC LENS FOR MANAGMNT				Bundled, Sometimes Payable	$0.00			
92081	N	VISUAL FIELD EXAMINATION(S)	00230	0.702		Bundled, Sometimes Payable	$38.98			
92082	N	VISUAL FIELD EXAMINATION(S)	00230	0.702		Bundled, Sometimes Payable	$38.98			
92083	N	VISUAL FIELD EXAMINATION(S)	00698	1.36		Bundled, Sometimes Payable	$75.50			
92100	N	SERIAL TONOMETRY EXAM(S)				Bundled, Sometimes Payable	$0.00			
92132	N	CMPTR OPHTH DX IMG ANT SEGMT	00230	0.702		Bundled, Sometimes Payable	$38.98			
92133	N	CMPTR OPHTH IMG OPTIC NERVE	00230	0.702		Bundled, Sometimes Payable	$38.98			
92134	N	CPTR OPHTH DX IMG POST SEGMT	00230	0.702		Bundled, Sometimes Payable	$38.98			
92136	N	OPHTHALMIC BIOMETRY	00698	1.36		Bundled, Sometimes Payable	$75.50			
92140	N	GLAUCOMA PROVOCATIVE TESTS	00230	0.702		Bundled, Sometimes Payable	$38.98			
92145	N	CORNEAL HYSTERESIS DETER	00230	0.702		Bundled, Sometimes Payable	$38.98			
92225	N	SPECIAL EYE EXAM INITIAL	00230	0.702		Bundled, Sometimes Payable	$38.98			
92226	N	SPECIAL EYE EXAM SUBSEQUENT	00230	0.702		Bundled, Sometimes Payable	$38.98			
92227	N	REMOTE DX RETINAL IMAGING	00340	0.706		Bundled, Sometimes Payable	$39.21			
92228	N	REMOTE RETINAL IMAGING MGMT	00420	1.776		Bundled, Sometimes Payable	$98.63			
92230	N	EYE EXAM WITH PHOTOS	00698	1.36		Bundled, Sometimes Payable	$75.50			
92235	S	EYE EXAM WITH PHOTOS	00231	4.239		APC	$235.39			
92240	S	ICG ANGIOGRAPHY	00231	4.239		APC	$235.39			
92250	N	EYE EXAM WITH PHOTOS	00698	1.36		Bundled, Sometimes Payable	$75.50			

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92260	N	OPHTHALMOSCOPY/DYNAMOMETRY	00230	0.702		Bundled, Sometimes Payable	$38.98			
92265	N	EYE MUSCLE EVALUATION	00698	1.36		Bundled, Sometimes Payable	$75.50			
92270	N	ELECTRO-OCULOGRAPHY	00698	1.36		Bundled, Sometimes Payable	$75.50			
92275	S	ELECTRORETINOGRAPHY	00231	4.239		APC	$235.39			
92283	N	COLOR VISION EXAMINATION	00230	0.702		Bundled, Sometimes Payable	$38.98			
92284	N	DARK ADAPTATION EYE EXAM	00698	1.36		Bundled, Sometimes Payable	$75.50			
92285	N	EYE PHOTOGRAPHY	00230	0.702		Bundled, Sometimes Payable	$38.98			
92286	N	INTERNAL EYE PHOTOGRAPHY	00698	1.36		Bundled, Sometimes Payable	$75.50			
92287	N	INTERNAL EYE PHOTOGRAPHY	00698	1.36		Bundled, Sometimes Payable	$75.50			
92310	E	CONTACT LENS FITTING				Not Allowed	$0.00			
92311	E	CONTACT LENS FITTING				Not Allowed	$0.00			
92312	E	CONTACT LENS FITTING				Not Allowed	$0.00			
92313	E	CONTACT LENS FITTING				Not Allowed	$0.00			
92314	E	PRESCRIPTION OF CONTACT LENS				Not Allowed	$0.00			
92315	E	RX CNTACT LENS APHAKIA 1 EYE				Not Allowed	$0.00			
92316	E	RX CNTACT LENS APHAKIA 2 EYE				Not Allowed	$0.00			
92317	E	RX CORNEOSCLERAL CNTACT LENS				Not Allowed	$0.00			
92325	E	MODIFICATION OF CONTACT LENS				Not Allowed	$0.00			
92326	E	REPLACEMENT OF CONTACT LENS				Not Allowed	$0.00			
92340	M	FIT SPECTACLES MONOFOCAL				Fee Schedule	$0.00			
92341	M	FIT SPECTACLES BIFOCAL				Fee Schedule	$0.00			
92342	M	FIT SPECTACLES MULTIFOCAL				Fee Schedule	$0.00			
92352	E	FIT APHAKIA SPECTCL MONOFOCL				Not Allowed	$0.00			
92353	E	FIT APHAKIA SPECTCL MULTIFOC				Not Allowed	$0.00			
92354	E	FIT SPECTACLES SINGLE SYSTEM				Not Allowed	$0.00			
92355	E	FIT SPECTACLES COMPOUND LENS				Not Allowed	$0.00			
92358	N	APHAKIA PROSTH SERVICE TEMP	00698	1.36		Bundled, Sometimes Payable	$75.50			
92370	E	REPAIR & ADJUST SPECTACLES				Not Allowed	$0.00			
92371	E	REPAIR & ADJUST SPECTACLES				Not Allowed	$0.00			
92499	N	EYE SERVICE OR PROCEDURE	00230	0.702		Bundled, Sometimes Payable	$38.98			
92502	T	EAR AND THROAT EXAMINATION	00251	4.898		APC	$271.98			
92504	N	EAR MICROSCOPY EXAMINATION				Bundled, Sometimes Payable	$0.00			
92507	Y	SPEECH/HEARING THERAPY				Fee Schedule	$55.03			
92508	Y	SPEECH/HEARING THERAPY				Fee Schedule	$16.11			
92511	T	NASOPHARYNGOSCOPY	00071	2.031		APC	$112.80			
92512	S	NASAL FUNCTION STUDIES	00363	1.928		APC	$107.06			
92516	S	FACIAL NERVE FUNCTION TEST	00363	1.928		APC	$107.06			
92520	N	LARYNGEAL FUNCTION STUDIES	00340	0.706		Bundled, Sometimes Payable	$39.21			
92521	Y	EVALUATION OF SPEECH FLUENCY				Fee Schedule	$77.78			
92522	Y	EVALUATE SPEECH PRODUCTION				Fee Schedule	$63.14			
92523	Y	SPEECH SOUND LANG COMPREHEN				Fee Schedule	$131.19			
92524	Y	BEHAVRAL QUALIT ANALYS VOICE				Fee Schedule	$66.01			
92526	Y	ORAL FUNCTION THERAPY				Fee Schedule	$59.90			
92531	N	SPONTANEOUS NYSTAGMUS STUDY				Bundled, Sometimes Payable	$0.00			
92532	N	POSITIONAL NYSTAGMUS TEST				Bundled, Sometimes Payable	$0.00			
92533	N	CALORIC VESTIBULAR TEST				Bundled, Sometimes Payable	$0.00			
92534	N	OPTOKINETIC NYSTAGMUS TEST				Bundled, Sometimes Payable	$0.00			
92540	S	BASIC VESTIBULAR EVALUATION	00363	1.928		APC	$107.06			
92541	N	SPONTANEOUS NYSTAGMUS TEST	00420	1.776		Bundled, Sometimes Payable	$98.63			
92542	N	POSITIONAL NYSTAGMUS TEST	00340	0.706		Bundled, Sometimes Payable	$39.21			
92543	S	CALORIC VESTIBULAR TEST	00363	1.928		APC	$107.06			
92544	S	OPTOKINETIC NYSTAGMUS TEST	00363	1.928		APC	$107.06			
92545	S	OSCILLATING TRACKING TEST	00363	1.928		APC	$107.06			
92546	S	SINUSOIDAL ROTATIONAL TEST	00363	1.928		APC	$107.06			
92547	N	SUPPLEMENTAL ELECTRICAL TEST				Bundled, Sometimes Payable	$0.00			
92548	S	POSTUROGRAPHY	00363	1.928		APC	$107.06			
92550	N	TYMPANOMETRY & REFLEX THRESH	00365	1.59		Bundled, Sometimes Payable	$88.30			
92551	M	PURE TONE HEARING TEST AIR				Fee Schedule	$11.91			
92552	N	PURE TONE AUDIOMETRY AIR	00365	1.59		Bundled, Sometimes Payable	$88.30			
92553	N	AUDIOMETRY AIR & BONE	00365	1.59		Bundled, Sometimes Payable	$88.30			
92555	N	SPEECH THRESHOLD AUDIOMETRY	00364	0.584		Bundled, Sometimes Payable	$32.44			
92556	N	SPEECH AUDIOMETRY COMPLETE	00364	0.584		Bundled, Sometimes Payable	$32.44			
92557	N	COMPREHENSIVE HEARING TEST	00365	1.59		Bundled, Sometimes Payable	$88.30			
92558	E	EVOKED AUDITORY TEST QUAL				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
92559	E	GROUP AUDIOMETRIC TESTING				Not Allowed	$0.00			
92560	E	BEKESY AUDIOMETRY SCREEN				Not Allowed	$0.00			
92561	N	BEKESY AUDIOMETRY DIAGNOSIS	00365	1.59		Bundled, Sometimes Payable	$88.30			
92562	N	LOUDNESS BALANCE TEST	00365	1.59		Bundled, Sometimes Payable	$88.30			
92563	N	TONE DECAY HEARING TEST	00364	0.584		Bundled, Sometimes Payable	$32.44			
92564	N	SISI HEARING TEST	00364	0.584		Bundled, Sometimes Payable	$32.44			
92565	N	STENGER TEST PURE TONE	00364	0.584		Bundled, Sometimes Payable	$32.44			
92567	N	TYMPANOMETRY	00364	0.584		Bundled, Sometimes Payable	$32.44			
92568	N	ACOUSTIC REFL THRESHOLD TST	00450	0.394		Bundled, Sometimes Payable	$21.89			
92570	N	ACOUSTIC IMMITANCE TESTING	00365	1.59		Bundled, Sometimes Payable	$88.30			
92571	N	FILTERED SPEECH HEARING TEST	00364	0.584		Bundled, Sometimes Payable	$32.44			
92572	N	STAGGERED SPONDAIC WORD TEST	00365	1.59		Bundled, Sometimes Payable	$88.30			
92575	N	SENSORINEURAL ACUITY TEST	00364	0.584		Bundled, Sometimes Payable	$32.44			
92576	N	SYNTHETIC SENTENCE TEST	00364	0.584		Bundled, Sometimes Payable	$32.44			
92577	N	STENGER TEST SPEECH	00365	1.59		Bundled, Sometimes Payable	$88.30			
92579	N	VISUAL AUDIOMETRY (VRA)	00365	1.59		Bundled, Sometimes Payable	$88.30			
92582	N	CONDITIONING PLAY AUDIOMETRY	00365	1.59		Bundled, Sometimes Payable	$88.30			
92583	N	SELECT PICTURE AUDIOMETRY	00364	0.584		Bundled, Sometimes Payable	$32.44			
92584	S	ELECTROCOCHLEOGRAPHY	00218	2.142		APC	$118.93			
92585	S	AUDITOR EVOKE POTENT COMPRE	00216	3.677		APC	$204.16			
92586	S	AUDITOR EVOKE POTENT LIMIT	00218	2.142		APC	$118.93			
92587	S	EVOKED AUDITORY TEST LIMITED	00363	1.928		APC	$107.06			
92588	S	EVOKED AUDITORY TST COMPLETE	00363	1.928		APC	$107.06			
92590	E	HEARING AID EXAM ONE EAR				Not Allowed	$0.00			
92591	E	HEARING AID EXAM BOTH EARS				Not Allowed	$0.00			
92592	M	HEARING AID CHECK ONE EAR				Fee Schedule	$12.67			
92593	E	HEARING AID CHECK BOTH EARS				Not Allowed	$0.00			
92594	E	ELECTRO HEARNG AID TEST ONE				Not Allowed	$0.00			
92595	E	ELECTRO HEARNG AID TST BOTH				Not Allowed	$0.00			
92596	N	EAR PROTECTOR EVALUATION	00364	0.584		Bundled, Sometimes Payable	$32.44			
92597	Y	ORAL SPEECH DEVICE EVAL				Fee Schedule	$50.17			
92601	N	COCHLEAR IMPLT F/UP EXAM <7	00365	1.59		Bundled, Sometimes Payable	$88.30			
92602	N	REPROGRAM COCHLEAR IMPLT 7/>	00365	1.59		Bundled, Sometimes Payable	$88.30			
92603	N	COCHLEAR IMPLT F/UP EXAM 7/>	00365	1.59		Bundled, Sometimes Payable	$88.30			
92604	N	REPROGRAM COCHLEAR IMPLT 7/>	00365	1.59		Bundled, Sometimes Payable	$88.30			
92605	M	EX FOR NONSPEECH DEVICE RX				Fee Schedule	$0.00			
92606	N	NON-SPEECH DEVICE SERVICE				Bundled	$0.00			
92607	Y	EX FOR SPEECH DEVICE RX 1HR				Fee Schedule	$88.73			
92608	Y	EX FOR SPEECH DEVICE RX ADDL				Fee Schedule	$36.67			
92609	Y	USE OF SPEECH DEVICE SERVICE				Fee Schedule	$76.69			
92610	Y	EVALUATE SWALLOWING FUNCTION				Fee Schedule	$50.41			
92611	Y	MOTION FLUOROSCOPY/SWALLOW				Fee Schedule	$62.84			
92612	M	ENDOSCOPY SWALLOW TST (FEES)				Fee Schedule	$47.49			
92613	E	ENDOSCOPY SWALLOW TST (FEES)				Not Allowed	$0.00			
92614	M	LARYNGOSCOPIC SENSORY TEST				Fee Schedule	$47.49			
92615	E	EVAL LARYNGOSCOPY SENSE TST				Not Allowed	$0.00			
92616	M	FEES W/LARYNGEAL SENSE TEST				Fee Schedule	$70.48			
92617	E	INTERPRT FEES/LARYNGEAL TEST				Not Allowed	$0.00			
92618	E	EX FOR NONSPEECH DEV RX ADD				Not Allowed	$0.00			
92620	N	AUDITORY FUNCTION 60 MIN	00365	1.59		Bundled, Sometimes Payable	$88.30			
92621	N	AUDITORY FUNCTION + 15 MIN				Bundled, Sometimes Payable	$0.00			
92625	N	TINNITUS ASSESSMENT	00365	1.59		Bundled, Sometimes Payable	$88.30			
92626	N	EVAL AUD REHAB STATUS	00365	1.59		Bundled, Sometimes Payable	$88.30			
92627	N	EVAL AUD STATUS REHAB ADD-ON				Bundled, Sometimes Payable	$0.00			
92630	E	AUD REHAB PRE-LING HEAR LOSS				Not Allowed	$0.00			
92633	E	AUD REHAB POSTLING HEAR LOSS				Not Allowed	$0.00			
92640	N	AUD BRAINSTEM IMPLT PROGRAMG	00365	1.59		Bundled, Sometimes Payable	$88.30			
92700	N	ENT PROCEDURE/SERVICE	00364	0.584		Bundled, Sometimes Payable	$32.44			
92920	N	PRQ CARDIAC ANGIOPLAST 1 ART	00083	61.2		Bundled, Sometimes Payable	$3,398.31			
92921	N	PRQ CARDIAC ANGIO ADDL ART				Bundled, Sometimes Payable	$0.00			
92924	N	PRQ CARD ANGIO/ATHRECT 1 ART	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
92925	N	PRQ CARD ANGIO/ATHRECT ADDL				Bundled, Sometimes Payable	$0.00			
92928	N	PRQ CARD STENT W/ANGIO 1 VSL	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
92929	N	PRQ CARD STENT W/ANGIO ADDL				Bundled, Sometimes Payable	$0.00			

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92933	N	PRQ CARD STENT/ATH/ANGIO	00319	200.2		Bundled, Sometimes Payable	$11,114.87			
92934	N	PRQ CARD STENT/ATH/ANGIO				Bundled, Sometimes Payable	$0.00			
92937	N	PRQ REVASC BYP GRAFT 1 VSL	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
92938	N	PRQ REVASC BYP GRAFT ADDL				Bundled, Sometimes Payable	$0.00			
92941	N	PRQ CARD REVASC MI 1 VSL	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
92943	N	PRQ CARD REVASC CHRONIC 1VSL	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
92944	N	PRQ CARD REVASC CHRONIC ADDL				Bundled, Sometimes Payable	$0.00			
92950	S	HEART/LUNG RESUSCITATION CPR	00100	3.209		APC	$178.21			
92953	N	TEMPORARY EXTERNAL PACING	00094	6.343		Bundled, Sometimes Payable	$352.24			
92960	S	CARDIOVERSION ELECTRIC EXT	00094	6.343		APC	$352.24			
92961	S	CARDIOVERSION ELECTRIC INT	00094	6.343		APC	$352.24			
92970	C	CARDIOASSIST INTERNAL				Inpatient Only	$0.00			
92971	C	CARDIOASSIST EXTERNAL				Inpatient Only	$0.00			
92973	N	PRQ CORONARY MECH THROMBECT				Bundled, Sometimes Payable	$0.00			
92974	N	CATH PLACE CARDIO BRACHYTX				Bundled, Sometimes Payable	$0.00			
92975	C	DISSOLVE CLOT HEART VESSEL				Inpatient Only	$0.00			
92977	T	DISSOLVE CLOT HEART VESSEL	00676	2.632		APC	$146.14			
92978	N	INTRAVASC US HEART ADD-ON				Bundled, Sometimes Payable	$0.00			
92979	N	INTRAVASC US HEART ADD-ON				Bundled, Sometimes Payable	$0.00			
92986	N	REVISION OF AORTIC VALVE	00083	61.2		Bundled, Sometimes Payable	$3,398.31			
92987	N	REVISION OF MITRAL VALVE	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
92990	N	REVISION OF PULMONARY VALVE	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
92992	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			
92993	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			
92997	N	PUL ART BALLOON REPR PERCUT	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
92998	N	PUL ART BALLOON REPR PERCUT				Bundled, Sometimes Payable	$0.00			
93000	M	ELECTROCARDIOGRAM COMPLETE				Fee Schedule	$0.00			
93005	N	ELECTROCARDIOGRAM TRACING	00099	1.058		Bundled, Sometimes Payable	$58.75			
93010	M	ELECTROCARDIOGRAM REPORT				Fee Schedule	$0.00			
93015	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	$0.00			
93016	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	$0.00			
93017	N	CARDIOVASCULAR STRESS TEST	00100	3.209		Bundled, Sometimes Payable	$178.21			
93018	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	$0.00			
93024	S	CARDIAC DRUG STRESS TEST	00100	3.209		APC	$178.21			
93025	S	MICROVOLT T-WAVE ASSESS	00100	3.209		APC	$178.21			
93040	M	RHYTHM ECG WITH REPORT				Fee Schedule	$0.00			
93041	N	RHYTHM ECG TRACING	00340	0.706		Bundled, Sometimes Payable	$39.21			
93042	M	RHYTHM ECG REPORT				Fee Schedule	$0.00			
93224	M	ECG MONIT/REPRT UP TO 48 HRS				Fee Schedule	$0.00			
93225	N	ECG MONIT/REPRT UP TO 48 HRS	00099	1.058		Bundled, Sometimes Payable	$58.75			
93226	N	ECG MONIT/REPRT UP TO 48 HRS	00099	1.058		Bundled, Sometimes Payable	$58.75			
93227	M	ECG MONIT/REPRT UP TO 48 HRS				Fee Schedule	$0.00			
93228	E	REMOTE 30 DAY ECG REV/REPORT				Not Allowed	$0.00			
93229	S	REMOTE 30 DAY ECG TECH SUPP	00213	2.381		APC	$132.23			
93260	N	PRGRMG DEV EVAL IMPLTBL SYS	00690	0.474		Bundled, Sometimes Payable	$26.32			
93261	N	INTERROGATE SUBQ DEFIB	00690	0.474		Bundled, Sometimes Payable	$26.32			
93268	M	ECG RECORD/REVIEW				Fee Schedule	$0.00			
93270	N	REMOTE 30 DAY ECG REV/REPORT	00690	0.474		Bundled, Sometimes Payable	$26.32			
93271	S	ECG/MONITORING AND ANALYSIS	00692	1.729		APC	$96.00			
93272	M	ECG/REVIEW INTERPRET ONLY				Fee Schedule	$0.00			
93278	N	ECG/SIGNAL-AVERAGED	00340	0.706		Bundled, Sometimes Payable	$39.21			
93279	N	PM DEVICE PROGR EVAL SNGL	00690	0.474		Bundled, Sometimes Payable	$26.32			
93280	N	PM DEVICE PROGR EVAL DUAL	00690	0.474		Bundled, Sometimes Payable	$26.32			
93281	N	PM DEVICE PROGR EVAL MULTI	00690	0.474		Bundled, Sometimes Payable	$26.32			
93282	N	PRGRMG EVAL IMPLANTABLE DFB	00690	0.474		Bundled, Sometimes Payable	$26.32			
93283	N	PRGRMG EVAL IMPLANTABLE DFB	00690	0.474		Bundled, Sometimes Payable	$26.32			
93284	N	PRGRMG EVAL IMPLANTABLE DFB	00690	0.474		Bundled, Sometimes Payable	$26.32			
93285	N	ILR DEVICE EVAL PROGR	00690	0.474		Bundled, Sometimes Payable	$26.32			
93286	N	PERI-PX PACEMAKER DEVICE EVL				Bundled, Sometimes Payable	$0.00			
93287	N	PERI-PX DEVICE EVAL & PRGR				Bundled, Sometimes Payable	$0.00			
93288	N	PM DEVICE EVAL IN PERSON	00690	0.474		Bundled, Sometimes Payable	$26.32			
93289	N	INTERROG DEVICE EVAL HEART	00690	0.474		Bundled, Sometimes Payable	$26.32			
93290	N	ICM DEVICE EVAL	00690	0.474		Bundled, Sometimes Payable	$26.32			
93291	N	ILR DEVICE INTERROGATE	00450	0.394		Bundled, Sometimes Payable	$21.89			

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93292	N	WCD DEVICE INTERROGATE	00690	0.474		Bundled, Sometimes Payable	$26.32			
93293	N	PM PHONE R-STRIP DEVICE EVAL	00690	0.474		Bundled, Sometimes Payable	$26.32			
93294	E	PM DEVICE INTERROGATE REMOTE				Not Allowed	$0.00			
93295	E	DEV INTERROG REMOTE 1/2/MLT				Not Allowed	$0.00			
93296	N	PM/ICD REMOTE TECH SERV	00690	0.474		Bundled, Sometimes Payable	$26.32			
93297	E	ICM DEVICE INTERROGAT REMOTE				Not Allowed	$0.00			
93298	E	ILR DEVICE INTERROGAT REMOTE				Not Allowed	$0.00			
93299	N	ICM/ILR REMOTE TECH SERV	00690	0.474		Bundled, Sometimes Payable	$26.32			
93303	S	ECHO TRANSTHORACIC	00270	8.014		APC	$445.03			
93304	S	ECHO TRANSTHORACIC	00269	5.7		APC	$316.49			
93306	S	TTE W/DOPPLER COMPLETE	00269	5.7		APC	$316.49			
93307	S	TTE W/O DOPPLER COMPLETE	00269	5.7		APC	$316.49			
93308	S	TTE F-UP OR LMTD	00267	2.557		APC	$141.96			
93312	S	ECHO TRANSESOPHAGEAL	00270	8.014		APC	$445.03			
93313	S	ECHO TRANSESOPHAGEAL	00269	5.7		APC	$316.49			
93314	N	ECHO TRANSESOPHAGEAL				Bundled, Sometimes Payable	$0.00			
93315	S	ECHO TRANSESOPHAGEAL	00269	5.7		APC	$316.49			
93316	S	ECHO TRANSESOPHAGEAL	00270	8.014		APC	$445.03			
93317	N	ECHO TRANSESOPHAGEAL				Bundled, Sometimes Payable	$0.00			
93318	S	ECHO TRANSESOPHAGEAL INTRAOP	00270	8.014		APC	$445.03			
93320	N	DOPPLER ECHO EXAM HEART				Bundled, Sometimes Payable	$0.00			
93321	N	DOPPLER ECHO EXAM HEART				Bundled, Sometimes Payable	$0.00			
93325	N	DOPPLER COLOR FLOW ADD-ON				Bundled, Sometimes Payable	$0.00			
93350	S	STRESS TTE ONLY	00269	5.7		APC	$316.49			
93351	S	STRESS TTE COMPLETE	00270	8.014		APC	$445.03			
93352	E	ADMIN ECG CONTRAST AGENT				Not Allowed	$0.00			
93355	N	ECHO TRANSESOPHAGEAL (TEE)				Bundled, Sometimes Payable	$0.00			
93451	T	RIGHT HEART CATH	00080	34.73		APC	$1,928.79			
93452	T	LEFT HRT CATH W/VENTRCLGRPHY	00080	34.73		APC	$1,928.79			
93453	T	R&L HRT CATH W/VENTRICLGRPHY	00080	34.73		APC	$1,928.79			
93454	T	CORONARY ARTERY ANGIO S&I	00080	34.73		APC	$1,928.79			
93455	T	CORONARY ART/GRFT ANGIO S&I	00080	34.73		APC	$1,928.79			
93456	T	R HRT CORONARY ARTERY ANGIO	00080	34.73		APC	$1,928.79			
93457	T	R HRT ART/GRFT ANGIO	00080	34.73		APC	$1,928.79			
93458	T	L HRT ARTERY/VENTRICLE ANGIO	00080	34.73		APC	$1,928.79			
93459	T	L HRT ART/GRFT ANGIO	00080	34.73		APC	$1,928.79			
93460	T	R&L HRT ART/VENTRICLE ANGIO	00080	34.73		APC	$1,928.79			
93461	T	R&L HRT ART/VENTRICLE ANGIO	00080	34.73		APC	$1,928.79			
93462	N	L HRT CATH TRNSPTL PUNCTURE				Bundled, Sometimes Payable	$0.00			
93463	N	DRUG ADMIN & HEMODYNMIC MEAS				Bundled, Sometimes Payable	$0.00			
93464	N	EXERCISE W/HEMODYNAMIC MEAS				Bundled, Sometimes Payable	$0.00			
93503	T	INSERT/PLACE HEART CATHETER	00103	21.25		APC	$1,179.92			
93505	T	BIOPSY OF HEART LINING	00103	21.25		APC	$1,179.92			
93530	T	RT HEART CATH CONGENITAL	00080	34.73		APC	$1,928.79			
93531	T	R & L HEART CATH CONGENITAL	00080	34.73		APC	$1,928.79			
93532	T	R & L HEART CATH CONGENITAL	00080	34.73		APC	$1,928.79			
93533	T	R & L HEART CATH CONGENITAL	00080	34.73		APC	$1,928.79			
93561	N	CARDIAC OUTPUT MEASUREMENT				Bundled, Sometimes Payable	$0.00			
93562	N	CARD OUTPUT MEASURE SUBSQ				Bundled, Sometimes Payable	$0.00			
93563	N	INJECT CONGENITAL CARD CATH				Bundled, Sometimes Payable	$0.00			
93564	N	INJECT HRT CONGNTL ART/GRFT				Bundled, Sometimes Payable	$0.00			
93565	N	INJECT L VENTR/ATRIAL ANGIO				Bundled, Sometimes Payable	$0.00			
93566	N	INJECT R VENTR/ATRIAL ANGIO				Bundled, Sometimes Payable	$0.00			
93567	N	INJECT SUPRVLV AORTOGRAPHY				Bundled, Sometimes Payable	$0.00			
93568	N	INJECT PULM ART HRT CATH				Bundled, Sometimes Payable	$0.00			
93571	N	HEART FLOW RESERVE MEASURE				Bundled, Sometimes Payable	$0.00			
93572	N	HEART FLOW RESERVE MEASURE				Bundled, Sometimes Payable	$0.00			
93580	N	TRANSCATH CLOSURE OF ASD	00319	200.2		Bundled, Sometimes Payable	$11,114.87			
93581	N	TRANSCATH CLOSURE OF VSD	00319	200.2		Bundled, Sometimes Payable	$11,114.87			
93582	N	PERQ TRANSCATH CLOSURE PDA	00319	200.2		Bundled, Sometimes Payable	$11,114.87			
93583	C	PERQ TRANSCATH SEPTAL REDUXN				Inpatient Only	$0.00			
93600	N	BUNDLE OF HIS RECORDING	00085	62.49		Bundled, Sometimes Payable	$3,470.13			
93602	N	INTRA-ATRIAL RECORDING	00085	62.49		Bundled, Sometimes Payable	$3,470.13			
93603	N	RIGHT VENTRICULAR RECORDING	00084	11.77		Bundled, Sometimes Payable	$653.77			

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93609	N	MAP TACHYCARDIA ADD-ON				Bundled, Sometimes Payable	$0.00			
93610	N	INTRA-ATRIAL PACING	00085	62.49		Bundled, Sometimes Payable	$3,470.13			
93612	N	INTRAVENTRICULAR PACING	00085	62.49		Bundled, Sometimes Payable	$3,470.13			
93613	N	ELECTROPHYS MAP 3D ADD-ON				Bundled, Sometimes Payable	$0.00			
93615	N	ESOPHAGEAL RECORDING	00084	11.77		Bundled, Sometimes Payable	$653.77			
93616	N	ESOPHAGEAL RECORDING	00084	11.77		Bundled, Sometimes Payable	$653.77			
93618	N	HEART RHYTHM PACING	00084	11.77		Bundled, Sometimes Payable	$653.77			
93619	N	ELECTROPHYSIOLOGY EVALUATION	00085	62.49		Bundled, Sometimes Payable	$3,470.13			
93620	N	ELECTROPHYSIOLOGY EVALUATION	00085	62.49		Bundled, Sometimes Payable	$3,470.13			
93621	N	ELECTROPHYSIOLOGY EVALUATION				Bundled, Sometimes Payable	$0.00			
93622	N	ELECTROPHYSIOLOGY EVALUATION				Bundled, Sometimes Payable	$0.00			
93623	N	STIMULATION PACING HEART				Bundled, Sometimes Payable	$0.00			
93624	N	ELECTROPHYSIOLOGIC STUDY	00085	62.49		Bundled, Sometimes Payable	$3,470.13			
93631	N	HEART PACING MAPPING				Bundled, Sometimes Payable	$0.00			
93640	N	EVALUATION HEART DEVICE				Bundled, Sometimes Payable	$0.00			
93641	N	ELECTROPHYSIOLOGY EVALUATION				Bundled, Sometimes Payable	$0.00			
93642	N	ELECTROPHYSIOLOGY EVALUATION	00084	11.77		Bundled, Sometimes Payable	$653.77			
93644	N	ELECTROPHYSIOLOGY EVALUATION				Bundled, Sometimes Payable	$0.00			
93650	N	ABLATE HEART DYSRHYTHM FOCUS	00085	62.49		Bundled, Sometimes Payable	$3,470.13			
93653	N	EP & ABLATE SUPRAVENT ARRHYT	00086	193.6		Bundled, Sometimes Payable	$10,752.36			
93654	N	EP & ABLATE VENTRIC TACHY	00086	193.6		Bundled, Sometimes Payable	$10,752.36			
93655	N	ABLATE ARRHYTHMIA ADD ON				Bundled, Sometimes Payable	$0.00			
93656	N	TX ATRIAL FIB PULM VEIN ISOL	00086	193.6		Bundled, Sometimes Payable	$10,752.36			
93657	N	TX L/R ATRIAL FIB ADDL				Bundled, Sometimes Payable	$0.00			
93660	S	TILT TABLE EVALUATION	00096	4.446		APC	$246.88			
93662	N	INTRACARDIAC ECG (ICE)				Bundled, Sometimes Payable	$0.00			
93668	E	PERIPHERAL VASCULAR REHAB				Not Allowed	$0.00			
93701	N	BIOIMPEDANCE CV ANALYSIS	00099	1.058		Bundled, Sometimes Payable	$58.75			
93702	S	BIS XTRACELL FLUID ANALYSIS	00097	1.52		APC	$84.38			
93724	S	ANALYZE PACEMAKER SYSTEM	00691	3.337		APC	$185.33			
93740	N	TEMPERATURE GRADIENT STUDIES	00367	2.174		Bundled, Sometimes Payable	$120.74			
93745	S	SET-UP CARDIOVERT-DEFIBRILL	00691	3.337		APC	$185.33			
93750	S	INTERROGATION VAD IN PERSON	00692	1.729		APC	$96.00			
93770	N	MEASURE VENOUS PRESSURE				Bundled, Sometimes Payable	$0.00			
93784	M	AMBULATORY BP MONITORING				Fee Schedule	$0.00			
93786	N	AMBULATORY BP RECORDING	00099	1.058		Bundled, Sometimes Payable	$58.75			
93788	N	AMBULATORY BP ANALYSIS	00099	1.058		Bundled, Sometimes Payable	$58.75			
93790	M	REVIEW/REPORT BP RECORDING				Fee Schedule	$0.00			
93797	S	CARDIAC REHAB	00095	1.393		APC	$77.34			
93798	S	CARDIAC REHAB/MONITOR	00095	1.393		APC	$77.34			
93799	S	CARDIOVASCULAR PROCEDURE	00097	1.52		APC	$84.38			
93880	S	EXTRACRANIAL BILAT STUDY	00267	2.557		APC	$141.96			
93882	S	EXTRACRANIAL UNI/LTD STUDY	00267	2.557		APC	$141.96			
93886	S	INTRACRANIAL COMPLETE STUDY	00267	2.557		APC	$141.96			
93888	S	INTRACRANIAL LIMITED STUDY	00266	1.818		APC	$100.96			
93890	S	TCD VASOREACTIVITY STUDY	00266	1.818		APC	$100.96			
93892	S	TCD EMBOLI DETECT W/O INJ	00266	1.818		APC	$100.96			
93893	S	TCD EMBOLI DETECT W/INJ	00266	1.818		APC	$100.96			
93895	E	CAROTID INTIMA ATHEROMA EVAL				Not Allowed	$0.00			
93922	S	UPR/L XTREMITY ART 2 LEVELS	00097	1.52		APC	$84.38			
93923	S	UPR/LXTR ART STDY 3+ LVLS	00097	1.52		APC	$84.38			
93924	S	LWR XTR VASC STDY BILAT	00097	1.52		APC	$84.38			
93925	S	LOWER EXTREMITY STUDY	00267	2.557		APC	$141.96			
93926	S	LOWER EXTREMITY STUDY	00266	1.818		APC	$100.96			
93930	S	UPPER EXTREMITY STUDY	00267	2.557		APC	$141.96			
93931	S	UPPER EXTREMITY STUDY	00266	1.818		APC	$100.96			
93965	S	EXTREMITY STUDY	00097	1.52		APC	$84.38			
93970	S	EXTREMITY STUDY	00267	2.557		APC	$141.96			
93971	S	EXTREMITY STUDY	00266	1.818		APC	$100.96			
93975	S	VASCULAR STUDY	00267	2.557		APC	$141.96			
93976	S	VASCULAR STUDY	00267	2.557		APC	$141.96			
93978	S	VASCULAR STUDY	00267	2.557		APC	$141.96			
93979	S	VASCULAR STUDY	00266	1.818		APC	$100.96			
93980	S	PENILE VASCULAR STUDY	00267	2.557		APC	$141.96			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
93981	S	PENILE VASCULAR STUDY	00267	2.557		APC	$141.96			
93982	S	ANEURYSM PRESSURE SENS STUDY	00097	1.52		APC	$84.38			
93990	S	DOPPLER FLOW TESTING	00266	1.818		APC	$100.96			
93998	N	NONINVAS VASC DX STUDY PROC	00340	0.706		Bundled, Sometimes Payable	$39.21			
94002	N	VENT MGMT INPAT INIT DAY	00079	5.045		Bundled, Sometimes Payable	$280.14			
94003	N	VENT MGMT INPAT SUBQ DAY	00079	5.045		Bundled, Sometimes Payable	$280.14			
94004	E	VENT MGMT NF PER DAY				Not Allowed	$0.00			
94005	E	HOME VENT MGMT SUPERVISION				Not Allowed	$0.00			
94010	N	BREATHING CAPACITY TEST	00367	2.174		Bundled, Sometimes Payable	$120.74			
94011	N	SPIROMETRY UP TO 2 YRS OLD	00367	2.174		Bundled, Sometimes Payable	$120.74			
94012	N	SPIRMTRY W/BRNCHDIL INF-2 YR	00367	2.174		Bundled, Sometimes Payable	$120.74			
94013	S	MEAS LUNG VOL THRU 2 YRS	00369	3.193		APC	$177.33			
94014	N	PATIENT RECORDED SPIROMETRY	00367	2.174		Bundled, Sometimes Payable	$120.74			
94015	N	PATIENT RECORDED SPIROMETRY	00367	2.174		Bundled, Sometimes Payable	$120.74			
94016	N	REVIEW PATIENT SPIROMETRY				Bundled	$0.00			
94060	S	EVALUATION OF WHEEZING	00369	3.193		APC	$177.33			
94070	S	EVALUATION OF WHEEZING	00369	3.193		APC	$177.33			
94150	N	VITAL CAPACITY TEST	00367	2.174		Bundled, Sometimes Payable	$120.74			
94200	N	LUNG FUNCTION TEST (MBC/MVV)	00420	1.776		Bundled, Sometimes Payable	$98.63			
94250	N	EXPIRED GAS COLLECTION	00340	0.706		Bundled, Sometimes Payable	$39.21			
94375	N	RESPIRATORY FLOW VOLUME LOOP	00367	2.174		Bundled, Sometimes Payable	$120.74			
94400	N	CO2 BREATHING RESPONSE CURVE	00367	2.174		Bundled, Sometimes Payable	$120.74			
94450	N	HYPOXIA RESPONSE CURVE	00367	2.174		Bundled, Sometimes Payable	$120.74			
94452	N	HAST W/REPORT	00367	2.174		Bundled, Sometimes Payable	$120.74			
94453	N	HAST W/OXYGEN TITRATE	00367	2.174		Bundled, Sometimes Payable	$120.74			
94610	N	SURFACTANT ADMIN THRU TUBE	00077	2.22		Bundled, Sometimes Payable	$123.25			
94620	N	PULMONARY STRESS TEST/SIMPLE	00420	1.776		Bundled, Sometimes Payable	$98.63			
94621	S	PULM STRESS TEST/COMPLEX	00369	3.193		APC	$177.33			
94640	N	AIRWAY INHALATION TREATMENT	00077	2.22		Bundled, Sometimes Payable	$123.25			
94642	N	AEROSOL INHALATION TREATMENT	00077	2.22		Bundled, Sometimes Payable	$123.25			
94644	N	CBT 1ST HOUR	00420	1.776		Bundled, Sometimes Payable	$98.63			
94645	N	CBT EACH ADDL HOUR				Bundled, Sometimes Payable	$0.00			
94660	N	POS AIRWAY PRESSURE CPAP	00077	2.22		Bundled, Sometimes Payable	$123.25			
94662	N	NEG PRESS VENTILATION CNP	00079	5.045		Bundled, Sometimes Payable	$280.14			
94664	N	EVALUATE PT USE OF INHALER	00077	2.22		Bundled, Sometimes Payable	$123.25			
94667	N	CHEST WALL MANIPULATION	00077	2.22		Bundled, Sometimes Payable	$123.25			
94668	N	CHEST WALL MANIPULATION	00340	0.706		Bundled, Sometimes Payable	$39.21			
94669	N	MECHANICAL CHEST WALL OSCILL	00077	2.22		Bundled, Sometimes Payable	$123.25			
94680	N	EXHALED AIR ANALYSIS O2	00367	2.174		Bundled, Sometimes Payable	$120.74			
94681	N	EXHALED AIR ANALYSIS O2/CO2	00367	2.174		Bundled, Sometimes Payable	$120.74			
94690	N	EXHALED AIR ANALYSIS	00340	0.706		Bundled, Sometimes Payable	$39.21			
94726	N	PULM FUNCT TST PLETHYSMOGRAP	00367	2.174		Bundled, Sometimes Payable	$120.74			
94727	N	PULM FUNCTION TEST BY GAS	00367	2.174		Bundled, Sometimes Payable	$120.74			
94728	N	PULM FUNCT TEST OSCILLOMETRY	00367	2.174		Bundled, Sometimes Payable	$120.74			
94729	N	CO/MEMBANE DIFFUSE CAPACITY				Bundled, Sometimes Payable	$0.00			
94750	N	PULMONARY COMPLIANCE STUDY	00367	2.174		Bundled, Sometimes Payable	$120.74			
94760	N	MEASURE BLOOD OXYGEN LEVEL				Bundled, Sometimes Payable	$0.00			
94761	N	MEASURE BLOOD OXYGEN LEVEL				Bundled, Sometimes Payable	$0.00			
94762	N	MEASURE BLOOD OXYGEN LEVEL	00097	1.52		Bundled, Sometimes Payable	$84.38			
94770	S	EXHALED CARBON DIOXIDE TEST	00369	3.193		APC	$177.33			
94772	S	BREATH RECORDING INFANT	00369	3.193		APC	$177.33			
94774	E	PED HOME APNEA REC COMPL				Not Allowed	$0.00			
94775	S	PED HOME APNEA REC HK-UP	00097	1.52		APC	$84.38			
94776	S	PED HOME APNEA REC DOWNLD	00097	1.52		APC	$84.38			
94777	E	PED HOME APNEA REC REPORT				Not Allowed	$0.00			
94780	N	CAR SEAT/BED TEST 60 MIN	00340	0.706		Bundled, Sometimes Payable	$39.21			
94781	N	CAR SEAT/BED TEST + 30 MIN				Bundled, Sometimes Payable	$0.00			
94799	N	PULMONARY SERVICE/PROCEDURE	00367	2.174		Bundled, Sometimes Payable	$120.74			
95004	N	PERCUT ALLERGY SKIN TESTS	00420	1.776		Bundled, Sometimes Payable	$98.63			
95012	N	EXHALED NITRIC OXIDE MEAS	00340	0.706		Bundled, Sometimes Payable	$39.21			
95017	N	PERQ & ICUT ALLG TEST VENOMS	00450	0.394		Bundled, Sometimes Payable	$21.89			
95018	N	PERQ&IC ALLG TEST DRUGS/BIOL	00340	0.706		Bundled, Sometimes Payable	$39.21			
95024	N	ICUT ALLERGY TEST DRUG/BUG	00340	0.706		Bundled, Sometimes Payable	$39.21			
95027	N	ICUT ALLERGY TITRATE-AIRBORN	00450	0.394		Bundled, Sometimes Payable	$21.89			

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95028	N	ICUT ALLERGY TEST-DELAYED	00340	0.706		Bundled, Sometimes Payable	$39.21			
95044	N	ALLERGY PATCH TESTS	00420	1.776		Bundled, Sometimes Payable	$98.63			
95052	N	PHOTO PATCH TEST	00340	0.706		Bundled, Sometimes Payable	$39.21			
95056	N	PHOTOSENSITIVITY TESTS	00340	0.706		Bundled, Sometimes Payable	$39.21			
95060	N	EYE ALLERGY TESTS	00420	1.776		Bundled, Sometimes Payable	$98.63			
95065	N	NOSE ALLERGY TEST	00340	0.706		Bundled, Sometimes Payable	$39.21			
95070	S	BRONCHIAL ALLERGY TESTS	00369	3.193		APC	$177.33			
95071	N	BRONCHIAL ALLERGY TESTS	00367	2.174		Bundled, Sometimes Payable	$120.74			
95076	S	INGEST CHALLENGE INI 120 MIN	00361	4.432		APC	$246.11			
95079	N	INGEST CHALLENGE ADDL 60 MIN				Bundled, Sometimes Payable	$0.00			
95115	S	IMMUNOTHERAPY ONE INJECTION	00436	0.439		APC	$24.39			
95117	S	IMMUNOTHERAPY INJECTIONS	00436	0.439		APC	$24.39			
95120	E	IMMUNOTHERAPY ONE INJECTION				Not Allowed	$0.00			
95125	E	IMMUNOTHERAPY 2/> INJECTIONS				Not Allowed	$0.00			
95130	E	IMMNTX 1 STING INSECT				Not Allowed	$0.00			
95131	E	IMMNTX 2 STING INSECTS				Not Allowed	$0.00			
95132	E	IMMNTX 3 STING INSECTS				Not Allowed	$0.00			
95133	E	IMMNTX 4 STING INSECTS				Not Allowed	$0.00			
95134	E	IMMNTX 5 STING INSECTS				Not Allowed	$0.00			
95144	S	ANTIGEN THERAPY SERVICES	00437	0.722		APC	$40.08			
95145	S	ANTIGEN THERAPY SERVICES	00436	0.439		APC	$24.39			
95146	S	ANTIGEN THERAPY SERVICES	00438	1.459		APC	$81.03			
95147	S	ANTIGEN THERAPY SERVICES	00438	1.459		APC	$81.03			
95148	S	ANTIGEN THERAPY SERVICES	00437	0.722		APC	$40.08			
95149	S	ANTIGEN THERAPY SERVICES	00437	0.722		APC	$40.08			
95165	S	ANTIGEN THERAPY SERVICES	00436	0.439		APC	$24.39			
95170	S	ANTIGEN THERAPY SERVICES	00437	0.722		APC	$40.08			
95180	N	RAPID DESENSITIZATION	00420	1.776		Bundled, Sometimes Payable	$98.63			
95199	N	ALLERGY IMMUNOLOGY SERVICES	00450	0.394		Bundled, Sometimes Payable	$21.89			
95250	V	GLUCOSE MONITORING CONT	00632	1.433		APC	$79.56			
95251	E	GLUC MONITOR CONT PHYS I&R				Not Allowed	$0.00			
95782	S	POLYSOM <6 YRS 4/> PARAMTRS	00435	11.52		APC	$639.57			
95783	S	POLYSOM <6 YRS CPAP/BILVL	00435	11.52		APC	$639.57			
95800	S	SLP STDY UNATTENDED	00213	2.381		APC	$132.23			
95801	S	SLP STDY UNATND W/ANAL	00213	2.381		APC	$132.23			
95803	N	ACTIGRAPHY TESTING	00340	0.706		Bundled, Sometimes Payable	$39.21			
95805	S	MULTIPLE SLEEP LATENCY TEST	00435	11.52		APC	$639.57			
95806	S	SLEEP STUDY UNATT&RESP EFFT	00213	2.381		APC	$132.23			
95807	S	SLEEP STUDY ATTENDED	00209	3.112		APC	$172.81			
95808	S	POLYSOM ANY AGE 1-3> PARAM	00435	11.52		APC	$639.57			
95810	S	POLYSOM 6/> YRS 4/> PARAM	00435	11.52		APC	$639.57			
95811	S	POLYSOM 6/>YRS CPAP 4/> PARM	00435	11.52		APC	$639.57			
95812	S	EEG 41-60 MINUTES	00209	3.112		APC	$172.81			
95813	S	EEG OVER 1 HOUR	00209	3.112		APC	$172.81			
95816	S	EEG AWAKE AND DROWSY	00213	2.381		APC	$132.23			
95819	S	EEG AWAKE AND ASLEEP	00213	2.381		APC	$132.23			
95822	S	EEG COMA OR SLEEP ONLY	00209	3.112		APC	$172.81			
95824	S	EEG CEREBRAL DEATH ONLY	00216	3.677		APC	$204.16			
95827	S	EEG ALL NIGHT RECORDING	00209	3.112		APC	$172.81			
95829	N	SURGERY ELECTROCORTICOGRAM				Bundled, Sometimes Payable	$0.00			
95830	M	INSERT ELECTRODES FOR EEG				Fee Schedule	$0.00			
95831	N	LIMB MUSCLE TESTING MANUAL				Bundled	$0.00			
95832	N	HAND MUSCLE TESTING MANUAL				Bundled	$0.00			
95833	N	BODY MUSCLE TESTING MANUAL				Bundled	$0.00			
95834	N	BODY MUSCLE TESTING MANUAL				Bundled	$0.00			
95851	N	RANGE OF MOTION MEASUREMENTS				Bundled	$0.00			
95852	N	RANGE OF MOTION MEASUREMENTS				Bundled	$0.00			
95857	S	CHOLINESTERASE CHALLENGE	00218	2.142		APC	$118.93			
95860	N	MUSCLE TEST ONE LIMB	00215	1.28		Bundled, Sometimes Payable	$71.10			
95861	S	MUSCLE TEST 2 LIMBS	00218	2.142		APC	$118.93			
95863	S	MUSCLE TEST 3 LIMBS	00218	2.142		APC	$118.93			
95864	S	MUSCLE TEST 4 LIMBS	00218	2.142		APC	$118.93			
95865	N	MUSCLE TEST LARYNX	00215	1.28		Bundled, Sometimes Payable	$71.10			
95866	N	MUSCLE TEST HEMIDIAPHRAGM	00215	1.28		Bundled, Sometimes Payable	$71.10			

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95867	S	MUSCLE TEST CRAN NERV UNILAT	00218	2.142		APC	$118.93			
95868	S	MUSCLE TEST CRAN NERVE BILAT	00218	2.142		APC	$118.93			
95869	N	MUSCLE TEST THOR PARASPINAL	00215	1.28		Bundled, Sometimes Payable	$71.10			
95870	N	MUSCLE TEST NONPARASPINAL	00340	0.706		Bundled, Sometimes Payable	$39.21			
95872	S	MUSCLE TEST ONE FIBER	00218	2.142		APC	$118.93			
95873	N	GUIDE NERV DESTR ELEC STIM				Bundled, Sometimes Payable	$0.00			
95874	N	GUIDE NERV DESTR NEEDLE EMG				Bundled, Sometimes Payable	$0.00			
95875	S	LIMB EXERCISE TEST	00218	2.142		APC	$118.93			
95885	N	MUSC TST DONE W/NERV TST LIM				Bundled, Sometimes Payable	$0.00			
95886	N	MUSC TEST DONE W/N TEST COMP				Bundled, Sometimes Payable	$0.00			
95887	N	MUSC TST DONE W/N TST NONEXT				Bundled, Sometimes Payable	$0.00			
95905	N	MOTOR &/ SENS NRVE CNDJ TEST	00215	1.28		Bundled, Sometimes Payable	$71.10			
95907	S	NVR CNDJ TST 1-2 STUDIES	00218	2.142		APC	$118.93			
95908	S	NRV CNDJ TST 3-4 STUDIES	00218	2.142		APC	$118.93			
95909	S	NRV CNDJ TST 5-6 STUDIES	00216	3.677		APC	$204.16			
95910	S	NRV CNDJ TEST 7-8 STUDIES	00216	3.677		APC	$204.16			
95911	S	NRV CNDJ TEST 9-10 STUDIES	00216	3.677		APC	$204.16			
95912	S	NRV CNDJ TEST 11-12 STUDIES	00216	3.677		APC	$204.16			
95913	S	NRV CNDJ TEST 13/> STUDIES	00216	3.677		APC	$204.16			
95921	S	AUTONOMIC NRV PARASYM INERVJ	00218	2.142		APC	$118.93			
95922	N	AUTONOMIC NRV ADRENRG INERVJ	00215	1.28		Bundled, Sometimes Payable	$71.10			
95923	N	AUTONOMIC NRV SYST FUNJ TEST	00215	1.28		Bundled, Sometimes Payable	$71.10			
95924	S	ANS PARASYMP & SYMP W/TILT	00218	2.142		APC	$118.93			
95925	S	SOMATOSENSORY TESTING	00218	2.142		APC	$118.93			
95926	S	SOMATOSENSORY TESTING	00216	3.677		APC	$204.16			
95927	S	SOMATOSENSORY TESTING	00218	2.142		APC	$118.93			
95928	S	C MOTOR EVOKED UPPR LIMBS	00216	3.677		APC	$204.16			
95929	N	C MOTOR EVOKED LWR LIMBS	00215	1.28		Bundled, Sometimes Payable	$71.10			
95930	S	VISUAL EVOKED POTENTIAL TEST	00218	2.142		APC	$118.93			
95933	N	BLINK REFLEX TEST	00215	1.28		Bundled, Sometimes Payable	$71.10			
95937	S	NEUROMUSCULAR JUNCTION TEST	00218	2.142		APC	$118.93			
95938	S	SOMATOSENSORY TESTING	00216	3.677		APC	$204.16			
95939	S	C MOTOR EVOKED UPR&LWR LIMBS	00218	2.142		APC	$118.93			
95940	N	IONM IN OPERATNG ROOM 15 MIN				Bundled, Sometimes Payable	$0.00			
95941	N	IONM REMOTE/>1 PT OR PER HR				Bundled, Sometimes Payable	$0.00			
95943	S	PARASYMP&SYMP HRT RATE TEST	00218	2.142		APC	$118.93			
95950	S	AMBULATORY EEG MONITORING	00435	11.52		APC	$639.57			
95951	S	EEG MONITORING/VIDEORECORD	00435	11.52		APC	$639.57			
95953	S	EEG MONITORING/COMPUTER	00435	11.52		APC	$639.57			
95954	S	EEG MONITORING/GIVING DRUGS	00218	2.142		APC	$118.93			
95955	N	EEG DURING SURGERY				Bundled, Sometimes Payable	$0.00			
95956	S	EEG MONITOR TECHNOL ATTENDED	00435	11.52		APC	$639.57			
95957	N	EEG DIGITAL ANALYSIS				Bundled, Sometimes Payable	$0.00			
95958	S	EEG MONITORING/FUNCTION TEST	00435	11.52		APC	$639.57			
95961	S	ELECTRODE STIMULATION BRAIN	00216	3.677		APC	$204.16			
95962	N	ELECTRODE STIM BRAIN ADD-ON				Bundled, Sometimes Payable	$0.00			
95965	S	MEG SPONTANEOUS	00446	17.54		APC	$973.97			
95966	S	MEG EVOKED SINGLE	00446	17.54		APC	$973.97			
95967	N	MEG EVOKED EACH ADDL				Bundled, Sometimes Payable	$0.00			
95970	N	ANALYZE NEUROSTIM NO PROG	00215	1.28		Bundled, Sometimes Payable	$71.10			
95971	S	ANALYZE NEUROSTIM SIMPLE	00692	1.729		APC	$96.00			
95972	S	ANALYZE NEUROSTIM COMPLEX	00692	1.729		APC	$96.00			
95973	N	ANALYZE NEUROSTIM COMPLEX				Bundled, Sometimes Payable	$0.00			
95974	S	CRANIAL NEUROSTIM COMPLEX	00692	1.729		APC	$96.00			
95975	N	CRANIAL NEUROSTIM COMPLEX				Bundled, Sometimes Payable	$0.00			
95978	S	ANALYZE NEUROSTIM BRAIN/1H	00692	1.729		APC	$96.00			
95979	N	ANALYZ NEUROSTIM BRAIN ADDON				Bundled, Sometimes Payable	$0.00			
95980	N	IO ANAL GAST N-STIM INIT				Bundled, Sometimes Payable	$0.00			
95981	N	IO ANAL GAST N-STIM SUBSQ	00215	1.28		Bundled, Sometimes Payable	$71.10			
95982	N	IO GA N-STIM SUBSQ W/REPROG	00690	0.474		Bundled, Sometimes Payable	$26.32			
95990	S	SPIN/BRAIN PUMP REFIL & MAIN	00439	2.34		APC	$129.96			
95991	S	SPIN/BRAIN PUMP REFIL & MAIN	00439	2.34		APC	$129.96			
95992	M	CANALITH REPOSITIONING PROC				Fee Schedule	$26.47			
95999	N	NEUROLOGICAL PROCEDURE	00215	1.28		Bundled, Sometimes Payable	$71.10			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
96000	S	MOTION ANALYSIS VIDEO/3D	00216	3.677		APC	$204.16			
96001	S	MOTION TEST W/FT PRESS MEAS	00216	3.677		APC	$204.16			
96002	S	DYNAMIC SURFACE EMG	00218	2.142		APC	$118.93			
96003	N	DYNAMIC FINE WIRE EMG	00215	1.28		Bundled, Sometimes Payable	$71.10			
96004	M	PHYS REVIEW OF MOTION TESTS				Fee Schedule	$0.00			
96020	N	FUNCTIONAL BRAIN MAPPING				Bundled, Sometimes Payable	$0.00			
96040	E	GENETIC COUNSELING 30 MIN				Not Allowed	$0.00			
96101	N	PSYCHO TESTING BY PSYCH/PHYS	00373	2.687		Bundled, Sometimes Payable	$149.23			
96102	N	PSYCHO TESTING BY TECHNICIAN	00373	2.687		Bundled, Sometimes Payable	$149.23			
96103	N	PSYCHO TESTING ADMIN BY COMP	00373	2.687		Bundled, Sometimes Payable	$149.23			
96105	Y	ASSESSMENT OF APHASIA				Fee Schedule	$69.27			
96110	E	DEVELOPMENTAL SCREEN W/SCORE				Not Allowed	$0.00			
96111	N	DEVELOPMENTAL TEST EXTEND	00631	0.724		Bundled, Sometimes Payable	$40.21			
96116	N	NEUROBEHAVIORAL STATUS EXAM	00373	2.687		Bundled, Sometimes Payable	$149.23			
96118	N	NEUROPSYCH TST BY PSYCH/PHYS	00373	2.687		Bundled, Sometimes Payable	$149.23			
96119	N	NEUROPSYCH TESTING BY TEC	00373	2.687		Bundled, Sometimes Payable	$149.23			
96120	N	NEUROPSYCH TST ADMIN W/COMP	00373	2.687		Bundled, Sometimes Payable	$149.23			
96125	E	COGNITIVE TEST BY HC PRO				Not Allowed	$0.00			
96127	N	BRIEF EMOTIONAL/BEHAV ASSMT	00450	0.394		Bundled, Sometimes Payable	$21.89			
96150	N	ASSESS HLTH/BEHAVE INIT	00432	0.677		Bundled, Sometimes Payable	$37.61			
96151	N	ASSESS HLTH/BEHAVE SUBSEQ	00432	0.677		Bundled, Sometimes Payable	$37.61			
96152	N	INTERVENE HLTH/BEHAVE INDIV	00432	0.677		Bundled, Sometimes Payable	$37.61			
96153	N	INTERVENE HLTH/BEHAVE GROUP	00031	0.351		Bundled, Sometimes Payable	$19.48			
96154	N	INTERV HLTH/BEHAV FAM W/PT	00432	0.677		Bundled, Sometimes Payable	$37.61			
96155	E	INTERV HLTH/BEHAV FAM NO PT				Not Allowed	$0.00			
96360	S	HYDRATION IV INFUSION INIT	00438	1.459		APC	$81.03			
96361	S	HYDRATE IV INFUSION ADD-ON	00436	0.439		APC	$24.39			
96365	S	THER/PROPH/DIAG IV INF INIT	00439	2.34		APC	$129.96			
96366	S	THER/PROPH/DIAG IV INF ADDON	00436	0.439		APC	$24.39			
96367	S	TX/PROPH/DG ADDL SEQ IV INF	00437	0.722		APC	$40.08			
96368	N	THER/DIAG CONCURRENT INF				Bundled, Sometimes Payable	$0.00			
96369	S	SC THER INFUSION UP TO 1 HR	00439	2.34		APC	$129.96			
96370	S	SC THER INFUSION ADDL HR	00437	0.722		APC	$40.08			
96371	N	SC THER INFUSION RESET PUMP				Bundled, Sometimes Payable	$0.00			
96372	S	THER/PROPH/DIAG INJ SC/IM	00437	0.722		APC	$40.08			
96373	S	THER/PROPH/DIAG INJ IA	00438	1.459		APC	$81.03			
96374	S	THER/PROPH/DIAG INJ IV PUSH	00438	1.459		APC	$81.03			
96375	S	TX/PRO/DX INJ NEW DRUG ADDON	00436	0.439		APC	$24.39			
96376	N	TX/PRO/DX INJ SAME DRUG ADON				Bundled, Sometimes Payable	$0.00			
96379	S	THER/PROP/DIAG INJ/INF PROC	00436	0.439		APC	$24.39			
96401	S	CHEMO ANTI-NEOPL SQ/IM	00438	1.459		APC	$81.03			
96402	S	CHEMO HORMON ANTINEOPL SQ/IM	00437	0.722		APC	$40.08			
96405	S	CHEMO INTRALESIONAL UP TO 7	00437	0.722		APC	$40.08			
96406	S	CHEMO INTRALESIONAL OVER 7	00439	2.34		APC	$129.96			
96409	S	CHEMO IV PUSH SNGL DRUG	00439	2.34		APC	$129.96			
96411	S	CHEMO IV PUSH ADDL DRUG	00437	0.722		APC	$40.08			
96413	S	CHEMO IV INFUSION 1 HR	00440	3.844		APC	$213.45			
96415	S	CHEMO IV INFUSION ADDL HR	00437	0.722		APC	$40.08			
96416	S	CHEMO PROLONG INFUSE W/PUMP	00440	3.844		APC	$213.45			
96417	S	CHEMO IV INFUS EACH ADDL SEQ	00437	0.722		APC	$40.08			
96420	S	CHEMO IA PUSH TECNIQUE	00438	1.459		APC	$81.03			
96422	S	CHEMO IA INFUSION UP TO 1 HR	00440	3.844		APC	$213.45			
96423	S	CHEMO IA INFUSE EACH ADDL HR	00438	1.459		APC	$81.03			
96425	S	CHEMOTHERAPY INFUSION METHOD	00440	3.844		APC	$213.45			
96440	S	CHEMOTHERAPY INTRACAVITARY	00439	2.34		APC	$129.96			
96446	S	CHEMOTX ADMN PRTL CAVITY	00439	2.34		APC	$129.96			
96450	S	CHEMOTHERAPY INTO CNS	00440	3.844		APC	$213.45			
96521	S	REFILL/MAINT PORTABLE PUMP	00439	2.34		APC	$129.96			
96522	S	REFILL/MAINT PUMP/RESVR SYST	00439	2.34		APC	$129.96			
96523	N	IRRIG DRUG DELIVERY DEVICE	00624	1.063		Bundled, Sometimes Payable	$59.01			
96542	S	CHEMOTHERAPY INJECTION	00438	1.459		APC	$81.03			
96549	S	CHEMOTHERAPY UNSPECIFIED	00436	0.439		APC	$24.39			
96567	T	PHOTODYNAMIC TX SKIN	00015	1.97		APC	$109.41			
96570	N	PHOTODYNMC TX 30 MIN ADD-ON				Bundled, Sometimes Payable	$0.00			

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96571	N	PHOTODYNAMIC TX ADDL 15 MIN				Bundled, Sometimes Payable	$0.00			
96900	N	ULTRAVIOLET LIGHT THERAPY	00450	0.394		Bundled, Sometimes Payable	$21.89			
96902	N	TRICHOGRAM				Bundled, Sometimes Payable	$0.00			
96904	N	WHOLE BODY PHOTOGRAPHY				Bundled, Sometimes Payable	$0.00			
96910	N	PHOTOCHEMOTHERAPY WITH UV-B	00340	0.706		Bundled, Sometimes Payable	$39.21			
96912	N	PHOTOCHEMOTHERAPY WITH UV-A	00340	0.706		Bundled, Sometimes Payable	$39.21			
96913	T	PHOTOCHEMOTHERAPY UV-A OR B	00326	2.965		APC	$164.65			
96920	N	LASER TX SKIN < 250 SQ CM	00012	1.328		Bundled, Sometimes Payable	$73.74			
96921	N	LASER TX SKIN 250-500 SQ CM	00012	1.328		Bundled, Sometimes Payable	$73.74			
96922	N	LASER TX SKIN >500 SQ CM	00012	1.328		Bundled, Sometimes Payable	$73.74			
96999	N	DERMATOLOGICAL PROCEDURE	00012	1.328		Bundled, Sometimes Payable	$73.74			
97001	Y	PT EVALUATION				Fee Schedule	$51.77			
97002	Y	PT RE-EVALUATION				Fee Schedule	$29.07			
97003	Y	OT EVALUATION				Fee Schedule	$58.10			
97004	Y	OT RE-EVALUATION				Fee Schedule	$36.37			
97005	E	ATHLETIC TRAIN EVAL				Not Allowed	$0.00			
97006	E	ATHLETIC TRAIN REEVAL				Not Allowed	$0.00			
97010	E	HOT OR COLD PACKS THERAPY				Not Allowed	$0.00			
97012	Y	MECHANICAL TRACTION THERAPY				Fee Schedule	$11.00			
97014	E	ELECTRIC STIMULATION THERAPY				Not Allowed	$0.00			
97016	Y	VASOPNEUMATIC DEVICE THERAPY				Fee Schedule	$13.19			
97018	Y	PARAFFIN BATH THERAPY				Fee Schedule	$7.59			
97022	Y	WHIRLPOOL THERAPY				Fee Schedule	$16.11			
97024	Y	DIATHERMY EG MICROWAVE				Fee Schedule	$4.43			
97026	Y	INFRARED THERAPY				Fee Schedule	$4.18			
97028	Y	ULTRAVIOLET THERAPY				Fee Schedule	$5.16			
97032	Y	ELECTRICAL STIMULATION				Fee Schedule	$13.19			
97033	Y	ELECTRIC CURRENT THERAPY				Fee Schedule	$22.19			
97034	Y	CONTRAST BATH THERAPY				Fee Schedule	$12.46			
97035	Y	ULTRASOUND THERAPY				Fee Schedule	$8.81			
97036	Y	HYDROTHERAPY				Fee Schedule	$22.43			
97039	Y	PHYSICAL THERAPY TREATMENT				Charge Ratio	$0.00			
97110	Y	THERAPEUTIC EXERCISES				Fee Schedule	$21.95			
97112	Y	NEUROMUSCULAR REEDUCATION				Fee Schedule	$22.92			
97113	Y	AQUATIC THERAPY/EXERCISES				Fee Schedule	$29.49			
97116	Y	GAIT TRAINING THERAPY				Fee Schedule	$19.51			
97124	Y	MASSAGE THERAPY				Fee Schedule	$18.05			
97139	Y	PHYSICAL MEDICINE PROCEDURE				Charge Ratio	$0.00			
97140	Y	MANUAL THERAPY 1/> REGIONS				Fee Schedule	$20.49			
97150	Y	GROUP THERAPEUTIC PROCEDURES				Fee Schedule	$11.97			
97530	Y	THERAPEUTIC ACTIVITIES				Fee Schedule	$23.89			
97532	Y	COGNITIVE SKILLS DEVELOPMENT				Fee Schedule	$18.30			
97533	Y	SENSORY INTEGRATION				Fee Schedule	$20.00			
97535	Y	SELF CARE MNGMENT TRAINING				Fee Schedule	$23.89			
97537	Y	COMMUNITY/WORK REINTEGRATION				Fee Schedule	$20.73			
97542	Y	WHEELCHAIR MNGMENT TRAINING				Fee Schedule	$20.97			
97545	Y	WORK HARDENING				Charge Ratio	$0.00			
97546	Y	WORK HARDENING ADD-ON				Charge Ratio	$0.00			
97597	T	RMVL DEVITAL TIS 20 CM/<	00015	1.97		APC	$109.41			
97598	N	RMVL DEVITAL TIS ADDL 20CM/<				Bundled	$0.00			
97602	T	WOUND(S) CARE NON-SELECTIVE	00015	1.97		APC	$109.41			
97605	N	NEG PRESS WOUND TX </=50 CM	00012	1.328		Bundled	$73.74			
97606	T	NEG PRESS WOUND TX >50 CM	00015	1.97		APC	$109.41			
97607	T	NEG PRESS WND TX </=50 SQ CM	00015	1.97		APC	$109.41			
97608	T	NEG PRESS WOUND TX >50 CM	00015	1.97		APC	$109.41			
97610	T	LOW FREQUENCY NON-THERMAL US	00015	1.97		APC	$109.41			
97750	Y	PHYSICAL PERFORMANCE TEST				Fee Schedule	$22.99			
97755	Y	ASSISTIVE TECHNOLOGY ASSESS				Fee Schedule	$24.94			
97760	Y	ORTHOTIC MGMT AND TRAINING				Fee Schedule	$26.40			
97761	M	PROSTHETIC TRAINING				Fee Schedule	$0.00			
97762	M	C/O FOR ORTHOTIC/PROSTH USE				Fee Schedule	$32.65			
97799	Y	PHYSICAL MEDICINE PROCEDURE				Charge Ratio	$0.00			
97802	M	MEDICAL NUTRITION INDIV IN				Fee Schedule	$33.53			
97803	M	MED NUTRITION INDIV SUBSEQ				Fee Schedule	$28.87			

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97804	M	MEDICAL NUTRITION GROUP				Fee Schedule	$15.49			
97810	E	ACUPUNCT W/O STIMUL 15 MIN				Not Allowed	$0.00			
97811	E	ACUPUNCT W/O STIMUL ADDL 15M				Not Allowed	$0.00			
97813	E	ACUPUNCT W/STIMUL 15 MIN				Not Allowed	$0.00			
97814	E	ACUPUNCT W/STIMUL ADDL 15M				Not Allowed	$0.00			
98925	N	OSTEOPATH MANJ 1-2 REGIONS	00060	0.267		Bundled, Sometimes Payable	$14.84			
98926	N	OSTEOPATH MANJ 3-4 REGIONS	00060	0.267		Bundled, Sometimes Payable	$14.84			
98927	N	OSTEOPATH MANJ 5-6 REGIONS	00060	0.267		Bundled, Sometimes Payable	$14.84			
98928	N	OSTEOPATH MANJ 7-8 REGIONS	00060	0.267		Bundled, Sometimes Payable	$14.84			
98929	N	OSTEOPATH MANJ 9-10 REGIONS	00060	0.267		Bundled, Sometimes Payable	$14.84			
98940	N	CHIROPRACT MANJ 1-2 REGIONS	00060	0.267		Bundled, Sometimes Payable	$14.84			
98941	N	CHIROPRACT MANJ 3-4 REGIONS	00060	0.267		Bundled, Sometimes Payable	$14.84			
98942	N	CHIROPRACTIC MANJ 5 REGIONS	00060	0.267		Bundled, Sometimes Payable	$14.84			
98943	E	CHIROPRACT MANJ XTRSPINL 1/>				Not Allowed	$0.00			
98960	E	SELF-MGMT EDUC & TRAIN 1 PT				Not Allowed	$0.00			
98961	E	SELF-MGMT EDUC/TRAIN 2-4 PT				Not Allowed	$0.00			
98962	E	SELF-MGMT EDUC/TRAIN 5-8 PT				Not Allowed	$0.00			
98966	E	HC PRO PHONE CALL 5-10 MIN				Not Allowed	$0.00			
98967	E	HC PRO PHONE CALL 11-20 MIN				Not Allowed	$0.00			
98968	E	HC PRO PHONE CALL 21-30 MIN				Not Allowed	$0.00			
98969	E	ONLINE SERVICE BY HC PRO				Not Allowed	$0.00			
99000	E	SPECIMEN HANDLING OFFICE-LAB				Not Allowed	$0.00			
99001	E	SPECIMEN HANDLING PT-LAB				Not Allowed	$0.00			
99002	N	DEVICE HANDLING PHYS/QHP				Bundled	$0.00			
99024	M	POSTOP FOLLOW-UP VISIT				Fee Schedule	$0.00			
99026	E	IN-HOSPITAL ON CALL SERVICE				Not Allowed	$0.00			
99027	E	OUT-OF-HOSP ON CALL SERVICE				Not Allowed	$0.00			
99050	E	MEDICAL SERVICES AFTER HRS				Not Allowed	$0.00			
99051	M	MED SERV EVE/WKEND/HOLIDAY				Fee Schedule	$0.00			
99053	M	MED SERV 10PM-8AM 24 HR FAC				Fee Schedule	$0.00			
99056	E	MED SERVICE OUT OF OFFICE				Not Allowed	$0.00			
99058	E	OFFICE EMERGENCY CARE				Not Allowed	$0.00			
99060	M	OUT OF OFFICE EMERG MED SERV				Fee Schedule	$0.00			
99070	N	SPECIAL SUPPLIES PHYS/QHP				Bundled	$0.00			
99071	N	PATIENT EDUCATION MATERIALS				Bundled	$0.00			
99075	E	MEDICAL TESTIMONY				Not Allowed	$0.00			
99078	N	GROUP HEALTH EDUCATION				Bundled, Sometimes Payable	$0.00			
99080	E	SPECIAL REPORTS OR FORMS				Not Allowed	$0.00			
99082	E	UNUSUAL PHYSICIAN TRAVEL				Not Allowed	$0.00			
99090	E	COMPUTER DATA ANALYSIS				Not Allowed	$0.00			
99091	E	COLLECT/REVIEW DATA FROM PT				Not Allowed	$0.00			
99100	N	SPECIAL ANESTHESIA SERVICE				Bundled	$0.00			
99116	N	ANESTHESIA WITH HYPOTHERMIA				Bundled	$0.00			
99135	N	SPECIAL ANESTHESIA PROCEDURE				Bundled	$0.00			
99140	N	EMERGENCY ANESTHESIA				Bundled	$0.00			
99143	N	MOD SEDAT PHYS/QHP <5 YRS				Bundled, Sometimes Payable	$0.00			
99144	N	MOD SEDAT PHYS/QHP 5YRS/>				Bundled, Sometimes Payable	$0.00			
99145	N	MOD SEDAT PHYS/QHP EA 15 MIN				Bundled, Sometimes Payable	$0.00			
99148	N	MOD SED DIFF PHYS/QHP<5 YRS				Bundled, Sometimes Payable	$0.00			
99149	N	MOD SED DIFF PHYS/QHP 5/>YRS				Bundled, Sometimes Payable	$0.00			
99150	N	MOD SED DIFF PHYS/QHP ADD ON				Bundled, Sometimes Payable	$0.00			
99170	T	ANOGENITAL EXAM CHILD W IMAG	00188	1.766		APC	$98.06			
99172	E	OCULAR FUNCTION SCREEN				Not Allowed	$0.00			
99173	E	VISUAL ACUITY SCREEN				Not Allowed	$0.00			
99174	E	OCULAR INSTRUMNT SCREEN BIL				Not Allowed	$0.00			
99175	N	INDUCTION OF VOMITING				Bundled, Sometimes Payable	$0.00			
99183	E	HYPERBARIC OXYGEN THERAPY				Not Allowed	$0.00			
99184	C	HYPOTHERMIA ILL NEONATE				Inpatient Only	$0.00			
99188	E	APP TOPICAL FLUORIDE VARNISH				Not Allowed	$0.00			
99190	C	SPECIAL PUMP SERVICES				Inpatient Only	$0.00			
99191	C	SPECIAL PUMP SERVICES				Inpatient Only	$0.00			
99192	C	SPECIAL PUMP SERVICES				Inpatient Only	$0.00			
99195	N	PHLEBOTOMY	00624	1.063		Bundled, Sometimes Payable	$59.01			
99199	E	SPECIAL SERVICE/PROC/REPORT				Not Allowed	$0.00			

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99201	M	OFFICE/OUTPATIENT VISIT NEW				Fee Schedule	$0.00			
99202	M	OFFICE/OUTPATIENT VISIT NEW				Fee Schedule	$0.00			
99203	M	OFFICE/OUTPATIENT VISIT NEW				Fee Schedule	$0.00			
99204	M	OFFICE/OUTPATIENT VISIT NEW				Fee Schedule	$0.00			
99205	M	OFFICE/OUTPATIENT VISIT NEW				Fee Schedule	$0.00			
99211	M	OFFICE/OUTPATIENT VISIT EST				Fee Schedule	$0.00			
99212	M	OFFICE/OUTPATIENT VISIT EST				Fee Schedule	$0.00			
99213	M	OFFICE/OUTPATIENT VISIT EST				Fee Schedule	$0.00			
99214	M	OFFICE/OUTPATIENT VISIT EST				Fee Schedule	$0.00			
99215	M	OFFICE/OUTPATIENT VISIT EST				Fee Schedule	$0.00			
99217	M	OBSERVATION CARE DISCHARGE				Fee Schedule	$0.00			
99218	M	INITIAL OBSERVATION CARE				Fee Schedule	$0.00			
99219	M	INITIAL OBSERVATION CARE				Fee Schedule	$0.00			
99220	M	INITIAL OBSERVATION CARE				Fee Schedule	$0.00			
99221	M	INITIAL HOSPITAL CARE				Fee Schedule	$0.00			
99222	M	INITIAL HOSPITAL CARE				Fee Schedule	$0.00			
99223	M	INITIAL HOSPITAL CARE				Fee Schedule	$0.00			
99224	E	SUBSEQUENT OBSERVATION CARE				Not Allowed	$0.00			
99225	E	SUBSEQUENT OBSERVATION CARE				Not Allowed	$0.00			
99226	E	SUBSEQUENT OBSERVATION CARE				Not Allowed	$0.00			
99231	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	$0.00			
99232	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	$0.00			
99233	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	$0.00			
99234	N	OBSERV/HOSP SAME DATE				Bundled, Sometimes Payable	$0.00			
99235	N	OBSERV/HOSP SAME DATE				Bundled, Sometimes Payable	$0.00			
99236	N	OBSERV/HOSP SAME DATE				Bundled, Sometimes Payable	$0.00			
99238	M	HOSPITAL DISCHARGE DAY				Fee Schedule	$0.00			
99239	M	HOSPITAL DISCHARGE DAY				Fee Schedule	$0.00			
99241	E	OFFICE CONSULTATION				Not Allowed	$0.00			
99242	E	OFFICE CONSULTATION				Not Allowed	$0.00			
99243	E	OFFICE CONSULTATION				Not Allowed	$0.00			
99244	E	OFFICE CONSULTATION				Not Allowed	$0.00			
99245	E	OFFICE CONSULTATION				Not Allowed	$0.00			
99251	E	INPATIENT CONSULTATION				Not Allowed	$0.00			
99252	E	INPATIENT CONSULTATION				Not Allowed	$0.00			
99253	E	INPATIENT CONSULTATION				Not Allowed	$0.00			
99254	E	INPATIENT CONSULTATION				Not Allowed	$0.00			
99255	E	INPATIENT CONSULTATION				Not Allowed	$0.00			
99281	V	EMERGENCY DEPT VISIT	00609	1.298		APC	$72.06			
99282	V	EMERGENCY DEPT VISIT	00613	1.298		APC	$72.06			
99283	V	EMERGENCY DEPT VISIT	00614	2.675		APC	$148.53			
99284	N	EMERGENCY DEPT VISIT	00615	4.5		Bundled, Sometimes Payable	$249.90			
99285	N	EMERGENCY DEPT VISIT	00616	6.642		Bundled, Sometimes Payable	$368.85			
99288	E	DIRECT ADVANCED LIFE SUPPORT				Not Allowed	$0.00			
99291	N	CRITICAL CARE FIRST HOUR	00617	8.857		Bundled, Sometimes Payable	$491.82			
99292	N	CRITICAL CARE ADDL 30 MIN				Bundled, Sometimes Payable	$0.00			
99304	M	NURSING FACILITY CARE INIT				Fee Schedule	$0.00			
99305	M	NURSING FACILITY CARE INIT				Fee Schedule	$0.00			
99306	M	NURSING FACILITY CARE INIT				Fee Schedule	$0.00			
99307	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99308	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99309	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99310	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99315	M	NURSING FAC DISCHARGE DAY				Fee Schedule	$0.00			
99316	M	NURSING FAC DISCHARGE DAY				Fee Schedule	$0.00			
99318	M	ANNUAL NURSING FAC ASSESSMNT				Fee Schedule	$0.00			
99324	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99325	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99326	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99327	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99328	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99334	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99335	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99336	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			

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99337	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99339	M	DOMICIL/R-HOME CARE SUPERVIS				Fee Schedule	$0.00			
99340	M	DOMICIL/R-HOME CARE SUPERVIS				Fee Schedule	$0.00			
99341	M	HOME VISIT NEW PATIENT				Fee Schedule	$0.00			
99342	M	HOME VISIT NEW PATIENT				Fee Schedule	$0.00			
99343	M	HOME VISIT NEW PATIENT				Fee Schedule	$0.00			
99344	M	HOME VISIT NEW PATIENT				Fee Schedule	$0.00			
99345	M	HOME VISIT NEW PATIENT				Fee Schedule	$0.00			
99347	M	HOME VISIT EST PATIENT				Fee Schedule	$0.00			
99348	M	HOME VISIT EST PATIENT				Fee Schedule	$0.00			
99349	M	HOME VISIT EST PATIENT				Fee Schedule	$0.00			
99350	M	HOME VISIT EST PATIENT				Fee Schedule	$0.00			
99354	N	PROLONGED SERVICE OFFICE				Bundled, Sometimes Payable	$0.00			
99355	N	PROLONGED SERVICE OFFICE				Bundled, Sometimes Payable	$0.00			
99356	C	PROLONGED SERVICE INPATIENT				Inpatient Only	$0.00			
99357	C	PROLONGED SERVICE INPATIENT				Inpatient Only	$0.00			
99358	N	PROLONG SERVICE W/O CONTACT				Bundled, Sometimes Payable	$0.00			
99359	N	PROLONG SERV W/O CONTACT ADD				Bundled, Sometimes Payable	$0.00			
99360	E	PHYSICIAN STANDBY SERVICES				Not Allowed	$0.00			
99363	E	ANTICOAGULANT MGMT INITIAL				Not Allowed	$0.00			
99364	E	ANTICOAGULANT MGMT SUBSEQ				Not Allowed	$0.00			
99366	E	TEAM CONF W/PAT BY HC PROF				Not Allowed	$0.00			
99367	N	TEAM CONF W/O PAT BY PHYS				Bundled, Sometimes Payable	$0.00			
99368	E	TEAM CONF W/O PAT BY HC PRO				Not Allowed	$0.00			
99374	E	HOME HEALTH CARE SUPERVISION				Not Allowed	$0.00			
99375	E	HOME HEALTH CARE SUPERVISION				Not Allowed	$0.00			
99377	E	HOSPICE CARE SUPERVISION				Not Allowed	$0.00			
99378	E	HOSPICE CARE SUPERVISION				Not Allowed	$0.00			
99379	E	NURSING FAC CARE SUPERVISION				Not Allowed	$0.00			
99380	E	NURSING FAC CARE SUPERVISION				Not Allowed	$0.00			
99381	M	INIT PM E/M NEW PAT INFANT				Fee Schedule	$78.78			
99382	M	INIT PM E/M NEW PAT 1-4 YRS				Fee Schedule	$83.37			
99383	M	PREV VISIT NEW AGE 5-11				Fee Schedule	$88.47			
99384	M	PREV VISIT NEW AGE 12-17				Fee Schedule	$104.35			
99385	M	PREV VISIT NEW AGE 18-39				Fee Schedule	$100.41			
99386	M	PREV VISIT NEW AGE 40-64				Fee Schedule	$121.67			
99387	M	INIT PM E/M NEW PAT 65+ YRS				Fee Schedule	$130.75			
99391	M	PER PM REEVAL EST PAT INFANT				Fee Schedule	$71.90			
99392	M	PREV VISIT EST AGE 1-4				Fee Schedule	$78.78			
99393	M	PREV VISIT EST AGE 5-11				Fee Schedule	$78.78			
99394	M	PREV VISIT EST AGE 12-17				Fee Schedule	$88.47			
99395	M	PREV VISIT EST AGE 18-39				Fee Schedule	$90.98			
99396	M	PREV VISIT EST AGE 40-64				Fee Schedule	$98.90			
99397	M	PER PM REEVAL EST PAT 65+ YR				Fee Schedule	$104.35			
99401	M	PREVENTIVE COUNSELING INDIV				Fee Schedule	$0.00			
99402	M	PREVENTIVE COUNSELING INDIV				Fee Schedule	$0.00			
99403	M	PREVENTIVE COUNSELING INDIV				Fee Schedule	$0.00			
99404	M	PREVENTIVE COUNSELING INDIV				Fee Schedule	$0.00			
99406	X	BEHAV CHNG SMOKING 3-10 MIN	00031	0.351		APC	$19.48			
99407	X	BEHAV CHNG SMOKING > 10 MIN	00031	0.351		APC	$19.48			
99408	M	AUDIT/DAST 15-30 MIN				Fee Schedule	$0.00			
99409	M	AUDIT/DAST OVER 30 MIN				Fee Schedule	$0.00			
99411	M	PREVENTIVE COUNSELING GROUP				Fee Schedule	$0.00			
99412	M	PREVENTIVE COUNSELING GROUP				Fee Schedule	$0.00			
99420	M	HEALTH RISK ASSESSMENT TEST				Fee Schedule	$0.00			
99429	M	UNLISTED PREVENTIVE SERVICE				Fee Schedule	$0.00			
99441	E	PHONE E/M PHYS/QHP 5-10 MIN				Not Allowed	$0.00			
99442	E	PHONE E/M PHYS/QHP 11-20 MIN				Not Allowed	$0.00			
99443	E	PHONE E/M PHYS/QHP 21-30 MIN				Not Allowed	$0.00			
99444	E	ONLINE E/M BY PHYS/QHP				Not Allowed	$0.00			
99446	E	INTERPROF PHONE/ONLINE 5-10				Not Allowed	$0.00			
99447	E	INTERPROF PHONE/ONLINE 11-20				Not Allowed	$0.00			
99448	E	INTERPROF PHONE/ONLINE 21-30				Not Allowed	$0.00			
99449	E	INTERPROF PHONE/ONLINE 31/>				Not Allowed	$0.00			

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99450	E	BASIC LIFE DISABILITY EXAM				Not Allowed	$0.00			
99455	E	WORK RELATED DISABILITY EXAM				Not Allowed	$0.00			
99456	E	DISABILITY EXAMINATION				Not Allowed	$0.00			
99460	V	INIT NB EM PER DAY HOSP	00632	1.433		APC	$79.56			
99461	E	INIT NB EM PER DAY NON-FAC				Not Allowed	$0.00			
99462	C	SBSQ NB EM PER DAY HOSP				Inpatient Only	$0.00			
99463	V	SAME DAY NB DISCHARGE	00632	1.433		APC	$79.56			
99464	N	ATTENDANCE AT DELIVERY				Bundled, Sometimes Payable	$0.00			
99465	S	NB RESUSCITATION	00094	6.343		APC	$352.24			
99466	N	PED CRIT CARE TRANSPORT				Bundled, Sometimes Payable	$0.00			
99467	N	PED CRIT CARE TRANSPORT ADDL				Bundled, Sometimes Payable	$0.00			
99468	C	NEONATE CRIT CARE INITIAL				Inpatient Only	$0.00			
99469	C	NEONATE CRIT CARE SUBSQ				Inpatient Only	$0.00			
99471	C	PED CRITICAL CARE INITIAL				Inpatient Only	$0.00			
99472	C	PED CRITICAL CARE SUBSQ				Inpatient Only	$0.00			
99475	C	PED CRIT CARE AGE 2-5 INIT				Inpatient Only	$0.00			
99476	C	PED CRIT CARE AGE 2-5 SUBSQ				Inpatient Only	$0.00			
99477	C	INIT DAY HOSP NEONATE CARE				Inpatient Only	$0.00			
99478	C	IC LBW INF < 1500 GM SUBSQ				Inpatient Only	$0.00			
99479	C	IC LBW INF 1500-2500 G SUBSQ				Inpatient Only	$0.00			
99480	C	IC INF PBW 2501-5000 G SUBSQ				Inpatient Only	$0.00			
99485	E	SUPRV INTERFACILTY TRANSPORT				Not Allowed	$0.00			
99486	E	SUPRV INTERFAC TRNSPORT ADDL				Not Allowed	$0.00			
99487	N	CMPLX CHRON CARE W/O PT VSIT				Bundled, Sometimes Payable	$0.00			
99489	N	CMPLX CHRON CARE ADDL 30 MIN				Bundled, Sometimes Payable	$0.00			
99490	V	CHRON CARE MGMT SRVC 20 MIN	00631	0.724		APC	$40.21			
99495	V	TRANS CARE MGMT 14 DAY DISCH	00632	1.433		APC	$79.56			
99496	V	TRANS CARE MGMT 7 DAY DISCH	00632	1.433		APC	$79.56			
99497	N	ADVNCD CARE PLAN 30 MIN				Bundled, Sometimes Payable	$0.00			
99498	N	ADVNCD CARE PLAN ADDL 30 MIN				Bundled, Sometimes Payable	$0.00			
99499	M	UNLISTED E&M SERVICE				Fee Schedule	$0.00			
99500	M	HOME VISIT PRENATAL				Fee Schedule	$0.00			
99501	M	HOME VISIT POSTNATAL				Fee Schedule	$0.00			
99502	M	HOME VISIT NB CARE				Fee Schedule	$0.00			
99503	E	HOME VISIT RESP THERAPY				Not Allowed	$0.00			
99504	E	HOME VISIT MECH VENTILATOR				Not Allowed	$0.00			
99505	E	HOME VISIT STOMA CARE				Not Allowed	$0.00			
99506	E	HOME VISIT IM INJECTION				Not Allowed	$0.00			
99507	E	HOME VISIT CATH MAINTAIN				Not Allowed	$0.00			
99509	E	HOME VISIT DAY LIFE ACTIVITY				Not Allowed	$0.00			
99510	E	HOME VISIT SING/M/FAM COUNS				Not Allowed	$0.00			
99511	E	HOME VISIT FECAL/ENEMA MGMT				Not Allowed	$0.00			
99512	E	HOME VISIT FOR HEMODIALYSIS				Not Allowed	$0.00			
99600	E	HOME VISIT NOS				Not Allowed	$0.00			
99601	E	HOME INFUSION/VISIT 2 HRS				Not Allowed	$0.00			
99602	E	HOME INFUSION EACH ADDTL HR				Not Allowed	$0.00			
99605	E	MTMS BY PHARM NP 15 MIN				Not Allowed	$0.00			
99606	E	MTMS BY PHARM EST 15 MIN				Not Allowed	$0.00			
99607	E	MTMS BY PHARM ADDL 15 MIN				Not Allowed	$0.00			
0001F	E	HEART FAILURE COMPOSITE				Not Allowed	$0.00			
0001M	E	INFECTIOUS DIS HCV 6 ASSAYS				Not Allowed	$0.00			
0002M	E	LIVER DIS 10 ASSAYS W/ASH				Not Allowed	$0.00			
0003M	E	LIVER DIS 10 ASSAYS W/NASH				Not Allowed	$0.00			
0004M	E	SCOLIOSIS DNA ALYS				Not Allowed	$0.00			
0005F	E	OSTEOARTHRITIS COMPOSITE				Not Allowed	$0.00			
0006M	E	ONC HEP GENE RISK CLASSIFIER				Not Allowed	$0.00			
0007M	E	ONC GASTRO 51 GENE NOMOGRAM				Not Allowed	$0.00			
0008M	E	ONC BREAST RISK SCORE				Not Allowed	$0.00			
0012F	E	CAP BACTERIAL ASSESS				Not Allowed	$0.00			
0014F	E	COMP PREOP ASSESS CAT SURG				Not Allowed	$0.00			
0015F	E	MELAN FOLLOW-UP COMPLETE				Not Allowed	$0.00			
0019T	E	EXTRACORP SHOCK WV TX MS NOS				Not Allowed	$0.00			
0030T	E	ANTIPROTHROMBIN ANTIBODY				Not Allowed	$0.00			
0042T	E	CT PERFUSION W/CONTRAST CBF				Not Allowed	$0.00			

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0048T	E	IMPLANT VENTRICULAR DEVICE				Not Allowed	$0.00			
0050T	E	REMOVAL CIRCULATION ASSIST				Not Allowed	$0.00			
0051T	E	IMPLANT TOTAL HEART SYSTEM				Not Allowed	$0.00			
0052T	E	REPLACE THRC UNIT HRT SYST				Not Allowed	$0.00			
0053T	E	REPLACE IMPLANTABLE HRT SYST				Not Allowed	$0.00			
0054T	E	BONE SRGRY CMPTR FLUOR IMAGE				Not Allowed	$0.00			
0055T	E	BONE SRGRY CMPTR CT/MRI IMAG				Not Allowed	$0.00			
0058T	E	CRYOPRESERVATION OVARY TISS	00433	2.477		Not Allowed	$0.00			
0071T	E	US LEIOMYOMATA ABLATE <200				Not Allowed	$0.00			
0072T	E	US LEIOMYOMATA ABLATE >200				Not Allowed	$0.00			
0075T	E	PERQ STENT/CHEST VERT ART				Not Allowed	$0.00			
0076T	E	S&I STENT/CHEST VERT ART				Not Allowed	$0.00			
0085T	E	BREATH TEST HEART REJECT				Not Allowed	$0.00			
0095T	E	RMVL ARTIFIC DISC ADDL CRVCL				Not Allowed	$0.00			
0098T	E	REV ARTIFIC DISC ADDL				Not Allowed	$0.00			
0099T	E	IMPLANT CORNEAL RING	00233	23.63		Not Allowed	$0.00			
0100T	E	PROSTH RETINA RECEIVE&GEN	00673	42.1		Not Allowed	$0.00			
0101T	E	EXTRACORP SHOCKWV TX HI ENRG	00050	35.08		Not Allowed	$0.00			
0102T	E	EXTRACORP SHOCKWV TX ANESTH	00050	35.08		Not Allowed	$0.00			
0103T	E	HOLOTRANSCOBALAMIN				Not Allowed	$0.00			
0106T	E	TOUCH QUANT SENSORY TEST	00340	0.706		Not Allowed	$0.00			
0107T	E	VIBRATE QUANT SENSORY TEST	00340	0.706		Not Allowed	$0.00			
0108T	E	COOL QUANT SENSORY TEST	00420	1.776		Not Allowed	$0.00			
0109T	E	HEAT QUANT SENSORY TEST	00340	0.706		Not Allowed	$0.00			
0110T	E	NOS QUANT SENSORY TEST	00340	0.706		Not Allowed	$0.00			
0111T	E	RBC MEMBRANES FATTY ACIDS				Not Allowed	$0.00			
0123T	E	SCLERAL FISTULIZATION	00233	23.63		Not Allowed	$0.00			
0126T	E	CHD RISK IMT STUDY	00340	0.706		Not Allowed	$0.00			
0159T	E	CAD BREAST MRI				Not Allowed	$0.00			
0163T	E	LUMB ARTIF DISKECTOMY ADDL				Not Allowed	$0.00			
0164T	E	REMOVE LUMB ARTIF DISC ADDL				Not Allowed	$0.00			
0165T	E	REVISE LUMB ARTIF DISC ADDL				Not Allowed	$0.00			
0169T	E	PLACE STEREO CATH BRAIN				Not Allowed	$0.00			
0171T	E	LUMBAR SPINE PROCES DISTRACT	00425	137.8		Not Allowed	$0.00			
0172T	E	LUMBAR SPINE PROCESS ADDL				Not Allowed	$0.00			
0173T	E	IOP MONIT IO PRESSURE				Not Allowed	$0.00			
0174T	E	CAD CXR WITH INTERP				Not Allowed	$0.00			
0175T	E	CAD CXR REMOTE				Not Allowed	$0.00			
0178T	E	64 LEAD ECG W/I&R				Not Allowed	$0.00			
0179T	E	64 LEAD ECG W/TRACING	00100	3.209		Not Allowed	$0.00			
0180T	E	64 LEAD ECG W/I&R ONLY				Not Allowed	$0.00			
0182T	E	HDR ELECT BRACHYTHERAPY	00313	9.838		Not Allowed	$0.00			
0184T	E	EXC RECTAL TUMOR ENDOSCOPIC	00150	35.07		Not Allowed	$0.00			
0188T	E	VIDEOCONF CRIT CARE 74 MIN				Not Allowed	$0.00			
0189T	E	VIDEOCONF CRIT CARE ADDL 30				Not Allowed	$0.00			
0190T	E	PLACE INTRAOC RADIATION SRC				Not Allowed	$0.00			
0191T	E	INSERT ANT SEGMENT DRAIN INT	00673	42.1		Not Allowed	$0.00			
0195T	E	PRESCRL FUSE W/O INSTR L5/S1				Not Allowed	$0.00			
0196T	E	PRESCRL FUSE W/O INSTR L4/L5				Not Allowed	$0.00			
0198T	E	OCULAR BLOOD FLOW MEASURE	00698	1.36		Not Allowed	$0.00			
0200T	E	PERQ SACRAL AUGMT UNILAT INJ	00050	35.08		Not Allowed	$0.00			
0201T	E	PERQ SACRAL AUGMT BILAT INJ	00050	35.08		Not Allowed	$0.00			
0202T	E	POST VERT ARTHRPLST 1 LUMBAR				Not Allowed	$0.00			
0205T	E	INIRS EACH VESSEL ADD-ON				Not Allowed	$0.00			
0206T	E	CPTR DBS ALYS CAR ELEC DTA	00420	1.776		Not Allowed	$0.00			
0207T	E	CLEAR EYELID GLAND W/HEAT	00230	0.702		Not Allowed	$0.00			
0208T	E	AUDIOMETRY AIR ONLY	00364	0.584		Not Allowed	$0.00			
0209T	E	AUDIOMETRY AIR & BONE	00364	0.584		Not Allowed	$0.00			
0210T	E	SPEECH AUDIOMETRY THRESHOLD	00364	0.584		Not Allowed	$0.00			
0211T	E	SPEECH AUDIOM THRESH & RECOG	00364	0.584		Not Allowed	$0.00			
0212T	E	COMPRE AUDIOMETRY EVALUATION	00365	1.59		Not Allowed	$0.00			
0213T	E	NJX PARAVERT W/US CER/THOR	00207	9.061		Not Allowed	$0.00			
0214T	E	NJX PARAVERT W/US CER/THOR				Not Allowed	$0.00			
0215T	E	NJX PARAVERT W/US CER/THOR				Not Allowed	$0.00			

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0216T	E	NJX PARAVERT W/US LUMB/SAC	00207	9.061		Not Allowed	$0.00			
0217T	E	NJX PARAVERT W/US LUMB/SAC				Not Allowed	$0.00			
0218T	E	NJX PARAVERT W/US LUMB/SAC				Not Allowed	$0.00			
0219T	E	PLMT POST FACET IMPLT CERV				Not Allowed	$0.00			
0220T	E	PLMT POST FACET IMPLT THOR				Not Allowed	$0.00			
0221T	E	PLMT POST FACET IMPLT LUMB	00050	35.08		Not Allowed	$0.00			
0222T	E	PLMT POST FACET IMPLT ADDL				Not Allowed	$0.00			
0223T	E	ACOUSTIC ECG W/I&R				Not Allowed	$0.00			
0224T	E	ACOUSTIC ECG 1+ ANALYSIS				Not Allowed	$0.00			
0225T	E	ACOUSTIC ECG ANALY & REPROG				Not Allowed	$0.00			
0226T	E	ANOSCOPY HRA W/SPEC COLLECT				Not Allowed	$0.00			
0227T	E	ANOSCOPY HRA W/BIOPSY				Not Allowed	$0.00			
0228T	E	NJX TFRML EPRL W/US CER/THOR				Not Allowed	$0.00			
0229T	E	NJX TFRML EPRL W/US CER/THOR				Not Allowed	$0.00			
0230T	E	NJX TFRML EPRL W/US LUMB/SAC				Not Allowed	$0.00			
0231T	E	NJX TFRML EPRL W/US LUMB/SAC				Not Allowed	$0.00			
0232T	E	NJX PLATELET PLASMA	00420	1.776		Not Allowed	$0.00			
0233T	E	SKIN GLYCATION SPECTROSCOPY				Not Allowed	$0.00			
0234T	E	TRLUML PERIP ATHRC RENAL ART	00229	129.8		Not Allowed	$0.00			
0235T	E	TRLUML PERIP ATHRC VISCERAL				Not Allowed	$0.00			
0236T	E	TRLUML PERIP ATHRC ABD AORTA	00229	129.8		Not Allowed	$0.00			
0237T	E	TRLUML PERIP ATHRC BRCHIOCPH	00229	129.8		Not Allowed	$0.00			
0238T	E	TRLUML PERIP ATHRC ILIAC ART	00319	200.2		Not Allowed	$0.00			
0240T	E	ESOPH MOTILITY 3D TOPOGRAPHY	00361	4.432		Not Allowed	$0.00			
0241T	E	ESOPH MOTILITY W/STIM/PERF				Not Allowed	$0.00			
0242T	E	GI TRACT TRANSIT & PRES MEAS				Not Allowed	$0.00			
0243T	E	INTM MSR BRONCHODIL WHEEZE	00077	2.22		Not Allowed	$0.00			
0244T	E	CONT MSR BRONCHODIL WHEEZE	00369	3.193		Not Allowed	$0.00			
0249T	E	LIGATION HEMORRHOID W/US	00150	35.07		Not Allowed	$0.00			
0250T	E	INSERT BRONCHIAL VALVE				Not Allowed	$0.00			
0251T	E	REMOV BRONCHIAL VALVE				Not Allowed	$0.00			
0252T	E	REMOV BRONCH VALVE ADDL				Not Allowed	$0.00			
0253T	E	INSERT AQUEOUS DRAIN DEVICE	00673	42.1		Not Allowed	$0.00			
0254T	E	EVASC RPR ILIAC ART BIFUR				Not Allowed	$0.00			
0255T	E	EVASC RPR ILIAC ART BIFR S&I				Not Allowed	$0.00			
0256T	E	EVASC AORTIC HRT VALVE				Not Allowed	$0.00			
0257T	E	OPN TTHRC AORTIC HRT VALVE				Not Allowed	$0.00			
0258T	E	AORTIC HRT VALV W/O CARD BYP				Not Allowed	$0.00			
0259T	E	AORTIC HRT VALVE W/CARD BYP				Not Allowed	$0.00			
0262T	E	IMPLTJ PULM VLV EVASC APPR				Not Allowed	$0.00			
0263T	E	IM B1 MRW CEL THER CMPL	00112	38.37		Not Allowed	$0.00			
0264T	E	IM B1 MRW CEL THER XCL HRVST	00112	38.37		Not Allowed	$0.00			
0265T	E	IM B1 MRW CEL THER HRVST ONL	00112	38.37		Not Allowed	$0.00			
0266T	E	IMPLT/RPL CRTD SNS DEV TOTAL				Not Allowed	$0.00			
0267T	E	IMPLT/RPL CRTD SNS DEV LEAD	00688	28.7		Not Allowed	$0.00			
0268T	E	IMPLT/RPL CRTD SNS DEV GEN	00039	230.6		Not Allowed	$0.00			
0269T	E	REV/REMVL CRTD SNS DEV TOTAL	00221	39.74		Not Allowed	$0.00			
0270T	E	REV/REMVL CRTD SNS DEV LEAD	00688	28.7		Not Allowed	$0.00			
0271T	E	REV/REMVL CRTD SNS DEV GEN	00688	28.7		Not Allowed	$0.00			
0272T	E	INTERROGATE CRTD SNS DEV	00218	2.142		Not Allowed	$0.00			
0273T	E	INTERROGATE CRTD SNS W/PGRMG	00218	2.142		Not Allowed	$0.00			
0274T	E	PERQ LAMOT/LAM CRV/THRC	00208	55.45		Not Allowed	$0.00			
0275T	E	PERQ LAMOT/LAM LUMBAR	00208	55.45		Not Allowed	$0.00			
0276T	E	BRONCH THERMOPLASTY 1 LOBE				Not Allowed	$0.00			
0277T	E	BRONCH THERMOPLASTY LOBES				Not Allowed	$0.00			
0278T	E	TEMPR	00215	1.28		Not Allowed	$0.00			
0279T	E	CTC TEST				Not Allowed	$0.00			
0280T	E	CTC TEST W/I & R				Not Allowed	$0.00			
0281T	E	LAA CLOSURE W/IMPLANT				Not Allowed	$0.00			
0282T	E	PERIPH FIELD STIMUL TRIAL	00061	71.33		Not Allowed	$0.00			
0283T	E	PERIPH FIELD STIMUL PERM	00318	352.7		Not Allowed	$0.00			
0284T	E	PERIPH FIELD STIMUL REVISE	00688	28.7		Not Allowed	$0.00			
0285T	E	PERIPH FIELD STIMUL ANALYS	00216	3.677		Not Allowed	$0.00			
0286T	E	NEAR IFR SPECTRSC OF WOUNDS				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
0287T	E	NEAR IFR GUIDE OF VASC SITE				Not Allowed	$0.00			
0288T	E	ANOSCOPY W/RF DELIVERY	00150	35.07		Not Allowed	$0.00			
0289T	E	LASER INC FOR PKP/LKP DONOR				Not Allowed	$0.00			
0290T	E	LASER INC FOR PKP/LKP RECIP				Not Allowed	$0.00			
0291T	E	IV OCT FOR PROC INIT VESSEL				Not Allowed	$0.00			
0292T	E	IV OCT FOR PROC ADDL VESSEL				Not Allowed	$0.00			
0293T	E	INS LT ATRL PRESS MONITOR				Not Allowed	$0.00			
0294T	E	INS LT ATRL MONT PRES LEAD				Not Allowed	$0.00			
0295T	E	EXT ECG COMPLETE				Not Allowed	$0.00			
0296T	E	EXT ECG RECORDING	00099	1.058		Not Allowed	$0.00			
0297T	E	EXT ECG SCAN W/REPORT	00099	1.058		Not Allowed	$0.00			
0298T	E	EXT ECG REVIEW AND INTERP				Not Allowed	$0.00			
0299T	E	ESW WOUND HEALING INIT WOUND	00326	2.965		Not Allowed	$0.00			
0300T	E	ESW WOUND HEALING ADDL WOUND				Not Allowed	$0.00			
0301T	E	MW THERAPY FOR BREAST TUMOR	00066	25.66		Not Allowed	$0.00			
0302T	E	ICAR ISCHM MNTRNG SYS COMPL	00089	128		Not Allowed	$0.00			Y
0303T	E	ICAR ISCHM MNTRNG SYS ELTRD	00090	88.24		Not Allowed	$0.00			Y
0304T	E	ICAR ISCHM MNTRNG SYS DEVICE	00090	88.24		Not Allowed	$0.00			Y
0305T	E	ICAR ISCHM MNTRNG PRGRM EVAL				Not Allowed	$0.00			Y
0306T	E	ICAR ISCHM MNTR INTERR EVAL				Not Allowed	$0.00			Y
0307T	E	RMVL ICAR ISCHM MNTRNG DVCE				Not Allowed	$0.00			Y
0308T	E	INSJ OCULAR TELESCOPE PROSTH				Not Allowed	$0.00			Y
0309T	E	PRESCRL FUSE W/ INSTR L4/L5				Not Allowed	$0.00			Y
0310T	E	MOTOR FUNCTION MAPPING NTMS				Not Allowed	$0.00			Y
0311T	E	CAL & ALYS CNTRL ARTL PRESS				Not Allowed	$0.00			Y
0312T	E	LAPS IMPLTJ NSTIM VAGUS				Not Allowed	$0.00			Y
0313T	E	LAPS RMVL NSTIM ARRAY VAGUS				Not Allowed	$0.00			Y
0314T	E	LAPS RMVL VGL ARRY&PLS GEN				Not Allowed	$0.00			Y
0315T	E	RMVL VAGUS NERVE PLS GEN				Not Allowed	$0.00			Y
0316T	E	REPLC VAGUS NERVE PLS GEN				Not Allowed	$0.00			Y
0317T	E	ELEC ALYS VAGUS NRV PLS GEN				Not Allowed	$0.00			Y
0319T	E	INSERT SUBQ DEFIB W/ELTRD				Not Allowed	$0.00			Y
0320T	E	INSERT SUBQ DEFIB ELECTRODE				Not Allowed	$0.00			Y
0321T	E	INSERT SUBQ DEFIB PLS GEN				Not Allowed	$0.00			Y
0322T	E	RMVL SUBQ DEFIB PLS GEN				Not Allowed	$0.00			Y
0323T	E	RMVL & REPLC SUBQ PLS GEN				Not Allowed	$0.00			Y
0324T	E	RMVL SUBQ DEFIB ELECTRODE				Not Allowed	$0.00			Y
0325T	E	REPOS SUBQ DEFIB ELTRD &/GEN				Not Allowed	$0.00			Y
0326T	E	EPHYS EVAL SUBQ IMPLT DEFIB				Not Allowed	$0.00			Y
0327T	E	IMPLT SUBQ DEFIB INTEROGAT				Not Allowed	$0.00			Y
0328T	E	IMPLT SUBQ DEFIB SYS DEV EVL				Not Allowed	$0.00			Y
0329T	E	MNTR IO PRESS 24HRS/> UNI/BI				Not Allowed	$0.00			
0330T	E	TEAR FILM IMG UNI/BI W/I&R	00230	0.702		Not Allowed	$0.00			
0331T	E	HEART SYMP IMAGE PLNR	00377	15.38		Not Allowed	$0.00			
0332T	E	HEART SYMP IMAGE PLNR SPECT	00377	15.38		Not Allowed	$0.00			
0333T	E	VISUAL EP ACUITY SCREEN AUTO				Not Allowed	$0.00			
0335T	E	EXTRAOSSEOUS JOINT STBLZTION	00062	27.54		Not Allowed	$0.00			Y
0336T	E	LAP ABLAT UTERINE FIBROIDS	00174	108.8		Not Allowed	$0.00			Y
0337T	E	ENDOTHEL FXNASSMNT NON-INVAS	00097	1.52		Not Allowed	$0.00			Y
0338T	E	TRNSCTH RENAL SYMP DENRV UNL	00279	34.52		Not Allowed	$0.00			Y
0339T	E	TRNSCTH RENAL SYMP DENRV BIL	00279	34.52		Not Allowed	$0.00			Y
0340T	E	ABLATE PULM TUMORS + EXTNSN	00423	55.22		Not Allowed	$0.00			Y
0341T	E	QUANT PUPILLOMETRY W/ RPRT				Not Allowed	$0.00			Y
0342T	E	THXP APHERESIS W/HDL DELIP	00112	38.37		Not Allowed	$0.00			Y
0345T	E	TRANSCATH MTRAL VLVE REPAIR				Not Allowed	$0.00			Y
0346T	E	ULTRASOUND ELASTOGRAPHY				Not Allowed	$0.00			Y
0347T	E	INS BONE DEVICE FOR RSA	00420	1.776		Not Allowed	$0.00			Y
0348T	E	RSA SPINE EXAM	00261	1.281		Not Allowed	$0.00			Y
0349T	E	RSA UPPER EXTR EXAM	00261	1.281		Not Allowed	$0.00			Y
0350T	E	RSA LOWER EXTR EXAM	00261	1.281		Not Allowed	$0.00			Y
0351T	E	INTRAOP OCT BRST/NODE SPEC				Not Allowed	$0.00			Y
0352T	E	OCT BRST/NODE I&R PER SPEC				Not Allowed	$0.00			Y
0353T	E	INTRAOP OCT BREAST CAVITY				Not Allowed	$0.00			Y
0354T	E	OCT BREAST SURG CAVITY I&R				Not Allowed	$0.00			Y

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0356T	E	INSRT DRUG DEVICE FOR IOP	00698	1.36		Not Allowed	$0.00			Y
0357T	E	CRYOPRESERVATION OOCYTE(S)	00433	2.477		Not Allowed	$0.00			Y
0358T	E	BIA WHOLE BODY	00340	0.706		Not Allowed	$0.00			Y
0359T	E	BEHAVIORAL ID ASSESSMENT	00632	1.433		Not Allowed	$0.00			Y
0360T	E	OBSERV BEHAV ASSESSMENT	00632	1.433		Not Allowed	$0.00			Y
0361T	E	OBSERV BEHAV ASSESS ADDL				Not Allowed	$0.00			Y
0362T	E	EXPOSE BEHAV ASSESSMENT	00632	1.433		Not Allowed	$0.00			Y
0363T	E	EXPOSE BEHAV ASSESS ADDL				Not Allowed	$0.00			Y
0364T	E	ADAPTIVE BEHAVIOR TREATMENT	00322	1.207		Not Allowed	$0.00			Y
0365T	E	ADAPTIVE BEHAVIOR TX ADDL				Not Allowed	$0.00			Y
0366T	E	GROUP BEHAVIOR TREATMENT	00325	0.891		Not Allowed	$0.00			Y
0367T	E	GROUP BEHAV TREATMENT ADDL				Not Allowed	$0.00			Y
0368T	E	BEHAVIOR TREATMENT MODIFIED	00322	1.207		Not Allowed	$0.00			Y
0369T	E	BEHAV TREATMENT MODIFY ADDL				Not Allowed	$0.00			Y
0370T	E	FAM BEHAV TREATMENT GUIDANCE	00324	1.672		Not Allowed	$0.00			Y
0371T	E	MULT FAM BEHAV TREAT GUIDE	00324	1.672		Not Allowed	$0.00			Y
0372T	E	SOCIAL SKILLS TRAINING GROUP	00325	0.891		Not Allowed	$0.00			Y
0373T	E	EXPOSURE BEHAVIOR TREATMENT	00323	1.557		Not Allowed	$0.00			Y
0374T	E	EXPOSE BEHAV TREATMENT ADDL				Not Allowed	$0.00			Y
0375T	E	TOTAL DISC ARTHRP ANT APPR				Not Allowed	$0.00			Y
0376T	E	INSERT ANT SEGMENT DRAIN INT				Not Allowed	$0.00			Y
0377T	E	ANOSCPY INJ AGENT FOR INCONT	00150	35.07		Not Allowed	$0.00			Y
0378T	E	VISUAL FIELD ASSMNT REV/RPRT				Not Allowed	$0.00			Y
0379T	E	VIS FIELD ASSMNT TECH SUPPT	00230	0.702		Not Allowed	$0.00			Y
0380T	E	COMP ANIMAT RET IMAG SERIES	00230	0.702		Not Allowed	$0.00			Y
0381T	E	EXT H RATE EPI SZ 14 DAYS				Not Allowed	$0.00			Y
0382T	E	EXT H RATE SZ 14 DAY RI ONLY				Not Allowed	$0.00			Y
0383T	E	EXT H RATE SZ UP TO 30 DAYS				Not Allowed	$0.00			Y
0384T	E	EX H RATE SZ 30 DAY RI ONLY				Not Allowed	$0.00			Y
0385T	E	EX H RATE FOR SZ OVR 30 DAY				Not Allowed	$0.00			Y
0386T	E	EX H RATE SZ 30+ DAY RI ONLY				Not Allowed	$0.00			Y
0387T	E	LEADLESS C PM INS/RPL VENTR	00319	200.2		Not Allowed	$0.00			Y
0388T	E	LEADLESS C PM REMOVE VENTR	00622	30.15		Not Allowed	$0.00			Y
0389T	E	PROG EVAL INPER LEADLS PM	00690	0.474		Not Allowed	$0.00			Y
0390T	E	PERIPROC EVAL INPER LEDLS PM				Not Allowed	$0.00			Y
0391T	E	INTERGT EVAL INPER LEADLS PM	00690	0.474		Not Allowed	$0.00			Y
0500F	E	INITIAL PRENATAL CARE VISIT				Not Allowed	$0.00			
0501F	E	PRENATAL FLOW SHEET				Not Allowed	$0.00			
0502F	E	SUBSEQUENT PRENATAL CARE				Not Allowed	$0.00			
0503F	E	POSTPARTUM CARE VISIT				Not Allowed	$0.00			
0505F	E	HEMODIALYSIS PLAN DOCD				Not Allowed	$0.00			
0507F	E	PERITON DIALYSIS PLAN DOCD				Not Allowed	$0.00			
0509F	E	URINE INCON PLAN DOCD				Not Allowed	$0.00			
0513F	E	ELEV BP PLAN OF CARE DOCD				Not Allowed	$0.00			
0514F	E	CARE PLAN HGB DOCD ESA PT				Not Allowed	$0.00			
0516F	E	ANEMIA PLAN OF CARE DOCD				Not Allowed	$0.00			
0517F	E	GLAUCOMA PLAN OF CARE DOCD				Not Allowed	$0.00			
0518F	E	FALL PLAN OF CARE DOCD				Not Allowed	$0.00			
0519F	E	PLAND CHEMO DOCD B/4 TXMNT				Not Allowed	$0.00			
0520F	E	RAD DOS LIMTS B/4 3D RAD				Not Allowed	$0.00			
0521F	E	PLAN OF CARE 4 PAIN DOCD				Not Allowed	$0.00			
0525F	E	INITIAL VISIT FOR EPISODE				Not Allowed	$0.00			
0526F	E	SUBS VISIT FOR EPISODE				Not Allowed	$0.00			
0528F	E	RCMND FLW-UP 10 YRS DOCD				Not Allowed	$0.00			
0529F	E	INTRVL 3/>YR PTS CLNSCP DOCD				Not Allowed	$0.00			
0535F	E	DYSPNEA MNGMNT PLAN DOCD				Not Allowed	$0.00			
0540F	E	GLUCO MNGMNT PLAN DOCD				Not Allowed	$0.00			
0545F	E	FOLLOW UP CARE PLAN MDD DOCD				Not Allowed	$0.00			
0550F	E	CYTOPATH REPORT NONGYN SPCMN				Not Allowed	$0.00			
0551F	E	CYTOPATH REPORT NON ROUTINE				Not Allowed	$0.00			
0555F	E	SYMPTOM MGMNT PLAN CARE DOCD				Not Allowed	$0.00			
0556F	E	PLAN CARE LIPID CONTROL DOCD				Not Allowed	$0.00			
0557F	E	PLAN CAREMNG ANGNL SYMPTDOCD				Not Allowed	$0.00			
0575F	E	HIV RNA PLAN CARE DOCD				Not Allowed	$0.00			

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0580F	E	MULTIDISCIPLINARY CARE PLAN				Not Allowed	$0.00			
0581F	E	PT TRNSFRD FROM ANESTH TO CC				Not Allowed	$0.00			
0582F	E	NO TRNSFR FROM ANESTH TO CC				Not Allowed	$0.00			
0583F	E	TRANSFER CARE CHECKLIST USED				Not Allowed	$0.00			
0584F	E	NO TRANSFERCARE CHKLIST USED				Not Allowed	$0.00			
1000F	E	TOBACCO USE ASSESSED				Not Allowed	$0.00			
1002F	E	ASSESS ANGINAL SYMPTOM/LEVEL				Not Allowed	$0.00			
1003F	E	LEVEL OF ACTIVITY ASSESS				Not Allowed	$0.00			
1004F	E	CLIN SYMP VOL OVRLD ASSESS				Not Allowed	$0.00			
1005F	E	ASTHMA SYMPTOMS EVALUATE				Not Allowed	$0.00			
1006F	E	OSTEOARTHRITIS ASSESS				Not Allowed	$0.00			
1007F	E	ANTI-INFLM/ANLGSC OTC ASSESS				Not Allowed	$0.00			
1008F	E	GI/RENAL RISK ASSESS				Not Allowed	$0.00			
1010F	E	SEVERITY ANGINA BY ACTVTY				Not Allowed	$0.00			
1011F	E	ANGINA PRESENT				Not Allowed	$0.00			
1012F	E	ANGINA ABSENT				Not Allowed	$0.00			
1015F	E	COPD SYMPTOMS ASSESS				Not Allowed	$0.00			
1018F	E	ASSESS DYSPNEA NOT PRESENT				Not Allowed	$0.00			
1019F	E	ASSESS DYSPNEA PRESENT				Not Allowed	$0.00			
1022F	E	PNEUMO IMM STATUS ASSESS				Not Allowed	$0.00			
1026F	E	CO-MORBID CONDITION ASSESS				Not Allowed	$0.00			
1030F	E	INFLUENZA IMM STATUS ASSESS				Not Allowed	$0.00			
1031F	E	SMOKING & 2ND HAND ASSESSED				Not Allowed	$0.00			
1032F	E	SMOKER/EXPOSED 2ND HND SMOKE				Not Allowed	$0.00			
1033F	E	TOBACCO NONSMOKER NOR 2NDHND				Not Allowed	$0.00			
1034F	E	CURRENT TOBACCO SMOKER				Not Allowed	$0.00			
1035F	E	SMOKELESS TOBACCO USER				Not Allowed	$0.00			
1036F	E	TOBACCO NON-USER				Not Allowed	$0.00			
1038F	E	PERSISTENT ASTHMA				Not Allowed	$0.00			
1039F	E	INTERMITTENT ASTHMA				Not Allowed	$0.00			
1040F	E	DSM-5 INFO MDD DOCD				Not Allowed	$0.00			
1050F	E	HISTORY OF MOLE CHANGES				Not Allowed	$0.00			
1052F	E	TYPE LOCATION ACTIVITYASSESS				Not Allowed	$0.00			
1055F	E	VISUAL FUNCT STATUS ASSESS				Not Allowed	$0.00			
1060F	E	DOC PERM/CONT/PAROX ATR FIB				Not Allowed	$0.00			
1061F	E	DOC LACK PERM+CONT+PAROX FIB				Not Allowed	$0.00			
1065F	E	ISCHM STROKE SYMP LT3 HRSB/4				Not Allowed	$0.00			
1066F	E	ISCHM STROKE SYMP GE3 HRSB/4				Not Allowed	$0.00			
1070F	E	ALARM SYMP ASSESSED-ABSENT				Not Allowed	$0.00			
1071F	E	ALARM SYMP ASSESSED-1+ PRSNT				Not Allowed	$0.00			
1090F	E	PRES/ABSN URINE INCON ASSESS				Not Allowed	$0.00			
1091F	E	URINE INCON CHARACTERIZED				Not Allowed	$0.00			
1100F	E	PTFALLS ASSESS-DOCD GE2>/YR				Not Allowed	$0.00			
1101F	E	PT FALLS ASSESS-DOCD LE1/YR				Not Allowed	$0.00			
1110F	E	PT LFT INPT FAC W/IN 60 DAYS				Not Allowed	$0.00			
1111F	E	DSCHRG MED/CURRENT MED MERGE				Not Allowed	$0.00			
1116F	E	AURIC/PERI PAIN ASSESSED				Not Allowed	$0.00			
1118F	E	GERD SYMPS ASSESSED 12 MONTH				Not Allowed	$0.00			
1119F	E	INIT EVAL FOR CONDITION				Not Allowed	$0.00			
1121F	E	SUBS EVAL FOR CONDITION				Not Allowed	$0.00			
1123F	E	ACP DISCUSS/DSCN MKR DOCD				Not Allowed	$0.00			
1124F	E	ACP DISCUSS-NO DSCNMKR DOCD				Not Allowed	$0.00			
1125F	E	AMNT PAIN NOTED PAIN PRSNT				Not Allowed	$0.00			
1126F	E	AMNT PAIN NOTED NONE PRSNT				Not Allowed	$0.00			
1127F	E	NEW EPISODE FOR CONDITION				Not Allowed	$0.00			
1128F	E	SUBS EPISODE FOR CONDITION				Not Allowed	$0.00			
1130F	E	BK PAIN & FXN ASSESSED				Not Allowed	$0.00			
1134F	E	EPSD BK PAIN FOR 6 WKS/<				Not Allowed	$0.00			
1135F	E	EPSD BK PAIN FOR >6 WKS				Not Allowed	$0.00			
1136F	E	EPSD BK PAIN FOR 12 WKS/<				Not Allowed	$0.00			
1137F	E	EPSD BK PAIN FOR >12 WKS				Not Allowed	$0.00			
1150F	E	DOC PT RSK DEATH W/IN 1YR				Not Allowed	$0.00			
1151F	E	DOC NO PT RSK DEATH W/IN 1YR				Not Allowed	$0.00			
1152F	E	DOC ADVNCD DIS COMFORT 1ST				Not Allowed	$0.00			

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1153F	E	DOC ADVNCD DIS CMFRT NOT 1ST				Not Allowed	$0.00			
1157F	E	ADVNC CARE PLAN IN RCRD				Not Allowed	$0.00			
1158F	E	ADVNC CARE PLAN TLK DOCD				Not Allowed	$0.00			
1159F	E	MED LIST DOCD IN RCRD				Not Allowed	$0.00			
1160F	E	RVW MEDS BY RX/DR IN RCRD				Not Allowed	$0.00			
1170F	E	FXNL STATUS ASSESSED				Not Allowed	$0.00			
1175F	E	FUNCTION STAT ASSESSED RVWD				Not Allowed	$0.00			
1180F	E	THROMBOEMB RISK ASSESSED				Not Allowed	$0.00			
1181F	E	NEUROPSYCHIA SYMPTS ASSESSED				Not Allowed	$0.00			
1182F	E	NEUROPSYCHI SYMPT 1+PRESENT				Not Allowed	$0.00			
1183F	E	NEUROPSYCHIATRIC SYMP ABSENT				Not Allowed	$0.00			
1200F	E	SEIZURE TYPE& FREQU DOCD				Not Allowed	$0.00			
1205F	E	EPI ETIOL SYND RVWD AND DOCD				Not Allowed	$0.00			
1220F	E	PT SCREENED FOR DEPRESSION				Not Allowed	$0.00			
1400F	E	PRKNS DIAG RVIEWED				Not Allowed	$0.00			
1450F	E	SYMPTOMS IMPROVED/CONSIST				Not Allowed	$0.00			
1451F	E	SYMPT SHOW CLIN IMPORT DROP				Not Allowed	$0.00			
1460F	E	QUAL CARD DIAG PRIOR 12 MONS				Not Allowed	$0.00			
1461F	E	NO QUAL CARD DIAG PRIOR12MON				Not Allowed	$0.00			
1490F	E	DEM SEVERITY CLASSIFIED MILD				Not Allowed	$0.00			
1491F	E	DEM SEVERITY CLASSIFIED MOD				Not Allowed	$0.00			
1493F	E	DEM SEVERITY CLASS SEVERE				Not Allowed	$0.00			
1494F	E	COGNIT ASSESSED AND REVIEWED				Not Allowed	$0.00			
1500F	E	SYMPTOM+SIGN SYMM POLYNEURO				Not Allowed	$0.00			
1501F	E	NOT INITIAL EVAL FOR COND				Not Allowed	$0.00			
1502F	E	PT QUERIED PAIN FXN W/ INSTR				Not Allowed	$0.00			
1503F	E	PT QUERIED SYMP RESP INSUFF				Not Allowed	$0.00			
1504F	E	PT HAS RESP INSUFFICIENCY				Not Allowed	$0.00			
1505F	E	PT HAS NO RESP INSUFFICIENCY				Not Allowed	$0.00			
2000F	E	BLOOD PRESSURE MEASURE				Not Allowed	$0.00			
2001F	E	WEIGHT RECORD				Not Allowed	$0.00			
2002F	E	CLIN SIGN VOL OVRLD ASSESS				Not Allowed	$0.00			
2004F	E	INITIAL EXAM INVOLVED JOINTS				Not Allowed	$0.00			
2010F	E	VITAL SIGNS RECORDED				Not Allowed	$0.00			
2014F	E	MENTAL STATUS ASSESS				Not Allowed	$0.00			
2015F	E	ASTHMA IMPAIRMENT ASSESSED				Not Allowed	$0.00			
2016F	E	ASTHMA RISK ASSESSED				Not Allowed	$0.00			
2018F	E	HYDRATION STATUS ASSESS				Not Allowed	$0.00			
2019F	E	DILATED MACUL EXAM DONE				Not Allowed	$0.00			
2020F	E	DILATED FUNDUS EVAL DONE				Not Allowed	$0.00			
2021F	E	DILAT MACULAR EXAM DONE				Not Allowed	$0.00			
2022F	E	DIL RETINA EXAM INTERP REV				Not Allowed	$0.00			
2024F	E	7 FIELD PHOTO INTERP DOC REV				Not Allowed	$0.00			
2026F	E	EYE IMAGE VALID TO DX REV				Not Allowed	$0.00			
2027F	E	OPTIC NERVE HEAD EVAL DONE				Not Allowed	$0.00			
2028F	E	FOOT EXAM PERFORMED				Not Allowed	$0.00			
2029F	E	COMPLETE PHYS SKIN EXAM DONE				Not Allowed	$0.00			
2030F	E	H2O STAT DOCD NORMAL				Not Allowed	$0.00			
2031F	E	H2O STAT DOCD DEHYDRATED				Not Allowed	$0.00			
2035F	E	TYMP MEMB MOTION EXAMD				Not Allowed	$0.00			
2040F	E	BK PN XM ON INIT VISIT DATE				Not Allowed	$0.00			
2044F	E	DOC MNTL TST B/4 BK TRXMNT				Not Allowed	$0.00			
2050F	E	WOUND CHAR SIZE ETC DOCD				Not Allowed	$0.00			
2060F	E	PT TALK EVAL HLTHWKR RE MDD				Not Allowed	$0.00			
3006F	E	CXR DOC REV				Not Allowed	$0.00			
3008F	E	BODY MASS INDEX DOCD				Not Allowed	$0.00			
3011F	E	LIPID PANEL DOC REV				Not Allowed	$0.00			
3014F	E	SCREEN MAMMO DOC REV				Not Allowed	$0.00			
3015F	E	CERV CANCER SCREEN DOCD				Not Allowed	$0.00			
3016F	E	PT SCRND UNHLTHY OH USE				Not Allowed	$0.00			
3017F	E	COLORECTAL CA SCREEN DOC REV				Not Allowed	$0.00			
3018F	E	PRE-PRXD RSK ET AL DOCD				Not Allowed	$0.00			
3019F	E	LVEF ASSESS PLANPOST DSCHRGE				Not Allowed	$0.00			
3020F	E	LVF ASSESS				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
3021F	E	LVEF MOD/SEVER DEPRS SYST				Not Allowed	$0.00			
3022F	E	LVEF >/=40% SYSTOLIC				Not Allowed	$0.00			
3023F	E	SPIROM DOC REV				Not Allowed	$0.00			
3025F	E	SPIROM FEV/FVC <70% W/COPD				Not Allowed	$0.00			
3027F	E	SPIROM FEV/FVC>/=70%/W/OCOPD				Not Allowed	$0.00			
3028F	E	O2 SATURATION DOC REV				Not Allowed	$0.00			
3035F	E	O2 SATURATION</=88%/PAO</=55				Not Allowed	$0.00			
3037F	E	O2 SATURATION >88%/PAO>55 HG				Not Allowed	$0.00			
3038F	E	PULM FX W/IN 12 MON B/4 SURG				Not Allowed	$0.00			
3040F	E	FEV <40% PREDICTED VALUE				Not Allowed	$0.00			
3042F	E	FEV >/=40% PREDICTED VALUE				Not Allowed	$0.00			
3044F	E	HG A1C LEVEL LT 7.0%				Not Allowed	$0.00			
3045F	E	HG A1C LEVEL 7.0-9.0%				Not Allowed	$0.00			
3046F	E	HEMOGLOBIN A1C LEVEL >9.0%				Not Allowed	$0.00			
3048F	E	LDL-C <100 MG/DL				Not Allowed	$0.00			
3049F	E	LDL-C 100-129 MG/DL				Not Allowed	$0.00			
3050F	E	LDL-C >/= 130 MG/DL				Not Allowed	$0.00			
3055F	E	LVEF LESS THAN/EQUAL TO 35%				Not Allowed	$0.00			
3056F	E	LVEF GREATER THAN 35%				Not Allowed	$0.00			
3060F	E	POS MICROALBUMINURIA REV				Not Allowed	$0.00			
3061F	E	NEG MICROALBUMINURIA REV				Not Allowed	$0.00			
3062F	E	POS MACROALBUMINURIA REV				Not Allowed	$0.00			
3066F	E	NEPHROPATHY DOC TX				Not Allowed	$0.00			
3072F	E	LOW RISK FOR RETINOPATHY				Not Allowed	$0.00			
3073F	E	PRE-SURG EYE MEASURES DOCD				Not Allowed	$0.00			
3074F	E	SYST BP LT 130 MM HG				Not Allowed	$0.00			
3075F	E	SYST BP GE 130 - 139MM HG				Not Allowed	$0.00			
3077F	E	SYST BP >/= 140 MM HG				Not Allowed	$0.00			
3078F	E	DIAST BP <80 MM HG				Not Allowed	$0.00			
3079F	E	DIAST BP 80-89 MM HG				Not Allowed	$0.00			
3080F	E	DIAST BP >/= 90 MM HG				Not Allowed	$0.00			
3082F	E	KT/V <1.2				Not Allowed	$0.00			
3083F	E	KT/V =/> 1.2 & <1.7				Not Allowed	$0.00			
3084F	E	KT/V >/= 1.7				Not Allowed	$0.00			
3085F	E	SUICIDE RISK ASSESSED				Not Allowed	$0.00			
3088F	E	MDD MILD				Not Allowed	$0.00			
3089F	E	MDD MODERATE				Not Allowed	$0.00			
3090F	E	MDD SEVERE W/O PSYCH				Not Allowed	$0.00			
3091F	E	MDD SEVERE W/PSYCH				Not Allowed	$0.00			
3092F	E	MDD IN REMISSION				Not Allowed	$0.00			
3093F	E	DOC NEW DIAG 1ST/ADDL MDD				Not Allowed	$0.00			
3095F	E	CENTRAL DEXA RESULTS DOCD				Not Allowed	$0.00			
3096F	E	CENTRAL DEXA ORDERED				Not Allowed	$0.00			
3100F	E	IMAGE TEST REF CAROT DIAM				Not Allowed	$0.00			
3110F	E	PRES/ABSN HMRHG/LESION DOCD				Not Allowed	$0.00			
3111F	E	CT/MRI BRAIN DONE W/IN 24HRS				Not Allowed	$0.00			
3112F	E	CT/MRI BRAIN DONE 24 HRS				Not Allowed	$0.00			
3115F	E	QUANT RESULTS ACTIVITY &SYMP				Not Allowed	$0.00			
3117F	E	HF ASSESSMENT TOOL COMPLETED				Not Allowed	$0.00			
3118F	E	NY HEART ASSOC CLASS DOCD				Not Allowed	$0.00			
3119F	E	NO EVAL ACTIVITY CLIN SYMP				Not Allowed	$0.00			
3120F	E	12-LEAD ECG PERFORMED				Not Allowed	$0.00			
3126F	E	ESOPH BX RPRT W/DYSPL INFO				Not Allowed	$0.00			
3130F	E	UPPER GI ENDOSCOPY PERFORMED				Not Allowed	$0.00			
3132F	E	DOC REF UPPER GI ENDOSCOPY				Not Allowed	$0.00			
3140F	E	UPPER GI ENDO SHOWS BARRTTS				Not Allowed	$0.00			
3141F	E	UPPER GI ENDO NOT BARRTTS				Not Allowed	$0.00			
3142F	E	BARIUM SWALLOW TEST ORDERED				Not Allowed	$0.00			
3150F	E	FORCEPS ESOPH BIOPSY DONE				Not Allowed	$0.00			
3155F	E	CYTOGEN TEST MARROW B/4 TX				Not Allowed	$0.00			
3160F	E	DOC FE+ STORES B/4 EPO THX				Not Allowed	$0.00			
3170F	E	FLOW CYTO DONE B/4 TX				Not Allowed	$0.00			
3200F	E	BARIUM SWALLOW TEST NOT REQ				Not Allowed	$0.00			
3210F	E	GRP A STREP TEST PERFORMED				Not Allowed	$0.00			

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3215F	E	PT IMMUNITY TO HEP A DOCD				Not Allowed	$0.00			
3216F	E	PT IMMUNITY TO HEP B DOCD				Not Allowed	$0.00			
3218F	E	RNA TSTNG HEP C DOCD DONE				Not Allowed	$0.00			
3220F	E	HEP C QUANT RNA TSTNG DOCD				Not Allowed	$0.00			
3230F	E	NOTE HRING TST W/IN 6 MON				Not Allowed	$0.00			
3250F	E	NONPRIM LOC ANAT BX SITE TUM				Not Allowed	$0.00			
3260F	E	PT CAT/PN CAT/HIST GRD DOCD				Not Allowed	$0.00			
3265F	E	RNA TSTNG HEPC VIR ORD/DOCD				Not Allowed	$0.00			
3266F	E	HEPC GN TSTNG DOCD B/4TXMNT				Not Allowed	$0.00			
3267F	E	PATH RPRT W/ PT PN CAT ET AL				Not Allowed	$0.00			
3268F	E	PSA/T/GLSC DOCD B/4 TXMNT				Not Allowed	$0.00			
3269F	E	BONE SCN B/4 TXMNT/AFTR DX				Not Allowed	$0.00			
3270F	E	NO BONE SCN B/4 TXMNT/AFTRDX				Not Allowed	$0.00			
3271F	E	LOW RISK PROSTATE CANCER				Not Allowed	$0.00			
3272F	E	MED RISK PROSTATE CANCER				Not Allowed	$0.00			
3273F	E	HIGH RISK PROSTATE CANCER				Not Allowed	$0.00			
3274F	E	PROST CNCR RSK NOT LW/MD/HGH				Not Allowed	$0.00			
3278F	E	SERUM LVLS CA/IPTH/LPD ORD				Not Allowed	$0.00			
3279F	E	HGB LVL >/= 13 G/DL				Not Allowed	$0.00			
3280F	E	HGB LVL 11-12.9 G/DL				Not Allowed	$0.00			
3281F	E	HGB LVL <11 G/DL				Not Allowed	$0.00			
3284F	E	IOP DOWN >15% OF PRE-SVC LVL				Not Allowed	$0.00			
3285F	E	IOP DOWN <15% OF PRE-SVC LVL				Not Allowed	$0.00			
3288F	E	FALL RISK ASSESSMENT DOCD				Not Allowed	$0.00			
3290F	E	PT=D(RH)- AND UNSENSITIZED				Not Allowed	$0.00			
3291F	E	PT=D(RH)+ OR SENSITIZED				Not Allowed	$0.00			
3292F	E	HIV TSTNG ASKED/DOCD/REVWD				Not Allowed	$0.00			
3293F	E	ABO RH BLOOD TYPING DOCD				Not Allowed	$0.00			
3294F	E	GRP B STREP SCREENING DOCD				Not Allowed	$0.00			
3300F	E	AJCC STAGE DOCD B/4 THXPY				Not Allowed	$0.00			
3301F	E	CANCER STAGE DOCD METAST				Not Allowed	$0.00			
3315F	E	ER+ OR PR+ BREAST CANCER				Not Allowed	$0.00			
3316F	E	ER- OR PR- BREAST CANCER				Not Allowed	$0.00			
3317F	E	PATH RPT MALIG CANCER DOCD				Not Allowed	$0.00			
3318F	E	PATH RPT MALIG CANCER DOCD				Not Allowed	$0.00			
3319F	E	X-RAY/CT/ULTRSND ET AL ORD				Not Allowed	$0.00			
3320F	E	NO XRAY/CT/ ET AL ORDD				Not Allowed	$0.00			
3321F	E	AJCC CNCR 0/IA MELAN DOCD				Not Allowed	$0.00			
3322F	E	MELANOMAAJCC STAGE 0 OR IA				Not Allowed	$0.00			
3323F	E	CLIN NODE STGNG DOCDB/4 SURG				Not Allowed	$0.00			
3324F	E	MRI CT SCAN ORD RVWD RQSTD				Not Allowed	$0.00			
3325F	E	PREOP ASSES 4 CATARACT SURG				Not Allowed	$0.00			
3328F	E	PRFRMNC DOCD 2 WKS B/4 SURG				Not Allowed	$0.00			
3330F	E	IMAGING STUDY ORDERED (BKP)				Not Allowed	$0.00			
3331F	E	BK IMAGING TST NOT ORDERED				Not Allowed	$0.00			
3340F	E	MAMMO ASSESS INC XRAY DOCD				Not Allowed	$0.00			
3341F	E	MAMMO ASSESS NEGATIVE DOCD				Not Allowed	$0.00			
3342F	E	MAMMO ASSESS BENGN DOCD				Not Allowed	$0.00			
3343F	E	MAMMO PROBABLY BENGN DOCD				Not Allowed	$0.00			
3344F	E	MAMMO ASSESS SUSP DOCD				Not Allowed	$0.00			
3345F	E	MAMMO ASSESS HGHLYMALIG DOC				Not Allowed	$0.00			
3350F	E	MAMMO BX PROVEN MALIG DOCD				Not Allowed	$0.00			
3351F	E	NEG SCRN DEP SYMP BY DEPTOOL				Not Allowed	$0.00			
3352F	E	NO SIG DEP SYMP BY DEP TOOL				Not Allowed	$0.00			
3353F	E	MILD-MOD DEP SYMP BY DEPTOOL				Not Allowed	$0.00			
3354F	E	CLIN SIG DEP SYM BY DEP TOOL				Not Allowed	$0.00			
3370F	E	AJCC BRST CNCR STAGE 0 DOCD				Not Allowed	$0.00			
3372F	E	AJCC BRST CNCR STAGE 1 DOCD				Not Allowed	$0.00			
3374F	E	AJCC BRST CNCR STAGE 1 DOCD				Not Allowed	$0.00			
3376F	E	AJCC BRSTCNCR STAGE 2 DOCD				Not Allowed	$0.00			
3378F	E	AJCC BRSTCNCR STAGE 3 DOCD				Not Allowed	$0.00			
3380F	E	AJCC BRSTCNCR STAGE 4 DOCD				Not Allowed	$0.00			
3382F	E	AJCC CLN CNCR STAGE 0 DOCD				Not Allowed	$0.00			
3384F	E	AJCC CLN CNCR STAGE 1 DOCD				Not Allowed	$0.00			

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3386F	E	AJCC CLN CNCR STAGE 2 DOCD				Not Allowed	$0.00			
3388F	E	AJCC CLN CNCR STAGE 3 DOCD				Not Allowed	$0.00			
3390F	E	AJCC CLN CNCR STAGE 4 DOCD				Not Allowed	$0.00			
3394F	E	QUANT HER2 IHC EVAL BRST CX				Not Allowed	$0.00			
3395F	E	QUANT NONHER2 IHC BRST CX				Not Allowed	$0.00			
3450F	E	DYSPNEA SCRND NO-MILD DYSP				Not Allowed	$0.00			
3451F	E	DYSPNEA SCRND MOD-HIGH DYSP				Not Allowed	$0.00			
3452F	E	DYSPNEA NOT SCREENED				Not Allowed	$0.00			
3455F	E	TB SCRNG DONE-INTERPD 6MON				Not Allowed	$0.00			
3470F	E	RA DISEASE ACTIVITY LOW				Not Allowed	$0.00			
3471F	E	RA DISEASE ACTIVITY MOD				Not Allowed	$0.00			
3472F	E	RA DISEASE ACTIVITY HIGH				Not Allowed	$0.00			
3475F	E	DISEASE PROGN RA POOR DOCD				Not Allowed	$0.00			
3476F	E	DISEASE PROGN RA GOOD DOCD				Not Allowed	$0.00			
3490F	E	HISTORY AIDS-DEFINING COND				Not Allowed	$0.00			
3491F	E	HIV UNSURE BABY OF HIV+MOMS				Not Allowed	$0.00			
3492F	E	HISTORY CD4+ CELL COUNT <350				Not Allowed	$0.00			
3493F	E	NO HIST CD4+ CELL COUNT <350				Not Allowed	$0.00			
3494F	E	CD4+CELL COUNT <200CELLS/MM3				Not Allowed	$0.00			
3495F	E	CD4+CELL CNT 200-499 CELLS				Not Allowed	$0.00			
3496F	E	CD4+ CELL COUNT + 500 CELLS				Not Allowed	$0.00			
3497F	E	CD4+ CELL PERCENTAGE <15%				Not Allowed	$0.00			
3498F	E	CD4+ CELL =15% (HIV)				Not Allowed	$0.00			
3500F	E	CD4+CELL CNT/% DOCD AS DONE				Not Allowed	$0.00			
3502F	E	HIV RNA VRL LD <LMTS QUANTIF				Not Allowed	$0.00			
3503F	E	HIV RNA VRL LDNOT<LMTS QUNTF				Not Allowed	$0.00			
3510F	E	DOC TB SCRNG-RSLTS INTERPD				Not Allowed	$0.00			
3511F	E	CHLMYD/GONRH TSTS DOCD DONE				Not Allowed	$0.00			
3512F	E	SYPH SCRNG DOCD AS DONE				Not Allowed	$0.00			
3513F	E	HEP B SCRNG DOCD AS DONE				Not Allowed	$0.00			
3514F	E	HEP C SCRNG DOCD AS DONE				Not Allowed	$0.00			
3515F	E	PT HAS DOCD IMMUN TO HEP C				Not Allowed	$0.00			
3517F	E	HBV ASSESS&RESULTS INTRP 1YR				Not Allowed	$0.00			
3520F	E	CDIFFICILE TESTING PERFORMED				Not Allowed	$0.00			
3550F	E	LOW RSK THROMBOEMBOLISM				Not Allowed	$0.00			
3551F	E	INTRMED RSK THROMBOEMBOLISM				Not Allowed	$0.00			
3552F	E	HGH RISK FOR THROMBOEMBOLISM				Not Allowed	$0.00			
3555F	E	PT INR MEASUREMENT PERFORMED				Not Allowed	$0.00			
3570F	E	RPRT BONE SCINT XREF W XRAY				Not Allowed	$0.00			
3572F	E	PT CONSID POSS RISK FX				Not Allowed	$0.00			
3573F	E	PT NOT CONSID POSS RISK FX				Not Allowed	$0.00			
3650F	E	EEG ORDERED RVWD REQSTD				Not Allowed	$0.00			
3700F	E	PSYCH DISORDERS ASSESSED				Not Allowed	$0.00			
3720F	E	COGNIT IMPAIRMENT ASSESSED				Not Allowed	$0.00			
3725F	E	SCREEN DEPRESSION PERFORMED				Not Allowed	$0.00			
3750F	E	PTNOTRCVNGSTEROID>/=10MG/DAY				Not Allowed	$0.00			
3751F	E	ELECTRODIAG POLYNEURO 6 MN				Not Allowed	$0.00			
3752F	E	NO ELECTRODIAG POLYNEURO 6MN				Not Allowed	$0.00			
3753F	E	PT HAS SYMP&SIGNS NEUROPATHY				Not Allowed	$0.00			
3754F	E	SCREENING TESTS DM DONE				Not Allowed	$0.00			
3755F	E	COG&BEHAV IMPRMNT SCRNG DONE				Not Allowed	$0.00			
3756F	E	PT W/PSEUDOBULB AFFECT/ALS				Not Allowed	$0.00			
3757F	E	PT W/O PSEUDOBULBAFFECT/ALS				Not Allowed	$0.00			
3758F	E	PT REF PULM FX TEST/PEAKFLOW				Not Allowed	$0.00			
3759F	E	PT SCRN DYSPHAG/WT LOSS/NUTR				Not Allowed	$0.00			
3760F	E	PT W/ DYSPHAG/WT LOSS/NUTR				Not Allowed	$0.00			
3761F	E	PT W/O DYSPHAG/WT LOSS/NUTR				Not Allowed	$0.00			
3762F	E	PATIENT IS DYSARTHRIC				Not Allowed	$0.00			
3763F	E	PATIENT IS NOT DYSARTHRIC				Not Allowed	$0.00			
3775F	E	ADENOMA DETECTED SCREENING				Not Allowed	$0.00			
3776F	E	ADENOMA NOT DETECT SCREENING				Not Allowed	$0.00			
4000F	E	TOBACCO USE TXMNT COUNSELING				Not Allowed	$0.00			
4001F	E	TOBACCO USE TXMNT PHARMACOL				Not Allowed	$0.00			
4003F	E	PT ED WRITE/ORAL PTS W/ HF				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
4004F	E	PT TOBACCO SCREEN RCVD TLK				Not Allowed	$0.00			
4005F	E	PHARM THX FOR OP RXD				Not Allowed	$0.00			
4008F	E	BETA-BLOCKER THERAPY RXD/TKN				Not Allowed	$0.00			
4010F	E	ACE/ARB THERAPY RXD/TAKEN				Not Allowed	$0.00			
4011F	E	ORAL ANTIPLATELET THERAPY RX				Not Allowed	$0.00			
4012F	E	WARFARIN THERAPY RX				Not Allowed	$0.00			
4013F	E	STATIN THERAPY/CURRENTLY TKN				Not Allowed	$0.00			
4014F	E	WRITTEN DISCHARGE INSTR PRVD				Not Allowed	$0.00			
4015F	E	PERSIST ASTHMA MEDICINE CTRL				Not Allowed	$0.00			
4016F	E	ANTI-INFLM/ANLGSC AGENT RX				Not Allowed	$0.00			
4017F	E	GI PROPHYLAXIS FOR NSAID RX				Not Allowed	$0.00			
4018F	E	THERAPY EXERCISE JOINT RX				Not Allowed	$0.00			
4019F	E	DOC RECPT COUNSL VIT D/CALC+				Not Allowed	$0.00			
4025F	E	INHALED BRONCHODILATOR RX				Not Allowed	$0.00			
4030F	E	OXYGEN THERAPY RX				Not Allowed	$0.00			
4033F	E	PULMONARY REHAB REC				Not Allowed	$0.00			
4035F	E	INFLUENZA IMM REC				Not Allowed	$0.00			
4037F	E	INFLUENZA IMM ORDER/ADMIN				Not Allowed	$0.00			
4040F	E	PNEUMOC VAC/ADMIN/RCVD				Not Allowed	$0.00			
4041F	E	DOC ORDER CEFAZOLIN/CEFUROX				Not Allowed	$0.00			
4042F	E	DOC ANTIBIO NOT GIVEN				Not Allowed	$0.00			
4043F	E	DOC ORDER GIVEN STOP ANTIBIO				Not Allowed	$0.00			
4044F	E	DOC ORDER GIVEN VTE PROPHYLX				Not Allowed	$0.00			
4045F	E	EMPIRIC ANTIBIOTIC RX				Not Allowed	$0.00			
4046F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed	$0.00			
4047F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed	$0.00			
4048F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed	$0.00			
4049F	E	DOC ORDER GIVEN STOP ANTIBIO				Not Allowed	$0.00			
4050F	E	HT CARE PLAN DOC				Not Allowed	$0.00			
4051F	E	REFERRED FOR AN AV FISTULA				Not Allowed	$0.00			
4052F	E	HEMODIALYSIS VIA AV FISTULA				Not Allowed	$0.00			
4053F	E	HEMODIALYSIS VIA AV GRAFT				Not Allowed	$0.00			
4054F	E	HEMODIALYSIS VIA CATHETER				Not Allowed	$0.00			
4055F	E	PT RCVNG PERITON DIALYSIS				Not Allowed	$0.00			
4056F	E	APPROP ORAL REHYD RECOMMD				Not Allowed	$0.00			
4058F	E	PED GASTRO ED GIVEN CAREGVR				Not Allowed	$0.00			
4060F	E	PSYCH SVCS PROVIDED				Not Allowed	$0.00			
4062F	E	PT REFERRAL PSYCH DOCD				Not Allowed	$0.00			
4063F	E	ANTIDEPRES RXTHXPY NOT RXD				Not Allowed	$0.00			
4064F	E	ANTIDEPRESSANT RX				Not Allowed	$0.00			
4065F	E	ANTIPSYCHOTIC RX				Not Allowed	$0.00			
4066F	E	ECT PROVIDED				Not Allowed	$0.00			
4067F	E	PT REFERRAL FOR ECT DOCD				Not Allowed	$0.00			
4069F	E	VTE PROPHYLAXIS RCVD				Not Allowed	$0.00			
4070F	E	DVT PROPHYLX RECVD DAY 2				Not Allowed	$0.00			
4073F	E	ORAL ANTIPLAT THX RX DISCHRG				Not Allowed	$0.00			
4075F	E	ANTICOAG THX RX AT DISCHRG				Not Allowed	$0.00			
4077F	E	DOC T-PA ADMIN CONSIDERED				Not Allowed	$0.00			
4079F	E	DOC REHAB SVCS CONSIDERED				Not Allowed	$0.00			
4084F	E	ASPIRIN RECVD W/IN 24 HRS				Not Allowed	$0.00			
4086F	E	ASPIRIN/CLOPIDOGREL RXD				Not Allowed	$0.00			
4090F	E	PT RCVNG EPO THXPY				Not Allowed	$0.00			
4095F	E	PT NOT RCVNG EPO THXPY				Not Allowed	$0.00			
4100F	E	BIPHOS THXPY VEIN ORD/RECVD				Not Allowed	$0.00			
4110F	E	INT MAM ART USED FOR CABG				Not Allowed	$0.00			
4115F	E	BETA BLCKR ADMIN W/IN 24 HRS				Not Allowed	$0.00			
4120F	E	ANTIBIOT RXD/GIVEN				Not Allowed	$0.00			
4124F	E	ANTIBIOT NOT RXD/GIVEN				Not Allowed	$0.00			
4130F	E	TOPICAL PREP RX AOE				Not Allowed	$0.00			
4131F	E	SYST ANTIMICROBIAL THX RX				Not Allowed	$0.00			
4132F	E	NO SYST ANTIMICROBIAL THX RX				Not Allowed	$0.00			
4133F	E	ANTIHIST/DECONG RX/RECOM				Not Allowed	$0.00			
4134F	E	NO ANTIHIST/DECONG RX/RECOM				Not Allowed	$0.00			
4135F	E	SYSTEMIC CORTICOSTEROIDS RX				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
4136F	E	SYST CORTICOSTEROIDS NOT RX				Not Allowed	$0.00			
4140F	E	INHALED CORTICOSTEROIDS RXD				Not Allowed	$0.00			
4142F	E	CORTICOSTER SPARNG THRPY RXD				Not Allowed	$0.00			
4144F	E	ALT LONG-TERM CNTRL MED RXD				Not Allowed	$0.00			
4145F	E	2+ ANTI-HYPRTNSV AGENTS TKN				Not Allowed	$0.00			
4148F	E	HEP A VAC INJXN ADMIN/RECVD				Not Allowed	$0.00			
4149F	E	HEP B VAC INJXN ADMIN/RECVD				Not Allowed	$0.00			
4150F	E	PT RECVNG ANTIVIR TXMNT HEPC				Not Allowed	$0.00			
4151F	E	PT NOT RECVNG ANTIV HEP C				Not Allowed	$0.00			
4153F	E	COMBO PEGINTF/RIB RX				Not Allowed	$0.00			
4155F	E	HEP A VAC SERIES PREV RECVD				Not Allowed	$0.00			
4157F	E	HEP B VAC SERIES PREV RECVD				Not Allowed	$0.00			
4158F	E	PT EDU RE ALCOH DRNKNG DONE				Not Allowed	$0.00			
4159F	E	CONTRCP TALK B/4 ANTIV TXMNT				Not Allowed	$0.00			
4163F	E	PT COUNS 4 TXMNT OPT PROST				Not Allowed	$0.00			
4164F	E	ADJV HRMNL THXPY RXD				Not Allowed	$0.00			
4165F	E	3D-CRT/IMRT RECEIVED				Not Allowed	$0.00			
4167F	E	HD BED TILTED 1ST DAY VENT				Not Allowed	$0.00			
4168F	E	PT CARE ICU&VENT W/IN 24HRS				Not Allowed	$0.00			
4169F	E	NO PT CARE ICU/VENT IN 24HRS				Not Allowed	$0.00			
4171F	E	PT RCVNG ESA THXPY				Not Allowed	$0.00			
4172F	E	PT NOT RCVNG ESA THXPY				Not Allowed	$0.00			
4174F	E	COUNS POTENT GLAUC IMPCT				Not Allowed	$0.00			
4175F	E	VIS 20/40/> W/IN 90 DAYS				Not Allowed	$0.00			
4176F	E	TALK RE UV LIGHT PT/CRGVR				Not Allowed	$0.00			
4177F	E	TALK PT/CRGVR RE AREDS PREV				Not Allowed	$0.00			
4178F	E	ANTID GLBLN RCVD W/IN 26WKS				Not Allowed	$0.00			
4179F	E	TAMOXIFEN/AI PRESCRIBED				Not Allowed	$0.00			
4180F	E	ADJV THXPYRXD/RCVD COLON CA				Not Allowed	$0.00			
4181F	E	CONFORMAL RADN THXPY RCVD				Not Allowed	$0.00			
4182F	E	NO CONFORMAL RADN THXPY				Not Allowed	$0.00			
4185F	E	CONTINUOUS PPI OR H2RA RCVD				Not Allowed	$0.00			
4186F	E	NO CONT PPI OR H2RA RCVD				Not Allowed	$0.00			
4187F	E	ANTI RHEUM DRUGTHXPYRXD/GVN				Not Allowed	$0.00			
4188F	E	APPROP ACE/ARB TSTNG DONE				Not Allowed	$0.00			
4189F	E	APPROP DIGOXIN TSTNG DONE				Not Allowed	$0.00			
4190F	E	APPROP DIURETIC TSTNG DONE				Not Allowed	$0.00			
4191F	E	APPROP ANTICONVULS TSTNG				Not Allowed	$0.00			
4192F	E	PT NOT RCVNG GLUCOCO THXPY				Not Allowed	$0.00			
4193F	E	PT RCVNG<10MG DAILY PREDNISO				Not Allowed	$0.00			
4194F	E	PT RCVNG10MG DAILY PREDNISO				Not Allowed	$0.00			
4195F	E	PT RCVNG ANTI-RHEUM THXPY RA				Not Allowed	$0.00			
4196F	E	PTNOT RCVNG ANTI-RHM THXPYRA				Not Allowed	$0.00			
4200F	E	EXTERNAL BEAM TO PROST ONLY				Not Allowed	$0.00			
4201F	E	EXTRNL BEAM OTHER THAN PROST				Not Allowed	$0.00			
4210F	E	ACE/ARB THXPY FOR MOS/>				Not Allowed	$0.00			
4220F	E	DIGOXIN THXPY FOR 6 MOS/>				Not Allowed	$0.00			
4221F	E	DIURETIC THXPY FOR 6 MOS/>				Not Allowed	$0.00			
4230F	E	ANTICONV THXPY FOR 6 MOS/>				Not Allowed	$0.00			
4240F	E	INSTR XRCZ BACK PAIN 12 WKS				Not Allowed	$0.00			
4242F	E	SPRVSD XRCZ BACK PN >12 WKS				Not Allowed	$0.00			
4245F	E	PT INSTR NRML LIFEST				Not Allowed	$0.00			
4248F	E	PT INSTR NO BD REST 4 DAYS/>				Not Allowed	$0.00			
4250F	E	WRMNG 4 SURG NORMOTHERMIA				Not Allowed	$0.00			
4255F	E	ANESTH 60 MIN/> AS DOCD				Not Allowed	$0.00			
4256F	E	ANESTHE <60 MIN AS DOCD				Not Allowed	$0.00			
4260F	E	WOUND SRFC CULTURETECH USED				Not Allowed	$0.00			
4261F	E	TECH OTHER THAN SURFC CULTR				Not Allowed	$0.00			
4265F	E	WET-DRY DRESSINGS RX RECMD				Not Allowed	$0.00			
4266F	E	NO WET-DRY DRSSINGS RX RECMD				Not Allowed	$0.00			
4267F	E	COMPRSSION THXPY PRESCRIBED				Not Allowed	$0.00			
4268F	E	PT ED RE COMP THXPY RCVD				Not Allowed	$0.00			
4269F	E	APPROPOS MTHD OFFLOADING RXD				Not Allowed	$0.00			
4270F	E	PT RCVNG ANTI R-VIRAL THXPY				Not Allowed	$0.00			

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4271F	E	PT RCVNG ANTI R-VIRAL THXPY				Not Allowed	$0.00			
4274F	E	FLU IMMUNO ADMIND RCVD				Not Allowed	$0.00			
4276F	E	POTENT ANTIVIR THXPY RXD				Not Allowed	$0.00			
4279F	E	PCP PROPHYLAXIS RXD				Not Allowed	$0.00			
4280F	E	PCP PROPHYLAX RXD 3MON LOW %				Not Allowed	$0.00			
4290F	E	PT SCRNED FOR INJ DRUG USE				Not Allowed	$0.00			
4293F	E	PT SCRND HGH-RISK SEX BEHAV				Not Allowed	$0.00			
4300F	E	PT RCVNG WARF THXPY				Not Allowed	$0.00			
4301F	E	PT NOT RCVNG WARF THXPY				Not Allowed	$0.00			
4305F	E	PT ED RE FT CARE INSPCT RCVD				Not Allowed	$0.00			
4306F	E	PT TLK PSYCH & RX OPD ADDIC				Not Allowed	$0.00			
4320F	E	PT TALK PSYCHSOC&RX OH DPND				Not Allowed	$0.00			
4322F	E	CRGVR PROV W/ ED ADDL RSRCS				Not Allowed	$0.00			
4324F	E	PT QUERIED PRKNS COMPLIC				Not Allowed	$0.00			
4325F	E	MED TXMNT OPTIONS RVWD W/PT				Not Allowed	$0.00			
4326F	E	PT ASKED RE SYMP AUTO DYSFXN				Not Allowed	$0.00			
4328F	E	PT ASKED RE SLEEP DISTURB				Not Allowed	$0.00			
4330F	E	CNSLNG EPI SPEC SFTY ISSUES				Not Allowed	$0.00			
4340F	E	CNSLNG CHLDBRNG WOMEN EPI				Not Allowed	$0.00			
4350F	E	CNSLNG PROVIDED SYMP MNGMNT				Not Allowed	$0.00			
4400F	E	REHAB THXPY OPTIONS W/PT				Not Allowed	$0.00			
4450F	E	SELF-CARE ED PROVIDED TO PT				Not Allowed	$0.00			
4470F	E	ICD COUNSELING PROVIDED				Not Allowed	$0.00			
4480F	E	PT RCVNG ACE/ARB B-BLOCKERTX				Not Allowed	$0.00			
4481F	E	PT RCVNG ACE/ARB BLKER >3MOS				Not Allowed	$0.00			
4500F	E	REF TO OUTPT CARD REHAB PROG				Not Allowed	$0.00			
4510F	E	PREV CARDREHAB QUALCARDEVENT				Not Allowed	$0.00			
4525F	E	NEUROPSYCHIA INTERVEN ORDER				Not Allowed	$0.00			
4526F	E	NEUROPSYCHIA INTERVEN RCVD				Not Allowed	$0.00			
4540F	E	DISEASE MODIF PHARMACOTHXPY				Not Allowed	$0.00			
4541F	E	PT OFFERED TX FOR PSEUDOBULB				Not Allowed	$0.00			
4550F	E	NONINVAS RESP SUPPORT TALK				Not Allowed	$0.00			
4551F	E	NUTRITIONAL SUPPORT OFFERED				Not Allowed	$0.00			
4552F	E	PT REF FOR SPEECH LANG PATH				Not Allowed	$0.00			
4553F	E	PT ASST RE END LIFE ISSUES				Not Allowed	$0.00			
4554F	E	PT RECVD INHAL ANESTHETIC				Not Allowed	$0.00			
4555F	E	PT RECVD NO INHAL ANESTHIC				Not Allowed	$0.00			
4556F	E	PT W/ 3+ POST-OP NAUSEA&VOM				Not Allowed	$0.00			
4557F	E	PT W/O 3+ POST-OPNAUSEA&VOM				Not Allowed	$0.00			
4558F	E	PT RECVD 2 RX ANTI-EMET AGT				Not Allowed	$0.00			
4559F	E	1 BODYTEMP >=35.5CW/IN 30MIN				Not Allowed	$0.00			
4560F	E	ANESTH W/O GEN/NEURAX ANESTH				Not Allowed	$0.00			
4561F	E	PT W/ CORONARY ARTERY STENT				Not Allowed	$0.00			
4562F	E	PT W/O CORONARY ARTERY STENT				Not Allowed	$0.00			
4563F	E	PT RECVD ASPIRIN W/IN 24 HRS				Not Allowed	$0.00			
5005F	E	PT COUNSLD ON EXAM FOR MOLES				Not Allowed	$0.00			
5010F	E	MACUL RESULT PHY/QHP MNG DM				Not Allowed	$0.00			
5015F	E	DOC FX & TEST/TXMNT FOR OP				Not Allowed	$0.00			
5020F	E	TXMNTS 2 PHYS/QHP BY 1 MON				Not Allowed	$0.00			
5050F	E	PLAN 2 MAIN DR BY 1 MONTH				Not Allowed	$0.00			
5060F	E	FNDNGS MAMMO 2PT W/IN 3 DAYS				Not Allowed	$0.00			
5062F	E	MAMMO RESULT COM TO PT 5 DAY				Not Allowed	$0.00			
5100F	E	RSK FX REF W/N 24 HRS XRAY				Not Allowed	$0.00			
5200F	E	EVAL APPROS SURG THXPY EPI				Not Allowed	$0.00			
5250F	E	ASTHMA DISCHARGE PLAN PRESNT				Not Allowed	$0.00			
6005F	E	CARE LEVEL RATIONALE DOC				Not Allowed	$0.00			
6010F	E	DYSPHAG TEST DONE B/4 EATING				Not Allowed	$0.00			
6015F	E	DYSPHAG TEST DONE B/4 EATING				Not Allowed	$0.00			
6020F	E	NPO (NOTHING-MOUTH) ORDERED				Not Allowed	$0.00			
6030F	E	MAX STERILE BARRIERS FOLLWD				Not Allowed	$0.00			
6040F	E	APPRO RAD DS DVCS TECHS DOCD				Not Allowed	$0.00			
6045F	E	RADXPS IN END RPRT4FLURO PXD				Not Allowed	$0.00			
6070F	E	PT ASKED/CNSLD AED EFFECTS				Not Allowed	$0.00			
6080F	E	PT/CAREGIVER QUERIED FALLS				Not Allowed	$0.00			

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6090F	E	PT/CAREGIVER COUNSEL SAFETY				Not Allowed	$0.00			
6100F	E	VERIFY PT SITE PXD DOCD				Not Allowed	$0.00			
6101F	E	SAFETY COUNSELING DEMENTIA				Not Allowed	$0.00			
6102F	E	SAFETY COUNSELING DEM ORDER				Not Allowed	$0.00			
6110F	E	COUNSEL PROV DRIVING RISKS				Not Allowed	$0.00			
6150F	E	PT NOTRCVNG1ST ANTITNF TXMNT				Not Allowed	$0.00			
7010F	E	PT INFO INTO RECALL SYSTEM				Not Allowed	$0.00			
7020F	E	MAMMO ASSESS CAT IN DBASE				Not Allowed	$0.00			
7025F	E	PT INFOSYS ALARM 4 NXT MAMMO				Not Allowed	$0.00			
9001F	E	AORTIC ANEURYSM<5CM DIAM CT				Not Allowed	$0.00			
9002F	E	AORTIC ANEURYSM 5-5.4CM DIAM				Not Allowed	$0.00			
9003F	E	AORTIC ANRYSM5.5-5.9CM DIAM				Not Allowed	$0.00			
9004F	E	AORTIC ANRYSM 6/> CM DIAM				Not Allowed	$0.00			
9005F	E	ASYMPT CAROT/VRTBRBAS STEN				Not Allowed	$0.00			
9006F	E	SYMPT STEN-TIA/STRK<120DAYS				Not Allowed	$0.00			
9007F	E	OTHER CAROT STEN 120 DAYS/>				Not Allowed	$0.00			
A0021	E	OUTSIDE STATE AMBULANCE SERV				Not Allowed	$0.00			
A0080	E	NONINTEREST ESCORT IN NON ER				Not Allowed	$0.00			
A0090	E	INTEREST ESCORT IN NON ER				Not Allowed	$0.00			
A0100	E	NONEMERGENCY TRANSPORT TAXI				Not Allowed	$0.00			
A0110	E	NONEMERGENCY TRANSPORT BUS				Not Allowed	$0.00			
A0120	E	NONER TRANSPORT MINI-BUS				Not Allowed	$0.00			
A0130	E	NONER TRANSPORT WHEELCH VAN				Not Allowed	$0.00			
A0140	E	NONEMERGENCY TRANSPORT AIR				Not Allowed	$0.00			
A0160	E	NONER TRANSPORT CASE WORKER				Not Allowed	$0.00			
A0170	E	TRANSPORT PARKING FEES/TOLLS				Not Allowed	$0.00			
A0180	E	NONER TRANSPORT LODGNG RECIP				Not Allowed	$0.00			
A0190	E	NONER TRANSPORT MEALS RECIP				Not Allowed	$0.00			
A0200	E	NONER TRANSPORT LODGNG ESCRT				Not Allowed	$0.00			
A0210	E	NONER TRANSPORT MEALS ESCORT				Not Allowed	$0.00			
A0225	E	NEONATAL EMERGENCY TRANSPORT				Not Allowed	$0.00			
A0380	E	BASIC LIFE SUPPORT MILEAGE				Not Allowed	$0.00			
A0382	E	BASIC SUPPORT ROUTINE SUPPLS				Not Allowed	$0.00			
A0384	E	BLS DEFIBRILLATION SUPPLIES				Not Allowed	$0.00			
A0390	E	ADVANCED LIFE SUPPORT MILEAG				Not Allowed	$0.00			
A0392	E	ALS DEFIBRILLATION SUPPLIES				Not Allowed	$0.00			
A0394	E	ALS IV DRUG THERAPY SUPPLIES				Not Allowed	$0.00			
A0396	E	ALS ESOPHAGEAL INTUB SUPPLS				Not Allowed	$0.00			
A0398	E	ALS ROUTINE DISPOSBLE SUPPLS				Not Allowed	$0.00			
A0420	E	AMBULANCE WAITING 1/2 HR				Not Allowed	$0.00			
A0422	E	AMBULANCE 02 LIFE SUSTAINING				Not Allowed	$0.00			
A0424	E	EXTRA AMBULANCE ATTENDANT				Not Allowed	$0.00			
A0425	E	GROUND MILEAGE				Not Allowed	$0.00			
A0426	E	ALS 1				Not Allowed	$0.00			
A0427	E	ALS1-EMERGENCY				Not Allowed	$0.00			
A0428	E	BLS				Not Allowed	$0.00			
A0429	E	BLS-EMERGENCY				Not Allowed	$0.00			
A0430	E	FIXED WING AIR TRANSPORT				Not Allowed	$0.00			
A0431	E	ROTARY WING AIR TRANSPORT				Not Allowed	$0.00			
A0432	E	PI VOLUNTEER AMBULANCE CO				Not Allowed	$0.00			
A0433	E	ALS 2				Not Allowed	$0.00			
A0434	E	SPECIALTY CARE TRANSPORT				Not Allowed	$0.00			
A0435	E	FIXED WING AIR MILEAGE				Not Allowed	$0.00			
A0436	E	ROTARY WING AIR MILEAGE				Not Allowed	$0.00			
A0888	E	NONCOVERED AMBULANCE MILEAGE				Not Allowed	$0.00			
A0998	E	AMBULANCE RESPONSE/TREATMENT				Not Allowed	$0.00			
A0999	E	UNLISTED AMBULANCE SERVICE				Not Allowed	$0.00			
A4206	E	1 CC STERILE SYRINGE&NEEDLE				Not Allowed	$0.00			
A4207	E	2 CC STERILE SYRINGE&NEEDLE				Not Allowed	$0.00			
A4208	E	3 CC STERILE SYRINGE&NEEDLE				Not Allowed	$0.00			
A4209	E	5+ CC STERILE SYRINGE&NEEDLE				Not Allowed	$0.00			
A4210	E	NONNEEDLE INJECTION DEVICE				Not Allowed	$0.00			
A4211	E	SUPP FOR SELF-ADM INJECTIONS				Not Allowed	$0.00			
A4212	E	NON CORING NEEDLE OR STYLET				Not Allowed	$0.00			

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A4213	E	20+ CC SYRINGE ONLY				Not Allowed	$0.00			
A4215	E	STERILE NEEDLE				Not Allowed	$0.00			
A4216	E	STERILE WATER/SALINE, 10 ML				Not Allowed	$0.00			
A4217	E	STERILE WATER/SALINE, 500 ML				Not Allowed	$0.00			
A4218	N	STERILE SALINE OR WATER				Bundled, Sometimes Payable	$0.00			
A4220	N	INFUSION PUMP REFILL KIT				Bundled, Sometimes Payable	$0.00			
A4221	E	MAINT DRUG INFUS CATH PER WK				Not Allowed	$0.00			
A4222	E	INFUSION SUPPLIES WITH PUMP				Not Allowed	$0.00			
A4223	E	INFUSION SUPPLIES W/O PUMP				Not Allowed	$0.00			
A4230	N	INFUS INSULIN PUMP NON NEEDL				Bundled	$0.00			
A4231	N	INFUSION INSULIN PUMP NEEDLE				Bundled	$0.00			
A4232	E	SYRINGE W/NEEDLE INSULIN 3CC				Not Allowed	$0.00			
A4233	E	ALKALIN BATT FOR GLUCOSE MON				Not Allowed	$0.00			
A4234	E	J-CELL BATT FOR GLUCOSE MON				Not Allowed	$0.00			
A4235	E	LITHIUM BATT FOR GLUCOSE MON				Not Allowed	$0.00			
A4236	E	SILVR OXIDE BATT GLUCOSE MON				Not Allowed	$0.00			
A4244	E	ALCOHOL OR PEROXIDE PER PINT				Not Allowed	$0.00			
A4245	E	ALCOHOL WIPES PER BOX				Not Allowed	$0.00			
A4246	E	BETADINE/PHISOHEX SOLUTION				Not Allowed	$0.00			
A4247	E	BETADINE/IODINE SWABS/WIPES				Not Allowed	$0.00			
A4248	N	CHLORHEXIDINE ANTISEPT				Bundled, Sometimes Payable	$0.00			
A4250	E	URINE REAGENT STRIPS/TABLETS				Not Allowed	$0.00			
A4252	E	BLOOD KETONE TEST OR STRIP				Not Allowed	$0.00			
A4253	E	BLOOD GLUCOSE/REAGENT STRIPS				Not Allowed	$0.00			
A4255	E	GLUCOSE MONITOR PLATFORMS				Not Allowed	$0.00			
A4256	E	CALIBRATOR SOLUTION/CHIPS				Not Allowed	$0.00			
A4257	E	REPLACE LENSSHIELD CARTRIDGE				Not Allowed	$0.00			
A4258	E	LANCET DEVICE EACH				Not Allowed	$0.00			
A4259	E	LANCETS PER BOX				Not Allowed	$0.00			
A4261	E	CERVICAL CAP CONTRACEPTIVE				Not Allowed	$0.00			
A4262	N	TEMPORARY TEAR DUCT PLUG				Bundled, Sometimes Payable	$0.00			
A4263	N	PERMANENT TEAR DUCT PLUG				Bundled, Sometimes Payable	$0.00			
A4264	E	INTRATUBAL OCCLUSION DEVICE				Not Allowed	$0.00			
A4265	E	PARAFFIN				Not Allowed	$0.00			
A4266	E	DIAPHRAGM				Not Allowed	$0.00			
A4267	E	MALE CONDOM				Not Allowed	$0.00			
A4268	N	FEMALE CONDOM				Bundled	$0.00			
A4269	N	SPERMICIDE				Bundled	$0.00			
A4270	N	DISPOSABLE ENDOSCOPE SHEATH				Bundled, Sometimes Payable	$0.00			
A4280	N	BRST PRSTHS ADHSV ATTCHMNT				Bundled, Sometimes Payable	$0.00			
A4281	E	REPLACEMENT BREASTPUMP TUBE				Not Allowed	$0.00			
A4282	E	REPLACEMENT BREASTPUMP ADPT				Not Allowed	$0.00			
A4283	E	REPLACEMENT BREASTPUMP CAP				Not Allowed	$0.00			
A4284	E	REPLCMNT BREAST PUMP SHIELD				Not Allowed	$0.00			
A4285	E	REPLCMNT BREAST PUMP BOTTLE				Not Allowed	$0.00			
A4286	E	REPLCMNT BREASTPUMP LOK RING				Not Allowed	$0.00			
A4290	E	SACRAL NERVE STIM TEST LEAD				Not Allowed	$0.00			
A4300	N	CATH IMPL VASC ACCESS PORTAL				Bundled, Sometimes Payable	$0.00			
A4301	N	IMPLANTABLE ACCESS SYST PERC				Bundled, Sometimes Payable	$0.00			
A4305	N	DRUG DELIVERY SYSTEM >=50 ML				Bundled, Sometimes Payable	$0.00			
A4306	N	DRUG DELIVERY SYSTEM <=50 ML				Bundled, Sometimes Payable	$0.00			
A4310	N	INSERT TRAY W/O BAG/CATH				Bundled	$0.00			
A4311	N	CATHETER W/O BAG 2-WAY LATEX				Bundled	$0.00			
A4312	N	CATH W/O BAG 2-WAY SILICONE				Bundled	$0.00			
A4313	N	CATHETER W/BAG 3-WAY				Bundled	$0.00			
A4314	N	CATH W/DRAINAGE 2-WAY LATEX				Bundled	$0.00			
A4315	N	CATH W/DRAINAGE 2-WAY SILCNE				Bundled	$0.00			
A4316	N	CATH W/DRAINAGE 3-WAY				Bundled	$0.00			
A4320	N	IRRIGATION TRAY				Bundled	$0.00			
A4321	N	CATH THERAPEUTIC IRRIG AGENT				Bundled	$0.00			
A4322	N	IRRIGATION SYRINGE				Bundled	$0.00			
A4326	N	MALE EXTERNAL CATHETER				Bundled	$0.00			
A4327	N	FEM URINARY COLLECT DEV CUP				Bundled	$0.00			
A4328	N	FEM URINARY COLLECT POUCH				Bundled	$0.00			

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A4330	N	STOOL COLLECTION POUCH				Bundled	$0.00			
A4331	N	EXTENSION DRAINAGE TUBING				Bundled	$0.00			
A4332	N	LUBE STERILE PACKET				Bundled	$0.00			
A4333	N	URINARY CATH ANCHOR DEVICE				Bundled	$0.00			
A4334	N	URINARY CATH LEG STRAP				Bundled	$0.00			
A4335	N	INCONTINENCE SUPPLY				Bundled	$0.00			
A4336	N	URETHRAL INSERT				Bundled	$0.00			
A4338	N	INDWELLING CATHETER LATEX				Bundled	$0.00			
A4340	N	INDWELLING CATHETER SPECIAL				Bundled	$0.00			
A4344	N	CATH INDW FOLEY 2 WAY SILICN				Bundled	$0.00			
A4346	N	CATH INDW FOLEY 3 WAY				Bundled	$0.00			
A4349	E	DISPOSABLE MALE EXTERNAL CAT				Not Allowed	$0.00			
A4351	N	STRAIGHT TIP URINE CATHETER				Bundled	$0.00			
A4352	N	COUDE TIP URINARY CATHETER				Bundled	$0.00			
A4353	N	INTERMITTENT URINARY CATH				Bundled	$0.00			
A4354	N	CATH INSERTION TRAY W/BAG				Bundled	$0.00			
A4355	N	BLADDER IRRIGATION TUBING				Bundled	$0.00			
A4356	N	EXT URETH CLMP OR COMPR DVC				Bundled	$0.00			
A4357	N	BEDSIDE DRAINAGE BAG				Bundled	$0.00			
A4358	N	URINARY LEG OR ABDOMEN BAG				Bundled	$0.00			
A4360	N	DISPOSABLE EXT URETHRAL DEV				Bundled	$0.00			
A4361	N	OSTOMY FACE PLATE				Bundled	$0.00			
A4362	N	SOLID SKIN BARRIER				Bundled	$0.00			
A4363	E	OSTOMY CLAMP, REPLACEMENT				Not Allowed	$0.00			
A4364	N	ADHESIVE, LIQUID OR EQUAL				Bundled	$0.00			
A4366	E	OSTOMY VENT				Not Allowed	$0.00			
A4367	N	OSTOMY BELT				Bundled	$0.00			
A4368	N	OSTOMY FILTER				Bundled	$0.00			
A4369	N	SKIN BARRIER LIQUID PER OZ				Bundled	$0.00			
A4371	N	SKIN BARRIER POWDER PER OZ				Bundled	$0.00			
A4372	N	SKIN BARRIER SOLID 4X4 EQUIV				Bundled	$0.00			
A4373	N	SKIN BARRIER WITH FLANGE				Bundled	$0.00			
A4375	N	DRAINABLE PLASTIC PCH W FCPL				Bundled	$0.00			
A4376	N	DRAINABLE RUBBER PCH W FCPLT				Bundled	$0.00			
A4377	N	DRAINABLE PLSTIC PCH W/O FP				Bundled	$0.00			
A4378	N	DRAINABLE RUBBER PCH W/O FP				Bundled	$0.00			
A4379	N	URINARY PLASTIC POUCH W FCPL				Bundled	$0.00			
A4380	N	URINARY RUBBER POUCH W FCPLT				Bundled	$0.00			
A4381	N	URINARY PLASTIC POUCH W/O FP				Bundled	$0.00			
A4382	N	URINARY HVY PLSTC PCH W/O FP				Bundled	$0.00			
A4383	N	URINARY RUBBER POUCH W/O FP				Bundled	$0.00			
A4384	N	OSTOMY FACEPLT/SILICONE RING				Bundled	$0.00			
A4385	N	OST SKN BARRIER SLD EXT WEAR				Bundled	$0.00			
A4387	N	OST CLSD POUCH W ATT ST BARR				Bundled	$0.00			
A4388	N	DRAINABLE PCH W EX WEAR BARR				Bundled	$0.00			
A4389	N	DRAINABLE PCH W ST WEAR BARR				Bundled	$0.00			
A4390	N	DRAINABLE PCH EX WEAR CONVEX				Bundled	$0.00			
A4391	N	URINARY POUCH W EX WEAR BARR				Bundled	$0.00			
A4392	N	URINARY POUCH W ST WEAR BARR				Bundled	$0.00			
A4393	N	URINE PCH W EX WEAR BAR CONV				Bundled	$0.00			
A4394	N	OSTOMY POUCH LIQ DEODORANT				Bundled	$0.00			
A4395	N	OSTOMY POUCH SOLID DEODORANT				Bundled	$0.00			
A4396	N	PERISTOMAL HERNIA SUPPRT BLT				Bundled	$0.00			
A4397	N	IRRIGATION SUPPLY SLEEVE				Bundled	$0.00			
A4398	N	OSTOMY IRRIGATION BAG				Bundled	$0.00			
A4399	N	OSTOMY IRRIG CONE/CATH W BRS				Bundled	$0.00			
A4400	N	OSTOMY IRRIGATION SET				Bundled	$0.00			
A4402	N	LUBRICANT PER OUNCE				Bundled	$0.00			
A4404	N	OSTOMY RING EACH				Bundled	$0.00			
A4405	N	NONPECTIN BASED OSTOMY PASTE				Bundled	$0.00			
A4406	N	PECTIN BASED OSTOMY PASTE				Bundled	$0.00			
A4407	N	EXT WEAR OST SKN BARR <=4SQ				Bundled	$0.00			
A4408	N	EXT WEAR OST SKN BARR >4SQ				Bundled	$0.00			
A4409	N	OST SKN BARR CONVEX <=4 SQ I				Bundled	$0.00			

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A4410	N	OST SKN BARR EXTND >4 SQ				Bundled	$0.00			
A4411	E	OST SKN BARR EXTND =4SQ				Not Allowed	$0.00			
A4412	E	OST POUCH DRAIN HIGH OUTPUT				Not Allowed	$0.00			
A4413	N	2 PC DRAINABLE OST POUCH				Bundled	$0.00			
A4414	N	OST SKNBAR W/O CONV<=4 SQ IN				Bundled	$0.00			
A4415	N	OST SKN BARR W/O CONV >4 SQI				Bundled	$0.00			
A4416	E	OST PCH CLSD W BARRIER/FILTR				Not Allowed	$0.00			
A4417	E	OST PCH W BAR/BLTINCONV/FLTR				Not Allowed	$0.00			
A4418	E	OST PCH CLSD W/O BAR W FILTR				Not Allowed	$0.00			
A4419	E	OST PCH FOR BAR W FLANGE/FLT				Not Allowed	$0.00			
A4420	E	OST PCH CLSD FOR BAR W LK FL				Not Allowed	$0.00			
A4421	E	OSTOMY SUPPLY MISC				Not Allowed	$0.00			
A4422	N	OST POUCH ABSORBENT MATERIAL				Bundled	$0.00			
A4423	E	OST PCH FOR BAR W LK FL/FLTR				Not Allowed	$0.00			
A4424	E	OST PCH DRAIN W BAR & FILTER				Not Allowed	$0.00			
A4425	E	OST PCH DRAIN FOR BARRIER FL				Not Allowed	$0.00			
A4426	E	OST PCH DRAIN 2 PIECE SYSTEM				Not Allowed	$0.00			
A4427	E	OST PCH DRAIN/BARR LK FLNG/F				Not Allowed	$0.00			
A4428	E	URINE OST POUCH W FAUCET/TAP				Not Allowed	$0.00			
A4429	E	URINE OST POUCH W BLTINCONV				Not Allowed	$0.00			
A4430	E	OST URINE PCH W B/BLTIN CONV				Not Allowed	$0.00			
A4431	E	OST PCH URINE W BARRIER/TAPV				Not Allowed	$0.00			
A4432	E	OS PCH URINE W BAR/FANGE/TAP				Not Allowed	$0.00			
A4433	E	URINE OST PCH BAR W LOCK FLN				Not Allowed	$0.00			
A4434	E	OST PCH URINE W LOCK FLNG/FT				Not Allowed	$0.00			
A4435	E	1PC OST PCH DRAIN HGH OUTPUT				Not Allowed	$0.00			
A4450	N	NON-WATERPROOF TAPE				Bundled, Sometimes Payable	$0.00			
A4452	N	WATERPROOF TAPE				Bundled, Sometimes Payable	$0.00			
A4455	N	ADHESIVE REMOVER PER OUNCE				Bundled, Sometimes Payable	$0.00			
A4456	N	ADHESIVE REMOVER, WIPES				Bundled, Sometimes Payable	$0.00			
A4458	E	REUSABLE ENEMA BAG				Not Allowed	$0.00			
A4459	N	MANUAL PUMP ENEMA, REUSABLE				Bundled, Sometimes Payable	$0.00			
A4461	E	SURGICL DRESS HOLD NON-REUSE				Not Allowed	$0.00			
A4463	E	SURGICAL DRESS HOLDER REUSE				Not Allowed	$0.00			
A4465	N	NON-ELASTIC EXTREMITY BINDER				Bundled	$0.00			
A4466	E	ELASTIC GARMENT/COVERING				Not Allowed	$0.00			
A4470	N	GRAVLEE JET WASHER				Bundled	$0.00			
A4480	N	VABRA ASPIRATOR				Bundled	$0.00			
A4481	N	TRACHEOSTOMA FILTER				Bundled, Sometimes Payable	$0.00			
A4483	N	MOISTURE EXCHANGER				Bundled, Sometimes Payable	$0.00			
A4490	E	ABOVE KNEE SURGICAL STOCKING				Not Allowed	$0.00			
A4495	E	THIGH LENGTH SURG STOCKING				Not Allowed	$0.00			
A4500	E	BELOW KNEE SURGICAL STOCKING				Not Allowed	$0.00			
A4510	E	FULL LENGTH SURG STOCKING				Not Allowed	$0.00			
A4520	E	INCONTINENCE GARMENT ANYTYPE				Not Allowed	$0.00			
A4550	E	SURGICAL TRAYS				Not Allowed	$0.00			
A4554	E	DISPOSABLE UNDERPADS				Not Allowed	$0.00			
A4555	E	CA TX E-STIM ELECTR/TRANSDUC				Not Allowed	$0.00			
A4556	E	ELECTRODES, PAIR				Not Allowed	$0.00			
A4557	E	LEAD WIRES, PAIR				Not Allowed	$0.00			
A4558	E	CONDUCTIVE GEL OR PASTE				Not Allowed	$0.00			
A4559	E	COUPLING GEL OR PASTE				Not Allowed	$0.00			
A4561	N	PESSARY RUBBER, ANY TYPE				Bundled, Sometimes Payable	$0.00			
A4562	N	PESSARY, NON RUBBER,ANY TYPE				Bundled, Sometimes Payable	$0.00			
A4565	N	SLINGS				Bundled	$0.00			
A4566	E	SHOULD SLING/VEST/ABRESTRAIN				Not Allowed	$0.00			
A4570	E	SPLINT				Not Allowed	$0.00			
A4575	E	HYPERBARIC O2 CHAMBER DISPS				Not Allowed	$0.00			
A4580	E	CAST SUPPLIES (PLASTER)				Not Allowed	$0.00			
A4590	E	SPECIAL CASTING MATERIAL				Not Allowed	$0.00			
A4595	E	TENS SUPPL 2 LEAD PER MONTH				Not Allowed	$0.00			
A4600	E	SLEEVE, INTER LIMB COMP DEV				Not Allowed	$0.00			
A4601	E	LITH ION NON PROSTH RECHARGE				Not Allowed	$0.00			
A4602	N	REPLACE LITHIUM BATTERY 1.5V				Bundled, Sometimes Payable	$0.00			

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A4604	E	TUBING WITH HEATING ELEMENT				Not Allowed	$0.00			
A4605	E	TRACH SUCTION CATH CLOSE SYS				Not Allowed	$0.00			
A4606	N	OXYGEN PROBE USED W OXIMETER				Bundled, Sometimes Payable	$0.00			
A4608	E	TRANSTRACHEAL OXYGEN CATH				Not Allowed	$0.00			
A4611	E	HEAVY DUTY BATTERY				Not Allowed	$0.00			
A4612	E	BATTERY CABLES				Not Allowed	$0.00			
A4613	E	BATTERY CHARGER				Not Allowed	$0.00			
A4614	E	HAND-HELD PEFR METER				Not Allowed	$0.00			
A4615	E	CANNULA NASAL				Not Allowed	$0.00			
A4616	E	TUBING (OXYGEN) PER FOOT				Not Allowed	$0.00			
A4617	E	MOUTH PIECE				Not Allowed	$0.00			
A4618	E	BREATHING CIRCUITS				Not Allowed	$0.00			
A4619	E	FACE TENT				Not Allowed	$0.00			
A4620	E	VARIABLE CONCENTRATION MASK				Not Allowed	$0.00			
A4623	N	TRACHEOSTOMY INNER CANNULA				Bundled, Sometimes Payable	$0.00			
A4624	E	TRACHEAL SUCTION TUBE				Not Allowed	$0.00			
A4625	N	TRACH CARE KIT FOR NEW TRACH				Bundled, Sometimes Payable	$0.00			
A4626	N	TRACHEOSTOMY CLEANING BRUSH				Bundled, Sometimes Payable	$0.00			
A4627	E	SPACER BAG/RESERVOIR				Not Allowed	$0.00			
A4628	E	OROPHARYNGEAL SUCTION CATH				Not Allowed	$0.00			
A4629	N	TRACHEOSTOMY CARE KIT				Bundled, Sometimes Payable	$0.00			
A4630	E	REPL BAT T.E.N.S. OWN BY PT				Not Allowed	$0.00			
A4633	E	UVL REPLACEMENT BULB				Not Allowed	$0.00			
A4634	N	REPLACEMENT BULB TH LIGHTBOX				Bundled, Sometimes Payable	$0.00			
A4635	E	UNDERARM CRUTCH PAD				Not Allowed	$0.00			
A4636	E	HANDGRIP FOR CANE ETC				Not Allowed	$0.00			
A4637	E	REPL TIP CANE/CRUTCH/WALKER				Not Allowed	$0.00			
A4638	E	REPL BATT PULSE GEN SYS				Not Allowed	$0.00			
A4639	E	INFRARED HT SYS REPLCMNT PAD				Not Allowed	$0.00			
A4640	E	ALTERNATING PRESSURE PAD				Not Allowed	$0.00			
A4641	N	RADIOPHARM DX AGENT NOC				Bundled, Sometimes Payable	$0.00			
A4642	N	IN111 SATUMOMAB				Bundled, Sometimes Payable	$0.00			
A4648	N	IMPLANTABLE TISSUE MARKER				Bundled, Sometimes Payable	$0.00			
A4649	N	SURGICAL SUPPLIES				Bundled	$0.00			
A4650	N	IMPLANT RADIATION DOSIMETER				Bundled, Sometimes Payable	$0.00			
A4651	N	CALIBRATED MICROCAP TUBE				Bundled, Sometimes Payable	$0.00			
A4652	N	MICROCAPILLARY TUBE SEALANT				Bundled, Sometimes Payable	$0.00			
A4653	N	PD CATHETER ANCHOR BELT				Bundled, Sometimes Payable	$0.00			
A4657	N	SYRINGE W/WO NEEDLE				Bundled, Sometimes Payable	$0.00			
A4660	N	SPHYG/BP APP W CUFF AND STET				Bundled	$0.00			
A4663	N	DIALYSIS BLOOD PRESSURE CUFF				Bundled	$0.00			
A4670	E	AUTOMATIC BP MONITOR, DIAL				Not Allowed	$0.00			
A4671	E	DISPOSABLE CYCLER SET				Not Allowed	$0.00			
A4672	E	DRAINAGE EXT LINE, DIALYSIS				Not Allowed	$0.00			
A4673	E	EXT LINE W EASY LOCK CONNECT				Not Allowed	$0.00			
A4674	E	CHEM/ANTISEPT SOLUTION, 8OZ				Not Allowed	$0.00			
A4680	N	ACTIVATED CARBON FILTER, EA				Bundled	$0.00			
A4690	N	DIALYZER, EACH				Bundled	$0.00			
A4706	N	BICARBONATE CONC SOL PER GAL				Bundled	$0.00			
A4707	N	BICARBONATE CONC POW PER PAC				Bundled	$0.00			
A4708	N	ACETATE CONC SOL PER GALLON				Bundled	$0.00			
A4709	N	ACID CONC SOL PER GALLON				Bundled	$0.00			
A4714	N	TREATED WATER PER GALLON				Bundled	$0.00			
A4719	N	Y SET TUBING				Bundled	$0.00			
A4720	N	DIALYSAT SOL FLD VOL > 249CC				Bundled	$0.00			
A4721	N	DIALYSAT SOL FLD VOL > 999CC				Bundled	$0.00			
A4722	N	DIALYS SOL FLD VOL > 1999CC				Bundled	$0.00			
A4723	N	DIALYS SOL FLD VOL > 2999CC				Bundled	$0.00			
A4724	N	DIALYS SOL FLD VOL > 3999CC				Bundled	$0.00			
A4725	N	DIALYS SOL FLD VOL > 4999CC				Bundled	$0.00			
A4726	N	DIALYS SOL FLD VOL > 5999CC				Bundled	$0.00			
A4728	E	DIALYSATE SOLUTION, NON-DEX				Not Allowed	$0.00			
A4730	N	FISTULA CANNULATION SET, EA				Bundled	$0.00			
A4736	N	TOPICAL ANESTHETIC, PER GRAM				Bundled	$0.00			

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A4737	N	INJ ANESTHETIC PER 10 ML				Bundled	$0.00			
A4740	N	SHUNT ACCESSORY				Bundled	$0.00			
A4750	N	ART OR VENOUS BLOOD TUBING				Bundled	$0.00			
A4755	N	COMB ART/VENOUS BLOOD TUBING				Bundled	$0.00			
A4760	N	DIALYSATE SOL TEST KIT, EACH				Bundled	$0.00			
A4765	N	DIALYSATE CONC POW PER PACK				Bundled	$0.00			
A4766	N	DIALYSATE CONC SOL ADD 10 ML				Bundled	$0.00			
A4770	N	BLOOD COLLECTION TUBE/VACUUM				Bundled	$0.00			
A4771	N	SERUM CLOTTING TIME TUBE				Bundled	$0.00			
A4772	N	BLOOD GLUCOSE TEST STRIPS				Bundled	$0.00			
A4773	N	OCCULT BLOOD TEST STRIPS				Bundled	$0.00			
A4774	N	AMMONIA TEST STRIPS				Bundled	$0.00			
A4802	N	PROTAMINE SULFATE PER 50 MG				Bundled	$0.00			
A4860	N	DISPOSABLE CATHETER TIPS				Bundled	$0.00			
A4870	N	PLUMB/ELEC WK HM HEMO EQUIP				Bundled	$0.00			
A4890	N	REPAIR/MAINT CONT HEMO EQUIP				Bundled	$0.00			
A4911	N	DRAIN BAG/BOTTLE				Bundled	$0.00			
A4913	N	MISC DIALYSIS SUPPLIES NOC				Bundled	$0.00			
A4918	N	VENOUS PRESSURE CLAMP				Bundled	$0.00			
A4927	N	NON-STERILE GLOVES				Bundled	$0.00			
A4928	N	SURGICAL MASK				Bundled	$0.00			
A4929	N	TOURNIQUET FOR DIALYSIS, EA				Bundled	$0.00			
A4930	N	STERILE, GLOVES PER PAIR				Bundled	$0.00			
A4931	N	REUSABLE ORAL THERMOMETER				Bundled	$0.00			
A4932	E	REUSABLE RECTAL THERMOMETER				Not Allowed	$0.00			
A5051	N	POUCH CLSD W BARR ATTACHED				Bundled	$0.00			
A5052	N	CLSD OSTOMY POUCH W/O BARR				Bundled	$0.00			
A5053	N	CLSD OSTOMY POUCH FACEPLATE				Bundled	$0.00			
A5054	N	CLSD OSTOMY POUCH W/FLANGE				Bundled	$0.00			
A5055	N	STOMA CAP				Bundled	$0.00			
A5056	E	1 PC OST POUCH W FILTER				Not Allowed	$0.00			
A5057	E	1 PC OST POU W BUILT-IN CONV				Not Allowed	$0.00			
A5061	N	POUCH DRAINABLE W BARRIER AT				Bundled	$0.00			
A5062	N	DRNBLE OSTOMY POUCH W/O BARR				Bundled	$0.00			
A5063	N	DRAIN OSTOMY POUCH W/FLANGE				Bundled	$0.00			
A5071	N	URINARY POUCH W/BARRIER				Bundled	$0.00			
A5072	N	URINARY POUCH W/O BARRIER				Bundled	$0.00			
A5073	N	URINARY POUCH ON BARR W/FLNG				Bundled	$0.00			
A5081	N	STOMA PLUG OR SEAL, ANY TYPE				Bundled	$0.00			
A5082	N	CONTINENT STOMA CATHETER				Bundled	$0.00			
A5083	N	STOMA ABSORPTIVE COVER				Bundled	$0.00			
A5093	N	OSTOMY ACCESSORY CONVEX INSE				Bundled	$0.00			
A5102	N	BEDSIDE DRAIN BTL W/WO TUBE				Bundled	$0.00			
A5105	N	URINARY SUSPENSORY				Bundled	$0.00			
A5112	N	URINARY LEG BAG				Bundled	$0.00			
A5113	E	LATEX LEG STRAP				Not Allowed	$0.00			
A5114	E	FOAM/FABRIC LEG STRAP				Not Allowed	$0.00			
A5120	E	SKIN BARRIER, WIPE OR SWAB				Not Allowed	$0.00			
A5121	N	SOLID SKIN BARRIER 6X6				Bundled	$0.00			
A5122	N	SOLID SKIN BARRIER 8X8				Bundled	$0.00			
A5126	N	DISK/FOAM PAD +OR- ADHESIVE				Bundled	$0.00			
A5131	N	APPLIANCE CLEANER				Bundled	$0.00			
A5200	N	PERCUTANEOUS CATHETER ANCHOR				Bundled	$0.00			
A5500	E	DIAB SHOE FOR DENSITY INSERT				Not Allowed	$0.00			
A5501	E	DIABETIC CUSTOM MOLDED SHOE				Not Allowed	$0.00			
A5503	E	DIABETIC SHOE W/ROLLER/ROCKR				Not Allowed	$0.00			
A5504	E	DIABETIC SHOE WITH WEDGE				Not Allowed	$0.00			
A5505	E	DIAB SHOE W/METATARSAL BAR				Not Allowed	$0.00			
A5506	E	DIABETIC SHOE W/OFF SET HEEL				Not Allowed	$0.00			
A5507	E	MODIFICATION DIABETIC SHOE				Not Allowed	$0.00			
A5508	E	DIABETIC DELUXE SHOE				Not Allowed	$0.00			
A5510	E	COMPRESSION FORM SHOE INSERT				Not Allowed	$0.00			
A5512	E	MULTI DEN INSERT DIRECT FORM				Not Allowed	$0.00			
A5513	E	MULTI DEN INSERT CUSTOM MOLD				Not Allowed	$0.00			

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A6000	E	WOUND WARMING WOUND COVER				Not Allowed	$0.00			
A6010	N	COLLAGEN BASED WOUND FILLER				Bundled, Sometimes Payable	$0.00			
A6011	N	COLLAGEN GEL/PASTE WOUND FIL				Bundled, Sometimes Payable	$0.00			
A6021	N	COLLAGEN DRESSING <=16 SQ IN				Bundled, Sometimes Payable	$0.00			
A6022	N	COLLAGEN DRSG>16<=48 SQ IN				Bundled, Sometimes Payable	$0.00			
A6023	N	COLLAGEN DRESSING >48 SQ IN				Bundled, Sometimes Payable	$0.00			
A6024	N	COLLAGEN DSG WOUND FILLER				Bundled, Sometimes Payable	$0.00			
A6025	E	SILICONE GEL SHEET, EACH				Not Allowed	$0.00			
A6154	N	WOUND POUCH EACH				Bundled, Sometimes Payable	$0.00			
A6196	N	ALGINATE DRESSING <=16 SQ IN				Bundled, Sometimes Payable	$0.00			
A6197	N	ALGINATE DRSG >16 <=48 SQ IN				Bundled, Sometimes Payable	$0.00			
A6198	N	ALGINATE DRESSING > 48 SQ IN				Bundled, Sometimes Payable	$0.00			
A6199	N	ALGINATE DRSG WOUND FILLER				Bundled, Sometimes Payable	$0.00			
A6203	N	COMPOSITE DRSG <= 16 SQ IN				Bundled, Sometimes Payable	$0.00			
A6204	N	COMPOSITE DRSG >16<=48 SQ IN				Bundled, Sometimes Payable	$0.00			
A6205	N	COMPOSITE DRSG > 48 SQ IN				Bundled, Sometimes Payable	$0.00			
A6206	N	CONTACT LAYER <= 16 SQ IN				Bundled, Sometimes Payable	$0.00			
A6207	N	CONTACT LAYER >16<= 48 SQ IN				Bundled, Sometimes Payable	$0.00			
A6208	N	CONTACT LAYER > 48 SQ IN				Bundled, Sometimes Payable	$0.00			
A6209	N	FOAM DRSG <=16 SQ IN W/O BDR				Bundled, Sometimes Payable	$0.00			
A6210	N	FOAM DRG >16<=48 SQ IN W/O B				Bundled, Sometimes Payable	$0.00			
A6211	N	FOAM DRG > 48 SQ IN W/O BRDR				Bundled, Sometimes Payable	$0.00			
A6212	N	FOAM DRG <=16 SQ IN W/BORDER				Bundled, Sometimes Payable	$0.00			
A6213	N	FOAM DRG >16<=48 SQ IN W/BDR				Bundled, Sometimes Payable	$0.00			
A6214	N	FOAM DRG > 48 SQ IN W/BORDER				Bundled, Sometimes Payable	$0.00			
A6215	N	FOAM DRESSING WOUND FILLER				Bundled, Sometimes Payable	$0.00			
A6216	N	NON-STERILE GAUZE<=16 SQ IN				Bundled, Sometimes Payable	$0.00			
A6217	N	NON-STERILE GAUZE>16<=48 SQ				Bundled, Sometimes Payable	$0.00			
A6218	N	NON-STERILE GAUZE > 48 SQ IN				Bundled, Sometimes Payable	$0.00			
A6219	N	GAUZE <= 16 SQ IN W/BORDER				Bundled, Sometimes Payable	$0.00			
A6220	N	GAUZE >16 <=48 SQ IN W/BORDR				Bundled, Sometimes Payable	$0.00			
A6221	N	GAUZE > 48 SQ IN W/BORDER				Bundled, Sometimes Payable	$0.00			
A6222	N	GAUZE <=16 IN NO W/SAL W/O B				Bundled, Sometimes Payable	$0.00			
A6223	N	GAUZE >16<=48 NO W/SAL W/O B				Bundled, Sometimes Payable	$0.00			
A6224	N	GAUZE > 48 IN NO W/SAL W/O B				Bundled, Sometimes Payable	$0.00			
A6228	N	GAUZE <= 16 SQ IN WATER/SAL				Bundled, Sometimes Payable	$0.00			
A6229	N	GAUZE >16<=48 SQ IN WATR/SAL				Bundled, Sometimes Payable	$0.00			
A6230	N	GAUZE > 48 SQ IN WATER/SALNE				Bundled, Sometimes Payable	$0.00			
A6231	N	HYDROGEL DSG<=16 SQ IN				Bundled, Sometimes Payable	$0.00			
A6232	N	HYDROGEL DSG>16<=48 SQ IN				Bundled, Sometimes Payable	$0.00			
A6233	N	HYDROGEL DRESSING >48 SQ IN				Bundled, Sometimes Payable	$0.00			
A6234	N	HYDROCOLLD DRG <=16 W/O BDR				Bundled, Sometimes Payable	$0.00			
A6235	N	HYDROCOLLD DRG >16<=48 W/O B				Bundled, Sometimes Payable	$0.00			
A6236	N	HYDROCOLLD DRG > 48 IN W/O B				Bundled, Sometimes Payable	$0.00			
A6237	N	HYDROCOLLD DRG <=16 IN W/BDR				Bundled, Sometimes Payable	$0.00			
A6238	N	HYDROCOLLD DRG >16<=48 W/BDR				Bundled, Sometimes Payable	$0.00			
A6239	N	HYDROCOLLD DRG > 48 IN W/BDR				Bundled, Sometimes Payable	$0.00			
A6240	N	HYDROCOLLD DRG FILLER PASTE				Bundled, Sometimes Payable	$0.00			
A6241	N	HYDROCOLLOID DRG FILLER DRY				Bundled, Sometimes Payable	$0.00			
A6242	N	HYDROGEL DRG <=16 IN W/O BDR				Bundled, Sometimes Payable	$0.00			
A6243	N	HYDROGEL DRG >16<=48 W/O BDR				Bundled, Sometimes Payable	$0.00			
A6244	N	HYDROGEL DRG >48 IN W/O BDR				Bundled, Sometimes Payable	$0.00			
A6245	N	HYDROGEL DRG <= 16 IN W/BDR				Bundled, Sometimes Payable	$0.00			
A6246	N	HYDROGEL DRG >16<=48 IN W/B				Bundled, Sometimes Payable	$0.00			
A6247	N	HYDROGEL DRG > 48 SQ IN W/B				Bundled, Sometimes Payable	$0.00			
A6248	N	HYDROGEL DRSG GEL FILLER				Bundled, Sometimes Payable	$0.00			
A6250	N	SKIN SEAL PROTECT MOISTURIZR				Bundled, Sometimes Payable	$0.00			
A6251	N	ABSORPT DRG <=16 SQ IN W/O B				Bundled, Sometimes Payable	$0.00			
A6252	N	ABSORPT DRG >16 <=48 W/O BDR				Bundled, Sometimes Payable	$0.00			
A6253	N	ABSORPT DRG > 48 SQ IN W/O B				Bundled, Sometimes Payable	$0.00			
A6254	N	ABSORPT DRG <=16 SQ IN W/BDR				Bundled, Sometimes Payable	$0.00			
A6255	N	ABSORPT DRG >16<=48 IN W/BDR				Bundled, Sometimes Payable	$0.00			
A6256	N	ABSORPT DRG > 48 SQ IN W/BDR				Bundled, Sometimes Payable	$0.00			
A6257	N	TRANSPARENT FILM <= 16 SQ IN				Bundled, Sometimes Payable	$0.00			

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A6258	N	TRANSPARENT FILM >16<=48 IN				Bundled, Sometimes Payable	$0.00			
A6259	N	TRANSPARENT FILM > 48 SQ IN				Bundled, Sometimes Payable	$0.00			
A6260	N	WOUND CLEANSER ANY TYPE/SIZE				Bundled, Sometimes Payable	$0.00			
A6261	N	WOUND FILLER GEL/PASTE /OZ				Bundled, Sometimes Payable	$0.00			
A6262	N	WOUND FILLER DRY FORM / GRAM				Bundled, Sometimes Payable	$0.00			
A6266	N	IMPREG GAUZE NO H20/SAL/YARD				Bundled, Sometimes Payable	$0.00			
A6402	N	STERILE GAUZE <= 16 SQ IN				Bundled, Sometimes Payable	$0.00			
A6403	N	STERILE GAUZE>16 <= 48 SQ IN				Bundled, Sometimes Payable	$0.00			
A6404	N	STERILE GAUZE > 48 SQ IN				Bundled, Sometimes Payable	$0.00			
A6407	E	PACKING STRIPS, NON-IMPREG				Not Allowed	$0.00			
A6410	N	STERILE EYE PAD				Bundled, Sometimes Payable	$0.00			
A6411	N	NON-STERILE EYE PAD				Bundled, Sometimes Payable	$0.00			
A6412	N	OCCLUSIVE EYE PATCH				Bundled, Sometimes Payable	$0.00			
A6413	E	ADHESIVE BANDAGE, FIRST-AID				Not Allowed	$0.00			
A6441	E	PAD BAND W>=3 <5/YD				Not Allowed	$0.00			
A6442	E	CONFORM BAND N/S W<3/YD				Not Allowed	$0.00			
A6443	E	CONFORM BAND N/S W>=3<5/YD				Not Allowed	$0.00			
A6444	E	CONFORM BAND N/S W>=5/YD				Not Allowed	$0.00			
A6445	E	CONFORM BAND S W <3/YD				Not Allowed	$0.00			
A6446	E	CONFORM BAND S W>=3 <5/YD				Not Allowed	$0.00			
A6447	E	CONFORM BAND S W >=5/YD				Not Allowed	$0.00			
A6448	E	LT COMPRES BAND <3/YD				Not Allowed	$0.00			
A6449	E	LT COMPRES BAND >=3 <5/YD				Not Allowed	$0.00			
A6450	E	LT COMPRES BAND >=5/YD				Not Allowed	$0.00			
A6451	E	MOD COMPRES BAND W>=3<5/YD				Not Allowed	$0.00			
A6452	E	HIGH COMPRES BAND W>=3<5YD				Not Allowed	$0.00			
A6453	E	SELF-ADHER BAND W <3/YD				Not Allowed	$0.00			
A6454	E	SELF-ADHER BAND W>=3 <5/YD				Not Allowed	$0.00			
A6455	E	SELF-ADHER BAND >=5/YD				Not Allowed	$0.00			
A6456	E	ZINC PASTE BAND W >=3<5/YD				Not Allowed	$0.00			
A6457	E	TUBULAR DRESSING				Not Allowed	$0.00			
A6501	N	COMPRES BURNGARMENT BODYSUIT				Bundled, Sometimes Payable	$0.00			
A6502	N	COMPRES BURNGARMENT CHINSTRP				Bundled, Sometimes Payable	$0.00			
A6503	N	COMPRES BURNGARMENT FACEHOOD				Bundled, Sometimes Payable	$0.00			
A6504	N	CMPRSBURNGARMENT GLOVE-WRIST				Bundled, Sometimes Payable	$0.00			
A6505	N	CMPRSBURNGARMENT GLOVE-ELBOW				Bundled, Sometimes Payable	$0.00			
A6506	N	CMPRSBURNGRMNT GLOVE-AXILLA				Bundled, Sometimes Payable	$0.00			
A6507	N	CMPRS BURNGARMENT FOOT-KNEE				Bundled, Sometimes Payable	$0.00			
A6508	N	CMPRS BURNGARMENT FOOT-THIGH				Bundled, Sometimes Payable	$0.00			
A6509	N	COMPRES BURN GARMENT JACKET				Bundled, Sometimes Payable	$0.00			
A6510	N	COMPRES BURN GARMENT LEOTARD				Bundled, Sometimes Payable	$0.00			
A6511	N	COMPRES BURN GARMENT PANTY				Bundled, Sometimes Payable	$0.00			
A6512	N	COMPRES BURN GARMENT, NOC				Bundled, Sometimes Payable	$0.00			
A6513	E	COMPRESS BURN MASK FACE/NECK				Not Allowed	$0.00			
A6530	E	COMPRESSION STOCKING BK18-30				Not Allowed	$0.00			
A6531	E	COMPRESSION STOCKING BK30-40				Not Allowed	$0.00			
A6532	E	COMPRESSION STOCKING BK40-50				Not Allowed	$0.00			
A6533	E	GC STOCKING THIGHLNGTH 18-30				Not Allowed	$0.00			
A6534	E	GC STOCKING THIGHLNGTH 30-40				Not Allowed	$0.00			
A6535	E	GC STOCKING THIGHLNGTH 40-50				Not Allowed	$0.00			
A6536	E	GC STOCKING FULL LNGTH 18-30				Not Allowed	$0.00			
A6537	E	GC STOCKING FULL LNGTH 30-40				Not Allowed	$0.00			
A6538	E	GC STOCKING FULL LNGTH 40-50				Not Allowed	$0.00			
A6539	E	GC STOCKING WAISTLNGTH 18-30				Not Allowed	$0.00			
A6540	E	GC STOCKING WAISTLNGTH 30-40				Not Allowed	$0.00			
A6541	E	GC STOCKING WAISTLNGTH 40-50				Not Allowed	$0.00			
A6544	E	GC STOCKING GARTER BELT				Not Allowed	$0.00			
A6545	E	GRAD COMP NON-ELASTIC BK				Not Allowed	$0.00			
A6549	E	G COMPRESSION STOCKING				Not Allowed	$0.00			
A6550	E	NEG PRES WOUND THER DRSG SET				Not Allowed	$0.00			
A7000	E	DISPOSABLE CANISTER FOR PUMP				Not Allowed	$0.00			
A7001	E	NONDISPOSABLE PUMP CANISTER				Not Allowed	$0.00			
A7002	E	TUBING USED W SUCTION PUMP				Not Allowed	$0.00			
A7003	E	NEBULIZER ADMINISTRATION SET				Not Allowed	$0.00			

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A7004	E	DISPOSABLE NEBULIZER SML VOL				Not Allowed	$0.00			
A7005	E	NONDISPOSABLE NEBULIZER SET				Not Allowed	$0.00			
A7006	E	FILTERED NEBULIZER ADMIN SET				Not Allowed	$0.00			
A7007	E	LG VOL NEBULIZER DISPOSABLE				Not Allowed	$0.00			
A7008	E	DISPOSABLE NEBULIZER PREFILL				Not Allowed	$0.00			
A7009	E	NEBULIZER RESERVOIR BOTTLE				Not Allowed	$0.00			
A7010	E	DISPOSABLE CORRUGATED TUBING				Not Allowed	$0.00			
A7011	E	NONDISPOS CORRUGATED TUBING				Not Allowed	$0.00			
A7012	E	NEBULIZER WATER COLLEC DEVIC				Not Allowed	$0.00			
A7013	E	DISPOSABLE COMPRESSOR FILTER				Not Allowed	$0.00			
A7014	E	COMPRESSOR NONDISPOS FILTER				Not Allowed	$0.00			
A7015	E	AEROSOL MASK USED W NEBULIZE				Not Allowed	$0.00			
A7016	E	NEBULIZER DOME & MOUTHPIECE				Not Allowed	$0.00			
A7017	E	NEBULIZER NOT USED W OXYGEN				Not Allowed	$0.00			
A7018	E	WATER DISTILLED W/NEBULIZER				Not Allowed	$0.00			
A7020	E	INTERFACE, COUGH STIM DEVICE				Not Allowed	$0.00			
A7025	E	REPLACE CHEST COMPRESS VEST				Not Allowed	$0.00			
A7026	E	REPLACE CHST CMPRSS SYS HOSE				Not Allowed	$0.00			
A7027	E	COMBINATION ORAL/NASAL MASK				Not Allowed	$0.00			
A7028	E	REPL ORAL CUSHION COMBO MASK				Not Allowed	$0.00			
A7029	E	REPL NASAL PILLOW COMB MASK				Not Allowed	$0.00			
A7030	E	CPAP FULL FACE MASK				Not Allowed	$0.00			
A7031	E	REPLACEMENT FACEMASK INTERFA				Not Allowed	$0.00			
A7032	E	REPLACEMENT NASAL CUSHION				Not Allowed	$0.00			
A7033	E	REPLACEMENT NASAL PILLOWS				Not Allowed	$0.00			
A7034	E	NASAL APPLICATION DEVICE				Not Allowed	$0.00			
A7035	E	POS AIRWAY PRESS HEADGEAR				Not Allowed	$0.00			
A7036	E	POS AIRWAY PRESS CHINSTRAP				Not Allowed	$0.00			
A7037	E	POS AIRWAY PRESSURE TUBING				Not Allowed	$0.00			
A7038	E	POS AIRWAY PRESSURE FILTER				Not Allowed	$0.00			
A7039	E	FILTER, NON DISPOSABLE W PAP				Not Allowed	$0.00			
A7040	E	ONE WAY CHEST DRAIN VALVE				Not Allowed	$0.00			
A7041	E	WATER SEAL DRAIN CONTAINER				Not Allowed	$0.00			
A7044	E	PAP ORAL INTERFACE				Not Allowed	$0.00			
A7045	E	REPL EXHALATION PORT FOR PAP				Not Allowed	$0.00			
A7046	E	REPL WATER CHAMBER, PAP DEV				Not Allowed	$0.00			
A7047	N	RESP SUCTION ORAL INTERFACE				Bundled, Sometimes Payable	$0.00			
A7048	N	VACUUM DRAIN BOTTLE/TUBE KIT				Bundled, Sometimes Payable	$0.00			
A7501	N	TRACHEOSTOMA VALVE W DIAPHRA				Bundled, Sometimes Payable	$0.00			
A7502	N	REPLACEMENT DIAPHRAGM/FPLATE				Bundled, Sometimes Payable	$0.00			
A7503	N	HMES FILTER HOLDER OR CAP				Bundled, Sometimes Payable	$0.00			
A7504	N	TRACHEOSTOMA HMES FILTER				Bundled, Sometimes Payable	$0.00			
A7505	N	HMES OR TRACH VALVE HOUSING				Bundled, Sometimes Payable	$0.00			
A7506	N	HMES/TRACHVALVE ADHESIVEDISK				Bundled, Sometimes Payable	$0.00			
A7507	N	INTEGRATED FILTER & HOLDER				Bundled, Sometimes Payable	$0.00			
A7508	N	HOUSING & INTEGRATED ADHESIV				Bundled, Sometimes Payable	$0.00			
A7509	N	HEAT & MOISTURE EXCHANGE SYS				Bundled, Sometimes Payable	$0.00			
A7520	E	TRACH/LARYN TUBE NON-CUFFED				Not Allowed	$0.00			
A7521	E	TRACH/LARYN TUBE CUFFED				Not Allowed	$0.00			
A7522	E	TRACH/LARYN TUBE STAINLESS				Not Allowed	$0.00			
A7523	E	TRACHEOSTOMY SHOWER PROTECT				Not Allowed	$0.00			
A7524	E	TRACHEOSTOMA STENT/STUD/BTTN				Not Allowed	$0.00			
A7525	E	TRACHEOSTOMY MASK				Not Allowed	$0.00			
A7526	E	TRACHEOSTOMY TUBE COLLAR				Not Allowed	$0.00			
A7527	E	TRACH/LARYN TUBE PLUG/STOP				Not Allowed	$0.00			
A8000	E	SOFT PROTECT HELMET PREFAB				Not Allowed	$0.00			
A8001	E	HARD PROTECT HELMET PREFAB				Not Allowed	$0.00			
A8002	E	SOFT PROTECT HELMET CUSTOM				Not Allowed	$0.00			
A8003	E	HARD PROTECT HELMET CUSTOM				Not Allowed	$0.00			
A8004	E	REPL SOFT INTERFACE, HELMET				Not Allowed	$0.00			
A9150	E	MISC/EXPER NON-PRESCRIPT DRU				Not Allowed	$0.00			
A9152	E	SINGLE VITAMIN NOS				Not Allowed	$0.00			
A9153	E	MULTI-VITAMIN NOS				Not Allowed	$0.00			
A9155	E	ARTIFICIAL SALIVA				Not Allowed	$0.00			

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A9180	E	LICE TREATMENT, TOPICAL				Not Allowed	$0.00			
A9270	E	NON-COVERED ITEM OR SERVICE				Not Allowed	$0.00			
A9272	E	DISP WOUND SUCT, DRSG/ACCESS				Not Allowed	$0.00			
A9273	E	HOT/COLD H2OBOT/CAP/COL/WRAP				Not Allowed	$0.00			
A9274	E	EXT AMB INSULIN DELIVERY SYS				Not Allowed	$0.00			
A9275	E	DISP HOME GLUCOSE MONITOR				Not Allowed	$0.00			
A9276	E	DISPOSABLE SENSOR, CGM SYS				Not Allowed	$0.00			
A9277	E	EXTERNAL TRANSMITTER, CGM				Not Allowed	$0.00			
A9278	E	EXTERNAL RECEIVER, CGM SYS				Not Allowed	$0.00			
A9279	E	MONITORING FEATURE/DEVICENOC				Not Allowed	$0.00			
A9280	E	ALERT DEVICE, NOC				Not Allowed	$0.00			
A9281	E	REACHING/GRABBING DEVICE				Not Allowed	$0.00			
A9282	E	WIG ANY TYPE				Not Allowed	$0.00			
A9283	E	FOOT PRESS OFF LOAD SUPP DEV				Not Allowed	$0.00			
A9284	N	NON-ELECTRONIC SPIROMETER				Bundled, Sometimes Payable	$0.00			
A9300	E	EXERCISE EQUIPMENT				Not Allowed	$0.00			
A9500	N	TC99M SESTAMIBI				Bundled, Sometimes Payable	$0.00			
A9501	N	TECHNETIUM TC-99M TEBOROXIME				Bundled, Sometimes Payable	$0.00			
A9502	N	TC99M TETROFOSMIN				Bundled, Sometimes Payable	$0.00			
A9503	N	TC99M MEDRONATE				Bundled, Sometimes Payable	$0.00			
A9504	N	TC99M APCITIDE				Bundled, Sometimes Payable	$0.00			
A9505	N	TL201 THALLIUM				Bundled, Sometimes Payable	$0.00			
A9507	N	IN111 CAPROMAB				Bundled, Sometimes Payable	$0.00			
A9508	N	I131 IODOBENGUATE, DX				Bundled, Sometimes Payable	$0.00			
A9509	N	IODINE I-123 SOD IODIDE MIL				Bundled, Sometimes Payable	$0.00			
A9510	N	TC99M DISOFENIN				Bundled, Sometimes Payable	$0.00			
A9512	N	TC99M PERTECHNETATE				Bundled, Sometimes Payable	$0.00			
A9516	N	IODINE I-123 SOD IODIDE MIC				Bundled, Sometimes Payable	$0.00			
A9517	K	I131 IODIDE CAP, RX	01064			APC	$40.70			
A9520	G	TC99 TILMANOCEPT DIAG 0.5MCI	01463			APC	$357.00			
A9521	N	TC99M EXAMETAZIME				Bundled, Sometimes Payable	$0.00			
A9524	N	I131 SERUM ALBUMIN, DX				Bundled, Sometimes Payable	$0.00			
A9526	N	NITROGEN N-13 AMMONIA				Bundled, Sometimes Payable	$0.00			
A9527	U	IODINE I-125 SODIUM IODIDE	02632	0.179		APC	$9.92			
A9528	N	IODINE I-131 IODIDE CAP, DX				Bundled, Sometimes Payable	$0.00			
A9529	N	I131 IODIDE SOL, DX				Bundled, Sometimes Payable	$0.00			
A9530	K	I131 IODIDE SOL, RX	01150			APC	$10.28			
A9531	N	I131 MAX 100UCI				Bundled, Sometimes Payable	$0.00			
A9532	N	I125 SERUM ALBUMIN, DX				Bundled, Sometimes Payable	$0.00			
A9536	N	TC99M DEPREOTIDE				Bundled, Sometimes Payable	$0.00			
A9537	N	TC99M MEBROFENIN				Bundled, Sometimes Payable	$0.00			
A9538	N	TC99M PYROPHOSPHATE				Bundled, Sometimes Payable	$0.00			
A9539	N	TC99M PENTETATE				Bundled, Sometimes Payable	$0.00			
A9540	N	TC99M MAA				Bundled, Sometimes Payable	$0.00			
A9541	N	TC99M SULFUR COLLOID				Bundled, Sometimes Payable	$0.00			
A9542	N	IN111 IBRITUMOMAB, DX				Bundled, Sometimes Payable	$0.00			
A9543	K	Y90 IBRITUMOMAB, RX	01643			APC	$45,376.09			
A9544	N	I131 TOSITUMOMAB, DX				Bundled, Sometimes Payable	$0.00			
A9545	E	I131 TOSITUMOMAB, RX				Not Allowed	$0.00			
A9546	N	CO57/58				Bundled, Sometimes Payable	$0.00			
A9547	N	IN111 OXYQUINOLINE				Bundled, Sometimes Payable	$0.00			
A9548	N	IN111 PENTETATE				Bundled, Sometimes Payable	$0.00			
A9550	N	TC99M GLUCEPTATE				Bundled, Sometimes Payable	$0.00			
A9551	N	TC99M SUCCIMER				Bundled, Sometimes Payable	$0.00			
A9552	N	F18 FDG				Bundled, Sometimes Payable	$0.00			
A9553	N	CR51 CHROMATE				Bundled, Sometimes Payable	$0.00			
A9554	N	I125 IOTHALAMATE, DX				Bundled, Sometimes Payable	$0.00			
A9555	N	RB82 RUBIDIUM				Bundled, Sometimes Payable	$0.00			
A9556	N	GA67 GALLIUM				Bundled, Sometimes Payable	$0.00			
A9557	N	TC99M BICISATE				Bundled, Sometimes Payable	$0.00			
A9558	N	XE133 XENON 10MCI				Bundled, Sometimes Payable	$0.00			
A9559	N	CO57 CYANO				Bundled, Sometimes Payable	$0.00			
A9560	N	TC99M LABELED RBC				Bundled, Sometimes Payable	$0.00			
A9561	N	TC99M OXIDRONATE				Bundled, Sometimes Payable	$0.00			

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A9562	N	TC99M MERTIATIDE				Bundled, Sometimes Payable	$0.00			
A9563	K	P32 NA PHOSPHATE	01675			APC	$213.56			
A9564	K	P32 CHROMIC PHOSPHATE	01676			APC	$906.62			
A9566	N	TC99M FANOLESOMAB				Bundled, Sometimes Payable	$0.00			
A9567	N	TECHNETIUM TC-99M AEROSOL				Bundled, Sometimes Payable	$0.00			
A9568	N	TECHNETIUM TC99M ARCITUMOMAB				Bundled, Sometimes Payable	$0.00			
A9569	N	TECHNETIUM TC-99M AUTO WBC				Bundled, Sometimes Payable	$0.00			
A9570	N	INDIUM IN-111 AUTO WBC				Bundled, Sometimes Payable	$0.00			
A9571	N	INDIUM IN-111 AUTO PLATELET				Bundled, Sometimes Payable	$0.00			
A9572	N	INDIUM IN-111 PENTETREOTIDE				Bundled, Sometimes Payable	$0.00			
A9575	N	INJ GADOTERATE MEGLUMI 0.1ML				Bundled, Sometimes Payable	$0.00			
A9576	N	INJ PROHANCE MULTIPACK				Bundled, Sometimes Payable	$0.00			
A9577	N	INJ MULTIHANCE				Bundled, Sometimes Payable	$0.00			
A9578	N	INJ MULTIHANCE MULTIPACK				Bundled, Sometimes Payable	$0.00			
A9579	N	GAD-BASE MR CONTRAST NOS,1ML				Bundled, Sometimes Payable	$0.00			
A9580	N	SODIUM FLUORIDE F-18				Bundled, Sometimes Payable	$0.00			
A9581	N	GADOXETATE DISODIUM INJ				Bundled, Sometimes Payable	$0.00			
A9582	N	IODINE I-123 IOBENGUANE				Bundled, Sometimes Payable	$0.00			
A9583	N	GADOFOSVESET TRISODIUM INJ				Bundled, Sometimes Payable	$0.00			
A9584	N	IODINE I-123 IOFLUPANE				Bundled, Sometimes Payable	$0.00			
A9585	N	GADOBUTROL INJECTION				Bundled, Sometimes Payable	$0.00			
A9586	G	FLORBETAPIR F18	01664			APC	$2,756.00			
A9599	N	RADIOPHA DX BETA AMYLOID PET				Bundled, Sometimes Payable	$0.00			
A9600	K	SR89 STRONTIUM	00701			APC	$1,176.41			
A9604	K	SM 153 LEXIDRONAM	01295			APC	$8,475.91			
A9606	K	RADIUM RA223 DICHLORIDE THER	01745			APC	$112.31			
A9698	N	NON-RAD CONTRAST MATERIALNOC				Bundled, Sometimes Payable	$0.00			
A9699	N	RADIOPHARM RX AGENT NOC				Bundled, Sometimes Payable	$0.00			
A9700	N	ECHOCARDIOGRAPHY CONTRAST				Bundled, Sometimes Payable	$0.00			
A9900	N	SUPPLY/ACCESSORY/SERVICE				Bundled	$0.00			
A9901	N	DELIVERY/SET UP/DISPENSING				Bundled	$0.00			
A9999	E	DME SUPPLY OR ACCESSORY, NOS				Not Allowed	$0.00			
B4034	E	ENTER FEED SUPKIT SYR BY DAY				Not Allowed	$0.00			
B4035	E	ENTERAL FEED SUPP PUMP PER D				Not Allowed	$0.00			
B4036	E	ENTERAL FEED SUP KIT GRAV BY				Not Allowed	$0.00			
B4081	E	ENTERAL NG TUBING W/ STYLET				Not Allowed	$0.00			
B4082	E	ENTERAL NG TUBING W/O STYLET				Not Allowed	$0.00			
B4083	E	ENTERAL STOMACH TUBE LEVINE				Not Allowed	$0.00			
B4087	N	GASTRO/JEJUNO TUBE, STD				Bundled	$0.00			
B4088	N	GASTRO/JEJUNO TUBE, LOW-PRO				Bundled	$0.00			
B4100	E	FOOD THICKENER ORAL				Not Allowed	$0.00			
B4102	E	EF ADULT FLUIDS AND ELECTRO				Not Allowed	$0.00			
B4103	E	EF PED FLUID AND ELECTROLYTE				Not Allowed	$0.00			
B4104	E	ADDITIVE FOR ENTERAL FORMULA				Not Allowed	$0.00			
B4149	E	EF BLENDERIZED FOODS				Not Allowed	$0.00			
B4150	E	EF COMPLET W/INTACT NUTRIENT				Not Allowed	$0.00			
B4152	E	EF CALORIE DENSE>/=1.5KCAL				Not Allowed	$0.00			
B4153	E	EF HYDROLYZED/AMINO ACIDS				Not Allowed	$0.00			
B4154	E	EF SPEC METABOLIC NONINHERIT				Not Allowed	$0.00			
B4155	E	EF INCOMPLETE/MODULAR				Not Allowed	$0.00			
B4157	E	EF SPECIAL METABOLIC INHERIT				Not Allowed	$0.00			
B4158	E	EF PED COMPLETE INTACT NUT				Not Allowed	$0.00			
B4159	E	EF PED COMPLETE SOY BASED				Not Allowed	$0.00			
B4160	E	EF PED CALORIC DENSE>/=0.7KC				Not Allowed	$0.00			
B4161	E	EF PED HYDROLYZED/AMINO ACID				Not Allowed	$0.00			
B4162	E	EF PED SPECMETABOLIC INHERIT				Not Allowed	$0.00			
B4164	E	PARENTERAL 50% DEXTROSE SOLU				Not Allowed	$0.00			
B4168	E	PARENTERAL SOL AMINO ACID 3.				Not Allowed	$0.00			
B4172	E	PARENTERAL SOL AMINO ACID 5.				Not Allowed	$0.00			
B4176	E	PARENTERAL SOL AMINO ACID 7-				Not Allowed	$0.00			
B4178	E	PARENTERAL SOL AMINO ACID >				Not Allowed	$0.00			
B4180	E	PARENTERAL SOL CARB > 50%				Not Allowed	$0.00			
B4185	E	PARENTERAL SOL 10 GM LIPIDS				Not Allowed	$0.00			
B4189	E	PARENTERAL SOL AMINO ACID &				Not Allowed	$0.00			

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B4193	E	PARENTERAL SOL 52-73 GM PROT				Not Allowed	$0.00			
B4197	E	PARENTERAL SOL 74-100 GM PRO				Not Allowed	$0.00			
B4199	E	PARENTERAL SOL > 100GM PROTE				Not Allowed	$0.00			
B4216	E	PARENTERAL NUTRITION ADDITIV				Not Allowed	$0.00			
B4220	E	PARENTERAL SUPPLY KIT PREMIX				Not Allowed	$0.00			
B4222	E	PARENTERAL SUPPLY KIT HOMEMI				Not Allowed	$0.00			
B4224	E	PARENTERAL ADMINISTRATION KI				Not Allowed	$0.00			
B5000	E	PARENTERAL SOL RENAL-AMIROSY				Not Allowed	$0.00			
B5100	E	PARENTERAL SOL HEPATIC-FREAM				Not Allowed	$0.00			
B5200	E	PARENTERAL SOL STRES-BRNCH C				Not Allowed	$0.00			
B9000	E	ENTER INFUSION PUMP W/O ALRM				Not Allowed	$0.00			
B9002	E	ENTERAL INFUSION PUMP W/ ALA				Not Allowed	$0.00			
B9004	E	PARENTERAL INFUS PUMP PORTAB				Not Allowed	$0.00			
B9006	E	PARENTERAL INFUS PUMP STATIO				Not Allowed	$0.00			
B9998	E	ENTERAL SUPP NOT OTHERWISE C				Not Allowed	$0.00			
B9999	E	PARENTERAL SUPP NOT OTHRWS C				Not Allowed	$0.00			
C1713	N	ANCHOR/SCREW BN/BN,TIS/BN				Bundled, Sometimes Payable	$0.00			
C1714	N	CATH, TRANS ATHERECTOMY, DIR				Bundled, Sometimes Payable	$0.00			
C1715	N	BRACHYTHERAPY NEEDLE				Bundled, Sometimes Payable	$0.00			
C1716	U	BRACHYTX, NON-STR, GOLD-198	01716	0.503		APC	$27.93			
C1717	U	BRACHYTX, NON-STR,HDR IR-192	01717	3.672		APC	$203.92			
C1719	U	BRACHYTX, NS, NON-HDRIR-192	01719	0.724		APC	$40.23			
C1721	N	AICD, DUAL CHAMBER				Bundled, Sometimes Payable	$0.00			
C1722	N	AICD, SINGLE CHAMBER				Bundled, Sometimes Payable	$0.00			
C1724	N	CATH, TRANS ATHEREC,ROTATION				Bundled, Sometimes Payable	$0.00			
C1725	N	CATH, TRANSLUMIN NON-LASER				Bundled, Sometimes Payable	$0.00			
C1726	N	CATH, BAL DIL, NON-VASCULAR				Bundled, Sometimes Payable	$0.00			
C1727	N	CATH, BAL TIS DIS, NON-VAS				Bundled, Sometimes Payable	$0.00			
C1728	N	CATH, BRACHYTX SEED ADM				Bundled, Sometimes Payable	$0.00			
C1729	N	CATH, DRAINAGE				Bundled, Sometimes Payable	$0.00			
C1730	N	CATH, EP, 19 OR FEW ELECT				Bundled, Sometimes Payable	$0.00			
C1731	N	CATH, EP, 20 OR MORE ELEC				Bundled, Sometimes Payable	$0.00			
C1732	N	CATH, EP, DIAG/ABL, 3D/VECT				Bundled, Sometimes Payable	$0.00			
C1733	N	CATH, EP, OTHR THAN COOL-TIP				Bundled, Sometimes Payable	$0.00			
C1749	H	ENDO, COLON, RETRO IMAGING				Charge Ratio	$0.00			
C1750	N	CATH, HEMODIALYSIS,LONG-TERM				Bundled, Sometimes Payable	$0.00			
C1751	N	CATH, INF, PER/CENT/MIDLINE				Bundled, Sometimes Payable	$0.00			
C1752	N	CATH,HEMODIALYSIS,SHORT-TERM				Bundled, Sometimes Payable	$0.00			
C1753	N	CATH, INTRAVAS ULTRASOUND				Bundled, Sometimes Payable	$0.00			
C1754	N	CATHETER, INTRADISCAL				Bundled, Sometimes Payable	$0.00			
C1755	N	CATHETER, INTRASPINAL				Bundled, Sometimes Payable	$0.00			
C1756	N	CATH, PACING, TRANSESOPH				Bundled, Sometimes Payable	$0.00			
C1757	N	CATH, THROMBECTOMY/EMBOLECT				Bundled, Sometimes Payable	$0.00			
C1758	N	CATHETER, URETERAL				Bundled, Sometimes Payable	$0.00			
C1759	N	CATH, INTRA ECHOCARDIOGRAPHY				Bundled, Sometimes Payable	$0.00			
C1760	N	CLOSURE DEV, VASC				Bundled, Sometimes Payable	$0.00			
C1762	N	CONN TISS, HUMAN(INC FASCIA)				Bundled, Sometimes Payable	$0.00			
C1763	N	CONN TISS, NON-HUMAN				Bundled, Sometimes Payable	$0.00			
C1764	N	EVENT RECORDER, CARDIAC				Bundled, Sometimes Payable	$0.00			
C1765	N	ADHESION BARRIER				Bundled, Sometimes Payable	$0.00			
C1766	N	INTRO/SHEATH,STRBLE,NON-PEEL				Bundled, Sometimes Payable	$0.00			
C1767	N	GENERATOR, NEURO NON-RECHARG				Bundled, Sometimes Payable	$0.00			
C1768	N	GRAFT, VASCULAR				Bundled, Sometimes Payable	$0.00			
C1769	N	GUIDE WIRE				Bundled, Sometimes Payable	$0.00			
C1770	N	IMAGING COIL, MR, INSERTABLE				Bundled, Sometimes Payable	$0.00			
C1771	N	REP DEV, URINARY, W/SLING				Bundled, Sometimes Payable	$0.00			
C1772	N	INFUSION PUMP, PROGRAMMABLE				Bundled, Sometimes Payable	$0.00			
C1773	N	RET DEV, INSERTABLE				Bundled, Sometimes Payable	$0.00			
C1776	N	JOINT DEVICE (IMPLANTABLE)				Bundled, Sometimes Payable	$0.00			
C1777	N	LEAD, AICD, ENDO SINGLE COIL				Bundled, Sometimes Payable	$0.00			
C1778	N	LEAD, NEUROSTIMULATOR				Bundled, Sometimes Payable	$0.00			
C1779	N	LEAD, PMKR, TRANSVENOUS VDD				Bundled, Sometimes Payable	$0.00			
C1780	N	LENS, INTRAOCULAR (NEW TECH)				Bundled, Sometimes Payable	$0.00			
C1781	N	MESH (IMPLANTABLE)				Bundled, Sometimes Payable	$0.00			

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C1782	N	MORCELLATOR				Bundled, Sometimes Payable	$0.00			
C1783	N	OCULAR IMP, AQUEOUS DRAIN DE				Bundled, Sometimes Payable	$0.00			
C1784	N	OCULAR DEV, INTRAOP, DET RET				Bundled, Sometimes Payable	$0.00			
C1785	N	PMKR, DUAL, RATE-RESP				Bundled, Sometimes Payable	$0.00			
C1786	N	PMKR, SINGLE, RATE-RESP				Bundled, Sometimes Payable	$0.00			
C1787	N	PATIENT PROGR, NEUROSTIM				Bundled, Sometimes Payable	$0.00			
C1788	N	PORT, INDWELLING, IMP				Bundled, Sometimes Payable	$0.00			
C1789	N	PROSTHESIS, BREAST, IMP				Bundled, Sometimes Payable	$0.00			
C1813	E	PROSTHESIS, PENILE, INFLATAB				Not Allowed	$0.00			
C1814	N	RETINAL TAMP, SILICONE OIL				Bundled, Sometimes Payable	$0.00			
C1815	N	PROS, URINARY SPH, IMP				Bundled, Sometimes Payable	$0.00			
C1816	N	RECEIVER/TRANSMITTER, NEURO				Bundled, Sometimes Payable	$0.00			
C1817	N	SEPTAL DEFECT IMP SYS				Bundled, Sometimes Payable	$0.00			
C1818	N	INTEGRATED KERATOPROSTHESIS				Bundled, Sometimes Payable	$0.00			
C1819	N	TISSUE LOCALIZATION-EXCISION				Bundled, Sometimes Payable	$0.00			
C1820	N	GENERATOR NEURO RECHG BAT SY				Bundled, Sometimes Payable	$0.00			
C1821	N	INTERSPINOUS IMPLANT				Bundled, Sometimes Payable	$0.00			
C1830	N	POWER BONE MARROW BX NEEDLE				Bundled, Sometimes Payable	$0.00			
C1840	N	TELESCOPIC INTRAOCULAR LENS				Bundled, Sometimes Payable	$0.00			
C1841	H	RETINAL PROSTH INT/EXT COMP	01841			Charge Ratio	$0.00			
C1874	N	STENT, COATED/COV W/DEL SYS				Bundled, Sometimes Payable	$0.00			
C1875	N	STENT, COATED/COV W/O DEL SY				Bundled, Sometimes Payable	$0.00			
C1876	N	STENT, NON-COA/NON-COV W/DEL				Bundled, Sometimes Payable	$0.00			
C1877	N	STENT, NON-COAT/COV W/O DEL				Bundled, Sometimes Payable	$0.00			
C1878	N	MATRL FOR VOCAL CORD				Bundled, Sometimes Payable	$0.00			
C1880	N	VENA CAVA FILTER				Bundled, Sometimes Payable	$0.00			
C1881	N	DIALYSIS ACCESS SYSTEM				Bundled, Sometimes Payable	$0.00			
C1882	N	AICD, OTHER THAN SING/DUAL				Bundled, Sometimes Payable	$0.00			
C1883	N	ADAPT/EXT, PACING/NEURO LEAD				Bundled, Sometimes Payable	$0.00			
C1884	N	EMBOLIZATION PROTECT SYST				Bundled, Sometimes Payable	$0.00			
C1885	N	CATH, TRANSLUMIN ANGIO LASER				Bundled, Sometimes Payable	$0.00			
C1886	N	CATHETER, ABLATION				Bundled, Sometimes Payable	$0.00			
C1887	N	CATHETER, GUIDING				Bundled, Sometimes Payable	$0.00			
C1888	N	ENDOVAS NON-CARDIAC ABL CATH				Bundled, Sometimes Payable	$0.00			
C1891	N	INFUSION PUMP,NON-PROG, PERM				Bundled, Sometimes Payable	$0.00			
C1892	N	INTRO/SHEATH,FIXED,PEEL-AWAY				Bundled, Sometimes Payable	$0.00			
C1893	N	INTRO/SHEATH, FIXED,NON-PEEL				Bundled, Sometimes Payable	$0.00			
C1894	N	INTRO/SHEATH, NON-LASER				Bundled, Sometimes Payable	$0.00			
C1895	N	LEAD, AICD, ENDO DUAL COIL				Bundled, Sometimes Payable	$0.00			
C1896	N	LEAD, AICD, NON SING/DUAL				Bundled, Sometimes Payable	$0.00			
C1897	N	LEAD, NEUROSTIM TEST KIT				Bundled, Sometimes Payable	$0.00			
C1898	N	LEAD, PMKR, OTHER THAN TRANS				Bundled, Sometimes Payable	$0.00			
C1899	N	LEAD, PMKR/AICD COMBINATION				Bundled, Sometimes Payable	$0.00			
C1900	N	LEAD, CORONARY VENOUS				Bundled, Sometimes Payable	$0.00			
C2614	N	PROBE, PERC LUMB DISC				Bundled, Sometimes Payable	$0.00			
C2615	N	SEALANT, PULMONARY, LIQUID				Bundled, Sometimes Payable	$0.00			
C2616	U	BRACHYTX, NON-STR,YTTRIUM-90	02616	210.1		APC	$11,666.05			
C2617	N	STENT, NON-COR, TEM W/O DEL				Bundled, Sometimes Payable	$0.00			
C2618	N	PROBE/NEEDLE, CRYO				Bundled, Sometimes Payable	$0.00			
C2619	N	PMKR, DUAL, NON RATE-RESP				Bundled, Sometimes Payable	$0.00			
C2620	N	PMKR, SINGLE, NON RATE-RESP				Bundled, Sometimes Payable	$0.00			
C2621	N	PMKR, OTHER THAN SING/DUAL				Bundled, Sometimes Payable	$0.00			
C2622	E	PROSTHESIS, PENILE, NON-INF				Not Allowed	$0.00			
C2623	H	CATH, TRANSLUMIN, DRUG-COAT	02623			Charge Ratio	$0.00			
C2624	H	WIRELESS PRESSURE SENSOR	02624			Charge Ratio	$0.00			
C2625	N	STENT, NON-COR, TEM W/DEL SY				Bundled, Sometimes Payable	$0.00			
C2626	N	INFUSION PUMP, NON-PROG,TEMP				Bundled, Sometimes Payable	$0.00			
C2627	N	CATH, SUPRAPUBIC/CYSTOSCOPIC				Bundled, Sometimes Payable	$0.00			
C2628	N	CATHETER, OCCLUSION				Bundled, Sometimes Payable	$0.00			
C2629	N	INTRO/SHEATH, LASER				Bundled, Sometimes Payable	$0.00			
C2630	N	CATH, EP, COOL-TIP				Bundled, Sometimes Payable	$0.00			
C2631	N	REP DEV, URINARY, W/O SLING				Bundled, Sometimes Payable	$0.00			
C2634	U	BRACHYTX, NON-STR, HA, I-125	02634	1.157		APC	$64.24			
C2635	U	BRACHYTX, NON-STR, HA, P-103	02635	0.348		APC	$19.32			

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C2636	U	BRACHY LINEAR, NON-STR,P-103	02636	0.262		APC	$14.55			
C2637	E	BRACHY,NON-STR,YTTERBIUM-169				Not Allowed	$0.00			
C2638	U	BRACHYTX, STRANDED, I-125	02638	0.572		APC	$31.76			
C2639	U	BRACHYTX, NON-STRANDED,I-125	02639	0.5		APC	$27.74			
C2640	U	BRACHYTX, STRANDED, P-103	02640	0.883		APC	$49.04			
C2641	U	BRACHYTX, NON-STRANDED,P-103	02641	0.916		APC	$50.85			
C2642	U	BRACHYTX, STRANDED, C-131	02642	1.421		APC	$78.90			
C2643	U	BRACHYTX, NON-STRANDED,C-131	02643	0.738		APC	$40.96			
C2644	U	BRACHYTX CESIUM-131 CHLORIDE	02644	0.179		APC	$9.92			
C2698	U	BRACHYTX, STRANDED, NOS	02698	0.572		APC	$31.76			
C2699	U	BRACHYTX, NON-STRANDED, NOS	02699	0.262		APC	$14.55			
C5271	T	LOW COST SKIN SUBSTITUTE APP	00327	5.799		APC	$322.01			
C5272	N	LOW COST SKIN SUBSTITUTE APP				Bundled, Sometimes Payable	$0.00			
C5273	T	LOW COST SKIN SUBSTITUTE APP	00328	18.97		APC	$1,053.67			
C5274	N	LOW COST SKIN SUBSTITUTE APP				Bundled, Sometimes Payable	$0.00			
C5275	T	LOW COST SKIN SUBSTITUTE APP	00327	5.799		APC	$322.01			
C5276	N	LOW COST SKIN SUBSTITUTE APP				Bundled, Sometimes Payable	$0.00			
C5277	T	LOW COST SKIN SUBSTITUTE APP	00327	5.799		APC	$322.01			
C5278	N	LOW COST SKIN SUBSTITUTE APP				Bundled, Sometimes Payable	$0.00			
C8900	N	MRA W/CONT, ABD	00284	5.757		Bundled, Sometimes Payable	$319.71			
C8901	N	MRA W/O CONT, ABD	00336	3.861		Bundled, Sometimes Payable	$214.42			
C8902	N	MRA W/O FOL W/CONT, ABD	00337	6.513		Bundled, Sometimes Payable	$361.66			
C8903	N	MRI W/CONT, BREAST, UNI	00284	5.757		Bundled, Sometimes Payable	$319.71			
C8904	N	MRI W/O CONT, BREAST, UNI	00336	3.861		Bundled, Sometimes Payable	$214.42			
C8905	N	MRI W/O FOL W/CONT, BRST, UN	00337	6.513		Bundled, Sometimes Payable	$361.66			
C8906	N	MRI W/CONT, BREAST, BI	00284	5.757		Bundled, Sometimes Payable	$319.71			
C8907	N	MRI W/O CONT, BREAST, BI	00336	3.861		Bundled, Sometimes Payable	$214.42			
C8908	N	MRI W/O FOL W/CONT, BREAST,	00337	6.513		Bundled, Sometimes Payable	$361.66			
C8909	N	MRA W/CONT, CHEST	00284	5.757		Bundled, Sometimes Payable	$319.71			
C8910	N	MRA W/O CONT, CHEST	00336	3.861		Bundled, Sometimes Payable	$214.42			
C8911	N	MRA W/O FOL W/CONT, CHEST	00337	6.513		Bundled, Sometimes Payable	$361.66			
C8912	N	MRA W/CONT, LWR EXT	00284	5.757		Bundled, Sometimes Payable	$319.71			
C8913	N	MRA W/O CONT, LWR EXT	00336	3.861		Bundled, Sometimes Payable	$214.42			
C8914	N	MRA W/O FOL W/CONT, LWR EXT	00337	6.513		Bundled, Sometimes Payable	$361.66			
C8918	N	MRA W/CONT, PELVIS	00284	5.757		Bundled, Sometimes Payable	$319.71			
C8919	N	MRA W/O CONT, PELVIS	00336	3.861		Bundled, Sometimes Payable	$214.42			
C8920	N	MRA W/O FOL W/CONT, PELVIS	00337	6.513		Bundled, Sometimes Payable	$361.66			
C8921	S	TTE W OR W/O FOL W/CONT, COM	00178	9.284		APC	$515.54			
C8922	S	TTE W OR W/O FOL W/CONT, F/U	00177	6.613		APC	$367.20			
C8923	S	2D TTE W OR W/O FOL W/CON,CO	00177	6.613		APC	$367.20			
C8924	S	2D TTE W OR W/O FOL W/CON,FU	00177	6.613		APC	$367.20			
C8925	S	2D TEE W OR W/O FOL W/CON,IN	00178	9.284		APC	$515.54			
C8926	S	TEE W OR W/O FOL W/CONT,CONG	00178	9.284		APC	$515.54			
C8927	S	TEE W OR W/O FOL W/CONT, MON	00178	9.284		APC	$515.54			
C8928	S	TTE W OR W/O FOL W/CON,STRES	00178	9.284		APC	$515.54			
C8929	S	TTE W OR WO FOL WCON,DOPPLER	00178	9.284		APC	$515.54			
C8930	S	TTE W OR W/O CONTR, CONT ECG	00178	9.284		APC	$515.54			
C8931	N	MRA, W/DYE, SPINAL CANAL	00284	5.757		Bundled, Sometimes Payable	$319.71			
C8932	N	MRA, W/O DYE, SPINAL CANAL	00336	3.861		Bundled, Sometimes Payable	$214.42			
C8933	N	MRA, W/O&W/DYE, SPINAL CANAL	00337	6.513		Bundled, Sometimes Payable	$361.66			
C8934	N	MRA, W/DYE, UPPER EXTREMITY	00284	5.757		Bundled, Sometimes Payable	$319.71			
C8935	N	MRA, W/O DYE, UPPER EXTR	00336	3.861		Bundled, Sometimes Payable	$214.42			
C8936	N	MRA, W/O&W/DYE, UPPER EXTR	00337	6.513		Bundled, Sometimes Payable	$361.66			
C8957	S	PROLONGED IV INF, REQ PUMP	00440	3.844		APC	$213.45			
C9025	G	INJECTION, RAMUCIRUMAB	01488			APC	$53.97			
C9026	G	INJECTION, VEDOLIZUMAB	01489			APC	$17.03			
C9027	G	INJECTION, PEMBROLIZUMAB	01490			APC	$45.70			
C9113	N	INJ PANTOPRAZOLE SODIUM, VIA				Bundled, Sometimes Payable	$0.00			
C9121	K	INJECTION, ARGATROBAN	09121			APC	$16.32			
C9132	G	KCENTRA, PER I.U.	09132			APC	$1.62			
C9136	E	FACTOR VIII (ELOCTATE)				Not Allowed	$0.00			
C9248	K	INJ, CLEVIDIPINE BUTYRATE	09248			APC	$3.84			
C9250	N	ARTISS FIBRIN SEALANT				Bundled, Sometimes Payable	$0.00			
C9254	N	INJECTION, LACOSAMIDE				Bundled, Sometimes Payable	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
C9257	K	BEVACIZUMAB INJECTION	01281			APC	$1.71			
C9275	N	HEXAMINOLEVULINATE HCL				Bundled, Sometimes Payable	$0.00			
C9285	N	PATCH, LIDOCAINE/TETRACAINE				Bundled, Sometimes Payable	$0.00			
C9290	N	INJ, BUPIVACAINE LIPOSOME				Bundled, Sometimes Payable	$0.00			
C9293	K	INJECTION, GLUCARPIDASE	09293			APC	$257.67			
C9349	G	FORTADERM, FORTADERM ANTIMIC	01657			APC	$109.18			
C9352	N	NEURAGEN NERVE GUIDE, PER CM				Bundled, Sometimes Payable	$0.00			
C9353	N	NEURAWRAP NERVE PROTECTOR,CM				Bundled, Sometimes Payable	$0.00			
C9354	N	VERITAS COLLAGEN MATRIX, CM2				Bundled	$0.00			
C9355	N	NEUROMATRIX NERVE CUFF, CM				Bundled	$0.00			
C9356	N	TENOGLIDE TENDON PROT, CM2				Bundled, Sometimes Payable	$0.00			
C9358	N	SURGIMEND, FETAL				Bundled, Sometimes Payable	$0.00			
C9359	N	IMPLNT,BON VOID FILLER-PUTTY				Bundled, Sometimes Payable	$0.00			
C9360	N	SURGIMEND, NEONATAL				Bundled, Sometimes Payable	$0.00			
C9361	N	NEUROMEND NERVE WRAP				Bundled, Sometimes Payable	$0.00			
C9362	N	IMPLNT,BON VOID FILLER-STRIP				Bundled, Sometimes Payable	$0.00			
C9363	N	INTEGRA MESHED BIL WOUND MAT				Bundled, Sometimes Payable	$0.00			
C9364	N	PORCINE IMPLANT, PERMACOL				Bundled, Sometimes Payable	$0.00			
C9399	M	UNCLASSIFIED DRUGS OR BIOLOG				Fee Schedule	$0.00			
C9442	G	INJECTION, BELINOSTAT	01658			APC	$31.69			
C9443	G	INJECTION, DALBAVANCIN	01659			APC	$29.57			
C9444	G	INJECTION, ORITAVANCIN	01660			APC	$25.62			
C9445	G	C-1 ESTERASE, RUCONEST	09445			APC	$23.98			
C9446	G	INJ, TEDIZOLID PHOSPHATE	01662			APC	$0.12			
C9447	G	INJ, PHENYLEPHRINE KETOROLAC	01663			APC	$492.90			
C9448	G	ORAL NETUPITANT PALONOSETRON	09448			APC	$504.56			
C9449	G	INJ, BLINATUMOMAB	09449			APC	$96.27			
C9450	G	FLUOCINOLONE ACETONIDE IMPLT	09450			APC	$490.95			
C9451	G	INJECTION, PERAMIVIR	09451			APC	$1.68			
C9452	G	INJ, CEFTOLOZANE/TAZOBACTAM	09452			APC	$0.44			
C9497	G	LOXAPINE, INHALATION POWDER	09497			APC	$149.85			
C9600	N	PERC DRUG-EL COR STENT SING	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
C9601	N	PERC DRUG-EL COR STENT BRAN				Bundled, Sometimes Payable	$0.00			
C9602	N	PERC D-E COR STENT ATHER S	00319	200.2		Bundled, Sometimes Payable	$11,114.87			
C9603	N	PERC D-E COR STENT ATHER BR				Bundled, Sometimes Payable	$0.00			
C9604	N	PERC D-E COR REVASC T CABG S	00229	129.8		Bundled, Sometimes Payable	$7,207.95			
C9605	N	PERC D-E COR REVASC T CABG B				Bundled, Sometimes Payable	$0.00			
C9606	N	PERC D-E COR REVASC W AMI S	00319	200.2		Bundled, Sometimes Payable	$11,114.87			
C9607	N	PERC D-E COR REVASC CHRO SIN	00319	200.2		Bundled, Sometimes Payable	$11,114.87			
C9608	N	PERC D-E COR REVASC CHRO ADD				Bundled, Sometimes Payable	$0.00			
C9724	T	EPS STOMACH PLIC	00422	25.82		APC	$1,433.79			
C9725	T	PLACE ENDORECTAL APP	00148	5.966		APC	$331.29			
C9726	N	RXT BREAST APPL PLACE/REMOV				Bundled, Sometimes Payable	$0.00			
C9727	T	INSERT PALATE IMPLANTS	00252	8.718		APC	$484.13			
C9728	S	PLACE DEVICE/MARKER, NON PRO	00310	14		APC	$777.50			
C9733	N	NON-OPHTHALMIC FVA	00263	4.544		Bundled, Sometimes Payable	$252.32			
C9734	S	U/S TRTMT, NOT LEIOMYOMATA	00066	25.66		APC	$1,424.86			
C9737	T	LAP ESOPH AUGMENTATION	00174	108.8		APC	$6,041.58			
C9739	T	CYSTOSCOPY PROSTATIC IMP 1-3	00162	28.11		APC	$1,560.83			
C9740	T	CYSTO IMPL 4 OR MORE	01564	85.54		APC	$4,750.00			
C9741	T	IMPL PRESSURE SENSOR W/ANGIO	00080	34.73		APC	$11,851.47			
C9742	T	LARYNGOSCOPY WITH INJECTION	00073	16.98		APC	$942.97			
C9800	T	DERMAL FILLER INJ PX/SUPPL	00328	18.97		APC	$1,053.67			
C9898	N	INPNT STAY RADIOLABELED ITEM				Bundled, Sometimes Payable	$0.00			
C9899	E	INPT IMPLANT PROS DEV,NO COV				Not Allowed	$0.00			
D0120	M	PERIODIC ORAL EVALUATION				Fee Schedule	$68.64			
D0140	M	LIMIT ORAL EVAL PROBLM FOCUS				Fee Schedule	$68.64			
D0145	M	ORAL EVALUATION, PT < 3YRS				Fee Schedule	$68.64			
D0150	S	COMPREHENSVE ORAL EVALUATION	00330	3.411		APC	$189.39			
D0160	E	EXTENSV ORAL EVAL PROB FOCUS				Not Allowed	$0.00			
D0170	E	RE-EVAL,EST PT,PROBLEM FOCUS				Not Allowed	$0.00			
D0171	E	RE-EVAL POST-OP VISIT				Not Allowed	$0.00			
D0180	E	COMP PERIODONTAL EVALUATION				Not Allowed	$0.00			
D0190	E	SCREENING OF A PATIENT				Not Allowed	$0.00			

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D0191	E	ASSESSMENT OF A PATIENT				Not Allowed	$0.00			
D0210	M	INTRAOR COMPLETE FILM SERIES				Fee Schedule	$68.64			
D0220	M	INTRAORAL PERIAPICAL FIRST				Fee Schedule	$68.64			
D0230	M	INTRAORAL PERIAPICAL EA ADD				Fee Schedule	$68.64			
D0240	S	INTRAORAL OCCLUSAL FILM	00330	3.411		APC	$189.39			
D0250	S	EXTRAORAL FIRST FILM	00330	3.411		APC	$189.39			
D0260	S	EXTRAORAL EA ADDITIONAL FILM	00330	3.411		APC	$189.39			
D0270	S	DENTAL BITEWING SINGLE IMAGE	00330	3.411		APC	$189.39			
D0272	S	DENTAL BITEWINGS TWO IMAGES	00330	3.411		APC	$189.39			
D0273	M	BITEWINGS - THREE IMAGES				Fee Schedule	$68.64			
D0274	S	BITEWINGS FOUR IMAGES	00330	3.411		APC	$189.39			
D0277	S	VERT BITEWINGS 7 TO 8 IMAGES	00330	3.411		APC	$189.39			
D0290	E	SKULL/FACIAL BONE IMAGE				Not Allowed	$0.00			
D0310	E	DENTAL SALIOGRAPHY				Not Allowed	$0.00			
D0320	E	DENTAL TMJ ARTHROGRAM INCL I				Not Allowed	$0.00			
D0321	E	OTHER TMJ IMAGES BY REPORT				Not Allowed	$0.00			
D0322	E	DENTAL TOMOGRAPHIC SURVEY				Not Allowed	$0.00			
D0330	M	PANORAMIC IMAGE				Fee Schedule	$68.64			
D0340	M	CEPHALOMETRIC IMAGE				Fee Schedule	$68.64			
D0350	M	ORAL/FACIAL PHOTO IMAGES				Fee Schedule	$68.64			
D0351	E	3D PHOTOGRAPHIC IMAGE				Not Allowed	$0.00			
D0360	E	CONE BEAM CT				Not Allowed	$0.00			
D0362	E	CONE BEAM, TWO DIMENSIONAL				Not Allowed	$0.00			
D0364	E	CONE BEAM CT CAPT & INTERP				Not Allowed	$0.00			
D0365	E	CONE BEAM CT INTERPRETE MAN				Not Allowed	$0.00			
D0366	E	CONE BEAM CT INTERPRETE MAX				Not Allowed	$0.00			
D0367	M	CONE BEAM CT INTERP BOTH JAW				Fee Schedule	$68.64			
D0368	E	CONE BEAM CT INTERPRETE TMJ				Not Allowed	$0.00			
D0369	E	MAX MRI CAPTURE & INTERPRETE				Not Allowed	$0.00			
D0370	E	MAX ULTRASOUND CAPT & INTERP				Not Allowed	$0.00			
D0371	E	SIALOENDOSCOPY CAPT & INTERP				Not Allowed	$0.00			
D0380	E	CONE BEAM CT CAPTURE LIMITED				Not Allowed	$0.00			
D0381	E	CONE BEAM CT CAPT MANDIBLE				Not Allowed	$0.00			
D0382	E	CONE BEAM CT CAPT MAXILLA				Not Allowed	$0.00			
D0383	E	CONE BEAM CT BOTH JAWS				Not Allowed	$0.00			
D0384	E	CONE BEAM CT CAPTURE TMJ				Not Allowed	$0.00			
D0385	E	MAX MRI IMAGE CAPTURE				Not Allowed	$0.00			
D0386	E	MAX ULTRASOUND IMAGE CAPTURE				Not Allowed	$0.00			
D0391	E	IMTERPRETE DIAGNOSTIC IMAGE				Not Allowed	$0.00			
D0393	E	TRTMNT SIMULATION 3D IMAGE				Not Allowed	$0.00			
D0394	E	DIGITAL SUB 2 OR MORE IMAGES				Not Allowed	$0.00			
D0395	E	FUSION 2 OR MORE 3D IMAGES				Not Allowed	$0.00			
D0415	E	COLLECTION OF MICROORGANISMS				Not Allowed	$0.00			
D0416	E	VIRAL CULTURE				Not Allowed	$0.00			
D0417	E	COLLECT & PREP SALIVA SAMPLE				Not Allowed	$0.00			
D0418	E	ANALYSIS OF SALIVA SAMPLE				Not Allowed	$0.00			
D0421	E	GEN TST SUSCEPT ORAL DISEASE				Not Allowed	$0.00			
D0425	M	CARIES SUSCEPTIBILITY TEST				Fee Schedule	$68.64			
D0431	E	DIAG TST DETECT MUCOS ABNORM				Not Allowed	$0.00			
D0460	S	PULP VITALITY TEST	00330	3.411		APC	$189.39			
D0470	M	DIAGNOSTIC CASTS				Fee Schedule	$68.64			
D0472	E	GROSS EXAM, PREP & REPORT				Not Allowed	$0.00			
D0473	E	MICRO EXAM, PREP & REPORT				Not Allowed	$0.00			
D0474	E	MICRO W EXAM OF SURG MARGINS				Not Allowed	$0.00			
D0475	E	DECALCIFICATION PROCEDURE				Not Allowed	$0.00			
D0476	E	SPEC STAINS FOR MICROORGANIS				Not Allowed	$0.00			
D0477	E	SPEC STAINS NOT FOR MICROORG				Not Allowed	$0.00			
D0478	E	IMMUNOHISTOCHEMICAL STAINS				Not Allowed	$0.00			
D0479	E	TISSUE IN-SITU HYBRIDIZATION				Not Allowed	$0.00			
D0480	E	CYTOPATH SMEAR PREP & REPORT				Not Allowed	$0.00			
D0481	E	ELECTRON MICROSCOPY				Not Allowed	$0.00			
D0482	E	DIRECT IMMUNOFLUORESCENCE				Not Allowed	$0.00			
D0483	E	INDIRECT IMMUNOFLUORESCENCE				Not Allowed	$0.00			
D0484	E	CONSULT SLIDES PREP ELSEWHER				Not Allowed	$0.00			

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D0485	E	CONSULT INC PREP OF SLIDES				Not Allowed	$0.00			
D0486	M	ACCESS OF TRANSEP CYTOL SAMP				Fee Schedule	$68.64			
D0502	E	OTHER ORAL PATHOLOGY PROCEDU				Not Allowed	$0.00			
D0601	M	CARIES RISK ASSESS LOW RISK				Fee Schedule	$68.64			
D0602	M	CARIES RISK ASSESS MOD RISK				Fee Schedule	$68.64			
D0603	M	CARIES RISK ASSESS HIGH RISK				Fee Schedule	$68.64			
D0999	E	UNSPECIFIED DIAGNOSTIC PROCE				Not Allowed	$0.00			
D1110	M	DENTAL PROPHYLAXIS ADULT				Fee Schedule	$68.64			
D1120	M	DENTAL PROPHYLAXIS CHILD				Fee Schedule	$68.64			
D1206	M	TOPICAL FLUORIDE VARNISH				Fee Schedule	$68.64			
D1208	M	TOPICAL APP FLUORID EX VRNSH				Fee Schedule	$68.64			
D1310	M	NUTRI COUNSEL-CONTROL CARIES				Fee Schedule	$68.64			
D1320	M	TOBACCO COUNSELING				Fee Schedule	$68.64			
D1330	M	ORAL HYGIENE INSTRUCTION				Fee Schedule	$68.64			
D1351	M	DENTAL SEALANT PER TOOTH				Fee Schedule	$68.64			
D1352	M	PREV RESIN REST, PERM TOOTH				Fee Schedule	$68.64			
D1353	E	SEALANT REPAIR PER TOOTH				Not Allowed	$0.00			
D1510	S	SPACE MAINTAINER FXD UNILAT	00330	3.411		APC	$189.39			
D1515	S	FIXED BILAT SPACE MAINTAINER	00330	3.411		APC	$189.39			
D1520	E	REMOVE UNILAT SPACE MAINTAIN				Not Allowed	$0.00			
D1525	E	REMOVE BILAT SPACE MAINTAIN				Not Allowed	$0.00			
D1550	S	RECEMENT SPACE MAINTAINER	00330	3.411		APC	$189.39			
D1555	M	REMOVE FIX SPACE MAINTAINER				Fee Schedule	$68.64			
D1999	E	UNSPECIFIED PREVENTIVE PROC				Not Allowed	$0.00			
D2140	M	AMALGAM ONE SURFACE PERMANEN				Fee Schedule	$68.64			
D2150	M	AMALGAM TWO SURFACES PERMANE				Fee Schedule	$68.64			
D2160	M	AMALGAM THREE SURFACES PERMA				Fee Schedule	$68.64			
D2161	M	AMALGAM 4 OR > SURFACES PERM				Fee Schedule	$68.64			
D2330	M	RESIN ONE SURFACE-ANTERIOR				Fee Schedule	$68.64			
D2331	M	RESIN TWO SURFACES-ANTERIOR				Fee Schedule	$68.64			
D2332	M	RESIN THREE SURFACES-ANTERIO				Fee Schedule	$68.64			
D2335	M	RESIN 4/> SURF OR W INCIS AN				Fee Schedule	$68.64			
D2390	M	ANT RESIN-BASED CMPST CROWN				Fee Schedule	$68.64			
D2391	M	POST 1 SRFC RESINBASED CMPST				Fee Schedule	$68.64			
D2392	M	POST 2 SRFC RESINBASED CMPST				Fee Schedule	$68.64			
D2393	M	POST 3 SRFC RESINBASED CMPST				Fee Schedule	$68.64			
D2394	M	POST >=4SRFC RESINBASE CMPST				Fee Schedule	$68.64			
D2410	E	DENTAL GOLD FOIL ONE SURFACE				Not Allowed	$0.00			
D2420	E	DENTAL GOLD FOIL TWO SURFACE				Not Allowed	$0.00			
D2430	E	DENTAL GOLD FOIL THREE SURFA				Not Allowed	$0.00			
D2510	E	DENTAL INLAY METALIC 1 SURF				Not Allowed	$0.00			
D2520	E	DENTAL INLAY METALLIC 2 SURF				Not Allowed	$0.00			
D2530	E	DENTAL INLAY METL 3/MORE SUR				Not Allowed	$0.00			
D2542	E	DENTAL ONLAY METALLIC 2 SURF				Not Allowed	$0.00			
D2543	E	DENTAL ONLAY METALLIC 3 SURF				Not Allowed	$0.00			
D2544	E	DENTAL ONLAY METL 4/MORE SUR				Not Allowed	$0.00			
D2610	E	INLAY PORCELAIN/CERAMIC 1 SU				Not Allowed	$0.00			
D2620	E	INLAY PORCELAIN/CERAMIC 2 SU				Not Allowed	$0.00			
D2630	E	DENTAL ONLAY PORC 3/MORE SUR				Not Allowed	$0.00			
D2642	E	DENTAL ONLAY PORCELIN 2 SURF				Not Allowed	$0.00			
D2643	E	DENTAL ONLAY PORCELIN 3 SURF				Not Allowed	$0.00			
D2644	E	DENTAL ONLAY PORC 4/MORE SUR				Not Allowed	$0.00			
D2650	E	INLAY COMPOSITE/RESIN ONE SU				Not Allowed	$0.00			
D2651	E	INLAY COMPOSITE/RESIN TWO SU				Not Allowed	$0.00			
D2652	E	DENTAL INLAY RESIN 3/MRE SUR				Not Allowed	$0.00			
D2662	E	DENTAL ONLAY RESIN 2 SURFACE				Not Allowed	$0.00			
D2663	E	DENTAL ONLAY RESIN 3 SURFACE				Not Allowed	$0.00			
D2664	E	DENTAL ONLAY RESIN 4/MRE SUR				Not Allowed	$0.00			
D2710	M	CROWN RESIN-BASED INDIRECT				Fee Schedule	$68.64			
D2712	M	CROWN 3/4 RESIN-BASED COMPOS				Fee Schedule	$68.64			
D2720	M	CROWN RESIN W/ HIGH NOBLE ME				Fee Schedule	$68.64			
D2721	M	CROWN RESIN W/ BASE METAL				Fee Schedule	$68.64			
D2722	M	CROWN RESIN W/ NOBLE METAL				Fee Schedule	$68.64			
D2740	M	CROWN PORCELAIN/CERAMIC SUBS				Fee Schedule	$68.64			

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D2750	M	CROWN PORCELAIN W/ H NOBLE M				Fee Schedule	$68.64			Y
D2751	M	CROWN PORCELAIN FUSED BASE M				Fee Schedule	$68.64			
D2752	M	CROWN PORCELAIN W/ NOBLE MET				Fee Schedule	$68.64			
D2780	M	CROWN 3/4 CAST HI NOBLE MET				Fee Schedule	$68.64			
D2781	M	CROWN 3/4 CAST BASE METAL				Fee Schedule	$68.64			
D2782	M	CROWN 3/4 CAST NOBLE METAL				Fee Schedule	$68.64			
D2783	M	CROWN 3/4 PORCELAIN/CERAMIC				Fee Schedule	$68.64			
D2790	M	CROWN FULL CAST HIGH NOBLE M				Fee Schedule	$68.64			
D2791	M	CROWN FULL CAST BASE METAL				Fee Schedule	$68.64			
D2792	M	CROWN FULL CAST NOBLE METAL				Fee Schedule	$68.64			
D2794	M	CROWN-TITANIUM				Fee Schedule	$68.64			
D2799	M	PROVISIONAL CROWN				Fee Schedule	$68.64			
D2910	M	RECEMENT INLAY ONLAY OR PART				Fee Schedule	$68.64			
D2915	E	RECEMENT CAST OR PREFAB POST				Not Allowed	$0.00			
D2920	M	RE-CEMENT OR RE-BOND CROWN				Fee Schedule	$68.64			
D2921	M	REATTACH TOOTH FRAGMENT				Fee Schedule	$68.64			
D2929	M	PREFAB PORC/CERAM CROWN PRI				Fee Schedule	$68.64			
D2930	M	PREFAB STNLSS STEEL CRWN PRI				Fee Schedule	$68.64			
D2931	M	PREFAB STNLSS STEEL CROWN PE				Fee Schedule	$68.64			
D2932	M	PREFABRICATED RESIN CROWN				Fee Schedule	$68.64			
D2933	M	PREFAB STAINLESS STEEL CROWN				Fee Schedule	$68.64			
D2934	E	PREFAB STEEL CROWN PRIMARY				Not Allowed	$0.00			
D2940	M	PROTECTIVE RESTORATION				Fee Schedule	$68.64			
D2941	E	INT THERAPEUTIC RESTORATION				Not Allowed	$0.00			
D2949	E	RESTORATIVE FOUNDATION				Not Allowed	$0.00			
D2950	M	CORE BUILD-UP INCL ANY PINS				Fee Schedule	$68.64			
D2951	M	TOOTH PIN RETENTION				Fee Schedule	$68.64			
D2952	M	POST AND CORE CAST + CROWN				Fee Schedule	$68.64			
D2953	M	EACH ADDTNL CAST POST				Fee Schedule	$68.64			
D2954	M	PREFAB POST/CORE + CROWN				Fee Schedule	$68.64			
D2955	E	POST REMOVAL				Not Allowed	$0.00			
D2957	M	EACH ADDTNL PREFAB POST				Fee Schedule	$68.64			
D2960	M	LAMINATE LABIAL VENEER				Fee Schedule	$68.64			Y
D2961	M	LAB LABIAL VENEER RESIN				Fee Schedule	$68.64			Y
D2962	M	LAB LABIAL VENEER PORCELAIN				Fee Schedule	$68.64			Y
D2970	M	TEMP CROWN (FRACTURED TOOTH)				Fee Schedule	$68.64			
D2971	E	ADD PROC CONSTRUCT NEW CROWN				Not Allowed	$0.00			
D2975	E	COPING				Not Allowed	$0.00			
D2980	M	CROWN REPAIR				Fee Schedule	$68.64			
D2981	E	INLAY REPAIR				Not Allowed	$0.00			
D2982	E	ONLAY REPAIR				Not Allowed	$0.00			
D2983	E	VENEER REPAIR				Not Allowed	$0.00			
D2990	E	RESIN INFILTRATION OF LESION				Not Allowed	$0.00			
D2999	E	DENTAL UNSPEC RESTORATIVE PR	00330	3.411		Not Allowed	$0.00			
D3110	M	PULP CAP DIRECT				Fee Schedule	$68.64			
D3120	M	PULP CAP INDIRECT				Fee Schedule	$68.64			
D3220	M	THERAPEUTIC PULPOTOMY				Fee Schedule	$68.64			
D3221	M	GROSS PULPAL DEBRIDEMENT				Fee Schedule	$68.64			
D3222	E	PART PULP FOR APEXOGENESIS				Not Allowed	$0.00			
D3230	M	PULPAL THERAPY ANTERIOR PRIM				Fee Schedule	$68.64			
D3240	M	PULPAL THERAPY POSTERIOR PRI				Fee Schedule	$68.64			
D3310	M	END THXPY, ANTERIOR TOOTH				Fee Schedule	$68.64			
D3320	M	END THXPY, BICUSPID TOOTH				Fee Schedule	$68.64			
D3330	M	END THXPY, MOLAR				Fee Schedule	$68.64			
D3331	M	NON-SURG TX ROOT CANAL OBS				Fee Schedule	$68.64			
D3332	E	INCOMPLETE ENDODONTIC TX				Not Allowed	$0.00			
D3333	E	INTERNAL ROOT REPAIR				Not Allowed	$0.00			
D3346	M	RETREAT ROOT CANAL ANTERIOR				Fee Schedule	$68.64			
D3347	M	RETREAT ROOT CANAL BICUSPID				Fee Schedule	$68.64			
D3348	M	RETREAT ROOT CANAL MOLAR				Fee Schedule	$68.64			
D3351	E	APEXIFICATION/RECALC INITIAL				Not Allowed	$0.00			
D3352	E	APEXIFICATION/RECALC INTERIM				Not Allowed	$0.00			
D3353	E	APEXIFICATION/RECALC FINAL				Not Allowed	$0.00			
D3355	E	PULPAL REGENERATION INITIAL				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D3356	E	PULPAL REGENERATION INTERIM				Not Allowed	$0.00			
D3357	E	PULPAL REGENERATION COMPLETE				Not Allowed	$0.00			
D3410	M	APICOECTOMY - ANTERIOR				Fee Schedule	$68.64			
D3421	M	ROOT SURGERY BICUSPID				Fee Schedule	$68.64			
D3425	M	ROOT SURGERY MOLAR				Fee Schedule	$68.64			
D3426	M	ROOT SURGERY EA ADD ROOT				Fee Schedule	$68.64			
D3427	E	PERIRADICULAR SURGERY				Not Allowed	$0.00			
D3428	E	BONE GRAFT PERI PER TOOTH				Not Allowed	$0.00			
D3429	E	BONE GRAFT PERI EACH ADDL				Not Allowed	$0.00			
D3430	M	RETROGRADE FILLING				Fee Schedule	$68.64			
D3431	E	BIOLOGICAL MATERIALS				Not Allowed	$0.00			
D3432	E	GUIDED TISSUE REGENERATION				Not Allowed	$0.00			
D3450	E	ROOT AMPUTATION				Not Allowed	$0.00			
D3460	E	ENDODONTIC ENDOSSEOUS IMPLAN				Not Allowed	$0.00			
D3470	E	INTENTIONAL REPLANTATION				Not Allowed	$0.00			
D3910	E	ISOLATION- TOOTH W RUBB DAM				Not Allowed	$0.00			
D3920	E	TOOTH SPLITTING				Not Allowed	$0.00			
D3950	E	CANAL PREP/FITTING OF DOWEL				Not Allowed	$0.00			
D3999	E	ENDODONTIC PROCEDURE				Not Allowed	$0.00			
D4210	M	GINGIVECTOMY/PLASTY 4 OR MOR				Fee Schedule	$68.64			
D4211	M	GINGIVECTOMY/PLASTY 1 TO 3				Fee Schedule	$68.64			
D4212	M	GINGIVECTOMY/PLASTY REST				Fee Schedule	$68.64			
D4230	M	ANA CROWN EXP 4 OR> PER QUAD				Fee Schedule	$68.64			
D4231	M	ANA CROWN EXP 1-3 PER QUAD				Fee Schedule	$68.64			
D4240	M	GINGIVAL FLAP PROC W/ PLANIN				Fee Schedule	$68.64			
D4241	M	GNGVL FLAP W ROOTPLAN 1-3 TH				Fee Schedule	$68.64			
D4245	E	APICALLY POSITIONED FLAP				Not Allowed	$0.00			
D4249	E	CROWN LENGTHEN HARD TISSUE				Not Allowed	$0.00			
D4260	S	OSSEOUS SURGERY 4 OR MORE	00330	3.411		APC	$189.39			
D4261	M	OSSEOUS SURG 1 TO 3 TEETH				Fee Schedule	$68.64			
D4263	E	BONE REPLCE GRAFT FIRST SITE				Not Allowed	$0.00			
D4264	E	BONE REPLCE GRAFT EACH ADD				Not Allowed	$0.00			
D4265	E	BIO MTRLS TO AID SOFT/OS REG				Not Allowed	$0.00			
D4266	E	GUIDED TISS REGEN RESORBLE				Not Allowed	$0.00			
D4267	E	GUIDED TISS REGEN NONRESORB				Not Allowed	$0.00			
D4268	E	SURGICAL REVISION PROCEDURE				Not Allowed	$0.00			
D4270	S	PEDICLE SOFT TISSUE GRAFT PR	00330	3.411		APC	$189.39			
D4273	M	SUBEPITHELIAL TISSUE GRAFT				Fee Schedule	$68.64			
D4274	E	DISTAL/PROXIMAL WEDGE PROC				Not Allowed	$0.00			
D4275	E	SOFT TISSUE ALLOGRAFT				Not Allowed	$0.00			
D4276	E	CON TISSUE W DBLE PED GRAFT				Not Allowed	$0.00			
D4277	M	SOFT TISSUE GRAFT FIRSTTOOTH				Fee Schedule	$68.64			
D4278	M	SOFT TISSUE GRAFT ADDL TOOTH				Fee Schedule	$68.64			
D4320	M	PROVISION SPLNT INTRACORONAL				Fee Schedule	$68.64			
D4321	M	PROVISIONAL SPLINT EXTRACORO				Fee Schedule	$68.64			
D4341	M	PERIODONTAL SCALING & ROOT				Fee Schedule	$68.64			
D4342	M	PERIODONTAL SCALING 1-3TEETH				Fee Schedule	$68.64			
D4355	S	FULL MOUTH DEBRIDEMENT	00330	3.411		APC	$189.39			
D4381	E	LOCALIZED DELIVERY ANTIMICRO				Not Allowed	$0.00			
D4910	M	PERIODONTAL MAINT PROCEDURES				Fee Schedule	$68.64			
D4920	M	UNSCHEDULED DRESSING CHANGE				Fee Schedule	$68.64			
D4921	E	GINGIVAL IRRIGATION PER QUAD				Not Allowed	$0.00			
D4999	E	UNSPECIFIED PERIODONTAL PROC				Not Allowed	$0.00			
D5110	M	DENTURES COMPLETE MAXILLARY				Fee Schedule	$68.64			
D5120	M	DENTURES COMPLETE MANDIBLE				Fee Schedule	$68.64			
D5130	M	DENTURES IMMEDIAT MAXILLARY				Fee Schedule	$68.64			
D5140	M	DENTURES IMMEDIAT MANDIBLE				Fee Schedule	$68.64			
D5211	M	DENTURES MAXILL PART RESIN				Fee Schedule	$68.64			
D5212	M	DENTURES MAND PART RESIN				Fee Schedule	$68.64			
D5213	M	DENTURES MAXILL PART METAL				Fee Schedule	$68.64			
D5214	M	DENTURES MANDIBL PART METAL				Fee Schedule	$68.64			
D5225	M	MAXILLARY PART DENTURE FLEX				Fee Schedule	$68.64			
D5226	M	MANDIBULAR PART DENTURE FLEX				Fee Schedule	$68.64			
D5281	E	REMOVABLE PARTIAL DENTURE				Not Allowed	$0.00			

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D5410	M	DENTURES ADJUST CMPLT MAXIL				Fee Schedule	$68.64			
D5411	M	DENTURES ADJUST CMPLT MAND				Fee Schedule	$68.64			
D5421	M	DENTURES ADJUST PART MAXILL				Fee Schedule	$68.64			
D5422	M	DENTURES ADJUST PART MANDBL				Fee Schedule	$68.64			
D5510	M	DENTUR REPR BROKEN COMPL BAS				Fee Schedule	$68.64			
D5520	M	REPLACE DENTURE TEETH COMPLT				Fee Schedule	$68.64			
D5610	M	DENTURES REPAIR RESIN BASE				Fee Schedule	$68.64			
D5620	M	REP PART DENTURE CAST FRAME				Fee Schedule	$68.64			
D5630	M	REP PARTIAL DENTURE CLASP				Fee Schedule	$68.64			
D5640	M	REPLACE PART DENTURE TEETH				Fee Schedule	$68.64			
D5650	M	ADD TOOTH TO PARTIAL DENTURE				Fee Schedule	$68.64			
D5660	M	ADD CLASP TO PARTIAL DENTURE				Fee Schedule	$68.64			
D5670	E	REPLC TTH&ACRLC ON MTL FRMWK				Not Allowed	$0.00			
D5671	E	REPLC TTH&ACRLC MANDIBULAR				Not Allowed	$0.00			
D5710	M	DENTURES REBASE CMPLT MAXIL				Fee Schedule	$68.64			
D5711	M	DENTURES REBASE CMPLT MAND				Fee Schedule	$68.64			
D5720	M	DENTURES REBASE PART MAXILL				Fee Schedule	$68.64			
D5721	M	DENTURES REBASE PART MANDBL				Fee Schedule	$68.64			
D5730	M	DENTURE RELN CMPLT MAXIL CH				Fee Schedule	$68.64			
D5731	M	DENTURE RELN CMPLT MAND CHR				Fee Schedule	$68.64			
D5740	M	DENTURE RELN PART MAXIL CHR				Fee Schedule	$68.64			
D5741	M	DENTURE RELN PART MAND CHR				Fee Schedule	$68.64			
D5750	M	DENTURE RELN CMPLT MAX LAB				Fee Schedule	$68.64			
D5751	M	DENTURE RELN CMPLT MAND LAB				Fee Schedule	$68.64			
D5760	M	DENTURE RELN PART MAXIL LAB				Fee Schedule	$68.64			
D5761	M	DENTURE RELN PART MAND LAB				Fee Schedule	$68.64			
D5810	M	DENTURE INTERM CMPLT MAXILL				Fee Schedule	$68.64			
D5811	E	DENTURE INTERM CMPLT MANDBL				Not Allowed	$0.00			
D5820	M	DENTURE INTERM PART MAXILL				Fee Schedule	$68.64			
D5821	M	DENTURE INTERM PART MANDBL				Fee Schedule	$68.64			
D5850	M	DENTURE TISS CONDITN MAXILL				Fee Schedule	$68.64			Y
D5851	M	DENTURE TISS CONDTIN MANDBL				Fee Schedule	$68.64			Y
D5862	E	PRECISION ATTACHMENT				Not Allowed	$0.00			
D5863	E	OVERDENTURE COMPLETE MAX				Not Allowed	$0.00			
D5864	E	OVERDENTURE PARTIAL MAX				Not Allowed	$0.00			
D5865	E	OVERDENTURE COMPLETE MANDIB				Not Allowed	$0.00			
D5866	E	OVERDENTURE PARTIAL MANDIB				Not Allowed	$0.00			
D5867	E	REPLACEMENT OF PRECISION ATT				Not Allowed	$0.00			
D5875	E	PROSTHESIS MODIFICATION				Not Allowed	$0.00			
D5899	M	REMOVABLE PROSTHODONTIC PROC				Fee Schedule	$68.64			
D5911	E	FACIAL MOULAGE SECTIONAL				Not Allowed	$0.00			
D5912	E	FACIAL MOULAGE COMPLETE				Not Allowed	$0.00			
D5913	E	NASAL PROSTHESIS				Not Allowed	$0.00			
D5914	E	AURICULAR PROSTHESIS				Not Allowed	$0.00			
D5915	E	ORBITAL PROSTHESIS				Not Allowed	$0.00			
D5916	E	OCULAR PROSTHESIS				Not Allowed	$0.00			
D5919	E	FACIAL PROSTHESIS				Not Allowed	$0.00			
D5922	E	NASAL SEPTAL PROSTHESIS				Not Allowed	$0.00			
D5923	E	OCULAR PROSTHESIS INTERIM				Not Allowed	$0.00			
D5924	E	CRANIAL PROSTHESIS				Not Allowed	$0.00			
D5925	E	FACIAL AUGMENTATION IMPLANT				Not Allowed	$0.00			
D5926	E	REPLACEMENT NASAL PROSTHESIS				Not Allowed	$0.00			
D5927	E	AURICULAR REPLACEMENT				Not Allowed	$0.00			
D5928	E	ORBITAL REPLACEMENT				Not Allowed	$0.00			
D5929	E	FACIAL REPLACEMENT				Not Allowed	$0.00			
D5931	E	SURGICAL OBTURATOR				Not Allowed	$0.00			
D5932	E	POSTSURGICAL OBTURATOR				Not Allowed	$0.00			
D5933	E	REFITTING OF OBTURATOR				Not Allowed	$0.00			
D5934	E	MANDIBULAR FLANGE PROSTHESIS				Not Allowed	$0.00			
D5935	E	MANDIBULAR DENTURE PROSTH				Not Allowed	$0.00			
D5936	E	TEMP OBTURATOR PROSTHESIS				Not Allowed	$0.00			
D5937	E	TRISMUS APPLIANCE				Not Allowed	$0.00			
D5951	E	FEEDING AID				Not Allowed	$0.00			
D5952	E	PEDIATRIC SPEECH AID				Not Allowed	$0.00			

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D5953	E	ADULT SPEECH AID				Not Allowed	$0.00			
D5954	E	SUPERIMPOSED PROSTHESIS				Not Allowed	$0.00			
D5955	E	PALATAL LIFT PROSTHESIS				Not Allowed	$0.00			
D5958	E	INTRAORAL CON DEF INTER PLT				Not Allowed	$0.00			
D5959	E	INTRAORAL CON DEF MOD PALAT				Not Allowed	$0.00			
D5960	E	MODIFY SPEECH AID PROSTHESIS				Not Allowed	$0.00			
D5982	E	SURGICAL STENT				Not Allowed	$0.00			
D5983	E	RADIATION APPLICATOR				Not Allowed	$0.00			
D5984	E	RADIATION SHIELD				Not Allowed	$0.00			
D5985	E	RADIATION CONE LOCATOR				Not Allowed	$0.00			
D5986	E	FLUORIDE APPLICATOR				Not Allowed	$0.00			
D5987	E	COMMISSURE SPLINT				Not Allowed	$0.00			
D5988	E	SURGICAL SPLINT				Not Allowed	$0.00			
D5991	E	VESICULOBULLOUS DISEASE CARR				Not Allowed	$0.00			
D5992	E	ADJUST MAX PROST APPLIANCE				Not Allowed	$0.00			
D5993	E	MAIN/CLEAN MAX PROSTHESIS				Not Allowed	$0.00			
D5994	E	PERIDONTAL MEDICAMENT				Not Allowed	$0.00			
D5999	E	MAXILLOFACIAL PROSTHESIS				Not Allowed	$0.00			
D6010	E	ODONTICS ENDOSTEAL IMPLANT				Not Allowed	$0.00			
D6011	E	SECOND STAGE IMPLANT SURGERY				Not Allowed	$0.00			
D6012	E	ENDOSTEAL IMPLANT				Not Allowed	$0.00			
D6013	E	SURGICAL PLACE MINI IMPLANT				Not Allowed	$0.00			
D6040	E	ODONTICS EPOSTEAL IMPLANT				Not Allowed	$0.00			
D6050	E	ODONTICS TRANSOSTEAL IMPLNT				Not Allowed	$0.00			
D6051	E	INTERIM ABUTMENT				Not Allowed	$0.00			
D6052	E	SEMI PRECISION ATTACH ABUT				Not Allowed	$0.00			
D6053	E	IMPLNT/ABTMNT SPPRT REMV DNT				Not Allowed	$0.00			
D6054	E	IMPLNT/ABTMNT SPPRT REMVPRTL				Not Allowed	$0.00			
D6055	E	IMPLANT CONNECTING BAR				Not Allowed	$0.00			
D6056	E	PREFABRICATED ABUTMENT				Not Allowed	$0.00			
D6057	E	CUSTOM ABUTMENT				Not Allowed	$0.00			
D6058	E	ABUTMENT SUPPORTED CROWN				Not Allowed	$0.00			
D6059	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6060	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6061	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6062	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6063	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6064	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6065	E	IMPLANT SUPPORTED CROWN				Not Allowed	$0.00			
D6066	E	IMPLANT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6067	E	IMPLANT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6068	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			
D6069	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			
D6070	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			
D6071	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			
D6072	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			
D6073	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			
D6074	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			
D6075	E	IMPLANT SUPPORTED RETAINER				Not Allowed	$0.00			
D6076	E	IMPLANT SUPPORTED RETAINER				Not Allowed	$0.00			
D6077	E	IMPLANT SUPPORTED RETAINER				Not Allowed	$0.00			
D6078	E	IMPLNT/ABUT SUPRTD FIXD DENT				Not Allowed	$0.00			
D6079	E	IMPLNT/ABUT SUPRTD FIXD DENT				Not Allowed	$0.00			
D6080	E	IMPLANT MAINTENANCE				Not Allowed	$0.00			
D6090	E	REPAIR IMPLANT				Not Allowed	$0.00			
D6091	E	REPL SEMI/PRECISION ATTACH				Not Allowed	$0.00			
D6092	E	RECEMENT SUPP CROWN				Not Allowed	$0.00			
D6093	E	RECEMENT SUPP PART DENTURE				Not Allowed	$0.00			
D6094	E	ABUT SUPPORT CROWN TITANIUM				Not Allowed	$0.00			
D6095	E	ODONTICS REPR ABUTMENT				Not Allowed	$0.00			
D6100	E	REMOVAL OF IMPLANT				Not Allowed	$0.00			
D6101	E	DEBRIDEMENT OF A PERIIMPLANT				Not Allowed	$0.00			
D6102	E	DEBRIDEMENT & CONTOURING				Not Allowed	$0.00			
D6103	E	BONE GRAFT REPAIR PERIMPLANT				Not Allowed	$0.00			

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D6104	E	BONE GRAFT TIME OF IMPLANT				Not Allowed	$0.00			
D6110	E	IMPLNT/ABUT REMOV DENT MAX				Not Allowed	$0.00			
D6111	E	IMPLNT/ABUT REMOV DENT MAND				Not Allowed	$0.00			
D6112	E	IMP/ABUT REM DENT PART MAX				Not Allowed	$0.00			
D6113	E	IMP/ABUT REM DENT PART MAND				Not Allowed	$0.00			
D6114	E	IMPLNT/ABUT FIXED DENT MAX				Not Allowed	$0.00			
D6115	E	IMPLNT/ABUT FIXED DENT MAND				Not Allowed	$0.00			
D6116	E	IMP/ABUT FIXED DENT PART MAX				Not Allowed	$0.00			
D6117	E	IMP/ABUT FIXED DENT PART MAN				Not Allowed	$0.00			
D6190	E	RADIO/SURGICAL IMPLANT INDEX				Not Allowed	$0.00			
D6194	E	ABUT SUPPORT RETAINER TITANI				Not Allowed	$0.00			
D6199	E	IMPLANT PROCEDURE				Not Allowed	$0.00			
D6205	M	PONTIC-INDIRECT RESIN BASED				Fee Schedule	$68.64			
D6210	M	PROSTHODONT HIGH NOBLE METAL				Fee Schedule	$68.64			
D6211	M	BRIDGE BASE METAL CAST				Fee Schedule	$68.64			
D6212	M	BRIDGE NOBLE METAL CAST				Fee Schedule	$68.64			
D6214	M	PONTIC TITANIUM				Fee Schedule	$68.64			
D6240	M	BRIDGE PORCELAIN HIGH NOBLE				Fee Schedule	$68.64			
D6241	M	BRIDGE PORCELAIN BASE METAL				Fee Schedule	$68.64			
D6242	M	BRIDGE PORCELAIN NOBEL METAL				Fee Schedule	$68.64			
D6245	M	BRIDGE PORCELAIN/CERAMIC				Fee Schedule	$68.64			
D6250	M	BRIDGE RESIN W/HIGH NOBLE				Fee Schedule	$68.64			
D6251	M	BRIDGE RESIN BASE METAL				Fee Schedule	$68.64			
D6252	M	BRIDGE RESIN W/NOBLE METAL				Fee Schedule	$68.64			
D6253	E	PROVISIONAL PONTIC				Not Allowed	$0.00			
D6254	E	INTERIM PONTIC				Not Allowed	$0.00			
D6545	E	DENTAL RETAINR CAST METL				Not Allowed	$0.00			
D6548	E	PORCELAIN/CERAMIC RETAINER				Not Allowed	$0.00			
D6549	E	RESIN RETAINER				Not Allowed	$0.00			
D6600	E	PORCELAIN/CERAMIC INLAY 2SRF				Not Allowed	$0.00			
D6601	E	PORC/CERAM INLAY >= 3 SURFAC				Not Allowed	$0.00			
D6602	E	CST HGH NBLE MTL INLAY 2 SRF				Not Allowed	$0.00			
D6603	E	CST HGH NBLE MTL INLAY >=3SR				Not Allowed	$0.00			
D6604	E	CST BSE MTL INLAY 2 SURFACES				Not Allowed	$0.00			
D6605	E	CST BSE MTL INLAY >= 3 SURFA				Not Allowed	$0.00			
D6606	E	CAST NOBLE METAL INLAY 2 SUR				Not Allowed	$0.00			
D6607	E	CST NOBLE MTL INLAY >=3 SURF				Not Allowed	$0.00			
D6608	E	ONLAY PORC/CRMC 2 SURFACES				Not Allowed	$0.00			
D6609	E	ONLAY PORC/CRMC >=3 SURFACES				Not Allowed	$0.00			
D6610	E	ONLAY CST HGH NBL MTL 2 SRFC				Not Allowed	$0.00			
D6611	E	ONLAY CST HGH NBL MTL >=3SRF				Not Allowed	$0.00			
D6612	E	ONLAY CST BASE MTL 2 SURFACE				Not Allowed	$0.00			
D6613	E	ONLAY CST BASE MTL >=3 SURFA				Not Allowed	$0.00			
D6614	E	ONLAY CST NBL MTL 2 SURFACES				Not Allowed	$0.00			
D6615	E	ONLAY CST NBL MTL >=3 SURFAC				Not Allowed	$0.00			
D6624	E	INLAY TITANIUM				Not Allowed	$0.00			
D6634	E	ONLAY TITANIUM				Not Allowed	$0.00			
D6710	M	CROWN-INDIRECT RESIN BASED				Fee Schedule	$68.64			
D6720	M	RETAIN CROWN RESIN W HI NBLE				Fee Schedule	$68.64			
D6721	M	CROWN RESIN W/BASE METAL				Fee Schedule	$68.64			
D6722	M	CROWN RESIN W/NOBLE METAL				Fee Schedule	$68.64			
D6740	M	CROWN PORCELAIN/CERAMIC				Fee Schedule	$68.64			
D6750	M	CROWN PORCELAIN HIGH NOBLE				Fee Schedule	$68.64			
D6751	M	CROWN PORCELAIN BASE METAL				Fee Schedule	$68.64			
D6752	M	CROWN PORCELAIN NOBLE METAL				Fee Schedule	$68.64			
D6780	M	CROWN 3/4 HIGH NOBLE METAL				Fee Schedule	$68.64			
D6781	M	CROWN 3/4 CAST BASED METAL				Fee Schedule	$68.64			
D6782	M	CROWN 3/4 CAST NOBLE METAL				Fee Schedule	$68.64			
D6783	M	CROWN 3/4 PORCELAIN/CERAMIC				Fee Schedule	$68.64			
D6790	M	CROWN FULL HIGH NOBLE METAL				Fee Schedule	$68.64			
D6791	M	CROWN FULL BASE METAL CAST				Fee Schedule	$68.64			
D6792	M	CROWN FULL NOBLE METAL CAST				Fee Schedule	$68.64			
D6793	E	PROVISIONAL RETAINER CROWN				Not Allowed	$0.00			
D6794	M	CROWN TITANIUM				Fee Schedule	$68.64			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D6795	E	INTERIM RETAINER CROWN				Not Allowed	$0.00			
D6920	E	DENTAL CONNECTOR BAR				Not Allowed	$0.00			
D6930	M	RECEMENT/BOND PART DENTURE				Fee Schedule	$68.64			
D6940	E	STRESS BREAKER				Not Allowed	$0.00			
D6950	M	PRECISION ATTACHMENT				Fee Schedule	$68.64			
D6970	E	POST & CORE PLUS RETAINER				Not Allowed	$0.00			
D6972	E	PREFAB POST & CORE PLUS RETA				Not Allowed	$0.00			
D6973	E	CORE BUILD UP FOR RETAINER				Not Allowed	$0.00			
D6975	E	COPING				Not Allowed	$0.00			
D6976	E	EACH ADDTNL CAST POST				Not Allowed	$0.00			
D6977	E	EACH ADDTL PREFAB POST				Not Allowed	$0.00			
D6980	S	FIXED PARTIAL REPAIR				APC	$0.00			
D6985	E	PEDIATRIC PARTIAL DENTURE FX				Not Allowed	$0.00			
D6999	E	FIXED PROSTHODONTIC PROC				Not Allowed	$0.00			
D7111	S	EXTRACTION CORONAL REMNANTS	00330	3.411		APC	$189.39			
D7140	S	EXTRACTION ERUPTED TOOTH/EXR	00330	3.411		APC	$189.39			
D7210	S	REM IMP TOOTH W MUCOPER FLP	00330	3.411		APC	$189.39			
D7220	S	IMPACT TOOTH REMOV SOFT TISS	00330	3.411		APC	$189.39			
D7230	S	IMPACT TOOTH REMOV PART BONY	00330	3.411		APC	$189.39			
D7240	S	IMPACT TOOTH REMOV COMP BONY	00330	3.411		APC	$189.39			
D7241	S	IMPACT TOOTH REM BONY W/COMP	00330	3.411		APC	$189.39			
D7250	S	TOOTH ROOT REMOVAL	00330	3.411		APC	$189.39			
D7251	E	CORONECTOMY				Not Allowed	$0.00			
D7260	E	ORAL ANTRAL FISTULA CLOSURE				Not Allowed	$0.00			
D7261	E	PRIMARY CLOSURE SINUS PERF				Not Allowed	$0.00			
D7270	M	TOOTH REIMPLANTATION				Fee Schedule	$68.64			
D7272	E	TOOTH TRANSPLANTATION				Not Allowed	$0.00			
D7280	M	EXPOSURE IMPACT TOOTH ORTHOD				Fee Schedule	$68.64			
D7282	M	MOBILIZE ERUPTED/MALPOS TOOT				Fee Schedule	$68.64			
D7283	E	PLACE DEVICE IMPACTED TOOTH				Not Allowed	$0.00			
D7285	E	BIOPSY OF ORAL TISSUE HARD				Not Allowed	$0.00			
D7286	E	BIOPSY OF ORAL TISSUE SOFT				Not Allowed	$0.00			
D7287	E	EXFOLIATIVE CYTOLOG COLLECT				Not Allowed	$0.00			
D7288	E	BRUSH BIOPSY				Not Allowed	$0.00			
D7290	E	REPOSITIONING OF TEETH				Not Allowed	$0.00			
D7291	E	TRANSSEPTAL FIBEROTOMY				Not Allowed	$0.00			
D7292	E	SCREW RETAINED PLATE				Not Allowed	$0.00			
D7293	E	TEMP ANCHORAGE DEV W FLAP				Not Allowed	$0.00			
D7294	E	TEMP ANCHORAGE DEV W/O FLAP				Not Allowed	$0.00			
D7295	E	BONE HARVEST,AUTO GRAFT PROC				Not Allowed	$0.00			
D7310	M	ALVEOPLASTY W/ EXTRACTION				Fee Schedule	$68.64			
D7311	M	ALVEOLOPLASTY W/EXTRACT 1-3				Fee Schedule	$68.64			
D7320	M	ALVEOPLASTY W/O EXTRACTION				Fee Schedule	$68.64			
D7321	M	ALVEOLOPLASTY NOT W/EXTRACTS				Fee Schedule	$68.64			
D7340	E	VESTIBULOPLASTY RIDGE EXTENS				Not Allowed	$0.00			
D7350	E	VESTIBULOPLASTY EXTEN GRAFT				Not Allowed	$0.00			
D7410	E	RAD EXC LESION UP TO 1.25 CM				Not Allowed	$0.00			
D7411	E	EXCISION BENIGN LESION>1.25C				Not Allowed	$0.00			
D7412	E	EXCISION BENIGN LESION COMPL				Not Allowed	$0.00			
D7413	E	EXCISION MALIG LESION<=1.25C				Not Allowed	$0.00			
D7414	E	EXCISION MALIG LESION>1.25CM				Not Allowed	$0.00			
D7415	E	EXCISION MALIG LES COMPLICAT				Not Allowed	$0.00			
D7440	E	MALIG TUMOR EXC TO 1.25 CM				Not Allowed	$0.00			
D7441	E	MALIG TUMOR > 1.25 CM				Not Allowed	$0.00			
D7450	E	REM ODONTOGEN CYST TO 1.25CM				Not Allowed	$0.00			
D7451	E	REM ODONTOGEN CYST > 1.25 CM				Not Allowed	$0.00			
D7460	E	REM NONODONTO CYST TO 1.25CM				Not Allowed	$0.00			
D7461	E	REM NONODONTO CYST > 1.25 CM				Not Allowed	$0.00			
D7465	E	LESION DESTRUCTION				Not Allowed	$0.00			
D7471	E	REM EXOSTOSIS ANY SITE				Not Allowed	$0.00			
D7472	E	REMOVAL OF TORUS PALATINUS				Not Allowed	$0.00			
D7473	E	REMOVE TORUS MANDIBULARIS				Not Allowed	$0.00			
D7485	E	SURG REDUCT OSSEOUSTUBEROSIT				Not Allowed	$0.00			
D7490	E	MAXILLA OR MANDIBLE RESECTIO				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D7510	M	I&D ABSC INTRAORAL SOFT TISS				Fee Schedule	$68.64			
D7511	M	INCISION/DRAIN ABSCESS INTRA				Fee Schedule	$68.64			
D7520	M	I&D ABSCESS EXTRAORAL				Fee Schedule	$68.64			
D7521	M	INCISION/DRAIN ABSCESS EXTRA				Fee Schedule	$68.64			
D7530	E	REMOVAL FB SKIN/AREOLAR TISS				Not Allowed	$0.00			
D7540	M	REMOVAL OF FB REACTION				Fee Schedule	$68.64			
D7550	M	REMOVAL OF SLOUGHED OFF BONE				Fee Schedule	$68.64			
D7560	M	MAXILLARY SINUSOTOMY				Fee Schedule	$68.64			
D7610	E	MAXILLA OPEN REDUCT SIMPLE				Not Allowed	$0.00			
D7620	E	CLSD REDUCT SIMPL MAXILLA FX				Not Allowed	$0.00			
D7630	E	OPEN RED SIMPL MANDIBLE FX				Not Allowed	$0.00			
D7640	E	CLSD RED SIMPL MANDIBLE FX				Not Allowed	$0.00			
D7650	E	OPEN RED SIMP MALAR/ZYGOM FX				Not Allowed	$0.00			
D7660	E	CLSD RED SIMP MALAR/ZYGOM FX				Not Allowed	$0.00			
D7670	E	CLOSD RDUCTN SPLINT ALVEOLUS				Not Allowed	$0.00			
D7671	E	ALVEOLUS OPEN REDUCTION				Not Allowed	$0.00			
D7680	E	REDUCT SIMPLE FACIAL BONE FX				Not Allowed	$0.00			
D7710	E	MAXILLA OPEN REDUCT COMPOUND				Not Allowed	$0.00			
D7720	E	CLSD REDUCT COMPD MAXILLA FX				Not Allowed	$0.00			
D7730	E	OPEN REDUCT COMPD MANDBLE FX				Not Allowed	$0.00			
D7740	E	CLSD REDUCT COMPD MANDBLE FX				Not Allowed	$0.00			
D7750	E	OPEN RED COMP MALAR/ZYGMA FX				Not Allowed	$0.00			
D7760	E	CLSD RED COMP MALAR/ZYGMA FX				Not Allowed	$0.00			
D7770	E	OPEN REDUC COMPD ALVEOLUS FX				Not Allowed	$0.00			
D7771	E	ALVEOLUS CLSD REDUC STBLZ TE				Not Allowed	$0.00			
D7780	E	REDUCT COMPND FACIAL BONE FX				Not Allowed	$0.00			
D7810	E	TMJ OPEN REDUCT-DISLOCATION				Not Allowed	$0.00			
D7820	E	CLOSED TMP MANIPULATION				Not Allowed	$0.00			
D7830	E	TMJ MANIPULATION UNDER ANEST				Not Allowed	$0.00			
D7840	E	REMOVAL OF TMJ CONDYLE				Not Allowed	$0.00			
D7850	E	TMJ MENISCECTOMY				Not Allowed	$0.00			
D7852	E	TMJ REPAIR OF JOINT DISC				Not Allowed	$0.00			
D7854	E	TMJ EXCISN OF JOINT MEMBRANE				Not Allowed	$0.00			
D7856	E	TMJ CUTTING OF A MUSCLE				Not Allowed	$0.00			
D7858	E	TMJ RECONSTRUCTION				Not Allowed	$0.00			
D7860	E	TMJ CUTTING INTO JOINT				Not Allowed	$0.00			
D7865	E	TMJ RESHAPING COMPONENTS				Not Allowed	$0.00			
D7870	E	TMJ ASPIRATION JOINT FLUID				Not Allowed	$0.00			
D7871	E	LYSIS + LAVAGE W CATHETERS				Not Allowed	$0.00			
D7872	E	TMJ DIAGNOSTIC ARTHROSCOPY				Not Allowed	$0.00			
D7873	E	TMJ ARTHROSCOPY LYSIS ADHESN				Not Allowed	$0.00			
D7874	E	TMJ ARTHROSCOPY DISC REPOSIT				Not Allowed	$0.00			
D7875	E	TMJ ARTHROSCOPY SYNOVECTOMY				Not Allowed	$0.00			
D7876	E	TMJ ARTHROSCOPY DISCECTOMY				Not Allowed	$0.00			
D7877	E	TMJ ARTHROSCOPY DEBRIDEMENT				Not Allowed	$0.00			
D7880	E	OCCLUSAL ORTHOTIC APPLIANCE				Not Allowed	$0.00			
D7899	E	TMJ UNSPECIFIED THERAPY				Not Allowed	$0.00			
D7910	M	DENT SUTUR RECENT WND TO 5CM				Fee Schedule	$68.64			
D7911	M	DENTAL SUTURE WOUND TO 5 CM				Fee Schedule	$68.64			
D7912	M	SUTURE COMPLICATE WND > 5 CM				Fee Schedule	$68.64			
D7920	E	DENTAL SKIN GRAFT				Not Allowed	$0.00			
D7921	E	COLLECT & APPL BLOOD PRODUCT				Not Allowed	$0.00			
D7940	E	RESHAPING BONE ORTHOGNATHIC				Not Allowed	$0.00			
D7941	E	BONE CUTTING RAMUS CLOSED				Not Allowed	$0.00			
D7943	E	CUTTING RAMUS OPEN W/GRAFT				Not Allowed	$0.00			
D7944	E	BONE CUTTING SEGMENTED				Not Allowed	$0.00			
D7945	E	BONE CUTTING BODY MANDIBLE				Not Allowed	$0.00			
D7946	E	RECONSTRUCTION MAXILLA TOTAL				Not Allowed	$0.00			
D7947	E	RECONSTRUCT MAXILLA SEGMENT				Not Allowed	$0.00			
D7948	E	RECONSTRUCT MIDFACE NO GRAFT				Not Allowed	$0.00			
D7949	E	RECONSTRUCT MIDFACE W/GRAFT				Not Allowed	$0.00			
D7950	E	MANDIBLE GRAFT				Not Allowed	$0.00			
D7951	M	SINUS AUG W BONE OR BONE SUB				Fee Schedule	$68.64			
D7952	E	SINUS AUGMENTATION VERTICAL				Not Allowed	$0.00			

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D7953	E	BONE REPLACEMENT GRAFT				Not Allowed	$0.00			
D7955	E	REPAIR MAXILLOFACIAL DEFECTS				Not Allowed	$0.00			
D7960	E	FRENULECTOMY/FRENECTOMY				Not Allowed	$0.00			
D7963	E	FRENULOPLASTY				Not Allowed	$0.00			
D7970	M	EXCISION HYPERPLASTIC TISSUE				Fee Schedule	$68.64			
D7971	E	EXCISION PERICORONAL GINGIVA				Not Allowed	$0.00			
D7972	E	SURG REDCT FIBROUS TUBEROSIT				Not Allowed	$0.00			
D7980	E	SIALOLITHOTOMY				Not Allowed	$0.00			
D7981	E	EXCISION OF SALIVARY GLAND				Not Allowed	$0.00			
D7982	E	SIALODOCHOPLASTY				Not Allowed	$0.00			
D7983	E	CLOSURE OF SALIVARY FISTULA				Not Allowed	$0.00			
D7990	E	EMERGENCY TRACHEOTOMY				Not Allowed	$0.00			
D7991	E	DENTAL CORONOIDECTOMY				Not Allowed	$0.00			
D7995	E	SYNTHETIC GRAFT FACIAL BONES				Not Allowed	$0.00			
D7996	E	IMPLANT MANDIBLE FOR AUGMENT				Not Allowed	$0.00			
D7997	E	APPLIANCE REMOVAL				Not Allowed	$0.00			
D7998	M	INTRAORAL PLACE OF FIX DEV				Fee Schedule	$68.64			
D7999	E	ORAL SURGERY PROCEDURE				Not Allowed	$0.00			
D8010	E	LIMITED DENTAL TX PRIMARY				Not Allowed	$0.00			
D8020	E	LIMITED DENTAL TX TRANSITION				Not Allowed	$0.00			
D8030	E	LIMITED DENTAL TX ADOLESCENT				Not Allowed	$0.00			
D8040	E	LIMITED DENTAL TX ADULT				Not Allowed	$0.00			
D8050	M	INTERCEP DENTAL TX PRIMARY				Fee Schedule	$68.64			Y
D8060	M	INTERCEP DENTAL TX TRANSITN				Fee Schedule	$68.64			Y
D8070	M	COMPRE DENTAL TX TRANSITION				Fee Schedule	$68.64			Y
D8080	M	COMPRE DENTAL TX ADOLESCENT				Fee Schedule	$68.64			Y
D8090	M	COMPRE DENTAL TX ADULT				Fee Schedule	$68.64			Y
D8210	E	ORTHODONTIC REM APPLIANCE TX				Not Allowed	$0.00			
D8220	M	FIXED APPLIANCE THERAPY HABT				Fee Schedule	$68.64			
D8660	E	PREORTHODONTIC TX VISIT				Not Allowed	$0.00			
D8670	M	PERIODIC ORTHODONTC TX VISIT				Fee Schedule	$68.64			Y
D8680	M	ORTHODONTIC RETENTION				Fee Schedule	$68.64			Y
D8690	E	ORTHODONTIC TREATMENT				Not Allowed	$0.00			
D8691	E	REPAIR ORTHO APPLIANCE				Not Allowed	$0.00			
D8692	E	REPLACEMENT RETAINER				Not Allowed	$0.00			
D8693	E	REBOND/RECEMENT RETAINERS				Not Allowed	$0.00			
D8694	E	REPAIR FIXED RETAINERS				Not Allowed	$0.00			
D8999	E	ORTHODONTIC PROCEDURE				Not Allowed	$0.00			
D9110	N	TX DENTAL PAIN MINOR PROC				Bundled, Sometimes Payable	$0.00			
D9120	E	FIX PARTIAL DENTURE SECTION				Not Allowed	$0.00			
D9210	E	DENT ANESTHESIA W/O SURGERY				Not Allowed	$0.00			
D9211	E	REGIONAL BLOCK ANESTHESIA				Not Allowed	$0.00			
D9212	E	TRIGEMINAL BLOCK ANESTHESIA				Not Allowed	$0.00			
D9215	E	LOCAL ANESTHESIA				Not Allowed	$0.00			
D9219	E	EVAL FOR DEEP SED/GEN ANESTH				Not Allowed	$0.00			
D9220	E	GENERAL ANESTHESIA				Not Allowed	$0.00			
D9221	E	GENERAL ANESTHESIA EA AD 15M				Not Allowed	$0.00			
D9230	E	ANALGESIA				Not Allowed	$0.00			
D9241	E	INTRAVENOUS SEDATION				Not Allowed	$0.00			
D9242	E	IV SEDATION EA AD 15 M				Not Allowed	$0.00			
D9248	E	SEDATION (NON-IV)				Not Allowed	$0.00			
D9310	M	DENTAL CONSULTATION				Fee Schedule	$68.64			
D9410	E	DENTAL HOUSE CALL				Not Allowed	$0.00			
D9420	M	HOSPITAL/ASC CALL				Fee Schedule	$68.64			
D9430	E	OFFICE VISIT DURING HOURS				Not Allowed	$0.00			
D9440	E	OFFICE VISIT AFTER HOURS				Not Allowed	$0.00			
D9450	E	CASE PRESENTATION TX PLAN				Not Allowed	$0.00			
D9610	E	DENT THERAPEUTIC DRUG INJECT				Not Allowed	$0.00			
D9612	E	THERA PAR DRUGS 2 OR > ADMIN				Not Allowed	$0.00			
D9630	S	OTHER DRUGS/MEDICAMENTS	00330	3.411		APC	$189.39			
D9910	E	DENT APPL DESENSITIZING MED				Not Allowed	$0.00			
D9911	E	APPL DESENSITIZING RESIN				Not Allowed	$0.00			
D9920	M	BEHAVIOR MANAGEMENT				Fee Schedule	$68.64			
D9930	E	TREATMENT OF COMPLICATIONS				Not Allowed	$0.00			

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D9931	E	CLEAN/INSPECT REM APPLIANCE				Not Allowed	$0.00			
D9940	E	DENTAL OCCLUSAL GUARD				Not Allowed	$0.00			
D9941	E	FABRICATION ATHLETIC GUARD				Not Allowed	$0.00			
D9942	E	REPAIR/RELINE OCCLUSAL GUARD				Not Allowed	$0.00			
D9950	E	OCCLUSION ANALYSIS				Not Allowed	$0.00			
D9951	E	LIMITED OCCLUSAL ADJUSTMENT				Not Allowed	$0.00			
D9952	E	COMPLETE OCCLUSAL ADJUSTMENT				Not Allowed	$0.00			
D9970	E	ENAMEL MICROABRASION				Not Allowed	$0.00			
D9971	E	ODONTOPLASTY 1-2 TEETH				Not Allowed	$0.00			
D9972	E	EXTRNL BLEACHING PER ARCH				Not Allowed	$0.00			
D9973	E	EXTRNL BLEACHING PER TOOTH				Not Allowed	$0.00			
D9974	E	INTRNL BLEACHING PER TOOTH				Not Allowed	$0.00			
D9975	E	EXTERNAL BLEACHING HOME APP				Not Allowed	$0.00			
D9985	E	SALES TAX				Not Allowed	$0.00			
D9986	E	MISSED APPOINTMENT				Not Allowed	$0.00			
D9987	E	CANCELLED APPOINTMENT				Not Allowed	$0.00			
D9999	E	ADJUNCTIVE PROCEDURE				Not Allowed	$0.00			
E0100	E	CANE ADJUST/FIXED WITH TIP				Not Allowed	$0.00			
E0105	E	CANE ADJUST/FIXED QUAD/3 PRO				Not Allowed	$0.00			
E0110	E	CRUTCH FOREARM PAIR				Not Allowed	$0.00			
E0111	E	CRUTCH FOREARM EACH				Not Allowed	$0.00			
E0112	E	CRUTCH UNDERARM PAIR WOOD				Not Allowed	$0.00			
E0113	E	CRUTCH UNDERARM EACH WOOD				Not Allowed	$0.00			
E0114	E	CRUTCH UNDERARM PAIR NO WOOD				Not Allowed	$0.00			
E0116	E	CRUTCH UNDERARM EACH NO WOOD				Not Allowed	$0.00			
E0117	E	UNDERARM SPRINGASSIST CRUTCH				Not Allowed	$0.00			
E0118	E	CRUTCH SUBSTITUTE				Not Allowed	$0.00			
E0130	E	WALKER RIGID ADJUST/FIXED HT				Not Allowed	$0.00			
E0135	E	WALKER FOLDING ADJUST/FIXED				Not Allowed	$0.00			
E0140	E	WALKER W TRUNK SUPPORT				Not Allowed	$0.00			
E0141	E	RIGID WHEELED WALKER ADJ/FIX				Not Allowed	$0.00			
E0143	E	WALKER FOLDING WHEELED W/O S				Not Allowed	$0.00			
E0144	E	ENCLOSED WALKER W REAR SEAT				Not Allowed	$0.00			
E0147	E	WALKER VARIABLE WHEEL RESIST				Not Allowed	$0.00			
E0148	E	HEAVYDUTY WALKER NO WHEELS				Not Allowed	$0.00			
E0149	E	HEAVY DUTY WHEELED WALKER				Not Allowed	$0.00			
E0153	E	FOREARM CRUTCH PLATFORM ATTA				Not Allowed	$0.00			
E0154	E	WALKER PLATFORM ATTACHMENT				Not Allowed	$0.00			
E0155	E	WALKER WHEEL ATTACHMENT,PAIR				Not Allowed	$0.00			
E0156	E	WALKER SEAT ATTACHMENT				Not Allowed	$0.00			
E0157	E	WALKER CRUTCH ATTACHMENT				Not Allowed	$0.00			
E0158	E	WALKER LEG EXTENDERS SET OF4				Not Allowed	$0.00			
E0159	E	BRAKE FOR WHEELED WALKER				Not Allowed	$0.00			
E0160	E	SITZ TYPE BATH OR EQUIPMENT				Not Allowed	$0.00			
E0161	E	SITZ BATH/EQUIPMENT W/FAUCET				Not Allowed	$0.00			
E0162	E	SITZ BATH CHAIR				Not Allowed	$0.00			
E0163	E	COMMODE CHAIR WITH FIXED ARM				Not Allowed	$0.00			
E0165	E	COMMODE CHAIR WITH DETACHARM				Not Allowed	$0.00			
E0167	E	COMMODE CHAIR PAIL OR PAN				Not Allowed	$0.00			
E0168	E	HEAVYDUTY/WIDE COMMODE CHAIR				Not Allowed	$0.00			
E0170	E	COMMODE CHAIR ELECTRIC				Not Allowed	$0.00			
E0171	E	COMMODE CHAIR NON-ELECTRIC				Not Allowed	$0.00			
E0172	E	SEAT LIFT MECHANISM TOILET				Not Allowed	$0.00			
E0175	E	COMMODE CHAIR FOOT REST				Not Allowed	$0.00			
E0181	E	PRESS PAD ALTERNATING W/ PUM				Not Allowed	$0.00			
E0182	E	REPLACE PUMP, ALT PRESS PAD				Not Allowed	$0.00			
E0184	E	DRY PRESSURE MATTRESS				Not Allowed	$0.00			
E0185	E	GEL PRESSURE MATTRESS PAD				Not Allowed	$0.00			
E0186	E	AIR PRESSURE MATTRESS				Not Allowed	$0.00			
E0187	E	WATER PRESSURE MATTRESS				Not Allowed	$0.00			
E0188	E	SYNTHETIC SHEEPSKIN PAD				Not Allowed	$0.00			
E0189	E	LAMBSWOOL SHEEPSKIN PAD				Not Allowed	$0.00			
E0190	E	POSITIONING CUSHION				Not Allowed	$0.00			
E0191	E	PROTECTOR HEEL OR ELBOW				Not Allowed	$0.00			

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E0193	E	POWERED AIR FLOTATION BED				Not Allowed	$0.00			
E0194	E	AIR FLUIDIZED BED				Not Allowed	$0.00			
E0196	E	GEL PRESSURE MATTRESS				Not Allowed	$0.00			
E0197	E	AIR PRESSURE PAD FOR MATTRES				Not Allowed	$0.00			
E0198	E	WATER PRESSURE PAD FOR MATTR				Not Allowed	$0.00			
E0199	E	DRY PRESSURE PAD FOR MATTRES				Not Allowed	$0.00			
E0200	E	HEAT LAMP WITHOUT STAND				Not Allowed	$0.00			
E0202	E	PHOTOTHERAPY LIGHT W/ PHOTOM				Not Allowed	$0.00			
E0203	E	THERAPEUTIC LIGHTBOX TABLETP				Not Allowed	$0.00			
E0205	E	HEAT LAMP WITH STAND				Not Allowed	$0.00			
E0210	E	ELECTRIC HEAT PAD STANDARD				Not Allowed	$0.00			
E0215	E	ELECTRIC HEAT PAD MOIST				Not Allowed	$0.00			
E0217	E	WATER CIRC HEAT PAD W PUMP				Not Allowed	$0.00			
E0218	E	WATER CIRC COLD PAD W PUMP				Not Allowed	$0.00			
E0221	E	INFRARED HEATING PAD SYSTEM				Not Allowed	$0.00			
E0225	E	HYDROCOLLATOR UNIT				Not Allowed	$0.00			
E0231	E	WOUND WARMING DEVICE				Not Allowed	$0.00			
E0232	E	WARMING CARD FOR NWT				Not Allowed	$0.00			
E0235	E	PARAFFIN BATH UNIT PORTABLE				Not Allowed	$0.00			
E0236	E	PUMP FOR WATER CIRCULATING P				Not Allowed	$0.00			
E0239	E	HYDROCOLLATOR UNIT PORTABLE				Not Allowed	$0.00			
E0240	E	BATH/SHOWER CHAIR				Not Allowed	$0.00			
E0241	E	BATH TUB WALL RAIL				Not Allowed	$0.00			
E0242	E	BATH TUB RAIL FLOOR				Not Allowed	$0.00			
E0243	E	TOILET RAIL				Not Allowed	$0.00			
E0244	E	TOILET SEAT RAISED				Not Allowed	$0.00			
E0245	E	TUB STOOL OR BENCH				Not Allowed	$0.00			
E0246	E	TRANSFER TUB RAIL ATTACHMENT				Not Allowed	$0.00			
E0247	E	TRANS BENCH W/WO COMM OPEN				Not Allowed	$0.00			
E0248	E	HDTRANS BENCH W/WO COMM OPEN				Not Allowed	$0.00			
E0249	E	PAD WATER CIRCULATING HEAT U				Not Allowed	$0.00			
E0250	E	HOSP BED FIXED HT W/ MATTRES				Not Allowed	$0.00			
E0251	E	HOSP BED FIXD HT W/O MATTRES				Not Allowed	$0.00			
E0255	E	HOSPITAL BED VAR HT W/ MATTR				Not Allowed	$0.00			
E0256	E	HOSPITAL BED VAR HT W/O MATT				Not Allowed	$0.00			
E0260	E	HOSP BED SEMI-ELECTR W/ MATT				Not Allowed	$0.00			
E0261	E	HOSP BED SEMI-ELECTR W/O MAT				Not Allowed	$0.00			
E0265	E	HOSP BED TOTAL ELECTR W/ MAT				Not Allowed	$0.00			
E0266	E	HOSP BED TOTAL ELEC W/O MATT				Not Allowed	$0.00			
E0270	E	HOSPITAL BED INSTITUTIONAL T				Not Allowed	$0.00			
E0271	E	MATTRESS INNERSPRING				Not Allowed	$0.00			
E0272	E	MATTRESS FOAM RUBBER				Not Allowed	$0.00			
E0273	E	BED BOARD				Not Allowed	$0.00			
E0274	E	OVER-BED TABLE				Not Allowed	$0.00			
E0275	E	BED PAN STANDARD				Not Allowed	$0.00			
E0276	E	BED PAN FRACTURE				Not Allowed	$0.00			
E0277	E	POWERED PRES-REDU AIR MATTRS				Not Allowed	$0.00			
E0280	E	BED CRADLE				Not Allowed	$0.00			
E0290	E	HOSP BED FX HT W/O RAILS W/M				Not Allowed	$0.00			
E0291	E	HOSP BED FX HT W/O RAIL W/O				Not Allowed	$0.00			
E0292	E	HOSP BED VAR HT W/O RAIL W/O				Not Allowed	$0.00			
E0293	E	HOSP BED VAR HT W/O RAIL W/				Not Allowed	$0.00			
E0294	E	HOSP BED SEMI-ELECT W/ MATTR				Not Allowed	$0.00			
E0295	E	HOSP BED SEMI-ELECT W/O MATT				Not Allowed	$0.00			
E0296	E	HOSP BED TOTAL ELECT W/ MATT				Not Allowed	$0.00			
E0297	E	HOSP BED TOTAL ELECT W/O MAT				Not Allowed	$0.00			
E0300	E	ENCLOSED PED CRIB HOSP GRADE				Not Allowed	$0.00			
E0301	E	HD HOSP BED, 350-600 LBS				Not Allowed	$0.00			
E0302	E	EX HD HOSP BED > 600 LBS				Not Allowed	$0.00			
E0303	E	HOSP BED HVY DTY XTRA WIDE				Not Allowed	$0.00			
E0304	E	HOSP BED XTRA HVY DTY X WIDE				Not Allowed	$0.00			
E0305	E	RAILS BED SIDE HALF LENGTH				Not Allowed	$0.00			
E0310	E	RAILS BED SIDE FULL LENGTH				Not Allowed	$0.00			
E0315	E	BED ACCESSORY BRD/TBL/SUPPRT				Not Allowed	$0.00			

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E0316	E	BED SAFETY ENCLOSURE				Not Allowed	$0.00			
E0325	E	URINAL MALE JUG-TYPE				Not Allowed	$0.00			
E0326	E	URINAL FEMALE JUG-TYPE				Not Allowed	$0.00			
E0328	E	PED HOSPITAL BED, MANUAL				Not Allowed	$0.00			
E0329	E	PED HOSPITAL BED SEMI/ELECT				Not Allowed	$0.00			
E0350	E	CONTROL UNIT BOWEL SYSTEM				Not Allowed	$0.00			
E0352	E	DISPOSABLE PACK W/BOWEL SYST				Not Allowed	$0.00			
E0370	E	AIR ELEVATOR FOR HEEL				Not Allowed	$0.00			
E0371	E	NONPOWER MATTRESS OVERLAY				Not Allowed	$0.00			
E0372	E	POWERED AIR MATTRESS OVERLAY				Not Allowed	$0.00			
E0373	E	NONPOWERED PRESSURE MATTRESS				Not Allowed	$0.00			
E0424	E	STATIONARY COMPRESSED GAS 02				Not Allowed	$0.00			
E0425	E	GAS SYSTEM STATIONARY COMPRE				Not Allowed	$0.00			
E0430	E	OXYGEN SYSTEM GAS PORTABLE				Not Allowed	$0.00			
E0431	E	PORTABLE GASEOUS 02				Not Allowed	$0.00			
E0433	E	PORTABLE LIQUID OXYGEN SYS				Not Allowed	$0.00			
E0434	E	PORTABLE LIQUID 02				Not Allowed	$0.00			
E0435	E	OXYGEN SYSTEM LIQUID PORTABL				Not Allowed	$0.00			
E0439	E	STATIONARY LIQUID 02				Not Allowed	$0.00			
E0440	E	OXYGEN SYSTEM LIQUID STATION				Not Allowed	$0.00			
E0441	E	STATIONARY O2 CONTENTS, GAS				Not Allowed	$0.00			
E0442	E	STATIONARY O2 CONTENTS, LIQ				Not Allowed	$0.00			
E0443	E	PORTABLE 02 CONTENTS, GAS				Not Allowed	$0.00			
E0444	E	PORTABLE 02 CONTENTS, LIQUID				Not Allowed	$0.00			
E0445	E	OXIMETER NON-INVASIVE				Not Allowed	$0.00			
E0446	E	TOPICAL OX DELIVER SYS, NOS				Not Allowed	$0.00			
E0450	E	VOL CONTROL VENT INVASIV INT				Not Allowed	$0.00			
E0455	E	OXYGEN TENT EXCL CROUP/PED T				Not Allowed	$0.00			
E0457	E	CHEST SHELL				Not Allowed	$0.00			
E0459	E	CHEST WRAP				Not Allowed	$0.00			
E0460	E	NEG PRESS VENT PORTABL/STATN				Not Allowed	$0.00			
E0461	E	VOL CONTROL VENT NONINV INT				Not Allowed	$0.00			
E0462	E	ROCKING BED W/ OR W/O SIDE R				Not Allowed	$0.00			
E0463	E	PRESS SUPP VENT INVASIVE INT				Not Allowed	$0.00			
E0464	E	PRESS SUPP VENT NONINV INT				Not Allowed	$0.00			
E0470	E	RAD W/O BACKUP NON-INV INTFC				Not Allowed	$0.00			
E0471	E	RAD W/BACKUP NON INV INTRFC				Not Allowed	$0.00			
E0472	E	RAD W BACKUP INVASIVE INTRFC				Not Allowed	$0.00			
E0480	E	PERCUSSOR ELECT/PNEUM HOME M				Not Allowed	$0.00			
E0481	E	INTRPULMNRY PERCUSS VENT SYS				Not Allowed	$0.00			
E0482	E	COUGH STIMULATING DEVICE				Not Allowed	$0.00			
E0483	E	CHEST COMPRESSION GEN SYSTEM				Not Allowed	$0.00			
E0484	E	NON-ELEC OSCILLATORY PEP DVC				Not Allowed	$0.00			
E0485	E	ORAL DEVICE/APPLIANCE PREFAB				Not Allowed	$0.00			
E0486	E	ORAL DEVICE/APPLIANCE CUSFAB				Not Allowed	$0.00			
E0487	N	ELECTRONIC SPIROMETER				Bundled, Sometimes Payable	$0.00			
E0500	E	IPPB ALL TYPES				Not Allowed	$0.00			
E0550	E	HUMIDIF EXTENS SUPPLE W IPPB				Not Allowed	$0.00			
E0555	E	HUMIDIFIER FOR USE W/ REGULA				Not Allowed	$0.00			
E0560	E	HUMIDIFIER SUPPLEMENTAL W/ I				Not Allowed	$0.00			
E0561	E	HUMIDIFIER NONHEATED W PAP				Not Allowed	$0.00			
E0562	E	HUMIDIFIER HEATED USED W PAP				Not Allowed	$0.00			
E0565	E	COMPRESSOR AIR POWER SOURCE				Not Allowed	$0.00			
E0570	E	NEBULIZER WITH COMPRESSION				Not Allowed	$0.00			
E0572	E	AEROSOL COMPRESSOR ADJUST PR				Not Allowed	$0.00			
E0574	E	ULTRASONIC GENERATOR W SVNEB				Not Allowed	$0.00			
E0575	E	NEBULIZER ULTRASONIC				Not Allowed	$0.00			
E0580	E	NEBULIZER FOR USE W/ REGULAT				Not Allowed	$0.00			
E0585	E	NEBULIZER W/ COMPRESSOR & HE				Not Allowed	$0.00			
E0600	E	SUCTION PUMP PORTAB HOM MODL				Not Allowed	$0.00			
E0601	E	CONT AIRWAY PRESSURE DEVICE				Not Allowed	$0.00			
E0602	E	MANUAL BREAST PUMP				Not Allowed	$0.00			
E0603	E	ELECTRIC BREAST PUMP				Not Allowed	$0.00			
E0604	E	HOSP GRADE ELEC BREAST PUMP				Not Allowed	$0.00			

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E0605	E	VAPORIZER ROOM TYPE				Not Allowed	$0.00			
E0606	E	DRAINAGE BOARD POSTURAL				Not Allowed	$0.00			
E0607	E	BLOOD GLUCOSE MONITOR HOME				Not Allowed	$0.00			
E0610	E	PACEMAKER MONITR AUDIBLE/VIS				Not Allowed	$0.00			
E0615	E	PACEMAKER MONITR DIGITAL/VIS				Not Allowed	$0.00			
E0616	N	CARDIAC EVENT RECORDER				Bundled, Sometimes Payable	$0.00			
E0617	E	AUTOMATIC EXT DEFIBRILLATOR				Not Allowed	$0.00			
E0618	E	APNEA MONITOR				Not Allowed	$0.00			
E0619	E	APNEA MONITOR W RECORDER				Not Allowed	$0.00			
E0620	E	CAP BLD SKIN PIERCING LASER				Not Allowed	$0.00			
E0621	E	PATIENT LIFT SLING OR SEAT				Not Allowed	$0.00			
E0625	E	PATIENT LIFT BATHROOM OR TOI				Not Allowed	$0.00			
E0627	E	SEAT LIFT INCORP LIFT-CHAIR				Not Allowed	$0.00			
E0628	E	SEAT LIFT FOR PT FURN-ELECTR				Not Allowed	$0.00			
E0629	E	SEAT LIFT FOR PT FURN-NON-EL				Not Allowed	$0.00			
E0630	E	PATIENT LIFT HYDRAULIC				Not Allowed	$0.00			
E0635	E	PATIENT LIFT ELECTRIC				Not Allowed	$0.00			
E0636	E	PT SUPPORT & POSITIONING SYS				Not Allowed	$0.00			
E0637	E	COMBINATION SIT TO STAND SYS				Not Allowed	$0.00			
E0638	E	STANDING FRAME SYS				Not Allowed	$0.00			
E0639	E	MOVEABLE PATIENT LIFT SYSTEM				Not Allowed	$0.00			
E0640	E	FIXED PATIENT LIFT SYSTEM				Not Allowed	$0.00			
E0641	E	MULTI-POSITION STND FRAM SYS				Not Allowed	$0.00			
E0642	E	DYNAMIC STANDING FRAME				Not Allowed	$0.00			
E0650	E	PNEUMA COMPRESOR NON-SEGMENT				Not Allowed	$0.00			
E0651	E	PNEUM COMPRESSOR SEGMENTAL				Not Allowed	$0.00			
E0652	E	PNEUM COMPRES W/CAL PRESSURE				Not Allowed	$0.00			
E0655	E	PNEUMATIC APPLIANCE HALF ARM				Not Allowed	$0.00			
E0656	E	SEGMENTAL PNEUMATIC TRUNK				Not Allowed	$0.00			
E0657	E	SEGMENTAL PNEUMATIC CHEST				Not Allowed	$0.00			
E0660	E	PNEUMATIC APPLIANCE FULL LEG				Not Allowed	$0.00			
E0665	E	PNEUMATIC APPLIANCE FULL ARM				Not Allowed	$0.00			
E0666	E	PNEUMATIC APPLIANCE HALF LEG				Not Allowed	$0.00			
E0667	E	SEG PNEUMATIC APPL FULL LEG				Not Allowed	$0.00			
E0668	E	SEG PNEUMATIC APPL FULL ARM				Not Allowed	$0.00			
E0669	E	SEG PNEUMATIC APPLI HALF LEG				Not Allowed	$0.00			
E0670	E	SEG PNEUM INT LEGS/TRUNK				Not Allowed	$0.00			
E0671	E	PRESSURE PNEUM APPL FULL LEG				Not Allowed	$0.00			
E0672	E	PRESSURE PNEUM APPL FULL ARM				Not Allowed	$0.00			
E0673	E	PRESSURE PNEUM APPL HALF LEG				Not Allowed	$0.00			
E0675	E	PNEUMATIC COMPRESSION DEVICE				Not Allowed	$0.00			
E0676	E	INTER LIMB COMPRESS DEV NOS				Not Allowed	$0.00			
E0691	E	UVL PNL 2 SQ FT OR LESS				Not Allowed	$0.00			
E0692	E	UVL SYS PANEL 4 FT				Not Allowed	$0.00			
E0693	E	UVL SYS PANEL 6 FT				Not Allowed	$0.00			
E0694	E	UVL MD CABINET SYS 6 FT				Not Allowed	$0.00			
E0700	E	SAFETY EQUIPMENT				Not Allowed	$0.00			
E0705	E	TRANSFER DEVICE				Not Allowed	$0.00			
E0710	E	RESTRAINTS ANY TYPE				Not Allowed	$0.00			
E0720	E	TENS TWO LEAD				Not Allowed	$0.00			
E0730	E	TENS FOUR LEAD				Not Allowed	$0.00			
E0731	E	CONDUCTIVE GARMENT FOR TENS/				Not Allowed	$0.00			
E0740	E	INCONTINENCE TREATMENT SYSTM				Not Allowed	$0.00			
E0744	E	NEUROMUSCULAR STIM FOR SCOLI				Not Allowed	$0.00			
E0745	E	NEUROMUSCULAR STIM FOR SHOCK				Not Allowed	$0.00			
E0746	E	ELECTROMYOGRAPH BIOFEEDBACK				Not Allowed	$0.00			
E0747	E	ELEC OSTEOGEN STIM NOT SPINE				Not Allowed	$0.00			
E0748	E	ELEC OSTEOGEN STIM SPINAL				Not Allowed	$0.00			
E0749	N	ELEC OSTEOGEN STIM IMPLANTED				Bundled, Sometimes Payable	$0.00			
E0755	E	ELECTRONIC SALIVARY REFLEX S				Not Allowed	$0.00			
E0760	E	OSTEOGEN ULTRASOUND STIMLTOR				Not Allowed	$0.00			
E0761	E	NONTHERM ELECTROMGNTC DEVICE				Not Allowed	$0.00			
E0762	E	TRANS ELEC JT STIM DEV SYS				Not Allowed	$0.00			
E0764	E	FUNCTIONAL NEUROMUSCULARSTIM				Not Allowed	$0.00			

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E0765	E	NERVE STIMULATOR FOR TX N&V				Not Allowed	$0.00			
E0766	E	ELEC STIM CANCER TREATMENT				Not Allowed	$0.00			
E0769	E	ELECTRIC WOUND TREATMENT DEV				Not Allowed	$0.00			
E0770	E	FUNCTIONAL ELECTRIC STIM NOS				Not Allowed	$0.00			
E0776	E	IV POLE				Not Allowed	$0.00			
E0779	E	AMB INFUSION PUMP MECHANICAL				Not Allowed	$0.00			
E0780	E	MECH AMB INFUSION PUMP <8HRS				Not Allowed	$0.00			
E0781	E	EXTERNAL AMBULATORY INFUS PU				Not Allowed	$0.00			
E0782	N	NON-PROGRAMBLE INFUSION PUMP				Bundled, Sometimes Payable	$0.00			
E0783	N	PROGRAMMABLE INFUSION PUMP				Bundled, Sometimes Payable	$0.00			
E0784	E	EXT AMB INFUSN PUMP INSULIN				Not Allowed	$0.00			
E0785	N	REPLACEMENT IMPL PUMP CATHET				Bundled, Sometimes Payable	$0.00			
E0786	N	IMPLANTABLE PUMP REPLACEMENT				Bundled, Sometimes Payable	$0.00			
E0791	E	PARENTERAL INFUSION PUMP STA				Not Allowed	$0.00			
E0830	N	AMBULATORY TRACTION DEVICE				Bundled, Sometimes Payable	$0.00			
E0840	E	TRACT FRAME ATTACH HEADBOARD				Not Allowed	$0.00			
E0849	E	CERVICAL PNEUM TRAC EQUIP				Not Allowed	$0.00			
E0850	E	TRACTION STAND FREE STANDING				Not Allowed	$0.00			
E0855	E	CERVICAL TRACTION EQUIPMENT				Not Allowed	$0.00			
E0856	E	CERVIC COLLAR W AIR BLADDERS				Not Allowed	$0.00			
E0860	E	TRACT EQUIP CERVICAL TRACT				Not Allowed	$0.00			
E0870	E	TRACT FRAME ATTACH FOOTBOARD				Not Allowed	$0.00			
E0880	E	TRAC STAND FREE STAND EXTREM				Not Allowed	$0.00			
E0890	E	TRACTION FRAME ATTACH PELVIC				Not Allowed	$0.00			
E0900	E	TRAC STAND FREE STAND PELVIC				Not Allowed	$0.00			
E0910	E	TRAPEZE BAR ATTACHED TO BED				Not Allowed	$0.00			
E0911	E	HD TRAPEZE BAR ATTACH TO BED				Not Allowed	$0.00			
E0912	E	HD TRAPEZE BAR FREE STANDING				Not Allowed	$0.00			
E0920	E	FRACTURE FRAME ATTACHED TO B				Not Allowed	$0.00			
E0930	E	FRACTURE FRAME FREE STANDING				Not Allowed	$0.00			
E0935	E	CONT PAS MOTION EXERCISE DEV				Not Allowed	$0.00			
E0936	E	CPM DEVICE, OTHER THAN KNEE				Not Allowed	$0.00			
E0940	E	TRAPEZE BAR FREE STANDING				Not Allowed	$0.00			
E0941	E	GRAVITY ASSISTED TRACTION DE				Not Allowed	$0.00			
E0942	E	CERVICAL HEAD HARNESS/HALTER				Not Allowed	$0.00			
E0944	E	PELVIC BELT/HARNESS/BOOT				Not Allowed	$0.00			
E0945	E	BELT/HARNESS EXTREMITY				Not Allowed	$0.00			
E0946	E	FRACTURE FRAME DUAL W CROSS				Not Allowed	$0.00			
E0947	E	FRACTURE FRAME ATTACHMNTS PE				Not Allowed	$0.00			
E0948	E	FRACTURE FRAME ATTACHMNTS CE				Not Allowed	$0.00			
E0950	E	TRAY				Not Allowed	$0.00			
E0951	E	LOOP HEEL				Not Allowed	$0.00			
E0952	E	TOE LOOP/HOLDER, EACH				Not Allowed	$0.00			
E0955	E	CUSHIONED HEADREST				Not Allowed	$0.00			
E0956	E	W/C LATERAL TRUNK/HIP SUPPOR				Not Allowed	$0.00			
E0957	E	W/C MEDIAL THIGH SUPPORT				Not Allowed	$0.00			
E0958	E	WHLCHR ATT- CONV 1 ARM DRIVE				Not Allowed	$0.00			
E0959	E	AMPUTEE ADAPTER				Not Allowed	$0.00			
E0960	E	W/C SHOULDER HARNESS/STRAPS				Not Allowed	$0.00			
E0961	E	WHEELCHAIR BRAKE EXTENSION				Not Allowed	$0.00			
E0966	E	WHEELCHAIR HEAD REST EXTENSI				Not Allowed	$0.00			
E0967	E	MANUAL WC HAND RIM W PROJECT				Not Allowed	$0.00			
E0968	E	WHEELCHAIR COMMODE SEAT				Not Allowed	$0.00			
E0969	E	WHEELCHAIR NARROWING DEVICE				Not Allowed	$0.00			
E0970	E	WHEELCHAIR NO. 2 FOOTPLATES				Not Allowed	$0.00			
E0971	E	WHEELCHAIR ANTI-TIPPING DEVI				Not Allowed	$0.00			
E0973	E	W/CH ACCESS DET ADJ ARMREST				Not Allowed	$0.00			
E0974	E	W/CH ACCESS ANTI-ROLLBACK				Not Allowed	$0.00			
E0978	E	W/C ACC,SAF BELT PELV STRAP				Not Allowed	$0.00			
E0980	E	WHEELCHAIR SAFETY VEST				Not Allowed	$0.00			
E0981	E	SEAT UPHOLSTERY, REPLACEMENT				Not Allowed	$0.00			
E0982	E	BACK UPHOLSTERY, REPLACEMENT				Not Allowed	$0.00			
E0983	E	ADD PWR JOYSTICK				Not Allowed	$0.00			
E0984	E	ADD PWR TILLER				Not Allowed	$0.00			

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E0985	E	W/C SEAT LIFT MECHANISM				Not Allowed	$0.00			
E0986	E	MAN W/C PUSH-RIM POWR SYSTEM				Not Allowed	$0.00			
E0988	E	LEVER-ACTIVATED WHEEL DRIVE				Not Allowed	$0.00			
E0990	E	WHEELCHAIR ELEVATING LEG RES				Not Allowed	$0.00			
E0992	E	WHEELCHAIR SOLID SEAT INSERT				Not Allowed	$0.00			
E0994	E	WHEELCHAIR ARM REST				Not Allowed	$0.00			
E0995	E	WHEELCHAIR CALF REST				Not Allowed	$0.00			
E1002	E	PWR SEAT TILT				Not Allowed	$0.00			
E1003	E	PWR SEAT RECLINE				Not Allowed	$0.00			
E1004	E	PWR SEAT RECLINE MECH				Not Allowed	$0.00			
E1005	E	PWR SEAT RECLINE PWR				Not Allowed	$0.00			
E1006	E	PWR SEAT COMBO W/O SHEAR				Not Allowed	$0.00			
E1007	E	PWR SEAT COMBO W/SHEAR				Not Allowed	$0.00			
E1008	E	PWR SEAT COMBO PWR SHEAR				Not Allowed	$0.00			
E1009	E	ADD MECH LEG ELEVATION				Not Allowed	$0.00			
E1010	E	ADD PWR LEG ELEVATION				Not Allowed	$0.00			
E1011	E	PED WC MODIFY WIDTH ADJUSTM				Not Allowed	$0.00			
E1014	E	RECLINING BACK ADD PED W/C				Not Allowed	$0.00			
E1015	E	SHOCK ABSORBER FOR MAN W/C				Not Allowed	$0.00			
E1016	E	SHOCK ABSORBER FOR POWER W/C				Not Allowed	$0.00			
E1017	E	HD SHCK ABSRBR FOR HD MAN WC				Not Allowed	$0.00			
E1018	E	HD SHCK ABSRBER FOR HD POWWC				Not Allowed	$0.00			
E1020	E	RESIDUAL LIMB SUPPORT SYSTEM				Not Allowed	$0.00			
E1028	E	W/C MANUAL SWINGAWAY				Not Allowed	$0.00			
E1029	E	W/C VENT TRAY FIXED				Not Allowed	$0.00			
E1030	E	W/C VENT TRAY GIMBALED				Not Allowed	$0.00			
E1031	E	ROLLABOUT CHAIR WITH CASTERS				Not Allowed	$0.00			
E1035	E	PATIENT TRANSFER SYSTEM <300				Not Allowed	$0.00			
E1036	E	PATIENT TRANSFER SYSTEM >300				Not Allowed	$0.00			
E1037	E	TRANSPORT CHAIR, PED SIZE				Not Allowed	$0.00			
E1038	E	TRANSPORT CHAIR PT WT<=300LB				Not Allowed	$0.00			
E1039	E	TRANSPORT CHAIR PT WT >300LB				Not Allowed	$0.00			
E1050	E	WHELCHR FXD FULL LENGTH ARMS				Not Allowed	$0.00			
E1060	E	WHEELCHAIR DETACHABLE ARMS				Not Allowed	$0.00			
E1070	E	WHEELCHAIR DETACHABLE FOOT R				Not Allowed	$0.00			
E1083	E	HEMI-WHEELCHAIR FIXED ARMS				Not Allowed	$0.00			
E1084	E	HEMI-WHEELCHAIR DETACHABLE A				Not Allowed	$0.00			
E1085	E	HEMI-WHEELCHAIR FIXED ARMS				Not Allowed	$0.00			
E1086	E	HEMI-WHEELCHAIR DETACHABLE A				Not Allowed	$0.00			
E1087	E	WHEELCHAIR LIGHTWT FIXED ARM				Not Allowed	$0.00			
E1088	E	WHEELCHAIR LIGHTWEIGHT DET A				Not Allowed	$0.00			
E1089	E	WHEELCHAIR LIGHTWT FIXED ARM				Not Allowed	$0.00			
E1090	E	WHEELCHAIR LIGHTWEIGHT DET A				Not Allowed	$0.00			
E1092	E	WHEELCHAIR WIDE W/ LEG RESTS				Not Allowed	$0.00			
E1093	E	WHEELCHAIR WIDE W/ FOOT REST				Not Allowed	$0.00			
E1100	E	WHCHR S-RECL FXD ARM LEG RES				Not Allowed	$0.00			
E1110	E	WHEELCHAIR SEMI-RECL DETACH				Not Allowed	$0.00			
E1130	E	WHLCHR STAND FXD ARM FT REST				Not Allowed	$0.00			
E1140	E	WHEELCHAIR STANDARD DETACH A				Not Allowed	$0.00			
E1150	E	WHEELCHAIR STANDARD W/ LEG R				Not Allowed	$0.00			
E1160	E	WHEELCHAIR FIXED ARMS				Not Allowed	$0.00			
E1161	E	MANUAL ADULT WC W TILTINSPAC				Not Allowed	$0.00			
E1170	E	WHLCHR AMPU FXD ARM LEG REST				Not Allowed	$0.00			
E1171	E	WHEELCHAIR AMPUTEE W/O LEG R				Not Allowed	$0.00			
E1172	E	WHEELCHAIR AMPUTEE DETACH AR				Not Allowed	$0.00			
E1180	E	WHEELCHAIR AMPUTEE W/ FOOT R				Not Allowed	$0.00			
E1190	E	WHEELCHAIR AMPUTEE W/ LEG RE				Not Allowed	$0.00			
E1195	E	WHEELCHAIR AMPUTEE HEAVY DUT				Not Allowed	$0.00			
E1200	E	WHEELCHAIR AMPUTEE FIXED ARM				Not Allowed	$0.00			
E1220	E	WHLCHR SPECIAL SIZE/CONSTRC				Not Allowed	$0.00			
E1221	E	WHEELCHAIR SPEC SIZE W FOOT				Not Allowed	$0.00			
E1222	E	WHEELCHAIR SPEC SIZE W/ LEG				Not Allowed	$0.00			
E1223	E	WHEELCHAIR SPEC SIZE W FOOT				Not Allowed	$0.00			
E1224	E	WHEELCHAIR SPEC SIZE W/ LEG				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
E1225	E	MANUAL SEMI-RECLINING BACK				Not Allowed	$0.00			
E1226	E	MANUAL FULLY RECLINING BACK				Not Allowed	$0.00			
E1227	E	WHEELCHAIR SPEC SZ SPEC HT A				Not Allowed	$0.00			
E1228	E	WHEELCHAIR SPEC SZ SPEC HT B				Not Allowed	$0.00			
E1229	E	PEDIATRIC WHEELCHAIR NOS				Not Allowed	$0.00			
E1230	E	POWER OPERATED VEHICLE				Not Allowed	$0.00			
E1231	E	RIGID PED W/C TILT-IN-SPACE				Not Allowed	$0.00			
E1232	E	FOLDING PED WC TILT-IN-SPACE				Not Allowed	$0.00			
E1233	E	RIG PED WC TLTNSPC W/O SEAT				Not Allowed	$0.00			
E1234	E	FLD PED WC TLTNSPC W/O SEAT				Not Allowed	$0.00			
E1235	E	RIGID PED WC ADJUSTABLE				Not Allowed	$0.00			
E1236	E	FOLDING PED WC ADJUSTABLE				Not Allowed	$0.00			
E1237	E	RGD PED WC ADJSTABL W/O SEAT				Not Allowed	$0.00			
E1238	E	FLD PED WC ADJSTABL W/O SEAT				Not Allowed	$0.00			
E1239	E	PED POWER WHEELCHAIR NOS				Not Allowed	$0.00			
E1240	E	WHCHR LITWT DET ARM LEG REST				Not Allowed	$0.00			
E1250	E	WHEELCHAIR LIGHTWT FIXED ARM				Not Allowed	$0.00			
E1260	E	WHEELCHAIR LIGHTWT FOOT REST				Not Allowed	$0.00			
E1270	E	WHEELCHAIR LIGHTWEIGHT LEG R				Not Allowed	$0.00			
E1280	E	WHCHR H-DUTY DET ARM LEG RES				Not Allowed	$0.00			
E1285	E	WHEELCHAIR HEAVY DUTY FIXED				Not Allowed	$0.00			
E1290	E	WHEELCHAIR HVY DUTY DETACH A				Not Allowed	$0.00			
E1295	E	WHEELCHAIR HEAVY DUTY FIXED				Not Allowed	$0.00			
E1296	E	WHEELCHAIR SPECIAL SEAT HEIG				Not Allowed	$0.00			
E1297	E	WHEELCHAIR SPECIAL SEAT DEPT				Not Allowed	$0.00			
E1298	E	WHEELCHAIR SPEC SEAT DEPTH/W				Not Allowed	$0.00			
E1300	E	WHIRLPOOL PORTABLE				Not Allowed	$0.00			
E1310	E	WHIRLPOOL NON-PORTABLE				Not Allowed	$0.00			
E1352	E	O2 FLOW REG POS INSPIR PRESS				Not Allowed	$0.00			
E1353	E	OXYGEN SUPPLIES REGULATOR				Not Allowed	$0.00			
E1354	E	WHEELED CART, PORT CYL/CONC				Not Allowed	$0.00			
E1355	E	OXYGEN SUPPLIES STAND/RACK				Not Allowed	$0.00			
E1356	E	BATT PACK/CART, PORT CONC				Not Allowed	$0.00			
E1357	E	BATTERY CHARGER, PORT CONC				Not Allowed	$0.00			
E1358	E	DC POWER ADAPTER, PORT CONC				Not Allowed	$0.00			
E1372	E	OXY SUPPL HEATER FOR NEBULIZ				Not Allowed	$0.00			
E1390	E	OXYGEN CONCENTRATOR				Not Allowed	$0.00			
E1391	E	OXYGEN CONCENTRATOR, DUAL				Not Allowed	$0.00			
E1392	E	PORTABLE OXYGEN CONCENTRATOR				Not Allowed	$0.00			
E1399	E	DURABLE MEDICAL EQUIPMENT MI				Not Allowed	$0.00			
E1405	E	O2/WATER VAPOR ENRICH W/HEAT				Not Allowed	$0.00			
E1406	E	O2/WATER VAPOR ENRICH W/O HE				Not Allowed	$0.00			
E1500	E	CENTRIFUGE				Not Allowed	$0.00			
E1510	E	KIDNEY DIALYSATE DELIVRY SYS				Not Allowed	$0.00			
E1520	E	HEPARIN INFUSION PUMP				Not Allowed	$0.00			
E1530	E	REPLACEMENT AIR BUBBLE DETEC				Not Allowed	$0.00			
E1540	E	REPLACEMENT PRESSURE ALARM				Not Allowed	$0.00			
E1550	E	BATH CONDUCTIVITY METER				Not Allowed	$0.00			
E1560	E	REPLACE BLOOD LEAK DETECTOR				Not Allowed	$0.00			
E1570	E	ADJUSTABLE CHAIR FOR ESRD PT				Not Allowed	$0.00			
E1575	E	TRANSDUCER PROTECT/FLD BAR				Not Allowed	$0.00			
E1580	E	UNIPUNCTURE CONTROL SYSTEM				Not Allowed	$0.00			
E1590	E	HEMODIALYSIS MACHINE				Not Allowed	$0.00			
E1592	E	AUTO INTERM PERITONEAL DIALY				Not Allowed	$0.00			
E1594	E	CYCLER DIALYSIS MACHINE				Not Allowed	$0.00			
E1600	E	DELI/INSTALL CHRG HEMO EQUIP				Not Allowed	$0.00			
E1610	E	REVERSE OSMOSIS H2O PURI SYS				Not Allowed	$0.00			
E1615	E	DEIONIZER H2O PURI SYSTEM				Not Allowed	$0.00			
E1620	E	REPLACEMENT BLOOD PUMP				Not Allowed	$0.00			
E1625	E	WATER SOFTENING SYSTEM				Not Allowed	$0.00			
E1630	E	RECIPROCATING PERITONEAL DIA				Not Allowed	$0.00			
E1632	E	WEARABLE ARTIFICIAL KIDNEY				Not Allowed	$0.00			
E1634	E	PERITONEAL DIALYSIS CLAMP				Not Allowed	$0.00			
E1635	E	COMPACT TRAVEL HEMODIALYZER				Not Allowed	$0.00			

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E1636	E	SORBENT CARTRIDGES PER 10				Not Allowed	$0.00			
E1637	E	HEMOSTATS FOR DIALYSIS, EACH				Not Allowed	$0.00			
E1639	E	DIALYSIS SCALE				Not Allowed	$0.00			
E1699	E	DIALYSIS EQUIPMENT NOC				Not Allowed	$0.00			
E1700	E	JAW MOTION REHAB SYSTEM				Not Allowed	$0.00			
E1701	E	REPL CUSHIONS FOR JAW MOTION				Not Allowed	$0.00			
E1702	E	REPL MEASR SCALES JAW MOTION				Not Allowed	$0.00			
E1800	E	ADJUST ELBOW EXT/FLEX DEVICE				Not Allowed	$0.00			
E1801	E	SPS ELBOW DEVICE				Not Allowed	$0.00			
E1802	E	ADJST FOREARM PRO/SUP DEVICE				Not Allowed	$0.00			
E1805	E	ADJUST WRIST EXT/FLEX DEVICE				Not Allowed	$0.00			
E1806	E	SPS WRIST DEVICE				Not Allowed	$0.00			
E1810	E	ADJUST KNEE EXT/FLEX DEVICE				Not Allowed	$0.00			
E1811	E	SPS KNEE DEVICE				Not Allowed	$0.00			
E1812	E	KNEE EXT/FLEX W ACT RES CTRL				Not Allowed	$0.00			
E1815	E	ADJUST ANKLE EXT/FLEX DEVICE				Not Allowed	$0.00			
E1816	E	SPS ANKLE DEVICE				Not Allowed	$0.00			
E1818	E	SPS FOREARM DEVICE				Not Allowed	$0.00			
E1820	E	SOFT INTERFACE MATERIAL				Not Allowed	$0.00			
E1821	E	REPLACEMENT INTERFACE SPSD				Not Allowed	$0.00			
E1825	E	ADJUST FINGER EXT/FLEX DEVC				Not Allowed	$0.00			
E1830	E	ADJUST TOE EXT/FLEX DEVICE				Not Allowed	$0.00			
E1831	E	STATIC STR TOE DEV EXT/FLEX				Not Allowed	$0.00			
E1840	E	ADJ SHOULDER EXT/FLEX DEVICE				Not Allowed	$0.00			
E1841	E	STATIC STR SHLDR DEV ROM ADJ				Not Allowed	$0.00			
E1902	E	AAC NON-ELECTRONIC BOARD				Not Allowed	$0.00			
E2000	E	GASTRIC SUCTION PUMP HME MDL				Not Allowed	$0.00			
E2100	E	BLD GLUCOSE MONITOR W VOICE				Not Allowed	$0.00			
E2101	E	BLD GLUCOSE MONITOR W LANCE				Not Allowed	$0.00			
E2120	E	PULSE GEN SYS TX ENDOLYMP FL				Not Allowed	$0.00			
E2201	E	MAN W/CH ACC SEAT W>=20<24				Not Allowed	$0.00			
E2202	E	SEAT WIDTH 24-27 IN				Not Allowed	$0.00			
E2203	E	FRAME DEPTH LESS THAN 22 IN				Not Allowed	$0.00			
E2204	E	FRAME DEPTH 22 TO 25 IN				Not Allowed	$0.00			
E2205	E	MANUAL WC ACCESSORY, HANDRIM				Not Allowed	$0.00			
E2206	E	COMPLETE WHEEL LOCK ASSEMBLY				Not Allowed	$0.00			
E2207	E	CRUTCH AND CANE HOLDER				Not Allowed	$0.00			
E2208	E	CYLINDER TANK CARRIER				Not Allowed	$0.00			
E2209	E	ARM TROUGH EACH				Not Allowed	$0.00			
E2210	E	WHEELCHAIR BEARINGS				Not Allowed	$0.00			
E2211	E	PNEUMATIC PROPULSION TIRE				Not Allowed	$0.00			
E2212	E	PNEUMATIC PROP TIRE TUBE				Not Allowed	$0.00			
E2213	E	PNEUMATIC PROP TIRE INSERT				Not Allowed	$0.00			
E2214	E	PNEUMATIC CASTER TIRE EACH				Not Allowed	$0.00			
E2215	E	PNEUMATIC CASTER TIRE TUBE				Not Allowed	$0.00			
E2216	E	FOAM FILLED PROPULSION TIRE				Not Allowed	$0.00			
E2217	E	FOAM FILLED CASTER TIRE EACH				Not Allowed	$0.00			
E2218	E	FOAM PROPULSION TIRE EACH				Not Allowed	$0.00			
E2219	E	FOAM CASTER TIRE ANY SIZE EA				Not Allowed	$0.00			
E2220	E	SOLID PROPULSION TIRE EACH				Not Allowed	$0.00			
E2221	E	SOLID CASTER TIRE EACH				Not Allowed	$0.00			
E2222	E	SOLID CASTER INTEGRATED WHL				Not Allowed	$0.00			
E2224	E	PROPULSION WHL EXCLUDES TIRE				Not Allowed	$0.00			
E2225	E	CASTER WHEEL EXCLUDES TIRE				Not Allowed	$0.00			
E2226	E	CASTER FORK REPLACEMENT ONLY				Not Allowed	$0.00			
E2227	E	GEAR REDUCTION DRIVE WHEEL				Not Allowed	$0.00			
E2228	E	MWC ACC, WHEELCHAIR BRAKE				Not Allowed	$0.00			
E2230	E	MANUAL STANDING SYSTEM				Not Allowed	$0.00			
E2231	E	SOLID SEAT SUPPORT BASE				Not Allowed	$0.00			
E2291	E	PLANAR BACK FOR PED SIZE WC				Not Allowed	$0.00			
E2292	E	PLANAR SEAT FOR PED SIZE WC				Not Allowed	$0.00			
E2293	E	CONTOUR BACK FOR PED SIZE WC				Not Allowed	$0.00			
E2294	E	CONTOUR SEAT FOR PED SIZE WC				Not Allowed	$0.00			
E2295	E	PED DYNAMIC SEATING FRAME				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
E2300	E	PWR SEAT ELEVATION SYS				Not Allowed	$0.00			
E2301	E	PWR STANDING				Not Allowed	$0.00			
E2310	E	ELECTRO CONNECT BTW CONTROL				Not Allowed	$0.00			
E2311	E	ELECTRO CONNECT BTW 2 SYS				Not Allowed	$0.00			
E2312	E	MINI-PROP REMOTE JOYSTICK				Not Allowed	$0.00			
E2313	E	PWC HARNESS, EXPAND CONTROL				Not Allowed	$0.00			
E2321	E	HAND INTERFACE JOYSTICK				Not Allowed	$0.00			
E2322	E	MULT MECH SWITCHES				Not Allowed	$0.00			
E2323	E	SPECIAL JOYSTICK HANDLE				Not Allowed	$0.00			
E2324	E	CHIN CUP INTERFACE				Not Allowed	$0.00			
E2325	E	SIP AND PUFF INTERFACE				Not Allowed	$0.00			
E2326	E	BREATH TUBE KIT				Not Allowed	$0.00			
E2327	E	HEAD CONTROL INTERFACE MECH				Not Allowed	$0.00			
E2328	E	HEAD/EXTREMITY CONTROL INTER				Not Allowed	$0.00			
E2329	E	HEAD CONTROL NONPROPORTIONAL				Not Allowed	$0.00			
E2330	E	HEAD CONTROL PROXIMITY SWITC				Not Allowed	$0.00			
E2331	E	ATTENDANT CONTROL				Not Allowed	$0.00			
E2340	E	W/C WDTH 20-23 IN SEAT FRAME				Not Allowed	$0.00			
E2341	E	W/C WDTH 24-27 IN SEAT FRAME				Not Allowed	$0.00			
E2342	E	W/C DPTH 20-21 IN SEAT FRAME				Not Allowed	$0.00			
E2343	E	W/C DPTH 22-25 IN SEAT FRAME				Not Allowed	$0.00			
E2351	E	ELECTRONIC SGD INTERFACE				Not Allowed	$0.00			
E2358	E	GR 34 NONSEALED LEADACID				Not Allowed	$0.00			
E2359	E	GR34 SEALED LEADACID BATTERY				Not Allowed	$0.00			
E2360	E	22NF NONSEALED LEADACID				Not Allowed	$0.00			
E2361	E	22NF SEALED LEADACID BATTERY				Not Allowed	$0.00			
E2362	E	GR24 NONSEALED LEADACID				Not Allowed	$0.00			
E2363	E	GR24 SEALED LEADACID BATTERY				Not Allowed	$0.00			
E2364	E	U1NONSEALED LEADACID BATTERY				Not Allowed	$0.00			
E2365	E	U1 SEALED LEADACID BATTERY				Not Allowed	$0.00			
E2366	E	BATTERY CHARGER, SINGLE MODE				Not Allowed	$0.00			
E2367	E	BATTERY CHARGER, DUAL MODE				Not Allowed	$0.00			
E2368	E	PWR WC DRIVEWHEEL MOTOR REPL				Not Allowed	$0.00			
E2369	E	PWR WC DRIVEWHEEL GEAR REPL				Not Allowed	$0.00			
E2370	E	PWR WC DR WH MOTOR/GEAR COMB				Not Allowed	$0.00			
E2371	E	GR27 SEALED LEADACID BATTERY				Not Allowed	$0.00			
E2372	E	GR27 NON-SEALED LEADACID				Not Allowed	$0.00			
E2373	E	HAND/CHIN CTRL SPEC JOYSTICK				Not Allowed	$0.00			
E2374	E	HAND/CHIN CTRL STD JOYSTICK				Not Allowed	$0.00			
E2375	E	NON-EXPANDABLE CONTROLLER				Not Allowed	$0.00			
E2376	E	EXPANDABLE CONTROLLER, REPL				Not Allowed	$0.00			
E2377	E	EXPANDABLE CONTROLLER, INITL				Not Allowed	$0.00			
E2378	E	PW ACTUATOR REPLACEMENT				Not Allowed	$0.00			
E2381	E	PNEUM DRIVE WHEEL TIRE				Not Allowed	$0.00			
E2382	E	TUBE, PNEUM WHEEL DRIVE TIRE				Not Allowed	$0.00			
E2383	E	INSERT, PNEUM WHEEL DRIVE				Not Allowed	$0.00			
E2384	E	PNEUMATIC CASTER TIRE				Not Allowed	$0.00			
E2385	E	TUBE, PNEUMATIC CASTER TIRE				Not Allowed	$0.00			
E2386	E	FOAM FILLED DRIVE WHEEL TIRE				Not Allowed	$0.00			
E2387	E	FOAM FILLED CASTER TIRE				Not Allowed	$0.00			
E2388	E	FOAM DRIVE WHEEL TIRE				Not Allowed	$0.00			
E2389	E	FOAM CASTER TIRE				Not Allowed	$0.00			
E2390	E	SOLID DRIVE WHEEL TIRE				Not Allowed	$0.00			
E2391	E	SOLID CASTER TIRE				Not Allowed	$0.00			
E2392	E	SOLID CASTER TIRE, INTEGRATE				Not Allowed	$0.00			
E2394	E	DRIVE WHEEL EXCLUDES TIRE				Not Allowed	$0.00			
E2395	E	CASTER WHEEL EXCLUDES TIRE				Not Allowed	$0.00			
E2396	E	CASTER FORK				Not Allowed	$0.00			
E2397	E	PWC ACC, LITH-BASED BATTERY				Not Allowed	$0.00			
E2402	E	NEG PRESS WOUND THERAPY PUMP				Not Allowed	$0.00			
E2500	E	SGD DIGITIZED PRE-REC <=8MIN				Not Allowed	$0.00			
E2502	E	SGD PREREC MSG >8MIN <=20MIN				Not Allowed	$0.00			
E2504	E	SGD PREREC MSG>20MIN <=40MIN				Not Allowed	$0.00			
E2506	E	SGD PREREC MSG > 40 MIN				Not Allowed	$0.00			

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E2508	E	SGD SPELLING PHYS CONTACT				Not Allowed	$0.00			
E2510	E	SGD W MULTI METHODS MSG/ACCS				Not Allowed	$0.00			
E2511	E	SGD SFTWRE PRGRM FOR PC/PDA				Not Allowed	$0.00			
E2512	E	SGD ACCESSORY, MOUNTING SYS				Not Allowed	$0.00			
E2599	E	SGD ACCESSORY NOC				Not Allowed	$0.00			
E2601	E	GEN W/C CUSHION WDTH < 22 IN				Not Allowed	$0.00			
E2602	E	GEN W/C CUSHION WDTH >=22 IN				Not Allowed	$0.00			
E2603	E	SKIN PROTECT WC CUS WD <22IN				Not Allowed	$0.00			
E2604	E	SKIN PROTECT WC CUS WD>=22IN				Not Allowed	$0.00			
E2605	E	POSITION WC CUSH WDTH <22 IN				Not Allowed	$0.00			
E2606	E	POSITION WC CUSH WDTH>=22 IN				Not Allowed	$0.00			
E2607	E	SKIN PRO/POS WC CUS WD <22IN				Not Allowed	$0.00			
E2608	E	SKIN PRO/POS WC CUS WD>=22IN				Not Allowed	$0.00			
E2609	E	CUSTOM FABRICATE W/C CUSHION				Not Allowed	$0.00			
E2610	E	POWERED W/C CUSHION				Not Allowed	$0.00			
E2611	E	GEN USE BACK CUSH WDTH <22IN				Not Allowed	$0.00			
E2612	E	GEN USE BACK CUSH WDTH>=22IN				Not Allowed	$0.00			
E2613	E	POSITION BACK CUSH WD <22IN				Not Allowed	$0.00			
E2614	E	POSITION BACK CUSH WD>=22IN				Not Allowed	$0.00			
E2615	E	POS BACK POST/LAT WDTH <22IN				Not Allowed	$0.00			
E2616	E	POS BACK POST/LAT WDTH>=22IN				Not Allowed	$0.00			
E2617	E	CUSTOM FAB W/C BACK CUSHION				Not Allowed	$0.00			
E2619	E	REPLACE COVER W/C SEAT CUSH				Not Allowed	$0.00			
E2620	E	WC PLANAR BACK CUSH WD <22IN				Not Allowed	$0.00			
E2621	E	WC PLANAR BACK CUSH WD>=22IN				Not Allowed	$0.00			
E2622	E	ADJ SKIN PRO W/C CUS WD<22IN				Not Allowed	$0.00			
E2623	E	ADJ SKIN PRO WC CUS WD>=22IN				Not Allowed	$0.00			
E2624	E	ADJ SKIN PRO/POS CUS<22IN				Not Allowed	$0.00			
E2625	E	ADJ SKIN PRO/POS WC CUS>=22				Not Allowed	$0.00			
E2626	E	SEO MOBILE ARM SUP ATT TO WC				Not Allowed	$0.00			
E2627	E	ARM SUPP ATT TO WC RANCHO TY				Not Allowed	$0.00			
E2628	E	MOBILE ARM SUPPORTS RECLININ				Not Allowed	$0.00			
E2629	E	FRICTION DAMPENING ARM SUPP				Not Allowed	$0.00			
E2630	E	MONOSUSPENSION ARM/HAND SUPP				Not Allowed	$0.00			
E2631	E	ELEVAT PROXIMAL ARM SUPPORT				Not Allowed	$0.00			
E2632	E	OFFSET/LAT ROCKER ARM W/ELA				Not Allowed	$0.00			
E2633	E	MOBILE ARM SUPPORT SUPINATOR				Not Allowed	$0.00			
E8000	E	POSTERIOR GAIT TRAINER				Not Allowed	$0.00			
E8001	E	UPRIGHT GAIT TRAINER				Not Allowed	$0.00			
E8002	E	ANTERIOR GAIT TRAINER				Not Allowed	$0.00			
G0008	E	ADMIN INFLUENZA VIRUS VAC	00436	0.439		Not Allowed	$0.00			
G0009	E	ADMIN PNEUMOCOCCAL VACCINE	00437	0.722		Not Allowed	$0.00			
G0010	E	ADMIN HEPATITIS B VACCINE	00437	0.722		Not Allowed	$0.00			
G0027	E	SEMEN ANALYSIS				Not Allowed	$0.00			
G0101	V	CA SCREEN;PELVIC/BREAST EXAM	00631	0.724		APC	$40.21			
G0102	N	PROSTATE CA SCREENING; DRE				Bundled, Sometimes Payable	$0.00			
G0103	Q	PSA SCREENING				Medicare	$41.72	$25.87	$25.03	
G0104	S	CA SCREEN;FLEXI SIGMOIDSCOPE	00159	6.322		APC	$351.06			
G0105	T	COLORECTAL SCRN; HI RISK IND	00158	8.831		APC	$490.40			
G0106	S	COLON CA SCREEN;BARIUM ENEMA	00157	4.632		APC	$257.19			
G0108	M	DIAB MANAGE TRN PER INDIV				Fee Schedule	$53.72			
G0109	M	DIAB MANAGE TRN IND/GROUP				Fee Schedule	$14.77			
G0117	S	GLAUCOMA SCRN HGH RISK DIREC	00230	0.702		APC	$38.98			
G0118	S	GLAUCOMA SCRN HGH RISK DIREC	00230	0.702		APC	$38.98			
G0120	S	COLON CA SCRN; BARIUM ENEMA	00157	4.632		APC	$257.19			
G0121	T	COLON CA SCRN NOT HI RSK IND	00158	8.831		APC	$490.40			
G0122	E	COLON CA SCRN; BARIUM ENEMA				Not Allowed	$0.00			
G0123	Q	SCREEN CERV/VAG THIN LAYER				Medicare	$45.95	$28.49	$27.57	
G0124	E	SCREEN C/V THIN LAYER BY MD				Not Allowed	$0.00			
G0127	N	TRIM NAIL(S)	00340	0.706		Bundled, Sometimes Payable	$39.21			
G0128	E	CORF SKILLED NURSING SERVICE				Not Allowed	$0.00			
G0129	E	PARTIAL HOSP PROG SERVICE				Not Allowed	$0.00			
G0130	S	SINGLE ENERGY X-RAY STUDY	00260	0.8		APC	$44.45			
G0141	E	SCR C/V CYTO,AUTOSYS AND MD				Not Allowed	$0.00			

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G0143	Q	SCR C/V CYTO,THINLAYER,RESCR				Medicare	$45.95	$28.49	$27.57	
G0144	Q	SCR C/V CYTO,THINLAYER,RESCR				Medicare	$48.47	$30.05	$29.08	
G0145	Q	SCR C/V CYTO,THINLAYER,RESCR				Medicare	$60.08	$37.25	$36.05	
G0147	Q	SCR C/V CYTO, AUTOMATED SYS				Medicare	$25.82	$16.01	$15.49	
G0148	Q	SCR C/V CYTO, AUTOSYS, RESCR				Medicare	$34.47	$21.37	$20.68	
G0151	M	HHCP-SERV OF PT,EA 15 MIN				Fee Schedule	$0.00			
G0152	M	HHCP-SERV OF OT,EA 15 MIN				Fee Schedule	$0.00			
G0153	M	HHCP-SVS OF S/L PATH,EA 15MN				Fee Schedule	$0.00			
G0154	M	HHCP-SVS OF RN,EA 15 MIN				Fee Schedule	$0.00			
G0155	E	HHCP-SVS OF CSW,EA 15 MIN				Not Allowed	$0.00			
G0156	M	HHCP-SVS OF AIDE,EA 15 MIN				Fee Schedule	$0.00			
G0157	E	HHC PT ASSISTANT EA 15				Not Allowed	$0.00			
G0158	E	HHC OT ASSISTANT EA 15				Not Allowed	$0.00			
G0159	E	HHC PT MAINT EA 15 MIN				Not Allowed	$0.00			
G0160	E	HHC OCCUP THERAPY EA 15				Not Allowed	$0.00			
G0161	E	HHC SLP EA 15 MIN				Not Allowed	$0.00			
G0162	E	HHC RN E&M PLAN SVS, 15 MIN				Not Allowed	$0.00			
G0163	E	HHC LPN/RN OBS/ASSES EA 15				Not Allowed	$0.00			
G0164	E	HHC LIS NURSE TRAIN EA 15				Not Allowed	$0.00			
G0166	N	EXTRNL COUNTERPULSE, PER TX	00420	1.776		Bundled, Sometimes Payable	$98.63			
G0168	E	WOUND CLOSURE BY ADHESIVE				Not Allowed	$0.00			
G0175	V	OPPS SERVICE,SCHED TEAM CONF	00633	5.217		APC	$289.69			
G0176	E	OPPS/PHP;ACTIVITY THERAPY				Not Allowed	$0.00			
G0177	E	OPPS/PHP; TRAIN & EDUC SERV				Not Allowed	$0.00			
G0179	E	MD RECERTIFICATION HHA PT				Not Allowed	$0.00			
G0180	E	MD CERTIFICATION HHA PATIENT				Not Allowed	$0.00			
G0181	E	HOME HEALTH CARE SUPERVISION				Not Allowed	$0.00			
G0182	E	HOSPICE CARE SUPERVISION				Not Allowed	$0.00			
G0186	T	DSTRY EYE LESN,FDR VSSL TECH	00247	5.981		APC	$332.12			
G0202	M	SCREENINGMAMMOGRAPHYDIGITAL				Fee Schedule	$135.48			
G0204	M	DIAGNOSTICMAMMOGRAPHYDIGITAL				Fee Schedule	$165.31			
G0206	M	DIAGNOSTICMAMMOGRAPHYDIGITAL				Fee Schedule	$130.10			
G0219	E	PET IMG WHOLBOD MELANO NONCO				Not Allowed	$0.00			
G0235	E	PET NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			
G0237	N	THERAPEUTIC PROCD STRG ENDUR	00340	0.706		Bundled, Sometimes Payable	$39.21			
G0238	N	OTH RESP PROC, INDIV	00340	0.706		Bundled, Sometimes Payable	$39.21			
G0239	N	OTH RESP PROC, GROUP	00450	0.394		Bundled, Sometimes Payable	$21.89			
G0245	V	INITIAL FOOT EXAM PT LOPS	00632	1.433		APC	$79.56			
G0246	V	FOLLOWUP EVAL OF FOOT PT LOP	00632	1.433		APC	$79.56			
G0247	N	ROUTINE FOOTCARE PT W LOPS	00012	1.328		Bundled, Sometimes Payable	$73.74			
G0248	V	DEMONSTRATE USE HOME INR MON	00632	1.433		APC	$79.56			
G0249	V	PROVIDE INR TEST MATER/EQUIP	00632	1.433		APC	$79.56			
G0250	E	MD INR TEST REVIE INTER MGMT				Not Allowed	$0.00			
G0252	E	PET IMAGING INITIAL DX				Not Allowed	$0.00			
G0255	E	CURRENT PERCEP THRESHOLD TST				Not Allowed	$0.00			
G0257	S	UNSCHED DIALYSIS ESRD PT HOS	00170	8.272		APC	$459.35			
G0259	N	INJECT FOR SACROILIAC JOINT				Bundled, Sometimes Payable	$0.00			
G0260	T	INJ FOR SACROILIAC JT ANESTH	00207	9.061		APC	$503.14			
G0268	N	REMOVAL OF IMPACTED WAX MD				Bundled, Sometimes Payable	$0.00			
G0269	N	OCCLUSIVE DEVICE IN VEIN ART				Bundled, Sometimes Payable	$0.00			
G0270	M	MNT SUBS TX FOR CHANGE DX				Fee Schedule	$28.87			
G0271	M	GROUP MNT 2 OR MORE 30 MINS				Fee Schedule	$15.49			
G0276	T	PILD/PLACEBO CONTROL CLIN TR	00208	55.45		APC	$3,079.34			
G0277	S	HBOT, FULL BODY CHAMBER, 30M	00659	1.473		APC	$81.82			
G0278	N	ILIAC ART ANGIO,CARDIAC CATH				Bundled, Sometimes Payable	$0.00			
G0279	E	TOMOSYNTHESIS, MAMMO SCREEN				Not Allowed	$0.00			
G0281	E	ELEC STIM UNATTEND FOR PRESS				Not Allowed	$0.00			
G0282	E	ELECT STIM WOUND CARE NOT PD				Not Allowed	$0.00			
G0283	Y	ELEC STIM OTHER THAN WOUND				Fee Schedule	$14.06			
G0288	N	RECON, CTA FOR SURG PLAN				Bundled, Sometimes Payable	$0.00			
G0289	N	ARTHRO, LOOSE BODY + CHONDRO				Bundled, Sometimes Payable	$0.00			
G0293	N	NON-COV SURG PROC,CLIN TRIAL	00340	0.706		Bundled, Sometimes Payable	$39.21			
G0294	N	NON-COV PROC, CLINICAL TRIAL	00340	0.706		Bundled, Sometimes Payable	$39.21			
G0295	E	ELECTROMAGNETIC THERAPY ONC				Not Allowed	$0.00			

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G0302	S	PRE-OP SERVICE LVRS COMPLETE	00209	3.112		APC	$172.81			
G0303	S	PRE-OP SERVICE LVRS 10-15DOS	00209	3.112		APC	$172.81			
G0304	S	PRE-OP SERVICE LVRS 1-9 DOS	00213	2.381		APC	$132.23			
G0305	S	POST OP SERVICE LVRS MIN 6	00213	2.381		APC	$132.23			
G0306	Q	CBC/DIFFWBC W/O PLATELET				Medicare	$17.63	$10.93	$10.58	
G0307	Q	CBC WITHOUT PLATELET				Medicare	$14.68	$9.10	$8.81	
G0328	Q	FECAL BLOOD SCRN IMMUNOASSAY				Medicare	$36.08	$22.37	$21.65	
G0329	M	ELECTROMAGNTIC TX FOR ULCERS				Fee Schedule	$0.00			
G0333	E	DISPENSE FEE INITIAL 30 DAY				Not Allowed	$0.00			
G0337	E	HOSPICE EVALUATION PREELECTI				Not Allowed	$0.00			
G0339	E	ROBOT LIN-RADSURG COM, FIRST				Not Allowed	$0.00			
G0340	E	ROBT LIN-RADSURG FRACTX 2-5				Not Allowed	$0.00			
G0341	C	PERCUTANEOUS ISLET CELLTRANS				Inpatient Only	$0.00			
G0342	C	LAPAROSCOPY ISLET CELL TRANS				Inpatient Only	$0.00			
G0343	C	LAPAROTOMY ISLET CELL TRANSP				Inpatient Only	$0.00			
G0364	N	BONE MARROW ASPIRATE &BIOPSY				Bundled, Sometimes Payable	$0.00			
G0365	S	VESSEL MAPPING HEMO ACCESS	00267	2.557		APC	$141.96			
G0372	E	MD SERVICE REQUIRED FOR PMD				Not Allowed	$0.00			
G0378	N	HOSPITAL OBSERVATION PER HR				Bundled, Sometimes Payable	$0.00			
G0379	N	DIRECT REFER HOSPITAL OBSERV	00633	5.217		Bundled, Sometimes Payable	$289.69			
G0380	E	LEV 1 HOSP TYPE B ED VISIT	00626	#N/A		Not Allowed	$0.00			
G0381	E	LEV 2 HOSP TYPE B ED VISIT	00627	#N/A		Not Allowed	$0.00			
G0382	E	LEV 3 HOSP TYPE B ED VISIT	00628	#N/A		Not Allowed	$0.00			
G0383	E	LEV 4 HOSP TYPE B ED VISIT	00629	#N/A		Not Allowed	$0.00			
G0384	E	LEV 5 HOSP TYPE B ED VISIT	00630	#N/A		Not Allowed	$0.00			
G0389	S	ULTRASOUND EXAM AAA SCREEN	00265	1.236		APC	$68.65			
G0390	S	TRAUMA RESPONS W/HOSP CRITI	00618	11.99		APC	$665.79			
G0396	S	ALCOHOL/SUBS INTERV 15-30MN	00432	0.677		APC	$37.61			
G0397	S	ALCOHOL/SUBS INTERV >30 MIN	00322	1.207		APC	$67.00			
G0398	S	HOME SLEEP TEST/TYPE 2 PORTA	00213	2.381		APC	$132.23			
G0399	S	HOME SLEEP TEST/TYPE 3 PORTA	00213	2.381		APC	$132.23			
G0400	S	HOME SLEEP TEST/TYPE 4 PORTA	00213	2.381		APC	$132.23			
G0402	V	INITIAL PREVENTIVE EXAM	00632	1.433		APC	$79.56			
G0403	E	EKG FOR INITIAL PREVENT EXAM				Not Allowed	$0.00			
G0404	S	EKG TRACING FOR INITIAL PREV	00450	0.394		APC	$21.89			
G0405	E	EKG INTERPRET & REPORT PREVE				Not Allowed	$0.00			
G0406	E	INPT/TELE FOLLOW UP 15				Not Allowed	$0.00			
G0407	E	INPT/TELE FOLLOW UP 25				Not Allowed	$0.00			
G0408	E	INPT/TELE FOLLOW UP 35				Not Allowed	$0.00			
G0409	E	CORF RELATED SERV 15 MINS EA				Not Allowed	$0.00			
G0410	E	GRP PSYCH PARTIAL HOSP 45-50				Not Allowed	$0.00			
G0411	E	INTER ACTIVE GRP PSYCH PARTI				Not Allowed	$0.00			
G0412	C	OPEN TX ILIAC SPINE UNI/BIL				Inpatient Only	$0.00			
G0413	T	PELVIC RING FRACTURE UNI/BIL	00050	35.08		APC	$1,948.10			
G0414	C	PELVIC RING FX TREAT INT FIX				Inpatient Only	$0.00			
G0415	C	OPEN TX POST PELVIC FXCTURE				Inpatient Only	$0.00			
G0416	S	PROSTATE BIOPSY ANY METH	00661	3.967		APC	$220.29			
G0420	E	ED SVC CKD IND PER SESSION				Not Allowed	$0.00			
G0421	E	ED SVC CKD GRP PER SESSION				Not Allowed	$0.00			
G0422	S	INTENS CARDIAC REHAB W/EXERC	00095	1.393		APC	$77.34			Y
G0423	S	INTENS CARDIAC REHAB NO EXER	00095	1.393		APC	$77.34			Y
G0424	N	PULMONARY REHAB W EXER	00340	0.706		Bundled, Sometimes Payable	$39.21			Y
G0425	E	INPT/ED TELECONSULT30				Not Allowed	$0.00			
G0426	E	INPT/ED TELECONSULT50				Not Allowed	$0.00			
G0427	E	INPT/ED TELECONSULT70				Not Allowed	$0.00			
G0428	E	COLLAGEN MENISCUS IMPLANT				Not Allowed	$0.00			
G0429	E	DERMAL FILLER INJECTION(S)				Not Allowed	$0.00			
G0431	Q	DRUG SCREEN MULTIPLE CLASS				Medicare	$164.93	$102.26	$98.96	
G0432	Q	EIA HIV-1/HIV-2 SCREEN				Medicare	$31.10	$19.28	$18.66	
G0433	Q	ELISA HIV-1/HIV-2 SCREEN				Medicare	$31.10	$19.28	$18.66	
G0434	Q	DRUG SCREEN MULTI DRUG CLASS				Medicare	$32.98	$20.45	$19.79	
G0435	Q	ORAL HIV-1/HIV-2 SCREEN				Medicare	$27.20	$16.86	$16.32	
G0436	X	TOBACCO-USE COUNSEL 3-10 MIN	00031	0.351		APC	$19.48			
G0437	X	TOBACCO-USE COUNSEL>10MIN	00432	0.677		APC	$37.61			

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G0438	E	PPPS, INITIAL VISIT				Not Allowed	$0.00			
G0439	E	PPPS, SUBSEQ VISIT				Not Allowed	$0.00			
G0442	S	ANNUAL ALCOHOL SCREEN 15 MIN	00432	0.677		APC	$37.61			
G0443	S	BRIEF ALCOHOL MISUSE COUNSEL	00432	0.677		APC	$37.61			
G0444	S	DEPRESSION SCREEN ANNUAL	00031	0.351		APC	$19.48			
G0445	S	HIGH INTEN BEH COUNS STD 30M	00031	0.351		APC	$19.48			
G0446	S	INTENS BEHAVE THER CARDIO DX	00031	0.351		APC	$19.48			
G0447	S	BEHAVIOR COUNSEL OBESITY 15M	00432	0.677		APC	$37.61			
G0448	E	PLACE PERM PACING CARDIOVERT				Not Allowed	$0.00			
G0451	N	DEVLOPMENT TEST INTERPT&REP	00432	0.677		Bundled, Sometimes Payable	$37.61			
G0452	E	MOLECULAR PATHOLOGY INTERPR				Not Allowed	$0.00			
G0453	N	CONT INTRAOP NEURO MONITOR				Bundled, Sometimes Payable	$0.00			
G0454	E	MD DOCUMENT VISIT BY NPP				Not Allowed	$0.00			
G0455	N	FECAL MICROBIOTA PREP INSTIL	00420	1.776		Bundled, Sometimes Payable	$98.63			
G0458	E	LDR PROSTATE BRACHY COMP RAT				Not Allowed	$0.00			
G0459	E	TELEHEALTH INPT PHARM MGMT				Not Allowed	$0.00			
G0460	T	AUTOLOGOUS PRP FOR ULCERS	00327	5.799		APC	$322.01			
G0463	N	HOSPITAL OUTPT CLINIC VISIT	00634	1.298		Bundled, Sometimes Payable	$72.06			
G0464	Q	COLOREC CA SCR, STO BAS DNA				Medicare	$607.68	$376.76	$364.61	
G0466	M	FQHC VISIT NEW PATIENT				Fee Schedule	$0.00			
G0467	M	FQHC VISIT, ESTAB PT				Fee Schedule	$0.00			
G0468	M	FQHC VISIT, IPPE OR AWV				Fee Schedule	$0.00			
G0469	M	FQHC VISIT, MH NEW PT				Fee Schedule	$0.00			
G0470	M	FQHC VISIT, MH ESTAB PT				Fee Schedule	$0.00			
G0471	E	VEN BLOOD COLL SNF/HHA				Not Allowed	$0.00			
G0472	N	HEP C SCREEN HIGH RISK/OTHER				Bundled, Sometimes Payable	$0.00			
G0473	S	GROUP BEHAVE COUNS 2-10	00432	0.677		APC	$37.61			
G0911	E	ASSESS ACTIVITY SYMPTOMS				Not Allowed	$0.00			
G0912	E	NO ASSESS ACTIVITY SYMPTOMS				Not Allowed	$0.00			
G0913	E	IMPROVE VISUAL FUNCT				Not Allowed	$0.00			
G0914	E	SURVEY NOT COMPLETE				Not Allowed	$0.00			
G0915	E	NO IMPROVE VISUAL FUNCT				Not Allowed	$0.00			
G0916	E	SATISFY WITH CARE				Not Allowed	$0.00			
G0917	E	SATISFY SURVEY NOT COMPLETE				Not Allowed	$0.00			
G0918	E	NO SATISFY WITH CARE				Not Allowed	$0.00			
G3001	S	ADMIN + SUPPLY, TOSITUMOMAB	00442	15.53		APC	$862.14			
G6001	E	ECHO GUIDANCE RADIOTHERAPY				Not Allowed	$0.00			
G6002	E	STEREOSCOPIC X-RAY GUIDANCE				Not Allowed	$0.00			
G6003	E	RADIATION TREATMENT DELIVERY				Not Allowed	$0.00			
G6004	E	RADIATION TREATMENT DELIVERY				Not Allowed	$0.00			
G6005	E	RADIATION TREATMENT DELIVERY				Not Allowed	$0.00			
G6006	E	RADIATION TREATMENT DELIVERY				Not Allowed	$0.00			
G6007	E	RADIATION TREATMENT DELIVERY				Not Allowed	$0.00			
G6008	E	RADIATION TREATMENT DELIVERY				Not Allowed	$0.00			
G6009	E	RADIATION TREATMENT DELIVERY				Not Allowed	$0.00			
G6010	E	RADIATION TREATMENT DELIVERY				Not Allowed	$0.00			
G6011	E	RADIATION TREATMENT DELIVERY				Not Allowed	$0.00			
G6012	E	RADIATION TREATMENT DELIVERY				Not Allowed	$0.00			
G6013	E	RADIATION TREATMENT DELIVERY				Not Allowed	$0.00			
G6014	E	RADIATION TREATMENT DELIVERY				Not Allowed	$0.00			
G6015	E	RADIATION TX DELIVERY IMRT				Not Allowed	$0.00			
G6016	E	DELIVERY COMP IMRT				Not Allowed	$0.00			
G6017	E	INTRAFRACTION TRACK MOTION				Not Allowed	$0.00			
G6018	E	ILEOSCOPY W/STENT				Not Allowed	$0.00			
G6019	E	COLONOSCOPY LESION REMOVAL				Not Allowed	$0.00			
G6020	E	COLONOSCOPY W/STENT				Not Allowed	$0.00			
G6021	E	UNLISTED PX SMALL INTESTINE				Not Allowed	$0.00			
G6022	E	SIGMOIDOSCOPY W/ABLATE TUMR				Not Allowed	$0.00			
G6023	E	SIGMOIDOSCOPY W/STENT				Not Allowed	$0.00			
G6024	E	LESION REMOVAL COLONOSCOPY				Not Allowed	$0.00			
G6025	E	COLONOSCOPY W/STENT				Not Allowed	$0.00			
G6027	E	ANOSCOPY HRA W/SPEC COLLECT				Not Allowed	$0.00			
G6028	E	ANOSCOPY HRA W/BIOPSY				Not Allowed	$0.00			
G6030	Q	ASSAY OF AMITRIPTYLINE				Medicare	$40.60	$25.17	$24.36	

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G6031	Q	ASSAY OF BENZODIAZEPINES				Medicare	$41.95	$26.01	$25.17	
G6032	Q	ASSAY OF DESIPRAMINE				Medicare	$39.03	$24.20	$23.42	
G6034	Q	ASSAY OF DOXEPIN				Medicare	$35.15	$21.79	$21.09	
G6035	Q	ASSAY OF GOLD				Medicare	$36.93	$22.90	$22.16	
G6036	Q	ASSAY OF IMIPRAMINE				Medicare	$39.03	$24.20	$23.42	
G6037	Q	ASSAY OF NORTIPTYLINE				Medicare	$30.73	$19.05	$18.44	
G6038	Q	ASSAY OF SALICYLATE				Medicare	$16.10	$9.98	$9.66	
G6039	Q	ASSAY OF ACETAMINOPHEN				Medicare	$45.90	$28.46	$27.54	
G6040	Q	ASSAY OF ETHANOL				Medicare	$24.50	$15.19	$14.70	
G6041	Q	ASSAY OF URINE ALKALOIDS				Medicare	$68.08	$42.21	$40.85	
G6042	Q	ASSAY OF AMPHETAMINES				Medicare	$35.25	$21.86	$21.15	
G6043	Q	ASSAY OF BARBITURATES				Medicare	$25.97	$16.10	$15.58	
G6044	Q	ASSAY OF COCAINE				Medicare	$34.37	$21.31	$20.62	
G6045	Q	ASSAY OF DIHYDROCODEINONE				Medicare	$46.83	$29.03	$28.10	
G6046	Q	ASSAY OF DIHYDROMORPHINONE				Medicare	$58.30	$36.15	$34.98	
G6047	Q	ASSAY OF DIHYDROTESTOSTERONE				Medicare	$58.55	$36.30	$35.13	
G6048	Q	ASSAY OF DIMETHADIONE				Medicare	$31.42	$19.48	$18.85	
G6049	Q	ASSAY OF EPIANDROSTERONE				Medicare	$48.73	$30.21	$29.24	
G6050	Q	ASSAY OF ETHCHLORVYNOL				Medicare	$39.20	$24.30	$23.52	
G6051	Q	ASSAY OF FLURAZEPAM				Medicare	$44.90	$27.84	$26.94	
G6052	Q	ASSAY OF MEPROBAMATE				Medicare	$39.97	$24.78	$23.98	
G6053	Q	ASSAY OF METHADONE				Medicare	$37.03	$22.96	$22.22	
G6054	Q	ASSAY OF METHSUXIMIDE				Medicare	$33.60	$20.83	$20.16	
G6055	Q	ASSAY OF NICOTINE				Medicare	$53.72	$33.31	$32.23	
G6056	Q	ASSAY OF OPIATES				Medicare	$44.13	$27.36	$26.48	
G6057	Q	ASSAY OF PHENOTHIAZINE				Medicare	$35.32	$21.90	$21.19	
G6058	Q	DRUG CONFIRMATION				Medicare	$30.05	$18.63	$18.03	
G8126	E	PT TREAT W/ANTIDEPRESS12WKS				Not Allowed	$0.00			
G8127	E	PT NOT TREAT W/ANTIDEPRES12W				Not Allowed	$0.00			
G8128	E	PT INELIG FOR ANTIDEPRES MED				Not Allowed	$0.00			
G8395	E	LVEF>=40% DOC NORMAL OR MILD				Not Allowed	$0.00			
G8396	E	LVEF NOT PERFORMED				Not Allowed	$0.00			
G8397	E	DIL MACULA/FUNDUS EXAM/W DOC				Not Allowed	$0.00			
G8398	E	DIL MACULAR/FUNDUS NOT PERFO				Not Allowed	$0.00			
G8399	E	PT W/DXA DOCUMENT OR ORDER				Not Allowed	$0.00			
G8400	E	PT W/DXA NO DOCUMENT OR ORDE				Not Allowed	$0.00			
G8401	E	PT INELIG OSTEO SCREEN MEASU				Not Allowed	$0.00			
G8404	E	LOW EXTEMITY NEUR EXAM DOCUM				Not Allowed	$0.00			
G8405	E	LOW EXTEMITY NEUR NOT PERFOR				Not Allowed	$0.00			
G8410	E	EVAL ON FOOT DOCUMENTED				Not Allowed	$0.00			
G8415	E	EVAL ON FOOT NOT PERFORMED				Not Allowed	$0.00			
G8416	E	PT INELIG FOOTWEAR EVALUATIO				Not Allowed	$0.00			
G8417	E	CALC BMI ABV UP PARAM F/U				Not Allowed	$0.00			
G8418	E	CALC BMI BLW LOW PARAM F/U				Not Allowed	$0.00			
G8419	E	CALC BMI OUT NRM PARAM NOF/U				Not Allowed	$0.00			
G8420	E	CALC BMI NORM PARAMETERS				Not Allowed	$0.00			
G8421	E	BMI NOT CALCULATED				Not Allowed	$0.00			
G8422	E	PT INELIG BMI CALCULATION				Not Allowed	$0.00			
G8427	E	DOC CUR MEDS BY PROV				Not Allowed	$0.00			
G8428	E	CUR MEDS NOT DOCUMENT				Not Allowed	$0.00			
G8430	E	PT INELIG MED CHECK				Not Allowed	$0.00			
G8431	E	POS CLIN DEPRES SCRN F/U DOC				Not Allowed	$0.00			
G8432	E	CLIN DEPRESSION SCREEN NOT D				Not Allowed	$0.00			
G8433	E	PT INELIG; SCRN CLIN DEP				Not Allowed	$0.00			
G8442	E	PT INELIG PAIN ASSESSMENT				Not Allowed	$0.00			
G8447	E	PT VIS DOC USE EHR CER ATCB				Not Allowed	$0.00			
G8448	E	PT VIS DOC W/PQRI QUAL EHR				Not Allowed	$0.00			
G8450	E	BETA-BLOC RX PT W/ABN LVEF				Not Allowed	$0.00			
G8451	E	PT W/ABN LVEF INELIG B-BLOC				Not Allowed	$0.00			
G8452	E	PT W/ABN LVEF B-BLOC NO RX				Not Allowed	$0.00			
G8458	E	PT INELIG GENO NO ANTVIR TX				Not Allowed	$0.00			
G8460	E	PT INELIG RNA NO ANTVIR TX				Not Allowed	$0.00			
G8461	E	PT REC ANTIVIR TREAT HEP C				Not Allowed	$0.00			
G8465	E	HIGH RISK RECURRENCE PRO CA				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
G8468	E	ACE/ARB RX PT W/ABN LVEF				Not Allowed	$0.00			
G8469	E	PT W/ABN LVEF INELIG ACE/ARB				Not Allowed	$0.00			
G8470	E	PT W/ NORMAL LVEF				Not Allowed	$0.00			
G8471	E	LVEF NOT PERFORMED/DOC				Not Allowed	$0.00			
G8472	E	ACE/ARB NO RX PT W/ABN LVEF				Not Allowed	$0.00			
G8473	E	ACE/ARB THXPY RX'D				Not Allowed	$0.00			
G8474	E	ACE/ARB NOT RX'D; DOC REAS				Not Allowed	$0.00			
G8475	E	ACE/ARB THXPY NOT RX'D				Not Allowed	$0.00			
G8476	E	BP SYS <140 AND DIAS <90				Not Allowed	$0.00			
G8477	E	BP SYS>=140 AND/OR DIAS >=90				Not Allowed	$0.00			
G8478	E	BP NOT PERFORMED/DOC				Not Allowed	$0.00			
G8482	E	FLU IMMUNIZE ORDER/ADMIN				Not Allowed	$0.00			
G8483	E	FLU IMM NO ADMIN DOC REA				Not Allowed	$0.00			
G8484	E	FLU IMMUNIZE NO ADMIN				Not Allowed	$0.00			
G8485	E	REPORT, DIABETES MEASURES				Not Allowed	$0.00			
G8486	E	REPORT, PREV CARE MEASURES				Not Allowed	$0.00			
G8487	E	REPORT CKD MEASURES				Not Allowed	$0.00			
G8489	E	CAD MEASURES GRP				Not Allowed	$0.00			
G8490	E	RA MEASURES GRP				Not Allowed	$0.00			
G8491	E	HIV/AIDS MEASURES GRP				Not Allowed	$0.00			
G8494	E	DM MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8495	E	CKD MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8496	E	PREV CARE MG QUAL ACT PERFRM				Not Allowed	$0.00			
G8497	E	CABG MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8498	E	CAD MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8499	E	RA MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8500	E	HIV MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8506	E	PT REC ACE/ARB				Not Allowed	$0.00			
G8509	E	POS PAIN ASSESS NO F/U DOC				Not Allowed	$0.00			
G8510	E	PT INELIG NEG SCRN DEPRES				Not Allowed	$0.00			
G8511	E	CLIN DEPRES SCRN NO F/U DOC				Not Allowed	$0.00			
G8524	E	PATCH CLOSURE CONV CEA				Not Allowed	$0.00			
G8525	E	NO PATCH CLOSURE CEA				Not Allowed	$0.00			
G8526	E	NO PATCH CLOSURE CONV CEA				Not Allowed	$0.00			
G8530	E	AUTO AV FISTULA RECD				Not Allowed	$0.00			
G8531	E	PT INELIG; AUTO AV FISTULA				Not Allowed	$0.00			
G8532	E	NO AUTO AV FISTULA; NO REAS				Not Allowed	$0.00			
G8535	E	PT INELIG NO ELD MAL SCRN				Not Allowed	$0.00			
G8536	E	NO DOC ELDER MAL SCRN				Not Allowed	$0.00			
G8539	E	DOC FUNCT AND CARE PLAN				Not Allowed	$0.00			
G8540	E	PT INELIG FUNCT ASSESS				Not Allowed	$0.00			
G8541	E	NO DOC CUR FUNCT ASSESS				Not Allowed	$0.00			
G8542	E	DOC FUNCT NO DEFICIENCIES				Not Allowed	$0.00			
G8543	E	CUR FUNCT ASSES; NO CARE PLN				Not Allowed	$0.00			
G8544	E	CABG MEASURES GRP				Not Allowed	$0.00			
G8545	E	HEPC MEASURES GRP				Not Allowed	$0.00			
G8546	E	CAP MEASURES GRP				Not Allowed	$0.00			
G8548	E	HF MEASURES GRP				Not Allowed	$0.00			
G8549	E	HEPC MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8550	E	CAP MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8551	E	HF MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8559	E	PT REF DOC OTO EVAL				Not Allowed	$0.00			
G8560	E	PT HX ACT DRAIN PREV 90 DAYS				Not Allowed	$0.00			
G8561	E	PT INELIG FOR REF OTO EVAL				Not Allowed	$0.00			
G8562	E	PT NO HX ACT DRAIN 90 D				Not Allowed	$0.00			
G8563	E	PT NO REF OTO REAS NO SPEC				Not Allowed	$0.00			
G8564	E	PT REF OTO EVAL				Not Allowed	$0.00			
G8565	E	VER DOC HEAR LOSS				Not Allowed	$0.00			
G8566	E	PT INELIG REF OTO EVAL				Not Allowed	$0.00			
G8567	E	PT NO DOC HEAR LOSS				Not Allowed	$0.00			
G8568	E	PT NO REF OTOLO NO SPEC				Not Allowed	$0.00			
G8569	E	PROL INTUBATION REQ				Not Allowed	$0.00			
G8570	E	NO PROL INTUB REQ				Not Allowed	$0.00			
G8571	E	STER WD IFX 30 D POSTOP				Not Allowed	$0.00			

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G8572	E	NO STER WD IFX				Not Allowed	$0.00			
G8573	E	STK CABG				Not Allowed	$0.00			
G8574	E	NO STRK CABG				Not Allowed	$0.00			
G8575	E	POSTOP REN FAIL				Not Allowed	$0.00			
G8576	E	NO POSTOP REN FAIL				Not Allowed	$0.00			
G8577	E	REOP REQ BLD GRFT OTH				Not Allowed	$0.00			
G8578	E	NO REOP REQ BLD GRFT OTH				Not Allowed	$0.00			
G8598	E	ASP THERP USED				Not Allowed	$0.00			
G8599	E	NO ASP THERP USED				Not Allowed	$0.00			
G8600	E	TPA INITI W/IN 3 HRS				Not Allowed	$0.00			
G8601	E	NO ELIG TPA INIT W/IN 3 HRS				Not Allowed	$0.00			
G8602	E	NO TPA INIT W/IN 3 HRS				Not Allowed	$0.00			
G8627	E	SURG PROC W/IN 30 DAYS				Not Allowed	$0.00			
G8628	E	NO SURG PROC W/IN 30 DAYS				Not Allowed	$0.00			
G8633	E	PHARM THER OSTEO RX				Not Allowed	$0.00			
G8634	E	PT NO ELG PHAR THER OSTEO				Not Allowed	$0.00			
G8635	E	NO PHARM THER OSTEO RX				Not Allowed	$0.00			
G8645	E	ASTHMA MEASURES GRP				Not Allowed	$0.00			
G8646	E	ASTHMA MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8647	E	FUN STAT SCORE KNEE >= 0				Not Allowed	$0.00			
G8648	E	FUN STAT SCORE KNEE < 0				Not Allowed	$0.00			
G8649	E	FUN STAT SCORE KNEE PT NOELG				Not Allowed	$0.00			
G8650	E	FUN STAT SCORE KNEE NOT DONE				Not Allowed	$0.00			
G8651	E	FUN STAT SCORE HIP >= 0				Not Allowed	$0.00			
G8652	E	FUN STAT SCORE HIP < 0				Not Allowed	$0.00			
G8653	E	FUN STAT SCORE HIP PT NO ELG				Not Allowed	$0.00			
G8654	E	FUN STAT SCORE HIP NOT DONE				Not Allowed	$0.00			
G8655	E	FUN STAT SCORE LE >= 0				Not Allowed	$0.00			
G8656	E	FUN STAT SCORE LE < 0				Not Allowed	$0.00			
G8657	E	FUN STAT SCORE LE PT NO ELG				Not Allowed	$0.00			
G8658	E	FUN STAT SCORE LE NOT DONE				Not Allowed	$0.00			
G8659	E	FUN STAT SCORE LS >= 0				Not Allowed	$0.00			
G8660	E	FUN STAT SCORE LS < 0				Not Allowed	$0.00			
G8661	E	FUN STAT SCORE LS PT NO ELG				Not Allowed	$0.00			
G8662	E	FUN STAT SCORE LS NOT DONE				Not Allowed	$0.00			
G8663	E	FUN STAT SCORE SHDL >=0				Not Allowed	$0.00			
G8664	E	FUN STAT SCORE SHDL < 0				Not Allowed	$0.00			
G8665	E	FUN STAT SCORE SHDL PT NO EL				Not Allowed	$0.00			
G8666	E	FUN STAT SCORE SHDL NOT DONE				Not Allowed	$0.00			
G8667	E	FUN STAT SCORE UE >=0				Not Allowed	$0.00			
G8668	E	FUN STAT SCORE UE < 0				Not Allowed	$0.00			
G8669	E	FUN STAT SCORE UE PT NO ELG				Not Allowed	$0.00			
G8670	E	FUN STAT SCORE UE NOT DONE				Not Allowed	$0.00			
G8671	E	FUN STAT SCORE NECK/TS >=0				Not Allowed	$0.00			
G8672	E	FUN STAT SCORE NECK/TS < 0				Not Allowed	$0.00			
G8673	E	FUN STAT SCOR NEK/TS PT NO E				Not Allowed	$0.00			
G8674	E	FUN STAT SCOR NEK/TS NOT DON				Not Allowed	$0.00			
G8675	E	BP SYST >= 140 MMHG				Not Allowed	$0.00			
G8676	E	BP DIAST >= 90 MMHG				Not Allowed	$0.00			
G8677	E	BP SYST < 130 MMHG				Not Allowed	$0.00			
G8678	E	BP SYST >=130 - 139 MMHG				Not Allowed	$0.00			
G8679	E	BP DIAST < 80 MMHG				Not Allowed	$0.00			
G8680	E	BP DIAST 80-89 MMHG				Not Allowed	$0.00			
G8694	E	LVEF <40%				Not Allowed	$0.00			
G8695	E	LVEF >=40%				Not Allowed	$0.00			
G8696	E	ANTITHROMB THX PRESC				Not Allowed	$0.00			
G8697	E	ANTITHROMB NO PRESC DOC REAS				Not Allowed	$0.00			
G8698	E	ANTITHROMB NO PRESC NO REAS				Not Allowed	$0.00			
G8708	E	ANTIBIOTIC NOT PRES				Not Allowed	$0.00			
G8709	E	MED REAS ANTIBIOTIC PRES				Not Allowed	$0.00			
G8710	E	PT PRES ANTIBIOTIC				Not Allowed	$0.00			
G8711	E	PRES ANTIBIOTIC				Not Allowed	$0.00			
G8712	E	NOT PRES ANTIBIOTIC				Not Allowed	$0.00			
G8713	E	SPKT/V GREAT 1.2 KT/V				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
G8714	E	HEMODIALYSIS 3 TIMES WEEK				Not Allowed	$0.00			
G8715	E	HEMODIALYSIS NOT 3 TIMES WK				Not Allowed	$0.00			
G8716	E	PT REAS NOT GREAT 1.2KT/V				Not Allowed	$0.00			
G8717	E	LESS 1.2 KT/V				Not Allowed	$0.00			
G8718	E	GREAT 1.7 KT/V PER WEEK				Not Allowed	$0.00			
G8720	E	LESS 1.7 KT/V PER WEEK				Not Allowed	$0.00			
G8721	E	PT, PN, HIST GRADE DOC				Not Allowed	$0.00			
G8722	E	MED REAS PT, PN, NOT DOC				Not Allowed	$0.00			
G8723	E	SPEC SIT NOT PRIM TUMOR				Not Allowed	$0.00			
G8724	E	PT, PN, HIST GRADE NOT DOC				Not Allowed	$0.00			
G8725	E	LIPID PROFILE PERF DOC				Not Allowed	$0.00			
G8726	E	DOC REAS NO LIPID PROFILE				Not Allowed	$0.00			
G8727	E	HEMO, PERIT, OR KIDNEY TRANS				Not Allowed	$0.00			
G8728	E	LIPID PROFILE NOT PERF				Not Allowed	$0.00			
G8730	E	PAIN DOC POS AND PLAN				Not Allowed	$0.00			
G8731	E	PAIN NEG NO PLAN				Not Allowed	$0.00			
G8732	E	NO DOC OF PAIN				Not Allowed	$0.00			
G8733	E	DOC POS ELDER MAL SCRN PLAN				Not Allowed	$0.00			
G8734	E	DOC NEG ELDER MAL NO PLAN				Not Allowed	$0.00			
G8735	E	ELD MAL SCRN POS NO PLAN				Not Allowed	$0.00			
G8749	E	SIGNS OF MELANOMA ABSENT				Not Allowed	$0.00			
G8750	E	SIGNS OF MELANOMA PRESENT				Not Allowed	$0.00			
G8752	E	SYS BP LESS 140				Not Allowed	$0.00			
G8753	E	SYS BP > OR = 140				Not Allowed	$0.00			
G8754	E	DIAS BP LESS 90				Not Allowed	$0.00			
G8755	E	DIAS BP > OR = 90				Not Allowed	$0.00			
G8756	E	NO BP MEASURE DOC				Not Allowed	$0.00			
G8757	E	COPD MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8758	E	IBD MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8759	E	OSA MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8760	E	EPILEPSY MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8761	E	DEMENTIA MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8762	E	PD MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8765	E	CATARACT MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8783	E	BP SCRN PERF REC INTERVAL				Not Allowed	$0.00			
G8784	E	PT NO ELIG FOR BP ASSESS				Not Allowed	$0.00			
G8785	E	BP SCRN NO PERF AT INTERVAL				Not Allowed	$0.00			
G8786	E	SEVERITY OF ANGINA ASSESS				Not Allowed	$0.00			
G8787	E	ANGINA PRESENT				Not Allowed	$0.00			
G8788	E	ANGINA ABSENT				Not Allowed	$0.00			
G8789	E	SEVERITY ANGINA NOT ASSESS				Not Allowed	$0.00			
G8797	E	SPECIMEN SITE NOT ESOPHAGUS				Not Allowed	$0.00			
G8798	E	SPECIMEN SITE NOT PROSTATE				Not Allowed	$0.00			
G8802	E	PREGNANCY TEST ORDER				Not Allowed	$0.00			
G8803	E	DOC REAS NO PREGNANCY TEST				Not Allowed	$0.00			
G8805	E	PREGNANCY TEST NOT ORDER				Not Allowed	$0.00			
G8806	E	TRANSAB OR TRANSVAG US				Not Allowed	$0.00			
G8807	E	DOC REAS NO US				Not Allowed	$0.00			
G8808	E	NO TRANSAB OR TRANSVAG US				Not Allowed	$0.00			
G8809	E	RH-IMMUNOGLOBULIN ORDER				Not Allowed	$0.00			
G8810	E	DOC REAS NO RH-IMMUNO				Not Allowed	$0.00			
G8811	E	NO RH-IMMUNOGLOBULIN ORDER				Not Allowed	$0.00			
G8815	E	DOC REAS NO STATIN THERAPY				Not Allowed	$0.00			
G8816	E	STATIN MED PRES AT DISCH				Not Allowed	$0.00			
G8817	E	DOC REAS NO STATIN MED DISCH				Not Allowed	$0.00			
G8818	E	PT DISCH TO HOME BY DAY#7				Not Allowed	$0.00			
G8819	E	ANEURYSM <= 5.5 CM				Not Allowed	$0.00			
G8820	E	ANEURYSM 5.6-6.0 CM				Not Allowed	$0.00			
G8821	E	ANEURYSM NOT INFARENAL				Not Allowed	$0.00			
G8822	E	MALE ANEURYSMS >6CM				Not Allowed	$0.00			
G8823	E	FEMALE ANEURYSM >6CM				Not Allowed	$0.00			
G8824	E	FEMALE ANEURYSM 5.6-6.0 CM				Not Allowed	$0.00			
G8825	E	PT NOT DISCH TO HOME DAY#7				Not Allowed	$0.00			
G8826	E	PT DISCH HOME DAY #2 EVAR				Not Allowed	$0.00			

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G8828	E	ANEURYSM <= 5.5CM FOR MEN				Not Allowed	$0.00			
G8829	E	ANEURYSM 5.6-6.0 CM FOR MEN				Not Allowed	$0.00			
G8830	E	ANEURYSM >6CM FOR MEN				Not Allowed	$0.00			
G8831	E	ANEURYSM >-6CM FOR WOMEN				Not Allowed	$0.00			
G8832	E	ANEURYSM 5.6-6.0 WOMEN				Not Allowed	$0.00			
G8833	E	PT NOT DISCH HOME DAY#2 EVAR				Not Allowed	$0.00			
G8834	E	PT DISCH HOME DAY #2 CEA				Not Allowed	$0.00			
G8836	E	STROKE OR TIA <120 DAYS CEA				Not Allowed	$0.00			
G8837	E	STROKE OR TIA >120 DAYS CEA				Not Allowed	$0.00			
G8838	E	NOT DISCH HOME BY DAY #2				Not Allowed	$0.00			
G8839	E	SLEEP APNEA ASSESS				Not Allowed	$0.00			
G8840	E	DOC REAS NO SLEEP APNEA				Not Allowed	$0.00			
G8841	E	NO SLEEP APNEA ASSESS				Not Allowed	$0.00			
G8842	E	AHI OR RDI INITIAL DX				Not Allowed	$0.00			
G8843	E	DOC REAS NO AHI OR RDI				Not Allowed	$0.00			
G8844	E	NO AHI OR RDI INITIAL DX				Not Allowed	$0.00			
G8845	E	POS AIRWAY PRESS PRESCRIBED				Not Allowed	$0.00			
G8846	E	MOD OR SEVERE OSA				Not Allowed	$0.00			
G8847	E	POS AIR PRESS NOT PRESCRIBED				Not Allowed	$0.00			
G8848	E	MILD OSA				Not Allowed	$0.00			
G8849	E	DOC REAS NO POS AIR PRESS				Not Allowed	$0.00			
G8850	E	NO PAP PRESCRIBED				Not Allowed	$0.00			
G8851	E	ADHERE POS AIR PRESS THERAPY				Not Allowed	$0.00			
G8852	E	POS AIR PRESS PRESCRIBE				Not Allowed	$0.00			
G8853	E	POS AIR PRESS NOT PRESCRIBE				Not Allowed	$0.00			
G8854	E	REAS NO ADHERE POS AIR PRES				Not Allowed	$0.00			
G8855	E	POS AIR PRESS ADHERE NO PERF				Not Allowed	$0.00			
G8856	E	REF FOR OTO EVAL				Not Allowed	$0.00			
G8857	E	NO ELIG REF FOR OTO EVAL				Not Allowed	$0.00			
G8858	E	NOT REF FOR OTO EVAL				Not Allowed	$0.00			
G8860	E	CORTICOSTEROID 10 MG 60 DAYS				Not Allowed	$0.00			
G8861	E	DXA ORDERED FOR OSTEO				Not Allowed	$0.00			
G8863	E	NO ASSESS BONE LOSS				Not Allowed	$0.00			
G8864	E	PNEUMOCOCCAL VACCINE ADMIN				Not Allowed	$0.00			
G8865	E	DOC MED REAS NO PNEUMOCOCCAL				Not Allowed	$0.00			
G8866	E	DOC PT REAS NO PNEUMOCOCCAL				Not Allowed	$0.00			
G8867	E	NO PNEUMOCOCCAL ADMIN				Not Allowed	$0.00			
G8868	E	1ST COURSE ANTITNF				Not Allowed	$0.00			
G8869	E	DOC IMMUN HEP B 1ST ANTITNF				Not Allowed	$0.00			
G8870	E	HEPB ADMIN 1ST ANTITNF				Not Allowed	$0.00			
G8871	E	NO 1ST ANTITNF				Not Allowed	$0.00			
G8872	E	INTRAOP IMAGE CONFIRM EXCISE				Not Allowed	$0.00			
G8873	E	SPECIMEN NOT INTRAOP IMAGE				Not Allowed	$0.00			
G8874	E	TISSUE NOT IMAGE INTRAOP				Not Allowed	$0.00			
G8875	E	BREAST CANCER DX MIN INVSIVE				Not Allowed	$0.00			
G8876	E	DOC REAS NO MIN INV DX				Not Allowed	$0.00			
G8877	E	NO BRST CNCR DX MIN INVASIVE				Not Allowed	$0.00			
G8878	E	SENT LYMPH NODE BIOPSY				Not Allowed	$0.00			
G8879	E	NODE NEG INV BRST CNCR				Not Allowed	$0.00			
G8880	E	DOC REAS NO LYMPH NODE BIOP				Not Allowed	$0.00			
G8881	E	BRST CNCR STAGE > T1N0M0				Not Allowed	$0.00			
G8882	E	NO SENT LYMPH NODE BIOPSY				Not Allowed	$0.00			
G8883	E	REV, COMM, TRACK, DOC BIOPSY				Not Allowed	$0.00			
G8884	E	DOC REAS BIOPSY NOT REVIEW				Not Allowed	$0.00			
G8885	E	NO REV, COMM, TRACK BIOPSY				Not Allowed	$0.00			
G8898	E	COPD MEASURES GROUP				Not Allowed	$0.00			
G8899	E	INFLAMMATORY BOWEL DIS MG				Not Allowed	$0.00			
G8900	E	OBSTRUCTIVE SLEEP APNEA MG				Not Allowed	$0.00			
G8901	E	EPILEPSY MEASURES GROUP				Not Allowed	$0.00			
G8902	E	DEMENTIA MEASURES GROUP				Not Allowed	$0.00			
G8903	E	PARKINSON'S DISEASE MG				Not Allowed	$0.00			
G8906	E	CATARACT MEASURES GROUP				Not Allowed	$0.00			
G8907	E	PT DOC NO EVENTS ON DISCHARG				Not Allowed	$0.00			
G8908	E	PT DOC W BURN PRIOR TO D/C				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
G8909	E	PT DOC NO BURN PRIOR TO D/C				Not Allowed	$0.00			
G8910	E	PT DOC TO HAVE FALL IN ASC				Not Allowed	$0.00			
G8911	E	PT DOC NO FALL IN ASC				Not Allowed	$0.00			
G8912	E	PT DOC WITH WRONG EVENT				Not Allowed	$0.00			
G8913	E	PT DOC NO WRONG EVENT				Not Allowed	$0.00			
G8914	E	PT TRANS TO HOSP POST D/C				Not Allowed	$0.00			
G8915	E	PT NOT TRANS TO HOSP AT D/C				Not Allowed	$0.00			
G8916	E	PT W IV AB GIVEN ON TIME				Not Allowed	$0.00			
G8917	E	PT W IV AB NOT GIVEN ON TIME				Not Allowed	$0.00			
G8918	E	PT W/O PREOP ORDER IV AB PRO				Not Allowed	$0.00			
G8923	E	LVEF < 40% OR LVSD				Not Allowed	$0.00			
G8924	E	SPIRO EV1/FVC <60% COPD SYM				Not Allowed	$0.00			
G8925	E	SPIRO>=60% OR PT NO COPD SYM				Not Allowed	$0.00			
G8926	E	SPIRO NO PERF OR DOC				Not Allowed	$0.00			
G8927	E	ADJ CHEM PRES AJCC III				Not Allowed	$0.00			
G8928	E	ADJ CHEM NOT PRES RSN SPEC				Not Allowed	$0.00			
G8929	E	ADJ CMO NOT PRES RSN NOT GVN				Not Allowed	$0.00			
G8934	E	LVEF <40% OR DEP LV SYS FCN				Not Allowed	$0.00			
G8935	E	RX ACE OR ARB THERAPY				Not Allowed	$0.00			
G8936	E	PT NOT ELIGIBLE ACE/ARB				Not Allowed	$0.00			
G8937	E	NO RX ACE/ARB THERAPY				Not Allowed	$0.00			
G8938	E	BMI CALC, PT NO F/U PLAN ELG				Not Allowed	$0.00			
G8939	E	PAIN ASSESS DOC, F/U NO DOC				Not Allowed	$0.00			
G8940	E	SRN CLIN DEP DOC NO F/U PLN				Not Allowed	$0.00			
G8941	E	NO DOC ELDER SCRN, PT NO EL				Not Allowed	$0.00			
G8942	E	DOC FCN/CARE PLAN W/30 DAYS				Not Allowed	$0.00			
G8944	E	AJCC MEL CNR STG 0 - IIC				Not Allowed	$0.00			
G8946	E	MIBM BUT NO DX OF BREAST CA				Not Allowed	$0.00			
G8947	E	1 OR MORE NEUROPSYCH				Not Allowed	$0.00			
G8948	E	NO NEUROPSYCH SYMPTOMS				Not Allowed	$0.00			
G8950	E	PRE-HTN OR HTN DOC, F/U INDC				Not Allowed	$0.00			
G8951	E	PRE-HTN/HTN DOC, NO PT F/U				Not Allowed	$0.00			
G8952	E	PRE-HTN/HTN, NO F/U, NOT GVN				Not Allowed	$0.00			
G8953	E	ONCOLOGY MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8955	E	MOST RECENT ASSESS VOL MGMT				Not Allowed	$0.00			
G8956	E	PT RCV HEDIA OUTPT DYLS FAC				Not Allowed	$0.00			
G8958	E	ASSESS VOL MGMT NOT DOC				Not Allowed	$0.00			
G8959	E	CLIN TX MDD COMM TO TX CLIN				Not Allowed	$0.00			
G8960	E	CLIN TX MDD NOT COMM				Not Allowed	$0.00			
G8961	E	CSIT LOWRISK SURG PTS PREOP				Not Allowed	$0.00			
G8962	E	CSIT ON PT ANY REAS 30 DAYS				Not Allowed	$0.00			
G8963	E	CSI PER ASX PT W/PCI 2 YRS				Not Allowed	$0.00			
G8964	E	CSI ANY OTHER THAN PCI 2 YR				Not Allowed	$0.00			
G8965	E	CSIT PERF ON LOW CHD RSK				Not Allowed	$0.00			
G8966	E	CSIT PERF SX OR HIGH CHD RSK				Not Allowed	$0.00			
G8967	E	WRFRN OR ORAL ANTIGOAG PRES				Not Allowed	$0.00			
G8968	E	MD RSN NO PRES WRFRN OR OTHR				Not Allowed	$0.00			
G8969	E	PT RSN NO PRES WRFRN OR OTHR				Not Allowed	$0.00			
G8970	E	NO RSK FAC OR 1 MOD RISK TE				Not Allowed	$0.00			
G8971	E	WARFRN OR OTHR ANTCOG NO RX				Not Allowed	$0.00			
G8972	E	1>=RISK OR>= MOD RISK FOR TE				Not Allowed	$0.00			
G8973	E	MST RCNT HBB < 10G/DL				Not Allowed	$0.00			
G8974	E	HGB NOT DOC RNS NOT GVN				Not Allowed	$0.00			
G8975	E	HGB <10G/DL, MED RSN				Not Allowed	$0.00			
G8976	E	HGB >= 10 G/DL				Not Allowed	$0.00			
G8977	E	ONCOLOGY MEASURES GRP				Not Allowed	$0.00			
G8978	E	MOBILITY CURRENT STATUS				Not Allowed	$0.00			
G8979	E	MOBILITY GOAL STATUS				Not Allowed	$0.00			
G8980	E	MOBILITY D/C STATUS				Not Allowed	$0.00			
G8981	E	BODY POS CURRENT STATUS				Not Allowed	$0.00			
G8982	E	BODY POS GOAL STATUS				Not Allowed	$0.00			
G8983	E	BODY POS D/C STATUS				Not Allowed	$0.00			
G8984	E	CARRY CURRENT STATUS				Not Allowed	$0.00			
G8985	E	CARRY GOAL STATUS				Not Allowed	$0.00			

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G8986	E	CARRY D/C STATUS				Not Allowed	$0.00			
G8987	E	SELF CARE CURRENT STATUS				Not Allowed	$0.00			
G8988	E	SELF CARE GOAL STATUS				Not Allowed	$0.00			
G8989	E	SELF CARE D/C STATUS				Not Allowed	$0.00			
G8990	E	OTHER PT/OT CURRENT STATUS				Not Allowed	$0.00			
G8991	E	OTHER PT/OT GOAL STATUS				Not Allowed	$0.00			
G8992	E	OTHER PT/OT D/C STATUS				Not Allowed	$0.00			
G8993	E	SUB PT/OT CURRENT STATUS				Not Allowed	$0.00			
G8994	E	SUB PT/OT GOAL STATUS				Not Allowed	$0.00			
G8995	E	SUB PT/OT D/C STATUS				Not Allowed	$0.00			
G8996	E	SWALLOW CURRENT STATUS				Not Allowed	$0.00			
G8997	E	SWALLOW GOAL STATUS				Not Allowed	$0.00			
G8998	E	SWALLOW D/C STATUS				Not Allowed	$0.00			
G8999	E	MOTOR SPEECH CURRENT STATUS				Not Allowed	$0.00			
G9001	E	MCCD, INITIAL RATE				Not Allowed	$0.00			
G9002	E	MCCD,MAINTENANCE RATE				Not Allowed	$0.00			
G9003	E	MCCD, RISK ADJ HI, INITIAL				Not Allowed	$0.00			
G9004	E	MCCD, RISK ADJ LO, INITIAL				Not Allowed	$0.00			
G9005	E	MCCD, RISK ADJ, MAINTENANCE				Not Allowed	$0.00			
G9006	E	MCCD, HOME MONITORING				Not Allowed	$0.00			
G9007	E	MCCD, SCH TEAM CONF				Not Allowed	$0.00			
G9008	E	MCCD,PHYS COOR-CARE OVRSGHT				Not Allowed	$0.00			
G9009	E	MCCD, RISK ADJ, LEVEL 3				Not Allowed	$0.00			
G9010	E	MCCD, RISK ADJ, LEVEL 4				Not Allowed	$0.00			
G9011	E	MCCD, RISK ADJ, LEVEL 5				Not Allowed	$0.00			
G9012	E	OTHER SPECIFIED CASE MGMT				Not Allowed	$0.00			
G9013	E	ESRD DEMO BUNDLE LEVEL I				Not Allowed	$0.00			
G9014	E	ESRD DEMO BUNDLE-LEVEL II				Not Allowed	$0.00			
G9016	E	DEMO-SMOKING CESSATION COUN				Not Allowed	$0.00			
G9017	E	AMANTADINE HCL 100MG ORAL				Not Allowed	$0.00			
G9018	E	ZANAMIVIR,INHALATION PWD 10M				Not Allowed	$0.00			
G9019	E	OSELTAMIVIR PHOSPHATE 75MG				Not Allowed	$0.00			
G9020	E	RIMANTADINE HCL 100MG ORAL				Not Allowed	$0.00			
G9033	E	AMANTADINE HCL ORAL BRAND				Not Allowed	$0.00			
G9034	E	ZANAMIVIR, INH PWDR, BRAND				Not Allowed	$0.00			
G9035	E	OSELTAMIVIR PHOSP, BRAND				Not Allowed	$0.00			
G9036	E	RIMANTADINE HCL, BRAND				Not Allowed	$0.00			
G9050	E	ONCOLOGY WORK-UP EVALUATION				Not Allowed	$0.00			
G9051	E	ONCOLOGY TX DECISION-MGMT				Not Allowed	$0.00			
G9052	E	ONC SURVEILLANCE FOR DISEASE				Not Allowed	$0.00			
G9053	E	ONC EXPECTANT MANAGEMENT PT				Not Allowed	$0.00			
G9054	E	ONC SUPERVISION PALLIATIVE				Not Allowed	$0.00			
G9055	E	ONC VISIT UNSPECIFIED NOS				Not Allowed	$0.00			
G9056	E	ONC PRAC MGMT ADHERES GUIDE				Not Allowed	$0.00			
G9057	E	ONC PRACT MGMT DIFFERS TRIAL				Not Allowed	$0.00			
G9058	E	ONC PRAC MGMT DISAGREE W/GUI				Not Allowed	$0.00			
G9059	E	ONC PRAC MGMT PT OPT ALTERNA				Not Allowed	$0.00			
G9060	E	ONC PRAC MGMT DIF PT COMORB				Not Allowed	$0.00			
G9061	E	ONC PRAC COND NOADD BY GUIDE				Not Allowed	$0.00			
G9062	E	ONC PRAC GUIDE DIFFERS NOS				Not Allowed	$0.00			
G9063	E	ONC DX NSCLC STGI NO PROGRES				Not Allowed	$0.00			
G9064	E	ONC DX NSCLC STG2 NO PROGRES				Not Allowed	$0.00			
G9065	E	ONC DX NSCLC STG3A NO PROGRE				Not Allowed	$0.00			
G9066	E	ONC DX NSCLC STG3B-4 METASTA				Not Allowed	$0.00			
G9067	E	ONC DX NSCLC DX UNKNOWN NOS				Not Allowed	$0.00			
G9068	E	ONC DX SCLC/NSCLC LIMITED				Not Allowed	$0.00			
G9069	E	ONC DX SCLC/NSCLC EXT AT DX				Not Allowed	$0.00			
G9070	E	ONC DX SCLC/NSCLC EXT UNKNWN				Not Allowed	$0.00			
G9071	E	ONC DX BRST STG1-2B HR,NOPRO				Not Allowed	$0.00			
G9072	E	ONC DX BRST STG1-2 NOPROGRES				Not Allowed	$0.00			
G9073	E	ONC DX BRST STG3-HR, NO PRO				Not Allowed	$0.00			
G9074	E	ONC DX BRST STG3-NOPROGRESS				Not Allowed	$0.00			
G9075	E	ONC DX BRST METASTIC/ RECUR				Not Allowed	$0.00			
G9077	E	ONC DX PROSTATE T1NO PROGRES				Not Allowed	$0.00			

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G9078	E	ONC DX PROSTATE T2NO PROGRES				Not Allowed	$0.00			
G9079	E	ONC DX PROSTATE T3B-T4NOPROG				Not Allowed	$0.00			
G9080	E	ONC DX PROSTATE W/RISE PSA				Not Allowed	$0.00			
G9083	E	ONC DX PROSTATE UNKNWN NOS				Not Allowed	$0.00			
G9084	E	ONC DX COLON T1-3,N1-2,NO PR				Not Allowed	$0.00			
G9085	E	ONC DX COLON T4, N0 W/O PROG				Not Allowed	$0.00			
G9086	E	ONC DX COLON T1-4 NO DX PROG				Not Allowed	$0.00			
G9087	E	ONC DX COLON METAS EVID DX				Not Allowed	$0.00			
G9088	E	ONC DX COLON METAS NOEVID DX				Not Allowed	$0.00			
G9089	E	ONC DX COLON EXTENT UNKNOWN				Not Allowed	$0.00			
G9090	E	ONC DX RECTAL T1-2 NO PROGR				Not Allowed	$0.00			
G9091	E	ONC DX RECTAL T3 N0 NO PROG				Not Allowed	$0.00			
G9092	E	ONC DX RECTAL T1-3,N1-2NOPRG				Not Allowed	$0.00			
G9093	E	ONC DX RECTAL T4,N,M0 NO PRG				Not Allowed	$0.00			
G9094	E	ONC DX RECTAL M1 W/METS PROG				Not Allowed	$0.00			
G9095	E	ONC DX RECTAL EXTENT UNKNWN				Not Allowed	$0.00			
G9096	E	ONC DX ESOPHAG T1-T3 NOPROG				Not Allowed	$0.00			
G9097	E	ONC DX ESOPHAGEAL T4 NO PROG				Not Allowed	$0.00			
G9098	E	ONC DX ESOPHAGEAL METS RECUR				Not Allowed	$0.00			
G9099	E	ONC DX ESOPHAGEAL UNKNOWN				Not Allowed	$0.00			
G9100	E	ONC DX GASTRIC NO RECURRENCE				Not Allowed	$0.00			
G9101	E	ONC DX GASTRIC P R1-R2NOPROG				Not Allowed	$0.00			
G9102	E	ONC DX GASTRIC UNRESECTABLE				Not Allowed	$0.00			
G9103	E	ONC DX GASTRIC RECURRENT				Not Allowed	$0.00			
G9104	E	ONC DX GASTRIC UNKNOWN NOS				Not Allowed	$0.00			
G9105	E	ONC DX PANCREATC P R0 RES NO				Not Allowed	$0.00			
G9106	E	ONC DX PANCREATC P R1/R2 NO				Not Allowed	$0.00			
G9107	E	ONC DX PANCREATIC UNRESECTAB				Not Allowed	$0.00			
G9108	E	ONC DX PANCREATIC UNKNWN NOS				Not Allowed	$0.00			
G9109	E	ONC DX HEAD/NECK T1-T2NO PRG				Not Allowed	$0.00			
G9110	E	ONC DX HEAD/NECK T3-4 NOPROG				Not Allowed	$0.00			
G9111	E	ONC DX HEAD/NECK M1 METS REC				Not Allowed	$0.00			
G9112	E	ONC DX HEAD/NECK EXT UNKNOWN				Not Allowed	$0.00			
G9113	E	ONC DX OVARIAN STG1A-B NO PR				Not Allowed	$0.00			
G9114	E	ONC DX OVARIAN STG1A-B OR 2				Not Allowed	$0.00			
G9115	E	ONC DX OVARIAN STG3/4 NOPROG				Not Allowed	$0.00			
G9116	E	ONC DX OVARIAN RECURRENCE				Not Allowed	$0.00			
G9117	E	ONC DX OVARIAN UNKNOWN NOS				Not Allowed	$0.00			
G9123	E	ONC DX CML CHRONIC PHASE				Not Allowed	$0.00			
G9124	E	ONC DX CML ACCELER PHASE				Not Allowed	$0.00			
G9125	E	ONC DX CML BLAST PHASE				Not Allowed	$0.00			
G9126	E	ONC DX CML REMISSION				Not Allowed	$0.00			
G9128	E	ONC DX MULTI MYELOMA STAGE I				Not Allowed	$0.00			
G9129	E	ONC DX MULT MYELOMA STG2 HIG				Not Allowed	$0.00			
G9130	E	ONC DX MULTI MYELOMA UNKNOWN				Not Allowed	$0.00			
G9131	E	ONC DX BRST UNKNOWN NOS				Not Allowed	$0.00			
G9132	E	ONC DX PROSTATE METS NO CAST				Not Allowed	$0.00			
G9133	E	ONC DX PROSTATE CLINICAL MET				Not Allowed	$0.00			
G9134	E	ONC NHLSTG 1-2 NO RELAP NO				Not Allowed	$0.00			
G9135	E	ONC DX NHL STG 3-4 NOT RELAP				Not Allowed	$0.00			
G9136	E	ONC DX NHL TRANS TO LG BCELL				Not Allowed	$0.00			
G9137	E	ONC DX NHL RELAPSE/REFRACTOR				Not Allowed	$0.00			
G9138	E	ONC DX NHL STG UNKNOWN				Not Allowed	$0.00			
G9139	E	ONC DX CML DX STATUS UNKNOWN				Not Allowed	$0.00			
G9140	E	FRONTIER EXTENDED STAY DEMO				Not Allowed	$0.00			
G9141	E	INFLUENZA A H1N1,ADMIN W COU				Not Allowed	$0.00			
G9142	E	INFLUENZA A H1N1, VACCINE				Not Allowed	$0.00			
G9143	Q	WARFARIN RESPON GENETIC TEST				Medicare	$273.78	$169.74	$164.27	
G9147	Q	OUTPT IV INSULIN TX ANY MEA				Charge Ratio	$0.00			
G9148	E	MEDICAL HOME LEVEL 1				Not Allowed	$0.00			
G9149	E	MEDICAL HOME LEVEL II				Not Allowed	$0.00			
G9150	E	MEDICAL HOME LEVEL III				Not Allowed	$0.00			
G9151	E	MAPCP DEMO STATE				Not Allowed	$0.00			
G9152	E	MAPCP DEMO COMMUNITY				Not Allowed	$0.00			

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G9153	E	MAPCP DEMO PHYSICIAN				Not Allowed	$0.00			
G9156	E	EVALUATION FOR WHEELCHAIR				Not Allowed	$0.00			
G9157	E	TRANSESOPH DOPPL CARDIAC MON				Not Allowed	$0.00			
G9158	E	MOTOR SPEECH D/C STATUS				Not Allowed	$0.00			
G9159	E	LANG COMP CURRENT STATUS				Not Allowed	$0.00			
G9160	E	LANG COMP GOAL STATUS				Not Allowed	$0.00			
G9161	E	LANG COMP D/C STATUS				Not Allowed	$0.00			
G9162	E	LANG EXPRESS CURRENT STATUS				Not Allowed	$0.00			
G9163	E	LANG EXPRESS GOAL STATUS				Not Allowed	$0.00			
G9164	E	LANG EXPRESS D/C STATUS				Not Allowed	$0.00			
G9165	E	ATTEN CURRENT STATUS				Not Allowed	$0.00			
G9166	E	ATTEN GOAL STATUS				Not Allowed	$0.00			
G9167	E	ATTEN D/C STATUS				Not Allowed	$0.00			
G9168	E	MEMORY CURRENT STATUS				Not Allowed	$0.00			
G9169	E	MEMORY GOAL STATUS				Not Allowed	$0.00			
G9170	E	MEMORY D/C STATUS				Not Allowed	$0.00			
G9171	E	VOICE CURRENT STATUS				Not Allowed	$0.00			
G9172	E	VOICE GOAL STATUS				Not Allowed	$0.00			
G9173	E	VOICE D/C STATUS				Not Allowed	$0.00			
G9174	E	SPEECH LANG CURRENT STATUS				Not Allowed	$0.00			
G9175	E	SPEECH LANG GOAL STATUS				Not Allowed	$0.00			
G9176	E	SPEECH LANG D/C STATUS				Not Allowed	$0.00			
G9186	E	MOTOR SPEECH GOAL STATUS				Not Allowed	$0.00			
G9187	E	BPCI HOME VISIT				Not Allowed	$0.00			
G9188	E	BETA NOT GIVEN NO REASON				Not Allowed	$0.00			
G9189	E	BETA PRES OR ALREADY TAKING				Not Allowed	$0.00			
G9190	E	MEDICAL REASON FOR NO BETA				Not Allowed	$0.00			
G9191	E	PT REASON FOR NO BETA				Not Allowed	$0.00			
G9192	E	SYSTEM REASON FOR NO BETA				Not Allowed	$0.00			
G9196	E	MED REASON FOR NO CEPH				Not Allowed	$0.00			
G9197	E	ORDER FOR CEPH				Not Allowed	$0.00			
G9198	E	NO ORDER FOR CEPH NO REASON				Not Allowed	$0.00			
G9203	E	HEP C RNA DONE PRIOR TO MED				Not Allowed	$0.00			
G9204	E	NO REASON FOR NO HEP C RNA				Not Allowed	$0.00			
G9205	E	HEP C ANTIVIRAL STARTED				Not Allowed	$0.00			
G9206	E	HEP C THERAPY STARTED				Not Allowed	$0.00			
G9207	E	HEP C GENOTYPE PRIOR TO MED				Not Allowed	$0.00			
G9208	E	NO REASON FOR NO HEP C GENO				Not Allowed	$0.00			
G9209	E	HEP C RNA 4TO12 WK AFTER MED				Not Allowed	$0.00			
G9210	E	NO HEPC RNA AFTER MED DOCRSN				Not Allowed	$0.00			
G9211	E	NO HEPC RNA AFTER MED NO RSN				Not Allowed	$0.00			
G9212	E	DOC OF DSM-IV INIT EVAL				Not Allowed	$0.00			
G9213	E	NO DOC OF DSM-IV				Not Allowed	$0.00			
G9217	E	NO PCP PROPH LOW CD4 NORSN				Not Allowed	$0.00			
G9219	E	NO ODER PJP FOR MED REASON				Not Allowed	$0.00			
G9222	E	PJP PROPH ORDERED LOW CD4				Not Allowed	$0.00			
G9223	E	PJP PROPH ORDERED CD4 LOW				Not Allowed	$0.00			
G9225	E	NORSN NO FOOT EXAM				Not Allowed	$0.00			
G9226	E	3 COMP FOOT EXAM COMPLETED				Not Allowed	$0.00			
G9227	E	DOCRSN NO CARE PLAN				Not Allowed	$0.00			
G9228	E	GC CHL SYP DOCUMENTED				Not Allowed	$0.00			
G9229	E	PTRSN NO GC CHL SYP TEST				Not Allowed	$0.00			
G9230	E	NORSN FOR GC CHL SYP TEST				Not Allowed	$0.00			
G9231	E	DOC ESRD DIA TRANS PREG				Not Allowed	$0.00			
G9232	E	DOCRSN NO COMM COMORB				Not Allowed	$0.00			
G9233	E	TKR COMPOSITE				Not Allowed	$0.00			
G9234	E	TKR INTENT				Not Allowed	$0.00			
G9235	E	GS MG COMPOSITE				Not Allowed	$0.00			
G9236	E	OP RAD MG COMPOSITE				Not Allowed	$0.00			
G9237	E	GS MG INTENT				Not Allowed	$0.00			
G9238	E	OP RAD MG INTENT				Not Allowed	$0.00			
G9239	E	DOCRSN FOR CATHETER				Not Allowed	$0.00			
G9240	E	DOC PT W CATH MAINT DIA				Not Allowed	$0.00			
G9241	E	DOC PT W OUT CATH MAINT DIA				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
G9242	E	DOC VIRAL LOAD >=200				Not Allowed	$0.00			
G9243	E	DOC VIRAL LOAD <200				Not Allowed	$0.00			
G9244	E	ANTIVIRAL NOT ORDERED				Not Allowed	$0.00			
G9245	E	ANTIVIRAL ORDERED				Not Allowed	$0.00			
G9246	E	NO MED VISIT IN 24MO				Not Allowed	$0.00			
G9247	E	1 MED VISIT IN 24MO				Not Allowed	$0.00			
G9250	E	DOC OF PAIN COMFORT 48HR				Not Allowed	$0.00			
G9251	E	DOC NO PAIN COMFORT 48HR				Not Allowed	$0.00			
G9254	E	DOC PT DISCHG >2D				Not Allowed	$0.00			
G9255	E	DOC PT DISCHG <=2D				Not Allowed	$0.00			
G9256	E	DOC DEATH AFTER CAS				Not Allowed	$0.00			
G9257	E	DOC STROKE AFTER CAS				Not Allowed	$0.00			
G9258	E	DOC STROKE AFTER CEA				Not Allowed	$0.00			
G9259	E	DOC SURV NO STROKE AFTER CAS				Not Allowed	$0.00			
G9260	E	DOC DEATH AFTER CEA				Not Allowed	$0.00			
G9261	E	DOC SURV NO STROKE AFTER CEA				Not Allowed	$0.00			
G9262	E	DOC DEATH IN HOSP AAA REPAIR				Not Allowed	$0.00			
G9263	E	DOC SURV IN HOSP AAA REPAIR				Not Allowed	$0.00			
G9264	E	DOCRSN FOR CATH MAINT DIA				Not Allowed	$0.00			
G9265	E	DOC CATH >90D FOR MAINT DIA				Not Allowed	$0.00			
G9266	E	NORSN PT CATH >=90D				Not Allowed	$0.00			
G9267	E	DOC COMP OR MORT W IN 30D				Not Allowed	$0.00			
G9268	E	DOC COMP OR MORT W IN 90D				Not Allowed	$0.00			
G9269	E	DOC NO COMP OR MORT W IN 30D				Not Allowed	$0.00			
G9270	E	DOC NO COMP OR MORT W IN 90D				Not Allowed	$0.00			
G9273	E	SYS<140 AND DIA<90				Not Allowed	$0.00			
G9274	E	BP OUT OF NRML LIMITS				Not Allowed	$0.00			
G9275	E	DOC OF NON TOBACCO USER				Not Allowed	$0.00			
G9276	E	DOC OF TOBACCO USER				Not Allowed	$0.00			
G9277	E	DOC DAILY ASPIRIN OR CONTRA				Not Allowed	$0.00			
G9278	E	DOC NO DAILY ASPIRIN				Not Allowed	$0.00			
G9279	E	PNE SCRN DONE DOC VAC DONE				Not Allowed	$0.00			
G9280	E	PNE NOT GIVEN NORSN				Not Allowed	$0.00			
G9281	E	PNE SCRN DONE DOC NOT IND				Not Allowed	$0.00			
G9282	E	DOC MEDRSN NO HISTO TYPE				Not Allowed	$0.00			
G9283	E	HIST TYPE DOC ON REPORT				Not Allowed	$0.00			
G9284	E	NO HIST TYPE DOC ON REPORT				Not Allowed	$0.00			
G9285	E	SITE NOT SMALL CELL LUNG CA				Not Allowed	$0.00			
G9286	E	DOC ANTIBIO ORDER W IN 7D				Not Allowed	$0.00			
G9287	E	NO DOC ANTIBIO ORDER W IN 7D				Not Allowed	$0.00			
G9288	E	DOC MEDRSN NO HIST TYPE RPT				Not Allowed	$0.00			
G9289	E	DOC TYPE NSM LUNG CA				Not Allowed	$0.00			
G9290	E	NO DOC TYPE NSM LUNG CA				Not Allowed	$0.00			
G9291	E	NOT NSM LUNG CA				Not Allowed	$0.00			
G9292	E	MEDRSN NO PT CATEGORY				Not Allowed	$0.00			
G9293	E	NO PT CATEGORY ON REPORT				Not Allowed	$0.00			
G9294	E	PT CAT AND THCK ON REPORT				Not Allowed	$0.00			
G9295	E	NON CUTANEOUS LOC				Not Allowed	$0.00			
G9296	E	DOC SHARE DEC PRIOR PROC				Not Allowed	$0.00			
G9297	E	NO DOC SHARE DEC PRIOR PROC				Not Allowed	$0.00			
G9298	E	EVAL RISK VTE CARD 30D PRIOR				Not Allowed	$0.00			
G9299	E	NO EVAL RISKK VTE CARD PRIOR				Not Allowed	$0.00			
G9300	E	DOC MEDRSN NO COMPL ANTIBIO				Not Allowed	$0.00			
G9301	E	DOC COMPL INF ANTIBIO				Not Allowed	$0.00			
G9302	E	NORSN INCOMP INF ANTIBIO				Not Allowed	$0.00			
G9303	E	NORSN NO PROS INFO OP RPT				Not Allowed	$0.00			
G9304	E	PROS INFO OP RPT				Not Allowed	$0.00			
G9305	E	NO INTERV REQ FOR LEAK				Not Allowed	$0.00			
G9306	E	INTERV REQ FOR LEAK				Not Allowed	$0.00			
G9307	E	NO RET FOR SURG W IN 30D				Not Allowed	$0.00			
G9308	E	UNPLND RET TO SURG W IN 30D				Not Allowed	$0.00			
G9309	E	NO UNPLND HOSP READM IN 30D				Not Allowed	$0.00			
G9310	E	UNPLND HOSP READM IN 30D				Not Allowed	$0.00			
G9311	E	NO SURG SITE INFECTION				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
G9312	E	SURGICAL SITE INFECTION				Not Allowed	$0.00			
G9313	E	DOCRSN NOT FIRST LINE AMOX				Not Allowed	$0.00			
G9314	E	NORSN NOT FIRST LINE AMOX				Not Allowed	$0.00			
G9315	E	DOC FIRST LINE AMOX				Not Allowed	$0.00			
G9316	E	DOC COMM RISK CALC				Not Allowed	$0.00			
G9317	E	NO DOC COMM RISK CALC				Not Allowed	$0.00			
G9318	E	IMAGE STD NOMENCLATURE				Not Allowed	$0.00			
G9319	E	IMAGE NOT STD NOMENCLATURE				Not Allowed	$0.00			
G9320	E	MEDRSN NO STD NOMENCLATURE				Not Allowed	$0.00			
G9321	E	DOC COUNT OF CT IN 12MO				Not Allowed	$0.00			
G9322	E	NO DOC COUNT OF CT IN 12MO				Not Allowed	$0.00			
G9323	E	MDRSN NO DOC CNT OF CT				Not Allowed	$0.00			
G9324	E	NOT ALL DATA NORSN				Not Allowed	$0.00			
G9325	E	MEDRSN NO CT RPT TO REG				Not Allowed	$0.00			
G9326	E	NORSN NO CT RPT TO REG				Not Allowed	$0.00			
G9327	E	CT RPT TO REG				Not Allowed	$0.00			
G9328	E	MEDRSN NO DICOM FORMAT DOC				Not Allowed	$0.00			
G9329	E	NORSN NO DICOM FORMAT DOC				Not Allowed	$0.00			
G9340	E	DICOM FORMAT DOC ON RPT				Not Allowed	$0.00			
G9341	E	SRCH FOR CT W IN 12 MOS				Not Allowed	$0.00			
G9342	E	NO SRCH FOR CT IN 12MO NORSN				Not Allowed	$0.00			
G9343	E	MEDRSN NO DICOM SRCH				Not Allowed	$0.00			
G9344	E	SYSRSN NO DICOM SRCH				Not Allowed	$0.00			
G9345	E	FOLLOW UP PULM NOD				Not Allowed	$0.00			
G9346	E	NO FOLLOW UP PULM NOD				Not Allowed	$0.00			
G9347	E	NO FOLLOW UP PULM NOD NORSN				Not Allowed	$0.00			
G9348	E	DOCRSN NO SINUS CT DX				Not Allowed	$0.00			
G9349	E	DOC SINUS CT 28D				Not Allowed	$0.00			
G9350	E	NO DOC SINUS CT 28D OR DX				Not Allowed	$0.00			
G9351	E	DOC >1 SINUS CT W 90D DX				Not Allowed	$0.00			
G9352	E	NOT >1 SINUS CT W 90D DX				Not Allowed	$0.00			
G9353	E	MEDRSN >1 SINUS CT W 90D DX				Not Allowed	$0.00			
G9354	E	NORSN >1 SINUS CT W 90D DX				Not Allowed	$0.00			
G9355	E	NO EARLY IND/DELIVERY				Not Allowed	$0.00			
G9356	E	EARLY IND/DELIVERY				Not Allowed	$0.00			
G9357	E	PP EVAL/EDU PERF				Not Allowed	$0.00			
G9358	E	PP EVAL/EDU NOT PERF				Not Allowed	$0.00			
G9359	E	DOC OF NEG OR MAN POS TB SCN				Not Allowed	$0.00			
G9360	E	NO DOC OF NEG OR MAN POS TB				Not Allowed	$0.00			
G9361	E	MED IND FOR INDUCTION				Not Allowed	$0.00			
G9362	E	MAC OR PNB W/O GENANES >60M				Not Allowed	$0.00			
G9363	E	MAC OR PNB W/O GENANES <60M				Not Allowed	$0.00			
G9364	E	SINUS CAUS BAC INX				Not Allowed	$0.00			
G9365	E	1HIGH RISK MED ORD				Not Allowed	$0.00			
G9366	E	1HIGH RISK NO ORD				Not Allowed	$0.00			
G9367	E	2HIGH RISK MED ORD				Not Allowed	$0.00			
G9368	E	2HIGH RISK NO ORD				Not Allowed	$0.00			
G9369	E	FILL 2 RX ANTIPSYCH				Not Allowed	$0.00			
G9370	E	NOT FILL 2 RX ANTIPSYCH				Not Allowed	$0.00			
G9376	E	CONTD RET ATTACH AT 6MTH F/U				Not Allowed	$0.00			
G9377	E	NO RET ATTACH AFTER 6MT				Not Allowed	$0.00			
G9378	E	CONTD RET ATTACH F/U VIS				Not Allowed	$0.00			
G9379	E	NO ACHEIVE FLAT RET 6MTH				Not Allowed	$0.00			
G9380	E	OFF ASSIS EOL ISS				Not Allowed	$0.00			
G9381	E	DOC MED REAS NO OFFER EOL				Not Allowed	$0.00			
G9382	E	NO OFF ASSIS EOL				Not Allowed	$0.00			
G9383	E	RECD SCRN HCV INFEC				Not Allowed	$0.00			
G9384	E	DOC MED REAS NO OFFER EOL				Not Allowed	$0.00			
G9385	E	DOC PT REAS NOT REC HCV SRN				Not Allowed	$0.00			
G9386	E	SCRN HCV INFEC NOT RECD				Not Allowed	$0.00			
G9389	E	UNPLN RUP POST CAP				Not Allowed	$0.00			
G9390	E	NO UNPLN RUP POST CAP				Not Allowed	$0.00			
G9391	E	ACHV REFRAC +1D				Not Allowed	$0.00			
G9392	E	NOT ACHV REFRAC +1D				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
G9393	E	INI PHQ9 >9 REMISS <5				Not Allowed	$0.00			
G9394	E	DX BIPOL, DEATH, NHRES, HOSP				Not Allowed	$0.00			
G9395	E	INI PHQ9 >9 NO REMISS >=5				Not Allowed	$0.00			
G9396	E	INI PHQ9 >9 NOT ASSESS				Not Allowed	$0.00			
G9399	E	DOC DISC TX CHOICES				Not Allowed	$0.00			
G9400	E	DOC REAS NO DISC TX OPT				Not Allowed	$0.00			
G9401	E	NO DISC TX CHOICES				Not Allowed	$0.00			
G9402	E	RECD F/U W/IN 30D DISCH				Not Allowed	$0.00			
G9403	E	DOC REAS NO 30 DAY F/U				Not Allowed	$0.00			
G9404	E	NO 30 DAY F/U				Not Allowed	$0.00			
G9405	E	RECD F/U W/IN 7D DISCH				Not Allowed	$0.00			
G9406	E	DOC REAS NO 7D F/U				Not Allowed	$0.00			
G9407	E	NO 7D F/U				Not Allowed	$0.00			
G9408	E	CARD TAMP W/IN 30D				Not Allowed	$0.00			
G9409	E	NO CARD TAMP E/IN 30D				Not Allowed	$0.00			
G9410	E	ADMIT W/IN 180D REQ REMOV				Not Allowed	$0.00			
G9411	E	NO ADMIT W/IN 180D REQ REMOV				Not Allowed	$0.00			
G9412	E	ADMIT W/IN 180D REQ SURG REV				Not Allowed	$0.00			
G9413	E	NO ADMIT REQ SURG REV				Not Allowed	$0.00			
G9414	E	1DOSE MENIG VAC BTWN 11 & 13				Not Allowed	$0.00			
G9415	E	NO 1DOSE MENI VAC BTWN 11&13				Not Allowed	$0.00			
G9416	E	TDAP OR TD OR 1TET/DIPTH				Not Allowed	$0.00			
G9417	E	NO TDAP OR TD OR 1TET/DIPTH				Not Allowed	$0.00			
G9418	E	LUNGCX BX RPT DOCS CLASS				Not Allowed	$0.00			
G9419	E	MED REAS NO RPT HISTO TYPE				Not Allowed	$0.00			
G9420	E	SPEC SITE NO LUNG				Not Allowed	$0.00			
G9421	E	LUNG CX BX RPT NO DOC CLASS				Not Allowed	$0.00			
G9422	E	RPT DOC CLASS HISTO TYPE				Not Allowed	$0.00			
G9423	E	MED REAS RPT NO HISTO TYPE				Not Allowed	$0.00			
G9424	E	SITE NO LUNG OR LUNG CX				Not Allowed	$0.00			
G9425	E	SPEC RPT NO DOC CLASS HISTO				Not Allowed	$0.00			
G9426	E	IMPR MED TIME EDARR PAIN MED				Not Allowed	$0.00			
G9427	E	NO IMPRO MED TIME PAIN MED				Not Allowed	$0.00			
G9428	E	RPT PT CAT AND PT1				Not Allowed	$0.00			
G9429	E	DOC MED REAS NO PT CAT				Not Allowed	$0.00			
G9430	E	SPEC SITE NO CUTANEOUS				Not Allowed	$0.00			
G9431	E	NO PT CAT AND PT1				Not Allowed	$0.00			
G9432	E	ASTH CONTROLLED				Not Allowed	$0.00			
G9433	E	DEATH, NHRES, HOSPICE				Not Allowed	$0.00			
G9434	E	ASTH NOT CONTROLLED				Not Allowed	$0.00			
G9435	E	ASP PRESC DISCH				Not Allowed	$0.00			
G9436	E	ASP NOT PRESC DOC REAS				Not Allowed	$0.00			
G9437	E	ASP NOT PRESC DISCH				Not Allowed	$0.00			
G9438	E	P2Y INHIB PRESC				Not Allowed	$0.00			
G9439	E	P2Y INHIB NOT PRESC DOC REAS				Not Allowed	$0.00			
G9440	E	P2Y INHIB NOT PRESC				Not Allowed	$0.00			
G9441	E	STATIN PRESC DISCH				Not Allowed	$0.00			
G9442	E	STATIN NOT PRESC DOC REAS				Not Allowed	$0.00			
G9443	E	STATIN NOT PRESC DISCH				Not Allowed	$0.00			
G9448	E	BORN 1945-1965				Not Allowed	$0.00			
G9449	E	HX BLD TRANSF B/F 1992				Not Allowed	$0.00			
G9450	E	HX INJEC DRUG USE				Not Allowed	$0.00			
G9451	E	1X SCRN HCV INFECT				Not Allowed	$0.00			
G9452	E	DOC MED REAS NO SCRN HCV				Not Allowed	$0.00			
G9453	E	PT REAS NO HCV INFECT				Not Allowed	$0.00			
G9454	E	NO HCV INFECT SRN				Not Allowed	$0.00			
G9455	E	ABD IMAG W/US, CT OR MRI				Not Allowed	$0.00			
G9456	E	DOC MED PT REAS NO HCC SCRN				Not Allowed	$0.00			
G9457	E	NO ABD IMAG W/O REASON				Not Allowed	$0.00			
G9458	E	TOB USER RECD CESS INTERV				Not Allowed	$0.00			
G9459	E	TOB NON-USER				Not Allowed	$0.00			
G9460	E	NO TOB ASSESS OR CESS INTER				Not Allowed	$0.00			
G9463	E	SINUSITIS INTENT				Not Allowed	$0.00			
G9464	E	SINUSITIS COMP				Not Allowed	$0.00			

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G9465	E	AOE INTENT				Not Allowed	$0.00			
G9466	E	AOE COMP				Not Allowed	$0.00			
G9467	E	RECD CORTICO >=10MG/DAY >60D				Not Allowed	$0.00			
G9468	E	NO RECD CORTICO>=10MG/D >60D				Not Allowed	$0.00			
G9469	E	REC CORTICO>60D OR 1RX 600MG				Not Allowed	$0.00			
G9470	E	NO REC CORTICO>60D 1RX 600MG				Not Allowed	$0.00			
G9471	E	W/IN 2YR DXA NOT ORDER				Not Allowed	$0.00			
G9472	E	NO DXA NO MED HX NO RV SX				Not Allowed	$0.00			
H0001	E	ALCOHOL AND/OR DRUG ASSESS				Not Allowed	$0.00			
H0002	E	ALCOHOL AND/OR DRUG SCREENIN				Not Allowed	$0.00			
H0003	E	ALCOHOL AND/OR DRUG SCREENIN				Not Allowed	$0.00			
H0004	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0005	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0006	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0007	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0008	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0009	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0010	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0011	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0012	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0013	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0014	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0015	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0016	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0017	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0018	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0019	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0020	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0021	E	ALCOHOL AND/OR DRUG TRAINING				Not Allowed	$0.00			
H0022	E	ALCOHOL AND/OR DRUG INTERVEN				Not Allowed	$0.00			
H0023	E	ALCOHOL AND/OR DRUG OUTREACH				Not Allowed	$0.00			
H0024	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			
H0025	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			
H0026	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			
H0027	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			
H0028	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			
H0029	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			
H0030	E	ALCOHOL AND/OR DRUG HOTLINE				Not Allowed	$0.00			
H0031	E	MH HEALTH ASSESS BY NON-MD				Not Allowed	$0.00			
H0032	E	MH SVC PLAN DEV BY NON-MD				Not Allowed	$0.00			
H0033	E	ORAL MED ADM DIRECT OBSERVE				Not Allowed	$0.00			
H0034	E	MED TRNG & SUPPORT PER 15MIN				Not Allowed	$0.00			
H0035	M	MH PARTIAL HOSP TX UNDER 24H				Fee Schedule	$78.44			
H0036	E	COMM PSY FACE-FACE PER 15MIN				Not Allowed	$0.00			
H0037	E	COMM PSY SUP TX PGM PER DIEM				Not Allowed	$0.00			
H0038	E	SELF-HELP/PEER SVC PER 15MIN				Not Allowed	$0.00			
H0039	E	ASSER COM TX FACE-FACE/15MIN				Not Allowed	$0.00			
H0040	E	ASSERT COMM TX PGM PER DIEM				Not Allowed	$0.00			
H0041	E	FOS C CHLD NON-THER PER DIEM				Not Allowed	$0.00			
H0042	E	FOS C CHLD NON-THER PER MON				Not Allowed	$0.00			
H0043	E	SUPPORTED HOUSING PER DIEM				Not Allowed	$0.00			
H0044	E	SUPPORTED HOUSING PER MONTH				Not Allowed	$0.00			
H0045	E	RESPITE NOT-IN-HOME PER DIEM				Not Allowed	$0.00			
H0046	E	MENTAL HEALTH SERVICE NOS				Not Allowed	$0.00			
H0047	E	ALCOHOL/DRUG ABUSE SVC NOS				Not Allowed	$0.00			
H0048	E	SPEC COLL NON-BLOOD:A/D TEST				Not Allowed	$0.00			
H0049	E	ALCOHOL/DRUG SCREENING				Not Allowed	$0.00			
H0050	E	ALCOHOL/DRUG SERVICE 15 MIN				Not Allowed	$0.00			
H1000	E	PRENATAL CARE ATRISK ASSESSM				Not Allowed	$0.00			
H1001	E	ANTEPARTUM MANAGEMENT				Not Allowed	$0.00			
H1002	E	CARECOORDINATION PRENATAL				Not Allowed	$0.00			
H1003	E	PRENATAL AT RISK EDUCATION				Not Allowed	$0.00			
H1004	E	FOLLOW UP HOME VISIT/PRENTAL				Not Allowed	$0.00			
H1005	E	PRENATALCARE ENHANCED SRV PK				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
H1010	E	NONMED FAMILY PLANNING ED				Not Allowed	$0.00			
H1011	E	FAMILY ASSESSMENT				Not Allowed	$0.00			
H2000	E	COMP MULTIDISIPLN EVALUATION				Not Allowed	$0.00			
H2001	E	REHABILITATION PROGRAM 1/2 D				Not Allowed	$0.00			
H2010	E	COMPREHENSIVE MED SVC 15 MIN				Not Allowed	$0.00			
H2011	M	CRISIS INTERVEN SVC, 15 MIN				Fee Schedule	$12.24			
H2012	E	BEHAV HLTH DAY TREAT, PER HR				Not Allowed	$0.00			
H2013	E	PSYCH HLTH FAC SVC, PER DIEM				Not Allowed	$0.00			
H2014	E	SKILLS TRAIN AND DEV, 15 MIN				Not Allowed	$0.00			
H2015	E	COMP COMM SUPP SVC, 15 MIN				Not Allowed	$0.00			
H2016	E	COMP COMM SUPP SVC, PER DIEM				Not Allowed	$0.00			
H2017	E	PSYSOC REHAB SVC, PER 15 MIN				Not Allowed	$0.00			
H2018	E	PSYSOC REHAB SVC, PER DIEM				Not Allowed	$0.00			
H2019	E	THER BEHAV SVC, PER 15 MIN				Not Allowed	$0.00			
H2020	E	THER BEHAV SVC, PER DIEM				Not Allowed	$0.00			
H2021	E	COM WRAP-AROUND SV, 15 MIN				Not Allowed	$0.00			
H2022	E	COM WRAP-AROUND SV, PER DIEM				Not Allowed	$0.00			
H2023	E	SUPPORTED EMPLOY, PER 15 MIN				Not Allowed	$0.00			
H2024	E	SUPPORTED EMPLOY, PER DIEM				Not Allowed	$0.00			
H2025	E	SUPP MAINT EMPLOY, 15 MIN				Not Allowed	$0.00			
H2026	E	SUPP MAINT EMPLOY, PER DIEM				Not Allowed	$0.00			
H2027	E	PSYCHOED SVC, PER 15 MIN				Not Allowed	$0.00			
H2028	E	SEX OFFEND TX SVC, 15 MIN				Not Allowed	$0.00			
H2029	E	SEX OFFEND TX SVC, PER DIEM				Not Allowed	$0.00			
H2030	E	MH CLUBHOUSE SVC, PER 15 MIN				Not Allowed	$0.00			
H2031	E	MH CLUBHOUSE SVC, PER DIEM				Not Allowed	$0.00			
H2032	E	ACTIVITY THERAPY, PER 15 MIN				Not Allowed	$0.00			
H2033	E	MULTISYS THER/JUVENILE 15MIN				Not Allowed	$0.00			
H2034	E	A/D HALFWAY HOUSE, PER DIEM				Not Allowed	$0.00			
H2035	E	A/D TX PROGRAM, PER HOUR				Not Allowed	$0.00			
H2036	E	A/D TX PROGRAM, PER DIEM				Not Allowed	$0.00			
H2037	E	DEV DELAY PREV DP CH, 15 MIN				Not Allowed	$0.00			
J0120	K	TETRACYCLIN INJECTION	01666			APC	$97.97			
J0129	K	ABATACEPT INJECTION	09230			APC	$34.92			
J0130	K	ABCIXIMAB INJECTION	01605			APC	$823.78			
J0131	N	ACETAMINOPHEN INJECTION				Bundled, Sometimes Payable	$0.00			
J0132	K	ACETYLCYSTEINE INJECTION	01272			APC	$2.10			
J0133	N	ACYCLOVIR INJECTION				Bundled, Sometimes Payable	$0.00			
J0135	K	ADALIMUMAB INJECTION	01083			APC	$658.71			
J0153	N	ADENOSINE INJ 1MG				Bundled, Sometimes Payable	$0.00			
J0171	N	ADRENALIN EPINEPHRINE INJECT				Bundled, Sometimes Payable	$0.00			
J0178	K	AFLIBERCEPT INJECTION	01420			APC	$980.50			
J0180	K	AGALSIDASE BETA INJECTION	09208			APC	$152.34			
J0190	E	INJ BIPERIDEN LACTATE/5 MG				Not Allowed	$0.00			
J0200	K	ALATROFLOXACIN MESYLATE	01667			APC	$38.86			
J0205	E	ALGLUCERASE INJECTION				Not Allowed	$0.00			
J0207	K	AMIFOSTINE	07000			APC	$361.77			
J0210	N	METHYLDOPATE HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J0215	K	ALEFACEPT	01633			APC	$41.64			
J0220	K	ALGLUCOSIDASE ALFA INJECTION	09234			APC	$206.63			
J0221	K	LUMIZYME INJECTION	01413			APC	$153.61			
J0256	K	ALPHA 1 PROTEINASE INHIBITOR	00901			APC	$4.33			
J0257	K	GLASSIA INJECTION	01415			APC	$4.02			
J0270	E	ALPROSTADIL FOR INJECTION				Not Allowed	$0.00			
J0275	E	ALPROSTADIL URETHRAL SUPPOS				Not Allowed	$0.00			
J0278	N	AMIKACIN SULFATE INJECTION				Bundled, Sometimes Payable	$0.00			
J0280	N	AMINOPHYLLIN 250 MG INJ				Bundled, Sometimes Payable	$0.00			
J0282	N	AMIODARONE HCL				Bundled, Sometimes Payable	$0.00			
J0285	N	AMPHOTERICIN B				Bundled, Sometimes Payable	$0.00			
J0287	K	AMPHOTERICIN B LIPID COMPLEX	09024			APC	$11.65			
J0288	N	AMPHO B CHOLESTERYL SULFATE				Bundled, Sometimes Payable	$0.00			
J0289	K	AMPHOTERICIN B LIPOSOME INJ	00736			APC	$17.10			
J0290	N	AMPICILLIN 500 MG INJ				Bundled, Sometimes Payable	$0.00			
J0295	N	AMPICILLIN SODIUM PER 1.5 GM				Bundled, Sometimes Payable	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
J0300	K	AMOBARBITAL 125 MG INJ	01341			APC	$194.26			
J0330	N	SUCCINYCHOLINE CHLORIDE INJ				Bundled, Sometimes Payable	$0.00			
J0348	N	ANIDULAFUNGIN INJECTION				Bundled, Sometimes Payable	$0.00			
J0350	E	INJECTION ANISTREPLASE 30 U				Not Allowed	$0.00			
J0360	N	HYDRALAZINE HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J0364	E	APOMORPHINE HYDROCHLORIDE				Not Allowed	$0.00			
J0365	K	APROTONIN, 10,000 KIU	01439			APC	$174.42			
J0380	N	INJ METARAMINOL BITARTRATE				Bundled, Sometimes Payable	$0.00			
J0390	N	CHLOROQUINE INJECTION				Bundled, Sometimes Payable	$0.00			
J0395	E	ARBUTAMINE HCL INJECTION				Not Allowed	$0.00			
J0400	N	ARIPIPRAZOLE INJECTION				Bundled, Sometimes Payable	$0.00			
J0401	K	INJ ARIPIPRAZOLE EXT REL 1MG	01468			APC	$3.98			
J0456	N	AZITHROMYCIN				Bundled, Sometimes Payable	$0.00			
J0461	N	ATROPINE SULFATE INJECTION				Bundled, Sometimes Payable	$0.00			
J0470	N	DIMECAPROL INJECTION				Bundled, Sometimes Payable	$0.00			
J0475	K	BACLOFEN 10 MG INJECTION	09032			APC	$169.81			
J0476	K	BACLOFEN INTRATHECAL TRIAL	01631			APC	$76.50			
J0480	K	BASILIXIMAB	01683			APC	$2,718.40			
J0485	K	BELATACEPT INJECTION	09286			APC	$3.80			
J0490	K	BELIMUMAB INJECTION	01353			APC	$40.02			
J0500	N	DICYCLOMINE INJECTION				Bundled, Sometimes Payable	$0.00			
J0515	N	INJ BENZTROPINE MESYLATE				Bundled, Sometimes Payable	$0.00			
J0520	N	BETHANECHOL CHLORIDE INJECT				Bundled, Sometimes Payable	$0.00			
J0558	N	PENG BENZATHINE/PROCAINE INJ				Bundled, Sometimes Payable	$0.00			
J0561	N	PENICILLIN G BENZATHINE INJ				Bundled, Sometimes Payable	$0.00			
J0571	E	BUPRENORPHINE ORAL 1MG				Not Allowed	$0.00			
J0572	E	BUPRENORPHIN/NALOX UP TO 3MG				Not Allowed	$0.00			
J0573	E	BUPRENORPH/NALOX 3.1 TO 6MG				Not Allowed	$0.00			
J0574	E	BUPRENORPH/NALOX 6.1 TO 10MG				Not Allowed	$0.00			
J0575	E	BUPRENORPH/NALOX OVER 10MG				Not Allowed	$0.00			
J0583	K	BIVALIRUDIN	03041			APC	$3.50			
J0585	K	INJECTION,ONABOTULINUMTOXINA	00902			APC	$5.57			Y
J0586	K	ABOBOTULINUMTOXINA	01289			APC	$7.95			Y
J0587	K	INJ, RIMABOTULINUMTOXINB	09018			APC	$11.29			Y
J0588	K	INCOBOTULINUMTOXIN A	09278			APC	$4.61			Y
J0592	N	BUPRENORPHINE HYDROCHLORIDE				Bundled, Sometimes Payable	$0.00			
J0594	K	BUSULFAN INJECTION	01178			APC	$33.23			
J0595	N	BUTORPHANOL TARTRATE 1 MG				Bundled, Sometimes Payable	$0.00			
J0597	K	C-1 ESTERASE, BERINERT	09269			APC	$38.57			
J0598	K	C-1 ESTERASE, CINRYZE	09251			APC	$51.90			
J0600	K	EDETATE CALCIUM DISODIUM INJ	01274			APC	$4,430.35			
J0610	N	CALCIUM GLUCONATE INJECTION				Bundled, Sometimes Payable	$0.00			
J0620	N	CALCIUM GLYCER & LACT/10 ML				Bundled, Sometimes Payable	$0.00			
J0630	K	CALCITONIN SALMON INJECTION	01433			APC	$956.69			
J0636	N	INJ CALCITRIOL PER 0.1 MCG				Bundled, Sometimes Payable	$0.00			
J0637	K	CASPOFUNGIN ACETATE	09019			APC	$11.84			
J0638	K	CANAKINUMAB INJECTION	01311			APC	$91.09			
J0640	N	LEUCOVORIN CALCIUM INJECTION				Bundled, Sometimes Payable	$0.00			
J0641	K	LEVOLEUCOVORIN INJECTION	01236			APC	$1.80			
J0670	N	INJ MEPIVACAINE HCL/10 ML				Bundled, Sometimes Payable	$0.00			
J0690	N	CEFAZOLIN SODIUM INJECTION				Bundled, Sometimes Payable	$0.00			
J0692	N	CEFEPIME HCL FOR INJECTION				Bundled, Sometimes Payable	$0.00			
J0694	N	CEFOXITIN SODIUM INJECTION				Bundled, Sometimes Payable	$0.00			
J0696	N	CEFTRIAXONE SODIUM INJECTION				Bundled, Sometimes Payable	$0.00			
J0697	N	STERILE CEFUROXIME INJECTION				Bundled, Sometimes Payable	$0.00			
J0698	N	CEFOTAXIME SODIUM INJECTION				Bundled, Sometimes Payable	$0.00			
J0702	N	BETAMETHASONE ACET&SOD PHOSP				Bundled, Sometimes Payable	$0.00			
J0706	N	CAFFEINE CITRATE INJECTION				Bundled, Sometimes Payable	$0.00			
J0710	E	CEPHAPIRIN SODIUM INJECTION				Not Allowed	$0.00			
J0712	N	CEFTAROLINE FOSAMIL INJ				Bundled, Sometimes Payable	$0.00			
J0713	N	INJ CEFTAZIDIME PER 500 MG				Bundled, Sometimes Payable	$0.00			
J0715	N	CEFTIZOXIME SODIUM / 500 MG				Bundled, Sometimes Payable	$0.00			
J0716	K	CENTRUROIDES IMMUNE F(AB)	01431			APC	$3,635.80			
J0717	K	CERTOLIZUMAB PEGOL INJ 1MG	01474			APC	$6.05			

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J0720	N	CHLORAMPHENICOL SODIUM INJEC				Bundled, Sometimes Payable	$0.00			
J0725	K	CHORIONIC GONADOTROPIN/1000U	01668			APC	$19.38			
J0735	N	CLONIDINE HYDROCHLORIDE				Bundled, Sometimes Payable	$0.00			
J0740	K	CIDOFOVIR INJECTION	09033			APC	$553.01			
J0743	N	CILASTATIN SODIUM INJECTION				Bundled, Sometimes Payable	$0.00			
J0744	N	CIPROFLOXACIN IV				Bundled, Sometimes Payable	$0.00			
J0745	N	INJ CODEINE PHOSPHATE /30 MG				Bundled, Sometimes Payable	$0.00			
J0760	N	COLCHICINE INJECTION				Bundled, Sometimes Payable	$0.00			
J0770	N	COLISTIMETHATE SODIUM INJ				Bundled, Sometimes Payable	$0.00			
J0775	K	COLLAGENASE, CLOST HIST INJ	01340			APC	$38.42			
J0780	N	PROCHLORPERAZINE INJECTION				Bundled, Sometimes Payable	$0.00			
J0795	K	CORTICORELIN OVINE TRIFLUTAL	01684			APC	$7.74			
J0800	K	CORTICOTROPIN INJECTION	01280			APC	$3,339.97			
J0833	K	COSYNTROPIN INJECTION NOS	00835			APC	$101.68			
J0834	N	COSYNTROPIN CORTROSYN INJ				Bundled, Sometimes Payable	$0.00			
J0840	K	CROTALIDAE POLY IMMUNE FAB	09274			APC	$2,493.12			
J0850	K	CYTOMEGALOVIRUS IMM IV /VIAL	00903			APC	$1,013.87			
J0878	K	DAPTOMYCIN INJECTION	09124			APC	$0.71			
J0881	K	DARBEPOETIN ALFA, NON-ESRD	01685			APC	$3.73			
J0882	K	DARBEPOETIN ALFA, ESRD USE	01482			APC	$3.73			
J0885	K	EPOETIN ALFA, NON-ESRD	01686			APC	$11.84			
J0886	E	EPOETIN ALFA 1000 UNITS ESRD				Not Allowed	$0.00			
J0887	N	EPOETIN BETA ESRD USE				Bundled, Sometimes Payable	$0.00			
J0888	N	EPOETIN BETA NON ESRD				Bundled, Sometimes Payable	$0.00			
J0890	M	PEGINESATIDE INJECTION				Fee Schedule	$8.20			
J0894	K	DECITABINE INJECTION	09231			APC	$26.11			
J0895	N	DEFEROXAMINE MESYLATE INJ				Bundled, Sometimes Payable	$0.00			
J0897	K	DENOSUMAB INJECTION	09272			APC	$14.71			
J0945	N	BROMPHENIRAMINE MALEATE INJ				Bundled, Sometimes Payable	$0.00			
J1000	N	DEPO-ESTRADIOL CYPIONATE INJ				Bundled, Sometimes Payable	$0.00			
J1020	N	METHYLPREDNISOLONE 20 MG INJ				Bundled, Sometimes Payable	$0.00			
J1030	N	METHYLPREDNISOLONE 40 MG INJ				Bundled, Sometimes Payable	$0.00			
J1040	N	METHYLPREDNISOLONE 80 MG INJ				Bundled, Sometimes Payable	$0.00			
J1050	N	MEDROXYPROGESTERONE ACETATE				Bundled, Sometimes Payable	$0.00			
J1071	N	INJ TESTOSTERONE CYPIONATE				Bundled, Sometimes Payable	$0.00			
J1094	N	INJ DEXAMETHASONE ACETATE				Bundled, Sometimes Payable	$0.00			
J1100	N	DEXAMETHASONE SODIUM PHOS				Bundled, Sometimes Payable	$0.00			
J1110	N	INJ DIHYDROERGOTAMINE MESYLT				Bundled, Sometimes Payable	$0.00			
J1120	N	ACETAZOLAMID SODIUM INJECTIO				Bundled, Sometimes Payable	$0.00			
J1160	N	DIGOXIN INJECTION				Bundled, Sometimes Payable	$0.00			
J1162	K	DIGOXIN IMMUNE FAB (OVINE)	01687			APC	$2,361.31			
J1165	N	PHENYTOIN SODIUM INJECTION				Bundled, Sometimes Payable	$0.00			
J1170	N	HYDROMORPHONE INJECTION				Bundled, Sometimes Payable	$0.00			
J1180	E	DYPHYLLINE INJECTION				Not Allowed	$0.00			
J1190	K	DEXRAZOXANE HCL INJECTION	00726			APC	$137.57			
J1200	N	DIPHENHYDRAMINE HCL INJECTIO				Bundled, Sometimes Payable	$0.00			
J1205	K	CHLOROTHIAZIDE SODIUM INJ	00747			APC	$122.24			
J1212	N	DIMETHYL SULFOXIDE 50% 50 ML				Bundled, Sometimes Payable	$0.00			
J1230	N	METHADONE INJECTION				Bundled, Sometimes Payable	$0.00			
J1240	N	DIMENHYDRINATE INJECTION				Bundled, Sometimes Payable	$0.00			
J1245	N	DIPYRIDAMOLE INJECTION				Bundled, Sometimes Payable	$0.00			
J1250	N	INJ DOBUTAMINE HCL/250 MG				Bundled, Sometimes Payable	$0.00			
J1260	N	DOLASETRON MESYLATE				Bundled	$0.00			
J1265	N	DOPAMINE INJECTION				Bundled, Sometimes Payable	$0.00			
J1267	N	DORIPENEM INJECTION				Bundled, Sometimes Payable	$0.00			
J1270	N	INJECTION, DOXERCALCIFEROL				Bundled, Sometimes Payable	$0.00			
J1290	K	ECALLANTIDE INJECTION	09263			APC	$375.78			
J1300	K	ECULIZUMAB INJECTION	09236			APC	$211.89			
J1320	N	AMITRIPTYLINE INJECTION				Bundled, Sometimes Payable	$0.00			
J1322	G	ELOSULFASE ALFA, INJECTION	01480			APC	$221.75			
J1324	K	ENFUVIRTIDE INJECTION	01361			APC	$18.63			
J1325	N	EPOPROSTENOL INJECTION				Bundled, Sometimes Payable	$0.00			
J1327	K	EPTIFIBATIDE INJECTION	01607			APC	$29.17			
J1330	N	ERGONOVINE MALEATE INJECTION				Bundled, Sometimes Payable	$0.00			

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J1335	N	ERTAPENEM INJECTION				Bundled, Sometimes Payable	$0.00			
J1364	K	ERYTHRO LACTOBIONATE /500 MG	01669			APC	$43.46			
J1380	N	ESTRADIOL VALERATE 10 MG INJ				Bundled, Sometimes Payable	$0.00			
J1410	K	INJ ESTROGEN CONJUGATE 25 MG	09038			APC	$190.66			
J1430	K	ETHANOLAMINE OLEATE 100 MG	01688			APC	$311.12			
J1435	E	INJECTION ESTRONE PER 1 MG				Not Allowed	$0.00			
J1436	N	ETIDRONATE DISODIUM INJ				Bundled, Sometimes Payable	$0.00			
J1438	K	ETANERCEPT INJECTION	01608			APC	$302.37			
J1439	G	INJ FERRIC CARBOXYMALTOS 1MG	09441			APC	$1.07			
J1442	K	INJ, FILGRASTIM G-CSF 1MCG	01469			APC	$0.99			
J1446	G	INJ, TBO-FILGRASTIM, 5 MCG	01477			APC	$3.85			
J1450	N	FLUCONAZOLE				Bundled, Sometimes Payable	$0.00			
J1451	K	FOMEPIZOLE, 15 MG	01689			APC	$5.81			
J1452	N	INTRAOCULAR FOMIVIRSEN NA				Bundled, Sometimes Payable	$0.00			
J1453	K	FOSAPREPITANT INJECTION	09242			APC	$1.73			
J1455	N	FOSCARNET SODIUM INJECTION				Bundled, Sometimes Payable	$0.00			
J1457	N	GALLIUM NITRATE INJECTION				Bundled, Sometimes Payable	$0.00			
J1458	K	GALSULFASE INJECTION	09224			APC	$362.37			
J1459	K	INJ IVIG PRIVIGEN 500 MG	01214			APC	$37.45			
J1460	N	GAMMA GLOBULIN 1 CC INJ				Bundled, Sometimes Payable	$0.00			
J1556	G	INJ, IMM GLOB BIVIGAM, 500MG	09130			APC	$36.35			
J1557	K	GAMMAPLEX INJECTION	09270			APC	$36.38			
J1559	K	HIZENTRA INJECTION	01312			APC	$8.18			
J1560	N	GAMMA GLOBULIN > 10 CC INJ				Bundled, Sometimes Payable	$0.00			
J1561	K	GAMUNEX-C/GAMMAKED	00948			APC	$39.91			
J1562	E	VIVAGLOBIN, INJ				Not Allowed	$0.00			
J1566	K	IMMUNE GLOBULIN, POWDER	02731			APC	$28.95			
J1568	K	OCTAGAM INJECTION	00943			APC	$40.55			
J1569	K	GAMMAGARD LIQUID INJECTION	00944			APC	$39.21			
J1570	N	GANCICLOVIR SODIUM INJECTION				Bundled, Sometimes Payable	$0.00			
J1571	K	HEPAGAM B IM INJECTION	00946			APC	$53.86			
J1572	K	FLEBOGAMMA INJECTION	00947			APC	$35.54			
J1573	K	HEPAGAM B INTRAVENOUS, INJ	01138			APC	$53.86			
J1580	N	GARAMYCIN GENTAMICIN INJ				Bundled, Sometimes Payable	$0.00			
J1590	N	GATIFLOXACIN INJECTION				Bundled, Sometimes Payable	$0.00			
J1595	K	INJECTION GLATIRAMER ACETATE	01015			APC	$186.78			
J1599	N	IVIG NON-LYOPHILIZED, NOS				Bundled, Sometimes Payable	$0.00			
J1600	K	GOLD SODIUM THIOMALEATE INJ	01742			APC	$4.27			
J1602	K	GOLIMUMAB FOR IV USE 1MG	01475			APC	$24.20			
J1610	K	GLUCAGON HYDROCHLORIDE/1 MG	09042			APC	$156.78			
J1620	E	GONADORELIN HYDROCH/ 100 MCG				Not Allowed	$0.00			
J1626	N	GRANISETRON HCL INJECTION				Bundled	$0.00			
J1630	N	HALOPERIDOL INJECTION				Bundled, Sometimes Payable	$0.00			
J1631	N	HALOPERIDOL DECANOATE INJ				Bundled, Sometimes Payable	$0.00			
J1640	K	HEMIN, 1 MG	01690			APC	$20.73			
J1642	N	INJ HEPARIN SODIUM PER 10 U				Bundled, Sometimes Payable	$0.00			
J1644	N	INJ HEPARIN SODIUM PER 1000U				Bundled, Sometimes Payable	$0.00			
J1645	N	DALTEPARIN SODIUM				Bundled, Sometimes Payable	$0.00			
J1650	N	INJ ENOXAPARIN SODIUM				Bundled, Sometimes Payable	$0.00			
J1652	N	FONDAPARINUX SODIUM				Bundled, Sometimes Payable	$0.00			
J1655	E	TINZAPARIN SODIUM INJECTION				Not Allowed	$0.00			
J1670	K	TETANUS IMMUNE GLOBULIN INJ	01670			APC	$325.95			
J1675	E	HISTRELIN ACETATE				Not Allowed	$0.00			
J1680	E	HUMAN FIBRINOGEN CONC INJ				Not Allowed	$0.00			
J1700	N	HYDROCORTISONE ACETATE INJ				Bundled, Sometimes Payable	$0.00			
J1710	N	HYDROCORTISONE SODIUM PH INJ				Bundled, Sometimes Payable	$0.00			
J1720	N	HYDROCORTISONE SODIUM SUCC I				Bundled, Sometimes Payable	$0.00			
J1725	K	HYDROXYPROGESTERONE CAPROATE	01354			APC	$2.64			
J1730	E	DIAZOXIDE INJECTION				Not Allowed	$0.00			
J1740	K	IBANDRONATE SODIUM INJECTION	09229			APC	$124.12			
J1741	N	IBUPROFEN INJECTION				Bundled, Sometimes Payable	$0.00			
J1742	K	IBUTILIDE FUMARATE INJECTION	09044			APC	$114.69			
J1743	K	IDURSULFASE INJECTION	09232			APC	$497.69			
J1744	K	ICATIBANT INJECTION	01443			APC	$276.35			

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J1745	K	INFLIXIMAB INJECTION	07043			APC	$76.51			
J1750	K	INJ IRON DEXTRAN	01237			APC	$12.12			
J1756	N	IRON SUCROSE INJECTION				Bundled, Sometimes Payable	$0.00			
J1786	K	IMUGLUCERASE INJECTION	01327			APC	$42.00			
J1790	N	DROPERIDOL INJECTION				Bundled, Sometimes Payable	$0.00			
J1800	N	PROPRANOLOL INJECTION				Bundled, Sometimes Payable	$0.00			
J1810	E	DROPERIDOL/FENTANYL INJ				Not Allowed	$0.00			
J1815	N	INSULIN INJECTION				Bundled, Sometimes Payable	$0.00			
J1817	N	INSULIN FOR INSULIN PUMP USE				Bundled, Sometimes Payable	$0.00			
J1826	E	INTERFERON BETA-1A INJ				Not Allowed	$0.00			
J1830	K	INTERFERON BETA-1B / .25 MG	00910			APC	$352.37			
J1835	E	ITRACONAZOLE INJECTION				Not Allowed	$0.00			
J1840	N	KANAMYCIN SULFATE 500 MG INJ				Bundled, Sometimes Payable	$0.00			
J1850	N	KANAMYCIN SULFATE 75 MG INJ				Bundled, Sometimes Payable	$0.00			
J1885	N	KETOROLAC TROMETHAMINE INJ				Bundled, Sometimes Payable	$0.00			
J1890	N	CEPHALOTHIN SODIUM INJECTION				Bundled, Sometimes Payable	$0.00			
J1930	K	LANREOTIDE INJECTION	09237			APC	$46.67			
J1931	K	LARONIDASE INJECTION	09209			APC	$29.45			
J1940	N	FUROSEMIDE INJECTION				Bundled, Sometimes Payable	$0.00			
J1945	K	LEPIRUDIN	01693			APC	$235.52			
J1950	K	LEUPROLIDE ACETATE /3.75 MG	00800			APC	$813.38			
J1953	N	LEVETIRACETAM INJECTION				Bundled, Sometimes Payable	$0.00			
J1955	M	INJ LEVOCARNITINE PER 1 GM				Fee Schedule	$9.48			
J1956	N	LEVOFLOXACIN INJECTION				Bundled, Sometimes Payable	$0.00			
J1960	N	LEVORPHANOL TARTRATE INJ				Bundled, Sometimes Payable	$0.00			
J1980	N	HYOSCYAMINE SULFATE INJ				Bundled, Sometimes Payable	$0.00			
J1990	N	CHLORDIAZEPOXIDE INJECTION				Bundled, Sometimes Payable	$0.00			
J2001	N	LIDOCAINE INJECTION				Bundled, Sometimes Payable	$0.00			
J2010	N	LINCOMYCIN INJECTION				Bundled, Sometimes Payable	$0.00			
J2020	K	LINEZOLID INJECTION	09001			APC	$47.71			
J2060	N	LORAZEPAM INJECTION				Bundled, Sometimes Payable	$0.00			
J2150	N	MANNITOL INJECTION				Bundled, Sometimes Payable	$0.00			
J2170	N	MECASERMIN INJECTION				Bundled, Sometimes Payable	$0.00			
J2175	N	MEPERIDINE HYDROCHL /100 MG				Bundled, Sometimes Payable	$0.00			
J2180	N	MEPERIDINE/PROMETHAZINE INJ				Bundled, Sometimes Payable	$0.00			
J2185	N	MEROPENEM				Bundled, Sometimes Payable	$0.00			
J2210	N	METHYLERGONOVIN MALEATE INJ				Bundled, Sometimes Payable	$0.00			
J2212	N	METHYLNALTREXONE INJECTION				Bundled, Sometimes Payable	$0.00			
J2248	K	MICAFUNGIN SODIUM INJECTION	09227			APC	$0.93			
J2250	N	INJ MIDAZOLAM HYDROCHLORIDE				Bundled, Sometimes Payable	$0.00			
J2260	N	INJ MILRINONE LACTATE / 5 MG				Bundled, Sometimes Payable	$0.00			
J2265	N	MINOCYCLINE HYDROCHLORIDE				Bundled, Sometimes Payable	$0.00			
J2270	N	MORPHINE SULFATE INJECTION				Bundled, Sometimes Payable	$0.00			
J2274	N	IN MORPHINE PRESERVATIV FREE				Bundled, Sometimes Payable	$0.00			
J2278	K	ZICONOTIDE INJECTION	01694			APC	$6.97			
J2280	N	INJ, MOXIFLOXACIN 100 MG				Bundled, Sometimes Payable	$0.00			
J2300	N	INJ NALBUPHINE HYDROCHLORIDE				Bundled, Sometimes Payable	$0.00			
J2310	N	INJ NALOXONE HYDROCHLORIDE				Bundled, Sometimes Payable	$0.00			
J2315	K	NALTREXONE, DEPOT FORM	00759			APC	$2.97			
J2320	K	NANDROLONE DECANOATE 50 MG	01743			APC	$122.78			
J2323	K	NATALIZUMAB INJECTION	09126			APC	$15.82			
J2325	K	NESIRITIDE INJECTION	01695			APC	$66.31			
J2353	K	OCTREOTIDE INJECTION, DEPOT	01207			APC	$144.69			
J2354	N	OCTREOTIDE INJ, NON-DEPOT				Bundled, Sometimes Payable	$0.00			
J2355	K	OPRELVEKIN INJECTION	07011			APC	$322.27			
J2357	K	OMALIZUMAB INJECTION	09300			APC	$28.79			
J2358	K	OLANZAPINE LONG-ACTING INJ	01331			APC	$2.92			
J2360	N	ORPHENADRINE INJECTION				Bundled, Sometimes Payable	$0.00			
J2370	N	PHENYLEPHRINE HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J2400	N	CHLOROPROCAINE HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J2405	N	ONDANSETRON HCL INJECTION				Bundled	$0.00			
J2410	N	OXYMORPHONE HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J2425	K	PALIFERMIN INJECTION	01696			APC	$15.61			
J2426	K	PALIPERIDONE PALMITATE INJ	09255			APC	$8.13			

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J2430	N	PAMIDRONATE DISODIUM /30 MG				Bundled, Sometimes Payable	$0.00			
J2440	N	PAPAVERIN HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J2460	E	OXYTETRACYCLINE INJECTION				Not Allowed	$0.00			
J2469	K	PALONOSETRON HCL	09210			APC	$19.95			
J2501	N	PARICALCITOL				Bundled, Sometimes Payable	$0.00			
J2503	K	PEGAPTANIB SODIUM INJECTION	01697			APC	$1,040.51			
J2504	K	PEGADEMASE BOVINE, 25 IU	01739			APC	$275.40			
J2505	K	INJECTION, PEGFILGRASTIM 6MG	09119			APC	$3,500.59			
J2507	K	PEGLOTICASE INJECTION	09281			APC	$740.26			
J2510	N	PENICILLIN G PROCAINE INJ				Bundled, Sometimes Payable	$0.00			
J2513	E	PENTASTARCH 10% SOLUTION				Not Allowed	$0.00			
J2515	K	PENTOBARBITAL SODIUM INJ	01456			APC	$36.91			
J2540	N	PENICILLIN G POTASSIUM INJ				Bundled, Sometimes Payable	$0.00			
J2543	N	PIPERACILLIN/TAZOBACTAM				Bundled, Sometimes Payable	$0.00			
J2545	M	PENTAMIDINE NON-COMP UNIT				Fee Schedule	$97.19			
J2550	N	PROMETHAZINE HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J2560	N	PHENOBARBITAL SODIUM INJ				Bundled, Sometimes Payable	$0.00			
J2562	K	PLERIXAFOR INJECTION	09252			APC	$304.00			
J2590	N	OXYTOCIN INJECTION				Bundled, Sometimes Payable	$0.00			
J2597	K	INJ DESMOPRESSIN ACETATE	01440			APC	$5.52			
J2650	N	PREDNISOLONE ACETATE INJ				Bundled, Sometimes Payable	$0.00			
J2670	E	TOTAZOLINE HCL INJECTION	01457	28.82		Not Allowed	$0.00			
J2675	N	INJ PROGESTERONE PER 50 MG				Bundled, Sometimes Payable	$0.00			
J2680	N	FLUPHENAZINE DECANOATE 25 MG				Bundled, Sometimes Payable	$0.00			
J2690	N	PROCAINAMIDE HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J2700	N	OXACILLIN SODIUM INJECITON				Bundled, Sometimes Payable	$0.00			
J2704	N	INJ, PROPOFOL, 10 MG				Bundled, Sometimes Payable	$0.00			
J2710	N	NEOSTIGMINE METHYLSLFTE INJ				Bundled, Sometimes Payable	$0.00			
J2720	N	INJ PROTAMINE SULFATE/10 MG				Bundled, Sometimes Payable	$0.00			
J2724	K	PROTEIN C CONCENTRATE	01139			APC	$15.10			
J2725	E	INJ PROTIRELIN PER 250 MCG				Not Allowed	$0.00			
J2730	K	PRALIDOXIME CHLORIDE INJ	01023			APC	$88.51			
J2760	K	PHENTOLAINE MESYLATE INJ	01458			APC	$127.71			
J2765	N	METOCLOPRAMIDE HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J2770	K	QUINUPRISTIN/DALFOPRISTIN	02770			APC	$262.20			
J2778	K	RANIBIZUMAB INJECTION	09233			APC	$395.54			
J2780	N	RANITIDINE HYDROCHLORIDE INJ				Bundled, Sometimes Payable	$0.00			
J2783	K	RASBURICASE	00738			APC	$223.35			
J2785	N	REGADENOSON INJECTION				Bundled, Sometimes Payable	$0.00			
J2788	N	RHO D IMMUNE GLOBULIN 50 MCG				Bundled, Sometimes Payable	$0.00			
J2790	N	RHO D IMMUNE GLOBULIN INJ				Bundled, Sometimes Payable	$0.00			
J2791	K	RHOPHYLAC INJECTION	00945			APC	$4.79			
J2792	K	RHO(D) IMMUNE GLOBULIN H, SD	01609			APC	$18.90			
J2793	K	RILONACEPT INJECTION	01291			APC	$24.09			
J2794	K	RISPERIDONE, LONG ACTING	09125			APC	$6.53			
J2795	N	ROPIVACAINE HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J2796	K	ROMIPLOSTIM INJECTION	09245			APC	$55.27			
J2800	N	METHOCARBAMOL INJECTION				Bundled, Sometimes Payable	$0.00			
J2805	N	SINCALIDE INJECTION				Bundled, Sometimes Payable	$0.00			
J2810	N	INJ THEOPHYLLINE PER 40 MG				Bundled, Sometimes Payable	$0.00			
J2820	K	SARGRAMOSTIM INJECTION	00731			APC	$31.76			
J2850	K	INJ SECRETIN SYNTHETIC HUMAN	01700			APC	$34.78			
J2910	N	AUROTHIOGLUCOSE INJECITON				Bundled, Sometimes Payable	$0.00			
J2916	N	NA FERRIC GLUCONATE COMPLEX				Bundled, Sometimes Payable	$0.00			
J2920	N	METHYLPREDNISOLONE INJECTION				Bundled, Sometimes Payable	$0.00			
J2930	N	METHYLPREDNISOLONE INJECTION				Bundled, Sometimes Payable	$0.00			
J2940	E	SOMATREM INJECTION				Not Allowed	$0.00			
J2941	K	SOMATROPIN INJECTION	07034			APC	$76.43			
J2950	N	PROMAZINE HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J2993	K	RETEPLASE INJECTION	09005			APC	$2,301.91			
J2995	N	INJ STREPTOKINASE /250000 IU				Bundled, Sometimes Payable	$0.00			
J2997	K	ALTEPLASE RECOMBINANT	07048			APC	$68.44			
J3000	N	STREPTOMYCIN INJECTION				Bundled, Sometimes Payable	$0.00			
J3010	N	FENTANYL CITRATE INJECITON				Bundled, Sometimes Payable	$0.00			

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J3030	N	SUMATRIPTAN SUCCINATE / 6 MG				Bundled, Sometimes Payable	$0.00			
J3060	G	INJ, TALIGLUCERACE ALFA 10 U	09294			APC	$35.23			
J3070	K	PENTAZOCINE INJECTION	01484			APC	$117.99			
J3095	K	TELAVANCIN INJECTION	09258			APC	$4.55			
J3101	K	TENECTEPLASE INJECTION	09002			APC	$86.21			
J3105	N	TERBUTALINE SULFATE INJ				Bundled, Sometimes Payable	$0.00			
J3110	E	TERIPARATIDE INJECTION				Not Allowed	$0.00			
J3121	N	INJ TESTOSTERO ENANTHATE 1MG				Bundled, Sometimes Payable	$0.00			
J3145	G	TESTOSTERONE UNDECANOATE 1MG	01487			APC	$1.16			
J3230	N	CHLORPROMAZINE HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J3240	K	THYROTROPIN INJECTION	09108			APC	$1,420.44			
J3243	K	TIGECYCLINE INJECTION	09228			APC	$2.08			
J3246	K	TIROFIBAN HCL	07041			APC	$8.80			
J3250	N	TRIMETHOBENZAMIDE HCL INJ				Bundled, Sometimes Payable	$0.00			
J3260	N	TOBRAMYCIN SULFATE INJECTION				Bundled, Sometimes Payable	$0.00			
J3262	K	TOCILIZUMAB INJECTION	09264			APC	$3.77			
J3265	N	INJECTION TORSEMIDE 10 MG/ML				Bundled, Sometimes Payable	$0.00			
J3280	N	THIETHYLPERAZINE MALEATE INJ				Bundled, Sometimes Payable	$0.00			
J3285	K	TREPROSTINIL INJECTION	01701			APC	$61.24			
J3300	K	TRIAMCINOLONE A INJ PRS-FREE	01253			APC	$3.72			
J3301	N	TRIAMCINOLONE ACET INJ NOS				Bundled, Sometimes Payable	$0.00			
J3302	N	TRIAMCINOLONE DIACETATE INJ				Bundled, Sometimes Payable	$0.00			
J3303	N	TRIAMCINOLONE HEXACETONL INJ				Bundled, Sometimes Payable	$0.00			
J3305	E	INJ TRIMETREXATE GLUCORONATE				Not Allowed	$0.00			
J3310	N	PERPHENAZINE INJECITON				Bundled, Sometimes Payable	$0.00			
J3315	K	TRIPTORELIN PAMOATE	09122			APC	$180.19			
J3320	N	SPECTINOMYCN DI-HCL INJ				Bundled, Sometimes Payable	$0.00			
J3350	K	UREA INJECTION	01459			APC	$39.97			
J3355	K	UROFOLLITROPIN, 75 IU	01741			APC	$58.63			
J3357	K	USTEKINUMAB INJECTION	09261			APC	$163.47			
J3360	N	DIAZEPAM INJECTION				Bundled, Sometimes Payable	$0.00			
J3364	N	UROKINASE 5000 IU INJECTION				Bundled, Sometimes Payable	$0.00			
J3365	E	UROKINASE 250,000 IU INJ				Not Allowed	$0.00			
J3370	N	VANCOMYCIN HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J3385	K	VELAGLUCERASE ALFA	09271			APC	$350.59			
J3396	K	VERTEPORFIN INJECTION	01203			APC	$10.89			
J3400	E	TRIFLUPROMAZINE HCL INJ				Not Allowed	$0.00			
J3410	N	HYDROXYZINE HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J3411	N	THIAMINE HCL 100 MG				Bundled, Sometimes Payable	$0.00			
J3415	N	PYRIDOXINE HCL 100 MG				Bundled, Sometimes Payable	$0.00			
J3420	N	VITAMIN B12 INJECTION				Bundled, Sometimes Payable	$0.00			
J3430	N	VITAMIN K PHYTONADIONE INJ				Bundled, Sometimes Payable	$0.00			
J3465	K	INJECTION, VORICONAZOLE	01052			APC	$3.71			
J3470	N	HYALURONIDASE INJECTION				Bundled, Sometimes Payable	$0.00			
J3471	N	OVINE, UP TO 999 USP UNITS				Bundled, Sometimes Payable	$0.00			
J3472	N	OVINE, 1000 USP UNITS				Bundled	$0.00			
J3473	N	HYALURONIDASE RECOMBINANT				Bundled	$0.00			
J3475	N	INJ MAGNESIUM SULFATE				Bundled, Sometimes Payable	$0.00			
J3480	N	INJ POTASSIUM CHLORIDE				Bundled, Sometimes Payable	$0.00			
J3485	K	ZIDOVUDINE	01744			APC	$1.50			
J3486	N	ZIPRASIDONE MESYLATE				Bundled, Sometimes Payable	$0.00			
J3489	K	ZOLEDRONIC ACID 1MG	01356			APC	$38.23			
J3490	N	DRUGS UNCLASSIFIED INJECTION				Bundled, Sometimes Payable	$0.00			
J3520	E	EDETATE DISODIUM PER 150 MG				Not Allowed	$0.00			
J3530	N	NASAL VACCINE INHALATION				Bundled, Sometimes Payable	$0.00			
J3535	E	METERED DOSE INHALER DRUG				Not Allowed	$0.00			
J3570	E	LAETRILE AMYGDALIN VIT B17				Not Allowed	$0.00			
J3590	N	UNCLASSIFIED BIOLOGICS				Bundled, Sometimes Payable	$0.00			
J7030	N	NORMAL SALINE SOLUTION INFUS				Bundled, Sometimes Payable	$0.00			
J7040	N	NORMAL SALINE SOLUTION INFUS				Bundled, Sometimes Payable	$0.00			
J7042	N	5% DEXTROSE/NORMAL SALINE				Bundled, Sometimes Payable	$0.00			
J7050	N	NORMAL SALINE SOLUTION INFUS				Bundled, Sometimes Payable	$0.00			
J7060	N	5% DEXTROSE/WATER				Bundled, Sometimes Payable	$0.00			
J7070	N	D5W INFUSION				Bundled, Sometimes Payable	$0.00			

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J7100	N	DEXTRAN 40 INFUSION				Bundled, Sometimes Payable	$0.00			
J7110	N	DEXTRAN 75 INFUSION				Bundled, Sometimes Payable	$0.00			
J7120	N	RINGERS LACTATE INFUSION				Bundled, Sometimes Payable	$0.00			
J7131	N	HYPERTONIC SALINE SOL				Bundled, Sometimes Payable	$0.00			
J7178	K	HUMAN FIBRINOGEN CONC INJ	01478			APC	$1.01			
J7180	K	FACTOR XIII ANTI-HEM FACTOR	01416			APC	$7.05			
J7181	G	FACTOR XIII RECOMB A-SUBUNIT	01746			APC	$13.73			
J7182	E	FACTOR VIII RECOMB NOVOEIGHT				Not Allowed	$0.00			
J7183	K	WILATE INJECTION	01352			APC	$0.98			
J7185	K	XYNTHA INJ	01268			APC	$1.18			
J7186	K	ANTIHEMOPHILIC VIII/VWF COMP	01213			APC	$0.96			
J7187	K	HUMATE-P, INJ	01704			APC	$0.99			
J7189	K	FACTOR VIIA	01705			APC	$1.76			
J7190	K	FACTOR VIII	00925			APC	$0.94			
J7191	K	FACTOR VIII (PORCINE)	01464			APC	$0.20			
J7192	K	FACTOR VIII RECOMBINANT NOS	00927			APC	$1.15			
J7193	K	FACTOR IX NON-RECOMBINANT	00931			APC	$1.05			
J7194	K	FACTOR IX COMPLEX	00928			APC	$1.13			
J7195	K	FACTOR IX RECOMBINANT NOS	00932			APC	$1.37			
J7196	K	ANTITHROMBIN RECOMBINANT	01332			APC	$103.35			
J7197	K	ANTITHROMBIN III INJECTION	01263			APC	$3.27			
J7198	K	ANTI-INHIBITOR	00929			APC	$1.77			
J7199	M	HEMOPHILIA CLOT FACTOR NOC				Charge Ratio	$0.00			
J7200	G	FACTOR IX RECOMBINAN RIXUBIS	01467			APC	$1.24			
J7201	G	FACTOR IX FC FUSION RECOMB	01486			APC	$2.82			
J7300	M	INTRAUT COPPER CONTRACEPTIVE				Fee Schedule	$753.78			
J7301	M	LEVONORGESTREL IU 13.5 MG				Fee Schedule	$663.32			
J7302	M	LEVONORGESTREL IU 52 MG				Fee Schedule	$826.72			
J7303	M	CONTRACEPTIVE VAGINAL RING				Fee Schedule	$107.92			
J7304	M	CONTRACEPTIVE HORMONE PATCH				Fee Schedule	$37.47			
J7306	E	LEVONORGESTREL IMPLANT SYS				Not Allowed	$0.00			
J7307	M	ETONOGESTREL IMPLANT SYSTEM				Fee Schedule	$786.95			
J7308	K	AMINOLEVULINIC ACID HCL TOP	07308			APC	$294.15			
J7309	K	METHYL AMINOLEVULINATE, TOP	01338			APC	$83.69			
J7310	K	GANCICLOVIR LONG ACT IMPLANT	00913			APC	$16,960.00			Y
J7311	K	FLUOCINOLONE ACETONIDE IMPLT	09225			APC	$19,710.73			Y
J7312	K	DEXAMETHASONE INTRA IMPLANT	09256			APC	$201.21			
J7315	G	OPHTHALMIC MITOMYCIN	01448			APC	$373.97			
J7316	G	INJ, OCRIPLASMIN, 0.125 MG	09298			APC	$1,046.75			
J7321	K	HYALGAN/SUPARTZ INJ PER DOSE	00873			APC	$89.21			
J7323	K	EUFLEXXA INJ PER DOSE	00875			APC	$148.51			
J7324	K	ORTHOVISC INJ PER DOSE	00877			APC	$177.07			
J7325	K	SYNVISC OR SYNVISC-ONE	00874			APC	$12.66			
J7326	K	GEL-ONE	01417			APC	$561.43			
J7327	K	MONOVISC INJ PER DOSE	01747			APC	$979.01			
J7330	E	CULTURED CHONDROCYTES IMPLNT				Not Allowed	$0.00			
J7336	K	CAPSAICIN 8% PATCH	01665			APC	$2.73			
J7500	N	AZATHIOPRINE ORAL 50MG				Bundled, Sometimes Payable	$0.00			
J7501	K	AZATHIOPRINE PARENTERAL	00887			APC	$217.30			
J7502	N	CYCLOSPORINE ORAL 100 MG				Bundled, Sometimes Payable	$0.00			
J7504	K	LYMPHOCYTE IMMUNE GLOBULIN	00890			APC	$901.42			
J7505	N	MONOCLONAL ANTIBODIES				Bundled, Sometimes Payable	$0.00			
J7506	N	PREDNISONE ORAL				Bundled, Sometimes Payable	$0.00			
J7507	N	TACROLIMUS IMME REL ORAL 1MG				Bundled, Sometimes Payable	$0.00			
J7508	G	TACROLIMUS EX REL ORAL 0.1MG	01465			APC	$0.39			
J7509	N	METHYLPREDNISOLONE ORAL				Bundled, Sometimes Payable	$0.00			
J7510	N	PREDNISOLONE ORAL PER 5 MG				Bundled, Sometimes Payable	$0.00			
J7511	K	ANTITHYMOCYTE GLOBULN RABBIT	09104			APC	$594.06			
J7513	K	DACLIZUMAB, PARENTERAL	01612			APC	$526.34			
J7515	N	CYCLOSPORINE ORAL 25 MG				Bundled, Sometimes Payable	$0.00			
J7516	N	CYCLOSPORIN PARENTERAL 250MG				Bundled, Sometimes Payable	$0.00			
J7517	N	MYCOPHENOLATE MOFETIL ORAL				Bundled, Sometimes Payable	$0.00			
J7518	N	MYCOPHENOLIC ACID				Bundled	$0.00			
J7520	N	SIROLIMUS, ORAL				Bundled, Sometimes Payable	$0.00			

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J7525	K	TACROLIMUS INJECTION	09006			APC	$149.11			
J7527	N	ORAL EVEROLIMUS				Bundled, Sometimes Payable	$0.00			
J7599	N	IMMUNOSUPPRESSIVE DRUG NOC				Bundled, Sometimes Payable	$0.00			
J7604	E	ACETYLCYSTEINE COMP UNIT				Not Allowed	$0.00			
J7605	E	ARFORMOTEROL NON-COMP UNIT				Not Allowed	$0.00			
J7606	E	FORMOTEROL FUMARATE, INH				Not Allowed	$0.00			
J7607	E	LEVALBUTEROL COMP CON				Not Allowed	$0.00			
J7608	E	ACETYLCYSTEINE NON-COMP UNIT				Not Allowed	$0.00			
J7609	E	ALBUTEROL COMP UNIT				Not Allowed	$0.00			
J7610	E	ALBUTEROL COMP CON				Not Allowed	$0.00			
J7611	E	ALBUTEROL NON-COMP CON				Not Allowed	$0.00			
J7612	E	LEVALBUTEROL NON-COMP CON				Not Allowed	$0.00			
J7613	E	ALBUTEROL NON-COMP UNIT				Not Allowed	$0.00			
J7614	E	LEVALBUTEROL NON-COMP UNIT				Not Allowed	$0.00			
J7615	E	LEVALBUTEROL COMP UNIT				Not Allowed	$0.00			
J7620	E	ALBUTEROL IPRATROP NON-COMP				Not Allowed	$0.00			
J7622	E	BECLOMETHASONE COMP UNIT				Not Allowed	$0.00			
J7624	E	BETAMETHASONE COMP UNIT				Not Allowed	$0.00			
J7626	E	BUDESONIDE NON-COMP UNIT				Not Allowed	$0.00			
J7627	E	BUDESONIDE COMP UNIT				Not Allowed	$0.00			
J7628	E	BITOLTEROL MESYLATE COMP CON				Not Allowed	$0.00			
J7629	E	BITOLTEROL MESYLATE COMP UNT				Not Allowed	$0.00			
J7631	E	CROMOLYN SODIUM NONCOMP UNIT				Not Allowed	$0.00			
J7632	E	CROMOLYN SODIUM COMP UNIT				Not Allowed	$0.00			
J7633	E	BUDESONIDE NON-COMP CON				Not Allowed	$0.00			
J7634	E	BUDESONIDE COMP CON				Not Allowed	$0.00			
J7635	E	ATROPINE COMP CON				Not Allowed	$0.00			
J7636	E	ATROPINE COMP UNIT				Not Allowed	$0.00			
J7637	E	DEXAMETHASONE COMP CON				Not Allowed	$0.00			
J7638	E	DEXAMETHASONE COMP UNIT				Not Allowed	$0.00			
J7639	E	DORNASE ALFA NON-COMP UNIT				Not Allowed	$0.00			
J7640	E	FORMOTEROL COMP UNIT				Not Allowed	$0.00			
J7641	E	FLUNISOLIDE COMP UNIT				Not Allowed	$0.00			
J7642	E	GLYCOPYRROLATE COMP CON				Not Allowed	$0.00			
J7643	E	GLYCOPYRROLATE COMP UNIT				Not Allowed	$0.00			
J7644	E	IPRATROPIUM BROMIDE NON-COMP				Not Allowed	$0.00			
J7645	E	IPRATROPIUM BROMIDE COMP				Not Allowed	$0.00			
J7647	E	ISOETHARINE COMP CON				Not Allowed	$0.00			
J7648	E	ISOETHARINE NON-COMP CON				Not Allowed	$0.00			
J7649	E	ISOETHARINE NON-COMP UNIT				Not Allowed	$0.00			
J7650	E	ISOETHARINE COMP UNIT				Not Allowed	$0.00			
J7657	E	ISOPROTERENOL COMP CON				Not Allowed	$0.00			
J7658	E	ISOPROTERENOL NON-COMP CON				Not Allowed	$0.00			
J7659	E	ISOPROTERENOL NON-COMP UNIT				Not Allowed	$0.00			
J7660	E	ISOPROTERENOL COMP UNIT				Not Allowed	$0.00			
J7665	N	MANNITOL FOR INHALER				Bundled, Sometimes Payable	$0.00			
J7667	E	METAPROTERENOL COMP CON				Not Allowed	$0.00			
J7668	E	METAPROTERENOL NON-COMP CON				Not Allowed	$0.00			
J7669	E	METAPROTERENOL NON-COMP UNIT				Not Allowed	$0.00			
J7670	E	METAPROTERENOL COMP UNIT				Not Allowed	$0.00			
J7674	N	METHACHOLINE CHLORIDE, NEB				Bundled, Sometimes Payable	$0.00			
J7676	E	PENTAMIDINE COMP UNIT DOSE				Not Allowed	$0.00			
J7680	E	TERBUTALINE SULF COMP CON				Not Allowed	$0.00			
J7681	E	TERBUTALINE SULF COMP UNIT				Not Allowed	$0.00			
J7682	E	TOBRAMYCIN NON-COMP UNIT				Not Allowed	$0.00			
J7683	E	TRIAMCINOLONE COMP CON				Not Allowed	$0.00			
J7684	E	TRIAMCINOLONE COMP UNIT				Not Allowed	$0.00			
J7685	E	TOBRAMYCIN COMP UNIT				Not Allowed	$0.00			
J7686	E	TREPROSTINIL, NON-COMP UNIT				Not Allowed	$0.00			
J7699	E	INHALATION SOLUTION FOR DME				Not Allowed	$0.00			
J7799	N	NON-INHALATION DRUG FOR DME				Bundled, Sometimes Payable	$0.00			
J8498	E	ANTIEMETIC RECTAL/SUPP NOS				Not Allowed	$0.00			
J8499	E	ORAL PRESCRIP DRUG NON CHEMO				Not Allowed	$0.00			
J8501	K	ORAL APREPITANT	00868			APC	$8.48			

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J8510	N	ORAL BUSULFAN				Bundled, Sometimes Payable	$0.00			
J8515	E	CABERGOLINE, ORAL 0.25MG				Not Allowed	$0.00			
J8520	K	CAPECITABINE, ORAL, 150 MG	07042			APC	$6.96			
J8521	K	CAPECITABINE, ORAL, 500 MG	00934			APC	$23.22			
J8530	N	CYCLOPHOSPHAMIDE ORAL 25 MG				Bundled, Sometimes Payable	$0.00			
J8540	N	ORAL DEXAMETHASONE				Bundled, Sometimes Payable	$0.00			
J8560	K	ETOPOSIDE ORAL 50 MG	00802			APC	$57.50			
J8562	E	ORAL FLUDARABINE PHOSPHATE				Not Allowed	$0.00			
J8565	E	GEFITINIB ORAL				Not Allowed	$0.00			
J8597	N	ANTIEMETIC DRUG ORAL NOS				Bundled, Sometimes Payable	$0.00			
J8600	N	MELPHALAN ORAL 2 MG				Bundled, Sometimes Payable	$0.00			
J8610	N	METHOTREXATE ORAL 2.5 MG				Bundled, Sometimes Payable	$0.00			
J8650	K	NABILONE ORAL	01424			APC	$34.10			
J8700	K	TEMOZOLOMIDE	01086			APC	$3.37			
J8705	K	TOPOTECAN ORAL	01238			APC	$97.67			
J8999	E	ORAL PRESCRIPTION DRUG CHEMO				Not Allowed	$0.00			
J9000	N	DOXORUBICIN HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J9001	E	DOXORUBICIN HCL LIPOSOME INJ				Not Allowed	$0.00			
J9010	K	ALEMTUZUMAB INJECTION				APC	$623.63			
J9015	K	ALDESLEUKIN INJECTION	00807			APC	$2,110.63			
J9017	K	ARSENIC TRIOXIDE INJECTION	09012			APC	$53.85			
J9019	K	ERWINAZE INJECTION	09289			APC	$364.32			
J9020	K	ASPARAGINASE, NOS	00814			APC	$64.56			
J9025	K	AZACITIDINE INJECTION	01709			APC	$3.46			
J9027	K	CLOFARABINE INJECTION	01710			APC	$134.31			
J9031	K	BCG LIVE INTRAVESICAL VAC	00809			APC	$121.95			
J9033	K	BENDAMUSTINE INJECTION	09243			APC	$23.29			
J9035	K	BEVACIZUMAB INJECTION	09214			APC	$68.48			
J9040	N	BLEOMYCIN SULFATE INJECTION				Bundled, Sometimes Payable	$0.00			
J9041	K	BORTEZOMIB INJECTION	09207			APC	$46.57			
J9042	K	BRENTUXIMAB VEDOTIN INJ	09287			APC	$115.17			
J9043	K	CABAZITAXEL INJECTION	09276			APC	$145.55			
J9045	N	CARBOPLATIN INJECTION				Bundled, Sometimes Payable	$0.00			
J9047	G	INJECTION, CARFILZOMIB, 1 MG	09295			APC	$30.46			
J9050	K	CARMUSTINE INJECTION	00812			APC	$1,983.52			
J9055	K	CETUXIMAB INJECTION	09215			APC	$53.27			
J9060	N	CISPLATIN 10 MG INJECTION				Bundled, Sometimes Payable	$0.00			
J9065	K	INJ CLADRIBINE PER 1 MG	00858			APC	$22.96			
J9070	K	CYCLOPHOSPHAMIDE 100 MG INJ	01408			APC	$58.40			
J9098	K	CYTARABINE LIPOSOME INJ	01166			APC	$560.53			
J9100	N	CYTARABINE HCL 100 MG INJ				Bundled, Sometimes Payable	$0.00			
J9120	K	DACTINOMYCIN INJECTION	00752			APC	$913.30			
J9130	N	DACARBAZINE 100 MG INJ				Bundled, Sometimes Payable	$0.00			
J9150	K	DAUNORUBICIN INJECTION	00820			APC	$26.27			
J9151	K	DAUNORUBICIN CITRATE INJ	00821			APC	$239.09			
J9155	K	DEGARELIX INJECTION	01296			APC	$3.48			
J9160	E	DENILEUKIN DIFTITOX INJ				Not Allowed	$0.00			
J9165	E	DIETHYLSTILBESTROL INJECTION				Not Allowed	$0.00			
J9171	K	DOCETAXEL INJECTION	00823			APC	$2.77			
J9175	N	ELLIOTTS B SOLUTION PER ML				Bundled, Sometimes Payable	$0.00			
J9178	N	INJ, EPIRUBICIN HCL, 2 MG				Bundled, Sometimes Payable	$0.00			
J9179	K	ERIBULIN MESYLATE INJECTION	01426			APC	$100.42			
J9181	N	ETOPOSIDE INJECTION				Bundled, Sometimes Payable	$0.00			
J9185	K	FLUDARABINE PHOSPHATE INJ	00842			APC	$69.70			
J9190	N	FLUOROURACIL INJECTION				Bundled, Sometimes Payable	$0.00			
J9200	K	FLOXURIDINE INJECTION	00827			APC	$38.01			
J9201	N	GEMCITABINE HCL INJECTION				Bundled, Sometimes Payable	$0.00			
J9202	K	GOSERELIN ACETATE IMPLANT	00810			APC	$269.92			
J9206	N	IRINOTECAN INJECTION				Bundled, Sometimes Payable	$0.00			
J9207	K	IXABEPILONE INJECTION	09240			APC	$70.99			
J9208	K	IFOSFAMIDE INJECTION	00831			APC	$32.44			
J9209	N	MESNA INJECTION				Bundled, Sometimes Payable	$0.00			
J9211	K	IDARUBICIN HCL INJECTION	00832			APC	$40.15			
J9212	E	INTERFERON ALFACON-1 INJ				Not Allowed	$0.00			

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J9213	K	INTERFERON ALFA-2A INJ	01460			APC	$733.57			
J9214	K	INTERFERON ALFA-2B INJ	00836			APC	$22.58			
J9215	N	INTERFERON ALFA-N3 INJ				Bundled, Sometimes Payable	$0.00			
J9216	K	INTERFERON GAMMA 1-B INJ	00838			APC	$4,388.29			
J9217	K	LEUPROLIDE ACETATE SUSPNSION	09217			APC	$228.17			
J9218	N	LEUPROLIDE ACETATE INJECITON				Bundled, Sometimes Payable	$0.00			
J9219	E	LEUPROLIDE ACETATE IMPLANT				Not Allowed	$0.00			
J9225	K	VANTAS IMPLANT	01711			APC	$2,980.19			
J9226	K	SUPPRELIN LA IMPLANT	01142			APC	$21,173.64			
J9228	K	IPILIMUMAB INJECTION	09284			APC	$135.59			
J9230	K	MECHLORETHAMINE HCL INJ	00751			APC	$193.37			
J9245	K	INJ MELPHALAN HYDROCHL 50 MG	00840			APC	$1,292.39			
J9250	N	METHOTREXATE SODIUM INJ				Bundled, Sometimes Payable	$0.00			
J9260	N	METHOTREXATE SODIUM INJ				Bundled, Sometimes Payable	$0.00			
J9261	K	NELARABINE INJECTION	00825			APC	$142.66			
J9262	G	INJ, OMACETAXINE MEP, 0.01MG	09297			APC	$2.48			
J9263	K	OXALIPLATIN	01738			APC	$0.52			
J9264	K	PACLITAXEL PROTEIN BOUND	01712			APC	$9.68			
J9266	K	PEGASPARGASE INJECTION	00843			APC	$6,218.44			
J9267	N	PACLITAXEL INJECTION				Bundled, Sometimes Payable	$0.00			
J9268	K	PENTOSTATIN INJECTION	00844			APC	$1,489.23			
J9270	N	PLICAMYCIN (MITHRAMYCIN) INJ				Bundled	$0.00			
J9280	K	MITOMYCIN INJECTION	01232			APC	$65.85			
J9293	K	MITOXANTRONE HYDROCHL / 5 MG	00864			APC	$31.95			
J9300	E	GEMTUZUMAB OZOGAMICIN INJ				Not Allowed	$0.00			
J9301	G	OBINUTUZUMAB INJ	01476			APC	$54.21			
J9302	K	OFATUMUMAB INJECTION	09260			APC	$48.32			
J9303	K	PANITUMUMAB INJECTION	09235			APC	$97.27			
J9305	K	PEMETREXED INJECTION	09213			APC	$60.84			
J9306	K	INJECTION, PERTUZUMAB, 1 MG	01471			APC	$10.22			
J9307	K	PRALATREXATE INJECTION	09259			APC	$204.81			
J9310	K	RITUXIMAB INJECTION	00849			APC	$731.98			
J9315	K	ROMIDEPSIN INJECTION	09265			APC	$278.64			
J9320	K	STREPTOZOCIN INJECTION	00850			APC	$336.91			
J9328	K	TEMOZOLOMIDE INJECTION	09253			APC	$6.23			
J9330	K	TEMSIROLIMUS INJECTION	01168			APC	$60.08			
J9340	K	THIOTEPA INJECTION	00851			APC	$630.70			
J9351	K	TOPOTECAN INJECTION	01350			APC	$2.16			
J9354	G	INJ, ADO-TRASTUZUMAB EMT 1MG	09131			APC	$29.22			
J9355	K	TRASTUZUMAB INJECTION	01613			APC	$85.22			
J9357	K	VALRUBICIN INJECTION	01235			APC	$1,100.04			
J9360	N	VINBLASTINE SULFATE INJ				Bundled, Sometimes Payable	$0.00			
J9370	N	VINCRISTINE SULFATE 1 MG INJ				Bundled, Sometimes Payable	$0.00			
J9371	G	INJ, VINCRISTINE SUL LIP 1MG	01466			APC	$2,226.99			
J9390	N	VINORELBINE TARTRATE INJ				Bundled, Sometimes Payable	$0.00			
J9395	K	INJECTION, FULVESTRANT	09120			APC	$92.35			
J9400	G	INJ, ZIV-AFLIBERCEPT, 1MG	09296			APC	$8.15			
J9600	K	PORFIMER SODIUM INJECTION	00856			APC	$20,002.20			
J9999	M	CHEMOTHERAPY DRUG				Charge Ratio	$0.00			
K0001	E	STANDARD WHEELCHAIR				Not Allowed	$0.00			
K0002	E	STND HEMI (LOW SEAT) WHLCHR				Not Allowed	$0.00			
K0003	E	LIGHTWEIGHT WHEELCHAIR				Not Allowed	$0.00			
K0004	E	HIGH STRENGTH LTWT WHLCHR				Not Allowed	$0.00			
K0005	E	ULTRALIGHTWEIGHT WHEELCHAIR				Not Allowed	$0.00			
K0006	E	HEAVY DUTY WHEELCHAIR				Not Allowed	$0.00			
K0007	E	EXTRA HEAVY DUTY WHEELCHAIR				Not Allowed	$0.00			
K0008	E	CSTM MANUAL WHEELCHAIR/BASE				Not Allowed	$0.00			
K0009	E	OTHER MANUAL WHEELCHAIR/BASE				Not Allowed	$0.00			
K0010	E	STND WT FRAME POWER WHLCHR				Not Allowed	$0.00			
K0011	E	STND WT PWR WHLCHR W CONTROL				Not Allowed	$0.00			
K0012	E	LTWT PORTBL POWER WHLCHR				Not Allowed	$0.00			
K0013	E	CUSTOM POWER WHLCHR BASE				Not Allowed	$0.00			
K0014	E	OTHER POWER WHLCHR BASE				Not Allowed	$0.00			
K0015	E	DETACH NON-ADJUS HGHT ARMRST				Not Allowed	$0.00			

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K0017	E	DETACH ADJUST ARMREST BASE				Not Allowed	$0.00			
K0018	E	DETACH ADJUST ARMRST UPPER				Not Allowed	$0.00			
K0019	E	ARM PAD EACH				Not Allowed	$0.00			
K0020	E	FIXED ADJUST ARMREST PAIR				Not Allowed	$0.00			
K0037	E	HIGH MOUNT FLIP-UP FOOTREST				Not Allowed	$0.00			
K0038	E	LEG STRAP EACH				Not Allowed	$0.00			
K0039	E	LEG STRAP H STYLE EACH				Not Allowed	$0.00			
K0040	E	ADJUSTABLE ANGLE FOOTPLATE				Not Allowed	$0.00			
K0041	E	LARGE SIZE FOOTPLATE EACH				Not Allowed	$0.00			
K0042	E	STANDARD SIZE FOOTPLATE EACH				Not Allowed	$0.00			
K0043	E	FTRST LOWER EXTENSION TUBE				Not Allowed	$0.00			
K0044	E	FTRST UPPER HANGER BRACKET				Not Allowed	$0.00			
K0045	E	FOOTREST COMPLETE ASSEMBLY				Not Allowed	$0.00			
K0046	E	ELEVAT LEGRST LOW EXTENSION				Not Allowed	$0.00			
K0047	E	ELEVAT LEGRST UP HANGR BRACK				Not Allowed	$0.00			
K0050	E	RATCHET ASSEMBLY				Not Allowed	$0.00			
K0051	E	CAM RELESE ASSEM FTRST/LGRST				Not Allowed	$0.00			
K0052	E	SWINGAWAY DETACH FOOTREST				Not Allowed	$0.00			
K0053	E	ELEVATE FOOTREST ARTICULATE				Not Allowed	$0.00			
K0056	E	SEAT HT <17 OR >=21 LTWT WC				Not Allowed	$0.00			
K0065	E	SPOKE PROTECTORS				Not Allowed	$0.00			
K0069	E	REAR WHL COMPLETE SOLID TIRE				Not Allowed	$0.00			
K0070	E	REAR WHL COMPL PNEUM TIRE				Not Allowed	$0.00			
K0071	E	FRONT CASTR COMPL PNEUM TIRE				Not Allowed	$0.00			
K0072	E	FRNT CSTR CMPL SEM-PNEUM TIR				Not Allowed	$0.00			
K0073	E	CASTER PIN LOCK EACH				Not Allowed	$0.00			
K0077	E	FRONT CASTER ASSEM COMPLETE				Not Allowed	$0.00			
K0098	E	DRIVE BELT POWER WHEELCHAIR				Not Allowed	$0.00			
K0105	E	IV HANGER				Not Allowed	$0.00			
K0108	E	W/C COMPONENT-ACCESSORY NOS				Not Allowed	$0.00			
K0195	E	ELEVATING WHLCHAIR LEG RESTS				Not Allowed	$0.00			
K0455	E	PUMP UNINTERRUPTED INFUSION				Not Allowed	$0.00			
K0462	E	TEMPORARY REPLACEMENT EQPMNT				Not Allowed	$0.00			
K0552	E	SUPPLY/EXT INF PUMP SYR TYPE				Not Allowed	$0.00			
K0601	E	REPL BATT SILVER OXIDE 1.5 V				Not Allowed	$0.00			
K0602	E	REPL BATT SILVER OXIDE 3 V				Not Allowed	$0.00			
K0603	E	REPL BATT ALKALINE 1.5 V				Not Allowed	$0.00			
K0604	E	REPL BATT LITHIUM 3.6 V				Not Allowed	$0.00			
K0605	E	REPL BATT LITHIUM 4.5 V				Not Allowed	$0.00			
K0606	E	AED GARMENT W ELEC ANALYSIS				Not Allowed	$0.00			
K0607	E	REPL BATT FOR AED				Not Allowed	$0.00			
K0608	E	REPL GARMENT FOR AED				Not Allowed	$0.00			
K0609	E	REPL ELECTRODE FOR AED				Not Allowed	$0.00			
K0669	E	SEAT/BACK CUS NO DMEPDAC VER				Not Allowed	$0.00			
K0672	E	REMOVABLE SOFT INTERFACE LE				Not Allowed	$0.00			
K0730	E	CTRL DOSE INH DRUG DELIV SYS				Not Allowed	$0.00			
K0733	E	12-24HR SEALED LEAD ACID				Not Allowed	$0.00			
K0738	E	PORTABLE GAS OXYGEN SYSTEM				Not Allowed	$0.00			
K0739	E	REPAIR/SVC DME NON-OXYGEN EQ				Not Allowed	$0.00			
K0740	E	REPAIR/SVC OXYGEN EQUIPMENT				Not Allowed	$0.00			
K0741	E	PORTABLE GASEOUS OXYGEN SYS				Not Allowed	$0.00			
K0742	E	PORTABLE GASEOUS OXYGEN				Not Allowed	$0.00			
K0743	E	PORTABLE HOME SUCTION PUMP				Not Allowed	$0.00			
K0744	E	ABSORP DRG <= 16 SUC PUMP				Not Allowed	$0.00			
K0745	E	ABSORP DRG >16<=48 SUC PUMP				Not Allowed	$0.00			
K0746	E	ABSORP DRG >48 SUC PUMP				Not Allowed	$0.00			
K0800	E	POV GROUP 1 STD UP TO 300LBS				Not Allowed	$0.00			
K0801	E	POV GROUP 1 HD 301-450 LBS				Not Allowed	$0.00			
K0802	E	POV GROUP 1 VHD 451-600 LBS				Not Allowed	$0.00			
K0806	E	POV GROUP 2 STD UP TO 300LBS				Not Allowed	$0.00			
K0807	E	POV GROUP 2 HD 301-450 LBS				Not Allowed	$0.00			
K0808	E	POV GROUP 2 VHD 451-600 LBS				Not Allowed	$0.00			
K0812	E	POWER OPERATED VEHICLE NOC				Not Allowed	$0.00			
K0813	E	PWC GP 1 STD PORT SEAT/BACK				Not Allowed	$0.00			

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K0814	E	PWC GP 1 STD PORT CAP CHAIR				Not Allowed	$0.00			
K0815	E	PWC GP 1 STD SEAT/BACK				Not Allowed	$0.00			
K0816	E	PWC GP 1 STD CAP CHAIR				Not Allowed	$0.00			
K0820	E	PWC GP 2 STD PORT SEAT/BACK				Not Allowed	$0.00			
K0821	E	PWC GP 2 STD PORT CAP CHAIR				Not Allowed	$0.00			
K0822	E	PWC GP 2 STD SEAT/BACK				Not Allowed	$0.00			
K0823	E	PWC GP 2 STD CAP CHAIR				Not Allowed	$0.00			
K0824	E	PWC GP 2 HD SEAT/BACK				Not Allowed	$0.00			
K0825	E	PWC GP 2 HD CAP CHAIR				Not Allowed	$0.00			
K0826	E	PWC GP 2 VHD SEAT/BACK				Not Allowed	$0.00			
K0827	E	PWC GP VHD CAP CHAIR				Not Allowed	$0.00			
K0828	E	PWC GP 2 XTRA HD SEAT/BACK				Not Allowed	$0.00			
K0829	E	PWC GP 2 XTRA HD CAP CHAIR				Not Allowed	$0.00			
K0830	E	PWC GP2 STD SEAT ELEVATE S/B				Not Allowed	$0.00			
K0831	E	PWC GP2 STD SEAT ELEVATE CAP				Not Allowed	$0.00			
K0835	E	PWC GP2 STD SING POW OPT S/B				Not Allowed	$0.00			
K0836	E	PWC GP2 STD SING POW OPT CAP				Not Allowed	$0.00			
K0837	E	PWC GP 2 HD SING POW OPT S/B				Not Allowed	$0.00			
K0838	E	PWC GP 2 HD SING POW OPT CAP				Not Allowed	$0.00			
K0839	E	PWC GP2 VHD SING POW OPT S/B				Not Allowed	$0.00			
K0840	E	PWC GP2 XHD SING POW OPT S/B				Not Allowed	$0.00			
K0841	E	PWC GP2 STD MULT POW OPT S/B				Not Allowed	$0.00			
K0842	E	PWC GP2 STD MULT POW OPT CAP				Not Allowed	$0.00			
K0843	E	PWC GP2 HD MULT POW OPT S/B				Not Allowed	$0.00			
K0848	E	PWC GP 3 STD SEAT/BACK				Not Allowed	$0.00			
K0849	E	PWC GP 3 STD CAP CHAIR				Not Allowed	$0.00			
K0850	E	PWC GP 3 HD SEAT/BACK				Not Allowed	$0.00			
K0851	E	PWC GP 3 HD CAP CHAIR				Not Allowed	$0.00			
K0852	E	PWC GP 3 VHD SEAT/BACK				Not Allowed	$0.00			
K0853	E	PWC GP 3 VHD CAP CHAIR				Not Allowed	$0.00			
K0854	E	PWC GP 3 XHD SEAT/BACK				Not Allowed	$0.00			
K0855	E	PWC GP 3 XHD CAP CHAIR				Not Allowed	$0.00			
K0856	E	PWC GP3 STD SING POW OPT S/B				Not Allowed	$0.00			
K0857	E	PWC GP3 STD SING POW OPT CAP				Not Allowed	$0.00			
K0858	E	PWC GP3 HD SING POW OPT S/B				Not Allowed	$0.00			
K0859	E	PWC GP3 HD SING POW OPT CAP				Not Allowed	$0.00			
K0860	E	PWC GP3 VHD SING POW OPT S/B				Not Allowed	$0.00			
K0861	E	PWC GP3 STD MULT POW OPT S/B				Not Allowed	$0.00			
K0862	E	PWC GP3 HD MULT POW OPT S/B				Not Allowed	$0.00			
K0863	E	PWC GP3 VHD MULT POW OPT S/B				Not Allowed	$0.00			
K0864	E	PWC GP3 XHD MULT POW OPT S/B				Not Allowed	$0.00			
K0868	E	PWC GP 4 STD SEAT/BACK				Not Allowed	$0.00			
K0869	E	PWC GP 4 STD CAP CHAIR				Not Allowed	$0.00			
K0870	E	PWC GP 4 HD SEAT/BACK				Not Allowed	$0.00			
K0871	E	PWC GP 4 VHD SEAT/BACK				Not Allowed	$0.00			
K0877	E	PWC GP4 STD SING POW OPT S/B				Not Allowed	$0.00			
K0878	E	PWC GP4 STD SING POW OPT CAP				Not Allowed	$0.00			
K0879	E	PWC GP4 HD SING POW OPT S/B				Not Allowed	$0.00			
K0880	E	PWC GP4 VHD SING POW OPT S/B				Not Allowed	$0.00			
K0884	E	PWC GP4 STD MULT POW OPT S/B				Not Allowed	$0.00			
K0885	E	PWC GP4 STD MULT POW OPT CAP				Not Allowed	$0.00			
K0886	E	PWC GP4 HD MULT POW S/B				Not Allowed	$0.00			
K0890	E	PWC GP5 PED SING POW OPT S/B				Not Allowed	$0.00			
K0891	E	PWC GP5 PED MULT POW OPT S/B				Not Allowed	$0.00			
K0898	E	POWER WHEELCHAIR NOC				Not Allowed	$0.00			
K0899	E	POW MOBIL DEV NO DMEPDAC				Not Allowed	$0.00			
K0900	E	CSTM DME OTHER THAN WHEELCHR				Not Allowed	$0.00			
K0901	E	KO SINGLE UPRIGHT PRE OTS				Not Allowed	$0.00			
K0902	E	KO DOUBLE UPRIGHT PRE OTS				Not Allowed	$0.00			
L0112	E	CRANIAL CERVICAL ORTHOSIS				Not Allowed	$0.00			
L0113	E	CRANIAL CERVICAL TORTICOLLIS				Not Allowed	$0.00			
L0120	E	CERV FLEX N/ADJ FOAM PRE OTS				Not Allowed	$0.00			
L0130	E	FLEX THERMOPLASTIC COLLAR MO				Not Allowed	$0.00			
L0140	E	CERVICAL SEMI-RIGID ADJUSTAB				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L0150	E	CERV SEMI-RIG ADJ MOLDED CHN				Not Allowed	$0.00			
L0160	E	CERV SR WIRE OCC/MAN PRE OTS				Not Allowed	$0.00			
L0170	E	CERVICAL COLLAR MOLDED TO PT				Not Allowed	$0.00			
L0172	E	CERV COL SR FOAM 2PC PRE OTS				Not Allowed	$0.00			
L0174	E	CERV SR 2PC THOR EXT PRE OTS				Not Allowed	$0.00			
L0180	E	CER POST COL OCC/MAN SUP ADJ				Not Allowed	$0.00			
L0190	E	CERV COLLAR SUPP ADJ CERV BA				Not Allowed	$0.00			
L0200	E	CERV COL SUPP ADJ BAR & THOR				Not Allowed	$0.00			
L0220	E	THOR RIB BELT CUSTOM FABRICA				Not Allowed	$0.00			
L0450	E	TLSO FLEX TRUNK/THOR PRE OTS				Not Allowed	$0.00			
L0452	E	TLSO FLEX CUSTOM FAB THORACI				Not Allowed	$0.00			
L0454	E	TLSO TRNK SJ-T9 PRE CST				Not Allowed	$0.00			
L0455	E	TLSO FLEX TRNK SJ-T9 PRE OTS				Not Allowed	$0.00			
L0456	E	TLSO FLEX TRNK SJ-SS PRE CST				Not Allowed	$0.00			
L0457	E	TLSO FLEX TRNK SJ-SS PRE OTS				Not Allowed	$0.00			
L0458	E	TLSO 2MOD SYMPHIS-XIPHO PRE				Not Allowed	$0.00			
L0460	E	TLSO 2 SHL SYMPHYS-STERN CST				Not Allowed	$0.00			
L0462	E	TLSO 3MOD SACRO-SCAP PRE				Not Allowed	$0.00			
L0464	E	TLSO 4MOD SACRO-SCAP PRE				Not Allowed	$0.00			
L0466	E	TLSO R FRAM SOFT ANT PRE CST				Not Allowed	$0.00			
L0467	E	TLSO R FRAM SOFT PRE OTS				Not Allowed	$0.00			
L0468	E	TLSO RIG FRAM PELVIC PRE CST				Not Allowed	$0.00			
L0469	E	TLSO RIG FRAM PELVIC PRE OTS				Not Allowed	$0.00			
L0470	E	TLSO RIGID FRAME PRE SUBCLAV				Not Allowed	$0.00			
L0472	E	TLSO RIGID FRAME HYPEREX PRE				Not Allowed	$0.00			
L0480	E	TLSO RIGID PLASTIC CUSTOM FA				Not Allowed	$0.00			
L0482	E	TLSO RIGID LINED CUSTOM FAB				Not Allowed	$0.00			
L0484	E	TLSO RIGID PLASTIC CUST FAB				Not Allowed	$0.00			
L0486	E	TLSO RIGIDLINED CUST FAB TWO				Not Allowed	$0.00			
L0488	E	TLSO RIGID LINED PRE ONE PIE				Not Allowed	$0.00			
L0490	E	TLSO RIGID PLASTIC PRE ONE				Not Allowed	$0.00			
L0491	E	TLSO 2 PIECE RIGID SHELL				Not Allowed	$0.00			
L0492	E	TLSO 3 PIECE RIGID SHELL				Not Allowed	$0.00			
L0621	E	SIO FLEX PELVIC/SACR PRE OTS				Not Allowed	$0.00			
L0622	E	SIO FLEX PELVISACRAL CUSTOM				Not Allowed	$0.00			
L0623	E	SIO RIG PNL PELV/SAC PRE OTS				Not Allowed	$0.00			
L0624	E	SIO PANEL CUSTOM				Not Allowed	$0.00			
L0625	E	LO FLEX L1-BELOW L5 PRE OTS				Not Allowed	$0.00			
L0626	E	LO SAG RIG PNL STAYS PRE CST				Not Allowed	$0.00			
L0627	E	LO SAG RI AN/POS PNL PRE CST				Not Allowed	$0.00			
L0628	E	LSO FLEX NO RI STAYS PRE OTS				Not Allowed	$0.00			
L0629	E	LSO FLEX W/RIGID STAYS CUST				Not Allowed	$0.00			
L0630	E	LSO R POST PNL SJ-T9 PRE CST				Not Allowed	$0.00			
L0631	E	LSO SAG R AN/POS PNL PRE CST				Not Allowed	$0.00			
L0632	E	LSO SAG RIGID FRAME CUST				Not Allowed	$0.00			
L0633	E	LSO SC R POS/LAT PNL PRE CST				Not Allowed	$0.00			
L0634	E	LSO FLEXION CONTROL CUSTOM				Not Allowed	$0.00			
L0635	E	LSO SAGIT RIGID PANEL PREFAB				Not Allowed	$0.00			
L0636	E	LSO SAGITTAL RIGID PANEL CUS				Not Allowed	$0.00			
L0637	E	LSO SC R ANT/POS PNL PRE CST				Not Allowed	$0.00			
L0638	E	LSO SAG-CORONAL PANEL CUSTOM				Not Allowed	$0.00			
L0639	E	LSO S/C SHELL/PANEL PREFAB				Not Allowed	$0.00			
L0640	E	LSO S/C SHELL/PANEL CUSTOM				Not Allowed	$0.00			
L0641	E	LO RIG POS PNL L1-L5 PRE OTS				Not Allowed	$0.00			
L0642	E	LO SAG RI AN/POS PNL PRE OTS				Not Allowed	$0.00			
L0643	E	LSO SAG CTR RIGI POS PRE OTS				Not Allowed	$0.00			
L0648	E	LSO SAG R AN/POS PNL PRE OTS				Not Allowed	$0.00			
L0649	E	LSO SC R POS/LAT PNL PRE OTS				Not Allowed	$0.00			
L0650	E	LSO SC R ANT/POS PNL PRE OTS				Not Allowed	$0.00			
L0651	E	LSO SAG-CO SHELL PNL PRE OTS				Not Allowed	$0.00			
L0700	E	CTLSO A-P-L CONTROL MOLDED				Not Allowed	$0.00			
L0710	E	CTLSO A-P-L CONTROL W/ INTER				Not Allowed	$0.00			
L0810	E	HALO CERVICAL INTO JCKT VEST				Not Allowed	$0.00			
L0820	E	HALO CERVICAL INTO BODY JACK				Not Allowed	$0.00			

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L0830	E	HALO CERV INTO MILWAUKEE TYP				Not Allowed	$0.00			
L0859	E	MRI COMPATIBLE SYSTEM				Not Allowed	$0.00			
L0861	E	HALO REPL LINER/INTERFACE				Not Allowed	$0.00			
L0970	E	TLSO CORSET FRONT				Not Allowed	$0.00			
L0972	E	LSO CORSET FRONT				Not Allowed	$0.00			
L0974	E	TLSO FULL CORSET				Not Allowed	$0.00			
L0976	E	LSO FULL CORSET				Not Allowed	$0.00			
L0978	E	AXILLARY CRUTCH EXTENSION				Not Allowed	$0.00			
L0980	E	PERONEAL STRAPS PAIR PRE OTS				Not Allowed	$0.00			
L0982	E	STOCKING SUP GRIPS 4 PRE OTS				Not Allowed	$0.00			
L0984	E	PROTECT BODY SOCK EA PRE OTS				Not Allowed	$0.00			
L0999	E	ADD TO SPINAL ORTHOSIS NOS				Not Allowed	$0.00			
L1000	E	CTLSO MILWAUKE INITIAL MODEL				Not Allowed	$0.00			
L1001	E	CTLSO INFANT IMMOBILIZER				Not Allowed	$0.00			
L1005	E	TENSION BASED SCOLIOSIS ORTH				Not Allowed	$0.00			
L1010	E	CTLSO AXILLA SLING				Not Allowed	$0.00			
L1020	E	KYPHOSIS PAD				Not Allowed	$0.00			
L1025	E	KYPHOSIS PAD FLOATING				Not Allowed	$0.00			
L1030	E	LUMBAR BOLSTER PAD				Not Allowed	$0.00			
L1040	E	LUMBAR OR LUMBAR RIB PAD				Not Allowed	$0.00			
L1050	E	STERNAL PAD				Not Allowed	$0.00			
L1060	E	THORACIC PAD				Not Allowed	$0.00			
L1070	E	TRAPEZIUS SLING				Not Allowed	$0.00			
L1080	E	OUTRIGGER				Not Allowed	$0.00			
L1085	E	OUTRIGGER BIL W/ VERT EXTENS				Not Allowed	$0.00			
L1090	E	LUMBAR SLING				Not Allowed	$0.00			
L1100	E	RING FLANGE PLASTIC/LEATHER				Not Allowed	$0.00			
L1110	E	RING FLANGE PLAS/LEATHER MOL				Not Allowed	$0.00			
L1120	E	COVERS FOR UPRIGHT EACH				Not Allowed	$0.00			
L1200	E	FURNSH INITIAL ORTHOSIS ONLY				Not Allowed	$0.00			
L1210	E	LATERAL THORACIC EXTENSION				Not Allowed	$0.00			
L1220	E	ANTERIOR THORACIC EXTENSION				Not Allowed	$0.00			
L1230	E	MILWAUKEE TYPE SUPERSTRUCTUR				Not Allowed	$0.00			
L1240	E	LUMBAR DEROTATION PAD				Not Allowed	$0.00			
L1250	E	ANTERIOR ASIS PAD				Not Allowed	$0.00			
L1260	E	ANTERIOR THORACIC DEROTATION				Not Allowed	$0.00			
L1270	E	ABDOMINAL PAD				Not Allowed	$0.00			
L1280	E	RIB GUSSET (ELASTIC) EACH				Not Allowed	$0.00			
L1290	E	LATERAL TROCHANTERIC PAD				Not Allowed	$0.00			
L1300	E	BODY JACKET MOLD TO PATIENT				Not Allowed	$0.00			
L1310	E	POST-OPERATIVE BODY JACKET				Not Allowed	$0.00			
L1499	E	SPINAL ORTHOSIS NOS				Not Allowed	$0.00			
L1600	E	HO FLEX FREJKA W/COV PRE CST				Not Allowed	$0.00			
L1610	E	HO FREJKA COV ONLY PRE CST				Not Allowed	$0.00			
L1620	E	HO FLEX PAVLIK HARNS PRE CST				Not Allowed	$0.00			
L1630	E	ABDUCT CONTROL HIP SEMI-FLEX				Not Allowed	$0.00			
L1640	E	PELV BAND/SPREAD BAR THIGH C				Not Allowed	$0.00			
L1650	E	HO ABDUCTION HIP ADJUSTABLE				Not Allowed	$0.00			
L1652	E	HO BI THIGHCUFFS W SPRDR BAR				Not Allowed	$0.00			
L1660	E	HO ABDUCTION STATIC PLASTIC				Not Allowed	$0.00			
L1680	E	PELVIC & HIP CONTROL THIGH C				Not Allowed	$0.00			
L1685	E	POST-OP HIP ABDUCT CUSTOM FA				Not Allowed	$0.00			
L1686	E	HO POST-OP HIP ABDUCTION				Not Allowed	$0.00			
L1690	E	COMBINATION BILATERAL HO				Not Allowed	$0.00			
L1700	E	LEG PERTHES ORTH TORONTO TYP				Not Allowed	$0.00			
L1710	E	LEGG PERTHES ORTH NEWINGTON				Not Allowed	$0.00			
L1720	E	LEGG PERTHES ORTHOSIS TRILAT				Not Allowed	$0.00			
L1730	E	LEGG PERTHES ORTH SCOTTISH R				Not Allowed	$0.00			
L1755	E	LEGG PERTHES PATTEN BOTTOM T				Not Allowed	$0.00			
L1810	E	KO ELASTIC WITH JOINTS				Not Allowed	$0.00			
L1812	E	KO ELASTIC W/JOINTS PRE OTS				Not Allowed	$0.00			
L1820	E	KO ELAS W/ CONDYLE PADS & JO				Not Allowed	$0.00			
L1830	E	KO IMMOB CANVAS LONG PRE OTS				Not Allowed	$0.00			
L1831	E	KNEE ORTH POS LOCKING JOINT				Not Allowed	$0.00			

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L1832	E	KO ADJ JNT POS R SUP PRE CST				Not Allowed	$0.00			
L1833	E	KO ADJ JNT POS R SUP PRE OTS				Not Allowed	$0.00			
L1834	E	KO W/0 JOINT RIGID MOLDED TO				Not Allowed	$0.00			
L1836	E	KO RIGID W/O JOINTS PRE OTS				Not Allowed	$0.00			
L1840	E	KO DEROT ANT CRUCIATE CUSTOM				Not Allowed	$0.00			
L1843	E	KO SINGLE UPRIGHT PRE CST				Not Allowed	$0.00			
L1844	E	KO W/ADJ JT ROT CNTRL MOLDED				Not Allowed	$0.00			
L1845	E	KO DOUBLE UPRIGHT PRE CST				Not Allowed	$0.00			
L1846	E	KO W ADJ FLEX/EXT ROTAT MOLD				Not Allowed	$0.00			
L1847	E	KO DBL UPRIGHT W/AIR PRE CST				Not Allowed	$0.00			
L1848	E	KO DBL UPRIGHT W/AIR PRE OTS				Not Allowed	$0.00			
L1850	E	KO SWEDISH TYPE PRE OTS				Not Allowed	$0.00			
L1860	E	KO SUPRACONDYLAR SOCKET MOLD				Not Allowed	$0.00			
L1900	E	AFO SPRNG WIR DRSFLX CALF BD				Not Allowed	$0.00			
L1902	E	AFO ANKLE GAUNTLET PRE OTS				Not Allowed	$0.00			
L1904	E	AFO MOLDED ANKLE GAUNTLET				Not Allowed	$0.00			
L1906	E	AFO MULTILIG ANK SUP PRE OTS				Not Allowed	$0.00			
L1907	E	AFO SUPRAMALLEOLAR CUSTOM				Not Allowed	$0.00			
L1910	E	AFO SING BAR CLASP ATTACH SH				Not Allowed	$0.00			
L1920	E	AFO SING UPRIGHT W/ ADJUST S				Not Allowed	$0.00			
L1930	E	AFO PLASTIC				Not Allowed	$0.00			
L1932	E	AFO RIG ANT TIB PREFAB TCF/=				Not Allowed	$0.00			
L1940	E	AFO MOLDED TO PATIENT PLASTI				Not Allowed	$0.00			
L1945	E	AFO MOLDED PLAS RIG ANT TIB				Not Allowed	$0.00			
L1950	E	AFO SPIRAL MOLDED TO PT PLAS				Not Allowed	$0.00			
L1951	E	AFO SPIRAL PREFABRICATED				Not Allowed	$0.00			
L1960	E	AFO POS SOLID ANK PLASTIC MO				Not Allowed	$0.00			
L1970	E	AFO PLASTIC MOLDED W/ANKLE J				Not Allowed	$0.00			
L1971	E	AFO W/ANKLE JOINT, PREFAB				Not Allowed	$0.00			
L1980	E	AFO SING SOLID STIRRUP CALF				Not Allowed	$0.00			
L1990	E	AFO DOUB SOLID STIRRUP CALF				Not Allowed	$0.00			
L2000	E	KAFO SING FRE STIRR THI/CALF				Not Allowed	$0.00			
L2005	E	KAFO SNG/DBL MECHANICAL ACT				Not Allowed	$0.00			
L2010	E	KAFO SNG SOLID STIRRUP W/O J				Not Allowed	$0.00			
L2020	E	KAFO DBL SOLID STIRRUP BAND/				Not Allowed	$0.00			
L2030	E	KAFO DBL SOLID STIRRUP W/O J				Not Allowed	$0.00			
L2034	E	KAFO PLA SIN UP W/WO K/A CUS				Not Allowed	$0.00			
L2035	E	KAFO PLASTIC PEDIATRIC SIZE				Not Allowed	$0.00			
L2036	E	KAFO PLAS DOUB FREE KNEE MOL				Not Allowed	$0.00			
L2037	E	KAFO PLAS SING FREE KNEE MOL				Not Allowed	$0.00			
L2038	E	KAFO W/O JOINT MULTI-AXIS AN				Not Allowed	$0.00			
L2040	E	HKAFO TORSION BIL ROT STRAPS				Not Allowed	$0.00			
L2050	E	HKAFO TORSION CABLE HIP PELV				Not Allowed	$0.00			
L2060	E	HKAFO TORSION BALL BEARING J				Not Allowed	$0.00			
L2070	E	HKAFO TORSION UNILAT ROT STR				Not Allowed	$0.00			
L2080	E	HKAFO UNILAT TORSION CABLE				Not Allowed	$0.00			
L2090	E	HKAFO UNILAT TORSION BALL BR				Not Allowed	$0.00			
L2106	E	AFO TIB FX CAST PLASTER MOLD				Not Allowed	$0.00			
L2108	E	AFO TIB FX CAST MOLDED TO PT				Not Allowed	$0.00			
L2112	E	AFO TIBIAL FRACTURE SOFT				Not Allowed	$0.00			
L2114	E	AFO TIB FX SEMI-RIGID				Not Allowed	$0.00			
L2116	E	AFO TIBIAL FRACTURE RIGID				Not Allowed	$0.00			
L2126	E	KAFO FEM FX CAST THERMOPLAS				Not Allowed	$0.00			
L2128	E	KAFO FEM FX CAST MOLDED TO P				Not Allowed	$0.00			
L2132	E	KAFO FEMORAL FX CAST SOFT				Not Allowed	$0.00			
L2134	E	KAFO FEM FX CAST SEMI-RIGID				Not Allowed	$0.00			
L2136	E	KAFO FEMORAL FX CAST RIGID				Not Allowed	$0.00			
L2180	E	PLAS SHOE INSERT W ANK JOINT				Not Allowed	$0.00			
L2182	E	DROP LOCK KNEE				Not Allowed	$0.00			
L2184	E	LIMITED MOTION KNEE JOINT				Not Allowed	$0.00			
L2186	E	ADJ MOTION KNEE JNT LERMAN T				Not Allowed	$0.00			
L2188	E	QUADRILATERAL BRIM				Not Allowed	$0.00			
L2190	E	WAIST BELT				Not Allowed	$0.00			
L2192	E	PELVIC BAND & BELT THIGH FLA				Not Allowed	$0.00			

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L2200	E	LIMITED ANKLE MOTION EA JNT				Not Allowed	$0.00			
L2210	E	DORSIFLEXION ASSIST EACH JOI				Not Allowed	$0.00			
L2220	E	DORSI & PLANTAR FLEX ASS/RES				Not Allowed	$0.00			
L2230	E	SPLIT FLAT CALIPER STIRR & P				Not Allowed	$0.00			
L2232	E	ROCKER BOTTOM, CONTACT AFO				Not Allowed	$0.00			
L2240	E	ROUND CALIPER AND PLATE ATTA				Not Allowed	$0.00			
L2250	E	FOOT PLATE MOLDED STIRRUP AT				Not Allowed	$0.00			
L2260	E	REINFORCED SOLID STIRRUP				Not Allowed	$0.00			
L2265	E	LONG TONGUE STIRRUP				Not Allowed	$0.00			
L2270	E	VARUS/VALGUS STRAP PADDED/LI				Not Allowed	$0.00			
L2275	E	PLASTIC MOD LOW EXT PAD/LINE				Not Allowed	$0.00			
L2280	E	MOLDED INNER BOOT				Not Allowed	$0.00			
L2300	E	ABDUCTION BAR JOINTED ADJUST				Not Allowed	$0.00			
L2310	E	ABDUCTION BAR-STRAIGHT				Not Allowed	$0.00			
L2320	E	NON-MOLDED LACER				Not Allowed	$0.00			
L2330	E	LACER MOLDED TO PATIENT MODE				Not Allowed	$0.00			
L2335	E	ANTERIOR SWING BAND				Not Allowed	$0.00			
L2340	E	PRE-TIBIAL SHELL MOLDED TO P				Not Allowed	$0.00			
L2350	E	PROSTHETIC TYPE SOCKET MOLDE				Not Allowed	$0.00			
L2360	E	EXTENDED STEEL SHANK				Not Allowed	$0.00			
L2370	E	PATTEN BOTTOM				Not Allowed	$0.00			
L2375	E	TORSION ANK & HALF SOLID STI				Not Allowed	$0.00			
L2380	E	TORSION STRAIGHT KNEE JOINT				Not Allowed	$0.00			
L2385	E	STRAIGHT KNEE JOINT HEAVY DU				Not Allowed	$0.00			
L2387	E	ADD LE POLY KNEE CUSTOM KAFO				Not Allowed	$0.00			
L2390	E	OFFSET KNEE JOINT EACH				Not Allowed	$0.00			
L2395	E	OFFSET KNEE JOINT HEAVY DUTY				Not Allowed	$0.00			
L2397	E	SUSPENSION SLEEVE LOWER EXT				Not Allowed	$0.00			
L2405	E	KNEE JOINT DROP LOCK EA JNT				Not Allowed	$0.00			
L2415	E	KNEE JOINT CAM LOCK EACH JOI				Not Allowed	$0.00			
L2425	E	KNEE DISC/DIAL LOCK/ADJ FLEX				Not Allowed	$0.00			
L2430	E	KNEE JNT RATCHET LOCK EA JNT				Not Allowed	$0.00			
L2492	E	KNEE LIFT LOOP DROP LOCK RIN				Not Allowed	$0.00			
L2500	E	THI/GLUT/ISCHIA WGT BEARING				Not Allowed	$0.00			
L2510	E	TH/WGHT BEAR QUAD-LAT BRIM M				Not Allowed	$0.00			
L2520	E	TH/WGHT BEAR QUAD-LAT BRIM C				Not Allowed	$0.00			
L2525	E	TH/WGHT BEAR NAR M-L BRIM MO				Not Allowed	$0.00			
L2526	E	TH/WGHT BEAR NAR M-L BRIM CU				Not Allowed	$0.00			
L2530	E	THIGH/WGHT BEAR LACER NON-MO				Not Allowed	$0.00			
L2540	E	THIGH/WGHT BEAR LACER MOLDED				Not Allowed	$0.00			
L2550	E	THIGH/WGHT BEAR HIGH ROLL CU				Not Allowed	$0.00			
L2570	E	HIP CLEVIS TYPE 2 POSIT JNT				Not Allowed	$0.00			
L2580	E	PELVIC CONTROL PELVIC SLING				Not Allowed	$0.00			
L2600	E	HIP CLEVIS/THRUST BEARING FR				Not Allowed	$0.00			
L2610	E	HIP CLEVIS/THRUST BEARING LO				Not Allowed	$0.00			
L2620	E	PELVIC CONTROL HIP HEAVY DUT				Not Allowed	$0.00			
L2622	E	HIP JOINT ADJUSTABLE FLEXION				Not Allowed	$0.00			
L2624	E	HIP ADJ FLEX EXT ABDUCT CONT				Not Allowed	$0.00			
L2627	E	PLASTIC MOLD RECIPRO HIP & C				Not Allowed	$0.00			
L2628	E	METAL FRAME RECIPRO HIP & CA				Not Allowed	$0.00			
L2630	E	PELVIC CONTROL BAND & BELT U				Not Allowed	$0.00			
L2640	E	PELVIC CONTROL BAND & BELT B				Not Allowed	$0.00			
L2650	E	PELV & THOR CONTROL GLUTEAL				Not Allowed	$0.00			
L2660	E	THORACIC CONTROL THORACIC BA				Not Allowed	$0.00			
L2670	E	THORAC CONT PARASPINAL UPRIG				Not Allowed	$0.00			
L2680	E	THORAC CONT LAT SUPPORT UPRI				Not Allowed	$0.00			
L2750	E	PLATING CHROME/NICKEL PR BAR				Not Allowed	$0.00			
L2755	E	CARBON GRAPHITE LAMINATION				Not Allowed	$0.00			
L2760	E	EXTENSION PER EXTENSION PER				Not Allowed	$0.00			
L2768	E	ORTHO SIDEBAR DISCONNECT				Not Allowed	$0.00			
L2780	E	NON-CORROSIVE FINISH				Not Allowed	$0.00			
L2785	E	DROP LOCK RETAINER EACH				Not Allowed	$0.00			
L2795	E	KNEE CONTROL FULL KNEECAP				Not Allowed	$0.00			
L2800	E	KNEE CAP MEDIAL OR LATERAL P				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L2810	E	KNEE CONTROL CONDYLAR PAD				Not Allowed	$0.00			
L2820	E	SOFT INTERFACE BELOW KNEE SE				Not Allowed	$0.00			
L2830	E	SOFT INTERFACE ABOVE KNEE SE				Not Allowed	$0.00			
L2840	E	TIBIAL LENGTH SOCK FX OR EQU				Not Allowed	$0.00			
L2850	E	FEMORAL LGTH SOCK FX OR EQUA				Not Allowed	$0.00			
L2861	E	TORSION MECHANISM KNEE/ANKLE				Not Allowed	$0.00			
L2999	E	LOWER EXTREMITY ORTHOSIS NOS				Not Allowed	$0.00			
L3000	E	FT INSERT UCB BERKELEY SHELL				Not Allowed	$0.00			
L3001	E	FOOT INSERT REMOV MOLDED SPE				Not Allowed	$0.00			
L3002	E	FOOT INSERT PLASTAZOTE OR EQ				Not Allowed	$0.00			
L3003	E	FOOT INSERT SILICONE GEL EAC				Not Allowed	$0.00			
L3010	E	FOOT LONGITUDINAL ARCH SUPPO				Not Allowed	$0.00			
L3020	E	FOOT LONGITUD/METATARSAL SUP				Not Allowed	$0.00			
L3030	E	FOOT ARCH SUPPORT REMOV PREM				Not Allowed	$0.00			
L3031	E	FOOT LAMIN/PREPREG COMPOSITE				Not Allowed	$0.00			
L3040	E	FT ARCH SUPRT PREMOLD LONGIT				Not Allowed	$0.00			
L3050	E	FOOT ARCH SUPP PREMOLD METAT				Not Allowed	$0.00			
L3060	E	FOOT ARCH SUPP LONGITUD/META				Not Allowed	$0.00			
L3070	E	ARCH SUPRT ATT TO SHO LONGIT				Not Allowed	$0.00			
L3080	E	ARCH SUPP ATT TO SHOE METATA				Not Allowed	$0.00			
L3090	E	ARCH SUPP ATT TO SHOE LONG/M				Not Allowed	$0.00			
L3100	E	HALLUS-VALGUS NT DYN PRE OTS				Not Allowed	$0.00			
L3140	E	ABDUCTION ROTATION BAR SHOE				Not Allowed	$0.00			
L3150	E	ABDUCT ROTATION BAR W/O SHOE				Not Allowed	$0.00			
L3160	E	SHOE STYLED POSITIONING DEV				Not Allowed	$0.00			
L3170	E	FOOT PLAS HEEL STABI PRE OTS				Not Allowed	$0.00			
L3201	E	OXFORD W SUPINAT/PRONAT INF				Not Allowed	$0.00			
L3202	E	OXFORD W/ SUPINAT/PRONATOR C				Not Allowed	$0.00			
L3203	E	OXFORD W/ SUPINATOR/PRONATOR				Not Allowed	$0.00			
L3204	E	HIGHTOP W/ SUPP/PRONATOR INF				Not Allowed	$0.00			
L3206	E	HIGHTOP W/ SUPP/PRONATOR CHI				Not Allowed	$0.00			
L3207	E	HIGHTOP W/ SUPP/PRONATOR JUN				Not Allowed	$0.00			
L3208	E	SURGICAL BOOT EACH INFANT				Not Allowed	$0.00			
L3209	E	SURGICAL BOOT EACH CHILD				Not Allowed	$0.00			
L3211	E	SURGICAL BOOT EACH JUNIOR				Not Allowed	$0.00			
L3212	E	BENESCH BOOT PAIR INFANT				Not Allowed	$0.00			
L3213	E	BENESCH BOOT PAIR CHILD				Not Allowed	$0.00			
L3214	E	BENESCH BOOT PAIR JUNIOR				Not Allowed	$0.00			
L3215	E	ORTHOPEDIC FTWEAR LADIES OXF				Not Allowed	$0.00			
L3216	E	ORTHOPED LADIES SHOES DPTH I				Not Allowed	$0.00			
L3217	E	LADIES SHOES HIGHTOP DEPTH I				Not Allowed	$0.00			
L3219	E	ORTHOPEDIC MENS SHOES OXFORD				Not Allowed	$0.00			
L3221	E	ORTHOPEDIC MENS SHOES DPTH I				Not Allowed	$0.00			
L3222	E	MENS SHOES HIGHTOP DEPTH INL				Not Allowed	$0.00			
L3224	E	WOMAN'S SHOE OXFORD BRACE				Not Allowed	$0.00			
L3225	E	MAN'S SHOE OXFORD BRACE				Not Allowed	$0.00			
L3230	E	CUSTOM SHOES DEPTH INLAY				Not Allowed	$0.00			
L3250	E	CUSTOM MOLD SHOE REMOV PROST				Not Allowed	$0.00			
L3251	E	SHOE MOLDED TO PT SILICONE S				Not Allowed	$0.00			
L3252	E	SHOE MOLDED PLASTAZOTE CUST				Not Allowed	$0.00			
L3253	E	SHOE MOLDED PLASTAZOTE CUST				Not Allowed	$0.00			
L3254	E	ORTH FOOT NON-STNDARD SIZE/W				Not Allowed	$0.00			
L3255	E	ORTH FOOT NON-STANDARD SIZE/				Not Allowed	$0.00			
L3257	E	ORTH FOOT ADD CHARGE SPLIT S				Not Allowed	$0.00			
L3260	E	AMBULATORY SURGICAL BOOT EAC				Not Allowed	$0.00			
L3265	E	PLASTAZOTE SANDAL EACH				Not Allowed	$0.00			
L3300	E	SHO LIFT TAPER TO METATARSAL				Not Allowed	$0.00			
L3310	E	SHOE LIFT ELEV HEEL/SOLE NEO				Not Allowed	$0.00			
L3320	E	SHOE LIFT ELEV HEEL/SOLE COR				Not Allowed	$0.00			
L3330	E	LIFTS ELEVATION METAL EXTENS				Not Allowed	$0.00			
L3332	E	SHOE LIFTS TAPERED TO ONE-HA				Not Allowed	$0.00			
L3334	E	SHOE LIFTS ELEVATION HEEL /I				Not Allowed	$0.00			
L3340	E	SHOE WEDGE SACH				Not Allowed	$0.00			
L3350	E	SHOE HEEL WEDGE				Not Allowed	$0.00			

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L3360	E	SHOE SOLE WEDGE OUTSIDE SOLE				Not Allowed	$0.00			
L3370	E	SHOE SOLE WEDGE BETWEEN SOLE				Not Allowed	$0.00			
L3380	E	SHOE CLUBFOOT WEDGE				Not Allowed	$0.00			
L3390	E	SHOE OUTFLARE WEDGE				Not Allowed	$0.00			
L3400	E	SHOE METATARSAL BAR WEDGE RO				Not Allowed	$0.00			
L3410	E	SHOE METATARSAL BAR BETWEEN				Not Allowed	$0.00			
L3420	E	FULL SOLE/HEEL WEDGE BTWEEN				Not Allowed	$0.00			
L3430	E	SHO HEEL COUNT PLAST REINFOR				Not Allowed	$0.00			
L3440	E	HEEL LEATHER REINFORCED				Not Allowed	$0.00			
L3450	E	SHOE HEEL SACH CUSHION TYPE				Not Allowed	$0.00			
L3455	E	SHOE HEEL NEW LEATHER STANDA				Not Allowed	$0.00			
L3460	E	SHOE HEEL NEW RUBBER STANDAR				Not Allowed	$0.00			
L3465	E	SHOE HEEL THOMAS WITH WEDGE				Not Allowed	$0.00			
L3470	E	SHOE HEEL THOMAS EXTEND TO B				Not Allowed	$0.00			
L3480	E	SHOE HEEL PAD & DEPRESS FOR				Not Allowed	$0.00			
L3485	E	SHOE HEEL PAD REMOVABLE FOR				Not Allowed	$0.00			
L3500	E	ORTHO SHOE ADD LEATHER INSOL				Not Allowed	$0.00			
L3510	E	ORTHOPEDIC SHOE ADD RUB INSL				Not Allowed	$0.00			
L3520	E	O SHOE ADD FELT W LEATH INSL				Not Allowed	$0.00			
L3530	E	ORTHO SHOE ADD HALF SOLE				Not Allowed	$0.00			
L3540	E	ORTHO SHOE ADD FULL SOLE				Not Allowed	$0.00			
L3550	E	O SHOE ADD STANDARD TOE TAP				Not Allowed	$0.00			
L3560	E	O SHOE ADD HORSESHOE TOE TAP				Not Allowed	$0.00			
L3570	E	O SHOE ADD INSTEP EXTENSION				Not Allowed	$0.00			
L3580	E	O SHOE ADD INSTEP VELCRO CLO				Not Allowed	$0.00			
L3590	E	O SHOE CONVERT TO SOF COUNTE				Not Allowed	$0.00			
L3595	E	ORTHO SHOE ADD MARCH BAR				Not Allowed	$0.00			
L3600	E	TRANS SHOE CALIP PLATE EXIST				Not Allowed	$0.00			
L3610	E	TRANS SHOE CALIPER PLATE NEW				Not Allowed	$0.00			
L3620	E	TRANS SHOE SOLID STIRRUP EXI				Not Allowed	$0.00			
L3630	E	TRANS SHOE SOLID STIRRUP NEW				Not Allowed	$0.00			
L3640	E	SHOE DENNIS BROWNE SPLINT BO				Not Allowed	$0.00			
L3649	E	ORTHOPEDIC SHOE MODIFICA NOS				Not Allowed	$0.00			
L3650	E	SO 8 ABD RESTRAINT PRE OTS				Not Allowed	$0.00			
L3660	E	SO 8 AB RSTR CAN/WEB PRE OTS				Not Allowed	$0.00			
L3670	E	SO ACRO/CLAV CAN WEB PRE OTS				Not Allowed	$0.00			
L3671	E	SO CAP DESIGN W/O JNTS CF				Not Allowed	$0.00			
L3674	E	SO AIRPLANE W/WO JOINT CF				Not Allowed	$0.00			
L3675	E	SO VEST CANVAS/WEB PRE OTS				Not Allowed	$0.00			
L3677	E	SO HARD PLAS STABILI PRE CST				Not Allowed	$0.00			
L3678	E	SO HARD PLAS STABILI PRE OTS				Not Allowed	$0.00			
L3702	E	EO W/O JOINTS CF				Not Allowed	$0.00			
L3710	E	EO ELAS W/METAL JNTS PRE OTS				Not Allowed	$0.00			
L3720	E	FOREARM/ARM CUFFS FREE MOTIO				Not Allowed	$0.00			
L3730	E	FOREARM/ARM CUFFS EXT/FLEX A				Not Allowed	$0.00			
L3740	E	CUFFS ADJ LOCK W/ ACTIVE CON				Not Allowed	$0.00			
L3760	E	EO WITHJOINT, PREFABRICATED				Not Allowed	$0.00			
L3762	E	EO RIGID W/O JOINTS PRE OTS				Not Allowed	$0.00			
L3763	E	EWHO RIGID W/O JNTS CF				Not Allowed	$0.00			
L3764	E	EWHO W/JOINT(S) CF				Not Allowed	$0.00			
L3765	E	EWHFO RIGID W/O JNTS CF				Not Allowed	$0.00			
L3766	E	EWHFO W/JOINT(S) CF				Not Allowed	$0.00			
L3806	E	WHFO W/JOINT(S) CUSTOM FAB				Not Allowed	$0.00			
L3807	E	WHFO W/O JOINTS PRE CST				Not Allowed	$0.00			
L3808	E	WHFO, RIGID W/O JOINTS				Not Allowed	$0.00			
L3809	E	WHFO W/O JOINTS PRE OTS				Not Allowed	$0.00			
L3891	E	TORSION MECHANISM WRIST/ELBO				Not Allowed	$0.00			
L3900	E	HINGE EXTENSION/FLEX WRIST/F				Not Allowed	$0.00			
L3901	E	HINGE EXT/FLEX WRIST FINGER				Not Allowed	$0.00			
L3904	E	WHFO ELECTRIC CUSTOM FITTED				Not Allowed	$0.00			
L3905	E	WHO W/NONTORSION JNT(S) CF				Not Allowed	$0.00			
L3906	E	WHO W/O JOINTS CF				Not Allowed	$0.00			
L3908	E	WHO COCK-UP NONMOLDE PRE OTS				Not Allowed	$0.00			
L3912	E	HFO FLEXION GLOVE PRE OTS				Not Allowed	$0.00			

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L3913	E	HFO W/O JOINTS CF				Not Allowed	$0.00			
L3915	E	WHO NONTORSION JNTS PRE CST				Not Allowed	$0.00			
L3916	E	WHO NONTORSION JNTS PRE OTS				Not Allowed	$0.00			
L3917	E	METACARP FX ORTHOSIS PRE CST				Not Allowed	$0.00			
L3918	E	METACARP FX ORTHOSIS PRE OTS				Not Allowed	$0.00			
L3919	E	HO W/O JOINTS CF				Not Allowed	$0.00			
L3921	E	HFO W/JOINT(S) CF				Not Allowed	$0.00			
L3923	E	HFO WITHOUT JOINTS PRE CST				Not Allowed	$0.00			
L3924	E	HFO WITHOUT JOINTS PRE OTS				Not Allowed	$0.00			
L3925	E	FO PIP DIP JNT/SPRNG PRE OTS				Not Allowed	$0.00			
L3927	E	FO PIP DIP NO JT SPR PRE OTS				Not Allowed	$0.00			
L3929	E	HFO NONTORSION JNTS PRE CST				Not Allowed	$0.00			
L3930	E	HFO NONTORSION JNTS PRE OTS				Not Allowed	$0.00			
L3931	E	WHFO NONTORSION JOINT PREFAB				Not Allowed	$0.00			
L3933	E	FO W/O JOINTS CF				Not Allowed	$0.00			
L3935	E	FO NONTORSION JOINT CF				Not Allowed	$0.00			
L3956	E	ADD JOINT UPPER EXT ORTHOSIS				Not Allowed	$0.00			
L3960	E	SEWHO AIRPLAN DESIG ABDU POS				Not Allowed	$0.00			
L3961	E	SEWHO CAP DESIGN W/O JNTS CF				Not Allowed	$0.00			
L3962	E	SEWHO ERBS PALSEY DESIGN ABD				Not Allowed	$0.00			
L3967	E	SEWHO AIRPLANE W/O JNTS CF				Not Allowed	$0.00			
L3971	E	SEWHO CAP DESIGN W/JNT(S) CF				Not Allowed	$0.00			
L3973	E	SEWHO AIRPLANE W/JNT(S) CF				Not Allowed	$0.00			
L3975	E	SEWHFO CAP DESIGN W/O JNT CF				Not Allowed	$0.00			
L3976	E	SEWHFO AIRPLANE W/O JNTS CF				Not Allowed	$0.00			
L3977	E	SEWHFO CAP DESGN W/JNT(S) CF				Not Allowed	$0.00			
L3978	E	SEWHFO AIRPLANE W/JNT(S) CF				Not Allowed	$0.00			
L3980	E	UP EXT FX ORTHOS HUMERAL NOS				Not Allowed	$0.00			
L3981	E	UE FX ORTH SHOUL CAP FOREARM				Not Allowed	$0.00			
L3982	E	UPPER EXT FX ORTHOSIS RAD/UL				Not Allowed	$0.00			
L3984	E	UPPER EXT FX ORTHOSIS WRIST				Not Allowed	$0.00			
L3995	E	SOCK FRACTURE OR EQUAL EACH				Not Allowed	$0.00			
L3999	E	UPPER LIMB ORTHOSIS NOS				Not Allowed	$0.00			
L4000	E	REPL GIRDLE MILWAUKEE ORTH				Not Allowed	$0.00			
L4002	E	REPLACE STRAP, ANY ORTHOSIS				Not Allowed	$0.00			
L4010	E	REPLACE TRILATERAL SOCKET BR				Not Allowed	$0.00			
L4020	E	REPLACE QUADLAT SOCKET BRIM				Not Allowed	$0.00			
L4030	E	REPLACE SOCKET BRIM CUST FIT				Not Allowed	$0.00			
L4040	E	REPLACE MOLDED THIGH LACER				Not Allowed	$0.00			
L4045	E	REPLACE NON-MOLDED THIGH LAC				Not Allowed	$0.00			
L4050	E	REPLACE MOLDED CALF LACER				Not Allowed	$0.00			
L4055	E	REPLACE NON-MOLDED CALF LACE				Not Allowed	$0.00			
L4060	E	REPLACE HIGH ROLL CUFF				Not Allowed	$0.00			
L4070	E	REPLACE PROX & DIST UPRIGHT				Not Allowed	$0.00			
L4080	E	REPL MET BAND KAFO-AFO PROX				Not Allowed	$0.00			
L4090	E	REPL MET BAND KAFO-AFO CALF/				Not Allowed	$0.00			
L4100	E	REPL LEATH CUFF KAFO PROX TH				Not Allowed	$0.00			
L4110	E	REPL LEATH CUFF KAFO-AFO CAL				Not Allowed	$0.00			
L4130	E	REPLACE PRETIBIAL SHELL				Not Allowed	$0.00			
L4205	E	ORTHO DVC REPAIR PER 15 MIN				Not Allowed	$0.00			
L4210	E	ORTH DEV REPAIR/REPL MINOR P				Not Allowed	$0.00			
L4350	E	ANKLE CONTROL ORTHO PRE OTS				Not Allowed	$0.00			
L4360	E	PNEUMAT WALKING BOOT PRE CST				Not Allowed	$0.00			
L4361	E	PNEUMA/VAC WALK BOOT PRE OTS				Not Allowed	$0.00			
L4370	E	PNEUM FULL LEG SPLNT PRE OTS				Not Allowed	$0.00			
L4386	E	NON-PNEUM WALK BOOT PRE CST				Not Allowed	$0.00			
L4387	E	NON-PNEUM WALK BOOT PRE OTS				Not Allowed	$0.00			
L4392	E	REPLACE AFO SOFT INTERFACE				Not Allowed	$0.00			
L4394	E	REPLACE FOOT DROP SPINT				Not Allowed	$0.00			
L4396	E	STATIC OR DYNAMI AFO PRE CST				Not Allowed	$0.00			
L4397	E	STATIC OR DYNAMI AFO PRE OTS				Not Allowed	$0.00			
L4398	E	FOOT DROP SPLINT PRE OTS				Not Allowed	$0.00			
L4631	E	AFO, WALK BOOT TYPE, CUS FAB				Not Allowed	$0.00			
L5000	E	SHO INSERT W ARCH TOE FILLER				Not Allowed	$0.00			

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L5010	E	MOLD SOCKET ANK HGT W/ TOE F				Not Allowed	$0.00			
L5020	E	TIBIAL TUBERCLE HGT W/ TOE F				Not Allowed	$0.00			
L5050	E	ANK SYMES MOLD SCKT SACH FT				Not Allowed	$0.00			
L5060	E	SYMES MET FR LEATH SOCKET AR				Not Allowed	$0.00			
L5100	E	MOLDED SOCKET SHIN SACH FOOT				Not Allowed	$0.00			
L5105	E	PLAST SOCKET JTS/THGH LACER				Not Allowed	$0.00			
L5150	E	MOLD SCKT EXT KNEE SHIN SACH				Not Allowed	$0.00			
L5160	E	MOLD SOCKET BENT KNEE SHIN S				Not Allowed	$0.00			
L5200	E	KNE SING AXIS FRIC SHIN SACH				Not Allowed	$0.00			
L5210	E	NO KNEE/ANKLE JOINTS W/ FT B				Not Allowed	$0.00			
L5220	E	NO KNEE JOINT WITH ARTIC ALI				Not Allowed	$0.00			
L5230	E	FEM FOCAL DEFIC CONSTANT FRI				Not Allowed	$0.00			
L5250	E	HIP CANAD SING AXI CONS FRIC				Not Allowed	$0.00			
L5270	E	TILT TABLE LOCKING HIP SING				Not Allowed	$0.00			
L5280	E	HEMIPELVECT CANAD SING AXIS				Not Allowed	$0.00			
L5301	E	BK MOLD SOCKET SACH FT ENDO				Not Allowed	$0.00			
L5312	E	KNEE DISART, SACH FT, ENDO				Not Allowed	$0.00			
L5321	E	AK OPEN END SACH				Not Allowed	$0.00			
L5331	E	HIP DISART CANADIAN SACH FT				Not Allowed	$0.00			
L5341	E	HEMIPELVECTOMY CANADIAN SACH				Not Allowed	$0.00			
L5400	E	POSTOP DRESS & 1 CAST CHG BK				Not Allowed	$0.00			
L5410	E	POSTOP DSG BK EA ADD CAST CH				Not Allowed	$0.00			
L5420	E	POSTOP DSG & 1 CAST CHG AK/D				Not Allowed	$0.00			
L5430	E	POSTOP DSG AK EA ADD CAST CH				Not Allowed	$0.00			
L5450	E	POSTOP APP NON-WGT BEAR DSG				Not Allowed	$0.00			
L5460	E	POSTOP APP NON-WGT BEAR DSG				Not Allowed	$0.00			
L5500	E	INIT BK PTB PLASTER DIRECT				Not Allowed	$0.00			
L5505	E	INIT AK ISCHAL PLSTR DIRECT				Not Allowed	$0.00			
L5510	E	PREP BK PTB PLASTER MOLDED				Not Allowed	$0.00			
L5520	E	PERP BK PTB THERMOPLS DIRECT				Not Allowed	$0.00			
L5530	E	PREP BK PTB THERMOPLS MOLDED				Not Allowed	$0.00			
L5535	E	PREP BK PTB OPEN END SOCKET				Not Allowed	$0.00			
L5540	E	PREP BK PTB LAMINATED SOCKET				Not Allowed	$0.00			
L5560	E	PREP AK ISCHIAL PLAST MOLDED				Not Allowed	$0.00			
L5570	E	PREP AK ISCHIAL DIRECT FORM				Not Allowed	$0.00			
L5580	E	PREP AK ISCHIAL THERMO MOLD				Not Allowed	$0.00			
L5585	E	PREP AK ISCHIAL OPEN END				Not Allowed	$0.00			
L5590	E	PREP AK ISCHIAL LAMINATED				Not Allowed	$0.00			
L5595	E	HIP DISARTIC SACH THERMOPLS				Not Allowed	$0.00			
L5600	E	HIP DISART SACH LAMINAT MOLD				Not Allowed	$0.00			
L5610	E	ABOVE KNEE HYDRACADENCE				Not Allowed	$0.00			
L5611	E	AK 4 BAR LINK W/FRIC SWING				Not Allowed	$0.00			
L5613	E	AK 4 BAR LING W/HYDRAUL SWIG				Not Allowed	$0.00			
L5614	E	4-BAR LINK ABOVE KNEE W/SWNG				Not Allowed	$0.00			
L5616	E	AK UNIV MULTIPLEX SYS FRICT				Not Allowed	$0.00			
L5617	E	AK/BK SELF-ALIGNING UNIT EA				Not Allowed	$0.00			
L5618	E	TEST SOCKET SYMES				Not Allowed	$0.00			
L5620	E	TEST SOCKET BELOW KNEE				Not Allowed	$0.00			
L5622	E	TEST SOCKET KNEE DISARTICULA				Not Allowed	$0.00			
L5624	E	TEST SOCKET ABOVE KNEE				Not Allowed	$0.00			
L5626	E	TEST SOCKET HIP DISARTICULAT				Not Allowed	$0.00			
L5628	E	TEST SOCKET HEMIPELVECTOMY				Not Allowed	$0.00			
L5629	E	BELOW KNEE ACRYLIC SOCKET				Not Allowed	$0.00			
L5630	E	SYME TYP EXPANDABL WALL SCKT				Not Allowed	$0.00			
L5631	E	AK/KNEE DISARTIC ACRYLIC SOC				Not Allowed	$0.00			
L5632	E	SYMES TYPE PTB BRIM DESIGN S				Not Allowed	$0.00			
L5634	E	SYMES TYPE POSTER OPENING SO				Not Allowed	$0.00			
L5636	E	SYMES TYPE MEDIAL OPENING SO				Not Allowed	$0.00			
L5637	E	BELOW KNEE TOTAL CONTACT				Not Allowed	$0.00			
L5638	E	BELOW KNEE LEATHER SOCKET				Not Allowed	$0.00			
L5639	E	BELOW KNEE WOOD SOCKET				Not Allowed	$0.00			
L5640	E	KNEE DISARTICULAT LEATHER SO				Not Allowed	$0.00			
L5642	E	ABOVE KNEE LEATHER SOCKET				Not Allowed	$0.00			
L5643	E	HIP FLEX INNER SOCKET EXT FR				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L5644	E	ABOVE KNEE WOOD SOCKET				Not Allowed	$0.00			
L5645	E	BK FLEX INNER SOCKET EXT FRA				Not Allowed	$0.00			
L5646	E	BELOW KNEE CUSHION SOCKET				Not Allowed	$0.00			
L5647	E	BELOW KNEE SUCTION SOCKET				Not Allowed	$0.00			
L5648	E	ABOVE KNEE CUSHION SOCKET				Not Allowed	$0.00			
L5649	E	ISCH CONTAINMT/NARROW M-L SO				Not Allowed	$0.00			
L5650	E	TOT CONTACT AK/KNEE DISART S				Not Allowed	$0.00			
L5651	E	AK FLEX INNER SOCKET EXT FRA				Not Allowed	$0.00			
L5652	E	SUCTION SUSP AK/KNEE DISART				Not Allowed	$0.00			
L5653	E	KNEE DISART EXPAND WALL SOCK				Not Allowed	$0.00			
L5654	E	SOCKET INSERT SYMES				Not Allowed	$0.00			
L5655	E	SOCKET INSERT BELOW KNEE				Not Allowed	$0.00			
L5656	E	SOCKET INSERT KNEE ARTICULAT				Not Allowed	$0.00			
L5658	E	SOCKET INSERT ABOVE KNEE				Not Allowed	$0.00			
L5661	E	MULTI-DUROMETER SYMES				Not Allowed	$0.00			
L5665	E	MULTI-DUROMETER BELOW KNEE				Not Allowed	$0.00			
L5666	E	BELOW KNEE CUFF SUSPENSION				Not Allowed	$0.00			
L5668	E	BK MOLDED DISTAL CUSHION				Not Allowed	$0.00			
L5670	E	BK MOLDED SUPRACONDYLAR SUSP				Not Allowed	$0.00			
L5671	E	BK/AK LOCKING MECHANISM				Not Allowed	$0.00			
L5672	E	BK REMOVABLE MEDIAL BRIM SUS				Not Allowed	$0.00			
L5673	E	SOCKET INSERT W LOCK MECH				Not Allowed	$0.00			
L5676	E	BK KNEE JOINTS SINGLE AXIS P				Not Allowed	$0.00			
L5677	E	BK KNEE JOINTS POLYCENTRIC P				Not Allowed	$0.00			
L5678	E	BK JOINT COVERS PAIR				Not Allowed	$0.00			
L5679	E	SOCKET INSERT W/O LOCK MECH				Not Allowed	$0.00			
L5680	E	BK THIGH LACER NON-MOLDED				Not Allowed	$0.00			
L5681	E	INTL CUSTM CONG/LATYP INSERT				Not Allowed	$0.00			
L5682	E	BK THIGH LACER GLUT/ISCHIA M				Not Allowed	$0.00			
L5683	E	INITIAL CUSTOM SOCKET INSERT				Not Allowed	$0.00			
L5684	E	BK FORK STRAP				Not Allowed	$0.00			
L5685	E	BELOW KNEE SUS/SEAL SLEEVE				Not Allowed	$0.00			
L5686	E	BK BACK CHECK				Not Allowed	$0.00			
L5688	E	BK WAIST BELT WEBBING				Not Allowed	$0.00			
L5690	E	BK WAIST BELT PADDED AND LIN				Not Allowed	$0.00			
L5692	E	AK PELVIC CONTROL BELT LIGHT				Not Allowed	$0.00			
L5694	E	AK PELVIC CONTROL BELT PAD/L				Not Allowed	$0.00			
L5695	E	AK SLEEVE SUSP NEOPRENE/EQUA				Not Allowed	$0.00			
L5696	E	AK/KNEE DISARTIC PELVIC JOIN				Not Allowed	$0.00			
L5697	E	AK/KNEE DISARTIC PELVIC BAND				Not Allowed	$0.00			
L5698	E	AK/KNEE DISARTIC SILESIAN BA				Not Allowed	$0.00			
L5699	E	SHOULDER HARNESS				Not Allowed	$0.00			
L5700	E	REPLACE SOCKET BELOW KNEE				Not Allowed	$0.00			
L5701	E	REPLACE SOCKET ABOVE KNEE				Not Allowed	$0.00			
L5702	E	REPLACE SOCKET HIP				Not Allowed	$0.00			
L5703	E	SYMES ANKLE W/O (SACH) FOOT				Not Allowed	$0.00			
L5704	E	CUSTOM SHAPE COVER BK				Not Allowed	$0.00			
L5705	E	CUSTOM SHAPE COVER AK				Not Allowed	$0.00			
L5706	E	CUSTOM SHAPE CVR KNEE DISART				Not Allowed	$0.00			
L5707	E	CUSTOM SHAPE CVR HIP DISART				Not Allowed	$0.00			
L5710	E	KNE-SHIN EXO SNG AXI MNL LOC				Not Allowed	$0.00			
L5711	E	KNEE-SHIN EXO MNL LOCK ULTRA				Not Allowed	$0.00			
L5712	E	KNEE-SHIN EXO FRICT SWG & ST				Not Allowed	$0.00			
L5714	E	KNEE-SHIN EXO VARIABLE FRICT				Not Allowed	$0.00			
L5716	E	KNEE-SHIN EXO MECH STANCE PH				Not Allowed	$0.00			
L5718	E	KNEE-SHIN EXO FRCT SWG & STA				Not Allowed	$0.00			
L5722	E	KNEE-SHIN PNEUM SWG FRCT EXO				Not Allowed	$0.00			
L5724	E	KNEE-SHIN EXO FLUID SWING PH				Not Allowed	$0.00			
L5726	E	KNEE-SHIN EXT JNTS FLD SWG E				Not Allowed	$0.00			
L5728	E	KNEE-SHIN FLUID SWG & STANCE				Not Allowed	$0.00			
L5780	E	KNEE-SHIN PNEUM/HYDRA PNEUM				Not Allowed	$0.00			
L5781	E	LOWER LIMB PROS VACUUM PUMP				Not Allowed	$0.00			
L5782	E	HD LOW LIMB PROS VACUUM PUMP				Not Allowed	$0.00			
L5785	E	EXOSKELETAL BK ULTRALT MATER				Not Allowed	$0.00			

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L5790	E	EXOSKELETAL AK ULTRA-LIGHT M				Not Allowed	$0.00			
L5795	E	EXOSKEL HIP ULTRA-LIGHT MATE				Not Allowed	$0.00			
L5810	E	ENDOSKEL KNEE-SHIN MNL LOCK				Not Allowed	$0.00			
L5811	E	ENDO KNEE-SHIN MNL LCK ULTRA				Not Allowed	$0.00			
L5812	E	ENDO KNEE-SHIN FRCT SWG & ST				Not Allowed	$0.00			
L5814	E	ENDO KNEE-SHIN HYDRAL SWG PH				Not Allowed	$0.00			
L5816	E	ENDO KNEE-SHIN POLYC MCH STA				Not Allowed	$0.00			
L5818	E	ENDO KNEE-SHIN FRCT SWG & ST				Not Allowed	$0.00			
L5822	E	ENDO KNEE-SHIN PNEUM SWG FRC				Not Allowed	$0.00			
L5824	E	ENDO KNEE-SHIN FLUID SWING P				Not Allowed	$0.00			
L5826	E	MINIATURE KNEE JOINT				Not Allowed	$0.00			
L5828	E	ENDO KNEE-SHIN FLUID SWG/STA				Not Allowed	$0.00			
L5830	E	ENDO KNEE-SHIN PNEUM/SWG PHA				Not Allowed	$0.00			
L5840	E	MULTI-AXIAL KNEE/SHIN SYSTEM				Not Allowed	$0.00			
L5845	E	KNEE-SHIN SYS STANCE FLEXION				Not Allowed	$0.00			
L5848	E	KNEE-SHIN SYS HYDRAUL STANCE				Not Allowed	$0.00			
L5850	E	ENDO AK/HIP KNEE EXTENS ASSI				Not Allowed	$0.00			
L5855	E	MECH HIP EXTENSION ASSIST				Not Allowed	$0.00			
L5856	E	ELEC KNEE-SHIN SWING/STANCE				Not Allowed	$0.00			
L5857	E	ELEC KNEE-SHIN SWING ONLY				Not Allowed	$0.00			
L5858	E	STANCE PHASE ONLY				Not Allowed	$0.00			
L5859	E	KNEE-SHIN PRO FLEX/EXT CONT				Not Allowed	$0.00			
L5910	E	ENDO BELOW KNEE ALIGNABLE SY				Not Allowed	$0.00			
L5920	E	ENDO AK/HIP ALIGNABLE SYSTEM				Not Allowed	$0.00			
L5925	E	ABOVE KNEE MANUAL LOCK				Not Allowed	$0.00			
L5930	E	HIGH ACTIVITY KNEE FRAME				Not Allowed	$0.00			
L5940	E	ENDO BK ULTRA-LIGHT MATERIAL				Not Allowed	$0.00			
L5950	E	ENDO AK ULTRA-LIGHT MATERIAL				Not Allowed	$0.00			
L5960	E	ENDO HIP ULTRA-LIGHT MATERIA				Not Allowed	$0.00			
L5961	E	ENDO POLY HIP, PNEU/HYD/ROT				Not Allowed	$0.00			
L5962	E	BELOW KNEE FLEX COVER SYSTEM				Not Allowed	$0.00			
L5964	E	ABOVE KNEE FLEX COVER SYSTEM				Not Allowed	$0.00			
L5966	E	HIP FLEXIBLE COVER SYSTEM				Not Allowed	$0.00			
L5968	E	MULTIAXIAL ANKLE W DORSIFLEX				Not Allowed	$0.00			
L5969	E	AK/FT POWER ASST INCL MOTORS				Not Allowed	$0.00			
L5970	E	FOOT EXTERNAL KEEL SACH FOOT				Not Allowed	$0.00			
L5971	E	SACH FOOT, REPLACEMENT				Not Allowed	$0.00			
L5972	E	FLEXIBLE KEEL FOOT				Not Allowed	$0.00			
L5973	E	ANK-FOOT SYS DORS-PLANT FLEX				Not Allowed	$0.00			
L5974	E	FOOT SINGLE AXIS ANKLE/FOOT				Not Allowed	$0.00			
L5975	E	COMBO ANKLE/FOOT PROSTHESIS				Not Allowed	$0.00			
L5976	E	ENERGY STORING FOOT				Not Allowed	$0.00			
L5978	E	FT PROSTH MULTIAXIAL ANKL/FT				Not Allowed	$0.00			
L5979	E	MULTI-AXIAL ANKLE/FT PROSTH				Not Allowed	$0.00			
L5980	E	FLEX FOOT SYSTEM				Not Allowed	$0.00			
L5981	E	FLEX-WALK SYS LOW EXT PROSTH				Not Allowed	$0.00			
L5982	E	EXOSKELETAL AXIAL ROTATION U				Not Allowed	$0.00			
L5984	E	ENDOSKELETAL AXIAL ROTATION				Not Allowed	$0.00			
L5985	E	LWR EXT DYNAMIC PROSTH PYLON				Not Allowed	$0.00			
L5986	E	MULTI-AXIAL ROTATION UNIT				Not Allowed	$0.00			
L5987	E	SHANK FT W VERT LOAD PYLON				Not Allowed	$0.00			
L5988	E	VERTICAL SHOCK REDUCING PYLO				Not Allowed	$0.00			
L5990	E	USER ADJUSTABLE HEEL HEIGHT				Not Allowed	$0.00			
L5999	E	LOWR EXTREMITY PROSTHES NOS				Not Allowed	$0.00			
L6000	E	PART HAND THUMB REM				Not Allowed	$0.00			
L6010	E	PART HAND LITTLE/RING				Not Allowed	$0.00			
L6020	E	PART HAND NO FINGERS				Not Allowed	$0.00			
L6025	E	PART HAND DISART MYOELECTRIC				Not Allowed	$0.00			
L6026	E	PART HAND MYO EXCLU TERM DEV				Not Allowed	$0.00			
L6050	E	WRST MLD SCK FLX HNG TRI PAD				Not Allowed	$0.00			
L6055	E	WRST MOLD SOCK W/EXP INTERFA				Not Allowed	$0.00			
L6100	E	ELB MOLD SOCK FLEX HINGE PAD				Not Allowed	$0.00			
L6110	E	ELBOW MOLD SOCK SUSPENSION T				Not Allowed	$0.00			
L6120	E	ELBOW MOLD DOUB SPLT SOC STE				Not Allowed	$0.00			

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L6130	E	ELBOW STUMP ACTIVATED LOCK H				Not Allowed	$0.00			
L6200	E	ELBOW MOLD OUTSID LOCK HINGE				Not Allowed	$0.00			
L6205	E	ELBOW MOLDED W/ EXPAND INTER				Not Allowed	$0.00			
L6250	E	ELBOW INTER LOC ELBOW FORARM				Not Allowed	$0.00			
L6300	E	SHLDER DISART INT LOCK ELBOW				Not Allowed	$0.00			
L6310	E	SHOULDER PASSIVE RESTOR COMP				Not Allowed	$0.00			
L6320	E	SHOULDER PASSIVE RESTOR CAP				Not Allowed	$0.00			
L6350	E	THORACIC INTERN LOCK ELBOW				Not Allowed	$0.00			
L6360	E	THORACIC PASSIVE RESTOR COMP				Not Allowed	$0.00			
L6370	E	THORACIC PASSIVE RESTOR CAP				Not Allowed	$0.00			
L6380	E	POSTOP DSG CAST CHG WRST/ELB				Not Allowed	$0.00			
L6382	E	POSTOP DSG CAST CHG ELB DIS/				Not Allowed	$0.00			
L6384	E	POSTOP DSG CAST CHG SHLDER/T				Not Allowed	$0.00			
L6386	E	POSTOP EA CAST CHG & REALIGN				Not Allowed	$0.00			
L6388	E	POSTOP APPLICAT RIGID DSG ON				Not Allowed	$0.00			
L6400	E	BELOW ELBOW PROSTH TISS SHAP				Not Allowed	$0.00			
L6450	E	ELB DISART PROSTH TISS SHAP				Not Allowed	$0.00			
L6500	E	ABOVE ELBOW PROSTH TISS SHAP				Not Allowed	$0.00			
L6550	E	SHLDR DISAR PROSTH TISS SHAP				Not Allowed	$0.00			
L6570	E	SCAP THORAC PROSTH TISS SHAP				Not Allowed	$0.00			
L6580	E	WRIST/ELBOW BOWDEN CABLE MOL				Not Allowed	$0.00			
L6582	E	WRIST/ELBOW BOWDEN CBL DIR F				Not Allowed	$0.00			
L6584	E	ELBOW FAIR LEAD CABLE MOLDED				Not Allowed	$0.00			
L6586	E	ELBOW FAIR LEAD CABLE DIR FO				Not Allowed	$0.00			
L6588	E	SHDR FAIR LEAD CABLE MOLDED				Not Allowed	$0.00			
L6590	E	SHDR FAIR LEAD CABLE DIRECT				Not Allowed	$0.00			
L6600	E	POLYCENTRIC HINGE PAIR				Not Allowed	$0.00			
L6605	E	SINGLE PIVOT HINGE PAIR				Not Allowed	$0.00			
L6610	E	FLEXIBLE METAL HINGE PAIR				Not Allowed	$0.00			
L6611	E	ADDITIONAL SWITCH, EXT POWER				Not Allowed	$0.00			
L6615	E	DISCONNECT LOCKING WRIST UNI				Not Allowed	$0.00			
L6616	E	DISCONNECT INSERT LOCKING WR				Not Allowed	$0.00			
L6620	E	FLEXION/EXTENSION WRIST UNIT				Not Allowed	$0.00			
L6621	E	FLEX/EXT WRIST W/WO FRICTION				Not Allowed	$0.00			
L6623	E	SPRING-ASS ROT WRST W/ LATCH				Not Allowed	$0.00			
L6624	E	FLEX/EXT/ROTATION WRIST UNIT				Not Allowed	$0.00			
L6625	E	ROTATION WRST W/ CABLE LOCK				Not Allowed	$0.00			
L6628	E	QUICK DISCONN HOOK ADAPTER O				Not Allowed	$0.00			
L6629	E	LAMINATION COLLAR W/ COUPLIN				Not Allowed	$0.00			
L6630	E	STAINLESS STEEL ANY WRIST				Not Allowed	$0.00			
L6632	E	LATEX SUSPENSION SLEEVE EACH				Not Allowed	$0.00			
L6635	E	LIFT ASSIST FOR ELBOW				Not Allowed	$0.00			
L6637	E	NUDGE CONTROL ELBOW LOCK				Not Allowed	$0.00			
L6638	E	ELEC LOCK ON MANUAL PW ELBOW				Not Allowed	$0.00			
L6640	E	SHOULDER ABDUCTION JOINT PAI				Not Allowed	$0.00			
L6641	E	EXCURSION AMPLIFIER PULLEY T				Not Allowed	$0.00			
L6642	E	EXCURSION AMPLIFIER LEVER TY				Not Allowed	$0.00			
L6645	E	SHOULDER FLEXION-ABDUCTION J				Not Allowed	$0.00			
L6646	E	MULTIPO LOCKING SHOULDER JNT				Not Allowed	$0.00			
L6647	E	SHOULDER LOCK ACTUATOR				Not Allowed	$0.00			
L6648	E	EXT PWRD SHLDER LOCK/UNLOCK				Not Allowed	$0.00			
L6650	E	SHOULDER UNIVERSAL JOINT				Not Allowed	$0.00			
L6655	E	STANDARD CONTROL CABLE EXTRA				Not Allowed	$0.00			
L6660	E	HEAVY DUTY CONTROL CABLE				Not Allowed	$0.00			
L6665	E	TEFLON OR EQUAL CABLE LINING				Not Allowed	$0.00			
L6670	E	HOOK TO HAND CABLE ADAPTER				Not Allowed	$0.00			
L6672	E	HARNESS CHEST/SHLDER SADDLE				Not Allowed	$0.00			
L6675	E	HARNESS FIGURE OF 8 SING CON				Not Allowed	$0.00			
L6676	E	HARNESS FIGURE OF 8 DUAL CON				Not Allowed	$0.00			
L6677	E	UE TRIPLE CONTROL HARNESS				Not Allowed	$0.00			
L6680	E	TEST SOCK WRIST DISART/BEL E				Not Allowed	$0.00			
L6682	E	TEST SOCK ELBW DISART/ABOVE				Not Allowed	$0.00			
L6684	E	TEST SOCKET SHLDR DISART/THO				Not Allowed	$0.00			
L6686	E	SUCTION SOCKET				Not Allowed	$0.00			

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L6687	E	FRAME TYP SOCKET BEL ELBOW/W				Not Allowed	$0.00			
L6688	E	FRAME TYP SOCK ABOVE ELB/DIS				Not Allowed	$0.00			
L6689	E	FRAME TYP SOCKET SHOULDER DI				Not Allowed	$0.00			
L6690	E	FRAME TYP SOCK INTERSCAP-THO				Not Allowed	$0.00			
L6691	E	REMOVABLE INSERT EACH				Not Allowed	$0.00			
L6692	E	SILICONE GEL INSERT OR EQUAL				Not Allowed	$0.00			
L6693	E	LOCKINGELBOW FOREARM CNTRBAL				Not Allowed	$0.00			
L6694	E	ELBOW SOCKET INS USE W/LOCK				Not Allowed	$0.00			
L6695	E	ELBOW SOCKET INS USE W/O LCK				Not Allowed	$0.00			
L6696	E	CUS ELBO SKT IN FOR CON/ATYP				Not Allowed	$0.00			
L6697	E	CUS ELBO SKT IN NOT CON/ATYP				Not Allowed	$0.00			
L6698	E	BELOW/ABOVE ELBOW LOCK MECH				Not Allowed	$0.00			
L6703	E	TERM DEV, PASSIVE HAND MITT				Not Allowed	$0.00			
L6704	E	TERM DEV, SPORT/REC/WORK ATT				Not Allowed	$0.00			
L6706	E	TERM DEV MECH HOOK VOL OPEN				Not Allowed	$0.00			
L6707	E	TERM DEV MECH HOOK VOL CLOSE				Not Allowed	$0.00			
L6708	E	TERM DEV MECH HAND VOL OPEN				Not Allowed	$0.00			
L6709	E	TERM DEV MECH HAND VOL CLOSE				Not Allowed	$0.00			
L6711	E	PED TERM DEV, HOOK, VOL OPEN				Not Allowed	$0.00			
L6712	E	PED TERM DEV, HOOK, VOL CLOS				Not Allowed	$0.00			
L6713	E	PED TERM DEV, HAND, VOL OPEN				Not Allowed	$0.00			
L6714	E	PED TERM DEV, HAND, VOL CLOS				Not Allowed	$0.00			
L6715	E	TERM DEVICE, MULTI ART DIGIT				Not Allowed	$0.00			
L6721	E	HOOK/HAND, HVY DTY, VOL OPEN				Not Allowed	$0.00			
L6722	E	HOOK/HAND, HVY DTY, VOL CLOS				Not Allowed	$0.00			
L6805	E	TERM DEV MODIFIER WRIST UNIT				Not Allowed	$0.00			
L6810	E	TERM DEV PRECISION PINCH DEV				Not Allowed	$0.00			
L6880	E	ELEC HAND IND ART DIGITS				Not Allowed	$0.00			
L6881	E	TERM DEV AUTO GRASP FEATURE				Not Allowed	$0.00			
L6882	E	MICROPROCESSOR CONTROL UPLMB				Not Allowed	$0.00			
L6883	E	REPLC SOCKT BELOW E/W DISA				Not Allowed	$0.00			
L6884	E	REPLC SOCKT ABOVE ELBOW DISA				Not Allowed	$0.00			
L6885	E	REPLC SOCKT SHLDR DIS/INTERC				Not Allowed	$0.00			
L6890	E	PREFAB GLOVE FOR TERM DEVICE				Not Allowed	$0.00			
L6895	E	CUSTOM GLOVE FOR TERM DEVICE				Not Allowed	$0.00			
L6900	E	HAND RESTORAT THUMB/1 FINGER				Not Allowed	$0.00			
L6905	E	HAND RESTORATION MULTIPLE FI				Not Allowed	$0.00			
L6910	E	HAND RESTORATION NO FINGERS				Not Allowed	$0.00			
L6915	E	HAND RESTORATION REPLACMNT G				Not Allowed	$0.00			
L6920	E	WRIST DISARTICUL SWITCH CTRL				Not Allowed	$0.00			
L6925	E	WRIST DISART MYOELECTRONIC C				Not Allowed	$0.00			
L6930	E	BELOW ELBOW SWITCH CONTROL				Not Allowed	$0.00			
L6935	E	BELOW ELBOW MYOELECTRONIC CT				Not Allowed	$0.00			
L6940	E	ELBOW DISARTICULATION SWITCH				Not Allowed	$0.00			
L6945	E	ELBOW DISART MYOELECTRONIC C				Not Allowed	$0.00			
L6950	E	ABOVE ELBOW SWITCH CONTROL				Not Allowed	$0.00			
L6955	E	ABOVE ELBOW MYOELECTRONIC CT				Not Allowed	$0.00			
L6960	E	SHLDR DISARTIC SWITCH CONTRO				Not Allowed	$0.00			
L6965	E	SHLDR DISARTIC MYOELECTRONIC				Not Allowed	$0.00			
L6970	E	INTERSCAPULAR-THOR SWITCH CT				Not Allowed	$0.00			
L6975	E	INTERSCAP-THOR MYOELECTRONIC				Not Allowed	$0.00			
L7007	E	ADULT ELECTRIC HAND				Not Allowed	$0.00			
L7008	E	PEDIATRIC ELECTRIC HAND				Not Allowed	$0.00			
L7009	E	ADULT ELECTRIC HOOK				Not Allowed	$0.00			
L7040	E	PREHENSILE ACTUATOR				Not Allowed	$0.00			
L7045	E	PEDIATRIC ELECTRIC HOOK				Not Allowed	$0.00			
L7170	E	ELECTRONIC ELBOW HOSMER SWIT				Not Allowed	$0.00			
L7180	E	ELECTRONIC ELBOW SEQUENTIAL				Not Allowed	$0.00			
L7181	E	ELECTRONIC ELBO SIMULTANEOUS				Not Allowed	$0.00			
L7185	E	ELECTRON ELBOW ADOLESCENT SW				Not Allowed	$0.00			
L7186	E	ELECTRON ELBOW CHILD SWITCH				Not Allowed	$0.00			
L7190	E	ELBOW ADOLESCENT MYOELECTRON				Not Allowed	$0.00			
L7191	E	ELBOW CHILD MYOELECTRONIC CT				Not Allowed	$0.00			
L7259	E	ELECTRONIC WRIST ROTATOR ANY				Not Allowed	$0.00			

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L7260	E	ELECTRON WRIST ROTATOR OTTO				Not Allowed	$0.00			
L7261	E	ELECTRON WRIST ROTATOR UTAH				Not Allowed	$0.00			
L7360	E	SIX VOLT BAT OTTO BOCK/EQ EA				Not Allowed	$0.00			
L7362	E	BATTERY CHRGR SIX VOLT OTTO				Not Allowed	$0.00			
L7364	E	TWELVE VOLT BATTERY UTAH/EQU				Not Allowed	$0.00			
L7366	E	BATTERY CHRGR 12 VOLT UTAH/E				Not Allowed	$0.00			
L7367	E	REPLACEMNT LITHIUM IONBATTER				Not Allowed	$0.00			
L7368	E	LITHIUM ION BATTERY CHARGER				Not Allowed	$0.00			
L7400	E	ADD UE PROST BE/WD, ULTLITE				Not Allowed	$0.00			
L7401	E	ADD UE PROST A/E ULTLITE MAT				Not Allowed	$0.00			
L7402	E	ADD UE PROST S/D ULTLITE MAT				Not Allowed	$0.00			
L7403	E	ADD UE PROST B/E ACRYLIC				Not Allowed	$0.00			
L7404	E	ADD UE PROST A/E ACRYLIC				Not Allowed	$0.00			
L7405	E	ADD UE PROST S/D ACRYLIC				Not Allowed	$0.00			
L7499	E	UPPER EXTREMITY PROSTHES NOS				Not Allowed	$0.00			
L7510	E	PROSTHETIC DEVICE REPAIR REP				Not Allowed	$0.00			
L7520	E	REPAIR PROSTHESIS PER 15 MIN				Not Allowed	$0.00			
L7600	E	PROSTHETIC DONNING SLEEVE				Not Allowed	$0.00			
L7900	E	MALE VACUUM ERECTION SYSTEM				Not Allowed	$0.00			
L7902	E	TENSION RING, VAC ERECT DEV				Not Allowed	$0.00			
L8000	E	MASTECTOMY BRA				Not Allowed	$0.00			
L8001	E	BREAST PROSTHESIS BRA & FORM				Not Allowed	$0.00			
L8002	E	BRST PRSTH BRA & BILAT FORM				Not Allowed	$0.00			
L8010	E	MASTECTOMY SLEEVE				Not Allowed	$0.00			
L8015	E	EXT BREASTPROSTHESIS GARMENT				Not Allowed	$0.00			
L8020	E	MASTECTOMY FORM				Not Allowed	$0.00			
L8030	E	BREAST PROSTHES W/O ADHESIVE				Not Allowed	$0.00			
L8031	E	BREAST PROSTHESIS W ADHESIVE				Not Allowed	$0.00			
L8032	E	REUSABLE NIPPLE PROSTHESIS				Not Allowed	$0.00			
L8035	E	CUSTOM BREAST PROSTHESIS				Not Allowed	$0.00			
L8039	E	BREAST PROSTHESIS NOS				Not Allowed	$0.00			
L8040	E	NASAL PROSTHESIS				Not Allowed	$0.00			
L8041	E	MIDFACIAL PROSTHESIS				Not Allowed	$0.00			
L8042	E	ORBITAL PROSTHESIS				Not Allowed	$0.00			
L8043	E	UPPER FACIAL PROSTHESIS				Not Allowed	$0.00			
L8044	E	HEMI-FACIAL PROSTHESIS				Not Allowed	$0.00			
L8045	E	AURICULAR PROSTHESIS				Not Allowed	$0.00			
L8046	E	PARTIAL FACIAL PROSTHESIS				Not Allowed	$0.00			
L8047	E	NASAL SEPTAL PROSTHESIS				Not Allowed	$0.00			
L8048	E	UNSPEC MAXILLOFACIAL PROSTH				Not Allowed	$0.00			
L8049	E	REPAIR MAXILLOFACIAL PROSTH				Not Allowed	$0.00			
L8300	E	TRUSS SINGLE W/ STANDARD PAD				Not Allowed	$0.00			
L8310	E	TRUSS DOUBLE W/ STANDARD PAD				Not Allowed	$0.00			
L8320	E	TRUSS ADDITION TO STD PAD WA				Not Allowed	$0.00			
L8330	E	TRUSS ADD TO STD PAD SCROTAL				Not Allowed	$0.00			
L8400	E	SHEATH BELOW KNEE				Not Allowed	$0.00			
L8410	E	SHEATH ABOVE KNEE				Not Allowed	$0.00			
L8415	E	SHEATH UPPER LIMB				Not Allowed	$0.00			
L8417	E	PROS SHEATH/SOCK W GEL CUSHN				Not Allowed	$0.00			
L8420	E	PROSTHETIC SOCK MULTI PLY BK				Not Allowed	$0.00			
L8430	E	PROSTHETIC SOCK MULTI PLY AK				Not Allowed	$0.00			
L8435	E	PROS SOCK MULTI PLY UPPER LM				Not Allowed	$0.00			
L8440	E	SHRINKER BELOW KNEE				Not Allowed	$0.00			
L8460	E	SHRINKER ABOVE KNEE				Not Allowed	$0.00			
L8465	E	SHRINKER UPPER LIMB				Not Allowed	$0.00			
L8470	E	PROS SOCK SINGLE PLY BK				Not Allowed	$0.00			
L8480	E	PROS SOCK SINGLE PLY AK				Not Allowed	$0.00			
L8485	E	PROS SOCK SINGLE PLY UPPER L				Not Allowed	$0.00			
L8499	E	UNLISTED MISC PROSTHETIC SER				Not Allowed	$0.00			
L8500	E	ARTIFICIAL LARYNX				Not Allowed	$0.00			
L8501	E	TRACHEOSTOMY SPEAKING VALVE				Not Allowed	$0.00			
L8505	E	ARTIFICIAL LARYNX, ACCESSORY				Not Allowed	$0.00			
L8507	E	TRACH-ESOPH VOICE PROS PT IN				Not Allowed	$0.00			
L8509	E	TRACH-ESOPH VOICE PROS MD IN				Not Allowed	$0.00			

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L8510	E	VOICE AMPLIFIER				Not Allowed	$0.00			
L8511	E	INDWELLING TRACH INSERT				Not Allowed	$0.00			
L8512	E	GEL CAP FOR TRACH VOICE PROS				Not Allowed	$0.00			
L8513	E	TRACH PROS CLEANING DEVICE				Not Allowed	$0.00			
L8514	E	REPL TRACH PUNCTURE DILATOR				Not Allowed	$0.00			
L8515	E	GEL CAP APP DEVICE FOR TRACH				Not Allowed	$0.00			
L8600	N	IMPLANT BREAST SILICONE/EQ				Bundled, Sometimes Payable	$0.00			
L8603	N	COLLAGEN IMP URINARY 2.5 ML				Bundled, Sometimes Payable	$0.00			
L8604	N	DEXTRANOMER/HYALURONIC ACID				Bundled, Sometimes Payable	$0.00			
L8605	N	INJ BULKING AGENT ANAL CANAL				Bundled, Sometimes Payable	$0.00			
L8606	N	SYNTHETIC IMPLNT URINARY 1ML				Bundled, Sometimes Payable	$0.00			
L8609	N	ARTIFICIAL CORNEA				Bundled, Sometimes Payable	$0.00			
L8610	N	OCULAR IMPLANT				Bundled, Sometimes Payable	$0.00			
L8612	N	AQUEOUS SHUNT PROSTHESIS				Bundled, Sometimes Payable	$0.00			
L8613	N	OSSICULAR IMPLANT				Bundled, Sometimes Payable	$0.00			
L8614	N	COCHLEAR DEVICE				Bundled, Sometimes Payable	$0.00			
L8615	E	COCH IMPLANT HEADSET REPLACE				Not Allowed	$0.00			
L8616	E	COCH IMPLANT MICROPHONE REPL				Not Allowed	$0.00			
L8617	E	COCH IMPLANT TRANS COIL REPL				Not Allowed	$0.00			
L8618	E	COCH IMPLANT TRAN CABLE REPL				Not Allowed	$0.00			
L8619	E	COCH IMP EXT PROC/CONTR RPLC				Not Allowed	$0.00			
L8621	E	REPL ZINC AIR BATTERY				Not Allowed	$0.00			
L8622	E	REPL ALKALINE BATTERY				Not Allowed	$0.00			
L8623	E	LITH ION BATT CID,NON-EARLVL				Not Allowed	$0.00			
L8624	E	LITH ION BATT CID, EAR LEVEL				Not Allowed	$0.00			
L8627	E	CID EXT SPEECH PROCESS REPL				Not Allowed	$0.00			
L8628	E	CID EXT CONTROLLER REPL				Not Allowed	$0.00			
L8629	E	CID TRANSMIT COIL AND CABLE				Not Allowed	$0.00			
L8630	N	METACARPOPHALANGEAL IMPLANT				Bundled, Sometimes Payable	$0.00			
L8631	N	MCP JOINT REPL 2 PC OR MORE				Bundled, Sometimes Payable	$0.00			
L8641	N	METATARSAL JOINT IMPLANT				Bundled, Sometimes Payable	$0.00			
L8642	N	HALLUX IMPLANT				Bundled, Sometimes Payable	$0.00			
L8658	N	INTERPHALANGEAL JOINT SPACER				Bundled, Sometimes Payable	$0.00			
L8659	N	INTERPHALANGEAL JOINT REPL				Bundled, Sometimes Payable	$0.00			
L8670	N	VASCULAR GRAFT, SYNTHETIC				Bundled, Sometimes Payable	$0.00			
L8679	E	IMP NEUROSTI PLS GN ANY TYPE				Not Allowed	$0.00			
L8680	E	IMPLT NEUROSTIM ELCTR EACH				Not Allowed	$0.00			
L8681	E	PT PRGRM FOR IMPLT NEUROSTIM				Not Allowed	$0.00			
L8682	E	IMPLT NEUROSTIM RADIOFQ REC				Not Allowed	$0.00			
L8683	E	RADIOFQ TRSMTR FOR IMPLT NEU				Not Allowed	$0.00			
L8684	E	RADIOF TRSMTR IMPLT SCRL NEU				Not Allowed	$0.00			
L8685	E	IMPLT NROSTM PLS GEN SNG REC				Not Allowed	$0.00			
L8686	E	IMPLT NROSTM PLS GEN SNG NON				Not Allowed	$0.00			
L8687	E	IMPLT NROSTM PLS GEN DUA REC				Not Allowed	$0.00			
L8688	E	IMPLT NROSTM PLS GEN DUA NON				Not Allowed	$0.00			
L8689	E	EXTERNAL RECHARG SYS INTERN				Not Allowed	$0.00			
L8690	N	AUD OSSEO DEV, INT/EXT COMP				Bundled, Sometimes Payable	$0.00			
L8691	E	OSSEOINTEGRATED SND PROC RPL				Not Allowed	$0.00			
L8692	E	NON-OSSEOINTEGRATED SND PROC				Not Allowed	$0.00			
L8693	E	AUD OSSEO DEV, ABUTMENT				Not Allowed	$0.00			
L8695	E	EXTERNAL RECHARG SYS EXTERN				Not Allowed	$0.00			
L8696	E	EXT ANTENNA PHREN NERVE STIM				Not Allowed	$0.00			
L8699	N	PROSTHETIC IMPLANT NOS				Bundled, Sometimes Payable	$0.00			
L9900	E	O&P SUPPLY/ACCESSORY/SERVICE				Not Allowed	$0.00			
M0075	E	CELLULAR THERAPY				Not Allowed	$0.00			
M0076	E	PROLOTHERAPY				Not Allowed	$0.00			
M0100	E	INTRAGASTRIC HYPOTHERMIA				Not Allowed	$0.00			
M0300	E	IV CHELATIONTHERAPY				Not Allowed	$0.00			
M0301	E	FABRIC WRAPPING OF ANEURYSM				Not Allowed	$0.00			
P2028	Q	CEPHALIN FLOCULATION TEST				Charge Ratio	$0.00			
P2029	Q	CONGO RED BLOOD TEST				Charge Ratio	$0.00			
P2031	E	HAIR ANALYSIS				Not Allowed	$0.00			
P2033	Q	BLOOD THYMOL TURBIDITY				Charge Ratio	$0.00			
P2038	Q	BLOOD MUCOPROTEIN				Medicare	$11.42	$7.08	$6.85	

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P3000	Q	SCREEN PAP BY TECH W MD SUPV				Medicare	$23.97	$14.86	$14.38	
P3001	E	SCREENING PAP SMEAR BY PHYS				Not Allowed	$0.00			
P7001	E	CULTURE BACTERIAL URINE				Not Allowed	$0.00			
P9010	R	WHOLE BLOOD FOR TRANSFUSION	00950	2.929		APC	$162.64			
P9011	R	BLOOD SPLIT UNIT	00967	1.759		APC	$97.67			
P9012	R	CRYOPRECIPITATE EACH UNIT	00952	0.955		APC	$53.02			
P9016	R	RBC LEUKOCYTES REDUCED	00954	2.554		APC	$141.83			
P9017	R	PLASMA 1 DONOR FRZ W/IN 8 HR	09508	1.009		APC	$56.04			
P9019	R	PLATELETS, EACH UNIT	00957	1.555		APC	$86.36			
P9020	R	PLAELET RICH PLASMA UNIT	00958	1.833		APC	$101.76			
P9021	R	RED BLOOD CELLS UNIT	00959	2.03		APC	$112.73			
P9022	R	WASHED RED BLOOD CELLS UNIT	00960	4.319		APC	$239.81			
P9023	R	FROZEN PLASMA, POOLED, SD	00949	0.934		APC	$51.87			
P9031	R	PLATELETS LEUKOCYTES REDUCED	01013	1.512		APC	$83.94			
P9032	R	PLATELETS, IRRADIATED	09500	2.274		APC	$126.25			
P9033	R	PLATELETS LEUKOREDUCED IRRAD	00968	2.188		APC	$121.47			
P9034	R	PLATELETS, PHERESIS	09507	5.656		APC	$314.10			
P9035	R	PLATELET PHERES LEUKOREDUCED	09501	6.711		APC	$372.65			
P9036	R	PLATELET PHERESIS IRRADIATED	09502	7.678		APC	$426.37			
P9037	R	PLATE PHERES LEUKOREDU IRRAD	01019	9.093		APC	$504.91			
P9038	R	RBC IRRADIATED	09505	2.802		APC	$155.61			
P9039	R	RBC DEGLYCEROLIZED	09504	6.255		APC	$347.36			
P9040	R	RBC LEUKOREDUCED IRRADIATED	00969	3.714		APC	$206.23			
P9041	K	ALBUMIN (HUMAN),5%, 50ML	00961	0.197		APC	$10.91			
P9043	R	PLASMA PROTEIN FRACT,5%,50ML	00956	0.311		APC	$14.41			
P9044	R	CRYOPRECIPITATEREDUCEDPLASMA	01009	1.059		APC	$58.82			
P9045	K	ALBUMIN (HUMAN), 5%, 250 ML	00963	0.982		APC	$54.54			
P9046	K	ALBUMIN (HUMAN), 25%, 20 ML	00964	0.405		APC	$22.49			
P9047	K	ALBUMIN (HUMAN), 25%, 50ML	00965	0.962		APC	$53.44			
P9048	R	PLASMAPROTEIN FRACT,5%,250ML	00966	0.454		APC	$33.47			
P9050	R	GRANULOCYTES, PHERESIS UNIT	09506	24.78		APC	$1,375.79			
P9051	R	BLOOD, L/R, CMV-NEG	01010	2.211		APC	$122.77			
P9052	R	PLATELETS, HLA-M, L/R, UNIT	01011	9.496		APC	$527.33			
P9053	R	PLT, PHER, L/R CMV-NEG, IRR	01020	8.878		APC	$492.98			
P9054	R	BLOOD, L/R, FROZ/DEGLY/WASH	01016	3.292		APC	$182.80			
P9055	R	PLT, APH/PHER, L/R, CMV-NEG	01017	5.313		APC	$295.04			
P9056	R	BLOOD, L/R, IRRADIATED	01018	1.814		APC	$100.71			
P9057	R	RBC, FRZ/DEG/WSH, L/R, IRRAD	01021	6.051		APC	$336.03			
P9058	R	RBC, L/R, CMV-NEG, IRRAD	01022	3.705		APC	$205.71			
P9059	R	PLASMA, FRZ BETWEEN 8-24HOUR	00955	0.962		APC	$53.44			
P9060	R	FR FRZ PLASMA DONOR RETESTED	09503	0.793		APC	$44.04			
P9603	E	ONE-WAY ALLOW PRORATED MILES				Not Allowed	$0.00			
P9604	E	ONE-WAY ALLOW PRORATED TRIP				Not Allowed	$0.00			
P9612	N	CATHETERIZE FOR URINE SPEC				Bundled	$0.00			
P9615	N	URINE SPECIMEN COLLECT MULT				Bundled, Sometimes Payable	$0.00			
Q0035	S	CARDIOKYMOGRAPHY	00100	3.209		APC	$178.21			
Q0081	E	INFUSION THER OTHER THAN CHE				Not Allowed	$0.00			
Q0083	E	CHEMO BY OTHER THAN INFUSION				Not Allowed	$0.00			
Q0084	E	CHEMOTHERAPY BY INFUSION				Not Allowed	$0.00			
Q0085	E	CHEMO BY BOTH INFUSION AND O				Not Allowed	$0.00			
Q0091	S	OBTAINING SCREEN PAP SMEAR	00450	0.394		APC	$21.89			
Q0092	N	SET UP PORT XRAY EQUIPMENT				Bundled, Sometimes Payable	$0.00			
Q0111	Q	WET MOUNTS/ W PREPARATIONS				Medicare	$9.68	$6.00	$5.81	
Q0112	Q	POTASSIUM HYDROXIDE PREPS				Medicare	$9.68	$6.00	$5.81	
Q0113	Q	PINWORM EXAMINATIONS				Medicare	$10.33	$6.40	$6.20	
Q0114	Q	FERN TEST				Medicare	$16.23	$10.06	$9.74	
Q0115	E	POST-COITAL MUCOUS EXAM				Not Allowed	$0.00			
Q0138	K	FERUMOXYTOL, NON-ESRD	01297			APC	$0.79			
Q0139	K	FERUMOXYTOL, ESRD USE	01485			APC	$0.79			
Q0144	E	AZITHROMYCIN DIHYDRATE, ORAL				Not Allowed	$0.00			
Q0161	N	CHLORPROMAZINE HCL 5MG ORAL				Bundled, Sometimes Payable	$0.00			
Q0162	N	ONDANSETRON ORAL				Bundled, Sometimes Payable	$0.00			
Q0163	N	DIPHENHYDRAMINE HCL 50MG				Bundled, Sometimes Payable	$0.00			
Q0164	N	PROCHLORPERAZINE MALEATE 5MG				Bundled, Sometimes Payable	$0.00			

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Q0166	N	GRANISETRON HCL 1 MG ORAL				Bundled	$0.00			
Q0167	N	DRONABINOL 2.5MG ORAL				Bundled, Sometimes Payable	$0.00			
Q0169	N	PROMETHAZINE HCL 12.5MG ORAL				Bundled, Sometimes Payable	$0.00			
Q0173	N	TRIMETHOBENZAMIDE HCL 250MG				Bundled, Sometimes Payable	$0.00			
Q0174	E	THIETHYLPERAZINE MALEATE10MG				Not Allowed	$0.00			
Q0175	N	PERPHENAZINE 4MG ORAL				Bundled, Sometimes Payable	$0.00			
Q0177	N	HYDROXYZINE PAMOATE 25MG				Bundled, Sometimes Payable	$0.00			
Q0180	N	DOLASETRON MESYLATE ORAL				Bundled	$0.00			
Q0181	N	UNSPECIFIED ORAL ANTI-EMETIC				Bundled, Sometimes Payable	$0.00			
Q0478	E	POWER ADAPTER, COMBO VAD				Not Allowed	$0.00			
Q0479	E	POWER MODULE COMBO VAD, REP				Not Allowed	$0.00			
Q0480	E	DRIVER PNEUMATIC VAD, REP				Not Allowed	$0.00			
Q0481	E	MICROPRCSR CU ELEC VAD, REP				Not Allowed	$0.00			
Q0482	E	MICROPRCSR CU COMBO VAD, REP				Not Allowed	$0.00			
Q0483	E	MONITOR ELEC VAD, REP				Not Allowed	$0.00			
Q0484	E	MONITOR ELEC OR COMB VAD REP				Not Allowed	$0.00			
Q0485	E	MONITOR CABLE ELEC VAD, REP				Not Allowed	$0.00			
Q0486	E	MON CABLE ELEC/PNEUM VAD REP				Not Allowed	$0.00			
Q0487	E	LEADS ANY TYPE VAD, REP ONLY				Not Allowed	$0.00			
Q0488	E	PWR PACK BASE ELEC VAD, REP				Not Allowed	$0.00			
Q0489	E	PWR PCK BASE COMBO VAD, REP				Not Allowed	$0.00			
Q0490	E	EMR PWR SOURCE ELEC VAD, REP				Not Allowed	$0.00			
Q0491	E	EMR PWR SOURCE COMBO VAD REP				Not Allowed	$0.00			
Q0492	E	EMR PWR CBL ELEC VAD, REP				Not Allowed	$0.00			
Q0493	E	EMR PWR CBL COMBO VAD, REP				Not Allowed	$0.00			
Q0494	E	EMR HD PMP ELEC/COMBO, REP				Not Allowed	$0.00			
Q0495	E	CHARGER ELEC/COMBO VAD, REP				Not Allowed	$0.00			
Q0496	E	BATTERY ELEC/COMBO VAD, REP				Not Allowed	$0.00			
Q0497	E	BAT CLPS ELEC/COMB VAD, REP				Not Allowed	$0.00			
Q0498	E	HOLSTER ELEC/COMBO VAD, REP				Not Allowed	$0.00			
Q0499	E	BELT/VEST ELEC/COMBO VAD REP				Not Allowed	$0.00			
Q0500	E	FILTERS ELEC/COMBO VAD, REP				Not Allowed	$0.00			
Q0501	E	SHWR COV ELEC/COMBO VAD, REP				Not Allowed	$0.00			
Q0502	E	MOBILITY CART PNEUM VAD, REP				Not Allowed	$0.00			
Q0503	E	BATTERY PNEUM VAD REPLACEMNT				Not Allowed	$0.00			
Q0504	E	PWR ADPT PNEUM VAD, REP VEH				Not Allowed	$0.00			
Q0506	E	LITH-ION BATT ELEC/PNEUM VAD				Not Allowed	$0.00			
Q0507	N	MISC SUP/ACC EXT VAD				Bundled, Sometimes Payable	$0.00			
Q0508	N	MIS SUP/ACC IMP VAD				Bundled, Sometimes Payable	$0.00			
Q0509	N	MIS SUP/AC IMP VAD NOPAY MED				Bundled, Sometimes Payable	$0.00			
Q0510	E	DISPENS FEE IMMUNOSUPRESSIVE				Not Allowed	$0.00			
Q0511	E	SUP FEE ANTIEM,ANTICA,IMMUNO				Not Allowed	$0.00			
Q0512	E	PX SUP FEE ANTI-CAN SUB PRES				Not Allowed	$0.00			
Q0513	E	DISP FEE INHAL DRUGS/30 DAYS				Not Allowed	$0.00			
Q0514	E	DISP FEE INHAL DRUGS/90 DAYS				Not Allowed	$0.00			
Q0515	E	SERMORELIN ACETATE INJECTION				Not Allowed	$0.00			
Q1004	E	NTIOL CATEGORY 4				Not Allowed	$0.00			
Q1005	E	NTIOL CATEGORY 5				Not Allowed	$0.00			
Q2004	N	BLADDER CALCULI IRRIG SOL				Bundled, Sometimes Payable	$0.00			
Q2009	N	FOSPHENYTOIN INJ PE				Bundled, Sometimes Payable	$0.00			
Q2017	K	TENIPOSIDE, 50 MG	07035			APC	$919.82			
Q2026	E	RADIESSE INJECTION				Not Allowed	$0.00			
Q2028	E	INJ, SCULPTRA, 0.5MG				Not Allowed	$0.00			
Q2033	E	INFLUENZA VACCINE, (FLUBLOK)				Not Allowed	$0.00			
Q2034	M	AGRIFLU VACCINE				Charge Ratio	$0.00			
Q2035	M	AFLURIA VACC, 3 YRS & >, IM				Fee Schedule	$11.89			
Q2036	M	FLULAVAL VACC, 3 YRS & >, IM				Fee Schedule	$8.58			
Q2037	M	FLUVIRIN VACC, 3 YRS & >, IM				Fee Schedule	$15.40			
Q2038	M	FLUZONE VACC, 3 YRS & >, IM				Fee Schedule	$12.04			
Q2039	M	NOS FLU VACC, 3 YRS & >, IM				Fee Schedule	$0.00			
Q2043	K	SIPULEUCEL-T AUTO CD54+	09273			APC	$35,880.08			
Q2047	E	PEGINESATIDE INJECTION				Not Allowed	$0.00			
Q2049	K	IMPORTED LIPODOX INJ	01421			APC	$508.43			
Q2050	K	DOXORUBICIN INJ 10MG	07046			APC	$488.48			

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Q2052	E	IVIG DEMO, SERVICES/SUPPLIES				Not Allowed	$0.00			
Q3001	E	BRACHYTHERAPY RADIOELEMENTS				Not Allowed	$0.00			
Q3014	M	TELEHEALTH FACILITY FEE				Fee Schedule	$24.83			
Q3027	K	INJ BETA INTERFERON IM 1 MCG	01472			APC	$38.50			
Q3028	E	INJ BETA INTERFERON SQ 1 MCG				Not Allowed	$0.00			
Q3031	N	COLLAGEN SKIN TEST				Bundled, Sometimes Payable	$0.00			
Q4001	E	CAST SUP BODY CAST PLASTER				Not Allowed	$0.00			
Q4002	E	CAST SUP BODY CAST FIBERGLAS				Not Allowed	$0.00			
Q4003	E	CAST SUP SHOULDER CAST PLSTR				Not Allowed	$0.00			
Q4004	E	CAST SUP SHOULDER CAST FBRGL				Not Allowed	$0.00			
Q4005	E	CAST SUP LONG ARM ADULT PLST				Not Allowed	$0.00			
Q4006	E	CAST SUP LONG ARM ADULT FBRG				Not Allowed	$0.00			
Q4007	E	CAST SUP LONG ARM PED PLSTER				Not Allowed	$0.00			
Q4008	E	CAST SUP LONG ARM PED FBRGLS				Not Allowed	$0.00			
Q4009	E	CAST SUP SHT ARM ADULT PLSTR				Not Allowed	$0.00			
Q4010	E	CAST SUP SHT ARM ADULT FBRGL				Not Allowed	$0.00			
Q4011	E	CAST SUP SHT ARM PED PLASTER				Not Allowed	$0.00			
Q4012	E	CAST SUP SHT ARM PED FBRGLAS				Not Allowed	$0.00			
Q4013	E	CAST SUP GAUNTLET PLASTER				Not Allowed	$0.00			
Q4014	E	CAST SUP GAUNTLET FIBERGLASS				Not Allowed	$0.00			
Q4015	E	CAST SUP GAUNTLET PED PLSTER				Not Allowed	$0.00			
Q4016	E	CAST SUP GAUNTLET PED FBRGLS				Not Allowed	$0.00			
Q4017	E	CAST SUP LNG ARM SPLINT PLST				Not Allowed	$0.00			
Q4018	E	CAST SUP LNG ARM SPLINT FBRG				Not Allowed	$0.00			
Q4019	E	CAST SUP LNG ARM SPLNT PED P				Not Allowed	$0.00			
Q4020	E	CAST SUP LNG ARM SPLNT PED F				Not Allowed	$0.00			
Q4021	E	CAST SUP SHT ARM SPLINT PLST				Not Allowed	$0.00			
Q4022	E	CAST SUP SHT ARM SPLINT FBRG				Not Allowed	$0.00			
Q4023	E	CAST SUP SHT ARM SPLNT PED P				Not Allowed	$0.00			
Q4024	E	CAST SUP SHT ARM SPLNT PED F				Not Allowed	$0.00			
Q4025	E	CAST SUP HIP SPICA PLASTER				Not Allowed	$0.00			
Q4026	E	CAST SUP HIP SPICA FIBERGLAS				Not Allowed	$0.00			
Q4027	E	CAST SUP HIP SPICA PED PLSTR				Not Allowed	$0.00			
Q4028	E	CAST SUP HIP SPICA PED FBRGL				Not Allowed	$0.00			
Q4029	E	CAST SUP LONG LEG PLASTER				Not Allowed	$0.00			
Q4030	E	CAST SUP LONG LEG FIBERGLASS				Not Allowed	$0.00			
Q4031	E	CAST SUP LNG LEG PED PLASTER				Not Allowed	$0.00			
Q4032	E	CAST SUP LNG LEG PED FBRGLS				Not Allowed	$0.00			
Q4033	E	CAST SUP LNG LEG CYLINDER PL				Not Allowed	$0.00			
Q4034	E	CAST SUP LNG LEG CYLINDER FB				Not Allowed	$0.00			
Q4035	E	CAST SUP LNGLEG CYLNDR PED P				Not Allowed	$0.00			
Q4036	E	CAST SUP LNGLEG CYLNDR PED F				Not Allowed	$0.00			
Q4037	E	CAST SUP SHRT LEG PLASTER				Not Allowed	$0.00			
Q4038	E	CAST SUP SHRT LEG FIBERGLASS				Not Allowed	$0.00			
Q4039	E	CAST SUP SHRT LEG PED PLSTER				Not Allowed	$0.00			
Q4040	E	CAST SUP SHRT LEG PED FBRGLS				Not Allowed	$0.00			
Q4041	E	CAST SUP LNG LEG SPLNT PLSTR				Not Allowed	$0.00			
Q4042	E	CAST SUP LNG LEG SPLNT FBRGL				Not Allowed	$0.00			
Q4043	E	CAST SUP LNG LEG SPLNT PED P				Not Allowed	$0.00			
Q4044	E	CAST SUP LNG LEG SPLNT PED F				Not Allowed	$0.00			
Q4045	E	CAST SUP SHT LEG SPLNT PLSTR				Not Allowed	$0.00			
Q4046	E	CAST SUP SHT LEG SPLNT FBRGL				Not Allowed	$0.00			
Q4047	E	CAST SUP SHT LEG SPLNT PED P				Not Allowed	$0.00			
Q4048	E	CAST SUP SHT LEG SPLNT PED F				Not Allowed	$0.00			
Q4049	E	FINGER SPLINT, STATIC				Not Allowed	$0.00			
Q4050	E	CAST SUPPLIES UNLISTED				Not Allowed	$0.00			
Q4051	E	SPLINT SUPPLIES MISC				Not Allowed	$0.00			
Q4074	E	ILOPROST NON-COMP UNIT DOSE				Not Allowed	$0.00			
Q4081	E	EPOETIN ALFA, 100 UNITS ESRD				Not Allowed	$0.00			
Q4082	E	DRUG/BIO NOC PART B DRUG CAP				Not Allowed	$0.00			
Q4100	N	SKIN SUBSTITUTE, NOS				Bundled, Sometimes Payable	$0.00			
Q4101	N	APLIGRAF				Bundled, Sometimes Payable	$0.00			
Q4102	N	OASIS WOUND MATRIX				Bundled, Sometimes Payable	$0.00			
Q4103	N	OASIS BURN MATRIX				Bundled, Sometimes Payable	$0.00			

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Q4104	N	INTEGRA BMWD				Bundled, Sometimes Payable	$0.00			
Q4105	N	INTEGRA DRT				Bundled, Sometimes Payable	$0.00			
Q4106	N	DERMAGRAFT				Bundled, Sometimes Payable	$0.00			
Q4107	N	GRAFTJACKET				Bundled, Sometimes Payable	$0.00			
Q4108	N	INTEGRA MATRIX				Bundled, Sometimes Payable	$0.00			
Q4110	N	PRIMATRIX				Bundled, Sometimes Payable	$0.00			
Q4111	N	GAMMAGRAFT				Bundled, Sometimes Payable	$0.00			
Q4112	N	CYMETRA INJECTABLE				Bundled, Sometimes Payable	$0.00			
Q4113	N	GRAFTJACKET XPRESS				Bundled, Sometimes Payable	$0.00			
Q4114	N	INTEGRA FLOWABLE WOUND MATRI				Bundled, Sometimes Payable	$0.00			
Q4115	N	ALLOSKIN				Bundled, Sometimes Payable	$0.00			
Q4116	N	ALLODERM				Bundled, Sometimes Payable	$0.00			
Q4117	N	HYALOMATRIX				Bundled, Sometimes Payable	$0.00			
Q4118	N	MATRISTEM MICROMATRIX				Bundled, Sometimes Payable	$0.00			
Q4119	N	MATRISTEM WOUND MATRIX				Bundled, Sometimes Payable	$0.00			
Q4120	N	MATRISTEM BURN MATRIX				Bundled, Sometimes Payable	$0.00			
Q4121	N	THERASKIN	01479	0.633		Bundled, Sometimes Payable	$35.13			
Q4122	G	DERMACELL	01419			APC	$82.32			
Q4123	N	ALLOSKIN				Bundled, Sometimes Payable	$0.00			
Q4124	N	OASIS TRI-LAYER WOUND MATRIX				Bundled, Sometimes Payable	$0.00			
Q4125	N	ARTHROFLEX				Bundled, Sometimes Payable	$0.00			
Q4126	N	MEMODERM/DERMA/TRANZ/INTEGUP				Bundled, Sometimes Payable	$0.00			
Q4127	G	TALYMED	01449			APC	$16.81			
Q4128	N	FLEXHD/ALLOPATCHHD/MATRIXHD				Bundled, Sometimes Payable	$0.00			
Q4129	N	UNITE BIOMATRIX				Bundled, Sometimes Payable	$0.00			
Q4130	N	STRATTICE TM				Bundled, Sometimes Payable	$0.00			
Q4131	N	EPIFIX				Bundled, Sometimes Payable	$0.00			
Q4132	N	GRAFIX CORE				Bundled, Sometimes Payable	$0.00			
Q4133	N	GRAFIX PRIME				Bundled, Sometimes Payable	$0.00			
Q4134	N	HMATRIX				Bundled, Sometimes Payable	$0.00			
Q4135	N	MEDISKIN				Bundled, Sometimes Payable	$0.00			
Q4136	N	EZDERM				Bundled, Sometimes Payable	$0.00			
Q4137	N	AMNIOEXCEL OR BIODEXCEL, 1CM				Bundled, Sometimes Payable	$0.00			
Q4138	N	BIODFENCE DRYFLEX, 1CM				Bundled, Sometimes Payable	$0.00			
Q4139	N	AMNIO OR BIODMATRIX, INJ 1CC				Bundled, Sometimes Payable	$0.00			
Q4140	N	BIODFENCE 1CM				Bundled, Sometimes Payable	$0.00			
Q4141	N	ALLOSKIN AC, 1 CM				Bundled, Sometimes Payable	$0.00			
Q4142	N	XCM BIOLOGIC TISS MATRIX 1CM				Bundled, Sometimes Payable	$0.00			
Q4143	N	REPRIZA, 1CM				Bundled, Sometimes Payable	$0.00			
Q4145	N	EPIFIX, INJ, 1MG				Bundled, Sometimes Payable	$0.00			
Q4146	N	TENSIX, 1CM				Bundled, Sometimes Payable	$0.00			
Q4147	N	ARCHITECT ECM PX FX 1 SQ CM				Bundled, Sometimes Payable	$0.00			
Q4148	N	NEOX 1K, 1CM				Bundled, Sometimes Payable	$0.00			
Q4149	N	EXCELLAGEN, 0.1 CC				Bundled, Sometimes Payable	$0.00			
Q4150	N	ALLOWRAP DS OR DRY 1 SQ CM				Bundled, Sometimes Payable	$0.00			
Q4151	N	AMNIOBAND, GUARDIAN 1 SQ CM				Bundled, Sometimes Payable	$0.00			
Q4152	N	DERMAPURE 1 SQUARE CM				Bundled, Sometimes Payable	$0.00			
Q4153	N	DERMAVEST 1 SQUARE CM				Bundled, Sometimes Payable	$0.00			
Q4154	N	BIOVANCE 1 SQUARE CM				Bundled, Sometimes Payable	$0.00			
Q4155	N	NEOXFLO OR CLARIXFLO 1 MG				Bundled, Sometimes Payable	$0.00			
Q4156	N	NEOX 100 1 SQUARE CM				Bundled, Sometimes Payable	$0.00			
Q4157	N	REVITALON 1 SQUARE CM				Bundled, Sometimes Payable	$0.00			
Q4158	N	MARIGEN 1 SQUARE CM				Bundled, Sometimes Payable	$0.00			
Q4159	N	AFFINITY1 SQUARE CM				Bundled, Sometimes Payable	$0.00			
Q4160	N	NUSHIELD 1 SQUARE CM				Bundled, Sometimes Payable	$0.00			
Q5001	E	HOSPICE OR HOME HLTH IN HOME				Not Allowed	$0.00			
Q5002	E	HOSPICE/HOME HLTH IN ASST LV				Not Allowed	$0.00			
Q5003	E	HOSPICE IN LT/NON-SKILLED NF				Not Allowed	$0.00			
Q5004	E	HOSPICE IN SNF				Not Allowed	$0.00			
Q5005	E	HOSPICE, INPATIENT HOSPITAL				Not Allowed	$0.00			
Q5006	E	HOSPICE IN HOSPICE FACILITY				Not Allowed	$0.00			
Q5007	E	HOSPICE IN LTCH				Not Allowed	$0.00			
Q5008	E	HOSPICE IN INPATIENT PSYCH				Not Allowed	$0.00			
Q5009	E	HOSPICE/HOME HLTH, PLACE NOS				Not Allowed	$0.00			

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Q5010	E	HOSPICE HOME CARE IN HOSPICE				Not Allowed	$0.00			
Q9951	N	LOCM >= 400 MG/ML IODINE,1ML				Bundled, Sometimes Payable	$0.00			
Q9953	N	INJ FE-BASED MR CONTRAST,1ML				Bundled, Sometimes Payable	$0.00			
Q9954	N	ORAL MR CONTRAST, 100 ML				Bundled, Sometimes Payable	$0.00			
Q9955	N	INJ PERFLEXANE LIP MICROS,ML				Bundled, Sometimes Payable	$0.00			
Q9956	N	INJ OCTAFLUOROPROPANE MIC,ML				Bundled, Sometimes Payable	$0.00			
Q9957	N	INJ PERFLUTREN LIP MICROS,ML				Bundled, Sometimes Payable	$0.00			
Q9958	N	HOCM <=149 MG/ML IODINE, 1ML				Bundled, Sometimes Payable	$0.00			
Q9959	N	HOCM 150-199MG/ML IODINE,1ML				Bundled, Sometimes Payable	$0.00			
Q9960	N	HOCM 200-249MG/ML IODINE,1ML				Bundled, Sometimes Payable	$0.00			
Q9961	N	HOCM 250-299MG/ML IODINE,1ML				Bundled, Sometimes Payable	$0.00			
Q9962	N	HOCM 300-349MG/ML IODINE,1ML				Bundled, Sometimes Payable	$0.00			
Q9963	N	HOCM 350-399MG/ML IODINE,1ML				Bundled, Sometimes Payable	$0.00			
Q9964	N	HOCM>= 400MG/ML IODINE, 1ML				Bundled, Sometimes Payable	$0.00			
Q9965	N	LOCM 100-199MG/ML IODINE,1ML				Bundled, Sometimes Payable	$0.00			
Q9966	N	LOCM 200-299MG/ML IODINE,1ML				Bundled, Sometimes Payable	$0.00			
Q9967	N	LOCM 300-399MG/ML IODINE,1ML				Bundled, Sometimes Payable	$0.00			
Q9968	N	VISUALIZATION ADJUNCT	01446	0.188		Bundled, Sometimes Payable	$10.46			
Q9969	K	NON-HEU TC-99M ADD-ON/DOSE	01442			APC	$10.00			
Q9975	G	FACTOR VIII FC FUSION RECOMB	01656			APC	$1.92			
R0070	E	TRANSPORT PORTABLE X-RAY				Not Allowed	$0.00			
R0075	E	TRANSPORT PORT X-RAY MULTIPL				Not Allowed	$0.00			
R0076	E	TRANSPORT PORTABLE EKG				Not Allowed	$0.00			
S0073	E	INJECTION, AZTREONAM, 500 MG				Not Allowed	$0.00			
S0074	E	INJECTION, CEFOTETAN DISODIU				Not Allowed	$0.00			
S0078	E	INJECTION, FOSPHENYTOIN SODI				Not Allowed	$0.00			
S0080	E	INJECTION, PENTAMIDINE ISETH				Not Allowed	$0.00			
S0081	E	INJECTION, PIPERACILLIN SODI				Not Allowed	$0.00			
S0086	E	INJECTION, VERTEPORFIN, 15MG				Not Allowed	$0.00			
S0088	E	IMATINIB 100 MG				Not Allowed	$0.00			
S0090	E	SILDENAFIL CITRATE, 25 MG				Not Allowed	$0.00			
S0106	E	BUPROPION HCL SR 60 TABLETS				Not Allowed	$0.00			
S0108	E	MERCAPTOPURINE ORAL 50 MG				Not Allowed	$0.00			
S0117	E	TRETINOIN TOPICAL 5 G				Not Allowed	$0.00			
S0122	E	INJECTION MENOTROPINS 75 IU				Not Allowed	$0.00			
S0126	E	INJECTION FOLLITROPIN ALFA 75 IU				Not Allowed	$0.00			
S0128	E	INJECTION FOLLITROPIN BETA 75 IU				Not Allowed	$0.00			
S0132	E	INJECTION GANIRELIX ACETATE 250 MCG				Not Allowed	$0.00			
S0145	E	PEG INTERFERON ALFA-2A/180				Not Allowed	$0.00			
S0155	E	EPOPROSTENOL DILUTANT				Not Allowed	$0.00			
S0156	E	EXEMESTANE, 25 MG				Not Allowed	$0.00			
S0157	E	BECAPLERMIN GEL 1%, 0.5 GM				Not Allowed	$0.00			
S0160	E	DEXTROAMPHETAMINE				Not Allowed	$0.00			
S0164	E	INJECTION PANTROPRAZOLE				Not Allowed	$0.00			
S0170	E	ANASTROZOLE 1 MG				Not Allowed	$0.00			
S0171	E	BUMETANIDE 0.5 MG				Not Allowed	$0.00			
S0172	E	CHLORAMBUCIL 2 MG				Not Allowed	$0.00			
S0174	E	DOLASETRON 50 MG				Not Allowed	$0.00			
S0175	E	FLUTAMIDE 125 MG				Not Allowed	$0.00			
S0176	E	HYDROXYUREA 500 MG				Not Allowed	$0.00			
S0177	E	LEVAMISOLE 50 MG				Not Allowed	$0.00			
S0178	E	LOMUSTINE 10 MG				Not Allowed	$0.00			
S0179	E	MEGESTROL 20 MG				Not Allowed	$0.00			
S0182	E	PROCARBAZINE 5 MG				Not Allowed	$0.00			
S0183	E	PROCHLORPERAZINE 5 MG				Not Allowed	$0.00			
S0187	E	TAMOXIFEN 10 MG				Not Allowed	$0.00			
S0189	E	TESTOSTERONE PELLET 75 MG				Not Allowed	$0.00			
S0190	M	MITEPRISTONE, ORAL, 200MG				Fee Schedule	$76.50			
S0191	M	MISOPROSTOL, ORAL, 200 MCG				Fee Schedule	$1.02			
S0194	E	VITAMIN SUPPL 100 CAPS				Not Allowed	$0.00			
S0195	E	PNEUMOCOCCAL CONJUGATE VAC				Not Allowed	$0.00			
S0208	E	PARAMED INTRCEPT NONVOL				Not Allowed	$0.00			
S0209	E	WC VAN MILEAGE PER MI				Not Allowed	$0.00			
S0215	E	NONEMERG TRANSP MILEAGE				Not Allowed	$0.00			

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S0220	E	MEDICAL CONFERENCE BY PHYSIC				Not Allowed	$0.00			
S0221	E	MEDICAL CONFERENCE, 60 MIN				Not Allowed	$0.00			
S0250	E	COMP GERIATR ASSMT TEAM				Not Allowed	$0.00			
S0255	E	HOSPICE REFER VISIT NONMD				Not Allowed	$0.00			
S0257	E	END OF LIFE COUNSELING				Not Allowed	$0.00			
S0260	E	H&P FOR SURGERY				Not Allowed	$0.00			
S0265	E	GENETIC COUNSEL 15 MINS				Not Allowed	$0.00			
S0280	E	MEDICAL HOME, INITIAL PLAN				Not Allowed	$0.00			
S0302	E	COMPLETED EPSDT				Not Allowed	$0.00			
S0310	E	HOSPITALIST VISIT				Not Allowed	$0.00			
S0340	E	LIFESTYLE MOD 1ST STAGE				Not Allowed	$0.00			
S0341	E	LIFESTYLE MOD 2 OR 3 STAGE				Not Allowed	$0.00			
S0342	E	LIFESTYLE MOD 4TH STAGE				Not Allowed	$0.00			
S0353	E	CANCER TREATMENT PLAN INITIAL				Not Allowed	$0.00			
S0354	E	CANCER TREATMENT PLAN CHANGE				Not Allowed	$0.00			
S0390	E	ROUTINE FOOT CARE PER VISIT				Not Allowed	$0.00			
S0395	E	IMPRESSION CASTING FT				Not Allowed	$0.00			
S0400	E	GLOBAL ESWL KIDNEY				Not Allowed	$0.00			
S0500	E	DISPOS CONT LENS				Not Allowed	$0.00			
S0504	E	SINGL PRSCRP LENS				Not Allowed	$0.00			
S0506	E	BIFOC PRSCP LENS				Not Allowed	$0.00			
S0508	E	TRIFOC PRSCRP LENS				Not Allowed	$0.00			
S0510	E	NON-PRSCRP LENS				Not Allowed	$0.00			
S0512	E	DAILY CONT LENS				Not Allowed	$0.00			
S0514	E	COLOR CONT LENS				Not Allowed	$0.00			
S0516	E	SAFETY FRAMES				Not Allowed	$0.00			
S0518	E	SUNGLASS FRAMES				Not Allowed	$0.00			
S0580	E	POLYCARB LENS				Not Allowed	$0.00			
S0581	E	NONSTND LENS				Not Allowed	$0.00			
S0590	E	MISC INTEGRAL LENS SERV				Not Allowed	$0.00			
S0592	E	COMP CONT LENS EVAL				Not Allowed	$0.00			
S0596	E	PHAKIC IOL REFRACTIVE ERROR				Not Allowed	$0.00			
S0601	E	SCREENING PROCTOSCOPY				Not Allowed	$0.00			
S0610	E	ANNUAL GYNECOLOGICAL EXAMINA				Not Allowed	$0.00			
S0612	E	ANNUAL GYNECOLOGICAL EXAMINA				Not Allowed	$0.00			
S0613	M	ANN BREAST EXAM				Charge Ratio	$0.00			
S0618	E	AUDIOMETRY FOR HEARING AID				Not Allowed	$0.00			
S0620	E	ROUTINE OPHTHALMOLOGICAL EXA				Not Allowed	$0.00			
S0621	E	ROUTINE OPHTHALMOLOGICAL EXA				Not Allowed	$0.00			
S0622	E	PHYS EXAM FOR COLLEGE				Not Allowed	$0.00			
S0630	E	REMOVAL OF SUTURES				Not Allowed	$0.00			
S0800	E	LASER IN SITU KERATOMILEUSIS				Not Allowed	$0.00			
S0810	E	PHOTOREFRACTIVE KERATECTOMY				Not Allowed	$0.00			
S0812	E	PHOTOTHERAP KERATECT				Not Allowed	$0.00			
S1001	E	DELUXE ITEM				Not Allowed	$0.00			
S1002	E	CUSTOM ITEM				Not Allowed	$0.00			
S1015	E	IV TUBING EXTENSION SET				Not Allowed	$0.00			
S1016	E	NON-PVC INTRAVENOUS ADMINIST				Not Allowed	$0.00			
S1030	E	GLUC MONITOR PURCHASE				Not Allowed	$0.00			
S1031	E	GLUC MONITOR RENTAL				Not Allowed	$0.00			
S1090	E	MOMETASONE SINUS IMPLANT				Not Allowed	$0.00			
S2053	E	TRANSPLANTATION OF SMALL INT				Not Allowed	$0.00			
S2054	E	TRANSPLANTATION OF MULTIVISC				Not Allowed	$0.00			
S2055	E	HARVESTING OF DONOR MULTIVIS				Not Allowed	$0.00			
S2060	E	LOBAR LUNG TRANSPLANTATION				Not Allowed	$0.00			
S2061	E	DONOR LOBECTOMY (LUNG)				Not Allowed	$0.00			
S2065	E	SIMULT PANC KIDN TRANS				Not Allowed	$0.00			
S2068	E	BREAST DIEP FLAP RECONSTRUCT				Not Allowed	$0.00			
S2070	E	CYSTO LASER TX URETERAL CALC				Not Allowed	$0.00			
S2079	E	LAP ESOPHAGOMYOTOMY				Not Allowed	$0.00			
S2080	E	LAUP				Not Allowed	$0.00			
S2083	E	ADJUSTMENT GASTRIC BAND				Not Allowed	$0.00			
S2095	E	TRANSCATH EMBOLIZ MICROSPHER				Not Allowed	$0.00			
S2102	E	ISLET CELL TISSUE TRANSPLANT				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
S2103	E	ADRENAL TISSUE TRANSPLANT				Not Allowed	$0.00			
S2107	E	ADOPTIVE IMMUNOTHERAPY				Not Allowed	$0.00			
S2109	E	AUTOLOGOUS CHONDROCYTE TRANSPLANTATION				Not Allowed	$0.00			
S2112	E	KNEE ARTHROSCP HARV				Not Allowed	$0.00			
S2115	E	PERIACETABULAR OSTEOTOMY				Not Allowed	$0.00			
S2120	E	LOW DENSITY LIPOPROTEIN(LDL)				Not Allowed	$0.00			
S2140	E	CORD BLOOD HARVESTING				Not Allowed	$0.00			
S2142	E	CORD BLOOD-DERIVED STEM-CELL				Not Allowed	$0.00			
S2150	E	BMT HARV/TRANSPL 28D PKG				Not Allowed	$0.00			
S2152	E	SOLID ORGAN TRANSPL PKG				Not Allowed	$0.00			
S2202	E	ECHOSCLEROTHERAPY				Not Allowed	$0.00			
S2205	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			
S2206	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			
S2207	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			
S2208	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			
S2209	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			
S2225	E	MYRINGOTOMY LASER-ASSIST				Not Allowed	$0.00			
S2230	E	IMPLANT SEMI-IMP HEAR				Not Allowed	$0.00			
S2235	E	IMPLANT AUDITORY BRAIN IMP				Not Allowed	$0.00			
S2260	E	INDUCED ABORTION 17-24 WEEKS				Not Allowed	$0.00			
S2300	E	ARTHROSCOPY, SHOULDER, SURGI				Not Allowed	$0.00			
S2340	E	CHEMODENERVATION OF ABDUCTOR				Not Allowed	$0.00			
S2341	E	CHEMODENERV ADDUCT VOCAL				Not Allowed	$0.00			
S2342	E	NASAL ENDOSCOP PO DEBRID				Not Allowed	$0.00			
S2348	E	DECOMPRESS DISC RF LUMBAR				Not Allowed	$0.00			
S2350	E	DISKECTOMY, ANTERIOR, WITH D				Not Allowed	$0.00			
S2351	E	DISKECTOMY, ANTERIOR, WITH D				Not Allowed	$0.00			
S2360	E	VERTEBROPLAST CERV 1ST				Not Allowed	$0.00			
S2361	E	VERTEBROPLAST CERV ADDL				Not Allowed	$0.00			
S2400	E	FETAL SURG CONGEN HERNIA				Not Allowed	$0.00			
S2401	E	FETAL SURG URIN TRAC OBSTR				Not Allowed	$0.00			
S2402	E	FETAL SURG CONG CYST MALF				Not Allowed	$0.00			
S2403	E	FETAL SURG PULMON SEQUEST				Not Allowed	$0.00			
S2404	E	FETAL SURG MYELOMENINGO				Not Allowed	$0.00			
S2405	E	FETAL SURG SACROCOC TERATOMA				Not Allowed	$0.00			
S2409	E	FETAL SURG NOC				Not Allowed	$0.00			
S2411	E	FETOSCOP LASER THER TTTS				Not Allowed	$0.00			
S2900	E	ROBOTIC SURGICAL SYSTEM				Not Allowed	$0.00			
S3600	E	STAT LAB				Not Allowed	$0.00			
S3601	E	STAT LAB HOME/NF				Not Allowed	$0.00			
S3620	E	NEWBORN METABOLIC SCREENING				Not Allowed	$0.00			
S3630	E	EOSINOPHIL BLOOD COUNT				Not Allowed	$0.00			
S3645	E	HIV-1 ANTIBODY TESTING OF OR				Not Allowed	$0.00			
S3650	E	SALIVA TEST, HORMONE LEVEL;				Not Allowed	$0.00			
S3652	E	SALIVA TEST, HORMONE LEVEL;				Not Allowed	$0.00			
S3708	E	GASTROINTESTINAL FAT ABSORPT				Not Allowed	$0.00			
S3721	E	PCA3 TESTING				Not Allowed	$0.00			
S3853	E	GENE TEST MYO MUSCLR DYST				Not Allowed	$0.00			
S3854	E	GENE PROFILE PANEL BREAST				Not Allowed	$0.00			
S3890	E	FECAL DNA ANALYSIS				Not Allowed	$0.00			
S3900	E	SURFACE EMG				Not Allowed	$0.00			
S3902	E	BALLISTOCARDIOGRAM				Not Allowed	$0.00			
S3904	E	MASTERS TWO STEP				Not Allowed	$0.00			
S4005	E	INTERIM LABOR FACILITY GLOBAL				Not Allowed	$0.00			
S4011	E	IVF PACKAGE				Not Allowed	$0.00			
S4013	E	COMPLETE GIFT CASE RATE				Not Allowed	$0.00			
S4014	E	COMPLETE ZIFT CASE RATE				Not Allowed	$0.00			
S4015	E	COMPLETE IVF NOS CASE RATE				Not Allowed	$0.00			
S4016	E	FROZEN IVF CASE RATE				Not Allowed	$0.00			
S4017	E	IVF CANC A STIM CASE RATE				Not Allowed	$0.00			
S4018	E	F EMB TRNS CANC CASE RATE				Not Allowed	$0.00			
S4020	E	IVF CANC A ASPIR CASE RATE				Not Allowed	$0.00			
S4021	E	IVF CANC P ASPIR CASE RATE				Not Allowed	$0.00			
S4022	E	ASST OOCYTE FERT CASE RATE				Not Allowed	$0.00			

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S4023	E	DONOR EGG CYCLE INCOMPLETE CASE RATE				Not Allowed	$0.00			
S4025	E	DONOR SERV IVF CASE RATE				Not Allowed	$0.00			
S4026	E	PROCURE DONOR SPERM				Not Allowed	$0.00			
S4027	E	STORE PREV FROZ EMBRYOS				Not Allowed	$0.00			
S4028	E	MICROSURG EPI SPERM ASP				Not Allowed	$0.00			
S4030	E	SPERM PROCURE INIT VISIT				Not Allowed	$0.00			
S4031	E	SPERM PROCURE SUBS VISIT				Not Allowed	$0.00			
S4035	E	STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE RATE				Not Allowed	$0.00			
S4037	E	CRYOPRESERVED EMBRYO TRANSFER CASE RATE				Not Allowed	$0.00			
S4040	E	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS PER 30 [				Not Allowed	$0.00			
S4042	E	OVULATION MGMT PER CYCLE				Not Allowed	$0.00			
S4980	E	LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EACH				Not Allowed	$0.00			
S4981	E	INSERT LEVONORGESTREL IUS				Not Allowed	$0.00			
S4989	E	CONTRACEPT IUD				Not Allowed	$0.00			
S4990	E	NICOTINE PATCH LEGEND				Not Allowed	$0.00			
S4991	E	NICOTINE PATCH NONLEGEND				Not Allowed	$0.00			
S4993	N	CONTRACEPTIVE PILLS FOR BIRTH CONTROL				Bundled	$0.00			
S4995	E	SMOKING CESSATION GUM				Not Allowed	$0.00			
S5000	E	PRESCRIPTION DRUG, GENERIC				Not Allowed	$0.00			
S5001	E	PRESCRIPTION DRUG,BRAND NAME				Not Allowed	$0.00			
S5010	E	5% DEXTROSE AND 0.45% SALINE				Not Allowed	$0.00			
S5011	E	5% DEXTROSE IN LACTATED RING				Not Allowed	$0.00			
S5012	E	5% DEXTROSE WITH POTASSIUM				Not Allowed	$0.00			
S5014	E	D5W/0.45NS W KCL AND MGS04				Not Allowed	$0.00			
S5016	E	ANTIBIOTIC ADMIN SUPPLIES W/				Not Allowed	$0.00			
S5017	E	ANTIBIOTIC ADMINSUPPLIES W/O				Not Allowed	$0.00			
S5018	E	PAIN THERAPY ADMIN SUPPLIES				Not Allowed	$0.00			
S5020	E	CHEMOTHERAPY ADMIN SUPPLIES				Not Allowed	$0.00			
S5021	E	HYDRATION THERAPY ADMIN SUPP				Not Allowed	$0.00			
S5022	E	GROWTH HORMONE THERAPY				Not Allowed	$0.00			
S5025	E	INFUSION PUMP RENTAL,PERDIEM				Not Allowed	$0.00			
S5035	E	HIT ROUTINE DEVICE MAINT				Not Allowed	$0.00			
S5497	E	HIT CATH CARE NOC				Not Allowed	$0.00			
S5498	E	HIT SIMPLE CATH CARE				Not Allowed	$0.00			
S5501	E	HIT COMPLEX CATH CARE				Not Allowed	$0.00			
S5502	E	HIT INTERIM CATH CARE				Not Allowed	$0.00			
S5517	E	HIT DECLOTTING KIT				Not Allowed	$0.00			
S5518	E	HIT CATH REPAIR KIT				Not Allowed	$0.00			
S5520	E	HIT PICC INSERT KIT				Not Allowed	$0.00			
S5521	E	HIT MIDLINE CATH INSERT KIT				Not Allowed	$0.00			
S5522	E	HIT PICC INSERT NO SUPP				Not Allowed	$0.00			
S5523	E	HIP MIDLINE CATH INSERT KIT				Not Allowed	$0.00			
S5550	E	INSULIN RAPID 5 U				Not Allowed	$0.00			
S5551	E	INSULIN MOST RAPID 5 U				Not Allowed	$0.00			
S5552	E	INSULIN INTERMED 5 U				Not Allowed	$0.00			
S5553	E	INSULIN LONG ACTING 5 U				Not Allowed	$0.00			
S5560	E	INSULIN REUSE PEN 1.5 ML				Not Allowed	$0.00			
S5561	E	INSULIN REUSE PEN 3 ML				Not Allowed	$0.00			
S5565	E	INSULIN CARTRIDGE 150 U				Not Allowed	$0.00			
S5566	E	INSULIN CARTRIDGE 300 U				Not Allowed	$0.00			
S5570	E	INSULIN DISPOS PEN 1.5 ML				Not Allowed	$0.00			
S5571	E	INSULIN DISPOS PEN 3 ML				Not Allowed	$0.00			
S8030	E	TANTALUM RING APPLICATION				Not Allowed	$0.00			
S8035	E	MAGNETIC SOURCE IMAGING				Not Allowed	$0.00			
S8037	E	MRCP				Not Allowed	$0.00			
S8040	E	TOPOGRAPHIC BRAIN MAPPING				Not Allowed	$0.00			
S8042	E	MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD				Not Allowed	$0.00			
S8055	E	US GUIDANCE FETAL REDUCT				Not Allowed	$0.00			
S8080	E	SCINTIMAMMOGRAPHY				Not Allowed	$0.00			
S8085	E	FLUORINE-18 FLUORODEOXYGLUCO				Not Allowed	$0.00			
S8092	E	ELECTRON BEAM COMPUTED TOMOG				Not Allowed	$0.00			
S8096	E	PORTABLE PEAK FLOW METER				Not Allowed	$0.00			
S8097	E	ASTHMA KIT				Not Allowed	$0.00			
S8100	E	SPACER WITHOUT MASK				Not Allowed	$0.00			

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S8101	E	SPACER WITH MASK				Not Allowed	$0.00			
S8110	E	PEAK EXPIRATORY FLOW RATE (P				Not Allowed	$0.00			
S8120	E	O2 CONTENTS GAS CUBIC FT				Not Allowed	$0.00			
S8121	E	O2 CONTENTS LIQUID LB				Not Allowed	$0.00			
S8185	E	FLUTTER DEVICE				Not Allowed	$0.00			
S8186	E	SWIVEL ADAPTOR				Not Allowed	$0.00			
S8189	E	TRACH SUPPLY NOC				Not Allowed	$0.00			
S8205	E	CHEST COMPRESSION SYSTEM GEN				Not Allowed	$0.00			
S8210	E	MUCUS TRAP				Not Allowed	$0.00			
S8262	E	MANDIBULAR ORTHOPEDIC REPOSITIONING DEVICE EACH				Not Allowed	$0.00			
S8265	E	HABERMAN FEEDER FOR CLEFT LIP/PALATE				Not Allowed	$0.00			
S8270	E	ENURESIS ALARM				Not Allowed	$0.00			
S8300	E	SACRAL NERVE STIMULATION TEST LEAD KIT				Not Allowed	$0.00			
S8301	E	INFECT CONTROL SUPPLIES NOS				Not Allowed	$0.00			
S8400	E	INCONTINENCE PANTS, EACH				Not Allowed	$0.00			
S8402	E	DIAPERS, EACH				Not Allowed	$0.00			
S8415	E	SUPPLIES FOR HOME DELIVERY				Not Allowed	$0.00			
S8420	E	CUSTOM GRADIENT SLEEV/GLOV				Not Allowed	$0.00			
S8421	E	READY GRADIENT SLEEV/GLOV				Not Allowed	$0.00			
S8422	E	CUSTOM GRAD SLEEVE MED				Not Allowed	$0.00			
S8423	E	CUSTOM GRAD SLEEVE HEAVY				Not Allowed	$0.00			
S8424	E	READY GRADIENT SLEEVE				Not Allowed	$0.00			
S8425	E	CUSTOM GRAD GLOVE MED				Not Allowed	$0.00			
S8426	E	CUSTOM GRAD GLOVE HEAVY				Not Allowed	$0.00			
S8427	E	READY GRADIENT GLOVE				Not Allowed	$0.00			
S8428	E	READY GRADIENT GAUNTLET				Not Allowed	$0.00			
S8429	E	GRADIENT PRESSURE WRAP				Not Allowed	$0.00			
S8430	E	PADDING FOR COMPRSSN BDG				Not Allowed	$0.00			
S8431	E	COMPRESSION BANDAGE				Not Allowed	$0.00			
S8450	E	SPLINT DIGIT				Not Allowed	$0.00			
S8451	E	SPLINT WRIST OR ANKLE				Not Allowed	$0.00			
S8452	E	SPLINT ELBOW				Not Allowed	$0.00			
S8490	E	100 INSULIN SYRINGES				Not Allowed	$0.00			
S8930	E	AURICULAR ELECTROSTIMULATION				Not Allowed	$0.00			
S8948	E	LOW-LEVEL LASER TRMT 15 MIN				Not Allowed	$0.00			
S8950	E	COMPLEX LYMPHEDEMA THERAPY,				Not Allowed	$0.00			
S8999	E	RESUSCITATION BAG				Not Allowed	$0.00			
S9001	E	HOME UTERINE MONITOR WITH OR				Not Allowed	$0.00			
S9007	E	ULTRAFILTRATION MONITOR				Not Allowed	$0.00			
S9015	E	AUTOMATED EEG MONITORING				Not Allowed	$0.00			
S9024	E	PARANASAL SINUS ULTRASOUND				Not Allowed	$0.00			
S9025	E	OMNICARDIOGRAM/CARDIOINTEGRA				Not Allowed	$0.00			
S9034	E	ESWL FOR GALLSTONES				Not Allowed	$0.00			
S9055	E	PROCUREN OR OTHER GROWTH FAC				Not Allowed	$0.00			
S9056	E	COMA STIMULATION PER DIEM				Not Allowed	$0.00			
S9061	E	MEDICAL SUPPLIES AND EQUIPME				Not Allowed	$0.00			
S9083	E	URGENT CARE CENTER GLOBAL				Not Allowed	$0.00			
S9088	E	SERVICES PROVIDED IN URGENT				Not Allowed	$0.00			
S9090	E	VERTEBRAL AXIAL DECOMPRESSIO				Not Allowed	$0.00			
S9097	E	HOME VISIT FOR WOUND CARE				Not Allowed	$0.00			
S9098	E	HOME PHOTOTHERAPY VISIT				Not Allowed	$0.00			
S9109	E	CHF TELEMONITORING MONTH				Not Allowed	$0.00			
S9117	E	BACK SCHOOL VISIT				Not Allowed	$0.00			
S9122	E	HOME HEALTH AIDE OR CERTIFIE				Not Allowed	$0.00			
S9123	E	NURSING CARE IN HOME RN				Not Allowed	$0.00			
S9124	E	NURSING CARE, IN THE HOME; B				Not Allowed	$0.00			
S9125	E	RESPITE CARE, IN THE HOME, P				Not Allowed	$0.00			
S9126	E	HOSPICE CARE, IN THE HOME, P				Not Allowed	$0.00			
S9127	E	SOCIAL WORK VISIT, IN THE HO				Not Allowed	$0.00			
S9128	E	SPEECH THERAPY, IN THE HOME,				Not Allowed	$0.00			
S9129	E	OCCUPATIONAL THERAPY, IN THE				Not Allowed	$0.00			
S9131	E	PT IN THE HOME PER DIEM				Not Allowed	$0.00			
S9140	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed	$0.00			
S9141	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed	$0.00			

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S9145	E	INSULIN PUMP INITIATION				Not Allowed	$0.00			
S9208	E	HOME MGMT PRETERM LABOR				Not Allowed	$0.00			
S9209	E	HOME MGMT PPROM				Not Allowed	$0.00			
S9211	E	HOME MGMT GEST HYPERTENSION				Not Allowed	$0.00			
S9212	E	HM POSTPAR HYPER PER DIEM				Not Allowed	$0.00			
S9213	E	HM PREECLAMP PER DIEM				Not Allowed	$0.00			
S9214	E	HM GEST DM PER DIEM				Not Allowed	$0.00			
S9325	E	HIT PAIN MGMT PER DIEM				Not Allowed	$0.00			
S9326	E	HIT CONT PAIN PER DIEM				Not Allowed	$0.00			
S9327	E	HIT INT PAIN PER DIEM				Not Allowed	$0.00			
S9328	E	HIT PAIN IMP PUMP DIEM				Not Allowed	$0.00			
S9329	E	HIT CHEMO PER DIEM				Not Allowed	$0.00			
S9330	E	HIT CONT CHEM DIEM				Not Allowed	$0.00			
S9331	E	HIT INTERMIT CHEMO DIEM				Not Allowed	$0.00			
S9336	E	HIT CONT ANTICOAG DIEM				Not Allowed	$0.00			
S9338	E	HIT IMMUNOTHERAPY DIEM				Not Allowed	$0.00			
S9339	E	HIT PERITON DIALYSIS DIEM				Not Allowed	$0.00			
S9340	E	HIT ENTERAL PER DIEM				Not Allowed	$0.00			
S9341	E	HIT ENTERAL GRAV DIEM				Not Allowed	$0.00			
S9342	E	HIT ENTERAL PUMP DIEM				Not Allowed	$0.00			
S9343	E	HIT ENTERAL BOLUS NURS				Not Allowed	$0.00			
S9345	E	HIT ANTI-HEMOPHIL DIEM				Not Allowed	$0.00			
S9346	E	HIT ALPHA-1-PROTEINAS DIEM				Not Allowed	$0.00			
S9347	E	HIT LONGTERM INFUSION DIEM				Not Allowed	$0.00			
S9348	E	HIT SYMPATHOMIM DIEM				Not Allowed	$0.00			
S9349	E	HIT TOCOLYSIS DIEM				Not Allowed	$0.00			
S9351	E	HIT CONT ANTIEMETIC DIEM				Not Allowed	$0.00			
S9353	E	HIT CONT INSULIN DIEM				Not Allowed	$0.00			
S9355	E	HIT CHELATION DIEM				Not Allowed	$0.00			
S9357	E	HIT ENZYME REPLACE DIEM				Not Allowed	$0.00			
S9359	E	HIT ANTI-TNF PER DIEM				Not Allowed	$0.00			
S9361	E	HIT DIURETIC INFUS DIEM				Not Allowed	$0.00			
S9363	E	HIT ANTI-SPASMOTIC DIEM				Not Allowed	$0.00			
S9364	E	HIT TPN TOTAL DIEM				Not Allowed	$0.00			
S9365	E	HIT TPN 1 LITER DIEM				Not Allowed	$0.00			
S9366	E	HIT TPN 2 LITER DIEM				Not Allowed	$0.00			
S9367	E	HIT TPN 3 LITER DIEM				Not Allowed	$0.00			
S9368	E	HIT TPN OVER 3L DIEM				Not Allowed	$0.00			
S9370	E	HT INJ ANTIEMETIC DIEM				Not Allowed	$0.00			
S9372	E	HT INJ ANTICOAG DIEM				Not Allowed	$0.00			
S9373	E	HIT HYDRA TOTAL DIEM				Not Allowed	$0.00			
S9374	E	HIT HYDRA 1 LITER DIEM				Not Allowed	$0.00			
S9375	E	HIT HYDRA 2 LITER DIEM				Not Allowed	$0.00			
S9376	E	HIT HYDRA 3 LITER DIEM				Not Allowed	$0.00			
S9377	E	HIT HYDRA OVER 3L DIEM				Not Allowed	$0.00			
S9379	E	HIT NOC PER DIEM				Not Allowed	$0.00			
S9381	E	HIT HIGH RISK/ESCORT				Not Allowed	$0.00			
S9401	E	ANTICOAGULATION CLINIC PER SESSION				Not Allowed	$0.00			
S9430	E	PHARMACY COMPOUNDING AND DISPENSING SERVICES				Not Allowed	$0.00			
S9435	E	MEDICAL FOODS FOR INBORN ERR				Not Allowed	$0.00			
S9436	E	LAMAZE CLASS PER SESSION				Not Allowed	$0.00			
S9437	E	CHILDBIRTH REFRESHER CLASSES PER SESSION				Not Allowed	$0.00			
S9438	E	CESAREAN BIRTH CLASS PER SESSION				Not Allowed	$0.00			
S9439	E	VBAC CLASS PER SESSION				Not Allowed	$0.00			
S9441	E	ASTHMA EDUCATION				Not Allowed	$0.00			
S9442	E	BIRTHING CLASS				Not Allowed	$0.00			
S9443	E	LACTATION CLASS				Not Allowed	$0.00			
S9444	E	PARENTING CLASSES NON-PHYSICIAN PROVIDER PER SESSION				Not Allowed	$0.00			
S9445	E	PT EDUCATION NOC INDIVID				Not Allowed	$0.00			
S9446	E	PT EDUCATION NOC GROUP				Not Allowed	$0.00			
S9447	E	INFANT SAFETY CLASS PER SESSION				Not Allowed	$0.00			
S9449	E	WEIGHT MANAGEMENT CLASSES PER SESSION				Not Allowed	$0.00			
S9451	E	EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SESSION				Not Allowed	$0.00			
S9452	E	NUTRITION CLASSES NON-PHYSICIAN PROVIDER PER SESSION				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
S9453	E	SMOKING CESSATION CLASS PER SESSION				Not Allowed	$0.00			
S9454	E	STRESS MANAGEMENT CLASS PER SESSION				Not Allowed	$0.00			
S9455	M	DIABETIC MANAGEMENT PROGRAM, GROUP SESSION				Fee Schedule	$30.00			
S9460	M	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT				Fee Schedule	$26.88			
S9465	E	DIABETIC MANAGEMENT PROGRAM, DIETICIAN VISIT				Not Allowed	$0.00			
S9470	E	NUTRITIONAL COUNSELING, DIET				Not Allowed	$0.00			
S9472	E	CARDIAC REHABILITATION PROGR				Not Allowed	$0.00			
S9473	E	PULMONARY REHABILITATION PRO				Not Allowed	$0.00			
S9474	E	ENTEROSTOMAL THERAPY BY A RE				Not Allowed	$0.00			
S9475	E	AMBULATORY SETTING SUBSTANCE				Not Allowed	$0.00			
S9476	E	VESTIBULAR REHAB PER DIEM				Not Allowed	$0.00			
S9480	E	INTENSIVE OUTPATIENT PSYCHIA				Not Allowed	$0.00			
S9482	E	FAMILY STABILIZATION 15 MIN				Not Allowed	$0.00			
S9484	E	CRISIS INTERVENTION PER HOUR				Not Allowed	$0.00			
S9484	M	CRISIS INTERVENTION MH SRVS PER HOUR			U1	Fee Schedule	$26.01			
S9484	M	CRISIS INTERVENTION MH PER HOUR			U2	Fee Schedule	$13.01			
S9484	M	CRISIS INTERVENTION MH SERVICES PER HOUR			U3	Fee Schedule	$8.67			
S9485	E	CRISIS INTERVENTION PER DIEM				Not Allowed	$0.00			
S9494	E	HIT ANTIBIOTIC TOTAL DIEM				Not Allowed	$0.00			
S9497	E	HIT ANTIBIOTIC Q3H DIEM				Not Allowed	$0.00			
S9500	E	HIT ANTIBIOTIC Q24H DIEM				Not Allowed	$0.00			
S9501	E	HIT ANTIBIOTIC Q12H DIEM				Not Allowed	$0.00			
S9502	E	HIT ANTIBIOTIC Q8H DIEM				Not Allowed	$0.00			
S9503	E	HIT ANTIBIOTIC Q6H DIEM				Not Allowed	$0.00			
S9504	E	HIT ANTIBIOTIC Q4H DIEM				Not Allowed	$0.00			
S9529	E	VENIPUNCTURE HOME/SNF				Not Allowed	$0.00			
S9537	E	HT HEM HORM INJ DIEM				Not Allowed	$0.00			
S9538	E	HIT BLOOD PRODUCTS DIEM				Not Allowed	$0.00			
S9542	E	HT INJ NOC PER DIEM				Not Allowed	$0.00			
S9558	E	HT INJ GROWTH HORM DIEM				Not Allowed	$0.00			
S9559	E	HIT INJ INTERFERON DIEM				Not Allowed	$0.00			
S9560	E	HT INJ HORMONE DIEM				Not Allowed	$0.00			
S9562	E	PALIVIZUMAB HOME INJ PERDIEM				Not Allowed	$0.00			
S9590	E	IN HOME IRRIGATION THERAPY				Not Allowed	$0.00			
S9810	E	HT PHARM PER HOUR				Not Allowed	$0.00			
S9970	E	HEALTH CLUB MEMBERSHIP ANNUAL				Not Allowed	$0.00			
S9975	E	TRANSPLANT RELATED PER DIEM				Not Allowed	$0.00			
S9976	E	LODGING PER DIEM				Not Allowed	$0.00			
S9977	E	MEALS PER DIEM				Not Allowed	$0.00			
S9981	E	MED RECORD COPY ADMIN				Not Allowed	$0.00			
S9982	E	MED RECORD COPY PER PAGE				Not Allowed	$0.00			
S9986	E	NOT MEDICALLY NECESSARY SVC				Not Allowed	$0.00			
S9988	E	SERV PART OF PHASE I TRIAL				Not Allowed	$0.00			
S9989	E	SERVICES OUTSIDE US				Not Allowed	$0.00			
S9990	E	SERVICES PROVIDED AS PART OF				Not Allowed	$0.00			
S9991	E	SERVICES PROVIDED AS PART OF				Not Allowed	$0.00			
S9992	E	TRANSPORTATION COSTS TO AND				Not Allowed	$0.00			
T1000	E	PRIVATE DUTY/INDEPENDENT NSG				Not Allowed	$0.00			
T1001	E	NURSING ASSESSMENT/EVALUATN				Not Allowed	$0.00			
T1002	E	RN SERVICES UP TO 15 MINUTES				Not Allowed	$0.00			
T1003	E	LPN/LVN SERVICES UP TO 15MIN				Not Allowed	$0.00			
T1004	E	NSG AIDE SERVICE UP TO 15MIN				Not Allowed	$0.00			
T1005	E	RESPITE CARE SERVICE 15 MIN				Not Allowed	$0.00			
T1006	E	FAMILY/COUPLE COUNSELING				Not Allowed	$0.00			
T1007	E	TREATMENT PLAN DEVELOPMENT				Not Allowed	$0.00			
T1009	E	CHILD SITTING SERVICES				Not Allowed	$0.00			
T1010	E	MEALS WHEN RECEIVE SERVICES				Not Allowed	$0.00			
T1012	E	ALCOHOL/SUBSTANCE ABUSE SKIL				Not Allowed	$0.00			
T1013	E	SIGN LANG/ORAL INTERPRETER				Not Allowed	$0.00			
T1014	E	TELEHEALTH TRANSMIT, PER MIN				Not Allowed	$0.00			
T1015	E	CLINIC SERVICE				Not Allowed	$0.00			
T1016	M	CASE MANAGEMENT				Fee Schedule	$0.00			
T1016	M	CASE MANAGEMENT, EACH 15 MINUTES			HD	Fee Schedule	$0.00			
T1017	E	TARGETED CASE MANAGEMENT				Not Allowed	$0.00			

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T1018	E	SCHOOL-BASED IEP SER BUNDLED				Not Allowed	$0.00			
T1019	E	PERSONAL CARE SER PER 15 MIN				Not Allowed	$0.00			
T1020	E	EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE				Not Allowed	$0.00			
T1021	E	HH AIDE OR CN AIDE PER VISIT				Not Allowed	$0.00			
T1022	E	CONTRACTED SERVICES PER DAY				Not Allowed	$0.00			
T1023	E	PROGRAM INTAKE ASSESSMENT				Not Allowed	$0.00			
T1024	M	TEAM EVALUATION & MANAGEMENT				Fee Schedule	$100.00			
T1025	M	PED COMPR CARE PKG PER DIEM				Fee Schedule	$1,000.00			
T1026	E	PED COMPR CARE PKG PER HOUR				Not Allowed	$0.00			
T1027	E	FAMILY TRAINING & COUNSELING				Not Allowed	$0.00			
T1028	E	HOME ENVIRONMENT ASSESSMENT				Not Allowed	$0.00			
T1029	E	NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND AREOLAR TIS				Not Allowed	$0.00			
T1030	E	REMOVAL OF SUTURES BY ANOTHER PHYSICIAN				Not Allowed	$0.00			
T1031	E	LPN HOME CARE PER DIEM				Not Allowed	$0.00			
T1502	E	MEDICATION ADMIN VISIT				Not Allowed	$0.00			
T1505	E	ELEC MED COMP DEV, NOC				Not Allowed	$0.00			
T1999	E	NOC RETAIL ITEMS AND SUPPLIES				Not Allowed	$0.00			
T2001	E	N-ET; PATIENT ATTEND/ESCORT				Not Allowed	$0.00			
T2002	E	N-ET; PER DIEM				Not Allowed	$0.00			
T2003	E	N-ET; ENCOUNTER/TRIP				Not Allowed	$0.00			
T2004	E	N-ET; COMMERC CARRIER PASS				Not Allowed	$0.00			
T2005	E	N-ET; STRETCHER VAN				Not Allowed	$0.00			
T2007	E	NON-EMER TRANSPORT WAIT TIME				Not Allowed	$0.00			
T2010	E	PASRR LEVEL I				Not Allowed	$0.00			
T2011	E	PASRR LEVEL II				Not Allowed	$0.00			
T2012	E	HABIL ED WAIVER, PER DIEM				Not Allowed	$0.00			
T2013	E	HABIL ED WAIVER PER HOUR				Not Allowed	$0.00			
T2014	E	HABIL PREVOC WAIVER, PER D				Not Allowed	$0.00			
T2015	E	HABIL PREVOC WAIVER PER HR				Not Allowed	$0.00			
T2016	E	HABIL RES WAIVER PER DIEM				Not Allowed	$0.00			
T2017	E	HABIL RES WAIVER 15 MIN				Not Allowed	$0.00			
T2018	E	HABIL SUP EMPL WAIVER/DIEM				Not Allowed	$0.00			
T2019	E	HABIL SUP EMPL WAIVER 15MIN				Not Allowed	$0.00			
T2020	E	DAY HABIL WAIVER PER DIEM				Not Allowed	$0.00			
T2021	E	DAY HABIL WAIVER PER 15 MIN				Not Allowed	$0.00			
T2022	E	CASE MANAGEMENT, PER MONTH				Not Allowed	$0.00			
T2023	E	TARGETED CASE MGMT PER MONTH				Not Allowed	$0.00			
T2024	E	SERV ASMNT/CARE PLAN WAIVER				Not Allowed	$0.00			
T2025	E	WAIVER SERVICE, NOS				Not Allowed	$0.00			
T2026	E	SPECIAL CHILDCARE WAIVER/D				Not Allowed	$0.00			
T2027	E	SPEC CHILDCARE WAIVER 15 MIN				Not Allowed	$0.00			
T2028	E	SPECIAL SUPPLY, NOS WAIVER				Not Allowed	$0.00			
T2029	E	SPECIAL MED EQUIP, NOSWAIVER				Not Allowed	$0.00			
T2030	E	ASSIST LIVING WAIVER/MONTH				Not Allowed	$0.00			
T2031	E	ASSIST LIVING WAIVER/DIEM				Not Allowed	$0.00			
T2032	E	RES CARE, NOS WAIVER/MONTH				Not Allowed	$0.00			
T2033	E	RES, NOS WAIVER PER DIEM				Not Allowed	$0.00			
T2034	E	CRISIS INTERVEN WAIVER/DIEM				Not Allowed	$0.00			
T2035	E	UTILITY SERVICES WAIVER				Not Allowed	$0.00			
T2036	E	CAMP OVERNITE WAIVER/SESSION				Not Allowed	$0.00			
T2037	E	CAMP DAY WAIVER/SESSION				Not Allowed	$0.00			
T2038	E	COMM TRANS WAIVER/SERVICE				Not Allowed	$0.00			
T2039	E	VEHICLE MOD WAIVER/SERVICE				Not Allowed	$0.00			
T2040	E	FINANCIAL MGT WAIVER/15MIN				Not Allowed	$0.00			
T2041	E	SUPPORT BROKER WAIVER/15 MIN				Not Allowed	$0.00			
T2042	E	HOSPICE ROUTINE HOME CARE				Not Allowed	$0.00			
T2043	E	HOSPICE CONTINUOUS HOME CARE				Not Allowed	$0.00			
T2044	E	HOSPICE RESPITE CARE				Not Allowed	$0.00			
T2045	E	HOSPICE GENERAL CARE				Not Allowed	$0.00			
T2046	E	HOSPICE LONG TERM CARE R&B				Not Allowed	$0.00			
T2048	E	BH LTC RES R&B, PER DIEM				Not Allowed	$0.00			
T2049	E	N-ET; STRETCHER VAN MILEAGE				Not Allowed	$0.00			
T2101	E	BREAST MILK PROC/STORE/DIST				Not Allowed	$0.00			
T4521	E	ADULT SIZE BRIEF/DIAPER SM				Not Allowed	$0.00			

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T4522	E	ADULT SIZE BRIEF/DIAPER MED				Not Allowed	$0.00			
T4523	E	ADULT SIZE BRIEF/DIAPER LG				Not Allowed	$0.00			
T4524	E	ADULT SIZE BRIEF/DIAPER XL				Not Allowed	$0.00			
T4525	E	ADULT SIZE PULL-ON SM				Not Allowed	$0.00			
T4526	E	ADULT SIZE PULL-ON MED				Not Allowed	$0.00			
T4527	E	ADULT SIZE PULL-ON LG				Not Allowed	$0.00			
T4528	E	ADULT SIZE PULL-ON XL				Not Allowed	$0.00			
T4529	E	PED SIZE BRIEF/DIAPER SM/MED				Not Allowed	$0.00			
T4530	E	PED SIZE BRIEF/DIAPER LG				Not Allowed	$0.00			
T4531	E	PED SIZE PULL-ON SM/MED				Not Allowed	$0.00			
T4532	E	PED SIZE PULL-ON LG				Not Allowed	$0.00			
T4533	E	YOUTH SIZE BRIEF/DIAPER				Not Allowed	$0.00			
T4534	E	YOUTH SIZE PULL-ON				Not Allowed	$0.00			
T4535	E	DISPOSABLE LINER/SHIELD/PAD				Not Allowed	$0.00			
T4536	E	REUSABLE PULL-ON ANY SIZE				Not Allowed	$0.00			
T4537	E	REUSABLE UNDERPAD BED SIZE				Not Allowed	$0.00			
T4538	E	DIAPER SERV REUSABLE DIAPER				Not Allowed	$0.00			
T4539	E	REUSE DIAPER/BRIEF ANY SIZE				Not Allowed	$0.00			
T4540	E	REUSABLE UNDERPAD CHAIR SIZE				Not Allowed	$0.00			
T4541	E	LARGE DISPOSABLE UNDERPAD				Not Allowed	$0.00			
T4542	E	SMALL DISPOSABLE UNDERPAD				Not Allowed	$0.00			
T5001	E	SPECIAL POSITION SEAT/VEHICL				Not Allowed	$0.00			
T5999	E	SUPPLY, NOS				Not Allowed	$0.00			
V2020	E	VISION SVCS FRAMES PURCHASES				Not Allowed	$0.00			
V2025	E	EYEGLASSES DELUX FRAMES				Not Allowed	$0.00			
V2100	E	LENS SPHER SINGLE PLANO 4.00				Not Allowed	$0.00			
V2101	E	SINGLE VISN SPHERE 4.12-7.00				Not Allowed	$0.00			
V2102	E	SINGL VISN SPHERE 7.12-20.00				Not Allowed	$0.00			
V2103	E	SPHEROCYLINDR 4.00D/12-2.00D				Not Allowed	$0.00			
V2104	E	SPHEROCYLINDR 4.00D/2.12-4D				Not Allowed	$0.00			
V2105	E	SPHEROCYLINDER 4.00D/4.25-6D				Not Allowed	$0.00			
V2106	E	SPHEROCYLINDER 4.00D/>6.00D				Not Allowed	$0.00			
V2107	E	SPHEROCYLINDER 4.25D/12-2D				Not Allowed	$0.00			
V2108	E	SPHEROCYLINDER 4.25D/2.12-4D				Not Allowed	$0.00			
V2109	E	SPHEROCYLINDER 4.25D/4.25-6D				Not Allowed	$0.00			
V2110	E	SPHEROCYLINDER 4.25D/OVER 6D				Not Allowed	$0.00			
V2111	E	SPHEROCYLINDR 7.25D/.25-2.25				Not Allowed	$0.00			
V2112	E	SPHEROCYLINDR 7.25D/2.25-4D				Not Allowed	$0.00			
V2113	E	SPHEROCYLINDR 7.25D/4.25-6D				Not Allowed	$0.00			
V2114	E	SPHEROCYLINDER OVER 12.00D				Not Allowed	$0.00			
V2115	E	LENS LENTICULAR BIFOCAL				Not Allowed	$0.00			
V2118	E	LENS ANISEIKONIC SINGLE				Not Allowed	$0.00			
V2121	E	LENTICULAR LENS, SINGLE				Not Allowed	$0.00			
V2199	E	LENS SINGLE VISION NOT OTH C				Not Allowed	$0.00			
V2200	E	LENS SPHER BIFOC PLANO 4.00D				Not Allowed	$0.00			
V2201	E	LENS SPHERE BIFOCAL 4.12-7.0				Not Allowed	$0.00			
V2202	E	LENS SPHERE BIFOCAL 7.12-20.				Not Allowed	$0.00			
V2203	E	LENS SPHCYL BIFOCAL 4.00D/.1				Not Allowed	$0.00			
V2204	E	LENS SPHCY BIFOCAL 4.00D/2.1				Not Allowed	$0.00			
V2205	E	LENS SPHCY BIFOCAL 4.00D/4.2				Not Allowed	$0.00			
V2206	E	LENS SPHCY BIFOCAL 4.00D/OVE				Not Allowed	$0.00			
V2207	E	LENS SPHCY BIFOCAL 4.25-7D/.				Not Allowed	$0.00			
V2208	E	LENS SPHCY BIFOCAL 4.25-7/2.				Not Allowed	$0.00			
V2209	E	LENS SPHCY BIFOCAL 4.25-7/4.				Not Allowed	$0.00			
V2210	E	LENS SPHCY BIFOCAL 4.25-7/OV				Not Allowed	$0.00			
V2211	E	LENS SPHCY BIFO 7.25-12/.25-				Not Allowed	$0.00			
V2212	E	LENS SPHCYL BIFO 7.25-12/2.2				Not Allowed	$0.00			
V2213	E	LENS SPHCYL BIFO 7.25-12/4.2				Not Allowed	$0.00			
V2214	E	LENS SPHCYL BIFOCAL OVER 12.				Not Allowed	$0.00			
V2215	E	LENS LENTICULAR BIFOCAL				Not Allowed	$0.00			
V2218	E	LENS ANISEIKONIC BIFOCAL				Not Allowed	$0.00			
V2219	E	LENS BIFOCAL SEG WIDTH OVER				Not Allowed	$0.00			
V2220	E	LENS BIFOCAL ADD OVER 3.25D				Not Allowed	$0.00			
V2221	E	LENTICULAR LENS, BIFOCAL				Not Allowed	$0.00			

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V2299	E	LENS BIFOCAL SPECIALITY				Not Allowed	$0.00			
V2300	E	LENS SPHERE TRIFOCAL 4.00D				Not Allowed	$0.00			
V2301	E	LENS SPHERE TRIFOCAL 4.12-7.				Not Allowed	$0.00			
V2302	E	LENS SPHERE TRIFOCAL 7.12-20				Not Allowed	$0.00			
V2303	E	LENS SPHCY TRIFOCAL 4.0/.12-				Not Allowed	$0.00			
V2304	E	LENS SPHCY TRIFOCAL 4.0/2.25				Not Allowed	$0.00			
V2305	E	LENS SPHCY TRIFOCAL 4.0/4.25				Not Allowed	$0.00			
V2306	E	LENS SPHCYL TRIFOCAL 4.00/>6				Not Allowed	$0.00			
V2307	E	LENS SPHCY TRIFOCAL 4.25-7/.				Not Allowed	$0.00			
V2308	E	LENS SPHC TRIFOCAL 4.25-7/2.				Not Allowed	$0.00			
V2309	E	LENS SPHC TRIFOCAL 4.25-7/4.				Not Allowed	$0.00			
V2310	E	LENS SPHC TRIFOCAL 4.25-7/>6				Not Allowed	$0.00			
V2311	E	LENS SPHC TRIFO 7.25-12/.25-				Not Allowed	$0.00			
V2312	E	LENS SPHC TRIFO 7.25-12/2.25				Not Allowed	$0.00			
V2313	E	LENS SPHC TRIFO 7.25-12/4.25				Not Allowed	$0.00			
V2314	E	LENS SPHCYL TRIFOCAL OVER 12				Not Allowed	$0.00			
V2315	E	LENS LENTICULAR TRIFOCAL				Not Allowed	$0.00			
V2318	E	LENS ANISEIKONIC TRIFOCAL				Not Allowed	$0.00			
V2319	E	LENS TRIFOCAL SEG WIDTH > 28				Not Allowed	$0.00			
V2320	E	LENS TRIFOCAL ADD OVER 3.25D				Not Allowed	$0.00			
V2321	E	LENTICULAR LENS, TRIFOCAL				Not Allowed	$0.00			
V2399	E	LENS TRIFOCAL SPECIALITY				Not Allowed	$0.00			
V2410	E	LENS VARIAB ASPHERICITY SING				Not Allowed	$0.00			
V2430	E	LENS VARIABLE ASPHERICITY BI				Not Allowed	$0.00			
V2499	E	VARIABLE ASPHERICITY LENS				Not Allowed	$0.00			
V2500	E	CONTACT LENS PMMA SPHERICAL				Not Allowed	$0.00			
V2501	E	CNTCT LENS PMMA-TORIC/PRISM				Not Allowed	$0.00			
V2502	E	CONTACT LENS PMMA BIFOCAL				Not Allowed	$0.00			
V2503	E	CNTCT LENS PMMA COLOR VISION				Not Allowed	$0.00			
V2510	E	CNTCT GAS PERMEABLE SPHERICL				Not Allowed	$0.00			
V2511	E	CNTCT TORIC PRISM BALLAST				Not Allowed	$0.00			
V2512	E	CNTCT LENS GAS PERMBL BIFOCL				Not Allowed	$0.00			
V2513	E	CONTACT LENS EXTENDED WEAR				Not Allowed	$0.00			
V2520	E	CONTACT LENS HYDROPHILIC				Not Allowed	$0.00			
V2521	E	CNTCT LENS HYDROPHILIC TORIC				Not Allowed	$0.00			
V2522	E	CNTCT LENS HYDROPHIL BIFOCL				Not Allowed	$0.00			
V2523	E	CNTCT LENS HYDROPHIL EXTEND				Not Allowed	$0.00			
V2530	E	CONTACT LENS GAS IMPERMEABLE				Not Allowed	$0.00			
V2531	E	CONTACT LENS GAS PERMEABLE				Not Allowed	$0.00			
V2599	E	CONTACT LENS/ES OTHER TYPE				Not Allowed	$0.00			
V2600	E	HAND HELD LOW VISION AIDS				Not Allowed	$0.00			
V2610	E	SINGLE LENS SPECTACLE MOUNT				Not Allowed	$0.00			
V2615	E	TELESCOP/OTHR COMPOUND LENS				Not Allowed	$0.00			
V2623	E	PLASTIC EYE PROSTH CUSTOM				Not Allowed	$0.00			
V2624	E	POLISHING ARTIFICAL EYE				Not Allowed	$0.00			
V2625	E	ENLARGEMNT OF EYE PROSTHESIS				Not Allowed	$0.00			
V2626	E	REDUCTION OF EYE PROSTHESIS				Not Allowed	$0.00			
V2627	E	SCLERAL COVER SHELL				Not Allowed	$0.00			
V2628	E	FABRICATION & FITTING				Not Allowed	$0.00			
V2629	E	PROSTHETIC EYE OTHER TYPE				Not Allowed	$0.00			
V2630	N	ANTER CHAMBER INTRAOCUL LENS				Bundled, Sometimes Payable	$0.00			
V2631	N	IRIS SUPPORT INTRAOCLR LENS				Bundled, Sometimes Payable	$0.00			
V2632	N	POST CHMBR INTRAOCULAR LENS				Bundled, Sometimes Payable	$0.00			
V2700	E	BALANCE LENS				Not Allowed	$0.00			
V2702	E	DELUXE LENS FEATURE				Not Allowed	$0.00			
V2710	E	GLASS/PLASTIC SLAB OFF PRISM				Not Allowed	$0.00			
V2715	E	PRISM LENS/ES				Not Allowed	$0.00			
V2718	E	FRESNELL PRISM PRESS-ON LENS				Not Allowed	$0.00			
V2730	E	SPECIAL BASE CURVE				Not Allowed	$0.00			
V2744	E	TINT PHOTOCHROMATIC LENS/ES				Not Allowed	$0.00			
V2745	E	TINT, ANY COLOR/SOLID/GRAD				Not Allowed	$0.00			
V2750	E	ANTI-REFLECTIVE COATING				Not Allowed	$0.00			
V2755	E	UV LENS/ES				Not Allowed	$0.00			
V2756	E	EYE GLASS CASE				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
V2760	E	SCRATCH RESISTANT COATING				Not Allowed	$0.00			
V2761	E	MIRROR COATING				Not Allowed	$0.00			
V2762	E	POLARIZATION, ANY LENS				Not Allowed	$0.00			
V2770	E	OCCLUDER LENS/ES				Not Allowed	$0.00			
V2780	E	OVERSIZE LENS/ES				Not Allowed	$0.00			
V2781	E	PROGRESSIVE LENS PER LENS				Not Allowed	$0.00			
V2782	E	LENS, 1.54-1.65 P/1.60-1.79G				Not Allowed	$0.00			
V2783	E	LENS, >= 1.66 P/>=1.80 G				Not Allowed	$0.00			
V2784	E	LENS POLYCARB OR EQUAL				Not Allowed	$0.00			
V2785	M	CORNEAL TISSUE PROCESSING				Fee Schedule	$1,100.00			
V2786	E	OCCUPATIONAL MULTIFOCAL LENS				Not Allowed	$0.00			
V2787	E	ASTIGMATISM-CORRECT FUNCTION				Not Allowed	$0.00			
V2788	E	PRESBYOPIA-CORRECT FUNCTION				Not Allowed	$0.00			
V2790	N	AMNIOTIC MEMBRANE				Bundled, Sometimes Payable	$0.00			
V2797	E	VIS ITEM/SVC IN OTHER CODE				Not Allowed	$0.00			
V2799	E	MISC VISION ITEM OR SERVICE				Not Allowed	$0.00			
V5008	E	HEARING SCREENING				Not Allowed	$0.00			
V5010	E	ASSESSMENT FOR HEARING AID				Not Allowed	$0.00			
V5011	E	HEARING AID FITTING/CHECKING				Not Allowed	$0.00			
V5014	E	HEARING AID REPAIR/MODIFYING				Not Allowed	$0.00			
V5020	E	CONFORMITY EVALUATION				Not Allowed	$0.00			
V5030	E	BODY-WORN HEARING AID AIR				Not Allowed	$0.00			
V5040	E	BODY-WORN HEARING AID BONE				Not Allowed	$0.00			
V5050	E	HEARING AID MONAURAL IN EAR				Not Allowed	$0.00			
V5060	E	BEHIND EAR HEARING AID				Not Allowed	$0.00			
V5070	E	GLASSES AIR CONDUCTION				Not Allowed	$0.00			
V5080	E	GLASSES BONE CONDUCTION				Not Allowed	$0.00			
V5090	E	HEARING AID DISPENSING FEE				Not Allowed	$0.00			
V5095	E	IMPLANT MID EAR HEARING PROS				Not Allowed	$0.00			
V5100	E	BODY-WORN BILAT HEARING AID				Not Allowed	$0.00			
V5110	E	HEARING AID DISPENSING FEE				Not Allowed	$0.00			
V5120	E	BODY-WORN BINAUR HEARING AID				Not Allowed	$0.00			
V5130	E	IN EAR BINAURAL HEARING AID				Not Allowed	$0.00			
V5140	E	BEHIND EAR BINAUR HEARING AI				Not Allowed	$0.00			
V5150	E	GLASSES BINAURAL HEARING AID				Not Allowed	$0.00			
V5160	E	DISPENSING FEE BINAURAL				Not Allowed	$0.00			
V5170	E	WITHIN EAR CROS HEARING AID				Not Allowed	$0.00			
V5180	E	BEHIND EAR CROS HEARING AID				Not Allowed	$0.00			
V5190	E	GLASSES CROS HEARING AID				Not Allowed	$0.00			
V5200	E	CROS HEARING AID DISPENS FEE				Not Allowed	$0.00			
V5210	E	IN EAR BICROS HEARING AID				Not Allowed	$0.00			
V5220	E	BEHIND EAR BICROS HEARING AI				Not Allowed	$0.00			
V5230	E	GLASSES BICROS HEARING AID				Not Allowed	$0.00			
V5240	E	DISPENSING FEE BICROS				Not Allowed	$0.00			
V5241	E	DISPENSING FEE, MONAURAL				Not Allowed	$0.00			
V5242	E	HEARING AID, MONAURAL, CIC				Not Allowed	$0.00			
V5243	E	HEARING AID, MONAURAL, ITC				Not Allowed	$0.00			
V5244	E	HEARING AID, PROG, MON, CIC				Not Allowed	$0.00			
V5245	E	HEARING AID, PROG, MON, ITC				Not Allowed	$0.00			
V5246	E	HEARING AID, PROG, MON, ITE				Not Allowed	$0.00			
V5247	E	HEARING AID, PROG, MON, BTE				Not Allowed	$0.00			
V5248	E	HEARING AID, BINAURAL, CIC				Not Allowed	$0.00			
V5249	E	HEARING AID, BINAURAL, ITC				Not Allowed	$0.00			
V5250	E	HEARING AID, PROG, BIN, CIC				Not Allowed	$0.00			
V5251	E	HEARING AID, PROG, BIN, ITC				Not Allowed	$0.00			
V5252	E	HEARING AID, PROG, BIN, ITE				Not Allowed	$0.00			
V5253	E	HEARING AID, PROG, BIN, BTE				Not Allowed	$0.00			
V5254	E	HEARING ID, DIGIT, MON, CIC				Not Allowed	$0.00			
V5255	E	HEARING AID, DIGIT, MON, ITC				Not Allowed	$0.00			
V5256	E	HEARING AID, DIGIT, MON, ITE				Not Allowed	$0.00			
V5257	E	HEARING AID, DIGIT, MON, BTE				Not Allowed	$0.00			
V5258	E	HEARING AID, DIGIT, BIN, CIC				Not Allowed	$0.00			
V5259	E	HEARING AID, DIGIT, BIN, ITC				Not Allowed	$0.00			
V5260	E	HEARING AID, DIGIT, BIN, ITE				Not Allowed	$0.00			

Proc Cd	2015 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2015 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
V5261	E	HEARING AID, DIGIT, BIN, BTE				Not Allowed	$0.00			
V5262	E	HEARING AID, DISP, MONAURAL				Not Allowed	$0.00			
V5263	E	HEARING AID, DISP, BINAURAL				Not Allowed	$0.00			
V5264	E	EAR MOLD/INSERT				Not Allowed	$0.00			
V5265	E	EAR MOLD/INSERT, DISP				Not Allowed	$0.00			
V5266	E	BATTERY FOR HEARING DEVICE				Not Allowed	$0.00			
V5267	E	HEARING AID SUP/ACCESS/DEV				Not Allowed	$0.00			
V5268	E	ALD TELEPHONE AMPLIFIER				Not Allowed	$0.00			
V5269	E	ALERTING DEVICE, ANY TYPE				Not Allowed	$0.00			
V5270	E	ALD, TV AMPLIFIER, ANY TYPE				Not Allowed	$0.00			
V5271	E	ALD, TV CAPTION DECODER				Not Allowed	$0.00			
V5272	E	TDD				Not Allowed	$0.00			
V5273	E	ALD FOR COCHLEAR IMPLANT				Not Allowed	$0.00			
V5274	E	ALD UNSPECIFIED				Not Allowed	$0.00			
V5275	E	EAR IMPRESSION				Not Allowed	$0.00			
V5281	E	ALD FM/DM SYSTEM, MONAURAL				Not Allowed	$0.00			
V5282	E	ALD FM/DM SYSTEM BINAURAL				Not Allowed	$0.00			
V5283	E	ALD NECK, LOOP IND RECEIVER				Not Allowed	$0.00			
V5284	E	ALD FM/DM EAR LEVEL RECEIVER				Not Allowed	$0.00			
V5285	E	ALD FM/DM AUD INPUT RECEIVER				Not Allowed	$0.00			
V5286	E	ALD BLU TOOTH FM/DM RECEIVER				Not Allowed	$0.00			
V5287	E	ALD FM/DM RECEIVER, NOS				Not Allowed	$0.00			
V5288	E	ALD FM/DM TRANSMITTER ALD				Not Allowed	$0.00			
V5289	E	ALD FM/DM ADAPT/BOOT COUPLIN				Not Allowed	$0.00			
V5290	E	ALD TRANSMITTER MICROPHONE				Not Allowed	$0.00			
V5298	E	HEARING AID NOC				Not Allowed	$0.00			
V5299	E	HEARING SERVICE				Not Allowed	$0.00			
V5336	E	REPAIR COMMUNICATION DEVICE				Not Allowed	$0.00			
V5362	E	SPEECH SCREENING				Not Allowed	$0.00			
V5363	E	LANGUAGE SCREENING				Not Allowed	$0.00			
V5364	E	DYSPHAGIA SCREENING				Not Allowed	$0.00			