Montana Medicaid

ASC Covered Surgical and Ancillary Services for CY 2015
(Including Services for Which Payment is Packaged)

Revised January 1, 2015

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Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
0042T	CT PERFUSION W/CONTRAST CBF			01/01/2009	No Separate Payment	$0.00
0071T	US LEIOMYOMATA ABLATE <200		Y	01/01/2009	Not Allowed	$0.00
0072T	US LEIOMYOMATA ABLATE >200		Y	01/01/2009	Not Allowed	$0.00
0099T	IMPLANT CORNEAL RING	Y	Y	01/01/2015	Fee Schedule	$960.36
0100T	PROSTH RETINA RECEIVE&GEN	Y	Y	01/01/2015	Fee Schedule	$1,711.02
0101T	EXTRACORP SHOCKWV TX HI ENRG	Y	Y	01/01/2015	Fee Schedule	$1,425.85
0102T	EXTRACORP SHOCKWV TX ANESTH	Y	Y	01/01/2015	Fee Schedule	$1,425.85
0123T	SCLERAL FISTULIZATION	Y	Y	01/01/2015	Fee Schedule	$960.36
0126T	CHD RISK IMT STUDY		Y	01/01/2009	No Separate Payment	$0.00
0159T	CAD BREAST MRI			01/01/2009	No Separate Payment	$0.00
0174T	CAD CXR WITH INTERP			01/01/2009	No Separate Payment	$0.00
0175T	CAD CXR REMOTE			01/01/2009	No Separate Payment	$0.00
0182T	HDR ELECT BRACHYTHERAPY		Y	01/01/2015	Fee Schedule	$399.83
0190T	PLACE INTRAOC RADIATION SRC		Y	01/01/2014	No Separate Payment	$0.00
0191T	INSERT ANT SEGMENT DRAIN INT	Y	Y	01/01/2015	Fee Schedule	$1,711.02
0200T	PERQ SACRAL AUGMT UNILAT INJ	Y	Y	01/01/2015	Fee Schedule	$1,425.85
0201T	PERQ SACRAL AUGMT BILAT INJ	Y	Y	01/01/2015	Fee Schedule	$1,425.85
0213T	NJX PARAVERT W/US CER/THOR	Y	Y	01/01/2015	Fee Schedule	$368.26
0214T	NJX PARAVERT W/US CER/THOR		Y	01/01/2014	No Separate Payment	$0.00
0215T	NJX PARAVERT W/US CER/THOR		Y	01/01/2014	No Separate Payment	$0.00
0216T	NJX PARAVERT W/US LUMB/SAC	Y	Y	01/01/2015	Fee Schedule	$368.26
0217T	NJX PARAVERT W/US LUMB/SAC		Y	01/01/2014	No Separate Payment	$0.00
0218T	NJX PARAVERT W/US LUMB/SAC		Y	01/01/2014	No Separate Payment	$0.00
0228T	NJX TFRML EPRL W/US CER/THOR	Y	Y	01/01/2015	Fee Schedule	$368.26
0229T	NJX TFRML EPRL W/US CER/THOR		Y	01/01/2014	No Separate Payment	$0.00
0230T	NJX TFRML EPRL W/US LUMB/SAC	Y	Y	01/01/2015	Fee Schedule	$368.26
0231T	NJX TFRML EPRL W/US LUMB/SAC		Y	01/01/2014	No Separate Payment	$0.00
0232T	NJX PLATELET PLASMA		Y	01/01/2015	No Separate Payment	$0.00
0238T	TRLUML PERIP ATHRC ILIAC ART			03/01/2011	Not Allowed	$0.00
0249T	LIGATION HEMORRHOID W/US			03/01/2011	Not Allowed	$0.00
0250T	INSERT BRONCHIAL VALVE			03/01/2011	Not Allowed	$0.00
0251T	REMOV BRONCHIAL VALVE			03/01/2011	Not Allowed	$0.00
0252T	REMOV BRONCH VALVE ADDL			03/01/2011	Not Allowed	$0.00
0253T	INSERT AQUEOUS DRAIN DEVICE			03/01/2011	Not Allowed	$0.00
0263T	IM B1 MRW CEL THER CMPL		Y	01/01/2015	Fee Schedule	$1,559.37
0264T	IM B1 MRW CEL THER XCL HRVST		Y	01/01/2015	Fee Schedule	$1,559.37
0265T	IM B1 MRW CEL THER HRVST ONL		Y	01/01/2015	Fee Schedule	$1,559.37
0269T	REV/REMVL CRTD SNS DEV TOTAL		Y	01/01/2015	Fee Schedule	$1,615.12
0270T	REV/REMVL CRTD SNS DEV LEAD		Y	01/01/2015	Fee Schedule	$1,166.49
0271T	REV/REMVL CRTD SNS DEV GEN		Y	01/01/2015	Fee Schedule	$1,166.49
0274T	PERQ LAMOT/LAM CRV/THRC	Y		01/01/2015	Fee Schedule	$2,253.83
0275T	PERQ LAMOT/LAM LUMBAR	Y		01/01/2015	Fee Schedule	$2,253.83
0282T	PERIPH FIELD STIMUL TRIAL			01/01/2015	Fee Schedule	$3,837.66
0283T	PERIPH FIELD STIMUL PERM			01/01/2015	Fee Schedule	$20,813.64

0284T	PERIPH FIELD STIMUL REVISE			01/01/2015	Fee Schedule	$1,166.49
0286T	NEAR IFR SPECTRSC OF WOUNDS			01/01/2012	No Separate Payment	$0.00
0287T	NEAR IFR GUIDE OF VASC SITE			01/01/2012	No Separate Payment	$0.00
0288T	ANOSCOPY W/RF DELIVERY	Y		01/01/2015	Fee Schedule	$1,425.27
0289T	LASER INC FOR PKP/LKP DONOR			01/01/2012	No Separate Payment	$0.00
0290T	LASER INC FOR PKP/LKP RECIP			01/01/2012	No Separate Payment	$0.00
0291T	IV OCT FOR PROC INIT VESSEL			01/01/2012	No Separate Payment	$0.00
0292T	IV OCT FOR PROC ADDL VESSEL			01/01/2012	No Separate Payment	$0.00
0299T	ESW WOUND HEALING INIT WOUND	Y		01/01/2015	Fee Schedule	$120.51
0300T	ESW WOUND HEALING ADDL WOUND			01/01/2015	No Separate Payment	$0.00
0301T	MW THERAPY FOR BREAST TUMOR			01/01/2015	Fee Schedule	$1,042.88
0302T	ICAR ISCHM MNTRNG SYS COMPL	Y		01/01/2015	Fee Schedule	$7,853.05
0303T	ICAR ISCHM MNTRNG SYS ELTRD	Y		01/01/2015	Fee Schedule	$5,651.24
0304T	ICAR ISCHM MNTRNG SYS DEVICE	Y		01/01/2015	Fee Schedule	$5,651.24
0307T	RMVL ICAR ISCHM MNTRNG DVICE			01/01/2015	Fee Schedule	$1,286.19
0308T	INSJ OCULAR TELESCOPE PROSTH	Y		01/01/2015	Fee Schedule	$22,682.63
0313T	LAPS RMVL NSTIM ARRAY VAGUS	Y		01/01/2015	Fee Schedule	$1,166.49
0314T	LAPS RMVL VGL ARRY & PLS GEN			01/01/2015	Fee Schedule	$1,166.49
0315T	RMVL VAGUS NERVE PLS GEN			01/01/2015	Fee Schedule	$1,166.49
0316T	REPLC VAGUS NERVE PLS GEN			01/01/2015	Fee Schedule	$15,859.52
0331T	HEART SYMP IMAGE PLNR			01/01/2015	Fee Schedule	$624.97
0332T	HEART SYMP IMAGE PLNR SPECT			01/01/2015	Fee Schedule	$624.97
0335T	EXTRAOSSEOUS JOINT STBLZTION	Y		01/01/2015	Fee Schedule	$1,119.28
0336T	LAP ABLAT UTERINE FIBROIDS	Y		01/01/2015	Fee Schedule	$4,421.95
0338T	TRNSCTH RENAL SYMP DENRV UNL			01/01/2015	Fee Schedule	$1,403.00
0339T	TRNSCTH RENAL SYMP DENRV BIL			01/01/2015	Fee Schedule	$1,403.00
0340T	ABLATE PULM TUMORS + EXTNSN	Y		01/01/2015	Fee Schedule	$2,244.37
0341T	QUANT PUPILLOMETRY W/ RPRT			01/01/2014	No Separate Payment	$0.00
0342T	THXP APHERESIS W/ HDL DELIP			01/01/2015	Fee Schedule	$1,559.37
0346T	ULTRASOUND ELASTOGRAPHY			01/01/2014	No Separate Payment	$0.00
0348T	RSA SPINE EXAM			01/01/2015	No Separate Payment	$0.00
0349T	RSA UPPER EXTR EXAM			01/01/2015	No Separate Payment	$0.00
0350T	RSA LOWER EXTR EXAM			01/01/2015	No Separate Payment	$0.00
0356T	INSRT DRUG DEVICE FOR IOP			01/01/2015	No Separate Payment	$0.00
0377T	ANOSCPY INJ AGENT FOR INCONT	Y		01/01/2015	Fee Schedule	$1,425.27
0387T	LEADLESS C PM INS/RPL VENTR	Y		01/01/2015	Fee Schedule	$9,741.75
0388T	LEADLESS C PM REMOVE VENTR	Y		01/01/2015	Fee Schedule	$1,225.38
10021	FNA W/O IMAGE	Y		01/01/2015	Fee Schedule	$99.40
10022	FNA W/IMAGE	Y		01/01/2015	Fee Schedule	$92.96
10030	GUIDE CATHET FLUID DRAINAGE	Y		01/01/2015	Fee Schedule	$474.51
10040	ACNE SURGERY			01/01/2015	No Separate Payment	$0.00
10060	DRAINAGE OF SKIN ABSCESS	Y		01/01/2015	Fee Schedule	$70.44
10061	DRAINAGE OF SKIN ABSCESS	Y		01/01/2015	Fee Schedule	$88.75
10080	DRAINAGE OF PILONIDAL CYST	Y		01/01/2015	Fee Schedule	$88.75
10081	DRAINAGE OF PILONIDAL CYST	Y		01/01/2015	Fee Schedule	$170.19
10120	REMOVE FOREIGN BODY	Y		01/01/2015	Fee Schedule	$105.48
10121	REMOVE FOREIGN BODY	Y		01/01/2015	Fee Schedule	$735.03
10140	DRAINAGE OF HEMATOMA/FLUID	Y		01/01/2015	Fee Schedule	$101.90
10160	PUNCTURE DRAINAGE OF LESION	Y		01/01/2015	Fee Schedule	$81.52
10180	COMPLEX DRAINAGE WOUND	Y		01/01/2015	Fee Schedule	$896.33
11000	DEBRIDE INFECTED SKIN	Y		01/01/2015	Fee Schedule	$31.82
11001	DEBRIDE INFECTED SKIN ADD-ON			01/01/2014	No Separate Payment	$0.00
11010	DEBRIDE SKIN AT FX SITE	Y		01/01/2015	Fee Schedule	$452.93
11011	DEBRIDE SKIN MUSC AT FX SITE	Y		01/01/2015	Fee Schedule	$207.43

11012	DEB SKIN BONE AT FX SITE	Y		01/01/2015	Fee Schedule	$452.93
11042	DEB SUBQ TISSUE 20 SQ CM/<	Y		01/01/2015	Fee Schedule	$155.15
11043	DEB MUSC/FASCIA 20 SQ CM/<	Y		01/01/2015	Fee Schedule	$155.15
11044	DEB BONE 20 SQ CM/<	Y		01/01/2015	Fee Schedule	$452.93
11045	DEB SUBQ TISSUE ADD-ON			01/01/2014	No Separate Payment	$0.00
11046	DEB MUSC/FASCIA ADD-ON			01/01/2014	No Separate Payment	$0.00
11047	DEB BONE ADD-ON			01/01/2014	No Separate Payment	$0.00
11055	TRIM SKIN LESION			01/01/2015	No Separate Payment	$0.00
11056	TRIM SKIN LESIONS 2 TO 4	Y		01/01/2015	Fee Schedule	$40.05
11057	TRIM SKIN LESIONS OVER 4	Y		01/01/2015	Fee Schedule	$41.48
11100	BIOPSY SKIN LESION	Y		01/01/2015	Fee Schedule	$71.87
11101	BIOPSY SKIN ADD-ON			01/01/2014	No Separate Payment	$0.00
11200	REMOVAL OF SKIN TAGS			01/01/2015	No Separate Payment	$0.00
11201	REMOVE SKIN TAGS ADD-ON			01/01/2014	No Separate Payment	$0.00
11300	SHAVE SKIN LESION	Y		01/01/2015	Fee Schedule	$74.01
11301	SHAVE SKIN LESION	Y		01/01/2015	Fee Schedule	$80.08
11302	SHAVE SKIN LESION	Y		01/01/2015	Fee Schedule	$80.08
11303	SHAVE SKIN LESION	Y		01/01/2015	Fee Schedule	$80.08
11305	SHAVE SKIN LESION			01/01/2015	No Separate Payment	$0.00
11306	SHAVE SKIN LESION	Y		01/01/2015	Fee Schedule	$80.08
11307	SHAVE SKIN LESION	Y		01/01/2015	Fee Schedule	$80.08
11308	SHAVE SKIN LESION	Y		01/01/2015	Fee Schedule	$80.08
11310	SHAVE SKIN LESION	Y		01/01/2015	Fee Schedule	$80.08
11311	SHAVE SKIN LESION	Y		01/01/2015	Fee Schedule	$67.93
11312	SHAVE SKIN LESION	Y		01/01/2015	Fee Schedule	$80.08
11313	SHAVE SKIN LESION	Y		01/01/2015	Fee Schedule	$80.08
11400	EXC TR-EXT B9+MARG 0.5 < CM	Y		01/01/2015	Fee Schedule	$89.03
11401	EXC TR-EXT B9+MARG 0.6-1 CM	Y		01/01/2015	Fee Schedule	$98.33
11402	EXC TR-EXT B9+MARG 1.1-2 CM	Y		01/01/2015	Fee Schedule	$107.62
11403	EXC TR-EXT B9+MARG 2.1-3 CM	Y		01/01/2015	Fee Schedule	$116.92
11404	EXC TR-EXT B9+MARG 3.1-4 CM	Y		01/01/2015	Fee Schedule	$735.03
11406	EXC TR-EXT B9+MARG > 4.0 CM	Y		01/01/2015	Fee Schedule	$735.03
11420	EXC H-F-NK-SP B9+MARG 0.5 <	Y		01/01/2015	Fee Schedule	$82.95
11421	EXC H-F-NK-SP B9+MARG 0.6-1	Y		01/01/2015	Fee Schedule	$99.40
11422	EXC H-F-NK-SP B9+MARG 1.1-2	Y		01/01/2015	Fee Schedule	$108.69
11423	EXC H-F-NK-SP B9+MARG 2.1-3	Y		01/01/2015	Fee Schedule	$119.42
11424	EXC H-F-NK-SP B9+MARG 3.1-4	Y		01/01/2015	Fee Schedule	$735.03
11426	EXC H-F-NK-SP B9+MARG > 4 CM	Y		01/01/2015	Fee Schedule	$999.64
11440	EXC FACE-MM B9+MARG 0.5 < CM	Y		01/01/2015	Fee Schedule	$94.03
11441	EXC FACE-MM B9+MARG 0.6-1 CM	Y		01/01/2015	Fee Schedule	$107.62
11442	EXC FACE-MM B9+MARG 1.1-2 CM	Y		01/01/2015	Fee Schedule	$116.92
11443	EXC FACE-MM B9+MARG 2.1-3 CM	Y		01/01/2015	Fee Schedule	$129.79
11444	EXC FACE-MM B9+MARG 3.1-4 CM	Y		01/01/2015	Fee Schedule	$452.93
11446	EXC FACE-MM B9+MARG > 4 CM	Y		01/01/2015	Fee Schedule	$999.64
11450	REMOVAL SWEAT GLAND LESION	Y		01/01/2015	Fee Schedule	$999.64
11451	REMOVAL SWEAT GLAND LESION	Y		01/01/2015	Fee Schedule	$999.64
11462	REMOVAL SWEAT GLAND LESION	Y		01/01/2015	Fee Schedule	$999.64
11463	REMOVAL SWEAT GLAND LESION	Y		01/01/2015	Fee Schedule	$999.64
11470	REMOVAL SWEAT GLAND LESION	Y		01/01/2015	Fee Schedule	$999.64
11471	REMOVAL SWEAT GLAND LESION	Y		01/01/2015	Fee Schedule	$999.64
11600	EXC TR-EXT MAL+MARG 0.5 < CM	Y		01/01/2015	Fee Schedule	$127.64
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	Y		01/01/2015	Fee Schedule	$146.24
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	Y		01/01/2015	Fee Schedule	$157.32
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	Y		01/01/2015	Fee Schedule	$170.19

11604	EXC TR-EXT MAL+MARG 3.1-4 CM	Y		01/01/2015	Fee Schedule	$452.93
11606	EXC TR-EXT MAL+MARG > 4 CM	Y		01/01/2015	Fee Schedule	$735.03
11620	EXC H-F-NK-SP MAL+MARG 0.5 <	Y		01/01/2015	Fee Schedule	$129.07
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	Y		01/01/2015	Fee Schedule	$146.95
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	Y		01/01/2015	Fee Schedule	$160.18
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	Y		01/01/2015	Fee Schedule	$175.91
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	Y		01/01/2015	Fee Schedule	$735.03
11626	EXC S/N/H/F/G MAL+MRG > 4 CM	Y		01/01/2015	Fee Schedule	$999.64
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	Y		01/01/2015	Fee Schedule	$133.72
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	Y		01/01/2015	Fee Schedule	$151.24
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	Y		01/01/2015	Fee Schedule	$166.62
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	Y		01/01/2015	Fee Schedule	$182.71
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	Y		01/01/2015	Fee Schedule	$735.03
11646	EXC F/E/E/N/L MAL+MRG > 4 CM	Y		01/01/2015	Fee Schedule	$999.64
11719	TRIM NAIL(S)			01/01/2015	No Separate Payment	$0.00
11720	DEBRIDE NAIL 1-5			01/01/2015	No Separate Payment	$0.00
11721	DEBRIDE NAIL 6 OR MORE			01/01/2015	No Separate Payment	$0.00
11730	REMOVAL OF NAIL PLATE	Y		01/01/2015	Fee Schedule	$57.92
11732	REMOVE NAIL PLATE ADD-ON			01/01/2014	No Separate Payment	$0.00
11740	DRAIN BLOOD FROM UNDER NAIL			01/01/2015	No Separate Payment	$0.00
11750	REMOVAL OF NAIL BED	Y		01/01/2015	Fee Schedule	$129.43
11752	REMOVE NAIL BED/FINGER TIP	Y		01/01/2015	Fee Schedule	$183.78
11755	BIOPSY NAIL UNIT	Y		01/01/2015	Fee Schedule	$84.38
11760	REPAIR OF NAIL BED	Y		01/01/2015	Fee Schedule	$120.51
11762	RECONSTRUCTION OF NAIL BED	Y		01/01/2015	Fee Schedule	$170.55
11765	EXCISION OF NAIL FOLD TOE	Y		01/01/2015	Fee Schedule	$80.08
11770	REMOVAL OF PILONIDAL LESION	Y		01/01/2015	Fee Schedule	$999.64
11771	REMOVAL OF PILONIDAL LESION	Y		01/01/2015	Fee Schedule	$999.64
11772	REMOVAL OF PILONIDAL LESION	Y		01/01/2015	Fee Schedule	$999.64
11900	INJECTION INTO SKIN LESIONS			01/01/2015	No Separate Payment	$0.00
11901	ADDED SKIN LESIONS INJECTION			01/01/2015	No Separate Payment	$0.00
11920	CORRECT SKIN COLOR DEFECTS	Y		01/01/2015	Fee Schedule	$106.19
11921	CORRECT SKIN COLOR DEFECTS	Y		01/01/2015	Fee Schedule	$120.14
11922	CORRECT SKIN COLOR DEFECTS			01/01/2014	No Separate Payment	$0.00
11950	THERAPY FOR CONTOUR DEFECTS			03/01/2011	Not Allowed	$0.00
11951	THERAPY FOR CONTOUR DEFECTS			03/01/2011	Not Allowed	$0.00
11952	THERAPY FOR CONTOUR DEFECTS			03/01/2011	Not Allowed	$0.00
11954	THERAPY FOR CONTOUR DEFECTS			03/01/2011	Not Allowed	$0.00
11960	INSERT TISSUE EXPANDER(S)	Y	Y	01/01/2015	Fee Schedule	$1,261.14
11970	REPLACE TISSUE EXPANDER	Y	Y	01/01/2015	Fee Schedule	$2,061.95
11971	REMOVE TISSUE EXPANDER(S)		Y	01/01/2015	Fee Schedule	$999.64
11976	REMOVAL OF CONTRACEPTIVE CAP			01/01/2015	Fee Schedule	$73.30
11980	IMPLANT HORMONE PELLET(S)			01/01/2015	No Separate Payment	$0.00
11981	INSERT DRUG IMPLANT DEVICE			01/01/2015	No Separate Payment	$0.00
11982	REMOVE DRUG IMPLANT DEVICE			01/01/2015	No Separate Payment	$0.00
11983	REMOVE/INSERT DRUG IMPLANT			01/01/2015	No Separate Payment	$0.00
12001	REPAIR SUPERFICIAL WOUND(S)			01/01/2015	No Separate Payment	$0.00
12002	REPAIR SUPERFICIAL WOUND(S)			01/01/2015	No Separate Payment	$0.00
12004	REPAIR SUPERFICIAL WOUND(S)			01/01/2015	No Separate Payment	$0.00
12005	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2015	Fee Schedule	$80.08
12006	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2015	Fee Schedule	$120.51
12007	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2015	Fee Schedule	$80.08
12011	REPAIR SUPERFICIAL WOUND(S)			01/01/2015	No Separate Payment	$0.00
12013	REPAIR SUPERFICIAL WOUND(S)			01/01/2015	No Separate Payment	$0.00

12014	REPAIR SUPERFICIAL WOUND(S)			01/01/2015	No Separate Payment	$0.00
12015	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2015	Fee Schedule	$80.08
12016	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2015	Fee Schedule	$80.08
12017	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2015	Fee Schedule	$80.08
12018	REPAIR SUPERFICIAL WOUND(S)	Y		01/01/2015	Fee Schedule	$80.08
12020	CLOSURE OF SPLIT WOUND	Y		01/01/2015	Fee Schedule	$235.69
12021	CLOSURE OF SPLIT WOUND	Y		01/01/2015	Fee Schedule	$120.51
12031	INTMD WND REPAIR S/A/T/EXT	Y		01/01/2015	Fee Schedule	$120.51
12032	INTMD WND REPAIR S/A/T/EXT	Y		01/01/2015	Fee Schedule	$120.51
12034	INTMD WND REPAIR S/TR/EXT	Y		01/01/2015	Fee Schedule	$120.51
12035	INTMD WND REPAIR S/A/T/EXT	Y		01/01/2015	Fee Schedule	$235.69
12036	INTMD WND REPAIR S/A/T/EXT	Y		01/01/2015	Fee Schedule	$235.69
12037	INTMD WND REPAIR S/TR/EXT	Y		01/01/2015	Fee Schedule	$235.69
12041	INTMD WND REPAIR N-HF/GENIT	Y		01/01/2015	Fee Schedule	$120.51
12042	INTMD WND REPAIR N-HF/GENIT	Y		01/01/2015	Fee Schedule	$120.51
12044	INTMD WND REPAIR N-HF/GENIT	Y		01/01/2015	Fee Schedule	$120.51
12045	INTMD WND REPAIR N-HF/GENIT	Y		01/01/2015	Fee Schedule	$120.51
12046	INTMD WND REPAIR N-HF/GENIT	Y		01/01/2015	Fee Schedule	$120.51
12047	INTMD WND REPAIR N-HF/GENIT	Y		01/01/2015	Fee Schedule	$235.69
12051	INTMD WND REPAIR FACE/MM	Y		01/01/2015	Fee Schedule	$120.51
12052	INTMD WND REPAIR FACE/MM	Y		01/01/2015	Fee Schedule	$120.51
12053	INTMD WND REPAIR FACE/MM	Y		01/01/2015	Fee Schedule	$120.51
12054	INTMD WND REPAIR FACE/MM	Y		01/01/2015	Fee Schedule	$120.51
12055	INTMD WND REPAIR FACE/MM	Y		01/01/2015	Fee Schedule	$120.51
12056	INTMD WND REPAIR FACE/MM	Y		01/01/2015	Fee Schedule	$120.51
12057	INTMD WND REPAIR FACE/MM	Y		01/01/2015	Fee Schedule	$120.51
13100	REPAIR OF WOUND OR LESION	Y		01/01/2015	Fee Schedule	$235.69
13101	REPAIR OF WOUND OR LESION	Y		01/01/2015	Fee Schedule	$235.69
13102	REPAIR WOUND/LESION ADD-ON			01/01/2014	No Separate Payment	$0.00
13120	REPAIR OF WOUND OR LESION	Y		01/01/2015	Fee Schedule	$120.51
13121	REPAIR OF WOUND OR LESION	Y		01/01/2015	Fee Schedule	$235.69
13122	REPAIR WOUND/LESION ADD-ON			01/01/2014	No Separate Payment	$0.00
13131	REPAIR OF WOUND OR LESION	Y		01/01/2015	Fee Schedule	$120.51
13132	REPAIR OF WOUND OR LESION	Y		01/01/2015	Fee Schedule	$235.69
13133	REPAIR WOUND/LESION ADD-ON			01/01/2014	No Separate Payment	$0.00
13151	REPAIR OF WOUND OR LESION	Y		01/01/2015	Fee Schedule	$235.69
13152	REPAIR OF WOUND OR LESION	Y		01/01/2015	Fee Schedule	$235.69
13153	REPAIR WOUND/LESION ADD-ON			01/01/2014	No Separate Payment	$0.00
13160	LATE CLOSURE OF WOUND	Y		01/01/2015	Fee Schedule	$771.20
14000	SKIN TISSUE REARRANGEMENT	Y		01/01/2015	Fee Schedule	$771.20
14001	SKIN TISSUE REARRANGEMENT	Y		01/01/2015	Fee Schedule	$771.20
14020	SKIN TISSUE REARRANGEMENT	Y		01/01/2015	Fee Schedule	$771.20
14021	SKIN TISSUE REARRANGEMENT	Y		01/01/2015	Fee Schedule	$771.20
14040	SKIN TISSUE REARRANGEMENT	Y		01/01/2015	Fee Schedule	$771.20
14041	SKIN TISSUE REARRANGEMENT	Y		01/01/2015	Fee Schedule	$771.20
14060	SKIN TISSUE REARRANGEMENT	Y		01/01/2015	Fee Schedule	$771.20
14061	SKIN TISSUE REARRANGEMENT	Y		01/01/2015	Fee Schedule	$771.20
14301	SKIN TISSUE REARRANGEMENT	Y		01/01/2015	Fee Schedule	$1,261.14
14302	SKIN TISSUE REARRANGE ADD-ON			01/01/2014	No Separate Payment	$0.00
14350	SKIN TISSUE REARRANGEMENT	Y		01/01/2015	Fee Schedule	$771.20
15002	WOUND PREP TRK/ARM/LEG	Y		01/01/2015	Fee Schedule	$235.69
15003	WOUND PREP ADDL 100 CM			01/01/2014	No Separate Payment	$0.00
15004	WOUND PREP F/N/HF/G	Y		01/01/2015	Fee Schedule	$235.69
15005	WND PREP F/N/HF/G ADDL CM			01/01/2014	No Separate Payment	$0.00

15040	HARVEST CULTURED SKIN GRAFT	Y		01/01/2015	Fee Schedule	$235.69
15050	SKIN PINCH GRAFT	Y		01/01/2015	Fee Schedule	$235.69
15100	SKIN SPLT GRFT TRNK/ARM/LEG	Y		01/01/2015	Fee Schedule	$1,261.14
15101	SKIN SPLT GRFT T/A/L ADD-ON			01/01/2014	No Separate Payment	$0.00
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	Y		01/01/2015	Fee Schedule	$235.69
15111	EPIDRM AUTOGRFT T/A/L ADD-ON			01/01/2014	No Separate Payment	$0.00
15115	EPIDRM A-GRFT FACE/NCK/HF/G	Y		01/01/2015	Fee Schedule	$771.20
15116	EPIDRM A-GRFT F/N/HF/G ADDL			01/01/2014	No Separate Payment	$0.00
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	Y		01/01/2015	Fee Schedule	$1,261.14
15121	SKN SPLT A-GRFT F/N/HF/G ADD			01/01/2014	No Separate Payment	$0.00
15130	DERM AUTOGRAFT TRNK/ARM/LEG	Y		01/01/2015	Fee Schedule	$1,261.14
15131	DERM AUTOGRAFT T/A/L ADD-ON			01/01/2014	No Separate Payment	$0.00
15135	DERM AUTOGRAFT FACE/NCK/HF/G	Y		01/01/2015	Fee Schedule	$771.20
15136	DERM AUTOGRAFT F/N/HF/G ADD			01/01/2014	No Separate Payment	$0.00
15150	CULT SKIN GRFT T/ARM/LEG	Y		01/01/2015	Fee Schedule	$771.20
15151	CULT SKIN GRFT T/A/L ADDL			01/01/2014	No Separate Payment	$0.00
15152	CULT SKIN GRAFT T/A/L +%			01/01/2014	No Separate Payment	$0.00
15155	CULT SKIN GRAFT F/N/HF/G	Y		01/01/2015	Fee Schedule	$1,261.14
15156	CULT SKIN GRFT F/N/HFG ADD			01/01/2014	No Separate Payment	$0.00
15157	CULT EPIDERM GRFT F/N/HFG +%			01/01/2014	No Separate Payment	$0.00
15200	SKIN FULL GRAFT TRUNK	Y		01/01/2015	Fee Schedule	$1,261.14
15201	SKIN FULL GRAFT TRUNK ADD-ON			01/01/2014	No Separate Payment	$0.00
15220	SKIN FULL GRAFT SCLP/ARM/LEG	Y		01/01/2015	Fee Schedule	$771.20
15221	SKIN FULL GRAFT ADD-ON			01/01/2014	No Separate Payment	$0.00
15240	SKIN FULL GRFT FACE/GENIT/HF	Y		01/01/2015	Fee Schedule	$771.20
15241	SKIN FULL GRAFT ADD-ON			01/01/2014	No Separate Payment	$0.00
15260	SKIN FULL GRAFT EEN & LIPS	Y		01/01/2015	Fee Schedule	$771.20
15261	SKIN FULL GRAFT ADD-ON			01/01/2014	No Separate Payment	$0.00
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Y		01/01/2015	Fee Schedule	$771.20
15272	SKIN SUB GRAFT T/A/L ADD-ON			01/01/2014	No Separate Payment	$0.00
15273	SKIN SUB GRFT T/ARM/LG CHILD	Y		01/01/2015	Fee Schedule	$1,261.14
15274	SKN SUB GRFT T/A/L CHILD ADD			01/01/2014	No Separate Payment	$0.00
15275	SKIN SUB GRAFT FACE/NK/HF/G	Y		01/01/2015	Fee Schedule	$771.20
15276	SKIN SUB GRAFT F/N/HF/G ADDL			01/01/2014	No Separate Payment	$0.00
15277	SKN SUB GRFT F/N/HF/G CHILD	Y		01/01/2015	Fee Schedule	$771.20
15278	SKN SUB GRFT F/N/HF/G CH ADD			01/01/2014	No Separate Payment	$0.00
15570	FORM SKIN PEDICLE FLAP	Y		01/01/2015	Fee Schedule	$771.20
15572	FORM SKIN PEDICLE FLAP	Y		01/01/2015	Fee Schedule	$771.20
15574	FORM SKIN PEDICLE FLAP	Y		01/01/2015	Fee Schedule	$771.20
15576	FORM SKIN PEDICLE FLAP	Y		01/01/2015	Fee Schedule	$771.20
15600	SKIN GRAFT	Y		01/01/2015	Fee Schedule	$1,261.14
15610	SKIN GRAFT	Y		01/01/2015	Fee Schedule	$1,261.14
15620	SKIN GRAFT	Y		01/01/2015	Fee Schedule	$771.20
15630	SKIN GRAFT	Y		01/01/2015	Fee Schedule	$771.20
15650	TRANSFER SKIN PEDICLE FLAP	Y		01/01/2015	Fee Schedule	$771.20
15731	FOREHEAD FLAP W/VASC PEDICLE	Y		01/01/2015	Fee Schedule	$1,261.14
15732	MUSCLE-SKIN GRAFT HEAD/NECK	Y		01/01/2015	Fee Schedule	$771.20
15734	MUSCLE-SKIN GRAFT TRUNK	Y		01/01/2015	Fee Schedule	$1,261.14
15736	MUSCLE-SKIN GRAFT ARM	Y		01/01/2015	Fee Schedule	$771.20
15738	MUSCLE-SKIN GRAFT LEG	Y		01/01/2015	Fee Schedule	$1,261.14
15740	ISLAND PEDICLE FLAP GRAFT	Y		01/01/2015	Fee Schedule	$771.20
15750	NEUROVASCULAR PEDICLE GRAFT	Y		01/01/2015	Fee Schedule	$771.20
15760	COMPOSITE SKIN GRAFT	Y		01/01/2015	Fee Schedule	$771.20
15770	DERMA-FAT-FASCIA GRAFT	Y		01/01/2015	Fee Schedule	$1,261.14

15775	HAIR TRANSPLANT PUNCH GRAFTS			03/01/2011	Not Allowed	$0.00
15776	HAIR TRANSPLANT PUNCH GRAFTS			03/01/2011	Not Allowed	$0.00
15777	ACELLULAR DERM MATRIX IMPLT			01/01/2014	No Separate Payment	$0.00
15780	ABRASION TREATMENT OF SKIN			03/01/2011	Not Allowed	$0.00
15781	ABRASION TREATMENT OF SKIN			03/01/2011	Not Allowed	$0.00
15782	ABRASION TREATMENT OF SKIN			03/01/2011	Not Allowed	$0.00
15783	ABRASION TREATMENT OF SKIN			03/01/2011	Not Allowed	$0.00
15786	ABRASION LESION SINGLE			03/01/2011	Not Allowed	$0.00
15787	ABRASION LESIONS ADD-ON			03/01/2011	Not Allowed	$0.00
15788	CHEMICAL PEEL FACE EPIDERM			03/01/2011	Not Allowed	$0.00
15789	CHEMICAL PEEL FACE DERMAL			03/01/2011	Not Allowed	$0.00
15792	CHEMICAL PEEL NONFACIAL			03/01/2011	Not Allowed	$0.00
15793	CHEMICAL PEEL NONFACIAL			03/01/2011	Not Allowed	$0.00
15819	PLASTIC SURGERY NECK			03/01/2011	Not Allowed	$0.00
15820	REVISION OF LOWER EYELID	Y	Y	01/01/2015	Fee Schedule	$771.20
15821	REVISION OF LOWER EYELID	Y	Y	01/01/2015	Fee Schedule	$771.20
15822	REVISION OF UPPER EYELID	Y	Y	01/01/2015	Fee Schedule	$771.20
15823	REVISION OF UPPER EYELID	Y	Y	01/01/2015	Fee Schedule	$771.20
15824	REMOVAL OF FOREHEAD WRINKLES			03/01/2011	Not Allowed	$0.00
15825	REMOVAL OF NECK WRINKLES			03/01/2011	Not Allowed	$0.00
15826	REMOVAL OF BROW WRINKLES			03/01/2011	Not Allowed	$0.00
15828	REMOVAL OF FACE WRINKLES			03/01/2011	Not Allowed	$0.00
15829	REMOVAL OF SKIN WRINKLES			03/01/2011	Not Allowed	$0.00
15830	EXC SKIN ABD	Y	Y	01/01/2015	Fee Schedule	$2,274.26
15832	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2015	Fee Schedule	$999.64
15833	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2015	Fee Schedule	$999.64
15834	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2015	Fee Schedule	$999.64
15835	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2015	Fee Schedule	$999.64
15836	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2015	Fee Schedule	$735.03
15837	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2015	Fee Schedule	$735.03
15838	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2015	Fee Schedule	$735.03
15839	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	01/01/2015	Fee Schedule	$735.03
15840	GRAFT FOR FACE NERVE PALSY	Y		01/01/2015	Fee Schedule	$1,261.14
15841	GRAFT FOR FACE NERVE PALSY	Y		01/01/2015	Fee Schedule	$1,261.14
15842	FLAP FOR FACE NERVE PALSY	Y		01/01/2015	Fee Schedule	$1,261.14
15845	SKIN AND MUSCLE REPAIR FACE	Y		01/01/2015	Fee Schedule	$1,261.14
15847	EXC SKIN ABD ADD-ON			01/01/2014	No Separate Payment	$0.00
15850	REMOVAL OF SUTURES	Y		01/01/2015	Fee Schedule	$705.61
15851	REMOVAL OF SUTURES	Y		01/01/2015	Fee Schedule	$66.15
15852	DRESSING CHANGE NOT FOR BURN			01/01/2015	No Separate Payment	$0.00
15860	TEST FOR BLOOD FLOW IN GRAFT			01/01/2015	No Separate Payment	$0.00
15876	SUCTION ASSISTED LIPECTOMY			03/01/2011	Not Allowed	$0.00
15877	SUCTION ASSISTED LIPECTOMY			03/01/2011	Not Allowed	$0.00
15878	SUCTION ASSISTED LIPECTOMY			03/01/2011	Not Allowed	$0.00
15879	SUCTION ASSISTED LIPECTOMY			03/01/2011	Not Allowed	$0.00
15920	REMOVAL OF TAIL BONE ULCER	Y		01/01/2015	Fee Schedule	$452.93
15922	REMOVAL OF TAIL BONE ULCER	Y		01/01/2015	Fee Schedule	$771.20
15931	REMOVE SACRUM PRESSURE SORE	Y		01/01/2015	Fee Schedule	$999.64
15933	REMOVE SACRUM PRESSURE SORE	Y		01/01/2015	Fee Schedule	$999.64
15934	REMOVE SACRUM PRESSURE SORE	Y		01/01/2015	Fee Schedule	$1,261.14
15935	REMOVE SACRUM PRESSURE SORE	Y		01/01/2015	Fee Schedule	$1,261.14
15936	REMOVE SACRUM PRESSURE SORE	Y		01/01/2015	Fee Schedule	$771.20
15937	REMOVE SACRUM PRESSURE SORE	Y		01/01/2015	Fee Schedule	$771.20
15940	REMOVE HIP PRESSURE SORE	Y		01/01/2015	Fee Schedule	$999.64

15941	REMOVE HIP PRESSURE SORE	Y		01/01/2015	Fee Schedule	$999.64
15944	REMOVE HIP PRESSURE SORE	Y		01/01/2015	Fee Schedule	$771.20
15945	REMOVE HIP PRESSURE SORE	Y		01/01/2015	Fee Schedule	$235.69
15946	REMOVE HIP PRESSURE SORE	Y		01/01/2015	Fee Schedule	$1,261.14
15950	REMOVE THIGH PRESSURE SORE	Y		01/01/2015	Fee Schedule	$999.64
15951	REMOVE THIGH PRESSURE SORE	Y		01/01/2015	Fee Schedule	$999.64
15952	REMOVE THIGH PRESSURE SORE	Y		01/01/2015	Fee Schedule	$1,261.14
15953	REMOVE THIGH PRESSURE SORE	Y		01/01/2015	Fee Schedule	$1,261.14
15956	REMOVE THIGH PRESSURE SORE	Y		01/01/2015	Fee Schedule	$771.20
15958	REMOVE THIGH PRESSURE SORE	Y		01/01/2015	Fee Schedule	$1,261.14
16000	INITIAL TREATMENT OF BURN(S)			01/01/2015	No Separate Payment	$0.00
16020	DRESS/DEBRID P-THICK BURN S	Y		01/01/2015	Fee Schedule	$54.35
16025	DRESS/DEBRID P-THICK BURN M	Y		01/01/2015	Fee Schedule	$80.08
16030	DRESS/DEBRID P-THICK BURN L	Y		01/01/2015	Fee Schedule	$155.15
16035	INCISION OF BURN SCAB INITI	Y		01/01/2015	Fee Schedule	$155.15
17000	DESTRUCT PREMALG LESION	Y		01/01/2015	Fee Schedule	$42.55
17003	DESTRUCT PREMALG LES 2-14			01/01/2014	No Separate Payment	$0.00
17004	DESTROY PREMAL LESIONS 15/>	Y		01/01/2015	Fee Schedule	$96.18
17106	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$155.15
17107	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$155.15
17108	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$155.15
17110	DESTRUCT B9 LESION 1-14			01/01/2015	No Separate Payment	$0.00
17111	DESTRUCT LESION 15 OR MORE	Y		01/01/2015	Fee Schedule	$80.08
17250	CHEMICAL CAUTERY TISSUE	Y		01/01/2015	Fee Schedule	$60.07
17260	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$56.85
17261	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$80.08
17262	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$80.08
17263	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$80.08
17264	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$80.08
17266	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$137.66
17270	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$80.08
17271	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$80.08
17272	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$80.08
17273	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$124.43
17274	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$140.16
17276	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$154.46
17280	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$80.08
17281	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$80.08
17282	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$121.21
17283	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$137.30
17284	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$151.96
17286	DESTRUCTION OF SKIN LESIONS	Y		01/01/2015	Fee Schedule	$155.15
17311	MOHS 1 STAGE H/N/HF/G	Y		01/01/2015	Fee Schedule	$235.69
17312	MOHS ADDL STAGE			01/01/2014	No Separate Payment	$0.00
17313	MOHS 1 STAGE T/A/L	Y		01/01/2015	Fee Schedule	$235.69
17314	MOHS ADDL STAGE T/A/L			01/01/2014	No Separate Payment	$0.00
17315	MOHS SURG ADDL BLOCK			01/01/2014	No Separate Payment	$0.00
17340	CRYOTHERAPY OF SKIN			01/01/2015	No Separate Payment	$0.00
17360	SKIN PEEL THERAPY	Y		01/01/2015	Fee Schedule	$70.79
17380	HAIR REMOVAL BY ELECTROLYSIS			03/01/2011	Not Allowed	$0.00
19000	DRAINAGE OF BREAST LESION	Y		01/01/2015	Fee Schedule	$80.81
19001	DRAIN BREAST LESION ADD-ON			01/01/2014	No Separate Payment	$0.00
19020	INCISION OF BREAST LESION	Y		01/01/2015	Fee Schedule	$896.33
19030	INJECTION FOR BREAST X-RAY			01/01/2009	No Separate Payment	$0.00

19081	BX BREAST 1ST LESION STRTCTC	Y		01/01/2015	Fee Schedule	$576.80
19082	BX BREAST ADD LESION STRTCTC			01/01/2014	No Separate Payment	$0.00
19083	BX BREAST 1ST LESION US IMAG	Y		01/01/2015	Fee Schedule	$576.80
19084	BX BREAST ADD LESION US IMAG			01/01/2014	No Separate Payment	$0.00
19085	BX BREAST 1ST LESION MR IMAG	Y		01/01/2015	Fee Schedule	$576.80
19086	BX BREAST ADD LESION MR IMAG			01/01/2014	No Separate Payment	$0.00
19100	BX BREAST PERCUT W/O IMAGE	Y		01/01/2015	Fee Schedule	$267.04
19101	BIOPSY OF BREAST OPEN	Y		01/01/2015	Fee Schedule	$1,187.77
19105	CRYOSURG ABLATE FA EACH	Y		01/01/2015	Fee Schedule	$1,650.86
19110	NIPPLE EXPLORATION	Y		01/01/2015	Fee Schedule	$1,187.77
19112	EXCISE BREAST DUCT FISTULA	Y		01/01/2015	Fee Schedule	$1,187.77
19120	REMOVAL OF BREAST LESION	Y		01/01/2015	Fee Schedule	$1,187.77
19125	EXCISION BREAST LESION	Y		01/01/2015	Fee Schedule	$1,187.77
19126	EXCISION ADDL BREAST LESION			01/01/2014	No Separate Payment	$0.00
19281	PERQ DEVICE BREAST 1ST IMAG			01/01/2014	No Separate Payment	$0.00
19282	PERQ DEVICE BREAST EA IMAG			01/01/2014	No Separate Payment	$0.00
19283	PERQ DEV BREAST 1ST STRTCTC			01/01/2014	No Separate Payment	$0.00
19284	PERQ DEV BREAST ADD STRTCTC			01/01/2014	No Separate Payment	$0.00
19285	PERQ DEV BREAST 1ST US IMAG			01/01/2014	No Separate Payment	$0.00
19286	PERQ DEV BREAST ADD US IMAG			01/01/2014	No Separate Payment	$0.00
19287	PERQ DEV BREAST 1ST MR GUIDE			01/01/2014	No Separate Payment	$0.00
19288	PERQ DEV BREAST ADD MR GUIDE			01/01/2014	No Separate Payment	$0.00
19296	PLACE PO BREAST CATH FOR RAD	Y		01/01/2015	Fee Schedule	$2,974.10
19297	PLACE BREAST CATH FOR RAD			01/01/2015	No Separate Payment	$0.00
19298	PLACE BREAST RAD TUBE/CATHS	Y		01/01/2015	Fee Schedule	$4,055.62
19300	REMOVAL OF BREAST TISSUE	Y		01/01/2015	Fee Schedule	$1,187.77
19301	PARTICAL MASTECTOMY	Y		01/01/2015	Fee Schedule	$1,187.77
19302	P-MASTECTOMY W/LN REMOVAL	Y		01/01/2015	Fee Schedule	$2,274.26
19303	MAST SIMPLE COMPLETE	Y		01/01/2015	Fee Schedule	$1,650.86
19304	MAST SUBQ	Y		01/01/2015	Fee Schedule	$1,650.86
19316	SUSPENSION OF BREAST	Y		01/01/2015	Fee Schedule	$1,650.86
19318	REDUCTION OF LARGE BREAST	Y	Y	01/01/2015	Fee Schedule	$2,274.26
19324	ENLARGE BREAST	Y	Y	01/01/2015	Fee Schedule	$2,274.26
19325	ENLARGE BREAST WITH IMPLANT	Y	Y	01/01/2015	Fee Schedule	$4,055.62
19328	REMOVAL OF BREAST IMPLANT			01/01/2015	Fee Schedule	$1,650.86
19330	REMOVAL OF IMPLANT MATERIAL			01/01/2015	Fee Schedule	$1,650.86
19340	IMMEDIATE BREAST PROSTHESIS	Y		01/01/2015	Fee Schedule	$2,274.26
19342	DELAYED BREAST PROSTHESIS	Y		01/01/2015	Fee Schedule	$4,055.62
19350	BREAST RECONSTRUCTION	Y		01/01/2015	Fee Schedule	$1,187.77
19355	CORRECT INVERTED NIPPLE(S)			03/01/2011	Not Allowed	$0.00
19357	BREAST RECONSTRUCTION	Y		01/01/2015	Fee Schedule	$4,055.62
19366	BREAST RECONSTRUCTION	Y		01/01/2015	Fee Schedule	$1,650.86
19370	SURGERY OF BREAST CAPSULE	Y		01/01/2015	Fee Schedule	$1,650.86
19371	REMOVAL OF BREAST CAPSULE	Y		01/01/2015	Fee Schedule	$1,650.86
19380	REVISE BREAST RECONSTRUCTION	Y		01/01/2015	Fee Schedule	$2,274.26
19396	DESIGN CUSTOM BREAST IMPLANT	Y		01/01/2015	Fee Schedule	$1,650.86
20005	I&D ABSCESS SUBFASCIAL	Y		01/01/2015	Fee Schedule	$452.93
20103	EXPLORE WOUND EXTREMITY	Y		01/01/2015	Fee Schedule	$474.51
20150	EXCISE EPIPHYSEAL BAR	Y		01/01/2015	Fee Schedule	$2,061.95
20200	MUSCLE BIOPSY	Y		01/01/2015	Fee Schedule	$735.03
20205	DEEP MUSCLE BIOPSY	Y		01/01/2015	Fee Schedule	$735.03
20206	NEEDLE BIOPSY MUSCLE	Y		01/01/2015	Fee Schedule	$576.80
20220	BONE BIOPSY TROCAR/NEEDLE	Y		01/01/2015	Fee Schedule	$452.93
20225	BONE BIOPSY TROCAR/NEEDLE	Y		01/01/2015	Fee Schedule	$735.03

20240	BONE BIOPSY EXCISIONAL	Y		01/01/2015	Fee Schedule	$999.64
20245	BONE BIOPSY EXCISIONAL	Y		01/01/2015	Fee Schedule	$999.64
20250	OPEN BONE BIOPSY	Y		01/01/2015	Fee Schedule	$1,425.85
20251	OPEN BONE BIOPSY	Y		01/01/2015	Fee Schedule	$1,425.85
20500	INJECTION OF SINUS TRACT	Y		01/01/2015	Fee Schedule	$55.78
20501	INJECT SINUS TRACT FOR X-RAY			01/01/2009	No Separate Payment	$0.00
20520	REMOVAL OF FOREIGN BODY	Y		01/01/2015	Fee Schedule	$129.07
20525	REMOVAL OF FOREIGN BODY	Y		01/01/2015	Fee Schedule	$999.64
20526	THER INJECTION CARP TUNNEL	Y		01/01/2015	Fee Schedule	$39.33
20527	INJ DUPUYTREN CORD W/ENZYME	Y		01/01/2015	Fee Schedule	$43.62
20550	INJ TENDON SHEATH/LIGAMENT	Y		01/01/2015	Fee Schedule	$30.03
20551	INJ TENDON ORIGIN/INSERTION	Y		01/01/2015	Fee Schedule	$31.46
20552	INJ TRIGGER POINT 1/2 MUSCL	Y		01/01/2015	Fee Schedule	$30.03
20553	INJECT TRIGGER POINTS =/> 3	Y		01/01/2015	Fee Schedule	$35.40
20555	PLACE NDL MUSC/TIS FOR RT	Y		01/01/2015	Fee Schedule	$1,425.85
20600	DRAIN/INJECT JOINT/BURSA	Y		01/01/2015	Fee Schedule	$22.17
20604	DRAIN/INJ JOINT/BURSA W/US	Y		01/01/2015	Fee Schedule	$37.90
20605	DRAIN/INJECT JOINT/BURSA	Y		01/01/2015	Fee Schedule	$23.60
20606	DRAIN/INJ JOINT/BURSA W/US	Y		01/01/2015	Fee Schedule	$41.12
20610	DRAIN/INJECT JOINT/BURSA	Y		01/01/2015	Fee Schedule	$28.96
20611	DRAIN/INJ JOINT/BURSA W/US	Y		01/01/2015	Fee Schedule	$48.27
20612	ASPIRATE/INJ GANGLION CYST	Y		01/01/2015	Fee Schedule	$33.61
20615	TREATMENT OF BONE CYST	Y		01/01/2015	Fee Schedule	$156.61
20650	INSERT AND REMOVE BONE PIN	Y		01/01/2015	Fee Schedule	$1,425.85
20662	APPLICATION OF PELVIS BRACE	Y		01/01/2015	Fee Schedule	$910.06
20663	APPLICATION OF THIGH BRACE	Y		01/01/2015	Fee Schedule	$1,425.85
20665	REMOVAL OF FIXATION DEVICE			01/01/2015	Fee Schedule	$72.19
20670	REMOVAL OF SUPPORT IMPLANT			01/01/2015	Fee Schedule	$735.03
20680	REMOVAL OF SUPPORT IMPLANT			01/01/2015	Fee Schedule	$999.64
20690	APPLY BONE FIXATION DEVICE	Y		01/01/2015	Fee Schedule	$1,425.85
20692	APPLY BONE FIXATION DEVICE	Y		01/01/2015	Fee Schedule	$1,425.85
20693	ADJUST BONE FIXATION DEVICE	Y		01/01/2015	Fee Schedule	$1,425.85
20694	REMOVE BONE FIXATION DEVICE			01/01/2015	Fee Schedule	$910.06
20696	COMP MULTIPLANE EXT FIXATION	Y		01/01/2015	Fee Schedule	$1,425.85
20697	COMP EXT FIXATE STRUT CHANGE	Y		01/01/2015	Fee Schedule	$390.83
20822	REPLANTATION DIGIT COMPLETE	Y		01/01/2015	Fee Schedule	$1,211.04
20900	REMOVAL OF BONE FOR GRAFT	Y		01/01/2015	Fee Schedule	$1,425.85
20902	REMOVAL OF BONE FOR GRAFT	Y		01/01/2015	Fee Schedule	$1,425.85
20910	REMOVE CARTILAGE FOR GRAFT	Y		01/01/2015	Fee Schedule	$235.69
20912	REMOVE CARTILAGE FOR GRAFT	Y		01/01/2015	Fee Schedule	$1,261.14
20920	REMOVAL OF FASCIA FOR GRAFT	Y		01/01/2015	Fee Schedule	$1,261.14
20922	REMOVAL OF FASCIA FOR GRAFT	Y		01/01/2015	Fee Schedule	$1,261.14
20924	REMOVAL OF TENDON FOR GRAFT	Y		01/01/2015	Fee Schedule	$1,425.85
20926	REMOVAL OF TISSUE FOR GRAFT	Y		01/01/2015	Fee Schedule	$1,261.14
20930	SP BONE ALGRFT MORSEL ADD-ON			01/01/2013	No Separate Payment	$0.00
20931	SP BONE ALGRFT STRUCT ADD-ON			01/01/2013	No Separate Payment	$0.00
20950	FLUID PRESSURE MUSCLE	Y		01/01/2015	Fee Schedule	$88.75
20972	BONE/SKIN GRAFT METATARSAL	Y		01/01/2015	Fee Schedule	$2,859.86
20973	BONE/SKIN GRAFT GREAT TOE	Y		01/01/2015	Fee Schedule	$2,859.86
20975	ELECTRICAL BONE STIMULATION			01/01/2009	No Separate Payment	$0.00
20979	US BONE STIMULATION			01/01/2015	No Separate Payment	$0.00
20982	ABLATE BONE TUMOR(S) PERQ	Y		01/01/2015	Fee Schedule	$2,061.95
20983	ABLATE BONE TUMOR(S) PERQ	Y		01/01/2015	Fee Schedule	$2,061.95
20985	CPTR-ASST DIR MS PX			01/01/2009	No Separate Payment	$0.00

21010	INCISION OF JAW JOINT	Y		01/01/2015	Fee Schedule	$2,043.89
21011	EXC FACE LES SC < 2 CM	Y		01/01/2015	Fee Schedule	$229.19
21012	EXC FACE LES SBQ 2 CM/>	Y		01/01/2015	Fee Schedule	$452.93
21013	EXC FACE TUM DEEP < 2 CM	Y		01/01/2015	Fee Schedule	$302.48
21014	EXC FACE TUM DEEP 2 CM/>	Y		01/01/2015	Fee Schedule	$452.93
21015	RESECT FACE TUM < 2 CM	Y		01/01/2015	Fee Schedule	$735.03
21016	RESECT FACE TUM 2 CM/>	Y		01/01/2015	Fee Schedule	$999.64
21025	EXCISION OF BONE LOWER JAW	Y		01/01/2015	Fee Schedule	$2,043.89
21026	EXCISION OF FACIAL BONE(S)	Y		01/01/2015	Fee Schedule	$1,066.43
21029	CONTOUR OF FACE BONE LESION	Y		01/01/2015	Fee Schedule	$1,066.43
21030	EXCISE MAX/ZYGOMA B9 TUMOR	Y		01/01/2015	Fee Schedule	$330.73
21031	REMOVE EXOSTOSIS MANDIBLE	Y		01/01/2015	Fee Schedule	$270.31
21032	REMOVE EXOSTOSIS MAXILLA	Y		01/01/2015	Fee Schedule	$274.24
21034	EXCISE MAX/ZYGOMA MAL TUMOR	Y		01/01/2015	Fee Schedule	$2,043.89
21040	EXCISE MANDIBLE LESION	Y		01/01/2015	Fee Schedule	$1,066.43
21044	REMOVAL OF JAW BONE LESION	Y		01/01/2015	Fee Schedule	$2,043.89
21046	REMOVE MANDIBLE CYST COMPLEX	Y		01/01/2015	Fee Schedule	$2,043.89
21047	EXCISE LWR JAW CYST W/REPAIR	Y		01/01/2015	Fee Schedule	$2,043.89
21048	REMOVE MAXILLA CYST COMPLEX	Y		01/01/2015	Fee Schedule	$2,043.89
21050	REMOVAL OF JAW JOINT	Y		01/01/2015	Fee Schedule	$2,043.89
21060	REMOVE JAW JOINT CARTILAGE	Y		01/01/2015	Fee Schedule	$2,043.89
21070	REMOVE CORONOID PROCESS	Y		01/01/2015	Fee Schedule	$2,043.89
21073	MNPJ OF TMJ W/ANESTH	Y		01/01/2015	Fee Schedule	$262.80
21076	PREPARE FACE/ORAL PROSTHESIS	Y		01/01/2015	Fee Schedule	$480.19
21077	PREPARE FACE/ORAL PROSTHESIS	Y		01/01/2015	Fee Schedule	$1,203.86
21079	PREPARE FACE/ORAL PROSTHESIS	Y		01/01/2015	Fee Schedule	$824.50
21080	PREPARE FACE/ORAL PROSTHESIS	Y		01/01/2015	Fee Schedule	$922.83
21081	PREPARE FACE/ORAL PROSTHESIS	Y		01/01/2015	Fee Schedule	$865.26
21082	PREPARE FACE/ORAL PROSTHESIS	Y		01/01/2015	Fee Schedule	$853.46
21083	PREPARE FACE/ORAL PROSTHESIS	Y		01/01/2015	Fee Schedule	$837.38
21084	PREPARE FACE/ORAL PROSTHESIS	Y		01/01/2015	Fee Schedule	$939.99
21085	PREPARE FACE/ORAL PROSTHESIS	Y		01/01/2015	Fee Schedule	$354.34
21086	PREPARE FACE/ORAL PROSTHESIS	Y		01/01/2015	Fee Schedule	$901.73
21087	PREPARE FACE/ORAL PROSTHESIS	Y		01/01/2015	Fee Schedule	$901.73
21088	PREPARE FACE/ORAL PROSTHESIS	Y		01/01/2015	Fee Schedule	$2,043.89
21100	MAXILLOFACIAL FIXATION	Y		01/01/2015	Fee Schedule	$2,043.89
21110	INTERDENTAL FIXATION			01/01/2015	Fee Schedule	$354.34
21116	INJECTION JAW JOINT X-RAY			01/01/2009	No Separate Payment	$0.00
21120	RECONSTRUCTION OF CHIN	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21121	RECONSTRUCTION OF CHIN	Y	Y	01/01/2015	Fee Schedule	$1,066.43
21122	RECONSTRUCTION OF CHIN	Y	Y	01/01/2015	Fee Schedule	$1,066.43
21123	RECONSTRUCTION OF CHIN	Y	Y	01/01/2015	Fee Schedule	$1,066.43
21125	AUGMENTATION LOWER JAW BONE	Y	Y	01/01/2015	Fee Schedule	$1,066.43
21127	AUGMENTATION LOWER JAW BONE	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21137	REDUCTION OF FOREHEAD	Y	Y	01/01/2015	Fee Schedule	$1,066.43
21138	REDUCTION OF FOREHEAD	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21139	REDUCTION OF FOREHEAD	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21150	RECONSTRUCT MIDFACE LEFORT	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21181	CONTOUR CRANIAL BONE LESION	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21198	RECONSTR LWR JAW SEGMENT	Y	Y	01/01/2015	Fee Schedule	$1,066.43
21199	RECONSTR LWR JAW W/ADVANCE	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21206	RECONSTRUCT UPPER JAW BONE	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21208	AUGMENTATION OF FACIAL BONES	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21209	REDUCTION OF FACIAL BONES	Y	Y	01/01/2015	Fee Schedule	$2,043.89

21210	FACE BONE GRAFT	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21215	LOWER JAW BONE GRAFT	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21230	RIB CARTILAGE GRAFT	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21235	EAR CARTILAGE GRAFT	Y	Y	01/01/2015	Fee Schedule	$694.18
21240	RECONSTRUCTION OF JAW JOINT	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21242	RECONSTRUCTION OF JAW JOINT	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21243	RECONSTRUCTION OF JAW JOINT	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21244	RECONSTRUCTION OF LOWER JAW	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21245	RECONSTRUCTION OF JAW	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21246	RECONSTRUCTION OF JAW	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21248	RECONSTRUCTION OF JAW	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21249	RECONSTRUCTION OF JAW	Y	Y	01/01/2015	Fee Schedule	$2,043.89
21260	REVISE EYE SOCKETS	Y		01/01/2015	Fee Schedule	$2,043.89
21267	REVISE EYE SOCKETS	Y		01/01/2015	Fee Schedule	$2,043.89
21270	AUGMENTATION CHEEK BONE	Y		01/01/2015	Fee Schedule	$2,043.89
21275	REVISION ORBITOFACIAL BONES	Y		01/01/2015	Fee Schedule	$2,043.89
21280	REVISION OF EYELID	Y		01/01/2015	Fee Schedule	$2,043.89
21282	REVISION OF EYELID	Y		01/01/2015	Fee Schedule	$694.18
21295	REVISION OF JAW MUSCLE/BONE	Y		01/01/2015	Fee Schedule	$354.34
21296	REVISION OF JAW MUSCLE/BONE	Y		01/01/2015	Fee Schedule	$1,066.43
21310	TREATMENT OF NOSE FRACTURE	Y		01/01/2015	Fee Schedule	$71.08
21315	TREATMENT OF NOSE FRACTURE	Y		01/01/2015	Fee Schedule	$694.18
21320	TREATMENT OF NOSE FRACTURE	Y		01/01/2015	Fee Schedule	$694.18
21325	TREATMENT OF NOSE FRACTURE	Y		01/01/2015	Fee Schedule	$1,066.43
21330	TREATMENT OF NOSE FRACTURE	Y		01/01/2015	Fee Schedule	$1,066.43
21335	TREATMENT OF NOSE FRACTURE	Y		01/01/2015	Fee Schedule	$1,066.43
21336	TREAT NASAL SEPTAL FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
21337	TREAT NASAL SEPTAL FRACTURE	Y		01/01/2015	Fee Schedule	$694.18
21338	TREAT NASOETHMOID FRACTURE	Y		01/01/2015	Fee Schedule	$2,043.89
21339	TREAT NASOETHMOID FRACTURE	Y		01/01/2015	Fee Schedule	$1,066.43
21340	TREATMENT OF NOSE FRACTURE	Y		01/01/2015	Fee Schedule	$2,043.89
21345	TREAT NOSE/JAW FRACTURE	Y		01/01/2015	Fee Schedule	$1,066.43
21355	TREAT CHEEK BONE FRACTURE	Y		01/01/2015	Fee Schedule	$2,043.89
21356	TREAT CHEEK BONE FRACTURE	Y		01/01/2015	Fee Schedule	$1,066.43
21360	TREAT CHEEK BONE FRACTURE	Y		01/01/2015	Fee Schedule	$2,043.89
21390	TREAT EYE SOCKET FRACTURE	Y		01/01/2015	Fee Schedule	$2,043.89
21400	TREAT EYE SOCKET FRACTURE	Y		01/01/2015	Fee Schedule	$354.34
21401	TREAT EYE SOCKET FRACTURE	Y		01/01/2015	Fee Schedule	$354.34
21406	TREAT EYE SOCKET FRACTURE	Y		01/01/2015	Fee Schedule	$2,043.89
21407	TREAT EYE SOCKET FRACTURE	Y		01/01/2015	Fee Schedule	$2,043.89
21421	TREAT MOUTH ROOF FRACTURE	Y		01/01/2015	Fee Schedule	$2,043.89
21440	TREAT DENTAL RIDGE FRACTURE	Y		01/01/2015	Fee Schedule	$452.65
21445	TREAT DENTAL RIDGE FRACTURE	Y		01/01/2015	Fee Schedule	$2,043.89
21450	TREAT LOWER JAW FRACTURE	Y		01/01/2015	Fee Schedule	$199.07
21451	TREAT LOWER JAW FRACTURE	Y		01/01/2015	Fee Schedule	$694.18
21452	TREAT LOWER JAW FRACTURE	Y		01/01/2015	Fee Schedule	$694.18
21453	TREAT LOWER JAW FRACTURE	Y		01/01/2015	Fee Schedule	$2,043.89
21454	TREAT LOWER JAW FRACTURE	Y		01/01/2015	Fee Schedule	$2,043.89
21461	TREAT LOWER JAW FRACTURE	Y		01/01/2015	Fee Schedule	$2,043.89
21462	TREAT LOWER JAW FRACTURE	Y		01/01/2015	Fee Schedule	$2,043.89
21465	TREAT LOWER JAW FRACTURE	Y		01/01/2015	Fee Schedule	$2,043.89
21480	RESET DISLOCATED JAW	Y		01/01/2015	Fee Schedule	$71.08
21485	RESET DISLOCATED JAW	Y		01/01/2015	Fee Schedule	$1,066.43
21490	REPAIR DISLOCATED JAW	Y		01/01/2015	Fee Schedule	$2,043.89

21495	TREAT HYOID BONE FRACTURE	Y		01/01/2015	Fee Schedule	$694.18
21497	INTERDENTAL WIRING	Y		01/01/2015	Fee Schedule	$354.34
21501	DRAIN NECK/CHEST LESION	Y		01/01/2015	Fee Schedule	$896.33
21502	DRAIN CHEST LESION	Y		01/01/2015	Fee Schedule	$910.06
21550	BIOPSY OF NECK/CHEST	Y		01/01/2015	Fee Schedule	$735.03
21552	EXC NECK LES SC 3 CM/>	Y		01/01/2015	Fee Schedule	$999.64
21554	EXC NECK TUM DEEP 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
21555	EXC NECK LES SC < 3 CM	Y		01/01/2015	Fee Schedule	$735.03
21556	EXC NECK TUM DEEP < 5 CM	Y		01/01/2015	Fee Schedule	$999.64
21557	RESECT NECK TUM < 5 CM	Y		01/01/2015	Fee Schedule	$735.03
21558	RESECT NECK TUM 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
21600	PARTIAL REMOVAL OF RIB	Y		01/01/2015	Fee Schedule	$1,425.85
21610	PARTIAL REMOVAL OF RIB	Y		01/01/2015	Fee Schedule	$1,425.85
21685	HYOID MYOTOMY & SUSPENSION	Y		01/01/2015	Fee Schedule	$1,066.43
21700	REVISION OF NECK MUSCLE	Y		01/01/2015	Fee Schedule	$910.06
21720	REVISION OF NECK MUSCLE	Y		01/01/2015	Fee Schedule	$910.06
21725	REVISION OF NECK MUSCLE	Y		01/01/2015	Fee Schedule	$88.75
21805	TREATMENT OF RIB FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
21820	TREAT STERNUM FRACTURE	Y		01/01/2015	Fee Schedule	$92.65
21920	BIOPSY SOFT TISSUE OF BACK	Y		01/01/2015	Fee Schedule	$174.13
21925	BIOPSY SOFT TISSUE OF BACK	Y		01/01/2015	Fee Schedule	$999.64
21930	EXC BACK LES SC < 3 CM	Y		01/01/2015	Fee Schedule	$735.03
21931	EXC BACK LES SC 3 CM/>	Y		01/01/2015	Fee Schedule	$999.64
21932	EXC BACK TUM DEEP < 5 CM	Y		01/01/2015	Fee Schedule	$735.03
21933	EXC BACK TUM DEEP 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
21935	RESECT BACK TUM < 5 CM	Y		01/01/2015	Fee Schedule	$735.03
21936	RESECT BACK TUM 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
22102	REMOVE PART LUMBAR VERTEBRA	Y		01/01/2015	Fee Schedule	$2,253.83
22103	REMOVE EXTRA SPINE SEGMENT			01/01/2014	No Separate Payment	$0.00
22305	TREAT SPINE PROCESS FRACTURE	Y		01/01/2015	Fee Schedule	$92.65
22310	TREAT SPINE FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
22315	TREAT SPINE FRACTURE	Y		01/01/2015	Fee Schedule	$719.02
22505	MANIPULATION OF SPINE	Y		01/01/2015	Fee Schedule	$630.52
22510	PERQ CERVICOTHORACIC INJECT	Y		01/01/2015	Fee Schedule	$1,425.85
22511	PERQ LUMBOSACRAL INJECTION	Y		01/01/2015	Fee Schedule	$1,425.85
22512	VERTEBROPLASTY ADDL INJECT			01/01/2015	No Separate Payment	$0.00
22513	PERQ VERTEBRAL AUGMENTATION	Y		01/01/2015	Fee Schedule	$3,464.61
22514	PERQ VERTEBRAL AUGMENTATION	Y		01/01/2015	Fee Schedule	$3,464.61
22515	PERQ VERTEBRAL AUGMENTATION			01/01/2015	No Separate Payment	$0.00
22526	IDET SINGLE LEVEL			01/01/2012	Not Allowed	$0.00
22527	IDET 1 OR MORE LEVELS			01/01/2012	Not Allowed	$0.00
22551	NECK SPINE FUSE&REMOV BEL C2	Y		01/01/2015	Fee Schedule	$7,843.67
22554	NECK SPINE FUSION	Y		01/01/2015	Fee Schedule	$7,843.67
22612	LUMBAR SPINE FUSION	Y		01/01/2015	Fee Schedule	$7,843.67
22614	SPINE FUSION EXTRA SEGMENT			01/01/2015	No Separate Payment	$0.00
22900	EXC ABDL TUM DEEP < 5 CM	Y		01/01/2015	Fee Schedule	$999.64
22901	EXC ABDL TUM DEEP 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
22902	EXC ABD LES SC < 3 CM	Y		01/01/2015	Fee Schedule	$735.03
22903	EXC ABD LES SC 3 CM/>	Y		01/01/2015	Fee Schedule	$999.64
22904	RESECT ABD TUM < 5 CM	Y		01/01/2015	Fee Schedule	$735.03
22905	RESECT ABD TUM 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
23000	REMOVAL OF CALCIUM DEPOSITS	Y		01/01/2015	Fee Schedule	$735.03
23020	RELEASE SHOULDER JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
23030	DRAIN SHOULDER LESION	Y		01/01/2015	Fee Schedule	$896.33

23031	DRAIN SHOULDER BURSA	Y		01/01/2015	Fee Schedule	$896.33
23035	DRAIN SHOULDER BONE LESION	Y		01/01/2015	Fee Schedule	$910.06
23040	EXPLORATORY SHOULDER SURGERY	Y		01/01/2015	Fee Schedule	$1,425.85
23044	EXPLORATORY SHOULDER SURGERY	Y		01/01/2015	Fee Schedule	$1,425.85
23065	BIOPSY SHOULDER TISSUES	Y		01/01/2015	Fee Schedule	$125.14
23066	BIOPSY SHOULDER TISSUES	Y		01/01/2015	Fee Schedule	$999.64
23071	EXC SHOULDER LES SC 3 CM/>	Y		01/01/2015	Fee Schedule	$999.64
23073	EXC SHOULDER TUM DEEP 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
23075	EXC SHOULDER LES SC < 3 CM	Y		01/01/2015	Fee Schedule	$735.03
23076	EXC SHOULDER TUM DEEP < 5 CM	Y		01/01/2015	Fee Schedule	$735.03
23077	RESECT SHOULDER TUM < 5 CM	Y		01/01/2015	Fee Schedule	$735.03
23078	RESECT SHOULDER TUM 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
23100	BIOPSY OF SHOULDER JOINT	Y		01/01/2015	Fee Schedule	$910.06
23101	SHOULDER JOINT SURGERY	Y		01/01/2015	Fee Schedule	$1,425.85
23105	REMOVE SHOULDER JOINT LINING	Y		01/01/2015	Fee Schedule	$1,425.85
23106	INCISION OF COLLARBONE JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
23107	EXPLORE TREAT SHOULDER JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
23120	PARTIAL REMOVAL COLLAR BONE	Y		01/01/2015	Fee Schedule	$1,425.85
23125	REMOVAL OF COLLAR BONE	Y		01/01/2015	Fee Schedule	$1,425.85
23130	REMOVE SHOULDER BONE PART	Y		01/01/2015	Fee Schedule	$2,061.95
23140	REMOVAL OF BONE LESION	Y		01/01/2015	Fee Schedule	$910.06
23145	REMOVAL OF BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
23146	REMOVAL OF BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
23150	REMOVAL OF HUMERUS LESION	Y		01/01/2015	Fee Schedule	$1,425.85
23155	REMOVAL OF HUMERUS LESION	Y		01/01/2015	Fee Schedule	$1,425.85
23156	REMOVAL OF HUMERUS LESION	Y		01/01/2015	Fee Schedule	$1,425.85
23170	REMOVE COLLAR BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
23172	REMOVE SHOULDER BLADE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
23174	REMOVE HUMERUS LESION	Y		01/01/2015	Fee Schedule	$1,425.85
23180	REMOVE COLLAR BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
23182	REMOVE SHOULDER BLADE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
23184	REMOVE HUMERUS LESION	Y		01/01/2015	Fee Schedule	$1,425.85
23190	PARTIAL REMOVAL OF SCAPULA	Y		01/01/2015	Fee Schedule	$1,425.85
23195	REMOVAL OF HEAD OF HUMERUS	Y		01/01/2015	Fee Schedule	$1,425.85
23330	REMOVE SHOULDER FOREIGN BODY	Y		01/01/2015	Fee Schedule	$452.93
23333	REMOVE SHOULDER FB DEEP	Y		01/01/2015	Fee Schedule	$452.93
23334	SHOULDER PROSTHESIS REMOVAL	Y		01/01/2015	Fee Schedule	$999.64
23350	INJECTION FOR SHOULDER X-RAY			01/01/2009	No Separate Payment	$0.00
23395	MUSCLE TRANSFER SHOULDER/ARM	Y		01/01/2015	Fee Schedule	$2,061.95
23397	MUSCLE TRANSFERS	Y		01/01/2015	Fee Schedule	$2,061.95
23400	FIXATION OF SHOULDER BLADE	Y		01/01/2015	Fee Schedule	$1,425.85
23405	INCISION OF TENDON & MUSCLE	Y		01/01/2015	Fee Schedule	$1,425.85
23406	INCISE TENDON(S) & MUSCLE(S)	Y		01/01/2015	Fee Schedule	$1,425.85
23410	REPAIR ROTATOR CUFF ACUTE	Y		01/01/2015	Fee Schedule	$2,061.95
23412	REPAIR ROTATOR CUFF CHRONIC	Y		01/01/2015	Fee Schedule	$2,061.95
23415	RELEASE OF SHOULDER LIGAMENT	Y		01/01/2015	Fee Schedule	$2,061.95
23420	REPAIR OF SHOULDER	Y		01/01/2015	Fee Schedule	$2,061.95
23430	REPAIR BICEPS TENDON	Y		01/01/2015	Fee Schedule	$2,061.95
23440	REMOVE/TRANSPLANT TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
23450	REPAIR SHOULDER CAPSULE	Y		01/01/2015	Fee Schedule	$3,464.61
23455	REPAIR SHOULDER CAPSULE	Y		01/01/2015	Fee Schedule	$3,464.61
23460	REPAIR SHOULDER CAPSULE	Y		01/01/2015	Fee Schedule	$3,464.61
23462	REPAIR SHOULDER CAPSULE	Y		01/01/2015	Fee Schedule	$2,061.95
23465	REPAIR SHOULDER CAPSULE	Y		01/01/2015	Fee Schedule	$2,061.95

23466	REPAIR SHOULDER CAPSULE	Y		01/01/2015	Fee Schedule	$2,061.95
23480	REVISION OF COLLAR BONE	Y		01/01/2015	Fee Schedule	$2,061.95
23485	REVISION OF COLLAR BONE	Y		01/01/2015	Fee Schedule	$3,464.61
23490	REINFORCE CLAVICLE	Y		01/01/2015	Fee Schedule	$3,464.61
23491	REINFORCE SHOULDER BONES	Y		01/01/2015	Fee Schedule	$3,464.61
23500	TREAT CLAVICLE FRACTURE	Y		01/01/2015	Fee Schedule	$92.65
23505	TREAT CLAVICLE FRACTURE	Y		01/01/2015	Fee Schedule	$390.83
23515	TREAT CLAVICLE FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
23520	TREAT CLAVICLE DISLOCATION	Y		01/01/2015	Fee Schedule	$719.02
23525	TREAT CLAVICLE DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
23530	TREAT CLAVICLE DISLOCATION	Y		01/01/2015	Fee Schedule	$2,316.97
23532	TREAT CLAVICLE DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
23540	TREAT CLAVICLE DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
23545	TREAT CLAVICLE DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
23550	TREAT CLAVICLE DISLOCATION	Y		01/01/2015	Fee Schedule	$2,316.97
23552	TREAT CLAVICLE DISLOCATION	Y		01/01/2015	Fee Schedule	$2,316.97
23570	TREAT SHOULDER BLADE FX	Y		01/01/2015	Fee Schedule	$92.65
23575	TREAT SHOULDER BLADE FX	Y		01/01/2015	Fee Schedule	$117.17
23585	TREAT SCAPULA FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
23600	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
23605	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$910.06
23615	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
23616	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
23620	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
23625	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$719.02
23630	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
23650	TREAT SHOULDER DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
23655	TREAT SHOULDER DISLOCATION	Y		01/01/2015	Fee Schedule	$630.52
23660	TREAT SHOULDER DISLOCATION	Y		01/01/2015	Fee Schedule	$2,316.97
23665	TREAT DISLOCATION/FRACTURE	Y		01/01/2015	Fee Schedule	$390.83
23670	TREAT DISLOCATION/FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
23675	TREAT DISLOCATION/FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
23680	TREAT DISLOCATION/FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
23700	FIXATION OF SHOULDER	Y		01/01/2015	Fee Schedule	$630.52
23800	FUSION OF SHOULDER JOINT	Y		01/01/2015	Fee Schedule	$3,464.61
23802	FUSION OF SHOULDER JOINT	Y		01/01/2015	Fee Schedule	$3,464.61
23921	AMPUTATION FOLLOW-UP SURGERY	Y		01/01/2015	Fee Schedule	$1,261.14
23930	DRAINAGE OF ARM LESION	Y		01/01/2015	Fee Schedule	$896.33
23931	DRAINAGE OF ARM BURSA	Y		01/01/2015	Fee Schedule	$474.51
23935	DRAIN ARM/ELBOW BONE LESION	Y		01/01/2015	Fee Schedule	$910.06
24000	EXPLORATORY ELBOW SURGERY	Y		01/01/2015	Fee Schedule	$1,425.85
24006	RELEASE ELBOW JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
24065	BIOPSY ARM/ELBOW SOFT TISSUE	Y		01/01/2015	Fee Schedule	$172.34
24066	BIOPSY ARM/ELBOW SOFT TISSUE	Y		01/01/2015	Fee Schedule	$735.03
24071	EXC ARM/ELBOW LES SC 3 CM/>	Y		01/01/2015	Fee Schedule	$999.64
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
24075	EXC ARM/ELBOW LES SC < 3 CM	Y		01/01/2015	Fee Schedule	$735.03
24076	EX ARM/ELBOW TUM DEEP < 5 CM	Y		01/01/2015	Fee Schedule	$735.03
24077	RESECT ARM/ELBOW TUM < 5 CM	Y		01/01/2015	Fee Schedule	$735.03
24079	RESECT ARM/ELBOW TUM 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
24100	BIOPSY ELBOW JOINT LINING	Y		01/01/2015	Fee Schedule	$910.06
24101	EXPLORE/TREAT ELBOW JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
24102	REMOVE ELBOW JOINT LINING	Y		01/01/2015	Fee Schedule	$1,425.85
24105	REMOVAL OF ELBOW BURSA	Y		01/01/2015	Fee Schedule	$910.06

24110	REMOVE HUMERUS LESION	Y		01/01/2015	Fee Schedule	$910.06
24115	REMOVE/GRAFT BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
24116	REMOVE/GRAFT BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
24120	REMOVE ELBOW LESION	Y		01/01/2015	Fee Schedule	$910.06
24125	REMOVE/GRAFT BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
24126	REMOVE/GRAFT BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
24130	REMOVAL OF HEAD OF RADIUS	Y		01/01/2015	Fee Schedule	$1,425.85
24134	REMOVAL OF ARM BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
24136	REMOVE RADIUS BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
24138	REMOVE ELBOW BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
24140	PARTIAL REMOVAL OF ARM BONE	Y		01/01/2015	Fee Schedule	$1,425.85
24145	PARTIAL REMOVAL OF RADIUS	Y		01/01/2015	Fee Schedule	$1,425.85
24147	PARTIAL REMOVAL OF ELBOW	Y		01/01/2015	Fee Schedule	$1,425.85
24149	RADICAL RESECTION OF ELBOW	Y		01/01/2015	Fee Schedule	$1,425.85
24152	RESECT RADIUS TUMOR	Y		01/01/2015	Fee Schedule	$2,061.95
24155	REMOVAL OF ELBOW JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
24160	REMOVE ELBOW JOINT IMPLANT			01/01/2015	Fee Schedule	$1,425.85
24164	REMOVE RADIUS HEAD IMPLANT			01/01/2015	Fee Schedule	$1,425.85
24200	REMOVAL OF ARM FOREIGN BODY	Y		01/01/2015	Fee Schedule	$135.51
24201	REMOVAL OF ARM FOREIGN BODY	Y		01/01/2015	Fee Schedule	$735.03
24220	INJECTION FOR ELBOW X-RAY			01/01/2009	No Separate Payment	$0.00
24300	MANIPULATE ELBOW W/ANESTH	Y		01/01/2015	Fee Schedule	$630.52
24301	MUSCLE/TENDON TRANSFER	Y		01/01/2015	Fee Schedule	$1,425.85
24305	ARM TENDON LENGTHENING	Y		01/01/2015	Fee Schedule	$1,425.85
24310	REVISION OF ARM TENDON	Y		01/01/2015	Fee Schedule	$910.06
24320	REPAIR OF ARM TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
24330	REVISION OF ARM MUSCLES	Y		01/01/2015	Fee Schedule	$3,464.61
24331	REVISION OF ARM MUSCLES	Y		01/01/2015	Fee Schedule	$2,061.95
24332	TENOLYSIS TRICEPS	Y		01/01/2015	Fee Schedule	$1,425.85
24340	REPAIR OF BICEPS TENDON	Y		01/01/2015	Fee Schedule	$2,061.95
24341	REPAIR ARM TENDON/MUSCLE	Y		01/01/2015	Fee Schedule	$2,061.95
24342	REPAIR OF RUPTURED TENDON	Y		01/01/2015	Fee Schedule	$2,061.95
24343	REPR ELBOW LAT LIGMNT W/TISS	Y		01/01/2015	Fee Schedule	$1,425.85
24344	RECONSTRUCT ELBOW LAT LIGMNT	Y		01/01/2015	Fee Schedule	$2,061.95
24345	REPR ELBW MED LIGMNT W/TISSU	Y		01/01/2015	Fee Schedule	$1,425.85
24346	RECONSTRUCT ELBOW MED LIGMNT	Y		01/01/2015	Fee Schedule	$2,061.95
24357	REPAIR ELBOW PERC	Y		01/01/2015	Fee Schedule	$1,425.85
24358	REPAIR ELBOW W/DEB OPEN	Y		01/01/2015	Fee Schedule	$1,425.85
24359	REPAIR ELBOW DEB/ATTCH OPEN	Y		01/01/2015	Fee Schedule	$1,425.85
24360	RECONSTRUCT ELBOW JOINT	Y		01/01/2015	Fee Schedule	$1,843.49
24361	RECONSTRUCT ELBOW JOINT	Y		01/01/2015	Fee Schedule	$7,843.67
24362	RECONSTRUCT ELBOW JOINT	Y		01/01/2015	Fee Schedule	$1,843.49
24363	REPLACE ELBOW JOINT	Y		01/01/2015	Fee Schedule	$7,843.67
24365	RECONSTRUCT HEAD OF RADIUS	Y		01/01/2015	Fee Schedule	$7,843.67
24366	RECONSTRUCT HEAD OF RADIUS	Y		01/01/2015	Fee Schedule	$7,843.67
24370	REVISE RECONST ELBOW JOINT	Y		01/01/2015	Fee Schedule	$7,843.67
24371	REVISE RECONST ELBOW JOINT	Y		01/01/2015	Fee Schedule	$7,843.67
24400	REVISION OF HUMERUS	Y		01/01/2015	Fee Schedule	$2,061.95
24410	REVISION OF HUMERUS	Y		01/01/2015	Fee Schedule	$2,061.95
24420	REVISION OF HUMERUS	Y		01/01/2015	Fee Schedule	$2,061.95
24430	REPAIR OF HUMERUS	Y		01/01/2015	Fee Schedule	$3,464.61
24435	REPAIR HUMERUS WITH GRAFT	Y		01/01/2015	Fee Schedule	$7,843.67
24470	REVISION OF ELBOW JOINT	Y		01/01/2015	Fee Schedule	$2,061.95
24495	DECOMPRESSION OF FOREARM	Y		01/01/2015	Fee Schedule	$1,425.85

24498	REINFORCE HUMERUS	Y		01/01/2015	Fee Schedule	$7,843.67
24500	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
24505	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
24515	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
24516	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
24530	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
24535	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
24538	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
24545	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
24546	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
24560	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$92.65
24565	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
24566	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
24575	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
24576	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
24577	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
24579	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
24582	TREAT HUMERUS FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
24586	TREAT ELBOW FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
24587	TREAT ELBOW FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
24600	TREAT ELBOW DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
24605	TREAT ELBOW DISLOCATION	Y		01/01/2015	Fee Schedule	$630.52
24615	TREAT ELBOW DISLOCATION	Y		01/01/2015	Fee Schedule	$4,139.19
24620	TREAT ELBOW FRACTURE	Y		01/01/2015	Fee Schedule	$719.02
24635	TREAT ELBOW FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
24640	TREAT ELBOW DISLOCATION	Y		01/01/2015	Fee Schedule	$89.74
24650	TREAT RADIUS FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
24655	TREAT RADIUS FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
24665	TREAT RADIUS FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
24666	TREAT RADIUS FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
24670	TREAT ULNAR FRACTURE	Y		01/01/2015	Fee Schedule	$92.65
24675	TREAT ULNAR FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
24685	TREAT ULNAR FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
24800	FUSION OF ELBOW JOINT	Y		01/01/2015	Fee Schedule	$2,061.95
24802	FUSION/GRAFT OF ELBOW JOINT	Y		01/01/2015	Fee Schedule	$3,464.61
24925	AMPUTATION FOLLOW-UP SURGERY	Y		01/01/2015	Fee Schedule	$910.06
25000	INCISION OF TENDON SHEATH	Y		01/01/2015	Fee Schedule	$910.06
25001	INCISE FLEXOR CARPI RADIALIS	Y		01/01/2015	Fee Schedule	$910.06
25020	DECOMPRESS FOREARM 1 SPACE	Y		01/01/2015	Fee Schedule	$1,425.85
25023	DECOMPRESS FOREARM 1 SPACE	Y		01/01/2015	Fee Schedule	$1,425.85
25024	DECOMPRESS FOREARM 2 SPACES	Y		01/01/2015	Fee Schedule	$1,425.85
25025	DECOMPRESS FOREARM 2 SPACES	Y		01/01/2015	Fee Schedule	$1,425.85
25028	DRAINAGE OF FOREARM LESION	Y		01/01/2015	Fee Schedule	$910.06
25031	DRAINAGE OF FOREARM BURSA	Y		01/01/2015	Fee Schedule	$910.06
25035	TREAT FOREARM BONE LESION	Y		01/01/2015	Fee Schedule	$910.06
25040	EXPLORE/TREAT WRIST JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
25065	BIOPSY FOREARM SOFT TISSUES	Y		01/01/2015	Fee Schedule	$174.84
25066	BIOPSY FOREARM SOFT TISSUES	Y		01/01/2015	Fee Schedule	$999.64
25071	EXC FOREARM LES SC 3 CM/>	Y		01/01/2015	Fee Schedule	$999.64
25073	EXC FOREARM TUM DEEP 3 CM/>	Y		01/01/2015	Fee Schedule	$999.64
25075	EXC FOREARM LES SC < 3 CM	Y		01/01/2015	Fee Schedule	$735.03
25076	EXC FOREARM TUM DEEP < 3 CM	Y		01/01/2015	Fee Schedule	$735.03
25077	RESECT FOREARM/WRIST TUM<3CM	Y		01/01/2015	Fee Schedule	$735.03
25078	RESECT FORARM/WRIST TUM 3CM>	Y		01/01/2015	Fee Schedule	$999.64

25085	INCISION OF WRIST CAPSULE	Y		01/01/2015	Fee Schedule	$910.06
25100	BIOPSY OF WRIST JOINT	Y		01/01/2015	Fee Schedule	$910.06
25101	EXPLORE/TREAT WRIST JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
25105	REMOVE WRIST JOINT LINING	Y		01/01/2015	Fee Schedule	$1,425.85
25107	REMOVE WRIST JOINT CARTILAGE	Y		01/01/2015	Fee Schedule	$1,425.85
25109	EXCISE TENDON FOREARM/WRIST	Y		01/01/2015	Fee Schedule	$910.06
25110	REMOVE WRIST TENDON LESION	Y		01/01/2015	Fee Schedule	$910.06
25111	REMOVE WRIST TENDON LESION	Y		01/01/2015	Fee Schedule	$910.06
25112	REREMOVE WRIST TENDON LESION	Y		01/01/2015	Fee Schedule	$910.06
25115	REMOVE WRIST/FOREARM LESION	Y		01/01/2015	Fee Schedule	$910.06
25116	REMOVE WRIST/FOREARM LESION	Y		01/01/2015	Fee Schedule	$910.06
25118	EXCISE WRIST TENDON SHEATH	Y		01/01/2015	Fee Schedule	$1,425.85
25119	PARTIAL REMOVAL OF ULNA	Y		01/01/2015	Fee Schedule	$1,425.85
25120	REMOVAL OF FOREARM LESION	Y		01/01/2015	Fee Schedule	$1,425.85
25125	REMOVE/GRAFT FOREARM LESION	Y		01/01/2015	Fee Schedule	$1,425.85
25126	REMOVE/GRAFT FOREARM LESION	Y		01/01/2015	Fee Schedule	$1,425.85
25130	REMOVAL OF WRIST LESION	Y		01/01/2015	Fee Schedule	$1,425.85
25135	REMOVE & GRAFT WRIST LESION	Y		01/01/2015	Fee Schedule	$1,425.85
25136	REMOVE & GRAFT WRIST LESION	Y		01/01/2015	Fee Schedule	$1,425.85
25145	REMOVE FOREARM BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
25150	PARTIAL REMOVAL OF ULNA	Y		01/01/2015	Fee Schedule	$1,425.85
25151	PARTIAL REMOVAL OF RADIUS	Y		01/01/2015	Fee Schedule	$1,425.85
25210	REMOVAL OF WRIST BONE	Y		01/01/2015	Fee Schedule	$1,425.85
25215	REMOVAL OF WRIST BONES	Y		01/01/2015	Fee Schedule	$1,425.85
25230	PARTIAL REMOVAL OF RADIUS	Y		01/01/2015	Fee Schedule	$1,425.85
25240	PARTIAL REMOVAL OF ULNA	Y		01/01/2015	Fee Schedule	$1,425.85
25246	INJECTION FOR WRIST X-RAY			01/01/2009	No Separate Payment	$0.00
25248	REMOVE FOREARM FOREIGN BODY	Y		01/01/2015	Fee Schedule	$910.06
25250	REMOVAL OF WRIST PROSTHESIS			01/01/2015	Fee Schedule	$1,425.85
25251	REMOVAL OF WRIST PROSTHESIS			01/01/2015	Fee Schedule	$1,425.85
25259	MANIPULATE WRIST W/ANESTHES	Y		01/01/2015	Fee Schedule	$719.02
25260	REPAIR FOREARM TENDON/MUSCLE	Y		01/01/2015	Fee Schedule	$1,425.85
25263	REPAIR FOREARM TENDON/MUSCLE	Y		01/01/2015	Fee Schedule	$1,425.85
25265	REPAIR FOREARM TENDON/MUSCLE	Y		01/01/2015	Fee Schedule	$1,425.85
25270	REPAIR FOREARM TENDON/MUSCLE	Y		01/01/2015	Fee Schedule	$1,425.85
25272	REPAIR FOREARM TENDON/MUSCLE	Y		01/01/2015	Fee Schedule	$1,425.85
25274	REPAIR FOREARM TENDON/MUSCLE	Y		01/01/2015	Fee Schedule	$1,425.85
25275	REPAIR FOREARM TENDON SHEATH	Y		01/01/2015	Fee Schedule	$1,425.85
25280	REVISE WRIST/FOREARM TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
25290	INCISE WRIST/FOREARM TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
25295	RELEASE WRIST/FOREARM TENDON	Y		01/01/2015	Fee Schedule	$910.06
25300	FUSION OF TENDONS AT WRIST	Y		01/01/2015	Fee Schedule	$1,425.85
25301	FUSION OF TENDONS AT WRIST	Y		01/01/2015	Fee Schedule	$1,425.85
25310	TRANSPLANT FOREARM TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
25312	TRANSPLANT FOREARM TENDON	Y		01/01/2015	Fee Schedule	$2,061.95
25315	REVISE PALSY HAND TENDON(S)	Y		01/01/2015	Fee Schedule	$1,425.85
25316	REVISE PALSY HAND TENDON(S)	Y		01/01/2015	Fee Schedule	$3,464.61
25320	REPAIR/REVISE WRIST JOINT	Y		01/01/2015	Fee Schedule	$2,061.95
25332	REVISE WRIST JOINT	Y		01/01/2015	Fee Schedule	$1,843.49
25335	REALIGNMENT OF HAND	Y		01/01/2015	Fee Schedule	$2,061.95
25337	RECONSTRUCT ULNA/RADIOULNAR	Y		01/01/2015	Fee Schedule	$2,061.95
25350	REVISION OF RADIUS	Y		01/01/2015	Fee Schedule	$2,061.95
25355	REVISION OF RADIUS	Y		01/01/2015	Fee Schedule	$2,061.95
25360	REVISION OF ULNA	Y		01/01/2015	Fee Schedule	$2,061.95

25365	REVISE RADIUS & ULNA	Y		01/01/2015	Fee Schedule	$2,061.95
25370	REVISE RADIUS OR ULNA	Y		01/01/2015	Fee Schedule	$2,061.95
25375	REVISE RADIUS & ULNA	Y		01/01/2015	Fee Schedule	$2,061.95
25390	SHORTEN RADIUS OR ULNA	Y		01/01/2015	Fee Schedule	$2,061.95
25391	LENGTHEN RADIUS OR ULNA	Y		01/01/2015	Fee Schedule	$2,061.95
25392	SHORTEN RADIUS & ULNA	Y		01/01/2015	Fee Schedule	$1,425.85
25393	LENGTHEN RADIUS & ULNA	Y		01/01/2015	Fee Schedule	$2,061.95
25394	REPAIR CARPAL BONE SHORTEN	Y		01/01/2015	Fee Schedule	$2,061.95
25400	REPAIR RADIUS OR ULNA	Y		01/01/2015	Fee Schedule	$3,464.61
25405	REPAIR/GRAFT RADIUS OR ULNA	Y		01/01/2015	Fee Schedule	$3,464.61
25415	REPAIR RADIUS & ULNA	Y		01/01/2015	Fee Schedule	$3,464.61
25420	REPAIR/GRAFT RADIUS & ULNA	Y		01/01/2015	Fee Schedule	$3,464.61
25425	REPAIR/GRAFT RADIUS OR ULNA	Y		01/01/2015	Fee Schedule	$2,061.95
25426	REPAIR/GRAFT RADIUS & ULNA	Y		01/01/2015	Fee Schedule	$2,061.95
25430	VASC GRAFT INTO CARPAL BONE	Y		01/01/2015	Fee Schedule	$2,061.95
25431	REPAIR NONUNION CARPAL BONE	Y		01/01/2015	Fee Schedule	$2,061.95
25440	REPAIR/GRAFT WRIST BONE	Y		01/01/2015	Fee Schedule	$2,061.95
25441	RECONSTRUCT WRIST JOINT	Y		01/01/2015	Fee Schedule	$7,843.67
25442	RECONSTRUCT WRIST JOINT	Y		01/01/2015	Fee Schedule	$7,843.67
25443	RECONSTRUCT WRIST JOINT	Y		01/01/2015	Fee Schedule	$1,843.49
25444	RECONSTRUCT WRIST JOINT	Y		01/01/2015	Fee Schedule	$7,843.67
25445	RECONSTRUCT WRIST JOINT	Y		01/01/2015	Fee Schedule	$1,843.49
25446	WRIST REPLACEMENT	Y		01/01/2015	Fee Schedule	$7,843.67
25447	REPAIR WRIST JOINTS	Y		01/01/2015	Fee Schedule	$1,843.49
25449	REMOVE WRIST JOINT IMPLANT	Y		01/01/2015	Fee Schedule	$1,843.49
25450	REVISION OF WRIST JOINT	Y		01/01/2015	Fee Schedule	$2,061.95
25455	REVISION OF WRIST JOINT	Y		01/01/2015	Fee Schedule	$2,061.95
25490	REINFORCE RADIUS	Y		01/01/2015	Fee Schedule	$2,061.95
25491	REINFORCE ULNA	Y		01/01/2015	Fee Schedule	$2,061.95
25492	REINFORCE RADIUS AND ULNA	Y		01/01/2015	Fee Schedule	$2,061.95
25500	TREAT FRACTURE OF RADIUS	Y		01/01/2015	Fee Schedule	$92.65
25505	TREAT FRACTURE OF RADIUS	Y		01/01/2015	Fee Schedule	$390.83
25515	TREAT FRACTURE OF RADIUS	Y		01/01/2015	Fee Schedule	$2,316.97
25520	TREAT FRACTURE OF RADIUS	Y		01/01/2015	Fee Schedule	$117.17
25525	TREAT FRACTURE OF RADIUS	Y		01/01/2015	Fee Schedule	$2,316.97
25526	TREAT FRACTURE OF RADIUS	Y		01/01/2015	Fee Schedule	$2,316.97
25530	TREAT FRACTURE OF ULNA	Y		01/01/2015	Fee Schedule	$92.65
25535	TREAT FRACTURE OF ULNA	Y		01/01/2015	Fee Schedule	$117.17
25545	TREAT FRACTURE OF ULNA	Y		01/01/2015	Fee Schedule	$2,316.97
25560	TREAT FRACTURE RADIUS & ULNA	Y		01/01/2015	Fee Schedule	$92.65
25565	TREAT FRACTURE RADIUS & ULNA	Y		01/01/2015	Fee Schedule	$117.17
25574	TREAT FRACTURE RADIUS & ULNA	Y		01/01/2015	Fee Schedule	$4,139.19
25575	TREAT FRACTURE RADIUS/ULNA	Y		01/01/2015	Fee Schedule	$4,139.19
25600	TREAT FRACTURE RADIUS/ULNA	Y		01/01/2015	Fee Schedule	$117.17
25605	TREAT FRACTURE RADIUS/ULNA	Y		01/01/2015	Fee Schedule	$390.83
25606	TREAT FX DISTAL RADIAL	Y		01/01/2015	Fee Schedule	$1,119.28
25607	TREAT FX RAD EXTRA-ARTICUL	Y		01/01/2015	Fee Schedule	$4,139.19
25608	TREAT FX RAD INTRA-ARTICUL	Y		01/01/2015	Fee Schedule	$4,139.19
25609	TREAT FX RADIAL 3+ FRAG	Y		01/01/2015	Fee Schedule	$4,139.19
25622	TREAT WRIST BONE FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
25624	TREAT WRIST BONE FRACTURE	Y		01/01/2015	Fee Schedule	$390.83
25628	TREAT WRIST BONE FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
25630	TREAT WRIST BONE FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
25635	TREAT WRIST BONE FRACTURE	Y		01/01/2015	Fee Schedule	$117.17

25645	TREAT WRIST BONE FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
25650	TREAT WRIST BONE FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
25651	PIN ULNAR STYLOID FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
25652	TREAT FRACTURE ULNAR STYLOID	Y		01/01/2015	Fee Schedule	$2,316.97
25660	TREAT WRIST DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
25670	TREAT WRIST DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
25671	PIN RADIOULNAR DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
25675	TREAT WRIST DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
25676	TREAT WRIST DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
25680	TREAT WRIST FRACTURE	Y		01/01/2015	Fee Schedule	$92.65
25685	TREAT WRIST FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
25690	TREAT WRIST DISLOCATION	Y		01/01/2015	Fee Schedule	$719.02
25695	TREAT WRIST DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
25800	FUSION OF WRIST JOINT	Y		01/01/2015	Fee Schedule	$3,464.61
25805	FUSION/GRAFT OF WRIST JOINT	Y		01/01/2015	Fee Schedule	$3,464.61
25810	FUSION/GRAFT OF WRIST JOINT	Y		01/01/2015	Fee Schedule	$3,464.61
25820	FUSION OF HAND BONES	Y		01/01/2015	Fee Schedule	$2,061.95
25825	FUSE HAND BONES WITH GRAFT	Y		01/01/2015	Fee Schedule	$3,464.61
25830	FUSION RADIOULNAR JNT/ULNA	Y		01/01/2015	Fee Schedule	$2,061.95
25907	AMPUTATION FOLLOW-UP SURGERY	Y		01/01/2015	Fee Schedule	$910.06
25922	AMPUTATE HAND AT WRIST	Y		01/01/2015	Fee Schedule	$910.06
25929	AMPUTATION FOLLOW-UP SURGERY	Y		01/01/2015	Fee Schedule	$771.20
25931	AMPUTATION FOLLOW-UP SURGERY	Y		01/01/2015	Fee Schedule	$910.06
26010	DRAINAGE OF FINGER ABSCESS	Y		01/01/2015	Fee Schedule	$88.75
26011	DRAINAGE OF FINGER ABSCESS	Y		01/01/2015	Fee Schedule	$474.51
26020	DRAIN HAND TENDON SHEATH	Y		01/01/2015	Fee Schedule	$673.07
26025	DRAINAGE OF PALM BURSA	Y		01/01/2015	Fee Schedule	$673.07
26030	DRAINAGE OF PALM BURSAS	Y		01/01/2015	Fee Schedule	$673.07
26034	TREAT HAND BONE LESION	Y		01/01/2015	Fee Schedule	$673.07
26035	DECOMPRESS FINGERS/HAND	Y		01/01/2015	Fee Schedule	$673.07
26037	DECOMPRESS FINGERS/HAND	Y		01/01/2015	Fee Schedule	$673.07
26040	RELEASE PALM CONTRACTURE	Y		01/01/2015	Fee Schedule	$673.07
26045	RELEASE PALM CONTRACTURE	Y		01/01/2015	Fee Schedule	$1,211.04
26055	INCISE FINGER TENDON SHEATH	Y		01/01/2015	Fee Schedule	$673.07
26060	INCISION OF FINGER TENDON	Y		01/01/2015	Fee Schedule	$673.07
26070	EXPLORE/TREAT HAND JOINT	Y		01/01/2015	Fee Schedule	$673.07
26075	EXPLORE/TREAT FINGER JOINT	Y		01/01/2015	Fee Schedule	$673.07
26080	EXPLORE/TREAT FINGER JOINT	Y		01/01/2015	Fee Schedule	$673.07
26100	BIOPSY HAND JOINT LINING	Y		01/01/2015	Fee Schedule	$673.07
26105	BIOPSY FINGER JOINT LINING	Y		01/01/2015	Fee Schedule	$673.07
26110	BIOPSY FINGER JOINT LINING	Y		01/01/2015	Fee Schedule	$673.07
26111	EXC HAND LES SC 1.5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
26113	EXC HAND TUM DEEP 1.5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
26115	EXC HAND LES SC < 1.5 CM	Y		01/01/2015	Fee Schedule	$735.03
26116	EXC HAND TUM DEEP < 1.5 CM	Y		01/01/2015	Fee Schedule	$735.03
26117	EXC HAND TUM RA < 3 CM	Y		01/01/2015	Fee Schedule	$735.03
26118	EXC HAND TUM RA 3 CM/>	Y		01/01/2015	Fee Schedule	$999.64
26121	RELEASE PALM CONTRACTURE	Y		01/01/2015	Fee Schedule	$1,211.04
26123	RELEASE PALM CONTRACTURE	Y		01/01/2015	Fee Schedule	$1,211.04
26125	RELEASE PALM CONTRACTURE			01/01/2014	No Separate Payment	$0.00
26130	REMOVE WRIST JOINT LINING	Y		01/01/2015	Fee Schedule	$673.07
26135	REVISE FINGER JOINT EACH	Y		01/01/2015	Fee Schedule	$1,211.04
26140	REVISE FINGER JOINT EACH	Y		01/01/2015	Fee Schedule	$673.07
26145	TENDON EXCISION PALM/FINGER	Y		01/01/2015	Fee Schedule	$673.07

26160	REMOVE TENDON SHEATH LESION	Y		01/01/2015	Fee Schedule	$673.07
26170	REMOVAL OF PALM TENDON EACH	Y		01/01/2015	Fee Schedule	$673.07
26180	REMOVAL OF FINGER TENDON	Y		01/01/2015	Fee Schedule	$673.07
26185	REMOVE FINGER BONE	Y		01/01/2015	Fee Schedule	$673.07
26200	REMOVE HAND BONE LESION	Y		01/01/2015	Fee Schedule	$673.07
26205	REMOVE/GRAFT BONE LESION	Y		01/01/2015	Fee Schedule	$1,211.04
26210	REMOVAL OF FINGER LESION	Y		01/01/2015	Fee Schedule	$673.07
26215	REMOVE/GRAFT FINGER LESION	Y		01/01/2015	Fee Schedule	$673.07
26230	PARTIAL REMOVAL OF HAND BONE	Y		01/01/2015	Fee Schedule	$673.07
26235	PARTIAL REMOVAL FINGER BONE	Y		01/01/2015	Fee Schedule	$673.07
26236	PARTIAL REMOVAL FINGER BONE	Y		01/01/2015	Fee Schedule	$673.07
26250	EXTENSIVE HAND SURGERY	Y		01/01/2015	Fee Schedule	$673.07
26260	RESECT PROX FINGER TUMOR	Y		01/01/2015	Fee Schedule	$673.07
26262	RESECT DISTAL FINGER TUMOR	Y		01/01/2015	Fee Schedule	$673.07
26320	REMOVAL OF IMPLANT FROM HAND			01/01/2015	Fee Schedule	$735.03
26340	MANIPULATE FINGER W/ANESTH	Y		01/01/2015	Fee Schedule	$117.17
26341	MANIPULAT PALM CORD POST INJ	Y		01/01/2015	Fee Schedule	$62.21
26350	REPAIR FINGER/HAND TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26352	REPAIR/GRAFT HAND TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26356	REPAIR FINGER/HAND TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26357	REPAIR FINGER/HAND TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26358	REPAIR/GRAFT HAND TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26370	REPAIR FINGER/HAND TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26372	REPAIR/GRAFT HAND TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26373	REPAIR FINGER/HAND TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26390	REVISE HAND/FINGER TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26392	REPAIR/GRAFT HAND TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26410	REPAIR HAND TENDON	Y		01/01/2015	Fee Schedule	$673.07
26412	REPAIR/GRAFT HAND TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26415	EXCISION HAND/FINGER TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26416	GRAFT HAND OR FINGER TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26418	REPAIR FINGER TENDON	Y		01/01/2015	Fee Schedule	$673.07
26420	REPAIR/GRAFT FINGER TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26426	REPAIR FINGER/HAND TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26428	REPAIR/GRAFT FINGER TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26432	REPAIR FINGER TENDON	Y		01/01/2015	Fee Schedule	$673.07
26433	REPAIR FINGER TENDON	Y		01/01/2015	Fee Schedule	$673.07
26434	REPAIR/GRAFT FINGER TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26437	REALIGNMENT OF TENDONS	Y		01/01/2015	Fee Schedule	$673.07
26440	RELEASE PALM/FINGER TENDON	Y		01/01/2015	Fee Schedule	$673.07
26442	RELEASE PALM & FINGER TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26445	RELEASE HAND/FINGER TENDON	Y		01/01/2015	Fee Schedule	$673.07
26449	RELEASE FOREARM/HAND TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26450	INCISION OF PALM TENDON	Y		01/01/2015	Fee Schedule	$673.07
26455	INCISION OF FINGER TENDON	Y		01/01/2015	Fee Schedule	$673.07
26460	INCISE HAND/FINGER TENDON	Y		01/01/2015	Fee Schedule	$673.07
26471	FUSION OF FINGER TENDONS	Y		01/01/2015	Fee Schedule	$673.07
26474	FUSION OF FINGER TENDONS	Y		01/01/2015	Fee Schedule	$673.07
26476	TENDON LENGTHENING	Y		01/01/2015	Fee Schedule	$673.07
26477	TENDON SHORTENING	Y		01/01/2015	Fee Schedule	$673.07
26478	LENGTHENING OF HAND TENDON	Y		01/01/2015	Fee Schedule	$673.07
26479	SHORTENING OF HAND TENDON	Y		01/01/2015	Fee Schedule	$673.07
26480	TRANSPLANT HAND TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26483	TRANSPLANT/GRAFT HAND TENDON	Y		01/01/2015	Fee Schedule	$1,211.04

26485	TRANSPLANT PALM TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26489	TRANSPLANT/GRAFT PALM TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26490	REVISE THUMB TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26492	TENDON TRANSFER WITH GRAFT	Y		01/01/2015	Fee Schedule	$1,211.04
26494	HAND TENDON/MUSCLE TRANSFER	Y		01/01/2015	Fee Schedule	$1,211.04
26496	REVISE THUMB TENDON	Y		01/01/2015	Fee Schedule	$1,211.04
26497	FINGER TENDON TRANSFER	Y		01/01/2015	Fee Schedule	$1,211.04
26498	FINGER TENDON TRANSFER	Y		01/01/2015	Fee Schedule	$1,211.04
26499	REVISION OF FINGER	Y		01/01/2015	Fee Schedule	$1,211.04
26500	HAND TENDON RECONSTRUCTION	Y		01/01/2015	Fee Schedule	$673.07
26502	HAND TENDON RECONSTRUCTION	Y		01/01/2015	Fee Schedule	$1,211.04
26508	RELEASE THUMB CONTRACTURE	Y		01/01/2015	Fee Schedule	$673.07
26510	THUMB TENDON TRANSFER	Y		01/01/2015	Fee Schedule	$1,211.04
26516	FUSION OF KNUCKLE JOINT	Y		01/01/2015	Fee Schedule	$1,211.04
26517	FUSION OF KNUCKLE JOINTS	Y		01/01/2015	Fee Schedule	$1,211.04
26518	FUSION OF KNUCKLE JOINTS	Y		01/01/2015	Fee Schedule	$1,211.04
26520	RELEASE KNUCKLE CONTRACTURE	Y		01/01/2015	Fee Schedule	$673.07
26525	RELEASE FINGER CONTRACTURE	Y		01/01/2015	Fee Schedule	$673.07
26530	REVISE KNUCKLE JOINT	Y		01/01/2015	Fee Schedule	$1,843.49
26531	REVISE KNUCKLE WITH IMPLANT	Y		01/01/2015	Fee Schedule	$1,843.49
26535	REVISE FINGER JOINT	Y		01/01/2015	Fee Schedule	$1,843.49
26536	REVISE/IMPLANT FINGER JOINT	Y		01/01/2015	Fee Schedule	$1,843.49
26540	REPAIR HAND JOINT	Y		01/01/2015	Fee Schedule	$673.07
26541	REPAIR HAND JOINT WITH GRAFT	Y		01/01/2015	Fee Schedule	$1,211.04
26542	REPAIR HAND JOINT WITH GRAFT	Y		01/01/2015	Fee Schedule	$673.07
26545	RECONSTRUCT FINGER JOINT	Y		01/01/2015	Fee Schedule	$1,211.04
26546	REPAIR NONUNION HAND	Y		01/01/2015	Fee Schedule	$1,211.04
26548	RECONSTRUCT FINGER JOINT	Y		01/01/2015	Fee Schedule	$1,211.04
26550	CONSTRUCT THUMB REPLACEMENT	Y		01/01/2015	Fee Schedule	$1,211.04
26555	POSITIONAL CHANGE OF FINGER	Y		01/01/2015	Fee Schedule	$1,211.04
26560	REPAIR OF WEB FINGER	Y		01/01/2015	Fee Schedule	$673.07
26561	REPAIR OF WEB FINGER	Y		01/01/2015	Fee Schedule	$1,211.04
26562	REPAIR OF WEB FINGER	Y		01/01/2015	Fee Schedule	$1,211.04
26565	CORRECT METACARPAL FLAW	Y		01/01/2015	Fee Schedule	$1,211.04
26567	CORRECT FINGER DEFORMITY	Y		01/01/2015	Fee Schedule	$1,211.04
26568	LENGTHEN METACARPAL/FINGER	Y		01/01/2015	Fee Schedule	$1,211.04
26580	REPAIR HAND DEFORMITY	Y		01/01/2015	Fee Schedule	$673.07
26587	RECONSTRUCT EXTRA FINGER	Y		01/01/2015	Fee Schedule	$673.07
26590	REPAIR FINGER DEFORMITY	Y		01/01/2015	Fee Schedule	$673.07
26591	REPAIR MUSCLES OF HAND	Y		01/01/2015	Fee Schedule	$1,211.04
26593	RELEASE MUSCLES OF HAND	Y		01/01/2015	Fee Schedule	$673.07
26596	EXCISION CONSTRICTING TISSUE	Y		01/01/2015	Fee Schedule	$673.07
26600	TREAT METACARPAL FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
26605	TREAT METACARPAL FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
26607	TREAT METACARPAL FRACTURE	Y		01/01/2015	Fee Schedule	$719.02
26608	TREAT METACARPAL FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
26615	TREAT METACARPAL FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
26641	TREAT THUMB DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
26645	TREAT THUMB FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
26650	TREAT THUMB FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
26665	TREAT THUMB FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
26670	TREAT HAND DISLOCATION	Y		01/01/2015	Fee Schedule	$92.65
26675	TREAT HAND DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
26676	PIN HAND DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28

26685	TREAT HAND DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
26686	TREAT HAND DISLOCATION	Y		01/01/2015	Fee Schedule	$4,139.19
26700	TREAT KNUCKLE DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
26705	TREAT KNUCKLE DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
26706	PIN KNUCKLE DISLOCATION	Y		01/01/2015	Fee Schedule	$719.02
26715	TREAT KNUCKLE DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
26720	TREAT FINGER FRACTURE EACH	Y		01/01/2015	Fee Schedule	$92.65
26725	TREAT FINGER FRACTURE EACH	Y		01/01/2015	Fee Schedule	$117.17
26727	TREAT FINGER FRACTURE EACH	Y		01/01/2015	Fee Schedule	$1,119.28
26735	TREAT FINGER FRACTURE EACH	Y		01/01/2015	Fee Schedule	$1,119.28
26740	TREAT FINGER FRACTURE EACH	Y		01/01/2015	Fee Schedule	$117.17
26742	TREAT FINGER FRACTURE EACH	Y		01/01/2015	Fee Schedule	$117.17
26746	TREAT FINGER FRACTURE EACH	Y		01/01/2015	Fee Schedule	$1,119.28
26750	TREAT FINGER FRACTURE EACH	Y		01/01/2015	Fee Schedule	$92.65
26755	TREAT FINGER FRACTURE EACH	Y		01/01/2015	Fee Schedule	$117.17
26756	PIN FINGER FRACTURE EACH	Y		01/01/2015	Fee Schedule	$1,119.28
26765	TREAT FINGER FRACTURE EACH	Y		01/01/2015	Fee Schedule	$1,119.28
26770	TREAT FINGER DISLOCATION	Y		01/01/2015	Fee Schedule	$92.65
26775	TREAT FINGER DISLOCATION			01/01/2015	Fee Schedule	$122.35
26776	PIN FINGER DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
26785	TREAT FINGER DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
26820	THUMB FUSION WITH GRAFT	Y		01/01/2015	Fee Schedule	$1,211.04
26841	FUSION OF THUMB	Y		01/01/2015	Fee Schedule	$1,211.04
26842	THUMB FUSION WITH GRAFT	Y		01/01/2015	Fee Schedule	$1,211.04
26843	FUSION OF HAND JOINT	Y		01/01/2015	Fee Schedule	$1,211.04
26844	FUSION/GRAFT OF HAND JOINT	Y		01/01/2015	Fee Schedule	$1,211.04
26850	FUSION OF KNUCKLE	Y		01/01/2015	Fee Schedule	$1,211.04
26852	FUSION OF KNUCKLE WITH GRAFT	Y		01/01/2015	Fee Schedule	$1,211.04
26860	FUSION OF FINGER JOINT	Y		01/01/2015	Fee Schedule	$1,211.04
26861	FUSION OF FINGER JNT ADD-ON			01/01/2014	No Separate Payment	$0.00
26862	FUSION/GRAFT OF FINGER JOINT	Y		01/01/2015	Fee Schedule	$1,211.04
26863	FUSE/GRAFT ADDED JOINT			01/01/2014	No Separate Payment	$0.00
26910	AMPUTATE METACARPAL BONE	Y		01/01/2015	Fee Schedule	$1,211.04
26951	AMPUTATION OF FINGER/THUMB	Y		01/01/2015	Fee Schedule	$673.07
26952	AMPUTATION OF FINGER/THUMB	Y		01/01/2015	Fee Schedule	$673.07
26990	DRAINAGE OF PELVIS LESION	Y		01/01/2015	Fee Schedule	$910.06
26991	DRAINAGE OF PELVIS BURSA	Y		01/01/2015	Fee Schedule	$910.06
27000	INCISION OF HIP TENDON	Y		01/01/2015	Fee Schedule	$910.06
27001	INCISION OF HIP TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
27003	INCISION OF HIP TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
27033	EXPLORATION OF HIP JOINT	Y		01/01/2015	Fee Schedule	$2,061.95
27035	DENERVATION OF HIP JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
27040	BIOPSY OF SOFT TISSUES	Y		01/01/2015	Fee Schedule	$452.93
27041	BIOPSY OF SOFT TISSUES	Y		01/01/2015	Fee Schedule	$452.93
27043	EXC HIP PELVIS LES SC 3 CM/>	Y		01/01/2015	Fee Schedule	$999.64
27045	EXC HIP/PELV TUM DEEP 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
27047	EXC HIP/PELVIS LES SC < 3 CM	Y		01/01/2015	Fee Schedule	$735.03
27048	EXC HIP/PELV TUM DEEP < 5 CM	Y		01/01/2015	Fee Schedule	$735.03
27049	RESECT HIP/PELV TUM < 5 CM	Y		01/01/2015	Fee Schedule	$735.03
27050	BIOPSY OF SACROILIAC JOINT	Y		01/01/2015	Fee Schedule	$910.06
27052	BIOPSY OF HIP JOINT	Y		01/01/2015	Fee Schedule	$910.06
27059	RESECT HIP/PELV TUM 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
27060	REMOVAL OF ISCHIAL BURSA	Y		01/01/2015	Fee Schedule	$910.06
27062	REMOVE FEMUR LESION/BURSA	Y		01/01/2015	Fee Schedule	$910.06

27065	REMOVE HIP BONE LES SUPER	Y		01/01/2015	Fee Schedule	$910.06
27066	REMOVE HIP BONE LES DEEP	Y		01/01/2015	Fee Schedule	$1,425.85
27067	REMOVE/GRAFT HIP BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
27080	REMOVAL OF TAIL BONE	Y		01/01/2015	Fee Schedule	$1,425.85
27086	REMOVE HIP FOREIGN BODY	Y		01/01/2015	Fee Schedule	$452.93
27087	REMOVE HIP FOREIGN BODY	Y		01/01/2015	Fee Schedule	$910.06
27093	INJECTION FOR HIP X-RAY			01/01/2009	No Separate Payment	$0.00
27095	INJECTION FOR HIP X-RAY			01/01/2009	No Separate Payment	$0.00
27097	REVISION OF HIP TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
27098	TRANSFER TENDON TO PELVIS	Y		01/01/2015	Fee Schedule	$1,425.85
27100	TRANSFER OF ABDOMINAL MUSCLE	Y		01/01/2015	Fee Schedule	$2,061.95
27105	TRANSFER OF SPINAL MUSCLE	Y		01/01/2015	Fee Schedule	$2,061.95
27110	TRANSFER OF ILIOPSOAS MUSCLE	Y		01/01/2015	Fee Schedule	$2,061.95
27111	TRANSFER OF ILIOPSOAS MUSCLE	Y		01/01/2015	Fee Schedule	$2,061.95
27193	TREAT PELVIC RING FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27194	TREAT PELVIC RING FRACTURE	Y		01/01/2015	Fee Schedule	$390.83
27200	TREAT TAIL BONE FRACTURE	Y		01/01/2015	Fee Schedule	$92.65
27202	TREAT TAIL BONE FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
27220	TREAT HIP SOCKET FRACTURE	Y		01/01/2015	Fee Schedule	$92.65
27230	TREAT THIGH FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27238	TREAT THIGH FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27246	TREAT THIGH FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27250	TREAT HIP DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
27252	TREAT HIP DISLOCATION	Y		01/01/2015	Fee Schedule	$390.83
27256	TREAT HIP DISLOCATION	Y		01/01/2015	Fee Schedule	$92.65
27257	TREAT HIP DISLOCATION	Y		01/01/2015	Fee Schedule	$390.83
27265	TREAT HIP DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
27266	TREAT HIP DISLOCATION	Y		01/01/2015	Fee Schedule	$630.52
27267	CLTX THIGH FX	Y		01/01/2015	Fee Schedule	$719.02
27275	MANIPULATION OF HIP JOINT	Y		01/01/2015	Fee Schedule	$630.52
27279	ARTHRODESIS SACROILIAC JOINT	Y		01/01/2015	Fee Schedule	$7,843.67
27301	DRAIN THIGH/KNEE LESION	Y		01/01/2015	Fee Schedule	$896.33
27305	INCISE THIGH TENDON & FASCIA	Y		01/01/2015	Fee Schedule	$910.06
27306	INCISION OF THIGH TENDON	Y		01/01/2015	Fee Schedule	$910.06
27307	INCISION OF THIGH TENDONS	Y		01/01/2015	Fee Schedule	$1,425.85
27310	EXPLORATION OF KNEE JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
27323	BIOPSY THIGH SOFT TISSUES	Y		01/01/2015	Fee Schedule	$452.93
27324	BIOPSY THIGH SOFT TISSUES	Y		01/01/2015	Fee Schedule	$999.64
27325	NEURECTOMY HAMSTRING	Y		01/01/2015	Fee Schedule	$758.41
27326	NEURECTOMY POPLITEAL	Y		01/01/2015	Fee Schedule	$758.41
27327	EXC THIGH/KNEE LES SC < 3 CM	Y		01/01/2015	Fee Schedule	$999.64
27328	EXC THIGH/KNEE TUM DEEP <5CM	Y		01/01/2015	Fee Schedule	$735.03
27329	RESECT THIGH/KNEE TUM < 5 CM	Y		01/01/2015	Fee Schedule	$735.03
27330	BIOPSY KNEE JOINT LINING	Y		01/01/2015	Fee Schedule	$1,425.85
27331	EXPLORE/TREAT KNEE JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
27332	REMOVAL OF KNEE CARTILAGE	Y		01/01/2015	Fee Schedule	$1,425.85
27333	REMOVAL OF KNEE CARTILAGE	Y		01/01/2015	Fee Schedule	$1,425.85
27334	REMOVE KNEE JOINT LINING	Y		01/01/2015	Fee Schedule	$1,425.85
27335	REMOVE KNEE JOINT LINING	Y		01/01/2015	Fee Schedule	$1,425.85
27337	EXC THIGH/KNEE LES SC 3 CM/>	Y		01/01/2015	Fee Schedule	$999.64
27339	EXC THIGH/KNEE TUM DEP 5CM/>	Y		01/01/2015	Fee Schedule	$999.64
27340	REMOVAL OF KNEECAP BURSA	Y		01/01/2015	Fee Schedule	$910.06
27345	REMOVAL OF KNEE CYST	Y		01/01/2015	Fee Schedule	$910.06
27347	REMOVE KNEE CYST	Y		01/01/2015	Fee Schedule	$910.06

27350	REMOVAL OF KNEECAP	Y		01/01/2015	Fee Schedule	$1,425.85
27355	REMOVE FEMUR LESION	Y		01/01/2015	Fee Schedule	$1,425.85
27356	REMOVE FEMUR LESION/GRAFT	Y		01/01/2015	Fee Schedule	$1,425.85
27357	REMOVE FEMUR LESION/GRAFT	Y		01/01/2015	Fee Schedule	$1,425.85
27358	REMOVE FEMUR LESION/FIXATION			01/01/2014	No Separate Payment	$0.00
27360	PARTIAL REMOVAL LEG BONE(S)	Y		01/01/2015	Fee Schedule	$1,425.85
27364	RESECT THIGH/KNEE TUM 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
27370	INJECTION FOR KNEE X-RAY			01/01/2009	No Separate Payment	$0.00
27372	REMOVAL OF FOREIGN BODY	Y		01/01/2015	Fee Schedule	$999.64
27380	REPAIR OF KNEECAP TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
27381	REPAIR/GRAFT KNEECAP TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
27385	REPAIR OF THIGH MUSCLE	Y		01/01/2015	Fee Schedule	$1,425.85
27386	REPAIR/GRAFT OF THIGH MUSCLE	Y		01/01/2015	Fee Schedule	$1,425.85
27390	INCISION OF THIGH TENDON	Y		01/01/2015	Fee Schedule	$910.06
27391	INCISION OF THIGH TENDONS	Y		01/01/2015	Fee Schedule	$910.06
27392	INCISION OF THIGH TENDONS	Y		01/01/2015	Fee Schedule	$1,425.85
27393	LENGTHENING OF THIGH TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
27394	LENGTHENING OF THIGH TENDONS	Y		01/01/2015	Fee Schedule	$1,425.85
27395	LENGTHENING OF THIGH TENDONS	Y		01/01/2015	Fee Schedule	$2,061.95
27396	TRANSPLANT OF THIGH TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
27397	TRANSPLANTS OF THIGH TENDONS	Y		01/01/2015	Fee Schedule	$2,061.95
27400	REVISE THIGH MUSCLES/TENDONS	Y		01/01/2015	Fee Schedule	$2,061.95
27403	REPAIR OF KNEE CARTILAGE	Y		01/01/2015	Fee Schedule	$1,425.85
27405	REPAIR OF KNEE LIGAMENT	Y		01/01/2015	Fee Schedule	$2,061.95
27407	REPAIR OF KNEE LIGAMENT	Y		01/01/2015	Fee Schedule	$3,464.61
27409	REPAIR OF KNEE LIGAMENTS	Y		01/01/2015	Fee Schedule	$2,061.95
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Y		01/01/2015	Fee Schedule	$7,843.67
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Y		01/01/2015	Fee Schedule	$2,061.95
27418	REPAIR DEGENERATED KNEECAP	Y		01/01/2015	Fee Schedule	$2,061.95
27420	REVISION OF UNSTABLE KNEECAP	Y		01/01/2015	Fee Schedule	$2,061.95
27422	REVISION OF UNSTABLE KNEECAP	Y		01/01/2015	Fee Schedule	$2,061.95
27424	REVISION/REMOVAL OF KNEECAP	Y		01/01/2015	Fee Schedule	$2,061.95
27425	LAT RETINACULAR RELEASE OPEN	Y		01/01/2015	Fee Schedule	$1,425.85
27427	RECONSTRUCTION KNEE	Y		01/01/2015	Fee Schedule	$3,464.61
27428	RECONSTRUCTION KNEE	Y		01/01/2015	Fee Schedule	$7,843.67
27429	RECONSTRUCTION KNEE	Y		01/01/2015	Fee Schedule	$3,464.61
27430	REVISION OF THIGH MUSCLES	Y		01/01/2015	Fee Schedule	$2,061.95
27435	INCISION OF KNEE JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
27437	REVISE KNEECAP	Y		01/01/2015	Fee Schedule	$1,843.49
27438	REVISE KNEECAP WITH IMPLANT	Y		01/01/2015	Fee Schedule	$7,843.67
27440	REVISION OF KNEE JOINT	Y		01/01/2015	Fee Schedule	$7,843.67
27441	REVISION OF KNEE JOINT	Y		01/01/2015	Fee Schedule	$1,843.49
27442	REVISION OF KNEE JOINT	Y		01/01/2015	Fee Schedule	$7,843.67
27443	REVISION OF KNEE JOINT	Y		01/01/2015	Fee Schedule	$7,843.67
27446	REVISION OF KNEE JOINT	Y		01/01/2015	Fee Schedule	$7,843.67
27475	SURGERY TO STOP LEG GROWTH	Y		01/01/2015	Fee Schedule	$1,425.85
27479	SURGERY TO STOP LEG GROWTH	Y		01/01/2015	Fee Schedule	$1,425.85
27496	DECOMPRESSION OF THIGH/KNEE	Y		01/01/2015	Fee Schedule	$1,425.85
27497	DECOMPRESSION OF THIGH/KNEE	Y		01/01/2015	Fee Schedule	$910.06
27498	DECOMPRESSION OF THIGH/KNEE	Y		01/01/2015	Fee Schedule	$1,425.85
27499	DECOMPRESSION OF THIGH/KNEE	Y		01/01/2015	Fee Schedule	$1,425.85
27500	TREATMENT OF THIGH FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27501	TREATMENT OF THIGH FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27502	TREATMENT OF THIGH FRACTURE	Y		01/01/2015	Fee Schedule	$719.02

27503	TREATMENT OF THIGH FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27508	TREATMENT OF THIGH FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27509	TREATMENT OF THIGH FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
27510	TREATMENT OF THIGH FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27516	TREAT THIGH FX GROWTH PLATE	Y		01/01/2015	Fee Schedule	$92.65
27517	TREAT THIGH FX GROWTH PLATE	Y		01/01/2015	Fee Schedule	$117.17
27520	TREAT KNEECAP FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27524	TREAT KNEECAP FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
27530	TREAT KNEE FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27532	TREAT KNEE FRACTURE	Y		01/01/2015	Fee Schedule	$719.02
27538	TREAT KNEE FRACTURE(S)	Y		01/01/2015	Fee Schedule	$117.17
27550	TREAT KNEE DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
27552	TREAT KNEE DISLOCATION	Y		01/01/2015	Fee Schedule	$630.52
27560	TREAT KNEECAP DISLOCATION	Y		01/01/2015	Fee Schedule	$92.65
27562	TREAT KNEECAP DISLOCATION	Y		01/01/2015	Fee Schedule	$390.83
27566	TREAT KNEECAP DISLOCATION	Y		01/01/2015	Fee Schedule	$2,316.97
27570	FIXATION OF KNEE JOINT	Y		01/01/2015	Fee Schedule	$630.52
27594	AMPUTATION FOLLOW-UP SURGERY	Y		01/01/2015	Fee Schedule	$910.06
27600	DECOMPRESSION OF LOWER LEG	Y		01/01/2015	Fee Schedule	$910.06
27601	DECOMPRESSION OF LOWER LEG	Y		01/01/2015	Fee Schedule	$910.06
27602	DECOMPRESSION OF LOWER LEG	Y		01/01/2015	Fee Schedule	$1,425.85
27603	DRAIN LOWER LEG LESION	Y		01/01/2015	Fee Schedule	$896.33
27604	DRAIN LOWER LEG BURSA	Y		01/01/2015	Fee Schedule	$1,425.85
27605	INCISION OF ACHILLES TENDON	Y		01/01/2015	Fee Schedule	$955.37
27606	INCISION OF ACHILLES TENDON	Y		01/01/2015	Fee Schedule	$910.06
27607	TREAT LOWER LEG BONE LESION	Y		01/01/2015	Fee Schedule	$910.06
27610	EXPLORE/TREAT ANKLE JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
27612	EXPLORATION OF ANKLE JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
27613	BIOPSY LOWER LEG SOFT TISSUE	Y		01/01/2015	Fee Schedule	$165.19
27614	BIOPSY LOWER LEG SOFT TISSUE	Y		01/01/2015	Fee Schedule	$999.64
27615	RESECT LEG/ANKLE TUM < 5 CM	Y		01/01/2015	Fee Schedule	$735.03
27616	RESECT LEG/ANKLE TUM 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
27618	EXC LEG/ANKLE TUM < 3 CM	Y		01/01/2015	Fee Schedule	$735.03
27619	EXC LEG/ANKLE TUM DEEP <5 CM	Y		01/01/2015	Fee Schedule	$735.03
27620	EXPLORE/TREAT ANKLE JOINT	Y		01/01/2015	Fee Schedule	$1,425.85
27625	REMOVE ANKLE JOINT LINING	Y		01/01/2015	Fee Schedule	$1,425.85
27626	REMOVE ANKLE JOINT LINING	Y		01/01/2015	Fee Schedule	$1,425.85
27630	REMOVAL OF TENDON LESION	Y		01/01/2015	Fee Schedule	$910.06
27632	EXC LEG/ANKLE LES SC 3 CM/>	Y		01/01/2015	Fee Schedule	$999.64
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
27635	REMOVE LOWER LEG BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
27637	REMOVE/GRAFT LEG BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
27638	REMOVE/GRAFT LEG BONE LESION	Y		01/01/2015	Fee Schedule	$1,425.85
27640	PARTIAL REMOVAL OF TIBIA	Y		01/01/2015	Fee Schedule	$1,425.85
27641	PARTIAL REMOVAL OF FIBULA	Y		01/01/2015	Fee Schedule	$1,425.85
27647	RESECT TALUS/CALCANEUS TUM	Y		01/01/2015	Fee Schedule	$1,425.85
27648	INJECTION FOR ANKLE X-RAY			01/01/2009	No Separate Payment	$0.00
27650	REPAIR ACHILLES TENDON	Y		01/01/2015	Fee Schedule	$2,061.95
27652	REPAIR/GRAFT ACHILLES TENDON	Y		01/01/2015	Fee Schedule	$2,061.95
27654	REPAIR OF ACHILLES TENDON	Y		01/01/2015	Fee Schedule	$2,061.95
27656	REPAIR LEG FASCIA DEFECT	Y		01/01/2015	Fee Schedule	$910.06
27658	REPAIR OF LEG TENDON EACH	Y		01/01/2015	Fee Schedule	$910.06
27659	REPAIR OF LEG TENDON EACH	Y		01/01/2015	Fee Schedule	$910.06
27664	REPAIR OF LEG TENDON EACH	Y		01/01/2015	Fee Schedule	$1,425.85

27665	REPAIR OF LEG TENDON EACH	Y		01/01/2015	Fee Schedule	$1,425.85
27675	REPAIR LOWER LEG TENDONS	Y		01/01/2015	Fee Schedule	$910.06
27676	REPAIR LOWER LEG TENDONS	Y		01/01/2015	Fee Schedule	$1,425.85
27680	RELEASE OF LOWER LEG TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
27681	RELEASE OF LOWER LEG TENDONS	Y		01/01/2015	Fee Schedule	$1,425.85
27685	REVISION OF LOWER LEG TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
27686	REVISE LOWER LEG TENDONS	Y		01/01/2015	Fee Schedule	$1,425.85
27687	REVISION OF CALF TENDON	Y		01/01/2015	Fee Schedule	$1,425.85
27690	REVISE LOWER LEG TENDON	Y		01/01/2015	Fee Schedule	$2,061.95
27691	REVISE LOWER LEG TENDON	Y		01/01/2015	Fee Schedule	$2,061.95
27692	REVISE ADDITIONAL LEG TENDON			01/01/2014	No Separate Payment	$0.00
27695	REPAIR OF ANKLE LIGAMENT	Y		01/01/2015	Fee Schedule	$1,425.85
27696	REPAIR OF ANKLE LIGAMENTS	Y		01/01/2015	Fee Schedule	$1,425.85
27698	REPAIR OF ANKLE LIGAMENT	Y		01/01/2015	Fee Schedule	$1,425.85
27700	REVISION OF ANKLE JOINT	Y		01/01/2015	Fee Schedule	$1,843.49
27704	REMOVAL OF ANKLE IMPLANT			01/01/2015	Fee Schedule	$910.06
27705	INCISION OF TIBIA	Y		01/01/2015	Fee Schedule	$2,061.95
27707	INCISION OF FIBULA	Y		01/01/2015	Fee Schedule	$1,425.85
27709	INCISION OF TIBIA & FIBULA	Y		01/01/2015	Fee Schedule	$1,425.85
27720	REPAIR OF TIBIA	Y		01/01/2015	Fee Schedule	$2,316.97
27726	REPAIR FIBULA NONUNION	Y		01/01/2015	Fee Schedule	$2,316.97
27730	REPAIR OF TIBIA EPIPHYSIS	Y		01/01/2015	Fee Schedule	$1,425.85
27732	REPAIR OF FIBULA EPIPHYSIS	Y		01/01/2015	Fee Schedule	$1,425.85
27734	REPAIR LOWER LEG EPIPHYSES	Y		01/01/2015	Fee Schedule	$1,425.85
27740	REPAIR OF LEG EPIPHYSES	Y		01/01/2015	Fee Schedule	$1,425.85
27742	REPAIR OF LEG EPIPHYSES	Y		01/01/2015	Fee Schedule	$2,061.95
27745	REINFORCE TIBIA	Y		01/01/2015	Fee Schedule	$7,843.67
27750	TREATMENT OF TIBIA FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27752	TREATMENT OF TIBIA FRACTURE	Y		01/01/2015	Fee Schedule	$719.02
27756	TREATMENT OF TIBIA FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
27758	TREATMENT OF TIBIA FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
27759	TREATMENT OF TIBIA FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
27760	CLTX MEDIAL ANKLE FX	Y		01/01/2015	Fee Schedule	$117.17
27762	CLTX MED ANKLE FX W/MNPJ	Y		01/01/2015	Fee Schedule	$719.02
27766	OPTX MEDIAL ANKLE FX	Y		01/01/2015	Fee Schedule	$2,316.97
27767	CLTX POST ANKLE FX	Y		01/01/2015	Fee Schedule	$92.65
27768	CLTX POST ANKLE FX W/MNPJ	Y		01/01/2015	Fee Schedule	$92.65
27769	OPTX POST ANKLE FX	Y		01/01/2015	Fee Schedule	$2,316.97
27780	TREATMENT OF FIBULA FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27781	TREATMENT OF FIBULA FRACTURE	Y		01/01/2015	Fee Schedule	$390.83
27784	TREATMENT OF FIBULA FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
27786	TREATMENT OF ANKLE FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27788	TREATMENT OF ANKLE FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27792	TREATMENT OF ANKLE FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
27808	TREATMENT OF ANKLE FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27810	TREATMENT OF ANKLE FRACTURE	Y		01/01/2015	Fee Schedule	$390.83
27814	TREATMENT OF ANKLE FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
27816	TREATMENT OF ANKLE FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27818	TREATMENT OF ANKLE FRACTURE	Y		01/01/2015	Fee Schedule	$390.83
27822	TREATMENT OF ANKLE FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
27823	TREATMENT OF ANKLE FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
27824	TREAT LOWER LEG FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
27825	TREAT LOWER LEG FRACTURE	Y		01/01/2015	Fee Schedule	$719.02
27826	TREAT LOWER LEG FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97

27827	TREAT LOWER LEG FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
27828	TREAT LOWER LEG FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
27829	TREAT LOWER LEG JOINT	Y		01/01/2015	Fee Schedule	$2,316.97
27830	TREAT LOWER LEG DISLOCATION	Y		01/01/2015	Fee Schedule	$92.65
27831	TREAT LOWER LEG DISLOCATION	Y		01/01/2015	Fee Schedule	$390.83
27832	TREAT LOWER LEG DISLOCATION	Y		01/01/2015	Fee Schedule	$2,316.97
27840	TREAT ANKLE DISLOCATION	Y		01/01/2015	Fee Schedule	$117.17
27842	TREAT ANKLE DISLOCATION	Y		01/01/2015	Fee Schedule	$630.52
27846	TREAT ANKLE DISLOCATION	Y		01/01/2015	Fee Schedule	$2,316.97
27848	TREAT ANKLE DISLOCATION	Y		01/01/2015	Fee Schedule	$2,316.97
27860	FIXATION OF ANKLE JOINT	Y		01/01/2015	Fee Schedule	$630.52
27870	FUSION OF ANKLE JOINT OPEN	Y		01/01/2015	Fee Schedule	$3,464.61
27871	FUSION OF TIBIOFIBULAR JOINT	Y		01/01/2015	Fee Schedule	$3,464.61
27884	AMPUTATION FOLLOW-UP SURGERY	Y		01/01/2015	Fee Schedule	$910.06
27889	AMPUTATION OF FOOT AT ANKLE	Y		01/01/2015	Fee Schedule	$1,425.85
27892	DECOMPRESSION OF LEG	Y		01/01/2015	Fee Schedule	$1,425.85
27893	DECOMPRESSION OF LEG	Y		01/01/2015	Fee Schedule	$1,425.85
27894	DECOMPRESSION OF LEG	Y		01/01/2015	Fee Schedule	$1,425.85
28001	DRAINAGE OF BURSA OF FOOT	Y		01/01/2015	Fee Schedule	$179.85
28002	TREATMENT OF FOOT INFECTION	Y		01/01/2015	Fee Schedule	$910.06
28003	TREATMENT OF FOOT INFECTION	Y		01/01/2015	Fee Schedule	$910.06
28005	TREAT FOOT BONE LESION	Y		01/01/2015	Fee Schedule	$955.37
28008	INCISION OF FOOT FASCIA	Y		01/01/2015	Fee Schedule	$955.37
28010	INCISION OF TOE TENDON	Y		01/01/2015	Fee Schedule	$123.00
28011	INCISION OF TOE TENDONS	Y		01/01/2015	Fee Schedule	$955.37
28020	EXPLORATION OF FOOT JOINT	Y		01/01/2015	Fee Schedule	$955.37
28022	EXPLORATION OF FOOT JOINT	Y		01/01/2015	Fee Schedule	$955.37
28024	EXPLORATION OF TOE JOINT	Y		01/01/2015	Fee Schedule	$955.37
28035	DECOMPRESSION OF TIBIA NERVE	Y		01/01/2015	Fee Schedule	$758.41
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	Y		01/01/2015	Fee Schedule	$999.64
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	Y		01/01/2015	Fee Schedule	$999.64
28043	EXC FOOT/TOE TUM SC < 1.5 CM	Y		01/01/2015	Fee Schedule	$735.03
28045	EXC FOOT/TOE TUM DEEP <1.5CM	Y		01/01/2015	Fee Schedule	$735.03
28046	RESECT FOOT/TOE TUMOR < 3 CM	Y		01/01/2015	Fee Schedule	$735.03
28047	RESECT FOOT/TOE TUMOR 3 CM/>	Y		01/01/2015	Fee Schedule	$999.64
28050	BIOPSY OF FOOT JOINT LINING	Y		01/01/2015	Fee Schedule	$955.37
28052	BIOPSY OF FOOT JOINT LINING	Y		01/01/2015	Fee Schedule	$955.37
28054	BIOPSY OF TOE JOINT LINING	Y		01/01/2015	Fee Schedule	$955.37
28055	NEURECTOMY FOOT	Y		01/01/2015	Fee Schedule	$758.41
28060	PARTIAL REMOVAL FOOT FASCIA	Y		01/01/2015	Fee Schedule	$955.37
28062	REMOVAL OF FOOT FASCIA	Y		01/01/2015	Fee Schedule	$955.37
28070	REMOVAL OF FOOT JOINT LINING	Y		01/01/2015	Fee Schedule	$955.37
28072	REMOVAL OF FOOT JOINT LINING	Y		01/01/2015	Fee Schedule	$955.37
28080	REMOVAL OF FOOT LESION	Y		01/01/2015	Fee Schedule	$955.37
28086	EXCISE FOOT TENDON SHEATH	Y		01/01/2015	Fee Schedule	$955.37
28088	EXCISE FOOT TENDON SHEATH	Y		01/01/2015	Fee Schedule	$955.37
28090	REMOVAL OF FOOT LESION	Y		01/01/2015	Fee Schedule	$955.37
28092	REMOVAL OF TOE LESIONS	Y		01/01/2015	Fee Schedule	$955.37
28100	REMOVAL OF ANKLE/HEEL LESION	Y		01/01/2015	Fee Schedule	$955.37
28102	REMOVE/GRAFT FOOT LESION	Y		01/01/2015	Fee Schedule	$2,859.86
28103	REMOVE/GRAFT FOOT LESION	Y		01/01/2015	Fee Schedule	$2,859.86
28104	REMOVAL OF FOOT LESION	Y		01/01/2015	Fee Schedule	$955.37
28106	REMOVE/GRAFT FOOT LESION	Y		01/01/2015	Fee Schedule	$2,859.86
28107	REMOVE/GRAFT FOOT LESION	Y		01/01/2015	Fee Schedule	$2,859.86

28108	REMOVAL OF TOE LESIONS	Y		01/01/2015	Fee Schedule	$955.37
28110	PART REMOVAL OF METATARSAL	Y		01/01/2015	Fee Schedule	$955.37
28111	PART REMOVAL OF METATARSAL	Y		01/01/2015	Fee Schedule	$955.37
28112	PART REMOVAL OF METATARSAL	Y		01/01/2015	Fee Schedule	$955.37
28113	PART REMOVAL OF METATARSAL	Y		01/01/2015	Fee Schedule	$955.37
28114	REMOVAL OF METATARSAL HEADS	Y		01/01/2015	Fee Schedule	$955.37
28116	REVISION OF FOOT	Y		01/01/2015	Fee Schedule	$955.37
28118	REMOVAL OF HEEL BONE	Y		01/01/2015	Fee Schedule	$955.37
28119	REMOVAL OF HEEL SPUR	Y		01/01/2015	Fee Schedule	$955.37
28120	PART REMOVAL OF ANKLE/HEEL	Y		01/01/2015	Fee Schedule	$955.37
28122	PARTIAL REMOVAL OF FOOT BONE	Y		01/01/2015	Fee Schedule	$955.37
28124	PARTIAL REMOVAL OF TOE	Y		01/01/2015	Fee Schedule	$298.91
28126	PARTIAL REMOVAL OF TOE	Y		01/01/2015	Fee Schedule	$955.37
28130	REMOVAL OF ANKLE BONE	Y		01/01/2015	Fee Schedule	$955.37
28140	REMOVAL OF METATARSAL	Y		01/01/2015	Fee Schedule	$955.37
28150	REMOVAL OF TOE	Y		01/01/2015	Fee Schedule	$955.37
28153	PARTIAL REMOVAL OF TOE	Y		01/01/2015	Fee Schedule	$955.37
28160	PARTIAL REMOVAL OF TOE	Y		01/01/2015	Fee Schedule	$955.37
28171	RESECT TARSAL TUMOR	Y		01/01/2015	Fee Schedule	$955.37
28173	RESECT METATARSAL TUMOR	Y		01/01/2015	Fee Schedule	$955.37
28175	RESECT PHALANX OF TOE TUMOR	Y		01/01/2015	Fee Schedule	$955.37
28190	REMOVAL OF FOOT FOREIGN BODY	Y		01/01/2015	Fee Schedule	$186.28
28192	REMOVAL OF FOOT FOREIGN BODY	Y		01/01/2015	Fee Schedule	$735.03
28193	REMOVAL OF FOOT FOREIGN BODY	Y		01/01/2015	Fee Schedule	$452.93
28200	REPAIR OF FOOT TENDON	Y		01/01/2015	Fee Schedule	$955.37
28202	REPAIR/GRAFT OF FOOT TENDON	Y		01/01/2015	Fee Schedule	$955.37
28208	REPAIR OF FOOT TENDON	Y		01/01/2015	Fee Schedule	$955.37
28210	REPAIR/GRAFT OF FOOT TENDON	Y		01/01/2015	Fee Schedule	$2,859.86
28220	RELEASE OF FOOT TENDON	Y		01/01/2015	Fee Schedule	$284.61
28222	RELEASE OF FOOT TENDONS	Y		01/01/2015	Fee Schedule	$955.37
28225	RELEASE OF FOOT TENDON	Y		01/01/2015	Fee Schedule	$955.37
28226	RELEASE OF FOOT TENDONS	Y		01/01/2015	Fee Schedule	$955.37
28230	INCISION OF FOOT TENDON(S)	Y		01/01/2015	Fee Schedule	$281.75
28232	INCISION OF TOE TENDON	Y		01/01/2015	Fee Schedule	$263.51
28234	INCISION OF FOOT TENDON	Y		01/01/2015	Fee Schedule	$955.37
28238	REVISION OF FOOT TENDON	Y		01/01/2015	Fee Schedule	$2,859.86
28240	RELEASE OF BIG TOE	Y		01/01/2015	Fee Schedule	$955.37
28250	REVISION OF FOOT FASCIA	Y		01/01/2015	Fee Schedule	$955.37
28260	RELEASE OF MIDFOOT JOINT	Y		01/01/2015	Fee Schedule	$955.37
28261	REVISION OF FOOT TENDON	Y		01/01/2015	Fee Schedule	$955.37
28262	REVISION OF FOOT AND ANKLE	Y		01/01/2015	Fee Schedule	$955.37
28264	RELEASE OF MIDFOOT JOINT	Y		01/01/2015	Fee Schedule	$2,859.86
28270	RELEASE OF FOOT CONTRACTURE	Y		01/01/2015	Fee Schedule	$955.37
28272	RELEASE OF TOE JOINT EACH	Y		01/01/2015	Fee Schedule	$257.08
28280	FUSION OF TOES	Y		01/01/2015	Fee Schedule	$955.37
28285	REPAIR OF HAMMERTOE	Y		01/01/2015	Fee Schedule	$955.37
28286	REPAIR OF HAMMERTOE	Y		01/01/2015	Fee Schedule	$955.37
28288	PARTIAL REMOVAL OF FOOT BONE	Y		01/01/2015	Fee Schedule	$955.37
28289	REPAIR HALLUX RIGIDUS	Y		01/01/2015	Fee Schedule	$955.37
28290	CORRECTION OF BUNION	Y		01/01/2015	Fee Schedule	$1,466.58
28292	CORRECTION OF BUNION	Y		01/01/2015	Fee Schedule	$1,466.58
28293	CORRECTION OF BUNION	Y		01/01/2015	Fee Schedule	$1,466.58
28294	CORRECTION OF BUNION	Y		01/01/2015	Fee Schedule	$1,466.58
28296	CORRECTION OF BUNION	Y		01/01/2015	Fee Schedule	$1,466.58

28297	CORRECTION OF BUNION	Y		01/01/2015	Fee Schedule	$1,466.58
28298	CORRECTION OF BUNION	Y		01/01/2015	Fee Schedule	$1,466.58
28299	CORRECTION OF BUNION	Y		01/01/2015	Fee Schedule	$1,466.58
28300	INCISION OF HEEL BONE	Y		01/01/2015	Fee Schedule	$2,859.86
28302	INCISION OF ANKLE BONE	Y		01/01/2015	Fee Schedule	$955.37
28304	INCISION OF MIDFOOT BONES	Y		01/01/2015	Fee Schedule	$2,859.86
28305	INCISE/GRAFT MIDFOOT BONES	Y		01/01/2015	Fee Schedule	$2,859.86
28306	INCISION OF METATARSAL	Y		01/01/2015	Fee Schedule	$955.37
28307	INCISION OF METATARSAL	Y		01/01/2015	Fee Schedule	$955.37
28308	INCISION OF METATARSAL	Y		01/01/2015	Fee Schedule	$955.37
28309	INCISION OF METATARSALS	Y		01/01/2015	Fee Schedule	$2,859.86
28310	REVISION OF BIG TOE	Y		01/01/2015	Fee Schedule	$955.37
28312	REVISION OF TOE	Y		01/01/2015	Fee Schedule	$955.37
28313	REPAIR DEFORMITY OF TOE	Y		01/01/2015	Fee Schedule	$955.37
28315	REMOVAL OF SESAMOID BONE	Y		01/01/2015	Fee Schedule	$955.37
28320	REPAIR OF FOOT BONES	Y		01/01/2015	Fee Schedule	$2,859.86
28322	REPAIR OF METATARSALS	Y		01/01/2015	Fee Schedule	$955.37
28340	RESECT ENLARGED TOE TISSUE	Y		01/01/2015	Fee Schedule	$955.37
28341	RESECT ENLARGED TOE	Y		01/01/2015	Fee Schedule	$955.37
28344	REPAIR EXTRA TOE(S)	Y		01/01/2015	Fee Schedule	$955.37
28345	REPAIR WEBBED TOE(S)	Y		01/01/2015	Fee Schedule	$955.37
28400	TREATMENT OF HEEL FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
28405	TREATMENT OF HEEL FRACTURE	Y		01/01/2015	Fee Schedule	$390.83
28406	TREATMENT OF HEEL FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
28415	TREAT HEEL FRACTURE	Y		01/01/2015	Fee Schedule	$4,139.19
28420	TREAT/GRAFT HEEL FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
28430	TREATMENT OF ANKLE FRACTURE	Y		01/01/2015	Fee Schedule	$92.65
28435	TREATMENT OF ANKLE FRACTURE	Y		01/01/2015	Fee Schedule	$719.02
28436	TREATMENT OF ANKLE FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
28445	TREAT ANKLE FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
28446	OSTEOCHONDRAL TALUS AUTOGRFT	Y		01/01/2015	Fee Schedule	$2,859.86
28450	TREAT MIDFOOT FRACTURE EACH	Y		01/01/2015	Fee Schedule	$92.65
28455	TREAT MIDFOOT FRACTURE EACH	Y		01/01/2015	Fee Schedule	$92.65
28456	TREAT MIDFOOT FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
28465	TREAT MIDFOOT FRACTURE EACH	Y		01/01/2015	Fee Schedule	$2,316.97
28470	TREAT METATARSAL FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
28475	TREAT METATARSAL FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
28476	TREAT METATARSAL FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
28485	TREAT METATARSAL FRACTURE	Y		01/01/2015	Fee Schedule	$2,316.97
28490	TREAT BIG TOE FRACTURE	Y		01/01/2015	Fee Schedule	$92.65
28495	TREAT BIG TOE FRACTURE	Y		01/01/2015	Fee Schedule	$117.17
28496	TREAT BIG TOE FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
28505	TREAT BIG TOE FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
28510	TREATMENT OF TOE FRACTURE	Y		01/01/2015	Fee Schedule	$80.45
28515	TREATMENT OF TOE FRACTURE	Y		01/01/2015	Fee Schedule	$105.12
28525	TREAT TOE FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
28530	TREAT SESAMOID BONE FRACTURE	Y		01/01/2015	Fee Schedule	$74.73
28531	TREAT SESAMOID BONE FRACTURE	Y		01/01/2015	Fee Schedule	$1,119.28
28540	TREAT FOOT DISLOCATION	Y		01/01/2015	Fee Schedule	$92.65
28545	TREAT FOOT DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
28546	TREAT FOOT DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
28555	REPAIR FOOT DISLOCATION	Y		01/01/2015	Fee Schedule	$2,316.97
28570	TREAT FOOT DISLOCATION	Y		01/01/2015	Fee Schedule	$99.76
28575	TREAT FOOT DISLOCATION	Y		01/01/2015	Fee Schedule	$719.02

28576	TREAT FOOT DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
28585	REPAIR FOOT DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
28600	TREAT FOOT DISLOCATION	Y		01/01/2015	Fee Schedule	$92.65
28605	TREAT FOOT DISLOCATION	Y		01/01/2015	Fee Schedule	$92.65
28606	TREAT FOOT DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
28615	REPAIR FOOT DISLOCATION	Y		01/01/2015	Fee Schedule	$2,316.97
28630	TREAT TOE DISLOCATION	Y		01/01/2015	Fee Schedule	$90.10
28635	TREAT TOE DISLOCATION	Y		01/01/2015	Fee Schedule	$719.02
28636	TREAT TOE DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
28645	REPAIR TOE DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
28660	TREAT TOE DISLOCATION	Y		01/01/2015	Fee Schedule	$67.93
28665	TREAT TOE DISLOCATION			01/01/2015	Fee Schedule	$122.35
28666	TREAT TOE DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
28675	REPAIR OF TOE DISLOCATION	Y		01/01/2015	Fee Schedule	$1,119.28
28705	FUSION OF FOOT BONES	Y		01/01/2015	Fee Schedule	$2,859.86
28715	FUSION OF FOOT BONES	Y		01/01/2015	Fee Schedule	$7,843.67
28725	FUSION OF FOOT BONES	Y		01/01/2015	Fee Schedule	$2,859.86
28730	FUSION OF FOOT BONES	Y		01/01/2015	Fee Schedule	$2,859.86
28735	FUSION OF FOOT BONES	Y		01/01/2015	Fee Schedule	$2,859.86
28737	REVISION OF FOOT BONES	Y		01/01/2015	Fee Schedule	$2,859.86
28740	FUSION OF FOOT BONES	Y		01/01/2015	Fee Schedule	$2,859.86
28750	FUSION OF BIG TOE JOINT	Y		01/01/2015	Fee Schedule	$2,859.86
28755	FUSION OF BIG TOE JOINT	Y		01/01/2015	Fee Schedule	$955.37
28760	FUSION OF BIG TOE JOINT	Y		01/01/2015	Fee Schedule	$2,859.86
28810	AMPUTATION TOE & METATARSAL	Y		01/01/2015	Fee Schedule	$955.37
28820	AMPUTATION OF TOE	Y		01/01/2015	Fee Schedule	$955.37
28825	PARTIAL AMPUTATION OF TOE	Y		01/01/2015	Fee Schedule	$955.37
28890	HIGH ENERGY ESWT PLANTAR F	Y		01/01/2015	Fee Schedule	$199.15
29000	APPLICATION OF BODY CAST			01/01/2015	Fee Schedule	$122.35
29010	APPLICATION OF BODY CAST			01/01/2015	Fee Schedule	$122.35
29015	APPLICATION OF BODY CAST			01/01/2015	Fee Schedule	$122.35
29035	APPLICATION OF BODY CAST			01/01/2015	Fee Schedule	$122.35
29040	APPLICATION OF BODY CAST			01/01/2015	Fee Schedule	$122.35
29044	APPLICATION OF BODY CAST			01/01/2015	Fee Schedule	$70.07
29046	APPLICATION OF BODY CAST			01/01/2015	Fee Schedule	$122.35
29049	APPLICATION OF FIGURE EIGHT			01/01/2015	Fee Schedule	$36.83
29055	APPLICATION OF SHOULDER CAST			01/01/2015	Fee Schedule	$122.35
29058	APPLICATION OF SHOULDER CAST			01/01/2015	Fee Schedule	$71.15
29065	APPLICATION OF LONG ARM CAST			01/01/2015	Fee Schedule	$61.86
29075	APPLICATION OF FOREARM CAST			01/01/2015	Fee Schedule	$56.49
29085	APPLY HAND/WRIST CAST			01/01/2015	Fee Schedule	$61.50
29086	APPLY FINGER CAST			01/01/2015	Fee Schedule	$54.70
29105	APPLY LONG ARM SPLINT			01/01/2015	Fee Schedule	$54.35
29125	APPLY FOREARM SPLINT			01/01/2015	No Separate Payment	$0.00
29126	APPLY FOREARM SPLINT			01/01/2015	No Separate Payment	$0.00
29130	APPLICATION OF FINGER SPLINT			01/01/2015	No Separate Payment	$0.00
29131	APPLICATION OF FINGER SPLINT			01/01/2015	No Separate Payment	$0.00
29200	STRAPPING OF CHEST			01/01/2015	Fee Schedule	$15.73
29240	STRAPPING OF SHOULDER			01/01/2015	No Separate Payment	$0.00
29260	STRAPPING OF ELBOW OR WRIST			01/01/2015	No Separate Payment	$0.00
29280	STRAPPING OF HAND OR FINGER			01/01/2015	No Separate Payment	$0.00
29305	APPLICATION OF HIP CAST			01/01/2015	Fee Schedule	$122.35
29325	APPLICATION OF HIP CASTS			01/01/2015	Fee Schedule	$122.35
29345	APPLICATION OF LONG LEG CAST			01/01/2015	Fee Schedule	$80.45

29355	APPLICATION OF LONG LEG CAST			01/01/2015	Fee Schedule	$79.73
29358	APPLY LONG LEG CAST BRACE			01/01/2015	Fee Schedule	$103.33
29365	APPLICATION OF LONG LEG CAST			01/01/2015	Fee Schedule	$75.80
29405	APPLY SHORT LEG CAST			01/01/2015	Fee Schedule	$50.77
29425	APPLY SHORT LEG CAST			01/01/2015	Fee Schedule	$47.91
29435	APPLY SHORT LEG CAST			01/01/2015	Fee Schedule	$71.51
29440	ADDITION OF WALKER TO CAST			01/01/2015	Fee Schedule	$22.88
29445	APPLY RIGID LEG CAST			01/01/2015	Fee Schedule	$67.58
29450	APPLICATION OF LEG CAST			01/01/2015	Fee Schedule	$66.15
29505	APPLICATION LONG LEG SPLINT			01/01/2015	Fee Schedule	$56.85
29515	APPLICATION LOWER LEG SPLINT			01/01/2015	Fee Schedule	$43.98
29520	STRAPPING OF HIP			01/01/2015	No Separate Payment	$0.00
29530	STRAPPING OF KNEE			01/01/2015	No Separate Payment	$0.00
29540	STRAPPING OF ANKLE AND/OR FT			01/01/2015	Fee Schedule	$11.44
29550	STRAPPING OF TOES			01/01/2015	No Separate Payment	$0.00
29580	APPLICATION OF PASTE BOOT			01/01/2015	Fee Schedule	$31.46
29581	APPLY MULTLAY COMPRS LWR LEG			01/01/2015	Fee Schedule	$53.27
29582	APPLY MULTLAY COMPRS UPR LEG			01/01/2015	Fee Schedule	$58.28
29583	APPLY MULTLAY COMPRS UPR ARM			01/01/2015	Fee Schedule	$35.04
29584	APPL MULTLAY COMPRS ARM/HAND			01/01/2015	Fee Schedule	$58.28
29700	REMOVAL/REVISION OF CAST			01/01/2015	Fee Schedule	$38.97
29705	REMOVAL/REVISION OF CAST			01/01/2015	Fee Schedule	$36.83
29710	REMOVAL/REVISION OF CAST			01/01/2015	Fee Schedule	$69.36
29720	REPAIR OF BODY CAST			01/01/2015	Fee Schedule	$57.92
29730	WINDOWING OF CAST			01/01/2015	Fee Schedule	$34.68
29740	WEDGING OF CAST			01/01/2015	Fee Schedule	$53.63
29750	WEDGING OF CLUBFOOT CAST			01/01/2015	Fee Schedule	$45.05
29800	JAW ARTHROSCOPY/SURGERY	Y	Y	01/01/2015	Fee Schedule	$1,178.97
29804	JAW ARTHROSCOPY/SURGERY	Y	Y	01/01/2015	Fee Schedule	$1,178.97
29805	SHOULDER ARTHROSCOPY DX	Y		01/01/2015	Fee Schedule	$1,178.97
29806	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29807	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29819	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29820	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29821	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29822	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29823	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29824	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29825	SHOULDER ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29826	SHOULDER ARTHROSCOPY/SURGERY			01/01/2014	No Separate Payment	$0.00
29827	ARTHROSCOP ROTATOR CUFF REPR	Y		01/01/2015	Fee Schedule	$2,381.17
29828	ARTHROSCOPY BICEPS TENODESIS	Y		01/01/2015	Fee Schedule	$2,381.17
29830	ELBOW ARTHROSCOPY	Y		01/01/2015	Fee Schedule	$2,381.17
29834	ELBOW ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29835	ELBOW ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29836	ELBOW ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29837	ELBOW ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29838	ELBOW ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29840	WRIST ARTHROSCOPY	Y		01/01/2015	Fee Schedule	$1,178.97
29843	WRIST ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29844	WRIST ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29845	WRIST ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29846	WRIST ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29847	WRIST ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17

29848	WRIST ENDOSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29850	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29851	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29855	TIBIAL ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29856	TIBIAL ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29860	HIP ARTHROSCOPY DX	Y		01/01/2015	Fee Schedule	$2,381.17
29861	HIP ARTHRO W/FB REMOVAL	Y		01/01/2015	Fee Schedule	$2,381.17
29862	HIP ARTHR0 W/DEBRIDEMENT	Y		01/01/2015	Fee Schedule	$2,381.17
29863	HIP ARTHR0 W/SYNOVECTOMY	Y		01/01/2015	Fee Schedule	$2,381.17
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Y		01/01/2015	Fee Schedule	$2,381.17
29870	KNEE ARTHROSCOPY DX	Y		01/01/2015	Fee Schedule	$1,178.97
29871	KNEE ARTHROSCOPY/DRAINAGE	Y		01/01/2015	Fee Schedule	$1,178.97
29873	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29874	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29875	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29876	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29877	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29879	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29880	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29881	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29882	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29883	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29884	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29885	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29886	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29887	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29888	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$3,464.61
29889	KNEE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$3,464.61
29891	ANKLE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29892	ANKLE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,061.95
29893	SCOPE PLANTAR FASCIOTOMY	Y		01/01/2015	Fee Schedule	$955.37
29894	ANKLE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29895	ANKLE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29897	ANKLE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29898	ANKLE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$1,178.97
29899	ANKLE ARTHROSCOPY/SURGERY	Y		01/01/2015	Fee Schedule	$2,381.17
29900	MCP JOINT ARTHROSCOPY DX	Y		01/01/2015	Fee Schedule	$1,178.97
29901	MCP JOINT ARTHROSCOPY SURG	Y		01/01/2015	Fee Schedule	$2,381.17
29902	MCP JOINT ARTHROSCOPY SURG	Y		01/01/2015	Fee Schedule	$1,178.97
29904	SUBTALAR ARTHRO W/FB RMVL	Y		01/01/2015	Fee Schedule	$1,178.97
29905	SUBTALAR ARTHRO W/EXC	Y		01/01/2015	Fee Schedule	$1,178.97
29906	SUBTALAR ARTHRO W/DEB	Y		01/01/2015	Fee Schedule	$1,178.97
29907	SUBTALAR ARTHRO W/FUSION	Y		01/01/2015	Fee Schedule	$2,381.17
29914	HIP ARTHRO W/FEMOROPLASTY	Y		01/01/2015	Fee Schedule	$2,381.17
29915	HIP ARTHRO ACETABULOPLASTY	Y		01/01/2015	Fee Schedule	$2,381.17
29916	HIP ARTHRO W/LABRAL REPAIR	Y		01/01/2015	Fee Schedule	$2,381.17
30000	DRAINAGE OF NOSE LESION	Y		01/01/2015	Fee Schedule	$71.08
30020	DRAINAGE OF NOSE LESION	Y		01/01/2015	Fee Schedule	$176.63
30100	INTRANASAL BIOPSY	Y		01/01/2015	Fee Schedule	$105.83
30110	REMOVAL OF NOSE POLYP(S)	Y		01/01/2015	Fee Schedule	$165.90
30115	REMOVAL OF NOSE POLYP(S)	Y		01/01/2015	Fee Schedule	$1,066.43
30117	REMOVAL OF INTRANASAL LESION	Y		01/01/2015	Fee Schedule	$694.18
30118	REMOVAL OF INTRANASAL LESION	Y		01/01/2015	Fee Schedule	$1,066.43
30120	REVISION OF NOSE	Y		01/01/2015	Fee Schedule	$1,066.43

30124	REMOVAL OF NOSE LESION	Y		01/01/2015	Fee Schedule	$1,066.43
30125	REMOVAL OF NOSE LESION	Y		01/01/2015	Fee Schedule	$2,043.89
30130	EXCISE INFERIOR TURBINATE	Y		01/01/2015	Fee Schedule	$1,066.43
30140	RESECT INFERIOR TURBINATE	Y		01/01/2015	Fee Schedule	$1,066.43
30150	PARTIAL REMOVAL OF NOSE	Y		01/01/2015	Fee Schedule	$2,043.89
30160	REMOVAL OF NOSE	Y		01/01/2015	Fee Schedule	$2,043.89
30200	INJECTION TREATMENT OF NOSE	Y		01/01/2015	Fee Schedule	$84.02
30210	NASAL SINUS THERAPY	Y		01/01/2015	Fee Schedule	$106.91
30220	INSERT NASAL SEPTAL BUTTON	Y		01/01/2015	Fee Schedule	$694.18
30300	REMOVE NASAL FOREIGN BODY			01/01/2015	No Separate Payment	$0.00
30310	REMOVE NASAL FOREIGN BODY	Y		01/01/2015	Fee Schedule	$694.18
30320	REMOVE NASAL FOREIGN BODY	Y		01/01/2015	Fee Schedule	$1,066.43
30400	RECONSTRUCTION OF NOSE	Y	Y	01/01/2015	Fee Schedule	$1,066.43
30410	RECONSTRUCTION OF NOSE	Y	Y	01/01/2015	Fee Schedule	$2,043.89
30420	RECONSTRUCTION OF NOSE	Y	Y	01/01/2015	Fee Schedule	$2,043.89
30430	REVISION OF NOSE	Y	Y	01/01/2015	Fee Schedule	$1,066.43
30435	REVISION OF NOSE	Y	Y	01/01/2015	Fee Schedule	$2,043.89
30450	REVISION OF NOSE	Y	Y	01/01/2015	Fee Schedule	$2,043.89
30460	REVISION OF NOSE	Y	Y	01/01/2015	Fee Schedule	$2,043.89
30462	REVISION OF NOSE	Y	Y	01/01/2015	Fee Schedule	$2,043.89
30465	REPAIR NASAL STENOSIS	Y	Y	01/01/2015	Fee Schedule	$2,043.89
30520	REPAIR OF NASAL SEPTUM	Y		01/01/2015	Fee Schedule	$1,066.43
30540	REPAIR NASAL DEFECT	Y		01/01/2015	Fee Schedule	$2,043.89
30545	REPAIR NASAL DEFECT	Y		01/01/2015	Fee Schedule	$2,043.89
30560	RELEASE OF NASAL ADHESIONS	Y		01/01/2015	Fee Schedule	$199.07
30580	REPAIR UPPER JAW FISTULA	Y		01/01/2015	Fee Schedule	$2,043.89
30600	REPAIR MOUTH/NOSE FISTULA	Y		01/01/2015	Fee Schedule	$2,043.89
30620	INTRANASAL RECONSTRUCTION	Y		01/01/2015	Fee Schedule	$2,043.89
30630	REPAIR NASAL SEPTUM DEFECT	Y		01/01/2015	Fee Schedule	$1,066.43
30801	ABLATE INF TURBINATE SUPERF	Y		01/01/2015	Fee Schedule	$354.34
30802	ABLATE INF TURBINATE SUBMUC	Y		01/01/2015	Fee Schedule	$694.18
30901	CONTROL OF NOSEBLEED			01/01/2015	No Separate Payment	$0.00
30903	CONTROL OF NOSEBLEED	Y		01/01/2015	Fee Schedule	$71.08
30905	CONTROL OF NOSEBLEED	Y		01/01/2015	Fee Schedule	$71.08
30906	REPEAT CONTROL OF NOSEBLEED	Y		01/01/2015	Fee Schedule	$71.08
30915	LIGATION NASAL SINUS ARTERY	Y		01/01/2015	Fee Schedule	$1,190.01
30920	LIGATION UPPER JAW ARTERY	Y		01/01/2015	Fee Schedule	$1,190.01
30930	THER FX NASAL INF TURBINATE	Y		01/01/2015	Fee Schedule	$1,066.43
31000	IRRIGATION MAXILLARY SINUS	Y		01/01/2015	Fee Schedule	$138.37
31002	IRRIGATION SPHENOID SINUS	Y		01/01/2015	Fee Schedule	$354.34
31020	EXPLORATION MAXILLARY SINUS	Y		01/01/2015	Fee Schedule	$1,066.43
31030	EXPLORATION MAXILLARY SINUS	Y		01/01/2015	Fee Schedule	$2,043.89
31032	EXPLORE SINUS REMOVE POLYPS	Y		01/01/2015	Fee Schedule	$2,043.89
31040	EXPLORATION BEHIND UPPER JAW	Y		01/01/2015	Fee Schedule	$1,066.43
31050	EXPLORATION SPHENOID SINUS	Y		01/01/2015	Fee Schedule	$2,043.89
31051	SPHENOID SINUS SURGERY	Y		01/01/2015	Fee Schedule	$2,043.89
31070	EXPLORATION OF FRONTAL SINUS	Y		01/01/2015	Fee Schedule	$2,043.89
31075	EXPLORATION OF FRONTAL SINUS	Y		01/01/2015	Fee Schedule	$2,043.89
31080	REMOVAL OF FRONTAL SINUS	Y		01/01/2015	Fee Schedule	$2,043.89
31081	REMOVAL OF FRONTAL SINUS	Y		01/01/2015	Fee Schedule	$2,043.89
31084	REMOVAL OF FRONTAL SINUS	Y		01/01/2015	Fee Schedule	$2,043.89
31085	REMOVAL OF FRONTAL SINUS	Y		01/01/2015	Fee Schedule	$2,043.89
31086	REMOVAL OF FRONTAL SINUS	Y		01/01/2015	Fee Schedule	$2,043.89
31087	REMOVAL OF FRONTAL SINUS	Y		01/01/2015	Fee Schedule	$2,043.89

31090	EXPLORATION OF SINUSES	Y		01/01/2015	Fee Schedule	$2,043.89
31200	REMOVAL OF ETHMOID SINUS	Y		01/01/2015	Fee Schedule	$2,043.89
31201	REMOVAL OF ETHMOID SINUS	Y		01/01/2015	Fee Schedule	$1,066.43
31205	REMOVAL OF ETHMOID SINUS	Y		01/01/2015	Fee Schedule	$1,066.43
31231	NASAL ENDOSCOPY DX	Y		01/01/2015	Fee Schedule	$82.56
31233	NASAL/SINUS ENDOSCOPY DX	Y		01/01/2015	Fee Schedule	$211.73
31235	NASAL/SINUS ENDOSCOPY DX	Y		01/01/2015	Fee Schedule	$690.18
31237	NASAL/SINUS ENDOSCOPY SURG	Y		01/01/2015	Fee Schedule	$690.18
31238	NASAL/SINUS ENDOSCOPY SURG	Y		01/01/2015	Fee Schedule	$690.18
31239	NASAL/SINUS ENDOSCOPY SURG	Y		01/01/2015	Fee Schedule	$1,101.53
31240	NASAL/SINUS ENDOSCOPY SURG	Y		01/01/2015	Fee Schedule	$1,101.53
31254	REVISION OF ETHMOID SINUS	Y		01/01/2015	Fee Schedule	$1,101.53
31255	REMOVAL OF ETHMOID SINUS	Y		01/01/2015	Fee Schedule	$1,682.64
31256	EXPLORATION MAXILLARY SINUS	Y		01/01/2015	Fee Schedule	$1,101.53
31267	ENDOSCOPY MAXILLARY SINUS	Y		01/01/2015	Fee Schedule	$1,101.53
31276	SINUS ENDOSCOPY SURGICAL	Y		01/01/2015	Fee Schedule	$1,682.64
31287	NASAL/SINUS ENDOSCOPY SURG	Y		01/01/2015	Fee Schedule	$1,682.64
31288	NASAL/SINUS ENDOSCOPY SURG	Y		01/01/2015	Fee Schedule	$1,682.64
31295	SINUS ENDO W/BALLOON DIL	Y		01/01/2015	Fee Schedule	$1,682.64
31296	SINUS ENDO W/BALLOON DIL	Y		01/01/2015	Fee Schedule	$1,682.64
31297	SINUS ENDO W/BALLOON DIL	Y		01/01/2015	Fee Schedule	$1,101.53
31300	REMOVAL OF LARYNX LESION	Y		01/01/2015	Fee Schedule	$1,066.43
31320	DIAGNOSTIC INCISION LARYNX	Y		01/01/2015	Fee Schedule	$2,043.89
31400	REVISION OF LARYNX	Y		01/01/2015	Fee Schedule	$2,043.89
31420	REMOVAL OF EPIGLOTTIS	Y		01/01/2015	Fee Schedule	$2,043.89
31500	INSERT EMERGENCY AIRWAY	Y		01/01/2015	Fee Schedule	$71.08
31502	CHANGE OF WINDPIPE AIRWAY	Y		01/01/2015	Fee Schedule	$71.08
31505	DIAGNOSTIC LARYNGOSCOPY	Y		01/01/2015	Fee Schedule	$60.07
31510	LARYNGOSCOPY WITH BIOPSY	Y		01/01/2015	Fee Schedule	$690.18
31511	REMOVE FOREIGN BODY LARYNX	Y		01/01/2015	Fee Schedule	$82.56
31512	REMOVAL OF LARYNX LESION	Y		01/01/2015	Fee Schedule	$1,101.53
31513	INJECTION INTO VOCAL CORD	Y		01/01/2015	Fee Schedule	$211.73
31515	LARYNGOSCOPY FOR ASPIRATION	Y		01/01/2015	Fee Schedule	$690.18
31520	DX LARYNGOSCOPY NEWBORN	Y		01/01/2015	Fee Schedule	$211.73
31525	DX LARYNGOSCOPY EXCL NB	Y		01/01/2015	Fee Schedule	$690.18
31526	DX LARYNGOSCOPY W/OPER SCOPE	Y		01/01/2015	Fee Schedule	$690.18
31527	LARYNGOSCOPY FOR TREATMENT	Y		01/01/2015	Fee Schedule	$1,101.53
31528	LARYNGOSCOPY AND DILATION	Y		01/01/2015	Fee Schedule	$1,101.53
31529	LARYNGOSCOPY AND DILATION	Y		01/01/2015	Fee Schedule	$1,101.53
31530	LARYNGOSCOPY W/FB REMOVAL	Y		01/01/2015	Fee Schedule	$690.18
31531	LARYNGOSCOPY W/FB & OP SCOPE	Y		01/01/2015	Fee Schedule	$690.18
31535	LARYNGOSCOPY W/BIOPSY	Y		01/01/2015	Fee Schedule	$1,101.53
31536	LARYNGOSCOPY W/BX & OP SCOPE	Y		01/01/2015	Fee Schedule	$1,101.53
31540	LARYNGOSCOPY W/EXC OF TUMOR	Y		01/01/2015	Fee Schedule	$1,101.53
31541	LARYNSCOP W/TUMR EXC + SCOPE	Y		01/01/2015	Fee Schedule	$1,101.53
31545	REMOVE VC LESION W/SCOPE	Y		01/01/2015	Fee Schedule	$1,101.53
31546	REMOVE VC LESION SCOPE/GRAFT	Y		01/01/2015	Fee Schedule	$1,682.64
31560	LARYNGOSCOP W/ARYTENOIDECTOM	Y		01/01/2015	Fee Schedule	$1,682.64
31561	LARYNSCOP REMVE CART + SCOP	Y		01/01/2015	Fee Schedule	$1,101.53
31570	LARYNGOSCOPE W/VC INJ	Y		01/01/2015	Fee Schedule	$690.18
31571	LARYNGOSCOP W/VC INJ + SCOPE	Y		01/01/2015	Fee Schedule	$1,101.53
31575	DIAGNOSTIC LARYNGOSCOPY	Y		01/01/2015	Fee Schedule	$71.87
31576	LARYNGOSCOPY WITH BIOPSY	Y		01/01/2015	Fee Schedule	$690.18
31577	REMOVE FOREIGN BODY LARYNX	Y		01/01/2015	Fee Schedule	$211.73

31578	REMOVAL OF LARYNX LESION	Y		01/01/2015	Fee Schedule	$690.18
31579	DIAGNOSTIC LARYNGOSCOPY	Y		01/01/2015	Fee Schedule	$122.64
31580	REVISION OF LARYNX	Y		01/01/2015	Fee Schedule	$2,043.89
31582	REVISION OF LARYNX	Y		01/01/2015	Fee Schedule	$2,043.89
31588	REVISION OF LARYNX	Y		01/01/2015	Fee Schedule	$2,043.89
31590	REINNERVATE LARYNX	Y		01/01/2015	Fee Schedule	$2,043.89
31595	LARYNX NERVE SURGERY	Y		01/01/2015	Fee Schedule	$2,043.89
31603	INCISION OF WINDPIPE	Y		01/01/2015	Fee Schedule	$354.34
31605	INCISION OF WINDPIPE	Y		01/01/2015	Fee Schedule	$354.34
31611	SURGERY/SPEECH PROSTHESIS	Y		01/01/2015	Fee Schedule	$1,066.43
31612	PUNCTURE/CLEAR WINDPIPE	Y		01/01/2015	Fee Schedule	$2,043.89
31613	REPAIR WINDPIPE OPENING	Y		01/01/2015	Fee Schedule	$1,066.43
31614	REPAIR WINDPIPE OPENING	Y		01/01/2015	Fee Schedule	$2,043.89
31615	VISUALIZATION OF WINDPIPE	Y		01/01/2015	Fee Schedule	$354.34
31620	ENDOBRONCHIAL US ADD-ON			01/01/2009	No Separate Payment	$0.00
31622	DX BRONCHOSCOPE/WASH	Y		01/01/2015	Fee Schedule	$578.16
31623	DX BRONCHOSCOPE/BRUSH	Y		01/01/2015	Fee Schedule	$578.16
31624	DX BRONCHOSCOPE/LAVAGE	Y		01/01/2015	Fee Schedule	$578.16
31625	BRONCHOSCOPY W/BIOPSY(S)	Y		01/01/2015	Fee Schedule	$578.16
31626	BRONCHOSCOPY W/MARKERS	Y		01/01/2015	Fee Schedule	$1,236.39
31627	NAVIGATIONAL BRONCHOSCOPY			01/01/2010	No Separate Payment	$0.00
31628	BRONCHOSCOPY/LUNG BX EACH	Y		01/01/2015	Fee Schedule	$578.16
31629	BRONCHOSCOPY/NEEDLE BX EACH	Y		01/01/2015	Fee Schedule	$1,236.39
31630	BRONCHOSCOPY DILATE/FX REPR	Y		01/01/2015	Fee Schedule	$1,236.39
31631	BRONCHOSCOPY DILATE W/STENT	Y		01/01/2015	Fee Schedule	$1,236.39
31632	BRONCHOSCOPY/LUNG BX ADDL			01/01/2014	No Separate Payment	$0.00
31633	BRONCHOSCOPY/NEEDLE BX ADDL			01/01/2014	No Separate Payment	$0.00
31634	BRONCH W/BALLOON OCCLUSION	Y		01/01/2015	Fee Schedule	$1,236.39
31635	BRONCHOSCOPY W/FB REMOVAL	Y		01/01/2015	Fee Schedule	$578.16
31636	BRONCHOSCOPY BRONCH STENTS	Y		01/01/2015	Fee Schedule	$1,236.39
31637	BRONCHOSCOPY STENT ADD-ON			01/01/2014	No Separate Payment	$0.00
31638	BRONCHOSCOPY REVISE STENT	Y		01/01/2015	Fee Schedule	$1,236.39
31640	BRONCHOSCOPY W/TUMOR EXCISE	Y		01/01/2015	Fee Schedule	$1,236.39
31641	BRONCHOSCOPY TREAT BLOCKAGE	Y		01/01/2015	Fee Schedule	$1,236.39
31643	DIAG BRONCHOSCOPE/CATHETER	Y		01/01/2015	Fee Schedule	$578.16
31645	BRONCHOSCOPY CLEAR AIRWAYS	Y		01/01/2015	Fee Schedule	$578.16
31646	BRONCHOSCOPY RECLEAR AIRWAY	Y		01/01/2015	Fee Schedule	$578.16
31647	BRONCHIAL VALVE INIT INSERT	Y		01/01/2015	Fee Schedule	$1,236.39
31648	BRONCHIAL VALVE ADDL INSERT	Y		01/01/2015	Fee Schedule	$1,236.39
31649	BRONCHIAL VALVE REMOV INIT			01/01/2015	Fee Schedule	$578.16
31651	BRONCHIAL VALVE REMOV ADDL			01/01/2014	No Separate Payment	$0.00
31717	BRONCHIAL BRUSH BIOPSY	Y		01/01/2015	Fee Schedule	$211.73
31720	CLEARANCE OF AIRWAYS			01/01/2015	No Separate Payment	$0.00
31730	INTRO WINDPIPE WIRE/TUBE	Y		01/01/2015	Fee Schedule	$211.73
31750	REPAIR OF WINDPIPE	Y		01/01/2015	Fee Schedule	$2,043.89
31755	REPAIR OF WINDPIPE	Y		01/01/2015	Fee Schedule	$2,043.89
31820	CLOSURE OF WINDPIPE LESION	Y		01/01/2015	Fee Schedule	$1,066.43
31825	REPAIR OF WINDPIPE DEFECT	Y		01/01/2015	Fee Schedule	$1,066.43
31830	REVISE WINDPIPE SCAR	Y		01/01/2015	Fee Schedule	$1,066.43
32400	NEEDLE BIOPSY CHEST LINING	Y		01/01/2015	Fee Schedule	$576.80
32405	PERCUT BX LUNG/MEDIASTINUM	Y		01/01/2015	Fee Schedule	$576.80
32550	INSERT PLEURAL CATH	Y		01/01/2015	Fee Schedule	$1,253.85
32552	REMOVE LUNG CATHETER			01/01/2015	Fee Schedule	$268.14
32553	INS MARK THOR FOR RT PERQ			01/01/2015	Fee Schedule	$569.07

32554	ASPIRATE PLEURA W/O IMAGING	Y		01/01/2015	Fee Schedule	$268.14
32555	ASPIRATE PLEURA W/ IMAGING	Y		01/01/2015	Fee Schedule	$268.14
32556	INSERT CATH PLEURA W/O IMAGE	Y		01/01/2015	Fee Schedule	$268.14
32557	INSERT CATH PLEURA W/ IMAGE	Y		01/01/2015	Fee Schedule	$268.14
32960	THERAPEUTIC PNEUMOTHORAX	Y		01/01/2015	Fee Schedule	$268.14
32998	PERQ RF ABLATE TX PUL TUMOR	Y		01/01/2015	Fee Schedule	$2,244.37
33010	DRAINAGE OF HEART SAC	Y		01/01/2015	Fee Schedule	$268.14
33011	REPEAT DRAINAGE OF HEART SAC	Y		01/01/2015	Fee Schedule	$268.14
33206	INSERT HEART PM ATRIAL	Y		01/01/2015	Fee Schedule	$7,853.05
33207	INSERT HEART PM VENTRICULAR	Y		01/01/2015	Fee Schedule	$7,853.05
33208	INSRT HEART PM ATRIAL & VENT	Y		01/01/2015	Fee Schedule	$7,853.05
33210	INSERT ELECTRD/PM CATH SNGL	Y		01/01/2015	Fee Schedule	$5,651.24
33211	INSERT CARD ELECTRODES DUAL	Y		01/01/2015	Fee Schedule	$5,651.24
33212	INSERT PULSE GEN SNGL LEAD	Y		01/01/2015	Fee Schedule	$5,651.24
33213	INSERT PULSE GEN DUAL LEADS	Y		01/01/2015	Fee Schedule	$7,853.05
33214	UPGRADE OF PACEMAKER SYSTEM	Y		01/01/2015	Fee Schedule	$7,853.05
33215	REPOSITION PACING-DEFIB LEAD	Y		01/01/2015	Fee Schedule	$863.61
33216	INSERT 1 ELECTRODE PM-DEFIB	Y		01/01/2015	Fee Schedule	$5,651.24
33217	INSERT 2 ELECTRODE PM-DEFIB	Y		01/01/2015	Fee Schedule	$5,651.24
33218	REPAIR LEAD PACE-DEFIB ONE	Y		01/01/2015	Fee Schedule	$1,286.19
33220	REPAIR LEAD PACE-DEFIB DUAL	Y		01/01/2015	Fee Schedule	$1,286.19
33221	INSERT PULSE GEN MULT LEADS	Y		01/01/2015	Fee Schedule	$12,518.28
33222	REVISE POCKET PACEMAKER	Y		01/01/2015	Fee Schedule	$771.20
33223	REVISE POCKET FOR DEFIB	Y		01/01/2015	Fee Schedule	$771.20
33224	INSERT PACING LEAD & CONNECT	Y		01/01/2015	Fee Schedule	$7,853.05
33225	L VENTRIC PACING LEAD ADD-ON			01/01/2015	No Separate Payment	$0.00
33226	REPOSITION L VENTRIC LEAD	Y		01/01/2015	Fee Schedule	$863.61
33227	REMOVE&REPLACE PM GEN SINGL	Y		01/01/2015	Fee Schedule	$5,651.24
33228	REMV&REPLC PM GEN DUAL LEAD	Y		01/01/2015	Fee Schedule	$7,853.05
33229	REMV&REPLC PM GEN MULT LEADS	Y		01/01/2015	Fee Schedule	$12,518.28
33230	INSRT PULSE GEN W/DUAL LEADS	Y		01/01/2015	Fee Schedule	$20,292.36
33231	INSRT PULSE GEN W/MULT LEADS	Y		01/01/2015	Fee Schedule	$27,212.08
33233	REMOVAL OF PM GENERATOR			01/01/2015	Fee Schedule	$5,651.24
33234	REMOVAL OF PACEMAKER SYSTEM			01/01/2015	Fee Schedule	$1,286.19
33235	REMOVAL PACEMAKER ELECTRODE			01/01/2015	Fee Schedule	$1,286.19
33240	INSRT PULSE GEN W/SINGL LEAD	Y		01/01/2015	Fee Schedule	$20,292.36
33241	REMOVE PULSE GENERATOR			01/01/2015	Fee Schedule	$1,286.19
33249	NSERT PACE-DEFIB W/LEAD			01/01/2015	Fee Schedule	$27,212.08
33262	REMV&REPLC CVD GEN SING LEAD	Y		01/01/2015	Fee Schedule	$20,292.36
33263	REMV&REPLC CVD GEN DUAL LEAD	Y		01/01/2015	Fee Schedule	$20,292.36
33264	REMV&REPLC CVD GEN MULT LEAD	Y		01/01/2015	Fee Schedule	$27,212.08
33270	INS/REP SUBQ DEFIBRILLATOR	Y		01/01/2015	Fee Schedule	$27,212.08
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	Y		01/01/2015	Fee Schedule	$5,651.24
33273	REPOS PREV IMPLTBL SUBQ DFB	Y		01/01/2015	Fee Schedule	$1,286.19
33282	IMPLANT PAT-ACTIVE HT RECORD			01/01/2015	Fee Schedule	$5,651.24
33284	REMOVE PAT-ACTIVE HT RECORD			01/01/2015	Fee Schedule	$452.93
33419	REPAIR TCAT MITRAL VALVE			01/01/2015	No Separate Payment	$0.00
33508	ENDOSCOPIC VEIN HARVEST			01/01/2009	No Separate Payment	$0.00
34490	REMOVAL OF VEIN CLOT	Y		01/01/2015	Fee Schedule	$1,764.89
35188	REPAIR BLOOD VESSEL LESION	Y		01/01/2015	Fee Schedule	$1,764.89
35207	REPAIR BLOOD VESSEL LESION	Y		01/01/2015	Fee Schedule	$1,764.89
35460	REPAIR VENOUS BLOCKAGE	Y		01/01/2015	Fee Schedule	$2,219.63
35475	REPAIR ARTERIAL BLOCKAGE	Y		01/01/2015	Fee Schedule	$1,316.85
35476	REPAIR VENOUS BLOCKAGE	Y		01/01/2015	Fee Schedule	$1,241.76

35572	HARVEST FEMOROPOPLITEAL VEIN			01/01/2009	No Separate Payment	$0.00
35761	EXPLORATION OF ARTERY/VEIN	Y		01/01/2015	Fee Schedule	$1,370.53
35875	REMOVAL OF CLOT IN GRAFT	Y		01/01/2015	Fee Schedule	$1,764.89
35876	REMOVAL OF CLOT IN GRAFT	Y		01/01/2015	Fee Schedule	$1,764.89
36000	PLACE NEEDLE IN VEIN			01/01/2009	No Separate Payment	$0.00
36002	PSEUDOANEURYSM INJECTION TRT			01/01/2015	Fee Schedule	$103.91
36005	INJECTION EXT VENOGRAPHY			01/01/2009	No Separate Payment	$0.00
36010	PLACE CATHETER IN VEIN			01/01/2009	No Separate Payment	$0.00
36011	PLACE CATHETER IN VEIN			01/01/2009	No Separate Payment	$0.00
36012	PLACE CATHETER IN VEIN			01/01/2009	No Separate Payment	$0.00
36013	PLACE CATHETER IN ARTERY			01/01/2009	No Separate Payment	$0.00
36014	PLACE CATHETER IN ARTERY			01/01/2009	No Separate Payment	$0.00
36015	PLACE CATHETER IN ARTERY			01/01/2009	No Separate Payment	$0.00
36100	ESTABLISH ACCESS TO ARTERY			01/01/2009	No Separate Payment	$0.00
36120	ESTABLISH ACCESS TO ARTERY			01/01/2009	No Separate Payment	$0.00
36140	ESTABLISH ACCESS TO ARTERY			01/01/2009	No Separate Payment	$0.00
36147	ACCESS AV DIAL GRFT FOR EVAL	Y		01/01/2015	Fee Schedule	$453.44
36148	ACCESS AV DIAL GRFT FOR PROC			01/01/2010	No Separate Payment	$0.00
36160	ESTABLISH ACCESS TO AORTA			01/01/2009	No Separate Payment	$0.00
36200	PLACE CATHETER IN AORTA			01/01/2009	No Separate Payment	$0.00
36215	PLACE CATHETER IN ARTERY			01/01/2009	No Separate Payment	$0.00
36216	PLACE CATHETER IN ARTERY			01/01/2009	No Separate Payment	$0.00
36217	PLACE CATHETER IN ARTERY			01/01/2009	No Separate Payment	$0.00
36218	PLACE CATHETER IN ARTERY			01/01/2009	No Separate Payment	$0.00
36221	PLACE CATH THORACIC AORTA			01/01/2013	No Separate Payment	$0.00
36222	PLACE CATH CAROTID/INOM ART			01/01/2013	No Separate Payment	$0.00
36223	PLACE CATH CAROTID/INOM ART			01/01/2013	No Separate Payment	$0.00
36224	PLACE CATH CAROTD ART			01/01/2013	No Separate Payment	$0.00
36225	PLACE CATH SUBCLAVIAN ART			01/01/2013	No Separate Payment	$0.00
36226	PLACE CATH VERTEBRAL ART			01/01/2013	No Separate Payment	$0.00
36227	PLACE CATH XTRNL CAROTID			01/01/2013	No Separate Payment	$0.00
36228	PLACE CATH INTRACRANIAL ART			01/01/2013	No Separate Payment	$0.00
36245	INS CATH ABD/L-EXT ART 1ST			01/01/2009	No Separate Payment	$0.00
36246	INS CATH ABD/L-EXT ART 2ND			01/01/2009	No Separate Payment	$0.00
36247	INS CATH ABD/L-EXT ART 3RD			01/01/2009	No Separate Payment	$0.00
36248	INS CATH ABD/L-EXT ART ADDL			01/01/2009	No Separate Payment	$0.00
36251	INS CATH REN ART 1ST UNILAT			01/01/2012	No Separate Payment	$0.00
36252	INS CATH REN ART 1ST BILAT			01/01/2012	No Separate Payment	$0.00
36253	INS CATH REN ART 2ND+ UNILAT			01/01/2012	No Separate Payment	$0.00
36254	INS CATH REN ART 2ND+ BILAT			01/01/2012	No Separate Payment	$0.00
36260	INSERTION OF INFUSION PUMP	Y		01/01/2015	Fee Schedule	$1,225.38
36261	REVISION OF INFUSION PUMP	Y		01/01/2015	Fee Schedule	$1,286.19
36262	REMOVAL OF INFUSION PUMP			01/01/2015	Fee Schedule	$1,286.19
36400	BL DRAW < 3 YRS FEM/JUGULAR			01/01/2009	No Separate Payment	$0.00
36405	BL DRAW < 3 YRS SCALP VEIN			01/01/2009	No Separate Payment	$0.00
36406	BL DRAW < 3 YRS OTHER VEIN			01/01/2009	No Separate Payment	$0.00
36410	NON-ROUTINE BL DRAW > 3 YRS			01/01/2009	No Separate Payment	$0.00
36416	CAPILLARY BLOOD DRAW			01/01/2009	No Separate Payment	$0.00
36420	VEIN ACCESS CUTDOWN < 1 YR			01/01/2015	No Separate Payment	$0.00
36425	VEIN ACCESS CUTDOWN > 1 YR			01/01/2015	No Separate Payment	$0.00
36430	BLOOD TRANSFUSION SERVICE			01/01/2015	Fee Schedule	$34.32
36440	BL PUSH TRANSFUSE 2 YR OR <			01/01/2015	Fee Schedule	$162.91
36450	BL EXCHANGE/TRANSFUSE NB			01/01/2015	Fee Schedule	$162.91
36455	BL EXCHANGE/TRANSFUSE NON-NB			01/01/2015	Fee Schedule	$162.91

36468	INJECTION(S) SPIDER VEINS			03/01/2011	Not Allowed	$0.00
36469	INJECTION(S) SPIDER VEINS			03/01/2011	Not Allowed	$0.00
36470	INJECTION THERAPY OF VEIN	Y		01/01/2015	Fee Schedule	$105.83
36471	INJECTION THERAPY OF VEINS	Y		01/01/2015	Fee Schedule	$80.08
36475	ENDOVENOUS RF 1ST VEIN	Y		01/01/2015	Fee Schedule	$1,190.01
36476	ENDOVENOUS RF VEIN ADD-ON			01/01/2014	No Separate Payment	$0.00
36478	ENDOVENOUS LASER 1ST VEIN	Y		01/01/2015	Fee Schedule	$1,190.01
36479	ENDOVENOUS LASER VEIN ADDON			01/01/2014	No Separate Payment	$0.00
36481	INSERTION OF CATHETER VEIN			01/01/2009	No Separate Payment	$0.00
36500	INSERTION OF CATHETER VEIN			01/01/2009	No Separate Payment	$0.00
36510	INSERTION OF CATHETER VEIN			01/01/2009	No Separate Payment	$0.00
36511	APHERESIS WBC			01/01/2015	Fee Schedule	$578.31
36512	APHERESIS RBC			01/01/2015	Fee Schedule	$578.31
36513	APHERESIS PLATELETS			01/01/2015	Fee Schedule	$578.31
36514	APHERESIS PLASMA			01/01/2015	Fee Schedule	$578.31
36515	APHERESIS ADSORP/REINFUSE			01/01/2015	Fee Schedule	$1,559.37
36516	APHERESIS SELECTIVE			01/01/2015	Fee Schedule	$1,559.37
36522	PHOTOPHERESIS			03/01/2011	Not Allowed	$0.00
36555	INSERT NON-TUNNEL CV CATH	Y		01/01/2015	Fee Schedule	$462.20
36556	INSERT NON-TUNNEL CV CATH	Y		01/01/2015	Fee Schedule	$462.20
36557	INSERT TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$1,225.38
36558	INSERT TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$1,225.38
36560	INSERT TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$1,225.38
36561	INSERT TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$1,225.38
36563	INSERT TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$1,225.38
36565	INSERT TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$1,225.38
36566	INSERT TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$1,225.38
36568	INSERT PICC CATH	Y		01/01/2015	Fee Schedule	$462.20
36569	INSERT PICC CATH	Y		01/01/2015	Fee Schedule	$462.20
36570	INSERT PICVAD CATH	Y		01/01/2015	Fee Schedule	$1,225.38
36571	INSERT PICVAD CATH	Y		01/01/2015	Fee Schedule	$1,225.38
36575	REPAIR TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$267.44
36576	REPAIR TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$462.20
36578	REPLACE TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$1,225.38
36580	REPLACE CVAD CATH	Y		01/01/2015	Fee Schedule	$462.20
36581	REPLACE TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$1,225.38
36582	REPLACE TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$1,225.38
36583	REPLACE TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$1,225.38
36584	REPLACE PICC CATH	Y		01/01/2015	Fee Schedule	$462.20
36585	REPLACE PICVAD CATH	Y		01/01/2015	Fee Schedule	$1,225.38
36589	REMOVAL TUNNELED CV CATH			01/01/2015	Fee Schedule	$267.44
36590	REMOVAL TUNNELED CV CATH			01/01/2015	Fee Schedule	$462.20
36591	DRAW BLOOD OFF VENOUS DEVICE			01/01/2009	No Separate Payment	$0.00
36592	COLLECT BLOOD FROM PICC			01/01/2009	No Separate Payment	$0.00
36593	DECLOT VASCULAR DEVICE	Y		01/01/2015	Fee Schedule	$30.75
36595	MECH REMOV TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$452.30
36596	MECH REMOV TUNNELED CV CATH	Y		01/01/2015	Fee Schedule	$462.20
36597	REPOSITION VENOUS CATHETER	Y		01/01/2015	Fee Schedule	$462.20
36598	INJ W/FLUOR EVAL CV DEVICE	Y		01/01/2015	Fee Schedule	$83.31
36600	WITHDRAWAL OF ARTERIAL BLOOD			01/01/2009	No Separate Payment	$0.00
36620	INSERTION CATHETER ARTERY			01/01/2009	No Separate Payment	$0.00
36625	INSERTION CATHETER ARTERY			01/01/2009	No Separate Payment	$0.00
36640	INSERTION CATHETER ARTERY	Y		01/01/2015	Fee Schedule	$1,225.38
36680	INSERT NEEDLE BONE CAVITY			01/01/2015	No Separate Payment	$0.00

36800	INSERTION OF CANNULA	Y		01/01/2015	Fee Schedule	$1,225.38
36810	INSERTION OF CANNULA	Y		01/01/2015	Fee Schedule	$1,225.38
36815	INSERTION OF CANNULA	Y		01/01/2015	Fee Schedule	$1,225.38
36818	AV FUSE UPPR ARM CEPHALIC	Y		01/01/2015	Fee Schedule	$1,764.89
36819	AV FUSE UPPR ARM BASILIC	Y		01/01/2015	Fee Schedule	$1,764.89
36820	AV FUSION/FOREARM VEIN	Y		01/01/2015	Fee Schedule	$1,764.89
36821	AV FUSION DIRECT ANY SITE	Y		01/01/2015	Fee Schedule	$1,764.89
36825	ARTERY-VEIN AUTOGRAFT	Y		01/01/2015	Fee Schedule	$1,764.89
36830	ARTERY-VEIN NONAUTOGRAFT	Y		01/01/2015	Fee Schedule	$1,764.89
36831	OPEN THROMBECT AV FISTULA	Y		01/01/2015	Fee Schedule	$1,764.89
36832	AV FISTULA REVISION OPEN	Y		01/01/2015	Fee Schedule	$1,764.89
36833	AV FISTULA REVISION	Y		01/01/2015	Fee Schedule	$1,764.89
36835	ARTERY TO VEIN SHUNT	Y		01/01/2015	Fee Schedule	$1,225.38
36860	EXTERNAL CANNULA DECLOTTING	Y		01/01/2015	Fee Schedule	$106.96
36861	CANNULA DECLOTTING	Y		01/01/2015	Fee Schedule	$1,225.38
36870	PERCUT THROMBECT AV FISTULA	Y		01/01/2015	Fee Schedule	$2,219.63
37184	PRIM ART MECH THROMBECTOMY	Y		01/01/2015	Fee Schedule	$1,764.89
37185	PRIM ART M-THROMBECT ADD-ON			01/01/2014	No Separate Payment	$0.00
37186	SEC ART M-THROMBECT ADD-ON			01/01/2014	No Separate Payment	$0.00
37187	VENOUS MECH THROMBECTOMY	Y		01/01/2015	Fee Schedule	$1,764.89
37188	VENOUS M-THROMBECTOMY ADD-ON	Y		01/01/2015	Fee Schedule	$1,764.89
37197	REMOVE INTRVAS FOREIGN BODY	Y		01/01/2015	Fee Schedule	$1,225.38
37200	TRANSCATHETER BIOPSY	Y		01/01/2015	Fee Schedule	$1,225.38
37202	TRANSCATHETER THERAPY INFUSE	Y		01/01/2015	Fee Schedule	$863.61
37211	THROMBOLYTIC ART THERAPY	Y		01/01/2015	Fee Schedule	$462.20
37212	THROMBOLYTIC VENOUS THERAPY	Y		01/01/2015	Fee Schedule	$462.20
37220	ILIAC REVASC	Y		01/01/2015	Fee Schedule	$2,219.63
37221	ILIAC REVASC W/STENT	Y		01/01/2015	Fee Schedule	$6,061.77
37222	ILIAC REVASC ADD-ON			01/01/2015	No Separate Payment	$0.00
37223	ILIAC REVASC W/STENT ADD-ON			01/01/2015	No Separate Payment	$0.00
37224	FEM/POPL REVAS W/TLA	Y		01/01/2015	Fee Schedule	$2,219.63
37225	FEM/POPL REVAS W/ATHER	Y		01/01/2015	Fee Schedule	$6,061.77
37226	FEM/POPL REVASC W/STENT	Y		01/01/2015	Fee Schedule	$6,061.77
37227	FEM/POPL REVASC STNT & ATHER	Y		01/01/2015	Fee Schedule	$9,741.75
37228	TIB/PER REVASC W/TLA	Y		01/01/2015	Fee Schedule	$6,061.77
37229	TIB/PER REVASC W/ATHER	Y		01/01/2015	Fee Schedule	$9,741.75
37230	TIB/PER REVASC W/STENT	Y		01/01/2015	Fee Schedule	$9,741.75
37231	TIB/PER REVASC STENT & ATHER	Y		01/01/2015	Fee Schedule	$9,741.75
37232	TIB/PER REVASC ADD-ON			01/01/2015	No Separate Payment	$0.00
37233	TIBPER REVASC W/ATHER ADD-ON			01/01/2015	No Separate Payment	$0.00
37234	REVSC OPN/PRQ TIB/PERO STENT			01/01/2015	No Separate Payment	$0.00
37235	TIB/PER REVASC STNT & ATHER			01/01/2015	No Separate Payment	$0.00
37236	OPEN/PERQ PLACE STENT 1ST	Y		01/01/2015	Fee Schedule	$6,061.77
37237	OPEN/PERQ PLACE STENT EA ADD			01/01/2015	No Separate Payment	$0.00
37238	OPEN/PERQ PLACE STENT SAME	Y		01/01/2015	Fee Schedule	$6,061.77
37239	OPEN/PERQ PLACE STENT EA ADD			01/01/2015	No Separate Payment	$0.00
37250	IV US FIRST VESSEL ADD-ON			01/01/2009	No Separate Payment	$0.00
37251	IV US EACH ADD VESSEL ADD-ON			01/01/2009	No Separate Payment	$0.00
37500	ENDOSCOPY LIGATE PERF VEINS	Y		01/01/2015	Fee Schedule	$1,190.01
37607	LIGATION OF A-V FISTULA	Y		01/01/2015	Fee Schedule	$1,190.01
37609	TEMPORAL ARTERY PROCEDURE	Y		01/01/2015	Fee Schedule	$735.03
37650	REVISION OF MAJOR VEIN	Y		01/01/2015	Fee Schedule	$1,190.01
37700	REVISE LEG VEIN	Y		01/01/2015	Fee Schedule	$1,190.01
37718	LIGATE/STRIP SHORT LEG VEIN	Y		01/01/2015	Fee Schedule	$1,190.01

37722	LIGATE/STRIP LONG LEG VEIN	Y		01/01/2015	Fee Schedule	$1,190.01
37735	REMOVAL OF LEG VEINS/LESION	Y		01/01/2015	Fee Schedule	$1,190.01
37760	LIGATE LEG VEINS RADICAL	Y		01/01/2015	Fee Schedule	$1,190.01
37761	LIGATE LEG VEINS OPEN	Y		01/01/2015	Fee Schedule	$1,190.01
37765	STAB PHLEB VEINS XTR 10-20	Y		01/01/2015	Fee Schedule	$342.17
37766	PHLEB VEINS - EXTREM 20+	Y		01/01/2015	Fee Schedule	$385.08
37780	REVISION OF LEG VEIN	Y		01/01/2015	Fee Schedule	$1,190.01
37785	LIGATE/DIVIDE/EXCISE VEIN	Y		01/01/2015	Fee Schedule	$1,190.01
37790	PENILE VENOUS OCCLUSION	Y		01/01/2015	Fee Schedule	$1,224.79
38200	INJECTION FOR SPLEEN X-RAY			01/01/2009	No Separate Payment	$0.00
38204	BL DONOR SEARCH MANAGEMENT			01/01/2009	No Separate Payment	$0.00
38205	HARVEST ALLOGENEIC STEM CELL		Y	01/01/2012	Not Allowed	$0.00
38206	HARVEST AUTO STEM CELLS		Y	01/01/2015	Fee Schedule	$578.31
38220	BONE MARROW ASPIRATION	Y		01/01/2015	Fee Schedule	$123.35
38221	BONE MARROW BIOPSY	Y		01/01/2015	Fee Schedule	$117.63
38230	BONE MARROW HARVEST ALLOGEN		Y	01/01/2015	Fee Schedule	$1,559.37
38232	BONE MARROW HARVEST AUTOLOG			01/01/2015	Fee Schedule	$1,559.37
38241	BN MARROW/STM TRANSPLT AUTO		Y	01/01/2015	Fee Schedule	$1,559.37
38242	LYMPHOCYTE INFUSE TRANSPLANT		Y	01/01/2015	Fee Schedule	$578.31
38243	TRANSPLJ HEMATOPOIETIC BOOST			01/01/2015	Fee Schedule	$578.31
38300	DRAINAGE LYMPH NODE LESION	Y		01/01/2015	Fee Schedule	$474.51
38305	DRAINAGE LYMPH NODE LESION	Y		01/01/2015	Fee Schedule	$896.33
38308	INCISION OF LYMPH CHANNELS	Y		01/01/2015	Fee Schedule	$1,284.68
38500	BIOPSY/REMOVAL LYMPH NODES	Y		01/01/2015	Fee Schedule	$1,284.68
38505	NEEDLE BIOPSY LYMPH NODES	Y		01/01/2015	Fee Schedule	$576.80
38510	BIOPSY/REMOVAL LYMPH NODES	Y		01/01/2015	Fee Schedule	$1,284.68
38520	BIOPSY/REMOVAL LYMPH NODES	Y		01/01/2015	Fee Schedule	$1,284.68
38525	BIOPSY/REMOVAL LYMPH NODES	Y		01/01/2015	Fee Schedule	$1,284.68
38530	BIOPSY/REMOVAL LYMPH NODES	Y		01/01/2015	Fee Schedule	$1,284.68
38542	EXPLORE DEEP NODE(S) NECK	Y		01/01/2015	Fee Schedule	$2,323.12
38550	REMOVAL NECK/ARMPIT LESION	Y		01/01/2015	Fee Schedule	$1,284.68
38555	REMOVAL NECK/ARMPIT LESION	Y		01/01/2015	Fee Schedule	$1,284.68
38570	LAPAROSCOPY LYMPH NODE BIOP	Y		01/01/2015	Fee Schedule	$2,070.94
38571	LAPAROSCOPY LYMPHADENECTOMY	Y		01/01/2015	Fee Schedule	$3,002.32
38572	LAPAROSCOPY LYMPHADENECTOMY	Y		01/01/2015	Fee Schedule	$2,070.94
38700	REMOVAL OF LYMPH NODES NECK	Y		01/01/2015	Fee Schedule	$1,284.68
38740	REMOVE ARMPIT LYMPH NODES	Y		01/01/2015	Fee Schedule	$2,323.12
38745	REMOVE ARMPIT LYMPH NODES	Y		01/01/2015	Fee Schedule	$2,323.12
38760	REMOVE GROIN LYMPH NODES	Y		01/01/2015	Fee Schedule	$1,284.68
38790	INJECT FOR LYMPHATIC X-RAY			01/01/2009	No Separate Payment	$0.00
38792	RA TRACER ID OF SENTINL NODE			01/01/2009	No Separate Payment	$0.00
38794	ACCESS THORACIC LYMPH DUCT			01/01/2009	No Separate Payment	$0.00
38900	IO MAP OF SENT LYMPH NODE			01/01/2011	No Separate Payment	$0.00
40490	BIOPSY OF LIP	Y		01/01/2015	Fee Schedule	$82.24
40500	PARTIAL EXCISION OF LIP	Y		01/01/2015	Fee Schedule	$694.18
40510	PARTIAL EXCISION OF LIP	Y		01/01/2015	Fee Schedule	$1,066.43
40520	PARTIAL EXCISION OF LIP	Y		01/01/2015	Fee Schedule	$694.18
40525	RECONSTRUCT LIP WITH FLAP	Y		01/01/2015	Fee Schedule	$1,066.43
40527	RECONSTRUCT LIP WITH FLAP	Y		01/01/2015	Fee Schedule	$2,043.89
40530	PARTIAL REMOVAL OF LIP	Y		01/01/2015	Fee Schedule	$1,066.43
40650	REPAIR LIP	Y		01/01/2015	Fee Schedule	$354.34
40652	REPAIR LIP	Y		01/01/2015	Fee Schedule	$354.34
40654	REPAIR LIP	Y		01/01/2015	Fee Schedule	$354.34
40700	REPAIR CLEFT LIP/NASAL	Y		01/01/2015	Fee Schedule	$2,043.89

40701	REPAIR CLEFT LIP/NASAL	Y		01/01/2015	Fee Schedule	$2,043.89
40702	REPAIR CLEFT LIP/NASAL	Y		01/01/2015	Fee Schedule	$2,043.89
40720	REPAIR CLEFT LIP/NASAL	Y		01/01/2015	Fee Schedule	$2,043.89
40761	REPAIR CLEFT LIP/NASAL	Y		01/01/2015	Fee Schedule	$2,043.89
40800	DRAINAGE OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$88.75
40801	DRAINAGE OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$354.34
40804	REMOVAL FOREIGN BODY MOUTH			01/01/2015	No Separate Payment	$0.00
40805	REMOVAL FOREIGN BODY MOUTH	Y		01/01/2015	Fee Schedule	$220.61
40806	INCISION OF LIP FOLD	Y		01/01/2015	Fee Schedule	$99.04
40808	BIOPSY OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$152.67
40810	EXCISION OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$158.39
40812	EXCISE/REPAIR MOUTH LESION	Y		01/01/2015	Fee Schedule	$202.73
40814	EXCISE/REPAIR MOUTH LESION	Y		01/01/2015	Fee Schedule	$1,066.43
40816	EXCISION OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$1,066.43
40818	EXCISE ORAL MUCOSA FOR GRAFT	Y		01/01/2015	Fee Schedule	$199.07
40819	EXCISE LIP OR CHEEK FOLD	Y		01/01/2015	Fee Schedule	$694.18
40820	TREATMENT OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$222.04
40830	REPAIR MOUTH LACERATION	Y		01/01/2015	Fee Schedule	$199.07
40831	REPAIR MOUTH LACERATION	Y		01/01/2015	Fee Schedule	$354.34
40840	RECONSTRUCTION OF MOUTH	Y		01/01/2015	Fee Schedule	$1,066.43
40842	RECONSTRUCTION OF MOUTH	Y		01/01/2015	Fee Schedule	$2,043.89
40843	RECONSTRUCTION OF MOUTH	Y		01/01/2015	Fee Schedule	$1,066.43
40844	RECONSTRUCTION OF MOUTH	Y		01/01/2015	Fee Schedule	$2,043.89
40845	RECONSTRUCTION OF MOUTH	Y		01/01/2015	Fee Schedule	$2,043.89
41000	DRAINAGE OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$113.70
41005	DRAINAGE OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$199.07
41006	DRAINAGE OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$1,066.43
41007	DRAINAGE OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$1,066.43
41008	DRAINAGE OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$694.18
41009	DRAINAGE OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$199.07
41010	INCISION OF TONGUE FOLD	Y		01/01/2015	Fee Schedule	$354.34
41015	DRAINAGE OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$199.07
41016	DRAINAGE OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$1,066.43
41017	DRAINAGE OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$694.18
41018	DRAINAGE OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$354.34
41019	PLACE NEEDLES H&N FOR RT	Y		01/01/2015	Fee Schedule	$1,066.43
41100	BIOPSY OF TONGUE	Y		01/01/2015	Fee Schedule	$116.20
41105	BIOPSY OF TONGUE	Y		01/01/2015	Fee Schedule	$116.92
41108	BIOPSY OF FLOOR OF MOUTH	Y		01/01/2015	Fee Schedule	$108.69
41110	EXCISION OF TONGUE LESION	Y		01/01/2015	Fee Schedule	$155.89
41112	EXCISION OF TONGUE LESION	Y		01/01/2015	Fee Schedule	$694.18
41113	EXCISION OF TONGUE LESION	Y		01/01/2015	Fee Schedule	$694.18
41114	EXCISION OF TONGUE LESION	Y		01/01/2015	Fee Schedule	$1,066.43
41115	EXCISION OF TONGUE FOLD	Y		01/01/2015	Fee Schedule	$182.71
41116	EXCISION OF MOUTH LESION	Y		01/01/2015	Fee Schedule	$1,066.43
41120	PARTIAL REMOVAL OF TONGUE	Y		01/01/2015	Fee Schedule	$2,043.89
41250	REPAIR TONGUE LACERATION	Y		01/01/2015	Fee Schedule	$71.08
41251	REPAIR TONGUE LACERATION	Y		01/01/2015	Fee Schedule	$199.07
41252	REPAIR TONGUE LACERATION	Y		01/01/2015	Fee Schedule	$354.34
41500	FIXATION OF TONGUE	Y		01/01/2015	Fee Schedule	$694.18
41510	TONGUE TO LIP SURGERY	Y		01/01/2015	Fee Schedule	$694.18
41512	TONGUE SUSPENSION	Y		01/01/2015	Fee Schedule	$2,043.89
41520	RECONSTRUCTION TONGUE FOLD	Y		01/01/2015	Fee Schedule	$2,043.89
41530	TONGUE BASE VOL REDUCTION	Y		01/01/2015	Fee Schedule	$1,066.43

41800	DRAINAGE OF GUM LESION	Y		01/01/2015	Fee Schedule	$88.75
41805	REMOVAL FOREIGN BODY GUM	Y		01/01/2015	Fee Schedule	$203.09
41806	REMOVAL FOREIGN BODY JAWBONE	Y		01/01/2015	Fee Schedule	$254.93
41820	EXCISION GUM EACH QUADRANT	Y		01/01/2015	Fee Schedule	$1,066.43
41821	EXCISION OF GUM FLAP	Y		01/01/2015	Fee Schedule	$354.34
41822	EXCISION OF GUM LESION	Y		01/01/2015	Fee Schedule	$223.47
41823	EXCISION OF GUM LESION	Y		01/01/2015	Fee Schedule	$316.43
41825	EXCISION OF GUM LESION	Y		01/01/2015	Fee Schedule	$161.97
41826	EXCISION OF GUM LESION	Y		01/01/2015	Fee Schedule	$229.19
41827	EXCISION OF GUM LESION	Y		01/01/2015	Fee Schedule	$2,043.89
41828	EXCISION OF GUM LESION	Y		01/01/2015	Fee Schedule	$190.93
41830	REMOVAL OF GUM TISSUE	Y		01/01/2015	Fee Schedule	$268.52
41850	TREATMENT OF GUM LESION	Y		01/01/2015	Fee Schedule	$1,066.43
41870	GUM GRAFT	Y		01/01/2015	Fee Schedule	$2,043.89
41872	REPAIR GUM	Y		01/01/2015	Fee Schedule	$264.94
41874	REPAIR TOOTH SOCKET	Y		01/01/2015	Fee Schedule	$262.08
41899	UNLISTED PROCEDURE, DENTOALVEOLAR	Y		07/01/2014	Fee Schedule	$2,042.00
42000	DRAINAGE MOUTH ROOF LESION	Y		01/01/2015	Fee Schedule	$199.07
42100	BIOPSY ROOF OF MOUTH	Y		01/01/2015	Fee Schedule	$100.47
42104	EXCISION LESION MOUTH ROOF	Y		01/01/2015	Fee Schedule	$154.10
42106	EXCISION LESION MOUTH ROOF	Y		01/01/2015	Fee Schedule	$196.29
42107	EXCISION LESION MOUTH ROOF	Y		01/01/2015	Fee Schedule	$2,043.89
42120	REMOVE PALATE/LESION	Y		01/01/2015	Fee Schedule	$1,066.43
42140	EXCISION OF UVULA	Y		01/01/2015	Fee Schedule	$694.18
42145	REPAIR PALATE PHARYNX/UVULA	Y		01/01/2015	Fee Schedule	$2,043.89
42160	TREATMENT MOUTH ROOF LESION	Y		01/01/2015	Fee Schedule	$165.19
42180	REPAIR PALATE	Y		01/01/2015	Fee Schedule	$199.07
42182	REPAIR PALATE	Y		01/01/2015	Fee Schedule	$1,066.43
42200	RECONSTRUCT CLEFT PALATE	Y		01/01/2015	Fee Schedule	$2,043.89
42205	RECONSTRUCT CLEFT PALATE	Y		01/01/2015	Fee Schedule	$2,043.89
42210	RECONSTRUCT CLEFT PALATE	Y		01/01/2015	Fee Schedule	$2,043.89
42215	RECONSTRUCT CLEFT PALATE	Y		01/01/2015	Fee Schedule	$2,043.89
42220	RECONSTRUCT CLEFT PALATE	Y		01/01/2015	Fee Schedule	$2,043.89
42225	RECONSTRUCT CLEFT PALATE	Y		01/01/2015	Fee Schedule	$2,043.89
42226	LENGTHENING OF PALATE	Y		01/01/2015	Fee Schedule	$2,043.89
42227	LENGTHENING OF PALATE	Y		01/01/2015	Fee Schedule	$2,043.89
42235	REPAIR PALATE	Y		01/01/2015	Fee Schedule	$2,043.89
42260	REPAIR NOSE TO LIP FISTULA	Y		01/01/2015	Fee Schedule	$1,066.43
42280	PREPARATION PALATE MOLD	Y		01/01/2015	Fee Schedule	$105.12
42281	INSERTION PALATE PROSTHESIS	Y		01/01/2015	Fee Schedule	$694.18
42300	DRAINAGE OF SALIVARY GLAND	Y		01/01/2015	Fee Schedule	$354.34
42305	DRAINAGE OF SALIVARY GLAND	Y		01/01/2015	Fee Schedule	$1,066.43
42310	DRAINAGE OF SALIVARY GLAND	Y		01/01/2015	Fee Schedule	$199.07
42320	DRAINAGE OF SALIVARY GLAND	Y		01/01/2015	Fee Schedule	$199.07
42330	REMOVAL OF SALIVARY STONE	Y		01/01/2015	Fee Schedule	$147.67
42335	REMOVAL OF SALIVARY STONE	Y		01/01/2015	Fee Schedule	$248.14
42340	REMOVAL OF SALIVARY STONE	Y		01/01/2015	Fee Schedule	$694.18
42400	BIOPSY OF SALIVARY GLAND	Y		01/01/2015	Fee Schedule	$78.66
42405	BIOPSY OF SALIVARY GLAND	Y		01/01/2015	Fee Schedule	$1,066.43
42408	EXCISION OF SALIVARY CYST	Y		01/01/2015	Fee Schedule	$1,066.43
42409	DRAINAGE OF SALIVARY CYST	Y		01/01/2015	Fee Schedule	$1,066.43
42410	EXCISE PAROTID GLAND/LESION	Y		01/01/2015	Fee Schedule	$2,043.89
42415	EXCISE PAROTID GLAND/LESION	Y		01/01/2015	Fee Schedule	$2,043.89
42420	EXCISE PAROTID GLAND/LESION	Y		01/01/2015	Fee Schedule	$2,043.89

42425	EXCISE PAROTID GLAND/LESION	Y		01/01/2015	Fee Schedule	$2,043.89
42440	EXCISE SUBMAXILLARY GLAND	Y		01/01/2015	Fee Schedule	$2,043.89
42450	EXCISE SUBLINGUAL GLAND	Y		01/01/2015	Fee Schedule	$2,043.89
42500	REPAIR SALIVARY DUCT	Y		01/01/2015	Fee Schedule	$1,066.43
42505	REPAIR SALIVARY DUCT	Y		01/01/2015	Fee Schedule	$2,043.89
42507	PAROTID DUCT DIVERSION	Y		01/01/2015	Fee Schedule	$2,043.89
42509	PAROTID DUCT DIVERSION	Y		01/01/2015	Fee Schedule	$2,043.89
42510	PAROTID DUCT DIVERSION	Y		01/01/2015	Fee Schedule	$2,043.89
42550	INJECTION FOR SALIVARY X-RAY			01/01/2009	No Separate Payment	$0.00
42600	CLOSURE OF SALIVARY FISTULA	Y		01/01/2015	Fee Schedule	$694.18
42650	DILATION OF SALIVARY DUCT	Y		01/01/2015	Fee Schedule	$55.06
42660	DILATION OF SALIVARY DUCT	Y		01/01/2015	Fee Schedule	$79.02
42665	LIGATION OF SALIVARY DUCT	Y		01/01/2015	Fee Schedule	$2,043.89
42700	DRAINAGE OF TONSIL ABSCESS	Y		01/01/2015	Fee Schedule	$199.07
42720	DRAINAGE OF THROAT ABSCESS	Y		01/01/2015	Fee Schedule	$694.18
42725	DRAINAGE OF THROAT ABSCESS	Y		01/01/2015	Fee Schedule	$2,043.89
42800	BIOPSY OF THROAT	Y		01/01/2015	Fee Schedule	$105.12
42804	BIOPSY OF UPPER NOSE/THROAT	Y		01/01/2015	Fee Schedule	$694.18
42806	BIOPSY OF UPPER NOSE/THROAT	Y		01/01/2015	Fee Schedule	$1,066.43
42808	EXCISE PHARYNX LESION	Y		01/01/2015	Fee Schedule	$1,066.43
42809	REMOVE PHARYNX FOREIGN BODY			01/01/2015	No Separate Payment	$0.00
42810	EXCISION OF NECK CYST	Y		01/01/2015	Fee Schedule	$1,066.43
42815	EXCISION OF NECK CYST	Y		01/01/2015	Fee Schedule	$2,043.89
42820	REMOVE TONSILS AND ADENOIDS	Y		01/01/2015	Fee Schedule	$1,066.43
42821	REMOVE TONSILS AND ADENOIDS	Y		01/01/2015	Fee Schedule	$1,066.43
42825	REMOVAL OF TONSILS	Y		01/01/2015	Fee Schedule	$2,043.89
42826	REMOVAL OF TONSILS	Y		01/01/2015	Fee Schedule	$1,066.43
42830	REMOVAL OF ADENOIDS	Y		01/01/2015	Fee Schedule	$2,043.89
42831	REMOVAL OF ADENOIDS	Y		01/01/2015	Fee Schedule	$1,066.43
42835	REMOVAL OF ADENOIDS	Y		01/01/2015	Fee Schedule	$1,066.43
42836	REMOVAL OF ADENOIDS	Y		01/01/2015	Fee Schedule	$1,066.43
42860	EXCISION OF TONSIL TAGS	Y		01/01/2015	Fee Schedule	$2,043.89
42870	EXCISION OF LINGUAL TONSIL	Y		01/01/2015	Fee Schedule	$1,066.43
42890	PARTIAL REMOVAL OF PHARYNX	Y		01/01/2015	Fee Schedule	$2,043.89
42892	REVISION OF PHARYNGEAL WALLS	Y		01/01/2015	Fee Schedule	$2,043.89
42900	REPAIR THROAT WOUND	Y		01/01/2015	Fee Schedule	$1,066.43
42950	RECONSTRUCTION OF THROAT	Y		01/01/2015	Fee Schedule	$2,043.89
42955	SURGICAL OPENING OF THROAT	Y		01/01/2015	Fee Schedule	$1,066.43
42960	CONTROL THROAT BLEEDING	Y		01/01/2015	Fee Schedule	$71.08
42962	CONTROL THROAT BLEEDING	Y		01/01/2015	Fee Schedule	$1,066.43
42970	CONTROL NOSE/THROAT BLEEDING	Y		01/01/2015	Fee Schedule	$71.08
42972	CONTROL NOSE/THROAT BLEEDING	Y		01/01/2015	Fee Schedule	$694.18
43030	THROAT MUSCLE SURGERY	Y		01/01/2015	Fee Schedule	$2,043.89
43130	REMOVAL OF ESOPHAGUS POUCH	Y		01/01/2015	Fee Schedule	$2,043.89
43180	ESOPHAGOSCOPY RIGID TRNSO	Y		01/01/2015	Fee Schedule	$1,066.43
43191	ESOPHAGOSCOPY RIGID TRNSO DX	Y		01/01/2015	Fee Schedule	$408.56
43192	ESOPHAGOSCP RIG TRNSO INJECT	Y		01/01/2015	Fee Schedule	$583.50
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	Y		01/01/2015	Fee Schedule	$583.50
43194	ESOPHAGOSCP RIG TRNSO REM FB	Y		01/01/2015	Fee Schedule	$583.50
43195	ESOPHAGOSCOPY RIGID BALLOON	Y		01/01/2015	Fee Schedule	$583.50
43196	ESOPHAGOSCP GUIDE WIRE DILAT	Y		01/01/2015	Fee Schedule	$583.50
43197	ESOPHAGOSCOPY FLEX DX BRUSH	Y		01/01/2015	Fee Schedule	$408.56
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	Y		01/01/2015	Fee Schedule	$408.56
43200	ESOPHAGUS ENDOSCOPY	Y		01/01/2015	Fee Schedule	$408.56

43201	ESOPH SCOPE W/SUBMUCOUS INJ	Y		01/01/2015	Fee Schedule	$583.50
43202	ESOPHAGUS ENDOSCOPY BIOPSY	Y		01/01/2015	Fee Schedule	$408.56
43204	ESOPH SCOPE W/SCLEROSIS INJ	Y		01/01/2015	Fee Schedule	$408.56
43205	ESOPHAGUS ENDOSCOPY/LIGATION	Y		01/01/2015	Fee Schedule	$583.50
43206	ESOPH OPTICAL ENDOMICROSCOPY	Y		01/01/2015	Fee Schedule	$583.50
43211	ESOPHAGOSCOP MUCOSAL RESECT	Y		01/01/2015	Fee Schedule	$583.50
43212	ESOPHAGOSCOP STENT PLACEMENT	Y		01/01/2015	Fee Schedule	$1,312.95
43213	ESOPHAGOSCOPY RETRO BALLOON	Y		01/01/2015	Fee Schedule	$583.50
43214	ESOPHAGOSC DILATE BALLOON 30	Y		01/01/2015	Fee Schedule	$583.50
43215	ESOPHAGUS ENDOSCOPY	Y		01/01/2015	Fee Schedule	$583.50
43216	ESOPHAGUS ENDOSCOPY/LESION	Y		01/01/2015	Fee Schedule	$1,049.42
43217	ESOPHAGUS ENDOSCOPY	Y		01/01/2015	Fee Schedule	$583.50
43220	ESOPH ENDOSCOPY DILATION	Y		01/01/2015	Fee Schedule	$583.50
43226	ESOPH ENDOSCOPY DILATION	Y		01/01/2015	Fee Schedule	$583.50
43227	ESOPH ENDOSCOPY REPAIR	Y		01/01/2015	Fee Schedule	$583.50
43229	ESOPHAGOSCOPY LESION ABLATE	Y		01/01/2015	Fee Schedule	$1,049.42
43231	ESOPH ENDOSCOPY W/US EXAM	Y		01/01/2015	Fee Schedule	$583.50
43232	ESOPH ENDOSCOPY W/US FN BX	Y		01/01/2015	Fee Schedule	$583.50
43233	EGD BALLOON DIL ESOPH30 MM/>	Y		01/01/2015	Fee Schedule	$583.50
43235	UPPR GI ENDOSCOPY DIAGNOSIS	Y		01/01/2015	Fee Schedule	$408.56
43236	UPPR GI SCOPE W/SUBMUC INJ	Y		01/01/2015	Fee Schedule	$408.56
43237	ENDOSCOPIC US EXAM ESOPH	Y		01/01/2015	Fee Schedule	$583.50
43238	UPPR GI ENDOSCOPY W/US FN BX	Y		01/01/2015	Fee Schedule	$583.50
43239	UPPER GI ENDOSCOPY BIOPSY	Y		01/01/2015	Fee Schedule	$408.56
43240	ESOPH ENDOSCOPE W/DRAIN CYST	Y		01/01/2015	Fee Schedule	$1,049.42
43241	UPPER GI ENDOSCOPY WITH TUBE	Y		01/01/2015	Fee Schedule	$408.56
43242	UPPR GI ENDOSCOPY W/US FN BX	Y		01/01/2015	Fee Schedule	$583.50
43243	UPPER GI ENDOSCOPY & INJECT	Y		01/01/2015	Fee Schedule	$408.56
43244	UPPER GI ENDOSCOPY/LIGATION	Y		01/01/2015	Fee Schedule	$583.50
43245	UPPR GI SCOPE DILATE STRICTR	Y		01/01/2015	Fee Schedule	$583.50
43246	PLACE GASTROSTOMY TUBE	Y		01/01/2015	Fee Schedule	$583.50
43247	OPERATIVE UPPER GI ENDOSCOPY	Y		01/01/2015	Fee Schedule	$408.56
43248	UPPR GI ENDOSCOPY/GUIDE WIRE	Y		01/01/2015	Fee Schedule	$408.56
43249	ESOPH ENDOSCOPY DILATION	Y		01/01/2015	Fee Schedule	$583.50
43250	UPPER GI ENDOSCOPY/TUMOR	Y		01/01/2015	Fee Schedule	$583.50
43251	OPERATIVE UPPER GI ENDOSCOPY	Y		01/01/2015	Fee Schedule	$583.50
43252	UPPR GI OPTICL ENDOMICRSCOPY	Y		01/01/2015	Fee Schedule	$583.50
43253	EGD US TRANSMURAL INJXN/MARK	Y		01/01/2015	Fee Schedule	$583.50
43254	EGD ENDO MUCOSAL RESECTION	Y		01/01/2015	Fee Schedule	$583.50
43255	OPERATIVE UPPER GI ENDOSCOPY	Y		01/01/2015	Fee Schedule	$583.50
43257	UPPR GI SCOPE W/THRML TXMNT	Y		01/01/2015	Fee Schedule	$1,049.42
43259	ENDOSCOPIC ULTRASOUND EXAM	Y		01/01/2015	Fee Schedule	$583.50
43260	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2015	Fee Schedule	$1,070.19
43261	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2015	Fee Schedule	$1,070.19
43262	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2015	Fee Schedule	$1,070.19
43263	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2015	Fee Schedule	$1,070.19
43264	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2015	Fee Schedule	$1,070.19
43265	ENDO CHOLANGIOPANCREATOGRAPH	Y		01/01/2015	Fee Schedule	$1,070.19
43266	EGD ENDOSCOPIC STENT PLACE	Y		01/01/2015	Fee Schedule	$1,312.95
43270	EGD LESION ABLATION	Y		01/01/2015	Fee Schedule	$583.50
43273	ENDOSCOPIC PANCREATOSCOPY			01/01/2014	No Separate Payment	$0.00
43274	ERCP DUCT STENT PLACEMENT	Y		01/01/2015	Fee Schedule	$1,312.95
43275	ERCP REMOVE FORGN BODY DUCT	Y		01/01/2015	Fee Schedule	$1,070.19
43276	ERCP STENT EXCHANGE W/DILATE	Y		01/01/2015	Fee Schedule	$1,312.95

43277	ERCP EA DUCT/AMPULLA DILATE	Y		01/01/2015	Fee Schedule	$1,070.19
43278	ERCP LESION ABLATE W/DILATE	Y		01/01/2015	Fee Schedule	$1,070.19
43450	DILATE ESOPHAGUS	Y		01/01/2015	Fee Schedule	$408.56
43453	DILATE ESOPHAGUS	Y		01/01/2015	Fee Schedule	$583.50
43653	LAPAROSCOPY GASTROSTOMY	Y		01/01/2015	Fee Schedule	$2,070.94
43752	NASAL/OROGASTRIC W/STENT			01/01/2015	Fee Schedule	$82.74
43753	TX GASTRO INTUB W/ASP			01/01/2015	No Separate Payment	$0.00
43754	DX GASTR INTUB W/ASP SPEC			01/01/2015	No Separate Payment	$0.00
43755	DX GASTR INTUB W/ASP SPECS			01/01/2015	Fee Schedule	$180.70
43756	DX DUOD INTUB W/ASP SPEC			01/01/2015	Fee Schedule	$87.42
43757	DX DUOD INTUB W/ASP SPECS			01/01/2015	Fee Schedule	$87.42
43760	CHANGE GASTROSTOMY TUBE	Y		01/01/2015	Fee Schedule	$106.96
43761	REPOSITION GASTROSTOMY TUBE	Y		01/01/2015	Fee Schedule	$408.56
43870	REPAIR STOMACH OPENING	Y		01/01/2015	Fee Schedule	$1,049.42
43886	REVISE GASTRIC PORT OPEN			03/01/2011	Not Allowed	$0.00
43887	REMOVE GASTRIC PORT OPEN			03/01/2011	Not Allowed	$0.00
43888	CHANGE GASTRIC PORT OPEN			03/01/2011	Not Allowed	$0.00
44100	BIOPSY OF BOWEL	Y		01/01/2015	Fee Schedule	$583.50
44312	REVISION OF ILEOSTOMY	Y		01/01/2015	Fee Schedule	$1,261.14
44340	REVISION OF COLOSTOMY	Y		01/01/2015	Fee Schedule	$1,261.14
44360	SMALL BOWEL ENDOSCOPY	Y		01/01/2015	Fee Schedule	$467.09
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	Y		01/01/2015	Fee Schedule	$467.09
44363	SMALL BOWEL ENDOSCOPY	Y		01/01/2015	Fee Schedule	$467.09
44364	SMALL BOWEL ENDOSCOPY	Y		01/01/2015	Fee Schedule	$684.62
44365	SMALL BOWEL ENDOSCOPY	Y		01/01/2015	Fee Schedule	$684.62
44366	SMALL BOWEL ENDOSCOPY	Y		01/01/2015	Fee Schedule	$684.62
44369	SMALL BOWEL ENDOSCOPY	Y		01/01/2015	Fee Schedule	$684.62
44370	SMALL BOWEL ENDOSCOPY/STENT	Y		01/01/2015	Fee Schedule	$1,312.95
44372	SMALL BOWEL ENDOSCOPY	Y		01/01/2015	Fee Schedule	$684.62
44373	SMALL BOWEL ENDOSCOPY	Y		01/01/2015	Fee Schedule	$684.62
44376	SMALL BOWEL ENDOSCOPY	Y		01/01/2015	Fee Schedule	$467.09
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	Y		01/01/2015	Fee Schedule	$684.62
44378	SMALL BOWEL ENDOSCOPY	Y		01/01/2015	Fee Schedule	$684.62
44379	S BOWEL ENDOSCOPE W/STENT	Y		01/01/2015	Fee Schedule	$1,312.95
44380	SMALL BOWEL ENDOSCOPY	Y		01/01/2015	Fee Schedule	$467.09
44381	SMALL BOWEL ENDOSCOPY BR/WA	Y		01/01/2015	Fee Schedule	$467.09
44382	SMALL BOWEL ENDOSCOPY	Y		01/01/2015	Fee Schedule	$467.09
44384	SMALL BOWEL ENDOSCOPY	Y		01/01/2015	Fee Schedule	$467.09
44385	ENDOSCOPY OF BOWEL POUCH	Y		01/01/2015	Fee Schedule	$432.81
44386	ENDOSCOPY BOWEL POUCH/BIOP	Y		01/01/2015	Fee Schedule	$432.81
44388	COLONOSCOPY	Y		01/01/2015	Fee Schedule	$432.81
44389	COLONOSCOPY WITH BIOPSY	Y		01/01/2015	Fee Schedule	$432.81
44390	COLONOSCOPY FOR FOREIGN BODY	Y		01/01/2015	Fee Schedule	$432.81
44391	COLONOSCOPY FOR BLEEDING	Y		01/01/2015	Fee Schedule	$432.81
44392	COLONOSCOPY & POLYPECTOMY	Y		01/01/2015	Fee Schedule	$432.81
44394	COLONOSCOPY W/SNARE	Y		01/01/2015	Fee Schedule	$432.81
44401	COLONOSCOPY WITH ABLATION	Y		01/01/2015	Fee Schedule	$432.81
44402	COLONOSCOPY W/STENT PLCMT	Y		01/01/2015	Fee Schedule	$432.81
44403	COLONOSCOPY W/RESECTION	Y		01/01/2015	Fee Schedule	$432.81
44404	COLONOSCOPY W/INJECTION	Y		01/01/2015	Fee Schedule	$432.81
44405	COLONOSCOPY W/DILATION	Y		01/01/2015	Fee Schedule	$432.81
44406	COLONOSCOPY W/ULTRASOUND	Y		01/01/2015	Fee Schedule	$432.81
44407	COLONOSCOPY W/NDL ASPIR/BX	Y		01/01/2015	Fee Schedule	$432.81
44408	COLONOSCOPY W/DECOMPRESSION	Y		01/01/2015	Fee Schedule	$432.81

44500	INTRO GASTROINTESTINAL TUBE	Y		01/01/2015	Fee Schedule	$267.44
44701	INTRAOP COLON LAVAGE ADD-ON			01/01/2009	No Separate Payment	$0.00
45000	DRAINAGE OF PELVIC ABSCESS	Y		01/01/2015	Fee Schedule	$1,063.82
45005	DRAINAGE OF RECTAL ABSCESS	Y		01/01/2015	Fee Schedule	$797.36
45020	DRAINAGE OF RECTAL ABSCESS	Y		01/01/2015	Fee Schedule	$797.36
45100	BIOPSY OF RECTUM	Y		01/01/2015	Fee Schedule	$797.36
45108	REMOVAL OF ANORECTAL LESION	Y		01/01/2015	Fee Schedule	$1,063.82
45150	EXCISION OF RECTAL STRICTURE	Y		01/01/2015	Fee Schedule	$1,063.82
45160	EXCISION OF RECTAL LESION	Y		01/01/2015	Fee Schedule	$1,063.82
45171	EXC RECT TUM TRANSANAL PART	Y		01/01/2015	Fee Schedule	$1,063.82
45172	EXC RECT TUM TRANSANAL FULL	Y		01/01/2015	Fee Schedule	$1,425.27
45190	DESTRUCTION RECTAL TUMOR	Y		01/01/2015	Fee Schedule	$1,063.82
45300	PROCTOSIGMOIDOSCOPY DX	Y		01/01/2015	Fee Schedule	$93.32
45303	PROCTOSIGMOIDOSCOPY DILATE	Y		01/01/2015	Fee Schedule	$453.39
45305	PROCTOSIGMOIDOSCOPY W/BX	Y		01/01/2015	Fee Schedule	$453.39
45307	PROCTOSIGMOIDOSCOPY FB	Y		01/01/2015	Fee Schedule	$908.33
45308	PROCTOSIGMOIDOSCOPY REMOVAL	Y		01/01/2015	Fee Schedule	$453.39
45309	PROCTOSIGMOIDOSCOPY REMOVAL	Y		01/01/2015	Fee Schedule	$453.39
45315	PROCTOSIGMOIDOSCOPY REMOVAL	Y		01/01/2015	Fee Schedule	$453.39
45317	PROCTOSIGMOIDOSCOPY BLEED	Y		01/01/2015	Fee Schedule	$453.39
45320	PROCTOSIGMOIDOSCOPY ABLATE	Y		01/01/2015	Fee Schedule	$908.33
45321	PROCTOSIGMOIDOSCOPY VOLVUL	Y		01/01/2015	Fee Schedule	$908.33
45327	PROCTOSIGMOIDOSCOPY W/STENT	Y		01/01/2015	Fee Schedule	$1,312.95
45330	DIAGNOSTIC SIGMOIDOSCOPY	Y		01/01/2015	Fee Schedule	$100.11
45331	SIGMOIDOSCOPY AND BIOPSY	Y		01/01/2015	Fee Schedule	$270.52
45332	SIGMOIDOSCOPY W/FB REMOVAL	Y		01/01/2015	Fee Schedule	$453.39
45333	SIGMOIDOSCOPY & POLYPECTOMY	Y		01/01/2015	Fee Schedule	$270.52
45334	SIGMOIDOSCOPY FOR BLEEDING	Y		01/01/2015	Fee Schedule	$453.39
45335	SIGMOIDOSCOPY W/SUBMUC INJ	Y		01/01/2015	Fee Schedule	$270.52
45337	SIGMOIDOSCOPY & DECOMPRESS	Y		01/01/2015	Fee Schedule	$453.39
45338	SIGMOIDOSCOPY W/TUMR REMOVE	Y		01/01/2015	Fee Schedule	$453.39
45340	SIG W/BALLOON DILATION	Y		01/01/2015	Fee Schedule	$453.39
45341	SIGMOIDOSCOPY W/ULTRASOUND	Y		01/01/2015	Fee Schedule	$453.39
45342	SIGMOIDOSCOPY W/US GUIDE BX	Y		01/01/2015	Fee Schedule	$453.39
45346	SIGMOIDOSCOPY W/ABLATION	Y		01/01/2015	Fee Schedule	$453.39
45347	SIGMOIDOSCOPY W/PLCMT STENT	Y		01/01/2015	Fee Schedule	$453.39
45349	SIGMOIDOSCOPY W/RESECTION	Y		01/01/2015	Fee Schedule	$453.39
45350	SGMDSC W/BAND LIGATION	Y		01/01/2015	Fee Schedule	$453.39
45378	DIAGNOSTIC COLONOSCOPY	Y		01/01/2015	Fee Schedule	$432.81
45379	COLONOSCOPY W/FB REMOVAL	Y		01/01/2015	Fee Schedule	$432.81
45380	COLONOSCOPY AND BIOPSY	Y		01/01/2015	Fee Schedule	$432.81
45381	COLONOSCOPY SUBMUCOUS INJ	Y		01/01/2015	Fee Schedule	$432.81
45382	COLONOSCOPY/CONTROL BLEEDING	Y		01/01/2015	Fee Schedule	$432.81
45384	LESION REMOVE COLONOSCOPY	Y		01/01/2015	Fee Schedule	$432.81
45385	LESION REMOVAL COLONOSCOPY	Y		01/01/2015	Fee Schedule	$432.81
45386	COLONOSCOPY DILATE STRICTURE	Y		01/01/2015	Fee Schedule	$432.81
45388	COLONOSCOPY W/ABLATION	Y		01/01/2015	Fee Schedule	$432.81
45389	COLONOSCOPY W/STENT PLCMT	Y		01/01/2015	Fee Schedule	$432.81
45390	COLONOSCOPY W/RESECTION	Y		01/01/2015	Fee Schedule	$432.81
45391	COLONOSCOPY W/ENDOSCOPE US	Y		01/01/2015	Fee Schedule	$432.81
45392	COLONOSCOPY W/ENDOSCOPIC FNB	Y		01/01/2015	Fee Schedule	$432.81
45393	COLONOSCOPY W/DECOMPRESSION	Y		01/01/2015	Fee Schedule	$432.81
45398	COLONOSCOPY W/BAND LIGATION	Y		01/01/2015	Fee Schedule	$432.81
45500	REPAIR OF RECTUM	Y		01/01/2015	Fee Schedule	$1,063.82

45505	REPAIR OF RECTUM	Y		01/01/2015	Fee Schedule	$1,425.27
45520	TREATMENT OF RECTAL PROLAPSE	Y		01/01/2015	Fee Schedule	$80.08
45541	CORRECT RECTAL PROLAPSE	Y		01/01/2015	Fee Schedule	$1,425.27
45560	REPAIR OF RECTOCELE	Y		01/01/2015	Fee Schedule	$1,425.27
45900	REDUCTION OF RECTAL PROLAPSE	Y		01/01/2015	Fee Schedule	$242.47
45905	DILATION OF ANAL SPHINCTER	Y		01/01/2015	Fee Schedule	$797.36
45910	DILATION OF RECTAL NARROWING	Y		01/01/2015	Fee Schedule	$797.36
45915	REMOVE RECTAL OBSTRUCTION	Y		01/01/2015	Fee Schedule	$797.36
45990	SURG DX EXAM ANORECTAL	Y		01/01/2015	Fee Schedule	$797.36
46020	PLACEMENT OF SETON	Y		01/01/2015	Fee Schedule	$1,063.82
46030	REMOVAL OF RECTAL MARKER	Y		01/01/2015	Fee Schedule	$242.47
46040	INCISION OF RECTAL ABSCESS	Y		01/01/2015	Fee Schedule	$797.36
46045	INCISION OF RECTAL ABSCESS	Y		01/01/2015	Fee Schedule	$1,063.82
46050	INCISION OF ANAL ABSCESS	Y		01/01/2015	Fee Schedule	$242.47
46060	INCISION OF RECTAL ABSCESS	Y		01/01/2015	Fee Schedule	$797.36
46070	INCISION OF ANAL SEPTUM	Y		01/01/2015	Fee Schedule	$797.36
46080	INCISION OF ANAL SPHINCTER	Y		01/01/2015	Fee Schedule	$797.36
46083	INCISE EXTERNAL HEMORRHOID	Y		01/01/2015	Fee Schedule	$117.14
46200	REMOVAL OF ANAL FISSURE	Y		01/01/2015	Fee Schedule	$1,063.82
46220	EXCISE ANAL EXT TAG/PAPILLA	Y		01/01/2015	Fee Schedule	$797.36
46221	LIGATION OF HEMORRHOID(S)	Y		01/01/2015	Fee Schedule	$178.77
46230	REMOVAL OF ANAL TAGS	Y		01/01/2015	Fee Schedule	$797.36
46250	REMOVE EXT HEM GROUPS 2+	Y		01/01/2015	Fee Schedule	$1,063.82
46255	REMOVE INT/EXT HEM 1 GROUP	Y		01/01/2015	Fee Schedule	$1,063.82
46257	REMOVE IN/EX HEM GRP & FISS	Y		01/01/2015	Fee Schedule	$1,063.82
46258	REMOVE IN/EX HEM GRP W/FISTU	Y		01/01/2015	Fee Schedule	$1,063.82
46260	REMOVE IN/EX HEM GROUPS 2+	Y		01/01/2015	Fee Schedule	$1,063.82
46261	REMOVE IN/EX HEM GRPS & FISS	Y		01/01/2015	Fee Schedule	$1,063.82
46262	REMOVE IN/EX HEM GRPS W/FIST	Y		01/01/2015	Fee Schedule	$1,063.82
46270	REMOVE ANAL FIST SUBQ	Y		01/01/2015	Fee Schedule	$1,063.82
46275	REMOVE ANAL FIST INTER	Y		01/01/2015	Fee Schedule	$1,063.82
46280	REMOVE ANAL FIST COMPLEX	Y		01/01/2015	Fee Schedule	$1,063.82
46285	REMOVE ANAL FIST 2 STAGE	Y		01/01/2015	Fee Schedule	$1,063.82
46288	REPAIR ANAL FISTULA	Y		01/01/2015	Fee Schedule	$1,425.27
46320	REMOVAL OF HEMORRHOID CLOT	Y		01/01/2015	Fee Schedule	$118.35
46500	INJECTION INTO HEMORRHOID(S)	Y		01/01/2015	Fee Schedule	$174.84
46505	CHEMODENERVATION ANAL MUSC	Y		01/01/2015	Fee Schedule	$797.36
46600	DIAGNOSTIC ANOSCOPY			01/01/2015	No Separate Payment	$0.00
46601	DIAGNOSTIC ANOSCOPY			01/01/2015	No Separate Payment	$0.00
46604	ANOSCOPY AND DILATION	Y		01/01/2015	Fee Schedule	$453.39
46606	ANOSCOPY AND BIOPSY	Y		01/01/2015	Fee Schedule	$180.20
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	Y		01/01/2015	Fee Schedule	$453.39
46608	ANOSCOPY REMOVE FOR BODY	Y		01/01/2015	Fee Schedule	$453.39
46610	ANOSCOPY REMOVE LESION	Y		01/01/2015	Fee Schedule	$908.33
46611	ANOSCOPY	Y		01/01/2015	Fee Schedule	$453.39
46612	ANOSCOPY REMOVE LESIONS	Y		01/01/2015	Fee Schedule	$908.33
46614	ANOSCOPY CONTROL BLEEDING	Y		01/01/2015	Fee Schedule	$90.46
46615	ANOSCOPY	Y		01/01/2015	Fee Schedule	$908.33
46700	REPAIR OF ANAL STRICTURE	Y		01/01/2015	Fee Schedule	$1,063.82
46706	REPR OF ANAL FISTULA W/GLUE	Y		01/01/2015	Fee Schedule	$1,063.82
46707	REPAIR ANORECTAL FIST W/PLUG	Y		01/01/2015	Fee Schedule	$1,425.27
46750	REPAIR OF ANAL SPHINCTER	Y		01/01/2015	Fee Schedule	$1,425.27
46753	RECONSTRUCTION OF ANUS	Y		01/01/2015	Fee Schedule	$1,063.82
46754	REMOVAL OF SUTURE FROM ANUS	Y		01/01/2015	Fee Schedule	$797.36

46760	REPAIR OF ANAL SPHINCTER	Y		01/01/2015	Fee Schedule	$1,425.27
46761	REPAIR OF ANAL SPHINCTER	Y		01/01/2015	Fee Schedule	$1,425.27
46762	IMPLANT ARTIFICIAL SPHINCTER	Y		01/01/2015	Fee Schedule	$1,425.27
46900	DESTRUCTION ANAL LESION(S)	Y		01/01/2015	Fee Schedule	$155.15
46910	DESTRUCTION ANAL LESION(S)	Y		01/01/2015	Fee Schedule	$181.63
46916	CRYOSURGERY ANAL LESION(S)	Y		01/01/2015	Fee Schedule	$80.08
46917	LASER SURGERY ANAL LESIONS	Y		01/01/2015	Fee Schedule	$1,063.82
46922	EXCISION OF ANAL LESION(S)	Y		01/01/2015	Fee Schedule	$1,063.82
46924	DESTRUCTION ANAL LESION(S)	Y		01/01/2015	Fee Schedule	$1,063.82
46930	DESTROY INTERNAL HEMORRHOIDS	Y		01/01/2015	Fee Schedule	$145.52
46940	TREATMENT OF ANAL FISSURE	Y		01/01/2015	Fee Schedule	$138.01
46942	TREATMENT OF ANAL FISSURE	Y		01/01/2015	Fee Schedule	$137.30
46945	REMOVE BY LIGAT INT HEM GRP	Y		01/01/2015	Fee Schedule	$222.39
46946	REMOVE BY LIGAT INT HEM GRPS	Y		01/01/2015	Fee Schedule	$1,063.82
46947	HEMORRHOIDOPEXY BY STAPLING	Y		01/01/2015	Fee Schedule	$1,425.27
47000	NEEDLE BIOPSY OF LIVER	Y		01/01/2015	Fee Schedule	$576.80
47001	NEEDLE BIOPSY LIVER ADD-ON			01/01/2009	No Separate Payment	$0.00
47382	PERCUT ABLATE LIVER RF	Y		01/01/2015	Fee Schedule	$2,244.37
47383	PERQ ABLTJ LVR CRYOABLATION	Y		01/01/2015	Fee Schedule	$2,244.37
47500	INJECTION FOR LIVER X-RAYS			01/01/2009	No Separate Payment	$0.00
47505	INJECTION FOR LIVER X-RAYS			01/01/2009	No Separate Payment	$0.00
47510	INSERT CATHETER BILE DUCT	Y		01/01/2015	Fee Schedule	$1,004.67
47511	INSERT BILE DUCT DRAIN	Y		01/01/2015	Fee Schedule	$2,244.37
47525	CHANGE BILE DUCT CATHETER	Y		01/01/2015	Fee Schedule	$706.35
47530	REVISE/REINSERT BILE TUBE	Y		01/01/2015	Fee Schedule	$706.35
47552	BILIARY ENDOSCOPY THRU SKIN	Y		01/01/2015	Fee Schedule	$1,004.67
47553	BILIARY ENDOSCOPY THRU SKIN	Y		01/01/2015	Fee Schedule	$2,244.37
47554	BILIARY ENDOSCOPY THRU SKIN	Y		01/01/2015	Fee Schedule	$1,004.67
47555	BILIARY ENDOSCOPY THRU SKIN	Y		01/01/2015	Fee Schedule	$1,004.67
47556	BILIARY ENDOSCOPY THRU SKIN	Y		01/01/2015	Fee Schedule	$2,244.37
47560	LAPAROSCOPY W/CHOLANGIO	Y		01/01/2015	Fee Schedule	$1,653.14
47561	LAPARO W/CHOLANGIO/BIOPSY	Y		01/01/2015	Fee Schedule	$1,653.14
47562	LAPAROSCOPIC CHOLECYSTECTOMY	Y		01/01/2015	Fee Schedule	$2,070.94
47563	LAPARO CHOLECYSTECTOMY/GRAPH	Y		01/01/2015	Fee Schedule	$2,070.94
47564	LAPARO CHOLECYSTECTOMY/EXPLR	Y		01/01/2015	Fee Schedule	$2,070.94
47630	REMOVE BILE DUCT STONE	Y		01/01/2015	Fee Schedule	$1,004.67
48102	NEEDLE BIOPSY PANCREAS	Y		01/01/2015	Fee Schedule	$576.80
49082	ABD PARACENTESIS	Y		01/01/2015	Fee Schedule	$268.14
49083	ABD PARACENTESIS W/IMAGING	Y		01/01/2015	Fee Schedule	$268.14
49084	PERITONEAL LAVAGE	Y		01/01/2015	Fee Schedule	$268.14
49180	BIOPSY ABDOMINAL MASS	Y		01/01/2015	Fee Schedule	$576.80
49250	EXCISION OF UMBILICUS	Y		01/01/2015	Fee Schedule	$1,252.58
49320	DIAG LAPARO SEPARATE PROC	Y		01/01/2015	Fee Schedule	$1,653.14
49321	LAPAROSCOPY BIOPSY	Y		01/01/2015	Fee Schedule	$1,653.14
49322	LAPAROSCOPY ASPIRATION	Y		01/01/2015	Fee Schedule	$1,653.14
49324	LAP INSERT TUNNEL IP CATH	Y		01/01/2015	Fee Schedule	$1,653.14
49325	LAP REVISION PERM IP CATH	Y		01/01/2015	Fee Schedule	$1,653.14
49326	LAP W/OMENTOPEXY ADD-ON			01/01/2014	No Separate Payment	$0.00
49327	LAP INS DEVICE FOR RT			01/01/2014	No Separate Payment	$0.00
49400	AIR INJECTION INTO ABDOMEN			01/01/2009	No Separate Payment	$0.00
49402	REMOVE FOREIGN BODY ADBOMEN	Y		01/01/2015	Fee Schedule	$1,252.58
49407	IMAGE CATH FLUID TRNS/VGNL	Y		01/01/2015	Fee Schedule	$576.80
49411	INS MARK ABD/PEL FOR RT PERQ			01/01/2015	Fee Schedule	$408.68
49418	INSERT TUN IP CATH PERC	Y		01/01/2015	Fee Schedule	$1,253.85

49419	INSERT TUN IP CATH W/PORT	Y		01/01/2015	Fee Schedule	$1,225.38
49421	INS TUN IP CATH FOR DIAL OPN	Y		01/01/2015	Fee Schedule	$1,253.85
49422	REMOVE TUNNELED IP CATH			01/01/2015	Fee Schedule	$863.61
49423	EXCHANGE DRAINAGE CATHETER	Y		01/01/2015	Fee Schedule	$706.35
49424	ASSESS CYST CONTRAST INJECT			01/01/2009	No Separate Payment	$0.00
49426	REVISE ABDOMEN-VENOUS SHUNT	Y		01/01/2015	Fee Schedule	$1,252.58
49427	INJECTION ABDOMINAL SHUNT			01/01/2009	No Separate Payment	$0.00
49429	REMOVAL OF SHUNT			01/01/2015	Fee Schedule	$863.61
49435	INSERT SUBQ EXTEN TO IP CATH			01/01/2015	No Separate Payment	$0.00
49436	EMBEDDED IP CATH EXIT-SITE	Y		01/01/2015	Fee Schedule	$706.35
49440	PLACE GASTROSTOMY TUBE PERC	Y		01/01/2015	Fee Schedule	$583.50
49441	PLACE DUOD/JEJ TUBE PERC	Y		01/01/2015	Fee Schedule	$583.50
49442	PLACE CECOSTOMY TUBE PERC	Y		01/01/2015	Fee Schedule	$797.36
49446	CHANGE G-TUBE TO G-J PERC	Y		01/01/2015	Fee Schedule	$583.50
49450	REPLACE G/C TUBE PERC	Y		01/01/2015	Fee Schedule	$267.44
49451	REPLACE DUOD/JEJ TUBE PERC	Y		01/01/2015	Fee Schedule	$267.44
49452	REPLACE G-J TUBE PERC	Y		01/01/2015	Fee Schedule	$267.44
49460	FIX G/COLON TUBE W/DEVICE	Y		01/01/2015	Fee Schedule	$267.44
49465	FLUORO EXAM OF G/COLON TUBE			01/01/2015	Fee Schedule	$82.74
49495	RPR ING HERNIA BABY REDUC	Y		01/01/2015	Fee Schedule	$1,466.02
49496	RPR ING HERNIA BABY BLOCKED	Y		01/01/2015	Fee Schedule	$1,466.02
49500	RPR ING HERNIA INIT REDUCE	Y		01/01/2015	Fee Schedule	$1,466.02
49501	RPR ING HERNIA INIT BLOCKED	Y		01/01/2015	Fee Schedule	$1,466.02
49505	PRP I/HERN INIT REDUC >5 YR	Y		01/01/2015	Fee Schedule	$1,466.02
49507	PRP I/HERN INIT BLOCK >5 YR	Y		01/01/2015	Fee Schedule	$1,466.02
49520	REREPAIR ING HERNIA REDUCE	Y		01/01/2015	Fee Schedule	$1,466.02
49521	REREPAIR ING HERNIA BLOCKED	Y		01/01/2015	Fee Schedule	$1,466.02
49525	REPAIR ING HERNIA SLIDING	Y		01/01/2015	Fee Schedule	$1,466.02
49540	REPAIR LUMBAR HERNIA	Y		01/01/2015	Fee Schedule	$1,466.02
49550	RPR REM HERNIA INIT REDUCE	Y		01/01/2015	Fee Schedule	$1,466.02
49553	RPR FEM HERNIA INIT BLOCKED	Y		01/01/2015	Fee Schedule	$1,466.02
49555	REREPAIR FEM HERNIA REDUCE	Y		01/01/2015	Fee Schedule	$1,466.02
49557	REREPAIR FEM HERNIA BLOCKED	Y		01/01/2015	Fee Schedule	$1,466.02
49560	RPR VENTRAL HERN INIT REDUC	Y		01/01/2015	Fee Schedule	$1,466.02
49561	RPR VENTRAL HERN INIT BLOCK	Y		01/01/2015	Fee Schedule	$1,466.02
49565	REREPAIR VENTRL HERN REDUCE	Y		01/01/2015	Fee Schedule	$1,466.02
49566	REREPAIR VENTRL HERN BLOCK	Y		01/01/2015	Fee Schedule	$1,466.02
49568	HERNIA REPAIR W/MESH			01/01/2014	No Separate Payment	$0.00
49570	RPR EPIGASTRIC HERN REDUCE	Y		01/01/2015	Fee Schedule	$1,466.02
49572	RPR EPIGASTRIC HERN BLOCKED	Y		01/01/2015	Fee Schedule	$1,466.02
49580	RPR UMBIL HERN REDUC < 5 YR	Y		01/01/2015	Fee Schedule	$1,466.02
49582	RPR UMBIL HERN BLOCK < 5 YR	Y		01/01/2015	Fee Schedule	$1,466.02
49585	RPR UMBIL HERN REDUC > 5 YR	Y		01/01/2015	Fee Schedule	$1,466.02
49587	RPR UMBIL HERN BLOCK > 5 YR	Y		01/01/2015	Fee Schedule	$1,466.02
49590	REPAIR SPIGELIAN HERNIA	Y		01/01/2015	Fee Schedule	$1,466.02
49600	REPAIR UMBILICAL LESION	Y		01/01/2015	Fee Schedule	$1,466.02
49650	LAP ING HERNIA REPAIR INIT	Y		01/01/2015	Fee Schedule	$2,070.94
49651	LAP ING HERNIA REPAIR RECUR	Y		01/01/2015	Fee Schedule	$2,070.94
49652	LAP VENT/ABD HERNIA REPAIR	Y		01/01/2015	Fee Schedule	$3,002.32
49653	LAP VENT/ABD HERN PROC COMP	Y		01/01/2015	Fee Schedule	$3,002.32
49654	LAP INC HERNIA REPAIR	Y		01/01/2015	Fee Schedule	$3,002.32
49655	LAP INC HERN REPAIR COMP	Y		01/01/2015	Fee Schedule	$3,002.32
49656	LAP INC HERNIA REPAIR RECUR	Y		01/01/2015	Fee Schedule	$3,002.32
49657	LAP INC HERN RECUR COMP	Y		01/01/2015	Fee Schedule	$3,002.32

50080	REMOVAL OF KIDNEY STONE	Y		01/01/2015	Fee Schedule	$1,706.20
50081	REMOVAL OF KIDNEY STONE	Y		01/01/2015	Fee Schedule	$1,706.20
50200	RENAL BIOPSY PERQ	Y		01/01/2015	Fee Schedule	$576.80
50382	CHANGE URETER STENT PERCUT	Y		01/01/2015	Fee Schedule	$1,142.40
50384	REMOVE URETER STENT PERCUT			01/01/2015	Fee Schedule	$672.32
50385	CHANGE STENT VIA TRANSURETH	Y		01/01/2015	Fee Schedule	$1,142.40
50386	REMOVE STENT VIA TRANSURETH			01/01/2015	Fee Schedule	$300.79
50387	CHANGE EXT/INT URETER STENT	Y		01/01/2015	Fee Schedule	$706.35
50389	REMOVE RENAL TUBE W/FLUORO			01/01/2015	Fee Schedule	$300.79
50390	DRAINAGE OF KIDNEY LESION	Y		01/01/2015	Fee Schedule	$576.80
50391	INSTLL RX AGNT INTO RNAL TUB	Y		01/01/2015	Fee Schedule	$47.55
50392	INSERT KIDNEY DRAIN	Y		01/01/2015	Fee Schedule	$672.32
50393	INSERT URETERAL TUBE	Y		01/01/2015	Fee Schedule	$1,142.40
50394	INJECTION FOR KIDNEY X-RAY			01/01/2009	No Separate Payment	$0.00
50395	CREATE PASSAGE TO KIDNEY	Y		01/01/2015	Fee Schedule	$1,142.40
50396	MEASURE KIDNEY PRESSURE	Y		01/01/2015	Fee Schedule	$117.14
50398	CHANGE KIDNEY TUBE	Y		01/01/2015	Fee Schedule	$706.35
50551	KIDNEY ENDOSCOPY	Y		01/01/2015	Fee Schedule	$300.79
50553	KIDNEY ENDOSCOPY	Y		01/01/2015	Fee Schedule	$1,142.40
50555	KIDNEY ENDOSCOPY & BIOPSY	Y		01/01/2015	Fee Schedule	$300.79
50557	KIDNEY ENDOSCOPY & TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
50561	KIDNEY ENDOSCOPY & TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
50562	RENAL SCOPE W/TUMOR RESECT	Y		01/01/2015	Fee Schedule	$300.79
50570	KIDNEY ENDOSCOPY	Y		01/01/2015	Fee Schedule	$300.79
50572	KIDNEY ENDOSCOPY	Y		01/01/2015	Fee Schedule	$300.79
50574	KIDNEY ENDOSCOPY & BIOPSY	Y		01/01/2015	Fee Schedule	$300.79
50575	KIDNEY ENDOSCOPY	Y		01/01/2015	Fee Schedule	$1,706.20
50576	KIDNEY ENDOSCOPY & TREATMENT	Y		01/01/2015	Fee Schedule	$672.32
50580	KIDNEY ENDOSCOPY & TREATMENT	Y		01/01/2015	Fee Schedule	$672.32
50590	FRAGMENTING OF KIDNEY STONE	Y		01/01/2015	Fee Schedule	$1,706.20
50592	PERC RF ABLATE RENAL TUMOR	Y		01/01/2015	Fee Schedule	$2,244.37
50593	PERC CRYO ABLATE RENAL TUM	Y		01/01/2015	Fee Schedule	$2,244.37
50684	INJECTION FOR URETER X-RAY			01/01/2009	No Separate Payment	$0.00
50686	MEASURE URETER PRESSURE	Y		01/01/2015	Fee Schedule	$62.05
50688	CHANGE OF URETER TUBE/STENT	Y		01/01/2015	Fee Schedule	$706.35
50690	INJECTION FOR URETER X-RAY			01/01/2009	No Separate Payment	$0.00
50727	REVISE URETER	Y		01/01/2015	Fee Schedule	$753.85
50947	LAPARO NEW URETER/BLADDER	Y		01/01/2015	Fee Schedule	$2,070.94
50948	LAPARO NEW URETER/BLADDER	Y		01/01/2015	Fee Schedule	$2,070.94
50951	ENDOSCOPY OF URETER	Y		01/01/2015	Fee Schedule	$300.79
50953	ENDOSCOPY OF URETER	Y		01/01/2015	Fee Schedule	$300.79
50955	URETER ENDOSCOPY & BIOPSY	Y		01/01/2015	Fee Schedule	$1,142.40
50957	URETER ENDOSCOPY & TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
50961	URETER ENDOSCOPY & TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
50970	URETER ENDOSCOPY	Y		01/01/2015	Fee Schedule	$300.79
50972	URETER ENDOSCOPY & CATHETER	Y		01/01/2015	Fee Schedule	$300.79
50974	URETER ENDOSCOPY & BIOPSY	Y		01/01/2015	Fee Schedule	$672.32
50976	URETER ENDOSCOPY & TREATMENT	Y		01/01/2015	Fee Schedule	$672.32
50980	URETER ENDOSCOPY & TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
51020	INCISE & TREAT BLADDER	Y		01/01/2015	Fee Schedule	$1,142.40
51030	INCISE & TREAT BLADDER	Y		01/01/2015	Fee Schedule	$1,142.40
51040	INCISE & DRAIN BLADDER	Y		01/01/2015	Fee Schedule	$1,142.40
51045	INCISE BLADDER/DRAIN URETER	Y		01/01/2015	Fee Schedule	$300.79
51050	REMOVAL OF BLADDER STONE	Y		01/01/2015	Fee Schedule	$1,142.40

51065	REMOVE URETER CALCULUS	Y		01/01/2015	Fee Schedule	$1,142.40
51080	DRAINAGE OF BLADDER ABSCESS	Y		01/01/2015	Fee Schedule	$896.33
51100	DRAIN BLADDER BY NEEDLE	Y		01/01/2015	Fee Schedule	$32.18
51101	DRAIN BLADDER BY TROCAR/CATH	Y		01/01/2015	Fee Schedule	$62.05
51102	DRAIN BL W/CATH INSERTION	Y		01/01/2015	Fee Schedule	$753.85
51500	REMOVAL OF BLADDER CYST	Y		01/01/2015	Fee Schedule	$1,466.02
51520	REMOVAL OF BLADDER LESION	Y		01/01/2015	Fee Schedule	$1,142.40
51535	REPAIR OF URETER LESION	Y		01/01/2015	Fee Schedule	$1,142.40
51600	INJECTION FOR BLADDER X-RAY			01/01/2009	No Separate Payment	$0.00
51605	PREPARATION FOR BLADDER XRAY			01/01/2009	No Separate Payment	$0.00
51610	INJECTION FOR BLADDER X-RAY			01/01/2009	No Separate Payment	$0.00
51700	IRRIGATION OF BLADDER	Y		01/01/2015	Fee Schedule	$49.34
51701	INSERT BLADDER CATHETER			01/01/2015	No Separate Payment	$0.00
51702	INSERT TEMP BLADDER CATH			01/01/2015	No Separate Payment	$0.00
51703	INSERT BLADDER CATH COMPLEX	Y		01/01/2015	Fee Schedule	$62.05
51705	CHANGE OF BLADDER TUBE	Y		01/01/2015	Fee Schedule	$56.49
51710	CHANGE OF BLADDER TUBE	Y		01/01/2015	Fee Schedule	$267.44
51715	ENDOSCOPIC INJECTION/IMPLANT	Y		01/01/2015	Fee Schedule	$1,375.13
51720	TREATMENT OF BLADDER LESION	Y		01/01/2015	Fee Schedule	$51.49
51725	SIMPLE CYSTOMETROGRAM	Y		01/01/2015	Fee Schedule	$110.84
51726	COMPLEX CYSTOMETROGRAM	Y		01/01/2015	Fee Schedule	$204.83
51727	CYSTOMETROGRAM W/UP	Y		01/01/2015	Fee Schedule	$204.16
51728	CYSTOMETROGRAM W/VP	Y		01/01/2015	Fee Schedule	$204.83
51729	CYSTOMETROGRAM W/VP&UP	Y		01/01/2015	Fee Schedule	$204.83
51736	URINE FLOW MEASUREMENT			01/01/2015	No Separate Payment	$0.00
51741	ELECTRO-UROFLOWMETRY FIRST	Y		01/01/2015	Fee Schedule	$7.15
51784	ANAL/URINARY MUSCLE STUDY	Y		01/01/2015	Fee Schedule	$62.05
51785	ANAL/URINARY MUSCLE STUDY	Y		01/01/2015	Fee Schedule	$117.14
51792	URINARY REFLEX STUDY	Y		01/01/2015	Fee Schedule	$62.05
51797	INTRAABDOMINAL PRESSURE TEST			01/01/2014	No Separate Payment	$0.00
51798	US URINE CAPACITY MEASURE			01/01/2015	No Separate Payment	$0.00
51880	REPAIR OF BLADDER OPENING	Y		01/01/2015	Fee Schedule	$1,142.40
51992	LAPARO SLING OPERATION	Y		01/01/2015	Fee Schedule	$2,070.94
52000	CYSTOSCOPY	Y		01/01/2015	Fee Schedule	$300.79
52001	CYSTOSCOPY REMOVAL OF CLOTS	Y		01/01/2015	Fee Schedule	$672.32
52005	CYSTOSCOPY & URETER CATHETER	Y		01/01/2015	Fee Schedule	$1,142.40
52007	CYSTOSCOPY AND BIOPSY	Y		01/01/2015	Fee Schedule	$1,142.40
52010	CYSTOSCOPY & DUCT CATHETER	Y		01/01/2015	Fee Schedule	$300.79
52204	CYSTOSCOPY W/BIOPSY(S)	Y		01/01/2015	Fee Schedule	$1,142.40
52214	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52224	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52234	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52235	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52240	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52250	CYSTOSCOPY AND RADIOTRACER	Y		01/01/2015	Fee Schedule	$1,142.40
52260	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$672.32
52265	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$252.79
52270	CYSTOSCOPY & REVISE URETHRA	Y		01/01/2015	Fee Schedule	$672.32
52275	CYSTOSCOPY & REVISE URETHRA	Y		01/01/2015	Fee Schedule	$1,142.40
52276	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52277	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52281	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$672.32
52282	CYSTOSCOPY IMPLANT STENT	Y		01/01/2015	Fee Schedule	$1,142.40
52283	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40

52285	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$672.32
52287	CYSTOSCOPY CHEMODENERVATION	Y		01/01/2015	Fee Schedule	$672.32
52290	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52300	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52301	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52305	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52310	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$672.32
52315	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52317	REMOVE BLADDER STONE	Y		01/01/2015	Fee Schedule	$1,142.40
52318	REMOVE BLADDER STONE	Y		01/01/2015	Fee Schedule	$1,142.40
52320	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52325	CYSTOSCOPY STONE REMOVAL	Y		01/01/2015	Fee Schedule	$1,142.40
52327	CYSTOSCOPY INJECT MATERIAL	Y		01/01/2015	Fee Schedule	$1,706.20
52330	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52332	CYSTOSCOPY AND TREATMENT	Y		01/01/2015	Fee Schedule	$1,142.40
52334	CREATE PASSAGE TO KIDNEY	Y		01/01/2015	Fee Schedule	$1,142.40
52341	CYSTO W/URETER STRICTURE TX	Y		01/01/2015	Fee Schedule	$1,142.40
52342	CYSTO W/UP STRICTURE TX	Y		01/01/2015	Fee Schedule	$1,142.40
52343	CYSTO W/RENAL STRICTURE TX	Y		01/01/2015	Fee Schedule	$1,142.40
52344	CYSTO/URETERO STRICTURE TX	Y		01/01/2015	Fee Schedule	$1,142.40
52345	CYSTO/URETERO W/UP STRICTURE	Y		01/01/2015	Fee Schedule	$1,142.40
52346	CYSTOURETERO W/RENAL STRICT	Y		01/01/2015	Fee Schedule	$1,142.40
52351	CYSTOURETERO & OR PYELOSCOPE	Y		01/01/2015	Fee Schedule	$1,142.40
52352	CYSTOURETERO W/STONE REMOVE	Y		01/01/2015	Fee Schedule	$1,142.40
52353	CYSTOURETERO W/LITHOTRIPSY	Y		01/01/2015	Fee Schedule	$1,706.20
52354	CYSTOURETERO W/BIOPSY	Y		01/01/2015	Fee Schedule	$1,142.40
52355	CYSTOURETERO W/EXCISE TUMOR	Y		01/01/2015	Fee Schedule	$1,142.40
52356	CYSTO/URETERO W/LITHOTRIPSY	Y		01/01/2015	Fee Schedule	$1,706.20
52400	CYSTOURETERO W/CONGEN REPR	Y		01/01/2015	Fee Schedule	$1,142.40
52402	CYSTOURETHRO CUT EJACUL DUCT	Y		01/01/2015	Fee Schedule	$1,142.40
52450	INCISION OF PROSTATE	Y		01/01/2015	Fee Schedule	$1,142.40
52500	REVISION OF BLADDER NECK	Y		01/01/2015	Fee Schedule	$1,142.40
52601	PROSTATECTOMY (TURP)	Y		01/01/2015	Fee Schedule	$1,706.20
52630	REMOVE PROSTATE REGROWTH	Y		01/01/2015	Fee Schedule	$1,706.20
52640	RELIEVE BLADDER CONTRACTURE	Y		01/01/2015	Fee Schedule	$1,142.40
52647	LASER SURGERY OF PROSTATE	Y		01/01/2015	Fee Schedule	$1,706.20
52648	LASER SURGERY OF PROSTATE	Y		01/01/2015	Fee Schedule	$1,706.20
52649	PROSTATE LASER ENUCLEATION	Y		01/01/2015	Fee Schedule	$1,706.20
52700	DRAINAGE OF PROSTATE ABSCESS	Y		01/01/2015	Fee Schedule	$1,142.40
53000	INCISION OF URETHRA	Y		01/01/2015	Fee Schedule	$892.49
53010	INCISION OF URETHRA	Y		01/01/2015	Fee Schedule	$892.49
53020	INCISION OF URETHRA	Y		01/01/2015	Fee Schedule	$892.49
53025	INCISION OF URETHRA	Y		01/01/2015	Fee Schedule	$892.49
53040	DRAINAGE OF URETHRA ABSCESS	Y		01/01/2015	Fee Schedule	$892.49
53060	DRAINAGE OF URETHRA ABSCESS	Y		01/01/2015	Fee Schedule	$80.45
53080	DRAINAGE OF URINARY LEAKAGE	Y		01/01/2015	Fee Schedule	$892.49
53085	DRAINAGE OF URINARY LEAKAGE	Y		01/01/2015	Fee Schedule	$892.49
53200	BIOPSY OF URETHRA	Y		01/01/2015	Fee Schedule	$892.49
53210	REMOVAL OF URETHRA	Y		01/01/2015	Fee Schedule	$1,375.13
53215	REMOVAL OF URETHRA	Y		01/01/2015	Fee Schedule	$892.49
53220	TREATMENT OF URETHRA LESION	Y		01/01/2015	Fee Schedule	$1,375.13
53230	REMOVAL OF URETHRA LESION	Y		01/01/2015	Fee Schedule	$1,375.13
53235	REMOVAL OF URETHRA LESION	Y		01/01/2015	Fee Schedule	$892.49
53240	SURGERY FOR URETHRA POUCH	Y		01/01/2015	Fee Schedule	$1,375.13

53250	REMOVAL OF URETHRA GLAND	Y		01/01/2015	Fee Schedule	$892.49
53260	TREATMENT OF URETHRA LESION	Y		01/01/2015	Fee Schedule	$892.49
53265	TREATMENT OF URETHRA LESION	Y		01/01/2015	Fee Schedule	$892.49
53270	REMOVAL OF URETHRA GLAND	Y		01/01/2015	Fee Schedule	$892.49
53275	REPAIR OF URETHRA DEFECT	Y		01/01/2015	Fee Schedule	$892.49
53400	REVISE URETHRA STAGE 1	Y		01/01/2015	Fee Schedule	$1,375.13
53405	REVISE URETHRA STAGE 2	Y		01/01/2015	Fee Schedule	$1,375.13
53410	RECONSTRUCTION OF URETHRA	Y		01/01/2015	Fee Schedule	$1,375.13
53420	RECONSTRUCT URETHRA STAGE 1	Y		01/01/2015	Fee Schedule	$1,375.13
53425	RECONSTRUCT URETHRA STAGE 2	Y		01/01/2015	Fee Schedule	$1,375.13
53430	RECONSTRUCTION OF URETHRA	Y		01/01/2015	Fee Schedule	$1,375.13
53431	RECONSTRUCT URETHRA/BLADDER	Y		01/01/2015	Fee Schedule	$1,375.13
53440	MALE SLING PROCEDURE			01/01/2015	Fee Schedule	$6,628.45
53442	REMOVE/REVISE MALE SLING	Y		01/01/2015	Fee Schedule	$1,375.13
53444	INSERT TANDEM CUFF			01/01/2015	Fee Schedule	$6,628.45
53445	INSERT URO/VES NCK SPHINCTER			01/01/2015	Fee Schedule	$11,768.36
53446	REMOVE URO SPHINCTER			01/01/2015	Fee Schedule	$1,375.13
53447	REMOVE/REPLACE UR SPHINCTER			01/01/2015	Fee Schedule	$11,768.36
53449	REPAIR URO SPHINCTER	Y		01/01/2015	Fee Schedule	$1,375.13
53450	REVISION OF URETHRA	Y		01/01/2015	Fee Schedule	$1,375.13
53460	REVISION OF URETHRA	Y		01/01/2015	Fee Schedule	$892.49
53502	REPAIR OF URETHRA INJURY	Y		01/01/2015	Fee Schedule	$892.49
53505	REPAIR OF URETHRA INJURY	Y		01/01/2015	Fee Schedule	$1,375.13
53510	REPAIR OF URETHRA INJURY	Y		01/01/2015	Fee Schedule	$892.49
53515	REPAIR OF URETHRA INJURY	Y		01/01/2015	Fee Schedule	$1,375.13
53520	REPAIR OF URETHRA DEFECT	Y		01/01/2015	Fee Schedule	$1,375.13
53600	DILATE URETHRA STRICTURE	Y		01/01/2015	Fee Schedule	$36.47
53601	DILATE URETHRA STRICTURE	Y		01/01/2015	Fee Schedule	$43.26
53605	DILATE URETHRA STRICTURE	Y		01/01/2015	Fee Schedule	$672.32
53620	DILATE URETHRA STRICTURE	Y		01/01/2015	Fee Schedule	$53.63
53621	DILATE URETHRA STRICTURE	Y		01/01/2015	Fee Schedule	$57.57
53660	DILATION OF URETHRA	Y		01/01/2015	Fee Schedule	$43.26
53661	DILATION OF URETHRA	Y		01/01/2015	Fee Schedule	$41.48
53665	DILATION OF URETHRA	Y		01/01/2015	Fee Schedule	$892.49
53850	PROSTATIC MICROWAVE THERMOTX	Y		01/01/2015	Fee Schedule	$672.32
53852	PROSTATIC RF THERMOTX	Y		01/01/2015	Fee Schedule	$1,496.33
53855	INSERT PROST URETHRAL STENT	Y		01/01/2015	Fee Schedule	$300.79
53860	TRANSURETHRAL RF TREATMENT	Y		01/01/2015	Fee Schedule	$753.85
54000	SLITTING OF PREPUCE	Y		01/01/2015	Fee Schedule	$892.49
54001	SLITTING OF PREPUCE	Y		01/01/2015	Fee Schedule	$892.49
54015	DRAIN PENIS LESION	Y		01/01/2015	Fee Schedule	$896.33
54050	DESTRUCTION PENIS LESION(S)	Y		01/01/2015	Fee Schedule	$80.08
54055	DESTRUCTION PENIS LESION(S)	Y		01/01/2015	Fee Schedule	$70.79
54056	CRYOSURGERY PENIS LESION(S)			01/01/2015	No Separate Payment	$0.00
54057	LASER SURG PENIS LESION(S)	Y		01/01/2015	Fee Schedule	$705.61
54060	EXCISION OF PENIS LESION(S)	Y		01/01/2015	Fee Schedule	$705.61
54065	DESTRUCTION PENIS LESION(S)	Y		01/01/2015	Fee Schedule	$705.61
54100	BIOPSY OF PENIS	Y		01/01/2015	Fee Schedule	$735.03
54105	BIOPSY OF PENIS	Y		01/01/2015	Fee Schedule	$999.64
54110	TREATMENT OF PENIS LESION	Y		01/01/2015	Fee Schedule	$1,872.00
54111	TREAT PENIS LESION GRAFT	Y		01/01/2015	Fee Schedule	$1,872.00
54112	TREAT PENIS LESION GRAFT	Y		01/01/2015	Fee Schedule	$1,872.00
54115	TREATMENT OF PENIS LESION	Y		01/01/2015	Fee Schedule	$896.33
54120	PARTIAL REMOVAL OF PENIS	Y		01/01/2015	Fee Schedule	$1,224.79

54150	CIRCUMCISION W/REGIONL BLOCK	Y	Y	01/01/2015	Fee Schedule	$992.99
54160	CIRCUMCISION NEONATE	Y	Y	01/01/2015	Fee Schedule	$992.99
54161	CIRCUM 28 DAYS OR OLDER	Y	Y	01/01/2015	Fee Schedule	$992.99
54162	LYSIS PENIL CIRCUMIC LESION	Y		01/01/2015	Fee Schedule	$992.99
54163	REPAIR OF CIRCUMCISION	Y		01/01/2015	Fee Schedule	$992.99
54164	FRENULOTOMY OF PENIS	Y		01/01/2015	Fee Schedule	$992.99
54200	TREATMENT OF PENIS LESION	Y		01/01/2015	Fee Schedule	$64.72
54205	TREATMENT OF PENIS LESION	Y		01/01/2015	Fee Schedule	$1,224.79
54220	TREATMENT OF PENIS LESION	Y		01/01/2015	Fee Schedule	$117.14
54230	PREPARE PENIS STUDY			03/01/2011	Not Allowed	$0.00
54231	DYNAMIC CAVERNOSOMETRY			03/01/2011	Not Allowed	$0.00
54235	PENILE INJECTION			03/01/2011	Not Allowed	$0.00
54240	PENIS STUDY			03/01/2011	Not Allowed	$0.00
54250	PENIS STUDY			03/01/2011	Not Allowed	$0.00
54300	REVISION OF PENIS	Y		01/01/2015	Fee Schedule	$1,872.00
54304	REVISION OF PENIS	Y		01/01/2015	Fee Schedule	$1,872.00
54308	RECONSTRUCTION OF URETHRA	Y		01/01/2015	Fee Schedule	$1,872.00
54312	RECONSTRUCTION OF URETHRA	Y		01/01/2015	Fee Schedule	$1,224.79
54316	RECONSTRUCTION OF URETHRA	Y		01/01/2015	Fee Schedule	$1,224.79
54318	RECONSTRUCTION OF URETHRA	Y		01/01/2015	Fee Schedule	$1,224.79
54322	RECONSTRUCTION OF URETHRA	Y		01/01/2015	Fee Schedule	$1,224.79
54324	RECONSTRUCTION OF URETHRA	Y		01/01/2015	Fee Schedule	$1,872.00
54326	RECONSTRUCTION OF URETHRA	Y		01/01/2015	Fee Schedule	$1,224.79
54328	REVISE PENIS/URETHRA	Y		01/01/2015	Fee Schedule	$1,872.00
54340	SECONDARY URETHRAL SURGERY	Y		01/01/2015	Fee Schedule	$1,224.79
54344	SECONDARY URETHRAL SURGERY	Y		01/01/2015	Fee Schedule	$1,224.79
54348	SECONDARY URETHRAL SURGERY	Y		01/01/2015	Fee Schedule	$1,224.79
54352	RECONSTRUCT URETHRA/PENIS	Y		01/01/2015	Fee Schedule	$1,872.00
54360	PENIS PLASTIC SURGERY			03/01/2011	Not Allowed	$0.00
54380	REPAIR PENIS	Y		01/01/2015	Fee Schedule	$1,224.79
54385	REPAIR PENIS	Y		01/01/2015	Fee Schedule	$1,224.79
54400	INSERT SEMI-RIGID PROSTHESIS			03/01/2011	Not Allowed	$0.00
54401	INSERT SELF-CONTD PROSTHESIS			03/01/2011	Not Allowed	$0.00
54405	INSERT MULTI-COMP PENIS PROS			03/01/2011	Not Allowed	$0.00
54406	REMOVE MUTI-COMP PENIS PROS			03/01/2011	Not Allowed	$0.00
54408	REPAIR MULTI-COMP PENIS PROS			03/01/2011	Not Allowed	$0.00
54410	REMOVE/REPLACE PENIS PROSTH			03/01/2011	Not Allowed	$0.00
54415	REMOVE SELF-CONTD PENIS PROS			03/01/2011	Not Allowed	$0.00
54416	REMV/REPL PENIS CONTAIN PROS			03/01/2011	Not Allowed	$0.00
54420	REVISION OF PENIS	Y		01/01/2015	Fee Schedule	$1,224.79
54435	REVISION OF PENIS	Y		01/01/2015	Fee Schedule	$1,224.79
54440	REPAIR OF PENIS	Y		01/01/2015	Fee Schedule	$1,224.79
54450	PREPUTIAL STRETCHING	Y		01/01/2015	Fee Schedule	$117.14
54500	BIOPSY OF TESTIS	Y		01/01/2015	Fee Schedule	$576.80
54505	BIOPSY OF TESTIS	Y		01/01/2015	Fee Schedule	$992.99
54512	EXCISE LESION TESTIS	Y		01/01/2015	Fee Schedule	$992.99
54520	REMOVAL OF TESTIS	Y		01/01/2015	Fee Schedule	$1,224.79
54522	ORCHIECTOMY PARTIAL	Y		01/01/2015	Fee Schedule	$992.99
54530	REMOVAL OF TESTIS	Y		01/01/2015	Fee Schedule	$1,466.02
54550	EXPLORATION FOR TESTIS	Y		01/01/2015	Fee Schedule	$1,466.02
54560	EXPLORATION FOR TESTIS	Y		01/01/2015	Fee Schedule	$992.99
54600	REDUCE TESTIS TORSION	Y		01/01/2015	Fee Schedule	$992.99
54620	SUSPENSION OF TESTIS	Y		01/01/2015	Fee Schedule	$992.99
54640	SUSPENSION OF TESTIS	Y		01/01/2015	Fee Schedule	$1,466.02

54660	REVISION OF TESTIS	Y		01/01/2015	Fee Schedule	$992.99
54670	REPAIR TESTIS INJURY	Y		01/01/2015	Fee Schedule	$992.99
54680	RELOCATION OF TESTIS(ES)	Y		01/01/2015	Fee Schedule	$992.99
54690	LAPAROSCOPY ORCHIECTOMY	Y		01/01/2015	Fee Schedule	$2,070.94
54692	LAPAROSCOPY ORCHIOPEXY	Y		01/01/2015	Fee Schedule	$3,002.32
54700	DRAINAGE OF SCROTUM	Y		01/01/2015	Fee Schedule	$992.99
54800	BIOPSY OF EPIDIDYMIS	Y		01/01/2015	Fee Schedule	$267.04
54830	REMOVE EPIDIDYMIS LESION	Y		01/01/2015	Fee Schedule	$992.99
54840	REMOVE EPIDIDYMIS LESION	Y		01/01/2015	Fee Schedule	$992.99
54860	REMOVAL OF EPIDIDYMIS	Y		01/01/2015	Fee Schedule	$992.99
54861	REMOVAL OF EPIDIDYMIS	Y		01/01/2015	Fee Schedule	$992.99
54865	EXPLORE EPIDIDYMIS	Y		01/01/2015	Fee Schedule	$992.99
54900	FUSION OF SPERMATIC DUCTS	Y		01/01/2015	Fee Schedule	$992.99
54901	FUSION OF SPERMATIC DUCTS	Y		01/01/2015	Fee Schedule	$992.99
55000	DRAINAGE OF HYDROCELE	Y		01/01/2015	Fee Schedule	$62.21
55040	REMOVAL OF HYDROCELE	Y		01/01/2015	Fee Schedule	$1,466.02
55041	REMOVAL OF HYDROCELES	Y		01/01/2015	Fee Schedule	$1,466.02
55060	REPAIR OF HYDROCELE	Y		01/01/2015	Fee Schedule	$992.99
55100	DRAINAGE OF SCROTUM ABSCESS	Y		01/01/2015	Fee Schedule	$474.51
55110	EXPLORE SCROTUM	Y		01/01/2015	Fee Schedule	$992.99
55120	REMOVAL OF SCROTUM LESION	Y		01/01/2015	Fee Schedule	$992.99
55150	REMOVAL OF SCROTUM	Y		01/01/2015	Fee Schedule	$992.99
55175	REVISION OF SCROTUM	Y		01/01/2015	Fee Schedule	$1,872.00
55180	REVISION OF SCROTUM	Y		01/01/2015	Fee Schedule	$992.99
55200	INCISION OF SPERM DUCT	Y		01/01/2015	Fee Schedule	$992.99
55250	REMOVAL OF SPERM DUCT(S)	Y		01/01/2015	Fee Schedule	$992.99
55300	PREPARE SPERM DUCT X-RAY			01/01/2009	No Separate Payment	$0.00
55400	REPAIR OF SPERM DUCT	Y		01/01/2015	Fee Schedule	$992.99
55450	LIGATION OF SPERM DUCT	Y		01/01/2015	Fee Schedule	$188.43
55500	REMOVAL OF HYDROCELE	Y		01/01/2015	Fee Schedule	$1,224.79
55520	REMOVAL OF SPERM CORD LESION	Y		01/01/2015	Fee Schedule	$992.99
55530	REVISE SPERMATIC CORD VEINS	Y		01/01/2015	Fee Schedule	$992.99
55535	REVISE SPERMATIC CORD VEINS	Y		01/01/2015	Fee Schedule	$1,466.02
55540	REVISE HERNIA & SPERM VEINS	Y		01/01/2015	Fee Schedule	$1,466.02
55550	LAPARO LIGATE SPERMATIC VEIN	Y		01/01/2015	Fee Schedule	$2,070.94
55600	INCISE SPERM DUCT POUCH	Y		01/01/2015	Fee Schedule	$992.99
55680	REMOVE SPERM POUCH LESION	Y		01/01/2015	Fee Schedule	$992.99
55700	BIOPSY OF PROSTATE	Y		01/01/2015	Fee Schedule	$801.27
55705	BIOPSY OF PROSTATE	Y		01/01/2015	Fee Schedule	$801.27
55706	PROSTATE SATURATION SAMPLING	Y		01/01/2015	Fee Schedule	$801.27
55720	DRAINAGE OF PROSTATE ABSCESS	Y		01/01/2015	Fee Schedule	$1,142.40
55725	DRAINAGE OF PROSTATE ABSCESS	Y		01/01/2015	Fee Schedule	$1,142.40
55860	SURGICAL EXPOSURE PROSTATE	Y		01/01/2015	Fee Schedule	$753.85
55870	ELECTROEJACULATION			03/01/2011	Not Allowed	$0.00
55873	CRYOABLATE PROSTATE	Y		01/01/2015	Fee Schedule	$6,628.45
55875	TRANSPERI NEEDLE PLACE PROS			01/01/2015	Fee Schedule	$1,142.40
55876	PLACE RT DEVICE/MARKER PROS			01/01/2015	Fee Schedule	$69.36
55920	PLACE NEEDLES PELVIC FOR RT	Y		01/01/2015	Fee Schedule	$1,252.58
56405	I & D OF VULVA/PERINEUM	Y		01/01/2015	Fee Schedule	$50.77
56420	DRAINAGE OF GLAND ABSCESS	Y		01/01/2015	Fee Schedule	$65.43
56440	SURGERY FOR VULVA LESION	Y		01/01/2015	Fee Schedule	$1,011.63
56441	LYSIS OF LABIAL LESION(S)	Y		01/01/2015	Fee Schedule	$1,011.63
56442	HYMENOTOMY	Y		01/01/2015	Fee Schedule	$1,011.63
56501	DESTROY VULVA LESIONS SIM	Y		01/01/2015	Fee Schedule	$69.01

56515	DESTROY VULVA LESION/S COMPL	Y		01/01/2015	Fee Schedule	$705.61
56605	BIOPSY OF VULVA/PERINEUM	Y		01/01/2015	Fee Schedule	$38.97
56606	BIOPSY OF VULVA/PERINEUM			01/01/2014	No Separate Payment	$0.00
56620	PARTIAL REMOVAL OF VULVA	Y		01/01/2015	Fee Schedule	$1,011.63
56625	COMPLETE REMOVAL OF VULVA	Y		01/01/2015	Fee Schedule	$1,011.63
56700	PARTIAL REMOVAL OF HYMEN	Y		01/01/2015	Fee Schedule	$1,011.63
56740	REMOVE VAGINA GLAND LESION	Y		01/01/2015	Fee Schedule	$1,011.63
56800	REPAIR OF VAGINA	Y		01/01/2015	Fee Schedule	$1,011.63
56805	REPAIR CLITORIS	Y		01/01/2015	Fee Schedule	$1,011.63
56810	REPAIR OF PERINEUM	Y		01/01/2015	Fee Schedule	$1,011.63
56820	EXAM OF VULVA W/SCOPE	Y		01/01/2015	Fee Schedule	$51.84
56821	EXAM/BIOPSY OF VULVA W/SCOPE	Y		01/01/2015	Fee Schedule	$66.15
57000	EXPLORATION OF VAGINA	Y		01/01/2015	Fee Schedule	$1,011.63
57010	DRAINAGE OF PELVIC ABSCESS	Y		01/01/2015	Fee Schedule	$1,011.63
57020	DRAINAGE OF PELVIC FLUID	Y		01/01/2015	Fee Schedule	$1,011.63
57022	I & D VAGINAL HEMATOMA PP	Y		01/01/2015	Fee Schedule	$474.51
57023	I & D VAG HEMATOMA NON-OB	Y		01/01/2015	Fee Schedule	$896.33
57061	DESTROY VAG LESIONS SIMPLE	Y		01/01/2015	Fee Schedule	$62.93
57065	DESTROY VAG LESIONS COMPLEX	Y		01/01/2015	Fee Schedule	$1,011.63
57100	BIOPSY OF VAGINA	Y		01/01/2015	Fee Schedule	$41.12
57105	BIOPSY OF VAGINA	Y		01/01/2015	Fee Schedule	$1,011.63
57130	REMOVE VAGINA LESION	Y		01/01/2015	Fee Schedule	$1,011.63
57135	REMOVE VAGINA LESION	Y		01/01/2015	Fee Schedule	$1,011.63
57150	TREAT VAGINA INFECTION	Y		01/01/2015	Fee Schedule	$23.96
57155	INSERT UTERI TANDEMS/OVOIDS	Y		01/01/2015	Fee Schedule	$266.99
57156	INS VAG BRACHYTX DEVICE	Y		01/01/2015	Fee Schedule	$123.93
57160	INSERT PESSARY/OTHER DEVICE	Y		01/01/2015	Fee Schedule	$41.83
57170	FITTING OF DIAPHRAGM/CAP	Y		01/01/2015	Fee Schedule	$25.03
57180	TREAT VAGINAL BLEEDING	Y		01/01/2015	Fee Schedule	$71.77
57200	REPAIR OF VAGINA	Y		01/01/2015	Fee Schedule	$1,011.63
57210	REPAIR VAGINA/PERINEUM	Y		01/01/2015	Fee Schedule	$1,011.63
57220	REVISION OF URETHRA	Y		01/01/2015	Fee Schedule	$1,812.61
57230	REPAIR OF URETHRAL LESION	Y		01/01/2015	Fee Schedule	$1,011.63
57240	REPAIR BLADDER & VAGINA	Y		01/01/2015	Fee Schedule	$1,812.61
57250	REPAIR RECTUM & VAGINA	Y		01/01/2015	Fee Schedule	$1,812.61
57260	REPAIR OF VAGINA	Y		01/01/2015	Fee Schedule	$1,812.61
57265	EXTENSIVE REPAIR OF VAGINA	Y		01/01/2015	Fee Schedule	$1,812.61
57267	INSERT MESH/PELVIC FLR ADDON			01/01/2014	No Separate Payment	$0.00
57268	REPAIR OF BOWEL BULGE	Y		01/01/2015	Fee Schedule	$1,011.63
57287	REVISE/REMOVE SLING REPAIR			01/01/2015	Fee Schedule	$1,011.63
57288	REPAIR BLADDER DEFECT	Y		01/01/2015	Fee Schedule	$1,812.61
57289	REPAIR BLADDER & VAGINA	Y		01/01/2015	Fee Schedule	$1,812.61
57291	CONSTRUCTION OF VAGINA			03/01/2011	Not Allowed	$0.00
57295	REVISE VAG GRAFT VIA VAGINA	Y		01/01/2015	Fee Schedule	$1,011.63
57300	REPAIR RECTUM-VAGINA FISTULA	Y		01/01/2015	Fee Schedule	$1,011.63
57320	REPAIR BLADDER-VAGINA LESION	Y		01/01/2015	Fee Schedule	$1,812.61
57400	DILATION OF VAGINA	Y		01/01/2015	Fee Schedule	$1,011.63
57410	PELVIC EXAMINATION	Y		01/01/2015	Fee Schedule	$1,011.63
57415	REMOVE VAGINAL FOREIGN BODY	Y		01/01/2015	Fee Schedule	$1,011.63
57420	EXAM OF VAGINA W/SCOPE	Y		01/01/2015	Fee Schedule	$53.63
57421	EXAM/BIOPSY OF VAG W/SCOPE	Y		01/01/2015	Fee Schedule	$69.72
57426	REVISE PROSTH VAG GRAFT LAP	Y		01/01/2015	Fee Schedule	$1,812.61
57452	EXAM OF CERVIX W/SCOPE	Y		01/01/2015	Fee Schedule	$49.70
57454	BX/CURETT OF CERVIX W/SCOPE	Y		01/01/2015	Fee Schedule	$61.50

57455	BIOPSY OF CERVIX W/SCOPE	Y		01/01/2015	Fee Schedule	$64.72
57456	ENDOCERV CURETTAGE W/SCOPE	Y		01/01/2015	Fee Schedule	$62.21
57460	BX OF CERVIX W/SCOPE LEEP	Y		01/01/2015	Fee Schedule	$171.98
57461	CONZ OF CERVIX W/SCOPE LEEP	Y		01/01/2015	Fee Schedule	$184.85
57500	BIOPSY OF CERVIX	Y		01/01/2015	Fee Schedule	$81.16
57505	ENDOCERVICAL CURETTAGE	Y		01/01/2015	Fee Schedule	$55.06
57510	CAUTERIZATION OF CERVIX	Y		01/01/2015	Fee Schedule	$56.49
57511	CRYOCAUTERY OF CERVIX	Y		01/01/2015	Fee Schedule	$68.65
57513	LASER SURGERY OF CERVIX	Y		01/01/2015	Fee Schedule	$1,011.63
57520	CONIZATION OF CERVIX	Y		01/01/2015	Fee Schedule	$1,011.63
57522	CONIZATION OF CERVIX	Y		01/01/2015	Fee Schedule	$1,011.63
57530	REMOVAL OF CERVIX	Y		01/01/2015	Fee Schedule	$1,011.63
57550	REMOVAL OF RESIDUAL CERVIX	Y		01/01/2015	Fee Schedule	$1,011.63
57556	REMOVE CERVIX REPAIR BOWEL	Y		01/01/2015	Fee Schedule	$1,812.61
57558	D&C OF CERVICAL STUMP	Y		01/01/2015	Fee Schedule	$1,011.63
57700	REVISION OF CERVIX	Y		01/01/2015	Fee Schedule	$1,011.63
57720	REVISION OF CERVIX	Y		01/01/2015	Fee Schedule	$1,011.63
57800	DILATION OF CERVICAL CANAL	Y		01/01/2015	Fee Schedule	$30.39
58100	BIOPSY OF UTERUS LINING	Y		01/01/2015	Fee Schedule	$48.98
58110	BX DONE W/COLPOSCOPY ADD-ON			01/01/2009	No Separate Payment	$0.00
58120	DILATION AND CURETTAGE	Y		01/01/2015	Fee Schedule	$1,011.63
58145	MYOMECTOMY VAG METHOD	Y		01/01/2015	Fee Schedule	$1,011.63
58301	REMOVE INTRAUTERINE DEVICE			01/01/2015	Fee Schedule	$45.05
58321	ARTIFICIAL INSEMINATION			07/01/2010	Not Allowed	$0.00
58322	ARTIFICIAL INSEMINATION			07/01/2010	Not Allowed	$0.00
58323	SPERM WASHING			07/01/2010	Not Allowed	$0.00
58340	CATHETER FOR HYSTEROGRAPHY			01/01/2009	No Separate Payment	$0.00
58345	REOPEN FALLOPIAN TUBE			03/01/2011	Not Allowed	$0.00
58346	INSERT HEYMAN UTERI CAPSULE	Y		01/01/2015	Fee Schedule	$1,011.63
58350	REOPEN FALLOPIAN TUBE	Y		01/01/2015	Fee Schedule	$1,812.61
58353	ENDOMETR ABLATE THERMAL	Y		01/01/2015	Fee Schedule	$1,812.61
58356	ENDOMETRIAL CRYOABLATION	Y		01/01/2015	Fee Schedule	$1,635.06
58541	LSH UTERUS 250 G OR LESS	Y		01/01/2015	Fee Schedule	$3,002.32
58542	LSH W/T/O UT 250 G OR LESS	Y		01/01/2015	Fee Schedule	$3,002.32
58545	LAPAROSCOPIC MYOMECTOMY	Y		01/01/2015	Fee Schedule	$1,653.14
58546	LAPARO-MYOMECTOMY COMPLEX	Y		01/01/2015	Fee Schedule	$2,070.94
58550	LAPARO-ASST VAG HYSTERECTOMY	Y		01/01/2015	Fee Schedule	$3,002.32
58552	LAPARO-VAG HYST INCL T/O	Y		01/01/2015	Fee Schedule	$2,070.94
58555	HYSTEROSCOPY DX SEP PROC	Y		01/01/2015	Fee Schedule	$1,011.63
58558	HYSTEROSCOPY BIOPSY	Y		01/01/2015	Fee Schedule	$1,011.63
58559	HYSTEROSCOPY LYSIS	Y		01/01/2015	Fee Schedule	$1,812.61
58560	HYSTEROSCOPY RESECT SEPTUM	Y		01/01/2015	Fee Schedule	$1,812.61
58561	HYSTEROSCOPY REMOVE MYOMA	Y		01/01/2015	Fee Schedule	$1,812.61
58562	HYSTEROSCOPY REMOVE FB	Y		01/01/2015	Fee Schedule	$1,011.63
58563	HYSTEROSCOPY ABLATION	Y		01/01/2015	Fee Schedule	$1,812.61
58565	HYSTEROSCOPY STERILIZATION	Y		01/01/2015	Fee Schedule	$1,812.61
58570	TLH UTERUS 250 G OR LESS	Y		01/01/2015	Fee Schedule	$2,070.94
58571	TLH W/T/O 250 G OR LESS	Y		01/01/2015	Fee Schedule	$2,070.94
58600	DIVISION OF FALLOPIAN TUBE	Y		01/01/2015	Fee Schedule	$1,011.63
58615	OCCLUDE FALLOPIAN TUBE(S)	Y		01/01/2015	Fee Schedule	$1,011.63
58660	LAPAROSCOPY LYSIS	Y		01/01/2015	Fee Schedule	$2,070.94
58661	LAPAROSCOPY REMOVE ADNEXA	Y		01/01/2015	Fee Schedule	$2,070.94
58662	LAPAROSCOPY EXCISE LESIONS	Y		01/01/2015	Fee Schedule	$2,070.94
58670	LAPAROSCOPY TUBAL CAUTERY	Y		01/01/2015	Fee Schedule	$2,070.94

58671	LAPAROSCOPY TUBAL BLOCK	Y		01/01/2015	Fee Schedule	$2,070.94
58672	LAPAROSCOPY FIMBRIOPLASTY	Y		01/01/2015	Fee Schedule	$2,070.94
58673	LAPAROSCOPY SALPINGOSTOMY	Y		01/01/2015	Fee Schedule	$2,070.94
58800	DRAINAGE OF OVARIAN CYST(S)	Y		01/01/2015	Fee Schedule	$1,011.63
58805	DRAINAGE OF OVARIAN CYST(S)	Y		01/01/2015	Fee Schedule	$1,011.63
58820	DRAIN OVARY ABSCESS OPEN	Y		01/01/2015	Fee Schedule	$1,011.63
58900	BIOPSY OF OVARY(S)	Y		01/01/2015	Fee Schedule	$1,011.63
58970	RETRIEVAL OF OOCYTE			03/01/2011	Not Allowed	$0.00
58974	TRANSFER OF EMBRYO			03/01/2011	Not Allowed	$0.00
58976	TRANSFER OF EMBRYO			03/01/2011	Not Allowed	$0.00
59000	AMNIOCENTESIS DIAGNOSTIC	Y		01/01/2015	Fee Schedule	$70.44
59001	AMNIOCENTESIS THERAPEUTIC	Y		01/01/2015	Fee Schedule	$123.93
59012	FETAL CORD PUNCTURE PRENATAL	Y		01/01/2015	Fee Schedule	$123.93
59015	CHORION BIOPSY	Y		01/01/2015	Fee Schedule	$61.50
59020	FETAL CONTRACT STRESS TEST	Y		01/01/2015	Fee Schedule	$33.97
59025	FETAL NON-STRESS TEST	Y		01/01/2015	Fee Schedule	$18.23
59070	TRANSABDOM AMNIOINFUS W/US	Y		01/01/2015	Fee Schedule	$266.99
59072	UMBILICAL CORD OCCLUD W/US	Y		01/01/2015	Fee Schedule	$123.93
59074	FETAL FLUID DRAINAGE W/US	Y		01/01/2015	Fee Schedule	$123.93
59076	FETAL SHUNT PLACEMENT W/US	Y		01/01/2015	Fee Schedule	$123.93
59100	REMOVE UTERUS LESION	Y		01/01/2015	Fee Schedule	$1,011.63
59150	TREAT ECTOPIC PREGNANCY	Y		01/01/2015	Fee Schedule	$2,070.94
59151	TREAT ECTOPIC PREGNANCY	Y		01/01/2015	Fee Schedule	$2,070.94
59160	D & C AFTER DELIVERY	Y		01/01/2015	Fee Schedule	$1,011.63
59200	INSERT CERVICAL DILATOR	Y		01/01/2015	Fee Schedule	$38.26
59300	EPISIOTOMY OR VAGINAL REPAIR	Y		01/01/2015	Fee Schedule	$90.46
59320	REVISION OF CERVIX	Y		01/01/2015	Fee Schedule	$1,011.63
59412	ANTEPARTUM MANIPULATION	Y		01/01/2015	Fee Schedule	$1,011.63
59414	DELIVER PLACENTA	Y		01/01/2015	Fee Schedule	$1,011.63
59812	TREATMENT OF MISCARRIAGE	Y		01/01/2015	Fee Schedule	$1,011.63
59820	CARE OF MISCARRIAGE	Y		01/01/2015	Fee Schedule	$1,011.63
59821	TREATMENT OF MISCARRIAGE	Y		01/01/2015	Fee Schedule	$1,011.63
59840	ABORTION	Y		01/01/2015	Fee Schedule	$1,011.63
59841	ABORTION	Y		01/01/2015	Fee Schedule	$1,011.63
59866	ABORTION (MPR)	Y		01/01/2015	Fee Schedule	$123.93
59870	EVACUATE MOLE OF UTERUS	Y		01/01/2015	Fee Schedule	$1,011.63
59871	REMOVE CERCLAGE SUTURE			01/01/2015	Fee Schedule	$1,011.63
60000	DRAIN THYROID/TONGUE CYST	Y		01/01/2015	Fee Schedule	$354.34
60100	BIOPSY OF THYROID	Y		01/01/2015	Fee Schedule	$53.99
60200	REMOVE THYROID LESION	Y		01/01/2015	Fee Schedule	$2,323.12
60210	PARTIAL THYROID EXCISION	Y		01/01/2015	Fee Schedule	$2,323.12
60212	PARTIAL THYROID EXCISION	Y		01/01/2015	Fee Schedule	$2,323.12
60220	PARTIAL REMOVAL OF THYROID	Y		01/01/2015	Fee Schedule	$2,323.12
60225	PARTIAL REMOVAL OF THYROID	Y		01/01/2015	Fee Schedule	$2,323.12
60240	REMOVAL OF THYROID	Y		01/01/2015	Fee Schedule	$2,323.12
60280	REMOVE THYROID DUCT LESION	Y		01/01/2015	Fee Schedule	$2,323.12
60281	REMOVE THYROID DUCT LESION	Y		01/01/2015	Fee Schedule	$2,323.12
60300	ASPIR/INJ THYROID CYST	Y		01/01/2015	Fee Schedule	$82.24
60500	EXPLORE PARATHYROID GLANDS	Y		01/01/2015	Fee Schedule	$2,043.89
61000	REMOVE CRANIAL CAVITY FLUID	Y		01/01/2015	Fee Schedule	$368.26
61001	REMOVE CRANIAL CAVITY FLUID	Y		01/01/2015	Fee Schedule	$368.26
61020	REMOVE BRAIN CAVITY FLUID	Y		01/01/2015	Fee Schedule	$368.26
61026	INJECTION INTO BRAIN CANAL	Y		01/01/2015	Fee Schedule	$368.26
61050	REMOVE BRAIN CANAL FLUID	Y		01/01/2015	Fee Schedule	$805.51

61055	INJECTION INTO BRAIN CANAL	Y		01/01/2015	Fee Schedule	$368.26
61070	BRAIN CANAL SHUNT PROCEDURE	Y		01/01/2015	Fee Schedule	$267.44
61215	INSERT BRAIN-FLUID DEVICE	Y		01/01/2015	Fee Schedule	$1,615.12
61330	DECOMPRESS EYE SOCKET	Y		01/01/2015	Fee Schedule	$2,043.89
61770	INCISE SKULL FOR TREATMENT	Y		01/01/2015	Fee Schedule	$1,615.12
61781	SCAN PROC CRANIAL INTRA			01/01/2011	No Separate Payment	$0.00
61782	SCAN PROC CRANIAL EXTRA			01/01/2011	No Separate Payment	$0.00
61783	SCAN PROC SPINAL			01/01/2011	No Separate Payment	$0.00
61790	TREAT TRIGEMINAL NERVE	Y		01/01/2015	Fee Schedule	$758.41
61791	TREAT TRIGEMINAL TRACT	Y		01/01/2015	Fee Schedule	$805.51
61880	REVISE/REMOVE NEUROELECTRODE			01/01/2015	Fee Schedule	$1,166.49
61885	INSRT/REDO NEUROSTIM 1 ARRAY			01/01/2015	Fee Schedule	$15,859.52
61886	IMPLANT NEUROSTIM ARRAYS			01/01/2015	Fee Schedule	$20,813.64
61888	REVISE/REMOVE NEURORECEIVER			01/01/2015	Fee Schedule	$3,837.66
62160	NEUROENDOSCOPY ADD-ON			07/01/2009	No Separate Payment	$0.00
62194	REPLACE/IRRIGATE CATHETER	Y		01/01/2015	Fee Schedule	$805.51
62225	REPLACE/IRRIGATE CATHETER	Y		01/01/2015	Fee Schedule	$706.35
62230	REPLACE/REVISE BRAIN SHUNT	Y		01/01/2015	Fee Schedule	$1,615.12
62252	CSF SHUNT REPROGRAM			01/01/2015	Fee Schedule	$39.33
62263	EPIDURAL LYSIS MULT SESSIONS	Y		01/01/2015	Fee Schedule	$805.51
62264	EPIDURAL LYSIS ON SINGLE DAY	Y		01/01/2015	Fee Schedule	$368.26
62267	INTERDISCAL PERQ ASPIR DX	Y		01/01/2015	Fee Schedule	$267.04
62268	DRAIN SPINAL CORD CYST	Y		01/01/2015	Fee Schedule	$368.26
62269	NEEDLE BIOPSY SPINAL CORD	Y		01/01/2015	Fee Schedule	$576.80
62270	SPINAL FLUID TAP DIAGNOSTIC	Y		01/01/2015	Fee Schedule	$204.26
62272	DRAIN CEREBRO SPINAL FLUID	Y		01/01/2015	Fee Schedule	$204.26
62273	INJECT EPIDURAL PATCH	Y		01/01/2015	Fee Schedule	$368.26
62280	TREAT SPINAL CORD LESION	Y		01/01/2015	Fee Schedule	$368.26
62281	TREAT SPINAL CORD LESION	Y		01/01/2015	Fee Schedule	$805.51
62282	TREAT SPINAL CANAL LESION	Y		01/01/2015	Fee Schedule	$805.51
62284	INJECTION FOR MYELOGRAM			01/01/2009	No Separate Payment	$0.00
62287	PERCUTANEOUS DISKECTOMY	Y		01/01/2015	Fee Schedule	$1,615.12
62290	INJECT FOR SPINE DISK X-RAY			01/01/2009	No Separate Payment	$0.00
62291	INJECT FOR SPINE DISK X-RAY			01/01/2009	No Separate Payment	$0.00
62292	INJECTION INTO DISK LESION	Y		01/01/2015	Fee Schedule	$805.51
62294	INJECTION INTO SPINAL ARTERY	Y		01/01/2015	Fee Schedule	$368.26
62302	MYELOGRAPHY LUMBAR INJECTION			01/01/2015	No Separate Payment	$0.00
62303	MYELOGRAPHY LUMBAR INJECTION			01/01/2015	No Separate Payment	$0.00
62304	MYELOGRAPHY LUMBAR INJECTION			01/01/2015	No Separate Payment	$0.00
62305	MYELOGRAPHY LUMBAR INJECTION			01/01/2015	No Separate Payment	$0.00
62310	INJECT SPINE C/T	Y		01/01/2015	Fee Schedule	$368.26
62311	INJECT SPINE L/S (CD)	Y		01/01/2015	Fee Schedule	$368.26
62318	INJECT SPINE W/CATH C/T	Y		01/01/2015	Fee Schedule	$368.26
62319	INJECT SPINE W/CATH L/S (CD)	Y		01/01/2015	Fee Schedule	$368.26
62350	IMPLANT SPINAL CANAL CATH	Y		01/01/2015	Fee Schedule	$2,006.91
62355	REMOVE SPINAL CANAL CATHETER			01/01/2015	Fee Schedule	$805.51
62360	INSERT SPINE INFUSION DEVICE	Y		01/01/2015	Fee Schedule	$2,006.91
62361	IMPLANT SPINE INFUSION PUMP	Y		01/01/2015	Fee Schedule	$13,241.34
62362	IMPLANT SPINE INFUSION PUMP	Y		01/01/2015	Fee Schedule	$13,241.34
62365	REMOVE SPINE INFUSION DEVICE			01/01/2015	Fee Schedule	$1,615.12
62367	ANALYZE SPINE INFUS PUMP			01/01/2015	Fee Schedule	$22.88
62368	ANALYZE SP INF PUMP W/REPROG			01/01/2015	Fee Schedule	$31.46
62369	ANAL SP INF PMP W/REPRG&FILL			01/01/2015	Fee Schedule	$96.54
62370	ANL SP INF PMP W/MDREPRG&FIL			01/01/2015	Fee Schedule	$94.03

63001	REMOVAL OF SPINAL LAMINA	Y		01/01/2015	Fee Schedule	$2,253.83
63003	REMOVAL OF SPINAL LAMINA	Y		01/01/2015	Fee Schedule	$2,253.83
63005	REMOVAL OF SPINAL LAMINA	Y		01/01/2015	Fee Schedule	$2,253.83
63020	NECK SPINE DISK SURGERY	Y		01/01/2015	Fee Schedule	$2,253.83
63030	LOW BACK DISK SURGERY	Y		01/01/2015	Fee Schedule	$2,253.83
63042	LAMINOTOMY SINGLE LUMBAR	Y		01/01/2015	Fee Schedule	$2,253.83
63044	LAMINOTOMY ADDL LUMBAR			01/01/2015	No Separate Payment	$0.00
63045	REMOVE SPINE LAMINA 1 CRVL	Y		01/01/2015	Fee Schedule	$2,253.83
63047	REMOVE SPINE LAMINA 1 LMBR	Y		01/01/2015	Fee Schedule	$2,253.83
63056	DECOMPRESS SPINAL CORD LMBR	Y		01/01/2015	Fee Schedule	$2,253.83
63600	REMOVE SPINAL CORD LESION	Y		01/01/2015	Fee Schedule	$758.41
63610	STIMULATION OF SPINAL CORD	Y		01/01/2015	Fee Schedule	$758.41
63615	REMOVE LESION OF SPINAL CORD	Y		01/01/2015	Fee Schedule	$758.41
63650	IMPLANT NEUROELECTRODES			01/01/2015	Fee Schedule	$3,837.66
63655	IMPLANT NEUROELECTRODES			01/01/2015	Fee Schedule	$15,859.52
63661	REMOVE SPINE ELTRD PERQ ARAY			01/01/2015	Fee Schedule	$758.41
63662	REMOVE SPINE ELTRD PLATE			01/01/2015	Fee Schedule	$1,166.49
63663	REVISE SPINE ELTRD PERQ ARAY			01/01/2015	Fee Schedule	$3,837.66
63664	REVISE SPINE ELTRD PLATE			01/01/2015	Fee Schedule	$3,837.66
63685	INSRT/REDO SPINE N GENERATOR			01/01/2015	Fee Schedule	$20,813.64
63688	REVISE/REMOVE NEURORECEIVER			01/01/2015	Fee Schedule	$1,166.49
63744	REVISION OF SPINAL SHUNT	Y		01/01/2015	Fee Schedule	$1,615.12
63746	REMOVAL OF SPINAL SHUNT			01/01/2015	Fee Schedule	$805.51
64400	N BLOCK INJ TRIGEMINAL	Y		01/01/2015	Fee Schedule	$82.24
64402	N BLOCK INJ FACIAL			01/01/2015	No Separate Payment	$0.00
64405	N BLOCK INJ OCCIPITAL	Y		01/01/2015	Fee Schedule	$62.57
64408	N BLOCK INJ VAGUS	Y		01/01/2015	Fee Schedule	$63.29
64410	N BLOCK INJ PHRENIC	Y		01/01/2015	Fee Schedule	$115.73
64412	N BLOCK INJ SPINAL ACCESSOR	Y		01/01/2015	Fee Schedule	$96.90
64413	N BLOCK INJ CERVICAL PLEXUS	Y		01/01/2015	Fee Schedule	$73.65
64415	N BLOCK INJ BRACHIAL PLEXUS	Y		01/01/2015	Fee Schedule	$204.26
64416	N BLOCK CONT INFUSE B PLEX	Y		01/01/2015	Fee Schedule	$368.26
64417	N BLOCK INJ AXILLARY	Y		01/01/2015	Fee Schedule	$204.26
64418	N BLOCK INJ SUPRASCAPULAR	Y		01/01/2015	Fee Schedule	$96.54
64420	N BLOCK INJ INTERCOST SNG	Y		01/01/2015	Fee Schedule	$204.26
64421	N BLOCK INJ INTERCOST MLT	Y		01/01/2015	Fee Schedule	$368.26
64425	N BLOCK INJ ILIO-ING/HYPOGI	Y		01/01/2015	Fee Schedule	$65.07
64430	N BLOCK INJ PUDENDAL	Y		01/01/2015	Fee Schedule	$368.26
64435	N BLOCK INJ PARACERVICAL	Y		01/01/2015	Fee Schedule	$79.38
64445	N BLOCK INJ SCIATIC SNG	Y		01/01/2015	Fee Schedule	$78.66
64446	N BLK INJ SCIATIC CONT INF	Y		01/01/2015	Fee Schedule	$368.26
64447	N BLOCK INJ FEM SINGLE	Y		01/01/2015	Fee Schedule	$63.29
64448	N BLOCK INJ FEM CONT INF	Y		01/01/2015	Fee Schedule	$805.51
64449	N BLOCK INJ LUMBAR PLEXUS	Y		01/01/2015	Fee Schedule	$368.26
64450	N BLOCK OTHER PERIPHERAL	Y		01/01/2015	Fee Schedule	$52.20
64455	N BLOCK INJ PLANTAR DIGIT	Y		01/01/2015	Fee Schedule	$19.67
64479	INJ FORAMEN EPIDURAL C/T	Y		01/01/2015	Fee Schedule	$368.26
64480	INJ FORAMEN EPIDURAL ADD-ON			01/01/2014	No Separate Payment	$0.00
64483	INJ FORAMEN EPIDURAL L/S	Y		01/01/2015	Fee Schedule	$368.26
64484	INJ FORAMEN EPIDURAL ADD-ON			01/01/2014	No Separate Payment	$0.00
64486	TAP BLOCK UNIL BY INJECTION			01/01/2015	No Separate Payment	$0.00
64487	TAP BLOCK UNI BY INFUSION			01/01/2015	No Separate Payment	$0.00
64488	TAP BLOCK BI INJECTION			01/01/2015	No Separate Payment	$0.00
64489	TAP BLOCK BI BY INFUSION			01/01/2015	No Separate Payment	$0.00

64490	INJ PARAVERT F JNT C/T 1 LEV	Y		01/01/2015	Fee Schedule	$368.26
64491	INJ PARAVERT F JNT C/T 2 LEV			01/01/2014	No Separate Payment	$0.00
64492	INJ PARAVERT F JNT C/T 3 LEV			01/01/2014	No Separate Payment	$0.00
64493	INJ PARAVERT F JNT L/S 1 LEV	Y		01/01/2015	Fee Schedule	$368.26
64494	INJ PARAVERT F JNT L/S 2 LEV			01/01/2014	No Separate Payment	$0.00
64495	INJ PARAVERT F JNT L/S 3 LEV			01/01/2014	No Separate Payment	$0.00
64505	N BLOCK SPENOPALATINE GANGL	Y		01/01/2015	Fee Schedule	$52.56
64508	N BLOCK CAROTID SINUS S/P	Y		01/01/2015	Fee Schedule	$14.66
64510	N BLOCK STELLATE GANGLION	Y		01/01/2015	Fee Schedule	$368.26
64517	N BLOCK INJ HYPOGAS PLXS	Y		01/01/2015	Fee Schedule	$368.26
64520	N BLOCK LUMBAR/THORACIC	Y		01/01/2015	Fee Schedule	$368.26
64530	N BLOCK INJ CELIAC PELUS	Y		01/01/2015	Fee Schedule	$368.26
64553	IMPLANT NEUROELECTRODES			01/01/2015	Fee Schedule	$3,837.66
64555	IMPLANT NEUROELECTRODES			01/01/2015	Fee Schedule	$3,837.66
64561	IMPLANT NEUROELECTRODES			01/01/2015	Fee Schedule	$3,837.66
64565	IMPLANT NEUROELECTRODES			01/01/2015	Fee Schedule	$3,837.66
64566	NEUROELTRD STIM POST TIBIAL	Y		01/01/2015	Fee Schedule	$99.40
64568	INC FOR VAGUS N ELECT IMPL			01/01/2015	Fee Schedule	$20,813.64
64569	REVISE/REPL VAGUS N ELTRD			01/01/2015	Fee Schedule	$3,837.66
64570	REMOVE VAGUS N ELTRD			01/01/2015	Fee Schedule	$1,615.12
64575	IMPLANT NEUROELECTRODES			01/01/2015	Fee Schedule	$3,837.66
64580	IMPLANT NEUROELECTRODES			01/01/2015	Fee Schedule	$15,859.52
64581	IMPLANT NEUROELECTRODES			01/01/2015	Fee Schedule	$3,837.66
64585	REVISE/REMOVE NEUROELECTRODE			01/01/2015	Fee Schedule	$1,166.49
64590	INSRT/REDO PN/GASTR STIMUL			01/01/2015	Fee Schedule	$15,859.52
64595	REVISE/RMV PN/GASTR STIMUL			01/01/2015	Fee Schedule	$1,166.49
64600	INJECTION TREATMENT OF NERVE	Y		01/01/2015	Fee Schedule	$805.51
64605	INJECTION TREATMENT OF NERVE	Y		01/01/2015	Fee Schedule	$758.41
64610	INJECTION TREATMENT OF NERVE	Y		01/01/2015	Fee Schedule	$758.41
64611	CHEMODENERV SALIV GLANDS	Y		01/01/2015	Fee Schedule	$68.65
64612	DESTROY NERVE FACE MUSCLE	Y		01/01/2015	Fee Schedule	$72.58
64615	CHEMODENERV MUSC MIGRAINE	Y		01/01/2015	Fee Schedule	$60.07
64616	CHEMODENERV MUSC NECK DYSTON	Y		01/01/2015	Fee Schedule	$55.06
64617	CHEMODENER MUSCLE LARYNX EMG	Y		01/01/2015	Fee Schedule	$115.49
64620	INJECTION TREATMENT OF NERVE	Y		01/01/2015	Fee Schedule	$805.51
64630	INJECTION TREATMENT OF NERVE	Y		01/01/2015	Fee Schedule	$368.26
64632	N BLOCK INJ COMMON DIGIT	Y		01/01/2015	Fee Schedule	$40.05
64633	DESTROY CERV/THOR FACET JNT	Y		01/01/2015	Fee Schedule	$805.51
64634	DESTROY C/TH FACET JNT ADDL			01/01/2014	No Separate Payment	$0.00
64635	DESTROY LUMB/SAC FACET JNT	Y		01/01/2015	Fee Schedule	$805.51
64636	DESTROY L/S FACET JNT ADDL			01/01/2014	No Separate Payment	$0.00
64640	INJECTION TREATMENT OF NERVE	Y		01/01/2015	Fee Schedule	$87.96
64642	CHEMODENERV 1 EXTREMITY 1-4	Y		01/01/2015	Fee Schedule	$71.87
64643	CHEMODENERV 1 EXTREM 1-4 EA			01/01/2014	No Separate Payment	$0.00
64644	CHEMODENERV 1 EXTREM 5/> MUS	Y		01/01/2015	Fee Schedule	$85.45
64645	CHEMODENERV 1 EXTREM 5/> EA			01/01/2014	No Separate Payment	$0.00
64646	CHEMODENERV TRUNK MUSC 1-5	Y		01/01/2015	Fee Schedule	$76.87
64647	CHEMODENERV TRUNK MUSC 6/>	Y		01/01/2015	Fee Schedule	$87.96
64650	CHEMODENERV ECCRINE GLANDS	Y		01/01/2015	Fee Schedule	$50.06
64653	CHEMODENERV ECCRINE GLANDS	Y		01/01/2015	Fee Schedule	$56.85
64680	INJECTION TREATMENT OF NERVE	Y		01/01/2015	Fee Schedule	$805.51
64681	INJECTION TREATMENT OF NERVE	Y		01/01/2015	Fee Schedule	$368.26
64702	REVISE FINGER/TOE NERVE	Y		01/01/2015	Fee Schedule	$758.41
64704	REVISE HAND/FOOT NERVE	Y		01/01/2015	Fee Schedule	$758.41

64708	REVISE ARM/LEG NERVE	Y		01/01/2015	Fee Schedule	$758.41
64712	REVISION OF SCIATIC NERVE	Y		01/01/2015	Fee Schedule	$758.41
64713	REVISION OF ARM NERVE(S)	Y		01/01/2015	Fee Schedule	$758.41
64714	REVISE LOW BACK NERVE(S)	Y		01/01/2015	Fee Schedule	$758.41
64716	REVISION OF CRANIAL NERVE	Y		01/01/2015	Fee Schedule	$758.41
64718	REVISE ULNAR NERVE AT ELBOW	Y		01/01/2015	Fee Schedule	$758.41
64719	REVISE ULNAR NERVE AT WRIST	Y		01/01/2015	Fee Schedule	$758.41
64721	CARPAL TUNNEL SURGERY	Y		01/01/2015	Fee Schedule	$758.41
64722	RELIEVE PRESSURE ON NERVE(S)	Y		01/01/2015	Fee Schedule	$758.41
64726	RELEASE FOOT/TOE NERVE	Y		01/01/2015	Fee Schedule	$758.41
64727	INTERNAL NERVE REVISION			01/01/2014	No Separate Payment	$0.00
64732	INCISION OF BROW NERVE	Y		01/01/2015	Fee Schedule	$758.41
64734	INCISION OF CHEEK NERVE	Y		01/01/2015	Fee Schedule	$758.41
64736	INCISION OF CHIN NERVE	Y		01/01/2015	Fee Schedule	$758.41
64738	INCISION OF JAW NERVE	Y		01/01/2015	Fee Schedule	$758.41
64740	INCISION OF TONGUE NERVE	Y		01/01/2015	Fee Schedule	$758.41
64742	INCISION OF FACIAL NERVE	Y		01/01/2015	Fee Schedule	$758.41
64744	INCISE NERVE BACK OF HEAD	Y		01/01/2015	Fee Schedule	$758.41
64746	INCISE DIAPHRAGM NERVE	Y		01/01/2015	Fee Schedule	$758.41
64763	INCISE HIP/THIGH NERVE	Y		01/01/2015	Fee Schedule	$758.41
64766	INCISE HIP/THIGH NERVE	Y		01/01/2015	Fee Schedule	$1,615.12
64771	SEVER CRANIAL NERVE	Y		01/01/2015	Fee Schedule	$758.41
64772	INCISION OF SPINAL NERVE	Y		01/01/2015	Fee Schedule	$758.41
64774	REMOVE SKIN NERVE LESION	Y		01/01/2015	Fee Schedule	$758.41
64776	REMOVE DIGIT NERVE LESION	Y		01/01/2015	Fee Schedule	$758.41
64778	DIGIT NERVE SURGERY ADD-ON			01/01/2014	No Separate Payment	$0.00
64782	REMOVE LIMB NERVE LESION	Y		01/01/2015	Fee Schedule	$758.41
64783	LIMB NERVE SURGERY ADD-ON			01/01/2014	No Separate Payment	$0.00
64784	REMOVE NERVE LESION	Y		01/01/2015	Fee Schedule	$758.41
64786	REMOVE SCIATIC NERVE LESION	Y		01/01/2015	Fee Schedule	$1,615.12
64787	IMPLANT NERVE END			01/01/2014	No Separate Payment	$0.00
64788	REMOVE SKIN NERVE LESION	Y		01/01/2015	Fee Schedule	$758.41
64790	REMOVAL OF NERVE LESION	Y		01/01/2015	Fee Schedule	$758.41
64792	REMOVAL OF NERVE LESION	Y		01/01/2015	Fee Schedule	$1,615.12
64795	BIOPSY OF NERVE	Y		01/01/2015	Fee Schedule	$758.41
64802	REMOVE SYMPATHETIC NERVES	Y		01/01/2015	Fee Schedule	$758.41
64820	REMOVE SYMPATHETIC NERVES	Y		01/01/2015	Fee Schedule	$758.41
64821	REMOVE SYMPATHETIC NERVES	Y		01/01/2015	Fee Schedule	$1,211.04
64822	REMOVE SYMPATHETIC NERVES	Y		01/01/2015	Fee Schedule	$1,211.04
64823	REMOVE SYMPATHETIC NERVES	Y		01/01/2015	Fee Schedule	$1,211.04
64831	REPAIR OF DIGIT NERVE	Y		01/01/2015	Fee Schedule	$1,615.12
64832	REPAIR NERVE ADD-ON			01/01/2014	No Separate Payment	$0.00
64834	REPAIR OF HAND OR FOOT NERVE	Y		01/01/2015	Fee Schedule	$1,615.12
64835	REPAIR OF HAND OR FOOT NERVE	Y		01/01/2015	Fee Schedule	$1,615.12
64836	REPAIR OF HAND OR FOOT NERVE	Y		01/01/2015	Fee Schedule	$1,615.12
64837	REPAIR NERVE ADD-ON			01/01/2014	No Separate Payment	$0.00
64840	REPAIR OF LEG NERVE	Y		01/01/2015	Fee Schedule	$1,615.12
64856	REPAIR/TRANSPOSE NERVE	Y		01/01/2015	Fee Schedule	$1,615.12
64857	REPAIR ARM/LEG NERVE	Y		01/01/2015	Fee Schedule	$1,615.12
64858	REPAIR SCIATIC NERVE	Y		01/01/2015	Fee Schedule	$1,615.12
64859	NERVE SURGERY			01/01/2014	No Separate Payment	$0.00
64861	REPAIR OF ARM NERVES	Y		01/01/2015	Fee Schedule	$1,615.12
64862	REPAIR OF LOW BACK NERVES	Y		01/01/2015	Fee Schedule	$1,615.12
64864	REPAIR OF FACIAL NERVE	Y		01/01/2015	Fee Schedule	$1,615.12

64865	REPAIR OF FACIAL NERVE	Y		01/01/2015	Fee Schedule	$1,615.12
64872	SUBSEQUENT REPAIR OF NERVE			01/01/2014	No Separate Payment	$0.00
64874	REPAIR & REVISE NERVE ADD-ON			01/01/2014	No Separate Payment	$0.00
64876	REPAIR NERVE/SHORTEN BONE			01/01/2014	No Separate Payment	$0.00
64885	NERVE GRAFT HEAD OR NECK	Y		01/01/2015	Fee Schedule	$1,615.12
64886	NERVE GRAFT HEAD OR NECK	Y		01/01/2015	Fee Schedule	$1,615.12
64890	NERVE GRAFT HAND OR FOOT	Y		01/01/2015	Fee Schedule	$1,615.12
64891	NERVE GRAFT HAND OR FOOT	Y		01/01/2015	Fee Schedule	$1,615.12
64892	NERVE GRAFT ARM OR LEG	Y		01/01/2015	Fee Schedule	$1,615.12
64893	NERVE GRAFT ARM OR LEG	Y		01/01/2015	Fee Schedule	$1,615.12
64895	NERVE GRAFT HAND OR FOOT	Y		01/01/2015	Fee Schedule	$1,615.12
64896	NERVE GRAFT HAND OR FOOT	Y		01/01/2015	Fee Schedule	$1,615.12
64897	NERVE GRAFT ARM OR LEG	Y		01/01/2015	Fee Schedule	$1,615.12
64898	NERVE GRAFT ARM OR LEG	Y		01/01/2015	Fee Schedule	$1,615.12
64901	NERVE GRAFT ADD-ON			01/01/2014	No Separate Payment	$0.00
64902	NERVE GRAFT ADD-ON			01/01/2014	No Separate Payment	$0.00
64905	NERVE PEDICLE TRANSFER	Y		01/01/2015	Fee Schedule	$1,615.12
64907	NERVE PEDICLE TRANSFER	Y		01/01/2015	Fee Schedule	$1,615.12
64910	NERVE REPAIR W/ALLOGRAFT	Y		01/01/2015	Fee Schedule	$1,615.12
65091	REVISE EYE	Y		01/01/2015	Fee Schedule	$840.93
65093	REVISE EYE WITH IMPLANT	Y		01/01/2015	Fee Schedule	$1,461.94
65101	REMOVAL OF EYE	Y		01/01/2015	Fee Schedule	$1,461.94
65103	REMOVE EYE/INSERT IMPLANT	Y		01/01/2015	Fee Schedule	$1,461.94
65105	REMOVE EYE/ATTACH IMPLANT	Y		01/01/2015	Fee Schedule	$1,461.94
65110	REMOVAL OF EYE	Y		01/01/2015	Fee Schedule	$1,461.94
65112	REMOVE EYE/REVISE SOCKET	Y		01/01/2015	Fee Schedule	$1,461.94
65114	REMOVE EYE/REVISE SOCKET	Y		01/01/2015	Fee Schedule	$1,461.94
65125	REVISE OCULAR IMPLANT	Y		01/01/2015	Fee Schedule	$840.93
65130	INSERT OCULAR IMPLANT	Y		01/01/2015	Fee Schedule	$1,461.94
65135	INSERT OCULAR IMPLANT	Y		01/01/2015	Fee Schedule	$1,461.94
65140	ATTACH OCULAR IMPLANT	Y		01/01/2015	Fee Schedule	$1,461.94
65150	REVISE OCULAR IMPLANT	Y		01/01/2015	Fee Schedule	$840.93
65155	REINSERT OCULAR IMPLANT	Y		01/01/2015	Fee Schedule	$1,461.94
65175	REMOVAL OF OCULAR IMPLANT	Y		01/01/2015	Fee Schedule	$840.93
65205	REMOVE FOREIGN BODY FROM EYE			01/01/2015	No Separate Payment	$0.00
65210	REMOVE FOREIGN BODY FROM EYE			01/01/2015	No Separate Payment	$0.00
65220	REMOVE FOREIGN BODY FROM EYE			01/01/2015	No Separate Payment	$0.00
65222	REMOVE FOREIGN BODY FROM EYE			01/01/2015	No Separate Payment	$0.00
65235	REMOVE FOREIGN BODY FROM EYE	Y		01/01/2015	Fee Schedule	$960.36
65260	REMOVE FOREIGN BODY FROM EYE			01/01/2015	Fee Schedule	$172.28
65265	REMOVE FOREIGN BODY FROM EYE	Y		01/01/2015	Fee Schedule	$960.36
65270	REPAIR OF EYE WOUND	Y		01/01/2015	Fee Schedule	$840.93
65272	REPAIR OF EYE WOUND	Y		01/01/2015	Fee Schedule	$840.93
65275	REPAIR OF EYE WOUND	Y		01/01/2015	Fee Schedule	$1,461.94
65280	REPAIR OF EYE WOUND	Y		01/01/2015	Fee Schedule	$960.36
65285	REPAIR OF EYE WOUND	Y		01/01/2015	Fee Schedule	$960.36
65286	REPAIR OF EYE WOUND	Y		01/01/2015	Fee Schedule	$412.16
65290	REPAIR OF EYE SOCKET WOUND	Y		01/01/2015	Fee Schedule	$840.93
65400	REMOVAL OF EYE LESION	Y		01/01/2015	Fee Schedule	$384.48
65410	BIOPSY OF CORNEA	Y		01/01/2015	Fee Schedule	$384.48
65420	REMOVAL OF EYE LESION	Y		01/01/2015	Fee Schedule	$840.93
65426	REMOVAL OF EYE LESION	Y		01/01/2015	Fee Schedule	$840.93
65430	CORNEAL SMEAR			01/01/2015	No Separate Payment	$0.00
65435	CURETTE/TREAT CORNEA	Y		01/01/2015	Fee Schedule	$45.41

65436	CURETTE/TREAT CORNEA	Y		01/01/2015	Fee Schedule	$206.66
65450	TREATMENT OF CORNEAL LESION	Y		01/01/2015	Fee Schedule	$163.49
65600	REVISION OF CORNEA	Y		01/01/2015	Fee Schedule	$237.41
65710	CORNEAL TRANSPLANT	Y		01/01/2015	Fee Schedule	$1,711.02
65730	CORNEAL TRANSPLANT	Y		01/01/2015	Fee Schedule	$1,711.02
65750	CORNEAL TRANSPLANT	Y		01/01/2015	Fee Schedule	$1,711.02
65755	CORNEAL TRANSPLANT	Y		01/01/2015	Fee Schedule	$1,711.02
65756	CORNEAL TRNSPL ENDOTHELIAL	Y		01/01/2015	Fee Schedule	$1,711.02
65757	PREP CORNEAL ENDO ALLOGRAFT			01/01/2010	No Separate Payment	$0.00
65770	REVISE CORNEA WITH IMPLANT	Y		01/01/2015	Fee Schedule	$6,684.91
65772	CORRECTION OF ASTIGMATISM	Y		01/01/2015	Fee Schedule	$384.48
65775	CORRECTION OF ASTIGMATISM	Y		01/01/2015	Fee Schedule	$840.93
65778	COVER EYE W/MEMBRANE			01/01/2012	No Separate Payment	$0.00
65779	COVER EYE W/MEMBRANE SUTURE			01/01/2013	No Separate Payment	$0.00
65780	OCULAR RECONST TRANSPLANT	Y		01/01/2015	Fee Schedule	$1,461.94
65781	OCULAR RECONST TRANSPLANT	Y		01/01/2015	Fee Schedule	$1,711.02
65782	OCULAR RECONST TRANSPLANT	Y		01/01/2015	Fee Schedule	$1,461.94
65800	DRAINAGE OF EYE			01/01/2015	Fee Schedule	$172.28
65810	DRAINAGE OF EYE	Y		01/01/2015	Fee Schedule	$960.36
65815	DRAINAGE OF EYE	Y		01/01/2015	Fee Schedule	$960.36
65820	RELIEVE INNER EYE PRESSURE	Y		01/01/2015	Fee Schedule	$960.36
65850	INCISION OF EYE	Y		01/01/2015	Fee Schedule	$960.36
65855	LASER SURGERY OF EYE	Y		01/01/2015	Fee Schedule	$188.43
65860	INCISE INNER EYE ADHESIONS	Y		01/01/2015	Fee Schedule	$174.13
65865	INCISE INNER EYE ADHESIONS	Y		01/01/2015	Fee Schedule	$960.36
65870	INCISE INNER EYE ADHESIONS	Y		01/01/2015	Fee Schedule	$960.36
65875	INCISE INNER EYE ADHESIONS	Y		01/01/2015	Fee Schedule	$960.36
65880	INCISE INNER EYE ADHESIONS	Y		01/01/2015	Fee Schedule	$960.36
65900	REMOVE EYE LESION	Y		01/01/2015	Fee Schedule	$960.36
65920	REMOVE IMPLANT OF EYE	Y		01/01/2015	Fee Schedule	$960.36
65930	REMOVE BLOOD CLOT FROM EYE	Y		01/01/2015	Fee Schedule	$960.36
66020	INJECTION TREATMENT OF EYE	Y		01/01/2015	Fee Schedule	$412.16
66030	INJECTION TREATMENT OF EYE	Y		01/01/2015	Fee Schedule	$412.16
66130	REMOVE EYE LESION	Y		01/01/2015	Fee Schedule	$840.93
66150	GLAUCOMA SURGERY	Y		01/01/2015	Fee Schedule	$960.36
66155	GLAUCOMA SURGERY	Y		01/01/2015	Fee Schedule	$960.36
66160	GLAUCOMA SURGERY	Y		01/01/2015	Fee Schedule	$960.36
66170	GLAUCOMA SURGERY	Y		01/01/2015	Fee Schedule	$960.36
66172	INCISION OF EYE	Y		01/01/2015	Fee Schedule	$960.36
66174	TRANSLUM DIL EYE CANAL	Y		01/01/2015	Fee Schedule	$1,711.02
66175	TRNSLUM DIL EYE CANAL W/STNT	Y		01/01/2015	Fee Schedule	$1,711.02
66179	AQUEOUS SHUNT EYE W/O GRAFT	Y		01/01/2015	Fee Schedule	$1,711.02
66180	IMPLANT EYE SHUNT	Y		01/01/2015	Fee Schedule	$1,711.02
66183	INSERT ANT DRAINAGE DEVICE	Y		01/01/2015	Fee Schedule	$1,711.02
66184	REVISION OF AQUEOUS SHUNT	Y		01/01/2015	Fee Schedule	$960.36
66185	REVISE EYE SHUNT	Y		01/01/2015	Fee Schedule	$960.36
66220	REPAIR EYE LESION	Y		01/01/2015	Fee Schedule	$960.36
66225	REPAIR/GRAFT EYE LESION	Y		01/01/2015	Fee Schedule	$960.36
66250	FOLLOW-UP SURGERY OF EYE	Y		01/01/2015	Fee Schedule	$960.36
66500	INCISION OF IRIS			01/01/2015	Fee Schedule	$172.28
66505	INCISION OF IRIS	Y		01/01/2015	Fee Schedule	$412.16
66600	REMOVE IRIS AND LESION	Y		01/01/2015	Fee Schedule	$960.36
66605	REMOVAL OF IRIS	Y		01/01/2015	Fee Schedule	$1,711.02
66625	REMOVAL OF IRIS	Y		01/01/2015	Fee Schedule	$412.16

66630	REMOVAL OF IRIS	Y		01/01/2015	Fee Schedule	$412.16
66635	REMOVAL OF IRIS	Y		01/01/2015	Fee Schedule	$960.36
66680	REPAIR IRIS & CILIARY BODY	Y		01/01/2015	Fee Schedule	$960.36
66682	REPAIR IRIS & CILIARY BODY	Y		01/01/2015	Fee Schedule	$960.36
66700	DESTRUCTION CILIARY BODY	Y		01/01/2015	Fee Schedule	$412.16
66710	CILIARY TRANSSLERAL THERAPY	Y		01/01/2015	Fee Schedule	$840.93
66711	CILIARY ENDOSCOPIC ABLATION	Y		01/01/2015	Fee Schedule	$960.36
66720	DESTRUCTION CILIARY BODY	Y		01/01/2015	Fee Schedule	$840.93
66740	DESTRUCTION CILIARY BODY	Y		01/01/2015	Fee Schedule	$840.93
66761	REVISION OF IRIS	Y		01/01/2015	Fee Schedule	$183.78
66762	REVISION OF IRIS	Y		01/01/2015	Fee Schedule	$243.09
66770	REMOVAL OF INNER EYE LESION	Y		01/01/2015	Fee Schedule	$243.09
66820	INCISION SECONDARY CATARACT			01/01/2015	Fee Schedule	$172.28
66821	AFTER CATARACT LASER SURGERY	Y		01/01/2015	Fee Schedule	$243.09
66825	REPOSITION INTRAOCULAR LENS	Y		01/01/2015	Fee Schedule	$960.36
66830	REMOVAL OF LENS LESION	Y		01/01/2015	Fee Schedule	$960.36
66840	REMOVAL OF LENS MATERIAL	Y		01/01/2015	Fee Schedule	$960.36
66850	REMOVAL OF LENS MATERIAL	Y		01/01/2015	Fee Schedule	$960.36
66852	REMOVAL OF LENS MATERIAL	Y		01/01/2015	Fee Schedule	$1,711.02
66920	EXTRACTION OF LENS	Y		01/01/2015	Fee Schedule	$960.36
66930	EXTRACTION OF LENS	Y		01/01/2015	Fee Schedule	$960.36
66940	EXTRACTION OF LENS	Y		01/01/2015	Fee Schedule	$412.16
66982	CATARACT SURGERY COMPLEX	Y		01/01/2015	Fee Schedule	$960.36
66983	CATARACT SURG W/IOL 1 STAGE	Y		01/01/2015	Fee Schedule	$960.36
66984	CATARACT SURG W/IOL 1 STAGE	Y		01/01/2015	Fee Schedule	$960.36
66985	INSERT LENS PROSTHESIS	Y		01/01/2015	Fee Schedule	$960.36
66986	EXCHANGE LENS PROSTHESIS	Y		01/01/2015	Fee Schedule	$960.36
66990	OPHTHALMIC ENDOSCOPE ADD-ON			01/01/2009	No Separate Payment	$0.00
67005	PARTIAL REMOVAL OF EYE FLUID	Y		01/01/2015	Fee Schedule	$960.36
67010	PARTIAL REMOVAL OF EYE FLUID	Y		01/01/2015	Fee Schedule	$960.36
67015	RELEASE OF EYE FLUID	Y		01/01/2015	Fee Schedule	$960.36
67025	REPLACE EYE FLUID	Y		01/01/2015	Fee Schedule	$960.36
67027	IMPLANT EYE DRUG SYSTEM	Y		01/01/2015	Fee Schedule	$1,711.02
67028	INJECTION EYE DRUG			01/01/2015	Fee Schedule	$47.91
67030	INCISE INNER EYE STRANDS	Y		01/01/2015	Fee Schedule	$960.36
67031	LASER SURGERY EYE STRANDS	Y		01/01/2015	Fee Schedule	$243.09
67036	REMOVAL OF INNER EYE FLUID	Y		01/01/2015	Fee Schedule	$1,711.02
67039	LASER TREATMENT OF RETINA	Y		01/01/2015	Fee Schedule	$1,711.02
67040	LASER TREATMENT OF RETINA	Y		01/01/2015	Fee Schedule	$1,711.02
67041	VIT FOR MACULAR PUCKER	Y		01/01/2015	Fee Schedule	$1,711.02
67042	VIT FOR MACULAR HOLE	Y		01/01/2015	Fee Schedule	$1,711.02
67043	VIT FOR MEMBRANE DISSECT	Y		01/01/2015	Fee Schedule	$1,711.02
67101	REPAIR DETACHED RETINA	Y		01/01/2015	Fee Schedule	$454.08
67105	REPAIR DETACHED RETINA	Y		01/01/2015	Fee Schedule	$243.09
67107	REPAIR DETACHED RETINA	Y		01/01/2015	Fee Schedule	$1,711.02
67108	REPAIR DETACHED RETINA	Y		01/01/2015	Fee Schedule	$1,711.02
67110	REPAIR DETACHED RETINA	Y		01/01/2015	Fee Schedule	$484.83
67112	REREPAIR DETACHED RETINA	Y		01/01/2015	Fee Schedule	$1,711.02
67113	REPAIR RETINAL DETACH CPLX	Y		01/01/2015	Fee Schedule	$1,711.02
67115	RELEASE ENCIRCLING MATERIAL	Y		01/01/2015	Fee Schedule	$960.36
67120	REMOVE EYE IMPLANT MATERIAL	Y		01/01/2015	Fee Schedule	$960.36
67121	REMOVE EYE IMPLANT MATERIAL	Y		01/01/2015	Fee Schedule	$1,711.02
67141	TREATMENT OF RETINA	Y		01/01/2015	Fee Schedule	$163.49
67145	TREATMENT OF RETINA	Y		01/01/2015	Fee Schedule	$243.09

67208	TREATMENT OF RETINAL LESION	Y		01/01/2015	Fee Schedule	$163.49
67210	TREATMENT OF RETINAL LESION	Y		01/01/2015	Fee Schedule	$243.09
67218	TREATMENT OF RETINAL LESION	Y		01/01/2015	Fee Schedule	$840.93
67220	TREATMENT OF CHOROID LESION	Y		01/01/2015	Fee Schedule	$243.09
67221	OCULAR PHOTODYNAMIC THER	Y		01/01/2015	Fee Schedule	$157.32
67225	EYE PHOTODYNAMIC THER ADD-ON			01/01/2014	No Separate Payment	$0.00
67227	TREATMENT OF RETINAL LESION	Y		01/01/2015	Fee Schedule	$1,461.94
67228	TREATMENT OF RETINAL LESION	Y		01/01/2015	Fee Schedule	$243.09
67229	TR RETINAL LES PRETERM INF	Y		01/01/2015	Fee Schedule	$243.09
67250	REINFORCE EYE WALL	Y		01/01/2015	Fee Schedule	$840.93
67255	REINFORCE/GRAFT EYE WALL	Y		01/01/2015	Fee Schedule	$960.36
67311	REVISE EYE MUSCLE	Y		01/01/2015	Fee Schedule	$840.93
67312	REVISE TWO EYE MUSCLES	Y		01/01/2015	Fee Schedule	$840.93
67314	REVISE EYE MUSCLE	Y		01/01/2015	Fee Schedule	$840.93
67316	REVISE TWO EYE MUSCLES	Y		01/01/2015	Fee Schedule	$840.93
67318	REVISE EYE MUSCLE(S)	Y		01/01/2015	Fee Schedule	$840.93
67320	REVISE EYE MUSCLE(S) ADD-ON			01/01/2014	No Separate Payment	$0.00
67331	EYE SURGERY FOLLOW-UP ADD-ON			01/01/2014	No Separate Payment	$0.00
67332	REREVISE EYE MUSCLES ADD-ON			01/01/2014	No Separate Payment	$0.00
67334	REVISE EYE MUSCLE W/SUTURE			01/01/2014	No Separate Payment	$0.00
67335	EYE SUTURE DURING SURGERY			01/01/2014	No Separate Payment	$0.00
67340	REVISE EYE MUSCLE ADD-ON			01/01/2014	No Separate Payment	$0.00
67343	RELEASE EYE TISSUE	Y		01/01/2015	Fee Schedule	$840.93
67345	DESTROY NERVE OF EYE MUSCLE	Y		01/01/2015	Fee Schedule	$123.71
67346	BIOPSY EYE MUSCLE	Y		01/01/2015	Fee Schedule	$840.93
67400	EXPLORE/BIOPSY EYE SOCKET	Y		01/01/2015	Fee Schedule	$1,461.94
67405	EXPLORE/DRAIN EYE SOCKET	Y		01/01/2015	Fee Schedule	$840.93
67412	EXPLORE/TREAT EYE SOCKET	Y		01/01/2015	Fee Schedule	$840.93
67413	EXPLORE/TREAT EYE SOCKET	Y		01/01/2015	Fee Schedule	$840.93
67414	EXPLR/DECOMPRESS EYE SOCKET	Y		01/01/2015	Fee Schedule	$1,461.94
67415	ASPIRATION ORBITAL CONTENTS	Y		01/01/2015	Fee Schedule	$840.93
67420	EXPLORE/TREAT EYE SOCKET	Y		01/01/2015	Fee Schedule	$1,461.94
67430	EXPLORE/TREAT EYE SOCKET	Y		01/01/2015	Fee Schedule	$1,461.94
67440	EXPLORE/DRAIN EYE SOCKET	Y		01/01/2015	Fee Schedule	$1,461.94
67445	EXPLR/DECOMPRESS EYE SOCKET	Y		01/01/2015	Fee Schedule	$1,461.94
67450	EXPLORE/BIOPSY EYE SOCKET	Y		01/01/2015	Fee Schedule	$1,461.94
67500	INJECT/TREAT EYE SOCKET	Y		01/01/2015	Fee Schedule	$163.49
67505	INJECT/TREAT EYE SOCKET	Y		01/01/2015	Fee Schedule	$41.48
67515	INJECT/TREAT EYE SOCKET	Y		01/01/2015	Fee Schedule	$44.34
67550	INSERT EYE SOCKET IMPLANT	Y		01/01/2015	Fee Schedule	$1,461.94
67560	REVISE EYE SOCKET IMPLANT	Y		01/01/2015	Fee Schedule	$840.93
67570	DECOMPRESS OPTIC NERVE	Y		01/01/2015	Fee Schedule	$840.93
67700	DRAINAGE OF EYELID ABSCESS	Y		01/01/2015	Fee Schedule	$163.49
67710	INCISION OF EYELID	Y		01/01/2015	Fee Schedule	$183.78
67715	INCISION OF EYELID FOLD	Y		01/01/2015	Fee Schedule	$840.93
67800	REMOVE EYELID LESION	Y		01/01/2015	Fee Schedule	$74.37
67801	REMOVE EYELID LESIONS	Y		01/01/2015	Fee Schedule	$90.46
67805	REMOVE EYELID LESIONS	Y		01/01/2015	Fee Schedule	$116.20
67808	REMOVE EYELID LESION(S)	Y		01/01/2015	Fee Schedule	$840.93
67810	BIOPSY OF EYELID	Y		01/01/2015	Fee Schedule	$125.86
67820	REVISE EYELASHES			01/01/2015	No Separate Payment	$0.00
67825	REVISE EYELASHES	Y		01/01/2015	Fee Schedule	$75.44
67830	REVISE EYELASHES	Y		01/01/2015	Fee Schedule	$384.48
67835	REVISE EYELASHES	Y		01/01/2015	Fee Schedule	$840.93

67840	REMOVE EYELID LESION	Y		01/01/2015	Fee Schedule	$196.65
67850	TREAT EYELID LESION	Y		01/01/2015	Fee Schedule	$147.31
67875	CLOSURE OF EYELID BY SUTURE	Y		01/01/2015	Fee Schedule	$384.48
67880	REVISION OF EYELID	Y		01/01/2015	Fee Schedule	$840.93
67882	REVISION OF EYELID	Y		01/01/2015	Fee Schedule	$840.93
67900	REPAIR BROW DEFECT	Y	Y	01/01/2015	Fee Schedule	$840.93
67901	REPAIR EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$840.93
67902	REPAIR EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$1,461.94
67903	REPAIR EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$840.93
67904	REPAIR EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$840.93
67906	REPAIR EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$840.93
67908	REPAIR EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$840.93
67909	REVISE EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$840.93
67911	REVISE EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$840.93
67912	CORRECTION EYELID W/IMPLANT	Y		01/01/2015	Fee Schedule	$840.93
67914	REPAIR EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$840.93
67915	REPAIR EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$216.32
67916	REPAIR EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$840.93
67917	REPAIR EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$840.93
67921	REPAIR EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$840.93
67922	REPAIR EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$213.46
67923	REPAIR EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$840.93
67924	REPAIR EYELID DEFECT	Y	Y	01/01/2015	Fee Schedule	$840.93
67930	REPAIR EYELID WOUND	Y		01/01/2015	Fee Schedule	$226.68
67935	REPAIR EYELID WOUND	Y		01/01/2015	Fee Schedule	$840.93
67938	REMOVE EYELID FOREIGN BODY	Y		01/01/2015	Fee Schedule	$163.49
67950	REVISION OF EYELID	Y		01/01/2015	Fee Schedule	$840.93
67961	REVISION OF EYELID	Y		01/01/2015	Fee Schedule	$840.93
67966	REVISION OF EYELID	Y		01/01/2015	Fee Schedule	$840.93
67971	RECONSTRUCTION OF EYELID	Y		01/01/2015	Fee Schedule	$840.93
67973	RECONSTRUCTION OF EYELID	Y		01/01/2015	Fee Schedule	$840.93
67974	RECONSTRUCTION OF EYELID	Y		01/01/2015	Fee Schedule	$840.93
67975	RECONSTRUCTION OF EYELID	Y		01/01/2015	Fee Schedule	$840.93
68020	INCISE/DRAIN EYELID LINING	Y		01/01/2015	Fee Schedule	$66.50
68040	TREATMENT OF EYELID LESIONS	Y		01/01/2015	Fee Schedule	$30.75
68100	BIOPSY OF EYELID LINING	Y		01/01/2015	Fee Schedule	$119.06
68110	REMOVE EYELID LINING LESION	Y		01/01/2015	Fee Schedule	$156.96
68115	REMOVE EYELID LINING LESION	Y		01/01/2015	Fee Schedule	$840.93
68130	REMOVE EYELID LINING LESION	Y		01/01/2015	Fee Schedule	$840.93
68135	REMOVE EYELID LINING LESION	Y		01/01/2015	Fee Schedule	$85.81
68200	TREAT EYELID BY INJECTION			01/01/2015	No Separate Payment	$0.00
68320	REVISE/GRAFT EYELID LINING	Y		01/01/2015	Fee Schedule	$840.93
68325	REVISE/GRAFT EYELID LINING	Y		01/01/2015	Fee Schedule	$1,461.94
68326	REVISE/GRAFT EYELID LINING	Y		01/01/2015	Fee Schedule	$1,461.94
68328	REVISE/GRAFT EYELID LINING	Y		01/01/2015	Fee Schedule	$840.93
68330	REVISE EYELID LINING	Y		01/01/2015	Fee Schedule	$960.36
68335	REVISE/GRAFT EYELID LINING	Y		01/01/2015	Fee Schedule	$1,461.94
68340	SEPARATE EYELID ADHESIONS	Y		01/01/2015	Fee Schedule	$840.93
68360	REVISE EYELID LINING	Y		01/01/2015	Fee Schedule	$1,461.94
68362	REVISE EYELID LINING	Y		01/01/2015	Fee Schedule	$840.93
68371	HARVEST EYE TISSUE ALOGRAFT	Y		01/01/2015	Fee Schedule	$840.93
68400	INCISE/DRAIN TEAR GLAND	Y		01/01/2015	Fee Schedule	$219.89
68420	INCISE/DRAIN TEAR SAC	Y		01/01/2015	Fee Schedule	$232.41
68440	INCISE TEAR DUCT OPENING	Y		01/01/2015	Fee Schedule	$65.43

68500	REMOVAL OF TEAR GLAND	Y		01/01/2015	Fee Schedule	$1,461.94
68505	PARTIAL REMOVAL TEAR GLAND	Y		01/01/2015	Fee Schedule	$840.93
68510	BIOPSY OF TEAR GLAND	Y		01/01/2015	Fee Schedule	$840.93
68520	REMOVAL OF TEAR SAC	Y		01/01/2015	Fee Schedule	$1,461.94
68525	BIOPSY OF TEAR SAC	Y		01/01/2015	Fee Schedule	$840.93
68530	CLEARANCE OF TEAR DUCT	Y		01/01/2015	Fee Schedule	$163.49
68540	REMOVE TEAR GLAND LESION	Y		01/01/2015	Fee Schedule	$840.93
68550	REMOVE TEAR GLAND LESION	Y		01/01/2015	Fee Schedule	$1,461.94
68700	REPAIR TEAR DUCTS	Y		01/01/2015	Fee Schedule	$840.93
68705	REVISE TEAR DUCT OPENING	Y		01/01/2015	Fee Schedule	$156.96
68720	CREATE TEAR SAC DRAIN	Y		01/01/2015	Fee Schedule	$1,461.94
68745	CREATE TEAR DUCT DRAIN	Y		01/01/2015	Fee Schedule	$1,461.94
68750	CREATE TEAR DUCT DRAIN	Y		01/01/2015	Fee Schedule	$840.93
68760	CLOSE TEAR DUCT OPENING	Y		01/01/2015	Fee Schedule	$134.44
68761	CLOSE TEAR DUCT OPENING	Y		01/01/2015	Fee Schedule	$95.47
68770	CLOSE TEAR SYSTEM FISTULA	Y		01/01/2015	Fee Schedule	$384.48
68801	DILATE TEAR DUCT OPENING			01/01/2015	No Separate Payment	$0.00
68810	PROBE NASOLACRIMAL DUCT	Y		01/01/2015	Fee Schedule	$163.49
68811	PROBE NASOLACRIMAL DUCT	Y		01/01/2015	Fee Schedule	$840.93
68815	PROBE NASOLACRIMAL DUCT	Y		01/01/2015	Fee Schedule	$840.93
68816	PROBE NL DUCT W/BALLOON	Y		01/01/2015	Fee Schedule	$840.93
68840	EXPLORE/IRRIGATE TEAR DUCTS	Y		01/01/2015	Fee Schedule	$79.38
68850	INJECTION FOR TEAR SAC X-RAY			01/01/2009	No Separate Payment	$0.00
69000	DRAIN EXTERNAL EAR LESION	Y		01/01/2015	Fee Schedule	$88.75
69005	DRAIN EXTERNAL EAR LESION	Y		01/01/2015	Fee Schedule	$130.50
69020	DRAIN OUTER EAR CANAL LESION	Y		01/01/2015	Fee Schedule	$88.75
69100	BIOPSY OF EXTERNAL EAR	Y		01/01/2015	Fee Schedule	$69.36
69105	BIOPSY OF EXTERNAL EAR CANAL	Y		01/01/2015	Fee Schedule	$108.69
69110	REMOVE EXTERNAL EAR PARTIAL	Y		01/01/2015	Fee Schedule	$735.03
69120	REMOVAL OF EXTERNAL EAR	Y		01/01/2015	Fee Schedule	$1,066.43
69140	REMOVE EAR CANAL LESION(S)	Y		01/01/2015	Fee Schedule	$2,043.89
69145	REMOVE EAR CANAL LESION(S)	Y		01/01/2015	Fee Schedule	$735.03
69150	EXTENSIVE EAR CANAL SURGERY	Y		01/01/2015	Fee Schedule	$1,066.43
69200	CLEAR OUTER EAR CANAL			01/01/2015	No Separate Payment	$0.00
69205	CLEAR OUTER EAR CANAL	Y		01/01/2015	Fee Schedule	$999.64
69210	REMOVE IMPACTED EAR WAX			01/01/2015	No Separate Payment	$0.00
69220	CLEAN OUT MASTOID CAVITY			01/01/2015	No Separate Payment	$0.00
69222	CLEAN OUT MASTOID CAVITY	Y		01/01/2015	Fee Schedule	$164.47
69300	REVISE EXTERNAL EAR			03/01/2011	Not Allowed	$0.00
69310	REBUILD OUTER EAR CANAL	Y		01/01/2015	Fee Schedule	$2,043.89
69320	REBUILD OUTER EAR CANAL	Y		01/01/2015	Fee Schedule	$2,043.89
69420	INCISION OF EARDRUM	Y		01/01/2015	Fee Schedule	$138.73
69421	INCISION OF EARDRUM	Y		01/01/2015	Fee Schedule	$694.18
69424	REMOVE VENTILATING TUBE			01/01/2015	Fee Schedule	$96.18
69433	CREATE EARDRUM OPENING	Y		01/01/2015	Fee Schedule	$142.30
69436	CREATE EARDRUM OPENING	Y		01/01/2015	Fee Schedule	$694.18
69440	EXPLORATION OF MIDDLE EAR	Y		01/01/2015	Fee Schedule	$2,043.89
69450	EARDRUM REVISION	Y		01/01/2015	Fee Schedule	$2,043.89
69501	MASTOIDECTOMY	Y		01/01/2015	Fee Schedule	$2,043.89
69502	MASTOIDECTOMY	Y		01/01/2015	Fee Schedule	$2,043.89
69505	REMOVE MASTOID STRUCTURES	Y		01/01/2015	Fee Schedule	$2,043.89
69511	EXTENSIVE MASTOID SURGERY	Y		01/01/2015	Fee Schedule	$2,043.89
69530	EXTENSIVE MASTOID SURGERY	Y		01/01/2015	Fee Schedule	$2,043.89
69540	REMOVE EAR LESION	Y		01/01/2015	Fee Schedule	$161.61

69550	REMOVE EAR LESION	Y		01/01/2015	Fee Schedule	$2,043.89
69552	REMOVE EAR LESION	Y		01/01/2015	Fee Schedule	$2,043.89
69601	MASTOID SURGERY REVISION	Y		01/01/2015	Fee Schedule	$2,043.89
69602	MASTOID SURGERY REVISION	Y		01/01/2015	Fee Schedule	$2,043.89
69603	MASTOID SURGERY REVISION	Y		01/01/2015	Fee Schedule	$2,043.89
69604	MASTOID SURGERY REVISION	Y		01/01/2015	Fee Schedule	$2,043.89
69605	MASTOID SURGERY REVISION	Y		01/01/2015	Fee Schedule	$2,043.89
69610	REPAIR OF EARDRUM	Y		01/01/2015	Fee Schedule	$210.24
69620	REPAIR OF EARDRUM	Y		01/01/2015	Fee Schedule	$1,066.43
69631	REPAIR EARDRUM STRUCTURES	Y		01/01/2015	Fee Schedule	$2,043.89
69632	REBUILD EARDRUM STRUCTURES	Y		01/01/2015	Fee Schedule	$2,043.89
69633	REBUILD EARDRUM STRUCTURES	Y		01/01/2015	Fee Schedule	$2,043.89
69635	REPAIR EARDRUM STRUCTURES	Y		01/01/2015	Fee Schedule	$2,043.89
69636	REBUILD EARDRUM STRUCTURES	Y		01/01/2015	Fee Schedule	$2,043.89
69637	REBUILD EARDRUM STRUCTURES	Y		01/01/2015	Fee Schedule	$2,043.89
69641	REVISE MIDDLE EAR & MASTOID	Y		01/01/2015	Fee Schedule	$2,043.89
69642	REVISE MIDDLE EAR & MASTOID	Y		01/01/2015	Fee Schedule	$2,043.89
69643	REVISE MIDDLE EAR & MASTOID	Y		01/01/2015	Fee Schedule	$2,043.89
69644	REVISE MIDDLE EAR & MASTOID	Y		01/01/2015	Fee Schedule	$2,043.89
69645	REVISE MIDDLE EAR & MASTOID	Y		01/01/2015	Fee Schedule	$2,043.89
69646	REVISE MIDDLE EAR & MASTOID	Y		01/01/2015	Fee Schedule	$2,043.89
69650	RELEASE MIDDLE EAR BONE	Y		01/01/2015	Fee Schedule	$2,043.89
69660	REVISE MIDDLE EAR BONE	Y		01/01/2015	Fee Schedule	$2,043.89
69661	REVISE MIDDLE EAR BONE	Y		01/01/2015	Fee Schedule	$2,043.89
69662	REVISE MIDDLE EAR BONE	Y		01/01/2015	Fee Schedule	$2,043.89
69666	REPAIR MIDDLE EAR STRUCTURES	Y		01/01/2015	Fee Schedule	$1,066.43
69667	REPAIR MIDDLE EAR STRUCTURES	Y		01/01/2015	Fee Schedule	$1,066.43
69670	REMOVE MASTOID AIR CELLS	Y		01/01/2015	Fee Schedule	$2,043.89
69676	REMOVE MIDDLE EAR NERVE	Y		01/01/2015	Fee Schedule	$1,066.43
69700	CLOSE MASTOID FISTULA	Y		01/01/2015	Fee Schedule	$1,066.43
69711	REMOVE/REPAIR HEARING AID			01/01/2015	Fee Schedule	$2,043.89
69714	IMPLANT TEMPLE BONE W/STIMUL	Y		01/01/2015	Fee Schedule	$7,843.67
69715	TEMPLE BNE IMPLNT W/STIMULAT	Y		01/01/2015	Fee Schedule	$7,843.67
69717	TEMPLE BONE IMPLANT REVISION	Y		01/01/2015	Fee Schedule	$1,843.49
69718	REVISE TEMPLE BONE IMPLANT	Y		01/01/2015	Fee Schedule	$7,843.67
69720	RELEASE FACIAL NERVE	Y		01/01/2015	Fee Schedule	$2,043.89
69740	REPAIR FACIAL NERVE	Y		01/01/2015	Fee Schedule	$2,043.89
69745	REPAIR FACIAL NERVE	Y		01/01/2015	Fee Schedule	$2,043.89
69801	INCISE INNER EAR	Y		01/01/2015	Fee Schedule	$115.85
69805	EXPLORE INNER EAR	Y		01/01/2015	Fee Schedule	$2,043.89
69806	EXPLORE INNER EAR	Y		01/01/2015	Fee Schedule	$2,043.89
69820	ESTABLISH INNER EAR WINDOW	Y		01/01/2015	Fee Schedule	$2,043.89
69840	REVISE INNER EAR WINDOW	Y		01/01/2015	Fee Schedule	$2,043.89
69905	REMOVE INNER EAR	Y		01/01/2015	Fee Schedule	$2,043.89
69910	REMOVE INNER EAR & MASTOID	Y		01/01/2015	Fee Schedule	$2,043.89
69915	INCISE INNER EAR NERVE	Y		01/01/2015	Fee Schedule	$2,043.89
69930	IMPLANT COCHLEAR DEVICE	Y		01/01/2015	Fee Schedule	$27,886.01
69990	MICROSURGERY ADD-ON			01/01/2009	No Separate Payment	$0.00
70010	CONTRAST X-RAY OF BRAIN			01/01/2009	No Separate Payment	$0.00
70015	CONTRAST X-RAY OF BRAIN			01/01/2009	No Separate Payment	$0.00
70030	X-RAY EYE FOR FOREIGN BODY			01/01/2015	No Separate Payment	$0.00
70100	X-RAY EXAM OF JAW <4VIEWS			01/01/2015	No Separate Payment	$0.00
70110	X-RAY EXAM OF JAW 4/> VIEWS			01/01/2015	No Separate Payment	$0.00
70120	X-RAY EXAM OF MASTOIDS			01/01/2015	No Separate Payment	$0.00

70130	X-RAY EXAM OF MASTOIDS			01/01/2015	No Separate Payment	$0.00
70134	X-RAY EXAM OF MIDDLE EAR			01/01/2015	No Separate Payment	$0.00
70140	X-RAY EXAM OF FACIAL BONES			01/01/2015	No Separate Payment	$0.00
70150	X-RAY EXAM OF FACIAL BONES			01/01/2015	No Separate Payment	$0.00
70160	X-RAY EXAM OF NASAL BONES			01/01/2015	No Separate Payment	$0.00
70170	X-RAY EXAM OF TEAR DUCT			01/01/2009	No Separate Payment	$0.00
70190	X-RAY EXAM OF EYE SOCKETS			01/01/2015	No Separate Payment	$0.00
70200	X-RAY EXAM OF EYE SOCKETS			01/01/2015	No Separate Payment	$0.00
70210	X-RAY EXAM OF SINUSES			01/01/2015	No Separate Payment	$0.00
70220	X-RAY EXAM OF SINUSES			01/01/2015	No Separate Payment	$0.00
70240	X-RAY EXAM PITUITARY SADDLE			01/01/2015	No Separate Payment	$0.00
70250	X-RAY EXAM OF SKULL			01/01/2015	No Separate Payment	$0.00
70260	X-RAY EXAM OF SKULL			01/01/2015	No Separate Payment	$0.00
70300	X-RAY EXAM OF TEETH			01/01/2015	No Separate Payment	$0.00
70310	X-RAY EXAM OF TEETH			01/01/2015	No Separate Payment	$0.00
70320	FULL MOUTH X-RAY OF TEETH			01/01/2015	No Separate Payment	$0.00
70328	X-RAY EXAM OF JAW JOINT			01/01/2015	No Separate Payment	$0.00
70330	X-RAY EXAM OF JAW JOINTS			01/01/2015	No Separate Payment	$0.00
70332	X-RAY EXAM OF JAW JOINT			01/01/2009	No Separate Payment	$0.00
70336	MAGNETIC IMAGE JAW JOINT			01/01/2015	Fee Schedule	$156.94
70350	X-RAY HEAD FOR ORTHODONTIA			01/01/2015	No Separate Payment	$0.00
70355	PANORAMIC X-RAY OF JAWS			01/01/2015	No Separate Payment	$0.00
70360	X-RAY EXAM OF NECK			01/01/2015	No Separate Payment	$0.00
70370	THROAT X-RAY & FLUOROSCOPY			01/01/2015	Fee Schedule	$64.00
70371	SPEECH EVALUATION COMPLEX			01/01/2015	Fee Schedule	$47.20
70373	CONTRAST X-RAY OF LARYNX			01/01/2009	No Separate Payment	$0.00
70380	X-RAY EXAM OF SALIVARY GLAND			01/01/2015	No Separate Payment	$0.00
70390	X-RAY EXAM OF SALIVARY DUCT			01/01/2009	No Separate Payment	$0.00
70450	CT HEAD/BRAIN W/O DYE			01/01/2015	Fee Schedule	$65.77
70460	CT HEAD/BRAIN W/DYE			01/01/2015	Fee Schedule	$104.40
70470	CT HEAD/BRAIN W/O & W/DYE			01/01/2015	Fee Schedule	$126.93
70480	CT ORBIT/EAR/FOSSA W/O DYE			01/01/2015	Fee Schedule	$65.77
70481	CT ORBIT/EAR/FOSSA W/DYE			01/01/2015	Fee Schedule	$132.02
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE			01/01/2015	Fee Schedule	$147.79
70486	CT MAXILLOFACIAL W/O DYE			01/01/2015	Fee Schedule	$65.77
70487	CT MAXILLOFACIAL W/DYE			01/01/2015	Fee Schedule	$110.84
70488	CT MAXILLOFACIAL W/O & W/DYE			01/01/2015	Fee Schedule	$140.52
70490	CT SOFT TISSUE NECK W/O DYE			01/01/2015	Fee Schedule	$65.77
70491	CT SOFT TISSUE NECK W/DYE			01/01/2015	Fee Schedule	$132.02
70492	CT SFT TSUE NCK W/O & W/DYE			01/01/2015	Fee Schedule	$147.79
70496	CT ANGIOGRAPHY HEAD			01/01/2015	Fee Schedule	$154.49
70498	CT ANGIOGRAPHY NECK			01/01/2015	Fee Schedule	$154.49
70540	MRI ORBIT/FACE/NECK W/O DYE			01/01/2015	Fee Schedule	$156.94
70542	MRI ORBIT/FACE/NECK W/DYE			01/01/2015	Fee Schedule	$234.00
70543	MRI ORBT/FAC/NCK W/O &W/DYE			01/01/2015	Fee Schedule	$264.71
70544	MR ANGIOGRAPHY HEAD W/O DYE			01/01/2015	Fee Schedule	$156.94
70545	MR ANGIOGRAPHY HEAD W/DYE			01/01/2015	Fee Schedule	$234.00
70546	MR ANGIOGRAPH HEAD W/O&W/DYE			01/01/2015	Fee Schedule	$264.71
70547	MR ANGIOGRAPHY NECK W/O DYE			01/01/2015	Fee Schedule	$156.94
70548	MR ANGIOGRAPHY NECK W/DYE			01/01/2015	Fee Schedule	$234.00
70549	MR ANGIOGRAPH NECK W/O&W/DYE			01/01/2015	Fee Schedule	$264.71
70551	MRI BRAIN STEM W/O DYE			01/01/2015	Fee Schedule	$154.82
70552	MRI BRAIN STEM W/DYE			01/01/2015	Fee Schedule	$228.83
70553	MRI BRAIN STEM W/O & W/DYE			01/01/2015	Fee Schedule	$261.01

70554	FMRI BRAIN BY TECH			01/01/2015	Fee Schedule	$156.94
70555	FMRI BRAIN BY PHYS/PSYCH			01/01/2015	Fee Schedule	$156.94
70557	MRI BRAIN W/O DYE			01/01/2015	Fee Schedule	$156.94
70558	MRI BRAIN W/DYE			01/01/2015	Fee Schedule	$234.00
70559	MRI BRAIN W/O & W/DYE			01/01/2015	Fee Schedule	$264.71
71010	CHEST X-RAY 1 VIEW FRONTAL			01/01/2015	Fee Schedule	$12.87
71015	CHEST X-RAY STEREO FRONTAL			01/01/2015	Fee Schedule	$16.09
71020	CHEST X-RAY 2VW FRONTAL&LATL			01/01/2015	Fee Schedule	$16.45
71021	CHEST X-RAY FRNT LAT LORDOTC			01/01/2015	No Separate Payment	$0.00
71022	CHEST X-RAY FRNT LAT OBLIQUE			01/01/2015	No Separate Payment	$0.00
71023	CHEST X-RAY AND FLUOROSCOPY			01/01/2015	No Separate Payment	$0.00
71030	CHEST X-RAY 4/> VIEWS			01/01/2015	No Separate Payment	$0.00
71034	CHEST X-RAY&FLUORO 4/> VIEWS			01/01/2015	Fee Schedule	$60.43
71035	CHEST X-RAY SPECIAL VIEWS			01/01/2015	No Separate Payment	$0.00
71100	X-RAY EXAM RIBS UNI 2 VIEWS			01/01/2015	No Separate Payment	$0.00
71101	X-RAY EXAM UNILAT RIBS/CHEST			01/01/2015	No Separate Payment	$0.00
71110	X-RAY EXAM RIBS BIL 3 VIEWS			01/01/2015	No Separate Payment	$0.00
71111	X-RAY EXAM RIBS/CHEST4/> VWS			01/01/2015	No Separate Payment	$0.00
71120	X-RAY EXAM BREASTBONE 2/>VWS			01/01/2015	No Separate Payment	$0.00
71130	X-RAY STRENOCLAVIC JT 3/>VWS			01/01/2015	No Separate Payment	$0.00
71250	CT THORAX W/O DYE			01/01/2015	Fee Schedule	$65.77
71260	CT THORAX W/DYE			01/01/2015	Fee Schedule	$132.02
71270	CT THORAX W/O & W/DYE			01/01/2015	Fee Schedule	$147.79
71275	CT ANGIOGRAPHY CHEST			01/01/2015	Fee Schedule	$154.49
71550	MRI CHEST W/O DYE			01/01/2015	Fee Schedule	$156.94
71551	MRI CHEST W/DYE			01/01/2015	Fee Schedule	$234.00
71552	MRI CHEST W/O & W/DYE			01/01/2015	Fee Schedule	$264.71
72010	X-RAY EXAM SPINE AP&LAT			01/01/2015	Fee Schedule	$46.12
72020	X-RAY EXAM OF SPINE 1 VIEW			01/01/2015	No Separate Payment	$0.00
72040	X-RAY EXAM NECK SPINE 2-3 VW			01/01/2015	No Separate Payment	$0.00
72050	X-RAY EXAM NECK SPINE 4/5VWS			01/01/2015	No Separate Payment	$0.00
72052	X-RAY EXAM NECK SPINE 6/>VWS			01/01/2015	No Separate Payment	$0.00
72069	X-RAY EXAM TRUNK SPINE STAND			01/01/2015	No Separate Payment	$0.00
72070	X-RAY EXAM THORAC SPINE 2VWS			01/01/2015	No Separate Payment	$0.00
72072	X-RAY EXAM THORAC SPINE 3VWS			01/01/2015	No Separate Payment	$0.00
72074	X-RAY EXAM THORAC SPINE4/>VW			01/01/2015	No Separate Payment	$0.00
72080	X-RAY EXAM TRUNK SPINE 2 VWS			01/01/2015	No Separate Payment	$0.00
72090	X-RAY EXAM SCLOIOSIS ERECT			01/01/2015	No Separate Payment	$0.00
72100	X-RAY EXAM L-S SPINE 2/3 VWS			01/01/2015	No Separate Payment	$0.00
72110	X-RAY EXAM L-2 SPINE 4/>VWS			01/01/2015	No Separate Payment	$0.00
72114	X-RAY EXAM L-S SPINE BENDING			01/01/2015	No Separate Payment	$0.00
72120	X-RAY BEND ONLY L-S SPINE			01/01/2015	No Separate Payment	$0.00
72125	CT NECK SPINE W/O DYE			01/01/2015	Fee Schedule	$65.77
72126	CT NECK SPINE W/DYE			01/01/2015	Fee Schedule	$132.02
72127	CT NECK SPINE W/O & W/DYE			01/01/2015	Fee Schedule	$147.79
72128	CT CHEST SPINE W/O DYE			01/01/2015	Fee Schedule	$65.77
72129	CT CHEST SPINE W/DYE			01/01/2015	Fee Schedule	$132.02
72130	CT CHEST SPINE W/O & W/DYE			01/01/2015	Fee Schedule	$147.79
72131	CT LUMBAR SPINE W/O DYE			01/01/2015	Fee Schedule	$65.77
72132	CT LUMBAR SPINE W/DYE			01/01/2015	Fee Schedule	$132.02
72133	CT LUMBAR SPINE W/O & W/DYE			01/01/2015	Fee Schedule	$147.79
72141	MRI NECK SPINE W/O DYE			01/01/2015	Fee Schedule	$148.02
72142	MRI NECK SPINE W/DYE			01/01/2015	Fee Schedule	$232.76
72146	MRI CHEST SPINE W/O DYE			01/01/2015	Fee Schedule	$148.02

72147	MRI CHEST SPINE W/DYE			01/01/2015	Fee Schedule	$230.62
72148	MRI LUMBAR SPINE W/O DYE			01/01/2015	Fee Schedule	$146.59
72149	MRI LUMBAR SPINE W/DYE			01/01/2015	Fee Schedule	$228.83
72156	MRI NECK SPINE W/O & W/DYE			01/01/2015	Fee Schedule	$263.15
72157	MRI CHEST SPINE W/O & W/DYE			01/01/2015	Fee Schedule	$263.51
72158	MRI LUMBAR SPINE W/O & W/DYE			01/01/2015	Fee Schedule	$261.37
72170	X-RAY EXAM OF PELVIS			01/01/2015	No Separate Payment	$0.00
72190	X-RAY EXAM OF PELVIS			01/01/2015	No Separate Payment	$0.00
72191	CT ANGIOGRAPH PELV W/O&W/DYE			01/01/2015	Fee Schedule	$154.49
72192	CT PELVIS W/O DYE			01/01/2015	Fee Schedule	$65.77
72193	CT PELVIS W/DYE			01/01/2015	Fee Schedule	$132.02
72194	CT PELVIS W/O & W/DYE			01/01/2015	Fee Schedule	$147.79
72195	MRI PELVIS W/O DYE			01/01/2015	Fee Schedule	$156.94
72196	MRI PELVIS W/DYE			01/01/2015	Fee Schedule	$234.00
72197	MRI PELVIS W/O & W/DYE			01/01/2015	Fee Schedule	$264.71
72200	X-RAY EXAM SI JOINTS			01/01/2015	No Separate Payment	$0.00
72202	X-RAY EXAM SI JOINTS 3/> VWS			01/01/2015	No Separate Payment	$0.00
72220	X-RAY EXAM SACRUM TAILBONE			01/01/2015	No Separate Payment	$0.00
72240	MYELOGRAPHY NECK SPINE			01/01/2009	No Separate Payment	$0.00
72255	MYELOGRAPHY THORACIC SPINE			01/01/2009	No Separate Payment	$0.00
72265	MYELOGRAPHY L-S SPINE			01/01/2009	No Separate Payment	$0.00
72270	MYELOGPHY 2/> SPINE REGIONS			01/01/2009	No Separate Payment	$0.00
72275	EPIDUROGRAPHY			01/01/2009	No Separate Payment	$0.00
72285	DISCOGRAPHY CERV/THOR SPINE			01/01/2009	No Separate Payment	$0.00
72295	X-RAY OF LOWER SPINE DISK			01/01/2009	No Separate Payment	$0.00
73000	X-RAY EXAM OF COLLAR BONE			01/01/2015	No Separate Payment	$0.00
73010	X-RAY EXAM OF SHOULDER BLADE			01/01/2015	No Separate Payment	$0.00
73020	X-RAY EXAM OF SHOULDER			01/01/2015	No Separate Payment	$0.00
73030	X-RAY EXAM OF SHOULDER			01/01/2015	No Separate Payment	$0.00
73040	CONTRAST X-RAY OF SHOULDER			01/01/2009	No Separate Payment	$0.00
73050	X-RAY EXAM OF SHOULDERS			01/01/2015	No Separate Payment	$0.00
73060	X-RAY EXAM OF HUMERUS			01/01/2015	No Separate Payment	$0.00
73070	X-RAY EXAM OF ELBOW			01/01/2015	No Separate Payment	$0.00
73080	X-RAY EXAM OF ELBOW			01/01/2015	No Separate Payment	$0.00
73085	CONTRAST X-RAY OF ELBOW			01/01/2009	No Separate Payment	$0.00
73090	X-RAY EXAM OF FOREARM			01/01/2015	No Separate Payment	$0.00
73092	X-RAY EXAM OF ARM INFANT			01/01/2015	No Separate Payment	$0.00
73100	X-RAY EXAM OF WRIST			01/01/2015	No Separate Payment	$0.00
73110	X-RAY EXAM OF WRIST			01/01/2015	No Separate Payment	$0.00
73115	CONTRAST X-RAY OF WRIST			01/01/2009	No Separate Payment	$0.00
73120	X-RAY EXAM OF HAND			01/01/2015	No Separate Payment	$0.00
73130	X-RAY EXAM OF HAND			01/01/2015	No Separate Payment	$0.00
73140	X-RAY EXAM OF FINGER(S)			01/01/2015	No Separate Payment	$0.00
73200	CT UPPER EXTREMITY W/O DYE			01/01/2015	Fee Schedule	$65.77
73201	CT UPPER EXTREMITY W/DYE			01/01/2015	Fee Schedule	$132.02
73202	CT UPPR EXTREMITY W/O&W/DYE			01/01/2015	Fee Schedule	$147.79
73206	CT ANGIO UPR EXTRM W/O&W/DYE			01/01/2015	Fee Schedule	$154.49
73218	MRI UPPER EXTREMITY W/O DYE			01/01/2015	Fee Schedule	$156.94
73219	MRI UPPER EXTREMITY W/DYE			01/01/2015	Fee Schedule	$234.00
73220	MRI UPPR EXTREMITY W/O&W/DYE			01/01/2015	Fee Schedule	$264.71
73221	MRI JOINT UPR EXTREM W/O DYE			01/01/2015	Fee Schedule	$156.94
73222	MRI JOINT UPR EXTREM W/DYE			01/01/2015	Fee Schedule	$234.00
73223	MRI JOINT UPR EXTR W/O&W/DYE			01/01/2015	Fee Schedule	$264.71
73500	X-RAY EXAM OF HIP			01/01/2015	No Separate Payment	$0.00

73510	X-RAY EXAM OF HIP			01/01/2015	No Separate Payment	$0.00
73520	X-RAY EXAM OF HIPS			01/01/2015	No Separate Payment	$0.00
73525	CONTRAST X-RAY OF HIP			01/01/2009	No Separate Payment	$0.00
73530	X-RAY EXAM OF HIP			01/01/2009	No Separate Payment	$0.00
73540	X-RAY EXAM OF PELVIS & HIPS			01/01/2015	No Separate Payment	$0.00
73550	X-RAY EXAM OF THIGH			01/01/2015	No Separate Payment	$0.00
73560	X-RAY EXAM OF KNEE 1 OR 2			01/01/2015	No Separate Payment	$0.00
73562	X-RAY EXAM OF KNEE 3			01/01/2015	No Separate Payment	$0.00
73564	X-RAY EXAM KNEE 4 OR MORE			01/01/2015	No Separate Payment	$0.00
73565	X-RAY EXAM OF KNEES			01/01/2015	No Separate Payment	$0.00
73580	CONTRAST X-RAY OF KNEE JOINT			01/01/2009	No Separate Payment	$0.00
73590	X-RAY EXAM OF LOWER LEG			01/01/2015	No Separate Payment	$0.00
73592	X-RAY EXAM OF LEG INFANT			01/01/2015	No Separate Payment	$0.00
73600	X-RAY EXAM OF ANKLE			01/01/2015	No Separate Payment	$0.00
73610	X-RAY EXAM OF ANKLE			01/01/2015	No Separate Payment	$0.00
73615	CONTRAST X-RAY OF ANKLE			01/01/2009	No Separate Payment	$0.00
73620	X-RAY EXAM OF FOOT			01/01/2015	No Separate Payment	$0.00
73630	X-RAY EXAM OF FOOT			01/01/2015	No Separate Payment	$0.00
73650	X-RAY EXAM OF HEEL			01/01/2015	No Separate Payment	$0.00
73660	X-RAY EXAM OF TOE(S)			01/01/2015	No Separate Payment	$0.00
73700	CT LOWER EXTREMITY W/O DYE			01/01/2015	Fee Schedule	$65.77
73701	CT LOWER EXTREMITY W/DYE			01/01/2015	Fee Schedule	$132.02
73702	CT LWR EXTREMITY W/O&W/DYE			01/01/2015	Fee Schedule	$147.79
73706	CT ANGIO LWR EXTR W/O&W/DYE			01/01/2015	Fee Schedule	$154.49
73718	MRI LOWER EXTREMITY W/O DYE			01/01/2015	Fee Schedule	$156.94
73719	MRI LOWER EXTREMITY W/DYE			01/01/2015	Fee Schedule	$234.00
73720	MRI LWR EXTREMITY W/O&W/DYE			01/01/2015	Fee Schedule	$264.71
73721	MRI JNT OF LWR EXTRE W/O DYE			01/01/2015	Fee Schedule	$156.94
73722	MRI JOINT OF LWR EXTR W/DYE			01/01/2015	Fee Schedule	$234.00
73723	MRI JOINT LWR EXTR W/O&W/DYE			01/01/2015	Fee Schedule	$264.71
74000	X-RAY EXAM OF ABDOMEN			01/01/2015	No Separate Payment	$0.00
74010	X-RAY EXAM OF ABDOMEN			01/01/2015	No Separate Payment	$0.00
74020	X-RAY EXAM OF ABDOMEN			01/01/2015	No Separate Payment	$0.00
74022	X-RAY EXAM SERIES ABDOMEN			01/01/2015	No Separate Payment	$0.00
74150	CT ABDOMEN W/O DYE			01/01/2015	Fee Schedule	$65.77
74160	CT ABDOMEN W/DYE			01/01/2015	Fee Schedule	$132.02
74170	CT ABDOMEN W/O & W/DYE			01/01/2015	Fee Schedule	$147.79
74174	CT ANGIO ABD&PELV W/O&W/DYE			01/01/2015	Fee Schedule	$205.79
74175	CT ANGIO ABDOM W/O & W/DYE			01/01/2015	Fee Schedule	$154.49
74176	CT ABD & PELVIS W/O CONTRAST			01/01/2015	Fee Schedule	$111.55
74177	CT ABD & PELV W/CONTRAST			01/01/2015	Fee Schedule	$205.79
74178	CT ABD & PELV 1/> REGNS			01/01/2015	Fee Schedule	$205.79
74181	MRI ABDOMEN W/O DYE			01/01/2015	Fee Schedule	$156.94
74182	MRI ABDOMEN W/DYE			01/01/2015	Fee Schedule	$234.00
74183	MRI ABDOMEN W/O & W/DYE			01/01/2015	Fee Schedule	$264.71
74190	X-RAY EXAM OF PERITONEUM			01/01/2009	No Separate Payment	$0.00
74210	CONTRST X-RAY EXAM OF THROAT			01/01/2015	Fee Schedule	$55.72
74220	CONTRAST X-RAY ESOPHAGUS			01/01/2015	Fee Schedule	$55.72
74230	CINE/VID X-RAY THROAT/ESOPH			01/01/2015	Fee Schedule	$55.72
74235	REMOVE ESOPHAGUS OBSTRUCTION			01/01/2009	No Separate Payment	$0.00
74240	X-RAY UPPER GI DELAY W/O KUB			01/01/2015	Fee Schedule	$77.95
74241	X-RAYUPPER GI DELAY W/KUB			01/01/2015	Fee Schedule	$82.24
74245	X-RAY UPPER GI&SMALL INTEST			01/01/2015	Fee Schedule	$82.74
74246	CONTRST X-RAY UPPR GI TRACT			01/01/2015	Fee Schedule	$82.74

74247	CONTRST X-RAY UPPR GI TRACT			01/01/2015	Fee Schedule	$82.74
74249	CONTRST X-RAY UPPR GI TRACT			01/01/2015	Fee Schedule	$82.74
74250	X-RAY EXAM OF SMALL BOWEL			01/01/2015	Fee Schedule	$55.72
74251	X-RAY EXAM OF SMALL BOWEL			01/01/2015	Fee Schedule	$82.74
74260	X-RAY EXAM OF SMALL BOWEL			01/01/2015	Fee Schedule	$55.72
74261	CT COLONOGRAPHY DX			01/01/2015	Fee Schedule	$65.77
74262	CT COLONOGRAPHY DX W/DYE			01/01/2015	Fee Schedule	$132.02
74270	CONTRAST X-RAY EXAM OF COLON			01/01/2015	Fee Schedule	$82.74
74280	CONTRAST X-RAY EXAM OF COLON			01/01/2015	Fee Schedule	$82.74
74283	CONTRAST X-RAY EXAM OF COLON			01/01/2015	Fee Schedule	$82.74
74290	CONTRAST X-RAY GALLBLADDER			01/01/2015	Fee Schedule	$55.72
74300	X-RAY BILE DUCTS/PANCREAS			01/01/2009	No Separate Payment	$0.00
74301	X-RAYS AT SURGERY ADD-ON			01/01/2009	No Separate Payment	$0.00
74305	X-RAY BILE DUCTS/PANCREAS			01/01/2009	No Separate Payment	$0.00
74320	CONTRAST X-RAY OF BILE DUCTS			01/01/2009	No Separate Payment	$0.00
74327	X-RAY BILE STONE REMOVAL			01/01/2009	No Separate Payment	$0.00
74328	X-RAY BILE DUCT ENDOSCOPY			01/01/2009	No Separate Payment	$0.00
74329	X-RAY FOR PANCREAS ENDOSCOPY			01/01/2009	No Separate Payment	$0.00
74330	X-RAY BILE/PANC ENDOSCOPY			01/01/2009	No Separate Payment	$0.00
74340	X-RAY GUIDE FOR GI TUBE			01/01/2009	No Separate Payment	$0.00
74355	X-RAY GUIDE INTESTINAL TUBE			01/01/2009	No Separate Payment	$0.00
74360	X-RAY GUIDE GI DILATION			01/01/2009	No Separate Payment	$0.00
74363	X-RAY BILE DUCT DILATION			01/01/2009	No Separate Payment	$0.00
74400	CONTRST X-RAY URINARY TRACT			01/01/2015	Fee Schedule	$145.35
74410	CONTRST X-RAY URINARY TRACT			01/01/2015	Fee Schedule	$145.35
74415	CONTRST X-RAY URINARY TRACT			01/01/2015	Fee Schedule	$145.35
74420	CONTRST X-RAY URINARY TRACT			01/01/2015	Fee Schedule	$145.35
74425	CONTRST X-RAY URINARY TRACT			01/01/2009	No Separate Payment	$0.00
74430	CONTRAST X-RAY BLADDER			01/01/2009	No Separate Payment	$0.00
74440	X-RAY MALE GENITAL TRACT			01/01/2009	No Separate Payment	$0.00
74445	X-RAY EXAM OF PENIS			01/01/2009	No Separate Payment	$0.00
74450	X-RAY URETHRA/BLADDER			01/01/2009	No Separate Payment	$0.00
74455	X-RAY URETHRA/BLADDER			01/01/2009	No Separate Payment	$0.00
74470	X-RAY EXAM OF KIDNEY LESION			01/01/2009	No Separate Payment	$0.00
74475	X-RAY CONTROL CATH INSERT			01/01/2009	No Separate Payment	$0.00
74480	X-RAY CONTROL CATH INSERT			01/01/2009	No Separate Payment	$0.00
74485	X-RAY GUIDE GU DILATION			01/01/2009	No Separate Payment	$0.00
74710	X-RAY MEASUREMENT OF PELVIS			01/01/2015	No Separate Payment	$0.00
74740	X-RAY FEMALE GENITAL TRACT			01/01/2009	No Separate Payment	$0.00
74742	X-RAY FALLOPIAN TUBE			01/01/2009	No Separate Payment	$0.00
74775	X-RAY EXAM OF PERINEUM			01/01/2015	Fee Schedule	$145.35
75557	CARDIAC MRI FOR MORPH			01/01/2015	Fee Schedule	$156.94
75559	CARDIAC MRI W/STRESS IMG			01/01/2015	Fee Schedule	$156.94
75561	CARDIAC MRI FOR MORPH W/DYE			01/01/2015	Fee Schedule	$264.71
75563	CARD MRI W/STRESS IMG & DYE			01/01/2015	Fee Schedule	$353.97
75565	CARD MRI VELOC FLOW MAPPING			01/01/2010	No Separate Payment	$0.00
75571	CT HRT W/O DYE W/CA TEST			01/01/2015	No Separate Payment	$0.00
75572	CT HRT W/3D IMAGE			01/01/2015	Fee Schedule	$118.39
75573	CT HRT W/3D IMAGE CONGEN			01/01/2015	Fee Schedule	$118.39
75574	CT ANGIO HRT W/3D IMAGE			01/01/2015	Fee Schedule	$118.39
75600	CONTRAST EXAM THORACIC AORTA			01/01/2009	No Separate Payment	$0.00
75605	CONTRAST EXAM THORACIC AORTA			01/01/2009	No Separate Payment	$0.00
75625	CONTRAST EXAM ABDOMINL AORTA			01/01/2009	No Separate Payment	$0.00
75630	X-RAY AORTA LEG ARTERIES			01/01/2009	No Separate Payment	$0.00

75635	CT ANGIO ABDOMINAL ARTERIES			01/01/2009	No Separate Payment	$0.00
75658	ARTERY X-RAYS ARM			01/01/2009	No Separate Payment	$0.00
75705	ARTERY X-RAYS SPINE			01/01/2009	No Separate Payment	$0.00
75710	ARTERY X-RAYS ARM/LEG			01/01/2009	No Separate Payment	$0.00
75716	ARTERY X-RAYS ARMS/LEGS			01/01/2009	No Separate Payment	$0.00
75726	ARTERY X-RAYS ABDOMEN			01/01/2009	No Separate Payment	$0.00
75731	ARTERY X-RAYS ADRENAL GLAND			01/01/2009	No Separate Payment	$0.00
75733	ARTERY X-RAYS ADRENALS			01/01/2009	No Separate Payment	$0.00
75736	ARTERY X-RAYS PELVIS			01/01/2009	No Separate Payment	$0.00
75741	ARTERY X-RAYS LUNG			01/01/2009	No Separate Payment	$0.00
75743	ARTERY X-RAYS LUNGS			01/01/2009	No Separate Payment	$0.00
75746	ARTERY X-RAYS LUNG			01/01/2009	No Separate Payment	$0.00
75756	ARTERY X-RAYS CHEST			01/01/2009	No Separate Payment	$0.00
75774	ARTERY X-RAY EACH VESSEL			01/01/2009	No Separate Payment	$0.00
75791	AV DIALYSIS SHUNT IMAGING			01/01/2010	No Separate Payment	$0.00
75801	LYMPH VESSEL X-RAY ARM/LEG			01/01/2009	No Separate Payment	$0.00
75803	LYMPH VESSEL X-RAY ARMS/LEGS			01/01/2009	No Separate Payment	$0.00
75805	LYMPH VESSEL X-RAY TRUNK			01/01/2009	No Separate Payment	$0.00
75807	LYMPH VESSEL X-RAY TRUNK			01/01/2009	No Separate Payment	$0.00
75809	NONVASCULAR SHUNT X-RAY			01/01/2009	No Separate Payment	$0.00
75810	VEIN X-RAY SPLEEN/LIVER			01/01/2009	No Separate Payment	$0.00
75820	VEIN X-RAY ARM/LEG			01/01/2009	No Separate Payment	$0.00
75822	VEIN X-RAY ARMS/LEGS			01/01/2009	No Separate Payment	$0.00
75825	VEIN X-RAY TRUNK			01/01/2009	No Separate Payment	$0.00
75827	VEIN X-RAY CHEST			01/01/2009	No Separate Payment	$0.00
75831	VEIN X-RAY KIDNEY			01/01/2009	No Separate Payment	$0.00
75833	VEIN X-RAY KIDNEYS			01/01/2009	No Separate Payment	$0.00
75840	VEIN X-RAY ADRENAL GLAND			01/01/2009	No Separate Payment	$0.00
75842	VEIN X-RAY ADRENAL GLANDS			01/01/2009	No Separate Payment	$0.00
75860	VEIN X-RAY NECK			01/01/2009	No Separate Payment	$0.00
75870	VEIN X-RAY SKULL			01/01/2009	No Separate Payment	$0.00
75872	VEIN X-RAY SKULL EPIDURAL			01/01/2009	No Separate Payment	$0.00
75880	VEIN X-RAY EYE SOCKET			01/01/2009	No Separate Payment	$0.00
75885	VEIN X-RAY LIVER W/HEMODYNAM			01/01/2009	No Separate Payment	$0.00
75887	VEIN X-RAY LIVER W/O HEMODYN			01/01/2009	No Separate Payment	$0.00
75889	VEIN X-RAY LIVER W/HEMODYNAM			01/01/2009	No Separate Payment	$0.00
75891	VEIN X-RAY LIVER			01/01/2009	No Separate Payment	$0.00
75893	VENOUS SAMPLING BY CATHETER			01/01/2009	No Separate Payment	$0.00
75894	X-RAYS TRANSCATH THERAPY			01/01/2009	No Separate Payment	$0.00
75896	X-RAYS TRANSCATH THERAPY			01/01/2009	No Separate Payment	$0.00
75898	FOLLOW-UP ANGIOGRAPHY			01/01/2009	No Separate Payment	$0.00
75901	REMOVE CVA DEVICE OBSTRUCT			01/01/2009	No Separate Payment	$0.00
75902	REMOVE CVA LUMEN OBSTRUCT			01/01/2009	No Separate Payment	$0.00
75945	INTRAVASCULAR US			01/01/2009	No Separate Payment	$0.00
75946	INTRAVASCULAR US ADD-ON			01/01/2009	No Separate Payment	$0.00
75962	REPAIR ARTERIAL BLOCKAGE			01/01/2009	No Separate Payment	$0.00
75964	REPAIR ARTERY BLOCKAGE EACH			01/01/2009	No Separate Payment	$0.00
75966	REPAIR ARTERIAL BLOCKAGE			01/01/2009	No Separate Payment	$0.00
75968	REPAIR ARTERY BLOCKAGE EACH			01/01/2009	No Separate Payment	$0.00
75970	VASCULAR BIOPSY			01/01/2009	No Separate Payment	$0.00
75978	REPAIR VENOUS BLOCKAGE			01/01/2009	No Separate Payment	$0.00
75980	CONTRAST XRAY EXAM BILE DUCT			01/01/2009	No Separate Payment	$0.00
75982	CONTRAST XRAY EXAM BILE DUCT			01/01/2009	No Separate Payment	$0.00
75984	XRAY CONTROL CATHETER CHANGE			01/01/2009	No Separate Payment	$0.00

75989	ABSCESS DRAINAGE UNDER X-RAY			01/01/2009	No Separate Payment	$0.00
76000	FLUOROSCOPE EXAMINATION			01/01/2015	Fee Schedule	$37.90
76001	FLUOROSCOPE EXAM EXTENSIVE			01/01/2009	No Separate Payment	$0.00
76010	X-RAY NOSE TO RECTUM			01/01/2015	No Separate Payment	$0.00
76080	X-RAY EXAM OF FISTULA			01/01/2009	No Separate Payment	$0.00
76098	X-RAY EXAM BREAST SPECIMEN			01/01/2010	No Separate Payment	$0.00
76100	X-RAY EXAM OF BODY SECTION			01/01/2015	No Separate Payment	$0.00
76101	COMPLEX BODY SECTION X-RAY			01/01/2015	Fee Schedule	$96.90
76102	COMPLEX BODY SECTION X-RAYS			01/01/2015	Fee Schedule	$138.37
76120	CINE/VIDEO X-RAYS			01/01/2015	Fee Schedule	$70.44
76125	CINE/VIDEO X-RAYS ADD-ON			01/01/2009	No Separate Payment	$0.00
76376	3D RENDER W/INTRP POSTPROCES			01/01/2009	No Separate Payment	$0.00
76377	3D RENDER W/INTRP POSTPROCES			01/01/2009	No Separate Payment	$0.00
76380	CAT SCAN FOLLOW-UP STUDY			01/01/2015	No Separate Payment	$0.00
76496	FLUOROSCOPIC PROCEDURE			01/01/2015	Fee Schedule	$87.42
76497	CT PROCEDURE			01/01/2015	No Separate Payment	$0.00
76498	MRI PROCEDURE			01/01/2015	Fee Schedule	$156.94
76499	RADIOGRAPHIC PROCEDURE			01/01/2015	No Separate Payment	$0.00
76506	ECHO EXAM OF HEAD			01/01/2015	Fee Schedule	$73.89
76510	OPHTH US B & QUANT A			01/01/2015	No Separate Payment	$0.00
76511	OPHTH US QUANT A ONLY			01/01/2015	Fee Schedule	$49.34
76512	OPHTH US B W/NON-QUANT A			01/01/2015	Fee Schedule	$39.69
76513	ECHO EXAM OF EYE WATER BATH			01/01/2015	Fee Schedule	$60.07
76514	ECHO EXAM OF EYE THICKNESS			01/01/2015	No Separate Payment	$0.00
76516	ECHO EXAM OF EYE			01/01/2015	No Separate Payment	$0.00
76519	ECHO EXAM OF EYE			01/01/2015	No Separate Payment	$0.00
76529	ECHO EXAM OF EYE			01/01/2015	Fee Schedule	$47.20
76536	US EXAM OF HEAD AND NECK			01/01/2015	Fee Schedule	$73.89
76604	US EXAM CHEST			01/01/2015	Fee Schedule	$60.78
76641	ULTRASOUND BREAST COMPLETE			01/01/2015	No Separate Payment	$0.00
76642	ULTRASOUND BREAST LIMITED			01/01/2015	No Separate Payment	$0.00
76700	US EXAM ABDOM COMPLETE			01/01/2015	Fee Schedule	$73.89
76705	ECHO EXAM OF ABDOMEN			01/01/2015	Fee Schedule	$62.21
76770	US EXAM ABDO BACK WALL COMP			01/01/2015	Fee Schedule	$73.89
76775	US EXAM ABDO BACK WALL LIM			01/01/2015	Fee Schedule	$28.60
76776	US EXAM K TRANSPL W/DOPPLER			01/01/2015	Fee Schedule	$73.89
76800	US EXAM SPINAL CANAL			01/01/2015	No Separate Payment	$0.00
76801	OB US < 14 WKS SINGLE FETUS			01/01/2015	Fee Schedule	$73.30
76802	OB US < 14 WKS ADDL FETUS			01/01/2014	No Separate Payment	$0.00
76805	OB US >/= 14 WKS SNGL FETUS			01/01/2015	Fee Schedule	$73.89
76810	OB US >/= 14 WKS ADDL FETUS			01/01/2014	No Separate Payment	$0.00
76811	OB US DETAILED SNGL FETUS			01/01/2015	Fee Schedule	$83.31
76812	OB US DETAILED ADDL FETUS			01/01/2014	No Separate Payment	$0.00
76813	OB US NUCHAL MEAS 1 GEST			01/01/2015	Fee Schedule	$60.43
76814	OB US NUCHAL MEAS ADD-ON			01/01/2014	No Separate Payment	$0.00
76815	OB US LIMITED FETUS(S)			01/01/2015	Fee Schedule	$51.49
76816	OB US FOLLOW-UP PER FETUS			01/01/2015	No Separate Payment	$0.00
76817	TRANSVAGINAL US OBSTETRIC			01/01/2015	Fee Schedule	$59.00
76818	FETAL BIOPHYS PROFILE W/NST			01/01/2015	Fee Schedule	$67.22
76819	FETAL BIOPHYS PROFIL W/O NST			01/01/2015	Fee Schedule	$49.34
76820	UMBILICAL ARTERY ECHO			01/01/2015	No Separate Payment	$0.00
76821	MIDDLE CEREBRAL ARTERY ECHO			01/01/2015	No Separate Payment	$0.00
76825	ECHO EXAM OF FETAL HEART			01/01/2015	Fee Schedule	$193.08
76826	ECHO EXAM OF FETAL HEART			01/01/2015	Fee Schedule	$123.00

76827	ECHO EXAM OF FETAL HEART			01/01/2015	No Separate Payment	$0.00
76828	ECHO EXAM OF FETAL HEART			01/01/2015	No Separate Payment	$0.00
76830	TRANSVAGINAL US NON-OB			01/01/2015	Fee Schedule	$73.89
76831	ECHO EXAM UTERUS			01/01/2015	Fee Schedule	$81.88
76856	US EXAM PELVIC COMPLETE			01/01/2015	Fee Schedule	$73.89
76857	US EXAM PELVIC LIMITED			01/01/2015	Fee Schedule	$22.53
76870	US EXAM SCROTUM			01/01/2015	Fee Schedule	$35.04
76872	US TRANSRECTAL			01/01/2015	Fee Schedule	$60.07
76873	ECHOGRAP TRANS R PROS STUDY			01/01/2015	Fee Schedule	$89.03
76881	US XTR NON-VASC COMPLETE			01/01/2015	Fee Schedule	$73.89
76882	US XTR NON-VASC LMTD			01/01/2015	No Separate Payment	$0.00
76885	US EXAM INFANT HIPS DYNAMIC			01/01/2015	No Separate Payment	$0.00
76886	US EXAM INFANT HIPS STATIC			01/01/2015	No Separate Payment	$0.00
76930	ECHO GUIDE CARDIOCENTESIS			01/01/2009	No Separate Payment	$0.00
76932	ECHO GUIDE FOR HEART BIOPSY			01/01/2009	No Separate Payment	$0.00
76936	ECHO GUIDE FOR ARTERY REPAIR			01/01/2015	Fee Schedule	$173.41
76937	US GUIDE VASCULAR ACCESS			01/01/2009	No Separate Payment	$0.00
76940	US GUIDE TISSUE ABLATION			01/01/2009	No Separate Payment	$0.00
76941	ECHO GUIDE FOR TRANSFUSION			01/01/2009	No Separate Payment	$0.00
76942	ECHO GUIDE FOR BIOPSY			01/01/2009	No Separate Payment	$0.00
76945	ECHO GUIDE VILLUS SAMPLING			01/01/2009	No Separate Payment	$0.00
76946	ECHO GUIDE FOR AMNIOCENTESIS			01/01/2009	No Separate Payment	$0.00
76948	ECHO GUIDE OVA ASPIRATION			01/01/2009	No Separate Payment	$0.00
76965	ECHO GUIDANCE RADIOTHERAPY			01/01/2009	No Separate Payment	$0.00
76970	ULTRASOUND EXAM FOLLOW-UP			01/01/2015	No Separate Payment	$0.00
76975	GI ENDOSCOPIC ULTRASOUND			01/01/2009	No Separate Payment	$0.00
76977	US BONE DENSITY MEASURE			01/01/2015	Fee Schedule	$3.93
76998	US GUIDE INTRAOP			01/01/2009	No Separate Payment	$0.00
76999	ECHO EXAMINATION PROCEDURE			01/01/2015	No Separate Payment	$0.00
77001	FLUOROGUIDE FOR VEIN DEVICE			01/01/2009	No Separate Payment	$0.00
77002	NEEDLE LOCALIZATION BY XRAY			01/01/2009	No Separate Payment	$0.00
77003	FLUOROGUIDE FOR SPINE INJECT			01/01/2009	No Separate Payment	$0.00
77011	CT SCAN FOR LOCALIZATION			01/01/2009	No Separate Payment	$0.00
77012	CT SCAN FOR NEEDLE BIOPSY			01/01/2009	No Separate Payment	$0.00
77013	CT GUIDE FOR TISSUE ABLATION			01/01/2009	No Separate Payment	$0.00
77014	CT SCAN FOR THERAPY GUIDE			01/01/2009	No Separate Payment	$0.00
77021	MR GUIDANCE FOR NEEDLE PLACE			01/01/2009	No Separate Payment	$0.00
77022	MRI FOR TISSUE ABLATION			01/01/2009	No Separate Payment	$0.00
77053	X-RAY OF MAMMARY DUCT			01/01/2009	No Separate Payment	$0.00
77054	X-RAY OF MAMMARY DUCTS			01/01/2009	No Separate Payment	$0.00
77071	X-RAY STRESS VIEW			01/01/2015	No Separate Payment	$0.00
77072	X-RAYS FOR BONE AGE			01/01/2015	No Separate Payment	$0.00
77073	X-RAYS BONE LENGTH STUDIES			01/01/2015	No Separate Payment	$0.00
77074	X-RAYS BONE SURVEY LIMITED			01/01/2015	No Separate Payment	$0.00
77075	X-RAYS BONE SURVEY COMPLETE			01/01/2015	Fee Schedule	$59.35
77076	X-RAYS BONE SURVEY INFANT			01/01/2015	No Separate Payment	$0.00
77077	JOINT SURVEY SINGLE VIEW			01/01/2015	No Separate Payment	$0.00
77078	CT BONE DENSITY AXIAL			01/01/2015	Fee Schedule	$32.53
77080	DXA BONE DENSITY AXIAL			01/01/2015	Fee Schedule	$30.75
77081	DXA BONE DENSITY/PERIPHERAL			01/01/2015	Fee Schedule	$16.80
77084	MAGNETIC IMAGE BONE MARROW			01/01/2015	Fee Schedule	$156.94
77085	DXA BONE DENSITY STUDY			01/01/2015	No Separate Payment	$0.00
77086	FRACTURE ASSESSMENT VIA DXA			01/01/2015	No Separate Payment	$0.00
77280	SET RADIATION THERAPY FIELD			01/01/2015	Fee Schedule	$62.01

77285	SET RADIATION THERAPY FIELD			01/01/2015	Fee Schedule	$172.36
77290	SET RADIATION THERAPY FIELD			01/01/2015	Fee Schedule	$172.36
77295	3-D RADIOTHERAPY PLAN			01/01/2015	Fee Schedule	$264.94
77299	RADIATION THERAPY PLANNING			01/01/2015	Fee Schedule	$62.01
77300	RADIATION THERAPY DOSE PLAN			01/01/2015	Fee Schedule	$30.75
77301	RADIOTHERAPY DOSE PLAN IMRT			01/01/2015	Fee Schedule	$569.07
77306	TELETHX ISODOSE PLAN SIMPLE			01/01/2015	Fee Schedule	$62.01
77307	TELETHX ISODOSE PLAN CPLX			01/01/2015	Fee Schedule	$62.01
77316	BRACHYTX ISODOSE PLAN SIMPLE			01/01/2015	Fee Schedule	$62.01
77317	BRACHYTX ISODOSE INTERMED			01/01/2015	Fee Schedule	$147.67
77318	BRACHYTX ISODOSE COMPLEX			01/01/2015	Fee Schedule	$172.36
77321	SPECIAL TELETX PORT PLAN			01/01/2015	Fee Schedule	$42.91
77331	SPECIAL RADIATION DOSIMETRY			01/01/2015	Fee Schedule	$18.59
77332	RADIATION TREATMENT AID(S)			01/01/2015	Fee Schedule	$53.99
77333	RADIATION TREATMENT AID(S)			01/01/2015	Fee Schedule	$8.94
77334	RADIATION TREATMENT AID(S)			01/01/2015	Fee Schedule	$87.96
77336	RADIATION PHYSICS CONSULT			01/01/2015	Fee Schedule	$62.01
77338	DESIGN MLC DEVICE FOR IMRT			01/01/2015	Fee Schedule	$172.36
77370	RADIATION PHYSICS CONSULT			01/01/2015	Fee Schedule	$62.01
77371	SRS MULTISOURCE			01/01/2015	Fee Schedule	$1,942.53
77372	SRS LINEAR BASED			01/01/2015	Fee Schedule	$1,060.84
77373	SBRT DELIVERY			01/01/2015	Fee Schedule	$1,042.88
77385	NTSTY MODUL RAD TX DLVR SMPL			01/01/2015	Fee Schedule	$278.23
77386	NTSTY MODUL RAD TX DLVR CPLX			01/01/2015	Fee Schedule	$278.23
77387	GUIDANCE FOR RADIAJ TX DLVR			01/01/2015	No Separate Payment	$0.00
77399	EXTERNAL RADIATION DOSIMETRY			01/01/2015	Fee Schedule	$62.01
77401	RADIATION TREATMENT DELIVERY			01/01/2015	Fee Schedule	$20.38
77402	RADIATION TREATMENT DELIVERY			01/01/2015	Fee Schedule	$54.87
77407	RADIATION TREATMENT DELIVERY			01/01/2015	Fee Schedule	$54.87
77412	RADIATION TREATMENT DELIVERY			01/01/2015	Fee Schedule	$105.89
77417	RADIOLOGY PORT FILM(S)			01/01/2009	No Separate Payment	$0.00
77422	NEUTRON BEAM TX SIMPLE			01/01/2015	Fee Schedule	$33.25
77423	NEUTRON BEAM TX COMPLEX			01/01/2015	Fee Schedule	$64.72
77424	IO RAD TX DELIVERY BY X-RAY			01/01/2015	Fee Schedule	$2,974.10
77425	IO RAD TX DELIVER BY ELCTRNS			01/01/2015	Fee Schedule	$2,974.10
77435	SBRT MANAGEMENT			01/01/2009	No Separate Payment	$0.00
77469	IO RADIATION TX MANAGEMENT			01/01/2012	No Separate Payment	$0.00
77470	SPECIAL RADIATION TREATMENT			01/01/2015	Fee Schedule	$46.84
77520	PROTON TRMT SIMPLE W/O COMP			01/01/2015	Fee Schedule	$278.23
77522	PROTON TRMT SIMPLE W/COMP			01/01/2015	Fee Schedule	$587.61
77523	PROTON TRMT INTERMEDIATE			01/01/2015	Fee Schedule	$587.61
77525	PROTON TREATMENT COMPLEX			01/01/2015	Fee Schedule	$587.61
77600	HYPERTHERMIA TREATMENT			01/01/2015	Fee Schedule	$105.89
77605	HYPERTHERMIA TREATMENT			01/01/2015	Fee Schedule	$278.23
77610	HYPERTHERMIA TREATMENT			01/01/2015	Fee Schedule	$278.23
77615	HYPERTHERMIA TREATMENT			01/01/2015	Fee Schedule	$278.23
77620	HYPERTHERMIA TREATMENT			01/01/2015	Fee Schedule	$278.23
77750	INFUSE RADIOACTIVE MATERIALS			01/01/2015	Fee Schedule	$105.89
77761	APPLY INTRCAV RADIAT SIMPLE			01/01/2015	Fee Schedule	$189.50
77762	APPLY INTRCAV RADIAT INTERM			01/01/2015	Fee Schedule	$216.95
77763	APPLY INTRCAV RADIAT COMPL			01/01/2015	Fee Schedule	$216.95
77776	APPLY INTERSTIT RADIAT SIMPL			01/01/2015	Fee Schedule	$216.95
77777	APPLY INTERSTIT RADIAT INTER			01/01/2015	Fee Schedule	$194.15
77778	APPLY INTERSTIT RADIAT COMPL			01/01/2015	Fee Schedule	$286.04

77785	HDR BRACHYTX 1 CHANNEL			01/01/2015	Fee Schedule	$165.19
77786	HDR BRACHYTX 2-12 CHANNEL			01/01/2015	Fee Schedule	$320.00
77787	HDR BRACHYTX OVER 12 CHAN			01/01/2015	Fee Schedule	$399.83
77789	APPLY SURFACE RADIATION			01/01/2015	Fee Schedule	$59.71
77790	RADIATION HANDLING			01/01/2009	No Separate Payment	$0.00
77799	RADIUM/RADIOISOTOPE THERAPY			01/01/2015	Fee Schedule	$216.95
78012	THYROID UPTAKE MEASUREMENT			01/01/2015	Fee Schedule	$103.65
78013	THYROID IMAGING W/BLOOD FLOW			01/01/2015	Fee Schedule	$104.07
78014	THYROID IMAGING W/BLOOD FLOW			01/01/2015	Fee Schedule	$154.52
78015	THYROID MET IMAGING			01/01/2015	Fee Schedule	$206.76
78016	THYROID MET IMAGING/STUDIES			01/01/2015	Fee Schedule	$206.76
78018	THYROID MET IMAGING BODY			01/01/2015	Fee Schedule	$206.76
78020	THYROID MET UPTAKE			01/01/2009	No Separate Payment	$0.00
78070	PARATHYROID PLANAR IMAGING			01/01/2015	Fee Schedule	$154.52
78071	PARATHYRD PLANAR W/WO SUBTRJ			01/01/2015	Fee Schedule	$206.76
78072	PARATHYRD PLANAR W/SPECT&CT			01/01/2015	Fee Schedule	$206.76
78075	ADRENAL CORTEX & MEDULLA IMG			01/01/2015	Fee Schedule	$651.38
78099	ENDOCRINE NUCLEAR PROCEDURE			01/01/2015	Fee Schedule	$104.07
78102	BONE MARROW IMAGING LTD			01/01/2015	Fee Schedule	$202.53
78103	BONE MARROW IMAGING MULT			01/01/2015	Fee Schedule	$202.53
78104	BONE MARROW IMAGING BODY			01/01/2015	Fee Schedule	$202.53
78110	PLASMA VOLUME SINGLE			01/01/2015	Fee Schedule	$344.22
78111	PLASMA VOLUME MULTIPLE			01/01/2015	Fee Schedule	$344.22
78120	RED CELL MASS SINGLE			01/01/2015	Fee Schedule	$344.22
78121	RED CELL MASS MULTIPLE			01/01/2015	Fee Schedule	$344.22
78122	BLOOD VOLUME			01/01/2015	Fee Schedule	$344.22
78130	RED CELL SURVIVAL STUDY			01/01/2015	Fee Schedule	$344.22
78135	RED CELL SURVIVAL KINETICS			01/01/2015	Fee Schedule	$344.22
78140	RED CELL SEQUESTRATION			01/01/2015	Fee Schedule	$344.22
78185	SPLEEN IMAGING			01/01/2015	Fee Schedule	$202.53
78190	PLATELET SURVIVAL KINETICS			01/01/2015	Fee Schedule	$153.58
78191	PLATELET SURVIVAL			01/01/2015	Fee Schedule	$153.58
78195	LYMPH SYSTEM IMAGING			01/01/2015	Fee Schedule	$202.53
78199	BLOOD/LYMPH NUCLEAR EXAM			01/01/2015	Fee Schedule	$202.53
78201	LIVER IMAGING			01/01/2015	Fee Schedule	$204.42
78202	LIVER IMAGING WITH FLOW			01/01/2015	Fee Schedule	$204.42
78205	LIVER IMAGING (3D)			01/01/2015	Fee Schedule	$204.42
78206	LIVER IMAGE (3D) WITH FLOW			01/01/2015	Fee Schedule	$204.42
78215	LIVER AND SPLEEN IMAGING			01/01/2015	Fee Schedule	$204.42
78216	LIVER & SPLEEN IMAGE/FLOW			01/01/2015	Fee Schedule	$204.42
78226	HEPATOBILIARY SYSTEM IMAGING			01/01/2015	Fee Schedule	$204.42
78227	HEPATOBIL SYST IMAGE W/DRUG			01/01/2015	Fee Schedule	$204.42
78230	SALIVARY GLAND IMAGING			01/01/2015	Fee Schedule	$179.16
78231	SERIAL SALIVARY IMAGING			01/01/2015	Fee Schedule	$179.16
78232	SALIVARY GLAND FUNCTION EXAM			01/01/2015	Fee Schedule	$179.16
78258	ESOPHAGEAL MOTILITY STUDY			01/01/2015	Fee Schedule	$179.16
78261	GASTRIC MUCOSA IMAGING			01/01/2015	Fee Schedule	$179.16
78262	GASTROESOPHAGEAL REFLUX EXAM			01/01/2015	Fee Schedule	$179.16
78264	GASTRIC EMPTYING STUDY			01/01/2015	Fee Schedule	$179.16
78270	VIT B-12 ABSORPTION EXAM			01/01/2015	Fee Schedule	$153.58
78271	VIT B-12 ABSRP EXAM INT FAC			01/01/2015	Fee Schedule	$153.58
78272	VIT B-12 ABSORP COMBINED			01/01/2015	Fee Schedule	$153.58
78278	ACUTE GI BLOOD LOSS IMAGING			01/01/2015	Fee Schedule	$179.16
78282	GI PROTEIN LOSS EXAM			01/01/2015	Fee Schedule	$179.16

78290	MECKELS DIVERT EXAM			01/01/2015	Fee Schedule	$179.16
78291	LEVEEN/SHUNT PATENCY EXAM			01/01/2015	Fee Schedule	$179.16
78299	GI NUCLEAR PROCEDURE			01/01/2015	Fee Schedule	$179.16
78300	BONE IMAGING LIMITED AREA			01/01/2015	Fee Schedule	$182.09
78305	BONE IMAGING MULTIPLE AREAS			01/01/2015	Fee Schedule	$182.09
78306	BONE IMAGING WHOLE BODY			01/01/2015	Fee Schedule	$182.09
78315	BONE IMAGING 3 PHASE			01/01/2015	Fee Schedule	$182.09
78320	BONE IMAGING (3D)			01/01/2015	Fee Schedule	$182.09
78399	MUSCULOSKELETAL NUCLEAR EXAM			01/01/2015	Fee Schedule	$182.09
78414	NON-IMAGING HEART FUNCTION			01/01/2015	Fee Schedule	$204.70
78428	CARDIAC SHUNT IMAGING			01/01/2015	Fee Schedule	$204.70
78445	VASCULAR FLOW IMAGING			01/01/2015	Fee Schedule	$184.68
78451	HT MUSCLE IMAGE SPECT SING			01/01/2015	Fee Schedule	$624.97
78452	HT MUSCLE IMAGE SPECT MULT			01/01/2015	Fee Schedule	$624.97
78453	HT MUSCLE IMAGE PLANAR SING			01/01/2015	Fee Schedule	$624.97
78454	HT MUSC IMAGE PLANAR MULT			01/01/2015	Fee Schedule	$624.97
78456	ACUTE VENOUS THROMBUS IMAGE			01/01/2015	Fee Schedule	$445.60
78457	VENOUS THROMBOSIS IMAGING			01/01/2015	Fee Schedule	$184.68
78458	VEN THROMBOSIS IMAGES BILAT			01/01/2015	Fee Schedule	$184.68
78459	HEART MUSCLE IMAGING (PET)			01/01/2015	Fee Schedule	$704.80
78466	HEART INFARCT IMAGE			01/01/2015	Fee Schedule	$204.70
78468	HEART INFARCT IMAGE (EF)			01/01/2015	Fee Schedule	$204.70
78469	HEART INFARCT IMAGE (3D)			01/01/2015	Fee Schedule	$204.70
78472	GATED HEART PLANAR SINGLE			01/01/2015	Fee Schedule	$204.70
78473	GATED HEART MULTIPLE			01/01/2015	Fee Schedule	$204.70
78481	HEART FIRST PASS SINGLE			01/01/2015	Fee Schedule	$204.70
78483	HEART FIRST PASS MULTIPLE			01/01/2015	Fee Schedule	$624.97
78491	HEART IMAGE (PET) SINGLE			01/01/2015	Fee Schedule	$704.80
78492	HEART IMAGE (PET) MULTIPLE			01/01/2015	Fee Schedule	$704.80
78494	HEART IMAGE SPECT			01/01/2015	Fee Schedule	$204.70
78496	HEART FIRST PASS ADD-ON			01/01/2009	No Separate Payment	$0.00
78499	CARDIOVASCULAR NUCLEAR EXAM			01/01/2015	Fee Schedule	$204.70
78579	LUNG VENTILATION IMAGING			01/01/2015	Fee Schedule	$173.09
78580	LUNG PERFUSION IMAGING			01/01/2015	Fee Schedule	$173.09
78582	LUNG VENTILAT&PERFUS IMAGING			01/01/2015	Fee Schedule	$241.29
78597	LUNG PERFUSION DIFFERENTIAL			01/01/2015	Fee Schedule	$173.09
78598	LUNG PERF&VENTILAT DIFERENTL			01/01/2015	Fee Schedule	$241.29
78599	RESPIRATORY NUCLEAR EXAM			01/01/2015	Fee Schedule	$173.09
78600	BRAIN IMAGE < 4 VIEWS			01/01/2015	Fee Schedule	$97.02
78601	BRAIN IMAGE W/FLOW < 4 VIEWS			01/01/2015	Fee Schedule	$305.35
78605	BRAIN IMAGE 4+ VIEWS			01/01/2015	Fee Schedule	$305.35
78606	BRAIN IMAGE W/FLOW 4 + VIEWS			01/01/2015	Fee Schedule	$305.35
78607	BRAIN IMAGING (3D)			01/01/2015	Fee Schedule	$651.38
78608	BRAIN IMAGING (PET)			01/01/2015	Fee Schedule	$704.80
78610	BRAIN FLOW IMAGING ONLY			01/01/2015	Fee Schedule	$305.35
78630	CEREBROSPINAL FLUID SCAN			01/01/2015	Fee Schedule	$305.35
78635	CSF VENTRICULOGRAPHY			01/01/2015	Fee Schedule	$305.35
78645	CSF SHUNT EVALUATION			01/01/2015	Fee Schedule	$305.35
78647	CEREBROSPINAL FLUID SCAN			01/01/2015	Fee Schedule	$305.35
78650	CSF LEAKAGE IMAGING			01/01/2015	Fee Schedule	$305.35
78660	NUCLEAR EXAM OF TEAR FLOW			01/01/2015	Fee Schedule	$97.02
78699	NERVOUS SYSTEM NUCLEAR EXAM			01/01/2015	Fee Schedule	$97.02
78700	KIDNEY IMAGING MORPHOL			01/01/2015	Fee Schedule	$230.50
78701	KIDNEY IMAGING WITH FLOW			01/01/2015	Fee Schedule	$230.50

78707	K FLOW/FUNCT IMAGE W/O DRUG			01/01/2015	Fee Schedule	$230.50
78708	K FLOW/FUNCT IMAGE W/DRUG			01/01/2015	Fee Schedule	$230.50
78709	K FLOW/FUNCT IMAGE MULTIPLE			01/01/2015	Fee Schedule	$230.50
78710	KIDNEY IMAGING (3D)			01/01/2015	Fee Schedule	$230.50
78725	KIDNEY FUNCTION STUDY			01/01/2015	Fee Schedule	$153.58
78730	URINARY BLADDER RETENTION			01/01/2014	No Separate Payment	$0.00
78740	URETERAL REFLUX STUDY			01/01/2015	Fee Schedule	$230.50
78761	TESTICULAR IMAGING W/FLOW			01/01/2015	Fee Schedule	$230.50
78799	GENITOURINARY NUCLEAR EXAM			01/01/2015	Fee Schedule	$230.50
78800	TUMOR IMAGING LIMITED AREA			01/01/2015	Fee Schedule	$206.76
78801	TUMOR IMAGING MULT AREAS			01/01/2015	Fee Schedule	$206.76
78802	TUMOR IMAGING WHOLE BODY			01/01/2015	Fee Schedule	$387.26
78803	TUMOR IMAGING (3D)			01/01/2015	Fee Schedule	$387.26
78804	TUMOR IMAGING WHOLE BODY			01/01/2015	Fee Schedule	$651.38
78805	ABSCESS IMAGING LTD AREA			01/01/2015	Fee Schedule	$387.26
78806	ABSCESS IMAGING WHOLE BODY			01/01/2015	Fee Schedule	$387.26
78807	NUCLEAR LOCALIZATION/ABSCESS			01/01/2015	Fee Schedule	$387.26
78808	IV INJ RA DRUG DX STUDY			01/01/2009	No Separate Payment	$0.00
78811	PET IMAGE LTD AREA			01/01/2015	Fee Schedule	$704.80
78812	PET IMAGE SKULL-THIGH			01/01/2015	Fee Schedule	$704.80
78813	PET IMAGE FULL BODY			01/01/2015	Fee Schedule	$704.80
78814	PET IMAGE W/CT LMTD			01/01/2015	Fee Schedule	$704.80
78815	PET IMAGE W/CT SKULL-THIGH			01/01/2015	Fee Schedule	$704.80
78816	PET IMAGE W/CT FULL BODY			01/01/2015	Fee Schedule	$704.80
78999	NUCLEAR DIAGNOSTIC EXAM			01/01/2015	Fee Schedule	$103.65
79005	NUCLEAR RX ORAL ADMIN			01/01/2015	Fee Schedule	$48.98
79101	NUCLEAR RX IV ADMIN			01/01/2015	Fee Schedule	$47.91
79200	NUCLEAR RX INTRACAV ADMIN			01/01/2015	Fee Schedule	$51.49
79300	NUCLR RX INTERSTIT COLLOID			01/01/2015	Fee Schedule	$151.74
79403	HEMATOPOIETIC NUCLEAR TX			01/01/2015	Fee Schedule	$80.09
79440	NUCLEAR RX INTRA-ARTICULAR			01/01/2015	Fee Schedule	$40.05
79445	NUCLEAR RX INTRA-ARTERIAL			01/01/2015	Fee Schedule	$151.74
79999	NUCLEAR MEDICINE THERAPY			01/01/2015	Fee Schedule	$151.74
90296	DIPHTHERIA ANTITOXIN			03/01/2011	Not Allowed	$0.00
90371	HEP B IG IM			01/01/2015	Fee Schedule	$116.67
90375	RABIES IG IM/SC			01/01/2015	Fee Schedule	$243.58
90376	RABIES IG HEAT TREATED			01/01/2015	Fee Schedule	$225.42
90378	RSV MAB IM 50MG			01/01/2015	Fee Schedule	$1,947.79
90385	RH IG MINIDOSE IM			01/01/2009	No Separate Payment	$0.00
90393	VACCINA IG IM			03/01/2011	Not Allowed	$0.00
90396	VARICELLA-ZOSTER IG IM			10/01/2013	Fee Schedule	$675.22
90476	ADENOVIRUS VACCINE TYPE 4			01/01/2012	No Separate Payment	$0.00
90477	ADENOVIRUS VACCINE TYPE 7			03/01/2011	Not Allowed	$0.00
90581	ANTHRAX VACCINE SC OR IM			04/01/2013	Fee Schedule	$94.05
90585	BCG VACCINE PERCUT			01/01/2015	Fee Schedule	$120.44
90632	HEP A VACCINE ADULT IM			01/01/2009	No Separate Payment	$0.00
90633	HEP A VACC PED/ADOL 2 DOSE			01/01/2009	No Separate Payment	$0.00
90634	HEP A VACC PED/ADOL 3 DOSE			01/01/2009	No Separate Payment	$0.00
90636	HEP A/HEP B VACC ADULT IM			01/01/2009	No Separate Payment	$0.00
90644	MENINGOCCL HIB VAC 4 DOSE IM			01/01/2013	No Separate Payment	$0.00
90645	HIB VACCINE HBOC IM			01/01/2009	No Separate Payment	$0.00
90646	HIB VACCINE PRP-D IM			01/01/2009	No Separate Payment	$0.00
90647	HIB VACCINE PRP-OMP IM			01/01/2009	No Separate Payment	$0.00
90648	HIB VACCINE PRP-T IM			01/01/2009	No Separate Payment	$0.00

90654	FLU VACCINE NO PRESERV ID			01/01/2012	No Separate Payment	$0.00
90655	FLU VAC NO PRSV 3 VAL 6-35 M			01/01/2009	No Separate Payment	$0.00
90656	FLU VACCINE NO PRESERV 3 & >			01/01/2009	No Separate Payment	$0.00
90657	FLU VACCINE 3 YRS IM			01/01/2009	No Separate Payment	$0.00
90660	FLU VACCINE NASAL			01/01/2009	No Separate Payment	$0.00
90661	FLU VACC CELL CULT PRSV FREE			04/01/2013	No Separate Payment	$0.00
90662	FLU VACC PRSV FREE INC ANTIG			12/23/2009	No Separate Payment	$0.00
90669	PNEUMOCOCCAL VACC 7 VAL IM			01/01/2009	No Separate Payment	$0.00
90670	PNEUMOCOCCAL VACC 13 VAL IM			04/01/2010	No Separate Payment	$0.00
90672	FLU VACCINE 4 VALENT NASAL			01/01/2013	No Separate Payment	$0.00
90673	FLU VACC RIV3 NO PRESERV			04/01/2014	No Separate Payment	$0.00
90675	RABIES VACCINE IM			01/01/2015	Fee Schedule	$234.29
90676	RABIES VACCINE ID			01/01/2015	Fee Schedule	$172.30
90680	ROTOVIRUS VACC 3 DOSE ORAL			01/01/2012	No Separate Payment	$0.00
90681	ROTAVIRUS VACC 2 DOSE ORAL			10/01/2013	Fee Schedule	$108.65
90685	FLU VAC NO PRSV 4 VAL 6-35 M			10/01/2013	No Separate Payment	$0.00
90686	FLU VAC NO PRSV 4 VAL 3 YRS+			07/01/2013	No Separate Payment	$0.00
90687	FLU VACCINE 4 VAL 6-35 MO IM			01/01/2015	No Separate Payment	$0.00
90688	FLU VACC 4 VAL 3 YRS PLUS IM			04/01/2014	No Separate Payment	$0.00
90690	TYPHOID VACCINE ORAL			01/01/2009	No Separate Payment	$0.00
90691	TYPHOID VACCINE IM			01/01/2009	No Separate Payment	$0.00
90692	TYPHOID VACCINE H-P SC/ID			01/01/2009	No Separate Payment	$0.00
90696	DTAP-IPV VACC 4-6 YR IM			01/01/2010	No Separate Payment	$0.00
90698	DTAP-HIB-IP VACCINE IM			01/01/2009	No Separate Payment	$0.00
90700	DTAP VACCINE < 7 YRS IM			01/01/2009	No Separate Payment	$0.00
90702	DT VACCINE < 7 YRS IM			01/01/2009	No Separate Payment	$0.00
90703	TETANUS VACCINE IM			01/01/2009	No Separate Payment	$0.00
90704	MUMPS VACCINE SC			01/01/2015	No Separate Payment	$0.00
90705	MEASLES VACCINE SC			01/01/2009	No Separate Payment	$0.00
90706	RUBELLA VACCINE SC			01/01/2009	No Separate Payment	$0.00
90707	MMR VACCINE SC			01/01/2009	No Separate Payment	$0.00
90708	MEASLES-RUBELLA VACCINE SC			07/01/2009	No Separate Payment	$0.00
90710	MMRV VACCINE SC			01/01/2009	No Separate Payment	$0.00
90712	ORAL POLIOVIRUS VACCINE			01/01/2009	No Separate Payment	$0.00
90713	POLIOVIRUS IPV SC/IM			01/01/2009	No Separate Payment	$0.00
90714	TD VACCINE NO PRSRV 7/> IM			01/01/2009	No Separate Payment	$0.00
90715	TDAP VACCINE 7 YRS/> IM			01/01/2009	No Separate Payment	$0.00
90717	YELLOW FEVER VACCINE SC			01/01/2009	No Separate Payment	$0.00
90719	DIPHTHERIA VACCINE IM			01/01/2009	No Separate Payment	$0.00
90720	DTP/HIB VACCINE IM			01/01/2009	No Separate Payment	$0.00
90721	DTAP/HIB VACCINE IM			01/01/2009	No Separate Payment	$0.00
90725	CHOLERA VACCINE INJECTABLE			07/01/2010	Fee Schedule	$103.90
90727	PLAGUE VACCINE IM			01/01/2009	No Separate Payment	$0.00
90732	PNEUMOCOCCAL VACC 23 VAL IM			01/01/2009	No Separate Payment	$0.00
90733	MENINGOCOCCAL VACCINE SC			01/01/2013	Fee Schedule	$106.49
90734	MENINGOCOCCAL VACCINE IM			01/01/2015	No Separate Payment	$0.00
90735	ENCEPHALITIS VACCINE SC			01/01/2015	Fee Schedule	$108.29
90740	HEPB VACC ILL PAT 3 DOSE IM			07/01/2010	No Separate Payment	$0.00
90743	HEP B VACC ADOL 2 DOSE IM			07/01/2010	No Separate Payment	$0.00
90744	HEPB VACC PED/ADOL 3 DOSE IM			07/01/2010	No Separate Payment	$0.00
90746	HEP B VACC ADULT 3 DOSE IM			07/01/2010	No Separate Payment	$0.00
90747	HEPB VACC ILL PAT 4 DOSE IM			07/01/2010	No Separate Payment	$0.00
90749	VACCINE TOXOID			01/01/2009	No Separate Payment	$0.00
91035	G-ESOPH REFLX TST W/ELECTROD			01/01/2015	Fee Schedule	$180.13

91200	LIVER ELASTOGRAPHY			01/01/2015	Fee Schedule	$21.10
92071	CONTACT LENS FITTING FOR TX			01/01/2012	No Separate Payment	$0.00
92072	FIT CONTAC LENS FOR MANAGMNT			01/01/2012	No Separate Payment	$0.00
95940	IONM IN OPERATNG ROOM 15 MIN			01/01/2013	No Separate Payment	$0.00
95941	IONM REMOTE/>1 PT OR PER HR			01/01/2013	No Separate Payment	$0.00
A4218	STERILE SALINE OR WATER			01/01/2009	No Separate Payment	$0.00
A4220	INFUSION PUMP REFILL KIT			01/01/2009	No Separate Payment	$0.00
A4248	CHLORHEXIDINE ANTISEPT			01/01/2009	No Separate Payment	$0.00
A4262	TEMPORARY TEAR DUCT PLUG			01/01/2009	No Separate Payment	$0.00
A4263	PERMANENT TEAR DUCT PLUG			01/01/2009	No Separate Payment	$0.00
A4270	DISPOSABLE ENDOSCOPE SHEATH			01/01/2009	No Separate Payment	$0.00
A4300	CATH IMPL VASC ACCESS PORTAL			01/01/2009	No Separate Payment	$0.00
A4301	IMPLANTABLE ACCESS SYST PERC			01/01/2009	No Separate Payment	$0.00
A4305	DRUG DELIVERY SYSTEM >=50 ML			01/01/2009	No Separate Payment	$0.00
A4306	DRUG DELIVERY SYSTEM <=50 ML			01/01/2009	No Separate Payment	$0.00
A4641	RADIOPHARM DX AGENT NOC			01/01/2009	No Separate Payment	$0.00
A4642	IN111 SATUMOMAB			01/01/2009	No Separate Payment	$0.00
A4648	IMPLANTABLE TISSUE MARKER			01/01/2009	No Separate Payment	$0.00
A4650	IMPLANT RADIATION DOSIMETER			01/01/2009	No Separate Payment	$0.00
A9500	TC99M SESTAMIBI			01/01/2009	No Separate Payment	$0.00
A9501	TECHNETIUM TC-99M TEBOROXIME			01/01/2009	No Separate Payment	$0.00
A9502	TC99M TETROFOSMIN			01/01/2009	No Separate Payment	$0.00
A9503	TC99M MEDRONATE			01/01/2009	No Separate Payment	$0.00
A9504	TC99M APCITIDE			01/01/2009	No Separate Payment	$0.00
A9505	TL201 THALLIUM			01/01/2009	No Separate Payment	$0.00
A9507	IN111 CAPROMAB			01/01/2009	No Separate Payment	$0.00
A9508	I131 IODOBENGUATE, DX			01/01/2009	No Separate Payment	$0.00
A9509	IODINE I-123 SOD IODIDE MIL			01/01/2009	No Separate Payment	$0.00
A9510	TC99M DISOFENIN			01/01/2009	No Separate Payment	$0.00
A9512	TC99M PERTECHNETATE			01/01/2009	No Separate Payment	$0.00
A9516	IODINE I-123 SOD IODIDE MIC			01/01/2009	No Separate Payment	$0.00
A9520	TC99 TILMANOCEPT DIAG 0.5MCI			01/01/2014	Fee Schedule	$240.00
A9521	TC99M EXAMETAZIME			01/01/2009	No Separate Payment	$0.00
A9524	I131 SERUM ALBUMIN, DX			01/01/2009	No Separate Payment	$0.00
A9526	NITROGEN N-13 AMMONIA			01/01/2009	No Separate Payment	$0.00
A9527	IODINE I-125 SODIUM IODIDE			01/01/2015	Fee Schedule	$13.25
A9528	IODINE I-131 IODIDE CAP, DX			01/01/2009	No Separate Payment	$0.00
A9529	I131 IODIDE SOL, DX			01/01/2009	No Separate Payment	$0.00
A9531	I131 MAX 100UCI			01/01/2009	No Separate Payment	$0.00
A9532	I125 SERUM ALBUMIN, DX			01/01/2009	No Separate Payment	$0.00
A9536	TC99M DEPREOTIDE			01/01/2009	No Separate Payment	$0.00
A9537	TC99M MEBROFENIN			01/01/2009	No Separate Payment	$0.00
A9538	TC99M PYROPHOSPHATE			01/01/2009	No Separate Payment	$0.00
A9539	TC99M PENTETATE			01/01/2009	No Separate Payment	$0.00
A9540	TC99M MAA			01/01/2009	No Separate Payment	$0.00
A9541	TC99M SULFUR COLLOID			01/01/2009	No Separate Payment	$0.00
A9542	IN111 IBRITUMOMAB, DX			01/01/2009	No Separate Payment	$0.00
A9544	I131 TOSITUMOMAB, DX			01/01/2009	No Separate Payment	$0.00
A9546	CO57/58			01/01/2009	No Separate Payment	$0.00
A9547	IN111 OXYQUINOLINE			01/01/2009	No Separate Payment	$0.00
A9548	IN111 PENTETATE			01/01/2009	No Separate Payment	$0.00
A9550	TC99M GLUCEPTATE			01/01/2009	No Separate Payment	$0.00
A9551	TC99M SUCCIMER			01/01/2009	No Separate Payment	$0.00
A9552	F18 FDG			01/01/2009	No Separate Payment	$0.00

A9553	CR51 CHROMATE			01/01/2009	No Separate Payment	$0.00
A9554	I125 IOTHALAMATE, DX			01/01/2009	No Separate Payment	$0.00
A9555	RB82 RUBIDIUM			01/01/2009	No Separate Payment	$0.00
A9556	GA67 GALLIUM			01/01/2009	No Separate Payment	$0.00
A9557	TC99M BICISATE			01/01/2009	No Separate Payment	$0.00
A9558	XE133 XENON 10MCI			01/01/2009	No Separate Payment	$0.00
A9559	CO57 CYANO			01/01/2009	No Separate Payment	$0.00
A9560	TC99M LABELED RBC			01/01/2009	No Separate Payment	$0.00
A9561	TC99M OXIDRONATE			01/01/2009	No Separate Payment	$0.00
A9562	TC99M MERTIATIDE			01/01/2009	No Separate Payment	$0.00
A9566	TC99M FANOLESOMAB			01/01/2009	No Separate Payment	$0.00
A9567	TECHNETIUM TC-99M AEROSOL			01/01/2009	No Separate Payment	$0.00
A9568	TECHNETIUM TC99M ARCITUMOMAB			01/01/2009	No Separate Payment	$0.00
A9569	TECHNETIUM TC-99M AUTO WBC			01/01/2009	No Separate Payment	$0.00
A9570	INDIUM IN-111 AUTO WBC			01/01/2009	No Separate Payment	$0.00
A9571	INDIUM IN-111 AUTO PLATELET			01/01/2009	No Separate Payment	$0.00
A9572	INDIUM IN-111 PENTETREOTIDE			01/01/2009	No Separate Payment	$0.00
A9575	INJ GADOTERATE MEGLUMI 0.1ML			01/01/2014	No Separate Payment	$0.00
A9576	INJ PROHANCE MULTIPACK			01/01/2009	No Separate Payment	$0.00
A9577	INJ MULTIHANCE			01/01/2009	No Separate Payment	$0.00
A9578	INJ MULTIHANCE MULTIPACK			01/01/2009	No Separate Payment	$0.00
A9579	GAD-BASE MR CONTRAST NOS,1ML			01/01/2009	No Separate Payment	$0.00
A9580	SODIUM FLUORIDE F-18			01/01/2009	No Separate Payment	$0.00
A9581	GADOXETATE DISODIUM INJ			01/01/2011	No Separate Payment	$0.00
A9582	IODINE I-123 IOBENGUANE			01/01/2012	No Separate Payment	$0.00
A9583	GADOFOSVESET TRISODIUM INJ			01/01/2012	No Separate Payment	$0.00
A9584	IODINE I-123 IOFLUPANE			01/01/2014	No Separate Payment	$0.00
A9585	GADOBUTROL INJECTION			01/01/2012	No Separate Payment	$0.00
A9586	FLORBETAPIR F18			01/01/2015	Fee Schedule	$2,756.00
A9599	RADIOPHA DX BETA AMYLOID PET			01/01/2014	No Separate Payment	$0.00
A9698	NON-RAD CONTRAST MATERIALNOC			01/01/2009	No Separate Payment	$0.00
C1713	ANCHOR/SCREW BN/BN,TIS/BN			01/01/2009	No Separate Payment	$0.00
C1714	CATH, TRANS ATHERECTOMY, DIR			01/01/2009	No Separate Payment	$0.00
C1715	BRACHYTHERAPY NEEDLE			01/01/2009	No Separate Payment	$0.00
C1716	BRACHYTX, NON-STR, GOLD-198			01/01/2015	Fee Schedule	$37.31
C1717	BRACHYTX, NON-STR,HDR IR-192			01/01/2015	Fee Schedule	$272.38
C1719	BRACHYTX, NS, NON-HDRIR-192			01/01/2015	Fee Schedule	$53.73
C1721	AICD, DUAL CHAMBER			01/01/2009	No Separate Payment	$0.00
C1722	AICD, SINGLE CHAMBER			01/01/2009	No Separate Payment	$0.00
C1724	CATH, TRANS ATHEREC,ROTATION			01/01/2009	No Separate Payment	$0.00
C1725	CATH, TRANSLUMIN NON-LASER			01/01/2009	No Separate Payment	$0.00
C1726	CATH, BAL DIL, NON-VASCULAR			01/01/2009	No Separate Payment	$0.00
C1727	CATH, BAL TIS DIS, NON-VAS			01/01/2009	No Separate Payment	$0.00
C1728	CATH, BRACHYTX SEED ADM			01/01/2009	No Separate Payment	$0.00
C1729	CATH, DRAINAGE			01/01/2009	No Separate Payment	$0.00
C1730	CATH, EP, 19 OR FEW ELECT			01/01/2009	No Separate Payment	$0.00
C1731	CATH, EP, 20 OR MORE ELEC			01/01/2009	No Separate Payment	$0.00
C1732	CATH, EP, DIAG/ABL, 3D/VECT			01/01/2009	No Separate Payment	$0.00
C1733	CATH, EP, OTHR THAN COOL-TIP			01/01/2009	No Separate Payment	$0.00
C1749	ENDO, COLON, RETRO IMAGING			01/01/2014	Fee Schedule	$0.00
C1750	CATH, HEMODIALYSIS,LONG-TERM			01/01/2009	No Separate Payment	$0.00
C1751	CATH, INF, PER/CENT/MIDLINE			01/01/2009	No Separate Payment	$0.00
C1752	CATH,HEMODIALYSIS,SHORT-TERM			01/01/2009	No Separate Payment	$0.00
C1753	CATH, INTRAVAS ULTRASOUND			01/01/2009	No Separate Payment	$0.00

C1754	CATHETER, INTRADISCAL			01/01/2009	No Separate Payment	$0.00
C1755	CATHETER, INTRASPINAL			01/01/2009	No Separate Payment	$0.00
C1756	CATH, PACING, TRANSESOPH			01/01/2009	No Separate Payment	$0.00
C1757	CATH, THROMBECTOMY/EMBOLECT			01/01/2009	No Separate Payment	$0.00
C1758	CATHETER, URETERAL			01/01/2009	No Separate Payment	$0.00
C1759	CATH, INTRA ECHOCARDIOGRAPHY			01/01/2009	No Separate Payment	$0.00
C1760	CLOSURE DEV, VASC			01/01/2009	No Separate Payment	$0.00
C1762	CONN TISS, HUMAN(INC FASCIA)			01/01/2009	No Separate Payment	$0.00
C1763	CONN TISS, NON-HUMAN			01/01/2009	No Separate Payment	$0.00
C1764	EVENT RECORDER, CARDIAC			01/01/2009	No Separate Payment	$0.00
C1765	ADHESION BARRIER			01/01/2009	No Separate Payment	$0.00
C1766	INTRO/SHEATH,STRBLE,NON-PEEL			01/01/2009	No Separate Payment	$0.00
C1767	GENERATOR, NEURO NON-RECHARG			01/01/2009	No Separate Payment	$0.00
C1768	GRAFT, VASCULAR			01/01/2009	No Separate Payment	$0.00
C1769	GUIDE WIRE			01/01/2009	No Separate Payment	$0.00
C1770	IMAGING COIL, MR, INSERTABLE			01/01/2009	No Separate Payment	$0.00
C1771	REP DEV, URINARY, W/SLING			01/01/2009	No Separate Payment	$0.00
C1772	INFUSION PUMP, PROGRAMMABLE			01/01/2009	No Separate Payment	$0.00
C1773	RET DEV, INSERTABLE			01/01/2009	No Separate Payment	$0.00
C1776	JOINT DEVICE (IMPLANTABLE)			01/01/2009	No Separate Payment	$0.00
C1777	LEAD, AICD, ENDO SINGLE COIL			01/01/2009	No Separate Payment	$0.00
C1778	LEAD, NEUROSTIMULATOR			01/01/2009	No Separate Payment	$0.00
C1779	LEAD, PMKR, TRANSVENOUS VDD			01/01/2009	No Separate Payment	$0.00
C1780	LENS, INTRAOCULAR (NEW TECH)			01/01/2009	No Separate Payment	$0.00
C1781	MESH (IMPLANTABLE)			01/01/2009	No Separate Payment	$0.00
C1782	MORCELLATOR			01/01/2009	No Separate Payment	$0.00
C1783	OCULAR IMP, AQUEOUS DRAIN DE			01/01/2009	No Separate Payment	$0.00
C1784	OCULAR DEV, INTRAOP, DET RET			01/01/2009	No Separate Payment	$0.00
C1785	PMKR, DUAL, RATE-RESP			01/01/2009	No Separate Payment	$0.00
C1786	PMKR, SINGLE, RATE-RESP			01/01/2009	No Separate Payment	$0.00
C1787	PATIENT PROGR, NEUROSTIM			01/01/2009	No Separate Payment	$0.00
C1788	PORT, INDWELLING, IMP			01/01/2009	No Separate Payment	$0.00
C1789	PROSTHESIS, BREAST, IMP			01/01/2009	No Separate Payment	$0.00
C1813	PROSTHESIS, PENILE, INFLATAB			03/01/2011	Not Allowed	$0.00
C1814	RETINAL TAMP, SILICONE OIL			01/01/2009	No Separate Payment	$0.00
C1815	PROS, URINARY SPH, IMP			01/01/2009	No Separate Payment	$0.00
C1816	RECEIVER/TRANSMITTER, NEURO			01/01/2009	No Separate Payment	$0.00
C1817	SEPTAL DEFECT IMP SYS			01/01/2009	No Separate Payment	$0.00
C1818	INTEGRATED KERATOPROSTHESIS			01/01/2009	No Separate Payment	$0.00
C1819	TISSUE LOCALIZATION-EXCISION			01/01/2009	No Separate Payment	$0.00
C1820	GENERATOR NEURO RECHG BAT SY			01/01/2009	No Separate Payment	$0.00
C1821	INTERSPINOUS IMPLANT			01/01/2009	No Separate Payment	$0.00
C1830	POWER BONE MARROW BX NEEDLE			01/01/2014	No Separate Payment	$0.00
C1840	TELESCOPIC INTRAOCULAR LENS			01/01/2014	No Separate Payment	$0.00
C1874	STENT, COATED/COV W/DEL SYS			01/01/2009	No Separate Payment	$0.00
C1875	STENT, COATED/COV W/O DEL SY			01/01/2009	No Separate Payment	$0.00
C1876	STENT, NON-COA/NON-COV W/DEL			01/01/2009	No Separate Payment	$0.00
C1877	STENT, NON-COAT/COV W/O DEL			01/01/2009	No Separate Payment	$0.00
C1878	MATRL FOR VOCAL CORD			01/01/2009	No Separate Payment	$0.00
C1880	VENA CAVA FILTER			01/01/2009	No Separate Payment	$0.00
C1881	DIALYSIS ACCESS SYSTEM			01/01/2009	No Separate Payment	$0.00
C1882	AICD, OTHER THAN SING/DUAL			01/01/2009	No Separate Payment	$0.00
C1883	ADAPT/EXT, PACING/NEURO LEAD			01/01/2009	No Separate Payment	$0.00
C1884	EMBOLIZATION PROTECT SYST			01/01/2009	No Separate Payment	$0.00

C1885	CATH, TRANSLUMIN ANGIO LASER			01/01/2009	No Separate Payment	$0.00
C1886	CATHETER, ABLATION			01/01/2014	No Separate Payment	$0.00
C1887	CATHETER, GUIDING			01/01/2009	No Separate Payment	$0.00
C1888	ENDOVAS NON-CARDIAC ABL CATH			01/01/2009	No Separate Payment	$0.00
C1891	INFUSION PUMP,NON-PROG, PERM			01/01/2009	No Separate Payment	$0.00
C1892	INTRO/SHEATH,FIXED,PEEL-AWAY			01/01/2009	No Separate Payment	$0.00
C1893	INTRO/SHEATH, FIXED,NON-PEEL			01/01/2009	No Separate Payment	$0.00
C1894	INTRO/SHEATH, NON-LASER			01/01/2009	No Separate Payment	$0.00
C1895	LEAD, AICD, ENDO DUAL COIL			01/01/2009	No Separate Payment	$0.00
C1896	LEAD, AICD, NON SING/DUAL			01/01/2009	No Separate Payment	$0.00
C1897	LEAD, NEUROSTIM TEST KIT			01/01/2009	No Separate Payment	$0.00
C1898	LEAD, PMKR, OTHER THAN TRANS			01/01/2009	No Separate Payment	$0.00
C1899	LEAD, PMKR/AICD COMBINATION			01/01/2009	No Separate Payment	$0.00
C1900	LEAD, CORONARY VENOUS			01/01/2009	No Separate Payment	$0.00
C2614	PROBE, PERC LUMB DISC			01/01/2009	No Separate Payment	$0.00
C2615	SEALANT, PULMONARY, LIQUID			01/01/2009	No Separate Payment	$0.00
C2616	BRACHYTX, NON-STR,YTTRIUM-90			01/01/2015	Fee Schedule	$15,582.68
C2617	STENT, NON-COR, TEM W/O DEL			01/01/2009	No Separate Payment	$0.00
C2618	PROBE/NEEDLE, CRYO			01/01/2009	No Separate Payment	$0.00
C2619	PMKR, DUAL, NON RATE-RESP			01/01/2009	No Separate Payment	$0.00
C2620	PMKR, SINGLE, NON RATE-RESP			01/01/2009	No Separate Payment	$0.00
C2621	PMKR, OTHER THAN SING/DUAL			01/01/2009	No Separate Payment	$0.00
C2622	PROSTHESIS, PENILE, NON-INF			03/01/2011	Not Allowed	$0.00
C2624	WIRELESS PRESSURE SENSOR			01/01/2015	No Separate Payment	$0.00
C2625	STENT, NON-COR, TEM W/DEL SY			01/01/2009	No Separate Payment	$0.00
C2626	INFUSION PUMP, NON-PROG,TEMP			01/01/2009	No Separate Payment	$0.00
C2627	CATH, SUPRAPUBIC/CYSTOSCOPIC			01/01/2009	No Separate Payment	$0.00
C2628	CATHETER, OCCLUSION			01/01/2009	No Separate Payment	$0.00
C2629	INTRO/SHEATH, LASER			01/01/2009	No Separate Payment	$0.00
C2630	CATH, EP, COOL-TIP			01/01/2009	No Separate Payment	$0.00
C2631	REP DEV, URINARY, W/O SLING			01/01/2009	No Separate Payment	$0.00
C2634	BRACHYTX, NON-STR, HA, I-125			01/01/2015	Fee Schedule	$85.81
C2635	BRACHYTX, NON-STR, HA, P-103			01/01/2015	Fee Schedule	$25.81
C2636	BRACHY LINEAR, NON-STR,P-103			01/01/2015	Fee Schedule	$19.44
C2638	BRACHYTX, STRANDED, I-125			01/01/2015	Fee Schedule	$42.42
C2639	BRACHYTX, NON-STRANDED,I-125			01/01/2015	Fee Schedule	$37.05
C2640	BRACHYTX, STRANDED, P-103			01/01/2015	Fee Schedule	$65.50
C2641	BRACHYTX, NON-STRANDED,P-103			01/01/2015	Fee Schedule	$67.93
C2642	BRACHYTX, STRANDED, C-131			01/01/2015	Fee Schedule	$105.39
C2643	BRACHYTX, NON-STRANDED,C-131			01/01/2015	Fee Schedule	$54.71
C2644	BRACHYTX CESIUM-131 CHLORIDE			01/01/2015	Fee Schedule	$13.25
C2698	BRACHYTX, STRANDED, NOS			01/01/2015	Fee Schedule	$42.42
C2699	BRACHYTX, NON-STRANDED, NOS			01/01/2015	Fee Schedule	$19.44
C5271	LOW COST SKIN SUBSTITUTE APP	Y		01/01/2015	Fee Schedule	$235.69
C5272	LOW COST SKIN SUBSTITUTE APP			01/01/2014	No Separate Payment	$0.00
C5273	LOW COST SKIN SUBSTITUTE APP	Y		01/01/2015	Fee Schedule	$771.20
C5274	LOW COST SKIN SUBSTITUTE APP			01/01/2014	No Separate Payment	$0.00
C5275	LOW COST SKIN SUBSTITUTE APP	Y		01/01/2015	Fee Schedule	$235.69
C5276	LOW COST SKIN SUBSTITUTE APP			01/01/2014	No Separate Payment	$0.00
C5277	LOW COST SKIN SUBSTITUTE APP	Y		01/01/2015	Fee Schedule	$235.69
C5278	LOW COST SKIN SUBSTITUTE APP			01/01/2014	No Separate Payment	$0.00
C8900	MRA W/CONT, ABD			01/01/2015	Fee Schedule	$234.00
C8901	MRA W/O CONT, ABD			01/01/2015	Fee Schedule	$156.94
C8902	MRA W/O FOL W/CONT, ABD			01/01/2015	Fee Schedule	$264.71

C8903	MRI W/CONT, BREAST, UNI			01/01/2015	Fee Schedule	$234.00
C8904	MRI W/O CONT, BREAST, UNI			01/01/2015	Fee Schedule	$156.94
C8905	MRI W/O FOL W/CONT, BRST, UN			01/01/2015	Fee Schedule	$264.71
C8906	MRI W/CONT, BREAST, BI			01/01/2015	Fee Schedule	$234.00
C8907	MRI W/O CONT, BREAST, BI			01/01/2015	Fee Schedule	$156.94
C8908	MRI W/O FOL W/CONT, BREAST,			01/01/2015	Fee Schedule	$264.71
C8909	MRA W/CONT, CHEST			01/01/2015	Fee Schedule	$234.00
C8910	MRA W/O CONT, CHEST			01/01/2015	Fee Schedule	$156.94
C8911	MRA W/O FOL W/CONT, CHEST			01/01/2015	Fee Schedule	$264.71
C8912	MRA W/CONT, LWR EXT			01/01/2015	Fee Schedule	$234.00
C8913	MRA W/O CONT, LWR EXT			01/01/2015	Fee Schedule	$156.94
C8914	MRA W/O FOL W/CONT, LWR EXT			01/01/2015	Fee Schedule	$264.71
C8918	MRA W/CONT, PELVIS			01/01/2015	Fee Schedule	$234.00
C8919	MRA W/O CONT, PELVIS			01/01/2015	Fee Schedule	$156.94
C8920	MRA W/O FOL W/CONT, PELVIS			01/01/2015	Fee Schedule	$264.71
C8931	MRA, W/DYE, SPINAL CANAL			01/01/2015	Fee Schedule	$234.00
C8932	MRA, W/O DYE, SPINAL CANAL			01/01/2015	Fee Schedule	$156.94
C8933	MRA, W/O&W/DYE, SPINAL CANAL			01/01/2015	Fee Schedule	$264.71
C8934	MRA, W/DYE, UPPER EXTREMITY			01/01/2015	Fee Schedule	$234.00
C8935	MRA, W/O DYE, UPPER EXTR			01/01/2015	Fee Schedule	$156.94
C8936	MRA, W/O&W/DYE, UPPER EXTR			01/01/2015	Fee Schedule	$264.71
C9025	INJECTION, RAMUCIRUMAB			01/01/2015	Fee Schedule	$53.97
C9026	INJECTION, VEDOLIZUMAB			10/01/2014	Fee Schedule	$17.03
C9027	INJECTION, PEMBROLIZUMAB			01/01/2015	Fee Schedule	$45.75
C9113	INJ PANTOPRAZOLE SODIUM, VIA			01/01/2009	No Separate Payment	$0.00
C9121	INJECTION, ARGATROBAN			01/01/2015	Fee Schedule	$15.49
C9132	KCENTRA, PER I.U.			01/01/2015	Fee Schedule	$1.61
C9136	FACTOR VIII (ELOCTATE)			01/01/2015	Fee Schedule	$2.10
C9248	INJ, CLEVIDIPINE BUTYRATE			01/01/2015	Fee Schedule	$4.24
C9250	ARTISS FIBRIN SEALANT			01/01/2015	No Separate Payment	$0.00
C9254	INJECTION, LACOSAMIDE			01/01/2013	No Separate Payment	$0.00
C9257	BEVACIZUMAB INJECTION			01/01/2015	Fee Schedule	$1.70
C9275	HEXAMINOLEVULINATE HCL			01/01/2013	No Separate Payment	$0.00
C9285	PATCH, LIDOCAINE/TETRACAINE			01/01/2014	No Separate Payment	$0.00
C9290	INJ, BUPIVACAINE LIPOSOME			01/01/2015	No Separate Payment	$0.00
C9293	INJECTION, GLUCARPIDASE			01/01/2015	Fee Schedule	$257.67
C9349	FORTADERM, FORTADERM ANTIMIC			01/01/2015	Fee Schedule	$109.18
C9352	NEURAGEN NERVE GUIDE, PER CM			07/01/2009	No Separate Payment	$0.00
C9353	NEURAWRAP NERVE PROTECTOR,CM			07/01/2009	No Separate Payment	$0.00
C9354	VERITAS COLLAGEN MATRIX, CM2			01/01/2010	No Separate Payment	$0.00
C9355	NEUROMATRIX NERVE CUFF, CM			01/01/2010	No Separate Payment	$0.00
C9356	TENOGLIDE TENDON PROT, CM2			01/01/2011	No Separate Payment	$0.00
C9358	SURGIMEND, FETAL			01/01/2014	No Separate Payment	$0.00
C9359	IMPLNT,BON VOID FILLER-PUTTY			01/01/2011	No Separate Payment	$0.00
C9360	SURGIMEND, NEONATAL			01/01/2014	No Separate Payment	$0.00
C9361	NEUROMEND NERVE WRAP			01/01/2012	No Separate Payment	$0.00
C9362	IMPLNT,BON VOID FILLER-STRIP			01/01/2012	No Separate Payment	$0.00
C9363	INTEGRA MESHED BIL WOUND MAT			01/01/2014	No Separate Payment	$0.00
C9364	PORCINE IMPLANT, PERMACOL			01/01/2012	No Separate Payment	$0.00
C9367	ENDOFORM DERMAL TEMPLATE			07/01/2010	Fee Schedule	$4.35
C9442	INJECTION, BELINOSTAT			01/01/2015	Fee Schedule	$31.80
C9443	INJECTION, DALBAVANCIN			01/01/2015	Fee Schedule	$31.59
C9444	INJECTION, ORITAVANCIN			01/01/2015	Fee Schedule	$25.62
C9446	INJ, TEDIZOLID PHOSPHATE			01/01/2015	Fee Schedule	$0.12

C9447	INJ, PHENYLEPHRINE KETOROLAC			01/01/2015	Fee Schedule	$418.70
C9497	LOXAPINE, INHALATION POWDER			01/01/2014	Fee Schedule	$153.70
C9724	EPS GAST CARDIA PLIC	Y		01/01/2015	Fee Schedule	$1,049.42
C9725	PLACE ENDORECTAL APP	Y		01/01/2015	Fee Schedule	$242.47
C9726	RXT BREAST APPL PLACE/REMOV			01/01/2014	No Separate Payment	$0.00
C9727	INSERT PALATE IMPLANTS	Y		01/01/2015	Fee Schedule	$354.34
C9728	PLACE DEVICE/MARKER, NON PRO			01/01/2015	Fee Schedule	$569.07
C9733	NON-OPHTHALMIC FVA			04/01/2012	No Separate Payment	$0.00
C9737	LAP ESOPH AUGMENTATION	Y		01/01/2015	Fee Schedule	$4,421.95
C9739	CYSTOSCOPY PROSTATIC IMP 1-3	Y		01/01/2015	Fee Schedule	$1,142.40
C9740	CYSTO IMPL 4 OR MORE	Y		01/01/2015	Fee Schedule	$2,603.81
C9742	LARYNGOSCOPY WITH INJECTION	Y		01/01/2015	Fee Schedule	$690.18
C9800	DERMAL FILLER INJ PX/SUPPL	Y	Y	01/01/2015	Fee Schedule	$771.20
E0616	CARDIAC EVENT RECORDER			04/01/2012	Not Allowed	$0.00
E0749	ELEC OSTEOGEN STIM IMPLANTED			01/01/2009	No Separate Payment	$0.00
E0782	NON-PROGRAMBLE INFUSION PUMP			01/01/2009	No Separate Payment	$0.00
E0783	PROGRAMMABLE INFUSION PUMP			01/01/2009	No Separate Payment	$0.00
E0785	REPLACEMENT IMPL PUMP CATHET			01/01/2009	No Separate Payment	$0.00
E0786	IMPLANTABLE PUMP REPLACEMENT			04/01/2012	Not Allowed	$0.00
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE			01/01/2015	Fee Schedule	$100.11
G0105	COLORECTAL SCRN; HI RISK IND	Y		01/01/2015	Fee Schedule	$358.93
G0121	COLON CA SCRN NOT HI RSK IND	Y		01/01/2015	Fee Schedule	$358.93
G0127	TRIM NAIL(S)			01/01/2015	No Separate Payment	$0.00
G0130	SINGLE ENERGY X-RAY STUDY			01/01/2015	Fee Schedule	$22.88
G0186	DSTRY EYE LESN,FDR VSSL TECH	Y		01/01/2015	Fee Schedule	$243.09
G0247	ROUTINE FOOTCARE PT W LOPS			01/01/2015	No Separate Payment	$0.00
G0259	INJECT FOR SACROILIAC JOINT			01/01/2009	No Separate Payment	$0.00
G0260	INJ FOR SACROILIAC JT ANESTH	Y		01/01/2015	Fee Schedule	$368.26
G0268	REMOVAL OF IMPACTED WAX MD			01/01/2009	No Separate Payment	$0.00
G0269	OCCLUSIVE DEVICE IN VEIN ART			01/01/2009	No Separate Payment	$0.00
G0276	PILD/PLACEBO CONTROL CLIN TR	Y		01/01/2015	Fee Schedule	$2,253.83
G0288	RECON, CTA FOR SURG PLAN			01/01/2009	No Separate Payment	$0.00
G0289	ARTHRO, LOOSE BODY + CHONDRO			01/01/2009	No Separate Payment	$0.00
G0339	ROBOT LIN-RADSURG COM, FIRST			01/01/2013	Fee Schedule	$1,852.08
G0340	ROBT LIN-RADSURG FRACTX 2-5			01/01/2013	Fee Schedule	$1,321.34
G0364	BONE MARROW ASPIRATE &BIOPSY			01/01/2015	No Separate Payment	$0.00
G0365	VESSEL MAPPING HEMO ACCESS			01/01/2015	Fee Schedule	$103.91
G0448	PLACE PERM PACING CARDIOVERT			01/01/2014	Fee Schedule	$29,599.81
G0453	CONT INTRAOP NEURO MONITOR			01/01/2013	No Separate Payment	$0.00
G0458	LDR PROS BRACHY COMP RAT			01/01/2015	Fee Schedule	$1,978.04
G8907	PT DOC NO EVENTS ON DISCHARGE			04/01/2012	No Separate Payment	$0.00
G8908	PT DOC W BURN PRIOR TO D/C			04/01/2012	No Separate Payment	$0.00
G8909	PT DOC NO BURN PRIOR TO D/C			04/01/2012	No Separate Payment	$0.00
G8910	PT DOC TO HAVE FALL IN ASC			04/01/2012	No Separate Payment	$0.00
G8911	PT DOC NO FALL IN ASC			04/01/2012	No Separate Payment	$0.00
G8912	PT DOC WITH WRONG EVENT			04/01/2012	No Separate Payment	$0.00
G8913	PT DOC NO WRONG EVENT			04/01/2012	No Separate Payment	$0.00
G8914	PT TRANS TO HOSP POST D/C			04/01/2012	No Separate Payment	$0.00
G8915	PT NOT TRANS TO HOSP AT D/C			04/01/2012	No Separate Payment	$0.00
G8916	PT W IV AB GIVEN ON TIME			04/01/2012	No Separate Payment	$0.00
G8917	PT W IV AB NOT GIVEN ON TIME			04/01/2012	No Separate Payment	$0.00
G8918	PT W/O PREOP ORDER IV AB PROP			04/01/2012	No Separate Payment	$0.00
J0120	TETRACYCLIN INJECTION			01/01/2015	Fee Schedule	$97.97
J0129	ABATACEPT INJECTION			01/01/2015	Fee Schedule	$33.15

J0130	ABCIXIMAB INJECTION			01/01/2015	Fee Schedule	$804.37
J0131	ACETAMINOPHEN INJECTION			01/01/2014	No Separate Payment	$0.00
J0132	ACETYLCYSTEINE INJECTION			01/01/2015	Fee Schedule	$1.56
J0133	ACYCLOVIR INJECTION			01/01/2009	No Separate Payment	$0.00
J0135	ADALIMUMAB INJECTION			01/01/2015	Fee Schedule	$630.65
J0153	ADENOSINE INJ 1MG			01/01/2015	No Separate Payment	$0.00
J0171	ADRENALIN EPINEPHRINE INJECT			01/01/2011	No Separate Payment	$0.00
J0178	AFLIBERCEPT INJECTION			01/01/2013	Fee Schedule	$980.50
J0180	AGALSIDASE BETA INJECTION			10/01/2014	Fee Schedule	$152.35
J0190	INJ BIPERIDEN LACTATE/5 MG			07/01/2009	No Separate Payment	$0.00
J0200	ALATROFLOXACIN MESYLATE			01/01/2015	Fee Schedule	$38.86
J0205	ALGLUCERASE INJECTION			01/01/2013	Fee Schedule	$42.03
J0207	AMIFOSTINE			01/01/2015	Fee Schedule	$479.05
J0210	METHYLDOPATE HCL INJECTION			01/01/2014	No Separate Payment	$0.00
J0215	ALEFACEPT			01/01/2013	Fee Schedule	$41.64
J0220	ALGLUCOSIDASE ALFA INJECTION			07/01/2014	Fee Schedule	$206.63
J0221	LUMIZYME INJECTION			01/01/2015	Fee Schedule	$153.62
J0256	ALPHA 1 PROTEINASE INHIBITOR			01/01/2015	Fee Schedule	$4.24
J0257	GLASSIA INJECTION			10/01/2014	Fee Schedule	$3.98
J0278	AMIKACIN SULFATE INJECTION			01/01/2009	No Separate Payment	$0.00
J0280	AMINOPHYLLIN 250 MG INJ			01/01/2009	No Separate Payment	$0.00
J0282	AMIODARONE HCL			01/01/2009	No Separate Payment	$0.00
J0285	AMPHOTERICIN B			01/01/2009	No Separate Payment	$0.00
J0287	AMPHOTERICIN B LIPID COMPLEX			01/01/2015	Fee Schedule	$11.01
J0288	AMPHO B CHOLESTERYL SULFATE			01/01/2014	No Separate Payment	$0.00
J0289	AMPHOTERICIN B LIPOSOME INJ			01/01/2015	Fee Schedule	$16.98
J0290	AMPICILLIN 500 MG INJ			01/01/2009	No Separate Payment	$0.00
J0295	AMPICILLIN SODIUM PER 1.5 GM			01/01/2009	No Separate Payment	$0.00
J0300	AMOBARBITAL 125 MG INJ			07/01/2014	Fee Schedule	$194.26
J0330	SUCCINYCHOLINE CHLORIDE INJ			01/01/2009	No Separate Payment	$0.00
J0348	ANIDULAFUNGIN INJECTION			01/01/2014	No Separate Payment	$0.00
J0350	INJECTION ANISTREPLASE 30 U			07/01/2009	No Separate Payment	$0.00
J0360	HYDRALAZINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J0364	APOMORPHINE HYDROCHLORIDE			01/01/2013	No Separate Payment	$0.00
J0365	APROTONIN, 10,000 KIU			01/01/2015	Fee Schedule	$174.42
J0380	INJ METARAMINOL BITARTRATE			01/01/2009	No Separate Payment	$0.00
J0390	CHLOROQUINE INJECTION			01/01/2009	No Separate Payment	$0.00
J0395	ARBUTAMINE HCL INJECTION			01/01/2013	Fee Schedule	$86.37
J0400	ARIPIPRAZOLE INJECTION			07/01/2009	No Separate Payment	$0.00
J0401	INJ ARIPIPRAZOLE EXT REL 1MG			01/01/2015	Fee Schedule	$3.98
J0456	AZITHROMYCIN			01/01/2009	No Separate Payment	$0.00
J0461	ATROPINE SULFATE INJECTION			01/01/2010	No Separate Payment	$0.00
J0470	DIMECAPROL INJECTION			01/01/2011	No Separate Payment	$0.00
J0475	BACLOFEN 10 MG INJECTION			01/01/2015	Fee Schedule	$159.74
J0476	BACLOFEN INTRATHECAL TRIAL			01/01/2015	Fee Schedule	$75.84
J0480	BASILIXIMAB			01/01/2015	Fee Schedule	$2,723.28
J0485	BELATACEPT INJECTION			01/01/2015	Fee Schedule	$3.80
J0490	BELIMUMAB INJECTION			01/01/2015	Fee Schedule	$40.03
J0500	DICYCLOMINE INJECTION			01/01/2009	No Separate Payment	$0.00
J0515	INJ BENZTROPINE MESYLATE			01/01/2012	No Separate Payment	$0.00
J0520	BETHANECHOL CHLORIDE INJECT			01/01/2009	No Separate Payment	$0.00
J0558	PENG BENZATHINE/PROCAINE INJ			01/01/2011	No Separate Payment	$0.00
J0561	PENICILLIN G BENZATHINE INJ			01/01/2011	No Separate Payment	$0.00
J0583	BIVALIRUDIN			01/01/2015	Fee Schedule	$3.54

J0585	INJECTION,ONABOTULINUMTOXINA		Y	01/01/2015	Fee Schedule	$5.58
J0586	ABOBOTULINUMTOXINA		Y	01/01/2015	Fee Schedule	$7.62
J0587	INJ, RIMABOTULINUMTOXINB		Y	01/01/2015	Fee Schedule	$11.28
J0588	INCOBOTULINUMTOXIN A			01/01/2015	Fee Schedule	$4.47
J0592	BUPRENORPHINE HYDROCHLORIDE			01/01/2009	No Separate Payment	$0.00
J0594	BUSULFAN INJECTION			01/01/2015	Fee Schedule	$32.86
J0595	BUTORPHANOL TARTRATE 1 MG			01/01/2009	No Separate Payment	$0.00
J0597	C-1 ESTERASE, BERINERT			01/01/2015	Fee Schedule	$38.58
J0598	C-1 ESTERASE, CINRYZE			01/01/2015	Fee Schedule	$51.89
J0600	EDETATE CALCIUM DISODIUM INJ			01/01/2015	Fee Schedule	$3,063.72
J0610	CALCIUM GLUCONATE INJECTION			01/01/2009	No Separate Payment	$0.00
J0620	CALCIUM GLYCER & LACT/10 ML			01/01/2009	No Separate Payment	$0.00
J0630	CALCITONIN SALMON INJECTION			01/01/2015	Fee Schedule	$358.25
J0636	INJ CALCITRIOL PER 0.1 MCG			01/01/2009	No Separate Payment	$0.00
J0637	CASPOFUNGIN ACETATE			01/01/2015	Fee Schedule	$12.32
J0638	CANAKINUMAB INJECTION			01/01/2015	Fee Schedule	$91.00
J0640	LEUCOVORIN CALCIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J0641	LEVOLEUCOVORIN INJECTION			01/01/2015	Fee Schedule	$1.75
J0670	INJ MEPIVACAINE HCL/10 ML			01/01/2009	No Separate Payment	$0.00
J0690	CEFAZOLIN SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J0692	CEFEPIME HCL FOR INJECTION			01/01/2009	No Separate Payment	$0.00
J0694	CEFOXITIN SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J0696	CEFTRIAXONE SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J0697	STERILE CEFUROXIME INJECTION			01/01/2009	No Separate Payment	$0.00
J0698	CEFOTAXIME SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J0702	BETAMETHASONE ACET&SOD PHOSP			01/01/2009	No Separate Payment	$0.00
J0706	CAFFEINE CITRATE INJECTION			01/01/2009	No Separate Payment	$0.00
J0710	CEPHAPIRIN SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J0712	CEFTAROLINE FOSAMIL INJ			01/01/2014	No Separate Payment	$0.00
J0713	INJ CEFTAZIDIME PER 500 MG			01/01/2009	No Separate Payment	$0.00
J0715	CEFTIZOXIME SODIUM / 500 MG			01/01/2009	No Separate Payment	$0.00
J0716	CENTRUROIDES IMMUNE F(AB)			07/01/2014	Fee Schedule	$3,635.80
J0717	CERTOLIZUMAB PEGOL INJ 1MG			01/01/2015	Fee Schedule	$6.60
J0720	CHLORAMPHENICOL SODIUM INJEC			01/01/2009	No Separate Payment	$0.00
J0725	CHORIONIC GONADOTROPIN/1000U			01/01/2015	Fee Schedule	$18.40
J0735	CLONIDINE HYDROCHLORIDE			01/01/2012	No Separate Payment	$0.00
J0740	CIDOFOVIR INJECTION			01/01/2015	Fee Schedule	$584.51
J0743	CILASTATIN SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J0744	CIPROFLOXACIN IV			01/01/2009	No Separate Payment	$0.00
J0745	INJ CODEINE PHOSPHATE /30 MG			01/01/2009	No Separate Payment	$0.00
J0760	COLCHICINE INJECTION			01/01/2009	No Separate Payment	$0.00
J0770	COLISTIMETHATE SODIUM INJ			01/01/2009	No Separate Payment	$0.00
J0775	COLLAGENASE, CLOST HIST INJ			01/01/2015	Fee Schedule	$38.45
J0780	PROCHLORPERAZINE INJECTION			01/01/2009	No Separate Payment	$0.00
J0795	CORTICORELIN OVINE TRIFLUTAL			01/01/2015	Fee Schedule	$7.73
J0800	CORTICOTROPIN INJECTION			01/01/2015	Fee Schedule	$3,324.95
J0833	COSYNTROPIN INJECTION NOS			01/01/2013	Fee Schedule	$101.68
J0834	COSYNTROPIN CORTROSYN INJ			01/01/2012	No Separate Payment	$0.00
J0840	CROTALIDAE POLY IMMUNE FAB			10/01/2014	Fee Schedule	$2,493.12
J0850	CYTOMEGALOVIRUS IMM IV /VIAL			10/01/2013	Fee Schedule	$1,013.87
J0878	DAPTOMYCIN INJECTION			01/01/2015	Fee Schedule	$0.71
J0881	DARBEPOETIN ALFA, NON-ESRD			01/01/2015	Fee Schedule	$3.90
J0885	EPOETIN ALFA, NON-ESRD			01/01/2015	Fee Schedule	$11.89
J0888	EPOETIN BETA NON ESRD			01/01/2015	No Separate Payment	$0.00

J0894	DECITABINE INJECTION			01/01/2015	Fee Schedule	$27.27
J0895	DEFEROXAMINE MESYLATE INJ			01/01/2009	No Separate Payment	$0.00
J0897	DENOSUMAB INJECTION			01/01/2015	Fee Schedule	$14.69
J0945	BROMPHENIRAMINE MALEATE INJ			01/01/2012	No Separate Payment	$0.00
J1000	DEPO-ESTRADIOL CYPIONATE INJ			01/01/2009	No Separate Payment	$0.00
J1020	METHYLPREDNISOLONE 20 MG INJ			01/01/2009	No Separate Payment	$0.00
J1030	METHYLPREDNISOLONE 40 MG INJ			01/01/2009	No Separate Payment	$0.00
J1040	METHYLPREDNISOLONE 80 MG INJ			01/01/2009	No Separate Payment	$0.00
J1050	MEDROXYPROGESTERONE ACETATE			01/01/2013	No Separate Payment	$0.00
J1071	INJ TESTOSTERONE CYPIONATE			01/01/2015	No Separate Payment	$0.00
J1094	INJ DEXAMETHASONE ACETATE			01/01/2009	No Separate Payment	$0.00
J1100	DEXAMETHASONE SODIUM PHOS			01/01/2009	No Separate Payment	$0.00
J1110	INJ DIHYDROERGOTAMINE MESYLT			01/01/2009	No Separate Payment	$0.00
J1120	ACETAZOLAMID SODIUM INJECTIO			01/01/2009	No Separate Payment	$0.00
J1160	DIGOXIN INJECTION			01/01/2009	No Separate Payment	$0.00
J1162	DIGOXIN IMMUNE FAB (OVINE)			10/01/2014	Fee Schedule	$2,051.63
J1165	PHENYTOIN SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J1170	HYDROMORPHONE INJECTION			01/01/2009	No Separate Payment	$0.00
J1180	DYPHYLLINE INJECTION			01/01/2009	No Separate Payment	$0.00
J1190	DEXRAZOXANE HCL INJECTION			01/01/2015	Fee Schedule	$138.61
J1200	DIPHENHYDRAMINE HCL INJECTIO			01/01/2009	No Separate Payment	$0.00
J1205	CHLOROTHIAZIDE SODIUM INJ			01/01/2015	Fee Schedule	$119.20
J1212	DIMETHYL SULFOXIDE 50% 50 ML			01/01/2014	No Separate Payment	$0.00
J1230	METHADONE INJECTION			01/01/2009	No Separate Payment	$0.00
J1240	DIMENHYDRINATE INJECTION			01/01/2009	No Separate Payment	$0.00
J1245	DIPYRIDAMOLE INJECTION			01/01/2009	No Separate Payment	$0.00
J1250	INJ DOBUTAMINE HCL/250 MG			01/01/2009	No Separate Payment	$0.00
J1260	DOLASETRON MESYLATE			01/01/2010	No Separate Payment	$0.00
J1265	DOPAMINE INJECTION			01/01/2009	No Separate Payment	$0.00
J1267	DORIPENEM INJECTION			01/01/2011	No Separate Payment	$0.00
J1270	INJECTION, DOXERCALCIFEROL			01/01/2009	No Separate Payment	$0.00
J1290	ECALLANTIDE INJECTION			01/01/2015	Fee Schedule	$374.64
J1300	ECULIZUMAB INJECTION			01/01/2015	Fee Schedule	$210.35
J1320	AMITRIPTYLINE INJECTION			01/01/2009	No Separate Payment	$0.00
J1322	ELOSULFASE ALFA, INJECTION			01/01/2015	Fee Schedule	$221.70
J1324	ENFUVIRTIDE INJECTION			01/01/2015	Fee Schedule	$18.63
J1325	EPOPROSTENOL INJECTION			01/01/2009	No Separate Payment	$0.00
J1327	EPTIFIBATIDE INJECTION			01/01/2015	Fee Schedule	$28.57
J1330	ERGONOVINE MALEATE INJECTION			01/01/2009	No Separate Payment	$0.00
J1335	ERTAPENEM INJECTION			01/01/2009	No Separate Payment	$0.00
J1364	ERYTHRO LACTOBIONATE /500 MG			01/01/2015	Fee Schedule	$43.93
J1380	ESTRADIOL VALERATE 10 MG INJ			01/01/2009	No Separate Payment	$0.00
J1410	INJ ESTROGEN CONJUGATE 25 MG			01/01/2015	Fee Schedule	$190.66
J1430	ETHANOLAMINE OLEATE 100 MG			01/01/2015	Fee Schedule	$311.12
J1435	INJECTION ESTRONE PER 1 MG			01/01/2013	Fee Schedule	$1.54
J1436	ETIDRONATE DISODIUM INJ			01/01/2011	No Separate Payment	$0.00
J1438	ETANERCEPT INJECTION			01/01/2015	Fee Schedule	$299.37
J1439	INJ FERRIC CARBOXYMALTOS 1MG			01/01/2015	Fee Schedule	$1.06
J1442	INJ, FILGRASTIM G-CSF 1MCG			01/01/2015	Fee Schedule	$1.00
J1446	INJ, TBO-FILGRASTIM, 5 MCG			01/01/2015	Fee Schedule	$3.92
J1450	FLUCONAZOLE			01/01/2009	No Separate Payment	$0.00
J1451	FOMEPIZOLE, 15 MG			01/01/2015	Fee Schedule	$6.34
J1452	INTRAOCULAR FOMIVIRSEN NA			01/01/2014	No Separate Payment	$0.00
J1453	FOSAPREPITANT INJECTION			10/01/2014	Fee Schedule	$1.73

J1455	FOSCARNET SODIUM INJECTION			01/01/2015	No Separate Payment	$0.00
J1457	GALLIUM NITRATE INJECTION			01/01/2012	No Separate Payment	$0.00
J1458	GALSULFASE INJECTION			01/01/2015	Fee Schedule	$358.97
J1459	INJ IVIG PRIVIGEN 500 MG			01/01/2015	Fee Schedule	$36.66
J1460	GAMMA GLOBULIN 1 CC INJ			01/01/2015	No Separate Payment	$0.00
J1556	INJ, IMM GLOB BIVIGAM, 500MG			01/01/2015	Fee Schedule	$38.47
J1557	GAMMAPLEX INJECTION			01/01/2015	Fee Schedule	$35.92
J1559	HIZENTRA INJECTION			01/01/2015	Fee Schedule	$7.95
J1560	GAMMA GLOBULIN > 10 CC INJ			01/01/2015	No Separate Payment	$0.00
J1561	GAMUNEX-C/GAMMAKED			01/01/2015	Fee Schedule	$40.22
J1562	VIVAGLOBIN, INJ			01/01/2013	Fee Schedule	$12.72
J1566	IMMUNE GLOBULIN, POWDER			01/01/2015	Fee Schedule	$26.73
J1568	OCTAGAM INJECTION			01/01/2015	Fee Schedule	$36.87
J1569	GAMMAGARD LIQUID INJECTION			01/01/2015	Fee Schedule	$39.15
J1570	GANCICLOVIR SODIUM INJECTION			01/01/2015	No Separate Payment	$0.00
J1571	HEPAGAM B IM INJECTION			01/01/2015	Fee Schedule	$52.27
J1572	FLEBOGAMMA INJECTION			01/01/2015	Fee Schedule	$36.14
J1573	HEPAGAM B INTRAVENOUS, INJ			01/01/2015	Fee Schedule	$52.27
J1580	GARAMYCIN GENTAMICIN INJ			01/01/2009	No Separate Payment	$0.00
J1590	GATIFLOXACIN INJECTION			01/01/2014	No Separate Payment	$0.00
J1595	INJECTION GLATIRAMER ACETATE			01/01/2015	Fee Schedule	$182.83
J1599	IVIG NON-LYOPHILIZED, NOS			01/01/2011	No Separate Payment	$0.00
J1600	GOLD SODIUM THIOMALEATE INJ			01/01/2015	Fee Schedule	$4.27
J1602	GOLIMUMAB FOR IV USE 1MG			01/01/2015	Fee Schedule	$23.92
J1610	GLUCAGON HYDROCHLORIDE/1 MG			01/01/2015	Fee Schedule	$162.08
J1620	GONADORELIN HYDROCH/ 100 MCG			01/01/2013	Fee Schedule	$6.06
J1626	GRANISETRON HCL INJECTION			01/01/2010	No Separate Payment	$0.00
J1630	HALOPERIDOL INJECTION			01/01/2009	No Separate Payment	$0.00
J1631	HALOPERIDOL DECANOATE INJ			01/01/2009	No Separate Payment	$0.00
J1640	HEMIN, 1 MG			10/01/2014	Fee Schedule	$20.73
J1642	INJ HEPARIN SODIUM PER 10 U			07/01/2012	No Separate Payment	$0.00
J1644	INJ HEPARIN SODIUM PER 1000U			07/01/2012	No Separate Payment	$0.00
J1645	DALTEPARIN SODIUM			01/01/2009	No Separate Payment	$0.00
J1650	INJ ENOXAPARIN SODIUM			01/01/2009	No Separate Payment	$0.00
J1652	FONDAPARINUX SODIUM			01/01/2011	No Separate Payment	$0.00
J1655	TINZAPARIN SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J1670	TETANUS IMMUNE GLOBULIN INJ			01/01/2015	Fee Schedule	$328.40
J1680	HUMAN FIBRINOGEN CONC INJ			07/01/2012	Not Allowed	$0.00
J1700	HYDROCORTISONE ACETATE INJ			01/01/2009	No Separate Payment	$0.00
J1710	HYDROCORTISONE SODIUM PH INJ			01/01/2009	No Separate Payment	$0.00
J1720	HYDROCORTISONE SODIUM SUCC I			01/01/2009	No Separate Payment	$0.00
J1725	HYDROXYPROGESTERONE CAPROATE			01/01/2015	Fee Schedule	$2.65
J1730	DIAZOXIDE INJECTION			01/01/2013	Fee Schedule	$88.27
J1740	IBANDRONATE SODIUM INJECTION			01/01/2015	Fee Schedule	$123.88
J1741	IBUPROFEN INJECTION			01/01/2013	No Separate Payment	$0.00
J1742	IBUTILIDE FUMARATE INJECTION			01/01/2015	Fee Schedule	$110.02
J1743	IDURSULFASE INJECTION			01/01/2015	Fee Schedule	$483.10
J1744	ICATIBANT INJECTION			01/01/2015	Fee Schedule	$276.64
J1745	INFLIXIMAB INJECTION			01/01/2015	Fee Schedule	$74.11
J1750	INJ IRON DEXTRAN			01/01/2015	Fee Schedule	$12.12
J1756	IRON SUCROSE INJECTION			01/01/2013	No Separate Payment	$0.00
J1786	IMUGLUCERASE INJECTION			04/01/2014	Fee Schedule	$42.01
J1790	DROPERIDOL INJECTION			01/01/2009	No Separate Payment	$0.00
J1800	PROPRANOLOL INJECTION			01/01/2009	No Separate Payment	$0.00

J1815	INSULIN INJECTION			01/01/2009	No Separate Payment	$0.00
J1817	INSULIN FOR INSULIN PUMP USE			01/01/2011	No Separate Payment	$0.00
J1830	INTERFERON BETA-1B / .25 MG			01/01/2015	Fee Schedule	$347.95
J1835	ITRACONAZOLE INJECTION			01/01/2013	Fee Schedule	$0.28
J1840	KANAMYCIN SULFATE 500 MG INJ			01/01/2009	No Separate Payment	$0.00
J1850	KANAMYCIN SULFATE 75 MG INJ			01/01/2009	No Separate Payment	$0.00
J1885	KETOROLAC TROMETHAMINE INJ			01/01/2009	No Separate Payment	$0.00
J1890	CEPHALOTHIN SODIUM INJECTION			01/01/2009	No Separate Payment	$0.00
J1930	LANREOTIDE INJECTION			01/01/2015	Fee Schedule	$46.70
J1931	LARONIDASE INJECTION			10/01/2014	Fee Schedule	$29.45
J1940	FUROSEMIDE INJECTION			01/01/2009	No Separate Payment	$0.00
J1945	LEPIRUDIN			01/01/2015	Fee Schedule	$235.52
J1950	LEUPROLIDE ACETATE /3.75 MG			01/01/2015	Fee Schedule	$810.14
J1953	LEVETIRACETAM INJECTION			01/01/2011	No Separate Payment	$0.00
J1956	LEVOFLOXACIN INJECTION			01/01/2009	No Separate Payment	$0.00
J1960	LEVORPHANOL TARTRATE INJ			01/01/2009	No Separate Payment	$0.00
J1980	HYOSCYAMINE SULFATE INJ			01/01/2009	No Separate Payment	$0.00
J1990	CHLORDIAZEPOXIDE INJECTION			01/01/2009	No Separate Payment	$0.00
J2001	LIDOCAINE INJECTION			01/01/2009	No Separate Payment	$0.00
J2010	LINCOMYCIN INJECTION			01/01/2009	No Separate Payment	$0.00
J2020	LINEZOLID INJECTION			01/01/2015	Fee Schedule	$47.75
J2060	LORAZEPAM INJECTION			01/01/2009	No Separate Payment	$0.00
J2150	MANNITOL INJECTION			01/01/2009	No Separate Payment	$0.00
J2170	MECASERMIN INJECTION			01/01/2013	No Separate Payment	$0.00
J2175	MEPERIDINE HYDROCHL /100 MG			01/01/2009	No Separate Payment	$0.00
J2180	MEPERIDINE/PROMETHAZINE INJ			01/01/2009	No Separate Payment	$0.00
J2185	MEROPENEM			01/01/2009	No Separate Payment	$0.00
J2210	METHYLERGONOVIN MALEATE INJ			01/01/2009	No Separate Payment	$0.00
J2212	METHYLNALTREXONE INJECTION			01/01/2015	No Separate Payment	$0.00
J2248	MICAFUNGIN SODIUM INJECTION			01/01/2015	Fee Schedule	$0.95
J2250	INJ MIDAZOLAM HYDROCHLORIDE			01/01/2009	No Separate Payment	$0.00
J2260	INJ MILRINONE LACTATE / 5 MG			01/01/2009	No Separate Payment	$0.00
J2265	MINOCYCLINE HYDROCHLORIDE			01/01/2014	No Separate Payment	$0.00
J2270	MORPHINE SULFATE INJECTION			01/01/2009	No Separate Payment	$0.00
J2274	IN MORPHINE PRESERVATIV FREE			01/01/2015	No Separate Payment	$0.00
J2278	ZICONOTIDE INJECTION			01/01/2015	Fee Schedule	$6.97
J2280	INJ, MOXIFLOXACIN 100 MG			01/01/2009	No Separate Payment	$0.00
J2300	INJ NALBUPHINE HYDROCHLORIDE			01/01/2009	No Separate Payment	$0.00
J2310	INJ NALOXONE HYDROCHLORIDE			01/01/2009	No Separate Payment	$0.00
J2315	NALTREXONE, DEPOT FORM			01/01/2015	Fee Schedule	$2.89
J2320	NANDROLONE DECANOATE 50 MG			01/01/2015	Fee Schedule	$122.78
J2323	NATALIZUMAB INJECTION			01/01/2015	Fee Schedule	$15.49
J2325	NESIRITIDE INJECTION			01/01/2015	Fee Schedule	$66.30
J2353	OCTREOTIDE INJECTION, DEPOT			01/01/2015	Fee Schedule	$143.32
J2354	OCTREOTIDE INJ, NON-DEPOT			01/01/2009	No Separate Payment	$0.00
J2355	OPRELVEKIN INJECTION			01/01/2015	Fee Schedule	$322.70
J2357	OMALIZUMAB INJECTION			01/01/2015	Fee Schedule	$27.68
J2358	OLANZAPINE LONG-ACTING INJ			01/01/2013	Fee Schedule	$2.75
J2360	ORPHENADRINE INJECTION			01/01/2009	No Separate Payment	$0.00
J2370	PHENYLEPHRINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2400	CHLOROPROCAINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2405	ONDANSETRON HCL INJECTION			01/01/2010	No Separate Payment	$0.00
J2410	OXYMORPHONE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2425	PALIFERMIN INJECTION			01/01/2015	Fee Schedule	$15.22

J2426	PALIPERIDONE PALMITATE INJ			01/01/2015	Fee Schedule	$8.12
J2430	PAMIDRONATE DISODIUM /30 MG			01/01/2011	No Separate Payment	$0.00
J2440	PAPAVERIN HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2460	OXYTETRACYCLINE INJECTION			01/01/2013	No Separate Payment	$0.00
J2469	PALONOSETRON HCL			01/01/2015	Fee Schedule	$20.15
J2501	PARICALCITOL			01/01/2009	No Separate Payment	$0.00
J2503	PEGAPTANIB SODIUM INJECTION			01/01/2015	Fee Schedule	$1,035.10
J2504	PEGADEMASE BOVINE, 25 IU			10/01/2014	Fee Schedule	$281.40
J2505	INJECTION, PEGFILGRASTIM 6MG			01/01/2015	Fee Schedule	$3,495.46
J2507	PEGLOTICASE INJECTION			01/01/2015	Fee Schedule	$1,006.47
J2510	PENICILLIN G PROCAINE INJ			01/01/2012	No Separate Payment	$0.00
J2513	PENTASTARCH 10% SOLUTION			01/01/2013	No Separate Payment	$0.00
J2515	PENTOBARBITAL SODIUM INJ			01/01/2015	Fee Schedule	$35.84
J2540	PENICILLIN G POTASSIUM INJ			01/01/2009	No Separate Payment	$0.00
J2543	PIPERACILLIN/TAZOBACTAM			01/01/2009	No Separate Payment	$0.00
J2550	PROMETHAZINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2560	PHENOBARBITAL SODIUM INJ			01/01/2009	No Separate Payment	$0.00
J2562	PLERIXAFOR INJECTION			01/01/2015	Fee Schedule	$304.06
J2590	OXYTOCIN INJECTION			01/01/2009	No Separate Payment	$0.00
J2597	INJ DESMOPRESSIN ACETATE			01/01/2015	Fee Schedule	$5.04
J2650	PREDNISOLONE ACETATE INJ			01/01/2009	No Separate Payment	$0.00
J2670	TOTAZOLINE HCL INJECTION			01/01/2015	Fee Schedule	$1,600.40
J2675	INJ PROGESTERONE PER 50 MG			01/01/2009	No Separate Payment	$0.00
J2680	FLUPHENAZINE DECANOATE 25 MG			01/01/2009	No Separate Payment	$0.00
J2690	PROCAINAMIDE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2700	OXACILLIN SODIUM INJECITON			01/01/2014	No Separate Payment	$0.00
J2704	INJ, PROPOFOL, 10 MG			01/01/2015	No Separate Payment	$0.00
J2710	NEOSTIGMINE METHYLSLFTE INJ			01/01/2009	No Separate Payment	$0.00
J2720	INJ PROTAMINE SULFATE/10 MG			01/01/2009	No Separate Payment	$0.00
J2724	PROTEIN C CONCENTRATE			01/01/2015	Fee Schedule	$14.61
J2725	INJ PROTIRELIN PER 250 MCG			01/01/2013	Fee Schedule	$29.74
J2730	PRALIDOXIME CHLORIDE INJ			01/01/2015	Fee Schedule	$87.66
J2760	PHENTOLAINE MESYLATE INJ			01/01/2015	Fee Schedule	$159.00
J2765	METOCLOPRAMIDE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2770	QUINUPRISTIN/DALFOPRISTIN			01/01/2015	Fee Schedule	$262.29
J2778	RANIBIZUMAB INJECTION			01/01/2015	Fee Schedule	$396.05
J2780	RANITIDINE HYDROCHLORIDE INJ			01/01/2009	No Separate Payment	$0.00
J2783	RASBURICASE			01/01/2015	Fee Schedule	$223.00
J2785	REGADENOSON INJECTION			01/01/2014	No Separate Payment	$0.00
J2788	RHO D IMMUNE GLOBULIN 50 MCG			01/01/2014	No Separate Payment	$0.00
J2790	RHO D IMMUNE GLOBULIN INJ			01/01/2014	No Separate Payment	$0.00
J2791	RHOPHYLAC INJECTION			01/01/2015	Fee Schedule	$4.77
J2792	RHO(D) IMMUNE GLOBULIN H, SD			01/01/2015	Fee Schedule	$18.64
J2793	RILONACEPT INJECTION			01/01/2013	Fee Schedule	$24.09
J2794	RISPERIDONE, LONG ACTING			01/01/2015	Fee Schedule	$6.50
J2795	ROPIVACAINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2796	ROMIPLOSTIM INJECTION			01/01/2015	Fee Schedule	$54.99
J2800	METHOCARBAMOL INJECTION			01/01/2009	No Separate Payment	$0.00
J2805	SINCALIDE INJECTION			01/01/2012	No Separate Payment	$0.00
J2810	INJ THEOPHYLLINE PER 40 MG			01/01/2009	No Separate Payment	$0.00
J2820	SARGRAMOSTIM INJECTION			01/01/2015	Fee Schedule	$33.15
J2850	INJ SECRETIN SYNTHETIC HUMAN			10/01/2014	Fee Schedule	$34.78
J2910	AUROTHIOGLUCOSE INJECITON			01/01/2009	No Separate Payment	$0.00
J2916	NA FERRIC GLUCONATE COMPLEX			01/01/2009	No Separate Payment	$0.00

J2920	METHYLPREDNISOLONE INJECTION			01/01/2009	No Separate Payment	$0.00
J2930	METHYLPREDNISOLONE INJECTION			01/01/2009	No Separate Payment	$0.00
J2940	SOMATREM INJECTION			01/01/2011	No Separate Payment	$0.00
J2941	SOMATROPIN INJECTION			01/01/2015	Fee Schedule	$76.03
J2950	PROMAZINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J2993	RETEPLASE INJECTION			10/01/2013	Fee Schedule	$2,301.91
J2995	INJ STREPTOKINASE /250000 IU			01/01/2013	No Separate Payment	$0.00
J2997	ALTEPLASE RECOMBINANT			01/01/2015	Fee Schedule	$68.19
J3000	STREPTOMYCIN INJECTION			01/01/2009	No Separate Payment	$0.00
J3010	FENTANYL CITRATE INJECITON			01/01/2009	No Separate Payment	$0.00
J3030	SUMATRIPTAN SUCCINATE / 6 MG			01/01/2013	No Separate Payment	$0.00
J3060	INJ, TALIGLUCERACE ALFA 10 U			01/01/2015	Fee Schedule	$35.23
J3070	PENTAZOCINE INJECTION			01/01/2015	Fee Schedule	$113.72
J3095	TELAVANCIN INJECTION			01/01/2015	Fee Schedule	$4.79
J3101	TENECTEPLASE INJECTION			01/01/2015	Fee Schedule	$86.23
J3105	TERBUTALINE SULFATE INJ			01/01/2009	No Separate Payment	$0.00
J3121	INJ TESTOSTERO ENANTHATE 1MG			01/01/2015	No Separate Payment	$0.00
J3145	TESTOSTERONE UNDECANOATE 1MG			01/01/2015	Fee Schedule	$1.14
J3230	CHLORPROMAZINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J3240	THYROTROPIN INJECTION			01/01/2015	Fee Schedule	$1,428.67
J3243	TIGECYCLINE INJECTION			01/01/2015	Fee Schedule	$2.08
J3246	TIROFIBAN HCL			01/01/2015	Fee Schedule	$9.00
J3250	TRIMETHOBENZAMIDE HCL INJ			01/01/2009	No Separate Payment	$0.00
J3260	TOBRAMYCIN SULFATE INJECTION			01/01/2009	No Separate Payment	$0.00
J3262	TOCILIZUMAB INJECTION			01/01/2015	Fee Schedule	$3.80
J3265	INJECTION TORSEMIDE 10 MG/ML			01/01/2009	No Separate Payment	$0.00
J3280	THIETHYLPERAZINE MALEATE INJ			01/01/2009	No Separate Payment	$0.00
J3285	TREPROSTINIL INJECTION			01/01/2013	Fee Schedule	$61.24
J3300	TRIAMCINOLONE A INJ PRS-FREE			01/01/2015	Fee Schedule	$3.74
J3301	TRIAMCINOLONE ACET INJ NOS			01/01/2009	No Separate Payment	$0.00
J3302	TRIAMCINOLONE DIACETATE INJ			01/01/2009	No Separate Payment	$0.00
J3303	TRIAMCINOLONE HEXACETONL INJ			01/01/2009	No Separate Payment	$0.00
J3305	INJ TRIMETREXATE GLUCORONATE			01/01/2011	No Separate Payment	$0.00
J3310	PERPHENAZINE INJECITON			01/01/2013	No Separate Payment	$0.00
J3315	TRIPTORELIN PAMOATE			01/01/2015	Fee Schedule	$169.45
J3320	SPECTINOMYCN DI-HCL INJ			01/01/2009	No Separate Payment	$0.00
J3350	UREA INJECTION			01/01/2015	Fee Schedule	$39.97
J3355	UROFOLLITROPIN, 75 IU			01/01/2015	Fee Schedule	$62.14
J3357	USTEKINUMAB INJECTION			01/01/2015	Fee Schedule	$160.48
J3360	DIAZEPAM INJECTION			01/01/2009	No Separate Payment	$0.00
J3364	UROKINASE 5000 IU INJECTION			01/01/2009	No Separate Payment	$0.00
J3365	UROKINASE 250,000 IU INJ			01/01/2013	Fee Schedule	$457.73
J3370	VANCOMYCIN HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J3385	VELAGLUCERASE ALFA			01/01/2015	Fee Schedule	$352.81
J3396	VERTEPORFIN INJECTION			01/01/2015	Fee Schedule	$10.75
J3400	TRIFLUPROMAZINE HCL INJ			01/01/2010	No Separate Payment	$0.00
J3410	HYDROXYZINE HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J3411	THIAMINE HCL 100 MG			01/01/2009	No Separate Payment	$0.00
J3415	PYRIDOXINE HCL 100 MG			01/01/2009	No Separate Payment	$0.00
J3420	VITAMIN B12 INJECTION			01/01/2009	No Separate Payment	$0.00
J3430	VITAMIN K PHYTONADIONE INJ			01/01/2009	No Separate Payment	$0.00
J3465	INJECTION, VORICONAZOLE			01/01/2015	Fee Schedule	$3.73
J3470	HYALURONIDASE INJECTION			01/01/2009	No Separate Payment	$0.00
J3471	OVINE, UP TO 999 USP UNITS			01/01/2009	No Separate Payment	$0.00

J3472	OVINE, 1000 USP UNITS			01/01/2010	No Separate Payment	$0.00
J3473	HYALURONIDASE RECOMBINANT			01/01/2010	No Separate Payment	$0.00
J3475	INJ MAGNESIUM SULFATE			01/01/2009	No Separate Payment	$0.00
J3480	INJ POTASSIUM CHLORIDE			01/01/2009	No Separate Payment	$0.00
J3485	ZIDOVUDINE			01/01/2015	Fee Schedule	$1.50
J3486	ZIPRASIDONE MESYLATE			01/01/2009	No Separate Payment	$0.00
J3489	ZOLEDRONIC ACID 1MG			01/01/2015	Fee Schedule	$41.29
J3490	DRUGS UNCLASSIFIED INJECTION			01/01/2009	No Separate Payment	$0.00
J3530	NASAL VACCINE INHALATION			01/01/2009	No Separate Payment	$0.00
J3590	UNCLASSIFIED BIOLOGICS			01/01/2009	No Separate Payment	$0.00
J7030	NORMAL SALINE SOLUTION INFUS			01/01/2009	No Separate Payment	$0.00
J7040	NORMAL SALINE SOLUTION INFUS			01/01/2009	No Separate Payment	$0.00
J7042	5% DEXTROSE/NORMAL SALINE			01/01/2009	No Separate Payment	$0.00
J7050	NORMAL SALINE SOLUTION INFUS			01/01/2009	No Separate Payment	$0.00
J7060	5% DEXTROSE/WATER			01/01/2009	No Separate Payment	$0.00
J7070	D5W INFUSION			01/01/2009	No Separate Payment	$0.00
J7100	DEXTRAN 40 INFUSION			01/01/2009	No Separate Payment	$0.00
J7110	DEXTRAN 75 INFUSION			01/01/2009	No Separate Payment	$0.00
J7120	RINGERS LACTATE INFUSION			01/01/2009	No Separate Payment	$0.00
J7131	HYPERTONIC SALINE SOL			01/01/2012	No Separate Payment	$0.00
J7178	HUMAN FIBRINOGEN CONC INJ			01/01/2015	Fee Schedule	$1.01
J7180	FACTOR XIII ANTI-HEM FACTOR			01/01/2014	Fee Schedule	$6.74
J7181	FACTOR XIII RECOMB A-SUBUNIT			01/01/2015	Fee Schedule	$13.81
J7183	WILATE INJECTION			01/01/2015	Fee Schedule	$0.96
J7185	XYNTHA INJ			01/01/2015	Fee Schedule	$1.19
J7186	ANTIHEMOPHILIC VIII/VWF COMP			01/01/2015	Fee Schedule	$0.95
J7187	HUMATE-P, INJ			01/01/2015	Fee Schedule	$0.96
J7189	FACTOR VIIA			01/01/2015	Fee Schedule	$1.77
J7190	FACTOR VIII			01/01/2015	Fee Schedule	$0.94
J7191	FACTOR VIII (PORCINE)			01/01/2014	Fee Schedule	$0.20
J7192	FACTOR VIII RECOMBINANT NOS			07/01/2014	Fee Schedule	$1.14
J7193	FACTOR IX NON-RECOMBINANT			01/01/2015	Fee Schedule	$1.04
J7194	FACTOR IX COMPLEX			01/01/2015	Fee Schedule	$1.14
J7195	FACTOR IX RECOMBINANT			10/01/2014	Fee Schedule	$1.35
J7196	ANTITHROMBIN RECOMBINANT			01/01/2014	Fee Schedule	$103.35
J7197	ANTITHROMBIN III INJECTION			10/01/2014	Fee Schedule	$3.27
J7198	ANTI-INHIBITOR			01/01/2015	Fee Schedule	$1.76
J7200	FACTOR IX RECOMBINAN RIXUBIS			01/01/2015	Fee Schedule	$1.24
J7201	FACTOR IX FC FUSION RECOMB			01/01/2015	Fee Schedule	$2.82
J7308	AMINOLEVULINIC ACID HCL TOP			01/01/2015	Fee Schedule	$244.25
J7309	METHYL AMINOLEVULINATE, TOP			01/01/2014	Fee Schedule	$83.69
J7310	GANCICLOVIR LONG ACT IMPLANT		Y	01/01/2014	Fee Schedule	$16,960.00
J7311	FLUOCINOLONE ACETONIDE IMPLT		Y	01/01/2015	Fee Schedule	$19,725.67
J7312	DEXAMETHASONE INTRA IMPLANT			01/01/2015	Fee Schedule	$201.25
J7315	OPHTHALMIC MITOMYCIN			01/01/2015	Fee Schedule	$372.80
J7316	INJ, OCRIPLASMIN, 0.125 MG			07/01/2014	Fee Schedule	$1,046.75
J7321	HYALGAN/SUPARTZ INJ PER DOSE			01/01/2015	Fee Schedule	$88.90
J7323	EUFLEXXA INJ PER DOSE			01/01/2015	Fee Schedule	$154.62
J7324	ORTHOVISC INJ PER DOSE			01/01/2015	Fee Schedule	$174.75
J7325	SYNVISC OR SYNVISC-ONE			01/01/2015	Fee Schedule	$12.74
J7326	GEL-ONE			01/01/2015	Fee Schedule	$563.86
J7327	MONOVISC INJ PER DOSE			01/01/2015	Fee Schedule	$988.38
J7336	CAPSAICIN 8% PATCH			01/01/2015	Fee Schedule	$2.73
J7500	AZATHIOPRINE ORAL 50MG			01/01/2014	No Separate Payment	$0.00

J7501	AZATHIOPRINE PARENTERAL			01/01/2014	Fee Schedule	$217.30
J7502	CYCLOSPORINE ORAL 100 MG			01/01/2014	No Separate Payment	$0.00
J7504	LYMPHOCYTE IMMUNE GLOBULIN			01/01/2015	Fee Schedule	$902.25
J7505	MONOCLONAL ANTIBODIES			01/01/2014	Fee Schedule	$6.62
J7506	PREDNISONE ORAL			01/01/2014	No Separate Payment	$0.00
J7507	TACROLIMUS IMME REL ORAL 1MG			01/01/2014	No Separate Payment	$0.00
J7508	TACROLIMUS EX REL ORAL 0.1MG			01/01/2015	Fee Schedule	$0.39
J7509	METHYLPREDNISOLONE ORAL			01/01/2014	No Separate Payment	$0.00
J7510	PREDNISOLONE ORAL PER 5 MG			01/01/2014	No Separate Payment	$0.00
J7511	ANTITHYMOCYTE GLOBULN RABBIT			01/01/2015	Fee Schedule	$588.77
J7513	DACLIZUMAB, PARENTERAL			01/01/2013	Fee Schedule	$526.34
J7515	CYCLOSPORINE ORAL 25 MG			01/01/2014	No Separate Payment	$0.00
J7516	CYCLOSPORIN PARENTERAL 250MG			01/01/2014	No Separate Payment	$0.00
J7517	MYCOPHENOLATE MOFETIL ORAL			01/01/2014	No Separate Payment	$0.00
J7518	MYCOPHENOLIC ACID			01/01/2014	No Separate Payment	$0.00
J7520	SIROLIMUS, ORAL			01/01/2014	No Separate Payment	$0.00
J7525	TACROLIMUS INJECTION			01/01/2015	Fee Schedule	$149.15
J7527	ORAL EVEROLIMUS			01/01/2014	No Separate Payment	$0.00
J7599	IMMUNOSUPPRESSIVE DRUG NOC			01/01/2009	No Separate Payment	$0.00
J7665	MANNITOL FOR INHALER			01/01/2014	No Separate Payment	$0.00
J7674	METHACHOLINE CHLORIDE, NEB			01/01/2009	No Separate Payment	$0.00
J7799	NON-INHALATION DRUG FOR DME			01/01/2014	No Separate Payment	$0.00
J8501	ORAL APREPITANT			01/01/2015	Fee Schedule	$7.67
J8510	ORAL BUSULFAN			01/01/2014	No Separate Payment	$0.00
J8520	CAPECITABINE, ORAL, 150 MG			01/01/2015	Fee Schedule	$8.10
J8521	CAPECITABINE, ORAL, 500 MG			01/01/2015	Fee Schedule	$26.34
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG			01/01/2009	No Separate Payment	$0.00
J8540	ORAL DEXAMETHASONE			01/01/2014	No Separate Payment	$0.00
J8560	ETOPOSIDE ORAL 50 MG			01/01/2015	Fee Schedule	$56.88
J8562	ORAL FLUDARABINE PHOSPHATE			01/01/2014	No Separate Payment	$0.00
J8597	ANTIEMETIC DRUG ORAL NOS			01/01/2009	No Separate Payment	$0.00
J8600	MELPHALAN ORAL 2 MG			07/01/2009	No Separate Payment	$0.00
J8610	METHOTREXATE ORAL 2.5 MG			01/01/2009	No Separate Payment	$0.00
J8650	NABILONE ORAL			04/01/2014	Fee Schedule	$28.42
J8700	TEMOZOLOMIDE			01/01/2015	Fee Schedule	$3.65
J8705	TOPOTECAN ORAL			01/01/2015	Fee Schedule	$97.56
J9000	DOXORUBICIN HCL INJECTION			01/01/2009	No Separate Payment	$0.00
J9001	DOXORUBICIN HCL LIPOSOME INJ			07/01/2012	Not Allowed	$0.00
J9010	ALEMTUZUMAB INJECTION			01/01/2014	Fee Schedule	$582.30
J9015	ALDESLEUKIN INJECTION			01/01/2015	Fee Schedule	$2,319.58
J9017	ARSENIC TRIOXIDE INJECTION			01/01/2015	Fee Schedule	$53.72
J9019	ERWINAZE INJECTION			01/01/2015	Fee Schedule	$364.68
J9020	ASPARAGINASE, NOS			07/01/2014	Fee Schedule	$64.56
J9025	AZACITIDINE INJECTION			01/01/2015	Fee Schedule	$3.67
J9027	CLOFARABINE INJECTION			01/01/2015	Fee Schedule	$134.03
J9031	BCG LIVE INTRAVESICAL VAC			01/01/2015	Fee Schedule	$120.44
J9033	BENDAMUSTINE INJECTION			01/01/2015	Fee Schedule	$22.72
J9035	BEVACIZUMAB INJECTION			01/01/2015	Fee Schedule	$67.90
J9040	BLEOMYCIN SULFATE INJECTION			01/01/2014	No Separate Payment	$0.00
J9041	BORTEZOMIB INJECTION			01/01/2015	Fee Schedule	$46.55
J9042	BRENTUXIMAB VEDOTIN INJ			01/01/2015	Fee Schedule	$115.39
J9043	CABAZITAXEL INJECTION			01/01/2015	Fee Schedule	$142.38
J9045	CARBOPLATIN INJECTION			01/01/2014	No Separate Payment	$0.00
J9047	INJECTION, CARFILZOMIB, 1 MG			01/01/2015	Fee Schedule	$30.03

J9050	CARMUSTINE INJECTION			01/01/2015	Fee Schedule	$1,982.07
J9055	CETUXIMAB INJECTION			01/01/2015	Fee Schedule	$53.75
J9060	CISPLATIN 10 MG INJECTION			01/01/2014	No Separate Payment	$0.00
J9065	INJ CLADRIBINE PER 1 MG			01/01/2015	Fee Schedule	$21.98
J9070	CYCLOPHOSPHAMIDE 100 MG INJ			01/01/2015	Fee Schedule	$58.02
J9098	CYTARABINE LIPOSOME INJ			01/01/2015	Fee Schedule	$559.09
J9100	CYTARABINE HCL 100 MG INJ			01/01/2014	No Separate Payment	$0.00
J9120	DACTINOMYCIN INJECTION			10/01/2014	Fee Schedule	$807.19
J9130	DACARBAZINE 100 MG INJ			01/01/2014	No Separate Payment	$0.00
J9150	DAUNORUBICIN INJECTION			01/01/2015	Fee Schedule	$27.70
J9151	DAUNORUBICIN CITRATE INJ			01/01/2015	Fee Schedule	$238.92
J9155	DEGARELIX INJECTION			01/01/2015	Fee Schedule	$3.42
J9160	DENILEUKIN DIFTITOX INJ			01/01/2014	Fee Schedule	$1,646.18
J9165	DIETHYLSTILBESTROL INJECTION			01/01/2011	No Separate Payment	$0.00
J9171	DOCETAXEL INJECTION			01/01/2015	Fee Schedule	$3.98
J9175	ELLIOTTS B SOLUTION PER ML			01/01/2014	No Separate Payment	$0.00
J9178	INJ, EPIRUBICIN HCL, 2 MG			01/01/2014	No Separate Payment	$0.00
J9179	ERIBULIN MESYLATE INJECTION			01/01/2015	Fee Schedule	$100.08
J9181	ETOPOSIDE INJECTION			01/01/2014	No Separate Payment	$0.00
J9185	FLUDARABINE PHOSPHATE INJ			01/01/2015	Fee Schedule	$88.90
J9190	FLUOROURACIL INJECTION			01/01/2009	No Separate Payment	$0.00
J9200	FLOXURIDINE INJECTION			01/01/2015	Fee Schedule	$60.25
J9201	GEMCITABINE HCL INJECTION			01/01/2014	No Separate Payment	$0.00
J9202	GOSERELIN ACETATE IMPLANT			01/01/2015	Fee Schedule	$230.01
J9206	IRINOTECAN INJECTION			01/01/2013	No Separate Payment	$0.00
J9207	IXABEPILONE INJECTION			01/01/2015	Fee Schedule	$71.34
J9208	IFOSFAMIDE INJECTION			01/01/2015	Fee Schedule	$30.83
J9209	MESNA INJECTION			01/01/2014	No Separate Payment	$0.00
J9211	IDARUBICIN HCL INJECTION			01/01/2015	Fee Schedule	$42.26
J9212	INTERFERON ALFACON-1 INJ			01/01/2014	No Separate Payment	$0.00
J9213	INTERFERON ALFA-2A INJ			01/01/2015	Fee Schedule	$733.57
J9214	INTERFERON ALFA-2B INJ			01/01/2015	Fee Schedule	$21.28
J9215	INTERFERON ALFA-N3 INJ			01/01/2015	No Separate Payment	$0.00
J9216	INTERFERON GAMMA 1-B INJ			01/01/2015	Fee Schedule	$4,025.96
J9217	LEUPROLIDE ACETATE SUSPNSION			01/01/2015	Fee Schedule	$237.16
J9218	LEUPROLIDE ACETATE INJECITON			01/01/2015	No Separate Payment	$0.00
J9219	LEUPROLIDE ACETATE IMPLANT			01/01/2013	Fee Schedule	$4,819.82
J9225	VANTAS IMPLANT			01/01/2015	Fee Schedule	$3,000.24
J9226	SUPPRELIN LA IMPLANT			01/01/2015	Fee Schedule	$20,115.46
J9228	IPILIMUMAB INJECTION			01/01/2015	Fee Schedule	$133.66
J9230	MECHLORETHAMINE HCL INJ			01/01/2015	Fee Schedule	$194.13
J9245	INJ MELPHALAN HYDROCHL 50 MG			01/01/2015	Fee Schedule	$1,292.71
J9250	METHOTREXATE SODIUM INJ			01/01/2009	No Separate Payment	$0.00
J9260	METHOTREXATE SODIUM INJ			01/01/2014	No Separate Payment	$0.00
J9261	NELARABINE INJECTION			01/01/2015	Fee Schedule	$142.92
J9262	INJ, OMACETAXINE MEP, 0.01MG			01/01/2014	Fee Schedule	$2.48
J9263	OXALIPLATIN			01/01/2015	Fee Schedule	$0.59
J9264	PACLITAXEL PROTEIN BOUND			01/01/2015	Fee Schedule	$9.69
J9266	PEGASPARGASE INJECTION			01/01/2015	Fee Schedule	$6,200.82
J9267	PACLITAXEL INJECTION			01/01/2015	No Separate Payment	$0.00
J9268	PENTOSTATIN INJECTION			01/01/2015	Fee Schedule	$1,510.36
J9270	PLICAMYCIN (MITHRAMYCIN) INJ			01/01/2014	No Separate Payment	$0.00
J9280	MITOMYCIN INJECTION			01/01/2015	Fee Schedule	$39.86
J9293	MITOXANTRONE HYDROCHL / 5 MG			01/01/2015	Fee Schedule	$34.79

J9300	GEMTUZUMAB OZOGAMICIN INJ			01/01/2013	Fee Schedule	$2,742.59
J9301	OBINUTUZUMAB INJ			01/01/2015	Fee Schedule	$54.24
J9302	OFATUMUMAB INJECTION			01/01/2015	Fee Schedule	$48.35
J9303	PANITUMUMAB INJECTION			01/01/2015	Fee Schedule	$96.98
J9305	PEMETREXED INJECTION			01/01/2015	Fee Schedule	$60.70
J9306	INJECTION, PERTUZUMAB, 1 MG			07/01/2014	Fee Schedule	$10.22
J9307	PRALATREXATE INJECTION			01/01/2015	Fee Schedule	$204.47
J9310	RITUXIMAB INJECTION			01/01/2015	Fee Schedule	$725.44
J9315	ROMIDEPSIN INJECTION			01/01/2015	Fee Schedule	$279.81
J9320	STREPTOZOCIN INJECTION			01/01/2015	Fee Schedule	$336.01
J9328	TEMOZOLOMIDE INJECTION			01/01/2015	Fee Schedule	$5.71
J9330	TEMSIROLIMUS INJECTION			01/01/2015	Fee Schedule	$60.04
J9340	THIOTEPA INJECTION			01/01/2014	Fee Schedule	$630.70
J9351	TOPOTECAN INJECTION			01/01/2015	Fee Schedule	$1.53
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG			01/01/2015	Fee Schedule	$29.17
J9355	TRASTUZUMAB INJECTION			01/01/2015	Fee Schedule	$84.45
J9357	VALRUBICIN INJECTION			01/01/2015	Fee Schedule	$1,098.82
J9360	VINBLASTINE SULFATE INJ			01/01/2014	No Separate Payment	$0.00
J9370	VINCRISTINE SULFATE 1 MG INJ			01/01/2014	No Separate Payment	$0.00
J9371	INJ, VINCRISTINE SUL LIP 1MG			01/01/2015	Fee Schedule	$2,142.60
J9390	VINORELBINE TARTRATE INJ			01/01/2014	No Separate Payment	$0.00
J9395	INJECTION, FULVESTRANT			01/01/2015	Fee Schedule	$91.30
J9400	INJ, ZIV-AFLIBERCEPT, 1MG			01/01/2015	Fee Schedule	$7.62
J9600	PORFIMER SODIUM INJECTION			10/01/2014	Fee Schedule	$20,002.20
J9999	CHEMOTHERAPY DRUG			01/01/2014	No Separate Payment	$0.00
L8600	IMPLANT BREAST SILICONE/EQ			01/01/2014	No Separate Payment	$0.00
L8603	COLLAGEN IMP URINARY 2.5 ML			01/01/2014	No Separate Payment	$0.00
L8604	DEXTRANOMER/HYALURONIC ACID			01/01/2014	No Separate Payment	$0.00
L8606	SYNTHETIC IMPLNT URINARY 1ML			01/01/2012	Not Allowed	$0.00
L8609	ARTIFICIAL CORNEA			01/01/2014	No Separate Payment	$0.00
L8610	OCULAR IMPLANT			01/01/2014	No Separate Payment	$0.00
L8612	AQUEOUS SHUNT PROSTHESIS			01/01/2014	No Separate Payment	$0.00
L8613	OSSICULAR IMPLANT			01/01/2009	No Separate Payment	$0.00
L8614	COCHLEAR DEVICE			01/01/2009	No Separate Payment	$0.00
L8630	METACARPOPHALANGEAL IMPLANT			01/01/2009	No Separate Payment	$0.00
L8631	MCP JOINT REPL 2 PC OR MORE			01/01/2014	No Separate Payment	$0.00
L8641	METATARSAL JOINT IMPLANT			01/01/2014	No Separate Payment	$0.00
L8642	HALLUX IMPLANT			01/01/2009	No Separate Payment	$0.00
L8658	INTERPHALANGEAL JOINT SPACER			01/01/2009	No Separate Payment	$0.00
L8659	INTERPHALANGEAL JOINT REPL			01/01/2009	No Separate Payment	$0.00
L8670	VASCULAR GRAFT, SYNTHETIC			01/01/2009	No Separate Payment	$0.00
L8682	IMPLT NEUROSTIM RADIOFQ REC			01/01/2009	No Separate Payment	$0.00
L8690	AUD OSSEO DEV, INT/EXT COMP			01/01/2009	No Separate Payment	$0.00
L8699	PROSTHETIC IMPLANT NOS			01/01/2009	No Separate Payment	$0.00
L9900	O&P SUPPLY/ACCESSORY/SERVICE			01/01/2013	No Separate Payment	$0.00
P9041	ALBUMIN (HUMAN),5%, 50ML			10/01/2014	Fee Schedule	$10.91
P9045	ALBUMIN (HUMAN), 5%, 250 ML			10/01/2014	Fee Schedule	$54.54
P9046	ALBUMIN (HUMAN), 25%, 20 ML			10/01/2014	Fee Schedule	$22.49
P9047	ALBUMIN (HUMAN), 25%, 50ML			10/01/2014	Fee Schedule	$53.44
Q0138	FERUMOXYTOL, NON-ESRD			01/01/2015	Fee Schedule	$0.78
Q0161	CHLORPROMAZINE HCL 5MG ORAL			01/01/2014	No Separate Payment	$0.00
Q0162	ONDANSETRON ORAL			01/01/2012	No Separate Payment	$0.00
Q0163	DIPHENHYDRAMINE HCL 50MG			01/01/2009	No Separate Payment	$0.00
Q0164	PROCHLORPERAZINE MALEATE 5MG			01/01/2009	No Separate Payment	$0.00

Q0166	GRANISETRON HCL 1 MG ORAL			01/01/2010	No Separate Payment	$0.00
Q0167	DRONABINOL 2.5MG ORAL			01/01/2009	No Separate Payment	$0.00
Q0169	PROMETHAZINE HCL 12.5MG ORAL			01/01/2009	No Separate Payment	$0.00
Q0173	TRIMETHOBENZAMIDE HCL 250MG			01/01/2009	No Separate Payment	$0.00
Q0174	THIETHYLPERAZINE MALEATE10MG			01/01/2014	No Separate Payment	$0.00
Q0175	PERPHENAZINE 4MG ORAL			01/01/2014	No Separate Payment	$0.00
Q0177	HYDROXYZINE PAMOATE 25MG			01/01/2014	No Separate Payment	$0.00
Q0180	DOLASETRON MESYLATE ORAL			01/01/2014	No Separate Payment	$0.00
Q0181	UNSPECIFIED ORAL ANTI-EMETIC			04/01/2014	No Separate Payment	$0.00
Q0507	MISC SUP/ACC EXT VAD			01/01/2014	No Separate Payment	$0.00
Q0508	MIS SUP/ACC IMP VAD			01/01/2014	No Separate Payment	$0.00
Q0509	MIS SUP/AC IMP VAD NOPAY MED			01/01/2014	No Separate Payment	$0.00
Q0515	SERMORELIN ACETATE INJECTION			01/01/2013	Fee Schedule	$1.80
Q2004	BLADDER CALCULI IRRIG SOL			01/01/2011	No Separate Payment	$0.00
Q2009	FOSPHENYTOIN INJ PE			07/01/2009	No Separate Payment	$0.00
Q2017	TENIPOSIDE, 50 MG			01/01/2015	Fee Schedule	$825.50
Q2033	INFLUENZA VACCINE, (FLUBLOK)			07/01/2013	No Separate Payment	$0.00
Q2034	AGRIFLU VACCINE			01/01/2014	No Separate Payment	$0.00
Q2035	AFLURIA VACC, 3 YRS & >, IM			01/01/2014	No Separate Payment	$0.00
Q2036	FLULAVAL VACC, 3 YRS & >, IM			01/01/2014	No Separate Payment	$0.00
Q2037	FLUVIRIN VACC, 3 YRS & >, IM			01/01/2014	No Separate Payment	$0.00
Q2038	FLUZONE VACC, 3 YRS & >, IM			01/01/2014	No Separate Payment	$0.00
Q2039	NOS FLU VACC, 3 YRS & >, IM			01/01/2014	No Separate Payment	$0.00
Q2043	SIPULEUCEL-T AUTO CD54+			01/01/2015	Fee Schedule	$34,775.98
Q2049	IMPORTED LIPODOX INJ			10/01/2014	Fee Schedule	$508.43
Q2050	DOXORUBICIN INJ 10MG			01/01/2015	Fee Schedule	$489.99
Q3027	INJ BETA INTERFERON IM 1 MCG			01/01/2015	Fee Schedule	$36.69
Q3031	COLLAGEN SKIN TEST			01/01/2013	No Separate Payment	$0.00
Q4100	SKIN SUBSTITUTE, NOS			01/01/2009	No Separate Payment	$0.00
Q4101	APLIGRAF			01/01/2014	No Separate Payment	$0.00
Q4102	OASIS WOUND MATRIX			01/01/2014	No Separate Payment	$0.00
Q4103	OASIS BURN MATRIX			01/01/2014	No Separate Payment	$0.00
Q4104	INTEGRA BMWD			01/01/2014	No Separate Payment	$0.00
Q4105	INTEGRA DRT			01/01/2014	No Separate Payment	$0.00
Q4106	DERMAGRAFT			01/01/2014	No Separate Payment	$0.00
Q4107	GRAFTJACKET			01/01/2014	No Separate Payment	$0.00
Q4108	INTEGRA MATRIX			01/01/2014	No Separate Payment	$0.00
Q4110	PRIMATRIX			01/01/2014	No Separate Payment	$0.00
Q4111	GAMMAGRAFT			01/01/2014	No Separate Payment	$0.00
Q4112	CYMETRA INJECTABLE			01/01/2014	No Separate Payment	$0.00
Q4113	GRAFTJACKET XPRESS			01/01/2014	No Separate Payment	$0.00
Q4114	INTEGRA FLOWABLE WOUND MATRI			01/01/2014	No Separate Payment	$0.00
Q4115	ALLOSKIN			01/01/2014	No Separate Payment	$0.00
Q4116	ALLODERM			01/01/2014	No Separate Payment	$0.00
Q4117	HYALOMATRIX			01/01/2015	No Separate Payment	$0.00
Q4118	MATRISTEM MICROMATRIX			01/01/2014	No Separate Payment	$0.00
Q4119	MATRISTEM WOUND MATRIX			01/01/2014	No Separate Payment	$0.00
Q4120	MATRISTEM BURN MATRIX			01/01/2015	No Separate Payment	$0.00
Q4121	THERASKIN			01/01/2015	Fee Schedule	$36.34
Q4122	DERMACELL			01/01/2015	Fee Schedule	$82.30
Q4123	ALLOSKIN			01/01/2014	No Separate Payment	$0.00
Q4124	OASIS TRI-LAYER WOUND MATRIX			01/01/2014	No Separate Payment	$0.00
Q4125	ARTHROFLEX			01/01/2014	No Separate Payment	$0.00
Q4126	MEMODERM/DERMA/TRANZ/INTEGUP			01/01/2015	No Separate Payment	$0.00

Q4127	TALYMED			01/01/2015	Fee Schedule	$19.88
Q4128	FLEXHD/ALLOPATCHHD/MATRIXHD			01/01/2014	No Separate Payment	$0.00
Q4129	UNITE BIOMATRIX			01/01/2015	No Separate Payment	$0.00
Q4130	STRATTICE TM			01/01/2014	No Separate Payment	$0.00
Q4131	EPIFIX			01/01/2015	No Separate Payment	$0.00
Q4132	GRAFIX CORE			01/01/2015	No Separate Payment	$0.00
Q4133	GRAFIX PRIME			01/01/2015	No Separate Payment	$0.00
Q4134	HMATRIX			01/01/2015	No Separate Payment	$0.00
Q4135	MEDISKIN			01/01/2015	No Separate Payment	$0.00
Q4136	EZDERM			01/01/2015	No Separate Payment	$0.00
Q4137	AMNIOEXCEL OR BIODEXCEL, 1CM			01/01/2014	No Separate Payment	$0.00
Q4138	BIODFENCE DRYFLEX, 1CM			01/01/2014	No Separate Payment	$0.00
Q4139	AMNIO OR BIODMATRIX, INJ 1CC			01/01/2014	No Separate Payment	$0.00
Q4140	BIODFENCE 1CM			01/01/2014	No Separate Payment	$0.00
Q4141	ALLOSKIN AC, 1 CM			01/01/2014	No Separate Payment	$0.00
Q4142	XCM BIOLOGIC TISS MATRIX 1CM			01/01/2014	No Separate Payment	$0.00
Q4143	REPRIZA, 1CM			01/01/2014	No Separate Payment	$0.00
Q4145	EPIFIX, INJ, 1MG			01/01/2014	No Separate Payment	$0.00
Q4146	TENSIX, 1CM			01/01/2014	No Separate Payment	$0.00
Q4147	ARCHITECT ECM, 1CM			01/01/2014	No Separate Payment	$0.00
Q4148	NEOX 1K, 1CM			01/01/2014	No Separate Payment	$0.00
Q4149	EXCELLAGEN, 0.1 CC			01/01/2014	No Separate Payment	$0.00
Q4150	ALLOWRAP DS OR DRY 1 SQ CM			01/01/2015	No Separate Payment	$0.00
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM			01/01/2015	No Separate Payment	$0.00
Q4152	DERMAPURE 1 SQUARE CM			01/01/2015	No Separate Payment	$0.00
Q4153	DERMAVEST 1 SQUARE CM			01/01/2015	No Separate Payment	$0.00
Q4154	BIOVANCE 1 SQUARE CM			01/01/2015	No Separate Payment	$0.00
Q4155	NEOXFLO OR CLARIXFLO 1 MG			01/01/2015	No Separate Payment	$0.00
Q4156	NEOX 100 1 SQUARE CM			01/01/2015	No Separate Payment	$0.00
Q4157	REVITALON 1 SQUARE CM			01/01/2015	No Separate Payment	$0.00
Q4158	MARIGEN 1 SQUARE CM			01/01/2015	No Separate Payment	$0.00
Q4159	AFFINITY1 SQUARE CM			01/01/2015	No Separate Payment	$0.00
Q4160	NUSHIELD 1 SQUARE CM			01/01/2015	No Separate Payment	$0.00
Q9951	LOCM >= 400 MG/ML IODINE,1ML			01/01/2014	No Separate Payment	$0.00
Q9953	INJ FE-BASED MR CONTRAST,1ML			01/01/2014	No Separate Payment	$0.00
Q9954	ORAL MR CONTRAST, 100 ML			01/01/2014	No Separate Payment	$0.00
Q9955	INJ PERFLEXANE LIP MICROS,ML			01/01/2014	No Separate Payment	$0.00
Q9956	INJ OCTAFLUOROPROPANE MIC,ML			01/01/2009	No Separate Payment	$0.00
Q9957	INJ PERFLUTREN LIP MICROS,ML			01/01/2014	No Separate Payment	$0.00
Q9958	HOCM <=149 MG/ML IODINE, 1ML			01/01/2014	No Separate Payment	$0.00
Q9959	HOCM 150-199MG/ML IODINE,1ML			01/01/2014	No Separate Payment	$0.00
Q9960	HOCM 200-249MG/ML IODINE,1ML			01/01/2014	No Separate Payment	$0.00
Q9961	HOCM 250-299MG/ML IODINE,1ML			01/01/2014	No Separate Payment	$0.00
Q9962	HOCM 300-349MG/ML IODINE,1ML			01/01/2014	No Separate Payment	$0.00
Q9963	HOCM 350-399MG/ML IODINE,1ML			01/01/2009	No Separate Payment	$0.00
Q9964	HOCM>= 400MG/ML IODINE, 1ML			01/01/2009	No Separate Payment	$0.00
Q9965	LOCM 100-199MG/ML IODINE,1ML			01/01/2009	No Separate Payment	$0.00
Q9966	LOCM 200-299MG/ML IODINE,1ML			01/01/2009	No Separate Payment	$0.00
Q9967	LOCM 300-399MG/ML IODINE,1ML			01/01/2009	No Separate Payment	$0.00
Q9968	VISUALIZATION ADJUNCT			01/01/2015	Fee Schedule	$1.61
V2630	ANTER CHAMBER INTRAOCUL LENS			01/01/2013	No Separate Payment	$0.00
V2631	IRIS SUPPORT INTRAOCLR LENS			01/01/2013	No Separate Payment	$0.00
V2632	POST CHMBR INTRAOCULAR LENS			01/01/2013	No Separate Payment	$0.00
V2785	CORNEAL TISSUE PROCESSING			01/01/2014	Fee Schedule	$0.00

V2790	AMNIOTIC MEMBRANE			01/01/2013	No Separate Payment	$0.00