Title 20: Labor

PART 2: MISSISSIPPI WORKERS' COMPENSATION MEDICAL FEE SCHEDULE

Introduction

Pursuant to Mississippi Code Annotated (MCA), §71-3-15(3)(Rev. 2000), the following Fee Schedule, including Cost Containment and Utilization Management rules and guidelines, is hereby established in order to implement a medical cost containment program. This Fee Schedule, and accompanying rules and guidelines, applies to medical services rendered after the effective date of November 14, 2016, and, in the case of inpatient treatment, to services where the discharge date is on or after November 14, 2016. This Fee Schedule establishes the maximum level of medical and surgical reimbursement for the treatment of work-related injuries and/or illnesses, which the Mississippi Workers' Compensation Commission deems to be fair and reasonable.

Updates and changes before the periodic update can be found by checking the State of Mississippi Workers' Compensation Commission website http://www.mwcc.state.ms.us/#/home or the Optum360 website https://www.optum360coding.com/ProductUpdates/. Subscribers should regularly check these sites for changes

This Fee Schedule shall be used by the Workers' Compensation Commission, insurance payers, and self-insurers for approving and paying medical charges of physicians, surgeons, and other qualified health care professionals for services rendered under the Mississippi Workers' Compensation Law. This Fee Schedule applies to all medical services provided to injured workers by physicians, and also covers other medical services arranged for by a physician. In practical terms, this means professional services provided by hospital-employed physicians and other qualified health care professionals, as well as those practicing independently, are reimbursed under this Fee Schedule.

The Commission will require the use of the most current CPT®, CDT, and HCPCS codes and modifiers in effect at the time services are rendered. All coding, billing and other issues, including disputes, associated with a claim, shall be determined in accordance with the CPT rules and guidelines in effect at the time service is rendered, unless otherwise provided in this Fee Schedule or by the Commission.

As used in this Fee Schedule, CPT refers to the American Medical Association's Current Procedural Terminology codes and nomenclature. CPT is a registered trademark of the American Medical Association. CDT refers to the American Dental Association's Current Dental Terminology (CDT) codes. HCPCS is an acronym for the Centers for Medicare and Medicaid Services' (CMS) Healthcare Common Procedure Coding System. HCPCS is divided into two subsets. HCPCS Level I codes are the CPT codes developed and maintained by the AMA. HCPCS Level II codes are developed and maintained by CMS and include codes for procedures, equipment, and supplies not found in the CPT book and are referred to in this fee schedule as HCPCS codes.

The inclusion of a service, product, or supply identified by a CPT, CDT, or HCPCS code does not necessarily imply coverage, reimbursement or endorsement.

I. FORMAT

This Fee Schedule is comprised of the following sections: Introduction; General Rules; Billing and Reimbursement Rules; Medical Records Rules; Dispute Resolution Rules; Utilization Review Rules; Rules for Modifiers and Code Exceptions; Pharmacy Rules; Other Qualified Health Care Professional Rules; Home Health Rules; Skilled Nursing Facility Rules; Evaluation and Management; Anesthesia; Pain Management; Surgery; Radiology; Pathology and Laboratory; Medicine Services; Therapeutic Services; Dental; Durable Medical Equipment (DME), Orthotics, Prosthetics and Other HCPCS Codes; Inpatient Hospital and Outpatient Facility Payment Schedule and Rules; and Forms. Each section listed above has specific instructions (rules/guidelines). The Fee Schedule is divided into these sections for structural purposes only. Providers are to use the specific section(s) that contains the procedure(s) they perform or the service(s) they render. **In the event a rule/guideline contained in one of the specific service sections conflicts with a general rule/guideline, the specific section rule/guideline will supersede, unless otherwise provided elsewhere in this Fee Schedule.**

This Fee Schedule utilizes procedure codes under copyright agreement. The descriptions included are full procedure descriptions. A complete list of modifiers is included in a separate section for easy reference.

II. SCOPE

The *Mississippi Workers' Compensation Medical Fee Schedule* does the following:

A. Establishes rules/guidelines by which the employer shall furnish, or cause to be furnished, to an employee who suffers a bodily injury or occupational disease covered by the Mississippi Workers' Compensation Law, reasonable and necessary medical, surgical, and hospital services and medicines, supplies or other attendance or treatment as necessary. The employer shall provide to the injured employee such medical or dental surgery, crutches, artificial limbs, eyes, teeth, eyeglasses, hearing apparatus, and other appliances which are reasonable and necessary to treat,

cure, and/or relieve the employee from the effects of the injury/illness, in accordance with MCA §71-3-15 (Rev. 2000), as amended.

B. Establishes a schedule of maximum reimbursement allowances (MRA) for such treatment, attendance, service, device, apparatus, or medicine.

C. Establishes rules/guidelines by which a health care provider shall be paid the lesser of (a) the provider's total billed charge, or (b) the maximum reimbursement allowance (MRA) established under this Fee Schedule.

D. Establishes rules for cost containment to include utilization review of health care and health care services, and provides for the acquisition by an employer/payer, other interested parties, and the Mississippi Workers' Compensation Commission, of the necessary records, medical bills, and other information concerning any health care or health care service under review.

E. Establishes rules for the evaluation of the appropriateness of both the level and quality of health care and health care services provided to injured employees, based upon medically accepted standards.

F. Authorizes employers/payers to withhold payment from, or recover payment from, health facilities or health care providers that have made excessive charges or which have provided unjustified and/or unnecessary treatment, hospitalization, or visits.

G. Provides for the review by the employer/payer or Commission of any health facility or health care provider records and/or medical bills that have been determined not to be in compliance with the schedule of charges established herein.

H. Establishes that a health care provider or facility may be required by the employer/payer to explain in writing the medical necessity of health care or health care service that is not usually associated with, is longer and/or more frequent than, the health care or health care service usually accompanying the diagnosis or condition for which the patient is being treated.

I. Provides for medical cost containment review and decision responsibility. The rules and definitions hereunder are not intended to supersede or modify the Workers' Compensation Act, the administrative rules of the Commission, or court decisions interpreting the Act or the Commission's administrative rules.

J. Provides for the monitoring of employers/payers to determine their compliance with the criteria and standards established by this Fee Schedule.

K. Establishes deposition/witness fees.

L. Establishes fees for medical reports.

M. Provides for uniformity in billing of provider services.

N. Establishes rules/guidelines for billing.

O. Establishes rules/guidelines for reporting medical claims for service.

P. Establishes rules/guidelines for obtaining medical services by out-of-state providers.

Q. Establishes rules/guidelines for Utilization Review to include pre-certification, concurrent review, discharge planning and retrospective review.

R. Establishes rules for dispute resolution which includes an appeal process for determining disputes which arise under this Fee Schedule.

S. Establishes a peer review system for determining medical necessity. Peer review is conducted by professional practitioners of the same specialty as the treating medical provider on a particular case.

T. Establishes the list of health care professionals who are considered authorized providers to treat employees under the Mississippi Workers' Compensation Law; and who, by reference in this rule, will be subject to the rules, guidelines and maximum reimbursement limits in this Fee Schedule.

U. Establishes financial and other administrative penalties to be levied against payers or providers who fail to comply with the provisions of the Fee Schedule, including but not limited to interest charges for late billing or payment, percentage penalties for late billing or payment, and additional civil penalties for practices deemed unreasonable by the Commission.

III. MEDICAL NECESSITY

The concept of medical necessity is the foundation of all treatment and reimbursement made under the provision of §71-3-15, Mississippi Code of 1972, as amended. For reimbursement to be made, services and supplies must meet the

definition of “medically necessary.” The sole use of extraneous guidelines, including but not limited to the Official Disability Guidelines (“ODG”), to determine the appropriateness or extent of treatment or reimbursement is prohibited. Continuation of treatment shall be based on the concept of medical necessity and predicated on objective or appropriate subjective improvements in the patient’s clinical status. Arbitrary limits on treatment or reimbursement based solely on diagnosis or guidelines outside this Fee Schedule are not permitted.

A. For the purpose of the Workers’ Compensation Program, any reasonable medical service or supply used to identify or treat a work-related injury/illness which is appropriate to the patient’s diagnosis, is based upon accepted standards of the health care specialty involved, represents an appropriate level of care given the location of service, the nature and seriousness of the condition, and the frequency and duration of services, is not experimental or investigational, and is consistent with or comparable to the treatment of like or similar non-work related injuries, is considered “medically necessary.” The service must be widely accepted by the practicing peer group, based on scientific criteria, and determined to be reasonably safe. It must not be experimental, investigational, or research in nature except in those instances in which prior approval of the payer has been obtained. For purposes of this provision, “peer group” is defined as similarly situated physicians of the same specialty, licensed in the State of Mississippi, and qualified to provide the services in question.

B. Services for which reimbursement is due under this Fee Schedule are those services meeting the definition of “medically necessary” above and includes such testing or other procedures reasonably necessary and required to determine or diagnose whether a work-related injury or illness has been sustained, or which are required for the remedial treatment or diagnosis of an on-the-job injury, a work-related illness, a pre-existing condition affected by the injury or illness, or a complication resulting from the injury or illness, and which are provided for such period as the nature of the injury or process of recovery may require.

C. Treatment of conditions unrelated to the injuries sustained in an industrial accident may be denied as unauthorized if the treatment is directed toward the non-industrial condition or if the treatment is not deemed medically necessary for the patient’s rehabilitation from the industrial injury.

D. Services that are experimental or investigational, including but not limited to CPT Category II and Category III codes, are not reimbursable for this Fee Schedule. Please refer to the MWCC website (www.mwcc.ms.gov) for a list of some of these procedures.

IV. DEFINITIONS

Act means Mississippi Workers’ Compensation Law, Mississippi Code Annotated (MCA), §71-3-1 et seq (Rev. 2000 as amended).

Adjust means that a payer or a payer’s agent reduces or otherwise alters a health care provider’s request for payment.

APC means ambulatory payment classification and guidelines as developed by the Centers for Medicare and Medicaid Services (CMS) and adopted in this Fee Schedule.

Appropriate care means health care that is suitable for a particular patient, condition, occasion, or place.

ASA RVG means the American Society of Anesthesiologists (ASA) Relative Value Guide® (RVG), a listing of the anesthesia codes and modifiers and base units used for reporting anesthesia services.

AWP means Average Wholesale Price; a price generally twenty percent (20%) greater than a manufacturer sells to distributors and large customers and is based on data obtained from manufacturers, distributors, and other suppliers.

Bill means a claim submitted by a provider to a payer for payment of health care services provided in connection with a covered injury or illness.

Bill adjustment means a reduction of a fee on a provider’s bill, or other alteration of a provider’s bill.

By report (BR) means that the procedure is new, or is not assigned a maximum fee, and requires a written description included on or attached to the bill. “By report” (BR) procedures require a complete listing/description of the service, the dates of service, the procedure code, and the payment requested. The report is included in the reimbursement for the procedure.

Carrier means any stock company, mutual company, or reciprocal or inter-insurance exchange authorized to write or carry on the business of Workers’ Compensation Insurance in this State, or self-insured group, or third-party payer, or self-insured employer, or uninsured employer.

Case means a covered injury or illness occurring on a specific date and identified by the worker’s name and date of injury or illness.

CCI (See National Correct Coding Initiative.)

CDT means Current Dental Terminology, a medical code set maintained and copyrighted by the American Dental Association used for reporting dental services.

CMS-1500 means the CMS-1500 form and instructions that are used by non-institutional providers and suppliers to bill for outpatient services. Use of the most current CMS-1500 form is required.

Commission means the Mississippi Workers' Compensation Commission (MWCC).

Consultation means a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source. If a consultant, subsequent to the first encounter, assumes responsibility for management of the patient's condition, that physician becomes a treating physician. The first encounter is a consultation and shall be billed and reimbursed as such. A consultant shall provide a written report of his/her findings. *A second opinion is considered a consultation.*

Controverted claim is a workers' compensation claim which is pending before the Commission and in which the patient or patient's legal representative has filed a Petition to Controvert.

Covered injury or illness means an injury or illness for which treatment is mandated under the Act.

Critical care means care rendered in a variety of medical emergencies that requires the constant attention of the practitioner, such as cardiac arrest, shock, bleeding, respiratory failure, postoperative complications, and is usually provided in a critical care unit or an emergency department.

CPT (Current Procedural Terminology) means a set of codes, descriptions, and guidelines developed by the American Medical Association, intended to describe procedures and services performed by physicians and other health care professionals. The CPT code set is also used by other entities to report outpatient services. Each procedure or service is identified with a five-digit code. CPT codes may also be referred to as HCPCS Level I codes.

Day means a continuous 24-hour period.

Diagnostic procedure means a service that helps determine the nature and causes of a disease or injury.

Durable medical equipment (DME) means specialized equipment designed to stand repeated use, appropriate for home use, and used solely for medical purposes.

Employer Medical Evaluation (EME) means a second opinion evaluation available to the Employer or Carrier pursuant to MCA §71-3-15(1) (Rev. 2000) for the purpose of evaluating temporary or permanent disability, or the medical treatment being rendered to the injured worker.

Expendable medical supply means a disposable article that is needed in quantity on a daily or monthly basis.

Follow-up care means the care which is related to the recovery from a specific procedure and which is considered part of the procedure's maximum reimbursement allowance, but does not include complications.

Follow-up days (FUD) are the days of care following a surgical procedure which are included in the procedure's maximum reimbursement allowance amount, but which do not include complications. The follow-up day period begins on the day of the surgical procedure(s).

HCPCS means Healthcare Common Procedure Coding System, an alpha-numeric medical code set maintained by the Centers for Medicare and Medicaid Services used for reporting services, durable medical equipment, and supplies. HCPCS codes may also be referred to as HCPCS Level II codes.

Health care review means the review of a health care case, bill, or both by the payer or the payer's agent.

Incident-to means that services and supplies are commonly furnished as an integral part of the primary service or procedure and not reimbursed separately.

Incidental surgery means surgery performed through the same incision, on the same day, by the same doctor, not increasing the difficulty or follow-up of the main procedure, or not related to the diagnosis.

Independent medical examination (IME) means a consultation provided by a physician to evaluate a patient at the request of the Commission. This evaluation may include an extensive record review and physical examination of the patient and requires a written report.

Independent procedure means a procedure that may be carried out by itself, completely separate and apart from the total service that usually accompanies it.

Inpatient services means services rendered to a person who is admitted as an inpatient to a hospital.

Maximum reimbursement allowance (MRA) means the maximum amount allowed for medical services as set forth in this Fee Schedule.

Medical only case means a case that does not involve more than five (5) days of disability or lost work time and for which only medical treatment is required.

Medically accepted standard means a measure set by a competent authority as the rule for evaluating quality or quantity of health care or health care services and which may be defined in relation to any of the following:

- Professional performance
- Professional credentials
- The actual or predicted effects of care
- The range of variation from the norm

Medically necessary means any reasonable medical service or supply used to identify or treat a work-related injury/illness which is appropriate to the patient's diagnosis, is based upon accepted standards of the health care specialty involved, represents an appropriate level of care given the location of service, the nature and seriousness of the condition, and the frequency and duration of services, is not experimental or investigational, and is consistent with or comparable to the treatment of like or similar non-work related injuries. Utilization management or review decisions shall not be based on application of clinical guidelines, but must include review of clinical information submitted by the provider and represent an individualized determination based on the worker's current condition and the concept of medical necessity predicated on objective or appropriate subjective improvements in the patient's clinical status.

Medical record means a record in which the medical service provider records the subjective findings, objective findings, diagnosis, treatment rendered, treatment plan, and return to work status and/or goals and impairment rating as applicable.

Medical supply means either a piece of durable medical equipment or an expendable medical supply.

National Correct Coding Initiative means the official list of codes from the Centers for Medicare and Medicaid Services' (CMS) National Correct Coding Policy Manual that identifies services considered an integral part of a comprehensive code.

NCCI (See National Correct Coding Initiative.)

Observation services means services rendered to a person who is designated or admitted to a hospital or facility as observation status.

Operative report means the practitioner's written description of the surgery and includes all of the following:

- A preoperative diagnosis;
- A postoperative diagnosis;
- A step-by-step description of the surgery;
- A description of any problems that occurred in surgery; and
- The condition of the patient upon leaving the operating room.

Optometrist means an individual licensed to practice optometry.

Orthotic equipment means an orthopedic apparatus designed to support, align, prevent, or correct deformities, or improve the function of a moveable body part.

Orthotist means a person skilled in the construction and application of orthotic equipment.

Outpatient service means services provided to patients at a time when they are not hospitalized as inpatients.

Payer means the employer or self-insured group, carrier, or third-party administrator (TPA) who pays the provider billings.

Pharmacy means the place where the science, art, and practice of preparing, preserving, compounding, dispensing, and giving appropriate instruction in the use of drugs is practiced.

Practitioner means a person licensed, registered, or certified as an acupuncturist, audiologist, doctor of chiropractic, doctor of dental surgery, doctor of medicine, doctor of osteopathy, doctor of podiatry, doctor of optometry, massage therapist, nurse, nurse anesthetist, nurse practitioner, occupational therapist, orthotist, pharmacist, physical therapist, physician assistant, prosthetist, psychologist, or other person licensed, registered, or certified as a health care professional or provider.

Primary procedure means the therapeutic procedure most closely related to the principal diagnosis, and in billing, the code with the highest unit that is neither an add-on code nor a code exempt from modifier 51 shall be considered the primary procedure. Reimbursement for the primary procedure is not dependent on the ordering or re-ordering of codes.

Procedure means a unit of health service.

Procedure code means a five–digit numerical sequence or a sequence containing an alpha character and preceded or followed by four digits, which identifies the service performed and billed.

Properly submitted bill means a request by a provider for payment of health care services submitted to a payer on the appropriate forms with appropriate documentation and within the time frame established under the guidelines of the Fee Schedule.

Prosthesis means an artificial substitute for a missing body part.

Prosthetist means a person skilled in the construction and application of prostheses.

Provider means a facility, health care organization, or a practitioner who provides medical care or services.

Resequenced code means a code that is printed in the CPT book out of numeric sequence but is printed in this Fee Schedule in the numeric order.

Secondary procedure means a surgical procedure performed during the same operative session as the primary surgery but considered an independent procedure that may not be performed as part of the primary surgery.

Special report means a report requested by the payer to explain or substantiate a service or clarify a diagnosis or treatment plan.

Specialist means a board-certified practitioner, board-eligible practitioner, or a practitioner otherwise considered an expert in a particular field of health care service by virtue of education, training, and experience generally accepted by practitioners in that particular field of health care service.

Usual and customary means that when a payment is designated herein as "usual and customary," the amount of the payment equates to the charge value reported by FAIR Health, Inc. in its FH RV Benchmarks (or other FAIR Health, Inc. Benchmark product available on the date of service) products at the 40th percentile for the applicable geographic area in Mississippi.

V. How to Interpret the Fee Schedule

For each procedure, the Fee Schedule table includes the following columns and details (if applicable):

Code Icons

Add-on Codes

\+ denotes procedure codes that are considered "add-on" codes as defined in the CPT book.

Modifier 51 Exempt

⦸ denotes procedure codes that are exempt from the use of modifier 51 and are not designated as add-on procedures/services as defined in the CPT book. Modifier 51 exempt services and procedures can be found in Appendix E of *CPT 2016.*

(51) denotes additional codes that should not be subject to modifier 51 as identified by Optum360 based upon CPT guidelines.

Moderate (Conscious) Sedation

⊙ denotes procedure codes that include conscious sedation as an inherent part of providing the procedure.

Resequenced Codes

# denotes procedure codes that are in numeric order but are considered resequenced and display in a different order within the 2016 CPT book.

APC J Status

J1 applicable to APC payments. See the Inpatient Hospital and Outpatient Facility Payment Schedule and Rules section for more information.

State-Specific Code

∞ indicates a code specific to the State of Mississippi or a code with a description altered by the State of Mississippi.

Code
This Fee Schedule uses 2016 CPT, CDT, HCPCS, and Mississippi state-specific codes.

Modifiers
In the HCPCS section modifiers that affect payment are listed in this column. See the HCPCS section for more information regarding the modifiers.

Description
This Fee Schedule uses 2016 full descriptions. Some HCPCS code descriptions have been modified by the State of Mississippi.

Amount
This column lists the total maximum allowable as a monetary amount. Procedures with a $0.00 in the Amount column are not covered or are not reimbursed.

PC Amount
Where there is an identifiable professional and technical component to a procedure, the portion considered to be the maximum allowable for the professional component is listed in the PC Amount column. Procedures with a $0.00 in the PC Amount column are considered one hundred percent (100%) technical. See Rules for Modifiers and Code Exceptions for additional information.

TC Amount
Where there is an identifiable professional and technical component to a procedure, the portion considered to be the maximum allowable for the technical component is listed in the TC Amount column. Procedures with a $0.00 in the TC Amount column or where the TC column Amount column is blank are considered one hundred percent (100%) professional. See Rules for Modifiers and Code Exceptions for additional information.

FUD
Follow-up days (FUD) included in a surgical procedure's global charge are listed in this column.

Postoperative periods of 0, 10, and 90 days are designated in the Fee Schedule as 000, 010, and 090 respectively. The following special circumstances are also listed in the postoperative period:

MMM Designates services furnished in uncomplicated maternity care. This includes antepartum, delivery, and postpartum care.

XXX Designates services where the global concept does not apply.

YYY Designates services where the payer must assign a follow-up period based on documentation submitted with the claim. Procedures designated as YYY in the fee schedule include unlisted procedure codes.

ZZZ Designates services that are add-on procedures and as such have a global period that is determined by the primary procedure.

Assist Surg
The assistant surgeon column identifies procedures that are approved for an assistant to the primary surgeon whether a physician, physician assistant (PA), registered nurse first assistant (RNFA, RA), or other individual qualified for reimbursement as an assistant under the Fee Schedule.

APC Amount
Ambulatory Payment Classification (APC) is a payment method for facility outpatient services. The APC system as developed by the Centers for Medicare and Medicaid Services (CMS) includes many of the supplies that have previously been separately billed. These supplies will now be bundled into the APC Amount consistent with CMS guidelines. The APC Amount shall constitute the reimbursement amount for both hospital based and freestanding outpatient facilities.

VI. AUTHORIZED PROVIDERS

The following health care providers are recognized by the Mississippi Workers' Compensation Commission as acceptable to provide treatment to injured workers under the terms of the Act, and must comply with the rules, guidelines, billing and reimbursement policies, and maximum reimbursement allowance (MRA) contained in this Fee Schedule when providing treatment or service under the terms of the Act:

Acupuncturist (L.A.C.)

Audiologist

Certified Registered Nurse Anesthetist (C.R.N.A.)

Doctor of Chiropractic (D.C.)

Doctor of Dental Surgery (D.D.S.)/Doctor of Dental Medicine (D.D.M.)

Doctor of Osteopathy (D.O.)

Licensed Clinical Social Worker (L.C.S.W.)

Licensed Nursing Assistant

Licensed Practical Nurse (L.P.N.)

Massage Therapist

Medical Doctor (M.D.)

Nurse Practitioner (N.P.)

Occupational Therapist (O.T.)

Optometrist (O.D.)

Oral Surgeon (M.D., D.O., D.M.D., D.D.S.)

Pharmacist (R.Ph.)

Physical Therapist (P.T.)

Physical or Occupational Therapist Assistant (P.T.A., O.T.A.)

Physician Assistant (P.A.)

Podiatrist (D.P.M.)

Prosthetist or Orthotist

Psychologist (Ph.D.)

Registered Nurse (R.N.)

Registered Nurse First Assistant (R.N.F.A., R.A.)

Speech Therapist

All health care providers, as listed herein, are subject to the rules, limitations, exclusions, and maximum reimbursement allowances of this Fee Schedule. Medical treatment under the terms of the Act may be provided by any other person licensed, registered, or certified as a health care professional if approved by the payer or Commission, and in such case, said provider and payer shall be subject to the rules and guidelines, including maximum reimbursement amounts, provided herein.

VII. INFORMATION PROGRAM

The Mississippi Workers' Compensation Commission shall provide ongoing information regarding this Fee Schedule for providers, payers, their representatives and any other interested persons or parties. This information shall be provided primarily through informational sessions and seminar presentations at the Mississippi Workers' CompensationEducational Association Conference as well as the distribution of appropriate information materials via the Commission's website (www.mwcc.ms.gov), and by other means as needed. Updates to this Fee Schedule will also be posted to the Optum360 website https://www.optum360coding.com/ProductUpdates/.

General Rules

I. Confirmatory Consultation

As provided in §71-3-15(1) of the Act, and in MWCC General Rule 9, a payer/employer may request a second opinion examination or evaluation for the purpose of evaluating temporary or permanent disability or medical treatment being rendered. This examination is considered a confirmatory consultation. The confirmatory consultation is billed using the appropriate level and site-specific consultation code with modifier 32 appended to indicate a mandated service and paid in accordance with the Fee Schedule.

II. Coding Standard

A. The most current version of the American Medical Association's *Current Procedural Terminology* (CPT®) or the American Dental Association's *CDT 2016: Dental Procedure Codes* in effect at the time service is rendered or provided shall be the authoritative coding guide, unless otherwise specified in this Fee Schedule.

B. The most current version of HCPCS codes developed by CMS in effect at the time service is rendered or provided shall be the authoritative coding guide for durable medical equipment, prosthetics, orthotics, and other medical supplies (DMEPOS), unless otherwise specified in this Fee Schedule.

C. Services will be coded according to the appropriate code edits. For the purpose of this Fee Schedule, the National Correct Coding Initiative (NCCI) edits are used, and apply to all sections unless an exception is addressed in a particular section.

III. Deposition/Witness Fees; Medical Records Affidavit

A. Any health care provider who gives a deposition or is otherwise subpoenaed to appear in proceedings pending before the Commission shall be paid a witness fee as provided by MWCC Procedural Rule 18(h) in the amount of $25.00 per day plus mileage reimbursement at the rate authorized by MWCC General Rule 14. Procedure code 99075 must be used to bill for a deposition.

B. In addition to the above fee and mileage reimbursement, any health care provider who gives testimony by deposition or who appears in person to testify at a hearing before the Commission shall be paid $750.00 for the first hour and $187.50 per quarter hour thereafter. This fee includes necessary preparation time. In the event a deposition is cancelled through no fault of the provider, the provider shall be entitled to a payment of $250.00 unless notice of said cancellation is given to the provider at least 72 hours in advance. In the event a deposition is cancelled through no fault of the provider within 24 hours of the scheduled time, then, in that event, the provider shall be paid the rate due for the first hour of a deposition. Nothing stated herein shall prohibit a medical provider and a party seeking to take the medical provider's deposition from entering into a separate contract which provides for reimbursement other than as above provided.

C. Pursuant to Mississippi Workers' Compensation Commission Procedural Rule 9, an examining or treating physician may execute an affidavit in lieu of direct testimony. The Physician's Medical Record Custodian is allowed to sign the affidavit in lieu of the physician's signature. Such charge for execution of the affidavit is limited to a maximum reimbursement of $25.00. Reimbursement for copies of medical records that are attached to affidavits shall be made as outlined elsewhere in the Fee Schedule.

D. Any health care provider who gives a deposition or is otherwise subpoenaed to provide information, documents, or other records of any kind may be entitled to make an entry of appearance as a party in the underlying workers' compensation claim for the limited purpose of contesting the subpoena and/or the scope of the requested information or deposition. No part of this section shall be construed to create any additional liability on the part of the health care provider beyond that set forth in Mississippi Code Annotated (MCA) §71-3-59(2) or otherwise set forth in the Mississippi Workers' Compensation Law and/or the Fee Schedule. Pursuant to MCA §71-3-59(2), the Commission may award attorney's fees and expenses to the health care provider in the event the Commission finds the scope of the subpoena, deposition, or other information requested from the health care provider is an institution, continuance, or delay of proceedings without reasonable grounds by the party seeking the information from the health care provider and/or the attorney advising such party. Pursuant to MCA §71-3-59(2), the Commission may also impose a civil penalty not to exceed ten thousand dollars ($10,000.00) against the party and/or the attorney advising such party seeking the information from the health care provider for each violation. Similarly, the Commission may also award attorney's fees, expenses, and/or the civil penalty against the health care provider and/or their attorney in the event the

Commission finds that the health care provider's challenge to the subpoena, deposition, or other requested information is an institution, continuance, or delay of proceedings without reasonable grounds.

IV. Impairment Rating

A. In determining the extent of permanent impairment attributable to a compensable injury, the provider shall base this determination on the most current edition of the *Guides to the Evaluation of Permanent Impairment,* as published and copyrighted by the American Medical Association which is in effect at the time the service is rendered. Only a medical doctor is entitled under these rules to reimbursement for conducting an impairment rating evaluation.

B. A provider is entitled to reimbursement for conducting an impairment rating evaluation and determining the extent of permanent impairment, and should bill for such services using CPT code 99455. The maximum reimbursement for CPT code 99455 shall be $250.00.

V. Independent Medical Examination (IME)

A. An independent medical examination (IME) may be ordered by the Mississippi Workers' Compensation Commission or its Administrative Judges. A practitioner other than the treating practitioner must do the medical examination, and the Commission or Judge shall designate the examiner.

B. An independent medical examination (IME) shall include a study of previous history and medical care information, diagnostic studies, diagnostic x-rays, and laboratory studies, as well as an examination and evaluation. An IME can only be ordered by the Workers' Compensation Commission or one of its Administrative Judges. A copy of the report must be sent to the patient, or his attorney if represented, the payer, and the Mississippi Workers' Compensation Commission.

C. The fee for the IME may be set by the Commission or Judge, or negotiated by the payer and provider prior to setting the appointment, and in such cases, reimbursement shall be made according to the order of the Commission or Judge, or according to the mutual agreement of the parties. In the absence of an agreement or order regarding reimbursement for an IME, the provider shall bill for the IME using the appropriate level and site-specific consultation code appended with modifier 32 to indicate a mandated service, and shall be reimbursed according to the Fee Schedule.

VI. Employer's Medical Examination (EME)

A. An examination of the claimant by a physician of the employer's/carrier's choosing. If the claimant refuses these services, the claimant's benefits may be suspended. The employer/carrier may not unilaterally suspend benefits based upon the claimant's failure to attend an EME. The statute authorizes only the Commission to suspend benefits for failure to comply with medical treatment.

VII. Maximum Medical Improvement

A. When an employee has reached maximum medical improvement (MMI) for the work related injury and/or illness, the physician should promptly, and at least within fourteen (14) days, submit a report to the payer showing the date of maximum medical improvement (MWCC Form B9,27).

B. Maximum medical improvement is reached at such time as the patient reaches the maximum benefit from medical treatment or is as far restored as the permanent character of his injuries will permit and/or the current limits of medical science will permit. Maximum medical improvement may be found even though the employee will require further treatment or care.

VIII. Out-of-State Medical Treatment

A. Each employer shall furnish all reasonable and necessary drugs, supplies, hospital care and services, and medical and surgical treatment for the work-related injury or illness. All such care, services, and treatment shall be performed at facilities within the state when available.

B. When billing for out-of-state services, supporting documentation is necessary to show that the service being provided cannot be performed within the state, the same quality of care cannot be provided within the state, or more cost-effective care can be provided out-of-state. In determining whether out-of-state treatment is more cost effective, this question must be viewed from both the payer and patient's perspective. Treatment should be provided in an area reasonably convenient to the place of the injury or the residence of the injured employee, in addition to being reasonably suited to the nature of the injury.

C. Reimbursement for out-of-state services shall be based on one of the following, in order of preference: (1) the workers' compensation fee schedule for the state in which services are rendered; or (2) in cases where there is no applicable fee schedule for the state in which services are rendered, or the fee schedule in said state excludes or otherwise does not provide reimbursement allowances for the services rendered, reimbursement should be paid at the usual and customary rate for the geographical area in which the services are rendered; or (3) reimbursement for out-of-state services may be based on the mutual agreement of the parties. The *Mississippi Workers' Compensation Medical Fee Schedule* coding and billing rules apply whenever an injured employee is receiving workers' compensation benefits under Mississippi law or would be entitled to receive benefits under Mississippi law, whether the treatment is in Mississippi or any other state in order for out-of-state providers to obtain reimbursement.

D. Prior authorization must be obtained from the payer for referral to out-of-state providers. The documentation must include the following:

1. Name and location of the out-of-state provider,
2. Justification for an out-of-state provider, including qualifications of the provider and description of services being requested.

IX. Authorization for Treatment

A. **Prior Authorization.** Providers must request authorization from the payer before service is rendered for the services and supplies listed below:

1. Non-emergency elective inpatient hospitalization
2. Non-emergency elective inpatient surgery
3. Non-emergency elective outpatient surgery
4. Physical medicine treatments after 15 visits or 30 days, whichever comes first
5. Rental or purchase of supplies or equipment over the amount of $300.00 per item
6. Rental or purchase of TENS
7. Home health services
8. Pain clinic/therapy programs, including interdisciplinary pain rehabilitation programs
9. External spinal stimulators
10. Pain control programs
11. Work hardening programs, functional capacity testing, ISO kinetic testing
12. Referral for orthotics or prosthetics
13. Referral for acupuncture
14. Referral for biofeedback
15. Referral to psychological testing/counseling
16. Referral to substance abuse program
17. Referral to weight reduction program
18. Referral to any non-emergency medical service outside the State of Mississippi
19. Repeat MRI (more than one per injury)
20. Repeat CT Scan (more than one per injury)
21. Intraoperative neurophysiologic monitoring (e.g., SSEP, VEP, DEP, BAEP, MEP)

B. **Response Time.** The payer must respond within two (2) business days to a request of prior authorization for non-emergency services.

C. **Federal Facilities.** Treatment provided in federal facilities requires authorization from the payer. However, federal facilities are exempt from the billing requirements and reimbursement policies in this manual.

D. **Pre-certification for Non-emergency Surgery.** Providers must pre-certify all non-emergency surgery. However, certain catastrophic cases require frequent returns to the operating room (O.R.) (e.g., burns may require daily surgical debridement). In such cases, it is appropriate for the provider to obtain certification of the treatment plan to include multiple surgical procedures. The provider's treatment plan must be specific and agreement must be mutual between the provider and the payer regarding the number and frequency of procedures certified.

E. **Retrospective Review.** Failure to obtain pre-certification as required by this Fee Schedule shall not, in and of itself, result in a denial of payment for the services provided. Instead, the payer, if requested to do so by the provider within one (1) year of the date of service or discharge, shall conduct a retrospective review of the services, and if the payer determines that the services provided would have been pre-certified, in whole or in part, if pre-certification had been timely sought by the provider, then the payer shall reimburse the provider for the approved services according to the Fee Schedule, or, if applicable, according to the separate fee agreement between the payer and provider, less a ten percent (10%) penalty for the provider's failure to obtain pre-certification as required by this Fee Schedule. This penalty shall be computed as ten percent (10%) of the total allowed reimbursement. If, upon retrospective review, the payer determines that pre-certification would not have been given, or would not have been given as to part of the requested services, then the payer shall dispute the bill and proceed in accordance with the Billing and Reimbursement Rules as hereafter provided.

F. **Authorization Provided by Employer or Payer.** When authorization for treatment is sought and obtained from the employer, or payer, whether verbally or in writing, and medical treatment is rendered in good faith reliance on this authorization, the provider is entitled to payment from the employer or payer for the initial visit or evaluation, or in emergency cases, for treatment which is medically necessary to stabilize the patient. Reimbursement is not dependent on, and payment is due regardless of, the outcome of medically necessary services which are provided in good faith reliance upon authorization given by the employer or payer.

X. Return to Work

If an employee is capable of some form of gainful employment, it is advisable for the physician to release the employee to light work and make a specific report to the payer as to the date of such release and setting out any restrictions on such light work. It can be to the employee's economic advantage to be released to light or alternative work, since he/she can receive compensation based on sixty-six and two-thirds percent (66 2/3%) of the difference between the employee's earnings in such work and the employee's pre-injury average weekly wage. The physician's judgment in such matters is extremely important, particularly as to whether the patient is medically capable of returning to work in some capacity. Return to work decisions should be based on objective findings, and the physician's return to work assessment should identify, if possible, any alternative duty employment to which the patient may return if return to full duty is not medically advisable.

XI. Selection of Providers

The selection of appropriate providers for diagnostic testing or analysis, including but not limited to surgical/procedure facilities, CAT scans, MRI, x-ray, laboratory, physical or occupational therapy, including work hardening, functional capacity evaluations, chronic pain programs, or massage therapy shall be at the direction of the treating or prescribing physician. In the absence of specific direction from the treating or prescribing physician, the selection shall be made by the payer, in consultation with the treating or prescribing physician.

Referral for an electromyogram and/or a nerve conduction study shall be at the discretion and direction of the physician in charge of care, and neither the payer nor the payer's agent may unilaterally or arbitrarily redirect the patient to another provider for these tests. The payer or the payer's agent may, however, discuss with the physician in charge of care appropriate providers for the conduct of these tests in an effort to reach an agreement with the physician in charge as to who will conduct an electromyogram and/or nerve conduction study in any given case.

The selection of providers for the purchase or rental of durable medical equipment shall be at the direction of the payer.

The selection of providers for medical treatment or service, other than as above provided, shall be in accordance with the provisions of MCA §71-3-15.

XII. Drug Screening (MCA §71-3-121)

Only one (1) drug screen or drug test result shall be eligible for reimbursement for each drug test conducted on the same patient on the same day, except and unless the initial screening results are deemed by the prescribing provider to be inconsistent or inherently unreliable. In that event, a confirmation screening may be ordered by the prescribing provider and paid for by the payer. In addition, treatment may not be discontinued based on the results of a drug test absent a confirmation test, which shall be reimbursed in addition to the initial screening test. Merely duplicate screenings or tests which are rerun to confirm initial results are not otherwise eligible for reimbursement.

XIII. Mileage Reimbursement (MCA §71-3-15; Miss. Work Comp. Com. General Rule 14)

The payer shall reimburse each claimant for all travel to obtain medical treatment which is being obtained under the provisions of the Mississippi Workers' Compensation Law, including travel to a pharmacy to obtain medication or supplies necessary for treatment of a compensable injury, regardless of the number of miles traveled. There is no minimum distance of travel required for reimbursement, and reimbursement shall be made for each mile of round trip travel necessitated by the

compensable injury, at the rate adopted by the Commission and in effect at the time of the travel. Only reasonable and necessary miles traveled are subject to reimbursement.

The payer shall notify the claimant in writing of his/her right to receive mileage reimbursement for travel to obtain medical treatment, including travel to a pharmacy to obtain medication or supplies necessary for treatment of a compensable injury, regardless of the number of miles traveled, as stated in the paragraph above. Mileage must be paid promptly to the claimant without unreasonable delay. In the absence of good cause shown, any failure to pay a claimant's mileage within 30 days after receipt of a request for mileage reimbursement from the claimant may be considered by the Commission to be unreasonable delay and subject the payer to attorney's fees, expenses, and a penalty of up to ten thousand dollars ($10,000.00) pursuant to Miss. Code Ann. Section 71-3-59. Nothing about this provision shall be construed to diminish the payer's obligation to pre-pay mileage where otherwise applicable under the Mississippi Workers' Compensation Act and/or the Commission's General or Procedural Rules.

XIV. Settlements with Medicare Set-Asides

Pursuant to Miss. Code Ann. Section 71-3-15(3), "Any employee receiving treatment or service under the provisions of this chapter may not be held responsible for any charge for such treatment or service, and no doctor, hospital or other recognized medical provider shall attempt to bill, charge or otherwise collect from the employee any amount greater than or in excess of the amount paid by the employer, if self-insured, or its workers' compensation carrier." Therefore, in the event a claimant settles his/her workers' compensation claim and the terms of the settlement include a Medicare Set-Aside (MSA), the fees, charges, and/or amounts for reimbursement set forth in the Medical Fee Schedule shall remain applicable to all medical treatment, services, and supplies, and any and all other aspects of medical treatment provided for the workers' compensation injury to the claimant after the settlement in the exact same manner as if the claim had not been settled.

XV. Sales Tax

All Amounts in the *Mississippi Workers' Compensation Fee Schedule* include any sales tax/shipping charges, etc. Therefore, no additional amount is reimbursed for these items.

XVI. Patient's Right to Hearing

Nothing provided in this Fee Schedule shall estop or prevent the patient from obtaining legal counsel and/or seeking relief in the form of a request to compel medical treatment before an Administrative Judge.

XVII. Investigational Procedures

The following procedures are considered investigational, and, therefore, do not presently qualify for reimbursement under the *Mississippi Workers' Compensation Medical Fee Schedule*:

A. Intradiscal electrothermal therapy (IDET) (22526, 22527) and intradiscal annuloplasty by other method (22899).

B. Intraventricular administration of morphine.

C. Pulse radiofrequency, regardless of procedure involved or indication (e.g., medial branch radiofrequency, dorsal root radiofrequency, etc.). If pulsed radiofrequency is used, but not specifically recorded as such in the medical records, the payer may retroactively deny payment for the service and request for reimbursement from the provider.

D. Intradiscal therapies used in discography, such as percutaneous disc decompression (Dekompressor), fluoroscopic, laser, radiofrequency, and thermal disc therapies.

E. Percutaneous disc nucleoplasty.

F. Epidural adhesiolysis, also known as Racz procedure or lysis of epidural adhesions.

G. X-STOP fusion devices.

H. MILD (minimally invasive lumbar decompression) procedures.

I. Non-invasive pain procedure (NIP procedure or NIPP).

J. Alpha-stim unit.

K. ReBuilder and low laser treatment.

L. Botox for the use of musculoskeletal pain.

M. Ketamine infusion therapy.

N. Plasma rich protein (PRP) injections

Billing and Reimbursement Rules

I. General Provisions

A. **Maximum Reimbursement Allowance (MRA).** Unless the payer and provider have a separate fee contract which provides for a different level of reimbursement, the maximum reimbursement allowance for health care services shall be the lesser of (a) the provider's total billed charge, or (b) the maximum specific fee established by the Fee Schedule. Items or services or procedures which do not have a maximum specific fee established by this Fee Schedule shall be reimbursed at the usual and customary fee as defined in this Fee Schedule, and in such cases, the maximum reimbursement allowance shall be the lesser of (1) the provider's total billed charge, or (2) the usual and customary fee as defined by this Fee Schedule.

If this Fee Schedule does not establish a maximum specific fee for a particular service or procedure, and a usual and customary rate cannot be determined because the FH RV Benchmarks products do not contain a fee for same, then the maximum reimbursement allowance shall be equal to the national Medicare allowance plus thirty percent (30%). In the absence of an established Medicare value, and assuming none of the above provisions apply, the maximum reimbursement allowance shall be eighty percent (80%) of the provider's total billed charge. Any new codes will be assigned values and posted on the MWCC website annually, or as needed.

B. **Separate Fee Contract.** An employer/payer may enter into a separate contractual agreement with a medical provider regarding reimbursement for services provided under the provisions of the Mississippi Workers' Compensation Law, and if an employer/payer has such a contractual agreement with a provider designed to reduce the cost of workers' compensation health care services, the contractual agreement shall control as to the amount of reimbursement and shall not be subject to the maximum reimbursement allowance otherwise established by the Fee Schedule. However, all other rules, guidelines and policies as provided in this Fee Schedule shall apply and shall be considered to be automatically incorporated into such agreement.

1. **Repricing Agreements.** Payers and providers may voluntarily enter into repricing agreements designed to contain the cost of workers' compensation health care after the medical care or service has been provided, and in such case, the reimbursement voluntarily agreed to by the parties shall control to the exclusion of the Fee Schedule. However, the time spent by the payer and provider attempting to negotiate a post-care repricing agreement does not extend the time elsewhere provided in this Fee Schedule for billing claims, paying claims, requesting correction of an incorrect payment, requesting reconsideration, seeking dispute resolution, or reviewing and responding to requests for correction or reconsideration or dispute resolution. In addition, applicable interest and penalties related to late billing and/or late payment shall continue to accrue as otherwise provided. Efforts to negotiate a post-care repricing agreement do not justify late billing or payment, and either party may seek further relief in accordance with the rules provided herein should billing or payment not be made within the time otherwise due under these rules. No party shall be obligated to negotiate or enter into a repricing agreement of any kind whatsoever.

   No party, in attempting to negotiate a repricing or other post treatment price reduction agreement, shall state or imply that consent to such an agreement is mandatory, or that the failure to enter into any such agreement may result in audit, delay of payment, or other adverse consequence. If the Commission determines that any party, or other person in privity therewith, has made such false or misleading statements in an effort to coerce another party's consent to a repricing or other price reduction agreement outside the Fee Schedule, the Commission may refer the matter to the appropriate authorities to consider whether such conduct warrants criminal prosecution under §71-3-69 of the Law. This statute declares that any false or misleading statement or representation made for the purpose of wrongfully withholding any benefit or payment otherwise due under the terms of the Workers' Compensation Law shall be considered a felony. In addition, the Commission may levy a civil penalty in an amount not to exceed ten thousand dollars ($10,000.00) if it finds that payment of a just claim has been delayed without reasonable grounds, as provided in §71-3-59(2) of the Law.

C. **Billing Forms.** Billing for provider services shall be standardized and submitted on the following forms: Providers must bill outpatient professional services on the most recently authorized paper form, CMS-1500, or electronic version, 837p, regardless of the site of service. Health care facilities must bill on the most recently authorized uniform billing form. The electronic version, 837i, or the paper form UB-04 (CMS-1450) is required. Billing must be submitted using the most current paper or electronic forms which are authorized by CMS.

D. **Identification Number.** All professional reimbursement submissions by Covered Healthcare Providers as defined under CMS rules for the implementation of the National Provider Identifier (NPI) must include the National Provider Identifier (NPI) field so as to enable the specific identification of individual providers without the need for other unique provider identification numbers. Providers who do not yet have an NPI should use the CMS default identifier until such time as an NPI is obtained. Providers are required to obtain an NPI within the dates specified by CMS in its implementation rules.

E. **Physician Specialty.** The rules and reimbursement allowances in the *Mississippi Workers' Compensation Medical Fee Schedule* do not address physician specialization within a specialty. Payment is not based on the fact that a physician has elected to treat patients with a particular/specific problem. Reimbursement to qualified physicians is the same amount regardless of specialty.

F. **"No Show" Appointments.** When an appointment is made for a physician visit by the employer or payer, and the claimant/patient does not show, the provider is entitled to payment at the rate allowed for a minimal office visit.

G. **"After Hours" and Other Adjunct Service Codes.** When an office service occurs after a provider's normal business hours, procedure code 99050 may be billed. Other adjunct service codes (99051–99060) may be billed as appropriate. Typically, only a single adjunct service code is reported per encounter. However, there may be circumstances in which reporting multiple adjunct codes per patient encounter may be appropriate.

H. **Portable Services.** When procedures are performed using portable equipment, bill the appropriate procedure code. The charge for the procedure includes the cost of the portable equipment.

I. **Injections.**

1. Reimbursement for injections includes charges for the administration of the drug and the cost of the supplies to administer the drug. Medications are charged separately.
2. The description must include the name of the medication, strength, and dose injected.
3. When multiple drugs are administered from the same syringe, reimbursement will be for a single injection.
4. Reimbursement for anesthetic agents such as Xylocaine and Carbocaine, when used for infiltration, is included in the reimbursement for the procedure performed and will not be separately reimbursed.
5. Reimbursement for intra-articular and intra-bursal injection medications (steroids and anesthetic agents) may be separately billed. The description must include the name of the medication, strength, and volume given.

J. **Supplies.** Use CPT® code 99070 or specific HCPCS codes to report supplies over and above those usually included with the office visit or service rendered. Do not bill for supplies that are currently included in surgical packages, such as gauze, sponges, and Steri-Strips®. Supplies and materials provided by the physician over and above those usually included with the office visit (drugs, splints, sutures, etc.) may be charged separately and reimbursed at a reasonable rate.

II. Instructions to Providers

A. All bills for service must be coded with the appropriate CPT, CDT, or HCPCS code.

B. The medical provider must file the appropriate billing form and necessary documentation within thirty (30) days of rendering services on a newly diagnosed work-related injury or illness. Subsequent billings must be submitted at least every thirty (30) days, or within thirty (30) days of each treatment or visit, whichever last occurs, with the appropriate medical records to substantiate the medical necessity for continued services. Late billings will be subject to discounts, not to exceed one and one-half percent (1.5%) per month of the bill or part thereof which was not timely billed, from the date the billing or part thereof is first due until received by the payer. Any bill or part thereof not submitted to the payer within sixty (60) days after the due date under this rule shall be subject to an additional discount penalty equal to ten percent (10%) of the total bill or part thereof. Any bill for services rendered which is not submitted to the payer within one (1) year after the date of service, or date of discharge for inpatient care, will not be eligible or considered for reimbursement under this Fee Schedule, unless otherwise ordered by the Commission or its Cost Containment Division.

C. Fees in excess of the maximum reimbursement allowance (MRA) must not be billed to the employee, employer, or payer. The provider cannot collect any non-allowed amount (MCA §71-3-15(3) (Rev. 2000)).

D. If it is medically necessary to exceed the Fee Schedule limitations and/or exclusions, substantiating documentation must be submitted by the provider to the payer with the claim form.

E. If a provider believes an incorrect payment was made for services rendered, or disagrees for any reason with the payment and explanation of review tendered by the payer, then the provider may request reconsideration pursuant to the rules set forth herein.

F. If, after the resolution of a reconsideration request or a formal dispute resolution request, or otherwise, the provider is determined to owe a refund to the payer, the amount refunded shall bear interest at the rate of one and one-half percent (1.5%) per month from the date the refunded amount was first received by the provider, until refunded to the payer.

III. INSTRUCTIONS TO PAYERS

A. An employer's/payer's payment shall reflect any adjustments in the bill made through the employer's/payer's bill review program. The employer/payer must provide an explanation of review (EOR) to a health care provider whenever reimbursement differs from the amount billed by the provider. This must be done individually for each bill.

B. In a case where documentation does not indicate the service was performed, the charge for the service may be denied. The EOR must clearly and specifically indicate the reason for the denial.

C. (1) When a billed service is documented, but the code selected by the provider is not, in the payer's/reviewer's estimation, the most accurate code available to describe the service, the reviewer must not deny payment, but shall reimburse based on the revised code. The EOR must clearly and specifically detail the reason(s) for recoding the service or otherwise altering the claim. No claim shall be recoded or otherwise revised or altered without the payer having actually reviewed the medical records associated with the claim which document the service(s) provided.

(2) As an alternative to recoding or altering a claim, the payer may treat the matter under rule E(1) and (2) below by paying any undisputed portion of the bill, and notifying the provider by EOR that the remaining parts of the bill are denied or disputed.

(3) Recoding cannot be used solely for cost containment. Recoding may only be used for the correction of miscoded services. Whenever there is any dispute concerning coding, the provider must be notified immediately and given the opportunity to furnish additional information, although nothing herein suspends the time periods for making payment or giving notice of dispute. Any recoding or so-called "down coding," which is found by the Commission or its Cost Containment Division to be solely for the purpose of cost containment, will subject the party engaging in such conduct to additional penalties as allowed by law.

D. Properly submitted bills must be paid within thirty (30) days of receipt by the payer. Properly submitted bills not fully paid within thirty (30) days of receipt by the payer shall automatically include interest on the unpaid balance at the rate of one and one-half percent (1.5%) per month from the due date of any unpaid remaining balance until such time as the claim is fully paid and satisfied. Properly submitted bills not fully paid within sixty (60) days of receipt will be subject to an additional penalty equal to ten percent (10%) of the unpaid remaining balance, including interest as herein provided.

E. (1) When an employer/payer disputes or otherwise adjusts a bill or portion thereof, the employer/payer shall pay the undisputed or unadjusted portion of the bill within thirty (30) days of receipt of the bill. Failure to pay the undisputed portion when due shall subject the payer to interest and penalty as above provided on the undisputed portion of the bill. If the dispute is ultimately resolved in the provider's favor, interest and penalty on the disputed amounts will apply from the original due date of the bill until paid.

(2) When a payer disputes a bill or portion thereof, the payer shall notify the provider within thirty (30) days of the receipt of the bill of the reasons for disputing the bill or portion thereof, and shall notify the provider of its right to provide additional information and to request reconsideration of the payer's action. The payer shall set forth the clear and specific reasons for disputing a bill or portion thereof on the EOR, and shall provide additional documentation if necessary to provide an adequate explanation of the dispute.

F. Reimbursement determinations shall be based on medical necessity of services to either establish a diagnosis or treat an injury/illness. Thus, where service is provided in good faith reliance on authorization given by the employer or payer, reimbursement shall not be dependent on the outcome of medically necessary diagnostic services or treatment.

IV. FACILITY FEE RULES

Please refer to the Pain Management section for the state-specific facility reimbursement rules to be used for outpatient pain management procedures.

Please refer to the Inpatient Hospital and Outpatient Facility Payment Schedule and Rules section for the state-specific facility reimbursement rules to be used for ambulatory surgery center (ASC) procedures and hospital based outpatient departments.

A. **Prepayment Review for Facilities.** The payer must perform a prepayment review on inpatient hospital bills and outpatient surgery bills in order to verify the charges submitted.

1. At a minimum, the pre-payment review should:
    a. Validate that prior authorization was approved according to Fee Schedule guidelines;
    b. Validate that the length of stay and the level of service was appropriate for the diagnosis;
    c. Review the bill for possible overcharges or billing errors;
    d. Determine if an on-site audit is appropriate;
    e. Identify over utilization of services;

f. Identify those bills and case records that shall be subject to professional review by a physician or appropriate peer.

2. The payer must reimburse the hospital within thirty (30) days of receipt of a valid claim form if prepayment review criteria are met. An exception to the thirty (30) day payment time will be made if additional documentation is requested for prepayment review, and in such cases, payment should be made within thirty (30) days following receipt of this additional documentation if prepayment review criteria are met. If a full audit is scheduled, fifty percent (50%) of the total bill must be paid prior to the audit, and in such event, the payer shall not be liable for interest and penalty as above provided on any additional sums which may be due following completion of the audit. Failure to pay fifty percent (50%) of the total bill prior to the audit shall result in interest and penalty as above provided being added to the total amount determined to be due, from the original due date until paid.

3. If the hospital does not forward copies of requested medical records to the payer after two (2) consecutive written requests following the initial request, or if it fails to submit necessary or adequate documentation to support the hospital services rendered, the payer should perform a charge audit.

B. **Charge Audit.** All charge audits must be performed on-site unless otherwise agreed to by the provider and payer.

1. The following information must be provided to the hospital by the payer/auditor when scheduling an audit:
   a. Patient name
   b. Account number
   c. Date(s) of service
   d. Diagnosis(es)
   e. Total amount of bill
   f. Insurance company
   g. Name of audit requester
   h. Telephone number and address of requester
2. A hospital must schedule a charge audit within thirty (30) days of a request by a payer/auditor.
3. Hospitals shall be reimbursed an audit fee of fifty dollars ($50.00) for associated audit costs.
4. When a charge audit is necessary, the auditor must identify additional charges for medically necessary hospital services that were ordered by the authorized physician and were provided, but were not included, on the initial bill.
5. The auditor must review and verify the audit findings with a hospital representative at the conclusion of the audit. The hospital may waive its right to the exit conference.
6. The auditor must provide written explanation of the final reimbursement determination based on the audit findings, whether or not an exit conference is held with the hospital. This written explanation must be provided within thirty (30) days following the conclusion of the audit.

C. When any hospital bill that has been prescreened and found to be correct, or when corrections have been made to the bill as required, or when a hospital bill has been audited and verified as correct, it must be paid within thirty (30) days thereafter.

D. Any hospital bill not paid when due under these rules shall automatically include interest at the rate of one and one-half percent (1.5%) per month from the due date of such bill until paid. Any such bill not paid within sixty (60) days after it is due under these rules will be subject to an additional penalty equal to ten percent (10%) of the total amount due, including interest as herein provided.

E. **Implantables.** An implantable is an item that is implanted into the body for the purpose of permanent placement, and remains in the body as a fixture. Absorbable items, temporary items, or other items used to help place the implant, are not within the definition of "implantable" and are not reimbursed as such.

Implantables are included in the applicable MS-DRG reimbursement for inpatient treatment, and, therefore, the provider of inpatient services is not required to furnish the payer with an invoice for implantables. For implantables used in the outpatient setting, reimbursement is likewise included in the APC Amount paid to the facility. No separate billing or payment for implants shall be made in either the inpatient or outpatient setting.

V. Explanation of Review (EOR)

A. Payers must provide an explanation of review (EOR) to health care providers for each bill whenever the payer's reimbursement differs from the amount billed by the provider, or when an original claim is altered or adjusted by the payer. The EOR must be provided within thirty (30) days of receipt of the bill, and must accompany any payment that is being made.

B. A payer may use the listed EOR codes and descriptors or may develop codes of their own to explain why a provider's charge has been reduced or disallowed, or why a claim has been altered or adjusted in some other way. In all cases,

the payer must clearly and specifically detail the reasons for adjusting or altering a bill, including references to the applicable provisions of the Fee Schedule or CPT book, or other source(s) used as the basis for the EOR. Should the EOR include an alteration in the codes submitted on the original claim, it must be based on a review of the medical records documenting the service.

C. The EOR must contain appropriate identifying information to enable the provider to relate a specific reimbursement to the applicable claimant, the procedure billed, and the date of service.

D. Acceptable EORs may include manually produced or computerized forms that contain the EOR codes, written explanations, and the appropriate identifying information.

E. The following EOR codes may be used by the payer to explain to the provider why a procedure or service is not reimbursed as billed, provided clear and specific detail is included, along with references to the applicable provisions of the Fee Schedule or CPT book, or other source(s) used as the basis for the EOR:

001 These services are not reimbursable under the Workers' Compensation Law for the following reason(s): [Provide specific reason(s) why services are not reimbursable under the Workers' Compensation Law]

002 Charges exceed maximum reimbursement allowance [Specify]

003 Charge is included in the basic surgical allowance [Specify]

004 Surgical assistant is not routinely allowed for this procedure. Documentation of medical necessity required [Specify]

005 This procedure is included in the basic allowance of another procedure [Specify the other procedure]

006 This procedure is not appropriate to the diagnosis [Specify]

007 This procedure is not within the scope of the license of the billing provider [Specify]

008 Equipment or services are not prescribed by a physician [Specify]

009 This service exceeds reimbursement limitations [Specify]

010 This service is not reimbursable unless billed by a physician [Specify]

011 Incorrect billing form [Specify]

012 Incorrect or incomplete identification number of billing provider [Specify]

013 Medical report required for payment [Specify]

014 Documentation does not justify level of service billed [Specify]

015 Place of service is inconsistent with procedure billed [Specify]

016 Invalid procedure code [Specify]

017 Prior authorization was not obtained [Specify]

VI. Request for Reconsideration

A. When, after examination of the explanation of review (EOR) and other documentation, a health care provider is dissatisfied with a payer's payment or dispute of a bill for medical services, reconsideration may be requested by the provider. Any other matter in dispute between the provider and payer may be subject to reconsideration as herein provided at the request of either party, including, but not limited to, a request by the payer for refund of an alleged over-payment. Alleged over-payments should be addressed through the dispute resolution process, if necessary, and not by way of unilateral recoupment initiated by the payer on subsequent billings.

B. A provider or payer must make a written request for reconsideration within thirty (30) days from the receipt of the explanation of review (EOR) or other written documentation evidencing the basis for the dispute. A request for reconsideration must be accompanied by a copy of the bill in question, the payers' explanation of review (EOR), and/or any additional documentation to support the request for reconsideration.

C. The payer or provider, upon receipt of a request for reconsideration, must review and re-evaluate the original bill and accompanying documentation, and, must notify the requesting party thirty (30) days thereafter of the results of the reconsideration. The response must adequately explain the reason(s) for the decision, and cite the specific basis upon which the final determination was made. If the payer finds the provider's request for reconsideration is meritorious, and that additional payment(s) should be made, or if the provider finds the payer's request for refund or other payment is meritorious, the additional payment should be made within the above thirty (30) day period. Any additional payment(s) made in response to a provider's or payer's request for reconsideration shall include interest from the original due date of the bill or payment, and an additional ten percent (10%) penalty if applicable.

D. If the dispute is not resolved within the above time after a proper request for reconsideration has been served by the provider or payer, then either party may request further review by the Commission pursuant to the Dispute Resolution Rules set forth hereafter.

E. Failure to seek reconsideration within the time above provided shall bar and prohibit any further reconsideration or review of the bill or other issue in question unless, for good cause shown, the Commission or its representative extends the time for seeking reconsideration or review under these rules. In no event shall the time for seeking reconsideration hereunder be extended by more than an additional thirty (30) days, and any such request for additional time in which to seek reconsideration or further review must be made in writing to the Commission within the initial thirty (30) day period set forth in paragraph B. above.

F. Requests by either provider or payer for refunds, or for additional payment, or other requests related to the billing or payment of a claim, must be sought in accordance with the specific rules set forth herein. No retrospective audits or dispute requests shall be allowed beyond the time otherwise provided herein for seeking reconsideration and/or review.

Medical Records Rules

I. MEDICAL RECORDS

A. The medical record, which documents the patient's course of treatment, is the responsibility of the provider and is the basis for determining medical necessity and for substantiating the service(s) rendered; therefore, failure to submit necessary or adequate documentation to support the services rendered may result in the services being disallowed.

B. A medical provider may not charge any fee for completing a medical report or form required by the Workers' Compensation Commission which is part of the required supporting documentation which accompanies a request for payment. The supporting documentation that is required to substantiate the medical treatment is included in the fee for service and does not warrant a separate fee as it is incidental to providing medical care. CPT® code 99080 is appropriate for billing special reports beyond those required by this Fee Schedule and requested by the payer or their representatives.

C. Medical records must be legible and include, as applicable:

1. Initial office visit notes which document a history, physical examination, assessment and plan appropriate to the level of service indicated by the presenting injury/illness or treatment of the ongoing injury/illness;
2. Progress notes which reflect patient complaints, objective findings, assessment of the problem, and plan of care or treatment;
3. Copies of lab, x-ray, or other diagnostic tests that reflect current progress of the patient and/or response to therapy or treatment;
4. Physical medicine/occupational therapy progress notes that reflect the patient's response to treatment/therapy;
5. Operative reports, consultation notes with report, and/or dictated report; and
6. Impairment rating (projected and actual) and anticipated maximum medical improvement (MMI) date.

D. A plan of care should be included in the medical record and should address, as applicable, the following:

1. The disability;
2. Degree of restoration anticipated;
3. Measurable goals;
4. Specific therapies to be used;
5. Frequency and duration of treatments to be provided;
6. Anticipated return to work date;
7. Projected impairment.

E. Health care providers must submit copies of records and reports to payers upon request. Providers can facilitate the timely processing of claims and payment for services by submitting appropriate documentation to the payer when requested. Only those records for a specific date of injury are considered non-privileged as it relates to a workers' compensation injury. The employer/payer is not privileged to non-work related medical information.

F. Providers must submit documentation for the following:

1. The initial office visit;
2. A progress report if still treating after thirty (30) days;
3. Evaluation for therapy services/treatment (P.T., O.T., C.M.T., O.M.T.);
4. A progress report every thirty (30) days for therapy services/treatment (P.T., O.T., C.M.T., O.M.T.);
5. An operative report or office note (if done in the office) for a surgical procedure;
6. A consultation;
7. The anesthesia record for anesthesia services;
8. A functional capacity or work hardening evaluation;

9. When billing “By Report” (BR), a description of the service is required; this description should include an adequate definition or description of the nature, extent, and need for the procedure and the time, effort, and equipment necessary to provide the service;
10. Whenever a modifier is used to describe an unusual circumstance;
11. Whenever the procedure code descriptors include a written report.

G. Hospitals and other inpatient facilities must submit required documentation with the appropriate billing forms as follows:

1. Admission history and physical;
2. Discharge summary;
3. Operative reports;
4. Pathology reports;
5. Radiology reports;
6. Consultations;
7. Other dictated reports;
8. Emergency room records.

H. The Health Insurance Portability & Accountability Act (HIPAA) makes important exceptions concerning the disclosure of protected health information for workers’ compensation purposes. For additional information, refer to the MWCC website (mwcc.ms.gov), or consult an attorney and/or the HIPAA resource site maintained by the U. S. Department of Health and Human Services (http://www.hhs.gov/ocr/privacy/).

II. COPIES OF RECORDS

A. **Outpatient Records.** The payer may request additional records or reports from the provider concerning service or treatment provided to a patient other than on an inpatient basis. These additional records and reports will be reimbursed as follows:

$20.00 for first 20 pages

$1.00 per page for pages 21-100

$0.50 per page for everything thereafter

This applies to copies of microfiche and other electronic media or storage systems.

As provided by MCA §11-1-52(1) (Supp. 2006), as amended, the provider may add ten percent (10%) of the total charge to cover the cost of postage and handling, and may charge an additional fifteen dollars ($15.00) for retrieving records stored off the premises where the provider’s facility or office is located.

B. **Inpatient Records.** The payer may request additional records or reports from a facility concerning inpatient service or treatment provided to a patient. Such reports or records requested by the payer will be reimbursed as follows:

$20.00 for first 20 pages

$1.00 per page for pages 21-100

$0.50 per page for everything thereafter

This applies to copies of microfiche and other electronic media or storage systems.

There is a maximum reimbursement allowance of one hundred dollars ($100.00) for a particular inpatient medical record, exclusive of postage, handling and retrieval charges as set forth below. This is per admission.

As provided by MCA §11-1-52(1) (Supp. 2006), as amended, the provider may add ten percent (10%) of the total charge to cover the cost of postage and handling, and may charge an additional fifteen dollars ($15.00) for retrieving records stored off the premises where the provider’s facility or office is located.

C. Copies of records requested by the patient and/or the patient’s attorney or legal representative will be reimbursed by the requesting party according to the provisions of this section on additional reports and records.

D. Documentation submitted by the provider which has not been specifically requested will not be subject to reimbursement.

E. Health care providers may charge up to ten dollars ($10.00) per image for copying x-rays or for providing copies of x-rays via electronic or other magnetic media. (Copies of film do not have to be returned to the provider.)

F. Payers, their representatives, and other parties requesting records and reports must be specific in their requests so as not to place undue demands on provider time for copying records.

G. Providers should respond promptly (within fourteen (14) working days) to requests for additional records and reports.

H. Records requested by the Mississippi Workers' Compensation Commission will be furnished by the provider without charge to the Commission.

I. Any additional reimbursement, including copy service vendors, other than specifically set forth above, is not required, and providers or their vendors will not be paid any additional amounts.

III. HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA) AND WORKERS' COMPENSATION

HIPAA makes important exceptions concerning the disclosure of protected health information (PHI) for workers' compensation purposes. The United States Department of Health and Human Services, through its Office for Civil Rights, enforces the HIPAA Law and maintains an informative website with information on HIPAA and its application to workers' compensation claims. See, for example: http://www.hhs.gov/ocr/privacy/.

Dispute Resolution Rules

I. General Provisions

A. Unresolved disputes over the amount charged for services rendered under the provisions of the Fee Schedule or over the amount of reimbursement for services rendered under the Fee Schedule may be appealed to and resolved by the Mississippi Workers' Compensation Commission. Regardless of the date of service, all changes to the dispute resolution procedures found in this edition of this section of the Fee Schedule shall be applied retroactively to all Requests for Resolution of Dispute or other documents filed on or after the effective date of this Fee Schedule.

B. Reconsideration must be sought by the provider or payer prior to a request for resolution of a dispute being sent to the Commission. This provides the payer and provider an opportunity to resolve most concerns in a timely manner.

C. All communication between parties in dispute will be handled by the Mississippi Workers' Compensation Commission, Cost Containment Division. In addition, there will be no communication between the parties in dispute and any Peer Reviewer who might be called upon to assist the Commission in the resolution of a dispute.

D. In the absence of any agreement between the parties submitted to the Commission in writing, Requests for Resolution of Dispute shall not be ruled upon in claims for which the compensability of the underlying injury is currently disputed or denied by the payer. In the event the parties submit such an agreement, it shall be subject to the review and approval of the Cost Containment Division, and such agreement shall be recognized or denied in the sole discretion of the Cost Containment Division and/or the Commission. Otherwise, Cost Containment Decisions for Requests for Resolution of Dispute may be held in abeyance pending a final adjudication and/or admission of compensability by the payer for the underlying injury in the dispute.

II. Forms and Documentation

A. Valid requests for resolution of a dispute must be submitted on the "Request for Resolution of Dispute" form (see the Forms section or http://www.mwcc.ms.gov/#/medicalFeeSchedule) along with the following:

1. Copies of the original and resubmitted bills in dispute that include dates of service, procedure codes, charges for services rendered and any payment received, and an explanation of any unusual services or circumstances;
2. EOR including the specific reimbursement;
3. Supporting documentation and correspondence;
4. Specific information regarding contact with the payer; and
5. Any other information deemed relevant by the applicant for dispute resolution.

B. A Request for Resolution of Dispute must be submitted to:

Mississippi Workers' Compensation Commission
Cost Containment Division
1428 Lakeland Drive
P.O. Box 5300
Jackson, MS 39296-5300

C. A party, whether payer, provider, or patient, shall certify that a copy of the Request for Resolution of Dispute and/or the Response to such Request, and any supporting documentation, being filed with the Commission has been provided to the other interested parties or their representatives by certified mail simultaneously with the filing to the Commission. This requirement shall also apply when a party files a request seeking review of a dispute by the Commission.

III. Time for Filing

A Request for Resolution of Dispute must be filed with the Commission within thirty (30) days following the payer's or provider's response to a request for reconsideration of any matter in dispute, or, in cases where the payer or provider fails to respond to a request for reconsideration, within thirty (30) days of the expiration of the time in which said response should have been provided. Failure to file a Request for Resolution of Dispute within this time shall bar any further action on the disputed issue(s) unless, for good cause shown, the Commission or its Cost Containment Director extends the time for filing said request. In no event will a Request for Resolution of Dispute be considered by the Cost Containment Division if submitted more than one (1) year after the date of service. The decision to extend the time for filing a Request for Resolution of Dispute based on "good cause" shall be entirely at the discretion of the Commission or its Cost Containment Director. Mere neglect will not constitute "good cause."

IV. PROCEDURE BY COST CONTAINMENT DIVISION

A. Requests for dispute resolution will be reviewed and decided by the Cost Containment Division of the Commission after all required and requested information has been received. Additional time may be required to accommodate a Peer Review. The payer and/or provider may be contacted by telephone or other means for additional information if necessary; however, both parties to a dispute may submit in writing any information or argument they deem relevant to the issue in dispute, if not already submitted with the request for dispute resolution, and this information shall be considered by the Cost Containment Division when rendering a decision. Any written information or argument submitted for consideration by a party to a dispute, without a request from the Commission, must be received by the Cost Containment Division within twenty-three (23) days after filing the Request for Resolution of Dispute in order to merit consideration. Unlike the Request for Resolution of Dispute Form, there is no specific prescribed form for a Response to such Request.

B. Every effort should be made by the parties to resolve disputes between themselves by telephone or in writing even after the filing of a Request for Resolution of Dispute. The payer and provider may be requested to attend an informal hearing conducted by a Commission representative. Failure to appear at an informal hearing may result in dismissal of the Request for Resolution of Dispute. However, no formal hearing or oral argument shall be allowed unless requested by the Cost Containment Division and/or the Commission. Otherwise, Requests for Resolution of Dispute shall be heard and considered solely on the record provided by the parties in the documentation they have submitted to the Cost Containment Division and any arguments they have made therein, without any oral argument or formal hearing.

C. Following review of all documentation submitted for dispute resolution and/or following contact with the payer and/or provider for additional information and/or negotiation, the Cost Containment Division shall render an administrative decision on the request for dispute resolution and forward it to the involved parties.

D. Cases involving medical care determination may be referred for peer review, but only on request of the Commission. The peer review consultant will render an opinion and submit same to the Commission representative within the time set by the Cost Containment Division. The Commission representative will notify the parties in dispute if a Peer Review has been requested, and of the peer review consultant's determination.

V. COMMISSION REVIEW OF A DISPUTE

A. Any party aggrieved by the decision of the Cost Containment Division shall have twenty (20) days from the date of said decision to request review by the Commission. Unless permitted to appear pro se, all parties participating in Commission review of a decision of the Cost Containment Division are required to be represented by an attorney licensed in Mississippi.

Failure to file a written request for review with the Commission within this twenty (20) day period shall bar any further review or action with regard to the issue(s) presented. A decision of the Cost Containment Division that is not timely appealed shall constitute a final decision of the Full Commission, with all findings and determinations of the Cost Containment Director, including the award of penalties, interest, and attorney's fees and/or expenses, to be considered as having been awarded by the Full Commission itself, including any penalty under Miss. Code Ann. Section 71-3-59. No extension of time within which to file for Commission review of a dispute under these Rules shall be allowed. In the event a request for review is not filed with the Commission within twenty (20) days, the parties to the dispute shall have fourteen (14) days thereafter in which to comply with the final decision of the Cost Containment Division.

A party to a dispute may, when a written request for review has not been timely filed with the Commission, seek enforcement of payment of that decision pursuant to the terms and time period set forth in Miss. Code Ann. Section 71-3-49. A Final Decision of the Cost Containment Division and/or the Commission shall be considered sufficient to allow the payer and/or provider to pursue any and all remedies available to it for enforcement of payment in default pursuant to Miss. Code Ann. Section 71-3-49. No further action to enforce payment shall be made by the Commission, nor shall any other document be issued regarding the dispute unless the Commission finds the issuance of such document to be necessary. The payer and/or provider shall be solely responsible for calculating the interest and penalty owed to it pursuant to the terms of the Fee Schedule, and any dispute regarding enforcement of payment in default and/or the amount of interest or penalty due shall be determined by the Court wherein the payer or provider has sought enforcement pursuant to Miss. Code Ann. Section 71-3-49. The same procedure for enforcement above shall also be applicable to all final decisions of the Commission in the event the decision of the Cost Containment Division was timely appealed to the Commission and a final decision of the Commission has been issued.

B. The request for review by the Commission shall be filed with the Cost Containment Division of the Mississippi Workers' Compensation Commission, shall be in writing, and shall state the grounds on which the requesting party relies. All documentation submitted to and considered by the Cost Containment Division, including the Request for Resolution of Dispute form, along with a copy of the decision of the Cost Containment Division, shall be attached to the request for review which is filed with the Commission. The party seeking relief hereunder shall certify that a copy of the request for review and any supporting documentation being filed with the Commission has been provided to the other interested parties or their representatives by certified mail simultaneously with the filing to the Commission. Unlike the Request for Resolution of Dispute Form, there is no specific prescribed form for a Request for Commission Review.

C. The Commission shall review the issue(s) solely on the basis of the documentation submitted to the Cost Containment Division. No additional documentation not presented to and considered by the Cost Containment Division shall be

considered by the Commission on review, unless specifically requested by the Commission, and no hearing or oral argument shall be allowed, unless specifically requested by the Commission.

D. The Commission shall consider the request for review and issue a decision.

E. Following the decision of the Commission, or following the conclusion of the dispute resolution process at any stage without an appeal to the Commission, no further audit, adjustment, refund, review, consideration, reconsideration or appeal with respect to the claim in question by the Commission may be sought by either party.

F. The costs incurred in seeking Commission review, or in seeking compliance with an Administrative Decision rendered by the Cost Containment Director, including reasonable attorney fees, if any, may be assessed to the party who requested review if that party's position is not sustained by the Commission and to the party who has failed to comply with a prior decision if compliance therewith is ordered by the Commission. Otherwise, each party shall bear their own costs, including attorney's fees.

G. If Cost Containment Director and/or the Commission determines that a dispute is based on or arises from a billing error, a payment adjustment or error, including but not limited to improper bundling of service codes, unbundling, downcoding, code shifting, or other action by either party to the dispute, or if the Commission determines that a provider or payer has unreasonably refused to comply with the Law, the Rules of the Commission, including this Fee Schedule, or with any decision of the Commission or its representatives, and that this causes proceedings with respect to the billing and/or payment for covered medical services to be instituted or continued or delayed without reasonable grounds, then the Commission may require the responsible party or parties, and/or the attorney advising such party or parties, to pay the reasonable expenses, including attorney's fees, if any, to the opposing party; and, in addition, the Commission may levy against the responsible party or parties a civil penalty not to exceed the sum of ten thousand dollars ($10,000.00), payable to the Commission, as provided in §71-3-59(2) of the Law. The award of costs and penalties as herein provided shall be in addition to interest and penalty charges which may apply under other provisions of this Fee Schedule.

Utilization Review Rules

The Mississippi Workers' Compensation Commission (MWCC) requires mandatory utilization review of certain medical services associated with the provision of medical treatment covered under the Act and subject to the Fee Schedule. "Utilization review" refers to a system for reviewing proposed medical services to make sure that such procedures are medically necessary and represent the most efficient and appropriate use of medical resources given the nature of the injury to the patient and the process of his or her recovery, and that such services are properly and timely reimbursed. These rules are set forth to encourage efficient and timely communication between payers and providers (including agents of either) in order to make sure that medically necessary services are provided and timely reimbursed, and to curtail the use of unnecessary or unreasonable treatment. The provisions herein set forth regarding utilization review are in addition to the requirements of Mississippi Code Annotated (MCA) §41-83-1 et seq. (Rev. 2005), as amended, and any regulations adopted pursuant thereto by the State Department of Health or the State Board of Medical Licensure. In the event of conflict between this Fee Schedule and the above statutes, and any implementing regulations adopted by the Health Department or Board of Medical Licensure, the provisions in this Fee Schedule or other applicable rules of the MWCC shall control.

A payer may provide for utilization review by using personnel or units in-house, by contracting with a third party utilization review agent properly licensed by the MS Department of Health, or by contracting with a Nurse Case Manager or similar person to monitor the care being provided in person working with the patient and provider. An injured worker and/or his or her attorney and any case manager assigned by the payer shall strive to cooperate with one another for the purpose of ensuring the injured worker receives all of the medically necessary care needed for the treatment of the injury and the process of recovery. A payer also may exercise their statutory right to an Employer Medical Evaluation (EME) as provided for in MCA §71-3-15(1) (Rev. 2000) in conjunction with, or in lieu of, ongoing utilization review.

NO DECISION OR DETERMINATION ADVERSE TO A PATIENT OR HEALTH CARE PROVIDER WHICH MAY RESULT IN THE DENIAL OF PAYMENT, OR IN THE DENIAL OF PRE-CERTIFICATION FOR TREATMENT IN THIS STATE, SHALL BE MADE WITHOUT THE PRIOR EVALUATION AND CONCURRENCE IN THE ADVERSE DETERMINATION BY A PHYSICIAN CURRENTLY LICENSED TO PRACTICE MEDICINE IN THE STATE OF MISSISSIPPI, AND PROPERLY TRAINED IN THE SAME SPECIALTY OR SUB-SPECIALTY AS THE REQUESTING PROVIDER WHO IS SEEKING APPROVAL FOR TREATMENT OR SERVICES.

THIS ADVERSE DETERMINATION MUST BE PROVIDED WITHIN TWO (2) BUSINESS DAYS EITHER BY TELEPHONE OR FACSIMILE OR EMAIL, AND IN WRITING WITHIN ONE (1) BUSINESS DAY THEREAFTER, TO THE REQUESTING PROVIDER. ANY SUCH ADVERSE DETERMINATION MUST INCLUDE WRITTEN DOCUMENTATION CONTAINING THE SPECIFIC EVALUATION, FINDINGS AND CONCURRENCE OF THE MISSISSIPPI LICENSED PHYSICIAN TRAINED IN THE RELEVANT SPECIALTY OR SUB-SPECIALTY, AND MUST REFERENCE ANY SPECIFIC PROVISIONS OF THE MISSISSIPPI WORKERS' COMPENSATION MEDICAL FEE SCHEDULE WHICH ALLEGEDLY JUSTIFIES THE ADVERSE DETERMINATION.

ANY ADVERSE DETERMINATION WHICH DOES NOT COMPLY WITH THIS PROVISION SHALL HAVE NO FORCE OR EFFECT AND SHALL NOT PREVENT THE PROVIDER FROM PROCEEDING WITH THE PROPOSED TREATMENT AND ULTIMATELY BEING REIMBURSED AS THOUGH THE PROPOSED TREATMENT OR SERVICE HAD BEEN TIMELY APPROVED IN ADVANCE.

IF A PAYER ELECTS TO SEEK AN EME IN LIEU OF A UTILIZATION REVIEW, THE INJURED WORKER AND THE PROVIDER MUST BE NOTIFIED OF THIS ELECTION WITHIN THE SAME TWO (2) DAY PERIOD APPLICABLE TO ADVERSE DETERMINATIONS STATED ABOVE.

I. Services Requiring Utilization Review

Mandatory utilization review is required for the following:

A. All admissions to inpatient facilities of any type.

B. All surgical procedures, inpatient and outpatient. (All surgical or other invasive procedures which are administered in the context of pain management treatment shall be regulated by the specific guidelines set forth in the Pain Management section of the Fee Schedule. Only in the event a surgically invasive pain management procedure is not specifically addressed in the Pain Management guidelines shall the provisions in this section control.)

C. Repeat MRI scans, repeat CT Scans, repeat EMG/NCS studies, and repeat myelograms (meaning more than one such diagnostic procedure which is being prescribed for the same injury) are subject to mandatory utilization review, except that where surgery has been performed following proper approval, the treating physician is entitled to obtain one repeat of the aforementioned diagnostic procedures post-surgery without having to obtain separate approval for each such procedure. In other words, surgical cases merit two diagnostic procedures of the kind listed herein without

the necessity of pre-certification provided one procedure occurs prior to surgical treatment and one procedure occurs post-surgical treatment. The two diagnostic procedures selected by the treating provider hereunder may be the same two diagnostic procedures, or any two of the aforementioned procedures.

D. Work hardening programs, pain management programs, massage therapy, acupuncture, and biofeedback. Biofeedback therapy shall not exceed ten (10) visits or sessions, unless otherwise agreed to by the payer and provider. Back schools are no longer covered under this Fee Schedule. Pain management programs include but are not limited to a "chronic pain inter-disciplinary pain rehabilitation program" for which specific guidelines are set forth in the Therapeutic Services section.

1. Work Hardening Program Guidelines

a. Work hardening is an interdisciplinary, individualized, job or goal-specific program of activity with the goal of returning an injured patient to work. Work hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. Work hardening provides a transition between acute care and successful return to work and is designed to improve the bio-mechanical, neuromuscular, and cardiovascular functioning of the worker. Approval or certification must be based on whether the proposed work hardening program appears reasonably tailored to accomplish the stated goals.

(1) A work hardening program must, at a minimum, have the following components:

- Development of strength and endurance of the individual in relation to the return to work goal;
- Equipment and methods that quantify and measure strength and conditioning levels, i.e., ergometers, dynamometers, treadmills, measured walking tolerances;
- Commercial strength and exercise devices, free weights, circuit training. Goals for each worker are dependent on the demands of their respective jobs;
- Simulation of the critical work demands, the tasks and the environment of the job to which the worker will return. Job simulation tasks that provide for progression in frequency, load, and duration are essential. They must be related to the work goal and include a variety of work stations that offer opportunities to practice work related positions and motions, i.e., clerical, plumbing, electrical;
- Education that stresses body mechanics, work pacing, safety and injury prevention and that promotes worker responsibility and self-management. The education component requires direct therapist and worker interaction;
- Assessment of the need for job modifications. Focus on whether the worker can return to the stated job goal but only with changes, i.e., added equipment, changes in work position or ergonomics, changes at the work site;
- An individualized written plan that identifies observable and measurable goals, the methodology being used to reach these goals, the projected time necessary to accomplish the goal, and the expected outcomes. This plan must be signed by both the provider and the patient;
- This plan needs to be based on a functional capacity (baseline) evaluation and must be completed within the first two (2) days of the program and compared to the critical demands as stated on the job analysis. A comparative analysis (re-evaluation) is done prior to discharge to determine job readiness;
- A reporting system that includes:
  - Documentation of the initial plan;
  - Documentation of progress or lack of progress and future goals;
  - A discharge summary that includes an assessment of the functional capacity level and the achievement of the individual's program goals;
  - A record of the worker's daily attendance including number of days and number of hours per day in the program.

b. Criteria for admission:

(1) The worker must have reached a point in his or her recovery where no further active or invasive treatment intervention is being anticipated;

(2) Physical recovery sufficient to allow participation for a minimum of 4 hours a day for three to five days a week;

(3) Worker's current levels of functioning interfere with his/her ability to carry out specific tasks required in the work place;

(4) A defined return to work goal which includes:

- A documented specific job to which the patient can return, along with a specific job analysis; and
- A return to work goal agreed to by the employer and the patient/employee;

- The facts must show how the worker must be able to benefit from the program;
- The facts must show the worker is motivated to return to work. A worker whose primary limitation is psychological or clouded by significant illness behavior (i.e., significant self-imitation on F.C.E.) is typically not going to be motivated and will not likely benefit.

c. Criteria for discharge from a work hardening program:
- The worker has reached the goal stated in the plan;
- The worker has not progressed according to the program plan;
- The worker has not reached interim goals and is not benefitting from the program, or;
- Number of absences exceeds those allowed by the program (a maximum of two (2) absences is recommended);
- Worker does not adhere to the schedule;
- Completion of the program (the program should take 2 to 4 weeks to complete);
- The previously identified job is no longer available.

2. Massage therapy requires prior authorization of the payer before treatment can be rendered. Medical necessity must be established prior to approval. Reimbursement must be arranged between the payer and provider.

E. External spinal stimulators.

F. Therapeutic treatments, exclusive of chiropractic treatments, after fifteen (15) visits or thirty (30) days, whichever comes first. If, however, the patient undergoes properly approved surgical intervention, he or she shall be entitled to one round of pre-surgical therapeutic treatment up to fifteen (15) treatments or thirty (30) days, whichever first occurs, as provided immediately above; and, in the discretion of the treating physician, to one additional round of therapeutic treatment following surgery for an additional period of fifteen (15) visits or thirty (30) days, whichever first occurs, both of which treatment rounds may be administered without the necessity for seeking pre-certification or pre-approval. The authorization contained herein for a first and second round of limited therapy treatment following surgery shall apply to all reasonable physical and/or occupational therapy treatments, but does not include chiropractic manipulative treatment which is addressed separately below.

G. Chiropractic manipulative treatments are allowed for up to fifteen (15) visits or thirty (30) days, whichever first occurs, without any need to seek pre-certification or authorization. However, chiropractic manipulative treatments which are proposed beyond the first fifteen (15) visits or thirty (30) days, under any circumstances, must be pre-certified or pre-approved.

Like any other service, a spinal manipulation includes pre-evaluation and post-evaluation that would make it inappropriate to bill with an E/M service. However, if the patient's condition has deteriorated or an injury to another site has occurred, reimbursement can be made for an E/M service if documentation substantiates the additional service. Modifier 25 is added to an E/M service when a significant, separately identifiable E/M service is provided and documented as medically necessary.

H. Psychiatric treatment, whether inpatient or outpatient treatment.

I. Retrospective review of services after they have been provided when properly requested by the patient, patient representative, or provider.

J. Any proposed treatment, procedure or service which is more specifically addressed in another section of this Fee Schedule, such as certain pain management procedures, shall be regulated first by the specific guidelines in place in those sections. These utilization review rules apply only where no other, more specific guidelines are set forth in the individual treatment sections of the Fee Schedule; or, where possible, to supplement more specific treatment guidelines spelled out elsewhere in the Fee Schedule.

II. DEFINITIONS

Case Management. The clinical and administrative process in which timely, individualized, and cost effective medical rehabilitation services are implemented, coordinated, and evaluated, by a nurse, other case manager, or other utilization reviewer employed by the payer, on an ongoing basis for patients who have sustained an injury or illness. Use of case management is optional in Mississippi. Use Mississippi-specific code 9936M for a conference with workers' compensation medical case manager/claims manager.

Certification. A determination by a payer and/or its utilization review organization or agent that an admission, extension of stay, or other health care service has been reviewed and, based on the information provided, meets the standard of medical necessity as defined elsewhere in this Fee Schedule.

Clinical Peer. A health professional that holds an unrestricted medical or equivalent license and is qualified to practice in the same or similar specialty as would typically manage the medical condition, procedures, or treatment under review.

Generally, as a peer in a similar specialty, the individual must be in the same profession (i.e., the same licensure category as the ordering provider).

Clinical Rationale. A statement or other documentation that taken together provides additional clarification of the clinical basis for a non-certification determination. The clinical rationale should relate the non-certification determination to the worker's condition or treatment plan, and must include a detailed basis for denial or non-certification of the proposed treatment so as to give the provider or patient a sufficient basis for a decision to pursue an appeal. Clinical rationale must include specific reference to any applicable provisions of the *Mississippi Workers' Compensation Medical Fee Schedule* which allegedly support the determination of the reviewer, or a statement attesting to the fact that no such provision(s) exists in the Fee Schedule.

Concurrent Review. Utilization management or review which is conducted during a worker's hospital stay or course of treatment, sometimes called continued stay review.

Discharge Planning. The process of assessing a patient's need for medically appropriate treatment after hospitalization including plans for an appropriate and timely discharge.

Expedited Appeal. An expedited appeal is a request to reconsider a prior determination not to certify imminent or ongoing services, an admission, an extension of stay, or other medical services of an emergency, imminent, or ongoing nature. Also sometimes referred to as a reconsideration request.

First Level Clinical Review. Review conducted by a registered nurse, nurse case manager, or other appropriate licensed or certified health professional. First level clinical review staff may approve requests for admissions, procedures, and services that meet the standard of medical necessity as defined elsewhere in the Fee Schedule, but must refer requests that do not meet this medical necessity standard, in their opinion, to second level clinical peer reviewers for approval or denial.

Notification. Correspondence transmitted by mail, telephone, facsimile, email, and/or other reliable electronic means.

Pre-certification. The review and assessment of proposed medical treatment or services before they occur to determine if such treatment or services meet the definition of medical necessity as set forth elsewhere in this Fee Schedule. The appropriateness of the site or level of care is assessed along with the duration and timing of the proposed services.

Provider. A licensed health care facility, program, agency, or health professional that delivers health care services.

Retrospective Review. Utilization review conducted after services have been provided to the worker.

Second Level Clinical Review. Peer review conducted by appropriate clinical peers when the First Level Clinical Reviewer is unable to determine whether a request for an admission, procedure, or service satisfies the standard of medical necessity as defined elsewhere in this Fee Schedule. A decision to deny, or not certify, proposed treatment or services, must be supported by the express written evaluation, findings and concurrence of a physician licensed to practice medicine in the State of Mississippi and properly trained in the same specialty or sub-specialty as the requesting provider.

Standard Appeal. A request by or on behalf of the patient or provider to reconsider a prior decision by the payer or its utilization review agent to deny proposed medical treatment or service, including but not limited to, a determination not to certify an admission, extension of stay, or other health care service.

Third Level Clinical Review. Medical necessity review conducted by appropriate clinical peers who were not involved in the first or second level review when a decision not to certify a requested admission, procedure, or service has been appealed. The third level peer reviewer must be in the same or like specialty as the requesting provider. A decision to deny, or not certify, proposed treatment or services, must be supported by the express written evaluation, findings and concurrence of a physician licensed to practice medicine in the State of Mississippi and properly trained in the same specialty or sub-specialty as the requesting provider.

Utilization Review. Evaluation of the medical necessity and appropriateness of proposed health care services. It includes both prospective and concurrent review, and shall include retrospective review under certain circumstances.

Utilization Reviewer. An entity, organization, or representative thereof, or other person performing utilization review activities or services on behalf of an employer, payer or third-party claims administrator.

Variance. A deviation from a specific standard.

III. STANDARDS

Payers and their utilization review organizations or programs or agents are required to meet the following standards:

A. The payer's utilization reviewer or agent must comply with the licensing and certification requirements of MCA §41-83-1 et seq. (Rev. 2005), as amended, and any regulations adopted pursuant thereto by the State Department of Health or the State Board of Medical Licensure, and shall have utilization review personnel, agents or representatives who are properly qualified, trained, supervised, and supported by explicit clinical review criteria and review procedures.

In no event shall proposed treatment or services be denied except in accordance with the express provisions stated elsewhere in these Rules and in accordance with MCA §41-83-31 (Rev. 2009).

B. The first level review is performed if the claims adjuster or manager has not already approved the treatment in question, and is performed by individuals who are health care professionals, who possess a current and valid professional license, and who have been trained in the principles and procedures of utilization review.

C. The first level reviewers are required to be supported by a doctor of medicine who has an unrestricted license to practice medicine, and in cases where treatment is being denied or withheld by a utilization reviewer, this determination must be supported in writing by a physician licensed in Mississippi and trained in the relevant specialty or sub-specialty, as previously set forth in these Rules.

D. The second and third level review is performed by clinical peers who hold a current, unrestricted Mississippi license to practice in the same or like specialty as the treating physician whose recommendation is under review, and are oriented in the principles and procedures of utilization review. The second level review shall be conducted for all cases where a clinical determination to certify has not already been made by the payer or payer's agent, and the determination of medical necessity cannot be made by first level clinical reviewers. Second and third level clinical reviewers shall be available within one (1) business day by telephone or other electronic means to discuss the determination with the attending physicians or other ordering providers. In the event more information is required before a determination can be rendered by a second or third level reviewer, the attending/ordering provider must be notified immediately of the delay and given a specific time frame for determination, and a specific explanation of the additional information needed. A requesting provider shall not be required to participate in further discussions where the payer or its agents have unilaterally scheduled such a conference. Further, a request for treatment or service may not be denied solely on grounds the requesting provider fails to participate in a conference which has been unilaterally scheduled by the payer or their agent. Follow-up conferences must be arranged by joint agreement.

E. The payer's utilization reviewer shall maintain all licensing applications, certificates, and other supporting information, including any and all reports, data, studies, etc., along with written policies and procedures for the effective management of its utilization review activities, which shall be made available to the provider, or the Commission, upon request.

F. The payer maintains the responsibility for the oversight of the delegated functions if the payer delegates utilization review responsibility to a vendor. The vendor or organization to which the function is being delegated must be currently certified by the Mississippi Board of Health, Division of Licensure and Certification to perform utilization management in the State of Mississippi. A copy of the license or certification held by the utilization review agent shall be furnished to the provider, or to the Commission, upon request. The payer who has another entity perform utilization review functions or activities on its behalf maintains full responsibility for compliance with the rules.

G. The payer's utilization reviewer shall maintain a telephone review service that provides access to its review staff at a toll free number from at least 9:00 a.m. to 5:00 p.m. CST each normal business day. There should be an established procedure for receiving or redirecting calls after hours or receiving faxed requests. Reviews should be conducted during hospitals' and health professionals' reasonable and normal business hours.

H. The payer's utilization reviewer shall collect only the information necessary to certify the admission procedure or treatment, length of stay, frequency, and duration of services. The utilization reviewer should have a process to share all clinical and demographic information on individual workers among its various clinical and administrative departments to avoid duplicate requests to providers. (Providers may use the Mississippi Workers' Compensation Commission Utilization Review Request Form.)

IV. Procedures for Review Determinations

The following procedures are required for effective review determination.

A. Initial review determinations must be made within two (2) business days of receipt of the necessary information on a proposed non-emergency admission or service requiring a review determination. Receipt of the necessary information may necessitate a discussion with the attending physician or may involve a completed second level clinical review. (For further information, see 15 Mississippi Administrative Code, Pt. 16, Sub. Pt. 1, Ch. 82, Sub. Ch. 7, R. 82.7.5(2); see also the Commission's "Notice Regarding Utilization Review Rules" dated August 13, 2015, which is hereby incorporated by reference and applicable to this edition of the Fee Schedule as well.) The Mississippi Workers' Compensation Utilization Review Request Form may be used to request pre-certification.

B. When an initial determination is made to certify, notification shall be provided promptly, at least within one (1) business day or before the service is scheduled, whichever first occurs, either by telephone or by written or electronic notification to the provider or facility rendering the service. If an initial determination to certify is provided by telephone, a written notification of the determination shall be provided within two (2) business days thereafter. The written notification shall include the number of days approved, the new total number of days or services approved, and the date of admission or onset of services.

C. When a determination is made not to certify, notification to the attending or ordering provider or facility must be provided by telephone or electronic means within one (1) business day followed by a written notification within one (1) business day thereafter. The written notification must include the principal reason/clinical rationale for the determination not to certify, including specific reference to any provision of this Fee Schedule relied upon by the reviewer, and instructions for initiating an appeal and/or reconsideration request.

D. The payer or its review agent shall inform the attending physician and/or other ordering provider of their right to initiate an expedited appeal in cases involving emergency or imminent care or admission, or a standard appeal, as the case may permit, of a determination not to certify, and the procedure to do so.

1. Expedited appeal—When an initial determination not to certify a health care service is made prior to or during an ongoing service requiring imminent or expedited review, and the attending physician believes that the determination warrants immediate appeal, the attending physician shall have an opportunity to appeal that determination over the telephone or by electronic mail or facsimile on an expedited basis within one (1) business day.

    a. Each private review agent shall provide for prompt and expeditious access to its consulting physician(s) for such appeals.

    b. Both providers of care and private review agents should attempt to share the maximum information by phone, fax, or otherwise to resolve the expedited appeal (sometimes called a reconsideration request) satisfactorily.

    c. Expedited appeals, which do not resolve a difference of opinion, may be resubmitted through the standard appeal process, or submitted directly to the Commission's Medical Cost Containment Division as a Request for Resolution of Dispute. A disagreement warranting expedited review or reconsideration does not have to be resubmitted to the payer or utilization review agent through the standard appeal process unless the requesting provider so wishes.

2. Standard appeal—A standard appeal will be considered as a request for reconsideration, and notification of the appeal decision given to the provider, not later than twenty (20) calendar days after receiving the required documentation for the appeal.

    a. An attending physician who has been unsuccessful in an attempt to reverse a determination not to certify treatment or services must be provided the clinical rationale for the determination along with the notification of the appeal decision.

3. Retrospective review—For retrospective review, the review determination shall be based on the medical information available to the attending or ordering provider at the time the medical care was provided, and on any other relevant information regardless of whether the information was available to or considered by the provider at the time the care or service was provided. Retrospective review is not optional or conducted solely at the discretion of the review agent. A request for review and approval of services already provided must be handled by the payer or its utilization reviewer in the same manner any other request for approval of services is handled.

    a. When there is retrospective determination not to certify an admission, stay, or other service, the attending physician or other ordering provider and hospital or facility shall receive written notification, or notification by facsimile or electronic mail, within twenty (20) calendar days after receiving the request for retrospective review and all necessary and supporting documentation.

    b. Notification should include the principal reasons for the determination and a statement of the procedure for standard appeal if the determination is adverse to the patient.

4. Emergency admissions or surgical procedures—Emergency admissions or surgical procedures must be reported to the payer by the end of the next business day. Post review activities will be performed following emergency admissions, and a continued stay review may be initiated.

    a. If a licensed physician certifies in writing to the payer or its agent or representative within seventy-two (72) hours of an admission that the injured worker admitted was in need of emergency admission to hospital care, such shall constitute a prima facie case for the medical necessity of the admission. An admission qualifies as an emergency admission if it results from a sudden onset of illness or injury which is manifested by acute symptoms of sufficient severity that the failure to admit to hospital care could reasonably result in (1) serious impairment of bodily function(s), (2) serious or permanent dysfunction of any bodily organ or part or system, (3) permanently placing the person's health in jeopardy, or (4) other serious medical consequence.

    b. To overcome a prima facie case for emergency admission as established above, the utilization reviewer must demonstrate by clear and convincing evidence that the patient was not in need of an emergency admission.

E. Failure of the health care provider to provide necessary information for review, after being specifically requested to do so by the payer or its review agent in detail, may result in denial of certification and/or reimbursement.

F. When a payer and provider have completed the utilization review appeals process and cannot agree on a resolution to a dispute, either party, or the patient, can appeal to the Cost Containment Division of the Mississippi Workers' Compensation Commission, and should submit this request on the Request for Dispute Resolution Form adopted by the Commission. A request for resolution of a utilization review dispute should be filed with the Commission within twenty (20) calendar days following the conclusion of the underlying appeal process provided by the payer or its

utilization reviewer. The Commission shall consider and decide a request for resolution of a utilization review dispute in accordance with the Dispute Resolution Rules provided elsewhere in this Fee Schedule.

G. Failure of a payer or its utilization review agent to timely notify the provider of a decision whether to certify or approve an admission, procedure, service or other treatment shall be deemed to constitute approval by the payer of the requested treatment, and shall obligate the payer to reimburse the provider in accordance with other applicable provisions of this Fee Schedule should the provider elect to proceed with the proposed treatment or service. Timely notification means notification by mail, facsimile, electronic mail, or telephone, followed by written notification, to the provider, within the applicable time periods set forth in these Utilization Review Rules.

H. Upon request of the provider, or the Commission, a payer and/or the review agent must furnish a copy of the license or certification obtained from the State Department of Health, along with all supporting documentation, reports, data, studies, etc., which authorizes the reviewer to engage in utilization review activities in the State of Mississippi. The Commission may, likewise, obtain this information unilaterally from the Mississippi Department of Health pursuant to an agreement with that Agency.

I. Upon a finding by the Commission or an Administrative Judge that a payer, and/or their review agent, has unreasonably delayed a claim without reasonable grounds within the meaning of §71-3-59 of the Law, penalties pursuant to MCA §71-3-59 (Rev. 2000) may be assessed against the payer.

Any payer electing to obtain an Employer Medical Evaluation (EME) pursuant to MCA §71-3-15(1) must do so without unreasonable delay. With respect to an EME sought after the filing of a motion to compel medical treatment by a claimant, failure by the payer to obtain and submit the EME report to the claimant and the Commission within 45 days of the claimant's filing of a motion to compel may be deemed an unreasonable delay. Counsel for both parties may agree to extend the forty-five-day (45-day) limitation, or the Administrative Judge may extend the forty-five-day (45-day) limitation at his or her discretion. The forty-five-day (45-day) limitation does not apply to experts selected by the agreement of both parties to render a second opinion. If an Administrative Judge or the Commission finds that a payer has demonstrated unreasonable delay in seeking or obtaining an EME, regardless of whether a motion to compel medical treatment has been filed, such a finding may result in the imposition of penalties and/or attorney's fees or expenses pursuant to MCA §71-3-59 and/or waiver of the payer's right to an EME.

J. Regardless of the outcome of a dispute arising hereunder regarding certification or approval of a proposed treatment or service, in no event shall the injured worker/patient be held liable for the payment of any portion of a bill related thereto. As provided in §71-3-15(1) of the Law, any dispute over the amount due a medical provider for any reason shall be resolved between the payer and provider, with each holding the claimant harmless from payment of same, regardless of whether the treatment has been provided inside or outside the State of Mississippi.

K. Nothing provided herein shall estop or prevent the patient from obtaining legal counsel and/or seeking relief in the form of a request to compel medical treatment before an Administrative Judge.

SEE: Utilization Review Notice document http://www.mwcc.state.ms.us/pdf/utilizationreviewnotice.pdf

Rules for Modifiers and Code Exceptions

Please see the modifier rules in each section of the *Mississippi Workers' Compensation Medical Fee Schedule* for a complete listing of appropriate modifiers for each area.

A. Modifiers must be used by providers to identify procedures or services that are modified due to specific circumstances.

B. When modifier 22 is used to report an increased service, a report explaining the medical necessity of the situation must be submitted with the claim to the payer. It is not appropriate to use modifier 22 for routine billing. When appropriate, the *Mississippi Workers' Compensation Medical Fee Schedule* reimbursement for modifier 22 is one hundred twenty percent (120%) of the maximum reimbursement allowance.

C. The use of modifiers does not imply or guarantee that a provider will receive reimbursement as billed. Reimbursement for a modified service or procedure is based on documentation of medical necessity and determined on a case-by-case basis.

D. Modifiers allow health care providers to indicate that a service was altered in some way from the stated description without actually changing the definition of the service.

I. MODIFIERS FOR CPT® CODES

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow.

This section contains a list of modifiers used with CPT codes. Also consult each practice-area section of the Fee Schedule for applicable modifiers.

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.

Mississippi guideline: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement. When appropriate, the Fee Schedule reimbursement for modifier 22 is one hundred twenty percent (120%) of the maximum reimbursement allowance.

23 Unusual Anesthesia

Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier 23 to the procedure code of the basic service.

24 Unrelated Evaluation and Management Services by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period

The physician or other qualified health care professional may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately

identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See **Evaluation and Management Services Guidelines** for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

26 Professional Component

Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

Mississippi guideline: The allowable is listed in the PC Amount column of the Fee Schedule.

TC Technical Component (HCPCS Modifier)

Certain procedures are a combination of a professional component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians.

Mississippi guideline: The technical component is listed in the TC Amount column of the Fee Schedule.

32 Mandated Services

Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

47 Anesthesia by Surgeon

Regional or general anesthesia provided by the surgeon may be reported by adding modifier 47 to the basic service. (This does not include local anesthesia.) **Note:** Modifier 47 would not be used as a modifier for the anesthesia procedures.

Mississippi guideline: Reimbursement is made for base units only.

50 Bilateral Procedure

Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5 digit code.

Mississippi guideline: This modifier is reimbursed at fifty percent (50%) of the allowed amount.

51 Multiple Procedures

When multiple procedures, other than E/M Services, Physical Medicine and Rehabilitation services, or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes (see Appendix D).

Mississippi guideline: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the Fee Schedule. Services with modifier 51 are reimbursed at fifty percent (50%) of the allowed amount.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure

Under certain circumstances the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well being of the patient, it may be

necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. **Note:** This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

54 Surgical Care Only

When 1 physician or other qualified health care professional performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number.

55 Postoperative Management Only

When 1 physician or other qualified health care professional performed the postoperative management and another performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.

56 Preoperative Management Only

When 1 physician or other qualified health care professional performed the preoperative care and evaluation and another performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.

57 Decision for Surgery

An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. **Note:** For treatment of a problem that requires a return to the operating/procedure room, (eg, unanticipated clinical condition), see modifier 78.

59 Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25. See also Level II (HCPCS/National) Modifiers listing.

62 Two Surgeons

When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. **Note:** If a co-surgeon acts as an assistant in the performance of additional procedure(s), other than those reported with the modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

Mississippi guideline: This modifier is reimbursed at one hundred fifty percent (150%) of the allowed amount divided equally between the two co-surgeons.

66 Surgical Team

Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians or other qualified health care professionals, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating individual with the addition of modifier 66 to the basic procedure number used for reporting services.

76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

78 Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

80 Assistant Surgeon

Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).

Mississippi guideline: Reimbursement is twenty percent (20%) of the maximum reimbursement allowance.

81 Minimum Assistant Surgeon

Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.

Mississippi guideline: Physician reimbursement is ten percent (10%) of the maximum reimbursement allowance.

82 Assistant Surgeon (when qualified resident surgeon not available)

The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s).

90 Reference (Outside) Laboratory

When laboratory procedures are performed by a party other than the treating or reporting physician or other qualified health care professional, the procedure may be identified by adding modifier 90 to the usual procedure number.

91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. **Note:** This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time,

reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (eg, glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

92 Alternative Laboratory Platform Testing

When laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701–86703, and 87389). The test does not require permanent dedicated space; hence by its design may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of the testing is not in itself determinative of the use of this modifier.

99 Multiple Modifiers

Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

AA Anesthesia Services Performed Personally by Anesthesiologist (HCPCS Modifier)

Report modifier AA when the anesthesia services are personally performed by an anesthesiologist.

AD Medical Supervision by a Physician: More Than 4 Concurrent Anesthesia Procedures (HCPCS Modifier)

Report modifier AD when the anesthesiologist supervises more than 4 concurrent anesthesia procedures.

AS Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist Services for Assistant at Surgery (HCPCS Modifier)

Assistant at surgery services provided by another qualified individual (e.g., physician assistant, nurse practitioner, clinical nurse specialist, registered nurse first assistant) and not another physician are identified by adding modifier AS to the listed applicable surgical procedures. Modifier AS may be appended to any code identified as appropriate for surgical assistance in this Fee Schedule.

Mississippi guideline: AS reimbursement is ten percent (10%) of the maximum reimbursement allowance. For assistant at surgery services provided by a physician, see modifiers 80, 81, and 82.

M1 Nurse Practitioner (Mississippi Modifier)

This modifier should be added to the appropriate CPT code to indicate that the services being billed were rendered or provided by a nurse practitioner.

M2 Physician Assistant (Mississippi Modifier)

This modifier should be added to the appropriate CPT code to indicate that the services being billed were rendered or provided by a physician assistant.

M3 Physical or Occupational Therapist Assistant (Mississippi Modifier)

This modifier should be added to the appropriate CPT code to indicate that the services being billed were rendered or provided by either a physical therapist assistant or an occupational therapist assistant.

M4 CARF Accredited (Mississippi Modifier)

This modifier should be used in conjunction with CPT code 97799 Unlisted physical medicine/rehabilitation service or procedure, to indicate chronic pain treatment being administered by a CARF accredited provider as part of a pre-approved interdisciplinary pain rehabilitation program.

M5 Chronic Pain Treatment (Mississippi Modifier)

This modifier should be used only in conjunction with CPT code 97799 Unlisted physical medicine/rehabilitation service or procedure, to indicate chronic pain treatment being administered as part of a pre-approved interdisciplinary pain rehabilitation program.

QK Medical Direction of 2, 3, or 4 Concurrent Anesthesia Procedures Involving Qualified Individuals (HCPCS Modifier)

Report modifier QK when the anesthesiologist supervises 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals.

QX Qualified Non-Physician Anesthetist with Medical Direction by a Physician (HCPCS Modifier)

Regional or general anesthesia provided by a qualified non-physician anesthetist with medical direction by a physician may be reported by adding modifier QX.

QY Medical Direction of One Qualified Non-Physician Anesthetist by an Anesthesiologist (HCPCS Modifier)

Report modifier QY when the anesthesiologist supervises one qualified non-physician anesthetist.

XE Separate Encounter (HCPCS Modifier)

A service that Is distinct because it occurred during a separate encounter.

XP Separate Practitioner (HCPCS Modifier)

A service that is distinct because it was performed by a different practitioner.

XS Separate Structure (HCPCS Modifier)

A service that is distinct because it was performed on a separate organ/structure.

XU Unusual Non-overlapping Service (HCPCS Modifier)

The use of a service that is distinct because it does not overlap usual components of the main service.

II. Modifiers Approved For Ambulatory Surgery Center (ASC) Hospital Outpatient Use

This section contains a list of modifiers used with ambulatory surgery center and hospital-based outpatient services. Also consult each practice-area section of the Fee Schedule for additional modifiers.

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See **Evaluation and Management Services Guidelines** for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

27 Multiple Outpatient Hospital E/M Encounters on the Same Date

For hospital outpatient reporting purposes, utilization of hospital resources related to separate and distinct E/M encounters performed in multiple outpatient hospital settings on the same date may be reported by adding modifier 27 to each appropriate level outpatient and/or emergency department E/M code(s). This modifier provides a means of reporting circumstances involving evaluation and management services provided by physician(s) in more than one (multiple) outpatient hospital setting(s) (eg, hospital emergency department, clinic). **Note:** This modifier is not to be used for physician reporting of multiple E/M services performed by the same physician on the same date. For physician reporting of all outpatient evaluation and management services provided by the same physician on the same date and performed in multiple outpatient setting(s) (eg, hospital emergency department, clinic), see **Evaluation and Management, Emergency Department, or Preventive Medicine Services** codes.

50 Bilateral Procedure

Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate five-digit code.

Mississippi guideline: This modifier is reimbursed at fifty percent (50%) of the allowed amount.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74.

58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. **Note:** For treatment of a problem that requires a return to the operating/procedure room (eg, unanticipated clinical condition), see modifier 78.

59 Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25. See also Level II (HCPCS/National) Modifiers listing.

73 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia

Due to extenuating circumstances or those that threaten the well being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation (including sedation when provided, and being taken to the room where the procedure is to be performed), but prior to the administration of anesthesia (local, regional block(s) or general). Under these circumstances, the intended service that is prepared for but cancelled can be reported by its usual procedure number and the addition of modifier 73. **Note:** The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

74 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia

Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may terminate a surgical or diagnostic procedure after the administration of anesthesia (local, regional block(s), general) or after the procedure was started (incision made, intubation started, scope inserted, etc). Under these circumstances, the procedure started but terminated can be reported by its usual procedure number and the addition of modifier 74. **Note:** The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

78 Unplanned Return to the Operating/Procedure Room by the same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. **Note:** This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (eg, glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

III. MODIFIERS FOR HCPCS CODES

This section contains a list of commonly used modifiers with HCPCS DME codes. Other HCPCS modifiers, including those which can be used with CPT codes, are acceptable modifiers.

AU Item Furnished in Conjunction with a Urological, Ostomy, or Tracheostomy Supply

AV Item Furnished in Conjunction with a Prosthetic Device, Prosthetic, or Orthotic

AW Item Furnished in Conjunction with a Surgical Dressing

KC Replacement of Special Power Wheelchair Interface

NU New Equipment

RR Rental (use the RR modifier when DME is to be rented)

Mississippi guideline: Listed amount is the per month allowance, except codes E0676, E0935, and E0936, which are per-day allowances.

UE Used Durable Medical Equipment

Mississippi guideline: Used to report the purchase of used durable medical equipment.

IV. CODE EXCEPTIONS

A. **Unlisted Procedure Codes.** If a procedure is performed that is not listed in the Fee Schedule, the provider must bill with the appropriate “Unlisted Procedure” code and submit a narrative report to the payer explaining why it was medically necessary to use an unlisted procedure code.

   The CPT book contains codes for unlisted procedures. Use these codes only when there is no procedure code that accurately describes the service rendered. A report is required as these services are reimbursed by report (see below).

B. **By Report (BR) Codes.** By report (BR) codes are used by payers to determine the reimbursement for a service or procedure performed by the provider that does not have an established maximum reimbursement allowance (MRA).

1. Reimbursement for procedure codes listed as “BR” must be determined by the payer based on documentation submitted by the provider in a special report attached to the claim form. The required documentation to substantiate the medical necessity of a procedure does not warrant a separate fee. Information in this report must include, as appropriate:
    a. A complete description of the actual procedure or service performed;
    b. The amount of time necessary to complete the procedure or service performed;
    c. Accompanying documentation that describes the expertise and/or equipment required to complete the service or procedure.
2. Reimbursement of “BR” procedures should be based on the usual and customary rate.

C. **Category II Codes.** This Fee Schedule does not include Category II codes as published in the CPT book. Category II codes are supplemental tracking codes that can be used for performance measurements. These codes describe clinical components that are typically included and reimbursed in other services such as evaluation and management (E/M) or laboratory services. These codes do not have an associated fee.

D. **Category III Codes.** This Fee Schedule does not include Category III codes published in the CPT book. If a provider bills a Category III code, payment may be denied.

E. **Add-On Codes.** The CPT book identifies procedures that are always performed in addition to the primary procedure and designates them with a + symbol. Add-on codes are never reported for stand-alone services but are reported secondarily in addition to the primary procedure. Specific language is used to identify add-on procedures such as “each additional” or “(List separately in addition to primary procedure).”

The same physician or other qualified health care provider that performed the primary service/procedure must perform the add-on service/procedure. Add-on codes describe additional intra-service work associated with the primary service/procedure (e.g., additional digit(s), lesions(s), neurorrhaphy(s), vertebral segment(s), tendon(s), joint(s)).

Add-on codes are always performed in addition to the primary service/procedure, and must never be reported as a stand-alone code. All add-on codes found in the CPT book are exempt from the multiple procedure concept (see modifier 51 definition in this section). Add-on codes are reimbursed at one hundred percent (100%) of the maximum reimbursement allowance or the provider’s charge, whichever is less.

Refer to the most current version of the CPT book for a complete list of add-on codes.

F. **Codes Exempt From Modifier 51.** This symbol ⊘ denotes procedure codes that are exempt from the use of modifier 51 and are not designated as add-on procedures/services as defined in the CPT book. Modifier 51 exempt services and procedures can be found in Appendix E of *CPT 2016*. Additional codes that should not be subject to modifier 51 have been identified by Optum360 based upon CPT guidelines and are included in this Fee Schedule using the ⓫ icon.

Codes exempt from modifier 51 are reimbursed at one hundred percent (100%) of the maximum reimbursement allowance or the provider’s charge, whichever is less.

G. **Moderate (Conscious) Sedation.** To report moderate (conscious) sedation provided by the physician also performing the diagnostic or therapeutic service for which conscious sedation is being provided, see codes 99143–99145. It is not appropriate for the physician performing the sedation and the service for which the conscious sedation is being provided to report the sedation separately when the code is listed with the conscious sedation symbol ⊙. The conscious sedation symbol identifies services that include moderate (conscious) sedation. A list of codes for services that include moderate (conscious) sedation is also included in the most current CPT book.

For procedures listed with ⊙, when a second physician other than the health care professional performing the diagnostic or therapeutic services provides moderate (conscious) sedation in the facility setting (e.g., hospital, outpatient hospital/ambulatory surgery center, skilled nursing facility), the second physician reports the associated moderate sedation procedure/service using codes 99148–99150.

Moderate sedation codes are not used to report minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care.

Pharmacy Rules

I. SCOPE

This section provides specific rules for the dispensing of and payment for medications and other pharmacy services prescribed to treat work-related injury/illness under the terms of the Act.

II. DEFINITIONS

A. **Medications** are defined as drugs prescribed by a licensed health care provider and include name brand and generic drugs as well as patented or over-the-counter drugs, compound drugs and physician-dispensed or repackaged drugs.

B. **Average Wholesale Price** means the AWP based on the most current edition of the *Drug Topics Red Book* in effect at the time the medication is dispensed.

III. RULES

A. Generic Equivalent Drug Products. Unless otherwise specified by the ordering physician, all prescriptions will be filled under the generic name.

When the physician writes "brand medically necessary" on the prescription, the pharmacist will fill the order with the brand name. When taking telephone orders, the pharmacist will assume the generic brand is to be used unless "brand medically necessary" is specifically ordered by the treating physician. Without exception, the treating physician has the authority to order a brand name medication if he/she feels the trademark drug is substantially more effective.

B. A payer or provider may not prohibit or limit any person from selecting a pharmacy or pharmacist of his/her choice, and may not require any person to purchase pharmacy services, including prescription drugs, exclusively through a mail-order pharmacy or program, or to obtain medication dispensed by the physician or in the physician's office, provided the pharmacy or pharmacist selected by the claimant has agreed to be bound by the terms of the Workers' Compensation Law and this Fee Schedule with regard to the provision of services and the billing and payment therefor.

C. Dietary supplements, including but not limited to minerals, vitamins, and amino acids are not reimbursable unless a specific compensable dietary deficiency has been clinically established as related to the work injury.

D. Not more than one dispensing fee shall be paid per drug within a thirty (30) day period.

IV. REIMBURSEMENT

A. Reimbursement for pharmaceuticals ordered for the treatment of work-related injury/illness is as follows:

1. Brand/Trade Name Medications: Average Wholesale Price (AWP) plus a five dollar ($5.00) dispensing fee.
2. Generic Medications: Average Wholesale Price (AWP) plus a five dollar ($5.00) dispensing fee.
3. Over-the-counter medications are reimbursed at usual and customary rates.
4. Dispensing fees are payable only if the prescription is filled under the direct supervision of a registered pharmacist. If a physician dispenses medications from his/her office, a dispensing fee is not allowed.

B. Supplies and equipment used in conjunction with medication administration should be billed with the appropriate HCPCS codes and shall be reimbursed according to the Fee Schedule. Supplies and equipment not listed in the Fee Schedule will be reimbursed at the usual and customary rate.

C. Mail-order pharmaceutical services are subject to the rules and reimbursement limitations of this Fee Schedule when supplying medications to Mississippi Workers' Compensation claimants. Shipping for mail-order pharmaceutical services is not separately reimbursed.

V. SPECIAL PRICING

A. **Repackaged and/or Physician Dispensed Medication:** If the National Drug Code (NDC) for the drug product as dispensed is a repackaged drug, the maximum allowable fee shall be the lesser of AWP using a) the NDC for the underlying drug product from the original labeler, or b) the therapeutic equivalent drug product from the original labeler NDC.

For purposes of this provision, “therapeutically equivalent drugs” means drugs that have been assigned the same Therapeutic Equivalent Code starting with the letter “A” in the Food and Drug Administration’s publication “Approved Drug Products with Therapeutic Equivalence Evaluations” (Orange Book). The Orange Book may be accessed through the Food and Drug Administration website at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm

National Drug Code “for the underlying drug product from the original labeler” means the NDC of the drug product actually utilized by the repackager in producing the repackaged product.

B. **Compound Medications:** A compound medication is any customized formulation of medication prepared by a compounding pharmacist that is not commercially available. Compound drugs or medications shall be billed by listing each drug and its NDC number included in the compound and calculating the charge for each drug separately. Payment shall be based on the sum of the fee for each ingredient, plus a single dispensing fee of five dollars ($5.00). If the NDC for any ingredient is a repackaged drug, reimbursement for the repackaged ingredient(s) shall be as above provided. Reimbursement for a compound cream medication is limited to a maximum total reimbursement of three hundred dollars ($300.00) for one hundred twenty (120) grams per month. Any additional quantity over and above this one hundred twenty (120) gram limit requires further documentation and prior authorization (pre-certification).

C. If information pertaining to the original labeler of the underlying drug product used in repackaged or compound medications is not provided or is otherwise unknown or unavailable, the payer shall reimburse using the lowest priced generic therapeutic equivalent drug product.

D. **Other Special Pricing:**

The following medications have maximum reimbursement allowables as follows:

Lidopro patch	$5.45 each patch
Lidopro cream	$40.26 up to 4 oz
Terocin patch	$5.45 each patch
Terocin lotion	$40.26 up to 4 oz
Intraarticular joint kit	$27.36

Please refer to the MWCC website (http://www.mwcc.state.ms.us/#/medicalFeeSchedule) for any additions or changes to the special pricing list.

Other Qualified Health Care Professional Rules

I. Any Qualified Health Care Professional

Any qualified health care professional who is licensed in Mississippi, practices within state guidelines, and is listed within this Fee Schedule as an authorized provider is reimbursed for services based on this Fee Schedule.

II. Nurse Practitioner

A. Modifier M1 should be attached to the appropriate CPT® code when billing services rendered by the nurse practitioner. The nurse practitioner must use his/her unique identifier to bill for all services. Nurse practitioners must comply with the requirements for a National Provider Identifier (NPI) as specified in the Billing and Reimbursement Rules of this Fee Schedule.

B. The nurse practitioner is reimbursed at eighty-five percent (85%) of the maximum allowable for the procedure.

C. There is only one fee allowed for each CPT code. It is the decision of the physician or the nurse practitioner as to who will bill for a service when both have shared in the provision of the service. Incorrect billing of the service may cause a delay or improper payment by the payer. The medical doctor (MD) must be on-site on the date of service and provide additional documentation and review of services in order for physician reimbursement to be applied.

III. Physician Assistant

A. Mississippi-specific modifier M2 should be attached to the appropriate CPT code(s) when billing services rendered by the physician assistant.

B. The physician assistant is reimbursed at eighty-five percent (85%) of the maximum allowable for the procedure.

C. The same rules as apply to the nurse practitioners with regard to billing and reimbursement, shall apply to the physician assistant.

IV. Physical Therapist Assistant or Occupational Therapist Assistant

A. Mississippi-specific modifier M3 should be attached to the appropriate CPT code(s) when billing services rendered by a physical therapist assistant or an occupational therapist assistant.

B. The physical therapist assistant or occupational therapist assistant is reimbursed at eighty-five percent (85%) of the maximum allowable for the procedure.

V. Psychology

When a provider other than a psychiatrist provides psychology services, the reimbursement amount for the CPT code is paid at eighty-five percent (85%) of the maximum reimbursement allowance. This applies to psychologists, social workers, counselors, etc.

Home Health Rules

I. SCOPE

This section of the Fee Schedule pertains to home health services provided to patients who have a work-related injury/illness.

A. The determination that the injury/illness or condition is work related must be made by the payer and home health services shall be pre-certified as medically necessary by the payer's Utilization Management Program.

B. All nursing services and personal care services shall have prior authorization by the payer.

C. A description of needed nursing or other attendant care must accompany the request for authorization.

II. REIMBURSEMENT

A. If a payer and provider have a mutually agreed upon contractual arrangement governing the payment for home health services to injured/ill employees, the payer shall reimburse under the contractual agreement and not according to the Fee Schedule.

B. In the absence of a mutually agreed upon contractual arrangement governing payment for home health service, reimbursement shall be made as in other cases (see Billing and Reimbursement Rules) in an amount equal to billed charges, or the maximum reimbursement allowance (MRA), whichever is less. Billing for home health services is appropriate using the applicable billing form for other institutional providers or facilities.

C. A visit made simultaneously by two or more workers from a home health agency to provide a single covered service for which one supervises or instructs the other shall be counted as one visit.

D. A visit is defined as time up to and including the first two hours.

E. The maximum reimbursement allowances (MRA) listed herein are inclusive of mileage and other incidental travel expenses, unless otherwise agreed to by the payer and provider.

F. The rates set forth in this section of the Fee Schedule apply to all hours worked. No additional reimbursement is allowed for overtime hours, unless otherwise agreed to by the parties in a separate fee contract.

III. RATES

A. The following MRAs and codes apply to services provided by or through a home health agency:

Service	Fee Per Visit	Billing Code
RN Skilled Nursing	$125.00	S9123
Physical Therapy	$125.00	S9131
Speech Therapy	$125.00	S9128
Occupational Therapy	$125.00	S9129
Medical Social Services	$125.00	S9127
Home Health Aide	$55.00	S9122

Note: The descriptions of these codes have been modified for this Fee Schedule. Please see the DME, Orthotics, Prosthetics and Other HCPCS Codes section.

For services that exceed two (2) hours, reimbursement for time in excess of the first two (2) hours shall be pro-rated and based on an hourly rate equal to fifty percent (50%) of the above visit fee. For home health services rendered in two (2) hours or less, reimbursement shall be made for a visit as above provided.

Note: In addition to the Skilled Nursing Care fees above, an additional sum of seven dollars and sixteen cents ($7.16) per visit shall be added to cover the cost of medical supplies, provided the billing form adequately specifies what supplies were utilized.

B. The following Private Duty Rates shall apply:

Skilled Nursing Care – R.N.	$44.00 per hour
Skilled Nursing Care – L.P.N.	$37.00 per hour
Certified Nurse Assistant	$20.00 per hour
Sitter/Attendant	$15.00 per hour

C. Any reimbursement to persons not working under a professional license, such as a spouse or relative, will be at the rate of eight dollars ($8.00) per hour unless otherwise negotiated by the payer and caregiver or provider.

D. Professional providers not assigned a MRA for home health services and who have not negotiated their rates with the payer prior to provision of home health care, shall be reimbursed at the usual and customary rate, or the total billed charge, whichever is less.

IV. PARENTERAL/ENTERAL/HOME INFUSION THERAPY IN THE HOME SETTING

A. The MRA for this therapy provided in the home setting is a per diem amount and includes necessary supplies for the safe and effective administration of the prescribed therapy. Supplies include set(s), needles, syringes, saline, tubing, dressing kits, saline, heparin, alcohol pads, start kits, catheters, adapters, tape, gauges, pump, poles, and other supplies.

B. Per diem amounts are as follows:

Parenteral therapy/home infusion (with or without antibiotics)

Daily – $165.00

Twice a day – $ 190.00

Three times a day – $ 215.00

Four times a day – $ 265.00

Five or more times a day – $ 335.00

Total Parental Nutrition (TPN):

1-1.6 Liters per day – $280.00

1.7-2.4 Liters per day – $350.00

More than 2.4 liters per day – $385.00

LIPIDS:

10% – $75.00

20% – $95.00

Enteral Therapy:

$24.00 per day

C. Medications for Parenteral/Enteral Therapy are reimbursed at AWP.

V. HOSPICE

A. Hospice reimbursement is a per diem amount that is all inclusive for services provided.

B. Daily Per Diem amounts are as follows:

Routine Home Care – $373.68

Continuous Home Rate – $1,889.58

Inpatient Care – $1,440.22

Skilled Nursing Facility Rules

I. Reimbursement

The maximum reimbursement allowance for medical care provided within the confines of a freestanding skilled nursing facility, a hospital based skilled nursing facility, or a swing bed facility, shall be four hundred dollars ($400.00) per day. This rate covers and includes all routine and ancillary health care services provided to a claimant during each day of a covered skilled nursing facility stay.

II. Excluded Services

The following services are excluded from the daily skilled nursing facility rate, and shall be reimbursed separately and in addition to the above daily rate:

- Cardiac catheterization
- Angiography
- Magnetic resonance imaging (MRI) and computerized axial tomography (CT) scans
- Radiation therapy and chemotherapy
- Emergency services, which are defined as an admission or services necessitated by a sudden onset of illness or injury which is manifested by acute symptoms of sufficient severity that the failure to provide services could reasonably result in:
  - serious impairment of bodily function(s)
  - serious or permanent dysfunction of any bodily organ or part or system
  - permanently placing the person's health in jeopardy, or
  - other serious medical consequence
- Outpatient services when provided in a hospital or other free standing outpatient facility separate from the skilled nursing facility
- Customized prosthetic services
- Ambulance transportation related to any of the above services
- Services provided independent of the facility by physicians, and other qualified health care professionals (e.g., NP, PA, CRNA, psychologist).

III. Exclusions

As in other cases, the above provisions shall not apply to any mutual agreement or contract entered into by the payer and provider which sets forth the terms for the provision of skilled nursing facility services and reimbursement therefor.

Evaluation and Management

This section contains rules and codes used to report evaluation and management (E/M) services. Rules and Guidelines follow the current CPT® Guidelines as stated.

Note: Rules used by all physicians in reporting their services are presented in the General Rules section.

I. Definitions and Rules

Definitions and rules pertaining to E/M services are as follows:

A. **Consultations.** The CPT book defines a consultation as "a type of evaluation and management service provided at the request of another physician or appropriate source to either recommend care for a specific condition or problem or to determine whether to accept responsibility for ongoing management of the patient's entire care or for the care of a specific condition or problem." (This includes referrals for a second opinion.) Consultations are reimbursable only to physicians with the appropriate specialty for the services provided.

In order to qualify as a consultation the following criteria must be met:

- The verbal or written request for a consult must be documented in the patient's medical record;
- The consultant's opinion and any services ordered or performed must be documented by the consulting physician in the patient's medical record;
- The consulting physician must provide a written report to the requesting physician or other appropriate source.

A payer/employer may request a second opinion examination or evaluation for the purpose of evaluating temporary or permanent disability or medical treatment being rendered, as provided in MCA §71-3-15(1) (Rev. 2000). This examination is considered a confirmatory consultation. The confirmatory consultation is billed using the appropriate level and site-specific consultation codes 99241–99245 for office or other outpatient consultations and 99251–99255 for inpatient consultations, with modifier 32 appended to indicate a mandated service.

Evaluation and management consultation services will continue to be reported with CPT codes 99241–99245 for outpatient consultation services and codes 99251–99255 for inpatient consultation services. The rules and guidelines regarding the definition, documentation, and reporting of consultation services as contained in the CPT book will apply unless superseded by these guidelines. Consultation services will be reimbursed at the lesser of the Fee Schedule maximum reimbursable amount (MRA) or the billed amount.

B. **Referral.** Subject to the definition of "consultation" provided in this Fee Schedule, a referral is the transfer of the total or specific care of a patient from one physician to another and does not constitute a consultation. (Initial evaluations and subsequent services are designated as listed in the Evaluation and Management section).

C. **New and Established Patient Service.** Several code subcategories in the Evaluation and Management section are based on the patient's status as new or established. The new versus established patient guidelines also clarify the situation in which a physician is on call or covering for another physician. In this instance, classify the patient encounter the same as if it were for the physician who is unavailable.

- *New Patient.* A new patient is one who has not received any professional services from the physician, or another physician of the same specialty who belongs to the same group practice, for this same injury or within the past three years.
- *Established Patient.* An established patient is a patient who has been treated for the same injury by any physician, of the same specialty, who belongs to the same group practice.

D. **E/M Service Components.** The first three components of history, examination, and medical decision making are the keys to selecting the correct level of E/M codes, and all three components must be met or exceeded in the documentation of an initial evaluation or consultation. However, in established, subsequent, and follow-up categories, only two of the three must be met or exceeded for a given code.

1. The history component is categorized by four levels:
    a. *Problem Focused.* Chief complaint; brief history of present illness or problem.
    b. *Expanded Problem Focused.* Chief complaint; brief history of present illness; problem-pertinent system review.
    c. *Detailed.* Chief complaint; extended history of present illness; problem-pertinent system review extended to include a review of a limited number of additional systems; pertinent past, family medical and/or social history directly related to the patient's problems.

d. *Comprehensive.* Chief complaint; extended history of present illness; review of systems that is directly related to the problem(s) identified in the history of the present illness, plus a review of all additional body systems; **complete** past, family, and social history.

2. The physical exam component is similarly divided into four levels of complexity:

   a. *Problem Focused.* A limited examination of the affected body area or organ system.
   b. *Expanded Problem Focused.* A limited examination of the affected body area or organ system and other symptomatic or related organ system(s).
   c. *Detailed.* An extended examination of the affected body area(s) and other symptomatic or related organ system(s).
   d. *Comprehensive.* A general multi-system examination or a complete examination of a single organ system.

   The CPT book identifies the following body areas:

   - Head, including the face
   - Neck
   - Chest, including breasts and axilla
   - Abdomen
   - Genitalia, groin, buttocks
   - Back
   - Each extremity

   The CPT book identifies the following organ systems:

   - Eyes
   - Ears, nose, mouth, and throat
   - Cardiovascular
   - Respiratory
   - Gastrointestinal
   - Genitourinary
   - Musculoskeletal
   - Skin
   - Neurologic
   - Psychiatric
   - Hematologic/lymphatic/immunologic

3. Medical decision making is the final piece of the E/M coding process. Medical decision making refers to the complexity of establishing a diagnosis or selecting a management option that can be measured by the following:

   a. The number of possible diagnoses and/or the number of management options that must be considered.
   b. The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, and analyzed.
   c. The risk of significant complications, morbidity, mortality, as well as co-morbidities associated with the patient's presenting problem(s), the diagnostic procedure(s), and/or the possible management options.

E. **Contributory Components.**

1. Counseling, coordination of care, and the nature of the presenting problem are not major considerations in most encounters, so they generally provide contributory information to the code selection process. The exception arises when counseling or coordination of care dominates the encounter (more than fifty percent (50%) of the time spent). Document the exact amount of time spent to substantiate the selected code and what was clearly discussed during the encounter. Counseling is defined in the CPT book as a discussion with a patient and/or family concerning one or more of the following areas:

   a. Diagnostic results, impressions, and/or recommended diagnostic studies;
   b. Prognosis;
   c. Risks and benefits of management (treatment) options;
   d. Instructions for management (treatment) and/or follow-up;
   e. Importance of compliance with chosen management (treatment) options;
   f. Risk factor reduction;
   g. Patient and family education.

2. E/M codes are designed to report actual work performed, not time spent. But when counseling or coordination of care dominates the encounter, time overrides the other factors and determines the proper code. For office encounters, count only the time spent face-to-face with the patient and/or family. For hospital or other inpatient encounters, count the time spent rendering services for that patient while on the patient's unit, on the patient's floor, or at the patient's bedside.

F. **Interpretation of Diagnostic Studies in the Emergency Room**

1. Only one fee for the interpretation of an x-ray or EKG procedure will be reimbursed per procedure.
2. The payer is to provide reimbursement to the provider that directly contributed to the diagnosis and treatment of the individual patient.
3. It is necessary to provide a signed report in order to bill the professional component of a diagnostic procedure. The payer may require the report before payment is rendered.
4. If more than one bill is received, physician specialty should not be the deciding factor in determining which physician to reimburse.

   Example: In many emergency departments (EDs), an emergency room (ER) physician orders the x-ray on a particular patient. If the ER physician interprets the x-ray making a notation as to the findings in the chart and then treats the patient according to these radiological findings, the ER physician should be paid for the interpretation and report. There may be a radiologist on staff at the particular facility with quality control responsibilities at that particular facility. However, the fact that the radiologist reads all x-rays taken in the ED for quality control purposes is not sufficient to command a separate or additional reimbursement from the payer.
5. A review alone of an x-ray or EKG does not meet the conditions for separate payment of a service, as it is already included in the ED visit.

II. General Guidelines

The E/M section is divided into broad categories such as office visits, hospital visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. Keep the following in mind when coding each service setting:

- A patient is considered an outpatient at a health care facility until formal inpatient admission occurs.
- All physicians use codes 99281–99285 for reporting emergency department services, regardless of hospital-based or non-hospital-based status.
- Admission to a hospital or nursing facility includes E/M services provided elsewhere on the same day.
- Not more than one hospital visit per day shall be payable except when documentation describes the medical necessity of more than one visit by a particular practitioner. Hospital visit codes shall be combined into the single code that best describes the service rendered.
- Only one provider is reimbursed for a patient visit, except where wound care evaluation is provided in an established wound care center.

III. Office or Other Outpatient Services (99201–99215)

Use the Office or Other Outpatient Services codes to report evaluation and management services provided in the office or in an outpatient or other ambulatory facility. A patient is considered an outpatient until inpatient admission to a health care facility occurs.

IV. Hospital Observation Services (99217–99226)

CPT codes 99217 through 99226 report E/M services provided to patients designated/admitted as "observation status" in a hospital. It is not necessary that the patient be located in an observation area designated by the hospital.

V. Observation Care Discharge Services (99217)

A. CPT code 99217 is used only if discharge from observation status occurs on a date other than the initial date of observation. The code includes final examination of the patient, discussion of the hospital stay, instructions for continuing care, and preparation of discharge records.

B. If a patient is admitted to and subsequently discharged from observation status on the same date, see codes 99234–99236 as appropriate.

C. Do not report observation care discharge CPT code 99217 in conjunction with a hospital admission.

VI. Hospital Inpatient Services (99221–99239)

Codes 99221–99239 are used to report evaluation and management services provided to hospital inpatients. Hospital inpatient services include those services provided to patients in a "partial hospital" setting. These codes are to be used to report these partial hospitalization services.

VII. Consultations (99241–99255)

Consultations in *CPT 2016* fall under two subcategories: Office or Other Outpatient Consultations, and Inpatient Consultations. If counseling dominates the encounter, time determines the correct code.

Most requests for a consultation come from the attending physician, the employer, an attorney, or other appropriate source. Include the name of the requesting physician or other source on the claim form or electronic billing. Confirmatory consultations may be requested by the patient and/or family or may result from a second (or third) opinion. When requested by the patient and/or family the service is not reported with consultation codes, but may be reported using the office, home service, or domiciliary/rest home care codes. When required by the attending physician or other appropriate source, report the service with a consultation code for the appropriate site of service, 99241–99245 for office or other outpatient consultation or 99251–99255 for inpatient consultation.

The consultant may initiate diagnostic and/or therapeutic services, such as writing orders or prescriptions and initiating treatment plans.

The opinion rendered and services ordered or performed must be documented in the patient's medical record and a report of this information communicated to the requesting entity.

Report separately any identifiable procedure or service performed on, or subsequent to, the date of the initial consultation.

When the consultant assumes responsibility for the management of any or all of the patient's care subsequent to the consultation encounter, consult codes are no longer appropriate. Depending on the location, identify the correct subsequent or established patient codes.

VIII. Emergency Department Services (99281–99288)

Emergency department (ED) service codes do not differentiate between new and established patients and are used by hospital-based and non-hospital-based physicians. An emergency department is defined as "an organized hospital-based facility for the provision of unscheduled episodic services to patients who present for immediate medical attention. The facility must be available 24 hours a day." This guideline indicates that care provided in the ED setting for convenience should not be coded as an ED service. Also note that more than one ED service can be reported per calendar day if medically necessary.

Codes 99281–99288 are used to report services provided in a medical emergency. If, however, the physician sees the patient in the emergency room out of convenience for either the patient or physician, the appropriate office visit code should be reported (99201–99215) and reimbursement will be made accordingly.

IX. Critical Care Services (99291–99292)

Critical care is the direct delivery by a physician(s) of medical care for a critically ill or critically injured patient. A critical illness or injury acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition. Critical care involves high complexity decision making to assess, manipulate, and support vital system function(s) to treat single or multiple vital organ system failure and/or to prevent further life threatening deterioration of the patient's condition. Examples of vital organ system failure include, but are not limited to: central nervous system failure, circulatory failure, shock, renal, hepatic, metabolic, and/or respiratory failure. Although critical care typically requires interpretation of multiple physiologic parameters and/or application of advanced technology(s), critical care may be provided in life threatening situations when these elements are not present. Critical care may be provided on multiple days, even if no changes are made in the treatment rendered to the patient, provided that the patient's condition continues to require the level of physician attention described above.

Providing medical care to a critically ill, injured, or postoperative patient qualifies as a critical care service only if both the illness or injury and the treatment being provided meet the above requirements. Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, pediatric intensive care unit, respiratory care unit, or the emergency care facility.

Services for a patient who is not critically ill but happens to be in a critical care unit are reported using other appropriate E/M codes.

Critical care and other E/M services may be provided to the same patient on the same date by the same individual.

The following services are included in reporting critical care when performed during the critical period by the physician(s) providing critical care: the interpretation of cardiac output measurements (93561, 93562), chest x-rays (71010, 71015, 71020), pulse oximetry (94760, 94761, 94762), blood gases, and information data stored in computers (e.g., ECGs, blood pressures, hematologic data (99090)); gastric intubation (43752, 43753); temporary transcutaneous pacing (92953); ventilatory management (94002–94004, 94660, 94662); and vascular access procedures (36000, 36410, 36415, 36591, 36600). Any services performed which are not listed above should be reported separately when performed in conjunction with critical services reported with code 99291–99292.

The critical care codes 99291 and 99292 are used to report the total duration of time spent in provision of critical care services to a critically ill or critically injured patient, even if the time spent providing care on that date is not continuous. For any given period of time spent providing critical care services, the individual must devote his or her full attention to the patient and, therefore, cannot provide services to any other patient during the same period of time.

X. Nursing Facility Services (99304–99318)

Codes 99304–99318 are used to report evaluation and management services to patients in nursing facilities (skilled nursing facilities (SNFs)) intermediate care facilities (ICFs), or long-term care facilities (LTCFs).

These codes should also be used to report evaluation and management services provided to a patient in a psychiatric residential treatment center (a facility or a distinct part of a facility for psychiatric care, which provides a 24-hour therapeutically planned and professionally staffed group living and learning environment). If procedures such as a medical psychotherapy are provided in addition to evaluation and management services, these should be reported in addition to the evaluation and management services provided.

XI. Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services (99324–99340)

The evaluation and management codes are used to report evaluation and management services in a facility that provides room, board, and other personal assistance services generally on a long-term basis. They also are used to report evaluation and management services in an assisted living facility.

XII. Home Services (99341–99350)

Services and care provided in a private residence are coded from this subcategory.

XIII. Prolonged Services (99354–99359, 99415–99416)

Codes 99354–99357 are used when a physician or other qualified health care professional provides prolonged service involving direct patient contact that is provided beyond the usual service in either the inpatient or outpatient setting. Codes 99358–99359 are used when a physician or other qualified health care professional provides prolonged service for patient management where face-to-face services have or will occur on another date of service.

Codes 99415–99416 are used when a physician or other qualified health care professional provides prolonged service involving direct patient contact that is provided beyond the usual service in either an office or outpatient setting.

XIV. Physician Standby Services (99360)

Code 99360 is used to report physician or other qualified health care professional standby service that is requested by another individual and that involves prolonged attendance without direct (face-to-face) patient contact. Care or services may not be provided to other patients during this period. This code is not used to report time spent proctoring another individual. It is also not used if the period of standby ends with the performance of a procedure subject to a “surgical” package by the individual who was on standby.

XV. Case Management Services (99363–99368)

Case management is a process in which a physician or other qualified health care professional is responsible for direct care of a patient, and, additionally, for coordinating, managing access to, initiating, and/or supervising other health care services needed by the patient.

Mississippi guideline: Use Mississippi-specific code 9936M for a conference with workers’ compensation medical case manager/claims manager.

XVI. Care Plan Oversight Services (99339–99340, 99374–99380)

Care plan oversight services are reported separately from codes for office/outpatient, hospital, home, nursing facility, domiciliary, or non-face-to-face services. The complexity and the approximate time of the care plan oversight services provided within a thirty (30) day period determine code selection.

Only one individual may report care plan oversight services for a given period of time, to reflect the sole or predominant supervisory role with a particular patient. These codes should not be used for supervision of patients in nursing facilities or under the care of home health agencies unless they require recurrent supervision of therapy.

XVII. Special Evaluation and Management Services (99450–99456)

These codes are used to report evaluations performed to establish baseline information prior to life or disability insurance certificates being issued.

XVIII. Other Evaluation and Management Services (99499)

This is an unlisted code to report E/M services not specifically defined in the CPT book.

XIX. Practice of Telemedicine

A. Telemedicine is the practice of medicine using electronic communication, information technology, or other means between a physician in one location and a patient in another location with or without intervening health care provider. This does not include the practice of medicine through postal or courier services.

B. Telemergency medicine is a unique combination of telemedicine and the collaborative/consultative role of a physician, board certified in emergency medicine and an appropriate skilled health professional.

C. The practice of medicine is deemed to occur in the location of the patient. Therefore, only physicians holding a valid Mississippi license are allowed to practice telemedicine in Mississippi. However, a valid Mississippi license is not required where the evaluation, treatment, and/or medicine given to be rendered by a physician outside of Mississippi is requested by a physician duly licensed to practice medicine in Mississippi, and the physician who has requested such evaluation, treatment and/or medical opinion has already established a doctor/patient relationship with the patient to be evaluated and/or treated.

XX. Modifiers

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used with E/M procedures are as follows:

24 Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period

The physician or other qualified health care professional may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See **Evaluation and Management Services Guidelines** for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

32 Mandated Services
Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

52 Reduced Services
Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

57 Decision for Surgery
An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

Anesthesia

I. INTRODUCTION

The 2016 American Society of Anesthesiologists' (ASA) *Relative Value Guide*® is recognized as an appropriate assessment of current relative values for specific anesthesiology procedures. It is the basis for the assigned base units for CPT® codes in the Anesthesia section of the Fee Schedule.

The conversion factor for anesthesia services only has been designated at $50.00 per unit.

Total anesthesia value is defined in the following formula:

(Base units + time units + modifying units) x conversion factor = reimbursement

II. BASE UNITS

Base units are listed for most procedures. This value is determined by the complexity of the service and includes all usual anesthesia services except the time actively spent in anesthesia care and the modifying factors. The base units include preoperative and postoperative visits, the administration of fluids and/or blood incident to the anesthesia care, and interpretation of non-invasive monitoring (ECG, temperature, blood pressure, oximetry, and other usual monitoring procedures). The basic anesthesia unit includes the routine follow-up care and observation (including recovery room observation and monitoring). When multiple surgical procedures are performed during the same period of anesthesia, only the highest base unit allowance of the various surgical procedures will be used.

III. TIME UNITS

Anesthesia time begins when the anesthesiologist starts the preparation of the patient for anesthesia in the preoperative area, the operating room or a similar area, and ends when the injured employee is placed under postoperative care, such as transfer to the recovery room.

The anesthesia time units will be calculated in 15-minute intervals, or portions thereof, equaling one (1) time unit. No additional time units are allowed for recovery room time and monitoring.

IV. SPECIAL CIRCUMSTANCES

A. **Physical Status Modifiers**. Physical status modifiers are represented by the initial letter P followed by a single digit from one (1) to six (6) defined below:

Status	Description	Base Units
P1	A normal healthy patient	0
P2	A patient with mild systemic disease	0
P3	A patient with severe systemic disease	1
P4	A patient with severe systemic disease that is a constant threat to life	2
P5	A moribund patient who is not expected to survive without the operation	3
P6	A patient declared brain-dead whose organs are being removed for donor purposes	0

The above six levels are consistent with the American Society of Anesthesiologists' (ASA) ranking of patient physical status. Physical status is included in the CPT book to distinguish between various levels of complexity of the anesthesia service provided. Documentation submitted with the billing must include the indicators that justify physical status for P3, P4, and P5.

B. **Qualifying Circumstances**

1. Many anesthesia services are provided under particularly difficult circumstances, depending on factors such as extraordinary condition of patient, notable operative condition, and/or unusual risk factors. These procedures would not be reported alone but would be reported as additional procedure numbers qualifying an anesthesia procedure or service.

CPT	Description	Units
99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)	1
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)	5
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure) *Mississippi guideline: Documentation must include maintaining BP at 100 for one hour or more.*	5
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)	2

2. Payers must utilize their medical consultants when there is a question regarding modifiers and/or special circumstances for anesthesia charges.

V. Monitored Anesthesia Care

Monitored anesthesia care occurs when the attending physician requests that an anesthesiologist be present during a procedure. This may be to ensure compliance with accepted procedures of the facility. Monitored anesthesia care includes pre-anesthesia exam and evaluation of the patient. The anesthesiologist must participate or provide medical direction for the plan of care. The anesthesiologist, resident, or nurse anesthetist must be in continuous physical presence and provide diagnosis and treatment of emergencies. This will also include non-invasive monitoring of cardiocirculatory and respiratory systems with administration of oxygen and/or intravenous administration of medications. Reimbursement will be the same as if general anesthesia had been administered (time units + base units).

VI. Reimbursement for Anesthesia Services

A. **Criteria for Reimbursement.** Anesthesia services may be billed for any one of the three following circumstances:

1. An anesthesiologist provides total and individual anesthesia service.
2. An anesthesiologist directs a Certified Registered Nurse Anesthetist (CRNA) or Anesthesiology Assistant (AA).
3. Anesthesia provided by a CRNA or AA working independent of an anesthesiologist's supervision is covered under the following conditions:
   a. The service falls within the CRNA's or AA's scope of practice and scope of license as defined by law.
   b. The service is supervised by a licensed health care provider who has prescriptive authority in accordance with the clinical privileges individually granted by the hospital or other health care organization.

B. **Reimbursement**

1. The maximum reimbursement allowance (MRA) for anesthesia is calculated by adding the base unit value, the number of time units, any applicable modifier and/or unusual circumstances units, and multiplying the sum by a dollar amount (conversion factor) allowed per unit.

2. Reimbursement includes the usual pre- and postoperative visits, the care by the anesthesiologist during surgery, the administration of fluids and/or blood, and the usual monitoring services. Unusual forms of monitoring, such as central venous, intra-arterial, and Swan-Ganz monitoring, may be reimbursed separately.
3. When an unlisted service or procedure is provided, the value should be substantiated with a report. Unlisted services are identified in this Fee Schedule as by report (BR).
4. When it is necessary to have a second anesthesiologist, the necessity should be substantiated by report. The second anesthesiologist will receive five base units + time units (calculation of total anesthesia value).
5. Payment for covered anesthesia services is as follows:
    a. When the anesthesiologist provides an anesthesia service directly, payment will be made in accordance with the Billing and Reimbursement Rules of this Fee Schedule.
    b. When an anesthesiologist provides medical direction to the CRNA or AA providing the anesthesia service, then the reimbursement will be divided between the two providers (anesthesiologist and CRNA or AA) at fifty percent (50%).
    c. When the CRNA or AA provides the anesthesia service directly, then payment will be the lesser of the billed charge or eighty percent (80%) of the maximum allowable listed in the Fee Schedule for that procedure.
6. Anesthesiologists, CRNAs, or AAs must bill their services with the appropriate modifiers to indicate which one provided the service. Bills NOT properly coded may cause a delay or error in reimbursement by the payer. Application of the appropriate modifier to the bill for service is the responsibility of the provider, regardless of the place of service. Modifiers are as follows:

    AA Anesthesia services performed personally by anesthesiologist
    AD Medical supervision by a physician: more than 4 concurrent anesthesia procedures
    QK Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals
    QX Qualified non-physician anesthetist with medical direction by a physician
    QY Medical direction of one qualified non-physician anesthetist by an anesthesiologist

VII. ANESTHESIA MODIFIERS

All anesthesia services are reported by using the anesthesia five-digit procedure codes. The basic value for most procedures may be modified under certain circumstances as listed below. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed in the appropriate field of the CMS-1500 or electronic format 837p. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used in anesthesia are as follows:

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.

Mississippi guideline: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement. When appropriate, the Fee Schedule reimbursement for modifier 22 is one hundred and twenty percent (120%) of the maximum reimbursement allowance.

23 Unusual Anesthesia

Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier 23 to the procedure code of the basic service.

32 Mandated Services

Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

53 Discontinued Procedure

Under certain circumstances the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. **Note:** This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical

preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

59 Distinct Procedural Service

Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

99 Multiple Modifiers

Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

AA Anesthesia Services Performed Personally by Anesthesiologist (HCPCS Modifier)

Report modifier AA when the anesthesia services are personally performed by an anesthesiologist.

AD Medical Supervision by a Physician: More Than 4 Concurrent Anesthesia Procedures (HCPCS Modifier)

Report modifier AD when the anesthesiologist supervises more than 4 concurrent anesthesia procedures.

QK Medical Direction of 2, 3, or 4 Concurrent Anesthesia Procedures Involving Qualified Individuals (HCPCS Modifier)

Report modifier QK when the anesthesiologist supervises 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals.

QX Qualified Non-Physician Anesthetist with Medical Direction by a Physician (HCPCS Modifier)

Regional or general anesthesia provided by a qualified non-physician anesthetist with medical direction by a physician may be reported by adding modifier QX.

QY Medical Direction of One Qualified Non-Physician Anesthetist by an Anesthesiologist (HCPCS Modifier)

Report modifier QY when the anesthesiologist supervises one qualified non-physician anesthetist.

Pain Management

I. INTRODUCTION

In addition to the General Rules, this section provides specific rules for Pain Management services. NCCI edits or other bundle/unbundle edits do not apply to the CPT codes in the Pain Management section, other than the stated rules provided in this section.

1. Providers must restrict treatment to indications recognized by established medical practice and adequately supported by the relevant medical literature.
2. Providers must demonstrate more objectively the effectiveness of previously provided treatment in order to repeat or continue it. This includes the use of pain diagrams and numerical pain scores where appropriate.
3. Payers/URs must approve or deny treatment within the rules provided by the IPM portion of the Fee Schedule, and not involve extraneous outside guidelines.
4. Any UR personnel involved in the denial of care must cite the specific section of the IPM Fee Schedule used as a basis for that denial. Failure to do so will result in automatic adjudication in favor of the provider.

II. REIMBURSEMENT FOR PAIN MANAGEMENT SERVICES

A. **Use of Fluoroscopy**. Reimbursement for the use of fluoroscopy (CPT® codes 77002 and 77003) is based on the Fee Schedule, regardless of the number of procedures performed, and may only be billed once per date of service.

CPT code 77002 is to be used for fluoroscopic guidance for needle placement for CPT code 64510 Cervical (stellate ganglion) sympathetic block, or CPT code 64520 Thoracic or lumbar blocks.

CPT code 77003 is to be used for fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (e.g., cervical epidural or sacroiliac joint), and including facet nerve neurolytic agent destruction.

All procedures performed fluoroscopically MUST have stored images (hard copy or digital) showing final needle placement in at least two (2) views (typically PA, lateral or oblique) demonstrating final needle placement AND disbursement of contrast (when not contraindicated). These images must be available upon request (with appropriate HIPAA compliance) by payers, or reimbursement may be denied. As noted in the APC amount columns, there is no reimbursement to the facility for use of fluoroscopy. However, the provider may bill the fluoroscopy and be reimbursed for the service when reporting modifier 26 for the professional component.

B. **Reimbursement for Injection/Destruction Procedures**

1. Facet injections and medial branch blocks are reimbursed at a maximum of three (3) total anatomic joint levels. Additional level or bilateral modifiers may be used to allow up to a maximum of two (2) additional service levels (but not more) for facet or medial branch blocks in the cervical/thoracic (64491 and 64492) or lumbar (64494 and 64495) for a maximum of three (3) procedure levels reimbursed per treatment session or day. Additional injected site levels, beyond the first three (3), will not be reimbursed. These procedures are unilateral by definition. Bilateral modifiers may be used when nerves are treated bilaterally. Reimbursement of the bilateral modifier is fifty percent (50%) of the base amount for the second or contralateral side.
2. Nerve destructive procedures are only reimbursed for a maximum of two (2) anatomical levels. A higher number of diagnostic injections are allowed because some providers may want to block a larger anatomical level with the initial block to determine what, if any, response is noted to the initial diagnostic injection. This prevents adding further levels during additional diagnostic injections. The likelihood of true three (3) level involvement is exceedingly rare, such that further localization of the involved levels is expected prior to destructive lesioning.
3. Reimbursement for injection/destruction procedure codes is made on the basis of joint levels, not nerves treated (e.g., destruction by neurolytic agent of the L4–L5 facets counts as one (1) level/nerve and should be billed as 64635 (first level/nerve)). There are two nerves supplying each joint but reimbursement is based upon joint(s) treated, not the nerves treated. This applies to CPT codes 64635, 64636 (lumbar), and 64633, 64634 (cervical/thoracic). These procedures are unilateral by definition; therefore, bilateral modifiers may be used when nerves are treated bilaterally. Reimbursement of the bilateral modifier is fifty percent (50%) of the base amount for the second or contralateral side.

4. Multiple Epidural Injections in a Single Treatment Day/Session. In order to obtain reimbursement for more than one epidural injection in a single treatment day/session (either multiple levels or bilateral injections) there must be appropriate documentation in the medical records of a medical condition for which multiple injections would be appropriate. These conditions would include:

   - Disc pathology (e.g., protrusion) at one level with a dermatomal pain distribution of an adjacent level (e.g., disc affects the traversing nerve root, such as an L4/5 disc herniation affecting the traversing L5 nerve root).
   - Multiple dermatomal nerve root involvement.

   A maximum of two (2) levels of transforaminal epidural steroid injections are reimbursable for a given date of service. This applies to codes 64479, 64480, 64483, and 64484.

   Reimbursement is still limited to two epidural procedures (either two levels, or one level bilaterally) per date of service.

5. A maximum of one (1) interlaminar epidural steroid injection is reimbursable for a given date of service. This applies to codes 62310 and 62311.

6. A maximum of three (3) facet level procedures are reimbursable for a given date of service. This maximum applies to facet joint injections and nerve blocks, codes 64490–64495. Nerve destruction procedures, codes 64633–64636, are limited to two (2) facet levels (three (3) nerve branches), unilateral and bilateral, per given date of service.

7. If a patient with bilateral pain receives only unilateral treatment on a given date of service, any similar procedures (same CPT codes) performed on the contralateral side within ninety (90) days of the initial procedure will be subject to reimbursement reductions related to modifiers for bilateral treatment on the same date of service. For example, if a person undergoes a right sided medial branch block or neurotomy on a given date of service, any similar procedure on the left side will be subject to the reductions in reimbursement related to use of the bilateral modifier if this treatment is provided within ninety (90) days of the date of service of the right sided procedures. This rule will also apply to facility charges.

C. **Multiple Procedure Reimbursement.** Only one (1) type of pain management procedure is reimbursable on a given date of service, unless otherwise approved by the payer. This rule does not include multiple level injections or bilateral procedures of the same type, with appropriate modifiers.

   "Type" is defined as any procedure code involving an anatomically different structure (e.g., spinal nerve, facet joint, sacroiliac joint, trigger point, etc.). Joints and nerves in different anatomical regions (cervical, thoracic, lumbar, sacral) are considered to be different "types" and are limited to two (2) procedures per given day. Additional level or bilateral injections of a single procedure in the same area are not considered different "types," and for the purpose of this rule, are considered to be the same "type." However, the multiple level restrictions, as detailed herein, still apply. Diagnostic injections of more than one type in the same anatomic area on the same date of service are prohibited, and will not be reimbursed without prior authorization. Reimbursement of the multiple procedure modifier (51) is twenty-five percent (25%) of the base amount for the second or additional procedure.

D. Repeat epidural injections would typically occur two to four (2-4) weeks after the initial treatment, contingent upon some degree of continuing radiating pain. Repeat injections cannot be performed within two (2) weeks of the previous epidural injection.

E. Sacroiliac arthrography (CPT code 27096) assumes the use of a fluoroscope and is considered an integral part of the procedures(s). Therefore, an additional fee for the fluoroscopy (CPT code 77002) is not warranted and will not be reimbursed. This code may only be used once per twelve (12) month period.

F. Epidurography (CPT code 72275) is no longer reimbursable under this Fee Schedule.

G. CPT code 62318 includes needle placement, catheter infusion, and subsequent injections. Code 62318 should be used for multiple solutions injected by way of the same catheter, or multiple bolus injections during the initial procedure. The epidural needle or catheter placement is inherent to the procedure, and, therefore, no additional charge for needle or catheter placement is allowed.

H. In order to be eligible for reimbursement under this Fee Schedule, pain management procedures or services which are specifically governed by the rules in this Pain Management section of the Fee Schedule must be performed by a licensed physician holding either an M.D. or D.O. degree. Pain management procedures specifically governed herein which are performed by any other person, such as a Certified Registered Nurse Anesthetist (CRNA), shall not be reimbursed under this Fee Schedule.

I. The following procedures must be performed fluoroscopically in order to qualify for reimbursement:

   1. Facet injections (64490–64495) (fluoroscopy is included in the procedure code).
   2. Sacroiliac (SI) injections (27096).
   3. Transforaminal epidural steroid injections (64479, 64480, 64483, 64484).
   4. Cervical translaminar/interlaminar epidural injections (62310).

J. Any analgesia/sedation used in the performance of the procedures in this section is considered integral to the procedure, and will not be separately reimbursed. This rule applies whether or not the person administering the analgesia/sedation is the physician who is performing the pain management injection. Administration of analgesia/sedation by a different person from the physician performing the injection, including an RN, PA, CRNA, or MD/DO, does not allow for separate billing of analgesia/sedation.

K. Anatomical descriptions of the procedures performed must accompany the bill for service in order for reimbursement to be made. These descriptions must include landmarks used in determining needle positioning, needles used, and the type and quantity of drugs injected. Unless there is a contraindication to contrast media (e.g., documented allergy) it is expected that contrast injection AND a written description of the contrast spread pattern be included in the procedure report. Generic descriptions such as "the procedure was performed in the usual fashion," "the needle was placed on (next to, by, etc.) the nerve/joint/target," "the needle was placed in the correct anatomical location," or similar wording, which was templated or otherwise lacking an actual detailed anatomical description of needle placement or contrast pattern (where appropriate), is inadequate and subsequent cause for denial of payment. Tolerance to the procedure, and side effects or lack thereof should be included in this documentation.

L. **Radiographic Codes in Pain Management.**

- Fluoroscopic imaging is reported with codes 77002 and 77003
- Codes 72020–72220 which apply to radiographic examination of the spine are not reimbursed concurrent with the pain management procedures in this section or with fluoroscopy services
- Code 27096 is not separately reimbursed with facet or sacroiliac joint injections

M. When a joint injection is performed at the end of a surgical procedure for pain control, whether done by the surgeon or by anesthesia, reimbursement is allowed according to the Multiple Procedure rule. This rule applies to facility reimbursement as well as provider reimbursement.

N. Reimbursement of the bilateral modifier is twenty-five percent (25%) of the base amount for the second or contralateral side.

III. Reimbursement for Refill of Pain Pumps

A. **Code 95990.** This CPT code, which applies to refilling and maintenance of an implantable pump or reservoir for drug delivery spinal (intrathecal, epidural) or brain (intraventricular), is reimbursed at the specified MRA listed in the Medicine section of the Fee Schedule.

B. **Evaluation and Management Services.** Refilling and maintenance of implantable pump or reservoir for pain management drug delivery is a global service. An evaluation and management service is not paid additionally unless significant additional or other cognitive services are provided and documented. To report a significant, separately identifiable evaluation and management service, append modifier 25 to the appropriate evaluation and management code. Documentation is required and payment will be allowed if supported by the documentation.

C. **Drugs.** Those drugs used in the refill of the pain pump shall be reimbursed in accordance with the Pharmacy Rules contained in the Pharmacy Rules section of this Fee Schedule.

D. **Compounding Fee.** If the drugs used in the refill of the pain pump must be compounded, the compounding service shall be reimbursed at $157.44 per individual refill. Report the compounding service with code S9430, Pharmacy compounding and dispensing services.

E. Non-FDA-approved drugs for intra-thecal use will NOT be reimbursed.

F. **Intrathecal Drug Delivery.** This method of delivery is not generally recommended and requires prior authorization. Due to conflicting studies in this population and complication rate for long-term use, it may be considered only in very rare occasions when dystonia and spasticity are dominant features or when pain is not able to be managed using any other non-operative treatment. Specific brands of infusion systems have been FDA approved for the following: chronic intraspinal (epidural and intrathecal) infusion of preservative-free morphine sulfate sterile solution in the treatment of chronic intractable pain, chronic infusion of preservative-free ziconotide sterile solution for the management of severe chronic pain, and chronic intrathecal infusion of baclofen for the management of severe spasticity.

1. Description: This mode of therapy delivers small doses of medications directly into the cerebrospinal fluid.
2. Complications: Intrathecal delivery is associated with significant complications, such as infection, catheter disconnects, CSF leak, arachnoiditis, pump failure, nerve injury, and paralysis. Typical adverse events reported with opioids (i.e., respiratory depression, tolerance, and dependence), or spinal catheter-tip granulomas that might arise during intrathecal morphine or hydromorphone treatment have not currently been recorded for ziconotide.
3. Indications: Clinical studies are conflicting, regarding long-term, effective pain relief in patients with non-malignant pain. The Division does not generally recommend the use of intrathecal drug delivery systems in injured workers with chronic pain. Due to the complication rate for long-term use, it may be considered only in very rare occasions

when dystonia and spasticity are dominant features or when pain is not able to be managed using any other non-operative treatment. This treatment must be prior authorized and have the recommendation of at least one physician experienced in chronic pain management in consultation with the primary treating physician. The procedure should be performed by physicians with documented experience. This small eligible sub-group of patients must meet all of the following indications:

a. A diagnosis of a specific physical condition known to be chronically painful has been made on the basis of objective findings;
b. All reasonable surgical and non-surgical treatment has been exhausted including failure of conservative therapy including active and/or passive therapy, medication management, or therapeutic injections;
c. Pre-trial psychiatric or psychological evaluation has been performed (as for SCS) and has demonstrated motivation and long-term commitment without issues of secondary gain. Significant personality disorders must be taken into account when considering a patient for spinal cord stimulation and other major procedures;
d. There is no evidence of current addictive behavior. (Tolerance and dependence to opioid analgesics are not addictive behaviors and do not preclude implantation); and
e. A successful trial of continuous infusion by a percutaneous spinal infusion pump for a minimum of twenty-four (24) hours. A screening test is considered successful if the patient (a) experiences a fifty percent (50%) decrease in pain, which may be confirmed by VAS, and (b) demonstrates objective functional gains or decreased utilization of pain medications. Functional gains should be evaluated by an occupational therapist and/or physical therapist prior to and before discontinuation of the trial.

4. Contraindications: Infection, body size insufficient to support the size and weight of the implanted device. Patients with other implanted programmable devices should be given these pumps with caution since interference between devices may cause unintended changes in infusion rates.

IV. Diagnostic Injections and Procedures

A. Valid diagnostic injections require an appropriately alert patient capable of adequately determining the amount or level of pain relieved or produced by the procedure. This requires judicious use of sedatives in the performance of such procedures. Additional analgesic medications such as intravenous narcotics are to be avoided during the procedure and evaluation phase of testing, as these medications can affect the validity of such diagnostic tests. The results of the tests and drugs used during the injection or procedure must be part of the medical records, and available for review by the payer. Failure to document the patient's response to a diagnostic procedure or injection, and the level of alertness following the procedure or injection, could result in denial of reimbursement. Affected diagnostic procedures include but are not limited to discography and medial branch blocks.

B. Diagnostic injections with local anesthetics require documentation of analgesic response through any validated pain measurement test (e.g., numerical pain scale, visual analogue scale). This should be performed in the treatment facility after the procedure during the time that there would be an expected analgesic response (every thirty (30) minutes for at least one (1) hour). This must be documented and the documentation must be available to the payer for review. Subsequent pain scores must be documented at least hourly for two (2) additional hours after the procedure. If the patient's pre-procedure pain was determined by provocative exam tests or maneuvers, these should be repeated during the evaluation period following the procedure, to differentiate analgesia related to the procedure from positional analgesia, such as, that which may be provided by lying in a recovery bed.

C. **Radiofrequency Medial Branch Neurotomy/Facet Rhizotomy.** This procedure is allowed one (1) time in twelve (12) months not to exceed three (3) levels. The patient should receive at least six months minimum improvement in order to qualify for repeat procedure with no more than two (2) in the first year and one (1) per year thereafter.

D. Other injections with both therapeutic and potentially diagnostic benefit, such as selective nerve root or peripheral nerve blocks or therapeutic facet injections, would ideally be performed with minimal sedation and avoidance of intravenous narcotics. However, as these injections also have potential therapeutic benefit, this is not a requirement for reimbursement.

V. Therapeutic Services

In the pain management setting, no more than two (2) modalities and/or procedures may be used on a date of service (e.g., heat/cold, ultrasound, diathermy, iontophoresis, TENS, electrical stimulation, muscle stimulation, etc.). Multiple modalities should be performed sequentially. Only one (1) modality can be reported for concurrently performed procedures.

VI. General Rules

A. **Epidural Injections.** This Fee Schedule does not recognize a "series" of epidural injections, regardless of number. A trial of epidural injections is permitted provided there is appropriate documentation of a recognized indication for this procedure. Only a single injection can be approved unless there is documentation of analgesic response consistent

with response to the injection. Further injections require a positive analgesic response in order to be repeated. For the first injection, the initial analgesic response may be temporary. However, after the second injection, there must be a residual and progressive analgesic benefit in order to perform a third injection. Documentation of a positive patient response will be required to continue epidural treatment. If there is no documented residual pain relief after two (2) injections, no further epidural injections will be considered medically necessary.

1. Repeat injections (up to two (2) additional injections, for a total of three (3) per twelve (12) month period), however, do NOT require prior approval as long as the appropriate responses are properly documented.
2. Utilization management or review decisions shall not be based solely on the application of clinical guidelines, but must include review of clinical information submitted by the provider and represent an individualized determination based on the worker's current condition and the concept of medical necessity predicated on objective or appropriate subjective improvements in the patient's clinical status.

B. Reimbursement will be limited to three (3) epidural pain injections in a twelve (12) month period unless the payer gives prior approval for more than three (3) such injections. Separate billing for the drug injected is not appropriate and will not be reimbursed.

C. Interlaminar epidural injections are seldom used for diagnostic purposes because the generalized regional spread of local anesthetic with spinal injection makes it impractical if not impossible to selectively block a specific nerve.

1. To be reimbursed, both cervical and interlaminar epidural steroid injections must be performed fluoroscopically, typically with contrast injection, unless there is a documented contrast allergy. The fluoroscopic guidance requirement for lumbar interlaminar epidural injections represents a change from previous Fee Schedules, and is now required to reflect a growing national trend of use of fluoroscopy with all epidural injections. The technical failure rate of non-fluoroscopic ("blind") epidural injections is documented to be as high as twenty-five percent (25%), and considering the benefit of interlaminar epidural injections for radicular pain is suspect at best, there is now the requirement for fluoroscopy with all epidural steroid injections.

   Epidural blood patches do not require fluoroscopic guidance, though this is preferred.

   The specific cause of radiating pain may not always be obvious on imaging, such as MRI, CT or x-rays. Therefore, the indications for a trial of epidural steroid injections are based on the patient's clinical presentation, not imaging.

   All nerve root pain or radiating pain is not caused by damage (nerve or axon loss) to the nerve or dorsal root ganglion. When there is only inflammation or irritation of the nerve, there may be radiating pain in the absence of physical exam findings of nerve damage such as altered or absent motor, sensory, or reflex function. In fact, actual nerve damage is not treated by steroid injections, as the latter does not accelerate the regeneration of new nerve (axon) regeneration. Therefore, EMG/NCV testing demonstrating nerve or axon loss is not necessary as an indication for a trial of epidural steroid injections.

   A trial of epidural steroids injections may be indicated when there is radiating pain (extremity or buttock) with or without co-existing back pain.

   In order to repeat an epidural injection, there must have been a positive analgesic response (pain improvement or functional improvement) to the previous injection. For the first injection, this relief may be temporary, but cannot be attributed solely to a local anesthetic effect or intra-procedural sedation (i.e., relief for the first few hours after injection). Additionally, in order to repeat an epidural injection, there must be continued radiating pain, and not only residual axial (back/neck) pain. After a second epidural injection, there must be some degree of *residual/durable* relief of the radiating component of pain that has persisted to the time of the patient's follow up visit.

2. **Initiation and Continuation of Epidural Injections.** It is necessary to obtain prior approval by the payer or appropriate utilization reviewer before initiating a trial of epidural injections. It is NOT necessary to obtain prior approval to repeat an injection as long as it is performed according to the rules outlined above. If the appropriate rules are followed, denial of reimbursement for repeated procedures will result in automatic adjudication favorable to the provider and may result in appropriate penalties and/or fines to the payer.

   There will be a maximum of three (3) epidural injections per anatomical (cervical/thoracic/lumbar) area allowed within a given one (1) year time period. There may be times when additional injections are indicated (re-injury, intervening surgery, etc.), but this is subject to prior approval by the payer, who has the sole authority to allow more than three (3) injections per one (1) year period.

   Repeat trials of epidural injections may be considered after one (1) year if the preceding trial provided several months of demonstrable benefit. In order to be considered effective, this benefit must include greater than thirty percent (30%) improvement in pain scores, and documentation of either 1) significant reduction of daily narcotic consumption, defined as a sustained reduction (several months) of at least thirty percent (30%) of the daily narcotic use prior to initiation of the trial of epidural injections, or 2) ability to work for a sustained period of time (several months) at least at sedentary work level or the work level as determined by a valid Functional Capacity Rating (FCE). Also, no patient can be considered for a repeat trial of epidural steroid injections, if after the preceding trial (in a similar anatomical area) they are unable to reduce narcotic consumption to less than 100 mg morphine equivalent per day.

If, after an initial trial of epidural injections, it is suspected that there is a new nerve injury involving a different anatomical nerve, a trial of epidural injections may be indicated independent of the response to the initial trial of epidural injections. However, as this would represent a separate nerve injury, causation would have to be established prior to initiation of further treatment related to a work injury.

3. **Documentation Requirements for Epidural Injections (Adopted and Adapted from CMS MLN Matters #SE1102 rev).** Documentation in the medical record must contain the initial evaluation including history and physical examination; diagnosis, pain, and disability of moderate to severe degree; site of injection with name and dosage of drug instilled; and the patient's response to the prior injections.

    a. Documentation of conservative therapies that were tried and failed except in acute situations such as acute disc herniation with disabling and debilitating pain, reflex sympathetic dystrophy, postoperative and obstetric pain and intractable pain secondary to carcinoma.
    b. All documentation must be maintained in the patient's medical record and available to the payer upon request.
    c. The record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the physician responsible for and providing the care of the patient.
    d. The submitted medical record should support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code should describe the service performed.
    e. The patient's record should document an appropriate history and physical examination by the provider or provider's representative specifying the medical indications requiring his/her presence when applicable. The indications should be recorded by the provider performing the injection in their respective notes.

D. **Facet Injections.** Intra-articular joint injections (cervical, thoracic, lumbar), which can have both diagnostic and therapeutic indications, should always be considered primarily therapeutic.

The number of facet injections subject to reimbursement is limited to four (4) dates of service with a maximum of two (2) therapeutic and two (2) diagnostic injections for the initial twelve (12) month period of treatment per anatomical region. This allows for a total of four (4) dates of service, regardless of the number of levels treated, which levels are treated, or which side (left or right or bilateral) is treated, in the same anatomical region. If treatment for facet-related pain continues past twelve (12) months, further injections are limited to a total of two (2) dates of service per twelve (12) month period. Facet injections in different anatomical areas are not subject to the above limits, as each different anatomical area would be subject to its own separate limit as described above. Nerve-destructive procedures (e.g. radiofrequency facet nerve neurotomy, codes 64633, 64634, 64635, 64636) do not count as an additional therapeutic procedure for the purpose of this rule.

A "different anatomical area" refers to the lumbar, thoracic, and cervical areas. Injections within the lumbar spine, for example, are considered to be within the same anatomical area regardless of the actual lumbar joint/nerve level, or which side (right or left), is treated, and all limits would apply in this anatomical area. The same rule applies to the thoracic and cervical anatomical areas, regardless of the level or laterality treated within the same anatomical area.

In order to be a "successful" ("positive") diagnostic facet procedure (either intra-articular or medial branch block(s)), the patient must experience at least seventy-five percent (75%) relief of the index pain (pain being treated by the procedure). Additionally, this index pain must be at least fifty percent (50%) of the patient's total pain.

Facet nerve (medial branch ablation) for cervical, thoracic or lumbar nerves will only be reimbursed once per seven (7) month period. Repeat (medial branch) ablation is contingent upon documentation of at least six (6) month's measurable (greater than thirty percent (30%) improvement in pain scores, and documentation of either 1) reduction of daily narcotic consumption of at least thirty percent (30%) from the daily use noted prior to the procedure, or 2) ability to work at least at a sedentary work level or work level as determined by a valid Functional Capacity Evaluation (FCE). Also, no patient can be considered for a repeat neuroablative procedure (e.g., neurotomy) if after the preceding neuroablative procedure (at similar anatomical levels) they are unable to reduce narcotic consumption to less than 100 mg morphine equivalent per day.

In order to perform a repeat therapeutic facet joint injection (cervical, thoracic, or lumbar; codes 64490–64495), there must be documentation of a significant analgesic response that persists for at least four (4) weeks. This relief must be at least fifty percent (50%) of the pain in the specific anatomical area targeted by the injection, and there must be documentation of a durable (also four (4) weeks) measurable improvement in the range of motion, or documentation of normal motion, of the involved joint area being treated.

E. **Trigger Point Injections.** Trigger point injection is considered one (1) procedure and is reimbursed as such regardless of the number of injection sites. Billing for multiple injections, and multiple regions, falls under the same one-procedure rule. Two codes are available for reporting trigger point injections: use 20552 for injection(s) of single or multiple trigger point(s) in one or two muscles, or 20553 when three or more muscles are involved. When billing for multiple injections, and multiple regions, only code 20552 OR 20553 is allowed per date of service.

The goal is to treat the cause of pain, not just the symptoms. With this intent, in order to be repeated in the same muscle group, there must be at least a fifty percent (50%) persistent benefit from the previous injection. For patients

not in therapy, trigger point injections can be performed monthly, as long as there is a documented fifty percent (50%) residual benefit, and progressive relief (pain intensity and duration of relief) with the preceding injection. After six months, if similar pain persists, the patient should be re-evaluated regarding the etiology of the complaint, and the available treatment options reconsidered. The payer may consider payment for additional trigger point injections upon review.

F. **Soft Tissue Injections.** "Myofascial, myoneural, and trigger point injections" are synonymous and are to be reimbursed with code 20552 or 20553. Modifiers for additional injections are not allowed with these codes. Reimbursement will be made for 20552 or 20553 but not both on the same date.

Codes 20550 and 20551 are used for the injections of tendon origins and are not to be used for "myofascial, myoneural or trigger point" injections. Failure to observe this rule could result in denial of service on retrospective review and/or request for reimbursement.

Code 20612 is to be used for the aspirations/injection of a ganglion cyst and not for "myofascial, myoneural, or trigger point" injections. Failure to observe this rule could result in denial of service on retrospective review and/or request for reimbursement.

G. **Investigational Procedures.** Refer to the General Rules section.

H. **Sacroiliac (SI) Joint.** Injections of the sacroiliac joint may be used to diagnose the cause of or to treat low back pain.

SI joint injection can be done diagnostically or therapeutically.

Both therapeutic and diagnostic sacroiliac joint injections require the use of image guidance. Injections performed without the use of image guidance, should be billed, and will be reimbursed, as a trigger point injection. CPT code 27096 requires the use of imaging confirmation of intra-articular needle positioning.

Sacroiliac joint injections (code 27096) require documentation of at least a four (4) week durable analgesic benefit of at least fifty percent (50%) pain relief in the anatomical area being targeted by the injection. A maximum of two (2) therapeutic sacroiliac joint injections is allowed per twelve (12) month period. This rule is limited only to the joint injected, and not the contralateral joint (i.e., right or left sided joint).

I. **Discography.** Discography is a diagnostic test to identify (or rule out) painful intervertebral discs. Discography is appropriate only in patients for whom no other treatment options remain except for possible surgical stabilization (spinal fusion). Discography is then used on these patients to determine which discs, if any, are painful and abnormal, so that a surgical correction (fusion) can be performed. If a patient is not considered to be a candidate for surgery (fusion), then a discogram is not considered medically necessary. Investigational intradiscal therapies such as percutaneous disc decompression (Dekompressor), fluoroscopic, laser, radiofrequency, plasma righ protein (PRP), stem cells and all other therapeutic disc injections or thermal disc therapies are considered investigational and are not reimbursable.

The radiographic interpretation codes 72285 and 72295 can only be used ONCE per treatment session and additional level modifiers are not allowed.

When reporting the radiological supervision and interpretation professional components for discography (72285, 72295), the anatomical localization for needle placement is inclusive with the procedure and code 77003 should not be additionally reported.

Radiographic interpretation codes 72285 and 72295 must include a thorough description of radiographic findings available in a separate report with hard copy radiographs or other media, such as digital, that will allow review of images (AP and lateral at a minimum).

J. **BOTOX.** BOTOX is not indicated for the relief of musculoskeletal pain, and its use as such is not covered by the Fee Schedule. An exception is made when BOTOX treatment is indicated for spasticity or other indications and requires prior approval.

K. **Implantation of Spinal Cord Stimulators.**

1. The following conditions must be met for consideration of spinal cord stimulators.
    - Patient must have a medical condition for which spinal cord stimulation (SCS) is a recognized and accepted form of treatment.
    - There must be a trial stimulation that includes a minimum seven (7) day home trial with the temporary stimulating electrode.
    - During the trial stimulation, the patient must report functional improvement, decreased use of medications, and at least fifty percent (50%) pain reduction and some functional gains during the last four (4) days of the stimulation trial.
    - Psychological screening must be used to determine if the patient is free from:

- Substance abuse issues
- Untreated psychiatric conditions
- Major psychiatric illness that could impair the patient's ability to respond appropriately to the trial stimulation

2. Reimbursement for implantation is limited to a maximum of two (2) leads and a maximum of sixteen (16) electrodes, regardless of the number used.
3. Neurostimulation
   a. Description: As of the time of this guideline writing, spinal cord stimulation devices have been FDA approved as an aid in the management of chronic intractable pain of the trunk and/or limbs, including unilateral and bilateral pain associated with the following: failed back surgery syndrome, intractable low back pain and leg pain. There is limited evidence that supports its use for spinal axial pain. SCS may be most effective in patients with CRPS I or II who have not achieved relief with oral medications, rehabilitation therapy, or therapeutic nerve blocks, and in whom the pain has persisted for longer than six (6) months. Surgical procedures should be performed by surgeons, usually with a neurosurgical or spinal background.
   b. Surgical Indications: Patients with established CRPS I or II or a failed spinal surgery with persistent functionally limiting radicular pain greater than axial pain who have failed conservative therapy including active and/or passive therapy, pre-stimulator trial psychiatric evaluation and treatment, medication management, and therapeutic injections. SCS is not recommended for patients with the major limiting factor of persistent axial spine pain. SCS may be indicated in a subset of patients who have a clear neuropathic radicular pain (radiculitis). The extremity pain should account for at least fifty percent (50%) or greater of the overall back and leg pain experienced by the patient. Prior authorization is required. Patients with severe psychiatric disorders, and issues of secondary gain are not candidates for the procedure.
   c. A comprehensive psychiatric or psychological evaluation prior to the stimulator trial has been performed. This evaluation should include a standardized detailed personality inventory with validity scales (such as MMPI-2, MMPI-2-RF, or PAI) pain inventory with validity measures (for example, BHI 2, MBMD); clinical interview and complete review of the medical records. Before proceeding to a spinal stimulator trial the evaluation should find the following:
      - No indication of falsifying information, or of invalid response on testing;
      - No primary psychiatric risk factors or "red flags" (e.g., psychosis, active suicidality, severe depression, or addiction). (Note that tolerance and dependence to opioid analgesics are not addictive behaviors and do not preclude implantation);
      - A level of secondary risk factors or "yellow flags" (e.g., moderate depression, job dissatisfaction, dysfunctional pain conditions) judged to be below the threshold for compromising the patient's ability to benefit from neurostimulation;
      - The patient is cognitively capable of understanding and operating the neurostimulation control device;
      - The patient is cognitively capable of understanding and appreciating the risks and benefits of the procedure
      - The patient has demonstrated a history of motivation in and adherence to prescribed treatments.
   d. The psychologist or psychiatrist performing these evaluations should not be an employee of the physician performing the implantation. This evaluation must be completed, with favorable findings, before the screening trial is scheduled. Significant personality disorders must be taken into account when considering a patient for spinal cord stimulation and other major procedures.
   e. All reasonable surgical and non-surgical treatment has been exhausted.
   f. The topography of pain and its underlying pathophysiology are amenable to stimulation coverage (the entire painful extremity area has been covered).
   g. Successful neurostimulation screening test: For a spinal cord neurostimulation screening test, a temporary lead is implanted at the level of pain and attached to an external source to validate therapy effectiveness. A screening test is considered successful if the patient meets both of the following criteria:
      - Experiences a fifty percent (50%) decrease radicular or CRPS in pain, which may be confirmed by visual analogue scale (VAS) or Numerical Rating Scale (NRS)
      - Demonstrates objective functional gains or decreased utilization of pain medications.

      Objective, measurable, functional gains should be evaluated by an occupational therapist and/or physical therapist and the primary treating physician prior to and before discontinuation of the trial.
   h. Reimbursement of the bilateral modifier is twenty-five percent (25%) of the base amount for the second or contralateral side.

L. All Interventional Pain Management (IPM) procedures must be billed with the appropriate CPT codes and modifiers (where applicable) using accepted ICD-10-CM codes as the indications for the procedures. Providers MUST use acceptable codes in order to initiate or maintain treatment. Failure to do so is cause for denial of treatment until the proper appropriate codes are submitted.

Payers/URs must use the rules of this Fee Schedule to deny requested treatment. Failure to cite the specific section of the IPM portion of the *Mississippi Workers' Compensation Medical Fee Schedule* will result in automatic adjudication for the provider without appeal. "Specific" refers to citing the actual section, and appropriate subsections directly from the guidelines. Failure to have the Fee Schedule available during the review would obviously make such citation unachievable, resulting in automatic adjudication for the provider. ***No outside guidelines can be used to deny IPM care requested in accordance with the Fee Schedule.***

M. **Topical Drug Delivery**

1. **Description:** Topical medications, such as lidocaine and capsaicin, may be an alternative treatment for neuropathic disorders and is an acceptable form of treatment in selected patients.
2. **Indications:** Neuropathic pain for most agents. Episodic use of NSAIDs and salicylates for joint pain. Patient selection must be rigorous to select those patients with the highest probability of compliance. Many patients do not tolerate the side effects for some medication or the need for frequent application.
3. **Dosing and Time to Therapeutic Effect:** All topical agents should be prescribed with strict instructions for application and maximum number of applications per day to obtain the desired benefit and avoid potential toxicity. There is no evidence that topical agents are more or less effective than oral medications. For most patients, the effects of long-term use are unknown and thus may be better used episodically.
4. **Side Effects:** Localized skin reactions may occur, depending on the medication agent used vs. Topical Agents.
    a. **Capsaicin.** At the time of this guideline writing, formulations of capsaicin have been FDA approved for management of pain associated with post-herpetic neuralgia. Capsaicin offers a safe and effective alternative to systemic NSAID therapy. There is also good evidence that a high dose (8%) capsaicin patch applied for 60 minutes can decrease post herpetic neuralgic pain for three (3) months.
    b. **Ketamine and Tricyclics.** Topical medications, such as the combination of ketamine and amitriptyline have been proposed as an alternative treatment for neuropathic disorders including CRPS. However, at the time of this guideline writing, neither tricyclic nor ketamine topicals are FDA approved for topical use in neuropathic pain. Continued use of these agents beyond the initial prescription requires documentation of effectiveness, including functional improvement, and/or decreased use of other medications, particularly decreased use of opiates or other habituating medications.
    c. **Lidocaine.** At the time of this guideline writing, formulations of lidocaine (patch form) have been FDA approved for pain associated with post-herpetic neuralgia.
    d. **Topical Salicylates and Non-salicylates.** These have been shown to be effective in relieving pain in acute musculoskeletal conditions and single joint osteoarthritis. Topical salicylate and non-salicylates achieve tissue levels that are potentially therapeutic, at least with regard to Cyclooxygenase (COX) inhibition. There is good evidence that diclofenac gel reduces pain and improves function in mild-to-moderate hand osteoarthritis. Diclofenac gel has been FDA approved for acute pain due to minor strains, pains, and contusions; and for relief of pain due to osteoarthritis of the joints amenable to topical treatment, such as those of the knees and hands.
    e. **Other Compounded Topical Agents.** At the time this guideline was written, no studies identified evidence for the effectiveness of compounded topical agents other than those recommended above. Therefore, other compounded topical agents are not recommended.
5. Prior authorization is required for all agents that have not been recommended above. Continued use requires documentation of effectiveness including functional improvement and/or decrease in other medications.

VII. USE OF CONTROLLED SUBSTANCES

Use of Opioids or Other Controlled Substances for Management of Chronic (Non-Terminal) Pain. It is recognized that optimal or effective treatment for chronic pain may require the use of opioids or other controlled substances. The proper and effective use of opioids or other controlled substances has been specifically addressed by the Mississippi Board of Medical Licensure. Unless otherwise directed by the Commission, reimbursement for prescriptions for opioids or other controlled substances used for the management or treatment of chronic, non-terminal pain shall not be provided under this Fee Schedule unless treatment is sufficiently documented and complies with the Rules and Regulations, as promulgated by the Mississippi State Board of Medical Licensure, and supplemented by the Commission accordingly.

In addition to the specific Rules and Regulations promulgated by the Mississippi State Board of Medical Licensure incorporated herein, the payer may, as in other cases, obtain a second opinion from an appropriate and qualified physician to determine the appropriateness of the treatment being rendered, including but not limited to the appropriateness of the continuing use of opioids or other controlled substances for treatment of the patient's chronic pain. However, any such second opinion shall not be used as the basis for abrupt withdrawal of medication or payment thereof. Nothing in this paragraph shall prohibit a physician from administering narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral or discontinuance of treatment, and the payer shall provide reimbursement in accordance with this Fee Schedule, as follows: not more than one (1) day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be

carried out for not more than three (3) days. Discontinuance of treatment or reimbursement of prescriptions based on a second opinion obtained hereunder shall be subject to review by the Commission pursuant to the Dispute Resolution Rules set forth in the Dispute Resolution Rules section in this Fee Schedule.

VIII. MODIFIERS

Please see the appropriate section (e.g., Surgery, Radiology) for applicable modifiers.

Surgery

I. General Guidelines

A. **Global Reimbursement**. The reimbursement allowances for surgical procedures are based on a global reimbursement concept that covers performing the basic service and the normal range of care required after surgery. The State of Mississippi follows the surgical package definition from *CPT®2016.*

B. **Normal, Uncomplicated Follow-Up (FU) Care.** Normal, uncomplicated follow-up (FU) care for the time periods indicated in the follow-up days (FUD) column for each procedure code. The number in that column establishes the days during which no additional reimbursement is allowed for the usual care provided following surgery, absent complications or unusual circumstances.

The maximum reimbursement allowance (MRA) covers all normal postoperative care, including the removal of sutures by the surgeon or associate. Follow-up days are specified by procedure. Follow-up days listed are for 0, 10, or 90 days and are listed in the Fee Schedule as 000, 010, or 090. Follow-up days may also be listed as:

MMM indicating that services are for uncomplicated maternity care,

XXX indicating that the global surgery concept does not apply,

YYY indicating that the follow-up period is to be set by the payer (used primarily with BR procedures), or

ZZZ indicating that the code is related to another service and is treated in the global period of the other procedure (used primarily with add-on and exempt from modifier 51 codes).

The day of surgery is day one when counting follow-up days. Hospital discharge day management is considered to be normal, uncomplicated follow-up care.

C. **Follow-up for Diagnostic Procedures**. When a procedure is done for diagnostic purposes, the follow-up does not include care of the condition itself, only recovery/recovery care for the procedure itself.

D. **Follow-up Care for Therapeutic Surgical Procedures**. When a procedure is therapeutic in nature, the follow-up care includes routine post-op care and recovery. Any care needed for complications, care needed that is not part of routine post-op recovery, or any care that is not due to the procedure itself, may warrant additional charges.

E. **Separate Procedures**. Separate procedures are commonly carried out as an integral part of another procedure. They should not be billed in conjunction with the related procedure. These procedures may be billed when performed independently by adding modifier 59 or X{EPSU} to the specific “separate procedure” code.

F. **Additional Surgical Procedure(s)**. When an additional surgical procedure(s) is carried out within the listed period of follow-up care for a previous surgery, the follow-up periods will continue concurrently to their normal terminations.

G. **Microsurgery, Operating Microscope, and Use of Code 69990**. When an operating microscope is used during an operative procedure, it should be billed with code 69990. Modifier 51 is not reported with this code. This code is not reimbursed for use of corrective vision apparatus or magnifying devices. CPT code 69990 should not be billed with the following codes that include the use of the operating microscope: 15756–15758, 15842, 19364,19368, 20955–20962, 20969–20973, 22551, 22552, 22856–22861, 26551–26554, 26556, 31526, 31531, 31536, 31541, 31545, 31546, 31561, 31571, 43116, 43180, 43496, 46601, 46607, 49906, 61548, 63075–63078, 64727, 64820–64823, 65091–68850. For purposes of clarification, if microsurgery technique is employed and the primary procedure code is not contained in the aforementioned list, it is appropriate to report 69990 with the primary procedure performed and reimbursement is required for said services. (For example, code 63030 is not included in the aforementioned list and, as such, it is appropriate for providers to report 69990 along with 63030 to describe microsurgical technique.) Reimbursement for 69990 is required provided operative documentation affirms microsurgical technique and not just visualization with magnifying loupes or corrected vision.

H. **Unique Techniques**. A surgeon is not entitled to an extra fee for a unique technique. It is inappropriate to use modifier 22 unless the procedure is significantly more difficult than indicated by the description of the code.

I. **Surgical Destruction**. Surgical destruction is part of a surgical procedure, and different methods of destruction (e.g., laser surgery) are not ordinarily listed separately unless the technique substantially alters the standard management of a problem or condition. Exceptions under special circumstances are provided for by separate code numbers.

J. **Incidental Procedure(s)**. An additional charge for an incidental procedure (e.g., incidental appendectomy, incidental scar excisions, puncture of ovarian cysts, simple lysis of adhesions, simple repair of hiatal hernia, etc.) is not customary and does not warrant additional reimbursement.

K. **Endoscopic Procedures**. When multiple endoscopic procedures are performed by the same practitioner at a single encounter, the major procedure is reimbursed at one hundred percent (100%). If a secondary procedure is performed through the same opening/orifice, fifty percent (50%) is allowable as a multiple procedure. However, diagnostic procedures during the same session and entry site are incidental to the major procedure.

L. **Biopsy Procedures**. A biopsy of the skin and another surgical procedure performed on the same lesion on the same day must be billed as one procedure.

M. **Repair of Nerves, Blood Vessels, and Tendons with Wound Repairs**. The repair of nerves, blood vessels, and tendons is usually reported under the appropriate system. Normal wound repair is considered part of the nerve, blood vessel and/or tendon repair. Additional reimbursement for wound repair is only warranted if it is a complex wound, and modifier 59 or X{EPSU} should be used to identify such.

N. **Suture Removal**. Billing for suture removal by the operating surgeon is not appropriate as this is considered part of the global fee.

O. **Joint Manipulation Under Anesthesia**. There is no charge for manipulation of a joint under anesthesia when it is preceded or followed by a surgical procedure on that same day by that surgeon. However, when manipulation of a joint is the scheduled procedure and it indicates additional procedures are necessary and appropriate, the lesser of the billed amount or fifty percent (50%) of the MRA for manipulation may be allowed.

P. **Supplies and Materials**. Supplies and materials provided by the physician (e.g., sterile trays/drugs) over and above those usually included with the office visit may be listed separately using CPT code 99070 or specific HCPCS codes.

Q. **Aspirations and Injections**

1. Puncture of a cavity or joint for aspiration followed by injection of a therapeutic agent is one procedure and should be billed as such.
2. When joint injections/trigger point injections are performed, ultrasound and/or Doppler guidance is considered integral to the procedure and will not be separately reimbursed.
3. When a joint injection is performed at the end of a surgical procedure for pain control, whether done by the surgeon or by anesthesia, reimbursement is allowed according to the Multiple Procedure Billing rule. This rule applies to facility reimbursement as well as provider reimbursement.

R. **Surgical Assistant**

1. Physician Surgical Assistant — For the purpose of reimbursement, a physician who assists at surgery is reimbursed as a surgical assistant. Assistant surgeons should use modifier 80 and are allowed the lesser of the billed amount or twenty percent (20%) of the maximum reimbursement allowance (MRA) for the procedure(s).
2. Registered Nurse Surgical Assistant or Physician Assistant
    a. A physician assistant, or registered nurse who has completed an approved first assistant training course, may be allowed a fee when assisting a surgeon in the operating room (O.R.).
    b. The maximum reimbursement allowance for the physician assistant or the registered nurse first assistant (RNFA) is ten percent (10%) of the surgeon's fee for the procedure(s) performed.
    c. Under no circumstances will a fee be allowed for an assistant surgeon and a physician assistant or RNFA at the same surgical encounter.
    d. Registered nurses on staff in the O.R. of a hospital, clinic, or outpatient surgery center do not qualify for reimbursement as an RNFA.
    e. CPT codes with modifier AS or modifier 81 should be used to bill for physician assistant or RNFA services on a CMS-1500 form or electronic claim and should be submitted with the charge for the surgeon's services.
3. The Fee Schedule includes a column indicating which procedures are approved for assistant services with Y (yes) or N (no). If a surgical procedure is approved/precertified for a code with a Y in the "Assist Surg" column, the assistant is implied and does not require separate approval/precertification for reimbursement.

S. **Operative Reports**. An operative report must be submitted to the payer before reimbursement can be made for the surgeon's or assistant surgeon's services, and should document the use of assistant services.

T. **Needle Procedures**. Needle procedures (lumbar puncture, thoracentesis, jugular or femoral taps, etc.) should be billed in addition to the medical care on the same day.

U. **Therapeutic Procedures**. Therapeutic procedures (injecting into cavities, nerve blocks, etc.) (CPT codes 20526–20610, 64400–64450) may be billed in addition to the medical care for a new patient. (Use appropriate level of service plus injection.)

In follow-up cases for additional therapeutic injections and/or aspirations, an office visit is only indicated if it is necessary to re-evaluate the patient. In this case, a minimal visit may be listed in addition to the injection. Documentation supporting the office visit charge must be submitted with the bill to the payer. Reimbursement for therapeutic injections will be made according to the multiple procedure rules.

Trigger point injection is considered one procedure and reimbursed as such regardless of the number of injection sites. Two codes are available for reporting trigger point injections. Use 20552 for injection(s) of single or multiple trigger point(s) in one or two muscles or 20553 when three or more muscles are involved.

V. **Anesthesia by Surgeon**. In certain circumstances it may be appropriate for the attending surgeon to provide regional or general anesthesia. Anesthesia by the surgeon is considered to be more than local or digital anesthesia. Identify this service by adding modifier 47 to the surgical code. Only base anesthesia units are allowed. See the Anesthesia section.

W. **Therapeutic/Diagnostic Injections**. Injections are considered incidental to the procedure when performed with a related invasive procedure.

X. **Intervertebral Biomechanical Device(s) and Use of Code 22851.** Code 22851 describes the application of an intervertebral biomechanical device to a vertebral defect or interspace. Code 22851 should be listed in conjunction with a primary procedure without the use of modifier 51. The use of 22851 is limited to one instance per single interspace or single vertebral defect regardless of the number of devices applied and infers additional qualifying training, experience, sizing, and/or use of special surgical appliances to insert the biomechanical device. Qualifying devices include manufactured synthetic or allograft biomechanical devices, or methyl methacrylate constructs, and are not dependent on a specific manufacturer, shape, or material of which it is constructed. Qualifying devices are machine cut to specific dimensions for precise application to an intervertebral defect. (For example, the use of code 22851 would be appropriate during a cervical arthrodesis (22554) when applying a synthetic alloy cage, a threaded bone dowel, or a machine cut hexahedron cortical, cancellous, or corticocancellous allograft biomechanical device. Surgeons utilizing generic non-machined bony allografts or autografts are referred to code sets 20930–20931, 20936–20938 respectively.)

Y. **Intra-operative Neurophysiologic Monitoring (e.g., SSEP, MEP, BAEP, TES, DEP, VEP).** All intra-operative neurophysiologic monitoring requires pre-authorization. This service does not require separate precertification when it meets these guidelines. Reimbursement for intra-operative neurophysiologic monitoring will not be allowed in the following cases, unless mutually agreed to by the payer and the provider:

1. Neuromuscular junction testing of each nerve during intraoperative monitoring;
2. Intraoperative monitoring during peripheral nerve entrapment releases, such as carpal release, ulnar nerve transposition at the elbow, and tarsal tunnel release;
3. During decompression of cervical nerve roots without myelopathy;
4. During placement of cervical instrumentation absent evidence of myelopathy;
5. During lumbar discectomy for radiculopathy; or
6. During lumbar decompression for treatment of stenosis without the need for instrumentation.

II. Multiple Procedures

A. **Multiple Procedure Reimbursement Rule**. Multiple procedures performed during the same operative session at the same operative site are reimbursed as follows:

- One hundred percent (100%) of the allowable fee for the primary procedure
- Fifty percent (50%) of the allowable fee for the second and subsequent procedures

B. **Bilateral Procedure Reimbursement Rule**. Physicians and staff are sometimes confused by the definition of bilateral. Bilateral procedures are identical procedures (i.e., use the same CPT code) performed on the same anatomic site but on opposite sides of the body. Furthermore, each procedure should be performed through its own separate incision to qualify as bilateral. For example, open reductions of bilateral fractures of the mandible treated through a common incision would not qualify under the definition of bilateral and would be reimbursed according to the multiple procedure rule. Medicare's accepted method of billing bilateral services is to list the procedure once and add modifier 50. Mississippi is adopting this same policy. Refer to the example below:

69300 50 Otoplasty, protruding ear, with or without size reduction

Place a “2” in the UNITS column of the CMS-1500 claim form so that payers are aware that two procedures were performed. List the charge as one hundred fifty percent (150%) of your normal charge. Reimbursement shall be at one hundred fifty percent (150%) of the amount allowed for a unilateral procedure(s). For example, if the allowable for a unilateral surgery is one hundred dollars ($100.00) and it is performed bilaterally, reimbursement shall be one hundred fifty dollars ($150.00). However, if the procedure description states “bilateral,” reimbursement shall be as listed in the Fee Schedule since the fee was calculated for provision of the procedure bilaterally.

C. **Multiple Procedures—Different Areas Rule**. When multiple surgical procedures are performed in different areas of the body during the same operative sessions and the procedures are unrelated (e.g., abdominal hernia repair and a knee arthroscopy), the multiple procedure reimbursement rule will apply independently to each area. Modifier 51 must be added.

D. **Multiple Procedure Billing Rules**

1. The primary procedure, which is defined as the procedure with the highest RVU, must be billed with the applicable CPT code.
2. The second or lesser or additional procedure(s) must be billed by adding modifier 51 to the codes, unless the procedure(s) is exempt from modifier 51 or qualifies as an add-on code.

III. Repair of Wounds

A. Wound classifications of simple, intermediate, or complex are expected to be consistent with current CPT descriptions/definitions/guidelines.

B. **Reporting**

1. The use of appropriate codes should be consistent with the current CPT guidelines.
2. Wound exploration codes should not be billed with codes that specifically describe a repair to major structure or major vessel. The specific repair code supersedes the use of a wound exploration code.

IV. Musculoskeletal System

A. **Casting and Strapping**. This applies to severe muscle sprains or strains that require casting or strapping.

1. Initial (new patient) treatment for soft tissue injuries must be billed under the appropriate office visit code.
2. When a cast or strapping is applied during an initial visit, supplies and materials (e.g., stockinet, plaster, fiberglass, ace bandages) may be itemized and billed separately using the appropriate HCPCS code.
3. When initial casting and/or strapping is applied for the first time during an established patient visit, reimbursement may be made for the itemized supplies and materials in addition to the appropriate established patient visit.
4. Replacement casts or strapping provided during a follow-up visit (established patient) include reimbursement for the replacement service as well as the removal of casts, splints, or strapping. Follow-up visit charges may be reimbursed in addition to replacement casting and strapping only when additional significantly identifiable medical services are provided. Office notes should substantiate medical necessity of the visit. Cast supplies may be billed using the appropriate HCPCS code and reimbursed separately.

B. **Fracture Care**

1. Fracture care is a global service. It includes the examination, restoration or stabilization of the fracture, application of the first cast, and cast removal. Casting material is not considered part of the global package and may be reimbursed separately. It is inappropriate to bill an office visit since the reason for the encounter is for fracture care. However, if the patient requires surgical intervention, additional reimbursement can be made for the appropriate E/M code to properly evaluate the patient for surgery. Use modifier 57 with the E/M code.
2. Reimbursement for fracture care includes the application and removal of the first cast or traction device only. Replacement casting during the period of follow-up care is reimbursed separately.
3. The phrase “with manipulation” describes reduction of a fracture.
4. Re-reduction of a fracture performed by the primary physician may be identified by the addition of modifier 76 to the usual procedure code to indicate “repeat procedure” by the same physician.
5. The term “complicated” appears in some musculoskeletal code descriptions. It implies an infection occurred or the surgery took longer than usual. Be sure the medical record documentation supports the “complicated” descriptor to justify reimbursement.

C. **Bone, Cartilage, and Fascia Grafts**

1. Reimbursement for obtaining autogenous bone, cartilage or fascia grafts, or other tissue through separate incisions is made only when the graft is not described as part of the basic procedure.
2. Tissue obtained from a cadaver for grafting must be billed using code 99070 and accompanied by a report in order to ensure an equitable reimbursement by the payer.

D. **Arthroscopy**

Note: Diagnostic arthroscopy is considered to be included in a surgical arthroscopy. Only in the most unusual case is an increased fee justified because of increased complexity of the intra-articular surgery performed.

1. Diagnostic arthroscopy should be billed at fifty percent (50%) when followed by open surgery.
2. Diagnostic arthroscopy is not billed when followed by arthroscopic surgery.
3. If there are only minor findings that do not confirm a significant preoperative diagnosis, the procedure should be billed as a diagnostic arthroscopy.

E. **Arthrodesis Procedures**. Many revisions have occurred in CPT coding for arthrodesis procedures. References to bone grafting and fixation are now procedures which are listed and reimbursed separately from the arthrodesis codes.

To help alleviate any misunderstanding about when to code a discectomy in addition to an arthrodesis, the statement "including minimal discectomy" to prepare interspace has been added to the anterior interbody technique. If the disk is removed for decompression of the spinal cord, the decompression should be coded and reimbursed separately.

F. **External Spinal Stimulators Post Fusion**

1. The following criteria are established for the medically accepted standard of care when determining applicability for the use of an external spinal stimulator. However, the medical necessity should be determined on a case-by-case basis.
   a. Patient has had a previously failed spinal fusion, and/or
   b. Patient is scheduled for revision or repair of pseudoarthrosis, and/or
   c. The patient smokes greater than a pack of cigarettes per day and is scheduled for spinal fusion
2. The external spinal stimulator is not approved by the Mississippi Workers' Compensation Commission for use in primary spinal fusions.
3. The external spinal stimulator will be reimbursed according to the allowables in the Fee Schedule.
4. Precertification is required for use of the external spinal stimulator.

G. **Carpal Tunnel Release**. The following intraoperative services are included in the global service package for carpal tunnel release and should not be reported separately and do not warrant additional reimbursement:

- Surgical approach
- Isolation of neurovascular structures
- Video imaging
- Stimulation of nerves for identification
- Application of dressing, splint, or cast
- Tenolysis of flexor tendons
- Flexor tenosynovectomy
- Excision of lipoma of carpal canal
- Exploration of incidental release of ulnar nerve
- Division of transverse carpal ligament
- Use of endoscopic equipment
- Placement and removal of surgical drains or suction device
- Closure of wound

V. BURNS, LOCAL TREATMENT

A. **Degree of Burns**

1. Code 16000 must be used when billing for treatment of first degree burns when no more than local treatment of burned surfaces is required.
2. Codes 16020–16030 must be used when billing for treatment of partial-thickness burns only.
3. The claim form must be accompanied by a report substantiating the services performed.

4. Major debridement of foreign bodies, grease, epidermis, or necrotic tissue may be billed separately under codes 11000–11001. Modifier 51 does not apply.

B. **Percentage of Total Body Surface (TBS) Area.** The following definitions apply to codes 16020–16030:

1. "Small" means a burn that encompasses five percent (5%) of TBS area or less.
2. "Medium" means a burn that encompasses five percent to ten percent (5%–10%) of TBS or that involves the whole face, or a whole extremity.
3. "Large" means a burn that encompasses greater than ten percent (10%) TBS area.

C. **Reimbursement**

1. To identify accurately the proper procedure code and substantiate the descriptor for billing, the exact percentage of the body surface involved and the degree of the burn must be specified on the claim form submitted or by attaching a special report. Claims submitted without this specification will be returned to the physician for this additional information.
2. Hospital visits, emergency room visits, or critical care visits provided by the same physician on the same day as the application of burn dressings will be reimbursed as a single procedure at the highest level of service.

VI. NERVE BLOCKS

A. **Diagnostic or Therapeutic**

1. Please refer to the Pain Management section for guidelines and reimbursement of nerve blocks.
2. Medications such as steroids, pain medication, etc., may be separately billed using the appropriate HCPCS code.
   a. The name of the medication(s), dosage, and volume must be identified.
   b. Medication will be reimbursed according to fees listed in the HCPCS section. If not listed in HCPCS, reimbursement will be according to the Pharmacy section in the General Guidelines.

B. **Anesthetic**. When a nerve block for anesthesia is provided by the operating room surgeon, the procedure codes listed in the Anesthesia section must be followed.

VII. MODIFIERS

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used in surgery are as follows:

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.

Mississippi guideline: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement. When appropriate, the Fee Schedule reimbursement for modifier 22 is one hundred twenty percent (120%) of the maximum reimbursement allowance.

26 Professional Component

Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

Mississippi guideline: The allowable is listed in the PC Amount column of the Fee Schedule.

TC Technical Component (HCPCS Modifier)

Certain procedures are a combination of a professional component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians.

Mississippi guideline: The technical component is listed in the TC Amount column of the Fee Schedule.

32 Mandated Services
Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

47 Anesthesia by Surgeon
Regional or general anesthesia provided by the surgeon may be reported by adding modifier 47 to the basic service. (This does not include local anesthesia.) **Note:** Modifier 47 would not be used as a modifier for the anesthesia procedures.

Mississippi guideline: Reimbursement is made for base units only.

50 Bilateral Procedure
Unless otherwise identified in the listings, bilateral procedures that are performed during the same operative session should be identified by adding modifier 50 to the appropriate five-digit code.

51 Multiple Procedures
When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services, or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes (see Appendix D).

Mississippi guideline: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the Fee Schedule.

52 Reduced Services
Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure
Under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. **Note:** This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

54 Surgical Care Only
When 1 physician or other qualified health care professional performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number.

55 Postoperative Management Only
When 1 physician or other qualified health care professional performed the postoperative management and another performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.

56 Preoperative Management Only
When 1 physician or other qualified health care professional performed the preoperative care and evaluation and another performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.

57 Decision for Surgery
An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. **Note:** For treatment of a problem that requires a return to the operating/procedure room (eg, an unanticipated clinical condition), see modifier 78.

59 Distinct Procedural Service
Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures or services other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25. See also Level II (HCPCS/National) Modifiers listing.

62 Two Surgeons
When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If an additional procedure(s) (including an add-on procedure(s)) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. **Note:** If a co-surgeon acts as an assistant in the performance of an additional procedure(s), other than those reported with the modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

Mississippi guideline: This modifier is reimbursed at one hundred fifty percent (150%) of the allowed amount divided equally between the two co-surgeons.

66 Surgical Team
Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians or other qualified health care professional, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the “surgical team” concept. Such circumstances may be identified by each participating individual with the addition of modifier 66 to the basic procedure number used for reporting services.

76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional
It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

78 Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional for a Related Procedure During the Postoperative Period
It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first and requires the use

of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

80 Assistant Surgeon

Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).

Mississippi guideline: Reimbursement is twenty percent (20%) of the maximum reimbursement allowance.

81 Minimum Assistant Surgeon

Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.

Mississippi guideline: Physician reimbursement is ten percent (10%) of the maximum reimbursement allowance.

82 Assistant Surgeon (when qualified resident surgeon not available)

The unavailability of a qualified resident surgeon is prerequisite for use of modifier 82 appended to the unusual procedure code number(s).

90 Reference (Outside) Laboratory

When laboratory procedures are performed by a party other than the treating or reporting physician or other qualified health care professional, the procedure may be identified by adding modifier 90 to the usual procedure number.

99 Multiple Modifiers

Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

AS Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist Services for Assistant at Surgery (HCPCS Modifier)

Assistant at surgery services provided by another qualified individual (e.g., physician assistant, nurse practitioner, clinical nurse specialist, registered nurse first assistant) and not another physician are identified by adding modifier AS to the listed applicable surgical procedures. Modifier AS may be appended to any code identified as appropriate for surgical assistance in this Fee Schedule.

Mississippi guideline: Modifier AS reimbursement is ten percent (10%) of the maximum reimbursement allowance. For assistant at surgery services provided by a physician, see modifiers 80, 81, and 82.

XE Separate Encounter (HCPCS Modifier)

A service that Is distinct because it occurred during a separate encounter.

XP Separate Practitioner (HCPCS Modifier)

A service that is distinct because it was performed by a different practitioner.

XS Separate Structure (HCPCS Modifier)

A service that is distinct because it was performed on a separate organ/structure.

XU Unusual Non-overlapping Service (HCPCS Modifier)

The use of a service that is distinct because it does not overlap usual components of the main service.

Radiology

I. SCOPE

The following guidelines apply to radiology services provided in offices, clinics, and under some circumstances in hospital x-ray departments. This section also contains guidelines that include nuclear medicine and diagnostic ultrasound.

II. GUIDELINES

A. **Total Fee**. A total fee includes both the professional component for the radiologist and the technical component needed to accomplish the procedure. Explanations of the professional component and the technical component are listed below. The values as listed in the Amount column represent the total reimbursement.

B. **Professional Component**. The professional component represents the reimbursement allowance of the professional radiological services of the physician and is identified by the use of modifier 26. This includes examination of the patient when indicated, performance or supervision of the procedure, interpretation and written report of the examination, and consultation with the referring physician. In the majority of hospital radiology departments, the radiologist submits a separate statement to the patient for professional services rendered, which are listed as the professional component. Values in the PC Amount column are intended for the services of a radiologist for the professional component only and do not include any other charges. To identify a charge for a professional component only, use the five-digit code followed by modifier 26.

C. **Technical Component**. The technical component includes charges made by the institution or clinic to cover the services of technologists and other staff members, the film, contrast media, chemicals and other materials, and the use of the space and facilities of the x-ray department. To identify a charge for a technical component only, use the five-digit code followed by HCPCS modifier TC. The technical component amount is listed in the TC Amount column of the Fee Schedule.

D. **Review of X-rays**. Billing code 76140 is not appropriate in the following circumstances because review of the x-rays is inherent to the evaluation and management code:

- The physician, during the course of an office visit or consultation, reviews an x-ray made elsewhere.
- The treating or consulting physician reviews x-rays at an emergency room or hospital visit.
- CPT® code 76140 Consultation on x-ray examination made elsewhere, written report, will only be paid when there is a documented need for the service and when performed by a radiologist or physician certified to perform radiological services.
- This provision is for payment of a second interpretation under unusual circumstances such as a questionable finding for which the physician performing the initial interpretation requests the expertise of another physician (i.e., expertise of a radiologist). CPT code 76140 is to be used when a second opinion is required for a radiological procedure. Reimbursement is limited to the PC Amount listed in the Fee Schedule for the radiological procedure.

E. **Additional X-rays**. No payment shall be made for additional x-rays when recent x-rays are available except when supported by adequate information regarding the need to retake x-rays. The use of photographic or digital media and/or imaging is not reported separately, but is considered to be a component of the basic procedure and shall not merit any additional payment.

F. **Comparison X-rays.** Comparison x-rays are reimbursable when appropriate. Any repeat comparison x-ray requires prior approval and will not be reimbursed without prior approval.

G. **Contrast Material**

1. Complete procedures, interventional radiological procedures, or diagnostic studies involving injection of contrast media include all usual pre-injection and post-injection services (e.g., necessary local anesthesia, placement of needle catheter, injection of contrast media, supervision of the study, and interpretation of results).

2. Low osmolar contrast material and paramagnetic contrast materials shall only be billed when not included in the descriptor of the procedure. When appropriately billed, the contrast media is reimbursed according to the lesser of the billed charges or the maximum reimbursement allowance (MRA) listed in the HCPCS section of the Fee Schedule. Supplies are considered incidental to the administration of the contrast and are not separately reimbursable.

3. When contrast can be administered orally (upper G.I.) or rectally (barium enema), the administration is included as part of the procedure.

4. When an intravenous line is placed simply for access in the event of a problem with a procedure or for administration of contrast, it is considered part of the procedure and does not command a separate fee.

H. **Urologic Procedures**. In the case of urologic procedures (e.g., CPT codes 74400–74485), insertion of a urethral catheter is part of the procedure and is not separately billed.

I. **Separate or Multiple Procedures**

1. When multiple procedures are performed on the same day or at the same session, it is appropriate to designate them by separate entries. Surgical procedures performed in conjunction with a radiology procedure will be subject to the rules and regulations of the Surgery section.

2. When x-rays of multiple sections of a body area are billed separately, the total reimbursement must not exceed the maximum reimbursement allowance of the complete body area.

J. **Outpatient CT Scans and MRIs**. CT scans and MRIs, when performed on an outpatient basis, are subject to the limitations of the Fee Schedule, regardless of site of service.

K. **Unlisted Service or Procedure**. A service or procedure may be provided that is not listed in the most recent edition of the CPT book. When reporting such a service, the appropriate unlisted procedure code may be used to indicate the service, identifying it by special report. Unlisted procedure codes are listed in the CPT book.

L. **Special Report**. Any test/service that is not provided routinely should be reported with the appropriate code designating the service and the billing for that test/service should include a description of the procedure, the process used, and a full report of the findings. Additional information provided should include an acceptable definition or description of the extent and nature of the procedure, as well as information regarding the need for the procedure. Also essential is data regarding the equipment necessary to perform the service, as well as the time and effort required. Special reports to justify the necessity of a service do not warrant a separate fee.

M. **By Report (BR)**. "BR" in the Amount column indicates services that are too new, unusual, or variable in the nature of their performance to permit the assignment of a definable fee. Such services should be substantiated by documentation submitted with the bill. Sufficient information should be included to permit proper identification and a sound evaluation. If the service is justified by the report, the actual charge shall be paid in full, unless the payer has evidence that the actual charge exceeds the usual and customary charge for such service.

N. **Radiology Supervision and Interpretation Procedures**. There are times when a single physician may perform the procedure and supervise the imaging and interpretation. On other occasions, one physician may perform the procedure, and the imaging supervision with interpretation may be performed by another physician. The appropriate radiology codes are to be used for supervision and interpretation of the imaging. The appropriate surgical codes are to be used for the procedure, including necessary local anesthesia, placement of needle or catheters, injection of contrast media, etc. The surgical codes are subject to the rules and regulations of the Surgery section, and the radiology codes are subject to this section of radiology rules and regulations.

O. **Written Report(s)**. A written report, signed by the interpreting physician, should be considered an integral part of a radiological procedure or interpretation and must be submitted with the billing.

P. **Facility Fee**. The Facility Fee for outpatient services is the APC Amount.

III. MODIFIERS

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used in radiology (including nuclear medicine and diagnostic ultrasound) are as follows:

26 Professional Component

Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

TC Technical Component (HCPCS Modifier)

Certain procedures are a combination of a professional component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians.

Mississippi guideline: The technical component is listed in the TC Amount column of the Fee Schedule.

32 Mandated Service
Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

50 Bilateral Procedure
Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5 digit code.

51 Multiple Procedures
When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services, or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes (see Appendix D).

Mississippi guideline: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the Fee Schedule.

52 Reduced Services
Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure
Under certain circumstances the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. **Note:** This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional
It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

99 Multiple Modifiers
Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

Pathology and Laboratory

I. GUIDELINES

A. **Pathology Services**. Pathology and Laboratory services are provided for evaluating the nature of disease or a change in body tissue and organs due to injury and/or caused by a disease.

B. **Separate or Multiple Procedures**. When multiple procedures are performed on the same date or at the same session, it is appropriate to designate them by separate entries.

C. **Unlisted Service or Procedures**. Unlisted codes are used for laboratory/pathology services which do not currently have a CPT® code. All unlisted codes require an explanation and report. A list of unlisted codes may be found in the CPT book. The report must accompany the bill.

D. **Special Report**. Any test/service that is not provided routinely should be reported with the appropriate code designating the service and the billing for that test/service should include a description of the procedure, the process used and a full report of the findings. Special reports to justify the necessity of a service do not warrant a separate fee.

E. **By Report (BR)**. "BR" in the Amount column indicates services that are too new, unusual, or variable in the nature of their performance to permit the assignment of a definable fee. Such services should be substantiated by documentation submitted with the bill. Sufficient information should be included to permit proper identification and a sound evaluation. If the service is justified by the report, the actual charge shall be paid in full, unless the payer has evidence that the actual charge exceeds the maximum allowable amount for such service.

F. **Facility Fee**. The Facility Fee for outpatient services is the APC Amount.

II. GENERAL INFORMATION AND INSTRUCTIONS

A. **Panel Tests**. The billing for panel tests must include documentation listing the tests in the panel. When billing for panel tests (80047–80081), use the code number corresponding to the appropriate panel test. These tests will not be reimbursed separately.

The panel components do not preclude the performance of other tests not listed in the panel. If other laboratory tests are performed in conjunction with a particular panel, the additional tests may be reported separately in addition to the panel.

B. **Handling and Collection Process**

1. In collecting a specimen, the cost for collection is covered by the technical component when the lab test is conducted at that site. No separate collection or handling fee for this purpose will be reimbursed.
2. When a specimen must be sent to a reference laboratory, the cost of specimen collection is covered in a collection fee. This charge is only allowed when a reference laboratory is used, and modifier 90 must be used.

C. **Global, Professional, and Technical Components**. Some procedures in the Pathology and Laboratory section are considered global fees (Amount) and do not qualify for a separate technical (TC) or professional (PC) component. Procedures that do qualify for separate components have separate Fee Schedule amounts for modifiers 26 and TC.

Whereas these guidelines are written to be all-inclusive, there are instances when the reviewer must make an informed decision regarding the PC/TC reimbursements. Request for PC reimbursement will only be considered if:

- The physician performs the procedure or reviews the results
- A written report, not a computer generated report, is submitted with the request for payment

D. **Occupational Blood Exposure Testing/Treatment**

1. Work related Blood Exposures should minimally meet the appropriate CDC Guidelines for Management of Occupational Blood Exposures.
2. The CDC Guidelines are updated at intervals and the most current guidelines should be used.
3. Current information can be obtained at www.cdc.gov.

E. **Drug Screens**

1. Post-Accident Drug Screens should comply with MCA §71-7-1 and other state and federal regulations with which the employer must comply. Reimbursement will either be made by the payer/carrier or the employer. Reimbursement shall not be dependent on the outcome of the testing results.
2. Other drug screens: The only code reimbursed by workers' compensation for drug screens other than Post-Accident is 0431M (Mississippi-specific code), with a maximum reimbursement allowable of $290.38.
3. Testing validity is considered part of the screen and is not separately reimbursed.
4. Reimbursement shall not be dependent on the outcome of the test results.

F. **Pharmacogenetic Testing**

1. Pharmacogenetics is the testing of a person's DNA for genetic programming for specific enzymes. It is the science of genetic differences between individuals which can affect individual responses to drugs, both in terms of therapeutic effect as well as adverse effect.
2. Testing is covered for the following medications: Alfentanil, Amitriptyline, Bupropion, Carisoprodol, Celecoxib, Citalopram, Clomipramine, Codeine, Cyclobenzaprine, Desipramine, Desvenlafaxine, Doxepin, Duloxetine, Escitalopram, Fentanyl, Fluoxetine, Fluvoxamine, Hydrocodone, Hydromorphone, Ibuprofen, Imipramine, Lidocaine, Maprotiline, Methadone, Mianserin, Mirtazapine, Morphine, Naproxen, Nefazodone, Nortriptyline, Oxycodone, Oxymorphone, Paroxetine, Reboxetine, Ropivacaine, Sertraline, Tizanidine, Tramadol, Trazadone, Trimipramine, Venlafaxine, Vilazodone, Zolmitriptan.
3. Pharmacogenetic testing is limited to once for an individual claimant.
4. Pharmacogenetic testing is limited to a maximum reimbursement of $500.00 per claim.

III. MODIFIERS

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used in pathology and laboratory are as follows:

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.

Mississippi guideline: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement. When appropriate, the Fee Schedule reimbursement for modifier 22 is one hundred twenty percent (120%) of the maximum reimbursement allowance.

26 Professional Component

Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

Mississippi guideline: The allowable is listed in the PC Amount column of the Fee Schedule.

TC Technical Component (HCPCS Modifier)

Certain procedures are a combination of a professional component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians.

Mississippi guideline: The technical component is listed in the TC Amount column of the Fee Schedule.

32 Mandated Services

Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

52 Reduced Services
Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure
Under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. **Note:** This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

59 Distinct Procedural Service
Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

90 Reference (Outside) Laboratory
When laboratory procedures are performed by a party other than the treating or reporting physician or other qualified health care professional, the procedure may be identified by adding modifier 90 to the usual procedure number.

91 Repeat Clinical Diagnostic Laboratory Test
In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. **Note:** This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (eg, glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

92 Alternative Laboratory Platform Testing
When laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701–86703, and 87389). The test does not require permanent dedicated space; hence by its design may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of the testing is not in itself determinative of the use of this modifier.

99 Multiple Modifiers
Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

XE Separate Encounter (HCPCS Modifier)
A service that Is distinct because it occurred during a separate encounter.

XP Separate Practitioner (HCPCS Modifier)
A service that is distinct because it was performed by a different practitioner.

XS Separate Structure (HCPCS Modifier)
A service that is distinct because it was performed on a separate organ/structure

XU Unusual Non-overlapping Service (HCPCS Modifier)
The use of a service that is distinct because it does not overlap usual components of the main service.

Medicine Services

In addition to the general rules, this section applies unique guidelines for medicine specialties. Therapeutic services and rehabilitation guidelines, as well as chiropractic and osteopathic services, are listed in a separate section following Medicine Services.

I. GUIDELINES

A. **Unlisted Services or Procedures**. Unlisted codes are used for medical services which do not currently have a CPT® code. All unlisted codes require an explanation and report. Unlisted codes are listed in the CPT book.

B. **Multiple Procedures**. It is appropriate to designate multiple procedures rendered on the same date by separate entries.

C. **Separate Procedures**. Separate procedures are commonly carried out as an integral component of another procedure. They should not be billed in conjunction with the related procedure. These procedures may be billed when performed independently by adding modifier 59 to the specific "separate procedure" code.

D. **By Report (BR) Procedures**. By report (BR) means that the procedure is new, or is not assigned a maximum fee, and requires a written description included on or attached to the bill. "BR" procedures require a complete listing of the service, the dates of service, the procedure code, and the payment requested. The report is included in the reimbursement for the procedure.

E. **Special Report**. Any test/service that is not provided routinely should be reported with the appropriate code designating the service and the billing for that test/service should include a description of the procedure, the process used, and a full report of the findings. Special reports to justify the necessity of a service do not warrant a separate fee.

F. **Materials Supplied by Physician**. Supplies and materials usually included in an office visit are included in the reimbursement for the office visit. Other unusual supplies and materials should be identified with CPT code 99070 or specific HCPCS code. Reimbursement shall be limited to the lesser of the billed amount, or the Fee Schedule maximum reimbursement allowance (MRA) or the usual and customary rate for items not listed in this Fee Schedule.

G. **Audiological Function Tests**. The audiometric tests (92551–92597) are reimbursed based on the AMA CPT Guidelines. All descriptors refer to testing of both ears.

H. **Psychological Services**

1. Payment for a psychiatric diagnostic interview/evaluation includes history and mental status determination, development of a treatment plan when necessary and the preparation of a written report that must be submitted with the required billing form. Use of an E/M code with a diagnostic interview/evaluation is not appropriate.
2. Psychotherapy codes from the current CPT manual are used regardless of place of service. The CPT code most closely matching the length of the session must be billed.
3. Use of an E/M code with a psychotherapy code should follow the guidelines from the CPT book and the American Psychiatric Association.
4. A service level adjustment factor is used to determine payment for psychotherapy when a provider other than a psychiatrist provides the service. In those instances, the reimbursement amount for the CPT code is paid at eighty-five percent (85%) of the maximum reimbursement allowance. This applies to psychologists, social workers, and counselors, etc.

I. **Electromyography (EMG)**. Payment for EMG services includes the initial set of electrodes and all supplies necessary to perform the service. The physician may be paid for a consultation or new patient visit in addition to the EMG performed on the same day, with supporting documentation required as outlined in the Evaluation and Management section. When an EMG is performed on the same day as a follow up visit, payment may be made for the EMG only unless documentation supports the need for a medical service in addition to the EMG.

1. Only a licensed physician certified in Neurology/PMR/Electrodiagnostic medicine is entitled to reimbursement for performing an electromyogram (EMG) and/or a nerve conduction study (NCS).
2. Reimbursement is not allowed under this Fee Schedule for automated nerve conduction studies.
3 Referral for an electromyogram and/or a nerve conduction study shall be at the discretion and direction of the physician in charge of care, and neither the payer nor the payer's agent may unilaterally or arbitrarily redirect the patient to another provider for these tests. The payer or the payer's agent may, however, discuss with the physician

in charge of care appropriate providers for the conduct of these tests in an effort to reach an agreement with the physician in charge as to who will conduct an electromyogram and/or nerve conduction study in any given case.

J. **Manipulative Services**. Chiropractic and Osteopathic manipulative services, which are medicine services, will be discussed in the Therapeutic Services section.

II. MODIFIERS

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used in Medicine Services are as follows:

22 Increased Procedure Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.

Mississippi guideline: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement. When appropriate, the Fee Schedule reimbursement for modifier 22 is one hundred twenty percent (120%) of the maximum reimbursement allowance.

26 Professional Component

Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

Mississippi guideline: The allowable is listed in the PC Amount column of the Fee Schedule.

TC Technical Component (HCPCS Modifier)

Certain procedures are a combination of a professional component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians.

Mississippi guideline: The technical component is listed in the TC Amount column of the Fee Schedule.

32 Mandated Services

Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

51 Multiple Procedures

When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services, or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes (see Appendix D).

Mississippi guideline: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the Fee Schedule.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure
Under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. **Note:** This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

54 Surgical Care Only
When 1 physician or other qualified health care professional performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number.

55 Postoperative Management Only
When 1 physician or other qualified health care professional performed the postoperative management and another performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.

56 Preoperative Management Only
When 1 physician or other qualified health care professional performed the preoperative care and evaluation and another performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.

58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: a) planned or anticipated (staged); b) more extensive than the original procedure; or c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. **Note:** For the treatment of a problem that requires a return to the operating/procedure room (eg, unanticipated clinical condition), see modifier 78.

59 Distinct Procedural Service
Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional
It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

78 Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

99 Multiple Modifiers

Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

XE Separate Encounter (HCPCS Modifier)

A service that Is distinct because it occurred during a separate encounter.

XP Separate Practitioner (HCPCS Modifier)

A service that is distinct because it was performed by a different practitioner.

XS Separate Structure (HCPCS Modifier)

A service that is distinct because it was performed on a separate organ/structure.

XU Unusual Non-overlapping Service (HCPCS Modifier)

The use of a service that is distinct because it does not overlap usual components of the main service.

Therapeutic Services

I. SCOPE

A. **Therapeutic Services**. Therapeutic services are an integral part of the healing process for a variety of injured workers. Recognizing this, the Fee Schedule includes codes for physical medicine, modalities, procedures, tests, and measurements in the Therapeutic Services section representing specific therapeutic procedures performed by licensed physicians, chiropractors, licensed physical therapists, licensed occupational therapists, and speech pathologists.

B. **Selection of Providers.** Physical or occupational therapy, including work hardening, functional capacity evaluations, chronic pain programs, or massage therapy shall be provided upon referral from a physician. In the absence of specific direction from the treating or prescribing physician, the selection of a provider for these services shall be made by the payer in consultation with the treating or prescribing physician.

No party, in attempting to negotiate a repricing or other post treatment price reduction agreement, shall state or imply that consent to such an agreement is mandatory, or that the failure to enter into any such agreement may result in audit, delay of payment, or other adverse consequence. If the Commission determines that any party, or other person in privity therewith, has made such false or misleading statements in an effort to coerce another party's consent to a repricing or other price reduction agreement outside the Fee Schedule, the Commission may refer the matter to the appropriate authorities to consider whether such conduct warrants criminal prosecution under §71-3-69 of the Law.

C. **Physical Medical Assessment**

1. An assessment must be performed to determine if a patient will benefit from therapeutic services.
2. When a physician examines a patient and an assessment for therapeutic services is performed, the billing for the office visit includes the therapeutic assessment.
3. Procedure code 97001 is to be used for an initial assessment by physical therapists. Code 97002 is to be used for re-evaluation of a patient by physical therapists. Procedure code 97003 is to be used for an initial assessment by occupational therapists. Code 97004 is to be used for re-evaluation of a patient by occupational therapists. A procedure code from 92521–92523 is to be used for initial assessment by a speech pathologist.

D. **Plan of Care**

1. An initial plan of care must be developed and filed with the payer regardless of whether therapy is provided by a physician or practicing therapist. The content of the plan of care, at a minimum, should contain:
   a. The specific therapies to be provided, including the frequency and duration of each
   b. The estimated duration of the therapeutic regimen
   c. The potential degree of restoration and measurable goals (e.g., potential restoration is good, poor, low, guarded)
2. The initial plan of care must be signed by the treating physician and submitted to the payer within fourteen (14) days of approval. Physicians are required to sign the plan of care for physical and/or occupational therapy. The physician's signature indicates approval of the therapy the patient is receiving and for the length of time established for the therapy.
3. The physician has the responsibility of providing documentation of medical necessity to the payer whenever there are questions regarding the extent of therapy being provided or the appropriateness of the therapy regimen.
4. A plan of care must be updated at least every thirty (30) days and submitted to the payer.
5. Preparation of a care plan does not warrant a separate fee.

E. **Qualifications for Reimbursement**

1. The patient's condition must have the potential for restoration of function.
2. The treatment must be prescribed by the authorized attending or treating physician.
3. The treatment must be specific to the injury and have the potential to improve the patient's condition.
4. The physician or therapist must be on-site during the provision of services.

II. REIMBURSEMENT

A. Guidelines

1. Visits for therapy may not exceed one visit per day without prior approval from the payer.
2. Therapy exceeding fifteen (15) visits or thirty (30) days, whichever comes first, must have prior authorization from the payer for continuing care. It must meet the following guidelines:
    a. The treatment must be medically necessary.
    b. Prior authorization may be made by telephone. Documentation should be made in the patient's medical record indicating the date and name of the payer representative giving authorization for the continued therapy.
3. Reimbursement is limited to no more than four (4) therapies concurrently at the same visit. In the event of multiple treatment areas, an additional four (4) therapies per treatment day may be allowed at the payer's discretion and with pre-authorization. In the event of multiple treatment areas, the second and subsequent areas are subject to the multiple procedure rule.
4. Payment for 97010, which reports application of hot or cold packs, is bundled into payment for other services. Separate reimbursement for hot and cold packs will **not** be allowed in the treatment of work-related injury/illness.
5. Only one (1) work hardening or work conditioning program is reimbursed per injury.
6. The Physical Therapist Assistant or Occupational Therapist Assistant shall be reimbursed at eighty-five percent (85%) of the maximum allowable for the procedure. Mississippi modifier "M3" should be attached to the appropriate CPT® code(s) when billing services rendered by a Physical Therapist Assistant or an Occupational Therapist Assistant.
7. NCCI edits or other bundle/unbundle edits do not apply to the CPT codes in the Therapeutic Services section, other than the stated rules provided in this section.

B. Treatment Areas

1. Spinal areas are recognized as the following five distinct regions:
    - Cranial
    - Cervical
    - Thoracic
    - Lumbar
    - Sacral

    Transitional areas of the spine are not recognized as distinctly different areas (e.g., cervicothoracic, lumbosacral).
2. Pelvis
3. Upper extremity (either left or right) is recognized as the following six distinct regions:
    - Shoulder
    - Upper arm
    - Elbow
    - Forearm
    - Wrist
    - Hand
4. Lower extremity (either left or right) is recognized as the following eight distinct regions:
    - Hip
    - Thigh
    - Knee
    - Calf
    - Ankle
    - Foot
5. Rib cage
6. Anterior trunk

C. Tests and Measurements

1. When two or more procedures from 95831 through 95852 are performed on the same day, reimbursement may not exceed the lesser of the billed amount or the maximum reimbursement allowance (MRA) for procedure code 95834 Total evaluation of body, including hands.

2. Functional capacity evaluation (FCE) must have pre-authorization from the payer before scheduling the tests.
3. Reimbursement for extremity testing, muscle testing, and range of motion measurements (95831, 95832, 95833, 95834, 95851, 95852) will not be made more than once in a thirty (30) day period for the same body area.

D. **Fabrication of Orthotics**

1. Procedure code 97760 must be billed for the professional services of a physician or therapist to fabricate orthotics.
2. Orthotics, prosthetics, and related supplies used may be billed under the appropriate HCPCS code. The maximum reimbursement allowance is listed in the Durable Medical Equipment (DME), Orthotics, Prosthetics and Other HCPCS Codes section of the Fee Schedule. For orthotics and supplies not listed in the DME section, use CPT code 99070. Reimbursement may not exceed a twenty percent (20%) mark-up of the provider's cost and an invoice may be required by the payer before reimbursement is made for items without an allowable amount in the Fee Schedule.

E. **Re-evaluation of an Established Patient**

A physician, physical therapist, occupational therapist, or speech therapist may charge and be reimbursed for a re-evaluation for therapeutic services only if new symptoms present the need for re-examination and evaluation as follows:

1. There is a definitive change in the patient's condition
2. The patient fails to respond to treatment and there is a need to change the treatment plan
3. The patient has completed the therapy regimen and is ready to receive discharge instructions

III. Work Hardening Rules

A. Work Hardening Program Guidelines

1. Work hardening is an interdisciplinary, individualized, job or goal-specific program of activity with the goal of returning an injured patient to work. Work hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. Work hardening provides a transition between acute care and successful return to work and is designed to improve the bio-mechanical, neuromuscular, and cardiovascular functioning of the worker. Approval or certification must be based on whether the proposed work hardening program appears reasonably tailored to accomplish the stated goals.
    a. A work hardening program must, at a minimum, have the following components:
        - Development of strength and endurance of the individual in relation to the return to work goal;
        - Equipment and methods that quantify and measure strength and conditioning levels, i.e., ergometers, dynamometers, treadmills, measured walking tolerances;
        - Commercial strength and exercise devices, free weights, and circuit training. Goals for each worker are dependent on the demands of their respective jobs;
        - Simulation of the critical work demands, the tasks, and the environment of the job to which the worker will return. Job simulation tasks that provide for progression in frequency, load, and duration are essential. They must be related to the work goal and include a variety of work stations that offer opportunities to practice work related positions and motions, i.e., clerical, plumbing, electrical;
        - Education that stresses body mechanics, work pacing, safety and injury prevention, and that promotes worker responsibility and self-management. The education component requires direct therapist and worker interaction;
        - Assessment of the need for job modifications. Focus on whether the worker can return to the stated job goal but only with changes, i.e., added equipment, changes in work position or ergonomics, changes at the work site;
        - An individualized written plan that identifies observable and measurable goals, the methodology being used to reach these goals, the projected time necessary to accomplish the goal, and the expected outcomes. This plan must be signed by both the provider and the patient;
        - This plan needs to be based on a functional capacity (baseline) evaluation and must be completed within the first two (2) days of the program and compared to the critical demands as stated on the job analysis. A comparative analysis (re-evaluation) is done prior to discharge to determine job readiness;
        - A reporting system that includes:
            – Documentation of the initial plan;
            – Documentation of progress or lack of progress and future goals;
            – A discharge summary that includes an assessment of the functional capacity level and the achievement of the individual's program goals;

– A record of the worker's daily attendance including number of days and number of hours per day in the program.

2. Criteria for admission:

   a. The worker must have reached a point in his or her recovery where no further active or invasive treatment intervention is being anticipated;
   b. Physical recovery sufficient to allow participation for a minimum of four (4) hours a day for three to five days a week;
   c. Worker's current levels of functioning interfere with his/her ability to carry out specific tasks required in the work place;
   d. A defined return to work goal which includes:
      - A documented specific job to which the patient can return, along with a specific job analysis; and
      - A return to work goal agreed to by the employer and the patient/employee;
      - The facts must show how the worker must be able to benefit from the program;
      - The facts must show the worker is motivated to return to work. A worker whose primary limitation is psychological or clouded by significant illness behavior (i.e., significant self-imitation on F.C.E.) is typically not going to be motivated and will not likely benefit.

3. Criteria for discharge from a work hardening program:

   - The worker has reached the goal stated in the plan;
   - The worker has not progressed according to the program plan;
   - The worker has not reached interim goals and is not benefitting from the program; or,
   - Number of absences exceeds those allowed by the program (a maximum of two (2) absences is recommended);
   - Worker does not adhere to the schedule;
   - Completion of the program (the program should take two (2) to four (4) weeks to complete);
   - The previously identified job is no longer available.

B. Massage therapy requires prior authorization of the payer before treatment can be rendered. Medical necessity must be established prior to approval. Reimbursement must be arranged between the payer and provider.

C. Fees:

1. In all cases, for both voluntary and non-voluntary discharge, payment is for the actual duration of treatment provided.
2. CPT code 97545 (initial two (2) hours) and code 97546 (each additional hour) are to be used to bill work hardening. CPT code 97545 is to be billed for the initial two (2) hours of the work hardening program. This is a one-time charge. CPT code 97546 is to be used for billing each additional hour of the work hardening program after the initial two (2) hours (indicated by code 97545).

IV. Functional Capacity Evaluations

A. The functional capacity evaluation (FCE) is utilized for the following purposes:

1. To determine the highest level of safe functionality and of maximal medical improvement.
2. To provide a pre-vocational baseline of functional capabilities to assist in the vocational rehabilitation process.
3. To objectively set restrictions and guidelines for return to work.
4. To determine whether specific job tasks can be safely performed by modification of technique, equipment, or by further training.
5. To determine whether additional treatment or referral to a work hardening program is indicated.
6. To assess outcome at the conclusion of a work hardening program.

B. **General Requirements**

1. The FCE may be prescribed only by a licensed physician, or may be required by the payer when indicated.
2. The FCE requires prior authorization by the payer.

C. The FCE should be billed using code 97750 Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each fifteen (15) minutes. Reimbursement of an FCE is limited to a maximum of twenty (20) units. Documentation must include start and stop times for testing.

V. TENS Units

A. TENS (transcutaneous electrical nerve stimulation) must be provided under the attending or treating physician's prescription.

B. Authorization from the payer must be sought before purchase or rental arrangements are made for a TENS unit. The payer has sole right of selection of vendors for rental or purchase of equipment, supplies, etc.

VI. Supplies, Equipment, Orthotics, and Prosthetics

A. Physicians and therapists must obtain authorization from the payer before purchase/rental of supplies, equipment, orthotics, and prosthetics costing more than three hundred dollars ($300.00) per item for workers' compensation patients. When submitting bills, include the appropriate HCPCS code. If there is not an appropriate HCPCS code, use CPT code 99070.

B. The payer has sole right of selection of vendors.

VII. Other Instructions

A. Charges will not be reimbursed for publications, books, or digital media unless prior approval of the payer is obtained.

B. All charges for services must be clearly itemized by CPT code, and the state professional license number must be on the bill.

C. The treating physician must approve and sign all physical capability/restriction forms for the work-related injury/illness. This form must be submitted to the payer within fourteen (14) working days of the release to work.

D. Documentation may be required by the payer to substantiate the necessity for treatment rendered. Documentation to substantiate charges and reports of tests and measurements are included in the fee for the service and do not warrant additional reimbursement.

E. When patients do not show measurable progress, the payer may request the physician discontinue the treatment or provide documentation to substantiate medical necessity.

F. When physical medicine therapies are provided to more than one body area, modifier 51 must be added to the procedure code or codes billed for the additional body area and will be reimbursed according to the multiple procedure rule.

G. Non-surgical debridement should be billed as CPT code 97597, 97598, or 97602.

VIII. Back Schools

Back schools are no longer covered services under this Fee Schedule.

IX. Massage Therapy

Massage therapy requires prior authorization of the payer before treatment can be rendered. Medical necessity must be established prior to approval. Reimbursement must be arranged between the payer and provider.

X. Chiropractic Manipulative Treatment

Chiropractic manipulative treatments are allowed for up to fifteen (15) visits or thirty (30) days, whichever first occurs, without any need to seek pre-certification or authorization. However, chiropractic manipulative treatments which are proposed beyond the first fifteen (15) visits or thirty (30) days, under any circumstance, must be pre-certified or pre-approved.

Like any other service, a spinal manipulation includes pre-evaluation and post-evaluation that would make it inappropriate to bill with an E/M service. However, if the patient's condition has deteriorated or an injury to another site has occurred, reimbursement can be made for an E/M service if documentation substantiates the additional service. Modifier 25 is added to an E/M service when a significant, separately identifiable E/M service is provided and documented as medically necessary.

XI. Electromyogram (EMG) and Nerve Conduction Study (NCS)

A. Only a licensed physician certified in Neurology/PMR/Electrodiagnostic medicine is entitled to reimbursement for performing an electromyogram (EMG) and/or a nerve conduction study (NCS).

B. Reimbursement is not allowed under this Fee Schedule for automated nerve conduction studies.

C. Referral for an electromyogram and/or a nerve conduction study shall be at the discretion and direction of the physician in charge of care, and neither the payer nor the payer's agent may unilaterally or arbitrarily redirect the patient to another provider for these tests. The payer or the payer's agent may, however, discuss with the physician in charge of care appropriate providers for the conduct of these tests in an effort to reach an agreement with the physician in charge as to who will conduct an electromyogram and/or nerve conduction study in any given case.

XII. Chronic Pain—Inter-Disciplinary Pain Rehabilitation Program

A. The Inter-Disciplinary Pain Rehabilitation (IDPR) program is based on the bio-psychosocial approach to managing chronic pain, and uses both physical medicine treatments as well as psychological treatments and therapy to manage the chronic pain patient. A goal oriented, team approach is used in an effort to reduce pain, improve functioning, and decrease the dependence on the health care system of persons with chronic pain. This is an outpatient program.

B. Pre-authorization is required in order to utilize an inter-disciplinary pain rehabilitation program to treat the chronic pain patient. A specific IDPR program plan must be submitted to the payer as part of the pre-authorization process.

C. The following guidelines shall be used to assist in pre-authorization, and concurrent review:

1. Persons considered suitable candidates for an inter-disciplinary pain rehabilitation program are those:
    a. Who are likely to benefit from the program design;
    b. Whose symptoms are deemed by a pain management provider to constitute chronic pain syndrome; and
    c. Whose medical, psychological, or other conditions do not prohibit participation in this program.
2. Mental Health Evaluation: an initial evaluation to determine the injured worker's readiness or suitability for this type of treatment may be performed prior to initiation of treatment. This evaluation is not considered part of the IDPR program and shall be billed separately.
3. Due to the nature of intensity of the program, both group and individual therapy may be part of the IDPR program. If the program plan for a particular patient includes individual psychotherapy, it shall be billed as part of the program, and not separately. If the program does not include psychotherapy services, such services may be billed separately, if used, subject to applicable pre-authorization requirements.
4. Psychological treatments which are part of the IDPR program may be rendered by a psychiatrist, psychologist, licensed counselor, or licensed social worker.
5. The IDPR program shall always include a component designed to reduce the patient's dependence on and/or addiction to pain medications.
6. An individual plan of treatment shall be supervised by a medical doctor within a therapeutic environment. Although some time is spent with a doctor on a one-to-one basis, more than fifty percent (50%) of the time may be spent in direct care under the supervision of the physical therapist, occupational therapist, mental health provider, or other licensed member of the IDPR team.
7. Program supervision shall be provided by a medical doctor who is trained and experienced in the treatment of patients with chronic pain syndrome. The program supervisor shall:
    a. Provide direct, on-site supervision of the daily pain management activities;
    b. Participate in the initial and final evaluation of the patient;
    c. Write the treatment plan for the patient, and write changes to the plan based on the patient's documented response to the treatment and/or based on documented changes in the patient's condition;
    d. Direct the members of the IDPR team and review the patient's progress on a regular and consistent basis, at least bi-weekly.
8. Participation in an IDPR program requires a minimum attendance of four (4) hours per day during the first week. The program shall not exceed eight (8) hours per day, except that workers who actually have experience working in a job for more than eight (8) hours per day may be allowed to participate for up to ten (10) hours per day, at the discretion of the program supervisor
9. Daily treatment and patient response shall be documented and provided to the payer at least every two (2) weeks.
10. Discharged/exit criteria shall include but not be limited to:
    a. The appropriate use of medications;
    b. Decreased intensity of subjective pain;
    c. Increased ability of the injured worker to manage pain;
    d. Reduced health care use related to the chronic pain;

e. Return to work; and/or

f. Non-compliance with the program, or failure to obtain meaningful benefit after a reasonable period of time.

D. Billing. The IDPR program shall be billed using CPT 97799 Unlisted physical medicine/rehabilitation service or procedure, and appended with modifier M5 to indicate chronic pain treatment. The total number of hours shall be indicated in the units column of the bill, or in some other conspicuous place on the bill. CARF accredited providers shall also add M4 as an additional modifier.

E. Reimbursement. Reimbursement shall be as agreed to by the parties, or a maximum of one hundred dollars ($100.00) per hour for CARF accredited providers. Providers without CARF accreditation shall be paid eighty percent (80%) of the maximum reimbursement allowance for CARF accredited providers. Units of less than one hour shall be prorated in fifteen (15) minute increments. A single fifteen (15) minute increment shall be reimbursed if the time is equal to or greater than eight (8) minutes and less than twenty-three (23) minutes.

XIII. Experimental or Investigational Procedures

Certain procedures or treatments, such as VAX-D therapy, are considered investigational or experimental for purposes of this Fee Schedule, and are not approved for reimbursement.

XIV. Modifiers

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used with therapeutic services are as follows.

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.

Mississippi guideline: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement. When appropriate, the Fee Schedule reimbursement for modifier 22 is one hundred twenty percent (120%) of the maximum reimbursement allowance.

24 Unrelated Evaluation and Management Services by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period

The physician or other qualified health care professional may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See **Evaluation and Management Services Guidelines** for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

32 Mandated Services

Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

51 Multiple Procedures

When multiple procedures, other than E/M Services, Physical Medicine and Rehabilitation services, or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes (see Appendix D).

Mississippi guideline: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the Fee Schedule.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

99 Multiple Modifiers

Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

M3 Physical or Occupational Therapist Assistant (Mississippi Modifier)

This modifier should be added to the appropriate CPT code to indicate that the services being billed were rendered or provided by either a physical therapist assistant or an occupational therapist assistant.

M4 CARF Accredited (Mississippi Modifier)

This modifier should be used in conjunction with CPT code 97799 Unlisted physical medicine/rehabilitation service or procedure, to indicate chronic pain treatment being administered by a CARF accredited provider as part of a pre-approved interdisciplinary pain rehabilitation program.

M5 Chronic Pain Treatment (Mississippi Modifier)

This modifier should be used only in conjunction with CPT code 97799 Unlisted physical medicine/rehabilitation service or procedure, to indicate chronic pain treatment being administered as part of a pre-approved interdisciplinary pain rehabilitation program.

Dental

Current Dental Terminology (CDT), codes D0120–D9999, are developed, maintained, and copyrighted by the American Dental Association (ADA). CDT is updated annually. The current edition is *CDT 2016,* which is used in this Fee Schedule.

Decisions regarding the modification, deletion, or addition of CDT codes are made by the ADA and its Code Maintenance Committee.

Billing for dental services should be submitted on the ADA Dental Claim Form.

Durable Medical Equipment (DME), Orthotics, Prosthetics and Other HCPCS Codes

I. DEFINITION

HCPCS is an acronym for CMS's Healthcare Common Procedural Coding System. It is divided into two subsets. HCPCS Level I codes are CPT codes developed and maintained by the AMA. HCPCS Level II codes are developed and maintained by CMS and include codes for procedures, equipment, and supplies not found in the CPT book. This section of the Fee Schedule contains HCPCS Level II codes. (See the Dental section for dental codes.) HCPCS Level II codes that are excluded from the Fee Schedule are Alcohol/Drug Abuse Treatment Services (H0001–H2037), and National Codes for State Medicaid Agencies (T1000–T5999). Code categories included in this section are as follows:

Transportation Services Including Ambulance	A0021–A0999
Medical/Surgical Supplies	A4206–A8004
Administrative, Misc., and Investigational	A9150–A9999
Enteral and Parenteral Therapy	B4000–B9999
Outpatient PPS	C1300–C9899
Durable Medical Equipment (DME)	E0100–E9999
Procedures/Professional Services (Temporary)	G0008–G9186
Drugs and Biologicals	J0120–J9999
K Codes (Temporary)	K0001–K9999
Orthotic Procedures	L0000–L4999
Prosthetic Procedures	L5000–L9999
Medical Services	M0000–M0301
Pathology and Laboratory Services	P0000–P9999
Q Codes (Temporary)	Q0035–Q9980
Diagnostic Radiology Services	R0000–R5999
Temporary National Codes (Non-Medicare)	S0000–S9999
Vision Services	V0000–V2999
Hearing Services	V5000–V5999

II. GUIDELINES

A. **Transportation Services Including Ambulance (A0021–A0999)**

1. Transportation service codes include ground and air ambulance, non-emergency transportation (taxi, bus, automobile, wheelchair van), and ancillary transportation-related fees.
2. No exemption for air ambulance according to the Airline Deregulation Act (ADA) is allowed based on the rules and regulations of the current 2016 MWCC Fee Schedule.

3. Modifiers are required when reporting transportation services. Modifiers are single digits used to identify origin and destination. The first modifier identifies the transport place of origin and the second modifier the destination. Origin and destination modifiers are as follows:

   D Diagnostic or therapeutic site other than "P" or "H" when these are used as origin codes
   E Residential, domiciliary, custodial facility (other than 1819 facility)
   G Hospital-based ESRD facility
   H Hospital
   I Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
   J Free-standing ESRD facility
   N Skilled nursing facility (SNF)
   P Physician's office
   R Residence
   S Scene of accident or acute event
   X Intermediate stop at physician's office on way to hospital (includes HMO non-hospital facility, clinic, etc. destination code only).

   Note: Modifier X can only be used as a destination code in the second position of a modifier.

4. Transportation codes can also be found in the S codes. See S0207, S0208, S0209, and S0215.

B. **Medical and Surgical Supplies (A4206–A8004)**

1. These A codes include a wide variety of medical, surgical, and some DME related supplies and services.
2. For rules related to DME supplies, accessories, maintenance, and repair, see F. Durable Medical Equipment below.

C. **Administrative, Miscellaneous, and Investigational (A9150–A9999)**

1. These A codes include non-prescription drugs, exercise equipment, radiopharmaceutical diagnostic imaging agents, as well as other miscellaneous supplies.

D. **Enteral and Parenteral Therapy (B4000–B9999)**

1. B codes include supplies, formulae, nutrition solutions and infusion pumps.

E. **Outpatient PPS (C1300–C9899)**

1. C codes include drugs, biologicals, and devices used by hospitals.

   Non-OPPS hospitals, Critical Access Hospitals (CAHs), Indian Health Services Hospitals (IHS), hospitals located in American Samoa, Guam, Saipan, or the Virgin Islands, and Maryland waiver hospitals may report these codes at their discretion.

2. These codes are only used for facility (technical) services.

F. **Durable Medical Equipment (DME) (E0100–E8002)**

1. E codes include durable medical equipment such as canes, crutches, walkers, commodes, decubitus care, bath and toilet aids, hospital beds, oxygen and related respiratory equipment, monitoring equipment, pacemakers, patient lifts, safety equipment, restraints, traction equipment, fracture frames, wheelchairs, and artificial kidney machines.
2. All durable medical equipment shall have prior authorization from the payer before obtaining the equipment. The payer has the choice of vendor for purchase or rental of DME.
3. If an injured/ill employee is receiving DME items for both compensable and non-compensable medical conditions, only those items that apply to the work related injury should be listed on claims and invoices submitted to the employer.
4. If the rental price for DME exceeds or equals the total purchase price, the employer shall purchase instead of renting equipment. The vendor shall make the payer aware of the price options.
5. When rental payments total the purchase price, the equipment is considered purchased and no additional reimbursement is made.
6. The return of rented equipment is the dual responsibility of the injured worker and the DME supplier. The employer is not responsible for additional rental periods solely due to delay in equipment return.
7. For codes E0676, E0935, and E0936 the Amount listed is per day.

G. **Procedures/Professional Services (Temporary) (G0008–G9186)**

1. G codes identify professional health care procedures and services that would otherwise be reported using CPT codes.
2. Procedures and professional services identified by G codes may have a corresponding CPT code. When both a G code and CPT code describe the same procedure, the CPT code is required for reporting purposes.
3. G codes also include procedures and professional services that do not currently have a valid CPT code. In such cases, the applicable G code should be used for reporting purposes.

H. **Drugs and Biologicals (J0120–J9999)**

1. J codes include drugs that ordinarily cannot be self-administered, chemotherapy drugs, immunosuppressive drugs, inhalation solutions, and other miscellaneous drugs and solutions.
2. These codes report only the costs associated with provision of the drug. Administration including injection, infusion, or inhalation is reported separately using the applicable CPT code(s).
3. Additional codes for drugs and biologicals may be found in the Q codes and S codes.

I. **Temporary Codes (K0001–K9999)**

1. K codes are temporary codes used to report durable medical equipment that do not yet have a permanent national code.
2. For rules related to DME supplies, accessories, maintenance, and repair, see F. Durable Medical Equipment above.

J. **Orthotic Procedures and Devices (L0000–L4999) and Prosthetic Procedures (L5000–L9900)**

1. L codes include orthotic and prosthetic procedures and devices as well as scoliosis equipment, orthopedic shoes, and prosthetic implants.
2. The payer shall only pay for orthotics and prosthetics prescribed by the treating physician for a compensable injury/illness. Prior authorization must be obtained from the payer.

K. **Medical Services (M0000–M0301)**

1. M codes include office services, cellular therapy, prolotherapy, intragastric hypothermia, IV chelation therapy, and fabric wrapping of an abdominal aneurysm.
2. These codes are rarely reported and may not be reimbursed as they represent services for which the therapeutic efficacy has not been established, the procedure is considered experimental, or the procedure has been replaced with a more effective treatment modality.

L. **Pathology and Laboratory Services (P0000–P9999)**

1. P codes include chemistry, toxicology, and microbiology tests, screening Papanicolaou procedures, and various blood products.
2. Blood and blood product codes report the supply of the blood or blood product only.
3. The administration of blood or blood product is reported separately.
4. Code 36430 for transfusion of blood or blood components is reported only once per encounter regardless of the number of units provided.

M. **Temporary Codes (Q0035–Q9980)**

1. Q codes include temporary codes developed for reporting services and supplies that do not have a permanent national HCPCS code or CPT code. Included in this section are codes for:
    a. Oral anti-emetic drugs
    b. Casting supplies
    c. Splint supplies
    d. Low osmolar contrast
    e. High osmolar contrast
    f. Other supplies/services
2. Cast supplies and splints should be reported with the appropriate code from Q4001–Q4051. These codes report the cost of the supply only.
3. Cast supplies and splints are reported in addition to the CPT code for fracture management.
4. Cast supplies and splints are reported in addition to CPT codes for application of the cast or splint.

5. Refer to the CPT guidelines for rules related to reporting fracture management and cast application.

N. **Diagnostic Radiology Services (R0000–R5999)**

1. R codes are used for the transportation of portable x-ray and/or EKG equipment.
2. Only a single reasonable transportation charge is allowed for each trip to a single location.
3. When more than one patient receives x-ray or EKG services at the same location, the allowable transport charge is divided among all patients.

O. **Temporary National Codes (Non-Medicare) (S0000–S9999)**

1. The S codes are used by the private sector to report drugs, services, and supplies for which there are no national codes, but for which codes are needed by the private sector to implement policies, program, or claims processing. Mississippi uses S codes with modified descriptions to report home health services.
2. See J codes for reporting rules related to drugs and biologicals.

P. **Vision Services (V0000–V2999)**

1. These V codes include vision-related supplies, including spectacles, lenses, contact lenses, prostheses, intraocular lenses, and miscellaneous lenses.

Q. **Hearing Services (V5000-V5999)**

1. These V codes include hearing tests and related supplies and equipment, speech-language pathology screenings, and repair of augmentative communicative systems.

R. The Facility Fee for outpatient services is the APC Amount.

III. MODIFIERS

HCPCS modifiers are required for some supplies and services. Commonly reported HCPCS modifiers include:

AU Item Furnished in Conjunction with a Urological, Ostomy, or Tracheostomy Supply

AV Item Furnished in Conjunction with a Prosthetic Device, Prosthetic, or Orthotic

AW Item Furnished in Conjunction with a Surgical Dressing

KC Replacement of Special Power Wheelchair Interface

NU New Equipment

RR Rental (use the RR modifier when DME is to be rented)

Mississippi guideline: Listed amount is the per-month allowance, except codes E0676, E0935,and E0936, which are per-day allowances.

UE Used durable medical equipment

Mississippi guideline: Used to report the purchase of used durable medical equipment.

Inpatient Hospital and Outpatient Facility Payment Schedule and Rules

I. Inpatient and Outpatient Care Rules

A. **Definition.** For purposes of this schedule, “inpatient” means being admitted to a hospital setting for twenty-four (24) hours or more. An inpatient admission does not require official admission to the hospital.

B. Health care facilities providing services to workers' compensation claimants must meet requirements of the state of Mississippi.

C. **Billing and Reimbursement Rules for Inpatient Care.**

1. Facilities must submit the bill for inpatient services within thirty (30) days after discharge. For those cases involving extended hospitalization, interim bills must be submitted every thirty (30) days.
2. Reimbursement for acute inpatient hospital services shall be the maximum reimbursement allowance fixed by the rules set forth in this section of the Fee Schedule, regardless of the total charge.
3. Non-covered charges include but are not necessarily limited to:
    a. Convenience items;
    b. Charges for services not related to the work injury/illness;
    c. Services that were not certified by the payer or their representative as medically necessary.
4. When reviewing surgical claims, including for outlier consideration, the following apply:
    a. Most operative procedures require cardiopulmonary monitoring either by the physician performing the procedure or an anesthesiologist/anesthetist. Because these services are integral to the operating room environment, they are considered as part of the OR fee and are not separately reimbursed, nor are they included separately in the total charge for outlier consideration:
        - Cardiac monitors
        - Oximetry
        - Blood pressure monitor
        - Lasers
        - Microscopes
        - Video equipment
        - Set up fees
        - Additional OR staff
        - Gowns
        - Gloves
        - Drapes
        - Towels
        - Mayo stand covers
        - On-call or call-back fees
        - After-hours fees
    b. Billing for surgery packs as well as individual items in the packs is not allowed and shall not be included in the total charge for outlier consideration.
    c. A majority of invasive procedures requires availability of vascular and/or airway access; therefore, the work associated with obtaining this access is included in the cost of the service, i.e., anesthesia—airway access is associated with general anesthesia and is included in the anesthesia charges.
    d. Recovery room and ICU rates include the charge for cardiac monitoring and oximeter. It is assumed the patient is placed in these special areas for monitoring and specialized care which is bundled into the special care rate. Call-back fees are not reimbursed for recovery room.
    e. Separate reimbursement is not allowed for setting up portable equipment at the patient’s bedside.

f. The following items do not qualify for separate reimbursement regardless of inpatient or outpatient status, and are not included in the total charge for outlier consideration:
   - Applicators, cotton balls, band-aides
   - Syringes
   - Aspirin
   - Thermometers, blood pressure apparatus
   - Water pitchers
   - Alcohol preps
   - Ice bags

g. Separate reimbursement is not allowed for equipment such as compressive devices, or other equipment used during the operative or immediate postoperative period.

5. Maximum reimbursement is set for the following line item charges.

   a. IV pump/daily – $50.00

   b. Venipuncture reimbursement is limited to $4.25 per collection. A collection fee is not appropriate for finger stick, throat culture, or stool specimen collection

   c. Pharmacy add-mixture/dispensing fee is limited to $4.50 per mixture

D. **Implants, Durable Medical Equipment, and Supplies.** Generally, durable medical equipment and supplies provided or administered in a hospital setting are not separately reimbursed since they are included in the payment reimbursement.

Unless otherwise specifically provided herein, implantables used in the inpatient setting are included in the applicable MS-DRG reimbursement for inpatient treatment, and, therefore, the provider of inpatient services is not required to furnish the payer with an invoice for implantables.

Implantables used in the outpatient setting, are included in the applicable APC payment for outpatient services, and therefore, the provider of outpatient services is not required to furnish the payer with an invoice for implantables.

E. **Reimbursement Methodology**. The inpatient maximum reimbursement allowable (MRA) totals are provided by MS-DRG in this Fee Schedule. As of the effective date of this publication, the MS-DRG MRA is based upon the 2016 CMS relative weights multiplied by the base rate as determined herein. This methodology includes inpatient psychiatric admissions and Long Term Acute Care (LTAC). Any MS-DRGs outside of this Fee Schedule shall be reimbursed at seventy-five percent (75%) of charges. The lesser of the billed charges or the MS-DRG MRAs represent payment in full, unless the outlier payment is applicable, or unless a contract between the payer and provider governs reimbursement, or unless otherwise specifically stated in this Fee Schedule.

1. MS-DRG Payment is calculated by multiplying the Base Rate times the Relative Weight for the MS-DRG.

2. The Base Rate for Mississippi is the current National Medicare Base Rate in effect as of the date of discharge, multiplied by two (2). This is posted annually on the Mississippi Workers' Compensation Commission (MWCC) website, Fee Schedule section.

3. Common Medicare add-ons, such as for teaching hospitals (GME), DSH and Capital PPS, will not be allowed, and shall be considered as already included in the enhanced MS-DRG Payment under this Fee Schedule.

4. All implantables shall be included in the applicable MS-DRG reimbursement for inpatient treatment, and shall not be reimbursed separately in addition to the MS-DRG payment.

5. Outlier Payments. To provide additional reimbursement for cases where the MS-DRG payment is deemed inadequate by the Commission to cover the costs incurred by the facility, the Commission has established an outlier payment for high-cost cases.

   The amount eligible for outlier reimbursement is equal to Total Charges minus MS-DRG Payment minus Implantable Charges minus Non-Covered or Non-Qualified charges (as provided in Part I.B. above) minus the Outlier Threshold. The Outlier Threshold amount shall be specific to each facility and shall be equal to one-half (1/2) of the Medicare MS-DRG outlier threshold in effect for each facility at the time of discharge.

6. Any amount determined to be eligible for additional outlier reimbursement shall be reimbursed at fifteen percent (15%) above the facility's cost for the outlier eligible charges. Cost is determined using the facility's cost-to-charge ratio, as determined by Medicare (CMS), which is in effect at the time of discharge. These cost-to-charge ratios are posted annually on the MWCC website, Fee Schedule section. Outlier payment is figured by multiplying the eligible outlier amount by the cost-to-charge ratio, and then adding fifteen percent (15%) to compute the additional outlier payment due.

F. **Emergency Room Services.** Emergency room facility fees, supplies, and treatment are reimbursed according to the Ambulatory Payment Classification system, as set forth herein under the heading "Ambulatory Surgery Center/Outpatient Facility Reimbursement." Laboratory and radiology services are reimbursed at the technical amount

listed in the corresponding section of this Fee Schedule. Physician services are to be billed on an appropriate CMS claim form or electronic submission and paid according to the proper section.

G. **Observation Services**

1. **Definition**. Observation services are those services furnished by a hospital on the hospital's premises, and include use of a bed and periodic monitoring by a hospital's staff. The service must be reasonable and necessary to evaluate a patient's condition or to determine need for inpatient admission. To qualify for observation status, the patient needs observation due to an unforeseen circumstance or has a medical condition with a significant degree of instability.

2. **General Guidelines**

   a. Observation begins when the patient monitoring begins and ends when the order for discharge is written or given verbally by the physician.

   b. On rare occasions, an observation stay may be extended to forty-eight (48) hours. In such cases, medical necessity must be established and pre-authorization must be given for payment by the payer.

   c. Services which are NOT considered necessary for observation are as follows:

      (1) Services that are not reasonable and necessary for the diagnosis and treatment of the work related injury, but are provided for convenience of the patient, family, or physician

      (2) Any substitution of an outpatient observation for a medically appropriate inpatient admission

      (3) Services ordered as inpatient by the physician but billed as outpatient by the facility

      (4) Standing orders for observation following outpatient surgery

      (5) Test preparation for a surgical procedure

      (6) Continued care of a patient who has had a significant procedure as identified with OPPS indicator S or T

   d. Observation is not reimbursable for routine preparation furnished prior to an outpatient service or recovery after an outpatient service. Please refer to the criteria for observation services.

3. **Billing and Reimbursement**

   a. Observation status is billed at an hourly monitoring rate. The hourly rate is all inclusive with the exception of *non-significant ancillary services*.

   b. Observation is billed at the rate of $300.00 for the first three (3) hours and $80.00 per hour thereafter. Laboratory and radiology are reimbursed according to the Fee Schedule payment limits.

   c. Revenue code 762 is used to bill observation charges.

   d. Observation services provided to a patient who is subsequently admitted as an inpatient should be included on the inpatient claim.

H. **Stand-alone Services**. When services are provided as an outpatient service, and are not performed as a surgical procedure, medical procedure, or emergency room service, then reimbursement equals the technical amount listed in the corresponding section of this Fee Schedule.

I. **Disputed Medical Charges; Abusive or Unfair Billing**

1. Disputes over charges, fees, services, or other issues related to treatment under the terms of the Workers' Compensation Law shall be resolved in accordance with the Dispute Resolution Rules set forth elsewhere in this Fee Schedule.

2. If the Commission determines that the charge amount for items substantially and consistently exceeds the facility's mark-up ratio, or if a facility's charges for other services or MS-DRGs is substantially and consistently higher than the average charges made for the same services or MS-DRGs by other facilities in the State, then the Commission may consider this to be an indication of abusive or unfair billing practices, and may order the facility in question to appear and show cause why penalties and other sanctions as allowed by Law should not be imposed on said facility for such abusive billing practices.

   For purposes of this provision, the mark-up ratio shall be the inverse of the facility's cost-to-charge ratio. The average charges by facilities for service or MS-DRGs may be determined by reference to the publicly available MedPAR file for Medicare inpatient admissions, with due consideration being given to the differences between the Medicare inpatient population and the workers' compensation inpatient population.

II. INPATIENT REHABILITATION FACILITIES (IRFS)

A. **Inpatient Rehabilitation Facility Reimbursement Methodology**. MWCC reimbursement for inpatient rehabilitation facilities (IRFs) will be based upon the CMS prospective payment system (PPS).

1. The Fee Schedule MRA for IRFs will be two (2) times the IRF CMS pricer calculation, unless the payer and provider have a separate contract governing the reimbursement of services provided by an IRF, or unless total billed charges are less.
2. The IRF reimbursement due under this Fee Schedule will be calculated using the CMS IRF pricer calculation in effect on the date of discharge.
3. The CMS IRF pricer is used only for facilities that have met the CMS qualifications for IRF.
4. Reimbursement for IRFs is not calculated using the MS-DRG methodology.
5. The CMS IRF pricer is available at: http://www.cms.hhs.gov/PCPricer

B. **CMS Inpatient Rehabilitation Facility Reimbursement**. Medicare regulations define inpatient rehabilitation facilities (IRFs) in the Code of Federal Regulations, Part 412, and subpart B. Medicare payments to IRFs are based on the IRF prospective payment system (PPS) under subpart P of part 412. The IRF must be currently accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), licensed by the State, and certified by Medicare as an IRF at the time the patient is treated.

The IRF must possess a Medicare/Medicaid provider number, or CMS Certification Number. The provider number consists of six digits. The first two digits indicate the state, 25 is for Mississippi, and the remaining four digits identify the facility as an IRF. The four digit suffix must be in the range of 3025–3099 for rehabilitation facilities, exempt units must have a T in the third position, e.g., 25TXXX.

Unless governed by contract between payer and provider, or unless total billed charges are less, the reimbursement for an IRF under this Fee Schedule shall be the IRF PPS calculated rate multiplied by 1.8. Other inpatient MS-DRG or PPS calculations are not appropriate to use for IRF services. The IRF PPS rate is calculated using the formula for the current fiscal year, including outlier. The final calculation is published in the *Federal Register*, prior to October 1 of each year.

IRF reimbursement is based upon the case mix group (CMG) to which the patient is assigned. MWCC will accept the CMG assigned by the Medicare CMG grouper. The CMG must be reported on the claim with revenue code 0024. This code indicates that this claim is being paid under the PPS and the revenue code can appear on a claim only once.

The *Federal Register* explains the formula for calculating the IRF PPS rate. The rates are calculated on case mix group (CMG) assignment from the combinations of ICD-10-CM codes with additional factors of labor share, wage index, rural adjustment (if applicable) and low income percentage (LIP) for a final adjusted IRF PPS reimbursement.

This calculated IRF PPS reimbursement is multiplied by 1.8 for the MWCC reimbursement rate.

MWCC will use the Medicare Pricer for the appropriate year and based on the date of discharge which is available as a free download from: http://www.cms.hhs.gov/PCPricer. The Medicare pricer returns the payment rate specific to the facility.

III. Ambulatory Surgery Center/Outpatient Facility Reimbursement

A. Reimbursement for all hospital-based outpatient and freestanding ambulatory surgery center services shall be based on the Ambulatory Payment Classification (APC) system as developed by the Centers for Medicare and Medicaid Services (CMS) using relative weights effective April 1, 2016.

B. For implantables used in the outpatient setting, reimbursement is included in the Fee Schedule APC Amount as listed.

C. Coding and Billing Rules

1. Facility fees for ambulatory surgery must be billed on the UB-04 form.
2. The CPT®/HCPCS code(s) of the procedure(s) performed determines the reimbursement for the facility fee. Report all procedures performed.
3. If more than one surgical procedure is furnished in a single operative encounter, the multiple procedure rule applies. The primary procedure is reimbursed at the lesser of the billed charges or one hundred percent (100%) of the MRA. The second and subsequent procedures are reimbursed at the lesser of the billed charges or fifty percent (50%) of the MRA. The primary procedure is the procedure with the highest relative weight.
4. If the billed total for an outpatient surgical encounter is less than the APC MRA, the lesser of the charge is paid to the facility.
5. The payment rate for an APC surgical procedure includes all facility services directly related to the procedure performed on the day of surgery. Facility services include:
    - Nursing and technician services
    - Use of the facility

- Drugs, biologicals, surgical dressings, splints, casts and equipment directly related to the provision of the surgical procedure
- Implantables
- Materials for anesthesia
- Administration, record keeping and housekeeping items and services

6. Separate payment is not made for the following services that are directly related to the surgery:
   - Pharmacy
   - Medical/surgical supplies
   - Sterile supplies
   - Laboratory and radiology services with no APC Amount
   - Operating room services
   - Anesthesia
   - Ambulatory surgical care
   - Recovery room
   - Treatment or observation room
7. Pre-op workup services are included in the APC Amount and do not warrant separate reimbursement regardless of the date of service. Pre-op workup includes: Metabolic Panel, CBC, UA, PT, PTT, EKG CXR (or any of the components). Note: If a surgical procedure is cancelled after the pre-op has been completed, then the pre-op services should be paid according to this Fee Schedule.
8. The ASC payment rate (APC Amount) has been added to the CPT code listing of fees in the Fee Schedule. The column lists the total approved facility fee for that particular CPT code.
9. The facility fees will be paid for medically necessary services only. All ambulatory elective procedures must be precertified according to the rules and guidelines of the Fee Schedule.
10. Procedures not assigned an APC Amount will be reimbursed according to the lesser of total billed charges or usual and customary rate.
11. Charges for outpatient surgical codes are all inclusive and are reimbursed in total regardless of the amount billed on that line as long as the total reimbursement does not exceed the total billed charges.

D. If a claim contains a CPT/HCPCS code with a J1 status indicator, then that code should be paid according to the Fee Schedule and all other codes on the claim, with the following exception, are considered bundled and not separately paid. If two or more CPT/HCPCS codes have a J1 status indicator, then the highest valued J1 status indicator CPT/HCPCS code should be paid at one hundred percent (100%) of the Fee Schedule and any secondary (lower valued) J1 status indicator CPT/HCPCS codes shall be paid at fifty percent (50%) of the Fee Schedule.

   Other than the multiple procedure surgical discounts as listed in Section III C 3 and the J1 status indicators described in the previous paragraph, no other Medicare status indicator discounts apply. This means no discounts apply to Medicare's Q status indicator codes.

   Do not separately reimburse non-implantable orthotic and prosthetic devices when associated with a procedure code that has a status code of J1. Payment is packaged into the allowable for the procedure code.

IV. Critical Access Hospitals

A. A critical access hospital (CAH) is a small, generally geographically remote facility that is certified to provide outpatient and inpatient services.

B. A CAH may also be granted "swing bed" approval to provide post-hospital skilled nursing facility level care in its inpatient beds.

C. A list of currently participating Mississippi Critical Access hospitals is posted on the MWCC website at http://www.mwcc.ms.gov.

D. Reimbursement

1. Critical access hospitals are reimbursed at ninety percent (90%) of billed charges for inpatient services.
2. Swing bed services are reimbursed according to the Skilled Nursing Facility section.
3. Outpatient services are reimbursed according to the rules in Inpatient Hospital and Outpatient Facility Payment Schedule and Rules.

V. Drug and Alcohol Treatment

A. Any admission for drug and alcohol treatment will be reimbursed by DRG according to the facility inpatient rules.

B. Outpatient partial day treatment will be reimbursed at two hundred fifty dollars ($250.00) per diem.

C. Outpatient lab and radiology charges will be reimbursed according to the outpatient stand-alone rules in the facility section.

VI. Modifiers Approved for Ambulatory Surgery Center (ASC) Hospital Outpatient Use

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See **Evaluation and Management Services Guidelines** for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

27 Multiple Outpatient Hospital E/M Encounters on the Same Date

For hospital outpatient reporting purposes, utilization of hospital resources related to separate and distinct E/M encounters performed in multiple outpatient hospital settings on the same date may be reported by adding modifier 27 to each appropriate level outpatient and/or emergency department E/M code(s). This modifier provides a means of reporting circumstances involving evaluation and management services provided by physician(s) in more than one (multiple) outpatient hospital setting(s) (eg, hospital emergency department, clinic). **Note:** This modifier is not to be used for physician reporting of multiple E/M services performed by the same physician on the same date. For physician reporting of all outpatient evaluation and management services provided by the same physician on the same date and performed in multiple outpatient setting(s) (eg, hospital emergency department, clinic), see **Evaluation and Management, Emergency Department, or Preventive Medicine Services** codes.

50 Bilateral Procedure

Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session should be identified by adding modifier 50 to the appropriate 5 digit code.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74.

58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: a) planned or anticipated (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. **Note:** For treatment of a problem that requires a return to the operating/procedure room (eg, unanticipated clinical condition), see modifier 78.

59 Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M

services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

73 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia

Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation (including sedation when provided, and being taken to the room where the procedure is to be performed), but prior to the administration of anesthesia (local, regional block(s) or general). Under these circumstances, the intended service that is prepared for but cancelled can be reported by its usual procedure number and the addition of modifier 73. **Note:** The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

74 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia

Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may terminate a surgical or diagnostic procedure after the administration of anesthesia (local, regional block(s), general) or after the procedure was started (incision made, intubation started, scope inserted, etc). Under these circumstances, the procedure started but terminated can be reported by its usual procedure number and the addition of modifier 74. **Note:** The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

78 Unplanned Return to the Operating/Procedure Room by the same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. **Note:** This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results

(eg, glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

XE Separate Encounter (HCPCS Modifier)
A service that Is distinct because it occurred during a separate encounter.

XP Separate Practitioner (HCPCS Modifier)
A service that is distinct because it was performed by a different practitioner.

XS Separate Structure (HCPCS Modifier)
A service that is distinct because it was performed on a separate organ/structure.

XU Unusual Non-overlapping Service (HCPCS Modifier)
The use of a service that is distinct because it does not overlap usual components of the main service.

Forms

I. GUIDELINES

A. Reproduced on the following pages are the forms that should or may be used by providers when billing workers' compensation related services. Instructions are given below.

B. Bills for services rendered should be sent directly to the party responsible for reimbursement. Do not send bills directly to the Medical Cost Containment Division as this will delay payment.

C. The most current version of each claim form should be submitted. At the time of publication, the following forms are the most current and should be used for provider reimbursement:

- CMS-1500 (02/12) (effective April 1, 2014); electronic equivalent 837p
- UB-04 (effective May 23, 2007) Electronic equivalent 837i
- J430D Dental Form (effective 2012)

D. The information to include on each form where appropriate is:

1. Claimant's full name and address as shown on the employer's record.
2. Social security number should be entered in the field for insured's ID number; this cuts down on errors and helps correlate the billing to the appropriate file.
3. Correct date of injury. Some claimants have multiple open files and can only be assigned by date.
4. Proper name and address of the employer, not just an individual's name.
5. Name of the insurance payer as registered with the state.
6. Date the claimant's disability should begin per the attending physician.
7. Attending physician's diagnoses and claimant's complaints.
8. Disabilities the claimant has that are not related to this injury.
9. Description of treatment plan, including any prescriptions.
10. Indication if the injury/illness appears to be work related.
11. Indication as to whether the claimant can be released to light or full duty work; full duty is considered to be the work at the time of the accident.
12. Length of time the claimant should be off work as a result of the injury or illness.
13. Date of the visit, the service(s) or procedure(s) performed, and charges.
14. Physician's complete name and address.
15. Physician and provider group national provider identifier (NPI) for billing group and treating physician.
16. Physician's or group's federal tax identification number (tax identification number [TIN] or social security number).
17. Injury/illness as described by the claimant.

E. The following pages have samples of the CMS-1500 (02/12), UB-04, 2012 American Dental Association Dental Claim Form J430D, Request for Resolution of Dispute, and Utilization Review Request Form.

II. UTILIZATION REVIEW REQUEST FORM

The form entitled Mississippi Workers' Compensation Utilization Review is a communication tool for use between the provider and the utilization review company. The form can be faxed between the provider and payer as applicable.

The utilization review process is mandatory under the *Mississippi Workers' Compensation Medical Fee Schedule;* however, the use of the Utilization Review Request Form is optional. The use of the form is encouraged if it proves helpful in the timely processing of requests for utilization review of medical services.

ANESTHESIA

Code	Short Description	2016 RVU	2013 RVU
00100	ANESTHESIA SALIVARY GLANDS WITH BIOPSY	5.00	5.00
00102	ANESTHESIA CLEFT LIP INVOLVING PLASTIC REPAIR	6.00	6.00
00103	ANESTHESIA EYELID RECONSTRUCTIVE PROCEDURE	5.00	5.00
00104	ANESTHESIA ELECTROCONVULSIVE THERAPY	4.00	4.00
00120	ANESTHESIA EXTERNAL MIDDLE & INNER EAR W/BX NOS	5.00	5.00
00124	ANES EXTERNAL MIDDLE & INNER EAR W/BX OTOSCOPY	4.00	4.00
00126	ANES XTRNL MID & INNER EAR W/BX TYMPANOTOMY	4.00	4.00
00140	ANESTHESIA EYE NOT OTHERWISE SPECIFIED	5.00	5.00
00142	ANESTHESIA EYE LENS SURGERY	4.00	4.00
00144	ANESTHESIA EYE CORNEAL TRANSPLANT	6.00	6.00
00145	ANESTHESIA EYE VITREORETINAL SURGERY	6.00	6.00
00147	ANESTHESIA EYE IRIDECTOMY	6.00	6.00
00148	ANESTHESIA EYE OPHTHALMOSCOPY	4.00	4.00
00160	ANESTHESIA NOSE & ACCESSORY SINUSES NOS	5.00	5.00
00162	ANES NOSE & ACCESSORY SINUSES RADICAL SURGERY	7.00	7.00
00164	ANES NOSE & ACCESSORY SINUSES BIOPSY SOFT TISSUE	4.00	4.00
00170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	5.00	5.00
00172	ANES INTRAORAL W/BIOPSY REPAIR CLEFT PALATE	6.00	6.00
00174	ANES INTRAORAL W/BX EXC RETROPHARYNGEAL TUMOR	6.00	6.00
00176	ANESTHESIA INTRAORAL W/BIOPSY RADICAL SURGERY	7.00	7.00
00190	ANESTHESIA FACIAL BONES OR SKULL NOS	5.00	5.00
00192	ANES FACIAL BONES/SKULL RAD SURG W/PROGNATHISM	7.00	7.00
00210	ANESTHESIA INTRACRANIAL PROCEDURE NOS	11.00	11.00
00211	ANES INTRACRANIAL CRANIOTOMY/CRANIECTOMY HMTMA	10.00	10.00
00212	ANESTHESIA INTRACRANIAL PROCEDURE SUBDURAL TAPS	5.00	5.00
00214	ANES INTRACRANIAL BURR HOLES W/VENTRICULOGRAPHY	9.00	9.00
00215	ANES INTRACRANIAL/ELEVATION DEPRSD SKULL FX XDRL	9.00	9.00
00216	ANESTHESIA INTRACRANIAL VASCULAR PROCEDURE	15.00	15.00
00218	ANES INTRACRANIAL PROCEDURE IN SITTING POSITION	13.00	13.00
00220	ANES INTRACRANIAL CEREBROSPINAL FLUID SHUNTING	10.00	10.00
00222	ANES INTRACRANIAL ELECTROCOAGULATION ICRA NERVE	6.00	6.00
00300	ANES INTEG MUSC & NRV HEAD NECK&POSTERIOR TRUNK	5.00	5.00
00320	ANES ESOPH THYRD LARYNX TRACH & LYMPH NECK 1YR	6.00	6.00
00322	ANES ESOPH THYRD LARX TRACH & LYMPH NCK BX THYRD	3.00	3.00
00326	ANESTHESIA LARYNX & TRACHEA CHILDREN <1 YEAR	8.00	8.00
00350	ANESTHESIA MAJOR VESSELS NECK NOS	10.00	10.00
00352	ANESTHESIA MAJOR VESSELS NECK SIMPLE LIGATION	5.00	5.00
00400	ANES INTEG EXTREMITIES ANT TRUNK & PERINEUM NOS	3.00	3.00
00402	ANESTHESIA RECONSTRUCTION BREAST	5.00	5.00

00404	ANESTHESIA RADICAL/MODIFIED RADICAL BREAST	5.00	5.00
00406	ANES RADICAL/MODIFIED RADICAL BREAST W/NODES	13.00	13.00
00410	ANES INTEG SYS ELEC CONVERSION ARRHYTHMIAS	4.00	4.00
00450	ANESTHESIA CLAVICLE AND SCAPULA NOS	5.00	5.00
00454	ANESTHESIA CLAVICLE & SCAPULA BIOPSY CLAVICLE	3.00	3.00
00470	ANESTHESIA PARTIAL RIB RESECTION NOS	6.00	6.00
00472	ANESTHESIA PARTIAL RIB RESECTION THORACOPLASTY	10.00	10.00
00474	ANESTHESIA PARTIAL RIB RESECTION RADICAL	13.00	13.00
00500	ANESTHESIA ESOPHAGUS	15.00	15.00
00520	ANESTHESIA CLOSED CHEST W/BRONCHOSCOPY NOS	6.00	6.00
00522	ANESTHESIA CLOSED CHEST NEEDLE BIOPSY PLEURA	4.00	4.00
00524	ANESTHESIA CLOSED CHEST PNEUMOCENTESIS	4.00	4.00
00528	ANES MEDIASTINOSCOPY&THORACSCOPY W/O 1 LUNG VNTJ	8.00	8.00
00529	ANES MEDIASTINOSCOPY&THORACOSCOPY W/1 LUNG VNT	11.00	11.00
00530	ANES PERMANENT TRANSVENOUS PACEMAKER INSERTION	4.00	4.00
00532	ANESTHESIA ACCESS CENTRAL VENOUS CIRCULATION	4.00	4.00
00534	ANES TRANSVENOUS INSJ/REPLACEMENT PACING CVDFB	7.00	7.00
00537	ANES CARDIAC ELECTROPHYSIOL STDY W/RF ABLATION	10.00	10.00
00539	ANESTHESIA TRACHEOBRONCHIAL RECONSTRUCTION	18.00	18.00
00540	ANES THORACOTOMY & THORACOSCOPY NOS	12.00	12.00
00541	ANES THORACOTOMY & THORACOSCOPY W/1 LUNG VNTJ	15.00	15.00
00542	ANES THORACOTOMY & THORACOSCOPY DECORTICATION	15.00	15.00
00546	ANES THORACOTOMY & THORACOSCOPY PULMONARY RESC	15.00	15.00
00548	ANES THORACOTOMY &THORACSCOPY TRACHEA & BRONCHI	17.00	17.00
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	10.00	10.00
00560	ANES HRT PERICARDIAL SAC& GRT VESLS W/O PMP OXT	15.00	15.00
00561	ANES HRT PERICARD SAC&GREAT VSLS W/PMP OXTJ <1YR	25.00	25.00
00562	ANES HRT PERICRD SAC&GRT VSLS W/PMP OXTJ >1MO PO	20.00	20.00
00563	ANES HRT PRCRD SAC & GREAT VSL W/PUMP OXTJ HYPTH	25.00	25.00
00566	ANES DIRECT CABG W/O PUMP OXYGENATOR	25.00	25.00
00567	ANES DIRECT CABG W/PUMP OXYGENATOR	18.00	18.00
00580	ANES HEART TRANSPLANT/HEART/LUNG TRANSPLANT	20.00	20.00
00600	ANESTHESIA CERVICAL SPINE & CORD NOS	10.00	10.00
00604	ANES CERVICAL SPINE & CORD W/PATIENT SITTING	13.00	13.00
00620	ANESTHESIA THORACIC SPINE & CORD NOS	10.00	10.00
00625	ANES THRC SPINE & CORD ANT APPR W/O 1 LUNG VENTJ	13.00	13.00
00626	ANES THORACIC SPINE & CORD ANT APPR W/1 LNG VENT	15.00	15.00
00630	ANESTHESIA LUMBAR REGION NOS	8.00	8.00
00632	ANESTHESIA LUMBAR REGION LUMBAR SYMPATHECTOMY	7.00	7.00
00635	ANES DIAGNOSTIC/THERAPEUTIC LUMBAR PUNCTURE	4.00	4.00
00640	ANES MANIPULATE SPINE/CLSD CRV THORC/LUMBR SPINE	3.00	3.00
00670	ANESTHESIA EXTENSIVE SPINE & SPINAL CORD	13.00	13.00
00700	ANESTHESIA UPPER ANTERIOR ABDOMINAL WALL NOS	4.00	4.00

00702	ANES UPR ANT ABDL WALL PERCUTANEOUS LIVER BX	4.00	4.00
00730	ANESTHESIA UPPER POSTERIOR ABDOMINAL WALL	5.00	5.00
00740	ANES UPPER GI ENDOSCOPY PROXIMAL TO DUODENUM	5.00	5.00
00750	ANESTHESIA HERNIA REPAIR UPPER ABDOMEN NOS	4.00	4.00
00752	ANES HRNA RPR UPR ABD LMBR&VENTRAL HERNIA&DEHISC	6.00	6.00
00754	ANES HERNIA REPAIR UPPER ABDOMEN OMPHALOCELE	7.00	7.00
00756	ANES HRNA REPAIR UPR ABD TABDL RPR DIPHRG HRNA	7.00	7.00
00770	ANESTHESIA MAJOR ABDOMINAL BLOOD VESSELS	15.00	15.00
00790	ANES INTRAPERITONEAL UPPER ABDOMEN W/LAPS NOS	7.00	7.00
00792	ANES LAPS PARTIAL HEPATECTOMY W/MGMT LIVER HEMOR	13.00	13.00
00794	ANES LAPAROSCOPIC PARTIAL/TOTAL PANCREATECTOMY	8.00	8.00
00796	ANES LAPAROSCOPIC LIVER TRANSPLANT	30.00	30.00
00797	ANES IPR UPPER ABDOMEN LAPS GASTRIC RSTCV MO	11.00	11.00
00800	ANESTHESIA LOWER ANTERIOR ABDOMINAL WALL NOS	4.00	4.00
00802	ANES LOWER ANT ABDOMINAL WALL PANNICULECTOMY	5.00	5.00
00810	ANES LOWER INTESTINE ENDOSCOPY DISTAL DUODENUM	5.00	5.00
00820	ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL	5.00	5.00
00830	ANESTHESIA HERNIA REPAIR LOWER ABDOMEN NOS	4.00	4.00
00832	ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR	6.00	6.00
00834	ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE	5.00	5.00
00836	ANES HRNA RPR LWR ABD NOS INFTS <37WK BRTH/50WK	6.00	6.00
00840	ANESTHESIA INTRAPERITONEAL LOWER ABD W/LAPS NOS	6.00	6.00
00842	ANES IPER LOWER ABDOMEN W/LAPS AMNIOCENTESIS	4.00	4.00
00844	ANES IPER LOWER ABD W/LAPS ABDOMINOPRNL RESCJ	7.00	7.00
00846	ANES IPER LOWER ABD W/LAPS RAD HYSTERECTOMY	8.00	8.00
00848	ANES IPER LOWER ABD W/LAPS PELVIC EXENTERATION	8.00	8.00
00851	ANES IPER LWR ABD W/LAPS TUBAL LIGATION/TRANSECT	6.00	6.00
00860	ANES EXTRAPERITONEAL LWR ABD W/URINARY TRACT NOS	6.00	6.00
00862	ANES XTRPRTL LOWER ABD UR TRACT RENAL DON NFRCT	7.00	7.00
00864	ANES XTRPRTL LWER ABD W/URINARY TRACT TOT CYSTEC	8.00	8.00
00865	ANES XTRPRTL LWR ABD W/URINARY TRACT RAD PRSTECT	7.00	7.00
00866	ANES XTRPRTL LOWER ABD W/URIN TRACT ADRENLECTOMY	10.00	10.00
00868	ANES XTRPRTL LWR ABD W/URIN TRACT RENAL TRANSPL	10.00	10.00
00870	ANES XTRPRTL LWR ABD W/URIN TRACT CSTOLITHOTOMY	5.00	5.00
00872	ANES LITHOTRP XTRCORP SHOCK WAVE W/WATER BATH	7.00	7.00
00873	ANES LITHOTRP XTRCORP SHOCK WAVE W/O WATER BATH	5.00	5.00
00880	ANESTHESIA MAJOR LOWER ABDOMINAL VESSELS NOS	15.00	15.00
00882	ANES MAJOR LOWER ABDOMINAL VESSELS IVC LIGATION	10.00	10.00
00902	ANESTHESIA ANORECTAL PROCEDURE	5.00	5.00
00904	ANESTHESIA RADICAL PERINEAL PROCEDURE	7.00	7.00
00906	ANESTHESIA VULVECTOMY	4.00	4.00
00908	ANESTHESIA PERINEAL PROSTATECTOMY	6.00	6.00
00910	ANES TRANSURETHRAL W/URETHROCYSTOSCOPY NOS	3.00	3.00

00912	ANES TRANSURETHRAL RESECTION OF BLADDER TUMOR	5.00	5.00
00914	ANESTHESIA TRANSURETHRAL RESECTION OF PROSTATE	5.00	5.00
00916	ANES TRURL POST-TRURL RESECTION BLEEDING	5.00	5.00
00918	ANES TRURL FRAGMNTJ MANJ&/RMVL URETERAL CALCULUS	5.00	5.00
00920	ANESTHESIA MALE GENITALIA INCL OPEN URETHRAL PX	3.00	3.00
00921	ANES VASECTOMY UNI/BI INCL OPEN URETHRAL PX	3.00	3.00
00922	ANES SEMINAL VESICLES INCL OPEN URETHRAL PX	6.00	6.00
00924	ANES UNDSCND TESTIS UNI/BI INCL OPEN URTL PX	4.00	4.00
00926	ANES RAD ORCHIECTOMY INGUN INCL OPEN URTL PX	4.00	4.00
00928	ANES RAD ORCHIECTOMY ABDOMINAL INCL OPN URTL	6.00	6.00
00930	ANES ORCHIOPEXY UNI/BI INCL OPEN URETHRAL PX	4.00	4.00
00932	ANES COMPLETE AMPUTATION PENIS INCL OPEN URTL	4.00	4.00
00934	ANES RAD AMP PENIS W/BI INGUINAL LYMPH NODE RMVL	6.00	6.00
00936	ANES RAD AMP PENIS W/BI INGUNL&ILIAC LYMPH RMOVL	8.00	8.00
00938	ANES INSJ PENILE PROSTH PRNL INCL OPEN URTL	4.00	4.00
00940	ANESTHESIA VAGINAL PROCEDURE W/BIOPSY NOS	3.00	3.00
00942	ANES COLPTMY VAGNC COLPRPHY INCL BX W/OPN URTL	4.00	4.00
00944	ANESTHESIA VAGINAL HYSTERECTOMY INCL BIOPSY	6.00	6.00
00948	ANESTHESIA CERVICAL CERCLAGE INCLUDING BIOPSY	4.00	4.00
00950	ANESTHESIA CULDOSCOPY INCLUDING BIOPSY	5.00	5.00
00952	ANES HYSTEROSCOPY&/HYSTEROSALPINGOGRAPHY W/BX	4.00	4.00
01112	ANES BONE MARROW ASPIR&/BX ANT/PST ILIAC CREST	5.00	5.00
01120	ANESTHESIA ON BONY PELVIS	6.00	6.00
01130	ANESTHESIA BODY CAST APPLICATION OR REVISION	3.00	3.00
01140	ANESTHESIA INTERPELVI ABDOMINAL AMPUTATION	15.00	15.00
01150	ANES RADICAL TUMOR PELVIS XCP HINDQUARTER AMP	10.00	10.00
01160	ANES CLOSED SYMPHYSIS PUBIS/SACROILIAC JOINT	4.00	4.00
01170	ANES OPEN SYMPHYSIS PUBIS/SACROILIAC JOINT	8.00	8.00
01173	ANES OPN RPR DISRPJ PELVIS/COLUMN FX ACETABULUM	12.00	12.00
01180	ANESTHESIA OBTURATOR NEURECTOMY EXTRAPELVIC	3.00	3.00
01190	ANESTHESIA OBTURATOR NEURECTOMY INTRAPELVIC	4.00	4.00
01200	ANESTHESIA CLOSED HIP JOINT PROCEDURE	4.00	4.00
01202	ANESTHESIA ARTHROSCOPIC HIP JOINT PROCEDURE	4.00	4.00
01210	ANESTHESIA OPEN HIP JOINT PROCEDURE NOS	6.00	6.00
01212	ANESTHESIA OPEN HIP JOINT DISARTICULATION	10.00	10.00
01214	ANESTHESIA OPEN TOTAL HIP ARTHROPLASTY	8.00	8.00
01215	ANESTHESIA OPEN REVISION TOTAL HIP ARTHROPLASTY	10.00	10.00
01220	ANESTHESIA CLOSED PROCEDURES UPPER 2/3 FEMUR	4.00	4.00
01230	ANESTHESIA OPEN PROCEDURES UPPER 2/3 FEMUR NOS	6.00	6.00
01232	ANESTHESIA UPPER 2/3 FEMUR AMPUTATION	5.00	5.00
01234	ANES UPPER 2/3 FEMUR RADICAL RESCECTION	8.00	8.00
01250	ANES NERVE MUSC TENDON FASCIA & BURSAE UPPER LEG	4.00	4.00
01260	ANES VEINS OF UPPER LEG INCLUDING EXPLORATION	3.00	3.00

01270	ANESTHESIA ARTERIES UPPER LEG INCL BYPASS GRAFT	8.00	8.00
01272	ANES ART UPPER LEG W/BYPASS GRAFT FEM ART LIG	4.00	4.00
01274	ANES UPPER LEG W/BYPASS GRFT FEM ART EMBOLECTOMY	6.00	6.00
01320	ANES NERVE MUSC TENDON FASCIA&BURSA KNEE&/POPLT	4.00	4.00
01340	ANESTHESIA CLOSED PROCEDURES LOWER 1/3 FEMUR	4.00	4.00
01360	ANESTHESIA OPEN PROCEDURES LOWER 1/3 FEMUR	5.00	5.00
01380	ANESTHESIA CLOSED PROCEDURES KNEE JOINT	3.00	3.00
01382	ANESTH DIAGNOSTIC ARTHROSCOPIC PROC KNEE JOINT	3.00	3.00
01390	ANES CLOSED PROC UPPER END TIBIA FIBULA/PATELLA	3.00	3.00
01392	ANES OPEN PROC UPPER ENDS TIBIA FIBULA&/PATELLA	4.00	4.00
01400	ANES OPEN/SURG ARTHROSCOPIC PROC KNEE JOINT NOS	4.00	4.00
01402	ANESTH OPEN/SURG ARTHRS TOTAL KNEE ARTHROPLASTY	7.00	7.00
01404	ANESTH OPEN/SURG ARTHRS KNEE DISARTICULATION	5.00	5.00
01420	ANES CAST APPLICATION REMOVAL/REPAIR KNEE JOINT	3.00	3.00
01430	ANESTHESIA VEINS KNEE & POPLITEAL AREA NOS	3.00	3.00
01432	ANES KNEE & POPLITEAL ARTERY VEIN FISTULA NOS	6.00	6.00
01440	ANES ARTERIES OF KNEE & POPLITEAL AREA NOS	8.00	8.00
01442	ANES ART KNEE POPLITEAL TEAEC W/WO PATCH GRAFT	8.00	8.00
01444	ANES ART KNEE POPLITEAL EXC&GRF/RPR OCCLS/ARYS	8.00	8.00
01462	ANESTHESIA CLOSED PROC LOWER LEG ANKLE & FOOT	3.00	3.00
01464	ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT	3.00	3.00
01470	ANES NRV/MUS/TND/FASC LOWER LEG/ANKLE/FOOT NOS	3.00	3.00
01472	ANES RPR RUPTURED ACHILLES TENDON W/WO GRAFT	5.00	5.00
01474	ANESTHESIA GASTROCNEMIUS RECESSION	5.00	5.00
01480	ANES OPEN PROC BONES LOWER LEG/ANKLE/FOOT NOS	3.00	3.00
01482	ANES RADICAL RESECJ INCL BELOW KNEE AMPUTATION	4.00	4.00
01484	ANES OPEN OSTEOTOMY/OSTEOPLASTY TIBIA&/FIBULA	4.00	4.00
01486	ANESTHESIA OPEN TOTAL ANKLE REPLACEMENT	7.00	7.00
01490	ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	3.00	3.00
01500	ANESTHESIA ARTERIES LOWER LEG W/BYPASS GRAFT NOS	8.00	8.00
01502	ANES ART LOWER LEG W/BYP GRAFT EMBLC DIR/W/CATH	6.00	6.00
01520	ANESTHESIA VEINS OF LOWER LEG NOS	3.00	3.00
01522	ANES VEINS LOWER LEG VENOUS THRMBC DIR/W/CATH	5.00	5.00
01610	ANES NRV MUSC TNDN FSCIA BURSA SHOULDER & AXILLA	5.00	5.00
01620	ANES CLOSED HUMRL H/N STRNCLAV JOINT& SHO JOINT	4.00	4.00
01622	ANES DIAG ARTHROSCOPIC SHOULDER JOINT PROC NOS	4.00	4.00
01630	ANES ARTHRS HUMERAL H/N STRNCLAV & SHOULDER NOS	5.00	5.00
01634	ANESTHESIA ARTHROSCOPIC SHOULDER DISARTICULATION	9.00	9.00
01636	ANES ARTHRS INTERTHORACOSCAPULAR AMPUTATION	15.00	15.00
01638	ANES ARTHROSCOPIC TOTAL SHOULDER REPLACEMENT	10.00	10.00
01650	ANESTHESIA ARTERIES SHOULDER & AXILLA NOS	6.00	6.00
01652	ANESTHESIA AXILLARY-BRACHIAL ANEURYSM	10.00	10.00
01654	ANES ARTERIES SHOULDER & AXILLA BYPASS GRAFT	8.00	8.00

01656	ANESTHESIA AXILLARY-FEMORAL BYPASS GRAFT	10.00	10.00
01670	ANESTHESIA VEINS SHOULDER & AXILLA	4.00	4.00
01680	ANES SHOULDER CAST APPL REMOVAL/REPAIR NOS	3.00	3.00
01682	ANES SHOULDER SPICA APPLICATION REMOVAL/REPAIR	4.00	4.00
01710	ANES NRV MUSC TDN FSCA&BRS UPR ARM/ELBOW NOS	3.00	3.00
01712	ANESTHESIA OPEN TENOTOMY ELBOW TO SHOULDER	5.00	5.00
01714	ANESTHESIA TENOPLASTY ELBOW TO SHOULDER	5.00	5.00
01716	ANESTHESIA BICEPS TENODESIS RUPTURE LONG TENDON	5.00	5.00
01730	ANESTHESIA CLOSED PROCEDURES HUMERUS & ELBOW	3.00	3.00
01732	ANESTHESIA ELBOW JOINT DIAGNOSTIC ARTHROSCOPIC	3.00	3.00
01740	ANES OPEN/SURG ARTHROSCOPIC ELBOW PROC NOS	4.00	4.00
01742	ANESTHESIA OPEN/SURG ARTHRS OSTEOTOMY HUMERUS	5.00	5.00
01744	ANES OPEN/SURG ARTHRS REPRS NON/MALUNION HUMERUS	5.00	5.00
01756	ANESTHESIA OPEN/SURG ARTHRS RADICAL PROC ELBOW	6.00	6.00
01758	ANESTH OPEN/SURG ARTHRS EXC CYST/TUMOR HUMERUS	5.00	5.00
01760	ANESTH OPEN/SURG ARTHRS TOTAL ELBOW REPLACEMENT	7.00	7.00
01770	ANESTHESIA ARTERIES UPPER ARM & ELBOW NOS	6.00	6.00
01772	ANESTHESIA ARTERIES UPPER ARM&ELBOW EMBOLECTOM	6.00	6.00
01780	ANESTH CLOSED PROC RADIUS ULNA WRIST/HAND BONES	3.00	3.00
01782	ANESTHESIA VEINS UPPER ARM & ELBOW PHLEBORRHAPHY	4.00	4.00
01810	ANES NERVE MUSCLE TDN FASCIA&BURSA FOREARM WRIST	3.00	3.00
01820	ANES RADIUS ULNA WRIST/HAND BONES CLOSED PX	3.00	3.00
01829	ANESTHESIA DIAGNOSTIC ARTHROSCOPIC PROC WRIST	3.00	3.00
01830	ANES ARTHRS/ENDSCPY DSTL RADIUS ULNA/WRIST/HAND	3.00	3.00
01832	ANESTHESIA ARTHRS/ENDOSCPIC TOTAL WRIST REPLCMT	6.00	6.00
01840	ANESTHESIA ARTERIES FOREARM WRIST & HAND NOS	6.00	6.00
01842	ANES ARTERIES FOREARM WRIST & HAND EMBOLECTOMY	6.00	6.00
01844	ANESTHESIA VASCULAR SHUNT/SHUNT REVISION	6.00	6.00
01850	ANESTHESIA VEINS FOREARM WRIST & HAND NOS	3.00	3.00
01852	ANES VEINS FOREARM WRIST & HAND PHLEBORRHAPHY	4.00	4.00
01860	ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	3.00	3.00
01916	ANESTHESIA DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPH	5.00	5.00
01920	ANES C-CATHJ W/C ANGIOGRAPHY & VENTRICULOGRAPHY	7.00	7.00
01922	ANES NON-INVASIVE IMAGING/RADIATION THERAPY	7.00	7.00
01924	ANESTHESIA THER IVNTL RADIOLOGICAL ARTERIAL	6.00	6.00
01925	ANESTHESIA CAROTID/CORONARY THER IVNTL RAD	8.00	8.00
01926	ANES ICRA ICAR/AORTIC THER IVNTL RAD ARTL	10.00	10.00
01930	ANES VENOUS/LYMPHATIC NOS THER IVNTL RAD NOS	5.00	5.00
01931	ANESTHESIA INTRAHEPATIC/PORTAL THER IVNTL RAD	7.00	7.00
01932	ANESTHESIA INTRATHORACIC/JUGULAR THER IVNTL RAD	7.00	7.00
01933	ANES INTRACRANIAL THER IVNTL RAD VENS/LYMPHTC	8.00	8.00
01935	ANESTHESIA PERQ IMAGE GUIDED SPINE DIAGNOSTIC	5.00	5.00
01936	ANESTHESIA PERQ IMAGE GUIDED SPINE THERAPEUTIC	5.00	5.00

01951	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4 % TBSA	3.00	3.00
01952	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4-9 % TBSA	5.00	5.00
01953	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRF EA 9% TBS	1.00	1.00
01958	ANESTHESIA EXTERNAL CEPHALIC VERSION	5.00	5.00
01960	ANESTHESIA VAGINAL DELIVERY ONLY	5.00	5.00
01961	ANESTHESIA CESAREAN DELIVERY ONLY	7.00	7.00
01962	ANES URGENT HYSTERECTOMY FOLLOWING DELIVERY	8.00	8.00
01963	ANESTHESIA C HYST W/O ANY LABOR ANALG/ANES CARE	10.00	10.00
01965	ANESTHESIA INCOMPLETE/MISSED ABORTION	4.00	4.00
01966	ANESTHESIA INDUCED ABORTION	4.00	4.00
01967	NEURAXIAL LABOR ANALG/ANES PLND VAGINAL DELIVERY	5.00	5.00
01968	ANES CESARN DLVR FLWG NEURAXIAL LABOR ANALG/ANES	3.00	3.00
01969	ANES CESARN HYST FLWG NEURAXIAL LABOR ANALG/ANES	5.00	5.00
01990	PHYSIOL SUPPORT HARVEST ORGAN FROM BRAIN-DEAD PT	7.00	7.00
01991	ANES DX/THER NRV BLK/NJX OTH/THN PRONE POS	3.00	3.00
01992	ANES DX/THER NERVE BLOCK/INJECTION PRONE POS	5.00	5.00
01996	DAILY HOSP MGMT EDRL/SARACH CONT DRUG ADMN	3.00	3.00
01999	UNLISTED ANESTHESIA PROCEDURE	BR	BR

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MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
10021	FINE NEEDLE ASPIRATION W/O IMAGING GUIDANCE	3.49	291.42			XXX	N	321.24		378.26		XXX	N	158.18
10022	FINE NEEDLE ASPIRATION WITH IMAGING GUIDANCE	4	334.00			XXX	N	684.54		346.53		XXX	N	445.75
10030	IMAGE-GUIDED CATHETER FLUID COLLECTION DRAINAGE	22.14	1848.69			XXX	N	1341.57		1842.85		XXX	N	161.85
10035	PERQ SFT TISS LOC DEVICE PLMT 1ST LES W/GDNCE	15.18	1267.53			000	N	684.54						
10036	PERQ SFT TISS LOC DEVICE PLMT ADD LES W/GDNCE	13.2	1102.20			ZZZ	N							
10040	ACNE SURGERY	2.88	240.48			010	N	167.81		253.01		010	N	92.29
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	3.32	277.22			010	N	167.81		289.75		010	N	161.85
10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	5.85	488.48			010	N	325.10		511.02		010	N	161.85
10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	5.08	424.18			010	N	325.10		455.08		010	N	161.85
10081	INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	7.61	635.44			010	N	684.54		688.04		010	N	936.06
10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	4.3	359.05			010	N	321.24		383.27		010	N	270.47
10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMPL	7.77	648.80			010	N	2014.24		693.05		010	N	1447.15
10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	4.62	385.77			010	N	1341.57		408.32		010	N	936.06
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	3.69	308.12			010	N	325.10		326.49		010	N	161.85
10180	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	7.01	585.34			010	N	2014.24		621.24		010	N	1701.78
11000	DBRDMT EXTENSV ECZEMA/INFECT SKN UP 10% BDY SURF	1.54	128.59			000	N	610.51		135.27		000	N	270.47
11001	DBRDMT EXTNSVE ECZEMA/INFECT SKN EA 10% BDY SURF	0.61	50.94			ZZZ	N			52.61		ZZZ	N	92.29
11004	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT&PR	16.76	1399.46			000	N	1623.97		1414.49		000	N	
11005	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL	22.69	1894.62			000	N	2995.83		1918		000	N	
11006	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT/ABDL	20.34	1698.39			000	N			1724.28		000	N	
11008	REMOVAL PROSTHETIC MATRL ABDL WALL FOR INFECTION	7.98	666.33			ZZZ	N	1603.94		673.85		ZZZ	N	
11010	DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS	13.99	1168.17			010	N	1341.57		1245.82		010	N	433.96
11011	DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	15.21	1270.04			000	N	325.10		1349.36		000	N	433.96
11012	DBRDMT FX&/DISLC SUBQ T/M/F BONE	20.32	1696.72			000	N	2014.24		1781.06		000	N	433.96
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	3.3	275.55			000	N	321.24		294.76		000	N	270.47
11043	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	6.49	541.92			000	N	610.51		575.32		000	N	270.47
11044	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	8.96	748.16			000	N	1341.57		791.58		000	N	752.91
11045	DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	1.16	96.86			ZZZ	N			105.21		ZZZ	N	270.47

MEDICAL DATA														
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11046	DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	2.09	174.52			ZZZ	N			182.03		ZZZ	N	270.47
11047	DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	3.54	295.59			ZZZ	N			307.28		ZZZ	N	433.96
11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	1.34	111.89			000	N	167.81		118.57		000	N	92.29
11056	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	1.64	136.94			000	N	167.81		144.46		000	N	92.29
11057	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	1.85	154.48			000	N	321.24		161.99		000	N	137.98
11100	BX SKIN SUBCUTANEOUS&/MUCOUS MEMBRANE 1 LESION	2.92	243.82			000	N	321.24		261.36		000	N	137.98
11101	BIOPSY SKIN SUBQ&/MUCOUS MEMBRANE EA ADDL LESN	0.93	77.66			ZZZ	N			80.16		ZZZ	N	92.29
11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	2.49	207.92			010	N	167.81		219.61		010	N	92.29
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10	0.54	45.09			ZZZ	N			46.76		ZZZ	N	92.29
11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	2.74	228.79			000	N	167.81		246.33		000	N	92.29
11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	3.38	282.23			000	N	167.81		302.27		000	N	92.29
11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	3.98	332.33			000	N	167.81		356.55		000	N	92.29
11303	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	4.4	367.40			000	N	167.81		392.45		000	N	137.98
11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	2.8	233.80			000	N	167.81		246.33		000	N	92.29
11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	3.44	287.24			000	N	167.81		304.78		000	N	92.29
11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	4.06	339.01			000	N	321.24		360.72		000	N	92.29
11308	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	4.26	355.71			000	N	167.81		381.6		000	N	137.98
11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	3.2	267.20			000	N	321.24		286.41		000	N	92.29
11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	3.15	263.03			000	N	321.24		278.89		000	N	92.29
11312	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	4.53	378.26			000	N	321.24		405.81		000	N	137.98
11313	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	5.25	438.38			000	N	321.24		466.77		000	N	137.98
11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	3.5	292.25			010	N	684.54		311.46		010	N	433.96
11401	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	4.21	351.54			010	N	684.54		374.92		010	N	433.96
11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	4.68	390.78			010	N	684.54		416.67		010	N	433.96
11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM/<	5.43	453.41			010	N	1341.57		480.13		010	N	752.91
11404	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	6.17	515.20			010	N	1341.57		544.42		010	N	1447.15
11406	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	8.9	743.15			010	N	2014.24		779.06		010	N	1447.15
11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	3.46	288.91			010	N	1341.57		308.95		010	N	752.91
11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	4.43	369.91			010	N	1341.57		395.79		010	N	752.91
11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	4.96	414.16			010	N	1341.57		440.05		010	N	752.91

MEDICAL DATA														
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11423	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	5.72	477.62			010	N	1341.57		506.85		010	N	1447.15
11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	6.62	552.77			010	N	2014.24		582		010	N	1447.15
11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	9.47	790.75			010	N	2014.24		824.98		010	N	2142.94
11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	3.81	318.14			010	N	684.54		341.52		010	N	433.96
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	4.75	396.63			010	N	684.54		422.51		010	N	433.96
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	5.32	444.22			010	N	1341.57		471.78		010	N	752.91
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	6.35	530.23			010	N	1341.57		560.29		010	N	752.91
11444	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	7.98	666.33			010	N	1341.57		700.57		010	N	752.91
11446	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11.09	926.02			010	N	2014.24		966.1		010	N	2142.94
11450	EXCISION HIDRADENITIS AXILLARY SMPL/INTRM RPR	10.81	902.64			090	N	2014.24		958.58		090	N	2142.94
11451	EXCISION HIDRADENITIS AXILLARY COMPLEX REPAIR	13.78	1150.63			090	N	2014.24		1220.77		090	N	2142.94
11462	EXCISION HIDRADENITIS INGUINAL SMPL/INTRM RPR	10.55	880.93			090	N	2014.24		939.38		090	N	2142.94
11463	EXCISION HIDRADENITIS INGUINAL COMPLEX REPAIR	13.94	1163.99			090	N	2014.24		1218.27		090	N	2142.94
11470	EXCISION H/P/P/U SIMPLE/INTERMEDIATE REPAIR	11.73	979.46			090	N	2014.24		1042.08		090	N	2142.94
11471	EXCISION H/P/P/U COMPLEX REPAIR	14.48	1209.08			090	N	2014.24		1295.92		090	N	2142.94
11600	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	5.44	454.24			010	N	1341.57		484.3		010	N	752.91
11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	6.47	540.25			010	N	684.54		573.65		010	N	433.96
11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	7.02	586.17			010	N	684.54		622.91		010	N	433.96
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM/<	8.03	670.51			010	N	1341.57		707.25		010	N	752.91
11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	8.93	745.66			010	N	1341.57		788.24		010	N	752.91
11606	EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM	12.8	1068.80			010	N	2014.24		1123.91		010	N	1447.15
11620	EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	5.5	459.25			010	N	1341.57		490.98		010	N	752.91
11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	6.51	543.59			010	N	1341.57		577.82		010	N	433.96
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	7.26	606.21			010	N	1341.57		643.79		010	N	752.91
11623	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM/<	8.53	712.26			010	N	1341.57		752.34		010	N	752.91
11624	EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM	9.62	803.27			010	N	2014.24		845.86		010	N	1447.15
11626	EXCISION MALIGNANT LESION S/N/H/F/G >4.0 CM	11.6	968.60			010	N	2014.24		1019.54		010	N	2142.94
11640	EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	5.67	473.45			010	N	1341.57		506.01		010	N	433.96
11641	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	6.74	562.79			010	N	684.54		597.86		010	N	433.96
11642	EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	7.7	642.95			010	N	684.54		680.53		010	N	433.96

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
11643	EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	9.08	758.18			010	N	1341.57		800.77		010	N	752.91
11644	EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11.2	935.20			010	N	1341.57		986.14		010	N	1447.15
11646	EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	14.65	1223.28			010	N	2014.24		1281.73		010	N	2142.94
11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	0.39	32.57			000	N	79.66		28.39		000	N	36.63
11720	DEBRIDEMENT NAIL ANY METHOD 1-5	0.91	75.99			000	N	129.85		80.16		000	N	92.29
11721	DEBRIDEMENT NAIL ANY METHOD 6/>	1.27	106.05			000	N	79.66		110.22		000	N	92.29
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	2.8	233.80			000	N	167.81		244.66		000	N	92.29
11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	1.01	84.34			ZZZ	N			87.68		ZZZ	N	92.29
11740	EVACUATION SUBUNGUAL HEMATOMA	1.4	116.90			000	N	79.66		123.58		000	N	36.63
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	5.11	426.69			010	N	325.10		556.11		010	N	433.96
11752	EXC NAIL MATRIX PRM RMVL W/AMP TUFT DSTL PHALANX	9.2	768.20			010	N	2014.24		801.6		010	N	2142.94
11755	BIOPSY NAIL UNIT SEPARATE PROCEDURE	3.78	315.63			000	N	684.54		336.51		000	N	433.96
11760	REPAIR NAIL BED	5.5	459.25			010	N	610.51		590.35		010	N	110.62
11762	RECONSTRUCTION NAIL BED W/GRAFT	7.94	662.99			010	N	2009.86		712.26		010	N	1434.08
11765	WEDGE EXCISION SKIN NAIL FOLD	4.73	394.96			010	N	167.81		417.5		010	N	92.29
11770	EXCISION PILONIDAL CYST/SINUS SIMPLE	7.89	658.82			010	N	2014.24		698.9		010	N	2142.94
11771	EXCISION PILONIDAL CYST/SINUS EXTENSIVE	16.31	1361.89			090	N	2014.24		1430.36		090	N	2142.94
11772	EXCISION PILONIDAL CYST/SINUS COMPLICATED	19.78	1651.63			090	N	2014.24		1740.98		090	N	2142.94
11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	1.57	131.10			000	N	167.81		139.45		000	N	92.29
11901	INJECTION INTRALESIONAL >7 LESIONS	1.98	165.33			000	N	167.81		173.68		000	N	92.29
11920	TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	4.81	401.64			000	N	610.51		433.37		000	N	324.43
11921	TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	5.61	468.44			000	N	610.51		500.17		000	N	324.43
11922	TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	1.74	145.29			ZZZ	N			155.31		ZZZ	N	324.43
11950	SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC/<	2.08	173.68			000	N	321.24		179.53		000	N	324.43
11951	SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC	2.76	230.46			000	N	610.51		264.7		000	N	324.43
11952	SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC	3.71	309.79			000	N	610.51		346.53		000	N	324.43
11954	SUBCUTANEOUS INJECTION FILLING MATRL >10.0 CC	4.47	373.25			000	N	321.24		395.79		000	N	110.62
11960	INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ	27.05	2258.68			090	N	3044.24		2319.63		090	N	1948.12
11970	REPLACEMENT TISS EXPANDER PERMANENT PROSTHESIS	17.44	1456.24			090	N	9938.52	J1	1528.89		090	N	4434.79
11971	REMOVAL TISS EXPANDER W/O INSERTION PROSTHESIS	13.3	1110.55			090	N	2014.24		1198.23		090	N	2142.94

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11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	4.04	337.34			000	N	325.10		360.72		000	N	433.96
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION	2.66	222.11			000	N	129.85		254.68		000	N	64.04
11981	INSJ NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	3.98	332.33			XXX	N	129.85		339.85		XXX	N	64.04
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	4.52	377.42			XXX	N	129.85		383.27		XXX	N	64.04
11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	6.31	526.89			XXX	N	129.85		521.88		XXX	N	64.04
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	2.52	210.42			000	N	167.81		227.12		000	N	110.62
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	3.07	256.35			000	N	167.81		274.72		000	N	110.62
12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	3.62	302.27			000	N	167.81		322.31		000	N	110.62
12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	4.57	381.60			000	N	167.81		416.67		000	N	110.62
12006	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	5.42	452.57			000	N	167.81		503.51		000	N	110.62
12007	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	6.33	528.56			000	N	321.24		572.81		000	N	110.62
12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	3.09	258.02			000	N	167.81		277.22		000	N	110.62
12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	3.23	269.71			000	N	167.81		303.11		000	N	110.62
12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	3.78	315.63			000	N	167.81		354.04		000	N	110.62
12015	SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	4.58	382.43			000	N	167.81		431.7		000	N	110.62
12016	SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	5.82	485.97			000	N	167.81		536.07		000	N	110.62
12017	SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	4.41	368.24			000	N	167.81		377.42		000	N	110.62
12018	SIMPLE REPAIR F/E/E/N/L/M >30.0 CM	5	417.50			000	Y	167.81		500.17		000	Y	324.43
12020	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	8.23	687.21			010	N	610.51		707.25		010	N	507.49
12021	TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	4.75	396.63			010	N	610.51		427.52		010	N	324.43
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	6.7	559.45			010	N	321.24		599.53		010	N	324.43
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	8.58	716.43			010	N	321.24		765.7		010	N	324.43
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	8.82	736.47			010	N	321.24		784.07		010	N	324.43
12035	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	10.84	905.14			010	N	321.24		976.12		010	N	324.43
12036	REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	11.95	997.83			010	N	610.51		1063.79		010	N	324.43
12037	REPAIR INTERMEDIATE S/A/T/E >30.0 CM	13.55	1131.43			010	N	2009.86		1169.84		010	N	324.43
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	6.7	559.45			010	N	167.81		608.72		010	N	110.62
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	8.18	683.03			010	N	321.24		723.95		010	N	324.43
12044	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	10.16	848.36			010	N	321.24		905.14		010	N	324.43
12045	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	11.42	953.57			010	N	321.24		1011.19		010	N	324.43

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12046	RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM	13.57	1133.10			010	N	321.24		1347.69		010	N	324.43
12047	REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM	14.72	1229.12			010	Y	610.51		1477.95		010	Y	324.43
12051	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	7.31	610.39			010	N	321.24		650.47		010	N	324.43
12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	8.33	695.56			010	N	321.24		737.31		010	N	324.43
12053	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 5.1-7.5 CM	9.77	815.80			010	N	321.24		870.91		010	N	324.43
12054	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 7.6-12.5 CM	10.21	852.54			010	N	167.81		929.36		010	N	110.62
12055	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 12.6-20.0CM	13.26	1107.21			010	N	321.24		1187.37		010	N	324.43
12056	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 20.1-30.0CM	15.49	1293.42			010	N	167.81		1371.91		010	N	324.43
12057	REPAIR INTERMEDIATE F/E/E/N/L&/MUC >30.0 CM	15.98	1334.33			010	Y	321.24		1384.43		010	Y	324.43
13100	REPAIR COMPLEX TRUNK 1.1-2.5 CM	9.47	790.75			010	N	2009.86		839.18		010	N	507.49
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM	11.21	936.04			010	N	610.51		996.99		010	N	507.49
13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	3.45	288.08			ZZZ	N			305.61		ZZZ	N	324.43
13120	REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	9.91	827.49			010	N	610.51		879.26		010	N	324.43
13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	12.1	1010.35			010	N	610.51		1072.98		010	N	324.43
13122	REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<	3.78	315.63			ZZZ	N			334.84		ZZZ	N	110.62
13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	10.91	910.99			010	N	610.51		966.93		010	N	324.43
13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	13.5	1127.25			010	N	610.51		1193.22		010	N	507.49
13133	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<	5.08	424.18			ZZZ	N			443.39		ZZZ	N	324.43
13151	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	11.96	998.66			010	N	610.51		1056.28		010	N	507.49
13152	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	14.38	1200.73			010	N	610.51		1199.06		010	N	507.49
13153	REPAIR COMPLX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	5.51	460.09			ZZZ	N			481.8		ZZZ	N	324.43
13160	SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC	23.18	1935.53			090	N	3044.24		2009.85		090	N	1948.12
14000	ADJACENT TISSUE TRANSFER/REARGMT TRUNK 10 SQCM/<	17.66	1474.61			090	N	2009.86		1566.46		090	N	1434.08
14001	ADJNT TIS TRANSFR/REARRANGE TRUNK 10.1-30.0 SQCM	22.73	1897.96			090	N	2009.86		2004.84		090	N	1434.08
14020	ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<	19.77	1650.80			090	N	2009.86		1751.83		090	N	1434.08
14021	ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	24.75	2066.63			090	N	2009.86		2181.86		090	N	1434.08
14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	21.65	1807.78			090	N	2009.86		1911.32		090	N	1434.08
14041	ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	26.81	2238.64			090	N	2009.86		2356.37		090	N	1434.08
14060	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	22.09	1844.52			090	N	2009.86		1942.21		090	N	1434.08
14061	ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM	28.84	2408.14			090	N	2009.86		2532.56		090	N	1434.08

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14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	30.66	2560.11			090	Y	3044.24		2695.38		090	Y	1948.12
14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM/<	6.4	534.40			ZZZ	Y			541.08		ZZZ	Y	1948.12
14350	FILLETED FINGER/TOE FLAP W/PREPJ RECIPIENT SITE	19.95	1665.83			090	N	3044.24		1758.51		090	N	1948.12
15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	9.87	824.15			000	N	2009.86		874.25		000	N	507.49
15003	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	2.15	179.53			ZZZ	N			191.22		ZZZ	N	507.49
15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	11.4	951.90			000	N	610.51		1004.51		000	N	324.43
15005	PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT	3.55	296.43			ZZZ	N			310.62		ZZZ	N	507.49
15040	HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	7.28	607.88			000	N	610.51		651.3		000	N	324.43
15050	PINCH GRAFT 1/MLT SM ULCER TIP/OTH AREA 2CM	16.01	1336.84			090	N	610.51		1434.53		090	N	324.43
15100	SPLIT AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	24.44	2040.74			090	N	3044.24		2152.63		090	N	1948.12
15101	SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	5.29	441.72			ZZZ	N			470.11		ZZZ	N	1948.12
15110	EPIDRM AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	22.88	1910.48			090	N	2009.86		2171.84		090	N	507.49
15111	EPIDRM AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	3.32	277.22			ZZZ	N			283.07		ZZZ	N	507.49
15115	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<	23.48	1960.58			090	N	2009.86		2161.82		090	N	1434.08
15116	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM	4.4	367.40			ZZZ	N			373.25		ZZZ	N	324.43
15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/</1 %	24.25	2024.88			090	N	3044.24		2128.42		090	N	1948.12
15121	SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %	5.93	495.16			ZZZ	N			522.71		ZZZ	N	1948.12
15130	DERMAL AUTOGRAFT TRUNK/ARM/LEG 1ST 100 CM	19.16	1599.86			090	N	2009.86		1691.71		090	N	1434.08
15131	DERMAL AUTOGRAFT TRUNK/ARM/LEG EA 100 CM/EA	2.85	237.98			ZZZ	N			222.11		ZZZ	N	1434.08
15135	DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT 1ST 100	24.06	2009.01			090	N	2009.86		2190.21		090	N	1434.08
15136	DERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA	2.71	226.29			ZZZ	N			225.45		ZZZ	N	1434.08
15150	CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CM/<	19.95	1665.83			090	N	3044.24		1724.28		090	N	324.43
15151	CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM	3.51	293.09			ZZZ	N			293.09		ZZZ	N	324.43
15152	CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BODY AREA	4.31	359.89			ZZZ	N			383.27		ZZZ	N	324.43
15155	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1ST 25CM/<	20.62	1721.77			090	N	2009.86		1902.97		090	N	324.43
15156	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ADDL 1-75CM	4.54	379.09			ZZZ	N			394.12		ZZZ	N	324.43
15157	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT EA 100 EA	4.99	416.67			ZZZ	N			455.08		ZZZ	N	324.43
15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 CM/<	23.62	1972.27			090	N	3044.24		2081.66		090	N	1434.08
15201	FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 CM/<	4.2	350.70			ZZZ	N			374.92		ZZZ	N	1434.08
15220	FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 CM/<	21.89	1827.82			090	N	2009.86		1938.04		090	N	1434.08

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15221	FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 CM/<	3.88	323.98			ZZZ	N			347.36		ZZZ	N	507.49
15240	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM/<	26.55	2216.93			090	N	2009.86		2340.51		090	N	1434.08
15241	FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA20CM/<	5.25	438.38			ZZZ	N			465.1		ZZZ	N	324.43
15260	FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	28.8	2404.80			090	N	2009.86		2537.57		090	N	1434.08
15261	FTH/GFT FREE W/DIR CLSR N/E/E/L EA 20 SQ CM/<	6.14	512.69			ZZZ	N			543.59		ZZZ	N	1434.08
15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	3.99	333.17			000	N	2009.86		336.51		000	N	324.43
15272	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	0.77	64.30			ZZZ	N			62.63		ZZZ	N	110.62
15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	8.46	706.41			000	N	3044.24		673.85		000	N	507.49
15274	APP SKN SUB GRFT T/A/L AREA>/=100SCM ADL 100SQCM	2.03	169.51			ZZZ	N			151.97		ZZZ	N	324.43
15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	4.23	353.21			000	N	2009.86		379.93		000	N	324.43
15276	SUB GRFT F/S/N/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	0.98	81.83			ZZZ	N			84.34		ZZZ	N	110.62
15277	SUB GRFT F/S/N/H/F/G/M/D >/= 100SCM 1ST 100SQ CM	9.17	765.70			000	N	3044.24		735.64		000	N	507.49
15278	SUB GRFT F/S/N/H/F/G/M/D >/= 100SCM ADL 100SQ CM	2.42	202.07			ZZZ	N			182.87		ZZZ	N	324.43
15570	FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK	25.99	2170.17			090	N	3044.24		2295.42		090	N	1948.12
15572	FRMJ DIRECT/TUBE PEDICLE W/WO TR SCALP ARMS/LEGS	25.23	2106.71			090	N	3044.24		2199.39		090	N	1948.12
15574	FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F	26.01	2171.84			090	N	2009.86		2285.4		090	N	1948.12
15576	FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL	22.94	1915.49			090	N	2009.86		2032.39		090	N	1948.12
15600	DELAY FLAP/SECTIONING FLAP TRUNK	9.13	762.36			090	N	3044.24		824.15		090	N	1948.12
15610	DELAY FLAP/SECTIONING FLAP SCALP ARMS/LEGS	10.06	840.01			090	N	3044.24		899.3		090	N	1948.12
15620	DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F	12.47	1041.25			090	N	3044.24		1111.39		090	N	1948.12
15630	DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	13.03	1088.01			090	N	2009.86		1163.99		090	N	1948.12
15650	TRANSFER ANY PEDICLE FLAP ANY LOCATION	14.29	1193.22			090	N	3044.24		1273.38		090	N	1948.12
15731	FOREHEAD FLAP W/PRESERVATION VASCULAR PEDICLE	32.16	2685.36			090	N	3044.24		2828.98		090	N	1948.12
15732	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP HEAD&NC	36.66	3061.11			090	N	3044.24		3243.14		090	N	1948.12
15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	42.98	3588.83			090	Y	3044.24		3742.47		090	Y	1948.12
15736	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP UXTR	37.7	3147.95			090	N	2009.86		3307.44		090	N	1948.12
15738	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	40.08	3346.68			090	Y	3044.24		3512.01		090	Y	1948.12
15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	29	2421.50			090	N	2009.86		2539.24		090	N	1434.08
15750	FLAP NEUROVASCULAR PEDICLE	26.38	2202.73			090	Y	2009.86		2277.05		090	Y	1948.12
15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	67.03	5597.01			090	Y			5805.76		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	66.22	5529.37			090	Y	662.09		5731.44		090	Y	
15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	66.32	5537.72			090	Y			5724.76		090	Y	
15760	GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	24.3	2029.05			090	N	3044.24		2148.46		090	N	1948.12
15770	GRAFT DERMA-FAT-FASCIA	19.28	1609.88			090	Y	3044.24		1694.22		090	Y	1948.12
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	8.56	714.76			000	N	321.24		721.44		000	N	110.62
15776	PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS	14.1	1177.35			000	N	321.24		1182.36		000	N	110.62
15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	6.16	514.36			ZZZ	N			492.65		ZZZ	N	1434.08
15780	DERMABRASION TOTAL FACE	23.92	1997.32			090	N	2014.24		2302.1		090	N	2142.94
15781	DERMABRASION SEGMENTAL FACE	15.77	1316.80			090	N	684.54		1396.12		090	N	433.96
15782	DERMABRASION REGIONAL OTHER THAN FACE	18.04	1506.34			090	N	2014.24		1429.52		090	N	433.96
15783	DERMABRASION SUPERFICIAL ANY SITE	13.24	1105.54			090	N	610.51		1223.28		090	N	270.47
15786	ABRASION 1 LESION	6.93	578.66			010	N	167.81		625.42		010	N	92.29
15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	1.39	116.07			ZZZ	N			126.09		ZZZ	N	92.29
15788	CHEMICAL PEEL FACIAL EPIDERMAL	13.06	1090.51			090	N	167.81		1200.73		090	N	92.29
15789	CHEMICAL PEEL FACIAL DERMAL	15.59	1301.77			090	N	321.24		1384.43		090	N	137.98
15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	12.57	1049.60			090	N	167.81		1127.25		090	N	137.98
15793	CHEMICAL PEEL NONFACIAL DERMAL	13.99	1168.17			090	N	167.81		1248.33		090	N	92.29
15819	CERVICOPLASTY	21.11	1762.69			090	N	2009.86		1829.49		090	N	324.43
15820	BLEPHAROPLASTY LOWER EYELID	15.95	1331.83			090	N	2009.86		1469.6		090	N	1948.12
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	17.19	1435.37			090	N	2009.86		1555.61		090	N	1948.12
15822	BLEPHAROPLASTY UPPER EYELID	12.62	1053.77			090	N	2009.86		1141.45		090	N	1948.12
15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	17.19	1435.37			090	N	2009.86		1569.8		090	N	1948.12
15824	RHYTIDECTOMY FOREHEAD	31.86	2660.31			000	N	3044.24		2821.47		000	N	1948.12
15825	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	35.84	2992.64			000	N	3044.24		3174.67		000	N	1948.12
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	25.88	2160.98			000	N	2009.86		2292.91		000	N	1948.12
15828	RHYTIDECTOMY CHEEK CHIN & NECK	67.69	5652.12			000	N	3044.24		5996.97		000	N	1948.12
15829	RHYTIDECTOMY SMAS FLAP	75.66	6317.61			000	N	3044.24		6701.71		000	N	1948.12
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	33.67	2811.45			090	Y	5194.18		2915.82		090	Y	2142.94
15832	EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	26.33	2198.56			090	Y	2014.24		2337.17		090	Y	2142.94
15833	EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	24.69	2061.62			090	N	2014.24		2187.7		090	N	2142.94

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15834	EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	25.44	2124.24			090	N	2014.24		2230.29		090	N	2142.94
15835	EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	26.63	2223.61			090	N	2014.24		2353.03		090	N	2142.94
15836	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	21.85	1824.48			090	N	2014.24		1982.29		090	N	1447.15
15837	EXC EXCESSIVE SKIN &SUBQ TISSUE FOREARM/HAND	22.98	1918.83			090	N	2014.24		2226.95		090	N	1447.15
15838	EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	16.44	1372.74			090	N	2014.24		1425.35		090	N	1447.15
15839	EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	25.19	2103.37			090	N	2014.24		2181.86		090	N	1447.15
15840	GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT	29	2421.50			090	N	3044.24		2539.24		090	N	1948.12
15841	GRAFT FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	46.55	3886.93			090	Y	3044.24		3974.6		090	Y	1948.12
15842	GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG	75.73	6323.46			090	Y	2009.86		6567.28		090	Y	1948.12
15845	GRF FACIAL NERVE PARALYSIS REGIONAL MUSCLE TR	28.76	2401.46			090	Y	3044.24		2540.91		090	Y	1948.12
15847	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN	13.94	1163.99			YYY	Y			1234.97		YYY	Y	2142.94
15850	REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON	2.52	210.42			XXX	N	2009.86		217.1		XXX	N	270.47
15851	REMOVAL SUTURES UNDER ANESTHESIA OTHER SURGEON	2.8	233.80			000	N	610.51		250.5		000	N	270.47
15852	DRESSING CHANGE UNDER ANESTHESIA	1.35	112.73			000	N	129.85		114.4		000	N	64.04
15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	3.19	266.37			000	N	129.85		275.55		000	N	64.04
15876	SUCTION ASSISTED LIPECTOMY HEAD & NECK	0	BR			000	N	3044.24		BR		000	N	1948.12
15877	SUCTION ASSISTED LIPECTOMY TRUNK	0	BR			000	N	3044.24		BR		000	N	1948.12
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	0	BR			000	N	3044.24		BR		000	N	1948.12
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	0	BR			000	N	3044.24		BR		000	N	1948.12
15920	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/PRIM SUTR	17.34	1447.89			090	N	2014.24		1520.54		090	N	433.96
15922	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/FLAP CLSR	22.36	1867.06			090	Y	2009.86		1962.25		090	Y	1948.12
15931	EXCISION SACRAL PRESSURE ULCER W/PRIMARY SUTURE	19.73	1647.46			090	N	2014.24		1695.89		090	N	2142.94
15933	EXC SACRAL PRESSURE ULC W/PRIM SUTR W/OSTECTOMY	24.34	2032.39			090	N	2014.24		2119.23		090	N	2142.94
15934	EXCISION SACRAL PRESSURE ULCER W/SKIN FLAP CLSR	26.64	2224.44			090	N	2009.86		2298.76		090	N	1948.12
15935	EXC SACRAL PR ULCER W/SKN FLAP CLSR W/OSTECTOMY	31.39	2621.07			090	Y	3044.24		2754.67		090	Y	1948.12
15936	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF CLSR	25.59	2136.77			090	N	2009.86		2228.62		090	N	1434.08
15937	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF OSTC	29.67	2477.45			090	N	3044.24		2591.01		090	N	1948.12
15940	EXC ISCHIAL PRESSURE ULCER W/PRIMARY SUTURE	20.12	1680.02			090	N	2014.24		1733.46		090	N	2142.94
15941	EXC ISCHIAL PR ULC W/PRIM SUTR W/OSTC ISCHIECT	25.78	2152.63			090	N	2014.24		2271.2		090	N	2142.94
15944	EXC ISCHIAL PRESSURE ULCER W/SKIN FLAP CLOSURE	25.4	2120.90			090	N	3044.24		2257.01		090	N	1948.12

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15945	EXC ISCHIAL PR ULC W/SKN FLAP CLSR W/OSTECTOMY	27.99	2337.17			090	N	3044.24		2474.11		090	N	1948.12
15946	EXC ISCHIAL PR ULCER W/OSTC MUSC/MYOQ FLAP/SKIN	46.96	3921.16			090	N	3044.24		4081.48		090	N	1948.12
15950	EXC TROCHANTERIC PRESSURE ULCER W/PRIMARY SUTR	16.97	1417.00			090	N	2014.24		1457.91		090	N	2142.94
15951	EXC TRCHNTRIC PR ULCER W/PRIM SUTR W/OSTECTOMY	25.15	2100.03			090	N	2014.24		1991.48		090	N	2142.94
15952	EXC TROCHANTERIC PR ULCER W/SKIN FLAP CLOSURE	25.68	2144.28			090	Y	2009.86		2285.4		090	Y	1434.08
15953	EXC TRCHNTRIC PR ULC W/SKN FLAP CLSR W/OSTECTOMY	28.48	2378.08			090	N	3044.24		2496.65		090	N	1434.08
15956	EXC TROCHANTERIC PR ULCER MUSC/MYOQ FLAP/SKIN	33.09	2763.02			090	N	2009.86		2880.75		090	N	1434.08
15958	EXC TRCHNTRIC PR ULC MUSC/MYOQ FLAP/SKIN W/OSTC	33.64	2808.94			090	N	2009.86		2936.7		090	N	1434.08
15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	0	BR			YYY	N	325.10		BR		YYY	N	433.96
16000	INITIAL TX 1ST DEGREE BURN LOCAL TX	1.95	162.83			000	N	167.81		171.18		000	N	92.29
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	2.31	192.89			000	N	167.81		204.58		000	N	137.98
16025	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	4.18	349.03			000	N	321.24		368.24		000	N	137.98
16030	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	5.27	440.05			000	N	321.24		459.25		000	N	137.98
16035	ESCHAROTOMY FIRST INCISION	5.61	468.44			000	N	610.51		490.15		000	N	137.98
16036	ESCHAROTOMY EACH ADDITIONAL INCISION	2.33	194.56			ZZZ	N			198.73		ZZZ	N	
17000	DESTRUCTION PREMALIGNANT LESION 1ST	1.89	157.82			010	N	167.81		204.58		010	N	92.29
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	0.16	13.36			ZZZ	N			16.7		ZZZ	N	36.63
17004	DESTRUCTION PREMALIGNANT LESION 15/>	4.25	354.88			010	N	321.24		424.18		010	N	270.47
17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM	9.68	808.28			090	N	610.51		842.52		090	N	270.47
17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	12.31	1027.89			090	N	610.51		1096.36		090	N	270.47
17108	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	18.15	1515.53			090	N	2009.86		1599.03		090	N	270.47
17110	DESTRUCTION BENIGN LESIONS UP TO 14	3.13	261.36			010	N	167.81		280.56		010	N	92.29
17111	DESTRUCTION BENIGN LESIONS 15/>	3.71	309.79			010	N	167.81		332.33		010	N	137.98
17250	CHEMICAL CAUTERIZATION GRANULATION TISSUE	2.24	187.04			000	N	167.81		202.07		000	N	137.98
17260	DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<	2.68	223.78			010	N	167.81		235.47		010	N	137.98
17261	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	4.06	339.01			010	N	167.81		362.39		010	N	137.98
17262	DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM	4.95	413.33			010	N	167.81		439.21		010	N	137.98
17263	DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM	5.41	451.74			010	N	167.81		479.29		010	N	137.98
17264	DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM	5.8	484.30			010	N	321.24		514.36		010	N	137.98
17266	DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM	6.58	549.43			010	N	610.51		581.16		010	N	270.47

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17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/>	4.26	355.71			010	N	321.24		379.09		010	N	137.98
17271	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM	4.61	384.94			010	N	321.24		410.82		010	N	137.98
17272	DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	5.27	440.05			010	N	167.81		466.77		010	N	137.98
17273	DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM	5.88	490.98			010	N	321.24		520.21		010	N	270.47
17274	DESTRUCTION MALIGNANT LESION S/N/H/F/G 3.1-4.0CM	6.95	580.33			010	N	610.51		612.89		010	N	270.47
17276	DSTRJ MAL LESION S/N/H/F/G LESION DIAM > 4.0 CM	8.05	672.18			010	N	610.51		709.75		010	N	270.47
17280	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	3.98	332.33			010	N	167.81		354.88		010	N	137.98
17281	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	5.03	420.01			010	N	321.24		445.89		010	N	270.47
17282	DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM	5.79	483.47			010	N	321.24		511.02		010	N	270.47
17283	DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	6.93	578.66			010	N	321.24		610.39		010	N	270.47
17284	DESTRUCTION MAL LESION F/E/E/N/L/M 3.1-4.0CM	7.92	661.32			010	N	321.24		693.89		010	N	270.47
17286	DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	10.17	849.20			010	N	321.24		897.63		010	N	270.47
17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	18.72	1563.12			000	N	610.51		1630.76		000	N	474.58
17312	MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL STAGE	11	918.50			ZZZ	N			976.12		ZZZ	N	474.58
17313	MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS	17.5	1461.25			000	N	610.51		1487.97		000	N	474.58
17314	MOHS TRUNK/ARM/LEG EA STAGE AFTER 1ST STAGE	10.55	880.93			ZZZ	N			905.14		ZZZ	N	474.58
17315	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE	2.26	188.71			ZZZ	N			193.72		ZZZ	N	474.58
17340	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	1.46	121.91			010	N	43.46		126.92		010	N	92.29
17360	CHEMICAL EXFOLIATION ACNE	3.65	304.78			010	N	167.81		323.15		010	N	137.98
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	2.15	179.53			000	N	610.51		186.21		000	N	137.98
17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE	0	BR			YYY	N	167.81		BR		YYY	N	36.63
19000	PUNCTURE ASPIRATION CYST BREAST	3.21	268.04			000	N	684.54		279.73		000	N	445.75
19001	PUNCTURE ASPIRATION BREAST EACH ADDITIONAL CYST	0.77	64.30			ZZZ	N			65.13		ZZZ	N	158.18
19020	MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	13.42	1120.57			090	N	2014.24		1200.73		090	N	1701.78
19030	INJECTION MAMMARY DUCTOGRAM/GALACTOGRAM	4.69	391.62			000	N			398.3		000	N	
19081	BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19.7	1644.95			000	N	1341.57		1589.84		000	N	806.61
19082	BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	16.28	1359.38			ZZZ	N			1284.23		ZZZ	N	
19083	BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19.05	1590.68			000	N	1341.57		1578.99		000	N	806.61
19084	BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	15.66	1307.61			ZZZ	N			1266.7		ZZZ	N	
19085	BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	29.26	2443.21			000	N	2014.24		2389.77		000	N	806.61

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
19086	BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	23.18	1935.53			ZZZ	N			1904.64		ZZZ	N	
19100	BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	4.28	357.38			000	N	1341.57		381.6		000	N	445.75
19101	BIOPSY BREAST OPEN INCISIONAL	9.71	810.79			010	N	3116.10		862.56		010	N	2403.13
19105	ABLTJ CRYOSURGICAL W/US GID EA FIBROADENOMA	60.74	5071.79			000	N	5194.18		4969.92		000	N	3172.31
19110	NIPPLE EXPLORATION	13.8	1152.30			090	N	3116.10		1236.64		090	N	2403.13
19112	EXCISION LACTIFEROUS DUCT FISTULA	12.97	1083.00			090	N	3116.10		1176.52		090	N	2403.13
19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	14.11	1178.19			090	N	3116.10		1230.79		090	N	2403.13
19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	15.65	1306.78			090	N	3116.10		1366.06		090	N	2403.13
19126	EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL	4.68	390.78			ZZZ	N			394.12		ZZZ	N	2403.13
19260	EXCISION CHEST WALL TUMOR INCLUDING RIBS	34.7	2897.45			090	Y	2014.24		3025.21		090	Y	1447.15
19271	EXC CHEST TUMOR W/RCNSTJ W/O MEDSTNL LMPHADEC	46.96	3921.16			090	Y			4083.99		090	Y	
19272	EXC CHEST TUMOR W/RCNSTJ W/MEDSTNL LMPHADEC	51.34	4286.89			090	Y			4517.35		090	Y	
19281	PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	6.8	567.80			000	N	684.54		572.81		000	N	64.04
19282	PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	4.76	397.46			ZZZ	N			397.46		ZZZ	N	
19283	PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	7.65	638.78			000	N	684.54		650.47		000	N	64.04
19284	PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	5.77	481.80			ZZZ	N			476.79		ZZZ	N	
19285	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	14.62	1220.77			000	N	684.54		1100.53		000	N	64.04
19286	PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	12.84	1072.14			ZZZ	N			922.68		ZZZ	N	
19287	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO MR GUID	24.44	2040.74			000	N	684.54		2039.07		000	N	64.04
19288	PERQ BREAST LOC DEVICE PLACEMT ADD LESIO MR GUID	19.71	1645.79			ZZZ	N			1623.24		ZZZ	N	
19296	PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST	112.18	9367.03			000	N	15115.50	J1	10595.32		000	N	5885.38
19297	PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST	2.75	229.63			ZZZ	N			229.63		ZZZ	N	5885.38
19298	PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST	29.88	2494.98			000	N	15115.50	J1	2869.9		000	N	5885.38
19300	MASTECTOMY GYNECOMASTIA	14.91	1244.99			090	N	3116.10		1309.28		090	N	2403.13
19301	MASTECTOMY PARTIAL	18.81	1570.64			090	N	3116.10		1608.21		090	N	2403.13
19302	MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY	25.92	2164.32			090	Y	5194.18		2216.09		090	Y	4174.67
19303	MASTECTOMY SIMPLE COMPLETE	29.13	2432.36			090	Y	5194.18		2489.97		090	Y	3172.31
19304	MASTECTOMY SUBCUTANEOUS	16.51	1378.59			090	Y	3116.10		1428.69		090	Y	3172.31
19305	MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES	32.51	2714.59			090	Y	4960.89		2788.9		090	Y	
19306	MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES	34.58	2887.43			090	Y			2965.92		090	Y	

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19307	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN	34.49	2879.92			090	Y	5194.18		2953.4		090	Y	4174.67
19316	MASTOPEXY	22.09	1844.52			090	Y	5194.18		1917.16		090	Y	3172.31
19318	REDUCTION MAMMAPLASTY	31.63	2641.11			090	Y	5194.18		2765.52		090	Y	4174.67
19324	MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT	14.08	1175.68			090	N	5194.18		1219.94		090	N	4174.67
19325	MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT	18.35	1532.23			090	N	15115.50	J1	1619.9		090	N	5885.38
19328	REMOVAL INTACT MAMMARY IMPLANT	14.2	1185.70			090	N	3116.10		1244.15		090	N	3172.31
19330	REMOVAL MAMMARY IMPLANT MATERIAL	18.19	1518.87			090	N	3116.10		1587.34		090	N	3172.31
19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	28.79	2403.97			090	N	5194.18		2518.36		090	N	4174.67
19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	26.45	2208.58			090	N	15115.50	J1	2316.29		090	N	5885.38
19350	NIPPLE/AREOLA RECONSTRUCTION	23.46	1958.91			090	N	3116.10		2074.98		090	N	2403.13
19355	CORRECTION INVERTED NIPPLES	20.11	1679.19			090	N	3116.10		1756.01		090	N	3172.31
19357	BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ	43.15	3603.03			090	Y	15115.50	J1	3798.42		090	Y	5885.38
19361	BRST RCNSTJ W/LATSMS D/SI FLAP WO PRSTHC IMPL	45.24	3777.54			090	Y	4786.11		3952.06		090	Y	
19364	BREAST RECONSTRUCTION FREE FLAP	79.24	6616.54			090	Y	2914.81		6890.42		090	Y	
19366	BREAST RECONSTRUCTION OTHER TECHNIQUE	40.48	3380.08			090	Y	5194.18		3462.75		090	Y	3172.31
19367	BREAST RECONSTRUCTION TRAM FLAP 1 PEDICLE	51.44	4295.24			090	Y			4482.28		090	Y	
19368	BREAST RECONSTRUCTION TRAM 1 PEDCL MVASC ANAST	63.31	5286.39			090	Y			5511.84		090	Y	
19369	BREAST RECONSTRUCTION TRAM FLAP DOUBLE PEDICLE	58.81	4910.64			090	Y			5116.05		090	Y	
19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	19.66	1641.61			090	N	5194.18		1721.77		090	N	3172.31
19371	PERIPROSTHETIC CAPSULECTOMY BREAST	22.48	1877.08			090	N	3116.10		1969.77		090	N	3172.31
19380	REVISION RECONSTRUCTED BREAST	22.16	1850.36			090	N	5194.18		1941.38		090	N	4174.67
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	7.88	657.98			000	N	3116.10		746.49		000	N	3172.31
19499	UNLISTED PROCEDURE BREAST	0	BR			YYY	N	3116.10		BR		YYY	N	2403.13
20005	I&D SOFT TISSUE ABSCESS SUBFASC	8.83	737.31			010	N	2014.24		777.39		010	N	752.91
20100	EXPLORATION PENETRATING WOUND SPX NECK	17.55	1465.43			010	Y	982.18		1482.13		010	Y	643.2
20101	EXPLORATION PENETRATING WOUND SPX CHEST	12.79	1067.97			010	N	3044.24		1161.49		010	N	1948.12
20102	EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	14	1169.00			010	N	2009.86		1247.49		010	N	1948.12
20103	EXPLORATION PENETRATING WOUND SPX EXTREMITY	16.58	1384.43			010	N	1341.57		1472.11		010	N	936.06
20150	EXCISION EPIPHYSEAL BAR	25.97	2168.50			090	Y	3411.83		2494.15		090	Y	4434.79
20200	BIOPSY MUSCLE SUPERFICIAL	5.9	492.65			000	N	2014.24		525.22		000	N	1447.15

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20205	BIOPSY MUSCLE DEEP	8.25	688.88			000	N	2014.24		733.13		000	N	1447.15
20206	BIOPSY MUSCLE PERCUTANEOUS NEEDLE	6.72	561.12			000	N	1341.57		590.35		000	N	806.61
20220	BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL	4.8	400.80			000	N	1341.57		417.5		000	N	752.91
20225	BIOPSY BONE TROCAR/NEEDLE DEEP	14.97	1250.00			000	N	2014.24		1341.85		000	N	1447.15
20240	BIOPSY BONE OPEN SUPERFICIAL	4.45	371.58			000	N	2014.24		551.1		010	N	2142.94
20245	BIOPSY BONE OPEN DEEP	14.93	1246.66			010	N	2014.24		1550.6		010	N	2142.94
20250	BIOPSY VERTEBRAL BODY OPEN THORACIC	11.27	941.05			010	N	3411.83		965.26		010	N	2975.93
20251	BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL	12.24	1022.04			010	Y	3411.83		1040.41		010	Y	2975.93
20500	INJECTION SINUS TRACT THERAPEUTIC SEPARATE PROC	2.96	247.16			010	N	982.18		263.03		010	N	643.2
20501	INJECTION SINUS TRACT DIAGNOSTIC	3.36	280.56			000	N			290.58		000	N	
20520	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	5.79	483.47			010	N	1341.57		511.02		010	N	433.96
20525	RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP	13.65	1139.78			010	N	2014.24		1224.95		010	N	2142.94
20526	INJECTION THERAPEUTIC CARPAL TUNNEL	2.19	213.75			000	N	318.68		213.75		000	N	235.58
20527	INJECTION ENZYME PALMAR FASCIAL CORD	2.39	199.57			000	N	318.68		187.88		000	N	235.58
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	1.67	143.62			000	N	318.68		143.62		000	N	235.58
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	1.71	148.63			000	N	318.68		148.63		000	N	235.58
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	1.57	136.94			000	N	318.68		136.94		000	N	235.58
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	1.81	159.49			000	N	318.68		159.49		000	N	235.58
20555	PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	9.43	787.41			000	N	2072.60		814.13		000	N	2975.93
20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	1.35	116.07			000	N	318.68		116.07		000	N	235.58
20604	ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	2.05	171.18			000	N	318.68		194.75		000	N	261.97
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	1.42	183.35			000	N	318.68		183.35		000	N	235.58
20606	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	2.27	189.55			000	N	318.68		215.65		000	N	261.97
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	1.71	169.10			000	N	318.68		169.1		000	N	235.58
20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	2.6	217.10			000	N	318.68		248.9		000	N	261.97
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	1.72	143.62			000	N	318.68		149.47		000	N	235.58
20615	ASPIRATION & INJECTION TREATMENT BONE CYST	6.96	581.16			010	N	1341.57		607.05		010	N	445.75
20650	INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX	5.9	492.65			010	N	3411.83		514.36		010	N	2975.93
20660	APPL CRANIAL TONG/STRTCTC FRAME W/REMOVAL SPX	7.13	595.36			000	N	1561.58		597.03		000	N	514.57
20661	APPLICATION HALO CRANIAL INCLUDING REMOVAL	14.59	1218.27			090	N			1270.04		090	N	

MEDICAL DATA														
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20662	APPLICATION HALO PELVIC INCLUDING REMOVAL	12.41	1036.24			090	N	2072.60		1051.27		090	N	2006.48
20663	APPLICATION HALO FEMORAL INCLUDING REMOVAL	13.46	1123.91			090	N	3411.83		1168.17		090	N	2975.93
20664	APPL HALO 6/> PINS THIN SKULL OSTEOLOGY	25.41	2121.74			090	N			2178.52		090	N	
20665	REMOVAL TONG/HALO APPLIED BY ANOTHER INDIVIDUAL	3	250.50			010	N	129.85		255.51		010	N	64.04
20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	10.78	900.13			010	N	2014.24		978.62		010	N	1447.15
20680	REMOVAL IMPLANT DEEP	17.65	1473.78			090	N	2014.24		1568.97		090	N	2142.94
20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	17.1	1744.20			090	N	9938.52	J1	1462.09		090	N	2975.93
20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	32.18	3282.36			090	Y	14128.14	J1	2770.53		090	Y	2975.93
20693	ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES	12.81	1306.62			090	N	3411.83		1131.43		090	N	2975.93
20694	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	12.15	1239.30			090	N	2072.60		1065.46		090	N	2006.48
20696	XTRNL FIXJ W/STEREOTACTIC ADJUSTMENT 1ST & SUBQ	34.65	3534.30			090	Y	21075.80	J1	2844.01		090	Y	2975.93
20697	XTRNL FIXJ W/STRTCTC ADJUSTMENT EXCHANGE STRUT	56.25	5737.50			000	Y	1561.58		5390.76		000	Y	1077.75
20802	REPLANTATION ARM COMPLETE AMPUTATION	69.27	7065.54			090	Y			5668.82		090	Y	
20805	REPLANTATION FOREARM COMPLETE AMPUTATION	95.22	9712.44			090	Y			7583.47		090	Y	
20808	REPLANTATION HAND COMPLETE AMPUTATION	115.94	11825.88			090	Y			8952.04		090	Y	
20816	RPLJ DGT EXCEPT THMB MTCARPHLNGL JT COMPL AMP	59.71	6090.42			090	Y			4898.11		090	Y	
20822	RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	51.57	5260.14			090	Y	3411.83		4520.69		090	Y	2665.47
20824	RPLJ THMB CARP/MTCRPL JT MP JT COMPL AMPUTATION	58.69	5986.38			090	Y			5288.06		090	Y	
20827	RPLJ THUMB DISTAL TIP MP JOINT COMPL AMPUTATION	52.67	5372.34			090	Y			4645.11		090	Y	
20838	REPLANTATION FOOT COMPLETE AMPUTATION	69.98	7137.96			090	Y			6424.49		090	Y	
20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL	11.93	1216.86			000	Y	3411.83		1071.31		000	Y	2975.93
20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	8.26	842.52			000	Y	14128.14	J1	759.02		000	Y	2975.93
20910	CARTILAGE GRAFT COSTOCHONDRAL	11.81	1204.62			090	N	610.51		1125.58		090	N	1948.12
20912	CARTILAGE GRAFT NASAL SEPTUM	13.82	1409.64			090	N	3044.24		1206.58		090	N	1948.12
20920	FASCIA LATA GRAFT BY STRIPPER	11.33	1155.66			090	N	2009.86		987.81		090	N	1434.08
20922	FASCIA LATA GRAFT INCISION & AREA EXPOSURE	17.42	1776.84			090	Y	3044.24		1533.9		090	Y	1434.08
20924	TENDON GRAFT FROM A DISTANCE	14.53	1482.06			090	Y	3411.83		1256.68		090	Y	2975.93
20926	TISSUE GRAFTS OTHER	12.37	1261.74			090	N	3044.24		1098.86		090	N	1434.08
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	3.5	357.00			XXX	N			295.59		XXX	N	
20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	3.29	335.58			ZZZ	N			313.5		ZZZ	N	

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20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	3.67	374.34			XXX	N			308.95		XXX	N	
20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	4.89	498.78			ZZZ	Y			411.66		ZZZ	Y	
20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	5.4	550.80			ZZZ	Y			452.57		ZZZ	Y	
20950	MNTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME	7.18	599.53			000	N	684.54		652.14		000	N	161.85
20955	BONE GRAFT MICROVASCULAR ANASTOMOSIS FIBULA	72.41	6046.24			090	Y			6220.75		090	Y	
20956	BONE GRAFT MICROVASCULAR ANAST ILIAC CREST	76.68	6402.78			090	Y			6532.21		090	Y	
20957	BONE GRAFT MICROVASCULAR ANAST METATARSAL	70.79	5910.97			090	Y			5590.33		090	Y	
20962	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	61.05	5097.68			090	Y			5375.73		090	Y	
20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	80	6680.00			090	Y			6922.15		090	Y	
20970	FREE OSTQ FLAP W/MVASC ANASTOMOSIS ILIAC CREST	84.54	7059.09			090	Y			6781.04		090	Y	
20972	FREE OSTQ FLAP W/MVASC ANASTOMOSIS METATARSAL	68.26	5699.71			090	Y	9938.52	J1	5361.54		090	Y	5583.26
20973	FR OSTQ FLAP W/MVASC ANAST GRT TOE W/WEB SPACE	76.16	6359.36			090	Y	9938.52	J1	6947.2		090	Y	5583.26
20974	ELECTRICAL STIMULATION BONE HEALING NONINVASIVE	2.18	182.03			000	N			192.05		000	N	
20975	ELECTRICAL STIMULATION BONE HEALING INVASIVE	5.15	430.03			000	Y			437.54		000	Y	
20979	LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE	1.49	124.42			000	N	43.46		131.1		000	N	64.04
20982	ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	85.95	7176.83			000	N	3411.83		8894.42		000	N	4434.79
20983	ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	206.51	17243.59			000	N	5865.24		18640.9		000	N	4667.41
20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	4.26	355.71			ZZZ	N			361.56		ZZZ	N	
20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	0	BR			YYY	N	2072.60		BR		YYY	N	2006.48
21010	ARTHROTOMY TEMPOROMANDIBULAR JOINT	21.4	1786.90			090	N	7911.96	J1	1896.29		090	N	4230.05
21011	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	9.94	829.99			090	Y	1341.57		878.42		090	Y	752.91
21012	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>	9.75	814.13			090	Y	2014.24		836.67		090	Y	752.91
21013	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL <2CM	14.82	1237.47			090	Y	1341.57		1303.44		090	Y	752.91
21014	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>	15	1252.50			090	Y	2014.24		1292.58		090	Y	752.91
21015	RAD RESECTION TUMOR SOFT TISS FACE/SCALP < 2CM	20.44	1706.74			090	N	2014.24		1765.19		090	N	1447.15
21016	RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/>	29.5	2463.25			090	Y	2014.24		2568.46		090	Y	2142.94
21025	EXCISION BONE MANDIBLE	25.81	2155.14			090	N	7911.96	J1	2229.45		090	N	4230.05
21026	EXCISION FACIAL BONE	17.82	1487.97			090	N	2302.81		1565.63		090	N	2321.87
21029	REMOVAL CONTOURING BENIGN TUMOR FACIAL BONE	22.04	1840.34			090	N	2302.81		1966.43		090	N	2321.87
21030	EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL & CURTG	15.01	1253.34			090	N	2302.81		1310.95		090	N	2321.87

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
21031	EXCISION TORUS MANDIBULARIS	11.43	954.41			090	N	2302.81		988.64		090	N	2321.87
21032	EXCISION MAXILLARY TORUS PALATINUS	11.62	970.27			090	N	2302.81		1009.52		090	N	2321.87
21034	EXCISION MALIGNANT TUMOR MAXILLA/ZYGOMA	37.98	3171.33			090	Y	7911.96	J1	3313.28		090	Y	4230.05
21040	EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT	15.12	1262.52			090	N	2302.81		1318.47		090	N	2321.87
21044	EXCISION MALIGNANT TUMOR MANDIBLE	25.38	2119.23			090	Y	7911.96	J1	2205.24		090	Y	2321.87
21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	35.58	2970.93			090	Y			3048.59		090	Y	
21046	EXC BENIGN TUMOR/CYST MNDBL INTRA-ORAL OSTEOT	32.51	2714.59			090	N	7911.96	J1	2763.02		090	N	4230.05
21047	EXC B9 TUM/CST MNDBL XTR-ORAL OSTEOT&PRTL MNDB	38.35	3202.23			090	Y	7911.96	J1	3225.61		090	Y	4230.05
21048	EXC BENIGN TUMOR/CYST MAXL INTRA-ORAL OSTEOT	33.33	2783.06			090	N	7911.96	J1	2834.83		090	N	4230.05
21049	EXC B9 TUM/CST MAXL XTR-ORAL OSTEOT&PRTL MAXLC	35.13	2933.36			090	Y	7911.96	J1	3026.88		090	Y	4230.05
21050	CONDYLECTOMY TEMPOROMANDIBULAR JOINT SPX	24.33	2031.56			090	N	7911.96	J1	2167.66		090	N	4230.05
21060	MENISCECTOMY PRTL/COMPL TEMPOROMANDIBULAR JT SPX	23.04	1923.84			090	Y	7911.96	J1	2057.44		090	Y	4230.05
21070	CORONOIDECTOMY SEPARATE PROCEDURE	17.66	1474.61			090	N	7911.96	J1	1598.19		090	N	4230.05
21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	11.16	931.86			090	N	982.18		986.14		090	N	2321.87
21076	IMPRESSION&PREPARATION SURG OBTURATOR PROSTHES	29.1	2429.85			010	N	982.18		2461.58		010	N	2321.87
21077	IMPRESSION & PREPARATION ORBITAL PROSTHESIS	72.99	6094.67			090	N	7911.96	J1	6174.83		090	N	4230.05
21079	IMPRESSION & PREPARATION INTERIM OBTURATOR PROST	49.12	4101.52			090	N	7911.96	J1	4170.83		090	N	4230.05
21080	IMPRESSION & PREPJ DEFINITIVE OBTURATOR PROSTHES	55.13	4603.36			090	N	7911.96	J1	4682.68		090	N	4230.05
21081	IMPRESSION & PREPJ MANDIBULAR RESECTION PROSTHES	50.92	4251.82			090	N	7911.96	J1	4319.46		090	N	4230.05
21082	IMPRESSION & PREPJ PALATAL AUGMENTATION PROSTHES	48.13	4018.86			090	N	7911.96	J1	4103.19		090	N	4230.05
21083	IMPRESSION & PREPARATION PALATAL LIFT PROSTHESIS	45.86	3829.31			090	N	7911.96	J1	3825.97		090	N	4230.05
21084	IMPRESSION & PREPARATION SPEECH AID PROSTHESIS	52.72	4402.12			090	N	7911.96	J1	4466.42		090	N	4230.05
21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	22.05	1841.18			010	N	982.18		2075.81		010	N	643.2
21086	IMPRESSION & PREPARATION AURICULAR PROSTHESIS	54.29	4533.22			090	N	7911.96	J1	4601.69		090	N	4230.05
21087	IMPRESSION & PREPARATION NASAL PROSTHESIS	54.2	4525.70			090	N	7911.96	J1	4556.6		090	N	4230.05
21088	IMPRESSION & PREPARATION FACIAL PROSTHESIS	0	BR			090	N	7911.96	J1	BR		090	N	4230.05
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	0	BR			YYY	N	184.14		BR		YYY	N	100.74
21100	APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX	29.58	2469.93			090	N	7911.96	J1	1530.56		090	N	4230.05
21110	APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	23.29	1944.72			090	N	982.18		2037.4		090	N	643.2
21116	INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	4.16	347.36			000	N			384.1		000	N	

MEDICAL DATA														
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21120	GENIOPLASTY AUGMENTATION	18.97	1934.94			090	N	7911.96	J1	1588.17		090	N	4230.05
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	23.4	2386.80			090	Y	2302.81		1935.53		090	Y	2321.87
21122	GENIOPLASTY 2/> SLIDING OSTEOTOMIES	19.01	1939.02			090	Y	2302.81		1747.66		090	Y	2321.87
21123	GENIOP SLIDING AGMNTJ W/INTERPOSAL BONE GRAFTS	27.04	2758.08			090	Y	2302.81		2177.68		090	Y	2321.87
21125	AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL	87.62	8937.24			090	Y	2302.81		8838.48		090	Y	2321.87
21127	AGMNTJ MNDBLR BDY/ANGL W/GRF ONLAY/INTERPOSAL	126.73	12926.46			090	Y	7911.96	J1	9997.46		090	Y	4230.05
21137	REDUCTION FOREHEAD CONTOURING ONLY	21.8	2223.60			090	Y	2302.81		1741.81		090	Y	2321.87
21138	RDCTJ FHD CNTRG & PROSTHETIC MATRL/BONE GRAFT	25.61	2612.22			090	Y	7911.96	J1	2070.8		090	Y	4230.05
21139	RDCTJ FHD CNTRG & SETBACK ANT FRONTAL SINUS WALL	27.43	2797.86			090	Y	7911.96	J1	2454.07		090	Y	4230.05
21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT	38.85	3962.70			090	Y	8056.05		3387.6		090	Y	
21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W/O BONE GRAFT	40.73	4154.46			090	Y	6111.28		3481.95		090	Y	
21143	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/O BONE GRAFT	40.99	4180.98			090	Y	7829.59		3684.86		090	Y	
21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W/BONE GRAFTS	45.74	4665.48			090	Y	9192.25		3717.42		090	Y	
21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W/BONE GRAFTS	44.79	4568.58			090	Y	9527.21		4002.99		090	Y	
21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS	50.63	5164.26			090	Y	9353.95		4298.58		090	Y	
21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	48.64	4961.28			090	Y	7911.96	J1	3789.23		090	Y	4230.05
21151	RCNSTJ MIDFACE LEFORT II W/BONE GRAFTS	58.57	5974.14			090	Y			4622.56		090	Y	
21154	RCNSTJ MIDFACE LEFORT III W/O LEFORT I	60.37	6157.74			090	Y			4967.42		090	Y	
21155	RCNSTJ MIDFACE LEFORT III W/LEFORT I	62.55	6380.10			090	Y			5333.98		090	Y	
21159	RCNSTJ MIDFACE LEFORT III W/FHD W/O LEFORT I	72.36	7380.72			090	Y			6361.03		090	Y	
21160	RCNSTJ MIDFACE LEFORT III W/FHD W/LEFORT I	91.85	9368.70			090	Y			6439.52		090	Y	
21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM & LOWER FHD	52.25	5329.50			090	Y	7911.96	J1	4640.1		090	Y	4230.05
21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	62.02	6326.04			090	Y	7911.96	J1	6001.15		090	Y	4230.05
21179	RCNSTJ FOREHEAD &/ SUPRAORB RIMS W/ALGRF/PROSTC	41.86	4269.72			090	Y			3520.36		090	Y	
21180	RCNSTJ FOREHEAD &/ SUPRAORBITAL RIMS W/AUTOGRAFT	44.61	4550.22			090	Y			3797.58		090	Y	
21181	RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC	21.27	2169.54			090	N	7911.96	J1	1655.81		090	N	4230.05
21182	RCNSTJ ORBIT/FHD/NASETHMD EXCBONE TUM GRF<40SQCM	56.14	5726.28			090	Y			5229.61		090	Y	
21183	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF>40 <80	66.72	6805.44			090	Y			5902.62		090	Y	
21184	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE TUM GRF>80SQ	61.68	6291.36			090	Y			5443.37		090	Y	
21188	RCNSTJ MDFC OTH/THN LEFORT OSTEOT & BONE GRAFTS	46.7	4763.40			090	Y			3927.84		090	Y	

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21193	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	35.16	3586.32			090	Y	7911.96	J1	3098.69		090	Y	4230.05
21194	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRAFT	41.61	4244.22			090	Y			3394.28		090	Y	
21195	RCNSTJ MNDBLR RAMI&/BODY SGTL SPLT W/O INT RGD	38.79	3956.58			090	Y	7911.96	J1	3343.34		090	Y	2321.87
21196	RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	43.01	4387.02			090	Y	6778.11		3671.5		090	Y	
21198	OSTEOTOMY MANDIBLE SEGMENTAL	33.9	3457.80			090	Y	2302.81		2899.12		090	Y	2321.87
21199	OSTEOTOMY MANDIBLE SGMTL W/GENIOGLOSSUS ADVMNT	31.02	3164.04			090	Y	7911.96	J1	2497.49		090	Y	4230.05
21206	OSTEOTOMY MAXILLA SEGMENTAL	34.08	3476.16			090	Y	7911.96	J1	3149.62		090	Y	4230.05
21208	OSTEOPLASTY FACIAL BONES AUGMENTATION	54.46	5554.92			090	N	7911.96	J1	4924		090	N	4230.05
21209	OSTEOPLASTY FACIAL BONES REDUCTION	23.38	2384.76			090	Y	7911.96	J1	2126.75		090	Y	4230.05
21210	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	66.06	6738.12			090	N	7911.96	J1	5870.05		090	N	4230.05
21215	GRAFT BONE MANDIBLE	117.29	11963.58			090	N	7911.96	J1	10523.51		090	N	4230.05
21230	GRAFT RIB CRTLG AUTOGENOUS FACE/CHIN/NOSE/EAR	20.59	2100.18			090	N	7911.96	J1	1834.5		090	N	2321.87
21235	GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR	20.85	2126.70			090	N	2302.81		1852.03		090	N	1480.23
21240	ARTHRP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT	32.56	3321.12			090	Y	7911.96	J1	2737.13		090	Y	4230.05
21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGRAFT	29.82	3041.64			090	Y	7911.96	J1	2503.33		090	Y	4230.05
21243	ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT	49.33	5031.66			090	Y	21075.80	J1	4143.27		090	Y	4230.05
21244	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	30.9	3151.80			090	Y	7911.96	J1	2678.68		090	Y	4230.05
21245	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL	32.01	3265.02			090	Y	7911.96	J1	2814.79		090	Y	4230.05
21246	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT COMPLETE	25.22	2572.44			090	Y	7911.96	J1	2044.92		090	Y	4230.05
21247	RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFTS	44.93	4582.86			090	Y			3943.71		090	Y	
21248	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL	32.2	3284.40			090	N	7911.96	J1	2763.85		090	N	4230.05
21249	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	44.12	4500.24			090	N	7911.96	J1	3764.18		090	N	4230.05
21255	RCNSTJ ZYGMTC ARCH/GLENOID FOSSA W/BONE CARTLG	40.21	4101.42			090	Y			3319.96		090	Y	
21256	RECONSTRUCTION ORBIT W/OSTEOTOMIES & BONE GRAFTS	34.62	3531.24			090	Y	7911.96	J1	3057.77		090	Y	4230.05
21260	PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL	40.16	4096.32			090	Y	7911.96	J1	3074.47		090	Y	4230.05
21261	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS ICRA & XTR	60.84	6205.68			090	Y	7911.96	J1	5381.58		090	Y	4230.05
21263	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS W/FOREHEAD	56.19	5731.38			090	Y	7911.96	J1	4645.11		090	Y	4230.05
21267	ORBITAL REPOSITIONING W/BONE GRAFTS EXTRACRANIAL	45.1	4600.20			090	Y	7911.96	J1	4168.32		090	Y	4230.05
21268	ORBITAL REPOSITIONING W/BONE GRAFTS ICRA & XTRC	50.2	5120.40			090	Y			4445.54		090	Y	
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	27.53	2808.06			090	Y	7911.96	J1	2463.25		090	Y	4230.05

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21275	SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ	24.06	2454.12			090	Y	7911.96	J1	2105.04		090	Y	4230.05
21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	16.21	1653.42			090	N	7911.96	J1	1478.79		090	N	4230.05
21282	LATERAL CANTHOPEXY	10.87	1108.74			090	N	2302.81		978.62		090	N	1480.23
21295	REDUCTION MASSETER MUSCLE & BONE EXTRAORAL	5.18	528.36			090	N	982.18		495.16		090	N	643.2
21296	REDUCTION MASSETER MUSCLE & BONE INTRAORAL	12.43	1267.86			090	N	2302.81		1114.73		090	N	2321.87
21299	UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE	0	BR			YYY	N	184.14		BR		YYY	N	100.74
21310	CLOSED TREATMENT NASAL FRACTURE W/O MANIPULATION	3.76	313.96			000	N	184.14		342.35		000	N	100.74
21315	CLOSED TX NASAL FRACTURE W/O STABILIZATION	7.94	662.99			010	N	2302.81		723.95		010	N	1480.23
21320	CLOSED TREATMENT NASAL FRACTURE W/STABILIZATION	7.36	614.56			010	N	2302.81		661.32		010	N	1480.23
21325	OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED	13.62	1137.27			090	N	2302.81		1190.71		090	N	2321.87
21330	OPEN TX NASAL FX COMP W/INT&/XTRNL SKELETAL FI	16.32	1362.72			090	N	2302.81		1431.19		090	N	2321.87
21335	OPEN TX NASAL FX W/CONCOMITANT OPTX FXD SEPTUM	20.96	1750.16			090	N	2302.81		1829.49		090	N	2321.87
21336	OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	18.55	1548.93			090	N	3411.83		1636.6		090	N	2462.57
21337	CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	11.6	968.60			090	N	2302.81		1039.58		090	N	1480.23
21338	OPEN TX NASOETHMOID FX W/O EXTERNAL FIXATION	20.78	1735.13			090	N	7911.96	J1	1910.48		090	N	4230.05
21339	OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION	22.17	1851.20			090	Y	2302.81		2156.81		090	Y	2321.87
21340	PERCUTANEOUS TX NASOETHMOID COMPLEX FRACTURE	21.74	1815.29			090	N	7911.96	J1	2049.09		090	N	4230.05
21343	OPEN TX DEPRESSED FRONTAL SINUS FRACTURE	34.68	2895.78			090	Y	4571.92		3076.98		090	Y	
21344	OPEN TX COMPLICATED FRONTAL SINUS FRACTURE	40.28	3363.38			090	Y			3876.91		090	Y	
21345	CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	23.31	1946.39			090	N	982.18		2113.39		090	N	2321.87
21346	OPTX NASOMAX CPLX FX LEFT II TYPE W/WIRG & FXJ	26.24	2191.04			090	N	7911.96	J1	2293.75		090	N	4230.05
21347	OPTX NASOMAX CPLX FX LEFT II TYPE REQ MLT OPN	32.74	2733.79			090	Y			2785.56		090	Y	
21348	OPTX NASOMAX CPLX FX LEFT II TYPE W/BONE GRAFT	34.77	2903.30			090	Y			2938.37		090	Y	
21355	PERCUTANEOUS TX MALAR AREA FRACTURE	12.34	1030.39			010	N	7911.96	J1	1095.52		010	N	4230.05
21356	OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE	14.4	1202.40			010	N	2302.81		1272.54		010	N	2321.87
21360	OPEN TX DEPRESSED MALAR FRACTURE	15.54	1297.59			090	Y	7911.96	J1	1331.83		090	Y	4230.05
21365	OPEN TX COMP FX MALAR W/INTERNAL FX&MULT SURG	32.12	2682.02			090	Y	7911.96	J1	2774.71		090	Y	4230.05
21366	OPEN TX COMP FRACTURE MALAR AREA W/BONE GRAFT	33.4	2788.90			090	Y			3204.73		090	Y	
21385	OPEN TX ORBITAL FLOOR BLOWOUT FX TRANSANTRAL	19.65	1640.78			090	Y	7911.96	J1	1714.26		090	Y	4230.05
21386	OPEN TX ORBITAL FLOOR BLOWOUT FX PERIORBITAL	19.98	1668.33			090	Y	7911.96	J1	1753.5		090	Y	4230.05

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21387	OPEN TX ORBITAL FLOOR BLOWOUT FX COMBINED APPR	20.54	1715.09			090	Y	7911.96	J1	1843.68		090	Y	4230.05
21390	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC	22.85	1907.98			090	Y	7911.96	J1	2016.53		090	Y	4230.05
21395	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/BONE GRF	28.87	2410.65			090	Y	7911.96	J1	2449.89		090	Y	4230.05
21400	CLSD TX FX ORBIT EXCEPT BLOWOUT W/O MANIPULATION	5.52	460.92			090	N	982.18		495.99		090	N	643.2
21401	CLOSED TX FX ORBIT EXCEPT BLOWOUT W/MANIPULATION	12.69	1059.62			090	Y	982.18		1195.72		090	Y	643.2
21406	OPEN TX FX ORBIT EXCEPT BLOWOUT W/O IMPLANT	14.96	1249.16			090	Y	7911.96	J1	1403.64		090	Y	4230.05
21407	OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT	18.58	1551.43			090	Y	7911.96	J1	1640.78		090	Y	4230.05
21408	OPEN TX FX ORBIT EXCEPT BLOWOUT W/BONE GRAFT	25.21	2105.04			090	Y	7911.96	J1	2228.62		090	Y	4230.05
21421	CLOSED TX PALATAL/MAXILLARY FX W/FIXATION/SPLINT	21.81	1821.14			090	N	7911.96	J1	2056.61		090	N	4230.05
21422	OPEN TREATMENT PALATAL/MAXILLARY FRACTURE	19.46	1624.91			090	Y	3555.78		1664.16		090	Y	
21423	OPEN TX PALATAL/MAXILLARY FX COMP MULTIPLE APPR	23.6	1970.60			090	Y	3310.98		2080.82		090	Y	
21431	CLOSED TX CRANIOFACIAL SEPARATION	21.36	1783.56			090	Y			1872.07		090	Y	
21432	OPEN TX CRANIOFACIAL SEP W/WIRING&/INT FIXJ	18.93	1580.66			090	Y			1802.77		090	Y	
21433	OPEN TX CRANIOFACIAL SEP COMPLICATED MLT APPR	49.99	4174.17			090	Y			4371.23		090	Y	
21435	OPEN TX CRANIOFACIAL SEP COMP W/INT&/XTRNL FIX	36.46	3044.41			090	Y			3416.82		090	Y	
21436	OPTX CRNFCL SEP LFT III TYP COMP INT FIXJ W/BONE	60.18	5025.03			090	Y			4443.04		090	Y	
21440	CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	16.73	1396.96			090	N	2302.81		1492.98		090	N	2321.87
21445	OPTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	22.32	1863.72			090	Y	7911.96	J1	1948.06		090	Y	2321.87
21450	CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	17.94	1497.99			090	N	445.67		1578.99		090	N	296.47
21451	CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	22.08	1843.68			090	N	2302.81		1938.87		090	N	1480.23
21452	PERCUTANEOUS TX MANDIBULAR FX W/EXTERNAL FIXJ	17.27	1442.05			090	N	2302.81		1449.56		090	N	1480.23
21453	CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	26.45	2208.58			090	N	7911.96	J1	2340.51		090	N	4230.05
21454	OPEN TX MANDIBULAR FX W/EXTERNAL FIXATION	17.16	1432.86			090	N	7911.96	J1	1353.54		090	N	4230.05
21461	OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	61.83	5162.81			090	N	7911.96	J1	5538.56		090	N	4230.05
21462	OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION	65.61	5478.44			090	Y	7911.96	J1	5820.79		090	Y	4230.05
21465	OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	27.75	2317.13			090	Y	7911.96	J1	2348.86		090	Y	4230.05
21470	OPTX COMP MANDIBULAR FX MLT APPR W/INT FIXATION	34.92	2915.82			090	Y	7911.96	J1	3009.34		090	Y	4230.05
21480	CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	2.83	236.31			000	N	184.14		251.34		000	N	100.74
21485	CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	20.34	1698.39			090	N	982.18		1788.57		090	N	2321.87
21490	OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION	26.5	2212.75			090	Y	7911.96	J1	2318.8		090	Y	4230.05

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
21495	OPEN TREATMENT HYOID FRACTURE	20.39	1702.57			090	Y	2302.81		1818.63		090	Y	1480.23
21497	INTERDENTAL WIRING OTHER THAN FRACTURE	21.29	1777.72			090	N	982.18		1907.98		090	N	643.2
21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	0	BR			YYY	N	184.14		BR		YYY	N	100.74
21501	I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	13	1085.50			090	N	2014.24		1161.49		090	N	1701.78
21502	I&D DP ABSC/HMTMA SOFT TISS NCK/THORAX PRTL RI	15.36	1282.56			090	Y	2072.60		1253.34		090	Y	2006.48
21510	INCISION DEEP OPENING BONE CORTEX THORAX	12.92	1078.82			090	N			1116.4		090	N	
21550	BIOPSY SOFT TISSUE NECK/THORAX	7.52	627.92			010	N	1341.57		663.83		010	N	1447.15
21552	EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM/>	12.89	1076.32			090	Y	2014.24		1108.05		090	Y	2142.94
21554	EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM/>	21.14	1765.19			090	Y	2014.24		1806.94		090	Y	2142.94
21555	EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	11.89	992.82			090	N	2014.24		1057.11		090	N	1447.15
21556	EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL <5CM	15.29	1276.72			090	N	2014.24		1330.16		090	N	2142.94
21557	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM	27.68	2311.28			090	Y	2014.24		2384.76		090	Y	1447.15
21558	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>	38.95	3252.33			090	Y	2014.24		3319.13		090	Y	2142.94
21600	EXCISION RIB PARTIAL	16.09	1343.52			090	Y	3411.83		1413.66		090	Y	2975.93
21610	COSTOTRANSVERSECTOMY SEPARATE PROCEDURE	34.71	2898.29			090	Y	2072.60		2817.29		090	Y	2975.93
21615	EXCISION 1ST &/CERVICAL RIB	17.93	1497.16			090	Y	8597.54		1598.19		090	Y	
21616	EXCISION 1ST &/CERVICAL RIB W/SYMPATHECTOMY	21.77	1817.80			090	Y			2089.17		090	Y	
21620	OSTECTOMY STERNUM PARTIAL	14.56	1215.76			090	Y	3392.03		1280.89		090	Y	
21627	STERNAL DEBRIDEMENT	15.59	1301.77			090	Y			1369.4		090	Y	
21630	RADICAL RESECTION STERNUM	35	2922.50			090	Y			3042.74		090	Y	
21632	RADICAL RESECTION STERNUM W/MEDSTNL LMPHADEC	35.01	2923.34			090	Y			3043.58		090	Y	
21685	HYOID MYOTOMY & SUSPENSION	28.95	2417.33			090	Y	2302.81		2488.3		090	Y	2321.87
21700	DIVISION SCALENUS ANTICUS W/O RESCJ CERVICAL RIB	10.75	897.63			090	Y	2072.60		929.36		090	Y	2006.48
21705	DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB	16.02	1337.67			090	Y			1381.93		090	Y	
21720	DIVISION STERNOCLEIDOMASTOID OPEN W/O CAST	13.06	1090.51			090	Y	2072.60		1312.62		090	Y	2006.48
21725	DIVISION STERNOCLEIDOMASTOID OPEN W/CAST	15.29	1276.72			090	Y	325.10		1221.61		090	Y	161.85
21740	REPAIR PECTUS EXCAVATUM/CARINATUM OPEN	29.61	2472.44			090	Y			3014.35		090	Y	
21742	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/O THRSC	34.66	2894.11			090	Y	3411.83		3711.58		090	Y	4434.79
21743	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	45.61	3808.44			090	Y	3411.83		4884.75		090	Y	4434.79
21750	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	19.82	1654.97			090	Y			1718.43		090	Y	

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21811	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	17.72	1479.62			000	Y	2072.60		1661.55		000	Y	2533.59
21812	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS	21.25	1774.38			000	Y	2072.60		1992.15		000	Y	2533.59
21813	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 7+ RIBS	27.71	2313.79			000	Y	2072.60		2711.3		000	Y	2533.59
21820	CLOSED TREATMENT STERNUM FRACTURE	4.02	335.67			090	N	245.44		359.89		090	N	172.42
21825	OPEN TX STERNUM FRACTURE W/WO SKELETAL FIXATION	15.63	1305.11			090	Y			1371.07		090	Y	
21899	UNLISTED PROCEDURE NECK/THORAX	0	BR			YYY	N	184.14		BR		YYY	N	100.74
21920	BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	7.35	613.73			010	N	1341.57		661.32		010	N	752.91
21925	BIOPSY SOFT TISSUE BACK/FLANK DEEP	12.77	1066.30			090	N	2014.24		1130.59		090	N	2142.94
21930	EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM	13.53	1129.76			090	N	2014.24		1196.56		090	N	1447.15
21931	EXCISION TUMOR SOFT TIS BACK/FLANK SUBQ 3 CM/>	13.56	1132.26			090	Y	2014.24		1168.17		090	Y	2142.94
21932	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM	19.11	1595.69			090	Y	2014.24		1639.94		090	Y	1447.15
21933	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>	21.28	1776.88			090	Y	2014.24		1827.82		090	Y	2142.94
21935	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK <5CM	29.61	2472.44			090	N	2014.24		2556.77		090	N	1447.15
21936	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5CM/>	40.77	3404.30			090	Y	2014.24		3483.62		090	Y	2142.94
22010	I&D DEEP ABSCESS PST SPINE CRV THRC/CERVICOTHR	27.56	2301.26			090	N			2354.7		090	N	
22015	I&D DEEP ABSCESS PST SPINE LUMBAR SAC/LUMBOSAC	26.68	2227.78			090	N	3684.25		2241.14		090	N	
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	25.27	2110.05			090	Y	3411.83		2314.62		090	Y	4848.92
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	24.62	2055.77			090	Y	3411.83		2181.86		090	Y	4848.92
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	22.8	1903.80			090	Y	3411.83		2001.5		090	Y	4848.92
22103	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	4.07	339.85			ZZZ	Y			347.36		ZZZ	Y	4848.92
22110	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM CRV	30.37	2535.90			090	Y			2681.19		090	Y	
22112	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM THRC	28.57	2385.60			090	Y			2655.3		090	Y	
22114	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR	28.69	2395.62			090	Y			2478.28		090	Y	
22116	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA	4.14	345.69			ZZZ	Y			342.35		ZZZ	Y	
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	70.99	7240.98			090	Y			5824.13		090	Y	
22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	69.56	7095.12			090	Y			5904.29		090	Y	
22208	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	17	1734.00			ZZZ	Y			1447.06		ZZZ	Y	
22210	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV	51.89	5292.78			090	Y			4389.6		090	Y	
22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	42.94	4379.88			090	Y			3655.63		090	Y	
22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	43.1	4396.20			090	Y			3674		090	Y	

MEDICAL DATA														
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22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	10.6	1081.20			ZZZ	Y			895.12		ZZZ	Y	
22220	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM CRV	46.35	4727.70			090	Y			4033.05		090	Y	
22222	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM THRC	44.98	4587.96			090	Y			3583.82		090	Y	4848.92
22224	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM LMBR	45.84	4675.68			090	Y			3933.69		090	Y	
22226	OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM EA VRT SGM	10.58	1079.16			ZZZ	Y			896.79		ZZZ	Y	
22305	CLOSED TX VERTEBRAL PROCESS FRACTURE	5.46	455.91			090	N	245.44		481.8		090	N	172.42
22310	CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING	8.82	736.47			090	N	338.25		763.19		090	N	514.57
22315	CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	25.44	2124.24			090	N	1561.58		2203.57		090	N	1077.75
22318	OPTX&/RDCTJ ODNTD FX&/DISLC ANT FIXJ W/O GRAFT	47.96	4004.66			090	Y			4053.93		090	Y	
22319	OPTX&/RDCTJ ODNTD FX&/DISLC ANT W/INT FIXJ	53.28	4448.88			090	Y			4526.54		090	Y	
22325	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LM	41.77	3487.80			090	Y			3579.65		090	Y	
22326	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM CR	43.42	3625.57			090	Y			3693.21		090	Y	
22327	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM TH	43.69	3648.12			090	Y			3690.7		090	Y	
22328	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM EA	8.27	690.55			ZZZ	Y			696.39		ZZZ	Y	
22505	MANIPULATION SPINE REQUIRING ANESTHESIA	3.68	307.28			010	N	1561.58		304.78		010	N	1340.5
22510	PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	50.39	4207.57			010	N	3411.83		4760.45		010	N	3227.5348
22511	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	49.87	4164.15			010	N	3411.83		4716.75		010	N	3227.5348
22512	VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	27.95	2333.83			ZZZ	N			2647.65		ZZZ	N	
22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	208.66	17423.11			010	N	14128.14	J1	19817.95		010	N	7842.43
22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	208.4	17401.40			010	N	14128.14	J1	19713.45		010	N	7842.43
22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	126.19	10536.87			ZZZ	N			11960.5		ZZZ	N	
22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	67.83	0.00			010	N			0		010	N	
22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	56.28	0.00			ZZZ	N			0		ZZZ	N	
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	51.8	5283.60			090	Y			4422.16		090	Y	
22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	47.96	4891.92			090	Y			4154.13		090	Y	
22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	10.53	1074.06			ZZZ	Y			893.45		ZZZ	Y	
22548	ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	57.82	5897.64			090	Y	2764.29		4864.71		090	Y	
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	50	5100.00			090	Y	21075.80	J1	7730.18		090	Y	4848.92
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	11.72	1195.44			ZZZ	Y			2214.83		ZZZ	Y	
22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	36.56	3729.12			090	Y	21075.80	J1	3591		090	Y	4848.92

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22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	48.5	4947.00			090	Y			4127.41		090	Y	
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	44.76	4565.52			090	Y	3404.90		4346.25		090	Y	
22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	9.64	983.28			ZZZ	Y	2081.09		938.6		ZZZ	Y	
22586	ARTHRODESIS PRESACRAL INTRBDY W/INSTRUMENT L5-S1	52.7	5375.40			090	Y			4298.75		090	Y	
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	46.14	4706.28			090	Y			3923.67		090	Y	
22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	44.01	4489.02			090	Y			3737.46		090	Y	
22600	ARTHRODESIS PST/PSTLAT CERVICAL BELW C2 SGM	37.54	3829.08			090	Y	3360.86		3209.74		090	Y	
22610	ARTHRODESIS POSTERIOR/POSTEROLATERAL THORACIC	36.75	3748.50			090	Y			3137.93		090	Y	
22612	ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR	46.22	4714.44			090	Y	14128.14	J1	4499.2		090	Y	4848.92
22614	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	11.47	1169.94			ZZZ	Y			1096.3		ZZZ	Y	4848.92
22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	45.7	4661.40			090	Y	3067.21		4363.35		090	Y	
22632	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	9.42	960.84			ZZZ	Y	2098.59		895.85		ZZZ	Y	
22633	ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR	53.99	5506.98			090	Y	3531.61		8384.64		090	Y	
22634	ARTHDSIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG	14.56	1485.12			ZZZ	Y			2261.3		ZZZ	Y	
22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	39.22	4000.44			090	Y			3365.89		090	Y	
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	60.91	6212.82			090	Y			5187.02		090	Y	
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13/> VRT SEG	70.45	7185.90			090	Y			5966.08		090	Y	
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	53.42	5448.84			090	Y			4522.36		090	Y	
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	58.99	6016.98			090	Y			5028.37		090	Y	
22812	ARTHRODESIS POSTERIOR SPINAL DFRM 8/> VRT SEG	70.06	7146.12			090	Y			5465.08		090	Y	
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	62.92	6417.84			090	Y			5434.18		090	Y	
22819	KYPHECTOMY 3 OR MORE SEGMENTS	81.02	8264.04			090	Y			6786.88		090	Y	
22830	EXPLORATION SPINAL FUSION	23.59	2406.18			090	Y	2006.30		2298.05		090	Y	
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	22.29	2273.58			ZZZ	Y	2295.53		2138.45		ZZZ	Y	
22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	11.24	1146.48			XXX	N			947.73		XXX	N	
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	22.36	2280.72			ZZZ	Y	2480.92		2140.35		ZZZ	Y	
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	23.89	2436.78			ZZZ	Y			2000.66		ZZZ	Y	
22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	28.76	2933.52			ZZZ	Y			2406.47		ZZZ	Y	
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	21.46	2188.92			ZZZ	Y	2137.90		2066.25		ZZZ	Y	
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	22.29	2273.58			ZZZ	Y	1577.12		2143.2		ZZZ	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
22847	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	24.2	2468.40			ZZZ	Y			2445.3		ZZZ	Y	
22848	PELVIC FIXATION OTHER THAN SACRUM	10.51	1072.02			ZZZ	Y			880.09		ZZZ	Y	
22849	REINSERTION SPINAL FIXATION DEVICE	37.82	3857.64			090	Y	3783.38		3667.95		090	Y	
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	20.99	2140.98			090	Y	4791.75		1800.26		090	Y	
22851	APPLICATION INTERVERTEBRAL BIOMECHANICAL DEVICE	11.95	1218.90			ZZZ	Y			1145.7		ZZZ	Y	2975.93
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	20.12	2052.24			090	Y	4414.79		1960.8		090	Y	
22855	REMOVAL ANTERIOR INSTRUMENTATION	32.26	3290.52			090	Y	1912.22		3165.4		090	Y	
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	47.25	4819.50			090	Y	21075.80	J1	4705.35		090	Y	4848.92
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	57.19	5833.38			090	Y	3281.18		3532.89		090	Y	
22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	14.72	1501.44			ZZZ	Y	3242.55		1379.4		ZZZ	Y	
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	58.49	5965.98			090	Y	7652.45		6275.7		090	Y	
22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	57.91	5906.82			090	Y	3013.63		4673.5		090	Y	
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	60.27	6147.54			090	Y			5605		090	Y	
22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	59.33	6051.66			090	Y			5172.83		090	Y	
22899	UNLISTED PROCEDURE SPINE	0	BR			YYY	Y	2072.60		BR		YYY	Y	2975.93
22900	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM	16.29	1360.22			090	Y	2014.24		1396.12		090	Y	2142.94
22901	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5CM/>	19.19	1602.37			090	Y	2014.24		1643.28		090	Y	2142.94
22902	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM	12.56	1048.76			090	Y	2014.24		1091.35		090	Y	1447.15
22903	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>	12.66	1057.11			090	Y	2014.24		1079.66		090	Y	2142.94
22904	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM	30.29	2529.22			090	Y	2014.24		2603.53		090	Y	1447.15
22905	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	38.42	3208.07			090	Y	2014.24		3287.4		090	Y	2142.94
22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	0	BR			YYY	N	2072.60		BR		YYY	N	2006.48
23000	REMOVAL SUBDELTOID CALCAREOUS DEPOSITS OPEN	16.69	1393.62			090	Y	2014.24		1487.14		090	Y	1447.15
23020	CAPSULAR CONTRACTURE RELEASE	19.78	1651.63			090	Y	3411.83		1710.08		090	Y	2975.93
23030	I&D SHOULDER DEEP ABSCESS/HEMATOMA	12.59	1051.27			010	N	2014.24		1123.08		010	N	1701.78
23031	I&D SHOULDER INFECTED BURSA	12.14	1013.69			010	N	2014.24		1077.15		010	N	1701.78
23035	INCISION BONE CORTEX SHOULDER AREA	19.44	1623.24			090	Y	2072.60		1689.21		090	Y	2006.48
23040	ARTHROTOMY GLENOHUMERAL JT EXPL/DRG/RMVL FB	20.67	1725.95			090	Y	3411.83		1785.23		090	Y	2975.93
23044	ARTHRT ACROMCLAV STRNCLAV JT EXPL/DRG/RMVL FB	16.34	1364.39			090	N	3411.83		1411.99		090	N	2975.93
23065	BIOPSY SOFT TISSUE SHOULDER SUPERFICIAL	6.2	517.70			010	N	2014.24		550.27		010	N	752.91

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
23066	BIOPSY SOFT TISSUE SHOULDER DEEP	15.87	1325.15			090	N	2014.24		1391.11		090	N	2142.94
23071	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>	12.1	1010.35			090	Y	2014.24		1042.08		090	Y	2142.94
23073	EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM/>	19.99	1669.17			090	Y	2014.24		1713.42		090	Y	2142.94
23075	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	13.39	1118.07			090	N	2014.24		1189.04		090	N	1447.15
23076	EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	15.55	1298.43			090	N	2014.24		1338.51		090	N	1447.15
23077	RAD RESECTION TUMOR SOFT TISSUE SHOULDER <5CM	33.05	2759.68			090	Y	2014.24		2815.62		090	Y	1447.15
23078	RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>	41.43	3459.41			090	Y	2014.24		3555.43		090	Y	2142.94
23100	ARTHROTOMY GLENOHUMERAL JOINT W/BIOPSY	14.29	1193.22			090	Y	2072.60		1244.99		090	Y	2006.48
23101	ARTHRT ACROMCLAV/STRNCLAV JT W/BX&/EXC CRTLG	13.04	1088.84			090	N	3411.83		1106.38		090	N	2975.93
23105	ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/WO BIOPSY	18.31	1528.89			090	Y	3411.83		1585.67		090	Y	2975.93
23106	ARTHRT GLENOHUMRL JT STRNCLAV JT W/SYNVCT W/WOBX	14.11	1178.19			090	N	3411.83		1234.97		090	N	2975.93
23107	ARTHRT GLENOHMRL JT W/JT EXPL W/WO RMVL LOOSE/FB	18.92	1579.82			090	Y	3411.83		1641.61		090	Y	2975.93
23120	CLAVICULECTOMY PARTIAL	16.76	1399.46			090	Y	3411.83		1458.75		090	Y	2975.93
23125	CLAVICULECTOMY TOTAL	20.38	1701.73			090	Y	3411.83		1755.17		090	Y	2975.93
23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	17.51	1462.09			090	N	3411.83		1513.86		090	N	4434.79
23140	EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA	15.33	1280.06			090	N	2072.60		1319.3		090	N	2006.48
23145	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/AGRFT	19.97	1667.50			090	Y	3411.83		1720.94		090	Y	2975.93
23146	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/ALGRFT	17.8	1486.30			090	N	9938.52	J1	1540.58		090	N	2975.93
23150	EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS	18.85	1573.98			090	Y	3411.83		1639.11		090	Y	2975.93
23155	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/AGRFT	22.8	1903.80			090	Y	3411.83		1963.92		090	Y	2975.93
23156	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/ALGRFT	19.41	1620.74			090	Y	9938.52	J1	1680.02		090	Y	2975.93
23170	SEQUESTRECTOMY CLAVICLE	15.93	1330.16			090	N	2072.60		1391.11		090	N	2975.93
23172	SEQUESTRECTOMY SCAPULA	16.24	1356.04			090	Y	3411.83		1406.98		090	Y	2975.93
23174	SEQUESTRECTOMY HUMERAL HEAD SURGERY NECK	21.54	1798.59			090	Y	3411.83		1880.42		090	Y	2975.93
23180	PARTIAL EXCISION BONE CLAVICLE	19.15	1599.03			090	N	3411.83		1660.82		090	N	2975.93
23182	PARTIAL EXCISION BONE SCAPULA	18.7	1561.45			090	Y	2072.60		1644.95		090	Y	2975.93
23184	PARTIAL EXCISION BONE PROXIMAL HUMERUS	21.1	1761.85			090	Y	3411.83		1821.97		090	Y	2975.93
23190	OSTECTOMY SCAPULA PARTIAL	16.31	1361.89			090	Y	3411.83		1414.49		090	Y	2975.93
23195	RESECTION HUMERAL HEAD	21.62	1805.27			090	Y	9938.52	J1	1870.4		090	Y	2975.93
23200	RADICAL RESECTION TUMOR CLAVICLE	42.9	3582.15			090	Y			3744.98		090	Y	

MEDICAL DATA														
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23210	RADICAL RESECTION TUMOR SCAPULA	51.16	4271.86			090	Y			4395.44		090	Y	
23220	RADICAL RESECTION BONE TUMOR PROXIMAL HUMERUS	55.99	4675.17			090	Y			4827.14		090	Y	
23330	REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	6.8	567.80			010	N	1341.57		688.04		010	N	752.91
23333	REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	12.99	1084.67			090	N	2014.24		1086.34		090	N	433.96
23334	PROSTHESIS REMOVAL HUMERAL/GLENOID COMPONENT	31	2588.50			090	N	2014.24		2564.29		090	N	2142.94
23335	PROSTHESIS REMOVAL HUMERAL AND GLENOID COMPONENT	36.89	3080.32			090	N			3057.77		090	N	
23350	INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	3.71	309.79			000	N			320.64		000	N	
23395	MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE	37	3774.00			090	Y	14128.14	J1	3187.2		090	Y	4434.79
23397	MUSCLE TRANSFER SHOULDER/UPPER ARM MULTIPLE	32.84	3349.68			090	Y	3411.83		2818.96		090	Y	7563.12
23400	SCAPULOPEXY	27.95	2850.90			090	Y	9938.52	J1	2400.63		090	Y	2975.93
23405	TENOTOMY SHOULDER AREA 1 TENDON	17.94	1829.88			090	Y	3411.83		1557.28		090	Y	2975.93
23406	TENOTOMY SHOULDER MULTIPLE THRU SAME INCISION	22.08	2252.16			090	Y	3411.83		1911.32		090	Y	2975.93
23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	23.63	2410.26			090	Y	9938.52	J1	2039.07		090	Y	4434.79
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	24.51	2500.02			090	Y	9938.52	J1	2115.06		090	Y	4434.79
23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	20.01	2041.02			090	N	3411.83		1728.45		090	N	4434.79
23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	27.87	2842.74			090	Y	9938.52	J1	2736		090	Y	4434.79
23430	TENODESIS LONG TENDON BICEPS	21.43	2185.86			090	Y	9938.52	J1	2116.6		090	Y	4434.79
23440	RESECTION/TRANSPLANTATION LONG TENDON BICEPS	21.71	2214.42			090	Y	3411.83		1873.74		090	Y	2975.93
23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	27.18	2772.36			090	Y	3411.83		2345.52		090	Y	7563.12
23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	28.76	2933.52			090	Y	9938.52	J1	2480.79		090	Y	7563.12
23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	31.4	3202.80			090	Y	3411.83		2693.71		090	Y	7563.12
23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	30.51	3112.02			090	Y	9938.52	J1	2640.27		090	Y	4434.79
23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	32.01	3265.02			090	Y	14128.14	J1	2765.52		090	Y	7563.12
23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	32.18	3282.36			090	Y	9938.52	J1	3169.2		090	Y	4434.79
23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	34.66	3535.32			090	Y	21075.80	J1	2984.29		090	Y	12387.27
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	42	4284.00			090	Y	21075.80		3618.89		090	Y	
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	46.91	4784.82			090	Y	14128.14	J1	4030.55		090	Y	12387.27
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	50.68	5169.36			090	Y	12303.74		4354.53		090	Y	
23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION	23.61	2408.22			090	N	3411.83		2029.89		090	N	4434.79
23485	OSTEOTOMY CLAV W/WO INT FIXJ W/BONE GRF NON/MAL	27.46	2800.92			090	Y	14128.14	J1	2371.4		090	Y	7563.12

MEDICAL DATA														
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23490	PROPH TX W/WO METHYLMETHACRYLATE CLAVICLE	24.21	2469.42			090	Y	14128.14	J1	2132.59		090	Y	7563.12
23491	PROPH TX W/WO METHYLMETHACRYLATE PROX HUMERUS	29.14	2972.28			090	Y	14128.14	J1	2508.34		090	Y	7563.12
23500	CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	6.22	519.37			090	N	245.44		551.1		090	N	172.42
23505	CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	10.07	840.85			090	N	1561.58		882.6		090	N	1077.75
23515	OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	20.69	1727.62			090	Y	9938.52	J1	1791.91		090	Y	6502.42
23520	CLSD TX STERNOCLAVICULAR DISLC W/O MANIPULATION	6.39	533.57			090	N	1561.58		577.82		090	N	514.57
23525	CLOSED TX STERNOCLAVICULAR DISLC W/MANIPULATION	10.72	895.12			090	N	245.44		945.22		090	N	514.57
23530	OPEN TX STERNOCLAVICULAR DISLC ACUTE/CHRONIC	15.81	1320.14			090	Y	3411.83		1420.34		090	Y	4855.82
23532	OPTX STRNCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	17.79	1485.47			090	Y	9938.52	J1	1547.26		090	Y	2462.57
23540	CLSD TX ACROMIOCLAVICULAR DISLC W/O MANIPULATION	6.39	533.57			090	N	245.44		563.63		090	N	172.42
23545	CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	9.67	807.45			090	N	245.44		875.08		090	N	514.57
23550	OPEN TX ACROMIOCLAVICULAR DISLC ACUTE/CHRONIC	16.18	1351.03			090	Y	9938.52	J1	1415.33		090	Y	4855.82
23552	OPTX ACROMCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	18.8	1569.80			090	Y	14128.14	J1	1631.59		090	Y	4855.82
23570	CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION	6.61	551.94			090	N	245.44		582		090	N	172.42
23575	CLTX SCAPULAR FX W/MANJ W/WO SKELETAL TRACTION	11.39	951.07			090	N	1561.58		1001.17		090	N	514.57
23585	OPEN TX SCAPULAR FX W/INTERNAL FIXATION IF PFRMD	28.22	2356.37			090	Y	14128.14	J1	2435.7		090	Y	6502.42
23600	CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	9.29	775.72			090	N	245.44		824.98		090	N	172.42
23605	CLTX PROX HUMRL FX W/MANJ W/WO SKELETAL TRACJ	13.22	1103.87			090	N	2072.60		1163.99		090	N	1077.75
23615	OPEN TREATMENT PROXIMAL HUMERAL FRACTURE	25.43	2123.41			090	Y	14128.14	J1	2197.72		090	Y	6502.42
23616	OPEN PROX HUMERAL FRACTURE PROSTHETIC RPLCMT	35.77	2986.80			090	Y	21075.80	J1	3074.47		090	Y	6502.42
23620	CLTX GREATER HUMERAL TUBEROSITY FX W/O MANJ	7.67	640.45			090	N	338.25		679.69		090	N	172.42
23625	CLTX GRTER HUMERAL TUBEROSITY FX W/MANIPULATION	10.8	901.80			090	N	1561.58		952.74		090	N	1077.75
23630	OPEN TREATMENT GRTER HUMERAL TUBEROSITY FRACTURE	22.45	1874.58			090	Y	9938.52	J1	1946.39		090	Y	6502.42
23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	8.91	743.99			090	N	245.44		791.58		090	N	172.42
23655	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	11.47	957.75			090	N	1561.58		997.83		090	N	1340.5
23660	OPEN TX ACUTE SHOULDER DISLOCATION	16.68	1392.78			090	Y	3411.83		1451.23		090	Y	4855.82
23665	CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MANJ	12.11	1011.19			090	N	1561.58		1063.79		090	N	514.57
23670	OPEN TX SHOULDER DISLC W/HUMERAL TUBEROSITY FX	25.18	2102.53			090	Y	9938.52	J1	2179.35		090	Y	6502.42
23675	CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MANJ	15.72	1312.62			090	N	1561.58		1370.24		090	N	172.42
23680	OPEN TX SHOULDER DISLOCATION W/NECK FRACTURE	26.69	2228.62			090	Y	14128.14	J1	2302.93		090	Y	4855.82

MEDICAL DATA														
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23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	5.64	470.94			010	N	1561.58		552.9		010	N	1340.5
23800	ARTHRODESIS GLENOHUMERAL JOINT	29.54	3013.08			090	Y	14128.14	J1	2536.73		090	Y	7563.12
23802	ARTHRODESIS GLENOHUMERAL JT W/AUTOGENOUS GRAFT	36.36	3708.72			090	Y	14128.14	J1	3175.51		090	Y	7563.12
23900	INTERTHORACOSCAPULAR AMPUTATION	40.02	4082.04			090	Y			3427.68		090	Y	
23920	DISARTICULATION SHOULDER	32.36	3300.72			090	Y			2787.23		090	Y	
23921	DISRTCJ SHOULDER SECONDARY CLSR/SCAR REVISION	13.43	1369.86			090	N	2009.86		1184.03		090	N	1434.08
23929	UNLISTED PROCEDURE SHOULDER	0	BR			YYY	Y	245.44		BR		YYY	Y	172.42
23930	I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	10.07	840.85			010	N	2014.24		899.3		010	N	1701.78
23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	8.18	683.03			010	N	2014.24		727.29		010	N	936.06
23935	INC DEEP W/OPENING BONE CORTEX HUMERUS/ELBOW	14.51	1211.59			090	N	2072.60		1263.36		090	N	2006.48
24000	ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB	13.66	1140.61			090	N	3411.83		1184.03		090	N	2975.93
24006	ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	20.27	1692.55			090	Y	3411.83		1764.36		090	Y	2975.93
24065	BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	7.31	610.39			010	N	2014.24		653.81		010	N	1447.15
24066	BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP	17.84	1489.64			090	N	2014.24		1575.65		090	N	1447.15
24071	EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	11.7	976.95			090	Y	2014.24		1008.68		090	Y	2142.94
24073	EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>	19.94	1664.99			090	Y	2014.24		1707.58		090	Y	2142.94
24075	EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	14.01	1169.84			090	N	2014.24		1247.49		090	N	1447.15
24076	EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM	15.62	1304.27			090	N	2014.24		1349.36		090	N	1447.15
24077	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	29.86	2493.31			090	N	2014.24		2570.13		090	N	1447.15
24079	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW 5CM/>	38.16	3186.36			090	Y	2014.24		3277.38		090	Y	2142.94
24100	ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY ONLY	11.98	1000.33			090	Y	2072.60		1040.41		090	Y	2006.48
24101	ARTHRT ELBOW W/JNT EXPL W/WOBX W/WORMVL LOOSE/FB	14.34	1197.39			090	Y	3411.83		1242.48		090	Y	2975.93
24102	ARTHROTOMY ELBOW W/SYNOVECTOMY	17.68	1476.28			090	Y	3411.83		1525.55		090	Y	2975.93
24105	EXCISION OLECRANON BURSA	10.03	837.51			090	N	2072.60		875.92		090	N	2006.48
24110	EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS	16.64	1389.44			090	N	3411.83		1458.75		090	N	2006.48
24115	EXC/CURTG BONE CYST/BENIGN TUMOR HUMERUS W/AGRFT	21.2	1770.20			090	Y	3411.83		1825.31		090	Y	2975.93
24116	EXC/CURTG BONE CYST/BENIGN TUM HUMERUS W/ALGRFT	24.81	2071.64			090	Y	3411.83		2130.92		090	Y	2975.93
24120	EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN	15.16	1265.86			090	N	2072.60		1314.29		090	N	2006.48
24125	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/AGRFT	17.6	1469.60			090	Y	3411.83		1538.07		090	Y	2975.93
24126	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/ALGRT	18.65	1557.28			090	Y	3411.83		1608.21		090	Y	2975.93

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
24130	EXCISION RADIAL HEAD	14.56	1215.76			090	N	3411.83		1259.18		090	N	2975.93
24134	SEQUESTRECTOMY SHAFT/DISTAL HUMERUS	21.45	1791.08			090	Y	9938.52	J1	1849.53		090	Y	2975.93
24136	SEQUESTRECTOMY RADIAL HEAD OR NECK	17.95	1498.83			090	N	3411.83		1563.12		090	N	2975.93
24138	SEQUESTRECTOMY OLECRANON PROCESS	19.29	1610.72			090	Y	3411.83		1676.68		090	Y	2975.93
24140	PARTIAL EXCISION BONE HUMERUS	20.1	1678.35			090	Y	3411.83		1737.64		090	Y	2975.93
24145	PARTIAL EXCISION BONE RADIAL HEAD/NECK	17	1419.50			090	N	3411.83		1467.1		090	N	2975.93
24147	PARTIAL EXCISION BONE OLECRANON PROCESS	17.82	1487.97			090	N	3411.83		1544.75		090	N	2975.93
24149	RAD RESCJ CAPSL TISS&HTRTPC BONE ELBW CONTRCT	33.76	2818.96			090	Y	3411.83		2900.79		090	Y	2975.93
24150	RADICAL RESECTION TUMOR SHAFT/DISTAL HUMERUS	44.94	3752.49			090	Y	3411.83		3842.67		090	Y	4434.79
24152	RADICAL RESECTION TUMOR RADIAL HEAD/NECK	38.13	3183.86			090	Y	3411.83		3339.17		090	Y	4434.79
24155	RESECTION ELBOW JOINT ARTHRECTOMY	24.27	2026.55			090	Y	3411.83		2110.05		090	Y	2975.93
24160	PROSTHESIS REMOVAL HUMERAL AND ULNAR COMPONENTS	36.41	3040.24			090	N	3411.83		1501.33		090	N	2975.93
24164	PROSTHESIS REMOVAL RADIAL HEAD	21	1753.50			090	N	3411.83		1234.97		090	N	2975.93
24200	RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	5.9	492.65			010	N	684.54		516.87		010	N	433.96
24201	REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	15.57	1300.10			090	N	2014.24		1412.82		090	N	1447.15
24220	INJECTION ELBOW ARTHROGRAPHY	4.56	380.76			000	N			400.8		000	N	
24300	MANIPULATION ELBOW UNDER ANESTHESIA	11.94	1217.88			090	N	1561.58		1038.74		090	N	1340.5
24301	MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE	21.52	2195.04			090	Y	3411.83		1849.53		090	Y	2975.93
24305	TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON	16.52	1685.04			090	N	3411.83		1429.52		090	N	2975.93
24310	TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON	13.51	1378.02			090	N	3411.83		1186.54		090	N	2006.48
24320	TENOPLASTY ELBOW TO SHOULDER SINGLE	22.46	2290.92			090	Y	3411.83		1932.19		090	Y	2975.93
24330	FLEXOR-PLASTY ELBOW	20.63	2104.26			090	Y	3411.83		1776.88		090	Y	7563.12
24331	FLEXOR-PLASTY ELBOW W/EXTENSOR ADVANCEMENT	22.61	2306.22			090	Y	3411.83		1945.55		090	Y	4434.79
24332	TENOLYSIS TRICEPS	17.56	1791.12			090	N	2072.60		1519.7		090	N	2975.93
24340	TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE	17.57	1792.14			090	Y	9938.52	J1	1527.22		090	Y	4434.79
24341	REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA	21.42	2184.84			090	Y	3411.83		1862.89		090	Y	4434.79
24342	RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF	22.28	2272.56			090	Y	3411.83		1925.51		090	Y	4434.79
24343	REPAIR LATERAL COLLATERAL LIGAMENT ELBOW	20.25	2065.50			090	Y	3411.83		1750.16		090	Y	2975.93
24344	RCNSTJ LAT COLTRL LIGM ELBOW W/TENDON GRAFT	31.52	3215.04			090	Y	9938.52	J1	2717.93		090	Y	7563.12
24345	REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW	20.18	2058.36			090	Y	3411.83		1740.98		090	Y	2975.93

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
24346	RCNSTJ MEDIAL COLTRL LIGM ELBW W/TDN GRF	31.46	3208.92			090	Y	14128.14	J1	2721.27		090	Y	7563.12
24357	TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	12.29	1253.58			090	N	2072.60		1096.36		090	N	2975.93
24358	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN	14.96	1525.92			090	N	3411.83		1300.1		090	N	2975.93
24359	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR	18.91	1928.82			090	N	3411.83		1633.26		090	N	2975.93
24360	ARTHROPLASTY ELBOW W/MEMBRANE	25.46	2596.92			090	Y	9938.52	J1	2222.77		090	Y	3699.98
24361	ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT	28.7	2927.40			090	Y	21075.80	J1	2486.63		090	Y	12387.27
24362	ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ	30.53	3114.06			090	Y	21075.80	J1	2620.23		090	Y	5741.03
24363	ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	41.92	4275.84			090	Y	21075.80	J1	3595.51		090	Y	12387.27
24365	ARTHROPLASTY RADIAL HEAD	18.27	1863.54			090	Y	14128.14	J1	1582.33		090	Y	3699.98
24366	ARTHROPLASTY RADIAL HEAD W/IMPLANT	19.51	1990.02			090	Y	21075.80	J1	1682.53		090	Y	12387.27
24370	REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT	44.79	4568.58			090	Y	21075.80	J1	3809.27		090	Y	12387.27
24371	REVIS ELBOW ARTHRPLSTY HUMERAL&ULNA COMPNT	51.38	5240.76			090	Y	21075.80	J1	4388.76		090	Y	12387.27
24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXATION	23.46	2392.92			090	Y	9938.52	J1	2037.4		090	Y	7563.12
24410	MLT OSTEOT W/RELIGNMT IMED ROD HUMERAL SHAFT	30.44	3104.88			090	Y	21075.80	J1	2675.34		090	Y	4434.79
24420	OSTEOPLASTY HUMERUS	28.19	2875.38			090	Y	3411.83		2459.08		090	Y	4434.79
24430	REPAIR NON/MALUNION HUMERUS W/O GRAFT	30.39	3099.78			090	Y	14128.14	J1	2619.4		090	Y	7563.12
24435	REPAIR NON/MALUNION HUMERUS W/ILIAC/OTH AGRFT	30.97	3158.94			090	Y	21075.80	J1	2670.33		090	Y	7563.12
24470	HEMIEPIPHYSEAL ARREST	16.26	1658.52			090	Y	3411.83		1441.21		090	Y	4434.79
24495	DECOMPRESSION FASCT F/ARM W/BRACH ART EXPL	18.72	1909.44			090	N	3411.83		1600.7		090	N	2975.93
24498	PROPH TX W/WO METHYLMETHACRYLATE HUMERAL SHAFT	24.9	2539.80			090	Y	14128.14	J1	2147.62		090	Y	7563.12
24500	CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	10.19	850.87			090	N	338.25		900.13		090	N	172.42
24505	CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	14.23	1188.21			090	N	1561.58		1254.17		090	N	172.42
24515	OPTX HUMERAL SHFT FX W/PLATE/SCREWS W/WOCERCLAGE	25.18	2102.53			090	Y	14128.14	J1	2173.51		090	Y	6502.42
24516	TX HUMRAL SHAFT FX W/INSJ IMED IMPLT W/W CERCLGE	24.74	2065.79			090	Y	14128.14	J1	2130.92		090	Y	6502.42
24530	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	10.83	904.31			090	N	338.25		954.41		090	N	172.42
24535	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	17.53	1463.76			090	N	1561.58		1534.73		090	N	514.57
24538	PRQ SKEL FIXJ SPRCNDYLR/TRANSCNDYLR HUMERAL FX	21.34	1781.89			090	N	3411.83		1847.02		090	N	2462.57
24545	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	26.72	2231.12			090	Y	21075.80	J1	2302.93		090	Y	6502.42
24546	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/XTN	29.89	2495.82			090	Y	21075.80	J1	2576.81		090	Y	6502.42
24560	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	9.1	759.85			090	N	245.44		812.46		090	N	172.42

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
24565	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/MANJ	15.12	1262.52			090	N	1561.58		1330.16		090	N	172.42
24566	PRQ SKEL FIXJ HUMRL EPCNDYLR FX MEDIAL/LAT MANJ	20.59	1719.27			090	N	3411.83		1784.4		090	N	2462.57
24575	OPEN TX HUMERAL EPICONDYLAR FRACTURE	20.96	1750.16			090	Y	14128.14	J1	1822.81		090	Y	6502.42
24576	CLTX HUMERAL CONDYLAR FX MEDIAL/LAT W/O MANJ	9.66	806.61			090	N	338.25		859.22		090	N	172.42
24577	CLTX HUMERAL CONDYLAR FX MEDIAL/LATERAL W/MANJ	15.52	1295.92			090	N	1561.58		1368.57		090	N	172.42
24579	OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	24.01	2004.84			090	Y	14128.14	J1	2073.31		090	Y	6502.42
24582	PRQ SKEL FIXJ HUMRL CNDYLR FX MEDIAL/LAT W/MANJ	23.11	1929.69			090	N	3411.83		2010.68		090	N	2462.57
24586	OPTX PERIARTICULAR FRACTURE &/DISLOCATION ELBO	31.16	2601.86			090	Y	14128.14	J1	2676.18		090	Y	6502.42
24587	OPTX PRIARTICULAR FX&/DISLC ELBW W/IMPLT ARTHR	31.09	2596.02			090	Y	21075.80	J1	2680.35		090	Y	6502.42
24600	TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	10.35	864.23			090	N	245.44		918.5		090	N	172.42
24605	TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	13.45	1123.08			090	N	1561.58		1171.51		090	N	1340.5
24615	OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION	20.45	1707.58			090	Y	9938.52	J1	1763.52		090	Y	6502.42
24620	CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	15.72	1312.62			090	N	1561.58		1376.92		090	N	1077.75
24635	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	19.31	1612.39			090	Y	14128.14	J1	1670		090	Y	6502.42
24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	3.83	319.81			010	N	338.25		359.89		010	N	172.42
24650	CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	7.43	620.41			090	N	245.44		660.49		090	N	172.42
24655	CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	12.38	1033.73			090	N	1561.58		1099.7		090	N	514.57
24665	OPEN TX RADIAL HEAD/NECK FRACTURE	18.69	1560.62			090	Y	9938.52	J1	1619.07		090	Y	4855.82
24666	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	21.04	1756.84			090	Y	14128.14	J1	1817.8		090	Y	6502.42
24670	CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	8.27	690.55			090	N	245.44		733.97		090	N	172.42
24675	CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	12.93	1079.66			090	N	1561.58		1143.12		090	N	172.42
24685	OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	18.76	1566.46			090	Y	9938.52	J1	1628.25		090	Y	4855.82
24800	ARTHRODESIS ELBOW JOINT LOCAL	23.85	2432.70			090	Y	9938.52	J1	2053.27		090	Y	4434.79
24802	ARTHRODESIS ELBOW JOINT W/AUTOGENOUS GRAFT	28.15	2871.30			090	Y	14128.14	J1	2475.78		090	Y	7563.12
24900	AMPUTATION ARM THRU HUMERUS W/PRIMARY CLOSURE	21.02	2144.04			090	Y			1817.8		090	Y	
24920	AMPUTATION ARM THRU HUMERUS OPEN CIRCULAR	21.01	2143.02			090	Y			1653.3		090	Y	
24925	AMP ARM THRU HUMERUS SECONDARY CLSR/SCAR REVJ	15.75	1606.50			090	Y	3411.83		1403.64		090	Y	2006.48
24930	AMPUTATION ARM THRU HUMERUS RE-AMPUTATION	22.1	2254.20			090	Y			1914.66		090	Y	
24931	AMPUTATION ARM THRU HUMERUS W/IMPLANT	23.04	2350.08			090	Y			1894.62		090	Y	
24935	STUMP ELONGATION UPPER EXTREMITY	31.96	3259.92			090	N	9938.52	J1	2601.03		090	N	7563.12

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
24940	CINEPLASTY UPPER EXTREMITY COMPLETE PROCEDURE	30.39	3099.78			090	Y			2626.08		090	Y	
24999	UNLISTED PROCEDURE HUMERUS/ELBOW	0	BR			YYY	N	245.44		BR		YYY	N	172.42
25000	INCISION EXTENSOR TENDON SHEATH WRIST	9.62	803.27			090	N	2072.60		839.18		090	N	2006.48
25001	INCISION FLEXOR TENDON SHEATH WRIST	9.77	815.80			090	N	2072.60		857.55		090	N	2006.48
25020	DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/O DBRDMT	16.41	1370.24			090	N	2072.60		1437.04		090	N	2975.93
25023	DCMPRN FASCT F/ARM&/WRST FLXR/XTNSR W/DBRDMT	31.53	2632.76			090	N	3411.83		2764.69		090	N	2975.93
25024	DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR W/O DB	22.19	1852.87			090	N	3411.83		1949.73		090	N	2975.93
25025	DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR DBRDMT	34.67	2894.95			090	N	3411.83		3029.38		090	N	2975.93
25028	I&D FOREARM&/WRIST DEEP ABSCESS/HEMATOMA	14.95	1248.33			090	N	2072.60		1315.13		090	N	2006.48
25031	INCISION & DRAINAGE FOREARM&/WRIST BURSA	10.27	857.55			090	N	2072.60		867.57		090	N	2006.48
25035	INCISION DEEP BONE CORTEX FOREARM&/WRIST	16.58	1384.43			090	N	3411.83		1447.89		090	N	2006.48
25040	ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB	16.11	1345.19			090	N	3411.83		1391.11		090	N	2975.93
25065	BIOPSY SOFT TISSUE FOREARM&/WRIST SUPERFICIAL	7.24	604.54			010	N	1341.57		648.8		010	N	752.91
25066	BIOPSY SOFT TISSUE FOREARM&/WRIST DEEP	10.28	858.38			090	N	2014.24		890.11		090	N	2142.94
25071	EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>	12.25	1022.88			090	Y	2014.24		1057.11		090	Y	2142.94
25073	EXC TUMOR SFT TISS FOREARM&/WRIST SUBFASC 3CM/>	15.27	1275.05			090	Y	2014.24		1318.47		090	Y	2142.94
25075	EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	13.64	1138.94			090	N	2014.24		1216.6		090	N	1447.15
25076	EXC TUMOR SOFT TISS FOREARM&/WRIST SUBFASC <3CM	14.81	1236.64			090	N	2014.24		1280.89		090	N	1447.15
25077	RAD RESECT TUMOR SOFT TISS FOREARM&/WRIST <3 CM	25.47	2126.75			090	N	1341.57		2188.54		090	N	1447.15
25078	RAD RESCJ TUM SOFT TISSUE FOREARM&/WRIST 3 CM/>	33.52	2798.92			090	Y	2014.24		2894.11		090	Y	2142.94
25085	CAPSULOTOMY WRIST	12.86	1073.81			090	Y	3411.83		1119.74		090	Y	2006.48
25100	ARTHROTOMY WRIST JOINT WITH BIOPSY	9.87	824.15			090	N	3411.83		861.72		090	N	2006.48
25101	ARTHRT WRST W/JT EXPL W/WO BX W/WO RMVL LOOSE/FB	11.52	961.92			090	N	2072.60		1006.18		090	N	2975.93
25105	ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY	13.79	1151.47			090	N	2072.60		1198.23		090	N	2975.93
25107	ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE	17.61	1470.44			090	Y	3411.83		1524.71		090	Y	2975.93
25109	EXC TENDON FOREARM&/WRIST FLEXOR/EXTENSOR EA	15.38	1284.23			090	N	2072.60		1330.16		090	N	2006.48
25110	EXCISION LESION TENDON SHEATH FOREARM&/WRIST	9.79	817.47			090	N	2072.60		845.02		090	N	2006.48
25111	EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	9.15	764.03			090	N	2072.60		798.26		090	N	2006.48
25112	EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT	11.05	922.68			090	N	2072.60		961.09		090	N	2006.48
25115	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS	21.72	1813.62			090	N	2072.60		1874.58		090	N	2006.48

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
25116	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS	17.15	1432.03			090	N	2072.60		1488.81		090	N	2006.48
25118	SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT	10.9	910.15			090	N	2072.60		946.06		090	N	2975.93
25119	SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA	14.14	1180.69			090	Y	3411.83		1232.46		090	Y	2975.93
25120	EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA	14.22	1187.37			090	N	3411.83		1234.97		090	N	2975.93
25125	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/AUTOGRAFT	16.64	1389.44			090	N	3411.83		1477.12		090	N	2975.93
25126	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/ALLOGRAFT	17.03	1422.01			090	Y	3411.83		1480.46		090	Y	2975.93
25130	EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES	12.75	1064.63			090	N	3411.83		1110.55		090	N	2975.93
25135	EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT	15.85	1323.48			090	Y	3411.83		1384.43		090	Y	2975.93
25136	EXC/CURTG CYST/TUMOR CARPAL BONES W/ALLOGRAFT	14.02	1170.67			090	Y	3411.83		1224.95		090	Y	2975.93
25145	SEQUESTRECTOMY FOREARM &/WRIST	14.82	1237.47			090	Y	3411.83		1282.56		090	Y	2975.93
25150	PARTIAL EXCISION BONE ULNA	16.22	1354.37			090	N	3411.83		1398.63		090	N	2975.93
25151	PARTIAL EXCISION BONE RADIUS	16.72	1396.12			090	Y	3411.83		1450.4		090	Y	2975.93
25170	RADICAL RESECTION TUMOR RADIUS OR ULNA	42.68	3563.78			090	Y	3411.83		3650.62		090	Y	2975.93
25210	CARPECTOMY 1 BONE	13.93	1163.16			090	N	3411.83		1209.92		090	N	2975.93
25215	CARPECTOMY ALL BONES PROXIMAL ROW	17.67	1475.45			090	Y	3411.83		1522.21		090	Y	2975.93
25230	RADICAL STYLOIDECTOMY SEPARATE PROCEDURE	12.37	1032.90			090	N	3411.83		1066.3		090	N	2975.93
25240	EXCISION DISTAL ULNA PARTIAL/COMPLETE	12.22	1020.37			090	N	3411.83		1061.29		090	N	2975.93
25246	INJECTION WRIST ARTHROGRAPHY	4.61	384.94			000	N			399.13		000	N	
25248	EXPL W/REMOVAL DEEP FOREIGN BODY FOREARM/WRIST	11.91	994.49			090	N	2072.60		1025.38		090	N	2006.48
25250	REMOVAL WRIST PROSTHESIS SEPARATE PROCEDURE	14.98	1250.83			090	Y	2072.60		1314.29		090	Y	2975.93
25251	REMOVAL WRIST PROSTH COMPLICATED W/TOTAL WRIST	20.59	1719.27			090	Y	3411.83		1780.22		090	Y	2975.93
25259	MANIPULATION WRIST UNDER ANESTHESIA	11.85	989.48			090	N	1561.58		1039.58		090	N	1077.75
25260	RPR TDN/MUSC FLXR F/ARM&/WRST PRIM 1 EA TDN/MU	18.03	1839.06			090	N	2072.60		1563.96		090	N	2975.93
25263	RPR TDN/MUSC FLXR F/ARM&/WRIST SEC 1 EA TDN/MUS	17.78	1813.56			090	Y	3411.83		1561.45		090	Y	2975.93
25265	RPR TDN/MUSC FLXR F/ARM&/WRISTSEC FR GRF EA	21.45	2187.90			090	Y	3411.83		1852.03		090	Y	2975.93
25270	RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	13.99	1426.98			090	N	3411.83		1216.6		090	N	2975.93
25272	RPR TDN/MUSC XTNSR F/ARM&/WRIST SEC 1 EA TDN/MU	15.82	1613.64			090	N	3411.83		1372.74		090	N	2975.93
25274	RPR TDN/MUSC XTNSR F/ARM&/WRST SEC FR GRF EA TDN	19.01	1939.02			090	N	3411.83		1655.81		090	N	2975.93
25275	RPR TENDON SHEATH EXTENSOR F/ARM&/WRIST W/GRAFT	19.24	1962.48			090	N	3411.83		1673.34		090	N	2975.93
25280	LNGTH/SHRT FLXR/XTNSR TDN F/ARM&/WRIST 1 EA TDN	16.11	1643.22			090	N	3411.83		1395.29		090	N	2975.93

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25290	TNOT FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	12.48	1272.96			090	N	2072.60		1081.33		090	N	2975.93
25295	TNOLS FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	14.97	1526.94			090	N	2072.60		1291.75		090	N	2006.48
25300	TENODESIS WRIST FLEXORS FINGERS	19.52	1991.04			090	Y	3411.83		1707.58		090	Y	2975.93
25301	TENODESIS WRIST EXTENSORS FINGERS	18.42	1878.84			090	Y	3411.83		1591.51		090	Y	2975.93
25310	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1 EA TDN	17.74	1809.48			090	Y	3411.83		1528.89		090	Y	2975.93
25312	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1/TDN GR	20.49	2089.98			090	Y	3411.83		1776.88		090	Y	4434.79
25315	FLEXOR ORIGIN SLIDE FOREARM &/WRIST	22.13	2257.26			090	Y	3411.83		1905.47		090	Y	2975.93
25316	FLEXOR ORIGIN SLIDE F/ARM&/WRST TENDON TRANSFE	26.28	2680.56			090	Y	9938.52	J1	2208.58		090	Y	7563.12
25320	CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS	28.27	2883.54			090	Y	3411.83		2446.55		090	Y	4434.79
25332	ARTHRP WRST W/WO INTERPOS W/WO XTRNL/INT FIXJ	24.13	2461.26			090	Y	3411.83		2087.5		090	Y	3699.98
25335	CENTRALIZATION WRST ULNA	23.18	2364.36			090	Y	3411.83		2241.14		090	Y	4434.79
25337	RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25.47	2597.94			090	N	3411.83		2198.56		090	N	4434.79
25350	OSTEOTOMY RADIUS DISTAL THIRD	19.3	1968.60			090	Y	14128.14	J1	1664.16		090	Y	4434.79
25355	OSTEOTOMY RADIUS MIDDLE/PROXIMAL THIRD	21.59	2202.18			090	Y	3411.83		1895.45		090	Y	4434.79
25360	OSTEOTOMY ULNA	18.73	1910.46			090	Y	9938.52	J1	1620.74		090	Y	4434.79
25365	OSTEOTOMY RADIUS & ULNA	26.2	2672.40			090	Y	14128.14	J1	2261.18		090	Y	7563.12
25370	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA	28.92	2949.84			090	Y	3411.83		2488.3		090	Y	4434.79
25375	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS&ULNA	27.4	2794.80			090	Y	3411.83		2240.31		090	Y	4434.79
25390	OSTEOPLASTY RADIUS/ULNA SHORTENING	22.06	2250.12			090	Y	9938.52	J1	1897.12		090	Y	4434.79
25391	OSTEOPLASTY RADIUS/ULNA LENGTHENING W/AUTOGRAFT	28.65	2922.30			090	Y	14128.14	J1	2460.75		090	Y	7563.12
25392	OSTEOPLASTY RADIUS & ULNA SHORTENING	24.98	2547.96			090	Y	3411.83		2505		090	Y	2975.93
25393	OSTEOPLASTY RADIUS&ULNA LENGTHENING W/AUTOGRAF	32.53	3318.06			090	Y	3411.83		2790.57		090	Y	4434.79
25394	OSTEOPLASTY CARPAL BONE SHORTENING	22.38	2282.76			090	Y	3411.83		1938.87		090	Y	4434.79
25400	RPR NONUNION/MALUNION RADIUS/ULNA W/O AUTOGRAFT	23.06	2352.12			090	Y	9938.52	J1	1983.13		090	Y	7563.12
25405	RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	29.78	3037.56			090	Y	14128.14	J1	2555.1		090	Y	7563.12
25415	RPR NONUNION/MALUNION RADIUS&ULNA W/O AUTOGRAF	27.67	2822.34			090	Y	9938.52	J1	2389.77		090	Y	7563.12
25420	RPR NONUNION/MALUNION RADIUS&ULNA W/AUTOGRAFT	33.56	3423.12			090	Y	14128.14	J1	2884.93		090	Y	7563.12
25425	REPAIR DEFECT W/AUTOGRAFT RADIUS/ULNA	27.7	2825.40			090	Y	3411.83		2378.92		090	Y	7563.12
25426	REPAIR DEFECT W/AUTOGRAFT RADIUS&ULNA	32.36	3300.72			090	Y	3411.83		2773.04		090	Y	4434.79
25430	INSERTION VASCULAR PEDICLE CARPAL BONE	21	2142.00			090	N	3411.83		1754.34		090	N	4434.79

MEDICAL DATA														
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25431	REPAIR NONUNION CARPAL BONE EACH BONE	22.57	2302.14			090	Y	9938.52	J1	1952.23		090	Y	4434.79
25440	RPR NONUNION SCAPHOID CARPAL BNE W/WO RDL STYLEC	21.97	2240.94			090	Y	9938.52	J1	1897.12		090	Y	7563.12
25441	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS	26.79	2732.58			090	Y	21075.80	J1	2262.02		090	Y	12387.27
25442	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA	23.1	2356.20			090	Y	21075.80	J1	1939.71		090	Y	12387.27
25443	ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL	22.45	2289.90			090	Y	9938.52	J1	1933.03		090	Y	5741.03
25444	ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE	23.74	2421.48			090	Y	21075.80	J1	1943.05		090	Y	5741.03
25445	ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM	20.7	2111.40			090	N	9938.52	J1	1780.22		090	N	5741.03
25446	ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/CARPUS	33.61	3428.22			090	Y	21075.80	J1	2871.57		090	Y	12387.27
25447	ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS	23.71	2418.42			090	Y	3411.83		2043.25		090	Y	3699.98
25449	REVJ ARTHRP W/REMOVAL IMPLANT WRIST JOINT	29.65	3024.30			090	Y	9938.52	J1	2569.3		090	Y	3699.98
25450	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS/U	14.86	1515.72			090	N	3411.83		1526.38		090	N	4434.79
25455	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS&ULNA	17.6	1795.20			090	N	3411.83		1455.41		090	N	4434.79
25490	PROPH TX N/P/PLTWR W/WO METHYLACRYLATE RADIUS	20.65	2106.30			090	Y	3411.83		1724.28		090	Y	4434.79
25491	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE ULNA	21.25	2167.50			090	Y	14128.14	J1	1829.49		090	Y	4434.79
25492	PROPH TX N/P/PLTWR W/WO METHYLMECRYLATE RAD&UL	26	2652.00			090	Y	3411.83		1958.91		090	Y	4434.79
25500	CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	7.77	648.80			090	N	245.44		683.87		090	N	172.42
25505	CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	14.33	1196.56			090	N	1561.58		1260.02		090	N	514.57
25515	OPEN TREATMENT RADIAL SHAFT FRACTURE	19.19	1602.37			090	Y	9938.52	J1	1661.65		090	Y	4855.82
25520	CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	15.96	1332.66			090	N	1561.58		1412.82		090	N	514.57
25525	OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	22.51	1879.59			090	Y	9938.52	J1	1937.2		090	Y	4855.82
25526	OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	27.32	2281.22			090	Y	14128.14	J1	2364.72		090	Y	4855.82
25530	CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	7.45	622.08			090	N	245.44		661.32		090	N	172.42
25535	CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	13.94	1163.99			090	N	338.25		1224.95		090	N	172.42
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE	17.85	1490.48			090	Y	9938.52	J1	1547.26		090	Y	4855.82
25560	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MAN	7.89	658.82			090	N	245.44		702.24		090	N	172.42
25565	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MANJ	14.8	1235.80			090	N	1561.58		1305.94		090	N	514.57
25574	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS/ULNA	19.28	1609.88			090	Y	9938.52	J1	1673.34		090	Y	6502.42
25575	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS&ULNA	25.87	2160.15			090	Y	14128.14	J1	2230.29		090	Y	6502.42
25600	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANJ	9.32	778.22			090	N	338.25		828.32		090	N	172.42
25605	CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF	15.56	1299.26			090	N	1561.58		1373.58		090	N	514.57

MEDICAL DATA														
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25606	PERQ SKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP	19	1586.50			090	N	3411.83		1644.95		090	N	2462.57
25607	OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP	21.07	1759.35			090	Y	9938.52	J1	1824.48		090	Y	6502.42
25608	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	23.63	1973.11			090	Y	9938.52	J1	2039.91		090	Y	6502.42
25609	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	30.05	2509.18			090	Y	9938.52	J1	2591.01		090	Y	6502.42
25622	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANJ	8.64	721.44			090	N	245.44		768.2		090	N	172.42
25624	CLOSED TX CARPAL SCAPHOID FRACTURE W/MANJ	13.54	1130.59			090	N	1561.58		1192.38		090	N	514.57
25628	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	20.66	1725.11			090	Y	3411.83		1777.72		090	Y	4855.82
25630	CLTX CARPAL BONE FX W/O MANJ EACH BONE	8.67	723.95			090	N	245.44		766.53		090	N	172.42
25635	CLTX CARPAL BONE FX W/MANJ EACH BONE	12.13	1012.86			090	N	1561.58		1137.27		090	N	172.42
25645	OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA	16.26	1357.71			090	Y	3411.83		1411.15		090	Y	4855.82
25650	CLOSED TREATMENT ULNAR STYLOID FRACTURE	9.1	759.85			090	N	338.25		805.78		090	N	172.42
25651	PRQ SKELETAL FIXATION ULNAR STYLOID FRACTURE	13.85	1156.48			090	N	3411.83		1204.91		090	N	2462.57
25652	OPEN TREATMENT ULNAR STYLOID FRACTURE	17.88	1492.98			090	N	9938.52	J1	1540.58		090	N	4855.82
25660	CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MANJ	11.64	971.94			090	N	338.25		1022.88		090	N	172.42
25670	OPEN TX RADIOCARPAL/INTERCARPAL DISLC 1/> BONES	17.37	1450.40			090	Y	2072.60		1493.82		090	Y	2462.57
25671	PRQ SKELETAL FIXJ DISTAL RADIOULNAR DISLOCATION	15.18	1267.53			090	N	2072.60		1320.97		090	N	2462.57
25675	CLOSED TX DISTAL RADIOULNAR DISLOCATION W/MANJ	12.34	1030.39			090	N	338.25		1110.55		090	N	172.42
25676	OPEN TX DISTAL RADIOULNAR DISLC ACUTE/CHRONIC	17.96	1499.66			090	Y	9938.52	J1	1560.62		090	Y	2462.57
25680	CLTX TRANS-SCAPHOPRILUNAR TYP FX DISLC W/MANJ	13.51	1128.09			090	N	338.25		1192.38		090	N	172.42
25685	OPEN TX TRANS-SCAPHOPERILUNAR FRACTURE DISLC	21.03	1756.01			090	Y	2072.60		1819.47		090	Y	2462.57
25690	CLOSED TX LUNATE DISLOCATION W/MANIPULATION	13.61	1136.44			090	N	1561.58		1197.39		090	N	1077.75
25695	OPEN TREATMENT LUNATE DISLOCATION	18.18	1518.03			090	Y	3411.83		1566.46		090	Y	2462.57
25800	ARTHRODESIS WRIST COMPLETE W/O BONE GRAFT	20.98	2139.96			090	Y	14128.14	J1	1807.78		090	Y	7563.12
25805	ARTHRODESIS WRIST W/SLIDING GRAFT	24.27	2475.54			090	Y	14128.14	J1	2088.34		090	Y	7563.12
25810	ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT	24.87	2536.74			090	Y	14128.14	J1	2142.61		090	Y	7563.12
25820	ARTHRODESIS WRIST LIMITED W/O BONE GRAFT	17.59	1794.18			090	Y	9938.52	J1	1527.22		090	Y	4434.79
25825	ARTHRODESIS WRIST LIMITED W/AUTOGRAFT	21.67	2210.34			090	Y	9938.52	J1	1873.74		090	Y	7563.12
25830	ARTHRD DSTL RAD/ULN JT SGMTL RSCJ ULNA W/WO BONE	27.04	2758.08			090	Y	9938.52	J1	2382.26		090	Y	7563.12
25900	AMPUTATION FOREARM THROUGH RADIUS & ULNA	20.32	2072.64			090	N			1757.68		090	N	
25905	AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR	18.61	1898.22			090	Y			1735.13		090	Y	

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25907	AMP F/ARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE	16.69	1702.38			090	Y	2072.60		1518.03		090	Y	2006.48
25909	AMP FOREARM THRU RADIUS&ULNA RE-AMPUTATION	19.67	2006.34			090	Y	3411.83		1695.05		090	Y	2006.48
25915	KRUKENBERG PROCEDURE	33.92	3459.84			090	Y			2548.42		090	Y	
25920	DISARTICULATION THROUGH WRIST	19.91	2030.82			090	N			1728.45		090	N	
25922	DISARTICULATION THRU WRIST SEC CLOSURE/SCAR REVJ	16.44	1676.88			090	Y	2072.60		1437.04		090	Y	2006.48
25924	DISARTICULATION THRU WRIST RE-AMPUTATION	17.46	1780.92			090	Y			1697.56		090	Y	
25927	TRANSMETACARPAL AMPUTATION	23.26	2372.52			090	N			2027.38		090	N	
25929	TRANSMETACARPAL AMPUTATION SEC CLOSURE/SCAR REVJ	16.95	1728.90			090	Y	2009.86		1478.79		090	Y	1434.08
25931	TRANSMETACARPAL AMPUTATION RE-AMPUTATION	19.01	1939.02			090	N	2072.60		1840.34		090	N	2006.48
25999	UNLISTED PROCEDURE FOREARM/WRIST	0	BR			YYY	N	245.44		BR		YYY	N	172.42
26010	DRAINAGE FINGER ABSCESS SIMPLE	7.48	624.58			010	N	325.10		673.85		010	N	161.85
26011	DRAINAGE FINGER ABSCESS COMPLICATED	11.05	922.68			010	N	1341.57		990.31		010	N	936.06
26020	DRAINAGE TENDON SHEATH DIGIT&/PALM EACH	12.4	1035.40			090	N	2072.60		1080.49		090	N	1529.32
26025	DRAINAGE OF PALMAR BURSA SINGLE BURSA	12.08	1008.68			090	N	2072.60		1050.43		090	N	1529.32
26030	DRAINAGE OF PALMAR BURSA MULTIPLE BURSA	14.07	1174.85			090	N	2072.60		1220.77		090	N	1529.32
26034	INCISION BONE CORTEX HAND/FINGER	15.37	1283.40			090	N	2072.60		1338.51		090	N	1529.32
26035	DECOMPRESSION FINGERS&/HAND INJECTION INJURY	24.47	2043.25			090	N	2072.60		2125.91		090	N	1529.32
26037	DECOMPRESSIVE FASCIOTOMY HAND	16.24	1356.04			090	N	2072.60		1413.66		090	N	1529.32
26040	FASCIOTOMY PALMAR PERCUTANEOUS	8.89	742.32			090	N	2072.60		770.71		090	N	1529.32
26045	FASCIOTOMY PALMAR OPEN PARTIAL	13.41	1119.74			090	N	2072.60		1162.32		090	N	2665.47
26055	TENDON SHEATH INCISION	15.83	1321.81			090	N	2072.60		1420.34		090	N	1529.32
26060	TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT	7.56	631.26			090	N	2072.60		662.16		090	N	1529.32
26070	ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT	8.96	748.16			090	N	2072.60		768.2		090	N	1529.32
26075	ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA	9.5	793.25			090	N	2072.60		813.29		090	N	1529.32
26080	ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	11.15	931.03			090	N	2072.60		969.44		090	N	1529.32
26100	ARTHROTOMY BIOPSY CARP/MTCRPL JOINT EACH	9.53	795.76			090	N	3411.83		834.17		090	N	1529.32
26105	ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH	9.51	794.09			090	N	2072.60		840.85		090	N	1529.32
26110	ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH	9.17	765.70			090	N	2072.60		799.1		090	N	1529.32
26111	EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>	11.97	999.50			090	Y	2014.24		1034.57		090	Y	2142.94
26113	EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>	15.7	1310.95			090	Y	2014.24		1354.37		090	Y	2142.94

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
26115	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM	14.33	1196.56			090	N	2014.24		1270.04		090	N	1447.15
26116	EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM	15.09	1260.02			090	N	2014.24		1303.44		090	N	1447.15
26117	RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM	21.48	1793.58			090	N	2014.24		1854.54		090	N	1447.15
26118	RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3 CM/>	30.18	2520.03			090	Y	2014.24		2628.58		090	Y	2142.94
26121	FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT	17.09	1427.02			090	N	2072.60		1476.28		090	N	2665.47
26123	FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR	23.88	1993.98			090	N	3411.83		2059.95		090	N	2665.47
26125	FASCT PRTL PALMR ADDL DGT PROX IPHAL JT W/WO RPR	7.91	660.49			ZZZ	N			669.67		ZZZ	N	1529.32
26130	SYNOVECTOMY CARPOMETACARPAL JOINT	13.24	1105.54			090	N	2072.60		1135.6		090	N	1529.32
26135	SYNVCT MTCARPHLNGL JT W/INTRNSC RLS&XTNSR HOOD	15.71	1311.79			090	N	2072.60		1361.05		090	N	2665.47
26140	SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT	14.41	1203.24			090	N	2072.60		1249.16		090	N	1529.32
26145	SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN	14.63	1221.61			090	N	2072.60		1266.7		090	N	1529.32
26160	EXC LESION TDN SHTH/JT CAPSL HAND/FNGR	16.29	1360.22			090	N	2072.60		1454.57		090	N	1529.32
26170	EXCISION TENDON PALM FLEXOR/EXTENSOR SINGLE EACH	11.56	965.26			090	N	2072.60		1005.34		090	N	1529.32
26180	EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	12.64	1055.44			090	N	2072.60		1098.03		090	N	1529.32
26185	SESAMOIDECTOMY THUMB/FINGER SEPARATE PROCEDURE	15.53	1296.76			090	Y	2072.60		1367.73		090	Y	1529.32
26200	EXCISION/CURETTAGE CYST/TUMOR METACARPAL	12.87	1074.65			090	N	2072.60		1114.73		090	N	1529.32
26205	EXC/CURETTAGE CYST/TUMOR METACARPAL W/AUTOGRAFT	17.29	1443.72			090	N	3411.83		1492.15		090	N	2665.47
26210	EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER	12.63	1054.61			090	N	2072.60		1095.52		090	N	1529.32
26215	EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT	16.15	1348.53			090	N	3411.83		1402.8		090	N	1529.32
26230	PARTIAL EXCISION BONE METACARPAL	14.26	1190.71			090	N	2072.60		1234.97		090	N	1529.32
26235	PARTIAL EXCISION PROXIMAL/MIDDLE PHALANX FINGER	14.11	1178.19			090	N	2072.60		1216.6		090	N	1529.32
26236	PARTIAL EXCISION DISTAL PHALANX FINGER	12.62	1053.77			090	N	2072.60		1092.18		090	N	1529.32
26250	RADICAL RESECTION TUMOR METACARPAL	30.93	2582.66			090	N	2072.60		2649.46		090	N	1529.32
26260	RAD RESECTION TUMOR PROX/MIDDLE PHALANX FINGER	22.97	1918.00			090	Y	3411.83		1988.14		090	Y	1529.32
26262	RADICAL RESECTION TUMOR DISTAL PHALANX FINGER	17.91	1495.49			090	Y	2072.60		1572.31		090	Y	1529.32
26320	REMOVAL IMPLANT FROM FINGER/HAND	9.91	827.49			090	N	2014.24		858.38		090	N	1447.15
26340	MANIPULATION FINGER JOINT UNDER ANES EACH JOINT	9.51	970.02			090	N	1561.58		843.35		090	N	514.57
26341	MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD	2.81	286.62			010	N	338.25		245.49		010	N	514.57
26350	RPR/ADVMNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON	20.02	2042.04			090	N	3411.83		1771.04		090	N	2665.47
26352	RPR/ADVMNT FLXR TDN N/Z/2 W/FR GRAFT EA TENDON	23.1	2356.20			090	Y	3411.83		2029.89		090	Y	2665.47

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
26356	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	25.01	2551.02			090	N	3411.83		2713.75		090	N	2665.47
26357	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	24.6	2509.20			090	Y	3411.83		2158.48		090	Y	2665.47
26358	RPR/ADVMNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON	27.34	2788.68			090	Y	3411.83		2277.05		090	Y	2665.47
26370	RPR/ADVMNT TDN W/NTC SUPFCIS TDN PRIM EA TDN	21.31	2173.62			090	N	3411.83		1877.92		090	N	2665.47
26372	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/FREE GRAFT EA	24.82	2531.64			090	Y	3411.83		2195.22		090	Y	2665.47
26373	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/O FREE GRF EA	23.84	2431.68			090	Y	3411.83		2107.54		090	Y	2665.47
26390	EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F	23.69	2416.38			090	Y	9938.52	J1	2053.27		090	Y	2665.47
26392	RMVL SYNTH ROD & INSJ FLXR TDN GRF H/F EA ROD	27.34	2788.68			090	Y	9938.52	J1	2388.1		090	Y	2665.47
26410	REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	15.91	1622.82			090	N	2072.60		1404.47		090	N	1529.32
26412	REPAIR EXTENSOR TENDON HAND W/GRAFT EACH	19.18	1956.36			090	N	3411.83		1711.75		090	N	2665.47
26415	EXC XTNSR TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA	21.69	2212.38			090	N	2072.60		1973.11		090	N	2665.47
26416	RMVL SYNTH ROD & INSJ XTNSR TDN GRF H/F EA ROD	20.45	2085.90			090	N	3411.83		1866.23		090	N	2665.47
26418	REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	16.23	1655.46			090	N	2072.60		1443.72		090	N	1529.32
26420	REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH	19.91	2030.82			090	Y	3411.83		1756.84		090	Y	2665.47
26426	RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR	14.32	1460.64			090	N	3411.83		1240.81		090	N	2665.47
26428	RPR XTNSR TDN CNTRL SLIP SEC W/FR GRFT EA FINGER	21.26	2168.52			090	N	3411.83		1849.53		090	N	2665.47
26432	CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING	14.02	1430.04			090	N	2072.60		1240.81		090	N	1529.32
26433	REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF	14.94	1523.88			090	N	2072.60		1318.47		090	N	1529.32
26434	REPAIR EXTENSOR TENDON DISTAL INSERTION W/GRAFT	18.23	1859.46			090	Y	3411.83		1606.54		090	Y	2665.47
26437	REALIGNMENT EXTENSOR TENDON HAND EACH TENDON	17.52	1787.04			090	N	2072.60		1537.24		090	N	1529.32
26440	TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON	17.39	1773.78			090	N	2072.60		1533.9		090	N	1529.32
26442	TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO	27.17	2771.34			090	N	2072.60		2384.76		090	N	2665.47
26445	TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH	16.19	1651.38			090	N	2072.60		1434.53		090	N	1529.32
26449	TENOLYSIS CPLX XTNSR TENDON FINGER W/FOREARM EA	19.85	2024.70			090	N	2072.60		1722.61		090	N	2665.47
26450	TENOTOMY FLEXOR PALM OPEN EACH TENDON	11.49	1171.98			090	N	3411.83		994.49		090	N	1529.32
26455	TENOTOMY FLEXOR FINGER OPEN EACH TENDON	11.31	1153.62			090	N	2072.60		1006.18		090	N	1529.32
26460	TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON	11.09	1131.18			090	N	2072.60		976.12		090	N	1529.32
26471	TENODESIS PROXIMAL INTERPHALANGEAL JOINT EACH	17.26	1760.52			090	N	3411.83		1519.7		090	N	1529.32
26474	TENODESIS DISTAL JOINT EACH	16.94	1727.88			090	Y	2072.60		1464.59		090	Y	1529.32
26476	LENGTHENING TENDON EXTENSOR HAND/FINGER EACH	16.26	1658.52			090	N	2072.60		1444.55		090	N	1529.32

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
26477	SHORTENING TENDON EXTENSOR HAND/FINGER EACH	16.32	1664.64			090	N	3411.83		1438.71		090	N	1529.32
26478	LENGTHENING TENDON FLEXOR HAND/FINGER EACH	17.45	1779.90			090	N	2072.60		1538.91		090	N	1529.32
26479	SHORTENING TENDON FLEXOR HAND/FINGER EACH	17.22	1756.44			090	Y	2072.60		1528.05		090	Y	1529.32
26480	TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN	21.12	2154.24			090	N	2072.60		1866.23		090	N	2665.47
26483	TENDON TRANSFER TRANSPLANT CARP/MTCRPL GRAFT	23.75	2422.50			090	Y	3411.83		2083.33		090	Y	2665.47
26485	TRANSFER/TRANSPLANT TENDON PALMAR W/O GRAFT EACH	22.73	2318.46			090	Y	2072.60		1996.49		090	Y	2665.47
26489	TRANSFER/TRANSPLANT TENDON PALMAR W/GRAFT EACH	25.67	2618.34			090	N	3411.83		2317.13		090	N	2665.47
26490	OPPONENSPLASTY SUPFCIS TDN TR TYP EA TDN	22.16	2260.32			090	N	3411.83		1955.57		090	N	2665.47
26492	OPPONENSPLASTY TDN TR W/GRF EA TDN	24.59	2508.18			090	Y	3411.83		2179.35		090	Y	2665.47
26494	OPPONENSPLASTY HYPOTHENAR MUSC TR	22.26	2270.52			090	Y	3411.83		1976.45		090	Y	2665.47
26496	OPPONENSPLASTY OTHER METHODS	24.19	2467.38			090	N	3411.83		2104.2		090	N	2665.47
26497	TR TDN RESTORE INTRNSC FUNCJ RING&SM FNGR	24.52	2501.04			090	Y	3411.83		2124.24		090	Y	2665.47
26498	TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS	32.45	3309.90			090	Y	3411.83		2812.28		090	Y	2665.47
26499	CORRECTION CLAW FINGER OTHER METHODS	23.49	2395.98			090	Y	3411.83		2036.57		090	Y	2665.47
26500	RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX	17.52	1787.04			090	N	3411.83		1545.59		090	N	1529.32
26502	RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX	19.6	1999.20			090	Y	3411.83		1760.18		090	Y	2665.47
26508	RELEASE THENAR MUSCLE	18.1	1846.20			090	N	2072.60		1584.83		090	N	1529.32
26510	CROSS INTRINSIC TRANSFER EACH TENDON	16.69	1702.38			090	N	2072.60		1476.28		090	N	2665.47
26516	CAPSULODESIS MTCARPHLNGL JOINT SINGLE DIGIT	19.69	2008.38			090	N	2072.60		1728.45		090	N	2665.47
26517	CAPSULODESIS MTCARPHLNGL JOINT 2 DIGITS	23.28	2374.56			090	Y	3411.83		2024.04		090	Y	2665.47
26518	CAPSULODESIS MTCARPHLNGL JOINT 3/4 DIGITS	23.24	2370.48			090	Y	3411.83		2065.79		090	Y	2665.47
26520	CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGL JOINT EACH	18.28	1864.56			090	N	2072.60		1616.56		090	N	1529.32
26525	CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH	18.3	1866.60			090	N	2072.60		1618.23		090	N	1529.32
26530	ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH	15.34	1564.68			090	Y	3411.83		1325.98		090	Y	3699.98
26531	ARTHRP MTCARPHLNGL JT W/PROSTC IMPLT EA JT	17.85	1820.70			090	Y	9938.52	J1	1538.07		090	Y	5741.03
26535	ARTHROPLASTY INTERPHALANGEAL JOINT EACH	12.03	1227.06			090	N	3411.83		1034.57		090	N	3699.98
26536	ARTHROPLASTY INTERPHALANGEAL JT W/PROSTHETIC EA	20.04	2044.08			090	N	9938.52	J1	1765.19		090	N	5741.03
26540	RPR COLTRL LIGM MTCARPHLNGL/IPHAL JT	18.48	1884.96			090	N	3411.83		1625.75		090	N	1529.32
26541	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/TDN/FSCAL GRF	22.58	2303.16			090	Y	3411.83		1968.1		090	Y	2665.47
26542	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/LOCAL TISS	19.06	1944.12			090	N	3411.83		1677.52		090	N	1529.32

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26545	RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF EA JT	19.41	1979.82			090	N	3411.83		1742.65		090	N	2665.47
26546	RPR NON-UNION MTCRPL/PHALANX	28.01	2857.02			090	Y	3411.83		2451.56		090	Y	2665.47
26548	RPR & RCNSTJ FINGER VOLAR PLATE INTERPHALANGEAL	21.4	2182.80			090	N	3411.83		1880.42		090	N	2665.47
26550	POLLICIZATION DIGIT	43.93	4480.86			090	Y	3411.83		4070.63		090	Y	2665.47
26551	TR TOE-TO-HAND W/MVASC ANAST GRT TOE WRP/ARND	81.52	8315.04			090	Y			7205.22		090	Y	
26553	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 1	94	9588.00			090	Y			6650.78		090	Y	
26554	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 2	94.82	9671.64			090	Y			7777.19		090	Y	
26555	TR FNGR AXH POS W/O MVASC ANAST	38.12	3888.24			090	Y	3411.83		3380.92		090	Y	2665.47
26556	TRANSFER FREE TOE JOINT W/MVASC ANASTOMOSIS	97.67	9962.34			090	Y			7159.29		090	Y	
26560	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS	15.77	1608.54			090	Y	2072.60		1467.93		090	Y	1529.32
26561	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS&GRAFT	26.29	2681.58			090	Y	3411.83		2332.16		090	Y	2665.47
26562	REPAIR SYNDACTYLY EACH SPACE COMPLEX	38.19	3895.38			090	Y	3411.83		3132.92		090	Y	2665.47
26565	OSTEOTOMY METACARPAL EACH	19.05	1943.10			090	Y	3411.83		1682.53		090	Y	2665.47
26567	OSTEOTOMY PHALANX FINGER EACH	19.16	1954.32			090	N	3411.83		1678.35		090	N	2665.47
26568	OSTEOPLASTY LENGTHENING METACARPAL/PHALANX	25.43	2593.86			090	Y	3411.83		2231.96		090	Y	2665.47
26580	REPAIR CLEFT HAND	41.64	4247.28			090	Y	2072.60		3721.6		090	Y	1529.32
26587	RCNSTJ POLYDACTYLOUS DIGIT SOFT TISSUE & BONE	26.12	2664.24			090	Y	3411.83		2588.5		090	Y	1529.32
26590	REPAIR MACRODACTYLIA EACH DIGIT	38.46	3922.92			090	Y	2072.60		3155.47		090	Y	1529.32
26591	REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE	12.23	1247.46			090	N	3411.83		1091.35		090	N	2665.47
26593	RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE	16.85	1718.70			090	N	3411.83		1479.62		090	N	1529.32
26596	EXC CONSTRICTING RING FNGR W/MLT Z-PLASTIES	21.28	2170.56			090	Y	3411.83		1879.59		090	Y	1529.32
26600	CLTX METACARPAL FX W/O MANIPULATION EACH BONE	8.35	697.23			090	N	245.44		742.32		090	N	172.42
26605	CLTX METACARPAL FX W/MANIPULATION EACH BONE	9.14	763.19			090	N	338.25		809.12		090	N	172.42
26607	CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE	12.99	1084.67			090	N	1561.58		1134.77		090	N	1077.75
26608	PRQ SKELETAL FIXJ METACARPAL FX EACH BONE	13.61	1136.44			090	N	2072.60		1186.54		090	N	2462.57
26615	OPEN TX METACARPAL FRACTURE SINGLE EA BONE	16.49	1376.92			090	N	3411.83		1430.36		090	N	4855.82
26641	CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANJ	10.45	872.58			090	N	338.25		921.01		090	N	172.42
26645	CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ	12.01	1002.84			090	N	1561.58		1064.63		090	N	514.57
26650	PRQ SKELETAL FIX CARPO/METACARPAL FX DISLC THUMB	13.64	1138.94			090	N	2072.60		1188.21		090	N	2462.57
26665	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	18.12	1513.02			090	N	3411.83		1561.45		090	N	4855.82

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
26670	CLTX CARPO/METACARPL DISLC THMB MANJ EA W/O ANES	9.63	804.11			090	N	338.25		827.49		090	N	172.42
26675	CLTX CARPO/MTCRPL DISLC THUMB MANJ EA JT W/ANES	12.86	1073.81			090	N	1561.58		1133.93		090	N	172.42
26676	PRQ SKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT	14.29	1193.22			090	N	2072.60		1246.66		090	N	2462.57
26685	OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	16.49	1376.92			090	N	3411.83		1440.38		090	N	2462.57
26686	OPTX CARP/MTCRPL DISLC THMB CPLX MLT/DLYD RDCTJ	17.89	1493.82			090	Y	3411.83		1545.59		090	Y	6502.42
26700	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/O ANES	9.15	764.03			090	N	338.25		813.29		090	N	172.42
26705	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/ANES	11.86	990.31			090	N	1561.58		1035.4		090	N	172.42
26706	PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W/MANJ	12.57	1049.60			090	N	1561.58		1094.69		090	N	1077.75
26715	OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION	16.36	1366.06			090	N	3411.83		1427.02		090	N	2462.57
26720	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANJ EA	5.62	469.27			090	N	245.44		501		090	N	172.42
26725	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	9.57	799.10			090	N	338.25		845.86		090	N	172.42
26727	PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	13.39	1118.07			090	N	2072.60		1165.66		090	N	2462.57
26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	17.07	1425.35			090	N	3411.83		1481.29		090	N	2462.57
26740	CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/O MANJ	6.53	545.26			090	N	338.25		574.48		090	N	172.42
26742	CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ	10.47	874.25			090	N	1561.58		917.67		090	N	172.42
26746	OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	21.24	1773.54			090	N	3411.83		1832.83		090	N	2462.57
26750	CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	5.22	435.87			090	N	245.44		464.26		090	N	172.42
26755	CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA	8.9	743.15			090	N	338.25		790.75		090	N	172.42
26756	PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	11.91	994.49			090	N	2072.60		1042.92		090	N	2462.57
26765	OPEN TX DISTAL PHALANGEAL FRACTURE EACH	14.32	1195.72			090	N	2072.60		1248.33		090	N	2462.57
26770	CLTX IPHAL JT DISLC W/MANJ W/O ANES	7.8	651.30			090	N	245.44		695.56		090	N	172.42
26775	CLTX IPHAL JT DISLC W/MANJ REQ ANES	10.87	907.65			090	N	296.07		965.26		090	N	1340.5
26776	PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ	12.63	1054.61			090	N	2072.60		1100.53		090	N	2462.57
26785	OPEN TX INTERPHALANGEAL JOINT DISLOCATION	15.66	1307.61			090	N	3411.83		1358.55		090	N	2462.57
26820	FUSION OPPOSITION THUMB W/AUTOGENOUS GRAFT	22.22	2266.44			090	Y	3411.83		1947.22		090	Y	2665.47
26841	ARTHRD CARPO/METACARPAL JT THUMB W/WO INT FIXJ	20.44	2084.88			090	N	3411.83		1803.6		090	N	2665.47
26842	ARTHRD CRP/MTACRPL JT THMB W/WO INT FIXJ W/AGRFT	22.14	2258.28			090	Y	9938.52	J1	1941.38		090	Y	2665.47
26843	ARTHRD CARP/MTCRPL JT DGT OTHER THAN THUMB EACH	20.87	2128.74			090	Y	9938.52	J1	1826.98		090	Y	2665.47
26844	ARTHRD CARP/MTCRPL JT DGT OTH/THN THMB W/AGRFT	22.86	2331.72			090	Y	9938.52	J1	2009.01		090	Y	2665.47
26850	ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ	19.46	1984.92			090	N	3411.83		1704.24		090	N	2665.47

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
26852	ARTHRODESIS MTCRPL JT W/WO INT FIXJ W/AUTOGRAFT	22.4	2284.80			090	Y	3411.83		1950.56		090	Y	2665.47
26860	ARTHRODESIS INTERPHALANGEAL JT W/WO INT FIXJ	15.87	1618.74			090	N	3411.83		1396.96		090	N	2665.47
26861	ARTHRODESIS IPHAL JT W/WO INT FIXJ EA IPHAL JT	2.98	303.96			ZZZ	N			253.01		ZZZ	N	2665.47
26862	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AUTOGRAFT	20.44	2084.88			090	Y	3411.83		1785.23		090	Y	2665.47
26863	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AGRFT EA JT	6.65	678.30			ZZZ	Y			579.49		ZZZ	Y	2665.47
26910	AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER	20.31	2071.62			090	N	3411.83		1766.03		090	N	2665.47
26951	AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	18.41	1877.82			090	N	2072.60		1619.9		090	N	1529.32
26952	AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	18.16	1852.32			090	N	2072.60		1594.02		090	N	1529.32
26989	UNLISTED PROCEDURE HANDS/FINGERS	0	BR			YYY	N	245.44		BR		YYY	N	172.42
26990	I&D PELVIS/HIP JT AREA DEEP ABSCESS/HEMATOMA	17.92	1496.32			090	N	3411.83		1556.44		090	N	2006.48
26991	I&D PELVIS/HIP JOINT AREA INFECTED BURSA	20.06	1675.01			090	N	3411.83		1777.72		090	N	2006.48
26992	INCISION BONE CORTEX PELVIS&/HIP JOINT	27.55	2300.43			090	N			2383.09		090	N	
27000	TENOTOMY ADDUCTOR HIP PERCUTANEOUS SPX	11.94	996.99			090	N	2072.60		1052.1		090	N	2006.48
27001	TENOTOMY ADDUCTOR HIP OPEN	15.39	1285.07			090	Y	3411.83		1348.53		090	Y	2975.93
27003	TX ADDUXOR SUBQ OPN W/OBTURATOR NEURECTOMY	17.09	1427.02			090	Y	3411.83		1477.95		090	Y	2975.93
27005	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE	20.78	1735.13			090	Y	3443.90		1800.26		090	Y	
27006	TENOTOMY ABDUCTORS&/EXTENSOR HIP OPEN SPX	21.11	1762.69			090	Y	3411.83		1830.32		090	Y	2975.93
27025	FASCIOTOMY HIP/THIGH ANY TYPE	26.3	2196.05			090	N	2724.05		2284.56		090	N	
27027	DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI	25.9	2162.65			090	N	3411.83		2095.02		090	N	2975.93
27030	ARTHROTOMY HIP W/DRAINAGE	26.93	2248.66			090	Y			2237.8		090	Y	
27033	ARTHROTOMY HIP EXPLORATION/REMOVAL FOREIGN BODY	27.97	2335.50			090	Y	3411.83		2408.14		090	Y	4434.79
27035	DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-ARTCLR BRNCH	33.06	2760.51			090	Y	2072.60		2479.95		090	Y	2975.93
27036	CAPSLCTOMY/CAPSUL HIP W/RLS HIP FLXR MUSC	29.04	2424.84			090	Y	4470.11		2499.99		090	Y	
27040	BIOPSY SOFT TISSUE PELVIS&HIP AREA SUPERFICIAL	9.81	819.14			010	N	1341.57		853.37		010	N	752.91
27041	BIOPSY SOFT TISSUE PELVIS&HIP DEEP/SUBFSCAL/IM	19.82	1654.97			090	N	1341.57		1691.71		090	N	752.91
27043	EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>	13.56	1132.26			090	N	2014.24		1169		090	N	2142.94
27045	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	21.6	1803.60			090	Y	2014.24		1844.52		090	Y	2142.94
27047	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBQ <3CM	13.35	1114.73			090	N	2014.24		1179.02		090	N	1447.15
27048	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC <5CM	17.61	1470.44			090	Y	2014.24		1513.02		090	Y	1447.15
27049	RAD RESECT TUMOR SOFT TISSUE PELVIS & HIP <5 CM	38.92	3249.82			090	Y	2014.24		3350.02		090	Y	1447.15

MEDICAL DATA														
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27050	ARTHROTOMY W/BIOPSY SACROILIAC JOINT	11	918.50			090	N	2072.60		1002		090	N	2006.48
27052	ARTHROTOMY W/BIOPSY HIP JOINT	16.55	1381.93			090	Y	2072.60		1440.38		090	Y	2006.48
27054	ARTHROTOMY W/SYNOVECTOMY HIP JOINT	19.66	1641.61			090	Y			1702.57		090	Y	
27057	DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNI	29.2	2438.20			090	N	2072.60		2347.19		090	N	2006.48
27059	RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>	52.54	4387.09			090	Y	2014.24		4448.88		090	Y	2142.94
27060	EXCISION ISCHIAL BURSA	13.28	1108.88			090	N	2072.60		1156.48		090	N	2006.48
27062	EXCISION TROCHANTERIC BURSA/CALCIFICATION	13.1	1093.85			090	N	3411.83		1135.6		090	N	2006.48
27065	EXCISION BONE CYST/BNIGN TUMOR SUPERFICIAL	14.67	1224.95			090	Y	3411.83		1285.07		090	Y	2006.48
27066	EXCISION BONE CYST/BENIGN TUMOR DEEP	23.29	1944.72			090	Y	3411.83		2013.19		090	Y	2975.93
27067	EXC B1 CST/B9 TUM W/AGRFT REQ SEP INC	29.47	2460.75			090	Y	3411.83		2558.44		090	Y	2975.93
27070	PARTIAL EXCISION SUPERFICIAL PELVIS	24.34	2032.39			090	Y			2104.2		090	Y	
27071	PARTIAL EXCISION DEEP PELVIS	26.34	2199.39			090	Y			2277.05		090	Y	
27075	RAD RESCT TUMOR WING OF ILIUM 1 PUBIC/ISCHIAL	60.52	5053.42			090	Y			5180.34		090	Y	
27076	RAD RESCT TUMOR ILIUM ACETABULUM BOTH PUBIC	73.04	6098.84			090	Y			6267.51		090	Y	
27077	RADICAL RESCTION TUMOR INNOMINATE BONE TOTAL	82.12	6857.02			090	Y			6990.62		090	Y	
27078	RAD RESCT TUMOR ISCHIAL TUBEROSITY&GRT TRCHNTR	59.6	4976.60			090	Y			5108.53		090	Y	
27080	COCCYGECTOMY PRIMARY	14.75	1231.63			090	Y	3411.83		1278.39		090	Y	2975.93
27086	RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS	8.26	689.71			010	N	2014.24		652.14		010	N	752.91
27087	REMOVAL FOREIGN BODY PELVIS/HIP DEEP	18	1503.00			090	Y	3411.83		1560.62		090	Y	2006.48
27090	REMOVAL HIP PROSTHESIS SEPARATE PROCEDURE	23.87	1993.15			090	Y			2058.28		090	Y	
27091	RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA	46.09	3848.52			090	Y			3955.4		090	Y	
27093	INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	5.34	445.89			000	N			480.13		000	N	
27095	INJECTION HIP ARTHROGRAPHY W/ANESTHESIA	6.87	573.65			000	N			602.04		000	N	
27096	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	4.59	419.17			000	N			419.17		000	N	
27097	RELEASE/RECESSION HAMSTRING PROXIMAL	19.33	1971.66			090	Y	3411.83		1680.02		090	Y	2975.93
27098	TRANSFER ADDUCTOR ISCHIUM	19.2	1958.40			090	Y	2072.60		1720.1		090	Y	2975.93
27100	TR XTRNL OBLQ MUSC TRCHNTR W/FSCAL/TDN XTN GRF	23.51	2398.02			090	Y	9938.52	J1	2044.08		090	Y	4434.79
27105	TR PARASPI MUSC HIP FASC/TDN XTN GRF	24.93	2542.86			090	Y	3411.83		2142.61		090	Y	4434.79
27110	TRANSFER ILIOPSOAS GREATER TROCHANTER FEMUR	27.83	2838.66			090	Y	3411.83		2395.62		090	Y	4434.79
27111	TRANSFER ILIOPSOAS FEMORAL NECK	25.89	2640.78			090	Y	3411.83		2223.61		090	Y	4434.79

MEDICAL DATA														
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27120	ACETABULOPLASTY	37.49	3823.98			090	Y			3191.37		090	Y	
27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	31.66	3229.32			090	Y			2722.94		090	Y	
27125	HEMIARTHROPLASTY HIP PARTIAL	32.67	3332.34			090	Y			2807.27		090	Y	
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	39.12	3990.24			090	Y	7677.27		3569.63		090	Y	
27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	48.32	4928.64			090	Y			4149.95		090	Y	
27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	55.34	5644.68			090	Y			4740.3		090	Y	
27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	42.51	4336.02			090	Y			3647.28		090	Y	
27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	44.17	4505.34			090	Y			3791.74		090	Y	
27140	OSTEOTOMY&TRANSFER GREATER TROCHANTER SPX	25.72	2623.44			090	Y			2221.1		090	Y	
27146	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE	37.1	3784.20			090	Y			3177.18		090	Y	
27147	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ	42.46	4330.92			090	Y			3631.42		090	Y	
27151	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE FEM OSTEOT	45.83	4674.66			090	Y			3929.51		090	Y	
27156	OSTEOT ILIAC ACTBLR/INNOMINATE BONE OSTEOT RDCTJ	49.57	5056.14			090	Y			4233.45		090	Y	
27158	OSTEOTOMY PELVIS BILATERAL	41.1	4192.20			090	Y			3137.93		090	Y	
27161	OSTEOTOMY FEMORAL NECK SEPARATE PROCEDURE	35	3570.00			090	Y			3006		090	Y	
27165	OSTEOT INTERTRCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL	39.61	4040.22			090	Y			3405.13		090	Y	
27170	B1 GRF FEM H/N INTERTRCHNTRIC/SUBTRCHNTRIC AREA	33.89	3456.78			090	Y	4185.19		2912.48		090	Y	
27175	TX SLP FEMORAL EPIPHYSIS TRCJ W/O REDUCTION	19.2	1958.40			090	N			1649.96		090	N	
27176	TX SLP FEM EPIPHYSIS SINGLE/MULTIPL PINNING SITU	25.89	2640.78			090	Y	4408.65		2272.87		090	Y	
27177	OPTX SLP FEM EPIPHYSIS SINGLE/MULT PIN/BONE GRFT	32.11	3275.22			090	Y			2754.67		090	Y	
27178	OPTX SLP FEM EPIPHYSIS CLSD MANJ SINGL/MLTPL PIN	26.43	2695.86			090	Y			2272.87		090	Y	
27179	OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK HEYMAN PX	28.11	2867.22			090	Y	14128.14	J1	2413.15		090	Y	7563.12
27181	OPTX SLP FEM EPIPHYSIS OSTEOT&INT FIXJ	27.74	2829.48			090	Y			2780.55		090	Y	
27185	EPIPHYSL ARRST EPIPHYSIOD/STAPLING TRCHNTR FEMUR	17.49	1783.98			090	N			1674.18		090	N	
27187	PROPH TX N/P/PLTWR W/WO MMA FEM NCK & PROX FEMUR	28.54	2911.08			090	Y			2458.24		090	Y	
27193	CLTX PEL RING FX DISLC DIAST/SUBLXTJ W/O MANJ	13.49	1126.42			090	N	338.25		1171.51		090	N	172.42
27194	CLTX PEL RING FX DISLC DIAST/SUBLXTJ W/MANJ ANES	20.31	1695.89			090	N	338.25		1754.34		090	N	1340.5
27200	CLOSED TREATMENT COCCYGEAL FRACTURE	5.15	430.03			090	N	245.44		450.9		090	N	172.42
27202	OPEN TREATMENT COCCYGEAL FRACTURE	15.22	1270.87			090	Y	3411.83		1320.97		090	Y	4855.82
27215	OPTX ILIAC TUBRST AVLS/WING FX FIXJ IF PRFRMD	17.95	1498.83			090	N			1476.28		090	N	

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27216	PERQ SKELETAL FIXATION PST PELVIC BONE FX&/DIS	26.6	2221.10			090	N			2187.7		090	N	
27217	OPTX ANT PELVIC BONE FX&/DISLC INT FIXJ IF PFR	24.96	2084.16			090	N	5554.42		2054.1		090	N	
27218	OPTX POST PEL BONE FX&/DISLC INT FIXJ IF PFRMD	34.5	2880.75			090	N			2828.15		090	N	
27220	CLTX ACETABULUM HIP/SOCKT FX W/O MANJ	15.21	1270.04			090	N	338.25		1318.47		090	N	172.42
27222	CLTX ACETABULM HIP/SOCKT FX MANJ W/WO SKEL TRACJ	28.1	2346.35			090	N	838.16		2393.11		090	N	
27226	OPTX PST/ANT ACTBLR WALL FX W/INT FIXJ	30.44	2541.74			090	Y			2615.22		090	Y	
27227	OPTX ACTBLR FX INVG ANT/PST 1 COLUMN/FX W/INT	47.88	3997.98			090	Y			4104.86		090	Y	
27228	OPTX ACTBLR FX INVG ANT&POST 2 COLUMNS FX W/INT	54.6	4559.10			090	Y			4669.32		090	Y	
27230	CLTX FEM FX PROX END NCK W/O MANJ	13.58	1133.93			090	N	245.44		1186.54		090	N	172.42
27232	CLTX FEM FX PROX END NCK W/MANJ W/WO SKEL TRACJ	21.65	1807.78			090	N			1885.43		090	N	
27235	PRQ SKEL FIXJ FEMORAL FX PROX END NECK	26.19	2186.87			090	N	9938.52	J1	2251.16		090	N	2975.93
27236	OPTX FEM FX PROX END NCK INT FIXJ/PROSTC RPLCMT	34.49	2879.92			090	Y	4748.43		2965.92		090	Y	
27238	CLTX INTER/PERI/SUBTROCHANTERIC FEM FX W/O MANJ	13.18	1100.53			090	N	1561.58		1149.8		090	N	514.57
27240	CLTX INTR/PERI/SBTRCHNTC FEMORAL FX W/MANJ	27.54	2299.59			090	N			2381.42		090	N	
27244	TX INTER/PR/SUBTRCHNTRIC FEMORAL FX SCREW IMPLT	35.5	2964.25			090	Y			3048.59		090	Y	
27245	TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	35.49	2963.42			090	Y			3469.4		090	Y	
27246	CLTX GREATER TROCHANTERIC FX W/O MANJ	11.03	921.01			090	N	338.25		957.75		090	N	514.57
27248	OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	21.38	1785.23			090	Y			1840.34		090	Y	
27250	CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	5.21	435.04			000	N	245.44		448.4		000	N	172.42
27252	CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	21.82	1821.97			090	N	1561.58		1882.09		090	N	1340.5
27253	OPTX HIP DISLOCATION TRAUMATIC W/O INTERNAL FIXJ	27.07	2260.35			090	Y			2332.99		090	Y	
27254	OPTX HIP DISLC TRAUMTC W/ACTBLR WALL&FEM HEAD	36.53	3050.26			090	Y			3119.56		090	Y	
27256	TX SPONTAN HIP DISLC ABDCT SPLNT/TRCJ W/O ANES	8.54	713.09			010	N	245.44		764.03		010	N	172.42
27257	TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MANJ ANES	10.47	874.25			010	N	1561.58		826.65		010	N	1340.5
27258	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM	32	2672.00			090	Y			2740.47		090	Y	
27259	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT	44.84	3744.14			090	Y			3834.32		090	Y	
27265	CLTX POST HIP ARTHRP DISLC W/O ANES	11.39	951.07			090	N	338.25		1007.01		090	N	172.42
27266	CLTX POST HIP ARTHRP DISLC REQ ANES	16.7	1394.45			090	N	1561.58		1442.88		090	N	1340.5
27267	CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANJ	12.46	1040.41			090	Y	1561.58		1090.51		090	Y	172.42
27268	CLOSED TX FEMORAL FRACTURE PROX HEAD W/MANJ	15.28	1275.88			090	Y			1334.33		090	Y	

MEDICAL DATA														
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27269	OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	35.78	2987.63			090	Y			3071.97		090	Y	
27275	MANIPULATION HIP JOINT GENERAL ANESTHESIA	5.21	435.04			010	N	1561.58		455.91		010	N	1340.5
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	20.04	2044.08			090	Y	21075.80	J1	1524.75		090	Y	12681.27
27280	ARTHRODESIS SACROILIAC JOINT W/OBTAINING GRAFT	39.46	4024.92			090	Y	5788.42		2584.33		090	Y	
27282	ARTHRODESIS SYMPHYSIS PUBIS W/OBTAINING GRAFT	23.73	2420.46			090	Y			2115.06		090	Y	
27284	ARTHRODESIS HIP JOINT W/OBTAINING GRAFT	44.97	4586.94			090	Y			3993.81		090	Y	
27286	ARTHRD HIP JT W/OBTG GRF W/SUBTRCHNTRIC OSTEOT	47.17	4811.34			090	Y			4081.48		090	Y	
27290	INTERPELVIABDOMINAL AMPUTATION	46.45	4737.90			090	Y			4012.18		090	Y	
27295	DISARTICULATION HIP	36.35	3707.70			090	Y			3121.23		090	Y	
27299	UNLISTED PROCEDURE PELVIS/HIP JOINT	0	BR			YYY	Y	245.44		BR		YYY	Y	172.42
27301	I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	19.19	1602.37			090	N	2014.24		1691.71		090	N	1701.78
27303	INC DEEP W/OPNG BONE CORTEX FEMUR/KNEE	18.3	1528.05			090	Y			1584.83		090	Y	
27305	FASCIOTOMY ILIOTIBIAL OPEN	13.8	1152.30			090	Y	3411.83		1202.4		090	Y	2006.48
27306	TENOTOMY PRQ ADDUCTOR/HAMSTRING 1 TENDON SPX	10.18	850.03			090	Y	2072.60		904.31		090	Y	2006.48
27307	TENOTOMY PRQ ADDUCTOR/HAMSTRING MULTIPLE TENDON	13.23	1104.71			090	N	3411.83		1193.22		090	N	2975.93
27310	ARTHRT KNE W/EXPL DRG/RMVL FB	21.01	1754.34			090	Y	3411.83		1814.46		090	Y	2975.93
27323	BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	7.73	645.46			010	N	2014.24		691.38		010	N	752.91
27324	BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP	11.45	956.08			090	N	2014.24		982.8		090	N	2142.94
27325	NEURECTOMY HAMSTRING MUSCLE	15.69	1310.12			090	Y	1983.30		1382.76		090	Y	1734.81
27326	NEURECTOMY POPLITEAL	14.88	1242.48			090	Y	1983.30		1276.72		090	Y	1734.81
27327	EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	13.12	1095.52			090	N	2014.24		1165.66		090	N	2142.94
27328	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM	17.87	1492.15			090	N	2014.24		1546.42		090	N	1447.15
27329	RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM	29.88	2494.98			090	Y	2014.24		2559.28		090	Y	1447.15
27330	ARTHROTOMY KNEE W/SYNOVIAL BIOPSY ONLY	12	1002.00			090	N	3411.83		1029.56		090	N	2975.93
27331	ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	13.62	1137.27			090	Y	3411.83		1185.7		090	Y	2975.93
27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	18.39	1535.57			090	Y	3411.83		1591.51		090	Y	2975.93
27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL&LAT	16.82	1404.47			090	Y	3411.83		1454.57		090	Y	2975.93
27334	ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR	19.62	1638.27			090	Y	3411.83		1700.06		090	Y	2975.93
27335	ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA	21.93	1831.16			090	Y	9938.52	J1	1896.29		090	Y	2975.93
27337	EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>	12.06	1007.01			090	Y	2014.24		1042.92		090	Y	2142.94

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27339	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>	21.73	1814.46			090	Y	2014.24		1862.05		090	Y	2142.94
27340	EXCISION PREPATELLAR BURSA	10.66	890.11			090	N	3411.83		927.69		090	N	2006.48
27345	EXCISION SYNOVIAL CYST POPLITEAL SPACE	13.79	1151.47			090	Y	3411.83		1195.72		090	Y	2006.48
27347	EXCISION LESION MENISCUS/CAPSULE KNEE	15.2	1269.20			090	Y	3411.83		1315.96		090	Y	2006.48
27350	PATELLECTOMY/HEMIPATELLECTOMY	18.69	1560.62			090	Y	3411.83		1621.57		090	Y	2975.93
27355	EXCISION/CURETTAGE CYST/TUMOR FEMUR	17.27	1442.05			090	Y	3411.83		1497.16		090	Y	2975.93
27356	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT	21.15	1766.03			090	Y	21075.80	J1	1830.32		090	Y	2975.93
27357	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/AUTOGRAFT	23.39	1953.07			090	Y	9938.52	J1	2017.36		090	Y	2975.93
27358	EXCISION/CURETTAGE CYST/TUMOR FEMUR INT FIXATION	8.04	671.34			ZZZ	Y			683.03		ZZZ	Y	2975.93
27360	PRTL EXC BONE FEMUR PROX TIBIA&/FIBULA	24.44	2040.74			090	Y	3411.83		2120.07		090	Y	2975.93
27364	RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>	45.12	3767.52			090	Y	2014.24		3846.01		090	Y	2142.94
27365	RADICAL RESECTION TUMOR FEMOR OR KNEE	59.79	4992.47			090	Y	3187.10		5110.2		090	Y	
27370	INJECTION KNEE ARTHROGRAPHY	4.41	368.24			000	N			415.83		000	N	
27372	REMOVAL FOREIGN BODY DEEP THIGH/KNEE	17.3	1444.55			090	N	2014.24		1534.73		090	N	2142.94
27380	SUTURE INFRAPATELLAR TENDON PRIMARY	17.03	1737.06			090	Y	3411.83		1481.29		090	Y	2975.93
27381	SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF	22.87	2332.74			090	Y	9938.52	J1	1982.29		090	Y	2975.93
27385	SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	16.48	1680.96			090	Y	3411.83		1438.71		090	Y	2975.93
27386	SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ	23.81	2428.62			090	Y	9938.52	J1	2070.8		090	Y	2975.93
27390	TENOTOMY OPEN HAMSTRING KNEE HIP SINGLE TENDON	12.84	1309.68			090	Y	3411.83		1115.56		090	Y	2006.48
27391	TENOTOMY OPN HAMSTRING KNEE HIP MULTIPLE 1 LEG	16.56	1689.12			090	N	3411.83		1431.19		090	N	2006.48
27392	TENOTOMY OPEN HAMSTRING KNEE HIP MULTIPLE BI	20.39	2079.78			090	Y	3411.83		1764.36		090	Y	2975.93
27393	LENGTHENING HAMSTRING TENDON SINGLE	14.53	1482.06			090	Y	3411.83		1266.7		090	Y	2975.93
27394	LENGTHENING HAMSTRING TENDON MULTIPLE 1 LEG	18.27	1863.54			090	Y	3411.83		1616.56		090	Y	2975.93
27395	LENGTHENING HAMSTRING TENDON MULTIPLE BILATERAL	25.27	2577.54			090	Y	3411.83		2173.51		090	Y	4434.79
27396	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR 1 TENDON	17.69	1804.38			090	Y	3411.83		1526.38		090	Y	2975.93
27397	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR MULT TDN	25.98	2649.96			090	Y	3411.83		2268.7		090	Y	4434.79
27400	TRANSFER TENDON/MUSCLE HAMSTRINGS FEMUR	19.95	2034.90			090	Y	3411.83		1720.94		090	Y	4434.79
27403	ARTHROTOMY W/MENISCUS REPAIR KNEE	18.38	1874.76			090	Y	2072.60		1589.84		090	Y	2975.93
27405	RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL	19.36	1974.72			090	Y	3411.83		1683.36		090	Y	4434.79
27407	REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT	22.33	2277.66			090	Y	9938.52	J1	1962.25		090	Y	7563.12

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27409	RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE	27.42	2796.84			090	Y	3411.83		2387.27		090	Y	7563.12
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	47.7	4865.40			090	Y	9938.52	J1	4088.16		090	Y	7563.12
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	39.51	4030.02			090	Y	14128.14	J1	3399.29		090	Y	7563.12
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	28.17	2873.34			090	N	9938.52	J1	2424.01		090	N	4434.79
27418	ANTERIOR TIBIAL TUBERCLEPLASTY	23.82	2429.64			090	Y	9938.52	J1	2064.12		090	Y	4434.79
27420	RCNSTJ DISLOCATING PATELLA	21.38	2180.76			090	Y	9938.52	J1	1805.27		090	Y	4434.79
27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL	21.31	2173.62			090	Y	3411.83		1845.35		090	Y	4434.79
27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY	21.51	2194.02			090	Y	3411.83		1851.2		090	Y	4434.79
27425	LATERAL RETINACULAR RELEASE OPEN	12.85	1310.70			090	N	3411.83		1116.4		090	N	2975.93
27427	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	20.45	2085.90			090	Y	9938.52	J1	1779.39		090	Y	7563.12
27428	LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	32.05	3269.10			090	Y	14128.14	J1	2761.35		090	Y	7563.12
27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	35.84	3655.68			090	Y	14128.14	J1	3095.35		090	Y	7563.12
27430	QUADRICEPSPLASTY	21.24	2166.48			090	Y	3411.83		1839.51		090	Y	4434.79
27435	CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE	23.17	2363.34			090	Y	3411.83		2012.35		090	Y	2975.93
27437	ARTHROPLASTY PATELLA W/O PROSTHESIS	18.98	1935.96			090	N	14128.14	J1	1637.44		090	N	3699.98
27438	ARTHROPLASTY PATELLA W/PROSTHESIS	24.17	2465.34			090	Y	21075.80	J1	2087.5		090	Y	5741.03
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	22.96	2341.92			090	Y	21075.80	J1	1974.78		090	Y	3699.98
27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVCT	23.67	2414.34			090	Y	21075.80	J1	2039.07		090	Y	3699.98
27442	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	25	2550.00			090	Y	21075.80	J1	2155.14		090	Y	3699.98
27443	ARTHRP FEM CONDYLES/TIBL PLATU KNE DBRDMT&PRTL	23.2	2366.40			090	Y	14128.14	J1	2021.54		090	Y	3699.98
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	35.97	3668.94			090	Y			3102.03		090	Y	
27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	33.43	3409.86			090	Y	21075.80	J1	2737.97		090	Y	12387.27
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	39.11	3989.22			090	Y	21075.80		3810.94		090	Y	
27448	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXATION	22.3	2274.60			090	Y			2039.07		090	Y	
27450	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	29.08	2966.16			090	Y	6841.17		2518.36		090	Y	
27454	OSTEOT MLT W/RELIGNMT IMED ROD FEM SHFT	37.5	3825.00			090	Y			3212.25		090	Y	
27455	OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	27.09	2763.18			090	Y	2889.72		2330.49		090	Y	
27457	OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	27.24	2778.48			090	Y	4594.02		2377.25		090	Y	
27465	OSTEOPLASTY FEMUR SHORTENING EXCLUDING 64876	35.61	3632.22			090	Y			3092.84		090	Y	
27466	OSTEOPLASTY FEMUR LENGTHENING	33.94	3461.88			090	Y			2920.83		090	Y	

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27468	OSTPL FEMUR CMBN LNGTH&SHRT W/FEMORAL SGM TRNSFR	35.49	3619.98			090	Y			3315.79		090	Y	
27470	RPR NON/MAL FEMUR DSTL H/N W/O GRF	33.86	3453.72			090	Y	6587.73		2917.49		090	Y	
27472	RPR NON/MAL FEMUR DSTL H/N W/ILIAC/AUTOG BONE	36.39	3711.78			090	Y	8116.42		3133.76		090	Y	
27475	ARREST EPIPHYSEAL DISTAL FEMUR	19.02	1940.04			090	N	3411.83		1639.94		090	N	2975.93
27477	ARREST EPIPHYSEAL TIBIA & FIBULA PROXIMAL	21.02	2144.04			090	N	4400.09		1813.62		090	N	
27479	ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	22.69	2314.38			090	Y	3411.83		2136.77		090	Y	2975.93
27485	ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	19.27	1965.54			090	N	4869.51		1661.65		090	N	
27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	40.57	4138.14			090	Y	5745.80		3487.8		090	Y	
27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	50.74	5175.48			090	Y	4996.94		4354.53		090	Y	
27488	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	34.6	3529.20			090	Y			2980.12		090	Y	
27495	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE FEMUR	32.49	3313.98			090	Y			2794.75		090	Y	
27496	DECOMPRESSION FASCIOTOMY THIGH&/KNEE 1 COMPONENT	15.54	1585.08			090	N	3411.83		1351.87		090	N	2975.93
27497	DCMPRN FASCT THIGH&/KNEE DBRDMT MUSCLE&/NERVE	16.62	1695.24			090	N	2072.60		1443.72		090	N	2006.48
27498	DCMPRN FASCIOTOMY THIGH&/KNEE MLT COMPARTMENTS	18.55	1892.10			090	Y	2072.60		1622.41		090	Y	2975.93
27499	DCMPRN FASCT THIGH&/KNEE MLT DBRDMT NV MUSC&NRVE	20.04	2044.08			090	Y	3411.83		1735.97		090	Y	2975.93
27500	CLOSED TX FEMORAL SHAFT FX W/O MANIPULATION	14.85	1239.98			090	N	338.25		1287.57		090	N	514.57
27501	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/O MANJ	14.43	1204.91			090	N	338.25		1252.5		090	N	172.42
27502	CLTX FEM SHFT FX W/MANJ W/WO SKIN/SKELETAL TRACJ	21.99	1836.17			090	N	1561.58		1911.32		090	N	1077.75
27503	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/MANJ	23.08	1927.18			090	N	1561.58		1992.31		090	N	172.42
27506	OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	38.56	3219.76			090	Y	5606.63		3316.62		090	Y	
27507	OPTX FEM SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	28.03	2340.51			090	Y	6138.07		2408.98		090	Y	
27508	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MANJ	15.02	1254.17			090	N	338.25		1315.13		090	N	172.42
27509	PRQ SKELETAL FIXJ FEMORAL FX DISTAL END	18.42	1538.07			090	N	9938.52	J1	1608.21		090	N	2462.57
27510	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MANJ	19.61	1637.44			090	N	1561.58		1703.4		090	N	514.57
27511	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O XTN	28.74	2399.79			090	Y			2466.59		090	Y	
27513	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/XTN	35.8	2989.30			090	Y			3066.96		090	Y	
27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	27.87	2327.15			090	Y	4259.56		2393.11		090	Y	
27516	CLTX DISTAL FEMORAL EPIPHYSL SEPARATION W/O MANJ	14.54	1214.09			090	N	245.44		1270.04		090	N	172.42
27517	CLTX DSTL FEM EPIPHYSL SEP W/MANJ W/WO SKIN/SKEL	19.39	1619.07			090	N	1561.58		1700.06		090	N	172.42
27519	OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	25.7	2145.95			090	Y			2200.23		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
27520	CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	9.2	768.20			090	N	245.44		817.47		090	N	172.42
27524	OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR	21.63	1806.11			090	Y	3411.83		1869.57		090	Y	4855.82
27530	CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	8.6	718.10			090	N	245.44		763.19		090	N	172.42
27532	CLTX TIBIAL FX PROXIMAL W/WO MANJ W/SKEL TRACJ	17.61	1470.44			090	N	1561.58		1533.9		090	N	1077.75
27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	25.86	2159.31			090	Y	5283.03		2220.27		090	Y	
27536	OPTX TIBIAL FX PROX BICONDYLAR W/WO INT FIXJ	34.3	2864.05			090	Y	6067.42		2950.06		090	Y	
27538	CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	13.49	1126.42			090	N	338.25		1187.37		090	N	172.42
27540	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	23.28	1943.88			090	Y	4593.58		2012.35		090	Y	
27550	CLOSED TX KNEE DISLOCATION W/O ANESTHESIA	14.42	1204.07			090	N	338.25		1247.49		090	N	172.42
27552	CLOSED TX KNEE DISLOCATION W/ANESTHESIA	17.95	1498.83			090	N	1561.58		1558.11		090	N	1340.5
27556	OPEN TX KNEE DISLOCATION W/O LIGAMENTOUS REPAIR	25.2	2104.20			090	Y			2165.16		090	Y	
27557	OPEN TX KNEE DISLOCATION W/LIGAMENTOUS REPAIR	30.24	2525.04			090	Y			2585.16		090	Y	
27558	OPEN TX KNEE DISLOCATION W/REPAIR/RECONSTRUCTION	34.33	2866.56			090	Y			2944.21		090	Y	
27560	CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	10.3	860.05			090	N	245.44		918.5		090	N	172.42
27562	CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	13.43	1121.41			090	N	338.25		1202.4		090	N	1340.5
27566	OPTX PATELLAR DISLC W/WO PRTL/TOT PATELLECTOMY	25.66	2142.61			090	Y	3411.83		2211.08		090	Y	4855.82
27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	4.34	362.39			010	N	1561.58		375.75		010	N	1340.5
27580	ARTHRODESIS KNEE ANY TECHNIQUE	41.4	4222.80			090	Y			3566.29		090	Y	
27590	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL	23.41	2387.82			090	Y			2029.05		090	Y	
27591	AMP THI THRU FEMUR LVL IMMT FITG TQ W/1ST CST	27.77	2832.54			090	Y			2403.13		090	Y	
27592	AMPUTATION THIGH THRU FEMUR OPEN CIRCULAR	19.87	2026.74			090	Y			1735.13		090	Y	
27594	AMP THIGH THRU FEMUR SEC CLOSURE/SCAR REVISION	14.72	1501.44			090	N	3411.83		1274.21		090	N	2006.48
27596	AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION	21.05	2147.10			090	N			1830.32		090	N	
27598	DISARTICULATION KNEE	21.01	2143.02			090	Y			1833.66		090	Y	
27599	UNLISTED PROCEDURE FEMUR/KNEE	0	BR			YYY	Y	245.44		BR		YYY	Y	172.42
27600	DCMPRN FASCT LEG ANT&/LAT COMPARTMENTS ONLY	11.89	992.82			090	N	3411.83		1040.41		090	N	2006.48
27601	DCMPRN FASCT LEG POST COMPARTMENT ONLY	12.77	1066.30			090	N	3411.83		1107.21		090	N	2006.48
27602	DCMPRN FASCT LEG ANT&/LAT&PST CMPRT	14.29	1193.22			090	Y	2072.60		1251.67		090	Y	2975.93
27603	INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	15.19	1268.37			090	N	2014.24		1360.22		090	N	1701.78
27604	INCISION & DRAINAGE LEG/ANKLE INFECTED BURSA	14.18	1184.03			090	N	3411.83		1223.28		090	N	2975.93

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
27605	TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	9.77	815.80			010	N	2072.60		869.24		010	N	2043.42
27606	TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES	8.15	680.53			010	N	3411.83		710.59		010	N	2006.48
27607	INCISION LEG/ANKLE	17.47	1458.75			090	N	3411.83		1512.19		090	N	2006.48
27610	ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	18.73	1563.96			090	N	3411.83		1615.73		090	N	2975.93
27612	ARTHRT PST CAPSUL RLS ANKLE W/WO ACHLL TDN LNGTH	16	1336.00			090	Y	3411.83		1387.77		090	Y	2975.93
27613	BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL	7.2	601.20			010	N	1341.57		647.13		010	N	752.91
27614	BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP	16.56	1382.76			090	N	2014.24		1476.28		090	N	2142.94
27615	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <5CM	29.51	2464.09			090	N	2014.24		2539.24		090	N	1447.15
27616	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE 5 CM/>	36.68	3062.78			090	N	2014.24		3112.88		090	N	2142.94
27618	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	12.84	1072.14			090	N	2014.24		1128.09		090	N	1447.15
27619	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <5CM	13.49	1126.42			090	N	2014.24		1189.04		090	N	1447.15
27620	ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB	13.05	1089.68			090	Y	3411.83		1128.92		090	Y	2975.93
27625	ARTHROTOMY W/SYNOVECTOMY ANKLE	16.84	1406.14			090	Y	3411.83		1436.2		090	Y	2975.93
27626	ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY	17.77	1483.80			090	Y	3411.83		1545.59		090	Y	2975.93
27630	EXCISION LESION TENDON SHEATH/CAPSULE LEG&/ANK	16.07	1341.85			090	N	2072.60		1420.34		090	N	2006.48
27632	EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>	11.95	997.83			090	Y	2014.24		1036.24		090	Y	2142.94
27634	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>	19.79	1652.47			090	Y	2014.24		1693.38		090	Y	2142.94
27635	EXCISION/CURETTAGE BONE CYST/TUMOR TIBIA/FIBULA	16.89	1410.32			090	N	3411.83		1466.26		090	N	2975.93
27637	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT	21.54	1798.59			090	Y	9938.52	J1	1885.43		090	Y	2975.93
27638	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT	21.96	1833.66			090	Y	9938.52	J1	1927.18		090	Y	2975.93
27640	PARTIAL EXCISION BONE TIBIA	24.01	2004.84			090	N	3411.83		2072.47		090	N	2975.93
27641	PARTIAL EXCISION BONE FIBULA	19.24	1606.54			090	N	3411.83		1648.29		090	N	2975.93
27645	RADICAL RESECTION OF TUMOR TIBIA	51.22	4276.87			090	Y	3663.17		4395.44		090	Y	
27646	RADICAL RESECTION TUMOR BONE FIBULA	44.39	3706.57			090	Y			3815.95		090	Y	
27647	RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS	29.44	2458.24			090	Y	2072.60		2551.76		090	Y	2975.93
27648	INJECTION ANKLE ARTHROGRAPHY	4.67	389.95			000	N			415		000	N	
27650	REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON	18.94	1931.88			090	Y	3411.83		1658.31		090	Y	4434.79
27652	RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	19.66	2005.32			090	N	9938.52	J1	1691.71		090	N	7563.12
27654	REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	20.35	2075.70			090	Y	9938.52	J1	1753.5		090	Y	4434.79
27656	REPAIR FASCIAL DEFECT LEG	18.16	1852.32			090	Y	3411.83		1614.06		090	Y	2006.48

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
27658	REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	10.72	1093.44			090	Y	3411.83		942.72		090	Y	2006.48
27659	RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH	13.85	1412.70			090	Y	3411.83		1211.59		090	Y	2006.48
27664	RPR EXTENSOR TENDON LEG PRIMARY W/O GRAFT EACH	10.37	1057.74			090	N	3411.83		909.32		090	N	2975.93
27665	RPR EXTENSOR TENDON LEG SECONDRY W/WO GRAFT EACH	11.83	1206.66			090	Y	9938.52	J1	1037.07		090	Y	2975.93
27675	RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOTOMY	13.99	1426.98			090	Y	3411.83		1219.94		090	Y	2006.48
27676	REPAIR DISLOCATING PERONEAL TENDON W/FIB OSTEOT	17.34	1768.68			090	Y	3411.83		1551.43		090	Y	2975.93
27680	TENOLYSIS FLXR/XTNSR TENDON LEG&/ANKLE 1 EACH	12.35	1259.70			090	N	3411.83		1080.49		090	N	2975.93
27681	TNOLS FLXR/XTNSR TDN LEG&/ANKLE MLT TDN	15.64	1595.28			090	N	3411.83		1357.71		090	N	2975.93
27685	LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	19.05	1943.10			090	Y	3411.83		1676.68		090	Y	2975.93
27686	LNGTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA	16.04	1636.08			090	N	3411.83		1371.91		090	N	2975.93
27687	GASTROCNEMIUS RECESSION	13.05	1331.10			090	Y	3411.83		1140.61		090	Y	2975.93
27690	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC	18.1	1846.20			090	Y	3411.83		1573.14		090	Y	4434.79
27691	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP	21.54	2197.08			090	Y	3411.83		1873.74		090	Y	4434.79
27692	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING EA TDN	3.03	309.06			ZZZ	Y			262.19		ZZZ	Y	4434.79
27695	RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	13.66	1393.32			090	N	3411.83		1199.9		090	N	2975.93
27696	RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS	15.99	1630.98			090	N	3411.83		1392.78		090	N	2975.93
27698	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	18.45	1881.90			090	Y	3411.83		1599.03		090	Y	2975.93
27700	ARTHROPLASTY ANKLE	17.1	1744.20			090	Y	9938.52	J1	1467.1		090	Y	3699.98
27702	ARTHROPLASTY ANKLE W/IMPLANT	27.83	2838.66			090	Y	6290.63		2413.99		090	Y	
27703	ARTHROPLASTY ANKLE REVISION TOTAL ANKLE	31.96	3259.92			090	Y	6208.87		2806.44		090	Y	
27704	REMOVAL ANKLE IMPLANT	16.58	1691.16			090	N	3411.83		1458.75		090	N	2006.48
27705	OSTEOTOMY TIBIA	21.85	2228.70			090	Y	3411.83		1885.43		090	Y	4434.79
27707	OSTEOTOMY FIBULA	11.59	1182.18			090	N	3411.83		1012.02		090	N	2975.93
27709	OSTEOTOMY TIBIA & FIBULA	33.64	3431.28			090	Y	14128.14	J1	2898.29		090	Y	2975.93
27712	OSTEOT MLT W/RELIGNMT IMED ROD	31.72	3235.44			090	Y			2736.3		090	Y	
27715	OSTEOPLASTY TIBIA & FIBULA LENGTHENING/SHORTENIN	30.85	3146.70			090	Y			2633.59		090	Y	
27720	REPAIR NONUNION/MALUNION TIBIA W/O GRAFT	25.18	2568.36			090	Y	9938.52	J1	2180.19		090	Y	4855.82
27722	REPAIR NONUNION/MALUNION TIBIA W/SLIDING GRAFT	25.29	2579.58			090	Y	14128.14	J1	2203.57		090	Y	6502.42
27724	RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	36.47	3719.94			090	Y	5354.98		3137.93		090	Y	
27725	RPR NON/MAL TIBIA SYNOSTOSIS W/FIBULA ANY METH	34.76	3545.52			090	Y			3021.87		090	Y	

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27726	REPAIR FIBULA NONUNION/MALUNION W/INT FIXATION	27.87	2842.74			090	N	9938.52	J1	2418.16		090	N	4855.82
27727	REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	29.87	3046.74			090	Y			2565.12		090	Y	
27730	ARREST EPIPHYSEAL OPEN DISTAL TIBIA	16.39	1671.78			090	N	3411.83		1453.74		090	N	2975.93
27732	ARREST EPIPHYSEAL OPEN DISTAL FIBULA	11.65	1188.30			090	N	3411.83		1113.89		090	N	2975.93
27734	ARREST EPIPHYSEAL OPEN DISTAL TIBIA&FIBULA	18.86	1923.72			090	N	3411.83		1533.06		090	N	2975.93
27740	ARREST EPIPHYSEAL ANY METHOD TIBIA & FIBULA	20.36	2076.72			090	Y	3411.83		1526.38		090	Y	2975.93
27742	ARRST EPIPHYSL ANY METH TIBFIB&DSTL FEMUR	22.22	2266.44			090	Y	3411.83		1679.19		090	Y	4434.79
27745	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE TIBIA	21.72	2215.44			090	Y	14128.14	J1	1882.09		090	Y	7563.12
27750	CLTX TIBIAL SHAFT FX W/O MANIPULATION	9.87	824.15			090	N	338.25		872.58		090	N	172.42
27752	CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	15.37	1283.40			090	N	1561.58		1345.19		090	N	1077.75
27756	PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE	16.44	1372.74			090	Y	9938.52	J1	1441.21		090	Y	2462.57
27758	OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	25.63	2140.11			090	Y	14128.14	J1	2211.92		090	Y	4855.82
27759	TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/CERCLA	28.77	2402.30			090	Y	14128.14	J1	2474.94		090	Y	6502.42
27760	CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	9.5	793.25			090	N	245.44		845.86		090	N	172.42
27762	CLTX MEDIAL MALLS FX W/MANJ W/WO SKN/SKEL TRACJ	13.56	1132.26			090	N	1561.58		1195.72		090	N	1077.75
27766	OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	17.55	1465.43			090	N	3411.83		1520.54		090	N	4855.82
27767	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANJ	8.01	668.84			090	N	338.25		711.42		090	N	172.42
27768	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANJ	12.6	1052.10			090	N	1561.58		1098.86		090	N	172.42
27769	OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	21	1753.50			090	N	9938.52	J1	1821.97		090	N	4855.82
27780	CLTX PROX FIBULA/SHFT FX W/O MANJ	8.73	728.96			090	N	245.44		775.72		090	N	172.42
27781	CLTX PROX FIBULA/SHFT FX W/MANJ	12.05	1006.18			090	N	1561.58		1047.93		090	N	1077.75
27784	OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	20.59	1719.27			090	N	9938.52	J1	1781.06		090	N	4855.82
27786	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	9.01	752.34			090	N	338.25		800.77		090	N	172.42
27788	CLTX DSTL FIBULAR FX LAT MALLS W/MANJ	12.01	1002.84			090	N	338.25		1061.29		090	N	172.42
27792	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	18.77	1567.30			090	N	9938.52	J1	1631.59		090	N	4855.82
27808	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	9.52	794.92			090	N	245.44		846.69		090	N	172.42
27810	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	13.32	1112.22			090	N	1561.58		1182.36		090	N	172.42
27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	22.21	1854.54			090	Y	9938.52	J1	2186.9		090	Y	4855.82
27816	CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	9.12	761.52			090	N	338.25		804.11		090	N	172.42
27818	CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	13.81	1153.14			090	N	1561.58		1217.43		090	N	514.57

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP	24.18	2019.03			090	Y	9938.52	J1	2097.52		090	Y	4855.82
27823	OPEN TX TRIMALLEOLAR ANKLE FX W/FIXJ PST LIP	27.47	2293.75			090	Y	14128.14	J1	2374.74		090	Y	6502.42
27824	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	8.95	747.33			090	N	338.25		784.9		090	N	172.42
27825	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	15.58	1300.93			090	N	1561.58		1356.88		090	N	1077.75
27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	23.91	1996.49			090	Y	9938.52	J1	2087.5		090	Y	4855.82
27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	31.09	2596.02			090	Y	14128.14	J1	2699.56		090	Y	6502.42
27828	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	37.29	3113.72			090	Y	14128.14	J1	3217.26		090	Y	6502.42
27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	19.65	1640.78			090	Y	3411.83		1710.92		090	Y	4855.82
27830	CLTX PROX TIBFIB JT DISLC W/O ANES	10.87	907.65			090	N	245.44		952.74		090	N	172.42
27831	CLTX PROX TIBFIB JT DISLC REQ ANES	11.23	937.71			090	N	1561.58		995.32		090	N	1077.75
27832	OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	21.76	1816.96			090	Y	9938.52	J1	1875.41		090	Y	4855.82
27840	CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	10.52	878.42			090	N	245.44		936.87		090	N	172.42
27842	CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	14.22	1187.37			090	N	1561.58		1235.8		090	N	1340.5
27846	OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXJ	20.88	1743.48			090	Y	3411.83		1820.3		090	Y	4855.82
27848	OPTX ANKLE DISLOCATION W/REPAIR/INT/XTRNL FIXJ	23.35	1949.73			090	Y	3411.83		2009.01		090	Y	4855.82
27860	MANIPULATION ANKLE UNDER GENERAL ANESTHESIA	5.03	420.01			010	N	1561.58		445.89		010	N	1340.5
27870	ARTHRODESIS ANKLE OPEN	29.69	3028.38			090	Y	21075.80	J1	2571.8		090	Y	7563.12
27871	ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL/DISTAL	19.67	2006.34			090	Y	14128.14	J1	1711.75		090	Y	7563.12
27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	26.79	2732.58			090	Y			2304.6		090	Y	
27881	AMP LEG THRU TIBFIB W/IMMT FITG TQ W/1ST CST	25.33	2583.66			090	Y			2217.76		090	Y	
27882	AMPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR	17.56	1791.12			090	N			1536.4		090	N	
27884	AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV	16.81	1714.62			090	N	3411.83		1459.58		090	N	2006.48
27886	AMP LEG THRU TIBIA&FIBULA RE-AMPUTATION	19.2	1958.40			090	N	4012.61		1668.33		090	N	
27888	AMP ANKLE-MALLI TIBFIB W/PLSTC CLSR&RESCJ NRV	19.8	2019.60			090	Y			1693.38		090	Y	
27889	ANKLE DISARTICULATION	18.99	1936.98			090	N	3411.83		1636.6		090	N	2975.93
27892	DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE	15.94	1330.99			090	N	3411.83		1374.41		090	N	2975.93
27893	DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NRV	17.37	1450.40			090	N	3411.83		1523.88		090	N	2975.93
27894	DCMPRN FASCT LEG ANT&/LAT&PST W/DBRDMT MUS	24.66	2059.11			090	Y	2072.60		2172.67		090	Y	2975.93
27899	UNLISTED PROCEDURE LEG/ANKLE	0	BR			YYY	N	245.44		BR		YYY	N	172.42
28001	INCISION&DRAINAGE BURSA FOOT	7.96	664.66			010	N	1341.57		693.89		010	N	936.06

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
28002	I&D BELOW FASCIA FOOT 1 BURSAL SPACE	12.74	1063.79			010	N	2072.60		1128.92		010	N	2006.48
28003	I&D BELOW FASCIA FOOT MULTIPLE AREAS	20.41	1704.24			090	N	2072.60		1838.67		090	N	2006.48
28005	INCISION BONE CORTEX FOOT	16.64	1389.44			090	N	3411.83		1437.87		090	N	2043.42
28008	FASCIOTOMY FOOT&/TOE	12.44	1038.74			090	N	2072.60		1090.51		090	N	2043.42
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	6.66	556.11			090	N	2072.60		582.83		090	N	2043.42
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	9.26	773.21			090	N	2072.60		816.63		090	N	2043.42
28020	ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT	15.61	1303.44			090	N	3411.83		1376.92		090	N	2043.42
28022	ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT	14.09	1176.52			090	N	3411.83		1247.49		090	N	2043.42
28024	ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT	13.31	1111.39			090	N	2072.60		1170.67		090	N	2043.42
28035	RELEASE TARSAL TUNNEL	15.17	1266.70			090	N	1983.30		1338.51		090	N	1734.81
28039	EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	14.72	1229.12			090	Y	2014.24		1316.8		090	Y	2142.94
28041	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	13.29	1109.72			090	N	2014.24		1149.8		090	N	2142.94
28043	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	11.53	962.76			090	N	2014.24		1021.21		090	N	1447.15
28045	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM	14.29	1193.22			090	N	2014.24		1260.85		090	N	1447.15
28046	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM	21.04	1756.84			090	N	2014.24		1821.14		090	N	1447.15
28047	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	30.89	2579.32			090	Y	2014.24		2513.35		090	Y	2142.94
28050	ARTHRT W/BX INTERTARSAL/TARSOMETATARSAL JOINT	12.25	1022.88			090	N	2072.60		1080.49		090	N	2043.42
28052	ARTHRTOMY W/BX METATARSOPHALANGEAL JOINT	12.93	1079.66			090	N	2072.60		1128.09		090	N	2043.42
28054	ARTHRTOMY W/BX INTERPHALANGEAL JOINT	11.3	943.55			090	N	2072.60		953.57		090	N	2043.42
28055	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	10.79	900.97			090	N	1983.30		931.03		090	N	1734.81
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	14.96	1249.16			090	N	2072.60		1315.13		090	N	2043.42
28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	16.91	1411.99			090	N	3411.83		1479.62		090	N	2043.42
28070	SYNVCT INTERTARSAL/TARSOMETATARSAL JT EA SPX	15.39	1285.07			090	N	2072.60		1356.04		090	N	2043.42
28072	SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH	14.61	1219.94			090	N	2072.60		1298.43		090	N	2043.42
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	15.11	1261.69			090	N	2072.60		1341.85		090	N	2043.42
28086	SYNOVECTOMY TENDON SHEATH FOOT FLEXOR	15.83	1321.81			090	Y	3411.83		1396.96		090	Y	2043.42
28088	SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR	12.93	1079.66			090	N	2072.60		1242.48		090	N	2043.42
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	13.59	1134.77			090	N	2072.60		1199.9		090	N	2043.42
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	12.21	1019.54			090	N	2072.60		1088.84		090	N	2043.42
28100	EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS	17.52	1462.92			090	Y	3411.83		1558.95		090	Y	2043.42

MEDICAL DATA														
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28102	EXC/CURTG CST/B9 TUM TALUS/CLCNS W/ILIAC/AGRFT	17.39	1452.07			090	Y	9938.52	J1	1427.02		090	Y	5583.26
28103	EXC/CURETTAGE CYST/TUMOR TALUS/CALCANEUS ALGRFT	11.27	941.05			090	Y	9938.52	J1	967.77		090	Y	5583.26
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	15.23	1271.71			090	Y	2072.60		1319.3		090	Y	2043.42
28106	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ILIAC/AGRFT	13.34	1113.89			090	Y	3411.83		1125.58		090	Y	5583.26
28107	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ALGRFT	16.13	1346.86			090	Y	9938.52	J1	1303.44		090	Y	5583.26
28108	EXC/CURTG CST/B9 TUM PHALANGES FOOT	12.72	1062.12			090	N	2072.60		1116.4		090	N	2043.42
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	13.37	1116.40			090	N	2072.60		1182.36		090	N	2043.42
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	14.24	1189.04			090	N	2072.60		1284.23		090	N	2043.42
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	14.13	1179.86			090	N	2072.60		1259.18		090	N	2043.42
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	17.07	1425.35			090	N	2072.60		1508.01		090	N	2043.42
28114	OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC	30.99	2587.67			090	Y	3411.83		2717.09		090	Y	2043.42
28116	OSTECTOMY TARSAL COALITION	21.78	1818.63			090	N	2072.60		1938.87		090	N	2043.42
28118	OSTECTOMY CALCANEUS	17.14	1431.19			090	Y	3411.83		1513.02		090	Y	2043.42
28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	15.17	1266.70			090	N	3411.83		1335.17		090	N	2043.42
28120	PARTIAL EXCISION BONE TALUS/CALCANEUS	19.57	1634.10			090	N	3411.83		1725.11		090	N	2043.42
28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	17.28	1442.88			090	Y	2072.60		1522.21		090	Y	2043.42
28124	PARTICAL EXCISION BONE PHALANX TOE	13.76	1148.96			090	N	2072.60		1207.41		090	N	2043.42
28126	RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH	11.43	954.41			090	N	2072.60		1009.52		090	N	2043.42
28130	TALECTOMY ASTRAGALECTOMY	18.45	1540.58			090	Y	3411.83		1811.12		090	Y	2043.42
28140	METATARSECTOMY	17.27	1442.05			090	N	2072.60		1519.7		090	N	2043.42
28150	PHALANGECTOMY TOE EACH TOE	12.35	1031.23			090	N	2072.60		1090.51		090	N	2043.42
28153	RESECTION CONDYLE DISTAL END PHALANX EACH TOE	11.88	991.98			090	N	2072.60		1059.62		090	N	2043.42
28160	HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE	12.17	1016.20			090	N	2072.60		1071.31		090	N	2043.42
28171	RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS	24.39	2036.57			090	Y	2072.60		2083.33		090	Y	2043.42
28173	RADICAL RESECTION TUMOR METATARSAL	21.97	1834.50			090	N	2072.60		1912.99		090	N	2043.42
28175	RADICAL RESECTION TUMOR PHALANX OR TOE	14.07	1174.85			090	N	2072.60		1214.93		090	N	2043.42
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	7.4	617.90			010	N	1341.57		657.15		010	N	752.91
28192	REMOVAL FOREIGN BODY FOOT DEEP	13.61	1136.44			090	N	2014.24		1204.91		090	N	1447.15
28193	REMOVAL FOREIGN BODY FOOT COMPLICATED	15.3	1277.55			090	N	2014.24		1356.88		090	N	752.91
28200	RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON	14.14	1442.28			090	N	3411.83		1232.46		090	N	2043.42

MEDICAL DATA														
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28202	RPR TENDON FLXR FOOT SEC W/FREE GRAFT EA TENDON	17.23	1757.46			090	Y	9938.52	J1	1499.66		090	Y	2043.42
28208	REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON	13.68	1395.36			090	N	3411.83		1192.38		090	N	2043.42
28210	RPR TENDON XTNSR FOOT SEC W/FREE GRAFT EA TENDON	16.53	1686.06			090	Y	9938.52	J1	1466.26		090	Y	5583.26
28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	12.99	1324.98			090	N	2072.60		1136.44		090	N	2043.42
28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	14.61	1490.22			090	N	2072.60		1292.58		090	N	2043.42
28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	11.83	1206.66			090	N	2072.60		1049.6		090	N	2043.42
28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	17.52	1787.04			090	N	2072.60		1516.36		090	N	2043.42
28230	TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	12.56	1281.12			090	N	2072.60		1094.69		090	N	2043.42
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	11.19	1141.38			090	N	2072.60		996.16		090	N	2043.42
28234	TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON	11.8	1203.60			090	N	2072.60		1049.6		090	N	2043.42
28238	RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	19.36	1974.72			090	Y	3411.83		1684.2		090	Y	5583.26
28240	TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC	12.76	1301.52			090	N	2072.60		1108.05		090	N	2043.42
28250	DIVISION PLANTAR FASCIA & MUSCLE SPX	16.8	1713.60			090	Y	3411.83		1468.77		090	Y	2043.42
28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	19.81	2020.62			090	Y	2072.60		1705.91		090	Y	2043.42
28261	CAPSULOTOMY MIDFOOT W/TENDON LENGTHENING	28.27	2883.54			090	N	3411.83		2416.49		090	N	2043.42
28262	CAPSUL MIDFOOT W/PST TALOTIBL CAPSUL&TDN LNGTH	42.4	4324.80			090	Y	9938.52	J1	3661.48		090	Y	2043.42
28264	CAPSULOTOMY MIDTARSAL	28.86	2943.72			090	Y	2072.60		2439.87		090	Y	5583.26
28270	CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX	14.19	1447.38			090	N	2072.60		1254.17		090	N	2043.42
28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	11.4	1162.80			090	N	2072.60		998.66		090	N	2043.42
28280	SYNDACTYLIZATION TOES	14.96	1525.92			090	N	2072.60		1326.82		090	N	2043.42
28285	CORRECTION HAMMERTOE	15.43	1573.86			090	N	2072.60		1351.87		090	N	2043.42
28286	CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE	13.06	1332.12			090	N	2072.60		1149.8		090	N	2043.42
28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD	17.46	1780.92			090	N	2072.60		1537.24		090	N	2043.42
28289	HALLUX RIGIDUS CORRECT W/CHEILECTOMY 1ST MP JT	21.13	2155.26			090	Y	3411.83		1867.9		090	Y	2043.42
28290	CORRJ HALLUX VALGUS W/WO SESMDC SMPL EXOSTECTOMY	17.01	1735.02			090	N	3411.83		1496.32		090	N	3167.72
28292	KELLER/MCBRIDE/MAYO PROCEDURE	22.75	2320.50			090	Y	3411.83		1994.82		090	Y	3167.72
28293	CORRJ HALLUX VALGUS W/WO SESMDC RESCJ JT W/IMPLT	30.22	3082.44			090	Y	9938.52	J1	2636.93		090	Y	3167.72
28294	CORRJ HALLUX VALGUS W/WO SESMDC W/TDN TRNSPLS	22.18	2262.36			090	Y	3411.83		1887.1		090	Y	3167.72
28296	CORRJ HALLUX VALGUS W/WO SESMDC W/METAR OSTEOT	20.56	2097.12			090	Y	3411.83		1796.92		090	Y	3167.72
28297	CORRJ HALLUX VALGUS W/WO SESMDC LAPIDUS-TYP PX	23.43	2389.86			090	Y	14128.14	J1	2070.8		090	Y	3167.72

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28298	CORRJ HALLUX VALGUS W/WO SESMDC PHALANX OSTEOT	20.83	2124.66			090	Y	3411.83		1826.98		090	Y	3167.72
28299	CORRJ HALLUX VALGUS W/WO SESMDC 2 OSTEOT	25.85	2636.70			090	Y	3411.83		2243.65		090	Y	3167.72
28300	OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION	18.78	1915.56			090	Y	9938.52	J1	1636.6		090	Y	5583.26
28302	OSTEOTOMY TALUS	20.58	2099.16			090	Y	3411.83		1773.54		090	Y	2043.42
28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	23.84	2431.68			090	Y	9938.52	J1	2050.76		090	Y	5583.26
28305	OSTEOT TARSAL OTH/THN CALCANEUS/TALUS W/AGRFT	19.18	1956.36			090	Y	9938.52	J1	1614.06		090	Y	5583.26
28306	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	17.73	1808.46			090	Y	3411.83		1571.47		090	Y	2043.42
28307	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST TOE	19.67	2006.34			090	N	3411.83		1795.25		090	N	2043.42
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	16.33	1665.66			090	Y	3411.83		1432.03		090	Y	2043.42
28309	OSTEOT W/WO LNGTH SHRT/ANGULAR CORRJ METAR MLT	26.09	2661.18			090	N	9938.52	J1	2214.42		090	N	5583.26
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	15.81	1612.62			090	N	3411.83		1381.93		090	N	2043.42
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	14.71	1500.42			090	N	3411.83		1302.6		090	N	2043.42
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	15.28	1558.56			090	N	2072.60		1336		090	N	2043.42
28315	SESAMOIDECTOMY FIRST TOE SPX	13.91	1418.82			090	N	2072.60		1222.44		090	N	2043.42
28320	REPAIR NONUNION/MALUNION TARSAL BONES	17.57	1792.14			090	Y	14128.14	J1	1526.38		090	Y	5583.26
28322	RPR NON/MALUNION METARSAL W/WO BONE GRAFT	22.81	2326.62			090	Y	9938.52	J1	1999.83		090	Y	5583.26
28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	16.7	1703.40			090	N	2072.60		1458.75		090	N	2043.42
28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	19.37	1975.74			090	N	2072.60		1689.21		090	N	2043.42
28344	RECONSTRUCTION TOE POLYDACTYLY	13.53	1380.06			090	N	3411.83		1084.67		090	N	2043.42
28345	RCNSTJ TOE SYNDACTYLY W/WO SKIN GRAFT EACH WEB	15.08	1538.16			090	N	2072.60		1318.47		090	N	2043.42
28360	RECONSTRUCTION CLEFT FOOT	26.51	2704.02			090	Y	9938.52	J1	2710.41		090	Y	5583.26
28400	CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION	7.12	594.52			090	N	338.25		636.27		090	N	172.42
28405	CLOSED TX CALCANEAL FRACTURE W/MANIPULATION	11.29	942.72			090	N	338.25		951.07		090	N	1077.75
28406	PRQ SKELETAL FIXJ CALCANEAL FRACTURE W/MANJ	15.02	1254.17			090	N	3411.83		1315.96		090	N	2462.57
28415	OPEN TREATMENT CALCANEAL FRACTURE	31.85	2659.48			090	Y	14128.14	J1	2762.18		090	Y	6502.42
28420	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	36.16	3019.36			090	Y	21075.80	J1	3110.38		090	Y	4855.82
28430	CLOSED TX TALUS FRACTURE W/O MANIPULATION	6.79	566.97			090	N	245.44		597.86		090	N	172.42
28435	CLOSED TX TALUS FRACTURE W/MANIPULATION	9.12	761.52			090	N	1561.58		905.98		090	N	172.42
28436	PRQ SKELETAL FIXATION TALUS FRACTURE W/MANJ	12.89	1076.32			090	N	3411.83		1128.09		090	N	2462.57
28445	OPEN TREATMENT TALUS FRACTURE	30.6	2555.10			090	Y	9938.52	J1	2646.12		090	Y	4855.82

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28446	OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	34.89	2913.32			090	Y	9938.52	J1	3030.22		090	Y	5583.26
28450	TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	6.19	516.87			090	N	338.25		548.6		090	N	172.42
28455	TX TARSAL BONE FX XCP TALUS&CALCN W/MANJ	8.3	693.05			090	N	1561.58		654.64		090	N	172.42
28456	PRQ SKEL FIXJ TARSL FX XCP TALUS&CALCNS W/MANJ	9.16	764.86			090	N	14128.14	J1	807.45		090	N	2462.57
28465	OPEN TX TARSAL FRACTURE XCP TALUS & CALCANEUS EA	17.93	1497.16			090	N	9938.52	J1	1511.35		090	N	4855.82
28470	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	6.28	524.38			090	N	245.44		560.29		090	N	172.42
28475	CLTX METAR FX W/MANJ	7.37	615.40			090	N	245.44		639.61		090	N	172.42
28476	PRQ SKEL FIXJ METAR FX W/MANJ	10.11	844.19			090	N	3411.83		870.91		090	N	2462.57
28485	OPEN TREATMENT METATARSAL FRACTURE EACH	15.1	1260.85			090	N	3411.83		1312.62		090	N	4855.82
28490	CLTX FX GRT TOE PHLX/PHLG W/O MANJ	4.17	348.20			090	N	245.44		372.41		090	N	172.42
28495	CLTX FX GRT TOE PHLX/PHLG W/MANJ	5.1	425.85			090	N	245.44		451.74		090	N	172.42
28496	PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ	12.64	1055.44			090	N	3411.83		1158.15		090	N	2462.57
28505	OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	19.24	1606.54			090	N	3411.83		1688.37		090	N	2462.57
28510	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ	3.55	296.43			090	N	245.44		313.13		090	N	172.42
28515	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	4.63	386.61			090	N	338.25		409.15		090	N	172.42
28525	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	16.34	1364.39			090	N	3411.83		1446.22		090	N	2462.57
28530	CLOSED TREATMENT SESAMOID FRACTURE	3.31	276.39			090	N	245.44		289.75		090	N	172.42
28531	OPEN TX SESAMOID FRACTURE W/WO INTERNAL FIXATION	9.98	833.33			090	N	3411.83		901.8		090	N	2462.57
28540	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	5.94	495.99			090	N	245.44		487.64		090	N	172.42
28545	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/ANES	8.37	698.90			090	N	3411.83		748.16		090	N	2462.57
28546	PRQ SKEL FIXJ TARSL DISLC XCP TALOTARSAL W/MANJ	16.09	1343.52			090	N	2072.60		1469.6		090	N	2462.57
28555	OPEN TREATMENT TARSAL BONE DISLOCATION	25.4	2120.90			090	Y	14128.14	J1	2231.12		090	Y	4855.82
28570	CLOSED TX TALOTARSAL JOINT DISLC W/O ANES	6.38	532.73			090	N	245.44		408.32		090	N	172.42
28575	CLOSED TX TALOTARSAL JOINT DISLOCATION W/ANES	10.47	874.25			090	N	1561.58		920.17		090	N	1077.75
28576	PRQ SKEL FIXJ TALOTARSAL JT DISLC W/MANJ	11.2	935.20			090	N	2072.60		989.48		090	N	2462.57
28585	OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	24.63	2056.61			090	Y	3411.83		2210.25		090	Y	2462.57
28600	CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	6.26	522.71			090	N	338.25		472.61		090	N	172.42
28605	CLOSED TX TARSOMETATARSAL DISLOCATION W/ANES	9.34	779.89			090	N	245.44		827.49		090	N	172.42
28606	PRQ SKEL FIXJ TARS JT DISLC W/MANJ	11.36	948.56			090	N	3411.83		990.31		090	N	2462.57
28615	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	22.72	1897.12			090	Y	9938.52	J1	1968.93		090	Y	4855.82

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
28630	CLTX METATARSOPHLNGL JT DISLC W/O ANES	4.5	375.75			010	N	245.44		397.46		010	N	172.42
28635	CLTX METATARSOPHLNGL JT DISLC REQ ANES	5.01	418.34			010	N	1561.58		436.71		010	N	1340.5
28636	PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W/MANJ	8.18	683.03			010	N	3411.83		764.86		010	N	2462.57
28645	OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	18.96	1583.16			090	N	3411.83		1664.99		090	N	2462.57
28660	CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	3.34	278.89			010	N	245.44		295.59		010	N	172.42
28665	CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	4.41	368.24			010	N	296.07		390.78		010	N	1340.5
28666	PRQ SKEL FIXJ INTERPHALANGEAL JOINT DISLC W/MANJ	5.39	450.07			010	N	3411.83		483.47		010	N	2462.57
28675	OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	16.85	1406.98			090	N	2072.60		1471.27		090	N	2462.57
28705	ARTHRODESIS PANTALAR	36.13	3685.26			090	Y	21075.80	J1	3189.7		090	Y	5583.26
28715	ARTHRODESIS TRIPLE	27.01	2755.02			090	Y	21075.80	J1	2327.15		090	Y	7563.12
28725	ARTHRODESIS SUBTALAR	22.4	2284.80			090	Y	14128.14	J1	1929.69		090	Y	5583.26
28730	ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	21.1	2152.20			090	Y	14128.14	J1	1828.65		090	Y	5583.26
28735	ARTHRD MIDTARSL/TARS MLT/TRANSVRS W/OSTEOT	22.51	2296.02			090	Y	21075.80	J1	1944.72		090	Y	5583.26
28737	ARTHRD W/TDN LNGTH&ADVMNT TARSL NVCLR-CUNEIFOR	19.86	2025.72			090	Y	14128.14	J1	1715.09		090	Y	5583.26
28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	24.42	2490.84			090	Y	14128.14	J1	2151.8		090	Y	5583.26
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	23.48	2394.96			090	N	9938.52	J1	2089.17		090	N	5583.26
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	14.69	1498.38			090	N	3411.83		1293.42		090	N	2043.42
28760	ARTHRD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	22.79	2324.58			090	Y	9938.52	J1	1975.61		090	Y	5583.26
28800	AMPUTATION FOOT MIDTARSAL	15.67	1598.34			090	Y			1371.07		090	Y	
28805	AMPUTATION FOOT TRANSMETARSAL	21.21	2163.42			090	N	3411.83		1852.87		090	N	2043.42
28810	AMPUTATION METATARSAL W/TOE SINGLE	12.51	1276.02			090	N	2072.60		1097.19		090	N	2043.42
28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT	16.37	1669.74			090	N	2072.60		1461.25		090	N	2043.42
28825	AMPUTATION TOE INTERPHALANGEAL JOINT	15.61	1592.22			090	N	2072.60		1388.61		090	N	2043.42
28890	ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA	9.28	774.88			090	N	2072.60		826.65		090	N	2975.93
28899	UNLISTED PROCEDURE FOOT/TOES	0	BR			YYY	N	245.44		BR		YYY	N	172.42
29000	APPLICATION HALO TYPE BODY CAST	8.25	688.88			000	N	296.07		700.57		000	N	121.96
29010	APPLICATION RISSER JACKET LOCALIZER BODY ONLY	6.8	567.80			000	N	296.07		604.54		000	N	244
29015	APPLICATION RISSER JACKET LOCALIZER BODY W/HEAD	8.15	680.53			000	N	296.07		740.65		000	N	244
29035	APPLICATION BODY CAST SHOULDER HIPS	5.57	465.10			000	N	296.07		564.46		000	N	244
29040	APPLICATION BODY CAST SHOULDER HIPS HEAD MINERVA	6.46	539.41			000	N	296.07		576.99		000	N	121.96

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
29044	APPLICATION BODY CAST SHOULDER HIPS W/ONE THIGH	8.09	675.52			000	N	169.83		730.63		000	N	244
29046	APPLICATION BODY CAST SHOULDER HIPS BOTH THIGHS	6.95	580.33			000	N	296.07		671.34		000	N	244
29049	APPLICATION CAST FIGURE-OF-8	2.4	200.40			000	N	296.07		250.5		000	N	121.96
29055	APPLICATION CAST SHOULDER SPICA	6.38	532.73			000	N	296.07		565.3		000	N	244
29058	APPLICATION CAST PLASTER VELPEAU	3.5	292.25			000	N	296.07		308.95		000	N	121.96
29065	APPLICATION CAST SHOULDER HAND LONG ARM	2.75	229.63			000	N	296.07		243.82		000	N	244
29075	APPLICATION CAST ELBOW FINGER SHORT ARM	2.48	207.08			000	N	296.07		219.61		000	N	244
29085	APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	2.73	227.96			000	N	296.07		240.48		000	N	121.96
29086	APPLICATION CAST FINGER	2.24	187.04			000	N	169.83		199.57		000	N	121.96
29105	APPLICATION LONG ARM SPLINT SHOULDER HAND	2.51	209.59			000	N	169.83		222.11		000	N	121.96
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	1.84	153.64			000	N	129.85		165.33		000	N	121.96
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	2.19	182.87			000	N	129.85		195.39		000	N	121.96
29130	APPLICATION FINGER SPLINT STATIC	1.17	97.70			000	N	79.66		102.71		000	N	69.58
29131	APPLICATION FINGER SPLINT DYNAMIC	1.45	121.08			000	N	79.66		131.1		000	N	69.58
29200	STRAPPING THORAX	0.84	70.14			000	N	169.83		132.77		000	N	69.58
29240	STRAPPING SHOULDER	0.82	68.47			000	N	79.66		143.62		000	N	69.58
29260	STRAPPING ELBOW/WRIST	0.83	69.31			000	N	43.46		130.26		000	N	69.58
29280	STRAPPING HAND/FINGER	0.84	70.14			000	N	43.46		127.76		000	N	69.58
29305	APPLICATION HIP SPICA CAST 1 LEG	7.08	591.18			000	N	296.07		627.09		000	N	244
29325	APPL HIP SPICA CAST ONE&ONE-HALF SPICA/BOTH LEGS	7.79	650.47			000	N	296.07		693.05		000	N	244
29345	APPLICATION LONG LEG CAST THIGH-TOE	3.9	325.65			000	N	296.07		344.86		000	N	244
29355	APPLICATION LONG LEG CAST WALKER/AMBULATORY TYPE	4.03	336.51			000	N	296.07		358.22		000	N	244
29358	APPLICATION LONG LEG CAST BRACE	4.6	384.10			000	N	296.07		406.65		000	N	244
29365	APPLICATION CYLINDER CAST THIGH ANKLE	3.51	293.09			000	N	296.07		312.29		000	N	244
29405	APPLICATION SHORT LEG CAST BELOW KNEE-TOE	2.34	195.39			000	N	296.07		206.25		000	N	244
29425	APPLICATION SHORT LEG CAST WALKING/AMBULATORY	2.25	187.88			000	N	296.07		197.9		000	N	244
29435	APPLICATION PATELLAR TENDON BEARING CAST	3.33	278.06			000	N	296.07		303.11		000	N	244
29440	ADDING WALKER PREVIOUSLY APPLIED CAST	1.25	104.38			000	N	169.83		111.89		000	N	121.96
29445	APPLICATION RIGID TOTAL CONTACT LEG CAST	3.85	321.48			000	N	296.07		342.35		000	N	244
29450	APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	4.1	342.35			000	N	169.83		360.72		000	N	121.96

MEDICAL DATA														
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29505	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	2.38	198.73			000	N	169.83		212.09		000	N	121.96
29515	APPLICATION SHORT LEG SPLINT CALF FOOT	2.05	171.18			000	N	169.83		182.03		000	N	121.96
29520	STRAPPING HIP	0.89	74.32			000	N	79.66		121.91		000	N	69.58
29530	STRAPPING KNEE	0.82	68.47			000	N	79.66		131.93		000	N	69.58
29540	STRAPPING ANKLE &/FOOT	0.74	61.79			000	N	169.83		92.69		000	N	69.58
29550	STRAPPING TOES	0.54	45.09			000	N	79.66		79.33		000	N	69.58
29580	STRAPPING UNNA BOOT	1.5	125.25			000	N	169.83		132.77		000	N	121.96
29581	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	1.75	146.13			000	N	169.83		157.82		000	N	121.96
29582	APPL MLTLAYR COMPRES THGH LEG ANKLE FT WHEN DONE	1.99	166.17			000	N	296.07		178.69		000	N	69.58
29583	APPL MLTLAYR COMPRES SYSTEM UPPER & LOWER ARM	1.24	103.54			000	N	169.83		111.06		000	N	69.58
29584	APPL MLTLAYR COMPRES SYS UPARM LWARM HAND&FING	1.99	166.17			000	N	169.83		178.69		000	N	69.58
29700	REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	1.79	149.47			000	N	296.07		167		000	N	121.96
29705	REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	1.91	159.49			000	N	296.07		167		000	N	121.96
29710	RMVL/BIVALV SHO/HIP SPICA MINERVA/RISSER JACKET	3.49	291.42			000	N	296.07		310.62		000	N	244
29720	REPAIR SPICA BODY CAST/JACKET	2.43	202.91			000	N	169.83		211.26		000	N	121.96
29730	WINDOWING CAST	1.85	154.48			000	N	169.83		163.66		000	N	121.96
29740	WEDGING CAST EXCEPT CLUBFOOT CASTS	2.85	237.98			000	N	296.07		234.64		000	N	121.96
29750	WEDGING CLUBFOOT CAST	2.55	212.93			000	N	296.07		269.71		000	N	121.96
29799	UNLISTED PROCEDURE CASTING/STRAPPING	0	BR			YYY	N	169.83		BR		YYY	N	121.96
29800	ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	14.67	1496.34			090	N	3411.83		1278.39		090	N	2724.18
29804	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	18.6	1897.20			090	Y	3411.83		1619.07		090	Y	2724.18
29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	13.58	1385.16			090	N	3411.83		1176.52		090	N	2724.18
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	30.59	3120.18			090	N	9938.52	J1	2633.59		090	N	5005.82
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	29.85	3044.70			090	N	9938.52	J1	2921.25		090	N	5005.82
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE/FB	16.86	1719.72			090	N	3411.83		1459.58		090	N	5005.82
29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	15.36	1566.72			090	Y	3411.83		1344.35		090	Y	5005.82
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	16.78	1711.56			090	Y	3411.83		1466.26		090	Y	5005.82
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	16.3	1662.60			090	Y	3411.83		1432.86		090	Y	2724.18
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	17.79	1814.58			090	Y	3411.83		1778.4		090	Y	5005.82
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	19.18	1956.36			090	Y	3411.83		1920.9		090	Y	2724.18

MEDICAL DATA														
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29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W/WO MANIPJ	16.61	1694.22			090	Y	3411.83		1458.75		090	Y	5005.82
29826	ARTHROSCOPY SHOULDER W/CORACOACRM LIGMNT RELEASE	5.09	519.18			ZZZ	Y			493.05		ZZZ	Y	2724.18
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	30.41	3101.82			090	Y	9938.52	J1	3033.35		090	Y	5005.82
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	26.24	2676.48			090	Y	9938.52	J1	2294.58		090	Y	5005.82
29830	ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX	13.02	1328.04			090	N	2072.60		1131.43		090	N	2724.18
29834	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB	13.96	1423.92			090	Y	3411.83		1221.61		090	Y	2724.18
29835	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL	14.54	1483.08			090	Y	3411.83		1261.69		090	Y	2724.18
29836	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE	16.35	1667.70			090	Y	3411.83		1432.03		090	Y	2724.18
29837	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED	15.03	1533.06			090	Y	3411.83		1317.63		090	Y	2724.18
29838	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE	16.86	1719.72			090	N	3411.83		1670.1		090	N	2724.18
29840	ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX	13.01	1327.02			090	N	3411.83		1127.25		090	N	2724.18
29843	ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE	13.92	1419.84			090	Y	3411.83		1204.91		090	Y	2724.18
29844	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	14.22	1450.44			090	Y	3411.83		1236.64		090	Y	2724.18
29845	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	16.52	1685.04			090	Y	3411.83		1437.04		090	Y	2724.18
29846	ARTHRS WRST EXC&/RPR TRIANG FIBROCART&/JOINT	14.92	1521.84			090	N	3411.83		1290.91		090	N	2724.18
29847	ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY	15.31	1561.62			090	Y	3411.83		1350.2		090	Y	5005.82
29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	14.66	1495.32			090	N	2072.60		1269.2		090	N	2724.18
29850	ARTHROSCOPY AID TX SPINE&/FX KNEE W/O FIXJ	17.76	1811.52			090	N	2072.60		1549.76		090	N	2724.18
29851	ARTHROSCOPY AID TX SPINE&/FX KNEE W/FIXJ	25.47	2597.94			090	Y	2072.60		2308.78		090	Y	5005.82
29855	ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR	22.51	2296.02			090	Y	14128.14	J1	1954.74		090	Y	5005.82
29856	ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR	28.73	2930.46			090	Y	14128.14	J1	2468.26		090	Y	5005.82
29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	19.01	1939.02			090	Y	3411.83		1657.48		090	Y	5005.82
29861	ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB	20.7	2111.40			090	Y	3411.83		1806.94		090	Y	5005.82
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	23.22	2368.44			090	Y	9938.52	J1	2035.73		090	Y	5005.82
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	23.22	2368.44			090	Y	3411.83		2037.4		090	Y	5005.82
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	30.03	3063.06			090	N	9938.52	J1	2603.53		090	N	5005.82
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	36.43	3715.86			090	N	14128.14	J1	3167.16		090	N	5005.82
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	46.32	4724.64			090	N	9938.52	J1	4139.1		090	N	5005.82
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	16.72	1705.44			090	N	3411.83		1480.46		090	N	2724.18
29871	ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	14.81	1510.62			090	N	3411.83		1280.89		090	N	2724.18

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
29873	ARTHROSCOPY KNEE LATERAL RELEASE	15.09	1539.18			090	N	3411.83		1311.79		090	N	2724.18
29874	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	15.46	1576.92			090	N	3411.83		1340.18		090	N	2724.18
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	14.25	1453.50			090	N	3411.83		1235.8		090	N	2724.18
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS	18.95	1932.90			090	N	3411.83		1634.1		090	N	2724.18
29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	17.91	1826.82			090	N	3411.83		1552.27		090	N	2724.18
29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	19.07	1945.14			090	N	3411.83		1880.05		090	N	2724.18
29880	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	16.18	1650.36			090	N	3411.83		1599.8		090	N	2724.18
29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	15.59	1590.18			090	N	3411.83		1539.95		090	N	2724.18
29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	20.18	2058.36			090	N	3411.83		1741.81		090	N	2724.18
29883	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL	24.24	2472.48			090	N	3411.83		2087.5		090	N	2724.18
29884	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX	17.69	1804.38			090	Y	3411.83		1547.26		090	Y	2724.18
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	21.64	2207.28			090	Y	9938.52	J1	1868.73		090	Y	5005.82
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	18.35	1871.70			090	N	3411.83		1580.66		090	N	2724.18
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	21.5	2193.00			090	Y	3411.83		1862.05		090	Y	2724.18
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	28.42	2898.84			090	Y	14128.14	J1	2454.9		090	Y	7563.12
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	35.22	3592.44			090	Y	21075.80	J1	3029.38		090	Y	7563.12
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	19.48	1986.96			090	Y	3411.83		1692.55		090	Y	5005.82
29892	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	16.76	1709.52			090	Y	3411.83		1530.56		090	Y	7563.12
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	17.6	1795.20			090	N	2072.60		1547.26		090	N	2043.42
29894	ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	14.42	1470.84			090	Y	3411.83		1292.58		090	Y	2724.18
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	13.73	1400.46			090	Y	3411.83		1199.06		090	Y	2724.18
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	14.59	1488.18			090	Y	3411.83		1280.06		090	Y	2724.18
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	16.29	1661.58			090	Y	3411.83		1408.65		090	Y	2724.18
29899	ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	29.84	3043.68			090	Y	14128.14	J1	2609.38		090	Y	5005.82
29900	ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY	13.06	1332.12			090	N	3411.83		1118.9		090	N	2724.18
29901	ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT	15.32	1562.64			090	N	3411.83		1329.32		090	N	2724.18
29902	ARTHRS MTCARPHLNGL JT W/RDCTJ UR COLTRL LIGM	16.11	1643.22			090	N	2072.60		1508.85		090	N	2724.18
29904	ARTHRS SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY	18.38	1874.76			090	Y	3411.83		1583.16		090	Y	2724.18
29905	ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY	19.74	2013.48			090	Y	3411.83		1716.76		090	Y	2724.18
29906	ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT	20.75	2116.50			090	Y	2072.60		1756.01		090	Y	2724.18

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
29907	ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS	25.26	2576.52			090	Y	14128.14	J1	2173.51		090	Y	5005.82
29914	ARTHROSCOPY HIP W/FEMOROPLASTY	28.66	2393.11			090	Y	9938.52	J1	2507.51		090	Y	5005.82
29915	ARTHROSCOPY HIP W/ACETABULOPLASTY	29.15	2434.03			090	Y	14128.14	J1	2557.61		090	Y	5005.82
29916	ARTHROSCOPY HIP W/LABRAL REPAIR	29.19	2437.37			090	Y	14128.14	J1	2560.11		090	Y	5005.82
29999	UNLISTED PROCEDURE ARTHROSCOPY	0	BR			YYY	N	2072.60		BR		YYY	N	2724.18
30000	DRAINAGE ABSCESS/HEMATOMA NASAL INT APPROACH	6.58	549.43			010	N	184.14		597.03		010	N	296.47
30020	DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	6.67	556.95			010	N	445.67		606.21		010	N	296.47
30100	BIOPSY INTRANASAL	4.04	337.34			000	N	982.18		366.57		000	N	643.2
30110	EXCISION NASAL POLYP SIMPLE	6.6	551.10			010	N	982.18		595.36		010	N	643.2
30115	EXCISION NASAL POLYP EXTENSIVE	12.39	1034.57			090	N	2302.81		1092.18		090	N	2321.87
30117	EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	25.11	2096.69			090	N	2302.81		2292.08		090	N	1480.23
30118	EXCISION/DESTRUCTION INTRANASAL LESION XTRNL	22.04	1840.34			090	N	2302.81		1913.82		090	N	2321.87
30120	EXCISION/SURGICAL PLANING SKIN NOSE RHINOPHYMA	14.85	1239.98			090	N	2302.81		1315.96		090	N	2321.87
30124	EXCISION DERMOID CYST NOSE SIMPLE SUBCUTANEOUS	8.19	683.87			090	N	2302.81		723.11		090	N	2321.87
30125	EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG	17.42	1454.57			090	Y	7911.96	J1	1531.39		090	Y	4230.05
30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	10.9	910.15			090	N	2302.81		966.1		090	N	2321.87
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	12.62	1053.77			090	N	2302.81		1128.09		090	N	2321.87
30150	RHINECTOMY PARTIAL	22.06	1842.01			090	N	7911.96	J1	1928.02		090	N	4230.05
30160	RHINECTOMY TOTAL	22.12	1847.02			090	Y	7911.96	J1	1940.54		090	Y	4230.05
30200	INJECTION TURBINATE THERAPEUTIC	3.26	272.21			000	N	982.18		295.59		000	N	643.2
30210	DISPLACEMENT THERAPY PROETZ TYPE	4.29	358.22			010	N	982.18		386.61		010	N	643.2
30220	INSERTION NASAL SEPTAL PROSTHESIS BUTTON	8.68	724.78			010	N	982.18		794.09		010	N	1480.23
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	5.32	444.22			010	N	129.85		605.38		010	N	64.04
30310	REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES	5.91	493.49			010	N	2302.81		525.22		010	N	1480.23
30320	RMVL FOREIGN BODY INTRANASAL LATERAL RHINOTOMY	12.71	1061.29			090	N	982.18		1145.62		090	N	2321.87
30400	RHINP PRIM LAT&ALAR CRTLGS&/ELVTN NASAL TI	28.94	2416.49			090	N	2302.81		2553.43		090	N	2321.87
30410	RHINP PRIM COMPLETE XTRNL PARTS	33.86	2827.31			090	Y	7911.96	J1	2980.95		090	Y	4230.05
30420	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR	39.25	3277.38			090	N	7911.96	J1	3446.05		090	N	4230.05
30430	RHINOPLASTY SECONDARY MINOR REVISION	27.5	2296.25			090	Y	2302.81		2244.48		090	Y	2321.87
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	31.79	2654.47			090	Y	7911.96	J1	2807.27		090	Y	4230.05

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30450	RHINOPLASTY SECONDARY MAJOR REVISION	42.83	3576.31			090	Y	7911.96	J1	3749.15		090	Y	4230.05
30460	RHINP DFRM W/COLUM LNGTH TIP ONLY	20.41	1704.24			090	Y	7911.96	J1	2044.08		090	Y	4230.05
30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	44.62	3725.77			090	Y	7911.96	J1	3601.36		090	Y	4230.05
30465	REPAIR NASAL VESTIBULAR STENOSIS	28.08	2344.68			090	N	7911.96	J1	2467.43		090	N	4230.05
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	17.85	1490.48			090	N	2302.81		1578.99		090	N	2321.87
30540	REPAIR CHOANAL ATRESIA INTRANASAL	19.85	1657.48			090	Y	7911.96	J1	1734.3		090	Y	4230.05
30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	25.19	2103.37			090	Y	7911.96	J1	2115.06		090	Y	4230.05
30560	LYSIS INTRANASAL SYNECHIA	7.69	642.12			010	N	445.67		703.07		010	N	296.47
30580	REPAIR FISTULA OROMAXILLARY	18.76	1566.46			090	N	7911.96	J1	1617.4		090	N	4230.05
30600	REPAIR FISTULA ORONASAL	16.89	1410.32			090	N	7911.96	J1	1448.73		090	N	4230.05
30620	SEPTAL/OTHER INTRANASAL DERMATOPLASTY	17.87	1492.15			090	N	7911.96	J1	1596.52		090	N	4230.05
30630	REPAIR NASAL SEPTAL PERFORATIONS	17.82	1487.97			090	N	2302.81		1581.49		090	N	2321.87
30801	ABLTJ SOFT TIS INFERIOR TURBINATES UNI/BI SUPFC	6.56	547.76			010	N	982.18		596.19		010	N	1480.23
30802	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	8.32	694.72			010	N	2302.81		746.49		010	N	1480.23
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	2.72	227.12			000	N	129.85		241.32		000	N	100.74
30903	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	6.31	526.89			000	N	184.14		531.06		000	N	100.74
30905	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	7.74	646.29			000	N	184.14		660.49		000	N	100.74
30906	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	9.96	831.66			000	N	184.14		721.44		000	N	100.74
30915	LIGATION ARTERIES ETHMOIDAL	16.5	1377.75			090	N	3200.67		1448.73		090	N	2526.85
30920	LIGATION ARTERIES INT MAXILLARY TRANSANTRAL	23.94	1998.99			090	N	3200.67		2093.35		090	N	2526.85
30930	FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC	3.53	294.76			010	N	2302.81		314.8		010	N	2321.87
30999	UNLISTED PROCEDURE NOSE	0	BR			YYY	N	184.14		BR		YYY	N	100.74
31000	LAVAGE CANNULATION MAXILLARY SINUS	5.26	439.21			010	N	445.67		467.6		010	N	296.47
31002	LAVAGE CANNULATION SPHENOID SINUS	5.54	462.59			010	N	982.18		510.19		010	N	643.2
31020	SINUSOTOMY MAXILLARY ANTROTOMY INTRANASAL	13.87	1158.15			090	N	2302.81		1244.15		090	N	2321.87
31030	SINUSOTOMY MAXILLARY RAD W/O RMVL ANTROCH POLYPS	19.82	1654.97			090	N	7911.96	J1	1745.99		090	N	4230.05
31032	SINUSOT MAX ANTRT RAD W/RMVL ANTROCH POLYPS	16.47	1375.25			090	N	7911.96	J1	1439.54		090	N	4230.05
31040	PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	21.84	1823.64			090	N	2302.81		1902.97		090	N	2321.87
31050	SINUSOTOMY SPHENOID W/WO BIOPSY	13.95	1164.83			090	N	7911.96	J1	1221.61		090	N	4230.05
31051	SINUSOT SPHENOID W/MUCOSAL STRIPPING/RMVL POLYP	18.48	1543.08			090	N	7911.96	J1	1626.58		090	N	4230.05

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31070	SINUSOTOMY FRONTAL EXTERNAL SIMPLE	12.59	1051.27			090	N	7911.96	J1	1116.4		090	N	4230.05
31075	SINUSOTOMY FRONTAL TRANSORBITAL UNILATERAL	22.51	1879.59			090	Y	7911.96	J1	1963.09		090	Y	4230.05
31080	SINUSOTOMY FRNT OBLITERATIVE W/O FLAP BROW INC	29.69	2479.12			090	Y	7911.96	J1	2586		090	Y	4230.05
31081	SINUSOT FRNT OBLIT W/O OSTPL FLAP CORONAL INC	42.37	3537.90			090	Y	7911.96	J1	3777.54		090	Y	4230.05
31084	SINUSOT FRNT OBLIT W/OSTPL FLAP BROW INC	33.18	2770.53			090	Y	7911.96	J1	2886.6		090	Y	4230.05
31085	SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC	45.19	3773.37			090	Y	7911.96	J1	4004.66		090	Y	4230.05
31086	SINUSOT FRNT NONOBLIT W/OSTPL FLAP BROW INC	32.31	2697.89			090	Y	7911.96	J1	2807.27		090	Y	4230.05
31087	SINUSOT FRNT NONOBLIT W/OSTPL FLAP CORONAL INC	31.04	2591.84			090	Y	7911.96	J1	2698.72		090	Y	4230.05
31090	SINUSOT UNI 3/> PARANSL SINUSES	29.34	2449.89			090	N	7911.96	J1	2582.66		090	N	4230.05
31200	ETHMOIDECTOMY INTRANASAL ANTERIOR	16.22	1354.37			090	N	7911.96	J1	1453.74		090	N	2321.87
31201	ETHMOIDECTOMY INTRANASAL TOTAL	21.19	1769.37			090	N	2302.81		1872.91		090	N	2321.87
31205	ETHMOIDECTOMY EXTRANASAL TOTAL	25.51	2130.09			090	Y	2302.81		2281.22		090	Y	2321.87
31225	MAXILLECTOMY W/O ORBITAL EXENTERATION	53.82	4493.97			090	Y			4662.64		090	Y	
31230	MAXILLECTOMY W/ORBITAL EXENTERATION	59.76	4989.96			090	Y			5160.3		090	Y	
31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	6	501.00			000	N	201.25		536.91		000	N	184.33
31233	NASAL/SINUS ENDOSCOPY DX MAXILLARY SINUSOSCOPY	7.52	627.92			000	N	534.27		677.19		000	N	184.33
31235	NASAL/SINUS ENDOSCOPY DX SPHENOID SINUSOSCOPY	8.57	715.60			000	N	1477.61		766.53		000	N	1744.26
31237	NASAL/SINUS NDSC SURG W/BX POLYPECT/DBRDMT SPX	7.41	618.74			000	N	1477.61		824.98		000	N	1744.26
31238	NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMRRG	7.4	617.90			000	N	1477.61		843.35		000	N	1744.26
31239	NASAL/SINUS NDSC SURG W/DACRYOCSTORHINOSTOMY	17.62	1471.27			010	N	2836.92		1729.29		010	N	2614.78
31240	NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	4.65	388.28			000	N	1477.61		399.97		000	N	2614.78
31254	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY PARTIAL	7.88	657.98			000	N	4367.32		675.52		000	N	2614.78
31255	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY TOTAL	11.55	964.43			000	N	4367.32		987.81		000	N	2614.78
31256	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	5.71	476.79			000	N	2836.92		490.15		000	N	2614.78
31267	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	9.17	765.70			000	N	4367.32		784.07		000	N	2614.78
31276	NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION	14.58	1217.43			000	N	4367.32		1245.82		000	N	2614.78
31287	NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	6.7	559.45			000	N	4367.32		575.32		000	N	2614.78
31288	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	7.76	647.96			000	N	4367.32		666.33		000	N	2614.78
31290	NASAL/SINUS NDSC RPR CEREBRSP FLUID LEAK ETHMOID	33.32	2782.22			010	N	1388.05		2868.23		010	N	
31291	NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID	35.55	2968.43			010	N			3049.42		010	N	

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31292	NSL/SINUS NDSC SURG W/MEDIAL/INF ORB WALL DCMPRN	28.83	2407.31			010	N	4367.32		2477.45		010	N	2614.78
31293	NASAL/SINUS NDSC MEDIAL ORB&NF ORB WALL DCMPR	31.28	2611.88			010	N	4367.32		2688.7		010	N	2614.78
31294	NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN	35.75	2985.13			010	N	4367.32		3075.31		010	N	2614.78
31295	NASAL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS	58.37	4873.90			000	Y	4367.32		5472.59		000	Y	2614.78
31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	59.51	4969.09			000	Y	4367.32		5555.26		000	Y	2614.78
31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	58.45	4880.58			000	N	4367.32		5480.94		000	N	2614.78
31299	UNLISTED PROCEDURE ACCESSORY SINUSES	0	BR			YYY	N	184.14		BR		YYY	N	100.74
31300	LARYNGOTOMY W/RMVL TUMOR/LARYNGOCELE CORDECTOMY	37.63	3142.11			090	Y	2302.81		3157.97		090	Y	2321.87
31320	LARYNGOTOMY THYROTOMY LARYNGOFISSURE DX	19.88	1659.98			090	N	7911.96	J1	1676.68		090	N	4230.05
31360	LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION	61.02	5095.17			090	Y			5183.68		090	Y	
31365	LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION	75.3	6287.55			090	Y			6406.12		090	Y	
31367	LARYNGECTOMY STOT SUPRAGLOTTIC W/O RAD NECK DSJ	64.66	5399.11			090	Y			5512.67		090	Y	
31368	LARYNGECTOMY STOT SUPRAGLOTTIC W/RAD NCK DSJ	72.15	6024.53			090	Y			6098.84		090	Y	
31370	PARTIAL LARYNGECTOMY HEMILARYGECTOMY HORIZONTAL	60.93	5087.66			090	Y			5185.35		090	Y	
31375	PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTICAL	57.51	4802.09			090	Y			4924		090	Y	
31380	PARTIAL LARYNGECTOMY HEMILARYNG ANTEROVERTICAL	56.92	4752.82			090	Y			4856.36		090	Y	
31382	PARTIAL LARYNG HEMILARYNG ANTERO-LATERO-VERTICAL	62.69	5234.62			090	Y			5323.13		090	Y	
31390	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/O RCNSTJ	83.98	7012.33			090	Y			7125.89		090	Y	
31395	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/RCNSTJ	88.76	7411.46			090	Y			7489.95		090	Y	
31400	ARYTENOIDECTOMY/ARYTENOIDOPEXY XTRNL APPROACH	28.28	2361.38			090	Y	7911.96	J1	2510.85		090	Y	4230.05
31420	EPIGLOTTIDECTOMY	23.99	2003.17			090	Y	7911.96	J1	2088.34		090	Y	4230.05
31500	INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	3.16	263.86			000	N	184.14		269.71		000	N	207.48
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	1.01	84.34			000	N	184.14		86.01		000	N	130.23
31505	LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX	2.38	198.73			000	N	201.25		213.76		000	N	99.72
31510	LARYNGOSCOPY INDIRECT W/BIOPSY	6.04	504.34			000	N	2836.92		541.08		000	N	1744.26
31511	LARYNGOSCOPY INDIRECT W/REMOVAL FOREIGN BODY	6.07	506.85			000	N	201.25		546.93		000	N	184.33
31512	LARYNGOSCOPY INDIRECT W/REMOVAL LESION	5.87	490.15			000	N	2836.92		529.39		000	N	1744.26
31513	LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION	3.82	318.97			000	N	1477.61		329.83		000	N	184.33
31515	LARYNGOSCOPY W/WO TRACHEOSCOPY ASPIRATION	5.3	442.55			000	N	534.27		532.73		000	N	1744.26
31520	LARYNGOSCOPY W/WO TRACHEOSCOPY DX NEWBORN	4.53	378.26			000	N	534.27		392.45		000	N	184.33

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31525	LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	7.27	607.05			000	N	1477.61		638.78		000	N	1744.26
31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	4.57	381.60			000	N	1477.61		393.29		000	N	1744.26
31527	LARYNGOSCOPY W/WO TRACHEOSCOPY INSERT OBTURATOR	5.64	470.94			000	N	2836.92		487.64		000	N	2614.78
31528	LARYNGOSCOPY W/WO TRACHEOSCOPY W/DILATION IN	4.2	350.70			000	N	2836.92		361.56		000	N	2614.78
31529	LARYNGOSCOPY W/WO TRACHEOSCOPY DILATION SUBSQ	4.7	392.45			000	N	2836.92		404.14		000	N	2614.78
31530	LARYNGOSCOPY W/FOREIGN BODY REMOVAL	5.75	480.13			000	N	1477.61		490.98		000	N	1744.26
31531	LARYNGOSCOPY FOREIGN BODY RMVL MICRO/TELESCOPE	6.18	516.03			000	N	2836.92		528.56		000	N	1744.26
31535	LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY	5.51	460.09			000	N	2836.92		473.45		000	N	1744.26
31536	LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE	6.13	511.86			000	N	2836.92		526.05		000	N	1744.26
31540	LARYNGOSCOPY EXC TUM&/STRIPPING CORDS/EPIGLOTT	7.03	587.01			000	N	2836.92		603.71		000	N	1744.26
31541	LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	7.68	641.28			000	N	2836.92		658.82		000	N	2614.78
31545	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD FLAP	10.54	880.09			000	N	2836.92		903.47		000	N	2614.78
31546	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD GRAFT	16.04	1339.34			000	N	4367.32		1370.24		000	N	2614.78
31560	LARYNGOSCOPY DIRECT OPERATIVE W/ARYTENOIDECTOMY	9.11	760.69			000	N	4367.32		779.89		000	N	2614.78
31561	LARGSC ARYTENOIDECTOMY MICROSCOPE/TELESCOPE	9.98	833.33			000	N	2836.92		852.54		000	N	2614.78
31570	LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC	9.76	814.96			000	N	2836.92		861.72		000	N	1744.26
31571	LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE	7.27	607.05			000	N	2836.92		621.24		000	N	2614.78
31575	LARYNGOSCOPY FLEXIBLE FIBEROPTIC DIAGNOSTIC	3.27	273.05			000	N	201.25		289.75		000	N	184.33
31576	LARYNGOSCOPY FLEXIBLE FIBEROPTIC W/BIOPSY	6.43	536.91			000	N	1477.61		571.14		000	N	1744.26
31577	LARYNGOSCOPY FLX FIBEROPTIC RMVL FOREIGN BODY	6.94	579.49			000	N	534.27		621.24		000	N	435.08
31578	LARYNGOSCOPY FLEXIBLE FIBEROPTIC REMOVAL LESION	8.01	668.84			000	N	2836.92		713.09		000	N	1744.26
31579	LARYNGOSCOPY FLX/RGD FIBOPT W/STROBOSCOPY	6.04	504.34			000	N	534.27		535.24		000	N	435.08
31580	LARYNGOPLASTY LARYN WEB 2 STG W/KEEL INSJ&RMVL	35.13	2933.36			090	Y	7911.96	J1	3071.97		090	Y	4230.05
31582	LARYNGP LARYN STENOSIS GRF/CORE MOLD W/TRACHT	54.52	4552.42			090	N	7911.96	J1	4758.67		090	N	4230.05
31584	LARYNGOPLASTY W/OPEN REDUCTION FRACTURE	43.54	3635.59			090	Y			3772.53		090	Y	
31587	LARYNGOPLASTY CRICOID SPLIT	28.83	2407.31			090	Y			2494.15		090	Y	
31588	LARYNGOPLASTY NOT OTHERWISE SPECIFIED	32.78	2737.13			090	Y	7911.96	J1	2864.05		090	Y	4230.05
31590	LARYNGEAL REINNERVATION NEUROMUSCULAR PEDICLE	25.73	2148.46			090	Y	7911.96	J1	2266.19		090	Y	4230.05
31595	SECTION RECURRENT LARYNGEAL NERVE THER UNI SPX	21.99	1836.17			090	Y	7911.96	J1	1924.68		090	Y	4230.05
31599	UNLISTED PROCEDURE LARYNX	0	BR			YYY	N	184.14		BR		YYY	N	100.74

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31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	11.51	961.09			000	N	2302.81		981.13		000	N	2321.87
31601	TRACHEOSTOMY PLANNED UNDER 2 YEARS SPX	7.31	610.39			000	Y	2302.81		642.95		000	Y	2321.87
31603	TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL	6.48	541.08			000	N	982.18		551.1		000	N	643.2
31605	TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE	5.32	444.22			000	N	982.18		452.57		000	N	643.2
31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS	20.59	1719.27			090	N	7911.96	J1	1797.76		090	N	4230.05
31611	CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH	15.53	1296.76			090	Y	2302.81		1367.73		090	Y	2321.87
31612	TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NJX	2.41	201.24			000	N	7911.96	J1	212.93		000	N	4230.05
31613	TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION	13.08	1092.18			090	N	2302.81		1157.31		090	N	2321.87
31614	TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION	21.73	1814.46			090	N	7911.96	J1	1918.83		090	N	4230.05
31615	TRACHEOBRNCHSC THRU EST TRACHS INC	5.22	435.87			000	N	982.18		460.09		000	N	643.2
31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	8.67	723.95			000	N	1477.61		801.6		000	N	985.48
31623	BRNCHSC BRUSHING/PROTECTED BRUSHINGS	9.43	787.41			000	N	1477.61		848.36		000	N	985.48
31624	BRNCHSC W/BRNCL ALVEOLAR LAVAGE	8.93	745.66			000	N	1477.61		798.26		000	N	985.48
31625	BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	11.28	941.88			000	N	1477.61		854.21		000	N	985.48
31626	BRONCHOSCOPY W/PLMT FIDUCIAL MARKERS SINGLE/MULT	25.89	2161.82			000	N	4367.32		1139.78		000	N	2028.28
31627	BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	40.19	3355.87			ZZZ	N			3453.56		ZZZ	N	
31628	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	11.88	991.98			000	N	2836.92		962.76		000	N	985.48
31629	BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	14.17	1183.20			000	N	2836.92		1555.61		000	N	2028.28
31630	BRNCHSC W/TRACHEAL/BRONCHIAL DILAT/CLSD RDCTJ FX	5.78	482.63			000	N	2836.92		499.33		000	N	2028.28
31631	BRONCHOSCOPY W/PLACEMENT TRACHEAL STENT	6.65	555.28			000	N	4367.32		568.64		000	N	2028.28
31632	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	2.13	177.86			ZZZ	N			179.53		ZZZ	N	985.48
31633	BRONCHOSCOPY W/TRANSBRONCL NDL ASPIR BX EA LOBE	2.63	219.61			ZZZ	N			220.44		ZZZ	N	985.48
31634	BRONCHOSCOPY BALLOON OCCLUSION	52.91	4417.99			000	Y	4367.32		5060.1		000	Y	2028.28
31635	BRONCHOSCOPY W/REMOVAL FOREIGN BODY	9.94	829.99			000	N	1477.61		882.6		000	N	985.48
31636	BRNCHSC W/PLACEMENT BRNCL STENT 1ST BRONCHUS	6.4	534.40			000	N	4367.32		552.77		000	N	2028.28
31637	BRONCHOSCOPY EACH MAJOR BRONCHUS STENTED	2.14	178.69			ZZZ	N			182.87		ZZZ	N	985.48
31638	BRNCHSC REVJ TRACHEAL/BRNCL STENT INS PREV SESS	7.31	610.39			000	N	4367.32		632.1		000	N	2028.28
31640	BRONCHOSCOPY W/EXCISION TUMOR	7.35	613.73			000	N	2836.92		638.78		000	N	2028.28
31641	BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC	7.45	622.08			000	N	2836.92		640.45		000	N	2028.28
31643	BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL	5.1	425.85			000	N	1477.61		437.54		000	N	985.48

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31645	BRNCHSC W/THER ASPIR TRACHEOBRNCL TREE 1ST	9.22	769.87			000	N	1477.61		812.46		000	N	985.48
31646	BRNCHSC W/THER ASPIR TRACHEOBRNCL TREE SBSQ	8.27	690.55			000	N	534.27		736.47		000	N	985.48
31647	BRNCHSC OCCLUSION&INSERT BRONCH VALVE INIT LOBE	6.39	533.57			000	N	4367.32		554.44		000	N	2028.28
31648	BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL	5.91	493.49			000	N	2836.92		579.49		000	N	2028.28
31649	BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL	2.01	167.84			ZZZ	N	1477.61		182.03		ZZZ	N	985.48
31651	BRNCHSC OCCLUSION&INSERT BRONCH VALVE ADDL LOBE	2.29	191.22			ZZZ	N			192.89		ZZZ	N	2028.28
31652	BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	25.71	2146.79			000	N	2836.92						
31653	BRNCHSC EBUS GUIDED SAMPL 3/> NODE STATION/STRUX	27.33	2282.06			000	N	2836.92						
31654	BRNSCHSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	4.1	342.35			ZZZ	N							
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	6.05	505.18			000	N	4367.32		556.11		000	N	2028.28
31661	BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	6.35	530.23			000	N	4367.32		587.01		000	N	2028.28
31717	CATHETERIZATION W/BRONCHIAL BRUSH BIOPSY	7.42	619.57			000	N	534.27		678.02		000	N	435.08
31720	CATHETER ASPIRATION NASOTRACHEAL SPX	1.48	123.58			000	N	212.86		122.75		000	N	45.26
31725	CATH ASPIR TRACHEOBRNCL FIBERSCOPE BEDSIDE SPX	2.58	215.43			000	N			227.12		000	N	
31730	TTRACH INTRO NDL WIRE DIL/STENT/TUBE O2 THER	35.03	2925.01			000	N	1477.61		3173		000	N	435.08
31750	TRACHEOPLASTY CERVICAL	40.68	3396.78			090	Y	7911.96	J1	3478.61		090	Y	4230.05
31755	TRACHEOPLASTY TRACHEOPHARYNGEAL FSTLJ EA STG	50.96	4255.16			090	Y	7911.96	J1	4378.74		090	Y	4230.05
31760	TRACHEOPLASTY INTRATHORACIC	40.42	3375.07			090	Y			3421.83		090	Y	
31766	CARINAL RECONSTRUCTION	51.86	4330.31			090	Y			4425.5		090	Y	
31770	BRONCHOPLASTY GRAFT REPAIR	38.91	3248.99			090	Y			3316.62		090	Y	
31775	BRONCHOPLASTY EXCISION STENOSIS & ANASTOMOSIS	37.53	3133.76			090	Y			3407.64		090	Y	
31780	EXCISION TRACHEAL STENOSIS&ANASTOMOSIS CERVICA	34.19	2854.87			090	Y			2941.71		090	Y	
31781	EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC	41.86	3495.31			090	Y			3813.45		090	Y	
31785	EXCISION TRACHEAL TUMOR/CARCINOMA CERVICAL	31.43	2624.41			090	Y	2302.81		2682.02		090	Y	2321.87
31786	EXCISION TRACHEAL TUMOR/CARCINOMA THORACIC	41.74	3485.29			090	Y			3593.01		090	Y	
31800	SUTURE TRACHEAL WOUND/INJURY CERVICAL	21.2	1770.20			090	N			1841.18		090	N	
31805	SUTURE TRACHEAL WOUND/INJURY INTRATHORACIC	23.96	2000.66			090	Y			2040.74		090	Y	
31820	SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	12.48	1042.08			090	N	2302.81		1112.22		090	N	2321.87
31825	SURG CLSR TRACHEOSTOMY/FISTULA W/PLASTIC RPR	17.25	1440.38			090	N	2302.81		1528.05		090	N	2321.87
31830	REVISION TRACHEOSTOMY SCAR	12.75	1064.63			090	N	2302.81		1135.6		090	N	2321.87

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31899	UNLISTED PROCEDURE TRACHEA BRONCHI	0	BR			YYY	N	201.25		BR		YYY	N	985.48
32035	THORACOSTOMY W/RIB RESECTION EMPYEMA	20.83	1739.31			090	Y			1815.29		090	Y	
32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	22.5	1878.75			090	Y			1953.9		090	Y	
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	23.38	1952.23			090	Y			2026.55		090	Y	
32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	23.37	1951.40			090	Y			2026.55		090	Y	
32098	THORACOTOMY W/BIOPSY OF PLEURA	22.17	1851.20			090	Y			1964.76		090	Y	
32100	THORACOTOMY WITH EXPLORATION	23.48	1960.58			090	Y			2044.08		090	Y	
32110	THORCOM CTRL TRAUMTC HEMRRG&/RPR LNG TEAR	42.43	3542.91			090	Y			3658.14		090	Y	
32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS	25.26	2109.21			090	Y			2186.03		090	Y	
32124	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	26.87	2243.65			090	Y			2328.82		090	Y	
32140	THORCOM W/REMOVAL OF CYST	28.94	2416.49			090	Y			2480.79		090	Y	
32141	THORACOTOMY W/RESECTION BULLAE	44.3	3699.05			090	Y			3807.6		090	Y	
32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	29.16	2434.86			090	Y			2513.35		090	Y	
32151	THORCOM W/RMVL IPUL FB	29.11	2430.69			090	Y			2518.36		090	Y	
32160	THORACOTOMY W/CARDIAC MASSAGE	22.88	1910.48			090	Y	2643.06		1976.45		090	Y	
32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	32.97	2753.00			090	Y			2834.83		090	Y	
32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	23.12	1930.52			090	Y			2008.18		090	Y	
32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	45.97	3838.50			090	Y			3979.61		090	Y	
32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	28.87	2410.65			090	Y			2492.48		090	Y	
32310	PLEURECTOMY PARIETAL SEPARATE PROCEDURE	26.43	2206.91			090	Y			2297.09		090	Y	
32320	DECORTICATION & PARIETAL PLEURECTOMY	46.38	3872.73			090	Y			3999.65		090	Y	
32400	BIOPSY PLEURA PERCUTANEOUS NEEDLE	4.32	360.72			000	N	1341.57		373.25		000	N	920.55
32405	BIOPSY LUNG/MEDIASTINUM PERCUTANEOUS NEEDLE	12.8	1068.80			000	N	1341.57		1134.77		000	N	920.55
32440	REMOVAL OF LUNG PNEUMONECTOMY	45.48	3797.58			090	Y			3910.31		090	Y	
32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	93.13	7776.36			090	Y			7614.37		090	Y	
32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	103.06	8605.51			090	Y			8795.89		090	Y	
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	42.92	3583.82			090	Y			3699.05		090	Y	
32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	45.93	3835.16			090	Y			3959.57		090	Y	
32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	41.75	3486.13			090	Y			3587.16		090	Y	
32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	68.4	5711.40			090	Y			5857.53		090	Y	

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32488	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	69.54	5806.59			090	Y			5940.19		090	Y	
32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	42.82	3575.47			090	Y			3674.84		090	Y	
32501	RESCJ&BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	7.14	596.19			ZZZ	Y			607.05		ZZZ	Y	
32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	52.53	4386.26			090	Y			4515.68		090	Y	
32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	59.94	5004.99			090	Y			5099.35		090	Y	
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	27.07	2260.35			090	Y			2397.29		090	Y	
32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	4.57	381.60			ZZZ	Y			411.66		ZZZ	Y	
32507	THORACOTOMY W/DX WEDGE RESEXN & ANTOM LUNG RESE	4.56	380.76			ZZZ	Y			411.66		ZZZ	Y	
32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	50.44	4211.74			090	Y			4309.44		090	Y	
32550	INSERTION INDWELLING TUNNELED PLEURAL CATHETER	22.26	1858.71			000	N	3100.66		2031.56		000	N	2914.41
32551	TUBE THORACOSTOMY INCLUDES WATER SEAL	4.92	410.82			000	N	687.66		436.71		000	N	532.02
32552	RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	5.32	444.22			010	N	687.66		482.63		010	N	532.02
32553	PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT	16.85	1406.98			000	Y	1462.40		1468.77		000	Y	1270.08
32554	THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	5.7	475.95			000	N	687.66		1390.28		000	N	532.02
32555	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	8.25	688.88			000	N	687.66		1603.2		000	N	532.02
32556	PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	15.37	1283.40			000	N	1720.09		1465.43		000	N	532.02
32557	PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	14.68	1225.78			000	N	687.66		2378.92		000	N	532.02
32560	INSTLJ VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS	6.96	581.16			000	N	687.66		633.77		000	N	532.02
32561	INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY	2.65	221.28			000	Y	687.66		237.14		000	Y	532.02
32562	INSTLJ CH TUBE/CATH AGENT FBRNLYSIS SBSQ DAY	2.39	199.57			000	Y	687.66		214.6		000	Y	532.02
32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	8.97	749.00			000	N	4490.43		771.54		000	N	3308.75
32604	THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX	14.03	1171.51			000	N	4490.43		1197.39		000	N	3308.75
32606	THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX	13.45	1123.08			000	N	4490.43		1153.14		000	N	3308.75
32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	8.98	749.83			000	N	4490.43		799.93		000	N	3308.75
32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	11.01	919.34			000	N	4490.43		984.47		000	N	3308.75
32609	THORACOSCOPY WITH BIOPSYIES OF PLEURA	7.53	628.76			000	N	4490.43		678.02		000	N	3308.75
32650	THORACOSCOPY W/PLEURODESIS	19.32	1613.22			090	Y			1672.51		090	Y	
32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	31.84	2658.64			090	Y			2737.13		090	Y	
32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	48.31	4033.89			090	Y			4144.94		090	Y	
32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	30.76	2568.46			090	Y			2638.6		090	Y	

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32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	34.42	2874.07			090	Y			2943.38		090	Y	
32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	27.77	2318.80			090	Y			2398.12		090	Y	
32656	THORACOSCOPY W/PARIETAL PLEURECTOMY	23.32	1947.22			090	Y			1997.32		090	Y	
32658	THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	20.73	1730.96			090	Y			1787.74		090	Y	
32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	21.24	1773.54			090	Y			1825.31		090	Y	
32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	23.27	1943.05			090	Y			1998.16		090	Y	
32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	25.92	2164.32			090	Y			2228.62		090	Y	
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	40.73	3400.96			090	Y			3495.31		090	Y	
32664	THORACOSCOPY W/THORACIC SYMPATHECTOMY	24.75	2066.63			090	Y	5623.85		2121.74		090	Y	
32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	35.59	2971.77			090	Y			3039.4		090	Y	
32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	25.3	2112.55			090	Y	4613.29		2231.96		090	Y	
32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	4.58	382.43			ZZZ	Y	2552.65		411.66		ZZZ	Y	
32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	4.57	381.60			ZZZ	Y			413.33		ZZZ	Y	
32669	THORACOSCOPY W/SEGMENTECTOMY	39.15	3269.03			090	Y			3355.87		090	Y	
32670	THORACOSCOPY W/BILOBECTOMY	46.55	3886.93			090	Y			4001.32		090	Y	
32671	THORACOSCOPY W/PNEUMONECTOMY	51.5	4300.25			090	Y			4434.69		090	Y	
32672	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	44.28	3697.38			090	Y			3795.91		090	Y	
32673	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	35.42	2957.57			090	Y			2990.14		090	Y	
32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	6.29	525.22			ZZZ	Y			536.07		ZZZ	Y	
32701	THORAX STEREOTACTIC RADIATION TARGET W/TX COURSE	6.32	527.72			XXX	N			546.93		XXX	N	
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	27.46	2292.91			090	Y			2360.55		090	Y	
32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	26.19	2186.87			090	Y			2257.01		090	Y	
32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	81.35	6792.73			090	Y			7003.15		090	Y	
32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	38.79	3238.97			090	Y			3522.87		090	Y	
32850	DONOR PNEUMONECTOMY FROM CADAVER DONOR	0	BR			XXX	N			BR		XXX	N	
32851	LUNG TRANSPLANT 1 W/O CARDIOPULMONARY BYPASS	95.9	8007.65			090	Y			8183		090	Y	
32852	LUNG TRANSPLANT 1 W/CARDIOPULMONARY BYPASS	104.91	8759.99			090	Y			8938.68		090	Y	
32853	LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS	133.61	11156.44			090	Y			11433.66		090	Y	
32854	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	142.05	11861.18			090	Y			12151.76		090	Y	
32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	0	BR			XXX	Y			BR		XXX	Y	

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32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	0	BR			XXX	Y			BR		XXX	Y	
32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	40.75	3402.63			090	Y			3471.93		090	Y	
32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	38.99	3255.67			090	Y			3334.16		090	Y	
32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	48.18	4023.03			090	Y			4114.05		090	Y	
32940	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	35.87	2995.15			090	Y			3083.66		090	Y	
32960	PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	4.05	338.18			000	N	687.66		379.93		000	N	532.02
32997	TOTAL LUNG LAVAGE UNILATERAL	9.91	827.49			000	N			879.26		000	N	
32998	ABLATION PULMONARY TUMOR PERQ RADIOFREQUENCY UNI	68.03	5680.51			000	Y	5865.24		7579.3		000	Y	5220.48
32999	UNLISTED PROCEDURE LUNGS & PLEURA	0	BR			YYY	N	687.66		BR		YYY	N	532.02
33010	PERICARDIOCENTESIS INITIAL	3.49	291.42			000	N	687.66		291.42		000	N	532.02
33011	PERICARDIOCENTESIS SUBSEQUENT	3.51	293.09			000	N	687.66		295.59		000	N	532.02
33015	TUBE PERICARDIOSTOMY	14.77	1233.30			090	N			1255.01		090	N	
33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	25.54	2132.59			090	Y			2191.88		090	Y	
33025	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	23.19	1936.37			090	Y			2004.84		090	Y	
33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	58.25	4863.88			090	Y			5004.99		090	Y	
33031	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	71.9	6003.65			090	Y			6204.05		090	Y	
33050	RESECTION PERICARDIAL CYST/TUMOR	29	2421.50			090	Y			2505.84		090	Y	
33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	61.04	5096.84			090	Y			5254.66		090	Y	
33130	RESECTION EXTERNAL CARDIAC TUMOR	40.1	3348.35			090	Y			3481.12		090	Y	
33140	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	45.74	3819.29			090	Y			3965.42		090	Y	
33141	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	3.84	320.64			ZZZ	Y			329.83		ZZZ	Y	
33202	INSERTION EPICARDIAL ELECTRODE OPEN	22.55	1882.93			090	N			1944.72		090	N	
33203	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	23.43	1956.41			090	N			2009.85		090	N	
33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	13.38	1117.23			090	N	18546.80	J1	1127.25		090	N	10617.6
33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	14.28	1192.38			090	N	18546.80	J1	1194.05		090	N	10617.6
33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	15.46	1290.91			090	N	18546.80	J1	1290.08		090	N	13141.57
33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	5.2	434.20			000	N	13393.70	J1	436.71		000	N	4858.53
33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	5.32	444.22			000	N	13393.70	J1	445.89		000	N	4858.53
33212	INS PM PLS GEN W/EXIST SINGLE LEAD	9.67	807.45			090	N	13393.70	J1	820.81		090	N	8530.53
33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	10.08	841.68			090	N	18546.80	J1	856.71		090	N	9952.64

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33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	14.19	1184.87			090	N	18546.80	J1	1190.71		090	N	13141.57
33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	8.98	749.83			090	N	1228.40		749.83		090	N	2171.38
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	11.09	926.02			090	N	13393.70	J1	925.18		090	N	4858.53
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	10.88	908.48			090	N	13393.70	J1	920.17		090	N	4858.53
33218	RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	11.61	969.44			090	N	3545.84		970.27		090	N	2171.38
33220	RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	11.63	971.11			090	N	3545.84		977.79		090	N	2171.38
33221	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	10.81	902.64			090	N	33828.80	J1	893.45		090	N	9952.64
33222	RELOCATION OF SKIN POCKET FOR PACEMAKER	10.1	843.35			090	N	2009.86		855.88		090	N	1434.08
33223	RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	12.17	1016.20			090	N	2009.86		1022.04		090	N	1434.08
33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	14.96	1249.16			000	N	18546.80	J1	1244.15		000	N	13141.57
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	13.59	1134.77			ZZZ	N			1119.74		ZZZ	N	13141.57
33226	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	14.34	1197.39			000	N	3200.67		1196.56		000	N	2171.38
33227	REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	10.16	848.36			090	N	13393.70	J1	854.21		090	N	8530.53
33228	REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	10.6	885.10			090	N	18546.80	J1	890.95		090	N	9952.64
33229	REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	11.17	932.70			090	N	33828.80	J1	926.85		090	N	9952.64
33230	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	11.5	960.25			090	N	43860.06	J1	966.93		090	N	29042.5
33231	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	11.97	999.50			090	N	60979.56	J1	1002.84		090	N	29042.5
33233	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	7.02	586.17			090	N	9537.74		586.17		090	N	2171.38
33234	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	14.39	1201.57			090	N	3545.84		1200.73		090	N	2171.38
33235	RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	18.76	1566.46			090	N	3545.84		1568.97		090	N	2171.38
33236	RMVL PRM EPICAR PM&ELTRDS THORCOM 1 LEAD SYS	22.74	1898.79			090	N			1989.81		090	N	
33237	RMVL PRM EPICAR PM&ELTRDS THORCOM DUAL LEAD SY	24.44	2040.74			090	N			2115.89		090	N	
33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	27.08	2261.18			090	N			2359.71		090	N	
33240	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	10.96	915.16			090	N	43860.06	J1	930.19		090	N	29042.5
33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	6.61	551.94			090	N	3545.84		551.1		090	N	2171.38
33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	39.74	3318.29			090	Y			3417.66		090	Y	
33244	RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	25.2	2104.20			090	N	3545.84		2105.04		090	N	2171.38
33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	26.88	2244.48			090	N	60979.56	J1	2231.12		090	N	39579.89
33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	42.62	3558.77			090	Y			3702.39		090	Y	
33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	47.22	3942.87			090	Y			4079.81		090	Y	

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33254	ABLATION & RECONSTRUCTION ATRIA LIMITED	39.89	3330.82			090	Y			3444.38		090	Y	
33255	ABLATION & RCNSTJ ATRIA EXTNSV W/O BYPASS	47.07	3930.35			090	Y			4136.59		090	Y	
33256	ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS	56.85	4746.98			090	Y			4908.13		090	Y	
33257	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	16.92	1412.82			ZZZ	Y			1472.11		ZZZ	Y	
33258	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP	18.99	1585.67			ZZZ	Y			1656.64		ZZZ	Y	
33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	24.53	2048.26			ZZZ	Y			2136.77		ZZZ	Y	
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	47.69	3982.12			090	Y			4098.18		090	Y	
33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	11.16	931.86			090	N	43860.06	J1	931.86		090	N	29042.5
33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	11.6	968.60			090	N	43860.06	J1	968.6		090	N	29042.5
33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	12.09	1009.52			090	N	60979.56	J1	1004.51		090	N	29042.5
33265	NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	39.54	3301.59			090	Y			3412.65		090	Y	
33266	NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS	53.73	4486.46			090	Y			4653.46		090	Y	
33270	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	17.14	1431.19			090	N	60979.56	J1	1424.51		090	N	38225.46
33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	14.43	1204.91			090	N	13393.70	J1	1198.23		090	N	8118.47
33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	10.18	850.03			090	N	3545.84		881.76		090	N	2911.39
33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	11.68	975.28			090	N	3545.84		970.27		090	N	2911.39
33282	IMPLANTATION PT-ACTIVATED CARDIAC EVENT RECORDER	6.91	576.99			090	N	13393.70	J1	791.58		090	N	7602.81
33284	RMVL IMPLANTABLE PT-ACTIVATED CAR EVENT RECORDER	6.11	510.19			090	N	1341.57		570.31		090	N	752.91
33300	REPAIR CARDIAC WOUND W/O BYPASS	71.3	5953.55			090	Y			6130.57		090	Y	
33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	119.42	9971.57			090	Y			10257.14		090	Y	
33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	34.19	2854.87			090	Y			2930.85		090	Y	
33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	55.62	4644.27			090	Y			4808.77		090	Y	
33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	30.9	2580.15			090	Y			2642.78		090	Y	
33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	35.79	2988.47			090	Y			2999.32		090	Y	
33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	40.41	3374.24			090	Y			3499.49		090	Y	
33330	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	41.45	3461.08			090	Y			3832.65		090	Y	
33335	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	54.42	4544.07			090	Y			4723.6		090	Y	
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	39.56	3303.26			000	N			3319.13		000	N	
33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	43.24	3610.54			000	N			3631.42		000	N	
33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	44.92	3750.82			000	N			3760.01		000	N	

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33364	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	47.09	3932.02			000	N			4000.49		000	N	
33365	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	51.85	4329.48			000	N			4387.09		000	N	
33366	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	56.11	4685.19			000	N			4650.12		000	N	
33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	18.21	1520.54			ZZZ	N			1540.58		ZZZ	N	
33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	21.79	1819.47			ZZZ	N			1867.06		ZZZ	N	
33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	28.8	2404.80			ZZZ	N			2464.92		ZZZ	N	
33400	VALVULOPLASTY AORTIC VALVE OPEN W/BYPASS	66.26	5532.71			090	Y			5725.6		090	Y	
33401	VALVULOPLASTY AORTIC VALVE OPEN W/INFLOW OCCLUS	42.01	3507.84			090	Y			3567.96		090	Y	
33403	VLVP AORTIC VALVE W/TRANSVENTR DILAT W/CARD BYP	43.14	3602.19			090	Y			3760.84		090	Y	
33404	CONSTRUCTION APICAL-AORTIC CONDUIT	51.22	4276.87			090	Y			4407.13		090	Y	
33405	RPLCMT PROST AORTIC VALVE XCP HOMOGRF/STENT	66.05	5515.18			090	Y			5679.67		090	Y	
33406	RPLCMT AORTIC VALVE ALLOGRAFT VALVE FREEHAND	83.75	6993.13			090	Y			7231.94		090	Y	
33410	RPLCMT AORTIC VALVE W/STENTLESS TISSUE VALVE	73.76	6158.96			090	Y			6382.74		090	Y	
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	97.7	8157.95			090	Y			8431		090	Y	
33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	92.41	7716.24			090	Y			8001.81		090	Y	
33413	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR	94.7	7907.45			090	Y			8109.52		090	Y	
33414	RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC	62.99	5259.67			090	Y			5410.8		090	Y	
33415	RESECTION/INCISION SUBVALVULAR TISSUE	58.93	4920.66			090	Y			5122.73		090	Y	
33416	VENTRICULOMYOTOMY-MYECTOMY	59.15	4939.03			090	Y			5111.87		090	Y	
33417	AORTOPLASTY SUPRAVALVULAR STENOSIS	48.79	4073.97			090	Y			4182.52		090	Y	
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	52.26	4363.71			090	Y			4509		090	Y	
33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	12.3	1027.05			ZZZ	Y			1059.62		ZZZ	Y	
33420	VALVOTOMY MITRAL VALVE CLOSED HEART	42.46	3545.41			090	N			3596.35		090	N	
33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	48.68	4064.78			090	Y			4240.13		090	Y	
33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	79.59	6645.77			090	Y			6877.9		090	Y	
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	69.32	5788.22			090	Y			5994.47		090	Y	
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	71.14	5940.19			090	Y			6142.26		090	Y	
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	81.43	6799.41			090	Y			7006.49		090	Y	
33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	71.09	5936.02			090	Y			6102.18		090	Y	
33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	89.97	7512.50			090	Y			7755.48		090	Y	

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33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	71.06	5933.51			090	Y			6150.61		090	Y	
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	80.25	6700.88			090	Y			6933.01		090	Y	
33468	TRICUSPID VALVE RPSG&PLCTJ EBSTEIN ANOMALY	71.82	5996.97			090	Y			6167.31		090	Y	
33470	VALVOTOMY PULMONARY VALVE CLSD HEART TRANSVENTR	37.73	3150.46			090	Y			3269.86		090	Y	
33471	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	40.33	3367.56			090	Y			3459.41		090	Y	
33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	63.79	5326.47			090	Y			5432.51		090	Y	
33475	REPLACEMENT PULMONARY VALVE	67.82	5662.97			090	Y			5909.3		090	Y	
33476	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	44.54	3719.09			090	Y			3841		090	Y	
33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	37.57	3137.10			000	N							
33478	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	46.02	3842.67			090	Y			3967.92		090	Y	
33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	48.64	4061.44			090	Y			4199.22		090	Y	
33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	45.59	3806.77			090	Y			3969.59		090	Y	
33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	32.97	2753.00			090	Y			2842.34		090	Y	
33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	37.33	3117.06			090	Y			3228.11		090	Y	
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	38.8	3239.80			090	N			3299.09		090	N	
33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	42.89	3581.32			090	Y			3699.89		090	Y	
33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	60.46	5048.41			090	Y			5191.2		090	Y	
33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	60.2	5026.70			090	Y			5123.56		090	Y	
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	50.5	4216.75			090	Y			4297.75		090	Y	
33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	0.47	39.25			ZZZ	Y			40.08		ZZZ	Y	
33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	56.23	4695.21			090	Y			4867.22		090	Y	
33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	61.8	5160.30			090	Y			5344.84		090	Y	
33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	70.25	5865.88			090	Y			6072.12		090	Y	
33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	72.28	6035.38			090	Y			6245.8		090	Y	
33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	76.08	6352.68			090	Y			6585.65		090	Y	
33516	CORONARY ARTERY BYPASS 6/+ CORONARY VENOUS GRAFT	79.45	6634.08			090	Y			6868.71		090	Y	
33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	5.46	455.91			ZZZ	Y			469.27		ZZZ	Y	
33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	12	1002.00			ZZZ	Y			1032.06		ZZZ	Y	
33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	15.87	1325.15			ZZZ	Y			1364.39		ZZZ	Y	
33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	19.03	1589.01			ZZZ	Y			1639.94		ZZZ	Y	

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33522	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	21.35	1782.73			ZZZ	Y			1841.18		ZZZ	Y	
33523	CORONARY ARTERY BYP W/VEIN &ARTERY GRAFT 6 VEIN	24.28	2027.38			ZZZ	Y			2091.68		ZZZ	Y	
33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	15.34	1280.89			ZZZ	Y			1316.8		ZZZ	Y	
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	54.38	4540.73			090	Y			4678.51		090	Y	
33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	63.99	5343.17			090	Y			5531.04		090	Y	
33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	71.35	5957.73			090	Y			6162.3		090	Y	
33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	76.92	6422.82			090	Y			6598.17		090	Y	
33542	MYOCARDIAL RESECTION	76.48	6386.08			090	Y			6609.03		090	Y	
33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	90.24	7535.04			090	Y			7752.14		090	Y	
33548	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	86.22	7199.37			090	Y			7457.39		090	Y	
33572	CORONARY ENDARTERCOMY OPEN ANY METHOD	6.72	561.12			ZZZ	Y			578.66		ZZZ	Y	
33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	50.3	4200.05			090	Y			4296.91		090	Y	
33602	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	48.82	4076.47			090	Y			4121.56		090	Y	
33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	54.43	4544.91			090	Y			4385.42		090	Y	
33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	52.7	4400.45			090	Y			4501.49		090	Y	
33610	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	51.97	4339.50			090	Y			4610.04		090	Y	
33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	60.1	5018.35			090	Y			4914.81		090	Y	
33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ	58.71	4902.29			090	Y			4948.21		090	Y	
33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	58.47	4882.25			090	Y			4983.28		090	Y	
33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	63.36	5290.56			090	Y			5396.61		090	Y	
33619	RPR 1 VNTRC W/O/F OBSTRCJ&AORTIC ARCH HYPOPLAS	79.83	6665.81			090	Y			6805.25		090	Y	
33620	APPLICATION RIGHT & LEFT PULMONARY ARTERY BAND	48.34	4036.39			090	Y			3629.75		090	Y	
33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	27.26	2276.21			090	Y			2175.18		090	Y	
33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	106.2	8867.70			090	Y			8554.58		090	Y	
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	48.03	4010.51			090	Y			4114.05		090	Y	
33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	50.69	4232.62			090	Y			4363.71		090	Y	
33647	RPR ATRIAL & VENTRIC SEPTAL DFCT DIR/PATCH CLS	53.27	4448.05			090	Y			4578.31		090	Y	
33660	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	51.48	4298.58			090	Y			4426.34		090	Y	
33665	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	56.09	4683.52			090	Y			4822.96		090	Y	
33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	57.84	4829.64			090	Y			4969.09		090	Y	

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33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	57.8	4826.30			090	Y			4966.58		090	Y	
33676	CLOSURE MULTIPLE VSD W/RESECTION	62.37	5207.90			090	Y			5343.17		090	Y	
33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	64.8	5410.80			090	Y			5310.6		090	Y	
33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	53.84	4495.64			090	Y			4617.55		090	Y	
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	58.16	4856.36			090	Y			4762.84		090	Y	
33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	55.23	4611.71			090	Y			4746.98		090	Y	
33690	BANDING PULMONARY ARTERY	35.1	2930.85			090	Y			3006.84		090	Y	
33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	60.44	5046.74			090	Y			5170.32		090	Y	
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	60.1	5018.35			090	Y			5139.43		090	Y	
33697	COMPL RPR T-FALLOT W/PULM ATRESIA	60.24	5030.04			090	Y			5134.42		090	Y	
33702	RPR SINUS VALSALVA FISTULA	45.26	3779.21			090	Y			3904.46		090	Y	
33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	63.23	5279.71			090	Y			5356.53		090	Y	
33720	RPR SINUS VALSALVA ANEURYSM	45.28	3780.88			090	Y			3870.23		090	Y	
33722	CLOSURE AORTICO-LEFT VENTRICULAR TUNNEL	47.61	3975.44			090	Y			4095.68		090	Y	
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	45.09	3765.02			090	Y			3842.67		090	Y	
33726	REPAIR PULMONARY VENOUS STENOSIS	59.59	4975.77			090	Y			5356.53		090	Y	
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	58.73	4903.96			090	Y			5052.59		090	Y	
33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	48.24	4028.04			090	Y			4162.48		090	Y	
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	37.91	3165.49			090	Y			3235.63		090	Y	
33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	41.15	3436.03			090	Y			3550.42		090	Y	
33737	ATRIAL SEPTECT/SEPTOST OPN HRT W/INFL OCCLUSION	39.54	3301.59			090	Y			3361.71		090	Y	
33750	SHUNT SUBCLAVIAN PULMONARY ARTERY	36.94	3084.49			090	Y			3568.79		090	Y	
33755	SHUNT ASCENDING AORTA PULMONARY ARTERY	38.52	3216.42			090	Y			3376.74		090	Y	
33762	SHUNT DESCENDING AORTA PULMONARY ARTERY	39.19	3272.37			090	Y			3364.22		090	Y	
33764	SHUNT CENTRAL W/PROSTHETIC GRAFT	38.52	3216.42			090	Y			3258.17		090	Y	
33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	38.99	3255.67			090	Y			3427.68		090	Y	
33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	41.63	3476.11			090	Y			3586.33		090	Y	
33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	12.22	1020.37			ZZZ	Y			1098.86		ZZZ	Y	
33770	RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT	65.37	5458.40			090	Y			5535.22		090	Y	
33771	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT	67.4	5627.90			090	Y			5769.85		090	Y	

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33774	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	52.68	4398.78			090	Y			4543.24		090	Y	
33775	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	56.79	4741.97			090	Y			4865.55		090	Y	
33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	60	5010.00			090	Y			5140.26		090	Y	
33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	58.13	4853.86			090	Y			4978.27		090	Y	
33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	72.3	6037.05			090	Y			5934.35		090	Y	
33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	71.91	6004.49			090	Y			6158.13		090	Y	
33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	69.43	5797.41			090	Y			6266.68		090	Y	
33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	71.58	5976.93			090	Y			6128.9		090	Y	
33782	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	94.65	7903.28			090	Y			8040.22		090	Y	
33783	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	107.95	9013.83			090	Y			8686.51		090	Y	
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	66.68	5567.78			090	Y			5737.29		090	Y	
33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	47	3924.50			090	Y			4082.32		090	Y	
33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	28.91	2413.99			090	Y			2302.1		090	Y	
33802	DIVISION ABERRANT VESSEL VASCULAR RING	31.71	2647.79			090	Y			2905.8		090	Y	
33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	33.67	2811.45			090	Y			2901.63		090	Y	
33813	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/O BYPASS	37.73	3150.46			090	Y			3209.74		090	Y	
33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	44.59	3723.27			090	Y			3849.35		090	Y	
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	28.36	2368.06			090	Y			2449.06		090	Y	
33822	RPR PATENT DUXUS ARTERIOSUS DIV UNDER 18 YR	31.14	2600.19			090	Y			2672.84		090	Y	
33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR & OLDER	34.5	2880.75			090	Y			2954.23		090	Y	
33840	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	36.25	3026.88			090	Y			3129.58		090	Y	
33845	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	39.03	3259.01			090	Y			3370.06		090	Y	
33851	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	37.22	3107.87			090	Y			3215.59		090	Y	
33852	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	40.93	3417.66			090	Y			3530.38		090	Y	
33853	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	53.66	4480.61			090	Y			4622.56		090	Y	
33860	ASCENDING AORTA GRF W/CARD BYP & VALVE SSP	93.56	7812.26			090	Y			8066.1		090	Y	
33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	91.77	7662.80			090	Y			7898.27		090	Y	
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	93.85	7836.48			090	Y			8066.94		090	Y	
33870	TRANSVERSE ARCH GRAFT W/CARDIOPULMONARY BYPASS	73.32	6122.22			090	Y			6324.29		090	Y	
33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	80.15	6692.53			090	Y			6899.61		090	Y	

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33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	106.38	8882.73			090	Y			9162.46		090	Y	
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	52.95	4421.33			090	Y			4560.77		090	Y	
33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	45.48	3797.58			090	Y			3915.32		090	Y	
33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	32.92	2748.82			090	Y			2835.66		090	Y	
33884	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	12.04	1005.34			ZZZ	Y			1033.73		ZZZ	Y	
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	28.42	2373.07			090	Y			2471.6		090	Y	
33889	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	23.22	1938.87			000	Y			2007.34		000	Y	
33891	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC	28.59	2387.27			000	Y			2469.1		000	Y	
33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	76.59	6395.27			090	Y			6634.91		090	Y	
33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	37.13	3100.36			090	Y			3436.86		090	Y	
33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	122.77	10251.30			090	Y			10539.37		090	Y	
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	42.64	3560.44			090	Y			3649.79		090	Y	
33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	55.63	4645.11			090	Y			4557.43		090	Y	
33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	40.65	3394.28			090	Y			3509.51		090	Y	
33924	LIG&TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	8.38	699.73			ZZZ	Y			709.75		ZZZ	Y	
33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	50.33	4202.56			090	Y			4288.56		090	Y	
33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	74.67	6234.95			090	Y			6079.64		090	Y	
33930	DONOR CARDIECTOMY-PNEUMONECTOMY	0	BR			XXX	N			BR		XXX	N	
33933	BKBENCH PREPJ CADAVER DONOR HEART/LUNG ALLOGRAFT	0	BR			XXX	Y			BR		XXX	Y	
33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	145.79	12173.47			090	Y			12534.19		090	Y	
33940	DONOR CARDIECTOMY	0	BR			XXX	N			BR		XXX	N	
33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	0	BR			XXX	Y			BR		XXX	Y	
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	141.55	11819.43			090	Y			12161.78		090	Y	
33946	ECMO/ECLS INITIATION VENO-VENOUS	8.91	743.99			XXX	N			750.67		XXX	N	
33947	ECMO/ECLS INITIATION VENO-ARTERIAL	9.85	822.48			XXX	N			829.16		XXX	N	
33948	ECMO/ECLS DAILY MANAGEMENT EACH DAY VENO-VENOUS	7.03	587.01			XXX	N			592.85		XXX	N	
33949	ECMO/ECLS DAILY MANAGEMENT EA DAY VENO-ARTERIAL	6.84	571.14			XXX	N			576.99		XXX	N	
33951	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS PERQ	12.16	1015.36			000	N			1077.15		000	N	
33952	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER PERQ	12.53	1046.26			000	N			1047.09		000	N	
33953	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS OPEN	13.58	1133.93			000	N			1201.57		000	N	

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33954	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER OPEN	14.01	1169.84			000	N			1169.84		000	N	
33955	ECMO/ECLS INSJ OF CENTRAL CANNULA BIRTH-5 YRS	24.39	2036.57			000	N			2169.33		000	N	
33956	ECMO/ECLS INSJ OF CENTRAL CANNULA 6 YRS & OLDER	24.45	2041.58			000	N			2052.43		000	N	
33957	ECMO/ECLS REPOS PERIPH CANNULA PERQ BIRTH-5 YRS	5.42	452.57			000	N			481.8		000	N	
33958	ECMO/ECLS REPOS PERPH CANNULA PRQ 6 YRS & OLDER	5.34	445.89			000	N			465.93		000	N	
33959	ECMO/ECLS REPOS PERPH CANNULA OPEN BIRTH-5 YRS	6.88	574.48			000	N			612.06		000	N	
33962	ECMO/ECLS REPOS PERPH CANNULA OPEN 6 YRS & OLDER	6.96	581.16			000	N			574.48		000	N	
33963	ECMO/ECLS REPOS CENTRAL PERPH CANNULA BIRTH-5YRS	13.76	1148.96			000	N			1222.44		000	N	
33964	ECMO/ECLS ECLS REPOS CENTRAL CNULA 6YRS & OLDER	14.33	1196.56			000	N			1251.67		000	N	
33965	ECMO/ECLS RMVL OF PERPH CANNULA PERQ BIRTH-5 YRS	5.42	452.57			000	N			481.8		000	N	
33966	ECMO/ECLS RMVL OF PRPH CANNULA PRQ 6 YRS & OLDER	6.87	573.65			000	N			578.66		000	N	
33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	7.56	631.26			000	N	2222.70		639.61		000	N	
33968	REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	0.98	81.83			000	N			83.5		000	N	
33969	ECMO/ECLS RMVL OF PERPH CANNULA OPEN BIRTH-5 YRS	8.01	668.84			000	N			709.75		000	N	
33970	INSJ INTRA-AORT BALO ASSIST DEV VIA FEM ART OPEN	10.35	864.23			000	Y			882.6		000	Y	
33971	RMVL I-AORT BALO ASST DEV W/RPR FEM ART W/WO GRF	20.67	1725.95			090	N			1791.08		090	N	
33973	INSJ I-AORT BALO ASSIST DEV VIA ASCENDING AORTA	15	1252.50			000	Y			1283.4		000	Y	
33974	RMVL ASCENDING-AORTA BALO DEV W/RPR ASCEND-AORTA	25.87	2160.15			090	N			2272.04		090	N	
33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	38.43	3208.91			XXX	Y			3304.93		XXX	Y	
33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	46.8	3907.80			XXX	Y			4016.35		XXX	Y	
33977	REMOVAL VENTR ASSIST DEVICE XTRCORP 1 VENTRICLE	32.97	2753.00			XXX	Y			2831.49		XXX	Y	
33978	REMOVAL VENTR ASSIST DEVICE XTRCORP BIVENTR	39	3256.50			XXX	Y			3381.75		XXX	Y	
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	57.05	4763.68			XXX	Y			4883.08		XXX	Y	
33980	RMVL VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	52.18	4357.03			XXX	Y			4475.6		XXX	Y	
33981	RPLCMT XTRCORP VAD 1/BIVENTR PUMP 1/EA PUMP	24.42	2039.07			XXX	Y			2105.87		XXX	Y	
33982	PLCMT VAD PMP IMPLTBL ICORP 1 VENTR W/O BYPASS	57.86	4831.31			XXX	Y			5169.49		XXX	Y	
33983	RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/BYPASS	67.69	5652.12			XXX	Y			5779.04		XXX	Y	
33984	ECMO/ECLS RMVL PRPH CANNULA OPEN 6 YRS & OLDER	8.33	695.56			000	N			696.39		000	N	
33985	ECMO/ECLS REMOVAL OF CENTRAL CANNULA BIRTH-5 YRS	15.11	1261.69			000	N			1336.84		000	N	
33986	ECMO/ECLS RMVL OF CENTRAL CANNULA 6 YRS & OLDER	15.46	1290.91			000	N			1270.04		000	N	

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33987	ARTERY EXPOS/GRAFT ARTERY PERFUSION ECMO/ECLS	6.08	507.68			ZZZ	N			509.35		ZZZ	N	
33988	INSERT LEFT HEART VENT BY THORACIC INC ECMO/ECLS	22.68	1893.78			000	N			1893.78		000	N	
33989	RMVL LEFT HEART VENT BY THORACIC INCIS ECMO/ECLS	14.67	1224.95			000	N			1204.07		000	N	
33990	INSJ PERQ VAD W/IMAGING ARTERY ACCESS ONLY	12.82	1070.47			XXX	Y	4883.50		1079.66		XXX	Y	
33991	INSJ PERQ VAD TRNSPTAL W/IMAGE ART&VENOUS ACCESS	18.67	1558.95			XXX	Y			1573.14		XXX	Y	
33992	REMOVAL PERCUTANEOUS VAD DIFFERENT SESSION	6.05	505.18			XXX	Y			513.53		XXX	Y	
33993	REPOSITION VAD W/IMAGING DIFFERENT SESSION	5.31	443.39			XXX	Y			450.9		XXX	Y	
33999	UNLISTED CARDIAC SURGERY	0	BR			YYY	Y	687.66		BR		YYY	Y	532.02
34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	28.71	2397.29			090	Y			2472.44		090	Y	
34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	28.9	2413.15			090	Y			2520.87		090	Y	
34101	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	17.78	1484.63			090	Y	5405.28		1540.58		090	Y	3999.56
34111	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	17.72	1479.62			090	Y	5405.28		1541.41		090	Y	3999.56
34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	41.36	3453.56			090	Y			3582.15		090	Y	
34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	30.5	2546.75			090	Y	5405.28		2646.12		090	Y	3999.56
34203	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	28.27	2360.55			090	Y	5405.28		2454.9		090	Y	3999.56
34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	42.64	3560.44			090	Y			3671.5		090	Y	
34421	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	21.57	1801.10			090	Y	3200.67		1866.23		090	Y	3999.56
34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL&LEG	42.68	3563.78			090	Y			4177.51		090	Y	
34471	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	31.93	2666.16			090	N	3200.67		2729.62		090	N	3999.56
34490	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	17.99	1502.17			090	N	3200.67		1581.49		090	N	3999.56
34501	VALVULOPLASTY FEMORAL VEIN	28.77	2402.30			090	Y	5405.28		2302.1		090	Y	3999.56
34502	RECONSTRUCTION VENA CAVA ANY METHOD	45.02	3759.17			090	Y			3861.88		090	Y	
34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	34.93	2916.66			090	Y	5405.28		2962.58		090	Y	3999.56
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM	29.64	2474.94			090	Y	5405.28		2543.41		090	Y	3999.56
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	32.12	2682.02			090	Y	3200.67		2380.59		090	Y	3999.56
34800	EVASC RPR AAA W/AORTO-AORTIC TUBE PROSTH	33.4	2788.90			090	Y			2855.7		090	Y	
34802	EVASC RPR AAA W/MDLR BFRC PROSTH 1 LIMB	36.85	3076.98			090	Y			3162.15		090	Y	
34803	EVASC RPR AAA W/MDLR BFRC PROSTH 2 LIMBS	38.08	3179.68			090	Y			3265.69		090	Y	
34804	EVASC RPR AAA W/UNIBDY BFRC PROSTH	36.8	3072.80			090	Y			3163.82		090	Y	
34805	EVASC RPR AAA AORTO-UNIILIAC/AORTO-UNIFEM PROSTH	35.26	2944.21			090	Y			3030.22		090	Y	

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34806	TCAT PLACEMENT PHYSIOLOGIC SENSOR ANEURYSMAL SAC	2.96	247.16			ZZZ	Y			258.02		ZZZ	Y	
34808	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	6.12	511.02			ZZZ	Y			521.88		ZZZ	Y	
34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	9.97	832.50			000	Y			855.04		000	Y	
34813	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	7	584.50			ZZZ	Y			602.87		ZZZ	Y	
34820	ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	14.53	1213.26			000	Y			1241.65		000	Y	
34825	PLMT XTN PROSTH EVASC RPR ARYSM/DSJ 1ST VSL	20.55	1715.93			090	Y	2681.00		1775.21		090	Y	
34826	PLMT XTN PROSTH EVASC RPR ARYSM/DSJ EA VSL	6.07	506.85			ZZZ	Y			517.7		ZZZ	Y	
34830	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	52.19	4357.87			090	Y			4523.2		090	Y	
34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	56.23	4695.21			090	Y			4863.04		090	Y	
34832	OPN RPR ARYSM RPR ARTL TRMA AORTO-BIFEM PROSTH	55.85	4663.48			090	Y			4863.04		090	Y	
34833	ILIAC ART EXPOS W/CRTJ CONDUIT UNI	17.99	1502.17			000	Y			1547.26		000	Y	
34834	BRACH ART EXPOS DPLMNT AORTIC/ILIAC PROSTH UNI	8.06	673.01			000	Y			698.9		000	Y	
34839	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	0	BR			YYY	N			BR		YYY	N	
34841	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	0	BR			YYY	Y			0		YYY	N	
34842	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	0	BR			YYY	Y			0		YYY	N	
34843	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	0	BR			YYY	Y			0		YYY	N	
34844	ENDOVASC VISCER AORTA REPR FENEST 4+ ENDOGRAFT	0	BR			YYY	Y			0		YYY	N	
34845	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	0	BR			YYY	Y			0		YYY	N	
34846	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	0	BR			YYY	Y			0		YYY	N	
34847	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	0	BR			YYY	Y			0		YYY	N	
34848	VISCER AND INFRARENAL ABDOM AORTA 4+ PROSTHESIS	0	BR			YYY	Y			0		YYY	N	
34900	EVASC RPR ILIAC ART ILIO-ILIAC PROSTHESIS	26.48	2211.08			090	Y			2267.86		090	Y	
35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	33.12	2765.52			090	Y			2904.97		090	Y	
35002	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	33.61	2806.44			090	Y			2874.07		090	Y	
35005	DIR RPR ANEURYSM VERTEBRAL ARTERY	31.91	2664.49			090	Y			2930.02		090	Y	
35011	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	29.65	2475.78			090	Y	3200.67		2550.09		090	Y	3446.22
35013	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	37.07	3095.35			090	Y			3190.54		090	Y	
35021	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	36.77	3070.30			090	Y			3172.17		090	Y	
35022	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	40.95	3419.33			090	Y			3624.74		090	Y	
35045	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	29.33	2449.06			090	Y	3200.67		2520.87		090	Y	2772.73

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35081	DIR RPR ANEURYSM ABDOMINAL AORTA	51.7	4316.95			090	Y			4488.13		090	Y	
35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	64.95	5423.33			090	Y			5590.33		090	Y	
35091	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	53.09	4433.02			090	Y			4579.14		090	Y	
35092	DIR RPR RUPTD ANEURSM ABDOM AORTA W/VISCERA VSLS	76.91	6421.99			090	Y			6649.94		090	Y	
35102	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	55.97	4673.50			090	Y			4848.01		090	Y	
35103	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS	66.49	5551.92			090	Y			5737.29		090	Y	
35111	DIR RPR ANEURYSM SPLENIC ARTERY	44.91	3749.99			090	Y			3358.37		090	Y	
35112	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	54.17	4523.20			090	Y			4677.67		090	Y	
35121	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	48.61	4058.94			090	Y			4200.05		090	Y	
35122	DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	63.18	5275.53			090	Y			5392.43		090	Y	
35131	DIR RPR ANEURYSM & GRAFT ILIAC ARTERY	41.09	3431.02			090	Y			3548.75		090	Y	
35132	DIR RPR RUPTD ANEURYSM & GRAFT ILIAC ARTERY	48.27	4030.55			090	Y			4170.83		090	Y	
35141	DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY	32.76	2735.46			090	Y			2845.68		090	Y	
35142	DIR RPR RUPTD ANEURYSM & GRF COMMON FEMORAL ART	39.16	3269.86			090	Y			3394.28		090	Y	
35151	DIR RPR ANEURYSM & GRAFT POPLITEAL ARTERY	36.79	3071.97			090	Y			3191.37		090	Y	
35152	DIR RPR RUPTD ANEURYSM & GRF POPLITEAL ARTERY	41.45	3461.08			090	Y			3588.83		090	Y	
35180	REPAIR CONGENITAL AV FISTULA HEAD & NECK	27.33	2282.06			090	Y	3200.67		2322.97		090	Y	2772.73
35182	RPR CONGENITAL AV FISTULA THORAX & ABDOMEN	52.3	4367.05			090	Y			4406.3		090	Y	
35184	RPR CONGENITAL AV FISTULA EXTREMITIES	30.79	2570.97			090	Y	5405.28		2666.16		090	Y	2772.73
35188	RPR/TRAUMATIC AV FISTULA HEAD & NECK	33.81	2823.14			090	Y	3200.67		2325.48		090	Y	3999.56
35189	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	45.31	3783.39			090	Y			3907.8		090	Y	
35190	RPR/TRAUMATIC AV FISTULA EXTREMITIES	22.45	1874.58			090	Y	3200.67		1937.2		090	Y	2772.73
35201	REPAIR BLOOD VESSEL DIRECT NECK	27.96	2334.66			090	Y	3200.67		2401.46		090	Y	2772.73
35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	22.86	1908.81			090	Y	3200.67		1979.79		090	Y	2772.73
35207	REPAIR BLOOD VESSEL DIRECT HAND FINGER	21.86	1825.31			090	N	3200.67		1872.91		090	N	3999.56
35211	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/BYPASS	40.26	3361.71			090	Y			3473.6		090	Y	
35216	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	59.92	5003.32			090	Y			5140.26		090	Y	
35221	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	42.76	3570.46			090	Y			3647.28		090	Y	
35226	RPR BLOOD VESSEL DIRECT LOWER EXTREMITY	24.59	2053.27			090	Y	684.54		2137.6		090	Y	752.91
35231	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	35.71	2981.79			090	Y	3200.67		3039.4		090	Y	2772.73

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35236	REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY	28.92	2414.82			090	Y	5405.28		2510.01		090	Y	2772.73
35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	40.31	3365.89			090	Y			3635.59		090	Y	
35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	46.08	3847.68			090	Y			3669.83		090	Y	
35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	50.07	4180.85			090	Y			4296.08		090	Y	
35256	REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY	30.11	2514.19			090	Y	5405.28		2607.71		090	Y	2772.73
35261	REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK	31.25	2609.38			090	Y	3200.67		2676.18		090	Y	3446.22
35266	RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY	25.73	2148.46			090	Y	5405.28		2195.22		090	Y	3446.22
35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	40.1	3348.35			090	Y			3501.16		090	Y	
35276	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	42.57	3554.60			090	Y			3669.83		090	Y	
35281	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	47.72	3984.62			090	Y			4139.1		090	Y	
35286	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY	27.66	2309.61			090	Y	5405.28		2388.1		090	Y	3446.22
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	33.5	2797.25			090	Y	6722.91		2690.37		090	Y	
35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	33.33	2783.06			090	Y			2893.28		090	Y	
35303	TEAEC W/GRAFT POPLITEAL ARTERY	36.89	3080.32			090	Y			3193.04		090	Y	
35304	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	38.03	3175.51			090	Y			3289.07		090	Y	
35305	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	36.42	3041.07			090	Y			3161.31		090	Y	
35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	13.55	1131.43			ZZZ	Y			1141.45		ZZZ	Y	
35311	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	43.08	3597.18			090	Y			3914.48		090	Y	
35321	TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL	26.34	2199.39			090	Y	5405.28		2277.88		090	Y	2772.73
35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	42.91	3582.99			090	Y			3734.96		090	Y	
35341	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	40.47	3379.25			090	Y			3525.37		090	Y	
35351	TEAEC W/WO PATCH GRAFT ILIAC	37.92	3166.32			090	Y			3283.22		090	Y	
35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	30.69	2562.62			090	Y			2657.81		090	Y	
35361	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	45.52	3800.92			090	Y			3908.64		090	Y	
35363	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	51.7	4316.95			090	Y			4397.95		090	Y	
35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	24.27	2026.55			090	Y			2106.71		090	Y	
35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	29.08	2428.18			090	Y			2516.69		090	Y	
35390	ROPRTJ CRTD TEAEC > 1 MO AFTER ORIGINAL OPRATIO	4.71	393.29			ZZZ	Y			405.81		ZZZ	Y	
35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	4.41	368.24			ZZZ	N			379.09		ZZZ	N	
35450	TRLUML BALOON ANGIOPL OPN RENAL/OTH VISCERAL ART	14.95	1248.33			000	Y			1299.26		000	Y	

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35452	TRLUML BALLOON ANGIOPLASTY OPEN AORTIC	10.08	841.68			000	Y			910.15		000	Y	
35458	TRLUML BALO ANGIOP OPN BRCH/CPHLC TRNK/BRNCH EA	14.56	1215.76			000	Y	9184.30	J1	1247.49		000	Y	5190.09
35460	TRLUML BALLOON ANGIOPLASTY OPEN VENOUS	9.27	774.05			000	N	9184.30	J1	798.26		000	N	5190.09
35471	TRLUML BALLOON ANGIOP PRQ RENAL/VISCERAL ART	72.86	6083.81			000	N	9184.30	J1	6523.02		000	N	5190.09
35472	TRLUML BALLOON ANGIOPLASTY PERCUTANEOUS AORTIC	52.48	4382.08			000	N	9184.30	J1	4929.01		000	N	5190.09
35475	TRLUML BALO ANGIOP PRQ BRCH/CPHLC TRNK/BRNCH EA	44.43	3709.91			000	N	9184.30	J1	4019.69		000	N	5190.09
35476	TRLUML BALLOON ANGIOPLASTY PERCUTANEOUS VENOUS	40.73	3400.96			000	N	9184.30	J1	3709.07		000	N	5190.09
35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	9.43	787.41			ZZZ	Y			816.63		ZZZ	Y	1491.99
35501	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	44.22	3692.37			090	Y			3861.04		090	Y	
35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	37.77	3153.80			090	Y			3431.85		090	Y	
35508	BYPASS W/VEIN CAROTID-VERTEBRAL	40.15	3352.53			090	Y			3444.38		090	Y	
35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	41.77	3487.80			090	Y			3633.09		090	Y	
35510	BYPASS W/VEIN CAROTID-BRACHIAL	36.46	3044.41			090	Y			3160.48		090	Y	
35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	33.21	2773.04			090	Y			3269.03		090	Y	
35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	36.13	3016.86			090	Y			3100.36		090	Y	
35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	42.41	3541.24			090	Y			3416.82		090	Y	
35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	36.17	3020.20			090	Y			3135.43		090	Y	
35518	BYPASS W/VEIN AXILLARY-AXILLARY	34.35	2868.23			090	Y			3329.15		090	Y	
35521	BYPASS W/VEIN AXILLARY-FEMORAL	36.6	3056.10			090	Y			3593.01		090	Y	
35522	BYPASS W/VEIN AXILLARY-BRACHIAL	35.79	2988.47			090	Y			3183.02		090	Y	
35523	BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	37.98	3171.33			090	Y			3272.37		090	Y	
35525	BYPASS W/VEIN BRACHIAL-BRACHIAL	33.89	2829.82			090	Y			2922.5		090	Y	
35526	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	50.16	4188.36			090	Y			4401.29		090	Y	
35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	59.89	5000.82			090	Y			5173.66		090	Y	
35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	44.35	3703.23			090	Y			3867.72		090	Y	
35535	BYPASS W/VEIN HEPATORENAL	56.75	4738.63			090	Y			4355.36		090	Y	
35536	BYPASS W/VEIN SPLENORENAL	50.07	4180.85			090	Y			5151.95		090	Y	
35537	BYPASS W/VEIN AORTOILIAC	64.88	5417.48			090	Y			5350.68		090	Y	
35538	BYPASS W/VEIN AORTOBI-ILIAC	69.52	5804.92			090	Y			5989.46		090	Y	
35539	BYPASS W/VEIN AORTOFEMORAL	65	5427.50			090	Y			5627.07		090	Y	

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35540	BYPASS W/VEIN AORTOBIFEMORAL	72.68	6068.78			090	N			6563.94		090	N	
35556	BYPASS W/VEIN FEMORAL-POPLITEAL	41.55	3469.43			090	Y			3603.86		090	Y	
35558	BYPASS W/VEIN FEMORAL-FEMORAL	36.54	3051.09			090	Y			3181.35		090	Y	
35560	BYPASS W/VEIN AORTORENAL	50.86	4246.81			090	Y			4375.4		090	Y	
35563	BYPASS W/VEIN ILIOILIAC	39.41	3290.74			090	Y			3398.45		090	Y	
35565	BYPASS W/VEIN ILIOFEMORAL	39.25	3277.38			090	Y			3380.08		090	Y	
35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	49.59	4140.77			090	Y			4296.91		090	Y	
35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	45.08	3764.18			090	Y			3491.97		090	Y	
35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	39.46	3294.91			090	Y			3412.65		090	Y	
35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	10.22	853.37			ZZZ	Y			878.42		ZZZ	Y	
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	42.94	3585.49			090	Y			3706.57		090	Y	
35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	49.83	4160.81			090	Y			4309.44		090	Y	
35587	IN-SITU VEIN BYP POP-TIBL PRONEAL	40.5	3381.75			090	Y			3507		090	Y	
35600	HARVEST UPPER EXTREMITY ARTERY 1 SEGMENT CABG	7.45	622.08			ZZZ	Y			644.62		ZZZ	Y	
35601	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	41.58	3471.93			090	Y			3621.4		090	Y	
35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	34.8	2905.80			090	Y			3020.2		090	Y	
35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	31.8	2655.30			090	Y			2687.03		090	Y	
35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	32.69	2729.62			090	Y			2788.07		090	Y	
35621	BYP OTH/THN VEIN AXILLARY-FEMORAL	32.59	2721.27			090	Y			2823.14		090	Y	
35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	38.96	3253.16			090	Y			3373.4		090	Y	
35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	46.45	3878.58			090	Y			4004.66		090	Y	
35631	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	54.86	4580.81			090	Y			4726.1		090	Y	
35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	53.45	4463.08			090	Y			4136.59		090	Y	
35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	59.42	4961.57			090	Y			4609.2		090	Y	
35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	52.36	4372.06			090	Y			4048.08		090	Y	
35636	BYP OTH/THN VEIN SPLENORENAL	47.48	3964.58			090	Y			4094.01		090	Y	
35637	BYP OTH/THN VEIN AORTOILIAC	51.15	4271.03			090	Y			4443.04		090	Y	
35638	BYP OTH/THN VEIN AORTOBI-ILIAC	52.26	4363.71			090	Y			4525.7		090	Y	
35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL	29.22	2439.87			090	Y			2540.07		090	Y	
35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	30.1	2513.35			090	Y			2806.44		090	Y	

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35646	BYP OTH/THN VEIN AORTOBIFEMORAL	50.92	4251.82			090	Y			4402.96		090	Y	
35647	BYP OTH/THN VEIN AORTOFEMORAL	46.16	3854.36			090	Y			3997.98		090	Y	
35650	BYP OTH/THN VEIN AXILLARY-AXILLARY	32	2672.00			090	Y			2730.45		090	Y	
35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	40.64	3393.44			090	Y			3503.66		090	Y	
35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	32.18	2687.03			090	Y			2784.73		090	Y	
35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	32.19	2687.87			090	Y			2794.75		090	Y	
35663	BYP OTH/THN VEIN ILIOILIAC	37.23	3108.71			090	Y			3234.79		090	Y	
35665	BYP OTH/THN VEIN ILIOFEMORAL	34.8	2905.80			090	Y			3019.36		090	Y	
35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	37.6	3139.60			090	Y			3271.53		090	Y	
35671	BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART	33.15	2768.03			090	Y			2890.77		090	Y	
35681	BYPASS COMPOSITE GRAFT PROSTHETIC & VEIN	2.37	197.90			ZZZ	Y			203.74		ZZZ	Y	
35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	10.47	874.25			ZZZ	N			900.13		ZZZ	N	
35683	BYP AUTOG COMPOSIT 3/> SEG FROM 2/> LOCATION	12.21	1019.54			ZZZ	N			1046.26		ZZZ	N	
35685	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	5.89	491.82			ZZZ	Y			509.35		ZZZ	Y	2772.73
35686	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	4.78	399.13			ZZZ	Y			420.84		ZZZ	Y	2772.73
35691	TRPOS&/RIMPLTJ VERTEBRAL CAROTID ART	28.42	2373.07			090	Y			2430.69		090	Y	
35693	TRPOS&/RIMPLTJ VERTEBRAL SUBCLAVIAN ART	24.14	2015.69			090	Y			2152.63		090	Y	
35694	TRPOS&/RIMPLTJ SUBCLAVIAN CAROTID ART	29.31	2447.39			090	Y			2537.57		090	Y	
35695	TRPOS&/RIMPLTJ CAROTID SUBCLAVIAN ART	31.1	2596.85			090	Y			2634.43		090	Y	
35697	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	4.37	364.90			ZZZ	Y			377.42		ZZZ	Y	
35700	ROPRTJ > 1 MO AFTER ORIGINAL OPRATION	4.53	378.26			ZZZ	Y			390.78		ZZZ	Y	
35701	EXPL N/FLWD SURG RPR W/WO LYSIS CAROTID ARTERY	16.65	1390.28			090	Y			1442.05		090	Y	
35721	EXPL N/FLWD SURG RPR W/WO LYSIS FEMORAL ARTERY	13.46	1123.91			090	Y			1163.99		090	Y	
35741	EXPL N/FLWD SURG RPR W/WO LYSIS POPLITEAL ARTERY	15.21	1270.04			090	Y			1309.28		090	Y	
35761	EXPL N/FLWD SURG RPR W/WO LYSIS OTHER ARTERY	11.45	956.08			090	Y	3200.67		993.65		090	Y	2772.73
35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	20.93	1747.66			090	Y	6009.11		1814.46		090	Y	
35820	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	58.62	4894.77			090	Y			5051.75		090	Y	
35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	34.74	2900.79			090	Y	3936.28		2973.44		090	Y	
35860	EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	24.84	2074.14			090	Y	3200.67		2150.13		090	Y	2772.73
35870	RPR GRF-ENTERIC FSTL	36.83	3075.31			090	Y			3198.05		090	Y	

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35875	THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	17.62	1471.27			090	N	5405.28		1533.06		090	N	3999.56
35876	THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	28.01	2338.84			090	Y	5405.28		2431.52		090	Y	3999.56
35879	REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	27.37	2285.40			090	Y	5405.28		2384.76		090	Y	3999.56
35881	REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	30.26	2526.71			090	Y	5405.28		2629.42		090	Y	3999.56
35883	REVISION FEMORAL ANAST OPEN NONAUTOG GRAFT	35.85	2993.48			090	Y	5405.28		3107.04		090	Y	3999.56
35884	REVISION FEMORAL ANAST OPEN W/AUTOG GRAFT	36.7	3064.45			090	Y	5405.28		3186.36		090	Y	3999.56
35901	EXCISION INFECTED NECK GRAFT	13.99	1168.17			090	Y			1283.4		090	Y	
35903	EXCISION INFECTED GRAFT EXTREMITY	16.71	1395.29			090	Y	3200.67		1461.25		090	Y	2772.73
35905	EXCISION INFECTED GRAFT THORAX	49.88	4164.98			090	Y			4312.78		090	Y	
35907	EXCISION INFECTED GRAFT ABDOMEN	56.67	4731.95			090	Y			4901.45		090	Y	
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	0.73	60.96			XXX	N			65.13		XXX	N	
36002	INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	4.64	387.44			000	N	593.61		406.65		000	N	199.63
36005	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	9.23	770.71			000	N			828.32		000	N	
36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	14.3	1194.05			XXX	N			1285.9		XXX	N	
36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	23.76	1983.96			XXX	N			2168.5		XXX	N	
36012	SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	24.54	2049.09			XXX	N			2221.94		XXX	N	
36013	INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	22.37	1867.90			XXX	N			2088.34		XXX	N	
36014	SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	23.1	1928.85			XXX	N			2090.84		XXX	N	
36015	SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	24.76	2067.46			XXX	N			2249.49		XXX	N	
36100	INTRO NEEDLE/INTRACATH CAROTID/VERTEBRAL ARTERY	14.29	1193.22			XXX	N			1320.97		XXX	N	
36120	INTRO NEEDLE/INTRACATH RETROGRADE BRACHIAL ART	12.07	1007.85			XXX	N			1119.74		XXX	N	
36140	INTRO NEEDLE/INTRACATH EXTREMITY ARTERY	12.48	1042.08			XXX	N			1137.27		XXX	N	
36147	INTRO NDL/CATH AV SHUNT IST ACCESS W/ RAD EVAL	23.9	1995.65			XXX	Y	1228.40		2169.33		XXX	Y	923.72
36148	INTRO NDL/CATH AV SHUNT ADDL ACCESS THER IVNTJ	7.47	623.75			ZZZ	Y			676.35		ZZZ	Y	
36160	INTRO NEEDLE/INTRACATH AORTIC TRANSLUMBAR	14.07	1174.85			XXX	N			1315.96		XXX	N	
36200	INTRODUCTION CATHETER AORTA	17.78	1484.63			000	N			1629.09		000	N	
36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	32.05	2676.18			XXX	N			2835.66		XXX	N	
36216	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	33.99	2838.17			XXX	N			3159.64		XXX	N	
36217	SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	55.94	4670.99			XXX	N			5436.69		XXX	N	
36218	SLCTV CATHJ EA 2ND+ ORD THRC/BRCH/CPHLC BRNCH	5.49	458.42			ZZZ	N			502.67		ZZZ	N	

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36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	31.28	2611.88			000	N	3872.19		2861.55		000	N	2863.77
36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	37.51	3132.09			000	N	3872.19		3543.74		000	N	2863.77
36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	43.87	3663.15			000	N	5405.28		3876.91		000	N	2863.77
36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	51.69	4316.12			000	N	5405.28		4210.91		000	N	4683.54
36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	42.88	3580.48			000	N	3872.19		3848.52		000	N	2863.77
36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	52.47	4381.25			000	N	5405.28		4292.74		000	N	4683.54
36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	7.19	600.37			ZZZ	N			617.9		ZZZ	N	
36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	34.67	2894.95			ZZZ	N			2946.72		ZZZ	N	
36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	39.04	3259.84			XXX	N			2555.1		XXX	N	
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	25.42	2122.57			000	N			2293.75		000	N	
36247	SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	45	3757.50			000	N			4095.68		000	N	
36248	SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	4.37	364.90			ZZZ	N			391.62		ZZZ	N	
36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	40.62	3391.77			000	N	3872.19		3732.45		000	N	2863.77
36252	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	44.07	3679.85			000	N	3872.19		4081.48		000	N	2863.77
36253	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	64.61	5394.94			000	N	3872.19		5691.36		000	N	2863.77
36254	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	62.81	5244.64			000	N	3872.19		5910.13		000	N	2863.77
36260	INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUM	18.22	1521.37			090	N	3200.67		1606.54		090	N	2874.31
36261	REVJ IMPLANTED INTRA-ARTERIAL INFUSION PUMP	11.6	968.60			090	Y	3545.84		1011.19		090	Y	2171.38
36262	REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP	8.86	739.81			090	N	3545.84		769.04		090	N	2171.38
36299	UNLISTED PROCEDURE VASCULAR INJECTION	0	BR			YYY	N			BR		YYY	N	
36400	VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN	0.85	70.98			XXX	N			72.65		XXX	N	
36405	VNPNXR <3 YEARS PHYS/QHP SKILL SCALP VEIN	0.75	62.63			XXX	N			65.97		XXX	N	
36406	VNPNXR <3 YEARS PHYS/QHP SKILL OTHER VEIN	0.47	39.25			XXX	N			49.27		XXX	N	
36410	VNPNXR 3 YEARS/> PHYS/QHP SKILL	0.48	40.08			XXX	N			42.59		XXX	N	
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	0.08	6.68			XXX	N			7.52		XXX	N	
36416	COLLECTION CAPILLARY BLOOD SPECIMEN	0.08	6.68			XXX	N			7.52		XXX	N	
36420	VENIPUNCTURE CUTDOWN UNDER AGE 1 YR	1.51	126.09			XXX	N	79.66		128.59		XXX	N	30.23
36425	VENIPUNCTURE CUTDOWN AGE 1 YR/>	1.15	96.03			XXX	N	129.85		98.53		XXX	N	30.23
36430	TRANSFUSION BLOOD/BLOOD COMPONENTS	0.98	81.83			XXX	N	497.25		85.17		XXX	N	335.98
36440	PUSH TRANSFUSION BLOOD 2 YR/UNDER	1.65	137.78			XXX	N	497.25		145.29		XXX	N	335.98

MEDICAL DATA														
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36450	EXCHNG TRANSFUSION BLOOD NEWBORN	3.37	281.40			XXX	N	497.25		263.03		XXX	N	335.98
36455	EXCHNG TRANSFUSION BLOOD OTHER/THAN NEW BORN	3.65	304.78			XXX	N	497.25		278.06		XXX	N	335.98
36460	TRANSFUSION INTRAUTERINE FETAL	9.95	830.83			XXX	Y	497.25		900.97		XXX	Y	335.98
36468	1/MLT NJXS SCLRSG SLNS SPIDER VEINS LIMB/TRUNK	0	BR			000	N	167.81		BR		000	N	92.29
36470	NJX SCLEROSING SOLUTION SINGLE VEIN	4.27	356.55			010	N	321.24		390.78		010	N	137.98
36471	NJX SCLEROSING SOLUTION MULTIPLE VEINS SAME LEG	4.99	416.67			010	N	321.24		445.06		010	N	137.98
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	43.8	3657.30			000	N	3200.67		4448.05		000	N	3902.06
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	8.51	710.59			ZZZ	N			988.64		ZZZ	N	2526.85
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	34.39	2871.57			000	N	3200.67		3483.62		000	N	2526.85
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	8.83	737.31			ZZZ	N			1003.67		ZZZ	N	2526.85
36481	PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	58.05	4847.18			000	N			5378.24		000	N	
36500	VEN CATHJ SLCTV ORGAN BLD SAMPLING	5.3	442.55			000	N			443.39		000	N	
36510	CATHJ UMBILICAL VEIN DX/THER NB	2.58	215.43			000	N			239.65		000	N	
36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS	2.69	224.62			000	N	1492.23		237.14		000	N	1226.42
36512	THERAPEUTIC APHERESIS RED BLOOD CELLS	2.71	226.29			000	N	1492.23		228.79		000	N	1226.42
36513	THERAPEUTIC APHERESIS PLATELETS	2.8	233.80			000	N	1492.23		243.82		000	N	1226.42
36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	15.32	1279.22			000	N	1492.23		1354.37		000	N	1226.42
36515	THER APHERESIS W/XTRCORP IMMUNODSPTJ& PLSM RENFJ	58.73	4903.96			000	N	4294.09		5477.6		000	N	3726.68
36516	THER APHRS XTRCORP SLCTV ADSRPJ/FILTRJ & REINFSJ	59.17	4940.70			000	N	4294.09		5342.33		000	N	3726.68
36522	PHOTOPHERESIS EXTRACORPOREAL	39.78	3321.63			000	N	4294.09		3574.64		000	N	3726.68
36555	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y	7.33	612.06			000	N	1228.40		650.47		000	N	1014.12
36556	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	6.66	556.11			000	N	1228.40		591.18		000	N	1014.12
36557	INSERT TUNNELED CVC W/O SUBQ PORT/PMP AGE <5 YR	28.75	2400.63			010	N	3200.67		1978.12		010	N	2262.94
36558	INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	22.32	1863.72			010	N	3200.67		2010.68		010	N	2262.94
36560	INSJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR	38.36	3203.06			010	N	3200.67		3543.74		010	N	2874.31
36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	33.53	2799.76			010	N	3200.67		3073.64		010	N	2874.31
36563	INSJ TUNNELED CTR VAD W/SUBQ PUMP	37.91	3165.49			010	N	5405.28		3497.82		010	N	2874.31
36565	INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUBQ PORT/PMP	27.79	2320.47			010	N	3200.67		2591.01		010	N	2874.31
36566	INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ PORT	155.12	12952.52			010	N	5405.28		14468.88		010	N	2874.31
36568	INSJ PRPH CVC W/O SUBQ PORT/PMP UNDER 5 YR	8.58	716.43			000	N	1228.40		739.81		000	N	1014.12

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36569	INSJ PRPH CVC W/O SUBQ PORT/PMP AGE 5 YR/>	7.13	595.36			000	N	1228.40		621.24		000	N	1014.12
36570	INSJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR	33	2755.50			010	N	3200.67		3048.59		010	N	2262.94
36571	INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	37.18	3104.53			010	N	3200.67		3380.08		010	N	2262.94
36575	RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	4.75	396.63			000	N	687.66		434.2		000	N	567.16
36576	RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT	11.11	927.69			010	N	1228.40		986.97		010	N	1014.12
36578	RPLCMT CATH CTR VAD SUBQ PORT/PMP	14.83	1238.31			010	N	3200.67		1337.67		010	N	2262.94
36580	RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP	6.13	511.86			000	N	1228.40		546.09		000	N	1014.12
36581	RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	21.93	1831.16			010	N	3200.67		1972.27		010	N	2262.94
36582	RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	31.41	2622.74			010	N	3200.67		2859.88		010	N	2874.31
36583	RPLCMT COMPL TUN CTR VAD W/SUBQ PMP	38.97	3254.00			010	N	5405.28		3591.34		010	N	2874.31
36584	RPLCMT COMPL PRPH CVC W/O SUBQ PORT/PMP	5.84	487.64			000	N	1228.40		511.86		000	N	1014.12
36585	RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	32.83	2741.31			010	N	3200.67		3127.08		010	N	2262.94
36589	RMVL TUN CVC W/O SUBQ PORT/PMP	4.73	394.96			010	N	687.66		417.5		010	N	567.16
36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	8.41	702.24			010	N	1228.40		744.82		010	N	1014.12
36591	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	0.66	55.11			XXX	N	129.85		58.45		XXX	N	63.38
36592	COLLECT BLOOD FROM CATHETER VENOUS NOS	0.74	61.79			XXX	N	129.85		67.64		XXX	N	63.38
36593	DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	0.88	73.48			XXX	N	284.56		77.66		XXX	N	222.75
36595	MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS	16.7	1394.45			000	N	3200.67		1441.21		000	N	2262.94
36596	MCHNL RMVL INTRAL OBSTR CV DEV THRU DEV LUMEN	3.8	317.30			000	N	1228.40		341.52		000	N	1014.12
36597	RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	3.63	303.11			000	N	1228.40		314.8		000	N	1014.12
36598	CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPRT	3.15	263.03			000	N	284.56		276.39		000	N	222.75
36600	ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	0.9	75.15			XXX	N	129.85		78.49		XXX	N	30.23
36620	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX PRQ	1.47	122.75			000	N			124.42		000	N	
36625	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX CUTDOWN	3.02	252.17			000	N			262.19		000	N	
36640	ARTL CATHJ PROLNG NFS THER CHEMOTX CUTDOWN	3.42	285.57			000	N	3200.67		326.49		000	N	2874.31
36660	CATHETERIZATION UMBILICAL NEWBORN ART DX/THERAPY	1.85	154.48			000	N			182.03		000	N	
36680	PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	1.69	141.12			000	N	129.85		146.96		000	N	158.18
36800	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	3.59	299.77			000	N	3200.67		412.49		000	N	3457.08
36810	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	6.3	526.05			000	N	5405.28		535.24		000	N	3457.08
36815	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	4.27	356.55			000	N	3200.67		375.75		000	N	3457.08

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36818	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	20.5	1711.75			090	Y	3200.67		1707.58		090	Y	3999.56
36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	21.67	1809.45			090	Y	5405.28		1875.41		090	Y	3999.56
36820	ARVEN ANAST OPN F/ARM VEIN TRPOS	21.61	1804.44			090	Y	3200.67		2052.43		090	Y	3999.56
36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	19.64	1639.94			090	Y	3200.67		1766.03		090	Y	3999.56
36823	INSJ CNULA ISLTD XC-CIRCJ REG CHEMOTX XTR RMVL	39.2	3273.20			090	N			3341.67		090	N	
36825	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	23.68	1977.28			090	Y	5405.28		2024.88		090	Y	3999.56
36830	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	19.76	1649.96			090	Y	5405.28		1668.33		090	Y	3999.56
36831	THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	18.26	1524.71			090	Y	3200.67		1158.98		090	Y	3999.56
36832	REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF	22.41	1871.24			090	Y	5405.28		1472.11		090	Y	3999.56
36833	REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	24.03	2006.51			090	Y	5405.28		1664.16		090	Y	3999.56
36835	INSERTION THOMAS SHUNT SEPARATE PROCEDURE	14.44	1205.74			090	N	3200.67		1073.81		090	N	3457.08
36838	DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	33.84	2825.64			090	Y	5405.28		2927.51		090	Y	3999.56
36860	XTRNL CANNULA DECLTNG SPX W/O BALO CATH	5.94	495.99			000	N	1228.40		525.22		000	N	222.75
36861	XTRNL CANNULA DECLTNG SPX W/BALO CATH	3.85	321.48			000	N	5405.28		399.13		000	N	3457.08
36870	THRMBC PRQ ARVEN FSTL AUTOG/NONAUTOG GRF	52.33	4369.56			090	N	9184.30	J1	4781.21		090	N	3446.22
37140	VENOUS ANASTOMOSIS OPEN PORTOCAVAL	66.79	5576.97			090	N			5693.03		090	N	
37145	VENOUS ANASTOMOSIS OPEN RENOPORTAL	62.52	5220.42			090	Y			5296.41		090	Y	
37160	VENOUS ANASTOMOSIS OPEN CAVAL-MESENTERIC	64.22	5362.37			090	Y			5426.67		090	Y	
37180	VENOUS ANASTOMOSIS OPEN SPLENORENAL PROXIMAL	59.21	4944.04			090	Y			5221.26		090	Y	
37181	VENOUS ANASTOMOSIS OPEN SPLENORENAL DISTAL	67.62	5646.27			090	Y			5692.2		090	Y	
37182	INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	24.25	2024.88			000	N	4406.88		2060.78		000	N	
37183	REVJ TRANSVNS INTRAHEPATIC PORTOSYSTEMIC SHUNT	168.57	14075.60			000	N	9184.30	J1	15133.54		000	N	11168.05
37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	64.97	5425.00			000	N	5405.28		5893.43		000	N	3999.56
37185	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	20.62	1721.77			ZZZ	N			1877.92		ZZZ	N	3999.56
37186	SEC PRQ TRLUML THRMBC N-CORONARY N-INTRACRANIAL	39.35	3285.73			ZZZ	N			3626.41		ZZZ	N	3999.56
37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	58.87	4915.65			000	N	5405.28		5446.71		000	N	3999.56
37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	50.7	4233.45			000	N	3200.67		4568.29		000	N	3999.56
37191	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	75.05	6266.68			000	N	5405.28		6862.03		000	N	3902.06
37192	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&	44.22	3692.37			000	N	3200.67		4474.77		000	N	2874.31
37193	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	45.67	3813.45			000	N	3200.67		4272.7		000	N	2874.31

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37195	THROMBOLYSIS CEREBRAL IV INFUSION	28.22	2356.37			XXX	N	284.56		2455.74		XXX	N	222.75
37197	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	43.38	3622.23			000	N	3200.67		3888.6		000	N	2874.31
37200	TRANSCATHETER BIOPSY	6.4	534.40			000	N	5405.28		544.42		000	N	2874.31
37211	THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	11.69	976.12			000	N	5405.28		997.83		000	N	1014.12
37212	THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	10.28	858.38			000	N	1228.40		880.93		000	N	1014.12
37213	THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	7.22	602.87			000	N	3200.67		615.4		000	N	2262.94
37214	CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	3.96	330.66			000	N	3200.67		361.56		000	N	2262.94
37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	29.42	2456.57			090	N	5114.86		2696.22		090	N	
37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	120.92	10096.82			090	N			2502.5		090	N	
37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	32.2	2688.70			090	N			2713.75		090	N	
37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	24.06	2009.01			090	N			2009.01		090	N	
37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	90.1	7523.35			000	N	9184.30	J1	8405.95		000	N	5190.09
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	132.83	11091.31			000	N	19084.70	J1	12295.38		000	N	11168.05
37222	REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	25.31	2113.39			ZZZ	N			2364.72		ZZZ	N	5190.09
37223	REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL	73.87	6168.15			ZZZ	N			6861.2		ZZZ	N	5190.09
37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	109.32	9128.22			000	N	9184.30	J1	10124.38		000	N	5190.09
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	314.05	26223.18			000	N	19084.70	J1	29067.19		000	N	11168.05
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	258.28	21566.38			000	N	19084.70	J1	23887.68		000	N	11168.05
37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	424.15	35416.53			000	N	29224.34	J1	39272.56		000	N	18830.42
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	155.33	12970.06			000	N	19084.70	J1	14437.15		000	N	5190.09
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	309.59	25850.77			000	N	29224.34	J1	28628.81		000	N	11168.05
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	236.66	19761.11			000	N	29224.34	J1	21821.89		000	N	11168.05
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	380.92	31806.82			000	N	29224.34	J1	34837.04		000	N	18830.42
37232	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	34.59	2888.27			ZZZ	N			3203.06		ZZZ	N	5190.09
37233	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	41.79	3489.47			ZZZ	N			3830.98		ZZZ	N	11168.05
37234	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	110.56	9231.76			ZZZ	N			10364.86		ZZZ	N	5190.09
37235	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	116.44	9722.74			ZZZ	N			10571.1		ZZZ	N	5190.09
37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	117.37	9800.40			000	N	19084.70	J1	6672.49		000	N	11168.05
37237	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	70.17	5859.20			ZZZ	N			2898.29		ZZZ	N	5190.09
37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	119.69	9994.12			000	N	19084.70	J1	9756.98		000	N	11168.05

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
37239	OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	57.91	4835.49			ZZZ	N			4849.68		ZZZ	N	5190.09
37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	136.15	11368.53			000	N	19084.70	J1	10801.56		000	N	9896.5
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	218.67	18258.95			000	N	19084.70	J1	18193.82		000	N	9896.5
37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	277.71	23188.79			000	N	19084.70	J1	22967.51		000	N	9896.5
37244	VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	193.49	16156.42			000	N	19084.70	J1	16081.27		000	N	9896.5
37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	39.82	3324.97			ZZZ	N							
37253	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	6.19	516.87			ZZZ	N							
37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	22.25	1857.88			090	N	5405.28		1634.93		090	N	3902.06
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	0	BR			YYY	N	1228.40		BR		YYY	N	2526.85
37565	LIGATION INTERNAL JUGULAR VEIN	21.16	1766.86			090	N	3200.67		1929.69		090	N	2772.73
37600	LIGATION EXTERNAL CAROTID ARTERY	20.73	1730.96			090	Y	3200.67		1781.89		090	Y	2772.73
37605	LIGATION INTERNAL/COMMON CAROTID ARTERY	23.41	1954.74			090	Y	3200.67		2049.93		090	Y	3902.06
37606	LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION	16.93	1413.66			090	Y	3200.67		1447.89		090	Y	2526.85
37607	LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	11.07	924.35			090	N	3200.67		964.43		090	N	2526.85
37609	LIGATION/BIOPSY TEMPORAL ARTERY	8.92	744.82			010	N	2014.24		804.11		010	N	1447.15
37615	LIGATION MAJOR ARTERY NECK	14.86	1240.81			090	Y	5405.28		1300.1		090	Y	2526.85
37616	LIGATION MAJOR ARTERY CHEST	32.11	2681.19			090	Y			2734.63		090	Y	
37617	LIGATION MAJOR ARTERY ABDOMEN	39.03	3259.01			090	Y	3618.84		3355.87		090	Y	
37618	LIGATION MAJOR ARTERY EXTREMITY	11.23	937.71			090	Y	2633.37		985.3		090	Y	
37619	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	47.9	3999.65			090	Y	5405.28		4245.14		090	Y	3902.06
37650	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&	14.91	1244.99			090	N	3200.67		1175.68		090	N	2526.85
37660	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	34.05	2843.18			090	Y			2844.85		090	Y	
37700	LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ	7.33	612.06			090	N	3200.67		643.79		090	N	2526.85
37718	LIGJ DIVJ & STRIPPING SHORT SAPHENOUS VEIN	12.85	1072.98			090	N	3200.67		1122.24		090	N	2526.85
37722	LIGJ DIVJ&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	14.12	1179.02			090	N	3200.67		1229.12		090	N	3902.06
37735	LIGJ & DIVJ RADICAL STRIP LONG/SHORT SAPHENOUS	20.17	1684.20			090	N	3200.67		1629.09		090	N	3902.06
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	18.13	1513.86			090	N	3200.67		1542.25		090	N	2526.85
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	16.22	1354.37			090	Y	3200.67		1396.12		090	Y	2526.85
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	18.89	1577.32			090	N	3200.67		1688.37		090	N	2526.85
37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	22.47	1876.25			090	N	3200.67		2007.34		090	N	2526.85

MEDICAL DATA														
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37780	LIGJ & DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	7.47	623.75			090	N	3200.67		649.63		090	N	2526.85
37785	LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG	10.3	860.05			090	N	3200.67		920.17		090	N	2526.85
37788	PENILE REVASCULARIZATION ARTERY W/WO VEIN GRAFT	37.23	3108.71			090	Y			3465.25		090	Y	
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	14.5	1210.75			090	N	3195.20		1178.19		090	N	3580.63
37799	UNLISTED PROCEDURE VASCULAR SURGERY	0	BR			YYY	N	1228.40		BR		YYY	N	63.38
38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	33.49	2796.42			090	Y			2839.84		090	Y	
38101	SPLENECTOMY TOTAL EN BLOC W/OTHER PROCEDURE	33.59	2804.77			090	Y			2867.39		090	Y	
38102	SPLENC TOT EN BLOC EXTNSV DS CONJUNCT W/OTH PX	7.62	636.27			ZZZ	Y			640.45		ZZZ	Y	
38115	RPR RPTD SPLEEN SPLENORRHAPHY W/WO PRTL SPLENECT	36.75	3068.63			090	Y			3129.58		090	Y	
38120	LAPAROSCOPIC SURGICAL SPLENECTOMY	30.55	2550.93			090	Y	13721.82	J1	2601.03		090	Y	4498.73
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
38200	INJECTION PROCEDURE SPLENOPORTOGRAPY	3.37	281.40			000	N			353.21		000	N	
38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR &ACQUISJ	3.03	253.01			XXX	N			246.33		XXX	N	
38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	2.38	198.73			000	N			197.06		000	N	
38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	2.39	199.57			000	N	1492.23		201.24		000	N	1226.42
38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	1.35	112.73			XXX	N	497.25		108.55		XXX	N	335.98
38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	0.85	70.98			XXX	N	497.25		69.31		XXX	N	335.98
38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	0.36	30.06			XXX	N	497.25		29.23		XXX	N	335.98
38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	2.38	198.73			XXX	N	1492.23		192.89		XXX	N	562.2
38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	2.15	179.53			XXX	N	1492.23		175.35		XXX	N	562.2
38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	1.43	119.41			XXX	N	1492.23		114.4		XXX	N	562.2
38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	0.36	30.06			XXX	N	1492.23		29.23		XXX	N	562.2
38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	1.23	102.71			XXX	N	1492.23		99.37		XXX	N	562.2
38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	1.43	119.41			XXX	N	1492.23		114.4		XXX	N	562.2
38220	MARROW ASPIRATION ONLY	4.68	390.78			XXX	N	1341.57		404.98		XXX	N	348.84
38221	BONE MARROW BIOPSY NEEDLE/TROCAR	4.76	397.46			XXX	N	2014.24		411.66		XXX	N	348.84
38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	5.72	477.62			000	N	4294.09		511.02		000	N	3726.68
38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	5.7	475.95			000	N	4294.09		511.02		000	N	3726.68
38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	6.43	536.91			XXX	N	4294.09		405.81		XXX	N	3726.68
38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	4.82	402.47			XXX	N	4294.09		403.31		XXX	N	3726.68

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38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	3.38	282.23			000	N	1492.23		282.23		000	N	1226.42
38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	3.37	281.40			000	N	1492.23		285.57		000	N	1226.42
38300	DRG LYMPH NODE ABSC/LYMPHADENITIS SMPL	7.91	660.49			010	N	2014.24		718.94		010	N	936.06
38305	DRG LYMPH NODE ABSC/LYMPHADENITIS EXTNSV	13.76	1148.96			090	N	2014.24		1156.48		090	N	1701.78
38308	LYMPHANGIOTOMY/OTH OPRATIONS LYMPHATIC CHANNELS	12.9	1077.15			090	Y	3116.10		1125.58		090	Y	2347.96
38380	SUTR&/LIG THORACIC DUCT CERVICAL APPROACH	16.46	1374.41			090	Y			1432.03		090	Y	
38381	SUTR&/LIG THORACIC DUCT THORACIC APPROACH	23.28	1943.88			090	Y			2001.5		090	Y	
38382	SUTR&/LIG THORACIC DUCT ABDOMINAL APPROACH	17.87	1492.15			090	Y			1671.67		090	Y	
38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL	9.52	794.92			010	N	3116.10		835		010	N	2347.96
38505	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	3.62	302.27			000	N	1341.57		316.47		000	N	806.61
38510	BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE	14.96	1249.16			010	N	3116.10		1306.78		010	N	2347.96
38520	BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD	13.42	1120.57			090	N	3116.10		1158.98		090	N	2347.96
38525	BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE	12.63	1054.61			090	N	3116.10		1084.67		090	N	2347.96
38530	BX/EXC LYMPH NODE OPEN INT MAMMARY NODE	15.89	1326.82			090	Y	3116.10		1370.24		090	Y	2347.96
38542	DISSECTION DEEP JUGULAR NODE	15	1252.50			090	Y	8002.30	J1	1293.42		090	Y	4736.1
38550	EXC CSTIC HYGROMA AX/CRV W/O DP NEUROVASC DSJ	14.63	1221.61			090	N	3116.10		1269.2		090	N	2347.96
38555	EXC CSTIC HYGROMA AX/CRV W/DP NEUROVASC DSJ	29.06	2426.51			090	Y	5194.18		2349.69		090	Y	2347.96
38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	20.26	1691.71			090	Y	5253.85		1728.45		090	Y	
38564	LMTD LMPHADEC STAGING SPX RPR AORTIC&/SPLENIC	20.36	1700.06			090	Y			1728.45		090	Y	
38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	14.54	1214.09			010	Y	8002.30	J1	1301.77		010	Y	4498.73
38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	19.24	1606.54			010	Y	13721.82	J1	1904.64		010	Y	6607.04
38572	LAPS BI TOT PEL LMPHADEC & PRI-AORTIC LYMPH BX 1	26.88	2244.48			010	Y	13721.82	J1	2336.33		010	Y	4498.73
38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
38700	SUPRAHYOID LYMPHADENECTOMY	23.34	1948.89			090	Y	5194.18		2012.35		090	Y	2347.96
38720	CERVICAL LYMPHADENECTOMY	38.99	3255.67			090	Y	5194.18		3347.52		090	Y	2347.96
38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	42.14	3518.69			090	Y	5413.98		3620.56		090	Y	
38740	AXILLARY LYMPHADENECTOMY SUPERFICIAL	20.09	1677.52			090	Y	8002.30	J1	1714.26		090	Y	4736.1
38745	AXILLARY LYMPHADENECTOMY COMPLETE	25.36	2117.56			090	Y	8002.30	J1	2167.66		090	Y	4736.1
38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	6.27	523.55			ZZZ	Y			536.07		ZZZ	Y	
38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	7.76	647.96			ZZZ	Y			652.14		ZZZ	Y	

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38760	INGUINOFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX	24.35	2033.23			090	Y	3116.10		2079.99		090	Y	2347.96
38765	INGUINOFEM LMPHADEC SUPFC W/PEL LMPHADEC	37.37	3120.40			090	Y			3167.16		090	Y	
38770	PEL LMPHADEC W/XTRNL ILIAC HYPOGSTR&OBTURATOR	23.29	1944.72			090	Y			1953.9		090	Y	
38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	29.53	2465.76			090	Y			2506.67		090	Y	
38790	INJECTION PROCEDURE LYMPHANGIOGRAPHY	2.4	200.40			000	N			206.25		000	N	
38792	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	1.15	96.03			000	N	473.76		101.04		000	N	253.62
38794	CANNULATION THORACIC DUCT	8.64	721.44			090	N			726.45		090	N	
38900	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION	4.01	334.84			ZZZ	Y			336.51		ZZZ	Y	
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	0	BR			YYY	N	497.25		BR		YYY	N	335.98
39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	14.43	1204.91			090	Y	3458.70		1255.01		090	Y	
39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	22.87	1909.65			090	Y	2998.02		1983.96		090	Y	
39200	RESECTION OF MEDIASTINAL CYST	25.61	2138.44			090	Y			2186.03		090	Y	
39220	RESECTION MEDIASTINAL TUMOR	33.07	2761.35			090	Y			2852.36		090	Y	
39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	9.05	755.68			000	N	4490.43						
39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	11.82	986.97			000	N	4490.43						
39499	UNLISTED PROCEDURE MEDIASTINUM	0	BR			YYY	Y			BR		YYY	Y	
39501	REPAIR LACERATION DIAPHRAGM ANY APPROACH	24.59	2053.27			090	Y			2108.38		090	Y	
39503	RPR NEONATAL DIPHRG HERNIA W/WO CHEST TUBE INSJ	178.3	14888.05			090	Y			15073.42		090	Y	
39540	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC AQT	25.1	2095.85			090	Y			2146.79		090	Y	
39541	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC CHRNC	27.38	2286.23			090	Y			2330.49		090	Y	
39545	IMBRICATION DIAPHRAGM EVENTRATION	25.95	2166.83			090	Y			2237.8		090	Y	
39560	RESCJ DIAPHRAGM W/SIMPLE REPAIR	23.08	1927.18			090	Y			1960.58		090	Y	
39561	RESCJ DIAPHRAGM W/COMPLEX REPAIR	35.91	2998.49			090	Y			3102.86		090	Y	
39599	UNLISTED PROCEDURE DIAPHRAGM	0	BR			YYY	Y	5535.00		BR		YYY	Y	
40490	BIOPSY OF LIP	3.68	307.28			000	N	445.67		327.32		000	N	296.47
40500	VERMILIONECTOMY LIP SHV W/MUCOSAL ADVMNT	14.58	1217.43			090	N	2302.81		1299.26		090	N	1480.23
40510	EXC LIP TRANSVRS WEDGE EXC W/PRIM CLSR	13.98	1167.33			090	N	2302.81		1230.79		090	N	2321.87
40520	EXC LIP V-EXC W/PRIM DIR LINR CLSR	14.12	1179.02			090	N	2302.81		1251.67		090	N	1480.23
40525	EXC LIP FULL THKNS RCNSTJ W/LOCAL FLAP	16	1336.00			090	N	2302.81		1396.96		090	N	2321.87
40527	EXC LIP FULL THKNS RCNSTJ W/CROSS LIP FLAP	17.94	1497.99			090	N	7911.96	J1	1554.77		090	N	4230.05

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40530	RESCJ LIP > ONE-FOURTH W/O RCNSTJ	15.57	1300.10			090	N	2302.81		1376.92		090	N	2321.87
40650	RPR LIP FULL THICKNESS VERMILION ONLY	12.71	1061.29			090	N	982.18		1138.94		090	N	643.2
40652	RPR LIP FULL THICKNESS HALF/< VERTICAL HEIGHT	14.03	1171.51			090	N	982.18		1262.52		090	N	643.2
40654	RPR LIP FULL THKNS >ONE-HALF VERT HEIGHT/COMPLE	16.4	1369.40			090	N	982.18		1455.41		090	N	643.2
40700	PLSTC RPR CL LIP/NSL DFRM PRIM PRTL/COMPL UNI	26.23	2190.21			090	N	7911.96	J1	2467.43		090	N	4230.05
40701	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 STG PX	29.42	2456.57			090	Y	7911.96	J1	2691.21		090	Y	4230.05
40702	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 2 STGS	24.73	2064.96			090	Y	7911.96	J1	2383.09		090	Y	4230.05
40720	PLSTC RPR CL LIP/NSL DFRM SEC RECRTJ DFCT & RECL	29.56	2468.26			090	N	7911.96	J1	2602.7		090	N	4230.05
40761	PLSTC RPR CL LIP/NSL DFRM W/CROSS LIP PEDCL FLAP	31.27	2611.05			090	N	7911.96	J1	2742.98		090	N	4230.05
40799	UNLISTED PROCEDURE LIPS	0	BR			YYY	Y	184.14		BR		YYY	Y	100.74
40800	DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	6.2	517.70			010	N	325.10		551.1		010	N	161.85
40801	DRG ABSC CST HMTMA VESTIBULE MOUTH COMP	9.22	769.87			010	N	982.18		809.95		010	N	643.2
40804	RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	5.55	463.43			010	N	129.85		564.46		010	N	64.04
40805	RMVL EMBEDDED FB VESTIBULE MOUTH COMP	10.71	894.29			010	N	982.18		1021.21		010	N	2321.87
40806	INCISION LABIAL FRENUM FRENOTOMY	3.29	274.72			000	N	445.67		298.93		000	N	296.47
40808	BIOPSY VESTIBULE MOUTH	5.45	455.08			010	N	445.67		488.48		010	N	296.47
40810	EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	6.03	503.51			010	N	2302.81		538.58		010	N	1480.23
40812	EXC LESION MUCOSA & SBMCSL VESTIBULE SMPL RPR	8.44	704.74			010	N	2302.81		741.48		010	N	1480.23
40814	EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	11.28	941.88			090	N	2302.81		988.64		090	N	2321.87
40816	EXC LESION MUCOSA&SBMCSL VESTIBULE CPLX EXC MUSC	11.78	983.63			090	N	2302.81		1035.4		090	N	2321.87
40818	EXC MUCOSA VESTIBULE MOUTH AS DON GRF	10.44	871.74			090	N	445.67		905.14		090	N	296.47
40819	EXC FRENUM LABIAL/BUCCAL	9.26	773.21			090	N	2302.81		798.26		090	N	1480.23
40820	DSTRJ LES/SCAR VESTIBULE MOUTH PHYSICAL METHS	7.75	647.13			010	N	2302.81		699.73		010	N	1480.23
40830	CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	7.74	646.29			010	N	445.67		694.72		010	N	296.47
40831	CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	9.83	820.81			010	N	982.18		879.26		010	N	643.2
40840	VESTIBULOPLASTY ANTERIOR	23.61	1971.44			090	Y	2302.81		2051.6		090	Y	2321.87
40842	VESTIBULOPLASTY POSTERIOR UNILATERAL	22.7	1895.45			090	N	7911.96	J1	2044.08		090	N	4230.05
40843	VESTIBULOPLASTY POSTERIOR BILATERAL	31.5	2630.25			090	Y	2302.81		2778.88		090	Y	2321.87
40844	VESTIBULOPLASTY ENTIRE ARCH	37.78	3154.63			090	Y	7911.96	J1	3396.78		090	Y	4230.05
40845	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	42.43	3542.91			090	N	7911.96	J1	3689.03		090	N	4230.05

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
40899	UNLISTED PROCEDURE VESTIBULE MOUTH	0	BR			YYY	N	184.14		BR		YYY	N	100.74
41000	INTRAORAL I&D TONGUE/FLOOR LINGUAL	4.74	395.79			010	N	982.18		417.5		010	N	643.2
41005	INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC	6.63	553.61			010	N	445.67		602.87		010	N	296.47
41006	INTRAORAL I&D TONGUE/FLOOR SUBLNGL DP SPRMLHYD	10.45	872.58			090	N	982.18		926.02		090	N	2321.87
41007	INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE	10.22	853.37			090	N	982.18		913.49		090	N	2321.87
41008	INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	11.08	925.18			090	N	2302.81		965.26		090	N	1480.23
41009	INTRAORAL I&D TONGUE/FLOOR MASTICATOR SPACE	11.76	981.96			090	N	445.67		1024.55		090	N	296.47
41010	INCISION LINGUAL FRENUM FRENOTOMY	5.91	493.49			010	N	982.18		538.58		010	N	643.2
41015	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBLNGL	13.22	1103.87			090	N	445.67		1144.79		090	N	296.47
41016	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMENT	12.91	1077.99			090	N	2302.81		1106.38		090	N	2321.87
41017	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMNDB	13.03	1088.01			090	N	2302.81		1128.92		090	N	1480.23
41018	XTRORAL I&D FLOOR MASTICATOR SPACE	14.81	1236.64			090	N	982.18		1307.61		090	N	643.2
41019	PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APPLICAT	13.53	1129.76			000	N	2302.81		1125.58		000	N	2321.87
41100	BIOPSY TONGUE ANTERIOR TWO-THIRDS	4.9	409.15			010	N	982.18		435.87		010	N	643.2
41105	BIOPSY TONGUE POSTERIOR ONE-THIRD	4.98	415.83			010	N	2302.81		441.72		010	N	1480.23
41108	BIOPSY FLOOR MOUTH	4.32	360.72			010	N	1341.57		384.94		010	N	433.96
41110	EXCISION LESION TONGUE W/O CLOSURE	6.19	516.87			010	N	2302.81		556.11		010	N	1480.23
41112	EXC LESION TONGUE W/CLSR ANTERIOR TWO-THIRDS	9.79	817.47			090	N	2302.81		863.39		090	N	1480.23
41113	EXC LESION TONGUE W/CLSR POSTERIOR ONE-THIRD	10.71	894.29			090	N	2302.81		939.38		090	N	1480.23
41114	EXC LESION TONGUE W/CLSR W/LOCAL TONGUE FLAP	18.6	1553.10			090	N	2302.81		1599.03		090	N	2321.87
41115	EXCISION LINGUAL FRENUM FRENECTOMY	7.23	603.71			010	N	982.18		650.47		010	N	643.2
41116	EXCISION LESION FLOOR MOUTH	9.69	809.12			090	N	2302.81		860.89		090	N	2321.87
41120	GLOSSECTOMY <ONE-HALF TONGUE	31.76	2651.96			090	Y	7911.96	J1	2681.19		090	Y	2321.87
41130	GLOSSECTOMY HEMIGLOSSECTOMY	39.06	3261.51			090	Y	4782.24		3304.1		090	Y	
41135	GLOSSECTOMY PRTL W/UNI RADICAL NECK DSJ	64.01	5344.84			090	Y			5415.81		090	Y	
41140	GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ	64.61	5394.94			090	Y			5500.15		090	Y	
41145	GLSSC COMPL/TOT W/WO TRACHS W/UNI RAD NECK DSJ	82.05	6851.18			090	Y			6943.03		090	Y	
41150	GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ	65.01	5428.34			090	Y			5511.84		090	Y	
41153	GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ	70.78	5910.13			090	Y			5976.1		090	Y	
41155	GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ & RAD NECK	88.7	7406.45			090	Y			7493.29		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
41250	RPR LAC 2.5 CM/< MOUTH&/ANT TWO-THIRDS TONG	7.78	649.63			010	N	129.85		698.9		010	N	100.74
41251	RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE	8.48	708.08			010	N	445.67		765.7		010	N	296.47
41252	RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	9.16	764.86			010	N	982.18		815.8		010	N	643.2
41500	FIXJ TONGUE MECHANICAL OTHER/THAN SUTURE	12.11	1011.19			090	N	2302.81		1188.21		090	N	1480.23
41510	SUTURE TONGUE LIP MICROGNATHIA	12.37	1032.90			090	N	2302.81		1129.76		090	N	1480.23
41512	TONGUE BASE SUSPENSION PERMANENT SUTURE TQ	19.46	1624.91			090	N	7911.96	J1	1598.19		090	N	2321.87
41520	FRENOPLASTY SURG REVJ FRENUM EG W/Z-PLASTY	10.36	865.06			090	N	7911.96	J1	902.64		090	N	2321.87
41530	SUBMUCOSAL ABLTJ TONGUE RF 1/> SITES PR SESSION	28.64	2391.44			000	N	2302.81		8643.92		010	N	2321.87
41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	0	BR			YYY	N	184.14		BR		YYY	N	100.74
41800	DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	7.9	659.65			010	N	129.85		718.1		010	N	161.85
41805	RMVL EMBEDDED FB FROM DENTALVLR STRUXS SOFT TISS	7.54	629.59			010	N	2302.81		642.12		010	N	2321.87
41806	RMVL EMBEDDED FB FROM DENTOALVEOLAR STRUXS BONE	10.38	866.73			010	N	982.18		922.68		010	N	1480.23
41820	GINGIVECTOMY EXC GINGIVA EACH QUADRANT	7.03	587.01			000	N	2302.81		632.93		000	N	2321.87
41821	OPRCULECTOMY EXC PRICORONAL TISSUE	1.58	131.93			000	N	982.18		142.79		000	N	643.2
41822	EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	8.58	716.43			010	N	982.18		744.82		010	N	1480.23
41823	EXC OSS TUBEROSITIES DENTOALVEOLAR STRUXS	12.55	1047.93			090	N	7911.96	J1	1093.02		090	N	4230.05
41825	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	6.19	516.87			010	N	2302.81		551.1		010	N	1480.23
41826	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/SMPL RPR	9.24	771.54			010	N	2302.81		809.12		010	N	2321.87
41827	EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMPLX RPR	12.91	1077.99			090	N	7911.96	J1	1130.59		090	N	2321.87
41828	EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC	9.06	756.51			010	N	2302.81		776.55		010	N	2321.87
41830	ALVEOLECTOMY W/CURTG OSTEITIS/SEQUESTRECTOMY	11.56	965.26			010	N	2302.81		1002.84		010	N	2321.87
41850	DESTRUCTION LESION DENTOALVEOLAR STRUCTURES	3.52	293.92			000	N	2302.81		316.47		000	N	2321.87
41870	PERIODONTAL MUCOSAL GRAFTING	8.79	733.97			000	N	7911.96	J1	791.58		000	N	4230.05
41872	GINGIVOPLASTY EACH QUADRANT SPECIFY	10.73	895.96			090	N	7911.96	J1	982.8		090	N	2321.87
41874	ALVEOLOPLASTY EACH QUADRANT SPECIFY	11.04	921.84			090	N	2302.81		953.57		090	N	2321.87
41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	0	BR			YYY	N	184.14		BR		YYY	N	100.74
42000	DRAINAGE ABSCESS PALATE UVULA	4.63	386.61			010	N	445.67		522.71		010	N	296.47
42100	BIOPSY PALATE UVULA	4.38	365.73			010	N	982.18		387.44		010	N	643.2
42104	EXC LESION PALATE UVULA W/O CLOSURE	6.3	526.05			010	N	2302.81		561.12		010	N	1480.23
42106	EXC LESION PALATE UVULA W/SMPL PRIM CLOSURE	8.01	668.84			010	N	2302.81		705.58		010	N	1480.23

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
42107	EXC LESION PALATE UVULA W/LOCAL FLAP CLOSURE	13.5	1127.25			090	N	7911.96	J1	1187.37		090	N	4230.05
42120	RESCJ PALATE/EXTENSIVE RESCJ LESION	29.91	2497.49			090	Y	2302.81		2535.06		090	Y	2321.87
42140	UVULECTOMY EXCISION UVULA	7.38	616.23			090	N	2302.81		668.84		090	N	1480.23
42145	PALATOPHARYNGOPLASTY	20.51	1712.59			090	N	7911.96	J1	1789.41		090	N	4230.05
42160	DSTRJ LESION PALATE/UVULA THERMAL CRYO/CHEM	6.77	565.30			010	N	2302.81		602.87		010	N	1480.23
42180	REPAIR LACERATION PALATE </2 CM	7.11	593.69			010	N	445.67		630.43		010	N	296.47
42182	REPAIR LACERATION PALATE >2 CM/COMPLEX	9.32	778.22			010	N	2302.81		819.14		010	N	2321.87
42200	PALATOP CL PALATE SOFT&/HARD PALATE ONLY	24.77	2068.30			090	Y	7911.96	J1	2147.62		090	Y	4230.05
42205	PALATOPLASTY W/CLSR ALVEOLAR RIDGE SOFT TISSUE	25.81	2155.14			090	Y	7911.96	J1	2235.3		090	Y	4230.05
42210	PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE	28.82	2406.47			090	Y	7911.96	J1	2575.98		090	Y	4230.05
42215	PALATOPLASTY CLEFT PALATE MAJOR REVJ	19.12	1596.52			090	Y	7911.96	J1	1841.18		090	Y	4230.05
42220	PALATOPLASTY CLEFT PALATE SEC LNGTH PX	14.48	1209.08			090	Y	7911.96	J1	1315.96		090	Y	4230.05
42225	PALATOP CL PALATE ATTACHMENT PHARYNGEAL FLAP	25.6	2137.60			090	Y	7911.96	J1	2247.82		090	Y	2321.87
42226	LENGTHENING PALATE & PHARYNGEAL FLAP	26.18	2186.03			090	Y	7911.96	J1	2281.22		090	Y	4230.05
42227	LENGTHENING PALATE W/ISLAND FLAP	24.82	2072.47			090	Y	7911.96	J1	2138.44		090	Y	4230.05
42235	REPAIR ANTERIOR PALATE W/VOMER FLAP	21.41	1787.74			090	Y	7911.96	J1	1882.09		090	Y	2321.87
42260	REPAIR NASOLABIAL FISTULA	23.69	1978.12			090	Y	2302.81		2138.44		090	Y	2321.87
42280	MAXILLARY IMPRESJ PALATAL PROSTHESIS	4.83	403.31			010	N	445.67		427.52		010	N	296.47
42281	INSJ PIN-RETAINED PALATAL PROSTHESIS	5.97	498.50			010	N	2302.81		532.73		010	N	1480.23
42299	UNLISTED PROCEDURE PALATE UVULA	0	BR			YYY	Y	184.14		BR		YYY	Y	100.74
42300	DRAINAGE ABSCESS PAROTID SIMPLE	6.1	509.35			010	N	982.18		541.92		010	N	643.2
42305	DRAINAGE ABSCESS PAROTID COMPLICATED	12.57	1049.60			090	N	2302.81		1081.33		090	N	2321.87
42310	DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	4.68	390.78			010	N	445.67		422.51		010	N	296.47
42320	DRAINAGE ABSCESS SUBMAXILLARY INTRAORAL	7.27	607.05			010	N	445.67		647.96		010	N	296.47
42330	SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	6.76	564.46			010	N	2302.81		600.37		010	N	1480.23
42335	SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL	10.92	911.82			090	N	2302.81		970.27		090	N	2321.87
42340	SIALOLITHOTOMY PRTD XTRORAL/COMP INTRAORAL	13.5	1127.25			090	N	2302.81		1201.57		090	N	1480.23
42400	BIOPSY SALIVARY GLAND NEEDLE	3.07	256.35			000	N	1341.57		274.72		000	N	806.61
42405	BIOPSY SALIVARY GLAND INCISIONAL	8.67	723.95			010	N	2302.81		761.52		010	N	2321.87
42408	EXC SUBLINGUAL SALIVARY CYST RANULA	13.14	1097.19			090	N	2302.81		1169		090	N	2321.87

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
42409	MARSUPIALIZATION SUBLNGL SALIVARY CST RANULA	9.67	807.45			090	Y	2302.81		869.24		090	Y	2321.87
42410	EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ	18.09	1510.52			090	Y	7911.96	J1	1566.46		090	Y	4230.05
42415	EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NR	30.69	2562.62			090	Y	7911.96	J1	2644.45		090	Y	4230.05
42420	EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NR	34.47	2878.25			090	Y	7911.96	J1	2966.76		090	Y	4230.05
42425	EXCISION PAROTID TUMOR/GLAND TOTAL EN BLOC RMVL	24.29	2028.22			090	Y	7911.96	J1	2097.52		090	Y	4230.05
42426	EXC PRTD TUM/PRTD GLND TOT W/UNI RAD NCK DSJ	39.19	3272.37			090	Y	5528.96		3372.57		090	Y	
42440	EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND	11.99	1001.17			090	Y	7911.96	J1	1039.58		090	Y	4230.05
42450	EXISION OF SUBLINGUAL GLAND	13.14	1097.19			090	N	7911.96	J1	1167.33		090	N	4230.05
42500	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM	12.62	1053.77			090	N	2302.81		1118.07		090	N	2321.87
42505	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY SEC/COMP	16.16	1349.36			090	N	7911.96	J1	1426.18		090	N	4230.05
42507	PAROTID DUCT DIVERSION BILATERAL WILKE PX	15.02	1254.17			090	Y	7911.96	J1	1314.29		090	Y	4230.05
42509	PAROTID DUCT DVRJ BI W/EXC BOTH SUBMNDBLR GLANDS	24.59	2053.27			090	N	7911.96	J1	2048.26		090	N	4230.05
42510	PAROTID DUCT DVRJ BILATERAL WITH LIG BOTH DUCTS	18.72	1563.12			090	Y	7911.96	J1	1600.7		090	Y	4230.05
42550	INJECTION PROCEDURE SIALOGRAPHY	3.87	323.15			000	N			331.5		000	N	
42600	CLOSURE SALIVARY FISTULA	13.91	1161.49			090	N	2302.81		1238.31		090	N	1480.23
42650	DILATION SALIVARY DUCT	2.43	202.91			000	N	982.18		216.27		000	N	1480.23
42660	DILAT&CATHJ SALIVARY DUCT W/WO INJECTION	3.72	310.62			000	N	445.67		313.96		000	N	296.47
42665	LIGATION SALIVARY DUCT INTRAORAL	8.98	749.83			090	N	7911.96	J1	819.97		090	N	4230.05
42699	UNLISTED PX SALIVARY GLANDS/DUCTS	0	BR			YYY	Y	184.14		BR		YYY	Y	100.74
42700	I&D ABSCESS PERITONSILLAR	5.51	460.09			010	N	445.67		493.49		010	N	296.47
42720	I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	13.2	1102.20			010	N	2302.81		1150.63		010	N	1480.23
42725	I&D ABSC RTRPHRNGL/PARAPHARYNGEAL XTRNL APPR	23.82	1988.97			090	Y	7911.96	J1	2036.57		090	Y	4230.05
42800	BIOPSY OROPHARYNX	4.61	384.94			010	N	982.18		413.33		010	N	1480.23
42804	BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	5.68	474.28			010	N	2302.81		514.36		010	N	1480.23
42806	BX NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION	6.38	532.73			010	N	2302.81		575.32		010	N	2321.87
42808	EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD	6.6	551.10			010	N	2302.81		586.17		010	N	2321.87
42809	REMOVAL FOREIGN BODY PHARYNX	5.87	490.15			010	N	129.85		444.22		010	N	64.04
42810	EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS	11.26	940.21			090	Y	2302.81		1011.19		090	Y	2321.87
42815	EXC BRANCHIAL CLEFT CYST BELOW SUBQ TISS&/PHRYNX	16.28	1359.38			090	Y	7911.96	J1	1423.68		090	Y	4230.05
42820	TONSILLECTOMY & ADENOIDECTOMY <AGE 12	8.45	705.58			090	N	2302.81		733.13		090	N	2321.87

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	8.77	732.30			090	N	2302.81		762.36		090	N	2321.87
42825	TONSILLECTOMY PRIMARY/SECONDARY <AGE 12	7.63	637.11			090	N	7911.96	J1	666.33		090	N	4230.05
42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	7.32	611.22			090	N	2302.81		637.94		090	N	2321.87
42830	ADENOIDECTOMY PRIMARY <AGE 12	6.03	503.51			090	N	7911.96	J1	530.23		090	N	4230.05
42831	ADENOIDECTOMY PRIMARY AGE 12/>	6.52	544.42			090	N	2302.81		571.14		090	N	2321.87
42835	ADENOIDECTOMY SECONDARY<AGE 12	5.6	467.60			090	N	2302.81		492.65		090	N	2321.87
42836	ADENOIDECTOMY SECONDARY AGE 12/>	7.01	585.34			090	N	2302.81		612.06		090	N	2321.87
42842	RADICAL RESECTION TONSIL W/O CLOSURE	29.86	2493.31			090	N	7911.96	J1	2534.23		090	N	4230.05
42844	RADICAL RESCJ TONSIL CLOSURE W/LOCAL FLAP	40.92	3416.82			090	Y	7911.96	J1	3466.09		090	Y	4230.05
42845	RADICAL RESCJ TONSIL CLOSURE W/OTHER FLAP	65.9	5502.65			090	Y			5578.64		090	Y	
42860	EXCISION TONSIL TAGS	5.48	457.58			090	N	7911.96	J1	482.63		090	N	4230.05
42870	EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX	17.61	1470.44			090	N	2302.81		1494.65		090	N	2321.87
42890	LIMITED PHARYNGECTOMY	42.22	3525.37			090	Y	7911.96	J1	3575.47		090	Y	4230.05
42892	RESCJ LAT PHRNGL WALL/PYRIFORM SINUS DIR CLSR	55.77	4656.80			090	Y	7911.96	J1	4738.63		090	Y	4230.05
42894	RESCJ PHRNGL WALL CLSR W/FLP OR FLP W/MVASC ANAS	70.05	5849.18			090	Y			5962.74		090	Y	
42900	SUTURE PHARYNX WOUND/INJURY	9.82	819.97			010	N	982.18		852.54		010	N	2321.87
42950	PHARYNGOPLASTY PLSTC/RCNSTV OPRATION PHARYNX	24.08	2010.68			090	Y	7911.96	J1	2034.9		090	Y	4230.05
42953	PHARYNGOESOPHAGEAL REPAIR	28.99	2420.67			090	Y			2436.53		090	Y	
42955	PHARYNGOSTOMY FSTLJ PHARYNX XTRNL FEEDING	22.75	1899.63			090	Y	982.18		1931.36		090	Y	2321.87
42960	CONTROL OROPHARYNGEAL HEMORRHAGE SIMPLE	4.95	413.33			010	N	184.14		430.86		010	N	100.74
42961	CTRL OROPHARYNGEAL HEMORRHAGE COMP REQ HOSPITJ	12.34	1030.39			090	Y	2183.99		1073.81		090	Y	
42962	CTRL OROPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	15.09	1260.02			090	N	2302.81		1311.79		090	N	2321.87
42970	CTRL NASOPHARYNGEAL HEMRRG SMPL W/PST NSL PACKS	11.74	980.29			090	N	184.14		1037.07		090	N	100.74
42971	CTRL NASOPHARYNGEAL HEMRRG COMP REQ HOSPIZATION	13.29	1109.72			090	Y			1157.31		090	Y	
42972	CTRL NASOPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	14.88	1242.48			090	Y	2302.81		1293.42		090	Y	1480.23
42999	UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	0	BR			YYY	N	184.14		BR		YYY	N	100.74
43020	ESOPHAGOTOMY CERVICAL APPR W/RMVL FB	15.35	1281.73			090	Y	982.18		1326.82		090	Y	643.2
43030	CRICOPHARYNGEAL MYOTOMY	15.09	1260.02			090	Y	7911.96	J1	1306.78		090	Y	2321.87
43045	ESOPHAGOTOMY THORACIC APPR W/RMVL FB	37.98	3171.33			090	Y			3256.5		090	Y	
43100	EXC LESION ESOPHOGUS W/PRIM RPR CERVICAL APPR	18.14	1514.69			090	Y			1577.32		090	Y	

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43101	EXC LESION ESOPHAGUS W/PRIM RPR THRC/ABDL APPR	29.58	2469.93			090	Y			2516.69		090	Y	
43107	TOT ESOPHAGECTOMY W/O THORCOM W/WO PYLOROPLASTY	74.35	6208.23			090	Y			6317.61		090	Y	
43108	TOT ESOPHG W/O THORCOM COLON NTRPSTJ/INT RCNSTJ	133.47	11144.75			090	Y			11530.52		090	Y	
43112	TOTAL ESOPHAGECTOMY W/THORCOM W/WO PYLORPLASTY	78.5	6554.75			090	Y			6659.96		090	Y	
43113	TOT ESOPHG W/THORCOM W/COLON NTRPSTJ/INT RCNSTJ	132.11	11031.19			090	Y			10698.02		090	Y	
43116	PRTL ESOPHAGECTOMY CERVICAL W/FREE INTSTINAL GRF	146.92	12267.82			090	Y			12977.57		090	Y	
43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY	71.91	6004.49			090	Y			6113.04		090	Y	
43118	PRTL ESOPH DSTL W/WO PROX GASTRC W/COLON NTRPSTJ	107.52	8977.92			090	Y			9407.95		090	Y	
43121	PRTL ESOPHAGEC W/WO PROX GASTREC/PYLOROPLASTY	83.7	6988.95			090	Y			7126.73		090	Y	
43122	PRTL ESOPHG THORACOABD W/WO PROXGASTREC/PYLOROPL	74.71	6238.29			090	Y			6338.49		090	Y	
43123	PRTL ESPHG THORACOABDL/ABDL APPR NTRPSTJ/RCNSTJ	137.66	11494.61			090	Y			11087.13		090	Y	
43124	TOT/PRTL ESPHG W/O RCNSTJ W/CRV ESOPHAGOSTOMY	111.55	9314.43			090	Y			9492.28		090	Y	
43130	DIVERTICULECTOMY HYPOPHARYNX/ESOPH CRV APPR	22.88	1910.48			090	Y	7911.96	J1	1972.27		090	Y	4230.05
43135	DIVERTICULECTOMY HYPOPHARYNX/ESOPH THRC APPR	43.25	3611.38			090	Y			3701.56		090	Y	
43180	ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH	15.99	1335.17			090	N	2302.81		1351.03		090	N	2413.95
43191	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	4.48	374.08			000	N	1061.55		303.94		000	N	804.3
43192	ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	4.95	413.33			000	N	1549.54		362.39		000	N	2028.28
43193	ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY	4.93	411.66			000	N	1549.54		431.7		000	N	2028.28
43194	ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY	5.62	469.27			000	N	1549.54		391.62		000	N	2028.28
43195	ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION	5.36	447.56			000	N	1549.54		432.53		000	N	2028.28
43196	ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION	5.74	479.29			000	N	1549.54		474.28		000	N	2028.28
43197	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC	5.41	451.74			000	N	1061.55		437.54		000	N	804.3
43198	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY	6.01	501.84			000	N	1061.55		488.48		000	N	804.3
43200	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	7.74	646.29			000	N	1061.55		550.27		000	N	804.3
43201	ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ	7.86	656.31			000	N	1549.54		802.44		000	N	1195.63
43202	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	10.31	860.89			000	N	1061.55		739.81		000	N	804.3
43204	ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES	4.12	344.02			000	N	1061.55		561.12		000	N	804.3
43205	ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	4.29	358.22			000	N	1549.54		557.78		000	N	1195.63
43206	ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY	9.4	784.90			000	N	1549.54		BR		YYY	N	1195.63
43210	EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	12.4	1035.40			000	N	7227.14	J1					

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43211	ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXN	7.07	590.35			000	N	1549.54		589.51		000	N	804.3
43212	ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	5.73	478.46			000	N	7227.14	J1	465.1		000	N	2731.14
43213	ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER	34.75	2901.63			000	N	1549.54		2920		000	N	2028.28
43214	ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM	5.78	482.63			000	N	1549.54		474.28		000	N	2028.28
43215	ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	11.91	994.49			000	N	1549.54		384.94		000	N	1195.63
43216	ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS	11.76	981.96			000	N	2820.55		568.64		000	N	2409.04
43217	ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE	12.7	1060.45			000	N	1549.54		986.14		000	N	1195.63
43220	ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	32.15	2684.53			000	N	1549.54		317.3		000	N	1195.63
43226	ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION	10.82	903.47			000	N	1549.54		351.54		000	N	1195.63
43227	ESOPHAGOSCOPY FLEXIBLE W/BLEEDING CONTROL	19.73	1647.46			000	N	1549.54		529.39		000	N	1195.63
43229	ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	20.5	1711.75			000	N	2820.55		1721.77		000	N	2409.04
43231	ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	11.39	951.07			000	N	1549.54		473.45		000	N	1195.63
43232	ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	13.59	1134.77			000	N	1549.54		647.96		000	N	1195.63
43233	EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	6.84	571.14			000	N	1549.54		562.79		000	N	2028.28
43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	8.84	738.14			000	N	1061.55		764.86		000	N	804.3
43236	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	11	918.50			000	N	1061.55		980.29		000	N	804.3
43237	ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	5.9	492.65			000	N	1549.54		582		000	N	1195.63
43238	EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	6.99	583.67			000	N	1549.54		723.11		000	N	1195.63
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	11.28	941.88			000	N	1061.55		881.76		000	N	804.3
43240	EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	11.69	976.12			000	N	2820.55		984.47		000	N	1195.63
43241	EGD INTRALUMINAL TUBE/CATHETER INSERTION	4.34	362.39			000	N	1061.55		389.11		000	N	804.3
43242	EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	7.89	658.82			000	N	1549.54		1050.43		000	N	1195.63
43243	EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	7.12	594.52			000	N	1061.55		664.66		000	N	804.3
43244	EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	7.37	615.40			000	N	1549.54		732.3		000	N	1195.63
43245	EGD DILATION GASTRIC/DUODENAL STRICTURE	17.42	1454.57			000	N	1549.54		468.44		000	N	1195.63
43246	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	6.03	503.51			000	N	1549.54		626.25		000	N	1195.63
43247	EGD FLEXIBLE FOREIGN BODY REMOVAL	11.82	986.97			000	N	1061.55		499.33		000	N	804.3
43248	EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	11.6	968.60			000	N	1061.55		468.44		000	N	804.3

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43249	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	30.46	2543.41			000	N	1549.54		432.53		000	N	1195.63
43250	EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	12.94	1080.49			000	N	1549.54		471.78		000	N	1195.63
43251	EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	14.16	1182.36			000	N	1549.54		543.59		000	N	1195.63
43252	EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY	10.43	870.91			000	N	1549.54		BR		YYY	N	1195.63
43253	EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER	7.87	657.15			000	N	1549.54		652.97		000	N	2028.28
43254	EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	8.11	677.19			000	N	1549.54		678.02		000	N	804.3
43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	20.71	1729.29			000	N	1549.54		701.4		000	N	1195.63
43257	EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD	7	584.50			000	N	2820.55		804.94		000	N	2409.04
43259	EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	6.8	567.80			000	N	1549.54		754.01		000	N	1195.63
43260	ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	9.63	804.11			000	N	2820.55		859.22		000	N	2228.37
43261	ERCP W/BIOPSY SINGLE/MULTIPLE	10.11	844.19			000	N	2820.55		902.64		000	N	2228.37
43262	ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	10.66	890.11			000	N	2820.55		1060.45		000	N	2228.37
43263	ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI	10.67	890.95			000	N	2820.55		1048.76		000	N	2228.37
43264	ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	10.86	906.81			000	N	2820.55		1270.87		000	N	2228.37
43265	ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	12.89	1076.32			000	N	2820.55		1426.18		000	N	2228.37
43266	EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	6.8	567.80			000	N	7227.14	J1	561.12		000	N	2731.14
43270	EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	21.33	1781.06			000	N	1549.54		1716.76		000	N	2028.28
43273	ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	3.51	293.09			ZZZ	N			312.29		ZZZ	N	2228.37
43274	ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	13.76	1148.96			000	N	7227.14	J1	1161.49		000	N	2228.37
43275	ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	11.23	937.71			000	N	2820.55		957.75		000	N	2228.37
43276	ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	14.33	1196.56			000	N	7227.14	J1	1208.25		000	N	2228.37
43277	ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	11.29	942.72			000	N	2820.55		963.59		000	N	2228.37

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43278	ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	12.88	1075.48			000	N	2820.55		1095.52		000	N	2228.37
43279	LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED	37.56	3136.26			090	Y	7507.51		3185.53		090	Y	
43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	31.4	2621.90			090	Y	13721.82	J1	2671.17		090	Y	6607.04
43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	44.88	3747.48			090	Y	13721.82	J1	3805.93		090	Y	6607.04
43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	50.45	4212.58			090	Y	7525.24		4276.87		090	Y	
43283	LAPS ESOPHAGEAL LENGTHENING ADDL	4.62	385.77			ZZZ	Y	2495.14		385.77		ZZZ	Y	
43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
43300	ESPHGP CRV APPR W/O RPR TRACHEOESOPHGL FSTL	17.92	1496.32			090	Y			1549.76		090	Y	
43305	ESPHGP CRV APPR W/RPR TRACHEOESOPHGL FSTL	31.9	2663.65			090	Y			2727.11		090	Y	
43310	ESPHGP THRC APPR W/O RPR TRACHEOESOPHGL FSTL	43.31	3616.39			090	Y			3700.72		090	Y	
43312	ESPHGP THRC APPR W/RPR TRACHEOESOPHGL FSTL	47.08	3931.18			090	Y			3975.44		090	Y	
43313	ESPHGP CGEN DFCT THRC APPR W/O RPR FSTL	78.6	6563.10			090	Y			7695.36		090	Y	
43314	ESPHGP CGEN DFCT THRC APPR W/RPR FSTL	89.83	7500.81			090	Y			7183.51		090	Y	
43320	EGST W/WO VAGOTOMY&PYLOROPLASTY TABDL/TTHRC AP	40.43	3375.91			090	Y			3441.04		090	Y	
43325	ESOPG/GSTR FUNDOPLASTY W/FUNDIC PATCH	38.9	3248.15			090	Y			3314.12		090	Y	
43327	ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY	23.82	1988.97			090	Y			2016.53		090	Y	
43328	ESOPG/GSTR FUNDOPLASTY W/THORACOTOMY	33.03	2758.01			090	Y			2879.92		090	Y	
43330	ESOPHAGOMYOTOMY HELLER TYPE ABDOMINAL APPROACH	38.58	3221.43			090	Y			3294.08		090	Y	
43331	ESOPHAGOMYOTOMY HELLER TYPE THORACIC APPROACH	39.13	3267.36			090	Y			3352.53		090	Y	
43332	RPR PARAESOPH HIATAL HERNIA W/LAPT W/O MESH	33.73	2816.46			090	Y	4503.86		2870.73		090	Y	
43333	LAPT RPR PARAESOPH HIATAL HERNIA W/MESH	36.76	3069.46			090	Y			3120.4		090	Y	
43334	RPR PARAESOPH HIATAL HERNIA W/THORCOM W/O MESH	36.47	3045.25			090	Y			3093.68		090	Y	

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43335	RPR PARAESOPH HIATAL HERNIA W/THORCOM W/MESH	39.09	3264.02			090	Y			3297.42		090	Y	
43336	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/O MESH	43.99	3673.17			090	Y			3770.86		090	Y	
43337	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/MESH	47.42	3959.57			090	Y			4062.28		090	Y	
43338	ESOPHAGUS LENGTHENING	3.39	283.07			ZZZ	Y			287.24		ZZZ	Y	
43340	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT ABDL APPR	39.6	3306.60			090	Y			3396.78		090	Y	
43341	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT THRC APPR	40.93	3417.66			090	Y			3707.4		090	Y	
43351	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL THRC APPR	37.47	3128.75			090	Y			3292.41		090	Y	
43352	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL CRV APPR	31.13	2599.36			090	Y			2672		090	Y	
43360	GI RCNSTJ PREV ESPHG/EXCLUSION W/STOMACH	68.8	5744.80			090	Y			5626.23		090	Y	
43361	GI RCNSTJ PREV ESPHG/EXCLUSION W/COLON SM INT	74.38	6210.73			090	Y			6275.03		090	Y	
43400	LIGATION DIRECT ESOPHAGEAL VARICES	43.1	3598.85			090	Y			3866.89		090	Y	
43401	TRNSXJ ESOPH W/RPR ESOPHAGEAL VARICES	45.27	3780.05			090	Y			3867.72		090	Y	
43405	LIG/STAPLING G-ESOP JUNCT PRE-ESOPHGL PRF8J	42.5	3548.75			090	Y			3600.52		090	Y	
43410	SUTR ESOPHGL WND/INJ CRV APPR	30.54	2550.09			090	Y			2727.11		090	Y	
43415	SUTR ESOPHGL WND/INJ TTHRC/TABDL APPR	74.92	6255.82			090	Y			6402.78		090	Y	
43420	CLSR ESOPHAGOSTOMY/FSTL CRV APPR	29.53	2465.76			090	N	2302.81		2545.08		090	N	2321.87
43425	CLSR ESOPHAGOSTOMY/FSTL TTHRC/TABDL APPR	41.9	3498.65			090	Y			3566.29		090	Y	
43450	DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS	6.01	501.84			000	N	1061.55		395.79		000	N	623.18
43453	DILATION ESOPHAGUS GUIDE WIRE	27.46	2292.91			000	N	1549.54		764.03		000	N	623.18
43460	ESOPG/GSTR TAMPONADE W/BALO SENGSTAKEN TYPE	6.25	521.88			000	N			558.62		000	N	
43496	FREE JEJUNUM TRSF W/MICROVASC ANASTOMOSIS	0	BR			090	Y			BR		090	Y	
43499	UNLISTED PROCEDURE ESOPHAGUS	0	BR			YYY	N	1061.55		BR		YYY	N	804.3

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
43500	GASTROTOMY W/EXPLORATION/FOREIGN BODY REMOVAL	22.72	1897.12			090	Y			1943.88		090	Y	
43501	GASTROTOMY W/SUTURE REPAIR BLEEDING ULCER	39.01	3257.34			090	Y			3319.96		090	Y	
43502	GASTROTOMY W/SUTR RPR PRE-ESOPG/GASTRIC LAC	44.18	3689.03			090	Y			3754.16		090	Y	
43510	GSTRT W/ESOPHGL DILAT&INSJ PRM INTRAL TUBE	27.34	2282.89			090	Y	1061.55		2253.67		090	Y	804.3
43520	PYLOROMYOTOMY CUTTING PYLORIC MUSC	19.93	1664.16			090	Y	4197.13		1701.73		090	Y	
43605	BIOPSY STOMACH LAPAROTOMY	24.24	2024.04			090	Y			2064.96		090	Y	
43610	EXC LOCAL ULCER/BENIGN TUMOR STOMACH	28.42	2373.07			090	Y	5281.72		2419.83		090	Y	
43611	EXC LOCAL MALIGNANT TUMOR STOMACH	35.48	2962.58			090	Y			3011.85		090	Y	
43620	GSTRCT TOT W/ESOPHAGOENTEROSTOMY	56.79	4741.97			090	Y			4822.13		090	Y	
43621	GSTRCT TOT W/ROUX-EN-Y RCNSTJ	65.95	5506.83			090	Y			5566.95		090	Y	
43622	GSTRCT TOT W/FRMJ INTSTINAL POUCH ANY TYPE	67.28	5617.88			090	Y			5644.6		090	Y	
43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	42.06	3512.01			090	Y			3576.31		090	Y	
43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	59.01	4927.34			090	Y			4992.47		090	Y	
43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	55.75	4655.13			090	Y			4726.1		090	Y	
43634	GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH	61.43	5129.41			090	Y			5225.43		090	Y	
43635	VAGOTOMY PFRMD W/PRTL DSTL GSTRCT	3.27	273.05			ZZZ	Y			274.72		ZZZ	Y	
43640	VGTMY W/PYLORPLSTY W/WO GASTROST TRUNCAL/SLCTV	34.2	2855.70			090	Y			2909.14		090	Y	
43641	VGTMY W/PYLOROPLASTY W/WO GASTROST PARIETAL CELL	34.46	2877.41			090	Y			2964.25		090	Y	
43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	50.3	4200.05			090	Y	6990.94		4267.69		090	Y	
43645	LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ	53.76	4488.96			090	Y			4551.59		090	Y	
43647	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	0	BR			YYY	Y	10488.74	J1	BR		YYY	Y	8762.33
43648	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
43651	LAPS SURG TRNSXJ VAGUS NRV TRUNCAL	18.9	1578.15			090	Y	8002.30	J1	1623.24		090	Y	6607.04
43652	LAPS SURG TRNSXJ VAGUS NRV SLCTV/HILY SLCTV	22.2	1853.70			090	Y	8002.30	J1	1892.11		090	Y	6607.04
43653	LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	16.59	1385.27			090	Y	8002.30	J1	1428.69		090	Y	4498.73
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	1.18	98.53			000	N	273.41		99.37		000	N	147.41
43753	GASTRIC INTUBATJ & ASPIRAJ W/PHYS SKILL/LAVAGE	0.63	52.61			000	Y	313.82		50.1		000	Y	64.04
43754	GASTRIC INTUBAT DX W/ASPIRATION SINGLE SPECIMEN	3.02	252.17			000	Y	313.82		244.66		000	Y	64.04
43755	GASTRIC INTUBATION DX & ASPIRATJ MULTIPLE SPEC	4	334.00			000	Y	184.79		369.07		000	Y	85.82
43756	DUODENAL INTUBAT W/IMAG GUIDED SINGLE SPECIMEN	5.84	487.64			000	Y	143.41		567.8		000	Y	147.41
43757	DUODENAL INTUBAT W/IMAG GUIDED MULTIPLE SPECIMEN	8.25	688.88			000	Y	1061.55		796.59		000	Y	147.41
43760	CHANGE GASTROSTOMY TUBE PERCUTANEOUS W/O GDNCE	13.84	1155.64			000	N	284.56		1305.11		000	N	222.75
43761	REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	3.35	279.73			000	N	1061.55		286.41		000	N	804.3
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	32.46	2710.41			090	Y	13721.82	J1	2766.36		090	Y	6607.04
43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	36.94	3084.49			090	Y	3874.47		3141.27		090	Y	
43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	27.52	2297.92			090	Y	4655.27		2353.87		090	Y	
43773	LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE	36.81	3073.64			090	Y	4357.78		3137.93		090	Y	
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	27.83	2323.81			090	Y	4364.46		2373.07		090	Y	
43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	32.01	2672.84			090	Y	5333.59		3314.12		YYY	Y	
43800	PYLOROPLASTY	26.95	2250.33			090	Y			2296.25		090	Y	
43810	GASTRODUODENOSTOMY	29.51	2464.09			090	Y			2508.34		090	Y	
43820	GASTROJEJUNOSTOMY W/O VAGOTOMY	38.91	3248.99			090	Y			3304.1		090	Y	
43825	GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYPE	37.88	3162.98			090	Y			3186.36		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
43830	GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX	20.27	1692.55			090	Y	2820.55		1734.3		090	Y	2409.04
43831	GASTROSTOMY OPN NEONATAL FEEDING	16.88	1409.48			090	Y	1061.55		1485.47		090	Y	804.3
43832	GASTROSTOMY OPN W/CONSTJ GSTR TUBE	30.17	2519.20			090	Y			2581.82		090	Y	
43840	GASTRORRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ	39.42	3291.57			090	Y			3350.02		090	Y	
43842	GASTRIC RSTCV W/O BYP VERTICAL-BANDED GASTROPLY	34.47	2878.25			090	N			2823.14		090	N	
43843	GSTR RSTCV W/O BYP OTH/THN VER-BANDED GSTP	37.08	3096.18			090	Y			3157.14		090	Y	
43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	57	4759.50			090	Y			4838.83		090	Y	
43846	GASTRIC RSTCV W/BYP W/SHORT LIMB 150 CM/<	46.8	3907.80			090	Y			4008		090	Y	
43847	GASTRIC RSTCV W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ	51.5	4300.25			090	Y			4438.86		090	Y	
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	55.87	4665.15			090	Y			4748.65		090	Y	
43850	REVJ GASTRODUOL ANAST W/RCNSTJ W/O VAGOTOMY	47.09	3932.02			090	Y			4008.84		090	Y	
43855	REVJ GASTRODUOL ANAST W/RCNSTJ W/VGTMY	47.73	3985.46			090	Y			4157.47		090	Y	
43860	REVJ GSTR/JJ ANAST W/RCNSTJ W/O VGTMY	47.46	3962.91			090	Y			4023.87		090	Y	
43865	REVJ GSTR/JJ ANAST W/RCNSTJ W/VGTMY	49.42	4126.57			090	Y			4205.9		090	Y	
43870	CLOSURE GASTROSTOMY SURG	20.63	1722.61			090	Y	2820.55		1764.36		090	Y	2409.04
43880	CLOSURE GASTROCOLIC FISTULA	46.38	3872.73			090	Y			3926.17		090	Y	
43881	IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	0	BR			YYY	Y			BR		YYY	Y	
43882	REVISION/RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	0	BR			YYY	Y			BR		YYY	Y	
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	10.46	873.41			090	Y	3044.24		912.66		090	Y	1948.12
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	9.36	781.56			090	Y	3044.24		820.81		090	Y	1434.08
43888	GSTR RSTCV OPN RMVL & RPLCMT SUBQ PORT	13.26	1107.21			090	Y	3044.24		1147.29		090	Y	1948.12
43999	UNLISTED PROCEDURE STOMACH	0	BR			YYY	N	1061.55		BR		YYY	N	804.3

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	31.73	2649.46			090	Y	3604.74		2698.72		090	Y	
44010	DUODENOTOMY EXPLORATION/BX/FOREIGN BODY REMOVAL	25.02	2089.17			090	Y			2150.96		090	Y	
44015	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD	4.14	345.69			ZZZ	Y			349.03		ZZZ	Y	
44020	ENTEROTOMY SM INT OTH/THN DUO EXPL BX/FB RMVL	28.27	2360.55			090	Y			2404.8		090	Y	
44021	ENTEROTOMY SM INT OTH/THN DUO DCMPRN	28.26	2359.71			090	Y			2410.65		090	Y	
44025	COLOTOMY EXPLORATION/BIOPSY/FOREIGN BODY REMOVAL	28.59	2387.27			090	Y			2444.88		090	Y	
44050	RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT	27.15	2267.03			090	Y	2783.35		2309.61		090	Y	
44055	CORRJ MALROTATION BANDS&/RDCTJ VOLVULUS	43.28	3613.88			090	Y			3689.03		090	Y	
44100	BX INTESTINE CAPSULE TUBE PRORAL 1/> SPECIMENS	3.16	263.86			000	N	1549.54		280.56		000	N	1195.63
44110	EXC 1/> SMALL/LARGE LESIONS INTESTINE ENTEROTOM	24.71	2063.29			090	Y	3549.64		2101.7		090	Y	
44111	EXC 1/> SM/LG LESIONS INTESTNE MULT ENTEROTOMIE	28.56	2384.76			090	Y			2436.53		090	Y	
44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	35.5	2964.25			090	Y	4191.56		3015.19		090	Y	
44121	ENTERECTOMY RESCJ SMALL INTESTINE EA RESCJ & ANA	7.05	588.68			ZZZ	Y			592.02		ZZZ	Y	
44125	ENTERECTOMY RESCJ SMALL INTESTINE W/ENTEROSTOMY	34.28	2862.38			090	Y			2916.66		090	Y	
44126	ENTRC RESCJ ATRESIA RESCJ & ANAST W/O TAPRING	71.6	5978.60			090	Y			6065.44		090	Y	
44127	ENTRC RESCJ ATRESIA RESCJ & ANAST SGM W/TAPRING	82.23	6866.21			090	Y			7006.49		090	Y	
44128	ENTRC RESCJ ATRESIA EA RESCJ & ANASTOMOSIS	7.12	594.52			ZZZ	Y			595.36		ZZZ	Y	
44130	ENTEROENTEROST ANAST INT W/WO CUTAN NTRSTM SPX	38.09	3180.52			090	Y			3243.98		090	Y	
44132	DONOR ENTERECTOMY OPEN CADAVER DONOR	0	BR			XXX	N			BR		XXX	N	
44133	DONOR ENTERECTOMY OPEN LIVING DONOR	0	BR			XXX	N			BR		XXX	N	
44135	INTESTINAL ALLOTRANSPLANTATION CADAVER DONOR	0	BR			XXX	N			BR		XXX	N	
44136	INTESTINAL ALLOTRANSPLANTATION LIVING DONOR	0	BR			XXX	N			BR		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	0	BR			XXX	Y			BR		XXX	Y	
44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	3.53	294.76			ZZZ	Y			296.43		ZZZ	Y	
44140	COLECTOMY PARTIAL W/ANASTOMOSIS	38.92	3249.82			090	Y	3191.08		3310.78		090	Y	
44141	COLECTOMY PRTL W/SKIN LEVEL CECOST/COLOSTOMY	52.99	4424.67			090	Y			4520.69		090	Y	
44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	48.32	4034.72			090	Y			4116.55		090	Y	
44144	COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA	51.41	4292.74			090	Y			4378.74		090	Y	
44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	48.12	4018.02			090	Y			4096.51		090	Y	
44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	61.47	5132.75			090	Y			5247.98		090	Y	
44147	COLECTOMY PRTL ABDOMINAL & TRANSANAL APPROACH	56.45	4713.58			090	Y			4789.56		090	Y	
44150	COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS	54.26	4530.71			090	Y			4648.45		090	Y	
44151	COLCT TOT ABDL W/O PRCTECT W/CONTINENT ILEOST	62.08	5183.68			090	Y			5315.61		090	Y	
44155	COLECTOMY TOT ABDL W/PROCTECTOMY W/ILEOSTOMY	60.42	5045.07			090	Y			5164.48		090	Y	
44156	COLECTOMY TOT ABDL W/PROCTECTOMY W/CONTNT ILEOST	66.68	5567.78			090	Y			5723.93		090	Y	
44157	COLECTOMY TOT ABD W/PROCTECTOMY ILEOANAL ANAST	62.48	5217.08			090	Y			5380.74		090	Y	
44158	COLCT TTL ABD W/PRCTECT ILEOANAL ANAST & RSVR	61.71	5152.79			090	Y			5523.53		090	Y	
44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	36.03	3008.51			090	Y			3067.79		090	Y	
44180	LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE	26.64	2224.44			090	Y	8002.30	J1	2270.37		090	Y	4498.73
44186	LAPAROSCOPY SURGICAL JEJUNOSTOMY	18.92	1579.82			090	Y	8002.30	J1	1616.56		090	Y	4498.73
44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	32.05	2676.18			090	Y			2765.52		090	Y	
44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	35.55	2968.43			090	Y			3056.94		090	Y	
44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	40.26	3361.71			090	Y	3804.87		3424.34		090	Y	
44203	LAPAROSCOPY SMALL INTESTINE RESCJ & ANASTOMOSIS	7.02	586.17			ZZZ	Y			592.85		ZZZ	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	44.65	3728.28			090	Y	4348.84		3807.6		090	Y	
44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	38.83	3242.31			090	Y	4409.45		3314.12		090	Y	
44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	50.91	4250.99			090	Y			4347.85		090	Y	6607.04
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	52.84	4412.14			090	Y			4519.02		090	Y	6607.04
44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	57.66	4814.61			090	Y			4936.52		090	Y	6607.04
44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS	51.67	4314.45			090	Y			4459.74		090	Y	
44211	LAPS COLCT TTL ABD W/PRCTECT ILEOANAL ANASTOMSIS	63.29	5284.72			090	Y			5559.43		090	Y	
44212	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	59.37	4957.40			090	Y			5136.09		090	Y	
44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	5.47	456.75			ZZZ	Y			464.26		ZZZ	Y	3522.03
44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	48.41	4042.24			090	Y			4127.41		090	Y	
44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
44300	PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN	24.42	2039.07			090	Y			2086.67		090	Y	
44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	30.28	2528.38			090	Y			2584.33		090	Y	
44312	REVJ ILEOSTOMY SIMPLE RLS SUPERFICIAL SCAR SPX	17.07	1425.35			090	N	3044.24		1464.59		090	N	1948.12
44314	REVJ ILEOSTOMY COMPLIC RCNSTJ IN-DEPTH SPX	29.07	2427.35			090	Y			2495.82		090	Y	
44316	CONTINENT ILEOSTOMY KOCK PROCEDURE SPX	41.1	3431.85			090	Y			3485.29		090	Y	
44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	34.84	2909.14			090	Y			2978.45		090	Y	
44322	COLOSTOMY/SKN LVL CECOSTOMY W/MULT BXS SPX	28.95	2417.33			090	Y			2515.86		090	Y	
44340	REVJ COLOSTOMY SMPL RLS SUPFC SCAR SPX	18.11	1512.19			090	N	3044.24		1559.78		090	N	1948.12
44345	REVJ COLOSTOMY COMP RCNSTJ IN-DEPTH SPX	30.49	2545.92			090	Y			2612.72		090	Y	
44346	REVJ COLOSTOMY W/RPR PARACLST HERNIA SPX	34.3	2864.05			090	Y			2935.86		090	Y	
44360	ENDOSCOPY UPPER SMALL INTESTINE	4.37	364.90			000	N	1061.55		391.62		000	N	968.45

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
44361	ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	4.82	402.47			000	N	1549.54		430.03		000	N	968.45
44363	ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY	5.78	482.63			000	N	1549.54		513.53		000	N	968.45
44364	ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	6.15	513.53			000	N	1549.54		547.76		000	N	1429.56
44365	ENTEROSCOPY > 2ND PRTN W/RMVL LESION CAUTERY	5.41	451.74			000	N	1549.54		488.48		000	N	1429.56
44366	ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	7.22	602.87			000	N	1549.54		645.46		000	N	1429.56
44369	ENTEROSCOPY > 2ND PRTN ABLTJ LESION	7.38	616.23			000	N	1549.54		659.65		000	N	1429.56
44370	ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	8	668.00			000	N	7227.14	J1	713.93		000	N	2731.14
44372	ENTEROSCOPY > 2ND PRTN W/PLMT PRQ TUBE	7.21	602.04			000	N	1549.54		640.45		000	N	1429.56
44373	ENTEROSCOPY > 2ND PRTN CONV GSTRST TUBE	5.8	484.30			000	N	1549.54		512.69		000	N	1429.56
44376	ENTEROSC >2ND PRTN W/ILEUM W/WO COLLJ SPEC SPX	8.5	709.75			000	N	1549.54		753.17		000	N	968.45
44377	ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	8.97	749.00			000	N	1549.54		797.43		000	N	968.45
44378	ENTEROSCOPY > 2ND PRTN ILEUM CONTROL BLEEDING	11.47	957.75			000	N	1549.54		1022.88		000	N	1429.56
44379	ENTEROSCOPY > 2ND PRTN W/ILEUM W/STENT PLMT	12.2	1018.70			000	N	7227.14	J1	1090.51		000	N	2731.14
44380	ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD	6.26	522.71			000	N	1061.55		169.51		000	N	968.45
44381	ILEOSCOPY STOMA W/BALLOON DILATION	28.37	2368.90			000	N	1061.55		BR		000	N	1057.3
44382	ILEOSCOPY STOMA W/BX SINGLE/MULTIPLE	9.07	757.35			000	N	1061.55		203.74		000	N	968.45
44384	ILEOSCOPY STOMA W/PLMT OF ENDOSCOPIC STENT	4.59	383.27			000	N	7227.14	J1	BR		000	N	1057.3
44385	NDSC EVAL INTSTINAL POUCH DX W/COLLJ SPEC SPX	6.9	576.15			000	N	1072.09		679.69		000	N	891.86
44386	NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIPLE	9.71	810.79			000	N	1072.09		927.69		000	N	891.86
44388	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX	10.03	837.51			000	N	1072.09		915.16		000	N	891.86
44389	COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	12.64	1055.44			000	N	1072.09		1033.73		000	N	891.86
44390	COLONOSCOPY STOMA W/RMVL FOREIGN BODY	12.62	1053.77			000	N	1072.09		1218.27		000	N	891.86

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
44391	COLONOSCOPY STOMA CONTROL BLEEDING	21.77	1817.80			000	N	1072.09		1298.43		000	N	891.86
44392	COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS	11.89	992.82			000	N	1072.09		1143.95		000	N	891.86
44394	COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	13.37	1116.40			000	N	1072.09		1289.24		000	N	891.86
44401	COLONOSCOPY STOMA ABLATION LESION	92.4	7715.40			000	N	1072.09		BR		000	N	979.7
44402	COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	7.87	657.15			000	N	7227.14	J1	BR		000	N	979.7
44403	COLONOSCOPY STOMA W/ENDOSCOPIC MUCOSAL RESCJ	9.04	754.84			000	N	1072.09		BR		000	N	979.7
44404	COLONOSCOPY STOMA W/SUBMUCOSAL INJECTION	12.11	1011.19			000	N	1072.09		BR		000	N	979.7
44405	COLONOSCOPY STOMA W/BALLOON DILATION	17.37	1450.40			000	N	1072.09		BR		000	N	979.7
44406	COLONOSCOPY STOMA W/ENDOSCOPIC ULTRASOUND EXAM	6.9	576.15			000	N	1072.09		BR		000	N	979.7
44407	COLONOSCOPY STOMA W/US GID NDL ASPIR/BX	8.26	689.71			000	N	1072.09		BR		000	N	979.7
44408	COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION	6.97	582.00			000	N	1072.09		BR		000	N	979.7
44500	INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	0.71	59.29			000	N	687.66		59.29		000	N	567.16
44602	ENTERORRHAPHY 1PERFORATION	41	3423.50			090	Y	3967.31		3470.26		090	Y	
44603	ENTERORRHAPHY MULTIPLE PERFORATIONS	47.01	3925.34			090	Y			3987.96		090	Y	
44604	SUTR LG INTESTINE 1/MULT PERFORAT W/O COLOSTOMY	30.68	2561.78			090	Y	3542.49		2605.2		090	Y	
44605	SUTR LG INTESTINE 1/MULT PERFORAT W/COLOSTOMY	37.88	3162.98			090	Y			3218.93		090	Y	
44615	INTSTINAL STRICTUROPLASTY W/WO DILAT OBSTRCJ	31.23	2607.71			090	Y			2656.97		090	Y	
44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	25.18	2102.53			090	Y	3318.74		2149.29		090	Y	
44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	29.49	2462.42			090	Y			2527.55		090	Y	
44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	46.55	3886.93			090	Y			3958.74		090	Y	
44640	CLOSURE INTESTINAL CUTANEOUS FISTULA	40.7	3398.45			090	Y			3461.91		090	Y	
44650	CLSR ENTEROENTERIC/ENTEROCOLIC FSTL	42.08	3513.68			090	Y			3582.99		090	Y	

MEDICAL DATA														
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44660	CLSR ENTEROVES FSTL W/O INTSTINAL/BLADDER RESCJ	38.54	3218.09			090	Y			3272.37		090	Y	
44661	CLSR ENTEROVES FSTL W/INTESTINE&/BLADDER RESCJ	45	3757.50			090	Y			3816.79		090	Y	
44680	INTESTINAL PLICATION SEPARATE PROCEDURE	30.93	2582.66			090	Y			2641.94		090	Y	
44700	EXCLUSION SM INT FROM PELVIS MESH/PROSTH/TISS	29.57	2469.10			090	Y			2525.04		090	Y	
44701	INTRAOPERATIVE COLONIC LAVAGE	4.9	409.15			ZZZ	Y			410.82		ZZZ	Y	
44705	PREPARE FECAL MICROBIOTA FOR INSTILLATION	0	BR			XXX	N			BR		XXX	N	
44715	BKBENCH PREP CADAVER/LIVING DONOR INTESTINE	0	BR			XXX	Y			BR		XXX	Y	
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	8.01	668.84			XXX	Y			616.23		XXX	Y	
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	11.21	936.04			XXX	Y			941.05		XXX	Y	
44799	UNLISTED PROCEDURE SMALL INTESTINE	0	BR			XXX	N	3720.85		BR		YYY	N	2389.99
44800	EXC MECKEL'S DIVERTICULUM/OMPHALOMESENTERIC DUCT	22.12	1847.02			090	Y	2693.70		1893.78		090	Y	
44820	EXCISION LESION MESENTERY SEPARATE PROCEDURE	24.33	2031.56			090	Y			2077.48		090	Y	
44850	SUTURE MESENTERY SEPARATE PROCEDURE	21.79	1819.47			090	Y			1864.56		090	Y	
44899	UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY	0	BR			YYY	Y			BR		YYY	Y	
44900	INCISION AND DRAINAGE APPENDICEAL ABSCESS OPEN	22.39	1869.57			090	Y			1917.16		090	Y	
44950	APPENDECTOMY	18.64	1556.44			090	Y	3720.85		1584.83		090	Y	2389.99
44955	APPENDEC INDICATED PURPOSE OTH MAJOR PX NOT SPX	2.44	203.74			ZZZ	Y			205.41		ZZZ	Y	2389.99
44960	APPENDEC RPTD APPENDIX ABSC/PRITONITIS	25.36	2117.56			090	Y	3984.21		2155.97		090	Y	
44970	LAPAROSCOPIC APPENDECTOMY	17.42	1454.57			090	Y	8002.30	J1	1487.97		090	Y	4498.73
44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	12.22	1020.37			090	N	2366.33		1057.11		090	N	2360.12
45005	I&D SUBMUCOSAL ABSCESS RECTUM	7.85	655.48			010	N	2366.33		695.56		010	N	1649.83

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
45020	I&D DP SUPRALEVATOR PELVIRCT/RETRORCT ABSC	16.52	1379.42			090	N	2366.33		1421.17		090	N	1649.83
45100	BX ANORECTAL WALL ANAL APPROACH	8.64	721.44			090	N	2366.33		754.84		090	N	1649.83
45108	ANORECTAL MYOMECTOMY	10.59	884.27			090	N	3313.62		923.51		090	N	2360.12
45110	PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST	53.54	4470.59			090	Y			4602.52		090	Y	
45111	PRCTECT PRTL RESCJ RECTUM TABDL APPR	31.47	2627.75			090	Y			2702.9		090	Y	
45112	PRCTECT CMBN ABDOMINOPRNL PULL-THRU PX	54.45	4546.58			090	Y			4672.66		090	Y	
45113	PRCTECT PRTL W/MUCOSEC ILEOANAL ANAST RSVR	54.84	4579.14			090	Y			4937.36		090	Y	
45114	PRCTECT PRTL W/ANAST ABDL & TRANSSAC APPROACH	52.73	4402.96			090	Y			4473.93		090	Y	
45116	PRCTECT PRTL W/ANAST TRANSSAC APPR ONLY	47.73	3985.46			090	Y			3896.95		090	Y	
45119	PRCTECT CMBN PULL-THRU W/RSVR W/NTRSTM	56.42	4711.07			090	Y			4845.51		090	Y	
45120	PRCTECT COMPL W/PULL-THRU PX & ANASTOMOSIS	43.54	3635.59			090	Y			3910.31		090	Y	
45121	PRCTECT COMPL W/STOT/TOT COLCT W/MLT BXS	50.4	4208.40			090	Y			4281.88		090	Y	
45123	PRCTECT PRTL W/O ANAST PRNL APPR	32.43	2707.91			090	Y			2788.07		090	Y	
45126	PELVIC EXENTERATION COLORECTAL MALIGNANCY	80.93	6757.66			090	Y			7068.28		090	Y	
45130	EXC RCT PROCIDENTIA W/ANAST PERINEAL APPROACH	31.49	2629.42			090	Y			2716.26		090	Y	
45135	EXC RCT PROCIDENTIA W/ANAST ABDL & PRNL APPROACH	39.7	3314.95			090	Y			3385.93		090	Y	
45136	EXC ILEOANAL RSVR W/ILEOSTOMY	52.42	4377.07			090	Y			4527.37		090	Y	
45150	DIVISION STRICTURE RECTUM	11.27	941.05			090	N	2366.33		985.3		090	N	2360.12
45160	EXC RCT TUM PROCTOTOMY TRANSSAC/TRANSCOCCYGEAL	29.61	2472.44			090	Y	2366.33		2529.22		090	Y	2360.12
45171	EXC RCT TUM NOT INCL MUSCULARIS PROPRIA	17.38	1451.23			090	Y	3313.62		1510.52		090	Y	2360.12
45172	EXC RCT TUM INCL MUSCULARIS PROPRIA	23.39	1953.07			090	Y	3313.62		2034.06		090	Y	3052.3
45190	DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	20.05	1674.18			090	N	2366.33		1720.1		090	N	2360.12

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
45300	PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	3.5	292.25			000	N	701.36		318.14		000	N	542.25
45303	PROCTOSGMDSC RIGID W/DILATION	27.28	2277.88			000	N	1072.09		2525.04		000	N	923.14
45305	PROCTOSGMDSC RIGID W/BX SINGLE/MULTIPLE	5.56	464.26			000	N	2366.33		510.19		000	N	923.14
45307	PROCTOSGMDSC RIGID W/RMVL FOREIGN BODY	6.66	556.11			000	N	2366.33		598.7		000	N	1975.34
45308	PROCTOSGMDSC RIGID RMVL 1 LESION CAUTERY	6.15	513.53			000	N	2366.33		547.76		000	N	923.14
45309	PROCTOSGMDSC RIGID RMVL 1 LESION SNARE TQ	6.44	537.74			000	N	2366.33		561.12		000	N	923.14
45315	PROCTOSGMDSC RIGID RMVL MULT TUMOR CAUTERY/SNARE	6.44	537.74			000	N	2366.33		592.02		000	N	923.14
45317	PROCTOSGMDSC RIGID CONTROL BLEEDING	6.93	578.66			000	N	1072.09		629.59		000	N	923.14
45320	PROCTOSGMDSC RIGID ABLATION LESION	6.94	579.49			000	N	3313.62		627.09		000	N	1975.34
45321	PROCTOSGMDSC RIGID DCMPRN VOLVULUS	3.11	259.69			000	N	2366.33		270.54		000	N	1975.34
45327	PROCTOSGMDSC RIGID TNDSC STENT PLMT	3.54	295.59			000	N	7227.14	J1	321.48		000	N	2731.14
45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	4.74	395.79			000	N	701.36		356.55		000	N	542.25
45331	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	7.27	607.05			000	N	701.36		429.19		000	N	542.25
45332	SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY	8.82	736.47			000	N	1072.09		769.04		000	N	542.25
45333	SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS	9.9	826.65			000	N	701.36		779.89		000	N	542.25
45334	SIGMOIDOSCOPY FLX CONTROL BLEEDING	17.29	1443.72			000	N	1072.09		408.32		000	N	923.14
45335	SGMDSC FLX DIRED SBMCSL NJX ANY SBST	8.2	684.70			000	N	701.36		727.29		000	N	542.25
45337	SGMDSC FLX W/DCMPRN W/PLMT DCMPRN TUBE	3.53	294.76			000	N	1072.09		357.38		000	N	923.14
45338	SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	9.21	769.04			000	N	1072.09		835		000	N	923.14
45340	SIGMOIDOSCOPY FLX TNDSC BALO DILAT	13.9	1160.65			000	N	1072.09		1300.93		000	N	923.14
45341	SIGMOIDOSCOPY FLX NDSC US XM	3.79	316.47			000	N	1072.09		391.62		000	N	923.14
45342	SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR/BX	5.14	429.19			000	N	2366.33		595.36		000	N	923.14

MEDICAL DATA														
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45346	SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES	88.45	7385.58			000	N	1072.09		BR		000	N	1026.29
45347	SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	4.69	391.62			000	N	7227.14	J1	BR		000	N	1026.29
45349	SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	5.97	498.50			000	N	1072.09		BR		000	N	1026.29
45350	SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	16.56	1382.76			000	N	1072.09		BR		000	N	1026.29
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	10.77	899.30			000	N	1072.09		1007.85		000	N	891.86
45379	COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	13.58	1133.93			000	N	1072.09		1295.92		000	N	891.86
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	13.31	1111.39			000	N	1072.09		1200.73		000	N	891.86
45381	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	12.8	1068.80			000	N	1072.09		1209.92		000	N	891.86
45382	COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	22.52	1880.42			000	N	1072.09		1563.96		000	N	891.86
45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	14.61	1219.94			000	N	1072.09		1194.05		000	N	891.86
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	13.96	1165.66			000	N	1072.09		1351.03		000	N	891.86
45386	COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	18.6	1553.10			000	N	1072.09		1752.67		000	N	891.86
45388	COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	92.93	7759.66			000	N	1072.09		BR		000	N	979.7
45389	COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	8.68	724.78			000	N	7227.14	J1	BR		000	N	979.7
45390	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	9.91	827.49			000	N	1072.09		BR		000	N	979.7
45391	COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	7.73	645.46			000	N	1072.09		735.64		000	N	891.86
45392	COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL	9.1	759.85			000	N	2366.33		943.55		000	N	891.86
45393	COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	7.58	632.93			000	N	1072.09		BR		000	N	979.7
45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY	57.33	4787.06			090	Y			4938.19		090	Y	
45397	LAPS PROCTECTOMY COMBINED PULL-THRU W/RESERVOIR	62.44	5213.74			090	Y			5353.19		090	Y	
45398	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	20.79	1735.97			000	N	1072.09		BR		000	N	979.7
45399	UNLISTED PROCEDURE COLON	0	BR			XXX	N	1072.09		BR		XXX	N	979.7

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	33.01	2756.34			090	Y	5251.07		2869.9		090	Y	
45402	LAPAROSCOPY PROCTOPEXY PROLAPSE SIGMOID RESCJ	44.02	3675.67			090	Y			3798.42		090	Y	
45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
45500	PROCTOPLASTY STENOSIS	15.04	1255.84			090	N	2366.33		1322.64		090	N	2360.12
45505	PROCTOPLASTY PROLAPSE MUCOUS MEMBRANE	17.13	1430.36			090	N	3313.62		1485.47		090	N	3052.3
45520	PERIRECTAL INJ SCLEROSING SOLUTION PROLAPSE	4.47	373.25			000	N	167.81		411.66		000	N	137.98
45540	PROCTOPEXY ABDOMINAL APPROACH	30.65	2559.28			090	Y			2627.75		090	Y	
45541	PROCTOPEXY PERINEAL APPROACH	27.3	2279.55			090	Y	3313.62		2313.79		090	Y	3052.3
45550	PROCTOPEXY W/SIGMOID RESCJ ABDL APPR	42.26	3528.71			090	Y			3637.26		090	Y	
45560	REPAIR RECTOCELE SEPARATE PROCEDURE	19.81	1654.14			090	Y	3313.62		1728.45		090	Y	3052.3
45562	EXPL RPR & PRESACRAL DRG RECTAL INJURY	32.42	2707.07			090	Y			2771.37		090	Y	
45563	EXPL RPR & PRESACRAL DRG RECTAL INJ W/COLOSTOMY	47.82	3992.97			090	Y			4073.13		090	Y	
45800	CLOSURE RECTOVESICAL FISTULA	34.81	2906.64			090	Y			2943.38		090	Y	
45805	CLSR RECTOVESICAL FISTULA W/COLOSTOMY	42.43	3542.91			090	Y			3613.88		090	Y	
45820	CLOSURE RECTOURETHRAL FISTULA	34.46	2877.41			090	Y			2717.09		090	Y	
45825	CLOSURE RECTOURETHRAL FISTULA W/COLOSTOMY	40.03	3342.51			090	Y			3633.92		090	Y	
45900	RDCTJ PROCIDENTIA UNDER ANES SEPARATE PROCEDURE	5.86	489.31			010	N	701.36		509.35		010	N	566.8
45905	DILAT ANAL SPHNCTR SPX UNDER ANES OTH/THN LOCAL	4.89	408.32			010	N	2366.33		423.35		010	N	1649.83
45910	DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL	5.61	468.44			010	N	2366.33		489.31		010	N	1649.83
45915	RMVL FECAL IMPACTION/FB SPX UNDER ANES	9.48	791.58			010	N	2366.33		836.67		010	N	1649.83
45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	3.11	259.69			000	N	2366.33		264.7		000	N	1649.83
45999	UNLISTED PROCEDURE RECTUM	0	BR			YYY	N	701.36		BR		YYY	N	566.8

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
46020	PLACEMENT SETON	7.92	661.32			010	N	2366.33		701.4		010	N	2360.12
46030	REMOVAL ANAL SETON OTHER MARKER	3.98	332.33			010	N	1072.09		357.38		010	N	566.8
46040	I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX	15.33	1280.06			090	N	2366.33		1350.2		090	N	1649.83
46045	I&D INTRAMURAL IM/ABSC TRANSANAL ANES	12.51	1044.59			090	N	2366.33		1087.17		090	N	2360.12
46050	I&D PERIANAL ABSCESS SUPERFICIAL	5.74	479.29			010	N	701.36		522.71		010	N	566.8
46060	I&D ISCHIORCT/INTRAMURAL ABSC W/WO SETON	13.74	1147.29			090	N	2366.33		1195.72		090	N	1649.83
46070	INCISION ANAL SEPTUM INFANT	6.53	545.26			090	N	2366.33		547.76		090	N	1649.83
46080	SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX	7.09	592.02			010	N	2366.33		632.93		010	N	1649.83
46083	INCISION THROMBOSED HEMORRHOID EXTERNAL	5.02	419.17			010	N	294.26		450.07		010	N	197.05
46200	FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED	12.71	1061.29			090	N	2366.33		1133.93		090	N	2360.12
46220	EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	5.88	490.98			010	N	2366.33		529.39		010	N	1649.83
46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	7.65	638.78			010	N	701.36		689.71		010	N	566.8
46230	EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS	7.8	651.30			010	N	2366.33		698.06		010	N	1649.83
46250	HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP	13.27	1108.05			090	N	2366.33		1174.01		090	N	2360.12
46255	HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP	14.5	1210.75			090	N	2366.33		1283.4		090	N	2360.12
46257	HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO	12.16	1015.36			090	N	2366.33		1055.44		090	N	2360.12
46258	HRHC 1 COL/GRP W/FSTULECTMY INCL FSSRECTOMY	13.47	1124.75			090	N	3313.62		1163.99		090	N	2360.12
46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	13.72	1145.62			090	N	3313.62		1187.37		090	N	2360.12
46261	HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU	15.06	1257.51			090	N	3313.62		1310.95		090	N	2360.12
46262	HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY	15.91	1328.49			090	N	3313.62		1389.44		090	N	2360.12
46270	SURG TX ANAL FISTULA SUBQ	14.55	1214.93			090	N	2366.33		1281.73		090	N	2360.12
46275	SURG TX ANAL FISTULA INTERSPHINCTERIC	15.38	1284.23			090	N	2366.33		1363.56		090	N	2360.12

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
46280	TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTRC INCL SETON	13.52	1128.92			090	N	2366.33		1179.86		090	N	2360.12
46285	SURG TX ANAL FISTULA 2ND STAGE	15.24	1272.54			090	N	2366.33		1356.88		090	N	2360.12
46288	CLSR ANAL FSTL W/RCT ADVMNT FLAP	15.86	1324.31			090	N	3313.62		1368.57		090	N	3052.3
46320	EXC THROMBOSED HEMORRHOID XTRNL	5.24	437.54			010	N	2366.33		468.44		010	N	1649.83
46500	INJECTION SCLEROSING SOLUTION HEMORRHOIDS	5.55	463.43			010	N	701.36		612.06		010	N	566.8
46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	8.17	682.20			010	N	2366.33		728.96		010	N	1649.83
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	2.52	210.42			000	N	129.85		227.96		000	N	64.04
46601	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	3.9	325.65			000	N	79.66		BR		000	N	163.41
46604	ANOSCOPY W/DILATION	17.58	1467.93			000	N	2366.33		1641.61		000	N	923.14
46606	ANOSCOPY W/BX SINGLE/MULTIPLE	6.43	536.91			000	N	2366.33		587.01		000	N	923.14
46607	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	5.46	455.91			000	N	1072.09		BR		000	N	1026.29
46608	ANOSCOPY W/RMVL FOREIGN BODY	6.61	551.94			000	N	1072.09		602.87		000	N	923.14
46610	ANOSCOPY W/RMVL LESION CAUTERY	6.44	537.74			000	N	2366.33		589.51		000	N	1975.34
46611	ANOSC RMVL 1 TUM POLYP/OTH LES SNARE TQ	5.01	418.34			000	N	1072.09		448.4		000	N	923.14
46612	ANOSC RMVL MULT TUMORS CAUTERY/SNARE	7.34	612.89			000	N	2366.33		716.43		000	N	1975.34
46614	ANOSCOPY CONTROL BLEEDING	3.66	305.61			000	N	1072.09		327.32		000	N	542.25
46615	ANOSCOPY ABLATION LESION	4.11	343.19			000	N	2366.33		367.4		000	N	1975.34
46700	ANOPLASTY PLASTIC OPERATION STRICTURE ADULT	18.86	1574.81			090	N	2366.33		1634.1		090	N	2360.12
46705	ANOPLASTY PLASTIC OPERATION STRICTURE INFANT	14.44	1205.74			090	Y			1286.74		090	Y	
46706	REPAIR ANAL FISTULA W/FIBRIN GLUE	4.78	399.13			010	N	3313.62		424.18		010	N	2360.12
46707	REPAIR ANORECTAL FISTULA PLUG	13.74	1147.29			090	N	3313.62		1158.98		090	N	3052.3
46710	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT TPRNL APPR	30.39	2537.57			090	Y			2737.13		090	Y	

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
46712	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT CMBN APPR	61.82	5161.97			090	Y			5041.73		090	Y	
46715	RPR LW IMPERFORATE ANUS W/ANOPRNL FSTL CUT-BK	15.66	1307.61			090	Y			1234.13		090	Y	
46716	RPR LW IMPERFORATE ANUS W/TRPOS FISTULA	31.99	2671.17			090	Y			2756.34		090	Y	
46730	RPR HI IMPRF ANUS W/O FSTL PRNL/SACROPRNL APPR	52.63	4394.61			090	Y			4488.13		090	Y	
46735	RPR HI IMPRF ANUS W/O FISTULA CMBN APPR	60.96	5090.16			090	Y			5003.32		090	Y	
46740	RPR HI IMPRF ANUS W/FSTL PRNL/SACROPRNL APPR	62.21	5194.54			090	Y			4929.01		090	Y	
46742	RPR HI IMPRF ANUS W/FSTL TABDL & SACROPRNL	70.39	5877.57			090	Y			5973.59		090	Y	
46744	RPR CLOACAL ANOMALY SACROPERINEAL	102.29	8541.22			090	Y			8314.93		090	Y	
46746	RPR CLOACAL ANOMALY CMBN ABDL&SACROPRNL	105.61	8818.44			090	Y			8627.22		090	Y	
46748	RPR CLOACAL ANOMALY CMBN ABDL & SACROPRNL W/GRF	114.7	9577.45			090	Y			9484.77		090	Y	
46750	SPHNCTROP ANAL INCONTINENCE/PROLAPSE ADULT	21.74	1815.29			090	Y	3313.62		1897.12		090	Y	3052.3
46751	SPHNCTROP ANAL INCONTINENCE/PROLAPSE CHLD	17.2	1436.20			090	Y			1497.16		090	Y	
46753	GRAFT THIERSCH RCT INCONTINENCE &/PROLAPSE	17.66	1474.61			090	N	3313.62		1467.93		090	N	2360.12
46754	RMVL THIERSCH WIRE/SUTURE ANAL CANAL	8.36	698.06			010	N	2366.33		761.52		010	N	1649.83
46760	SPHINCTEROPLASTY ANAL MUSCLE TRANSPLANT	31.49	2629.42			090	Y	3313.62		2732.12		090	Y	3052.3
46761	SPHNCTROP ANAL LEVATOR MUSC IMBRCJ	26.64	2224.44			090	Y	3313.62		2308.78		090	Y	3052.3
46762	SPHNCTROP ANAL IMPLTJ ARTIF SPHNCTR	26.72	2231.12			090	Y	7227.14	J1	2304.6		090	Y	3052.3
46900	DSTRJ LESION ANUS SIMPLE CHEMICAL	6.91	576.99			010	N	321.24		617.07		010	N	270.47
46910	DSTRJ LESION ANUS SMPL ELTRDSICCATION	7.32	611.22			010	N	2009.86		652.97		010	N	1829.09
46916	DSTRJ LESION ANUS SIMPLE CRYOSURGERY	6.54	546.09			010	N	321.24		584.5		010	N	137.98
46917	DSTRJ LESION ANUS SIMPLE LASER SURG	12.81	1069.64			010	N	2366.33		1176.52		010	N	1829.09
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	7.61	635.44			010	N	2366.33		687.21		010	N	1829.09

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46924	DSTRJ LESION ANUS EXTENSIVE	15.17	1266.70			010	N	2366.33		1383.6		010	N	1829.09
46930	DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY	5.86	489.31			090	N	701.36		523.55		090	N	566.8
46940	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX 1ST	6.52	544.42			010	N	2366.33		583.67		010	N	1649.83
46942	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX SBSQ	6.16	514.36			010	N	701.36		552.77		010	N	566.8
46945	HRHC NTRNL LIG OTH THAN RBBR BAND 1 COL/GRP	8.82	736.47			090	N	2366.33		789.08		090	N	2360.12
46946	HRHC NTRNL LIG OTH THAN RBBR BAND 2/> COL/GRP	8.96	748.16			090	N	2366.33		798.26		090	N	2360.12
46947	HEMORRHOIDOPEXY STAPLING	11.04	921.84			090	N	3313.62		956.08		090	N	3052.3
46999	UNLISTED PROCEDURE ANUS	0	BR			YYY	N	701.36		BR		YYY	N	566.8
47000	BIOPSY LIVER NEEDLE PERCUTANEOUS	10.33	862.56			000	N	1341.57		921.01		000	N	920.55
47001	BX LVR NDL DONE PURPOSE TM OTH MAJOR PX	3.02	252.17			ZZZ	N			252.17		ZZZ	N	
47010	HEPATOTOMY OPEN DRAINAGE ABSCESS/CYST 1/2 STAGES	34.91	2914.99			090	Y			2972.6		090	Y	
47015	LAPT W/ASPIR &/NJX HEPATC PARASITIC CYST/ABSCESS	33.19	2771.37			090	Y			2874.91		090	Y	
47100	BIOPSY LIVER WEDGE	24.45	2041.58			090	Y	2622.28		2096.69		090	Y	
47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	67.58	5642.93			090	Y	5008.07		5730.61		090	Y	
47122	HEPATECTOMY RESCJ TRISEGMENTECTOMY	99.72	8326.62			090	Y			8403.44		090	Y	
47125	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY	89.16	7444.86			090	Y			7549.24		090	Y	
47130	HEPATECTOMY RESCJ TOTAL RIGHT LOBECTOMY	95.77	7996.80			090	Y			8087.81		090	Y	
47133	DONOR HEPATECTOMY CADAVER DONOR	0	BR			XXX	N			BR		XXX	N	
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	155.84	13012.64			090	Y			12040.7		090	Y	
47140	DONOR HEPATECTOMY LIVING DONOR SEG II & III	103.7	8658.95			090	Y			8793.39		090	Y	
47141	DONOR HEPATECTOMY LIVING DONOR SEG II III & IV	123.95	10349.83			090	Y			9652.6		090	Y	
47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII &VI	136.66	11411.11			090	Y			11567.26		090	Y	

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47143	BKBENCH PREP CADAVER DONOR	0	BR			XXX	Y			BR		XXX	Y	
47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I&IV VII	0	BR			090	Y			BR		090	Y	
47145	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I&V VI	0	BR			XXX	Y			BR		XXX	Y	
47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	9.58	799.93			XXX	Y			805.78		XXX	Y	
47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	11.15	931.03			XXX	Y			940.21		XXX	Y	
47300	MARSUPIALIZATION CST/ABSC LVR	32.8	2738.80			090	Y			2803.93		090	Y	
47350	MGMT LVR HEMRRG SMPL SUTR LVR WND/INJ	39.72	3316.62			090	Y			3383.42		090	Y	
47360	MGMT LVR HEMRRG CPLX SUTR WND/INJ	53.94	4503.99			090	Y			4624.23		090	Y	
47361	MGMT LVR HEMRRG EXPL WND DBRDMT COAGJ/SUTR	87.7	7322.95			090	Y			7431.5		090	Y	
47362	MGMT LVR HEMRRG RE-EXPL WND RMVL PACKING	42.04	3510.34			090	Y			3574.64		090	Y	
47370	LAPS SURG ABLTJ 1/> LVR TUM RF	36.17	3020.20			090	Y	13721.82	J1	3051.93		090	Y	11714.8
47371	LAPS SURG ABLTJ 1 > LVR TUM CRYOSURG	32.7	2730.45			090	Y	13721.82	J1	3097.02		090	Y	11714.8
47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
47380	ABLTJ OPN 1/> LVR TUM RF	41.82	3491.97			090	Y			3533.72		090	Y	
47381	ABLTJ OPN 1/> LVR TUM CRYOSURG	38.66	3228.11			090	Y			3645.61		090	Y	
47382	ABLTJ 1/> LVR TUM PRQ RF	142.64	11910.44			010	N	5865.24		12737.93		010	N	5220.48
47383	ABLATION 1/> LIVER TUMOR PERQ CRYOABLATION	214.45	17906.58			010	N	5865.24		17995.09		010	N	5080.31
47399	UNLISTED PROCEDURE LIVER	0	BR			YYY	N	325.10		BR		YYY	N	445.75
47400	HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1	62.43	5212.91			090	Y			5302.25		090	Y	
47420	CHOLEDOCHOT/OST W/O SPHNCTROTOMY/SPHNCTROP	38.92	3249.82			090	Y	5785.27		3323.3		090	Y	
47425	CHOLEDOCHOT/OST W/SPHNCTROTOMY/SPHNCTROP	39.26	3278.21			090	Y			3374.24		090	Y	
47460	TRANSDUOL SPHINCTEROT/PLASTY W/WO RMVL CALCULUS	36.34	3034.39			090	Y			3132.92		090	Y	

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47480	CHOLECSTOT/CHOLECSTOST W/EXPL DRG/RMVL ST1 SPX	25.35	2116.73			090	Y			2176.85		090	Y	
47490	CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	9.6	801.60			010	N	3100.66		821.64		010	N	2615.99
47531	NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	10.59	884.27			000	N	500.91						
47532	NJX CHOLANGIO PRQ W/IMG GID RS&I NEW ACCESS	23.31	1946.39			000	N	3100.66						
47533	PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	38.03	3175.51			000	N	3100.66						
47534	PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	46.87	3913.65			000	N	3100.66						
47535	CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	31.44	2625.24			000	N	3100.66						
47536	EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	23.2	1937.20			000	N	3100.66						
47537	REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	11.47	957.75			000	N	687.66						
47538	PLMT BILE DUCT STENT PRQ EXISTING ACCESS	128.03	10690.51			000	N	5865.24						
47539	PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	139.91	11682.49			000	N	5865.24						
47540	PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	145.46	12145.91			000	N	5865.24						
47541	PLMT ACCESS THRU BILIARY TREE INTO SMALL BWL NEW	33.58	2803.93			000	N	3100.66						
47542	BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	14.7	1227.45			ZZZ	N							
47543	ENDOLUMINAL BX BILIARY TREE PRQ ANY METH SNG/MLT	37.7	3147.95			ZZZ	N							
47544	REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	23.21	1938.04			ZZZ	N							
47550	BILIARY NDSC INTRAOPERATIVE	4.82	402.47			ZZZ	Y			404.98		ZZZ	Y	
47552	BILIARY ENDO PRQ T-TUBE DX W/COLLECT SPEC BRUSH	9.04	754.84			000	N	3100.66		767.37		000	N	2615.99
47553	BILIARY NDSC PRQ T-TUBE W/BX SINGLE/MULTIPLE	8.92	744.82			000	N	5865.24		765.7		000	N	2615.99
47554	BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	13.87	1158.15			000	N	5865.24		1199.9		000	N	2615.99
47555	BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	10.68	891.78			000	N	3100.66		905.98		000	N	2615.99
47556	BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT	12.15	1014.53			000	N	5865.24		1029.56		000	N	5220.48

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47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	19.06	1591.51			090	Y	8002.30	J1	1627.42		090	Y	4498.73
47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	20.71	1729.29			090	Y	8002.30	J1	1766.86		090	Y	4498.73
47564	LAPS SURG CHOLECSTC W/EXPL COMMON DUCT	32.28	2695.38			090	Y	8002.30	J1	2753		090	Y	4498.73
47570	LAPAROSCOPY SURG CHOLECYSTOENETEROSTOMY	22.19	1852.87			090	Y			1913.82		090	Y	
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
47600	CHOLECYSTECTOMY	30.95	2584.33			090	Y	5681.42		2638.6		090	Y	
47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	32.59	2721.27			090	Y	4875.50		2776.38		090	Y	
47610	CHOLECYSTECTOMY W/EXPLORATION COMMON DUCT	36.39	3038.57			090	Y			3094.51		090	Y	
47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	36.85	3076.98			090	Y			3123.74		090	Y	
47620	CHOLECSTC EXPL DUX SPHNCTROTOMY/SPHNCTROP	39.92	3333.32			090	Y			3397.62		090	Y	
47700	EXPL CONGENITAL ATRESIA BILE DUCTS	30.11	2514.19			090	Y			2606.04		090	Y	
47701	PORTOENETEROSTOMY	49.2	4108.20			090	N			4275.2		090	N	
47711	EXC BILE DUX TUM W/WO PRIM RPR XTRHEPATC	45.1	3765.85			090	Y			3821.8		090	Y	
47712	EXC BILE DUX TUM W/WO PRIM RPR INTRAHEPATC	57.7	4817.95			090	Y			4922.33		090	Y	
47715	EXCISION CHOLEDOCHAL CYST	38.63	3225.61			090	Y			3286.56		090	Y	
47720	CHOLECYSTOENTEROSTOMY DIRECT	33.36	2785.56			090	Y			2852.36		090	Y	
47721	CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOMY	39.34	3284.89			090	Y			3345.85		090	Y	
47740	CHOLECYSTOENTEROSTOMY ROUX-EN-Y	37.75	3152.13			090	Y			3242.31		090	Y	
47741	CHOLECSTONTRSTM ROUX-EN-Y W/GASTRONTRSTM	42.61	3557.94			090	Y			3643.11		090	Y	
47760	ANAST XTRHEPATC BILIARY DUCTS & GI TRACT	65.54	5472.59			090	Y			5542.73		090	Y	
47765	ANAST INTRAHEPATC DUCTS & GI TRACT	88.04	7351.34			090	Y			7471.58		090	Y	
47780	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS & GI	71.72	5988.62			090	Y			6078.8		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
47785	ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUCTS & GI	94.25	7869.88			090	Y			7963.4		090	Y	
47800	RCNSTJ PLSTC BILIARY DUCTS W/END-TO-END ANAST	45.68	3814.28			090	Y			3901.12		090	Y	
47801	PLACEMENT CHOLEDOCHAL STENT	28.91	2413.99			090	Y			2505		090	Y	
47802	U-TUBE HEPATICOENTEROSTOMY	43.8	3657.30			090	Y			3768.36		090	Y	
47900	SUTURE EXTRAHEPATIC BILE DUCT PRE-EXIST INJURY	39.72	3316.62			090	Y			3396.78		090	Y	
47999	UNLISTED PROCEDURE BILIARY TRACT	0	BR			YYY	N	3100.66		BR		YYY	N	2615.99
48000	PLACE DRAIN PERIPANCREATIC ACUTE PANCREATITIS	54.27	4531.55			090	Y			4557.43		090	Y	
48001	PLACE DRAIN PERIPANCREATIC W/CHOLECYSTOSTOMY	66.41	5545.24			090	Y			5677.17		090	Y	
48020	REMOVAL PANCREATIC CALCULUS	33.97	2836.50			090	Y			2909.14		090	Y	
48100	BIOPSY PANCREAS OPEN	25.7	2145.95			090	Y			2188.54		090	Y	
48102	BIOPSY PANCREA PERCUTANEOUS NEEDLE	15.22	1270.87			010	N	1341.57		1318.47		010	N	920.55
48105	RESECJ/DBRDMT PANCREAS NECROTIZING PANCREATITIS	82.74	6908.79			090	Y			7012.33		090	Y	
48120	EXCISION LESION PANCREAS	32.13	2682.86			090	Y			2737.97		090	Y	
48140	PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	45.34	3785.89			090	Y			3844.34		090	Y	
48145	PNCRTECT DSTL STOT W/PNCRTCOJEJUNOSTOMY	47.18	3939.53			090	Y			4022.2		090	Y	
48146	PNCRTECT DSTL NR-TOT W/PRSRV DUO CHLD-TYP PX	54.45	4546.58			090	Y			4606.7		090	Y	
48148	EXCISION AMPULLA VATER	36.13	3016.86			090	Y			3081.99		090	Y	
48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	90.33	7542.56			090	Y			7633.57		090	Y	
48152	PNCRTECT WHIPPLE W/O PANCREATOJEJUNOSTOMY	83.32	6957.22			090	Y			7108.36		090	Y	
48153	PNCRTECT W/PANCREATOJEJUNOSTOMY	89.84	7501.64			090	Y			7606.02		090	Y	
48154	PNCRTECT PROX STOT W/O PANCREATOJEJUNOSTOMY	84.31	7039.89			090	Y			7139.25		090	Y	
48155	PANCREATECTOMY TOTAL	52.76	4405.46			090	Y			4487.29		090	Y	

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48160	PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS	90.28	7538.38			XXX	N			7720.41		XXX	N	
48400	INJECTION INTRAOPERATIVE PANCREATOGRAPHY	3.06	255.51			ZZZ	N			273.05		ZZZ	N	
48500	MARSUPIALIZATION PANCREATIC CYST	32.65	2726.28			090	Y			2849.86		090	Y	
48510	EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN	31.56	2635.26			090	Y			2677.85		090	Y	
48520	INT ANAST PANCREATIC CYST GI TRACT DIRECT	31.71	2647.79			090	Y			2698.72		090	Y	
48540	INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y	37.7	3147.95			090	Y			3228.11		090	Y	
48545	PANCREATORRHAPHY INJURY	38.67	3228.95			090	Y			3319.13		090	Y	
48547	DUOL EXCLUSION W/GASTROJEJUNOSTOMY PNCRTC INJ	51.93	4336.16			090	Y			4411.31		090	Y	
48548	PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANAST	48.26	4029.71			090	Y			4095.68		090	Y	
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	0	BR			XXX	N			BR		XXX	N	
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	0	BR			XXX	Y			BR		XXX	Y	
48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	6.81	568.64			XXX	Y			576.15		XXX	Y	
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	74.04	6182.34			090	Y			6370.22		090	Y	
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	36.77	3070.30			090	Y			3163.82		090	Y	
48999	UNLISTED PROCEDURE PANCREAS	0	BR			YYY	Y	325.10		BR		YYY	Y	445.75
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	22.34	1865.39			090	Y	3605.76		1903.8		090	Y	
49002	REOPENING RECENT LAPAROTOMY	30.33	2532.56			090	Y			2579.32		090	Y	
49010	EXPL RETROPERITONEUM W/WO BX SPX	27.07	2260.35			090	Y	3412.79		2307.94		090	Y	
49020	DRAINAGE PERITON ABSCESS/LOCAL PERITONITIS OPEN	46.14	3852.69			090	Y	1993.80		3922		090	Y	
49040	DRAINAGE SUBDIAPHRAGMATIC/SUBPHREN ABSCESS OPEN	28.98	2419.83			090	Y			2480.79		090	Y	
49060	DRAINAGE OF RETROPERITONEAL ABSCESS OPEN	31.89	2662.82			090	N			2709.58		090	N	
49062	DRG XTRAPERITONEAL LYMPHOCELE PERITON CAVITY OPN	21.3	1778.55			090	Y			1823.64		090	Y	

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49082	ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	5.46	455.91			000	N	687.66		443.39		000	N	532.02
49083	ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	8.36	698.06			000	N	687.66		799.1		000	N	532.02
49084	PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	3.15	263.03			000	N	687.66		249.67		000	N	532.02
49180	BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	4.66	389.11			000	N	1341.57		402.47		000	N	920.55
49185	SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	28.27	2360.55			000	N	1341.57						
49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM/<	34.69	2896.62			090	Y	3409.45		2938.37		090	Y	
49204	EXC/DESTRUCTION OPEN ABDMNL TUMORS 5.1-10.0 CM	44.38	3705.73			090	Y	3326.72		3746.65		090	Y	
49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0 CM	50.96	4255.16			090	Y	3285.72		4302.76		090	Y	
49215	EXC PRESAC/SACROCOCCYGEAL TUMOR	64.31	5369.89			090	Y			5430.84		090	Y	
49220	STAGING LAPAROTOMY HODGKINS DISEASE/LYMPHOMA	25.73	2148.46			090	Y			2343.85		090	Y	
49250	UMBILECTOMY OMPHALECTOMY EXC UMBILICUS SPX	16.99	1418.67			090	N	3720.85		1448.73		090	N	2389.99
49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	22.9	1912.15			090	Y	2836.96		1962.25		090	Y	
49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	9.41	785.74			010	Y	8002.30	J1	812.46		010	Y	3522.03
49321	LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE	9.99	834.17			010	Y	8002.30	J1	860.89		010	Y	3522.03
49322	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	10.63	887.61			010	Y	8002.30	J1	919.34		010	Y	3522.03
49323	LAPS SURG W/DRG LYMPHOCELE PRTL CAVITY	18.42	1538.07			090	Y	8002.30	J1	1604.87		090	Y	3522.03
49324	LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER	11.31	944.39			010	Y	8002.30	J1	976.12		010	Y	3522.03
49325	LAPS W/REVISION INTRAPERITONEAL CATHETER	12.06	1007.01			010	Y	8002.30	J1	1042.08		010	Y	3522.03
49326	LAPAROSCOPY W/OMENTOPEXY	5.51	460.09			ZZZ	Y			462.59		ZZZ	Y	3522.03
49327	LAPS W/INSERTION NTRSTL DEV W/IMG GUID 1/MLT	3.81	318.14			ZZZ	Y			317.3		ZZZ	Y	3522.03
49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM & OMENTUM	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
49400	INJECTION AIR/CONTRAST PERITONEAL CAVITY SPX	3.89	324.82			000	N			336.51		000	N	

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49402	REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY	24.82	2072.47			090	N	3720.85		2112.55		090	N	2389.99
49405	IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	24.91	2079.99			000	N	1341.57		2065.79		000	N	1443.01
49406	IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	24.92	2080.82			000	N	2014.24		2064.96		000	N	1443.01
49407	IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	20.8	1736.80			000	N	1341.57		1745.15		000	N	920.55
49411	INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	15.6	1302.60			000	N	1462.40		1356.04		000	N	1270.08
49412	PLACEMENT INTRSTL DEV OPN W/IMG GUID 1/MLT	2.41	201.24			ZZZ	N			199.57		ZZZ	N	
49418	INSJ INTRAPERITONEAL CATHETER W/IMG GUID	40.9	3415.15			000	N	3100.66		3685.69		000	N	2914.41
49419	INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT	12.87	1074.65			090	N	3200.67		1081.33		090	N	3457.08
49421	INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	6.7	559.45			000	N	3720.85		565.3		000	N	2914.41
49422	REMOVAL TUNNELED INTRAPERITONEAL CATHETER	11.03	921.01			010	N	3200.67		945.22		010	N	2171.38
49423	EXCHNG ABSC/CST DRG CATH RAD GID SPX	15.64	1305.94			000	N	1720.09		1397.79		000	N	1550.17
49424	CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	4.17	348.20			000	N			369.07		000	N	
49425	INSERTION PERITONEAL-VENOUS SHUNT	21.22	1771.87			090	Y			1864.56		090	Y	
49426	REVIS PERITONEAL-VENOUS SHUNT	17.73	1480.46			090	N	3720.85		1550.6		090	N	2389.99
49427	INJECT EVALUATE PREVIOUS PERITONEAL-VENOUS SHUNT	1.34	111.89			000	N			110.22		000	N	
49428	LIGATION PERITONEAL-VENOUS SHUNT	12.51	1044.59			010	N			1068.8		010	N	
49429	RMVL PERITONEAL-VENOUS SHUNT	13.29	1109.72			010	N	3200.67		1093.02		010	N	2171.38
49435	INSJ SUBQ EXTENSION INTRAPERITONEAL CATHETER	3.5	292.25			ZZZ	Y			293.09		ZZZ	Y	1550.17
49436	DELAYED CREATION EXIT SITE EMBEDDED CATHETER	5.41	451.74			010	Y	1720.09		467.6		010	Y	1550.17
49440	INSERT GASTROSTOMY TUBE PERCUTANEOUS	29.62	2473.27			010	N	1549.54		2678.68		010	N	1195.63
49441	INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	33.4	2788.90			010	N	1549.54		3008.51		010	N	1195.63
49442	INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS	27.55	2300.43			010	N	2366.33		2390.61		010	N	1649.83

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49446	CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	28.5	2379.75			000	N	1549.54		2543.41		000	N	1195.63
49450	REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	19.02	1588.17			000	N	687.66		1713.42		000	N	567.16
49451	REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	20.75	1732.63			000	N	687.66		1868.73		000	N	567.16
49452	REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	25.65	2141.78			000	N	687.66		2294.58		000	N	567.16
49460	OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	20.92	1746.82			000	N	687.66		1889.61		000	N	567.16
49465	CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	4.64	387.44			000	N	143.41		420.84		000	N	158.44
49491	RPR 1ST INGUN HRNA PRETERM INFT RDC	23.01	1921.34			090	Y	3720.85		1962.25		090	Y	3133.77
49492	RPR 1ST INGUN HRNA PRETERM INFT INCARCERATED	27.75	2317.13			090	Y	3720.85		2300.43		090	Y	3133.77
49495	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO RDC	11.03	921.01			090	Y	3720.85		976.12		090	Y	3133.77
49496	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO INCARCER	17.8	1486.30			090	Y	3720.85		1414.49		090	Y	3133.77
49500	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE	10.39	867.57			090	Y	3720.85		926.02		090	Y	3133.77
49501	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS INCARCERATED	16.86	1407.81			090	Y	3720.85		1498.83		090	Y	3133.77
49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	15.07	1258.35			090	Y	3720.85		1290.08		090	Y	3133.77
49507	RPR 1ST INGUN HRNA AGE 5 YRS/> INCARCERATED	16.94	1414.49			090	Y	3720.85		1450.4		090	Y	3133.77
49520	RPR RECRT INGUINAL HERNIA ANY AGE REDUCIBLE	18.3	1528.05			090	Y	3720.85		1562.29		090	Y	3133.77
49521	RPR RECRT INGUN HERNIA ANY AGE INCARCERATED	20.74	1731.79			090	Y	3720.85		1768.53		090	Y	3133.77
49525	RPR INGUN HERNIA SLIDING ANY AGE	16.58	1384.43			090	Y	3720.85		1417		090	Y	3133.77
49540	REPAIR LUMBAR HERNIA	19.43	1622.41			090	Y	3720.85		1670.84		090	Y	3133.77
49550	RPR 1ST FEM HRNA ANY AGE REDUCIBLE	16.65	1390.28			090	Y	3720.85		1426.18		090	Y	3133.77
49553	RPR 1ST FEM HERNIA ANY AGE INCARCERATED	18.27	1525.55			090	Y	3720.85		1561.45		090	Y	3133.77
49555	RPR RECRT FEM HERNIA REDUCIBLE	17.31	1445.39			090	Y	3720.85		1476.28		090	Y	3133.77
49557	RPR RECRT FEM HRNA INCARCERATED	20.96	1750.16			090	Y	3720.85		1784.4		090	Y	3133.77

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49560	REPAIR FIRST ABDOMINAL WALL HERNIA	21.36	1783.56			090	Y	3720.85		1820.3		090	Y	3133.77
49561	RPR 1ST INCAL/VNT HERNIA INCARCERATED	26.95	2250.33			090	Y	3720.85		2293.75		090	Y	3133.77
49565	RPR RECRT INCAL/VNT HERNIA REDUCIBLE	22.24	1857.04			090	Y	3720.85		1897.12		090	Y	3133.77
49566	RPR RECRT INCAL/VNT HERNIA INCARCERATED	27.2	2271.20			090	Y	3720.85		2317.96		090	Y	3133.77
49568	IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE	7.77	648.80			ZZZ	Y			654.64		ZZZ	Y	3133.77
49570	RPR EPIGASTRIC HERNIA REDUCIBLE SPX	12.04	1005.34			090	Y	3720.85		1037.91		090	Y	3133.77
49572	RPR EPIGASTRIC HERNIA INCARCERATED	14.93	1246.66			090	Y	3720.85		1279.22		090	Y	3133.77
49580	RPR UMBILICAL HERNIA < 5 YRS REDUCIBLE	9.61	802.44			090	Y	3720.85		832.5		090	Y	3133.77
49582	RPR UMBILICAL HERNIA < 5 YRS INCARCERATED	13.98	1167.33			090	Y	3720.85		1199.9		090	Y	3133.77
49585	RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE	12.86	1073.81			090	Y	3720.85		1103.87		090	Y	3133.77
49587	RPR UMBILICAL HERNIA AGE 5 YRS/> INCARCERATED	13.76	1148.96			090	Y	3720.85		1181.53		090	Y	3133.77
49590	RPR SPIGELIAN HERNIA	16.57	1383.60			090	Y	3720.85		1418.67		090	Y	3133.77
49600	RPR SMALL OMPHALOCELE W/PRIMARY CLOSURE	20.33	1697.56			090	Y	3720.85		1805.27		090	Y	3133.77
49605	RPR LG OMPHALOCELE/GASTROSCHISIS W/WO PROSTH	143.64	11993.94			090	Y			12099.15		090	Y	
49606	RPR LG OMPHALOCELE/GASTROSCHISIS RMVL PROSTH	32.38	2703.73			090	Y			2787.23		090	Y	
49610	RPR OMPHALOCELE GROSS TYP OPRATION 1ST STG	19.95	1665.83			090	Y			1528.05		090	Y	
49611	RPR OMPHALOCELE GROSS TYP OPRATION 2ND STG	17.55	1465.43			090	Y			1273.38		090	Y	
49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	12.39	1034.57			090	Y	8002.30	J1	1063.79		090	Y	4498.73
49651	LAPS SURG RPR RECURRENT INGUINAL HERNIA	16.1	1344.35			090	Y	8002.30	J1	1384.43		090	Y	4498.73
49652	LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE	21.56	1800.26			090	Y	8002.30	J1	1700.06		090	Y	6607.04
49653	LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATED	26.89	2245.32			090	Y	8002.30	J1	2120.07		090	Y	6607.04
49654	LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE	24.5	2045.75			090	Y	13721.82	J1	1927.18		090	Y	6607.04

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
49655	LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED	29.92	2498.32			090	Y	13721.82	J1	2351.36		090	Y	6607.04
49656	LAPS RPR RECURRENT INCISIONAL HERNIA REDUCIBLE	26.62	2222.77			090	Y	13721.82	J1	2089.17		090	Y	6607.04
49657	LAPS RPR RECURRENT INCAL HRNA NCRC8/STRANGULATED	38.26	3194.71			090	Y	13721.82	J1	2997.65		090	Y	6607.04
49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
49900	SEC ABDOMINAL WALL SUTURE EVISCERATION/DEHSN	23.57	1968.10			090	Y	2896.11		2025.71		090	Y	
49904	OMENTAL FLAP EXTRA-ABDOMINAL	41.26	3445.21			090	N			3608.87		090	N	
49905	OMENTAL FLAP INTRA-ABDOMINAL	10.26	856.71			ZZZ	Y			863.39		ZZZ	Y	
49906	FREE OMENTAL FLAP W/MICROVASCULAR ANAST	0	BR			090	N			BR		090	N	
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	0	BR			YYY	N	3720.85		BR		YYY	N	2389.99
50010	RNL EXPL X NECESSITATING OTH SPEC PX	21.29	1777.72			090	Y			1797.76		090	Y	
50020	DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	29.25	2442.38			090	N	2145.45		2601.03		090	N	2462.59
50040	NEPHROSTOMY/NEPHROTOMY W/DRAINAGE	26.62	2222.77			090	N	2552.09		2236.97		090	N	
50045	NEPHROTOMY W/EXPLORATION	27.68	2311.28			090	Y			2246.99		090	Y	
50060	NEPHROLITHOTOMY REMOVAL STAGE 1	32.87	2744.65			090	Y	5164.45		2744.65		090	Y	
50065	NEPHROLITHOTOMY SECONDARY FOR CALCULUS	34.75	2901.63			090	Y	4717.63		2911.65		090	Y	
50070	NEPHROLITHOTOMY COMP CGEN KDN ABNORMALITY	34.08	2845.68			090	Y			2855.7		090	Y	
50075	NEPHROLITHOTOMY RMVL LG STAGHORN STAGE 1	41.9	3498.65			090	Y			3509.51		090	Y	
50080	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY </2 CM	25	2087.50			090	N	14856.54	J1	2098.36		090	N	4207.02
50081	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY > 2 CM	36.7	3064.45			090	Y	14856.54	J1	3078.65		090	Y	4207.02
50100	TRNSXJ/REPOSITIONING ABERRANT RENAL VESSEL SPX	30.52	2548.42			090	Y			2494.15		090	Y	
50120	PYELOTOMY W/EXPLORATION	27.29	2278.72			090	Y			2287.9		090	Y	
50125	PYELOTOMY W/DRAINAGE PYELOSTOMY	29.67	2477.45			090	Y			2537.57		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
50130	PYELOTOMY W/REMOVAL CALCULUS	29.68	2478.28			090	Y			2489.14		090	Y	
50135	PYELOTOMY COMPLICATED	32.74	2733.79			090	Y			2702.9		090	Y	
50200	RENAL BIOPSY PRQ TROCAR/NEEDLE	17.49	1460.42			000	N	2014.24		1489.64		000	N	920.55
50205	RENAL BIOPSY SURG EXPOSURE KIDNEY	21.8	1820.30			090	Y			1852.03		090	Y	
50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	30.13	2515.86			090	Y	5456.22		2530.89		090	Y	
50225	NEPHRECTOMY W/PRTL URETERECT OPN RIB RESCJ COMPL	34.63	2891.61			090	Y			2896.62		090	Y	
50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	36.86	3077.81			090	Y			3087		090	Y	
50234	NEPHRECTOMY W/TOT URETERECT&BLDR CUFF SAME INC	37.4	3122.90			090	Y			3134.59		090	Y	
50236	NEPHRECTOMY TOT URETEREC&BLDR CUFF SEPAR INCISN	42.2	3523.70			090	Y			3532.05		090	Y	
50240	NEPHRECTOMY PARTIAL	38.07	3178.85			090	Y			3192.21		090	Y	
50250	OPEN ABLATION RENAL MASS CRYOSURG ULTRASOUND	34.98	2920.83			090	Y			2939.2		090	Y	
50280	EXCISION/UNROOFING CYST KIDNEY	27.43	2290.41			090	Y			2313.79		090	Y	
50290	EXCISION PERINEPHRIC CYST	25.82	2155.97			090	Y			2166.83		090	Y	
50300	DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	0	BR			XXX	N			BR		XXX	N	
50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	41.92	3500.32			090	Y			3557.1		090	Y	
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	0	BR			XXX	Y			BR		XXX	Y	
50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	0	BR			XXX	Y			BR		XXX	Y	
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	6.3	526.05			XXX	Y			527.72		XXX	Y	
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	5.53	461.76			XXX	Y			460.92		XXX	Y	
50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	5.17	431.70			XXX	Y			425.02		XXX	Y	
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	27.08	2261.18			090	Y			2358.04		090	Y	
50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	70.1	5853.35			090	Y			6351.85		090	Y	

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50365	RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	81.95	6842.83			090	Y			7055.75		090	Y	
50370	RMVL TRNSPLED RENAL ALLOGRAFT	34.72	2899.12			090	Y			2966.76		090	Y	
50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	57.51	4802.09			090	Y			4970.76		090	Y	
50382	RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	33.81	2823.14			000	N	2145.45		3000.99		000	N	2462.59
50384	REMOVAL INDWELLING URETERAL STENT PRQ	26.97	2252.00			000	N	2145.45		2403.13		000	N	1459.44
50385	REMOVE & REPLACE INDWELL URETERAL STENT TRURTHRL	32.51	2714.59			000	N	2145.45		2890.77		000	N	2462.59
50386	REMOVE INT DWELL URETERAL STENT TRANSURETHRAL	21.19	1769.37			000	N	2145.45		1871.24		000	N	657.63
50387	RMVL & RPLCMT XTRNL ACCESSIBLE NEPHROURTRL CATH	15.51	1295.09			000	N	1720.09		1401.13		000	N	1550.17
50389	RMVL NFROS TUBE REQ FLUORO GUIDANCE	8.45	705.58			000	N	746.97		759.02		000	N	657.63
50390	ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ	2.8	233.80			000	N	1341.57		235.47		000	N	920.55
50391	INSTLJ THER AGENT RENAL PELVIS&/URETER VIA TUB	3.48	290.58			000	N	294.26		296.43		000	N	105.77
50395	INTRO GUIDE PELVIS&/URETER W/DILAT NFROS TRACT	5.17	431.70			000	N	3195.20		437.54		000	N	2462.59
50396	MANOMETRIC STDS THRU TUBE/NDWELLG URTRL CATH	3.41	284.74			000	N	746.97		273.88		000	N	197.05
50400	PYELOPLASTY SIMPLE	33.32	2782.22			090	Y			2792.24		090	Y	
50405	PYELOPLASTY COMPLICATED	40.18	3355.03			090	Y	3140.36		3360.88		090	Y	
50430	NJX PX ANTEGRDE NFROSGRM &/URTRGRM NEW ACCESS	14.82	1237.47			000	N	746.97						
50431	NJX PX ANTEGRDE NFROSGRM &/URTRGRM EXSTNG ACESS	4.61	384.94			000	N	746.97						
50432	PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	24.03	2006.51			000	N	2145.45						
50433	PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	32.34	2700.39			000	N	2145.45						
50434	CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	25.59	2136.77			000	N	746.97						
50435	EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	13.43	1121.41			000	N	746.97						
50500	NEPHRORRHAPHY SUTURE KIDNEY WOUND/INJURY	36.88	3079.48			090	Y			3114.55		090	Y	

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50520	CLOSURE NEPHROCUTANEOUS/PYELOCUTANEOUS FISTULA	32.6	2722.10			090	Y			2497.49		090	Y	
50525	CLSR NEPHROVISCERAL FISTULA W/VISC RPR ABDL APPR	41.2	3440.20			090	Y			3615.55		090	Y	
50526	CLSR NEPHROVISCERAL FISTULA W/VISC RPR THRC APPR	42.74	3568.79			090	Y			3496.15		090	Y	
50540	SYMPHYSIOTOMY HORSESHOE KDN W/WO PLOP UNI/BI	33.13	2766.36			090	Y			2763.85		090	Y	
50541	LAPAROSCOPY SURG ABLATION RENAL CYSTS	26.44	2207.74			090	Y	8002.30	J1	2218.6		090	Y	3522.03
50542	LAPS ABLTJ RENAL MASS LESION W/INTRAOP US	33.55	2801.43			090	Y	13721.82	J1	2812.28		090	Y	11714.8
50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	42.76	3570.46			090	Y	13721.82	J1	3590.5		090	Y	4498.73
50544	LAPAROSCOPY SURG PYELOPLASTY	35.8	2989.30			090	Y	13721.82	J1	3002.66		090	Y	4498.73
50545	LAPAROSCOPY RADICAL NEPHRECTOMY	38.54	3218.09			090	Y	12069.42		3233.12		090	Y	
50546	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT	34.61	2889.94			090	Y	7289.84		2901.63		090	Y	
50547	LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	46.56	3887.76			090	Y			3951.22		090	Y	
50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	38.76	3236.46			090	Y			3243.14		090	Y	
50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
50551	RENAL ENDOSCOPY NEPHROSTOMY W/WO IRRIGATION	10.3	860.05			000	N	3195.20		868.4		000	N	657.63
50553	RENAL NDSC NEPHROST W/URETERAL CATH W/WO DILA	10.94	913.49			000	N	6787.46	J1	936.04		000	N	2462.59
50555	RENAL NDSC NEPHROS/PYELOSTOMY BIOPSY	11.76	981.96			000	N	3195.20		994.49		000	N	657.63
50557	RENAL NDSC NEPHROS/PYELOSTOMY FULG&/INC W/WO BI	12.01	1002.84			000	N	14856.54	J1	1012.02		000	N	2462.59
50561	RENAL NDSC NEPHROS/PYELOSTOMY RMVL FB/CALCULUS	13.63	1138.11			000	N	6787.46	J1	1148.13		000	N	2462.59
50562	RENAL NDSC NEPHROS/PYELOSTOMY RESCJ TUMOR	16.73	1396.96			090	Y	3195.20		1401.13		090	Y	657.63
50570	RENAL NDSC NEPHROTOMY W/WO IRRIGATION	14.17	1183.20			000	N	2145.45		1181.53		000	N	657.63
50572	RNL NDSC NFROT W/URTRL CATHJ W/WO DILAT URETER	15.33	1280.06			000	N	746.97		1280.06		000	N	657.63
50574	RENAL NDSC NEPHROTOMY W/BIOPSY	16.3	1361.05			000	N	746.97		1361.89		000	N	657.63

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50575	RNL NDSC NFROT/PLOT W/ENDOPYELOTOMY	20.59	1719.27			000	N	6787.46	J1	1719.27		000	N	3531.09
50576	RNL NDSC NFROT FULGURATION &/INCISION W/WO BX	16.29	1360.22			000	N	2145.45		1356.88		000	N	1459.44
50580	RNL NDSC NFROT/PLOT W/RMVL FB/CALCULUS	17.55	1465.43			000	N	2145.45		1462.92		000	N	1459.44
50590	LITHOTRIPSY XTRCORP SHOCK WAVE	20.53	1714.26			090	N	6787.46	J1	1752.67		090	N	3661.65
50592	ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	72.33	6039.56			010	N	5865.24		7899.94		010	N	5220.48
50593	ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	131.85	11009.48			010	Y	5865.24		11676.64		010	Y	5220.48
50600	URTROTOMY W/EXPL/DRG SEPARATE PROCEDURE	27.13	2265.36			090	Y			2262.02		090	Y	
50605	URETEROTOMY INSERTION INDWELLING STENT ALL TYPES	28.4	2371.40			090	Y			2389.77		090	Y	
50606	ENDOLUMINAL BX URTR &/RNL PELVIS NONENDOSCOPIC	15.02	1254.17			ZZZ	N							
50610	URTROLITHOTOMY UPPER ONE-THIRD URETER	28.12	2348.02			090	Y			2277.88		090	Y	
50620	URTROLITHOTOMY MIDDLE ONE-THIRD URETER	26.09	2178.52			090	Y			2179.35		090	Y	
50630	URTROLITHOTOMY LOWER ONE-THIRD URETER	25.62	2139.27			090	Y			2152.63		090	Y	
50650	URETRECECTOMY W/BLADDER CUFF SEPARATE PROCEDURE	29.78	2486.63			090	Y			2499.99		090	Y	
50660	URETERECTOMY TOT ECTOPIC URETER CMBN APPR	33.05	2759.68			090	Y			2754.67		090	Y	
50684	INJ PX URETEROGRAPHY/URETEROPYLOGRAPHY CATH	3.02	252.17			000	N			263.03		000	N	
50686	MANOMETRIC STDS THRU URTROST/NDWELLG URTRL CATH	4.08	340.68			000	N	184.79		369.91		000	N	105.77
50688	CHNG URTROST TUBE/XTRNLLY ACCESSIBLE STENT ILEAL	2.3	192.05			010	N	1720.09		196.23		010	N	1550.17
50690	NJX VISUALIZATION ILEAL CONDUIT&/URETEROPYELOG	2.81	234.64			000	N			239.65		000	N	
50693	PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	30.1	2513.35			000	N	3195.20						
50694	PLMT URTRL STNT PRQ NEW ACESS W/O SEP NFROS CATH	33.15	2768.03			000	N	3195.20						
50695	PLMT URTRL STENT PRQ NEW ACCESS W/SEP NFROS CATH	40.42	3375.07			000	N	3195.20						
50700	URETEROPLASTY PLASTIC OPERATION URETER	26.78	2236.13			090	Y			2231.96		090	Y	

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50705	URETERAL EMBOLIZATION/OCCLUSION W/IMG GID RS&I	48.46	4046.41			ZZZ	N							
50706	BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	21.74	1815.29			ZZZ	N							
50715	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	35.15	2935.03			090	Y	3082.34		2934.19		090	Y	
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	29.36	2451.56			090	Y			2600.19		090	Y	
50725	URTROLSS RETROCAVAL URTR W/REANAST	32.47	2711.25			090	Y			2655.3		090	Y	
50727	REVJ URINARY-CUTANEOUS ANASTAMOSIS	14.57	1216.60			090	Y	3195.20		1227.45		090	Y	1818.44
50728	REVJ UR-CUTAN ANAST RPR FSCAL DFCT & HERNIA	20.14	1681.69			090	Y			1686.7		090	Y	
50740	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	35.47	2961.75			090	Y			3015.19		090	Y	
50750	URETEROCALYCOSTOMY ANAST URETER RENAL CALYX	33.16	2768.86			090	Y			2778.05		090	Y	
50760	URETEROURETEROSTOMY	32.54	2717.09			090	Y			2744.65		090	Y	
50770	TRANSURETEROURETEROSTOMY ANAST URETER CLAT URTR	33.11	2764.69			090	Y			2778.05		090	Y	
50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	31.89	2662.82			090	Y	6194.55		2679.52		090	Y	
50782	URETERONEOCYSTOSTOMY ANAST DUPLICATE URETER BLDR	30.33	2532.56			090	Y			2958.41		090	Y	
50783	URETERONEOCYSTOSTOMY W/URETERAL TAILORING	32.57	2719.60			090	Y			2716.26		090	Y	
50785	URTRONEOCSTOST W/VESICO-PSOAS HITCH/BLDR FLAP	34.9	2914.15			090	Y			2918.33		090	Y	
50800	URETEROENTEROSTOMY ANAST URETER INTESTINE	26.57	2218.60			090	Y			2246.15		090	Y	
50810	URETEROSIGMOIDOSTOMY W/SIGMOID BLADDER & COLOSTO	36.27	3028.55			090	Y			3230.62		090	Y	
50815	URETEROCOLON CONDUIT INTESTINE ANASTOMOSIS	35.21	2940.04			090	Y			2946.72		090	Y	
50820	URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS	37.82	3157.97			090	Y			3186.36		090	Y	
50825	CONTINENT DVRJ W/INT ANAST ANY SGM SM&/LG INTSTN	47.67	3980.45			090	Y			4002.16		090	Y	
50830	URINARY UNIDIVERSION	52.11	4351.19			090	Y			4338.66		090	Y	
50840	RPLCMT ALL/PART URETER INTESTINE SGM W/ANAST	35.42	2957.57			090	Y			2963.42		090	Y	

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50845	CUTANANEOUS APPENDICO-VESICOSTOMY	35.94	3000.99			090	Y			3022.7		090	Y	
50860	URETEROSTOMY TRANSPLANTATION URETER SKIN	27.17	2268.70			090	Y			2278.72		090	Y	
50900	URETERORRHAPHY SUTURE URETER SEPARATE PROCEDURE	24.76	2067.46			090	Y			2054.94		090	Y	
50920	CLOSURE URETEROCUTANEOUS FISTULA	25.38	2119.23			090	Y			2125.91		090	Y	
50930	CLOSURE URETEROCUTANEOUS FISTULA W/VISC RPR	33.95	2834.83			090	Y			2850.69		090	Y	
50940	DELIGATION URETER	25.49	2128.42			090	Y			2140.94		090	Y	
50945	LAPAROSCOPY URTROLITHOTOMY	27.96	2334.66			090	Y	8002.30	J1	2344.68		090	Y	4498.73
50947	LAPS URTRONEOCSTOST W/CSTSC&URTRL STENT PLMT	39.98	3338.33			090	Y	8002.30	J1	3336.66		090	Y	4498.73
50948	LAPS URTRONEOCSTOST W/O CSTSC&URTRL STENT PLMT	36.72	3066.12			090	Y	13721.82	J1	3069.46		090	Y	4498.73
50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
50951	URETERAL ENDOSCOPY VIA URETEROSTOMY	10.75	897.63			000	N	2145.45		905.98		000	N	657.63
50953	URETERAL ENDOSCOPY VIA URETEROST W/WO DIL URETER	11.35	947.73			000	N	3195.20		961.92		000	N	657.63
50955	URETERAL ENDOSCOPY VIA URETEROSTOMY W/BIOPSY	12.17	1016.20			000	N	3195.20		1026.22		000	N	2462.59
50957	URETERAL ENDOSCOPY W/DEST&/INC W/WO BIOPSY	12.28	1025.38			000	N	6787.46	J1	1035.4		000	N	2462.59
50961	URETERAL ENDOSCOPY VIA URETEROST W/RMVL FB/STONE	11.07	924.35			000	N	2145.45		932.7		000	N	2462.59
50970	URETERAL ENDOSCOPY VIA URETEROTOMY W/O IMAGING	10.73	895.96			000	N	746.97		891.78		000	N	657.63
50972	NDSC URETEROTOMY URTRL CATHJ W/WO DILAT URETER	10.44	871.74			000	N	746.97		863.39		000	N	657.63
50974	URETERAL ENDOSCOPY VIA URETEROT W/O IMAGING W/BX	13.64	1138.94			000	N	6787.46	J1	1138.11		000	N	1459.44
50976	URETERAL ENDOSC VIA URETEROT W/DEST&/INC W/WO BX	13.42	1120.57			000	N	6787.46	J1	1122.24		000	N	1459.44
50980	NDSC URETEROTOMY RMVL FB/CALCULUS	10.21	852.54			000	N	3195.20		856.71		000	N	2462.59
51020	CYSTOTOMY/CYSTOSTOMY FULG&/INSJ RADACT MATRL	13.48	1125.58			090	Y	3195.20		1138.11		090	Y	2462.59
51030	CSTOTOMY/CSTOST CRYOSURG DSTRJ INTRAVESICAL LES	13.67	1141.45			090	N	3195.20		1138.94		090	N	2462.59

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51040	CYSTOSTOMY CYSTOTOMY W/DRAINAGE	8.3	693.05			090	Y	2145.45		703.07		090	Y	2462.59
51045	CYSTOTOMY W/INSJ URETERAL CATH/STENT SPX	14.12	1179.02			090	Y	2145.45		1197.39		090	Y	657.63
51050	CYSTOLITHOTOMY CYSTOTOMY W/RMVL CALCULUS	13.56	1132.26			090	Y	6787.46	J1	1143.12		090	Y	2462.59
51060	TRANSVESICAL URETROLITHOTOMY	16.76	1399.46			090	Y	3195.20		1406.14		090	Y	3531.09
51065	CYSTOTOMY W/CALCULUS BASKET XTRJ&/FRAGMENTATIO	16.61	1386.94			090	N	6787.46	J1	1399.46		090	N	2462.59
51080	DRG PRIVESICAL/PREVESICAL SPACE ABSC	11.77	982.80			090	Y	1341.57		990.31		090	Y	1701.78
51100	ASPIRATION BLADDER NEEDLE	1.74	145.29			000	N	746.97		151.97		000	N	197.05
51101	ASPIRATION BLADDER TROCAR/INTRACATHETER	3.53	294.76			000	N	1219.75		312.29		000	N	105.77
51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	6.46	539.41			000	N	2145.45		558.62		000	N	1818.44
51500	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	18.34	1531.39			090	Y	3720.85		1538.07		090	Y	3133.77
51520	CYSTOTOMY SIMPLE EXCISION VESICAL NECK	17.19	1435.37			090	Y	3195.20		1436.2		090	Y	2462.59
51525	CYSTOTOMY EXCISE BLADDER DIVERTICULUM 1/MULTIPLE	24.7	2062.45			090	Y			2076.65		090	Y	
51530	CYSTOTOMY EXCISION BLADDER TUMOR	22.9	1912.15			090	Y			1918		090	Y	
51535	CYSTOTOMY EXCISE/INCISE/REPAIR URETEROCELE	22.4	1870.40			090	Y	3195.20		1878.75		090	Y	2462.59
51550	CYSTECTOMY PARTIAL SIMPLE	27.74	2316.29			090	Y			2347.19		090	Y	
51555	CYSTECTOMY PARTIAL COMPLICATED	36.49	3046.92			090	Y			3073.64		090	Y	
51565	CSTC PRTL W/RIMPLTJ URTR IN BLDR URTRONEOCSTOST	37.4	3122.90			090	Y			3128.75		090	Y	
51570	CYSTECTOMY COMPLETE SEPARATE PROCEDURE	42.52	3550.42			090	Y			3564.62		090	Y	
51575	CYSTECTOMY W/BI PELVIC LYMPHADENECTOMY	52.44	4378.74			090	Y			4381.25		090	Y	
51580	CYSTECTOMY W/URETEROSIGMOIDOSTOMY W/NODES	54.51	4551.59			090	Y			4564.11		090	Y	
51585	CYSTECTOMY W/URETEROSIGMOID BI PELV LYMPH NODES	60.65	5064.28			090	Y			5080.14		090	Y	
51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	55.65	4646.78			090	Y			4654.29		090	Y	

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51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	62.96	5257.16			090	Y			5272.19		090	Y	
51596	CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR	67.65	5648.78			090	Y			5664.64		090	Y	
51597	PELVIC EXENTERATION COMPLETE MALIGNANCY	66.11	5520.19			090	Y			5529.37		090	Y	
51600	NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	5.21	435.04			000	N			453.41		000	N	
51605	NJX & PLACEMENT CHAIN CONTRAST&/URETHROCSTOGRAPY	1.1	91.85			000	N			92.69		000	N	
51610	NJX RETROGRADE URETHROCSTOGRAPY	3.03	253.01			000	N			261.36		000	N	
51700	BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	2.36	197.06			000	N	294.26		203.74		000	N	197.05
51701	INSJ NON-NDWELLG BLADDER CATHETER	1.55	129.43			000	N	129.85		135.27		000	N	64.04
51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	1.99	166.17			000	N	129.85		175.35		000	N	64.04
51703	INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	3.68	307.28			000	N	184.79		317.3		000	N	105.77
51705	CHANGE CYSTOSTOMY TUBE SIMPLE	2.58	215.43			000	N	294.26		223.78		000	N	197.05
51710	CHANGE CYSTOSTOMY TUBE COMPLICATED	3.65	304.78			000	N	687.66		227.96		000	N	567.16
51715	NDSC NJX IMPLT MATRL URT&/BLDR NCK	8.27	690.55			000	N	3195.20		707.25		000	N	3061.66
51720	BLADDER INSTILLATION ANTICARCINOGENIC AGENT	3.1	258.85			000	N	294.26		263.86		000	N	299.71
51725	SIMPLE CYSTOMETROGRAM	5.3	442.55	182.87	259.68	000	N	294.26		466.77	184.54	000	N	299.71
51726	BLADDER PRESSURE MEASUREMENT DURING FILLING	7.44	621.24	204.58	416.66	000	N	746.97		657.98	206.25	000	N	299.71
51727	COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	8.81	735.64	256.35	479.29	000	N	746.97		787.41	263.03	000	N	299.71
51728	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	8.89	742.32	250.50	491.82	000	N	746.97		783.23	253.84	000	N	299.71
51729	COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	9.61	802.44	303.11	499.33	000	N	746.97		852.54	309.79	000	N	299.71
51736	SIMPLE UROFLOMETRY	0.44	36.74	20.04	16.70	XXX	N	129.85		37.58	20.04	XXX	N	64.04
51741	COMPLEX UROFLOMETRY	0.45	37.58	20.04	17.54	XXX	N	184.79		38.41	20.04	XXX	N	105.77
51784	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	5.44	454.24	183.70	270.54	000	N	184.79		477.62	185.37	000	N	105.77

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51785	NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	7.48	624.58	211.26	413.32	000	N	294.26		637.11	192.89	000	N	197.05
51792	STIMULUS EVOKED RESPONSE	5.98	499.33	132.77	366.56	000	N	79.66		530.23	134.44	000	N	105.77
51797	VOID PRESSURE STUDIES INTRAABDOMINAL	3.16	263.86	96.03	167.83	ZZZ	N			278.89	96.03	ZZZ	N	197.05
51798	MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	0.54	45.09	0.00	45.09	XXX	N	129.85		48.43		XXX	N	64.04
51800	CSTOPLASTY/CSTOURTP PLSTC ANY	29.93	2499.16			090	Y			2521.7		090	Y	
51820	CSTOURTP W/UNI/BI URTRONEOCSTOST	31.96	2668.66			090	Y			2611.05		090	Y	
51840	ANT VESICOURETHROPEXY/URETHROPEXY SMPL	18.85	1573.98			090	Y	3744.39		1622.41		090	Y	
51841	ANT VESICOURETHROPEXY/URETHROPEXY COMP	22.38	1868.73			090	Y			1928.02		090	Y	
51845	ABDOMINO-VAG VESICAL NCK SSP W/WO NDSC CTRL	16.84	1406.14			090	Y	7320.40	J1	1431.19		090	Y	4393.43
51860	CYSTORRHAPHY SUTR BLDR WND INJ/RPT SIMPLE	21.45	1791.08			090	Y	6787.46	J1	1827.82		090	Y	2462.59
51865	CYSTORRHAPHY SUTR BLDR WND INJ/RPT COMPLICATED	25.74	2149.29			090	Y			2181.02		090	Y	
51880	CLOSURE CYSTOSTOMY SEPARATE PROCEDURE	13.47	1124.75			090	Y	2145.45		1142.28		090	Y	2462.59
51900	CLSR VESICOVAGINAL FISTUL AABDL APPROACH	24.02	2005.67			090	Y			2009.01		090	Y	
51920	CLOSURE VESICOUTERINE FISTULA	24.94	2082.49			090	Y			1998.16		090	Y	
51925	CLSR VESICOUTERINE FISTULA W/HYSTERECTOMY	31.41	2622.74			090	Y			2586.83		090	Y	
51940	CLOSURE EXSTROPHY BLADDER	47.56	3971.26			090	Y			3961.24		090	Y	
51960	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	40.05	3344.18			090	Y			3360.04		090	Y	
51980	CUTANEOUS VESICOSTOMY	20.48	1710.08			090	Y			1720.94		090	Y	
51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	21.53	1797.76			090	Y	8002.30	J1	1858.71		090	Y	4498.73
51992	LAPAROSCOPY SLING OPERATION STRESS INCONT	24.15	2016.53			090	Y	8002.30	J1	2110.88		090	Y	4498.73
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	0	BR			YYY	N	8002.30	J1	BR		YYY	N	3522.03
52000	CYSTOURETHROSCOPY	5.8	484.30			000	N	746.97		496.83		000	N	657.63

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52001	CYSTO W/IRRIG & EVAC MULTPLE OBSTRUCTING CLOTS	10.59	884.27			000	N	2145.45		895.96		000	N	1459.44
52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	7.53	628.76			000	N	2145.45		649.63		000	N	2462.59
52007	CYSTO W/URTRL CATHJ BRUSH BX URTR&/RENAL PELVIS	12.54	1047.09			000	N	3195.20		1095.52		000	N	2462.59
52010	CYSTO W/EJACULATORY DUCT CATHETERIZATION	10.54	880.09			000	N	746.97		900.13		000	N	657.63
52204	CYSTOURETHROSCOPY WITH BIOPSY	10.43	870.91			000	N	2145.45		908.48		000	N	2462.59
52214	CYSTO W/DESTRUCTION OF LESIONS	18.64	1556.44			000	N	2145.45		1634.93		000	N	2462.59
52224	CYSTO W/REMOVAL OF LESIONS SMALL	19.51	1629.09			000	N	2145.45		1707.58		000	N	2462.59
52234	CYSTO W/REMOVAL OF TUMORS SMALL	7.09	592.02			000	N	3195.20		592.02		000	N	2462.59
52235	CYSTOURETHROSCOPY W/DEST &/RMVL MED BLADDER TUM	8.32	694.72			000	N	3195.20		695.56		000	N	2462.59
52240	CYSTOURETHROSCOPY W/DEST &/RMVL TUMOR LARGE	11.3	943.55			000	N	3195.20		944.39		000	N	2462.59
52250	CYSTOURETHROSCOPY INSJ RADIOACT SBST W/WOBX/FULG	6.91	576.99			000	N	3195.20		586.17		000	N	2462.59
52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	6.06	506.01			000	N	2145.45		508.52		000	N	1459.44
52265	CYSTOURETHROSCOPY W/DIL BLADDER LOCAL ANESTHESIA	10.36	865.06			000	N	2145.45		906.81		000	N	657.63
52270	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY FEMALE	10.07	840.85			000	N	2145.45		868.4		000	N	1459.44
52275	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	13.58	1133.93			000	N	2145.45		1171.51		000	N	2462.59
52276	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	7.63	637.11			000	N	2145.45		640.45		000	N	2462.59
52277	CYSTOURETHROSCOPY W/RESECJ EXTERNAL SPHINCTER	9.32	778.22			000	N	3195.20		786.57		000	N	2462.59
52281	CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	7.72	644.62			000	N	2145.45		664.66		000	N	1459.44
52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	9.7	809.95			000	N	3195.20		812.46		000	N	3531.09
52283	CYSTOURETHROSCOPY W/STEROID INJECTION STRICTURE	7.87	657.15			000	N	2145.45		668		000	N	2462.59
52285	CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME	7.94	662.99			000	N	2145.45		678.02		000	N	1459.44
52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	8.83	737.31			000	N	2145.45		759.02		000	N	1459.44

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52290	CYSTOURETHROSCOPY W/URETERAL MEATOTOMY UNI/BI	7.03	587.01			000	N	2145.45		589.51		000	N	2462.59
52300	CYSTO W/RESCJ/FULG ORTHOPIC URETEROCELE UNI/BI	8.09	675.52			000	N	2145.45		689.71		000	N	2462.59
52301	CYSTO W/RESECJ ECTOPIC URETEROCELE UNI/BI	8.36	698.06			000	N	3195.20		705.58		000	N	2462.59
52305	CYSTO INC/RESCJ ORIFICE BLDR DIVERTICULUM 1/MLT	8.04	671.34			000	N	6787.46	J1	671.34		000	N	2462.59
52310	CYSTO W/SIMPLE REMOVAL STONE & STENT	6.91	576.99			000	N	2145.45		590.35		000	N	1459.44
52315	CYSTO W/COMPLEX REMOVAL STONE & STENT	11.73	979.46			000	N	2145.45		999.5		000	N	2462.59
52317	LITHOLAPAXY SMPL/SM <2.5 CM	22.74	1898.79			000	N	3195.20		1974.78		000	N	2462.59
52318	LITHOLAPAXY COMP/LG > 2.5 CM	13.66	1140.61			000	N	6787.46	J1	1138.94		000	N	2462.59
52320	CYSTOURETHROSCOPY W/RMVL URETERAL CALCULUS	7.11	593.69			000	N	3195.20		593.69		000	N	2462.59
52325	CYSTO FRAGMENTATION URETERAL STONE	9.26	773.21			000	N	3195.20		773.21		000	N	2462.59
52327	CYSTO W/SUBURTRIC NJX IMPLT MATRL	7.55	630.43			000	N	3195.20		632.1		000	N	3531.09
52330	CYSTO MANJ W/O RMVL URETERAL STONE	13.99	1168.17			000	N	3195.20		1204.91		000	N	2462.59
52332	CYSTO W/INSERT URETERAL STENT	13.81	1153.14			000	N	3195.20		1258.35		000	N	2462.59
52334	CYSTO INSJ URTRL GD WIRE PRQ NFROS RTRGR	7.39	617.07			000	N	3195.20		619.57		000	N	2462.59
52341	CYSTO W/TX URETERAL STRICTURE	8.19	683.87			000	N	3195.20		697.23		000	N	2462.59
52342	CYSTO W/TX URETEROPELVIC JUNCTION STRICTURE	8.91	743.99			000	N	3195.20		757.35		000	N	2462.59
52343	CYSTO W/TX INTRA-RENAL STRICTURE	9.92	828.32			000	N	2145.45		842.52		000	N	2462.59
52344	CYSTO W/URTROSCOPY W/TX URETERAL STRICTURE	10.66	890.11			000	N	3195.20		916		000	N	2462.59
52345	CYSTO W/URTROSCOPY W/TX URTROPEL JUNCT STRIX	11.38	950.23			000	N	3195.20		976.12		000	N	2462.59
52346	CYSTO W/URTROSCOPY W/TX INTRA-RENAL STRICTURE	12.86	1073.81			000	N	6787.46	J1	1103.04		000	N	2462.59
52351	CYSTO W/URTROSCOPY&/PYELOSCOPY DX	8.73	728.96			000	N	3195.20		744.82		000	N	2462.59
52352	CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES	10.21	852.54			000	N	3195.20		875.08		000	N	2462.59

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52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY	11.3	943.55			000	N	6787.46	J1	964.43		000	N	3531.09
52354	CYSTO/PYELOSCOPY BX&/FULGURATION PELIVC LESION	12.02	1003.67			000	N	3195.20		1025.38		000	N	2462.59
52355	CYSTO/PYELOSCOPY RESCJ PELVIC TUMOR	13.47	1124.75			000	N	6787.46	J1	1147.29		000	N	2462.59
52356	CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	11.99	1001.17			000	N	6787.46	J1	987.81		000	N	
52400	CYSTO INC FULG/RESCJ URTL VALVES/FOLDS	13.75	1148.13			090	N	3195.20		1153.14		090	N	2462.59
52402	CSTO W/TRURL RESCJ/INC EJACULATORY DUXS	7.69	642.12			000	N	3195.20		640.45		000	N	2462.59
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	35.14	2934.19			000	N			2914.15		000	N	
52442	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	26.87	2243.65			ZZZ	N			2228.62		ZZZ	N	
52450	TRANSURETHRAL INCISION PROSTATE	13.5	1127.25			090	N	3195.20		1138.11		090	N	2462.59
52500	TRANSURETHRAL RESECTION PROSTATE	14.02	1170.67			090	N	3195.20		1180.69		090	N	2462.59
52601	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	24.31	2029.89			090	N	6787.46	J1	2039.91		090	N	3531.09
52630	TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS	11.48	958.58			090	N	6787.46	J1	970.27		090	N	3531.09
52640	TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE	9.04	754.84			090	N	3195.20		765.7		090	N	2462.59
52647	LASER COAGULATION OF PROSTATE FOR URINE FLOW	50.33	4202.56			090	N	6787.46	J1	4407.97		090	N	4207.02
52648	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	51.82	4326.97			090	N	6787.46	J1	4536.56		090	N	4207.02
52649	LASER ENUCLEATION PROSTATE W/MORCELLATION	23.65	1974.78			090	N	6787.46	J1	1967.26		090	N	4207.02
52700	TRURL DRAINAGE PROSTATIC ABSCESS	12.66	1057.11			090	N	3195.20		1065.46		090	N	2462.59
53000	URTT/URTS XTRNL SPX PENDULOUS URETHRA	4.25	354.88			010	N	3195.20		360.72		010	N	1986.89
53010	URETHROTOMY/URETHROSTOMY XT SPX PERINEAL URETHRA	8.48	708.08			090	N	6787.46	J1	714.76		090	N	1986.89
53020	MEATOTOMY CUTTING MEATUS SPX EXCEPT INFANT	2.79	232.97			000	N	2145.45		234.64		000	N	1986.89
53025	MEATOTOMY CUTTING MEATUS SPX INFANT	2.07	172.85			000	N	2145.45		181.2		000	N	1986.89
53040	DRAINAGE DEEP PERIURETHRAL ABSCESS	11.26	940.21			090	N	3195.20		951.07		090	N	1986.89

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53060	DRG OF SKENE'S GLAND ABSCESS OR CYST	5.23	436.71			010	N	2145.45		453.41		010	N	1986.89
53080	DRG PERINEAL URINARY XTRVASATION UNCOMP SPX	12.06	1007.01			090	N	2145.45		1017.87		090	N	1986.89
53085	DRG PERINEAL URINARY XTRVASATION COMPLIC	19.21	1604.04			090	Y	2145.45		1599.86		090	Y	1986.89
53200	BIOPSY URETHRA	4.47	373.25			000	N	3195.20		377.42		000	N	1986.89
53210	URETHRECTOMY TOT W/CYSTOST FEMALE	22.13	1847.86			090	Y	6787.46	J1	1876.25		090	Y	3061.66
53215	URETHRECTOMY TOT W/CYSTOST MALE	26.72	2231.12			090	Y	6787.46	J1	2235.3		090	Y	1986.89
53220	EXC/FULGURATION CARCINOMA URETHRA	13.07	1091.35			090	N	3195.20		1100.53		090	N	3061.66
53230	EXC URETHRAL DIVERTICULUM SPX FEMALE	17.39	1452.07			090	Y	3195.20		1478.79		090	Y	3061.66
53235	EXC URETHRAL DIVERTICULUM SPX MALE	18.17	1517.20			090	Y	6787.46	J1	1528.05		090	Y	1986.89
53240	MARSUPIALIZATION URTL DIVERTICULUM MALE/FEMALE	12.28	1025.38			090	N	6787.46	J1	1027.89		090	N	3061.66
53250	EXCISION OF BULBOURETHRAL GLAND	11.87	991.15			090	N	2145.45		1024.55		090	N	1986.89
53260	EXC/FULGURATION URETHRAL POLYP DSTL URETHRA	5.76	480.96			010	N	2145.45		493.49		010	N	1986.89
53265	EXC/FULGURATION URETHRAL CARUNCLE	6.22	519.37			010	N	2145.45		531.9		010	N	1986.89
53270	EXCISION OR FULGURATION SKENES GLANDS	5.95	496.83			010	N	3195.20		516.87		010	N	1986.89
53275	EXCISION/FULGURATION URETHRAL PROLAPSE	7.54	629.59			010	N	3195.20		635.44		010	N	1986.89
53400	URETHROPLASTY 1ST STG FISTULA/DIVERTICULUM/STRIX	23.03	1923.01			090	Y	6787.46	J1	1944.72		090	Y	3061.66
53405	URETHROPLASTY 2ND STAGE W/URINARY DIVERSION	25.1	2095.85			090	Y	6787.46	J1	2106.71		090	Y	3061.66
53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	28.11	2347.19			090	Y	6787.46	J1	2363.89		090	Y	3061.66
53415	URTP TRANSPUBIC/PRNL 1 STG RCNSTJ/RPR URT	32.49	2712.92			090	Y	7263.61		2725.44		090	Y	
53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	24.54	2049.09			090	N	6787.46	J1	2028.22		090	N	3061.66
53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	26.92	2247.82			090	Y	6787.46	J1	2257.01		090	Y	3061.66
53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	27.69	2312.12			090	Y	3195.20		2348.86		090	Y	3061.66

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
53431	URTP W/TUBULARIZATION POST URT&/LWR BLDR	33.29	2779.72			090	Y	6787.46	J1	2779.72		090	Y	3061.66
53440	SLING OPRATION CORRJ MALE URINARY INCONTINENCE	21.62	1805.27			090	Y	14856.54	J1	1818.63		090	Y	9850.23
53442	RMVL/REVJ SLING MALE URINARY INCONTINENCE	22.48	1877.08			090	Y	6787.46	J1	1892.11		090	Y	3061.66
53444	INSERTION TANDEM CUFF	22.77	1901.30			090	Y	14856.54	J1	1913.82		090	Y	9850.23
53445	INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	21.62	1805.27			090	Y	28176.04	J1	1820.3		090	Y	16145.39
53446	REMVL INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	18.45	1540.58			090	Y	4833.39		1553.94		090	Y	3061.66
53447	RMVL & RPLCMT NFLTL URETHRAL/BLADDER NECK SPHINC	23.22	1938.87			090	Y	28176.04	J1	1952.23		090	Y	16145.39
53448	RMVL & RPLCMT NFLTBL NCK SPHNCTR THRU INFCT FLD	36.97	3087.00			090	Y			3084.49		090	Y	
53449	RPR NFLTBL URETHRAL/BLADDER NECK SPHINCTER	17.56	1466.26			090	Y	6787.46	J1	1478.79		090	Y	3061.66
53450	URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT	11.75	981.13			090	N	3195.20		987.81		090	N	3061.66
53460	URETHROMEATOPLASTY W/PRTL EXC DSTL URTL SGM	13.14	1097.19			090	N	3195.20		1105.54		090	N	1986.89
53500	URETHROLSS TRVG SEC OPN W/CSTO	21.49	1794.42			090	Y	3195.20		1826.15		090	Y	3061.66
53502	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ FEMALE	13.97	1166.50			090	N	3195.20		1176.52		090	N	1986.89
53505	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PENILE	14.01	1169.84			090	Y	6787.46	J1	1175.68		090	Y	3061.66
53510	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PERINEAL	18.14	1514.69			090	Y	6787.46	J1	1524.71		090	Y	1986.89
53515	URTORR SUTR URETHRAL WND/INJ PROSTATOMEMBRANOUS	22.85	1907.98			090	Y	6787.46	J1	1918		090	Y	3061.66
53520	CLSR URETHROSTOMY/URETHROQ FSTL MALE SPX	15.98	1334.33			090	N	6787.46	J1	1345.19		090	N	3061.66
53600	DILAT URETHRAL STRIX DILATOR MALE 1ST	2.37	197.90			000	N	294.26		201.24		000	N	299.71
53601	DILAT URETHRAL STRIX DILATOR MALE SBSQ	2.3	192.05			000	N	129.85		196.23		000	N	105.77
53605	DILAT URETHRAL STRIX/VESICAL NCK DILAT MALE ANES	1.86	155.31			000	N	2145.45		154.48		000	N	1459.44
53620	DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE 1ST	3.3	275.55			000	N	746.97		281.4		000	N	1818.44
53621	DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE SBSQ	3.11	259.69			000	N	294.26		265.53		000	N	197.05

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
53660	DILAT FEMALE URETHRA W/SUPPOSITORY&/INSTLJ INI	2	167.00			000	N	184.79		172.85		000	N	105.77
53661	DILAT FEMALE URT W/SUPPOSITORY&/INSTLJ SBSQ	1.96	163.66			000	N	129.85		169.51		000	N	105.77
53665	DILAT FEMALE URETHRA GENERAL/CNDJ SPINAL ANES	1.11	92.69			000	N	2145.45		93.52		000	N	1986.89
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	58.55	4888.93			090	N	2145.45		5157.8		090	N	4207.02
53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	53.97	4506.50			090	N	6787.46	J1	4742.8		090	N	4207.02
53855	INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT	21.89	1827.82			000	N	746.97		1950.56		000	N	197.05
53860	TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	43.64	3643.94			090	N	2145.45		3956.23		090	N	1818.44
53899	UNLISTED PROCEDURE URINARY SYSTEM	0	BR			YYY	N	294.26		BR		YYY	N	105.77
54000	SLITTING PREPUCE DORSAL/LATERAL SPX NEWBORN	4.21	351.54			010	N	2145.45		361.56		010	N	1986.89
54001	SLITTING PREPUCE DORSAL/LAT SPX XCP NEWBORN	5.25	438.38			010	N	2145.45		451.74		010	N	1986.89
54015	I&D PENIS DEEP	8.91	743.99			010	N	1341.57		747.33		010	N	1701.78
54050	DSTRJ LESION PENIS SIMPLE CHEMICAL	3.75	313.13			010	N	167.81		329.83		010	N	137.98
54055	DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	3.37	281.40			010	N	2009.86		294.76		010	N	1829.09
54056	DSTRJ LESION PENIS SIMPLE CRYOSURGERY	4.04	337.34			010	N	167.81		358.22		010	N	92.29
54057	DSTRJ LESION PENIS SIMPLE LASER	3.85	321.48			010	N	2009.86		334		010	N	1829.09
54060	DSTRJ LESION PENIS SIMPLE SURG EXCISION	5.1	425.85			010	N	2009.86		440.05		010	N	1829.09
54065	DSTRJ LESION PENIS EXTENSIVE	6.23	520.21			010	N	2009.86		546.09		010	N	1829.09
54100	BIOPSY PENIS SEPARATE PROCEDURE	5.64	470.94			000	N	1341.57		492.65		000	N	1447.15
54105	BIOPSY PENIS DEEP STRUCTURES	7.53	628.76			010	N	2014.24		639.61		010	N	2142.94
54110	EXCISION OF PENILE PLAQUE	18.16	1516.36			090	Y	3195.20		1508.01		090	Y	3580.63
54111	EXC PENILE PLAQUE GRAFT &/5 CM LENGTH	23	1920.50			090	Y	6787.46	J1	1930.52		090	Y	3580.63
54112	EXC PENILE PLAQUE GRAFT > 5 CM LENGTH	27.01	2255.34			090	Y	14856.54	J1	2259.51		090	Y	3580.63

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
54115	REMOVAL FOREIGN BODY DEEP PENILE TISSUE	12.95	1081.33			090	Y	2014.24		1095.52		090	Y	1701.78
54120	AMPUTATION PENIS PARTIAL	18.15	1515.53			090	Y	3195.20		1527.22		090	Y	3580.63
54125	AMPUTATION PENIS COMPLETE	23.34	1948.89			090	Y			1963.09		090	Y	
54130	AMPUTATION PENIS RADW/BI INGUINOFEMORAL LMPHADE	34.23	2858.21			090	Y			2875.74		090	Y	
54135	AMPUTATION PENIS RADICAL W/LYMPH NODES	43.14	3602.19			090	Y			3640.6		090	Y	
54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	4.38	365.73			000	N	2145.45		379.93		000	N	2189.07
54160	CIRCUMCISION NEONATE	6.34	529.39			010	N	2145.45		536.07		010	N	2189.07
54161	CIRCUMCISION AGE >28 DAYS	5.65	471.78			010	N	2145.45		477.62		010	N	2189.07
54162	LYSIS/EXCISION PENILE POSTCIRCUMCISION ADHESIONS	7.33	612.06			010	N	2145.45		627.92		010	N	2189.07
54163	REPAIR INCOMPLETE CIRCUMCISION	6.28	524.38			010	N	2145.45		531.06		010	N	2189.07
54164	FRENULOTOMY PENIS	5.54	462.59			010	N	2145.45		471.78		010	N	2189.07
54200	INJECTION PEYRONIE DISEASE	3.04	253.84			010	N	294.26		263.03		010	N	197.05
54205	NJX PEYRONIE W/SURG EXPOS PLAQUE	15.29	1276.72			090	Y	6787.46	J1	1287.57		090	Y	3580.63
54220	IRRIGATION CORPORA CAVERNOSA PRIAPISM	5.81	485.14			000	N	294.26		496.83		000	N	197.05
54230	INJECTION CORPORA CAVERNOSOGRAPY	2.76	230.46			000	N			233.8		000	N	
54231	DYNAMIC CAVERNOSOMETRY NJX VASOACTIVE DRUGS	4	334.00			000	N	2145.45		339.85		000	N	1818.44
54235	NJX C/P/A CAVERNOSA W/PHARMACOLOGIC AGT	2.57	214.60			000	N	294.26		219.61		000	N	197.05
54240	PENILE PLETHYSMOGRAPHY	2.91	242.99	160.32	82.67	000	N	184.79		242.99	154.48	000	N	105.77
54250	NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	3.46	288.91	263.03	25.88	000	N	294.26		289.75	262.19	000	N	197.05
54300	PENIS STRAIGHTENING CHORDEE	18.41	1537.24			090	Y	3195.20		1548.93		090	Y	3580.63
54304	PENIS CORRJ CHORDEE/1ST STAGE HYPOSPADIAS RPR	21.55	1799.43			090	Y	3195.20		1809.45		090	Y	3580.63
54308	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR <3 CM	20.55	1715.93			090	Y	6787.46	J1	1726.78		090	Y	3580.63

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
54312	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR > 3 CM	24.72	2064.12			090	Y	3195.20		1974.78		090	Y	3580.63
54316	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR SKIN GRF	30.14	2516.69			090	Y	6787.46	J1	2405.64		090	Y	3580.63
54318	URETHROPLASTY 3RD STG HYPOSPADIAS RPR RLS PENIS	21.49	1794.42			090	Y	3195.20		1689.21		090	Y	3580.63
54322	1 STG DSTL HYPOSPADIAS RPR W/SMPL MEATAL ADVMNT	22.08	1843.68			090	Y	3195.20		1883.76		090	Y	3580.63
54324	1 STG DSTL HYPOSPADIAS RPR W/URTP SKIN FLAPS	28.69	2395.62			090	Y	3195.20		2334.66		090	Y	3580.63
54326	1 STG DSTL HYPOSPADIAS RPR URTP SKN FLAPS	27.18	2269.53			090	Y	6787.46	J1	2281.22		090	Y	3580.63
54328	1 STAGE DSTL HYPOSPADIAS RPR W/EXTENSIVE DSJ	27.01	2255.34			090	Y	3195.20		2265.36		090	Y	3580.63
54332	1 STAGE PROX PENILE/PENOSCROTAL HYPOSPADIAS RPR	30.75	2567.63			090	Y	3195.20		2444.88		090	Y	3580.63
54336	1 STG PERINEAL HYPOSPADIAS RPR W/GRF&/FLAP	35.93	3000.16			090	Y	3195.20		2993.48		090	Y	3580.63
54340	RPR HYPOSPADIAS COMPLCTJS CLSR INC/EXC SIMPLE	16.37	1366.90			090	Y	3195.20		1377.75		090	Y	3580.63
54344	RPR HYPOSPADIAS COMPLCTJS MOBLJ FLAPS & URTP	29.91	2497.49			090	Y	6787.46	J1	2286.23		090	Y	3580.63
54348	RPR HYPOSPADIAS COMPLCTJS DSJ & URTP FLAP/GRF	29.14	2433.19			090	Y	3195.20		2404.8		090	Y	3580.63
54352	RPR HYPOSPADIAS CRIPPLE W/DSJ & EXC & GRFS/FLAP	40.73	3400.96			090	Y	6787.46	J1	3414.32		090	Y	3580.63
54360	PLASTIC RPR PENIS CORRECT ANGULATION	20.7	1728.45			090	Y	3195.20		1740.14		090	Y	3580.63
54380	PLASTIC RPR PENIS EPISPADIAS DSTL SPHNCTR	22.97	1918.00			090	Y	3195.20		2216.93		090	Y	3580.63
54385	PLASTIC PENIS EPISPADIAS DSTL SPHNCTR W/INCONT	28.04	2341.34			090	Y	3195.20		2408.14		090	Y	3580.63
54390	PLASTIC RPR PENIS EPISPADIAS W/EXSTROPHY BLADDER	37.46	3127.91			090	Y			3118.73		090	Y	
54400	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	15.22	1270.87			090	N	14856.54	J1	1279.22		090	N	9850.23
54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	18.85	1573.98			090	N	28176.04	J1	1592.35		090	N	16145.39
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	23.23	1939.71			090	Y	28176.04	J1	1950.56		090	Y	16145.39
54406	RMVL INFLATABLE PENILE PROSTH W/O RPLCMT PROSTH	20.99	1752.67			090	Y	3195.20		1762.69		090	Y	3580.63
54408	RPR COMPONENT INFLATABLE PENILE PROSTHESIS	22.7	1895.45			090	Y	6787.46	J1	1908.81		090	Y	3580.63

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
54410	RMVL & RPLCMT INFLATABLE PENILE PROSTH SAME SESS	24.69	2061.62			090	Y	28176.04	J1	2074.98		090	Y	16145.39
54411	RMVL & RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	29.46	2459.91			090	Y	28176.04	J1	2475.78		090	Y	
54415	RMVL NON-NFLTBL/NFLTBL PENILE PROSTH W/O RPLCMT	15.17	1266.70			090	Y	3195.20		1279.22		090	Y	3580.63
54416	RMVL & RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESI	20.39	1702.57			090	Y	28176.04	J1	1720.94		090	Y	16145.39
54417	RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD	25.81	2155.14			090	Y	28176.04	J1	2169.33		090	Y	
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI	20.25	1690.88			090	Y	2145.45		1702.57		090	Y	3580.63
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT UNI/BI	18.39	1535.57			090	Y	3392.50		1548.09		090	Y	
54435	CORPORA CAVERNOSA-GLANS PENIS FSTLJ PRIAPISM	11.94	996.99			090	N	2145.45		1009.52		090	N	3580.63
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	19.58	1634.93			090	Y	2145.45						
54438	REPLANTATION PENIS COMP AMPUTATION W/URETH REP	39.47	3295.75			090	Y							
54440	PLASTIC OPERATION PENIS INJURY	16.34	1364.39			090	Y	3195.20		1365.23		090	Y	3580.63
54450	FORESKN MANJ W/LSS PREPUTIAL ADS&STRETCHING	2	167.00			000	N	294.26		167.84		000	N	299.71
54500	BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE	2.14	178.69			000	N	2014.24		179.53		000	N	1443.01
54505	BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE	6.04	504.34			010	N	3195.20		508.52		010	N	2189.07
54512	EXC XTRPARENCHYMAL LESION TESTIS	15.51	1295.09			090	N	3195.20		1304.27		090	N	2189.07
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	9.37	782.40			090	N	3195.20		795.76		090	N	2189.07
54522	ORCHIECTOMY PARTIAL	17.83	1488.81			090	Y	3195.20		1462.09		090	Y	2189.07
54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	14.52	1212.42			090	Y	3720.85		1226.62		090	Y	3133.77
54535	ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL	21.37	1784.40			090	Y	3195.20		1796.09		090	Y	3580.63
54550	EXPL UNDESCENDED TSTIS INGUN/SCROTAL AREA	14.18	1184.03			090	Y	3720.85		1190.71		090	Y	3133.77
54560	EXPL UNDESCENDED TESTIS W/ABDOMINAL EXPL	19.74	1648.29			090	Y	2145.45		1658.31		090	Y	2189.07
54600	RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS	13.09	1093.02			090	N	3195.20		1095.52		090	N	2189.07

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
54620	FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE	8.67	723.95			010	N	2145.45		723.95		010	N	2189.07
54640	ORCHIOPEXY INGUINAL APPROACH W/WO HERNIA RPR	13.78	1150.63			090	N	3720.85		1171.51		090	N	3133.77
54650	ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS	20.39	1702.57			090	Y	3720.85		1720.1		090	Y	3133.77
54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE	10.26	856.71			090	N	6787.46	J1	865.9		090	N	2189.07
54670	SUTURE/REPAIR TESTICULAR INJURY	11.62	970.27			090	N	2145.45		981.96		090	N	2189.07
54680	TRANSPLANTATION TESTIS TO THIGH	22.76	1900.46			090	Y	2145.45		1899.63		090	Y	2189.07
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	21.32	1780.22			090	Y	8002.30	J1	1826.15		090	Y	4498.73
54692	LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS	24.66	2059.11			090	N	8002.30	J1	1963.09		090	N	6607.04
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
54700	I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	6.16	514.36			010	N	2145.45		521.88		010	N	2189.07
54800	BIOPSY EPIDIDYMIS NEEDLE	3.67	306.45			000	N	2014.24		312.29		000	N	445.75
54830	EXCISION LOCAL LESION EPIDIDYMIS	10.71	894.29			090	N	3195.20		907.65		090	N	2189.07
54840	EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY	9.23	770.71			090	N	3195.20		779.06		090	N	2189.07
54860	EPIDIDYMECTOMY UNILATERAL	12.03	1004.51			090	N	3195.20		1015.36		090	N	2189.07
54861	EPIDIDYMECTOMY BILATERAL	16.27	1358.55			090	N	3195.20		1367.73		090	N	2189.07
54865	EXPLORATION EPIDIDYMIS W/WO BIOPSY	10.3	860.05			090	N	3195.20		870.91		090	N	2189.07
54900	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI	24.19	2019.87			090	N	2145.45		1902.13		090	N	2189.07
54901	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI	31.9	2663.65			090	N	3195.20		2505.84		090	N	2189.07
55000	PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	3.34	278.89			000	N	684.54		286.41		000	N	445.75
55040	EXCISION HYDROCELE UNILATERAL	9.72	811.62			090	N	3720.85		825.82		090	N	3133.77
55041	EXCISION HYDROCELE BILATERAL	14.64	1222.44			090	N	3720.85		1239.14		090	N	3133.77
55060	RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE	10.94	913.49			090	N	3195.20		927.69		090	N	2189.07

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
55100	DRAINAGE SCROTAL WALL ABSCESS	6.16	514.36			010	N	1341.57		533.57		010	N	936.06
55110	SCROTAL EXPLORATION	11.14	930.19			090	N	3195.20		943.55		090	N	2189.07
55120	REMOVAL FOREIGN BODY SCROTUM	10.25	855.88			090	N	2145.45		875.92		090	N	2189.07
55150	RESECTION SCROTUM	14.13	1179.86			090	Y	3195.20		1194.89		090	Y	2189.07
55175	SCROTOPLASTY SIMPLE	10.41	869.24			090	N	3195.20		883.43		090	N	2189.07
55180	SCROTOPLASTY COMPLICATED	19.9	1661.65			090	N	6787.46	J1	1675.01		090	N	2189.07
55200	VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX	12.39	1034.57			090	N	2145.45		1069.64		090	N	2189.07
55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	10.91	910.99			090	N	2145.45		946.89		090	N	2189.07
55300	VASOTOMY VASOGRAMS UNI/BI	5.39	450.07			000	N			451.74		000	N	
55400	VASOVASOSTOMY VASOVASORRHAPHY	14.66	1224.11			090	Y	3195.20		1204.07		090	Y	2189.07
55450	LIGATION PRQ VAS DEFERENS UNI/BI SPX	10.21	852.54			010	N	2145.45		874.25		010	N	2189.07
55500	EXC HYDROCELE SPRMATIC CORD UNI SPX	11.41	952.74			090	N	3195.20		975.28		090	N	2189.07
55520	EXC LESION SPERMATIC CORD SEPARATE PROCEDURE	13.08	1092.18			090	Y	3195.20		1126.42		090	Y	2189.07
55530	EXC VARICOCELE/LIGATION SPERMATIC VEINS SPX	10.1	843.35			090	N	3195.20		858.38		090	N	2189.07
55535	EXC VARICOCELE/LIGATION SPERMATIC VEINS ABDL	12.36	1032.06			090	Y	3720.85		1042.08		090	Y	3133.77
55540	EXC VARICOCELE/LIGATION VEINS W/HERNIA RPR	15.64	1305.94			090	N	3720.85		1335.17		090	N	3133.77
55550	LAPS LIGATION SPERMATIC VEINS VARICOCELE	12.34	1030.39			090	Y	8002.30	J1	1037.07		090	Y	4498.73
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
55600	VESICULOTOMY	12.11	1011.19			090	N	2145.45		1021.21		090	N	2189.07
55605	VESICULOTOMY COMPLICATED	15.77	1316.80			090	N			1260.85		090	N	
55650	VESICULECTOMY ANY APPROACH	20.65	1724.28			090	Y			1735.13		090	Y	
55680	EXCISION MULLERIAN DUCT CYST	10.21	852.54			090	N	2145.45		838.34		090	N	2189.07

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
55700	PROSTATE NEEDLE BIOPSY ANY APPROACH	6.19	516.87			000	N	2145.45		531.9		000	N	1247.8
55705	BIOPSY PROSTATE INCISIONAL ANY APPROACH	7.65	638.78			010	N	3195.20		643.79		010	N	1247.8
55706	BX PROSTATE STRTCTC SATURATION SAMPLING IMG GID	10.73	895.96			010	Y	3195.20		887.61		010	Y	1247.8
55720	PROSTATOTOMY EXTERNAL DRG ABSCESS SIMPLE	13.02	1087.17			090	Y	2145.45		1092.18		090	Y	2462.59
55725	PROSTATOTOMY EXTERNAL DRG ABSCESS COMPLICATED	17.04	1422.84			090	Y	3195.20		1436.2		090	Y	2462.59
55801	PROSTATECTOMY PERINEAL SUBTOTAL	31.64	2641.94			090	Y			2636.93		090	Y	
55810	PROSTATECTOMY PERINEAL RADICAL	37.95	3168.83			090	Y			3177.18		090	Y	
55812	PROSTATECTOMY PERINEAL RADICAL W/LYMPH NODE BX	46.28	3864.38			090	Y			3876.07		090	Y	
55815	PROSTATECTOMY PERINEAL RAD W/BI PELVIC LYMPH EXC	50.94	4253.49			090	Y			4245.14		090	Y	
55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	25.12	2097.52			090	Y			2108.38		090	Y	
55831	PROSTATECTOMY RETROPUBIC SUBTOTAL	27.18	2269.53			090	Y			2278.72		090	Y	
55840	PROSTATECTOMY RETROPUBIC W/WO NERVE SPARING	33.7	2813.95			090	Y			3223.1		090	Y	
55842	PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/LYMPH BX	33.68	2812.28			090	Y			3451.89		090	Y	
55845	PROSTECT RETROPUB RAD W/WO NRV SPAR & BI PLV LYM	39.24	3276.54			090	Y	6050.50		3937.86		090	Y	
55860	EXPOS PROSTATE ANY APPROACH INSJ RADIOACT SUBST	25.17	2101.70			090	N	3195.20		2111.72		090	N	1818.44
55862	EXPOS PROSTATE INSJ RADIOACT SBST W/LYMPH BX	33.12	2765.52			090	Y			2642.78		090	Y	
55865	EXPOS PROSTATE INSJ RADIOAC SBST W/BI PELV LYMPH	38.36	3203.06			090	Y			3213.92		090	Y	
55866	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT	40.3	3365.05			090	Y	9112.03		4185.02		090	Y	
55870	ELECTROEJACULATION	5.01	418.34			000	N	907.00		426.69		000	N	302
55873	CRYOSURGICAL ABLATION PROSTATE W/US & MONITORI	200.55	16745.93			090	N	14856.54	J1	17292.02		090	N	10095.04
55875	TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSJ	21.92	1830.32			090	N	3195.20		1841.18		090	N	3531.09
55876	PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	3.86	322.31			000	N	1462.40		329.83		000	N	1270.08

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	0	BR			YYY	N	294.26		BR		YYY	N	105.77
55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	12.89	1076.32			000	N	3720.85		1076.32		000	N	2389.99
55970	INTERSEX SURG MALE FEMALE	0	BR			YYY	N	2650.71		BR		XXX	N	
55980	INTERSEX SURG FEMALE MALE	0	BR			YYY	N	3195.20		BR		XXX	N	
56405	I&D VULVA/PERINEAL ABSCESS	3.09	258.02			010	N	357.34		275.55		010	N	152.95
56420	I&D OF BARTHOLINS GLAND ABSCESS	3.44	287.24			010	N	200.22		307.28		010	N	152.95
56440	MARSUPIALIZATION BARTHOLINS GLAND CYST	5.17	431.70			010	N	2650.71		457.58		010	N	1876.5
56441	LYSIS LABIAL ADHESIONS	4.08	340.68			010	N	2650.71		357.38		010	N	1876.5
56442	HYMENOTOMY SIMPLE INCISION	1.36	113.56			000	N	2650.71		120.24		000	N	1876.5
56501	DESTRUCTION LESIONS VULVA SIMPLE	3.7	308.95			010	N	2009.86		328.99		010	N	1829.09
56515	DESTRUCTION LESIONS VULVA EXTENSIVE	6.42	536.07			010	N	3044.24		561.12		010	N	1829.09
56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	2.33	194.56			000	N	357.34		206.25		000	N	302
56606	BIOPSY VULVA/PERINEUM EACH ADDL LESION	1.07	89.35			ZZZ	N			92.69		ZZZ	N	152.95
56620	VULVECTOMY SIMPLE PARTIAL	14.87	1241.65			090	Y	2650.71		1273.38		090	Y	1876.5
56625	VULVECTOMY SIMPLE COMPLETE	18	1503.00			090	Y	2650.71		1521.37		090	Y	1876.5
56630	VULVECTOMY RADICAL PARTIAL	26.62	2222.77			090	Y	3020.22		2234.46		090	Y	
56631	VULVECTOMY RAD PRTL UNI INGUINOFEM LMPHADECTOMY	34.02	2840.67			090	Y			2833.99		090	Y	
56632	VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADECTOMY	39.49	3297.42			090	Y			3304.93		090	Y	
56633	VULVECTOMY RADICAL COMPLETE	34.85	2909.98			090	Y			2903.3		090	Y	
56634	VULVECTOMY RAD COMPL UNI INGUINOFEM LMPHADECTOMY	37.66	3144.61			090	Y			3085.33		090	Y	
56637	VULVECTOMY RAD COMPL BI INGUINOFEM LMPHADECTOMY	43.37	3621.40			090	Y			3593.84		090	Y	
56640	VULVECTOMY RAD COMPL ILIAC & PELVIC LMPHADECTOMY	43.69	3648.12			090	Y			3506.17		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
56700	PRTL HYMENECTOMY/REVJ HYMENAL RING	5.28	440.88			010	Y	2650.71		470.11		010	Y	1876.5
56740	EXC BARTHOLINS GLAND/CYST	8.56	714.76			010	N	2650.71		745.66		010	N	1876.5
56800	PLASTIC REPAIR INTROITUS	6.84	571.14			010	Y	2650.71		599.53		010	Y	1876.5
56805	CLITOROPLASTY INTERSEX STATE	33.09	2763.02			090	Y	2650.71		2865.72		090	Y	1876.5
56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	7.39	617.07			010	Y	2650.71		647.96		010	Y	1876.5
56820	COLPOSCOPY VULVA	3.19	266.37			000	N	200.22		278.06		000	N	152.95
56821	COLPOSCOPY VULVA W/BIOPSY	4.2	350.70			000	N	357.34		367.4		000	N	152.95
57000	COLPOTOMY W/EXPLORATION	5.34	445.89			010	N	2650.71		474.28		010	N	1876.5
57010	COLPOTOMY W/DRAINAGE PELVIC ABSCESS	12.29	1026.22			090	N	2650.71		1090.51		090	N	1876.5
57020	COLPOCENTESIS SEPARATE PROCEDURE	2.63	219.61			000	N	2650.71		234.64		000	N	642.61
57022	I&D VAGINAL HEMATOMA OBSTETRICAL/POSTPARTUM	4.82	402.47			010	N	2014.24		420.84		010	N	936.06
57023	I&D VAGINAL HEMATOMA NON-OBSTETRICAL	8.79	733.97			010	N	2014.24		778.22		010	N	1701.78
57061	DESTRUCTION VAGINAL LESIONS SIMPLE	3.22	268.87			010	N	2650.71		286.41		010	N	1876.5
57065	DESTRUCTION VAGINAL LESIONS EXTENSIVE	5.53	461.76			010	N	2650.71		482.63		010	N	1876.5
57100	BIOPSY VAGINAL MUCOSA SIMPLE	2.53	211.26			000	N	907.00		220.44		000	N	642.61
57105	BIOPSY VAGINAL MUCOSA EXTENSIVE	3.87	323.15			010	N	2650.71		339.85		010	N	1876.5
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	14.1	1177.35			090	Y	2650.71		1211.59		090	Y	1876.5
57107	VAGINECTOMY PRTL RMVL VAG WALL & PARAVAGINAL T	41.64	3476.94			090	Y	2650.71		3517.02		090	Y	3405.1
57109	VAGNC PRTL RMVL VAG WALL W/BI TOT PEL LMPHADEC	49.85	4162.48			090	Y	2650.71		4118.22		090	Y	3405.1
57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	25.33	2115.06			090	Y			2241.14		090	Y	
57111	VAGINECTOMY COMPL RMVL VAG WALL & PARAVAG TISS	45.78	3822.63			090	Y			4009.67		090	Y	
57112	VAGNC COMPL RMVL VAG WALL TOT PEL LMPHADEC BX	53.22	4443.87			090	Y			4063.95		090	Y	

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
57120	COLPOCLEISIS LE FORT TYPE	14.44	1205.74			090	Y	7320.40	J1	1275.88		090	Y	3405.1
57130	EXCISION VAGINAL SEPTUM	5	417.50			010	Y	2650.71		445.06		010	Y	1876.5
57135	EXCISION VAGINAL CYST/TUMOR	5.44	454.24			010	N	2650.71		479.29		010	N	1876.5
57150	IRRIGATION VAGINA&/APPL MEDICAMENT TX DISEASE	1.27	106.05			000	N	129.85		113.56		000	N	152.95
57155	INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	12.25	1022.88			000	N	2650.71		1090.51		000	N	642.61
57156	INSERTION VAGINAL RADIATION DEVICE	5.62	469.27			000	N	357.34		475.95		000	N	302
57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	2.15	179.53			000	N	200.22		192.05		000	N	152.95
57170	DIAPHRAGM/CERVICAL CAP FITTING W/INSTRUCTIONS	1.72	143.62			000	N	200.22		151.14		000	N	10.64
57180	INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	3.97	331.50			010	N	200.22		354.88		010	N	152.95
57200	COLPORRHAPHY SUTURE INJURY VAGINA	8.59	717.27			090	Y	2650.71		749		090	Y	1876.5
57210	COLPOPERINEORRHAPHY SUTURE INJ VAGINA&/PERINEU	10.42	870.07			090	Y	2650.71		915.16		090	Y	1876.5
57220	PLASTIC URETHRAL SPHINCTER VAGINAL APPROACH	9.04	754.84			090	Y	7320.40	J1	801.6		090	Y	4393.43
57230	PLASTIC REPAIR URETHROCELE	11.19	934.37			090	Y	2650.71		991.15		090	Y	3405.1
57240	ANT COLPORRHAPHY CYSTOCELE W/WO RPR URETHROCELE	19.05	1590.68			090	Y	7320.40	J1	1653.3		090	Y	3405.1
57250	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	19.16	1599.86			090	Y	7320.40	J1	1687.54		090	Y	3405.1
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY	23.61	1971.44			090	Y	7320.40	J1	2075.81		090	Y	3405.1
57265	CMBND ANTEROPOST COLPORRHAPHY W/ENTEROCELE RPR	25.85	2158.48			090	Y	7320.40	J1	2272.87		090	Y	4393.43
57267	INSJ MESH/PROSTH PELVIC FLOOR DEFECT EACH SITE	7.29	608.72			ZZZ	Y			632.93		ZZZ	Y	3405.1
57268	REPAIR ENTEROCELE VAGINAL APPROACH SPX	13.73	1146.46			090	Y	2650.71		1206.58		090	Y	3405.1
57270	REPAIR ENTEROCELE ABDOMINAL APPROACH SPX	22.72	1897.12			090	Y	2749.35		1993.15		090	Y	
57280	COLPOPEXY ABDOMINAL APPROACH	27.07	2260.35			090	Y	3786.54		2367.23		090	Y	
57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	14.2	1185.70			090	Y	11397.90	J1	1247.49		090	Y	4393.43

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	19.53	1630.76			090	Y	11397.90	J1	1720.94		090	Y	4393.43
57284	PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPR	23.15	1933.03			090	Y	7320.40	J1	2020.7		090	Y	4393.43
57285	PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH	19.08	1593.18			090	Y	11397.90	J1	1673.34		090	Y	4393.43
57287	RMVL/REVJ SLING STRESS INCONTINENCE	19.34	1614.89			090	Y	2650.71		1673.34		090	Y	3405.1
57288	SLING OPERATION STRESS INCONTINENCE	20.34	1698.39			090	Y	7320.40	J1	1753.5		090	Y	4393.43
57289	PEREYRA PX W/ANTERIOR COLPORRHAPHY	20.92	1746.82			090	Y	11397.90	J1	1759.35		090	Y	3405.1
57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	17.45	1457.08			090	Y	2650.71		1330.16		090	Y	3405.1
57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	23.34	1948.89			090	Y	7320.40	J1	2042.41		090	Y	3405.1
57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	13.55	1131.43			090	Y	2650.71		1188.21		090	Y	1876.5
57296	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	26.88	2244.48			090	Y			2373.07		090	Y	
57300	CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR	16.04	1339.34			090	Y	2650.71		1396.12		090	Y	3405.1
57305	CLSR RECTOVAGINAL FISTULA ABDOMINAL APPROACH	26.77	2235.30			090	Y			2318.8		090	Y	
57307	CLSR RECTOVAG FSTL ABDL APPR W/CONCOMITANT CLST	31	2588.50			090	Y			2645.28		090	Y	
57308	CLSR RECTOVAG FSTL TPRNL PRNL BDY RCNSTJ	18.77	1567.30			090	Y			1604.04		090	Y	
57310	CLOSURE URETHROVAGINAL FISTULA	13.21	1103.04			090	Y	11397.90	J1	1113.89		090	Y	4393.43
57311	CLSR URETHROVAG FSTL W/BULBOCAVERNOSUS TRNSPL	15.1	1260.85			090	Y			1266.7		090	Y	
57320	CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH	15.26	1274.21			090	Y	7320.40	J1	1295.92		090	Y	3405.1
57330	CLSR VESICOVAG FSTL TRANSVESICAL&VAG APPR	21.2	1770.20			090	Y	11397.90	J1	1782.73		090	Y	3405.1
57335	VAGINOPLASTY INTERSEX STATE	32.31	2697.89			090	Y	2650.71		2894.11		090	Y	3405.1
57400	DILATION VAGINA W/ANESTHESIA OTHER THAN LOCAL	3.84	320.64			000	N	2650.71		331.5		000	N	1876.5
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	3.07	256.35			000	N	2650.71		268.04		000	N	1876.5
57415	REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	4.55	379.93			010	N	2650.71		397.46		010	N	1876.5

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	3.34	278.89			000	N	357.34		290.58		000	N	302
57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	4.48	374.08			000	N	907.00		390.78		000	N	302
57423	PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH	25.87	2160.15			090	Y	13721.82	J1	2288.74		090	Y	4393.43
57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	27.51	2297.09			090	Y	13721.82	J1	2412.32		090	Y	4498.73
57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	23.93	1998.16			090	Y	11397.90	J1	2117.56		090	Y	1876.5
57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	3.09	258.02			000	N	200.22		272.21		000	N	152.95
57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	4.33	361.56			000	N	357.34		383.27		000	N	302
57455	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	4.04	337.34			000	N	357.34		358.22		000	N	302
57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	3.81	318.14			000	N	357.34		338.18		000	N	302
57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	7.99	667.17			000	N	2650.71		717.27		000	N	1876.5
57461	COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	9.03	754.01			000	N	2650.71		809.12		000	N	1876.5
57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	3.61	301.44			000	N	907.00		323.98		000	N	642.61
57505	ENDOCERVICAL CURETTAGE W/DILATION & CURETTAGE	2.89	241.32			010	N	907.00		257.18		010	N	642.61
57510	CAUTERY CERVIX ELECTRO/THERMAL	3.71	309.79			010	N	2650.71		328.99		010	N	1876.5
57511	CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	4.1	342.35			010	N	357.34		365.73		010	N	152.95
57513	CAUTERY CERVIX LASER ABLATION	4.11	343.19			010	N	2650.71		361.56		010	N	1876.5
57520	CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	8.71	727.29			090	N	2650.71		764.86		090	N	1876.5
57522	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	7.45	622.08			090	N	2650.71		661.32		090	N	1876.5
57530	TRACHELECTOMY CERVICECTOMY AMP CERVIX SPX	9.87	824.15			090	Y	2650.71		863.39		090	Y	3405.1
57531	RAD TRACHELECTOMY W/BI PEL LMPHADEC	52.51	4384.59			090	Y			4348.68		090	Y	
57540	EXCISION CERVICAL STUMP ABDOMINAL APPROACH	22.2	1853.70			090	Y			1948.89		090	Y	
57545	EXC CERVICAL STUMP ABDL APPR W/PELVIC FLOOR RPR	24.03	2006.51			090	Y			2054.94		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
57550	EXCISION CERVICAL STUMP VAGINAL APPROACH	11.52	961.92			090	Y	2650.71		1023.71		090	Y	3405.1
57555	EXC CRV STUMP VAG APPR W/ANT &/POST REPAIR	16.98	1417.83			090	Y	7320.40	J1	1504.67		090	Y	3405.1
57556	EXC CRV STUMP VAG APPR W/RPR NTRCL	16.08	1342.68			090	Y	7320.40	J1	1411.15		090	Y	4393.43
57558	DILATION & CURETTAGE CERVICAL STUMP	3.52	293.92			010	N	2650.71		313.96		010	N	1876.5
57700	CERCLAGE UTERINE CERVIX NONOBSTETRICAL	9.02	753.17			090	N	2650.71		782.4		090	N	1876.5
57720	TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG	8.69	725.62			090	Y	2650.71		771.54		090	Y	1876.5
57800	DILATION CERVICAL CANAL INSTRUMENTAL SPX	1.71	142.79			000	N	2650.71		151.14		000	N	1876.5
58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	3.09	258.02			000	N	200.22		273.88		000	N	152.95
58110	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	1.36	113.56			ZZZ	N			119.41		ZZZ	N	
58120	DILATION & CURETTAGE DX&/THER NONOBSTETRIC	7.32	611.22			010	N	2650.71		647.13		010	N	1876.5
58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	26.21	2188.54			090	Y	5428.57		2297.09		090	Y	
58145	MYOMECTOMY 1-4 MYOMAS 250 GM/< VAGINAL APPR	15.57	1300.10			090	Y	2650.71		1361.89		090	Y	3405.1
58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	32.57	2719.60			090	Y	5166.15		2883.26		090	Y	
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	28.86	2409.81			090	Y	6341.46		2495.82		090	Y	
58152	TOT ABD HYST W/WO RMVL TUBE OVARY W/COLPURETHRXY	35.44	2959.24			090	Y			3112.05		090	Y	
58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	27.37	2285.40			090	Y	5343.03		2393.11		090	Y	
58200	TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM	39.21	3274.04			090	Y			3300.76		090	Y	
58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	52.96	4422.16			090	Y	8082.64		4423		090	Y	
58240	PEL EXNTJ GYNECOLOGIC MAL	83.58	6978.93			090	Y			7032.37		090	Y	
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	23.39	1953.07			090	Y	7320.40	J1	2067.46		090	Y	3405.1
58262	VAG HYST 250 GM/< W/RMVL TUBE&/OVARY	26.12	2181.02			090	Y	7320.40	J1	2304.6		090	Y	3405.1
58263	VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL	28.01	2338.84			090	Y	7320.40	J1	2474.11		090	Y	3405.1

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
58267	VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY	29.86	2493.31			090	Y	2844.88		2635.26		090	Y	
58270	VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE	24.96	2084.16			090	Y	7320.40	J1	2201.06		090	Y	3405.1
58275	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	27.89	2328.82			090	Y			2459.91		090	Y	
58280	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE	29.69	2479.12			090	Y			2633.59		090	Y	
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	38.05	3177.18			090	Y	5662.86		3272.37		090	Y	
58290	VAGINAL HYSTERECTOMY UTERUS > 250 GM	32.58	2720.43			090	Y	11397.90	J1	2862.38		090	Y	4393.43
58291	VAG HYST > 250 GM RMVL TUBE&/OVARY	35.16	2935.86			090	Y	7320.40	J1	3113.72		090	Y	4393.43
58292	VAG HYST > 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE	37.13	3100.36			090	Y	11397.90	J1	3282.39		090	Y	4393.43
58293	VAG HYST >250 GM COLPOURTCSTOPEXY W/WO NDSC CTR	38.58	3221.43			090	Y			3414.32		090	Y	
58294	VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE	34.53	2883.26			090	Y	7320.40	J1	3045.25		090	Y	4393.43
58300	INSERTION INTRAUTERINE DEVICE IUD	2.06	172.01			XXX	N	1309.59		172.01		XXX	N	
58301	REMOVAL INTRAUTERINE DEVICE IUD	2.68	223.78			000	N	357.34		239.65		000	N	152.95
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	2.17	181.20			000	N	357.34		185.37		000	N	302
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	2.42	202.07			000	N	200.22		215.43		000	N	302
58323	SPERM WASHING ARTIFICIAL INSEMINATION	0.43	35.91			000	N	200.22		39.25		000	N	302
58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	3.36	280.56			000	N			298.93		000	N	
58345	TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING	7.71	643.79			010	Y	2650.71		697.23		010	Y	1876.5
58346	INSERTION HEYMAN CAPSULES CLINICAL BRACHYTHERAPY	12.72	1062.12			090	N	2650.71		1067.97		090	N	1876.5
58350	CHROMOTUBATION OVIDUCT W/MATERIALS	2.71	226.29			010	N	7320.40	J1	243.82		010	N	3405.1
58353	ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID	28.35	2367.23			010	N	7320.40	J1	2584.33		010	N	3405.1
58356	ENDOMETRIAL CRYOABLATION W/US & ENDOMETRIAL CR	53.04	4428.84			010	Y	7320.40	J1	4824.63		010	Y	4393.43
58400	UTERINE SUSPENSION W/WO SHORTENING LIGAMENTS SPX	12.49	1042.92			090	Y	3081.24		1092.18		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
58410	UTERINE SUSP W/WO SHORT LIGAMNTS W/SYMPATHECTOMY	23.21	1938.04			090	Y			2009.85		090	Y	
58520	HYSTERORRHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL	24.25	2024.88			090	Y	2577.02		2020.7		090	Y	
58540	HYSTEROPLASTY RPR UTERINE ANOMALY	25.66	2142.61			090	Y	3341.44		2272.04		090	Y	
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	20.3	1695.05			090	Y	8002.30	J1	2160.98		090	Y	6607.04
58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	23.22	1938.87			090	Y	13721.82	J1	2413.99		090	Y	6607.04
58543	LAPS SUPRACERVICAL HYSTERECTOMY >250	23.48	1960.58			090	Y	13721.82	J1	2452.4		090	Y	6607.04
58544	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	25.63	2140.11			090	Y	13721.82	J1	2656.14		090	Y	6607.04
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/<	25.65	2141.78			090	Y	8002.30	J1	2236.97		090	Y	3522.03
58546	LAPS MYOMECTOMY EXC 5/> MYOMAS >250 GRAMS	31.77	2652.80			090	Y	13721.82	J1	2813.95		090	Y	4498.73
58548	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	54.59	4558.27			090	Y	10009.87		4544.91		090	Y	
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	24.98	2085.83			090	Y	8002.30	J1	2206.91		090	Y	6607.04
58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	28.06	2343.01			090	Y	13721.82	J1	2452.4		090	Y	4498.73
58553	LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS	32.22	2690.37			090	Y	13721.82	J1	2834.83		090	Y	4498.73
58554	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	37.76	3152.96			090	Y	13721.82	J1	3288.23		090	Y	4498.73
58555	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	8.8	734.80			000	N	2650.71		764.03		000	N	2170
58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	11.44	955.24			000	N	2650.71		996.16		000	N	2170
58559	HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	9.68	808.28			000	N	7320.40	J1	855.88		000	N	2170
58560	HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM	10.92	911.82			000	Y	7320.40	J1	965.26		000	Y	3452.38
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA	15.48	1292.58			000	N	7320.40	J1	1364.39		000	N	3452.38
58562	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	11.83	987.81			000	N	2650.71		1030.39		000	N	2170
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	47.01	3925.34			000	N	7320.40	J1	4259.34		000	N	3452.38
58565	HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS	52.59	4391.27			090	N	7320.40	J1	4820.46		090	N	4393.43

MEDICAL DATA														
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58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	22.08	1843.68			090	Y	13721.82	J1	2323.81		090	Y	4498.73
58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	25.58	2135.93			090	Y	13721.82	J1	2592.68		090	Y	4498.73
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	28.96	2418.16			090	Y	13721.82	J1	2890.77		090	Y	4498.73
58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	34.62	2890.77			090	Y	13721.82	J1	3317.46		090	Y	4498.73
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	0	BR			YYY	Y	200.22		BR		YYY	Y	2170
58600	LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI	10.29	859.22			090	Y	2650.71		914.33		090	Y	3405.1
58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	9.32	778.22			090	Y			824.98		090	Y	
58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	2.19	182.87			ZZZ	Y	1200.15		192.89		ZZZ	Y	
58615	OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR	6.88	574.48			010	Y	2650.71		611.22		010	Y	1876.5
58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	19.13	1597.36			090	Y	8002.30	J1	1680.02		090	Y	4498.73
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	18.47	1542.25			010	Y	8002.30	J1	1605.71		010	Y	4498.73
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	20.14	1681.69			090	Y	8002.30	J1	1761.85		090	Y	4498.73
58670	LAPAROSCOPY FULGURATION OVIDUCTS	10.34	863.39			090	N	8002.30	J1	916		090	N	4498.73
58671	LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS	10.32	861.72			090	N	8002.30	J1	916		090	N	4498.73
58672	LAPAROSCOPY FIMBRIOPLASTY	20.76	1733.46			090	Y	8002.30	J1	1837.84		090	Y	4498.73
58673	LAPAROSCOPY SALPINGOSTOMY	22.57	1884.60			090	Y	8002.30	J1	1996.49		090	Y	4498.73
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT/OVARY	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	22.24	1857.04			090	Y	3637.39		1943.88		090	Y	
58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	20.99	1752.67			090	Y	4021.41		1811.12		090	Y	
58740	LYSIS OF ADHESIONS SALPINX/OVARY	25.12	2097.52			090	Y	2038.85		2194.38		090	Y	
58750	TUBOTUBAL ANASTATOMOSIS	27.78	2319.63			090	Y	6159.07		2302.93		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
58752	TUBOUTERINE IMPLANTATION	26.3	2196.05			090	Y			2114.22		090	Y	
58760	FIMBRIOPLASTY	23.3	1945.55			090	Y			2024.04		090	Y	
58770	SALPINGOSTOMY	26.33	2198.56			090	Y	2650.71		2130.09		090	Y	3405.1
58800	DRAINAGE OVARIAN CYST UNI/BI SPX VAGINAL APPR	8.97	749.00			090	N	2650.71		797.43		090	N	1876.5
58805	DRAINAGE OVARIAN CYST UNI/BI SPX ABDOMINAL	11.42	953.57			090	Y	2650.71		1010.35		090	Y	3405.1
58820	DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	8.82	736.47			090	Y	2650.71		784.07		090	Y	3405.1
58822	DRAINAGE OVARIAN ABSCESS ABDOMINAL APPROACH	21.43	1789.41			090	Y			1862.05		090	Y	
58825	TRANSPOSITION OVARY	19.74	1648.29			090	Y	4444.01		1736.8		090	Y	
58900	BIOPSY OVARY UNI/BI SEPARATE PROCEDURE	13.01	1086.34			090	Y	2650.71		1061.29		090	Y	1876.5
58920	WEDGE RESCJ/BISCTJ OVARY UNI/BI	21.81	1821.14			090	Y	11397.90	J1	1750.16		090	Y	3405.1
58925	OVARIAN CYSTECTOMY UNI/BI	21.25	1774.38			090	Y	7320.40	J1	1852.03		090	Y	3405.1
58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	15	1252.50			090	Y	4054.00		1302.6		090	Y	
58943	OOPHORECTOMY PRTL/TOT UNI/BI OVARIAN MALIGNANCY	33.72	2815.62			090	Y			2837.33		090	Y	
58950	RESCJ OVARIAN/TUBAL/PERITONEAL MALIGNANCY W/BSO	32.39	2704.57			090	Y			2722.1		090	Y	
58951	RESCJ PRIM PRTL MAL W/BSO & OMNTC TAH & LMPHAD	41.68	3480.28			090	Y			3489.47		090	Y	
58952	RESCJ PRIM PRTL MAL W/BSO & OMNTC RAD DEBULKING	47.15	3937.03			090	Y			3940.37		090	Y	
58953	BSO W/OMENTECTOMY TAH&RAD DEBULKING DISSECTION	58.33	4870.56			090	Y			4875.57		090	Y	
58954	BSO W/OMENTECTOMY TAH DEBULKING W/LMPHADECTOMY	63.4	5293.90			090	Y			5282.21		090	Y	
58956	BSO W/TOT OMENTECTOMY & HYSTERECTOMY MALIGNANC	39.59	3305.77			090	Y			3328.31		090	Y	
58957	RESECJ RECUR OVARIAN/TUBAL/PERITONEAL MALIGNANCY	45.59	3806.77			090	Y			3819.29		090	Y	
58958	RESECTION RECRT MAL W/OMENTECTOMY PEL LMPHADEC	50.08	4181.68			090	Y			4188.36		090	Y	
58960	LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK	27.92	2331.32			090	Y			2338.84		090	Y	

MEDICAL DATA														
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58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	6.3	526.05			000	N	907.00		529.39		000	N	302
58974	EMBRYO TRANSFER INTRAUTERINE	4.21	351.54			000	Y	357.34		364.9		000	Y	302
58976	GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH	7.19	600.37			000	Y	357.34		597.03		000	Y	302
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	0	BR			YYY	N	200.22		BR		YYY	N	10.64
59000	AMNIOCENTESIS DIAGNOSIC	3.6	300.60			000	N	907.00		318.97		000	N	302
59001	AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	5.21	435.04			000	N	357.34		452.57		000	N	642.61
59012	CORDOCENTESIS INTRAUTERINE	5.88	490.98			000	N	357.34		511.02		000	N	302
59015	CHORIONIC VILLUS SAMPLING	4.48	374.08			000	N	907.00		393.29		000	N	302
59020	FETAL CONTRACTION STRESS TEST	2.03	169.51	89.35	80.16	000	N	200.22		179.53	91.85	000	N	152.95
59025	FETAL NONSTRESS TEST	1.38	115.23	71.81	43.42	000	N	200.22		121.08	73.48	000	N	152.95
59030	FETAL SCALP BLOOD SAMPLING	2.9	242.15			000	N	357.34		264.7		000	N	302
59050	FETAL MONITORING LABOR PHYS WRITTEN REPORT	1.47	122.75			XXX	N			127.76		XXX	N	
59051	FETAL MONITR LABOR PHYS WRTTN REPRT INTERPJ ONLY	1.22	101.87			XXX	N			106.88		XXX	N	
59070	TRANSABDOMINAL AMNIOINFUSION W/ULTRSND GUIDANCE	11.45	956.08			000	Y	357.34		1037.07		000	Y	152.95
59072	FETAL UMBILICAL CORD OCCLUSION W/ULTRSND GUIDNCE	13.51	1128.09			000	N	357.34		1309.28		000	N	302
59074	FETAL FLUID DRAINAGE W/ULTRASOUND GUIDANCE	10.97	916.00			000	Y	357.34		1012.02		000	Y	302
59076	FETAL SHUNT PLACEMENT W/ULTRASOUND GUIDANCE	13.51	1128.09			000	Y	357.34		1309.28		000	Y	302
59100	HYSTEROTOMY ABDOMINAL	22.89	1911.32			090	Y	2650.71		2105.04		090	Y	3405.1
59120	TX ECTOPIC PREGNANCY ABDOMINAL/VAGINAL APPR	22.9	1912.15			090	Y	3988.34		2002.33		090	Y	
59121	TX ECTOPIC PREGNANCY W/O SALPING&/OOPHORECTOMY	22.97	1918.00			090	Y	3424.92		2003.17		090	Y	
59130	TX ECTOPIC PREGNANCY ABDL PREGNANCY	26.84	2241.14			090	N			2065.79		090	N	
59135	TX ECTOPIC PREGNANCY NTRSTL REQ TOT HYST	23.89	1994.82			090	N			2037.4		090	N	

MEDICAL DATA														
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59136	TX ECTOPIC PREGNANCY NTRSTL PRTL RESCJ UTER	24.43	2039.91			090	Y			2301.26		090	Y	
59140	TX ECTOPIC PREGNANCY CERVICAL W/EVACUATION	11.5	960.25			090	Y			903.47		090	Y	
59150	LAPS TX ECTOPIC PREG W/O SALPING&/OOPHORECTOMY	22.24	1857.04			090	Y	8002.30	J1	1938.87		090	Y	4498.73
59151	LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY	21.57	1801.10			090	Y	8002.30	J1	1883.76		090	Y	4498.73
59160	CURETTAGE POSTPARTUM	5.86	489.31			010	N	2650.71		513.53		010	N	1876.5
59200	INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	2.05	171.18			000	N	357.34		182.87		000	N	152.95
59300	EPISIOTOMY/VAG RPR OTH/THN ATTENDING	5.55	463.43			000	N	2650.71		488.48		000	N	1876.5
59320	CERCLAGE CERVIX PREGNANCY VAGINAL	4.41	368.24			000	N	2650.71		383.27		000	N	1876.5
59325	CERCLAGE CERVIX PREGNANCY ABDOMINAL	7.03	587.01			000	N	5159.56		538.58		000	N	
59350	HYSTERORRHAPHY RUPTURED UTERUS	7.67	640.45			000	Y			707.25		000	Y	
59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	60.17	5024.20			MMM	N			5278.04		MMM	N	
59409	VAGINAL DELIVERY ONLY	23.55	1966.43			MMM	N	2650.71		2052.43		MMM	N	1876.5
59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	30.04	2508.34			MMM	N			2616.89		MMM	N	
59412	EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	3	250.50			MMM	N	2650.71		260.52		MMM	N	1876.5
59414	DELIVERY PLACENTA SEPARATE PROCEDURE	2.66	222.11			MMM	N	2650.71		230.46		MMM	N	1876.5
59425	ANTEPARTUM CARE ONLY 4-6 VISITS	13.05	1089.68			MMM	N			1152.3		MMM	N	
59426	ANTEPARTUM CARE ONLY 7/> VISITS	23.33	1948.06			MMM	N			2061.62		MMM	N	
59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	5.29	441.72			MMM	N			467.6		MMM	N	
59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	66.79	5576.97			MMM	N			5834.15		MMM	N	
59514	CESAREAN DELIVERY ONLY	26.54	2216.09			MMM	Y	2395.00		2309.61		MMM	Y	
59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	36.5	3047.75			MMM	N			3173.84		MMM	N	
59525	STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	13.99	1168.17			ZZZ	Y			1220.77		ZZZ	Y	

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59610	ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	63.31	5286.39			MMM	N			5531.88		MMM	N	
59612	VAGINAL DELIVERY AFTER CESAREAN DELIVERY	26.57	2218.60			MMM	N	2650.71		2303.77		MMM	N	1876.5
59614	VAGINAL DELIVERY & POSTPARTUM CARE VBAC	33.04	2758.84			MMM	N			2866.56		MMM	N	
59618	ROUTINE OBSTETRICAL CARE ATTEMPTED VBAC	67.7	5652.95			MMM	N			5912.64		MMM	N	
59620	CESAREAN DELIVERY ATTEMPTED VBAC	27.22	2272.87			MMM	Y			2385.6		MMM	Y	
59622	CESAREAN DLVRY & POSTPARTUM CARE ATTEMPTED VBA	37.51	3132.09			MMM	N			3260.68		MMM	N	
59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	9.15	764.03			090	N	2650.71		802.44		090	N	1876.5
59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	10.89	909.32			090	N	2650.71		961.09		090	N	1876.5
59821	TX MISSED ABORTION SECOND TRIMESTER SURGICAL	10.99	917.67			090	N	2650.71		966.93		090	N	1876.5
59830	TX SEPTIC ABORTION SURGICAL	12.59	1051.27			090	N			1100.53		090	N	
59840	INDUCED ABORTION DILATION AND CURETTAGE	6.25	521.88			010	N	2650.71		544.42		010	N	1876.5
59841	INDUCED ABORTION DILATION & EVACUATION	11.02	920.17			010	N	2650.71		963.59		010	N	1876.5
59850	INDUCED ABORTION 1/> AMNIOTIC INJX W/D&C/EVACJ	10.01	835.84			090	N			850.03		090	N	
59851	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS D&C	10.62	886.77			090	N			1005.34		090	N	
59852	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS HYSTOTM	14.48	1209.08			090	N			1243.32		090	N	
59855	INDUCED ABORT 1/> VAG SUPPOSITORIES DLVR FETUS	11.98	1000.33			090	N	1665.04		1047.09		090	N	
59856	INDUCED ABORT 1/> VAG SUPP DLVR FETUS D&C &/EVAC	14.09	1176.52			090	N			1227.45		090	N	
59857	INDUCED ABORT 1/> VAG SUPPOS DLVR FETUS HYSTOT	14.88	1242.48			090	N			1267.53		090	N	
59866	MULTIFETAL PREGNANCY REDUCTION	6.23	520.21			000	Y	357.34		531.06		000	Y	302
59870	UTERINE EVACUATION & CURETTAGE HYDATIDIFORM MOLE	13.6	1135.60			090	Y	2650.71		1193.22		090	Y	1876.5
59871	REMOVAL CERCLAGE SUTURE UNDER ANESTHESIA	3.86	322.31			000	N	2650.71		338.18		000	N	1876.5
59897	UNLISTED FETAL INVASIVE PX W/ULTRASOUND	0	BR			YYY	N	200.22		BR		YYY	N	10.64

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
59899	UNLISTED PROCEDURE MATERNITY CARE & DELIVERY	0	BR			YYY	Y	200.22		BR		YYY	Y	10.64
60000	I&D THYROGLOSSAL DUCT CYST INFECTED	4.91	409.99			010	N	982.18		438.38		010	N	643.2
60100	BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	3.22	268.87			000	N	684.54		275.55		000	N	445.75
60200	EXC CYST/ADENOMA THYROID/TRANSECTION ISTHMUS	19.07	1592.35			090	Y	8002.30	J1	1647.46		090	Y	4736.1
60210	PRTL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	20.46	1708.41			090	Y	8002.30	J1	1762.69		090	Y	4736.1
60212	PRTL THYROID LOBEC UNI W/CONTRATLAT STOT LOBEC	29.11	2430.69			090	Y	8002.30	J1	2505.84		090	Y	4736.1
60220	TOTAL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	20.46	1708.41			090	Y	8002.30	J1	1761.85		090	Y	4736.1
60225	TOTAL THYROID LOBEC UNI W/CONTRALAT STOT LOBEC	26.96	2251.16			090	Y	8002.30	J1	2317.13		090	Y	4736.1
60240	THYROIDECTOMY TOTAL/COMPLETE	26.61	2221.94			090	Y	8002.30	J1	2281.22		090	Y	4736.1
60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	38.25	3193.88			090	Y	7911.96	J1	3269.03		090	Y	4230.05
60254	THYROIDECTOMY TOTAL/SUBTOTAL RAD NECK DISSECT	48.47	4047.25			090	Y	8211.96		4133.25		090	Y	
60260	THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL	31.65	2642.78			090	Y	7911.96	J1	2707.91		090	Y	4230.05
60270	THYROIDECT W/SUBSTERNAL SPLIT/TRANSTHORACIC	39.59	3305.77			090	Y	5923.01		3397.62		090	Y	
60271	THYROIDECTOMY SUBSTERNAL CERVICAL APPROACH	30.62	2556.77			090	Y	7911.96	J1	2618.56		090	Y	4230.05
60280	EXCISION THYROGLOSSAL DUCT CYST/SINUS	12.81	1069.64			090	Y	8002.30	J1	1113.89		090	Y	4736.1
60281	EXCISION THYROGLOSSAL DUCT CYST/SINUS RECURRENT	16.98	1417.83			090	Y	8002.30	J1	1474.61		090	Y	4736.1
60300	ASPIRATION AND/OR INJECTION THYROID CYST	3.38	282.23			000	N	684.54		295.59		000	N	445.75
60500	PARATHYROIDECTOMY/EXPLORATION PARATHYROIDS	27.92	2331.32			090	Y	7911.96	J1	2394.78		090	Y	4230.05
60502	PARATHYROIDECTOMY/EXPLOR PARATHYROIDS RE-EXPLOR	37.24	3109.54			090	Y	7911.96	J1	3189.7		090	Y	2321.87
60505	PARATHYRDEC/EXPL PARATHYR MEDSTNL STERNAL/TTHRC	40.09	3347.52			090	Y	6427.13		3465.25		090	Y	
60512	PARATHYROID AUTOTRANSPLANTATION ADD-ON	7.07	590.35			ZZZ	Y			597.03		ZZZ	Y	2142.94

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60520	THYMECTOMY PRTL/TOT TRANSCERVICAL APPR SPX	30.21	2522.54			090	Y	7911.96	J1	2571.8		090	Y	4230.05
60521	THYMECTOMY PRTL/TOT W/O RAD MEDSTNL DSJ SPX	32.58	2720.43			090	Y			2804.77		090	Y	
60522	THYMECTOMY PRTL/TOT RAD MEDSTNL DSJ SPX	39.41	3290.74			090	Y			3414.32		090	Y	
60540	ADRENALECTOMY W/EXPL W/WO BX ABDL/LMBR/DRSAL SPX	30.64	2558.44			090	Y			2594.35		090	Y	
60545	ADRENALECTOMY EXPL W/EXC RETROPERTINEAL TUMOR	35.15	2935.03			090	Y			2979.28		090	Y	
60600	EXC CAROTID BODY TUMOR W/O EXC CAROTID ARTERY	40.49	3380.92			090	Y			3446.88		090	Y	
60605	EXC CAROTID BODY TUMOR W EXC CAROTID ARTERY	50.04	4178.34			090	Y			4529.04		090	Y	
60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL	34.52	2882.42			090	Y	8720.39		2920		090	Y	
60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	4736.1
61000	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI INIT	3.37	281.40			000	N	833.41		288.91		000	N	729.86
61001	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI SBSQ	2.45	204.58			000	N	833.41		278.89		000	N	729.86
61020	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/O NJX	2.94	245.49			000	N	833.41		349.03		000	N	729.86
61026	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/INJ	2.98	248.83			000	N	318.68		323.98		000	N	729.86
61050	CISTERNAL/LATERAL C1-C2 PUNCTURE W/O INJ SPX	2.47	206.25			000	N	833.41		267.2		000	N	729.86
61055	CISTERNAL/LATERAL C1-C2 PUNCTURE W/INJECTION	3.49	291.42			000	N	833.41		338.18		000	N	729.86
61070	PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	1.67	139.45			000	N	687.66		216.27		000	N	567.16
61105	TWIST DRILL HOLE SUBDURAL/VENTRICULAR PUNCTURE	13.33	1113.06			090	N			1163.99		090	N	
61107	TWIST DRILL HOLE IMPLT VENTRICULAR CATH/DEVICE	9.32	778.22			000	N			775.72		000	N	
61108	TWIST DRILL HOLE EVAC&/DRG SUBDURAL HEMATOMA	26.59	2220.27			090	N			2272.87		090	N	
61120	BURR HOLE VENTRICULAR PUNCTURE	21.85	1824.48			090	N			1868.73		090	N	
61140	BURR HOLE/TREPHINE W/BX BRAIN/INTRACRNIAL LESION	37.15	3102.03			090	Y			3144.61		090	Y	

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61150	BURR HOLE/TREPHINE W/DRG BRAIN ABSCESS/CYST	39.34	3284.89			090	N			3363.38		090	N	
61151	BURR HOLE/TREPHINE W/SBSQ TAPPING ICRA ABSC/CST	29.33	2449.06			090	N			2474.94		090	N	
61154	BURR HOLE W/EVAC&/DRG HEMATOMA XDRL/SDRL	37.29	3113.72			090	Y			3167.99		090	Y	
61156	BURR HOLE W/ASPIR HEMATOMA/CYST INTRACEREBRAL	36.59	3055.27			090	Y			3088.67		090	Y	
61210	BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE	10.92	911.82			000	N	5455.96		906.81		000	N	
61215	INSJ SUBQ RSVR PUMP/INFUSION SYSTEM VENTRIC CATH	14.83	1238.31			090	N	4837.73		1270.04		090	N	4194.19
61250	BURR HOLE/TREPHINE SUPRATENTORIAL W/O OTH SURG	23.69	1978.12			090	Y			2161.82		090	Y	
61253	BURR HOLE/TREPHINE INFRATENTORIAL UNI/BI	23.68	1977.28			090	Y			1827.82		090	Y	
61304	CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL	48.36	4932.72			090	Y			4067.29		090	Y	
61305	CRANIECTOMY/CRANIOTOMY EXPL INFRATENTORIAL	58.95	6012.90			090	Y			4979.94		090	Y	
61312	CRANIECTOMY HMTMA SUPRATENTORIAL EXTRA/SUBDURAL	61.22	6244.44			090	Y			5152.79		090	Y	
61313	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	58.38	5954.76			090	Y			4928.17		090	Y	
61314	CRANIECTOMY HMTMA INFRATENTORIAL EXTRA/SUBDURAL	53.59	5466.18			090	Y			4534.89		090	Y	
61315	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	60.84	6205.68			090	Y			5129.41		090	Y	
61316	INCISION & SUBCUTANEOUS PLMT CRANIAL BONE GRAF	2.6	265.20			ZZZ	N			216.27		ZZZ	N	
61320	CRANIECTOMY/CRANIOTMY DRG ABSCESS SUPRATENTORIAL	55.94	5705.88			090	Y			4715.25		090	Y	
61321	CRANIECTOMY/CRANIOTMY DRG ABSCESS INFRATENTORIAL	61.75	6298.50			090	Y			5275.53		090	Y	
61322	CRANIECT/CRANIOT W/WO DURAPLASTY W/O LOBECTOMY	69.98	7137.96			090	Y			5887.59		090	Y	
61323	CRANIECT/CRANIOT W/WO DURAPLASTY W/LOBECTOMY	70.85	7226.70			090	N			5899.28		090	N	
61330	DECOMPRESSION ORBIT ONLY TRANSCRANIAL APPROACH	46.77	4770.54			090	Y	7911.96	J1	4580.81		090	Y	4230.05
61332	EXPLORATION ORBIT TRANSCRANIAL APPROACH W/BIOPSY	51.39	5241.78			090	Y			4684.35		090	Y	
61333	EXPL ORBIT TRANSCRANIAL APPROACH W/RMVL LESION	53.02	5408.04			090	Y			5222.93		090	Y	

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61340	SUBTEMPORAL CRANIAL DECOMPRESSION	41.89	4272.78			090	Y			3590.5		090	Y	
61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA & CORD	64.57	6586.14			090	Y			5445.04		090	Y	
61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	59.84	6103.68			090	Y			5052.59		090	Y	
61450	CRNEC STPL SCTJ COMPRESSION/DCMPRN GANGLION	56.59	5772.18			090	Y			4761.17		090	Y	
61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	59.02	6020.04			090	Y			4976.6		090	Y	
61460	CRANIECTOMY SUBOCCIPITAL SECTION 1/> CRANIAL NR	62.22	6346.44			090	Y			5210.4		090	Y	
61480	CRNEC SUBOCPTL MESENCEPHAL TRCOTOMY/PEDUNCULOTMY	46.76	4769.52			090	Y			4125.74		090	Y	
61500	CRANIECTOMY W/EXCISION TUMOR/LESION SKULL	38.6	3937.20			090	Y	3585.32		3310.78		090	Y	
61501	CRANIECTOMY OSTEOMYELITIS	33.67	3434.34			090	Y			2852.36		090	Y	
61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	64.22	6550.44			090	Y			5427.5		090	Y	
61512	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR	74.94	7643.88			090	Y			6318.45		090	Y	
61514	CRNEC TREPHINE BONE FLAP BRAIN ABSC SUPRATENTOR	55.82	5693.64			090	Y			4727.77		090	Y	
61516	CRNEC TREPHINE BONE FLAP FENEST CYST SUPRATENTOR	54.49	5557.98			090	Y			4600.02		090	Y	
61517	IMPLTJ BRAIN INTRACAVITARY CHEMOTHERAPY AGENT	2.6	265.20			ZZZ	N			214.6		ZZZ	N	
61518	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	81.04	8266.08			090	Y			6844.5		090	Y	
61519	CRNEC EXC TUM INFRATENTOR/POST FOSSA MENINGIOMA	86.15	8787.30			090	Y			7292.89		090	Y	
61520	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	110.71	11292.42			090	Y			9241.78		090	Y	
61521	CRNEC TUM INFRATTL/PFOSSA MIDLINE TUM BASE SKULL	92.67	9452.34			090	Y			7866.54		090	Y	
61522	CRNEC INFRATNTORIAL/POST FOSSA EXC BRAIN ABSCESS	63.78	6505.56			090	Y			5413.31		090	Y	
61524	CRNEC INFRATNTOR/POSTFOSSA EXC/FENESTRATION CYST	60.89	6210.78			090	Y			5156.96		090	Y	
61526	CRNEC TRANSTEMPOR EXC CEREBELLOPONTINE ANGLE TUM	108.05	11021.10			090	N			9014.66		090	N	
61530	CRNEC EXC CEREBELLOPNTIN ANGLE TUM MID/POSTFOSSA	91.07	9289.14			090	N			7601.01		090	N	

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
61531	SUBDURAL IMPLTJ ELECTRODES SEIZURE MONITORING	35.74	3645.48			090	Y			3043.58		090	Y	
61533	CRANIOT SUBDURAL IMPLT ELCTRD SEIZURE MONITORING	44.69	4558.38			090	Y			3786.73		090	Y	
61534	CRANIOT EPILEPTOGENIC FOC W/O ELECTRCORTICOGRPHY	47.73	4868.46			090	Y			4083.15		090	Y	
61535	CRANIOT RMVL EPID/SUBDURL ELCTRD W/O EXC TIS SPX	29.21	2979.42			090	Y			2493.31		090	Y	
61536	CRANIOT EPILEPTOGENIC FOCUS W/ELECTROCORTCOGRPHY	76.31	7783.62			090	Y			6376.9		090	Y	
61537	CRANIOT TEMPORAL LOBE W/O ELECTROCORTICOGRAPHY	72.43	7387.86			090	Y			6098.01		090	Y	
61538	CRANIOT LOBEC TEMPORAL LOBE W/ELECTROCORTCOGRPHY	78.82	8039.64			090	Y			6594		090	Y	
61539	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/ECOG	69.05	7043.10			090	Y			5839.99		090	Y	
61540	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/O ECOG	64.55	6584.10			090	Y			5404.12		090	Y	
61541	CRANIOTOMY TRANSECTION CORPUS CALLOSUM	63.53	6480.06			090	Y			5319.79		090	Y	
61543	CRANIOTOMY PARTIAL/SUBTOTAL HEMISPHERECTOMY	62.19	6343.38			090	Y			5376.57		090	Y	
61544	CRANIOTOMY EXCISION/COAGULATION CHOROID PLEXUS	56.24	5736.48			090	Y			4240.97		090	Y	
61545	CRANIOTOMY EXCISION CRANIOPHARYNGIOMA	94.2	9608.40			090	Y			7875.72		090	Y	
61546	CRANIOT HYPOPHYSEC/EXC PITUITARY TUMOR ICRL APPR	68.24	6960.48			090	Y			5708.06		090	Y	
61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	46.06	4698.12			090	Y			3852.69		090	Y	
61550	CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE	27.91	2846.82			090	Y			2329.65		090	Y	
61552	CRANIECT CRANIOSYNOSTOSIS MULT CRANIAL SUTURES	33.56	3423.12			090	Y			2619.4		090	Y	
61556	CRANIEC CRANIOSYNOSTOSIS FRONT/PARIET BONE FLAP	46.14	4706.28			090	Y			4225.1		090	Y	
61557	CRANIECTOMY CRANIOSYNOSTOSIS BIFRONTAL BONE FLAP	46.91	4784.82			090	Y			4174.17		090	Y	
61558	XTN CRANIECT MULTIPLE SUTURE CRANIOSYNOSTOSIS	55.48	5658.96			090	Y			3970.43		090	Y	
61559	XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS W/BONE GRAFT	61.33	6255.66			090	Y			4487.29		090	Y	
61563	EXC BENIGN TUM CRANIAL BONE W/O OPTIC NRV DCMPRN	56.05	5717.10			090	Y			4903.12		090	Y	

MEDICAL DATA														
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61564	EXC BENIGN TUM CRANIAL BONE W/OPTIC NRV DCMPRN	67.69	6904.38			090	Y			5371.56		090	Y	
61566	CRANIOTOMY SELECTIVE AMYGDALOHIPPOCAMPECTOMY	66.11	6743.22			090	Y			5562.77		090	Y	
61567	CRANIOTOMY MULTIPLE SUBPIAL TRANSECTIONS W/ECOG	75.78	7729.56			090	Y			6344.33		090	Y	
61570	CRANIECTOMY/CRANIOTOMY EXC FOREIGN BODY BRAIN	54.87	5596.74			090	Y			4628.41		090	Y	
61571	CRANIECTOMY/CRANIOTOMY TX PENETRATNG WOUND BRAIN	58.48	5964.96			090	Y			4925.67		090	Y	
61575	TRNSRAL SKULL BSE/BR STEM/CORD BX/DCOMPR/EXC LES	62.3	6354.60			090	Y			6195.7		090	Y	
61576	TRNSRL SKUL BSE/BR STM/CORD BX/DCMP/ SPLT TONGUE	105.36	10746.72			090	Y			8523.68		090	Y	
61580	CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ	72.87	7432.74			090	N			6192.36		090	N	
61581	CRANIOFACIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	77.07	7861.14			090	N			6718.41		090	N	
61582	CRANFCL ANT CRANIAL FOSSA UNI/BI CRANIOT/OSTEOT	84.67	8636.34			090	Y			7676.16		090	Y	
61583	CRANFCL ANT CRANIAL FOSSA UNI/BIFRNTL ELEV LOBE	84.76	8645.52			090	Y			7233.61		090	Y	
61584	ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ	83.66	8533.32			090	Y			7120.88		090	Y	
61585	ORBITOCRANIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	94.77	9666.54			090	Y			8076.12		090	Y	
61586	BICORONAL TRANSZYGMTC&/LEFORT I W/O BONE GRFT	70.45	7185.90			090	Y			6174.83		090	Y	
61590	INFRATEMPORAL MID CRANIAL FOSSA W/WO DISARTICLTN	88.47	9023.94			090	Y			7610.19		090	Y	
61591	INFRATEMPO MID CRANIAL FOSSA W/WO DCOMPR&/MOBI	90.28	9208.56			090	Y			7713.73		090	Y	
61592	ORBITOCRNL APPR MID CRANIAL FOSSA TEMPORAL LOBE	93.03	9489.06			090	Y			7915.8		090	Y	
61595	TRANSTEMP APPR POST CRAN FOSSA DCOMPR SINUS/NRV	68.75	7012.50			090	N			5915.98		090	N	
61596	TRANSCOCHLR POST CRNL FOSSA W/WO MOBIL NRV/ART	70.63	7204.26			090	Y			6116.38		090	Y	
61597	TRNSCONDLR POST CRNL FOSSA DCOMPR ART W/WO MOBIL	82.49	8413.98			090	Y			7193.53		090	Y	
61598	TRANSPTRSAL POST CRNL FOSSA CLIVUS/FORAMN MAGNUM	83.24	8490.48			090	Y			7084.98		090	Y	
61600	RESCJ/EXC LES BASE ANT CRANIAL FOSSA EXTRADURAL	62.15	6339.30			090	Y			5346.51		090	Y	

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61601	RESCJ/EXC LES BASE ANT CRNL FOSSA INDRL W/WO GRF	70.8	7221.60			090	Y			5984.45		090	Y	
61605	RESCJ/EXC LES INFRATEMPOR FOSSA SPACE APEX XDRL	63.09	6435.18			090	Y			5438.36		090	Y	
61606	RESCJ/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR	87.35	8909.70			090	Y			7444.86		090	Y	
61607	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB XDRL	79.21	8079.42			090	Y			7160.96		090	Y	
61608	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB IDRL	95.31	9721.62			090	Y			8077.79		090	Y	
61610	TRNSXJ/LIG CAROTID ARTERY SINUS W/RPR ANAST/GRFT	44.99	4588.98			ZZZ	Y			4620.89		ZZZ	Y	
61611	TRNSXJ/LIG CAROTID ARTERY PETROUS CANAL W/O RPR	11.25	1147.50			ZZZ	Y			912.66		ZZZ	Y	
61612	TRNSXJ/LIG CRTD ART PETROUS CANAL RPR ANAST/GRF	42.28	4312.56			ZZZ	Y			3430.18		ZZZ	Y	
61613	OBLTRJ CAROTID ARYSM ARTVEN CAROTID FISTULA DSJ	94.58	9647.16			090	Y			8162.13		090	Y	
61615	RESCJ/EXC LES BASE POST CRNL FOSSA JUG FRMN XDRL	66.02	6734.04			090	Y			5633.75		090	Y	
61616	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	97.65	9960.30			090	Y			8263.16		090	Y	
61618	SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT	37.98	3873.96			090	Y			3245.65		090	Y	
61619	SEC RPR DURA CSF LEAK LOCAL/REGIONALIZED FLAP	42.15	4299.30			090	Y			3655.63		090	Y	
61623	EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	16.56	1382.76			000	N	19084.70	J1	1352.7		000	N	9896.5
61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	33.27	2778.05			000	N	3771.87		2697.05		000	N	
61626	TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	25	2087.50			000	N	19084.70	J1	2074.14		000	N	9896.5
61630	BALLOON ANGIOPLASTY INTRACRANIAL PERCUTANEOUS	38.72	3233.12			XXX	Y			3117.06		XXX	Y	
61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	41.56	3470.26			XXX	Y			3386.76		XXX	Y	
61640	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	18.72	1563.12			000	N			1518.03		000	N	
61641	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL	6.57	548.60			ZZZ	N			533.57		ZZZ	N	
61642	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL	13.15	1098.03			ZZZ	N			1067.13		ZZZ	N	
61645	PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	22.59	1886.27			000	N							

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61650	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	15.07	1258.35			000	N							
61651	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	6.4	534.40			ZZZ	N							
61680	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL SMPL	65.91	5503.49			090	Y			5606.19		090	Y	
61682	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL CMPL	122.51	10229.59			090	Y			10324.78		090	Y	
61684	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL SMPL	84.16	7027.36			090	Y			7032.37		090	Y	
61686	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL CMPL	132.15	11034.53			090	Y			11108.01		090	Y	
61690	INTRACRANIAL ARVEN MALFRMJ DURAL SMPL	63.74	5322.29			090	Y			5414.98		090	Y	
61692	INTRACRANIAL ARVEN MALFRMJ DURAL CMPL	107.39	8967.07			090	Y			9039.71		090	Y	
61697	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	124.48	10394.08			090	Y			10429.99		090	Y	
61698	CPLX INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	136.54	11401.09			090	Y			11438.67		090	Y	
61700	SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION	100.1	8358.35			090	Y			8443.52		090	Y	
61702	SIMPLE INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	118.26	9874.71			090	Y			9943.18		090	Y	
61703	ICRA CRV APPL OCCLUDING CLAMP CRV CRTD ART	40.12	3350.02			090	Y			3375.07		090	Y	
61705	ARYSM VASC MALFRMJ/CRTD-OCCLUSION CRTD ART	75.49	6303.42			090	Y			6436.18		090	Y	
61708	ARYSM VASC MALFRMJ/ICRA ELECTROTHROMBOSIS	61.38	5125.23			090	Y			5358.2		090	Y	
61710	ARYSM VASC MALFRMJ IA EMBOLIZATION	63.64	5313.94			090	N			4078.14		090	N	
61711	ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES	76.33	6373.56			090	Y			6456.22		090	Y	
61720	CRTJ LES STRTCTC BURR GLOBUS PALLIDUS/THALAMUS	37.5	3131.25			090	N	4837.73		3154.63		090	N	3201.45
61735	CRTJ LES STRTCTC BURR SUBCORTICAL STRUX OTH/THN	46.36	3871.06			090	N			3942.87		090	N	
61750	STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES	41.38	3455.23			090	N			3488.63		090	N	
61751	STRTCTC BX ASPIR/EXC BURR ICRA LESION W/CT&I/MR	40.66	3395.11			090	N	6898.61		3417.66		090	N	
61760	STRTCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	46.7	3899.45			090	N			3916.99		090	N	

MEDICAL DATA														
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61770	STRTCTC LOCLZJ INSJ CATH/PRB PLMT RADJ SRC	47.67	3980.45			090	N	4837.73		4011.34		090	N	3201.45
61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	6.96	581.16			ZZZ	N			576.15		ZZZ	N	
61782	STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL	5.11	426.69			ZZZ	N			470.94		ZZZ	N	
61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	6.85	571.98			ZZZ	N			576.99		ZZZ	N	
61790	CREATE LESION STRTCTC PRQ NEUROLYTIC GASSERIAN	25.9	2162.65			090	N	1983.30		2172.67		090	N	1734.81
61791	CREATE LES STRTCTC PRQ NEUROLYTIC TRIGEMINAL TRC	31.38	2620.23			090	N	1983.30		2767.19		090	N	1105.2
61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	29.87	2494.15			090	Y			2494.98		090	Y	
61797	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	6.54	546.09			ZZZ	Y			535.24		ZZZ	Y	
61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	40.75	3402.63			090	Y			3400.96		090	Y	
61799	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	9.01	752.34			ZZZ	Y			738.98		ZZZ	Y	
61800	APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	4.56	380.76			ZZZ	Y			376.59		ZZZ	Y	
61850	TWIST/BURR HOLE IMPLTJ NSTIM ELTRD CORTICAL	28.95	2417.33			090	Y			2443.21		090	Y	
61860	CRNEC/CRX IMPLTJ NSTIM ELTRD CERE CORTICAL	46.24	3861.04			090	Y			3877.74		090	Y	
61863	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	44.16	3687.36			090	Y			3735.79		090	Y	
61864	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	8.43	703.91			ZZZ	Y			699.73		ZZZ	Y	
61867	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD 1ST ARRAY	67.07	5600.35			090	Y			5649.61		090	Y	
61868	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY	14.78	1234.13			ZZZ	Y			1231.63		ZZZ	Y	
61870	CRNEC IMPLTJ NSTIM ELTRD CEREBELLAR CORTICAL	33.63	2808.11			090	Y			2940.04		090	Y	
61880	REVJ/RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS	16.72	1396.12			090	Y	3117.09		1432.86		090	Y	1949.42
61885	INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	15.06	1257.51			090	N	34718.74	J1	1305.11		090	N	21150.63
61886	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	24.71	2063.29			090	N	53456.78	J1	2130.92		090	N	26578.71
61888	REVJ/RMVL NEUROSTIMULATOR PULSE GENERATOR	11.61	969.44			010	N	10488.74	J1	976.95		010	N	3351.98

MEDICAL DATA														
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62000	ELEVATION DEPRESSED SKULL FX SIMPLE EXTRADURAL	30.38	3098.76			090	N	7911.96	J1	2564.29		090	N	2321.87
62005	ELVTN DEPRS SKL FX COMPOUND/COMMIND XDRL	36.48	3720.96			090	Y			3155.47		090	Y	
62010	ELVTN DEPRS SKL FX W/RPR DURA&/DBRDMT BRN	44.96	4585.92			090	Y			3800.09		090	Y	
62100	CRX RPR DURAL/CSF LEAK RHINORRHEA/OTORRHEA	46.79	4772.58			090	Y	3894.02		3962.91		090	Y	
62115	RDCTJ CRANIOMEGALIC SKULL W/O GRAFT/CRANIOPLASTY	37.83	3858.66			090	Y			3100.36		090	Y	
62117	RDCTJ CRANIOMEGALIC CRANIO&RECNSTJ W/WO GRAFT	47.28	4822.56			090	Y			3886.09		090	Y	
62120	RPR ENCEPHALOCELE SKULL VAULT W/CRANIOPLASTY	48.33	4929.66			090	Y			4183.35		090	Y	
62121	CRANIOTOMY FOR ENCEPHALOCELE REPAIR SKULL BASE	46.52	4745.04			090	Y			4120.73		090	Y	
62140	CRANIOPLASTY SKULL DEFECT </5 CM DIAMETER	30.25	3085.50			090	Y	3822.06		2580.99		090	Y	
62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	33.32	3398.64			090	Y			2845.68		090	Y	
62142	RMVL BONE FLAP/PROSTHETIC PLATE SKULL	25.99	2650.98			090	Y	4065.93		2211.92		090	Y	
62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	30.45	3105.90			090	Y			2600.19		090	Y	
62145	CRANIOPLASTY SKULL DEFECT REPARATIVE BRAIN SURG	41.41	4223.82			090	Y			3521.2		090	Y	
62146	CRANIOPLASTY W/AUTOGRAFT </ 5 CM DIAMETER	36.51	3724.02			090	Y			3101.19		090	Y	
62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	41.54	4237.08			090	Y			3613.05		090	Y	
62148	INCISE&RETRIEVAL SUBQ CRANIOPLASTY BONE GRAFT	3.77	384.54			ZZZ	N			311.46		ZZZ	N	
62160	NUNDSC ICRA PLMT/RPLCMT VENTR CATH SHUNT SYS	5.64	575.28			ZZZ	N			467.6		ZZZ	N	
62161	NUNDSC ICRA DSJ ADS FENESTRATION SEPTUM CSTS	44.72	4561.44			090	Y			3768.36		090	Y	
62162	NUNDSC ICRA FENESTEXC CYST W/VENTRIC CATH DRG	55.57	5668.14			090	Y			4684.35		090	Y	
62163	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY	32.54	3319.08			090	Y			3046.08		090	Y	
62164	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY	61.12	6234.24			090	Y			5182.85		090	Y	
62165	NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID	45.2	4610.40			090	N			3833.49		090	N	

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62180	VENTRICULOCISTERNOSTOMY	46.95	4788.90			090	Y			3969.59		090	Y	
62190	CRTJ SHUNT SARACH/SDRL-ATR-JUG-AUR	25.85	2636.70			090	N			2303.77		090	N	
62192	CRTJ SHUNT SARACH/SDRL-PRTL-PLEURAL OTH	28.62	2919.24			090	Y			2428.18		090	Y	
62194	RPLCMT/IRRG SUBARACHNOID/SUBDURAL CATHETER	13.54	1381.08			010	N	1983.30		930.19		010	N	729.86
62200	VENTRICULOCISTERNOSTOMY 3RD VENTRICLE	40.5	4131.00			090	Y			3415.15		090	Y	
62201	VENTRICULOCISTERNOSTOMY 3RD VNTRC NEURONDSC	35.48	3618.96			090	N			2995.98		090	N	
62220	CRTJ SHUNT VENTRICULO-ATR-JUG-AUR	30.2	3080.40			090	Y			2565.12		090	Y	
62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	30.73	3134.46			090	Y	5374.57		2633.59		090	Y	
62225	RPLCMT/IRRIGATION VENTRICULAR CATHETER	15.36	1566.72			090	N	1720.09		1321.81		090	N	1550.17
62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	24.71	2520.42			090	Y	4837.73		2106.71		090	Y	4194.19
62252	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	2.47	251.94	139.74	112.20	XXX	N	343.49		217.1	112.73	XXX	N	247.29
62256	RMVL COMPL CSF SHUNT SYSTEM W/O RPLCMT SHUNT	17.51	1786.02			090	Y			1503		090	Y	
62258	RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT	33.04	3370.08			090	Y			2801.43		090	Y	
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	18.61	1778.55			010	N	1170.84		1778.55		010	N	1105.2
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	12.06	1087.17			010	N	1170.84		1087.17		010	N	1105.2
62267	PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	7.11	593.69			000	N	1341.57		611.22		000	N	445.75
62268	PERCUTANEOUS ASPIRATION SPINAL CORD CYST/SYRINX	7.48	624.58			000	N	833.41		647.13		000	N	729.86
62269	BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE	7.82	652.97			000	N	1341.57		652.14		000	N	920.55
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTIC	4.54	401.64			000	N	833.41		401.64		000	N	376.37
62272	SPINAL PUNCTURE THER DRAIN CEREBROSPINAL FLUID	5.76	516.03			000	N	833.41		516.03		000	N	376.37
62273	INJECTION EPIDURAL BLOOD/CLOT PATCH	4.95	438.38			000	N	833.41		438.38		000	N	729.86
62280	INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	8.73	847.53			010	N	1170.84		847.53		010	N	729.86

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62281	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	6.88	615.40			010	N	1170.84		615.4		010	N	1105.2
62282	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	8.36	723.11			010	N	1170.84		723.11		010	N	1105.2
62284	INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	5.2	434.20			000	N			547.2		000	N	
62287	DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR	16.37	1366.90			090	N	4837.73		1400.3		090	N	3201.45
62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	9.53	855.88			000	N			855.88		000	N	
62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	9.44	805.78			000	N			805.78		000	N	
62292	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	16.77	1400.30			090	N	1983.30		1477.95		090	N	729.86
62294	NJX ARTERIAL OCCLUSION ARVEN MALFRMJ SPINAL	22.65	1891.28			090	N	833.41		1697.56		090	N	729.86
62302	MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	6.88	574.48			000	N	951.28		660.25		000	N	761.92
62303	MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	7.15	597.03			000	N	951.28		685.9		000	N	761.92
62304	MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	6.81	568.64			000	N	951.28		651.7		000	N	761.92
62305	MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	7.42	619.57			000	N	951.28		711.55		000	N	761.92
62310	NJX DX/THER SBST EPIDURAL/SUBRACH CERV/THORACIC	6.85	621.24			000	N	833.41		621.24		000	N	729.86
62311	NJX DX/THER SBST EPIDURAL/SUBARACH LUMBAR/SACRAL	6.32	523.55			000	N	833.41		523.55		000	N	729.86
62318	NJXS INFUS/BOLUS DX/SBST EDRL/SUBARACH CRV/THRC	6.56	600.37			000	N	1170.84		600.37		000	N	729.86
62319	NJX INFUS/BOLUS DX/SBST EDRL/SUBARACH LUM/SACRAL	4.79	431.70			000	N	1170.84		431.7		000	N	1105.2
62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	11.62	1004.51			010	N	4837.73		1004.51		010	N	4194.19
62351	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	25.3	2112.55			090	Y	14128.14	J1	2196.05		090	Y	4848.92
62355	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	7.8	658.82			010	N	1983.30		658.82		010	N	1105.2
62360	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	9.04	778.22			010	N	30700.44	J1	778.22		010	N	4194.19
62361	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	10.43	823.31			010	N	30700.44	J1	823.31		010	N	18204.73
62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	11.22	970.27			010	N	30700.44	J1	970.27		010	N	18204.73

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62365	RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	8.61	734.80			010	N	4837.73		734.8		010	N	3201.45
62367	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	1.18	105.21			XXX	N	343.49		105.21		XXX	N	247.29
62368	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	1.62	141.12			XXX	N	343.49		141.12		XXX	N	247.29
62369	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL	3.43	316.47			XXX	N	343.49		316.47		XXX	N	247.29
62370	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	3.61	329.83			XXX	N	343.49		329.83		XXX	N	247.29
63001	LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG CRV	36.34	3706.68			090	Y	9938.52	J1	3075.31		090	Y	4848.92
63003	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	36.14	3686.28			090	Y	9938.52	J1	3075.31		090	Y	4848.92
63005	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	34.49	3517.98			090	Y	9938.52	J1	2935.03		090	Y	4848.92
63011	LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL	31.83	3246.66			090	Y	9938.52	J1	2713.75		090	Y	4848.92
63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	34.74	3543.48			090	Y	9938.52	J1	2964.25		090	Y	4848.92
63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	43.46	4432.92			090	Y	9938.52	J1	3689.87		090	Y	4848.92
63016	LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC	44.4	4528.80			090	Y	9938.52	J1	3759.17		090	Y	4848.92
63017	LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR	36.63	3736.26			090	Y	9938.52	J1	3118.73		090	Y	4848.92
63020	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC	33.84	3451.68			090	Y	9938.52	J1	3311.7		090	Y	4848.92
63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	28.19	2875.38			090	Y	9938.52	J1	2737.9		090	Y	4848.92
63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	5.61	572.22			ZZZ	Y			537.7		ZZZ	Y	4848.92
63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	40.6	4141.20			090	Y	9938.52	J1	3481.95		090	Y	4848.92
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	37.71	3846.42			090	Y	9938.52	J1	3677.45		090	Y	4848.92
63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	17.3	1764.60			ZZZ	Y			1462.09		ZZZ	Y	
63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	16.43	1675.86			ZZZ	Y			1387.77		ZZZ	Y	
63045	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL	37.67	3842.34			090	Y	9938.52	J1	3602.4		090	Y	4848.92
63046	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT THORACIC	35.6	3631.20			090	Y	9938.52	J1	3011.01		090	Y	4848.92

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63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	32.13	3277.26			090	Y	9938.52	J1	3125.5		090	Y	4848.92
63048	LAM FACETECTOMY&FORAMTOMY 1 SGM EA CRV THRC/LMBR	6.2	632.40			ZZZ	Y			596.6		ZZZ	Y	4848.92
63050	LAMOP CERVICAL W/DCMPRN SPI CORD 2/> VERT SEG	43.44	4430.88			090	Y			3859.37		090	Y	
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	49.88	5087.76			090	Y			4251.82		090	Y	
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	47.66	4861.32			090	Y	9938.52	J1	4033.89		090	Y	4848.92
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	43.24	4410.48			090	Y	9938.52	J1	4182.85		090	Y	4848.92
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	9.38	956.76			ZZZ	Y			901.55		ZZZ	Y	4848.92
63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	51.69	5272.38			090	Y	9938.52	J1	4380.41		090	Y	4848.92
63066	COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG	6.14	626.28			ZZZ	Y			508.52		ZZZ	Y	4848.92
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	39.56	4035.12			090	Y	9938.52	J1	3872.2		090	Y	4848.92
63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	7.24	738.48			ZZZ	Y			700.15		ZZZ	Y	4848.92
63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	43.71	4458.42			090	Y			3674		090	Y	
63078	DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC	5.66	577.32			ZZZ	Y			474.28		ZZZ	Y	
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	51.31	5233.62			090	Y	2036.54		4995.1		090	Y	
63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	7.81	796.62			ZZZ	Y	1345.64		752.4		ZZZ	Y	
63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	55.73	5684.46			090	Y			4682.68		090	Y	
63086	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	5.57	568.14			ZZZ	Y			467.6		ZZZ	Y	
63087	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR 1 SEG	70.18	7158.36			090	Y			5904.29		090	Y	
63088	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR EA SEG	7.59	774.18			ZZZ	Y			633.77		ZZZ	Y	
63090	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC 1 SEG	56.8	5793.60			090	Y			4863.88		090	Y	
63091	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC EA SEG	5.16	526.32			ZZZ	Y			438.38		ZZZ	Y	
63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	67.65	6900.30			090	Y			5746.47		090	Y	

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63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	66.24	6756.48			090	Y			5545.24		090	Y	
63103	VCRPEC LAT XTRCAVITARY DCMPRN THRC/LMBR EA SEG	8.59	876.18			ZZZ	Y			717.27		ZZZ	Y	
63170	LAM W/MYELOTOMY CERVICAL/THORACIC/THORACOLUMBAR	47.04	4798.08			090	Y			3954.56		090	Y	
63172	LAM W/DRG INTRMEDULLARY CYST/SYRINX SUBARACHNOID	40.66	4147.32			090	Y			3488.63		090	Y	
63173	LAM W/DRG INTRMEDULRY CYST/SYRINX PRTL/PLEURAL	50.35	5135.70			090	Y			4282.72		090	Y	
63180	LAM&SCTJ DENTATE LIG W/WO DURAL GRF CRV 1/2 SEG	43.87	4474.74			090	Y			3690.7		090	Y	
63182	LAM&SCTJ DENTATE LIG W/WO DURAL GRF CRV >2 SEG	40.51	4132.02			090	Y			4048.92		090	Y	
63185	LAMINECTOMY W/RHIZOTOMY 1/2 SEGMENTS	33	3366.00			090	Y			2964.25		090	Y	
63190	LAMINECTOMY W/RHIZOTOMY > 2 SEGMENTS	36.61	3734.22			090	Y			3114.55		090	Y	
63191	LAMINECTOMY W/SECTION SPINAL ACCESSORY NERVE	39.75	4054.50			090	Y			3171.33		090	Y	
63194	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT CERVICAL	47.17	4811.34			090	Y			3077.81		090	Y	
63195	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT THORACIC	45.41	4631.82			090	Y			3812.61		090	Y	
63196	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACTS CRV	40.86	4167.72			090	Y			3340.84		090	Y	
63197	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACT THRC	50.56	5157.12			090	Y			4246.81		090	Y	
63198	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES CERVICAL	48.12	4908.24			090	Y			3932.02		090	Y	
63199	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES THORACIC	50.5	5151.00			090	Y			4670.16		090	Y	
63200	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR	45	4590.00			090	Y			3814.28		090	Y	
63250	LAM EXC/OCCLUSION AVM SPINAL CORD CERVICAL	82.37	8401.74			090	Y			7334.64		090	Y	
63251	LAM EXC/OCCLUSION AVM SPINAL CORD THORACIC	89.52	9131.04			090	Y			7500.81		090	Y	
63252	LAM EXC/OCCLUSION AVM SPI CORD THORACOLUMBAR	89.41	9119.82			090	Y			7499.97		090	Y	
63265	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL CERVICAL	48.95	4992.90			090	Y			4151.62		090	Y	
63266	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL THORACIC	50.32	5132.64			090	Y			4274.37		090	Y	

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63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	40.02	4082.04			090	Y	5870.12		3898.8		090	Y	
63268	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL SACRAL	42.07	4291.14			090	Y			3617.22		090	Y	
63270	LAM EXC ISPI LES OTH/THN NEO IDRL CERVICAL	61.25	6247.50			090	Y			5142.77		090	Y	
63271	LAM EXC ISPI LES OTH/THN NEO IDRL THORACIC	60.67	6188.34			090	Y			5119.39		090	Y	
63272	LAM EXC ISPI LES OTH/THN NEO IDRL LUMBAR	55.31	5641.62			090	Y	9740.09		4735.29		090	Y	
63273	LAM EXC ISPI LES OTH/THN NEO IDRL SACRAL	54.8	5589.60			090	Y			4622.56		090	Y	
63275	LAMINECTOMY BX/EXC ISPI NEO XDRL CERVICAL	52.72	5377.44			090	Y			4469.76		090	Y	
63276	LAMINECTOMY BX/EXC ISPI NEO XDRL THORACIC	52.31	5335.62			090	Y			4432.18		090	Y	
63277	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	45.32	4622.64			090	Y			3861.88		090	Y	
63278	LAMINECTOMY BX/EXC ISPI NEO XDRL SACRAL	46.92	4785.84			090	Y			3945.38		090	Y	
63280	LAM BX/EXC ISPI NEO IDRL XMED CERVICAL	62.06	6330.12			090	Y			5249.65		090	Y	
63281	LAM BX/EXC ISPI NEO IDRL XMED THORACIC	61.28	6250.56			090	Y			5192.87		090	Y	
63282	LAM BX/EXC ISPI NEO IDRL XMED LUMBAR	57.67	5882.34			090	Y	7257.50		4893.94		090	Y	
63283	LAM BX/EXC ISPI NEO IDRL SACRAL	55.49	5659.98			090	Y			4711.91		090	Y	
63285	LAM BX/EXC ISPI NEO IDRL IMED CERVICAL	77.18	7872.36			090	Y			6472.92		090	Y	
63286	LAM BX/EXC ISPI NEO IDRL IMED THORACIC	75.99	7750.98			090	Y			6365.21		090	Y	
63287	LAM BX/EXC ISPI NEO IDRL IMED THORACOLMBR	81.23	8285.46			090	Y			6790.22		090	Y	
63290	LAM BX/EXC ISPI NEO XDRL-IDRL LES ANY LVL	81.09	8271.18			090	Y			6905.45		090	Y	
63295	OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX	9.85	1004.70			ZZZ	Y			818.3		ZZZ	Y	
63300	VCRPEC LES 1 SGM XDRL CERVICAL	53.8	4492.30			090	Y			4548.25		090	Y	
63301	VCRPEC LES 1 SGM XDRL THORACIC TTHRC	64.89	5418.32			090	Y			5300.58		090	Y	
63302	VCRPEC LES 1 SEG XDRL THRC THORACOLMBR	63.88	5333.98			090	Y			5395.77		090	Y	

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63303	VCRPEC LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR	67.97	5675.50			090	Y			5725.6		090	Y	
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	68.59	5727.27			090	Y			5816.61		090	Y	
63305	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC TTHRC	71.21	5946.04			090	Y			5652.12		090	Y	
63306	VERTEBRL CORPECT LES 1 SEG IDRL THRC THORACOLMBR	67.41	5628.74			090	Y			5312.27		090	Y	
63307	VCRPEC LES 1 SEG IDRL LMBR/SAC TRANSPRTL/RPR	67.58	5642.93			090	Y			5955.22		090	Y	
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	9.53	795.76			ZZZ	Y			790.75		ZZZ	Y	
63600	CREATION LES SPINAL CORD STEREOTACTIC METHOD PRQ	26.19	2186.87			090	N	1983.30		2297.09		090	N	1734.81
63610	STRTCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG	12.34	1030.39			000	N	1983.30		1083		000	N	1734.81
63615	STRTCTC BX ASPIRAT/EXC LESION SPINAL CORD	28.22	2356.37			090	N	1983.30		3069.46		090	N	1734.81
63620	STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	32.88	2745.48			090	Y			2748.82		090	Y	
63621	STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	7.52	627.92			ZZZ	Y			613.73		ZZZ	Y	
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	37.88	1077.15			010	N	10488.74	J1	1077.15		010	N	5676.09
63655	LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	24.08	2010.68			090	Y	34718.74	J1	2067.46		090	Y	8762.33
63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	16.58	1471.27			010	Y	1983.30		1471.27		010	Y	1949.42
63662	RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	24.29	1933.03			090	Y	3117.09		1933.03		090	Y	1949.42
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	22.64	2066.63			010	Y	10488.74	J1	2066.63		010	Y	5676.09
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	25.03	1978.95			090	Y	10488.74	J1	1978.95		090	Y	5676.09
63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	10.64	910.15			010	Y	53456.78	J1	910.15		010	Y	21150.63
63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	10.72	921.01			010	N	3117.09		921.01		010	N	3351.98
63700	REPAIR MENINGOCELE < 5 CM DIAMETER	33.8	2822.30			090	Y			3127.91		090	Y	
63702	REPAIR MENINGOCELE > 5 CM DIAMETER	36.87	3078.65			090	Y			3534.56		090	Y	
63704	REPAIR MYELOMENINGOCELE < 5 CM DIAMETER	48.66	4063.11			090	Y			4100.69		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
63706	REPAIR MYELOMENINGOCELE > 5 CM DIAMETER	49.37	4122.40			090	Y			4558.27		090	Y	
63707	RPR DURAL/CEREBROSPINAL FLUID LEAK X REQ LAM	26.77	2235.30			090	Y	4507.79		2280.39		090	Y	
63709	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM	32.08	2678.68			090	Y	4442.91		2744.65		090	Y	
63710	DURAL GRAFT SPINAL	31.57	2636.10			090	Y	2800.66		2743.81		090	Y	
63740	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL/OTH W/LAM	27.59	2303.77			090	Y			2373.07		090	Y	
63741	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL PRQ X LAM	19.74	1648.29			090	Y	4837.73		1609.88		090	Y	4194.19
63744	RPLCMT IRRIGATION/REVJ LUMBOSARACH SHUNT	19.65	1640.78			090	Y	4837.73		1709.25		090	Y	4194.19
63746	RMVL ENTIRE LUMBOSARACH SHUNT SYS W/O RPLCMT	17.64	1472.94			090	N	1983.30		1504.67		090	N	1105.2
64400	NJX ANES TRIGEMINAL NRV ANY DIV/BRANCH	3.63	309.79			000	N	318.68		309.79		000	N	235.58
64402	INJECTION ANESTHETIC AGENT FACIAL NERVE	3.71	306.45			000	N	129.85		306.45		000	N	235.58
64405	INJECTION ANESTHETIC AGENT GREATER OCCIPITAL NRV	2.88	254.68			000	N	318.68		254.68		000	N	376.37
64408	INJECTION ANESTHETIC AGENT VAGUS NERVE	2.91	248.83			000	N	318.68		248.83		000	N	235.58
64410	INJECTION ANESTHETIC AGENT PHRENIC NERVE	3.48	322.31			000	N	833.41		322.31		000	N	235.58
64413	INJECTION ANESTHETIC AGENT CERVICAL PLEXUS	3.61	315.63			000	N	833.41		315.63		000	N	376.37
64415	SINGLE NERVE BLOCK INJECTION ARM NERVE	3.36	297.26			000	N	1170.84		297.26		000	N	376.37
64416	INJECTION ANES BRACHIAL PLEXUS CONT NFS CATH	2.26	192.05			000	N	1170.84		192.05		000	N	729.86
64417	INJECTION ANESTHETIC AGENT AXILLARY NERVE	3.68	324.82			000	N	833.41		324.82		000	N	376.37
64418	INJECTION ANESTHETIC AGENT SUPRASCAPULAR NERVE	4.14	356.55			000	N	833.41		356.55		000	N	376.37
64420	INJECTION ANESTHETIC AGENT 1 INTERCOSTAL NERVE	3.2	288.08			000	N	833.41		288.08		000	N	376.37
64421	MULTIPLE NERVE BLOCK INJECTIONS RIB NERVES	4.29	390.78			000	N	833.41		390.78		000	N	729.86
64425	INJECTION ANES ILIOINGUINAL ILIOHYPOGASTRIC NRVS	3.76	339.85			000	N	833.41		339.85		000	N	376.37
64430	INJECTION ANESTHETIC AGENT PUDENDAL NERVE	3.94	343.19			000	N	833.41		343.19		000	N	729.86

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
64435	INJECTION ANESTHETIC PARACERVICAL UTERINE NERVE	3.87	341.52			000	N	833.41		341.52		000	N	376.37
64445	INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE	3.87	341.52			000	N	833.41		341.52		000	N	729.86
64446	INJECTION ANES SCIATIC NERVE CONT INFUSION CATH	2.27	192.89			000	N	1170.84		192.89		000	N	729.86
64447	INJECTION ANESTHETIC AGENT FEMORAL NERVE SINGLE	3.41	298.10			000	N	833.41		298.1		000	N	376.37
64448	INJECTION ANES FEMORAL NERVE CONT INFUSION CATH	2.04	172.85			000	N	1170.84		172.85		000	N	729.86
64449	INJECTION ANES LUMBAR PLEXUS POST CONT NFS CATH	2.41	202.07			000	N	1170.84		202.07		000	N	729.86
64450	INJECTION ANES OTHER PERIPHERAL NERVE/BRANCH	2.27	199.57			000	N	318.68		199.57		000	N	376.37
64455	NJX ANES&/STEROID PLANTAR COMMON DIGITAL NERVE	1.36	118.57			000	N	318.68		118.57		000	N	235.58
64461	PVB THORACIC SINGLE INJECTION SITE W/IMG GID	4.22	352.37			000	N	833.41						
64462	PVB THORACIC SECOND & ADDL INJ SITE W/IMG GID	2.39	199.57			ZZZ	N							
64463	PVB THORACIC CONT CATHETER INFUSION W/IMG GID	4.59	383.27			000	N	833.41						
64479	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	6.72	722.28			000	N	833.41		722.28		000	N	729.86
64480	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	3.22	180.57			ZZZ	N			333.17		ZZZ	N	376.37
64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	6.26	724.78			000	N	833.41		724.78		000	N	729.86
64484	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	2.5	181.20			ZZZ	N			345.69		ZZZ	N	376.37
64486	TAP BLOCK UNILATERAL BY INJECTION(S)	3.54	295.59			000	N			294.76		000	N	
64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	4.36	364.06			000	N			359.89		000	N	
64488	TAP BLOCK BILATERAL BY INJECTION(S)	4.37	364.90			000	N			362.39		000	N	
64489	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	6.08	507.68			000	N			503.51		000	N	
64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	5.43	497.66			000	Y	1170.84		497.66		000	Y	729.86
64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	2.68	124.42			ZZZ	Y			240.48		ZZZ	Y	235.58
64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	2.69	124.42			ZZZ	Y			241.32		ZZZ	Y	235.58

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	4.93	450.07			000	Y	1170.84		450.07		000	Y	729.86
64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	2.47	112.52			ZZZ	Y			220.44		ZZZ	Y	235.58
64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	2.48	112.52			ZZZ	Y			221.28		ZZZ	Y	235.58
64505	INJECTION ANES AGENT SPHENOPALATINE GANGLION	2.98	258.02			000	N	318.68		258.02		000	N	235.58
64508	INJECTION ANESTHETIC AGENT CAROTID SINUS SPX	1.78	161.16			000	N	318.68		161.16		000	N	235.58
64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	3.62	326.49			000	N	833.41		326.49		000	N	729.86
64517	INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	5.19	455.08			000	N	1170.84		455.08		000	N	729.86
64520	INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	5.3	478.46			000	N	833.41		478.46		000	N	729.86
64530	INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	5.43	495.16			000	N	1170.84		495.16		000	N	729.86
64550	APPLICATION SURFACE NEUROSTIMULATOR	0.45	37.58			000	N			39.25		000	N	
64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	5.95	496.83			010	N	10488.74	J1	576.15		010	N	5676.09
64555	PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	6.01	501.84			010	N	10488.74	J1	500.17		010	N	5676.09
64561	PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING	23.22	1938.87			010	N	10488.74	J1	1996.49		010	N	5676.09
64565	PRQ IMPLTJ NSTIM ELTRD NEUROMUSCULAR	5.39	450.07			010	N	10488.74	J1	448.4		010	N	5676.09
64566	POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE	3.6	300.60			000	N	318.68		303.94		000	N	235.58
64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS & PULSE GENER	19.1	1594.85			090	N	53456.78	J1	1524.71		090	N	33101.48
64569	REVISION/REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	22.81	1904.64			090	N	10488.74	J1	1936.37		090	N	5676.09
64570	REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATO	18.91	1578.99			090	N	4837.73		1709.25		090	N	3201.45
64575	INC IMPLTJ PERIPH NERVE NEUROSTIMULATOR ELTRD	9.19	767.37			090	N	10488.74	J1	784.07		090	N	8762.33
64580	INC IMPLTJ NSTIM ELTRD NEUROMUSCULAR	8.72	728.12			090	Y	34718.74	J1	761.52		090	Y	8762.33
64581	INC IMPLTJ NEUROSTIMULATOR ELTRD SACRAL NERVE	19.05	1590.68			090	N	10488.74	J1	1625.75		090	N	8762.33
64585	REVJ/RMVL PERIPHERAL NEUROSTIMULATOR ELECTRODE	6.96	581.16			010	N	3117.09		622.08		010	N	1949.42

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
64590	INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR	7.53	628.76			010	N	34718.74	J1	656.31		010	N	21150.63
64595	REVISION/RMVL PERIPHERAL/GASTRIC NPGR	6.98	582.83			010	N	3117.09		622.08		010	N	3351.98
64600	DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	11.14	991.15			010	N	1170.84		991.15		010	N	1105.2
64605	DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	21.44	1376.92			010	N	1983.30		1376.92		010	N	1734.81
64610	DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	21.35	1862.89			010	N	1983.30		1862.89		010	N	1734.81
64611	CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	3.35	279.73			010	N	318.68		281.4		010	N	235.58
64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	3.77	314.80			010	N	318.68		343.19		010	N	235.58
64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	4.14	345.69			010	N	318.68		353.21		010	N	235.58
64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	3.62	302.27			010	N	318.68		290.58		010	N	235.58
64617	CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	5.61	468.44			010	N	833.41		450.9		010	N	376.37
64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	5.82	522.71			010	N	1170.84		522.71		010	N	1105.2
64630	DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	6.64	523.55			010	N	1170.84		523.55		010	N	729.86
64632	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	2.43	211.26			010	N	318.68		211.26		010	N	235.58
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	12.06	1022.04			010	N	1983.30		1022.04		010	N	729.86
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	5.42	255.51			ZZZ	N			462.59		ZZZ	N	235.58
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	11.92	1003.67			010	N	1983.30		1003.67		010	N	1105.2
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	4.93	250.92			ZZZ	N			416.67		ZZZ	N	729.86
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	3.79	546.09			010	N	1170.84		546.09		010	N	729.86
64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	4.05	338.18			000	N	833.41		329.83		000	N	376.37
64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	2.66	222.11			ZZZ	N			217.1		ZZZ	N	
64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	4.65	388.28			000	N	833.41		376.59		000	N	376.37
64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	3.27	273.05			ZZZ	N			265.53		ZZZ	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	4.3	359.05			000	N	318.68		354.88		000	N	376.37
64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	5.08	424.18			000	N	833.41		410.82		000	N	376.37
64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	2.2	183.70			000	N	318.68		313.13		000	N	235.58
64653	CHEMODENERVATION ECCRINE GLANDS OTH AREA PER DAY	2.76	230.46			000	N	318.68		377.42		000	N	235.58
64680	DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	8.82	801.60			010	N	1170.84		801.6		010	N	1105.2
64681	DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	9.76	912.66			010	N	1170.84		912.66		010	N	1105.2
64702	NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT	14.31	1459.62			090	N	1983.30		1246.66		090	N	1734.81
64704	NEUROPLASTY NERVE HAND/FOOT	9.12	930.24			090	Y	1983.30		786.57		090	Y	1734.81
64708	NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	14.27	1455.54			090	Y	1983.30		1241.65		090	Y	1734.81
64712	NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	16.51	1684.02			090	Y	1983.30		1409.48		090	Y	1734.81
64713	NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS	20.89	2130.78			090	Y	1983.30		1831.99		090	Y	1734.81
64714	NEURP MAJOR PRPH NRV OPN ARM/LEG LMBR PLEXUS	18.42	1878.84			090	Y	1983.30		1586.5		090	Y	1734.81
64716	NEUROPLASTY &/TRANSPOSITION CRANIAL NERVE	15.46	1576.92			090	Y	1983.30		1340.18		090	Y	1734.81
64718	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	16.98	1731.96			090	N	1983.30		1479.62		090	N	1734.81
64719	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST	11.48	1170.96			090	N	1983.30		991.98		090	N	1734.81
64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	12.31	1255.62			090	N	1983.30		1217.9		090	N	1734.81
64722	DECOMPRESSION UNSPECIFIED NERVE	10.62	1083.24			090	Y	1983.30		906.81		090	Y	1734.81
64726	DECOMPRESSION PLANTAR DIGITAL NERVE	7.87	802.74			090	N	1983.30		677.19		090	N	1734.81
64727	INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE	5.33	543.66			ZZZ	N			450.9		ZZZ	N	1734.81
64732	TRANSECTION/AVULSION SUPRAORBITAL NERVE	10.77	1098.54			090	Y	1983.30		1110.55		090	Y	1734.81
64734	TRANSECTION/AVULSION INFRAORBITAL NERVE	11.88	1211.76			090	N	1983.30		967.77		090	N	1734.81
64736	TRANSECTION/AVULSION MENTAL NERVE	11.43	1165.86			090	Y	1983.30		1073.81		090	Y	1734.81

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
64738	TRANSECTION/AVULSION INF ALVEOLAR NRV W/OSTEO	12.18	1242.36			090	Y	1983.30		1239.14		090	Y	1734.81
64740	TRANSECTION/AVULSION LINGUAL NERVE	13.17	1343.34			090	Y	1983.30		1149.8		090	Y	1734.81
64742	TRANSECTION/AVULSION FACIAL NRV DIFFERENT/CMPL	13.94	1421.88			090	Y	1983.30		1252.5		090	Y	1734.81
64744	TRANSECTION/AVULSION GREATER OCCIPITAL NERVE	14.28	1456.56			090	N	1983.30		1238.31		090	N	1734.81
64746	TRANSECTION/AVULSION PHRENIC NERVE	12.98	1323.96			090	Y	1983.30		1081.33		090	Y	1734.81
64755	TRANSECTION/AVULSION VAGUS NERVES	26.68	2721.36			090	Y			2265.36		090	Y	
64760	TRANSECTION/AVULSION VAGUS NERVE ABDOMINAL	14.57	1486.14			090	Y			1276.72		090	Y	
64763	TRNSXJ/AVLSN OBTURAT NRV XPELV W/WO TENOTOMY	14.6	1489.20			090	Y	1983.30		1385.27		090	Y	1734.81
64766	TRNSXJ/AVLSN OBTURAT NRV INPELV W/WO TENOTOMY	17.31	1765.62			090	Y	4837.73		1461.25		090	Y	3201.45
64771	TRANSECTION/AVULSION OTH CRANIAL NRV XDRL	17.21	1755.42			090	Y	1983.30		1432.03		090	Y	1734.81
64772	TRANSECTION/AVULSION OTH SPINAL NRV XDRL	16.14	1646.28			090	Y	1983.30		1437.04		090	Y	1734.81
64774	EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE	11.98	1221.96			090	N	1983.30		1045.42		090	N	1734.81
64776	EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT	11.25	1147.50			090	N	1983.30		961.92		090	N	1734.81
64778	EXCISION NEUROMA DIGITAL NRV EA ADDL DIGIT	4.13	421.26			ZZZ	N			377.42		ZZZ	N	1734.81
64782	EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE	13	1326.00			090	N	1983.30		1116.4		090	N	1734.81
64783	EXC NEUROMA HAND/FOOT EA NRV XCP SM DGT	6.38	650.76			ZZZ	N			530.23		ZZZ	N	1734.81
64784	EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	21.02	2144.04			090	N	1983.30		1830.32		090	N	1734.81
64786	EXCISION NEUROMA SCIATIC NERVE	30.94	3155.88			090	Y	4837.73		2671.17		090	Y	3201.45
64787	IMPLANTATION NERVE END BONE/MUSCLE	7.02	716.04			ZZZ	N			597.86		ZZZ	N	1734.81
64788	EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV	11.49	1171.98			090	N	1983.30		1002		090	N	1734.81
64790	EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV	24.25	2473.50			090	N	1983.30		2048.26		090	N	1734.81
64792	EXC NEUROFIBROMA/NEUROLEMMOMA EXTNSV	34.97	3566.94			090	Y	4837.73		2960.91		090	Y	3201.45

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
64795	BIOPSY NERVE	5.58	569.16			000	N	1983.30		481.8		000	N	1734.81
64802	SYMPATHECTOMY CERVICAL	19.19	1957.38			090	Y	1983.30		1288.41		090	Y	1734.81
64804	SYMPATHECTOMY CERVICOTHORACIC	28.98	2955.96			090	Y	1983.30		2115.89		090	Y	1734.81
64809	SYMPATHECTOMY THORACOLUMBAR	29.53	3012.06			090	Y			1771.04		090	Y	
64818	SYMPATHECTOMY LUMBAR	17.7	1805.40			090	Y			1590.68		090	Y	
64820	SYMPATHECTOMY DIGITAL ARTERIES EACH DIGIT	20.82	2123.64			090	N	1983.30		1854.54		090	N	1734.81
64821	SYMPATHECTOMY RADIAL ARTERY	19.76	2015.52			090	N	3411.83		1731.79		090	N	2665.47
64822	SYMPATHECTOMY ULNAR ARTERY	19.76	2015.52			090	N	3411.83		1731.79		090	N	2665.47
64823	SYMPATHECTOMY SUPERFICIAL PALMAR ARCH	22.49	2293.98			090	N	2072.60		1971.44		090	N	2665.47
64831	SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	19.69	2008.38			090	N	4837.73		1700.9		090	N	3201.45
64832	SUTR DIGITAL NRV HAND/FOOT EA DGTAL NRV	9.76	995.52			ZZZ	N			829.99		ZZZ	N	3201.45
64834	SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	21.31	2173.62			090	N	4837.73		1839.51		090	N	3201.45
64835	SUTURE 1 NERVE MEDIAN MOTOR THENAR	23.25	2371.50			090	Y	4837.73		2014.86		090	Y	3201.45
64836	SUTURE 1 NERVE ULNAR MOTOR	23.33	2379.66			090	Y	4837.73		2064.12		090	Y	3201.45
64837	SUTURE EACH ADDITIONAL NERVE HAND/FOOT	10.75	1096.50			ZZZ	Y			915.16		ZZZ	Y	3201.45
64840	SUTURE POSTERIOR TIBIAL NERVE	29.32	2990.64			090	Y	4837.73		2295.42		090	Y	3201.45
64856	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	29.24	2982.48			090	N	4837.73		2510.85		090	N	3201.45
64857	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS	30.39	3099.78			090	Y	4837.73		2606.87		090	Y	3201.45
64858	SUTURE SCIATIC NERVE	32.66	3331.32			090	Y	4837.73		2995.98		090	Y	3201.45
64859	SUTURE EACH ADDITIONAL PERIPHERAL NERVE	7.31	745.62			ZZZ	Y			633.77		ZZZ	Y	3201.45
64861	SUTURE BRACHIAL PLEXUS	38.26	3902.52			090	Y	4837.73		3233.12		090	Y	3201.45
64862	SUTURE LUMBAR PLEXUS	44.9	4579.80			090	Y	4837.73		3399.29		090	Y	3201.45

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64864	SUTURE FACIAL NERVE EXTRACRANIAL	25.39	2589.78			090	Y	4837.73		2176.01		090	Y	3201.45
64865	SUTURE FACIAL NERVE INFRATEMPORAL W/WO GRAFT	32.58	3323.16			090	Y	4837.73		2788.07		090	Y	3201.45
64866	ANASTOMOSIS FACIAL-SPINAL ACCESSORY	33.27	3393.54			090	Y			2890.77		090	Y	
64868	ANASTOMOSIS FACIAL HYPOGLOSSAL	29.33	2991.66			090	Y			2552.6		090	Y	
64872	SUTURE NERVE REQ SECONDARY/DELAYED SUTURE	3.5	357.00			ZZZ	Y			285.57		ZZZ	Y	3201.45
64874	SUTURE NERVE REQ XTNSV MOBIL/TRPOS NERVE	4.97	506.94			ZZZ	Y			436.71		ZZZ	Y	3201.45
64876	SUTURE NERVE REQ SHORTENING BONE EXTREMITY	5.12	522.24			ZZZ	Y			449.23		ZZZ	Y	3201.45
64885	NERVE GRAFT HEAD/NECK </ 4 CM	33.2	3386.40			090	Y	4837.73		2816.46		090	Y	3201.45
64886	NERVE GRAFT HEAD/NECK >4 CM	37.67	3842.34			090	Y	4837.73		3228.95		090	Y	3201.45
64890	NERVE GRAFT 1 STRAND HAND/FOOT </4 CM	31.43	3205.86			090	Y	4837.73		2668.66		090	Y	3201.45
64891	NRV GRF 1 STRAND HAND/FOOT >4 CM	33.6	3427.20			090	Y	4837.73		2933.36		090	Y	3201.45
64892	NERVE GRAFT 1 STRAND ARM/LEG <4 CM	30.08	3068.16			090	Y	4837.73		2678.68		090	Y	3201.45
64893	NERVE GRAFT 1 STRAND ARM/LEG >4 CM	32.7	3335.40			090	Y	4837.73		2772.2		090	Y	3201.45
64895	NERVE GRAFT MLT STRANDS HAND/FOOT </4 CM	38.58	3935.16			090	Y	4837.73		3345.01		090	Y	3201.45
64896	NERVE GRAFT MLT STRANDS HAND/FOOT > 4 CM	41.41	4223.82			090	Y	4837.73		3681.52		090	Y	3201.45
64897	NERVE GRAFT MLT STRANDS ARM/LEG </4 CM	35.84	3655.68			090	Y	4837.73		3195.55		090	Y	3201.45
64898	NERVE GRAFT MLT STRANDS ARM/LEG >4 CM	39.42	4020.84			090	Y	4837.73		3512.85		090	Y	3201.45
64901	NERVE GRAFT EACH NERVE 1 STRAND	16.19	1651.38			ZZZ	Y			1556.44		ZZZ	Y	3201.45
64902	NERVE GRAFT EACH NERVE MULTIPLE STRANDS	19.07	1945.14			ZZZ	Y			1670.84		ZZZ	Y	3201.45
64905	NERVE PEDICLE TRANSFER FIRST STAGE	29.63	3022.26			090	Y	4837.73		2580.99		090	Y	3201.45
64907	NERVE PEDICAL TRANSFER SECOND STAGE	39.81	4060.62			090	Y	4837.73		3085.33		090	Y	3201.45
64910	NERVE REPAIR W/CONDUIT EACH NERVE	23.72	2419.44			090	Y	4837.73		2039.07		090	Y	3201.45

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64911	NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE	29.13	2971.26			090	Y	4837.73		2560.95		090	Y	3201.45
64999	UNLISTED PROCEDURE NERVOUS SYSTEM	0	BR			YYY	N	318.68		BR		YYY	N	235.58
65091	EVISCERATION OCULAR CONTENTS W/O IMPLANT	17.95	1498.83			090	N	3575.27		1652.47		090	N	3654.45
65093	EVISCERATION OCULAR CONTENTS W/IMPLANT	17.75	1482.13			090	N	3575.27		1632.43		090	N	3654.45
65101	ENUCLEATION OF EYE W/O IMPLANT	20.85	1740.98			090	N	3575.27		1918.83		090	N	3654.45
65103	ENUCLEATION EYE IMPLT MUSC X ATTACHED IMPLT	21.77	1817.80			090	N	3575.27		2003.17		090	N	3654.45
65105	ENUCLEATION EYE IMPLT MUSC ATTACHED IMPLT	24	2004.00			090	Y	3575.27		2206.91		090	Y	3654.45
65110	EXENTERATION ORBIT REMVL ORBITAL CONTENTS ONLY	34.6	2889.10			090	Y	3575.27		3086.16		090	Y	3654.45
65112	EXENTERATION ORBIT RMVL ORBIT CONTENTS & BONE	40.22	3358.37			090	Y	3575.27		3576.31		090	Y	3654.45
65114	EXNTJ ORBIT RMVL ORB CNTS W/MUSC/MYOQ FLAP	42.24	3527.04			090	Y	3575.27		3749.99		090	Y	3654.45
65125	MODIFICAJ OC IMPLT W/PLMT/RPLCMT PEGS SPX	12.91	1077.99			090	N	1995.55		1188.21		090	N	2456.4
65130	INSJ OC IMPLT SEC AFTER EVSC SCLL SHELL	20.68	1726.78			090	N	3575.27		1902.13		090	N	2456.4
65135	INSJ OC IMPLT AFTER ENCL MUSC X ATTACHED	20.99	1752.67			090	N	3575.27		1928.85		090	N	2456.4
65140	INSJ OC IMPLT AFTER ENCL MUSC ATTACHED	22.82	1905.47			090	N	3575.27		2045.75		090	N	3654.45
65150	REINSERTION OCULAR IMPLT W/WO CONJUNCTIVAL GRAFT	16.18	1351.03			090	N	3575.27		1433.7		090	N	2456.4
65155	REINSERTION OCULAR IMPLT RNFCMT &/ ATTACH MUSCLE	23.91	1996.49			090	N	3575.27		2197.72		090	N	3654.45
65175	REMOVAL OCULAR IMPLANT	18.58	1551.43			090	N	3575.27		1664.16		090	N	1764.73
65205	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	1.58	131.93			000	N	129.85		141.95		000	N	95.55
65210	RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	1.94	161.99			000	N	129.85		175.35		000	N	95.55
65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	1.64	136.94			000	N	129.85		146.13		000	N	95.55
65222	RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	1.88	156.98			000	N	129.85		172.01		000	N	95.55
65235	RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	20.14	1681.69			090	N	2486.24		1807.78		090	N	1457.1

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65260	RMVL FB IO FROM POST SEG MAG XTRJ ANT/POST ROUTE	27.19	2270.37			090	Y	2486.24		2361.38		090	Y	537.18
65265	RMVL FB IO FROM POST SEG NONMAGNETIC XTRJ	30.64	2558.44			090	Y	2486.24		2830.65		090	Y	1860.46
65270	RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	7.53	628.76			010	N	1995.55		684.7		010	N	1764.73
65272	RPR LAC CJNC MOBLJ& REARGMT W/O HOSPITALIZATION	14.19	1184.87			090	N	1995.55		1257.51		090	N	2162.98
65273	RPR LAC CJNC MOBLJ & REARGMT W/HOSPIZATION	10.8	901.80			090	N			938.54		090	N	
65275	RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	16.34	1364.39			090	N	3575.27		1431.19		090	N	2162.98
65280	RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	19.02	1588.17			090	N	6761.54	J1	1749.33		090	N	1860.46
65285	RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	31.41	2622.74			090	N	6761.54	J1	2860.71		090	N	3759
65286	RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	19.89	1660.82			090	N	2486.24		1796.92		090	N	855.12
65290	RPR WND EXTRAOCULAR MUSCLE TENDON&/TENON CAPSU	13.85	1156.48			090	N	3575.27		1276.72		090	N	2319.15
65400	EXCISION LESION CORNEA XCP PTERYGIUM	19.22	1604.87			090	N	992.26		1730.96		090	N	1457.1
65410	BIOPSY CORNEA	4.04	337.34			000	N	1995.55		372.41		000	N	1457.1
65420	EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	14.58	1217.43			090	N	1995.55		1308.45		090	N	1457.1
65426	EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	18.42	1538.07			090	N	1995.55		1665.83		090	N	2162.98
65430	CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	3.23	269.71			000	N	129.85		293.09		000	N	95.55
65435	RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	2.25	187.88			000	N	992.26		206.25		000	N	794.29
65436	RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	10.97	916.00			090	N	1995.55		999.5		090	N	1457.1
65450	DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	9.19	767.37			090	N	371.76		829.16		090	N	186.92
65600	MULTIPLE PUNCTURES ANTERIOR CORNEA	11.15	931.03			090	N	1995.55		1007.85		090	N	1764.73
65710	KERATOPLASTY ANTERIOR LAMELLAR	31.33	2616.06			090	Y	6761.54	J1	2808.11		090	Y	3828.18
65730	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	34.75	2901.63			090	Y	6761.54	J1	3112.88		090	Y	3828.18
65750	KERATOPLASTY PENETRAING APHAKIA	34.94	2917.49			090	Y	6761.54	J1	3114.55		090	Y	3828.18

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65755	KERATOPLASTY PENETRATING PSEUDOPHAKIA	34.75	2901.63			090	Y	6761.54	J1	3111.21		090	Y	3828.18
65756	KERATOPLASTY ENDOTHELIAL	33.57	2803.10			090	Y	6761.54	J1	2908.31		090	Y	3828.18
65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	0	BR			ZZZ	N			BR		ZZZ	N	
65760	KERATOMILEUSIS	33.13	2766.36			XXX	N			3012.68		XXX	N	
65765	KERATOPHAKIA	48.02	4009.67			XXX	N			4368.72		XXX	N	
65767	EPIKERATOPLASTY	44.71	3733.29			XXX	N			4067.29		XXX	N	
65770	KERATOPROSTHESIS	39.78	3321.63			090	Y	18796.84	J1	3931.18		090	Y	11349.4
65771	RADIAL KERATOTOMY	18.22	1521.37			XXX	N	1212.99		1656.64		XXX	N	
65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	12.76	1065.46			090	N	992.26		1144.79		090	N	1457.1
65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	15.62	1304.27			090	N	1995.55		1363.56		090	N	1457.1
65778	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	40.54	3385.09			000	N	992.26		3606.37		010	N	1457.1
65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	33.98	2837.33			000	N	3575.27		3170.5		010	N	1457.1
65780	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	20.36	1700.06			090	N	3575.27		2254.5		090	N	3828.18
65781	OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT	37.77	3153.80			090	Y	6761.54	J1	3281.55		090	Y	3828.18
65782	OCCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT	32.58	2720.43			090	N	3575.27		2999.32		090	N	3828.18
65785	IMPLANTATION INTRASTROMAL CORNEAL RING SEGMENTS	59.87	4999.15			090	N	6761.54	J1					
65800	PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	3.37	281.40			000	N	2486.24		303.11		000	N	855.12
65810	PARACENTSIS ANT CHAM RMVL VITREOUS W/WO AIR INJX	13.18	1100.53			090	N	2486.24		1184.87		090	N	2162.98
65815	PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	18.02	1504.67			090	N	2486.24		1649.13		090	N	2162.98
65820	GONIOTOMY	21.2	1770.20			090	N	6761.54	J1	1857.04		090	N	2162.98
65850	TRABECULOTOMY AB EXTERNO	23.78	1985.63			090	N	2486.24		2165.99		090	N	2162.98
65855	TRABECULOPLASTY BY LASER SURGERY	7.73	645.46			010	N	627.20		866.73		010	N	529.96

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65860	SEVERING ADHESIONS ANTERIOR SEGMENT LASER SPX	8.73	728.96			090	N	627.20		854.21		090	N	529.96
65865	SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE	13.39	1118.07			090	N	2486.24		1169		090	N	1457.1
65870	SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	16.73	1396.96			090	N	2486.24		1526.38		090	N	2162.98
65875	SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE	17.84	1489.64			090	N	2486.24		1602.37		090	N	2162.98
65880	SEVERING ADS ANT SEG INCAL SPX CORNEOVITREAL	18.72	1563.12			090	N	2486.24		1639.94		090	N	1457.1
65900	RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	27.18	2269.53			090	Y	2486.24		2376.41		090	Y	186.8
65920	RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	22.33	1864.56			090	N	2486.24		1996.49		090	N	2162.98
65930	RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	18.05	1507.18			090	N	2486.24		1645.79		090	N	3841.79
66020	INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	5.27	440.05			010	N	2486.24		466.77		010	N	1457.1
66030	INJX ANTERIOR CHAMBER EYE MEDICATION SPX	4.68	390.78			010	N	2486.24		424.18		010	N	1457.1
66130	EXCISION LESION SCLERA	19.66	1641.61			090	N	1995.55		1819.47		090	N	2162.98
66150	FSTLJ SCLERA GLAUCOMA TREPHIN W/IRIDECTOMY	24.81	2071.64			090	N	6761.54	J1	2170.17		090	N	2162.98
66155	FSTLJ SCLERA GLAUCOMA THERMOCAUT IRRIDEC	24.79	2069.97			090	N	2486.24		2168.5		090	N	3841.79
66160	FSTLJ SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT	27.96	2334.66			090	N	2486.24		2441.54		090	N	2162.98
66170	FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO	27.48	2294.58			090	Y	2486.24		3039.4		090	Y	2162.98
66172	FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	34.66	2894.11			090	Y	2486.24		3835.99		090	Y	2162.98
66174	TRLUML DILAT AQUEOUS CANAL W/O DEVICE/STENT	26.83	2240.31			090	Y	2486.24		2446.55		090	Y	3841.79
66175	TRLUML DILAT AQUEOUS CANAL W/DEVICE/STENT	28.11	2347.19			090	Y	6761.54	J1	2768.03		090	Y	3841.79
66179	AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	30.51	2547.59			090	Y	6761.54	J1	2545.08		090	Y	3873.04
66180	AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT	32.21	2689.54			090	Y	6761.54	J1	2944.21		090	Y	3841.79
66183	INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR	29.17	2435.70			090	Y	6761.54	J1	2540.07		090	Y	3841.79
66184	REVJ SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	22.22	1855.37			090	Y	2486.24		1852.87		090	Y	2173.85

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66185	REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT	23.93	1998.16			090	Y	2486.24		1935.53		090	Y	3841.79
66220	REPAIR SCLERAL STAPHYLOMA W/O GRAFT	21.13	1764.36			090	Y	2486.24		1892.95		090	Y	3759
66225	REPAIR SCLERAL STAPHYLOMA W/GRAFT	26.37	2201.90			090	N	2486.24		2426.51		090	N	3841.79
66250	REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	21.16	1766.86			090	N	1995.55		1948.06		090	N	1457.1
66500	IRIDOTOMY STAB INC SPX XCP TRANSFIXION	10.01	835.84			090	N	2486.24		881.76		090	N	186.8
66505	IRIDOTOMY STAB INC SPX TRANSFIXION	10.98	916.83			090	N	2486.24		965.26		090	N	855.12
66600	IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES	23.54	1965.59			090	N	2486.24		2064.96		090	N	2162.98
66605	IRDEC CRNLSCLRL/CRNL SCTJ CYCLECTOMY	29.92	2498.32			090	N	2486.24		2601.86		090	N	3841.79
66625	IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC SPX	12.16	1015.36			090	N	2486.24		1091.35		090	N	855.12
66630	IRDEC CRNLSCLRL/CRNL SCTJ SECTOR GLC SPX	16.12	1346.02			090	N	2486.24		1465.43		090	N	2162.98
66635	IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL SPX	16.28	1359.38			090	N	2486.24		1419.5		090	N	2162.98
66680	REPAIR IRIS CILIARY BODY	14.66	1224.11			090	N	2486.24		1356.04		090	N	2162.98
66682	SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE	18.04	1506.34			090	N	2486.24		1660.82		090	N	2162.98
66700	CILIARY BODY DESTRUCTION DIATHERMY	12.73	1062.96			090	N	2486.24		1127.25		090	N	1457.1
66710	CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	12.44	1038.74			090	N	1995.55		1145.62		090	N	1457.1
66711	CILIARY BODY DSTRJ CYCLOPHOTOCOAG ENDOSCOPIC	18.18	1518.03			090	N	2486.24		1588.17		090	N	2162.98
66720	CILIARY BODY DESTRUCTION CRYOTHERAPY	13.41	1119.74			090	N	1995.55		1204.91		090	N	1457.1
66740	CILIARY BODY DESTRUCTION CYCLODIAL	12.37	1032.90			090	N	1995.55		1083		090	N	2162.98
66761	IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION	8.38	699.73			010	N	627.20		759.02		010	N	529.96
66762	IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	13.43	1121.41			090	N	627.20		1203.24		090	N	529.96
66770	DSTRJ CYST/LESION IRIS/CILIARY BODY	14.92	1245.82			090	N	627.20		1307.61		090	N	529.96
66820	DISCISSION SECONDARY MEMBRANOUS CATARACT	11.12	928.52			090	N	2486.24		1012.86		090	N	855.12

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
66821	POST-CATARACT LASER SURGERY	9.33	779.06			090	N	627.20		846.69		090	N	529.96
66825	REPOSITIONING IO LENS PROSTHESIS REQ INC SPX	21.51	1796.09			090	N	2486.24		1927.18		090	N	2162.98
66830	RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ	20.16	1683.36			090	N	2486.24		1756.01		090	N	855.12
66840	RMVL LENS MATERIAL ASPIR TQ 1/> STAGES	19.73	1647.46			090	N	2486.24		1815.29		090	N	1457.1
66850	RMVL LENS MATERIAL PHACOFRAGMENTATION ASPIR	22.45	1874.58			090	N	2486.24		2013.19		090	N	2703.31
66852	RMVL LENS MATERIAL PARS PLANA W/WO VITRECTOMY	23.92	1997.32			090	N	6761.54	J1	2178.52		090	N	2703.31
66920	RMVL LENS MATERIAL INTRACAPSULAR	21.36	1783.56			090	N	2486.24		1857.04		090	N	2703.31
66930	REMOVAL LENS MATRL INTRACAPSULAR DISLOCATED LENS	24.27	2026.55			090	N	6761.54	J1	2109.21		090	N	2703.31
66940	REMOVAL LENS MATERIAL EXTRACAPSULAR	22.16	1850.36			090	N	2486.24		2010.68		090	N	855.12
66982	XCAPSULAR CATARACT RMVL INSJ LENS PROSTH 1 STG	22.52	1880.42			090	N	2486.24		2033.23		090	N	2232.46
66983	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	20.93	1747.66			090	N	2486.24		1854.54		090	N	2232.46
66984	CATARACT REMOVAL INSERTION OF LENS	18.11	1512.19			090	N	2486.24		1639.11		090	N	2232.46
66985	INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL	21.81	1821.14			090	N	2486.24		1952.23		090	N	2232.46
66986	EXCHANGE INTRAOCULAR LENS	25.73	2148.46			090	N	2486.24		2296.25		090	N	2232.46
66990	USE OPHTHALMIC ENDOSCOPE	2.57	214.60			ZZZ	N			218.77		ZZZ	N	
66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	0	BR			YYY	N	2486.24		BR		YYY	N	186.8
67005	RMVL VITREOUS ANT APPR PARTIAL REMOVAL	13.39	1118.07			090	N	2486.24		1238.31		090	N	1860.46
67010	RMVL VITREOUS ANT APPR SUBTOT RMVL MECH VITRECT	15.37	1283.40			090	N	2486.24		1378.59		090	N	3759
67015	ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	16.42	1371.07			090	N	2486.24		1476.28		090	N	3759
67025	INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	20.53	1714.26			090	N	2486.24		1876.25		090	N	3759
67027	IMPLTJ INTRAVITREAL DRUG DLVR SYS RMVL VTS	24.15	2016.53			090	Y	18796.84	J1	2197.72		090	Y	3759
67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	2.89	241.32			000	N	399.16		258.02		000	N	298.99

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
67030	DISCISSION VITREOUS STRANS PARS PLANA APPROACH	15.06	1257.51			090	N	2486.24		1320.14		090	N	1860.46
67031	SEVERING VITREOUS STRANS LASER 1/> STAGES	10.99	917.67			090	N	627.20		986.14		090	N	529.96
67036	VITRECTOMY MECHANICAL PARS PLANA	25.54	2132.59			090	Y	2486.24		2430.69		090	Y	3759
67039	VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC	27.35	2283.73			090	Y	6761.54	J1	3185.53		090	Y	3759
67040	VTRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	29.56	2468.26			090	Y	6761.54	J1	3598.02		090	Y	3759
67041	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	32.66	2727.11			090	Y	2486.24		3353.36		090	Y	3759
67042	VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	32.67	2727.95			090	Y	6761.54	J1	3828.48		090	Y	3759
67043	VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE	34.49	2879.92			090	Y	6761.54	J1	4104.03		090	Y	3759
67101	RPR RETINAL DTCHMNT 1/>SES CRYOTX/DTHRM INCL DRG	22.16	1850.36			090	N	2486.24		2023.21		090	N	1860.46
67105	RPR RETINAL DTCHMNT 1/> SES PC INCL SUBRETI DRG	20.34	1698.39			090	N	627.20		1829.49		090	N	529.96
67107	REPAIR RETINAL DETACHMENT SCLERAL BUCKLING	28.82	2406.47			090	Y	6761.54	J1	3136.26		090	Y	3759
67108	RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH	36.75	3068.63			090	Y	6761.54	J1	4065.62		090	Y	3759
67110	RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	21.51	1796.09			090	N	2486.24		2201.9		090	N	1860.46
67113	RPR COMPLEX RETINA DETACH VITRECT &MEMBRANE PEEL	39.95	3335.83			090	Y	6761.54	J1	4417.15		090	Y	3759
67115	RELEASE ENCIRCLING MATERIAL POSTERIOR SEGMENT	14.15	1181.53			090	N	2486.24		1265.03		090	N	1860.46
67120	RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	18.57	1550.60			090	N	2486.24		1711.75		090	N	1860.46
67121	RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR	25.73	2148.46			090	Y	2486.24		2345.52		090	Y	3759
67141	PROPH RTA DTCHMNT W/O DRG 1/> SESS CRTX DTHRM	14.82	1237.47			090	N	371.76		1352.7		090	N	537.18
67145	PROPH RTA DTCHMNT W/O DRG 1/> SESS	14.91	1244.99			090	N	627.20		1338.51		090	N	529.96
67208	DSTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	16.96	1416.16			090	N	371.76		1478.79		090	N	537.18
67210	DSTRJ LOCLZD LESION RETINA 1/> SESS PC	14.66	1224.11			090	N	627.20		1322.64		090	N	529.96
67218	DSTRJ LESION RETINA 1/> SESS RADJ IMPLTJ	39.21	3274.04			090	N	3575.27		3389.27		090	N	1860.46

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
67220	DSTRJ LESION CHOROID PC 1/> SESS	15.11	1261.69			090	N	627.20		1380.26		090	N	537.18
67221	DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY	8.11	677.19			000	N	627.20		729.79		000	N	537.18
67225	DSTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	0.84	70.14			ZZZ	N			72.65		ZZZ	N	537.18
67227	DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	8.19	683.87			010	N	3575.27		1509.68		090	N	1860.46
67228	TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	9.64	804.94			010	N	627.20		2550.93		090	N	529.96
67229	EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	31.66	2643.61			090	N	627.20		2866.56		090	N	529.96
67250	SCLERAL REINFORCEMENT SPX W/O GRAFT	22.1	1845.35			090	N	1995.55		2010.68		090	N	1764.73
67255	SCLERAL REINFORCEMENT SPX W/GRAFT	19.34	1614.89			090	Y	2486.24		2191.04		090	Y	1860.46
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	0	BR			YYY	N	2486.24		BR		YYY	N	537.18
67311	STRABISMUS RECESSION/RESCJ 1 HRZNTL MUSC	16.94	1414.49			090	N	1995.55		1538.91		090	N	2319.15
67312	STRABISMUS RECESSION/RESCJ 2 HRZNTL MUSC	20.17	1684.20			090	N	3575.27		1853.7		090	N	2319.15
67314	STRABISMUS RECESSION/RESCJ 1 VER MUSC	19.07	1592.35			090	N	1995.55		1733.46		090	N	2319.15
67316	STRABISMUS RECESSION/RESCJ 2/MORE VER MUSC	22.7	1895.45			090	N	1995.55		2087.5		090	N	2319.15
67318	STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE	19.94	1664.99			090	N	1995.55		1735.97		090	N	2319.15
67320	TRANSPOSITION PROCEDURE EXTRAOCULAR MUSC	9.17	765.70			ZZZ	N			784.9		ZZZ	N	2319.15
67331	STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC	8.7	726.45			ZZZ	N			784.9		ZZZ	N	2319.15
67332	STRABISMUS SCARRING EO MUSC/RSTCV MYOPATHY	9.44	788.24			ZZZ	N			853.37		ZZZ	N	2319.15
67334	STRABISMUS POST FIXJ SUTR TQ W/WO MUSC RECESSION	8.58	716.43			ZZZ	N			733.97		ZZZ	N	2319.15
67335	PLACEMENT ADJUSTABLE SUTURE STRABISMUS	4.22	352.37			ZZZ	N			381.6		ZZZ	N	2319.15
67340	STRABISMUS EXPL&/RPR DETACHED EXTROCULAR MUSC	10.2	851.70			ZZZ	Y			872.58		ZZZ	Y	2319.15
67343	RLS XTNSV SCAR TISS W/O DETACHING EO MUSC SPX	18.52	1546.42			090	N	1995.55		1697.56		090	N	2319.15
67345	CHEMODENERVATION EXTRAOCULAR MUSCLE	6.89	575.32			010	N	371.76		632.1		010	N	298.99

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
67346	BIOPSY EXTRAOCULAR MUSCLE	5.5	459.25			000	N	3575.27		526.89		000	N	1459.88
67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	0	BR			YYY	Y	371.76		BR		YYY	Y	2319.15
67400	ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	26.31	2196.89			090	N	3575.27		2405.64		090	N	1764.73
67405	ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	22.49	1877.92			090	N	1995.55		2000.66		090	N	2456.4
67412	ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	24.08	2010.68			090	N	1995.55		2196.89		090	N	1764.73
67413	ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	24.22	2022.37			090	Y	1995.55		2218.6		090	Y	2456.4
67414	ORBITOTOMY W/O BONE FLAP W/RMVL BONE DCMPRN	37.53	3133.76			090	Y	3575.27		3344.18		090	Y	3654.45
67415	FINE NEEDLE ASPIRATION ORBITAL CONTENTS	2.97	248.00			000	N	1995.55		263.86		000	N	1764.73
67420	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL LESION	45.84	3827.64			090	Y	3575.27		4180.01		090	Y	3654.45
67430	ORBITOTOMY BONE FLAP/WINDOW LATERAL RMVL FB	35.09	2930.02			090	Y	3575.27		3084.49		090	Y	3654.45
67440	ORBITOTOMY BONE FLAP/WINDOW LATERAL W/DRG	34.07	2844.85			090	Y	3575.27		3053.6		090	Y	3654.45
67445	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL BONE DCMPRN	39.7	3314.95			090	Y	3575.27		3643.94		090	Y	3654.45
67450	ORBITOTOMY BONE FLAP/WINDOW LAT EXPL W/WO BX	35.52	2965.92			090	Y	3575.27		3174.67		090	Y	3654.45
67500	RETROBULBAR INJECTION MEDICATION SPX	2.22	185.37			000	N	371.76		195.39		000	N	186.92
67505	RETROBULBAR INJECTION ALCOHOL	2.52	210.42			000	N	371.76		232.97		000	N	298.99
67515	INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	2.74	228.79			000	N	371.76		251.34		000	N	298.99
67550	ORBITAL IMPLANT INSERTION	27.29	2278.72			090	N	3575.27		2499.16		090	N	3654.45
67560	ORBITAL IMPLANT REMOVAL/REVISION	27.97	2335.50			090	N	3575.27		2499.16		090	N	2456.4
67570	OPTIC NERVE DECOMPRESSION	32.94	2750.49			090	Y	3575.27		3166.32		090	Y	3654.45
67599	UNLISTED PROCEDURE ORBIT	0	BR			YYY	Y	371.76		BR		YYY	Y	298.99
67700	BLEPHAROTOMY DRAINAGE ABSCESS EYELID	7.56	631.26			010	N	371.76		689.71		010	N	298.99
67710	SEVERING TARSORRHAPHY	6.3	526.05			010	N	992.26		581.16		010	N	794.29

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
67715	CANTHOTOMY SEPARATE PROCEDURE	6.72	561.12			010	N	1995.55		616.23		010	N	1764.73
67800	EXCISION CHALAZION SINGLE	3.59	299.77			010	N	371.76		326.49		010	N	298.99
67801	EXCISION CHALAZION MULTIPLE SAME LID	4.58	382.43			010	N	992.26		420.84		010	N	794.29
67805	EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	5.7	475.95			010	N	371.76		523.55		010	N	298.99
67808	EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT	10.46	873.41			090	N	1995.55		958.58		090	N	1764.73
67810	INCISIONAL BIOPSY EYELID SKIN & LID MARGIN	4.86	405.81			000	N	371.76		438.38		000	N	298.99
67820	CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	1.41	117.74			000	N	129.85		128.59		000	N	95.55
67825	CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	3.63	303.11			010	N	371.76		333.17		010	N	298.99
67830	CORRECTION TRICHIASIS INCCISION LID MARGIN	7.51	627.09			010	N	992.26		690.55		010	N	794.29
67835	CORRJ TRICHIASIS INC LID MRGN W/FR MUC MEMB GRF	12.41	1036.24			090	N	1995.55		1143.95		090	N	1764.73
67840	EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE	7.76	647.96			010	N	992.26		708.08		010	N	794.29
67850	DESTRUCTION LESION LID MARGIN </ 1 CM	6.06	506.01			010	N	992.26		545.26		010	N	794.29
67875	TEMPORARY CLOSURE EYELIDS SUTURE	4.84	404.14			000	N	992.26		442.55		000	N	794.29
67880	CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	12.95	1081.33			090	N	1995.55		1184.03		090	N	1457.1
67882	CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	15.92	1329.32			090	N	1995.55		1464.59		090	N	1764.73
67900	REPAIR BROW PTOSIS	18.09	1510.52			090	N	1995.55		1646.62		090	N	2456.4
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	21.36	1783.56			090	N	1995.55		1962.25		090	N	1764.73
67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	20.5	1711.75			090	N	3575.27		1877.08		090	N	2456.4
67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL	16.76	1399.46			090	N	1995.55		1538.07		090	N	1764.73
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	20.68	1726.78			090	N	1995.55		1895.45		090	N	1764.73
67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	14.37	1199.90			090	N	3575.27		1251.67		090	N	1764.73
67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	13.94	1163.99			090	N	1995.55		1282.56		090	N	1764.73

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
67909	REDUCTION OVERCORRECTION PTOSIS	15.13	1263.36			090	N	1995.55		1388.61		090	N	1764.73
67911	CORRECTION LID RETRACTION	15.94	1330.99			090	N	1995.55		1456.24		090	N	1764.73
67912	CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	24.91	2079.99			090	N	1995.55		2261.18		090	N	1764.73
67914	REPAIR ECTROPION SUTURE	13.24	1105.54			090	N	1995.55		1001.17		090	N	1764.73
67915	REPAIR ECTROPION THERMOCAUTERIZATION	8.25	688.88			090	N	1995.55		896.79		090	N	1764.73
67916	REPAIR ECTROPION EXCISION TARSAL WEDGE	16.71	1395.29			090	N	1995.55		1386.1		090	N	1764.73
67917	REPAIR ECTROPION EXTENSIVE	17.01	1420.34			090	N	1995.55		1514.69		090	N	1764.73
67921	REPAIR ENTROPION SUTURE	12.98	1083.83			090	N	1995.55		962.76		090	N	1764.73
67922	REPAIR ENTROPION THERMOCAUTERIZATION	8.18	683.03			090	N	1995.55		874.25		090	N	1764.73
67923	REPAIR ENTROPION EXCISION TARSAL WEDGE	16.69	1393.62			090	N	1995.55		1469.6		090	N	1764.73
67924	REPAIR ENTROPION EXTENSIVE	17.79	1485.47			090	N	1995.55		1518.03		090	N	1764.73
67930	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	10.27	857.55			010	N	1995.55		945.22		010	N	1764.73
67935	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	16.78	1401.13			090	N	1995.55		1536.4		090	N	1764.73
67938	REMOVAL EMBEDDED FOREIGN BODY EYELID	6.82	569.47			010	N	371.76		622.91		010	N	186.92
67950	CANTHOPLASTY	16.17	1350.20			090	N	1995.55		1476.28		090	N	1764.73
67961	EXCISION & REPAIR EYELID > ONE-FOURTH LID MARGIN	16.22	1354.37			090	N	1995.55		1487.14		090	N	1764.73
67966	EXCISION & REPAIR EYELID ONE-FOURTH LID MARGIN	21.72	1813.62			090	N	1995.55		1987.3		090	N	1764.73
67971	RCNSTJ EYELID FULL THICKNESS </TWO-THIRDS 1 STG	20.51	1712.59			090	N	1995.55		1881.26		090	N	1764.73
67973	RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG	26.38	2202.73			090	Y	1995.55		2421.5		090	Y	2456.4
67974	RCNSTJ EYELID FULL THICKNESS UPPER EYELID 1 STG	26.33	2198.56			090	Y	3575.27		2418.16		090	Y	1764.73
67975	RCNSTJ EYELID FULL THICKNESS SECOND STAGE	19.4	1619.90			090	N	1995.55		1780.22		090	N	1764.73
67999	UNLISTED PROCEDURE EYELIDS	0	BR			YYY	N	371.76		BR		YYY	N	298.99

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
68020	INCISION CONJUNCTIVA DRAINAGE OF CYST	3.38	282.23			010	N	992.26		304.78		010	N	298.99
68040	EXPRESSION CONJUNCTIVAL FOLLICLES	1.77	147.80			000	N	371.76		167		000	N	95.55
68100	BIOPSY CONJUNCTIVA	4.79	399.97			000	N	1995.55		435.04		000	N	794.29
68110	EXCISION LESION CONJUNCTIVA </1 CM	6.36	531.06			010	N	1995.55		584.5		010	N	1459.88
68115	EXCISION LESION CONJUNCTIVA > 1 CM	8.79	733.97			010	N	1995.55		794.09		010	N	1764.73
68130	EXCISION LESION CONJUNCTIVA ADJACENT SCLERA	15.2	1269.20			090	N	1995.55		1345.19		090	N	1457.1
68135	DESTRUCTION LESION CONJUNCTIVA	4.43	369.91			010	N	1995.55		397.46		010	N	794.29
68200	SUBCONJUNCTIVAL INJECTION	1.17	97.70			000	N	129.85		105.21		000	N	62.45
68320	CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	20.45	1707.58			090	N	1995.55		1879.59		090	N	2456.4
68325	CONJUNCTIVOPLASTY W/BUCCAL MUC MEMB GRAFT	18.67	1558.95			090	N	3575.27		1711.75		090	N	2456.4
68326	CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	18.3	1528.05			090	N	3575.27		1680.86		090	N	1764.73
68328	CONJUNCTPL CUL-DE-SAC W/BUCCAL MUC MEMB GRAFT	20.07	1675.85			090	N	1995.55		1842.01		090	N	2456.4
68330	RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	17.06	1424.51			090	N	2486.24		1568.97		090	N	2162.98
68335	RPR SYMBLEPHARON FR GRF CJNC/BUCCAL MUC MEMB	18.35	1532.23			090	N	3575.27		1687.54		090	N	2456.4
68340	RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	15.38	1284.23			090	N	1995.55		1416.16		090	N	1764.73
68360	CONJUNCTIVAL FLAP BRIDGE/PARTIAL SPX	15.02	1254.17			090	N	3575.27		1379.42		090	N	2162.98
68362	CONJUNCTIVAL FLAP TOTAL	18.6	1553.10			090	N	1995.55		1710.92		090	N	2162.98
68371	HARVESTING CONJUNCIVAL ALLOGRAPHY LIVING DONOR	11.7	976.95			010	N	1995.55		1022.04		010	N	2162.98
68399	UNLISTED PROCEDURE CONJUNCTIVA	0	BR			YYY	N	371.76		BR		YYY	N	298.99
68400	INCISION DRAINAGE LACRIMAL GLAND	8	668.00			010	N	992.26		738.14		010	N	298.99
68420	INCISION DRAINAGE LACRIMAL SAC	9.07	757.35			010	N	1995.55		819.14		010	N	1764.73
68440	SNIP INCISION LACRIMAL PUNCTUM	2.89	241.32			010	N	371.76		266.37		010	N	298.99

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
68500	EXCISION LACRIMAL GLAND XCPT TUMOR TOTAL	27.62	2306.27			090	N	3575.27		2580.15		090	N	2456.4
68505	EXCISION LACRIMAL GLAND XCPT TUMOR PRTL	27.45	2292.08			090	N	3575.27		2525.88		090	N	2456.4
68510	BIOPSY LACRIMAL GLAND	12.58	1050.43			000	N	1995.55		1160.65		000	N	1764.73
68520	EXCISION LACRIMAL SAC	19.49	1627.42			090	N	3575.27		1739.31		090	N	2456.4
68525	BIOPSY LACRIMAL SAC	7.49	625.42			000	N	1995.55		686.37		000	N	1764.73
68530	RMVL FB/DACRYOLITH LACRIMAL PASSAGES	12.07	1007.85			010	N	371.76		1106.38		010	N	298.99
68540	EXC LACRIMAL GLAND TUMOR FRONTAL APPROACH	26.36	2201.06			090	N	1995.55		2350.53		090	N	1764.73
68550	EXC LACRIMAL GLAND TUMOR W/OSTEOTOMY	31.38	2620.23			090	N	3575.27		2878.25		090	N	2456.4
68700	PLASTIC REPAIR CANALICULI	17.11	1428.69			090	N	1995.55		1571.47		090	N	1764.73
68705	CORRECTION EVERTED PUNCTUM CAUTERY	6.67	556.95			010	N	371.76		612.89		010	N	298.99
68720	DACRYOCSTORHINOSTOMY	21.43	1789.41			090	Y	3575.27		1941.38		090	Y	2456.4
68745	CONJUNCTIVORHINOSTOMY W/O TUBE	21.52	1796.92			090	Y	3575.27		1979.79		090	Y	2456.4
68750	CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	22.28	1860.38			090	Y	3575.27		2042.41		090	Y	2456.4
68760	CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	5.68	474.28			010	N	371.76		521.88		010	N	298.99
68761	CLSR LACRIMAL PUNCTUM PLUG EACH	4.17	348.20			010	N	371.76		379.93		010	N	298.99
68770	CLOSURE LACRIMAL FISTULA SPX	17.81	1487.14			090	N	1995.55		1637.44		090	N	2456.4
68801	DILATION LACRIMAL PUNCTUM W/WO IRRGATION	2.84	237.14			010	N	129.85		321.48		010	N	95.55
68810	PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	5.51	460.09			010	N	371.76		626.25		010	N	298.99
68811	PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES	4.72	394.12			010	N	1995.55		536.91		010	N	1764.73
68815	PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	11.21	936.04			010	N	1995.55		1159.82		010	N	1764.73
68816	PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	18.19	1518.87			010	N	1995.55		1927.18		010	N	1764.73
68840	PROBE LACRIMAL CANALICULI W/WO IRRIGATION	3.61	301.44			010	N	371.76		332.33		010	N	186.92

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
68850	INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	1.73	144.46			000	N			146.13		000	N	
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	0	BR			YYY	N	371.76		BR		YYY	N	298.99
69000	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	5.35	446.73			010	N	325.10		482.63		010	N	161.85
69005	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMPLX	6.16	514.36			010	N	2014.24		549.43		010	N	936.06
69020	DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	6.67	556.95			010	N	325.10		604.54		010	N	161.85
69090	EAR PIERCING	0.9	75.15			XXX	N			80.16		XXX	N	
69100	BIOPSY EXTERNAL EAR	2.85	237.98			000	N	445.67		254.68		000	N	296.47
69105	BIOPSY EXTERNAL AUDITORY CANAL	4.02	335.67			000	N	2302.81		364.9		000	N	1480.23
69110	EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR	13.11	1094.69			090	N	2014.24		1179.86		090	N	1447.15
69120	EXCISION EXTERNAL EAR COMPLETE AMPUTATION	11.68	975.28			090	N	2302.81		1044.59		090	N	2321.87
69140	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	25.3	2112.55			090	N	7911.96	J1	2242.81		090	N	4230.05
69145	EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL	11.4	951.90			090	N	2014.24		1032.06		090	N	1447.15
69150	RAD EXC XTRNL AUDITORY CANAL LES W/O NCK DSJ	30.22	2523.37			090	N	2302.81		2633.59		090	N	2321.87
69155	RAD EXC XTRNL AUDITORY CANAL LES NCK DSJ	48.19	4023.87			090	Y			4195.04		090	Y	
69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	2.83	236.31			000	N	129.85		318.14		000	N	64.04
69205	RMVL FB XTRNL AUDITORY CANAL ANES	2.93	244.66			010	N	1341.57		257.18		010	N	2142.94
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	0.36	30.06			000	N	79.66						
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	1.4	116.90			000	N	79.66		130.26		000	N	64.04
69220	DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	3.17	264.70			000	N	167.81		358.22		000	N	92.29
69222	DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	6.3	526.05			010	N	982.18		571.14		010	N	643.2
69300	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ	21.11	1762.69			YYY	N	2302.81		1879.59		YYY	N	2321.87
69310	RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX	31.52	2631.92			090	N	7911.96	J1	2787.23		090	N	4230.05

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
69320	RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG	44.64	3727.44			090	Y	7911.96	J1	3880.25		090	Y	4230.05
69399	UNLISTED PROCEDURE EXTERNAL EAR	0	BR			YYY	N	184.14		BR		YYY	N	100.74
69420	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ	5.5	459.25			010	N	445.67		495.99		010	N	296.47
69421	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ ANES	4.3	359.05			010	N	2302.81		378.26		010	N	1480.23
69424	VENTILATING TUBE RMVL REQUIRING GENERAL ANES	3.66	305.61			000	N	2302.81		332.33		000	N	1480.23
69433	TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	5.81	485.14			010	N	445.67		525.22		010	N	643.2
69436	TYMPANOSTOMY GENERAL ANESTHESIA	4.63	386.61			010	N	2302.81		406.65		010	N	1480.23
69440	MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC	19.92	1663.32			090	N	7911.96	J1	1763.52		090	N	4230.05
69450	TYMPANOLYSIS TRANSCANAL	15.74	1314.29			090	N	7911.96	J1	1396.96		090	N	4230.05
69501	TRANSMASTOID ANTROTOMY	21.2	1770.20			090	N	7911.96	J1	1857.04		090	N	4230.05
69502	MASTOIDECTOMY COMPLETE	28.1	2346.35			090	N	7911.96	J1	2463.25		090	N	4230.05
69505	MASTOIDECTOMY MODIFIED RADICAL	34.75	2901.63			090	N	7911.96	J1	3061.95		090	N	4230.05
69511	MASTOIDECTOMY RADICAL	35.5	2964.25			090	N	7911.96	J1	3134.59		090	N	4230.05
69530	PETROUS APICECTOMY RADICAL MASTOIDECTOMY	47.85	3995.48			090	Y	7911.96	J1	4179.18		090	Y	4230.05
69535	RESCJ TEMPORAL BONE EXTERNAL APPROACH	77.61	6480.44			090	N			6716.74		090	N	
69540	EXCISION AURAL POLYP	6	501.00			010	N	2302.81		544.42		010	N	1480.23
69550	EXCISION AURAL GLOMUS TUMOR TRANSCANAL	30.09	2512.52			090	Y	7911.96	J1	2651.96		090	Y	4230.05
69552	EXCISION AURAL GLOMUS TUMOR TRANSMASTOID	45.19	3773.37			090	Y	7911.96	J1	3964.58		090	Y	4230.05
69554	EXCISION AURAL GLOMUS TUMOR EXTENDED	70.39	5877.57			090	Y			6322.62		090	Y	
69601	REVJ MASTOIDECTOMY RSLTG COMPL MASTOIDECTOMY	30.24	2525.04			090	N	7911.96	J1	2651.13		090	N	4230.05
69602	REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDC	31.45	2626.08			090	N	7911.96	J1	2762.18		090	N	4230.05
69603	REVJ MASTOIDECTOMY RSLTG RAD MASTOIDECTOMY	36.79	3071.97			090	N	7911.96	J1	3201.39		090	N	4230.05

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
69604	REVJ MASTOIDECTOMY RSLTG TYMPANOPLASTY	32.15	2684.53			090	N	7911.96	J1	2821.47		090	N	4230.05
69605	REVJ MASTOIDECTOMY W/APICECTOMY	45.11	3766.69			090	Y	7911.96	J1	3949.55		090	Y	4230.05
69610	TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH	11.05	922.68			010	N	2302.81		976.12		010	N	2321.87
69620	MYRINGOPLASTY	19.98	1668.33			090	N	2302.81		1780.22		090	N	2321.87
69631	TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	25.55	2133.43			090	N	7911.96	J1	2258.68		090	N	4230.05
69632	TYMPNOPLSTY W/O MSTDC 1ST/REVJ W/OSICLE RECNSTJ	31.11	2597.69			090	N	7911.96	J1	2742.98		090	N	4230.05
69633	TYMPANOPLASTY W/O MASTOIDEC 1ST/REVJ PROSTH TORP	30.2	2521.70			090	N	7911.96	J1	2655.3		090	N	4230.05
69635	TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ	35.73	2983.46			090	N	7911.96	J1	3125.41		090	N	4230.05
69636	TYMPP ANTRT/MASTOID W/OSSICULAR CHAIN RECNSTJ	39.95	3335.83			090	N	7911.96	J1	3506.17		090	N	4230.05
69637	TMPP ANTRT/MASTOIDOTOMY PROSTHESIS TORP	39.73	3317.46			090	N	7911.96	J1	3514.52		090	N	4230.05
69641	TMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ	30.1	2513.35			090	N	7911.96	J1	2645.28		090	N	4230.05
69642	TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ	38.61	3223.94			090	N	7911.96	J1	3391.77		090	N	4230.05
69643	TMPP MASTOIDECT NTC/RCNSTED WALL W/O OCR	35.39	2955.07			090	N	7911.96	J1	3102.03		090	N	4230.05
69644	TMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR	42.72	3567.12			090	N	7911.96	J1	3751.66		090	N	4230.05
69645	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR	42.02	3508.67			090	N	7911.96	J1	3679.85		090	N	4230.05
69646	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR	44.64	3727.44			090	N	7911.96	J1	3905.3		090	N	4230.05
69650	STAPES MOBILIZATION	23.29	1944.72			090	N	7911.96	J1	2044.08		090	N	4230.05
69660	STAPEDECTOMY/STAPEDOTOMY	26.81	2238.64			090	N	7911.96	J1	2347.19		090	N	4230.05
69661	STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT	34.95	2918.33			090	N	7911.96	J1	3056.94		090	N	4230.05
69662	REVISION STAPEDECTOMY/STAPEDOTOMY	33.51	2798.09			090	N	7911.96	J1	2926.68		090	N	4230.05
69666	REPAIR OVAL WINDOW FISTULA	23.37	1951.40			090	N	2302.81		2054.94		090	N	2321.87
69667	REPAIR ROUND WINDOW FISTULA	23.38	1952.23			090	N	2302.81		2056.61		090	N	2321.87

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
69670	MASTOID OBLITERATION SEPARATE PROCEDURE	27.39	2287.07			090	Y	7911.96	J1	2397.29		090	Y	4230.05
69676	TYMPANIC NEURECTOMY	24.01	2004.84			090	N	2302.81		2120.07		090	N	2321.87
69700	CLOSURE POSTAURICULAR FISTULA MASTOID SPX	19.81	1654.14			090	N	982.18		1743.48		090	N	2321.87
69710	IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	0	BR			XXX	N	3703.76		BR		XXX	N	
69711	RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	24.98	2085.83			090	Y	7911.96	J1	2192.71		090	Y	4230.05
69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W/MASTOID	31.17	2602.70			090	N	21075.80	J1	2722.1		090	N	12387.27
69715	IMPLJ OSSEOINTEGRATED TEMPORAL BONE W/O MASTOID	38.44	3209.74			090	N	21075.80	J1	3344.18		090	N	12387.27
69717	RPLMCT OSSEOINTEGRATE IMPLNT W/O MASTOIDECTOMY	32.73	2732.96			090	N	9938.52	J1	2851.53		090	N	12387.27
69718	RPLMCT OSSEOINTEGRATE IMPLNT W/MASTOIDECTOMY	38.83	3242.31			090	N	14128.14	J1	3378.41		090	N	12387.27
69720	DCMPRN FACIAL NRV INTRATEMPORAL LAT GANGLION	35.2	2939.20			090	N	7911.96	J1	3023.54		090	N	4230.05
69725	DCMPRN NRV INTRATEMPORAL MEDIAL GENICULATE	54.4	4542.40			090	Y	7911.96	J1	4724.43		090	Y	4230.05
69740	SUTR NRV ITPRL W/WO GRF/DCMPRN LAT GENICULATE	33.76	2818.96			090	Y	7911.96	J1	2943.38		090	Y	4230.05
69745	SUTR NRV ITPRL W/WO GRF/DCMPRN MEDIAL GENICULATE	40.37	3370.90			090	Y	7911.96	J1	3135.43		090	Y	4230.05
69799	UNLISTED PROCEDURE MIDDLE EAR	0	BR			YYY	N	184.14		BR		YYY	N	100.74
69801	LABYRINTHOTOMY TRANSCANAL	5.63	470.11			000	N	982.18		500.17		000	N	1480.23
69805	ENDOLYMPHATIC SAC W/O SHUNT	30.49	2545.92			090	Y	7911.96	J1	2658.64		090	Y	4230.05
69806	ENDOLYMPHATIC SAC SHUNT	27.34	2282.89			090	N	7911.96	J1	2387.27		090	N	4230.05
69820	FENESTRATION SEMICIRCULAR CANAL	24.77	2068.30			090	Y	7911.96	J1	2180.19		090	Y	4230.05
69840	REVISION FENESTRATION OPERATION	26.08	2177.68			090	Y	7911.96	J1	2112.55		090	Y	4230.05
69905	LABYRINTHECTOMY TRANSCANAL	26.52	2214.42			090	N	7911.96	J1	2334.66		090	N	4230.05
69910	LABYRINTHECTOMY W/MASTOIDECTOMY	29.42	2456.57			090	N	7911.96	J1	2570.13		090	N	4230.05
69915	VESTIBULAR NRV SECTION TRANSLABYRINTHINE APPR	44.52	3717.42			090	Y	7911.96	J1	3867.72		090	Y	4230.05

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
69930	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	35.43	2958.41			090	N	60855.16	J1	3079.48		090	N	39124.32
69949	UNLISTED PROCEDURE INNER EAR	0	BR			YYY	N	184.14		BR		YYY	N	100.74
69950	VESTIBULAR NRV SECTION TRANSCRANIAL APPROACH	51.59	4307.77			090	Y			4460.57		090	Y	
69955	TOTAL FACIAL NERVE DECOMPRESSION &/REPAIR	57.72	4819.62			090	Y	7911.96	J1	4967.42		090	Y	4230.05
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	55.52	4635.92			090	Y	7911.96	J1	4822.96		090	Y	4230.05
69970	REMOVAL TUMOR TEMPORAL BONE	62.06	5182.01			090	Y	7911.96	J1	5372.39		090	Y	4230.05
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	0	BR			YYY	N	184.14		BR		YYY	N	100.74
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	6.45	538.58			ZZZ	Y			605.15		ZZZ	Y	
70010	MYELOGRAPY POST FOSSA RS&I	1.75	111.13	29.21	81.92	XXX	N	500.91		116.84	30.48	XXX	N	654.85
70015	CISTERNOGRAPHY POSITIVE CONTRAST RS&I	4.32	274.32	112.40	161.92	XXX	N	500.91		294.01	108.59	XXX	N	654.85
70030	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	0.78	49.53	15.24	34.29	XXX	N	86.59		55.88	15.24	XXX	N	59.28
70100	RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	0.92	58.42	16.51	41.91	XXX	N	86.59		66.68	16.51	XXX	N	59.28
70110	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	1.06	67.31	22.86	44.45	XXX	N	143.41		76.2	22.86	XXX	N	91.38
70120	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	0.95	60.33	16.51	43.82	XXX	N	86.59		69.22	16.51	XXX	N	91.38
70130	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	1.53	97.16	31.12	66.04	XXX	N	143.41		113.03	31.12	XXX	N	59.28
70134	RADEX INTERNAL AUDITORY MEATI COMPLETE	1.44	91.44	31.75	59.69	XXX	N	143.41		88.27	29.85	XXX	N	91.38
70140	RADEX FACIAL BONES < 3 VIEWS	0.83	52.71	19.05	33.66	XXX	N	86.59		57.79	18.42	XXX	N	59.28
70150	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	1.16	73.66	24.13	49.53	XXX	N	143.41		81.92	23.5	XXX	N	91.38
70160	RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	0.91	57.79	15.88	41.91	XXX	N	86.59		64.77	15.88	XXX	N	59.28
70170	DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	1.48	93.98	27.31	66.67	XXX	N	500.91		96.52	27.94	XXX	N	329.57
70190	RADEX OPTIC FORAMINA	1	63.50	20.32	43.18	XXX	N	86.59		69.85	19.69	XXX	N	59.28
70200	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	1.18	74.93	25.40	49.53	XXX	N	143.41		83.82	25.4	XXX	N	91.38

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
70210	RADEX SINUSES PARANASAL <3 VIEWS	0.83	52.71	15.88	36.83	XXX	N	86.59		59.69	15.88	XXX	N	59.28
70220	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	1.05	66.68	22.86	43.82	XXX	N	86.59		74.93	22.86	XXX	N	91.38
70240	RADIOLOGIC EXAMINATION SELLA TURCICA	0.84	53.34	17.78	35.56	XXX	N	86.59		57.79	17.78	XXX	N	59.28
70250	RADIOLOGIC EXAMINATION SKULL 4/> VIEWS	1.01	64.14	22.86	41.28	XXX	N	143.41		71.76	22.86	XXX	N	59.28
70260	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	1.28	81.28	31.75	49.53	XXX	N	143.41		90.17	31.12	XXX	N	91.38
70300	RADIOLOGIC EXAMINATION TEETH 1 VIEW	0.42	26.67	10.80	15.87	XXX	N	86.59		28.58	10.8	XXX	N	46.29
70310	RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	1.03	65.41	14.61	50.80	XXX	N	273.41		74.3	14.61	XXX	N	46.29
70320	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	1.47	93.35	21.59	71.76	XXX	N	273.41		104.14	21.59	XXX	N	46.29
70328	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	0.86	54.61	16.51	38.10	XXX	N	86.59		61.6	17.15	XXX	N	59.28
70330	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	1.32	83.82	22.86	60.96	XXX	N	86.59		93.35	22.86	XXX	N	59.28
70332	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	2.28	144.78	56.52	88.26	XXX	N	273.41		135.89	48.9	XXX	N	385.31
70336	MRI TEMPOROMANDIBULAR JOINT	9.02	572.77	133.35	439.42	XXX	N	389.58		683.9	132.08	XXX	N	436.69
70350	CEPHALOGRAM ORTHODONTIC	0.56	35.56	18.42	17.14	XXX	N	86.59		41.28	18.42	XXX	N	59.28
70355	ORTHOPANTOGRAM	0.58	36.83	20.32	16.51	XXX	N	86.59		40.01	20.32	XXX	N	46.29
70360	RADIOLOGIC EXAMINATION NECK SOFT TISSUE	0.79	50.17	15.24	34.93	XXX	N	86.59		53.34	15.24	XXX	N	59.28
70370	RADEX PHARYNX/LARX W/FLUOR&/MAGNIFICATION TQ	2.21	140.34	29.21	111.13	XXX	N	86.59		156.21	28.58	XXX	N	147.41
70371	CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	2.57	163.20	77.47	85.73	XXX	N	143.41		174.63	76.2	XXX	N	147.41
70380	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	1.01	64.14	16.51	47.63	XXX	N	86.59		75.57	17.15	XXX	N	59.28
70390	SIALOGRAPHY RS&I	2.64	167.64	34.29	133.35	XXX	N	273.41		194.95	34.93	XXX	N	329.57
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL	3.27	207.65	77.47	130.18	XXX	N	160.21		312.42	76.2	XXX	N	223.93
70460	CT HEAD/BRAIN W/CONTRAST MATERIAL	4.55	288.93	102.24	186.69	XXX	N	337.34		409.58	100.97	XXX	N	383.35
70470	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	5.4	342.90	115.57	227.33	XXX	N	337.34		414.02	114.3	XXX	N	424.87

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	6.57	417.20	116.21	300.99	XXX	N	160.21		525.15	115.57	XXX	N	223.93
70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	7.77	493.40	125.10	368.30	XXX	N	337.34		608.33	124.46	XXX	N	383.35
70482	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	8.48	538.48	130.81	407.67	XXX	N	337.34		673.74	130.18	XXX	N	424.87
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	3.94	250.19	77.47	172.72	XXX	N	160.21		431.8	102.87	XXX	N	223.93
70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL	4.74	300.99	102.24	198.75	XXX	N	337.34		520.07	116.84	XXX	N	383.35
70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	5.77	366.40	114.94	251.46	XXX	N	337.34		626.11	127.64	XXX	N	424.87
70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	5.43	344.81	116.21	228.60	XXX	N	160.21		421.01	115.57	XXX	N	223.93
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	6.63	421.01	125.73	295.28	XXX	N	337.34		507.37	124.46	XXX	N	383.35
70492	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	7.82	496.57	131.45	365.12	XXX	N	337.34		605.79	130.18	XXX	N	424.87
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	8.28	525.78	158.12	367.66	XXX	N	337.34		948.69	157.48	XXX	N	437.64
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	8.25	523.88	158.12	365.76	XXX	N	337.34		981.08	157.48	XXX	N	437.64
70540	MRI ORBIT FACE &/NECK W/O CONTRAST	10.1	641.35	121.92	519.43	XXX	N	389.58		772.8	121.29	XXX	N	436.69
70542	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	11.3	717.55	146.69	570.86	XXX	N	647.04		870.59	146.69	XXX	N	586.42
70543	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	13.83	878.21	194.31	683.90	XXX	N	647.04		1068.71	193.04	XXX	N	708.87
70544	MRA HEAD W/O CONTRST MATERIAL	11.02	699.77	109.22	590.55	XXX	N	389.58		870.59	107.95	XXX	N	436.69
70545	MRA HEAD W/CONTRAST MATERIAL	10.88	690.88	108.59	582.29	XXX	N	647.04		856.62	107.95	XXX	N	586.42
70546	MRA HEAD W/O & W/CONTRAST MATERIAL	16.83	1068.71	163.20	905.51	XXX	N	647.04		1315.72	162.56	XXX	N	708.87
70547	MRA NECK W/O CONTRST MATERIAL	11.06	702.31	109.22	593.09	XXX	N	389.58		871.86	108.59	XXX	N	436.69
70548	MRA NECK W/CONTRAST MATERIAL	11.61	737.24	109.22	628.02	XXX	N	647.04		922.02	108.59	XXX	N	586.42
70549	MRA NECK W/O &W/CONTRAST MATERIAL	16.93	1075.06	163.20	911.86	XXX	N	647.04		1317.63	161.93	XXX	N	708.87
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	6.48	411.48	133.99	277.49	XXX	N	389.58		815.98	133.35	XXX	N	436.69
70552	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	8.99	570.87	161.29	409.58	XXX	N	647.04		911.23	161.29	XXX	N	586.42

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	10.62	674.37	207.65	466.72	XXX	N	647.04		1067.44	212.73	XXX	N	708.87
70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION	12.68	805.18	192.41	612.77	XXX	N	389.58		928.37	191.14	XXX	N	436.69
70555	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION	21.18	1344.93	228.60	1116.33	XXX	N	389.58		1385.57	235.59	XXX	N	436.69
70557	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	37.82	2401.57	264.16	2137.41	XXX	N	389.58		2886.08	317.5	XXX	N	436.69
70558	MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	41.64	2644.14	290.83	2353.31	XXX	N	647.04		2695.58	296.55	XXX	N	586.42
70559	MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	42	2667.00	293.37	2373.63	XXX	N	3872.19		2701.93	297.18	XXX	N	708.87
71010	RADIOLOGIC EXAMINATION CHEST SINGLE VIEW FRONTAL	0.63	40.01	16.51	23.50	XXX	N	86.59		44.45	16.51	XXX	N	59.28
71015	RADIOLOGIC EXAMINATION CHEST STERO FRONTAL	0.78	49.53	19.69	29.84	XXX	N	86.59		58.42	19.05	XXX	N	59.28
71020	RADIOLOGIC EXAM CHEST 2 VIEWS FRONTAL&LATERAL	0.78	49.53	19.69	29.84	XXX	N	86.59		57.79	19.69	XXX	N	59.28
71021	RADEX CH 2 VIEWS FRNT & LAT APICAL LORDOTIC PX	0.95	60.33	24.77	35.56	XXX	N	86.59		71.76	24.77	XXX	N	59.28
71022	RADEX CH 2 VIEWS FRONTAL & LATERAL OBLIQUE PRJCJ	1.17	74.30	29.85	44.45	XXX	N	86.59		91.44	28.58	XXX	N	59.28
71023	RADEX CH 2 VIEWS FRONTAL & LATERAL W/FLUORO	1.78	113.03	34.29	78.74	XXX	N	143.41		125.73	33.66	XXX	N	147.41
71030	RADEX CHEST COMPLETE MINIMUM 4 VIEWS	1.17	74.30	28.58	45.72	XXX	N	86.59		87.63	27.31	XXX	N	91.38
71034	RADEX CHEST COMPLETE MINIMUM 4 VIEWS W/FLUORO	2.34	148.59	42.55	106.04	XXX	N	143.41		163.83	40.64	XXX	N	147.41
71035	RADEX CHEST SPECIAL VIEWS	0.92	58.42	16.51	41.91	XXX	N	86.59		68.58	15.88	XXX	N	59.28
71100	RADEX RIBS UNILATERAL 2 VIEWS	0.92	58.42	20.32	38.10	XXX	N	86.59		62.23	20.32	XXX	N	59.28
71101	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	1.02	64.77	24.77	40.00	XXX	N	143.41		75.57	24.13	XXX	N	91.38
71110	RADEX RIBS BILATERAL 3 VIEWS	1.05	66.68	24.77	41.91	XXX	N	143.41		78.11	24.77	XXX	N	91.38
71111	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	1.34	85.09	29.85	55.24	XXX	N	143.41		102.24	29.21	XXX	N	91.38
71120	RADEX STERNUM MINIMUM 2 VIEWS	0.83	52.71	18.42	34.29	XXX	N	86.59		60.33	17.78	XXX	N	59.28
71130	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	1.01	64.14	20.32	43.82	XXX	N	86.59		71.76	20.32	XXX	N	59.28
71250	CT THORAX W/O CONTRAST MATERIAL	5.08	322.58	92.71	229.87	XXX	N	160.21		397.51	91.44	XXX	N	223.93

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
71260	CT THORAX W/CONTRAST MATERIAL	6.45	409.58	113.03	296.55	XXX	N	337.34		497.21	112.4	XXX	N	383.35
71270	CT THORAX W/O & W/CONTRAST MATERIAL	7.74	491.49	125.10	366.39	XXX	N	495.23		602.62	123.83	XXX	N	424.87
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	8.43	535.31	164.47	370.84	XXX	N	337.34		764.54	172.72	XXX	N	437.64
71550	MRI CHEST W/O CONTRAST MATERIAL	11.64	739.14	132.08	607.06	XXX	N	389.58		891.54	130.81	XXX	N	436.69
71551	MRI CHEST W/CONTRAST MATERIAL	12.88	817.88	156.21	661.67	XXX	N	647.04		990.6	155.58	XXX	N	586.42
71552	MRI CHEST W/O & W/CONTRAST MATERIAL	16.3	1035.05	205.11	829.94	XXX	N	647.04		1259.84	202.57	XXX	N	708.87
71555	MRA CHEST W/O & W/CONTRAST MATERIAL	11.17	709.30	161.93	547.37	XXX	N			878.84	162.56	XXX	N	
72020	RADEX SPINE 1 VIEW SPECIFY LEVEL	0.62	39.37	13.97	25.40	XXX	N	86.59		45.09	13.97	XXX	N	59.28
72040	RADEX SPINE CERVICAL 2 OR 3 VIEWS	0.93	59.06	20.32	38.74	XXX	N	143.41		68.58	21.59	XXX	N	59.28
72050	RADEX SPINE CERVICAL 4 OR 5 VIEWS	1.26	80.01	28.58	51.43	XXX	N	143.41		92.71	29.21	XXX	N	91.38
72052	RADEX SPINE CERVICAL 6 OR MORE VIEWS	1.58	100.33	33.02	67.31	XXX	N	143.41		119.38	33.66	XXX	N	91.38
72070	RADEX SPINE THORACIC 2 VIEWS	0.95	60.33	20.32	40.01	XXX	N	143.41		64.77	20.32	XXX	N	59.28
72072	RADEX SPINE THORACIC 3 VIEWS	0.97	61.60	19.69	41.91	XXX	N	143.41		71.12	19.69	XXX	N	91.38
72074	RADEX SPINE THORACIC MINIMUM 4 VIEWS	1.1	69.85	19.69	50.16	XXX	N	143.41		85.09	19.69	XXX	N	59.28
72080	RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	0.86	54.61	19.69	34.92	XXX	N	86.59		70.49	21.59	XXX	N	59.28
72081	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	1.09	69.22	24.13	45.09	XXX	N	86.59						
72082	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	1.75	111.13	29.21	81.92	XXX	N	143.41						
72083	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	1.9	120.65	31.75	88.90	XXX	N	273.41						
72084	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	2.27	144.15	36.83	107.32	XXX	N	273.41						
72100	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	0.98	62.23	20.32	41.91	XXX	N	143.41		69.22	21.59	XXX	N	59.28
72110	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	1.37	87.00	28.58	58.42	XXX	N	143.41		93.98	29.21	XXX	N	91.38
72114	RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	1.75	111.13	29.85	81.28	XXX	N	143.41		123.19	31.12	XXX	N	91.38

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
72120	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	1.13	71.76	20.32	51.44	XXX	N	86.59		81.92	22.23	XXX	N	91.38
72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL	5.19	329.57	97.16	232.41	XXX	N	160.21		406.4	95.89	XXX	N	223.93
72126	CT CERVICAL SPINE W/CONTRAST MATERIAL	6.44	408.94	110.49	298.45	XXX	N	495.23		496.57	109.86	XXX	N	383.35
72127	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	7.62	483.87	114.94	368.93	XXX	N	337.34		594.36	114.3	XXX	N	424.87
72128	CT THORACIC SPINE W/O CONTRAST MATERIAL	5.07	321.95	90.81	231.14	XXX	N	160.21		398.15	89.54	XXX	N	223.93
72129	CT THORACIC SPINE W/CONTRAST MATERIAL	6.45	409.58	110.49	299.09	XXX	N	337.34		498.48	109.86	XXX	N	383.35
72130	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	7.67	487.05	114.94	372.11	XXX	N	337.34		597.54	114.3	XXX	N	424.87
72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL	5.05	320.68	90.81	229.87	XXX	N	160.21		396.88	89.54	XXX	N	223.93
72132	CT LUMBAR SPINE W/CONTRAST MATERIAL	6.43	408.31	110.49	297.82	XXX	N	495.23		497.21	109.86	XXX	N	383.35
72133	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	7.61	483.24	114.94	368.30	XXX	N	337.34		594.36	113.67	XXX	N	424.87
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	6.3	400.05	134.62	265.43	XXX	N	389.58		722.63	144.78	XXX	N	436.69
72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	9.14	580.39	162.56	417.83	XXX	N	647.04		929.64	173.99	XXX	N	586.42
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	6.3	400.05	134.62	265.43	XXX	N	389.58		723.9	144.78	XXX	N	436.69
72147	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	9.04	574.04	161.29	412.75	XXX	N	647.04		821.06	173.36	XXX	N	586.42
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	6.27	398.15	134.62	263.53	XXX	N	389.58		713.11	134.62	XXX	N	436.69
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	9.03	573.41	162.56	410.85	XXX	N	647.04		898.53	161.29	XXX	N	586.42
72156	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	10.67	677.55	207.65	469.90	XXX	N	647.04		1068.07	232.41	XXX	N	708.87
72157	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	10.69	678.82	207.65	471.17	XXX	N	647.04		992.51	232.41	XXX	N	708.87
72158	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	10.65	676.28	207.65	468.63	XXX	N	647.04		1045.21	214.63	XXX	N	708.87
72159	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	11.72	744.22	163.83	580.39	XXX	N			899.16	160.02	XXX	N	
72170	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	0.89	56.52	15.88	40.64	XXX	N	143.41		55.88	17.15	XXX	N	59.28
72190	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	1.07	67.95	19.69	48.26	XXX	N	143.41		83.82	20.96	XXX	N	59.28

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	8.59	545.47	163.83	381.64	XXX	N	337.34		759.46	163.2	XXX	N	437.64
72192	CT PELVIS W/O CONTRAST MATERIAL	4.11	260.99	99.06	161.93	XXX	N	160.21		328.93	97.16	XXX	N	223.93
72193	CT PELVIS W/CONTRAST MATERIAL	6.36	403.86	105.41	298.45	XXX	N	337.34		518.8	104.78	XXX	N	383.35
72194	CT PELVIS W/O & W/CONTRAST MATERIAL	7.33	465.46	110.49	354.97	XXX	N	337.34		581.66	109.86	XXX	N	424.87
72195	MRI PELVIS W/O CONTRAST MATERIAL	10.54	669.29	132.72	536.57	XXX	N	389.58		806.45	132.72	XXX	N	436.69
72196	MRI PELVIS W/CONTRAST MATERIAL	11.57	734.70	157.48	577.22	XXX	N	647.04		895.99	156.21	XXX	N	586.42
72197	MRI PELVIS W/O & W/CONTRAST MATERIAL	14.22	902.97	205.11	697.86	XXX	N	647.04		1093.47	202.57	XXX	N	708.87
72198	MRA PELVIS W/WO CONTRAST MATERIAL	11.27	715.65	161.93	553.72	XXX	N			886.46	161.29	XXX	N	
72200	RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	0.8	50.80	15.88	34.92	XXX	N	143.41		57.15	15.88	XXX	N	59.28
72202	RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	0.92	58.42	17.15	41.27	XXX	N	143.41		66.68	17.15	XXX	N	59.28
72220	RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	0.79	50.17	15.88	34.29	XXX	N	86.59		55.88	15.88	XXX	N	59.28
72240	MYELOGRAPHY CERVICAL RS&I	2.75	174.63	82.55	92.08	XXX	N	951.28		245.11	81.92	XXX	N	654.85
72255	MYELOGRAPHY THORACIC RS&I	2.74	173.99	83.82	90.17	XXX	N	951.28		233.68	82.55	XXX	N	654.85
72265	MYELOGRAPY LUMBOSACRAL RS&I	2.59	164.47	75.57	88.90	XXX	N	951.28		240.67	74.93	XXX	N	654.85
72270	MYELOGRAPY 2/MORE REGIONS RS&I	3.58	227.33	121.29	106.04	XXX	N	951.28		374.65	120.02	XXX	N	654.85
72275	EPIDUROGRAPY RS&I	0	0.00	0.00	0.00	XXX	N			0		XXX	N	
72285	DISKOGRAPY CERVICAL/THORACIC RS&I	3.21	222.25	111.13	111.12	XXX	N	3872.19		222.25	111.13	XXX	N	2233.1
72295	DISKOGRAPY LUMBAR RS&I	2.78	176.53	78.74	97.79	XXX	N	3872.19		194.95	80.01	XXX	N	2233.1
73000	RADEX CLAVICLE COMPLETE	0.77	48.90	15.24	33.66	XXX	N	86.59		55.88	15.24	XXX	N	59.28
73010	RADEX SCAPULA COMPLETE	0.84	53.34	16.51	36.83	XXX	N	86.59		62.23	17.78	XXX	N	59.28
73020	RADEX SHOULDER 1 VIEW	0.64	40.64	13.97	26.67	XXX	N	86.59		45.72	13.97	XXX	N	59.28
73030	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	0.81	51.44	17.15	34.29	XXX	N	86.59		59.69	18.42	XXX	N	59.28

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
73040	RADEX SHOULDER ARTHROGRAPHY RS&I	2.81	178.44	49.53	128.91	XXX	N	500.91		203.84	50.17	XXX	N	385.31
73050	RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	0.99	62.87	19.05	43.82	XXX	N	86.59		78.11	20.32	XXX	N	59.28
73060	RADEX HUMERUS MINIMUM 2 VIEWS	0.81	51.44	15.24	36.20	XXX	N	86.59		55.88	15.88	XXX	N	59.28
73070	RADEX ELBOW 2 VIEWS	0.76	48.26	14.61	33.65	XXX	N	86.59		55.25	14.61	XXX	N	59.28
73080	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	0.87	55.25	15.88	39.37	XXX	N	86.59		64.77	15.88	XXX	N	59.28
73085	RADEX ELBOW ARTHROGRAPHY RS&I	2.73	173.36	52.07	121.29	XXX	N	500.91		196.22	52.71	XXX	N	385.31
73090	RADEX FOREARM 2 VIEWS	0.72	45.72	15.24	30.48	XXX	N	86.59		53.98	15.24	XXX	N	59.28
73092	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	0.76	48.26	14.61	33.65	XXX	N	143.41		62.87	15.24	XXX	N	59.28
73100	RADEX WRIST 2 VIEWS	0.81	51.44	15.24	36.20	XXX	N	86.59		62.23	17.15	XXX	N	59.28
73110	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	0.99	62.87	15.88	46.99	XXX	N	86.59		73.03	15.88	XXX	N	59.28
73115	RADEX WRIST ARTHROGRAPHY RS&I	3	190.50	51.44	139.06	XXX	N	273.41		214.63	51.44	XXX	N	385.31
73120	RADEX HAND 2 VIEWS	0.73	46.36	15.24	31.12	XXX	N	143.41		53.34	15.24	XXX	N	59.28
73130	RADEX HAND MINIMUM 3 VIEWS	0.86	54.61	15.88	38.73	XXX	N	86.59		62.87	15.88	XXX	N	59.28
73140	RADEX FINGR MINIMUM 2 VIEWS	0.88	55.88	12.70	43.18	XXX	N	86.59		65.41	12.7	XXX	N	59.28
73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	5.04	320.04	90.81	229.23	XXX	N	160.21		395.61	90.81	XXX	N	223.93
73201	CT UPPER EXTREMITY W/CONTRAST MATERIAL	6.27	398.15	105.41	292.74	XXX	N	495.23		485.78	104.78	XXX	N	383.35
73202	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	7.81	495.94	110.49	385.45	XXX	N	337.34		618.49	109.86	XXX	N	424.87
73206	CT ANGIOGRAPHY UPPER EXTREMITY	9.21	584.84	162.56	422.28	XXX	N	337.34		693.42	161.29	XXX	N	437.64
73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	10.25	650.88	122.56	528.32	XXX	N	389.58		793.12	121.92	XXX	N	436.69
73219	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	11.37	722.00	147.32	574.68	XXX	N	647.04		880.11	146.69	XXX	N	586.42
73220	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	14.05	892.18	194.95	697.23	XXX	N	647.04		1085.22	193.68	XXX	N	708.87
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	6.64	421.64	123.19	298.45	XXX	N	389.58		526.42	124.46	XXX	N	436.69

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	10.63	675.01	147.32	527.69	XXX	N	647.04		826.14	146.69	XXX	N	586.42
73223	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	13.18	836.93	194.95	641.98	XXX	N	647.04		1022.99	193.68	XXX	N	708.87
73225	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	11.39	723.27	154.94	568.33	XXX	N			900.43	153.04	XXX	N	
73501	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	0.83	52.71	17.15	35.56	XXX	N	86.59						
73502	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	1.16	73.66	20.32	53.34	XXX	N	86.59						
73503	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	1.45	92.08	26.04	66.04	XXX	N	143.41						
73521	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	1.11	70.49	20.96	49.53	XXX	N	143.41						
73522	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	1.37	87.00	27.31	59.69	XXX	N	143.41						
73523	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	1.59	100.97	29.21	71.76	XXX	N	273.41						
73525	RADEX HIP ARTHROGRAPHY RS&I	2.85	180.98	52.07	128.91	XXX	N	500.91		203.2	53.34	XXX	N	385.31
73551	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	0.78	49.53	15.24	34.29	XXX	N	86.59						
73552	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	0.91	57.79	17.15	40.64	XXX	N	86.59						
73560	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	0.87	55.25	15.24	40.01	XXX	N	86.59		60.33	17.78	XXX	N	59.28
73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	1	63.50	17.15	46.35	XXX	N	86.59		73.03	18.42	XXX	N	59.28
73564	RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	1.1	69.85	20.32	49.53	XXX	N	143.41		85.09	22.23	XXX	N	91.38
73565	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	1	63.50	15.88	47.62	XXX	N	86.59		69.85	18.42	XXX	N	59.28
73580	RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	3.24	205.74	51.44	154.30	XXX	N	500.91		252.1	53.34	XXX	N	385.31
73590	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	0.8	50.80	15.24	35.56	XXX	N	86.59		53.34	15.88	XXX	N	59.28
73592	RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	0.78	49.53	14.61	34.92	XXX	N	86.59		53.98	14.61	XXX	N	59.28
73600	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	0.84	53.34	15.24	38.10	XXX	N	86.59		55.88	15.24	XXX	N	59.28
73610	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	0.87	55.25	15.88	39.37	XXX	N	86.59		64.77	15.88	XXX	N	59.28
73615	RADEX ANKLE ARTHROGRAPHY RS&I	2.94	186.69	52.07	134.62	XXX	N	500.91		203.2	52.71	XXX	N	385.31

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
73620	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	0.73	46.36	13.97	32.39	XXX	N	86.59		53.34	13.97	XXX	N	59.28
73630	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	0.81	51.44	15.24	36.20	XXX	N	86.59		60.96	15.24	XXX	N	59.28
73650	RADEX CALCANEUS MINIMUM 2 VIEWS	0.76	48.26	14.61	33.65	XXX	N	86.59		55.25	14.61	XXX	N	59.28
73660	RADEX TOE MINIMUM 2 VIEWS	0.79	50.17	12.07	38.10	XXX	N	86.59		59.06	12.07	XXX	N	59.28
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	5.04	320.04	90.81	229.23	XXX	N	160.21		396.88	90.81	XXX	N	223.93
73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL	6.36	403.86	105.41	298.45	XXX	N	337.34		492.76	104.78	XXX	N	383.35
73702	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	7.72	490.22	109.86	380.36	XXX	N	337.34		617.22	109.86	XXX	N	424.87
73706	CT ANGIOGRAPHY LOWER EXTREMITY	9.91	629.29	171.45	457.84	XXX	N	337.34		767.72	170.82	XXX	N	437.64
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	10.25	650.88	122.56	528.32	XXX	N	389.58		788.04	121.92	XXX	N	436.69
73719	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	11.36	721.36	146.69	574.67	XXX	N	647.04		894.72	146.69	XXX	N	586.42
73720	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	14.13	897.26	194.95	702.31	XXX	N	647.04		1092.2	193.04	XXX	N	708.87
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	6.65	422.28	123.19	299.09	XXX	N	389.58		526.42	124.46	XXX	N	436.69
73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	10.73	681.36	147.32	534.04	XXX	N	647.04		838.2	147.96	XXX	N	586.42
73723	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	13.23	840.11	194.95	645.16	XXX	N	647.04		1022.35	193.68	XXX	N	708.87
73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	11.29	716.92	163.20	553.72	XXX	N			891.54	162.56	XXX	N	
74000	RADEX ABDOMEN 1 ANTEROPOSTERIOR VIEW	0.66	41.91	16.51	25.40	XXX	N	86.59		46.36	16.51	XXX	N	59.28
74010	RADEX ABD ANTEROPOST&ADDL OBLQ&CONE VIEWS	0.99	62.87	20.96	41.91	XXX	N	86.59		74.3	20.96	XXX	N	59.28
74020	RADEX ABDOMEN COMPL W/DCBTS&/ERC VIEWS	1.05	66.68	24.77	41.91	XXX	N	86.59		77.47	24.13	XXX	N	59.28
74022	RADEX ABD COMPL AQT ABD W/S/E/D VIEWS 1 VIEW CH	1.25	79.38	29.21	50.17	XXX	N	143.41		93.35	28.58	XXX	N	91.38
74150	CT ABDOMEN W/O CONTRAST MATERIAL	4.21	267.34	107.95	159.39	XXX	N	160.21		335.92	107.32	XXX	N	223.93
74160	CT ABDOMEN W/CONTRAST MATERIAL	6.49	412.12	115.57	296.55	XXX	N	337.34		527.69	114.94	XXX	N	383.35
74170	CT ABDOMEN W/O & W/CONTRAST MATERIAL	7.38	468.63	127.00	341.63	XXX	N	337.34		607.7	126.37	XXX	N	424.87

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74174	CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG	10.93	694.06	198.12	495.94	XXX	N	495.23		946.15	198.12	XXX	N	622.57
74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	8.63	548.01	163.83	384.18	XXX	N	337.34		768.99	171.45	XXX	N	437.64
74176	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	5.64	358.14	158.12	200.02	XXX	N	273.41		433.71	156.85	XXX	N	394.84
74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	8.75	555.63	165.10	390.53	XXX	N	495.23		652.78	163.83	XXX	N	622.57
74178	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	9.93	630.56	182.25	448.31	XXX	N	495.23		764.54	181.61	XXX	N	622.57
74181	MRI ABDOMEN W/O CONTRAST MATERIAL	9.37	595.00	132.08	462.92	XXX	N	389.58		713.74	130.81	XXX	N	436.69
74182	MRI ABDOMEN W/CONTRAST MATERIAL	12.76	810.26	156.85	653.41	XXX	N	647.04		985.52	155.58	XXX	N	586.42
74183	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	14.24	904.24	205.11	699.13	XXX	N	647.04		1097.28	202.57	XXX	N	708.87
74185	MRA ABDOMEN W/WO CONTRAST MATERIAL	11.33	719.46	161.93	557.53	XXX	N			885.83	161.29	XXX	N	
74190	PERITONEOGRAM RS&I	1.68	106.68	42.55	64.13	XXX	N	500.91		109.86	43.82	XXX	N	329.57
74210	RADEX PHARYNX&/CERVICAL ESOPHAGUS	2.18	138.43	32.39	106.04	XXX	N	143.41		149.86	31.75	XXX	N	106.72
74220	RADEX ESOPHAGUS	2.49	158.12	41.91	116.21	XXX	N	143.41		175.26	41.91	XXX	N	106.72
74230	SWALLOWING FUNCJ W/CINERADIOGRAPY/VIDRADIOG	3.6	228.60	48.26	180.34	XXX	N	143.41		173.99	47.63	XXX	N	106.72
74235	RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I	5.06	321.31	112.40	208.91	XXX	N			348.62	121.92	XXX	N	
74240	RADEX GI TRACT UPPER W/WO DELAYED IMAGES W/O KUB	3.18	201.93	62.87	139.06	XXX	N	143.41		218.44	62.87	XXX	N	158.44
74241	RADEX GI TRACT UPPER W/WO DELAYED IMAGES W/KUB	3.31	210.19	62.87	147.32	XXX	N	143.41		228.6	61.6	XXX	N	158.44
74245	RADEX GI TRACT UPR W/SM INT W/MULT SERIAL IMAGES	4.82	306.07	82.55	223.52	XXX	N	273.41		341	81.92	XXX	N	158.44
74246	RADEX UPPER GI W/WO GLUCAGON/DELAY IMGES W/O KUB	3.58	227.33	62.87	164.46	XXX	N	143.41		246.38	62.23	XXX	N	158.44
74247	RADEX UPPER GI W/WO GLUCAGON/DELAY IMAGES W/KUB	3.96	251.46	62.87	188.59	XXX	N	143.41		274.32	62.23	XXX	N	158.44
74249	RADEX GI UPR W/WO GLUCOSE W/SM INTEST FOLLW-THRU	5.17	328.30	82.55	245.75	XXX	N	273.41		368.3	81.92	XXX	N	158.44
74250	RADEX SMALL INTESTINE W/MULTIPLE SERIAL IMAGES	2.92	185.42	42.55	142.87	XXX	N	143.41		208.28	42.55	XXX	N	106.72
74251	RADEX SM INT W/MLT SRL IMGES VIA ENTEROCLSS TUBE	11.76	746.76	62.87	683.89	XXX	N	273.41		804.55	62.23	XXX	N	158.44

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74260	DUODENOGRAPY HYPOTONIC	9.92	629.92	45.72	584.20	XXX	N	273.41		662.94	45.09	XXX	N	106.72
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	13.66	867.41	218.44	648.97	XXX	N	160.21		1012.19	215.9	XXX	N	223.93
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	15.19	964.57	226.70	737.87	XXX	N	337.34		1116.33	224.16	XXX	N	383.35
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	21.2	1346.20	204.47	1141.73	XXX	N	740.43		1468.76	210.82	XXX	N	
74270	RADEX COLON BARIUM ENEMA W/WO KUB	4.23	268.61	62.87	205.74	XXX	N	143.41		302.26	62.23	XXX	N	158.44
74280	RADEX COLON W/SPEC HI DNS BARIUM W/WO GLUCAGON	5.98	379.73	90.17	289.56	XXX	N	273.41		422.28	88.9	XXX	N	158.44
74283	THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCJ	5.78	367.03	184.79	182.24	XXX	N	273.41		381.64	178.44	XXX	N	158.44
74290	CHOLECYSTOGRAPHY ORAL CONTRST	1.97	125.10	29.21	95.89	XXX	N	273.41		133.99	28.58	XXX	N	106.72
74300	CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	1.49	94.62	33.02	61.60	XXX	N			94.62	33.02	XXX	N	
74301	CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS	0.86	54.61	19.05	35.56	ZZZ	N			56.52	19.69	ZZZ	N	
74328	ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	3.37	214.00	64.14	149.86	XXX	N			217.81	65.41	XXX	N	
74329	ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I	2.91	184.79	64.77	120.02	XXX	N			188.6	66.04	XXX	N	
74330	CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I	4.81	305.44	82.55	222.89	XXX	N			310.52	83.82	XXX	N	
74340	INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	3.08	195.58	48.90	146.68	XXX	N			198.12	49.53	XXX	N	
74355	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I	4.07	258.45	69.85	188.60	XXX	N			260.99	70.49	XXX	N	
74360	INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	3.33	211.46	50.80	160.66	XXX	N			219.71	52.71	XXX	N	
74363	PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I	3.49	221.62	77.47	144.15	XXX	N			228.6	80.01	XXX	N	
74400	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	3.09	196.22	44.45	151.77	XXX	N	273.41		216.54	44.45	XXX	N	270.34
74410	UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	3.04	193.04	43.82	149.22	XXX	N	273.41		214	43.82	XXX	N	270.34
74415	UROGRAPY INFUSION DRIP &/BOLUS TECHQ W/WO TOMO	3.84	243.84	44.45	199.39	XXX	N	273.41		265.43	44.45	XXX	N	270.34
74420	X-RAY URINARY TRACT EXAM WITH CONTRAST MATERIAL	3.33	211.46	31.75	179.71	XXX	N	500.91		220.35	33.02	XXX	N	270.34
74425	UROGRAPHY ANTEGRADE RS&I	1.85	117.48	31.75	85.73	XXX	N	500.91		120.02	32.39	XXX	N	270.34

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
74430	CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	1.06	67.31	29.21	38.10	XXX	N	273.41		77.47	27.94	XXX	N	270.34
74440	VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	2.28	144.78	33.02	111.76	XXX	N	273.41		160.66	34.93	XXX	N	270.34
74445	CORPORA CAVERNOSOGRAPY RS&I	2.7	171.45	97.79	73.66	XXX	N	500.91		182.88	104.14	XXX	N	270.34
74450	URETHROCYSTOGRAPHY RETROGRADE RS&I	2.04	129.54	29.85	99.69	XXX	N	273.41		132.72	30.48	XXX	N	270.34
74455	URETHROCYSTOGRAPHY VOIDING RS&I	2.29	145.42	29.85	115.57	XXX	N	500.91		161.93	29.21	XXX	N	270.34
74470	RADEX RENAL CYST STUDY TRANSLUMBAR RS&I	2.08	132.08	47.63	84.45	XXX	N	500.91		135.89	48.9	XXX	N	329.57
74485	DILATION NEPHROSTOMY/URETER/URETHRA RS&I	2.59	164.47	46.99	117.48	XXX	N	2145.45		186.06	48.26	XXX	N	1459.44
74710	PELVIMETRY W/WOPLACENTAL LOCALIZATION	1.03	65.41	31.12	34.29	XXX	N	86.59		62.87	27.94	XXX	N	91.38
74712	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	13.55	860.43	272.42	588.01	XXX	N	389.58						
74713	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	6.52	414.02	161.93	252.09	ZZZ	N							
74740	HYSTEROSALPINGOGRAPHY RS&I	2.1	133.35	34.29	99.06	XXX	N	500.91		147.96	33.66	XXX	N	329.57
74742	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	2.4	152.40	53.34	99.06	XXX	N			161.29	56.52	XXX	N	
74775	PERINEOGRAM	2.47	156.85	56.52	100.33	XXX	N	273.41		158.75	57.15	XXX	N	270.34
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	8.95	568.33	208.92	359.41	XXX	N	389.58		684.53	210.19	XXX	N	436.69
75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	12.26	778.51	258.45	520.06	XXX	N	628.59		937.26	262.89	XXX	N	436.69
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	11.9	755.65	231.14	524.51	XXX	N	647.04		913.77	231.78	XXX	N	708.87
75563	CARDIAC MRI W/W/O CONTRAST W/STRESS	14.11	895.99	264.80	631.19	XXX	N	1578.68		1079.5	266.7	XXX	N	708.87
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	1.54	97.79	22.23	75.56	ZZZ	N			119.38	22.23	ZZZ	N	
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	2.82	179.07	52.07	127.00	XXX	N	18.08		213.36	50.8	XXX	N	64.04
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	7.99	507.37	156.85	350.52	XXX	N	337.34		585.47	154.94	XXX	N	344.71
75573	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	11	698.50	227.97	470.53	XXX	N	337.34		799.47	225.43	XXX	N	344.71
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	11.78	748.03	214.00	534.03	XXX	N	337.34		864.24	212.73	XXX	N	344.71

MEDICAL DATA														
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75600	AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	5.57	353.70	43.82	309.88	XXX	N	3872.19		405.13	43.82	XXX	N	2863.77
75605	AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	3.92	248.92	100.97	147.95	XXX	N	3872.19		292.74	101.6	XXX	N	2863.77
75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	3.91	248.29	100.97	147.32	XXX	N	3872.19		293.37	101.6	XXX	N	2863.77
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	4.83	306.71	159.39	147.32	XXX	N	3872.19		347.98	158.12	XXX	N	2863.77
75635	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	10.71	680.09	215.90	464.19	XXX	N	337.34		850.27	214.63	XXX	N	437.64
75658	ANIOGRAPHY BRACHIAL RETROGRADE RS&I	4.73	300.36	115.57	184.79	XXX	N	3872.19		346.71	114.3	XXX	N	2863.77
75705	ANGIOGRAPHY SPINAL SELECTIVE RS&I	6.9	438.15	207.01	231.14	XXX	N	3872.19		466.09	195.58	XXX	N	2863.77
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	4.63	294.01	102.24	191.77	XXX	N	3872.19		340.36	99.7	XXX	N	2863.77
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	5.31	337.19	116.84	220.35	XXX	N	3872.19		407.67	116.84	XXX	N	2863.77
75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	4.23	268.61	100.33	168.28	XXX	N	3872.19		341.63	102.24	XXX	N	2863.77
75731	ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	4.87	309.25	103.51	205.74	XXX	N	3872.19		316.23	101.6	XXX	N	2863.77
75733	ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	5.2	330.20	114.94	215.26	XXX	N	3872.19		393.07	116.21	XXX	N	2863.77
75736	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	4.55	288.93	100.33	188.60	XXX	N	3872.19		330.2	99.06	XXX	N	2863.77
75741	ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	4.28	271.78	114.94	156.84	XXX	N	3872.19		307.34	116.84	XXX	N	2863.77
75743	ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	4.8	304.80	146.05	158.75	XXX	N	3872.19		357.51	147.32	XXX	N	2863.77
75746	ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	4.3	273.05	101.60	171.45	XXX	N	3872.19		321.31	102.87	XXX	N	923.72
75756	ANGIOGRAPHY INTERNAL MAMMARY RS&I	4.73	300.36	101.60	198.76	XXX	N	3872.19		361.32	109.86	XXX	N	923.72
75774	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	2.48	157.48	31.75	125.73	ZZZ	N			191.77	32.39	ZZZ	N	
75791	ANGIOGRPHY AV SHUNT COMPLETE EVAL FLUOR RS&I	9.18	582.93	156.21	426.72	XXX	N	951.28		638.18	150.5	XXX	N	923.72
75801	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	7.47	474.35	80.65	393.70	XXX	N	273.41		489.59	83.19	XXX	N	415.46
75803	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	7.59	481.97	106.05	375.92	XXX	N	951.28		490.86	107.95	XXX	N	415.46
75805	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	7.73	490.86	73.66	417.20	XXX	N	951.28		499.75	74.93	XXX	N	415.46

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
75807	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	8.4	533.40	106.68	426.72	XXX	N	3872.19		539.75	107.95	XXX	N	415.46
75809	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	2.8	177.80	43.18	134.62	XXX	N	143.41		198.12	43.18	XXX	N	91.38
75810	SPLENOPORTOGRAPY RS&I	14.91	946.79	104.14	842.65	XXX	N	3872.19		952.5	104.78	XXX	N	2863.77
75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I	3.26	207.01	62.87	144.14	XXX	N	951.28		240.03	62.87	XXX	N	923.72
75822	VENOGRAPHY EXTREMITY BILATERAL RS&I	3.89	247.02	94.62	152.40	XXX	N	951.28		298.45	94.62	XXX	N	923.72
75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	3.86	245.11	102.24	142.87	XXX	N	3872.19		282.58	100.97	XXX	N	2863.77
75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	3.93	249.56	102.24	147.32	XXX	N	951.28		288.93	100.33	XXX	N	923.72
75831	VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	3.99	253.37	100.33	153.04	XXX	N	3872.19		304.17	111.76	XXX	N	2863.77
75833	VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	4.66	295.91	130.81	165.10	XXX	N	3872.19		353.06	128.91	XXX	N	2863.77
75840	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	4.2	266.70	103.51	163.19	XXX	N	3872.19		304.8	114.3	XXX	N	2863.77
75842	VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I	5.1	323.85	134.62	189.23	XXX	N	3872.19		363.22	134.62	XXX	N	2863.77
75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	4.05	257.18	100.97	156.21	XXX	N	3872.19		293.37	102.24	XXX	N	923.72
75870	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	4.18	265.43	103.51	161.92	XXX	N	951.28		292.74	102.87	XXX	N	923.72
75872	VENOGRAPHY EPIDURAL RS&I	3.97	252.10	96.52	155.58	XXX	N	3872.19		292.74	102.87	XXX	N	923.72
75880	VENOGRAPHY ORBITAL RS&I	4.03	255.91	65.41	190.50	XXX	N	3872.19		450.85	68.58	XXX	N	923.72
75885	PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	4.48	284.48	125.73	158.75	XXX	N	3872.19		320.68	128.27	XXX	N	2863.77
75887	PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	4.51	286.39	126.37	160.02	XXX	N	951.28		317.5	126.37	XXX	N	923.72
75889	HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	4.08	259.08	99.70	159.38	XXX	N	3872.19		295.28	101.6	XXX	N	2863.77
75891	HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	4.11	260.99	100.97	160.02	XXX	N	3872.19		295.28	102.24	XXX	N	2863.77
75893	VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	3.35	212.73	48.90	163.83	XXX	N	3872.19		240.03	46.99	XXX	N	2863.77
75894	TRANSCATHETER EMBOLIZATION ANY METH RS&I	27	1714.50	120.02	1594.48	XXX	N			1741.81	121.92	XXX	N	
75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	3.58	227.33	152.40	74.93	XXX	N	951.28		231.14	154.94	XXX	N	426.98

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75901	MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I	5	317.50	43.18	274.32	XXX	N			333.38	43.82	XXX	N	
75902	MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I	2.03	128.91	34.29	94.62	XXX	N			144.15	35.56	XXX	N	
75952	EVASC RPR INFRARENAL AAA/DISSECTION RS&I	6.4	406.40	406.40	0.00	XXX	N	867.54		423.55	423.55	XXX	N	
75953	PLMT XTN PROSTH EVASC RPR INFRARENAL RS&I	1.94	123.19	123.19	0.00	XXX	N			128.91	128.91	XXX	N	
75954	EVASC RPR ILIAC ART W/ILIO-ILIAC PROSTH RS&I	3.24	205.74	205.74	0.00	XXX	N			211.46	211.46	XXX	N	
75956	EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG RS&I	9.99	634.37	634.37	0.00	XXX	N			665.48	665.48	XXX	N	
75957	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	8.58	544.83	544.83	0.00	XXX	N			567.69	567.69	XXX	N	
75958	PLMT PROX XTN PRSTH EVASC DESC THORAC AORTA RS&I	5.7	361.95	361.95	0.00	XXX	N			378.46	378.46	XXX	N	
75959	PLMT DSTL XTN PRSTH EVASC DESC THORAC AORTA RS&I	4.98	316.23	316.23	0.00	XXX	N			328.93	328.93	XXX	N	
75962	TRANSLUMINAL BALLOON ANGIOP PERIPHERAL ART RSI	3.97	252.10	48.26	203.84	XXX	N			285.75	47.63	XXX	N	5190.09
75964	TRLUML BALOON ANGIOP PERIPHER EA ADDL ART RS&I	2.5	158.75	32.39	126.36	ZZZ	N			184.79	33.02	ZZZ	N	
75966	TRLUML BALO ANGIOPLASTY RENAL/OTH VISC ART RS&I	4.84	307.34	116.21	191.13	XXX	N			335.28	114.94	XXX	N	5190.09
75968	TRLUML BALO ANGIOPLASTY EA VISCERAL ART RS&I	2.47	156.85	32.39	124.46	ZZZ	N			167.64	31.12	ZZZ	N	
75970	TRANSCATHETER BIOPSY RS&I	12.78	811.53	73.03	738.50	XXX	N			832.49	74.93	XXX	N	
75978	TRANSLUMINAL BALLOON ANGIOPLASTY VENOUS RS&I	3.92	248.92	48.26	200.66	XXX	N	3200.67		283.21	47.63	XXX	N	2772.73
75984	CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	3	190.50	63.50	127.00	XXX	N			212.09	64.14	XXX	N	
75989	RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS&I	3.41	216.54	106.05	110.49	XXX	N			236.22	105.41	XXX	N	
76000	FLUOROSCOPY SPX UP TO 1 HOUR PHYS/QHP TIME	1.33	84.46	15.88	68.58	XXX	N	273.41		99.06	15.88	XXX	N	147.41
76001	FLUOROSCOPY SPX >1 HOUR PHYS/QHP TIME	4.08	259.08	64.77	194.31	XXX	N			261.62	65.41	XXX	N	
76010	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	0.73	46.36	16.51	29.85	XXX	N	273.41		51.44	16.51	XXX	N	59.28
76080	RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	1.56	99.06	47.63	51.43	XXX	N	500.91		114.94	48.26	XXX	N	329.57
76098	RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	0.47	29.85	14.61	15.24	XXX	N	500.91		35.56	14.61	XXX	N	415.46

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76100	RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	2.6	165.10	57.15	107.95	XXX	N	143.41		193.68	57.79	XXX	N	91.38
76101	RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY UNI	3.7	234.95	60.96	173.99	XXX	N	143.41		292.1	65.41	XXX	N	329.57
76102	RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY BI	4.9	311.15	61.60	249.55	XXX	N	273.41		390.53	66.68	XXX	N	329.57
76120	CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	2.35	149.23	34.93	114.30	XXX	N	143.41		144.15	34.93	XXX	N	147.41
76125	CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE EXAMINATION	1.32	83.82	26.04	57.78	ZZZ	N			83.82	26.04	ZZZ	N	
76140	CONSLTJ X-RAY XM MADE ELSEWHERE WRTTN REPRT	0	BR			XXX	N	69.70		BR		XXX	N	
76376	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	0.65	41.28	17.78	23.50	XXX	N			112.4	17.78	XXX	N	
76377	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	2.01	127.64	71.76	55.88	XXX	N			154.31	71.12	XXX	N	
76380	CT LIMITED/LOCALIZED FOLLOW UP STUDY	4.12	261.62	88.90	172.72	XXX	N	86.59		313.06	87.63	XXX	N	127.55
76390	MRI SPECTROSCOPY	12.49	793.12	125.73	667.39	XXX	N	1167.10		868.68	128.27	XXX	N	
76496	UNLISTED FLUOROSCOPIC PROCEDURE	0	BR	BR	BR	XXX	N	86.59		BR	0	XXX	N	147.41
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	0	BR	BR	BR	XXX	N	86.59		BR	0	XXX	N	127.55
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	0	BR	BR	BR	XXX	N	389.58		BR	0	XXX	N	436.69
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	0	BR	BR	BR	XXX	N	86.59		BR	0	XXX	N	59.28
76506	ECHOENCEPHALOGRAPHY REAL TIME IMAGING	3.36	213.36	58.42	154.94	XXX	N	131.12		239.4	57.79	XXX	N	83.3
76510	OPH US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	4.81	305.44	160.02	145.42	XXX	N	129.85		340.36	179.71	XXX	N	186.8
76511	OPHTHALMIC ULTRASOUND DX QUAN A-SCAN ONLY	2.86	181.61	95.25	86.36	XXX	N	131.12		193.04	97.79	XXX	N	128.14
76512	OPHTHALMIC ULTRASOUND DX B-SCAN W/WO A-SCAN	2.62	166.37	95.25	71.12	XXX	N	131.12		179.07	100.33	XXX	N	128.14
76513	OPH US DX ANT SGM US IMMERSION B-SCAN/HR BIOM	2.69	170.82	64.14	106.68	XXX	N	218.73		186.06	66.68	XXX	N	128.14
76514	OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	0.43	27.31	17.78	9.53	XXX	N	43.46		28.58	17.78	XXX	N	30.23
76516	OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	2.22	140.97	55.88	85.09	XXX	N	131.12		151.13	57.15	XXX	N	83.3
76519	OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	2.37	150.50	55.88	94.62	XXX	N	131.12		163.83	59.06	XXX	N	128.14

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76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	2.24	142.24	58.42	83.82	XXX	N	131.12		153.67	61.6	XXX	N	83.3
76536	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	3.29	208.92	50.80	158.12	XXX	N	218.73		233.05	50.8	XXX	N	128.14
76604	US CHEST REAL TIME W/IMAGE DOCUMENTATION	2.49	158.12	48.90	109.22	XXX	N	131.12		167.64	49.53	XXX	N	83.3
76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	3.04	193.04	66.04	127.00	XXX	N	131.12						
76642	US BREAST UNI REAL TIME WITH IMAGE LIMITED	2.5	158.75	61.60	97.15	XXX	N	131.12						
76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	3.47	220.35	73.03	147.32	XXX	N	218.73		267.34	73.03	XXX	N	128.14
76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	2.59	164.47	53.34	111.13	XXX	N	218.73		205.74	52.71	XXX	N	128.14
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	3.21	203.84	66.68	137.16	XXX	N	218.73		252.1	66.68	XXX	N	128.14
76775	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	1.64	104.14	52.07	52.07	XXX	N	218.73		207.01	52.07	XXX	N	128.14
76776	US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	4.44	281.94	68.58	213.36	XXX	N	218.73		292.1	67.95	XXX	N	128.14
76800	ULTRASOUND SPINAL CANAL & CONTENTS	4	254.00	109.22	144.78	XXX	N	131.12		248.92	101.6	XXX	N	128.14
76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	3.49	221.62	90.81	130.81	XXX	N	218.73		240.67	89.54	XXX	N	128.14
76802	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	1.84	116.84	76.84	40.00	ZZZ	N			125.1	75.57	ZZZ	N	83.3
76805	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	4.03	255.91	91.44	164.47	XXX	N	218.73		281.31	90.17	XXX	N	128.14
76810	US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	2.65	168.28	90.81	77.47	ZZZ	N			183.52	88.9	ZZZ	N	128.14
76811	US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	5.17	328.30	177.80	150.50	XXX	N	218.73		353.7	174.63	XXX	N	199.63
76812	US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	5.87	372.75	167.01	205.74	ZZZ	N			403.86	164.47	ZZZ	N	83.3
76813	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	3.44	218.44	110.49	107.95	XXX	N	131.12		231.78	108.59	XXX	N	83.3
76814	US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	2.31	146.69	93.35	53.34	XXX	N			150.5	91.44	XXX	N	83.3
76815	US PREGNANT UTERUS LIMITED 1/> FETUSES	2.39	151.77	59.06	92.71	XXX	N	218.73		171.45	57.79	XXX	N	83.3
76816	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	3.27	207.65	79.38	128.27	XXX	N	131.12		225.43	78.11	XXX	N	83.3
76817	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	2.76	175.26	69.22	106.04	XXX	N	218.73		194.31	68.58	XXX	N	83.3

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
76818	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	3.46	219.71	98.43	121.28	XXX	N	218.73		234.95	96.52	XXX	N	128.14
76819	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	2.52	160.02	71.76	88.26	XXX	N	218.73		170.82	70.49	XXX	N	128.14
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	1.34	85.09	46.36	38.73	XXX	N	131.12		76.2	45.72	XXX	N	83.3
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	2.64	167.64	65.41	102.23	XXX	N	131.12		180.98	64.77	XXX	N	83.3
76825	ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	7.84	497.84	151.77	346.07	XXX	N	593.61		414.02	151.13	XXX	N	274.34
76826	ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	4.63	294.01	74.93	219.08	XXX	N	593.61		249.56	75.57	XXX	N	274.34
76827	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	2.15	136.53	52.07	84.46	XXX	N	218.73		113.03	52.07	XXX	N	83.3
76828	DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	1.52	96.52	51.44	45.08	XXX	N	218.73		83.82	50.8	XXX	N	83.3
76830	US TRANSVAGINAL	3.46	219.71	62.87	156.84	XXX	N	218.73		142.24	62.87	XXX	N	128.14
76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	3.36	213.36	66.68	146.68	XXX	N	218.73		240.67	66.68	XXX	N	199.63
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	3.11	197.49	62.23	135.26	XXX	N	218.73		236.86	61.6	XXX	N	128.14
76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	1.35	85.73	45.09	40.64	XXX	N	131.12		181.61	34.93	XXX	N	83.3
76870	US SCROTUM & CONTENTS	1.91	121.29	57.79	63.50	XXX	N	218.73		236.86	57.79	XXX	N	128.14
76872	US TRANSRECTAL	2.66	168.91	60.33	108.58	XXX	N	218.73		137.16	61.6	XXX	N	128.14
76873	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	4.75	301.63	140.34	161.29	XXX	N	218.73		323.22	141.61	XXX	N	199.63
76881	US EXTREMITY NON-VASC REAL-TIME IMG COMPL	3.24	205.74	56.52	149.22	XXX	N	218.73		232.41	57.79	XXX	N	128.14
76882	US EXTREMITY NON-VASC REAL-TIME IMG LMTD	1.02	64.77	44.45	20.32	XXX	N	131.12		66.04	44.45	XXX	N	83.3
76885	US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	4.13	262.26	67.31	194.95	XXX	N	131.12		283.85	66.68	XXX	N	83.3
76886	US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	3	190.50	55.25	135.25	XXX	N	218.73		200.66	54.61	XXX	N	83.3
76930	US GUIDANCE PERICARDIOCENTESIS RS&I	2.51	159.39	59.06	100.33	XXX	N			160.02	58.42	XXX	N	
76932	US ENDOMYOCARDIAL BIOPSY RS&I	2.51	159.39	59.06	100.33	YYY	N			163.2	60.33	XXX	N	
76936	US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	7.71	489.59	178.44	311.15	XXX	N	313.82		535.31	180.34	XXX	N	140.12

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	0.89	56.52	26.04	30.48	ZZZ	N			67.95	27.31	ZZZ	N	
76940	US &MNTR PARENCHYMAL TISSUE ABLATION	4.74	300.99	186.69	114.30	YYY	N			309.25	191.77	XXX	N	
76941	US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I	3.61	229.24	123.83	105.41	XXX	N			237.49	128.27	XXX	N	
76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	1.72	389.26	60.96	328.30	XXX	N			389.26	60.96	XXX	N	
76945	US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	2.75	174.63	62.87	111.76	XXX	N			176.53	63.5	XXX	N	
76946	US GUIDANCE AMNIOCENTESIS IMG S&I	0.93	59.06	35.56	23.50	XXX	N			60.96	34.93	XXX	N	
76948	US GUIDANCE ASPIRATION OVA IMG S&I	1.97	125.10	54.61	70.49	XXX	N			62.87	36.2	XXX	N	
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	2.55	161.93	119.38	42.55	XXX	N			167.64	121.92	XXX	N	
76970	US STUDY FOLLOW UP	2.63	167.01	34.93	132.08	XXX	N	131.12		191.77	37.47	XXX	N	83.3
76975	GI ENDOSCOPIC US S&I	2.95	187.33	76.84	110.49	XXX	N	218.73		196.85	80.65	XXX	N	199.63
76977	US BONE DENSITY MEAS & INTERP PERIPH ANY METHO	0.2	12.70	5.08	7.62	XXX	N	43.46		13.34	5.08	XXX	N	64.04
76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	1.81	114.94	114.94	0.00	XXX	N			119.38	119.38	XXX	N	
76999	UNLISTED US PROCEDURE	0	BR	BR	BR	XXX	N	131.12		BR	0	XXX	N	83.3
77001	FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	1.98	125.73	34.29	91.44	ZZZ	N			226.06	34.29	ZZZ	N	
77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT	2.62	149.23	50.80	98.43	XXX	N			149.23	50.8	XXX	N	
77003	FLUORO NEEDLE/CATH SPINE/PARASPINAL DX/THER	2.41	179.07	56.52	122.55	XXX	N			179.07	56.52	XXX	N	
77011	CT GUIDANCE STEREOTACTIC LOCALIZATION	6.28	398.78	113.03	285.75	XXX	N			422.91	111.76	XXX	N	
77012	CT GUIDANCE NEEDLE PLACEMENT	3.52	223.52	104.14	119.38	XXX	N			240.03	102.24	XXX	N	
77013	CT GUIDANCE &MONITORING VISC TISS ABLATION	15.44	980.44	353.06	627.38	XXX	N			1012.19	364.49	XXX	N	
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	3.32	210.82	78.74	132.08	XXX	N			232.41	78.11	XXX	N	
77021	MR GUIDANCE NEEDLE PLACEMENT	11.35	720.73	135.89	584.84	XXX	N			730.25	136.53	XXX	N	
77022	MR GUIDANCE &MONITORING TISSUE ABLATION	19.48	1236.98	383.54	853.44	XXX	N			1243.33	385.45	XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
77051	COMPUTER-AIDED DETECTION DX MAMMOGRAPHY	0.23	14.61	5.08	9.53	ZZZ	N			19.05	5.72	ZZZ	N	
77052	COMPUTER-AIDED DETECTION SCREENING MAMMOGRAPHY	0.23	14.61	5.08	9.53	ZZZ	N			19.05	5.72	ZZZ	N	
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	1.64	104.14	32.39	71.75	XXX	N	273.41		111.76	31.75	XXX	N	329.57
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	2.16	137.16	41.28	95.88	XXX	N	273.41		150.5	40.64	XXX	N	329.57
77055	MAMMOGRAPHY UNILATERAL	2.52	160.02	63.50	96.52	XXX	N			166.37	62.87	XXX	N	
77056	MAMMOGRAPHY BILATERAL	3.24	205.74	78.74	127.00	XXX	N			214	78.74	XXX	N	
77057	SCREENING MAMMOGRAPHY BILATERAL	2.31	146.69	63.50	83.19	XXX	N			152.4	63.5	XXX	N	
77058	MRI BREAST UNILATERAL	15.14	961.39	147.32	814.07	XXX	N			1177.29	146.69	XXX	N	
77059	MRI BREAST BILATERAL	15.06	956.31	147.32	808.99	XXX	N			1168.4	146.69	XXX	N	
77061	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	3.62	229.87	62.87	167.00	XXX	N	57.15						
77062	DIGITAL BREAST TOMOSYNTHESIS BILATERAL	4.61	292.74	78.74	214.00	XXX	N	67.29						
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	1.56	99.06	53.98	45.08	ZZZ	N							
77071	MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS	1.36	86.36			XXX	N	86.59		97.79		XXX	N	59.28
77072	BONE AGE STUDIES	0.65	41.28	17.15	24.13	XXX	N	143.41		44.45	17.15	XXX	N	59.28
77073	BONE LENGTH STUDIES	1.01	64.14	26.04	38.10	XXX	N	86.59		73.66	27.31	XXX	N	91.38
77074	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	1.81	114.94	41.28	73.66	XXX	N	143.41		133.35	40.64	XXX	N	91.38
77075	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	2.46	156.21	48.90	107.31	XXX	N	143.41		201.93	48.9	XXX	N	91.38
77076	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	2.7	171.45	63.50	107.95	XXX	N	143.41		201.93	62.87	XXX	N	91.38
77077	JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	1.05	66.68	29.21	37.47	XXX	N	143.41		77.47	31.12	XXX	N	59.28
77078	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	3.2	203.20	22.23	180.97	XXX	N	86.59		249.56	22.23	XXX	N	95.3
77080	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	1.16	73.66	18.42	55.24	XXX	N	143.41		93.98	18.42	XXX	N	95.3
77081	DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	0.79	50.17	19.69	30.48	XXX	N	86.59		53.34	20.32	XXX	N	45.46

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
77084	BONE MARROW BLOOD SUPPLY	10.98	697.23	145.42	551.81	XXX	N	389.58		833.76	144.78	XXX	N	436.69
77085	DXA BONE DENSITY STUDY AXIAL SKELETON	1.59	100.97	27.94	73.03	XXX	N	143.41						
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DXA	1	63.50	15.88	47.62	XXX	N	86.59						
77261	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	2.14	135.89			XXX	N			133.35		XXX	N	
77262	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	3.2	203.20			XXX	N			200.66		XXX	N	
77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	4.68	297.18			XXX	N			296.55		XXX	N	
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	7.71	489.59	64.77	424.82	XXX	N	237.34		337.82	64.14	XXX	N	141.56
77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	12.16	772.16	97.79	674.37	XXX	N	415.54		597.54	96.52	XXX	N	375.4
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	14.54	923.29	145.42	777.87	XXX	N	415.54		991.87	143.51	XXX	N	375.4
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	13.16	835.66	186.06	649.60	ZZZ	N			766.45	184.15	ZZZ	N	
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	13.85	879.48	397.51	481.97	XXX	N	1462.40		831.22	422.28	XXX	N	1270.08
77299	UNLIS PX THER RADIOL CLINICAL TX PLANNING	0	BR	BR	BR	XXX	N	152.95		BR	0	XXX	N	141.56
77300	BASIC RADIATION DOSIMETRY CALCULATION	1.88	119.38	57.79	61.59	XXX	N	152.95		124.46	57.15	XXX	N	141.56
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	55.16	3502.66	741.05	2761.61	XXX	N	1462.40		3714.75	739.14	XXX	N	1270.08
77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	4.22	267.97	130.18	137.79	XXX	N	237.34						
77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	8.15	517.53	268.61	248.92	XXX	N	415.54						
77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	5.33	338.46	130.18	208.28	XXX	N	152.95						
77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	6.94	440.69	170.18	270.51	XXX	N	415.54						
77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	10.01	635.64	268.61	367.03	XXX	N	415.54						
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	2.62	166.37	88.27	78.10	XXX	N	415.54		169.55	87.63	XXX	N	375.4
77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	1.8	114.30	80.65	33.65	XXX	N	152.95		115.57	80.01	XXX	N	141.56
77332	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	2.34	148.59	50.80	97.79	XXX	N	152.95		149.86	50.17	XXX	N	260.29

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
77333	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	1.5	95.25	78.11	17.14	XXX	N	237.34		95.25	77.47	XXX	N	260.29
77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	4.31	273.69	114.94	158.75	XXX	N	415.54		280.04	113.67	XXX	N	260.29
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	2.24	142.24			XXX	N	152.95		81.92		XXX	N	141.56
77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	14.34	910.59	397.51	513.08	XXX	N	415.54		935.36	397.51	XXX	N	375.4
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	3.44	218.44			XXX	N	237.34		220.35		XXX	N	141.56
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	34.44	2186.94	0.00	2186.94	XXX	N	14600.48	J1	2459.36		XXX	N	10205.25
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	30.27	1922.15	0.00	1922.15	XXX	N	14600.48	J1	1464.95		XXX	N	
77373	STEREOTACTIC BODY RADIATION DELIVERY	38.48	2443.48	0.00	2443.48	XXX	N	2381.16		2367.92		XXX	N	
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	9.67	614.05			XXX	N	719.95						
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	9.7	615.95			XXX	N	719.95						
77387	GUIDANCE FOR LOC OF TARGET VOL RADIAJ TX DLVR	1.8	114.30	45.09	69.21	XXX	N							
77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	0	BR	BR	BR	XXX	N	152.95		BR	0	XXX	N	141.56
77401	RADIATION TX DELIVERY SUPERFICIAL&/ORTHO VOLTA	0.68	43.18	0.00	43.18	XXX	N	157.14		38.74		XXX	N	123.21
77402	RADIATION TREATMENT DELIVERY 1 MEV+ SIMPLE	4.06	257.81			XXX	N	157.14		289.56		XXX	N	123.21
77407	RADIATION TX DELIVERY 1 MEV >= INTERMEDIATE	5.59	354.97			XXX	N	157.14		421.64		XXX	N	123.21
77412	RADIATION TREATMENT DELIVERY 1 MEV >= COMPLEX	7.83	497.21			XXX	N	276.80		448.31		XXX	N	231.59
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	0.31	19.69	0.00	19.69	XXX	N			26.67		XXX	N	
77422	HIGH ENERGY NEUTRON RADJ TX DLVR 1 TX AREA	1.81	114.94	0.00	114.94	XXX	N	276.80		527.69		XXX	N	231.59
77423	HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER	2.72	172.72	0.00	172.72	XXX	N	719.95		537.85		XXX	N	231.59
77424	INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION	0	BR			XXX	N	15115.50	J1	BR		XXX	N	1262.03
77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	0	BR			XXX	N	15115.50	J1	BR		XXX	N	1262.03
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	5.24	332.74			XXX	N			332.74		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
77431	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	2.88	182.88			XXX	N			182.88		XXX	N	
77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	11.81	749.94			XXX	N			748.67		XXX	N	
77435	STEREOTACTIC BODY RADIATION MANAGEMENT	17.81	1130.94			XXX	N			1130.3		XXX	N	
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	9.1	577.85			XXX	N			561.98		XXX	N	
77470	SPECIAL TREATMENT PROCEDURE	4.41	280.04	193.68	86.36	XXX	N	719.95		282.58	193.04	XXX	N	506.25
77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	0	BR	BR	BR	XXX	N			BR	0	XXX	N	
77520	PROTON TX DELIVERY SIMPLE W/O COMPENSATION	0	BR			XXX	N	719.95		BR		XXX	N	1466.32
77522	PROTON TX DELIVERY SIMPLE W/COMPENSATION	0	BR			XXX	N	1638.83		BR		XXX	N	1466.32
77523	PROTON TX DELIVERY INTERMEDIATE	0	BR			XXX	N	1638.83		BR		XXX	N	880.3
77525	PROTON TX DELIVERY COMPLEX	0	BR			XXX	N	1638.83		BR		XXX	N	880.3
77600	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	11.88	754.38	147.32	607.06	XXX	N	276.80		805.18	143.51	XXX	N	506.25
77605	HYPERTHERMIA EXTERNAL GENERATED DEEP	22.55	1431.93	208.92	1223.01	XXX	N	991.55		2167.26	209.55	XXX	N	506.25
77610	HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS	28.03	1779.91	154.94	1624.97	XXX	N	719.95		2042.8	142.88	XXX	N	506.25
77615	HYPERTHERMIA INTERSTIAL PROBE 5/> APPLICATORS	30	1905.00	193.04	1711.96	XXX	N	719.95		1901.83	193.04	XXX	N	506.25
77620	HYPERTHERMIA INTRACAVITARY PROBES	10.84	688.34	144.78	543.56	XXX	N	719.95		1096.65	140.97	XXX	N	506.25
77750	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	10.49	666.12	462.92	203.20	090	N	276.80		673.1	462.28	090	N	231.59
77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	11	698.50	353.06	345.44	090	N	719.95		715.65	354.33	090	N	530
77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	14.64	929.64	533.40	396.24	090	N	719.95		946.79	531.5	090	N	530
77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	20.73	1316.36	803.28	513.08	090	N	991.55		1335.41	800.1	090	N	530
77767	HDR RDNCL SKN SURF BRACHYTX LES </2CM/1 CHAN	6.35	403.23	97.79	305.44	XXX	N	276.80						
77768	HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES	9.95	631.83	129.54	502.29	XXX	N	276.80						
77770	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	9.06	575.31	180.98	394.33	XXX	N	991.55						

MEDICAL DATA														
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77771	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	16.86	1070.61	352.43	718.18	XXX	N	991.55						
77772	HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	25.76	1635.76	500.38	1135.38	XXX	N	991.55						
77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	22.04	1399.54	739.78	659.76	000	N	991.55		1593.22	1045.85	090	N	1129.5
77789	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	3.38	214.63	106.68	107.95	000	N	157.14		220.35	106.05	000	N	123.21
77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	0.42	26.67	15.88	10.79	XXX	N			176.53	95.89	XXX	N	
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	0	BR	BR	BR	XXX	N	157.14		BR	0	XXX	N	530
78012	THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	2.3	146.05	17.15	128.90	XXX	N	473.76		154.94	17.15	XXX	N	147.11
78013	THYROID IMAGING WITH VASCULAR FLOW	5.56	353.06	33.02	320.04	XXX	N	473.76		391.8	33.02	XXX	N	193.57
78014	THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	7.04	447.04	44.45	402.59	XXX	N	473.76		452.76	44.45	XXX	N	300.51
78015	THYROID CARCINOMA METASTASES IMG LMTD AREA	6.41	407.04	59.06	347.98	XXX	N	473.76		415.93	58.42	XXX	N	387.14
78016	THYROID CARCINOMA METASTASES IMG ADDL STUDY	8.13	516.26	61.60	454.66	XXX	N	473.76		539.75	62.87	XXX	N	387.14
78018	THYROID CARCINOMA METASTASES IMG WHOLE BODY	9.11	578.49	74.93	503.56	XXX	N	473.76		601.35	74.3	XXX	N	387.14
78020	THYROID CARCINOMA METASTASES UPTAKE	2.43	154.31	50.17	104.14	ZZZ	N			158.12	50.17	ZZZ	N	
78070	PARATHYROID PLANAR IMAGING	8.73	554.36	70.49	483.87	XXX	N	473.76		572.77	69.85	XXX	N	300.51
78071	PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	10.43	662.31	106.05	556.26	XXX	N	473.76		675.01	105.41	XXX	N	415.46
78072	PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	12.04	764.54	138.43	626.11	XXX	N	628.59		146.05	146.05	YYY	N	415.46
78075	ADRENAL IMAGING CORTEX &/MEDULLA	12.46	791.21	63.50	727.71	XXX	N	1578.68		823.6	62.87	XXX	N	1232.81
78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	193.57
78102	BONE MARROW IMAGING LIMITED AREA	4.94	313.69	48.26	265.43	XXX	N	473.76		325.76	47.63	XXX	N	361.16
78103	BONE MARROW IMAGING MULTIPLE AREAS	6.48	411.48	65.41	346.07	XXX	N	473.76		415.93	64.14	XXX	N	361.16
78104	BONE MARROW IMAGING WHOLE BODY	7.14	453.39	69.22	384.17	XXX	N	473.76		476.89	69.85	XXX	N	361.16
78110	PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	2.73	173.36	17.15	156.21	XXX	N	473.76		177.17	17.15	XXX	N	562.2

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78111	PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	2.8	177.80	19.69	158.11	XXX	N	473.76		161.93	17.78	XXX	N	562.2
78120	RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	2.73	173.36	20.96	152.40	XXX	N	473.76		174.63	20.32	XXX	N	562.2
78121	RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	2.97	188.60	29.21	159.39	XXX	N	473.76		147.96	24.13	XXX	N	562.2
78122	WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU	2.84	180.34	38.74	141.60	XXX	N	628.59		188.6	38.1	XXX	N	562.2
78130	RED CELL SURVIVAL STUDY	4.89	310.52	54.61	255.91	XXX	N	473.76		307.98	55.88	XXX	N	562.2
78135	RBC SURVIVAL STUDY DIFFERNTL ORGAN/TISS KINETICS	10.26	651.51	57.79	593.72	XXX	N	473.76		686.44	58.42	XXX	N	562.2
78140	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	3.97	252.10	55.25	196.85	XXX	N	473.76		258.45	55.25	XXX	N	562.2
78185	SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	6.17	391.80	36.20	355.60	XXX	N	473.76		407.67	35.56	XXX	N	361.16
78190	KINETICS PLATELET W/WO DIFFRNTL ORGAN/TIS LOCLZJ	11.43	725.81	97.79	628.02	XXX	N	1578.68		787.4	99.7	XXX	N	253.62
78191	PLATELET SURVIVAL STUDY	4.89	310.52	54.61	255.91	XXX	N	473.76		308.61	55.88	XXX	N	253.62
78195	LYMPHATICS & LYMPH NODES IMAGING	10.37	658.50	106.68	551.82	XXX	N	473.76		686.44	106.05	XXX	N	361.16
78199	UNLIS HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	361.16
78201	LIVER IMAGING STATIC ONLY	5.47	347.35	38.10	309.25	XXX	N	473.76		358.14	38.74	XXX	N	405.59
78202	LIVER IMAGING W/VASCULAR FLOW	5.88	373.38	43.18	330.20	XXX	N	473.76		393.07	42.55	XXX	N	405.59
78205	LIVER IMAGING SPECT	6.16	391.16	60.96	330.20	XXX	N	473.76		408.31	61.6	XXX	N	405.59
78206	LIVER IMAGING SPECT W/VASCULAR FLOW	9.98	633.73	84.46	549.27	XXX	N	473.76		652.15	83.19	XXX	N	405.59
78215	LIVER & SPLEEN IMAGING STATIC ONLY	5.67	360.05	43.82	316.23	XXX	N	473.76		375.29	43.82	XXX	N	405.59
78216	LIVER & SPLEEN IMAGING W/VASCULAR FLOW	3.66	232.41	49.53	182.88	XXX	N	473.76		236.22	48.9	XXX	N	405.59
78226	HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	9.67	614.05	66.04	548.01	XXX	N	473.76		727.08	68.58	XXX	N	405.59
78227	HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	13.12	833.12	80.65	752.47	XXX	N	473.76		984.25	82.55	XXX	N	405.59
78230	SALIVARY GLAND IMAGING	4.11	260.99	34.29	226.70	XXX	N	473.76		332.74	40.64	XXX	N	331.24
78231	SALIVARY GLAND IMAGING SERIAL IMAGES	3.79	240.67	47.63	193.04	XXX	N	473.76		247.02	45.72	XXX	N	331.24

MEDICAL DATA														
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78232	SALIVARY GLAND FUNCTION STUDY	2.87	182.25	35.56	146.69	XXX	N	473.76		186.06	36.2	XXX	N	331.24
78258	ESOPHAGEAL MOTILITY	6.46	410.21	66.04	344.17	XXX	N	473.76		431.17	64.77	XXX	N	331.24
78261	GASTRIC MUCOSA IMAGING	7.24	459.74	61.60	398.14	XXX	N	473.76		485.78	62.23	XXX	N	331.24
78262	GASTROESOPHAGEAL REFLUX STUDY	7.12	452.12	59.69	392.43	XXX	N	473.76		481.97	59.69	XXX	N	331.24
78264	GASTRIC EMPTYING IMAGING STUDY	9.75	619.13	66.04	553.09	XXX	N	473.76		554.36	70.49	XXX	N	331.24
78265	GASTRIC EMPTYNG IMAG STD W/SM BWL TRANSIT	11.63	738.51	87.00	651.51	XXX	N	473.76						
78266	GSTRC EMPTNG IMAG STD W/SM BWL COL TRNST MLT DAY	13.8	876.30	96.52	779.78	XXX	N	628.59						
78267	UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	0.3	19.05	0.00	19.05	XXX	N			20.32		XXX	N	
78268	UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	2.56	162.56	0.00	162.56	XXX	N			172.72		XXX	N	
78270	VITAMIN B-12 ABSRPJ STUDY W/O INTRINSIC FACTOR	2.94	186.69	19.05	167.64	XXX	N	473.76		163.83	17.78	XXX	N	253.62
78271	VITAMIN B-12 ABSRPJ STUDY W/INTRINSIC FACTOR	2.62	166.37	18.42	147.95	XXX	N	473.76		179.07	18.42	XXX	N	253.62
78272	VITAMIN B-12 ABSRPJ STDY W/WO INTRINSIC FACT	2.81	178.44	24.13	154.31	XXX	N	473.76		180.34	24.13	XXX	N	253.62
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	10.17	645.80	88.27	557.53	XXX	N	473.76		670.56	87.63	XXX	N	331.24
78282	GASTROINTESTINAL PROTEIN LOSS	2.16	137.16	34.29	102.87	XXX	N	473.76		139.7	34.93	XXX	N	331.24
78290	INTESTINE IMAGING	9.73	617.86	60.96	556.90	XXX	N	473.76		644.53	60.33	XXX	N	331.24
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST	7.34	466.09	76.20	389.89	XXX	N	473.76		491.49	77.47	XXX	N	331.24
78299	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	331.24
78300	BONE &/JOINT IMAGING LIMITED AREA	5.27	334.65	56.52	278.13	XXX	N	473.76		346.08	55.25	XXX	N	337.58
78305	BONE &/JOINT IMAGING MULTIPLE AREAS	6.73	427.36	74.30	353.06	XXX	N	473.76		455.3	73.66	XXX	N	337.58
78306	BONE &/JOINT IMAGING WHOLE BODY	7.35	466.73	76.84	389.89	XXX	N	473.76		481.97	75.57	XXX	N	337.58
78315	BONE &/JOINT IMAGING 3 PHASE STUDY	10.11	641.99	90.81	551.18	XXX	N	473.76		669.29	90.17	XXX	N	337.58
78320	BONE &/JOINT IMAGING TOMOGRAPHIC SPECT	6.64	421.64	90.81	330.83	XXX	N	473.76		434.98	90.17	XXX	N	337.58

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78350	BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY	0.93	59.06	19.69	39.37	XXX	N			62.87	20.32	XXX	N	
78351	BONE DENSTY 1/> SITES DUAL PHOTON ABSORPTIOMETR	0.43	27.31	8.26	19.05	XXX	N			27.31	8.26	XXX	N	
78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	337.58
78414	CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	2.1	133.35	40.01	93.34	XXX	N	628.59		139.7	41.91	XXX	N	398.63
78428	CARDIAC SHUNT DETECTION	5.25	333.38	67.95	265.43	XXX	N	473.76		353.7	67.95	XXX	N	398.63
78445	NONCARDIAC VASCULAR FLOW IMAGING	5.1	323.85	41.91	281.94	XXX	N	473.76		331.47	41.28	XXX	N	426.98
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	9.94	631.19	121.29	509.90	XXX	N	1578.68		672.47	121.92	XXX	N	876.84
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	13.77	874.40	142.24	732.16	XXX	N	1578.68		937.26	142.88	XXX	N	876.84
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	8.86	562.61	88.90	473.71	XXX	N	628.59		584.2	88.9	XXX	N	876.84
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	12.74	808.99	120.65	688.34	XXX	N	1578.68		840.11	118.75	XXX	N	876.84
78456	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	9.2	584.20	87.63	496.57	XXX	N	1578.68		681.99	88.27	XXX	N	426.98
78457	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	5.48	347.98	69.22	278.76	XXX	N	628.59		391.8	68.58	XXX	N	426.98
78458	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	4.87	309.25	68.58	240.67	XXX	N	473.76		359.41	74.93	XXX	N	426.98
78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	11.82	750.57	127.64	622.93	XXX	N	1830.36		769.62	130.81	XXX	N	1362.48
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	5.55	352.43	62.87	289.56	XXX	N	473.76		377.83	63.5	XXX	N	398.63
78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	5.76	365.76	70.49	295.27	XXX	N	473.76		384.18	71.12	XXX	N	398.63
78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	6.59	418.47	81.92	336.55	XXX	N	628.59		436.25	82.55	XXX	N	398.63
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	6.68	424.18	86.36	337.82	XXX	N	473.76		445.14	86.36	XXX	N	398.63
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	8.41	534.04	128.27	405.77	XXX	N	473.76		564.52	129.54	XXX	N	398.63
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	5.07	321.95	85.73	236.22	XXX	N	628.59		350.52	86.36	XXX	N	398.63
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	7.02	445.77	128.27	317.50	XXX	N	628.59		468	130.18	XXX	N	398.63
78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST/STRESS	12.69	805.82	128.91	676.91	XXX	N	1830.36		833.76	133.35	XXX	N	1362.48

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78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST/STRESS	15.88	1008.38	161.29	847.09	XXX	N	1830.36		1036.32	165.74	XXX	N	1362.48
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	6.54	415.29	104.78	310.51	XXX	N	473.76		441.33	104.78	XXX	N	398.63
78496	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	1.28	81.28	43.82	37.46	ZZZ	N			84.46	43.82	ZZZ	N	
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	398.63
78579	PULMONARY VENTILATION IMAGING	5.44	345.44	42.55	302.89	XXX	N	473.76		415.93	45.72	XXX	N	285.05
78580	PULMONARY PERFUSION IMAGING PARTICULATE	6.98	443.23	66.04	377.19	XXX	N	473.76		456.57	64.77	XXX	N	285.05
78582	PULMONARY VENTILATION & PERFUSION IMAGING	9.77	620.40	95.25	525.15	XXX	N	628.59		731.52	98.43	XXX	N	433.99
78597	QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	5.89	374.02	64.14	309.88	XXX	N	473.76		455.3	67.95	XXX	N	285.05
78598	QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	8.95	568.33	74.93	493.40	XXX	N	628.59		679.45	77.47	XXX	N	433.99
78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	285.05
78600	BRAIN IMAGING <4 STATIC VIEWS	5.4	342.90	40.64	302.26	XXX	N	473.76		352.43	38.74	XXX	N	340.7
78601	BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	6.23	395.61	45.09	350.52	XXX	N	473.76		415.93	45.09	XXX	N	591.3
78605	BRAIN IMAGING MINIMUM 4 STATIC VIEWS	5.8	368.30	48.26	320.04	XXX	N	628.59		379.73	47.63	XXX	N	340.7
78606	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	9.65	612.78	56.52	556.26	XXX	N	628.59		639.45	55.25	XXX	N	591.3
78607	BRAIN IMAGING TOMOGRAPHIC SPECT	10.22	648.97	106.68	542.29	XXX	N	1578.68		675.64	104.78	XXX	N	591.3
78608	BRAIN IMAGING PET METABOLIC EVALUATION	17	1079.50	129.54	949.96	XXX	N	1830.36		1095.38	131.45	XXX	N	1362.48
78609	BRAIN IMAGING PET PERFUSION EVALUATION	2.11	133.99	133.99	0.00	XXX	N			140.34	140.34	XXX	N	
78610	BRAIN IMAGING VASCULAR FLOW ONLY	5.1	323.85	27.31	296.54	XXX	N	473.76		339.73	26.67	XXX	N	340.7
78630	CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	9.87	626.75	60.96	565.79	XXX	N	628.59		664.21	60.33	XXX	N	591.3
78635	CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	9.88	627.38	55.25	572.13	XXX	N	628.59		650.88	53.34	XXX	N	591.3
78645	CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	9.41	597.54	50.17	547.37	XXX	N	473.76		618.49	49.53	XXX	N	340.7
78647	CEREBROSPINAL FLUID FLOW W/O MATL TOMOG SPECT	10.2	647.70	81.28	566.42	XXX	N	1578.68		704.22	79.38	XXX	N	591.3

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78650	CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	9.6	609.60	53.98	555.62	XXX	N	1578.68		641.99	53.98	XXX	N	591.3
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	5.25	333.38	48.26	285.12	XXX	N	473.76		363.22	49.53	XXX	N	340.7
78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	340.7
78700	KIDNEY IMAGING MORPHOLOGY	5.01	318.14	40.01	278.13	XXX	N	473.76		340.36	40.64	XXX	N	429.48
78701	KIDNEY IMAGING MORPHOOGY W/VASCULAR FLOW	6.14	389.89	42.55	347.34	XXX	N	473.76		410.21	43.82	XXX	N	429.48
78707	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	6.77	429.90	84.46	345.44	XXX	N	628.59		442.6	83.19	XXX	N	429.48
78708	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	5.06	321.31	106.68	214.63	XXX	N	628.59		327.03	105.41	XXX	N	429.48
78709	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	10.59	672.47	123.83	548.64	XXX	N	628.59		706.12	123.19	XXX	N	429.48
78710	KIDNEY IMAGING MORPHOLOGY TOMOGRAPHIC	5.83	370.21	55.25	314.96	XXX	N	628.59		392.43	53.98	XXX	N	429.48
78725	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	3.16	200.66	33.02	167.64	XXX	N	356.02		212.73	33.02	XXX	N	253.62
78730	URINARY BLADDER RESIDUAL STUDY	2.22	140.97	13.97	127.00	ZZZ	N			127	13.34	ZZZ	N	147.11
78740	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	6.35	403.23	49.53	353.70	XXX	N	473.76		445.14	51.44	XXX	N	429.48
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	6.08	386.08	64.77	321.31	XXX	N	473.76		414.66	63.5	XXX	N	429.48
78799	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	429.48
78800	RP LOCLZJ TUMOR/DSTRBJ AGENT LIMITED AREA	5.57	353.70	60.96	292.74	XXX	N	473.76		364.49	59.69	XXX	N	387.14
78801	RP LOCLZJ TUMOR/DSTRBJ AGENT MULTIPLE AREAS	7.6	482.60	72.39	410.21	XXX	N	473.76		468	69.85	XXX	N	648.31
78802	RP LOCLZJ TUMOR/DSTRBJ AGENT WHOLE BDY 1 DAY	9.47	601.35	75.57	525.78	XXX	N	628.59		621.03	74.93	XXX	N	648.31
78803	RP LOCLZJ TUMOR/DSTRBJ AGENT TOMOG SPECT	9.91	629.29	93.98	535.31	XXX	N	628.59		654.05	93.35	XXX	N	648.31
78804	RP LOCLZJ TUMOR/DSTRBJ AGT WHOL BDY REQ 2/> DAY	16.53	1049.66	93.98	955.68	XXX	N	1578.68		1094.11	93.35	XXX	N	1232.81
78805	RP LOCLZJ INFLAMMATORY PROCESS LIMITED AREA	5.31	337.19	64.77	272.42	XXX	N	1578.68		350.52	64.77	XXX	N	648.31
78806	RP LOCLZJ INFLAMMATORY PROCESS WHOLE BODY	9.71	616.59	75.57	541.02	XXX	N	1578.68		636.91	74.93	XXX	N	648.31
78807	RP LOCLZJ INFLAMMATORY PROCESS TOMOG SPECT	9.91	629.29	93.35	535.94	XXX	N	628.59		648.34	92.08	XXX	N	648.31

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
78808	NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	1.31	83.19			XXX	N	473.76		85.73		XXX	N	253.62
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK	18.33	1163.96	139.70	1024.26	XXX	N	1830.36		1191.26	142.88	XXX	N	1362.48
78812	PET IMAGING SKULL BASE TO MID-THIGH	22.25	1412.88	169.55	1243.33	XXX	N	1830.36		1444.63	173.36	XXX	N	1362.48
78813	PET IMAGING WHOLE BODY	23.25	1476.38	177.17	1299.21	XXX	N	1830.36		1503.05	180.34	XXX	N	1362.48
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	25.67	1630.05	195.58	1434.47	XXX	N	1830.36		1661.8	199.39	XXX	N	1362.48
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	28.33	1798.96	215.90	1583.06	XXX	N	1830.36		1836.42	220.35	XXX	N	1362.48
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	28.58	1814.83	217.81	1597.02	XXX	N	1830.36		1852.3	222.25	XXX	N	1362.48
78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	147.11
79005	RP THERAPY ORAL ADMINISTRATION	3.89	247.02	158.75	88.27	XXX	N	356.02		250.19	157.48	XXX	N	305.38
79101	RP THERAPY INTRAVENOUS ADMINISTRATION	4.06	257.81	172.09	85.72	XXX	N	356.02		266.7	170.82	XXX	N	305.38
79200	RP THERAPY INRACAVITARY ADMINISTRATION	4.54	288.29	183.52	104.77	XXX	N	356.02		290.83	184.79	XXX	N	388.32
79300	RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	3.77	239.40	143.51	95.89	XXX	N	356.02		246.38	147.96	XXX	N	305.38
79403	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	5.48	347.98	200.03	147.95	XXX	N	356.02		354.33	201.3	XXX	N	388.32
79440	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	4.12	261.62	171.45	90.17	XXX	N	356.02		266.7	176.53	XXX	N	388.32
79445	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	5.96	378.46	208.28	170.18	XXX	N	356.02		383.54	210.82	XXX	N	305.38
79999	RP THERAPY UNLISTED PROCEDURE	0	BR	BR	BR	XXX	N	356.02		BR	0	XXX	N	305.38
80047	BASIC METABOLIC PANEL CALCIUM IONIZED	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
80050	GENERAL HEALTH PANEL	1.27	75.57	0.00	75.57	XXX	N	222.47		71.4		XXX	N	
80051	ELECTROLYTE PANEL	0.27	16.07	0.00	16.07	XXX	N			16.66		XXX	N	
80053	COMPREHENSIVE METABOLIC PANEL	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
80055	OBSTETRIC PANEL	1.82	108.29	0.00	108.29	XXX	N	208.86		104.13		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
80061	LIPID PANEL	0.74	44.03	0.00	44.03	XXX	N			41.65		XXX	N	
80069	RENAL FUNCTION PANEL	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
80074	ACUTE HEPATITIS PANEL	2.07	123.17	0.00	123.17	XXX	N			117.22		XXX	N	
80076	HEPATIC FUNCTION PANEL	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
80081	OBSTETRIC PANEL	2.85	169.58	0.00	169.58	XXX	N							
80150	DRUG SCREEN QUANTITATIVE AMIKACIN	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
80155	DRUG ASSAY CAFFEINE	0.54	32.13	0.00	32.13	XXX	N			0		XXX	N	
80156	DRUG ASSAY CARBAMAZEPINE TOTAL	0.55	32.73	0.00	32.73	XXX	N			35.11		XXX	N	
80157	DRUG ASSAY CARBAMAZEPINE FREE	0.5	29.75	0.00	29.75	XXX	N			32.13		XXX	N	
80158	DRUG ASSAY CYCLOSPORINE	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
80159	DRUG ASSAY CLOZAPINE	0.7	41.65	0.00	41.65	XXX	N			0		XXX	N	
80162	DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	0.51	30.35	0.00	30.35	XXX	N			32.13		XXX	N	
80163	DRUG SCREEN QUANTITATIVE DIGOXIN FREE	0.51	30.35	0.00	30.35	XXX	N							
80164	DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
80165	DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	0.52	30.94	0.00	30.94	XXX	N							
80168	DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	0.62	36.89	0.00	36.89	XXX	N			39.27		XXX	N	
80169	DRUG ASSAY EVEROLIMUS	0.52	30.94	0.00	30.94	XXX	N			0		XXX	N	
80170	DRUG SCREEN QUANTITATIVE GENTAMICIN	0.62	36.89	0.00	36.89	XXX	N			39.27		XXX	N	
80171	DRUG SCREEN QUANTITATIVE GABAPENTIN	0.5	29.75	0.00	29.75	XXX	N			0		XXX	N	
80173	DRUG SCREEN QUANTITATIVE HALOPRIDOL	0.55	32.73	0.00	32.73	XXX	N			35.11		XXX	N	
80175	DRUG SCREEN QUANTITATIVE LAMOTRIGINE	0.5	29.75	0.00	29.75	XXX	N			0		XXX	N	
80176	DRUG SCREEN QUANTITATIVE LIDOCAINE	0.56	33.32	0.00	33.32	XXX	N			35.11		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
80177	DRUG SCREEN QUANTITATIVE LEVETIRACETAM	0.5	29.75	0.00	29.75	XXX	N			0		XXX	N	
80178	DRUG SCREEN QUANTITATIVE LITHIUM	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
80180	DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	0.69	41.06	0.00	41.06	XXX	N			0		XXX	N	
80183	DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	0.5	29.75	0.00	29.75	XXX	N			0		XXX	N	
80184	DRUG SCREEN QUANTITATIVE PHENOBARBITAL	0.44	26.18	0.00	26.18	XXX	N			27.37		XXX	N	
80185	DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	0.5	29.75	0.00	29.75	XXX	N			32.13		XXX	N	
80186	DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	0.52	30.94	0.00	30.94	XXX	N			33.32		XXX	N	
80188	DRUG SCREEN QUANTITATIVE PRIMIDONE	0.63	37.49	0.00	37.49	XXX	N			39.87		XXX	N	
80190	DRUG SCREEN QUANTITATIVE PROCAINAMIDE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
80192	DRUG SCREEN QUANTITATIVE PROCAINAMIDE METABOLITE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
80194	DRUG SCREEN QUANTITATIVE QUINIDINE	0.56	33.32	0.00	33.32	XXX	N			35.11		XXX	N	
80195	DRUG SCREEN QUANTITATIVE SIROLIMUS	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
80197	DRUG SCREEN QUANTITATIVE TACROLIMUS	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
80198	DRUG SCREEN QUANTITATIVE THEOPHYLLINE	0.54	32.13	0.00	32.13	XXX	N			33.92		XXX	N	
80199	DRUG SCREEN QUANTITATIVE TIAGABINE	0.69	41.06	0.00	41.06	XXX	N			0		XXX	N	
80200	DRUG SCREEN QUANTITATIVE TOBRAMYCIN	0.61	36.30	0.00	36.30	XXX	N			38.68		XXX	N	
80201	DRUG SCREEN QUANTITATIVE TOPIRAMATE	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
80202	DRUG SCREEN QUANTITATIVE VANCOMYCIN	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
80203	DRUG SCREEN QUANTITATIVE ZONISAMIDE	0.5	29.75	0.00	29.75	XXX	N			0		XXX	N	
80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
80300	DRUG SCREEN LIST A ANY NMBR NON TLC DEVICES	0.42	24.99	0.00	24.99	XXX	N							
80301	DRUG SCREEN LIST A SINGLE DRUG CLASS METHOD	0.55	32.73	0.00	32.73	XXX	N							

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
80302	DRUG SCREEN PRESUMPTIVE 1 CLASS METHOD LIST B	0.55	32.73	0.00	32.73	XXX	N							
80303	DRUG SCREEN PRSMPTV 1/MULT CLASS METHOD TLC	0.55	32.73	0.00	32.73	XXX	N							
80304	DRUG SCREEN PRSMPTV 1/MULT CLASS METHOD	2.21	131.50	0.00	131.50	XXX	N							
80320	DRUG SCREEN QUANTITATIVE ALCOHOLS	0.69	41.06	0.00	41.06	XXX	N							
80321	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	0	BR			XXX	N							
80322	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	0	BR			XXX	N							
80323	ALKALOIDS NOT OTHERWISE SPECIFIED	0.69	41.06	0.00	41.06	XXX	N							
80324	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	0.69	41.06	0.00	41.06	XXX	N							
80325	DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	0	BR			XXX	N							
80326	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	0	BR			XXX	N							
80327	DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	0.69	41.06	0.00	41.06	XXX	N							
80328	DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE	0	BR			XXX	N							
80329	DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	0.69	41.06	0.00	41.06	XXX	N							
80330	DRUG SCREEN ANALGESICS NON-OPIOID 3-5	0	BR			XXX	N							
80331	DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	0	BR			XXX	N							
80332	ANTIDEPRESSANTS SEROTONERGIC CLASS 1 OR 2	0.69	41.06	0.00	41.06	XXX	N							
80333	ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5	0	BR			XXX	N							
80334	ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	0	BR			XXX	N							
80335	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	0.69	41.06	0.00	41.06	XXX	N							
80336	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 3-5	0	BR			XXX	N							
80337	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	0	BR			XXX	N							
80338	ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED	0	BR			XXX	N							

MEDICAL DATA														
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80339	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 1-3	0.69	41.06	0.00	41.06	XXX	N							
80340	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6	0	BR			XXX	N							
80341	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 7/MORE	0	BR			XXX	N							
80342	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3	0.69	41.06	0.00	41.06	XXX	N							
80343	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 4-6	0	BR			XXX	N							
80344	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE	0	BR			XXX	N							
80345	DRUG SCREENING BARBITURATES	0.69	41.06	0.00	41.06	XXX	N							
80346	DRUG SCREENING BENZODIAZEPINES 1-12	0.69	41.06	0.00	41.06	XXX	N							
80347	DRUG SCREENING BENZODIAZEPINES 13 OR MORE	0	BR			XXX	N							
80348	DRUG SCREENING BUPRENORPHINE	0	BR			XXX	N							
80349	DRUG SCREENING CANNABINOIDS NATURAL	0.69	41.06	0.00	41.06	XXX	N							
80350	DRUG SCREENING CANNABINOIDS SYNTHETIC 1-3	0.69	41.06	0.00	41.06	XXX	N							
80351	DRUG SCREENING CANNABINOIDS SYNTHETIC 4-6	0	BR			XXX	N							
80352	DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	0	BR			XXX	N							
80353	DRUG SCREENING COCAINE	0.69	41.06	0.00	41.06	XXX	N							
80354	DRUG SCREENING FENTANYL	0.69	41.06	0.00	41.06	XXX	N							
80355	DRUG SCREENING GABAPENTIN NON-BLOOD	0.69	41.06	0.00	41.06	XXX	N							
80356	DRUG SCREENING HEROIN METABOLITE	0.69	41.06	0.00	41.06	XXX	N							
80357	DRUG SCREENING KETAMINE AND NORKETAMINE	0.69	41.06	0.00	41.06	XXX	N							
80358	DRUG SCREENING METHADONE	0.69	41.06	0.00	41.06	XXX	N							
80359	DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	0.69	41.06	0.00	41.06	XXX	N							
80360	DRUG SCREENING METHYLPHENIDATE	0.69	41.06	0.00	41.06	XXX	N							

MEDICAL DATA														
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80361	DRUG SCREENING OPIATES 1 OR MORE	0.69	41.06	0.00	41.06	XXX	N							
80362	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	0.69	41.06	0.00	41.06	XXX	N							
80363	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	0	BR			XXX	N							
80364	DRUG SCREENING OPIOIDS & OPIATE ANALOGS 5/MORE	0	BR			XXX	N							
80365	DRUG SCREENING OXYCODONE	0.69	41.06	0.00	41.06	XXX	N							
80366	DRUG SCREENING PREGABALIN	0.69	41.06	0.00	41.06	XXX	N							
80367	DRUG SCREENING PROPOXYPHENE	0.69	41.06	0.00	41.06	XXX	N							
80368	DRUG SCREENING SEDATIVE HYPNOTICS	0.69	41.06	0.00	41.06	XXX	N							
80369	DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	0.69	41.06	0.00	41.06	XXX	N							
80370	DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	0	BR			XXX	N							
80371	DRUG SCREENING STIMULANTS SYNTHETIC	0.69	41.06	0.00	41.06	XXX	N							
80372	DRUG SCREENING TAPENTADOL	0.69	41.06	0.00	41.06	XXX	N							
80373	DRUG SCREENING TRAMADOL	0.69	41.06	0.00	41.06	XXX	N							
80374	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	0.69	41.06	0.00	41.06	XXX	N							
80375	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	0.69	41.06	0.00	41.06	XXX	N							
80376	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6	0.69	41.06	0.00	41.06	XXX	N							
80377	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	0.69	41.06	0.00	41.06	XXX	N							
80400	ACTH STIMULATION PANEL ADRENAL INSUFFICIENCY	2.16	128.52	0.00	128.52	XXX	N			122.57		XXX	N	
80402	ACTH STIMULATION PANEL 21 HYDROXYLASE DEFICIENCY	3.52	209.44	0.00	209.44	XXX	N			199.33		XXX	N	
80406	ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY	3.7	220.15	0.00	220.15	XXX	N			210.04		XXX	N	
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL	4.03	239.79	0.00	239.79	XXX	N			227.89		XXX	N	
80410	CALCITONIN STIMULATION PANEL	3.34	198.73	0.00	198.73	XXX	N			189.21		XXX	N	

MEDICAL DATA														
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80412	CORTICOTROPIC RELEASING HORM STIMJ PANEL	10.35	615.83	0.00	615.83	XXX	N			586.67		XXX	N	
80414	CHORNC GONAD STIMJ PANEL TSTOSTERONE RESPONSE	1.73	102.94	0.00	102.94	XXX	N			97.58		XXX	N	
80415	CHORNC GONAD STIMJ PANEL ESTRADIOL RESPONSE	1.73	102.94	0.00	102.94	XXX	N			97.58		XXX	N	
80416	RENAL VEIN RENIN STIMULATION PANEL	5.15	306.43	0.00	306.43	XXX	N			292.15		XXX	N	
80417	PERIPHERAL VEIN RENIN STIMULATION PANEL	2.21	131.50	0.00	131.50	XXX	N			124.95		XXX	N	
80418	COMBINED RAPID ANT PITUITARY EVALUATION PANEL	23	1368.50	0.00	1368.50	XXX	N			1303.05		XXX	N	
80420	DEXMETHASONE SUPPRESSION PANEL 48 HR	2.88	171.36	0.00	171.36	XXX	N			163.03		XXX	N	
80422	GLUCOSE TOLERANCE PANEL INSULINOMA	1.96	116.62	0.00	116.62	XXX	N			110.67		XXX	N	
80424	GLUCOSE TOLERANCE PANEL PHEOCHROMOCYTOMA	1.96	116.62	0.00	116.62	XXX	N			110.67		XXX	N	
80426	GONADOTROPIN RELEASING HORMONE STIMJ PANEL	5.41	321.90	0.00	321.90	XXX	N			306.43		XXX	N	
80428	GROWTH HORMONE STIMULATION PANEL	2.99	177.91	0.00	177.91	XXX	N			169.58		XXX	N	
80430	GROWTH HORMONE SUPRJ PANEL GLUCOSE ADMN	2.99	177.91	0.00	177.91	XXX	N			169.58		XXX	N	
80432	INSULIN-INDUCED C-PEPTIDE SUPRESSION PANEL	5.87	349.27	0.00	349.27	XXX	N			332.01		XXX	N	
80434	INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY	3.68	218.96	0.00	218.96	XXX	N			208.25		XXX	N	
80435	INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY	3.91	232.65	0.00	232.65	XXX	N			221.34		XXX	N	
80436	METYRAPONE PANEL	3.8	226.10	0.00	226.10	XXX	N			214.8		XXX	N	
80438	THYROTROPIN RELEASING HORMONE STMLJ PANEL 1 HR	2.19	130.31	0.00	130.31	XXX	N			123.76		XXX	N	
80439	THYROTROPIN RELEASING HORMONE STMLJ PANEL 2 HR	2.3	136.85	0.00	136.85	XXX	N			130.31		XXX	N	
80500	CLINICAL PATHOLOGY CONSULTATION LIMITED	0.62	36.89			XXX	N	68.01		35.7		XXX	N	30.22
80502	CLINICAL PATHOLOGY CONSULTATION COMPREHENSIVE	2.02	120.19			XXX	N	68.01		114.24		XXX	N	16.39
81000	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	0.12	7.14	0.00	7.14	XXX	N			7.74		XXX	N	
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	0.12	7.14	0.00	7.14	XXX	N			7.74		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	0.1	5.95	0.00	5.95	XXX	N			5.95		XXX	N	
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	0.09	5.36	0.00	5.36	XXX	N			5.36		XXX	N	
81005	URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	0.08	4.76	0.00	4.76	XXX	N			5.36		XXX	N	
81007	URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK	0.1	5.95	0.00	5.95	XXX	N			5.95		XXX	N	
81015	URINALYSIS MICROSCOPIC ONLY	0.12	7.14	0.00	7.14	XXX	N			7.14		XXX	N	
81020	URINALYSIS 2/3 GLASS TEST	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	0.24	14.28	0.00	14.28	XXX	N			15.47		XXX	N	
81050	VOLUME MEASUREMENT TIMED COLLECTION EACH	0.11	6.55	0.00	6.55	XXX	N			7.14		XXX	N	
81099	UNLISTED URINALYSIS PROCEDURE	0	BR			XXX	N			BR		XXX	N	
81161	DMD DUPLICATION/DELETION ANALYSIS	3.91	232.65	0.00	232.65	XXX	N			BR		XXX	N	
81162	BRCA1&BRCA2 FULL SEQ ANALYS/FULL DUP/DEL ANALYS	69.43	4131.09	0.00	4131.09	XXX	N							
81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	9.2	547.40	0.00	547.40	XXX	N							
81200	ASPA GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	0	BR			XXX	N			BR		XXX	N	
81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	0	BR			XXX	N			BR		XXX	N	
81203	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	0	BR			XXX	N			BR		XXX	N	
81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	6.24	371.28	0.00	371.28	XXX	N			BR		XXX	N	
81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	5.51	327.85	0.00	327.85	XXX	N			BR		XXX	N	
81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	6.12	364.14	0.00	364.14	XXX	N			BR		XXX	N	
81209	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	0	BR			XXX	N			BR		XXX	N	
81210	BRAF GENE ANALYSIS V600 VARIANT(S)	5	297.50	0.00	297.50	XXX	N			BR		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
81211	BRCA1&BRCA2 FULL SEQ ANALYS/COMM DUP/DEL BRCA	60.89	3622.96	0.00	3622.96	XXX	N			BR		XXX	N	
81212	BRCA1&BRCA2 ANAL 185DELAG5385INSC/6174DELT	4.93	293.34	0.00	293.34	XXX	N			BR		XXX	N	
81213	BRCA1&BRCA2 ANAL UNCOMMON DUP/DEL VARIANTS	16.25	966.88	0.00	966.88	XXX	N			BR		XXX	N	
81214	BRCA1 FULL SEQ ANAL&COMMON DUP/DEL VARIANTS	40.11	2386.55	0.00	2386.55	XXX	N			BR		XXX	N	
81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	2.6	154.70	0.00	154.70	XXX	N			BR		XXX	N	
81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	0	BR			XXX	N			BR		XXX	N	
81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	2.6	154.70	0.00	154.70	XXX	N			BR		XXX	N	
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	9.2	547.40	0.00	547.40	XXX	N							
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	4.63	275.49	0.00	275.49	XXX	N							
81220	CFTR GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	0	BR			XXX	N			BR		XXX	N	
81222	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	0	BR			XXX	N			BR		XXX	N	
81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	0	BR			XXX	N			BR		XXX	N	
81224	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	0	BR			XXX	N			BR		XXX	N	
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	8.14	484.33	0.00	484.33	XXX	N			BR		XXX	N	
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	12.59	749.11	0.00	749.11	XXX	N			BR		XXX	N	
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	4.88	290.36	0.00	290.36	XXX	N			BR		XXX	N	
81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	0	BR			XXX	N			BR		XXX	N	
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR	0	BR			XXX	N			BR		XXX	N	
81235	EGFR GENE ANALYSIS COMMON VARIANTS	9.2	547.40	0.00	547.40	XXX	N			BR		XXX	N	
81240	F2 GENE ANALYSIS 20210G >A VARIANT	1.87	111.27	0.00	111.27	XXX	N			BR		XXX	N	
81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	2.32	138.04	0.00	138.04	XXX	N			BR		XXX	N	

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81242	FANCC GENE ANALYSIS COMMON VARIANT	0	BR			XXX	N			BR		XXX	N	
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	0	BR			XXX	N			BR		XXX	N	
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	0	BR			XXX	N			BR		XXX	N	
81245	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	4.63	275.49	0.00	275.49	XXX	N			BR		XXX	N	
81246	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	2.32	138.04	0.00	138.04	XXX	N							
81250	G6PC GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81251	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	0	BR			XXX	N			BR		XXX	N	
81252	GJB2 GENE ANALYSIS FULL GENE SEQUENCE	0	BR			XXX	N			BR		XXX	N	
81253	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	0	BR			XXX	N			BR		XXX	N	
81254	GJB6 GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81255	HEXA GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81256	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	2.49	148.16	0.00	148.16	XXX	N			BR		XXX	N	
81257	HBA1/HBA2 ANALYSIS FOR COMMON DELETIONS/VARIANT	0	BR			XXX	N			BR		XXX	N	
81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81261	IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	7.53	448.04	0.00	448.04	XXX	N			BR		XXX	N	
81262	IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	1.66	98.77	0.00	98.77	XXX	N			BR		XXX	N	
81263	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	11.21	667.00	0.00	667.00	XXX	N			BR		XXX	N	
81264	IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	5.68	337.96	0.00	337.96	XXX	N			BR		XXX	N	
81265	COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	8.18	486.71	0.00	486.71	XXX	N			BR		XXX	N	
81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	0	BR			XXX	N			BR		XXX	N	
81267	CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	7.89	469.46	0.00	469.46	XXX	N			BR		XXX	N	
81268	CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	9.92	590.24	0.00	590.24	XXX	N			BR		XXX	N	

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81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	3.49	207.66	0.00	207.66	XXX	N			BR		XXX	N	
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	9.2	547.40	0.00	547.40	XXX	N							
81273	KIT GENE ANALYSIS D816 VARIANT(S)	3.49	207.66	0.00	207.66	XXX	N							
81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	5.51	327.85	0.00	327.85	XXX	N			BR		XXX	N	
81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	5.51	327.85	0.00	327.85	XXX	N							
81280	LONG QT SYNDROME FULL SEQUENCE ANALYSIS	0	BR			XXX	N			BR		XXX	N	
81281	LONG QT SYNDROME ANAL KNOWN FAMILIAL SEQUENCE	0	BR			XXX	N			BR		XXX	N	
81282	LONG QT SYNDROME GENE ANAL DUP/DEL VARIANTS	0	BR			XXX	N			BR		XXX	N	
81287	MGMT METHYLATION ANALYSIS	2.32	138.04	0.00	138.04	XXX	N			0		XXX	N	
81288	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	4.46	265.37	0.00	265.37	XXX	N							
81290	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81291	MTHFR GENE ANALYSIS COMMON VARIANTS	1.66	98.77	0.00	98.77	XXX	N			BR		XXX	N	
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	18.02	1072.19	0.00	1072.19	XXX	N			BR		XXX	N	
81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	7.22	429.59	0.00	429.59	XXX	N			BR		XXX	N	
81294	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	5.32	316.54	0.00	316.54	XXX	N			BR		XXX	N	
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	4.23	251.69	0.00	251.69	XXX	N			BR		XXX	N	
81296	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	3.61	214.80	0.00	214.80	XXX	N			BR		XXX	N	
81297	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	4.23	251.69	0.00	251.69	XXX	N			BR		XXX	N	
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	8.03	477.79	0.00	477.79	XXX	N			BR		XXX	N	
81299	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	4.5	267.75	0.00	267.75	XXX	N			BR		XXX	N	
81300	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	4.51	268.35	0.00	268.35	XXX	N			BR		XXX	N	
81301	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	11.02	655.69	0.00	655.69	XXX	N			BR		XXX	N	

MEDICAL DATA														
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81302	MECP2 GENE ANALYSIS FULL SEQUENCE	0	BR			XXX	N			BR		XXX	N	
81303	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	0	BR			XXX	N			BR		XXX	N	
81304	MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	0	BR			XXX	N			BR		XXX	N	
81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	6.89	409.96	0.00	409.96	XXX	N			BR		XXX	N	
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	8.26	491.47	0.00	491.47	XXX	N							
81313	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	7.27	432.57	0.00	432.57	XXX	N							
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	9.2	547.40	0.00	547.40	XXX	N							
81315	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	7.89	469.46	0.00	469.46	XXX	N			BR		XXX	N	
81316	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	12.03	715.79	0.00	715.79	XXX	N			BR		XXX	N	
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	21.79	1296.51	0.00	1296.51	XXX	N			BR		XXX	N	
81318	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	5.15	306.43	0.00	306.43	XXX	N			BR		XXX	N	
81319	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	6.18	367.71	0.00	367.71	XXX	N			BR		XXX	N	
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	16.75	996.63	0.00	996.63	XXX	N			BR		XXX	N	
81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	1.63	96.99	0.00	96.99	XXX	N			BR		XXX	N	
81323	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	2.44	145.18	0.00	145.18	XXX	N			BR		XXX	N	
81324	PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	0	BR			XXX	N			BR		XXX	N	
81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	0	BR			XXX	N			BR		XXX	N	
81326	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	0	BR			XXX	N			BR		XXX	N	
81330	SMPD1 GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81331	SNRPN/UBE3A METHYLATION ANALYSIS	0	BR			XXX	N			BR		XXX	N	
81332	SERPINA1 GENE ANALYSIS COMMON VARIANTS	1.66	98.77	0.00	98.77	XXX	N			BR		XXX	N	
81340	TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	7.95	473.03	0.00	473.03	XXX	N			BR		XXX	N	

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81341	TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	1.89	112.46	0.00	112.46	XXX	N			BR		XXX	N	
81342	TRG@ GENE REARRANGEMENT ANALYSIS	7.67	456.37	0.00	456.37	XXX	N			BR		XXX	N	
81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	0	BR			XXX	N			BR		XXX	N	
81370	HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	15.3	910.35	0.00	910.35	XXX	N			BR		XXX	N	
81371	HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1	9.16	545.02	0.00	545.02	XXX	N			BR		XXX	N	
81372	HLA CLASS I TYPING LOW RESOLUTION COMPLETE	8.4	499.80	0.00	499.80	XXX	N			BR		XXX	N	
81373	HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	4.24	252.28	0.00	252.28	XXX	N			BR		XXX	N	
81374	HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	2.77	164.82	0.00	164.82	XXX	N			BR		XXX	N	
81375	HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	8.4	499.80	0.00	499.80	XXX	N			BR		XXX	N	
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	4.65	276.68	0.00	276.68	XXX	N			BR		XXX	N	
81377	HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	3.49	207.66	0.00	207.66	XXX	N			BR		XXX	N	
81378	HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	13.15	782.43	0.00	782.43	XXX	N			BR		XXX	N	
81379	HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	12.76	759.22	0.00	759.22	XXX	N			BR		XXX	N	
81380	HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA	6.74	401.03	0.00	401.03	XXX	N			BR		XXX	N	
81381	HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	3.6	214.20	0.00	214.20	XXX	N			BR		XXX	N	
81382	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	4.71	280.25	0.00	280.25	XXX	N			BR		XXX	N	
81383	HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	4.15	246.93	0.00	246.93	XXX	N			BR		XXX	N	
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	0	BR			XXX	N			BR		XXX	N	
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	0	BR			XXX	N			BR		XXX	N	
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	0	BR			XXX	N			BR		XXX	N	
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	0	BR			XXX	N			BR		XXX	N	

MEDICAL DATA														
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81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	0	BR			XXX	N			BR		XXX	N	
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	0	BR			XXX	N			BR		XXX	N	
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	0	BR			XXX	N			BR		XXX	N	
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	0	BR			XXX	N			BR		XXX	N	
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	0	BR			XXX	N			BR		XXX	N	
81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	0	BR			XXX	N							
81411	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	0	BR			XXX	N							
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	0	BR			XXX	N							
81415	EXOME SEQUENCE ANALYSIS	0	BR			XXX	N							
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	0	BR			XXX	N							
81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	0	BR			XXX	N							
81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	0	BR			XXX	N							
81425	GENOME SEQUENCE ANALYSIS	0	BR			XXX	N							
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	0	BR			XXX	N							
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	0	BR			XXX	N							
81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	0	BR			XXX	N							
81431	HEARING LOSS DUP/DEL ANALYSIS	0	BR			XXX	N							
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 14 GEN	0	BR			XXX	N							
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	0	BR			XXX	N							
81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	0	BR			XXX	N							
81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	22.25	1323.88	0.00	1323.88	XXX	N							
81436	HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN	22.25	1323.88	0.00	1323.88	XXX	N							

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	0	BR			XXX	N							
81438	HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	0	BR			XXX	N							
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	0	BR			XXX	N							
81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	0	BR			XXX	N							
81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	16.7	993.65	0.00	993.65	XXX	N							
81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	18.11	1077.55	0.00	1077.55	XXX	N							
81455	GEN SEQ ANALYS SOL ORG/HEMTOLMPHOID NEO 51/> GEN	0	BR			XXX	N							
81460	WHOLE MITOCHONDRIAL GENOME	0	BR			XXX	N							
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	0	BR			XXX	N							
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	0	BR			XXX	N							
81471	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	0	BR			XXX	N							
81479	UNLISTED MOLELCULAR PATHOLOGY PROCEDURE	0	BR			XXX	N			BR		XXX	N	
81490	AUTOIMMUNE RHEUMATOID ARTHRTS ANALYS 12 BIOMRKRS	0	BR			XXX	N							
81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	0	BR			XXX	N							
81500	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	0	BR			XXX	N			BR		XXX	N	
81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	0	BR			XXX	N	624.05		BR		XXX	N	
81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	0	BR			XXX	N			0		XXX	N	
81506	ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	0	BR			XXX	N			BR		XXX	N	
81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	0	BR			XXX	N			0		XXX	N	
81508	FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	0	BR			XXX	N	135.69		BR		XXX	N	
81509	FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	0	BR			XXX	N			BR		XXX	N	
81510	FETAL CONGENITAL ABNOR ASSAY THREE ANAL	0	BR			XXX	N	192.68		BR		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
81511	FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	0	BR			XXX	N	168.73		BR		XXX	N	
81512	FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	0	BR			XXX	N	253.35		BR		XXX	N	
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	95.5	5682.25	0.00	5682.25	XXX	N							
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	0	BR			XXX	N							
81528	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	14.21	845.50	0.00	845.50	XXX	N							
81535	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	16.18	962.71	0.00	962.71	XXX	N							
81536	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	4.96	295.12	0.00	295.12	XXX	N							
81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	0	BR			XXX	N							
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	0	BR			XXX	N							
81545	ONCOLOGY THYROID GENE EXPRESSION 142 GENES	0	BR			XXX	N							
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	0	BR			XXX	N							
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	0	BR			XXX	N	302.02		BR		XXX	N	
82009	KETONE BODIES SERUM QUALITATIVE	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
82010	KETONE BODIES SERUM QUANTITATIVE	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
82013	ASSAY OF ACETYLCHOLINESTERASE	0.42	24.99	0.00	24.99	XXX	N			26.78		XXX	N	
82016	ACYLCARNITINES QUALITATIVE EACH SPECIMEN	0.53	31.54	0.00	31.54	XXX	N			33.32		XXX	N	
82017	ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82024	ADRENOCORTICOTROPIC HORMONE ACTH	1.47	87.47	0.00	87.47	XXX	N			92.82		XXX	N	
82030	ADENOSINE 5-MONOPHOSPHATE CYCLIC	0.98	58.31	0.00	58.31	XXX	N			61.88		XXX	N	
82040	ALBUMIN SERUM PLASMA/WHOLE BLOOD	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
82042	ALBUMIN URINE/OTHER SOURCE QUAN EACH SPECIMEN	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
82043	ALBUMIN URINE MICROALBUMIN QUANTIATIVE	0.22	13.09	0.00	13.09	XXX	N			13.69		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
82044	ALBUMIN URINE MICROALBUMIN SEMIQUANTITATIVE	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
82045	ALBUMIN ISCHEMIA MODIFIED	1.29	76.76	0.00	76.76	XXX	N			81.52		XXX	N	
82075	ASSAY OF ALCOHOL BREATH	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
82085	ASSAY OF ALDOLASE	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
82088	ASSAY OF ALDOSTERONE	1.55	92.23	0.00	92.23	XXX	N			98.18		XXX	N	
82103	ALPHA-1-ANTITRYPSIN TOTAL	0.51	30.35	0.00	30.35	XXX	N			32.13		XXX	N	
82104	ALPHA-1-ANTITRYPSIN PHENOTYPE	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
82105	ALPHA-FETOPROTEIN SERUM	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82106	ALPHA-FETOPROTEIN AMNIOTIC FLUID	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82107	AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	2.45	145.78	0.00	145.78	XXX	N			154.7		XXX	N	
82108	ASSAY OF ALUMINUM	0.97	57.72	0.00	57.72	XXX	N			61.29		XXX	N	
82120	AMINES VAGINAL FLUID QUALITATIVE	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
82127	AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	0.53	31.54	0.00	31.54	XXX	N			33.32		XXX	N	
82128	AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	0.53	31.54	0.00	31.54	XXX	N			33.32		XXX	N	
82131	AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82135	AMINOLEVULINIC ACID DELTA	0.63	37.49	0.00	37.49	XXX	N			39.27		XXX	N	
82136	AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82139	AMINO ACIDS 6/> AMINO ACIDS QUANTITATIVE EA SPE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82140	ASSAY OF AMMONIA	0.55	32.73	0.00	32.73	XXX	N			35.11		XXX	N	
82143	AMNIOTIC FLU SCAN	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
82150	ASSAY OF AMYLASE	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
82154	ANDROSTANEDIOL GLUCURONIDE	1.1	65.45	0.00	65.45	XXX	N			69.02		XXX	N	

MEDICAL DATA														
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82157	ANDROSTENEDIONE	1.11	66.05	0.00	66.05	XXX	N			70.21		XXX	N	
82160	ANDROSTERONE	0.95	56.53	0.00	56.53	XXX	N			60.1		XXX	N	
82163	ANGIOTENSIN II	0.78	46.41	0.00	46.41	XXX	N			49.39		XXX	N	
82164	ANGIOTENSIN I-CONVERTING ENZYME	0.56	33.32	0.00	33.32	XXX	N			35.11		XXX	N	
82172	APOLIPOPROTEIN EACH	0.59	35.11	0.00	35.11	XXX	N			37.49		XXX	N	
82175	ASSAY OF ARSENIC	0.72	42.84	0.00	42.84	XXX	N			45.82		XXX	N	
82180	ASSAY OF ASCORBIC ACID BLOOD	0.38	22.61	0.00	22.61	XXX	N			23.8		XXX	N	
82190	ATOMIC ABSRPJ SPECTROSCOPY EA ANALYTE	0.57	33.92	0.00	33.92	XXX	N			35.7		XXX	N	
82232	BETA-2 MICROGLOBULIN	0.62	36.89	0.00	36.89	XXX	N			38.68		XXX	N	
82239	BILE ACIDS TOTAL	0.65	38.68	0.00	38.68	XXX	N			41.06		XXX	N	
82240	BILE ACIDS CHOLYLGLYCINE	1.01	60.10	0.00	60.10	XXX	N			63.67		XXX	N	
82247	BILIRUBIN TOTAL	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
82248	BILIRUBIN DIRECT	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
82252	BILIRUBIN FECES QUALITATIVE	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
82261	BIOTINIDASE EACH SPECIMEN	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	0.12	7.14	0.00	7.14	XXX	N			7.74		XXX	N	
82271	BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	0.12	7.14	0.00	7.14	XXX	N			7.74		XXX	N	
82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	0.12	7.14	0.00	7.14	XXX	N			7.74		XXX	N	
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	0.61	36.30	0.00	36.30	XXX	N			38.08		XXX	N	
82286	BRADYKININ	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
82300	CADMIUM	0.88	52.36	0.00	52.36	XXX	N			55.34		XXX	N	
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	1.13	67.24	0.00	67.24	XXX	N			71.4		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
82308	CALCITONIN	1.02	60.69	0.00	60.69	XXX	N			64.26		XXX	N	
82310	CALCIUM TOTAL	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
82330	CALCIUM IONIZED	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
82331	CALCIUM AFTER CALCIUM INFUSION TEST	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
82340	CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	
82355	CALCULUS QUALITATIVE ANALYSIS	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
82360	CALCULUS QUANTITATIVE CHEMICAL	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
82365	CALCULUS INFRARED SPECTROSCOPY	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
82370	CALCULUS XRAY DIFFRACTION	0.48	28.56	0.00	28.56	XXX	N			30.35		XXX	N	
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
82374	CARBON DIOXIDE BICARBONATE	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
82375	CARBOXYHEMOGLOBIN QUANTITATIVE	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
82376	CARBOXYHEMOGLOBIN QUALITATIVE	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	
82378	CARCINOEMBRYONIC ANTIGEN CEA	0.72	42.84	0.00	42.84	XXX	N			45.82		XXX	N	
82379	CARNITINE QUANTITATIVE EACH SPECIMEN	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82380	CAROTENE	0.35	20.83	0.00	20.83	XXX	N			22.02		XXX	N	
82382	CATECHOLAMINES TOTAL URINE	0.65	38.68	0.00	38.68	XXX	N			41.06		XXX	N	
82383	CATECHOLAMINES BLOOD	0.95	56.53	0.00	56.53	XXX	N			60.1		XXX	N	
82384	CATECHOLAMINES FRACTIONATED	0.96	57.12	0.00	57.12	XXX	N			60.69		XXX	N	
82387	CATHEPSIN-D	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
82390	CERULOPLASMIN	0.41	24.40	0.00	24.40	XXX	N			25.59		XXX	N	
82397	CHEMILUMINESCENT ASSAY	0.54	32.13	0.00	32.13	XXX	N			33.92		XXX	N	

MEDICAL DATA														
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82415	CHLORAMPHENICOL	0.48	28.56	0.00	28.56	XXX	N			30.35		XXX	N	
82435	CHLORIDE BLD	0.17	10.12	0.00	10.12	XXX	N			11.31		XXX	N	
82436	CHLORIDE URINE	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
82438	CHLORIDE OTHER SOURCE	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
82441	CHLORINATED HYDROCARBONS SCREEN	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	
82465	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
82480	CHOLINESTERASE SERUM	0.3	17.85	0.00	17.85	XXX	N			19.04		XXX	N	
82482	CHOLINESTERASE RBC	0.29	17.26	0.00	17.26	XXX	N			18.45		XXX	N	
82485	CHONDROITIN B SULFATE QUANTITATIVE	0.79	47.01	0.00	47.01	XXX	N			49.39		XXX	N	
82495	ASSAY OF CHROMIUM	0.77	45.82	0.00	45.82	XXX	N			48.79		XXX	N	
82507	ASSAY OF CITRATE	1.06	63.07	0.00	63.07	XXX	N			66.64		XXX	N	
82523	COLLAGEN CROSS LINKS ANY METHOD	0.71	42.25	0.00	42.25	XXX	N			45.22		XXX	N	
82525	ASSAY OF COPPER	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
82528	CORTICOSTERONE	0.86	51.17	0.00	51.17	XXX	N			54.15		XXX	N	
82530	CORTISOL FREE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82533	CORTISOL TOTAL	0.62	36.89	0.00	36.89	XXX	N			39.27		XXX	N	
82540	ASSAY OF CREATINE	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
82542	COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
82550	CREATINE KINASE TOTAL	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
82552	CREATINE KINASE ISOENZYMES	0.51	30.35	0.00	30.35	XXX	N			32.13		XXX	N	
82553	CREATINE KINASE MB FRACTION ONLY	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
82554	CREATINE KINASE ISOFORMS	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	

MEDICAL DATA														
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82565	CREATININE BLOOD	0.19	11.31	0.00	11.31	XXX	N			12.5		XXX	N	
82570	CREATININE OTHER SOURCE	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
82575	CREATININE CLEARANCE	0.36	21.42	0.00	21.42	XXX	N			22.61		XXX	N	
82585	ASSAY OF CRYOFIBRN	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
82595	CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
82600	ASSAY OF CYANIDE	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
82607	CYANOCOBALAMIN VITAMIN B-12	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
82608	CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	0.54	32.13	0.00	32.13	XXX	N			34.51		XXX	N	
82610	CYSTATIN C	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
82615	CSTINE&HOMOCSTINE URINE QUALITATIVE	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
82626	DEHYDROEPIANDROSTERONE	0.96	57.12	0.00	57.12	XXX	N			60.69		XXX	N	
82627	DEHYDROEPIANDROSTERONE-SULFATE	0.85	50.58	0.00	50.58	XXX	N			53.55		XXX	N	
82633	DESOXYCORTICOSTERONE 11-	1.18	70.21	0.00	70.21	XXX	N			74.38		XXX	N	
82634	DEOXYCORTISOL 11-	1.11	66.05	0.00	66.05	XXX	N			70.21		XXX	N	
82638	ASSAY OF DIBUCAINE NUMBER	0.47	27.97	0.00	27.97	XXX	N			29.16		XXX	N	
82652	1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	1.46	86.87	0.00	86.87	XXX	N			92.82		XXX	N	
82656	ELASTASE PANCREATIC FECAL QUAL/SEMI-QUAN	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
82657	NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
82658	NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
82664	ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	1.31	77.95	0.00	77.95	XXX	N			82.71		XXX	N	
82668	ASSAY OF ERYTHROPOIETIN	0.71	42.25	0.00	42.25	XXX	N			45.22		XXX	N	
82670	ASSAY OF ESTRADIOL	1.06	63.07	0.00	63.07	XXX	N			67.24		XXX	N	

MEDICAL DATA														
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82671	ASSAY OF ESTROGENS FRACTIONATED	1.23	73.19	0.00	73.19	XXX	N			77.35		XXX	N	
82672	ASSAY OF ESTROGENS TOTAL	0.83	49.39	0.00	49.39	XXX	N			52.36		XXX	N	
82677	ASSAY OF ESTRIOL	0.92	54.74	0.00	54.74	XXX	N			58.31		XXX	N	
82679	ASSAY OF ESTRONE	0.95	56.53	0.00	56.53	XXX	N			60.1		XXX	N	
82693	ASSAY OF ETHYLENE GLYCOL	0.57	33.92	0.00	33.92	XXX	N			35.7		XXX	N	
82696	ASSAY OF ETIOCHOLANOLONE	0.9	53.55	0.00	53.55	XXX	N			56.53		XXX	N	
82705	FAT/LIPIDS FECES QUALITATIVE	0.19	11.31	0.00	11.31	XXX	N			12.5		XXX	N	
82710	FAT/LIPIDS FECES QUANTITATIVE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82715	FAT DIFFIAL FECES QUANTITATIVE	0.65	38.68	0.00	38.68	XXX	N			41.65		XXX	N	
82725	FATTY ACIDS NONESTERIFIED	0.51	30.35	0.00	30.35	XXX	N			32.13		XXX	N	
82726	VERY LONG CHAIN FATTY ACIDS	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
82728	ASSAY OF FERRITIN	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
82731	FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	2.45	145.78	0.00	145.78	XXX	N			154.7		XXX	N	
82735	ASSAY OF FLUORIDE	0.71	42.25	0.00	42.25	XXX	N			44.63		XXX	N	
82746	ASSAY OF FOLIC ACID SERUM	0.56	33.32	0.00	33.32	XXX	N			35.11		XXX	N	
82747	ASSAY OF FOLIC ACID RBC	0.66	39.27	0.00	39.27	XXX	N			41.65		XXX	N	
82757	ASSAY OF FRUCTOSE SEMEN	0.66	39.27	0.00	39.27	XXX	N			41.65		XXX	N	
82759	ASSAY OF GALACTOKINASE RBC	0.82	48.79	0.00	48.79	XXX	N			51.77		XXX	N	
82760	ASSAY OF GALACTOSE	0.43	25.59	0.00	25.59	XXX	N			26.78		XXX	N	
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUAN	0.8	47.60	0.00	47.60	XXX	N			50.58		XXX	N	
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
82777	GALECTIN-3	0.84	49.98	0.00	49.98	XXX	N			30.94		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
82784	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	0.35	20.83	0.00	20.83	XXX	N			22.61		XXX	N	
82785	ASSAY OF GAMMAGLOBULIN IGE	0.63	37.49	0.00	37.49	XXX	N			39.87		XXX	N	
82787	GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	0.3	17.85	0.00	17.85	XXX	N			19.04		XXX	N	
82800	GASES BLOOD PH ONLY	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
82803	BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
82805	GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	1.08	64.26	0.00	64.26	XXX	N			68.43		XXX	N	
82810	GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
82820	HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	0.38	22.61	0.00	22.61	XXX	N			23.8		XXX	N	
82930	GASTRIC ACID ANALYIS W/PH EACH SPECIMEN	0.21	12.50	0.00	12.50	XXX	N			13.09		XXX	N	
82938	GASTRIN AFTER SECRETIN STIMULATION	0.67	39.87	0.00	39.87	XXX	N			42.25		XXX	N	
82941	ASSAY OF GASTRIN	0.67	39.87	0.00	39.87	XXX	N			42.25		XXX	N	
82943	ASSAY OF GLUCAGON	0.54	32.13	0.00	32.13	XXX	N			34.51		XXX	N	
82945	GLUCOSE BODY FLUID OTHER THAN BLOOD	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
82946	GLUCOSE TOLERANCE TEST	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
82948	GLUCOSE BLOOD REAGENT STRIP	0.12	7.14	0.00	7.14	XXX	N			7.74		XXX	N	
82950	GLUCOSE POST GLUCOSE DOSE	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
82952	GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
82955	GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
82960	GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	
82962	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	0.09	5.36	0.00	5.36	XXX	N			5.36		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
82963	ASSAY OF GLUCOSIDASE BETA	0.82	48.79	0.00	48.79	XXX	N			51.77		XXX	N	
82965	ASSAY OF GLUTAMATE DEHYDROGENASE	0.29	17.26	0.00	17.26	XXX	N			18.45		XXX	N	
82977	ASSAY OF GLUTAMYLTRASE GAMMA	0.27	16.07	0.00	16.07	XXX	N			17.26		XXX	N	
82978	ASSAY OF GLUTATHIONE	0.54	32.13	0.00	32.13	XXX	N			34.51		XXX	N	
82979	ASSAY OF GLUTATHIONE REDUCTASE RBC	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
82985	ASSAY OF GLYCATED PROTEIN	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	0.71	42.25	0.00	42.25	XXX	N			44.63		XXX	N	
83002	GONADOTROPIN LUTEINIZING HORMONE	0.7	41.65	0.00	41.65	XXX	N			44.63		XXX	N	
83003	ASSAY OF GROWTH HORMONE HUMAN	0.63	37.49	0.00	37.49	XXX	N			39.87		XXX	N	
83006	GROWTH STIMULATION EXPRESSED GENE 2	0.84	49.98	0.00	49.98	XXX	N							
83009	HPYLORI BLOOD ANAL UREASE ACT NON-RADACT ISOTOPE	2.56	152.32	0.00	152.32	XXX	N			161.84		XXX	N	
83010	ASSAY OF HAPTOGLOBIN QUANTITATIVE	0.48	28.56	0.00	28.56	XXX	N			30.35		XXX	N	
83012	ASSAY OF HAPTOGLOBIN PHENOTYPES	0.65	38.68	0.00	38.68	XXX	N			41.06		XXX	N	
83013	HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	2.56	152.32	0.00	152.32	XXX	N			161.84		XXX	N	
83014	HPYLORI DRUG ADMINISTRATION	0.3	17.85	0.00	17.85	XXX	N			19.04		XXX	N	
83015	HEAVY METAL SCREEN	0.72	42.84	0.00	42.84	XXX	N			45.22		XXX	N	
83018	HEAVY METAL QUANTIATIVE EACH	0.84	49.98	0.00	49.98	XXX	N			52.96		XXX	N	
83020	HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	1.01	60.10	30.94	29.16	XXX	N			66.05	35.11	XXX	N	
83021	HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
83026	HEMOGLOBIN COPPER SULFATE METHOD NON-AUTOMATED	0.09	5.36	0.00	5.36	XXX	N			5.95		XXX	N	
83030	HEMOGLOBIN F FETAL CHEMICAL	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
83033	HEMOGLOBIN F FETAL QUALITATIVE	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
83036	HEMOGLOBIN GLYCOSYLATED A1C	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
83037	HGB GLYCOSYLATED DEVICE CLEARED FDA HOME USE	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
83045	HEMOGLOBIN METHEMOGLOBIN QUALITATIVE	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
83050	HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	0.28	16.66	0.00	16.66	XXX	N			17.85		XXX	N	
83051	ASSAY OF HEMOGLOBIN PLASMA	0.28	16.66	0.00	16.66	XXX	N			17.85		XXX	N	
83060	HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
83065	HEMOGLOBIN THERMOLABILE	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
83068	HEMOGLOBIN UNSTABLE SCREEN	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
83069	ASSAY OF HEMOGLOBIN URINE	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
83070	ASSAY OF HEMOSIDERIN QUALITATIVE	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
83080	ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
83088	ASSAY OF HISTAMINE	1.12	66.64	0.00	66.64	XXX	N			70.81		XXX	N	
83090	ASSAY OF HOMOCYSTEINE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
83150	ASSAY OF HOMOVANILLIC ACID	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
83491	HYDROXYCORTICOSTEROIDS 17	0.67	39.87	0.00	39.87	XXX	N			42.25		XXX	N	
83497	ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83498	ASSAY OF HYDROXYPROGESTERONE 17-D	1.03	61.29	0.00	61.29	XXX	N			65.45		XXX	N	
83499	ASSAY OF HYDROXYPROGESTERONE 20-	0.96	57.12	0.00	57.12	XXX	N			60.69		XXX	N	
83500	ASSAY OF HYDROXYPROLINE FREE	0.86	51.17	0.00	51.17	XXX	N			54.15		XXX	N	
83505	ASSAY OF HYDROXYPROLINE TOTAL	0.93	55.34	0.00	55.34	XXX	N			58.31		XXX	N	
83516	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
83518	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
83519	IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	0.51	30.35	0.00	30.35	XXX	N			32.73		XXX	N	
83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83525	ASSAY OF INSULIN TOTAL	0.43	25.59	0.00	25.59	XXX	N			27.37		XXX	N	
83527	ASSAY OF INSULIN FREE	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83528	ASSAY OF INTRINSIC FACTOR	0.61	36.30	0.00	36.30	XXX	N			38.08		XXX	N	
83540	ASSAY OF IRON	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
83550	IRON BINDING CAPACITY	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
83570	ISOCITRIC DEHYDROGENASE	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
83582	ASSAY OF KETOGENIC STEROIDS FRACTIONATION	0.54	32.13	0.00	32.13	XXX	N			33.92		XXX	N	
83586	ASSAY OF KETOSTEROIDS 17- TOTAL	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83593	KETOSTEROIDS 17- FRACTIONATION	1	59.50	0.00	59.50	XXX	N			63.07		XXX	N	
83605	ASSAY OF LACTATE	0.41	24.40	0.00	24.40	XXX	N			25.59		XXX	N	
83615	LACTATE DEHYDROGENASE LDH	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	
83625	LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83630	LACTOFERRIN FECAL QUALITATIVE	0.75	44.63	0.00	44.63	XXX	N			47.01		XXX	N	
83631	LACTOFERRIN FECAL QUANTITATIVE	0.75	44.63	0.00	44.63	XXX	N			47.01		XXX	N	
83632	LACTOGEN HPL HUMAN CHORIONIC SOMATOMAMMOTROPIN	0.77	45.82	0.00	45.82	XXX	N			48.79		XXX	N	
83633	LACTOSE URINE QUALITATIVE	0.21	12.50	0.00	12.50	XXX	N			13.09		XXX	N	
83655	ASSAY OF LEAD	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
83661	FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	0.84	49.98	0.00	49.98	XXX	N			52.96		XXX	N	
83662	FETAL LUNG MATURITY FOAM STABILITY TEST	0.72	42.84	0.00	42.84	XXX	N			45.22		XXX	N	
83663	FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	0.72	42.84	0.00	42.84	XXX	N			45.22		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
83664	FETAL LUNG MATURITY LAMELLAR BODY DENSITY	0.72	42.84	0.00	42.84	XXX	N			45.22		XXX	N	
83670	LEUCINE AMINOPEPTIDASE LAP	0.35	20.83	0.00	20.83	XXX	N			22.02		XXX	N	
83690	ASSAY OF LIPASE	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
83695	LIPOPROTEIN (A)	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	1.29	76.76	0.00	76.76	XXX	N			81.52		XXX	N	
83700	LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	0.43	25.59	0.00	25.59	XXX	N			26.78		XXX	N	
83701	LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS	0.94	55.93	0.00	55.93	XXX	N			59.5		XXX	N	
83704	LIPOPROTEIN BLOOD QUAN NUMBERS&SUBCLASSES	1.2	71.40	0.00	71.40	XXX	N			75.57		XXX	N	
83718	LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
83719	LIPOPROTEIN DIRECT MEASUREMENT VLDL CHOLESTEROL	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
83721	LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	0.36	21.42	0.00	21.42	XXX	N			23.21		XXX	N	
83727	LUTEINIZING RELEASING FACTOR	0.65	38.68	0.00	38.68	XXX	N			41.06		XXX	N	
83735	ASSAY OF MAGNESIUM	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
83775	ASSAY OF MALATE DEHYDROGENASE	0.28	16.66	0.00	16.66	XXX	N			17.85		XXX	N	
83785	ASSAY OF MANGANESE	0.94	55.93	0.00	55.93	XXX	N			58.91		XXX	N	
83789	MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
83825	ASSAY OF MERCURY QUANTITATIVE	0.62	36.89	0.00	36.89	XXX	N			39.27		XXX	N	
83835	METANEPHRINES	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
83857	METHEMALBUMIN	0.41	24.40	0.00	24.40	XXX	N			25.59		XXX	N	
83861	MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	0.63	37.49	0.00	37.49	XXX	N			39.87		XXX	N	
83864	MUCOPOLYSACCHARIDES ACID QUANTITATIVE	0.76	45.22	0.00	45.22	XXX	N			47.6		XXX	N	
83872	MUCIN SYNOVIAL FLUID ROPES TEST	0.22	13.09	0.00	13.09	XXX	N			14.28		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
83873	MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	0.65	38.68	0.00	38.68	XXX	N			41.65		XXX	N	
83874	MYOGLOBIN	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83876	MYELOPEROXIDASE MPO	1.29	76.76	0.00	76.76	XXX	N			81.52		XXX	N	
83880	NATRIURETIC PEPTIDE	1.29	76.76	0.00	76.76	XXX	N			81.52		XXX	N	
83883	ASSAY OF NEPHELOMETRY EACH ANALYTE NES	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
83885	ASSAY OF NICKEL	0.93	55.34	0.00	55.34	XXX	N			58.91		XXX	N	
83915	ASSAY OF NUCLEOTIDASE 5'-	0.42	24.99	0.00	24.99	XXX	N			26.78		XXX	N	
83916	OLIGOCLONAL IMMUNE	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
83918	ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	0.63	37.49	0.00	37.49	XXX	N			39.27		XXX	N	
83919	ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	0.63	37.49	0.00	37.49	XXX	N			39.27		XXX	N	
83921	ORGANIC ACID 1 QUANTITATIVE	0.63	37.49	0.00	37.49	XXX	N			39.27		XXX	N	
83930	ASSAY OF OSMOLALITY BLOOD	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
83935	ASSAY OF OSMOLALITY URINE	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
83937	ASSAY OF OSTEOCALCIN	1.14	67.83	0.00	67.83	XXX	N			72		XXX	N	
83945	ASSAY OF OXALATE	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83950	ONCOPROTEIN HER-2/NEU	2.45	145.78	0.00	145.78	XXX	N			154.7		XXX	N	
83951	ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	2.45	145.78	0.00	145.78	XXX	N			154.7		XXX	N	
83970	ASSAY OF PARATHORMONE	1.57	93.42	0.00	93.42	XXX	N			99.37		XXX	N	
83986	PH BODY FLUID NOT ELSEWHERE SPECIFIED	0.14	8.33	0.00	8.33	XXX	N			8.33		XXX	N	
83987	PH EXHALED BREATH CONDENSATE	0.6	35.70	0.00	35.70	XXX	N			38.08		XXX	N	
83992	ASSAY OF PHENCYCLIDINE	0.56	33.32	0.00	33.32	XXX	N			35.11		XXX	N	
83993	ASSAY OF CALPROTECTIN FECAL	0.75	44.63	0.00	44.63	XXX	N			47.01		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
84030	ASSAY OF PHENYLALANINE BLOOD	0.21	12.50	0.00	12.50	XXX	N			13.09		XXX	N	
84035	ASSAY OF PHENYLKETONES QUALITATIVE	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
84060	ASSAY OF PHOSPHATASE ACID TOTAL	0.28	16.66	0.00	16.66	XXX	N			17.85		XXX	N	
84061	PHOSPHATASE ACID FORENSIC EXAMINATION	0.3	17.85	0.00	17.85	XXX	N			19.04		XXX	N	
84066	ASSAY OF PHOSPHATASE ACID PROSTATIC	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
84075	ASSAY OF PHOSPHATASE ALKALINE	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
84078	ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	0.28	16.66	0.00	16.66	XXX	N			17.26		XXX	N	
84080	ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	0.56	33.32	0.00	33.32	XXX	N			35.7		XXX	N	
84081	PHOSPHATIDYLGLYCEROL	0.63	37.49	0.00	37.49	XXX	N			39.87		XXX	N	
84085	PHOSPHOGLUCONATE 6-DEHYD RBC	0.26	15.47	0.00	15.47	XXX	N			16.07		XXX	N	
84087	ASSAY OF PHOSPHOHEXOSE ISOMERASE	0.39	23.21	0.00	23.21	XXX	N			24.99		XXX	N	
84100	ASSAY OF PHOSPHORUS INORGANIC	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
84105	ASSAY OF PHOSPHORUS INORGANIC URINE	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
84106	PORPHOBILINOGEN URINE QUALITATIVE	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
84110	ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
84112	EVAL C/V AMNIOTIC FLUID PROTEIN QUAL EA SPECIMEN	2.45	145.78	0.00	145.78	XXX	N			154.7		XXX	N	
84119	PORPHYRINS URINE QUALITATAIVE	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
84120	PORPHYRINS URINE QUANTITATION & FRACTIONATION	0.56	33.32	0.00	33.32	XXX	N			35.11		XXX	N	
84126	PORPHYRINS FECES QUANTITATIVE	0.97	57.72	0.00	57.72	XXX	N			61.29		XXX	N	
84132	POTASSIUM SERUM PLASMA/WHOLE BLOOD	0.17	10.12	0.00	10.12	XXX	N			11.31		XXX	N	
84133	POTASSIUM URINE	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
84134	PREALBUMIN	0.55	32.73	0.00	32.73	XXX	N			35.11		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
84135	PREGNANEDIOL	0.73	43.44	0.00	43.44	XXX	N			45.82		XXX	N	
84138	PREGNANETRIOL	0.72	42.84	0.00	42.84	XXX	N			45.82		XXX	N	
84140	PREGNENOLONE	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
84143	17-HYDROXYPREGNENOLONE	0.87	51.77	0.00	51.77	XXX	N			54.74		XXX	N	
84144	ASSAY OF PROGESTERONE	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
84145	PROCALCITONIN (PCT)	1.02	60.69	0.00	60.69	XXX	N			64.26		XXX	N	
84146	ASSAY OF PROLACTIN	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
84150	ASSAY OF PROSTAGLNDIN EACH	0.95	56.53	0.00	56.53	XXX	N			60.1		XXX	N	
84152	ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	0.7	41.65	0.00	41.65	XXX	N			44.03		XXX	N	
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	0.7	41.65	0.00	41.65	XXX	N			44.03		XXX	N	
84154	ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	0.7	41.65	0.00	41.65	XXX	N			44.03		XXX	N	
84155	PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
84156	PROTEIN TOTAL XCPT REFRACTOMETRY URINE	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
84157	PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
84160	PROTEIN TOTAL REFRACTOMETRY ANY SRC	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
84165	PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	0.93	55.34	30.94	24.40	XXX	N			60.69	35.11	XXX	N	
84166	PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	1.2	71.40	30.94	40.46	XXX	N			77.95	35.11	XXX	N	
84181	PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	1.17	69.62	30.94	38.68	XXX	N			76.16	35.11	XXX	N	
84182	PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	1.2	71.40	30.94	40.46	XXX	N			75.57	32.13	XXX	N	
84202	PROTOPORPHYRIN RBC QUANTITATIVE	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
84203	PROTOPORPHYRIN RBC SCREEN	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
84206	ASSAY OF PROINSULIN	0.68	40.46	0.00	40.46	XXX	N			42.84		XXX	N	
84207	ASSAY OF PYRIDOXAL PHOSPHATE	1.07	63.67	0.00	63.67	XXX	N			67.83		XXX	N	
84210	ASSAY OF PYRUVATE	0.41	24.40	0.00	24.40	XXX	N			26.18		XXX	N	
84220	ASSAY OF PYRUVATE KINASE	0.36	21.42	0.00	21.42	XXX	N			22.61		XXX	N	
84228	ASSAY OF QUININE	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
84233	ASSAY OF RECEPTOR ASSAY ESTROGEN	2.45	145.78	0.00	145.78	XXX	N			154.7		XXX	N	
84234	ASSAY OF RECEPTOR ASSAY PROGESTERONE	2.47	146.97	0.00	146.97	XXX	N			155.89		XXX	N	
84235	RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRGN/PROGST	1.99	118.41	0.00	118.41	XXX	N			125.55		XXX	N	
84238	RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	1.39	82.71	0.00	82.71	XXX	N			88.06		XXX	N	
84244	ASSAY OF RENIN	0.84	49.98	0.00	49.98	XXX	N			52.96		XXX	N	
84252	ASSAY OF RIBOFLAVIN-VITAMIN B-2	0.77	45.82	0.00	45.82	XXX	N			48.79		XXX	N	
84255	ASSAY OF SELENIUM	0.97	57.72	0.00	57.72	XXX	N			61.29		XXX	N	
84260	ASSAY OF SEROTONIN	1.18	70.21	0.00	70.21	XXX	N			74.38		XXX	N	
84270	ASSAY OF SEX HORMONE BINDING GLOBULIN	0.83	49.39	0.00	49.39	XXX	N			52.36		XXX	N	
84275	ASSAY OF SIALIC ACID	0.51	30.35	0.00	30.35	XXX	N			32.13		XXX	N	
84285	ASSAY OF SILICA	0.9	53.55	0.00	53.55	XXX	N			56.53		XXX	N	
84295	SODIUM SERUM PLASMA OR WHOLE BLOOD	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
84300	ASSAY OF URINE SODIUM	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
84302	ASSAY OF SODIUM OTHER SOURCE	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
84305	ASSAY OF SOMATOMEDIN	0.81	48.20	0.00	48.20	XXX	N			51.17		XXX	N	
84307	ASSAY OF SOMATOSTATIN	0.7	41.65	0.00	41.65	XXX	N			44.03		XXX	N	
84311	SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	0.27	16.07	0.00	16.07	XXX	N			16.66		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
84315	SPECIFIC GRAVITY EXCEPT URINE	0.1	5.95	0.00	5.95	XXX	N			5.95		XXX	N	
84375	SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	0.75	44.63	0.00	44.63	XXX	N			47.01		XXX	N	
84376	SUGARS MONO DI&OLIGOS 1 QUALITATAIVE EACH SPEC	0.21	12.50	0.00	12.50	XXX	N			13.09		XXX	N	
84377	SUGARS MONO DI&OLIGOS MLT QUALITATIVE EACH SPE	0.21	12.50	0.00	12.50	XXX	N			13.09		XXX	N	
84378	SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EACH SPEC	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
84379	SUGARS MONO DI&OLIGOS MLT QUANTITATIVE EA SPEC	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
84392	ASSAY OF SULFATE URINE	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
84402	ASSAY OF TESTOSTERONE FREE	0.97	57.72	0.00	57.72	XXX	N			61.29		XXX	N	
84403	ASSAY OF TESTOSTERONE TOTAL	0.98	58.31	0.00	58.31	XXX	N			61.88		XXX	N	
84425	ASSAY OF THIAMINE-VITAMIN B-1	0.81	48.20	0.00	48.20	XXX	N			51.17		XXX	N	
84430	ASSAY OF THIOCYANATE	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
84431	THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
84432	ASSAY OF THYROGLOBULIN	0.61	36.30	0.00	36.30	XXX	N			38.68		XXX	N	
84436	ASSAY OF THYROXINE TOTAL	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
84437	ASSAY OF THYROXINE REQUIRING ELUTION	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
84439	ASSAY OF FREE THYROXINE	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
84442	ASSAY OF THYROXINE BINDING GLOBULIN	0.56	33.32	0.00	33.32	XXX	N			35.7		XXX	N	
84443	ASSAY OF THYROID STIMULATING HORMONE TSH	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
84445	THYROID STIMULATING IMMUNE GLOBULINS TSI	1.93	114.84	0.00	114.84	XXX	N			121.98		XXX	N	
84446	ASSAY OF TOCOPHEROL ALPHA VITAMIN E	0.54	32.13	0.00	32.13	XXX	N			33.92		XXX	N	
84449	ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	0.68	40.46	0.00	40.46	XXX	N			43.44		XXX	N	
84450	TRANSFERASE ASPARTATE AMINO AST SGOT	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
84460	TRANSFERASE ALANINE AMINO ALT SGPT	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
84466	ASSAY OF L7383TRANSFERRIN	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
84478	ASSAY OF TRIGLYCERIDES	0.22	13.09	0.00	13.09	XXX	N			13.69		XXX	N	
84479	THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
84480	ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	0.54	32.13	0.00	32.13	XXX	N			33.92		XXX	N	
84481	ASSAY OF TRIIODOTHYRONINE T3 FREE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
84482	TRIIODOTHYRONINE T3 REVERSE	0.6	35.70	0.00	35.70	XXX	N			38.08		XXX	N	
84484	ASSAY OF TROPONIN QUANTITATIVE	0.37	22.02	0.00	22.02	XXX	N			23.8		XXX	N	
84485	ASSAY OF TRYPSIN DUODENAL FLUID	0.29	17.26	0.00	17.26	XXX	N			17.85		XXX	N	
84488	ASSAY OF TRYPSIN FECES QUALITATIVE	0.28	16.66	0.00	16.66	XXX	N			17.26		XXX	N	
84490	TRYPSIN FECES QUANTITATIVE 24-HR COLLECTION	0.29	17.26	0.00	17.26	XXX	N			18.45		XXX	N	
84510	ASSAY OF TYROSINE	0.4	23.80	0.00	23.80	XXX	N			24.99		XXX	N	
84512	ASSAY OF TROPONIN QUALITATIVE	0.29	17.26	0.00	17.26	XXX	N			18.45		XXX	N	
84520	ASSAY OF UREA NITROGEN QUANTITATIVE	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
84525	ASSAY OF UREA NITROGEN SEMIQUANTITATIVE	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
84540	ASSAY OF UREA NITROGEN URINE	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
84545	UREA NITROGEN CLEARANCE	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
84550	ASSAY OF BLOOD/URIC ACID	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
84560	ASSAY OF URIC ACID OTHER SOURCE	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
84577	ASSAY OF UROBILINOGEN FECES QUANTITATIVE	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
84578	ASSAY OF UROBILINOGEN URINE QUALITATIVE	0.12	7.14	0.00	7.14	XXX	N			7.74		XXX	N	
84580	UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	0.27	16.07	0.00	16.07	XXX	N			17.26		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
84583	ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
84585	ASSAY OF VANILLYLMANDELIC ACID URINE	0.59	35.11	0.00	35.11	XXX	N			37.49		XXX	N	
84586	ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	1.34	79.73	0.00	79.73	XXX	N			85.09		XXX	N	
84588	ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	1.29	76.76	0.00	76.76	XXX	N			81.52		XXX	N	
84590	ASSAY OF VITAMIN A	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
84591	ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
84597	ASSAY OF VITAMIN K	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
84600	ASSAY OF VOLATILES	0.61	36.30	0.00	36.30	XXX	N			38.68		XXX	N	
84620	XYLOSE ABSORPTION TEST BLOOD &/URINE	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
84630	ASSAY OF ZINC	0.43	25.59	0.00	25.59	XXX	N			27.37		XXX	N	
84681	ASSAY OF C-PEPTIDE	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
84702	GONADOTROPIN CHORIONIC QUANTITATIVE	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
84703	GONADOTROPIN CHORIONIC QUALITATIVE	0.29	17.26	0.00	17.26	XXX	N			17.85		XXX	N	
84704	GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
84830	OVULATION TEST VISUAL COLOR COMPARISON HLH	0.38	22.61	0.00	22.61	XXX	N			24.4		XXX	N	
84999	UNLISTED CHEMISTRY PROCEDURE	0	BR			XXX	N			BR	0	XXX	N	
85002	BLEEDING TIME TEST	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
85004	BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
85007	BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	0.13	7.74	0.00	7.74	XXX	N			8.33		XXX	N	
85008	BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	0.13	7.74	0.00	7.74	XXX	N			8.33		XXX	N	
85009	BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
85013	BLOOD COUNT SPUN MICROHEMATOCRIT	0.09	5.36	0.00	5.36	XXX	N			5.95		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
85014	BLOOD COUNT HEMATOCRIT	0.09	5.36	0.00	5.36	XXX	N			5.95		XXX	N	
85018	BLOOD COUNT HEMOGLOBIN	0.09	5.36	0.00	5.36	XXX	N			5.95		XXX	N	
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	0.3	17.85	0.00	17.85	XXX	N			18.45		XXX	N	
85027	BLOOD COUNT COMPLETE AUTOMATED	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
85032	BLOOD COUNT MANUAL CELL COUNT EACH	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
85041	BLOOD COUNT RED BLOOD CELL AUTOMATED	0.11	6.55	0.00	6.55	XXX	N			7.14		XXX	N	
85044	BLOOD COUNT RETICULOCYTE AUTOMATED	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
85045	BLOOD COUNT RETICULOCYTE AUTOMATED	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
85046	BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	0.21	12.50	0.00	12.50	XXX	N			13.69		XXX	N	
85048	BLOOD COUNT LEUKOCYTE WBC AUTOMATED	0.1	5.95	0.00	5.95	XXX	N			5.95		XXX	N	
85049	BLOOD COUNT PLATELET AUTOMATED	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
85055	RETICULATED PLATELET ASSAY	1.02	60.69	0.00	60.69	XXX	N			64.26		XXX	N	
85060	BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	0.71	42.25			XXX	N			42.25		XXX	N	
85097	BONE MARROW SMEAR INTERPRETATION	2.54	151.13			XXX	N	627.41		150.54		XXX	N	49.15
85130	CHROMOGENIC SUBSTRATE ASSAY	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
85170	BLOOD CLOT RETRACTION	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
85175	CLOT LYSIS TIME WHOLE BLOOD DILUTION	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
85210	CLOTTING FACTOR II PROTHROMBIN SPECIFIC	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
85220	CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	0.67	39.87	0.00	39.87	XXX	N			42.25		XXX	N	
85230	CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	0.68	40.46	0.00	40.46	XXX	N			42.84		XXX	N	
85240	CLOTTING FACTOR VIII AHG 1 STAGE	0.68	40.46	0.00	40.46	XXX	N			42.84		XXX	N	
85244	CLOTTING FACTOR VIII RELATED ANTIGEN	0.78	46.41	0.00	46.41	XXX	N			48.79		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
85245	CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACT	0.87	51.77	0.00	51.77	XXX	N			55.34		XXX	N	
85246	CLOTTING FACTOR VIII VW FACTOR ANTIGEN	0.87	51.77	0.00	51.77	XXX	N			55.34		XXX	N	
85247	CLOTTING FACTOR VIII MULTIMETRIC ANALYSIS	0.87	51.77	0.00	51.77	XXX	N			55.34		XXX	N	
85250	CLOTTING FACTOR IX PTC/CHRISTMAS	0.72	42.84	0.00	42.84	XXX	N			45.82		XXX	N	
85260	CLOTTING FACTOR X STUART-PROWER	0.68	40.46	0.00	40.46	XXX	N			42.84		XXX	N	
85270	CLOTTING FACTOR XI PTA	0.68	40.46	0.00	40.46	XXX	N			42.84		XXX	N	
85280	CLOTTING FACTOR XII HAGEMAN	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
85290	CLOTTING FACTOR XIII FIBRIN STABILIZING	0.62	36.89	0.00	36.89	XXX	N			39.27		XXX	N	
85291	CLOTTING FACTOR XIII FIBRN STABILIZ SCREEN SOLUB	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
85292	CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	0.72	42.84	0.00	42.84	XXX	N			45.82		XXX	N	
85293	CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	0.72	42.84	0.00	42.84	XXX	N			45.82		XXX	N	
85300	CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
85301	CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	0.41	24.40	0.00	24.40	XXX	N			26.18		XXX	N	
85302	CLOTTING INHIBITORS PROTEIN C ANTIGEN	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
85303	CLOTTING INHIBITORS PROTEIN C ACTIVITY	0.53	31.54	0.00	31.54	XXX	N			33.32		XXX	N	
85305	CLOTTING INHIBITORS PROTEIN S TOTAL	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
85306	CLOTTING INHIBITORS PROTEIN S FREE	0.58	34.51	0.00	34.51	XXX	N			36.89		XXX	N	
85307	ACTIVATED PROTEIN C APC RESISTANCE ASSAY	0.58	34.51	0.00	34.51	XXX	N			36.89		XXX	N	
85335	FACTOR INHIBITOR TEST	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
85337	THROMBOMODULIN	0.4	23.80	0.00	23.80	XXX	N			24.99		XXX	N	
85345	COAGULATION TIME LEE AND WHITE	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
85347	COAGULATION TIME ACTIVATED	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
85348	COAGULATION TIME OTHER METHODS	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
85360	EUGLOBULIN LYSIS	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
85362	FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
85366	FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
85370	FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE	0.43	25.59	0.00	25.59	XXX	N			27.37		XXX	N	
85378	FIBRIN DGRADJ PRODUCTS D-DIMER QUAL/SEMIQUAN	0.27	16.07	0.00	16.07	XXX	N			17.26		XXX	N	
85379	FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	0.39	23.21	0.00	23.21	XXX	N			24.4		XXX	N	
85380	FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE	0.39	23.21	0.00	23.21	XXX	N			24.4		XXX	N	
85384	FIBRINOGEN ACTIVITY	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
85385	FIBRINOGEN ANTIGEN	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
85390	FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	0.72	42.84	30.94	11.90	XXX	N			47.6	35.11	XXX	N	
85396	COAGJ/FBRNLYS ASSAY WHOLE BLOOD ADDITIVE PER DAY	0.59	35.11			XXX	N			35.11		XXX	N	
85397	COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	0.87	51.77	0.00	51.77	XXX	N			55.34		XXX	N	
85400	FIBRINOLYTIC FACTORS & INHIBITORS PLASMIN	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
85410	FBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	0.29	17.26	0.00	17.26	XXX	N			18.45		XXX	N	
85415	FBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	0.65	38.68	0.00	38.68	XXX	N			41.06		XXX	N	
85420	FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
85421	FBRNLYC FACTORS&INHIBITORS PLSMNG AGIC ASSAY	0.39	23.21	0.00	23.21	XXX	N			24.4		XXX	N	
85441	HEINZ BODIES DIRECT	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
85445	HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
85460	HGB/RBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	0.29	17.26	0.00	17.26	XXX	N			18.45		XXX	N	
85461	HGB/RBCS FETAL FETOMATERNAL HEMRRG ROSETTE	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
85475	HEMOLYSIN ACID	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
85520	HEPARIN ASSAY	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
85525	HEPARIN NEUTRALIZATION	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
85530	HEPARIN-PROTAMINE TOLERANCE TST	0.54	32.13	0.00	32.13	XXX	N			33.92		XXX	N	
85536	IRON STAIN PERIPHERAL BLOOD	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
85540	WBC ALKALINE PHOSPHATASE COUNT	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
85547	MECHANICAL FRAGILITY RBC	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
85549	MURAMIDASE	0.71	42.25	0.00	42.25	XXX	N			45.22		XXX	N	
85555	OSMOTIC FRAGILITY RBC UNINCUBATED	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
85557	OSMOTIC FRAGILITY RBC INCUBATED	0.51	30.35	0.00	30.35	XXX	N			32.13		XXX	N	
85576	PLATELET AGGREGATION IN VITRO EACH AGENT	1.34	79.73	30.94	48.79	XXX	N			86.87	35.11	XXX	N	
85597	PHOSPHOLIPID NEUTRALIZATION PLATELET	0.68	40.46	0.00	40.46	XXX	N			43.44		XXX	N	
85598	PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	0.68	40.46	0.00	40.46	XXX	N			43.44		XXX	N	
85610	PROTHROMBIN TIME	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
85611	PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
85612	RUSSELL VIPER VENON TIME UNDILUTED	0.36	21.42	0.00	21.42	XXX	N			23.21		XXX	N	
85613	RUSSELL VIPER VENOM TIME DILUTED	0.36	21.42	0.00	21.42	XXX	N			23.21		XXX	N	
85635	REPTILASE TEST	0.37	22.02	0.00	22.02	XXX	N			23.8		XXX	N	
85651	SEDIMENTATION RATE RBC NON-AUTOMATED	0.13	7.74	0.00	7.74	XXX	N			8.33		XXX	N	
85652	SEDIMENTATION RATE RBC AUTOMATED	0.1	5.95	0.00	5.95	XXX	N			6.55		XXX	N	
85660	SICKLING RBC REDUCTION	0.21	12.50	0.00	12.50	XXX	N			13.09		XXX	N	
85670	THROMBIN TIME PLASMA	0.22	13.09	0.00	13.09	XXX	N			13.69		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
85675	THROMBIN TIME TITER	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
85705	THROMBOPLASTIN INHIBITION TISSUE	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
85730	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	
85732	THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
85810	VISCOSITY	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
85999	UNLISTED HEMATOLOGY & COAGULATION PROCEDURE	0	BR			XXX	N			BR	0	XXX	N	
86000	AGGLUTININS FEBRILE EACH ANTIGEN	0.27	16.07	0.00	16.07	XXX	N			16.66		XXX	N	
86001	ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
86003	ALLERGEN SPECIFIC IGE QUAN/SEMIQUAN EA ALLERGEN	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
86005	ALLERGEN SPECIFIC IGE QUAL MULTIALLERGEN SCREEN	0.3	17.85	0.00	17.85	XXX	N			19.04		XXX	N	
86021	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
86022	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	0.7	41.65	0.00	41.65	XXX	N			44.03		XXX	N	
86023	ANTIBODY IDENTIFICATION PLATELET IMMUNOGL ASSAY	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
86038	ANTINUCLEAR ANTIBODIES ANA	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
86039	ANTINUCLEAR ANTIBODIES ANA TITER	0.42	24.99	0.00	24.99	XXX	N			26.78		XXX	N	
86060	ANTISTREPTOLYSIN O TITER	0.28	16.66	0.00	16.66	XXX	N			17.26		XXX	N	
86063	ANTISTREPTOLYSIN O SCREEN	0.22	13.09	0.00	13.09	XXX	N			13.69		XXX	N	
86077	BLD BANK PHYS SVCS DIFFC CROSS MATCH&/EVAL REP	1.6	95.20			XXX	N	43.46		93.42		XXX	N	16.39
86078	BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	1.59	94.61			XXX	N	145.56		94.01		XXX	N	30.22
86079	BLD BANK PHYS SVCS AUTHJ DEVIJ STANDARD REPRT	1.57	93.42			XXX	N	145.56		93.42		XXX	N	30.22
86140	C-REACTIVE PROTEIN	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
86141	C-REACTIVE PROTEIN HIGH SENSITIVITY	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86146	BETA 2 GLYCOPROTEIN I ANTIBODY EACH	0.97	57.72	0.00	57.72	XXX	N			61.29		XXX	N	
86147	CARDIOLIPIN ANTIBODY EACH IG CLASS	0.97	57.72	0.00	57.72	XXX	N			61.29		XXX	N	
86148	ANTI-PHOSPHATIDYLSERINE ANTIBODY	0.61	36.30	0.00	36.30	XXX	N			38.68		XXX	N	
86152	CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	9.35	556.33	0.00	556.33	XXX	N			BR		XXX	N	16.39
86153	CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP	0	0.00	57.72	0.00	XXX	N			0	58.91	XXX	N	16.39
86155	CHEMOTAXIS ASSAY SPECIFY METHOD	0.61	36.30	0.00	36.30	XXX	N			38.68		XXX	N	
86156	COLD AGGLUTININ SCREEN	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
86157	COLD AGGLUTININ TITER	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
86160	COMPLEMENT ANTIGEN EACH COMPONENT	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
86161	COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
86162	COMPLEMENT TOTAL HEMOLYTIC	0.77	45.82	0.00	45.82	XXX	N			48.79		XXX	N	
86171	COMPLEMENT FIXATION TESTS EACH ANTIGEN	0.38	22.61	0.00	22.61	XXX	N			23.8		XXX	N	
86185	CNTERIMMUNOELECTROPHORESIS EACH ANTIGEN	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
86200	CYCLIC CITRULLINATED PEPTIDE ANTIBODY	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86215	DEOXYRIBONUCLEASE ANTIBODY	0.5	29.75	0.00	29.75	XXX	N			32.13		XXX	N	
86225	DNA ANTIBODY NATIVE/DOUBLE STRANDED	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
86226	DNA ANTIBODY SINGLE STRANDED	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
86235	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	0.68	40.46	0.00	40.46	XXX	N			42.84		XXX	N	
86243	FC RECEPTOR	0.78	46.41	0.00	46.41	XXX	N			49.39		XXX	N	
86255	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	0.98	58.31	30.94	27.37	XXX	N			64.26	35.11	XXX	N	
86256	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	0.98	58.31	30.94	27.37	XXX	N			62.48	33.32	XXX	N	
86277	GROWTH HORMONE HUMAN ANTIBODY	0.6	35.70	0.00	35.70	XXX	N			38.08		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86280	HEMAGGLUTINATION INHIBITION TEST HAI	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
86294	IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE	0.75	44.63	0.00	44.63	XXX	N			47.01		XXX	N	
86300	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
86301	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
86304	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
86308	HETEROPHILE ANTIBODIES SCREEN	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
86309	HETEROPHILE ANTIBODIES TITER	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
86310	HETEROPHILE ANTIBODIES TITER AFTER ABSORPTION	0.28	16.66	0.00	16.66	XXX	N			17.85		XXX	N	
86316	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
86317	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
86318	IMMUNOASSAY NFCT AGT ANTB QUAL/SEMIQUAN 1 STEP	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86320	IMMUNOELECTROPHORESIS SERUM	1.37	81.52	30.94	50.58	XXX	N			86.28	32.13	XXX	N	
86325	IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	1.37	81.52	30.94	50.58	XXX	N			86.28	32.73	XXX	N	
86327	IMMUNOELECTROPHORESIS CROSSED	1.45	86.28	35.11	51.17	XXX	N			94.61	39.87	XXX	N	
86329	IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	0.53	31.54	0.00	31.54	XXX	N			33.92		XXX	N	
86331	IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
86332	IMMUNE COMPLEX ASSAY	0.93	55.34	0.00	55.34	XXX	N			58.31		XXX	N	
86334	IMMUNOFIXJ ELECTROPHORESIS SERUM	1.37	81.52	30.94	50.58	XXX	N			88.06	34.51	XXX	N	
86335	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	1.64	97.58	30.94	66.64	XXX	N			105.91	35.11	XXX	N	
86336	INHIBIN A	0.59	35.11	0.00	35.11	XXX	N			37.49		XXX	N	
86337	INSULIN ANTIBODIES	0.81	48.20	0.00	48.20	XXX	N			51.77		XXX	N	

MEDICAL DATA														
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86340	INTRINSIC FACTOR ANTIBODIES	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
86341	ISLET CELL ANTIBODY	0.75	44.63	0.00	44.63	XXX	N			47.6		XXX	N	
86343	LEUKOCYTE HISTAMINE RELEASE TEST LHR	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
86344	LEUKOCYTE PHAGOCYTOSIS	0.3	17.85	0.00	17.85	XXX	N			19.04		XXX	N	
86352	CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	5.17	307.62	0.00	307.62	XXX	N			326.66		XXX	N	
86353	LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	1.87	111.27	0.00	111.27	XXX	N			117.81		XXX	N	
86355	B CELLS TOTAL COUNT	1.44	85.68	0.00	85.68	XXX	N			90.44		XXX	N	
86356	MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	1.02	60.69	0.00	60.69	XXX	N			64.26		XXX	N	
86357	NATURAL KILLER CELLS TOTAL COUNT	1.44	85.68	0.00	85.68	XXX	N			90.44		XXX	N	
86359	T CELLS TOTAL COUNT	1.44	85.68	0.00	85.68	XXX	N			90.44		XXX	N	
86360	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	1.79	106.51	0.00	106.51	XXX	N			113.05		XXX	N	
86361	T CELLS ABSOLUTE CD4 COUNT	1.02	60.69	0.00	60.69	XXX	N			64.26		XXX	N	
86367	STEM CELLS TOTAL COUNT	1.44	85.68	0.00	85.68	XXX	N			90.44		XXX	N	
86376	MICROSOMAL ANTIBODIES EACH	0.55	32.73	0.00	32.73	XXX	N			35.11		XXX	N	
86378	MIGRATION INHIBITORY FACTOR TEST MIF	0.75	44.63	0.00	44.63	XXX	N			47.6		XXX	N	
86382	NEUTRALIZATION TEST VIRAL	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
86384	NITROBLUE TETRAZOLIUM DYE TEST NTD	0.43	25.59	0.00	25.59	XXX	N			27.37		XXX	N	
86386	NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	0.61	36.30	0.00	36.30	XXX	N			38.68		XXX	N	
86403	PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	0.39	23.21	0.00	23.21	XXX	N			24.4		XXX	N	
86406	PARTICLE AGGLUTINATION TITER EACH ANTIBODY	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
86430	RHEUMATOID FACTOR QUALITATIVE	0.22	13.09	0.00	13.09	XXX	N			13.69		XXX	N	
86431	RHEUMATOID FACTOR QUANTITATIVE	0.22	13.09	0.00	13.09	XXX	N			13.69		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	2.36	140.42	0.00	140.42	XXX	N			148.75		XXX	N	
86481	TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	2.85	169.58	0.00	169.58	XXX	N			180.29		XXX	N	
86485	SKIN TEST CANDIDA	0.54	32.13	0.00	32.13	XXX	N	43.46		23.8		XXX	N	8.8
86486	SKIN TEST UNLISTED ANTIGEN EACH	0.14	8.33	0.00	8.33	XXX	N	18.08		10.12		XXX	N	8.8
86490	SKIN TEST COCCIDIOIDOMYCOSIS	1.97	117.22	0.00	117.22	XXX	N	79.66		8.93		XXX	N	8.8
86510	SKIN TEST HISTOPLASMOSIS	0.17	10.12	0.00	10.12	XXX	N	79.66		11.31		XXX	N	8.8
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	0.22	13.09	0.00	13.09	XXX	N	18.08		14.28		XXX	N	8.8
86590	STREPTOKINASE ANTIBODY	0.42	24.99	0.00	24.99	XXX	N			26.78		XXX	N	
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
86593	SYPHILIS TEST QUANTITATIVE	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
86602	ANTIBODY ACTINOMYCES	0.39	23.21	0.00	23.21	XXX	N			24.4		XXX	N	
86603	ANTIBODY ADENOVIRUS	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86606	ANTIBODY ASPERGILLUS	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
86609	ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86611	ANTIBODY BARTONELLA	0.39	23.21	0.00	23.21	XXX	N			24.4		XXX	N	
86612	ANTIBODY BLASTOMYCES	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86615	ANTIBODY BORDETELLA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86617	ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	0.59	35.11	0.00	35.11	XXX	N			37.49		XXX	N	
86618	ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	0.65	38.68	0.00	38.68	XXX	N			41.06		XXX	N	
86619	ANTIBODY BORRELIA RELAPSING FEVER	0.51	30.35	0.00	30.35	XXX	N			32.13		XXX	N	
86622	ANTIBODY BRUCELLA	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
86625	ANTIBODY CAMPYLOBACTER	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86628	ANTIBODY CANDIDA	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
86631	ANTIBODY CHLAMYDIA	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
86632	ANTIBODY CHLAMYDIA IGM	0.48	28.56	0.00	28.56	XXX	N			30.35		XXX	N	
86635	ANTIBODY COCCIDIOIDES	0.44	26.18	0.00	26.18	XXX	N			27.37		XXX	N	
86638	ANTIBODY COXIELLA BURNETII Q FEVER	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
86641	ANTIBODY CRYPTOCOCCUS	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
86644	ANTIBODY CYTOMEGALOVIRUS CMV	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
86645	ANTIBODY CYTOMEGALOVIRUS CMV IGM	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
86648	ANTIBODY DIPHTHERIA	0.58	34.51	0.00	34.51	XXX	N			36.3		XXX	N	
86651	ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86652	ANTIBODY ENCEPHALITIS EASTERN EQUINE	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86653	ANTIBODY ENCEPHALITIS ST. LOUIS	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86654	ANTIBODY ENCEPHALITIS WESTRN EQUINE	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86658	ANTIBODY ENTEROVIRUS	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86663	ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86664	ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	0.58	34.51	0.00	34.51	XXX	N			36.89		XXX	N	
86665	ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
86666	ANTIBODY EHRLICHIA	0.39	23.21	0.00	23.21	XXX	N			24.4		XXX	N	
86668	ANTIBODY FRANCISELLA TULARENSIS	0.4	23.80	0.00	23.80	XXX	N			24.99		XXX	N	
86671	ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
86674	ANTIBODY GIARDIA LAMBLIA	0.56	33.32	0.00	33.32	XXX	N			35.11		XXX	N	
86677	ANTIBODY HELICOBACTER PYLORI	0.55	32.73	0.00	32.73	XXX	N			35.11		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86682	ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	0.49	29.16	0.00	29.16	XXX	N			31.54		XXX	N	
86684	ANTIBODY HAEMOPHILUS INFLUENZA	0.6	35.70	0.00	35.70	XXX	N			38.08		XXX	N	
86687	ANTIBODY HTLV-I	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
86688	ANTIBODY HTLV-II	0.53	31.54	0.00	31.54	XXX	N			33.92		XXX	N	
86689	ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
86692	ANTIBODY HEP DELTA AGENT	0.65	38.68	0.00	38.68	XXX	N			41.06		XXX	N	
86694	ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
86695	ANTIBODY HERPES SMPLX TYPE 1	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86696	ANTIBODY HERPES SMPLX TYPE 2	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
86698	ANTIBODY HISTOPLASMA	0.48	28.56	0.00	28.56	XXX	N			29.75		XXX	N	
86701	ANTIBODY HIV-1	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
86702	ANTIBODY HIV-2	0.51	30.35	0.00	30.35	XXX	N			32.73		XXX	N	
86703	ANTIBODY HIV-1&HIV-2 SINGLE RESULT	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
86705	HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
86706	HEPATITIS B SURF ANTIBODY HBSAB	0.41	24.40	0.00	24.40	XXX	N			25.59		XXX	N	
86707	HEPATITIS BE ANTIBODY HBEAB	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
86708	HEPATITIS A ANTIBODY HAAB	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
86709	HEPATITIS ANTIBODY HAAB IGM ANTIBODY	0.43	25.59	0.00	25.59	XXX	N			26.78		XXX	N	
86710	ANTIBODY INFLUENZA VIRUS	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
86711	ANTIBODY JOHN CUNNINGHAM VIRUS	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
86713	ANTIBODY LEGIONELLA	0.58	34.51	0.00	34.51	XXX	N			36.89		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86717	ANTIBODY LEISHMANIA	0.47	27.97	0.00	27.97	XXX	N			29.16		XXX	N	
86720	ANTIBODY LEPTOSPIRA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86723	ANTIBODY LISTERIA MONOCYTOGENES	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86727	ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86729	ANTIBODY LYMPHOGRANULOMA VENEREUM	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
86732	ANTIBODY MUCORMYCOSIS	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86735	ANTIBODY MUMPS	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86738	ANTIBODY MYCOPLSM	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86741	ANTIBODY NEISSERIA MENINGITIDIS	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86744	ANTIBODY NOCARDIA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86747	ANTIBODY PARVOVIRUS	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
86750	ANTIBODY PLASMODIUM MALARIA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86753	ANTIBODY PROTOZOA NES	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
86756	ANTIBODY RESPIRATORY SYNCTIAL VIRUS	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86757	ANTIBODY RICKETTSIA	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
86759	ANTIBODY ROTAVIRUS	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86762	ANTIBODY RUBELLA	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
86765	ANTIBODY RUBEOLA	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86768	ANTIBODY SALMONELLA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86771	ANTIBODY SHIGELLA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86774	ANTIBODY TETANUS	0.56	33.32	0.00	33.32	XXX	N			35.7		XXX	N	
86777	ANTIBODY TOXOPLASMA	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86778	ANTIBODY TOXOPLASMA IGM	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
86780	ANTIBODY TREPONEMA PALLIDUM	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86784	ANTIBODY TRICHINELLA	0.48	28.56	0.00	28.56	XXX	N			30.35		XXX	N	
86787	ANTIBODY VARICELLA-ZOSTER	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86788	ANTIBODY WEST NILE VIRUS IGM	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
86789	ANTIBODY WEST NILE VIRUS	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
86790	ANTIBODY VIRUS NOT ELSEWHERE SPECIFIFED	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86793	ANTIBODY YERSINIA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86800	THYROGLOBULIN ANTIBODY	0.61	36.30	0.00	36.30	XXX	N			38.08		XXX	N	
86803	HEPATITIS C ANTIBODY	0.54	32.13	0.00	32.13	XXX	N			34.51		XXX	N	
86804	HEPATITIS C ANTIBODY CONFIRMATORY TEST	0.59	35.11	0.00	35.11	XXX	N			37.49		XXX	N	
86805	LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ	1.99	118.41	0.00	118.41	XXX	N			125.55		XXX	N	
86806	LMPHOCYTOTOXICITY ASSAY VIS CROSSMTCH W/O TITRAT	1.81	107.70	0.00	107.70	XXX	N			114.24		XXX	N	
86807	SERUM SCREENING % REACTIVE ANTIBODY STANDRD METH	1.51	89.85	0.00	89.85	XXX	N			95.2		XXX	N	
86808	SERUM SCREENING % REACTIVE ANTIBODY QUICK METH	1.13	67.24	0.00	67.24	XXX	N			71.4		XXX	N	
86812	HLA TYPING A/B/C SINGLE ANTIGEN	0.98	58.31	0.00	58.31	XXX	N			61.88		XXX	N	
86813	HLA TYPING A/B/C MULTIPLE ANTIGENS	2.21	131.50	0.00	131.50	XXX	N			139.23		XXX	N	
86816	HLA TYPING DR/DQ SINGLE ANTIGEN	1.06	63.07	0.00	63.07	XXX	N			67.24		XXX	N	
86817	HLA TYPING DR/DQ MULTIPLE ANTIGENS	2.45	145.78	0.00	145.78	XXX	N			154.7		XXX	N	
86821	HLA TYPING LYMPHOCYTE CULTURE MIXED	2.15	127.93	0.00	127.93	XXX	N			135.66		XXX	N	
86822	HLA TYPING LYMPHOCYTE CULTURE PRIMED	1.39	82.71	0.00	82.71	XXX	N			88.06		XXX	N	
86825	HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION	3.06	182.07	0.00	182.07	XXX	N			192.78		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86826	HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION	1.02	60.69	0.00	60.69	XXX	N			64.26		XXX	N	
86828	ANTIBODY HLA CLASS I & CLASS II ANTIGENS QUAL	1.51	89.85	0.00	89.85	XXX	N			95.2		XXX	N	
86829	ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL	1.13	67.24	0.00	67.24	XXX	N			71.4		XXX	N	
86830	ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE	3.07	182.67	0.00	182.67	XXX	N			193.97		XXX	N	
86831	ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL	2.63	156.49	0.00	156.49	XXX	N			166.6		XXX	N	
86832	ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	4.83	287.39	0.00	287.39	XXX	N			305.24		XXX	N	
86833	ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	4.39	261.21	0.00	261.21	XXX	N			277.27		XXX	N	
86834	ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL	13.6	809.20	0.00	809.20	XXX	N			859.78		XXX	N	
86835	ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	12.29	731.26	0.00	731.26	XXX	N			776.48		XXX	N	
86849	UNLISTED IMMUNOLOGY	0	BR			XXX	N			BR	0	XXX	N	
86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	0.15	8.93	0.00	8.93	XXX	N	68.01		29.75		XXX	N	23.17
86860	ANTIBODY ELUTION RBC EACH ELUTION	0.85	50.58	0.00	50.58	XXX	N	146.73		38.08		XXX	N	32.24
86870	ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	1.17	69.62	0.00	69.62	XXX	N	298.26		52.36		XXX	N	44.25
86880	ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	0.2	11.90	0.00	11.90	XXX	N	79.66		13.09		XXX	N	12.48
86885	ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	0.22	13.09	0.00	13.09	XXX	N	146.73		13.69		XXX	N	12.48
86886	ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	0.2	11.90	0.00	11.90	XXX	N	145.56		12.5		XXX	N	12.48
86890	AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	2.69	160.06	0.00	160.06	XXX	N	298.26		120.19		XXX	N	44.25
86891	AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	3.79	225.51	0.00	225.51	XXX	N	627.41		170.17		XXX	N	23.17
86900	BLOOD TYPING SEROLOGIC ABO	0.11	6.55	0.00	6.55	XXX	N	79.66		7.14		XXX	N	12.48
86901	BLOOD TYPING SEROLOGIC RH (D)	0.11	6.55	0.00	6.55	XXX	N	43.46		7.14		XXX	N	12.48
86902	BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	0.15	8.93	0.00	8.93	XXX	N	146.73		8.93		XXX	N	23.17
86904	BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT	0.36	21.42	0.00	21.42	XXX	N	43.46		22.61		XXX	N	23.17

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86905	BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	0.15	8.93	0.00	8.93	XXX	N	146.73		8.93		XXX	N	23.17
86906	BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	0.29	17.26	0.00	17.26	XXX	N	43.46		18.45		XXX	N	23.17
86910	BLOOD TYPING PATERNITY PR INDIV ABO RH&MN	0.7	41.65	0.00	41.65	XXX	N			30.94		XXX	N	
86911	BLOOD TYPING PATERNITY INDIV ADDL ANTIGEN SYS	0.6	35.70	0.00	35.70	XXX	N			26.78		XXX	N	
86920	COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	0.95	56.53	0.00	56.53	XXX	N	146.73		42.25		XXX	N	23.17
86921	COMPATIBILITY EACH UNIT INCUBATION	0.85	50.58	0.00	50.58	XXX	N	146.73		38.08		XXX	N	23.17
86922	COMPATIBILITY EACH UNIT ANTIGLOBULIN	1.01	60.10	0.00	60.10	XXX	N	146.73		45.22		XXX	N	32.24
86923	COMPATIBILITY EACH UNIT ELECTRONIC	0.76	45.22	0.00	45.22	XXX	N	146.73		33.92		XXX	N	23.17
86927	FRESH FROZEN PLASMA THAWING EACH UNIT	0.54	32.13	0.00	32.13	XXX	N	298.26		23.8		XXX	N	23.17
86930	FROZEN BLOOD EACH UNIT FREEZING	3.16	188.02	0.00	188.02	XXX	N	146.73		141.61		XXX	N	44.25
86931	FROZEN BLOOD EACH UNIT THAWING	2.37	141.02	0.00	141.02	XXX	N	298.26		106.51		XXX	N	44.25
86932	FROZEN BLOOD EACH UNIT FREEZING & THAWING	2.69	160.06	0.00	160.06	XXX	N	43.46		120.19		XXX	N	44.25
86940	HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
86941	HEMOLYSINS&AGGLUTININS INCUBATED	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
86945	IRRADIATION BLOOD PRODUCT EACH UNIT	0.79	47.01	0.00	47.01	XXX	N	43.46		35.7		XXX	N	23.17
86950	LEUKOCYTE TRANSFUSION	2.05	121.98	0.00	121.98	XXX	N	146.73		92.23		XXX	N	23.17
86960	VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	0.88	52.36	0.00	52.36	XXX	N	146.73		39.87		XXX	N	23.17
86965	POOLING PLATELETS/OTHER BLOOD PRODUCTS	0.88	52.36	0.00	52.36	XXX	N	146.73		39.87		XXX	N	32.24
86970	PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	0.79	47.01	0.00	47.01	XXX	N	43.46		35.7		XXX	N	23.17
86971	PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	0.63	37.49	0.00	37.49	XXX	N	146.73		28.56		XXX	N	23.17
86972	PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	1.11	66.05	0.00	66.05	XXX	N	146.73		49.39		XXX	N	23.17
86975	PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	0.85	50.58	0.00	50.58	XXX	N	43.46		38.08		XXX	N	44.25

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86976	PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	0.95	56.53	0.00	56.53	XXX	N	43.46		42.25		XXX	N	23.17
86977	PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	0.95	56.53	0.00	56.53	XXX	N	146.73		42.25		XXX	N	44.25
86978	PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	0.95	56.53	0.00	56.53	XXX	N	18.08		42.25		XXX	N	32.24
86985	SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	0.7	41.65	0.00	41.65	XXX	N	145.56		30.94		XXX	N	23.17
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	0	BR			XXX	N	18.08		BR	0	XXX	N	23.17
87003	ANIMAL INOCULATION SMALL ANIMAL W/OBS&DSJ	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
87015	CONCENTRATION INFECTIOUS AGENTS	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
87040	CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	0.39	23.21	0.00	23.21	XXX	N			24.99		XXX	N	
87045	CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	0.36	21.42	0.00	21.42	XXX	N			22.61		XXX	N	
87046	CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	0.36	21.42	0.00	21.42	XXX	N			22.61		XXX	N	
87070	CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
87071	CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	0.36	21.42	0.00	21.42	XXX	N			22.61		XXX	N	
87073	CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	0.36	21.42	0.00	21.42	XXX	N			22.61		XXX	N	
87075	CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	0.36	21.42	0.00	21.42	XXX	N			22.61		XXX	N	
87076	CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
87077	CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
87081	CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMJ	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
87084	CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
87086	CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
87088	CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
87101	CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	0.29	17.26	0.00	17.26	XXX	N			18.45		XXX	N	
87102	CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87103	CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
87106	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	0.39	23.21	0.00	23.21	XXX	N			24.99		XXX	N	
87107	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	0.39	23.21	0.00	23.21	XXX	N			24.99		XXX	N	
87109	CULTURE MYCOPLASMA ANY SOURCE	0.59	35.11	0.00	35.11	XXX	N			36.89		XXX	N	
87110	CULTURE CHLAMYDIA ANY SOURCE	0.75	44.63	0.00	44.63	XXX	N			47.01		XXX	N	
87116	CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	0.41	24.40	0.00	24.40	XXX	N			26.18		XXX	N	
87118	CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	0.42	24.99	0.00	24.99	XXX	N			26.18		XXX	N	
87140	CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	0.21	12.50	0.00	12.50	XXX	N			13.69		XXX	N	
87143	CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY	0.48	28.56	0.00	28.56	XXX	N			30.35		XXX	N	
87147	CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
87149	CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87150	CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87152	CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
87153	CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	4.39	261.21	0.00	261.21	XXX	N			277.27		XXX	N	
87158	CULTURE TYPING OTHER METHODS	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
87164	DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	0.93	55.34	30.94	24.40	XXX	N			58.91	33.32	XXX	N	
87166	DARK FIELD EXAM ANY SOURCE W/O SPECIMEN COLLECT	0.43	25.59	0.00	25.59	XXX	N			27.37		XXX	N	
87168	MACROSCOPIC EXAMINATION ARTHROPOD	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
87169	MACROSCOPIC EXAMINATION PARASITE	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
87172	PINWORM EXAMINATION	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
87176	HOMOGENIZATION TISSUE CULTURE	0.22	13.09	0.00	13.09	XXX	N			14.28		XXX	N	
87177	OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87181	SUSCEPTBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
87184	SUSCEPTIBILITY STUDY ANTIMICROBIAL DISK METHOD	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
87185	SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYME DETCJ	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
87186	SUSCEPTIBLTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
87187	SUSCEPTIBLTY STDY ANTMCRB MICRO/AGAR DILUTJ EA	0.39	23.21	0.00	23.21	XXX	N			24.99		XXX	N	
87188	SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
87190	SUSCEPTIBLTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	0.22	13.09	0.00	13.09	XXX	N			13.69		XXX	N	
87197	SERUM BACTERICIDAL TITER	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
87205	SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
87206	SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	0.2	11.90	0.00	11.90	XXX	N			13.09		XXX	N	
87207	SMR PRIM SRC SPEC STAIN BODIES/PARASITS	0.75	44.63	30.94	13.69	XXX	N			49.39	35.11	XXX	N	
87209	SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	0.68	40.46	0.00	40.46	XXX	N			43.44		XXX	N	
87210	SMR PRIM SRC WET MOUNT NFCT AGT	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
87220	TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
87230	TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	0.75	44.63	0.00	44.63	XXX	N			47.6		XXX	N	
87250	VIRUS INOCULATION EGGS/SM ANIMAL OBS&DSJ	0.74	44.03	0.00	44.03	XXX	N			47.01		XXX	N	
87252	VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	0.99	58.91	0.00	58.91	XXX	N			62.48		XXX	N	
87253	VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	0.77	45.82	0.00	45.82	XXX	N			48.79		XXX	N	
87254	VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	0.74	44.03	0.00	44.03	XXX	N			47.01		XXX	N	
87255	VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	1.29	76.76	0.00	76.76	XXX	N			81.52		XXX	N	
87260	IAADI ADENOVIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87265	IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87267	IAADI ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87269	IAADI GIARDIA	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87270	IAADI CHLAMYDIA TRACHOMATIS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87271	IAADI CYTOMEGALOVIRUS DIR FLUORESCENT ANTIBODY	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87272	IAADI CRYPTOSPORIDIUM	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87273	IAADI HERPES SMPLX VIRUS TYPE 2	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87274	IAADI HERPES SMPLX VIRUS TYPE 1	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87275	IAADI INFLUENZA B VIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87276	IAADI INFFLUENZA A VIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87277	IAADI LEGIONELLA MICDADEI	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87278	IAADI LEGIONELLA PNEUMOPHILA	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87279	IAADI PARAINFLUENZA VIRUS EACH TYPE	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87280	IAADI RESPIRATORY SYNCTIAL VIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87281	IAADI PNEUMOCUSTIS CARINII	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87283	IAADI RUBEOLA	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87285	IAADI TREPONEMA PALLIDUM	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87290	IAADI VARICELLA ZOSTER VIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87299	IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87300	IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87301	IAAD IA ADENOVIRUS ENTERIC TYP 40/41	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87305	IAAD IA QUAL/SEMIQUAN MULTIPLE STEP ASPERGILLUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87320	IAAD IA CHLAMYDIA TRACHOMATIS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87324	IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87327	IAAD IA CRYPTOCOCCUS NEOFORMANS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87328	IAAD IA CRYPTOSPORIDIUM	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87329	IAAD IA GIARDIA	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87332	IAAD IA CYTOMEGALOVIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87335	IAAD IA ESCHERICHIA COLI 0157	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87336	IAAD IA ENTAMOEBA HISTOLYTICA DISPAR GRP	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87337	IAAD IA ENTAMOEBA HISTOLYTICA GRP	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87338	IAAD IA HPYLORI STOOL	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
87339	IAAD IA HPYLORI	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	0.39	23.21	0.00	23.21	XXX	N			24.99		XXX	N	
87341	IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	0.39	23.21	0.00	23.21	XXX	N			24.99		XXX	N	
87350	IAAD IA HEPATITIS BE ANTIGEN	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
87380	IAAD IA HEPATITIS DELTA ANTIGEN	0.62	36.89	0.00	36.89	XXX	N			39.27		XXX	N	
87385	IAAD IA HISTOPLASM CAPSULATUM	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87389	IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	0.92	54.74	0.00	54.74	XXX	N			57.72		XXX	N	
87390	IAAD IA HIV-1	0.67	39.87	0.00	39.87	XXX	N			42.25		XXX	N	
87391	IAAD IA HIV-2	0.67	39.87	0.00	39.87	XXX	N			42.25		XXX	N	
87400	IAAD IA INFLUENZA A/B EACH	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87420	IAAD IA RESPIRATORY SYNCTIAL VIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87425	IAAD IA ROTAVIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87427	IAAD IA SHIGA-LIKE TOXIN	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	

MEDICAL DATA														
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87430	IAAD IA STREPTOCOCCUS GROUP A	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87449	IAAD IA MULT STEP METHOD NOS EACH ORGANISM	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87450	IAAD IA SINGLE STEP METHOD NOS EA ORGANISM	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
87451	IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
87470	IADNA BARTONELLA DIRECT PROBE TECHNIQUE	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87471	IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87472	IADNA BARTONELLA HENSELAE&QUINTANA QUANTJ	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87475	IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87476	IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87477	IADNA BORRELIA BURGDORFERI QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87480	IADNA CANDIDA SPECIES DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87481	IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87482	IADNA CANDIDA SPECIES QUANTIFICATION	1.59	94.61	0.00	94.61	XXX	N			100.56		XXX	N	
87485	IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87486	IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87487	IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87490	IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87492	IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION	1.33	79.14	0.00	79.14	XXX	N			83.9		XXX	N	
87493	INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87495	IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87496	IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87497	IADNA CYTOMEGALOVIRUS QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87498	IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87500	INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87501	INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE	1.95	116.03	0.00	116.03	XXX	N			123.17		XXX	N	
87502	INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	3.24	192.78	0.00	192.78	XXX	N			204.68		XXX	N	
87503	NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
87505	NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	4.88	290.36	0.00	290.36	XXX	N							
87506	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	8.12	483.14	0.00	483.14	XXX	N							
87507	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	15.86	943.67	0.00	943.67	XXX	N							
87510	IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87511	IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87512	IADNA GARDNERELLA VAGINALIS QUANTIFICATION	1.59	94.61	0.00	94.61	XXX	N			100.56		XXX	N	
87515	IADNA HEPATITIS B VIRUS DIRECT PROBE TECHNIQUE	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87516	IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87517	IADNA HEPATITIS B VIRUS QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87520	IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87521	IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87522	IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87525	IADNA HEPATITIS G DIRECT PROBE TECHNIQUE	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87526	IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87527	IADNA HEPATITIS G QUANTIFICATION	1.59	94.61	0.00	94.61	XXX	N			100.56		XXX	N	
87528	IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87529	IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87530	IADNA HERPES SOMPLX VIRUS QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87531	IADNA HERPES VIRUS-6 DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87532	IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87533	IADNA HERPES VIRUS-6 QUANTIFICATION	1.59	94.61	0.00	94.61	XXX	N			100.56		XXX	N	
87534	IADNA HIV-1 DIRECT PROBE TECHNIQUE	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87535	IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87536	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	3.24	192.78	0.00	192.78	XXX	N			204.68		XXX	N	
87537	IADNA HIV-2 DIRECT PROBE TECHNIQUE	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87538	IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87539	IADNA HIV-2 QUANT & REVERSE TRANSCRIPTION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87540	IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87541	IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87542	IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	1.59	94.61	0.00	94.61	XXX	N			100.56		XXX	N	
87550	IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87551	IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87552	IADNA MYCOBACTERIA SPECIES QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87555	IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87556	IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87557	IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87560	IADNA MYCOBACTERIA AVIUM-INTRACLRE DIR PRB	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87561	IADNA MYCOBACTERIA AVIUM-INTRACLRE AMP PRB	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87562	IADNA MYCOBACTERIA AVIUM-INTRACELLULARE QUANT	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87580	IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87581	IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87582	IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	1.59	94.61	0.00	94.61	XXX	N			100.56		XXX	N	
87590	IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87592	IADNA NEISSERIA GONORRHOEAE QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87623	IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	1.34	79.73	0.00	79.73	XXX	N							
87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	1.34	79.73	0.00	79.73	XXX	N							
87625	IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY	1.34	79.73	0.00	79.73	XXX	N							
87631	IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	4.88	290.36	0.00	290.36	XXX	N			308.21		XXX	N	
87632	IADNA RESPIRATRY PROBE & REV TRNSCR 6-11 TARGETS	8.12	483.14	0.00	483.14	XXX	N			512.89		XXX	N	
87633	IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	15.86	943.67	0.00	943.67	XXX	N			1001.98		XXX	N	
87640	IADNA S AUREUS AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87641	IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87650	IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87651	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87652	IADNA STREPTOCOCCUS GROUP A QUANTIFICATION	1.59	94.61	0.00	94.61	XXX	N			100.56		XXX	N	
87653	IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87660	IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	1.34	79.73	0.00	79.73	XXX	N			0		XXX	N	
87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87800	IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	1.53	91.04	0.00	91.04	XXX	N			96.39		XXX	N	
87801	IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	2.67	158.87	0.00	158.87	XXX	N			168.98		XXX	N	
87802	IAADIADOO STREPTOCOCCUS GROUP B	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87803	IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87804	IAADIADOO INFLUENZA	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87806	IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	0.92	54.74	0.00	54.74	XXX	N							
87807	IAADIADOO RESPIRATORY SYNCTIAL VIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87808	IAADIADOO TRICHOMONAS VAGINALIS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87809	INFECTIOUS AGENT IMMUNOASSAY OPTICAL ADENOVIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87810	CHLAMYDIA TRACHOMATIS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87850	IAADIADOO NEISSERIA GONORRHOEAE	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87880	IAADIADOO STREPTOCOCCUS GROUP A	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87899	IAADIADOO NOT OTHERWISE SPECIFIED	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87900	NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	4.96	295.12	0.00	295.12	XXX	N			313.57		XXX	N	
87901	NFCT GEXYP NUCLEIC ACID HIV REV TRNSCR&PROTEAS	9.79	582.51	0.00	582.51	XXX	N			618.8		XXX	N	
87902	NFCT AGNT GENOTYP NUCLEIC ACID HEPATITIS C VIRUS	9.79	582.51	0.00	582.51	XXX	N			618.8		XXX	N	
87903	NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	18.59	1106.11	0.00	1106.11	XXX	N			1174.53		XXX	N	
87904	NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	0.99	58.91	0.00	58.91	XXX	N			62.48		XXX	N	
87905	INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
87906	NFCT GEXYP DNA/RNA HIV 1 OTHER REGION	4.9	291.55	0.00	291.55	XXX	N			309.4		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87910	NFCT AGT GENOTYPE NUCLEIC ACID CYTOMEGALOVIRUS	9.79	582.51	0.00	582.51	XXX	N			618.8		XXX	N	
87912	NFCT AGENT GENOTYPE HEPATITIS B VIRUS	9.79	582.51	0.00	582.51	XXX	N			618.8		XXX	N	
87999	UNLISTED MICROBIOLOGY	0	BR			XXX	N			BR	0	XXX	N	
88000	NECROPSY GROSS EXAMINATION ONLY W/O CNS	6.5	386.75			XXX	N			405.79		XXX	N	
88005	NECROPSY GROSS EXAMINATION W/BRAIN	7.58	451.01			XXX	N			473.62		XXX	N	
88007	NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD	7.94	472.43			XXX	N			496.23		XXX	N	
88012	NECROPSY GROSS EXAMINATION INFANT W/BRAIN	6.5	386.75			XXX	N			405.79		XXX	N	
88014	NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN	5.96	354.62			XXX	N			371.88		XXX	N	
88016	NECROPSY GROSS EXAM MACERATED STILLBORN	8.3	493.85			XXX	N			518.84		XXX	N	
88020	NECROPSY GROSS & MICROSCOPIC W/O CNS	11.19	665.81			XXX	N			699.13		XXX	N	
88025	NECROPSY GROSS & MICROSCOPIC W/BRAIN	10.83	644.39			XXX	N			676.52		XXX	N	
88027	NECROPSY GROSS&MCRSCP BRAIN & SPINAL CORD	11.55	687.23			XXX	N			721.74		XXX	N	
88028	NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN	6.5	386.75			XXX	N			405.79		XXX	N	
88029	NECROPSY GROSS&MCRSCP STILLBORN/NEWBORN BRAIN	6.5	386.75			XXX	N			405.79		XXX	N	
88036	NECROPSY LIMITED GROSS&/MCRSCP REGIONAL	3.25	193.38			XXX	N			202.9		XXX	N	
88037	NECROPSY LIMITD GROSS&/MCRSCP SINGLE ORGAN	2.89	171.96			XXX	N			180.29		XXX	N	
88040	NECROPSY FORENSIC EXAMINATION	18.05	1073.98			XXX	N			1127.53		XXX	N	
88045	NECROPSY CORONER CALL	1.81	107.70			XXX	N			113.05		XXX	N	
88099	UNLISTED NECROPSY PROCEDURE	0	BR			XXX	N			BR		XXX	N	
88104	CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	2.14	127.33	49.98	77.35	XXX	N	43.46		133.28	49.98	XXX	N	30.22
88106	CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	2.11	125.55	33.92	91.63	XXX	N	43.46		149.35	33.32	XXX	N	30.22
88108	CYTP CONCENTRATION SMEARS & INTERPRETATION	2.04	121.38	39.27	82.11	XXX	N	43.46		138.04	38.68	XXX	N	30.22

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
88112	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	2.02	120.19	48.20	71.99	XXX	N	68.01		191.59	101.75	XXX	N	30.22
88120	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	17.87	1063.27	99.96	963.31	XXX	N	298.26		1085.88	98.77	XXX	N	202.61
88121	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	15.6	928.20	86.28	841.92	XXX	N	145.56		975.8	86.28	XXX	N	202.61
88125	CYTOPATHOLOGY FORENSIC	0.66	39.27	23.21	16.06	XXX	N	68.01		39.27	22.61	XXX	N	30.22
88130	SEX CHROMATIN IDENTIFICATION BARR BODIES	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
88140	SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR	0.3	17.85	0.00	17.85	XXX	N			19.04		XXX	N	
88141	CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN	0.92	54.74			XXX	N			55.34		XXX	N	
88142	CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN	0.77	45.82	0.00	45.82	XXX	N			48.79		XXX	N	
88143	CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS	0.77	45.82	0.00	45.82	XXX	N			48.79		XXX	N	
88147	CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV	0.43	25.59	0.00	25.59	XXX	N			27.37		XXX	N	
88148	CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHYS	0.58	34.51	0.00	34.51	XXX	N			36.3		XXX	N	
88150	CYTP SLIDES C/V MNL SCR UNDER PHYS	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
88152	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
88153	CYTP SLIDES C/V MNL SCR&RESCR PHYS	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
88154	CYTP SLIDES C/V MNL SCR&CPTR-RESCR CELL S&I	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
88155	CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	
88160	CYTP SMRS ANY OTH SRC SCR&INTERPJ	2.04	121.38	45.22	76.16	XXX	N	18.08		111.27	44.63	XXX	N	16.39
88161	CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	1.83	108.89	43.44	65.45	XXX	N	43.46		105.91	42.84	XXX	N	16.39
88162	CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	2.95	175.53	68.43	107.10	XXX	N	68.01		168.39	68.43	XXX	N	30.22
88164	CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
88165	CYTP SLIDES C/V MNL SCR&RESCR PHYS SUPV	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
88166	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS SUPV	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
88167	CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL S&I	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
88172	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	1.62	96.39	63.07	33.32	XXX	N	145.56		95.8	61.88	XXX	N	30.22
88173	CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	4.34	258.23	123.17	135.06	XXX	N	68.01		262.4	122.57	XXX	N	49.15
88174	CYTP C/V AUTO THIN LYR PREPJ SCR SYS PHYS	0.81	48.20	0.00	48.20	XXX	N			51.17		XXX	N	
88175	CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	1.01	60.10	0.00	60.10	XXX	N			63.67		XXX	N	
88177	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	0.86	51.17	38.68	12.49	ZZZ	N			51.77	38.08	ZZZ	N	16.39
88182	FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	3.16	188.02	62.48	125.54	XXX	N	145.56		191	61.29	XXX	N	49.15
88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	2.13	126.74	0.00	126.74	XXX	N	298.26		155.3		XXX	N	30.22
88185	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	1.3	77.35	0.00	77.35	ZZZ	N			94.61		ZZZ	N	16.39
88187	FLOW CYTOMETRY INTERPJ 2-8 MARKERS	2.04	121.38			XXX	N			120.19		XXX	N	30.22
88188	FLOW CYTOMETRY INTERPJ 9-15 MARKERS	2.6	154.70			XXX	N			153.51		XXX	N	30.22
88189	FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	3.19	189.81			XXX	N			186.24		XXX	N	30.22
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	0	BR	BR	BR	XXX	N	68.01		BR	0	XXX	N	16.39
88230	TISS CUL NON-NEO DISORDERS LYMPHOCYTE	4.43	263.59	0.00	263.59	XXX	N			280.25		XXX	N	
88233	TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	5.35	318.33	0.00	318.33	XXX	N			338.56		XXX	N	
88235	TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	5.6	333.20	0.00	333.20	XXX	N			354.03		XXX	N	
88237	TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	4.81	286.20	0.00	286.20	XXX	N			303.45		XXX	N	
88239	TISS CUL NEO DISORDERS SOLID TUMOR	5.61	333.80	0.00	333.80	XXX	N			354.62		XXX	N	
88240	CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	0.38	22.61	0.00	22.61	XXX	N			24.4		XXX	N	
88241	THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	0.38	22.61	0.00	22.61	XXX	N			24.4		XXX	N	
88245	CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	5.66	336.77	0.00	336.77	XXX	N			357.6		XXX	N	
88248	CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	6.59	392.11	0.00	392.11	XXX	N			416.5		XXX	N	

MEDICAL DATA														
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88249	CHRMSM BREAKAGE SYNDS SCORE 100 CLL	6.59	392.11	0.00	392.11	XXX	N			416.5		XXX	N	
88261	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	6.72	399.84	0.00	399.84	XXX	N			424.83		XXX	N	
88262	CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	4.74	282.03	0.00	282.03	XXX	N			299.88		XXX	N	
88263	CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	5.72	340.34	0.00	340.34	XXX	N			361.17		XXX	N	
88264	CHRMSM ANALYZE 20-25 CELLS	4.74	282.03	0.00	282.03	XXX	N			299.88		XXX	N	
88267	CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	6.84	406.98	0.00	406.98	XXX	N			431.97		XXX	N	
88269	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	6.33	376.64	0.00	376.64	XXX	N			399.84		XXX	N	
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	0.81	48.20	0.00	48.20	XXX	N			51.77		XXX	N	
88272	MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS	1.02	60.69	0.00	60.69	XXX	N			64.26		XXX	N	
88273	MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	1.22	72.59	0.00	72.59	XXX	N			77.35		XXX	N	
88274	MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	1.32	78.54	0.00	78.54	XXX	N			83.9		XXX	N	
88275	MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	1.53	91.04	0.00	91.04	XXX	N			96.39		XXX	N	
88280	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	0.95	56.53	0.00	56.53	XXX	N			60.1		XXX	N	
88283	CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	2.61	155.30	0.00	155.30	XXX	N			164.82		XXX	N	
88285	CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	0.72	42.84	0.00	42.84	XXX	N			45.82		XXX	N	
88289	CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	1.31	77.95	0.00	77.95	XXX	N			82.71		XXX	N	
88291	CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	0.9	53.55			XXX	N			53.55		XXX	N	
88299	UNLISTED CYTOGENETIC STUDY	0	BR			XXX	N	68.01		BR		XXX	N	16.39
88300	LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	0.43	25.59	7.74	17.85	XXX	N	43.46		25.59	7.74	XXX	N	16.39
88302	LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	0.92	54.74	12.50	42.24	XXX	N	43.46		54.15	11.9	XXX	N	30.22
88304	LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	1.29	76.76	19.64	57.12	XXX	N	68.01		77.95	19.64	XXX	N	30.22
88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	2.07	123.17	66.05	57.12	XXX	N	68.01		122.57	64.26	XXX	N	49.15

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88307	LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	8.72	518.84	145.18	373.66	XXX	N	298.26		520.03	143.4	XXX	N	77.99
88309	LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	13.24	787.78	257.04	530.74	XXX	N	627.41		786	253.47	XXX	N	202.61
88311	DECALCIFICATION PROCEDURE	0.61	36.30	22.02	14.28	XXX	N			35.7	21.42	XXX	N	16.39
88312	SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	2.76	164.22	47.01	117.21	XXX	N	68.01		170.77	46.41	XXX	N	30.22
88313	SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	1.93	114.84	20.83	94.01	XXX	N	68.01		118.41	20.83	XXX	N	30.22
88314	SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	2.17	129.12	38.68	90.44	XXX	N			141.61	39.27	XXX	N	30.22
88319	SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	2.51	149.35	47.01	102.34	XXX	N	627.41		152.92	47.6	XXX	N	30.22
88321	CONSLTJ&REPRT SLIDES PREPARED ELSEWHERE	2.89	171.96			XXX	N	43.46		163.03		XXX	N	16.39
88323	CONSLTJ&REPRT MATERIAL REQUIRING PREPJ SLIDES	3.93	233.84	149.35	84.49	XXX	N	145.56		247.52	145.18	XXX	N	49.15
88325	CONSLTJ COMPRE REVIEW REPRT REFERRED MATRL	4.88	290.36			XXX	N	68.01		367.71		XXX	N	77.99
88329	PATHOLOGY CONSULTATION DURING SURGERY	1.43	85.09			XXX	N	43.46		100.56		XXX	N	16.39
88331	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1 SPEC	2.71	161.25	108.89	52.36	XXX	N	145.56		174.34	107.1	XXX	N	30.22
88332	PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	1.43	85.09	53.55	31.54	XXX	N			76.16	52.96	XXX	N	16.39
88333	PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	2.84	168.98	109.48	59.50	XXX	N	627.41		183.86	108.89	XXX	N	30.22
88334	PATH CONSLTJ SURG CYTOLOGIC EXAM ADDL SITE	1.75	104.13	67.24	36.89	XXX	N			114.84	67.24	XXX	N	16.39
88341	IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY SLIDE	2.52	149.94	46.41	103.53	ZZZ	N							
88342	IMHISTOCHEM/CYTCHM 1ST ANTIBODY STAIN PROCEDURE	3	178.50	61.88	116.62	XXX	N	298.26		201.71	73.78	XXX	N	49.15
88344	IMHISTOCHEM/CYTCHM EA MULTIPLEX ANTIBODY SLIDE	4.86	289.17	67.83	221.34	XXX	N	298.26						
88346	IMMUNOFLUORESCENCE PER SPEC 1ST SINGL ANTB STAIN	2.62	155.89	63.67	92.22	XXX	N	298.26		191	73.19	XXX	N	49.15
88348	ELECTRON MICROSCOPY DIAGNOSTIC	9.74	579.53	131.50	448.03	XXX	N	627.41		1268.54	129.71	XXX	N	202.61
88350	IMMUNOFLUORESCENCE PER SPEC ADD SINGL ANTB STAIN	2.02	120.19	47.60	72.59	ZZZ	N							
88355	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	4.42	262.99	139.83	123.16	XXX	N	145.56		319.52	144.59	XXX	N	49.15

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88356	MORPHOMETRIC ANALYSIS NERVE	5.78	343.91	205.28	138.63	XXX	N	145.56		485.52	223.72	XXX	N	49.15
88358	MORPHOMETRIC ANALYSIS TUMOR	2.4	142.80	76.76	66.04	XXX	N	298.26		143.4	76.16	XXX	N	49.15
88360	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	3.4	202.30	94.01	108.29	XXX	N	298.26		222.53	91.63	XXX	N	49.15
88361	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBDY CMPTR ASST	4.18	248.71	101.15	147.56	XXX	N	298.26		273.7	99.96	XXX	N	49.15
88362	NERVE TEASING PREPARATIONS	7.3	434.35	187.43	246.92	XXX	N	627.41		545.62	191	XXX	N	77.99
88363	EXAM & SELECT ARCHIVE TISSUE MOLECULAR ANALYSI	0.65	38.68			XXX	N	18.08		99.37		XXX	N	16.39
88364	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	3.78	224.91	58.31	166.60	ZZZ	N							
88365	IN SITU HYBRIDIZATION 1ST PROBE STAIN	4.98	296.31	76.16	220.15	XXX	N	145.56		312.38	101.75	XXX	N	49.15
88366	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	7.35	437.33	107.70	329.63	XXX	N	298.26						
88367	M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	2.99	177.91	59.50	118.41	XXX	N	298.26		451.61	104.72	XXX	N	49.15
88368	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	3.2	190.40	68.43	121.97	XXX	N	298.26		405.79	107.7	XXX	N	77.99
88369	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	3.03	180.29	52.96	127.33	ZZZ	N							
88371	PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	1.37	81.52	30.94	50.58	XXX	N			87.47	33.92	XXX	N	
88372	PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	1.39	82.71	30.94	51.77	XXX	N			82.71	27.97	XXX	N	
88373	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	2.1	124.95	35.70	89.25	ZZZ	N							
88374	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	9.66	574.77	76.76	498.01	XXX	N	298.26						
88375	OPTICAL ENDOMICROSCOPIC IMAGE INTERP & REPORT	1.4	83.30			XXX	N			BR		YYY	N	16.39
88377	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	11.51	684.85	110.67	574.18	XXX	N	298.26						
88380	MICRODISSECTION PREP IDENTIFIED TARGET LASER	4.07	242.17	97.58	144.59	XXX	N			276.08	125.55	XXX	N	
88381	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	3.3	196.35	42.84	153.51	XXX	N			267.75	89.25	XXX	N	
88387	MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA	1.19	70.81	55.34	15.47	XXX	N			58.91	48.2	XXX	N	
88388	MACR EXM DISS&PRP NONMICR IMPRNT/CONSLT/FRZ SE	0.98	58.31	41.65	16.66	XXX	N			57.72	41.06	XXX	N	

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88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	0	BR	BR	BR	XXX	N	68.01		BR	0	XXX	N	16.39
88720	BILIRUBIN TOTAL TRANSCUTANEOUS	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
88738	HGB QUANTITATIVE TRANSCUTANEOUS	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
88740	HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
88741	HEMOGLOBIN QUANTITATIVE TC PER DAY METHEMOGLOBIN	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
88749	UNLISTED IN VIVO LABORTORY SERVICE	0	BR			XXX	N			BR		XXX	N	
89049	CAFFEINE HALOTHANE CONTRACTURE TEST	7.37	438.52			XXX	N	145.56		483.14		XXX	N	16.39
89050	CELL COUNT MISCELLANEOUS BODY FLUIDS	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
89051	CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	0.21	12.50	0.00	12.50	XXX	N			13.09		XXX	N	
89055	LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
89060	CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	0.79	47.01	30.94	16.07	XXX	N			51.77	34.51	XXX	N	
89125	FAT STAIN FECES URINE/RESPIR SECRETIONS	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
89160	MEAT FIBERS FECES	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
89190	NASAL SMEAR EOSINOPHILS	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
89220	SPUTUM OBTAINING SPEC AEROSOL INDUCED TX SPX	0.46	27.37	0.00	27.37	XXX	N	145.56		30.94		XXX	N	30.22
89230	SWEAT COLLECTION IONTOPHORESIS	0.15	8.93	0.00	8.93	XXX	N	68.01		4.17		XXX	N	49.15
89240	UNLIS MISC PATH	0	BR			XXX	N	68.01		BR		XXX	N	16.39
89250	CUL OOCYTE/EMBRYO <4 DAYS	28.54	1698.13	0.00	1698.13	XXX	N	145.56		1854.02		XXX	N	77.99
89251	CUL OOCYTE/EMBRYO < 4 D CO-CULT OCYTE/EMBRY	29.68	1765.96	0.00	1765.96	XXX	N	298.26		1928.4		XXX	N	77.99
89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89254	OOCYTE ID FROM FOLLICULAR FLU	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89255	PREPJ EMBRYO TR	0	BR			XXX	N	145.56		BR		XXX	N	77.99

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89257	SPRM ID FROM ASPIR OTH/THN SEMINAL	0	BR			XXX	N	68.01		BR		XXX	N	30.22
89258	CRYOPRSRV EMBRYO	0	BR			XXX	N	627.41		BR		XXX	N	77.99
89259	CRYOPRSRV SPRM	0	BR			XXX	N	145.56		BR		XXX	N	30.22
89260	SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	0	BR			XXX	N	68.01		BR		XXX	N	49.15
89261	SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	0	BR			XXX	N	68.01		BR		XXX	N	49.15
89264	SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89268	INSEMINATION OOCYTES	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	0	BR			XXX	N	627.41		BR		XXX	N	77.99
89280	ASSTD FERTILIZATION MICROTQ </EQUAL 10 OOCYTES	0	BR			XXX	N	627.41		BR		XXX	N	49.15
89281	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89290	BX OOCYTE MICROTQ </= 5 EMBRY	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89291	BX OOCYTE MICROTQ >5 EMBRY	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89300	SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
89310	SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
89320	SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
89321	SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
89322	SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	0.59	35.11	0.00	35.11	XXX	N			37.49		XXX	N	
89325	SPERM ANTIBODIES	0.41	24.40	0.00	24.40	XXX	N			25.59		XXX	N	
89329	SPERM EVALUATION HAMSTER PENETRATION TEST	0.8	47.60	0.00	47.60	XXX	N			50.58		XXX	N	
89330	SPERM EVALUATION CERVICAL MUCOUS PENETRATION	0.38	22.61	0.00	22.61	XXX	N			23.8		XXX	N	
89331	SPERM EVALUATION RETROGRADE EJACULATION URINE	0.75	44.63	0.00	44.63	XXX	N			47.01		XXX	N	
89335	CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	0	BR			XXX	N	68.01		BR		XXX	N	77.99

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89337	CRYOPRESERVATION MATURE OOCYTE(S)	0	BR			XXX	N	145.56						
89342	STORAGE PER YEAR EMBRYO	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89343	STORAGE PER YEAR SPERM/SEMEN	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89344	STORAGE PER YR REPRDTVE TISS TSTICULAR/OVARIAN	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89346	STORAGE PER YEAR OOCYTE	0	BR			XXX	N	298.26		BR		XXX	N	77.99
89352	THAWING CRYOPRESERVED EMBRYO	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89353	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	0	BR			XXX	N	68.01		BR		XXX	N	77.99
89354	THAWING CRYOPRESERVED TESTICULAR/OVARIAN	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89356	THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	0	BR			XXX	N	68.01		BR		XXX	N	16.39
90281	IMMUNE GLOBULIN IG HUMAN IM USE	0	BR			XXX	N	74.61		BR		XXX	N	
90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	0	BR			XXX	N	448.74		BR		XXX	N	
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	0	BR			XXX	N			BR		XXX	N	
90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	0	BR			XXX	N	1147.40		BR		XXX	N	
90288	BOTULISM IMMUNE GLOBULIN HUMAN INTRAVENOUS USE	0	BR			XXX	N			BR		XXX	N	
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	0	BR			XXX	N			BR		XXX	N	
90296	DIPHTHERIA ANTITOXIN EQUINE ANY ROUTE	0	BR			XXX	N			BR		XXX	N	
90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	3.08	181.72			XXX	N			194.7		XXX	N	
90375	RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ	7.99	471.41			XXX	N			358.13		XXX	N	
90376	RABIES IG HEAT-TREATED HUMAN IM/SUBQ	7.06	416.54			XXX	N			351.64		XXX	N	
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	0	BR			XXX	N			BR		XXX	N	
90384	RHO(D) IMMUNE GLOBULIN HUMAN FULL-DOSE IM	3.33	196.47			XXX	N	179.20		208.86		XXX	N	

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90385	RHO(D) IMMUNE GLOBULIN HUMAN MINI-DOSE IM	1.52	89.68			XXX	N			42.48		XXX	N	
90386	RHO(D) IMMUNE GLOBULIN HUMAN IV	3.56	210.04			XXX	N			224.2		XXX	N	
90389	TETANUS IMMUNE GLOBULIN TIG HUMAN IM	3.09	182.31			XXX	N			194.11		XXX	N	
90393	VACCINIA IMMUNE GLOBULIN HUMAN IM	0	BR			XXX	N			BR		XXX	N	
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM	3.42	201.78			XXX	N			214.76		XXX	N	
90399	UNLISTED IMMUNE GLOBULIN	0	BR			XXX	N			BR		XXX	N	
90460	IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	0.71	41.89			XXX	N			44.84		XXX	N	
90461	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	0.35	20.65			ZZZ	N			21.83		ZZZ	N	
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	0.71	41.89			XXX	N	60.26		44.84		XXX	N	50.48
90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	0.35	20.65			ZZZ	N			21.83		ZZZ	N	34.85
90473	IM ADM INTRANSL/ORAL 1 VACCINE	0.71	41.89			XXX	N	60.26		44.84		XXX	N	34.85
90474	IM ADM INTRANSL/ORAL EA VACCINE	0.35	20.65			ZZZ	N			21.83		ZZZ	N	34.85
90476	ADENOVIRUS VACCINE TYPE 4 LIVE ORAL	0	BR			XXX	N			BR		XXX	N	
90477	ADENOVIRUS VACCINE TYPE 7 LIVE FOR ORAL	0	BR			XXX	N			BR		XXX	N	
90581	ANTHRAX VACCINE SUBCUTANEOUS/IM USE	3.95	233.05			XXX	N			248.39		XXX	N	
90585	BACILLUS CALMETTE-GUERIN VACC FOR TB LIVE PERQ	3.43	202.37			XXX	N			203.55		XXX	N	
90586	BACILLUS CALMETTE-GUERIN VACCINE INTRAVESICAL	3.43	202.37			XXX	N			203.55		XXX	N	
90620	MENB RECOMBINANT PROT W/OUT MEMBR VESIC VACC IM	0	BR			XXX	N							
90621	MENB RECOMBINANT LIPOPROTEIN VACCINE IM	0	BR			XXX	N							
90625	CHOLERA VACCINE ADULT 1 DOSE LIVE FOR ORAL USE	0	BR			XXX	N							
90630	INFLUENZA VACC IIV4 SPLIT VIRUS PRSRV FREE ID	0	BR			XXX	N	27.18						
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	1.38	81.42			XXX	N			87.32		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	0.95	56.05			XXX	N			59.59		XXX	N	
90634	HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC IM USE	1	59.00			XXX	N			62.54		XXX	N	
90636	HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM	2.61	153.99			XXX	N			164.02		XXX	N	
90644	HIB-MENCY VACC 4 DOSE SCHED 6 WKS-18 MONTHS IM	0.76	44.84			XXX	N			47.79		XXX	N	
90647	HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	0.81	47.79			XXX	N			50.74		XXX	N	
90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	0.76	44.84			XXX	N			47.79		XXX	N	
90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	3.61	212.99			XXX	N			227.15		XXX	N	
90650	2VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	0	BR			XXX	N			BR		XXX	N	
90651	9VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	0	BR			XXX	N	240.53						
90653	IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR USE	0	BR			XXX	N	75.38		BR		XXX	N	
90654	INFLUENZA VACC IIV3 SPLIT VIRUS PRSRV FREE ID	0	BR			XXX	N			33.04		XXX	N	
90655	IIV3 VACC PRESRV FREE CHILD 6-35 MONTHS IM USE	0.43	25.37			XXX	N			28.32		XXX	N	
90656	IIV3 VACC PRESERVATIVE FREE 3 YRS & OLDER IM USE	0.39	23.01			XXX	N			21.24		XXX	N	
90657	IIV3 VACCINE TO CHILD 6-35 MONTHS FOR IM USE	0.17	10.03			XXX	N			10.62		XXX	N	
90658	IIV3 VACCINE 3 YRS & OLDER FOR IM USE	0.44	25.96			XXX	N	26.37		27.73		XXX	N	
90660	LAIV3 VACCINE LIVE FOR INTRANASAL USE	0.57	33.63			XXX	N			40.71		XXX	N	
90661	CCIIV3 VACCINE PRESERVATIVE FREE FOR IM USE	0.62	36.58			XXX	N			BR		XXX	N	
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	1.01	59.59			XXX	N			53.69		XXX	N	
90664	LAIV VACCINE PANDEMIC FORMULA FOR INTRANASAL USE	0	BR			XXX	N			BR		XXX	N	
90666	INFLUENZA VACCINE PANDEMIC SPLT PRSRV FREE IM	0	BR			XXX	N			BR		XXX	N	
90667	IIV VACCINE PANDEMIC ADJUVANT FOR IM USE	0	BR			XXX	N			BR		XXX	N	
90668	IIV VACCINE PANDEMIC FOR INTRAMUSCULAR USE	0	BR			XXX	N			BR		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	4.84	285.56			XXX	N			253.11		XXX	N	
90672	LAIV4 VACCINE FOR INTRANASAL USE	0	BR			XXX	N			BR		XXX	N	
90673	RIV3 VACCINE PRESERVATIVE FREE FOR IM USE	1.04	61.36			XXX	N			0		XXX	N	
90675	RABIES VACCINE INTRAMUSCULAR	7.36	434.24			XXX	N			384.68		XXX	N	
90676	RABIES VACCINE INTRADERMAL	0	BR			XXX	N			BR		XXX	N	
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	2.14	126.26			XXX	N			134.52		XXX	N	
90681	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	2.14	126.26			XXX	N	155.80		134.52		XXX	N	
90685	IIV4 PRESRV FREE VACC CHILD 6-35 MO FOR IM USE	0.69	40.71			XXX	N			BR		XXX	N	
90686	IIV4 VACC PRESRV FREE 3 YRS & OLDER IM USE	0.51	30.09			XXX	N			BR		XXX	N	
90687	IIV4 VACCINE CHILD 6-35 MO FOR IM USE	0.26	15.34			XXX	N			BR		XXX	N	
90688	IIV4 VACCINE 3 YRS & OLDER FOR IM USE	0.51	30.09			XXX	N			BR		XXX	N	
90690	TYPHOID VACCINE LIVE ORAL	1.09	64.31			XXX	N			68.44		XXX	N	
90691	TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	1.99	117.41			XXX	N			105.61		XXX	N	
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	0	BR			XXX	N			BR		XXX	N	
90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	0	BR			XXX	N							
90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	2.14	126.26			XXX	N			134.52		XXX	N	
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	0.71	41.89			XXX	N			44.84		XXX	N	
90702	DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	0.58	34.22			XXX	N			36.58		XXX	N	
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	1.43	84.37			XXX	N			89.68		XXX	N	
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	3.8	224.20			XXX	N			238.95		XXX	N	
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	0.81	47.79			XXX	N			50.74		XXX	N	
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	0.59	34.81			XXX	N			35.4		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
90715	TDAP VACCINE 7 YRS/> IM	0.88	51.92			XXX	N			60.18		XXX	N	
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	2.09	123.31			XXX	N			131.57		XXX	N	
90717	YELLOW FEVER VACCINE LIVE SUBQ	2.42	142.78			XXX	N			130.39		XXX	N	
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	2.09	123.31			XXX	N	89.91		131.57		XXX	N	
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	2.3	135.70			XXX	N			125.67		XXX	N	
90733	MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	2.85	168.15			XXX	N			184.67		XXX	N	
90734	MENACWY CONJUGATE VACCINE GROUPS ACYW-135 IM USE	2.71	159.89			XXX	N			169.92		XXX	N	
90736	ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	4.56	269.04			XXX	N			286.74		XXX	N	
90738	JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	1.88	110.92			XXX	N			118.59		XXX	N	
90739	HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE	0	BR			XXX	N	86.59		BR		XXX	N	
90740	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	3.34	197.06			XXX	N			207.09		XXX	N	
90743	HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	0.68	40.12			XXX	N			41.89		XXX	N	
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	0.68	40.12			XXX	N			41.89		XXX	N	
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	1.67	98.53			XXX	N			103.25		XXX	N	
90747	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 4 DOSE IM	3.34	197.06			XXX	N			207.09		XXX	N	
90748	HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	1.59	93.81			XXX	N	75.88		100.3		XXX	N	
90749	UNLISTED VACCINE/TOXOID	0	BR			XXX	N			BR		XXX	N	
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	0.39	23.01			ZZZ	N			8.26		ZZZ	N	
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	3.7	218.30			XXX	N	178.08		261.37		XXX	N	142.12
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	4.09	241.31			XXX	N	178.08		215.35		XXX	N	142.12
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	1.79	105.61			XXX	N	99.19		108.56		XXX	N	106.89
90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	1.85	109.15			ZZZ	N			71.98		ZZZ	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	2.38	140.42			XXX	N	178.08		139.83		XXX	N	142.12
90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	2.35	138.65			ZZZ	N			116.82		ZZZ	N	
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	3.58	211.22			XXX	N	178.08		204.73		XXX	N	142.12
90838	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 60 MIN	3.1	182.90			ZZZ	N			188.8		ZZZ	N	
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	3.73	220.07			XXX	N	178.08		BR		XXX	N	142.12
90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	1.78	105.02			ZZZ	N			BR		XXX	N	
90845	PSYCHOANALYSIS	2.57	151.63			XXX	N	178.08		130.39		XXX	N	142.12
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT	2.89	170.51			XXX	N	178.08		128.03		XXX	N	165.41
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT	2.99	176.41			XXX	N	178.08		153.4		XXX	N	165.41
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	0.96	56.64			XXX	N	178.08		59		XXX	N	78.26
90853	GROUP PSYCHOTHERAPY	0.72	42.48			XXX	N	99.19		42.48		XXX	N	78.26
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	0	BR			XXX	N	132.36		138.09		XXX	N	
90865	NARCOSYNTHESIS PSYC DX&THER PURPOSES	4.69	276.71			XXX	N	178.08		291.46		XXX	N	142.12
90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	0	BR			000	N	313.82		BR		000	N	237.41
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	0	BR			000	N	313.82		BR		000	N	237.41
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	0	BR			000	N	313.82		876.07		000	N	237.41
90870	ELECTROCONVULSIVE THERAPY	5	295.00			000	N	564.72		310.34		000	N	565.9
90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	1.73	102.07			XXX	N			125.08		XXX	N	
90876	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	3.04	179.36			XXX	N			184.08		XXX	N	
90880	HYPNOTHERAPY	2.85	168.15			XXX	N	178.08		166.38		XXX	N	142.12
90882	ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT	2.24	132.16			XXX	N			139.24		XXX	N	
90885	PSYCHIATRIC EVAL HOSPITAL RECORDS DX PURPOSES	1.4	82.60			XXX	N			84.37		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
90887	INTERPJ/EXPLNAJ RESULTS PSYCHIATRIC EXAM FAMILY	2.49	146.91			XXX	N			151.63		XXX	N	
90889	PREP REPORT PT PSYCH STATUS AGENCY/PAYER	1.9	112.10			XXX	N			118		XXX	N	
90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	0	BR			XXX	N	178.08		BR		XXX	N	106.89
90901	BIOFEEDBACK TRAINING ANY MODALITY	1.07	63.13			000	N			69.03		000	N	
90911	BIOFDBK TRNG PERINL MUSC ANORECT/URO SPHX W/EMG	2.37	139.83			000	N	184.79		147.5		000	N	105.77
90935	HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	2.05	120.95			000	N	778.58		123.31		000	N	640.29
90937	HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX	2.94	173.46			000	N			176.41		000	N	
90940	HEMODIALYSIS ACCESS FLOW STUDY	1.66	97.94	39.53	58.41	XXX	N			99.71	39.53	XXX	N	
90945	DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	2.43	143.37			000	N	684.61		146.91		000	N	226.78
90947	DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS	3.51	207.09			000	N			211.22		000	N	
90951	ESRD RELATED SVC MONTHLY & <2 YR OLD 4/> VISITS	26.63	1571.17			XXX	N			1585.33		XXX	N	
90952	ESRD RELATED SVC MONTHLY <2 YR OLD 2/3 VISITS	20.64	1217.76			XXX	N			1246.08		XXX	N	
90953	ESRD RELATED SVC MONTHLY <2 YR OLD 1 VISIT	13.76	811.84			XXX	N			830.13		XXX	N	
90954	ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/> VISITS	23.03	1358.77			XXX	N			1378.83		XXX	N	
90955	ESRD RELATED SVC MONTHLY 2-11 YR OLD 2/3 VISITS	12.91	761.69			XXX	N			778.21		XXX	N	
90956	ESRD RELATED SVC MONTHLY 2-11 YR OLD 1 VISIT	9	531.00			XXX	N			541.62		XXX	N	
90957	ESRD RELATED SVC MONTHLY 12-19 YR OLD 4/> VISITS	18.22	1074.98			XXX	N			1098.58		XXX	N	
90958	ESRD RELATED SVC MONTHLY 12-19 YR OLD 2/3 VISITS	12.32	726.88			XXX	N			746.94		XXX	N	
90959	ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT	8.37	493.83			XXX	N			506.81		XXX	N	
90960	ESRD RELATED SVC MONTHLY 20&/> YR OLD 4/> VISITS	8.02	473.18			XXX	N			488.52		XXX	N	
90961	ESRD RELATED SVC MONTHLY 20/>YR OLD 2/3 VISITS	6.74	397.66			XXX	N			411.82		XXX	N	
90962	ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	5.2	306.80			XXX	N			319.19		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
90963	ESRD SVC HOME DIALYSIS FULL MONTH <2YR OLD	15.37	906.83			XXX	N			931.61		XXX	N	
90964	ESRD SVC HOME DIALYSIS FULL MONTH 2-11 YR OLD	13.44	792.96			XXX	N			812.43		XXX	N	
90965	ESRD SVC HOME DIALYSIS FULL MONTH 12-19 YR OLD	12.79	754.61			XXX	N			772.31		XXX	N	
90966	ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD	6.72	396.48			XXX	N			411.23		XXX	N	
90967	ESRD RELATED SVC <FULL MONTH <2 YR OLD	0.51	30.09			XXX	N			30.09		XXX	N	
90968	ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	0.44	25.96			XXX	N			25.96		XXX	N	
90969	ESRD RELATED SVC <FULL MONTH 12-19 YR OLD	0.43	25.37			XXX	N			25.37		XXX	N	
90970	ESRD RELATED SVC <FULL MONTH 20/>YR OLD	0.22	12.98			XXX	N			13.57		XXX	N	
90989	DIALYSIS TRAINING PATIENT COMPLETED COURSE	10.32	608.88			XXX	N			623.04		XXX	N	
90993	DIALYSIS TRAINING PATIENT PER TRAINING SESSION	2.24	132.16			XXX	N			135.11		XXX	N	
90997	HEMOPERFUSION	2.64	155.76			000	N			153.4		000	N	
90999	UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT	0	BR			XXX	N			BR		XXX	N	
91010	ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	4.97	293.23	112.69	180.54	000	N	564.72		325.68	118	000	N	390.38
91013	ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION	0.65	38.35	15.93	22.42	ZZZ	N			43.66	16.52	ZZZ	N	390.38
91020	GASTRIC MOTILITY MANOMETRIC STUDIES	6.6	389.40	126.26	263.14	000	N	564.72		437.78	133.34	000	N	390.38
91022	DUODENAL MOTILITY MANOMETRIC STUDY	4.72	278.48	125.67	152.81	000	N	1219.75		315.06	132.75	000	N	390.38
91030	ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	3.84	226.56	79.06	147.50	000	N	564.72		257.83	84.37	000	N	390.38
91034	GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	5.35	315.65	86.14	229.51	000	N	564.72		349.87	87.91	000	N	390.38
91035	GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	13.54	798.86	141.01	657.85	000	N	564.72		911.55	145.14	000	N	390.38
91037	GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	4.52	266.68	84.96	181.72	000	N	313.82		299.13	90.27	000	N	177.09
91038	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	12.66	746.94	96.17	650.77	000	N	564.72		855.5	100.89	000	N	390.38
91040	ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	12.25	722.75	83.78	638.97	000	N	564.72		531.59	79.65	000	N	177.09

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
91065	BREATH HYDROGEN/METHANE TEST	2.2	129.80	17.11	112.69	000	N	184.79		174.05	18.29	000	N	177.09
91110	GI IMAG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	24.87	1467.33	318.60	1148.73	XXX	N	1061.55		1682.68	336.3	XXX	N	968.45
91111	GASTROINTESTINAL TRACT IMAGING ESOPHAGUS W/I&R	20.41	1204.19	87.91	1116.28	XXX	N	1061.55		1405.97	92.04	XXX	N	1195.63
91112	GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	30.45	1796.55	184.08	1612.47	XXX	N	1061.55		2058.51	194.11	XXX	N	390.38
91117	COLON MOTILITY STDY MIN 6 HR CONT RECORD W/I&R	3.93	231.87			000	N	294.26		278.48		000	N	299.71
91120	RECTAL SESATION TONE & COMPLIANCE TEST	11.98	706.82	84.37	622.45	XXX	N	184.79		741.63	87.32	XXX	N	105.77
91122	ANORECTAL MANOMETRY	6.41	378.19	151.63	226.56	000	N	746.97		396.48	153.4	000	N	299.71
91132	ELECTROGASTROGRAPHY DX TRANSCUTANEOUS	4.36	257.24	47.20	210.04	XXX	N	184.79		293.23	48.38	XXX	N	177.09
91133	ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCTVE TSTG	4.85	286.15	57.82	228.33	XXX	N	129.85		338.07	61.95	XXX	N	177.09
91200	LIVER ELASTOGRAPHY W/O IMAG W/I&R	0.89	52.51	21.83	30.68	XXX	N	218.73		59.59		XXX	N	167.27
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	0	BR	BR	BR	XXX	N	184.79		BR	0	XXX	N	177.09
92002	OPHTH MEDICAL XM&EVAL INTERMEDIATE NEW PT	2.28	134.52			XXX	N	145.45		143.96		XXX	N	125.08
92004	OPHTH MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	4.18	246.62			XXX	N	145.45		262.55		XXX	N	125.08
92012	OPHTH MEDICAL XM&EVAL INTERMEDIATE ESTAB PT	2.4	141.60			XXX	N	145.45		151.63		XXX	N	95.05
92014	OPHTH MEDICAL XM&EVAL COMPRHNSV ESTAB PT 1/>	3.48	205.32			XXX	N	145.45		218.89		XXX	N	95.05
92015	DETERMINATION REFRACTIVE STATE	0.56	33.04			XXX	N	42.53		34.22		XXX	N	
92018	OPHTH XM&EVAL ANES W/WO MANJ GLOBE COMPL	4.11	242.49			XXX	N	1995.55		248.98		XXX	N	1459.88
92019	OPHTH XM&EVAL ANES W/WO MANJ GLOBE LMTD	2.03	119.77			XXX	N	1995.55		120.95		XXX	N	1459.88
92020	GONIOSCOPY SEPARATE PROCEDURE	0.75	44.25			XXX	N	129.85		47.79		XXX	N	62.45
92025	COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI	1.07	63.13	33.63	29.50	XXX	N	79.66		66.67	34.22	XXX	N	62.45
92060	SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX	1.83	107.97	63.72	44.25	XXX	N	129.85		115.64	66.67	XXX	N	62.45
92065	ORTHOPTIC &/PLEOPTIC TRAINING W/MEDICAL DIRECTJ	1.5	88.50	30.09	58.41	XXX	N	129.85		96.17	30.68	XXX	N	62.45

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92071	FIT CONTACT LENS TX OCULAR SURFACE DISEASE	1.07	63.13			XXX	N			59		XXX	N	
92072	FITTING CONTACT LENS FOR MNGT OF KERATOCONUS	3.81	224.79			XXX	N			221.84		XXX	N	
92081	VISUAL FIELD XM UNI/BI W/INTERPRETJ LIMITED EXAM	0.95	56.05	27.14	28.91	XXX	N	129.85		60.77	28.91	XXX	N	62.45
92082	VISUAL FIELD XM UNI/BI W/INTERP INTERMED EXAM	1.35	79.65	35.99	43.66	XXX	N	79.66		87.32	38.94	XXX	N	62.45
92083	VISUAL FIELD XM UNI/BI W/INTERP EXTENDED EXAM	1.81	106.79	46.61	60.18	XXX	N	129.85		115.64	48.97	XXX	N	95.55
92100	SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRES	2.25	132.75			XXX	N			142.19		XXX	N	
92132	CMPTR OPHTHALMIC DX IMG ANT SEGMT W/I&R UNI/BI	0.98	57.82	31.86	25.96	XXX	N	79.66		63.13	34.22	XXX	N	62.45
92133	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	1.24	73.16	46.61	26.55	XXX	N	79.66		78.47	48.97	XXX	N	62.45
92134	COMPUTERIZED OPHTHALMIC IMAGING RETINA	1.27	74.93	47.79	27.14	XXX	N	79.66		80.24	50.15	XXX	N	62.45
92136	OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	2.54	149.86	51.92	97.94	XXX	N	129.85		161.66	53.69	XXX	N	95.55
92140	PROVOCATIVE TESTS GLAUCOMA I&R W/O TONOGRAPHY	1.78	105.02			XXX	N	129.85		112.69		XXX	N	62.45
92145	CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	0.43	25.37	14.16	11.21	XXX	N	43.46		25.96	14.75	XXX	N	64.57
92225	OPHTHALMOSCPY EXTENDED RETINAL DRAWING I&R 1ST	0.76	44.84			XXX	N	79.66		47.79		XXX	N	62.45
92226	OPHTHALMOSCPY EXTENDED RETINAL DRAWING I&R SBS	0.7	41.30			XXX	N	79.66		43.07		XXX	N	62.45
92227	REMOTE IMG DX RETINL DIS W/ALYS & REPORT UNI/B	0.41	24.19			XXX	N	43.46		24.19		XXX	N	30.23
92228	REMOTE IMAGING MGT RETINAL DISEASE W/I&R UNI/B	0.97	57.23	34.81	22.42	XXX	N	129.85		62.54	37.17	XXX	N	30.23
92230	FLUORESCEIN ANGIOSCOPY INTERPRETATION & REPORT	1.64	96.76			XXX	N	129.85		103.84		XXX	N	95.55
92235	FLUORESCEIN ANGIOSCOPY INTERPRETATION & REPORT	3.09	182.31	78.47	103.84	XXX	N	313.82		196.47	81.42	XXX	N	186.92
92240	INDOCYANINE GREEN ANGIOGRAPHY W/INTERP & REPOR	7.19	424.21	106.79	317.42	XXX	N	313.82		461.38	110.33	XXX	N	186.92
92250	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	2.22	130.98	40.12	90.86	XXX	N	129.85		141.01	40.71	XXX	N	62.45
92260	OPHTHALMODYNAMOMETRY	0.52	30.68			XXX	N	43.46		33.63		XXX	N	62.45
92265	NEEDLE OCULOGRAPHY 1/ XOC MUSC 1/BOTH EYE W/I&R	2.23	131.57	71.98	59.59	XXX	N	79.66		141.01	73.75	XXX	N	62.45

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92270	ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	2.58	152.22	69.03	83.19	XXX	N	129.85		162.84	70.8	XXX	N	62.45
92275	ELECTRORETINOGRAPY W/INTERPRETATION & REPORT	4.18	246.62	90.27	156.35	XXX	N	313.82		286.74	101.48	XXX	N	186.92
92283	COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	1.56	92.04	15.34	76.70	XXX	N	129.85		99.71	15.93	XXX	N	62.45
92284	DARK ADAPTATION XM W/INTERPRETATION & REPORT	1.73	102.07	20.65	81.42	XXX	N	129.85		110.92	21.24	XXX	N	62.45
92285	XTRNL OCULAR PHOTOG W/I&R DOCMT MEDICAL PROGRE	0.58	34.22	5.31	28.91	XXX	N	129.85		37.17	5.31	XXX	N	62.45
92286	ANT SGM IMAGING W/MICROSCOPY ENDOTHELIAL ANALY	1.08	63.72	37.17	26.55	XXX	N	129.85		67.26	37.76	XXX	N	95.55
92287	ANT SGM IMAGING W/FLUOROSCEIN ANGIO & I&R	3.88	228.92	77.88	151.04	XXX	N	129.85		248.39	81.42	XXX	N	95.55
92310	RX&FITG C-LENS SUPVJ CRNL LENS OU XCPT APHK	2.7	159.30			XXX	N	72.76		166.97		XXX	N	
92311	RX&FITG CONTACT CORNEAL LENS APHAKIA 1 EYE	2.85	168.15			XXX	N	129.85		182.9		XXX	N	95.55
92312	RX&FITG CONTACT CORNEAL LENS APHAKIA BOTH EYES	3.28	193.52			XXX	N	129.85		205.32		XXX	N	62.45
92313	RX&FITG CORNEOSCLERAL LENS	2.73	161.07			XXX	N	129.85		180.54		XXX	N	95.55
92314	RX&FTG CONTACT CORNEAL LENS EYES XCPT APHAKIA	2.24	132.16			XXX	N			139.83		XXX	N	
92315	RX CONTACT CORNEAL LENS APHAKIA 1 EYE	2.05	120.95			XXX	N	129.85		146.91		XXX	N	95.55
92316	RX CONTACT CORNEAL LENS APHAKIA BOTH EYES	2.58	152.22			XXX	N	79.66		194.11		XXX	N	95.55
92317	RX CONTACT CORNEOSCLERAL LENS	2.14	126.26			XXX	N	43.46		136.29		XXX	N	62.45
92325	MODIFICAJ CONTACT LENX SPX SUPVJ ADAPTATION	1.18	69.62			XXX	N	129.85		74.93		XXX	N	95.55
92326	REPLACEMENT CONTACT LENS	0.99	58.41			XXX	N	79.66		63.72		XXX	N	62.45
92340	FITTING SPECTACLES XCPT APHAKIA MONOFOCAL	1	59.00			XXX	N			62.54		XXX	N	
92341	FITTING SPECTACLES XCPT APHAKIA BIFOCAL	1.14	67.26			XXX	N			70.8		XXX	N	
92342	FITTING SPECTACLES XCPT APHAKIA MULTIFOCAL	1.23	72.57			XXX	N			76.11		XXX	N	
92352	FITTING SPECTACLE PROSTH APHAKIA MONOFOCAL	1.14	67.26			XXX	N	79.66		71.39		XXX	N	95.55
92353	FITTING SPECTACLE PROSTH APHAKIA MULTIFOCAL	1.33	78.47			XXX	N	79.66		82.6		XXX	N	95.55

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92354	FITTING SPECTACLE MOUNTED LW VIS AID 1 ELMNT	0.38	22.42			XXX	N	43.46		24.78		XXX	N	62.45
92355	FITTING SPECTACLE MOUNTED LW VIS AID TLSCP	0.59	34.81			XXX	N	43.46		38.35		XXX	N	62.45
92358	PROSTHESIS SERVICE APHAKIA TEMPORARY	0.32	18.88			XXX	N	79.66		20.65		XXX	N	62.45
92370	RPR&REFITG SPECTACLES EXCEPT APHAKIA	0.87	51.33			XXX	N			54.28		XXX	N	
92371	RPR&REFITG SPECTACLE PROSTHESIS APHAKIA	0.33	19.47			XXX	N	79.66		21.24		XXX	N	95.55
92499	UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	0	BR	BR	BR	XXX	N	18.08		BR	0	XXX	N	62.45
92502	OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA	2.77	163.43			000	N	445.67		168.74		000	N	296.47
92504	BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	0.85	50.15			XXX	N			54.87		XXX	N	
92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	2.23	131.57			XXX	N			123.31		XXX	N	
92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2/>INDIV	0.66	38.94			XXX	N			35.99		XXX	N	
92511	NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	3.18	187.62			000	N	201.25		249.57		000	N	99.72
92512	NASAL FUNCTION STUDIES	1.72	101.48			XXX	N	313.82		109.15		XXX	N	84.24
92516	FACIAL NERVE FUNCTION STUDIES	1.99	117.41			XXX	N	313.82		125.67		XXX	N	84.24
92520	LARYNGEAL FUNCTION STUDIES	2.14	126.26			XXX	N	129.85		130.39		XXX	N	170.37
92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	3.13	184.67			XXX	N			188.21		XXX	N	
92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	2.61	153.99			XXX	N			152.81		XXX	N	
92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	5.47	322.73			XXX	N			317.42		XXX	N	
92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	2.53	149.27			XXX	N			159.3		XXX	N	
92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	2.43	143.37			XXX	N			133.93		XXX	N	
92531	SPONTANEOUS NYSTAGMUS W/GAZE	0.45	26.55			XXX	N			28.91		XXX	N	
92532	POSITIONAL NYSTAGMUS TEST	0.52	30.68			XXX	N			32.45		XXX	N	
92533	CALORIC VESTIBULAR TEST EACH IRRIGATION	0.74	43.66			XXX	N			46.61		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92534	OPTOKINETIC NYSTAGMUS TEST	0.57	33.63			XXX	N			35.4		XXX	N	
92537	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	1.14	67.26	53.10	14.16	XXX	N	313.82						
92538	CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	0.58	34.22	26.55	7.67	XXX	N	313.82						
92540	VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	2.87	169.33	132.75	36.58	XXX	N	313.82		174.64	135.11	XXX	N	170.37
92541	SPONTANEOUS NYSTAGMUS TEST	0.68	40.12	34.81	5.31	XXX	N	129.85		52.51	35.4	XXX	N	84.24
92542	POSITIONAL NYSTAGMUS TEST	0.79	46.61	41.89	4.72	XXX	N	129.85		46.61	29.5	XXX	N	84.24
92544	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	0.47	27.73	23.60	4.13	XXX	N	184.79		40.71	23.6	XXX	N	84.24
92545	OSCILLATING TRACKING TEST W/RECORDING	0.43	25.37	21.83	3.54	XXX	N	184.79		36.58	20.65	XXX	N	84.24
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	2.91	171.69	24.78	146.91	XXX	N	184.79		185.26	25.37	XXX	N	170.37
92547	USE VERTICAL ELECTRODES	0.17	10.03	1.77	8.26	ZZZ	N			11.21	2.36	ZZZ	N	
92548	COMPUTERIZED DYNAMIC POSTUROGRAPY	2.89	170.51	43.66	126.85	XXX	N	129.85		185.26	43.66	XXX	N	170.37
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	0.6	35.40			XXX	N	184.79		35.99		XXX	N	46.29
92551	SCREENING TEST PURE TONE AIR ONLY	0.34	20.06			XXX	N	51.29		21.83		XXX	N	
92552	PURE TONE AUDIOMETRY AIR ONLY	0.88	51.92			XXX	N	129.85		56.05		XXX	N	46.29
92553	PURE TONE AUDIOMETRY AIR & BONE	1.05	61.95			XXX	N	184.79		67.85		XXX	N	114.3
92555	SPEECH AUDIOMETRY THRESHOLD	0.66	38.94			XXX	N	43.46		42.48		XXX	N	46.29
92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	1.05	61.95			XXX	N	43.46		66.67		XXX	N	46.29
92557	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	1.06	62.54			XXX	N	184.79		64.9		XXX	N	114.3
92558	EVOKED OTOACOUSTIC EMISSIONS SCREEN AUTO ANALYS	0.28	16.52	0.00	16.52	XXX	N	89.54		17.11		XXX	N	
92559	AUDIOMETRIC TESTING GROUPS	0.83	48.97			XXX	N			50.15		XXX	N	
92560	BEKESY AUDIOMETRY SCREENING	0.58	34.22			XXX	N			35.4		XXX	N	
92561	BEKESY AUDIOMETRY DIAGNOSTIC	1.07	63.13			XXX	N	129.85		68.44		XXX	N	114.3

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92562	LOUDNESS BALANCE BINAURAL/MONAURAL	1.31	77.29			XXX	N	184.79		84.96		XXX	N	46.29
92563	TONE DECAY TEST	0.87	51.33			XXX	N	43.46		57.23		XXX	N	46.29
92564	SHORT INCREMENT SENSITIVITY INDEX	0.79	46.61			XXX	N	43.46		51.92		XXX	N	46.29
92565	STENGER TEST PURE TONE	0.45	26.55			XXX	N	43.46		30.68		XXX	N	46.29
92567	TYMPANOMETRY	0.41	24.19			XXX	N	43.46		24.78		XXX	N	46.29
92568	ACOUSTIC REFLEX THRESHOLD	0.45	26.55			XXX	N	43.46		26.55		XXX	N	46.29
92570	ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	0.91	53.69			XXX	N	184.79		55.46		XXX	N	114.3
92571	FILTERED SPEECH TEST	0.77	45.43			XXX	N	43.46		49.56		XXX	N	46.29
92572	STAGGERED SPONDAIC WORD	1.01	59.59			XXX	N	184.79		95.58		XXX	N	150.89
92575	SENSORINEURAL ACUITY LEVEL	2.04	120.36			XXX	N	43.46		137.47		XXX	N	46.29
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	1.01	59.59			XXX	N	43.46		61.95		XXX	N	46.29
92577	STENGER TEST SPEECH	0.47	27.73			XXX	N	564.72		33.63		XXX	N	150.89
92579	VISUAL REINFORCEMENT AUDIOMETRY	1.19	70.21			XXX	N	184.79		71.98		XXX	N	114.3
92582	CONDITIONING PLAY AUDIOMETRY	1.91	112.69			XXX	N	184.79		130.39		XXX	N	114.3
92583	SELECT PICTURE AUDIOMETRY	1.48	87.32			XXX	N	43.46		93.81		XXX	N	46.29
92584	ELECTROCOCHLEOGRAPHY	2.07	122.13			XXX	N	184.79		126.85		XXX	N	237.41
92585	AUDITORY EVOKED POTENTIALS COMPREHENSIVE	3.83	225.97	44.84	181.13	XXX	N	313.82		227.15	44.84	XXX	N	237.41
92586	AUDITORY EVOKED POTENTIALS LIMITED	2.41	142.19			XXX	N	184.79		155.17		XXX	N	102.99
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	0.61	35.99	30.68	5.31	XXX	N	313.82		37.76	32.45	XXX	N	84.24
92588	DISTRT PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	0.93	54.87	48.38	6.49	XXX	N	313.82		57.23	50.15	XXX	N	84.24
92590	HEARING AID EXAMINATION & SELECTION MONAURAL	1.52	89.68			XXX	N	108.81		93.22		XXX	N	
92591	HEARING AID EXAMINATION & SELECTION BINAURAL	1.93	113.87			XXX	N	136.12		118.59		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92592	HEARING AID CHECK MONAURAL	0.6	35.40			XXX	N	49.63		37.17		XXX	N	
92593	HEARING AID CHECK BINAURAL	0.99	58.41			XXX	N	78.82		61.95		XXX	N	
92594	ELECTROACOUS EVAL HEARING AID MONAURAL	0.58	34.22			XXX	N	40.79		35.4		XXX	N	
92595	ELECTROACOUS EVAL HEARING AID BINAURAL	1.24	73.16			XXX	N	90.10		76.7		XXX	N	
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	1.19	70.21			XXX	N	43.46		78.47		XXX	N	46.29
92597	EVAL&/FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	2.04	120.36			XXX	N			120.36		XXX	N	
92601	ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	4	236.00			XXX	N	184.79		230.1		XXX	N	150.89
92602	ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	2.53	149.27			XXX	N	184.79		155.76		XXX	N	150.89
92603	ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	4.28	252.52			XXX	N	184.79		254.88		XXX	N	150.89
92604	ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	2.53	149.27			XXX	N	184.79		153.4		XXX	N	150.89
92605	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1ST HR	2.63	155.17			XXX	N			157.53		XXX	N	
92606	THER SVC N-SP-GENRATJ DEV PRGRMG&MODIFICAJ	2.35	138.65			XXX	N			141.6		XXX	N	
92607	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV 1ST HR	3.57	210.63			XXX	N			207.09		XXX	N	
92608	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV EA 30 MIN	1.49	87.91			ZZZ	N			83.19		ZZZ	N	
92609	THER SP-GENRATJ DEV PRGRMG&MODIFICAJ	3.12	184.08			XXX	N			170.51		XXX	N	
92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	2.41	142.19			XXX	N			135.11		XXX	N	
92611	MOTION FLUOR EVAL SWLNG FUNCJ C/V REC	2.46	145.14			XXX	N			151.63		XXX	N	
92612	FLX FIBOPT NDSC EVAL SWLNG C/V REC	5.27	310.93			XXX	N			312.11		XXX	N	
92613	FLX FIBOPT NDSC EVAL SWLNG C/V REC PHYS I&R	1.09	64.31			XXX	N			66.08		XXX	N	
92614	FLX FIBOPT NDSC EVAL LARYN SENS C/V REC	4.13	243.67			XXX	N			268.45		XXX	N	
92615	FLX FIBOPT NDSC EVAL LARYN SENS PHYS I&R	0.96	56.64			XXX	N			57.82		XXX	N	
92616	FLX FIBOPT NDSC EVAL SWLNG&LARYN SENS C/V REC	5.9	348.10			XXX	N			368.16		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92617	FLX FIBOPT NDSC EVAL SWLNG&LARYN SENS PHYS I&R	1.19	70.21			XXX	N			71.98		XXX	N	
92618	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN	0.96	56.64			ZZZ	N			56.64		ZZZ	N	
92620	EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN	2.66	156.94			XXX	N	184.79		160.48		XXX	N	114.3
92621	EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN	0.63	37.17			ZZZ	N			38.35		ZZZ	N	
92625	ASSESSMENT TINNITUS	1.98	116.82			XXX	N	184.79		119.18		XXX	N	114.3
92626	EVALUATION AUDITORY REHAB STATUS 1ST HR	2.53	149.27			XXX	N	184.79		155.17		XXX	N	150.89
92627	EVALUATION AUDITORY REHAB STATUS EA 15 MIN	0.63	37.17			ZZZ	N			37.17		ZZZ	N	
92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	0	BR			XXX	N	183.92		BR		XXX	N	
92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	0	BR			XXX	N	206.29		BR		XXX	N	
92640	ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	3.2	188.80			XXX	N	184.79		213.58		XXX	N	114.3
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	0	BR			XXX	N	18.08		BR		XXX	N	46.29
92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	15.87	936.33			000	N	9184.30	J1	943.41		000	N	5190.09
92921	PRQ TRLUML CORONARY ANGIOPLASTY ADDL BRANCH	0	BR			ZZZ	N			552.19		ZZZ	N	5190.09
92924	PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	18.85	1112.15			000	N	19084.70	J1	1121.59		000	N	9896.5
92925	PRQ TRLUML CORONARY ANGIO/ATHEREC ADDL ART/BRNCH	0	BR			ZZZ	N			702.74		ZZZ	N	9896.5
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	17.62	1039.58			000	N	19084.70	J1	1047.84		000	N	7883
92929	PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	0	BR			ZZZ	N			624.02		ZZZ	N	7883
92933	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	19.71	1162.89			000	N	29224.34	J1	1171.74		000	N	7883
92934	PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	0	BR			ZZZ	N			773.01		ZZZ	N	7883
92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	17.61	1038.99			000	N	19084.70	J1	1046.66		000	N	7883
92938	PRQ TRLUML CORONARY BYP GRFT REVASC ADDL VESSEL	0	BR			ZZZ	N			843.29		ZZZ	N	7883
92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	19.75	1165.25			000	N	19084.70	J1	1174.1		000	N	7883

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	19.74	1164.66			000	N	19084.70	J1	1174.1		000	N	7883
92944	PRQ TRLUML CORONRY CHRNIC OCCLUS REVASC ADDL VSL	0	BR			ZZZ	N			843.29		ZZZ	N	7883
92950	CARDIOPULMONARY RESUSCITATION	8.61	507.99			000	N	313.82		533.95		000	N	207.48
92953	TEMPORARY TRANSCUTANEOUS PACING	0.32	18.88			000	N	665.24		18.29		000	N	207.48
92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	5.83	343.97			000	N	665.24		356.36		000	N	515.63
92961	CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	7.54	444.86			000	N	665.24		414.77		000	N	515.63
92970	CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL	5.41	319.19			000	N			303.26		000	N	
92971	CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	2.93	172.87			000	N	464.10		158.71		000	N	
92973	PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	5.15	303.85			ZZZ	N			306.21		ZZZ	N	3999.56
92974	TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	4.7	277.30			ZZZ	N			279.66		ZZZ	N	1491.99
92975	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	11.35	669.65			000	N			676.73		000	N	
92977	THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	1.75	103.25			XXX	N	284.56		98.53		XXX	N	222.75
92978	INTRAVASC US CORONARY INTERP&RPT INITIAL VESSE	7.94	468.46	164.02	304.44	ZZZ	N			434.83	152.22	ZZZ	N	
92979	INTRAVASC US CORONARY INTERP&RPT ADDL VESSEL	4.83	284.97	130.98	153.99	ZZZ	N			265.5	122.13	ZZZ	N	
92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE	38.71	2283.89			090	N	9184.30	J1	2320.47		090	N	5190.09
92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE	39.92	2355.28			090	N	19084.70	J1	2401.3		090	N	5190.09
92990	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	31.5	1858.50			090	N	19084.70	J1	1883.28		090	N	5190.09
92992	ATRIAL SEPTECT/SEPTOST TRANSVENOUS BALLOON	31.44	1854.96			090	Y			1868.53		090	Y	
92993	ATRIAL SEPTECT/SEPTOSTOMY BLADE METHOD	24.87	1467.33			090	Y			1477.95		090	Y	
92997	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	19.06	1124.54			000	N	19084.70	J1	1129.26		000	N	5190.09
92998	PRQ TRLUML PULMONARY ART BALLOON ANGIOP EA VSL	9.39	554.01			ZZZ	N			558.73		ZZZ	N	5190.09
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	0.48	28.32			XXX	N			31.86		XXX	N	

MEDICAL DATA														
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93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	0.24	14.16	0.00	14.16	XXX	N	79.66		17.7		XXX	N	34.41
93010	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	0.24	14.16			XXX	N			14.16		XXX	N	
93015	CV STRS TST XERS&/OR RX CONT ECG W/SI&R	2.15	126.85			XXX	N			138.06		XXX	N	
93016	CV STRS TST XERS&/OR RX CONT ECG W/O I&R	0.63	37.17			XXX	N			37.17		XXX	N	
93017	CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	1.11	65.49	0.00	65.49	XXX	N	313.82		76.11		XXX	N	228.11
93018	CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	0.41	24.19			XXX	N			24.78		XXX	N	
93024	ERGONOVINE PROVOCATION TST	3.16	186.44	95.58	90.86	XXX	N	129.85		195.29	96.76	XXX	N	228.11
93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	4.5	265.50	61.36	204.14	XXX	N	184.79		296.77	63.13	XXX	N	228.11
93040	RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	0.36	21.24			XXX	N			23.01		XXX	N	
93041	RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I&R	0.16	9.44	0.00	9.44	XXX	N	43.46		10.62		XXX	N	30.23
93042	RHYTHM ECG 1-3 LEADS INTERPRETATION & REPRT ON	0.2	11.80			XXX	N			12.39		XXX	N	
93050	ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	0.49	28.91	14.16	14.75	XXX	N	43.46						
93224	XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I	2.57	151.63			XXX	N			162.84		XXX	N	
93225	XTRNL ECG & 48 HR RECORDING	0.75	44.25	0.00	44.25	XXX	N	129.85		48.97		XXX	N	85.82
93226	EXTERNAL ECG SCANNING ANALYSIS REPORT	1.07	63.13	0.00	63.13	XXX	N	129.85		69.03		XXX	N	85.82
93227	XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS	0.75	44.25			XXX	N			44.84		XXX	N	
93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	0.74	43.66			XXX	N			43.66		XXX	N	
93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	20.5	1209.50			XXX	N	313.82		1276.17		XXX	N	222.68
93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	1.89	111.51	74.93	36.58	XXX	N	47.88		111.51	74.34	XXX	N	43.6
93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	1.71	100.89	64.31	36.58	XXX	N	47.88		102.07	64.9	XXX	N	43.6
93268	XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	5.79	341.61			XXX	N			383.5		XXX	N	
93270	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	0.26	15.34	0.00	15.34	XXX	N	47.88		16.52		XXX	N	85.82

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93271	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	4.81	283.79	0.00	283.79	XXX	N	151.60		325.09		XXX	N	143.81
93272	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	0.72	42.48			XXX	N			41.89		XXX	N	
93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG	0.85	50.15	20.65	29.50	XXX	N	79.66		53.69	21.24	XXX	N	30.23
93279	PROGRAM EVAL IMPLANTABLE IN PRSN 1 LD PACEMAKER	1.4	82.60	53.69	28.91	XXX	N	47.88		86.14	54.87	XXX	N	43.8
93280	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	1.64	96.76	64.31	32.45	XXX	N	47.88		99.12	64.31	XXX	N	43.8
93281	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	1.92	113.28	74.93	38.35	XXX	N	47.88		115.64	74.93	XXX	N	43.8
93282	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	1.77	104.43	70.80	33.63	XXX	N	47.88		107.38	71.39	XXX	N	43.8
93283	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	2.3	135.70	96.17	39.53	XXX	N	47.88		138.06	96.17	XXX	N	43.8
93284	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	2.54	149.86	105.02	44.84	XXX	N	47.88		152.22	104.43	XXX	N	43.8
93285	PROGRAM EVAL IMPLANTABLE DEV IN PRSN ILR SYSTEM	1.19	70.21	43.66	26.55	XXX	N	47.88		70.8	43.07	XXX	N	43.8
93286	PERI-PX EVAL&PROGRAM IN PRSN PACEMAKER SYSTEM	0.77	45.43	25.37	20.06	XXX	N			46.02	25.37	XXX	N	
93287	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	1.02	60.18	38.35	21.83	XXX	N			60.18	37.17	XXX	N	
93288	INTERROGATION EVAL IN PERSON 1/DUAL/MLT LEAD PM	1.04	61.36	35.40	25.96	XXX	N	47.88		63.72	35.4	XXX	N	43.8
93289	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	1.84	108.56	76.11	32.45	XXX	N	47.88		111.51	76.7	XXX	N	43.8
93290	INTERROGATION EVAL F2F IMPLANTABLE CV MNTR SYS	0.88	51.92	35.99	15.93	XXX	N	47.88		52.51	35.4	XXX	N	30.23
93291	INTERROGATION EVALUATION IN PERSON ILR SYSTEM	1.02	60.18	35.99	24.19	XXX	N	43.46		61.36	35.4	XXX	N	43.8
93292	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	0.92	54.28	35.99	18.29	XXX	N	47.88		55.46	35.4	XXX	N	43.8
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	1.5	88.50	25.96	62.54	XXX	N	47.88		92.04	25.96	XXX	N	43.8
93294	INTERROGATION EVAL REMOTE </90 D 1/2/MLT LEAD PM	0.96	56.64			XXX	N			56.64		XXX	N	
93295	INTERROGATION EVAL REMOTE </90 D 1/2/MLT LD DFB	1.91	112.69			XXX	N			111.51		XXX	N	
93296	INTERROGATION REMOTE </90 D TECHNICIAN REVIEW	0.73	43.07			XXX	N	47.88		45.43		XXX	N	43.8
93297	INTERROGATION EVAL REMOTE </30 D CV MNTR SYS	0.75	44.25			XXX	N			44.25		XXX	N	

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93298	INTERROGATION EVALUATION REMOTE </30 D ILR SYS	0.75	44.25			XXX	N			44.25		XXX	N	
93299	INTERROGATION EVAL REMOTE </30 D TECH REVIEW	0	BR			XXX	N	47.88		BR		XXX	N	43.8
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	6.73	397.07	106.79	290.28	XXX	N	995.02		342.79	107.97	XXX	N	720.72
93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	4.4	259.60	61.36	198.24	XXX	N	593.61		227.74	62.54	XXX	N	503.76
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	6.43	379.37	106.20	273.17	XXX	N	593.61		328.63	107.38	XXX	N	503.76
93307	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	3.68	217.12	75.52	141.60	XXX	N	593.61		198.24	76.7	XXX	N	503.76
93308	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	3.52	207.68	43.07	164.61	XXX	N	218.73		174.05	43.07	XXX	N	274.34
93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	8.64	509.76	202.96	306.80	XXX	N	995.02		530.41	177	XXX	N	720.72
93313	ECHO R-T 2D W/PROBE PLACEMENT ONLY	0.64	37.76			XXX	N	995.02		71.39		XXX	N	503.76
93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	8.47	499.73	174.05	325.68	XXX	N			494.42	101.48	XXX	N	
93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	8.04	474.36	237.18	237.18	XXX	N	995.02		470.82	235.41	XXX	N	503.76
93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	1.09	64.31			XXX	N	995.02		72.57		XXX	N	720.72
93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	6	354.00	177.00	177.00	XXX	N			317.42	158.71	XXX	N	
93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	6.62	390.58	195.29	195.29	XXX	N	995.02		379.96	189.98	XXX	N	720.72
93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	1.53	90.27	30.68	59.59	ZZZ	N			77.88	31.27	ZZZ	N	
93321	DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD	0.77	45.43	12.39	33.04	ZZZ	N			41.3	12.39	ZZZ	N	
93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	0.72	42.48	5.31	37.17	ZZZ	N			34.81	6.49	ZZZ	N	
93350	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	6.8	401.20	119.18	282.02	XXX	N	593.61		347.51	120.95	XXX	N	503.76
93351	ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	7.65	451.35	142.19	309.16	XXX	N	593.61		406.51	144.55	XXX	N	720.72
93352	USE OF ECHO CONTRAST AGENT DURING STRESS ECHO	0.96	56.64			ZZZ	N			60.18		ZZZ	N	
93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	6.43	379.37			XXX	N							
93451	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	22.21	1310.39	246.03	1064.36	000	N	3630.48		1419.54	254.29	000	N	3418.11

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	25.03	1476.77	430.11	1046.66	000	N	3630.48		1571.76	445.45	000	N	3418.11
93453	R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	32.3	1905.70	568.76	1336.94	000	N	3630.48		2049.66	584.69	000	N	3418.11
93454	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	25.41	1499.19	436.01	1063.18	000	N	3630.48		1609.52	448.4	000	N	3418.11
93455	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	29.58	1745.22	503.86	1241.36	000	N	3630.48		1870.3	517.43	000	N	3418.11
93456	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	31.84	1878.56	559.32	1319.24	000	N	3630.48		2017.21	574.07	000	N	3418.11
93457	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	35.99	2123.41	627.17	1496.24	000	N	3630.48		2276.81	643.69	000	N	3418.11
93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	30.49	1798.91	532.77	1266.14	000	N	3630.48		1927.53	547.52	000	N	3418.11
93459	CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I	33.69	1987.71	600.62	1387.09	000	N	3630.48		2128.13	615.96	000	N	3418.11
93460	R & L HRT CATH WINJX HRT ART& L VENTR IMG	36.14	2132.26	669.06	1463.20	000	N	3630.48		2280.35	686.17	000	N	3418.11
93461	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	41.33	2438.47	738.09	1700.38	000	N	3630.48		2612.52	757.56	000	N	3418.11
93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE	6.07	358.13			ZZZ	N			354		ZZZ	N	3418.11
93463	MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	2.81	165.79			ZZZ	N			183.49		ZZZ	N	
93464	PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU	7.76	457.84	146.32	311.52	ZZZ	N			505.04	165.79	ZZZ	N	
93503	INSERTION FLOW DIRECTED CATHETER FOR MONITORING	3.7	218.30			000	N	1228.40		223.02		000	N	1491.99
93505	ENDOMYOCARDIAL BIOPSY	21.65	1277.35	397.07	880.28	000	N	3200.67		1358.77	400.61	000	N	1491.99
93530	R HRT CATHETERIZATION CONGENITAL CARDIAC ANOMALY	24.5	1445.50	375.83	1069.67	000	N	3630.48		1513.35	393.53	000	N	3418.11
93531	CMBN R HRT & RETROGRADE L HRT CATHJ CGEN ANOMA	49.8	2938.20	734.55	2203.65	000	N	3630.48		3115.2	778.8	000	N	3418.11
93532	CMBN R HRT T-SEPTAL L HRT CATHJ NTC SEPTUM CGEN	61.76	3643.84	910.96	2732.88	000	N	3630.48		3728.8	932.2	000	N	3418.11
93533	CMBN R HRT T-SEPTAL L HRT CATHJ SEPTAL OPNG CGEN	51.5	3038.50	607.70	2430.80	000	N	3630.48		3124.05	624.81	000	N	3418.11
93561	INDIC DIL STD ARTL&/OR VEN CATHJ W/OUTP MEAS	1.35	79.65	43.07	36.58	000	N			76.7	41.3	000	N	
93562	INDIC DIL STD ARTL&/OR VEN CATHJ SBSQ OUTP MEA	0.61	35.99	13.57	22.42	000	N			34.22	12.98	000	N	
93563	NJX SEL HRT ART CONGENITAL HRT CATH W/S&I	1.7	100.30			ZZZ	N			94.99		ZZZ	N	

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
93564	NJX SEL HRT ART/GRFT CONGENITAL HRT CATH W/S&I	1.78	105.02			ZZZ	N			97.35		ZZZ	N	
93565	NJX SEL L VENT/ATRIAL ANGIO HRT CATH W/S&I	1.33	78.47			ZZZ	N			73.75		ZZZ	N	
93566	NJX SEL R VENT/ATRIAL ANGIO HRT CATH W/S&I	4.86	286.74			ZZZ	N			306.8		ZZZ	N	
93567	NJX SUPRAVALV AORTOG HRT CATH W/S&I	4.01	236.59			ZZZ	N			251.34		ZZZ	N	
93568	NJX PULMONARY ANGIO HRT CATH W/S&I	4.36	257.24			ZZZ	N			274.35		ZZZ	N	
93571	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	7.91	466.69	163.43	303.26	ZZZ	N			433.06	151.63	ZZZ	N	
93572	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	4.73	279.07	130.98	148.09	ZZZ	N			261.37	122.72	ZZZ	N	
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	28.4	1675.60			000	N	29224.34	J1	1705.1		000	N	15448.36
93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	38.75	2286.25			000	N	29224.34	J1	2299.82		000	N	15448.36
93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	19.42	1145.78			000	N	29224.34	J1	1148.73		000	N	15448.36
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	21.93	1293.87			000	N			1278.53		000	N	
93600	BUNDLE OF HIS RECORDING	5.7	336.30	201.78	134.52	000	N	9395.94	J1	335.12	201.19	000	N	909.98
93602	INTRA-ATRIAL RECORDING	4.66	274.94	197.65	77.29	000	N	9395.94	J1	278.48	200.6	000	N	909.98
93603	RIGHT VENTRICULAR RECORDING	5.32	313.88	197.65	116.23	000	N	1690.08	J1	317.42	200.01	000	N	909.98
93609	INTRA-VENTRIC&/ATRIAL MAPG TACHYCARD W/CATH MA	11.13	656.67	472.59	184.08	ZZZ	N			657.85	473.77	ZZZ	N	
93610	INTRA-ATRIAL PACING	6.35	374.65	280.84	93.81	000	N	9395.94	J1	379.96	284.97	000	N	909.98
93612	INTRAVENTRICULAR PACING	6.56	387.04	278.48	108.56	000	N	9395.94	J1	393.53	283.2	000	N	909.98
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	11.53	680.27	489.70	190.57	ZZZ	N			665.52	478.49	ZZZ	N	
93615	ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	1.89	111.51	87.91	23.60	000	N	1690.08	J1	104.43	82.6	000	N	909.98
93616	ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	2.44	143.96	107.97	35.99	000	N	1690.08	J1	148.68	111.51	000	N	909.98
93618	INDUCTION ARRHYTHMIA ELECTRICAL PACING	11.4	672.60	403.56	269.04	000	N	1690.08	J1	672.6	403.56	000	N	909.98
93619	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	20.49	1208.91	689.12	519.79	000	N	9395.94	J1	1215.99	693.25	000	N	5060.12

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93620	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	24.71	1457.89	1093.27	364.62	000	N	9395.94	J1	1465.56	1099.17	000	N	5060.12
93621	COMPRE ELECTROPHYSIOL XM W/LEFT ATRIAL PACNG/REC	4.51	266.09	199.42	66.67	ZZZ	N			266.09	199.42	ZZZ	N	
93622	COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC	6.59	388.81	291.46	97.35	ZZZ	N			392.35	294.41	ZZZ	N	
93623	PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS	6.12	361.08	270.81	90.27	ZZZ	N			361.67	271.4	ZZZ	N	
93624	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	9.73	574.07	447.81	126.26	000	N	9395.94	J1	579.97	452.53	000	N	5060.12
93631	INTRAOP EPICAR& ENDOCAR PACG& MAPG	15.37	906.83	680.27	226.56	000	N			934.56	700.92	000	N	
93640	EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE	13.9	820.10	328.04	492.06	000	N			826	330.4	000	N	
93641	EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN	17.83	1051.97	557.55	494.42	000	N			1057.28	560.5	000	N	
93642	EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	12.14	716.26	462.56	253.70	000	N	1690.08	J1	677.91	411.23	000	N	909.98
93644	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	7.88	464.92	289.69	175.23	000	N			500.32	323.91	000	N	
93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	17.5	1032.50			000	N	9395.94	J1	1015.39		000	N	5060.12
93653	EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA	24.62	1452.58			000	N	31122.22	J1	1426.62		000	N	14378.96
93654	EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA	32.8	1935.20			000	N	31122.22	J1	1903.93		000	N	14378.96
93655	ICAR CATHETER ABLATION ARRHYTHMIA ADD ON	12.31	726.29			ZZZ	N			713.31		ZZZ	N	
93656	EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN	32.82	1936.38			000	N	31122.22	J1	1904.52		000	N	14378.96
93657	ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN	12.31	726.29			ZZZ	N			713.9		ZZZ	N	
93660	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	4.46	263.14	157.53	105.61	000	N	564.72		270.81	158.71	000	N	391.57
93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	5.4	318.60	238.95	79.65	ZZZ	N			322.73	241.9	ZZZ	N	
93668	PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION	0.54	31.86	0.00	31.86	XXX	N			34.81		XXX	N	
93701	BIOMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS	0.68	40.12	10.62	29.50	XXX	N	129.85		43.66	11.8	XXX	N	34.41
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	3.05	179.95			XXX	N	184.79		188.8		XXX	N	139.8
93724	ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	7.66	451.94	405.33	46.61	000	N	343.49		458.43	408.28	000	N	43.8

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93740	TEMPRATURE GRADIENT STUDY	0.23	13.57	11.21	2.36	XXX	N	184.79		14.75	11.8	XXX	N	81.11
93745	1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	0	BR	BR	BR	XXX	N	343.49		BR	0	XXX	N	43.8
93750	INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	1.58	93.22			XXX	N	151.60		93.22		XXX	N	143.81
93770	DERMINATION OF VENOUS PRESSUE	0.23	13.57	12.39	1.18	XXX	N			14.75	14.16	XXX	N	
93784	AMBL BLD PRESS W/TAPE&/DISK 24/> HR ALYS I&R	1.52	89.68			XXX	N			96.76		XXX	N	
93786	BL BLD PRESS W/TAPE&/DISK 24/> HR REC ONL	0.84	49.56	0.00	49.56	XXX	N	129.85		54.87		XXX	N	85.82
93788	AMBL BLD PRESS W/TAPE/DISK 24/>HR ALYS W/REPRT	0.15	8.85	0.00	8.85	XXX	N	129.85		10.03		XXX	N	85.82
93790	AMBL BLD PRESS TAPE&/DISK 24/> HR REVIEW	0.53	31.27			XXX	N			31.86		XXX	N	
93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	0.46	27.14			000	N	148.01		28.91		000	N	103.1
93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	0.71	41.89			000	N	148.01		43.07		000	N	103.1
93799	UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	0	BR	BR	BR	XXX	N	184.79		BR	0	XXX	N	85.82
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	5.76	339.84	67.26	272.58	XXX	N	218.73		423.62	50.15	XXX	N	199.63
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	3.68	217.12	42.48	174.64	XXX	N	218.73		305.03	34.22	XXX	N	199.63
93886	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	8	472.00	79.65	392.35	XXX	N	218.73		660.21	82.01	XXX	N	199.63
93888	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	4.2	247.80	43.07	204.73	XXX	N	218.73		383.5	53.69	XXX	N	83.3
93890	TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY	8.21	484.39	86.73	397.66	XXX	N	218.73		519.2	85.55	XXX	N	128.14
93892	TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	9.52	561.68	102.66	459.02	XXX	N	131.12		586.46	99.12	XXX	N	128.14
93893	TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ	9.94	586.46	100.30	486.16	XXX	N	131.12		625.99	100.3	XXX	N	128.14
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	0	BR	BR	BR	XXX	N	373.30		BR		XXX	N	
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	2.53	149.27	21.24	128.03	XXX	N	129.85		163.43	20.65	XXX	N	85.82
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	3.94	232.46	37.76	194.70	XXX	N	184.79		253.7	37.76	XXX	N	140.12
93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	4.94	291.46	41.89	249.57	XXX	N	184.79		318.01	41.89	XXX	N	140.12

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93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	7.4	436.60	66.08	370.52	XXX	N	218.73		445.45	67.26	XXX	N	199.63
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	4.36	257.24	40.71	216.53	XXX	N	218.73		256.06	42.48	XXX	N	128.14
93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	5.95	351.05	67.26	283.79	XXX	N	218.73		425.39	38.94	XXX	N	199.63
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	3.68	217.12	41.89	175.23	XXX	N	218.73		284.97	25.96	XXX	N	128.14
93965	N-INVAS PHYSIOLOGIC STD XTR VEINS COMPL BI STD	3.41	201.19	29.50	171.69	XXX	N	184.79		218.3	29.5	XXX	N	140.12
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	5.61	330.99	58.41	272.58	XXX	N	218.73		335.71	59.59	XXX	N	199.63
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	3.43	202.37	37.76	164.61	XXX	N	218.73		202.96	37.76	XXX	N	128.14
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	8.04	474.36	97.35	377.01	XXX	N	218.73		640.74	151.63	XXX	N	199.63
93976	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	4.64	273.76	67.26	206.50	XXX	N	218.73		371.7	101.48	XXX	N	199.63
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	5.46	322.14	67.26	254.88	XXX	N	218.73		411.23	55.46	XXX	N	199.63
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	3.42	201.78	41.89	159.89	XXX	N	218.73		284.38	36.58	XXX	N	128.14
93980	DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	3.42	201.78	102.66	99.12	XXX	N	218.73		284.97	104.43	XXX	N	199.63
93981	DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD	2.08	122.72	37.17	85.55	XXX	N	218.73		195.29	36.58	XXX	N	199.63
93982	IMPLANT WIRELESS PRESS SENSOR STUDY ANEURYSM SAC	1.22	71.98			XXX	N	79.66		76.7		XXX	N	85.82
93990	DUPLEX SCAN HEMODIALYSIS ACCESS	4.61	271.99	41.89	230.10	XXX	N	131.12		364.03	21.24	XXX	N	128.14
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	0	BR			XXX	N	79.66		BR		XXX	N	30.23
94002	VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	2.64	155.76			XXX	N	651.02		158.71		XXX	N	319.18
94003	VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	1.9	112.10			XXX	N	651.02		115.05		XXX	N	319.18
94004	VENTILATION ASSIST & MGMT NURSING FAC PR DAY	1.39	82.01			XXX	N			84.37		XXX	N	
94005	HOME VENTILATOR MGMT CARE OVERSIGHT 30 MIN/>	2.62	154.58			XXX	N			159.89		XXX	N	
94010	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	1.02	60.18	14.16	46.02	XXX	N	184.79		64.9	14.16	XXX	N	81.11
94011	MEAS SPIROMTRC FORCD EXPIRATORY FLO INFANT&/2 Y	2.91	171.69			XXX	N	184.79		171.69		XXX	N	58.13

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94012	MEAS SPIRO FRCD EXP FLO PRE&POST BRONCH INF/2YRS	4.45	262.55			XXX	N	313.82		270.81		XXX	N	58.13
94013	MEASUREMENT LUNG VOLUMES INFANT/CHILD/2 YRS	0.98	57.82			XXX	N	564.72		60.77		XXX	N	232.03
94014	PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	1.59	93.81	37.76	56.05	XXX	N	129.85		86.14	34.81	XXX	N	81.11
94015	PATIENT-INITIATED SPIROMETRIC RECORDING	0.87	51.33	0.00	51.33	XXX	N	313.82		44.25		XXX	N	81.11
94016	PATIENT-INITIATED SPIROMETRIC PHYS/QHP R&I ONLY	0.72	42.48			XXX	N			41.89		XXX	N	
94060	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	1.72	101.48	21.83	79.65	XXX	N	313.82		111.51	22.42	XXX	N	130.23
94070	BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	1.69	99.71	48.38	51.33	XXX	N	313.82		106.2	49.56	XXX	N	232.03
94150	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	0.71	41.89	6.49	35.40	XXX	N	184.79		45.43	6.49	XXX	N	58.13
94200	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	0.71	41.89	9.44	32.45	XXX	N	129.85		45.43	9.44	XXX	N	58.13
94250	EXPIRED GAS COLLECTION QUANT 1 PROCEDURE SPX	0.74	43.66	8.85	34.81	XXX	N	79.66		46.02	9.44	XXX	N	58.13
94375	RESPIRATORY FLOW VOLUME LOOP	1.11	65.49	24.78	40.71	XXX	N	313.82		70.21	25.37	XXX	N	58.13
94400	BREATHING RESPONSE TO CO2	1.58	93.22	33.04	60.18	XXX	N	313.82		103.84	32.45	XXX	N	58.13
94450	BREATHING RESPONSE TO HYPOXIA	1.93	113.87	33.63	80.24	XXX	N	184.79		122.13	33.63	XXX	N	81.11
94452	HIGH ALTITUDE SIMULATJ TEST W/PHYS INTERP&REPORT	1.63	96.17	24.19	71.98	XXX	N	129.85		106.79	25.37	XXX	N	81.11
94453	HIGH ALTITUDE SIMULATJ W/PHYS I&R W/O2 TITRATION	2.26	133.34	31.86	101.48	XXX	N	129.85		149.86	32.45	XXX	N	81.11
94610	INTRAPULMONARY SURFACTANT ADMINISTJ PHYS/QHP	1.69	99.71			XXX	N	212.86		103.84		XXX	N	45.26
94620	PULMONARY STRESS TESTING SIMPLE	1.59	93.81	51.33	42.48	XXX	N	129.85		99.12	52.51	XXX	N	81.11
94621	PULMONARY STRESS TESTING COMPLEX	4.62	272.58	115.64	156.94	XXX	N	313.82		290.28	117.41	XXX	N	232.03
94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	0.52	30.68			XXX	N	212.86		33.63		XXX	N	45.26
94642	PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH	1.25	73.75			XXX	N	212.86		78.47		XXX	N	130.23
94644	CONTINUOUS INHALATION TREATMENT 1ST HR	1.24	73.16			XXX	N	129.85		81.42		XXX	N	64.04
94645	CONTINUOUS INHALATION TREATMENT EA ADDL HR	0.4	23.60			XXX	N			25.96		XXX	N	64.04

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94660	CPAP VENTILATION CPAP INITIATION&MGMT	1.79	105.61			XXX	N	212.86		110.92		XXX	N	130.23
94662	CONTINUOUS NEGATIVE PRESSURE VENTJ INITIAT&MGM	1.06	62.54			XXX	N	651.02		61.95		XXX	N	319.18
94664	DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	0.49	28.91			XXX	N	212.86		32.45		XXX	N	45.26
94667	MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	0.74	43.66			XXX	N	129.85		45.43		XXX	N	45.26
94668	MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	0.82	48.38			XXX	N	79.66		47.2		XXX	N	45.26
94669	MECHANICAL CHEST WALL OSCILLATION LUNG FUNCTION	0.93	54.87			XXX	N	212.86		58.41		XXX	N	45.26
94680	O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMP	1.62	95.58	21.24	74.34	XXX	N	184.79		106.2	21.83	XXX	N	232.03
94681	O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	1.49	87.91	16.52	71.39	XXX	N	313.82		95.58	17.11	XXX	N	232.03
94690	O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	1.41	83.19	6.49	76.70	XXX	N	43.46		89.68	6.49	XXX	N	58.13
94726	PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	1.49	87.91	20.65	67.26	XXX	N	313.82		105.61	22.42	XXX	N	58.13
94727	GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	1.19	70.21	20.65	49.56	XXX	N	184.79		82.6	22.42	XXX	N	58.13
94728	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	1.14	67.26	21.24	46.02	XXX	N	313.82		79.65	22.42	XXX	N	58.13
94729	CO DIFFUSING CAPACITY	1.54	90.86	15.34	75.52	ZZZ	N			108.56	16.52	ZZZ	N	81.11
94750	PULMONARY COMPLIANCE STUDY	2.28	134.52	18.88	115.64	XXX	N	184.79		151.04	18.88	XXX	N	58.13
94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	0.09	5.31	0.00	5.31	XXX	N			5.9		XXX	N	
94761	NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	0.14	8.26	0.00	8.26	XXX	N			8.85		XXX	N	
94762	NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR	0.69	40.71	0.00	40.71	XXX	N	184.79		43.66		XXX	N	85.82
94770	CARBON DIOXIDE EXP GAS DETER INFRARED ANALYZER	0.21	12.39	2.36	10.03	XXX	N	313.82		14.16	2.95	XXX	N	232.03
94772	CIRCADIAN RESPIRATRY PATTERN REC 12-24 HR INFANT	0	BR	BR	BR	XXX	N	564.72		BR	0	XXX	N	232.03
94774	PEDIATRIC APNEA MONITOR ATTACHMENT PHYS I&R	0	BR			YYY	N			BR		YYY	N	
94775	PEDIATRIC APNEA MONITOR ATTACHMENT	0	BR			YYY	N	184.79		BR		YYY	N	85.82
94776	PEDIATRIC APNEA MONITOR ANALYSES COMPUTER	0	BR			YYY	N	184.79		BR		YYY	N	85.82

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
94777	PEDIATRIC APNEA MONITOR PHYS/QHP REVIEW	0	BR			YYY	N			BR		YYY	N	
94780	CAR SEAT/BED TESTING W/INTERP & REPORT 60 MIN	1.59	93.81			XXX	N	43.46		90.86		XXX	N	64.04
94781	CAR SEAT/BED TESTNG W/INTERP & REPORT ADDL 30MIN	0.65	38.35			ZZZ	N			35.99		ZZZ	N	64.04
94799	UNLISTED PULMONARY SERVICE/PROCEDURE	0	BR	BR	BR	XXX	N	184.79		BR	0	XXX	N	58.13
95004	PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS	0.19	11.21			XXX	N	129.85		11.8		XXX	N	32
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	0.54	31.86			XXX	N	43.46		35.99		XXX	N	58.13
95017	ALLG TSTG PERQ & IC VENOMS IMMED REACT W/I&R	0.22	12.98			XXX	N	43.46		15.34		XXX	N	32
95018	ALLG TEST PERQ & IC DRUG/BIOL IMMED REACT W/I&R	0.58	34.22			XXX	N	43.46		37.76		XXX	N	32
95024	INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	0.22	12.98			XXX	N	79.66		14.16		XXX	N	32
95027	INTRACUTANEOUS TESTS W/ALLERGENIC XTRCS AIRBORNE	0.13	7.67			XXX	N	43.46		8.85		XXX	N	32
95028	IC TSTS W/ALLGIC XTRCS DLYD TYP RXN W/READING	0.38	22.42			XXX	N	43.46		25.37		XXX	N	32
95044	PATCH/APPLICATION TEST SPECIFY NUMBER TESTS	0.16	9.44			XXX	N	129.85		10.03		XXX	N	32
95052	PHOTO PATCH TEST SPECIFY NUMBER TSTS	0.19	11.21			XXX	N	43.46		12.39		XXX	N	32
95056	PHOTO TESTS	1.25	73.75			XXX	N	79.66		82.01		XXX	N	122.79
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	0.99	58.41			XXX	N	129.85		61.36		XXX	N	122.79
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	0.72	42.48			XXX	N	43.46		47.79		XXX	N	32
95070	INHLJ BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL	0.86	50.74			XXX	N	564.72		54.87		XXX	N	232.03
95071	INHLJ BRNCL CHALLENGE TSTG W/AGS/GASES	0.99	58.41			XXX	N	313.82		62.54		XXX	N	81.11
95076	INGESTION CHALLENGE TEST INITIAL 120 MINUTES	3.29	194.11			XXX	N	564.72		202.96		XXX	N	390.38
95079	INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	2.34	138.06			ZZZ	N			142.78		ZZZ	N	177.09
95115	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	0.25	14.75			XXX	N	43.96		16.52		XXX	N	34.85
95117	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	0.29	17.11			XXX	N	43.96		18.88		XXX	N	34.85

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
95120	PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 1 NJX	0.29	17.11			XXX	N			18.88		XXX	N	
95125	PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 2/> NJX	0.35	20.65			XXX	N			24.19		XXX	N	
95130	PROF SVCS ALLG IMMNTX W/PRV XTRC 1 STING INSECT	0.51	30.09			XXX	N			33.63		XXX	N	
95131	PROF SVCS ALLG IMMNTX W/PRV XTRC 2 STING INSECT	0.65	38.35			XXX	N			42.48		XXX	N	
95132	PROF SVCS ALLG IMMNTX W/PRV XTRC 3 STING INSECT	0.77	45.43			XXX	N			51.33		XXX	N	
95133	PROF SVCS ALLG IMMNTX W/PRV XTRC 4 STING INSECT	0.95	56.05			XXX	N			61.95		XXX	N	
95134	PROF SVCS ALLG IMMNTX W/PRV XTRC 5 STING INSECT	1.13	66.67			XXX	N			74.93		XXX	N	
95144	PREPJ& ANTIGEN PRV ALLERGEN IMMUNOTHERAPY 1 DO	0.35	20.65			XXX	N	43.96		22.42		XXX	N	50.48
95145	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 1 INSECT	0.61	35.99			XXX	N	43.96		39.53		XXX	N	34.85
95146	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 2 INSECT	1.1	64.90			XXX	N	43.96		70.21		XXX	N	96.35
95147	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 3 INSECT	0.99	58.41			XXX	N	60.26		63.72		XXX	N	96.35
95148	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 4 INSECT	1.47	86.73			XXX	N	60.26		94.99		XXX	N	50.48
95149	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 5 INSECT	1.98	116.82			XXX	N	60.26		128.03		XXX	N	50.48
95165	PREPJ& ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	0.36	21.24			XXX	N	43.96		23.01		XXX	N	34.85
95170	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY WHL INSE	0.27	15.93			XXX	N	60.26		17.11		XXX	N	50.48
95180	RAPID DESENSITIZATION PROCEDURE EACH HOUR	3.78	223.02			XXX	N	129.85		230.69		XXX	N	122.79
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SRVC/PX	0	BR			XXX	N	18.08		BR		XXX	N	32
95250	GLUC MNTR CONT REC FROM INTERSTITIAL TISS FLUID	4.46	263.14	0.00	263.14	XXX	N	145.45		288.51		XXX	N	125.08
95251	GLUC MNTR CONT REC FROM NTRSTL TISS FLU I&R	1.23	72.57			XXX	N			73.75		XXX	N	
95782	POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	29.04	1713.36	212.40	1500.96	XXX	N	1219.75		1812.48	221.25	XXX	N	1039.98
95783	POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	30.44	1795.96	234.23	1561.73	XXX	N	1219.75		1934.61	241.9	XXX	N	1039.98
95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	5.04	297.36	86.73	210.63	XXX	N	184.79		316.24	88.5	XXX	N	222.68

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
95801	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	2.56	151.04	82.60	68.44	XXX	N	129.85		165.2	82.6	XXX	N	222.68
95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	4	236.00	73.16	162.84	XXX	N	129.85		264.32	76.11	XXX	N	102.99
95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	12.09	713.31	99.12	614.19	XXX	N	1219.75		744.58	99.71	XXX	N	1039.98
95806	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	4.76	280.84	102.07	178.77	XXX	N	184.79		318.01	105.61	XXX	N	222.68
95807	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	13.53	798.27	104.43	693.84	XXX	N	564.72		866.71	105.61	XXX	N	1039.98
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	17.84	1052.56	147.50	905.06	XXX	N	1219.75		1135.16	147.5	XXX	N	1039.98
95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	17.63	1040.17	204.14	836.03	XXX	N	1219.75		1119.82	207.68	XXX	N	1039.98
95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	18.53	1093.27	212.40	880.87	XXX	N	1219.75		1174.69	215.94	XXX	N	1039.98
95812	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	9.86	581.74	96.76	484.98	XXX	N	313.82		785.88	96.76	XXX	N	222.68
95813	ELECTROENCEPHALOGRAM EXTND MNTR >1 HR	11.95	705.05	154.58	550.47	XXX	N	313.82		903.29	155.17	XXX	N	222.68
95816	ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	10.24	604.16	96.76	507.40	XXX	N	313.82		720.98	97.94	XXX	N	222.68
95819	ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	11.71	690.89	96.76	594.13	XXX	N	313.82		828.36	97.35	XXX	N	222.68
95822	ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	10.55	622.45	96.76	525.69	XXX	N	313.82		740.45	97.35	XXX	N	222.68
95824	ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY	2.87	169.33	66.08	103.25	XXX	N	564.72		174.05	67.85	XXX	N	237.41
95827	ELECTROENCEPHALOGRAM ALL NIGHT RECORDING	19.73	1164.07	96.17	1067.90	XXX	N	564.72		1408.92	97.35	XXX	N	222.68
95829	ELECTROCORTICOGRAM SURGERY SPX	53.25	3141.75	565.81	2575.94	XXX	N			3420.82	552.83	XXX	N	
95830	INSERTION SPHENOIDAL ELECTRODES EEG PHYS/QHP	6.95	410.05			XXX	N			466.1		XXX	N	
95831	MUSC TSTG MNL W/REPRT XTR EX HAND/TRNK	0.86	50.74			XXX	N			50.15		XXX	N	
95832	MUSC TSTG MNL W/REPRT HAND W/WO CMPRSN NRML SIDE	0.83	48.97			XXX	N			47.79		XXX	N	
95833	MUSC TSTG MNL W/REPRT TOTAL EVAL BODY EX HANDS	1.05	61.95			XXX	N			64.9		XXX	N	
95834	MUSC TSTG MNL W/REPRT TOTAL EVAL BODY W/HANDS	1.45	85.55			XXX	N			90.27		XXX	N	
95851	ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	0.52	30.68			XXX	N			31.86		XXX	N	

MEDICAL DATA														
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95852	ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	0.46	27.14			XXX	N			29.5		XXX	N	
95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST	1.53	90.27			XXX	N	313.82		93.22		XXX	N	102.99
95860	NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	3.45	203.55	86.73	116.82	XXX	N	129.85		220.66	87.91	XXX	N	102.99
95861	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	4.85	286.15	139.24	146.91	XXX	N	129.85		302.67	140.42	XXX	N	102.99
95863	NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	6.02	355.18	167.56	187.62	XXX	N	184.79		369.93	169.33	XXX	N	102.99
95864	NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	6.8	401.20	181.72	219.48	XXX	N	184.79		424.21	180.54	XXX	N	102.99
95865	NEEDLE ELECTROMYOGRAPHY LARYNX	4.08	240.72	142.19	98.53	XXX	N	129.85		236.59	139.83	XXX	N	102.99
95866	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	3.78	223.02	112.69	110.33	XXX	N	184.79		241.9	114.46	XXX	N	102.99
95867	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	2.67	157.53	70.21	87.32	XXX	N	184.79		200.01	71.39	XXX	N	102.99
95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	3.75	221.25	106.20	115.05	XXX	N	184.79		250.75	106.2	XXX	N	102.99
95869	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	2.63	155.17	33.63	121.54	XXX	N	184.79		151.04	33.04	XXX	N	55.61
95870	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	2.63	155.17	33.04	122.13	XXX	N	129.85		158.71	33.63	XXX	N	55.61
95872	NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	5.55	327.45	257.83	69.62	XXX	N	184.79		352.23	260.78	XXX	N	102.99
95873	ELECTRICAL STIMULATION GUID W/CHEMODENERVATION	2.08	122.72	33.63	89.09	ZZZ	N			135.7	34.81	ZZZ	N	
95874	NEEDLE EMG GUID W/CHEMODENERVATION	2.07	122.13	33.63	88.50	ZZZ	N			130.39	33.63	ZZZ	N	
95875	ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	3.53	208.27	99.12	109.15	XXX	N	184.79		222.43	99.71	XXX	N	102.99
95885	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	1.66	97.94	31.86	66.08	ZZZ	N			110	33	ZZZ	N	102.99
95886	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	2.58	152.22	77.88	74.34	ZZZ	N			170	73.73	ZZZ	N	102.99
95887	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	2.29	135.11	63.72	71.39	ZZZ	N			134.4	46.08	ZZZ	N	55.61
95905	MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	0	0.00	0.00	0.00	XXX	N	129.85		0		XXX	N	
95907	NERVE CONDUCTION STUDIES 1-2 STUDIES	2.7	159.30	89.68	69.62	XXX	N	184.79		177.92	97.28	XXX	N	55.61
95908	NERVE CONDUCTION STUDIES 3-4 STUDIES	3.35	197.65	112.10	85.55	XXX	N	313.82		280	155.92	XXX	N	55.61

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95909	NERVE CONDUCTION STUDIES 5-6 STUDIES	4.08	240.72	134.52	106.20	XXX	N	313.82		440	244.09	XXX	N	55.61
95910	NERVE CONDUCTION STUDIES 7-8 STUDIES	5.44	320.96	179.95	141.01	XXX	N	313.82		600	338.26	XXX	N	55.61
95911	NERVE CONDUCTION STUDIES 9-10 STUDIES	6.57	387.63	224.79	162.84	XXX	N	564.72		760	442.08	XXX	N	102.99
95912	NERVE CONDUCTION STUDIES 11-12 STUDIES	7.35	433.65	266.68	166.97	XXX	N	564.72		920	548.16	XXX	N	102.99
95913	NERVE CONDUCTION STUDIES 13/> STUDIES	8.41	496.19	315.65	180.54	XXX	N	564.72		1080	658.45	XXX	N	102.99
95921	TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	2.44	143.96	76.11	67.85	XXX	N	184.79		156.94	77.88	XXX	N	102.99
95922	TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	2.85	168.15	81.42	86.73	XXX	N	129.85		188.8	83.78	XXX	N	102.99
95923	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	4.64	273.76	77.88	195.88	XXX	N	129.85		456.07	80.83	XXX	N	102.99
95924	TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	4.21	248.39	149.86	98.53	XXX	N	313.82		256.06	150.45	XXX	N	102.99
95925	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	4.4	259.60	47.20	212.40	XXX	N	313.82		341.61	47.79	XXX	N	237.41
95926	SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	3.89	229.51	46.02	183.49	XXX	N	313.82		330.4	48.97	XXX	N	237.41
95927	SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	4.02	237.18	46.02	191.16	XXX	N	313.82		299.72	47.2	XXX	N	237.41
95928	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	6.35	374.65	134.52	240.13	XXX	N	1219.75		513.89	135.7	XXX	N	102.99
95929	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	6.4	377.60	135.70	241.90	XXX	N	1219.75		516.84	135.7	XXX	N	102.99
95930	VISUAL EP TSTG CNS CHECKERBOARD/FLASH	3.66	215.94	31.27	184.67	XXX	N	313.82		284.97	31.27	XXX	N	237.41
95933	ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	2.12	125.08	52.51	72.57	XXX	N	79.66		159.89	53.69	XXX	N	55.61
95937	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	2.3	135.70	57.82	77.88	XXX	N	184.79		137.47	58.41	XXX	N	102.99
95938	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	9.66	569.94	77.29	492.65	XXX	N	564.72		578.79	77.88	XXX	N	237.41
95939	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	14.16	835.44	201.19	634.25	XXX	N	1219.75		884.41	204.14	XXX	N	102.99
95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	0.93	54.87			XXX	N			55.46		XXX	N	
95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	0	BR			XXX	N			49.24		XXX	N	
95943	PARASYMP & SYMP NRV FUNCJ HRT RATE VARIABILITY	0	BR	BR	BR	XXX	N	313.82		BR	0	XXX	N	55.61

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95950	MONITOR ID& LATERALIZATION SEIZURE FOCUS EEG	9.36	552.24	134.52	417.72	XXX	N	564.72		606.52	136.29	XXX	N	1039.98
95951	LOCALIZE CEREBRAL SEIZURE CABLE/RADIO EEG/VIDEO	22.75	1342.25	536.90	805.35	XXX	N	1219.75		1388.27	555.19	XXX	N	1039.98
95953	LOCALIZE CEREBRAL SEIZURE CPTR PORTABLE EEG	11.94	704.46	275.53	428.93	XXX	N	564.72		768.77	277.89	XXX	N	1039.98
95954	RX/PHYSICAL EEG ACTIVAJ PHYS/QHP ATTENDANCE	12.75	752.25	209.45	542.80	XXX	N	564.72		830.72	210.63	XXX	N	102.99
95955	EEG NONINTRACRANIAL SURGERY	6.12	361.08	90.86	270.22	XXX	N			414.77	91.45	XXX	N	
95956	MNTR SEIZURE CMPTR 16CHAN EEG ATND EA 24 HR	46.45	2740.55	321.55	2419.00	XXX	N	564.72		3019.03	324.5	XXX	N	1039.98
95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	8.91	525.69	176.41	349.28	XXX	N			807.71	178.77	XXX	N	
95958	WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG	16.2	955.80	379.96	575.84	XXX	N	1219.75		1017.75	379.37	XXX	N	222.68
95961	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR	8.33	491.47	272.58	218.89	XXX	N	1219.75		498.55	267.86	XXX	N	237.41
95962	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND ADDL HR	7.42	437.78	291.46	146.32	ZZZ	N			431.88	288.51	ZZZ	N	237.41
95965	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	59.8	3528.20	705.64	2822.56	XXX	N	1219.75		3708.15	741.63	XXX	N	3037.89
95966	MAGNETOENCEPHALOGRAPY EVOKED FIELDS 1 MODALITY	30.3	1787.70	357.54	1430.16	XXX	N	1219.75		1696.25	339.25	XXX	N	1262.03
95967	MAGNETOENCEPHALOGRAPY EVOKED FIELDS EACH ADDL	26.4	1557.60	311.52	1246.08	ZZZ	N			1489.75	297.95	ZZZ	N	1262.03
95970	ELEC ALYS NSTIM PLS GEN BRN/SC/PERPH W/O REPRGRM	1.92	113.28			XXX	N	129.85		124.49		XXX	N	102.99
95971	ELEC ALYS NSTIM PLS GEN SMPL SC/PERPH W/PRGRMG	1.42	83.78			XXX	N	151.60		104.43		XXX	N	143.81
95972	ELEC ALYS NSTIM PLS GEN CPLX SC/PERPH W/PRGRMG	1.65	97.35			XXX	N	151.60		190.57		XXX	N	143.81
95974	ELEC ALYS NSTIM PLS GEN CPLX CRNL NRV 1ST HR	5.89	347.51			XXX	N	151.60		356.95		XXX	N	143.81
95975	ELEC ALYS NSTIM PLS GEN CPLX CRNL NRV EA 30 MIN	3.17	187.03			ZZZ	N			190.57		ZZZ	N	102.99
95978	ELEC ALYS NSTIM PLS GEN CPLX DP BRN 1ST HR	7.07	417.13			XXX	N	151.60		433.65		XXX	N	143.81
95979	ELEC ALYS NSTIM PLS GEN CPLX DP BRN EA 30 MIN	3.07	181.13			ZZZ	N			185.85		ZZZ	N	143.81
95980	ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	1.32	77.88			XXX	N			80.24		XXX	N	
95981	ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG	0.9	53.10			XXX	N	79.66		58.41		XXX	N	102.99

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
95982	ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG	1.49	87.91			XXX	N	47.88		92.04		XXX	N	143.81
95990	REFILL&MAINTENANCE PUMP DRUG DLVR SPINAL/BRAIN	2.59	167.56			XXX	N	399.16		167.56		XXX	N	188.66
95991	RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BRN PHY/QHP	3.43	222.43			XXX	N	246.65		222.43		XXX	N	188.66
95992	CANALITH REPOSITIONING PROCEDURE	1.22	71.98			XXX	N			74.93		XXX	N	
95999	UNLIS NEUROLOGICAL/NEUROMUSCULAR DX PX	0	BR			XXX	N	184.79		BR		XXX	N	55.61
96000	COMPRE CPTR MTN ALYS VIDEO TAPING 3D KINEMATICS	2.7	159.30	0.00	159.30	XXX	N	564.72		169.33		XXX	N	237.41
96001	COMPRE CPTR MTN ALYS W/DYN PLNTR PRES MEAS WALKG	3.04	179.36	0.00	179.36	XXX	N	1219.75		166.97		XXX	N	237.41
96002	DYN SURF EMG WALKG/FUNCJAL ACTV 1-12 MUSC	0.62	36.58	0.00	36.58	XXX	N	313.82		37.17		XXX	N	102.99
96003	DYN FINE WIRE EMG WALKG/FUNCJAL ACTV 1 MUSC	0.49	28.91	0.00	28.91	XXX	N	313.82		28.91		XXX	N	102.99
96004	PHYS/QHP R&I CPTR MTN ALYS WALK/FUNCJL ACTV REPR	3.32	195.88			XXX	N			194.11		XXX	N	
96020	TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP	0	0.00	274.35	0.00	XXX	N			BR	0	XXX	N	
96040	MEDICAL GENETICS COUNSELING EACH 30 MINUTES	1.32	77.88			XXX	N			85.55		XXX	N	
96101	PSYCHOLOGICAL TESTING PR HR WITH PATIENT	2.25	132.75			XXX	N	313.82		143.37		XXX	N	228.74
96102	PSYCHOLOGICAL TESTING ADMN BY TECH PR HR	1.79	105.61			XXX	N	313.82		149.86		XXX	N	111.58
96103	PSYCHOLOGICAL TESTING COMPUTER W/PROF I&R	0.78	46.02			XXX	N	129.85		121.54		XXX	N	111.58
96105	ASSESSMENT APHASIA W/INTERP & REPORT PER HOUR	3.03	178.77			XXX	N			163.43		XXX	N	
96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	0.25	14.75			XXX	N	127.67		15.93		XXX	N	
96111	DEVELOPMENTAL TESTING W/INTERP & REPORT	3.65	215.35			XXX	N	184.79		220.07		XXX	N	111.58
96116	NUBHVL STATUS XM PR HR W/PT INTERPJ&PREPJ	2.62	154.58			XXX	N	313.82		154.58		XXX	N	228.74
96118	NUROPSYC TESTING PR HR W/PT & INTERPJ TIME	2.76	162.84			XXX	N	313.82		159.3		XXX	N	228.74
96119	NEUROPSYC TSTG W/PROF I&R ADMN BY TECH PR HR	2.26	133.34			XXX	N	313.82		128.62		XXX	N	228.74
96120	NEUROPSYCHOLOG TESTING COMPUTER W/PROF I&R	1.36	80.24			XXX	N	184.79		178.18		XXX	N	111.58

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	3.31	195.29			XXX	N			187.03		XXX	N	
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	0.15	8.85			XXX	N	18.08		8.85		XXX	N	36.27
96150	HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT 1ST ASSMT	0.61	35.99			XXX	N	99.19		34.81		XXX	N	57.87
96151	HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT RE-ASSMT	0.58	34.22			XXX	N	99.19		33.63		XXX	N	57.87
96152	HLTH&BEHAVIOR IVNTJ EA 15 MIN INDIV	0.56	33.04			XXX	N	99.19		31.86		XXX	N	57.87
96153	HLTH&BEHAVIOR IVNTJ EA 15 MIN GRP 2/>PTS	0.13	7.67			XXX	N	38.62		7.67		XXX	N	28.84
96154	HLTH&BEHAVIOR IVNTJ EA 15 MIN FAM W/PT	0.55	32.45			XXX	N	99.19		31.27		XXX	N	57.87
96155	HLTH&BEHAVIOR IVNTJ EA 15 MIN FAM W/O PT	0.64	37.76			XXX	N	63.69		38.35		XXX	N	
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	1.61	94.99			XXX	N	131.60		101.48		XXX	N	96.35
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	0.43	25.37			ZZZ	N	43.96		26.55		ZZZ	N	34.85
96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	1.95	115.05			XXX	N	246.65		130.98		XXX	N	188.66
96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	0.53	31.27			ZZZ	N	43.96		37.76		ZZZ	N	34.85
96367	IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	0.86	50.74			ZZZ	N	60.26		55.46		ZZZ	N	50.48
96368	IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	0.58	34.22			ZZZ	N			32.45		ZZZ	N	
96369	SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	5.42	319.78			XXX	N	246.65		368.16		XXX	N	188.66
96370	SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	0.42	24.78			ZZZ	N	43.96		30.09		ZZZ	N	50.48
96371	SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	2.05	120.95			ZZZ	N			175.82		ZZZ	N	50.48
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	0.71	41.89			XXX	N	60.26		44.84		XXX	N	50.48
96373	THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	0.55	32.45			XXX	N	131.60		34.81		XXX	N	50.48
96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	1.6	94.40			XXX	N	131.60		99.71		XXX	N	50.48
96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	0.63	37.17			ZZZ	N	60.26		38.94		ZZZ	N	50.48
96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	0.41	24.19			ZZZ	N			25.37		ZZZ	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
96379	UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS	0	BR			XXX	N	43.96		BR		XXX	N	34.85
96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	2.1	123.90			XXX	N	131.60		131.57		XXX	N	50.48
96402	CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	0.91	53.69			XXX	N	60.26		56.64		XXX	N	50.48
96405	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL </7	2.31	136.29			000	N	60.26		145.73		000	N	50.48
96406	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL >7	3.29	194.11			000	N	246.65		205.32		000	N	188.66
96409	CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	3.12	184.08			XXX	N	246.65		194.11		XXX	N	188.66
96411	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	1.75	103.25			ZZZ	N	131.60		108.56		ZZZ	N	96.35
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	3.81	224.79			XXX	N	399.16		248.39		XXX	N	297.36
96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	0.8	47.20			ZZZ	N	60.26		53.1		ZZZ	N	50.48
96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	3.96	233.64			XXX	N	399.16		247.21		XXX	N	297.36
96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	1.76	103.84			ZZZ	N	60.26		123.31		ZZZ	N	96.35
96420	CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	2.97	175.23			XXX	N	399.16		186.44		XXX	N	96.35
96422	CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS </1 HR	4.78	282.02			XXX	N	399.16		299.13		XXX	N	297.36
96423	CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR	2.21	130.39			ZZZ	N	60.26		138.06		ZZZ	N	96.35
96425	CHEMOTX ADMN IA NFS >8 HR PRTBLE IMPLTBL PMP	5.11	301.49			XXX	N	399.16		321.55		XXX	N	297.36
96440	CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	23.88	1408.92			000	N	399.16		1569.99		000	N	188.66
96446	CHEMOTX ADMN PRTL CAVITY PORT/CATH	5.66	333.94			XXX	N	399.16		346.92		XXX	N	188.66
96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	5.14	303.26			000	N	399.16		313.29		000	N	297.36
96521	REFILLING & MAINTENANCE PORTABLE PUMP	3.89	229.51			XXX	N	246.65		244.26		XXX	N	188.66
96522	REFILL&MAINTENANCE PUMP DRUG DLVR SYSTEMIC	3.19	188.21			XXX	N	246.65		198.24		XXX	N	188.66
96523	IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	0.7	41.30			XXX	N	79.66		43.66		XXX	N	63.38
96542	CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	3.42	201.78			XXX	N	246.65		211.22		XXX	N	96.35

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
96549	UNLISTED CHEMOTHERAPY PROCEDURE	0	BR			XXX	N	43.96		BR		XXX	N	34.85
96567	PDT XTRNL APPL LIGHT DSTR LES SKN BY ACTIVJ RX	3.81	224.79			XXX	N	167.81		249.57		XXX	N	137.98
96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	1.65	97.35			ZZZ	N			98.53		ZZZ	N	137.98
96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	0.77	45.43			ZZZ	N			45.43		ZZZ	N	137.98
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	0.58	34.22			XXX	N	43.46		38.35		XXX	N	47.93
96902	MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/STRUCT ABNORM	0.61	35.99			XXX	N			37.17		XXX	N	
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	1.77	104.43			XXX	N			126.26		XXX	N	
96910	PHOTOCHEMOTX TAR&UVB/PETROLATUM/UVB	2.01	118.59			XXX	N	79.66		132.16		XXX	N	47.93
96912	PHOTOCHEMOTX PSORALENS&ULTRAVIOLET PUVA	2.57	151.63			XXX	N	79.66		169.33		XXX	N	47.93
96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	3.69	217.71			XXX	N	321.24		238.36		XXX	N	222.28
96920	LASER SKIN DISEASE PSORIASIS TOT AREA <250 SQ CM	4.39	259.01			000	N	167.81		274.94		000	N	137.98
96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	4.83	284.97			000	N	167.81		302.67		000	N	137.98
96922	LASER SKIN DISEASE PSORIASIS >500 SQ CM	6.7	395.30			000	N	167.81		419.49		000	N	137.98
96931	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R 1ST	0	BR			YYY	N							
96932	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQUISITION	0	BR			YYY	N	43.46						
96933	RCM CELULR & SUBCELULR SKN IMGNG I&R 1ST LES	0	BR			YYY	N							
96934	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R ADD	0	BR			YYY	N							
96935	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ EA ADDL	0	BR			YYY	N							
96936	RCM CELULR & SUBCELULR SKN IMGNG I&R EA ADDL	0	BR			YYY	N							
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PROCED	0	BR			XXX	N	167.81		BR		XXX	N	36.63
97001	PHYSICAL THERAPY EVALUATION	2.12	114.48			XXX	N			129.8		XXX	N	
97002	PHYSICAL THERAPY RE-EVALUATION	1.18	63.72			XXX	N			73.16		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
97003	OCCUPATIONAL THERAPY EVALUATION	2.39	129.06			XXX	N			146.91		XXX	N	
97004	OCCUPATIONAL THERAPY RE-EVALUATION	1.48	79.92			XXX	N			92.63		XXX	N	
97005	ATHLETIC TRAINING EVALUATION	1.79	96.66			XXX	N	129.65		110.92		XXX	N	
97006	ATHLETIC TRAINING RE-EVALUATION	0.9	48.60			XXX	N	43.59		55.46		XXX	N	
97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	0.17	0.00			XXX	N			0		XXX	N	
97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	0.45	24.30			XXX	N			27.73		XXX	N	
97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	0.45	24.30			XXX	N	61.05		27.73		XXX	N	
97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	0.54	29.16			XXX	N			34.22		XXX	N	
97018	APPL MODALITY 1/> AREAS PARAFFIN BATH	0.31	16.74			XXX	N			19.47		XXX	N	
97022	APPLICATION MODALITY 1/> AREAS WHIRLPOOL	0.66	35.64			XXX	N			41.3		XXX	N	
97024	APPLICATION MODALITY 1/> AREAS DIATHERMY	0.18	9.72			XXX	N			11.21		XXX	N	
97026	APPLICATION MODALITY 1/> AREAS INFRARED	0.17	9.18			XXX	N			10.62		XXX	N	
97028	APPL MODALITY 1/> AREAS ULTRAVIOLET	0.21	11.34			XXX	N			12.98		XXX	N	
97032	APPL MODALITY 1/> AREAS ELEC STIMJ EA 15 MIN	0.54	29.16			XXX	N			33.04		XXX	N	
97033	APPL MODALITY 1/> AREAS IONTOPHORESIS EA 15 MIN	0.74	39.96			XXX	N			57.23		XXX	N	
97034	APPL MODALITY 1/> AREAS CONTRAST BATHS EA 15 MIN	0.51	27.54			XXX	N			31.27		XXX	N	
97035	APPL MODALITY 1/> AREAS ULTRASOUND EA 15 MIN	0.36	19.44			XXX	N			21.83		XXX	N	
97036	APPL MODALITY 1/> AREAS HUBBARD TANK EA 15 MIN	0.93	50.22			XXX	N			57.82		XXX	N	
97039	UNLIST MODALITY SPEC TYPE&TIME CONSTANT ATTEND	0	BR			XXX	N			BR		XXX	N	
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	0.91	49.14			XXX	N			55.46		XXX	N	
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	0.95	51.30			XXX	N			57.82		XXX	N	
97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	1.21	65.34			XXX	N			75.52		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINJ W/STAIR	0.8	43.20			XXX	N			48.97		XXX	N	
97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	0.74	39.96			XXX	N			45.43		XXX	N	
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	0.5	27.00			XXX	N			BR		XXX	N	
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	0.84	45.36			XXX	N			51.92		XXX	N	
97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	0.49	26.46			XXX	N			30.09		XXX	N	
97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	0.98	52.92			XXX	N			60.77		XXX	N	
97532	DEVELOPMENT OF COGNITIVE SKILLS EACH 15 MINUTES	0.75	40.50			XXX	N			45.43		XXX	N	
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	0.82	44.28			XXX	N			50.15		XXX	N	
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	0.99	53.46			XXX	N			60.18		XXX	N	
97537	COMMUNITY/WORK REINTEGRATION TRAINJ EA 15 MIN	0.85	45.90			XXX	N			51.92		XXX	N	
97542	WHEELCHAIR MGMT EA 15 MIN	0.87	46.98			XXX	N			52.51		XXX	N	
97545	WORK HARDENING/CONDITIONING 1ST 2 HR	3.77	203.58			XXX	N			230.69		XXX	N	
97546	WORK HARDENING/CONDITIONING EACH HOUR	1.51	81.54			ZZZ	N			92.04		ZZZ	N	
97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	2.12	114.48			000	N	321.24		135.7		000	N	137.98
97598	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM	0.69	37.26			ZZZ	N			44.25		ZZZ	N	137.98
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	1.04	56.16			XXX	N	167.81		64.9		XXX	N	92.29
97605	NEGATIVE PRESSURE WOUND THERAPY DME </= 50 SQ CM	1.16	62.64			XXX	N	167.81		73.75		XXX	N	92.29
97606	NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	1.37	73.98			XXX	N	167.81		78.47		XXX	N	137.98
97607	NEG PRESSURE WOUND THERAPY NON DME </= 50 SQ CM	0	BR			XXX	N	321.24		BR		XXX	N	181.26
97608	NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	0	BR			XXX	N	321.24		BR		XXX	N	181.26
97610	LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	3.37	181.98			XXX	N	167.81		0		YYY	N	
97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	0.93	50.22			XXX	N			57.82		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
97755	ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	1.01	54.54			XXX	N			61.95		XXX	N	
97760	ORTHOTIC MGMT&TRAINJ UXTR LXTR&/TRNK EA 15	1.07	57.78			XXX	N			66.67		XXX	N	
97761	PROSTHETIC TRAINING UPPR&/LOWER EXTREM EA 15 M	0.93	50.22			XXX	N			57.82		XXX	N	
97762	CHECKOUT ORTHOTIC/PROSTHETIC ESTAB PT EA 15 MIN	1.34	72.36			XXX	N			84.96		XXX	N	
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	0	BR			XXX	N			BR		XXX	N	
97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	0.98	52.92			XXX	N			61.36		XXX	N	
97803	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	0.85	45.90			XXX	N			53.1		XXX	N	
97804	MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	0.45	24.30			XXX	N			27.14		XXX	N	
97810	ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MIN	1.03	55.62			XXX	N	50.78		61.95		XXX	N	
97811	ACUPUNCTURE 1/> NDLS W/O ELEC STIMJ EA 15 MIN	0.77	41.58			ZZZ	N	38.53		46.61		ZZZ	N	
97813	ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	1.1	59.40			XXX	N	36.03		66.08		XXX	N	
97814	ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	0.87	46.98			ZZZ	N	30.52		53.1		ZZZ	N	
98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	0.89	52.51			000	N	32.69		54.28		000	N	25.19
98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	1.29	76.11			000	N	32.69		77.29		000	N	25.19
98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	1.67	98.53			000	N	32.69		101.48		000	N	25.19
98928	OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	2.05	120.95			000	N	32.69		125.08		000	N	25.19
98929	OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	2.45	144.55			000	N	32.69		149.27		000	N	25.19
98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	0.8	47.20			000	N	32.69		45.43		000	N	25.19
98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	1.15	67.85			000	N	32.69		63.13		000	N	25.19
98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	1.5	88.50			000	N	32.69		80.83		000	N	25.19
98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION	0.77	45.43			XXX	N			41.89		XXX	N	
98960	EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT	0.79	46.61			XXX	N	67.10		50.15		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
98961	EDUCATION&TRAINING SELF-MGMT NONPHYS 2-4 PTS	0.38	22.42			XXX	N	39.17		24.19		XXX	N	
98962	EDUCATION&TRAINING SELF-MGMT NONPHYS 5-8 PTS	0.28	16.52			XXX	N	34.86		17.7		XXX	N	
98966	NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN	0.39	23.01			XXX	N			23.6		XXX	N	
98967	NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	0.76	44.84			XXX	N			45.43		XXX	N	
98968	NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	1.11	65.49			XXX	N			67.85		XXX	N	
98969	NONPHYSICIAN ONLINE ASSESSMENT AND MANAGEMENT	0.67	39.53			XXX	N			37.76		XXX	N	
99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	0.16	9.44			XXX	N	20.44		11.21		XXX	N	
99001	HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	0.19	11.21			XXX	N	24.05		12.98		XXX	N	
99002	HANDLE/CONVEY/ANY OTH SVC DEVICE FIT PHYS/QHP	0.2	11.80			XXX	N			14.75		XXX	N	
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	0	0.00			XXX	N			0		XXX	N	
99026	HOSPITAL MANDATED CALL SERVICE IN-HOSPITAL EA HR	0	0.00			XXX	N			0		XXX	N	
99027	HOSPITAL MANDATED CALL SVC OUT-OF-HOSPITAL EA HR	0	0.00			XXX	N			0		XXX	N	
99050	SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS	0.53	31.27			XXX	N			38.94		XXX	N	
99051	SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS	0	0.00			XXX	N			0		XXX	N	
99053	SERVICES PROVIDED BTW 10 PM&8 AM AT 24-HR FACI	0	0.00			XXX	N			0		XXX	N	
99056	SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT	0.5	29.50			XXX	N			36.58		XXX	N	
99058	SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS	0.64	37.76			XXX	N			46.02		XXX	N	
99060	SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC	0.71	41.89			XXX	N			51.33		XXX	N	
99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	0	BR			XXX	N			BR		XXX	N	
99071	EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST	0	0.00			XXX	N			0		XXX	N	
99075	MEDICAL TESTIMONY	0	BR			XXX	N			BR		XXX	N	
99078	PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	0	0.00			XXX	N			0		XXX	N	

MEDICAL DATA														
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99080	SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	1.59	93.81			XXX	N			96.4		XXX	N	
99082	UNUSUAL TRAVEL	0	BR			XXX	N			BR		XXX	N	
99090	ANALYSIS CLINICAL DATA STORED IN COMPUTERS	0	0.00			XXX	N			0		XXX	N	
99091	COLLJ&INTERPJ PHYS/QHP PHYSIO COMPUTR DATA 30 MI	1.59	93.81			XXX	N			95.58		XXX	N	
99100	ANESTHESIA EXTREME AGE PATIENT UNDER 1 YR/<	1	1.00			ZZZ	N			50		000	0	
99116	ANES COMPLICJ UTILIZATION TOTAL BODY HYPOTHERMIA	5	5.00			ZZZ	N			250		000	0	
99135	ANES COMPLICJ UTILIZATION CONTROLLED HYPOTENSION	5	5.00			ZZZ	N			250		000	0	
99140	ANES COMPLICJ EMERGENCY CONDITIONS SPECIFY	2	2.00			ZZZ	N			100		000	0	
99143	MODERATE SEDATJ SAME PHYS/QHP <5 YRS INIT 30 MIN	1.51	89.09			XXX	N			110.33		XXX	N	
99144	MODERATE SEDATJ SAME PHYS/QHP 5/>YRS INIT 30 MIN	1.25	73.75			XXX	N			92.04		XXX	N	
99145	MODERATE SEDATJ SAME PHYS/QHP EACH ADDL 15 MIN	0.5	29.50			ZZZ	N			36.58		ZZZ	N	
99148	MOD SEDATJ DIFF PHYS/QHP <5 YRS INIT 30 MIN	1.39	82.01			XXX	N			101.48		XXX	N	
99149	MODERATE SEDATJ DIFF PHYS/QHP 5/>YRS INIT 30 MIN	1.13	66.67			XXX	N			82.6		XXX	N	
99150	MODERATE SEDATJ DIFF PHYS/QHP EA ADDL 15 MIN	0.5	29.50			ZZZ	N			36.58		ZZZ	N	
99170	ANOGENITAL XM MAGNIFY CHILD/SUSPECT TRAUMA W IMG	4.9	289.10			000	N	200.22		218.3		000	N	10.64
99172	VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM	0.5	29.50	5.31	24.19	XXX	N	56.27		36.58	7.08	XXX	N	
99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	0.09	5.31			XXX	N	43.43		5.31		XXX	N	
99174	INSTRUMENT BASED OCULAR SCR BI W/RMT ANAL & RPT	0.39	23.01			XXX	N			53.1		XXX	N	
99175	IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED	0.48	28.32			XXX	N			29.5		XXX	N	
99177	INSTRUMENT BASED OCULAR SCR BI W/ONSITE ANALYSIS	0	BR			XXX	N							
99183	PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX/SESSION	3.13	184.67			XXX	N			378.19		XXX	N	
99184	INITIAT SELECTIVE HEAD/BODY HYPOTHERMIA NEONATE	6.49	382.91			XXX	N			390.58		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	0	BR			XXX	N	1236.38		BR		XXX	N	
99190	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH EA HR	12.6	743.40	0.00	743.40	XXX	N			920.4		XXX	N	
99191	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 45 MI	8.82	520.38	0.00	520.38	XXX	N			644.28		XXX	N	
99192	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 30 MI	6.3	371.70	0.00	371.70	XXX	N			460.2		XXX	N	
99195	PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	2.82	166.38			XXX	N	129.85		178.18		XXX	N	63.38
99199	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	0	BR			XXX	N			BR		XXX	N	
99201	OFFICE OUTPATIENT NEW 10 MINUTES	1.23	56.27			XXX	N			47.47		XXX	N	73.23
99202	OFFICE OUTPATIENT NEW 20 MINUTES	2.1	96.08			XXX	N			82.82		XXX	N	95.05
99203	OFFICE OUTPATIENT NEW 30 MINUTES	3.04	139.08			XXX	N			122.72		XXX	N	125.08
99204	OFFICE OUTPATIENT NEW 45 MINUTES	4.64	212.28			XXX	N			186.35		XXX	N	165.76
99205	OFFICE OUTPATIENT NEW 60 MINUTES	5.82	266.27			XXX	N			233.82		XXX	N	226.78
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	0.56	25.62			XXX	N			26.77		XXX	N	73.23
99212	OFFICE OUTPATIENT VISIT 10 MINUTES	1.22	55.82			XXX	N			48.99		XXX	N	95.05
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	2.05	93.79			XXX	N			79.29		XXX	N	95.05
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	3.02	138.17			XXX	N			120.19		XXX	N	125.08
99215	OFFICE OUTPATIENT VISIT 40 MINUTES	4.07	186.20			XXX	N			162.61		XXX	N	165.76
99217	OBSERVATION CARE DISCHARGE MANAGEMENT	2.05	93.79			XXX	N			87.87		XXX	N	
99218	INITIAL OBSERVATION CARE/DAY 30 MINUTES	2.81	128.56			XXX	N			82.82		XXX	N	
99219	INITIAL OBSERVATION CARE/DAY 50 MINUTES	3.82	174.77			XXX	N			136.86		XXX	N	
99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES	5.22	238.82			XXX	N			192.91		XXX	N	
99221	INITIAL HOSPITAL CARE/DAY 30 MINUTES	2.86	130.85			XXX	N			113.12		XXX	N	
99222	INITIAL HOSPITAL CARE/DAY 50 MINUTES	3.86	176.60			XXX	N			158.57		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99223	INITIAL HOSPITAL CARE/DAY 70 MINUTES	5.71	261.23			XXX	N			231.29		XXX	N	
99224	SBSQ OBSERVATION CARE/DAY 15 MINUTES	1.12	51.24			XXX	N			57.57		XXX	N	
99225	SBSQ OBSERVATION CARE/DAY 25 MINUTES	2.05	93.79			XXX	N			104.03		XXX	N	
99226	SBSQ OBSERVATION CARE/DAY 35 MINUTES	2.96	135.42			XXX	N			150.49		XXX	N	
99231	SBSQ HOSPITAL CARE/DAY 15 MINUTES	1.11	50.78			XXX	N			47.47		XXX	N	
99232	SBSQ HOSPITAL CARE/DAY 25 MINUTES	2.03	92.87			XXX	N			84.84		XXX	N	
99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES	2.93	134.05			XXX	N			121.2		XXX	N	
99234	OBSERVATION/INPATIENT HOSPITAL CARE 40 MINUTES	3.77	172.48			XXX	N			166.65		XXX	N	
99235	OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES	4.76	217.77			XXX	N			219.68		XXX	N	
99236	OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES	6.13	280.45			XXX	N			273.71		XXX	N	
99238	HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN/<	2.04	93.33			XXX	N			87.37		XXX	N	
99239	HOSPITAL DISCHARGE DAY MANAGEMENT > 30 MIN	3.02	138.17			XXX	N			126.25		XXX	N	
99241	OFFICE CONSULTATION NEW/ESTAB PATIENT 15 MIN	1.34	61.31			XXX	N	99.31		64.64		XXX	N	
99242	OFFICE CONSULTATION NEW/ESTAB PATIENT 30 MIN	2.52	115.29			XXX	N	142.89		119.18		XXX	N	
99243	OFFICE CONSULTATION NEW/ESTAB PATIENT 40 MIN	3.45	157.84			XXX	N	143.65		163.12		XXX	N	
99244	OFFICE CONSULTATION NEW/ESTAB PATIENT 60 MIN	5.16	236.07			XXX	N	210.52		239.37		XXX	N	
99245	OFFICE CONSULTATION NEW/ESTAB PATIENT 80 MIN	6.29	287.77			XXX	N	231.25		296.94		XXX	N	
99251	INITIAL INPATIENT CONSULT NEW/ESTAB PT 20 MIN	1.38	63.14			XXX	N	114.77		61.11		XXX	N	
99252	INITIAL INPATIENT CONSULT NEW/ESTAB PT 40 MIN	2.11	96.53			XXX	N			97.97		XXX	N	
99253	INITIAL INPATIENT CONSULT NEW/ESTAB PT 55 MIN	3.24	148.23			XXX	N	262.73		144.94		XXX	N	
99254	INITIAL INPATIENT CONSULT NEW/ESTAB PT 80 MIN	4.71	215.48			XXX	N			208.57		XXX	N	
99255	INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN	5.68	259.86			XXX	N			260.08		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99281	EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	0.6	27.45			XXX	N	84.46		25.76		XXX	N	133.7
99282	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	1.17	53.53			XXX	N	155.95		49.49		XXX	N	237.78
99283	EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	1.75	80.06			XXX	N	279.11		80.8		XXX	N	369.9
99284	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	3.32	151.89			XXX	N	465.71		146.96		XXX	N	591.82
99285	EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ	4.9	224.18			XXX	N	692.22		220.18		XXX	N	889.42
99288	PHYS/QHP DIRECTION EMERGENCY MEDICAL SYSTEMS	0	BR			XXX	N			BR		XXX	N	
99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	7.75	354.56			XXX	N	948.92		341.38		XXX	N	691.31
99292	CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	3.46	158.30			ZZZ	N			152.51		ZZZ	N	
99304	INITIAL NURSING FACILITY CARE/DAY 25 MINUTES	2.58	118.04			XXX	N			81.31		XXX	N	
99305	INITIAL NURSING FACILITY CARE/DAY 35 MINUTES	3.67	167.90			XXX	N			108.07		XXX	N	
99306	INITIAL NURSING FACILITY CARE/DAY 45 MINUTES	4.68	214.11			XXX	N			132.82		XXX	N	
99307	SBSQ NURSING FACILITY CARE/DAY E/M STABLE 10 MIN	1.26	57.65			XXX	N			42.42		XXX	N	
99308	SBSQ NURSING FACIL CARE/DAY MINOR COMPLJ 15 MIN	1.95	89.21			XXX	N			70.2		XXX	N	
99309	SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN	2.57	117.58			XXX	N			98.48		XXX	N	
99310	SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN	3.82	174.77			XXX	N			123.22		XXX	N	
99315	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES	2.06	94.25			XXX	N			76.26		XXX	N	
99316	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES	2.98	136.34			XXX	N			99.99		XXX	N	
99318	E/M ANNUAL NURSING FACILITY ASSESS STABLE 30 MIN	2.7	123.53			XXX	N			81.31		XXX	N	
99324	DOMICIL/REST HOME NEW PT VISIT LOW SEVER 20 MIN	1.56	71.37			XXX	N			72.72		XXX	N	
99325	DOMICIL/REST HOME NEW PT VISIT MOD SEVER 30 MIN	2.27	103.85			XXX	N			106.05		XXX	N	
99326	DOMICIL/REST HOME NEW PT HI-MOD SEVER 45 MINUTES	3.92	179.34			XXX	N			152.51		XXX	N	
99327	DOMICIL/REST HOME NEW PT VISIT HI SEVER 60 MIN	5.23	239.27			XXX	N			200.49		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99328	DOM/R-HOME E/M NEW PT SIGNIF NEW PROB 75 MINUTES	6.11	279.53			XXX	N			247.96		XXX	N	
99334	DOM/R-HOME E/M EST PT SELF-LMTD/MINOR 15 MINUTES	1.7	77.78			XXX	N			56.06		XXX	N	
99335	DOM/R-HOME E/M EST PT LW MOD SEVERITY 25 MINUTES	2.68	122.61			XXX	N			88.38		XXX	N	
99336	DOM/R-HOME E/M EST PT MOD HI SEVERITY 40 MINUTES	3.79	173.39			XXX	N			135.85		XXX	N	
99337	DOM/R-HOME E/M EST PT SIGNIF NEW PROB 60 MINUTES	5.43	248.42			XXX	N			199.48		XXX	N	
99339	INDIV PHYS SUPVJ HOME/DOM/R-HOME MO 15-29 MIN	2.18	99.74			XXX	N			88.88		XXX	N	
99340	INDIV PHYS SUPVJ HOME/DOM/R-HOME MO 30 MIN/>	3.06	140.00			XXX	N			123.73		XXX	N	
99341	HOME VISIT NEW PATIENT LOW SEVERITY 20 MINUTES	1.55	70.91			XXX	N			72.22		XXX	N	
99342	HOME VISIT NEW PATIENT MOD SEVERITY 30 MINUTES	2.23	102.02			XXX	N			106.05		XXX	N	
99343	HOME VST NEW PATIENT MOD-HI SEVERITY 45 MINUTES	3.66	167.45			XXX	N			153.52		XXX	N	
99344	HOME VISIT NEW PATIENT HI SEVERITY 60 MINUTES	5.13	234.70			XXX	N			200.99		XXX	N	
99345	HOME VISIT NEW PT UNSTABL/SIGNIF NEW PROB 75 MIN	6.22	284.57			XXX	N			247.96		XXX	N	
99347	HOME VISIT EST PT SELF LIMITED/MINOR 15 MINUTES	1.56	71.37			XXX	N			56.06		XXX	N	
99348	HOME VISIT EST PT LOW-MOD SEVERITY 25 MINUTES	2.37	108.43			XXX	N			88.38		XXX	N	
99349	HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES	3.61	165.16			XXX	N			136.35		XXX	N	
99350	HOME VST EST PT UNSTABLE/SIGNIF NEW PROB 60 MINS	5.01	229.21			XXX	N			200.99		XXX	N	
99354	PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CON 1ST HR	2.82	129.02			ZZZ	N			121.71		ZZZ	N	
99355	PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CON ADDL 30	2.74	125.36			ZZZ	N			120.7		ZZZ	N	
99356	PROLONGED SERVICE I/P REQ UNIT/FLOOR TIME 1ST HR	2.59	118.49			ZZZ	N			111.61		ZZZ	N	
99357	PROLONGED SVC I/P REQ UNIT/FLOOR TIME EA 30 MIN	2.57	117.58			ZZZ	N			112.11		ZZZ	N	
99358	PROLNG E/M SVC BEFORE&/AFTER DIR PT CARE 1ST HR	3.06	140.00			XXX	N			125.75		XXX	N	
99359	PROLNG E/M BEFORE&/AFTER DIR CARE EA 30 MINUTES	1.48	67.71			ZZZ	N			60.6		ZZZ	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99360	PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MINUTES	1.73	79.15			XXX	N			57.07		XXX	N	
99363	ANTICOAGULANT MGMT OUTPATIENT INIT 90 DAYS	3.58	163.79			XXX	N			143.42		XXX	N	
99364	ANTICOAGULANT MGMT OUTPATIENT EA SBSQ 90 DAYS	1.22	55.82			XXX	N			50		XXX	N	
99366	TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	1.21	55.36			XXX	N			49.98		XXX	N	
99367	TEAM CONFERENCE NON-FACE-TO-FACE PHYSICIAN	1.59	72.74			XXX	N			64.77		XXX	N	
99368	TEAM CONFERENCE NON-FACE-TO-FACE NONPHYSICIAN	1.04	47.58			XXX	N			41.82		XXX	N	
99374	SUPVJ PT HOME HEALTH AGENCY MO 15-29 MINUTES	1.97	90.13			XXX	N			85.85		XXX	N	
99375	SUPERVISION PT HOME HEALTH AGENCY MONTH 30 MIN/>	2.95	134.96			XXX	N			150.49		XXX	N	
99377	SUPERVISION HOSPICE PATIENT/MONTH 15-29 MIN	1.97	90.13			XXX	N			85.85		XXX	N	
99378	SUPERVISION HOSPICE PATIENT/MONTH 30 MINUTES/>	2.95	134.96			XXX	N			165.14		XXX	N	
99379	SUPERVISION NURS FACILITY PATIENT MO 15-29 MIN	1.97	90.13			XXX	N			85.35		XXX	N	
99380	SUPERVISION NURS FACILITY PATIENT MONTH 30 MIN/>	2.95	134.96			XXX	N			128.78		XXX	N	
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	3.1	141.83			XXX	N	124.01		125.75		XXX	N	
99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	3.24	148.23			XXX	N	135.85		135.34		XXX	N	
99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	3.38	154.64			XXX	N	121.21		133.32		XXX	N	
99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	3.82	174.77			XXX	N	151.91		144.94		XXX	N	
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	3.69	168.82			XXX	N	154.07		144.94		XXX	N	
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	4.29	196.27			XXX	N	153.08		169.18		XXX	N	
99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	4.65	212.74			XXX	N	139.77		183.82		XXX	N	
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	2.79	127.64			XXX	N	108.61		97.97		XXX	N	
99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	2.98	136.34			XXX	N	106.41		109.08		XXX	N	
99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	2.97	135.88			XXX	N	112.72		108.07		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	3.26	149.15			XXX	N	118.85		118.68		XXX	N	
99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	3.33	152.35			XXX	N	120.75		119.69		XXX	N	
99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	3.55	162.41			XXX	N	130.31		132.31		XXX	N	
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	3.82	174.77			XXX	N	114.35		146.45		XXX	N	
99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	1.02	46.67			XXX	N	94.67		50.5		XXX	N	
99402	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 30 MIN	1.74	79.61			XXX	N	108.44		84.34		XXX	N	
99403	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 45 MIN	2.43	111.17			XXX	N	121.15		116.66		XXX	N	
99404	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 60 MIN	3.14	143.66			XXX	N	131.80		149.99		XXX	N	
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	0.4	18.30			XXX	N	38.62		16.32		XXX	N	28.84
99407	TOBACCO USE CESSATION INTENSIVE >10 MINUTES	0.78	35.69			XXX	N	38.62		32.13		XXX	N	28.84
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	0.99	45.29			XXX	N	63.87		39.27		XXX	N	
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	1.93	88.30			XXX	N	119.67		77.01		XXX	N	
99411	PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 30 M	0.46	21.05			XXX	N	73.73		16.67		XXX	N	
99412	PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 60 M	0.6	27.45			XXX	N	64.19		24.24		XXX	N	
99415	PROLNG CLINCL STAFF SVC DURING O/P E/M 1ST HR	0.25	11.44			XXX	N							
99416	PROLNG CLINCL STAFF SVC DURING O/P E/M EA 30 MIN	0.14	6.41			XXX	N							
99420	ADMN & INTERPJ HEALTH RISK ASSESSMENT INSTRUMENT	0.31	14.18			XXX	N	58.72		11.62		XXX	N	
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	0	BR			XXX	N	29.88		BR		XXX	N	
99441	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN	0.39	17.84			XXX	N			16.83		XXX	N	
99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	0.76	34.77			XXX	N			30.6		XXX	N	
99443	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN	1.11	50.78			XXX	N			45.39		XXX	N	
99444	PHYS/QHP ONLINE EVALUATION & MANAGEMENT SERVICE	0.93	42.55			XXX	N			BR		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99446	INTERPROF PHONE/INTERNET ASSESS/MANAGE 5-10	0	17.84			XXX	N			0		XXX	N	
99447	INTERPROF PHONE/INTERNET ASSESS/MANAGE 11-20	0	34.77			XXX	N			0		XXX	N	
99448	INTERPROF PHONE/INTERNET ASSESS/MANAGE 21-30	0	50.78			XXX	N			0		XXX	N	
99449	INTERPROF PHONE/INTERNET ASSESS/MANAGE 31/>	0	69.54			XXX	N			0		XXX	N	
99450	BASIC LIFE AND/OR DISABILITY EXAMINATION	0	BR			XXX	N			BR		XXX	N	
99455	WORK RELATED/MED DBLT XM TREATING PHYS	0	250.00			XXX	N			250		XXX	N	
99456	WORK RELATED/MED DBLT XM OTH/THN TREATING PHYS	0	BR			XXX	N			BR		XXX	N	
99460	1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	2.72	124.44			XXX	N	145.45		80.8		XXX	N	95.05
99461	1ST CARE PR DAY NML NB XCPT HOSP/BIRTHING CENTER	2.58	118.04			XXX	N			121.2		XXX	N	
99462	SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	1.18	53.99			XXX	N			42.93		XXX	N	
99463	1ST HOSP/BIRTHING CENTER NB ADMIT & DSCHG SM DAT	3.36	153.72			XXX	N	145.45		109.08		XXX	N	95.05
99464	ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	2.02	92.42			XXX	N			101.51		XXX	N	
99465	DELIVERY/BIRTHING ROOM RESUSCITATION	4.31	197.18			XXX	N	665.24		206.55		XXX	N	207.48
99466	CRITICAL CARE INTERFACILITY TRANSPORT 30-74 MIN	6.5	297.38			XXX	N			330.78		XXX	N	
99467	CRITICAL CARE INTERFACILITY TRANSPORT EA 30 MIN	3.29	150.52			ZZZ	N			166.15		ZZZ	N	
99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	26.61	1217.41			XXX	N			1242.81		XXX	N	
99469	SUBQ I/P CRITICAL CARE PR DAY AGE 28 DAYS/<	11.24	514.23			XXX	N			542.88		XXX	N	
99471	INITIAL PED CRITICAL CARE 29 DAYS THRU 24 MONTHS	24.75	1132.31			XXX	N			1088.28		XXX	N	
99472	SUBSQ PED CRITICAL CARE 29 DAYS THRU 24 MO	11.56	528.87			XXX	N			544.39		XXX	N	
99475	INITIAL PED CRITICAL CARE 2 THRU 5 YEARS	16.27	744.35			XXX	N			749.93		XXX	N	
99476	SUBSEQUENT PED CRITICAL CARE 2 THRU 5 YEARS	9.79	447.89			XXX	N			449.96		XXX	N	
99477	INITIAL HOSP NEONATE 28 D/< NOT CRITICALLY ILL	10.09	461.62			XXX	N			431.46		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99478	SUBSEQUENT INTENSIVE CARE INFANT < 1500 GRAMS	3.86	176.60			XXX	N			194.93		XXX	N	
99479	SUBSEQUENT INTENSIVE CARE INFANT 1500-2500 GRAMS	3.52	161.04			XXX	N			172.71		XXX	N	
99480	SUBSEQUENT INTENSIVE CARE INFANT 2501-5000 GRAMS	3.37	154.18			XXX	N			165.64		XXX	N	
99485	SUPERVISION INTERFACILITY TRANSPORT INIT 30 MIN	2.16	98.82			XXX	N			110.6		XXX	N	
99486	SUPERVISION INTERFACILITY TRANSPORT ADDL 30 MIN	1.88	86.01			XXX	N			96.46		XXX	N	
99487	CMPLX CHRON CARE MGMT W/O PT VST 1ST HR PER MO	0	BR			XXX	N			121.71		XXX	N	
99489	CMPLX CHRON CARE MGMT EA ADDL 30 MIN PER MONTH	0	BR			ZZZ	N			61.11		ZZZ	N	
99490	CHRON CARE MANAGEMENT SRVC 20 MIN PER MONTH	1.14	52.16			XXX	N	77.49						
99495	TRANSITIONAL CARE MANAGE SRVC 14 DAY DISCHARGE	4.62	211.37			XXX	N	145.45		243.41		XXX	N	95.05
99496	TRANSITIONAL CARE MANAGE SRVC 7 DAY DISCHARGE	6.51	297.83			XXX	N	145.45		343.4		XXX	N	125.08
99497	ADVANCE CARE PLANNING FIRST 30 MINS	2.4	109.80			XXX	N	77.49						
99498	ADVANCE CARE PLANNING EA ADDL 30 MINS	2.09	95.62			ZZZ	N							
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	0	BR			XXX	N			BR		XXX	N	
99500	HOME VISIT PRENATAL MONITORING & ASSESSMENT	0	BR			XXX	N			BR		XXX	N	
99501	HOME VISIT POSTNATAL ASSMT&F-UP CARE	0	BR			XXX	N			BR		XXX	N	
99502	HOME VISIT NEWBORN CARE & ASSESSMENT	0	BR			XXX	N			BR		XXX	N	
99503	HOME VISIT RESPIRATORY THERAPY CARE	0	BR			XXX	N			BR		XXX	N	
99504	HOME VISIT MECHANICAL VENTILATION CARE	0	BR			XXX	N			BR		XXX	N	
99505	HOME VISIT STOMA CARE&MAINT CLST&CSTOST	0	BR			XXX	N			BR		XXX	N	
99506	HOME VISIT INTRAMUSCULAR INJECTIONS	0	BR			XXX	N			BR		XXX	N	
99507	HOME VISIT CARE&MAINT CATH	0	BR			XXX	N			BR		XXX	N	
99509	HOME VISIT ASSISTANCE DAILY LIV&PRSONAL CARE	0	BR			XXX	N			BR		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99510	HOME VISIT INDIV FAM/MARRIAGE COUNSELING	0	BR			XXX	N			BR		XXX	N	
99511	HOME VISIT FECAL IMPACTION MGMT&ENEMA ADMN	0	BR			XXX	N			BR		XXX	N	
99512	HOME VISIT HEMODIALYSIS	0	BR			XXX	N			BR		XXX	N	
99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	0	BR			XXX	N			BR		XXX	N	
99601	HOME NFS/SPECTY DRUG ADMN PR VST </2 HR	0	BR			XXX	N			BR		XXX	N	
99602	HOME NFS/SPECTY DRUG ADMN PR VST </2 HR EA HR	0	BR			XXX	N			BR		XXX	N	
99605	MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT	0	BR			XXX	N	91.35		BR		XXX	N	
99606	MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT	0	BR			XXX	N	41.94		BR		XXX	N	
99607	MEDICATION THERAPY EACH ADDITIONAL 15 MIN	0	BR			XXX	N	51.72		BR		XXX	N	
0431M	DRUG SCREEN EXCLUDING POST ACCIDENT	0	290.38											
9936M	MED CONF PHYS OR QHP W/TEAM CASE MGR PT CARE		96.4							96.4				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A0021		AMB SRVC OTSD STATE-MILE TRANSPORT	15.16			13.78	
A0080		NONEMERG TRNSPRT VOLUN NOT VESTED	0.00			BR	
A0090		NONEMERG TRNSPRT IND W/VESTED INT	0.00			BR	
A0100		NONEMERGENCY TRANSPORTATION; TAXI	0.00			BR	
A0110		NONEMERG TRNSPRT&BUS INTERSTATE	0.00			BR	
A0120		NONEMERG TRNSPRT: MINI-BUS MTN/OTH	0.00			BR	
A0130		NONEMERG TRNSPRT: WHEELCHAIR VAN	0.00			BR	
A0140		NONEMERG TRNSPRT & AIR TRAVEL	0.00			BR	
A0160		NONEMERG TRNSPRT:MILE-CASE/SOCL WRK	0.51			0.46	
A0170		TRNSPRT ANCILLRY: PARK FEE TOLL OTH	0.00			BR	
A0180		NONEMERG TRNSPRT: LODGING-RECIP	0.00			BR	
A0190		NONEMERG TRNSPRT: MEALS-RECIP	0.00			BR	
A0200		NONEMERG TRNSPRT: LODGING-ESCORT	0.00			BR	
A0210		NONEMERG TRNSPRT: MEALS-ESCORT	0.00			BR	
A0225		AMB SRVC NEONAT TRNSPRT EMERG 1 WAY	730.18			663.80	
A0380		BLS MILEAGE	12.63			11.48	
A0382		BLS ROUTINE DISPOSABLE SUPPLIES	0.00			21.81	
A0384		BLS SPCLIZED SRVC DISPBL SPL; DEFIB	119.96			109.05	
A0390		ALS MILEAGE	12.63			11.48	
A0392		ALS SPCLIZED SRVC DISPBL SPL; DEFIB	119.96			109.05	
A0394		ALS SPCLIZED SRVC DISPBL SPL; IV RX	0.00			52.34	
A0396		ALS SPCLIZD SRVC DISPBL SPL;INTUBAT	95.96			87.24	
A0398		ALS ROUTINE DISPOSABLE SUPPLIES	0.00			21.81	
A0420		AMB WAITING TIME 1/2 HR INCREMENTS	BR			BR	
A0422		AMB OXYGEN&O2 SPL LIFE SUSTAINING	0.00			BR	
A0424		EXTRA AMB ATTENDANT GROUND/AIR;	BR			BR	
A0425		GROUND MILEAGE PER STATUTE MILE	12.63			11.48	
A0426		AMB SRVC ALS NONEMERG TRNSPRT LVL 1	554.03			503.66	
A0427		AMB SRVC ALS EMERG TRANSPORT LEVL 1	582.32			529.38	
A0428		AMB SERVICE BLS NONEMERG TRANSPORT	487.40			443.09	
A0429		AMB SERVICE BLS EMERGENCY TRANSPORT	505.65			459.68	
A0430		AMB SRVC AIR TRNSPRT 1 WAY FIX WING	9687.89			8807.17	
A0431		AMB SRVC AIR TRNSPRT 1 WAY ROTARY	11148.28			10134.80	
A0432		PARAMED INTRCPT RURL NO 3 PARTY PAY	BR			BR	
A0433		ADVANCED LIFE SUPPORT LEVEL 2	BR			BR	
A0434		SPECIALTY CARE TRANSPORT	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A0435		FIX WING AIR MILEAGE-STATUTE MILE	29.14			26.49	
A0436		ROTARY WING AIR MILEAGE-STATUT MILE	77.81			70.74	
A0888		NONCOVERED AMB MILEAGE PER MILE	BR			BR	
A0998		AMBULANCE RSPN&TREATMENT NO TRNSPRT	BR			BR	
A0999		UNLISTED AMBULANCE SERVICE	BR			BR	
A4206		SYRINGE W/NEEDLE STERIL 1 CC/< EACH	0.00			0.00	
A4207		SYRINGE W/NEEDLE STERILE 2 CC EACH	0.00			0.00	
A4208		SYRINGE W/NEEDLE STERILE 3 CC EACH	0.00			0.00	
A4209		SYRINGE W/NEEDLE STERILE 5 CC/> EA	0.00			0.00	
A4210		NEEDLE-FREE INJECTION DEVICE EACH	0.00			0.00	
A4211		SUPPLIES SELF-ADMINED INJECTIONS	0.00			0.00	
A4212		NONCORING NEEDLE/STYLET W/WO CATH	0.00			0.00	
A4213		SYRINGE STERILE 20 CC/GREATER EACH	0.00			0.00	
A4215		NEEDLE STERILE ANY SIZE EACH	0.00			0.00	
A4216		STERL H2O SALINE & OR DXT DIL 10 ML	0.54			0.45	
A4217		STERILE WATER/SALINE 500 ML	3.44			3.18	
A4218		STERL SALINE/WATR METRD DOSE 10 ML	0.00			0.00	
A4220		REFILL KIT IMPLANTABLE INFUS PUMP	0.00			0.00	
A4221		SPL MAINT DRUG INFUS CATHETER-WEEK	24.43			22.91	
A4222		INFUS SPL EXT RX INFUS PUMP CAS/BAG	48.65			47.31	
A4223		INFUS SPL NO EXT INFUS PUMP CAS/BAG	0.00			0.00	
A4230		INFUS SET EXT INSULIN PUMP NONNDLE	0.00			0.00	
A4231		INFUS SET EXT INSULIN PUMP NEEDLE	0.00			0.00	
A4232		SYRINGE NDLE EXT INSULIN PUMP STERL	0.00			0.00	
A4233	NU	REPL BATT ALK NOT J CELL HOM BG MON	0.64			0.81	
A4234	NU	REPL BATT ALK J CELL HOM BG MON	2.75			3.68	
A4235	NU	REPL BATT LITHIUM HOM BG MON OWN PT	1.17			2.38	
A4236	NU	REPL BATT SILVER OXIDE HOM BG MON	1.31			1.69	
A4244		ALCOHOL OR PEROXIDE PER PINT	0.00			1.22	
A4245		ALCOHOL WIPES PER BOX	0.00			3.75	
A4246		BETADINE/PHISOHEX SOLUTION PER PINT	0.00			4.14	
A4247		BETADINE/IODINE SWABS/WIPES PER BOX	0.00			6.32	
A4248		CHLORHEXIDINE CONTAINING ANTISEPTIC	0.00			0.00	
A4250		URINE TEST/REAGENT STRIPS/TABLETS	14.00			23.37	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4252		BLOOD KETONE TEST/REAGENT STRIP EA	0.00			0.89	
A4253	NU	BLD GLU TST/REAGT STRIPS HOM MON-50	11.45				
A4255		PLATFORMS HOM BLD GLU MON 50-BOX	5.01			4.17	
A4256		NORMAL LOW&HI CALIBRATOR SOL/CHIPS	4.40			11.58	
A4257		REPL LENS SHIELD CARTRIDGE LASR SKN	15.51			12.91	
A4258		SPRING-POWERED DEVICE LANCET EACH	2.77			18.27	
A4259		LANCETS PER BOX OF 100	0.00			0.00	
A4261		CERVICAL CAP FOR CONTRACEPTIVE USE	0.00			BR	
A4262		TEMP ABSORB LAC DUCT IMPLANT EA	0.40			0.68	
A4263		PERM NONDISSOLV LAC DUCT IMPL EA	32.00			53.45	
A4264		PERM IMPL CONTRCPTV TUBAL OCCL DEV	0.00			BR	
A4265		PARAFFIN PER POUND	4.14			3.44	
A4266		DIAPHRAGM FOR CONTRACEPTIVE USE	0.00			BR	
A4267		CONTRACEPTIVE SUPPLY CONDOM MALE EA	0.00			BR	
A4268		CONTRACEPT SUPPLY CONDOM FEMALE EA	0.00			BR	
A4269		CONTRACEPTIVE SUPPLY SPERMICIDE EA	0.00			BR	
A4270		DISPOSABLE ENDOSCOPE SHEATH EACH	0.00			BR	
A4280		ADHES SKN SUPP ATTCH BRST PROSTH EA	6.49			5.69	
A4281		TUBING FOR BREAST PUMP REPLACEMENT	0.00			BR	
A4282		ADAPTER FOR BREAST PUMP REPLACEMENT	0.00			BR	
A4283		CAP BREAST PUMP BOTTLE REPLACEMENT	0.00			BR	
A4284		BRST SHIELD&SPLSH PROTCTR PUMP REPL	0.00			BR	
A4285		POLYCARBATE BOTTLE BREAST PUMP REPL	0.00			BR	
A4286		LOCKING RING BREAST PUMP REPLACMENT	0.00			BR	
A4290		SACRAL NERVE STIM TEST LEAD EACH	0.00			0.00	
A4300		IMPL ACSS CATHETER EXTERNAL ACCESS	0.00			BR	
A4301		IMPL ACSS TOTAL CATH PORT/RESERVOIR	0.00			BR	
A4305		DISPBL RX DEL SYS RATE 50 ML/>-HR	10.40			17.60	
A4306		DISPOSABL RX DEL SYS FLW < 50 ML HR	14.40			24.14	
A4310		INSRTION TRAY W/O DRN BAG&W/O CATH	7.99			7.82	
A4311		INSRTION TRAY W/O BAG 2-WAY LATEX	18.03			15.01	
A4312		INSRTION TRAY W/O BAG 2-WAY SILCON	21.93			18.25	
A4313		INSRT TRAY W/O BAG 3-WAY CNT IRRIG	22.53			18.75	
A4314		INSRTION TRAY W/BAG 2-WAY LATEX	26.14			25.60	
A4315		INSRTION TRAY W/BAG 2-WAY SILCON	32.09			26.71	
A4316		INSRTION TRAY W/BAG 3-WAY CONT IRRG	34.53			28.74	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4320		IRRIG TRAY W/BULB/PISTON SYRINGE	5.52			5.39	
A4321		THERAPEUTIC AGT URIN CATH IRRIG	BR			BR	
A4322		IRRIGATION SYRINGE BULB/PISTON EACH	3.69			3.09	
A4326		MALE EXT CATH CLCT CHAMB ANY TYPE	13.12			10.92	
A4327		FE EXT URIN CLCT DEVC; METL CUP EA	54.24			45.17	
A4328		FE EXT URIN CLCT DEVICE; POUCH EA	12.69			10.57	
A4330		PERIAN FECAL CLCT POUCH W/ADHES EA	7.39			7.24	
A4331		EXT DRN TUBING W/CNCTOR/ADAPTR EA	3.87			3.22	
A4332		LUBRICNT INDIVIDUAL STERL PACKET EA	0.14			0.12	
A4333		URIN CATH ANCHR DEVC ADHES ATTCH EA	2.68			2.23	
A4334		URIN CATH ANCHR DEVICE LEG STRAP EA	BR			4.98	
A4335		INCONTINENCE SUPPLY; MISCELLANEOUS	BR			BR	
A4336		INCONT SUPPLY URETHRAL INSERT EA	1.75			1.46	
A4337		INCONT SPL RECTAL INSRT ANY TYPE EA	BR				
A4338		INDWLL CATH; 2-WAY LATEX W/COAT EA	14.92			12.42	
A4340		INDWELL CATHETER; SPECIALTY TYPE EA	32.82			32.14	
A4344		INDWLL CATH FOLEY 2-WAY SILCON EA	17.81			16.21	
A4346		INDWLL CATH; FOLY 3-WAY CONT IRRIG	21.11			19.83	
A4349		MALE EXT CATH W/WO ADHES DISPBL EA	2.45			2.05	
A4351		INTERMIT URIN CATH; STRAIT TIP EA	2.05			1.84	
A4352		INTERMIT URIN CATH; COUDE TIP EA	7.81			6.50	
A4353		INTERMIT URIN CATH W/INSERTION SPL	8.51			7.08	
A4354		INSRTION TRAY W/DRN BAG W/O CATH	14.36			11.95	
A4355		IRRIG TUBING CONT 3-WAY CATH EA	10.85			9.02	
A4356		EXT URETHRAL CLAMP/COMPRS DEVICE EA	50.60			46.19	
A4357		BEDSID DRN BAG DAY/NGT W/WO TUBE EA	10.03			9.82	
A4358		URINARY LEG BAG; VINYL W/WO TUBE EA	7.21			6.71	
A4360		DISP EXT URETHRAL CLAMP/COMP DEV EA	0.54			0.48	
A4361		OSTOMY FACEPLATE EACH	22.34			18.60	
A4362		SKN BARRIER; SOLID 4X4/EQUVALNT; EA	3.59			3.51	
A4363		OSTOMY CLAMP ANY TYPE REPL ONLY EA	2.45			2.40	
A4364		ADHES LIQUID/EQUAL ANY TYPE-OUNCE	3.58			2.97	
A4366		OSTOMY VENT ANY TYPE EACH	1.57			1.32	
A4367		OSTOMY BELT EACH	7.60			7.45	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4368		OSTOMY FILTER ANY TYPE EACH	0.31			0.26	
A4369		OSTOMY SKIN BARRIER LIQUID PER OZ	2.95			2.45	
A4371		OSTOMY SKIN BARRIER POWDER PER OZ	4.43			3.70	
A4372		OST SKIN BARR SOL 4X4/EQUV STD EA	5.10			4.25	
A4373		OST SKN BARR W/FLNGE BUILT-IN CONVX	7.62			6.35	
A4375		OST POUCH DRNABLE W/FCEPLAT PLST EA	20.89			17.39	
A4376		OST POUCH DRNABLE W/FCEPLAT RUBR EA	57.87			48.17	
A4377		OST POUCH DRNABLE FCEPLAT PLSTC EA	5.23			4.35	
A4378		OST POUCH DRAINABLE FCEPLAT RUBR EA	37.38			31.13	
A4379		OST POUCH URIN W/FCEPLAT PLSTC EA	18.26			15.20	
A4380		OST POUCH URIN W/FCEPLAT RUBR EA	45.39			37.80	
A4381		OST POUCH URIN USE FCEPLAT PLSTC EA	5.62			4.68	
A4382		OST POUCH URIN FCEPLAT HVY PLSTC EA	29.93			24.91	
A4383		OST POUCH URIN USE FCEPLAT RUBR EA	34.28			28.53	
A4384		OST FCEPLAT EQUVALNT SILCON RING EA	11.69			9.74	
A4385		OST SKN BARRIER 4X4 EXT W/O CONVXTY	6.20			5.16	
A4387		OST POUCH CLOS BARR BUILT-IN CONVX	2.73			BR	
A4388		OST POUCH DRNABL W/EXT WEAR BARR EA	5.31			4.42	
A4389		OST POUCH DRNBL BARR BUILT-IN CONVX	7.56			6.29	
A4390		OST POUCH DRNABLE EXT W/CONVXITY EA	11.68			9.72	
A4391		OST POUCH URIN W/EXT WEAR BARR EA	8.60			7.15	
A4392		OST POUCH URIN STD W/CONVXITY EA	9.94			8.28	
A4393		OST POUCH URIN EXT W/CONVXITY EA	11.00			9.15	
A4394		OSTOMY DEODORANT W/WO LUB PER FL OZ	3.15			2.62	
A4395		OST DEODORANT OST POUCH SOLID-TAB	0.06			0.04	
A4396		OSTOMY BELT W/PERISTOMAL HERN SUP	49.23			40.99	
A4397		IRRIGATION SUPPLY; SLEEVE EACH	5.31			4.84	
A4398		OSTOMY IRRIGATION SUPPLY; BAG EACH	16.81			13.99	
A4399		OST IRRIG SPL; CONE/CATH W/WO BRUSH	13.12			12.42	
A4400		OSTOMY IRRIGATION SET	50.51			49.47	
A4402		LUBRICANT PER OUNCE	1.65			1.62	
A4404		OSTOMY RING EACH	1.77			1.70	
A4405		OST SKN BARRIER NONPECTIN PASTE-OZ	4.15			3.45	
A4406		OST SKN BARRIER PECTIN PASTE-OZ	6.96			5.81	
A4407		OST SKN BARRIER W/CONVXITY 4X4 IN/<	10.65			8.88	
A4408		OST SKN BARRIER W/CONVXITY > 4X4 IN	12.00			9.99	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4409		OST SKN BARR EXT W/O CONVX 4X4 IN/<	7.56			6.29	
A4410		OST SKN BARR EXT W/O CONVX >4X4 IN	11.00			9.15	
A4411		OST SKN BARR SOLID 4X4/EQ W/CONVXTY	6.20			5.16	
A4412		OST POUCH DRNBL BARR FLNGE W/O FLTR	3.29			2.74	
A4413		OST POUCH DRNABL BARRIER FLNGE/FLTR	6.70			5.58	
A4414		OST SKN BARRIER W/O CONVX 4X4 IN/<	5.98			4.98	
A4415		OST SKN BARRIER W/O CONVX >4X4 IN	7.28			6.07	
A4416		OST POUCH CLO BARR ATTCH W/FILTR EA	3.36			2.78	
A4417		OST POUCH CLO BARR W/BLT-IN CONVXIT	4.52			3.77	
A4418		OST POUCH CLOS; W/O BARR W/FILTR EA	2.21			1.84	
A4419		OST POUCH CLOS; BARRIER W/NON-LOCK	2.11			1.76	
A4420		OST POUCH CLO;USE BARR LOCK FLNG EA	BR			BR	
A4421		OSTOMY SUPPLY; MISCELLANEOUS	BR			BR	
A4422		OST ABSORB MATL THICKN LQD STOML OP	0.14			0.12	
A4423		OST POUCH CLOS; BARR W/LOCK FLNG EA	2.27			1.89	
A4424		OST POUCH DRNBL BARR ATTCH FILTR EA	5.79			4.82	
A4425		OST POUCH DRNBL; BARR NON-LOCK FLNG	4.36			3.63	
A4426		OST POUCH DRNBL;BARR W/LOCK FLNG EA	3.32			2.77	
A4427		OST POUCH DRN;BARR LOCK FLNG FLTR	3.39			2.82	
A4428		OST POUCH URIN W/FAUCET TAP W/VALVE	7.92			6.59	
A4429		OST POUCH URIN W/BLT-IN CONVX VALVE	10.03			8.35	
A4430		OST POUCH URN BLT-IN CNVX FAUCT VLV	10.35			8.62	
A4431		OST POUCH URIN;BARR FAUCT TAP VLV	7.56			6.29	
A4432		OST POUCH URN;NO-LCK FLNG FAUCT VLV	4.37			3.64	
A4433		OST POUCH URIN; BARR W/LOCK FLNG EA	4.07			3.39	
A4434		OST POUCH URN;LOCK FLNG FAUCT VLV	4.57			3.81	
A4435		OST POUCH DRN HI OP EXT WR BARR EA	7.02			5.85	
A4450		TAPE NON-WATERPROOF 18 SQUARE IN	0.40			0.11	
A4452		TAPE WATERPROOF PER 18 SQUARE IN	0.40			0.41	
A4455		ADHESIVE REMOVER/SOLVENT PER OUNCE	1.74			1.45	
A4456		ADHESIVE REMOVER WIPES ANY TYPE EA	0.30			0.25	
A4458		ENEMA BAG WITH TUBING REUSABLE	BR			5.00	
A4459		MAN PUMP-OP ENEMA SYS REUSE ANY TYP	BR				
A4461		SURG DRESSING HOLDR NON-REUSABLE EA	4.00			3.33	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4463		SURG DRESSING HOLDER REUSABLE EA	16.19			13.49	
A4465		NONELASTIC BINDER FOR EXTREMITY	7.20			12.35	
A4466		GARMENT BELT SLEEVE OTH ELASTIC EA	BR			BR	
A4470		GRAVLEE JET WASHER	5.20			8.43	
A4480		VABRA ASPIRATOR	4.00			6.74	
A4481		TRACHEOSTOMA FLTR TYPE SZ EA	0.46			0.38	
A4483		MOISTR EXCHGR DISPBL W/INVASV VENT	BR			BR	
A4490		SURG STOCKING ABOVE KNEE LENGTH EA	5.20			9.02	
A4495		SURGICAL STOCKING THIGH LENGTH EACH	5.20			9.02	
A4500		SURG STOCKING BELOW KNEE LENGTH EA	4.00			6.73	
A4510		SURGICAL STOCKING FULL-LENGTH EACH	9.60			16.31	
A4520		INCONTINENCE GARMENT ANY TYPE EACH	BR			BR	
A4550		SURGICAL TRAYS	23.60			39.41	
A4554		DISPOSABLE UNDERPADS ALL SIZES	2.40			4.08	
A4555		E/TRANSDUCR E-STIM U CA TX RPL ONLY	BR				
A4556		ELECTRODES PER PAIR	12.56			12.30	
A4557		LEAD WIRES PER PAIR	19.62			21.36	
A4558		CONDUCTVE GEL/PASTE USE W/ELEC DEVC	5.98			5.52	
A4559		COUPLING GEL/PASTE W/US DEVC PER OZ	0.12			0.10	
A4561		PESSARY RUBBER ANY TYPE	25.05			21.77	
A4562		PESSARY NON RUBBER ANY TYPE	62.24			54.16	
A4565		SLINGS	9.36			9.51	
A4566		SHOULDR SLING/VEST ABD RSTRN PREFAB	BR			BR	
A4570		SPLINTS	14.00			23.10	
A4575		TOPICAL HYPRBR OXYGEN CHAMB DISPBL	BR			BR	
A4580		CAST SUPPLIES	16.00			BR	
A4590		SPECIAL CASTING MATERIAL	31.20			BR	
A4595		ELEC STIM SUPPLIES 2 LEAD PER MONTH	26.72			29.17	
A4600		SLEEVE INTERMITT LIMB COMP REPL EA	BR			BR	
A4601		LIB RECHARG NONPROSTHETIC USE REPL	BR			BR	
A4602	NU	REPL BA EXT IP OWND PT LI 1.5 V EA	4.52				
A4604	NU	TUBING W/INTGR HEAT ELEM W/PAP DEVC	41.60			58.29	
A4605	NU	TRACHEAL SUCTION CATH CLOS SYS EA	19.94				
A4606		O2 PROBE W/OXIMETER DEVICE REPLCMT	BR			BR	
A4608		TRANSTRACHEAL OXYGEN CATHETER EACH	60.95			50.74	
A4611	NU	BATTRY HEVY DUTY; REPL PT-OWND VENT	142.40			198.88	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4612	NU	BATTRY CABLES; REPL PT-OWNED VENT	58.00			80.93	
A4613	NU	BATTRY CHARGER; REPL PT-OWNED VENT	104.40			145.99	
A4614		PEAK EXPIRATORY FLW METER HAND HELD	28.92			24.08	
A4615		CANNULA NASAL	0.88			0.73	
A4616		TUBING PER FOOT	0.08			0.07	
A4617		MOUTHPIECE	3.77			3.15	
A4618	NU	BREATHING CIRCUITS	9.20			9.00	
A4619	NU	FACE TENT	2.18				
A4620		VARIABLE CONCENTRATION MASK	0.77			0.64	
A4623		TRACHEOSTOMY INNER CANNULA	6.77			6.63	
A4624	NU	TRACHEAL SUCTN CATH NOT CLOS SYS EA	2.72				
A4625		TRACHEOST CARE KIT NEW TRACHEOST	7.16			7.02	
A4626		TRACHEOSTOMY CLEANING BRUSH EACH	3.87			3.23	
A4627		SPACR BAG/RESRVOR METRD DOSE INHAL	13.60			22.46	
A4628	NU	OROPHARYNGEAL SUCTION CATHETER EACH	4.54				
A4629		TRACHEOST CARE KIT EST TRACHEOST	5.64			4.70	
A4630	NU	REPL BATTRY TRNSQ ELEC STIM OWND PT	7.59				
A4633	NU	REPLCMT BULB/LAMP UV LGHT TX SYS EA	49.90				
A4634		REPLCMT BULB TX LGHT BOX TABOP MDL	BR			BR	
A4635	NU	UNDERARM PAD CRUTCH REPLACEMENT EA	6.23			5.18	
A4636	NU	REPL HANDGRIP CANE CRTCH/WALKER EA	3.82			3.67	
A4637	NU	REPL TIP CANE CRUTCH WALKER EA	2.02			1.87	
A4638		REPL BATT PT-OWND EAR PULSE GEN EA	0.00			0.00	
A4639	NU	REPL PAD INFRARD HEATING PAD SYS EA	301.60				
A4640	NU	REPL PAD W/ALTRNAT PRSS PAD OWND PT	59.52			64.10	
A4641		RADIOPHARMACEUTICAL DIAGNOSTIC NOC	BR			BR	
A4642		IN-111 SATUMOMB PENDETID DX TO 6MCI	BR			BR	
A4648		TISSUE MARKER IMPLANTBL ANY TYPE EA	BR			BR	
A4649		SURGICAL SUPPLY; MISCELLANEOUS	BR			BR	
A4650		IMPLANTABLE RADIATION DOSIMETER EA	BR			BR	
A4651		CALIBRATED MICROCAPILLARY TUBE EACH	BR			BR	
A4652		MICROCAPILLARY TUBE SEALANT	BR			BR	
A4653		PERITON DIALYSIS CATH ANCHR BELT EA	BR			BR	
A4657		SYRINGE WITH OR WITHOUT NEEDLE EACH	0.00			0.00	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4660		SPHYGMOMANOMETER/BP W/CUFF&STETH	10.40			17.73	
A4663		BLOOD PRESSURE CUFF ONLY	20.40			50.92	
A4670		AUTOMATIC BLOOD PRESSURE MONITOR	52.00			86.98	
A4671		DISPBL CYCLR SET USED W/CYCLR DIALY	BR			BR	
A4672		DRAIN EXT LINE STERILE DIALYSIS EA	BR			BR	
A4673		EXT LINE W/EASY LOCK CNCTR DIALYSIS	BR			BR	
A4674		CHEMS/ANTISPTC SOL CLEAN/STERL 8OZ	BR			BR	
A4680		ACTIVATED CARBON FILTER HEMODIAL EA	52.80			88.34	
A4690		DIALYZER ALL TYPES SZS HEMODIAL EA	523.20			875.92	
A4706		BICARBONATE CONC SOL HEMODIAL-GAL	BR			BR	
A4707		BICARBONAT CONC PWDR HEMODIAL-PCKET	BR			BR	
A4708		ACTAT CONC SOL HEMODIAL-GALLON	BR			BR	
A4709		ACID CONC SOL HEMODIAL-GALLON	BR			BR	
A4714		TREATED H2O PERITON DIALYSIS-GALLON	BR			BR	
A4719		Y SET TUBING PERITONEAL DIALYSIS	BR			BR	
A4720		DIALYSATE FL>249<=999 CC DIALYSIS	BR			BR	
A4721		DIALYSATE FL>999<=1999CC DIALYSIS	BR			BR	
A4722		DIALYSATE FL>1999<=2999CC DIALYSIS	BR			BR	
A4723		DIALYSATE FL>2999<=3999CC DIALYSIS	BR			BR	
A4724		DIALYSATE FL>3999<=4999CC DIALYSIS	BR			BR	
A4725		DIALYSATE FL>4999<=5999CC DIALYSIS	BR			BR	
A4726		DIALYSATE DEXTROSE FL>5999 CC PD	BR			BR	
A4728		DIALYSAT SOL NO-DXTRS CNTAIN 500 ML	BR			BR	
A4730		FIST CANNULAT SET HEMODIALYSIS EA	BR			BR	
A4736		TOPICAL ANESTHETIC DIALYSIS PER G	BR			BR	
A4737		INJ ANESTHETIC DIALYSIS PER 10 ML	BR			BR	
A4740		SHUNT ACCESSRY HEMODIAL ANY TYPE EA	BR			BR	
A4750		BLD TUBING ART/VENOUS HEMODIAL EA	10.00			16.85	
A4755		BLD TUBING ART&VENOUS HEMODIAL EA	BR			BR	
A4760		DIALYSATE SOL TST KIT PERITON EA	BR			BR	
A4765		DIALYSATE POWDER PERITON DIALYSIS	BR			BR	
A4766		DIALYSATE SOL PERITON DIALYSIS-10ML	BR			BR	
A4770		BLD COLLECTION TUBE VAC DIALYSIS-50	BR			BR	
A4771		SERUM CLOT TIME TUBE DIALYSIS-50	BR			BR	
A4772		BLD GLU TEST STRIPS DIALYSIS PER 50	21.20			35.33	
A4773		OCCULT BLD TEST STRIPS DIALYSIS-50	13.20			22.41	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4774		AMMONIA TEST STRIPS DIALYSIS PER 50	BR			BR	
A4802		PROTAMINE SULFATE HEMODIAL-50 MG	4.00			6.37	
A4860		DISPBL CATH TIP PERITON DIALYSIS-10	BR			BR	
A4870		PLUMB &/ ELEC WRK HOM HEMODIAL EQP	BR			BR	
A4890		CONTRACTS REPR&MAINT HEMODIAL EQP	BR			BR	
A4911		DRAIN BAG/BOTTLE FOR DIALYSIS EACH	BR			BR	
A4913		MISCELLANEOUS DIALYSIS SUPPLIES NOS	BR			BR	
A4918		VENOUS PRESSURE CLAMP HEMODIAL EA	BR			BR	
A4927		GLOVES NON-STERILE PER 100	3.20			5.44	
A4928		SURGICAL MASK PER 20	0.00			0.00	
A4929		TOURNIQUET FOR DIALYSIS EACH	0.40			0.19	
A4930		GLOVES STERILE PER PAIR	0.00			1.14	
A4931		ORL THERMOMETER REUSBL ANY TYPE EA	0.00			0.00	
A4932		RECTAL THERMOMETER REUSBL TYPE EA	0.00			0.00	
A5051		OST POUCH CLOS; W/BARRIER ATTCH EA	2.51			2.09	
A5052		OST POUCH CLOS; W/O BARR ATTACH EA	1.80			1.51	
A5053		OSTOMY POUCH CLOS; USE FACEPLATE EA	1.79			1.76	
A5054		OST POUCH CLOS; BARRIER W/FLNGE EA	2.19			1.83	
A5055		STOMA CAP	1.60			1.46	
A5056		OST POUCH DRAIN EXT BARRIER FLTR EA	5.68			4.72	
A5057		OST POUCH DRAIN BARR CONVX FLTR EA	11.68			9.72	
A5061		OST POUCH DRNABLE; W/BARR ATTCH EA	4.29			3.58	
A5062		OST POUCH DRNABL; W/O BARR ATTCH EA	2.71			2.25	
A5063		OST POUCH DRNABLE; BARR W/FLNGE EA	3.29			2.74	
A5071		OST POUCH URIN; W/BARRIER ATTCH EA	7.30			6.08	
A5072		OST POUCH URIN; W/O BARR ATTCH EA	3.84			3.58	
A5073		OST POUCH URIN; BARRIER W/FLNGE EA	3.29			3.22	
A5081		STOMA PLUG OR SEAL ANY TYPE	3.42			3.34	
A5082		CONTINENT DEVC;CATH CONTINENT STOMA	12.30			12.03	
A5083		CONT DEVICE STOMA ABSORPTIVE COVER	0.78			0.65	
A5093		OSTOMY ACCESSORY; CONVEX INSERT	2.29			1.98	
A5102		BEDSIDE DRN BOTTLE W/WO TUBING EA	27.46			22.86	
A5105		URIN SUSPENSRY LEG BAG W/WO TUBE EA	49.58			41.27	
A5112		URINARY DRAIN BAG LEG/ABD LATEX EA	42.10			35.05	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A5113		LEG STRAP; LATEX REPLCMT ONLY-SET	5.73			4.77	
A5114		LEG STRAP; FOAM/FABRIC REPL-SET	9.26			9.06	
A5120		SKIN BARRIER WIPES OR SWABS EACH	0.40			0.25	
A5121		SKN BARRIER; SOLID 6X6/EQUVALNT EA	9.06			7.55	
A5122		SKN BARRIER; SOLID 8X8/EQUVALNT EA	15.62			13.00	
A5126		ADHES/NON-ADHES; DISK/FOAM PAD	1.60			1.34	
A5131		APPLINC CLNR INCONT&OST APPLN-16 OZ	19.28			16.05	
A5200		PERQ CATH/TUBE ANCHR DEVC ADHES SKN	13.75			11.44	
A5500		DM ONLY CSTM PREP SHOE MX DNS INSRT	77.32			68.16	
A5501		DM ONLY CSTM PREP SHOE MOLD PTS FT	231.91			204.42	
A5503		DM ONLY MOD SHOE/CSTM ROLLER/ROCKER	38.01			33.21	
A5504		DM ONLY MOD SHOE/CSTM W/WEDGE SHOE	38.01			33.21	
A5505		DM ONLY MOD SHOE/CSTM W/MT BAR SHOE	38.01			33.21	
A5506		DM ONLY MOD SHOE/CSTM OFF SET HEEL	38.01			33.21	
A5507		DM ONLY NOS MOD SHOE/CSTM MOLD SHOE	38.01			33.21	
A5508		DM ONLY DELUX FEATUR SHOE/CSTM MOLD	BR			BR	
A5510		DIAB ONLY DIR FORM COMPRS MOLD FT	BR			BR	
A5512		FOR DIAB ONLY MX DNSITY INSRT PRFAB	31.54			27.80	
A5513		FOR DIAB ONLY MX DNSITY INSRT CSTM	47.07			41.49	
A6000		NON-CNTC WND WARMING COVR W/DEVC	0.00			31.35	
A6010		COLLEGEN WOUND FILLR DRY FORM PER G	37.66			37.55	
A6011		COLLEGEN WOUND FIL GEL/PASTE PER G	2.77			2.31	
A6021		COLL DRESS PAD SIZE 16 SQ/LESS EA	25.56			21.29	
A6022		COLL DRSG STRL>16 BUT</=48 SQ IN EA	25.56			21.29	
A6023		COLL DRSG STERILE SZ >48 SQ IN EA	231.43			192.65	
A6024		COLL DRESS WND FIL STERL PER 6 IN	7.52			6.27	
A6025		GEL SHEET DERMAL/EPIDRMAL APPLIC EA	19.60			32.62	
A6154		WOUND POUCH EACH	17.49			14.55	
A6196		ALGINAT/OTH FIBR GELL PAD 16 SQ/<EA	8.94			7.45	
A6197		ALGINAT/OTH FIBR GELL >16<=48 SQEA	19.99			16.63	
A6198		ALGINAT/OTH FIBR GELL PAD >48 SQ EA	BR			BR	
A6199		ALGINAT/OTH FIBR GELL DRESS FIL-6IN	6.44			5.35	
A6203		COMPOS DRESS 16 SQ/< W/ADHES BORDR	4.09			3.40	
A6204		COMPOS DRESS >16 <=48 SQ W/ADHES	7.57			6.30	
A6205		COMPOS DRESS >48SQ W/ADHES BORDR EA	BR			BR	
A6206		CNTCT LAYR STERL 16 SQ IN/<EA DRESS	3.60			5.30	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A6207		CNTC LAYER > 16 SQ BUT <= 48 SQ EA	8.92			7.43	
A6208		CONTACT LAYER > 48 SQ EACH DRESSING	BR			BR	
A6209		FOAM DRESS STERL 16 SQ/< NO ADHES	9.09			7.57	
A6210		FOAM DRESS >16 <=48SQ W/O ADHES EA	24.23			20.16	
A6211		FOAM DRESS STERL > 48 SQ NO ADHES	35.72			29.73	
A6212		FOAM DRESS 16 SQ/< W/ADHES BORDR EA	11.80			9.82	
A6213		FOAM DRESS >16 <= 48 SQ W/ADHES EA	17.20			10.42	
A6214		FOAM DRESS > 48 SQ W/ADHES BORDR EA	12.51			12.48	
A6215		FOAM DRESSING WOUND FIL STERL PER G	BR			BR	
A6216		GAUZE NON-IMPREG NONSTERL 16 SQ/<	0.06			0.04	
A6217		GAUZE NON-IMPREG NONSTRL >16<=48SQ	BR			BR	
A6218		GAUZE NON-IMPREG NONSTERL > 48 SQ	0.40			0.97	
A6219		GAUZE NON-IMPREG STERL 16 SQ/<ADHES	1.17			1.16	
A6220		GAUZE NON-IMPREG >16 <=48 SQ ADHES	3.15			2.62	
A6221		GAUZE NON-IMPREG > 48 SQ W/ADHES	BR			BR	
A6222		GAUZ IMPREG NOT H2O/HYDRGEL 16 SQ/<	2.59			2.16	
A6223		GAUZ IMPREG NOT H2O/HYDRGL >16<=48	2.95			2.45	
A6224		GAUZ IMPREG NOT H2O/HYDROGEL >48 SQ	4.39			3.65	
A6228		GAUZ IMPREG WATR/NL SALINE > 16 SQ	1.60			2.55	
A6229		GAUZ IMPREG WATR/SALINE >16<=48 SQ	4.39			3.65	
A6230		GAUZ IMPREG H2O/SALINE STERL >48 SQ	2.40			4.21	
A6231		GAUZ IMPREG HYDRGEL DIR WND 16 SQ/<	5.70			4.74	
A6232		GAUZ IMPREG HYDRGEL DIR >16 <= 48	8.35			6.95	
A6233		GAUZ IMPREG HYDRGEL DIR WND > 48 SQ	23.32			19.41	
A6234		HYDRCOLLOID DRESS 16 SQ/< W/O ADHES	7.95			6.72	
A6235		HYDRCOLLOID DRESS >16<=48 NO ADHES	20.45			17.02	
A6236		HYDROCOLLOID DRESS >48 SQ W/O ADHES	33.14			27.59	
A6237		HYDROCOLLOID DRESS 16 SQ/< W/ADHES	9.63			8.01	
A6238		HYDRCOLLOID DRESS >16<= 48 W/ADHES	27.72			23.08	
A6239		HYDROCOLLOID DRESS > 48 SQ W/ADHES	BR			BR	
A6240		HYDROCOLLOID DRESS FIL PASTE-FL OZ	14.89			12.40	
A6241		HYDROCOLLOID DRESS DRY FORM PER G	3.12			2.60	
A6242		HYDROGEL DRESS 16 SQ/< W/O ADHES EA	7.37			6.14	
A6243		HYDROGEL DRESS >16 <=48SQ NO ADHES	14.98			12.47	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A6244		HYDROGEL DRESS > 48 SQ W/O ADHES EA	47.77			39.77	
A6245		HYDROGEL DRESS 16 SQ/< W/ADHES EA	8.83			7.35	
A6246		HYDROGEL DRESS >16 <=48 SQ W/ADHES	12.08			10.05	
A6247		HYDROGEL DRESS STERL >48 SQ ADHES	28.92			24.08	
A6248		HYDROGEL DRESS WOUND FIL GEL FL OZ	19.76			16.43	
A6250		SKN SEALNT PROTCT MOISTURZR OINTMNT	BR			BR	
A6251		SPCLTY ABSORB DRESS 16SQ/< NO ADHES	2.42			2.02	
A6252		SPCL ABSORB DRESS >16<=48 NO ADHES	3.96			3.29	
A6253		SPCLTY ABSORB DRESS >48 SQ NO ADHES	7.70			6.41	
A6254		SPCLTY ABSORB DRESS 16 SQ/< W/ADHES	1.46			1.22	
A6255		SPCL ABSORB DRESS >16<= 48 W/ADHES	3.70			3.08	
A6256		SPCLTY ABSORB DRESS > 48 SQ W/ADHES	BR			BR	
A6257		TRNSPRT FILM STERL 16 SQ/< EA DRESS	1.87			1.55	
A6258		TRNSPRT FILM >16 SQ BUT <=48 SQ EA	5.25			4.37	
A6259		TRNSPRT FILM STERL > 48 SQ EA DRESS	13.31			11.08	
A6260		WOUND CLEANSERS ANY TYPE ANY SIZE	0.80			1.43	
A6261		WOUND FILLR GEL/PASTE PER FL OZ NOS	3.20			5.41	
A6262		WOUND FILLER DRY FORM PER G NOS	0.80			1.36	
A6266		GAUZ IMPRG NOT H2O SAL/ZINC LINR YD	2.34			1.96	
A6402		GAUZ NON-IMPREG STERL 16 SQ/< NO AD	0.14			0.12	
A6403		GAUZ NON-IMPREG STERL >16 <= 48 SQ	0.52			0.43	
A6404		GAUZ NON-IMPREG STRL >48SQ NO ADHES	0.40			0.71	
A6407		PACK STRIPS NON-IMPREGNTD UP 2 IN	2.29			1.90	
A6410		EYE PAD STERILE EACH	0.47			0.40	
A6411		EYE PAD NON-STERILE EACH	0.00			0.30	
A6412		EYE PATCH OCCLUSIVE EACH	0.40			0.34	
A6413		ADHESIVE BANDAGE FIRST-AID TYPE EA	0.00			BR	
A6441		PADD BANDGE NON-ELAST NON-WOVEN/NON	0.83			0.68	
A6442		CONFORMING BANDGE NON-ELAST KNITTED	0.20			0.17	
A6443		CONFORMING BANDGE NON-ELAST KNITTED	0.34			0.29	
A6444		CONFORMING BANDGE NON-ELAST KNITTED	0.68			0.56	
A6445		CONFORMING BANDGE NON-ELAST KNITTED	0.40			0.33	
A6446		CONFORMING BANDGE NON-ELAST KNITTED	0.50			0.41	
A6447		CONFORMING BANDGE NON-ELAST KNITTED	0.83			0.68	
A6448		LT COMPRS BANDGE ELAST WDTH < 3 IN	1.41			1.18	
A6449		LT COMPRS BANDGE WDTH >/= 3 & <5 IN	2.13			1.78	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A6450		LT COMPRS BANDGE WDTH >/= 5 IN	BR			BR	
A6451		MOD COMPRS BANDGE WD >/= 3 & <5 IN	BR			BR	
A6452		HI COMPRS BANDGE WD >/= 3 & <5 IN	7.18			5.98	
A6453		SELF-ADHERENT BANDGE WDTH </= 3 IN	0.76			0.63	
A6454		SLF ADHERNT BANDGE WD >/= 3 & <5 IN	0.95			0.78	
A6455		SELF-ADHERENT BANDGE WDTH >/= 5 IN	1.69			1.41	
A6456		ZINC PAST BANDGE WD >/= 3 & <5 IN	1.54			1.29	
A6457		TUBULR DRSG W/WO ELAST WDTH LINR YD	1.39			1.15	
A6501		COMPRS BURN GARMNT BDYSUIT CSTM FAB	BR			BR	
A6502		COMPRS BRN GARMNT CHIN STRAP CSTM	BR			BR	
A6503		COMPRS BRN GARMNT FCE HOOD CSTM FAB	BR			BR	
A6504		COMPRS BRN GARMNT GLOV WRST CSTM	BR			BR	
A6505		COMPRS BRN GARMNT GLOV ELB CSTM FAB	BR			BR	
A6506		COMPRS BURN GARMNT GLOV AX CSTM FAB	BR			BR	
A6507		COMPRS BRN GARMNT FT KNEE LEN CSTM	BR			BR	
A6508		COMPRS BRN GARMNT FT THI LEN CSTM	BR			BR	
A6509		COMPRS BRN GARMNT TRNK WAIST CSTM	BR			BR	
A6510		COMPRS BRN GARMNT TRNK ARM LEG OPN	BR			BR	
A6511		COMPRS BRN GARMNT LW TRNK LEG OPN	BR			BR	
A6512		COMPRESSION BURN GARMENT NOC	BR			BR	
A6513		COMPRS BRN MASK FCE&/NCK PLSTC/EQUL	BR			BR	
A6530		GRADIENT COMPRS STK BK 18-30 MMHG	49.40			BR	
A6531		GRADIENT COMPRS STK BK 30-40 MMHG	60.89			89.13	
A6532		GRADIENT COMPRS STK BK 40-50 MMHG	85.80			125.38	
A6533		GRADENT COMPRS STK THIGH 18-30 MMHG	42.90			BR	
A6534		GRADENT COMPRS STK THIGH 30-40 MMHG	57.20			BR	
A6535		GRADENT COMPRS STK THIGH 40-50 MMHG	91.00			BR	
A6536		GRADENT COMPRS STK FULL 18-30 MMHG	91.00			BR	
A6537		GRADENT COMPRS STK FULL 30-40 MMHG	104.00			BR	
A6538		GRADENT COMPRS STK FULL 40-50 MMHG	143.00			BR	
A6539		GRADENT COMPRS STK WAIST 18-30 MMHG	198.90			BR	
A6540		GRADENT COMPRS STK WAIST 30-40 MMHG	107.90			BR	
A6541		GRADENT COMPRS STK WAIST 40-50 MMHG	145.60			BR	
A6544		GRADENT COMPRESSION STK GARTER BELT	52.00			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A6545		GRD CMPRS WRP NONELST BK 30-50 MMHG	119.90			BR	
A6549		GRADIENT COMP STOCKING/SLEEVE NOS	0.00			BR	
A6550		WND CARE SET NEG PRSS WND TX PUMP	27.72			23.94	
A7000	NU	CANISTER DISPBL USED W/SUCTN PUMP	9.45				
A7001	NU	CANISTR NONDISPBL USED W/SUCTN PUMP	35.89				
A7002	NU	TUBING USED WITH SUCTION PUMP EACH	3.96				
A7003	NU	ADMN SET SM VOL NONFILTR NEB DISPBL	2.75				
A7004	NU	SM VOL NONFILTR PNEUMAT NEB DISPBL	1.69				
A7005	NU	ADMN SET SM VOL NONFLTR NEB NONDISP	27.79				
A7006	NU	ADMN SET W/SM VOL FILTR NEBULIZR	11.14				
A7007	NU	LG VOL NEBULIZR DISPBL UNFIL COMPRS	5.10				
A7008	NU	LG VOL NEBULIZR DISPBL PRFIL COMPRS	11.37				
A7009	NU	RESRVOR BOTTLE LG VOL US NEBULIZR	50.36				
A7010	NU	CORUG TUBE DISPBL LG VOL NEB 100 FT	23.32				
A7012	NU	WATER COLLEC DEV USE W/LG VOL NEB	4.29				
A7013	NU	FILTER DISP W/AREO COMPRESS/US GEN	0.83				
A7014	NU	FLTR NON-DISPBL AROSL COMPRS/US GEN	5.06				
A7015	NU	AREO MASK USED W/ DME NEB	2.10				
A7016	NU	DOME&MOUTHPECE W/SM VOL US NEBULIZR	8.39				
A7017	NU	NEB GLASS/AUTOCLAV NOT USE W/O2	162.01			135.68	
A7018		H2O DIST USE W/LG VOL NEB 1000 ML	0.40			0.38	
A7020	NU	INTERFACE COUGH STIM DEVC REPL ONLY	17.61				
A7025	NU	HI FREQ CHST WALL OSCILAT VEST REPL	456.80				
A7026	NU	HI FREQ CHST WALL OSCILAT HOSE REPL	34.96				
A7027	NU	COMB ORAL/NASAL MASK W/CPAP EACH	188.02				
A7028	NU	ORAL CUSH ORAL/NASAL MASK REPL EA	51.33				
A7029	NU	NASL PILLOW ORL/NASL MASK REPL PAIR	21.29				
A7030	NU	FULL FCE MASK POS ARWAY PRSS DEV EA	155.52				
A7031	NU	FCE MASK INTERFCE REPL FULL MASK EA	58.49				
A7032	NU	CUSHN NASAL MASK INTF REPL ONLY EA	33.15				
A7033	NU	PILLW NASL CANNULA TYPE INTF REPL	23.90				
A7034	NU	NASL INTERFCE POS ARWAY PRSS DEVC	96.59				
A7035	NU	HEADGEAR USED W/POS ARWAY PRSS DEVC	30.23				
A7036	NU	CHINSTRAP USE W/POS ARWAY PRSS DEVC	14.22				
A7037	NU	TUBING USED W/POS ARWAY PRESS DEVC	29.32				
A7038	NU	FLTR DISPBL W/POS ARWAY PRSS DEVC	4.16				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A7039	NU	FLTR NON DISPBL POS ARWAY PRSS DEVC	10.56				
A7040		ONE WAY CHEST DRAIN VALVE	49.47			43.05	
A7041		WATER SEAL DRNAGE CONTAINER&TUBING	92.94			80.89	
A7044	NU	ORL INTERFCE W/POS ARWAY PRSS DEVC	108.55				
A7045	NU	EXHALATION PORT REPLACEMENT ONLY	16.67			16.98	
A7046	NU	WATR CHAMB HUMDIFIR USED W/POS ARWA	17.73				
A7047	NU	ORAL INTF USED RESP SUCTION PUMP EA	147.03				
A7048		VACUUM DRN CLCT U & TUBING KIT EA	51.73				
A7501		TRACHEOSTOMA VALV INCL DIAPHRAGM EA	127.71			106.32	
A7502		REPL DIAPH/FCEPLAT TRACHESTOMA VALV	60.71			50.53	
A7503		FLTR HOLDER/CAP REUSBL TRACHEOSTOMA	13.79			11.48	
A7504		FLTR USE TRACHEOSTOMA EXCHG SYS EA	0.83			0.68	
A7505		HOUS REUSABL W/O ADHES EXCHG SYS	5.70			4.74	
A7506		ADHES DISC EXCHG SYS&/ W/TRACH VALV	0.41			0.34	
A7507		FLTR HLDR&INTGR FLTR TRACHEOSTOMA	3.03			2.52	
A7508		HOUS&INTGR ADHES EXCHG SYS &/ VALV	3.49			2.90	
A7509		FLTR HLDR&INTGR FLTR HOUS&ADHES	1.72			1.43	
A7520		TRACHEOST/LARYNGECT TUBE NON-CUFFED	57.74			48.07	
A7521		TRACHEOST/LARYNGECT TUBE CUFF PVC	57.20			47.62	
A7522		TRACHEOST/LARYNGECT TUBE STNLESS ST	54.92			45.73	
A7523		TRACHEOSTOMY SHOWER PROTECTOR EACH	BR			BR	
A7524		TRACHEOSTOMA STENT/STUD/BUTTON EACH	94.14			78.36	
A7525		TRACHEOSTOMY MASK EACH	2.51			2.09	
A7526		TRACHEOSTOMY TUBE COLLAR/HOLDER EA	4.11			3.41	
A7527		TRACHEOST/LRYNGCT TUBE PLUG/STOP EA	4.36			3.63	
A8000	NU	HELMET PROTECTIVE SOFT PREFAB	186.49			155.24	
A8001	NU	HELMET PROTECTIVE HARD PREFAB	186.49			155.24	
A8002	NU	HELMET PROTECTIVE SOFT CUSTOM FAB	BR			BR	
A8003	NU	HELMET PROTECTIVE HARD CUSTOM FAB	BR			BR	
A8004	NU	SOFT INTERFACE FOR HELMET REPL ONLY	BR			BR	
A9150		NONPRESCRIPTION DRUG	BR			BR	
A9152		1 VIT/MINERL/TRACE ELEM ORLDOSE NOS	BR			BR	
A9153		MULTIPLE VITAMINS ORAL PER DOSE NOS	BR			BR	
A9155		ARTFICIAL SALIVA 30 ML	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A9180		PEDICULOSIS TX TOP ADMN PT/CARETAKR	BR			BR	
A9270		NONCOVERED ITEM OR SERVICE	BR			BR	
A9272		WND SCTN DISPBL DRSG ACC ANY TYP EA	BR			BR	
A9273		HOT WATER BOTTLE ICE CAP/COLLAR ANY	BR			BR	
A9274		EXT AMB INSULIN DEL SYS DISPOSBL EA	BR			BR	
A9275		HOME GLU DISPBL MON W/TEST STRIPS	BR			BR	
A9276		SENSOR; INVSV INTRSTL GLU MON SYS	BR			BR	
A9277		TRANSMTR; EXT INTRSTL CONT GLU MON	BR			BR	
A9278		RECEIVER MON; EXT INTRSTL GLU MON	BR			BR	
A9279		MON FEATURE/DEVC ALONE/INTEGRAT NOC	BR			BR	
A9280		ALERT OR ALARM DEVICE NOC	BR			BR	
A9281		REACH/GRABBING DEVC ANY TYPE/LEN EA	BR			BR	
A9282		WIG ANY TYPE EACH	BR			BR	
A9283		FOOT PRESSURE OFF LOAD/SUPP DEV EA	BR			BR	
A9284		SPIROMETER NONELECTRONC INCL ACCESS	BR			BR	
A9300		EXERCISE EQUIPMENT	BR			BR	
A9500		TC-99M SESTAMIBI DX PER STUDY DOSE	BR			BR	
A9501		TC-99M TEBOROXIME DX PER STUDY DOSE	BR			BR	
A9502		TC-99M TETROFOSMIN DX - STUDY DOSE	BR			BR	
A9503		TC-99M MEDRONATE DX UP TO 30 MCI	BR			BR	
A9504		TC-99M APCITIDE DX UP TO 20 MCI	BR			BR	
A9505		TL-201 THALLOUS CHLORID DX PER MCI	BR			BR	
A9507		IN-111 CAPROMB PENDETD DX TO 10 MCI	BR			BR	
A9508		I-131 IOBENGUANE SULFATE DX 0.5 MCI	BR			BR	
A9509		IODINE I-123 SODIM IODIDE DX MCI	BR			BR	
A9510		TC-99M DISOFENIN DX UP TO 15 MCI	BR			BR	
A9512		TC-99M PERTECHNETATE DX PER MCI	BR			BR	
A9516		I-123 SODIUM IODIDE DX TO 999 UCI	BR			BR	
A9517		I-131 SODIM IODIDE CAPS TX MCI	BR			BR	
A9520		TC-99M TILMANOCEPT DX TO 0.5 MCI	0.00				
A9521		TC-99M EXETAZIME DX UP TO 25 MCI	BR			BR	
A9524		I-131 IODINATD SERUM ALB DX 5 UCI	BR			BR	
A9526		NITRO N-13 AMMONIA DX UP TO 40 MCI	BR			BR	
A9527		IODINE I-125 NA IODIDE SOL TX MCI	BR			BR	27.13
A9528		I-131 SODIUM IODIDE CAPS DX PER MCI	116.80			195.67	
A9529		I-131 SODIM IODIDE SOL DX PER MCI	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A9530		I-131 SODIUM IODIDE SOL TX PER MCI	BR			BR	
A9531		I-131 SODIM IODIDE DX UP TO 100 UCI	BR			BR	
A9532		I-125 SERUM ALB DX PER 5 MICROCURIE	253.60			424.12	
A9536		TC-99M DEPREOTIDE DX UP TO 35 MCI	BR			BR	
A9537		TC-99M MEBROFENIN DX UP TO 15 MCI	BR			BR	
A9538		TC-99M PYROPHOSHATE DX UP TO 25 MCI	BR			BR	
A9539		TC-99M PENTETATE DX UP TO 25 MCI	BR			BR	
A9540		TC-99M MAA DX UP TO 10 MCI	BR			BR	
A9541		TC-99M SULFUR COLL DX UP TO 20 MCI	BR			BR	
A9542		IN-111 IBRITUMAB TIUXTN DX TO 5 MCI	BR			BR	
A9543		Y-90 IBRITUMOMB TIUXTN TX TO 40 MCI	BR			BR	
A9544		IODINE I-131 TOSITUMOMAB DX DOSE	BR			BR	
A9545		IODINE I-131 TOSITUMOMAB TX DOSE	BR			BR	
A9546		CO-57/58 CYANOCOBALAMIN DX TO 1 UCI	BR			BR	
A9547		IN-111 OXYQUINOLIN DX 0.5 MILLICURE	365.60			611.55	
A9548		INDIUM IN-111 PENTETATE DX 0.5 MCI	219.20			366.93	
A9550		TC-99M SODIM GLUCEPTAT DX TO 25 MCI	BR			BR	
A9551		TC-99M SUCCIMER DX UP TO 10 MCI	BR			BR	
A9552		FDG F-18 FDG DX UP TO 45 MCI	BR			BR	
A9553		CR-51 SODIUM CHROMATE DX TO 250 UCI	BR			BR	
A9554		I-125 SODUM IOTHALAMTE DX TO 10 UCI	BR			BR	
A9555		RUBIDIUM RB-82 DX UP TO 60 MCI	BR			BR	
A9556		GALLIUM GA-67 CITRATE DX PER MCI	27.20			45.84	
A9557		TC-99M BICISATE DX UP TO 25 MCI	BR			BR	
A9558		XENON XE-133 GAS DX PER 10 MCI	BR			BR	
A9559		CO-57 CYANOCOBALAMN ORL DX TO 1 UCI	BR			BR	
A9560		TC-99M LABELED RBC DX UP TO 30 MCI	BR			BR	
A9561		TC-99M OXIDRONATE DX UP TO 30 MCI	BR			BR	
A9562		TC-99M MERTIATIDE DX UP TO 15 MCI	BR			BR	
A9563		SODIUM PHOSHATE P-32 TX PER MCI	BR			BR	
A9564		CHROMIC PHOSHATE P-32 SUSP TX MCI	187.20			313.11	
A9566		TC-99M FANOLESOMAB DX UP TO 25 MCI	BR			BR	
A9567		TC-99M PENTETATE DX AROSL TO 75 MCI	BR			BR	
A9568		TC-99M ARCITUMOMAB DX TO 45 MCI	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A9569		TC-99M EXAMETAZIME AUTOLG WBC DX	BR			BR	
A9570		INDIUM IN-111 AUTOLG WBC DX DOSE	BR			BR	
A9571		INDIUM IN-111 AUTOLG PLATELETS DX	BR			BR	
A9572		IN-111 PENTETREOTIDE DX TO 6 MCI	BR			BR	
A9575		INJ GADOTERATE MEGLUMINE 0.1 ML	0.00				
A9576		INJECTION GADOTERIDOL PER ML	1.81			BR	
A9577		INJ GADOBENATE DIMEGLUMINE PER ML	2.35			BR	
A9578		INJ GADOBENATE DIMEGLUMIN MXPACK ML	2.21			BR	
A9579		INJ GADOLINIUM MR CONTRAST NOS ML	2.08			BR	
A9580		NAF F-18 DX STUDY DOSE TO 30 MCI	BR			BR	
A9581		INJ GADOXETATE DISODIUM 1 ML	15.40			BR	
A9582		I-123 IOBENGUANE DX DOSE TO 15 MCI	0.00			2.12	
A9583		INJ GADOFOSVESET TRISODIUM 1 ML	16.30			BR	
A9584		IODINE I-123 IOFLUPAN DX UP 5 MCI	BR			BR	
A9585		INJECTION GADOBUTROL 0.1 ML	0.43			BR	
A9586		FLORBETAPR F18 DX-STDY DS TO 10 MCI	BR			BR	
A9599		RP DX BETA-AMYLOID PET IMAG PER S D	0.00				
A9600		STRONTIUM SR-89 CHLORID TX PER MCI	472.80			BR	
A9604		SM-153 LEXIDRONAM TX TO 150 MCI	4428.00			BR	
A9606		RADIUM RA-223 DICHLORIDE TX PER UCI	0.00				
A9698		NON-RADIOACTV CONTRST IMAG MATL NOC	BR			BR	
A9699		RADIOPHARMACEUTICAL THERAPEUTIC NOC	BR			BR	
A9700		SUP OF INJ CONTRST MAT-ECHO P/STUDY	BR			BR	
A9900		DME SUP/ACCESS/SRV-COMPON/OTH HCPCS	BR			BR	
A9901		DME DEL SET&/DSPNS SRVC ANOTH HCPCS	BR			BR	
A9999		MISCELLANEOUS DME SUPPLY/ACCESS NOS	BR			BR	
B4034		ENTERAL FEED SPL KIT; SYRINGE DAY	5.25			6.72	
B4035		ENTERAL FEED SPL KIT; PUMP FED-DAY	9.98			12.82	
B4036		ENTERAL FD SPL KIT; GRAVITY FED-DAY	7.02			8.80	
B4081		NASOGASTRIC TUBING WITH STYLET	20.30			23.77	
B4082		NASOGASTRIC TUBING WITHOUT STYLET	15.05			17.68	
B4083		STOMACH TUBE - LEVINE TYPE	2.30			2.72	
B4087		GASTROSTOMY/J-TUBE STANDARD EACH	34.28			39.24	
B4088		GASTROSTOMY/J-TUBE LOW-PROFILE EA	36.22			39.24	
B4100		FOOD THICKENER ADMINED ORALLY-OUNCE	BR			BR	
B4102		ENTRAL F ADLT REPL FL&LYTES 500 ML	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
B4103		ENTRAL F PED REPL FL&LYTES 500 ML	BR			BR	
B4104		ADDITIVE FOR ENTERAL FORMULA	BR			BR	
B4149		ENTRAL F MANF BLNDRIZD NAT FOODS	1.45			1.73	
B4150		ENTRAL F NUTRITIONALLY COMPLETE	0.61			0.75	
B4152		ENTRAL F NUTRITION CMPL CAL DENSE	0.50			0.61	
B4153		ENTRL F NUTRTN CMPL HYDROLYZD PROTS	1.78			2.10	
B4154		ENTRAL F CMPL NO INHERITED DZ METAB	1.09			1.34	
B4155		ENTRAL F NUTRITN INCMPL/MOD NUTRNTS	0.92			1.05	
B4157		ENTRAL F CMPL INHERITED DZ METAB	BR			BR	
B4158		ENTRAL F PED NUTRITION COMPLETE	BR			BR	
B4159		ENTRAL F PED NUTRITN CMPL SOY BASD	BR			BR	
B4160		ENTRAL F PED NUTRITN CMPL CAL DENSE	BR			BR	
B4161		ENTRAL F PED HYDROLYZED/AA PROTEINS	BR			BR	
B4162		ENTRAL F PED INHERITED DZ METAB	BR			BR	
B4164		PARNTRAL NUT SOL; CARBS 50%/< HOM	21.45			21.01	
B4168		PARNTRAL NUT SOL; AMINO ACID 3.5%	31.28			30.64	
B4172		PARNTRAL NUT SOL; AMINO ACID 5.5-7%	51.60			BR	
B4176		PARNTRAL NUT SOL; AMINO ACID 7-8.5%	60.53			59.28	
B4178		PARNTRAL NUT SOL; AMINO ACID > 8.5%	72.66			71.16	
B4180		PARNTRAL NUT SOL; CARBS > 50% HOM	30.80			30.16	
B4185		PARENTRL NUTRITION SOL-10 GMS LIPID	14.19			13.89	
B4189		PARNTRAL NUT;AMINOACID&CARB 10-51GM	224.47			219.84	
B4193		PARNTRAL NUT;AMINOACID&CARB 52-73GM	290.04			284.06	
B4197		PARNTRL NUT;AMINOACID&CARB 74-100GM	353.11			345.84	
B4199		PARNTRAL NUT;AMINO ACID&CARB >100GM	403.49			395.18	
B4216		PARNTRAL NUT; ADDITIVES-HOM MIX-DAY	9.75			9.55	
B4220		PARNTRAL NUTRIT SPL KIT; PREMIX-DAY	10.11			9.90	
B4222		PARNTRAL NUT SPL KIT; HOM MIX-DAY	12.46			12.21	
B4224		PARNTRAL NUTRITION ADMIN KIT-DAY	31.57			30.92	
B5000		PARNTRAL NUT; AMINO ACID&CARBS RENL	15.02			14.71	
B5100		PARENTERL NUT SOL AMINO ACID & CARB	5.86			5.74	
B5200		PARNTRL NUT AMINO ACID & CARS STRSS	BR			BR	
B9000	NU	ENTERAL NUT INFUS PUMP - W/O ALARM	1083.84			1348.36	
B9002	NU	ENTERAL NUTRIT INFUS PUMP - W/ALARM	1060.42			1348.36	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
B9004	NU	PARNTRAL NUTRIT INFUS PUMP PRTBLE	3186.21			3120.51	
B9006	NU	PARNTRAL NUTRIT INFUS PUMP STATION	3186.21			3120.51	
B9998		NOC FOR ENTERAL SUPPLIES	BR			BR	
B9999		NOC FOR PARENTERAL SUPPLIES	BR			BR	
C1713		ANCHR/SCREW OPPOS BN-BN/SFT TISS-BN	0.00			BR	
C1714		CATH TRNSLUM ATHERECT DIRECTIONAL	0.00			BR	
C1715		BRACHYTHERAPY NEEDLE	0.00			BR	
C1716		BRACHYTX NONSTRAND GOLD-198 PER SRC	0.00	64.86		BR	141.13
C1717		BRACHYTX NONSTRAND HD IRIDIUM-192	0.00	418.78		BR	321.33
C1719		BRACHYTX NONSTRND NONHD IRIDIUM-192	0.00	132.6		BR	47.89
C1721		CARDIOVERT-DEFIBRILLATOR DUAL CHAMB	0.00			BR	
C1722		CARDIOVERT-DEFIB SINGLE CHAMB	0.00			BR	
C1724		CATH TRNSLUM ATHERECT ROTATIONAL	0.00			BR	
C1725		CATHETER TRNSLUM ANGPLSTY NON-LASER	0.00			BR	
C1726		CATHETER BALLOON DILAT NON-VASCULAR	0.00			BR	
C1727		CATH BALLN TISS DISSECTOR NON-VASC	0.00			BR	
C1728		CATHETER BRACHYTHERAPY SEED ADMIN	0.00			BR	
C1729		CATHETER DRAINAGE	0.00			BR	
C1730		CATH EP DX OTH THAN 3D MAP 19/<	0.00			BR	
C1731		CATH EP DX OTH THAN 3D MAP 20/>	0.00			BR	
C1732		CATH EP DX/ABLAT 3D/VECTOR MAP	0.00			BR	
C1733		CATH EP DX/ABLAT NOT MAP/COOL-TIP	0.00			BR	
C1749		ENDO RETRO IMAG/ILLUM COLONOSCOPE	0.00			BR	
C1750		CATH HEMODIAL/PERITON LONG-TERM	0.00			BR	
C1751		CATH INFUS INSRT PERIPH CNTRL/MIDLN	0.00			BR	
C1752		CATHETER HEMODIALYSIS SHORT-TERM	0.00			BR	
C1753		CATHETER INTRAVASCULAR ULTRASOUND	0.00			BR	
C1754		CATHETER INTRADISCAL	0.00			BR	
C1755		CATHETER INTRASPINAL	0.00			BR	
C1756		CATHETER PACING TRANSESOPHAGEAL	0.00			BR	
C1757		CATHETER THROMBECTOMY/EMBOLECTOMY	0.00			BR	
C1758		CATHETER URETERAL	0.00			BR	
C1759		CATHETER INTRACARD ECHOCARDIOGRAPHY	0.00			BR	
C1760		CLOSURE DEVICE VASCULAR	0.00			BR	
C1762		CONNECTIVE TISSUE HUMAN	0.00			BR	
C1763		CONNECTIVE TISSUE NON-HUMAN	0.00			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
C1764		EVENT RECORDER CARDIAC	0.00			BR	
C1765		ADHESION BARRIER	0.00			BR	
C1766		INTRDUCR/SHEATH EP NOT PEEL-AWAY	0.00			BR	
C1767		GENERATOR NEUROSTIM NONRECHARGEABLE	0.00			BR	
C1768		GRAFT VASCULAR	0.00			BR	
C1769		GUIDE WIRE	0.00			BR	
C1770		IMAGING COIL MAGNETIC RESONANCE	0.00			BR	
C1771		REPR DEVICE URIN INCONT W/SLING GFT	0.00			BR	
C1772		INFUSION PUMP PROGRAMMABLE	0.00			BR	
C1773		RETRIEVAL DEVICE INSERTABLE	0.00			BR	
C1776		JOINT DEVICE	0.00			BR	
C1777		LEAD CARDIOVRT-DFIB ENDOCARD 1 COIL	0.00			BR	
C1778		LEAD NEUROSTIMULATOR	0.00			BR	
C1779		LEAD PACEMKR TRNS VDD SINGLE PASS	0.00			BR	
C1780		LENS INTRAOCULAR	0.00			BR	
C1781		MESH	0.00			BR	
C1782		MORCELLATOR	0.00			BR	
C1783		OCULAR IMPL AQUEOUS DRAIN ASST DEVC	0.00			BR	
C1784		OCULR DEVC INTRAOP DETACHED RETINA	0.00			BR	
C1785		PACEMKR DUAL CHAMB RATE-RESPONSIVE	0.00			BR	
C1786		PACEMKR 1 CHAMB RATE-RESPONSIVE	0.00			BR	
C1787		PATIENT PROGRAMMER NEUROSTIMULATOR	0.00			BR	
C1788		PORT INDWELLING	0.00			BR	
C1789		PROSTHESIS BREAST	0.00			BR	
C1813		PROSTHESIS PENILE INFLATABLE	0.00			BR	
C1814		RETINAL TAMPONADE DEVICE SILCON OIL	0.00			BR	
C1815		PROSTHESIS URINARY SPHINCTER	0.00			BR	
C1816		RECV &OR TRANSMITTER NEUROSTIM	0.00			BR	
C1817		SEPTAL DEFEC IMPL SYSTEM INTRACARD	0.00			BR	
C1818		INTEGRATED KERATOPROSTHESIS	0.00			BR	
C1819		SURG TISSUE LOC & EXC DEVICE	0.00			BR	
C1820		GEN NEURSTIM NON HI-FRQ RECHRG BATT	0.00			BR	
C1821		INTERSPINOUS PRC DISTRACT DEVC IMPL	0.00			BR	
C1822		GEN NEUROSTIM HI FREQ RECHARG BATT	BR				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
C1830		POWERED BONE MARROW BIOPSY NEEDLE	0.00			BR	
C1840		LENS INTRAOCULAR TELESCOPIC	0.00			BR	
C1841		RETINAL PROSTH INCL INTRL&EXT CMPNT	BR				
C1874		STENT COATED/COVR W/DELIVERY SYSTEM	0.00			BR	
C1875		STENT COATED/COVR W/O DELIV SYSTEM	0.00			BR	
C1876		STNT NON-COATED/NON-COVR DELIV SYS	0.00			BR	
C1877		STNT NON-COAT/NON-COVR W/O DEL SYS	0.00			BR	
C1878		MATL VOCAL CORD MEDIZATION SYNTH	0.00			BR	
C1880		VENA CAVA FILTER	0.00			BR	
C1881		DIALYSIS ACCESS SYSTEM	0.00			BR	
C1882		CARDIOVRT-DFIB OTH THAN 1/DUL CHAMB	0.00			BR	
C1883		ADAPTR/EXT PACE LEAD/NEUROSTIM LEAD	0.00			BR	
C1884		EMBOLIZATION PROTECTIVE SYSTEM	0.00			BR	
C1885		CATHETER TRNSLUM ANGPLSTY LASER	0.00			BR	
C1886		CATH EXTRAVASCULAR TISS ABLAT MODAL	0.00			BR	
C1887		CATHETER GUIDING	0.00			BR	
C1888		CATH ABLATION NON-CARDIAC ENDOVASC	0.00			BR	
C1891		INFUS PUMP NON-PROGMMABLE PERMANENT	0.00			BR	
C1892		INTRDUCR/SHEATH EP CURVE PEEL-AWAY	0.00			BR	
C1893		INTRDUCR/SHEATH EP CURVE NOT PEEL	0.00			BR	
C1894		INTRDUCR/SHEATH NOT GUID NON-LASR	0.00			BR	
C1895		LEAD CARDIOVRT-DFIB ENDOCARD DUL	0.00			BR	
C1896		LEAD CARDIOVRT-DFIB NOT ENDOCARD	0.00			BR	
C1897		LEAD NEUROSTIMULATOR TEST KIT	0.00			BR	
C1898		LEAD PACEMKR NOT TRNS VDD 1 PASS	0.00			BR	
C1899		LEAD PACEMKR/CARDIOVERT-DEFIB COMB	0.00			BR	
C1900		LEAD LT VENTRICULAR CORON VENUS SYS	0.00			BR	
C2613		LUNG BIOPSY PLUG WITH DELIVERY SYST	BR				
C2614		PROBE PERCUT LUMBAR DISCECTOMY	0.00			BR	
C2615		SEALANT PULMONARY LIQUID	0.00			BR	
C2616		BRACHYTX NONSTRAND YTTRIUM-90 SRC	0.00	22818.29		BR	20214.62
C2617		STENT NON-COR TEMP W/O DELIV SYSTEM	0.00			BR	
C2618		PROBE/NEEDLE CRYOABLATION	0.00			BR	
C2619		PACEMKR DUL CHAMB NON RATE-RESPONS	0.00			BR	
C2620		PACEMKR 1 CHAMB NON RATE-RESPONSIVE	0.00			BR	
C2621		PACEMKR OTH THAN SINGLE/DUAL CHAMB	0.00			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
C2622		PROSTHESIS PENILE NON-INFLATABLE	0.00			BR	
C2623		CATHETER TA DRUG-COATED NON-LASER	BR				
C2624		IMPL WL PULM ART PRSS SNSR DEL CATH	BR				
C2625		STENT NON-COR TEMP W/DELIV SYSTEM	0.00			BR	
C2626		INFUS PUMP NON-PROGMMABLE TEMPORARY	0.00			BR	
C2627		CATHETER SUPRAPUBIC/CYSTOSCOPIC	0.00			BR	
C2628		CATHETER OCCLUSION	0.00			BR	
C2629		INTRDCR/SHTH NOT GUID NO IC EEG LSR	0.00			BR	
C2630		CATH EP DX/ABLAT NOT MAP COOL-TIP	0.00			BR	
C2631		REPR DEVC URIN INCONT W/O SLING GFT	0.00			BR	
C2634		BRACHYTX NONSTRAND I-125 >1.01 MCI	0.00	121.32		BR	84.91
C2635		BRACHYTX NONSTRAND PD-103 >2.2 MCI	0.00	50.19		BR	39.42
C2636		BRACHYTX LIN NONSTRAND PD-103 1 MM	0.00	20.29		BR	45.94
C2637		BRACHYTX NONSTRAND YTTERBIUM-169	0.00			BR	
C2638		BRACHYTX STRANDED IODINE-125 SOURCE	0.00	54.25		BR	60.24
C2639		BRACHYTX NONSTRAND IODINE-125 SRC	0.00	52.19		BR	46.05
C2640		BRACHYTX STRANDED PALLADIUM-103 SRC	0.00	97.95		BR	97.32
C2641		BRACHYTX NONSTRND PALLADIUM-103 SRC	0.00	94.32		BR	78.03
C2642		BRACHYTX STRANDED CESIUM-131 SRC	0.00	123.32		BR	142.24
C2643		BRACHYTX NONSTRANDED CESIUM-131 SRC	0.00	74.31		BR	85.18
C2644		BT SRC CESIUM-131 CHLOR SOL PER MCI	BR	17.67			
C2645		BRT PLANAR SOURCE PD-103 PER SQ ML	BR	6.68			
C2698		BRACHYTX STRANDED NOS PER SOURCE	0.00	54.25		BR	60.24
C2699		BRACHYTX NONSTRANDED NOS PER SOURCE	0.00	20.29		BR	39.42
C5271		APPL SG T- A- L 100 CM;1ST 25 CM/<	BR	610.51			
C5272		APPL SG T-A-L A 100 CM;EA ADD 25 CM	BR				
C5273		APPL SG T-A- L>/=100 CM;1ST 100 CM	BR	3044.24			
C5274		APP SG T-A-L>/=100 CM;EA ADD 100 CM	BR				
C5275		APP SG F-N-HF-G 100 CM;1ST 25 CM/<	BR	610.51			
C5276		APP SG F-S-N-HF-G 100 CM;EA A 25 CM	BR				
C5277		APP SG F/N/HF/G>/=100;1ST 100/1% CH	BR	2009.86			
C5278		APP SG F/N/HF/G>/=100;ADD 100/1% CH	BR				
C8900		MR ANGIOGRAPHY W/CONTRAST ABDOMEN	0.00	647.04		BR	586.42
C8901		MR ANGIOGRAPHY WITHOUT CONTRST ABD	0.00	389.58		BR	436.69

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
C8902		MR ANGIO W/O CONTRST W/CONTRST ABD	0.00	647.04		BR	708.87
C8903		MR IMAGING W/CONTRAST BREAST; UNI	0.00	647.04		BR	586.42
C8904		MR IMAG W/O CONTRST BREAST; UNI	0.00	389.58		BR	436.69
C8905		MR NO CONTRST FLW W/CNTRST BRST;UNI	0.00	647.04		BR	708.87
C8906		MR IMAGING W/CONTRST BREAST; BIL	0.00	647.04		BR	586.42
C8907		MR IMAG W/O CONTRST BREAST; BIL	0.00	389.58		BR	436.69
C8908		MR NO CONTRST FLW CNTRST BRST; BIL	0.00	647.04		BR	708.87
C8909		MR ANGIOGRAPHY WITH CONTRAST CHEST	0.00	647.04		BR	586.42
C8910		MR ANGIO WITHOUT CONTRST CHEST	0.00	389.58		BR	436.69
C8911		MR ANGIO NO CONTRST FLW CNTRST CHST	0.00	647.04		BR	708.87
C8912		MR ANGIO W/CONTRST LOWER EXTREMITY	0.00	647.04		BR	586.42
C8913		MR ANGIO WITHOUT CONTRST LOW EXTREM	0.00	389.58		BR	436.69
C8914		MR ANGIO NO CNTRST FLW CON LW EXTRM	0.00	647.04		BR	708.87
C8918		MR ANGIOGRAPHY WITH CONTRAST PELVIS	0.00	647.04		BR	586.42
C8919		MRA WITHOUT CONTRAST PELVIS	0.00	389.58		BR	436.69
C8920		MRA NO CONTRST FLWED W/CONTRST PELV	0.00	647.04		BR	708.87
C8921		TTE CONG CARDIAC ANOMAL; COMPLETE	0.00	955.58		BR	746.13
C8922		TTE CONG CARDIAC ANOMAL; LIMITED	0.00	646.66		BR	559.8
C8923		TTE R-T DOC 2D INCL M-MODE REC CMPL	0.00	646.66		BR	559.8
C8924		TTE R-T 2D INCL M-MODE REC FU/LTD	0.00	646.66		BR	559.8
C8925		TEE REAL TIME 2D; PROBE PLCMT I&R	0.00	955.58		BR	746.13
C8926		TEE CONG CARDIAC ANOMAL; PROBE I&R	0.00	955.58		BR	746.13
C8927		TEE MON ASSESS CARDIAC PUMP FUNCT	0.00	955.58		BR	559.8
C8928		TTE M-MODE REC REST & CV ST W/I&R	0.00	955.58		BR	746.13
C8929		TTE CMPL SPC & COLR FLOW DPPLR ECHO	0.00	955.58		BR	746.13
C8930		TTE CMPL DUR REST&CVST I&R PHYS SUP	0.00	955.58		BR	746.13
C8931		MRA W/CONTRST SPINAL CANAL CONTENTS	0.00	647.04		BR	586.42
C8932		MRA W/O CONTRST SP CANAL CONTENTS	0.00	389.58		BR	436.69
C8933		MRA NO CONTRST CONTRST SP CANAL CNT	0.00	647.04		BR	708.87
C8934		MRA WITH CONTRAST UPPER EXTREMITY	0.00	647.04		BR	586.42
C8935		MRA WITHOUT CONTRST UPPER EXTREMITY	0.00	389.58		BR	436.69
C8936		MRA NO CONTRST FLW W/CONTRST UP EXT	0.00	647.04		BR	708.87
C8957		IV INFUS TX/DX;INIT PROLNG RQR PUMP	0.00	399.16		BR	297.36
C9113		INJECTION PANTOPRAZOLE SODIUM-VIAL	0.00			BR	
C9121		INJECTION ARGATROBAN PER 5 MG	0.00			BR	
C9132		PRT CC KCENTRA PER I.U. FCT IX ACTV	BR				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
C9248		INJECTION CLEVIDIPINE BUTYRATE 1 MG	0.00			BR	
C9250		HUMAN PLASMA FIBRIN SEALANT 2ML	0.00			BR	
C9254		INJECTION LACOSAMIDE 1 MG	0.00			BR	
C9257		INJECTION BEVACIZUMAB 0.25 MG	0.00			BR	
C9275		INJ HEXAMINOLEVULINATE HCI 100 MG D	0.00			BR	
C9285		LIDO 70 MG/TETRACAINE 70 MG PATCH	0.00			BR	
C9290		INJECTION BUPIVACAINE LIPOSOME 1 MG	0.00			BR	
C9293		INJECTION GLUCARPIDASE 10 UNITS	0.00			BR	
C9349		PURAPLY&PRPL ANTIMICRBL TYP P SQ CM	BR				
C9352		MICROPOROUS COLL IMPLANTBLE TUBE CM	0.00			BR	
C9353		MICROPOROUS COLL IMPL SLIT TUBE CM	0.00			BR	
C9354		ACCELLULR PERICARDIAL TISS NH SQ CM	0.00			BR	
C9355		COLLAGEN NERVE CUFF 0.5 CM LENGTH	0.00			BR	
C9356		TENDON MATRIX COLLAGEN & GAG SQ CM	0.00			BR	
C9358		DERM SUB NATV FET BOV PER 0.5 SQ CM	0.00			BR	
C9359		POROUS COLL BN FILLER PUTTY 0.5 CC	0.00			BR	
C9360		DERM SUBST NEONAT BOV ORIG 0.5 CM	0.00			BR	
C9361		COLL MATRIX NRV WRAP PER 0.5 CM LEN	0.00			BR	
C9362		POROUS COLL BN FILLER STRIP 0.5 CC	0.00			BR	
C9363		SKIN SUB INTEGRA BILAYER PER SQ CM	0.00			BR	
C9364		PORCINE IMPLANT PERMACOL PER SQ CM	0.00			BR	
C9399		UNCLASSIFIED DRUGS OR BIOLOGICALS	0.00			BR	
C9447		INJ PHENYLEPHRINE & KET 4 ML VIAL	0.00				
C9458		FLORBETABEN F18 DIAGN TO 8.1 MCI	0.00				
C9459		FLUTEMETAMOL F18 DIAGNOSTC TO 5 MCI	0.00				
C9460		INJECTION CANGRELOR 1 MG	0.00				
C9497		LOXAPINE INHALATION POWDER 10 MG	0.00				
C9600		PERQ TRANSCATH PLCMT; 1 MAJ CA/BR	0.00	13590.33		BR	10015.18
C9601		PC TRNSCATH PLCMT; EA ADD BR MAJ CA	0.00			BR	10015.18
C9602		PERQ TL CORONARY ATHERECT; 1 MCA/BR	0.00	20810.82		BR	10015.18
C9603		PERQ TL COR ATHERECT;EA ADD BR MCA	0.00			BR	10015.18
C9604		PERQ TL REVISION OF/THRU CABG;1 VES	0.00	13590.33		BR	10015.18
C9605		PERQ TL REV OF/THRU CABG;EA ADD BR	0.00			BR	10015.18
C9606		PC TL REV AC TOT/SUBTOT OCCL 1 VES	0.00	20810.82		BR	10015.18

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
C9607		PERQ TL REV CHRN TOT OCCL; 1 VESSEL	0.00	20810.82		BR	10015.18
C9608		PC TL REV CHRN TOT OCCL; EA ADD BR	0.00			BR	10015.18
C9725		PLCMT ENDORECTAL APPLIC BRACHYTX	0.00	701.36		BR	566.8
C9726		PLCMT&REMV AA BR IORT ADD-ON BR PRO	0.00			BR	2403.13
C9727		INSRT IMPL SOFT PALATE; MIN 3 IMPL	0.00	982.18		BR	643.2
C9728		PLCMT INTERSTIT DEV NOT ABD PROS RP	0.00	1462.4		BR	1270.08
C9733		NONOPHTHALMIC FLUOR VASCULAR ANGIO	0.00	500.91		BR	426.98
C9734		FOCUSED U/S ABL/TX INT OTH THAN UL	0.00	3411.83		BR	4258.11
C9739		CYSTOSCPY INSRT TRNSPRSTAT IMPL;1-3	BR	4833.39			
C9740		CYSTOSCPY INSRT TRNSPRSTAT IMPL;4/>	BR				
C9741		RHC IMPL WIRELESS PRESS SENS PA	BR	3630.48			
C9742		LARYNGSCP FLX FIBROPT INJ VC TX DX	BR	1477.61			
C9743		INJ/IMPL BULKING/SPACER MATERIAL	BR	3195.2			
C9800		DERM INJ FACL LDS RADIESSE/SCULPTRA	0.00	2009.86		BR	507.49
C9898		RADIOLABELED PROD PROV HOS IP STAY	0.00			BR	
C9899		IMPL PROS DEVC PAYBL IP NO IP COV	0.00			BR	
D0120		PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	41.75	45.64		36.60	
D0140		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	70.14	71.81		61.35	
D0145		ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	64.30			57.05	
D0150		COMP ORAL EVALUATION - NEW/ESTABLISHED PATIENT	74.32	528.69		64.58	
D0160		DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	147.80	270.62		129.17	
D0170		RE-EVALUATION - LIMITED PROBLEM FOCUSED	49.27			43.06	
D0171		RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	BR				
D0180		COMP PERIODONTAL EVALUATION - NEW/EST PATIENT	80.16			69.97	
D0190		SCREENING OF A PATIENT	BR			36.60	
D0191		ASSESSMENT OF A PATIENT	BR			25.83	
D0210		INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	121.91	442.15		96.14	
D0220		INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	24.22	341.54		19.23	
D0230		INTRAORAL - PERIAPICAL EACH ADD RADIOGRAPH IMAGE	21.71	78.36		17.31	
D0240		INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	38.41	528.69		29.80	
D0250		EXTRA-ORAL - 2D PROJECTION X-RAY	46.76	528.69		36.53	
D0251		EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	BR	86.59			
D0270		BITEWING - SINGLE RADIOGRAPHIC IMAGE	24.22	528.69		20.69	
D0272		BITEWINGS - TWO RADIOGRAPHIC IMAGES	39.25	528.69		33.10	
D0273		BITEWINGS - THREE RADIOGRAPHIC IMAGES	47.60			40.35	
D0274		BITEWINGS - FOUR RADIOGRAPHIC IMAGES	55.11	528.69		46.55	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D0277		VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	83.50	528.69		70.35	
D0290		POST-ANT/LATERAL SKULL & FACIAL BONE SURVEY FILM	147.80			114.38	
D0310		SIALOGRAPHY	369.07			285.94	
D0320		TEMPOROMANDIBULAR JOINT ARTHROGRAM INCL INJ	652.14			505.16	
D0321		OTHER TMJ RADIOGRAPHIC IMAGES BY REPORT	BR			BR	
D0322		TOMOGRAPHIC SURVEY	530.23			409.85	
D0330		PANORAMIC RADIOGRAPHIC IMAGE	113.56	90.31		88.64	
D0340		2D CEPHALOMETRIC X-RAY - ACQUISITION MSR & ANALY	129.43			100.08	
D0350		ORAL/FACIAL PHOTO IMAGE OBTAIN INTRA/EXTRAORLLY	61.79			47.66	
D0351		3D PHOTOGRAPHIC IMAGE	BR				
D0364		CONE BEAM CT CAP&INTEPR LTD FD VIEW-<1 WHOLE JAW	BR			768.23	
D0365		CONE BEAM CT CAP&INT FD VW 1 FULL DENT ARCH-MAND	BR			768.23	
D0366		CONE BM CT CAP&INT FD VIEW 1 FULL DENT ARCH-MAX	BR			768.23	
D0367		CONE BEAM CT CAPTURE & INTERP FD VIEW BOTH JAWS	BR			768.23	
D0368		CONE BEAM CT CAP&INTEPR TMJ SERIES 2/> EXPOSURES	BR			1124.71	
D0369		MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	BR			2011.13	
D0370		MAXILLOFACIAL ULTRASOUND CAPTURE&INTERPRETATION	BR			676.73	
D0371		SIALOENDOSCOPY CAPTURE AND INTERPRETATION	BR			BR	
D0380		CONE BEAM CT IMAG CAP W/LTD FD VIEW-<1 WHOLE JAW	BR			612.87	
D0381		CONE BM CT IMAG CAP FD VW 1 FULL DENT ARCH-MAND	BR			612.87	
D0382		CONE BEAM CT IMAG CAP FD VW 1 FULL DENT ARCH-MAX	BR			612.87	
D0383		CONE BEAM CT IMAGE CAPTURE FIELD VIEW BOTH JAWS	BR			612.87	
D0384		CONE BEAM CT IMAG CAP TMJ SERIES 2/> EXPOSURES	BR			895.95	
D0385		MAXILLOFACIAL MRI IMAGE CAPTURE	BR			1463.07	
D0386		MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	BR			366.01	
D0391		INTEPR DX IMAG PRACTITNER NOT ASSOC CAP IMAG RPT	BR			BR	
D0393		TREATMENT SIMULATION USING 3D IMAGE VOLUME	BR				
D0394		DIGTL SUBTRACTION 2/> IMAGES/IMAG VOL SAME MODAL	BR				
D0395		FUSION 2/MORE 3D IMAGES VOLUME 1/MORE MODALITIES	BR				
D0415		COLLECTION MICROORGANISMS CULTURE & SENSITIVITY	35.91			39.44	
D0416		VIRAL CULTURE	52.61			58.47	
D0417		CLCT & PREP SALIVA SAMPLE FOR LAB DX TESTING	47.60			53.03	
D0418		ANALYSIS OF SALIVA SAMPLE	49.27			54.39	
D0422		COLLECTION & PREPARATION OF GENETIC SAMPLE MATL	BR				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D0423		GENETIC TEST SUSCEPTIBILITY DISEASES-SPEC ANALY	BR				
D0425		CARIES SUSCEPTIBILITY TESTS	30.90			34.00	
D0431		ADJUNCTIVE PREDX TST NOT INCL CYTOLOGY/BX PROC	49.27			54.39	
D0460		PULP VITALITY TESTS	49.27	528.69		54.39	
D0470		DIAGNOSTIC CASTS	107.72			119.67	
D0472		ACCESSION OF TISSUE GROSS EXAMINATION PREP/REPRT	67.64			74.79	
D0473		ACCESS TISSUE GR&MIC EXAMINATION PREP/REPRT	142.79			157.74	
D0474		ACCESS TISS GR&MIC EX ASSESS SURG MARG PREP/RPT	160.32			176.78	
D0475		DECALCIFICATION PROCEDURE	86.01			95.19	
D0476		SPECIAL STAINS FOR MICROORGANISMS	83.50			92.47	
D0477		SPECIAL STAINS NOT FOR MICROORGANISMS	114.40			126.47	
D0478		IMMUNOHISTOCHEMICAL STAINS	104.38			115.59	
D0479		TISSUE INSITU HYBRIDIZATION INCL INTERPRETATION	160.32			176.78	
D0480		ACESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP/REPT	98.53			108.79	
D0481		ELECTRON MICROSCOPY DIAGNOSTIC	369.07			407.96	
D0482		DIRECT IMMUNOFLUORESCENCE	122.75			135.99	
D0483		INDIRECT IMMUNOFLUORESCENCE	122.75			135.99	
D0484		CONSULTATION ON SLIDES PREPARED ELSEWHERE	184.54			203.98	
D0485		CONSULT INCL PREP SLIDES BX MATL SPL REF SRC	254.68			281.49	
D0486		LAB ACCSS TRNSEPI CYTL SMP MICRO EX PREP&WRT RPR	118.57			130.55	
D0502		OTHER ORAL PATHOLOGY PROCEDURES BY REPORT	BR			BR	
D0601		CARIES RISK ASSESSMENT & DOC FINDING LOW RISK	BR				
D0602		CARIES RISK ASSESSMENT & DOC FINDING MOD RISK	BR				
D0603		CARIES RISK ASSESSMENT & DOC FINDING HIGH RISK	BR				
D0999		UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT	BR			BR	
D1110		PROPHYLAXIS - ADULT	87.68	276.89		67.80	
D1120		PROPHYLAXIS - CHILD	60.96	722.01		46.79	
D1206		TOPICAL APPLICATION OF FLUORIDE VARNISH	55.95	286.09		40.99	
D1208		TOPICAL APPLICATION OF FLUORIDE	BR	524.35		27.32	
D1310		NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE	43.42			39.96	
D1320		TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE	46.76			43.39	
D1330		ORAL HYGIENE INSTRUCTIONS	59.29			54.80	
D1351		SEALANT - PER TOOTH	47.60	555.09		44.53	
D1352		PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	61.79			57.09	
D1353		SEALANT REPAIR - PER TOOTH	BR				
D1354		INTERIM CARIES ARRESTING MEDICAMENT APPLICATION	BR				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D1510		SPACE MAINTAINER - FIXED-UNILATERAL	308.12	528.69		305.07	
D1515		SPACE MAINTAINER - FIXED-BILATERAL	430.86	528.69		427.09	
D1520		SPACE MAINTAINER - REMOVABLE-UNILATERAL	338.18	528.69		335.57	
D1525		SPACE MAINTAINER - REMOVABLE-BILATERAL	523.55	528.69		518.61	
D1550		RECEMENTATION OF SPACE MAINTAINER	66.80	528.69		65.89	
D1555		REMOVAL OF FIXED SPACE MAINTAINER	64.30			63.45	
D1999		UNSPECIFIED PREVENTIVE PROCEDURE BY REPORT	BR				
D2140		AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	103.54	612.34		104.78	
D2150		AMALGAM-TWO SURFACES PRIMARY OR PERMANENT	135.27	803.63		135.59	
D2160		AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	164.50	1040.18		163.94	
D2161		AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	199.57	795.49		199.69	
D2330		RESIN-BASED COMPOSITE ONE SURFACE ANTERIOR	129.43	404.86		110.15	
D2331		RESIN-BASED COMPOSITE TWO SURFACES ANTERIOR	166.17	399.84		140.57	
D2332		RESIN-BASED COMPOSITE THREE SURFACES ANTERIOR	202.07	517.12		172.04	
D2335		RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE	238.81	294.61		203.51	
D2390		RESIN-BASED COMPOSITE CROWN ANTERIOR	265.53	816.32		225.54	
D2391		RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	151.14	435.63		129.03	
D2392		RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	197.90	372.29		168.89	
D2393		RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	245.49	533.66		209.80	
D2394		RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	301.44	803.63		257.01	
D2410		GOLD FOIL - ONE SURFACE	277.22			247.25	
D2420		GOLD FOIL - TWO SURFACES	461.76			412.08	
D2430		GOLD FOIL - THREE SURFACES	799.93			714.27	
D2510		INLAY - METALLIC - ONE SURFACE	732.30			653.83	
D2520		INLAY - METALLIC - TWO SURFACES	830.83			741.74	
D2530		INLAY - METALLIC - THREE OR MORE SURFACES	957.75			854.92	
D2542		ONLAY - METALLIC - TWO SURFACES	939.38			838.44	
D2543		ONLAY METALLIC THREE SURFACES	981.96			876.90	
D2544		ONLAY METALLIC FOUR OR MORE SURFACES	1022.04			912.06	
D2610		INLAY - PORCELAIN/CERAMIC - ONE SURFACE	861.72			769.21	
D2620		INLAY - PORCELAIN/CERAMIC - TWO SURFACES	910.15			812.06	
D2630		INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES	968.60			864.81	
D2642		ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	941.88			840.64	
D2643		ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	1015.36			906.57	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D2644		ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	1076.32			961.51	
D2650		INLAY RESIN BASED COMPOSITE ONE SURFACE	565.30			505.48	
D2651		INLAY RESIN BASED COMPOSITE TWO SURFACES	674.68			602.18	
D2652		INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	708.92			632.95	
D2662		ONLAY RESIN BASED COMPOSITE TWO SURFACES	615.40			549.44	
D2663		ONLAY RESIN BASED COMPOSITE THREE SURFACES	723.11			646.14	
D2664		ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	774.88			692.29	
D2710		CROWN - RESIN-BASED COMPOSITE	436.71			346.23	
D2712		CROWN - 3/4 RESIN-BASED COMPOSITE	436.71			346.23	
D2720		CROWN - RESIN WITH HIGH NOBLE METAL	1076.32			853.38	
D2721		CROWN - RESIN WITH PREDOMINANTLY BASE METAL	1008.68			799.74	
D2722		CROWN - RESIN WITH NOBLE METAL	1031.23			817.29	
D2740		CROWN - PORCELAIN/CERAMIC SUBSTRATE	1106.38			875.81	
D2750		CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	1090.51			864.11	
D2751		CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	1015.36			804.61	
D2752		CROWN - PORCELAIN FUSED TO NOBLE METAL	1040.41			824.12	
D2780		CROWN - 3/4 CAST HIGH NOBLE METAL	1046.26			829.00	
D2781		CROWN - 3/4 CAST PREDOMINATELY BASE METAL	984.47			780.23	
D2782		CROWN - 3/4 CAST NOBLE METAL	1017.03			805.59	
D2783		CROWN - 3/4 PORCELAIN/CERAMIC	1076.32			852.40	
D2790		CROWN - FULL CAST HIGH NOBLE METAL	1052.10			833.87	
D2791		CROWN - FULL CAST PREDOMINANTLY BASE METAL	996.99			798.98	
D2792		CROWN - FULL CAST NOBLE METAL	1015.36			804.61	
D2794		CROWN TITANIUM	1076.32			853.38	
D2799		PROV CROWN-FUR TX/COMPL DX NEC B4 FINAL IMPRESS	436.71			346.23	
D2910		RECEMENT INLAY ONLAY/PART COVERAGE RESTORATION	88.51			72.86	
D2915		RECEMENT CAST OR PREFABRICATED POST AND CORE	88.51			72.86	
D2920		RECEMENT CROWN	90.18			73.88	
D2921		REATTACHMENT TOOTH FRAGMENT INCISAL EDGE/CUSP	BR				
D2929		PREFAB PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	BR	370.04		292.47	
D2930		PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	244.66	474.11		201.39	
D2931		PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	277.22	615.12		227.70	
D2932		PREFABRICATED RESIN CROWN	295.59	378.89		242.88	
D2933		PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	337.34			278.30	
D2934		PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	337.34	375.85		278.30	
D2940		PROTECTIVE RESTORATION	93.52	550.97		76.91	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D2941		INTERIM THERAPEUTIC RESTORATION-PRIMARY DENTITN	BR				
D2949		RESTORATIVE FOUNDATION AN INDIRECT RESTORATION	BR				
D2950		CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	233.80			192.28	
D2951		PIN RETENTION - PER TOOTH ADDITION RESTORATION	51.77			43.52	
D2952		POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	369.07			303.60	
D2953		EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	184.54			151.80	
D2954		PREFABRICATED POST AND CORE IN ADDITION TO CROWN	295.59			242.88	
D2955		POST REMOVAL	227.96			187.22	
D2957		EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	147.80			121.44	
D2960		LABIAL VENEER RESIN LAMINATE - CHAIRSIDE	713.09			586.96	
D2961		LABIAL VENEER - LABORATORY	810.79			665.90	
D2962		LABIAL VENEER - LABORATORY	880.09			723.58	
D2971		ADD PROC NEW CRWN UND XSTING PART DENTUR FRMEWRK	141.95			116.38	
D2975		COPING	430.86			354.20	
D2980		CROWN REPAIR NECESSITATED RESTORATIVE MATL FAIL	BR			BR	
D2981		INLAY REPAIR NECESSITATED RESTORATIVE MATL FAIL	BR			BR	
D2982		ONLAY REPAIR NECESSITATED RESTORATIVE MATL FAIL	BR			BR	
D2983		VENEER REPAIR NECESSITATED RESTORATIVE MATL FAIL	BR			BR	
D2990		RESIN INFILTRATION INCIPIENT SMOOTH SURFACE LES	BR			50.60	
D2999		UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	BR	528.69		BR	
D3110		PULP CAP - DIRECT	73.48			57.18	
D3120		PULP CAP - INDIRECT	59.29			45.75	
D3220		TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	151.14	374.03		117.23	
D3221		PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	166.17			128.66	
D3222		PART PULPOTOMY FOR APEXOGENEIS PERM TOOTH	153.64			119.13	
D3230		PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	160.32			152.62	
D3240		PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	197.06			187.84	
D3310		ENDODONTIC THERAPY ANTERIOR TOOTH	627.92	622.88		598.75	
D3320		ENDODONTIC THERAPY BICUSPID TOOTH	769.04			733.76	
D3330		ENODODONTIC THERAPY MOLAR	954.41	580.29		909.86	
D3331		TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS	245.49			234.80	
D3332		INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH	467.60			446.12	
D3333		INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	215.43			205.45	
D3346		RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	837.51			798.33	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D3347		RETREATMENT PREVIOUS RC THERAPY - BICUSPID	984.47			939.21	
D3348		RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	1218.27			1162.27	
D3351		APEXIFICATION/RECALCIFICATION INITIAL VISIT	357.38			338.92	
D3352		APEXIFICATION/RECALCIFICATN INTERIM MED REPLACE	160.32			151.93	
D3353		APEXIFICATION/RECALCIFICATION - FINAL VISIT	493.49			467.48	
D3355		PULPAL REGENERATION - INITIAL VISIT	BR				
D3356		PULPAL REGENERATION - INTERIM MEDICATION REPLACE	BR				
D3357		PULPAL REGENERATION - COMPLETION OF TREATMENT	BR				
D3410		APICOECTOMY - ANTERIOR	708.08			672.00	
D3421		APICOECTOMY - BICUSPID FIRST ROOT	788.24			747.97	
D3425		APICOECTOMY - MOLAR FIRST ROOT	892.62			847.31	
D3426		APICOECTOMY EACH ADDITIONAL ROOT	301.44			286.33	
D3427		PERIRADICULAR SURGERY WITHOUT APICOECTOMY	BR				
D3428		BONE GRAFT W/PERIRADICULAR SURG PER TOOTH 1 SITE	BR				
D3429		BONE GRAFT PERIRADICULR SURG EA ADD CONTIG TOOTH	BR				
D3430		RETROGRADE FILLING - PER ROOT	221.28			210.37	
D3431		BIOL MATL SOFT OSS TISS REGEN PERIRADICULAR SURG	BR				
D3432		GUIDED TISS REGEN RESORB BARR PERIRADICULAR SURG	BR				
D3450		ROOT AMPUTATION - PER ROOT	461.76			438.26	
D3460		ENDODONTIC ENDOSSEOUS IMPLANT	1723.44	528.69		1636.18	
D3470		INTENTIONAL REIMPLANTATION W/NECESSARY SPLINTING	880.09			835.62	
D3910		SURGICAL PROCEDURE ISOLATION TOOTH W/RUBBER DAM	122.75			116.87	
D3920		HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	351.54			333.08	
D3950		CANAL PREPARATION&FITTING PREFORMED DOWEL/POST	160.32			151.93	
D3999		UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	BR	528.69		BR	
D4210		GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	553.61			527.30	
D4211		GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	245.49			234.35	
D4212		GING/GINGIVOPLASTY ALLW ACSS RESTORATV PRO-TOOTH	BR			187.48	
D4230		ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD	774.88			738.22	
D4231		ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT	369.07			351.53	
D4240		GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD	701.40			667.91	
D4241		GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	406.65			386.68	
D4245		APICALLY POSITIONED FLAP	517.70			492.14	
D4249		CLINICAL CROWN LENGTHENING - HARD TISSUE	769.04			732.36	
D4260		OSSEOUS SURG 4/> CONTIG/TOOTH BOUND SPACES-QUAD	1169.84	528.69		1113.18	
D4261		OSSEOUS SURG 1-3 CONTIG/TOOTH BOUND SPACES-QUAD	627.92			597.60	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D4263		BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	418.34	528.69		398.40	
D4264		BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	357.38	528.69		339.81	
D4265		BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN	BR			BR	
D4266		GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE	430.86			410.12	
D4267		GUID TISSUE REGEN - NONRESORB BARRIER PER SITE	553.61			527.30	
D4268		SURGICAL REVISION PROCEDURE PER TOOTH	BR	528.69		BR	
D4270		PEDICLE SOFT TISSUE GRAFT PROCEDURE	830.83	528.69		790.94	
D4273		AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	1015.36	528.69		966.71	
D4274		DISTAL OR PROXIMAL WEDGE PROCEDURE	576.15			548.39	
D4275		NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT	763.19			726.50	
D4276		COMB CNCTIVE TISSUE&DBL PEDICLE GRAFT PER TOOTH	1138.94			1083.89	
D4277		FREE SFT TSS GFT PROC 1ST T/EDNTULS T PSTN GFT	BR			820.24	
D4278		FREE SFT TSS GFT EA ADD CNTIG T/EDNT T SAME SITE	BR			269.51	
D4283		AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	BR				
D4285		NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	BR				
D4320		PROVISIONAL SPLINTING - INTRACORONAL	406.65			291.15	
D4321		PROVISIONAL SPLINTING - EXTRACORONAL	369.07	214.27		264.68	
D4341		PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	233.80	517.47		167.63	
D4342		PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	135.27			97.05	
D4355		FULL MOUTH DEBRID ENABLE COMP EVALUATION&DX	160.32	528.69		114.69	
D4381		LOC DEL ANTIMICROBL AGT DZ CREVICULAR TISS-TOOTH	BR	528.69		BR	
D4910		PERIODONTAL MAINTENANCE	143.62			103.22	
D4920		UNSCHEDULED DRESSING CHANGE NOT TX DENTIST STAFF	103.54			74.99	
D4921		GINGIVAL IRRIGATION - PER QUADRANT	BR				
D4999		UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT	BR			BR	
D5110		COMPLETE DENTURE - MAXILLARY	1350.20			871.69	
D5120		COMPLETE DENTURE - MANDIBULAR	1350.20			871.69	
D5130		IMMEDIATE DENTURE - MAXILLARY	1471.27			950.43	
D5140		IMMEDIATE DENTURE - MANDIBULAR	1471.27			950.43	
D5211		MAXILLARY PARTIAL DENTURE - RESIN BASE	1138.94			735.69	
D5212		MANDIBULAR PARTIAL DENTURE - RESIN BASE	1324.31			854.99	
D5213		MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	1490.48			963.16	
D5214		MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE	1490.48			963.16	
D5221		IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE	BR				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D5222		IMMEDIATE MANDIBULAR PARTIAL DENTURE-RESIN BASE	BR				
D5223		IMMEDIATE MAXILLARY PARTIAL DENTURE-CAST METL FW	BR				
D5224		IMMEDIATE MANDIBULAR PART DENTURE-CAST METL FW	BR				
D5225		MAXILLARY PARTIAL DENTRUE FLEXIBLE BASE	1138.94			735.69	
D5226		MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	1324.31			854.99	
D5281		REMV UNILAT PART DENTUR - 1 PIECE CAST METAL	869.24			561.51	
D5410		ADJUST COMPLETE DENTURE - MAXILLARY	73.48			42.57	
D5411		ADJUST COMPLETE DENTURE - MANDIBULAR	73.48			42.57	
D5421		ADJUST PARTIAL DENTURE - MAXILLARY	73.48			42.57	
D5422		ADJUST PARTIAL DENTURE - MANDIBULAR	73.48			42.57	
D5510		REPAIR BROKEN COMPLETE DENTURE BASE	147.80			95.44	
D5520		REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	122.75			79.53	
D5610		REPAIR RESIN DENTURE BASE	160.32			103.39	
D5620		REPAIR CAST FRAMEWORK	171.18			111.35	
D5630		REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	209.59			135.21	
D5640		REPLACE BROKEN TEETH - PER TOOTH	135.27			87.49	
D5650		ADD TOOTH TO EXISTING PARTIAL DENTURE	184.54			119.30	
D5660		ADD CLASP TO EXISTING PARTIAL DENTURE-PER TOOTH	221.28			143.16	
D5670		REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MAX	541.92			349.95	
D5671		REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAND	541.92			349.95	
D5710		REBASE COMPLETE MAXILLARY DENTURE	546.93			353.93	
D5711		REBASE COMPLETE MANDIBULAR DENTURE	522.71			338.02	
D5720		REBASE MAXILLARY PARTIAL DENTURE	517.70			334.04	
D5721		REBASE MANDIBULAR PARTIAL DENTURE	517.70			334.04	
D5730		RELINE COMPLETE MAXILLARY DENTURE CHAIRSIDE	308.95			199.63	
D5731		RELINE COMPLETE MANDIBULAR DENTURE CHAIRSIDE	308.95			199.63	
D5740		RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE	283.90			182.93	
D5741		RELINE MANDIBULAR PARTIAL DENTURE CHAIRSIDE	283.90			182.93	
D5750		RELINE COMPLETE MAXILLARY DENTURE LABORATORY	412.49			266.44	
D5751		RELINE COMPLETE MANDIBULAR DENTRUE LABORATORY	412.49			266.44	
D5760		RELINE MAXILLARY PARTIAL DENTURE LABORATORY	406.65			262.46	
D5761		RELINE MANDIBULAR PARTIAL DENTURE LABORATORY	406.65			262.46	
D5810		INTERIM COMPLETE DENTURE MAXILLARY	652.97			421.53	
D5811		INTERIM COMPLETE DENTURE MANDIBULAR	701.40			453.34	
D5820		INTERIM PARTIAL DENTURE MAXILLARY	504.34			326.09	
D5821		INTERIM PARTIAL DENTURE MANDIBULAR	535.24			345.97	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D5850		TISSUE CONDITIONING MAXILLARY	129.43			83.51	
D5851		TISSUE CONDITIONING MANDIBULAR	129.43			83.51	
D5862		PRECISION ATTACHMENT BY REPORT	BR			BR	
D5863		OVERDENTURE - COMPLETE MAXILLARY	BR				
D5864		OVERDENTURE - PARTIAL MAXILLARY	BR				
D5865		OVERDENTURE - COMPLETE MANDIBULAR	BR				
D5866		OVERDENTURE - PARTIAL MANDIBULAR	BR				
D5867		REPLACEMENT REPL PART SEMI-PRCISN/PRCISN ATTCH	BR			BR	
D5875		MODIFICATION REMV PROSTH FOLLOW IMPLANT SURGERY	BR			BR	
D5899		UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	BR			BR	
D5911		FACIAL MOULAGE SECTIONAL	342.35	528.69		221.10	
D5912		FACIAL MOULAGE COMPLETE	342.35	528.69		221.10	
D5913		NASAL PROSTHESIS	7207.72			4655.92	
D5914		AURICULAR PROSTHESIS	7207.72			4655.92	
D5915		ORBITAL PROSTHESIS	9751.97			6300.68	
D5916		OCULAR PROSTHESIS	2601.03			1680.55	
D5919		FACIAL PROSTHESIS	BR			BR	
D5922		NASAL SEPTAL PROSTHESIS	BR			BR	
D5923		OCULAR PROSTHESIS INTERIM	BR			BR	
D5924		CRANIAL PROSTHESIS	BR			BR	
D5925		FACIAL AUGMENTATION IMPLANT PROSTHESIS	BR			BR	
D5926		NASAL PROSTHESIS REPLACEMENT	BR			BR	
D5927		AURICULAR PROSTHESIS REPLACEMENT	BR			BR	
D5928		ORBITAL PROSTHESIS REPLACEMENT	BR			BR	
D5929		FACIAL PROSTHESIS REPLACEMENT	BR			BR	
D5931		OBTURATOR PROSTHESIS SURGICAL	3880.25			2506.91	
D5932		OBTURATOR PROSTHESIS DEFINITIVE	7257.82			4688.53	
D5933		OBTURATOR PROSTHESIS MODIFICATION	BR			BR	
D5934		MANDIBULAR RESECTION PROSTHESIS W/GUIDE FLANGE	6614.04			4273.36	
D5935		MANDIBULAR RESECTION PROSTHESIS W/O GUIDE FLANGE	5755.66			3718.21	
D5936		OBTURATOR/PROSTHESIS INTERIM	6464.57			4176.33	
D5937		TRISMUS APPLIANCE NOT FOR TMD TREATMENT	812.46			524.92	
D5951		FEEDING AID	1056.28			682.40	
D5952		SPEECH AID PROSTHESIS PEDIATRIC	3429.35			2215.82	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D5953		SPEECH AID PROSTHESIS ADULT	6513.84			4208.14	
D5954		PALATAL AUGMENTATION PROSTHESIS	6035.38			3899.55	
D5955		PALATAL LIFT PROSTHESIS DEFINITIVE	5581.98			3606.87	
D5958		PALATAL LIFT PROSTHESIS INTERIM	BR			BR	
D5959		PALATAL LIFT PROSTHESIS MODIFICATION	BR			BR	
D5960		SPEECH AID PROSTHESIS MODIFICATION	BR			BR	
D5982		SURGICAL STENT	546.93			392.29	
D5983		RADIATION CARRIER	1230.79	528.69		795.34	
D5984		RADIATION SHIELD	1230.79	528.69		795.34	
D5985		RADIATION CONE LOCATOR	1230.79	528.69		795.34	
D5986		FLUORIDE GEL CARRIER	122.75			79.53	
D5987		COMMISSURE SPLINT	1846.19	528.69		1193.01	
D5988		SURGICAL SPLINT	369.07			238.60	
D5991		VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	141.95			91.46	
D5992		ADJUST MAXILLOFACIAL PROSTH APPLIANCE BY REPORT	BR			BR	
D5993		MAINT CLEAN MAXILLOFACIAL PROSTH OTH THN REQ ADJ	BR			BR	
D5994		PERIODONTAL MED CARR PERIPH SEAL LAB PROCESSED	BR				
D5999		UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT	BR			BR	
D6010		SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	2253.67			1456.27	
D6011		SECOND STAGE IMPLANT SURGERY	BR				
D6012		SURG PLCMT INTERIM IMPL TRNSITIONL PROS: ENDOS	2130.92			1375.94	
D6013		SURGICAL PLACEMENT OF MINI IMPLANT	BR				
D6040		SURGICAL PLACEMENT: EPOSTEAL IMPLANT	7755.48			5010.64	
D6050		SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	5785.72			3738.10	
D6051		INTERIM ABUTMENT	BR			BR	
D6052		SEMI-PRECISION ATTACHMENT ABUTMENT	BR				
D6055		CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	677.19			437.44	
D6056		PREFABRICATED ABUTMENT-INCL MOD & PLACEMENT	467.60			302.23	
D6057		CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT	578.66			373.81	
D6058		ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	1298.43			838.29	
D6059		ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	1280.89			827.15	
D6060		ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	1209.92			781.82	
D6061		ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	1234.13			797.73	
D6062		ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	1230.79			794.54	
D6063		ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	1071.31			691.95	
D6064		ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	1120.57			723.76	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D6065		IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	1276.72			824.77	
D6066		IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN	1243.32			803.29	
D6067		IMPLANT SUPPORTED METAL CROWN	1206.58			779.43	
D6068		ABUT SUPPORTED RETAINER PORCELAIN/CERAMIC FPD	1285.90			831.13	
D6069		ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	1280.89			827.15	
D6070		ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	1209.92			781.82	
D6071		ABUT SUPPORTED RETAINER PORCELN FUSED METAL FPD	1234.13			797.73	
D6072		ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD	1249.16			807.27	
D6073		ABUT RETAINR CAST METL FPD PREDOM BASE METL	1141.45			737.28	
D6074		ABUTMENT RETAINR CAST METAL FPD NOBLE METAL	1211.59			783.41	
D6075		IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	1276.72			824.77	
D6076		IMPLANT SUPPORTED RETAIN PORCELN FUSED METAL FPD	1243.32			803.29	
D6077		IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD	1206.58			779.43	
D6080		IMPL MAINT PROC REMV REINSRT CLEAN PROSTH & ABUT	106.05			68.40	
D6090		REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT	BR			BR	
D6091		REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	511.02			330.07	
D6092		RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	99.37			64.42	
D6093		RECEMENT IMPL/ABUTMNT SUPPORTED FIX PART DENTURE	156.15			101.01	
D6094		ABUTMENT SUPPORTED CROWN TITANIUM	1015.36			656.16	
D6095		REPAIR IMPLANT ABUTMENT BY REPORT	BR			BR	
D6100		IMPLANT REMOVAL BY REPORT	BR			BR	
D6101		DEBR PERIIMPL DFCT CLN EXPSD IMPL FLP ENTRY CLO	BR			BR	
D6102		DEBR&OSS CNTR PERIIMPL DFCT;SURF&FLAP ENTRY&CLOS	BR			BR	
D6103		BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT	BR			BR	
D6104		BONE GRAFT AT TIME OF IMPLANT PLACEMENT	BR			BR	
D6110		IMPL/ABUT SUPP REMV DENTURE EDENTULOUS ARCH-MAX	BR				
D6111		IMPL/ABUT SUPP REMV DENTURE EDENTULOUS ARCH-MND	BR				
D6112		IMPL/ABUT SUPP REMV DENTURE PART EDENT ARCH-MAX	BR				
D6113		IMPL/ABUT SUPP REMV DENTURE PART EDENT ARCH-MAND	BR				
D6114		IMPL/ABUT SUPP FIXED DENTURE EDENTULOUS ARCH-MAX	BR				
D6115		IMPL/ABUT SUPP FIXD DENTURE EDENTULOUS ARCH-MAND	BR				
D6116		IMPL/ABUT SUPP FIXED DENTURE PART EDENT ARCH-MAX	BR				
D6117		IMPL/ABUT SUPP FIXD DENTURE PART EDENT ARCH-MAND	BR				
D6190		RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	227.96			147.14	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D6194		ABUTMENT SUPPORTED RETAINER CROWN FOR FPD	1046.26			676.04	
D6199		UNSPECIFIED IMPLANT PROCEDURE BY REPORT	BR			BR	
D6205		PONTIC INDIRECT RESIN BASED COMPOSITE	640.45			502.78	
D6210		PONTIC - CAST HIGH NOBLE METAL	978.62			768.67	
D6211		PONTIC - CAST PREDOMINANTLY BASE METAL	916.83			720.33	
D6212		PONTIC - CAST NOBLE METAL	954.41			749.33	
D6214		PONTIC TITANIUM	984.47			773.50	
D6240		PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	966.10			759.00	
D6241		PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	892.62			700.99	
D6242		PONTIC - PORCELAIN FUSED TO NOBLE METAL	941.88			739.66	
D6245		PONTIC - PORCELAIN/CERAMIC	996.99			783.17	
D6250		PONTIC - RESIN WITH HIGH NOBLE METAL	954.41			749.33	
D6251		PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	880.09			691.32	
D6252		PONTIC - RESIN WITH NOBLE METAL	908.48			713.56	
D6253		PRVS PONTIC-FUR TX/CMPL DX NEC B4 FINAL IMPRESS	410.82			322.94	
D6545		RETAINER - CAST METAL RESIN BONDED FIX PROSTH	406.65			286.43	
D6548		RETAINER - PORCELN/CERAMIC RSN BONDED FIX PROSTH	446.73			315.07	
D6549		RESIN RETAINER-FOR RESIN BONDED FIXED PROSTHESIS	BR				
D6600		RETAINER INLAY - PORCELAIN/CERAMIC TWO SURFACES	806.61			568.52	
D6601		RETAINER INLAY - PORCELAIN/CERAMIC 3/MORE SURF	846.69			596.30	
D6602		RETAINER INLAY-CAST HIGH NOBLE METAL 2 SURFACES	861.72			607.58	
D6603		RETAINER INLAY-CAST HIGH NOBLE METAL 3/MORE SURF	948.56			668.34	
D6604		RETAINER INLAY - CAST PDMT BASE METAL 2 SURFACES	845.02			595.43	
D6605		RETAINER INLAY-CAST PDMT BASE METAL 3/MORE SURF	895.12			631.01	
D6606		RETAINER INLAY - CAST NOBLE METAL TWO SURFACES	830.83			585.88	
D6607		RETAINER INLAY - CAST NOBLE METAL 3/MORE SURF	922.68			650.11	
D6608		RETAINER ONLAY - PORCELAIN/CERAMIC TWO SURFACES	876.75			617.99	
D6609		RETAINER ONLAY - PORCELAIN/CERAMIC 3/MORE SURF	914.33			644.90	
D6610		RETAINER ONLAY-CAST HIGH NOBLE METAL 2 SURFACES	929.36			655.32	
D6611		RETAINER ONLAY-CAST HIGH NOBLE METAL 3/MORE SURF	1017.03			716.94	
D6612		ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	924.35			651.85	
D6613		RETAINER ONLAY-CAST PDMT BASE METAL 3/MORE SURF	966.10			681.36	
D6614		RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES	905.14			637.96	
D6615		RETAINER ONLAY-CAST NOBLE METAL 3/MORE SURFACES	940.21			663.13	
D6624		RETAINER INLAY - TITANIUM	861.72			607.58	
D6634		RETAINER ONLAY - TITANIUM	905.14			637.96	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D6710		RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	923.51			650.98	
D6720		RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	1076.32			759.47	
D6721		RETAINER CROWN-RESIN W/PREDOMINANTLY BASE METAL	1022.04			720.42	
D6722		RETAINER CROWN - RESIN WITH NOBLE METAL	1040.41			733.43	
D6740		RETAINER CROWN - PORCELAIN/CERAMIC	1132.26			798.53	
D6750		RETAINER CROWN - PORCELAIN FUSED HI NOBLE METAL	1102.20			777.70	
D6751		RETAINER CROWN-PORCELAIN FUSED PDMT BASE METAL	1030.39			725.62	
D6752		RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	1054.61			742.98	
D6780		RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	1040.41			733.43	
D6781		RETAINER CROWN-3/4 CAST PREDOMINANTLY BASE METAL	1040.41			733.43	
D6782		RETAINER CROWN - 3/4 CAST NOBLE METAL	966.10			681.36	
D6783		RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	1071.31	80.26		755.13	
D6790		RETAINER CROWN - FULL CAST HIGH NOBLE METAL	1064.63			750.79	
D6791		RETAINER CROWN-FULL CAST PREDOMINANTLY BASE METL	1008.68			711.74	
D6792		RETAINER CROWN - FULL CAST NOBLE METAL	1046.26			737.77	
D6793		PRVS RET CRWN-FUR TX/CMPL DX NEC B4 FINAL IMPRSS	436.71			308.13	
D6794		RETAINER CROWN - TITANIUM	1046.26			737.77	
D6920		CONNECTOR BAR	221.28	528.69		172.68	
D6930		RECEMENT FIXED PARTIAL DENTURE	129.43			100.73	
D6940		STRESS BREAKER	293.09			228.32	
D6950		PRECISION ATTACHMENT	565.30			441.29	
D6980		FIXED PART DENTURE REPR NEC RESTORATVE MATL FAIL	BR			BR	
D6985		PEDIATRIC PARTIAL DENTURE FIXED	493.49			383.73	
D6999		UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	BR			BR	
D7111		EXTRACTION CORONAL REMNANTS DECIDUOUS TOOTH	101.04	528.69		84.13	
D7140		EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	134.44	528.69		111.83	
D7210		SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	237.14	528.69		211.33	
D7220		REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	298.10	528.69		264.99	
D7230		REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	396.63	528.69		352.59	
D7240		REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	465.10	528.69		413.91	
D7241		REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	585.34	528.69		520.12	
D7250		SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	251.34	528.69		223.38	
D7251		CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	493.49			438.00	
D7260		OROANTRAL FISTULA CLOSURE	1477.12	528.69		1214.40	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D7261		PRIMARY CLOSURE OF A SINUS PERFORATION	615.40	528.69		506.00	
D7270		TOOTH REIMPL &OR STBL ACC EVULSED/DISPLCD TOOTH	461.76	354.22		379.50	
D7272		TOOTH TRANSPLANTATION	615.40			506.00	
D7280		SURGICAL ACCESS OF AN UNERUPTED TOOTH	430.86			354.20	
D7282		MOBILIZ ERUPTED/MALPOSITIONED TOOTH AID ERUPTION	215.43			177.10	
D7283		PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	184.54			151.80	
D7285		BIOPSY OF ORAL TISSUE HARD	861.72			708.40	
D7286		BIOPSY OF ORAL TISSUE SOFT	369.07			303.60	
D7287		EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	147.80			121.44	
D7288		BRUSH BIOPSY TRANSEPITHELIAL SAMPLE COLLECTION	147.80			121.44	
D7290		SURGICAL REPOSITIONING OF TEETH	369.07			303.60	
D7291		TRANSSEPTAL FIBEROT/SUPRA CRESTAL FIBEROT BR	BR	528.69		BR	
D7292		SURG PLCMT: TEMP ANCHORAGE SCREW RET PLATE FLAP	591.18			485.76	
D7293		SURG PLCMT: TEMP ANCHORAGE DEVICE RQR SURG FLAP	369.07			303.60	
D7294		SURG PLCMT: TEMP ANCHORAGE DEVICE W/O SURG FLAP	308.12			253.00	
D7295		HARVEST BONE FOR USE AUTOGENOUS GRAFTING PROC	BR			BR	
D7310		ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	245.49	503.77		176.28	
D7311		ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	215.43			154.24	
D7320		ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	399.97			286.45	
D7321		ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	337.34			242.38	
D7340		VESTIBULOPLASTY RIDGE EXT SEC EPITHELIALIZATION	1692.55			1211.91	
D7350		VESTIBULOPLASTY RIDGE EXT W/SOFT TISS GRAFTS	4924.83			3525.56	
D7410		EXCISION OF BENIGN LESION UP TO 1.25 CM	738.98			528.83	
D7411		EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	1169.84			837.32	
D7412		EXCISION OF BENIGN LESION COMPLICATED	1292.58			925.46	
D7413		EXCISION OF MALIGNANT LESION UP TO 1.25 CM	861.72			616.97	
D7414		EXCISION OF MALIGNANT LESION > 1.25 CM	1292.58			925.46	
D7415		EXCISION OF MALIGNANT LESION COMPLICATED	1446.22			1035.63	
D7440		EXC MALIG TUMOR-LESION DIAMETER UP TO 1.25 CM	1169.84			837.32	
D7441		EXC MALIG TUMOR-LESION DIAM GREATER THAN 1.25 CM	1723.44			1233.95	
D7450		REMOVAL BEN ODONTOGENIC CYST/TUMR- UP T0 1.25 CM	738.98			528.83	
D7451		REMOVAL BENIGN ODONTOGENIC CYST/TUMOR- > 1.25 CM	1008.68			722.74	
D7460		REMOVAL BEN NONODONTOGENIC CYST/TUMR- UP 1.25 CM	738.98			528.83	
D7461		REMOVAL BEN NONODONTOGENIC CYST/TUMOR > 1.25 CM	1008.68			722.74	
D7465		DESTRUCTION LESION PHYSICAL/CHEM METHOD BY REPRT	399.97			286.45	
D7471		REMOVAL OF LATERAL EXOSTOSIS	914.33			654.87	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D7472		REMOVAL OF TORUS PALATINUS	1087.17			778.27	
D7473		REMOVAL OF TORUS MANDIBULARIS	1024.55			734.20	
D7485		SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	914.33			654.87	
D7490		RADICAL RESECTION OF MAXILLA OR MANDIBLE	7386.41			5288.34	
D7510		INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	265.53	138.63		189.50	
D7511		I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	399.97			286.45	
D7520		INCISION & DRAINAGE ABSCESS-EXTRAORAL SOFT TISS	1260.02			902.54	
D7521		I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED	1385.27			991.56	
D7530		REMOVAL FB FROM MUCOSA SKIN/SUBCUT ALVEOL TISSUE	453.41			325.23	
D7540		REMV REACT-PRODUC FOREIGN BODIES-MUSCULOSKEL SYS	503.51			360.49	
D7550		PART OSTEC/SEQUESTRECTOMY REMOVAL NON-VITAL BONE	313.13			224.75	
D7560		MAXILLARY SINUSOTOMY REMOVAL TOOTH FRAGMENT/FB	2492.48			1784.81	
D7610		MAXILLA-OPEN REDUCTION	4031.38			2886.55	
D7620		MAXILLA-CLOSED REDUCTION	3023.54			2164.69	
D7630		MANDIBLE-OPEN REDUCTION	5242.97			3752.96	
D7640		MANDIBLE-CLOSED REDUCTION	3326.64			2381.52	
D7650		MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	2520.03			1804.21	
D7660		MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	1485.47			1063.84	
D7670		ALVEOLUS-CLOSED REDUCTION W/STABILIZATION TEETH	1159.82			830.27	
D7671		ALVEOLUS-OPEN REDUCTION W/STABILIZATION TEETH	2184.36			1564.47	
D7680		FCE BNS - COMP RDUC W/FIX&MX SURG APPRCHES CPT	7560.09			5412.62	
D7710		MAXILLA-OPEN REDUCTION	4739.46			3392.47	
D7720		MAXILLA-CLOSED REDUCTION	3326.64			2381.52	
D7730		MANDIBLE-OPEN REDUCTION	6854.52			4907.58	
D7740		MANDIBLE-CLOSED REDUCTION	3391.77			2428.23	
D7750		MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	4313.61			3088.39	
D7760		MALAR AND/OR ZYGOMATIC ARCH CLOSED REDUCTION	1730.96			1239.23	
D7770		ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	2344.68			1679.05	
D7771		ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH	1809.45			1295.64	
D7780		FACIAL BONES-COMP RDUC FIX & MX SURG APPROACHES	10080.12			7216.82	
D7810		OPEN REDUCTION OF DISLOCATION	4433.85			3174.77	
D7820		CLOSED REDUCTION OF DISLOCATION	727.29			520.02	
D7830		MANIPULATION UNDER ANESTHESIA	415.83			297.91	
D7840		CONDYLECTOMY	6044.57			4327.62	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D7850		SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	5219.59			3737.09	
D7852		DISC REPAIR	5976.93			4279.15	
D7854		SYNOVECTOMY	6167.31			4415.76	
D7856		MYOTOMY	4375.40			3133.34	
D7858		JOINT RECONSTRUCTION	12474.07			8931.12	
D7860		ARTHROTOMY	5317.28			3806.72	
D7865		ARTHROPLASTY	8567.94			6134.47	
D7870		ARTHROCENTESIS	283.90			202.72	
D7871		NON-ARTHROSCOPIC LYSIS AND LAVAGE	565.30			405.44	
D7872		ARTHROSCOPY-DIAGNOSIS WITH OR WITHOUT BIOPSY	3021.87			2163.81	
D7873		ARTHROSCOPY SURGICAL: LAVAGE&LYSIS ADHESIONS	3638.93			2605.39	
D7874		ARTHROSCOPY SURGICAL: DISC REPSTN&STABILIZATION	5219.59			3737.09	
D7875		ARTHROSCOPY-SURGICAL: SYNOVECTOMY	5717.25			4094.06	
D7876		ARTHROSCOPY SURGICAL: DISCECTOMY	6165.64			4414.00	
D7877		ARTHROSCOPY SURGICAL: DEBRIDEMENT	5440.03			3895.74	
D7880		OCCLUSAL ORTHOTIC DEVICE BY REPORT	679.69			486.53	
D7881		OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	BR				
D7899		UNSPECIFIED TMD THERAPY BY REPORT	BR			BR	
D7910		SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	403.31	139.62		289.10	
D7911		COMPLICATED SUTURE-UP TO 5 CM	1007.85			721.86	
D7912		COMPLICATED SUTURE-GREATER THAN 5 CM	1814.46			1299.17	
D7920		SKIN GRAFT	2971.77			2128.56	
D7921		COLLECTION & APPLIC AUTO BLOOD CONCENTRATE PROD	BR			196.55	
D7940		OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	BR	528.69		BR	
D7941		OSTEOTOMY - MANDIBULAR RAMI	7570.95			5420.55	
D7943		OSTEOT-MANDIB RAMI W/BONE GRFT;INCL OBTAIN GRAFT	6955.55			4979.85	
D7944		OSTEOTOMY SEGMENTED OR SUBAPICAL	6199.04			4437.80	
D7945		OSTEOTOMY-BODY OF MANDIBLE	8248.13			5905.31	
D7946		LEFORT I MAXILLA TOTAL	10217.90			7315.54	
D7947		LEFORT I MAXILLA SEGMENTED	8592.99			6152.10	
D7948		LEFORT II/LEFORT III - W/O BONE GRAFT	11153.10			7985.39	
D7949		LEFORT II/LEFORT III - W/BONE GRAFT	14526.50			10400.40	
D7950		OSSEOUS OSTEOPERIOSTEAL/CARTILAGE GRAFT MAND/MAX	BR			BR	
D7951		SINUS AUGMENTATION BONE/BONE SUBST LAT OPEN APPR	BR			BR	
D7952		SINUS AUGMENTATION VIA A VERTICAL APPROACH	BR			BR	
D7953		BONE REPLCMT GRAFT RIDGE PRESERVATION PER SITE	209.59			160.29	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D7955		REPAIR MAXLOFACIAL SOFT &/ HARD TISSUE DEFECT	BR			BR	
D7960		FRENULECTOMY SEP PROC NOT INCIDENTL ANOTHER PROC	337.34			259.29	
D7963		FRENULOPLASTY	553.61			424.29	
D7970		EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	493.49			377.14	
D7971		EXCISION OF PERICORONAL GINGIVA	184.54			141.43	
D7972		SURGICAL REDUCTION OF FIBROUS TUBEROSITY	688.88			528.00	
D7980		SIALOLITHOTOMY	774.88			594.00	
D7981		EXCISION OF SALIVARY GLAND BY REPORT	BR			BR	
D7982		SIALODOCHOPLASTY	1835.33			1404.86	
D7983		CLOSURE OF SALIVARY FISTULA	1760.18			1348.29	
D7990		EMERGENCY TRACHEOTOMY	1513.86			1159.72	
D7991		CORONOIDECTOMY	3693.21			2828.58	
D7995		SYNTHETIC GRAFT-MANDIBLE/FACIAL BONES BY REPORT	BR			BR	
D7996		IMPLANT-MANDIBLE AUGMENTATION PURPOSES BY REPORT	BR			BR	
D7997		APPLIANCE REMOVAL INCLUDES REMOVAL OF ARCHBAR	283.90			216.86	
D7998		INTRAORAL PLCMT FIX DEVICE NOT CONJUNCTION W/FX	1230.79			942.86	
D7999		UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT	BR			BR	
D8010		LIMITED ORTHODONTIC TREATMENT PRIMARY DENTITION	BR			BR	
D8020		LTD ORTHODONTIC TREATMENT TRANSITIONAL DENTITION	BR			BR	
D8030		LTD ORTHODONTIC TREATMENT ADOLESCENT DENTITION	BR			BR	
D8040		LIMITED ORTHODONTIC TREATMENT ADULT DENTITION	BR			BR	
D8050		INTERCEPTIVE ORTHODONTIC TX PRIMARY DENTITION	BR			BR	
D8060		INTRCPTV ORTHODONTIC TX TRANSITIONAL DENTITION	BR			BR	
D8070		COMP ORTHODONTIC TX TRANSITIONAL DENTITION	BR			BR	
D8080		COMPREHENSIVE ORTHODONTIC TX ADOLES DENTITION	BR			BR	
D8090		COMPREHENSIVE ORTHODONTIC TX ADULT DENTITION	BR			BR	
D8210		REMOVABLE APPLIANCE THERAPY	BR			BR	
D8220		FIXED APPLIANCE THERAPY	BR			BR	
D8660		PREORTHODONTIC TREATMENT VISIT	BR			BR	
D8670		PERIODIC ORTHODONTIC TREATMENT VISIT	BR	222.02		BR	
D8680		ORTHODONTIC RETENTION	BR			BR	
D8681		REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	BR				
D8690		ORTHODONTIC TREATMENT	BR			BR	
D8691		REPAIR OF ORTHODONTIC APPLIANCE	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D8692		REPLACEMENT OF LOST OR BROKEN RETAINER	BR			BR	
D8693		REBONDING OR RECEMENTING OF FIXED RETAINER	BR			BR	
D8694		REPAIR OF FIXED RETAINERS INCLUDES REATTACHMENT	BR				
D8999		UNSPECIFIED ORTHODONTIC PROCEDURE BY REPORT	BR			BR	
D9110		PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	96.03			45.54	
D9120		FIXED PARTIAL DENTURE SECTIONING	106.88			51.45	
D9210		LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	35.91			33.78	
D9211		REGIONAL BLOCK ANESTHESIA	39.25			37.28	
D9212		TRIGEMINAL DIVISION BLOCK ANESTHESIA	61.79			58.24	
D9215		LOCAL ANESTHESIA CONJUCTION OPERATIVE/SURG PROC	29.23			27.96	
D9219		EVALUATION FOR DEEP SEDATION/GENERAL ANESTHESIA	BR				
D9223		DEEP SEDATION/GENERAL ANESTHESIA - EA 15 MIN	BR				
D9230		INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	59.29			55.91	
D9243		INTRAVENOUS MOD SEDATION/ANALGESIA - EA 15 MIN	BR				
D9248		NON-INTRAVENOUS CONSCIOUS SEDATION	86.01			81.54	
D9310		CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	197.90	110.18		88.04	
D9410		HOUSE/EXTENDED CARE FACILITY CALL	225.45			100.70	
D9420		HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	364.06	1745.29		162.88	
D9430		OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	BR			BR	
D9440		OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	122.75			55.03	
D9450		CASE PRESENTATION DETAILED&EXTENSIVE TX PLANNING	61.79			27.51	
D9610		THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION	BR			BR	
D9612		TX PARENTERAL DRUGS 2/> ADMINISTRATIONS DIFF MED	BR			BR	
D9630		OTHER DRUGS AND/OR MEDICAMENTS BY REPORT	BR	528.69		BR	
D9910		APPLICATION OF DESENSITIZING MEDICAMENT	43.42			18.32	
D9911		APPLIC DESENZT RSN CERV &OR ROOT SURF-TOOTH	60.96			25.65	
D9920		BEHAVIOR MANAGEMENT BY REPORT	BR			BR	
D9930		TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT	BR	528.69		BR	
D9932		CLEANING & INSPECTION REMV CMPL DENTUR MAXILLARY	BR				
D9933		CLEANING & INSPECTION REMV CMPL DENTUR MANDIBULR	BR				
D9934		CLEANING & INSPECTION REMV PART DENTUR MAXILLARY	BR				
D9935		CLEANING & INSPECTION REMV PART DENTUR MANDIBULR	BR				
D9940		OCCLUSAL GUARD BY REPORT	357.38	528.69		151.80	
D9941		FABRICATION OF ATHLETIC MOUTHGUARD	122.75			52.35	
D9942		REPAIR AND/OR RELINE OF OCCLUSAL GUARD	146.96			62.81	
D9943		OCCLUSAL GUARD ADJUSTMENT	BR				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D9950		OCCLUSION ANALYSIS - MOUNTED CASE	233.80	528.69		99.46	
D9951		OCCLUSAL ADJUSTMENT - LIMITED	104.38	528.69		44.49	
D9952		OCCLUSAL ADJUSTMENT - COMPLETE	491.82	528.69		209.38	
D9970		ENAMEL MICROABRASION	55.95			23.56	
D9971		ODONTOPLASTY 1-2 TEETH; INCL REMOVAL ENAMEL PROJ	72.65			30.36	
D9972		EXTERNAL BLEACHING - PER ARCH - PERFORMED OFFICE	246.33			104.69	
D9973		EXTERNAL BLEACHING - PER TOOTH	40.92			17.27	
D9974		INTERNAL BLEACHING - PER TOOTH	216.27			91.60	
D9975		EXT BLEACH HOM APPLIC-ARCH; MATL FAB CSTM TRAYS	BR			104.69	
D9985		SALES TAX	BR				
D9986		MISSED APPOINTMENT	BR				
D9987		CANCELLED APPOINTMENT	BR				
D9999		UNSPECIFIED ADJUNCTIVE PROCEDURE BY REPORT	BR	1319.99		BR	
E0100	NU	CANE ALL MATL ADJUSTBLE/FIXED W/TIP	17.83			19.39	
E0105	NU	CANE QUAD/3-PRONG ALL MATL W/TIPS	48.87			53.18	
E0110	NU	CRTCHES FORARM VARIOUS MATL PAIR	73.18			79.63	
E0111	NU	CRTCH FORARM VARIOUS MATL EA	45.04			49.01	
E0112	NU	CRTCHS UNDARM WOOD PAIR ADJSTBL/FIX	36.82			40.06	
E0113	NU	CRTCH UNDARM WOOD EA ADJUSTBL/FIX	21.03			22.88	
E0114	NU	CRTCHES UNDARM OTH THAN WOOD PAIR	46.95			51.10	
E0116	NU	CRTCH UNDARM OTH THAN WOOD ADJ/FIX	26.20			28.51	
E0117	NU	CRTCH UNDERARM ARTIC SPRNG ASSTD EA	202.40			208.66	
E0118		CRUTCH SUBSTITUTE LW LEG PLATFORM	1131.00			BR	
E0130	NU	WALKER RIGID ADJUSTBLE/FIXED HEIGHT	45.90			55.90	
E0135	NU	WALKER FOLDING ADJUSTBLE/FIX HEIGHT	50.42			66.50	
E0140	NU	WALK W/TRNK SUPP ADJUSTBL/FIX HT	273.24			336.61	
E0141	NU	WALKER RIGID WHEELD ADJUSTBL/FIX HT	80.69			107.55	
E0143	NU	WALKER FOLD WHEELED ADJUSTBL/FIX HT	70.93			102.21	
E0144	NU	WALKER ENCLOS 4 SIDE WHL POST SEAT	252.80			297.18	
E0147	NU	WALKR HEVY DUTY MX BRAKE VARIBL WHL	414.74			536.41	
E0148	NU	WALK HEVY DUTY NO WHLS RIGD/FOLD EA	90.66			118.57	
E0149	NU	WALKER HEVY DUTY WHEELD ANY TYPE EA	152.06			208.29	
E0153	NU	PLATFORM ATTCH FOREARM CRUTCH EA	69.04			75.13	
E0154	NU	PLATFORM ATTACHMENT WALKER EACH	48.87			65.80	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0155	NU	WHL ATTCH PCK-UP WLK- PER PAIR SEAT	19.62			25.02	
E0156	NU	SEAT ATTACHMENT WALKER	17.99			24.67	
E0157	NU	CRUTCH ATTACHMENT WALKER EACH	53.05			64.99	
E0158	NU	LEG EXTENSIONS WALKER PER SET FOUR	20.17			25.53	
E0159	NU	BRAKE ATTCH WHEELED WALK REPLCMT EA	13.40			16.67	
E0160	NU	SITZ BATH/EQP PRTBLE W/WO COMMODE	28.97			35.79	
E0161	NU	SITZ BATH/EQP PRTBLE USED W/FAUCET	24.53			28.40	
E0162	NU	SITZ BATH CHAIR	144.97			157.76	
E0163	NU	COMMODE CHAIR WITH FIXED ARMS	81.14			107.79	
E0165	NU	COMMODE CHAIR WITH DETACHABLE ARMS	171.20			171.10	
E0167	NU	PAIL/PAN USE W/COMMODE CHAIR REPL	10.80			12.99	
E0168	NU	COMMODE CHAIR XTRA WIDE&/HEVY DUTY	136.85			163.41	
E0170	RR	COMMODE CHAIR SEAT LIFT MECH ELEC	156.40			174.02	
E0171	RR	COMMODE CHAIR SEAT LIFT MCH NONELEC	28.04			31.32	
E0172		SEAT LIFT MECH PLACE OVR/TOP TOILET	0.00			BR	
E0175	NU	FOOT REST USE W/COMMODE CHAIR EACH	65.91			71.71	
E0181	NU	PWR PRESS RED MATTRESS PAD W/PUMP	240.00			282.10	
E0182	NU	PUMP ALTERNATING PRESSURE PAD REPL	241.20			240.90	
E0184	NU	DRY PRESSURE MATTRESS	175.04			210.81	
E0185	NU	GEL/GEL-LIKE PRSS PAD MATTRSS STD	229.01			294.36	
E0186	NU	AIR PRESSURE MATTRESS	186.80			186.80	
E0187	NU	WATER PRESSURE MATTRESS	213.60			213.60	
E0188	NU	SYNTHETIC SHEEPSKIN PAD	24.28			28.62	
E0189	NU	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	43.95			47.83	
E0190		PSTN CUSH/PILLOW/EDGE ALL COMPONENT	41.04			BR	
E0191	NU	HEEL OR ELBOW PROTECTOR EACH	9.56			10.40	
E0193	RR	POWERED AIR FLOTATION BED	612.51			716.64	
E0194	NU	AIR FLUIDIZED BED	34164.00			35235.30	
E0196	NU	GEL PRESSURE MATTRESS	299.20			299.00	
E0197	NU	AIR PRSS PAD MATTRSS STD LEN&WDTH	173.86			203.92	
E0198	NU	WATR PRSS PAD MATTRSS STD LEN&WDTH	232.80			203.92	
E0199	NU	DRY PRSS PAD MATTRSS STD LEN&WDTH	26.67			29.50	
E0200	NU	HEAT LAMP W/O STAND W/INFRARD ELEM	67.05			72.96	
E0202	RR	PHOTOTHERAPY LIGHT WITH PHOTOMETER	62.30			67.79	
E0203		TX LTBOX MINI 10000 LUX TABLE TOP	BR			BR	
E0205	NU	HEAT LAMP W/STAND W/INFRARD ELEM	164.12			178.60	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0210	NU	ELECTRIC HEAT PAD STANDARD	27.84			30.29	
E0215	NU	ELECTRIC HEAT PAD MOIST	59.91			65.20	
E0217	NU	WATER CIRCULATING HEAT PAD W/PUMP	491.27			534.60	
E0218	NU	WATER CIRCULATING COLD PAD W/PUMP	348.40			1061.78	
E0221		INFRARED HEATING PAD SYSTEM	0.00			0.00	
E0225	NU	HYDROCOLLATOR UNIT INCLUDES PADS	386.69			420.79	
E0231		NON-CNTC WND WARM DEVC W/CARD&COVR	BR			BR	
E0232		WOUND WARMING WOUND COVER	BR			BR	
E0235	NU	PARAFFIN BATH UNIT PORTABLE	181.20			186.80	
E0236	NU	PUMP FOR WATER CIRCULATING PAD	464.40			479.00	
E0239	NU	HYDROCOLLATOR UNIT PORTABLE	447.56			487.04	
E0240		BATH/SHOWER CHAIR W/WO WHLS ANY SZ	0.00			BR	
E0241		BATHTUB WALL RAIL EACH	24.40			33.63	
E0242		BATHTUB RAIL FLOOR BASE	54.80			76.20	
E0243		TOILET RAIL EACH	43.60			60.46	
E0244		RAISED TOILET SEAT	33.20			45.79	
E0245		TUB STOOL OR BENCH	54.40			75.49	
E0246		TRANSFER TUB RAIL ATTACHMENT	74.40			103.03	
E0247	NU	TRNSF BENCH TUB/TOILET W/WO COMMODE	53.60			74.41	
E0248		TRNSF BENCH HEVY DUTY TUB/TOILET	0.00			BR	
E0249	NU	PAD H2O CIRC HEAT UNIT REPLCMT ONLY	84.24			91.67	
E0250	NU	HOS BED FIX HT W/RAIL W/MATTRSS	776.00			775.40	
E0251	NU	HOS BED FIX HT W/RAIL W/O MATTRSS	588.00			686.10	
E0255	NU	HOS BED VARIBL HT W/RAIL W/MATTRSS	932.80			931.90	
E0256	NU	HOS BED VARIBL HT W/RAIL NO MATTRSS	661.60			661.10	
E0260	RR	HOS BED SEMI-ELEC W/RAIL W/MATTRSS	92.10			131.08	
E0261	NU	HOS BED SEMI-ELEC W/RAIL NO MATTRSS	1087.20			1086.20	
E0265	NU	HOS BED TOT ELEC W/RAIL W/MATTRSS	1586.80			1736.20	
E0266	NU	HOS BED TOT ELEC W/RAIL W/O MATTRSS	1410.00			1408.70	
E0270		HOSP BED INST TYPE: W/MATTRSS	0.00			BR	
E0271	NU	MATTRESS INNER SPRING	142.58			176.13	
E0272	NU	MATTRESS FOAM RUBBER	136.79			160.52	
E0273	NU	BED BOARD	26.40			42.94	
E0274	NU	OVER-BED TABLE	42.40			69.04	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0275	NU	BED PAN STANDARD METAL OR PLASTIC	14.20			16.58	
E0276	NU	BED PAN FRACTURE METAL OR PLASTIC	12.20			14.41	
E0277	RR	POWER PRESSURE-REDUCING AIR MATTRSS	413.50			656.46	
E0280	NU	BED CRADLE ANY TYPE	26.80			30.30	
E0290	NU	HOS BED FIX HT W/O RAIL W/MATTRSS	593.20			592.80	
E0291	NU	HOS BED FIX HT W/O RAIL W/O MATTRSS	431.20			488.50	
E0292	NU	HOS BED VARIBL HT NO RAIL W/MATTRSS	667.20			666.60	
E0293	NU	HOS BED VARIBL HT W/O RAIL/MATTRSS	567.60			610.50	
E0294	NU	HOS BED SEMI-ELEC NO RAIL W/MATTRSS	1037.20			1036.30	
E0295	NU	HOS BED SEMI-ELEC W/O RAIL/MATTRSS	1010.80			1010.10	
E0296	NU	HOS BED TOT ELEC W/O RAIL W/MATTRSS	1485.60			1302.50	
E0297	NU	HOS BED TOT ELEC W/O RAIL/MATTRSS	1116.80			1115.80	
E0300	NU	PED CRIB HOS GRADE ENC W/WO TOP ENC	2253.60			2648.99	
E0301	NU	HOS BED HEVY DUTY W/WT CAP >350 PDS	2149.20			2234.70	
E0302	NU	HOS BED WT CAP>600 W/O MATTRESS	5679.60			6676.40	
E0303	NU	HOS BED HEVY DUTY WT CAP >350<=600	2413.20			2547.00	
E0304	NU	HOS BED XTRA HD WT CAP>600 MTTRSS	6118.00			7191.90	
E0305	NU	BEDSIDE RAILS HALF-LENGTH	141.20			166.00	
E0310	NU	BEDSIDE RAILS FULL-LENGTH	131.21			163.41	
E0315		BED ACCESS: BOARD/TABL/SUPPRT DEVC	BR			BR	
E0316	NU	SFTY ENCLOS FRME/CANOPY W/HOSP BED	1677.20			1911.90	
E0325	NU	URINAL; MALE JUG-TYPE ANY MATERIAL	9.20			10.95	
E0326	NU	URINAL; FE JUG-TYPE ANY MATERIAL	9.71			11.37	
E0328		HOSP BED PED MANUAL INCL MATTRESS	BR			BR	
E0329		HOSP BED PED ELECTRIC INCL MATTRESS	BR			BR	
E0350		CNTRL U ELEC BOWEL IRRIG/EVAC SYS	BR			BR	
E0352		DISPBL PACK W/ELEC BOWEL IRRIG/EVAC	BR			BR	
E0370		AIR PRESSURE ELEVATOR FOR HEEL	BR			BR	
E0371	RR	NONPWR PRSS RDUC OVRLAY MATTRSS STD	289.64			371.68	
E0372	RR	PWR AIR OVRLAY MATTRSS STD LEN&WDTH	308.72			451.02	
E0373	RR	NONPWR ADVD PRESS REDUCING MATTRSS	374.32			516.62	
E0424	RR	STATION COMPRS GASOUS O2 SYS RENT;	123.75			1773.60	
E0425	NU	STATION COMPRS GAS SYS PURCHASE;	3281.60			177.36	
E0430	NU	PRTBLE GASEOUS O2 SYS PURCHASE;	1486.00			2059.20	
E0431	RR	PRTBLE GASEOUS O2 SYS RENTAL;	22.30			29.67	
E0433	RR	PORTBL LIQ O2 SYS RENT; HOME LIQUIF	42.09				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0434	RR	PRTBLE LIQUID O2 SYS RENTAL;	22.30			29.67	
E0435	NU	PRTBLE LIQUID O2 SYS PURCHASE;	1021.60			1415.70	
E0439	RR	STATION LIQUID O2 SYS RENTAL;	123.75			177.36	
E0440	NU	STATION LIQUID O2 SYS PURCHASE;	2074.40			2874.30	
E0441		STATIONARY O2 CONT GAS 1 MO SPL=1 U	61.34			77.45	
E0442		STATIONARY 02 CONT LQD 1 MO SPL=1 U	61.34			77.45	
E0443		PORTBL O2 CONTENT GAS 1 MO SPL= 1 U	60.10			77.45	
E0444		PORTBL O2 CONTENT LIQ 1 MO SPL=1 U	60.10			77.45	
E0445		OXIMETER MSR BLD O2 LEVL NON-INVASV	BR			BR	
E0446		TOPICAL OXYGEN DELIVERY SYSTEM NOS	BR			BR	
E0455		O2 TENT EXCLD CROUP/PEDIATRIC TENTS	BR			BR	
E0457	NU	CHEST SHELL	566.00			665.34	
E0459	NU	CHEST WRAP	468.80			468.40	
E0462	NU	ROCKING BED W/WO SIDE RAILS	3059.20			3155.00	
E0465	NU	HOME VENT ANY TYPE USED INVASV INTF	10020.40				
E0466	NU	HOME VENT TYPE USED NON-INVASV INTF	10020.40				
E0470	NU	RESP ASST DEVC BI-LEVL PRSS CAPABIL	2037.20			2166.20	
E0471	NU	RESP ASST DEVC BI-LEVL PRSS CAPABIL	5098.00			5400.00	
E0472	NU	RESP ASST DEVC BI-LEVL PRSS CAPABIL	5098.00			5400.00	
E0480	NU	PERCUSSOR ELEC/PNEUMAT HOME MODEL	461.20			404.40	
E0481		INTRAPULM PERCUSS VENT SYS&REL ACSS	BR			BR	
E0482	RR	COUGH STIM DEVC ALTRNAT POS&NEG	383.40			417.22	
E0483	NU	HI FREQ CHST WALL AIR-PULSE GEN EA	11160.80			11510.70	
E0484	NU	OSCILLAT POS EXPIRTORY PRSS NO-ELEC	36.75			39.98	
E0485		ORL DEVC/APPL RDUC UA COLLAPS PRFAB	0.00			0.00	
E0486		ORL DEVC/APPL RDUC UA COLLAPS CSTM	0.00			0.00	
E0487		SPIROMETER ELECTRONIC INCL ACCESS	0.00			BR	
E0500	NU	IPPB MACH BUILT-IN NEBULZ;VALVS;PWR	1152.40			1010.10	
E0550	NU	HUMDIFR EXT SUPLMNTL DUR IPPB TX/O2	526.40			542.80	
E0555	NU	HUMDIFR GLASS/AUTOCLVBL PLSTC BOTTL	7.20			12.10	
E0560	NU	HUMDIFIR SUPLMNTL DUR IPPB TX/O2	145.69			158.54	
E0561	NU	HUMDIFIR NON-HEAT USED W/POS AIRWAY	76.76			99.85	
E0562	NU	HUMDIFIR HEAT USED W/POS ARWAY PRSS	197.33			281.10	
E0565	NU	COMPRS AIR PWR EQP NOT SLF-CONTAIND	562.00			561.50	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0570	RR	NEBULIZER WITH COMPRESSOR	13.04			17.45	
E0572	NU	AROSL COMPRS ADJSTBL PRSS INTERMIT	350.80			371.40	
E0574	NU	US/ELEC AROSL GEN W/SM VOLUME NEB	422.80			392.50	
E0575	NU	NEBULIZER ULTRASONIC LARGE VOLUME	1078.80			945.90	
E0580	NU	NEBULIZR GLASS/AUTOCLVBL PLST BOTTL	113.60			125.09	
E0585	NU	NEBULIZER W/COMPRESSOR AND HEATER	323.20			322.70	
E0600	NU	RESP SUCTN PUMP HOME MODEL ELEC	480.80			421.30	
E0601	NU	CONTINUOUS POS AIRWAY PRESSURE DEVC	886.80			936.80	
E0602	NU	BREAST PUMP MANUAL ANY TYPE	29.37			31.96	
E0603	NU	BREAST PUMP ELECTRIC ANY TYPE	77.60			BR	
E0604	NU	BREAST PUMP HEVY DUTY HOSP GRADE	222.80			BR	
E0605	NU	VAPORIZER ROOM TYPE	26.30			28.62	
E0606	NU	POSTURAL DRAINAGE BOARD	240.80			248.50	
E0607	NU	HOME BLOOD GLUCOSE MONITOR	66.47			72.34	
E0610	NU	PACEMKR MON CHCK BATTRY AUDBL&VISBL	236.66			257.53	
E0615	NU	PACEMKR MON CHCK BATTRY DIGTL/VISBL	476.39			518.42	
E0616		IMPL CARD EVNT REC MEM ACTVTR&PRGMR	BR			BR	
E0617	RR	EXT DEFIB W/INTEGRATED ECG ANALY	302.51			329.19	
E0618	RR	APNEA MONITOR W/O RECORDING FEATURE	278.96			303.55	
E0619	RR	APNEA MONITOR W/RECORDING FEATURE	0.00			0.00	
E0620	NU	SKN PIERC DEVC CLCT CAPLRY BLD LASR	917.60			946.71	
E0621	NU	SLING/SEAT PT LIFT CANVAS/NYLON	84.97			103.93	
E0625		PATIENT LIFT BATHROOM OR TOILET NOC	0.00			BR	
E0627	NU	SEAT LIFT MECH COMB LIFT-CHAIR MECH	291.97			358.07	
E0628	NU	SEP SEAT LIFT MECH PT OWN FURN-ELEC	301.63			358.07	
E0629	NU	SEP SEAT LIFT MECH PT FURN-NONELEC	295.99			358.07	
E0630	NU	PATIENT LIFT HYRAULIC/MECH	938.40			937.60	
E0635	NU	PATIENT LIFT ELECTRIC W/SEAT/SLING	1127.20			1324.80	
E0636	NU	MX PSTN PT SUPP SYS LIFT PT CNTRL	9713.20			11417.90	
E0637	NU	COMB SIT STAND FRAME/TABLE SEATLIFT	1846.40			3013.05	
E0638		STAND FRAME/TABLE SYS 1 POS ANY SZ	BR			BR	
E0639	NU	PT LIFT MOVEABLE DISASSMBL&REASSMBL	1171.20			BR	
E0640	NU	PT LIFT FIX SYS ALL CMPNTS/ACCESS	1171.20			BR	
E0641		STAND FRAME/TABLE SYS MX-POS ANY SZ	BR			BR	
E0642		STAND FRAME/TABLE SYS MOBILE ANY SZ	BR			BR	
E0650	NU	PNEUMAT COMPRS NONSEG HOME MODEL	609.09			662.82	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0651	NU	PNEUMAT COMPRS NO CALBRT GRDNT PRSS	913.78			994.39	
E0652	NU	PNEUMAT COMPRS W/CALBRT GRADNT PRSS	4483.50			4878.97	
E0655	NU	NONSEG PNEUMAT APPLINC HALF ARM	91.28			99.33	
E0656	NU	SEG PNEUMAT APPLINC W/COMPRS TRUNK	606.80			625.49	
E0657	NU	SEG PNEUMAT APPLINC W/COMPRS CHEST	570.00			587.63	
E0660	NU	NONSEG PNEUMAT APPLINC FULL LEG	158.94			172.96	
E0665	NU	NONSEG PNEUMAT APPLINC FULL ARM	115.86			126.08	
E0666	NU	NONSEG PNEUMAT APPLINC HALF LEG	116.79			127.08	
E0667	NU	SEG PNEUMAT APPLINC COMPRS FULL LEG	273.82			297.97	
E0668	NU	SEG PNEUMAT APPLINC COMPRS FULL ARM	373.71			406.67	
E0669	NU	SEG PNEUMAT APPLINC COMPRS HALF LEG	182.39			198.48	
E0670	NU	SEG PNEU APPL P C INT 2 F LEG TRNK	1102.66				
E0671	NU	SEG GRAD PRSS PNUMAT APPLNC FUL LEG	413.26			449.71	
E0672	NU	SEG GRAD PRSS PNUMAT APPLNC FUL ARM	321.09			349.42	
E0673	NU	SEG GRAD PRSS PNUMAT APPLNC HLF LEG	266.81			290.35	
E0675	NU	PNEUMAT COMPRS DEVC HI PRESS RAPID	4036.80			4163.60	
E0676		INTERMITT LIMB COMPRESSION DEVC NOS	24.00			BR	
E0691	NU	UV LIGHT TX BULB/LAMP; TX 2 SQ FT/<	894.06			972.92	
E0692	NU	UV LT TX SYS PANL W/LAMP 4 FT PANEL	1122.70			1221.72	
E0693	NU	UV LT TX SYS PANL W/LAMP 6 FT PANEL	1383.97			1506.04	
E0694	NU	UV MX DIR LT TX SYS 6 FT CABINET	4405.01			4793.56	
E0700		SAFETY EQP DEVICE/ACCESSRY ANY TYPE	BR			BR	
E0705	NU	TRANSFER DEVICE ANY TYPE EACH	48.60			59.68	
E0710		RESTRAINT ANY TYPE	BR			BR	
E0720	NU	TENS DEVICE 2 LEAD LOCALIZED STIM	BR			397.98	
E0730	NU	TENS DEVICE 4/> LEADS MX NERVE STIM	341.20			401.21	
E0731	NU	FORM FIT CONDUCT GARM TENS/NMES	286.63				
E0740	NU	INCONT TX SYS PELV FLR STIM &/TRNER	549.20			566.11	
E0744	NU	NEUROMUSCULAR STIMULATOR SCOLIOSIS	961.20			842.80	
E0745	NU	NEUROMUSC STIM ELEC SHOCK UNIT	939.60			823.80	
E0746		ELECTROMYOGRAPHY BIOFEEDBACK DEVICE	BR			BR	
E0747	NU	OSTOGNS STIM NONINVASV NOT SP APPLC	4111.20			4240.00	
E0748	NU	OSTOGNS STIM NONINVASV SP APPLIC	4084.40			4212.53	
E0749	RR	OSTOGNS STIM ELEC SURGICALLY IMPL	282.93			307.89	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0755		ELEC SALIVARY REFLEX STIMULATOR	BR			BR	
E0760	NU	OSTOGNS STIM LW INTENS US NONINVASV	3394.00			3500.54	
E0761		NON-THRML PULS RADIOWAVE ELECMAGNET	BR			BR	
E0762	NU	TRANSCUT ELEC JOINT STIM DEVC SYS	1154.40			1190.52	
E0764	NU	FUNC NEUROMUSC STIM CMPT SC INJ	11618.00			11982.24	
E0765	NU	FDA APPRVD NRV STIM TX NAUSA&VOMIT	83.71			91.09	
E0766		ELEC STM DVC CA TX ALL ACC ANY TYPE	0.00				
E0769		ESTIM/ELECMAGNET WOUND TX DEVC NOC	BR			BR	
E0770		FES TRANSQ STIM NERV&/MUSC CMPL NOS	BR			BR	
E0776	NU	IV POLE	133.21			155.00	
E0779	RR	AMB INFUS PUMP MECH INFUS 8 HR/>	14.99			16.32	
E0780	NU	AMB INFUS PUMP MECH INFUS < 8 HR	10.27				
E0781	RR	AMB INFUS PUMP 1/MX CHANNL W/ADMIN	223.22			258.63	
E0782	NU	INFUS PUMP IMPL NON-PROGMMABLE	4507.20			4648.55	
E0783	NU	INFUS PUMP SYSTEM IMPL PROGMMABLE	8594.40			8864.11	
E0784	NU	EXTERNAL AMB INFUSION PUMP INSULIN	3846.00			4521.10	
E0785		IMPLANT INTRASPINL CATH PUMP-REPL	496.00			511.59	
E0786	NU	IMPLNT PROGRAM INFUSION PUMP-REPL	8383.60			8646.40	
E0791	NU	PAR INFUS PUMP STAT SINGLE/MXCHANEL	2912.40			2910.10	
E0830		AMB TRACTION DEVICE ALL TYPES EACH	BR			BR	
E0840	NU	TRACTION FRAME HEADBOARD CERV TRACT	72.89			79.33	
E0849	NU	TRAC EQP CERV FREESTND FRME PNEUMAT	541.20			557.94	
E0850	NU	TRACT STAND FREESTAND CERV TRACT	104.52			113.74	
E0855	NU	CERV TRACT EQUIP NOT RQR ADD STAND	527.60			544.20	
E0856	NU	CERVICAL TRAC DEVC INFL AIR BLADDER	161.60			166.77	
E0860	NU	TRACTION EQUIPMENT OVERDOOR CERV	38.34			41.72	
E0870	NU	TRACT FRAME FOOTBOARD EXTREM TRACT	98.37			107.05	
E0880	NU	TRACT STAND FREESTAND EXTREM TRACT	106.17			115.54	
E0890	NU	TRAC FRAME ATTCH FOOTBRD PELV TRAC	101.83			110.81	
E0900	NU	TRACT STAND FREESTAND PELV TRACT	108.36			117.92	
E0910	NU	TRAPEZ BAR PT HLPR ATTCH BED W/GRAB	158.80			164.70	
E0911	RR	TRAPEZ BAR PT WT >250 LBS BED GRAB	39.83			46.51	
E0912	RR	TRAPEZ BAR PT WT >250 LBS FREE STND	88.79			106.83	
E0920	NU	FX FRAME ATTCH BED INCL WEIGHTS	484.40			424.70	
E0930	RR	FX FRAME FREESTANDING INCL WEIGHTS	38.64			42.04	
E0935	RR	CONT PSV MOT EXER DEVC KNEE ONLY	19.23			20.93	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0936		CONT PASS MOTION EXER DEVC NOT KNEE	24.00			BR	
E0940	NU	TRAPEZ BAR FREESTND CMPL W/GRAB BAR	276.00			275.80	
E0941	RR	GRAVITY ASSTD TRAC DEVICE ANY TYPE	36.70			39.94	
E0942	NU	CERVICAL HEAD HARNESS/HALTER	16.79			18.27	
E0944	NU	PELVIC BELT/HARNESS/BOOT	39.03			42.48	
E0945	NU	EXTREMITY BELT/HARNESS	37.49			40.79	
E0946	RR	FX FRAM DUAL CROSS BARS ATTACH BED	50.04			54.45	
E0947	NU	FX FRAME ATTCH CMPLX PELV TRAC	512.89			558.13	
E0948	NU	FX FRAME ATTCH CMPLX CERV TRAC	509.48			554.42	
E0950	NU	WHEELCHAIR ACCESSORY TRAY EACH	78.17			97.01	
E0951	NU	HEEL LOOP/HOLDER ANY TYPE EACH	12.51			15.05	
E0952	NU	TOE LOOP/HOLDER ANY TYPE EACH	14.98			17.57	
E0955	NU	WC ACSS HEADREST CUSHND HARDWARE EA	147.97			188.68	
E0956	NU	WC ACSS LAT TRNK/HIP HARDWARE EA	75.47			91.99	
E0957	NU	WC ACSS MED THI SUPP HARDWARE EA	108.31			128.72	
E0958	NU	MNL WC ACCESS 1-ARM DRIVE ATTCH EA	402.00			426.80	
E0959	NU	MNL WC ACCSS ADAPTER FOR AMPUTEE EA	40.52			46.99	
E0960	NU	WC ACSS SHLDR HRNSS/STRAPS/CHST STR	70.88			84.90	
E0961	NU	MNL WC ACCESS WHL LOCK BRAKE EXT EA	21.36			27.38	
E0966	NU	MNL WC ACCESS HEADREST EXTENSION EA	60.17			65.69	
E0967	NU	MANUAL WC ACCESS HAND RIM W/PROJ EA	62.04			71.11	
E0968	NU	COMMODE SEAT WHEELCHAIR	188.00			194.10	
E0969	NU	NARROWING DEVICE WHEELCHAIR	155.84			169.59	
E0970	NU	NO 2 FOOTPLATES EXCEPT ELEV LEGREST	52.00			68.83	
E0971	NU	MNL WC ACSS ANTI-TIPPING DEVC EA	35.74			46.97	
E0973	NU	WC ACCSS ADJ HT DTACH ARMRST EA	66.62			91.20	
E0974	NU	MNL WC ACCESS ANTI-ROLLBACK DEVC EA	70.79			84.89	
E0978	NU	WC ACSS PSTN/SFTY BELT/PELV STRP EA	29.41			39.85	
E0980	NU	SAFETY VEST WHEELCHAIR	32.42			35.28	
E0981	NU	WC ACSS SEAT UPHLSTER REPL ONLY EA	34.37			37.40	
E0982	NU	WC ACSS BACK UPHLSTER REPL ONLY EA	37.56			40.87	
E0983	NU	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	2624.00			2429.70	
E0984	NU	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	2005.60			2068.62	
E0985	NU	WHEELCHAIR ACCESS SEAT LIFT MECH	192.56			219.63	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0986	NU	MNL WC ACSS PSH-RM ACT PWR ASST SYS	5106.80			5266.60	
E0988	RR	MNL WC ACSS LEVR-ACT WHL DRIVE PAIR	297.84			324.11	
E0990	NU	WC ACCSS ELEV LEG REST CMPL ASSMBL	75.14			93.14	
E0992	NU	MNL WHLCHAIR ACCSS SOLID SEAT INSRT	80.49			101.61	
E0994	NU	ARMREST EACH	14.90			16.22	
E0995	NU	WHEELCHAIR ACCESS CALF REST/PAD EA	22.16			24.11	
E1002	NU	WC ACSS PWR SEATING SYS TILT ONLY	3217.60			3782.46	
E1003	NU	WC ACSS RECLINE ONLY NO SHEAR RDUC	3486.00			4097.96	
E1004	NU	WC ACSS RECLINE W/MECH SHEAR RDUC	3865.20			4543.79	
E1005	NU	WC ACSS RECLINE W/PWR SHEAR RDUC	4184.00			4918.30	
E1006	NU	WC ACSS TILT&RECLINE NO SHEAR RDUC	5124.80			6024.46	
E1007	NU	WC ACSS TILT&RECLIN MECH SHEAR RDUC	6939.20			8157.35	
E1008	NU	WC ACSS TILT&RECLINE PWR SHEAR RDUC	6940.00			8158.09	
E1009	NU	WC ACCSS MECH LINKD LEG ELEV EA	0.00			BR	
E1010	NU	WC ACCSS PWR LEG ELEV SYS PAIR	908.00			1067.38	
E1011	NU	MOD PED SIZE WC WIDTH ADJ PACKAGE	0.00			BR	
E1012	NU	WC ACCESS PWR SEAT SYS CNTR MNT EA	902.00				
E1014	NU	RECLIN BACK ADD PED SIZE WHLCHAIR	383.60			395.35	
E1015	NU	SHOCK ABSORBER MANUAL WHEELCHAIR EA	109.34			124.20	
E1016	NU	SHOCK ABSORBER POWER WHEELCHAIR EA	98.53			122.54	
E1017	NU	HEAVY DUTY SHOCK ABSORBR MNL WC EA	0.00			0.00	
E1018	RR	HEAVY DUTY SHOCK ABSORBR PWR WC EA	0.00			0.00	
E1020	NU	RES LIMB SUP SYS WHEELCHAIR ANY TYP	184.99			227.15	
E1028	NU	WC ACCSS MANL SWINGAWAY OTH CNTRL	149.60			192.74	
E1029	NU	WHEELCHAIR ACCESS VENT TRAY FIX	293.20			344.86	
E1030	NU	WHLCHAIR ACCESS VENT TRAY GIMBALED	925.20			1087.43	
E1031	NU	ROLLABOUT CHAIR W/CASTRS 5 IN/GT	465.20			464.90	
E1035	RR	MX-PSTN PT TRNSF SYS PT </= 300 LBS	583.79			663.93	
E1036	RR	MX-PSTN PT TRNSF SYS PT > 300 LBS	829.57				
E1037	NU	TRANSPORT CHAIR PEDIATRIC SIZE	999.20			1174.60	
E1038	NU	TRNSPRT CHAIR PT WT CAP TO&= 300 LB	166.00			195.10	
E1039	NU	TRNSPRT CHAIR ADLT PT WT CAP>300 LB	314.80			370.20	
E1050	NU	FULL RECLINE WC FIX ARM DETACH LEGS	1069.20			937.20	
E1060	NU	FULL RECLN WHLCHAR;DTACH ARM LEGRST	1323.60			1160.20	
E1070	NU	FULL RECLN WHLCHR;DTACH ARM FOOTRST	1150.00			1008.00	
E1083	NU	HEMI-W/C; FIXED ARM DETACH LEGREST	826.80			724.70	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E1084	NU	HEMI-WHLCHAIR; DTACHBLE ARMS LEGRST	1030.00			902.90	
E1085	NU	HEMI-WHLCHAIR;FIX ARM DTACH FOOTRST	804.80			1063.14	
E1086	NU	HEMI-WHLCHAIR; DTACHBL ARMS FOOTRST	980.40			1294.85	
E1087	NU	HI-STRGTH WHLCHAIR; FIX ARMS LEGRST	1328.40			1164.40	
E1088	NU	HI-STRGTH WHLCHAIR;DTACH ARM LEGRST	1582.80			1387.60	
E1089	NU	HI-STRGTH WHLCHAIR; FIX ARM FOOTRST	1301.20			1718.74	
E1090	NU	HI-STRGTH WHLCHAR;DTACH ARM FOOTRST	1341.60			1771.90	
E1092	NU	WIDE HEVY-DUT WHLCHR; DTACH ARM LEG	1349.20			1361.90	
E1093	NU	WIDE HEVY-DUT WHLCHR;DTACH ARM FOOT	1160.00			1167.50	
E1100	NU	SEMI-RECLN WHLCHR;FIX ARM DTACH LEG	1089.60			955.30	
E1110	NU	SEMI-RECLN WHLCHR; DTACH ARM LEGRST	1067.20			935.50	
E1130	NU	STD WHLCHAIR; FIX ARM DTACH FOOTRST	516.00			681.50	
E1140	NU	WHLCHAIR; DTACHBLE ARMS FOOTRESTS	743.20			981.36	
E1150	NU	WHLCHAIR; DTACHBLE ARMS LEGRESTS	856.40			750.70	
E1160	NU	WHLCHAIR; FIX ARMS DTACHBL LEGRESTS	656.40			575.20	
E1161	NU	MANUAL ADLT SZ WC INCL TILT SPACE	2484.00			2561.81	
E1170	NU	AMP WHLCHAIR; FIX ARM DTACH LEGREST	937.60			822.00	
E1171	NU	AMP WHLCHAIR;FIX ARM NO FOOT/LEGRST	841.60			737.70	
E1172	NU	AMP WHLCHR;DTACH ARM NO FOOT/LEGRST	1028.40			901.50	
E1180	NU	AMP WHLCHAIR; DTACHBL ARMS FOOTRSTS	1064.00			932.60	
E1190	NU	AMP WHLCHAIR; DTACHBL ARMS LEGRESTS	1229.20			1077.50	
E1195	NU	HVY DUT WHLCHR;FIX ARM DTACH LEGRST	1318.80			1156.20	
E1200	NU	AMP WHLCHAIR; FIX ARM DTACH FOOTRST	913.60			800.80	
E1220		WHEELCHAIR; SPCL SIZED/CONSTRUCTED	BR			BR	
E1221	NU	WHEELCHAIR WITH FIXED ARM FOOTRESTS	498.80			514.50	
E1222	NU	WHEELCHAIR W/FIX ARM ELEV LEGRESTS	711.60			734.00	
E1223	NU	WHLCHAIR W/DETACHBLE ARMS FOOTRESTS	777.20			801.40	
E1224	NU	WHLCHAIR W/DTACHBL ARMS ELEV LEGRST	852.00			878.60	
E1225	NU	WC ACCESS MNL SEMIRECLINING BACK EA	416.40			439.00	
E1226	NU	WC ACCESS MNL FULL RECLIN BACK EA	443.27			590.79	
E1227	NU	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	276.10			300.46	
E1228	NU	SPECIAL BACK HEIGHT FOR WHEELCHAIR	294.00			257.90	
E1229		WHEELCHAIR PEDIATRIC SIZE NOS	BR			BR	
E1230	NU	PWR OP VEH SPEC BRAND&MODEL NUMBER	1912.83			2081.56	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E1231	NU	WC PED SZ TILT-IN-SPACE RIGD W/SEAT	0.00			0.00	
E1232	NU	WC PED SZ TILT-IN-SPACE FOLD W/SEAT	2245.20			2315.29	
E1233	NU	WC PED SZ TILT-IN-SPCE RIGD NO SEAT	2326.00			2399.01	
E1234	NU	WC PED SZ TILT-IN-SPCE FOLD NO SEAT	2025.20			2088.51	
E1235	NU	WC PED SZ RIGD ADJUSTBL W/SEAT SYS	1950.00			2011.07	
E1236	NU	WC PED SZ FOLD ADJUSTBL W/SEAT SYS	1720.40			1774.28	
E1237	NU	WC PED SZ RIGD ADJUSTBL NO SEAT SYS	1735.60			1789.78	
E1238	NU	WC PED SZ FOLD ADJUSTBL NO SEAT SYS	1720.40			1774.28	
E1239		POWER WHEELCHAIR PEDIATRIC SIZE NOS	BR			BR	
E1240	NU	LGHTWT WHLCHAIR; DTACH ARMS LEGRSTS	1081.60			948.10	
E1250	NU	LGHTWT WHLCHR;FIX ARM DTACH FOOTRST	794.80			1049.51	
E1260	NU	LGHTWT WHLCHAIR; DTACH ARMS FOOTRST	928.80			1226.70	
E1270	NU	LGHTWT WHLCHR; FIX ARM DTACH LEGRST	828.80			726.60	
E1280	NU	HEVY-DUTY WHLCHR; DTACH ARMS LEGRST	1378.00			1207.90	
E1285	NU	HEVY-DUTY WHLCHR;FIX ARM DTACH FOOT	1197.20			1581.08	
E1290	NU	HEVY-DUTY WHLCHR; DTACH ARM FOOTRST	1238.40			1635.60	
E1295	NU	HEVY-DUTY WHLCHAIR; FIX ARMS LEGRST	1275.20			1117.80	
E1296	NU	SPECIAL WHEELCHAIR SEAT HT FROM FLR	489.18			532.33	
E1297	NU	SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR	104.09			113.26	
E1298	NU	SPCL WHLCHAIR SEAT DPTH&/WDTH CNSTR	421.52			458.70	
E1300		WHIRLPOOL PORTABLE	BR			BR	
E1310	NU	WHIRLPOOL NONPORTABLE	2136.57			2325.03	
E1352		OXYGEN ACC FLW REG CPBL POS INSP PR	BR				
E1353	NU	REGULATOR	0.00			30.67	
E1354		O2 ACCESS CART PRTBLE CYL/CONC REPL	BR			BR	
E1355	NU	STAND/RACK	0.00			23.10	
E1356		O2 ACCESS BTTRY PACK/CRTRDGE REPL	BR			BR	
E1357		O2 ACCESS BATTRY CHARGER REPL EA	BR			BR	
E1358		O2 ACCESS DC POWER ADAPTER REPL EA	BR			BR	
E1372	NU	IMMERSION EXTERNAL HEATER NEBULIZER	137.83			150.03	
E1390	RR	O2 CONC 85%/>02 CONC PRSC FLW RATE	123.75			177.36	
E1391	RR	02 CONC 2 DEL 85%/>02 CONC FLW RATE	123.75			177.36	
E1392	RR	PORTABLE OXYGEN CONCENTRATOR RENTAL	42.09			51.63	
E1399		DME MISCELLANEOUS	BR			BR	
E1405	RR	O2&WATR VAPR ENRICH SYS W/HEAT DEL	153.46			209.63	
E1406	RR	O2&WATR VAPR ENRCH SYS NO HEAT DEL	136.89			194.81	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E1500		CENTRIFUGE FOR DIALYSIS	BR			BR	
E1510		KIDNEY DIALYSAT DEL SYS KIDNEY MACH	0.00			BR	
E1520		HEPARIN INFUSION PUMP HEMODIALYSIS	0.00			BR	
E1530		AIR BUBBLE DETECTR HEMODIAL EA REPL	0.00			BR	
E1540		PRESSURE ALARM HEMODIAL EA REPL	0.00			BR	
E1550		BATH CONDUCTIVITY METER HEMODIAL EA	0.00			BR	
E1560		BLD LEAK DETECTOR HEMODIAL EA REPL	BR			BR	
E1570		ADJUSTABLE CHAIR FOR ESRD PATIENTS	BR			BR	
E1575		TRNSDUCR PRTCTR/BARR HEMODIAL SZ-10	BR			BR	
E1580		UNIPUNCTURE CONTROL SYSTEM HEMODIAL	BR			BR	
E1590		HEMODIALYSIS MACHINE	BR			BR	
E1592		AUTO INTERMIT PERITON DIALYSIS SYS	BR			BR	
E1594		CYCLR DIALYSIS MACH PERITON DIALYS	BR			BR	
E1600		DEL &OR INSTL CHARGES HEMODIAL EQP	0.00			BR	
E1610		RVRS OSMOSIS H2O PURIF SYS HEMODIAL	BR			BR	
E1615		DEIONIZER H2O PURIF SYS HEMODIAL	BR			BR	
E1620		BLOOD PUMP HEMODIALYSIS REPLACEMENT	BR			BR	
E1625		WATER SOFTENING SYSTEM HEMODIALYSIS	BR			BR	
E1630		RECIPROCAT PERITON DIALYSIS SYSTEM	BR			BR	
E1632		WEARABLE ARTIFICIAL KIDNEY EACH	BR			BR	
E1634		PERITONEAL DIALYSIS CLAMPS EACH	BR			BR	
E1635		COMPACT TRAVEL HEMODIALYZER SYSTEM	0.00			BR	
E1636		SORBENT CARTRIDGES HEMODIAL PER 10	0.00			BR	
E1637		HEMOSTATS EACH	BR			BR	
E1639		SCALE EACH	BR			BR	
E1699		DIALYSIS EQUIPMENT NOS	BR			BR	
E1700	NU	JAW MOTION REHABILITATION SYSTEM	362.00			373.36	
E1701		REPL CUSHNS JAW MOT REHAB SYS PKG 6	8.96			9.77	
E1702		REPL MSR SCLS JAW MOT REHAB SYS 200	19.09			20.77	
E1800	RR	DYN ADJUSTABLE ELB EXT/FLX DEVC	103.61			112.74	
E1801	RR	STATIC PROGRESSV STRETCH ELBOW DEVC	115.03			125.17	
E1802	RR	DYN ADJUSTBL FORARM PRON/SUPIN DEVC	325.16			353.84	
E1805	RR	DYN ADJUSTABLE WRIST EXT/FLX DEVC	106.86			116.28	
E1806	RR	STATIC PROGRESSV STRETCH WRIST DEVC	94.40			102.72	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E1810	RR	DYN ADJUSTABLE KNEE EXT/FLX DEVC	105.36			114.66	
E1811	RR	STATIC PROGRESSV STRETCH KNEE DEVC	119.59			130.14	
E1812	NU	DYN KNEE EXT/FLEX DEVC RESIST CNTRL	902.80			931.00	
E1815	RR	DYN ADJ ANK EXT/FLX DVC W/INTF MATL	106.86			116.28	
E1816	RR	STATIC PROGRESSV STRETCH ANKLE DEVC	121.45			132.16	
E1818	RR	STATIC PROGRSV STRETCH FOREARM DEVC	124.01			134.95	
E1820	NU	REPL SFT INTERFCE MATL DYN EXT/FLX	81.33			88.50	
E1821	NU	REPL SFT INTERFCE MATL/CUFF BI-DIR	104.72			113.95	
E1825	RR	DYN ADJUSTABLE FINGER EXT/FLX DEVC	106.86			116.28	
E1830	RR	DYN ADJUSTABLE TOE EXT/FLX DEVC	106.86			116.28	
E1831	NU	STATIC PROGRESSIVE STRETCH TOE DEVC	693.60				
E1840	RR	DYN ADJUST SHLDR FLX/ABDUCT/ROT DVC	333.72			363.16	
E1841	RR	STATIC PROGRS STRETCH SHOULDER DEVC	450.70			490.46	
E1902		CMNCT BD NON-ELEC AUG/ALTERNTV DEVC	0.00			BR	
E2000	RR	GASTR SUCTN PUMP HOME MODEL ELEC	46.20			50.28	
E2100	NU	BLD GLU MON INTEGRT VOICE SYNTHESZR	639.94			696.39	
E2101	NU	BLD GLU MON INTGRT LANCING/BLD SAMP	187.61			204.16	
E2120	RR	PULSE GEN SYS TYMPANIC TX INNR EAR	282.10			306.98	
E2201	NU	MNL WC ACSS SEAT WDTH >/=20 IN &<24	327.85			403.97	
E2202	NU	MNL WC ACSS SEAT WIDTH 24-27 IN	427.46			513.18	
E2203	NU	MNL WC ACSS SEAT DEPTH 20 < 11 IN	422.20			518.68	
E2204	NU	MNL WC ACSS SEAT DEPTH 22-25 IN	715.80			880.69	
E2205	NU	MNL WC HANDRIM W/O PROJ REPL EACH	30.77			35.37	
E2206	NU	MNL WC ACSS WHL LOCK ASSMBL CMPL EA	36.20			44.04	
E2207	NU	WHLCHAIR ACCESS CRUTCH&CANE HLDR EA	41.02			46.93	
E2208	NU	WHEELCHAIR ACCESS CYL TANK CARR EA	85.66			110.85	
E2209	NU	ARM TROUGH W/WO HAND SUPPORT EACH	81.47			100.00	
E2210	NU	WC ACESS BEARINGS ANY TYPE REPL EA	4.96			6.11	
E2211	NU	MNL WC ACESS PNEUMAT PROPULSN TIRE	31.71			37.66	
E2212	NU	MNL WC TUBE PNEUMAT PROPULSION TIRE	5.66			6.36	
E2213	NU	MNL WC INSRT PNEUMAT PROPULSN TIRE	27.69			32.93	
E2214	NU	MNL WC ACCESS PNEUMAT CASTER TIRE	29.27			33.13	
E2215	NU	MNL WC ACSS TUBE PNEUMAT CASTR TIRE	9.17			10.39	
E2216	NU	MNL WC ACSS FOAM FILL PROPULSN TIRE	0.00			0.00	
E2217	NU	MNL WC ACCSS FOAM FILL CASTER TIRE	0.00			0.00	
E2218	NU	MNL WC ACCSS FOAM PROPULSION TIRE	0.00			0.00	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E2219	NU	MNL WC ACSS FOAM CASTER TIRE ANY SZ	35.15			38.51	
E2220	NU	MNL WC ACESS SOLID PROPULSION TIRE	26.70			30.89	
E2221	NU	MNL WHLCHAIR ACSS SOLID CASTER TIRE	24.13			27.66	
E2222	NU	MNL WC SOLID CASTR TIRE INTGR WHL	19.94			22.80	
E2224	NU	MNL WC PROPULSION WHL EXCLD TIRE	84.13			96.24	
E2225	NU	MNL WC CASTR WHL EXCLD TIRE REPL	16.67			18.84	
E2226	NU	MNL WC ACSS CASTR FORK REPL ONLY	35.59			41.09	
E2227	NU	MNL WC GEAR RED DRIVE WHEEL EACH	1964.00			2025.38	
E2228	NU	MNL WC WHL BRAKE SYS&LOCK COMPL EA	894.66			1013.71	
E2230		MNL WHEELCHAIR ACCESS MNL STAND SYS	BR			BR	
E2231	NU	MNL WC ACCESS SOLID SEAT SUPP BASE	138.12			166.39	
E2291		BACK PLANR PED WC FIX ATTCH HARDWRE	BR			BR	
E2292		SEAT PLANR PED WC FIX ATTCH HARDWRE	BR			BR	
E2293		BACK CONTRD PED WC ATTCH HARDWARE	BR			BR	
E2294		SEAT CONTRD PED WC ATTCH HARDWARE	BR			BR	
E2295		MNL WC ACCESS PED SIZE WC SEAT FRME	BR			BR	
E2300		WC ACC PWR SEAT ELEV SYS ANY TYPE	BR			BR	
E2301		WHEELCHAIR ACC PWR STND SYS ANY TYP	BR			BR	
E2310	NU	PWR WC ACSS ELEC CNCT BETWN WC CNTR	929.20			1092.07	
E2311	NU	PWR WC ACSS ELEC CNCT BETWN WC CNTR	1880.80			2210.95	
E2312	NU	POWER WC HAND/CHIN CONTRL INTERFACE	2117.20			2183.53	
E2313	NU	POWER AC HARNESS UPGRD EXP CONTRLLR	336.40			346.74	
E2321	NU	PWR WC ACSS HND CNTRL NO PRPRTNL	1261.60			1720.56	
E2322	NU	PWR WC ACSS MX MECH SWTCH NOPRPRTNL	1119.60			1527.03	
E2323	NU	PWR WC ACSS SPCLTY JOYSTCK HND PRFB	57.92			74.88	
E2324	NU	PWR WC ACSS CHIN CUP CHIN CNTRL INT	37.45			47.44	
E2325	NU	PWR WC ACSS SIP&PUFF NONPRPRTNAL	1069.20			1458.24	
E2326	NU	PWR WC ACSS BREATH TUBE KIT SIP&PUF	275.60			375.86	
E2327	NU	PWR WC ACSS HEAD CNTRL MECH PRPRTNL	2074.00			2828.48	
E2328	NU	PWR WC ACSS HEAD/EXT ELEC PRPRTNL	3934.00			5365.22	
E2329	NU	PWR WC ACSS CNTC SWTCH NOPRPRTNL	1402.00			1912.23	
E2330	NU	PWR WC ACCSS PROX SWTCH NOPROPRTNL	2716.80			3705.16	
E2331		PWR WC ACSS ATDANT CNTRL PROPRTNAL	BR			BR	
E2340	NU	POWER WC NONSTAND SEAT WD 20-23 IN	356.55			388.00	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E2341	NU	PWR WC ACSS NONSTD SEAT W 24-27 IN	534.87			582.05	
E2342	NU	PWR WC NONSTD SEAT DEPTH 20/21 IN	445.73			485.04	
E2343	NU	PWR WC NONSTD SEAT DEPTH 22-25 IN	713.17			776.07	
E2351	NU	PWR WC ACSS ELEC OP SPCH GEN DEVC	593.49			756.42	
E2358		PWR WC GRP 34 NONSEALED LA BATT EA	BR			BR	
E2359	NU	PWR WC GRP 34 SEALED LA BATT EA	163.40			188.54	
E2360	NU	PWR WC ACSS 22 NF NON-SEALED BATTRY	90.83			103.39	
E2361	NU	PWR WC ACSS 22NF SEALED LEAD BATTRY	106.04			151.00	
E2362	NU	PWR WC ACSS GRP 24 NON-SEALED BATT	85.41			99.59	
E2363	NU	PWR WC ACSS GRP 24 SEALED BATTRY	138.37			201.38	
E2364	NU	PWR WC ACSS U-1 NON-SEALED BATTRY	89.33			103.39	
E2365	NU	PWR WC ACSS U-1 SEALED BATTRY	80.73			121.44	
E2366	NU	PWR WC ACSS BATTRY CHARGER 1 MODE	182.31			285.43	
E2367	NU	PWR WC ACSS BATTRY CHARGER DUL MODE	313.61			453.74	
E2368	NU	PWR WC CMPNT DR WHEEL MTR REPL ONLY	386.98			559.30	
E2369	NU	PWR WC CMPNNT DR WHL GR BX RPL ONLY	340.70			487.17	
E2370	NU	P WC CMP INT DR WHL MTR&GB CMB RPL	580.82			869.25	
E2371	NU	PWR WC GRP 27 SEALED LEAD ACID BATT	119.92			163.21	
E2372	NU	PWR WC GRP 27 NONSEAL LED ACID BATT	0.00			0.00	
E2373	NU	PWR WC MINI COMPACT REMOTE JOYSTICK	738.00			761.13	
E2374	NU	PWR WC STANDRD REMOTE JOYSTICK REPL	424.00			578.19	
E2375	NU	PWR WC NONEXPANDBLE CONTROLLER REPL	672.57			927.41	
E2376	NU	PWR WC EXPANDABLE CONTROLLER REPL	1065.60			1453.29	
E2377	NU	PWR WC EXPANDBL CONTROLLER UPGRADE	385.60			525.89	
E2378	NU	POWER WC CMPNT ACTUATOR REPL ONLY	0.00			0.00	
E2381	NU	PWR WC PNEUMATIC WHEEL TIRE REPL EA	57.22			82.48	
E2382	NU	PWR WC TUBE WHEEL TIRE REPL EA	16.49			22.49	
E2383	NU	PWR WC INSERT WHEEL TIRE REPL EA	114.42			164.44	
E2384	NU	PWR WC PNEUMATIC CASTR TIRE REPL EA	60.37			87.62	
E2385	NU	PWR WC TUBE CASTER TIRE REPL EA	39.43			53.61	
E2386	NU	PWR WC FOAM FILL WHEEL TIRE REPL EA	110.87			162.96	
E2387	NU	PWR WC FOAM FILL CASTR TIRE REPL EA	49.64			73.07	
E2388	NU	PWR WC FOAM WHEEL TIRE REPL ONLY EA	41.41			54.56	
E2389	NU	PWR WC FORM CASTER TIRE REPL EACH	22.81			29.63	
E2390	NU	PWR WC SOLID WHEEL TIRE REPL EACH	35.49			46.34	
E2391	NU	PWR WC SOLID CASTER TIRE REPL EACH	15.68			22.21	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E2392	NU	PWR WC S CASTR TIRE INTEGRT REPL EA	39.85			58.33	
E2394	NU	PWR WC DRIVE WHEEL EXCL TIRE REPL	57.68			83.10	
E2395	NU	PWR WC CASTER WHEEL EXCL TIRE REPL	41.18			59.06	
E2396	NU	PWR WC CASTER FORK REPL ONLY EACH	49.06			72.01	
E2397	NU	POWER WC LITHIUM BASED BATTERY EACH	399.23			448.40	
E2402	RR	NEG PRSS WND TX PUMP STATN/PRTBL	1114.59			1601.80	
E2500	NU	SPEECH GEN DEV DIGTIZD</=8 MINS REC	389.07			423.40	
E2502	NU	SPCH GEN DEVC DGTZD>8<= 20 MINS REC	1189.76			1294.71	
E2504	NU	SPCH GEN DEVC DGTZD>20</=40 MIN REC	1569.46			1707.89	
E2506	NU	SPCH GEN DEVC DIGTIZD>40 MINS REC	2301.30			2504.29	
E2508	NU	SPCH GEN DEVC SYNTHSIZD REQ MESS	3558.56			3872.45	
E2510	NU	SPCH GEN DVC SYNTHSIZD MX METH MESS	6734.12			7328.10	
E2511	NU	SPEECH GENERATING SOFTWARE PROGRAM	0.00			BR	
E2512	NU	ACSS SPCH GEN DEVICE MOUNTING SYS	0.00			BR	
E2599		ACCESS SPEECH GENERATING DEVICE NOC	BR			BR	
E2601	NU	GEN WC SEAT CUSHN WIDTH < 22 DEPTH	44.43			66.23	
E2602	NU	GEN WC SEAT CSHN WDTH 22 IN/GT DPTH	88.27			129.28	
E2603	NU	SKN PROTCT WC SEAT WDTH<22IN DPTH	111.33			164.13	
E2604	NU	SKN PROTECT WC SEAT WDTH 22 IN/GT	144.46			203.99	
E2605	NU	PSTN WC SEAT CUSHN WIDTH < 22 DEPTH	202.84			291.44	
E2606	NU	PSTN WC SEAT CSHN WDTH 22IN/GT DPTH	318.70			454.67	
E2607	NU	SKN PROTCT&PSTN WC SEAT WDTH <22IN	215.78			313.83	
E2608	NU	SKN PROTCT&PSTN WC SEAT WDTH 22IN/>	261.77			376.87	
E2609		CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE	BR			BR	
E2610		WHEELCHAIR SEAT CUSHION POWERED	BR			BR	
E2611	NU	GEN WC BACK CUSHN WIDTH < 22 IN HT	212.66			338.18	
E2612	NU	GEN WC BACK CUSHN WIDTH 22 IN/GT HT	314.15			457.50	
E2613	NU	PSTN WC BACK CUSHN POST WDTH <22 IN	300.02			425.55	
E2614	NU	PSTN WC BACK CUSHN POST WD 22 IN/>	413.59			588.92	
E2615	NU	PSTN WC BACK CUSHN POSTLAT WD<22 IN	348.73			489.75	
E2616	NU	PSTN WC BACK CUSH POSTLAT WD 22IN/>	459.68			658.92	
E2617		CSTM FAB WC BACK CUSHION ANY SIZE	BR			BR	
E2619	NU	REPL COVER WC SEAT/BACK CUSHN EA	42.40			55.57	
E2620	NU	PSTN WC BACK CUSHN PLANAR WD <22 IN	405.79			593.01	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E2621	NU	PSTN WC BACK CUSHN PLANAR WD 22IN/>	434.11			622.31	
E2622	NU	SKIN PROTECT WC CUSH WIDTH <22 IN	271.50			358.88	
E2623	NU	SKIN PROTECT WC CUSH WIDTH 22 IN/>	344.45			456.67	
E2624	NU	SKIN PROTCT&POSITION WC CUSH WD <22	274.76			361.83	
E2625	NU	SKIN PROTCT&POSITION WC CUSH W 22/>	344.11			458.06	
E2626	NU	WC SHLDR ELB MOBL ARM SUPP ADJUSTBL	586.36			672.50	
E2627	NU	WC SHLDR ELB M SUPP ADJUSTBL RANCHO	838.21			912.14	
E2628	NU	WC SHLDR ELB MOBIL SUPP RECLINING	697.58			808.41	
E2629	NU	WC SHLDR ELB M SUPP FRICTN ARM SUPP	901.07			1023.02	
E2630	NU	WC SHLDR ELB M SUP MONOSUSP ARM HND	615.80			715.40	
E2631	NU	WC ADD MOBIL ARM SUPP ELEV PROX ARM	223.52			243.24	
E2632	NU	WC ADD MOBL SUP OFFSET/LAT RCKR ARM	150.31			167.15	
E2633	NU	WC ACSS ADD MOBIL ARM SUPP SUPINATR	120.56			131.19	
E8000		GAIT TRAINER PED SZ POST SUPP	BR			BR	
E8001		GAIT TRAINER PED SZ UPRIGHT SUPP	BR			BR	
E8002		GAIT TRAINER PED SZ ANT SUPP	BR			BR	
G0008		ADMINISTRATION INFLUENZA VIRUS VACC	29.18	43.96		20.10	34.85
G0009		ADMINISTRATION PNEUMOCOCCAL VACC	29.18	43.96		10.29	34.85
G0010		ADMINISTRATION HEPATITIS B VACCINE	29.18	60.26		10.29	34.85
G0027		SEMEN ANALY; PRES/MOT EXCLD HUHNER	10.28			30.31	
G0101		CERV/VAG CANCR SCR;PELV&CLN BRST EX	44.39	77.49		55.30	73.23
G0102		PROS CANCER SCR; DIGTL RECTAL EXAM	22.61			BR	
G0103		PROSTATE CANCER SCREENING; PSA TEST	28.77			64.30	
G0104		COLOREC CANCER SCREENING; FLEXSIG	194.81	701.36		182.61	535.5
G0105		COLOREC CANCR SCR; COLNSCPY HI RISK	442.24	1072.09		664.86	789.24
G0106		COLOREC CANCR SCR; SIGMOIDSCOPY	245.37	500.91		272.63	237.65
G0108		DM OP SLF-MGMT TRN SRVC IND-30 MIN	61.24			BR	
G0109		DM SLF-MGMT TRN SRVC GRP-30 MIN	16.44			BR	
G0117		GLAUC SCR HI RISK BY OPT/OPHTHLGIST	62.88	43.46		BR	95.55
G0118		GLAUC SCR HI RISK UND DIR SUP DR	51.38	43.46		BR	62.45
G0120		COLOREC CANCR SCR;COLNSCPY BA ENEMA	247.42	500.91		272.63	237.65
G0121		COLOREC CNCR SCR;COLNSCPY NO HI RSK	442.65	1072.09		664.86	789.24
G0122		COLOREC CANCER SCREENING; BA ENEMA	310.31			272.63	
G0123		SCR CERV/VAG THIN LAY W/PHYS SUP	31.65			21.47	
G0124		SCR CERV/VAG THIN LAY PHYS INTERP	37.81			5.47	
G0127		TRIM DYSTROPHIC NAILS ANY NUMBER	26.72	79.66		25.72	36.63

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G0128		DIR SKLED SERV RN OP REHAB EA 10MIN	9.04			BR	
G0129		OCCUP TX REQ QUAL TRPST PER SESSION	BR			BR	
G0130		SEXA BN DNSITY STDY 1/>; APPNDICULR	39.46	86.59		BR	91.38
G0141		SCR CERV/VAG MNL RSCR PHYS INTERP	37.81			BR	
G0143		SCR CERV/VAG MNL SCR/RSCR UND PHYS	31.65			29.89	
G0144		SCR CERV/VAG SCR AUTO UND PHYS	33.29			28.63	
G0145		SCR CERV/VAG AUTO&MNL RSCR PHYS	41.51			31.15	
G0147		SCR SMEARS CERV/VAG AUTO UND PHYS	17.67			28.63	
G0148		SCR SMEARS CERV/VAG MNL RESCR	23.84			29.89	
G0151		SRVC PT HOM HLTH/HOSPICE EA 15 MIN	SEE RULE			BR	
G0152		SRVC OT HOM HLTH/HOSPICE EA 15 MIN	SEE RULE			BR	
G0153		SRVC SPCH&LANG PATH HH/HOSPIC EA 15	SEE RULE			BR	
G0155		SRVC CLINICAL SW HH/HOSPICE EA 15	SEE RULE			BR	
G0156		SRVC HH/HOSPICE AIDE EA 15 MIN	SEE RULE			BR	
G0157		SRVC PT ASSIST HH/HOSPICE EA 15 MIN	BR			BR	
G0158		SRVC OT ASSIST HH/HOSPICE EA 15 MIN	BR			BR	
G0159		SRVC PT HH EST/DEL PT MP EA 15 MINS	BR			BR	
G0160		SRVC OT HH EST/DEL OT MP EA 15 MIN	BR			BR	
G0161		SRVC SLP HH EST/DEL SLP TX MP 15 MN	BR			BR	
G0162		SKILLED SRVC RN M&E POC; EA 15 MINS	SEE RULE			BR	
G0163		SKL SRVC LPN/RN OBS&ASSESS 15 MIN	BR			BR	
G0164		SKL SRVC NRS TRN&/ED HH/HSPC 15 MIN	BR			BR	
G0166		EXT COUNTERPULSATION-TX SESSION	159.88	129.85		BR	128.35
G0168		WOUND CLOS UTIL TISSUE ADHES ONLY	119.19			BR	
G0175		SCHED INTRDISCIPLN TEAM CONF PT PRS	BR	684.61		BR	226.78
G0176		ACTV TX PTS DISABL MENTL HLTH-SESS	BR			BR	
G0177		TRN&ED PTS DISABL MENTL HLTH-SESS	BR			BR	
G0179		PHYS RE-CERT MCR-COVR HOM HLTH SRVC	47.68			BR	
G0180		PHYS CERT MCR-COVR HOM HLTH SRVC	62.06			BR	
G0181		PHYS SUPV PT RECV MCR-COVR HOM HLTH	124.94			BR	
G0182		PHYS SUPV PT UND MCR-APPRVD HOSPICE	125.36			BR	
G0186		DESTRUC LES CHOROID; PHOTOCOAG FEDR	BR	627.2		BR	537.18
G0202		SCR MAMMO PRODUC DIR DIGTL IMAG BIL	154.95			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G0204		DX MAMMO PRODUC DIR 2D DIG IMAG BIL	189.47			BR	
G0206		DX MAMMO PRODUC DIR 2D DIG IMAG UNI	148.78			BR	
G0219		PET BDY; MELANOMA NON-COVR INDICAT	BR			BR	
G0235		PET IMAGING ANY SITE NOS	BR			BR	
G0237		MUSCLES FACE FACE 1 ON 1 EA 15 MIN	11.51	129.85		BR	45.26
G0238		TX PROC IMPRV RESP NOT G0237 15 MIN	12.33	79.66		BR	45.26
G0239		TX PROC IMPRV RESP FUNCT 2/> IND	15.21	43.46		BR	45.26
G0245		INIT PHYS E&M DIABETIC PT W/LOPS	76.45	145.45		BR	73.23
G0246		F/U EVAL DIABETIC PT W/LOPS	44.39	145.45		BR	73.23
G0247		ROUTINE FT CARE PHYS DIAB PT W/LOPS	84.26	167.81		BR	92.29
G0248		DEMONSTRATION HOME INR MONITOR	129.05	145.45		BR	165.76
G0249		PRVS TST MATL&EQUIP HM INR MON;Q WK	129.05	145.45		BR	165.76
G0250		PHYS REV INTEPR HOME INR MON; Q WK	10.69			BR	
G0252		PET IMAG DX BREST CA&/SURG PLAN	86.72			BR	
G0255		CPT/SNCT PER LIMB ANY NERVE	BR			BR	
G0257		UNSCHD/EMRG DIALYS HOS OP NOT CERT	BR	778.58		BR	640.29
G0259		INJECTION PROC SI JNT; ARTHROGRAPY	BR			BR	
G0260		INJ SI JNT; ANES &/TX AGT &ARTHROG	BR	833.41		BR	729.86
G0268		REMV IMP CERUMN SAME DATE FUNCT TST	62.47			BR	
G0269		PLCMT OCCL DEVC POST SURG/INTRVNAL	BR			BR	
G0270		MED NUT TX; REASSESS W/PT EA 15 MIN	34.94			BR	
G0271		MED NUT TX REASSESS GRP EA 30 MIN	18.50			BR	
G0276		PILD/PLACEBO CONTROL CLIN TR	0.00	7077.28			
G0277		HPO UND PRSS FULL B CHMBR PER 30 MN	51.79	153.41			
G0278		ILIAC&/FEM ART ANGIO TIME CARD CATH	16.44			BR	
G0279		DX DIGTL BRST TOMOSYNTHESIS UNI/BIL	64.12				
G0281		E-STIM 1/> CHRN STAGE III&IV ULCRS	16.03			BR	
G0282		E-STIM 1/> AREAS WND CARE NOT G0281	BR	60.27		BR	
G0283		E-STIM 1/>NOT WND CARE PART TX PLAN	16.03			BR	
G0288		RECON CT ANGIO AORTA PLAN VASC SURG	42.33			BR	
G0289		SCPE KNEE REMV FB TM SURG DIFF COMP	103.57			BR	
G0293		NONCOVR SURG SEDAT ANES-MCR QUAL	BR	43.46		BR	64.04
G0294		NONCOVR PROC NO ANES/LOC-MCR QUAL	BR	43.46		BR	64.04
G0295		ELECMAGNET TX 1/>AREA NOT G0329/OTH	BR			BR	
G0296		CNSL VST DISCUSS LDCT LW DS CT SCAN	32.88	99.19			
G0297		LOW DOSE CT SCAN FOR LUNG CANCR SCR	292.63	160.21			

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G0299		DIR SNS RN HH/HOSPICE SET EA 15 MIN	0.00				
G0300		DIR SNS LPN HH/HOSPCE SET EA 15 MIN	0.00				
G0302		PRE-OP PULM SURG SRVC PREP LVRS CMP	BR	1219.75		BR	1039.98
G0303		PRE-OP PULM SURG PREP LVRS 10-15 DA	BR	184.79		BR	1039.98
G0304		PRE-OP PULM SURG PREP LVRS 1-9 DA	BR	1219.75		BR	222.68
G0305		POST-D/C PULM SURG SRVC AFTER LVRS	BR	1219.75		BR	222.68
G0306		CMPL CBC AUTO&AUTO WBC DIFF COUNT	12.33			BR	
G0307		COMPLETE CBC AUTOMATED	10.28			BR	
G0328		COLOREC CA SCR; FOB TST IMMUNO 1-3	25.07			BR	
G0329		EM TX ULCERS NOT HEALING 30 DA CARE	11.10			BR	
G0333		PHRM DISPN FEE INHL RX;1ST 30-DAY	BR			BR	
G0337		HOSPICE EVAL&CNSL SRVC PREELECTION	83.84			BR	
G0339		IMAGE GUID ROBOT ACCL SRS TX 1 SESS	BR			BR	4258.11
G0340		IMAGE GUID ROB SRS FRAC TX 2-5 SESS	BR			BR	3037.89
G0341		PERQ ISLET CELL TPLNT PV CATH&INFUS	2686.30			BR	
G0342		LAP ISLET CELL TPLNT PV CATH&INFUS	828.99			BR	
G0343		LAPROT ISLET CELL TPLNT PV CATH&INF	1471.79			BR	
G0364		BN MARROW ASPIR PRFRM BX SAME INCI	14.39			BR	64.04
G0365		VESSEL MAPPING HEMODIALYSIS ACSS	233.04	218.73		BR	199.63
G0372		PHYS EST & DOC NEED PWR MOBIL DEVC	10.28			BR	
G0378		HOSPITAL OBSERVATN SERVICE PER HOUR	BR			BR	
G0379		DIRECT ADMISSION PT HOSP OBS CARE	BR			BR	226.78
G0380		LEVEL 1 HOSP ED VISIT TYPE B ED;	BR			BR	87.44
G0381		LEVEL 2 HOSP ED VISIT TYPE B ED;	BR			BR	69.82
G0382		LEVEL 3 HOSP ED VISIT TYPE B ED;	BR			BR	115.97
G0383		LEVEL 4 HOSP ED VISIT TYPE B ED;	BR			BR	175.84
G0384		LEVEL 5 HOSP ED VISIT TYPE B ED;	BR			BR	267.44
G0389		US B-SCAN &/ REAL TIME DOC; AAA SCR	134.40	131.12		BR	128.14
G0390		TRAUMA RESPONSE TEAM W/HOSP CC SERV	BR	1212.57		BR	1179.74
G0396		ALC &/ SUBSTNC ABUSE ASSESS 15-30 M	41.51	99.19		BR	57.87
G0397		ALC &/ SUBSTNC ABUSE ASSESS >30 MIN	82.61	178.08		BR	57.87
G0398		HST W/TYPE II PRTBLE MON MIN 7 CH	BR	184.79		BR	222.68
G0399		HST TYPE III PRTBLE MON MIN 4 CH	BR	184.79		BR	222.68
G0400		HST TYPE IV PRTBLE MON MIN 3 CH	BR	184.79		BR	222.68

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G0402		INIT PREV PE LTD DUR 1ST 12 MOS MCR	192.35	145.45		BR	125.08
G0403		ECG RTN ECG 12 LEADS 1ST PREV PE	19.73			BR	
G0404		ECG RTN ECG W/12 LEADS TRACING ONLY	9.86	18.08		BR	34.41
G0405		ECG RTN ECG W/12 LEADS I&R ONLY	9.86			BR	
G0406		FU IP CNSLT LTD 15 MIN VIA TELEHLTH	45.21			BR	
G0407		FU IP CNSLT INTRMD 25 MIN TELEHLTH	82.61			BR	
G0408		FU IP CNSLT CMPLX 35 MIN/>TELEHLTH	118.78			BR	
G0409		SW & PSYCH SRVC EA 15 MIN F/F IND	13.97			BR	
G0410		GRP PSYCH NOT FAM PAR HOS 45-50 MIN	BR			BR	
G0411		INTRACTV GRP PSYCH PAR HOS 45-50 MN	BR			BR	
G0412		OPN TX ILIAC SPINE/ILIAC WING FX	848.30			BR	
G0413		PERQ SKEL FIX POST PELV BONE FX	1265.47	2072.6		BR	2975.93
G0414		OPN TX ANT PELV BONE FX &/ DISLOC	1147.51			BR	
G0415		OPN TX POST PELV BONE FX &/ DISLOC	1624.68			BR	
G0416		SURG PATH PROS NEEDLE BX ANY METHOD	613.21	298.26		BR	202.61
G0420		F/F EDU SRVC CKD; IND PER SESS 1 HR	126.59			BR	
G0421		F/F EDU SRVC CKD; GRP PER SESS 1 HR	29.18			BR	
G0422		INTENS CARD REHAB; W/WO ECG W/EXER	118.78	148.01		BR	103.1
G0423		INTENS CARD REHAB; W/WO ECG W/O EX	118.78	148.01		BR	103.1
G0424		PULM REHAB EXER 1 HR SESS 2 PER DAY	34.52	79.66		BR	50.71
G0425		TELEHEALTH CONSULT ED/IP 30 MIN PT	115.08			BR	
G0426		TELEHEALTH CONSULT ED/IP 50 MIN PT	156.59			BR	
G0427		TELEHEALTH CONSULT ED/IP 70 MIN/>PT	233.04			BR	
G0428		COLL MENISC IMPL FIL MENISCAL DEFEC	BR			BR	
G0429		DERMAL FILLER INJ TREATMENT LDS	114.67			BR	
G0432		INF AB EIA TECH HIV-1 &/OR HIV-2	21.37			37.71	
G0433		INF AB ELISA TECH HIV-1 &/OR HIV-2	21.37			37.71	
G0435		INF AGT ANTIG DETECT RPD AB TST OMT	18.91			37.71	
G0436		SMOK TOB CESS CNSL; INTRMD 3-10 MIN	16.85	38.62		BR	28.84
G0437		SMOKING & TOB CESS CNSL INT >10 MIN	32.06	99.19		BR	57.87
G0438		ANNUAL WELLNES VST; PERSNL PPS INIT	198.10			BR	
G0439		ANNUAL WELLNESS VST; PPS SUBSQT VST	134.40			BR	
G0442		ANNUAL ALCOHOL MISUSE SCREEN 15 MIN	20.96	99.19		BR	57.87
G0443		BRF F/F BHVR CNSL ALC MISUSE 15 MIN	30.00	99.19		BR	57.87
G0444		ANNUAL DEPRESSION SCREENING 15 MIN	20.96	38.62		BR	57.87
G0445		SA HI INTENS CNSL PREV STI IND EDU	31.24	38.62		BR	57.87

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G0446		ANN F2F INT BEHV TX CV DZ IND 15 MN	30.00	38.62		BR	57.87
G0447		FCE-FCE BEHAVRL CNSL OBESITY 15 MIN	30.00	99.19		BR	57.87
G0448		INS/RPL PRM CV-DFIB TV LEADS PACE E	BR			BR	
G0451		DVLPMNT TEST I&R STANDRD INSTR FORM	10.28	99.19		BR	57.87
G0452		MOLECULAR PATH PROC;PHYS INTEPR REP	21.37			BR	
G0453		C IO NEUROPHYS MON OUTSD OR EA 15 M	38.22			BR	
G0454		PHYS DOC F2F DME DET PRF NP PA/CNS	10.69			BR	
G0455		PREP IT FEC MICROBIOTA ASMT D SPEC	149.60	129.85		BR	64.04
G0458		LDR PROSTATE BT SERVICE COMPOS RATE	BR			BR	
G0459		INPATIENT TELEHEALTH PHARMACOL MGMT	47.68			BR	
G0460		AUTOLOGOUS PLATELET-RICH PLASMA	BR	2009.86			
G0463		HOS OP CLIN VISIT ASSESS & MGMT PT	0.00				
G0464		CC SCR; STL-BASED DNA & F OCCLT HGB	0.00				
G0466		FQHC VISIT NEW PATIENT	0.00				
G0467		FQHC VISIT ESTABLISHED PATIENT	0.00				
G0468		FQHC VISIT IPPE/AWV	0.00				
G0469		FQHC VISIT MENTAL HEALTH NEW PT	0.00				
G0470		FQHC VISIT MENTAL HEALTH ESTAB PT	0.00				
G0471		COLL V BLD VP/URN SMP CATH IND SNF	0.00				
G0472		HEP C ABO SC IND HI RSK&OTH COV IND	22.19				
G0473		FTF BEHAV CNSL OBESITY GRP 30 MIN	14.39	99.19			
G0475		HIV ANTIGEN/ANTIBODY COMB ASSAY SCR	BR				
G0476		INF AGT DTCT DNA/RNA; HPV ADD PAP T	BR				
G0477		DR TST PRESUMP;READ DC OPT OBV ONLY	0.00				
G0478		DR TST PRESUMP;INSTR-AST DC OPT OBV	0.00				
G0479		DR TST PRESUMP;INSTR CHEMISTRY ANLZ	0.00				
G0480		DR TST DEFIN DR ID M P D 1-7 DR CL	0.00				
G0481		DR TST DEFIN DR ID M P D 8-14 DR CL	0.00				
G0482		DR TST DEFN DR ID M P D 15-21 DR CL	0.00				
G0483		DR TST DEFIN DR ID M P D 22/M DR CL	247.01				
G0913		IMPRV VF ACHV IN 90 DA FLW CAT SURG	BR			BR	
G0914		PT CARE SURVEY WAS NOT COMPLETED PT	BR			BR	
G0915		IMPRV VF NOT IN 90 DA FLW CAT SURG	BR			BR	
G0916		SATISFACTN CARE IN 90 D FLW CAT SRG	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G0917		PT SATISFACTION SURVEY NOT CMPL PT	BR			BR	
G0918		SATISFCTN CARE NOT 90 D FLW CAT SRG	BR			BR	
G3001		ADMIN AND SUPPLY TOSITUMOMAB 450MG	BR	2807.98		BR	2531.79
G6001		U/S GUID PLCMT RADIATION TX FIELDS	BR				
G6002		STEREO X-R GUID LOC TRG VOL DEL RT	BR				
G6003		RT D 2 TX AR PT/PL OPP PT:TO 5 MEV	BR				
G6004		RT D 1 TX AR PT/PL OPP PT: 6-10 MEV	BR				
G6005		RT D 1 TX AR PT/PL OPP PT:11-19 MEV	BR				
G6006		RT D 1 TX AR PT/PL OPP PT:20 MEV/>	BR				
G6007		RT DEL 2 SEP 3/>PT 1 TX AR:TO 5 MEV	BR				
G6008		RT DEL 2 SEP AR 3/>PT 1 AR:6-10 MEV	BR				
G6009		RT DEL 2 S AR 3/>PT 1 AR:11-19 MEV	BR				
G6010		RT DEL 2 SEP AR 3/>PT 1 AR:20 MEV/>	BR				
G6011		RT D 3/> S TX AR CSTM BLK;TO 5 MEV	BR				
G6012		RT D 3/> S TX AR CSTM BLK;6-10 MEV	BR				
G6013		RT D 3/> S TX AR CSTM BLK;11-19 MEV	BR				
G6014		RT D 3/> S TX AR CSTM BLK;20 MEV/>	BR				
G6015		INTENS MOD TX DEL 1/MX FLDS TX SESS	BR				
G6016		CMP-B BM MD TX DEL I PLND TX P TX S	BR				
G6017		INTRA-F LOC&TRCK TRGT/PT M EA F TX	0.00				
G8395		LVEF >=40% OR NORMAL/MILD DEPR LVS	BR			BR	
G8396		LVEF NOT PERFORMED OR DOCUMENTED	BR			BR	
G8397		DILATED MACULAR/FUNDUS EXAM PERFORM	BR			BR	
G8398		DILAT MACULAR/FUNDUS EXAM NOT PRFRM	BR			BR	
G8399		PT DOC RSLT CENTRAL DXA EVER PERF	BR			BR	
G8400		PT W/CNTRL DXA RSLTS NOT DOCUMENTED	BR			BR	
G8401		CLINICIAN DOC PT NOT ELIG CAND SCR	BR			BR	
G8404		LOWER EXTREM NEURO EXAM PERFORM&DOC	BR			BR	
G8405		LOWER EXTREM NEURO EXAM NOT PRFRM	BR			BR	
G8410		FOOTWEAR EVAL PERFORMED AND DOC	BR			BR	
G8415		FOOTWEAR EVAL WAS NOT PERFORMED	BR			BR	
G8416		CLIN DOC PT NOT ELIG FOOTWEAR EVAL	BR			BR	
G8417		BMI DOC ABV NML PARAM & F/U PLN DOC	BR			BR	
G8418		BMI DOC BLW NML PARAM & F/U PLN DOC	BR			BR	
G8419		BMI DOC OUT NL PARM NO F/U DOC NO R	BR			BR	
G8420		BMI DOC NML PARAM & NO F/U PLAN RQR	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8421		BMI NOT DOCUMENTED & NO REASON GVN	BR			BR	
G8422		BMI NOT DOC DOC PT NOT ELG BMI CALC	BR			BR	
G8427		ELIG PROF DOC MR UPDTD/REV PT MEDS	BR			BR	
G8428		CUR MEDS NOT DOC UPDTD/REV PROF RNG	BR			BR	
G8430		ELIG PROF DOC PT NOT ELIG MEDS REV	BR			BR	
G8431		SCR CLIN DEPR DOC POS & F/U PLN DOC	BR			BR	
G8432		CLIN DEPR SCR NOT DOC RSN NOT GIVEN	BR			BR	
G8433		SCR CLIN DPR NOT DOC DOC PT NOT ELG	BR			BR	
G8442		PAIN ASMT NOT DOC PERF PT NOT ELIG	BR			BR	
G8450		BETA-BLOCKER THERAPY PRESCRIBED	BR			BR	
G8451		BB TX LVEF<40% NOT PRSC RSN DOC CLN	BR			BR	
G8452		BETA-BLOCKER THERAPY NOT PRESCRIBED	BR			BR	
G8458		CLIN DOC PT NOT ELIG CAND GT TEST	BR			BR	
G8460		CLIN DOC NO QUAN RNA TEST WK 12;	BR			BR	
G8461		PT RECV AV TX HEP C DUR MSR PERIOD	BR			BR	
G8465		HIGH/VERY HIGH RISK RECURR PROS CA	BR			BR	
G8473		ACE INHIBITOR/ARB THERAPY PRESCRIBD	BR			BR	
G8474		ACE I/ARB TX NOT PRSC RSNS DOC CLIN	BR			BR	
G8475		ACE INH/ARB TX NOT PRSC RSN NOT GVN	BR			BR	
G8476		MOST RECENT BP SYST <140 & DIAS <90	BR			BR	
G8477		MOST RECNT BP SYST>=140 &/ DIAS>=90	BR			BR	
G8478		BP MSR NOT PERF/DOC RSN NOT GIVEN	BR			BR	
G8482		INFLUENZA IMMUN ADMIN/PREV RECV	BR			BR	
G8483		FLU IMMUN NOT ADMIN RSN DOC CLIN	BR			BR	
G8484		FLU IMMUN NOT ADM REASON NOT GIVEN	BR			BR	
G8485		I INTEND TO REPORT DM MSR GROUP	BR			BR	
G8486		I INTEND TO RPT PREVNTV CARE MSR GP	BR			BR	
G8487		I INTEND TO REPORT THE CKD MSR GRP	BR			BR	
G8489		I INTEND TO REPRT THE CAD MSR GROUP	BR			BR	
G8490		I INTEND TO REPORT RA MSR GROUP	BR			BR	
G8491		I INTND TO RPT THE HIV/AIDS MSR GRP	BR			BR	
G8494		ALL QUAL ACTN MSR DM MSR GRP PRFRM	BR			BR	
G8495		ALL Q ACT APPL MSR CKD MSR PERF PT	BR			BR	
G8496		ALL QUAL ACT MSR PRV CARE MSR PRFRM	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8497		ALL QUAL ACT MSR CABG MSR GRP PRFRM	BR			BR	
G8498		ALL QUAL ACTN MSR CAD MSR GRP PRFRM	BR			BR	
G8499		ALL QUAL ACT APPL MSR RA MSR PRF PT	BR			BR	
G8500		ALL QUAL ACT MSR HIV/AIDS MSR PRFRM	BR			BR	
G8506		PATIENT RECV ACE INHIBITOR/ARB TX	BR			BR	
G8509		PN ASMT DOC POS F/U PLN NO DOC NO R	BR			BR	
G8510		SCR CLN DEP DOC NEG F/U PLN NOT RQR	BR			BR	
G8511		SCR CLN DEP DOC POS F/U NO DOC NO R	BR			BR	
G8535		ELDER MLTX SCR NOT DOC; PT NOT ELIG	BR			BR	
G8536		NO DOC ELDER MALTX SCR RSN NOT GIVN	BR			BR	
G8539		FNC OUTCM ASMT DOC POS CARE PLN DOC	BR			BR	
G8540		FNC OUTCM ASMT NO DOC DOC PT INELIG	BR			BR	
G8541		FUNC OUTCOME ASSESS NOT DOC NO RSN	BR			BR	
G8542		FCN OC ASMT; NO DEFICT PLN NOT RQR	BR			BR	
G8543		DOC P FCN ASMT STD;PLN NOT DOC NO R	BR			BR	
G8544		I INTEND TO REPORT THE CABG MSR GRP	BR			BR	
G8545		I INTEND TO REPORT HEP C MSR GROUP	BR			BR	
G8548		I INTEND TO REPORT HF MSR GROUP	BR			BR	
G8549		ALL ACTIONS HEP C MSR PERFORMED	BR			BR	
G8551		ALL QUAL ACTIONS HF MSR PERFORMED	BR			BR	
G8559		PT REF TO PHYS FOR OTOLOGIC EVAL	BR			BR	
G8560		PT HX ACTIVE DRAIN EAR PREV 90 DAYS	BR			BR	
G8561		PT NOT ELIG REF OTO EVAL HX DRAIN	BR			BR	
G8562		PT NO HX DRAINGE EAR PREV 90 DAYS	BR			BR	
G8563		PT NOT REF PHYS OTO EVAL RSN NOT GV	BR			BR	
G8564		PT REF OTO EVAL REASON NOT SPEC	BR			BR	
G8565		VEIFICATION & DOC SUDDEN HEAR LOSS	BR			BR	
G8566		PT NOT ELIG REF OTO HEAR LOSS MSR	BR			BR	
G8567		PT NO VERIFICATION SUDDEN HEAR LOSS	BR			BR	
G8568		PT WAS NOT REF PHYS OTO EVAL NO RSN	BR			BR	
G8569		PROLONGED POSTOP INTUBATION RQR	BR			BR	
G8570		PROLONGED POSTOP INTUBATION NOT RQR	BR			BR	
G8571		DVLP DP STRNL WND I/MDSTNT 30 D PO	BR			BR	
G8572		NO DEEP STRNL WND INF/MEDIASTINITIS	BR			BR	
G8573		STROKE FLW ISOLATED CABG SURGERY	BR			BR	
G8574		NO STROKE FLW ISOLATED CABG SURGERY	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8575		DEV POSTOP RENAL FAIL/REQ DIALYSIS	BR			BR	
G8576		NO PO RENAL FAIL/DIALYSIS NOT REQ	BR			BR	
G8577		REOP MDST BLD GFT OCCL VLV FUNC/OTH	BR			BR	
G8578		REOP NOT REQ MEDST BLD GFT OCCL/OTH	BR			BR	
G8598		ASPIRIN/OTH ANTITHROMBOTIC TX USED	BR			BR	
G8599		ASPIRIN/OTH NOT USED RSN NOT GIVN	BR			BR	
G8600		IV T-PA INIT W/IN 3 HRS LAST WELL	BR			BR	
G8601		IV T-PA NOT INIT 3 HRS WELL RSN DOC	BR			BR	
G8602		IV TPA NOT IN 3 HRS TME KNWN NO RSN	BR			BR	
G8627		SURG PROC 30 DAY FLW CAT SURG COMP	BR			BR	
G8628		SURG PROC NOT IN 30 DA FLW CAT SURG	BR			BR	
G8633		PHARM TX FOR OSTEOPOROSIS PRESCRIB	BR			BR	
G8634		CLINC DOC NOT ELIG PHAR TX OSTEOPOR	BR			BR	
G8635		PHARM TX OP NOT PRSC REASON NOT GVN	BR			BR	
G8645		I INTEND TO REPORT ASTHMA MEAS GRP	BR			BR	
G8646		ALL QUAL ACT ASTHMA MEAS PERFRM PT	BR			BR	
G8647		RISK-ADJ FUNCT STATUS KNEE =/> 0	BR			BR	
G8648		RISK ADJ FUNCT STATUS KNEE SCORE <0	BR			BR	
G8649		RSK-ADJ FUN STATUS KNEE PT NOT ELIG	BR			BR	
G8650		RSK-ADJ FCN STS KNEE NO MSR NO RSN	BR			BR	
G8651		RISK-ADJ FUNCT STATUS HIP =/> 0	BR			BR	
G8652		RISK-ADJ FUNCT STATUS HIP SCORE <0	BR			BR	
G8653		RSK-ADJ FUNCT STAT HIP PT NOT ELIG	BR			BR	
G8654		RSK-ADJ FCN STS HIP NO MSR NO RSN	BR			BR	
G8655		RISK-ADJ FUN STAT LOW LEG FT =/> 0	BR			BR	
G8656		RISK-ADJ FUN STAT LOW LEG FT ANK <0	BR			BR	
G8657		RSK-ADJ FUN STAT LW LEG PT NOT ELIG	BR			BR	
G8658		RSK-ADJ FCN STS LOW LEG NO MSR RSN	BR			BR	
G8659		RISK-ADJ FUNCT STAT LUMB SPINE =/>0	BR			BR	
G8660		RISK-ADJ FUNCT STAT LUMB SPINE <0	BR			BR	
G8661		RSK-ADJ FUNCT STAT LUMB PT NOT ELIG	BR			BR	
G8662		RSK-ADJ FCN STS LSP NO MSR NO RSN	BR			BR	
G8663		RISK-ADJ FUNCT STATUS SHOULDER =/>0	BR			BR	
G8664		RISK-ADJ FUNCT STATUS SHOULDER <0	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8665		RISK-ADJ FUN STAT SHLDR PT NOT ELIG	BR			BR	
G8666		RSK-ADJ FCN STS SHLDR NO MSR NO RSN	BR			BR	
G8667		RISK-ADJ FUN STAT ELB HAND =/> 0	BR			BR	
G8668		RISK-ADJ FUN STAT ELB WRIST HAND <0	BR			BR	
G8669		RISK-ADJ FUN STAT ELB HAND NOT ELIG	BR			BR	
G8670		RSK-ADJ FCN STS ELB NO MSR NO RSN	BR			BR	
G8671		RISK-ADJ FUN STAT OTH ORTHO =/> 0	BR			BR	
G8672		RISK-ADJ FUN STAT OTH ORTHO <0	BR			BR	
G8673		RSK-ADJ FUN STAT OTH ORTHO NOT ELIG	BR			BR	
G8674		RSK-ADJ FCN STS OTH ORTH NO MSR RSN	BR			BR	
G8694		LEFT VENTRICULAR EJ FRACTION < 40%	BR			BR	
G8696		ANTITHROMBOTIC TX PRESCRIBED D/C	BR			BR	
G8697		ANTITHROMBOTIC TX NOT PRSC DOC RSN	BR			BR	
G8698		ANTITHROMBT TX NOT PRSC D/C RSN NOS	BR			BR	
G8708		PT NOT PRESCRIBED/DISPENSED ABX	BR			BR	
G8709		PT PRSC/DISPENSED ABX DOC MED RSN	BR			BR	
G8710		PATIENT PRESCRIBED/DISPENSED ABX	BR			BR	
G8711		PRESCRIBED OR DISPENSED ANTIBIOTIC	BR			BR	
G8712		ANTIBIOTIC NOT PRESCRIBED/DISPENSED	BR			BR	
G8721		PT CAT PN CAT&HIST GR DOC PATH RPRT	BR			BR	
G8722		DOC MED RSN NO PT PN/HG PATH REPRT	BR			BR	
G8723		SITE IS OTH THAN ANAT LOC PRIM TUMR	BR			BR	
G8724		PT PN CAT&HG NOT DOC PATH RP NO RSN	BR			BR	
G8725		FASTING LIPID PROFILE PERFORMED	BR			BR	
G8726		CLINICIAN DOC REASON NOT PERFRM FLP	BR			BR	
G8728		FLP NOT PERFORMED REASON NOT GIVEN	BR			BR	
G8730		PAIN ASSESS POS TOOL F/U PLAN DOC	BR			BR	
G8731		PN ASMT TOOL DOC NEG NO F/U PLN RQR	BR			BR	
G8732		NO DOC PAIN ASMT REASON NOT GIVEN	BR			BR	
G8733		ELD MALTX SCR DOC POS & F/U PLN DOC	BR			BR	
G8734		ELDER MALTX SCR DOC NEG NO F/U RQR	BR			BR	
G8735		ELDER MALTX POS F/U NOT DOC NOT GVN	BR			BR	
G8749		ABSENCE SIGNS MEL/ABSENCE SX MEL	BR			BR	
G8752		MOST RECENT SYSTOLIC BP < 140MM HG	BR			BR	
G8753		MOST RECENT SYSTOLIC BP >= 140MM HG	BR			BR	
G8754		MOST RECENT DIASTOLIC BP < 90MM HG	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8755		MOST RECENT DIASTOLIC BP >= 90MM HG	BR			BR	
G8756		NO DOC BP MSR REASON NOT GIVEN	BR			BR	
G8757		ALL QUAL ACT MSR COPD MSR PRFRM PT	BR			BR	
G8758		ALL Q ACT APPL MSR IBD MSR PRF PT	BR			BR	
G8759		ALL QUAL ACT APPL MSR SA MSR PRF PT	BR			BR	
G8761		ALL QUAL ACTIONS DEMENT MEAS PERFRM	BR			BR	
G8762		ALL QUAL ACT PD MSR GRP PERFORM PT	BR			BR	
G8765		ALL QUAL ACTIONS CAT MEAS PERFORM	BR			BR	
G8783		NORMAL BP READING DOC F/U NOT RQR	BR			BR	
G8784		PT NOT ELIG E.G. REFUS URGNT/EM SIT	BR			BR	
G8785		BP READING NOT DOC REASON NOT GIVEN	BR			BR	
G8797		SPEC SITE OTH THAN ANAT LOC ESOPH	BR			BR	
G8798		SPECIMEN SITE OTH THN ANAT LOC PROS	BR			BR	
G8806		PERFORMANCE TRANSABD/TRANSVAG U/S	BR			BR	
G8807		TRANSABD/VAG U/S NOT PRF DOC CLIN	BR			BR	
G8808		PRF TRNSABD/VAG U/S NOT ORD NO RSN	BR			BR	
G8809		RH IMMUNE GLOBULIN RHOGAM ORDERED	BR			BR	
G8810		RHOGAM NOT ORDERED REASONS DOC CLIN	BR			BR	
G8811		DOCUMENT RHOGRAM NOT ORDERED RSN NS	BR			BR	
G8815		STATIN THERAPY NOT PRSC DOC REASONS	BR			BR	
G8816		STATIN MEDICATION PRESCRIBED AT D/C	BR			BR	
G8817		STATIN TX NOT PRSC D/C RSN NOT GVN	BR			BR	
G8818		PT D/C HOME NO LATR THN POSTOP DA 7	BR			BR	
G8825		PT NOT D/C TO HOME BY POSTOP DAY #7	BR			BR	
G8826		PT D/C HOM NO LATR PO DA 2 FLW EVAR	BR			BR	
G8833		PT NOT D/C HOM POSTOP D #2 FLW EVAR	BR			BR	
G8834		PT D/C HOM NO LATR PO DA #2 FLW CEA	BR			BR	
G8838		PT NOT D/C HOME BY PO DAY 2 FLW CEA	BR			BR	
G8839		SLEEP APNEA SX ASSESS SNOR DAY SSS	BR			BR	
G8840		DOC RSN NOT DOCUMENT ASMT SLEEP SYM	BR			BR	
G8841		SLP APNEA SX NOT ASSESS RSN NOT GVN	BR			BR	
G8842		AHI/RDI MEASURED AT TIME INITIAL DX	BR			BR	
G8843		DOC RSN NOT MSR AHI/RDI TM INIT DX	BR			BR	
G8844		AHI/RDI NOT MSR TIME DX RSN NOT GVN	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8845		PAP THERAPY PRESCRIBED	BR			BR	
G8846		MOD/SEV OBSTRUCTIVE SLEEP APNEA	BR			BR	
G8848		MILD OBSTRUCTIVE SLEEP APNEA	BR			BR	
G8849		DOC REASON NOT PRESCRIBED PAP TX	BR			BR	
G8850		PAP TX NOT PRSC REASON NOT GIVEN	BR			BR	
G8851		OBJECTIVE MEASURE ADHER PAP TX DOC	BR			BR	
G8852		PAP THERAPY PRESCRIBED	BR			BR	
G8853		POS AIRWAY PRESS TX NOT PRESCRIBED	BR			BR	
G8854		DOC RSN NOT OBJ MSR ADHERENCE CPAP	BR			BR	
G8855		OBJ MSR ADH PAP TX NOT PERF NOT GVN	BR			BR	
G8856		REFER PHYS OTOLOGIC EVAL PERFORMED	BR			BR	
G8857		PT NOT ELIG REF OTOLOGIC EVAL MSR	BR			BR	
G8858		REF PHYS OTOLOG EVAL NOT PRF N GVN	BR			BR	
G8861		PST 2 YRS DXA ORD&DOC ROS&MED HX OP	BR			BR	
G8863		PTS NOT ASSESS RSK BL RSN NOT GVN	BR			BR	
G8864		PNEUMOCOCCL VACC ADMIN/PREV RECEIVE	BR			BR	
G8865		DOC MED RSN NOT ADM/PREV REC PN VAC	BR			BR	
G8866		DOC PT RSN NOT ADM/PREV RECV PN VAC	BR			BR	
G8867		PCV NOT ADM/PREV RECV RSN NOT GIVEN	BR			BR	
G8868		PTS RECEIVING 1ST COURS ANTI-TNF TX	BR			BR	
G8869		PT DOC IMMU HEP B RECV 1ST ANTI-TNF	BR			BR	
G8872		EXCSD TISS EVAL IMAG IO CNF TGT LES	BR			BR	
G8873		PT NDLE LOC SPEC VERFD IO INSP/PATH	BR			BR	
G8874		EXC TISS NOT EVAL IMAG IO TARG LES	BR			BR	
G8875		CLIN DX BR CA PREOP MIN INV BX METH	BR			BR	
G8876		DOC RSN NO MI BX DIAG BRST CA PREOP	BR			BR	
G8877		CLN NOT DX BR CA PRE BX RSN NOT GVN	BR			BR	
G8878		SENTINEL LYMPH NODE BX PROC PERFORM	BR			BR	
G8879		CLINICALLY NODE NEG INVAS BREAST CA	BR			BR	
G8880		DOC REASN SENTINEL LN BX NOT PERFRM	BR			BR	
G8881		STAGE BREAST CA > T1N0M0/T2N0M0	BR			BR	
G8882		SENTINEL LN BX NOT PERF RSN NOT GVN	BR			BR	
G8883		BX RSLT REV COMMUNICATED TRACKD&DOC	BR			BR	
G8884		CLIN DOC RSN PT BX RESLT NOT REVIEW	BR			BR	
G8885		BX RESULTS NOT REVIEWED TRACKED/DOC	BR			BR	
G8898		I INTEND TO REPORT COPD MSR GROUP	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8899		I INTEND TO REPORT IBD MSR GROUP	BR			BR	
G8900		I INTEND TO REP SLEEP APNEA MSR GRP	BR			BR	
G8902		I INTEND REPORT DEMENTIA MEAS GROUP	BR			BR	
G8903		I INTEND RPT PARKINSONS MEASUR GRP	BR			BR	
G8906		I INTEND TO REPORT CATARACT MSR GRP	BR			BR	
G8907		PT DOC NO:BRN;WRG EVNT;/TRF/ADM D/C	BR			BR	
G8908		PT DOC HAVE RECEIVED BRN PRIOR D/C	BR			BR	
G8909		PT DOC NOT HAVE REC BURN PRIOR D/C	BR			BR	
G8910		PT DOC HAVE EXPERIENCED FALL IN ASC	BR			BR	
G8911		PT DOC NOT EXPERIENCED FALL IN ASC	BR			BR	
G8912		PT DOC EXP WRG SITE S PT PRO/IMPL	BR			BR	
G8913		PT DOC NO EXP WRG SITE S PT P/IMPL	BR			BR	
G8914		PT DOC EXP HOSP TRNSF/ADM D/C ASC	BR			BR	
G8915		PT DOC NOT EXP HOSP TRF/ADM D/C ASC	BR			BR	
G8916		PT PREOP ORD IV ABP SSI ABX INIT TM	BR			BR	
G8917		PT PREOP ORD IV ABP SSI NOT INIT TM	BR			BR	
G8918		PT NO PREOP ORD IV ABX SSI PROPH	BR			BR	
G8923		LVEF<40%/DC M/SV DPRSD L VT SYS FCN	BR			BR	
G8924		SP TR DEM FEV1<60% PRED& PT COPD SX	BR			BR	
G8925		SP RSLT DEM FEV1=60%PRED/NO COPD SX	BR			BR	
G8926		SPIRO TST NOT PRFRM/DOC RSN NOT GVN	BR			BR	
G8927		ADJ CHEMO REF/PREV REC AJCC SIII CC	BR			BR	
G8928		ADJ CHEMO NOT PRSC/PRV RECV DOC RSN	BR			BR	
G8929		ADJ CHEMO NOT PRSC/RECV RSN NOT GVN	BR			BR	
G8934		LVEF<40%/DOC MOD/SEV DEPRESSED LVSF	BR			BR	
G8935		CLINICIAN PRSC ACE INHIB/ARB TX	BR			BR	
G8936		CLN DOC PT NOT ELG C ACE INH/ARB TX	BR			BR	
G8937		CLN NOT PRSC ACE INH/ARB RSN NOT GV	BR			BR	
G8938		BMI OUTSIDE NORM NO F/U PT NOT ELIG	BR			BR	
G8939		PAIN ASMT DOC F/U NOT PT NOT ELIG	BR			BR	
G8940		SCR CLIN DEP DOC FU NOT PT NOT ELIG	BR			BR	
G8941		ELD MALTX SCR POS NO F/U PT NOT ELG	BR			BR	
G8942		FNC OUTCM ASMT DOC PREV 30 D&CR PLN	BR			BR	
G8944		AJCC MELANOMA CANCER STGE 0-IIC MEL	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8946		MIN INVSV BX METH ATMPT NO DX BR CA	BR			BR	
G8947		ONE OR MORE NEUROPSYCHIATRIC SYMP	BR			BR	
G8948		NO NEUROPSYCHIATRIC SYMPTOMS	BR			BR	
G8950		PREHTN/HTN BP DOC & INDICAT F/U DOC	BR			BR	
G8952		P-HTN/HTN BP DOC F/U NOT RSN NOT GV	BR			BR	
G8953		ALL QUAL ACT APPL ONC MSR GRP PERF	BR			BR	
G8955		MOST RCNT ASMT ADEQUCY VOL MGMT DOC	BR			BR	
G8956		PT RCV MAINT HEMODIAL O/P DIALY FAC	BR			BR	
G8958		ASMT ADEQ VOL M NOT DOC RSN NOT GVN	BR			BR	
G8959		CLINCIAN TX MDD COM CLINCIAN TX CC	BR			BR	
G8960		CLN TX MDD NOT C CLN CC RSN NOT GVN	BR			BR	
G8961		CRD SS IMAG L RSK PT PREOP 30 D SRG	BR			BR	
G8962		CARD STRESS IMAG TEST PERF ANY RSN	BR			BR	
G8963		CARD STRSS IMAG MON ASX PT PCI 2 YR	BR			BR	
G8964		CARD SS IMAG NOT MON ASX PCI 2 YRS	BR			BR	
G8965		CARD STRESS IMAG PRIM LW CHD RSK PT	BR			BR	
G8966		CARD STRESS IMAG SX/> LW CHD RSK PT	BR			BR	
G8967		WARFARIN/OTH ORL AC FDA APPRVD PRSC	BR			BR	
G8968		DOC MED RSN NOT PRSC WARFARN/ANR OA	BR			BR	
G8969		DOC PT RSN NOT PRSC WARFARIN/OTH OA	BR			BR	
G8970		NO RISK FACTOR/1 MOD RISK FACTOR TE	BR			BR	
G8971		WAR/OTH FDA APV NOT PRSC RSN NOT GV	BR			BR	
G8972		1/> HI RSK FCT TE/>1 MOD RSK FCT TE	BR			BR	
G8973		MOST RECENT HGB LEVEL < 10 G/DL	BR			BR	
G8974		HGB LEVEL MSR NOT DOC RSN NOT GIVEN	BR			BR	
G8975		DOC MED RSN PT HGB LEVL < 10 G/DL	BR			BR	
G8976		MOST RECENT HCB LEVEL >= 10 G/DL	BR			BR	
G8977		I INTEND TO REP ONCOLOGY MSR GROUP	BR			BR	
G8978		MOB:WALK MOV ARND FCN LIM CUR STS	BR	87.54		BR	
G8979		MOB: WALK MOV AROUND FCN LIM GOAL	BR	67.74		BR	
G8980		MOB:WLK&MOV ARND FCN LIM D/C AT D/C	BR	42.28		BR	
G8981		CHNG&MAINT BDY PSTN FCN LIM REP INT	BR			BR	
G8982		CHNG&MAINT BDY PSTN FCN LIM PROJ GL	BR			BR	
G8983		CHNG&MAINT BDY POS F LIM D/C AT D/C	BR			BR	
G8984		CAR MOV HDLG OBJ FCN LIM REP INT	BR	67.66		BR	
G8985		CAR MOV HDLG OBJ PROJ GOAL TX OUTST	BR	38.08		BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8986		CAR MOV HNLG OBJ F LIM D/C STS D/C	BR			BR	
G8987		SLF CARE FCN LIM CUR REP INTERVLS	BR			BR	
G8988		SELF CARE FCN LIMITATN GOAL AT D/C	BR	6.92		BR	
G8989		SELF CARE FUNC LIM D/C STATUS D/C	BR			BR	
G8990		OTH PHYS/OCCUP PRIM FCN LIM CUR TX	BR			BR	
G8991		OTH PHYS/OCCUP TX PRIM FCN LIM GOAL	BR			BR	
G8992		OTH PHYS/OCCUP TX PRIM FCN LIM D/C	BR			BR	
G8993		OTH PHYS/OCCUP TX SUB FCN LIM CUR	BR			BR	
G8994		OTH PHYS/OCCUP TX SUB FCN LIM GL TX	BR			BR	
G8995		OTH PHYS/OCC SB FCN LIM D/C STS D/C	BR			BR	
G8996		SWALLOW FCN LIM CUR STATUS INIT TX	BR			BR	
G8997		SWLLOW FCN LIM GOAL TX EPIS&D/C TX	BR			BR	
G8998		SWALLOWING FCN LIM D/C STATUS D/C	BR			BR	
G8999		MO SPH FCN LIM CUR STS TX&RPRT INTR	BR			BR	
G9001		COORDINATED CARE FEE INITIAL RATE	BR			BR	
G9002		COORDINATED CARE FEE MAINT RATE	BR			BR	
G9003		COORD CARE FEE RISK ADJUSTD HI INIT	BR			BR	
G9004		COORD CARE FEE RISK ADJUSTD LW INIT	BR			BR	
G9005		COORD CARE FEE RISK ADJUSTED MAINT	BR			BR	
G9006		COORD CARE FEE HOME MONITORING	BR			BR	
G9007		COORD CARE FEE SCHEDULE TEAM CONF	BR			BR	
G9008		COORD CARE FEE PHYS OVRSIGHT SRVC	BR			BR	
G9009		COORD CARE FEE RISK ADJ MAINT LVL 3	BR			BR	
G9010		COORD CARE FEE RISK ADJ MAINT LVL 4	BR			BR	
G9011		COORD CARE FEE RISK ADJ MAINT LVL 5	BR			BR	
G9012		OTH SPEC CASE MGMT SERVICE NEC	BR			BR	
G9013		ESRD DEMO BASIC BUNDLE LEVEL I	BR			BR	
G9014		ESRD DEMO EXPND BUNDLE W/VENUS ACSS	BR			BR	
G9016		SMOK CESSATN CNSL IND ABSNC/ADD E&M	BR			BR	
G9017		AMANTADINE HCI ORAL PER 100 MG	1.23			BR	
G9018		ZANAMIVIR INHAL POWDER INHAL-10 MG	6.58			BR	
G9019		OSELTAMIVIR PHOSPHATE ORL PER 75 MG	6.99			BR	
G9020		RIMANTADINE HCI ORAL PER 100 MG	2.06			BR	
G9033		AMANTADINE HCI ORAL BRAN PER 100 MG	0.00			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9034		ZANAMIVIR INHAL POWDER BRAND-10 MG	BR			BR	
G9035		OSELTAMIVIR PHOSPH ORAL BRND-75 MG	BR			BR	
G9036		RIMANTADINE HCI ORAL BRAND-100 MG	BR			BR	
G9050		ONC; PRIM FOCUS; WRKUP EVAL/STAG	BR			BR	
G9051		ONC; PRIM FOCUS; TX DECISION OPTNS	BR			BR	
G9052		ONC; PRIM; SURVEILLANCE RECUR;	BR			BR	
G9053		ONC; PRIM; EXPECT MGMT EVIDENCE CA;	BR			BR	
G9054		ONC;PRIM;SUP PT TERM CA;PALLIATV TX	BR			BR	
G9055		ONC;PRIM;OTH UNS NOT OTHERWISE LIST	BR			BR	
G9056		ONC;PRAC GUIDE;MGMT ADHERS TO GUIDE	BR			BR	
G9057		ONC; PRAC; MGMT DIFFER CLIN TRIAL	BR			BR	
G9058		ONC; MGMT DIFFR PHYS DISAGREE GUIDE	BR			BR	
G9059		ONC;PRAC;MGMT DIFFERS PT OPT ALT TX	BR			BR	
G9060		ONC; PRAC; MGMT DIFFER COMORBID ILL	BR			BR	
G9061		ONC; PTS COND NOT ADDRESSED GUIDE	BR			BR	
G9062		ONC; PRAC; MGMT DIFFERS OTH REASON	BR			BR	
G9063		ONC; STATUS; NSCLC; ST I NO PROGRSN	BR			BR	
G9064		ONC; STATUS; NSCLC;ST II NO PROGRSN	BR			BR	
G9065		ONC;NSCLC; ST III A NO PROGRESSN	BR			BR	
G9066		ONC; STATUS; NSCLC; ST III B-4 MET	BR			BR	
G9067		ONC; STATUS; NSCLC; EXTENT DZ UNKN	BR			BR	
G9068		ONC; STATUS; SC&COMB;LTD NO PROGRSN	BR			BR	
G9069		ONC; STATUS; SCLC SC&COMB; EXT MET	BR			BR	
G9070		ONC;STATUS;SCLC SC&COMB;EXTENT UNKN	BR			BR	
G9071		ONC; BRST; ACA;ST I/II;POS; NO PROG	BR			BR	
G9072		ONC; BRST; ACA; ST I/II;NEG;NO PROG	BR			BR	
G9073		ONC; BRST; ACA; ST III; POS;NO PROG	BR			BR	
G9074		ONC; BRST; ACA; ST III; NEG;NO PROG	BR			BR	
G9075		ONC; STATUS; F BRST CA; ACA; M1 MET	BR			BR	
G9077		ONC;PROS CA;T1-T2C& PSA</=20NO PROG	BR			BR	
G9078		ONC; PROS CA; T2/T3A/PSA>20 NO METS	BR			BR	
G9079		ONC;PROS CA; T3B-T4 N; T N1 NO PROG	BR			BR	
G9080		ONC; PROS CA; TX RISING PSA	BR			BR	
G9083		ONC; PROS CA ACA; EXTENT UNKN	BR			BR	
G9084		ONC; COLON CA; T1-3 N0 M0 NO PROG	BR			BR	
G9085		ONC; COLON CA; T4 N0 M0 NO PROG	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9086		ONC; COLON CA; T1-4 N1-2 M0 NO PROG	BR			BR	
G9087		ONC; COLON CA; M1 MET W/CURR DZ	BR			BR	
G9088		ONC; COLON CA; M1 MET NO CURR DZ	BR			BR	
G9089		ONC; STATUS; COLON CA; EXTENT UNK	BR			BR	
G9090		ONC; RECTAL CA; T1-2 N0 M0 NO PROG	BR			BR	
G9091		ONC; RECTAL CA; T3 N0 M0 NO PROG	BR			BR	
G9092		ONC; RECTAL CA;T1-3 N1-2 M0 NO PROG	BR			BR	
G9093		ONC; RECTAL CA; T4 ANY N M0 NO PROG	BR			BR	
G9094		ONC; STATUS; RECTAL CA; M1 MET	BR			BR	
G9095		ONC; STATUS; RECTAL CA; EXTENT UNK	BR			BR	
G9096		ONC;ESOPH CA;T1-T3 N0-N1/NX NO PROG	BR			BR	
G9097		ONC; ESOPH CA; T4 ANY N M0 NO PROG	BR			BR	
G9098		ONC; STATUS; ESOPH CA ; M1 METASTAT	BR			BR	
G9099		ONC; STATUS; ESOPH CA; EXTENT UNK	BR			BR	
G9100		ONC; GASTR CA; R0 RESECT NO PROG	BR			BR	
G9101		ONC; GASTR CA; R1/R2 RESECT NO PROG	BR			BR	
G9102		ONC; GASTR CA; M0 UNRESECT NO PROG	BR			BR	
G9103		ONC; STATUS; GASTR CA; CLIN M1 MET	BR			BR	
G9104		ONC; STATUS; GASTR CA ; EXTENT UNK	BR			BR	
G9105		ONC; PAN CA; R0 RESECT NO PROG	BR			BR	
G9106		ONC; PAN CA; R1/R2 RESECT NO PROG	BR			BR	
G9107		ONC; PAN CA; UNRESECTBL M1 MET	BR			BR	
G9108		ONC; STATUS; PAN CA; EXTENT DZ UNK	BR			BR	
G9109		ONC; H&N CA; T1-T2&N0 M0 NO PROG	BR			BR	
G9110		ONC;H&N CA; T3-4&/N1-3 M0 NO PROG	BR			BR	
G9111		ONC; STATUS; H&N CA; M1 MET LOC	BR			BR	
G9112		ONC; STATUS; H&N CA; EXTENT UNKN	BR			BR	
G9113		ONC DS STATUS OV CA ST IA-B NO PROG	BR			BR	
G9114		ONC; OV CA; ST IA-B; IC; II;NO PROG	BR			BR	
G9115		ONC; OV CA; ST III-IV; NO PROG	BR			BR	
G9116		ONC; OV CA; PROGRSSN&/PLATINM RSIST	BR			BR	
G9117		ONC; STATUS; OV CA; EXTENT UNKN	BR			BR	
G9123		ONC; CML; CP NO HEM CYT/MOL REMISS	BR			BR	
G9124		ONC;CML; AP NO HEMA CYT/MOL REMISS	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9125		ONC; CML BP NOT HEM CYT/MOL REMISS	BR			BR	
G9126		ONC; CML HEM CYTOGN/MOLECULR REMISS	BR			BR	
G9128		ONC; MX MYELOMA SYS DZ; SMOLDR ST I	BR			BR	
G9129		ONC; MX MYELOMA SYS DZ ST II/HIGHER	BR			BR	
G9130		ONC; MX MYELOMA SYS DZ EXTENT UNKN	BR			BR	
G9131		ONC;DZ STS;F BRST CA;STG NOT LISTED	BR			BR	
G9132		ONC;DZ STS;PROS CA;CLIN METS	BR			BR	
G9133		ONC;DZ STS;PROS CA;CLIN METS/M1	BR			BR	
G9134		ONC;DZ STS;NHL;STAGE 1 2 NOT RELPSD	BR			BR	
G9135		ONC;DIZ STS;NHL;STG 3 4 NOT RELAPS	BR			BR	
G9136		ONC;DZ STS;NHL TRNS 2ND CELLR CLSS	BR			BR	
G9137		ONC;DZ STS;NHL;RELAPSED/REFRACTORY	BR			BR	
G9138		ONC;DZ STS;NHL;STAGE NOT DETERM	BR			BR	
G9139		ONC;DZ STS;CML;STAGE NOT LISTED	BR			BR	
G9140		FRONTIER EXTENDED STAY CLIN DEMO;	BR			BR	
G9143		WARFARIN RSPN TEST GEN TECH ANY #	188.65			BR	
G9147		OIVIT MSR: RQ; &/UUN; &/GLU; &/K+	BR			BR	
G9148		NAT COMMITTEE QA LEVEL 1 MED HOME	BR			BR	
G9149		NAT COMMITTEE QA LEVEL 2 MED HOME	BR			BR	
G9150		NAT COMMITTEE QA LEVEL 3 MED HOME	BR			BR	
G9151		MAPCP DEMO STATE PROVIDED SERVICES	BR			BR	
G9152		MAPCP DEMO COMMUNITY HEALTH TEAMS	BR			BR	
G9153		MAPCP DEMO PHYSICIAN INCENTIVE POOL	BR			BR	
G9156		EVAL WC REQ FACE-FACE VISIT W/PHYS	BR			BR	
G9157		TRANSESOPHAGEAL DOPPLER CARDIAC MON	113.03			BR	
G9158		MOTR SPEECH FUNCT LIM D/C STAT D/C	BR			BR	
G9159		SPOKN LANG COMP LIMIT CURR STAT TX	BR			BR	
G9160		SL COMP FCN LMT GL TX D/C/END RPRT	BR			BR	
G9161		SPOKN LANG COMP LIMIT D/C STAT D/C	BR			BR	
G9162		SPOKN LANG EXPRS LIMIT CURR STAT TX	BR			BR	
G9163		SL EXP FCN LMT GOAL TX D/C/END RPRT	BR			BR	
G9164		SPOKN LANG EXPRS LIMIT D/C STAT D/C	BR			BR	
G9165		ATTN FUNCT LIMIT CURR STATUS TX	BR			BR	
G9166		ATTN FUNCT LIMIT PROJ GOAL STAT TX	BR			BR	
G9167		ATTN FUNCT LIMIT D/C STATUS D/C TX	BR			BR	
G9168		MEMORY FUNCT LIMIT CURR STATUS TX	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9169		MEMORY FUNCT LIMIT PROJ GOAL STS TX	BR			BR	
G9170		MEMORY FUNCT LIMIT D/C STATUS D/C	BR			BR	
G9171		VOICE FUNCT LIMIT CURR STATUS TX	BR			BR	
G9172		VOICE FUNCT LIMIT PROJ GOAL STAT TX	BR			BR	
G9173		VOICE FUNCT LIMIT D/C STATUS D/C TX	BR			BR	
G9174		OTH SPEECH LANG FUCNT LIMIT CURR TX	BR			BR	
G9175		OTH SPEECH LANG LIM PROJ GOAL STAT	BR			BR	
G9176		OTH SPEECH LANG LIM D/C STS D/C TX	BR			BR	
G9186		MOTR SPEECH LIM PROJ GOAL STATUS TX	BR			BR	
G9187		BPCI HOME VST PT ASMT QUAL HC PROF	51.79				
G9188		BETA-BLCKR TX NOT PRSC RSN NOT GIVN	0.00				
G9189		BETA-BLCKR TX PRSC/CURR BEING TAKEN	0.00				
G9190		DOC MED RSN NOT PRSC BETA-BLOCKR TX	0.00				
G9191		DOC PT RSN NOT PRSC BETA-BLOCKER TX	0.00				
G9192		DOC SYS RSN NOT PRSC BETA-BLOCKR TX	0.00				
G9196		DOC MED RSN NOT ORD 1/2 GEN CPH AMP	0.00				
G9197		DOC ORD FOR 1ST/2ND GEN CEPH AMP	0.00				
G9198		ORD 1ST/2ND CEPH NOT DOC R NOT GVN	0.00				
G9203		RNA TST HC DOC 12 MO PRI INIT AV TX	0.00				
G9204		RNA TST HC NOT DOC 12 MO PRI INT AV	0.00				
G9205		PT START AV TX HEP C DUR MSR PERIOD	0.00				
G9206		PT START AV TX HEP C DUR MSR PERIOD	0.00				
G9207		HEP C GENOTYP DOC 12 MO PRI INIT AV	0.00				
G9208		HEP C GT NOT DOC 12 MO PRI INIT AV	0.00				
G9209		HC Q RNA PERF 4-12 WK AFTR INIT AV	0.00				
G9210		HC Q RNA NOT PRF 4-12 WK AV DOC RSN	0.00				
G9211		HC Q RNA NOT PRF 4-12 WK AV NO RSN	0.00				
G9212		DSM-IVTM CRITERIA MDD DOC INIT EVAL	0.00				
G9213		DSM-IVTM CRIT MDD NOT DOC INIT EVAL	0.00				
G9217		PCP NOT PRSC 3 MO CD4+ < 200 NO RSN	0.00				
G9219		PCP NOT PRSC 3 MO CD4+ <200 MED RSN	0.00				
G9222		PCP PRSC 3 MO L CD4+ CC <200 CC/MM3	0.00				
G9223		PCP PRSC 3 MO CD4+ <500/CD4 % <15%	0.00				
G9225		FOOT EXAM WAS NOT PRFRM RSN NOT GVN	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9226		FOOT EXAMINATION PERFORMED	0.00				
G9227		FNCT ASMT CARE PLN NOT DOC NOT ELIG	0.00				
G9228		CHLAMYDIA GON SYP SCR RESULTS DOC	0.00				
G9229		CHLAMYDIA GON SYP NOT SCR DOC RSN	0.00				
G9230		CHLAMYDIA GON SYP NOT SCR NO RSN	0.00				
G9231		DOC ESRD DIALYSIS RENAL TPLNT/PREG	0.00				
G9232		CLIN TREAT MDD NOT COM CLIN TRT CC	0.00				
G9233		ALL QUAL ACTION TKR MSR GRP PERFORM	0.00				
G9234		I INTEND TO REPORT TKR MSR GRP	0.00				
G9235		ALL QUAL ACTION GEN SURG MSR PERFRM	0.00				
G9236		ALL QUAL ACTION EXPOS IR MSR PERFRM	0.00				
G9237		I INTEND TO REPORT GEN SURG MSR GRP	0.00				
G9238		I INTEND TO REPORT EXPOS IR MSR GRP	0.00				
G9239		DOC RSN PT INIT MAINT HD CATH MODE	0.00				
G9240		PT VA CATH TIME MAINT HD INITIAT	0.00				
G9241		PT VA NOT CATH TM MAINT HD INITIAT	0.00				
G9242		DOC VL=/>200 COPIES/ML/VL NOT PRFRM	0.00				
G9243		DOC VIRAL LOAD < 200 COPIES/ML	0.00				
G9244		ANTIRETROVIRAL THEREAPY NOT PRSC	0.00				
G9245		ANTIRETROVIRAL THERAPY PRESCRIBED	0.00				
G9246		PT NOT 1 VST IN 24 MO MSR PERIOD	0.00				
G9247		PT HAD 1 VST IN 24 MO MSR PERIOD	0.00				
G9250		DOC PAIN TO CMFRT 48 HRS INIT ASMT	0.00				
G9251		DOC PAIN NOT CMFRT 48 HR INIT ASMT	0.00				
G9254		DOC D/C LATER PST-OP DAY 2 FLW CAS	0.00				
G9255		DOC D/C NO LTR PST OP DAY 2 FLW CAS	0.00				
G9256		DOC PATIENT DEATH FOLLOWING CAS	0.00				
G9257		DOC PATIENT STROKE FOLLOWING CAS	0.00				
G9258		DOC OF PATIENT STROKE FOLLOWING CEA	0.00				
G9259		DOC PT SURV & ABSNCE STROKE FLW CAS	0.00				
G9260		DOC PATIENT DEATH FOLLOWING CEA	0.00				
G9261		DOC PT SURV & ABSNCE STROKE FLW CEA	0.00				
G9262		DOC PT DEATH HOSPITAL FOLLOW EVAR	0.00				
G9263		DOC PT SURVIVAL HOSPITAL FLW EVAR	0.00				
G9264		DOC PT RECV MAINT HD >/= 90 D CATH	0.00				
G9265		PT MAINT HD >/=90 DAY CATH AS VA	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9266		PT MAINT HD >/=90 DAY NO CATH AS VA	0.00				
G9267		DOC PT 1/> COMP/MORTALITY IN 30 DAY	0.00				
G9268		DOC PT 1/> COMPLICATION W/I 90 DAYS	0.00				
G9269		DOC PT W/O 1/> COMP NO M W/I 30 DAY	0.00				
G9270		DOC PT W/O 1/MORE COMP W/I 90 DAYS	0.00				
G9273		BP SYSTOLIC < 140 DIASTOLIC < 90	0.00				
G9274		BP S=140 D=90/S<140 D=90/S=140 D<90	0.00				
G9275		DOC PATIENT CURRNT NON-TOBACCO USER	0.00				
G9276		DOC PATIENT IS CURRENT TOBACCO USER	0.00				
G9277		DOC PT D ASP/ANTI-PLATLET/DOC CNTRA	0.00				
G9278		DOC PT NOT ON D ASP/ANTI-PLAT REGMN	0.00				
G9279		PNC SCRN DOC VACC RECV PRORI D/C	0.00				
G9280		PNC V NOT ADM PRI D/C RSN NOT SPEC	0.00				
G9281		SCREEN PERF VACC NOT IND/PT REFUSAL	0.00				
G9282		DOC RSN NOT RPT HIST TYP/NSCLC-NOS	0.00				
G9283		NSCLC BX CYT RPT DOC H TYP/NOS	0.00				
G9284		NSCLC BX CYT RPT NOT DOC H TYP/NOS	0.00				
G9285		SPEC SITE OTH THAN LUNG/NOT NSCLC	0.00				
G9286		ABX REG PRSC W/I 10 DA AFTR ONST SX	0.00				
G9287		ABX NOT PRSCR 10 DA AFTR ONSET SX	0.00				
G9288		DOC MED RSN NOT RPT H TYP/NSCLC-NOS	0.00				
G9289		NSCLC BX CY RPT DOC H TYP/NSCLC-NOS	0.00				
G9290		NSCLC BX CY RPT NOT DOC H TYP/NOS	0.00				
G9291		SP SITE NOT LNG NOT NSCLC/NSCLC-NOS	0.00				
G9292		DOC RSN NOT RPT PT CAT ULCER PT1 MR	0.00				
G9293		PATH RPT NOT PT CAT ULCER PT1 MR	0.00				
G9294		PATH RPT W/PT CAT THICK ULCR PT1 MR	0.00				
G9295		SPEC SITE OTH THAN ANATOMIC CUT LOC	0.00				
G9296		PT DOC SDM CONSERV TX PRIOR PROC	0.00				
G9297		SDM CONSERV TX PRIOR PROC NOT DOC	0.00				
G9298		PT EVAL VTE CV RSK 30 DA PRIOR PROC	0.00				
G9299		PT NOT EVAL VTE CV RSK 30 D PRI PRC	0.00				
G9300		DOC RSN NOT INFUS P ABX PRI PROX TQ	0.00				
G9301		PT HAD P ABX INFUS PRIOR INFLAT TQ	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9302		P ABX NOT CMPL PRIOR TQ RSN NOT GVN	0.00				
G9303		OP RPT NOT ID PROS SPEC RSN NOT GVN	0.00				
G9304		OP RPT IDS PROSTHETIC IMPLANT SPEC	0.00				
G9305		INT LEAK ENDOLUM CNT ANASTM NOT REQ	0.00				
G9306		INT LEAK ENDOLUM CNT ANASTM REQ	0.00				
G9307		NO RTN OP ROOM PROC 30 DA PRIN PROC	0.00				
G9308		UNPLAN RTN OP ROOM 30 DAY PRIN PROC	0.00				
G9309		NO UNPLAN HOSP RDM 30 DAY PRIN PROC	0.00				
G9310		UNPLANNED HOSP RDM 30 DAY PRIN PROC	0.00				
G9311		NO SURGICAL SITE INFECTION	0.00				
G9312		SURGICAL SITE INFECTION	0.00				
G9313		AMOX NOT 1ST LINE ABX TM DX DOC RSN	0.00				
G9314		AMOX NOT 1ST LINE TM DX RSN NOT GVN	0.00				
G9315		DOC AMOX PRESC 1ST LINE ABX TIME DX	0.00				
G9316		DOC PT RSK ASSESS RSK CALC W/PT/FAM	0.00				
G9317		DOC PT RSK ASMT CALC PT/FM NOT CMPL	0.00				
G9318		IMAGING STUDY NAMED STANDARD NOMEN	0.00				
G9319		IMAG STDY NOT NOMEN RSN NOT GVN	0.00				
G9321		COUNT PREV CT CRD NM DOC 12-MO PRI	0.00				
G9322		CNT CT CRD NM NOT DOC 12-MO NO RSN	0.00				
G9324		ALL NEC DATA EES NOT INCL R NOT GVN	0.00				
G9326		CT NOT RPT RD INDX REG RSN NOT GVN	0.00				
G9327		CT RPT RD INDX REG ALL DATA ELEMENT	0.00				
G9329		DICOM AVAIL 12-MO NOT DOC NO RSN	0.00				
G9340		FINAL RPT DOC DICOM DATA 12-MO AFTR	0.00				
G9341		SEARCH PRIOR CT EXT ENTITIES 12-MO	0.00				
G9342		SRC NOT CD PRI I S PT CT S CPL NO R	0.00				
G9344		SRCH PRIOR DICOM NOT CMPL SYS RSN	0.00				
G9345		F/U REC DOC INCIDENT DETECTED PNS	0.00				
G9347		F/U REC NOT DOC GLS PNS RSN NOT GVN	0.00				
G9348		CT PARANASL SINUS ORD TM DX DOC RSN	0.00				
G9349		DOC CT PARANSL SINUS ORD DX/IN 28 D	0.00				
G9350		CT PARANSL SINUS NOT ORD DX/IN 28 D	0.00				
G9351		MORE 1 CT PARNSL SINUS 90 D AFTR DX	0.00				
G9352		MORE 1 CT PARNSL SS 90 D DX NO RSN	0.00				
G9353		MORE 1 CT PARNSL SS 90 D DX DOC RSN	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9354		1/NO CT PARNSL SS NOT ORD 90 D DX	0.00				
G9355		ELEC DELIV/ERLY INDUCTION NOT PRFRM	0.00				
G9356		ELECTIV DEL/EARLY INDUCTION PERFORM	0.00				
G9357		POST-PARTUM SCREEN EVAL EDU PERFORM	0.00				
G9358		POST-PART SCREEN EVAL EDU NOT PERF	0.00				
G9359		DOC NEG/MANAG POS TB SCRN NOT ACTIV	0.00				
G9360		NO DOC NEG/MANAGED POS TB SCREEN	0.00				
G9361		MEDICAL INDICATION FOR INDUCTION	0.00				
G9364		SINUSITIS CAUS/PRES CAUS BACT INF	0.00				
G9365		ONE HIGH-RISK MEDICATION ORDERED	0.00				
G9366		ONE HIGH-RISK MEDICATION NOT ORDERD	0.00				
G9367		AT LEAST 2 DIFF HIGH-RISK MED ORDRD	0.00				
G9368		AT LEAST 2 DIFF H-R MED NOT ORDERED	0.00				
G9380		PT OFFRD ASST ROF ISSUE DUR MSR PRD	0.00				
G9381		DOC MED RSN NOT OFFR ASST EOL ISSUE	0.00				
G9382		PT NOT OFFRD ASST EOL ISSUE MSR PRD	0.00				
G9383		PT RECV SCR HCV INF W/I 12 MO PRD	0.00				
G9384		DOC MED RSN NOT RECV AN SCR HCV INF	0.00				
G9385		DOC PT RSN NOT RECV AN SCR HCV INF	0.00				
G9386		SCR HCV NOT REC 12 M P RSN NOT GVN	0.00				
G9389		UNPLN RUPT PC RQR VITRCT DUR CC SUR	0.00				
G9390		NO UNPLN RUP PC RQR VITRECT CC SURG	0.00				
G9393		PT I PHQ-9 SC>9 RM 12 MO PHQ-9 SC<5	0.00				
G9394		PT BPD/PD NH/HOSPCE/PALL DUR ASSESS	0.00				
G9395		PT INIT PHQ-9 SC >9 NO RM AT 12 MO	0.00				
G9396		PT I PHQ-9 SC >9 NO ASSESS RM 12 MO	0.00				
G9399		DOC PT RCRD DISC BTW PHYS/CLIN & PT	0.00				
G9400		DOC MED/PT RSN NOT DISC TX OPTIONS;	0.00				
G9401		NO DOC PT RCRD DISC BTW PHYS & PT	0.00				
G9402		PT RCV F/U D D/C/WI/30 DA AFTR D/C	0.00				
G9403		CLN DOC RSN PT NO 30 D F/U INPT D/C	0.00				
G9404		PT NOT RCV F/U DT D/C/WI 30 DA D/C	0.00				
G9405		PT RECV F/U W/I 7 DAYS FROM D/C	0.00				
G9406		CLN DOC RSN PT NO 7 DA F/U INPT D/C	0.00				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9407		PT NOT RECV F/U ON/WI 7 DA AFTR D/C	0.00				
G9408		PT CT &/PERICARDIOCENTESIS WI 30 DA	0.00				
G9409		PT WO CT &/PERICARDIOCENT WI 30 DA	0.00				
G9410		PT ADM WI 180 DAYS POST CIED W/INF	0.00				
G9411		PT NOT ADM WI 180 D PST CIED W/INF	0.00				
G9412		PT ADM WI 180 D P CIED INF DVC RMV	0.00				
G9413		PT NOT ADM WI 180 D POST CIED W/INF	0.00				
G9414		PT 1 DOS MC V ON/BTW PT 11 & 13 BD	0.00				
G9415		PT NO 1 DOS MC V ON/BTW PT 11&13 BD	0.00				
G9416		PT 1 TDAP/TD VAC ON/BTW 10 &13 BDAY	0.00				
G9417		PT NOT 1 TDAP/TD ON/BTW PT 10&13 BD	0.00				
G9418		P NSCLC BX&CY SPEC DOC CL NSCLC-NOS	0.00				
G9419		DOC M RSN NO H T/NSCLC-NOS CL EXPLN	0.00				
G9420		SPEC S NOT LOC LUNG/NOT PRIM NSCLC	0.00				
G9421		P NSCLC BX&CY S NO DOC CL NSCLC-NOS	0.00				
G9422		NSCLC BX & CYTOLOGY SPEC RPRT	0.00				
G9423		DOC MED RSN NO RPRT H TYP/NSCLC-NOS	0.00				
G9424		SPEC SITE OTH THAN LOC L NOT NSCLC	0.00				
G9425		NSCLC BX & CY SPC NOT DOC NSCLC-NOS	0.00				
G9426		IMP MED TM ED AR-INIT P MED PRF ADM	0.00				
G9427		IMP MN TM ED AR-I P MED NOT PRF ADM	0.00				
G9428		PA RPRT PT CAT&STM THK&ULCER&PT1 MR	0.00				
G9429		DOC MED RSN NO R PT&STM THK PT1 MR	0.00				
G9430		SPECIMEN SITE OTH THAN ANAT CUT LOC	0.00				
G9431		PTH RPRT NO PT&STM THK&ULCR&PT1 MR	0.00				
G9432		ASA WC ACT C-ACT ACQ/ATAQ RSLT DOC	0.00				
G9434		ASA NOT WC CTR TL NOT U RSN NOT GVN	0.00				
G9435		ASPIRIN PRESCRIBED AT DISCHARGE	0.00				
G9436		ASPIRIN NOT PRESCRIBED FOR DOC RSN	0.00				
G9437		ASPIRIN NOT PRESCRIBED AT DISCHARGE	0.00				
G9438		P2Y INHIBITOR PRSC AT DISCHARGE	0.00				
G9439		P2Y INHIBITOR NOT PRSC DOC REASONS	0.00				
G9440		P2Y INHIBITOR NOT PRSC AT DISCHARGE	0.00				
G9441		STATIN PRESCRIBED AT DISCHARGE	0.00				
G9442		STATIN NOT PRESCRIBED FOR DOC RSN	0.00				
G9443		STATIN NOT PRESCRIBED AT DISCHARGE	0.00				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9448		PT WHO WERE BORN IN YEARS 1945-1965	0.00				
G9449		HX RECV BLOOD TRANSFUSIONS PRI 1992	0.00				
G9450		HISTORY OF INJECTION DRUG USE	0.00				
G9451		PATIENT RECV ONE-TIME SCR HCV INF	0.00				
G9452		DOC MED RSN NOT RECV 1-TIME SCR HCV	0.00				
G9453		DOC PT RSN NOT RECV 1-T SCR HCV INF	0.00				
G9454		1-T SCR HCV NOT RECV 12 MO NO RSN	0.00				
G9455		PT ABD IMAG U/S CE CT/C MRI HCC	0.00				
G9456		DOC MED/PT RSN NO ORDR/PERF SCR HCC	0.00				
G9457		PT NO ABD IMAG & NO DOC RSN RPRT PR	0.00				
G9458		PT DOC TOB USER & RECV TOB CESS INT	0.00				
G9459		CURRENTLY A TOBACCO NON-USER	0.00				
G9460		TOB ASMT/CESS INT NOT PRFR NO RSN	0.00				
G9463		I INTEND TO RPRT SINUSITIS MSR GRP	0.00				
G9464		ALL Q ACT MSR SINUSIT MSR GRP PR PT	0.00				
G9465		I INTEND TO REPORT THE AOE MSR GRP	0.00				
G9466		ALL Q ACT APPL MSR AOE GRP PRF PT	0.00				
G9467		PT RCV CS>/=10 MG/D PRD EQ 60 D 12M	0.00				
G9468		PT NOT REC CS>/=10 MG/D PRD EQ 60 D	0.00				
G9469		PT RECV CS>/=10 MG/D PDN EQ 60/> D	0.00				
G9470		PT NO CS >/= 10 MG/D PDN EQ 60/> D	0.00				
G9471		WI PAST 2 YRS CTR DXA NOT ORDR/DOC	0.00				
G9472		WI PAST 2 YRS CNTRL DXA NOT ORD&DOC	0.00				
G9473		SRVC PERF CHAPLN HOSPICE EA 15 MIN	0.00				
G9474		SRVC PRF DIET CNSLR HOSPICE EA 15 M	0.00				
G9475		SRVC PERF OTH COUNS HSPCE EA 15 MIN	0.00				
G9476		SRVC PRF VOLUNTEER HOSPICE EA15 MIN	0.00				
G9477		SRVC PRF CARE COORD HOSPICE EA 15 M	0.00				
G9478		SRVC PRF OTH QUAL TH HOSPCE EA 15 M	0.00				
G9479		SRVC PRF QUAL PHARM HOSPICE EA 15 M	0.00				
G9480		ADMISSION TO MCCM PROGRAM	0.00				
G9496		DOC RSN NOT DETECT AD/OTH NEOPLASM	0.00				
G9497		SEEN PRE-OP ANES/PROXY PRI DAY SURG	0.00				
G9498		ANTIBIOTIC REGIMEN PRESCRIBED	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9499		PT NOT ST/RECV AV TX HEP C MSR PER	0.00				
G9500		RADIATION EXPOSURE INDICES DOC	0.00				
G9501		RADIATION EXPOS INDICES RSN NOT GVN	0.00				
G9502		DOC MED RSN FOR NOT PERF FOOT EXAM	0.00				
G9503		PT TAKING TAMSULOSIN HYDROCHLORIDE	0.00				
G9504		D R NO ASSES HBV 1 Y P CRS ANTI-TNF	0.00				
G9505		ABX PRSC 10 D AFT ON SX DOC MED RSN	0.00				
G9506		BIOLOGIC IMMUNE RESPONSE MOD PRSC	0.00				
G9507		DOC PT ON STATN MED/DOC VALID CNTRA	0.00				
G9508		DOC PT IS NOT ON STATIN MEDICATION	0.00				
G9509		REMISS 12 M DEM 12 M PHQ-9 SCORE<5	0.00				
G9510		REM 12M NOT DEM BY 12M PHQ-9 SCR<5;	0.00				
G9511		INDX D PHQ-9 SCRE>9 DOC 12 M ID PER	0.00				
G9512		INDIVIDUAL HAD A PDC OF 0.8/GREATER	0.00				
G9513		INDIV DID NOT HAVE A PDC OF 0.8/>	0.00				
G9514		PT RQR RTN TO OR W/I 90 D OF SURG	0.00				
G9515		PT DID NOT RQR RTN OR W/I 90 D SURG	0.00				
G9516		PT ACHVD IMPRV VA PREOP LVL 90 D SX	0.00				
G9517		PT NO IMPRV VA PREOP LVL 90D S NO R	0.00				
G9518		DOCUMENTATION OF ACTIVE INJ DRUG US	0.00				
G9519		PT F REFR=/-1.0 D PLN REFR 90 D SRG	0.00				
G9520		PT NO F REFR +/-1.0 D 90 D SRG NO R	0.00				
G9521		TOT # ED VSTS & IP HOSP>2 PAST 12 M	0.00				
G9522		TOT #ED VST&IP=/>2 12 M/NO SCR NO R	0.00				
G9523		PT DXD HEMODIAL/PERITONEAL DIALYSIS	0.00				
G9524		PATIENT WAS REF TO HOSPICE CARE	0.00				
G9525		DOC PT RSN FOR NOT REF HOSPICE CARE	0.00				
G9526		PT NOT REF HOSPICE CARE RSN NOT GVN	0.00				
G9529		PT MIN BLNT HD TRMA APPROP INDCT CT	0.00				
G9530		PT 24 HR MN BLNT HD TRMA CT ORD ECP	0.00				
G9531		PT VALD RSN HEAD CT RGRDLSS INDICAT	0.00				
G9532		PT HEAD INJ OCCURRED >24 HRS B4 ED	0.00				
G9533		PT MIN BLNT HD TRMA NO INDCAT HD CT	0.00				
G9534		ADVANCED BRAIN IMAG WAS NOT ORDRD	0.00				
G9535		PATIENTS W/NORMAL NEUROLOGICAL EXAM	0.00				
G9536		DOC MED RSN ORD ADV BRAIN IMAG STDY	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9537		DOC SYS RSN ORD ADV BRAIN IMAG STDY	0.00				
G9538		ADVANCED BRAIN IMAGING WAS ORDERED	0.00				
G9539		INTENT FOR PTNTL REMV TIME OF PLCMT	0.00				
G9540		PATIENT ALIVE 3 MOS POST PROCEDURE	0.00				
G9541		FILTER REMOVED W/I 3 MO OF PLACEMNT	0.00				
G9542		DOC RE-ASSESS APPROP FILTR RMVL 3 M	0.00				
G9543		DOC AT LEAST TWO ATTEMPTS REACH PT	0.00				
G9544		PT THAT DO NOT HAVE THE FILTER RMVD	0.00				
G9547		INCN CT:LVR LES=0.5CM KID LES<1.0CM	0.00				
G9548		F RPT ABD IMAG STDY F/U IMAG RECOM	0.00				
G9549		DOC MED RSN F/U IMAGING NOT INDIC	0.00				
G9550		FIN RPT ABD IMAG F/U IMAG NOT RECOM	0.00				
G9551		FINAL REPORTS FOR ABD IMAGING STDY	0.00				
G9552		INCIDNTL THYRD NODUL <1.0 CM IN RPT	0.00				
G9553		PRIOR THYROID DISEASE DIAGNOSIS	0.00				
G9554		F RPT CT/MRI CHST/NCK F/U IMAG RECM	0.00				
G9555		DOC MED RSN NO DOC F/U IMAG NO NEED	0.00				
G9556		F RPT CT/MRI CHEST/NECK F/U NOT RCM	0.00				
G9557		F RP CT/MRI CH/NCK NO THR NOD<1.0CM	0.00				
G9558		PT TX W/BETA-LACTAM ABX DEFINITV TX	0.00				
G9559		DOC MED RSN NOT PRSC BETA-LACTM ABX	0.00				
G9560		PT NOT TX BETA-LCTM ABX RSN NOT GVN	0.00				
G9561		PT PRSC OPIATES FOR LNGR THAN 6 WKS	0.00				
G9562		PT F/U EVAL EV 3 MOS DUR OPIOID TX	0.00				
G9563		PT NO F/U EVL EV 3 MOS DR OPIOID TX	0.00				
G9572		IND D PHQ-SCR>9 DC 12M DNMNTR ID PR	0.00				
G9573		RM 6 MO AS DEMST 6 MO PHQ-9 SCORE<5	0.00				
G9574		RM 6 MO NOT DEMNST 6 MO PHQ-9 SCR<5	0.00				
G9577		PT PRSC OPIATES FOR LNGR THAN 6 WKS	0.00				
G9578		DOC SGND OPIOID TX AGRMNT 1 DUR TX	0.00				
G9579		NO DOC SGND OPIOID TX AGRMNT DUR TX	0.00				
G9580		DOOR TO PUNCTURE TIME OF < 2 HOURS	0.00				
G9581		DOOR-PUNCT TIME >2 HRS RSN DOC CLIN	0.00				
G9582		DOOR TO PUNCT TIME>2 HRS NO RSN GVN	0.00				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9583		PT PRSC OPIATES FOR LNGR THAN 6 WKS	0.00				
G9584		PT EVAL RISK MISUSE OPI VAL INSTRM	0.00				
G9585		PT NOT EVL RSK MSUSE OPI VAL INSTRM	0.00				
G9593		PED PT M BLNT HD TRMA LW RSK PECARN	0.00				
G9594		PATIENT W/I 24 HR MIN BLNT HD TRMA	0.00				
G9595		PT VAL RSN HD CT ORD RGDLSS INDICAT	0.00				
G9596		PED PT HEAD INJ OCRD >24 HRS B4 ED	0.00				
G9597		PED PT MI HD TRMA NOT LW RSK PECARN	0.00				
G9598		AA 5.5-5.9 CM MX D CL CT/MI D AX CT	0.00				
G9599		AA 6.0 CM/>MX DIA CL CT/M DIA AX CT	0.00				
G9600		SYM AAAS THAT RQR URG/EMERGENT REPR	0.00				
G9601		PT D/C HOME NO LTR THN POST-OP D #7	0.00				
G9602		PT NOT D/C HOME BY POST-OP DAY #7	0.00				
G9603		PT SURV SCRE IMPRV FROM BASE FLW TX	0.00				
G9604		PATIENT SURVEY RSLT NOT AVAILABLE	0.00				
G9605		PT SURV SCRE NO IMPRV BASE FLW TX	0.00				
G9606		IORT CYSTSCPY PERF EVAL LW TRCT INJ	0.00				
G9607		PT NOT ELIG E.G. PT DEATH DUR PROC	0.00				
G9608		IORT CYSTSCPY NOT P EVL LW TRCT INJ	0.00				
G9609		DOC ORD ANTI-PLAT AGT/P2Y12 ANTAGON	0.00				
G9610		DOC MED R NO ANTI-PLAT/P2Y12 ANTGN	0.00				
G9611		O ANTI-PLAT/P2Y12 ANTG NOT DC R NOS	0.00				
G9612		PHOTODOC 1/MRE CECL LK ESTB CMPL EX	0.00				
G9613		DOCUMENTATION OF POST-SURG ANATOMY	0.00				
G9614		NO PHOTODOC CECAL LK ESTB CMPL EXAM	0.00				
G9615		PREOPERATIVE ASSESSMENT DOCUMENTED	0.00				
G9616		DOC RSN NOT DOC A PREOP ASSESSMENT	0.00				
G9617		PREOP ASSESS NOT DOC RSN NOT GVN	0.00				
G9618		DOC SCR UTEN MALIG/US&/ENDOMET SAMP	0.00				
G9619		DOC REASON NO SCR FOR UTERN MALIG	0.00				
G9620		PT NOT SCR UTERN MALG/NO U/S NO RSN	0.00				
G9621		PT ID UNHLTHY ALC USR SCR&BRF COUNS	0.00				
G9622		PT NOT ID UNHLTHY ALC USR SCR ALC U	0.00				
G9623		DOC MED RSN NO SCR UNHLTHY AL USE	0.00				
G9624		PT NOT SCR UNHLTHY AL SCR NO RSN	0.00				
G9625		PT BLAD INJ SURG/TO 1 MO POST-SURG	0.00				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9626		PT NOT ELIG GYN/OTH PELV MALIG DOC	0.00				
G9627		PT NO BLAD INJ SRG/ TO 1 MO PST-SRG	0.00				
G9628		PT MAJ VISCUS INJ SRG/1 MO PST-SRG	0.00				
G9629		PT NOT ELG E.G. GYN/OTH PLV MAL DOC	0.00				
G9630		PT NOT SUSTAIN MAJ VISCUS INJ SURG	0.00				
G9631		PT URETR INJ SRG/DISC 1 MO POST-SRG	0.00				
G9632		PT NOT ELG E.G. GYN/OTH PLV MAL DOC	0.00				
G9633		PT DID NOT SUSTAIN URETER INJ SURG	0.00				
G9634		H-REL QOL ASSESS 2 VST&QOL SME/IMPR	0.00				
G9635		HLTH-REL QOL NOT ASSESS TL DOC RSN	0.00				
G9636		H-REL QOL NOT ASSES 2 VST/QOL DCLND	0.00				
G9637		FINAL RPT DOC 1/MORE DOSE RDUC TECH	0.00				
G9638		F RPT W/O DOC 1/MORE DOSE RDUC TECH	0.00				
G9639		MAJOR AMP/OPEN SURG BYPS NOT RQR	0.00				
G9640		DOC OF PLANNED HYBRID/STAGED PROC	0.00				
G9641		MAJOR AMPUTATION/OPEN SURG BYPS RQR	0.00				
G9642		CURRENT CIGARETTE SMOKERS	0.00				
G9643		ELECTIVE SURGERY	0.00				
G9644		PT ABST FROM SMOK PRI ANES D SX/PCR	0.00				
G9645		PT NOT F ABST SMK PRI ANES D SX/PCR	0.00				
G9646		PATIENTS W/90 DA MRS SCORE 0 TO 2	0.00				
G9647		PT MRS SCORE NOT OBTAINED 90 DA F/U	0.00				
G9648		PATIENTS WITH 90 DAY MRS SCORE >2	0.00				
G9649		PSO TOOL DOC MEET ANY 1 SPC BNCHMRK	0.00				
G9650		DOC THAT PATIENT DECLINED TX CHANGE	0.00				
G9651		PSO TL DOC NOT ANY 1 SPEC BENCHAMRK	0.00				
G9652		PT BEEN TX SYS/BIO MED PSO AL 6 MOS	0.00				
G9653		PT NOT TX SYS/BIO MED PSO AL 6 MOS	0.00				
G9654		MONITORED ANESTHESIA CARE	0.00				
G9655		A TRAN OF CARE PROT/H/O TL/CHCKLIST	0.00				
G9656		PT TRNSF DIR FROM ANES LOC TO PACU	0.00				
G9657		TRNSF OF CARE DUR ANESTHETIC/TO ICU	0.00				
G9658		A TRAN CARE PROT/HO TOOL/CHECKLIST	0.00				
G9659		PT>85 YRS NO HX CC/MED RSN COLO	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9660		DOC MED RSN COLONOSCOPY PT>85 YRS	0.00				
G9661		PT>85 YRS RECV ROUTINE COLONOSCOPY	0.00				
G9662		PREVIOUSLY DX/ACTIVE DX CLIN ASCVD	0.00				
G9663		ANY FST/DIR LDL-C LAB TST=190 MG/DL	0.00				
G9664		PT CUR STATIN USR/RCVD ORD STATN TX	0.00				
G9665		PT NO CUR STATN USR/NO ORD STATN TX	0.00				
G9666		HI F/DIR LDL-C LB RSLT 70/189 MG/DL	0.00				
G9667		DC MD R NO STATN TX U/RCV ORD STATN	0.00				
G9669		I INTND TO RPT MX CHRN COND MSR GRP	0.00				
G9670		ALL QLTY ACT APP MSR MX CHR CND MSR	0.00				
G9671		I INTEND TO RPT THE DIAB RP MSR GRP	0.00				
G9672		ALL QLTY ACT APPL MSR DIAB RP MSR	0.00				
G9673		I INTEND TO RPR THE CV PREV MSR GRP	0.00				
G9674		PATIENTS W/CLINICAL ASCVD DIAGNOSIS	0.00				
G9675		PT HAD F/DR LB RSLT LDL-C=190 MG/DL	0.00				
G9676		PT 40-75 YRS BEG MSR PRD T 1/2 DIAB	0.00				
G9677		ALL QLTY ACT APPLIC MSR CV PREV MSR	0.00				
J0120		INJECTION TETRACYCLINE UP TO 250 MG	0.00			BR	
J0129		INJ ABATACEPT 10 MG MEDICR ADM PHYS	47.33			33.09	
J0130		INJECTION ABCIXIMAB 10 MG	1218.65			1125.65	
J0131		INJECTION ACETAMINOPHEN 10 MG	BR			BR	
J0132		INJECTION ACETYLCYSTEINE 100 MG	2.06			4.44	
J0133		INJECTION ACYCLOVIR 5 MG	0.09			BR	
J0135		INJECTION ADALIMUMAB 20 MG	903.91			514.89	
J0153		INJECTION ADENOSINE 1 MG	1.15				
J0171		INJ ADRENALIN EPINEPHRINE 0.1 MG	0.15			0.17	
J0178		INJECTION AFLIBERCEPT 1 MG	1176.60			1642.32	
J0180		INJECTION AGALSIDASE BETA 1 MG	190.17			220.61	
J0190		INJECTION BIPERIDEN LACTAT PER 5 MG	BR			BR	
J0200		INJ ALATROFLOXACIN MESYLATE 100 MG	BR			BR	
J0202		INJECTION ALEMTUZUMAB 1 MG	2092.58				
J0205		INJECTION ALGLUCERASE PER 10 UNITS	37.20			60.51	
J0207		INJECTION AMIFOSTINE 500 MG	453.46			854.92	
J0210		INJ METHYLDOPATE HCL TO 250 MG	47.20			19.15	
J0215		INJECTION ALEFACEPT 0.5 MG	31.20			50.82	
J0220		INJ ALGLUCOSIDASE ALFA 10 MG NOS	248.04			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J0221		INJ ALGLUCOSIDASE ALFA 10 MG	184.32			BR	
J0256		INJ ALPHA 1-PROTASE INHIB NOS 10 MG	5.51			BR	
J0257		INJ ALPHA 1 PROTEINASE INH 10 MG	5.13			BR	
J0270		INJECTION ALPROSTADIL 1.25 MCG	2.80			4.52	
J0275		ALPROSTADIL URETHRAL SUPPOSITORY	BR			BR	
J0278		INJECTION AMIKACIN SULFATE 100 MG	1.39			3.26	
J0280		INJECTION AMINOPHYLLIN UP TO 250 MG	10.65			3.22	
J0282		INJ AMIODARONE HYDROCHLORIDE 30 MG	0.80			1.27	
J0285		INJECTION AMPHOTERICIN B 50 MG	23.43			44.15	
J0287		INJ AMPHOTERICN B LIPID CMPLX 10 MG	15.63			36.77	
J0288		INJ AMPHOTERICIN B CHOLESTRYL 10 MG	87.60			142.98	
J0289		INJ AMPHOTERICIN B LIPOSOME 10 MG	21.82			57.73	
J0290		INJECTION AMPICILLIN SODIUM 500 MG	1.71			6.88	
J0295		INJ AMPCLLN SODIM/SULBACTAM-1.5 G	2.73			15.00	
J0300		INJECTION AMOBARBITAL UP TO 125 MG	14.00			22.87	
J0330		INJ SUCCINYLCHOLINE CHLORID UP 20MG	0.80			1.27	
J0348		INJECTION ANIDULAFUNGIN 1 MG	0.70			3.31	
J0350		INJECTION ANISTREPLASE PER 30 UNITS	BR			BR	
J0360		INJECTION HYDRALAZINE HCL UP 20 MG	12.60			25.86	
J0364		INJ APOMORPH HYDROCHLORID 1 MG	3.60			5.70	
J0365		INJECTION APROTININ 10000 KIU	3.20			4.99	
J0380		INJ METARAMINOL BITARTRATE 10 MG	1.20			2.19	
J0390		INJECTION CHLOROQUINE HCL UP 250 MG	BR			BR	
J0395		INJECTION ARBUTAMINE HCL 1 MG	BR			BR	
J0400		INJ ARIPIPRAZOLE IM 0.25 MG	0.91			0.52	
J0401		INJ ARIPIPRAZOLE EXT RELEASE 1 MG	5.10				
J0456		INJECTION AZITHROMYCIN 500 MG	4.27			31.13	
J0461		INJECTION ATROPINE SULFATE 0.01 MG	0.06			0.03	
J0470		INJECTION DIMERCAPROL PER 100 MG	46.45			BR	
J0475		INJECTION BACLOFEN 10 MG	199.15			BR	
J0476		INJ BACLOFEN 50 MCG INTRATHEC TRIAL	91.67			128.69	
J0480		INJECTION BASILIXIMAB 20 MG	3609.56			2951.29	
J0485		INJECTION BELATACEPT 1 MG	4.56			BR	
J0490		INJECTION BELIMUMAB 10 MG	49.75			6.37	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J0500		INJECTION DICYCLOMINE HCL UP 20 MG	69.30			21.26	
J0515		INJ BENZTROPINE MESYLATE PER 1 MG	24.39			26.26	
J0520		INJ BETHANECHOL CHLORIDE UP TO 5 MG	BR			BR	
J0558		INJ PCN G BENZ & PROCAINE 100000 U	7.91			BR	
J0561		INJECTION PCN G BENZ 100000 UNITS	9.99			2.65	
J0571		BUPRENORPHINE ORAL 1 MG	BR				
J0572		BPN/NALOXONE ORAL </=TO 3 MG BPN	BR				
J0573		BPN/NLX O>3 MG BUT</=TO 3.1 TO 6 MG	BR				
J0574		BPN/NLX O >6 MG BUT </=TO 10 MG BPN	BR				
J0575		BPN/NALOXONE ORAL >10 MG BPN	BR				
J0583		INJECTION BIVALIRUDIN 1 MG	3.61			4.23	
J0585		BOTULINUM TOXIN TYPE A PER UNIT	6.87			9.18	
J0586		INJECTION ABOBOTULINUMTOXINA 5 UNIT	9.48			BR	
J0587		INJ RIMABOTULINUMTOXINB 100 UNITS	13.93			15.29	
J0588		INJECTION INCOBOTULINUMTOXIN 1 UNIT	5.72			BR	
J0592		INJ BUPRENORPHINE HYDROCHLOR 0.1 MG	3.59			1.59	
J0594		INJECTION BUSULFAN 1 MG	39.81			25.57	
J0595		INJECTION BUTORPHANOL TARTRATE 1 MG	2.87			7.77	
J0596		INJ C1 ESTERASE INHIB RUCONEST 10 U	BR				
J0597		INJ C1 ESTERASE INHIB BERINERT 10 U	55.59			86.53	
J0598		INJ C1 ESTERASE INHIB CINRYZE 10 U	65.37			71.70	
J0600		INJ EDETATE CALCM DISODIM TO 1000MG	6713.31			92.66	
J0610		INJECTION CALCM GLUCONATE PER 10 ML	3.72			1.92	
J0620		INJ CALCM GLYCROPHSPHTE&LACTAT-10ML	13.60			22.03	
J0630		INJ CALCITONIN SALMON TO 400 UNITS	2397.32			88.83	
J0636		INJECTION CALCITRIOL 0.1 MCG	0.42			2.36	
J0637		INJECTION CASPOFUNGIN ACETATE 5 MG	15.53			60.58	
J0638		INJECTION CANAKINUMAB 1 MG	110.54			BR	
J0640		INJ LEUCOVORIN CALCIUM PER 50 MG	4.60			3.68	
J0641		INJ LEVOLEUCOVORIN CALCIUM 0.5 MG	1.94			BR	
J0670		INJECTION MEPIVACAINE HCL PER 10 ML	2.36			BR	
J0690		INJECTION CEFAZOLIN SODIUM 500 MG	1.07			5.19	
J0692		INJ CEFEPIME HYDROCHLORID 500 MG	3.01			24.40	
J0694		INJ CEFOXITIN SODIUM 1 GM	5.87			14.46	
J0695		INJ CEFTOLOZANE 50 MG & TAZ 25 MG	BR				
J0696		INJ CEFTRIAXONE SODIUM PER 250 MG	0.93			14.11	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J0697		INJ STERL CEFUROXIME SODIUM 750 MG	2.90			11.63	
J0698		INJECTION CEFOTAXIME SODIUM PER G	3.77			14.46	
J0702		INJ BETAMETHASONE AC & PHOS 3 MG	7.00			9.67	
J0706		INJECTION CAFFEINE CITRATE 5MG	3.60			5.82	
J0710		INJ CEPHAPIRIN SODIUM TO 1 GM	BR			BR	
J0712		INJECTION CEFTAROLINE FOSAMIL 10 MG	2.72			BR	
J0713		INJECTION CEFTAZIDIME PER 500 MG	2.88			10.91	
J0714		INJ CFTAZDM & AVIBCTM 0.5 G/0.125 G	BR				
J0715		INJ CEFTIZOXIME SODIUM PER 500 MG	BR			BR	
J0716		INJ CENTRUROIDS IMM FAB2 TO 120 MCI	BR			6089.90	
J0717		INJECTION CERTOLIZUMAB PEGOL 1 MG	7.76				
J0720		INJ CHLORMPHNICL SODIM SUCCNT TO 1G	38.08			45.78	
J0725		INJ CHORIONIC GONADOTROPIN-1000 USP	24.25			6.69	
J0735		INJ CLONIDINE HYDROCHLORID 1 MG	13.85			118.64	
J0740		INJECTION CIDOFOVIR 375 MG	680.24			1433.14	
J0743		INJ CILASTATIN SODIM IMIPENEM-250MG	5.45			33.12	
J0744		INJ CIPROFLOXACIN IV INFUS 200 MG	1.22			22.98	
J0745		INJ CODEINE PHOSPHATE PER 30 MG	1.20			1.79	
J0760		INJECTION COLCHICINE PER 1 MG	6.80			11.40	
J0770		INJ COLISTIMETHATE SODIUM TO 150 MG	12.48			87.32	
J0775		INJ COLLAGENASE CHC 0.01 MG	46.15			BR	
J0780		INJ PROCHLORPERAZINE TO 10 MG	15.71			BR	
J0795		INJ CORTICORELN OVINE TRIFLUT 1 MCG	9.27			8.32	
J0800		INJECTION CORTICOTROPIN UP 40 UNITS	4294.26			BR	
J0833		INJ COSYNTROPIN NOS 0.25 MG	112.80			183.70	
J0834		INJECTION COSYNTROPIN 0.25 MG	53.39			195.94	
J0840		INJ CROTALIDAE POLYV IMM FAB UP 1 G	3051.58			5823.73	
J0850		INJ CYTOMEGLOVRUS IMMU GLOB IV-VIAL	1277.72			1620.11	
J0875		INJECTION DALBAVANCIN 5MG	17.50				
J0878		INJECTION DAPTOMYCIN 1 MG	0.96			0.63	
J0881		INJ DARBEPOETIN ALFA 1 MCG NON-ESRD	4.98			8.41	
J0882		INJ DARBEPOETIN ALFA 1 MCG FOR ESRD	4.98			8.41	
J0885		INJ EPOETIN ALFA NON-ESRD 1000 UNIT	14.80			22.54	
J0887		INJECTION EPOETIN BETA 1 MICROGRAM	BR				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J0888		INJECTION EPOETIN BETA 1 MICROGRAM	BR				
J0890		INJECTION PEGINESATIDE 0.1 MG	BR			BR	
J0894		INJECTION DECITABINE 1 MG	26.13			45.96	
J0895		INJ DEFEROXAMINE MESYLATE 500 MG	18.01			29.43	
J0897		INJECTION DENOSUMAB 1 MG	18.59			BR	
J0945		INJ BROMPHENIRAMINE MALEATE-10 MG	0.40			0.03	
J1000		INJ DEPO-ESTRADIOL CYPIONATE TO 5MG	16.56			12.38	
J1020		INJ METHYLPRDNISOLONE ACTAT 20 MG	5.39			5.27	
J1030		INJ METHYLPRDNISOLONE ACTAT 40 MG	5.17			11.05	
J1040		INJ METHYLPRDNISOLONE ACTAT 80 MG	10.00			17.54	
J1050		INJ MEDROXYPROGESTERNE ACETATE 1 MG	0.43			BR	
J1071		INJ TESTOSTERONE CYPIONATE 1 MG	0.04				
J1094		INJECTION DEXAMETHASONE ACTAT 1 MG	0.40			0.89	
J1100		INJ DEXMETHOSON SODIM PHOSHATE 1 MG	0.17			0.89	
J1110		INJ DIHYDROERGOTAMINE MESYLATE 1 MG	92.09			64.74	
J1120		INJ ACETAZOLAMIDE SODIUM TO 500 MG	24.91			66.18	
J1160		INJECTION DIGOXIN UP TO 0.5 MG	5.49			4.14	
J1162		INJ DIGOXIN IMMUNE FAB OVINE VIAL	3171.25			1017.17	
J1165		INJ PHENYTOIN SODIUM PER 50 MG	0.79			2.42	
J1170		INJECTION HYDROMORPHONE UP TO 4 MG	2.47			2.33	
J1180		INJECTION DYPHYLLINE UP TO 500 MG	BR			BR	
J1190		INJ DEXRAZOXANE HCL PER 250 MG	200.14			634.43	
J1200		INJ DIPHENHYDRAMINE HCL TO 50 MG	0.59			2.96	
J1205		INJ CHLOROTHIAZIDE SODIUM 500 MG	139.01			330.79	
J1212		INJ DMSO DIMETHYL SULFOXID 50% 50ML	261.05			91.92	
J1230		INJECTION METHADONE HCL UP TO 10 MG	12.31			BR	
J1240		INJECTION DIMENHYDRINATE TO 50 MG	7.47			3.32	
J1245		INJECTION DIPYRIDAMOLE PER 10 MG	0.98			52.56	
J1250		INJECTION DOBUTAMINE HCl PER 250 MG	6.65			5.47	
J1260		INJECTION DOLASETRON MESYLATE 10 MG	9.32			7.17	
J1265		INJECTION DOPAMINE HCL 40 MG	0.73			0.63	
J1267		INJECTION DORIPENEM 10 MG	0.96			1.41	
J1270		INJECTION DOXERCALCIFEROL 1 MCG	1.11			573.12	
J1290		INJECTION ECALLANTIDE 1 MG	485.62			664.62	
J1300		INJECTION ECULIZUMAB 10 MG	259.11			BR	
J1320		INJ AMITRIPTYLINE HCL TO 20 MG	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J1322		INJECTION ELOSULFASE ALFA 1 MG	BR				
J1324		INJECTION ENFUVIRTIDE 1 MG	0.40			0.67	
J1325		INJECTION EPOPROSTENOL 0.5 MG	18.57			BR	
J1327		INJECTION EPTIFIBATIDE 5 MG	25.20			41.06	
J1330		INJ ERGONOVINE MALEATE UP TO 0.2 MG	BR			BR	
J1335		INJECTION ERTAPENEM SODIUM 500 MG	49.96			103.38	
J1364		INJECTION ERYTH LACTOBIONATE 500 MG	58.08			18.41	
J1380		INJ ESTRADIOL VALERATE TO 10 MG	12.33			12.98	
J1410		INJECTION ESTROGEN CONJUGATED 25 MG	274.04			146.64	
J1430		INJ ETHANOLAMINE OLEATE 100 MG	484.91			141.54	
J1435		INJECTION ESTRONE PER 1 MG	0.40			0.61	
J1436		INJ ETIDRONATE DISODIUM PER 300 MG	BR			BR	
J1438		INJECTION ETANERCEPT 25 MG	422.54			283.39	
J1439		INJ FERRIC CARBOXYMALTOSE 1 MG	1.27				
J1442		INJ FILGRASTIM EXCL BIOSIMLRS 1 MIC	1.21				
J1443		INJ FERRIC PRPP CIT SOL 0.1 MG IRON	BR				
J1447		INJECTION TBO-FILGRASTIM 1 MICROG	0.92				
J1450		INJECTION FLUCONAZOLE 200 MG	5.79			61.65	
J1451		INJECTION FOMEPIZOLE 15 MG	8.40			13.67	
J1452		INJ FOMIVIRSEN SODIUM IO 1.65 MG	BR			BR	
J1453		INJECTION FOSAPREPITANT 1 MG	2.07			2.80	
J1455		INJECTION FOSCARNET SODIUM 1000 MG	23.60			38.36	
J1457		INJECTION GALLIUM NITRATE 1 MG	1.60			2.86	
J1458		INJECTION GALSULFASE 1 MG	437.27			599.32	
J1459		INJ IG IV NONLYOPHILIZED 500 MG	45.91			BR	
J1460		INJECTION GAMMA GLOB IM 1 CC	40.14			BR	
J1556		INJ IMMUNE GLOBULIN BIVIGAM 500 MG	46.63				
J1557		INJ IG IV NONLYOPHILIZED 500 MG	44.77			BR	
J1559		INJECTION IG HIZENTRA 100 MG	10.16			BR	
J1560		INJECTION GAMMA GLOB IM OVER 10 CC	401.41			BR	
J1561		INJ IG NONLYOPHILIZED 500 MG	50.12			75.57	
J1562		INJECTION IG VIVAGLOBIN 100 MG	11.20			18.38	
J1566		INJ IG IV LYPHILIZED NOS 500 MG	41.87			109.20	
J1568		INJ IG OCTOGAM IV NONLYO 500MG	50.93			82.73	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J1569		INJ IG GAMMAGARD IV NONLYO 500 MG	45.74			93.45	
J1570		INJECTION GANCICLOVIR SODIUM 500 MG	79.42			107.99	
J1571		INJ HEP B IG HEPAGAM B IM 0.5 ML	66.97			140.02	
J1572		INJ IG IV NONLYOPHILIZED 500 MG	47.23			74.15	
J1573		INJ HEP B IG HEPAGAM B IV 0.5 ML	BR			BR	
J1575		INJ IG/HYALURONIDASE 100 MG IG	13.00				
J1580		INJ GARAMYCIN GENTAMICIN UP 80 MG	1.51			3.36	
J1590		INJECTION GATIFLOXACIN 10 MG	BR			BR	
J1595		INJECTION GLATIRAMER ACETATE 20 MG	1920.00			3128.93	
J1599		INJ IG IV NONLYOPHILIZED NOS 500 MG	BR			BR	
J1600		INJ GOLD SODIUM THIOMALATE TO 50 MG	16.40			26.49	
J1602		INJECTION GOLIMUMAB 1 MG FOR IV USE	29.23				
J1610		INJ GLUCAGON HYDROCHLORIDE PER 1 MG	237.54			144.61	
J1620		INJ GONADORELN HYDROCHLORID 100 MCG	BR			BR	
J1626		INJ GRANISETRN HYDROCHLORID 100 MCG	0.52			17.68	
J1630		INJECTION HALOPERIDOL UP TO 5 MG	1.83			17.62	
J1631		INJ HALOPERIDOL DECANOATE PER 50 MG	24.34			23.85	
J1640		INJECTION HEMIN 1 MG	26.12			12.64	
J1642		INJECTION HEPARIN SODIUM 10 UNITS	0.22			1.26	
J1644		INJ HEPARIN SODIUM PER 1000 UNITS	0.25			1.99	
J1645		INJ DALTEPARIN SODIUM PER 2500 IU	18.72			29.37	
J1650		INJECTION ENOXAPARIN SODIUM 10 MG	1.37			11.95	
J1652		INJ FONDAPARINUX SODIUM 0.5 MG	3.04			14.06	
J1655		INJECTION TINZAPARIN SODIUM 1000 IU	4.40			6.96	
J1670		INJ TETNS IMMUN GLOB HUMN TO 250 U	483.39			410.51	
J1675		INJ HISTRELIN ACTAT 10 MICROGMS	1.20			1.84	
J1700		INJ HYDROCORTISONE ACTAT TO 25 MG	BR			BR	
J1710		INJ HYDROCORTISON SOD PHOS TO 50 MG	BR			BR	
J1720		INJ HYDROCORTSON SOD SUCC TO 100 MG	9.00			3.55	
J1725		INJECTION HPC 1 MG	0.40			BR	
J1730		INJECTION DIAZOXIDE UP TO 300 MG	121.60			198.27	
J1740		INJECTION IBANDRONATE SODIUM 1 MG	130.02			789.16	
J1741		INJECTION IBUPROFEN 100 MG	BR			BR	
J1742		INJ IBUTILIDE FUMARATE 1 MG	113.10			519.35	
J1743		INJECTION IDURSULFASE 1 MG	623.67			805.22	
J1744		INJECTION ICATIBANT 1 MG	0.00			393.71	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J1745		INJECTION INFLIXIMAB 10 MG	95.89			102.80	
J1750		INJECTION IRON DEXTRAN 50 MG	14.63			28.88	
J1756		INJECTION IRON SUCROSE 1 MG	0.32			1.04	
J1786		INJECTION IMIGLUCERASE 10 UNITS	50.40			99.44	
J1790		INJECTION DROPERIDOL UP TO 5 MG	2.40			5.79	
J1800		INJECTION PROPRANOLOL HCL TO 1 MG	3.47			17.53	
J1810		INJ DROPRIDL&FENTNYL CITRAT TO 2ML	BR			BR	
J1815		INJECTION INSULIN PER 5 UNITS	0.95			BR	
J1817		INSULIN ADMIN THRU DME PER 50 UNITS	10.03			BR	
J1826		INJECTION INTERFERON BETA-1A 30 MCG	696.40			1548.69	
J1830		INJ INTERFERON BETA-1B 0.25 MG	BR			BR	
J1833		INJECTION ISAVUCONAZONIUM 1 MG	BR				
J1835		INJECTION ITRACONAZOLE 50 MG	1124.80			1833.27	
J1840		INJ KANAMYCIN SULFATE TO 500 MG	8.40			10.05	
J1850		INJ KANAMYCIN SULFATE TO 75 MG	1.20			0.98	
J1885		INJ KETOROLAC TROMETHAMINE 15 MG	0.83			6.66	
J1890		INJ CEPHALOTHIN SODIUM TO 1 GM	BR			BR	
J1930		INJECTION LANREOTIDE 1 MG	57.80			52.39	
J1931		INJECTION LARONIDASE 0.1 MG	35.33			BR	
J1940		INJECTION FUROSEMIDE UP TO 20 MG	3.47			2.28	
J1945		INJECTION LEPIRUDIN 50 MG	179.60			292.67	
J1950		INJ LEUPROLIDE ACETATE PER 3.75 MG	1114.74			933.77	
J1953		INJECTION LEVETIRACETAM 10 MG	0.24			1.10	
J1955		INJECTION LEVOCARNITINE PER 1 G	20.92			53.02	
J1956		INJECTION LEVOFLOXACIN 250 MG	2.87			35.40	
J1960		INJ LEVORPHANOL TARTRATE TO 2 MG	3.60			6.07	
J1980		INJ HYOSCYAMINE SULFATE TO 0.25 MG	29.26			18.12	
J1990		INJ CHLORDIAZEPOXIDE HCL TO 100 MG	24.80			40.31	
J2001		INJECTION LIDO HCL IV INFUS 10 MG	0.02			BR	
J2010		INJECTION LINCOMYCIN HCL TO 300 MG	13.45			8.96	
J2020		INJECTION LINEZOLID 200 MG	28.45			BR	
J2060		INJECTION LORAZEPAM 2 MG	0.91			2.41	
J2150		INJECTION MANNITOL 25% IN 50 ML	1.93			5.45	
J2170		INJECTION MECASERMIN 1 MG	8.40			13.80	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J2175		INJECTION MEPERIDINE HCL PER 100 MG	5.43			1.87	
J2180		INJ MEPRIDIN&PROMTHZIN HCL TO 50 MG	9.20			15.23	
J2185		INJECTION MEROPENEM 100 MG	1.58			11.63	
J2210		INJ METHYLRGONOVIN MALATE TO 0.2 MG	5.90			9.02	
J2212		INJECTION METHYLNALTREXONE 0.1 MG	0.00			0.63	
J2248		INJECTION MICAFUNGIN SODIUM 1 MG	1.16			3.43	
J2250		INJECTION MIDAZOLAM HCL PER 1 MG	0.16			1.06	
J2260		INJECTION MILRINONE LACTATE 5 MG	4.00			82.35	
J2265		INJECTION MINOCYCLINE HCL 1 MG	0.00			0.96	
J2270		INJ MORPHINE SULFATE UP TO 10 MG	1.46			6.24	
J2274		INJ MS PRS-FREE EPID/INTH USE 10 MG	10.28				
J2278		INJECTION ZICONOTIDE 1 MICROGRAM	8.61			14.69	
J2280		INJECTION MOXIFLOXACIN 100 MG	11.01			16.09	
J2300		INJECTION NALBUPHINE HCL PER 10 MG	2.85			6.60	
J2310		INJECTION NALOXONE HCL PER 1 MG	33.59			11.52	
J2315		INJ NALTREXONE DEPOT FORM 1 MG	3.82			BR	
J2320		INJ NANDROLONE DECANOATE TO 50 MG	4.80			7.57	
J2323		INJECTION NATALIZUMAB 1 MG	20.42			13.33	
J2325		INJECTION NESIRITIDE 0.1 MG	36.00			58.37	
J2353		INJ OCTREOTIDE DEPOT FORM IM 1MG	190.45			285.92	
J2354		INJ OCTREOTDE NO-DPOT SUBQ/IV 25MCG	1.47			8.73	
J2355		INJECTION OPRELVEKIN 5 MG	526.87			482.56	
J2357		INJECTION OMALIZUMAB 5 MG	35.96			31.71	
J2358		INJ OLANZAPINE LONG-ACTING 1 MG	3.50			BR	
J2360		INJ ORPHENADRINE CITRATE TO 60 MG	6.84			22.66	
J2370		INJECTION PHENYLEPHRINE HCL TO 1 ML	2.00			3.52	
J2400		INJ CHLOROPROCAINE HCL PER 30 ML	27.38			10.54	
J2405		INJECTION ONDANSETRON HCL PER 1 MG	0.12			11.37	
J2407		INJECTION ORITAVANCIN 10 MG	30.74				
J2410		INJECTION OXYMORPHONE HCL TO 1 MG	3.41			4.80	
J2425		INJECTION PALIFERMIN 50 MICROGRAMS	19.69			20.22	
J2426		INJ PALIPERIDONE PALM EXT RLSE 1 MG	10.42			BR	
J2430		INJ PAMIDRONATE DISODIUM PER 30 MG	13.89			415.00	
J2440		INJECTION PAPAVERINE HCL TO 60 MG	3.20			5.21	
J2460		INJ OXYTETRACYCLINE HCL TO 50 MG	BR			BR	
J2469		INJECTION PALONOSETRON HCL 25 MCG	25.76			59.75	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J2501		INJECTION PARICALCITOL 1 MCG	1.14			8.59	
J2502		INJ PASIREOTIDE LONG ACTING 1 MG	BR				
J2503		INJECTION PEGAPTANIB SODIUM 0.3 MG	1243.38			1829.21	
J2504		INJECTION PEGADEMASE BOVINE 25 IU	337.68			311.50	
J2505		INJECTION PEGFILGRASTIM 6 MG	4593.71			5232.09	
J2507		INJECTION PEGLOTICASE 1 MG	1636.08			BR	
J2510		INJ PCN G PROCAINE AQUEOUS 600000 U	27.03			19.27	
J2513		INJ PENTASTARCH 10% SOL 100 ML	BR			BR	
J2515		INJ PENTOBARBITAL SODIUM PER 50 MG	50.01			13.41	
J2540		INJECTION PCN G K+ TO 600000 UNITS	1.14			4.20	
J2543		INJ PIP SOD/TZ SOD 1 G/0.125 G	3.11			BR	
J2545		PENTAMIDINE ISETHIONAT I SOL 300 MG	136.49			116.59	
J2547		INJECTION PERAMIVIR 1 MG	BR				
J2550		INJECTION PROMETHAZINE HCL TO 50 MG	1.97			5.64	
J2560		INJ PHENOBARBITAL SODIUM TO 120 MG	35.04			5.33	
J2562		INJECTION PLERIXAFOR 1 MG	369.45			478.75	
J2590		INJECTION OXYTOCIN UP TO 10 UNITS	4.40			6.94	
J2597		INJ DESMOPRESSIN ACETATE PER 1 MCG	16.22			15.18	
J2650		INJ PREDNISOLONE ACETATE TO 1 ML	BR			BR	
J2670		INJECTION TOLAZOLINE HCL TO 25 MG	BR			BR	
J2675		INJECTION PROGESTERONE PER 50 MG	1.16			5.94	
J2680		INJ FLUPHENAZINE DECANOATE TO 25 MG	26.72			11.11	
J2690		INJ PROCAINAMIDE HCL TO 1 GM	55.37			6.79	
J2700		INJ OXACILLIN SODIUM TO 250 MG	2.17			4.44	
J2704		INJECTION PROPOFOL 10 MG	0.15				
J2710		INJ NEOSTIGMINE METHYLSULFAT 0.5 MG	0.40			0.92	
J2720		INJ PROTAMINE SULFATE PER 10 MG	1.40			2.04	
J2724		INJ PROTEN C CONC IV HUMAN 10 IU	18.16			BR	
J2725		INJECTION PROTIRELIN PER 250 MCG	BR			BR	
J2730		INJ PRALIDOXIME CHLORIDE TO 1 GM	102.80			159.39	
J2760		INJ PHENTOLAMINE MESYLATE TO 5 MG	190.80			99.27	
J2765		INJ METOCLOPRAMIDE HCL TO 10 MG	0.84			3.39	
J2770		INJ QUINUPRISTIN/DALFOPRISTN 500 MG	398.56			230.27	
J2778		INJECTION RANIBIZUMAB 0.1 MG	465.19			746.85	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J2780		INJ RANITIDINE HYDROCHLORIDE 25 MG	1.27			3.06	
J2783		INJECTION RASBURICASE 0.5 MG	278.25			256.15	
J2785		INJECTION REGADENOSON 0.1 MG	64.85			BR	
J2788		INJ RHO D IG HUMAN MINIDOSE 50 MCG	29.27			125.35	
J2790		INJ RHO D IG HUMN FULL DOSE 300 MCG	100.48			205.90	
J2791		INJ RHO D IG HUMAN RHOPHYLAC 100 IU	5.68			19.66	
J2792		INJ RHO D IMMUE GLOB IV HUMN 100 IU	24.26			BR	
J2793		INJECTION RILONACEPT 1 MG	25.60			41.78	
J2794		INJ RISPERIDONE LONG ACTING 0.5 MG	8.74			3.63	
J2795		INJ ROPIVACAINE HYDROCHLORID 1 MG	0.09			0.32	
J2796		INJECTION ROMIPLOSTIM 10 MCG	70.93			78.13	
J2800		INJECTION METHOCARBAMOL UP TO 10 ML	51.87			29.23	
J2805		INJECTION SINCALIDE 5 MICROGRAMS	110.50			107.24	
J2810		INJECTION THEOPHYLLINE PER 40 MG	0.35			BR	
J2820		INJECTION SARGRAMOSTIM 50 MCG	41.13			52.85	
J2850		INJ SECRETIN SYNTH HUMN 1 MICROGM	41.74			37.35	
J2860		INJECTION SILTUXIMAB 10 MG	BR				
J2910		INJECTION AUROTHIOGLUCOSE TO 50 MG	BR			BR	
J2916		INJ SODIM FERRIC GLUCONATE 12.5 MG	3.08			13.18	
J2920		INJ METHYLPRDNISOLON SODIM TO 40 MG	3.48			5.53	
J2930		INJ METHYLPRDNISLN SODIM TO 125 MG	4.93			12.23	
J2940		INJECTION SOMATREM 1 MG	BR			BR	
J2941		INJECTION SOMATROPIN 1 MG	53.60			87.32	
J2950		INJECTION PROMAZINE HCL UP TO 25 MG	BR			BR	
J2993		INJECTION RETEPLASE 18.1 MG	2571.60			2216.10	
J2995		INJ STREPTOKINASE PER 250000 IU	88.00			143.63	
J2997		INJ ALTEPLASE RECOMBINANT 1 MG	89.63			62.75	
J3000		INJECTION STREPTOMYCIN UP TO 1 G	14.22			13.94	
J3010		INJECTION FENTANYL CITRATE 0.1 MG	0.59			0.25	
J3030		INJECTION SUMATRIPTAN SUCCNAT 6 MG	64.00			104.25	
J3060		INJ TALIGLUCERACE ALFA 10 UNITS	46.27				
J3070		INJECTION PENTAZOCINE 30 MG	148.77			53.48	
J3090		INJECTION TEDIZOLID PHOSPHATE 1 MG	1.46				
J3095		INJECTION TELAVANCIN 10 MG	6.35			BR	
J3101		INJECTION TENECTEPLASE 1 MG	112.71			89.39	
J3105		INJ TERBUTALINE SULFATE TO 1 MG	1.02			45.24	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J3110		INJECTION TERIPARATIDE 10 MCG	9.60			15.47	
J3121		INJ TESTOSTERONE ENANTHATE 1 MG	0.05				
J3145		INJ TESTOSTERONE UNDECANOATE 1 MG	BR				
J3230		INJ CHLORPROMAZINE HCL TO 50 MG	23.05			4.95	
J3240		INJ THYROTROPIN .9 MG PROV 1.1 VIAL	1718.36			1332.84	
J3243		INJECTION TIGECYCLINE 1 MG	2.91			1.85	
J3246		INJECTION TIROFIBAN HCl 0.25 MG	10.00			16.27	
J3250		INJ TRIMETHOBENZAMIDE HCL TO 200 MG	28.47			9.77	
J3260		INJ TOBRAMYCIN SULFATE TO 80 MG	3.22			6.13	
J3262		INJECTION TOCILIZUMAB 1 MG	4.80			1.00	
J3265		INJECTION TORSEMIDE 10 MG/ML	BR			BR	
J3280		INJ THIETHYLPRAZINE MALEAT TO 10 MG	5.60			9.12	
J3285		INJECTION TREPROSTINIL 1 MG	73.48			103.03	
J3300		INJ TRIAMCINOLONE ACETONIDE PF 1 MG	4.50			BR	
J3301		INJ TRIAMCINOLON ACETONID NOS 10 MG	2.17			3.45	
J3302		INJ TRIAMCINOLONE DIACTAT 5 MG	0.40			0.43	
J3303		INJ TRIAMCINOLONE HEXACETONIDE 5 MG	2.18			4.35	
J3305		INJ TRIMETREXATE GLUCORONATE 25 MG	BR			BR	
J3310		INJECTION PERPHENAZINE UP TO 5 MG	BR			BR	
J3315		INJ TRIPTORELIN PAMOATE 3.75 MG	286.77			891.62	
J3320		INJ SPCTNOMYCN DHYDROCHLORD TO 2 GM	BR			BR	
J3350		INJECTION UREA UP TO 40 G	BR			BR	
J3355		INJECTION UROFOLLITROPIN 75 IU	73.20			119.50	
J3357		INJECTION USTEKINUMAB 1 MG	205.18			BR	
J3360		INJECTION DIAZEPAM UP TO 5 MG	7.97			2.14	
J3364		INJECTION UROKINASE 5000 IU VIAL	BR			BR	
J3365		INJ IV UROKINASE 250000 IU VIAL	BR			BR	
J3370		INJECTION VANCOMYCIN HCL 500 MG	4.64			10.16	
J3380		INJECTION VEDOLIZUMAB 1 MG	20.43				
J3385		INJ VELAGLUCERASE ALFA 100 UNITS	411.43			BR	
J3396		INJECTION VERTEPORFIN 0.1 MG	13.17			16.88	
J3400		INJ TRIFLUPROMAZINE HCL TO 20 MG	BR			BR	
J3410		INJECTION HYDROXYZINE HCL TO 25 MG	2.62			1.36	
J3411		INJECTION THIAMINE HCL 100 MG	3.86			2.34	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J3415		INJECTION PYRIDOXINE HCL 100 MG	11.84			4.67	
J3420		INJ VIT B-12 CYNOCOBLMN TO 1000 MCG	3.16			0.12	
J3430		INJECTION PHYTONADIONE PER 1 MG	3.29			8.15	
J3465		INJECTION VORICONAZOLE 10 MG	4.66			9.31	
J3470		INJ HYALURONIDASE TO 150 UNITS	28.40			45.96	
J3471		INE HYALURONIDASE OVINE 1 USP U	0.38			0.26	
J3472		INJ HYALURONIDASE OVINE 1000 USP U	131.60			214.48	
J3473		INJ HYALURONIDASE RECOMB 1 USP UNIT	0.43			0.70	
J3475		INJ MAGNESIUM SULFATE PER 500 MG	0.27			1.33	
J3480		INJ POTASSIUM CHLORIDE PER 2 MEQ	0.17			0.77	
J3485		INJECTION ZIDOVUDINE 10 MG	1.80			2.19	
J3486		INJ ZIPRASIDONE MESYLATE 10 MG	18.69			9.01	
J3489		INJECTION ZOLEDRONIC ACID 1 MG	33.03				
J3490		UNCLASSIFIED DRUGS	BR			BR	
J3520		EDETATE DISODIUM PER 150 MG	0.40			0.77	
J3530		NASAL VACCINE INHALATION	BR			BR	
J3535		DRUG ADMIN THRU METERED DOSE INHAL	BR			BR	
J3570		LAETRILE AMYGDALIN VITAMIN B17	BR			BR	
J3590		UNCLASSIFIED BIOLOGICS	BR			BR	
J7030		INFUS NORMAL SALINE SOL 1000 CC	2.25			18.71	
J7040		INFUS NORMAL SALINE SOL STERILE	1.13			9.77	
J7042		5% DEXTROSE/NORMAL SALINE	0.71			7.58	
J7050		INFUS NORMAL SALINE SOLUTION 250 CC	0.55			8.46	
J7060		5% DEXTROSE/WATER	2.21			10.42	
J7070		INFUSION D-5-W 1000 CC	4.29			14.69	
J7100		INFUSION DEXTRAN 40 500 ML	93.60			152.33	
J7110		INFUSION DEXTRAN 75 500 ML	BR			BR	
J7120		RINGERS LACTATE INFUSION TO 1000 CC	2.19			BR	
J7121		5% DEXTROSE LR INFUSION TO 1000 CC	50.00				
J7131		HYPERTONIC SALINE SOLUTION 1 ML	BR			BR	
J7178		INJ HUMAN FIBRINOGEN CONC 1 MG	0.00			0.56	
J7180		INJECTION FACTOR XIII 1 I.U.	9.33			3.96	
J7181		INJ FACTOR XIII A-SUBUNIT PER IU	BR				
J7182		INJECTION FACTOR VIII PER IU	1.74				
J7183		INJ VWF COMPLEX WILATE 1 I.U.:RCO	1.20			0.54	
J7185		INJECTION FACTOR VIII PER IU	1.47			2.54	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J7186		INJ AHF/ VWF CMPLX-FACTOR VIII IU	1.16			2.18	
J7187		INJ VONWILLBRND FCT CMPLX HUMN IU	1.20			BR	
J7188		INJECTION FACTOR VIII PER I.U.	BR				
J7189		FACTOR VIIA 1 MICROGRAM	2.36			BR	
J7190		FACTOR VIII AHF HUMAN PER IU	1.15			1.53	
J7191		FACTOR VIII AHF PROCINE PER IU	BR			BR	
J7192		FACTOR VIII PER IU NOS	1.41			2.31	
J7193		FACTOR IX AHF PURIFIED NON-RECMB-IU	1.32			1.81	
J7194		FACTOR IX COMPLEX PER IU	1.46			1.39	
J7195		INJECTION FACTOR IX PER IU NOS	1.74			1.23	
J7196		INJ ANTITHROMBIN RECOMB 50 I.U.	BR			BR	
J7197		ANTITHROMBIN III PER IU	4.34			3.48	
J7198		ANTI-INHIBITOR PER IU	2.28			2.53	
J7199		HEMOPHILIA CLOTTING FACTOR NOC	BR			BR	
J7200		INJECTION FACTOR IX RIXUBIS PER IU	1.49				
J7201		INJ FACTOR IX FC FUS PROTEIN PER IU	3.37				
J7205		INJ FACTOR VIII FC FUS PROTEIN IU	2.27				
J7297		LNG-RELEASING IUC SYS 52MG 3 YR DUR	0.00				
J7298		LNG-RELEASING IUC SYS 52MG 5 YR DUR	0.00				
J7300		INTRAUTERINE COPPER CONTRACEPTIVE	446.40			727.70	
J7301		LEVONORGESTREL-REL IUD 13.5 MG	0.00				
J7303		CNTRACEPTVE SPL HORMONE VAG RING EA	43.20			70.58	
J7304		CONTRACEPTIVE SPL HORMONE PATCH EA	BR			BR	
J7306		LEVONORGESTREL CONTRACPTV IMPL SYS	464.80			757.85	
J7307		ETONOGESTREL IMPL SYS INCL IMPL&SPL	BR			BR	
J7308		AMINOLEVULINIC ACID HCL TOP 20% 1 U	351.07			262.97	
J7309		METHYL AMINOLEVULINATE TOP 16.8% 1G	BR			BR	
J7310		GANCICLOVIR 4.5 MG LONG-ACT IMPLANT	18947.60			8272.80	
J7311		FLUOCINOLONE INTRVITREAL IMPLANT	24180.64			BR	
J7312		INJ DEXAMETH INTRAVIT IMPL 0.1 MG	241.34			BR	
J7313		INJ FA INTRAVITREAL IMPL 0.01 MG	589.14				
J7315		MITOMYCIN OPTHALMIC 0. 2 MG	BR			BR	
J7316		INJECTION OCRIPLASMIN 0.125 MG	1256.10				
J7321		HYALURONAN HYALGAN/SUPARTZ IA INJ	105.74			223.67	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J7323		HYALURONAN/DERIV EUFLEXXA IA INJ PD	178.92			222.14	
J7324		HYALURONAN/DRIV ORTHOVISC IA INJ PD	202.25			BR	
J7325		HYALURONAN/DERIV SYNVISC INJ 1 MG	15.75			11.37	
J7326		HYAL/DERIV GEL-1 INTRA-ARTC INJ-DOS	676.34			1489.97	
J7327		HYLAN/DERV MONOVISC IA INJ PER DOSE	1122.00				
J7328		HYAL/DERIVATV GEL-SYN IA INJ 0.1 MG	BR				
J7330		AUTOL CULTURD CHONDROCYTES IMPL	BR			BR	
J7336		CAPSAICIN 8% PATCH PER SQ CM	3.47				
J7340		CARBIDPA 5 MG/LEVODPA 20 MG EN SUSP	BR				
J7500		AZATHIOPRINE ORAL 50 MG	0.43			2.37	
J7501		AZATHIOPRINE PARENTERAL 100 MG	76.80			125.01	
J7502		CYCLOSPORINE ORAL 100 MG	4.03			9.50	
J7503		TACROLIMUS EXT RELEASE ORAL 0.25 MG	BR				
J7504		LYMPHCYT GLOB EQUINE PARNTRAL 250MG	1364.32			617.46	
J7505		MUROMONAB-CD3 PARENTERAL 5 MG	1074.00			1750.49	
J7507		TACROLIMUS IMMED RELEASE ORAL 1 MG	1.02			6.68	
J7508		TACROLIMUS EXT RELEASE ORAL 0.1 MG	0.47				
J7509		METHYLPREDNISOLONE ORAL PER 4 MG	0.39			1.13	
J7510		PREDNISOLONE ORAL PER 5 MG	0.15			0.23	
J7511		LYMPHCYT GLOB RABBIT PARNTRAL 25MG	771.60			716.98	
J7512		PDN IMMED RLSE/DELAY RLSE ORAL 1 MG	0.02				
J7513		DACLIZUMAB PARENTERAL 25 MG	463.60			755.80	
J7515		CYCLOSPORINE ORAL 25 MG	1.17			2.30	
J7516		CYCLOSPORINE PARENTERAL 250 MG	51.23			23.79	
J7517		MYCOPHENOLATE MOFETIL ORAL 250 MG	1.21			4.99	
J7518		MYCOPHENOLIC ACID ORAL 180 MG	3.67			4.14	
J7520		SIROLIMUS ORAL 1 MG	11.60			13.41	
J7525		TACROLIMUS PARENTERAL 5 MG	197.33			251.16	
J7527		EVEROLIMUS ORAL 0. 25 MG	8.99			5.46	
J7599		IMMUNOSUPPRESSIVE DRUG NOC	BR			BR	
J7604		ACETYLCYSTEINE I SOL CP PROD UD P G	BR			BR	
J7605		ARFORMOTEROL I SOL NONCOMP UD 15 MG	9.91			BR	
J7606		FORMOTEROL FUMARATE IHAL U D 20 MCG	11.29			8.55	
J7607		LEVALBUTERAL INHAL CP DME 0.5 MG	BR			BR	
J7608		ACETYLCYSTEINE I SOL NONCP UD PER G	4.83			BR	
J7609		ALBUTEROL INHAL CP THRU DME 1 MG	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J7610		ALBUTEROL INHAL ADMIN THRU DME 1MG	BR			BR	
J7611		ALBUTEROL INHAL NON-CP CONC 1 MG	0.14			BR	
J7612		LEVALBUTROL INHL NON-CP CONC 0.5 MG	0.34			3.80	
J7613		ALBUTEROL INHAL NON-CP U DOSE 1 MG	0.06			0.77	
J7614		LEVALBUTEROL INHAL NON-CP U 0.5 MG	0.09			3.80	
J7615		LEVALBUTEROL INHAL DME UNIT 0.5 MG	2.40			3.80	
J7620		ALBUTEROL TO 2.5 MG IPT TO 0.5 MG	0.18			BR	
J7622		BECLOMETHASONE INHAL CP UNIT PER MG	BR			BR	
J7624		BETAMETHASONE INHAL CP UNIT PER MG	BR			BR	
J7626		BUDESONIDE INHAL NON-CP U TO 0.5 MG	6.38			9.25	
J7627		BUDESONIDE INHAL CP UNIT TO 0.5 MG	5.60			9.25	
J7628		BITOLTEROL MESYLAT INHAL CP CONC MG	BR			BR	
J7629		BITOLTEROL MESYLATE INHAL CP U MG	BR			BR	
J7631		CROMOLYN NA I SOL NONCP UD P 10 MG	0.96			0.63	
J7632		CROMOLYN NA I SOL CP PROD UD 10 MG	0.40			0.60	
J7633		BUDESONIDE INHAL NON-CP CNC 0.25 MG	BR			BR	
J7634		BUDESONIDE INHAL CP DME 0.25 MG	BR			BR	
J7635		ATROPINE INHAL CP CONC FORM PER MG	BR			BR	
J7636		ATROPINE INHAL CP UNIT DOSE PER MG	BR			BR	
J7637		DEXAMETHASONE INHAL CP CONC PER MG	BR			BR	
J7638		DEXAMETHASONE INHAL CP UNIT PER MG	BR			BR	
J7639		DORNASE ALFA I SOL NONCP U D-MG	46.78			38.61	
J7640		FORMOTEROL INHAL CP U DOSE 12 MCG	BR			BR	
J7641		FLUNISOLIDE INHAL COMP UNIT PER MG	12.40			20.44	
J7642		GLYCOPYRROLATE INHAL CP CONC PER MG	BR			BR	
J7643		GLYCOPYRROLATE INHAL U DOSE PER MG	BR			BR	
J7644		IPRATROPIUM BROM INHAL NON-CP U MG	0.25			BR	
J7645		IPRATROPIUM BROMIDE INHAL U PER MG	BR			BR	
J7647		ISOETHARINE HCL INHAL CP DME PER MG	BR			BR	
J7648		ISOETHARINE HCI INH NON-CP CONC MG	BR			BR	
J7649		ISOETHARINE HCI NON-CP U DOS PER MG	BR			BR	
J7650		ISOETHARINE HCI INHAL U DOSE PER MG	BR			BR	
J7657		ISOPROTERENOL HCI INHAL CP DME MG	BR			BR	
J7658		ISOPROTERNOL HCI INH NON-CP CONC MG	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J7659		ISOPROTERENOL HCI INH NON-CP U MG	BR			BR	
J7660		ISOPROTERENOL HCI INHAL UNIT PER MG	BR			BR	
J7665		MANNITOL ADMIN THRU AN INHALER 5 MG	0.80			BR	
J7667		METAPROTERENOL SULF INHAL CP 10 MG	BR			BR	
J7668		METAPROTERNOL INH NON-CP CONC 10 MG	BR			BR	
J7669		METAPROTERNOL INH NON-CP CONC 10 MG	BR			BR	
J7670		METAPROTERENOL SULFATE INHAL 10 MG	BR			BR	
J7674		METHACHOLINE CHLORID INHAL PER 1 MG	0.62			0.67	
J7676		PENTAMIDINE ISETHIONATE I SL 300 MG	BR			BR	
J7680		TERBUTALINE SULFATE INH CP CONC MG	15.60			25.11	
J7681		TERBUTALINE SULF INH COMP U DOSE MG	15.60			25.11	
J7682		TOBRAMYCIN INHAL NON-CP UNIT 300 MG	66.73			119.99	
J7683		TRIAMCINOLONE INHAL CP CONC PER MG	5.60			9.01	
J7684		TRIAMCINOLONE INHAL CP UNIT PER MG	BR			BR	
J7685		TOBRAMYCIN INHAL CP THRU DME 300 MG	71.60			116.43	
J7686		TREPROSTINIL INHAL UNIT DOS 1.74 MG	607.72			BR	
J7699		NOC RX INHAL SOL ADMINED THRU DME	BR			BR	
J7799		NOC RX NOT INHAL RX ADMNED THRU DME	BR			BR	
J7999		COMPOUNDED DRUG NOC	BR				
J8498		ANTIEMETIC DRUG RECTAL/SUPP NOS	BR			BR	
J8499		PRSC RX ORAL NONCHEMOTHAPEUTIC NOS	BR			BR	
J8501		APREPITANT ORAL 5 MG	12.24			9.96	
J8510		BUSULFAN ORAL 2 MG	14.81			4.35	
J8515		CABERGOLINE ORAL 0.25 MG	16.80			27.65	
J8520		CAPECITABINE ORAL 150 MG	6.29			8.87	
J8521		CAPECITABINE ORAL 500 MG	19.98			25.81	
J8530		CYCLOPHOSHAMIDE ORAL 25 MG	4.41			5.16	
J8540		DEXAMETHASONE ORAL 0.25 MG	0.15			BR	
J8560		ETOPOSIDE ORAL 50 MG	82.34			84.72	
J8562		FLUDARABINE PHOSPHATE ORAL 10 MG	BR			BR	
J8565		GEFITINIB ORAL 250 MG	64.00			104.30	
J8597		ANTIEMETIC DRUG ORAL NOS	BR			BR	
J8600		MELPHALAN ORAL 2 MG	13.46			9.02	
J8610		METHOTREXATE ORAL 2.5 MG	1.66			4.93	
J8650		NABILONE ORAL 1 MG	18.80			30.64	
J8655		NETUPITNT 300 MG&PALONOSETRN 0.5 MG	592.89				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J8700		TEMOZOLOMIDE ORAL 5 MG	4.34			14.45	
J8705		TOPOTECAN ORAL 0.25 MG	121.40			BR	
J8999		PRSC DRUG ORAL CHEMOTHAPEUTIC NOS	BR			BR	
J9000		INJECTION DOXORUBICIN HCL 10 MG	3.72			25.66	
J9015		INJ ALDESLEUKIN PER SINGLE USE VIAL	890.00			1450.21	
J9017		INJECTION ARSENIC TRIOXIDE 1 MG	71.11			61.82	
J9019		INJ ASPARAGINASE ERWINAZE 1000 IU	466.42			248.98	
J9020		INJECTION ASPARAGINASE 10000 UNITS	72.00			102.75	
J9025		INJECTION AZACITIDINE 1 MG	3.59			7.91	
J9027		INJECTION CLOFARABINE 1 MG	165.99			206.82	
J9031		BCG PER INSTILLATION	148.51			274.58	
J9032		INJECTION BELINOSTAT 10 MG	39.00				
J9033		INJECTION, BENDAMUSTINE HCL, 1 MG	29.50			BR	
J9035		INJECTION BEVACIZUMAB 10 MG	85.01			105.33	
J9039		INJECTION BLINATUMOMAB 1 MICROGRAM	BR				
J9040		INJECTION BLEOMYCIN SULFATE 15 UNIT	25.44			96.27	
J9041		INJECTION BORTEZOMIB 0.1 MG	56.11			44.03	
J9042		INJECTION BRENTUXIMAB VEDOTIN 1 MG	149.31			71.05	
J9043		INJECTION CABAZITAXEL 1 MG	177.26			BR	
J9045		INJECTION CARBOPLATIN 50 MG	4.36			39.95	
J9047		INJECTION CARFILZOMIB 1 MG	37.06				
J9050		INJECTION CARMUSTINE 100 MG	3861.02			294.51	
J9055		INJECTION CETUXIMAB 10 MG	64.57			88.24	
J9060		INJ CISPLATIN POWDER/SOLUTION 10 MG	1.86			6.74	
J9065		INJECTION CLADRIBINE PER 1 MG	21.04			101.71	
J9070		CYCLOPHOSPHAMIDE 100 MG	58.41			13.96	
J9098		INJECTION CYTARABINE LIPOSOME 10 MG	697.62			824.22	
J9100		INJECTION CYTARABINE 100 MG	1.06			20.45	
J9120		INJECTION DACTINOMYCIN 0.5 MG	1392.41			873.24	
J9130		DACARBAZINE 100 MG	4.54			31.18	
J9150		INJECTION DAUNORUBICIN 10 MG	31.76			98.77	
J9151		INJ DAUNORUBICIN CITRATE LIP 10 MG	64.00			104.18	
J9155		INJECTION DEGARELIX 1 MG	4.38			BR	
J9160		INJ DENILEUKIN DIFTITOX 300 MCG	1556.80			2536.99	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J9165		INJ DIETHYLSTILBESTROL 250 MG	BR			BR	
J9171		INJECTION DOCETAXEL 1 MG	3.11			67.56	
J9175		INJECTION ELLIOTTS' B SOLUTION 1 ML	4.40			7.22	
J9178		INJECTION EPIRUBICIN HCL 2 MG	1.93			44.08	
J9179		INJECTION ERIBULIN MESYLATE 0.1 MG	125.31			BR	
J9181		INJECTION ETOPOSIDE 10 MG	0.76			8.87	
J9185		INJ FLUDARABINE PHOSPHATE 50 MG	80.87			532.91	
J9190		INJECTION FLUOROURACIL 500 MG	2.17			5.39	
J9200		INJECTION FLOXURIDINE 500 MG	83.51			209.70	
J9201		INJECTION GEMCITABINE HCL 200 MG	10.46			241.38	
J9202		GOSERELIN ACETATE IMPLANT 3.6 MG	332.00			720.02	
J9206		INJECTION IRINOTECAN 20 MG	5.01			230.34	
J9207		INJECTION IXABEPILONE 1 MG	88.17			112.99	
J9208		INJECTION IFOSFAMIDE 1 G	37.12			142.71	
J9209		INJECTION MESNA 200 MG	4.98			99.83	
J9211		INJECTION IDARUBICIN HCL 5 MG	46.86			659.33	
J9212		INJ INTRFERN ALFACON-1 RECOMB 1 MCG	7.60			12.53	
J9213		INJ INTERFERON ALFA-2A RECOM 3 M U	42.00			68.16	
J9214		INJ INTERFERON ALFA-2B RECOMB 1 M U	28.68			25.69	
J9215		INJ INTERFERON ALFA-N3 250,000 IU	20.40			32.94	
J9216		INJ INTERFERON GAMMA-1B 3 MILLION U	358.00			583.74	
J9217		LEUPROLIDE ACETATE 7.5 MG	303.11			907.82	
J9218		LEUPROLIDE ACETATE PER 1 MG	19.39			BR	
J9219		LEUPROLIDE ACETATE IMPLANT 65 MG	BR			BR	
J9225		HISTRELIN IMPLANT VANTAS 50 MG	3608.88			9192.00	
J9226		HISTRELIN IMPL SUPPRELIN LA 50 MG	28546.07			BR	
J9228		INJECTION IPILIMUMAB 1 MG	167.11			BR	
J9230		INJECTION MECHLORETHAMINE HCL 10 MG	290.06			255.63	
J9245		INJECTION MELPHALAN HCL 50 MG	1924.86			2767.19	
J9250		METHOTREXATE SODIUM 5 MG	0.28			1.59	
J9260		METHOTREXATE SODIUM 50 MG	2.77			15.90	
J9261		INJECTION NELARABINE 50 MG	177.74			151.48	
J9262		INJ OMACETAXINE MEPESUCCINAT .01 MG	BR				
J9263		INJECTION OXALIPLATIN 0.5 MG	0.46			16.45	
J9264		INJ PACLITAXEL PROTBND PARTICL 1 MG	12.04			15.81	
J9266		INJ PEGASPARGASE SINGLE DOSE VIAL	10748.61			5024.96	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J9267		INJECTION PACLITAXEL 1 MG	0.18				
J9268		INJECTION PENTOSTATIN 10 MG	1944.88			3492.96	
J9270		INJECTION PLICAMYCIN 2.5 MG	BR			BR	
J9271		INJECTION PEMBROLIZUMAB 1 MG	54.83				
J9280		INJECTION MITOMYCIN 5 MG	129.12			144.80	
J9293		INJECTION MITOXANTRONE HCL PER 5 MG	32.84			502.17	
J9299		INJECTION NIVOLUMAB 1 MG	30.44				
J9300		INJ GEMTUZUMAB OZOGAMICIN 5 MG	2778.00			4527.37	
J9301		INJECTION OBINUTUZUMAB 10 MG	66.43				
J9302		INJECTION OFATUMUMAB 10 MG	60.63			441.67	
J9303		INJECTION PANITUMUMAB 10 MG	124.07			147.07	
J9305		INJECTION PEMETREXED 10 MG	74.11			83.39	
J9306		INJECTION PERTUZUMAB 1 MG	12.56				
J9307		INJECTION PRALATREXATE 1 MG	266.10			313.69	
J9308		INJECTION RAMUCIRUMAB 5 MG	64.82				
J9310		INJECTION RITUXIMAB 100 MG	922.82			955.81	
J9315		INJECTION ROMIDEPSIN 1 MG	359.16			BR	
J9320		INJECTION STREPTOZOCIN 1 G	384.01			342.40	
J9328		INJECTION TEMOZOLOMIDE 1 MG	8.09			BR	
J9330		INJECTION TEMSIROLIMUS 1 MG	76.48			84.77	
J9340		INJECTION THIOTEPA 15 MG	111.20			181.08	
J9351		INJECTION TOPOTECAN 0.1 MG	2.40			BR	
J9354		INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	35.05				
J9355		INJECTION TRASTUZUMAB 10 MG	107.41			110.38	
J9357		INJ VALRUBICIN INTRAVESICAL 200 MG	1337.00			1139.53	
J9360		INJECTION VINBLASTINE SULFATE 1 MG	3.58			4.20	
J9370		VINCRISTINE SULFATE 1 MG	7.79			21.19	
J9371		INJ VINCRISTINE SULF LIPOSOME 1 MG	2784.23				
J9390		INJ VINORELBINE TARTRATE 10 MG	13.20			105.65	
J9395		INJECTION FULVESTRANT 25 MG	112.30			146.12	
J9400		INJECTION ZIV-AFLIBERCEPT 1 MG	9.85				
J9600		INJECTION PORFIMER SODIUM 75 MG	2720.40			4433.88	
J9999		NOT OTHWISE CLASS ANTINEOPLSTC DRUG	BR			BR	
K0001	RR	STANDARD WHEELCHAIR	35.60			50.27	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
K0002	NU	STANDARD HEMI WHEELCHAIR	537.60			753.00	
K0003	NU	LIGHTWEIGHT WHEELCHAIR	588.40			824.60	
K0004	NU	HIGH STRENGTH LIGHTWEIGHT WHLCHAIR	878.00			1229.90	
K0005	NU	ULTRALIGHTWEIGHT WHEELCHAIR	1839.45			2001.69	
K0006	NU	HEAVY-DUTY WHEELCHAIR	824.00			1154.20	
K0007	NU	EXTRA HEAVY-DUTY WHEELCHAIR	1172.40			1755.50	
K0008		CUSTOM MANUAL WHEELCHAIR/BASE	BR				
K0009	NU	OTHER MANUAL WHEELCHAIR/BASE	780.40			BR	
K0010	NU	STD-WT FRME MOTRIZED/PWR WHLCHAIR	4472.00			3920.40	
K0011	RR	STD FRME MOTRIZD WHLCHAIR W/PROG	472.23			513.88	
K0012	NU	LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR	3411.20			3152.40	
K0013		CUSTOM MOTORIZED/POWER WHEELCHAIR B	BR				
K0014		OTH MOTORIZED/POWER WHEELCHAIR BASE	BR			BR	
K0015	NU	DETACHBLE NONADJUSTBL HT ARMREST EA	134.99			196.73	
K0017	NU	DTACHBLE ADJUST HT ARMREST REPL EA	41.54			55.35	
K0018	NU	DTACH ADJ HT ARMRST UP PRTN REPL EA	23.34			30.92	
K0019	NU	ARM PAD EACH	12.47			18.66	
K0020	NU	FIXED ADJUSTBLE HEIGHT ARMREST PAIR	39.16			50.30	
K0037	NU	HIGH MOUNT FLIP-UP FOOTREST EACH	35.10			44.32	
K0038	NU	LEG STRAP EACH	20.22			26.26	
K0039	NU	LEG STRAP H STYLE EACH	44.17			58.33	
K0040	NU	ADJUSTABLE ANGLE FOOTPLATE EACH	54.35			80.84	
K0041	NU	LARGE SIZE FOOTPLATE EACH	42.82			57.29	
K0042	NU	STANDARD SIZE FOOTPLATE EACH	26.21			33.52	
K0043	NU	FOOTREST LOWER EXTENSION TUBE EACH	16.35			21.15	
K0044	NU	FOOTREST UPPER HANGER BRACKET EACH	14.09			18.01	
K0045	NU	FOOTREST COMPLETE ASSEMBLY	47.12			61.31	
K0046	NU	ELEV LEGREST LOWER EXT TUBE EA	16.41			21.15	
K0047	NU	ELEV LEGREST UP HANGER BRACKET EA	61.19			82.81	
K0050	NU	RATCHET ASSEMBLY	27.11			35.20	
K0051	NU	CAM RLSE ASSMBL FOOTREST/LEGREST EA	43.40			56.95	
K0052	NU	SWINGAWAY DETACHABLE FOOTRESTS EACH	69.41			100.08	
K0053	NU	ELEVATING FOOTRESTS ARTICULATING EA	80.39			110.45	
K0056	NU	SEAT HT<17/=>21 IN LTWT/ULTRLT WC	85.83			102.97	
K0065	NU	SPOKE PROTECTORS EACH	41.55			48.13	
K0069	NU	REAR WHL ASSMBL-SOLID TIRE SPOKE EA	88.80			108.20	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
K0070	NU	REAR WHL ASSMBL-PNEUMAT TIRE EA	162.09			198.31	
K0071	NU	FRONT CASTR ASSMBL-PNEUMAT TIRE EA	101.03			118.29	
K0072	NU	FRNT CASTR ASSMBL-SEMIPNUMT TIRE EA	61.46			71.21	
K0073	NU	CASTER PIN LOCK EACH	32.86			37.68	
K0077	NU	FRNT CASTR ASSMBL CMPL-SLID TIRE EA	52.10			63.72	
K0098	NU	DRIVE BELT FOR POWER WHEELCHAIR	22.10			29.45	
K0105	NU	IV HANGER EACH	92.69			107.65	
K0108		WC COMPONENT/ACCESSORY NOS	BR			BR	
K0195	RR	ELEVATING LEGREST PAIR	13.66			20.92	
K0455	RR	INFUS PUMP UNINTRPT PARNTRAL MED	237.67			258.63	
K0462		TEMP REPL PT EQUIP REPR ANY TYPE	BR			BR	
K0552		SPL EXT INFUSION PUMP STERILE EA	2.49			2.87	
K0601	NU	REPL BATTERY SILVER OXIDE 1.5 V EA	1.08			1.20	
K0602	NU	REPL BATTERY SILVER OXIDE 3 V EA	6.16			6.88	
K0603	NU	REPL BATTERY PUMP ALKALINE 1.5 V EA	0.55			0.61	
K0604	NU	REPL BATTERY PUMP LITHIUM 3.6 V EA	5.91			6.58	
K0605	NU	REPL BATTERY PUMP LITHIUM 4.5 V EA	14.17			15.81	
K0606	RR	AED W/INTGR ECG ANALY GARMNT TYPE	2505.58			2726.58	
K0607	NU	REPL BATTERY AUTO EXT DEFIB EA	204.00			233.47	
K0608	NU	REPL GARMNT W/AUTO EXT DEFIB EA	120.59			145.72	
K0609		REPL ELECTRODE W/AUTO EXT DEFIB EA	802.02			872.76	
K0669		WC ACCSS SEAT/BK CUSHN NO DME PDAC	BR			BR	
K0672		ADD LOW EXT ORTHOSIS REPL EACH	73.15			79.60	
K0730	NU	CNTRL DOSE INHAL RX DEL ERY SYS	1810.00			1866.62	
K0733	NU	PWR WC 12-24 AMP HR LEAD BATT EACH	24.70			32.71	
K0738	RR	PORT GASEOUS O2 SYS RNTL;HOM COMPRS	42.09			51.63	
K0740		REPR/SRVC O2 EQP TECH PER 15 MINS	BR			BR	
K0743		SX PUMP HOME MDL PORT FOR WOUNDS	BR			BR	
K0744		ABSRB WD DR H MDL PAD 16 SQ IN/LESS	BR			BR	
K0745		ABS WD DR PAD>16 SQ IN</= 48 SQ IN	BR			BR	
K0746		ABSRB WD DR H MDL PAD SZ >48 SQ IN	BR			BR	
K0800	NU	PWR OP VEH GRP 1 STD PT TO 300 LBS	932.25			1206.41	
K0801	NU	PWR OP VEH GRP 1 HVY PT 301-450 LBS	1583.34			1944.99	
K0802	NU	PWR OP VEH GRP 1 HVY PT 451-600 LBS	1827.46			2201.11	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
K0806	NU	PWR OP VEH GRP 2 STD PT TO 300 LBS	1252.58			1459.43	
K0807	NU	PWR OP VEH GRP 2 HVY PT 301-450 LBS	1919.48			2214.53	
K0808	NU	PWR OP VEH GRP 2 PT 451-600 LBS	2968.60			3426.34	
K0812		POWER OPERATED VEHICLE NOC	BR			BR	
K0813	RR	PWR WC GRP 1 SLING SEAT PT TO 300	273.54			337.68	
K0814	RR	PWR WC GRP 1 CAPT CHAIR PT TO 300	328.52			432.27	
K0815	RR	PWR WC GRP 1 SLING PT UP TO 300	351.35			492.19	
K0816	RR	PWR WC GRP 1 CAPT CHAIR PT TO 300	350.77			471.38	
K0820	RR	PWR WC GRP 2 SLING SEAT PT TO 300	290.93			360.69	
K0821	RR	PWR WC GRP 2 CAPT CHAIR TO 300	346.91			463.01	
K0822	RR	PWR WC GRP 2 SLING SEAT PT TO 300	405.57			559.57	
K0823	RR	PWR WC GRP 2 CAPT CHAIR PT TO 300	393.92			563.26	
K0824	RR	PWR WC GRP 2 SLING SEAT PT 301-450	513.17			677.87	
K0825	RR	PWR WC GRP 2 CAPT CHAIR PT 301-450	462.90			620.59	
K0826	RR	PWR WC GRP 2 SLING SEAT PT 451-600	700.84			877.60	
K0827	RR	PWR WC GRP 2 CAPT CHAIR PT 451-600	601.83			746.21	
K0828	RR	PWR WC GRP 2 SLING SEAT PT 601/>	773.13			967.01	
K0829	RR	PWR WC GRP 2X HVY DUTY CHR PT 601/>	731.32			888.01	
K0830		PWR WC 2 SEAT ELEV SLING PT TO 300	BR			BR	
K0831		PWR WC 2 SEAT ELEV CAPT PT TO 300	BR			BR	
K0835	RR	PWR WC GRP 2 1 PWR SLING PT TO 300	410.50			567.96	
K0836	RR	PWR WC 2 1 PWR CAPT CHAIR PT TO 300	425.74			589.00	
K0837	RR	PWR WC GRP 2 1 PWR SLING PT 301-450	503.27			677.87	
K0838	RR	PWR WC 2 1 PWR CAPT CHR PT 301-450	448.63			606.42	
K0839	RR	PWR WC 2 1 PWR SLNG SEAT PT 451-600	658.02			877.60	
K0840	RR	PWR WC GRP 2 1 PWR SLING PT 601/>	1002.06			1329.54	
K0841	RR	PWR WC GRP 2 MX PWR SLING PT TO 300	446.29			604.53	
K0842	RR	PWR WC 2 MX PWR CAPT CHR PT TO 300	446.04			604.53	
K0843	RR	PWR WC 2 MX PWR SLING PT 301-450	534.19			727.84	
K0848	RR	PWR WC GRP 3 SLING SEAT PT TO &=300	679.75			739.70	
K0849	RR	PWR WC GRP 3 CAPT CHAIR PT TO &=300	653.54			711.20	
K0850	RR	PWR WC GRP 3 SLING SEAT PT 301-450	788.49			858.04	
K0851	RR	PWR WC GRP 3 CAPT CHAIR PT 301-450	758.13			825.00	
K0852	RR	PWR WC GRP 3 SLING SEAT PT 451-600	911.04			991.41	
K0853	RR	PWR WC GRP 3 CAPT CHAIR PT 451-600	935.87			1018.43	
K0854	RR	PWR WC GRP 3 SLING SEAT PT 601 LB/>	1239.83			1349.19	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
K0855	RR	PWR WC GRP 3 CAPT CHAIR PT 601 LB/>	1171.21			1274.51	
K0856	RR	PWR WC 3 1 PWR SLING SEAT PT TO 300	729.64			794.00	
K0857	RR	PWR WC 3 1 PWR CAPT CHAIR PT TO 300	744.26			809.91	
K0858	RR	PWR WC 3 1 PWR SLNG SEAT PT 301-450	905.27			985.13	
K0859	RR	PWR WC 3 1 CAP CHAIR PT 301-450	863.35			939.50	
K0860	RR	PWR WC 3 1 PWR SLNG SEAT PT 451-600	1293.29			1407.37	
K0861	RR	PWR WC 3 MX PWR SLNG SEAT PT TO 300	730.81			795.27	
K0862	RR	PWR WC 3 MX PWR SLING PT 301-450	905.27			985.13	
K0863	RR	PWR WC 3 MX PWR SLING PT 451-600	1293.29			1407.37	
K0864	RR	PWR WC 3 MX PWR SLNG SEAT PT 601/>	1539.03			1674.78	
K0868		PWR WC GRP 4 SLING SEAT PT TO &=300	BR			BR	
K0869		PWR WC GRP 4 CAPT CHAIR PT TO &=300	BR			BR	
K0870		PWR WC GRP 4 SLING SEAT PT 301-450	BR			BR	
K0871		PWR WC GRP 4 SLING SEAT PT 451-600	BR			BR	
K0877		PWR WC 4 1 PWR SLING SEAT PT TO 300	BR			BR	
K0878		PWR WC 4 1 PWR CAPT CHAIR PT TO 300	BR			BR	
K0879		PWR WC 4 1 PWR SLNG SEAT PT 301-450	BR			BR	
K0880		PWR WC 4 1 PWR SLNG SEAT PT 451-600	BR			BR	
K0884		PWR WC 4 MX PWR SLNG SEAT PT TO 300	BR			BR	
K0885		PWR WC 4 MX PWR CAP CHAIR PT TO 300	BR			BR	
K0886		PWR WC 4 MX PWR SLING PT 301-450	BR			BR	
K0890		PWR WC 5 PED 1 PWR SLING PT TO 125	BR			BR	
K0891		PWR WC 5 PED MX PWR SLING PT TO 125	BR			BR	
K0898		POWER WHEELCHAIR NOC	BR			BR	
K0899		PWR MOBILTY DEVC NOT CODED DME PDAC	BR			BR	
K0900		CUSTOMIZED DME OTH THAN WHEELCHAIR	BR			BR	
K0901		KO SNGL UPRIGHT THIGH & CALF PREFAB	774.01				
K0902		KO DBLE UPRIGHT THIGH & CALF PREFAB	808.00				
L0112		CRANIL CERV ORTHOT CONGN TORTICOLLI	1207.38			1506.84	
L0113		CRANIL CERV ORTHOT TORTICOLLI PRFB	246.02			723.22	
L0120		CERVICAL FLEX NONADJUSTABLE PREFAB	24.13			29.89	
L0130		CERV FLXBL THRMOPLSTC COLLR MOLD PT	174.52			183.85	
L0140		CERVICAL SEMI-RIGID ADJUSTABLE	60.22			72.14	
L0150		CERV SEMI-RIGD ADJUST MOLD CHIN CUP	100.42			121.77	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L0160		CERV SEMI-RIGID OCCIP/MAND PREFAB	142.98			176.49	
L0170		CERV COLLAR MOLDED PATIENT MODEL	605.05			726.74	
L0172		CERV COLLAR SEMI-RIGID FOAM PREFAB	122.68			143.07	
L0174		CERV COLLR SEMI-RGD THOR EXT PREFAB	220.38			309.56	
L0180		CERV MX POST COLLR SUPPS ADJ	299.72			417.53	
L0190		CERV MX POST COLLR ADJ CERV BARS	451.19			441.88	
L0200		CERV COLLR ADJ CERV BARS&THOR EXT	414.29			405.75	
L0220		THORACIC RIB BELT CUSTOM FABRICATED	98.25			96.23	
L0450		TLSO FLEX TRUNK SUPP UP THOR PREFAB	162.21			158.86	
L0452		TLSO FLEX TRUNK SUPP UP THOR CUSTOM	BR			BR	
L0454		TLSO FLEX SC JUNC T-9 PRFAB CUSTOM	299.18			293.01	
L0455		TLSO FLEX SC JUNC TO T-9 PREFAB	299.18				
L0456		TLSO FLEX SC SCAP SPN PRFAB CUSTOM	857.97			840.29	
L0457		TLSO FLX SC JUNC TRM INF SCAP SPINE	857.97				
L0458		TLSO TRIPLANR 2 SHELL ANT-XIPHOID	769.34			753.48	
L0460		TLSO TRIPLANR 2 SHELL ANT-STERNL	865.96			848.11	
L0462		TLSO TRIPLANR 3 SHELL ANT-STERNL	1077.09			1054.89	
L0464		TLSO TRIPLANR 4 SHELL ANT-STERNL	1282.27			1255.83	
L0466		TLSO SAGITTAL CONTROL PREFAB CUSTOM	329.72			322.92	
L0467		TLSO SAGITTAL CONTROL RIGD PREFAB	329.72				
L0468		TLSO SAGITTAL-CORONAL PREFAB CUSTOM	413.39			404.86	
L0469		TLSO SAGITTAL-CORONAL CONTRL PREFAB	413.39				
L0470		TLSO TRIPLANAR FRME&APRON W/STRAP	588.55			576.42	
L0472		TLSO TRIPLANAR HYPREXT RIGD FRME	369.43			361.82	
L0480		TLSO TRIPLANR 1 PC NO INTERFCE CSTM	1142.36			1118.82	
L0482		TLSO TRIPLANAR 1 PC W/INTERFCE CSTM	1309.57			1282.57	
L0484		TLSO TRIPLANR 2 PC NO INTERFCE CSTM	1526.93			1495.45	
L0486		TLSO TRIPLANAR 2 PC W/INTERFCE CSTM	1512.61			1481.43	
L0488		TLSO TRIPLANR 1 PC W/INTERFCE PRFAB	865.96			848.11	
L0490		TLSO SAGIT-CORONAL REINFORCE PRFAB	244.02			238.99	
L0491		TLSO 2 RIGID PLASTIC SHELLS PREFAB	662.49			648.84	
L0492		TLSO 3 RIGID PLASTIC SHELLS PREFAB	429.36			420.52	
L0621		SACROILIAC ORTHOSIS FLEXIBLE PREFAB	76.92			75.33	
L0622		SACROILIAC ORTHOTIC FLEXIBLE CUSTOM	208.58			204.27	
L0623		SACROILIAC ORTHOSIS RIGID PREFAB	BR			BR	
L0624		SACROILIAC ORTHOTIC RIGID CUSTOM	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L0625		LUMBAR ORTHOSIS FLEXIBLE PREFAB	47.54			46.56	
L0626		LUMB ORTHOS RIGID POST PREFAB CUSTM	67.25			65.86	
L0627		LUMB ORTHOS RIGD A&P PNL PRFAB CSTM	354.61			347.29	
L0628		LSO FLEXIBLE PREFAB OFF THE SHELF	72.35			70.86	
L0629		LSO FLEXIBLE CUSTOM FABRICATED	BR			BR	
L0630		LSO SAGIT CNTRL RIGID POST PREFAB	139.69			136.81	
L0631		LSO SAGIT CNTRL RIGID POST CUSTOM	885.57			867.31	
L0632		LSO SAGIT CNTRL RIGID A&P CUSTOM	BR			BR	
L0633		LSO SAG-COR CNTRL RIGID POST PREFAB	247.37			242.27	
L0634		LSO SAG-COR CNTRL RIGID POST CUSTOM	BR			BR	
L0635		LSO SAG-COR CNTRL LUMB FLEX PREFAB	917.31			898.40	
L0636		LSO SAG-COR CNTRL LUMB FLEX CUSTOM	1353.54			1325.64	
L0637		LSO SAG-COR CNTRL RIGID A&P PREFAB	1174.37			1150.16	
L0638		LSO SAG-COR CNTRL RIGID A&P CUSTOM	1137.75			1114.30	
L0639		LSO SAG-COR CNTRL RIGD SHELL PREFAB	1174.37			1150.16	
L0640		LSO SAG-COR CNTRL RIGD SHELL CUSTOM	902.67			884.07	
L0641		LUMB ORTHOS SAGIT CTRL RIGD PST PNL	67.25				
L0642		LUMB ORTHOS SAGIT CTRL ANT POST PNL	354.61				
L0643		LSO SAGITTAL CNTRL RIGID POST PANEL	139.69				
L0648		LSO SAGIT CNTRL RIGD ANT POST PANEL	885.57				
L0649		LSO SAGIT-CORNL CNTRL RIGD PST PANL	247.37				
L0650		LSO SAGIT-CORNL CNTRL ANT PST PANL	1174.37				
L0651		LSO SAGIT-CORNL CNTRL RIGD SHLL/PNL	1174.37				
L0700		CTLSO ANT-POST-LAT CNTRL MOLD PT	1857.29			1819.01	
L0710		CTLSO-MOLD PT-INTERFACE MATERIAL	2027.36			1985.57	
L0810		HALO PROC CERV HALO IN JACKT VEST	2153.77			2109.37	
L0820		HALO PROC CERV HALO-PLAST BDY JACKT	1742.31			1706.39	
L0830		HALO PROC CERV HALO-MLWAKEE ORTHOS	2515.71			2463.84	
L0859		RINGS&PINS	977.34			957.19	
L0861		ADD HALO PROC REPLCMT LINER/INTERFC	185.93			182.10	
L0970		TLSO CORSET FRONT	91.69			89.80	
L0972		LSO CORSET FRONT	93.73			91.79	
L0974		TLSO FULL CORSET	191.51			187.56	
L0976		LSO FULL CORSET	171.04			167.52	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L0978		AXILLARY CRUTCH EXTENSION	154.43			151.25	
L0980		PERONEAL STRAPS PREFAB PAIR	14.01			13.73	
L0982		STOCKING SUPPORT GRIPS PREFAB SET 4	15.26			14.95	
L0984		PROTECTIVE BODY SOCK PREFAB EACH	48.71			47.71	
L0999		ADDITION TO SPINAL ORTHOTIC NOS	BR			BR	
L1000		CTLSO INCL FURNISH INIT ORTHOS-MDL	1628.77			1595.19	
L1001		CTLS IMMOBILIZER INFANT SZ PREFAB	BR			BR	
L1005		TENSION BASED SCOLIOSIS ORTHOTIC	2761.04			2704.11	
L1010		ADD CTLSO/SCOLIO ORTHOS AX SLING	65.59			64.24	
L1020		ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD	89.62			87.77	
L1025		ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD	101.86			99.76	
L1030		ADD CTLSO/SCOLIO ORTHOS LUMB PAD	68.04			66.65	
L1040		ADD CTLSO/SCOLIO ORTHO LUMB/RIB PAD	81.90			80.22	
L1050		ADD CTLSO/SCOLIOS ORTHOS STERNL PAD	70.91			69.45	
L1060		ADD CTLSO/SCOLIOS ORTHOS THOR PAD	79.99			78.35	
L1070		ADD CTLSO/SCOLIO ORTHO TRPEZUS SLNG	81.78			80.09	
L1080		ADD CTLSO/SCOLIOSIS ORTHOSIS OUTRIG	56.67			55.50	
L1085		ADD CTLSO/SCOLIO OUTRIG BIL-VRT EXT	157.43			154.18	
L1090		ADD CTLSO/SCOLIOS ORTHOS LUMB SLING	73.54			72.02	
L1100		ADD CTLSO/SCOLIOS RING PLSTC/LEATHR	129.81			127.13	
L1110		ADD CTLSO/SCOLIOS RING MOLD PT MDL	219.87			215.34	
L1120		ADD CTLSO SCOLIO ORTHO COVR UPRT EA	35.03			34.31	
L1200		TLSO INCL FURNISH INIT ORTHOTC ONLY	1394.23			1365.48	
L1210		ADDITION TLSO LATERAL THORACIC EXT	209.92			205.59	
L1220		ADDITION TLSO ANT THORACIC EXT	177.73			174.07	
L1230		ADD TLSO MLWAKEE TYPE SUPERSTRCT	456.05			446.64	
L1240		ADDITION TLSO LUMBAR DEROTATION PAD	78.48			76.87	
L1250		ADDITION TO TLSO ANTERIOR ASIS PAD	77.28			75.69	
L1260		ADD TLSO ANT THOR DEROTATION PAD	79.42			77.78	
L1270		ADDITION TO TLSO ABDOMINAL PAD	79.33			77.69	
L1280		ADDITION TO TLSO RIB GUSSET EACH	70.70			69.25	
L1290		ADDITION TLSO LAT TROCHANTERIC PAD	80.16			78.52	
L1300		OTH SCOLIOS PROC BDY JACKT MOLD PT	1340.12			1312.49	
L1310		OTH SCOLIOSIS PROC POSTOP BDY JACKT	1378.98			1350.55	
L1499		SPINAL ORTHOTIC NOS	BR			BR	
L1600		HIP ORTHOS ABDUCT FLX FREJKA PREFAB	103.38			101.25	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L1610		HIP ORTHOS ABDUCT CNTRL FLEX PREFAB	35.22			34.49	
L1620		HIP ORTHOS ABDUCT FLEX PAVLIK PRFAB	115.97			113.59	
L1630		HIP ORTHOTIC ABDUCT CONTRL/SEMI-FLX	138.40			135.55	
L1640		HIP ORTHOTIC-PELV BAND/SPRDR BAR	370.19			362.56	
L1650		HIP ORTHOTIC ABDUCT CNTRL-STATC ADJ	196.32			192.27	
L1652		HIP ORTHOT BIL THI CUFF ADLT PRFAB	307.52			301.18	
L1660		HIP ORTHOT ABDUCT CNTRL-STATC PLSTC	137.30			134.47	
L1680		HIP ORTHOT DYN PELV CNTRL THI CSTM	1128.76			1105.50	
L1685		HIP ORTHOS POSTOP HIP ABDCT CSTM	1191.04			1166.48	
L1686		HIP ORTHOT POSTOP HIP ABDCT PRFAB	799.03			782.56	
L1690		COMB BIL LUMBO-SAC HIP FEM ORTHOT	1668.15			1633.76	
L1700		LEGG PERTHES ORTHOTIC TORONTO CSTM	1387.79			1359.18	
L1710		LEGG PERTHES ORTHOT NEWINGTON CSTM	1631.26			1597.64	
L1720		LEGG PERTHES ORTHO TRILAT TACHDIJAN	1205.02			1180.18	
L1730		LEGG PERTHES ORTHOTIC SCOTTISH RITE	909.15			890.41	
L1755		LEGG PERTHES ORTHOT PATTEN BOTTOM	1323.30			1296.01	
L1810		KNEE ORTHOSIS ELASTIC JOINTS PREFAB	104.44			102.29	
L1812		KNEE ORTHOSIS ELASTIC W/JNTS PREFAB	104.44				
L1820		KO ELAST W/CONDYLR PADS&JNT PRFAB	104.02			101.88	
L1830		KNEE ORTHOSIS IMMOBLIZER PREFAB	87.01			85.22	
L1831		KNEE ORTHT LOCK KNEE JNT PSTN ORTHT	253.88			248.64	
L1832		KNEE ORTHOS IMMOBLZR ADJUST PREFAB	650.33			636.92	
L1833		KNEE ORTHOSIS ADJUST JNT RIGD SUPP	650.33				
L1834		KO W/O KNEE JOINT RIGID CUSTOM FAB	765.10			749.32	
L1836		KNEE ORTHOSIS RIGD W/O JOINT PREFAB	115.09			112.72	
L1840		KO DEROTATION MED-LAT ACL CSTM FAB	804.25			787.67	
L1843		KNEE ORTHOS 1 UPRT THI&CALF PREFAB	774.01			758.05	
L1844		KNEE ORTHOS 1 UPRT THI&CALF CUSTOM	1341.19			1313.54	
L1845		KNEE ORTHOS DBL UPRT THI&CALF PRFAB	808.00			791.35	
L1846		KNEE ORTHOS DBL UPRT THI&CALF CUSTM	1025.22			1004.08	
L1847		KNEE ORTHOS DBL UPRT ADJ JNT PREFAB	496.18			485.95	
L1848		KNEE ORTHOS DBL UPRT AIR SUPP PRFAB	496.18				
L1850		KNEE ORTHOS SWEDISH TYPE PREFAB	230.92			226.16	
L1860		KO MOD SUPRACNDYLR PROSTH SCKT CSTM	895.66			877.19	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L1900		AFO SPRNG WIRE DORSIFLX ASST CSTM	242.64			237.64	
L1902		ANK ORTH ANK GAUNTLT/SIM PREFAB OTS	65.91			64.54	
L1904		ANK ORTH ANK GAUNTLT/SIM CUSTOM FAB	377.25			369.48	
L1906		ANKLE FT ORTHOS MULTILIG SUPP PRFAB	110.24			107.96	
L1907		ANKLE ORTHOS SUPRAMALLEOLAR CUSTOM	485.40			475.40	
L1910		AFO POST 1 BAR CLASP ATTCH SHOE	214.54			210.12	
L1920		AFO 1 UPRT W/STAT/ADJ STOP CSTM FAB	280.47			274.69	
L1930		AFO PLASTIC/OTH MATERIAL PREFAB	189.78			185.88	
L1932		AFO RIGD ANT TIBL CARB FIBR/= PRFAB	769.79			753.91	
L1940		ANK FT ORTHOT PLSTC/OTH MATL CSTM	428.89			420.04	
L1945		AFO MOLD PLSTC RIGD ANT TIBL CSTM	787.62			771.38	
L1950		AFO SPIRAL PLASTIC CUSTOM FAB	597.56			585.23	
L1951		ANK FT ORTHOT SPIRAL PLSTC/OTH MATL	724.47			709.54	
L1960		AFO POST SOLID ANK PLSTC CSTM FAB	444.68			435.51	
L1970		AFO PLASTIC W/ANK JOINT CUSTOM FAB	657.71			644.15	
L1971		ANK FT ORTHOT PLSTC/OTH MATL PREFAB	404.34			396.00	
L1980		AFO 1 UPRT DORSIFLX SLID STIRUP FAB	294.44			288.36	
L1990		AFO DBL UPRT DORSIFLX STIRUP CSTM	378.31			370.50	
L2000		KAFO 1 UPRT SOLID STIRUP CSTM	813.72			796.94	
L2005		KAFO ANY MATL AUTO RLS ANK JNT CSTM	3534.89			3462.01	
L2010		KAFO 1 UPRT STIRUP NO KNEE JNT CSTM	741.78			726.49	
L2020		KAFO DBL UPRT STIRUP THI&CALF CSTM	936.76			917.44	
L2030		KAFO DBL UPRT STIRUP NO KNEE JNT	812.73			795.97	
L2034		KAFO PLSTC MED LAT ROTAT CNTRL CSTM	1771.28			1734.76	
L2035		KAFO FULL PLSTC STAT PED SZ PRFAB	149.44			146.36	
L2036		KAFO FULL PLSTC DBL UPRT CSTM FAB	1488.45			1457.76	
L2037		KAFO FULL PLSTC 1 UPRIGHT CSTM FAB	1371.69			1343.41	
L2038		KAFO FULL PLSTC MX-AXIS ANKLE CSTM	1147.01			1123.37	
L2040		HKAFO TORSN CNTRL BIL ROTAT STRAPS	146.52			143.50	
L2050		HKAFO BIL TORSION CABLES CSTM FAB	390.19			382.14	
L2060		HKAFO BIL TORSION BALL BEAR CSTM	500.78			490.45	
L2070		HKAFO UNI ROTAT STRAPS CSTM FAB	143.86			140.89	
L2080		HKAFO UNI TORSION CABLE CSTM FAB	306.78			300.46	
L2090		HKAFO UNI TORSN CABL BALL BEAR CSTM	378.14			370.35	
L2106		AFO TIB FX CAST THERMOPLSTC CSTM	545.47			534.22	
L2108		AFO TIB FX CAST ORTHT CSTM	857.18			839.50	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L2112		AFO TIB FX ORTHOT SFT PRFAB FIT	407.00			398.61	
L2114		AFO TIBL FX ORTHOS SEMI-RIGD PRFAB	465.66			456.06	
L2116		AFO TIB FX ORTHOT RIGD PRFAB FIT	613.51			600.87	
L2126		KAFO FEM FX CAST THERMOPLSTC CSTM	1091.60			1069.09	
L2128		KAFO FEM FX CAST ORTHOT CSTM FAB	1375.66			1347.30	
L2132		KAFO FEM FX CAST ORTHOT SFT PRFAB	647.16			633.83	
L2134		KAFO FEM FX CAST SEMI-RIGD PRFAB	775.93			759.93	
L2136		KAFO FEM FX CAST ORTHOT RIGD PRFAB	948.75			929.20	
L2180		ADD LW EXTRM ORTH PLSTC SHOE INSRT	93.95			92.02	
L2182		ADD LW EXT ORTH DROP LOCK KNEE JNT	73.53			72.02	
L2184		ADD LW EXTRM ORTH LTD MOT KNEE JNT	132.51			129.78	
L2186		ADD LW EXT ORTH ADJ MOT KNEE JNT	146.84			143.81	
L2188		ADD LW EXT FX ORTHOT QUADRILAT BRIM	320.36			313.75	
L2190		ADD LOW EXTREM FX ORTHOT WAIST BELT	83.21			81.50	
L2192		ADD LW EXT ORTH HIP JNT THI FLNGE	286.05			280.15	
L2200		ADD LOW EXTRM LTD ANK MOTION EA JNT	38.14			37.36	
L2210		ADD LOW EXTREM DORSIFLX ASST EA JNT	61.89			60.62	
L2220		ADD LW EXT DRSFLX&PLNTR ASST EA JNT	71.06			69.61	
L2230		ADD LW EXT SPLIT FLAT CALIPR STIRUP	61.55			60.29	
L2232		ADD LOW EXT ORTHOS ROCKR BOTTM CSTM	83.34			81.62	
L2240		ADD LW EXT ROUND CALIPER&PLAT ATTCH	67.10			65.71	
L2250		ADD LW EXT FT PLAT MOLD PT STIRUP	285.07			279.19	
L2260		ADD LW EXT REINFORCED SOLID STIRUP	160.82			157.51	
L2265		ADD LOW EXTREM LONG TONGUE STIRUP	94.48			92.53	
L2270		ADD LW EXT VARUS/VALGUS CORR STRAP	43.08			42.20	
L2275		ADD LW EXT VARUS/VULGUS CORR PLSTC	104.83			102.67	
L2280		ADD LOW EXTREM MOLDED INNR BOOT	389.45			381.42	
L2300		ADD LW EXTRM ABDUCT BAR JNTED ADJ	219.83			215.31	
L2310		ADD LOW EXTREM ABDUCT BAR STRAIGHT	98.69			96.66	
L2320		ADD LOW EXT NONMOLD LACER CSTM ONLY	165.07			161.67	
L2330		ADD LOW EXT LACER MOLD PT CSTM ONLY	315.02			308.52	
L2335		ADDITION LOW EXTREM ANT SWING BAND	185.32			181.49	
L2340		ADD LW EXTRM PRETIBL SHELL MOLD PT	437.30			428.28	
L2350		ADD LW EXT PROSTH TYPE SCKT MOLD PT	714.85			700.12	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L2360		ADDITION LOW EXTREM EXT STEEL SHANK	41.51			40.65	
L2370		ADDITION LOWER EXTREM PATTEN BOTTOM	205.95			201.70	
L2375		ADD LW EXT TORSION CNTRL ANK JNT	90.65			88.78	
L2380		ADD LW EXT TORSN CNTRL STRAIT KNEE	98.77			96.73	
L2385		ADD LW EXTREM STRAIT KNEE JNT HD EA	107.46			105.25	
L2387		ADD LW EXT POLYCNTRC KNEE CSTM KAFO	145.84			142.83	
L2390		ADD LW EXTRM OFFSET KNEE JNT EA JNT	87.82			86.01	
L2395		ADD LW EXT OFFSET KNEE JNT HD EA	134.08			131.32	
L2397		ADD LOW EXTREM ORTHOTIC SUSP SLEEVE	94.02			92.09	
L2405		ADDITION KNEE JOINT DROP LOCK EACH	75.21			73.66	
L2415		ADD KNEE LOCK-INTEGRATD RLSE EA JNT	104.80			102.64	
L2425		ADD KNEE JNT DISC/DIAL LOCK EA JNT	123.65			121.10	
L2430		ADD KNEE JNT RATCHT LOCK EXT EA JNT	123.65			121.10	
L2492		ADD KNEE LIFT LOOP DROP LOCK RING	81.81			80.12	
L2500		ADD LW EXTRM THIGH/WT BEAR RING	253.09			247.88	
L2510		ADD LW EXTRM THI/WT BEAR MOLD PT	677.63			663.66	
L2520		ADD LW EXTRM THI/WT BEAR CSTM	369.58			361.96	
L2525		ADD LW EXT ISCH M-L BRIM MOLD PT	1267.96			1241.82	
L2526		ADD LW EXTRM ISCH M-L BRIM CSTM FIT	683.44			669.35	
L2530		ADD LW EXT THI/WT BEAR LACR NONMOLD	188.50			184.61	
L2540		ADD LW EXT THI/WT BEAR LACR MOLD PT	339.18			332.19	
L2550		ADD LW EXT THI/WT BEAR HI ROLL CUFF	230.41			225.67	
L2570		ADD LW EXT PELV HIP JNT CLEVIS	509.50			499.00	
L2580		ADD LOW EXTRM PELV CNTRL PELV SLING	482.97			473.01	
L2600		ADD LW EXT PELV THRUST BEAR FREE	164.76			161.37	
L2610		ADD LW EXT PELV THRUST BEAR LOCK	194.83			190.81	
L2620		ADD LW EXT PLV HIP JNT HEVY-DUTY EA	214.51			210.09	
L2622		ADD LW EXT PELV HIP JNT ADJ FLX EA	246.02			240.95	
L2624		ADD LW EXTRM PELV HIP JNT FLX EXT	334.46			327.56	
L2627		ADD LW EXT PELV PLSTC MOLD PT-CABLE	1377.95			1349.54	
L2628		ADD LW EXT PELV METL FRME-CABLES	1618.65			1585.28	
L2630		ADD LW EXTRM PELV BAND&BELT UNI	198.66			194.56	
L2640		ADD LW EXTRM PELV BAND&BELT BIL	269.60			264.04	
L2650		ADD LW EXTRM PELV&THOR GLUTL PAD EA	96.27			94.29	
L2660		ADD LOW EXTREM THOR CNTRL THOR BAND	149.53			146.45	
L2670		ADD LW EXTRM THOR CNTRL PARASP UPRT	136.85			134.03	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L2680		ADD LW EXT THOR CNTRL LAT SUPP UPRT	125.54			122.96	
L2750		ADD LW EXT ORTHOT PLAT CHROME/NICKL	67.06			65.67	
L2755		ADD LOW EXT ORTHOT PER SEG CSTM	112.74			110.41	
L2760		ADD LOW EXTREM ORTHOTIC EXT-EXT-BAR	48.74			47.74	
L2768		ORTHOTIC SIDE BAR DISCNCT DEVC-BAR	112.41			110.10	
L2780		ADD LW EXT ORTH NONCORROSIVE BAR	57.66			56.48	
L2785		ADD LW EXT ORTHOT DROP LOCK RETN EA	33.90			33.20	
L2795		ADD LW EXT ORTH KNEE CNTRL FULL CAP	68.17			66.76	
L2800		ADD LOW EXT ORTHOT KNEE CAP CSTM	85.57			83.81	
L2810		ADD LW EXT ORTH KNEE CNDYLR PAD	62.66			61.37	
L2820		ADD LW EXT SFT INTERFCE BELW KNEE	69.67			68.24	
L2830		ADD LW EXT SFT INTERFCE ABVE KNEE	78.35			76.73	
L2840		ADD LW EXT ORTHOT TIB LEN SOCK FX/=	43.72			42.82	
L2850		ADD LW EXT ORTHO FEM LEN SOCK FX/=	49.67			48.64	
L2861		ADD LOW EXT JNT KNEE/ANK CSTM EA	BR			BR	
L2999		LOWER EXTREMITY ORTHOSES NOS	BR			BR	
L3000		FT INSRT MOLD UCB TYPE BERKLY SHELL	270.99			265.40	
L3001		FOOT INSRT REMV MOLD PT SPENCO EA	114.08			111.74	
L3002		FT INSRT REMV MOLD PLASTAZOTE/= EA	139.33			136.45	
L3003		FOOT INSRT REMV MOLD SILCON GEL EA	150.30			147.20	
L3010		FT INSRT MOLD LNGTUDNL ARCH SUPP EA	150.30			147.20	
L3020		FT INSRT REMV MOLD LNGTUDNL SUPP EA	171.15			167.63	
L3030		FOOT INSERT REMV FORMED PT FT EA	65.84			64.48	
L3031		FOOT INSRT/PLAT REMV ADD LW EXT ORT	105.64			BR	
L3040		FOOT ARCH SUPP PREMOLD LNGTUDNL EA	40.60			39.76	
L3050		FOOT ARCH SUPP REMV PREMOLD MT EA	40.60			39.76	
L3060		FT ARCH SUPP PREMOLD LNGTUDNL/MT EA	63.63			62.32	
L3070		FOOT ARCH SUPP NONREMV LNGTUDNL EA	27.43			26.87	
L3080		FT ARCH SUPP NONREMV ATTCH SHOE MT	27.43			26.87	
L3090		FT ARCH SUPP NONREMV LNGTUDNL/MT EA	35.12			34.40	
L3100		HALLUS-VALGUS NIGHT DYN SPLNT PRFAB	37.28			36.51	
L3140		FOOT ABDUCT ROTATION BAR INCL SHOES	76.81			75.21	
L3150		FOOT ABDUCT ROTATION BAR W/O SHOES	70.23			68.78	
L3160		FOOT ADJUSTBL SHOE-STYLD PSTN DEVC	BR			19.97	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L3170		FOOT PLASTC SIL HEEL STAB PREFAB EA	43.89			42.99	
L3201		ORTHOPED SHOE OXFRD SUPINATR INFNT	42.40			76.53	
L3202		ORTHOPED SHOE OXFRD W/SUPINATR CHLD	41.60			75.20	
L3203		ORTHOPED SHOE OXFRD W/SUPINATR JR	40.40			83.21	
L3204		ORTHOPED SHOE HITOP SUPINATR INFNT	40.40			83.21	
L3206		ORTHOPED SHOE HITOP W/SUPINATR CHLD	42.00			76.20	
L3207		ORTHOPED SHOE HITOP W/SUPINATR JR	42.80			77.53	
L3208		SURGICAL BOOT EACH INFANT	22.40			40.60	
L3209		SURGICAL BOOT EACH CHILD	32.00			57.57	
L3211		SURGICAL BOOT EACH JUNIOR	34.00			61.23	
L3212		BENESCH BOOT PAIR INFANT	47.20			85.52	
L3213		BENESCH BOOT PAIR CHILD	57.20			103.15	
L3214		BENESCH BOOT PAIR JUNIOR	60.80			109.81	
L3215		ORTHOPED FTWEAR LADIES OXFORD EA	77.20			139.76	
L3216		ORTHO FTWEAR LADIES SHOE DPTH INLAY	93.60			169.04	
L3217		ORTHOPED FTWEAR LADIES HITOP INLAY	101.20			183.35	
L3219		ORTHOPED FTWEAR MENS SHOE OXFORD EA	86.80			157.06	
L3221		ORTHOPD FTWEAR MENS SHOE DPTH INLAY	104.00			188.34	
L3222		ORTHO FTWEAR MENS HITOP DPTH INLAY	115.20			207.97	
L3224		ORTHO FTWEAR WOMAN OXFRD PART BRACE	47.18			46.21	
L3225		ORTHO FTWEAR MAN OXFRD PART BRACE	54.27			53.15	
L3230		ORTHO FTWEAR CSTM SHOE DEPTH INLAY	135.60			244.90	
L3250		ORTHOPED FOOTWEAR CSTM MOLD PROSTH	263.60			476.50	
L3251		FOOT SHOE MOLD PT SILCON SHOE EA	36.40			65.55	
L3252		FOOT SHOE MOLD PT PLASTAZOTE CSTM	144.40			260.88	
L3253		FOOT MOLD SHOE PLASTAZOTE CSTM FIT	36.00			65.22	
L3254		NONSTANDARD SIZE OR WIDTH	BR			BR	
L3255		NONSTANDARD SIZE OR LENGTH	BR			BR	
L3257		ORTHOPED FOOTWEAR ADD CHRG SPLIT SZ	26.00			47.25	
L3260		SURGICAL BOOT/SHOE EACH	14.80			26.62	
L3265		PLASTAZOTE SANDAL EACH	16.00			28.95	
L3300		LIFT ELEV HEEL TAPERED MTS PER INCH	44.97			44.05	
L3310		LIFT ELEV HEEL&SOLE NEOPRENE-INCH	70.23			68.78	
L3320		LIFT ELEV HEEL&SOLE CORK PER INCH	97.60			176.36	
L3330		LIFT ELEVATION METAL EXTENSION	488.20			478.13	
L3332		LIFT ELEV IN SHOE TAPERED TO 1/2 IN	63.63			62.32	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L3334		LIFT ELEVATION HEEL PER INCH	32.90			32.23	
L3340		HEEL WEDGE SACH	73.53			72.02	
L3350		HEEL WEDGE	19.73			19.32	
L3360		SOLE WEDGE OUTSIDE SOLE	30.72			30.09	
L3370		SOLE WEDGE BETWEEN SOLE	42.80			41.90	
L3380		CLUBFOOT WEDGE	42.80			41.90	
L3390		OUTFLARE WEDGE	42.80			41.90	
L3400		METATARSAL BAR WEDGE ROCKER	35.12			34.40	
L3410		METATARSAL BAR WEDGE BETWEEN SOLE	80.11			78.46	
L3420		FULL SOLE&HEEL WEDGE BETWEEN SOLE	47.16			46.19	
L3430		HEEL COUNTER PLASTIC REINFORCED	138.23			135.39	
L3440		HEEL COUNTER LEATHER REINFORCED	65.84			64.48	
L3450		HEEL SACH CUSHION TYPE	91.04			89.16	
L3455		HEEL NEW LEATHER STANDARD	35.12			34.40	
L3460		HEEL NEW RUBBER STANDARD	29.61			29.00	
L3465		HEEL THOMAS WITH WEDGE	50.46			49.43	
L3470		HEEL THOMAS EXTENDED TO BALL	53.74			52.63	
L3480		HEEL PAD AND DEPRESSION FOR SPUR	53.74			52.63	
L3485		HEEL PAD REMOVABLE FOR SPUR	14.80			26.62	
L3500		ORTHOPED SHOE ADD INSOLE LEATHR	25.25			24.73	
L3510		ORTHOPED SHOE ADD INSOLE RUBBER	25.25			24.73	
L3520		ORTHO SHOE ADD INSOLE FELT W/LEATHR	27.43			26.87	
L3530		ORTHOPEDIC SHOE ADDITION SOLE HALF	27.43			26.87	
L3540		ORTHOPEDIC SHOE ADDITION SOLE FULL	43.89			42.99	
L3550		ORTHOPED SHOE ADD TOE TAP STANDARD	7.70			7.53	
L3560		ORTHOPED SHOE ADD TOE TAP HORSESHOE	19.73			19.32	
L3570		ORTHOPED SHOE ADD SPCL EXT INSTEP	73.53			72.02	
L3580		ORTHO SHOE ADD CNVRT INSTP-VELC CLO	55.94			54.79	
L3590		ORTHO SHOE ADD CONVERT FIRM TO SOFT	46.08			45.14	
L3595		ORTHOPEDIC SHOE ADDITION MARCH BAR	36.20			35.45	
L3600		TRNSF ORTH-ANOTHER CALIPR PLAT XST	65.84			64.48	
L3610		TRNSF ORTH-ANOTHER CALIPR PLAT NEW	86.67			84.89	
L3620		TRNSF ORTH-ANOTH SOLID STIRUP XST	65.84			64.48	
L3630		TRNSF ORTH-ANOTH SOLID STIRUP NEW	86.67			84.89	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L3640		TRNSF ORTH-ANOTH DENNS BRWN SPLNT	37.28			36.51	
L3649		ORTHOPED SHOE MOD ADD/TRANSFER NOS	BR			BR	
L3650		SHOULDER ORTHOS FIG 8 ABDUCT PREFAB	46.99			46.03	
L3660		SHOULDER ORTHOS FIG 8 CANVAS PREFAB	80.69			79.02	
L3670		SHOULDER ORTHOS ACROMIO/CLAV PREFAB	112.46			110.15	
L3671		SO JOINT DESIGN W/O JOINTS CUSTOM	707.39			692.81	
L3674		SHOULDER ORTHOTIC ABDUCT PSTN CSTM	928.00			908.86	
L3675		SHLDR VEST ABDUCT RESTRAINR PREFAB	137.78			134.94	
L3677		SHLDR ORTHOS JNT DSGN PREFAB CUSTOM	106.80			193.00	
L3678		SHLDR ORTHOS JNT DSGN NO JNT PREFAB	BR				
L3702		EO W/O JOINTS CUSTOM FABRICATED	226.70			197.64	
L3710		ELB ORTHOS ELASTIC METL JNTS PREFAB	113.82			111.47	
L3720		EO DBL UPRT W/CUFF FREE MOT CSTM	567.88			556.17	
L3730		EO DBL UPRT-CUFF EXT/FLX ASST CSTM	747.54			732.14	
L3740		EO DBL UPRT W/CUFF ADJ LOCK CSTM	840.12			822.81	
L3760		ELB ORTH W/ADJ LOCK JNT PRFAB W/FIT	392.61			384.52	
L3762		ELBOW ORTHOS RIGID W/O JOINT PREFAB	84.42			82.68	
L3763		EWHO RIGID W/O JOINTS CUSTOM FAB	623.31			610.46	
L3764		EWHO 1/> NONTORSION JNTS CSTM FAB	621.63			608.81	
L3765		EWHFO RIGID W/O JOINTS CUSTOM FAB	1006.67			985.91	
L3766		EWHFO 1/> NONTORSION JNTS CSTM FAB	1066.00			1044.03	
L3806		WHFO CUSTOM FAB INCL FIT & ADJUST	356.62			349.26	
L3807		WHF ORTHOS NO JNT PRFAB CUSTOM FIT	196.32			192.27	
L3808		WHF ORTHOTIC RIGID NO JNT; CUSTOM	262.22			256.82	
L3809		WHF ORTHO NO JOINTS PREFAB ANY TYPE	196.32				
L3891		ADD UP EXT JNT WRIST/ELB CSTM EA	BR			BR	
L3900		WHFO DYN FLX HNG WRST DRVN CSTM FAB	1226.44			1201.15	
L3901		WHFO DYN FLX HNG CABLE DRIVEN CSTM	1375.16			1346.81	
L3904		WHFO EXTERNAL POWER ELEC CSTM FAB	2799.44			2741.73	
L3905		WHO 1/> NONTORSION JOINTS CSTM FAB	778.56			762.51	
L3906		WHO W/O JOINTS STRAPS CSTM FAB	331.18			324.36	
L3908		WRST HND ORTHOS CNTRL COCK-UP PRFAB	47.03			46.07	
L3912		HAND FINGR ORTHOS FINGR CNTRL PRFAB	75.45			73.90	
L3913		HFO W/O JOINTS CUSTOM FABRICATED	212.64			208.26	
L3915		WH ORTHOS 1/>NONTRSN PRFAB CSTM FIT	417.33			408.73	
L3916		WH ORTHOS 1/> NONTORSN JOINT PREFAB	417.33				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L3917		HAND ORTHOSIS MC FX PREFAB CSTM FIT	82.94			81.23	
L3918		HAND ORTHOSIS METACARPL FX ORTHOSIS	82.94				
L3919		HAND ORTHOTIC W/O JOINTS CUSTOM FAB	212.64			208.26	
L3921		HFO 1/> NONTORSION JOINTS CSTM FAB	252.15			246.96	
L3923		HF ORTHOSIS NO JOINT PRFAB CSTM FIT	68.29			66.88	
L3924		HAND FINGER ORTHOSIS W/O JOINTS	68.29				
L3925		FINGER ORTHOS NONTORSION JNT PREFAB	41.47			40.63	
L3927		FINGER ORTHOSIS W/O JOINT PREFAB	27.48			26.91	
L3929		HF ORTHOS 1/>NONTRSN JNT PRFAB CSTM	66.10			64.73	
L3930		HF ORTHOS 1/> NONTORSION JNT PREFAB	66.10				
L3931		WHFO PREFAB INCL FITTING & ADJ	159.89			156.58	
L3933		FINGER ORTHOTIC W/O JOINTS CSTM FAB	167.52			164.07	
L3935		FO NONTORSION JOINT CUSTOM FAB	173.47			169.88	
L3956		ADD JNT UP EXTREM ORTHOT MATL; JNT	BR			BR	
L3960		SEWHO ABDUCT PSTN AIRPLANE DESIGN	647.13			633.79	
L3961		SEWHO SHLDR CAP DESN NO JNTS CSTM	1319.03			1291.84	
L3962		SEWHO ABDUCT PSTN ERBS PALS DESIGN	673.80			659.92	
L3967		SEWHO ABDUCT PSTN W/O JNTS CSTM FAB	1557.32			1525.22	
L3971		SEWHO SHOULDER CAP DESIGN CSTM FAB	1478.24			1447.77	
L3973		SEWHO ABDUCTION POSITION CSTM FAB	1557.32			1525.22	
L3975		SEWHFO SHLDR CAP DESN NO JNTS CSTM	1319.03			1291.84	
L3976		SEWHFO ABDUCT PSTN W/O JNTS CUS FAB	1319.03			1291.84	
L3977		SEWHFO SHOULD CAP DESIGN CUSTOM FAB	1478.24			1447.77	
L3978		SEWHFO ABDUCTION P0SITION CSTM FAB	1557.32			1525.22	
L3980		UP EXT FX ORTHOT HUM PRFAB-FIT&ADJ	242.69			237.69	
L3981		UE FX ORTHOSIS HUMERAL PREF STRAPS	790.23				
L3982		UP EXTRM FX ORTH RADUS/ULNAR PRFAB	299.84			293.67	
L3984		UP EXTRM FX ORTHOTIC WRST PRFAB	320.06			313.46	
L3995		ADD UP EXTREM ORTHOT SOCK FX/= EA	26.86			26.31	
L3999		UPPER LIMB ORTHOSIS NOS	BR			BR	
L4000		REPLACE GIRDLE FOR SPINAL ORTHOSIS	1046.57			1025.00	
L4002		REPL STRAP ANY ORTHOTIC ALL CMPNTS	BR			BR	
L4010		REPLACE TRILATERAL SOCKET BRIM	588.95			576.81	
L4020		REPL QUADRILAT SOCKT BRIM MOLD PT	735.65			720.48	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L4030		REPL QUADRILAT SOCKT BRIM CSTM FIT	405.05			396.70	
L4040		REPL MOLDED THI LACER CSTM ONLY	327.47			320.72	
L4045		REPL NONMOLD THI LACER CSTM ONLY	263.17			257.74	
L4050		REPL MOLDED CALF LACER CSTM ONLY	331.21			324.38	
L4055		REPL NONMOLD CALF LACER CSTM ONLY	214.47			210.04	
L4060		REPLACE HIGH ROLL CUFF	254.96			249.71	
L4070		REPLACE PROXIMAL&DIST UPRIGHT KAFO	243.24			238.23	
L4080		REPLACE METAL BANDS KAFO PROX THIGH	85.75			83.99	
L4090		REPL METL BANDS KAFO-AFO CALF/THI	75.91			74.34	
L4100		REPLACE LEATHR CUFF KAFO PROX THIGH	85.61			83.84	
L4110		REPL LEATHR CUFF KAFO-AFO CALF/THI	68.03			66.63	
L4130		REPLACE PRETIBIAL SHELL	468.24			458.59	
L4210		REP ORTHOT DEVC REP/REPL MINOR PART	BR			BR	
L4350		ANKLE CONTROL ORTHOS STIRRUP PREFAB	84.36			82.62	
L4360		WALK BOOT PNEUMAT&/VAC PREFAB CUSTM	236.02			231.15	
L4361		WALKING BOOT PNEUMATIC AND/OR VAC	236.02				
L4370		PNEUMATIC FULL LEG SPLINT PREFAB	151.45			148.33	
L4386		WALK BOOT NON-PNEUMATIC PREFAB CSTM	136.77			133.96	
L4387		WALKING BOOT NON-PNEUMATIC PREFAB	136.77				
L4392		REPLCMT SFT INTERFCE MATL STAT AFO	20.31			19.90	
L4394		REPL SFT INTRFCE MATL FT DROP SPLNT	14.82			14.53	
L4396		STAT/DYN ANK FT ORTHOS PREFAB CSTM	144.79			141.80	
L4397		STATIC/DYNAMIC AFO MIN ABM PREFAB	144.79				
L4398		FOOT DROP SPLINT RECUMBNT POS PRFAB	66.64			65.26	
L4631		AFO WALK BOOT TYP ROCKR BOTTOM CSTM	1287.34			1260.80	
L5000		PART FT SHOE INSRT W/LNGTUDNL ARCH	452.32			443.00	
L5010		PART FT MOLD SOCKT ANK HT W/TOE FIL	1092.47			1069.95	
L5020		PART FT MOLD SOCKET TIB TUBERCLE HT	1855.27			1817.02	
L5050		ANKLE SYMES MOLDED SOCKET SACH FOOT	2052.26			2009.96	
L5060		ANK SYMS METL FRME MOLD LEATHR SCKT	2360.71			2312.04	
L5100		BELW KNEE MOLD SOCKT SHIN SACH FOOT	2056.80			2014.40	
L5105		BK PLSTC SCKT JNT&THI LACER SACH FT	2969.21			2908.00	
L5150		KNEE DISRTC MOLD SCKT EXT KNEE JNT	3001.46			2939.58	
L5160		KNEE DISARTIC MOLD SOCKT BENT KNEE	3264.62			3197.32	
L5200		AK MOLD SOCKT 1 AXIS CONSTANT FRICT	3126.34			3061.89	
L5210		AK SHRT PROS NO KNEE JNT-ANK JNT EA	2074.01			2031.25	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L5220		AK SHRT PROSTH W/ARTIC ANK/FOOT DYN	2357.50			2308.90	
L5230		AK PROX FEM FOCAL DEFIC SACH FT	3251.45			3184.42	
L5250		HIP DISRTC CANADIAN; MOLD SCKT HIP	4434.69			4343.27	
L5270		HIP DISRTC TLT TABL; MOLD SCKT LOCK	4415.00			4323.99	
L5280		HEMIPELVECT CANADIAN; MOLD SOCKT	4381.20			4290.88	
L5301		BK MOLD SCKT SHIN SACH FT ENDO SYS	2351.04			2302.58	
L5312		KNEE DISART MOLD SOCKET 1 AXIS KNEE	3365.36			3295.99	
L5321		AK OPEN END SACH FT ENDO SYS 1 AXIS	3407.90			3337.65	
L5331		JOINT SINGLE AXIS KNEE SACH FOOT	4342.36			4252.84	
L5341		SINGLE AXIS KNEE SACH FOOT	4520.41			4427.23	
L5400		IMMED POSTSURG RIGD DRSG W/1 CHG BK	1163.97			1139.97	
L5410		IMMED POSTSURG RIGD DRS BK-EA CAST	357.11			349.75	
L5420		IMMED POSTSURG RIGD DRSG 1 CHG AK	1426.40			1397.00	
L5430		IMMED POSTSURG RIGD DRSG AK EA CAST	430.10			421.23	
L5450		IMMED POSTSURG NONWT BEAR RIGD BK	349.90			342.68	
L5460		IMMED POSTSURG NONWT BEAR RIGD AK	466.18			456.57	
L5500		INIT BK PTB SCKT NON-ALIGN DIR FORM	1097.72			1075.10	
L5505		INIT AK-DISRTC ISCH LEVL NON-ALIGN	1518.18			1486.88	
L5510		PREP BK PTB SCKT NON-ALIGN MOLD MDL	1244.34			1218.69	
L5520		PREP BK PTB THERMOPLSTC/=DIR FORM	1229.11			1203.78	
L5530		PREP BK PTB THERMOPLSTC/=MOLD MDL	1476.28			1445.85	
L5535		PREP BK PTB PRFAB ADJ OPEN END SCKT	1449.41			1419.53	
L5540		PREP BK PTB LAMINATED SCKT MOLD MDL	1546.98			1515.10	
L5560		PREP AK-DISARTIC PLASTER MOLD MDL	1661.19			1626.95	
L5570		PREP AK-DISRTC THRMOPLSTC/=DIR FORM	1727.06			1691.44	
L5580		PREP AK-DISARTIC THERMOPLSTC/=MOLD	2016.22			1974.65	
L5585		PREP AK-DISARTIC PRFAB ADJ OPN END	2481.27			2430.12	
L5590		PREP AK-DISARTC LAMINATD SCKT MOLD	2054.66			2012.30	
L5595		PREP HIP DISARTC THERMOPLSTC/=MOLD	3629.83			3555.00	
L5600		PREP HIP DISARTC LAMINATD SCKT MOLD	3901.90			3821.45	
L5610		ADD LW EXTRM ENDO AK HYDRACADENCE	1769.57			1733.09	
L5611		ADD LW EXT AK-DISARTC W/FRICT CNTRL	1377.08			1348.69	
L5613		ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL	2153.02			2108.63	
L5614		ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL	1458.52			1428.45	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L5616		ADD LW EXT AK UNIVRSL MXPLX FRICT	1163.48			1139.49	
L5617		ADD LW EXTREM QUICK CHANGE AK/BK EA	483.60			473.63	
L5618		ADD LOW EXTREM TEST SOCKT SYMES	255.83			250.56	
L5620		ADD LOW EXTREM TEST SOCKT BELW KNEE	237.62			232.72	
L5622		ADD LW EXTRM TST SOCKT KNEE DISARTC	309.85			303.46	
L5624		ADD LOW EXTREM TEST SOCKT ABVE KNEE	310.73			304.33	
L5626		ADD LW EXTRM TST SOCKT HIP DISARTIC	407.51			399.11	
L5628		ADD LOW EXTRM TST SOCKT HEMIPELVECT	435.74			426.75	
L5629		ADD LW EXTRM BELW KNEE ACRYLC SOCKT	271.62			266.02	
L5630		ADD LW EXT SYMS TYPE XPND WALL SCKT	383.59			375.68	
L5631		ADD LW EXT ABVE KNEE/DISARTC ACRYLC	375.54			367.79	
L5632		ADD LW EXT SYMS PTB BRIM DESN SOCKT	209.59			205.27	
L5634		ADD LW EXT SYMS POST OPENING SOCKT	259.99			254.63	
L5636		ADD LW EXT SYMS MED OPENING SOCKT	217.78			213.29	
L5637		ADD LOW EXTREM BELW KNEE TOTAL CNTC	246.92			241.82	
L5638		ADD LW EXTRM BELW KNEE LEATHR SOCKT	430.12			421.25	
L5639		ADD LOW EXTREM BELW KNEE WOOD SOCKT	958.28			938.53	
L5640		ADD LW EXT KNEE DISARTC LEATHR SCKT	546.53			535.26	
L5642		ADD LW EXTRM ABVE KNEE LEATHR SOCKT	529.54			518.63	
L5643		ADD LW EXT HIP DISRTC FLX EXT FRAME	1330.30			1302.88	
L5644		ADD LOW EXTREM ABVE KNEE WOOD SOCKT	504.83			494.41	
L5645		ADD LW EXTRM BK FLX INNR EXT FRME	681.97			667.91	
L5646		ADD LOW EXT BELOW KNEE CUSHN SOCKT	468.30			458.65	
L5647		ADD LOW EXTRM BELW KNEE SUCTN SOCKT	679.88			665.86	
L5648		ADD LOW EXT ABOVE KNEE CUSHN SOCKT	562.72			551.11	
L5649		ADD LW EXT ISCHIAL CONTAINMENT SCKT	2039.04			1997.00	
L5650		ADD LW EXTRM TOT CONTACT AK/DISARTC	417.26			408.65	
L5651		ADD LW EXTRM AK FLX INNR EXT FRME	1026.43			1005.27	
L5652		ADD LW EXTRM SUCTN SUSP AK/DISARTC	372.64			364.95	
L5653		ADD LW EXT KNEE DISRTC XPNDABL WALL	497.44			487.18	
L5654		ADD LOW EXTREM SOCKT INSERT SYMES	283.46			277.61	
L5655		ADD LOW EXTRM SOCKT INSRT BELW KNEE	240.21			235.26	
L5656		ADD LW EXT SOCKT INSRT KNEE DISARTC	322.24			315.59	
L5658		ADD LOW EXTRM SOCKT INSRT ABVE KNEE	310.77			304.36	
L5661		ADD LW EXT INSRT MXIDUROMETER SYMES	520.13			509.41	
L5665		ADD LW EXT INSRT MXDROMTR BELW KNEE	437.63			428.61	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L5666		ADD LOW EXTREM BELOW KNEE CUFF SUSP	59.83			58.60	
L5668		ADD LW EXTRM BK MOLD DISTAL CUSHION	96.50			94.51	
L5670		ADD LW EXTRM BK MOLD SUPRACOND SUSP	231.92			227.14	
L5671		ADD LW EXTRM BK/AK SUSP LOCK MECH	491.47			481.34	
L5672		ADD LW EXTRM BK REMV MED BRIM SUSP	254.86			249.62	
L5673		ADD LW EXT BK/AK CSTM FAB XST MOLD	607.74			595.21	
L5676		ADD LW EXT BK KNEE JNT 1 AXIS PAIR	309.72			303.34	
L5677		ADD LW EXT BK KNEE JNT POLYCNTRC PR	421.42			412.73	
L5678		ADD LW EXT BELW KNEE JNT COVRS PAIR	33.94			33.24	
L5679		ADD LW EXT BK/AK CSTM FAB XST MOLD	506.43			495.99	
L5680		ADD LW EXTRM BK THI LACER NONMOLD	283.29			277.45	
L5681		ADD LW EXT INSRT CONGN/AMPUTEE INIT	1136.94			1113.51	
L5682		ADD LW EXT BK THIGH LACER MOLD	534.52			523.50	
L5683		ADD LW EXT INSRT NO CONGN/AMP INIT	1136.94			1113.51	
L5684		ADD LOW EXTREM BELW KNEE FORK STRAP	41.14			40.28	
L5685		ADD LOW EXT PROS BELW KNEE SLEEVE	110.71			108.42	
L5686		ADD LOW EXTREM BELW KNEE BACK CHECK	43.67			42.77	
L5688		ADD LW EXTRM BK WAIST BELT WEB	52.21			51.13	
L5690		ADD LW EXTRM BK WAIST BELT PAD	83.64			81.91	
L5692		ADD LW EXTRM AK PELVIC CONTROL BELT	113.57			111.23	
L5694		ADD LW EXTRM AK PELV CNTRL BELT PAD	155.05			151.86	
L5695		ADD LW EXT AK PELV CNTRL SLV NEOPRN	143.15			140.19	
L5696		ADD LW EXTRM AK/DISARTIC PELV JNT	158.14			154.88	
L5697		ADD LW EXTRM AK/DISARTIC PELV BAND	68.62			67.20	
L5698		ADD LW EXTRM AK/KD SILESIAN BANDAGE	112.20			109.89	
L5699		ALL LOW EXTREM PROSTH SHLDR HARNESS	202.12			197.95	
L5700		REPL SOCKET BELOW KNEE MOLD PT MDL	2448.89			2398.41	
L5701		REPL SCKT AK/DISARTIC W/ATTCH PLAT	2940.94			2880.31	
L5702		REPL SCKT HIP DISRTC W/HIP JNT MOLD	3720.72			3644.01	
L5703		ANK SYMES MLD PT MDL SACH FT REPL	1925.51			1885.82	
L5704		CUSTOM SHAP PROTVE COVER BELOW KNEE	458.14			448.69	
L5705		CUSTOM SHAP PROTVE COVER ABOVE KNEE	818.60			801.72	
L5706		CUSTOM SHAPED COVER KNEE DISARTIC	802.44			785.90	
L5707		CUSTOM SHAPED COVER HIP DISARTIC	1057.90			1036.09	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L5710		ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK	319.64			313.06	
L5711		ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT	446.74			437.53	
L5712		ADD EXO KNEE-SHIN FRICT SWING CNTRL	374.32			366.61	
L5714		ADD EXO KNEE-SHIN VARBL FRICT SWING	384.49			376.57	
L5716		ADD EXO KNEE-SHIN MECH STANCE LOCK	622.94			610.10	
L5718		ADD EXO KNEE-SHIN FRICT SWING CNTRL	778.62			762.56	
L5722		ADD EXO KNEE-SHIN PNUMAT SWNG FRICT	822.57			805.62	
L5724		ADD KNEE-SHIN 1 AXIS FL SWING PHASE	1290.11			1263.51	
L5726		ADD EXO KNEE-SHIN EXT JNT FL SWING	1486.82			1456.16	
L5728		ADD EXO KNEE-SHIN FL SWING&STANCE	2033.77			1991.84	
L5780		ADD EXO KNEE-SHIN PNEUMAT/HYDRA	978.56			958.38	
L5781		ADD LW LIMB PROS LIMB MGMT SYS	3458.33			3387.03	
L5782		ADD LW LIMB PROS LIMB MGMT HVY DUTY	3645.87			3570.71	
L5785		ADD EXOSKEL BELW KNEE ULTRA-LT MATL	550.07			538.72	
L5790		ADD EXOSKEL ABVE KNEE ULTRA-LT MATL	614.56			601.88	
L5795		ADD EXOSKEL HIP DISARTIC ULTRA-LGHT	1223.59			1198.36	
L5810		ADD ENDOSKEL KNEE-SHIN MANUAL LOCK	416.12			407.55	
L5811		ADD ENDO KNEE-SHIN MNL LCK ULTRA-LT	623.35			610.50	
L5812		ADD ENDO KNEE-SHIN FRICT SWNG CNTRL	483.17			473.20	
L5814		ADD ENDO KNEE-SHN HYDRAUL MECH LOCK	3210.00			3143.83	
L5816		ADD ENDO KNEE-SHIN MECH STANCE LOCK	731.26			716.18	
L5818		ADD ENDO KNEE-SHIN FRICT SWNG&STANC	820.79			803.87	
L5822		ADD ENDO KNEE-SHIN PNEUMATIC FRICT	1455.48			1425.47	
L5824		ADD ENDO KNEE-SHIN FL SWING CNTRL	1310.74			1283.72	
L5826		ADD ENDO KNEE-SHIN MIN HI ACTV FRME	2699.20			2643.55	
L5828		ADD ENDO KNEE-SHIN FL SWING&STANCE	2413.64			2363.88	
L5830		ADD ENDO KNEE-SHIN PNEUMAT/SWING	1621.84			1588.40	
L5840		ADD ENDO KNEE-SHIN 4-BAR LINK SWING	2998.78			2936.96	
L5845		ADD ENDOSKL KNEE-SHIN STANC FLX ADJ	1549.22			1517.27	
L5848		ADD ENDOSKEL KNEE-SHIN FLUID EXT	929.41			910.26	
L5850		ADD ENDO AK/HIP DSRTC KNEE EXT ASST	109.34			107.08	
L5855		ADD ENDO HIP DISARTIC MECH EXT ASST	293.80			287.74	
L5856		ADD LOW EXT PROS KN-SHN SWING&STNCE	20748.95			20321.21	
L5857		ADD LOW EXT PROS KN-SHN SWING ONLY	7362.49			7210.70	
L5858		ADD LW EXT PROS KNEE SHN SYS STANCE	16063.73			15732.57	
L5859		ADD LW EXT PROS KN-SHN PROG FLX/EXT	12540.83			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L5910		ADD ENDOSKEL BELW KNEE ALIGNBL SYS	309.56			303.17	
L5920		ADD ENDOSKEL AK/HIP DISRTC ALIGNBL	453.50			444.15	
L5925		ADD ENDO AK/HIP DISARTIC MNL LOCK	382.91			375.02	
L5930		ADD ENDO HI ACTV KNEE CNTRL FRAME	2909.23			2849.26	
L5940		ADD ENDOSKEL BELW KNEE ULTRA-LGHT	428.72			419.89	
L5950		ADD ENDOSKEL ABVE KNEE ULTRA-LGHT	670.35			656.53	
L5960		ADD ENDOSKL HIP DISARTC ULTRA-LGHT	823.97			806.99	
L5961		ADD ENDO SYS POLYCNTRC HIP JOINT	3929.03			3848.02	
L5962		ADD ENDO BK FLEX PROTVE OUTER COVER	542.26			531.08	
L5964		ADD ENDO AK FLXBL PROTVE OUTR COVR	800.45			783.95	
L5966		ADD ENDO HIP DISRTC FLX PROTVE COVR	1019.97			998.95	
L5968		ADD LW LIMB PROSTH MX-AXIAL ANKLE	3140.91			3076.16	
L5969		ADD ENDOSKEL ANKL-FT/ANK PWR ASSIST	BR				
L5970		ALL LW EXTRM PROSTH FOOT SACH FOOT	173.58			170.01	
L5971		ALL LW EXT PROS SACH FOOT REPL ONLY	173.58			170.01	
L5972		ALL LOW EXT PROS FOOT FLEXIBLE KEEL	324.23			317.55	
L5973		ENDO ANK FOOT MICROPROCSS CNTRL PWR	14870.50			14563.94	
L5974		ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT	199.17			195.07	
L5975		ALL LW EXTRM PROSTH COMB 1 AXIS ANK	400.72			392.45	
L5976		ALL LW EXTRM PROSTH ENERGY STOR FT	478.66			468.78	
L5978		ALL LW EXTRM PRSTH FT MX-AXL ANK/FT	249.43			244.29	
L5979		ALL LW XTRM PRSTH MX-AXL ANK 1 PECE	1950.23			1910.03	
L5980		ALL LOW EXTREM PROSTH FLX-FOOT SYS	3169.00			3103.67	
L5981		ALL LOW EXTRM PROSTH FLX-WALK SYS/=	2560.12			2507.34	
L5982		ALL EXOSKEL LW EXT PROS AXIAL ROTAT	494.12			483.93	
L5984		ALL ENDOSKEL LW EXT PRSTH AXL ROTAT	486.90			476.86	
L5985		ALL ENDOSKL LW XTRM PROSTH DYNAMIC	244.07			239.04	
L5986		ALL LW EXTRM PROSTH MX-AXIAL ROT U	541.61			530.45	
L5987		ALL LW EXTRM PROSTH SHANK FOOT SYS	6217.76			6089.58	
L5988		ADD LW LMB PRSTH VERTCL SHOCK RDUC	1726.67			1691.06	
L5990		ADD LW EXTRM PROSTH USE ADJ HEEL HT	1568.07			1535.75	
L5999		LOWER EXTREMITY PROSTHESIS NOS	BR			BR	
L6000		PARTIAL HAND THUMB REMAINING	1135.64			1112.23	
L6010		PART HAND LITTLE &/ RING FINGER REM	1263.78			1237.73	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L6020		PARTIAL HAND NO FINGER REMAINING	1178.28			1153.99	
L6026		TRANSCARPL/MC/PART HAND DISART PROS	4272.61				
L6050		WRST DSRTC MOLD SOCKET FLEX ELB HNG	1623.61			1590.15	
L6055		WRST DSRTC MOLD SCKT W/XPND INTRFCE	2262.91			2216.25	
L6100		BELW ELB MOLD SOCKT FLXIBLE ELB HNG	1644.98			1611.06	
L6110		BELOW ELBOW MOLDED SOCKET	1744.77			1708.80	
L6120		BELW ELB STEP-UP HINGES HALF CUFF	2033.28			1991.37	
L6130		BELW ELB STMP ACTV LCK HNG 1/2 CUFF	2212.59			2166.98	
L6200		ELB DSRTC MOLD SCKT OTSD LCK FORARM	2331.71			2283.64	
L6205		ELB DSRTC MOLD SCKT XPND INTRFC ARM	3112.46			3048.30	
L6250		ABOVE ELB INTERNAL LOCK ELB FOREARM	2443.10			2392.72	
L6300		SHLDR DISARTC INTRL LOCK ELB FORARM	3184.32			3118.67	
L6310		SHLDR DISART PASS REST COMPL PROSTH	2749.51			2692.83	
L6320		SHLDR DISART PASS REST SHLDR CAP	1501.99			1471.03	
L6350		INTRSCAP THOR INTRL LOCK ELB FORARM	3347.82			3278.80	
L6360		INTERSCAPULAR THOR COMPLT PROSTH	3010.83			2948.77	
L6370		INTERSCAPULAR THOR SHLDR CAP ONLY	1801.59			1764.45	
L6380		IMMED POSTSURG RIGD DRSG WRST DSRTC	1043.98			1022.46	
L6382		IMMED POSTSURG RIGD DRSG ELB DISRTC	1570.62			1538.24	
L6384		IMMED POSTSRG RIGD DRSG SHLDR DSRTC	2172.79			2127.99	
L6386		IMMED POSTSURG EA ADD CAST CHANGE	343.23			336.16	
L6388		IMMED POSTSURG RIGID DRSG ONLY	375.75			368.00	
L6400		BE MOLD SCKT ENDOSKEL-SFT PROS TISS	1983.26			1942.37	
L6450		ELB DISARTIC MOLD SOCKET ENDOSKEL	2649.57			2594.95	
L6500		ABOVE ELBOW MOLD SOCKET ENDOSKEL	2772.01			2714.86	
L6550		SHLDR DISARTC MOLD SOCKET ENDOSKEL	3332.00			3263.31	
L6570		INTRSCAP THOR MOLD SOCKET ENDOSKEL	3740.94			3663.82	
L6580		PREP WRST DISARTIC PLSTC SOCKT MOLD	1428.21			1398.76	
L6582		PREP WRST DISARTC ELB SCKT DIR FORM	1293.58			1266.90	
L6584		PREP ELB DISARTC PLASTIC SOCKT MOLD	2028.66			1986.83	
L6586		PREP ELB DISARTIC SOCKET DIR FORM	1898.51			1859.36	
L6588		PREP SHLDR DISRTC THOR PLSTC SOCKT	2494.59			2443.16	
L6590		PREP SHLDR DSRTC THOR SCKT DIR FORM	2369.47			2320.62	
L6600		UP EXTREM ADD POLYCNTRC HINGE PAIR	160.32			157.01	
L6605		UPPER EXTREM ADD 1 PIVOT HINGE PAIR	158.30			155.04	
L6610		UP EXT ADD FLEX METAL HINGE PAIR	152.02			148.89	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L6611		ADD UP EXT PROS EXT PWR ADD SWITCH	355.84			348.51	
L6615		UP EXTREM ADD DISCNCT LOCK WRST U	163.80			160.43	
L6616		UP EXT ADD-DSCNCT INSRT LCK WRST EA	60.70			59.45	
L6620		UP EXT ADD FLEX/EXT WRIST UNIT	262.06			256.66	
L6621		UP EXTREM PROS ADD FLEX/EXTEN WRIST	1976.95			1936.20	
L6623		UP EXT ADD ROTATL WRST W/LATCH RLSE	731.02			715.95	
L6624		UP EXT ADD FLX/EXT ROT WRIST UNIT	3255.11			3188.02	
L6625		UP EXT ADD ROTAT WRST W/CABLE LOCK	519.40			508.70	
L6628		UP EXTRM ADD QUICK DISCNCT HOOK	409.45			401.00	
L6629		UP EXT ADD QUIK DSCNCT LAMNAT COLLR	125.05			122.47	
L6630		UP EXTREM ADD STAINLESS STEEL WRIST	184.20			180.40	
L6632		UP EXTREM ADD LATX SUSP SLEEVE EA	63.97			62.66	
L6635		UPPER EXTREM ADD LIFT ASSIST ELB	150.54			147.44	
L6637		UP EXTREM ADD NUDGE CNTRL ELB LOCK	321.09			314.48	
L6638		UP EXT ADD PROS LOCK W/MNL PWR ELB	2161.45			2116.90	
L6640		UP EXTREM ADD SHLDR ABDUCT JNT PAIR	285.26			279.38	
L6641		UP EXTRM ADD EXCURSN AMPL PULLEY	137.12			134.29	
L6642		UP EXTRM ADD EXCURSN AMPL LEVER	185.85			182.03	
L6645		UP EXT ADD SHLDR FLX-ABDUCT JNT EA	343.05			335.98	
L6646		UP EXT ADD SHLDR JNT MX PSTN SYS	2726.09			2669.89	
L6647		UP EXT ADD SHLDR LOCK MECH BDY PWR	448.79			439.54	
L6648		UP EXT ADD SHLDR LOCK MECH EXT PWR	2811.56			2753.60	
L6650		UP EXTRM ADD SHLDR UNIVERSAL JNT EA	356.18			348.83	
L6655		UP EXTREM ADD STD CNTRL CABLE XTRA	70.00			68.56	
L6660		UP EXTREM ADD HEVY DUTY CNTRL CABLE	78.45			76.83	
L6665		UP EXTREM ADD TEFLON/= CABLE LINING	39.37			38.56	
L6670		UP EXTREM ADD HOOK HND CABLE ADAPTR	43.52			42.62	
L6672		UP EXT ADD HRNSS CHST/SHLDR SADDLE	172.72			169.15	
L6675		UP EXT ADD HARNESS 1 CABLE DESIGN	102.65			100.53	
L6676		UP EXT ADD HARNESS 2 CABLE DESIGN	118.65			116.20	
L6677		UP EXT ADD HRNSS 3 CNTRL OP DVC&ELB	256.44			251.14	
L6680		UP EXTRM ADD TST SCKT WRIST DISARTC	198.30			194.21	
L6682		UP EXTRM ADD TST SOCKT ELB DISARTIC	219.25			214.72	
L6684		UP EXTRM ADD TST SCKT SHLDR DISARTC	297.93			291.78	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L6686		UPPER EXTREM ADDITION SUCTION SOCKT	672.79			658.92	
L6687		UP EXT ADD FRME TYPE SCKT BELW ELB	493.00			482.84	
L6688		UP EXT ADD FRME TYPE SOCKT ABVE ELB	490.03			479.93	
L6689		UP EXT ADD FRAME SCKT SHLDR DISARTC	587.12			575.01	
L6690		UP EXT ADD FRAME SCKT INTRSCAP-THOR	639.79			626.60	
L6691		UPPER EXTREM ADD REMV INSERT EA	296.13			290.03	
L6692		UP EXTREM ADD SILCON GEL INSRT/=EA	477.97			468.13	
L6693		UP EXT ADD LOCK ELB FORARM CNTRBAL	2453.81			2403.23	
L6694		ADD UP EXT PROS CSTM W/LOCK MECH	607.74			595.21	
L6695		ADD UP EXT PROS CSTM W/O LOCK MECH	506.43			495.99	
L6696		ADD UP EXT PROS CNGN/TRAUMAT AMP	1136.94			1113.51	
L6697		ADD UP EXT PROS NOT CNGN/TRAUM AMP	1136.94			1113.51	
L6698		ADD UP EXT PROS LOCK MECH EXC INSRT	491.47			481.34	
L6703		TERMINAL DEVICE PASSIVE HAND/MITT	310.72			304.32	
L6704		TERMINAL DEVC SPORT/REC/WORK ATTACH	500.54			490.23	
L6706		TERMINAL DEVC HOOK MECH VOL OPENING	298.22			292.08	
L6707		TERMINAL DEVC HOOK MECH VOL CLOSING	1099.21			1076.54	
L6708		TERMINAL DEVC HAND MECH VOL OPENING	718.59			703.77	
L6709		TERMINAL DEVC HAND MECH VOL CLOSING	1035.50			1014.16	
L6711		TERM DVC HOOK MECH VOL OPN PED	581.09			569.11	
L6712		TERM DVC HOOK MECH VOL CLOS PED	1069.93			1047.87	
L6713		TERM DVC HAND MECH VOL OPN PED	1350.32			1322.50	
L6714		TERM DEVC HAND MECH VOL CLOS PED	1143.75			1120.16	
L6715		TERM DEVC MX ARTC DIG INIT ISS/REPL	2728.82			2672.56	
L6721		TERM DEVC HOOK/HAND HD MECH VOL OPN	2032.88			1990.98	
L6722		TERM DEVC HOOK/HND HD MECH VOL CLOS	1752.48			1716.35	
L6805		ADD TERM DEVICE MODIFIER WRIST UNIT	290.80			284.81	
L6810		ADD TERM DEVC PRECISION PINCH DEVC	164.83			161.43	
L6880		ELEC HND SW/MYOLELEC CNTRL ARTC DIG	20650.99			20225.25	
L6881		AUTO GRASP ADD UPPER LIMB PROS DEVC	3533.57			3460.73	
L6882		MICRPROCSS CNTRL ADD UP LIMB PROSTH	2680.41			2625.15	
L6883		REPL SOCKET BE/WD MOLDED TO PT MDL	1356.32			1328.35	
L6884		REPL SOCKT ABOVE ELB DISART MOLD PT	2013.06			1971.55	
L6885		REPL SOCKT SD/INTRSCAP THOR MOLD PT	3010.83			2948.77	
L6890		ADD UP EXT PROSTH GLOV TERM PRFAB	145.38			142.38	
L6895		ADD UP EXT PROSTH GLOV TERM CSTM	534.80			523.77	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L6900		HND REST PART W/GLOV THUMB/1 FNGR	1526.18			1494.71	
L6905		HND REST PART HND W/GLOV MX FNGR	1517.50			1486.21	
L6910		HND REST PART HND W/GLOV NO FNGR	1297.61			1270.86	
L6915		HAND REST REPL GLOVE FOR ABOVE	654.24			640.75	
L6920		WRST DISARTC OTTO BOCK/=SWTCH CNTRL	5704.07			5586.48	
L6925		WRST DSRTC OTTO BOCK/=MYOELC CNTRL	7678.67			7520.37	
L6930		BELW ELB OTTO BOCK/=SWITCH CNTRL	5739.44			5621.12	
L6935		BELW ELB OTTO BOCK/=MYOELEC CNTRL	7797.83			7637.08	
L6940		ELB DISRTC OTTO BOCK/=SWITCH CNTRL	7498.95			7344.36	
L6945		ELB DISRTC OTTO BOCK/=MYOELC CNTRL	9162.83			8973.94	
L6950		ABVE ELB OTTO BOCK/=SWITCH CONTROL	8523.62			8347.90	
L6955		ABVE ELB OTTO BOCK/=MYOELEC CNTRL	10208.20			9997.75	
L6960		SHLDR DSRTC OTTO BOCK/=SWTCH CNTRL	11563.34			11324.96	
L6965		SHLDR DSRTC OTTO BOCK/=MYOELC CNTRL	12332.73			12078.48	
L6970		INTERSCAP-THOR OTTO BOCK/=SWITCH	12850.90			12585.98	
L6975		INTERSCAP-THOR OTTO BOCK/=MYOELEC	14054.74			13765.01	
L7007		ELEC HND SWTCH/MYOELEC CNTRL ADULT	2941.10			2880.47	
L7008		ELEC HAND SWITCH/MYOELEC CNTRL PED	4628.98			4533.55	
L7009		ELEC HOOK SWITCH/MYOELC CNTRL ADULT	3000.85			2938.99	
L7040		PREHENSILE ACTUATOR SWITCH CONTROL	2409.57			2359.89	
L7045		ELEC HOOK SWITCH MYOELEC CONTRL PED	1381.48			1353.01	
L7170		ELEC ELB HOSMER/EQUAL SWITCH CNTRL	6360.89			6229.76	
L7180		ELEC ELB SEQENTL CNTRL ELB&TRM DEV	27920.75			27345.16	
L7181		ELEC ELB SIMULTAN CNTRL ELB&TRM DEV	34631.95			33917.99	
L7185		ELEC ELB ADOLES VRITY VILL/=SWITCH	6281.46			6151.96	
L7186		ELEC ELB CHLD VRITY VILL/=SWITCH	7560.34			7404.48	
L7190		ELEC ELB ADOLES VRITY VILL/=MYOELC	6597.68			6461.66	
L7191		ELEC ELB CHLD VRITY VILL/=MYOELEC	7900.11			7737.26	
L7259		ELECTRONIC WRIST ROTATOR ANY TYPE	2731.57				
L7360		SIX VOLT BATTERY EACH	203.94			199.74	
L7362		BATTERY CHARGER 6 VOLT EACH	214.14			209.73	
L7364		TWELVE VOLT BATTERY EACH	340.58			333.56	
L7366		BATTERY CHARGER TWELVE VOLT EACH	458.78			449.32	
L7367		LITHIUM ION BATT RECHARGEABLE REPL	336.49			329.55	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L7368		LITHIUM ION BATT CHARGER REPL ONLY	436.22			427.23	
L7400		ADD UP EXT PROS BE/WD ULTRALT MATL	264.92			259.45	
L7401		ADD UP EXT PROS ABV ED ULTRALT MATL	296.57			290.45	
L7402		ADD UP EXT PROS SD/INTRSCAP THOR	320.24			313.64	
L7403		ADD UP EXT PROS BE/WD ACRYLIC MATL	318.31			311.75	
L7404		ADD UP EXT PROS ABVE ED ACRYLC MATL	480.38			470.48	
L7405		ADD UP EXT PROS SD/INTERSCAP THOR	628.29			615.33	
L7499		UPPER EXTREMITY PROSTHESIS NOS	BR			BR	
L7510		REP PROS DEVC REP/REPL MINOR PART	BR			BR	
L7600		PROSETIC DONNING SLEEVE MATERIAL EA	BR			BR	
L7900		MALE VACUUM ERECTION SYSTEM	320.00			458.14	
L7902		TENSION RING VAC ERECT DEVC REPL EA	BR			BR	
L8000		BREAST PROS MAST BRA NO INTEG FORM	37.59			36.82	
L8001		BREAST PROS MAST BRA INTEG FORM UNI	108.41			106.17	
L8002		BREAST PROS MAST BRA INTEG FORM BIL	142.61			139.67	
L8010		BREAST PROSTHESIS MASTECTOMY SLEEVE	33.20			59.90	
L8015		EXT BREAST PROS GARMNT POST-MASTECT	51.80			50.74	
L8020		BREAST PROSTHESIS MASTECTOMY FORM	194.85			190.84	
L8030		BREAST PROS SILCON/=NO INTGRL ADHES	281.85			276.04	
L8031		BREAST PROS SILCON/= W/NTGRL ADHES	281.85			276.04	
L8032		NIPPLE PROSTH REUSABLE ANY TYPE EA	33.86			33.16	
L8035		CSTM BRST PROSTH POST MASTECT MOLD	3166.58			3101.29	
L8039		BREAST PROSTHESIS NOS	0.00			2046.16	
L8040		NASL PROSTH PROVIDED NON-PHYSICIAN	2089.23			1943.86	
L8041		MIDFCE PROSTH PROV NON-PHYSICIAN	2518.17			2466.26	
L8042		ORB PROSTH PROVIDED NON-PHYSICIAN	2829.39			2771.06	
L8043		UPPER FCE PROSTH PROV NON-PHYSICIAN	3168.93			3103.60	
L8044		HEMI-FCE PROSTH PROV NON-PHYSICIAN	3508.44			3436.12	
L8045		AURICULAR PROSTH PROV NON-PHYSICIAN	2197.09			2151.79	
L8046		PART FCE PROSTH PROV NON-PHYSICIAN	2263.52			2216.85	
L8047		NASL SEPTAL PROSTH PROV NON-PHYS	1160.04			1136.13	
L8048		UNS MAXLOFCE PROSTH BR PROV NON-MD	BR			BR	
L8049		REP MAXLOFCE PROS EA 15 MIN NON-MD	BR			BR	
L8300		TRUSS SINGLE WITH STANDARD PAD	83.24			81.52	
L8310		TRUSS DOUBLE WITH STANDARD PADS	127.99			125.35	
L8320		TRUSS ADDITION STANDARD PAD H2O PAD	55.91			54.76	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L8330		TRUSS ADD STANDARD PAD SCROTAL PAD	55.41			54.28	
L8400		PROSTHETIC SHEATH BELOW KNEE EACH	16.20			15.86	
L8410		PROSTHETIC SHEATH ABOVE KNEE EACH	18.43			18.05	
L8415		PROSTHETIC SHEATH UPPER LIMB EACH	18.32			17.95	
L8417		PROS SHEATH/SOCK-GEL CUSHN BK/AK EA	64.99			63.65	
L8420		PROSTHETIC SOCK MX PLY BELW KNEE EA	21.42			20.99	
L8430		PROSTHETIC SOCK MX PLY ABVE KNEE EA	23.55			23.07	
L8435		PROSTH SOCK MX PLY UPPER LIMB EA	21.14			20.70	
L8440		PROSTHETIC SHRINKER BELOW KNEE EACH	44.81			43.88	
L8460		PROSTHETIC SHRINKER ABOVE KNEE EACH	62.36			61.07	
L8465		PROSTHETIC SHRINKER UPPER LIMB EACH	55.58			54.44	
L8470		PROSTH SOCK 1 PLY FIT BELW KNEE EA	5.71			5.59	
L8480		PROSTH SOCK 1 PLY FIT ABVE KNEE EA	7.87			7.70	
L8485		PROSTH SOCK 1 PLY FIT UPPER LIMB EA	9.50			9.31	
L8499		UNLISTED PROC MISC PROSTH SERVICES	BR			BR	
L8500		ARTIFICIAL LARYNX ANY TYPE	564.08			552.44	
L8501		TRACHEOSTOMY SPEAKING VALVE	125.28			122.70	
L8505		ARTFICL LARYNX REPLCMT BATTRY/ACSS	BR			BR	
L8507		TRACHEO-ESOPH VOICE PROSTH PT INSRT	36.21			35.46	
L8509		TRACHEO-ESOPH VOICE PROS INSRT PROV	94.41			92.46	
L8510		VOICE AMPLIFIER	218.43			213.92	
L8511		INSRT INDWLL TRACHEOESOPH PROS W/WO	62.87			61.57	
L8512		GELATIN CAPS/EQUVALNT W/TRACHEOESOP	1.90			1.86	
L8513		CLEANING DEVC USED W/TRACHEOESOPH V	4.50			4.41	
L8514		TRACHEOESOPH PUNCT DILAT REPLCMT ON	81.51			79.83	
L8515		GELATN CAP APPLC DEV TE VOICE PRSTH	54.55			53.42	
L8600		IMPL BREAST PROSTH SILICONE/EQUAL	533.72			522.71	
L8603		INJ COLL IMPL URIN TRACT 2.5 ML SYR	374.83			367.10	
L8604		INJ BULKING AGT URINARY TRACT 1 ML	BR			BR	
L8605		INJ BLK AGT DX/HA CP IMPL ANAL 1 ML	619.07			606.29	
L8606		INJ SYNTH IMPL URIN TRACT 1 ML SYR	196.76			192.71	
L8607		INJ BLK AGT VC MEDIALIZATION 0.1 ML	37.08				
L8609		ARTIFICIAL CORNEA	5631.49			5515.40	
L8610		OCULAR IMPLANT	547.47			536.18	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L8612		AQUEOUS SHUNT	577.41			565.51	
L8613		OSSICULA IMPLANT	258.52			253.19	
L8614		COCHLEAR DEVC INCL INT&EXT COMPNENT	16363.11			16025.78	
L8615		HEADSET/HEADPIECE COCHLR IMPL REPL	389.83			381.79	
L8616		MICROPHONE COCHLEAR IMPL DEVC REPL	90.79			88.92	
L8617		TRNSMTTING COIL COCHLEAR IMPL REPL	79.33			77.69	
L8618		TRANSMITER CABLE COCHLEAR IMPL REPL	22.65			22.18	
L8619		COCHLR IMPL SPCH PRCSSR/CNTLR REPL	7019.16			6874.46	
L8621		ZUBC AIR BA CI & AUD SD PRC RPL E	0.53			0.51	
L8622		ALKALIN BATT COCHLR IMPL ANY SZ RPL	0.28			0.28	
L8623		LITH ION BATT NOT EAR LEVEL REPL EA	55.91			54.76	
L8624		LITHIUM ION BATT EAR LEVEL REPL EA	139.36			136.48	
L8627		COCHLEAR IMPL EXT PROCSSR CMPNT RPL	5949.92			5827.26	
L8628		COCHLR IMPL EXT CONTRLLR CMPNT REPL	1069.25			1047.20	
L8629		TRANSMIT COIL CABLE COCHLR DEV RPL	154.76			151.58	
L8630		METACARPOPHALANGEAL JOINT IMPLANT	287.96			282.02	
L8631		MPJ REPLCMT TWO/MORE PECES METL CER	1932.49			1892.65	
L8641		METATARSAL JOINT IMPLANT	312.53			306.09	
L8642		HALLUX IMPLANT	256.55			251.25	
L8658		IP JOINT SPACER SILICONE/= EA	268.11			262.58	
L8659		IP FNGR JNT REPLCMT 2/MORE PECES ME	1667.87			1633.48	
L8670		VASC GRAFT MATERIAL SYNTH IMPLANT	475.78			465.97	
L8679		IMPL NEUROSTIMULATOR PULSE GEN ANY	7212.02				
L8680		IMPL NEUROSTIMULATOR ELECTRODE EA	277.20			501.24	
L8681		PT PROG IMPL NEUROSTM PLSE GEN REPL	976.23			956.11	
L8682		IMPL NEUROSTIMULATOR RADIOFREQ RECV	5152.84			6505.36	
L8683		RF TRNSMT W/IMPL NEUROSTIM RF RECV	4535.66			5726.20	
L8684		RF TRNSMT BOWEL BLADDR MGMT REPL	595.62			817.50	
L8685		IMPL NEUROSTIM 1 ARRAY RECHARGEABLE	7890.40			14269.36	
L8686		IMPL NEUROSTIM 1 ARRAY NON-RECHARGE	5034.80			9105.00	
L8687		IMPL NEUROSTIM 2 ARRAY RECHARGEABLE	10268.80			18570.15	
L8688		IMPL NEUROSTIM 2 ARRAY NON-RECHARGE	6552.40			11849.25	
L8689		EXT RECHARG SYS IMPL NEUROSTIM REPL	1490.90			1460.17	
L8690		AUDITORY OSSEOINTEGRTD INT/EXT COMP	4111.75			4026.99	
L8691		AUDITORY OSSEOINTEGRTD EXT SND REPL	2304.78			2257.26	
L8692		AUDITORY OSSEOINTEGRAT DEV BDY WORN	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L8693		AUD OSSEOINTEGRATED DEVC ABUT REPL	1310.61			1283.59	
L8695		EXT RECHARG SYS IMPL NEUROSTIM REPL	14.40			14.09	
L8696		ANT FOR IMPL DIA/PN ST DEV REPL EA	187.35				
L8699		PROSTHETIC IMPLANT NOS	BR			BR	
L9900		ORTHO/PROSTH SUPP ACCES &/ SERV	BR			BR	
M0075		CELLULAR THERAPY	BR			BR	
M0076		PROLOTHERAPY	BR			BR	
M0100		INTRAGASTR HYPOTHM USE GASTR FREEZ	BR			BR	
M0300		IV CHELATION THERAPY	BR			BR	
M0301		FABRIC WRAPPING ABDOMINAL ANEURYSM	BR			BR	
P2028		CEPHALIN FLOCULATION BLOOD	BR			BR	
P2029		CONGO RED BLOOD	BR			BR	
P2031		HAIR ANALYSIS	BR			BR	
P2033		THYMOL TURBIDITY BLOOD	BR			BR	
P2038		MUCOPROTEIN BLOOD	7.60			8.84	
P3000		SCR PAP SMER UP TO 3 TECH W/MD SUPV	16.00			11.26	
P3001		SCR PAP SMER UP TO 3 RQR INTEPR MD	36.80			9.65	
P7001		CULT BACTERL URINE; QUAN SENS STUDY	21.60			21.71	
P9010		BLOOD FOR TRANSFUSION PER UNIT	51.20	315.63		51.26	219.1
P9011		BLOOD SPLIT UNIT	73.20	145.98		73.16	175.91
P9012		CRYOPRECIPITATE EACH UNIT	BR	84.95		BR	101.46
P9016		RBCS LEUKOCYTES REDUCED EACH UNIT	BR	262.54		BR	249.29
P9017		FFP FRZN WITHIN 8 HRS CLCT EA UNIT	BR	103.34		BR	101.54
P9019		PLATELETS EACH UNIT	BR	168.11		BR	118.18
P9020		PLATELET RICH PLASMA EACH UNIT	BR	171.13		BR	226.56
P9021		RED BLOOD CELLS EACH UNIT	BR	207.64		BR	195.82
P9022		RED BLOOD CELLS WASHED EACH UNIT	BR	437.88		BR	382.37
P9023		PLASMA POOL MX DONOR FROZEN EA UNIT	BR	108.1		BR	93.19
P9031		PLATLTS LEUKOCYTES REDUCED EA UNIT	BR	165.66		BR	152.67
P9032		PLATELETS IRRADIATED EACH UNIT	BR	226.58		BR	173.16
P9033		PLATLTS LEUKOCYTES RDUC IRRADATD EA	BR	230.84		BR	201.84
P9034		PLATELETS PHERESIS EACH UNIT	BR	605.5		BR	557.31
P9035		PLATLTS PHERES LEUKOCYTES RDUC EA U	BR	695.43		BR	659.58
P9036		PLATELETS PHERESIS IRRADATD EA UNIT	BR	752.15		BR	871.8

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
P9037		PLATLT PHERES LEUKOCYT RDUC IRRADTD	BR	914.13		BR	869.73
P9038		RBCS IRRADIATED EACH UNIT	BR	293.13		BR	260.53
P9039		RBCS DEGLYCEROLIZED EACH UNIT	BR	541.65		BR	618.91
P9040		RBCS LEUKOCYTES RDUC IRRADATD EA U	BR	381.16		BR	352.44
P9041		INFUSION ALBUMIN HUMAN 5% 50 ML	10.91			17.29	
P9043		INFUS PLSMA PROT FRAC HUMN 5% 50 ML	16.80	40.28		16.98	26.2
P9044		PLSMA CRYOPRECIPITATE RDUC EA UNIT	BR	72.81		BR	87.69
P9045		INFUSION ALBUMIN HUMAN 5% 250 ML	54.54			86.46	
P9046		INFUSION ALBUMIN HUMAN 25% 20 ML	22.49			28.22	
P9047		INFUSION ALBUMIN HUMAN 25% 50 ML	53.44			70.55	
P9048		INFUS PLSMA PROT FRAC HU 5% 250 ML	34.00	57.44		33.96	60.84
P9050		GRANULOCYTES PHERESIS EACH UNIT	BR	2162.63		BR	2087.48
P9051		WHOLE BLD/RBCS LEUKOCYTES RDUC CMV-	BR	285.5		BR	239.03
P9052		PLT HLA-MATCHD LEUKOCYTES RDUC EACH	BR	1004.04		BR	1000.4
P9053		PLT PHERES LEUKOCYT RDUC CMV-NEG EA	BR	841.67		BR	852.06
P9054		WHOLE BLD/RBCS LEUKOCYTES RDUC FRZN	BR	457.57		BR	157.95
P9055		PLT LEUKOCYT RDUC CMV-NEG APH/PHERS	BR	658.67		BR	434.17
P9056		WHOLE BLD LEUKOCYTES RDUC IRRADATD	BR	181.46		BR	226.94
P9057		RBCS FRZN/DEGLYCEROLIZED/WASHED LEU	BR	289.61		BR	475.64
P9058		RBCS LEUKOCYTES RDUC CMV-NEG IRRADA	BR	354.96		BR	369.68
P9059		FRESH FRZN PLAS BETWN 8-24 HR CLCT	BR	104.08		BR	97.44
P9060		FRESH FRZN PLSMA DONR RETESTED EA U	BR	73.23		BR	73.3
P9070		PL POOLD MX DNR PATH RDUC FRZN EA U	BR	104.08			
P9071		PLASMA PATHOGEN REDUCED FROZEN EA U	BR	103.34			
P9072		PLATELETS PHERESIS PATH RDUC EA U	BR	914.13			
P9603		TRAVL 1 WAY NEC LAB SPEC; ACTL MILE	BR			BR	
P9604		TRAVL 1 WAY NEC LAB SPEC; TRIP CHRG	4.00			4.02	
P9612		CATH CLCT SPEC 1 PT ALL PLACES SRVC	26.40			26.53	
P9615		CATHETERIZATION COLLECTION SPECIMEN	BR			BR	
Q0035		CARDIOKYMOGRAPHY	23.60			10.05	228.11
Q0081		INFUS TX OTH THAN CHEMO RX VISIT	BR			BR	
Q0083		CHEMO ADMIN NOT INFUS TECH ONLY VST	BR			BR	
Q0084		CHEMO ADMIN INFUS TECH ONLY VISIT	113.60			113.77	
Q0085		CHEMO ADMIN INFUS&OTH TECH VISIT	BR			BR	
Q0091		SCR PAP SMER; OBTAIN PREP&CONVY-LAB	50.80			BR	10.64
Q0092		SET-UP PORTABLE X-RAY EQUIPMENT	28.40			8.04	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
Q0111		WET MOUNTS W/PREP VAG CERV/SKN SPEC	6.40			8.04	
Q0112		ALL POTASSIUM HYDROXIDE PREPARATNS	6.40			9.25	
Q0113		PINWORM EXAMINATION	8.40			BR	
Q0114		FERN TEST	10.80			BR	
Q0115		POST-COITAL DIRECT QUALATATIVE EX	15.20			BR	
Q0138		INJ FERUMOXYTOL IDA 1 MG NON-ESRD	0.91			BR	
Q0139		INJ FERUMOXYTOL TX IDA 1 MG ESRD	0.91			BR	
Q0144		AZITHROMYCIN ORAL CAP/POWDER 1 GM	15.60			15.70	
Q0161		CHLORPROMAZINE HCL 5 MG ORAL	0.00				
Q0162		ONDAN 1 MG ORL NOT EXCEED 48 HR DOS	0.03			BR	
Q0163		DIPHENHYDRAMINE HCL 50 MG ORAL	0.28			0.40	
Q0164		PROCHLORPERAZINE MALEATE 5 MG ORAL	0.05			0.59	
Q0166		GRANISETRON HCL 1 MG ORAL	1.43			46.09	
Q0167		DRONABINOL 2.5 MG ORAL	1.80			4.86	
Q0169		PROMETHAZINE HCL 12.5 MG ORAL	0.03			0.88	
Q0173		TRIMETHOBENZAMIDE HCL 250 MG ORAL	0.80			0.84	
Q0174		THIETHYLPERAZINE MALEATE 10 MG ORAL	0.80			0.67	
Q0175		PERPHENZAINE 4 MG ORAL	0.80			0.65	
Q0177		HYDROXYZINE PAMOATE 25 MG ORAL	2.40			2.47	
Q0180		DOLASETRON MESYLATE 100 MG ORAL	122.67			68.48	
Q0181		UNS ORAL ANTI-EMETIC NOT>48 HR DOSE	BR			BR	
Q0478		PWR ADAPTR ELEC/PNEUMAT VAD VEH TYP	194.13			BR	
Q0479		POWER MODULE ELEC/PNEUMAT VAD REPL	12758.92			BR	
Q0480		DRIVER FOR PNEUMATIC VAD REPL ONLY	95144.32			58701.00	
Q0481		MICRPROCSS CU FOR ELEC VAD REPL	15350.45			9470.73	
Q0482		MICRPROCSS CU ELEC/PNEUMAT VAD REPL	4808.05			2966.41	
Q0483		MON/DISPLAY MODULE W/ELEC VAD REPL	19806.97			12220.27	
Q0484		MON ELEC OR ELEC/PNEUMAT VAD REPL	3846.46			2373.13	
Q0485		MON CNTRL CABLE FOR ELEC VAD REPL	371.37			229.12	
Q0486		MON CABLE FOR ELEC/PNEUMAT VAD RE	309.08			190.70	
Q0487		LEADS FOR ANY ELEC/PNEUMAT VAD REPL	360.61			222.48	
Q0488		POWER PACK BASE FOR ELEC VAD REPL	BR			BR	
Q0489		PWR PACK BASE ELEC/PNEUMAT VAD RE	17171.56			10594.32	
Q0490		EMERGENCY PWR SRC FOR ELEC VAD RE	742.76			458.26	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
Q0491		EMERG PWR SRC ELEC/PNEUMAT VAD RE	1167.67			720.43	
Q0492		EMERG PWR CABLE FOR ELEC VAD REPL	94.11			58.04	
Q0493		EMRG PWR CABL ELEC/PNEUMAT VAD REPL	267.83			165.26	
Q0494		EMERGENCY HAND PUMP REPLACEMNT ONL	226.66			139.85	
Q0495		BATT CHRG ELEC/ELEC-PNEUMAT VAD RPL	4412.69			2722.47	
Q0496		BATT NOT LITHIUM-ION ELEC VAD REPL	1583.79			977.14	
Q0497		BATT CLPS ELEC/ELEC-PNEUMAT VAD RPL	494.53			305.12	
Q0498		HOLSTR ELEC/ELEC-PNEUMAT VAD REPL	542.62			334.79	
Q0499		BELT/VEST/BAG ANY TYPE VAD RPL ONLY	176.31			108.77	
Q0500		FLTRS ELEC OR ELEC/PNEUMAT VAD REPL	32.26			19.90	
Q0501		SHOWR COVR ELEC/ELEC-PNEUMT VAD RPL	539.50			332.86	
Q0502		MOBILITY CART FOR PNEUMAT VAD REPL	686.84			423.76	
Q0503		BATT FOR PNEUMAT VAD REPL ONLY EA	1373.71			847.54	
Q0504		PWR ADPTR PNEUMAT VAD REPL VEH TYPE	724.86			447.23	
Q0506		BATT LITHIUM-ION ELEC VAD REPL	902.30			BR	
Q0507		MISC SUPPLY/ACCESSORY USE W/EXT VAD	BR			BR	
Q0508		MISC SUPL/ACCSSRY USE W/IMPLANT VAD	BR			BR	
Q0509		MISC SPL IMPL VAD NO PAY MCR PRT A	BR			BR	
Q0510		PHRM SPL FEE IMS 1ST MO FLW TPLNT	BR			BR	
Q0511		PHRM FEE O ANTI-CA-EMET/IS RX;30-DA	BR			BR	
Q0512		PHRM FEE O ANTI-CA EMET/IS RX;SBSQT	BR			BR	
Q0513		PHRM DISPNS FEE INHAL RX;-30 DAYS	BR			BR	
Q0514		PHRM DISPNS FEE INHAL RX;-90 DAYS	BR			BR	
Q0515		INJ SERMORELIN ACTATE 1 MCG	1.60			1.64	
Q1004		NEW TECH IO LENS CATGY 4 FED REG	BR			BR	
Q1005		NEW TECH IO LENS CATGY 5 FED REG	BR			BR	
Q2004		IRRIG SOL TX BLADDER CALCULI 500 ML	17.20			17.35	
Q2009		INJ FOSPHENYTOIN 50 MG PHENYTOIN EQ	3.20			3.04	
Q2017		INJECTION TENIPOSIDE 50 MG	264.80			264.68	
Q2026		INJECTION RADIESSE 0.1ML	BR			BR	
Q2028		INJECTION SCULPTRA 0.5 MG	0.00				
Q2034		FLU VIRUS VAC SPLIT VRS IM AGRIFLU	BR			BR	
Q2035		FLU VACC SPLIT 3 YRS & > IM AFLURIA	14.33			14.25	
Q2036		FLU VACC SPLIT 3 YR & > IM FLULAVAL	BR			BR	
Q2037		FLU VACC SPLIT 3 YR & > IM FLUVIRIN	17.41			15.07	
Q2038		FLU VACC SPLIT 3 YRS & > IM FLUZONE	13.25			12.92	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
Q2039		FLU VACC SPLIT VIRUS 3 YRS > IM NOS	BR			BR	
Q2043		SIPULEUCEL-T AUTO CD54+	40054.82			BR	
Q2049		INJ DOX HCI LIP IMPRT LIPODOX 10 MG	568.00			472.79	
Q2050		INJ DOXORUBICIN HCL LIPO NOS 10 MG	474.67				
Q2052		SERVICE SUPP HOME MEDICARE IVIG DEM	0.00				
Q3001		ADJUNCTIVE PROCEDURE	BR			BR	
Q3014		TELEHEALTH ORIG SITE FACILITY FEE	BR			BR	
Q3027		INJ INTERFERON BETA-1A 1 MCG IM USE	45.97				
Q3028		INJ INTERFERON BETA-1A 1 MCG SUBQ	BR				
Q3031		COLLAGEN SKIN TEST	BR			BR	
Q4001		CAST BDY CAST ADLT W/WO HEAD PLAST	53.22			110.55	
Q4002		CAST BDY CAST ADLT W/WO HEAD F-GLSS	201.08			235.17	
Q4003		CAST SPL SHLDR CAST ADULT PLASTR	38.21			59.90	
Q4004		CAST SPL SHLDR CAST ADULT FIBRGLS	132.29			127.43	
Q4005		CAST SPL LONG ARM CAST ADULT PLASTR	14.09			32.96	
Q4006		CAST SPL LONG ARM CAST ADLT FIBRGLS	31.75			70.15	
Q4007		CAST SPL LNG ARM CAST PED PLASTR	7.05			16.48	
Q4008		CAST SPL LNG ARM CAST PED FIBRGLS	15.86			34.97	
Q4009		CAST SPL SHORT ARM CAST ADLT PLASTR	9.42			25.33	
Q4010		CAST SPL SHRT ARM CAST ADLT FIBRGLS	21.18			54.27	
Q4011		CAST SPL SHORT ARM CAST PED PLASTR	4.69			12.66	
Q4012		CAST SPL SHORT ARM CAST PED FIBRGLS	10.59			27.14	
Q4013		CAST SPL GAUNTLT CAST ADULT PLASTR	17.13			23.92	
Q4014		CAST SPL GAUNTLET CAST ADLT F-GLASS	28.88			51.05	
Q4015		CAST SPL GAUNTLT CAST PED PLASTR	8.58			12.06	
Q4016		CAST SPL GAUNTLET CAST PED F-GLASS	14.43			25.53	
Q4017		CAST SPL LNG ARM SPLINT ADLT PLASTR	9.90			20.90	
Q4018		CAST SPL LNG ARM SPLNT ADLT FIBRGLS	15.77			44.62	
Q4019		CAST SPL LNG ARM SPLINT PED PLASTR	4.96			10.45	
Q4020		CAST SPL LNG ARM SPLINT PED FIBRGLS	7.91			22.31	
Q4021		CAST SPL SHRT ARM SPLINT ADLT PLAST	7.33			20.90	
Q4022		CAST SPL SHRT ARM SPLNT ADLT F-GLSS	13.22			44.62	
Q4023		CAST SPL SHORT ARM SPLINT PED PLAST	3.69			10.45	
Q4024		CAST SPL SHRT ARM SPLNT PED FIBRGLS	6.62			22.31	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
Q4025		CAST SPL HIP SPICA ADULT PLASTR	41.07			92.86	
Q4026		CAST SPL HIP SPICA ADULT FIBRGLS	128.26			197.58	
Q4027		CAST SPL HIP SPICA PEDIATRIC PLASTR	20.55			46.43	
Q4028		CAST SPL HIP SPICA PED FIBRGLS	64.16			98.89	
Q4029		CAST SPL LONG LEG CAST ADULT PLASTR	31.42			45.83	
Q4030		CAST SPL LONG LEG CAST ADLT FIBRGLS	82.70			97.28	
Q4031		CAST SPL LNG LEG CAST PED PLASTR	15.70			22.91	
Q4032		CAST SPL LNG LEG CAST PED FIBRGLS	41.35			48.64	
Q4033		CAST LNG LEG CYCLE CAST ADLT PLAST	29.30			38.99	
Q4034		CAST LNG LEG CYCLE CAST ADLT F-GLSS	72.88			82.81	
Q4035		CAST LNG LEG CYCLE CAST PED PLAST	14.65			19.50	
Q4036		CAST LNG LEG CYCLE CAST PED F-GLSS	36.45			41.41	
Q4037		CAST SPL SHORT LEG CAST ADLT PLASTR	17.86			52.46	
Q4038		CAST SPL SHRT LEG CAST ADLT FIBRGLS	44.78			111.56	
Q4039		CAST SPL SHORT LEG CAST PED PLASTR	8.95			26.13	
Q4040		CAST SPL SHORT LEG CAST PED FIBRGLS	22.39			55.88	
Q4041		CAST SPL LNG LEG SPLINT ADLT PLASTR	21.74			29.95	
Q4042		CAST SPL LNG LEG SPLNT ADLT FIBRGLS	37.10			63.72	
Q4043		CAST SPL LNG LEG SPLINT PED PLASTR	10.88			15.08	
Q4044		CAST SPL LNG LEG SPLINT PED FIBRGLS	18.56			31.96	
Q4045		CAST SPL SHRT LEG SPLINT ADLT PLAST	12.62			19.50	
Q4046		CAST SPL SHRT LEG SPLNT ADLT F-GLSS	20.30			41.41	
Q4047		CAST SPL SHORT LEG SPLINT PED PLAST	6.29			9.65	
Q4048		CAST SPL SHRT LEG SPLNT PED FIBRGLS	10.15			20.70	
Q4049		FINGER SPLINT STATIC	2.30			BR	
Q4050		CAST SPL UNLIST TYPES&MATL CASTS	BR			BR	
Q4051		SPLINT SUPPLIES MISCELLANEOUS	BR			BR	
Q4074		ILOPROST INHAL UNIT DOSE TO 20 MCG	122.74			52.10	
Q4081		INJ EPOETIN ALFA 100 UNITS	1.36			1.19	
Q4082		DRUG/BIOLOGICAL NOC PART B DRUG CAP	BR			BR	
Q4100		SKIN SUBSTITUTE NOT OTHERWISE SPECI	BR			BR	
Q4101		APLIGRAF PER SQ CM	34.33			24.89	
Q4102		OASIS WOUND MATRIX PER SQ CM	11.74			BR	
Q4103		OASIS BURN MATRIX PER SQ CM	BR			BR	
Q4104		INTEGRA BMWD PER SQ CM	35.60			42.21	
Q4105		INTEGRA DRT PER SQ CM	23.74			42.21	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
Q4106		DERMAGRAFT PER SQ CM	36.14			34.31	
Q4107		GRAFTJACKET PER SQ CM	108.87			87.09	
Q4108		INTEGRA MATRIX PER SQ CM	39.19			42.21	
Q4110		PRIMATRIX PER SQ CM	41.35			33.77	
Q4111		GAMMAGRAFT PER SQ CM	7.61			BR	
Q4112		CYMETRA INJECTABLE 1 CC	246.11			BR	
Q4113		GRAFTJACKET XPRESS INJECTABLE 1CC	246.11			BR	
Q4114		INTEGRA FLOWABL WND MATRIX INJ 1 CC	1735.47			BR	
Q4115		ALLOSKIN PER SQ CM	10.52			BR	
Q4116		ALLODERM PER SQ CM	35.82			BR	
Q4117		HYALOMATRIX PER SQ CM	BR			BR	
Q4118		MATRISTEM MICROMATRIX 1 MG	BR			BR	
Q4119		MATRISTEM WOUND MATRIX PER SQ CM	BR			BR	
Q4120		MATRISTEM BURN MATRIX PER SQ CM	BR			BR	
Q4121		THERASKIN PER SQ CM	42.32			BR	
Q4122		DERMACELL PER SQ CM	BR			BR	
Q4123		ALLOSKIN RT PER SQ CM	24.47			BR	
Q4124		OASIS ULTRA TRI-LAY WND MATRX SQ CM	BR			BR	
Q4125		ARTHROFLEX PER SQ CM	BR			BR	
Q4126		MEMODERM TRANZGRAFT/INTEGUPLY SQ CM	BR			BR	
Q4127		TALYMED PER SQ CM	BR			BR	
Q4128		FLEX HD OR ALLOPATCH HD PER SQ CM	BR			BR	
Q4129		UNITE BIOMATRIX PER SQ CM	BR			BR	
Q4130		STRATTICE PER SQ CM	BR			BR	
Q4131		EPIFIX PER SQUARE CENTIMETER	206.28			BR	
Q4132		GRAFIX CORE PER SQUARE CENTIMETER	BR			BR	
Q4133		GRAFIX PRIME PER SQUARE CENTIMETER	BR			BR	
Q4134		HMATRIX PER SQUARE CENTIMETER	BR			BR	
Q4135		MEDISKIN PER SQUARE CENTIMETER	BR			BR	
Q4136		E-Z DERM PER SQUARE CENTIMETER	BR			BR	
Q4137		AMNIOEXCEL OR BIODEXCEL PER SQ CM	0.00				
Q4138		BIODFENCE DRYFLEX PER SQ CM	0.00				
Q4139		AMNIOMATRIX OR BIODMATRIX INJ 1 CC	0.00				
Q4140		BIODFENCE PER SQ CM	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
Q4141		ALLOSKIN AC PER SQ CM	0.00				
Q4142		XCM BIOLOGIC TISSUE MATRIX PER SQ C	0.00				
Q4143		REPRIZA PER SQ CM	0.00				
Q4145		EPIFIX INJECTABLE 1 MG	0.00				
Q4146		TENSIX PER SQ CM	0.00				
Q4147		ARCHITECT EXTRACELLULAR MATRIX PER	0.00				
Q4148		NEOX 1K PER SQ CM	0.00				
Q4149		EXCELLAGEN 0.1 CC	0.00				
Q4150		ALLOWRAP DS/DRY PER SQ CENTIMETER	0.00				
Q4151		AMNIOBAND/GUARDIAN PER SQ CENTIMETR	0.00				
Q4152		DERMAPURE PER SQUARE CENTIMETER	0.00				
Q4153		DERMAVEST AND PLURIVEST PER SQ CM	0.00				
Q4154		BIOVANCE PER SQUARE CENTIMETER	0.00				
Q4155		NEOXFLO OR CLARIXFLO 1 MG	0.00				
Q4156		NEOX 100 PER SQUARE CENTIMETER	0.00				
Q4157		REVITALON PER SQUARE CENTIMETER	0.00				
Q4158		MARIGEN PER SQUARE CENTIMETER	0.00				
Q4159		AFFINITY PER SQUARE CENTIMETER	0.00				
Q4160		NUSHIELD PER SQUARE CENTIMETER	0.00				
Q4161		BIO-CONNEKT WOUND MATRIX PER SQ CM	0.00				
Q4162		AMNIOPRO FLOW AMNIOGEN-C 0.5 CC	0.00				
Q4163		AMNIOPRO AMNIOGEN-200 PER SQ CM	0.00				
Q4164		HELICOLL PER SQUARE CENTIMETER	0.00				
Q4165		KERAMATRIX PER SQUARE CENTIMETER	0.00				
Q5001		HOSPICE/HOME HLTH CARE PT HOME/RES	BR			BR	
Q5002		HOSPICE/HHC PROV ASSTD LIVING FACL	BR			BR	
Q5003		HOSPICE CARE PRVO LTC/NON-SKILL NF	BR			BR	
Q5004		HOSPICE CARE PROVIDED IN SNF	BR			BR	
Q5005		HOSPICE CARE PROV IN IP HOSPITAL	BR			BR	
Q5006		HOSPICE CARE PROV IP HOSPICE FACL	BR			BR	
Q5007		HOSPICE CARE PROV IN LTC FACL	BR			BR	
Q5008		HOSPICE CARE PROV IP PSYCH FACILITY	BR			BR	
Q5009		HOSPICE/HOME HLTH CARE IN PLACE NOS	BR			BR	
Q5010		HOSPICE HOME CARE PROV HOSPICE FACL	BR			BR	
Q5101		INJ FILGRASTIM BIOSIMILAR 1 MCG	1.07				
Q9950		INJ S HEXAFLUORIDE LIPID MSS PER ML	36.37				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
Q9951		LOCM 400/> MG/ML IODINE CONC ML	BR			BR	
Q9953		INJ IRONBASED MR CONTRAST AGENT ML	BR			BR	
Q9954		ORAL MR CONTRAST AGENT 100 ML	BR			BR	
Q9955		INJ PERFLEXANE LIPID MICROSPHERS ML	BR			BR	
Q9956		INJ OCTAFLUOROPROPANE MICROSPHRS ML	38.40			BR	
Q9957		INJ PERFLUTREN LIPID MICROSPHERS ML	57.61			62.71	
Q9958		HOCM UP TO 149 MG/ML IODINE CONC ML	0.09			BR	
Q9959		HOCM 150-199 MG/ML IODINE CONC ML	BR			BR	
Q9960		HOCM 200-249 MG/ML IODINE CONC ML	0.21			BR	
Q9961		HOCM 250-299 MG/ML IODINE CONC ML	0.22			BR	
Q9962		HOCM 300-349 MG/ML IODINE CONC ML	BR			BR	
Q9963		HOCM 350-399 MG/ML IODINE CONC ML	0.21			BR	
Q9964		HOCM 400 OR > MG/ML IODINE CONC ML	BR			BR	
Q9965		LOCM 100-199 MG/ML I CONC PER ML	0.96			BR	
Q9966		LOCM 200-299 MG/ML I CONC PER ML	0.19			BR	
Q9967		LOCM 300-399 MG/ML I CONC PER ML	0.14			BR	
Q9968		INJ NONRA NONCNTRST VIZ ADJNCT 1 MG	BR			BR	
Q9969		TC-99M NON-HEU COST ADD-ON STDY DS	BR			BR	
Q9980		HYLAN/DER GENVISC 850 FOR IA INJ	0.00				
R0070		TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT	0.00			92.46	
R0075		TRANS PRTBL XRAY EQP&PERS-TRIP>1 PT	0.00			0.00	
R0076		TRANS PRTBLE EKG FACL/LOCATION-PT	0.00			36.98	
S0012		BUTORPHANL TARTRAT NASL SPRAY 25 MG	65.32			68.60	
S0014		TACRINE HYDROCHLORIDE 10 MG	2.29			2.35	
S0017		INJECTION AMINOCAPROIC ACID 5 GRAMS	5.35			5.75	
S0020		INJ BUPIVICAINE HYDROCHLORIDE 30 ML	BR			BR	
S0021		INJ CEFOPERAZONE SODIUM 1 GM	BR			BR	
S0023		INJ CIMETIDINE HYDROCHLORIDE 300 MG	2.29			2.44	
S0028		INJECTION FAMOTIDINE 20 MG	1.91			1.88	
S0030		INJECTION METRONIDAZOLE 500 MG	8.79			9.04	
S0032		INJECTION NAFCILLIN SODIUM 2 GRAMS	18.72			19.48	
S0034		INJECTION OFLOXACIN 400 MG	BR			BR	
S0039		INJ SULFMETHOXAZL&TRIMETHOPRM 10 ML	BR			BR	
S0040		INJ TICARCLLN & CLAVULANAT K+3.1 GM	12.22			12.99	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S0073		INJECTION AZTREONAM 500 MG	15.28			16.05	
S0074		INJECTION CEFOTETAN DISODIUM 500 MG	BR			BR	
S0077		INJ CLINDAMYCIN PHOSPHATE 300 MG	3.06			3.02	
S0078		INJ FOSPHENYTOIN SODIUM 750 MG	150.13			157.39	
S0080		INJ PENTAMIDINE ISETHIONATE 300 MG	58.45			61.18	
S0081		INJ PIPERACILLIN SODIUM 500 MG	1.53			1.68	
S0088		IMATINIB 100 MG	BR			BR	
S0090		SILDENAFIL CITRATE 25 MG	14.52			15.19	
S0091		GRANISETRON HYDROCHLORIDE 1 MG	69.52			72.67	
S0092		INJ HYDMORPHONE HYDROCHLORID 250 MG	88.24			92.30	
S0093		INJECTION MORPHINE SULFATE 500 MG	202.84			212.26	
S0104		ZIDOVUDINE ORAL 100 MG	1.53			1.62	
S0106		BUPROPION HCl SR TAB 150 MG 60 TABS	93.21			97.64	
S0108		MERCAPTOPURINE ORAL 50 MG	3.06			3.37	
S0109		METHADONE ORAL 5MG	0.38			0.25	
S0117		TRETINOIN TOPICAL 5 GRAMS	BR			BR	
S0119		ONDANSETRON ORAL 4 MG	16.81			BR	
S0122		INJECTION MENOTROPINS 75 IU	59.97			62.71	
S0126		INJECTION FOLLITROPIN ALFA 75 IU	68.38			71.59	
S0128		INJECTION FOLLITROPIN BETA 75 IU	64.94			68.11	
S0132		INJECTION GANIRELIX ACETATE 250 MCG	90.15			94.32	
S0136		CLOZAPINE 25 MG	1.15			1.16	
S0137		DIDANOSINE 25 MG	BR			BR	
S0138		FINASTERIDE 5 MG	2.29			2.52	
S0139		MINOXIDIL 10 MG	0.76			1.00	
S0140		SAQUINAVIR 200 MG	1.53			1.68	
S0142		COLISTMTHATE SODUIM INHAL CONC-MG	BR			BR	
S0145		INJ PEGYLATD IFN ALFA-2A 180 MCG ML	BR			BR	
S0148		INJ PEGYLATD INTRFER ALFA-2B 10 MCG	BR			BR	
S0155		STERILE DILUTANT EPOPROSTENOL 50 ML	BR			BR	
S0156		EXEMESTANE 25 MG	7.26			7.51	
S0157		BECAPLERMIN GEL 0.01% 0.5 GM	14.90			15.70	
S0160		DEXTROAMPHETAMINE SULFATE 5 MG	0.38			0.35	
S0164		INJECTION PANTOPRAZOLE SODIUM 40 MG	11.08			11.58	
S0166		INJECTION OLANZAPINE 2.5 MG	4.97			5.26	
S0169		CALCITROL 0.25 MICROGRAM	1.15			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S0170		ANASTROZOLE ORAL 1 MG	6.88			7.22	
S0171		INJECTION BUMETANIDE 0.5 MG	1.15			1.06	
S0172		CHLORAMBUCIL ORAL 2 MG	1.91			1.98	
S0174		DOLASETRON MESYLATE ORAL 50 MG	44.31			46.25	
S0175		FLUTAMIDE ORAL 125 MG	1.91			1.91	
S0176		HYDROXYUREA ORAL 500 MG	1.15			1.02	
S0177		LEVAMISOLE HYDROCHLORIDE ORAL 50 MG	4.20			4.45	
S0178		LOMUSTINE ORAL 10 MG	21.77			22.91	
S0179		MEGESTROL ACETATE ORAL 20 MG	0.38			0.51	
S0182		PROCARBAZINE HYDROCHLORD ORAL 50 MG	43.93			46.11	
S0183		PROCHLORPERAZINE MALEATE ORAL 5MG	0.38			0.59	
S0187		TAMOXIFEN CITRATE ORAL 10 MG	1.91			1.91	
S0189		TESTOSTERONE PELLET 75 MG	BR			BR	
S0190		MIFEPRISTONE ORAL 200 MG	69.14			72.36	
S0191		MISOPROSTOL ORAL 200 MCG	1.91			1.88	
S0194		DIALYS/STRESS VIT SUPL ORAL 100 CAP	BR			BR	
S0197		PRENATAL VITAMINS 30-DAY SUPPLY	BR			BR	
S0199		MED INDUCED AB ORAL INGEST MED	BR			BR	
S0201		PART HOSITALIZATN SRVC<24 HR-DIEM	BR			BR	
S0207		PARAMED INTERCEPT NON-HOS-BASED ALS	BR			BR	
S0208		PARAMED INTRCPT ALS NON-TRNSPRT	BR			BR	
S0209		WHEELCHAIR VAN MILEAGE PER MILE	BR			BR	
S0215		NON-EMERG TRANSPORTATION; PER MILE	BR			BR	
S0220		MED CONF MD W/TEAM HLTH PROF;30 MIN	BR			BR	
S0221		MED CONF MD W/TEAM HLTH PROF;60 MIN	BR			BR	
S0250		COMP GERIATRIC ASSESS&TX PLANNING	BR			BR	
S0255		BY NRS SOCL WRKER/OTH DESNATD STAFF	BR			BR	
S0257		CNSL&DISCUSS AD/EOL PT&/SURROGATE	BR			BR	
S0260		HX & PHYS RELATED TO SURGICAL PROC	BR			BR	
S0265		GENETIC CNSL PHYS SUP EA 15 MINS	BR			BR	
S0270		PHYS MGT PT HOME CARE STD MON RATE	BR			BR	
S0271		PHYS MGT PT HM CARE HOSPICE MO RATE	BR			BR	
S0272		PHYS MGT PT HM CARE EPISODC MO RATE	BR			BR	
S0273		PHYS VST MEMBER HOME OUT CAPITATION	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S0274		NP VST MEMBR HOM OUTSIDE CAPITATION	BR			BR	
S0280		MED HOME PROG COMP CARE COORD INIT	BR			BR	
S0281		MED HOME PROGRAM CARE COORD MAINT	BR			BR	
S0302		CMPL EARLY PRD SCREEN DX&TX SRVC	BR			BR	
S0310		HOSPITALIST SERVICES	BR			BR	
S0315		DZ MGMT PROGM; INIT ASSESS&INIT PRO	BR			BR	
S0316		DZ MGMT PROGM FOLLOW-UP/REASSESS	BR			BR	
S0317		DISEASE MANAGEMENT PROGM; PER DIEM	BR			BR	
S0320		TEL CALLS RN DZ MGMT MEMB MONITR;MO	BR			BR	
S0340		LIFESTYL MOD MGMT COR ART DZ; 1 QTR	BR			BR	
S0341		LIFESTYL MOD MGMT CAD; 2ND/3RD QTR	BR			BR	
S0342		LIFESTYL MOD MGMT COR ART DZ; 4 QTR	BR			BR	
S0353		TX PLAN CARE COORD MGMT CA INIT TX	BR			BR	
S0354		TX PLAN CARE MGMT CA EST PT CHG REG	BR			BR	
S0390		ROUTINE FOOT CARE; PER VISIT	BR			BR	
S0395		IMPRESSION CAST FOOT-PRACTITIONER	BR			BR	
S0400		GLOBL FEE XTRACORP SHOCK WAVE LITH	BR			BR	
S0500		DISPOSABLE CONTACT LENS PER LENS	BR			BR	
S0504		SINGLE VISION PRSC LENS PER LENS	BR			BR	
S0506		BIFOCAL VISION PRSC LENS PER LENS	BR			BR	
S0508		TRIFOCAL VISION PRSC LENS PER LENS	BR			BR	
S0510		NON-PRESCRIPTION LENS PER LENS	BR			BR	
S0512		DAILY WEAR SPCLTY CNTC LENS-LENS	BR			BR	
S0514		COLOR CONTACT LENS PER LENS	BR			BR	
S0515		SCLERAL LENS LQD BANDGE DEVICE-LENS	BR			BR	
S0516		SAFETY EYEGLASS FRAMES	BR			BR	
S0518		SUNGLASSES FRAMES	BR			BR	
S0580		POLYCARBONATE LENS	BR			BR	
S0581		NONSTANDARD LENS	BR			BR	
S0590		INTEGRL LENS SRVC MISC REPORTED SEP	BR			BR	
S0592		COMP CONTACT LENS EVALUATION	BR			BR	
S0595		DISPNS NEW SPCTCL LENS PT SPL FRME	BR			BR	
S0596		PHAKIC IOL CORRECT REFRACTIVE ERROR	BR			BR	
S0601		SCREENING PROCTOSCOPY	BR			BR	
S0610		ANNUAL GYN EXAMINATION NEW PATIENT	BR			BR	
S0612		ANNUAL GYN EXAMINATION EST PATIENT	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S0613		ANNUAL GYN EX CLIN BRST EX NO PELV	BR			BR	
S0618		AUDIOMETRY FOR HEARING AID EVAL	BR			BR	
S0620		ROUTINE OPHTH EX W/REFRAC; NEW PT	BR			BR	
S0621		ROUTINE OPHTH EX W/REFRAC; EST PT	BR			BR	
S0622		PHYSICAL EXAM COLLEGE NEW/EST PT	BR			BR	
S0630		REMV SUTURS; MD NOT MD WHO CLOS WND	BR			BR	
S0800		LASER IN SITU KERATOMILEUSIS	BR			BR	
S0810		PHOTOREFRACTIVE KERATECTOMY	BR			BR	
S0812		PHOTOTHERAPEUTIC KERATECTOMY	BR			BR	
S1001		DELUXE ITEM PATIENT AWARE	BR			BR	
S1002		CUSTOMIZED ITEM	BR			BR	
S1015		IV TUBING EXTENSION SET	BR			BR	
S1016		NON-PVC IV ADMN SET RX NOT STABLE	BR			BR	
S1030		CONT NONINVAS GLU MON DEVC PURCHASE	BR			BR	
S1031		CONT NONINVAS GLU MON DEVC RENTAL	BR			BR	
S1034		ARTIF PANC DEVC SYS CMNCT ALL DEVC	BR				
S1035		SNSR;INVASV DSPBL ART PANC DEVC SYS	BR				
S1036		TRANSMTTR;EXT USE ART PANC DEVC SYS	BR				
S1037		RECVER; EXT USE ARTIF PANC DEVC SYS	BR				
S1040		CRANIAL REMOLD ORTHOT PED CUST FAB	BR			BR	
S1090		MOMETASONE FUROATE SS IMPL 370 MCG	BR			BR	
S2053		TPLNT SM INTESTINE&LIVER ALLOGFTS	BR			BR	
S2054		TRANSPLANTATION MULTIVISCERAL ORGN	BR			BR	
S2055		HARV DONR MX-VSCRL ORGN; CADVR DONR	BR			BR	
S2060		LOBAR LUNG TRANSPLANTATION	BR			BR	
S2061		DONOR LOBECT TPLNT LIVING DONOR	BR			BR	
S2065		SIMULTANEOUS PANC KIDNEY TPLNT	BR			BR	
S2066		BREAST RECON W/GAP FLAP UNILATERAL	BR			BR	
S2067		BRST RECN 1 BRST DIEP&/GAP FLP(S)	BR			BR	
S2068		BREAST RECON DIEP/SIEA FLAP UNI	BR			BR	
S2070		CYSTO; LASER TX URETERAL CALC	BR			BR	
S2079		LAP ESOPHAGOMYOTOMY HELLER TYPE	BR			BR	
S2080		LASER-ASSISTED UVULOPALATOPLASTY	BR			BR	
S2083		ADJ GASTRIC BAND DIAM SUBQ PORT	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S2095		TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC	BR			BR	
S2102		ISLET CELL TISS TPLNT PANC; ALLOGEN	BR			BR	
S2103		ADRENAL TISSUE TRANSPLANT TO BRAIN	BR			BR	
S2107		ADOPTIVE IMMUNOTX COURSE TREATMENT	BR			BR	
S2112		ARTHROSCOPY KNEE SURG HARVEST CART	BR			BR	
S2115		OSTEOT PERIACETABULAR W/INTRL FIX	BR			BR	
S2117		ARTHROEREISIS SUBTALAR	BR			BR	
S2118		MTL-ON-MTL TOT HIP RSRFC ACETAB&FEM	BR			BR	
S2120		LDL APHERES HEPARN XTRCRP LDL PRECP	BR			BR	
S2140		CORD BLD HARVEST TPLNT ALLOGENEIC	BR			BR	
S2142		CORD BLOOD STEM-CELL TPLNT ALLOGEN	BR			BR	
S2150		BN MARRW/STEM CELL HARV TPLNT&COMP;	BR			BR	
S2152		SOLID ORGAN; TPLNT & RELATED COMP	BR			BR	
S2202		ECHOSCLEROTHERAPY	BR			BR	
S2205		MIN INVAS DIR CAB; ART GFT 1 CAG	BR			BR	
S2206		MIN INVAS DIR CAB; ART GFT 2 CAG	BR			BR	
S2207		MIN INVAS DIR CAB; VEN ONLY 1 CVG	BR			BR	
S2208		MIN INVAS DIR CAB; 1 ART&VG 1 VG	BR			BR	
S2209		MIN INVAS DIR CAB; 2 ART GFT&1 VG	BR			BR	
S2225		MYRINGOTOMY LASER-ASSISTED	BR			BR	
S2230		IMPL MAGNT CMPNT SEMI-IMPL HEAR DVC	BR			BR	
S2235		IMPL AUDITRY BRAIN STEM IMPLANT	BR			BR	
S2260		INDUCD AB 17-24 WEEKS ANY SURG METH	BR			BR	
S2265		INDUCED ABORTION 25 TO 28 WEEKS	BR			BR	
S2266		INDUCED ABORTION 29 TO 31 WEEKS	BR			BR	
S2267		INDUCED ABORTION 32 WEEKS/GREATER	BR			BR	
S2300		SCOPE SHLDR;W/THERML-INDUCD CPSLORR	BR			BR	
S2325		HIP CORE DECOMPRESSION	BR			BR	
S2340		CHEMODNERVAT ABDUCTR MUSC VOCL CORD	BR			BR	
S2341		CHEMODENERVAT ADDUCT MUSC VOCAL CRD	BR			BR	
S2342		NASL ENDO POSTOP DEBRID UNI/BIL	BR			BR	
S2348		DECOMP PERQ DISC RF 1/MX LUMB	BR			BR	
S2350		DISKECT ANT-OSTEOPHYT;LUMB 1 INTRSP	BR			BR	
S2351		DSKCT ANT-OSTEOPHYT;LUMB ADD INTRSP	BR			BR	
S2400		REPAIR CONGEN HERNIA FETUS-UTERO	BR			BR	
S2401		REPAIR URIN TRACT OBST FETUS-UTERO	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S2402		REPAIR CONGEN CYST MALF FETUS-UTERO	BR			BR	
S2403		REPAIR EPS IN THE FETUS IN UTERO	BR			BR	
S2404		REPR MYELOMENINGO FETUS PROC-UTERO	BR			BR	
S2405		REPR SACROCOC TRATOMA FETUS IN UTRO	BR			BR	
S2409		REP CONGN MALFORM FETUS-UTERO NOC	BR			BR	
S2411		FETOSCOPIC LASER THERAPY TX OF TTTS	BR			BR	
S2900		SURG TECH RQR USE ROBOTIC SURG SYS	BR			BR	
S3000		DIAB IND; RET EYE EX DILAT BIL	BR			BR	
S3005		PRFRM MSR EVAL PT SELF ASSESS DPRSS	BR			BR	
S3600		STAT LABORATORY REQUEST	BR			BR	
S3601		EMERG STAT LAB CHRG PT HB/NRS FACL	BR			BR	
S3620		NEWBORN METABOLIC SCREENING PANEL	BR			BR	
S3630		EOSINOPHIL COUNT BLOOD DIRECT	BR			BR	
S3645		HIV-1 ANTIBOD TEST MUCOS TRANSUDATE	BR			BR	
S3650		SALIVA TEST HORMONE LEVEL;MENOPAUSE	BR			BR	
S3652		SLIVA TST HORMONE LEVL;PRTERM LABOR	BR			BR	
S3655		ANTISPERM ANTIBODIES TEST	BR			BR	
S3708		GASTROINTESTINAL FAT ABSORB STUDY	BR			BR	
S3722		DOSE OPTIMIZATION AUC ANAL INF 5-FU	BR			BR	
S3800		GENETIC TESTING ALS	BR			BR	
S3840		DNA ANALYSIS RET PROTO-ONCOGENE	BR			BR	
S3841		GENETIC TESTING FOR RETINOBLASTOMA	BR			BR	
S3842		GENETIC TST VON HIPPEL-LINDAU DZ	BR			BR	
S3844		DNA ANALY GJB2 CONGN PFND DEAFNESS	BR			BR	
S3845		GENETIC TESTING ALPHA-THALASSEMIA	BR			BR	
S3846		GENETIC TST HGB E BETA-THALASSEMIA	BR			BR	
S3849		GENETIC TESTING NIEMANN-PICK DZ	BR			BR	
S3850		GENETIC TESTING SICKLE CELL ANEMIA	BR			BR	
S3852		DNA ANALY APOE EPSILON 4 ALLELE ALZ	BR			BR	
S3853		GENETIC TST MYOTONIC MUSC DYSTROPHY	BR			BR	
S3861		GENETIC TEST SCN5A&VARIANTS SPCT BS	BR			BR	
S3865		COMP GENE SEQUENCE ANALYSIS HCM	BR			BR	
S3866		GENETIC ANALYSIS GENE MUTAT HCM	BR			BR	
S3870		CGH MICROARRAY TEST DD ASD &/OR ID	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S3900		SURFACE ELECTROMYOGRAPHY	BR			BR	
S3902		BALLISTOCARDIOGRAM	BR			BR	
S3904		MASTERS TWO STEP	BR			BR	
S4005		INTERIM LABOR FACILITY GLOBAL	BR			BR	
S4011		IN VITRO FERTILIZATION;	BR			BR	
S4013		COMPLETE CYCLE GIFT CASE RATE	BR			BR	
S4014		COMPLETE CYCLE ZIFT CASE RATE	BR			BR	
S4015		COMPLETE IVF CYCLE CASE RATE NOS	BR			BR	
S4016		FROZEN IVF CYCLE CASE RATE	BR			BR	
S4017		INCPL CYCL TX CANCELD PRIOR TO STIM	BR			BR	
S4018		FRZN EMB TRANS CANCL CASE RATE	BR			BR	
S4020		IVF PROC CANCL BEFR ASPIR CASE RATE	BR			BR	
S4021		IVF PROC CANCL AFTR ASPIR CASE RATE	BR			BR	
S4022		ASSIST OOCYTE FERTILIZ CASE RATE	BR			BR	
S4023		DONOR EGG CYCLE INCPL CASE RATE	BR			BR	
S4025		DONOR SRVC IN VITRO FERTILIZATION	BR			BR	
S4026		PROCUREMENT DONR SPERM SPERM BANK	BR			BR	
S4027		STORAGE PREVIOUSLY FROZEN EMBRYOS	BR			BR	
S4028		MICSURG EPIDIDYMAL SPERM ASPIR	BR			BR	
S4030		SPERM PROCUREMENT&CRYOPRES; 1 VISIT	BR			BR	
S4031		SPERM PROCURE&CRYOPRES; SUBSQT VST	BR			BR	
S4035		STIM INTRAUTERINE INSEMIN CASE RATE	BR			BR	
S4037		CRYOPRESERVD EMBRYO TRNSF CASE RATE	BR			BR	
S4040		MON & STOR CRYOPRESRV EMBRYOS 30 DA	BR			BR	
S4042		MGMT OVULATION INDUCTION PER CYCLE	BR			BR	
S4981		INSRT LEVONORGESTREL INTRAUTRN SYS	BR			BR	
S4989		CONTRACEPT IUD INCL IMPL&SUPPLIES	BR			BR	
S4990		NICOTINE PATCHES LEGEND	BR			BR	
S4991		NICOTINE PATCHES NON-LEGEND	BR			BR	
S4993		CONTRACEPTIVE PILLS BIRTH CONTROL	BR			BR	
S4995		SMOKING CESSATION GUM	BR			BR	
S5000		PRESCRIPTION DRUG GENERIC	BR			BR	
S5001		PRESCRIPTION DRUG BRAND NAME	BR			BR	
S5010		5% DXTROS & 0.45% NL SALINE 1000 ML	BR			BR	
S5012		5% DXTROS W/K+ CHLORID 1000 ML	BR			BR	
S5013		5% DXTROS/0.45% S KCL&MGSO4 1000 ML	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S5014		5% DXTRS/0.45% NS KCI&MGSO4 1500 ML	BR			BR	
S5035		HOME INFUS TX ROUTINE INFUS DEVC	BR			BR	
S5036		HOME INFUS TX REPAIR INFUS DEVICE	BR			BR	
S5100		DAY CARE SERVICES ADULT; PER 15 MIN	BR			BR	
S5101		DAY CARE SRVC ADULT; PER HALF DAY	BR			BR	
S5102		DAY CARE SERVICES ADULT; PER DIEM	BR			BR	
S5105		DAY CARE CNTR-BASD; SRVC NOT W/FEE	BR			BR	
S5108		HOM CARE TRN HOM CARE CLIENT 15 MIN	BR			BR	
S5109		HOME CARE TRN HOME CARE CLIENT SESS	BR			BR	
S5110		HOME CARE TRAINING FAM; PER 15 MIN	BR			BR	
S5111		HOME CARE TRAINING FAM; PER SESSION	BR			BR	
S5115		HOME CARE TRN NON-FAM; PER 15 MIN	BR			BR	
S5116		HOME CARE TRN NON-FAM; PER SESSION	BR			BR	
S5120		CHORE SERVICES; PER 15 MINUTES	BR			BR	
S5121		CHORE SERVICES; PER DIEM	BR			BR	
S5125		ATTENDANT CARE SERVICES; PER 15 MIN	BR			BR	
S5126		ATTENDANT CARE SERVICES; PER DIEM	BR			BR	
S5130		HOMEMAKER SERVICE NOS; PER 15 MIN	BR			BR	
S5131		HOMEMAKER SERVICE NOS; PER DIEM	BR			BR	
S5135		COMPANION CARE ADULT; PER 15 MIN	BR			BR	
S5136		COMPANION CARE ADULT ; PER DIEM	BR			BR	
S5140		FOSTER CARE ADULT; PER DIEM	BR			BR	
S5141		FOSTER CARE ADULT; PER MONTH	BR			BR	
S5145		FOSTER CARE THERAPEUTIC CHILD; DIEM	BR			BR	
S5146		FOSTER CARE THERAPEUTIC CHLD; MONTH	BR			BR	
S5150		UNSKLD RESPITE CARE NOT HOSPICE; 15	BR			BR	
S5151		UNSKLD RESPITE CARE NOT HOSPICE;PER	BR			BR	
S5160		EMERG RESPONSE SYSTEM; INSTL&TST	BR			BR	
S5161		EMERG RESPONSE SYS; SRVC FEE-MONTH	BR			BR	
S5162		EMERG RESPONSE SYS; PURCHASE ONLY	BR			BR	
S5165		HOME MODIFICATIONS; PER SERVICE	BR			BR	
S5170		HOME DEL MEALS INCL PREP; MEAL	BR			BR	
S5175		LAUNDRY SERVICE EXT PROF; ORDER	BR			BR	
S5180		HOME HEALTH RESP TX INIT EVALUATION	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S5181		HOME HEALTH RESP TX NOS PER DIEM	BR			BR	
S5185		MED REMINDR SRVC NON-FCE-TO-FCE; MO	BR			BR	
S5190		WELLNESS ASSESS PRFRM NON-PHYSICIAN	BR			BR	
S5199		PERSONAL CARE ITEM NOS EACH	BR			BR	
S5497		HOME INFUS TX CATH CARE NOC; DIEM	BR			BR	
S5498		HOME INFUS TX CATH CARE SIMPLE DIEM	BR			BR	
S5501		HOME INFUS TX CATH CARE COMPLX DIEM	BR			BR	
S5502		HIT CATH CARE IMPL ACSS DEVC PD	BR			BR	
S5517		HIT SPL RESTOR CATH PATENCY/DECLOT	BR			BR	
S5518		HIT ALL SPL NECES FOR CATH REPAIR	BR			BR	
S5520		HIT ALL SPL NECES PICC LINE INSERT	BR			BR	
S5521		HIT SPL NECES MIDLINE CATH INSERT	BR			BR	
S5522		HIT INSRT PICC NURSE SRVC ONLY	BR			BR	
S5523		HIT INSRT ML VEN CATH NRS SRVC ONLY	BR			BR	
S5550		INSULIN RAPID ONSET; 5 UNITS	BR			BR	
S5551		INSULIN MOST RAPID ONSET; 5 UNITS	BR			BR	
S5552		INSULIN INTERMED ACTING; 5 UNITS	BR			BR	
S5553		INSULIN LONG ACTING; 5 UNITS	BR			BR	
S5560		INSULIN DEVC REUSABLE PEN;1.5 ML SZ	BR			BR	
S5561		INSULIN DEVC REUSABLE PEN; 3 ML SZ	BR			BR	
S5565		INSULIN CARTRIDGE NOT PUMP; 150 U	BR			BR	
S5566		INSULIN CARTRIDGE NOT PUMP; 300 U	BR			BR	
S5570		INSULIN DISPOSABLE PEN; 1.5 ML SZ	BR			BR	
S5571		INSULIN DISPOSABLE PEN; 3 ML SZ	BR			BR	
S8030		SCLERAL APPLICATION TANTALUM RING	BR			BR	
S8032		LDCT LUNG CANCER SCREENING	BR				
S8035		MAGNETIC SOURCE IMAGING	BR			BR	
S8037		MR CHOLANGIOPANCREATOGRAPHY	BR			BR	
S8040		TOPOGRAPHIC BRAIN MAPPING	BR			BR	
S8042		MAGNETIC RESONANCE IMAG LOW-FIELD	BR			BR	
S8055		US GUID MXIFETL PG RDUC TECH CMPNT	BR			BR	
S8080		SCINTIMAMMO UNI W/SPL RADIOPHARM	BR			BR	
S8085		F-18 FDG IMAG 2-HD COINCDENC DETCT	BR			BR	
S8092		ELECTRON BEAM COMPUTED TOMOGRAPHY	BR			BR	
S8096		PORTABLE PEAK FLOW METER	BR			BR	
S8097		ASTHMA KIT	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S8100		HOLD CHAMB W/INHAL/NEBULIZR;NO MASK	BR			BR	
S8101		HOLD CHAMB W/INHAL/NEBULIZR; W/MASK	BR			BR	
S8110		PEAK EXPIRATORY FLOW RATE	BR			BR	
S8120		O2 CNTN GASEOUS 1 U = 1 CUBIC FOOT	BR			BR	
S8121		O2 CONTENTS LQD 1 U EQUALS 1 POUND	BR			BR	
S8130		INTERFERENTIAL CURR STIM 2 CHANNEL	BR			BR	
S8131		INTERFERENTIAL CURR STIM 4 CHANNEL	BR			BR	
S8185		FLUTTER DEVICE	BR			BR	
S8186		SWIVEL ADAPTOR	BR			BR	
S8189		TRACHEOSTOMY SUPPLY NOC	BR			BR	
S8210		MUCUS TRAP	BR			BR	
S8265		HABERMAN FEEDER CLEFT LIP/PALATE	BR			BR	
S8270		ENURESIS ALARM BUZZ&/VIBRATION DEVC	BR			BR	
S8301		INFECTION CONTROL SUPPLIES NOS	BR			BR	
S8415		SUPPLIES HOME DELIVERY OF INFANT	BR			BR	
S8420		GRADENT PRESS AID SLEEVE&GLOVE CSTM	BR			BR	
S8421		GRADENT PRESS AID SLV&GLOV RDY MADE	BR			BR	
S8422		GRADENT PRESS AID SLEEV CSTM MED WT	BR			BR	
S8423		GRADENT PRESS AID SLEEV CSTM HVY WT	BR			BR	
S8424		GRADENT PRESS AID SLEEVE READY MADE	BR			BR	
S8425		GRADENT PRESS AID GLOVE CSTM MED WT	BR			BR	
S8426		GRADENT PRESS AID GLOVE CSTM HVY WT	BR			BR	
S8427		GRADENT PRESS AID GLOVE READY MADE	BR			BR	
S8428		GRADENT PRESS AID GAUNTLET RDY MADE	BR			BR	
S8429		GRADIENT PRESSURE EXTERIOR WRAP	BR			BR	
S8430		PADDING COMPRESSION BANDAGE ROLL	BR			BR	
S8431		COMPRESSION BANDAGE ROLL	BR			BR	
S8450		SPLINT PREFABRICATED DIGIT	BR			BR	
S8451		SPLINT PREFABRICATED WRIST OR ANKLE	BR			BR	
S8452		SPLINT PREFABRICATED ELBOW	BR			BR	
S8460		CAMISOLE POST-MASTECTOMY	BR			BR	
S8490		INSULIN SYRINGES	BR			BR	
S8930		E-STIM AUR ACP PNT;EA 15 MIN 1-1 PT	BR			BR	
S8940		EQUESTRIAN/HIPPOTHERAPY PER SESSION	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S8948		APPLIC MODAL 1/MORE AREAS; LW-LEVL	BR			BR	
S8950		COMPLEX LYMPHEDEMA TX EA 15 MIN	BR			BR	
S8990		PHYS/MANIP TX MAINT NOT RESTORATION	BR			BR	
S8999		RESUSCITATION BAG	BR			BR	
S9001		HOME UTERIN MON W/WO ASSOC NRS SRVC	BR			BR	
S9007		ULTRAFILTRATION MONITOR	BR			BR	
S9024		PARANASAL SINUS ULTRASOUND	BR			BR	
S9025		OMNICARDIOGRAM/CARDIOINTEGRAM	BR			BR	
S9034		ESWL FOR GALL STONES	BR			BR	
S9055		PROCUREN/OTH GROWTH FACTOR PREP	BR			BR	
S9056		COMA STIMULATION PER DIEM	BR			BR	
S9061		HOME ADMIN AEROSOLIZED DRUG TX DIEM	BR			BR	
S9083		GLOBAL FEE URGENT CARE CENTERS	BR			BR	
S9088		SERVICES PROV AN URGENT CARE CENTER	BR			BR	
S9090		VERT AXIAL DECOMPRS PER SESSION	BR			BR	
S9097		HOME VISIT FOR WOUND CARE	BR			BR	
S9098		HOME VISIT PHOTOTHERAPY SRVC DIEM	BR			BR	
S9110		TELEMON PT HOME ALL EQUIP; PER MTH	BR			BR	
S9117		BACK SCHOOL PER VISIT	BR			BR	
S9122		HOM HLTH AIDE/CNA PROV CARE HOM; PER VISIT	55.00			BR	
S9123		NRS CARE HOM; REGISTERED NURSE-PER VISIT	125.00			BR	
S9124		NURSING CARE THE HOME; LPN PER HOUR	BR			BR	
S9125		RESPITE CARE IN THE HOME PER DIEM	BR			BR	
S9126		HOSPICE CARE IN THE HOME PER DIEM	SEE RULE			BR	
S9127		SOCIAL WORK VISIT THE HOME PER VISIT	125.00			BR	
S9128		SPEECH THERAPY IN THE HOME PER VISIT	125.00			BR	
S9129		OCCUPATIONAL THERAPY HOME PER VISIT	125.00			BR	
S9131		PHYSICAL THERAPY; HOME PER VISIT	125.00			BR	
S9140		DM MGMT PROGM F/U VST NON-MD PROV	BR			BR	
S9141		DIAB MGMT PROGM F/U VISIT MD PROV	BR			BR	
S9145		INSULIN PUMP INIT INSTRUCT USE PUMP	BR			BR	
S9150		EVALUATION BY OCCULARIST	BR			BR	
S9152		SPEECH THERAPY RE-EVALUATION	BR			BR	
S9208		HOME MGMT PRETERM LABOR PER DIEM	BR			BR	
S9209		HOME MANGEMENT PPROM DIEM	BR			BR	
S9211		HOME MGMT GESTATIONAL HTN; DIEM	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S9212		HOME MANAGEMENT POSTPARTUM HTN DIEM	BR			BR	
S9213		HOME MANAGEMENT PREECLAMPSIA; DIEM	BR			BR	
S9214		HOME MGMT GESTATIONAL DIABETES;DIEM	BR			BR	
S9325		HIT PAIN MANAGEMENT INFUS; PER DIEM	BR			BR	
S9326		HIT CONT PAIN MGMT INFUS; PER DIEM	BR			BR	
S9327		HIT INTERMIT PAIN MGMT INFUS; DIEM	BR			BR	
S9328		HIT IMPLANTED PUMP PAIN MGMT; DIEM	BR			BR	
S9329		HIT CHEMOTHERAPY INFUSION; PER DIEM	BR			BR	
S9330		HIT CONT CHEMOTHAPY INFUS; PER DIEM	BR			BR	
S9331		HIT INTERMIT CHEMOTHAPY INFUS; DIEM	BR			BR	
S9335		HOM TX HD; ADMIN SPL & EQP PER DIEM	BR			BR	
S9336		HIT CONT ANTICOAGULNT INFUS TX DIEM	BR			BR	
S9338		HOME INFUS TX IMMUOTHAPY; PER DIEM	BR			BR	
S9339		HOME TX; PERITONL DIALYSIS PER DIEM	BR			BR	
S9340		HOME TX; ENTERAL NUTRITION; DIEM	BR			BR	
S9341		HT; ENTERL NUTRIT VIA GRAVITY; DIEM	BR			BR	
S9342		HT; ENTERAL NUTRIT VIA PUMP; DIEM	BR			BR	
S9343		HT; ENTERAL NUTRIT VIA BOLUS; DIEM	BR			BR	
S9345		HIT ANTI-HEMOPHILIC AGENT; PER DIEM	BR			BR	
S9346		HIT ALPHA-1-PROTENAS INHIBITR; DIEM	BR			BR	
S9347		HIT UNINTRPED LNG-TERM IV/SUBQ;DIEM	BR			BR	
S9348		HIT SYMPATHOMIMETIC/INOTROPIC DIEM	BR			BR	
S9349		HOME INFUS TX TOCOLYTIC; PER DIEM	BR			BR	
S9351		HIT CONT ANTI-EMETIC; PER DIEM	BR			BR	
S9353		HOME INFUS TX CONT INSULIN; DIEM	BR			BR	
S9355		HOME INFUS TX CHELATION; PER DIEM	BR			BR	
S9357		HIT ENZYME REPL IV TX; PER DIEM	BR			BR	
S9359		HIT ANTI-TUMR NECROS FACTOR IV TX;	BR			BR	
S9361		HIT DIURETIC IV TX; PER DIEM	BR			BR	
S9363		HIT ANTI-SPASMOTIC TX; PER DIEM	BR			BR	
S9364		HIT TPN; CARE COORDINATION DIEM	BR			BR	
S9365		HIT TPN; 1 LITER PER DAY PER DIEM	BR			BR	
S9366		HIT TPN; >1 L BUT NOT > 2 L-DA-DIEM	BR			BR	
S9367		HIT TPN; >2 L BUT NOT >3 L-DAY-DIEM	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S9368		HOM INFUS TX TPN; > 3 L-DAY-DIEM	BR			BR	
S9370		HT INTERMITTENT ANTI-EMETIC INJ TX;	BR			BR	
S9372		HT; INTERMIT ANTICOAGULANT INJ TX;	BR			BR	
S9373		HIT HYDRATION TX; PER DIEM	BR			BR	
S9374		HIT HYDRATION TX; 1 LITER DAY	BR			BR	
S9375		HIT HYDRAT; >1 LITR NO>2 LITR DAY	BR			BR	
S9376		HIT HYDRAT; >2 LITR NO>3 LITR DAY	BR			BR	
S9377		HIT HYDRATION TX; >3 LITERS DAY	BR			BR	
S9379		HOME INFUS TX INFUSION TX NOC; DIEM	BR			BR	
S9381		DEL/HI RISK REQ ESCRT/PROTECT VST	BR			BR	
S9401		ANTICOAGULAT CLIN NO LAB PER SESS	BR			BR	
S9430		PHARM COMPOUNDING & DISPENSING SERV	157.44			157.44	
S9433		MED FOOD NUTR ORAL 100% NUTR INTAKE	BR			BR	
S9434		MOD SOLID FOOD SUP INBORN ERR METAB	BR			BR	
S9435		MEDICAL FOODS INBORN ERRORS METAB	BR			BR	
S9436		CHLDBRTH PREP/LAMAZE CLASS PER SESS	BR			BR	
S9437		CHILDBIRTH REFRESH CLASS PER SESS	BR			BR	
S9438		CESAREAN BRTH CLASS NON-MD PER SESS	BR			BR	
S9439		VBAC CLASSES NON-MD PER SESSION	BR			BR	
S9441		ASTHMA ED NON-MD PROV PER SESSION	BR			BR	
S9442		BIRTHING CLASSES NON-PHYS PROV-SESS	BR			BR	
S9443		LACTATION CLASS NON-PHYS PROV-SESS	BR			BR	
S9444		PARENTING CLASSES NON-MD PER SESS	BR			BR	
S9445		PT ED NOC NON-MD PROV IND SESSION	BR			BR	
S9446		PT ED NOC NON-MD PROV GROUP SESSION	BR			BR	
S9447		INFANT SAFETY CLASS NON-MD PER SESS	BR			BR	
S9449		WEIGHT MGMT CLASS NON-PHYS PER SESS	BR			BR	
S9451		EXERCISE CLASSES NON-PHYS PER SESS	BR			BR	
S9452		NUTRITION CLASSES NON-PHYS PER SESS	BR			BR	
S9453		SMOKING CESSATION CLASS NON-MD SESS	BR			BR	
S9454		STRESS MGMT CLASS NON-PHYS PER SESS	BR			BR	
S9455		DIABETIC MGMT PROGM GROUP SESSION	BR			BR	
S9460		DIABETIC MGMT PROGM NURSE VISIT	BR			BR	
S9465		DIABETIC MGMT PROGM DIETITIAN VISIT	BR			BR	
S9470		NUTRITIONAL CNSL DIETITIAN VISIT	BR			BR	
S9472		CARD REHAB PROGM NON-PHYS PROV DIEM	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S9473		PULM REHAB PROGM NON-PHYS PROV DIEM	BR			BR	
S9474		ENTRSTML TX RN CERT ENTRSTML TX DAY	BR			BR	
S9475		AMB SET SBSTNC ABS TX/DTOX SRVC DAY	BR			BR	
S9476		VESTIBULR REHAB NON-PHYS PROV-DIEM	BR			BR	
S9480		INTENSIVE OP PSYC SERVICES PER DIEM	BR			BR	
S9482		FAMILY STABILIZATN SRVC PER 15 MIN	BR			BR	
S9484		CRISIS INTERVEN MENTL HLTH SRVC-HR	BR			BR	
S9485		CRISIS INTERVENT MENTAL HEALTH SERV	BR			BR	
S9490		HIT CORTICOSTEROID INFUS; ADMN SRVC	BR			BR	
S9494		HIT ANTIBIOTIC/ANTIFUNGAL; DIEM	BR			BR	
S9497		HIT ANTIBIOTIC/ANTIFUNGAL; Q3 HRS	BR			BR	
S9500		HIT ANTIBIOTIC/ANTIFUNGAL; Q24 HRS	BR			BR	
S9501		HIT ANTIBIOTIC/ANTIFUNGAL; Q12 HRS	BR			BR	
S9502		HIT ABX ANTIVIRL/ANTIFUNGAL; Q8 HRS	BR			BR	
S9503		HIT ABX ANTIVIRL/ANTIFUNGAL; Q6 HRS	BR			BR	
S9504		HIT ABX ANTIVIRL/ANTIFUNGAL; Q4 HRS	BR			BR	
S9529		HOME OR SNF PATIENT	BR			BR	
S9537		HOM TX HEMATOPOIETIC H INJ TX;-DIEM	BR			BR	
S9538		HOME TRANSFUSION BLOOD PROD; DIEM	BR			BR	
S9542		HOME INJECTABLE THERAPY NOC-DIEM	BR			BR	
S9558		HOME INFUS TX GROWTH HORMONE-DIEM	BR			BR	
S9559		HOME INFUS TX INTERFERON PER DIEM	BR			BR	
S9560		HOME INJ TX; HORMONAL THERAPY DIEM	BR			BR	
S9562		HOM INJ TX PALIVIZUMAB-PER DIEM	BR			BR	
S9590		HOM TX IRRIG TX; W/ADMN-PER DIEM	BR			BR	
S9810		HOME THERAPY; NOC PER HOUR	BR			BR	
S9900		SRVC JOUR-LISTED CS PRACT HEAL-DIEM	BR			BR	
S9901		SERVICES JNL-LISTED CS NURSE PER HR	BR				
S9960		AMB SERVC AIR NON-ER 1 WAY FIX WING	BR				
S9961		AMB SERVC AIR NON-ER 1 WAY ROT WING	BR				
S9970		HEALTH CLUB MEMBERSHIP ANNUAL	BR			BR	
S9975		TPLNT REL LODG MEALS & TRNSPRT DIEM	BR			BR	
S9976		LODGING PER DIEM NOS	BR			BR	
S9977		MEALS PER DIEM NOS	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S9981		MEDICAL RECORDS COPYING FEE ADMIN	BR			BR	
S9982		MEDICAL RECORDS COPYING FEE-PAGE	BR			BR	
S9986		NOT MEDICALLY NECESSARY SERVICE	BR			BR	
S9988		SERV PART OF PHASE 1 CLINICAL TRIAL	BR			BR	
S9989		SERVICES PROVIDED OUTSIDE USA	BR			BR	
S9990		SRVC PROV PART PHASE II CLIN TRIAL	BR			BR	
S9991		SRVC PROV PART PHASE III CLIN TRIAL	BR			BR	
S9992		TRNSPRT COSTS CLIN TRIAL PRTCP&COMP	BR			BR	
S9994		LODG COST CLIN TRIAL PRTCP&CAREGVR	BR			BR	
S9996		MEALS CLIN TRIAL PRTCP&ONE CAREGIVR	BR			BR	
S9999		SALES TAX	BR			BR	
V2020		FRAMES PURCHASES	84.19			61.41	
V2025		DELUXE FRAME	BR			BR	
V2100		SPHER 1 VISN PLANO +/- 4.00-LENS	40.92			36.92	
V2101		SPHER 1 VISN +/- 4.12 +/- 7.00D EA	43.12			38.91	
V2102		SPHER 1 VISN +/- 7.12 +/- 20.00D EA	61.15			54.73	
V2103		1 VISN PLANO-+/-4.00D 0.12-2.00D EA	35.53			32.06	
V2104		1 VISN PLANO-+/-4.00D 2.12-4.00D EA	39.35			35.50	
V2105		1 VISN PLANO-+/-4.00D 4.25-6.00D EA	48.17			38.65	
V2106		1 VISN PLANO-+/-4.00D OVR 6.00D EA	48.90			42.90	
V2107		1 VISN +/-4.25-+/-7.00 0.12-2.00D	51.38			40.80	
V2108		1 VSN +/-4.25D-+/-7.00D 2.12-4.00D	49.84			42.24	
V2109		1 VISN+/- 4.25-+/- 7.00D 4.25-6.00D	57.29			46.73	
V2110		1 VISN +/- 4.25-7.00D OVER 6.00D	66.87			46.12	
V2111		1 VISN +/-7.25-+/-12.00D 0.25-2.25D	58.94			48.07	
V2112		1 VSN +/-7.25-+/-12.00D 2.25D-400D	58.16			52.48	
V2113		1 VISN +/-7.25-+/-12.00D 4.25-6.00D	80.36			59.14	
V2114		1 VISN SPHERE >+/-12.00D PER LENS	71.07			64.07	
V2115		LENTICULAR PER LENS SINGLE VISION	77.28			69.73	
V2118		ANISEIKONIC LENS SINGLE VISION	76.60			69.13	
V2121		LENTICULAR LENS PER LENS SINGLE	79.09			71.36	
V2199		NOC SINGLE VISION LENS	BR			BR	
V2200		SPHERE BIFOCL PLANO +/-4.00D LENS	53.56			48.32	
V2201		SPHERE BIFOCL +/-4.12-+/-7.00D LENS	58.37			52.67	
V2202		SPHERE BIFOCL +/-7.12-+/-20.00D EA	68.68			61.98	
V2203		BIFOCL PLANO +/-4.00D 0.12-2.00D EA	54.03			48.75	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
V2204		BIFOCL PLANO +/-4.00D 2.12-4.00D EA	58.59			50.96	
V2205		BIFOCL PLANO +/-4.00D 4.25-6.00D EA	64.27			55.10	
V2206		BIFOCL PLANO +/-4.00D OVER 6.00D EA	78.25			59.20	
V2207		BIFOCL +/-4.25-+/-7.00D 0.12-2.00D	65.32			53.86	
V2208		BIFOCL +/-4.25-+/-7.00D 2.12-4.00D	66.12			56.52	
V2209		BIFOCL +/-4.25-+/-7.00D 4.25-6.00D	72.73			60.86	
V2210		BIFOCL +/-4.25-+/-7.00D OVER 6.00D	93.58			67.12	
V2211		BIFOCL +/-7.25-+/-12.00D 0.25-2.25D	79.79			69.61	
V2212		BIFOCL +/-7.25-+/-12.00D 2.25-4.00D	86.83			71.89	
V2213		BIFOCL +/-7.25-+/-12.00D 4.25-6.00D	89.03			72.61	
V2214		BIFOCL SPHER OVR +/-12.00D PER LENS	95.45			78.93	
V2215		LENTICULAR PER LENS BIFOCAL	103.28			80.12	
V2218		ANISEIKONIC PER LENS BIFOCAL	105.67			95.35	
V2219		BIFOCAL SEG WIDTH OVER 28MM	46.52			41.97	
V2220		BIFOCAL ADD OVER 3.25D	37.72			34.04	
V2221		LENTICULAR LENS PER LENS BIFOCAL	100.78			83.26	
V2299		SPECIALTY BIFOCAL	BR			BR	
V2300		SPHERE TRIFOCL PLANO/+/-4.00D LENS	69.55			61.51	
V2301		SPHERE TRIFOCL +/- 4.12-+/-7.00 LNS	80.66			72.51	
V2302		SPHER TRIFOCL +/- 7.12-+/-20.00 LNS	88.36			77.30	
V2303		TRIFOCL PLANO +/-4.00D 0.12-2.00D	73.21			60.54	
V2304		TRIFOCL PLANO +/-4.00D 2.25-4.00D	76.60			63.34	
V2305		TRIFOCL PLANO +/-4.00D 4.25-6.00	93.94			73.39	
V2306		TRIFOCL PLANO +/-4.00D OVR 6.00D	87.59			75.56	
V2307		TRIFCL +/-4.25-+/-7.00D 0.12-2.00D	86.86			71.54	
V2308		TRIFOCL +/-4.25-+/-7.00D 2.12-4.00D	92.69			74.98	
V2309		TRIFOCL +/-4.25-+/-7.00D 4.25-6.00D	108.43			81.68	
V2310		TRIFOCL +/-4.25-+/-7.00D OVR 6.00D	119.26			80.71	
V2311		TRIFCL +/-7.25-+/-12.00D 0.25-2.25D	113.59			83.98	
V2312		TRIFCL +/-7.25-+/-12.00D 2.25-4.00D	100.12			84.47	
V2313		TRIFCL +/-7.25-+/-12.00D 4.25-6.00D	136.66			94.33	
V2314		TRIFOCL SPHER > +/-12.00D PER LENS	149.70			101.30	
V2315		LENTICULAR PER LENS TRIFOCAL	166.20			112.47	
V2318		ANISEIKONIC LENS TRIFOCAL	153.24			138.26	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
V2319		TRIFOCAL SEG WIDTH OVER 28 MM	51.88			46.81	
V2320		TRIFOCAL ADD OVER 3.25D	54.73			49.38	
V2321		LENTICULAR LENS PER LENS TRIFOCAL	163.81			110.86	
V2399		SPECIALTY TRIFOCAL	BR			BR	
V2410		VARIBL ASPHRCITY 1 FULL FIELD-LENS	93.68			84.52	
V2430		VRIBL ASPHRC BIFOCL FULL FIELD-LENS	121.94			101.86	
V2499		VARIABLE SPHERICITY LENS OTHER TYPE	BR			BR	
V2500		CNTC LENS PMMA SPHERICAL PER LENS	84.91			76.61	
V2501		CNTC LENS PMMA/PRISM BALLST LENS	129.34			116.70	
V2502		CONTACT LENS PMMA BIFOCAL PER LENS	159.34			143.76	
V2503		CNTC LENS PMMA COLR VISN DEFIC LENS	152.45			132.40	
V2510		CNTC LENS GAS PRMEABL SPHERICL LENS	115.91			104.58	
V2511		CNTC LENS GAS PRMEABL PRSM BLLST EA	166.54			150.27	
V2512		CNTC LENS GAS PERMEABLE BIFOCL LENS	196.79			177.57	
V2513		CNTC LENS GAS PRMEABL EXT WEAR LENS	165.21			149.07	
V2520		CNTC LENS HYDROPHIL SPHERICAL LENS	108.94			98.30	
V2521		CNTC LENS HYDROPHL/PRISM BLLST LENS	189.67			171.15	
V2522		CNTC LENS HYDROPHIL BIFOCAL LENS	184.59			166.55	
V2523		CNTC LENS HYDROPHIL EXT WEAR LENS	157.30			141.93	
V2530		CNTC LENS SCLERAL GAS IMPERMEBL PER	232.99			210.22	
V2531		CNTC LENS SCLERAL GAS PERMEABLE PER	571.99			461.51	
V2599		CONTACT LENS OTHER TYPE	BR			BR	
V2600		HAND HELD LW VISN&OTH NON SPEC AIDS	BR			BR	
V2610		SNGL LENS SPECT MOUNT LW VISION AID	BR			BR	
V2615		TELESCOPIC & OTH COMPOUND LENS SYS	BR			BR	
V2623		PROSTHETIC EYE PLASTIC CUSTOM	937.71			846.09	
V2624		POLISHING/RESURFACING OCULR PROSTH	63.60			57.38	
V2625		ENLARGEMENT OF OCULAR PROSTHESIS	411.93			348.87	
V2626		REDUCTION OF OCULAR PROSTHESIS	261.35			188.06	
V2627		SCLERAL COVER SHELL	1496.20			1214.54	
V2628		FABRICATION&FIT OCULAR CONFORMER	342.09			286.78	
V2629		PROSTHETIC EYE OTHER TYPE	BR			BR	
V2630		ANTERIOR CHAMBER INTRAOCULAR LENS	124.34			BR	
V2631		IRIS SUPPORTED INTRAOCULAR LENS	124.34			BR	
V2632		POSTERIOR CHAMBER INTRAOCULAR LENS	124.34			BR	
V2700		BALANCE LENS PER LENS	45.76			41.30	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
V2702		DELUXE LENS FEATURE	BR			BR	
V2710		SLAB OFF PRISM GLASS/PLSTC PER LENS	66.98			60.43	
V2715		PRISM PER LENS	12.14			10.95	
V2718		PRESS-ON LENS FRESNELL PRISM P LENS	29.82			26.91	
V2730		SPCL BASE CURVE GLASS/PLSTC-LENS	22.03			19.88	
V2744		TINT PHOTOCHROMATIC PER LENS	22.85			15.47	
V2745		ADD LENS;TINT COLR EXC PHOTOCHRMATC	12.96			9.68	
V2750		ANTIREFLECTIVE COATING PER LENS	26.59			17.99	
V2755		U-V LENS PER LENS	19.22			15.66	
V2756		EYE GLASS CASE	BR			BR	
V2760		SCRATCH RESISTANT COATING PER LENS	16.73			15.10	
V2761		MIRROR COAT TYPE SOLID GRADENT/= LE	13.20			13.59	
V2762		POLARIZATION ANY LENS MATERIAL-LENS	62.99			50.48	
V2770		OCCLUDER LENS PER LENS	21.60			18.39	
V2780		OVERSIZE LENS PER LENS	17.46			11.81	
V2781		PROGRESSIVE LENS PER LENS	BR			BR	
V2782		LNS I 1.54-1.65 PLST/1.60-1.79 GLA	68.00			54.52	
V2783		LNS INDX >/=1.66 PLSTC/>/=1.80 GLA	76.68			61.48	
V2784		LENS POLYCARBATE/EQUL ANY INDX-LENS	49.86			39.98	
V2785		PRC PRES&TRANSPORTING CORNL TISS	BR			BR	
V2786		SPCLTY OCCUP MULTIFOCL LENS-LENS	BR			BR	
V2787		ASTIGMATISM CORRECTING FUNCTION IOL	BR			BR	
V2788		PRESBYOPIA CORRECTING FUNCT IO LENS	BR			BR	
V2790		AMNIOTIC MEMBRANE SURG RECNSTR-PROC	BR			BR	
V2797		VISN SPL ACSS&/SRVC CMPNT OTH HCPCS	BR			BR	
V2799		VISION ITEM/SERVICE MISCELLANEOUS	BR			BR	
V5008		HEARING SCREENING	45.20			47.03	
V5010		ASSESSMENT FOR HEARING AID	59.20			61.66	
V5011		FIT/ORIENTATION/CHECK HEARING AID	92.40			96.14	
V5014		REPAIR/MODIFICATION OF HEARING AID	111.60			116.00	
V5020		CONFORMITY EVALUATION	52.00			54.08	
V5030		HEAR AID MONAURL BDY WRN AIR CONDCT	820.40			853.77	
V5040		HEAR AID MONAURL BDY WORN BN CONDCT	623.60			648.95	
V5050		HEARING AID MONAURAL IN THE EAR	720.80			750.31	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
V5060		HEARING AID MONAURAL BEHIND THE EAR	602.40			627.00	
V5070		GLASSES AIR CONDUCTION	334.80			348.51	
V5080		GLASSES BONE CONDUCTION	841.20			875.71	
V5090		DISPENSING FEE UNSPEC HEARING AID	299.20			311.41	
V5095		SEMI-IMPL MID EAR HEARING PROSTH	BR			BR	
V5100		HEARING AID BILATERAL BODY WORN	1349.60			1404.74	
V5110		DISPENSING FEE BILATERAL	304.40			316.64	
V5120		BINAURAL BODY	1179.60			1227.88	
V5130		BINAURAL IN THE EAR	1255.20			1306.25	
V5140		BINAURAL BEHIND THE EAR	1305.20			1358.50	
V5150		BINAURAL GLASSES	1393.60			1450.46	
V5160		DISPENSING FEE BINAURAL	364.40			379.07	
V5170		HEARING AID CROS IN THE EAR	969.20			1008.95	
V5180		HEARING AID CROS BEHIND THE EAR	820.40			853.77	
V5190		HEARING AID CROS GLASSES	958.80			997.98	
V5200		DISPENSING FEE CROS	301.60			314.02	
V5210		HEARING AID BICROS IN THE EAR	1053.20			1096.21	
V5220		HEARING AID BICROS BEHIND THE EAR	1012.00			1053.36	
V5230		HEARING AID BICROS GLASSES	1046.00			1088.89	
V5240		DISPENSING FEE BICROS	312.40			325.00	
V5241		DISPNS FEE MONAURL HEARING AID TYPE	BR			BR	
V5242		HEARING AID ANALOG MONAURAL CIC	BR			BR	
V5243		HEARING AID ANALOG MONAURAL ITC	BR			BR	
V5244		HEARING AID PROG ANALOG MONAURL CIC	BR			BR	
V5245		HEARING AID PROG ANALOG MONAURL ITC	BR			BR	
V5246		HEARING AID PROG ANALOG MONAURL ITE	BR			BR	
V5247		HEARING AID PROG ANALOG MONAURL BTE	BR			BR	
V5248		HEARING AID ANALOG BINAURAL CIC	BR			BR	
V5249		HEARING AID ANALOG BINAURAL ITC	BR			BR	
V5250		HEARING AID PROG ANALOG BINAURL CIC	BR			BR	
V5251		HEARING AID PROG ANALOG BINAURL ITC	BR			BR	
V5252		HEARING AID PROG BINAURAL ITE	BR			BR	
V5253		HEARING AID PROG BINAURAL BTE	BR			BR	
V5254		HEARING AID DIGITAL MONAURAL CIC	BR			BR	
V5255		HEARING AID DIGITAL MONAURAL ITC	BR			BR	
V5256		HEARING AID DIGITAL MONAURAL ITE	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
V5257		HEARING AID DIGITAL MONAURAL BTE	BR			BR	
V5258		HEARING AID DIGITAL BINAURAL CIC	BR			BR	
V5259		HEARING AID DIGITAL BINAURAL ITC	BR			BR	
V5260		HEARING AID DIGITAL BINAURAL ITE	BR			BR	
V5261		HEARING AID DIGITAL BINAURAL BTE	BR			BR	
V5262		HEARING AID DISPBL TYPE MONAURAL	BR			BR	
V5263		HEARING AID DISPBL TYPE BINAURAL	BR			BR	
V5264		EAR MOLD/INSERT NOT DISPBL ANY TYPE	BR			BR	
V5265		EAR MOLD/INSERT DISPOSABLE ANY TYPE	BR			BR	
V5266		BATTERY FOR USE IN HEARING DEVICE	BR			BR	
V5267		HA/ALD/SUPP/ACCESS NOT O/W SPEC	BR			BR	
V5268		ASST LISTENING DEVICE TEL AMP TYPE	BR			BR	
V5269		ASST LISTENING DEVICE ALERTING TYPE	BR			BR	
V5270		ASST LISTENING DEVICE TV AMP TYPE	BR			BR	
V5271		ASST LISTEN DEVC TV CAPTION DECODER	BR			BR	
V5272		ASSISTIVE LISTENING DEVICE TDD	BR			BR	
V5273		ASSTIVE LISTEN DEVC W/COCHLEAR IMPL	BR			BR	
V5274		ASSISTIVE LEARNING DEVICE NOS	BR			BR	
V5275		EAR IMPRESSION EACH	BR			BR	
V5281		ALD PERS FM/DM SYS MONAURL ANY TYPE	BR			BR	
V5282		ALD PERS FM/DM SYS BINAURL ANY TYPE	BR			BR	
V5283		ALD PERS FM/DM NCK LOOP INDUCT RECV	BR			BR	
V5284		ALD PERS FM/DM EAR LEVEL RECEIVER	BR			BR	
V5285		ALD PERS FM/DM DIR AUDIO INPUT RECV	BR			BR	
V5286		ALD PERS BLUE TOOTH FM/DM RECEIVR	BR			BR	
V5287		ALD PERS FM/DM RECEIVER NOS	BR			BR	
V5288		ALD PERS FM/DM TRANSMITTER ALD	BR			BR	
V5289		ALD PERS FM/DM ADPTR/BOOT CPLG RECV	BR			BR	
V5290		ALD TRANSMITT MICROPHONE ANY TYPE	BR			BR	
V5298		HEARING AID NOC	BR			BR	
V5299		HEARING SERVICE MISCELLANEOUS	BR			BR	
V5336		REPR/MOD AUGMENTATIV CMNCT SYS/DEVC	BR			BR	
V5362		SPEECH SCREENING	BR			BR	
V5363		LANGUAGE SCREENING	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
V5364		DYSPHAGIA SCREENING	BR			BR	

Mississippi Workers' Compensation Commission Guidelines for the Prescription of Opiates

I. Introduction

There is insufficient data to show the long-term use of opioids effectively treats chronic nonmalignant pain[i]. Chronic pain has been variably defined but is defined within this guideline as pain that typically lasts more than three months or past the time of normal tissue healing.

There is sufficient data to show opioid pain medication use presents serious risks, including overdose and opioid use disorder. Nevertheless, opiates are commonly prescribed for pain. An estimated 20% of patients presenting to physicians' offices with non-cancer pain symptoms or a pain-related diagnosis receive an opioid prescription[ii]. In 2012, 259 million prescriptions for opioids were written in the United States, enough for every adult in the United States to have a bottle of pills[iii]. And rates of opioid prescribing vary greatly across states in ways that cannot be explained by the underlying health status of the population.[iv]

The use of prescription opioids has risen significantly in the last fifteen years, more so for family physicians, general practice physicians, and internal medicine physicians, compared with other specialties[v]. As the number of opioid prescriptions for chronic pain have increased, so has the incidence of addiction. From 1999 to 2014, more than 165,000 persons died from overdoses related to opioid pain medications in the United States[vi]. A recent study of patients – ages 15 to 64 who received opioids for chronic noncancerous pain and were followed for up to 13 years – revealed that 1 in 550 patients died from opioid-related overdose at a median of 2.6 years from their first prescription. One in 32 patients who escalated opioid dosage greater than 200-morphine-mg equivalence died from opioid-related overdose[vii].

Opioids have also been associated with increased duration of disability, even when adjusted for injury severity in injured workers with back pain[viii].

II. Scope

These guidelines do not focus broadly on pain management, but rather focus on the use of opioids to manage non-cancer related pain. They apply to all clinicians who prescribe opioids, including nurse practitioners, physician assistants, podiatrists and dentists.

Clinicians should follow the guidelines. However, failure to follow a guideline will not warrant a denial of service, with the following exceptions: Section **V.**C.; **VII.** B. 9.; E. 2. and 3. and F. 1. and 2.

III. Acute versus Chronic Pain

A. Acute Pain

Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe (a) the lowe*st* effective dose of immediate release opioids (b) in no greater quantity than needed for the expected duration of the pain that is severe enough to require opioids. Three days or less will often be sufficient. More than seven days will rarely be needed.

B. Chronic Pain

Opioids are not the preferred treatment for chronic pain. Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are expected to out-

weigh risks to the patient. If opioids are used, they should be combined with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate.

IV. Opioids Pharmacology

A. Important Distinctions

- Tolerance refers to a state of adaptation in which exposure to a drug over time causes higher doses to be required to produce the same physiologic effect and/or marked diminished effect with continued use of the same amount of that drug.
- Dependence refers to a set of disturbances and body homeostasis that lead to withdrawal symptoms which are produced with abrupt discontinuation or rapid reduction of a medication. Administration of an antagonist can also initiate withdrawal symptoms.
- Addiction is a primary chronic neuro-biological disease with genetic, psychological, and environmental factors influencing its development and manifestations. It is a behavior pattern of drug craving and seeking which leads to preoccupation with drug procurement and aberrant pattern of use. The drug use is frequently associated with negative consequences.

B. Choice of Opioids

The following guidelines apply when choosing an opioid.

1. There is no evidence that one long-acting opioid is more effective than another in improving function.

2. There is also no evidence that long-acting opioids are superior to short-acting opioids for improving function or pain or causing less addiction.

3. Long-acting opioids should not be used in the treatment of acute, subacute, or postoperative pain.

4. When choosing long-acting opioids for chronic pain management, it is reasonable to consider cost given the lack of superiority profiles for one medication over another.

5. There is no single formula for pharmacologic treatment of patients with chronic nonmalignant pain.

6. Medications with a greater safety profile should be used initially.

7. Use of methadone requires special precautions. Methadone may cause cardiac arrhythmia due to QT prolongation and has been linked to a greater number of deaths secondary to its prolonged half-life.

8. Meperidine should not be used for chronic pain. Meperidine and its active metabolite normeperidine present a serious risk of seizure and hallucinations.

C. **<u>Dosing and Time to Therapeutic Effects</u>**

Oral route is the preferred route of analgesic administration. Transbuccal administration should be avoided in the treatment of chronic, nonmalignant pain. Im-

mediate release fentanyl products (Actiq, Subsys) are not to be used for chronic, non-malignant pain.

D. Side Effects

Opioid-induced side effects vary greatly, depending on the individual patient. Common side effects include nausea, vomiting, drowsiness, unsteadiness, confusion, dry mouth, pruritus, sweating, hallucinations, myoclonus, and respiratory depression. Constipation is the most common problem associated with long-term opioid administration and should be anticipated and treated prophylactically.

E. Drug Interactions

1. Patients receiving opioid agonists should not be given a mixed agonist/antagonist such as Pentazocine because doing so may precipitate withdrawal syndrome.

2. Sedating medications should be avoided or limited to very low doses, although total elimination of sedating medications is desirable whenever clinically feasible.

    a. Avoid concurrent opioid and benzodiazepine use whenever possible.

V. *General Caveats*

A. Extreme Caution Needed

Extreme caution should be used when prescribing opioids for patients with one or more of these issues:

1. history of alcohol or other substance abuse;

2. chronic benzodiazepine use;

3. uncontrolled sleep apnea;

4. severe personality disorder or other known severe psychiatric disease;

5. decreased physical and mental function with continued opioid use; and

6. addiction behaviors including preoccupation with drugs, strong preference for short- acting over long-acting opioids, use of multiple prescribers/pharmacies, use of street drugs or other patient's drugs, not taking medications as prescribed, losing medication on more than one occasion, and criminal behaviors such as forged prescriptions

B. **<u>Warning Signs of Addiction</u>**

The following behaviors, frequently seen in patients who abuse prescription drugs, are warning signs for addiction:

1. unusual knowledge of controlled substances;

2. request for specific controlled substances;

3. claims to allergies to multiple medications;

4. demanding assessment of medication after usual clinic hours;

5. requesting refills because of loss or stolen medications;

6. physical signs of drug abuse;

7. no interest in the diagnosis;

8. failure to keep treatment or consultation appointments;

9. feigning or exaggerating physical problems;

10. pressuring the physician by eliciting sympathy, guilt or direct threats;

11. subjective complaints exceeding objective findings; and

12. attempts to transfer care after a doctor refuses to fill a prescription for a habit-forming medication.

C. Prescription Monitoring Program

The clinician shall review the patient's history on the state's Prescription Drug Monitoring Program whenever opioids are prescribed. The review (or the attempt to review the PMP if it cannot be accessed due to technical difficulties) should be documented or made part of the medical record.

VI. Conducting the Initial Evaluation

A thorough history and physical examination are the well-established foundation for diagnostic and therapeutic procedures.

A. History

The history should include:

1. general information: name, age, gender, etc.;

2. work history, including current job status and requirements of current job

3. current employment status;

4. impact on activities of daily living;

5. past and present psychological problems;

6. previous physical, emotional, or sexual abuse;

7. sleep disturbances;

8. pain history, including site of pain, visual analog scale, duration, onset, characteristics such as burning, shooting, stabbing, as well as aggravating or alleviating activities;

9. current and previous medication use;

10. history of substance abuse (i.e. alcohol, smoking, street drugs, opioids);

B. **Review of Systems**

The initial evaluation should include a standard multipoint review of systems, including symptoms of sleep apnea.

C. **Physical Examination**

1. The clinician should conduct and document:

a. a thorough physical examination, which includes a detailed musculoskeletal exam, including range of motion, mobility, provocative maneuvers, etc. and

b. a detailed neurologic evaluation.

2. Evaluation of nonphysiologic findings is critical in assessing if someone is a candidate for use of opioids. These signs should be measured routinely during the patient's care. This includes documentation of nonorganic signs such as:

a. superficial and nonanatomic tenderness;

b. pain with simulated axial loading and rotation;

c. sensory and motor findings which are inconsistent with nerve root patterns or known organic dysfunction;

d. inconsistent straight leg raise findings;

e. overreaction to physical examination maneuvers;

f. variability during formal exam, including variable sensory or motor exam as well as inconsistent tenderness; and

g. inconsistencies between formal exam and observed abilities with range of motion, gait, and strength.

VII. Managing Patients Placed on Long-Term Opioids

A. Psychological Evaluation

Patients who are placed on long-term opioids (> 3 months) should undergo a psychosocial evaluation, including formal psychological testing by a psychologist with a Ph.D. or a physician with the appropriate credentials, as well as consideration for a concomitant interdisciplinary rehabilitation treatment. It is preferable that these professionals have experience in diagnosing and treating chronic pain conditions and that patients thoroughly understand the need to pursue pain management techniques in addition to medication use in order to function with chronic pain.

B. Contraindications to Prescribing Opioids beyond Three Months

1. Opioids should be discontinued if the patient did not meet the goals to improve pain and function - particularly the functional goals - that were formulated when opioids were initiated.

2. Opioids should be discontinued if a psychological evaluation deems the patient a high-risk candidate for the use of controlled substances.

3. Opioids should be discontinued if they have not reduced the patient's subjective pain complaints by 30%, at a minimum.

4. Opioids should be discontinued if a patient cannot perform at least a sedentary level of work because of sedentary pain complaints. A patient may still be disabled from underlying significant objective physical abnormalities (i.e. severe neurologic deficit, loss of limb, severe structural orthopedic abnormalities, etc.).

5. Opioids should be discontinued if the patient cannot function secondary to side effects from the medication.

6. Opioids should be discontinued if the patient refuses non-interventional treatment options that might improve physical functioning and pain levels (i.e. physical therapy, cognitive behavioral therapy).

7. Opioids should be discontinued if the patient shows significant nonorganic behaviors, such as strongly positive Waddell's signs.

8. Opioids should be discontinued:

a. when the patient receives prescriptions from more than one practitioner; or

b. when the patient has inconsistent drug screens, absent extenuating circumstances. Prior to discontinuation of the opiate, a confirmation GCMS drug screen must be done on the sample to ensure that a false-positive or false-negative has not occurred.

9. If there are extenuating circumstances which lead a clinician to believe an opioid should be continued despite one of the above contraindications, these must be clearly documented.

C. **<u>Before Starting Chronic Opioid Therapy</u>**

Before starting opioid therapy for chronic pain, clinicians should:

1. review the patient's history of controlled substance prescriptions using the state Prescription Drug Monitoring Program and make the review part of the medical record;

2. conduct urine drug testing;

3. establish treatment goals with the patient, including specific goals for improvements in pain and function, as the goal of treatment is to improve both;

4. discuss how opioid therapy will be discontinued *when* benefits outweigh risks, as opioid therapy should continue only if there is a clinically meaningful improvement in pain and function that outweighs the risks of this treatment; and,

5. educate patients regarding the potential risks and benefits of use of chronic opioids.

D. **<u>When Starting Chronic Opioid Therapy</u>**

When initialing opioids for chronic pain, clinicians should:

1. prescribe immediate-release opioids rather than extended-release opioids;

2. use the low*est* effective dose;

3. avoid prescribing opioid and benzodiazepines concurrently whenever possible;

4. require an opioid contract with the patient that details the clinician's expectation that the patient will comply with the prescribed medication regimen.

Opioids should be terminated if the contract is broken. Examples include but are not limited to:

a. diversion of medication;

b. noncompliance with drug dosing schedule;

c. a drug screen that shows use of drugs outside of the prescribed treatment or evidence of noncompliant use of prescribed medications;

d. a request for prescriptions outside of the defined time frame; and

e. excessive dose escalation without physician approval.

E. **<u>Continuing Chronic Opioid Therapy</u>**

When continuing opioids for chronic pain more than three months, clinicians should:

1. conduct an ongoing review and clearly document:

a. improvements in the patient's pain relief and functional status, as well as the patient's appropriate medication use and side effects, and

b. the patient's clinical status, including physical examination. (i.e. range of motion, neurologic exam, spasm, etc.) on each visit. Use of cut and paste EMR records which result in identical histories and physical examinations on each visit shall not meet this criteria;

2. Clinicians shall conduct random drug screens at least two times a year. Monthly drug screens are not indicated as they are by definition not random. If more than two drug screens are done in one calendar year, the clinician must clearly document why additional testing was required;

3. Clinicians shall review the patient's history on the Prescription Drug Monitoring Program whenever opiates are prescribed. The review (or the attempt to review the PMP if it cannot be accessed due to technical difficulties) should be documented or made part of the medical record.

F. **Escalating Opioid Dosage During Treatment**

1. Before escalating opioid dosing, the clinician shall review the effectiveness of opioid treatment. Some degree of tolerance can be anticipated, but opioid therapy should be discontinued if dose escalations fail to recapture previous pain relief or restore function.

2. If the clinician escalates opioid dosing, the treatment goals of analgesic and especially functional improvement shall be specifically stated and clearly documented.

VIII. Tapering of Opioids

A. Clinicians should evaluate the benefits and harms of continued therapy on a routine basis. If documented benefits do not outweigh harms, opioids should be tapered *and discontinued*.

B. Patients who fail a trial of opioid medications but do not have an issue with addiction will not need to see an addictionologist. These patients can be tapered safely off their medications by their treating physicians. Weaning protocols vary. Conservative approach recommends a 10% reduction in the original dose per week. Other sources state that a 25% reduction every four days should avoid withdrawal syndrome. If drug diversion is suspected, then prescribing additional opiates is not indicated. The prescription of additional opiates in this situation will constitute a greater risk to the patient or the community than the potential for withdrawal syndrome.

IX. Opioid Abuse Disorder

A. DSM V Opioid Use Disorder Criteria

Opioid Use Disorder is specified instead of Substance Use Disorder if opioids are the drugs of abuse. A minimum of 2-3 criteria is required for a mild substance use disorder diagnosis, while 4-5 criteria is moderate, and 6-7 criteria is severe (APA, 2013):

1. taking the opioid in larger amounts and for longer than intended;

2. wanting to cut down or quit but not being able to do it;

3. spending a lot of time obtaining the opioid;

4. repeatedly unable to carry out major obligations at work, school, or home due to opioid use;

5. continued use despite persistent or recurring social or interpersonal problems caused or made worse by opioid use;

6. stopping or reducing important social, occupational or recreational activities due to opioid use;

7. recurrent use of opioids in physically hazardous situations;

8. consistent use of opioids despite acknowledgment of persistent or recurrent physical or psychological difficulties from using opioids;

9. tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (criterion does not apply when used appropriately under medical supervision); and

10. withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal (criterion does not apply when used appropriately under medical supervision).

B. <u>Mississippi Board of Medical Licensure</u>

Once a physician recognizes that a patient has an addiction issue, per the Mississippi Board of Medical Licensure, the following applies:

No physician shall prescribe any controlled substance or other drug having addiction forming or addiction sustaining liability to a patient who is a drug addict for the purpose of 'detoxification treatment' or 'maintenance treatment' and no physician shall administer or dispense any narcotic controlled substance for the purpose of 'detoxification treatment' or 'maintenance treatment' unless they are properly registered in accordance with Section 303(g) 21 U.S.C. 823(g). Nothing in this paragraph shall prohibit a physician from administering narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Not more than one (1) day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three (3) days. US-CODE-2011-title21/pdf/USCODE-2011-title 21-chap13-subchapl-part C-Sec823 states that a physician must be separately registered to treat substance abuse.

C. **Treatment for Addiction**

1. If an opioid abuse disorder manifests itself and is directly related to the use of controlled substances that were prescribed for a workers' compensation injury, the treatment for that addiction shall be compensable.

a. Treatment for addiction, including use of appropriate medications and psychotherapy, will be covered for one year unless the clinician documents that care beyond one year is medically necessary.

b. Not all patients who are addicted will require formal detoxification. Patients on lower doses of controlled substances often will not go through withdrawal. If, however, the patient is on a large dose which will cause withdrawal symptoms, then a detoxification program is appropriate.

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Title 20: Labor

PART 2: MISSISSIPPI WORKERS' COMPENSATION MEDICAL FEE SCHEDULE

Introduction

Pursuant to Mississippi Code Annotated (MCA), §71-3-15(3)(Rev. 2000), the following Fee Schedule, including Cost Containment and Utilization Management rules and guidelines, is hereby established in order to implement a medical cost containment program. This Fee Schedule, and accompanying rules and guidelines, applies to medical services rendered after the effective date of November 14, 2016, and, in the case of inpatient treatment, to services where the discharge date is on or after November 14, 2016. This Fee Schedule establishes the maximum level of medical and surgical reimbursement for the treatment of work-related injuries and/or illnesses, which the Mississippi Workers' Compensation Commission deems to be fair and reasonable.

Updates and changes before the periodic update can be found by checking the State of Mississippi Workers' Compensation Commission website http://www.mwcc.state.ms.us/#/home or the Optum360 website https://www.optum360coding.com/ProductUpdates/. Subscribers should regularly check these sites for changes

This Fee Schedule shall be used by the Workers' Compensation Commission, insurance payers, and self-insurers for approving and paying medical charges of physicians, surgeons, and other qualified health care professionals for services rendered under the Mississippi Workers' Compensation Law. This Fee Schedule applies to all medical services provided to injured workers by physicians, and also covers other medical services arranged for by a physician. In practical terms, this means professional services provided by hospital-employed physicians and other qualified health care professionals, as well as those practicing independently, are reimbursed under this Fee Schedule.

The Commission will require the use of the most current CPT®, CDT, and HCPCS codes and modifiers in effect at the time services are rendered. All coding, billing and other issues, including disputes, associated with a claim, shall be determined in accordance with the CPT rules and guidelines in effect at the time service is rendered, unless otherwise provided in this Fee Schedule or by the Commission.

As used in this Fee Schedule, CPT refers to the American Medical Association's Current Procedural Terminology codes and nomenclature. CPT is a registered trademark of the American Medical Association. CDT refers to the American Dental Association's Current Dental Terminology (CDT) codes. HCPCS is an acronym for the Centers for Medicare and Medicaid Services' (CMS) Healthcare Common Procedure Coding System. HCPCS is divided into two subsets. HCPCS Level I codes are the CPT codes developed and maintained by the AMA. HCPCS Level II codes are developed and maintained by CMS and include codes for procedures, equipment, and supplies not found in the CPT book and are referred to in this fee schedule as HCPCS codes.

The inclusion of a service, product, or supply identified by a CPT, CDT, or HCPCS code does not necessarily imply coverage, reimbursement or endorsement.

I. FORMAT

This Fee Schedule is comprised of the following sections: Introduction; General Rules; Billing and Reimbursement Rules; Medical Records Rules; Dispute Resolution Rules; Utilization Review Rules; Rules for Modifiers and Code Exceptions; Pharmacy Rules; Other Qualified Health Care Professional Rules; Home Health Rules; Skilled Nursing Facility Rules; Evaluation and Management; Anesthesia; Pain Management; Surgery; Radiology; Pathology and Laboratory; Medicine Services; Therapeutic Services; Dental; Durable Medical Equipment (DME), Orthotics, Prosthetics and Other HCPCS Codes; Inpatient Hospital and Outpatient Facility Payment Schedule and Rules; and Forms. Each section listed above has specific instructions (rules/guidelines). The Fee Schedule is divided into these sections for structural purposes only. Providers are to use the specific section(s) that contains the procedure(s) they perform or the service(s) they render. **In the event a rule/guideline contained in one of the specific service sections conflicts with a general rule/guideline, the specific section rule/guideline will supersede, unless otherwise provided elsewhere in this Fee Schedule.**

This Fee Schedule utilizes procedure codes under copyright agreement. The descriptions included are full procedure descriptions. A complete list of modifiers is included in a separate section for easy reference.

II. SCOPE

The *Mississippi Workers' Compensation Medical Fee Schedule* does the following:

A. Establishes rules/guidelines by which the employer shall furnish, or cause to be furnished, to an employee who suffers a bodily injury or occupational disease covered by the Mississippi Workers' Compensation Law, reasonable and necessary medical, surgical, and hospital services and medicines, supplies or other attendance or treatment as necessary. The employer shall provide to the injured employee such medical or dental surgery, crutches, artificial limbs, eyes, teeth, eyeglasses, hearing apparatus, and other appliances which are reasonable and necessary to treat,

cure, and/or relieve the employee from the effects of the injury/illness, in accordance with MCA §71-3-15 (Rev. 2000), as amended.

B. Establishes a schedule of maximum reimbursement allowances (MRA) for such treatment, attendance, service, device, apparatus, or medicine.

C. Establishes rules/guidelines by which a health care provider shall be paid the lesser of (a) the provider's total billed charge, or (b) the maximum reimbursement allowance (MRA) established under this Fee Schedule.

D. Establishes rules for cost containment to include utilization review of health care and health care services, and provides for the acquisition by an employer/payer, other interested parties, and the Mississippi Workers' Compensation Commission, of the necessary records, medical bills, and other information concerning any health care or health care service under review.

E. Establishes rules for the evaluation of the appropriateness of both the level and quality of health care and health care services provided to injured employees, based upon medically accepted standards.

F. Authorizes employers/payers to withhold payment from, or recover payment from, health facilities or health care providers that have made excessive charges or which have provided unjustified and/or unnecessary treatment, hospitalization, or visits.

G. Provides for the review by the employer/payer or Commission of any health facility or health care provider records and/or medical bills that have been determined not to be in compliance with the schedule of charges established herein.

H. Establishes that a health care provider or facility may be required by the employer/payer to explain in writing the medical necessity of health care or health care service that is not usually associated with, is longer and/or more frequent than, the health care or health care service usually accompanying the diagnosis or condition for which the patient is being treated.

I. Provides for medical cost containment review and decision responsibility. The rules and definitions hereunder are not intended to supersede or modify the Workers' Compensation Act, the administrative rules of the Commission, or court decisions interpreting the Act or the Commission's administrative rules.

J. Provides for the monitoring of employers/payers to determine their compliance with the criteria and standards established by this Fee Schedule.

K. Establishes deposition/witness fees.

L. Establishes fees for medical reports.

M. Provides for uniformity in billing of provider services.

N. Establishes rules/guidelines for billing.

O. Establishes rules/guidelines for reporting medical claims for service.

P. Establishes rules/guidelines for obtaining medical services by out-of-state providers.

Q. Establishes rules/guidelines for Utilization Review to include pre-certification, concurrent review, discharge planning and retrospective review.

R. Establishes rules for dispute resolution which includes an appeal process for determining disputes which arise under this Fee Schedule.

S. Establishes a peer review system for determining medical necessity. Peer review is conducted by professional practitioners of the same specialty as the treating medical provider on a particular case.

T. Establishes the list of health care professionals who are considered authorized providers to treat employees under the Mississippi Workers' Compensation Law; and who, by reference in this rule, will be subject to the rules, guidelines and maximum reimbursement limits in this Fee Schedule.

U. Establishes financial and other administrative penalties to be levied against payers or providers who fail to comply with the provisions of the Fee Schedule, including but not limited to interest charges for late billing or payment, percentage penalties for late billing or payment, and additional civil penalties for practices deemed unreasonable by the Commission.

III. MEDICAL NECESSITY

The concept of medical necessity is the foundation of all treatment and reimbursement made under the provision of §71-3-15, Mississippi Code of 1972, as amended. For reimbursement to be made, services and supplies must meet the

definition of “medically necessary.” The sole use of extraneous guidelines, including but not limited to the Official Disability Guidelines (“ODG”), to determine the appropriateness or extent of treatment or reimbursement is prohibited. Continuation of treatment shall be based on the concept of medical necessity and predicated on objective or appropriate subjective improvements in the patient’s clinical status. Arbitrary limits on treatment or reimbursement based solely on diagnosis or guidelines outside this Fee Schedule are not permitted.

A. For the purpose of the Workers’ Compensation Program, any reasonable medical service or supply used to identify or treat a work-related injury/illness which is appropriate to the patient’s diagnosis, is based upon accepted standards of the health care specialty involved, represents an appropriate level of care given the location of service, the nature and seriousness of the condition, and the frequency and duration of services, is not experimental or investigational, and is consistent with or comparable to the treatment of like or similar non-work related injuries, is considered “medically necessary.” The service must be widely accepted by the practicing peer group, based on scientific criteria, and determined to be reasonably safe. It must not be experimental, investigational, or research in nature except in those instances in which prior approval of the payer has been obtained. For purposes of this provision, “peer group” is defined as similarly situated physicians of the same specialty, licensed in the State of Mississippi, and qualified to provide the services in question.

B. Services for which reimbursement is due under this Fee Schedule are those services meeting the definition of “medically necessary” above and includes such testing or other procedures reasonably necessary and required to determine or diagnose whether a work-related injury or illness has been sustained, or which are required for the remedial treatment or diagnosis of an on-the-job injury, a work-related illness, a pre-existing condition affected by the injury or illness, or a complication resulting from the injury or illness, and which are provided for such period as the nature of the injury or process of recovery may require.

C. Treatment of conditions unrelated to the injuries sustained in an industrial accident may be denied as unauthorized if the treatment is directed toward the non-industrial condition or if the treatment is not deemed medically necessary for the patient’s rehabilitation from the industrial injury.

D. Services that are experimental or investigational, including but not limited to CPT Category II and Category III codes, are not reimbursable for this Fee Schedule. Please refer to the MWCC website (www.mwcc.ms.gov) for a list of some of these procedures.

IV. DEFINITIONS

Act means Mississippi Workers’ Compensation Law, Mississippi Code Annotated (MCA), §71-3-1 et seq (Rev. 2000 as amended).

Adjust means that a payer or a payer’s agent reduces or otherwise alters a health care provider’s request for payment.

APC means ambulatory payment classification and guidelines as developed by the Centers for Medicare and Medicaid Services (CMS) and adopted in this Fee Schedule.

Appropriate care means health care that is suitable for a particular patient, condition, occasion, or place.

ASA RVG means the American Society of Anesthesiologists (ASA) Relative Value Guide® (RVG), a listing of the anesthesia codes and modifiers and base units used for reporting anesthesia services.

AWP means Average Wholesale Price; a price generally twenty percent (20%) greater than a manufacturer sells to distributors and large customers and is based on data obtained from manufacturers, distributors, and other suppliers.

Bill means a claim submitted by a provider to a payer for payment of health care services provided in connection with a covered injury or illness.

Bill adjustment means a reduction of a fee on a provider’s bill, or other alteration of a provider’s bill.

By report (BR) means that the procedure is new, or is not assigned a maximum fee, and requires a written description included on or attached to the bill. “By report” (BR) procedures require a complete listing/description of the service, the dates of service, the procedure code, and the payment requested. The report is included in the reimbursement for the procedure.

Carrier means any stock company, mutual company, or reciprocal or inter-insurance exchange authorized to write or carry on the business of Workers’ Compensation Insurance in this State, or self-insured group, or third-party payer, or self-insured employer, or uninsured employer.

Case means a covered injury or illness occurring on a specific date and identified by the worker’s name and date of injury or illness.

CCI (See National Correct Coding Initiative.)

CDT means Current Dental Terminology, a medical code set maintained and copyrighted by the American Dental Association used for reporting dental services.

CMS-1500 means the CMS-1500 form and instructions that are used by non-institutional providers and suppliers to bill for outpatient services. Use of the most current CMS-1500 form is required.

Commission means the Mississippi Workers' Compensation Commission (MWCC).

Consultation means a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source. If a consultant, subsequent to the first encounter, assumes responsibility for management of the patient's condition, that physician becomes a treating physician. The first encounter is a consultation and shall be billed and reimbursed as such. A consultant shall provide a written report of his/her findings. *A second opinion is considered a consultation.*

Controverted claim is a workers' compensation claim which is pending before the Commission and in which the patient or patient's legal representative has filed a Petition to Controvert.

Covered injury or illness means an injury or illness for which treatment is mandated under the Act.

Critical care means care rendered in a variety of medical emergencies that requires the constant attention of the practitioner, such as cardiac arrest, shock, bleeding, respiratory failure, postoperative complications, and is usually provided in a critical care unit or an emergency department.

CPT (Current Procedural Terminology) means a set of codes, descriptions, and guidelines developed by the American Medical Association, intended to describe procedures and services performed by physicians and other health care professionals. The CPT code set is also used by other entities to report outpatient services. Each procedure or service is identified with a five-digit code. CPT codes may also be referred to as HCPCS Level I codes.

Day means a continuous 24-hour period.

Diagnostic procedure means a service that helps determine the nature and causes of a disease or injury.

Durable medical equipment (DME) means specialized equipment designed to stand repeated use, appropriate for home use, and used solely for medical purposes.

Employer Medical Evaluation (EME) means a second opinion evaluation available to the Employer or Carrier pursuant to MCA §71-3-15(1) (Rev. 2000) for the purpose of evaluating temporary or permanent disability, or the medical treatment being rendered to the injured worker.

Expendable medical supply means a disposable article that is needed in quantity on a daily or monthly basis.

Follow-up care means the care which is related to the recovery from a specific procedure and which is considered part of the procedure's maximum reimbursement allowance, but does not include complications.

Follow-up days (FUD) are the days of care following a surgical procedure which are included in the procedure's maximum reimbursement allowance amount, but which do not include complications. The follow-up day period begins on the day of the surgical procedure(s).

HCPCS means Healthcare Common Procedure Coding System, an alpha-numeric medical code set maintained by the Centers for Medicare and Medicaid Services used for reporting services, durable medical equipment, and supplies. HCPCS codes may also be referred to as HCPCS Level II codes.

Health care review means the review of a health care case, bill, or both by the payer or the payer's agent.

Incident-to means that services and supplies are commonly furnished as an integral part of the primary service or procedure and not reimbursed separately.

Incidental surgery means surgery performed through the same incision, on the same day, by the same doctor, not increasing the difficulty or follow-up of the main procedure, or not related to the diagnosis.

Independent medical examination (IME) means a consultation provided by a physician to evaluate a patient at the request of the Commission. This evaluation may include an extensive record review and physical examination of the patient and requires a written report.

Independent procedure means a procedure that may be carried out by itself, completely separate and apart from the total service that usually accompanies it.

Inpatient services means services rendered to a person who is admitted as an inpatient to a hospital.

Maximum reimbursement allowance (MRA) means the maximum amount allowed for medical services as set forth in this Fee Schedule.

Medical only case means a case that does not involve more than five (5) days of disability or lost work time and for which only medical treatment is required.

Medically accepted standard means a measure set by a competent authority as the rule for evaluating quality or quantity of health care or health care services and which may be defined in relation to any of the following:

- Professional performance
- Professional credentials
- The actual or predicted effects of care
- The range of variation from the norm

Medically necessary means any reasonable medical service or supply used to identify or treat a work-related injury/illness which is appropriate to the patient's diagnosis, is based upon accepted standards of the health care specialty involved, represents an appropriate level of care given the location of service, the nature and seriousness of the condition, and the frequency and duration of services, is not experimental or investigational, and is consistent with or comparable to the treatment of like or similar non-work related injuries. Utilization management or review decisions shall not be based on application of clinical guidelines, but must include review of clinical information submitted by the provider and represent an individualized determination based on the worker's current condition and the concept of medical necessity predicated on objective or appropriate subjective improvements in the patient's clinical status.

Medical record means a record in which the medical service provider records the subjective findings, objective findings, diagnosis, treatment rendered, treatment plan, and return to work status and/or goals and impairment rating as applicable.

Medical supply means either a piece of durable medical equipment or an expendable medical supply.

National Correct Coding Initiative means the official list of codes from the Centers for Medicare and Medicaid Services' (CMS) National Correct Coding Policy Manual that identifies services considered an integral part of a comprehensive code.

NCCI (See National Correct Coding Initiative.)

Observation services means services rendered to a person who is designated or admitted to a hospital or facility as observation status.

Operative report means the practitioner's written description of the surgery and includes all of the following:

- A preoperative diagnosis;
- A postoperative diagnosis;
- A step-by-step description of the surgery;
- A description of any problems that occurred in surgery; and
- The condition of the patient upon leaving the operating room.

Optometrist means an individual licensed to practice optometry.

Orthotic equipment means an orthopedic apparatus designed to support, align, prevent, or correct deformities, or improve the function of a moveable body part.

Orthotist means a person skilled in the construction and application of orthotic equipment.

Outpatient service means services provided to patients at a time when they are not hospitalized as inpatients.

Payer means the employer or self-insured group, carrier, or third-party administrator (TPA) who pays the provider billings.

Pharmacy means the place where the science, art, and practice of preparing, preserving, compounding, dispensing, and giving appropriate instruction in the use of drugs is practiced.

Practitioner means a person licensed, registered, or certified as an acupuncturist, audiologist, doctor of chiropractic, doctor of dental surgery, doctor of medicine, doctor of osteopathy, doctor of podiatry, doctor of optometry, massage therapist, nurse, nurse anesthetist, nurse practitioner, occupational therapist, orthotist, pharmacist, physical therapist, physician assistant, prosthetist, psychologist, or other person licensed, registered, or certified as a health care professional or provider.

Primary procedure means the therapeutic procedure most closely related to the principal diagnosis, and in billing, the code with the highest unit that is neither an add-on code nor a code exempt from modifier 51 shall be considered the primary procedure. Reimbursement for the primary procedure is not dependent on the ordering or re-ordering of codes.

Procedure means a unit of health service.

Procedure code means a five–digit numerical sequence or a sequence containing an alpha character and preceded or followed by four digits, which identifies the service performed and billed.

Properly submitted bill means a request by a provider for payment of health care services submitted to a payer on the appropriate forms with appropriate documentation and within the time frame established under the guidelines of the Fee Schedule.

Prosthesis means an artificial substitute for a missing body part.

Prosthetist means a person skilled in the construction and application of prostheses.

Provider means a facility, health care organization, or a practitioner who provides medical care or services.

Resequenced code means a code that is printed in the CPT book out of numeric sequence but is printed in this Fee Schedule in the numeric order.

Secondary procedure means a surgical procedure performed during the same operative session as the primary surgery but considered an independent procedure that may not be performed as part of the primary surgery.

Special report means a report requested by the payer to explain or substantiate a service or clarify a diagnosis or treatment plan.

Specialist means a board-certified practitioner, board-eligible practitioner, or a practitioner otherwise considered an expert in a particular field of health care service by virtue of education, training, and experience generally accepted by practitioners in that particular field of health care service.

Usual and customary means that when a payment is designated herein as "usual and customary," the amount of the payment equates to the charge value reported by FAIR Health, Inc. in its FH RV Benchmarks (or other FAIR Health, Inc. Benchmark product available on the date of service) products at the 40th percentile for the applicable geographic area in Mississippi.

V. How to Interpret the Fee Schedule

For each procedure, the Fee Schedule table includes the following columns and details (if applicable):

Code Icons

Add-on Codes

\+ denotes procedure codes that are considered "add-on" codes as defined in the CPT book.

Modifier 51 Exempt

⦸ denotes procedure codes that are exempt from the use of modifier 51 and are not designated as add-on procedures/services as defined in the CPT book. Modifier 51 exempt services and procedures can be found in Appendix E of *CPT 2016.*

(51) denotes additional codes that should not be subject to modifier 51 as identified by Optum360 based upon CPT guidelines.

Moderate (Conscious) Sedation

⊙ denotes procedure codes that include conscious sedation as an inherent part of providing the procedure.

Resequenced Codes

# denotes procedure codes that are in numeric order but are considered resequenced and display in a different order within the 2016 CPT book.

APC J Status

J1 applicable to APC payments. See the Inpatient Hospital and Outpatient Facility Payment Schedule and Rules section for more information.

State-Specific Code

∞ indicates a code specific to the State of Mississippi or a code with a description altered by the State of Mississippi.

Code
This Fee Schedule uses 2016 CPT, CDT, HCPCS, and Mississippi state-specific codes.

Modifiers
In the HCPCS section modifiers that affect payment are listed in this column. See the HCPCS section for more information regarding the modifiers.

Description
This Fee Schedule uses 2016 full descriptions. Some HCPCS code descriptions have been modified by the State of Mississippi.

Amount
This column lists the total maximum allowable as a monetary amount. Procedures with a $0.00 in the Amount column are not covered or are not reimbursed.

PC Amount
Where there is an identifiable professional and technical component to a procedure, the portion considered to be the maximum allowable for the professional component is listed in the PC Amount column. Procedures with a $0.00 in the PC Amount column are considered one hundred percent (100%) technical. See Rules for Modifiers and Code Exceptions for additional information.

TC Amount
Where there is an identifiable professional and technical component to a procedure, the portion considered to be the maximum allowable for the technical component is listed in the TC Amount column. Procedures with a $0.00 in the TC Amount column or where the TC column Amount column is blank are considered one hundred percent (100%) professional. See Rules for Modifiers and Code Exceptions for additional information.

FUD
Follow-up days (FUD) included in a surgical procedure's global charge are listed in this column.

Postoperative periods of 0, 10, and 90 days are designated in the Fee Schedule as 000, 010, and 090 respectively. The following special circumstances are also listed in the postoperative period:

MMM Designates services furnished in uncomplicated maternity care. This includes antepartum, delivery, and postpartum care.

XXX Designates services where the global concept does not apply.

YYY Designates services where the payer must assign a follow-up period based on documentation submitted with the claim. Procedures designated as YYY in the fee schedule include unlisted procedure codes.

ZZZ Designates services that are add-on procedures and as such have a global period that is determined by the primary procedure.

Assist Surg
The assistant surgeon column identifies procedures that are approved for an assistant to the primary surgeon whether a physician, physician assistant (PA), registered nurse first assistant (RNFA, RA), or other individual qualified for reimbursement as an assistant under the Fee Schedule.

APC Amount
Ambulatory Payment Classification (APC) is a payment method for facility outpatient services. The APC system as developed by the Centers for Medicare and Medicaid Services (CMS) includes many of the supplies that have previously been separately billed. These supplies will now be bundled into the APC Amount consistent with CMS guidelines. The APC Amount shall constitute the reimbursement amount for both hospital based and freestanding outpatient facilities.

VI. AUTHORIZED PROVIDERS

The following health care providers are recognized by the Mississippi Workers' Compensation Commission as acceptable to provide treatment to injured workers under the terms of the Act, and must comply with the rules, guidelines, billing and reimbursement policies, and maximum reimbursement allowance (MRA) contained in this Fee Schedule when providing treatment or service under the terms of the Act:

Acupuncturist (L.A.C.)

Audiologist

Certified Registered Nurse Anesthetist (C.R.N.A.)

Doctor of Chiropractic (D.C.)

Doctor of Dental Surgery (D.D.S.)/Doctor of Dental Medicine (D.D.M.)

Doctor of Osteopathy (D.O.)

Licensed Clinical Social Worker (L.C.S.W.)

Licensed Nursing Assistant

Licensed Practical Nurse (L.P.N.)

Massage Therapist

Medical Doctor (M.D.)

Nurse Practitioner (N.P.)

Occupational Therapist (O.T.)

Optometrist (O.D.)

Oral Surgeon (M.D., D.O., D.M.D., D.D.S.)

Pharmacist (R.Ph.)

Physical Therapist (P.T.)

Physical or Occupational Therapist Assistant (P.T.A., O.T.A.)

Physician Assistant (P.A.)

Podiatrist (D.P.M.)

Prosthetist or Orthotist

Psychologist (Ph.D.)

Registered Nurse (R.N.)

Registered Nurse First Assistant (R.N.F.A., R.A.)

Speech Therapist

All health care providers, as listed herein, are subject to the rules, limitations, exclusions, and maximum reimbursement allowances of this Fee Schedule. Medical treatment under the terms of the Act may be provided by any other person licensed, registered, or certified as a health care professional if approved by the payer or Commission, and in such case, said provider and payer shall be subject to the rules and guidelines, including maximum reimbursement amounts, provided herein.

VII. INFORMATION PROGRAM

The Mississippi Workers' Compensation Commission shall provide ongoing information regarding this Fee Schedule for providers, payers, their representatives and any other interested persons or parties. This information shall be provided primarily through informational sessions and seminar presentations at the Mississippi Workers' CompensationEducational Association Conference as well as the distribution of appropriate information materials via the Commission's website (www.mwcc.ms.gov), and by other means as needed. Updates to this Fee Schedule will also be posted to the Optum360 website https://www.optum360coding.com/ProductUpdates/.

General Rules

I. Confirmatory Consultation

As provided in §71-3-15(1) of the Act, and in MWCC General Rule 9, a payer/employer may request a second opinion examination or evaluation for the purpose of evaluating temporary or permanent disability or medical treatment being rendered. This examination is considered a confirmatory consultation. The confirmatory consultation is billed using the appropriate level and site-specific consultation code with modifier 32 appended to indicate a mandated service and paid in accordance with the Fee Schedule.

II. Coding Standard

A. The most current version of the American Medical Association's *Current Procedural Terminology* (CPT®) or the American Dental Association's *CDT 2016: Dental Procedure Codes* in effect at the time service is rendered or provided shall be the authoritative coding guide, unless otherwise specified in this Fee Schedule.

B. The most current version of HCPCS codes developed by CMS in effect at the time service is rendered or provided shall be the authoritative coding guide for durable medical equipment, prosthetics, orthotics, and other medical supplies (DMEPOS), unless otherwise specified in this Fee Schedule.

C. Services will be coded according to the appropriate code edits. For the purpose of this Fee Schedule, the National Correct Coding Initiative (NCCI) edits are used, and apply to all sections unless an exception is addressed in a particular section.

III. Deposition/Witness Fees; Medical Records Affidavit

A. Any health care provider who gives a deposition or is otherwise subpoenaed to appear in proceedings pending before the Commission shall be paid a witness fee as provided by MWCC Procedural Rule 18(h) in the amount of $25.00 per day plus mileage reimbursement at the rate authorized by MWCC General Rule 14. Procedure code 99075 must be used to bill for a deposition.

B. In addition to the above fee and mileage reimbursement, any health care provider who gives testimony by deposition or who appears in person to testify at a hearing before the Commission shall be paid $750.00 for the first hour and $187.50 per quarter hour thereafter. This fee includes necessary preparation time. In the event a deposition is cancelled through no fault of the provider, the provider shall be entitled to a payment of $250.00 unless notice of said cancellation is given to the provider at least 72 hours in advance. In the event a deposition is cancelled through no fault of the provider within 24 hours of the scheduled time, then, in that event, the provider shall be paid the rate due for the first hour of a deposition. Nothing stated herein shall prohibit a medical provider and a party seeking to take the medical provider's deposition from entering into a separate contract which provides for reimbursement other than as above provided.

C. Pursuant to Mississippi Workers' Compensation Commission Procedural Rule 9, an examining or treating physician may execute an affidavit in lieu of direct testimony. The Physician's Medical Record Custodian is allowed to sign the affidavit in lieu of the physician's signature. Such charge for execution of the affidavit is limited to a maximum reimbursement of $25.00. Reimbursement for copies of medical records that are attached to affidavits shall be made as outlined elsewhere in the Fee Schedule.

D. Any health care provider who gives a deposition or is otherwise subpoenaed to provide information, documents, or other records of any kind may be entitled to make an entry of appearance as a party in the underlying workers' compensation claim for the limited purpose of contesting the subpoena and/or the scope of the requested information or deposition. No part of this section shall be construed to create any additional liability on the part of the health care provider beyond that set forth in Mississippi Code Annotated (MCA) §71-3-59(2) or otherwise set forth in the Mississippi Workers' Compensation Law and/or the Fee Schedule. Pursuant to MCA §71-3-59(2), the Commission may award attorney's fees and expenses to the health care provider in the event the Commission finds the scope of the subpoena, deposition, or other information requested from the health care provider is an institution, continuance, or delay of proceedings without reasonable grounds by the party seeking the information from the health care provider and/or the attorney advising such party. Pursuant to MCA §71-3-59(2), the Commission may also impose a civil penalty not to exceed ten thousand dollars ($10,000.00) against the party and/or the attorney advising such party seeking the information from the health care provider for each violation. Similarly, the Commission may also award attorney's fees, expenses, and/or the civil penalty against the health care provider and/or their attorney in the event the

Commission finds that the health care provider's challenge to the subpoena, deposition, or other requested information is an institution, continuance, or delay of proceedings without reasonable grounds.

IV. Impairment Rating

A. In determining the extent of permanent impairment attributable to a compensable injury, the provider shall base this determination on the most current edition of the *Guides to the Evaluation of Permanent Impairment,* as published and copyrighted by the American Medical Association which is in effect at the time the service is rendered. Only a medical doctor is entitled under these rules to reimbursement for conducting an impairment rating evaluation.

B. A provider is entitled to reimbursement for conducting an impairment rating evaluation and determining the extent of permanent impairment, and should bill for such services using CPT code 99455. The maximum reimbursement for CPT code 99455 shall be $250.00.

V. Independent Medical Examination (IME)

A. An independent medical examination (IME) may be ordered by the Mississippi Workers' Compensation Commission or its Administrative Judges. A practitioner other than the treating practitioner must do the medical examination, and the Commission or Judge shall designate the examiner.

B. An independent medical examination (IME) shall include a study of previous history and medical care information, diagnostic studies, diagnostic x-rays, and laboratory studies, as well as an examination and evaluation. An IME can only be ordered by the Workers' Compensation Commission or one of its Administrative Judges. A copy of the report must be sent to the patient, or his attorney if represented, the payer, and the Mississippi Workers' Compensation Commission.

C. The fee for the IME may be set by the Commission or Judge, or negotiated by the payer and provider prior to setting the appointment, and in such cases, reimbursement shall be made according to the order of the Commission or Judge, or according to the mutual agreement of the parties. In the absence of an agreement or order regarding reimbursement for an IME, the provider shall bill for the IME using the appropriate level and site-specific consultation code appended with modifier 32 to indicate a mandated service, and shall be reimbursed according to the Fee Schedule.

VI. Employer's Medical Examination (EME)

A. An examination of the claimant by a physician of the employer's/carrier's choosing. If the claimant refuses these services, the claimant's benefits may be suspended. The employer/carrier may not unilaterally suspend benefits based upon the claimant's failure to attend an EME. The statute authorizes only the Commission to suspend benefits for failure to comply with medical treatment.

VII. Maximum Medical Improvement

A. When an employee has reached maximum medical improvement (MMI) for the work related injury and/or illness, the physician should promptly, and at least within fourteen (14) days, submit a report to the payer showing the date of maximum medical improvement (MWCC Form B9,27).

B. Maximum medical improvement is reached at such time as the patient reaches the maximum benefit from medical treatment or is as far restored as the permanent character of his injuries will permit and/or the current limits of medical science will permit. Maximum medical improvement may be found even though the employee will require further treatment or care.

VIII. Out-of-State Medical Treatment

A. Each employer shall furnish all reasonable and necessary drugs, supplies, hospital care and services, and medical and surgical treatment for the work-related injury or illness. All such care, services, and treatment shall be performed at facilities within the state when available.

B. When billing for out-of-state services, supporting documentation is necessary to show that the service being provided cannot be performed within the state, the same quality of care cannot be provided within the state, or more cost-effective care can be provided out-of-state. In determining whether out-of-state treatment is more cost effective, this question must be viewed from both the payer and patient's perspective. Treatment should be provided in an area reasonably convenient to the place of the injury or the residence of the injured employee, in addition to being reasonably suited to the nature of the injury.

C. Reimbursement for out-of-state services shall be based on one of the following, in order of preference: (1) the workers' compensation fee schedule for the state in which services are rendered; or (2) in cases where there is no applicable fee schedule for the state in which services are rendered, or the fee schedule in said state excludes or otherwise does not provide reimbursement allowances for the services rendered, reimbursement should be paid at the usual and customary rate for the geographical area in which the services are rendered; or (3) reimbursement for out-of-state services may be based on the mutual agreement of the parties. The *Mississippi Workers' Compensation Medical Fee Schedule* coding and billing rules apply whenever an injured employee is receiving workers' compensation benefits under Mississippi law or would be entitled to receive benefits under Mississippi law, whether the treatment is in Mississippi or any other state in order for out-of-state providers to obtain reimbursement.

D. Prior authorization must be obtained from the payer for referral to out-of-state providers. The documentation must include the following:

1. Name and location of the out-of-state provider,
2. Justification for an out-of-state provider, including qualifications of the provider and description of services being requested.

IX. Authorization for Treatment

A. **Prior Authorization.** Providers must request authorization from the payer before service is rendered for the services and supplies listed below:

1. Non-emergency elective inpatient hospitalization
2. Non-emergency elective inpatient surgery
3. Non-emergency elective outpatient surgery
4. Physical medicine treatments after 15 visits or 30 days, whichever comes first
5. Rental or purchase of supplies or equipment over the amount of $300.00 per item
6. Rental or purchase of TENS
7. Home health services
8. Pain clinic/therapy programs, including interdisciplinary pain rehabilitation programs
9. External spinal stimulators
10. Pain control programs
11. Work hardening programs, functional capacity testing, ISO kinetic testing
12. Referral for orthotics or prosthetics
13. Referral for acupuncture
14. Referral for biofeedback
15. Referral to psychological testing/counseling
16. Referral to substance abuse program
17. Referral to weight reduction program
18. Referral to any non-emergency medical service outside the State of Mississippi
19. Repeat MRI (more than one per injury)
20. Repeat CT Scan (more than one per injury)
21. Intraoperative neurophysiologic monitoring (e.g., SSEP, VEP, DEP, BAEP, MEP)

B. **Response Time.** The payer must respond within two (2) business days to a request of prior authorization for non-emergency services.

C. **Federal Facilities.** Treatment provided in federal facilities requires authorization from the payer. However, federal facilities are exempt from the billing requirements and reimbursement policies in this manual.

D. **Pre-certification for Non-emergency Surgery.** Providers must pre-certify all non-emergency surgery. However, certain catastrophic cases require frequent returns to the operating room (O.R.) (e.g., burns may require daily surgical debridement). In such cases, it is appropriate for the provider to obtain certification of the treatment plan to include multiple surgical procedures. The provider's treatment plan must be specific and agreement must be mutual between the provider and the payer regarding the number and frequency of procedures certified.

E. **Retrospective Review.** Failure to obtain pre-certification as required by this Fee Schedule shall not, in and of itself, result in a denial of payment for the services provided. Instead, the payer, if requested to do so by the provider within one (1) year of the date of service or discharge, shall conduct a retrospective review of the services, and if the payer determines that the services provided would have been pre-certified, in whole or in part, if pre-certification had been timely sought by the provider, then the payer shall reimburse the provider for the approved services according to the Fee Schedule, or, if applicable, according to the separate fee agreement between the payer and provider, less a ten percent (10%) penalty for the provider's failure to obtain pre-certification as required by this Fee Schedule. This penalty shall be computed as ten percent (10%) of the total allowed reimbursement. If, upon retrospective review, the payer determines that pre-certification would not have been given, or would not have been given as to part of the requested services, then the payer shall dispute the bill and proceed in accordance with the Billing and Reimbursement Rules as hereafter provided.

F. **Authorization Provided by Employer or Payer.** When authorization for treatment is sought and obtained from the employer, or payer, whether verbally or in writing, and medical treatment is rendered in good faith reliance on this authorization, the provider is entitled to payment from the employer or payer for the initial visit or evaluation, or in emergency cases, for treatment which is medically necessary to stabilize the patient. Reimbursement is not dependent on, and payment is due regardless of, the outcome of medically necessary services which are provided in good faith reliance upon authorization given by the employer or payer.

X. Return to Work

If an employee is capable of some form of gainful employment, it is advisable for the physician to release the employee to light work and make a specific report to the payer as to the date of such release and setting out any restrictions on such light work. It can be to the employee's economic advantage to be released to light or alternative work, since he/she can receive compensation based on sixty-six and two-thirds percent (66 2/3%) of the difference between the employee's earnings in such work and the employee's pre-injury average weekly wage. The physician's judgment in such matters is extremely important, particularly as to whether the patient is medically capable of returning to work in some capacity. Return to work decisions should be based on objective findings, and the physician's return to work assessment should identify, if possible, any alternative duty employment to which the patient may return if return to full duty is not medically advisable.

XI. Selection of Providers

The selection of appropriate providers for diagnostic testing or analysis, including but not limited to surgical/procedure facilities, CAT scans, MRI, x-ray, laboratory, physical or occupational therapy, including work hardening, functional capacity evaluations, chronic pain programs, or massage therapy shall be at the direction of the treating or prescribing physician. In the absence of specific direction from the treating or prescribing physician, the selection shall be made by the payer, in consultation with the treating or prescribing physician.

Referral for an electromyogram and/or a nerve conduction study shall be at the discretion and direction of the physician in charge of care, and neither the payer nor the payer's agent may unilaterally or arbitrarily redirect the patient to another provider for these tests. The payer or the payer's agent may, however, discuss with the physician in charge of care appropriate providers for the conduct of these tests in an effort to reach an agreement with the physician in charge as to who will conduct an electromyogram and/or nerve conduction study in any given case.

The selection of providers for the purchase or rental of durable medical equipment shall be at the direction of the payer.

The selection of providers for medical treatment or service, other than as above provided, shall be in accordance with the provisions of MCA §71-3-15.

XII. Drug Screening (MCA §71-3-121)

Only one (1) drug screen or drug test result shall be eligible for reimbursement for each drug test conducted on the same patient on the same day, except and unless the initial screening results are deemed by the prescribing provider to be inconsistent or inherently unreliable. In that event, a confirmation screening may be ordered by the prescribing provider and paid for by the payer. In addition, treatment may not be discontinued based on the results of a drug test absent a confirmation test, which shall be reimbursed in addition to the initial screening test. Merely duplicate screenings or tests which are rerun to confirm initial results are not otherwise eligible for reimbursement.

XIII. Mileage Reimbursement (MCA §71-3-15; Miss. Work Comp. Com. General Rule 14)

The payer shall reimburse each claimant for all travel to obtain medical treatment which is being obtained under the provisions of the Mississippi Workers' Compensation Law, including travel to a pharmacy to obtain medication or supplies necessary for treatment of a compensable injury, regardless of the number of miles traveled. There is no minimum distance of travel required for reimbursement, and reimbursement shall be made for each mile of round trip travel necessitated by the

compensable injury, at the rate adopted by the Commission and in effect at the time of the travel. Only reasonable and necessary miles traveled are subject to reimbursement.

The payer shall notify the claimant in writing of his/her right to receive mileage reimbursement for travel to obtain medical treatment, including travel to a pharmacy to obtain medication or supplies necessary for treatment of a compensable injury, regardless of the number of miles traveled, as stated in the paragraph above. Mileage must be paid promptly to the claimant without unreasonable delay. In the absence of good cause shown, any failure to pay a claimant's mileage within 30 days after receipt of a request for mileage reimbursement from the claimant may be considered by the Commission to be unreasonable delay and subject the payer to attorney's fees, expenses, and a penalty of up to ten thousand dollars ($10,000.00) pursuant to Miss. Code Ann. Section 71-3-59. Nothing about this provision shall be construed to diminish the payer's obligation to pre-pay mileage where otherwise applicable under the Mississippi Workers' Compensation Act and/or the Commission's General or Procedural Rules.

XIV. Settlements with Medicare Set-Asides

Pursuant to Miss. Code Ann. Section 71-3-15(3), "Any employee receiving treatment or service under the provisions of this chapter may not be held responsible for any charge for such treatment or service, and no doctor, hospital or other recognized medical provider shall attempt to bill, charge or otherwise collect from the employee any amount greater than or in excess of the amount paid by the employer, if self-insured, or its workers' compensation carrier." Therefore, in the event a claimant settles his/her workers' compensation claim and the terms of the settlement include a Medicare Set-Aside (MSA), the fees, charges, and/or amounts for reimbursement set forth in the Medical Fee Schedule shall remain applicable to all medical treatment, services, and supplies, and any and all other aspects of medical treatment provided for the workers' compensation injury to the claimant after the settlement in the exact same manner as if the claim had not been settled.

XV. Sales Tax

All Amounts in the *Mississippi Workers' Compensation Fee Schedule* include any sales tax/shipping charges, etc. Therefore, no additional amount is reimbursed for these items.

XVI. Patient's Right to Hearing

Nothing provided in this Fee Schedule shall estop or prevent the patient from obtaining legal counsel and/or seeking relief in the form of a request to compel medical treatment before an Administrative Judge.

XVII. Investigational Procedures

The following procedures are considered investigational, and, therefore, do not presently qualify for reimbursement under the *Mississippi Workers' Compensation Medical Fee Schedule*:

A. Intradiscal electrothermal therapy (IDET) (22526, 22527) and intradiscal annuloplasty by other method (22899).

B. Intraventricular administration of morphine.

C. Pulse radiofrequency, regardless of procedure involved or indication (e.g., medial branch radiofrequency, dorsal root radiofrequency, etc.). If pulsed radiofrequency is used, but not specifically recorded as such in the medical records, the payer may retroactively deny payment for the service and request for reimbursement from the provider.

D. Intradiscal therapies used in discography, such as percutaneous disc decompression (Dekompressor), fluoroscopic, laser, radiofrequency, and thermal disc therapies.

E. Percutaneous disc nucleoplasty.

F. Epidural adhesiolysis, also known as Racz procedure or lysis of epidural adhesions.

G. X-STOP fusion devices.

H. MILD (minimally invasive lumbar decompression) procedures.

I. Non-invasive pain procedure (NIP procedure or NIPP).

J. Alpha-stim unit.

K. ReBuilder and low laser treatment.

L. Botox for the use of musculoskeletal pain.

M. Ketamine infusion therapy.

N. Plasma rich protein (PRP) injections

Billing and Reimbursement Rules

I. General Provisions

A. **Maximum Reimbursement Allowance (MRA).** Unless the payer and provider have a separate fee contract which provides for a different level of reimbursement, the maximum reimbursement allowance for health care services shall be the lesser of (a) the provider's total billed charge, or (b) the maximum specific fee established by the Fee Schedule. Items or services or procedures which do not have a maximum specific fee established by this Fee Schedule shall be reimbursed at the usual and customary fee as defined in this Fee Schedule, and in such cases, the maximum reimbursement allowance shall be the lesser of (1) the provider's total billed charge, or (2) the usual and customary fee as defined by this Fee Schedule.

If this Fee Schedule does not establish a maximum specific fee for a particular service or procedure, and a usual and customary rate cannot be determined because the FH RV Benchmarks products do not contain a fee for same, then the maximum reimbursement allowance shall be equal to the national Medicare allowance plus thirty percent (30%). In the absence of an established Medicare value, and assuming none of the above provisions apply, the maximum reimbursement allowance shall be eighty percent (80%) of the provider's total billed charge. Any new codes will be assigned values and posted on the MWCC website annually, or as needed.

B. **Separate Fee Contract.** An employer/payer may enter into a separate contractual agreement with a medical provider regarding reimbursement for services provided under the provisions of the Mississippi Workers' Compensation Law, and if an employer/payer has such a contractual agreement with a provider designed to reduce the cost of workers' compensation health care services, the contractual agreement shall control as to the amount of reimbursement and shall not be subject to the maximum reimbursement allowance otherwise established by the Fee Schedule. However, all other rules, guidelines and policies as provided in this Fee Schedule shall apply and shall be considered to be automatically incorporated into such agreement.

1. **Repricing Agreements.** Payers and providers may voluntarily enter into repricing agreements designed to contain the cost of workers' compensation health care after the medical care or service has been provided, and in such case, the reimbursement voluntarily agreed to by the parties shall control to the exclusion of the Fee Schedule. However, the time spent by the payer and provider attempting to negotiate a post-care repricing agreement does not extend the time elsewhere provided in this Fee Schedule for billing claims, paying claims, requesting correction of an incorrect payment, requesting reconsideration, seeking dispute resolution, or reviewing and responding to requests for correction or reconsideration or dispute resolution. In addition, applicable interest and penalties related to late billing and/or late payment shall continue to accrue as otherwise provided. Efforts to negotiate a post-care repricing agreement do not justify late billing or payment, and either party may seek further relief in accordance with the rules provided herein should billing or payment not be made within the time otherwise due under these rules. No party shall be obligated to negotiate or enter into a repricing agreement of any kind whatsoever.

   No party, in attempting to negotiate a repricing or other post treatment price reduction agreement, shall state or imply that consent to such an agreement is mandatory, or that the failure to enter into any such agreement may result in audit, delay of payment, or other adverse consequence. If the Commission determines that any party, or other person in privity therewith, has made such false or misleading statements in an effort to coerce another party's consent to a repricing or other price reduction agreement outside the Fee Schedule, the Commission may refer the matter to the appropriate authorities to consider whether such conduct warrants criminal prosecution under §71-3-69 of the Law. This statute declares that any false or misleading statement or representation made for the purpose of wrongfully withholding any benefit or payment otherwise due under the terms of the Workers' Compensation Law shall be considered a felony. In addition, the Commission may levy a civil penalty in an amount not to exceed ten thousand dollars ($10,000.00) if it finds that payment of a just claim has been delayed without reasonable grounds, as provided in §71-3-59(2) of the Law.

C. **Billing Forms.** Billing for provider services shall be standardized and submitted on the following forms: Providers must bill outpatient professional services on the most recently authorized paper form, CMS-1500, or electronic version, 837p, regardless of the site of service. Health care facilities must bill on the most recently authorized uniform billing form. The electronic version, 837i, or the paper form UB-04 (CMS-1450) is required. Billing must be submitted using the most current paper or electronic forms which are authorized by CMS.

D. **Identification Number.** All professional reimbursement submissions by Covered Healthcare Providers as defined under CMS rules for the implementation of the National Provider Identifier (NPI) must include the National Provider Identifier (NPI) field so as to enable the specific identification of individual providers without the need for other unique provider identification numbers. Providers who do not yet have an NPI should use the CMS default identifier until such time as an NPI is obtained. Providers are required to obtain an NPI within the dates specified by CMS in its implementation rules.

E. **Physician Specialty.** The rules and reimbursement allowances in the *Mississippi Workers' Compensation Medical Fee Schedule* do not address physician specialization within a specialty. Payment is not based on the fact that a physician has elected to treat patients with a particular/specific problem. Reimbursement to qualified physicians is the same amount regardless of specialty.

F. **"No Show" Appointments.** When an appointment is made for a physician visit by the employer or payer, and the claimant/patient does not show, the provider is entitled to payment at the rate allowed for a minimal office visit.

G. **"After Hours" and Other Adjunct Service Codes.** When an office service occurs after a provider's normal business hours, procedure code 99050 may be billed. Other adjunct service codes (99051–99060) may be billed as appropriate. Typically, only a single adjunct service code is reported per encounter. However, there may be circumstances in which reporting multiple adjunct codes per patient encounter may be appropriate.

H. **Portable Services.** When procedures are performed using portable equipment, bill the appropriate procedure code. The charge for the procedure includes the cost of the portable equipment.

I. **Injections.**

1. Reimbursement for injections includes charges for the administration of the drug and the cost of the supplies to administer the drug. Medications are charged separately.
2. The description must include the name of the medication, strength, and dose injected.
3. When multiple drugs are administered from the same syringe, reimbursement will be for a single injection.
4. Reimbursement for anesthetic agents such as Xylocaine and Carbocaine, when used for infiltration, is included in the reimbursement for the procedure performed and will not be separately reimbursed.
5. Reimbursement for intra-articular and intra-bursal injection medications (steroids and anesthetic agents) may be separately billed. The description must include the name of the medication, strength, and volume given.

J. **Supplies.** Use CPT® code 99070 or specific HCPCS codes to report supplies over and above those usually included with the office visit or service rendered. Do not bill for supplies that are currently included in surgical packages, such as gauze, sponges, and Steri-Strips®. Supplies and materials provided by the physician over and above those usually included with the office visit (drugs, splints, sutures, etc.) may be charged separately and reimbursed at a reasonable rate.

II. Instructions to Providers

A. All bills for service must be coded with the appropriate CPT, CDT, or HCPCS code.

B. The medical provider must file the appropriate billing form and necessary documentation within thirty (30) days of rendering services on a newly diagnosed work-related injury or illness. Subsequent billings must be submitted at least every thirty (30) days, or within thirty (30) days of each treatment or visit, whichever last occurs, with the appropriate medical records to substantiate the medical necessity for continued services. Late billings will be subject to discounts, not to exceed one and one-half percent (1.5%) per month of the bill or part thereof which was not timely billed, from the date the billing or part thereof is first due until received by the payer. Any bill or part thereof not submitted to the payer within sixty (60) days after the due date under this rule shall be subject to an additional discount penalty equal to ten percent (10%) of the total bill or part thereof. Any bill for services rendered which is not submitted to the payer within one (1) year after the date of service, or date of discharge for inpatient care, will not be eligible or considered for reimbursement under this Fee Schedule, unless otherwise ordered by the Commission or its Cost Containment Division.

C. Fees in excess of the maximum reimbursement allowance (MRA) must not be billed to the employee, employer, or payer. The provider cannot collect any non-allowed amount (MCA §71-3-15(3) (Rev. 2000)).

D. If it is medically necessary to exceed the Fee Schedule limitations and/or exclusions, substantiating documentation must be submitted by the provider to the payer with the claim form.

E. If a provider believes an incorrect payment was made for services rendered, or disagrees for any reason with the payment and explanation of review tendered by the payer, then the provider may request reconsideration pursuant to the rules set forth herein.

F. If, after the resolution of a reconsideration request or a formal dispute resolution request, or otherwise, the provider is determined to owe a refund to the payer, the amount refunded shall bear interest at the rate of one and one-half percent (1.5%) per month from the date the refunded amount was first received by the provider, until refunded to the payer.

III. INSTRUCTIONS TO PAYERS

A. An employer's/payer's payment shall reflect any adjustments in the bill made through the employer's/payer's bill review program. The employer/payer must provide an explanation of review (EOR) to a health care provider whenever reimbursement differs from the amount billed by the provider. This must be done individually for each bill.

B. In a case where documentation does not indicate the service was performed, the charge for the service may be denied. The EOR must clearly and specifically indicate the reason for the denial.

C. (1) When a billed service is documented, but the code selected by the provider is not, in the payer's/reviewer's estimation, the most accurate code available to describe the service, the reviewer must not deny payment, but shall reimburse based on the revised code. The EOR must clearly and specifically detail the reason(s) for recoding the service or otherwise altering the claim. No claim shall be recoded or otherwise revised or altered without the payer having actually reviewed the medical records associated with the claim which document the service(s) provided.

(2) As an alternative to recoding or altering a claim, the payer may treat the matter under rule E(1) and (2) below by paying any undisputed portion of the bill, and notifying the provider by EOR that the remaining parts of the bill are denied or disputed.

(3) Recoding cannot be used solely for cost containment. Recoding may only be used for the correction of miscoded services. Whenever there is any dispute concerning coding, the provider must be notified immediately and given the opportunity to furnish additional information, although nothing herein suspends the time periods for making payment or giving notice of dispute. Any recoding or so-called "down coding," which is found by the Commission or its Cost Containment Division to be solely for the purpose of cost containment, will subject the party engaging in such conduct to additional penalties as allowed by law.

D. Properly submitted bills must be paid within thirty (30) days of receipt by the payer. Properly submitted bills not fully paid within thirty (30) days of receipt by the payer shall automatically include interest on the unpaid balance at the rate of one and one-half percent (1.5%) per month from the due date of any unpaid remaining balance until such time as the claim is fully paid and satisfied. Properly submitted bills not fully paid within sixty (60) days of receipt will be subject to an additional penalty equal to ten percent (10%) of the unpaid remaining balance, including interest as herein provided.

E. (1) When an employer/payer disputes or otherwise adjusts a bill or portion thereof, the employer/payer shall pay the undisputed or unadjusted portion of the bill within thirty (30) days of receipt of the bill. Failure to pay the undisputed portion when due shall subject the payer to interest and penalty as above provided on the undisputed portion of the bill. If the dispute is ultimately resolved in the provider's favor, interest and penalty on the disputed amounts will apply from the original due date of the bill until paid.

(2) When a payer disputes a bill or portion thereof, the payer shall notify the provider within thirty (30) days of the receipt of the bill of the reasons for disputing the bill or portion thereof, and shall notify the provider of its right to provide additional information and to request reconsideration of the payer's action. The payer shall set forth the clear and specific reasons for disputing a bill or portion thereof on the EOR, and shall provide additional documentation if necessary to provide an adequate explanation of the dispute.

F. Reimbursement determinations shall be based on medical necessity of services to either establish a diagnosis or treat an injury/illness. Thus, where service is provided in good faith reliance on authorization given by the employer or payer, reimbursement shall not be dependent on the outcome of medically necessary diagnostic services or treatment.

IV. FACILITY FEE RULES

Please refer to the Pain Management section for the state-specific facility reimbursement rules to be used for outpatient pain management procedures.

Please refer to the Inpatient Hospital and Outpatient Facility Payment Schedule and Rules section for the state-specific facility reimbursement rules to be used for ambulatory surgery center (ASC) procedures and hospital based outpatient departments.

A. **Prepayment Review for Facilities.** The payer must perform a prepayment review on inpatient hospital bills and outpatient surgery bills in order to verify the charges submitted.

1. At a minimum, the pre-payment review should:
    a. Validate that prior authorization was approved according to Fee Schedule guidelines;
    b. Validate that the length of stay and the level of service was appropriate for the diagnosis;
    c. Review the bill for possible overcharges or billing errors;
    d. Determine if an on-site audit is appropriate;
    e. Identify over utilization of services;

f. Identify those bills and case records that shall be subject to professional review by a physician or appropriate peer.

2. The payer must reimburse the hospital within thirty (30) days of receipt of a valid claim form if prepayment review criteria are met. An exception to the thirty (30) day payment time will be made if additional documentation is requested for prepayment review, and in such cases, payment should be made within thirty (30) days following receipt of this additional documentation if prepayment review criteria are met. If a full audit is scheduled, fifty percent (50%) of the total bill must be paid prior to the audit, and in such event, the payer shall not be liable for interest and penalty as above provided on any additional sums which may be due following completion of the audit. Failure to pay fifty percent (50%) of the total bill prior to the audit shall result in interest and penalty as above provided being added to the total amount determined to be due, from the original due date until paid.

3. If the hospital does not forward copies of requested medical records to the payer after two (2) consecutive written requests following the initial request, or if it fails to submit necessary or adequate documentation to support the hospital services rendered, the payer should perform a charge audit.

B. **Charge Audit.** All charge audits must be performed on-site unless otherwise agreed to by the provider and payer.

1. The following information must be provided to the hospital by the payer/auditor when scheduling an audit:
   a. Patient name
   b. Account number
   c. Date(s) of service
   d. Diagnosis(es)
   e. Total amount of bill
   f. Insurance company
   g. Name of audit requester
   h. Telephone number and address of requester
2. A hospital must schedule a charge audit within thirty (30) days of a request by a payer/auditor.
3. Hospitals shall be reimbursed an audit fee of fifty dollars ($50.00) for associated audit costs.
4. When a charge audit is necessary, the auditor must identify additional charges for medically necessary hospital services that were ordered by the authorized physician and were provided, but were not included, on the initial bill.
5. The auditor must review and verify the audit findings with a hospital representative at the conclusion of the audit. The hospital may waive its right to the exit conference.
6. The auditor must provide written explanation of the final reimbursement determination based on the audit findings, whether or not an exit conference is held with the hospital. This written explanation must be provided within thirty (30) days following the conclusion of the audit.

C. When any hospital bill that has been prescreened and found to be correct, or when corrections have been made to the bill as required, or when a hospital bill has been audited and verified as correct, it must be paid within thirty (30) days thereafter.

D. Any hospital bill not paid when due under these rules shall automatically include interest at the rate of one and one-half percent (1.5%) per month from the due date of such bill until paid. Any such bill not paid within sixty (60) days after it is due under these rules will be subject to an additional penalty equal to ten percent (10%) of the total amount due, including interest as herein provided.

E. **Implantables.** An implantable is an item that is implanted into the body for the purpose of permanent placement, and remains in the body as a fixture. Absorbable items, temporary items, or other items used to help place the implant, are not within the definition of “implantable” and are not reimbursed as such.

Implantables are included in the applicable MS-DRG reimbursement for inpatient treatment, and, therefore, the provider of inpatient services is not required to furnish the payer with an invoice for implantables. For implantables used in the outpatient setting, reimbursement is likewise included in the APC Amount paid to the facility. No separate billing or payment for implants shall be made in either the inpatient or outpatient setting.

V. Explanation of Review (EOR)

A. Payers must provide an explanation of review (EOR) to health care providers for each bill whenever the payer’s reimbursement differs from the amount billed by the provider, or when an original claim is altered or adjusted by the payer. The EOR must be provided within thirty (30) days of receipt of the bill, and must accompany any payment that is being made.

B. A payer may use the listed EOR codes and descriptors or may develop codes of their own to explain why a provider’s charge has been reduced or disallowed, or why a claim has been altered or adjusted in some other way. In all cases,

the payer must clearly and specifically detail the reasons for adjusting or altering a bill, including references to the applicable provisions of the Fee Schedule or CPT book, or other source(s) used as the basis for the EOR. Should the EOR include an alteration in the codes submitted on the original claim, it must be based on a review of the medical records documenting the service.

C. The EOR must contain appropriate identifying information to enable the provider to relate a specific reimbursement to the applicable claimant, the procedure billed, and the date of service.

D. Acceptable EORs may include manually produced or computerized forms that contain the EOR codes, written explanations, and the appropriate identifying information.

E. The following EOR codes may be used by the payer to explain to the provider why a procedure or service is not reimbursed as billed, provided clear and specific detail is included, along with references to the applicable provisions of the Fee Schedule or CPT book, or other source(s) used as the basis for the EOR:

001 These services are not reimbursable under the Workers' Compensation Law for the following reason(s): [Provide specific reason(s) why services are not reimbursable under the Workers' Compensation Law]

002 Charges exceed maximum reimbursement allowance [Specify]

003 Charge is included in the basic surgical allowance [Specify]

004 Surgical assistant is not routinely allowed for this procedure. Documentation of medical necessity required [Specify]

005 This procedure is included in the basic allowance of another procedure [Specify the other procedure]

006 This procedure is not appropriate to the diagnosis [Specify]

007 This procedure is not within the scope of the license of the billing provider [Specify]

008 Equipment or services are not prescribed by a physician [Specify]

009 This service exceeds reimbursement limitations [Specify]

010 This service is not reimbursable unless billed by a physician [Specify]

011 Incorrect billing form [Specify]

012 Incorrect or incomplete identification number of billing provider [Specify]

013 Medical report required for payment [Specify]

014 Documentation does not justify level of service billed [Specify]

015 Place of service is inconsistent with procedure billed [Specify]

016 Invalid procedure code [Specify]

017 Prior authorization was not obtained [Specify]

VI. REQUEST FOR RECONSIDERATION

A. When, after examination of the explanation of review (EOR) and other documentation, a health care provider is dissatisfied with a payer's payment or dispute of a bill for medical services, reconsideration may be requested by the provider. Any other matter in dispute between the provider and payer may be subject to reconsideration as herein provided at the request of either party, including, but not limited to, a request by the payer for refund of an alleged over-payment. Alleged over-payments should be addressed through the dispute resolution process, if necessary, and not by way of unilateral recoupment initiated by the payer on subsequent billings.

B. A provider or payer must make a written request for reconsideration within thirty (30) days from the receipt of the explanation of review (EOR) or other written documentation evidencing the basis for the dispute. A request for reconsideration must be accompanied by a copy of the bill in question, the payers' explanation of review (EOR), and/or any additional documentation to support the request for reconsideration.

C. The payer or provider, upon receipt of a request for reconsideration, must review and re-evaluate the original bill and accompanying documentation, and, must notify the requesting party thirty (30) days thereafter of the results of the reconsideration. The response must adequately explain the reason(s) for the decision, and cite the specific basis upon which the final determination was made. If the payer finds the provider's request for reconsideration is meritorious, and that additional payment(s) should be made, or if the provider finds the payer's request for refund or other payment is meritorious, the additional payment should be made within the above thirty (30) day period. Any additional payment(s) made in response to a provider's or payer's request for reconsideration shall include interest from the original due date of the bill or payment, and an additional ten percent (10%) penalty if applicable.

D. If the dispute is not resolved within the above time after a proper request for reconsideration has been served by the provider or payer, then either party may request further review by the Commission pursuant to the Dispute Resolution Rules set forth hereafter.

E. Failure to seek reconsideration within the time above provided shall bar and prohibit any further reconsideration or review of the bill or other issue in question unless, for good cause shown, the Commission or its representative extends the time for seeking reconsideration or review under these rules. In no event shall the time for seeking reconsideration hereunder be extended by more than an additional thirty (30) days, and any such request for additional time in which to seek reconsideration or further review must be made in writing to the Commission within the initial thirty (30) day period set forth in paragraph B. above.

F. Requests by either provider or payer for refunds, or for additional payment, or other requests related to the billing or payment of a claim, must be sought in accordance with the specific rules set forth herein. No retrospective audits or dispute requests shall be allowed beyond the time otherwise provided herein for seeking reconsideration and/or review.

Medical Records Rules

I. Medical Records

A. The medical record, which documents the patient's course of treatment, is the responsibility of the provider and is the basis for determining medical necessity and for substantiating the service(s) rendered; therefore, failure to submit necessary or adequate documentation to support the services rendered may result in the services being disallowed.

B. A medical provider may not charge any fee for completing a medical report or form required by the Workers' Compensation Commission which is part of the required supporting documentation which accompanies a request for payment. The supporting documentation that is required to substantiate the medical treatment is included in the fee for service and does not warrant a separate fee as it is incidental to providing medical care. CPT® code 99080 is appropriate for billing special reports beyond those required by this Fee Schedule and requested by the payer or their representatives.

C. Medical records must be legible and include, as applicable:

1. Initial office visit notes which document a history, physical examination, assessment and plan appropriate to the level of service indicated by the presenting injury/illness or treatment of the ongoing injury/illness;
2. Progress notes which reflect patient complaints, objective findings, assessment of the problem, and plan of care or treatment;
3. Copies of lab, x-ray, or other diagnostic tests that reflect current progress of the patient and/or response to therapy or treatment;
4. Physical medicine/occupational therapy progress notes that reflect the patient's response to treatment/therapy;
5. Operative reports, consultation notes with report, and/or dictated report; and
6. Impairment rating (projected and actual) and anticipated maximum medical improvement (MMI) date.

D. A plan of care should be included in the medical record and should address, as applicable, the following:

1. The disability;
2. Degree of restoration anticipated;
3. Measurable goals;
4. Specific therapies to be used;
5. Frequency and duration of treatments to be provided;
6. Anticipated return to work date;
7. Projected impairment.

E. Health care providers must submit copies of records and reports to payers upon request. Providers can facilitate the timely processing of claims and payment for services by submitting appropriate documentation to the payer when requested. Only those records for a specific date of injury are considered non-privileged as it relates to a workers' compensation injury. The employer/payer is not privileged to non-work related medical information.

F. Providers must submit documentation for the following:

1. The initial office visit;
2. A progress report if still treating after thirty (30) days;
3. Evaluation for therapy services/treatment (P.T., O.T., C.M.T., O.M.T.);
4. A progress report every thirty (30) days for therapy services/treatment (P.T., O.T., C.M.T., O.M.T.);
5. An operative report or office note (if done in the office) for a surgical procedure;
6. A consultation;
7. The anesthesia record for anesthesia services;
8. A functional capacity or work hardening evaluation;

9. When billing “By Report” (BR), a description of the service is required; this description should include an adequate definition or description of the nature, extent, and need for the procedure and the time, effort, and equipment necessary to provide the service;
10. Whenever a modifier is used to describe an unusual circumstance;
11. Whenever the procedure code descriptors include a written report.

G. Hospitals and other inpatient facilities must submit required documentation with the appropriate billing forms as follows:

1. Admission history and physical;
2. Discharge summary;
3. Operative reports;
4. Pathology reports;
5. Radiology reports;
6. Consultations;
7. Other dictated reports;
8. Emergency room records.

H. The Health Insurance Portability & Accountability Act (HIPAA) makes important exceptions concerning the disclosure of protected health information for workers’ compensation purposes. For additional information, refer to the MWCC website (mwcc.ms.gov), or consult an attorney and/or the HIPAA resource site maintained by the U. S. Department of Health and Human Services (http://www.hhs.gov/ocr/privacy/).

II. COPIES OF RECORDS

A. **Outpatient Records.** The payer may request additional records or reports from the provider concerning service or treatment provided to a patient other than on an inpatient basis. These additional records and reports will be reimbursed as follows:

$20.00 for first 20 pages

$1.00 per page for pages 21-100

$0.50 per page for everything thereafter

This applies to copies of microfiche and other electronic media or storage systems.

As provided by MCA §11-1-52(1) (Supp. 2006), as amended, the provider may add ten percent (10%) of the total charge to cover the cost of postage and handling, and may charge an additional fifteen dollars ($15.00) for retrieving records stored off the premises where the provider’s facility or office is located.

B. **Inpatient Records.** The payer may request additional records or reports from a facility concerning inpatient service or treatment provided to a patient. Such reports or records requested by the payer will be reimbursed as follows:

$20.00 for first 20 pages

$1.00 per page for pages 21-100

$0.50 per page for everything thereafter

This applies to copies of microfiche and other electronic media or storage systems.

There is a maximum reimbursement allowance of one hundred dollars ($100.00) for a particular inpatient medical record, exclusive of postage, handling and retrieval charges as set forth below. This is per admission.

As provided by MCA §11-1-52(1) (Supp. 2006), as amended, the provider may add ten percent (10%) of the total charge to cover the cost of postage and handling, and may charge an additional fifteen dollars ($15.00) for retrieving records stored off the premises where the provider’s facility or office is located.

C. Copies of records requested by the patient and/or the patient’s attorney or legal representative will be reimbursed by the requesting party according to the provisions of this section on additional reports and records.

D. Documentation submitted by the provider which has not been specifically requested will not be subject to reimbursement.

E. Health care providers may charge up to ten dollars ($10.00) per image for copying x-rays or for providing copies of x-rays via electronic or other magnetic media. (Copies of film do not have to be returned to the provider.)

F. Payers, their representatives, and other parties requesting records and reports must be specific in their requests so as not to place undue demands on provider time for copying records.

G. Providers should respond promptly (within fourteen (14) working days) to requests for additional records and reports.

H. Records requested by the Mississippi Workers' Compensation Commission will be furnished by the provider without charge to the Commission.

I. Any additional reimbursement, including copy service vendors, other than specifically set forth above, is not required, and providers or their vendors will not be paid any additional amounts.

III. HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA) AND WORKERS' COMPENSATION

HIPAA makes important exceptions concerning the disclosure of protected health information (PHI) for workers' compensation purposes. The United States Department of Health and Human Services, through its Office for Civil Rights, enforces the HIPAA Law and maintains an informative website with information on HIPAA and its application to workers' compensation claims. See, for example: http://www.hhs.gov/ocr/privacy/.

Dispute Resolution Rules

I. General Provisions

A. Unresolved disputes over the amount charged for services rendered under the provisions of the Fee Schedule or over the amount of reimbursement for services rendered under the Fee Schedule may be appealed to and resolved by the Mississippi Workers' Compensation Commission. Regardless of the date of service, all changes to the dispute resolution procedures found in this edition of this section of the Fee Schedule shall be applied retroactively to all Requests for Resolution of Dispute or other documents filed on or after the effective date of this Fee Schedule.

B. Reconsideration must be sought by the provider or payer prior to a request for resolution of a dispute being sent to the Commission. This provides the payer and provider an opportunity to resolve most concerns in a timely manner.

C. All communication between parties in dispute will be handled by the Mississippi Workers' Compensation Commission, Cost Containment Division. In addition, there will be no communication between the parties in dispute and any Peer Reviewer who might be called upon to assist the Commission in the resolution of a dispute.

D. In the absence of any agreement between the parties submitted to the Commission in writing, Requests for Resolution of Dispute shall not be ruled upon in claims for which the compensability of the underlying injury is currently disputed or denied by the payer. In the event the parties submit such an agreement, it shall be subject to the review and approval of the Cost Containment Division, and such agreement shall be recognized or denied in the sole discretion of the Cost Containment Division and/or the Commission. Otherwise, Cost Containment Decisions for Requests for Resolution of Dispute may be held in abeyance pending a final adjudication and/or admission of compensability by the payer for the underlying injury in the dispute.

II. Forms and Documentation

A. Valid requests for resolution of a dispute must be submitted on the "Request for Resolution of Dispute" form (see the Forms section or http://www.mwcc.ms.gov/#/medicalFeeSchedule) along with the following:

1. Copies of the original and resubmitted bills in dispute that include dates of service, procedure codes, charges for services rendered and any payment received, and an explanation of any unusual services or circumstances;
2. EOR including the specific reimbursement;
3. Supporting documentation and correspondence;
4. Specific information regarding contact with the payer; and
5. Any other information deemed relevant by the applicant for dispute resolution.

B. A Request for Resolution of Dispute must be submitted to:

Mississippi Workers' Compensation Commission
Cost Containment Division
1428 Lakeland Drive
P.O. Box 5300
Jackson, MS 39296-5300

C. A party, whether payer, provider, or patient, shall certify that a copy of the Request for Resolution of Dispute and/or the Response to such Request, and any supporting documentation, being filed with the Commission has been provided to the other interested parties or their representatives by certified mail simultaneously with the filing to the Commission. This requirement shall also apply when a party files a request seeking review of a dispute by the Commission.

III. Time for Filing

A Request for Resolution of Dispute must be filed with the Commission within thirty (30) days following the payer's or provider's response to a request for reconsideration of any matter in dispute, or, in cases where the payer or provider fails to respond to a request for reconsideration, within thirty (30) days of the expiration of the time in which said response should have been provided. Failure to file a Request for Resolution of Dispute within this time shall bar any further action on the disputed issue(s) unless, for good cause shown, the Commission or its Cost Containment Director extends the time for filing said request. In no event will a Request for Resolution of Dispute be considered by the Cost Containment Division if submitted more than one (1) year after the date of service. The decision to extend the time for filing a Request for Resolution of Dispute based on "good cause" shall be entirely at the discretion of the Commission or its Cost Containment Director. Mere neglect will not constitute "good cause."

IV. PROCEDURE BY COST CONTAINMENT DIVISION

A. Requests for dispute resolution will be reviewed and decided by the Cost Containment Division of the Commission after all required and requested information has been received. Additional time may be required to accommodate a Peer Review. The payer and/or provider may be contacted by telephone or other means for additional information if necessary; however, both parties to a dispute may submit in writing any information or argument they deem relevant to the issue in dispute, if not already submitted with the request for dispute resolution, and this information shall be considered by the Cost Containment Division when rendering a decision. Any written information or argument submitted for consideration by a party to a dispute, without a request from the Commission, must be received by the Cost Containment Division within twenty-three (23) days after filing the Request for Resolution of Dispute in order to merit consideration. Unlike the Request for Resolution of Dispute Form, there is no specific prescribed form for a Response to such Request.

B. Every effort should be made by the parties to resolve disputes between themselves by telephone or in writing even after the filing of a Request for Resolution of Dispute. The payer and provider may be requested to attend an informal hearing conducted by a Commission representative. Failure to appear at an informal hearing may result in dismissal of the Request for Resolution of Dispute. However, no formal hearing or oral argument shall be allowed unless requested by the Cost Containment Division and/or the Commission. Otherwise, Requests for Resolution of Dispute shall be heard and considered solely on the record provided by the parties in the documentation they have submitted to the Cost Containment Division and any arguments they have made therein, without any oral argument or formal hearing.

C. Following review of all documentation submitted for dispute resolution and/or following contact with the payer and/or provider for additional information and/or negotiation, the Cost Containment Division shall render an administrative decision on the request for dispute resolution and forward it to the involved parties.

D. Cases involving medical care determination may be referred for peer review, but only on request of the Commission. The peer review consultant will render an opinion and submit same to the Commission representative within the time set by the Cost Containment Division. The Commission representative will notify the parties in dispute if a Peer Review has been requested, and of the peer review consultant's determination.

V. COMMISSION REVIEW OF A DISPUTE

A. Any party aggrieved by the decision of the Cost Containment Division shall have twenty (20) days from the date of said decision to request review by the Commission. Unless permitted to appear pro se, all parties participating in Commission review of a decision of the Cost Containment Division are required to be represented by an attorney licensed in Mississippi.

Failure to file a written request for review with the Commission within this twenty (20) day period shall bar any further review or action with regard to the issue(s) presented. A decision of the Cost Containment Division that is not timely appealed shall constitute a final decision of the Full Commission, with all findings and determinations of the Cost Containment Director, including the award of penalties, interest, and attorney's fees and/or expenses, to be considered as having been awarded by the Full Commission itself, including any penalty under Miss. Code Ann. Section 71-3-59. No extension of time within which to file for Commission review of a dispute under these Rules shall be allowed. In the event a request for review is not filed with the Commission within twenty (20) days, the parties to the dispute shall have fourteen (14) days thereafter in which to comply with the final decision of the Cost Containment Division.

A party to a dispute may, when a written request for review has not been timely filed with the Commission, seek enforcement of payment of that decision pursuant to the terms and time period set forth in Miss. Code Ann. Section 71-3-49. A Final Decision of the Cost Containment Division and/or the Commission shall be considered sufficient to allow the payer and/or provider to pursue any and all remedies available to it for enforcement of payment in default pursuant to Miss. Code Ann. Section 71-3-49. No further action to enforce payment shall be made by the Commission, nor shall any other document be issued regarding the dispute unless the Commission finds the issuance of such document to be necessary. The payer and/or provider shall be solely responsible for calculating the interest and penalty owed to it pursuant to the terms of the Fee Schedule, and any dispute regarding enforcement of payment in default and/or the amount of interest or penalty due shall be determined by the Court wherein the payer or provider has sought enforcement pursuant to Miss. Code Ann. Section 71-3-49. The same procedure for enforcement above shall also be applicable to all final decisions of the Commission in the event the decision of the Cost Containment Division was timely appealed to the Commission and a final decision of the Commission has been issued.

B. The request for review by the Commission shall be filed with the Cost Containment Division of the Mississippi Workers' Compensation Commission, shall be in writing, and shall state the grounds on which the requesting party relies. All documentation submitted to and considered by the Cost Containment Division, including the Request for Resolution of Dispute form, along with a copy of the decision of the Cost Containment Division, shall be attached to the request for review which is filed with the Commission. The party seeking relief hereunder shall certify that a copy of the request for review and any supporting documentation being filed with the Commission has been provided to the other interested parties or their representatives by certified mail simultaneously with the filing to the Commission. Unlike the Request for Resolution of Dispute Form, there is no specific prescribed form for a Request for Commission Review.

C. The Commission shall review the issue(s) solely on the basis of the documentation submitted to the Cost Containment Division. No additional documentation not presented to and considered by the Cost Containment Division shall be

considered by the Commission on review, unless specifically requested by the Commission, and no hearing or oral argument shall be allowed, unless specifically requested by the Commission.

D. The Commission shall consider the request for review and issue a decision.

E. Following the decision of the Commission, or following the conclusion of the dispute resolution process at any stage without an appeal to the Commission, no further audit, adjustment, refund, review, consideration, reconsideration or appeal with respect to the claim in question by the Commission may be sought by either party.

F. The costs incurred in seeking Commission review, or in seeking compliance with an Administrative Decision rendered by the Cost Containment Director, including reasonable attorney fees, if any, may be assessed to the party who requested review if that party's position is not sustained by the Commission and to the party who has failed to comply with a prior decision if compliance therewith is ordered by the Commission. Otherwise, each party shall bear their own costs, including attorney's fees.

G. If Cost Containment Director and/or the Commission determines that a dispute is based on or arises from a billing error, a payment adjustment or error, including but not limited to improper bundling of service codes, unbundling, downcoding, code shifting, or other action by either party to the dispute, or if the Commission determines that a provider or payer has unreasonably refused to comply with the Law, the Rules of the Commission, including this Fee Schedule, or with any decision of the Commission or its representatives, and that this causes proceedings with respect to the billing and/or payment for covered medical services to be instituted or continued or delayed without reasonable grounds, then the Commission may require the responsible party or parties, and/or the attorney advising such party or parties, to pay the reasonable expenses, including attorney's fees, if any, to the opposing party; and, in addition, the Commission may levy against the responsible party or parties a civil penalty not to exceed the sum of ten thousand dollars ($10,000.00), payable to the Commission, as provided in §71-3-59(2) of the Law. The award of costs and penalties as herein provided shall be in addition to interest and penalty charges which may apply under other provisions of this Fee Schedule.

Utilization Review Rules

The Mississippi Workers' Compensation Commission (MWCC) requires mandatory utilization review of certain medical services associated with the provision of medical treatment covered under the Act and subject to the Fee Schedule. "Utilization review" refers to a system for reviewing proposed medical services to make sure that such procedures are medically necessary and represent the most efficient and appropriate use of medical resources given the nature of the injury to the patient and the process of his or her recovery, and that such services are properly and timely reimbursed. These rules are set forth to encourage efficient and timely communication between payers and providers (including agents of either) in order to make sure that medically necessary services are provided and timely reimbursed, and to curtail the use of unnecessary or unreasonable treatment. The provisions herein set forth regarding utilization review are in addition to the requirements of Mississippi Code Annotated (MCA) §41-83-1 et seq. (Rev. 2005), as amended, and any regulations adopted pursuant thereto by the State Department of Health or the State Board of Medical Licensure. In the event of conflict between this Fee Schedule and the above statutes, and any implementing regulations adopted by the Health Department or Board of Medical Licensure, the provisions in this Fee Schedule or other applicable rules of the MWCC shall control.

A payer may provide for utilization review by using personnel or units in-house, by contracting with a third party utilization review agent properly licensed by the MS Department of Health, or by contracting with a Nurse Case Manager or similar person to monitor the care being provided in person working with the patient and provider. An injured worker and/or his or her attorney and any case manager assigned by the payer shall strive to cooperate with one another for the purpose of ensuring the injured worker receives all of the medically necessary care needed for the treatment of the injury and the process of recovery. A payer also may exercise their statutory right to an Employer Medical Evaluation (EME) as provided for in MCA §71-3-15(1) (Rev. 2000) in conjunction with, or in lieu of, ongoing utilization review.

NO DECISION OR DETERMINATION ADVERSE TO A PATIENT OR HEALTH CARE PROVIDER WHICH MAY RESULT IN THE DENIAL OF PAYMENT, OR IN THE DENIAL OF PRE-CERTIFICATION FOR TREATMENT IN THIS STATE, SHALL BE MADE WITHOUT THE PRIOR EVALUATION AND CONCURRENCE IN THE ADVERSE DETERMINATION BY A PHYSICIAN CURRENTLY LICENSED TO PRACTICE MEDICINE IN THE STATE OF MISSISSIPPI, AND PROPERLY TRAINED IN THE SAME SPECIALTY OR SUB-SPECIALTY AS THE REQUESTING PROVIDER WHO IS SEEKING APPROVAL FOR TREATMENT OR SERVICES.

THIS ADVERSE DETERMINATION MUST BE PROVIDED WITHIN TWO (2) BUSINESS DAYS EITHER BY TELEPHONE OR FACSIMILE OR EMAIL, AND IN WRITING WITHIN ONE (1) BUSINESS DAY THEREAFTER, TO THE REQUESTING PROVIDER. ANY SUCH ADVERSE DETERMINATION MUST INCLUDE WRITTEN DOCUMENTATION CONTAINING THE SPECIFIC EVALUATION, FINDINGS AND CONCURRENCE OF THE MISSISSIPPI LICENSED PHYSICIAN TRAINED IN THE RELEVANT SPECIALTY OR SUB-SPECIALTY, AND MUST REFERENCE ANY SPECIFIC PROVISIONS OF THE MISSISSIPPI WORKERS' COMPENSATION MEDICAL FEE SCHEDULE WHICH ALLEGEDLY JUSTIFIES THE ADVERSE DETERMINATION.

ANY ADVERSE DETERMINATION WHICH DOES NOT COMPLY WITH THIS PROVISION SHALL HAVE NO FORCE OR EFFECT AND SHALL NOT PREVENT THE PROVIDER FROM PROCEEDING WITH THE PROPOSED TREATMENT AND ULTIMATELY BEING REIMBURSED AS THOUGH THE PROPOSED TREATMENT OR SERVICE HAD BEEN TIMELY APPROVED IN ADVANCE.

IF A PAYER ELECTS TO SEEK AN EME IN LIEU OF A UTILIZATION REVIEW, THE INJURED WORKER AND THE PROVIDER MUST BE NOTIFIED OF THIS ELECTION WITHIN THE SAME TWO (2) DAY PERIOD APPLICABLE TO ADVERSE DETERMINATIONS STATED ABOVE.

I. Services Requiring Utilization Review

Mandatory utilization review is required for the following:

A. All admissions to inpatient facilities of any type.

B. All surgical procedures, inpatient and outpatient. (All surgical or other invasive procedures which are administered in the context of pain management treatment shall be regulated by the specific guidelines set forth in the Pain Management section of the Fee Schedule. Only in the event a surgically invasive pain management procedure is not specifically addressed in the Pain Management guidelines shall the provisions in this section control.)

C. Repeat MRI scans, repeat CT Scans, repeat EMG/NCS studies, and repeat myelograms (meaning more than one such diagnostic procedure which is being prescribed for the same injury) are subject to mandatory utilization review, except that where surgery has been performed following proper approval, the treating physician is entitled to obtain one repeat of the aforementioned diagnostic procedures post-surgery without having to obtain separate approval for each such procedure. In other words, surgical cases merit two diagnostic procedures of the kind listed herein without

the necessity of pre-certification provided one procedure occurs prior to surgical treatment and one procedure occurs post-surgical treatment. The two diagnostic procedures selected by the treating provider hereunder may be the same two diagnostic procedures, or any two of the aforementioned procedures.

D. Work hardening programs, pain management programs, massage therapy, acupuncture, and biofeedback. Biofeedback therapy shall not exceed ten (10) visits or sessions, unless otherwise agreed to by the payer and provider. Back schools are no longer covered under this Fee Schedule. Pain management programs include but are not limited to a "chronic pain inter-disciplinary pain rehabilitation program" for which specific guidelines are set forth in the Therapeutic Services section.

1. Work Hardening Program Guidelines

a. Work hardening is an interdisciplinary, individualized, job or goal-specific program of activity with the goal of returning an injured patient to work. Work hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. Work hardening provides a transition between acute care and successful return to work and is designed to improve the bio-mechanical, neuromuscular, and cardiovascular functioning of the worker. Approval or certification must be based on whether the proposed work hardening program appears reasonably tailored to accomplish the stated goals.

(1) A work hardening program must, at a minimum, have the following components:

- Development of strength and endurance of the individual in relation to the return to work goal;
- Equipment and methods that quantify and measure strength and conditioning levels, i.e., ergometers, dynamometers, treadmills, measured walking tolerances;
- Commercial strength and exercise devices, free weights, circuit training. Goals for each worker are dependent on the demands of their respective jobs;
- Simulation of the critical work demands, the tasks and the environment of the job to which the worker will return. Job simulation tasks that provide for progression in frequency, load, and duration are essential. They must be related to the work goal and include a variety of work stations that offer opportunities to practice work related positions and motions, i.e., clerical, plumbing, electrical;
- Education that stresses body mechanics, work pacing, safety and injury prevention and that promotes worker responsibility and self-management. The education component requires direct therapist and worker interaction;
- Assessment of the need for job modifications. Focus on whether the worker can return to the stated job goal but only with changes, i.e., added equipment, changes in work position or ergonomics, changes at the work site;
- An individualized written plan that identifies observable and measurable goals, the methodology being used to reach these goals, the projected time necessary to accomplish the goal, and the expected outcomes. This plan must be signed by both the provider and the patient;
- This plan needs to be based on a functional capacity (baseline) evaluation and must be completed within the first two (2) days of the program and compared to the critical demands as stated on the job analysis. A comparative analysis (re-evaluation) is done prior to discharge to determine job readiness;
- A reporting system that includes:
  - Documentation of the initial plan;
  - Documentation of progress or lack of progress and future goals;
  - A discharge summary that includes an assessment of the functional capacity level and the achievement of the individual's program goals;
  - A record of the worker's daily attendance including number of days and number of hours per day in the program.

b. Criteria for admission:

(1) The worker must have reached a point in his or her recovery where no further active or invasive treatment intervention is being anticipated;

(2) Physical recovery sufficient to allow participation for a minimum of 4 hours a day for three to five days a week;

(3) Worker's current levels of functioning interfere with his/her ability to carry out specific tasks required in the work place;

(4) A defined return to work goal which includes:

- A documented specific job to which the patient can return, along with a specific job analysis; and
- A return to work goal agreed to by the employer and the patient/employee;

- The facts must show how the worker must be able to benefit from the program;
- The facts must show the worker is motivated to return to work. A worker whose primary limitation is psychological or clouded by significant illness behavior (i.e., significant self-imitation on F.C.E.) is typically not going to be motivated and will not likely benefit.

c. Criteria for discharge from a work hardening program:
- The worker has reached the goal stated in the plan;
- The worker has not progressed according to the program plan;
- The worker has not reached interim goals and is not benefitting from the program, or;
- Number of absences exceeds those allowed by the program (a maximum of two (2) absences is recommended);
- Worker does not adhere to the schedule;
- Completion of the program (the program should take 2 to 4 weeks to complete);
- The previously identified job is no longer available.

2. Massage therapy requires prior authorization of the payer before treatment can be rendered. Medical necessity must be established prior to approval. Reimbursement must be arranged between the payer and provider.

E. External spinal stimulators.

F. Therapeutic treatments, exclusive of chiropractic treatments, after fifteen (15) visits or thirty (30) days, whichever comes first. If, however, the patient undergoes properly approved surgical intervention, he or she shall be entitled to one round of pre-surgical therapeutic treatment up to fifteen (15) treatments or thirty (30) days, whichever first occurs, as provided immediately above; and, in the discretion of the treating physician, to one additional round of therapeutic treatment following surgery for an additional period of fifteen (15) visits or thirty (30) days, whichever first occurs, both of which treatment rounds may be administered without the necessity for seeking pre-certification or pre-approval. The authorization contained herein for a first and second round of limited therapy treatment following surgery shall apply to all reasonable physical and/or occupational therapy treatments, but does not include chiropractic manipulative treatment which is addressed separately below.

G. Chiropractic manipulative treatments are allowed for up to fifteen (15) visits or thirty (30) days, whichever first occurs, without any need to seek pre-certification or authorization. However, chiropractic manipulative treatments which are proposed beyond the first fifteen (15) visits or thirty (30) days, under any circumstances, must be pre-certified or pre-approved.

Like any other service, a spinal manipulation includes pre-evaluation and post-evaluation that would make it inappropriate to bill with an E/M service. However, if the patient's condition has deteriorated or an injury to another site has occurred, reimbursement can be made for an E/M service if documentation substantiates the additional service. Modifier 25 is added to an E/M service when a significant, separately identifiable E/M service is provided and documented as medically necessary.

H. Psychiatric treatment, whether inpatient or outpatient treatment.

I. Retrospective review of services after they have been provided when properly requested by the patient, patient representative, or provider.

J. Any proposed treatment, procedure or service which is more specifically addressed in another section of this Fee Schedule, such as certain pain management procedures, shall be regulated first by the specific guidelines in place in those sections. These utilization review rules apply only where no other, more specific guidelines are set forth in the individual treatment sections of the Fee Schedule; or, where possible, to supplement more specific treatment guidelines spelled out elsewhere in the Fee Schedule.

II. DEFINITIONS

Case Management. The clinical and administrative process in which timely, individualized, and cost effective medical rehabilitation services are implemented, coordinated, and evaluated, by a nurse, other case manager, or other utilization reviewer employed by the payer, on an ongoing basis for patients who have sustained an injury or illness. Use of case management is optional in Mississippi. Use Mississippi-specific code 9936M for a conference with workers' compensation medical case manager/claims manager.

Certification. A determination by a payer and/or its utilization review organization or agent that an admission, extension of stay, or other health care service has been reviewed and, based on the information provided, meets the standard of medical necessity as defined elsewhere in this Fee Schedule.

Clinical Peer. A health professional that holds an unrestricted medical or equivalent license and is qualified to practice in the same or similar specialty as would typically manage the medical condition, procedures, or treatment under review.

Generally, as a peer in a similar specialty, the individual must be in the same profession (i.e., the same licensure category as the ordering provider).

Clinical Rationale. A statement or other documentation that taken together provides additional clarification of the clinical basis for a non-certification determination. The clinical rationale should relate the non-certification determination to the worker's condition or treatment plan, and must include a detailed basis for denial or non-certification of the proposed treatment so as to give the provider or patient a sufficient basis for a decision to pursue an appeal. Clinical rationale must include specific reference to any applicable provisions of the *Mississippi Workers' Compensation Medical Fee Schedule* which allegedly support the determination of the reviewer, or a statement attesting to the fact that no such provision(s) exists in the Fee Schedule.

Concurrent Review. Utilization management or review which is conducted during a worker's hospital stay or course of treatment, sometimes called continued stay review.

Discharge Planning. The process of assessing a patient's need for medically appropriate treatment after hospitalization including plans for an appropriate and timely discharge.

Expedited Appeal. An expedited appeal is a request to reconsider a prior determination not to certify imminent or ongoing services, an admission, an extension of stay, or other medical services of an emergency, imminent, or ongoing nature. Also sometimes referred to as a reconsideration request.

First Level Clinical Review. Review conducted by a registered nurse, nurse case manager, or other appropriate licensed or certified health professional. First level clinical review staff may approve requests for admissions, procedures, and services that meet the standard of medical necessity as defined elsewhere in the Fee Schedule, but must refer requests that do not meet this medical necessity standard, in their opinion, to second level clinical peer reviewers for approval or denial.

Notification. Correspondence transmitted by mail, telephone, facsimile, email, and/or other reliable electronic means.

Pre-certification. The review and assessment of proposed medical treatment or services before they occur to determine if such treatment or services meet the definition of medical necessity as set forth elsewhere in this Fee Schedule. The appropriateness of the site or level of care is assessed along with the duration and timing of the proposed services.

Provider. A licensed health care facility, program, agency, or health professional that delivers health care services.

Retrospective Review. Utilization review conducted after services have been provided to the worker.

Second Level Clinical Review. Peer review conducted by appropriate clinical peers when the First Level Clinical Reviewer is unable to determine whether a request for an admission, procedure, or service satisfies the standard of medical necessity as defined elsewhere in this Fee Schedule. A decision to deny, or not certify, proposed treatment or services, must be supported by the express written evaluation, findings and concurrence of a physician licensed to practice medicine in the State of Mississippi and properly trained in the same specialty or sub-specialty as the requesting provider.

Standard Appeal. A request by or on behalf of the patient or provider to reconsider a prior decision by the payer or its utilization review agent to deny proposed medical treatment or service, including but not limited to, a determination not to certify an admission, extension of stay, or other health care service.

Third Level Clinical Review. Medical necessity review conducted by appropriate clinical peers who were not involved in the first or second level review when a decision not to certify a requested admission, procedure, or service has been appealed. The third level peer reviewer must be in the same or like specialty as the requesting provider. A decision to deny, or not certify, proposed treatment or services, must be supported by the express written evaluation, findings and concurrence of a physician licensed to practice medicine in the State of Mississippi and properly trained in the same specialty or sub-specialty as the requesting provider.

Utilization Review. Evaluation of the medical necessity and appropriateness of proposed health care services. It includes both prospective and concurrent review, and shall include retrospective review under certain circumstances.

Utilization Reviewer. An entity, organization, or representative thereof, or other person performing utilization review activities or services on behalf of an employer, payer or third-party claims administrator.

Variance. A deviation from a specific standard.

III. STANDARDS

Payers and their utilization review organizations or programs or agents are required to meet the following standards:

A. The payer's utilization reviewer or agent must comply with the licensing and certification requirements of MCA §41-83-1 et seq. (Rev. 2005), as amended, and any regulations adopted pursuant thereto by the State Department of Health or the State Board of Medical Licensure, and shall have utilization review personnel, agents or representatives who are properly qualified, trained, supervised, and supported by explicit clinical review criteria and review procedures.

In no event shall proposed treatment or services be denied except in accordance with the express provisions stated elsewhere in these Rules and in accordance with MCA §41-83-31 (Rev. 2009).

B. The first level review is performed if the claims adjuster or manager has not already approved the treatment in question, and is performed by individuals who are health care professionals, who possess a current and valid professional license, and who have been trained in the principles and procedures of utilization review.

C. The first level reviewers are required to be supported by a doctor of medicine who has an unrestricted license to practice medicine, and in cases where treatment is being denied or withheld by a utilization reviewer, this determination must be supported in writing by a physician licensed in Mississippi and trained in the relevant specialty or sub-specialty, as previously set forth in these Rules.

D. The second and third level review is performed by clinical peers who hold a current, unrestricted Mississippi license to practice in the same or like specialty as the treating physician whose recommendation is under review, and are oriented in the principles and procedures of utilization review. The second level review shall be conducted for all cases where a clinical determination to certify has not already been made by the payer or payer's agent, and the determination of medical necessity cannot be made by first level clinical reviewers. Second and third level clinical reviewers shall be available within one (1) business day by telephone or other electronic means to discuss the determination with the attending physicians or other ordering providers. In the event more information is required before a determination can be rendered by a second or third level reviewer, the attending/ordering provider must be notified immediately of the delay and given a specific time frame for determination, and a specific explanation of the additional information needed. A requesting provider shall not be required to participate in further discussions where the payer or its agents have unilaterally scheduled such a conference. Further, a request for treatment or service may not be denied solely on grounds the requesting provider fails to participate in a conference which has been unilaterally scheduled by the payer or their agent. Follow-up conferences must be arranged by joint agreement.

E. The payer's utilization reviewer shall maintain all licensing applications, certificates, and other supporting information, including any and all reports, data, studies, etc., along with written policies and procedures for the effective management of its utilization review activities, which shall be made available to the provider, or the Commission, upon request.

F. The payer maintains the responsibility for the oversight of the delegated functions if the payer delegates utilization review responsibility to a vendor. The vendor or organization to which the function is being delegated must be currently certified by the Mississippi Board of Health, Division of Licensure and Certification to perform utilization management in the State of Mississippi. A copy of the license or certification held by the utilization review agent shall be furnished to the provider, or to the Commission, upon request. The payer who has another entity perform utilization review functions or activities on its behalf maintains full responsibility for compliance with the rules.

G. The payer's utilization reviewer shall maintain a telephone review service that provides access to its review staff at a toll free number from at least 9:00 a.m. to 5:00 p.m. CST each normal business day. There should be an established procedure for receiving or redirecting calls after hours or receiving faxed requests. Reviews should be conducted during hospitals' and health professionals' reasonable and normal business hours.

H. The payer's utilization reviewer shall collect only the information necessary to certify the admission procedure or treatment, length of stay, frequency, and duration of services. The utilization reviewer should have a process to share all clinical and demographic information on individual workers among its various clinical and administrative departments to avoid duplicate requests to providers. (Providers may use the Mississippi Workers' Compensation Commission Utilization Review Request Form.)

IV. Procedures for Review Determinations

The following procedures are required for effective review determination.

A. Initial review determinations must be made within two (2) business days of receipt of the necessary information on a proposed non-emergency admission or service requiring a review determination. Receipt of the necessary information may necessitate a discussion with the attending physician or may involve a completed second level clinical review. (For further information, see 15 Mississippi Administrative Code, Pt. 16, Sub. Pt. 1, Ch. 82, Sub. Ch. 7, R. 82.7.5(2); see also the Commission's "Notice Regarding Utilization Review Rules" dated August 13, 2015, which is hereby incorporated by reference and applicable to this edition of the Fee Schedule as well.) The Mississippi Workers' Compensation Utilization Review Request Form may be used to request pre-certification.

B. When an initial determination is made to certify, notification shall be provided promptly, at least within one (1) business day or before the service is scheduled, whichever first occurs, either by telephone or by written or electronic notification to the provider or facility rendering the service. If an initial determination to certify is provided by telephone, a written notification of the determination shall be provided within two (2) business days thereafter. The written notification shall include the number of days approved, the new total number of days or services approved, and the date of admission or onset of services.

C. When a determination is made not to certify, notification to the attending or ordering provider or facility must be provided by telephone or electronic means within one (1) business day followed by a written notification within one (1) business day thereafter. The written notification must include the principal reason/clinical rationale for the determination not to certify, including specific reference to any provision of this Fee Schedule relied upon by the reviewer, and instructions for initiating an appeal and/or reconsideration request.

D. The payer or its review agent shall inform the attending physician and/or other ordering provider of their right to initiate an expedited appeal in cases involving emergency or imminent care or admission, or a standard appeal, as the case may permit, of a determination not to certify, and the procedure to do so.

1. Expedited appeal—When an initial determination not to certify a health care service is made prior to or during an ongoing service requiring imminent or expedited review, and the attending physician believes that the determination warrants immediate appeal, the attending physician shall have an opportunity to appeal that determination over the telephone or by electronic mail or facsimile on an expedited basis within one (1) business day.

    a. Each private review agent shall provide for prompt and expeditious access to its consulting physician(s) for such appeals.
    b. Both providers of care and private review agents should attempt to share the maximum information by phone, fax, or otherwise to resolve the expedited appeal (sometimes called a reconsideration request) satisfactorily.
    c. Expedited appeals, which do not resolve a difference of opinion, may be resubmitted through the standard appeal process, or submitted directly to the Commission's Medical Cost Containment Division as a Request for Resolution of Dispute. A disagreement warranting expedited review or reconsideration does not have to be resubmitted to the payer or utilization review agent through the standard appeal process unless the requesting provider so wishes.

2. Standard appeal—A standard appeal will be considered as a request for reconsideration, and notification of the appeal decision given to the provider, not later than twenty (20) calendar days after receiving the required documentation for the appeal.

    a. An attending physician who has been unsuccessful in an attempt to reverse a determination not to certify treatment or services must be provided the clinical rationale for the determination along with the notification of the appeal decision.

3. Retrospective review—For retrospective review, the review determination shall be based on the medical information available to the attending or ordering provider at the time the medical care was provided, and on any other relevant information regardless of whether the information was available to or considered by the provider at the time the care or service was provided. Retrospective review is not optional or conducted solely at the discretion of the review agent. A request for review and approval of services already provided must be handled by the payer or its utilization reviewer in the same manner any other request for approval of services is handled.

    a. When there is retrospective determination not to certify an admission, stay, or other service, the attending physician or other ordering provider and hospital or facility shall receive written notification, or notification by facsimile or electronic mail, within twenty (20) calendar days after receiving the request for retrospective review and all necessary and supporting documentation.
    b. Notification should include the principal reasons for the determination and a statement of the procedure for standard appeal if the determination is adverse to the patient.

4. Emergency admissions or surgical procedures—Emergency admissions or surgical procedures must be reported to the payer by the end of the next business day. Post review activities will be performed following emergency admissions, and a continued stay review may be initiated.

    a. If a licensed physician certifies in writing to the payer or its agent or representative within seventy-two (72) hours of an admission that the injured worker admitted was in need of emergency admission to hospital care, such shall constitute a prima facie case for the medical necessity of the admission. An admission qualifies as an emergency admission if it results from a sudden onset of illness or injury which is manifested by acute symptoms of sufficient severity that the failure to admit to hospital care could reasonably result in (1) serious impairment of bodily function(s), (2) serious or permanent dysfunction of any bodily organ or part or system, (3) permanently placing the person's health in jeopardy, or (4) other serious medical consequence.
    b. To overcome a prima facie case for emergency admission as established above, the utilization reviewer must demonstrate by clear and convincing evidence that the patient was not in need of an emergency admission.

E. Failure of the health care provider to provide necessary information for review, after being specifically requested to do so by the payer or its review agent in detail, may result in denial of certification and/or reimbursement.

F. When a payer and provider have completed the utilization review appeals process and cannot agree on a resolution to a dispute, either party, or the patient, can appeal to the Cost Containment Division of the Mississippi Workers' Compensation Commission, and should submit this request on the Request for Dispute Resolution Form adopted by the Commission. A request for resolution of a utilization review dispute should be filed with the Commission within twenty (20) calendar days following the conclusion of the underlying appeal process provided by the payer or its

utilization reviewer. The Commission shall consider and decide a request for resolution of a utilization review dispute in accordance with the Dispute Resolution Rules provided elsewhere in this Fee Schedule.

G. Failure of a payer or its utilization review agent to timely notify the provider of a decision whether to certify or approve an admission, procedure, service or other treatment shall be deemed to constitute approval by the payer of the requested treatment, and shall obligate the payer to reimburse the provider in accordance with other applicable provisions of this Fee Schedule should the provider elect to proceed with the proposed treatment or service. Timely notification means notification by mail, facsimile, electronic mail, or telephone, followed by written notification, to the provider, within the applicable time periods set forth in these Utilization Review Rules.

H. Upon request of the provider, or the Commission, a payer and/or the review agent must furnish a copy of the license or certification obtained from the State Department of Health, along with all supporting documentation, reports, data, studies, etc., which authorizes the reviewer to engage in utilization review activities in the State of Mississippi. The Commission may, likewise, obtain this information unilaterally from the Mississippi Department of Health pursuant to an agreement with that Agency.

I. Upon a finding by the Commission or an Administrative Judge that a payer, and/or their review agent, has unreasonably delayed a claim without reasonable grounds within the meaning of §71-3-59 of the Law, penalties pursuant to MCA §71-3-59 (Rev. 2000) may be assessed against the payer.

Any payer electing to obtain an Employer Medical Evaluation (EME) pursuant to MCA §71-3-15(1) must do so without unreasonable delay. With respect to an EME sought after the filing of a motion to compel medical treatment by a claimant, failure by the payer to obtain and submit the EME report to the claimant and the Commission within 45 days of the claimant's filing of a motion to compel may be deemed an unreasonable delay. Counsel for both parties may agree to extend the forty-five-day (45-day) limitation, or the Administrative Judge may extend the forty-five-day (45-day) limitation at his or her discretion. The forty-five-day (45-day) limitation does not apply to experts selected by the agreement of both parties to render a second opinion. If an Administrative Judge or the Commission finds that a payer has demonstrated unreasonable delay in seeking or obtaining an EME, regardless of whether a motion to compel medical treatment has been filed, such a finding may result in the imposition of penalties and/or attorney's fees or expenses pursuant to MCA §71-3-59 and/or waiver of the payer's right to an EME.

J. Regardless of the outcome of a dispute arising hereunder regarding certification or approval of a proposed treatment or service, in no event shall the injured worker/patient be held liable for the payment of any portion of a bill related thereto. As provided in §71-3-15(1) of the Law, any dispute over the amount due a medical provider for any reason shall be resolved between the payer and provider, with each holding the claimant harmless from payment of same, regardless of whether the treatment has been provided inside or outside the State of Mississippi.

K. Nothing provided herein shall estop or prevent the patient from obtaining legal counsel and/or seeking relief in the form of a request to compel medical treatment before an Administrative Judge.

SEE: Utilization Review Notice document http://www.mwcc.state.ms.us/pdf/utilizationreviewnotice.pdf

Rules for Modifiers and Code Exceptions

Please see the modifier rules in each section of the *Mississippi Workers' Compensation Medical Fee Schedule* for a complete listing of appropriate modifiers for each area.

A. Modifiers must be used by providers to identify procedures or services that are modified due to specific circumstances.

B. When modifier 22 is used to report an increased service, a report explaining the medical necessity of the situation must be submitted with the claim to the payer. It is not appropriate to use modifier 22 for routine billing. When appropriate, the *Mississippi Workers' Compensation Medical Fee Schedule* reimbursement for modifier 22 is one hundred twenty percent (120%) of the maximum reimbursement allowance.

C. The use of modifiers does not imply or guarantee that a provider will receive reimbursement as billed. Reimbursement for a modified service or procedure is based on documentation of medical necessity and determined on a case-by-case basis.

D. Modifiers allow health care providers to indicate that a service was altered in some way from the stated description without actually changing the definition of the service.

I. MODIFIERS FOR CPT® CODES

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow.

This section contains a list of modifiers used with CPT codes. Also consult each practice-area section of the Fee Schedule for applicable modifiers.

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.

Mississippi guideline: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement. When appropriate, the Fee Schedule reimbursement for modifier 22 is one hundred twenty percent (120%) of the maximum reimbursement allowance.

23 Unusual Anesthesia

Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier 23 to the procedure code of the basic service.

24 Unrelated Evaluation and Management Services by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period

The physician or other qualified health care professional may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately

identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See **Evaluation and Management Services Guidelines** for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

26 Professional Component

Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

Mississippi guideline: The allowable is listed in the PC Amount column of the Fee Schedule.

TC Technical Component (HCPCS Modifier)

Certain procedures are a combination of a professional component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians.

Mississippi guideline: The technical component is listed in the TC Amount column of the Fee Schedule.

32 Mandated Services

Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

47 Anesthesia by Surgeon

Regional or general anesthesia provided by the surgeon may be reported by adding modifier 47 to the basic service. (This does not include local anesthesia.) **Note:** Modifier 47 would not be used as a modifier for the anesthesia procedures.

Mississippi guideline: Reimbursement is made for base units only.

50 Bilateral Procedure

Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5 digit code.

Mississippi guideline: This modifier is reimbursed at fifty percent (50%) of the allowed amount.

51 Multiple Procedures

When multiple procedures, other than E/M Services, Physical Medicine and Rehabilitation services, or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes (see Appendix D).

Mississippi guideline: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the Fee Schedule. Services with modifier 51 are reimbursed at fifty percent (50%) of the allowed amount.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure

Under certain circumstances the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well being of the patient, it may be

necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. **Note:** This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

54 Surgical Care Only

When 1 physician or other qualified health care professional performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number.

55 Postoperative Management Only

When 1 physician or other qualified health care professional performed the postoperative management and another performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.

56 Preoperative Management Only

When 1 physician or other qualified health care professional performed the preoperative care and evaluation and another performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.

57 Decision for Surgery

An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. **Note:** For treatment of a problem that requires a return to the operating/procedure room, (eg, unanticipated clinical condition), see modifier 78.

59 Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25. See also Level II (HCPCS/National) Modifiers listing.

62 Two Surgeons

When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. **Note:** If a co-surgeon acts as an assistant in the performance of additional procedure(s), other than those reported with the modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

Mississippi guideline: This modifier is reimbursed at one hundred fifty percent (150%) of the allowed amount divided equally between the two co-surgeons.

66 Surgical Team

Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians or other qualified health care professionals, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating individual with the addition of modifier 66 to the basic procedure number used for reporting services.

76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

78 Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

80 Assistant Surgeon

Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).

Mississippi guideline: Reimbursement is twenty percent (20%) of the maximum reimbursement allowance.

81 Minimum Assistant Surgeon

Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.

Mississippi guideline: Physician reimbursement is ten percent (10%) of the maximum reimbursement allowance.

82 Assistant Surgeon (when qualified resident surgeon not available)

The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s).

90 Reference (Outside) Laboratory

When laboratory procedures are performed by a party other than the treating or reporting physician or other qualified health care professional, the procedure may be identified by adding modifier 90 to the usual procedure number.

91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. **Note:** This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time,

reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (eg, glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

92 Alternative Laboratory Platform Testing

When laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701–86703, and 87389). The test does not require permanent dedicated space; hence by its design may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of the testing is not in itself determinative of the use of this modifier.

99 Multiple Modifiers

Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

AA Anesthesia Services Performed Personally by Anesthesiologist (HCPCS Modifier)

Report modifier AA when the anesthesia services are personally performed by an anesthesiologist.

AD Medical Supervision by a Physician: More Than 4 Concurrent Anesthesia Procedures (HCPCS Modifier)

Report modifier AD when the anesthesiologist supervises more than 4 concurrent anesthesia procedures.

AS Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist Services for Assistant at Surgery (HCPCS Modifier)

Assistant at surgery services provided by another qualified individual (e.g., physician assistant, nurse practitioner, clinical nurse specialist, registered nurse first assistant) and not another physician are identified by adding modifier AS to the listed applicable surgical procedures. Modifier AS may be appended to any code identified as appropriate for surgical assistance in this Fee Schedule.

Mississippi guideline: AS reimbursement is ten percent (10%) of the maximum reimbursement allowance. For assistant at surgery services provided by a physician, see modifiers 80, 81, and 82.

M1 Nurse Practitioner (Mississippi Modifier)

This modifier should be added to the appropriate CPT code to indicate that the services being billed were rendered or provided by a nurse practitioner.

M2 Physician Assistant (Mississippi Modifier)

This modifier should be added to the appropriate CPT code to indicate that the services being billed were rendered or provided by a physician assistant.

M3 Physical or Occupational Therapist Assistant (Mississippi Modifier)

This modifier should be added to the appropriate CPT code to indicate that the services being billed were rendered or provided by either a physical therapist assistant or an occupational therapist assistant.

M4 CARF Accredited (Mississippi Modifier)

This modifier should be used in conjunction with CPT code 97799 Unlisted physical medicine/rehabilitation service or procedure, to indicate chronic pain treatment being administered by a CARF accredited provider as part of a pre-approved interdisciplinary pain rehabilitation program.

M5 Chronic Pain Treatment (Mississippi Modifier)

This modifier should be used only in conjunction with CPT code 97799 Unlisted physical medicine/rehabilitation service or procedure, to indicate chronic pain treatment being administered as part of a pre-approved interdisciplinary pain rehabilitation program.

QK Medical Direction of 2, 3, or 4 Concurrent Anesthesia Procedures Involving Qualified Individuals (HCPCS Modifier)

Report modifier QK when the anesthesiologist supervises 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals.

QX Qualified Non-Physician Anesthetist with Medical Direction by a Physician (HCPCS Modifier)

Regional or general anesthesia provided by a qualified non-physician anesthetist with medical direction by a physician may be reported by adding modifier QX.

QY Medical Direction of One Qualified Non-Physician Anesthetist by an Anesthesiologist (HCPCS Modifier)

Report modifier QY when the anesthesiologist supervises one qualified non-physician anesthetist.

XE Separate Encounter (HCPCS Modifier)

A service that Is distinct because it occurred during a separate encounter.

XP Separate Practitioner (HCPCS Modifier)

A service that is distinct because it was performed by a different practitioner.

XS Separate Structure (HCPCS Modifier)

A service that is distinct because it was performed on a separate organ/structure.

XU Unusual Non-overlapping Service (HCPCS Modifier)

The use of a service that is distinct because it does not overlap usual components of the main service.

II. Modifiers Approved For Ambulatory Surgery Center (ASC) Hospital Outpatient Use

This section contains a list of modifiers used with ambulatory surgery center and hospital-based outpatient services. Also consult each practice-area section of the Fee Schedule for additional modifiers.

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See **Evaluation and Management Services Guidelines** for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

27 Multiple Outpatient Hospital E/M Encounters on the Same Date

For hospital outpatient reporting purposes, utilization of hospital resources related to separate and distinct E/M encounters performed in multiple outpatient hospital settings on the same date may be reported by adding modifier 27 to each appropriate level outpatient and/or emergency department E/M code(s). This modifier provides a means of reporting circumstances involving evaluation and management services provided by physician(s) in more than one (multiple) outpatient hospital setting(s) (eg, hospital emergency department, clinic). **Note:** This modifier is not to be used for physician reporting of multiple E/M services performed by the same physician on the same date. For physician reporting of all outpatient evaluation and management services provided by the same physician on the same date and performed in multiple outpatient setting(s) (eg, hospital emergency department, clinic), see **Evaluation and Management, Emergency Department, or Preventive Medicine Services** codes.

50 Bilateral Procedure

Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate five-digit code.

Mississippi guideline: This modifier is reimbursed at fifty percent (50%) of the allowed amount.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74.

58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. **Note:** For treatment of a problem that requires a return to the operating/procedure room (eg, unanticipated clinical condition), see modifier 78.

59 Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25. See also Level II (HCPCS/National) Modifiers listing.

73 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia

Due to extenuating circumstances or those that threaten the well being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation (including sedation when provided, and being taken to the room where the procedure is to be performed), but prior to the administration of anesthesia (local, regional block(s) or general). Under these circumstances, the intended service that is prepared for but cancelled can be reported by its usual procedure number and the addition of modifier 73. **Note:** The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

74 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia

Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may terminate a surgical or diagnostic procedure after the administration of anesthesia (local, regional block(s), general) or after the procedure was started (incision made, intubation started, scope inserted, etc). Under these circumstances, the procedure started but terminated can be reported by its usual procedure number and the addition of modifier 74. **Note:** The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

78 Unplanned Return to the Operating/Procedure Room by the same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. **Note:** This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (eg, glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

III. MODIFIERS FOR HCPCS CODES

This section contains a list of commonly used modifiers with HCPCS DME codes. Other HCPCS modifiers, including those which can be used with CPT codes, are acceptable modifiers.

AU Item Furnished in Conjunction with a Urological, Ostomy, or Tracheostomy Supply

AV Item Furnished in Conjunction with a Prosthetic Device, Prosthetic, or Orthotic

AW Item Furnished in Conjunction with a Surgical Dressing

KC Replacement of Special Power Wheelchair Interface

NU New Equipment

RR Rental (use the RR modifier when DME is to be rented)

Mississippi guideline: Listed amount is the per month allowance, except codes E0676, E0935, and E0936, which are per-day allowances.

UE Used Durable Medical Equipment

Mississippi guideline: Used to report the purchase of used durable medical equipment.

IV. CODE EXCEPTIONS

A. **Unlisted Procedure Codes.** If a procedure is performed that is not listed in the Fee Schedule, the provider must bill with the appropriate “Unlisted Procedure” code and submit a narrative report to the payer explaining why it was medically necessary to use an unlisted procedure code.

   The CPT book contains codes for unlisted procedures. Use these codes only when there is no procedure code that accurately describes the service rendered. A report is required as these services are reimbursed by report (see below).

B. **By Report (BR) Codes.** By report (BR) codes are used by payers to determine the reimbursement for a service or procedure performed by the provider that does not have an established maximum reimbursement allowance (MRA).

1. Reimbursement for procedure codes listed as “BR” must be determined by the payer based on documentation submitted by the provider in a special report attached to the claim form. The required documentation to substantiate the medical necessity of a procedure does not warrant a separate fee. Information in this report must include, as appropriate:
    a. A complete description of the actual procedure or service performed;
    b. The amount of time necessary to complete the procedure or service performed;
    c. Accompanying documentation that describes the expertise and/or equipment required to complete the service or procedure.
2. Reimbursement of “BR” procedures should be based on the usual and customary rate.

C. **Category II Codes.** This Fee Schedule does not include Category II codes as published in the CPT book. Category II codes are supplemental tracking codes that can be used for performance measurements. These codes describe clinical components that are typically included and reimbursed in other services such as evaluation and management (E/M) or laboratory services. These codes do not have an associated fee.

D. **Category III Codes.** This Fee Schedule does not include Category III codes published in the CPT book. If a provider bills a Category III code, payment may be denied.

E. **Add-On Codes.** The CPT book identifies procedures that are always performed in addition to the primary procedure and designates them with a + symbol. Add-on codes are never reported for stand-alone services but are reported secondarily in addition to the primary procedure. Specific language is used to identify add-on procedures such as “each additional” or “(List separately in addition to primary procedure).”

The same physician or other qualified health care provider that performed the primary service/procedure must perform the add-on service/procedure. Add-on codes describe additional intra-service work associated with the primary service/procedure (e.g., additional digit(s), lesions(s), neurorrhaphy(s), vertebral segment(s), tendon(s), joint(s)).

Add-on codes are always performed in addition to the primary service/procedure, and must never be reported as a stand-alone code. All add-on codes found in the CPT book are exempt from the multiple procedure concept (see modifier 51 definition in this section). Add-on codes are reimbursed at one hundred percent (100%) of the maximum reimbursement allowance or the provider’s charge, whichever is less.

Refer to the most current version of the CPT book for a complete list of add-on codes.

F. **Codes Exempt From Modifier 51.** This symbol ⊘ denotes procedure codes that are exempt from the use of modifier 51 and are not designated as add-on procedures/services as defined in the CPT book. Modifier 51 exempt services and procedures can be found in Appendix E of *CPT 2016*. Additional codes that should not be subject to modifier 51 have been identified by Optum360 based upon CPT guidelines and are included in this Fee Schedule using the ⓫ icon.

Codes exempt from modifier 51 are reimbursed at one hundred percent (100%) of the maximum reimbursement allowance or the provider’s charge, whichever is less.

G. **Moderate (Conscious) Sedation.** To report moderate (conscious) sedation provided by the physician also performing the diagnostic or therapeutic service for which conscious sedation is being provided, see codes 99143–99145. It is not appropriate for the physician performing the sedation and the service for which the conscious sedation is being provided to report the sedation separately when the code is listed with the conscious sedation symbol ⊙. The conscious sedation symbol identifies services that include moderate (conscious) sedation. A list of codes for services that include moderate (conscious) sedation is also included in the most current CPT book.

For procedures listed with ⊙, when a second physician other than the health care professional performing the diagnostic or therapeutic services provides moderate (conscious) sedation in the facility setting (e.g., hospital, outpatient hospital/ambulatory surgery center, skilled nursing facility), the second physician reports the associated moderate sedation procedure/service using codes 99148–99150.

Moderate sedation codes are not used to report minimal sedation (anxiolysis), deep sedation, or monitored anesthesia care.

Pharmacy Rules

I. SCOPE

This section provides specific rules for the dispensing of and payment for medications and other pharmacy services prescribed to treat work-related injury/illness under the terms of the Act.

II. DEFINITIONS

A. **Medications** are defined as drugs prescribed by a licensed health care provider and include name brand and generic drugs as well as patented or over-the-counter drugs, compound drugs and physician-dispensed or repackaged drugs.

B. **Average Wholesale Price** means the AWP based on the most current edition of the *Drug Topics Red Book* in effect at the time the medication is dispensed.

III. RULES

A. Generic Equivalent Drug Products. Unless otherwise specified by the ordering physician, all prescriptions will be filled under the generic name.

When the physician writes "brand medically necessary" on the prescription, the pharmacist will fill the order with the brand name. When taking telephone orders, the pharmacist will assume the generic brand is to be used unless "brand medically necessary" is specifically ordered by the treating physician. Without exception, the treating physician has the authority to order a brand name medication if he/she feels the trademark drug is substantially more effective.

B. A payer or provider may not prohibit or limit any person from selecting a pharmacy or pharmacist of his/her choice, and may not require any person to purchase pharmacy services, including prescription drugs, exclusively through a mail-order pharmacy or program, or to obtain medication dispensed by the physician or in the physician's office, provided the pharmacy or pharmacist selected by the claimant has agreed to be bound by the terms of the Workers' Compensation Law and this Fee Schedule with regard to the provision of services and the billing and payment therefor.

C. Dietary supplements, including but not limited to minerals, vitamins, and amino acids are not reimbursable unless a specific compensable dietary deficiency has been clinically established as related to the work injury.

D. Not more than one dispensing fee shall be paid per drug within a thirty (30) day period.

IV. REIMBURSEMENT

A. Reimbursement for pharmaceuticals ordered for the treatment of work-related injury/illness is as follows:

1. Brand/Trade Name Medications: Average Wholesale Price (AWP) plus a five dollar ($5.00) dispensing fee.
2. Generic Medications: Average Wholesale Price (AWP) plus a five dollar ($5.00) dispensing fee.
3. Over-the-counter medications are reimbursed at usual and customary rates.
4. Dispensing fees are payable only if the prescription is filled under the direct supervision of a registered pharmacist. If a physician dispenses medications from his/her office, a dispensing fee is not allowed.

B. Supplies and equipment used in conjunction with medication administration should be billed with the appropriate HCPCS codes and shall be reimbursed according to the Fee Schedule. Supplies and equipment not listed in the Fee Schedule will be reimbursed at the usual and customary rate.

C. Mail-order pharmaceutical services are subject to the rules and reimbursement limitations of this Fee Schedule when supplying medications to Mississippi Workers' Compensation claimants. Shipping for mail-order pharmaceutical services is not separately reimbursed.

V. SPECIAL PRICING

A. **Repackaged and/or Physician Dispensed Medication:** If the National Drug Code (NDC) for the drug product as dispensed is a repackaged drug, the maximum allowable fee shall be the lesser of AWP using a) the NDC for the underlying drug product from the original labeler, or b) the therapeutic equivalent drug product from the original labeler NDC.

For purposes of this provision, “therapeutically equivalent drugs” means drugs that have been assigned the same Therapeutic Equivalent Code starting with the letter “A” in the Food and Drug Administration’s publication “Approved Drug Products with Therapeutic Equivalence Evaluations” (Orange Book). The Orange Book may be accessed through the Food and Drug Administration website at: http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm

National Drug Code “for the underlying drug product from the original labeler” means the NDC of the drug product actually utilized by the repackager in producing the repackaged product.

B. **Compound Medications:** A compound medication is any customized formulation of medication prepared by a compounding pharmacist that is not commercially available. Compound drugs or medications shall be billed by listing each drug and its NDC number included in the compound and calculating the charge for each drug separately. Payment shall be based on the sum of the fee for each ingredient, plus a single dispensing fee of five dollars ($5.00). If the NDC for any ingredient is a repackaged drug, reimbursement for the repackaged ingredient(s) shall be as above provided. Reimbursement for a compound cream medication is limited to a maximum total reimbursement of three hundred dollars ($300.00) for one hundred twenty (120) grams per month. Any additional quantity over and above this one hundred twenty (120) gram limit requires further documentation and prior authorization (pre-certification).

C. If information pertaining to the original labeler of the underlying drug product used in repackaged or compound medications is not provided or is otherwise unknown or unavailable, the payer shall reimburse using the lowest priced generic therapeutic equivalent drug product.

D. **Other Special Pricing:**

The following medications have maximum reimbursement allowables as follows:

Lidopro patch	$5.45 each patch
Lidopro cream	$40.26 up to 4 oz
Terocin patch	$5.45 each patch
Terocin lotion	$40.26 up to 4 oz
Intraarticular joint kit	$27.36

Please refer to the MWCC website (http://www.mwcc.state.ms.us/#/medicalFeeSchedule) for any additions or changes to the special pricing list.

Other Qualified Health Care Professional Rules

I. Any Qualified Health Care Professional

Any qualified health care professional who is licensed in Mississippi, practices within state guidelines, and is listed within this Fee Schedule as an authorized provider is reimbursed for services based on this Fee Schedule.

II. Nurse Practitioner

A. Modifier M1 should be attached to the appropriate CPT® code when billing services rendered by the nurse practitioner. The nurse practitioner must use his/her unique identifier to bill for all services. Nurse practitioners must comply with the requirements for a National Provider Identifier (NPI) as specified in the Billing and Reimbursement Rules of this Fee Schedule.

B. The nurse practitioner is reimbursed at eighty-five percent (85%) of the maximum allowable for the procedure.

C. There is only one fee allowed for each CPT code. It is the decision of the physician or the nurse practitioner as to who will bill for a service when both have shared in the provision of the service. Incorrect billing of the service may cause a delay or improper payment by the payer. The medical doctor (MD) must be on-site on the date of service and provide additional documentation and review of services in order for physician reimbursement to be applied.

III. Physician Assistant

A. Mississippi-specific modifier M2 should be attached to the appropriate CPT code(s) when billing services rendered by the physician assistant.

B. The physician assistant is reimbursed at eighty-five percent (85%) of the maximum allowable for the procedure.

C. The same rules as apply to the nurse practitioners with regard to billing and reimbursement, shall apply to the physician assistant.

IV. Physical Therapist Assistant or Occupational Therapist Assistant

A. Mississippi-specific modifier M3 should be attached to the appropriate CPT code(s) when billing services rendered by a physical therapist assistant or an occupational therapist assistant.

B. The physical therapist assistant or occupational therapist assistant is reimbursed at eighty-five percent (85%) of the maximum allowable for the procedure.

V. Psychology

When a provider other than a psychiatrist provides psychology services, the reimbursement amount for the CPT code is paid at eighty-five percent (85%) of the maximum reimbursement allowance. This applies to psychologists, social workers, counselors, etc.

Home Health Rules

I. SCOPE

This section of the Fee Schedule pertains to home health services provided to patients who have a work-related injury/illness.

A. The determination that the injury/illness or condition is work related must be made by the payer and home health services shall be pre-certified as medically necessary by the payer's Utilization Management Program.

B. All nursing services and personal care services shall have prior authorization by the payer.

C. A description of needed nursing or other attendant care must accompany the request for authorization.

II. REIMBURSEMENT

A. If a payer and provider have a mutually agreed upon contractual arrangement governing the payment for home health services to injured/ill employees, the payer shall reimburse under the contractual agreement and not according to the Fee Schedule.

B. In the absence of a mutually agreed upon contractual arrangement governing payment for home health service, reimbursement shall be made as in other cases (see Billing and Reimbursement Rules) in an amount equal to billed charges, or the maximum reimbursement allowance (MRA), whichever is less. Billing for home health services is appropriate using the applicable billing form for other institutional providers or facilities.

C. A visit made simultaneously by two or more workers from a home health agency to provide a single covered service for which one supervises or instructs the other shall be counted as one visit.

D. A visit is defined as time up to and including the first two hours.

E. The maximum reimbursement allowances (MRA) listed herein are inclusive of mileage and other incidental travel expenses, unless otherwise agreed to by the payer and provider.

F. The rates set forth in this section of the Fee Schedule apply to all hours worked. No additional reimbursement is allowed for overtime hours, unless otherwise agreed to by the parties in a separate fee contract.

III. RATES

A. The following MRAs and codes apply to services provided by or through a home health agency:

Service	Fee Per Visit	Billing Code
RN Skilled Nursing	$125.00	S9123
Physical Therapy	$125.00	S9131
Speech Therapy	$125.00	S9128
Occupational Therapy	$125.00	S9129
Medical Social Services	$125.00	S9127
Home Health Aide	$55.00	S9122

Note: The descriptions of these codes have been modified for this Fee Schedule. Please see the DME, Orthotics, Prosthetics and Other HCPCS Codes section.

For services that exceed two (2) hours, reimbursement for time in excess of the first two (2) hours shall be pro-rated and based on an hourly rate equal to fifty percent (50%) of the above visit fee. For home health services rendered in two (2) hours or less, reimbursement shall be made for a visit as above provided.

Note: In addition to the Skilled Nursing Care fees above, an additional sum of seven dollars and sixteen cents ($7.16) per visit shall be added to cover the cost of medical supplies, provided the billing form adequately specifies what supplies were utilized.

B. The following Private Duty Rates shall apply:

Skilled Nursing Care – R.N.	$44.00 per hour
Skilled Nursing Care – L.P.N.	$37.00 per hour
Certified Nurse Assistant	$20.00 per hour
Sitter/Attendant	$15.00 per hour

C. Any reimbursement to persons not working under a professional license, such as a spouse or relative, will be at the rate of eight dollars ($8.00) per hour unless otherwise negotiated by the payer and caregiver or provider.

D. Professional providers not assigned a MRA for home health services and who have not negotiated their rates with the payer prior to provision of home health care, shall be reimbursed at the usual and customary rate, or the total billed charge, whichever is less.

IV. Parenteral/Enteral/Home Infusion Therapy in the Home Setting

A. The MRA for this therapy provided in the home setting is a per diem amount and includes necessary supplies for the safe and effective administration of the prescribed therapy. Supplies include set(s), needles, syringes, saline, tubing, dressing kits, saline, heparin, alcohol pads, start kits, catheters, adapters, tape, gauges, pump, poles, and other supplies.

B. Per diem amounts are as follows:

Parenteral therapy/home infusion (with or without antibiotics)

Daily – $165.00

Twice a day – $ 190.00

Three times a day – $ 215.00

Four times a day – $ 265.00

Five or more times a day – $ 335.00

Total Parental Nutrition (TPN):

1-1.6 Liters per day – $280.00

1.7-2.4 Liters per day – $350.00

More than 2.4 liters per day – $385.00

LIPIDS:

10% – $75.00

20% – $95.00

Enteral Therapy:

$24.00 per day

C. Medications for Parenteral/Enteral Therapy are reimbursed at AWP.

V. Hospice

A. Hospice reimbursement is a per diem amount that is all inclusive for services provided.

B. Daily Per Diem amounts are as follows:

Routine Home Care – $373.68

Continuous Home Rate – $1,889.58

Inpatient Care – $1,440.22

Skilled Nursing Facility Rules

I. Reimbursement

The maximum reimbursement allowance for medical care provided within the confines of a freestanding skilled nursing facility, a hospital based skilled nursing facility, or a swing bed facility, shall be four hundred dollars ($400.00) per day. This rate covers and includes all routine and ancillary health care services provided to a claimant during each day of a covered skilled nursing facility stay.

II. Excluded Services

The following services are excluded from the daily skilled nursing facility rate, and shall be reimbursed separately and in addition to the above daily rate:

- Cardiac catheterization
- Angiography
- Magnetic resonance imaging (MRI) and computerized axial tomography (CT) scans
- Radiation therapy and chemotherapy
- Emergency services, which are defined as an admission or services necessitated by a sudden onset of illness or injury which is manifested by acute symptoms of sufficient severity that the failure to provide services could reasonably result in:
  - serious impairment of bodily function(s)
  - serious or permanent dysfunction of any bodily organ or part or system
  - permanently placing the person's health in jeopardy, or
  - other serious medical consequence
- Outpatient services when provided in a hospital or other free standing outpatient facility separate from the skilled nursing facility
- Customized prosthetic services
- Ambulance transportation related to any of the above services
- Services provided independent of the facility by physicians, and other qualified health care professionals (e.g., NP, PA, CRNA, psychologist).

III. Exclusions

As in other cases, the above provisions shall not apply to any mutual agreement or contract entered into by the payer and provider which sets forth the terms for the provision of skilled nursing facility services and reimbursement therefor.

Evaluation and Management

This section contains rules and codes used to report evaluation and management (E/M) services. Rules and Guidelines follow the current CPT® Guidelines as stated.

Note: Rules used by all physicians in reporting their services are presented in the General Rules section.

I. Definitions and Rules

Definitions and rules pertaining to E/M services are as follows:

A. **Consultations.** The CPT book defines a consultation as "a type of evaluation and management service provided at the request of another physician or appropriate source to either recommend care for a specific condition or problem or to determine whether to accept responsibility for ongoing management of the patient's entire care or for the care of a specific condition or problem." (This includes referrals for a second opinion.) Consultations are reimbursable only to physicians with the appropriate specialty for the services provided.

In order to qualify as a consultation the following criteria must be met:

- The verbal or written request for a consult must be documented in the patient's medical record;
- The consultant's opinion and any services ordered or performed must be documented by the consulting physician in the patient's medical record;
- The consulting physician must provide a written report to the requesting physician or other appropriate source.

A payer/employer may request a second opinion examination or evaluation for the purpose of evaluating temporary or permanent disability or medical treatment being rendered, as provided in MCA §71-3-15(1) (Rev. 2000). This examination is considered a confirmatory consultation. The confirmatory consultation is billed using the appropriate level and site-specific consultation codes 99241–99245 for office or other outpatient consultations and 99251–99255 for inpatient consultations, with modifier 32 appended to indicate a mandated service.

Evaluation and management consultation services will continue to be reported with CPT codes 99241–99245 for outpatient consultation services and codes 99251–99255 for inpatient consultation services. The rules and guidelines regarding the definition, documentation, and reporting of consultation services as contained in the CPT book will apply unless superseded by these guidelines. Consultation services will be reimbursed at the lesser of the Fee Schedule maximum reimbursable amount (MRA) or the billed amount.

B. **Referral.** Subject to the definition of "consultation" provided in this Fee Schedule, a referral is the transfer of the total or specific care of a patient from one physician to another and does not constitute a consultation. (Initial evaluations and subsequent services are designated as listed in the Evaluation and Management section).

C. **New and Established Patient Service.** Several code subcategories in the Evaluation and Management section are based on the patient's status as new or established. The new versus established patient guidelines also clarify the situation in which a physician is on call or covering for another physician. In this instance, classify the patient encounter the same as if it were for the physician who is unavailable.

- *New Patient.* A new patient is one who has not received any professional services from the physician, or another physician of the same specialty who belongs to the same group practice, for this same injury or within the past three years.
- *Established Patient.* An established patient is a patient who has been treated for the same injury by any physician, of the same specialty, who belongs to the same group practice.

D. **E/M Service Components.** The first three components of history, examination, and medical decision making are the keys to selecting the correct level of E/M codes, and all three components must be met or exceeded in the documentation of an initial evaluation or consultation. However, in established, subsequent, and follow-up categories, only two of the three must be met or exceeded for a given code.

1. The history component is categorized by four levels:
    a. *Problem Focused.* Chief complaint; brief history of present illness or problem.
    b. *Expanded Problem Focused.* Chief complaint; brief history of present illness; problem-pertinent system review.
    c. *Detailed.* Chief complaint; extended history of present illness; problem-pertinent system review extended to include a review of a limited number of additional systems; pertinent past, family medical and/or social history directly related to the patient's problems.

d. *Comprehensive.* Chief complaint; extended history of present illness; review of systems that is directly related to the problem(s) identified in the history of the present illness, plus a review of all additional body systems; **complete** past, family, and social history.

2. The physical exam component is similarly divided into four levels of complexity:

   a. *Problem Focused.* A limited examination of the affected body area or organ system.
   b. *Expanded Problem Focused.* A limited examination of the affected body area or organ system and other symptomatic or related organ system(s).
   c. *Detailed.* An extended examination of the affected body area(s) and other symptomatic or related organ system(s).
   d. *Comprehensive.* A general multi-system examination or a complete examination of a single organ system.

   The CPT book identifies the following body areas:

   - Head, including the face
   - Neck
   - Chest, including breasts and axilla
   - Abdomen
   - Genitalia, groin, buttocks
   - Back
   - Each extremity

   The CPT book identifies the following organ systems:

   - Eyes
   - Ears, nose, mouth, and throat
   - Cardiovascular
   - Respiratory
   - Gastrointestinal
   - Genitourinary
   - Musculoskeletal
   - Skin
   - Neurologic
   - Psychiatric
   - Hematologic/lymphatic/immunologic

3. Medical decision making is the final piece of the E/M coding process. Medical decision making refers to the complexity of establishing a diagnosis or selecting a management option that can be measured by the following:

   a. The number of possible diagnoses and/or the number of management options that must be considered.
   b. The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, and analyzed.
   c. The risk of significant complications, morbidity, mortality, as well as co-morbidities associated with the patient's presenting problem(s), the diagnostic procedure(s), and/or the possible management options.

E. **Contributory Components.**

1. Counseling, coordination of care, and the nature of the presenting problem are not major considerations in most encounters, so they generally provide contributory information to the code selection process. The exception arises when counseling or coordination of care dominates the encounter (more than fifty percent (50%) of the time spent). Document the exact amount of time spent to substantiate the selected code and what was clearly discussed during the encounter. Counseling is defined in the CPT book as a discussion with a patient and/or family concerning one or more of the following areas:

   a. Diagnostic results, impressions, and/or recommended diagnostic studies;
   b. Prognosis;
   c. Risks and benefits of management (treatment) options;
   d. Instructions for management (treatment) and/or follow-up;
   e. Importance of compliance with chosen management (treatment) options;
   f. Risk factor reduction;
   g. Patient and family education.

2. E/M codes are designed to report actual work performed, not time spent. But when counseling or coordination of care dominates the encounter, time overrides the other factors and determines the proper code. For office encounters, count only the time spent face-to-face with the patient and/or family. For hospital or other inpatient encounters, count the time spent rendering services for that patient while on the patient's unit, on the patient's floor, or at the patient's bedside.

F. **Interpretation of Diagnostic Studies in the Emergency Room**

1. Only one fee for the interpretation of an x-ray or EKG procedure will be reimbursed per procedure.
2. The payer is to provide reimbursement to the provider that directly contributed to the diagnosis and treatment of the individual patient.
3. It is necessary to provide a signed report in order to bill the professional component of a diagnostic procedure. The payer may require the report before payment is rendered.
4. If more than one bill is received, physician specialty should not be the deciding factor in determining which physician to reimburse.

   Example: In many emergency departments (EDs), an emergency room (ER) physician orders the x-ray on a particular patient. If the ER physician interprets the x-ray making a notation as to the findings in the chart and then treats the patient according to these radiological findings, the ER physician should be paid for the interpretation and report. There may be a radiologist on staff at the particular facility with quality control responsibilities at that particular facility. However, the fact that the radiologist reads all x-rays taken in the ED for quality control purposes is not sufficient to command a separate or additional reimbursement from the payer.
5. A review alone of an x-ray or EKG does not meet the conditions for separate payment of a service, as it is already included in the ED visit.

II. General Guidelines

The E/M section is divided into broad categories such as office visits, hospital visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. Keep the following in mind when coding each service setting:

- A patient is considered an outpatient at a health care facility until formal inpatient admission occurs.
- All physicians use codes 99281–99285 for reporting emergency department services, regardless of hospital-based or non-hospital-based status.
- Admission to a hospital or nursing facility includes E/M services provided elsewhere on the same day.
- Not more than one hospital visit per day shall be payable except when documentation describes the medical necessity of more than one visit by a particular practitioner. Hospital visit codes shall be combined into the single code that best describes the service rendered.
- Only one provider is reimbursed for a patient visit, except where wound care evaluation is provided in an established wound care center.

III. Office or Other Outpatient Services (99201–99215)

Use the Office or Other Outpatient Services codes to report evaluation and management services provided in the office or in an outpatient or other ambulatory facility. A patient is considered an outpatient until inpatient admission to a health care facility occurs.

IV. Hospital Observation Services (99217–99226)

CPT codes 99217 through 99226 report E/M services provided to patients designated/admitted as "observation status" in a hospital. It is not necessary that the patient be located in an observation area designated by the hospital.

V. Observation Care Discharge Services (99217)

A. CPT code 99217 is used only if discharge from observation status occurs on a date other than the initial date of observation. The code includes final examination of the patient, discussion of the hospital stay, instructions for continuing care, and preparation of discharge records.

B. If a patient is admitted to and subsequently discharged from observation status on the same date, see codes 99234–99236 as appropriate.

C. Do not report observation care discharge CPT code 99217 in conjunction with a hospital admission.

VI. Hospital Inpatient Services (99221–99239)

Codes 99221–99239 are used to report evaluation and management services provided to hospital inpatients. Hospital inpatient services include those services provided to patients in a "partial hospital" setting. These codes are to be used to report these partial hospitalization services.

VII. Consultations (99241–99255)

Consultations in *CPT 2016* fall under two subcategories: Office or Other Outpatient Consultations, and Inpatient Consultations. If counseling dominates the encounter, time determines the correct code.

Most requests for a consultation come from the attending physician, the employer, an attorney, or other appropriate source. Include the name of the requesting physician or other source on the claim form or electronic billing. Confirmatory consultations may be requested by the patient and/or family or may result from a second (or third) opinion. When requested by the patient and/or family the service is not reported with consultation codes, but may be reported using the office, home service, or domiciliary/rest home care codes. When required by the attending physician or other appropriate source, report the service with a consultation code for the appropriate site of service, 99241–99245 for office or other outpatient consultation or 99251–99255 for inpatient consultation.

The consultant may initiate diagnostic and/or therapeutic services, such as writing orders or prescriptions and initiating treatment plans.

The opinion rendered and services ordered or performed must be documented in the patient's medical record and a report of this information communicated to the requesting entity.

Report separately any identifiable procedure or service performed on, or subsequent to, the date of the initial consultation.

When the consultant assumes responsibility for the management of any or all of the patient's care subsequent to the consultation encounter, consult codes are no longer appropriate. Depending on the location, identify the correct subsequent or established patient codes.

VIII. Emergency Department Services (99281–99288)

Emergency department (ED) service codes do not differentiate between new and established patients and are used by hospital-based and non-hospital-based physicians. An emergency department is defined as "an organized hospital-based facility for the provision of unscheduled episodic services to patients who present for immediate medical attention. The facility must be available 24 hours a day." This guideline indicates that care provided in the ED setting for convenience should not be coded as an ED service. Also note that more than one ED service can be reported per calendar day if medically necessary.

Codes 99281–99288 are used to report services provided in a medical emergency. If, however, the physician sees the patient in the emergency room out of convenience for either the patient or physician, the appropriate office visit code should be reported (99201–99215) and reimbursement will be made accordingly.

IX. Critical Care Services (99291–99292)

Critical care is the direct delivery by a physician(s) of medical care for a critically ill or critically injured patient. A critical illness or injury acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition. Critical care involves high complexity decision making to assess, manipulate, and support vital system function(s) to treat single or multiple vital organ system failure and/or to prevent further life threatening deterioration of the patient's condition. Examples of vital organ system failure include, but are not limited to: central nervous system failure, circulatory failure, shock, renal, hepatic, metabolic, and/or respiratory failure. Although critical care typically requires interpretation of multiple physiologic parameters and/or application of advanced technology(s), critical care may be provided in life threatening situations when these elements are not present. Critical care may be provided on multiple days, even if no changes are made in the treatment rendered to the patient, provided that the patient's condition continues to require the level of physician attention described above.

Providing medical care to a critically ill, injured, or postoperative patient qualifies as a critical care service only if both the illness or injury and the treatment being provided meet the above requirements. Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, pediatric intensive care unit, respiratory care unit, or the emergency care facility.

Services for a patient who is not critically ill but happens to be in a critical care unit are reported using other appropriate E/M codes.

Critical care and other E/M services may be provided to the same patient on the same date by the same individual.

The following services are included in reporting critical care when performed during the critical period by the physician(s) providing critical care: the interpretation of cardiac output measurements (93561, 93562), chest x-rays (71010, 71015, 71020), pulse oximetry (94760, 94761, 94762), blood gases, and information data stored in computers (e.g., ECGs, blood pressures, hematologic data (99090)); gastric intubation (43752, 43753); temporary transcutaneous pacing (92953); ventilatory management (94002–94004, 94660, 94662); and vascular access procedures (36000, 36410, 36415, 36591, 36600). Any services performed which are not listed above should be reported separately when performed in conjunction with critical services reported with code 99291–99292.

The critical care codes 99291 and 99292 are used to report the total duration of time spent in provision of critical care services to a critically ill or critically injured patient, even if the time spent providing care on that date is not continuous. For any given period of time spent providing critical care services, the individual must devote his or her full attention to the patient and, therefore, cannot provide services to any other patient during the same period of time.

X. Nursing Facility Services (99304–99318)

Codes 99304–99318 are used to report evaluation and management services to patients in nursing facilities (skilled nursing facilities (SNFs)) intermediate care facilities (ICFs), or long-term care facilities (LTCFs).

These codes should also be used to report evaluation and management services provided to a patient in a psychiatric residential treatment center (a facility or a distinct part of a facility for psychiatric care, which provides a 24-hour therapeutically planned and professionally staffed group living and learning environment). If procedures such as a medical psychotherapy are provided in addition to evaluation and management services, these should be reported in addition to the evaluation and management services provided.

XI. Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services (99324–99340)

The evaluation and management codes are used to report evaluation and management services in a facility that provides room, board, and other personal assistance services generally on a long-term basis. They also are used to report evaluation and management services in an assisted living facility.

XII. Home Services (99341–99350)

Services and care provided in a private residence are coded from this subcategory.

XIII. Prolonged Services (99354–99359, 99415–99416)

Codes 99354–99357 are used when a physician or other qualified health care professional provides prolonged service involving direct patient contact that is provided beyond the usual service in either the inpatient or outpatient setting. Codes 99358–99359 are used when a physician or other qualified health care professional provides prolonged service for patient management where face-to-face services have or will occur on another date of service.

Codes 99415–99416 are used when a physician or other qualified health care professional provides prolonged service involving direct patient contact that is provided beyond the usual service in either an office or outpatient setting.

XIV. Physician Standby Services (99360)

Code 99360 is used to report physician or other qualified health care professional standby service that is requested by another individual and that involves prolonged attendance without direct (face-to-face) patient contact. Care or services may not be provided to other patients during this period. This code is not used to report time spent proctoring another individual. It is also not used if the period of standby ends with the performance of a procedure subject to a “surgical” package by the individual who was on standby.

XV. Case Management Services (99363–99368)

Case management is a process in which a physician or other qualified health care professional is responsible for direct care of a patient, and, additionally, for coordinating, managing access to, initiating, and/or supervising other health care services needed by the patient.

Mississippi guideline: Use Mississippi-specific code 9936M for a conference with workers’ compensation medical case manager/claims manager.

XVI. Care Plan Oversight Services (99339–99340, 99374–99380)

Care plan oversight services are reported separately from codes for office/outpatient, hospital, home, nursing facility, domiciliary, or non-face-to-face services. The complexity and the approximate time of the care plan oversight services provided within a thirty (30) day period determine code selection.

Only one individual may report care plan oversight services for a given period of time, to reflect the sole or predominant supervisory role with a particular patient. These codes should not be used for supervision of patients in nursing facilities or under the care of home health agencies unless they require recurrent supervision of therapy.

XVII. Special Evaluation and Management Services (99450–99456)

These codes are used to report evaluations performed to establish baseline information prior to life or disability insurance certificates being issued.

XVIII. Other Evaluation and Management Services (99499)

This is an unlisted code to report E/M services not specifically defined in the CPT book.

XIX. Practice of Telemedicine

A. Telemedicine is the practice of medicine using electronic communication, information technology, or other means between a physician in one location and a patient in another location with or without intervening health care provider. This does not include the practice of medicine through postal or courier services.

B. Telemergency medicine is a unique combination of telemedicine and the collaborative/consultative role of a physician, board certified in emergency medicine and an appropriate skilled health professional.

C. The practice of medicine is deemed to occur in the location of the patient. Therefore, only physicians holding a valid Mississippi license are allowed to practice telemedicine in Mississippi. However, a valid Mississippi license is not required where the evaluation, treatment, and/or medicine given to be rendered by a physician outside of Mississippi is requested by a physician duly licensed to practice medicine in Mississippi, and the physician who has requested such evaluation, treatment and/or medical opinion has already established a doctor/patient relationship with the patient to be evaluated and/or treated.

XX. Modifiers

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used with E/M procedures are as follows:

24 Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period

The physician or other qualified health care professional may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See **Evaluation and Management Services Guidelines** for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

32 Mandated Services
Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

52 Reduced Services
Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

57 Decision for Surgery
An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

Anesthesia

I. INTRODUCTION

The 2016 American Society of Anesthesiologists' (ASA) *Relative Value Guide*® is recognized as an appropriate assessment of current relative values for specific anesthesiology procedures. It is the basis for the assigned base units for CPT® codes in the Anesthesia section of the Fee Schedule.

The conversion factor for anesthesia services only has been designated at $50.00 per unit.

Total anesthesia value is defined in the following formula:

(Base units + time units + modifying units) x conversion factor = reimbursement

II. BASE UNITS

Base units are listed for most procedures. This value is determined by the complexity of the service and includes all usual anesthesia services except the time actively spent in anesthesia care and the modifying factors. The base units include preoperative and postoperative visits, the administration of fluids and/or blood incident to the anesthesia care, and interpretation of non-invasive monitoring (ECG, temperature, blood pressure, oximetry, and other usual monitoring procedures). The basic anesthesia unit includes the routine follow-up care and observation (including recovery room observation and monitoring). When multiple surgical procedures are performed during the same period of anesthesia, only the highest base unit allowance of the various surgical procedures will be used.

III. TIME UNITS

Anesthesia time begins when the anesthesiologist starts the preparation of the patient for anesthesia in the preoperative area, the operating room or a similar area, and ends when the injured employee is placed under postoperative care, such as transfer to the recovery room.

The anesthesia time units will be calculated in 15-minute intervals, or portions thereof, equaling one (1) time unit. No additional time units are allowed for recovery room time and monitoring.

IV. SPECIAL CIRCUMSTANCES

A. **Physical Status Modifiers**. Physical status modifiers are represented by the initial letter P followed by a single digit from one (1) to six (6) defined below:

Status	Description	Base Units
P1	A normal healthy patient	0
P2	A patient with mild systemic disease	0
P3	A patient with severe systemic disease	1
P4	A patient with severe systemic disease that is a constant threat to life	2
P5	A moribund patient who is not expected to survive without the operation	3
P6	A patient declared brain-dead whose organs are being removed for donor purposes	0

The above six levels are consistent with the American Society of Anesthesiologists' (ASA) ranking of patient physical status. Physical status is included in the CPT book to distinguish between various levels of complexity of the anesthesia service provided. Documentation submitted with the billing must include the indicators that justify physical status for P3, P4, and P5.

B. **Qualifying Circumstances**

1. Many anesthesia services are provided under particularly difficult circumstances, depending on factors such as extraordinary condition of patient, notable operative condition, and/or unusual risk factors. These procedures would not be reported alone but would be reported as additional procedure numbers qualifying an anesthesia procedure or service.

CPT	Description	Units
99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)	1
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)	5
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure) *Mississippi guideline: Documentation must include maintaining BP at 100 for one hour or more.*	5
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)	2

2. Payers must utilize their medical consultants when there is a question regarding modifiers and/or special circumstances for anesthesia charges.

V. Monitored Anesthesia Care

Monitored anesthesia care occurs when the attending physician requests that an anesthesiologist be present during a procedure. This may be to ensure compliance with accepted procedures of the facility. Monitored anesthesia care includes pre-anesthesia exam and evaluation of the patient. The anesthesiologist must participate or provide medical direction for the plan of care. The anesthesiologist, resident, or nurse anesthetist must be in continuous physical presence and provide diagnosis and treatment of emergencies. This will also include non-invasive monitoring of cardiocirculatory and respiratory systems with administration of oxygen and/or intravenous administration of medications. Reimbursement will be the same as if general anesthesia had been administered (time units + base units).

VI. Reimbursement for Anesthesia Services

A. **Criteria for Reimbursement.** Anesthesia services may be billed for any one of the three following circumstances:

1. An anesthesiologist provides total and individual anesthesia service.
2. An anesthesiologist directs a Certified Registered Nurse Anesthetist (CRNA) or Anesthesiology Assistant (AA).
3. Anesthesia provided by a CRNA or AA working independent of an anesthesiologist's supervision is covered under the following conditions:
   a. The service falls within the CRNA's or AA's scope of practice and scope of license as defined by law.
   b. The service is supervised by a licensed health care provider who has prescriptive authority in accordance with the clinical privileges individually granted by the hospital or other health care organization.

B. **Reimbursement**

1. The maximum reimbursement allowance (MRA) for anesthesia is calculated by adding the base unit value, the number of time units, any applicable modifier and/or unusual circumstances units, and multiplying the sum by a dollar amount (conversion factor) allowed per unit.

2. Reimbursement includes the usual pre- and postoperative visits, the care by the anesthesiologist during surgery, the administration of fluids and/or blood, and the usual monitoring services. Unusual forms of monitoring, such as central venous, intra-arterial, and Swan-Ganz monitoring, may be reimbursed separately.
3. When an unlisted service or procedure is provided, the value should be substantiated with a report. Unlisted services are identified in this Fee Schedule as by report (BR).
4. When it is necessary to have a second anesthesiologist, the necessity should be substantiated by report. The second anesthesiologist will receive five base units + time units (calculation of total anesthesia value).
5. Payment for covered anesthesia services is as follows:
    a. When the anesthesiologist provides an anesthesia service directly, payment will be made in accordance with the Billing and Reimbursement Rules of this Fee Schedule.
    b. When an anesthesiologist provides medical direction to the CRNA or AA providing the anesthesia service, then the reimbursement will be divided between the two providers (anesthesiologist and CRNA or AA) at fifty percent (50%).
    c. When the CRNA or AA provides the anesthesia service directly, then payment will be the lesser of the billed charge or eighty percent (80%) of the maximum allowable listed in the Fee Schedule for that procedure.
6. Anesthesiologists, CRNAs, or AAs must bill their services with the appropriate modifiers to indicate which one provided the service. Bills NOT properly coded may cause a delay or error in reimbursement by the payer. Application of the appropriate modifier to the bill for service is the responsibility of the provider, regardless of the place of service. Modifiers are as follows:

    AA Anesthesia services performed personally by anesthesiologist
    AD Medical supervision by a physician: more than 4 concurrent anesthesia procedures
    QK Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals
    QX Qualified non-physician anesthetist with medical direction by a physician
    QY Medical direction of one qualified non-physician anesthetist by an anesthesiologist

VII. ANESTHESIA MODIFIERS

All anesthesia services are reported by using the anesthesia five-digit procedure codes. The basic value for most procedures may be modified under certain circumstances as listed below. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed in the appropriate field of the CMS-1500 or electronic format 837p. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used in anesthesia are as follows:

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.

Mississippi guideline: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement. When appropriate, the Fee Schedule reimbursement for modifier 22 is one hundred and twenty percent (120%) of the maximum reimbursement allowance.

23 Unusual Anesthesia

Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier 23 to the procedure code of the basic service.

32 Mandated Services

Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

53 Discontinued Procedure

Under certain circumstances the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. **Note:** This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical

preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

59 Distinct Procedural Service

Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

99 Multiple Modifiers

Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

AA Anesthesia Services Performed Personally by Anesthesiologist (HCPCS Modifier)

Report modifier AA when the anesthesia services are personally performed by an anesthesiologist.

AD Medical Supervision by a Physician: More Than 4 Concurrent Anesthesia Procedures (HCPCS Modifier)

Report modifier AD when the anesthesiologist supervises more than 4 concurrent anesthesia procedures.

QK Medical Direction of 2, 3, or 4 Concurrent Anesthesia Procedures Involving Qualified Individuals (HCPCS Modifier)

Report modifier QK when the anesthesiologist supervises 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals.

QX Qualified Non-Physician Anesthetist with Medical Direction by a Physician (HCPCS Modifier)

Regional or general anesthesia provided by a qualified non-physician anesthetist with medical direction by a physician may be reported by adding modifier QX.

QY Medical Direction of One Qualified Non-Physician Anesthetist by an Anesthesiologist (HCPCS Modifier)

Report modifier QY when the anesthesiologist supervises one qualified non-physician anesthetist.

Pain Management

I. INTRODUCTION

In addition to the General Rules, this section provides specific rules for Pain Management services. NCCI edits or other bundle/unbundle edits do not apply to the CPT codes in the Pain Management section, other than the stated rules provided in this section.

1. Providers must restrict treatment to indications recognized by established medical practice and adequately supported by the relevant medical literature.
2. Providers must demonstrate more objectively the effectiveness of previously provided treatment in order to repeat or continue it. This includes the use of pain diagrams and numerical pain scores where appropriate.
3. Payers/URs must approve or deny treatment within the rules provided by the IPM portion of the Fee Schedule, and not involve extraneous outside guidelines.
4. Any UR personnel involved in the denial of care must cite the specific section of the IPM Fee Schedule used as a basis for that denial. Failure to do so will result in automatic adjudication in favor of the provider.

II. REIMBURSEMENT FOR PAIN MANAGEMENT SERVICES

A. **Use of Fluoroscopy**. Reimbursement for the use of fluoroscopy (CPT® codes 77002 and 77003) is based on the Fee Schedule, regardless of the number of procedures performed, and may only be billed once per date of service.

CPT code 77002 is to be used for fluoroscopic guidance for needle placement for CPT code 64510 Cervical (stellate ganglion) sympathetic block, or CPT code 64520 Thoracic or lumbar blocks.

CPT code 77003 is to be used for fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (e.g., cervical epidural or sacroiliac joint), and including facet nerve neurolytic agent destruction.

All procedures performed fluoroscopically MUST have stored images (hard copy or digital) showing final needle placement in at least two (2) views (typically PA, lateral or oblique) demonstrating final needle placement AND disbursement of contrast (when not contraindicated). These images must be available upon request (with appropriate HIPAA compliance) by payers, or reimbursement may be denied. As noted in the APC amount columns, there is no reimbursement to the facility for use of fluoroscopy. However, the provider may bill the fluoroscopy and be reimbursed for the service when reporting modifier 26 for the professional component.

B. **Reimbursement for Injection/Destruction Procedures**

1. Facet injections and medial branch blocks are reimbursed at a maximum of three (3) total anatomic joint levels. Additional level or bilateral modifiers may be used to allow up to a maximum of two (2) additional service levels (but not more) for facet or medial branch blocks in the cervical/thoracic (64491 and 64492) or lumbar (64494 and 64495) for a maximum of three (3) procedure levels reimbursed per treatment session or day. Additional injected site levels, beyond the first three (3), will not be reimbursed. These procedures are unilateral by definition. Bilateral modifiers may be used when nerves are treated bilaterally. Reimbursement of the bilateral modifier is fifty percent (50%) of the base amount for the second or contralateral side.
2. Nerve destructive procedures are only reimbursed for a maximum of two (2) anatomical levels. A higher number of diagnostic injections are allowed because some providers may want to block a larger anatomical level with the initial block to determine what, if any, response is noted to the initial diagnostic injection. This prevents adding further levels during additional diagnostic injections. The likelihood of true three (3) level involvement is exceedingly rare, such that further localization of the involved levels is expected prior to destructive lesioning.
3. Reimbursement for injection/destruction procedure codes is made on the basis of joint levels, not nerves treated (e.g., destruction by neurolytic agent of the L4–L5 facets counts as one (1) level/nerve and should be billed as 64635 (first level/nerve)). There are two nerves supplying each joint but reimbursement is based upon joint(s) treated, not the nerves treated. This applies to CPT codes 64635, 64636 (lumbar), and 64633, 64634 (cervical/thoracic). These procedures are unilateral by definition; therefore, bilateral modifiers may be used when nerves are treated bilaterally. Reimbursement of the bilateral modifier is fifty percent (50%) of the base amount for the second or contralateral side.

4. Multiple Epidural Injections in a Single Treatment Day/Session. In order to obtain reimbursement for more than one epidural injection in a single treatment day/session (either multiple levels or bilateral injections) there must be appropriate documentation in the medical records of a medical condition for which multiple injections would be appropriate. These conditions would include:

   - Disc pathology (e.g., protrusion) at one level with a dermatomal pain distribution of an adjacent level (e.g., disc affects the traversing nerve root, such as an L4/5 disc herniation affecting the traversing L5 nerve root).
   - Multiple dermatomal nerve root involvement.

   A maximum of two (2) levels of transforaminal epidural steroid injections are reimbursable for a given date of service. This applies to codes 64479, 64480, 64483, and 64484.

   Reimbursement is still limited to two epidural procedures (either two levels, or one level bilaterally) per date of service.

5. A maximum of one (1) interlaminar epidural steroid injection is reimbursable for a given date of service. This applies to codes 62310 and 62311.

6. A maximum of three (3) facet level procedures are reimbursable for a given date of service. This maximum applies to facet joint injections and nerve blocks, codes 64490–64495. Nerve destruction procedures, codes 64633–64636, are limited to two (2) facet levels (three (3) nerve branches), unilateral and bilateral, per given date of service.

7. If a patient with bilateral pain receives only unilateral treatment on a given date of service, any similar procedures (same CPT codes) performed on the contralateral side within ninety (90) days of the initial procedure will be subject to reimbursement reductions related to modifiers for bilateral treatment on the same date of service. For example, if a person undergoes a right sided medial branch block or neurotomy on a given date of service, any similar procedure on the left side will be subject to the reductions in reimbursement related to use of the bilateral modifier if this treatment is provided within ninety (90) days of the date of service of the right sided procedures. This rule will also apply to facility charges.

C. **Multiple Procedure Reimbursement.** Only one (1) type of pain management procedure is reimbursable on a given date of service, unless otherwise approved by the payer. This rule does not include multiple level injections or bilateral procedures of the same type, with appropriate modifiers.

   "Type" is defined as any procedure code involving an anatomically different structure (e.g., spinal nerve, facet joint, sacroiliac joint, trigger point, etc.). Joints and nerves in different anatomical regions (cervical, thoracic, lumbar, sacral) are considered to be different "types" and are limited to two (2) procedures per given day. Additional level or bilateral injections of a single procedure in the same area are not considered different "types," and for the purpose of this rule, are considered to be the same "type." However, the multiple level restrictions, as detailed herein, still apply. Diagnostic injections of more than one type in the same anatomic area on the same date of service are prohibited, and will not be reimbursed without prior authorization. Reimbursement of the multiple procedure modifier (51) is twenty-five percent (25%) of the base amount for the second or additional procedure.

D. Repeat epidural injections would typically occur two to four (2-4) weeks after the initial treatment, contingent upon some degree of continuing radiating pain. Repeat injections cannot be performed within two (2) weeks of the previous epidural injection.

E. Sacroiliac arthrography (CPT code 27096) assumes the use of a fluoroscope and is considered an integral part of the procedures(s). Therefore, an additional fee for the fluoroscopy (CPT code 77002) is not warranted and will not be reimbursed. This code may only be used once per twelve (12) month period.

F. Epidurography (CPT code 72275) is no longer reimbursable under this Fee Schedule.

G. CPT code 62318 includes needle placement, catheter infusion, and subsequent injections. Code 62318 should be used for multiple solutions injected by way of the same catheter, or multiple bolus injections during the initial procedure. The epidural needle or catheter placement is inherent to the procedure, and, therefore, no additional charge for needle or catheter placement is allowed.

H. In order to be eligible for reimbursement under this Fee Schedule, pain management procedures or services which are specifically governed by the rules in this Pain Management section of the Fee Schedule must be performed by a licensed physician holding either an M.D. or D.O. degree. Pain management procedures specifically governed herein which are performed by any other person, such as a Certified Registered Nurse Anesthetist (CRNA), shall not be reimbursed under this Fee Schedule.

I. The following procedures must be performed fluoroscopically in order to qualify for reimbursement:

   1. Facet injections (64490–64495) (fluoroscopy is included in the procedure code).
   2. Sacroiliac (SI) injections (27096).
   3. Transforaminal epidural steroid injections (64479, 64480, 64483, 64484).
   4. Cervical translaminar/interlaminar epidural injections (62310).

J. Any analgesia/sedation used in the performance of the procedures in this section is considered integral to the procedure, and will not be separately reimbursed. This rule applies whether or not the person administering the analgesia/sedation is the physician who is performing the pain management injection. Administration of analgesia/sedation by a different person from the physician performing the injection, including an RN, PA, CRNA, or MD/DO, does not allow for separate billing of analgesia/sedation.

K. Anatomical descriptions of the procedures performed must accompany the bill for service in order for reimbursement to be made. These descriptions must include landmarks used in determining needle positioning, needles used, and the type and quantity of drugs injected. Unless there is a contraindication to contrast media (e.g., documented allergy) it is expected that contrast injection AND a written description of the contrast spread pattern be included in the procedure report. Generic descriptions such as "the procedure was performed in the usual fashion," "the needle was placed on (next to, by, etc.) the nerve/joint/target," "the needle was placed in the correct anatomical location," or similar wording, which was templated or otherwise lacking an actual detailed anatomical description of needle placement or contrast pattern (where appropriate), is inadequate and subsequent cause for denial of payment. Tolerance to the procedure, and side effects or lack thereof should be included in this documentation.

L. **Radiographic Codes in Pain Management.**

- Fluoroscopic imaging is reported with codes 77002 and 77003
- Codes 72020–72220 which apply to radiographic examination of the spine are not reimbursed concurrent with the pain management procedures in this section or with fluoroscopy services
- Code 27096 is not separately reimbursed with facet or sacroiliac joint injections

M. When a joint injection is performed at the end of a surgical procedure for pain control, whether done by the surgeon or by anesthesia, reimbursement is allowed according to the Multiple Procedure rule. This rule applies to facility reimbursement as well as provider reimbursement.

N. Reimbursement of the bilateral modifier is twenty-five percent (25%) of the base amount for the second or contralateral side.

III. Reimbursement for Refill of Pain Pumps

A. **Code 95990.** This CPT code, which applies to refilling and maintenance of an implantable pump or reservoir for drug delivery spinal (intrathecal, epidural) or brain (intraventricular), is reimbursed at the specified MRA listed in the Medicine section of the Fee Schedule.

B. **Evaluation and Management Services.** Refilling and maintenance of implantable pump or reservoir for pain management drug delivery is a global service. An evaluation and management service is not paid additionally unless significant additional or other cognitive services are provided and documented. To report a significant, separately identifiable evaluation and management service, append modifier 25 to the appropriate evaluation and management code. Documentation is required and payment will be allowed if supported by the documentation.

C. **Drugs.** Those drugs used in the refill of the pain pump shall be reimbursed in accordance with the Pharmacy Rules contained in the Pharmacy Rules section of this Fee Schedule.

D. **Compounding Fee.** If the drugs used in the refill of the pain pump must be compounded, the compounding service shall be reimbursed at $157.44 per individual refill. Report the compounding service with code S9430, Pharmacy compounding and dispensing services.

E. Non-FDA-approved drugs for intra-thecal use will NOT be reimbursed.

F. **Intrathecal Drug Delivery.** This method of delivery is not generally recommended and requires prior authorization. Due to conflicting studies in this population and complication rate for long-term use, it may be considered only in very rare occasions when dystonia and spasticity are dominant features or when pain is not able to be managed using any other non-operative treatment. Specific brands of infusion systems have been FDA approved for the following: chronic intraspinal (epidural and intrathecal) infusion of preservative-free morphine sulfate sterile solution in the treatment of chronic intractable pain, chronic infusion of preservative-free ziconotide sterile solution for the management of severe chronic pain, and chronic intrathecal infusion of baclofen for the management of severe spasticity.

1. Description: This mode of therapy delivers small doses of medications directly into the cerebrospinal fluid.
2. Complications: Intrathecal delivery is associated with significant complications, such as infection, catheter disconnects, CSF leak, arachnoiditis, pump failure, nerve injury, and paralysis. Typical adverse events reported with opioids (i.e., respiratory depression, tolerance, and dependence), or spinal catheter-tip granulomas that might arise during intrathecal morphine or hydromorphone treatment have not currently been recorded for ziconotide.
3. Indications: Clinical studies are conflicting, regarding long-term, effective pain relief in patients with non-malignant pain. The Division does not generally recommend the use of intrathecal drug delivery systems in injured workers with chronic pain. Due to the complication rate for long-term use, it may be considered only in very rare occasions

when dystonia and spasticity are dominant features or when pain is not able to be managed using any other non-operative treatment. This treatment must be prior authorized and have the recommendation of at least one physician experienced in chronic pain management in consultation with the primary treating physician. The procedure should be performed by physicians with documented experience. This small eligible sub-group of patients must meet all of the following indications:

a. A diagnosis of a specific physical condition known to be chronically painful has been made on the basis of objective findings;
b. All reasonable surgical and non-surgical treatment has been exhausted including failure of conservative therapy including active and/or passive therapy, medication management, or therapeutic injections;
c. Pre-trial psychiatric or psychological evaluation has been performed (as for SCS) and has demonstrated motivation and long-term commitment without issues of secondary gain. Significant personality disorders must be taken into account when considering a patient for spinal cord stimulation and other major procedures;
d. There is no evidence of current addictive behavior. (Tolerance and dependence to opioid analgesics are not addictive behaviors and do not preclude implantation); and
e. A successful trial of continuous infusion by a percutaneous spinal infusion pump for a minimum of twenty-four (24) hours. A screening test is considered successful if the patient (a) experiences a fifty percent (50%) decrease in pain, which may be confirmed by VAS, and (b) demonstrates objective functional gains or decreased utilization of pain medications. Functional gains should be evaluated by an occupational therapist and/or physical therapist prior to and before discontinuation of the trial.

4. Contraindications: Infection, body size insufficient to support the size and weight of the implanted device. Patients with other implanted programmable devices should be given these pumps with caution since interference between devices may cause unintended changes in infusion rates.

IV. Diagnostic Injections and Procedures

A. Valid diagnostic injections require an appropriately alert patient capable of adequately determining the amount or level of pain relieved or produced by the procedure. This requires judicious use of sedatives in the performance of such procedures. Additional analgesic medications such as intravenous narcotics are to be avoided during the procedure and evaluation phase of testing, as these medications can affect the validity of such diagnostic tests. The results of the tests and drugs used during the injection or procedure must be part of the medical records, and available for review by the payer. Failure to document the patient's response to a diagnostic procedure or injection, and the level of alertness following the procedure or injection, could result in denial of reimbursement. Affected diagnostic procedures include but are not limited to discography and medial branch blocks.

B. Diagnostic injections with local anesthetics require documentation of analgesic response through any validated pain measurement test (e.g., numerical pain scale, visual analogue scale). This should be performed in the treatment facility after the procedure during the time that there would be an expected analgesic response (every thirty (30) minutes for at least one (1) hour). This must be documented and the documentation must be available to the payer for review. Subsequent pain scores must be documented at least hourly for two (2) additional hours after the procedure. If the patient's pre-procedure pain was determined by provocative exam tests or maneuvers, these should be repeated during the evaluation period following the procedure, to differentiate analgesia related to the procedure from positional analgesia, such as, that which may be provided by lying in a recovery bed.

C. **Radiofrequency Medial Branch Neurotomy/Facet Rhizotomy.** This procedure is allowed one (1) time in twelve (12) months not to exceed three (3) levels. The patient should receive at least six months minimum improvement in order to qualify for repeat procedure with no more than two (2) in the first year and one (1) per year thereafter.

D. Other injections with both therapeutic and potentially diagnostic benefit, such as selective nerve root or peripheral nerve blocks or therapeutic facet injections, would ideally be performed with minimal sedation and avoidance of intravenous narcotics. However, as these injections also have potential therapeutic benefit, this is not a requirement for reimbursement.

V. Therapeutic Services

In the pain management setting, no more than two (2) modalities and/or procedures may be used on a date of service (e.g., heat/cold, ultrasound, diathermy, iontophoresis, TENS, electrical stimulation, muscle stimulation, etc.). Multiple modalities should be performed sequentially. Only one (1) modality can be reported for concurrently performed procedures.

VI. General Rules

A. **Epidural Injections.** This Fee Schedule does not recognize a "series" of epidural injections, regardless of number. A trial of epidural injections is permitted provided there is appropriate documentation of a recognized indication for this procedure. Only a single injection can be approved unless there is documentation of analgesic response consistent

with response to the injection. Further injections require a positive analgesic response in order to be repeated. For the first injection, the initial analgesic response may be temporary. However, after the second injection, there must be a residual and progressive analgesic benefit in order to perform a third injection. Documentation of a positive patient response will be required to continue epidural treatment. If there is no documented residual pain relief after two (2) injections, no further epidural injections will be considered medically necessary.

1. Repeat injections (up to two (2) additional injections, for a total of three (3) per twelve (12) month period), however, do NOT require prior approval as long as the appropriate responses are properly documented.
2. Utilization management or review decisions shall not be based solely on the application of clinical guidelines, but must include review of clinical information submitted by the provider and represent an individualized determination based on the worker's current condition and the concept of medical necessity predicated on objective or appropriate subjective improvements in the patient's clinical status.

B. Reimbursement will be limited to three (3) epidural pain injections in a twelve (12) month period unless the payer gives prior approval for more than three (3) such injections. Separate billing for the drug injected is not appropriate and will not be reimbursed.

C. Interlaminar epidural injections are seldom used for diagnostic purposes because the generalized regional spread of local anesthetic with spinal injection makes it impractical if not impossible to selectively block a specific nerve.

1. To be reimbursed, both cervical and interlaminar epidural steroid injections must be performed fluoroscopically, typically with contrast injection, unless there is a documented contrast allergy. The fluoroscopic guidance requirement for lumbar interlaminar epidural injections represents a change from previous Fee Schedules, and is now required to reflect a growing national trend of use of fluoroscopy with all epidural injections. The technical failure rate of non-fluoroscopic ("blind") epidural injections is documented to be as high as twenty-five percent (25%), and considering the benefit of interlaminar epidural injections for radicular pain is suspect at best, there is now the requirement for fluoroscopy with all epidural steroid injections.

   Epidural blood patches do not require fluoroscopic guidance, though this is preferred.

   The specific cause of radiating pain may not always be obvious on imaging, such as MRI, CT or x-rays. Therefore, the indications for a trial of epidural steroid injections are based on the patient's clinical presentation, not imaging.

   All nerve root pain or radiating pain is not caused by damage (nerve or axon loss) to the nerve or dorsal root ganglion. When there is only inflammation or irritation of the nerve, there may be radiating pain in the absence of physical exam findings of nerve damage such as altered or absent motor, sensory, or reflex function. In fact, actual nerve damage is not treated by steroid injections, as the latter does not accelerate the regeneration of new nerve (axon) regeneration. Therefore, EMG/NCV testing demonstrating nerve or axon loss is not necessary as an indication for a trial of epidural steroid injections.

   A trial of epidural steroids injections may be indicated when there is radiating pain (extremity or buttock) with or without co-existing back pain.

   In order to repeat an epidural injection, there must have been a positive analgesic response (pain improvement or functional improvement) to the previous injection. For the first injection, this relief may be temporary, but cannot be attributed solely to a local anesthetic effect or intra-procedural sedation (i.e., relief for the first few hours after injection). Additionally, in order to repeat an epidural injection, there must be continued radiating pain, and not only residual axial (back/neck) pain. After a second epidural injection, there must be some degree of *residual/durable* relief of the radiating component of pain that has persisted to the time of the patient's follow up visit.

2. **Initiation and Continuation of Epidural Injections.** It is necessary to obtain prior approval by the payer or appropriate utilization reviewer before initiating a trial of epidural injections. It is NOT necessary to obtain prior approval to repeat an injection as long as it is performed according to the rules outlined above. If the appropriate rules are followed, denial of reimbursement for repeated procedures will result in automatic adjudication favorable to the provider and may result in appropriate penalties and/or fines to the payer.

   There will be a maximum of three (3) epidural injections per anatomical (cervical/thoracic/lumbar) area allowed within a given one (1) year time period. There may be times when additional injections are indicated (re-injury, intervening surgery, etc.), but this is subject to prior approval by the payer, who has the sole authority to allow more than three (3) injections per one (1) year period.

   Repeat trials of epidural injections may be considered after one (1) year if the preceding trial provided several months of demonstrable benefit. In order to be considered effective, this benefit must include greater than thirty percent (30%) improvement in pain scores, and documentation of either 1) significant reduction of daily narcotic consumption, defined as a sustained reduction (several months) of at least thirty percent (30%) of the daily narcotic use prior to initiation of the trial of epidural injections, or 2) ability to work for a sustained period of time (several months) at least at sedentary work level or the work level as determined by a valid Functional Capacity Rating (FCE). Also, no patient can be considered for a repeat trial of epidural steroid injections, if after the preceding trial (in a similar anatomical area) they are unable to reduce narcotic consumption to less than 100 mg morphine equivalent per day.

If, after an initial trial of epidural injections, it is suspected that there is a new nerve injury involving a different anatomical nerve, a trial of epidural injections may be indicated independent of the response to the initial trial of epidural injections. However, as this would represent a separate nerve injury, causation would have to be established prior to initiation of further treatment related to a work injury.

3. **Documentation Requirements for Epidural Injections (Adopted and Adapted from CMS MLN Matters #SE1102 rev).** Documentation in the medical record must contain the initial evaluation including history and physical examination; diagnosis, pain, and disability of moderate to severe degree; site of injection with name and dosage of drug instilled; and the patient's response to the prior injections.

    a. Documentation of conservative therapies that were tried and failed except in acute situations such as acute disc herniation with disabling and debilitating pain, reflex sympathetic dystrophy, postoperative and obstetric pain and intractable pain secondary to carcinoma.
    b. All documentation must be maintained in the patient's medical record and available to the payer upon request.
    c. The record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the physician responsible for and providing the care of the patient.
    d. The submitted medical record should support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code should describe the service performed.
    e. The patient's record should document an appropriate history and physical examination by the provider or provider's representative specifying the medical indications requiring his/her presence when applicable. The indications should be recorded by the provider performing the injection in their respective notes.

D. **Facet Injections.** Intra-articular joint injections (cervical, thoracic, lumbar), which can have both diagnostic and therapeutic indications, should always be considered primarily therapeutic.

The number of facet injections subject to reimbursement is limited to four (4) dates of service with a maximum of two (2) therapeutic and two (2) diagnostic injections for the initial twelve (12) month period of treatment per anatomical region. This allows for a total of four (4) dates of service, regardless of the number of levels treated, which levels are treated, or which side (left or right or bilateral) is treated, in the same anatomical region. If treatment for facet-related pain continues past twelve (12) months, further injections are limited to a total of two (2) dates of service per twelve (12) month period. Facet injections in different anatomical areas are not subject to the above limits, as each different anatomical area would be subject to its own separate limit as described above. Nerve-destructive procedures (e.g. radiofrequency facet nerve neurotomy, codes 64633, 64634, 64635, 64636) do not count as an additional therapeutic procedure for the purpose of this rule.

A "different anatomical area" refers to the lumbar, thoracic, and cervical areas. Injections within the lumbar spine, for example, are considered to be within the same anatomical area regardless of the actual lumbar joint/nerve level, or which side (right or left), is treated, and all limits would apply in this anatomical area. The same rule applies to the thoracic and cervical anatomical areas, regardless of the level or laterality treated within the same anatomical area.

In order to be a "successful" ("positive") diagnostic facet procedure (either intra-articular or medial branch block(s)), the patient must experience at least seventy-five percent (75%) relief of the index pain (pain being treated by the procedure). Additionally, this index pain must be at least fifty percent (50%) of the patient's total pain.

Facet nerve (medial branch ablation) for cervical, thoracic or lumbar nerves will only be reimbursed once per seven (7) month period. Repeat (medial branch) ablation is contingent upon documentation of at least six (6) month's measurable (greater than thirty percent (30%) improvement in pain scores, and documentation of either 1) reduction of daily narcotic consumption of at least thirty percent (30%) from the daily use noted prior to the procedure, or 2) ability to work at least at a sedentary work level or work level as determined by a valid Functional Capacity Evaluation (FCE). Also, no patient can be considered for a repeat neuroablative procedure (e.g., neurotomy) if after the preceding neuroablative procedure (at similar anatomical levels) they are unable to reduce narcotic consumption to less than 100 mg morphine equivalent per day.

In order to perform a repeat therapeutic facet joint injection (cervical, thoracic, or lumbar; codes 64490–64495), there must be documentation of a significant analgesic response that persists for at least four (4) weeks. This relief must be at least fifty percent (50%) of the pain in the specific anatomical area targeted by the injection, and there must be documentation of a durable (also four (4) weeks) measurable improvement in the range of motion, or documentation of normal motion, of the involved joint area being treated.

E. **Trigger Point Injections.** Trigger point injection is considered one (1) procedure and is reimbursed as such regardless of the number of injection sites. Billing for multiple injections, and multiple regions, falls under the same one-procedure rule. Two codes are available for reporting trigger point injections: use 20552 for injection(s) of single or multiple trigger point(s) in one or two muscles, or 20553 when three or more muscles are involved. When billing for multiple injections, and multiple regions, only code 20552 OR 20553 is allowed per date of service.

The goal is to treat the cause of pain, not just the symptoms. With this intent, in order to be repeated in the same muscle group, there must be at least a fifty percent (50%) persistent benefit from the previous injection. For patients

not in therapy, trigger point injections can be performed monthly, as long as there is a documented fifty percent (50%) residual benefit, and progressive relief (pain intensity and duration of relief) with the preceding injection. After six months, if similar pain persists, the patient should be re-evaluated regarding the etiology of the complaint, and the available treatment options reconsidered. The payer may consider payment for additional trigger point injections upon review.

F. **Soft Tissue Injections.** "Myofascial, myoneural, and trigger point injections" are synonymous and are to be reimbursed with code 20552 or 20553. Modifiers for additional injections are not allowed with these codes. Reimbursement will be made for 20552 or 20553 but not both on the same date.

Codes 20550 and 20551 are used for the injections of tendon origins and are not to be used for "myofascial, myoneural or trigger point" injections. Failure to observe this rule could result in denial of service on retrospective review and/or request for reimbursement.

Code 20612 is to be used for the aspirations/injection of a ganglion cyst and not for "myofascial, myoneural, or trigger point" injections. Failure to observe this rule could result in denial of service on retrospective review and/or request for reimbursement.

G. **Investigational Procedures.** Refer to the General Rules section.

H. **Sacroiliac (SI) Joint.** Injections of the sacroiliac joint may be used to diagnose the cause of or to treat low back pain.

SI joint injection can be done diagnostically or therapeutically.

Both therapeutic and diagnostic sacroiliac joint injections require the use of image guidance. Injections performed without the use of image guidance, should be billed, and will be reimbursed, as a trigger point injection. CPT code 27096 requires the use of imaging confirmation of intra-articular needle positioning.

Sacroiliac joint injections (code 27096) require documentation of at least a four (4) week durable analgesic benefit of at least fifty percent (50%) pain relief in the anatomical area being targeted by the injection. A maximum of two (2) therapeutic sacroiliac joint injections is allowed per twelve (12) month period. This rule is limited only to the joint injected, and not the contralateral joint (i.e., right or left sided joint).

I. **Discography.** Discography is a diagnostic test to identify (or rule out) painful intervertebral discs. Discography is appropriate only in patients for whom no other treatment options remain except for possible surgical stabilization (spinal fusion). Discography is then used on these patients to determine which discs, if any, are painful and abnormal, so that a surgical correction (fusion) can be performed. If a patient is not considered to be a candidate for surgery (fusion), then a discogram is not considered medically necessary. Investigational intradiscal therapies such as percutaneous disc decompression (Dekompressor), fluoroscopic, laser, radiofrequency, plasma righ protein (PRP), stem cells and all other therapeutic disc injections or thermal disc therapies are considered investigational and are not reimbursable.

The radiographic interpretation codes 72285 and 72295 can only be used ONCE per treatment session and additional level modifiers are not allowed.

When reporting the radiological supervision and interpretation professional components for discography (72285, 72295), the anatomical localization for needle placement is inclusive with the procedure and code 77003 should not be additionally reported.

Radiographic interpretation codes 72285 and 72295 must include a thorough description of radiographic findings available in a separate report with hard copy radiographs or other media, such as digital, that will allow review of images (AP and lateral at a minimum).

J. **BOTOX.** BOTOX is not indicated for the relief of musculoskeletal pain, and its use as such is not covered by the Fee Schedule. An exception is made when BOTOX treatment is indicated for spasticity or other indications and requires prior approval.

K. **Implantation of Spinal Cord Stimulators.**

1. The following conditions must be met for consideration of spinal cord stimulators.
    - Patient must have a medical condition for which spinal cord stimulation (SCS) is a recognized and accepted form of treatment.
    - There must be a trial stimulation that includes a minimum seven (7) day home trial with the temporary stimulating electrode.
    - During the trial stimulation, the patient must report functional improvement, decreased use of medications, and at least fifty percent (50%) pain reduction and some functional gains during the last four (4) days of the stimulation trial.
    - Psychological screening must be used to determine if the patient is free from:

- Substance abuse issues
- Untreated psychiatric conditions
- Major psychiatric illness that could impair the patient's ability to respond appropriately to the trial stimulation

2. Reimbursement for implantation is limited to a maximum of two (2) leads and a maximum of sixteen (16) electrodes, regardless of the number used.
3. Neurostimulation
   a. Description: As of the time of this guideline writing, spinal cord stimulation devices have been FDA approved as an aid in the management of chronic intractable pain of the trunk and/or limbs, including unilateral and bilateral pain associated with the following: failed back surgery syndrome, intractable low back pain and leg pain. There is limited evidence that supports its use for spinal axial pain. SCS may be most effective in patients with CRPS I or II who have not achieved relief with oral medications, rehabilitation therapy, or therapeutic nerve blocks, and in whom the pain has persisted for longer than six (6) months. Surgical procedures should be performed by surgeons, usually with a neurosurgical or spinal background.
   b. Surgical Indications: Patients with established CRPS I or II or a failed spinal surgery with persistent functionally limiting radicular pain greater than axial pain who have failed conservative therapy including active and/or passive therapy, pre-stimulator trial psychiatric evaluation and treatment, medication management, and therapeutic injections. SCS is not recommended for patients with the major limiting factor of persistent axial spine pain. SCS may be indicated in a subset of patients who have a clear neuropathic radicular pain (radiculitis). The extremity pain should account for at least fifty percent (50%) or greater of the overall back and leg pain experienced by the patient. Prior authorization is required. Patients with severe psychiatric disorders, and issues of secondary gain are not candidates for the procedure.
   c. A comprehensive psychiatric or psychological evaluation prior to the stimulator trial has been performed. This evaluation should include a standardized detailed personality inventory with validity scales (such as MMPI-2, MMPI-2-RF, or PAI) pain inventory with validity measures (for example, BHI 2, MBMD); clinical interview and complete review of the medical records. Before proceeding to a spinal stimulator trial the evaluation should find the following:
      - No indication of falsifying information, or of invalid response on testing;
      - No primary psychiatric risk factors or "red flags" (e.g., psychosis, active suicidality, severe depression, or addiction). (Note that tolerance and dependence to opioid analgesics are not addictive behaviors and do not preclude implantation);
      - A level of secondary risk factors or "yellow flags" (e.g., moderate depression, job dissatisfaction, dysfunctional pain conditions) judged to be below the threshold for compromising the patient's ability to benefit from neurostimulation;
      - The patient is cognitively capable of understanding and operating the neurostimulation control device;
      - The patient is cognitively capable of understanding and appreciating the risks and benefits of the procedure
      - The patient has demonstrated a history of motivation in and adherence to prescribed treatments.
   d. The psychologist or psychiatrist performing these evaluations should not be an employee of the physician performing the implantation. This evaluation must be completed, with favorable findings, before the screening trial is scheduled. Significant personality disorders must be taken into account when considering a patient for spinal cord stimulation and other major procedures.
   e. All reasonable surgical and non-surgical treatment has been exhausted.
   f. The topography of pain and its underlying pathophysiology are amenable to stimulation coverage (the entire painful extremity area has been covered).
   g. Successful neurostimulation screening test: For a spinal cord neurostimulation screening test, a temporary lead is implanted at the level of pain and attached to an external source to validate therapy effectiveness. A screening test is considered successful if the patient meets both of the following criteria:
      - Experiences a fifty percent (50%) decrease radicular or CRPS in pain, which may be confirmed by visual analogue scale (VAS) or Numerical Rating Scale (NRS)
      - Demonstrates objective functional gains or decreased utilization of pain medications.

      Objective, measurable, functional gains should be evaluated by an occupational therapist and/or physical therapist and the primary treating physician prior to and before discontinuation of the trial.
   h. Reimbursement of the bilateral modifier is twenty-five percent (25%) of the base amount for the second or contralateral side.

L. All Interventional Pain Management (IPM) procedures must be billed with the appropriate CPT codes and modifiers (where applicable) using accepted ICD-10-CM codes as the indications for the procedures. Providers MUST use acceptable codes in order to initiate or maintain treatment. Failure to do so is cause for denial of treatment until the proper appropriate codes are submitted.

Payers/URs must use the rules of this Fee Schedule to deny requested treatment. Failure to cite the specific section of the IPM portion of the *Mississippi Workers' Compensation Medical Fee Schedule* will result in automatic adjudication for the provider without appeal. "Specific" refers to citing the actual section, and appropriate subsections directly from the guidelines. Failure to have the Fee Schedule available during the review would obviously make such citation unachievable, resulting in automatic adjudication for the provider. ***No outside guidelines can be used to deny IPM care requested in accordance with the Fee Schedule.***

M. **Topical Drug Delivery**

1. **Description:** Topical medications, such as lidocaine and capsaicin, may be an alternative treatment for neuropathic disorders and is an acceptable form of treatment in selected patients.
2. **Indications:** Neuropathic pain for most agents. Episodic use of NSAIDs and salicylates for joint pain. Patient selection must be rigorous to select those patients with the highest probability of compliance. Many patients do not tolerate the side effects for some medication or the need for frequent application.
3. **Dosing and Time to Therapeutic Effect:** All topical agents should be prescribed with strict instructions for application and maximum number of applications per day to obtain the desired benefit and avoid potential toxicity. There is no evidence that topical agents are more or less effective than oral medications. For most patients, the effects of long-term use are unknown and thus may be better used episodically.
4. **Side Effects:** Localized skin reactions may occur, depending on the medication agent used vs. Topical Agents.
    a. **Capsaicin.** At the time of this guideline writing, formulations of capsaicin have been FDA approved for management of pain associated with post-herpetic neuralgia. Capsaicin offers a safe and effective alternative to systemic NSAID therapy. There is also good evidence that a high dose (8%) capsaicin patch applied for 60 minutes can decrease post herpetic neuralgic pain for three (3) months.
    b. **Ketamine and Tricyclics.** Topical medications, such as the combination of ketamine and amitriptyline have been proposed as an alternative treatment for neuropathic disorders including CRPS. However, at the time of this guideline writing, neither tricyclic nor ketamine topicals are FDA approved for topical use in neuropathic pain. Continued use of these agents beyond the initial prescription requires documentation of effectiveness, including functional improvement, and/or decreased use of other medications, particularly decreased use of opiates or other habituating medications.
    c. **Lidocaine.** At the time of this guideline writing, formulations of lidocaine (patch form) have been FDA approved for pain associated with post-herpetic neuralgia.
    d. **Topical Salicylates and Non-salicylates.** These have been shown to be effective in relieving pain in acute musculoskeletal conditions and single joint osteoarthritis. Topical salicylate and non-salicylates achieve tissue levels that are potentially therapeutic, at least with regard to Cyclooxygenase (COX) inhibition. There is good evidence that diclofenac gel reduces pain and improves function in mild-to-moderate hand osteoarthritis. Diclofenac gel has been FDA approved for acute pain due to minor strains, pains, and contusions; and for relief of pain due to osteoarthritis of the joints amenable to topical treatment, such as those of the knees and hands.
    e. **Other Compounded Topical Agents.** At the time this guideline was written, no studies identified evidence for the effectiveness of compounded topical agents other than those recommended above. Therefore, other compounded topical agents are not recommended.
5. Prior authorization is required for all agents that have not been recommended above. Continued use requires documentation of effectiveness including functional improvement and/or decrease in other medications.

VII. USE OF CONTROLLED SUBSTANCES

Use of Opioids or Other Controlled Substances for Management of Chronic (Non-Terminal) Pain. It is recognized that optimal or effective treatment for chronic pain may require the use of opioids or other controlled substances. The proper and effective use of opioids or other controlled substances has been specifically addressed by the Mississippi Board of Medical Licensure. Unless otherwise directed by the Commission, reimbursement for prescriptions for opioids or other controlled substances used for the management or treatment of chronic, non-terminal pain shall not be provided under this Fee Schedule unless treatment is sufficiently documented and complies with the Rules and Regulations, as promulgated by the Mississippi State Board of Medical Licensure, and supplemented by the Commission accordingly.

In addition to the specific Rules and Regulations promulgated by the Mississippi State Board of Medical Licensure incorporated herein, the payer may, as in other cases, obtain a second opinion from an appropriate and qualified physician to determine the appropriateness of the treatment being rendered, including but not limited to the appropriateness of the continuing use of opioids or other controlled substances for treatment of the patient's chronic pain. However, any such second opinion shall not be used as the basis for abrupt withdrawal of medication or payment thereof. Nothing in this paragraph shall prohibit a physician from administering narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral or discontinuance of treatment, and the payer shall provide reimbursement in accordance with this Fee Schedule, as follows: not more than one (1) day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be

carried out for not more than three (3) days. Discontinuance of treatment or reimbursement of prescriptions based on a second opinion obtained hereunder shall be subject to review by the Commission pursuant to the Dispute Resolution Rules set forth in the Dispute Resolution Rules section in this Fee Schedule.

VIII. MODIFIERS

Please see the appropriate section (e.g., Surgery, Radiology) for applicable modifiers.

Surgery

I. General Guidelines

A. **Global Reimbursement**. The reimbursement allowances for surgical procedures are based on a global reimbursement concept that covers performing the basic service and the normal range of care required after surgery. The State of Mississippi follows the surgical package definition from *CPT®2016.*

B. **Normal, Uncomplicated Follow-Up (FU) Care.** Normal, uncomplicated follow-up (FU) care for the time periods indicated in the follow-up days (FUD) column for each procedure code. The number in that column establishes the days during which no additional reimbursement is allowed for the usual care provided following surgery, absent complications or unusual circumstances.

The maximum reimbursement allowance (MRA) covers all normal postoperative care, including the removal of sutures by the surgeon or associate. Follow-up days are specified by procedure. Follow-up days listed are for 0, 10, or 90 days and are listed in the Fee Schedule as 000, 010, or 090. Follow-up days may also be listed as:

MMM indicating that services are for uncomplicated maternity care,

XXX indicating that the global surgery concept does not apply,

YYY indicating that the follow-up period is to be set by the payer (used primarily with BR procedures), or

ZZZ indicating that the code is related to another service and is treated in the global period of the other procedure (used primarily with add-on and exempt from modifier 51 codes).

The day of surgery is day one when counting follow-up days. Hospital discharge day management is considered to be normal, uncomplicated follow-up care.

C. **Follow-up for Diagnostic Procedures**. When a procedure is done for diagnostic purposes, the follow-up does not include care of the condition itself, only recovery/recovery care for the procedure itself.

D. **Follow-up Care for Therapeutic Surgical Procedures**. When a procedure is therapeutic in nature, the follow-up care includes routine post-op care and recovery. Any care needed for complications, care needed that is not part of routine post-op recovery, or any care that is not due to the procedure itself, may warrant additional charges.

E. **Separate Procedures**. Separate procedures are commonly carried out as an integral part of another procedure. They should not be billed in conjunction with the related procedure. These procedures may be billed when performed independently by adding modifier 59 or X{EPSU} to the specific “separate procedure” code.

F. **Additional Surgical Procedure(s)**. When an additional surgical procedure(s) is carried out within the listed period of follow-up care for a previous surgery, the follow-up periods will continue concurrently to their normal terminations.

G. **Microsurgery, Operating Microscope, and Use of Code 69990**. When an operating microscope is used during an operative procedure, it should be billed with code 69990. Modifier 51 is not reported with this code. This code is not reimbursed for use of corrective vision apparatus or magnifying devices. CPT code 69990 should not be billed with the following codes that include the use of the operating microscope: 15756–15758, 15842, 19364,19368, 20955–20962, 20969–20973, 22551, 22552, 22856–22861, 26551–26554, 26556, 31526, 31531, 31536, 31541, 31545, 31546, 31561, 31571, 43116, 43180, 43496, 46601, 46607, 49906, 61548, 63075–63078, 64727, 64820–64823, 65091–68850. For purposes of clarification, if microsurgery technique is employed and the primary procedure code is not contained in the aforementioned list, it is appropriate to report 69990 with the primary procedure performed and reimbursement is required for said services. (For example, code 63030 is not included in the aforementioned list and, as such, it is appropriate for providers to report 69990 along with 63030 to describe microsurgical technique.) Reimbursement for 69990 is required provided operative documentation affirms microsurgical technique and not just visualization with magnifying loupes or corrected vision.

H. **Unique Techniques**. A surgeon is not entitled to an extra fee for a unique technique. It is inappropriate to use modifier 22 unless the procedure is significantly more difficult than indicated by the description of the code.

I. **Surgical Destruction**. Surgical destruction is part of a surgical procedure, and different methods of destruction (e.g., laser surgery) are not ordinarily listed separately unless the technique substantially alters the standard management of a problem or condition. Exceptions under special circumstances are provided for by separate code numbers.

J. **Incidental Procedure(s)**. An additional charge for an incidental procedure (e.g., incidental appendectomy, incidental scar excisions, puncture of ovarian cysts, simple lysis of adhesions, simple repair of hiatal hernia, etc.) is not customary and does not warrant additional reimbursement.

K. **Endoscopic Procedures**. When multiple endoscopic procedures are performed by the same practitioner at a single encounter, the major procedure is reimbursed at one hundred percent (100%). If a secondary procedure is performed through the same opening/orifice, fifty percent (50%) is allowable as a multiple procedure. However, diagnostic procedures during the same session and entry site are incidental to the major procedure.

L. **Biopsy Procedures**. A biopsy of the skin and another surgical procedure performed on the same lesion on the same day must be billed as one procedure.

M. **Repair of Nerves, Blood Vessels, and Tendons with Wound Repairs**. The repair of nerves, blood vessels, and tendons is usually reported under the appropriate system. Normal wound repair is considered part of the nerve, blood vessel and/or tendon repair. Additional reimbursement for wound repair is only warranted if it is a complex wound, and modifier 59 or X{EPSU} should be used to identify such.

N. **Suture Removal**. Billing for suture removal by the operating surgeon is not appropriate as this is considered part of the global fee.

O. **Joint Manipulation Under Anesthesia**. There is no charge for manipulation of a joint under anesthesia when it is preceded or followed by a surgical procedure on that same day by that surgeon. However, when manipulation of a joint is the scheduled procedure and it indicates additional procedures are necessary and appropriate, the lesser of the billed amount or fifty percent (50%) of the MRA for manipulation may be allowed.

P. **Supplies and Materials**. Supplies and materials provided by the physician (e.g., sterile trays/drugs) over and above those usually included with the office visit may be listed separately using CPT code 99070 or specific HCPCS codes.

Q. **Aspirations and Injections**

1. Puncture of a cavity or joint for aspiration followed by injection of a therapeutic agent is one procedure and should be billed as such.
2. When joint injections/trigger point injections are performed, ultrasound and/or Doppler guidance is considered integral to the procedure and will not be separately reimbursed.
3. When a joint injection is performed at the end of a surgical procedure for pain control, whether done by the surgeon or by anesthesia, reimbursement is allowed according to the Multiple Procedure Billing rule. This rule applies to facility reimbursement as well as provider reimbursement.

R. **Surgical Assistant**

1. Physician Surgical Assistant — For the purpose of reimbursement, a physician who assists at surgery is reimbursed as a surgical assistant. Assistant surgeons should use modifier 80 and are allowed the lesser of the billed amount or twenty percent (20%) of the maximum reimbursement allowance (MRA) for the procedure(s).
2. Registered Nurse Surgical Assistant or Physician Assistant
    a. A physician assistant, or registered nurse who has completed an approved first assistant training course, may be allowed a fee when assisting a surgeon in the operating room (O.R.).
    b. The maximum reimbursement allowance for the physician assistant or the registered nurse first assistant (RNFA) is ten percent (10%) of the surgeon's fee for the procedure(s) performed.
    c. Under no circumstances will a fee be allowed for an assistant surgeon and a physician assistant or RNFA at the same surgical encounter.
    d. Registered nurses on staff in the O.R. of a hospital, clinic, or outpatient surgery center do not qualify for reimbursement as an RNFA.
    e. CPT codes with modifier AS or modifier 81 should be used to bill for physician assistant or RNFA services on a CMS-1500 form or electronic claim and should be submitted with the charge for the surgeon's services.
3. The Fee Schedule includes a column indicating which procedures are approved for assistant services with Y (yes) or N (no). If a surgical procedure is approved/precertified for a code with a Y in the "Assist Surg" column, the assistant is implied and does not require separate approval/precertification for reimbursement.

S. **Operative Reports**. An operative report must be submitted to the payer before reimbursement can be made for the surgeon's or assistant surgeon's services, and should document the use of assistant services.

T. **Needle Procedures**. Needle procedures (lumbar puncture, thoracentesis, jugular or femoral taps, etc.) should be billed in addition to the medical care on the same day.

U. **Therapeutic Procedures**. Therapeutic procedures (injecting into cavities, nerve blocks, etc.) (CPT codes 20526–20610, 64400–64450) may be billed in addition to the medical care for a new patient. (Use appropriate level of service plus injection.)

In follow-up cases for additional therapeutic injections and/or aspirations, an office visit is only indicated if it is necessary to re-evaluate the patient. In this case, a minimal visit may be listed in addition to the injection. Documentation supporting the office visit charge must be submitted with the bill to the payer. Reimbursement for therapeutic injections will be made according to the multiple procedure rules.

Trigger point injection is considered one procedure and reimbursed as such regardless of the number of injection sites. Two codes are available for reporting trigger point injections. Use 20552 for injection(s) of single or multiple trigger point(s) in one or two muscles or 20553 when three or more muscles are involved.

V. **Anesthesia by Surgeon**. In certain circumstances it may be appropriate for the attending surgeon to provide regional or general anesthesia. Anesthesia by the surgeon is considered to be more than local or digital anesthesia. Identify this service by adding modifier 47 to the surgical code. Only base anesthesia units are allowed. See the Anesthesia section.

W. **Therapeutic/Diagnostic Injections**. Injections are considered incidental to the procedure when performed with a related invasive procedure.

X. **Intervertebral Biomechanical Device(s) and Use of Code 22851.** Code 22851 describes the application of an intervertebral biomechanical device to a vertebral defect or interspace. Code 22851 should be listed in conjunction with a primary procedure without the use of modifier 51. The use of 22851 is limited to one instance per single interspace or single vertebral defect regardless of the number of devices applied and infers additional qualifying training, experience, sizing, and/or use of special surgical appliances to insert the biomechanical device. Qualifying devices include manufactured synthetic or allograft biomechanical devices, or methyl methacrylate constructs, and are not dependent on a specific manufacturer, shape, or material of which it is constructed. Qualifying devices are machine cut to specific dimensions for precise application to an intervertebral defect. (For example, the use of code 22851 would be appropriate during a cervical arthrodesis (22554) when applying a synthetic alloy cage, a threaded bone dowel, or a machine cut hexahedron cortical, cancellous, or corticocancellous allograft biomechanical device. Surgeons utilizing generic non-machined bony allografts or autografts are referred to code sets 20930–20931, 20936–20938 respectively.)

Y. **Intra-operative Neurophysiologic Monitoring (e.g., SSEP, MEP, BAEP, TES, DEP, VEP).** All intra-operative neurophysiologic monitoring requires pre-authorization. This service does not require separate precertification when it meets these guidelines. Reimbursement for intra-operative neurophysiologic monitoring will not be allowed in the following cases, unless mutually agreed to by the payer and the provider:

1. Neuromuscular junction testing of each nerve during intraoperative monitoring;
2. Intraoperative monitoring during peripheral nerve entrapment releases, such as carpal release, ulnar nerve transposition at the elbow, and tarsal tunnel release;
3. During decompression of cervical nerve roots without myelopathy;
4. During placement of cervical instrumentation absent evidence of myelopathy;
5. During lumbar discectomy for radiculopathy; or
6. During lumbar decompression for treatment of stenosis without the need for instrumentation.

II. Multiple Procedures

A. **Multiple Procedure Reimbursement Rule**. Multiple procedures performed during the same operative session at the same operative site are reimbursed as follows:

- One hundred percent (100%) of the allowable fee for the primary procedure
- Fifty percent (50%) of the allowable fee for the second and subsequent procedures

B. **Bilateral Procedure Reimbursement Rule**. Physicians and staff are sometimes confused by the definition of bilateral. Bilateral procedures are identical procedures (i.e., use the same CPT code) performed on the same anatomic site but on opposite sides of the body. Furthermore, each procedure should be performed through its own separate incision to qualify as bilateral. For example, open reductions of bilateral fractures of the mandible treated through a common incision would not qualify under the definition of bilateral and would be reimbursed according to the multiple procedure rule. Medicare's accepted method of billing bilateral services is to list the procedure once and add modifier 50. Mississippi is adopting this same policy. Refer to the example below:

69300 50 Otoplasty, protruding ear, with or without size reduction

Place a “2” in the UNITS column of the CMS-1500 claim form so that payers are aware that two procedures were performed. List the charge as one hundred fifty percent (150%) of your normal charge. Reimbursement shall be at one hundred fifty percent (150%) of the amount allowed for a unilateral procedure(s). For example, if the allowable for a unilateral surgery is one hundred dollars ($100.00) and it is performed bilaterally, reimbursement shall be one hundred fifty dollars ($150.00). However, if the procedure description states “bilateral,” reimbursement shall be as listed in the Fee Schedule since the fee was calculated for provision of the procedure bilaterally.

C. **Multiple Procedures—Different Areas Rule**. When multiple surgical procedures are performed in different areas of the body during the same operative sessions and the procedures are unrelated (e.g., abdominal hernia repair and a knee arthroscopy), the multiple procedure reimbursement rule will apply independently to each area. Modifier 51 must be added.

D. **Multiple Procedure Billing Rules**

1. The primary procedure, which is defined as the procedure with the highest RVU, must be billed with the applicable CPT code.
2. The second or lesser or additional procedure(s) must be billed by adding modifier 51 to the codes, unless the procedure(s) is exempt from modifier 51 or qualifies as an add-on code.

III. Repair of Wounds

A. Wound classifications of simple, intermediate, or complex are expected to be consistent with current CPT descriptions/definitions/guidelines.

B. **Reporting**

1. The use of appropriate codes should be consistent with the current CPT guidelines.
2. Wound exploration codes should not be billed with codes that specifically describe a repair to major structure or major vessel. The specific repair code supersedes the use of a wound exploration code.

IV. Musculoskeletal System

A. **Casting and Strapping**. This applies to severe muscle sprains or strains that require casting or strapping.

1. Initial (new patient) treatment for soft tissue injuries must be billed under the appropriate office visit code.
2. When a cast or strapping is applied during an initial visit, supplies and materials (e.g., stockinet, plaster, fiberglass, ace bandages) may be itemized and billed separately using the appropriate HCPCS code.
3. When initial casting and/or strapping is applied for the first time during an established patient visit, reimbursement may be made for the itemized supplies and materials in addition to the appropriate established patient visit.
4. Replacement casts or strapping provided during a follow-up visit (established patient) include reimbursement for the replacement service as well as the removal of casts, splints, or strapping. Follow-up visit charges may be reimbursed in addition to replacement casting and strapping only when additional significantly identifiable medical services are provided. Office notes should substantiate medical necessity of the visit. Cast supplies may be billed using the appropriate HCPCS code and reimbursed separately.

B. **Fracture Care**

1. Fracture care is a global service. It includes the examination, restoration or stabilization of the fracture, application of the first cast, and cast removal. Casting material is not considered part of the global package and may be reimbursed separately. It is inappropriate to bill an office visit since the reason for the encounter is for fracture care. However, if the patient requires surgical intervention, additional reimbursement can be made for the appropriate E/M code to properly evaluate the patient for surgery. Use modifier 57 with the E/M code.
2. Reimbursement for fracture care includes the application and removal of the first cast or traction device only. Replacement casting during the period of follow-up care is reimbursed separately.
3. The phrase “with manipulation” describes reduction of a fracture.
4. Re-reduction of a fracture performed by the primary physician may be identified by the addition of modifier 76 to the usual procedure code to indicate “repeat procedure” by the same physician.
5. The term “complicated” appears in some musculoskeletal code descriptions. It implies an infection occurred or the surgery took longer than usual. Be sure the medical record documentation supports the “complicated” descriptor to justify reimbursement.

C. **Bone, Cartilage, and Fascia Grafts**

1. Reimbursement for obtaining autogenous bone, cartilage or fascia grafts, or other tissue through separate incisions is made only when the graft is not described as part of the basic procedure.
2. Tissue obtained from a cadaver for grafting must be billed using code 99070 and accompanied by a report in order to ensure an equitable reimbursement by the payer.

D. **Arthroscopy**

Note: Diagnostic arthroscopy is considered to be included in a surgical arthroscopy. Only in the most unusual case is an increased fee justified because of increased complexity of the intra-articular surgery performed.

1. Diagnostic arthroscopy should be billed at fifty percent (50%) when followed by open surgery.
2. Diagnostic arthroscopy is not billed when followed by arthroscopic surgery.
3. If there are only minor findings that do not confirm a significant preoperative diagnosis, the procedure should be billed as a diagnostic arthroscopy.

E. **Arthrodesis Procedures**. Many revisions have occurred in CPT coding for arthrodesis procedures. References to bone grafting and fixation are now procedures which are listed and reimbursed separately from the arthrodesis codes.

To help alleviate any misunderstanding about when to code a discectomy in addition to an arthrodesis, the statement "including minimal discectomy" to prepare interspace has been added to the anterior interbody technique. If the disk is removed for decompression of the spinal cord, the decompression should be coded and reimbursed separately.

F. **External Spinal Stimulators Post Fusion**

1. The following criteria are established for the medically accepted standard of care when determining applicability for the use of an external spinal stimulator. However, the medical necessity should be determined on a case-by-case basis.
   a. Patient has had a previously failed spinal fusion, and/or
   b. Patient is scheduled for revision or repair of pseudoarthrosis, and/or
   c. The patient smokes greater than a pack of cigarettes per day and is scheduled for spinal fusion
2. The external spinal stimulator is not approved by the Mississippi Workers' Compensation Commission for use in primary spinal fusions.
3. The external spinal stimulator will be reimbursed according to the allowables in the Fee Schedule.
4. Precertification is required for use of the external spinal stimulator.

G. **Carpal Tunnel Release**. The following intraoperative services are included in the global service package for carpal tunnel release and should not be reported separately and do not warrant additional reimbursement:

- Surgical approach
- Isolation of neurovascular structures
- Video imaging
- Stimulation of nerves for identification
- Application of dressing, splint, or cast
- Tenolysis of flexor tendons
- Flexor tenosynovectomy
- Excision of lipoma of carpal canal
- Exploration of incidental release of ulnar nerve
- Division of transverse carpal ligament
- Use of endoscopic equipment
- Placement and removal of surgical drains or suction device
- Closure of wound

V. BURNS, LOCAL TREATMENT

A. **Degree of Burns**

1. Code 16000 must be used when billing for treatment of first degree burns when no more than local treatment of burned surfaces is required.
2. Codes 16020–16030 must be used when billing for treatment of partial-thickness burns only.
3. The claim form must be accompanied by a report substantiating the services performed.

4. Major debridement of foreign bodies, grease, epidermis, or necrotic tissue may be billed separately under codes 11000–11001. Modifier 51 does not apply.

B. **Percentage of Total Body Surface (TBS) Area.** The following definitions apply to codes 16020–16030:

1. "Small" means a burn that encompasses five percent (5%) of TBS area or less.
2. "Medium" means a burn that encompasses five percent to ten percent (5%–10%) of TBS or that involves the whole face, or a whole extremity.
3. "Large" means a burn that encompasses greater than ten percent (10%) TBS area.

C. **Reimbursement**

1. To identify accurately the proper procedure code and substantiate the descriptor for billing, the exact percentage of the body surface involved and the degree of the burn must be specified on the claim form submitted or by attaching a special report. Claims submitted without this specification will be returned to the physician for this additional information.
2. Hospital visits, emergency room visits, or critical care visits provided by the same physician on the same day as the application of burn dressings will be reimbursed as a single procedure at the highest level of service.

VI. NERVE BLOCKS

A. **Diagnostic or Therapeutic**

1. Please refer to the Pain Management section for guidelines and reimbursement of nerve blocks.
2. Medications such as steroids, pain medication, etc., may be separately billed using the appropriate HCPCS code.
   a. The name of the medication(s), dosage, and volume must be identified.
   b. Medication will be reimbursed according to fees listed in the HCPCS section. If not listed in HCPCS, reimbursement will be according to the Pharmacy section in the General Guidelines.

B. **Anesthetic**. When a nerve block for anesthesia is provided by the operating room surgeon, the procedure codes listed in the Anesthesia section must be followed.

VII. MODIFIERS

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used in surgery are as follows:

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.

Mississippi guideline: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement. When appropriate, the Fee Schedule reimbursement for modifier 22 is one hundred twenty percent (120%) of the maximum reimbursement allowance.

26 Professional Component

Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

Mississippi guideline: The allowable is listed in the PC Amount column of the Fee Schedule.

TC Technical Component (HCPCS Modifier)

Certain procedures are a combination of a professional component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians.

Mississippi guideline: The technical component is listed in the TC Amount column of the Fee Schedule.

32 Mandated Services
Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

47 Anesthesia by Surgeon
Regional or general anesthesia provided by the surgeon may be reported by adding modifier 47 to the basic service. (This does not include local anesthesia.) **Note:** Modifier 47 would not be used as a modifier for the anesthesia procedures.

Mississippi guideline: Reimbursement is made for base units only.

50 Bilateral Procedure
Unless otherwise identified in the listings, bilateral procedures that are performed during the same operative session should be identified by adding modifier 50 to the appropriate five-digit code.

51 Multiple Procedures
When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services, or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes (see Appendix D).

Mississippi guideline: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the Fee Schedule.

52 Reduced Services
Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure
Under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. **Note:** This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

54 Surgical Care Only
When 1 physician or other qualified health care professional performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number.

55 Postoperative Management Only
When 1 physician or other qualified health care professional performed the postoperative management and another performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.

56 Preoperative Management Only
When 1 physician or other qualified health care professional performed the preoperative care and evaluation and another performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.

57 Decision for Surgery

An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: (a) planned or anticipated (staged); (b) more extensive than the original procedure; or (c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. **Note:** For treatment of a problem that requires a return to the operating/procedure room (eg, an unanticipated clinical condition), see modifier 78.

59 Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures or services other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25. See also Level II (HCPCS/National) Modifiers listing.

62 Two Surgeons

When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If an additional procedure(s) (including an add-on procedure(s)) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. **Note:** If a co-surgeon acts as an assistant in the performance of an additional procedure(s), other than those reported with the modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

Mississippi guideline: This modifier is reimbursed at one hundred fifty percent (150%) of the allowed amount divided equally between the two co-surgeons.

66 Surgical Team

Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians or other qualified health care professional, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the “surgical team” concept. Such circumstances may be identified by each participating individual with the addition of modifier 66 to the basic procedure number used for reporting services.

76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

78 Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first and requires the use

of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

80 Assistant Surgeon

Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).

Mississippi guideline: Reimbursement is twenty percent (20%) of the maximum reimbursement allowance.

81 Minimum Assistant Surgeon

Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.

Mississippi guideline: Physician reimbursement is ten percent (10%) of the maximum reimbursement allowance.

82 Assistant Surgeon (when qualified resident surgeon not available)

The unavailability of a qualified resident surgeon is prerequisite for use of modifier 82 appended to the unusual procedure code number(s).

90 Reference (Outside) Laboratory

When laboratory procedures are performed by a party other than the treating or reporting physician or other qualified health care professional, the procedure may be identified by adding modifier 90 to the usual procedure number.

99 Multiple Modifiers

Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

AS Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist Services for Assistant at Surgery (HCPCS Modifier)

Assistant at surgery services provided by another qualified individual (e.g., physician assistant, nurse practitioner, clinical nurse specialist, registered nurse first assistant) and not another physician are identified by adding modifier AS to the listed applicable surgical procedures. Modifier AS may be appended to any code identified as appropriate for surgical assistance in this Fee Schedule.

Mississippi guideline: Modifier AS reimbursement is ten percent (10%) of the maximum reimbursement allowance. For assistant at surgery services provided by a physician, see modifiers 80, 81, and 82.

XE Separate Encounter (HCPCS Modifier)

A service that Is distinct because it occurred during a separate encounter.

XP Separate Practitioner (HCPCS Modifier)

A service that is distinct because it was performed by a different practitioner.

XS Separate Structure (HCPCS Modifier)

A service that is distinct because it was performed on a separate organ/structure.

XU Unusual Non-overlapping Service (HCPCS Modifier)

The use of a service that is distinct because it does not overlap usual components of the main service.

Radiology

I. SCOPE

The following guidelines apply to radiology services provided in offices, clinics, and under some circumstances in hospital x-ray departments. This section also contains guidelines that include nuclear medicine and diagnostic ultrasound.

II. GUIDELINES

A. **Total Fee**. A total fee includes both the professional component for the radiologist and the technical component needed to accomplish the procedure. Explanations of the professional component and the technical component are listed below. The values as listed in the Amount column represent the total reimbursement.

B. **Professional Component**. The professional component represents the reimbursement allowance of the professional radiological services of the physician and is identified by the use of modifier 26. This includes examination of the patient when indicated, performance or supervision of the procedure, interpretation and written report of the examination, and consultation with the referring physician. In the majority of hospital radiology departments, the radiologist submits a separate statement to the patient for professional services rendered, which are listed as the professional component. Values in the PC Amount column are intended for the services of a radiologist for the professional component only and do not include any other charges. To identify a charge for a professional component only, use the five-digit code followed by modifier 26.

C. **Technical Component**. The technical component includes charges made by the institution or clinic to cover the services of technologists and other staff members, the film, contrast media, chemicals and other materials, and the use of the space and facilities of the x-ray department. To identify a charge for a technical component only, use the five-digit code followed by HCPCS modifier TC. The technical component amount is listed in the TC Amount column of the Fee Schedule.

D. **Review of X-rays**. Billing code 76140 is not appropriate in the following circumstances because review of the x-rays is inherent to the evaluation and management code:

- The physician, during the course of an office visit or consultation, reviews an x-ray made elsewhere.
- The treating or consulting physician reviews x-rays at an emergency room or hospital visit.
- CPT® code 76140 Consultation on x-ray examination made elsewhere, written report, will only be paid when there is a documented need for the service and when performed by a radiologist or physician certified to perform radiological services.
- This provision is for payment of a second interpretation under unusual circumstances such as a questionable finding for which the physician performing the initial interpretation requests the expertise of another physician (i.e., expertise of a radiologist). CPT code 76140 is to be used when a second opinion is required for a radiological procedure. Reimbursement is limited to the PC Amount listed in the Fee Schedule for the radiological procedure.

E. **Additional X-rays**. No payment shall be made for additional x-rays when recent x-rays are available except when supported by adequate information regarding the need to retake x-rays. The use of photographic or digital media and/or imaging is not reported separately, but is considered to be a component of the basic procedure and shall not merit any additional payment.

F. **Comparison X-rays.** Comparison x-rays are reimbursable when appropriate. Any repeat comparison x-ray requires prior approval and will not be reimbursed without prior approval.

G. **Contrast Material**

1. Complete procedures, interventional radiological procedures, or diagnostic studies involving injection of contrast media include all usual pre-injection and post-injection services (e.g., necessary local anesthesia, placement of needle catheter, injection of contrast media, supervision of the study, and interpretation of results).

2. Low osmolar contrast material and paramagnetic contrast materials shall only be billed when not included in the descriptor of the procedure. When appropriately billed, the contrast media is reimbursed according to the lesser of the billed charges or the maximum reimbursement allowance (MRA) listed in the HCPCS section of the Fee Schedule. Supplies are considered incidental to the administration of the contrast and are not separately reimbursable.

3. When contrast can be administered orally (upper G.I.) or rectally (barium enema), the administration is included as part of the procedure.

4. When an intravenous line is placed simply for access in the event of a problem with a procedure or for administration of contrast, it is considered part of the procedure and does not command a separate fee.

H. **Urologic Procedures**. In the case of urologic procedures (e.g., CPT codes 74400–74485), insertion of a urethral catheter is part of the procedure and is not separately billed.

I. **Separate or Multiple Procedures**

1. When multiple procedures are performed on the same day or at the same session, it is appropriate to designate them by separate entries. Surgical procedures performed in conjunction with a radiology procedure will be subject to the rules and regulations of the Surgery section.
2. When x-rays of multiple sections of a body area are billed separately, the total reimbursement must not exceed the maximum reimbursement allowance of the complete body area.

J. **Outpatient CT Scans and MRIs**. CT scans and MRIs, when performed on an outpatient basis, are subject to the limitations of the Fee Schedule, regardless of site of service.

K. **Unlisted Service or Procedure**. A service or procedure may be provided that is not listed in the most recent edition of the CPT book. When reporting such a service, the appropriate unlisted procedure code may be used to indicate the service, identifying it by special report. Unlisted procedure codes are listed in the CPT book.

L. **Special Report**. Any test/service that is not provided routinely should be reported with the appropriate code designating the service and the billing for that test/service should include a description of the procedure, the process used, and a full report of the findings. Additional information provided should include an acceptable definition or description of the extent and nature of the procedure, as well as information regarding the need for the procedure. Also essential is data regarding the equipment necessary to perform the service, as well as the time and effort required. Special reports to justify the necessity of a service do not warrant a separate fee.

M. **By Report (BR)**. "BR" in the Amount column indicates services that are too new, unusual, or variable in the nature of their performance to permit the assignment of a definable fee. Such services should be substantiated by documentation submitted with the bill. Sufficient information should be included to permit proper identification and a sound evaluation. If the service is justified by the report, the actual charge shall be paid in full, unless the payer has evidence that the actual charge exceeds the usual and customary charge for such service.

N. **Radiology Supervision and Interpretation Procedures**. There are times when a single physician may perform the procedure and supervise the imaging and interpretation. On other occasions, one physician may perform the procedure, and the imaging supervision with interpretation may be performed by another physician. The appropriate radiology codes are to be used for supervision and interpretation of the imaging. The appropriate surgical codes are to be used for the procedure, including necessary local anesthesia, placement of needle or catheters, injection of contrast media, etc. The surgical codes are subject to the rules and regulations of the Surgery section, and the radiology codes are subject to this section of radiology rules and regulations.

O. **Written Report(s)**. A written report, signed by the interpreting physician, should be considered an integral part of a radiological procedure or interpretation and must be submitted with the billing.

P. **Facility Fee**. The Facility Fee for outpatient services is the APC Amount.

III. MODIFIERS

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used in radiology (including nuclear medicine and diagnostic ultrasound) are as follows:

26 Professional Component

Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

TC Technical Component (HCPCS Modifier)

Certain procedures are a combination of a professional component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians.

Mississippi guideline: The technical component is listed in the TC Amount column of the Fee Schedule.

32 Mandated Service
Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

50 Bilateral Procedure
Unless otherwise identified in the listings, bilateral procedures that are performed at the same session, should be identified by adding modifier 50 to the appropriate 5 digit code.

51 Multiple Procedures
When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services, or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes (see Appendix D).

Mississippi guideline: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the Fee Schedule.

52 Reduced Services
Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure
Under certain circumstances the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. **Note:** This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional
It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

99 Multiple Modifiers
Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

Pathology and Laboratory

I. GUIDELINES

A. **Pathology Services**. Pathology and Laboratory services are provided for evaluating the nature of disease or a change in body tissue and organs due to injury and/or caused by a disease.

B. **Separate or Multiple Procedures**. When multiple procedures are performed on the same date or at the same session, it is appropriate to designate them by separate entries.

C. **Unlisted Service or Procedures**. Unlisted codes are used for laboratory/pathology services which do not currently have a CPT® code. All unlisted codes require an explanation and report. A list of unlisted codes may be found in the CPT book. The report must accompany the bill.

D. **Special Report**. Any test/service that is not provided routinely should be reported with the appropriate code designating the service and the billing for that test/service should include a description of the procedure, the process used and a full report of the findings. Special reports to justify the necessity of a service do not warrant a separate fee.

E. **By Report (BR)**. "BR" in the Amount column indicates services that are too new, unusual, or variable in the nature of their performance to permit the assignment of a definable fee. Such services should be substantiated by documentation submitted with the bill. Sufficient information should be included to permit proper identification and a sound evaluation. If the service is justified by the report, the actual charge shall be paid in full, unless the payer has evidence that the actual charge exceeds the maximum allowable amount for such service.

F. **Facility Fee**. The Facility Fee for outpatient services is the APC Amount.

II. GENERAL INFORMATION AND INSTRUCTIONS

A. **Panel Tests**. The billing for panel tests must include documentation listing the tests in the panel. When billing for panel tests (80047–80081), use the code number corresponding to the appropriate panel test. These tests will not be reimbursed separately.

The panel components do not preclude the performance of other tests not listed in the panel. If other laboratory tests are performed in conjunction with a particular panel, the additional tests may be reported separately in addition to the panel.

B. **Handling and Collection Process**

1. In collecting a specimen, the cost for collection is covered by the technical component when the lab test is conducted at that site. No separate collection or handling fee for this purpose will be reimbursed.
2. When a specimen must be sent to a reference laboratory, the cost of specimen collection is covered in a collection fee. This charge is only allowed when a reference laboratory is used, and modifier 90 must be used.

C. **Global, Professional, and Technical Components**. Some procedures in the Pathology and Laboratory section are considered global fees (Amount) and do not qualify for a separate technical (TC) or professional (PC) component. Procedures that do qualify for separate components have separate Fee Schedule amounts for modifiers 26 and TC.

Whereas these guidelines are written to be all-inclusive, there are instances when the reviewer must make an informed decision regarding the PC/TC reimbursements. Request for PC reimbursement will only be considered if:

- The physician performs the procedure or reviews the results
- A written report, not a computer generated report, is submitted with the request for payment

D. **Occupational Blood Exposure Testing/Treatment**

1. Work related Blood Exposures should minimally meet the appropriate CDC Guidelines for Management of Occupational Blood Exposures.
2. The CDC Guidelines are updated at intervals and the most current guidelines should be used.
3. Current information can be obtained at www.cdc.gov.

E. **Drug Screens**

1. Post-Accident Drug Screens should comply with MCA §71-7-1 and other state and federal regulations with which the employer must comply. Reimbursement will either be made by the payer/carrier or the employer. Reimbursement shall not be dependent on the outcome of the testing results.
2. Other drug screens: The only code reimbursed by workers' compensation for drug screens other than Post-Accident is 0431M (Mississippi-specific code), with a maximum reimbursement allowable of $290.38.
3. Testing validity is considered part of the screen and is not separately reimbursed.
4. Reimbursement shall not be dependent on the outcome of the test results.

F. **Pharmacogenetic Testing**

1. Pharmacogenetics is the testing of a person's DNA for genetic programming for specific enzymes. It is the science of genetic differences between individuals which can affect individual responses to drugs, both in terms of therapeutic effect as well as adverse effect.
2. Testing is covered for the following medications: Alfentanil, Amitriptyline, Bupropion, Carisoprodol, Celecoxib, Citalopram, Clomipramine, Codeine, Cyclobenzaprine, Desipramine, Desvenlafaxine, Doxepin, Duloxetine, Escitalopram, Fentanyl, Fluoxetine, Fluvoxamine, Hydrocodone, Hydromorphone, Ibuprofen, Imipramine, Lidocaine, Maprotiline, Methadone, Mianserin, Mirtazapine, Morphine, Naproxen, Nefazodone, Nortriptyline, Oxycodone, Oxymorphone, Paroxetine, Reboxetine, Ropivacaine, Sertraline, Tizanidine, Tramadol, Trazadone, Trimipramine, Venlafaxine, Vilazodone, Zolmitriptan.
3. Pharmacogenetic testing is limited to once for an individual claimant.
4. Pharmacogenetic testing is limited to a maximum reimbursement of $500.00 per claim.

III. MODIFIERS

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used in pathology and laboratory are as follows:

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.

Mississippi guideline: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement. When appropriate, the Fee Schedule reimbursement for modifier 22 is one hundred twenty percent (120%) of the maximum reimbursement allowance.

26 Professional Component

Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

Mississippi guideline: The allowable is listed in the PC Amount column of the Fee Schedule.

TC Technical Component (HCPCS Modifier)

Certain procedures are a combination of a professional component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians.

Mississippi guideline: The technical component is listed in the TC Amount column of the Fee Schedule.

32 Mandated Services

Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

52 Reduced Services
Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure
Under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. **Note:** This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

59 Distinct Procedural Service
Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

90 Reference (Outside) Laboratory
When laboratory procedures are performed by a party other than the treating or reporting physician or other qualified health care professional, the procedure may be identified by adding modifier 90 to the usual procedure number.

91 Repeat Clinical Diagnostic Laboratory Test
In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. **Note:** This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (eg, glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

92 Alternative Laboratory Platform Testing
When laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701–86703, and 87389). The test does not require permanent dedicated space; hence by its design may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of the testing is not in itself determinative of the use of this modifier.

99 Multiple Modifiers
Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

XE Separate Encounter (HCPCS Modifier)
A service that Is distinct because it occurred during a separate encounter.

XP Separate Practitioner (HCPCS Modifier)
A service that is distinct because it was performed by a different practitioner.

XS Separate Structure (HCPCS Modifier)
A service that is distinct because it was performed on a separate organ/structure

XU Unusual Non-overlapping Service (HCPCS Modifier)
The use of a service that is distinct because it does not overlap usual components of the main service.

Medicine Services

In addition to the general rules, this section applies unique guidelines for medicine specialties. Therapeutic services and rehabilitation guidelines, as well as chiropractic and osteopathic services, are listed in a separate section following Medicine Services.

I. GUIDELINES

A. **Unlisted Services or Procedures**. Unlisted codes are used for medical services which do not currently have a CPT® code. All unlisted codes require an explanation and report. Unlisted codes are listed in the CPT book.

B. **Multiple Procedures**. It is appropriate to designate multiple procedures rendered on the same date by separate entries.

C. **Separate Procedures**. Separate procedures are commonly carried out as an integral component of another procedure. They should not be billed in conjunction with the related procedure. These procedures may be billed when performed independently by adding modifier 59 to the specific "separate procedure" code.

D. **By Report (BR) Procedures**. By report (BR) means that the procedure is new, or is not assigned a maximum fee, and requires a written description included on or attached to the bill. "BR" procedures require a complete listing of the service, the dates of service, the procedure code, and the payment requested. The report is included in the reimbursement for the procedure.

E. **Special Report**. Any test/service that is not provided routinely should be reported with the appropriate code designating the service and the billing for that test/service should include a description of the procedure, the process used, and a full report of the findings. Special reports to justify the necessity of a service do not warrant a separate fee.

F. **Materials Supplied by Physician**. Supplies and materials usually included in an office visit are included in the reimbursement for the office visit. Other unusual supplies and materials should be identified with CPT code 99070 or specific HCPCS code. Reimbursement shall be limited to the lesser of the billed amount, or the Fee Schedule maximum reimbursement allowance (MRA) or the usual and customary rate for items not listed in this Fee Schedule.

G. **Audiological Function Tests**. The audiometric tests (92551–92597) are reimbursed based on the AMA CPT Guidelines. All descriptors refer to testing of both ears.

H. **Psychological Services**

1. Payment for a psychiatric diagnostic interview/evaluation includes history and mental status determination, development of a treatment plan when necessary and the preparation of a written report that must be submitted with the required billing form. Use of an E/M code with a diagnostic interview/evaluation is not appropriate.
2. Psychotherapy codes from the current CPT manual are used regardless of place of service. The CPT code most closely matching the length of the session must be billed.
3. Use of an E/M code with a psychotherapy code should follow the guidelines from the CPT book and the American Psychiatric Association.
4. A service level adjustment factor is used to determine payment for psychotherapy when a provider other than a psychiatrist provides the service. In those instances, the reimbursement amount for the CPT code is paid at eighty-five percent (85%) of the maximum reimbursement allowance. This applies to psychologists, social workers, and counselors, etc.

I. **Electromyography (EMG)**. Payment for EMG services includes the initial set of electrodes and all supplies necessary to perform the service. The physician may be paid for a consultation or new patient visit in addition to the EMG performed on the same day, with supporting documentation required as outlined in the Evaluation and Management section. When an EMG is performed on the same day as a follow up visit, payment may be made for the EMG only unless documentation supports the need for a medical service in addition to the EMG.

1. Only a licensed physician certified in Neurology/PMR/Electrodiagnostic medicine is entitled to reimbursement for performing an electromyogram (EMG) and/or a nerve conduction study (NCS).
2. Reimbursement is not allowed under this Fee Schedule for automated nerve conduction studies.
3 Referral for an electromyogram and/or a nerve conduction study shall be at the discretion and direction of the physician in charge of care, and neither the payer nor the payer's agent may unilaterally or arbitrarily redirect the patient to another provider for these tests. The payer or the payer's agent may, however, discuss with the physician

in charge of care appropriate providers for the conduct of these tests in an effort to reach an agreement with the physician in charge as to who will conduct an electromyogram and/or nerve conduction study in any given case.

J. **Manipulative Services**. Chiropractic and Osteopathic manipulative services, which are medicine services, will be discussed in the Therapeutic Services section.

II. MODIFIERS

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used in Medicine Services are as follows:

22 Increased Procedure Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.

Mississippi guideline: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement. When appropriate, the Fee Schedule reimbursement for modifier 22 is one hundred twenty percent (120%) of the maximum reimbursement allowance.

26 Professional Component

Certain procedures are a combination of a physician or other qualified health care professional component and a technical component. When the physician or other qualified health care professional component is reported separately, the service may be identified by adding modifier 26 to the usual procedure number.

Mississippi guideline: The allowable is listed in the PC Amount column of the Fee Schedule.

TC Technical Component (HCPCS Modifier)

Certain procedures are a combination of a professional component and a technical component. When the technical component is reported separately, the service may be identified by adding modifier TC to the usual procedure number. Technical component charges are institutional charges and not billed separately by physicians.

Mississippi guideline: The technical component is listed in the TC Amount column of the Fee Schedule.

32 Mandated Services

Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

51 Multiple Procedures

When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services, or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes (see Appendix D).

Mississippi guideline: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the Fee Schedule.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

53 Discontinued Procedure
Under certain circumstances, the physician or other qualified health care professional may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier 53 to the code reported by the individual for the discontinued procedure. **Note:** This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite. For outpatient hospital/ambulatory surgery center (ASC) reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

54 Surgical Care Only
When 1 physician or other qualified health care professional performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier 54 to the usual procedure number.

55 Postoperative Management Only
When 1 physician or other qualified health care professional performed the postoperative management and another performed the surgical procedure, the postoperative component may be identified by adding modifier 55 to the usual procedure number.

56 Preoperative Management Only
When 1 physician or other qualified health care professional performed the preoperative care and evaluation and another performed the surgical procedure, the preoperative component may be identified by adding modifier 56 to the usual procedure number.

58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: a) planned or anticipated (staged); b) more extensive than the original procedure; or c) for therapy following a surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. **Note:** For the treatment of a problem that requires a return to the operating/procedure room (eg, unanticipated clinical condition), see modifier 78.

59 Distinct Procedural Service
Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional
It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

78 Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

99 Multiple Modifiers

Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

XE Separate Encounter (HCPCS Modifier)

A service that Is distinct because it occurred during a separate encounter.

XP Separate Practitioner (HCPCS Modifier)

A service that is distinct because it was performed by a different practitioner.

XS Separate Structure (HCPCS Modifier)

A service that is distinct because it was performed on a separate organ/structure.

XU Unusual Non-overlapping Service (HCPCS Modifier)

The use of a service that is distinct because it does not overlap usual components of the main service.

Therapeutic Services

I. SCOPE

A. **Therapeutic Services**. Therapeutic services are an integral part of the healing process for a variety of injured workers. Recognizing this, the Fee Schedule includes codes for physical medicine, modalities, procedures, tests, and measurements in the Therapeutic Services section representing specific therapeutic procedures performed by licensed physicians, chiropractors, licensed physical therapists, licensed occupational therapists, and speech pathologists.

B. **Selection of Providers.** Physical or occupational therapy, including work hardening, functional capacity evaluations, chronic pain programs, or massage therapy shall be provided upon referral from a physician. In the absence of specific direction from the treating or prescribing physician, the selection of a provider for these services shall be made by the payer in consultation with the treating or prescribing physician.

No party, in attempting to negotiate a repricing or other post treatment price reduction agreement, shall state or imply that consent to such an agreement is mandatory, or that the failure to enter into any such agreement may result in audit, delay of payment, or other adverse consequence. If the Commission determines that any party, or other person in privity therewith, has made such false or misleading statements in an effort to coerce another party's consent to a repricing or other price reduction agreement outside the Fee Schedule, the Commission may refer the matter to the appropriate authorities to consider whether such conduct warrants criminal prosecution under §71-3-69 of the Law.

C. **Physical Medical Assessment**

1. An assessment must be performed to determine if a patient will benefit from therapeutic services.
2. When a physician examines a patient and an assessment for therapeutic services is performed, the billing for the office visit includes the therapeutic assessment.
3. Procedure code 97001 is to be used for an initial assessment by physical therapists. Code 97002 is to be used for re-evaluation of a patient by physical therapists. Procedure code 97003 is to be used for an initial assessment by occupational therapists. Code 97004 is to be used for re-evaluation of a patient by occupational therapists. A procedure code from 92521–92523 is to be used for initial assessment by a speech pathologist.

D. **Plan of Care**

1. An initial plan of care must be developed and filed with the payer regardless of whether therapy is provided by a physician or practicing therapist. The content of the plan of care, at a minimum, should contain:
   a. The specific therapies to be provided, including the frequency and duration of each
   b. The estimated duration of the therapeutic regimen
   c. The potential degree of restoration and measurable goals (e.g., potential restoration is good, poor, low, guarded)
2. The initial plan of care must be signed by the treating physician and submitted to the payer within fourteen (14) days of approval. Physicians are required to sign the plan of care for physical and/or occupational therapy. The physician's signature indicates approval of the therapy the patient is receiving and for the length of time established for the therapy.
3. The physician has the responsibility of providing documentation of medical necessity to the payer whenever there are questions regarding the extent of therapy being provided or the appropriateness of the therapy regimen.
4. A plan of care must be updated at least every thirty (30) days and submitted to the payer.
5. Preparation of a care plan does not warrant a separate fee.

E. **Qualifications for Reimbursement**

1. The patient's condition must have the potential for restoration of function.
2. The treatment must be prescribed by the authorized attending or treating physician.
3. The treatment must be specific to the injury and have the potential to improve the patient's condition.
4. The physician or therapist must be on-site during the provision of services.

II. REIMBURSEMENT

A. Guidelines

1. Visits for therapy may not exceed one visit per day without prior approval from the payer.
2. Therapy exceeding fifteen (15) visits or thirty (30) days, whichever comes first, must have prior authorization from the payer for continuing care. It must meet the following guidelines:
    a. The treatment must be medically necessary.
    b. Prior authorization may be made by telephone. Documentation should be made in the patient's medical record indicating the date and name of the payer representative giving authorization for the continued therapy.
3. Reimbursement is limited to no more than four (4) therapies concurrently at the same visit. In the event of multiple treatment areas, an additional four (4) therapies per treatment day may be allowed at the payer's discretion and with pre-authorization. In the event of multiple treatment areas, the second and subsequent areas are subject to the multiple procedure rule.
4. Payment for 97010, which reports application of hot or cold packs, is bundled into payment for other services. Separate reimbursement for hot and cold packs will **not** be allowed in the treatment of work-related injury/illness.
5. Only one (1) work hardening or work conditioning program is reimbursed per injury.
6. The Physical Therapist Assistant or Occupational Therapist Assistant shall be reimbursed at eighty-five percent (85%) of the maximum allowable for the procedure. Mississippi modifier "M3" should be attached to the appropriate CPT® code(s) when billing services rendered by a Physical Therapist Assistant or an Occupational Therapist Assistant.
7. NCCI edits or other bundle/unbundle edits do not apply to the CPT codes in the Therapeutic Services section, other than the stated rules provided in this section.

B. Treatment Areas

1. Spinal areas are recognized as the following five distinct regions:
    - Cranial
    - Cervical
    - Thoracic
    - Lumbar
    - Sacral

    Transitional areas of the spine are not recognized as distinctly different areas (e.g., cervicothoracic, lumbosacral).
2. Pelvis
3. Upper extremity (either left or right) is recognized as the following six distinct regions:
    - Shoulder
    - Upper arm
    - Elbow
    - Forearm
    - Wrist
    - Hand
4. Lower extremity (either left or right) is recognized as the following eight distinct regions:
    - Hip
    - Thigh
    - Knee
    - Calf
    - Ankle
    - Foot
5. Rib cage
6. Anterior trunk

C. Tests and Measurements

1. When two or more procedures from 95831 through 95852 are performed on the same day, reimbursement may not exceed the lesser of the billed amount or the maximum reimbursement allowance (MRA) for procedure code 95834 Total evaluation of body, including hands.

2. Functional capacity evaluation (FCE) must have pre-authorization from the payer before scheduling the tests.
3. Reimbursement for extremity testing, muscle testing, and range of motion measurements (95831, 95832, 95833, 95834, 95851, 95852) will not be made more than once in a thirty (30) day period for the same body area.

D. **Fabrication of Orthotics**

1. Procedure code 97760 must be billed for the professional services of a physician or therapist to fabricate orthotics.
2. Orthotics, prosthetics, and related supplies used may be billed under the appropriate HCPCS code. The maximum reimbursement allowance is listed in the Durable Medical Equipment (DME), Orthotics, Prosthetics and Other HCPCS Codes section of the Fee Schedule. For orthotics and supplies not listed in the DME section, use CPT code 99070. Reimbursement may not exceed a twenty percent (20%) mark-up of the provider's cost and an invoice may be required by the payer before reimbursement is made for items without an allowable amount in the Fee Schedule.

E. **Re-evaluation of an Established Patient**

A physician, physical therapist, occupational therapist, or speech therapist may charge and be reimbursed for a re-evaluation for therapeutic services only if new symptoms present the need for re-examination and evaluation as follows:

1. There is a definitive change in the patient's condition
2. The patient fails to respond to treatment and there is a need to change the treatment plan
3. The patient has completed the therapy regimen and is ready to receive discharge instructions

III. Work Hardening Rules

A. Work Hardening Program Guidelines

1. Work hardening is an interdisciplinary, individualized, job or goal-specific program of activity with the goal of returning an injured patient to work. Work hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. Work hardening provides a transition between acute care and successful return to work and is designed to improve the bio-mechanical, neuromuscular, and cardiovascular functioning of the worker. Approval or certification must be based on whether the proposed work hardening program appears reasonably tailored to accomplish the stated goals.
    a. A work hardening program must, at a minimum, have the following components:
        - Development of strength and endurance of the individual in relation to the return to work goal;
        - Equipment and methods that quantify and measure strength and conditioning levels, i.e., ergometers, dynamometers, treadmills, measured walking tolerances;
        - Commercial strength and exercise devices, free weights, and circuit training. Goals for each worker are dependent on the demands of their respective jobs;
        - Simulation of the critical work demands, the tasks, and the environment of the job to which the worker will return. Job simulation tasks that provide for progression in frequency, load, and duration are essential. They must be related to the work goal and include a variety of work stations that offer opportunities to practice work related positions and motions, i.e., clerical, plumbing, electrical;
        - Education that stresses body mechanics, work pacing, safety and injury prevention, and that promotes worker responsibility and self-management. The education component requires direct therapist and worker interaction;
        - Assessment of the need for job modifications. Focus on whether the worker can return to the stated job goal but only with changes, i.e., added equipment, changes in work position or ergonomics, changes at the work site;
        - An individualized written plan that identifies observable and measurable goals, the methodology being used to reach these goals, the projected time necessary to accomplish the goal, and the expected outcomes. This plan must be signed by both the provider and the patient;
        - This plan needs to be based on a functional capacity (baseline) evaluation and must be completed within the first two (2) days of the program and compared to the critical demands as stated on the job analysis. A comparative analysis (re-evaluation) is done prior to discharge to determine job readiness;
        - A reporting system that includes:
            – Documentation of the initial plan;
            – Documentation of progress or lack of progress and future goals;
            – A discharge summary that includes an assessment of the functional capacity level and the achievement of the individual's program goals;

– A record of the worker's daily attendance including number of days and number of hours per day in the program.

2. Criteria for admission:

   a. The worker must have reached a point in his or her recovery where no further active or invasive treatment intervention is being anticipated;
   b. Physical recovery sufficient to allow participation for a minimum of four (4) hours a day for three to five days a week;
   c. Worker's current levels of functioning interfere with his/her ability to carry out specific tasks required in the work place;
   d. A defined return to work goal which includes:
      - A documented specific job to which the patient can return, along with a specific job analysis; and
      - A return to work goal agreed to by the employer and the patient/employee;
      - The facts must show how the worker must be able to benefit from the program;
      - The facts must show the worker is motivated to return to work. A worker whose primary limitation is psychological or clouded by significant illness behavior (i.e., significant self-imitation on F.C.E.) is typically not going to be motivated and will not likely benefit.

3. Criteria for discharge from a work hardening program:

   - The worker has reached the goal stated in the plan;
   - The worker has not progressed according to the program plan;
   - The worker has not reached interim goals and is not benefitting from the program; or,
   - Number of absences exceeds those allowed by the program (a maximum of two (2) absences is recommended);
   - Worker does not adhere to the schedule;
   - Completion of the program (the program should take two (2) to four (4) weeks to complete);
   - The previously identified job is no longer available.

B. Massage therapy requires prior authorization of the payer before treatment can be rendered. Medical necessity must be established prior to approval. Reimbursement must be arranged between the payer and provider.

C. Fees:

1. In all cases, for both voluntary and non-voluntary discharge, payment is for the actual duration of treatment provided.
2. CPT code 97545 (initial two (2) hours) and code 97546 (each additional hour) are to be used to bill work hardening. CPT code 97545 is to be billed for the initial two (2) hours of the work hardening program. This is a one-time charge. CPT code 97546 is to be used for billing each additional hour of the work hardening program after the initial two (2) hours (indicated by code 97545).

IV. Functional Capacity Evaluations

A. The functional capacity evaluation (FCE) is utilized for the following purposes:

1. To determine the highest level of safe functionality and of maximal medical improvement.
2. To provide a pre-vocational baseline of functional capabilities to assist in the vocational rehabilitation process.
3. To objectively set restrictions and guidelines for return to work.
4. To determine whether specific job tasks can be safely performed by modification of technique, equipment, or by further training.
5. To determine whether additional treatment or referral to a work hardening program is indicated.
6. To assess outcome at the conclusion of a work hardening program.

B. **General Requirements**

1. The FCE may be prescribed only by a licensed physician, or may be required by the payer when indicated.
2. The FCE requires prior authorization by the payer.

C. The FCE should be billed using code 97750 Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each fifteen (15) minutes. Reimbursement of an FCE is limited to a maximum of twenty (20) units. Documentation must include start and stop times for testing.

V. TENS Units

A. TENS (transcutaneous electrical nerve stimulation) must be provided under the attending or treating physician's prescription.

B. Authorization from the payer must be sought before purchase or rental arrangements are made for a TENS unit. The payer has sole right of selection of vendors for rental or purchase of equipment, supplies, etc.

VI. Supplies, Equipment, Orthotics, and Prosthetics

A. Physicians and therapists must obtain authorization from the payer before purchase/rental of supplies, equipment, orthotics, and prosthetics costing more than three hundred dollars ($300.00) per item for workers' compensation patients. When submitting bills, include the appropriate HCPCS code. If there is not an appropriate HCPCS code, use CPT code 99070.

B. The payer has sole right of selection of vendors.

VII. Other Instructions

A. Charges will not be reimbursed for publications, books, or digital media unless prior approval of the payer is obtained.

B. All charges for services must be clearly itemized by CPT code, and the state professional license number must be on the bill.

C. The treating physician must approve and sign all physical capability/restriction forms for the work-related injury/illness. This form must be submitted to the payer within fourteen (14) working days of the release to work.

D. Documentation may be required by the payer to substantiate the necessity for treatment rendered. Documentation to substantiate charges and reports of tests and measurements are included in the fee for the service and do not warrant additional reimbursement.

E. When patients do not show measurable progress, the payer may request the physician discontinue the treatment or provide documentation to substantiate medical necessity.

F. When physical medicine therapies are provided to more than one body area, modifier 51 must be added to the procedure code or codes billed for the additional body area and will be reimbursed according to the multiple procedure rule.

G. Non-surgical debridement should be billed as CPT code 97597, 97598, or 97602.

VIII. Back Schools

Back schools are no longer covered services under this Fee Schedule.

IX. Massage Therapy

Massage therapy requires prior authorization of the payer before treatment can be rendered. Medical necessity must be established prior to approval. Reimbursement must be arranged between the payer and provider.

X. Chiropractic Manipulative Treatment

Chiropractic manipulative treatments are allowed for up to fifteen (15) visits or thirty (30) days, whichever first occurs, without any need to seek pre-certification or authorization. However, chiropractic manipulative treatments which are proposed beyond the first fifteen (15) visits or thirty (30) days, under any circumstance, must be pre-certified or pre-approved.

Like any other service, a spinal manipulation includes pre-evaluation and post-evaluation that would make it inappropriate to bill with an E/M service. However, if the patient's condition has deteriorated or an injury to another site has occurred, reimbursement can be made for an E/M service if documentation substantiates the additional service. Modifier 25 is added to an E/M service when a significant, separately identifiable E/M service is provided and documented as medically necessary.

XI. Electromyogram (EMG) and Nerve Conduction Study (NCS)

A. Only a licensed physician certified in Neurology/PMR/Electrodiagnostic medicine is entitled to reimbursement for performing an electromyogram (EMG) and/or a nerve conduction study (NCS).

B. Reimbursement is not allowed under this Fee Schedule for automated nerve conduction studies.

C. Referral for an electromyogram and/or a nerve conduction study shall be at the discretion and direction of the physician in charge of care, and neither the payer nor the payer's agent may unilaterally or arbitrarily redirect the patient to another provider for these tests. The payer or the payer's agent may, however, discuss with the physician in charge of care appropriate providers for the conduct of these tests in an effort to reach an agreement with the physician in charge as to who will conduct an electromyogram and/or nerve conduction study in any given case.

XII. Chronic Pain—Inter-Disciplinary Pain Rehabilitation Program

A. The Inter-Disciplinary Pain Rehabilitation (IDPR) program is based on the bio-psychosocial approach to managing chronic pain, and uses both physical medicine treatments as well as psychological treatments and therapy to manage the chronic pain patient. A goal oriented, team approach is used in an effort to reduce pain, improve functioning, and decrease the dependence on the health care system of persons with chronic pain. This is an outpatient program.

B. Pre-authorization is required in order to utilize an inter-disciplinary pain rehabilitation program to treat the chronic pain patient. A specific IDPR program plan must be submitted to the payer as part of the pre-authorization process.

C. The following guidelines shall be used to assist in pre-authorization, and concurrent review:

1. Persons considered suitable candidates for an inter-disciplinary pain rehabilitation program are those:
    a. Who are likely to benefit from the program design;
    b. Whose symptoms are deemed by a pain management provider to constitute chronic pain syndrome; and
    c. Whose medical, psychological, or other conditions do not prohibit participation in this program.
2. Mental Health Evaluation: an initial evaluation to determine the injured worker's readiness or suitability for this type of treatment may be performed prior to initiation of treatment. This evaluation is not considered part of the IDPR program and shall be billed separately.
3. Due to the nature of intensity of the program, both group and individual therapy may be part of the IDPR program. If the program plan for a particular patient includes individual psychotherapy, it shall be billed as part of the program, and not separately. If the program does not include psychotherapy services, such services may be billed separately, if used, subject to applicable pre-authorization requirements.
4. Psychological treatments which are part of the IDPR program may be rendered by a psychiatrist, psychologist, licensed counselor, or licensed social worker.
5. The IDPR program shall always include a component designed to reduce the patient's dependence on and/or addiction to pain medications.
6. An individual plan of treatment shall be supervised by a medical doctor within a therapeutic environment. Although some time is spent with a doctor on a one-to-one basis, more than fifty percent (50%) of the time may be spent in direct care under the supervision of the physical therapist, occupational therapist, mental health provider, or other licensed member of the IDPR team.
7. Program supervision shall be provided by a medical doctor who is trained and experienced in the treatment of patients with chronic pain syndrome. The program supervisor shall:
    a. Provide direct, on-site supervision of the daily pain management activities;
    b. Participate in the initial and final evaluation of the patient;
    c. Write the treatment plan for the patient, and write changes to the plan based on the patient's documented response to the treatment and/or based on documented changes in the patient's condition;
    d. Direct the members of the IDPR team and review the patient's progress on a regular and consistent basis, at least bi-weekly.
8. Participation in an IDPR program requires a minimum attendance of four (4) hours per day during the first week. The program shall not exceed eight (8) hours per day, except that workers who actually have experience working in a job for more than eight (8) hours per day may be allowed to participate for up to ten (10) hours per day, at the discretion of the program supervisor
9. Daily treatment and patient response shall be documented and provided to the payer at least every two (2) weeks.
10. Discharged/exit criteria shall include but not be limited to:
    a. The appropriate use of medications;
    b. Decreased intensity of subjective pain;
    c. Increased ability of the injured worker to manage pain;
    d. Reduced health care use related to the chronic pain;

e. Return to work; and/or

f. Non-compliance with the program, or failure to obtain meaningful benefit after a reasonable period of time.

D. Billing. The IDPR program shall be billed using CPT 97799 Unlisted physical medicine/rehabilitation service or procedure, and appended with modifier M5 to indicate chronic pain treatment. The total number of hours shall be indicated in the units column of the bill, or in some other conspicuous place on the bill. CARF accredited providers shall also add M4 as an additional modifier.

E. Reimbursement. Reimbursement shall be as agreed to by the parties, or a maximum of one hundred dollars ($100.00) per hour for CARF accredited providers. Providers without CARF accreditation shall be paid eighty percent (80%) of the maximum reimbursement allowance for CARF accredited providers. Units of less than one hour shall be prorated in fifteen (15) minute increments. A single fifteen (15) minute increment shall be reimbursed if the time is equal to or greater than eight (8) minutes and less than twenty-three (23) minutes.

XIII. Experimental or Investigational Procedures

Certain procedures or treatments, such as VAX-D therapy, are considered investigational or experimental for purposes of this Fee Schedule, and are not approved for reimbursement.

XIV. Modifiers

Modifiers augment CPT codes to more accurately describe the circumstances of services provided. When applicable, the circumstances should be identified by a modifier code: a two-digit number placed after the usual procedure code, separated by a hyphen. If more than one modifier is needed, place the multiple modifiers code 99 after the procedure code to indicate that two or more modifiers will follow. Modifiers commonly used with therapeutic services are as follows.

22 Increased Procedural Services

When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.

Mississippi guideline: By definition, this modifier would be used in unusual circumstances only. Use of this modifier does not guarantee additional reimbursement. When appropriate, the Fee Schedule reimbursement for modifier 22 is one hundred twenty percent (120%) of the maximum reimbursement allowance.

24 Unrelated Evaluation and Management Services by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period

The physician or other qualified health care professional may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier 24 to the appropriate level of E/M service.

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See **Evaluation and Management Services Guidelines** for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

32 Mandated Services

Services related to *mandated* consultation and/or related services (eg, third-party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier 32 to the basic procedure.

51 Multiple Procedures

When multiple procedures, other than E/M Services, Physical Medicine and Rehabilitation services, or provision of supplies (eg, vaccines), are performed at the same session by the same individual, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes (see Appendix D).

Mississippi guideline: This modifier should not be appended to designated "modifier 51 exempt" codes as specified in the Fee Schedule.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74 (see modifiers approved for ASC hospital outpatient use).

99 Multiple Modifiers

Under certain circumstances 2 or more modifiers may be necessary to completely delineate a service. In such situations, modifier 99 should be added to the basic procedure and other applicable modifiers may be listed as part of the description of the service.

M3 Physical or Occupational Therapist Assistant (Mississippi Modifier)

This modifier should be added to the appropriate CPT code to indicate that the services being billed were rendered or provided by either a physical therapist assistant or an occupational therapist assistant.

M4 CARF Accredited (Mississippi Modifier)

This modifier should be used in conjunction with CPT code 97799 Unlisted physical medicine/rehabilitation service or procedure, to indicate chronic pain treatment being administered by a CARF accredited provider as part of a pre-approved interdisciplinary pain rehabilitation program.

M5 Chronic Pain Treatment (Mississippi Modifier)

This modifier should be used only in conjunction with CPT code 97799 Unlisted physical medicine/rehabilitation service or procedure, to indicate chronic pain treatment being administered as part of a pre-approved interdisciplinary pain rehabilitation program.

Dental

Current Dental Terminology (CDT), codes D0120–D9999, are developed, maintained, and copyrighted by the American Dental Association (ADA). CDT is updated annually. The current edition is *CDT 2016,* which is used in this Fee Schedule.

Decisions regarding the modification, deletion, or addition of CDT codes are made by the ADA and its Code Maintenance Committee.

Billing for dental services should be submitted on the ADA Dental Claim Form.

Durable Medical Equipment (DME), Orthotics, Prosthetics and Other HCPCS Codes

I. DEFINITION

HCPCS is an acronym for CMS's Healthcare Common Procedural Coding System. It is divided into two subsets. HCPCS Level I codes are CPT codes developed and maintained by the AMA. HCPCS Level II codes are developed and maintained by CMS and include codes for procedures, equipment, and supplies not found in the CPT book. This section of the Fee Schedule contains HCPCS Level II codes. (See the Dental section for dental codes.) HCPCS Level II codes that are excluded from the Fee Schedule are Alcohol/Drug Abuse Treatment Services (H0001–H2037), and National Codes for State Medicaid Agencies (T1000–T5999). Code categories included in this section are as follows:

Transportation Services Including Ambulance	A0021–A0999
Medical/Surgical Supplies	A4206–A8004
Administrative, Misc., and Investigational	A9150–A9999
Enteral and Parenteral Therapy	B4000–B9999
Outpatient PPS	C1300–C9899
Durable Medical Equipment (DME)	E0100–E9999
Procedures/Professional Services (Temporary)	G0008–G9186
Drugs and Biologicals	J0120–J9999
K Codes (Temporary)	K0001–K9999
Orthotic Procedures	L0000–L4999
Prosthetic Procedures	L5000–L9999
Medical Services	M0000–M0301
Pathology and Laboratory Services	P0000–P9999
Q Codes (Temporary)	Q0035–Q9980
Diagnostic Radiology Services	R0000–R5999
Temporary National Codes (Non-Medicare)	S0000–S9999
Vision Services	V0000–V2999
Hearing Services	V5000–V5999

II. GUIDELINES

A. **Transportation Services Including Ambulance (A0021–A0999)**

1. Transportation service codes include ground and air ambulance, non-emergency transportation (taxi, bus, automobile, wheelchair van), and ancillary transportation-related fees.
2. No exemption for air ambulance according to the Airline Deregulation Act (ADA) is allowed based on the rules and regulations of the current 2016 MWCC Fee Schedule.

3. Modifiers are required when reporting transportation services. Modifiers are single digits used to identify origin and destination. The first modifier identifies the transport place of origin and the second modifier the destination. Origin and destination modifiers are as follows:

   D Diagnostic or therapeutic site other than "P" or "H" when these are used as origin codes
   E Residential, domiciliary, custodial facility (other than 1819 facility)
   G Hospital-based ESRD facility
   H Hospital
   I Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
   J Free-standing ESRD facility
   N Skilled nursing facility (SNF)
   P Physician's office
   R Residence
   S Scene of accident or acute event
   X Intermediate stop at physician's office on way to hospital (includes HMO non-hospital facility, clinic, etc. destination code only).

   Note: Modifier X can only be used as a destination code in the second position of a modifier.

4. Transportation codes can also be found in the S codes. See S0207, S0208, S0209, and S0215.

B. **Medical and Surgical Supplies (A4206–A8004)**

1. These A codes include a wide variety of medical, surgical, and some DME related supplies and services.
2. For rules related to DME supplies, accessories, maintenance, and repair, see F. Durable Medical Equipment below.

C. **Administrative, Miscellaneous, and Investigational (A9150–A9999)**

1. These A codes include non-prescription drugs, exercise equipment, radiopharmaceutical diagnostic imaging agents, as well as other miscellaneous supplies.

D. **Enteral and Parenteral Therapy (B4000–B9999)**

1. B codes include supplies, formulae, nutrition solutions and infusion pumps.

E. **Outpatient PPS (C1300–C9899)**

1. C codes include drugs, biologicals, and devices used by hospitals.

   Non-OPPS hospitals, Critical Access Hospitals (CAHs), Indian Health Services Hospitals (IHS), hospitals located in American Samoa, Guam, Saipan, or the Virgin Islands, and Maryland waiver hospitals may report these codes at their discretion.

2. These codes are only used for facility (technical) services.

F. **Durable Medical Equipment (DME) (E0100–E8002)**

1. E codes include durable medical equipment such as canes, crutches, walkers, commodes, decubitus care, bath and toilet aids, hospital beds, oxygen and related respiratory equipment, monitoring equipment, pacemakers, patient lifts, safety equipment, restraints, traction equipment, fracture frames, wheelchairs, and artificial kidney machines.
2. All durable medical equipment shall have prior authorization from the payer before obtaining the equipment. The payer has the choice of vendor for purchase or rental of DME.
3. If an injured/ill employee is receiving DME items for both compensable and non-compensable medical conditions, only those items that apply to the work related injury should be listed on claims and invoices submitted to the employer.
4. If the rental price for DME exceeds or equals the total purchase price, the employer shall purchase instead of renting equipment. The vendor shall make the payer aware of the price options.
5. When rental payments total the purchase price, the equipment is considered purchased and no additional reimbursement is made.
6. The return of rented equipment is the dual responsibility of the injured worker and the DME supplier. The employer is not responsible for additional rental periods solely due to delay in equipment return.
7. For codes E0676, E0935, and E0936 the Amount listed is per day.

G. **Procedures/Professional Services (Temporary) (G0008–G9186)**

1. G codes identify professional health care procedures and services that would otherwise be reported using CPT codes.
2. Procedures and professional services identified by G codes may have a corresponding CPT code. When both a G code and CPT code describe the same procedure, the CPT code is required for reporting purposes.
3. G codes also include procedures and professional services that do not currently have a valid CPT code. In such cases, the applicable G code should be used for reporting purposes.

H. **Drugs and Biologicals (J0120–J9999)**

1. J codes include drugs that ordinarily cannot be self-administered, chemotherapy drugs, immunosuppressive drugs, inhalation solutions, and other miscellaneous drugs and solutions.
2. These codes report only the costs associated with provision of the drug. Administration including injection, infusion, or inhalation is reported separately using the applicable CPT code(s).
3. Additional codes for drugs and biologicals may be found in the Q codes and S codes.

I. **Temporary Codes (K0001–K9999)**

1. K codes are temporary codes used to report durable medical equipment that do not yet have a permanent national code.
2. For rules related to DME supplies, accessories, maintenance, and repair, see F. Durable Medical Equipment above.

J. **Orthotic Procedures and Devices (L0000–L4999) and Prosthetic Procedures (L5000–L9900)**

1. L codes include orthotic and prosthetic procedures and devices as well as scoliosis equipment, orthopedic shoes, and prosthetic implants.
2. The payer shall only pay for orthotics and prosthetics prescribed by the treating physician for a compensable injury/illness. Prior authorization must be obtained from the payer.

K. **Medical Services (M0000–M0301)**

1. M codes include office services, cellular therapy, prolotherapy, intragastric hypothermia, IV chelation therapy, and fabric wrapping of an abdominal aneurysm.
2. These codes are rarely reported and may not be reimbursed as they represent services for which the therapeutic efficacy has not been established, the procedure is considered experimental, or the procedure has been replaced with a more effective treatment modality.

L. **Pathology and Laboratory Services (P0000–P9999)**

1. P codes include chemistry, toxicology, and microbiology tests, screening Papanicolaou procedures, and various blood products.
2. Blood and blood product codes report the supply of the blood or blood product only.
3. The administration of blood or blood product is reported separately.
4. Code 36430 for transfusion of blood or blood components is reported only once per encounter regardless of the number of units provided.

M. **Temporary Codes (Q0035–Q9980)**

1. Q codes include temporary codes developed for reporting services and supplies that do not have a permanent national HCPCS code or CPT code. Included in this section are codes for:
    a. Oral anti-emetic drugs
    b. Casting supplies
    c. Splint supplies
    d. Low osmolar contrast
    e. High osmolar contrast
    f. Other supplies/services
2. Cast supplies and splints should be reported with the appropriate code from Q4001–Q4051. These codes report the cost of the supply only.
3. Cast supplies and splints are reported in addition to the CPT code for fracture management.
4. Cast supplies and splints are reported in addition to CPT codes for application of the cast or splint.

5. Refer to the CPT guidelines for rules related to reporting fracture management and cast application.

N. **Diagnostic Radiology Services (R0000–R5999)**

1. R codes are used for the transportation of portable x-ray and/or EKG equipment.
2. Only a single reasonable transportation charge is allowed for each trip to a single location.
3. When more than one patient receives x-ray or EKG services at the same location, the allowable transport charge is divided among all patients.

O. **Temporary National Codes (Non-Medicare) (S0000–S9999)**

1. The S codes are used by the private sector to report drugs, services, and supplies for which there are no national codes, but for which codes are needed by the private sector to implement policies, program, or claims processing. Mississippi uses S codes with modified descriptions to report home health services.
2. See J codes for reporting rules related to drugs and biologicals.

P. **Vision Services (V0000–V2999)**

1. These V codes include vision-related supplies, including spectacles, lenses, contact lenses, prostheses, intraocular lenses, and miscellaneous lenses.

Q. **Hearing Services (V5000-V5999)**

1. These V codes include hearing tests and related supplies and equipment, speech-language pathology screenings, and repair of augmentative communicative systems.

R. The Facility Fee for outpatient services is the APC Amount.

III. MODIFIERS

HCPCS modifiers are required for some supplies and services. Commonly reported HCPCS modifiers include:

AU Item Furnished in Conjunction with a Urological, Ostomy, or Tracheostomy Supply

AV Item Furnished in Conjunction with a Prosthetic Device, Prosthetic, or Orthotic

AW Item Furnished in Conjunction with a Surgical Dressing

KC Replacement of Special Power Wheelchair Interface

NU New Equipment

RR Rental (use the RR modifier when DME is to be rented)

Mississippi guideline: Listed amount is the per-month allowance, except codes E0676, E0935,and E0936, which are per-day allowances.

UE Used durable medical equipment

Mississippi guideline: Used to report the purchase of used durable medical equipment.

Inpatient Hospital and Outpatient Facility Payment Schedule and Rules

I. Inpatient and Outpatient Care Rules

A. **Definition.** For purposes of this schedule, “inpatient” means being admitted to a hospital setting for twenty-four (24) hours or more. An inpatient admission does not require official admission to the hospital.

B. Health care facilities providing services to workers' compensation claimants must meet requirements of the state of Mississippi.

C. **Billing and Reimbursement Rules for Inpatient Care.**

1. Facilities must submit the bill for inpatient services within thirty (30) days after discharge. For those cases involving extended hospitalization, interim bills must be submitted every thirty (30) days.
2. Reimbursement for acute inpatient hospital services shall be the maximum reimbursement allowance fixed by the rules set forth in this section of the Fee Schedule, regardless of the total charge.
3. Non-covered charges include but are not necessarily limited to:
    a. Convenience items;
    b. Charges for services not related to the work injury/illness;
    c. Services that were not certified by the payer or their representative as medically necessary.
4. When reviewing surgical claims, including for outlier consideration, the following apply:
    a. Most operative procedures require cardiopulmonary monitoring either by the physician performing the procedure or an anesthesiologist/anesthetist. Because these services are integral to the operating room environment, they are considered as part of the OR fee and are not separately reimbursed, nor are they included separately in the total charge for outlier consideration:
        - Cardiac monitors
        - Oximetry
        - Blood pressure monitor
        - Lasers
        - Microscopes
        - Video equipment
        - Set up fees
        - Additional OR staff
        - Gowns
        - Gloves
        - Drapes
        - Towels
        - Mayo stand covers
        - On-call or call-back fees
        - After-hours fees
    b. Billing for surgery packs as well as individual items in the packs is not allowed and shall not be included in the total charge for outlier consideration.
    c. A majority of invasive procedures requires availability of vascular and/or airway access; therefore, the work associated with obtaining this access is included in the cost of the service, i.e., anesthesia—airway access is associated with general anesthesia and is included in the anesthesia charges.
    d. Recovery room and ICU rates include the charge for cardiac monitoring and oximeter. It is assumed the patient is placed in these special areas for monitoring and specialized care which is bundled into the special care rate. Call-back fees are not reimbursed for recovery room.
    e. Separate reimbursement is not allowed for setting up portable equipment at the patient’s bedside.

f. The following items do not qualify for separate reimbursement regardless of inpatient or outpatient status, and are not included in the total charge for outlier consideration:
   - Applicators, cotton balls, band-aides
   - Syringes
   - Aspirin
   - Thermometers, blood pressure apparatus
   - Water pitchers
   - Alcohol preps
   - Ice bags

g. Separate reimbursement is not allowed for equipment such as compressive devices, or other equipment used during the operative or immediate postoperative period.

5. Maximum reimbursement is set for the following line item charges.

   a. IV pump/daily – $50.00

   b. Venipuncture reimbursement is limited to $4.25 per collection. A collection fee is not appropriate for finger stick, throat culture, or stool specimen collection

   c. Pharmacy add-mixture/dispensing fee is limited to $4.50 per mixture

D. **Implants, Durable Medical Equipment, and Supplies.** Generally, durable medical equipment and supplies provided or administered in a hospital setting are not separately reimbursed since they are included in the payment reimbursement.

Unless otherwise specifically provided herein, implantables used in the inpatient setting are included in the applicable MS-DRG reimbursement for inpatient treatment, and, therefore, the provider of inpatient services is not required to furnish the payer with an invoice for implantables.

Implantables used in the outpatient setting, are included in the applicable APC payment for outpatient services, and therefore, the provider of outpatient services is not required to furnish the payer with an invoice for implantables.

E. **Reimbursement Methodology**. The inpatient maximum reimbursement allowable (MRA) totals are provided by MS-DRG in this Fee Schedule. As of the effective date of this publication, the MS-DRG MRA is based upon the 2016 CMS relative weights multiplied by the base rate as determined herein. This methodology includes inpatient psychiatric admissions and Long Term Acute Care (LTAC). Any MS-DRGs outside of this Fee Schedule shall be reimbursed at seventy-five percent (75%) of charges. The lesser of the billed charges or the MS-DRG MRAs represent payment in full, unless the outlier payment is applicable, or unless a contract between the payer and provider governs reimbursement, or unless otherwise specifically stated in this Fee Schedule.

1. MS-DRG Payment is calculated by multiplying the Base Rate times the Relative Weight for the MS-DRG.

2. The Base Rate for Mississippi is the current National Medicare Base Rate in effect as of the date of discharge, multiplied by two (2). This is posted annually on the Mississippi Workers' Compensation Commission (MWCC) website, Fee Schedule section.

3. Common Medicare add-ons, such as for teaching hospitals (GME), DSH and Capital PPS, will not be allowed, and shall be considered as already included in the enhanced MS-DRG Payment under this Fee Schedule.

4. All implantables shall be included in the applicable MS-DRG reimbursement for inpatient treatment, and shall not be reimbursed separately in addition to the MS-DRG payment.

5. Outlier Payments. To provide additional reimbursement for cases where the MS-DRG payment is deemed inadequate by the Commission to cover the costs incurred by the facility, the Commission has established an outlier payment for high-cost cases.

   The amount eligible for outlier reimbursement is equal to Total Charges minus MS-DRG Payment minus Implantable Charges minus Non-Covered or Non-Qualified charges (as provided in Part I.B. above) minus the Outlier Threshold. The Outlier Threshold amount shall be specific to each facility and shall be equal to one-half (1/2) of the Medicare MS-DRG outlier threshold in effect for each facility at the time of discharge.

6. Any amount determined to be eligible for additional outlier reimbursement shall be reimbursed at fifteen percent (15%) above the facility's cost for the outlier eligible charges. Cost is determined using the facility's cost-to-charge ratio, as determined by Medicare (CMS), which is in effect at the time of discharge. These cost-to-charge ratios are posted annually on the MWCC website, Fee Schedule section. Outlier payment is figured by multiplying the eligible outlier amount by the cost-to-charge ratio, and then adding fifteen percent (15%) to compute the additional outlier payment due.

F. **Emergency Room Services.** Emergency room facility fees, supplies, and treatment are reimbursed according to the Ambulatory Payment Classification system, as set forth herein under the heading "Ambulatory Surgery Center/Outpatient Facility Reimbursement." Laboratory and radiology services are reimbursed at the technical amount

listed in the corresponding section of this Fee Schedule. Physician services are to be billed on an appropriate CMS claim form or electronic submission and paid according to the proper section.

G. **Observation Services**

1. **Definition**. Observation services are those services furnished by a hospital on the hospital's premises, and include use of a bed and periodic monitoring by a hospital's staff. The service must be reasonable and necessary to evaluate a patient's condition or to determine need for inpatient admission. To qualify for observation status, the patient needs observation due to an unforeseen circumstance or has a medical condition with a significant degree of instability.

2. **General Guidelines**

   a. Observation begins when the patient monitoring begins and ends when the order for discharge is written or given verbally by the physician.

   b. On rare occasions, an observation stay may be extended to forty-eight (48) hours. In such cases, medical necessity must be established and pre-authorization must be given for payment by the payer.

   c. Services which are NOT considered necessary for observation are as follows:

      (1) Services that are not reasonable and necessary for the diagnosis and treatment of the work related injury, but are provided for convenience of the patient, family, or physician

      (2) Any substitution of an outpatient observation for a medically appropriate inpatient admission

      (3) Services ordered as inpatient by the physician but billed as outpatient by the facility

      (4) Standing orders for observation following outpatient surgery

      (5) Test preparation for a surgical procedure

      (6) Continued care of a patient who has had a significant procedure as identified with OPPS indicator S or T

   d. Observation is not reimbursable for routine preparation furnished prior to an outpatient service or recovery after an outpatient service. Please refer to the criteria for observation services.

3. **Billing and Reimbursement**

   a. Observation status is billed at an hourly monitoring rate. The hourly rate is all inclusive with the exception of *non-significant ancillary services*.

   b. Observation is billed at the rate of $300.00 for the first three (3) hours and $80.00 per hour thereafter. Laboratory and radiology are reimbursed according to the Fee Schedule payment limits.

   c. Revenue code 762 is used to bill observation charges.

   d. Observation services provided to a patient who is subsequently admitted as an inpatient should be included on the inpatient claim.

H. **Stand-alone Services**. When services are provided as an outpatient service, and are not performed as a surgical procedure, medical procedure, or emergency room service, then reimbursement equals the technical amount listed in the corresponding section of this Fee Schedule.

I. **Disputed Medical Charges; Abusive or Unfair Billing**

1. Disputes over charges, fees, services, or other issues related to treatment under the terms of the Workers' Compensation Law shall be resolved in accordance with the Dispute Resolution Rules set forth elsewhere in this Fee Schedule.

2. If the Commission determines that the charge amount for items substantially and consistently exceeds the facility's mark-up ratio, or if a facility's charges for other services or MS-DRGs is substantially and consistently higher than the average charges made for the same services or MS-DRGs by other facilities in the State, then the Commission may consider this to be an indication of abusive or unfair billing practices, and may order the facility in question to appear and show cause why penalties and other sanctions as allowed by Law should not be imposed on said facility for such abusive billing practices.

   For purposes of this provision, the mark-up ratio shall be the inverse of the facility's cost-to-charge ratio. The average charges by facilities for service or MS-DRGs may be determined by reference to the publicly available MedPAR file for Medicare inpatient admissions, with due consideration being given to the differences between the Medicare inpatient population and the workers' compensation inpatient population.

II. INPATIENT REHABILITATION FACILITIES (IRFS)

A. **Inpatient Rehabilitation Facility Reimbursement Methodology**. MWCC reimbursement for inpatient rehabilitation facilities (IRFs) will be based upon the CMS prospective payment system (PPS).

1. The Fee Schedule MRA for IRFs will be two (2) times the IRF CMS pricer calculation, unless the payer and provider have a separate contract governing the reimbursement of services provided by an IRF, or unless total billed charges are less.
2. The IRF reimbursement due under this Fee Schedule will be calculated using the CMS IRF pricer calculation in effect on the date of discharge.
3. The CMS IRF pricer is used only for facilities that have met the CMS qualifications for IRF.
4. Reimbursement for IRFs is not calculated using the MS-DRG methodology.
5. The CMS IRF pricer is available at: http://www.cms.hhs.gov/PCPricer

B. **CMS Inpatient Rehabilitation Facility Reimbursement**. Medicare regulations define inpatient rehabilitation facilities (IRFs) in the Code of Federal Regulations, Part 412, and subpart B. Medicare payments to IRFs are based on the IRF prospective payment system (PPS) under subpart P of part 412. The IRF must be currently accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), licensed by the State, and certified by Medicare as an IRF at the time the patient is treated.

The IRF must possess a Medicare/Medicaid provider number, or CMS Certification Number. The provider number consists of six digits. The first two digits indicate the state, 25 is for Mississippi, and the remaining four digits identify the facility as an IRF. The four digit suffix must be in the range of 3025–3099 for rehabilitation facilities, exempt units must have a T in the third position, e.g., 25TXXX.

Unless governed by contract between payer and provider, or unless total billed charges are less, the reimbursement for an IRF under this Fee Schedule shall be the IRF PPS calculated rate multiplied by 1.8. Other inpatient MS-DRG or PPS calculations are not appropriate to use for IRF services. The IRF PPS rate is calculated using the formula for the current fiscal year, including outlier. The final calculation is published in the *Federal Register*, prior to October 1 of each year.

IRF reimbursement is based upon the case mix group (CMG) to which the patient is assigned. MWCC will accept the CMG assigned by the Medicare CMG grouper. The CMG must be reported on the claim with revenue code 0024. This code indicates that this claim is being paid under the PPS and the revenue code can appear on a claim only once.

The *Federal Register* explains the formula for calculating the IRF PPS rate. The rates are calculated on case mix group (CMG) assignment from the combinations of ICD-10-CM codes with additional factors of labor share, wage index, rural adjustment (if applicable) and low income percentage (LIP) for a final adjusted IRF PPS reimbursement.

This calculated IRF PPS reimbursement is multiplied by 1.8 for the MWCC reimbursement rate.

MWCC will use the Medicare Pricer for the appropriate year and based on the date of discharge which is available as a free download from: http://www.cms.hhs.gov/PCPricer. The Medicare pricer returns the payment rate specific to the facility.

III. Ambulatory Surgery Center/Outpatient Facility Reimbursement

A. Reimbursement for all hospital-based outpatient and freestanding ambulatory surgery center services shall be based on the Ambulatory Payment Classification (APC) system as developed by the Centers for Medicare and Medicaid Services (CMS) using relative weights effective April 1, 2016.

B. For implantables used in the outpatient setting, reimbursement is included in the Fee Schedule APC Amount as listed.

C. Coding and Billing Rules

1. Facility fees for ambulatory surgery must be billed on the UB-04 form.
2. The CPT®/HCPCS code(s) of the procedure(s) performed determines the reimbursement for the facility fee. Report all procedures performed.
3. If more than one surgical procedure is furnished in a single operative encounter, the multiple procedure rule applies. The primary procedure is reimbursed at the lesser of the billed charges or one hundred percent (100%) of the MRA. The second and subsequent procedures are reimbursed at the lesser of the billed charges or fifty percent (50%) of the MRA. The primary procedure is the procedure with the highest relative weight.
4. If the billed total for an outpatient surgical encounter is less than the APC MRA, the lesser of the charge is paid to the facility.
5. The payment rate for an APC surgical procedure includes all facility services directly related to the procedure performed on the day of surgery. Facility services include:
    - Nursing and technician services
    - Use of the facility

- Drugs, biologicals, surgical dressings, splints, casts and equipment directly related to the provision of the surgical procedure
- Implantables
- Materials for anesthesia
- Administration, record keeping and housekeeping items and services

6. Separate payment is not made for the following services that are directly related to the surgery:
   - Pharmacy
   - Medical/surgical supplies
   - Sterile supplies
   - Laboratory and radiology services with no APC Amount
   - Operating room services
   - Anesthesia
   - Ambulatory surgical care
   - Recovery room
   - Treatment or observation room
7. Pre-op workup services are included in the APC Amount and do not warrant separate reimbursement regardless of the date of service. Pre-op workup includes: Metabolic Panel, CBC, UA, PT, PTT, EKG CXR (or any of the components). Note: If a surgical procedure is cancelled after the pre-op has been completed, then the pre-op services should be paid according to this Fee Schedule.
8. The ASC payment rate (APC Amount) has been added to the CPT code listing of fees in the Fee Schedule. The column lists the total approved facility fee for that particular CPT code.
9. The facility fees will be paid for medically necessary services only. All ambulatory elective procedures must be precertified according to the rules and guidelines of the Fee Schedule.
10. Procedures not assigned an APC Amount will be reimbursed according to the lesser of total billed charges or usual and customary rate.
11. Charges for outpatient surgical codes are all inclusive and are reimbursed in total regardless of the amount billed on that line as long as the total reimbursement does not exceed the total billed charges.

D. If a claim contains a CPT/HCPCS code with a J1 status indicator, then that code should be paid according to the Fee Schedule and all other codes on the claim, with the following exception, are considered bundled and not separately paid. If two or more CPT/HCPCS codes have a J1 status indicator, then the highest valued J1 status indicator CPT/HCPCS code should be paid at one hundred percent (100%) of the Fee Schedule and any secondary (lower valued) J1 status indicator CPT/HCPCS codes shall be paid at fifty percent (50%) of the Fee Schedule.

   Other than the multiple procedure surgical discounts as listed in Section III C 3 and the J1 status indicators described in the previous paragraph, no other Medicare status indicator discounts apply. This means no discounts apply to Medicare's Q status indicator codes.

   Do not separately reimburse non-implantable orthotic and prosthetic devices when associated with a procedure code that has a status code of J1. Payment is packaged into the allowable for the procedure code.

IV. Critical Access Hospitals

A. A critical access hospital (CAH) is a small, generally geographically remote facility that is certified to provide outpatient and inpatient services.

B. A CAH may also be granted "swing bed" approval to provide post-hospital skilled nursing facility level care in its inpatient beds.

C. A list of currently participating Mississippi Critical Access hospitals is posted on the MWCC website at http://www.mwcc.ms.gov.

D. Reimbursement

1. Critical access hospitals are reimbursed at ninety percent (90%) of billed charges for inpatient services.
2. Swing bed services are reimbursed according to the Skilled Nursing Facility section.
3. Outpatient services are reimbursed according to the rules in Inpatient Hospital and Outpatient Facility Payment Schedule and Rules.

V. Drug and Alcohol Treatment

A. Any admission for drug and alcohol treatment will be reimbursed by DRG according to the facility inpatient rules.

B. Outpatient partial day treatment will be reimbursed at two hundred fifty dollars ($250.00) per diem.

C. Outpatient lab and radiology charges will be reimbursed according to the outpatient stand-alone rules in the facility section.

VI. Modifiers Approved for Ambulatory Surgery Center (ASC) Hospital Outpatient Use

25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

It may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (See **Evaluation and Management Services Guidelines** for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier 57. For significant, separately identifiable non-E/M services, see modifier 59.

27 Multiple Outpatient Hospital E/M Encounters on the Same Date

For hospital outpatient reporting purposes, utilization of hospital resources related to separate and distinct E/M encounters performed in multiple outpatient hospital settings on the same date may be reported by adding modifier 27 to each appropriate level outpatient and/or emergency department E/M code(s). This modifier provides a means of reporting circumstances involving evaluation and management services provided by physician(s) in more than one (multiple) outpatient hospital setting(s) (eg, hospital emergency department, clinic). **Note:** This modifier is not to be used for physician reporting of multiple E/M services performed by the same physician on the same date. For physician reporting of all outpatient evaluation and management services provided by the same physician on the same date and performed in multiple outpatient setting(s) (eg, hospital emergency department, clinic), see **Evaluation and Management, Emergency Department, or Preventive Medicine Services** codes.

50 Bilateral Procedure

Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session should be identified by adding modifier 50 to the appropriate 5 digit code.

52 Reduced Services

Under certain circumstances a service or procedure is partially reduced or eliminated at the discretion of the physician or other qualified health care professional. Under these circumstances the service provided can be identified by its usual procedure number and the addition of modifier 52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note:** For hospital outpatient reporting of a previously scheduled procedure/service that is partially reduced or cancelled as a result of extenuating circumstances or those that threaten the well-being of the patient prior to or after administration of anesthesia, see modifiers 73 and 74.

58 Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

It may be necessary to indicate that the performance of a procedure or service during the postoperative period was: a) planned or anticipated (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier 58 to the staged or related procedure. **Note:** For treatment of a problem that requires a return to the operating/procedure room (eg, unanticipated clinical condition), see modifier 78.

59 Distinct Procedural Service

Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services other than E/M

services that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used. **Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

73 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia

Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation (including sedation when provided, and being taken to the room where the procedure is to be performed), but prior to the administration of anesthesia (local, regional block(s) or general). Under these circumstances, the intended service that is prepared for but cancelled can be reported by its usual procedure number and the addition of modifier 73. **Note:** The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

74 Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia

Due to extenuating circumstances or those that threaten the well-being of the patient, the physician may terminate a surgical or diagnostic procedure after the administration of anesthesia (local, regional block(s), general) or after the procedure was started (incision made, intubation started, scope inserted, etc). Under these circumstances, the procedure started but terminated can be reported by its usual procedure number and the addition of modifier 74. **Note:** The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier 53.

76 Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a procedure or service was repeated by the same physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 76 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

77 Repeat Procedure by Another Physician or Other Qualified Health Care Professional

It may be necessary to indicate that a basic procedure or service was repeated by another physician or other qualified health care professional subsequent to the original procedure or service. This circumstance may be reported by adding modifier 77 to the repeated procedure or service. **Note:** This modifier should not be appended to an E/M service.

78 Unplanned Return to the Operating/Procedure Room by the same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period

It may be necessary to indicate that another procedure was performed during the postoperative period of the initial procedure (unplanned procedure following initial procedure). When this procedure is related to the first, and requires the use of an operating/procedure room, it may be reported by adding modifier 78 to the related procedure. (For repeat procedures, see modifier 76.)

79 Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period

The individual may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier 79. (For repeat procedures on the same day, see modifier 76.)

91 Repeat Clinical Diagnostic Laboratory Test

In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier 91. **Note:** This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results

(eg, glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient.

XE Separate Encounter (HCPCS Modifier)
A service that Is distinct because it occurred during a separate encounter.

XP Separate Practitioner (HCPCS Modifier)
A service that is distinct because it was performed by a different practitioner.

XS Separate Structure (HCPCS Modifier)
A service that is distinct because it was performed on a separate organ/structure.

XU Unusual Non-overlapping Service (HCPCS Modifier)
The use of a service that is distinct because it does not overlap usual components of the main service.

Forms

I. GUIDELINES

A. Reproduced on the following pages are the forms that should or may be used by providers when billing workers' compensation related services. Instructions are given below.

B. Bills for services rendered should be sent directly to the party responsible for reimbursement. Do not send bills directly to the Medical Cost Containment Division as this will delay payment.

C. The most current version of each claim form should be submitted. At the time of publication, the following forms are the most current and should be used for provider reimbursement:

- CMS-1500 (02/12) (effective April 1, 2014); electronic equivalent 837p
- UB-04 (effective May 23, 2007) Electronic equivalent 837i
- J430D Dental Form (effective 2012)

D. The information to include on each form where appropriate is:

1. Claimant's full name and address as shown on the employer's record.
2. Social security number should be entered in the field for insured's ID number; this cuts down on errors and helps correlate the billing to the appropriate file.
3. Correct date of injury. Some claimants have multiple open files and can only be assigned by date.
4. Proper name and address of the employer, not just an individual's name.
5. Name of the insurance payer as registered with the state.
6. Date the claimant's disability should begin per the attending physician.
7. Attending physician's diagnoses and claimant's complaints.
8. Disabilities the claimant has that are not related to this injury.
9. Description of treatment plan, including any prescriptions.
10. Indication if the injury/illness appears to be work related.
11. Indication as to whether the claimant can be released to light or full duty work; full duty is considered to be the work at the time of the accident.
12. Length of time the claimant should be off work as a result of the injury or illness.
13. Date of the visit, the service(s) or procedure(s) performed, and charges.
14. Physician's complete name and address.
15. Physician and provider group national provider identifier (NPI) for billing group and treating physician.
16. Physician's or group's federal tax identification number (tax identification number [TIN] or social security number).
17. Injury/illness as described by the claimant.

E. The following pages have samples of the CMS-1500 (02/12), UB-04, 2012 American Dental Association Dental Claim Form J430D, Request for Resolution of Dispute, and Utilization Review Request Form.

II. UTILIZATION REVIEW REQUEST FORM

The form entitled Mississippi Workers' Compensation Utilization Review is a communication tool for use between the provider and the utilization review company. The form can be faxed between the provider and payer as applicable.

The utilization review process is mandatory under the *Mississippi Workers' Compensation Medical Fee Schedule;* however, the use of the Utilization Review Request Form is optional. The use of the form is encouraged if it proves helpful in the timely processing of requests for utilization review of medical services.

ANESTHESIA

Code	Short Description	2016 RVU	2013 RVU
00100	ANESTHESIA SALIVARY GLANDS WITH BIOPSY	5.00	5.00
00102	ANESTHESIA CLEFT LIP INVOLVING PLASTIC REPAIR	6.00	6.00
00103	ANESTHESIA EYELID RECONSTRUCTIVE PROCEDURE	5.00	5.00
00104	ANESTHESIA ELECTROCONVULSIVE THERAPY	4.00	4.00
00120	ANESTHESIA EXTERNAL MIDDLE & INNER EAR W/BX NOS	5.00	5.00
00124	ANES EXTERNAL MIDDLE & INNER EAR W/BX OTOSCOPY	4.00	4.00
00126	ANES XTRNL MID & INNER EAR W/BX TYMPANOTOMY	4.00	4.00
00140	ANESTHESIA EYE NOT OTHERWISE SPECIFIED	5.00	5.00
00142	ANESTHESIA EYE LENS SURGERY	4.00	4.00
00144	ANESTHESIA EYE CORNEAL TRANSPLANT	6.00	6.00
00145	ANESTHESIA EYE VITREORETINAL SURGERY	6.00	6.00
00147	ANESTHESIA EYE IRIDECTOMY	6.00	6.00
00148	ANESTHESIA EYE OPHTHALMOSCOPY	4.00	4.00
00160	ANESTHESIA NOSE & ACCESSORY SINUSES NOS	5.00	5.00
00162	ANES NOSE & ACCESSORY SINUSES RADICAL SURGERY	7.00	7.00
00164	ANES NOSE & ACCESSORY SINUSES BIOPSY SOFT TISSUE	4.00	4.00
00170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	5.00	5.00
00172	ANES INTRAORAL W/BIOPSY REPAIR CLEFT PALATE	6.00	6.00
00174	ANES INTRAORAL W/BX EXC RETROPHARYNGEAL TUMOR	6.00	6.00
00176	ANESTHESIA INTRAORAL W/BIOPSY RADICAL SURGERY	7.00	7.00
00190	ANESTHESIA FACIAL BONES OR SKULL NOS	5.00	5.00
00192	ANES FACIAL BONES/SKULL RAD SURG W/PROGNATHISM	7.00	7.00
00210	ANESTHESIA INTRACRANIAL PROCEDURE NOS	11.00	11.00
00211	ANES INTRACRANIAL CRANIOTOMY/CRANIECTOMY HMTMA	10.00	10.00
00212	ANESTHESIA INTRACRANIAL PROCEDURE SUBDURAL TAPS	5.00	5.00
00214	ANES INTRACRANIAL BURR HOLES W/VENTRICULOGRAPHY	9.00	9.00
00215	ANES INTRACRANIAL/ELEVATION DEPRSD SKULL FX XDRL	9.00	9.00
00216	ANESTHESIA INTRACRANIAL VASCULAR PROCEDURE	15.00	15.00
00218	ANES INTRACRANIAL PROCEDURE IN SITTING POSITION	13.00	13.00
00220	ANES INTRACRANIAL CEREBROSPINAL FLUID SHUNTING	10.00	10.00
00222	ANES INTRACRANIAL ELECTROCOAGULATION ICRA NERVE	6.00	6.00
00300	ANES INTEG MUSC & NRV HEAD NECK&POSTERIOR TRUNK	5.00	5.00
00320	ANES ESOPH THYRD LARYNX TRACH & LYMPH NECK 1YR	6.00	6.00
00322	ANES ESOPH THYRD LARX TRACH & LYMPH NCK BX THYRD	3.00	3.00
00326	ANESTHESIA LARYNX & TRACHEA CHILDREN <1 YEAR	8.00	8.00
00350	ANESTHESIA MAJOR VESSELS NECK NOS	10.00	10.00
00352	ANESTHESIA MAJOR VESSELS NECK SIMPLE LIGATION	5.00	5.00
00400	ANES INTEG EXTREMITIES ANT TRUNK & PERINEUM NOS	3.00	3.00
00402	ANESTHESIA RECONSTRUCTION BREAST	5.00	5.00

00404	ANESTHESIA RADICAL/MODIFIED RADICAL BREAST	5.00	5.00
00406	ANES RADICAL/MODIFIED RADICAL BREAST W/NODES	13.00	13.00
00410	ANES INTEG SYS ELEC CONVERSION ARRHYTHMIAS	4.00	4.00
00450	ANESTHESIA CLAVICLE AND SCAPULA NOS	5.00	5.00
00454	ANESTHESIA CLAVICLE & SCAPULA BIOPSY CLAVICLE	3.00	3.00
00470	ANESTHESIA PARTIAL RIB RESECTION NOS	6.00	6.00
00472	ANESTHESIA PARTIAL RIB RESECTION THORACOPLASTY	10.00	10.00
00474	ANESTHESIA PARTIAL RIB RESECTION RADICAL	13.00	13.00
00500	ANESTHESIA ESOPHAGUS	15.00	15.00
00520	ANESTHESIA CLOSED CHEST W/BRONCHOSCOPY NOS	6.00	6.00
00522	ANESTHESIA CLOSED CHEST NEEDLE BIOPSY PLEURA	4.00	4.00
00524	ANESTHESIA CLOSED CHEST PNEUMOCENTESIS	4.00	4.00
00528	ANES MEDIASTINOSCOPY&THORACSCOPY W/O 1 LUNG VNTJ	8.00	8.00
00529	ANES MEDIASTINOSCOPY&THORACOSCOPY W/1 LUNG VNT	11.00	11.00
00530	ANES PERMANENT TRANSVENOUS PACEMAKER INSERTION	4.00	4.00
00532	ANESTHESIA ACCESS CENTRAL VENOUS CIRCULATION	4.00	4.00
00534	ANES TRANSVENOUS INSJ/REPLACEMENT PACING CVDFB	7.00	7.00
00537	ANES CARDIAC ELECTROPHYSIOL STDY W/RF ABLATION	10.00	10.00
00539	ANESTHESIA TRACHEOBRONCHIAL RECONSTRUCTION	18.00	18.00
00540	ANES THORACOTOMY & THORACOSCOPY NOS	12.00	12.00
00541	ANES THORACOTOMY & THORACOSCOPY W/1 LUNG VNTJ	15.00	15.00
00542	ANES THORACOTOMY & THORACOSCOPY DECORTICATION	15.00	15.00
00546	ANES THORACOTOMY & THORACOSCOPY PULMONARY RESC	15.00	15.00
00548	ANES THORACOTOMY &THORACSCOPY TRACHEA & BRONCHI	17.00	17.00
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	10.00	10.00
00560	ANES HRT PERICARDIAL SAC& GRT VESLS W/O PMP OXT	15.00	15.00
00561	ANES HRT PERICARD SAC&GREAT VSLS W/PMP OXTJ <1YR	25.00	25.00
00562	ANES HRT PERICRD SAC&GRT VSLS W/PMP OXTJ >1MO PO	20.00	20.00
00563	ANES HRT PRCRD SAC & GREAT VSL W/PUMP OXTJ HYPTH	25.00	25.00
00566	ANES DIRECT CABG W/O PUMP OXYGENATOR	25.00	25.00
00567	ANES DIRECT CABG W/PUMP OXYGENATOR	18.00	18.00
00580	ANES HEART TRANSPLANT/HEART/LUNG TRANSPLANT	20.00	20.00
00600	ANESTHESIA CERVICAL SPINE & CORD NOS	10.00	10.00
00604	ANES CERVICAL SPINE & CORD W/PATIENT SITTING	13.00	13.00
00620	ANESTHESIA THORACIC SPINE & CORD NOS	10.00	10.00
00625	ANES THRC SPINE & CORD ANT APPR W/O 1 LUNG VENTJ	13.00	13.00
00626	ANES THORACIC SPINE & CORD ANT APPR W/1 LNG VENT	15.00	15.00
00630	ANESTHESIA LUMBAR REGION NOS	8.00	8.00
00632	ANESTHESIA LUMBAR REGION LUMBAR SYMPATHECTOMY	7.00	7.00
00635	ANES DIAGNOSTIC/THERAPEUTIC LUMBAR PUNCTURE	4.00	4.00
00640	ANES MANIPULATE SPINE/CLSD CRV THORC/LUMBR SPINE	3.00	3.00
00670	ANESTHESIA EXTENSIVE SPINE & SPINAL CORD	13.00	13.00
00700	ANESTHESIA UPPER ANTERIOR ABDOMINAL WALL NOS	4.00	4.00

00702	ANES UPR ANT ABDL WALL PERCUTANEOUS LIVER BX	4.00	4.00
00730	ANESTHESIA UPPER POSTERIOR ABDOMINAL WALL	5.00	5.00
00740	ANES UPPER GI ENDOSCOPY PROXIMAL TO DUODENUM	5.00	5.00
00750	ANESTHESIA HERNIA REPAIR UPPER ABDOMEN NOS	4.00	4.00
00752	ANES HRNA RPR UPR ABD LMBR&VENTRAL HERNIA&DEHISC	6.00	6.00
00754	ANES HERNIA REPAIR UPPER ABDOMEN OMPHALOCELE	7.00	7.00
00756	ANES HRNA REPAIR UPR ABD TABDL RPR DIPHRG HRNA	7.00	7.00
00770	ANESTHESIA MAJOR ABDOMINAL BLOOD VESSELS	15.00	15.00
00790	ANES INTRAPERITONEAL UPPER ABDOMEN W/LAPS NOS	7.00	7.00
00792	ANES LAPS PARTIAL HEPATECTOMY W/MGMT LIVER HEMOR	13.00	13.00
00794	ANES LAPAROSCOPIC PARTIAL/TOTAL PANCREATECTOMY	8.00	8.00
00796	ANES LAPAROSCOPIC LIVER TRANSPLANT	30.00	30.00
00797	ANES IPR UPPER ABDOMEN LAPS GASTRIC RSTCV MO	11.00	11.00
00800	ANESTHESIA LOWER ANTERIOR ABDOMINAL WALL NOS	4.00	4.00
00802	ANES LOWER ANT ABDOMINAL WALL PANNICULECTOMY	5.00	5.00
00810	ANES LOWER INTESTINE ENDOSCOPY DISTAL DUODENUM	5.00	5.00
00820	ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL	5.00	5.00
00830	ANESTHESIA HERNIA REPAIR LOWER ABDOMEN NOS	4.00	4.00
00832	ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR	6.00	6.00
00834	ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE	5.00	5.00
00836	ANES HRNA RPR LWR ABD NOS INFTS <37WK BRTH/50WK	6.00	6.00
00840	ANESTHESIA INTRAPERITONEAL LOWER ABD W/LAPS NOS	6.00	6.00
00842	ANES IPER LOWER ABDOMEN W/LAPS AMNIOCENTESIS	4.00	4.00
00844	ANES IPER LOWER ABD W/LAPS ABDOMINOPRNL RESCJ	7.00	7.00
00846	ANES IPER LOWER ABD W/LAPS RAD HYSTERECTOMY	8.00	8.00
00848	ANES IPER LOWER ABD W/LAPS PELVIC EXENTERATION	8.00	8.00
00851	ANES IPER LWR ABD W/LAPS TUBAL LIGATION/TRANSECT	6.00	6.00
00860	ANES EXTRAPERITONEAL LWR ABD W/URINARY TRACT NOS	6.00	6.00
00862	ANES XTRPRTL LOWER ABD UR TRACT RENAL DON NFRCT	7.00	7.00
00864	ANES XTRPRTL LWER ABD W/URINARY TRACT TOT CYSTEC	8.00	8.00
00865	ANES XTRPRTL LWR ABD W/URINARY TRACT RAD PRSTECT	7.00	7.00
00866	ANES XTRPRTL LOWER ABD W/URIN TRACT ADRENLECTOMY	10.00	10.00
00868	ANES XTRPRTL LWR ABD W/URIN TRACT RENAL TRANSPL	10.00	10.00
00870	ANES XTRPRTL LWR ABD W/URIN TRACT CSTOLITHOTOMY	5.00	5.00
00872	ANES LITHOTRP XTRCORP SHOCK WAVE W/WATER BATH	7.00	7.00
00873	ANES LITHOTRP XTRCORP SHOCK WAVE W/O WATER BATH	5.00	5.00
00880	ANESTHESIA MAJOR LOWER ABDOMINAL VESSELS NOS	15.00	15.00
00882	ANES MAJOR LOWER ABDOMINAL VESSELS IVC LIGATION	10.00	10.00
00902	ANESTHESIA ANORECTAL PROCEDURE	5.00	5.00
00904	ANESTHESIA RADICAL PERINEAL PROCEDURE	7.00	7.00
00906	ANESTHESIA VULVECTOMY	4.00	4.00
00908	ANESTHESIA PERINEAL PROSTATECTOMY	6.00	6.00
00910	ANES TRANSURETHRAL W/URETHROCYSTOSCOPY NOS	3.00	3.00

00912	ANES TRANSURETHRAL RESECTION OF BLADDER TUMOR	5.00	5.00
00914	ANESTHESIA TRANSURETHRAL RESECTION OF PROSTATE	5.00	5.00
00916	ANES TRURL POST-TRURL RESECTION BLEEDING	5.00	5.00
00918	ANES TRURL FRAGMNTJ MANJ&/RMVL URETERAL CALCULUS	5.00	5.00
00920	ANESTHESIA MALE GENITALIA INCL OPEN URETHRAL PX	3.00	3.00
00921	ANES VASECTOMY UNI/BI INCL OPEN URETHRAL PX	3.00	3.00
00922	ANES SEMINAL VESICLES INCL OPEN URETHRAL PX	6.00	6.00
00924	ANES UNDSCND TESTIS UNI/BI INCL OPEN URTL PX	4.00	4.00
00926	ANES RAD ORCHIECTOMY INGUN INCL OPEN URTL PX	4.00	4.00
00928	ANES RAD ORCHIECTOMY ABDOMINAL INCL OPN URTL	6.00	6.00
00930	ANES ORCHIOPEXY UNI/BI INCL OPEN URETHRAL PX	4.00	4.00
00932	ANES COMPLETE AMPUTATION PENIS INCL OPEN URTL	4.00	4.00
00934	ANES RAD AMP PENIS W/BI INGUINAL LYMPH NODE RMVL	6.00	6.00
00936	ANES RAD AMP PENIS W/BI INGUNL&ILIAC LYMPH RMOVL	8.00	8.00
00938	ANES INSJ PENILE PROSTH PRNL INCL OPEN URTL	4.00	4.00
00940	ANESTHESIA VAGINAL PROCEDURE W/BIOPSY NOS	3.00	3.00
00942	ANES COLPTMY VAGNC COLPRPHY INCL BX W/OPN URTL	4.00	4.00
00944	ANESTHESIA VAGINAL HYSTERECTOMY INCL BIOPSY	6.00	6.00
00948	ANESTHESIA CERVICAL CERCLAGE INCLUDING BIOPSY	4.00	4.00
00950	ANESTHESIA CULDOSCOPY INCLUDING BIOPSY	5.00	5.00
00952	ANES HYSTEROSCOPY&/HYSTEROSALPINGOGRAPHY W/BX	4.00	4.00
01112	ANES BONE MARROW ASPIR&/BX ANT/PST ILIAC CREST	5.00	5.00
01120	ANESTHESIA ON BONY PELVIS	6.00	6.00
01130	ANESTHESIA BODY CAST APPLICATION OR REVISION	3.00	3.00
01140	ANESTHESIA INTERPELVI ABDOMINAL AMPUTATION	15.00	15.00
01150	ANES RADICAL TUMOR PELVIS XCP HINDQUARTER AMP	10.00	10.00
01160	ANES CLOSED SYMPHYSIS PUBIS/SACROILIAC JOINT	4.00	4.00
01170	ANES OPEN SYMPHYSIS PUBIS/SACROILIAC JOINT	8.00	8.00
01173	ANES OPN RPR DISRPJ PELVIS/COLUMN FX ACETABULUM	12.00	12.00
01180	ANESTHESIA OBTURATOR NEURECTOMY EXTRAPELVIC	3.00	3.00
01190	ANESTHESIA OBTURATOR NEURECTOMY INTRAPELVIC	4.00	4.00
01200	ANESTHESIA CLOSED HIP JOINT PROCEDURE	4.00	4.00
01202	ANESTHESIA ARTHROSCOPIC HIP JOINT PROCEDURE	4.00	4.00
01210	ANESTHESIA OPEN HIP JOINT PROCEDURE NOS	6.00	6.00
01212	ANESTHESIA OPEN HIP JOINT DISARTICULATION	10.00	10.00
01214	ANESTHESIA OPEN TOTAL HIP ARTHROPLASTY	8.00	8.00
01215	ANESTHESIA OPEN REVISION TOTAL HIP ARTHROPLASTY	10.00	10.00
01220	ANESTHESIA CLOSED PROCEDURES UPPER 2/3 FEMUR	4.00	4.00
01230	ANESTHESIA OPEN PROCEDURES UPPER 2/3 FEMUR NOS	6.00	6.00
01232	ANESTHESIA UPPER 2/3 FEMUR AMPUTATION	5.00	5.00
01234	ANES UPPER 2/3 FEMUR RADICAL RESCECTION	8.00	8.00
01250	ANES NERVE MUSC TENDON FASCIA & BURSAE UPPER LEG	4.00	4.00
01260	ANES VEINS OF UPPER LEG INCLUDING EXPLORATION	3.00	3.00

01270	ANESTHESIA ARTERIES UPPER LEG INCL BYPASS GRAFT	8.00	8.00
01272	ANES ART UPPER LEG W/BYPASS GRAFT FEM ART LIG	4.00	4.00
01274	ANES UPPER LEG W/BYPASS GRFT FEM ART EMBOLECTOMY	6.00	6.00
01320	ANES NERVE MUSC TENDON FASCIA&BURSA KNEE&/POPLT	4.00	4.00
01340	ANESTHESIA CLOSED PROCEDURES LOWER 1/3 FEMUR	4.00	4.00
01360	ANESTHESIA OPEN PROCEDURES LOWER 1/3 FEMUR	5.00	5.00
01380	ANESTHESIA CLOSED PROCEDURES KNEE JOINT	3.00	3.00
01382	ANESTH DIAGNOSTIC ARTHROSCOPIC PROC KNEE JOINT	3.00	3.00
01390	ANES CLOSED PROC UPPER END TIBIA FIBULA/PATELLA	3.00	3.00
01392	ANES OPEN PROC UPPER ENDS TIBIA FIBULA&/PATELLA	4.00	4.00
01400	ANES OPEN/SURG ARTHROSCOPIC PROC KNEE JOINT NOS	4.00	4.00
01402	ANESTH OPEN/SURG ARTHRS TOTAL KNEE ARTHROPLASTY	7.00	7.00
01404	ANESTH OPEN/SURG ARTHRS KNEE DISARTICULATION	5.00	5.00
01420	ANES CAST APPLICATION REMOVAL/REPAIR KNEE JOINT	3.00	3.00
01430	ANESTHESIA VEINS KNEE & POPLITEAL AREA NOS	3.00	3.00
01432	ANES KNEE & POPLITEAL ARTERY VEIN FISTULA NOS	6.00	6.00
01440	ANES ARTERIES OF KNEE & POPLITEAL AREA NOS	8.00	8.00
01442	ANES ART KNEE POPLITEAL TEAEC W/WO PATCH GRAFT	8.00	8.00
01444	ANES ART KNEE POPLITEAL EXC&GRF/RPR OCCLS/ARYS	8.00	8.00
01462	ANESTHESIA CLOSED PROC LOWER LEG ANKLE & FOOT	3.00	3.00
01464	ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT	3.00	3.00
01470	ANES NRV/MUS/TND/FASC LOWER LEG/ANKLE/FOOT NOS	3.00	3.00
01472	ANES RPR RUPTURED ACHILLES TENDON W/WO GRAFT	5.00	5.00
01474	ANESTHESIA GASTROCNEMIUS RECESSION	5.00	5.00
01480	ANES OPEN PROC BONES LOWER LEG/ANKLE/FOOT NOS	3.00	3.00
01482	ANES RADICAL RESECJ INCL BELOW KNEE AMPUTATION	4.00	4.00
01484	ANES OPEN OSTEOTOMY/OSTEOPLASTY TIBIA&/FIBULA	4.00	4.00
01486	ANESTHESIA OPEN TOTAL ANKLE REPLACEMENT	7.00	7.00
01490	ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	3.00	3.00
01500	ANESTHESIA ARTERIES LOWER LEG W/BYPASS GRAFT NOS	8.00	8.00
01502	ANES ART LOWER LEG W/BYP GRAFT EMBLC DIR/W/CATH	6.00	6.00
01520	ANESTHESIA VEINS OF LOWER LEG NOS	3.00	3.00
01522	ANES VEINS LOWER LEG VENOUS THRMBC DIR/W/CATH	5.00	5.00
01610	ANES NRV MUSC TNDN FSCIA BURSA SHOULDER & AXILLA	5.00	5.00
01620	ANES CLOSED HUMRL H/N STRNCLAV JOINT& SHO JOINT	4.00	4.00
01622	ANES DIAG ARTHROSCOPIC SHOULDER JOINT PROC NOS	4.00	4.00
01630	ANES ARTHRS HUMERAL H/N STRNCLAV & SHOULDER NOS	5.00	5.00
01634	ANESTHESIA ARTHROSCOPIC SHOULDER DISARTICULATION	9.00	9.00
01636	ANES ARTHRS INTERTHORACOSCAPULAR AMPUTATION	15.00	15.00
01638	ANES ARTHROSCOPIC TOTAL SHOULDER REPLACEMENT	10.00	10.00
01650	ANESTHESIA ARTERIES SHOULDER & AXILLA NOS	6.00	6.00
01652	ANESTHESIA AXILLARY-BRACHIAL ANEURYSM	10.00	10.00
01654	ANES ARTERIES SHOULDER & AXILLA BYPASS GRAFT	8.00	8.00

01656	ANESTHESIA AXILLARY-FEMORAL BYPASS GRAFT	10.00	10.00
01670	ANESTHESIA VEINS SHOULDER & AXILLA	4.00	4.00
01680	ANES SHOULDER CAST APPL REMOVAL/REPAIR NOS	3.00	3.00
01682	ANES SHOULDER SPICA APPLICATION REMOVAL/REPAIR	4.00	4.00
01710	ANES NRV MUSC TDN FSCA&BRS UPR ARM/ELBOW NOS	3.00	3.00
01712	ANESTHESIA OPEN TENOTOMY ELBOW TO SHOULDER	5.00	5.00
01714	ANESTHESIA TENOPLASTY ELBOW TO SHOULDER	5.00	5.00
01716	ANESTHESIA BICEPS TENODESIS RUPTURE LONG TENDON	5.00	5.00
01730	ANESTHESIA CLOSED PROCEDURES HUMERUS & ELBOW	3.00	3.00
01732	ANESTHESIA ELBOW JOINT DIAGNOSTIC ARTHROSCOPIC	3.00	3.00
01740	ANES OPEN/SURG ARTHROSCOPIC ELBOW PROC NOS	4.00	4.00
01742	ANESTHESIA OPEN/SURG ARTHRS OSTEOTOMY HUMERUS	5.00	5.00
01744	ANES OPEN/SURG ARTHRS REPRS NON/MALUNION HUMERUS	5.00	5.00
01756	ANESTHESIA OPEN/SURG ARTHRS RADICAL PROC ELBOW	6.00	6.00
01758	ANESTH OPEN/SURG ARTHRS EXC CYST/TUMOR HUMERUS	5.00	5.00
01760	ANESTH OPEN/SURG ARTHRS TOTAL ELBOW REPLACEMENT	7.00	7.00
01770	ANESTHESIA ARTERIES UPPER ARM & ELBOW NOS	6.00	6.00
01772	ANESTHESIA ARTERIES UPPER ARM&ELBOW EMBOLECTOM	6.00	6.00
01780	ANESTH CLOSED PROC RADIUS ULNA WRIST/HAND BONES	3.00	3.00
01782	ANESTHESIA VEINS UPPER ARM & ELBOW PHLEBORRHAPHY	4.00	4.00
01810	ANES NERVE MUSCLE TDN FASCIA&BURSA FOREARM WRIST	3.00	3.00
01820	ANES RADIUS ULNA WRIST/HAND BONES CLOSED PX	3.00	3.00
01829	ANESTHESIA DIAGNOSTIC ARTHROSCOPIC PROC WRIST	3.00	3.00
01830	ANES ARTHRS/ENDSCPY DSTL RADIUS ULNA/WRIST/HAND	3.00	3.00
01832	ANESTHESIA ARTHRS/ENDOSCPIC TOTAL WRIST REPLCMT	6.00	6.00
01840	ANESTHESIA ARTERIES FOREARM WRIST & HAND NOS	6.00	6.00
01842	ANES ARTERIES FOREARM WRIST & HAND EMBOLECTOMY	6.00	6.00
01844	ANESTHESIA VASCULAR SHUNT/SHUNT REVISION	6.00	6.00
01850	ANESTHESIA VEINS FOREARM WRIST & HAND NOS	3.00	3.00
01852	ANES VEINS FOREARM WRIST & HAND PHLEBORRHAPHY	4.00	4.00
01860	ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	3.00	3.00
01916	ANESTHESIA DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPH	5.00	5.00
01920	ANES C-CATHJ W/C ANGIOGRAPHY & VENTRICULOGRAPHY	7.00	7.00
01922	ANES NON-INVASIVE IMAGING/RADIATION THERAPY	7.00	7.00
01924	ANESTHESIA THER IVNTL RADIOLOGICAL ARTERIAL	6.00	6.00
01925	ANESTHESIA CAROTID/CORONARY THER IVNTL RAD	8.00	8.00
01926	ANES ICRA ICAR/AORTIC THER IVNTL RAD ARTL	10.00	10.00
01930	ANES VENOUS/LYMPHATIC NOS THER IVNTL RAD NOS	5.00	5.00
01931	ANESTHESIA INTRAHEPATIC/PORTAL THER IVNTL RAD	7.00	7.00
01932	ANESTHESIA INTRATHORACIC/JUGULAR THER IVNTL RAD	7.00	7.00
01933	ANES INTRACRANIAL THER IVNTL RAD VENS/LYMPHTC	8.00	8.00
01935	ANESTHESIA PERQ IMAGE GUIDED SPINE DIAGNOSTIC	5.00	5.00
01936	ANESTHESIA PERQ IMAGE GUIDED SPINE THERAPEUTIC	5.00	5.00

01951	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4 % TBSA	3.00	3.00
01952	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4-9 % TBSA	5.00	5.00
01953	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRF EA 9% TBS	1.00	1.00
01958	ANESTHESIA EXTERNAL CEPHALIC VERSION	5.00	5.00
01960	ANESTHESIA VAGINAL DELIVERY ONLY	5.00	5.00
01961	ANESTHESIA CESAREAN DELIVERY ONLY	7.00	7.00
01962	ANES URGENT HYSTERECTOMY FOLLOWING DELIVERY	8.00	8.00
01963	ANESTHESIA C HYST W/O ANY LABOR ANALG/ANES CARE	10.00	10.00
01965	ANESTHESIA INCOMPLETE/MISSED ABORTION	4.00	4.00
01966	ANESTHESIA INDUCED ABORTION	4.00	4.00
01967	NEURAXIAL LABOR ANALG/ANES PLND VAGINAL DELIVERY	5.00	5.00
01968	ANES CESARN DLVR FLWG NEURAXIAL LABOR ANALG/ANES	3.00	3.00
01969	ANES CESARN HYST FLWG NEURAXIAL LABOR ANALG/ANES	5.00	5.00
01990	PHYSIOL SUPPORT HARVEST ORGAN FROM BRAIN-DEAD PT	7.00	7.00
01991	ANES DX/THER NRV BLK/NJX OTH/THN PRONE POS	3.00	3.00
01992	ANES DX/THER NERVE BLOCK/INJECTION PRONE POS	5.00	5.00
01996	DAILY HOSP MGMT EDRL/SARACH CONT DRUG ADMN	3.00	3.00
01999	UNLISTED ANESTHESIA PROCEDURE	BR	BR

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MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
10021	FINE NEEDLE ASPIRATION W/O IMAGING GUIDANCE	3.49	291.42			XXX	N	321.24		378.26		XXX	N	158.18
10022	FINE NEEDLE ASPIRATION WITH IMAGING GUIDANCE	4	334.00			XXX	N	684.54		346.53		XXX	N	445.75
10030	IMAGE-GUIDED CATHETER FLUID COLLECTION DRAINAGE	22.14	1848.69			XXX	N	1341.57		1842.85		XXX	N	161.85
10035	PERQ SFT TISS LOC DEVICE PLMT 1ST LES W/GDNCE	15.18	1267.53			000	N	684.54						
10036	PERQ SFT TISS LOC DEVICE PLMT ADD LES W/GDNCE	13.2	1102.20			ZZZ	N							
10040	ACNE SURGERY	2.88	240.48			010	N	167.81		253.01		010	N	92.29
10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	3.32	277.22			010	N	167.81		289.75		010	N	161.85
10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	5.85	488.48			010	N	325.10		511.02		010	N	161.85
10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	5.08	424.18			010	N	325.10		455.08		010	N	161.85
10081	INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	7.61	635.44			010	N	684.54		688.04		010	N	936.06
10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	4.3	359.05			010	N	321.24		383.27		010	N	270.47
10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMPL	7.77	648.80			010	N	2014.24		693.05		010	N	1447.15
10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	4.62	385.77			010	N	1341.57		408.32		010	N	936.06
10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	3.69	308.12			010	N	325.10		326.49		010	N	161.85
10180	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	7.01	585.34			010	N	2014.24		621.24		010	N	1701.78
11000	DBRDMT EXTENSV ECZEMA/INFECT SKN UP 10% BDY SURF	1.54	128.59			000	N	610.51		135.27		000	N	270.47
11001	DBRDMT EXTNSVE ECZEMA/INFECT SKN EA 10% BDY SURF	0.61	50.94			ZZZ	N			52.61		ZZZ	N	92.29
11004	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT&PR	16.76	1399.46			000	N	1623.97		1414.49		000	N	
11005	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL	22.69	1894.62			000	N	2995.83		1918		000	N	
11006	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT/ABDL	20.34	1698.39			000	N			1724.28		000	N	
11008	REMOVAL PROSTHETIC MATRL ABDL WALL FOR INFECTION	7.98	666.33			ZZZ	N	1603.94		673.85		ZZZ	N	
11010	DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS	13.99	1168.17			010	N	1341.57		1245.82		010	N	433.96
11011	DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	15.21	1270.04			000	N	325.10		1349.36		000	N	433.96
11012	DBRDMT FX&/DISLC SUBQ T/M/F BONE	20.32	1696.72			000	N	2014.24		1781.06		000	N	433.96
11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	3.3	275.55			000	N	321.24		294.76		000	N	270.47
11043	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	6.49	541.92			000	N	610.51		575.32		000	N	270.47
11044	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	8.96	748.16			000	N	1341.57		791.58		000	N	752.91
11045	DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	1.16	96.86			ZZZ	N			105.21		ZZZ	N	270.47

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
11046	DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	2.09	174.52			ZZZ	N			182.03		ZZZ	N	270.47
11047	DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	3.54	295.59			ZZZ	N			307.28		ZZZ	N	433.96
11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	1.34	111.89			000	N	167.81		118.57		000	N	92.29
11056	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	1.64	136.94			000	N	167.81		144.46		000	N	92.29
11057	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	1.85	154.48			000	N	321.24		161.99		000	N	137.98
11100	BX SKIN SUBCUTANEOUS&/MUCOUS MEMBRANE 1 LESION	2.92	243.82			000	N	321.24		261.36		000	N	137.98
11101	BIOPSY SKIN SUBQ&/MUCOUS MEMBRANE EA ADDL LESN	0.93	77.66			ZZZ	N			80.16		ZZZ	N	92.29
11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	2.49	207.92			010	N	167.81		219.61		010	N	92.29
11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10	0.54	45.09			ZZZ	N			46.76		ZZZ	N	92.29
11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	2.74	228.79			000	N	167.81		246.33		000	N	92.29
11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	3.38	282.23			000	N	167.81		302.27		000	N	92.29
11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	3.98	332.33			000	N	167.81		356.55		000	N	92.29
11303	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	4.4	367.40			000	N	167.81		392.45		000	N	137.98
11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	2.8	233.80			000	N	167.81		246.33		000	N	92.29
11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	3.44	287.24			000	N	167.81		304.78		000	N	92.29
11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	4.06	339.01			000	N	321.24		360.72		000	N	92.29
11308	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	4.26	355.71			000	N	167.81		381.6		000	N	137.98
11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	3.2	267.20			000	N	321.24		286.41		000	N	92.29
11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	3.15	263.03			000	N	321.24		278.89		000	N	92.29
11312	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	4.53	378.26			000	N	321.24		405.81		000	N	137.98
11313	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	5.25	438.38			000	N	321.24		466.77		000	N	137.98
11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	3.5	292.25			010	N	684.54		311.46		010	N	433.96
11401	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	4.21	351.54			010	N	684.54		374.92		010	N	433.96
11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	4.68	390.78			010	N	684.54		416.67		010	N	433.96
11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM/<	5.43	453.41			010	N	1341.57		480.13		010	N	752.91
11404	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	6.17	515.20			010	N	1341.57		544.42		010	N	1447.15
11406	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	8.9	743.15			010	N	2014.24		779.06		010	N	1447.15
11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	3.46	288.91			010	N	1341.57		308.95		010	N	752.91
11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	4.43	369.91			010	N	1341.57		395.79		010	N	752.91
11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	4.96	414.16			010	N	1341.57		440.05		010	N	752.91

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11423	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	5.72	477.62			010	N	1341.57		506.85		010	N	1447.15
11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	6.62	552.77			010	N	2014.24		582		010	N	1447.15
11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	9.47	790.75			010	N	2014.24		824.98		010	N	2142.94
11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	3.81	318.14			010	N	684.54		341.52		010	N	433.96
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	4.75	396.63			010	N	684.54		422.51		010	N	433.96
11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	5.32	444.22			010	N	1341.57		471.78		010	N	752.91
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	6.35	530.23			010	N	1341.57		560.29		010	N	752.91
11444	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	7.98	666.33			010	N	1341.57		700.57		010	N	752.91
11446	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	11.09	926.02			010	N	2014.24		966.1		010	N	2142.94
11450	EXCISION HIDRADENITIS AXILLARY SMPL/INTRM RPR	10.81	902.64			090	N	2014.24		958.58		090	N	2142.94
11451	EXCISION HIDRADENITIS AXILLARY COMPLEX REPAIR	13.78	1150.63			090	N	2014.24		1220.77		090	N	2142.94
11462	EXCISION HIDRADENITIS INGUINAL SMPL/INTRM RPR	10.55	880.93			090	N	2014.24		939.38		090	N	2142.94
11463	EXCISION HIDRADENITIS INGUINAL COMPLEX REPAIR	13.94	1163.99			090	N	2014.24		1218.27		090	N	2142.94
11470	EXCISION H/P/P/U SIMPLE/INTERMEDIATE REPAIR	11.73	979.46			090	N	2014.24		1042.08		090	N	2142.94
11471	EXCISION H/P/P/U COMPLEX REPAIR	14.48	1209.08			090	N	2014.24		1295.92		090	N	2142.94
11600	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	5.44	454.24			010	N	1341.57		484.3		010	N	752.91
11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	6.47	540.25			010	N	684.54		573.65		010	N	433.96
11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	7.02	586.17			010	N	684.54		622.91		010	N	433.96
11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM/<	8.03	670.51			010	N	1341.57		707.25		010	N	752.91
11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	8.93	745.66			010	N	1341.57		788.24		010	N	752.91
11606	EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM	12.8	1068.80			010	N	2014.24		1123.91		010	N	1447.15
11620	EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	5.5	459.25			010	N	1341.57		490.98		010	N	752.91
11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	6.51	543.59			010	N	1341.57		577.82		010	N	433.96
11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	7.26	606.21			010	N	1341.57		643.79		010	N	752.91
11623	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM/<	8.53	712.26			010	N	1341.57		752.34		010	N	752.91
11624	EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM	9.62	803.27			010	N	2014.24		845.86		010	N	1447.15
11626	EXCISION MALIGNANT LESION S/N/H/F/G >4.0 CM	11.6	968.60			010	N	2014.24		1019.54		010	N	2142.94
11640	EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	5.67	473.45			010	N	1341.57		506.01		010	N	433.96
11641	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	6.74	562.79			010	N	684.54		597.86		010	N	433.96
11642	EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	7.7	642.95			010	N	684.54		680.53		010	N	433.96

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11643	EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	9.08	758.18			010	N	1341.57		800.77		010	N	752.91
11644	EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	11.2	935.20			010	N	1341.57		986.14		010	N	1447.15
11646	EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	14.65	1223.28			010	N	2014.24		1281.73		010	N	2142.94
11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	0.39	32.57			000	N	79.66		28.39		000	N	36.63
11720	DEBRIDEMENT NAIL ANY METHOD 1-5	0.91	75.99			000	N	129.85		80.16		000	N	92.29
11721	DEBRIDEMENT NAIL ANY METHOD 6/>	1.27	106.05			000	N	79.66		110.22		000	N	92.29
11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	2.8	233.80			000	N	167.81		244.66		000	N	92.29
11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	1.01	84.34			ZZZ	N			87.68		ZZZ	N	92.29
11740	EVACUATION SUBUNGUAL HEMATOMA	1.4	116.90			000	N	79.66		123.58		000	N	36.63
11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	5.11	426.69			010	N	325.10		556.11		010	N	433.96
11752	EXC NAIL MATRIX PRM RMVL W/AMP TUFT DSTL PHALANX	9.2	768.20			010	N	2014.24		801.6		010	N	2142.94
11755	BIOPSY NAIL UNIT SEPARATE PROCEDURE	3.78	315.63			000	N	684.54		336.51		000	N	433.96
11760	REPAIR NAIL BED	5.5	459.25			010	N	610.51		590.35		010	N	110.62
11762	RECONSTRUCTION NAIL BED W/GRAFT	7.94	662.99			010	N	2009.86		712.26		010	N	1434.08
11765	WEDGE EXCISION SKIN NAIL FOLD	4.73	394.96			010	N	167.81		417.5		010	N	92.29
11770	EXCISION PILONIDAL CYST/SINUS SIMPLE	7.89	658.82			010	N	2014.24		698.9		010	N	2142.94
11771	EXCISION PILONIDAL CYST/SINUS EXTENSIVE	16.31	1361.89			090	N	2014.24		1430.36		090	N	2142.94
11772	EXCISION PILONIDAL CYST/SINUS COMPLICATED	19.78	1651.63			090	N	2014.24		1740.98		090	N	2142.94
11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	1.57	131.10			000	N	167.81		139.45		000	N	92.29
11901	INJECTION INTRALESIONAL >7 LESIONS	1.98	165.33			000	N	167.81		173.68		000	N	92.29
11920	TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	4.81	401.64			000	N	610.51		433.37		000	N	324.43
11921	TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	5.61	468.44			000	N	610.51		500.17		000	N	324.43
11922	TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	1.74	145.29			ZZZ	N			155.31		ZZZ	N	324.43
11950	SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC/<	2.08	173.68			000	N	321.24		179.53		000	N	324.43
11951	SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC	2.76	230.46			000	N	610.51		264.7		000	N	324.43
11952	SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC	3.71	309.79			000	N	610.51		346.53		000	N	324.43
11954	SUBCUTANEOUS INJECTION FILLING MATRL >10.0 CC	4.47	373.25			000	N	321.24		395.79		000	N	110.62
11960	INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ	27.05	2258.68			090	N	3044.24		2319.63		090	N	1948.12
11970	REPLACEMENT TISS EXPANDER PERMANENT PROSTHESIS	17.44	1456.24			090	N	9938.52	J1	1528.89		090	N	4434.79
11971	REMOVAL TISS EXPANDER W/O INSERTION PROSTHESIS	13.3	1110.55			090	N	2014.24		1198.23		090	N	2142.94

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11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	4.04	337.34			000	N	325.10		360.72		000	N	433.96
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION	2.66	222.11			000	N	129.85		254.68		000	N	64.04
11981	INSJ NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	3.98	332.33			XXX	N	129.85		339.85		XXX	N	64.04
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	4.52	377.42			XXX	N	129.85		383.27		XXX	N	64.04
11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	6.31	526.89			XXX	N	129.85		521.88		XXX	N	64.04
12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	2.52	210.42			000	N	167.81		227.12		000	N	110.62
12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	3.07	256.35			000	N	167.81		274.72		000	N	110.62
12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	3.62	302.27			000	N	167.81		322.31		000	N	110.62
12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	4.57	381.60			000	N	167.81		416.67		000	N	110.62
12006	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	5.42	452.57			000	N	167.81		503.51		000	N	110.62
12007	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	6.33	528.56			000	N	321.24		572.81		000	N	110.62
12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	3.09	258.02			000	N	167.81		277.22		000	N	110.62
12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	3.23	269.71			000	N	167.81		303.11		000	N	110.62
12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	3.78	315.63			000	N	167.81		354.04		000	N	110.62
12015	SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	4.58	382.43			000	N	167.81		431.7		000	N	110.62
12016	SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	5.82	485.97			000	N	167.81		536.07		000	N	110.62
12017	SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	4.41	368.24			000	N	167.81		377.42		000	N	110.62
12018	SIMPLE REPAIR F/E/E/N/L/M >30.0 CM	5	417.50			000	Y	167.81		500.17		000	Y	324.43
12020	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	8.23	687.21			010	N	610.51		707.25		010	N	507.49
12021	TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	4.75	396.63			010	N	610.51		427.52		010	N	324.43
12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	6.7	559.45			010	N	321.24		599.53		010	N	324.43
12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	8.58	716.43			010	N	321.24		765.7		010	N	324.43
12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	8.82	736.47			010	N	321.24		784.07		010	N	324.43
12035	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	10.84	905.14			010	N	321.24		976.12		010	N	324.43
12036	REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	11.95	997.83			010	N	610.51		1063.79		010	N	324.43
12037	REPAIR INTERMEDIATE S/A/T/E >30.0 CM	13.55	1131.43			010	N	2009.86		1169.84		010	N	324.43
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	6.7	559.45			010	N	167.81		608.72		010	N	110.62
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	8.18	683.03			010	N	321.24		723.95		010	N	324.43
12044	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	10.16	848.36			010	N	321.24		905.14		010	N	324.43
12045	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	11.42	953.57			010	N	321.24		1011.19		010	N	324.43

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12046	RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM	13.57	1133.10			010	N	321.24		1347.69		010	N	324.43
12047	REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM	14.72	1229.12			010	Y	610.51		1477.95		010	Y	324.43
12051	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	7.31	610.39			010	N	321.24		650.47		010	N	324.43
12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	8.33	695.56			010	N	321.24		737.31		010	N	324.43
12053	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 5.1-7.5 CM	9.77	815.80			010	N	321.24		870.91		010	N	324.43
12054	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 7.6-12.5 CM	10.21	852.54			010	N	167.81		929.36		010	N	110.62
12055	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 12.6-20.0CM	13.26	1107.21			010	N	321.24		1187.37		010	N	324.43
12056	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 20.1-30.0CM	15.49	1293.42			010	N	167.81		1371.91		010	N	324.43
12057	REPAIR INTERMEDIATE F/E/E/N/L&/MUC >30.0 CM	15.98	1334.33			010	Y	321.24		1384.43		010	Y	324.43
13100	REPAIR COMPLEX TRUNK 1.1-2.5 CM	9.47	790.75			010	N	2009.86		839.18		010	N	507.49
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM	11.21	936.04			010	N	610.51		996.99		010	N	507.49
13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	3.45	288.08			ZZZ	N			305.61		ZZZ	N	324.43
13120	REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	9.91	827.49			010	N	610.51		879.26		010	N	324.43
13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	12.1	1010.35			010	N	610.51		1072.98		010	N	324.43
13122	REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<	3.78	315.63			ZZZ	N			334.84		ZZZ	N	110.62
13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	10.91	910.99			010	N	610.51		966.93		010	N	324.43
13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	13.5	1127.25			010	N	610.51		1193.22		010	N	507.49
13133	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<	5.08	424.18			ZZZ	N			443.39		ZZZ	N	324.43
13151	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	11.96	998.66			010	N	610.51		1056.28		010	N	507.49
13152	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	14.38	1200.73			010	N	610.51		1199.06		010	N	507.49
13153	REPAIR COMPLX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	5.51	460.09			ZZZ	N			481.8		ZZZ	N	324.43
13160	SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC	23.18	1935.53			090	N	3044.24		2009.85		090	N	1948.12
14000	ADJACENT TISSUE TRANSFER/REARGMT TRUNK 10 SQCM/<	17.66	1474.61			090	N	2009.86		1566.46		090	N	1434.08
14001	ADJNT TIS TRANSFR/REARRANGE TRUNK 10.1-30.0 SQCM	22.73	1897.96			090	N	2009.86		2004.84		090	N	1434.08
14020	ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<	19.77	1650.80			090	N	2009.86		1751.83		090	N	1434.08
14021	ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	24.75	2066.63			090	N	2009.86		2181.86		090	N	1434.08
14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	21.65	1807.78			090	N	2009.86		1911.32		090	N	1434.08
14041	ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	26.81	2238.64			090	N	2009.86		2356.37		090	N	1434.08
14060	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	22.09	1844.52			090	N	2009.86		1942.21		090	N	1434.08
14061	ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM	28.84	2408.14			090	N	2009.86		2532.56		090	N	1434.08

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14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	30.66	2560.11			090	Y	3044.24		2695.38		090	Y	1948.12
14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM/<	6.4	534.40			ZZZ	Y			541.08		ZZZ	Y	1948.12
14350	FILLETED FINGER/TOE FLAP W/PREPJ RECIPIENT SITE	19.95	1665.83			090	N	3044.24		1758.51		090	N	1948.12
15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	9.87	824.15			000	N	2009.86		874.25		000	N	507.49
15003	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	2.15	179.53			ZZZ	N			191.22		ZZZ	N	507.49
15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	11.4	951.90			000	N	610.51		1004.51		000	N	324.43
15005	PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT	3.55	296.43			ZZZ	N			310.62		ZZZ	N	507.49
15040	HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	7.28	607.88			000	N	610.51		651.3		000	N	324.43
15050	PINCH GRAFT 1/MLT SM ULCER TIP/OTH AREA 2CM	16.01	1336.84			090	N	610.51		1434.53		090	N	324.43
15100	SPLIT AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	24.44	2040.74			090	N	3044.24		2152.63		090	N	1948.12
15101	SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	5.29	441.72			ZZZ	N			470.11		ZZZ	N	1948.12
15110	EPIDRM AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	22.88	1910.48			090	N	2009.86		2171.84		090	N	507.49
15111	EPIDRM AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	3.32	277.22			ZZZ	N			283.07		ZZZ	N	507.49
15115	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<	23.48	1960.58			090	N	2009.86		2161.82		090	N	1434.08
15116	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM	4.4	367.40			ZZZ	N			373.25		ZZZ	N	324.43
15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/</1 %	24.25	2024.88			090	N	3044.24		2128.42		090	N	1948.12
15121	SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %	5.93	495.16			ZZZ	N			522.71		ZZZ	N	1948.12
15130	DERMAL AUTOGRAFT TRUNK/ARM/LEG 1ST 100 CM	19.16	1599.86			090	N	2009.86		1691.71		090	N	1434.08
15131	DERMAL AUTOGRAFT TRUNK/ARM/LEG EA 100 CM/EA	2.85	237.98			ZZZ	N			222.11		ZZZ	N	1434.08
15135	DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT 1ST 100	24.06	2009.01			090	N	2009.86		2190.21		090	N	1434.08
15136	DERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA	2.71	226.29			ZZZ	N			225.45		ZZZ	N	1434.08
15150	CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CM/<	19.95	1665.83			090	N	3044.24		1724.28		090	N	324.43
15151	CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM	3.51	293.09			ZZZ	N			293.09		ZZZ	N	324.43
15152	CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BODY AREA	4.31	359.89			ZZZ	N			383.27		ZZZ	N	324.43
15155	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1ST 25CM/<	20.62	1721.77			090	N	2009.86		1902.97		090	N	324.43
15156	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ADDL 1-75CM	4.54	379.09			ZZZ	N			394.12		ZZZ	N	324.43
15157	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT EA 100 EA	4.99	416.67			ZZZ	N			455.08		ZZZ	N	324.43
15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 CM/<	23.62	1972.27			090	N	3044.24		2081.66		090	N	1434.08
15201	FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 CM/<	4.2	350.70			ZZZ	N			374.92		ZZZ	N	1434.08
15220	FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 CM/<	21.89	1827.82			090	N	2009.86		1938.04		090	N	1434.08

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15221	FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 CM/<	3.88	323.98			ZZZ	N			347.36		ZZZ	N	507.49
15240	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM/<	26.55	2216.93			090	N	2009.86		2340.51		090	N	1434.08
15241	FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA20CM/<	5.25	438.38			ZZZ	N			465.1		ZZZ	N	324.43
15260	FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	28.8	2404.80			090	N	2009.86		2537.57		090	N	1434.08
15261	FTH/GFT FREE W/DIR CLSR N/E/E/L EA 20 SQ CM/<	6.14	512.69			ZZZ	N			543.59		ZZZ	N	1434.08
15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	3.99	333.17			000	N	2009.86		336.51		000	N	324.43
15272	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	0.77	64.30			ZZZ	N			62.63		ZZZ	N	110.62
15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	8.46	706.41			000	N	3044.24		673.85		000	N	507.49
15274	APP SKN SUB GRFT T/A/L AREA>/=100SCM ADL 100SQCM	2.03	169.51			ZZZ	N			151.97		ZZZ	N	324.43
15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	4.23	353.21			000	N	2009.86		379.93		000	N	324.43
15276	SUB GRFT F/S/N/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	0.98	81.83			ZZZ	N			84.34		ZZZ	N	110.62
15277	SUB GRFT F/S/N/H/F/G/M/D >/= 100SCM 1ST 100SQ CM	9.17	765.70			000	N	3044.24		735.64		000	N	507.49
15278	SUB GRFT F/S/N/H/F/G/M/D >/= 100SCM ADL 100SQ CM	2.42	202.07			ZZZ	N			182.87		ZZZ	N	324.43
15570	FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK	25.99	2170.17			090	N	3044.24		2295.42		090	N	1948.12
15572	FRMJ DIRECT/TUBE PEDICLE W/WO TR SCALP ARMS/LEGS	25.23	2106.71			090	N	3044.24		2199.39		090	N	1948.12
15574	FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F	26.01	2171.84			090	N	2009.86		2285.4		090	N	1948.12
15576	FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL	22.94	1915.49			090	N	2009.86		2032.39		090	N	1948.12
15600	DELAY FLAP/SECTIONING FLAP TRUNK	9.13	762.36			090	N	3044.24		824.15		090	N	1948.12
15610	DELAY FLAP/SECTIONING FLAP SCALP ARMS/LEGS	10.06	840.01			090	N	3044.24		899.3		090	N	1948.12
15620	DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F	12.47	1041.25			090	N	3044.24		1111.39		090	N	1948.12
15630	DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	13.03	1088.01			090	N	2009.86		1163.99		090	N	1948.12
15650	TRANSFER ANY PEDICLE FLAP ANY LOCATION	14.29	1193.22			090	N	3044.24		1273.38		090	N	1948.12
15731	FOREHEAD FLAP W/PRESERVATION VASCULAR PEDICLE	32.16	2685.36			090	N	3044.24		2828.98		090	N	1948.12
15732	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP HEAD&NC	36.66	3061.11			090	N	3044.24		3243.14		090	N	1948.12
15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	42.98	3588.83			090	Y	3044.24		3742.47		090	Y	1948.12
15736	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP UXTR	37.7	3147.95			090	N	2009.86		3307.44		090	N	1948.12
15738	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	40.08	3346.68			090	Y	3044.24		3512.01		090	Y	1948.12
15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	29	2421.50			090	N	2009.86		2539.24		090	N	1434.08
15750	FLAP NEUROVASCULAR PEDICLE	26.38	2202.73			090	Y	2009.86		2277.05		090	Y	1948.12
15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	67.03	5597.01			090	Y			5805.76		090	Y	

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15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	66.22	5529.37			090	Y	662.09		5731.44		090	Y	
15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	66.32	5537.72			090	Y			5724.76		090	Y	
15760	GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	24.3	2029.05			090	N	3044.24		2148.46		090	N	1948.12
15770	GRAFT DERMA-FAT-FASCIA	19.28	1609.88			090	Y	3044.24		1694.22		090	Y	1948.12
15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	8.56	714.76			000	N	321.24		721.44		000	N	110.62
15776	PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS	14.1	1177.35			000	N	321.24		1182.36		000	N	110.62
15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	6.16	514.36			ZZZ	N			492.65		ZZZ	N	1434.08
15780	DERMABRASION TOTAL FACE	23.92	1997.32			090	N	2014.24		2302.1		090	N	2142.94
15781	DERMABRASION SEGMENTAL FACE	15.77	1316.80			090	N	684.54		1396.12		090	N	433.96
15782	DERMABRASION REGIONAL OTHER THAN FACE	18.04	1506.34			090	N	2014.24		1429.52		090	N	433.96
15783	DERMABRASION SUPERFICIAL ANY SITE	13.24	1105.54			090	N	610.51		1223.28		090	N	270.47
15786	ABRASION 1 LESION	6.93	578.66			010	N	167.81		625.42		010	N	92.29
15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	1.39	116.07			ZZZ	N			126.09		ZZZ	N	92.29
15788	CHEMICAL PEEL FACIAL EPIDERMAL	13.06	1090.51			090	N	167.81		1200.73		090	N	92.29
15789	CHEMICAL PEEL FACIAL DERMAL	15.59	1301.77			090	N	321.24		1384.43		090	N	137.98
15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	12.57	1049.60			090	N	167.81		1127.25		090	N	137.98
15793	CHEMICAL PEEL NONFACIAL DERMAL	13.99	1168.17			090	N	167.81		1248.33		090	N	92.29
15819	CERVICOPLASTY	21.11	1762.69			090	N	2009.86		1829.49		090	N	324.43
15820	BLEPHAROPLASTY LOWER EYELID	15.95	1331.83			090	N	2009.86		1469.6		090	N	1948.12
15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	17.19	1435.37			090	N	2009.86		1555.61		090	N	1948.12
15822	BLEPHAROPLASTY UPPER EYELID	12.62	1053.77			090	N	2009.86		1141.45		090	N	1948.12
15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	17.19	1435.37			090	N	2009.86		1569.8		090	N	1948.12
15824	RHYTIDECTOMY FOREHEAD	31.86	2660.31			000	N	3044.24		2821.47		000	N	1948.12
15825	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	35.84	2992.64			000	N	3044.24		3174.67		000	N	1948.12
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	25.88	2160.98			000	N	2009.86		2292.91		000	N	1948.12
15828	RHYTIDECTOMY CHEEK CHIN & NECK	67.69	5652.12			000	N	3044.24		5996.97		000	N	1948.12
15829	RHYTIDECTOMY SMAS FLAP	75.66	6317.61			000	N	3044.24		6701.71		000	N	1948.12
15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	33.67	2811.45			090	Y	5194.18		2915.82		090	Y	2142.94
15832	EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	26.33	2198.56			090	Y	2014.24		2337.17		090	Y	2142.94
15833	EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	24.69	2061.62			090	N	2014.24		2187.7		090	N	2142.94

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15834	EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	25.44	2124.24			090	N	2014.24		2230.29		090	N	2142.94
15835	EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	26.63	2223.61			090	N	2014.24		2353.03		090	N	2142.94
15836	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	21.85	1824.48			090	N	2014.24		1982.29		090	N	1447.15
15837	EXC EXCESSIVE SKIN &SUBQ TISSUE FOREARM/HAND	22.98	1918.83			090	N	2014.24		2226.95		090	N	1447.15
15838	EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	16.44	1372.74			090	N	2014.24		1425.35		090	N	1447.15
15839	EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	25.19	2103.37			090	N	2014.24		2181.86		090	N	1447.15
15840	GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT	29	2421.50			090	N	3044.24		2539.24		090	N	1948.12
15841	GRAFT FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	46.55	3886.93			090	Y	3044.24		3974.6		090	Y	1948.12
15842	GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG	75.73	6323.46			090	Y	2009.86		6567.28		090	Y	1948.12
15845	GRF FACIAL NERVE PARALYSIS REGIONAL MUSCLE TR	28.76	2401.46			090	Y	3044.24		2540.91		090	Y	1948.12
15847	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN	13.94	1163.99			YYY	Y			1234.97		YYY	Y	2142.94
15850	REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON	2.52	210.42			XXX	N	2009.86		217.1		XXX	N	270.47
15851	REMOVAL SUTURES UNDER ANESTHESIA OTHER SURGEON	2.8	233.80			000	N	610.51		250.5		000	N	270.47
15852	DRESSING CHANGE UNDER ANESTHESIA	1.35	112.73			000	N	129.85		114.4		000	N	64.04
15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	3.19	266.37			000	N	129.85		275.55		000	N	64.04
15876	SUCTION ASSISTED LIPECTOMY HEAD & NECK	0	BR			000	N	3044.24		BR		000	N	1948.12
15877	SUCTION ASSISTED LIPECTOMY TRUNK	0	BR			000	N	3044.24		BR		000	N	1948.12
15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	0	BR			000	N	3044.24		BR		000	N	1948.12
15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	0	BR			000	N	3044.24		BR		000	N	1948.12
15920	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/PRIM SUTR	17.34	1447.89			090	N	2014.24		1520.54		090	N	433.96
15922	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/FLAP CLSR	22.36	1867.06			090	Y	2009.86		1962.25		090	Y	1948.12
15931	EXCISION SACRAL PRESSURE ULCER W/PRIMARY SUTURE	19.73	1647.46			090	N	2014.24		1695.89		090	N	2142.94
15933	EXC SACRAL PRESSURE ULC W/PRIM SUTR W/OSTECTOMY	24.34	2032.39			090	N	2014.24		2119.23		090	N	2142.94
15934	EXCISION SACRAL PRESSURE ULCER W/SKIN FLAP CLSR	26.64	2224.44			090	N	2009.86		2298.76		090	N	1948.12
15935	EXC SACRAL PR ULCER W/SKN FLAP CLSR W/OSTECTOMY	31.39	2621.07			090	Y	3044.24		2754.67		090	Y	1948.12
15936	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF CLSR	25.59	2136.77			090	N	2009.86		2228.62		090	N	1434.08
15937	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF OSTC	29.67	2477.45			090	N	3044.24		2591.01		090	N	1948.12
15940	EXC ISCHIAL PRESSURE ULCER W/PRIMARY SUTURE	20.12	1680.02			090	N	2014.24		1733.46		090	N	2142.94
15941	EXC ISCHIAL PR ULC W/PRIM SUTR W/OSTC ISCHIECT	25.78	2152.63			090	N	2014.24		2271.2		090	N	2142.94
15944	EXC ISCHIAL PRESSURE ULCER W/SKIN FLAP CLOSURE	25.4	2120.90			090	N	3044.24		2257.01		090	N	1948.12

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
15945	EXC ISCHIAL PR ULC W/SKN FLAP CLSR W/OSTECTOMY	27.99	2337.17			090	N	3044.24		2474.11		090	N	1948.12
15946	EXC ISCHIAL PR ULCER W/OSTC MUSC/MYOQ FLAP/SKIN	46.96	3921.16			090	N	3044.24		4081.48		090	N	1948.12
15950	EXC TROCHANTERIC PRESSURE ULCER W/PRIMARY SUTR	16.97	1417.00			090	N	2014.24		1457.91		090	N	2142.94
15951	EXC TRCHNTRIC PR ULCER W/PRIM SUTR W/OSTECTOMY	25.15	2100.03			090	N	2014.24		1991.48		090	N	2142.94
15952	EXC TROCHANTERIC PR ULCER W/SKIN FLAP CLOSURE	25.68	2144.28			090	Y	2009.86		2285.4		090	Y	1434.08
15953	EXC TRCHNTRIC PR ULC W/SKN FLAP CLSR W/OSTECTOMY	28.48	2378.08			090	N	3044.24		2496.65		090	N	1434.08
15956	EXC TROCHANTERIC PR ULCER MUSC/MYOQ FLAP/SKIN	33.09	2763.02			090	N	2009.86		2880.75		090	N	1434.08
15958	EXC TRCHNTRIC PR ULC MUSC/MYOQ FLAP/SKIN W/OSTC	33.64	2808.94			090	N	2009.86		2936.7		090	N	1434.08
15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	0	BR			YYY	N	325.10		BR		YYY	N	433.96
16000	INITIAL TX 1ST DEGREE BURN LOCAL TX	1.95	162.83			000	N	167.81		171.18		000	N	92.29
16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	2.31	192.89			000	N	167.81		204.58		000	N	137.98
16025	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	4.18	349.03			000	N	321.24		368.24		000	N	137.98
16030	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	5.27	440.05			000	N	321.24		459.25		000	N	137.98
16035	ESCHAROTOMY FIRST INCISION	5.61	468.44			000	N	610.51		490.15		000	N	137.98
16036	ESCHAROTOMY EACH ADDITIONAL INCISION	2.33	194.56			ZZZ	N			198.73		ZZZ	N	
17000	DESTRUCTION PREMALIGNANT LESION 1ST	1.89	157.82			010	N	167.81		204.58		010	N	92.29
17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	0.16	13.36			ZZZ	N			16.7		ZZZ	N	36.63
17004	DESTRUCTION PREMALIGNANT LESION 15/>	4.25	354.88			010	N	321.24		424.18		010	N	270.47
17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM	9.68	808.28			090	N	610.51		842.52		090	N	270.47
17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	12.31	1027.89			090	N	610.51		1096.36		090	N	270.47
17108	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	18.15	1515.53			090	N	2009.86		1599.03		090	N	270.47
17110	DESTRUCTION BENIGN LESIONS UP TO 14	3.13	261.36			010	N	167.81		280.56		010	N	92.29
17111	DESTRUCTION BENIGN LESIONS 15/>	3.71	309.79			010	N	167.81		332.33		010	N	137.98
17250	CHEMICAL CAUTERIZATION GRANULATION TISSUE	2.24	187.04			000	N	167.81		202.07		000	N	137.98
17260	DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<	2.68	223.78			010	N	167.81		235.47		010	N	137.98
17261	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	4.06	339.01			010	N	167.81		362.39		010	N	137.98
17262	DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM	4.95	413.33			010	N	167.81		439.21		010	N	137.98
17263	DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM	5.41	451.74			010	N	167.81		479.29		010	N	137.98
17264	DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM	5.8	484.30			010	N	321.24		514.36		010	N	137.98
17266	DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM	6.58	549.43			010	N	610.51		581.16		010	N	270.47

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17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/>	4.26	355.71			010	N	321.24		379.09		010	N	137.98
17271	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM	4.61	384.94			010	N	321.24		410.82		010	N	137.98
17272	DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	5.27	440.05			010	N	167.81		466.77		010	N	137.98
17273	DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM	5.88	490.98			010	N	321.24		520.21		010	N	270.47
17274	DESTRUCTION MALIGNANT LESION S/N/H/F/G 3.1-4.0CM	6.95	580.33			010	N	610.51		612.89		010	N	270.47
17276	DSTRJ MAL LESION S/N/H/F/G LESION DIAM > 4.0 CM	8.05	672.18			010	N	610.51		709.75		010	N	270.47
17280	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	3.98	332.33			010	N	167.81		354.88		010	N	137.98
17281	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	5.03	420.01			010	N	321.24		445.89		010	N	270.47
17282	DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM	5.79	483.47			010	N	321.24		511.02		010	N	270.47
17283	DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	6.93	578.66			010	N	321.24		610.39		010	N	270.47
17284	DESTRUCTION MAL LESION F/E/E/N/L/M 3.1-4.0CM	7.92	661.32			010	N	321.24		693.89		010	N	270.47
17286	DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	10.17	849.20			010	N	321.24		897.63		010	N	270.47
17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	18.72	1563.12			000	N	610.51		1630.76		000	N	474.58
17312	MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL STAGE	11	918.50			ZZZ	N			976.12		ZZZ	N	474.58
17313	MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS	17.5	1461.25			000	N	610.51		1487.97		000	N	474.58
17314	MOHS TRUNK/ARM/LEG EA STAGE AFTER 1ST STAGE	10.55	880.93			ZZZ	N			905.14		ZZZ	N	474.58
17315	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE	2.26	188.71			ZZZ	N			193.72		ZZZ	N	474.58
17340	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	1.46	121.91			010	N	43.46		126.92		010	N	92.29
17360	CHEMICAL EXFOLIATION ACNE	3.65	304.78			010	N	167.81		323.15		010	N	137.98
17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	2.15	179.53			000	N	610.51		186.21		000	N	137.98
17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE	0	BR			YYY	N	167.81		BR		YYY	N	36.63
19000	PUNCTURE ASPIRATION CYST BREAST	3.21	268.04			000	N	684.54		279.73		000	N	445.75
19001	PUNCTURE ASPIRATION BREAST EACH ADDITIONAL CYST	0.77	64.30			ZZZ	N			65.13		ZZZ	N	158.18
19020	MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	13.42	1120.57			090	N	2014.24		1200.73		090	N	1701.78
19030	INJECTION MAMMARY DUCTOGRAM/GALACTOGRAM	4.69	391.62			000	N			398.3		000	N	
19081	BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	19.7	1644.95			000	N	1341.57		1589.84		000	N	806.61
19082	BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	16.28	1359.38			ZZZ	N			1284.23		ZZZ	N	
19083	BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	19.05	1590.68			000	N	1341.57		1578.99		000	N	806.61
19084	BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	15.66	1307.61			ZZZ	N			1266.7		ZZZ	N	
19085	BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	29.26	2443.21			000	N	2014.24		2389.77		000	N	806.61

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19086	BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	23.18	1935.53			ZZZ	N			1904.64		ZZZ	N	
19100	BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	4.28	357.38			000	N	1341.57		381.6		000	N	445.75
19101	BIOPSY BREAST OPEN INCISIONAL	9.71	810.79			010	N	3116.10		862.56		010	N	2403.13
19105	ABLTJ CRYOSURGICAL W/US GID EA FIBROADENOMA	60.74	5071.79			000	N	5194.18		4969.92		000	N	3172.31
19110	NIPPLE EXPLORATION	13.8	1152.30			090	N	3116.10		1236.64		090	N	2403.13
19112	EXCISION LACTIFEROUS DUCT FISTULA	12.97	1083.00			090	N	3116.10		1176.52		090	N	2403.13
19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	14.11	1178.19			090	N	3116.10		1230.79		090	N	2403.13
19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	15.65	1306.78			090	N	3116.10		1366.06		090	N	2403.13
19126	EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL	4.68	390.78			ZZZ	N			394.12		ZZZ	N	2403.13
19260	EXCISION CHEST WALL TUMOR INCLUDING RIBS	34.7	2897.45			090	Y	2014.24		3025.21		090	Y	1447.15
19271	EXC CHEST TUMOR W/RCNSTJ W/O MEDSTNL LMPHADEC	46.96	3921.16			090	Y			4083.99		090	Y	
19272	EXC CHEST TUMOR W/RCNSTJ W/MEDSTNL LMPHADEC	51.34	4286.89			090	Y			4517.35		090	Y	
19281	PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	6.8	567.80			000	N	684.54		572.81		000	N	64.04
19282	PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	4.76	397.46			ZZZ	N			397.46		ZZZ	N	
19283	PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	7.65	638.78			000	N	684.54		650.47		000	N	64.04
19284	PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	5.77	481.80			ZZZ	N			476.79		ZZZ	N	
19285	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	14.62	1220.77			000	N	684.54		1100.53		000	N	64.04
19286	PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	12.84	1072.14			ZZZ	N			922.68		ZZZ	N	
19287	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO MR GUID	24.44	2040.74			000	N	684.54		2039.07		000	N	64.04
19288	PERQ BREAST LOC DEVICE PLACEMT ADD LESIO MR GUID	19.71	1645.79			ZZZ	N			1623.24		ZZZ	N	
19296	PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST	112.18	9367.03			000	N	15115.50	J1	10595.32		000	N	5885.38
19297	PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST	2.75	229.63			ZZZ	N			229.63		ZZZ	N	5885.38
19298	PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST	29.88	2494.98			000	N	15115.50	J1	2869.9		000	N	5885.38
19300	MASTECTOMY GYNECOMASTIA	14.91	1244.99			090	N	3116.10		1309.28		090	N	2403.13
19301	MASTECTOMY PARTIAL	18.81	1570.64			090	N	3116.10		1608.21		090	N	2403.13
19302	MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY	25.92	2164.32			090	Y	5194.18		2216.09		090	Y	4174.67
19303	MASTECTOMY SIMPLE COMPLETE	29.13	2432.36			090	Y	5194.18		2489.97		090	Y	3172.31
19304	MASTECTOMY SUBCUTANEOUS	16.51	1378.59			090	Y	3116.10		1428.69		090	Y	3172.31
19305	MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES	32.51	2714.59			090	Y	4960.89		2788.9		090	Y	
19306	MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES	34.58	2887.43			090	Y			2965.92		090	Y	

MEDICAL DATA														
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19307	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN	34.49	2879.92			090	Y	5194.18		2953.4		090	Y	4174.67
19316	MASTOPEXY	22.09	1844.52			090	Y	5194.18		1917.16		090	Y	3172.31
19318	REDUCTION MAMMAPLASTY	31.63	2641.11			090	Y	5194.18		2765.52		090	Y	4174.67
19324	MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT	14.08	1175.68			090	N	5194.18		1219.94		090	N	4174.67
19325	MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT	18.35	1532.23			090	N	15115.50	J1	1619.9		090	N	5885.38
19328	REMOVAL INTACT MAMMARY IMPLANT	14.2	1185.70			090	N	3116.10		1244.15		090	N	3172.31
19330	REMOVAL MAMMARY IMPLANT MATERIAL	18.19	1518.87			090	N	3116.10		1587.34		090	N	3172.31
19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	28.79	2403.97			090	N	5194.18		2518.36		090	N	4174.67
19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	26.45	2208.58			090	N	15115.50	J1	2316.29		090	N	5885.38
19350	NIPPLE/AREOLA RECONSTRUCTION	23.46	1958.91			090	N	3116.10		2074.98		090	N	2403.13
19355	CORRECTION INVERTED NIPPLES	20.11	1679.19			090	N	3116.10		1756.01		090	N	3172.31
19357	BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ	43.15	3603.03			090	Y	15115.50	J1	3798.42		090	Y	5885.38
19361	BRST RCNSTJ W/LATSMS D/SI FLAP WO PRSTHC IMPL	45.24	3777.54			090	Y	4786.11		3952.06		090	Y	
19364	BREAST RECONSTRUCTION FREE FLAP	79.24	6616.54			090	Y	2914.81		6890.42		090	Y	
19366	BREAST RECONSTRUCTION OTHER TECHNIQUE	40.48	3380.08			090	Y	5194.18		3462.75		090	Y	3172.31
19367	BREAST RECONSTRUCTION TRAM FLAP 1 PEDICLE	51.44	4295.24			090	Y			4482.28		090	Y	
19368	BREAST RECONSTRUCTION TRAM 1 PEDCL MVASC ANAST	63.31	5286.39			090	Y			5511.84		090	Y	
19369	BREAST RECONSTRUCTION TRAM FLAP DOUBLE PEDICLE	58.81	4910.64			090	Y			5116.05		090	Y	
19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	19.66	1641.61			090	N	5194.18		1721.77		090	N	3172.31
19371	PERIPROSTHETIC CAPSULECTOMY BREAST	22.48	1877.08			090	N	3116.10		1969.77		090	N	3172.31
19380	REVISION RECONSTRUCTED BREAST	22.16	1850.36			090	N	5194.18		1941.38		090	N	4174.67
19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	7.88	657.98			000	N	3116.10		746.49		000	N	3172.31
19499	UNLISTED PROCEDURE BREAST	0	BR			YYY	N	3116.10		BR		YYY	N	2403.13
20005	I&D SOFT TISSUE ABSCESS SUBFASC	8.83	737.31			010	N	2014.24		777.39		010	N	752.91
20100	EXPLORATION PENETRATING WOUND SPX NECK	17.55	1465.43			010	Y	982.18		1482.13		010	Y	643.2
20101	EXPLORATION PENETRATING WOUND SPX CHEST	12.79	1067.97			010	N	3044.24		1161.49		010	N	1948.12
20102	EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	14	1169.00			010	N	2009.86		1247.49		010	N	1948.12
20103	EXPLORATION PENETRATING WOUND SPX EXTREMITY	16.58	1384.43			010	N	1341.57		1472.11		010	N	936.06
20150	EXCISION EPIPHYSEAL BAR	25.97	2168.50			090	Y	3411.83		2494.15		090	Y	4434.79
20200	BIOPSY MUSCLE SUPERFICIAL	5.9	492.65			000	N	2014.24		525.22		000	N	1447.15

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
20205	BIOPSY MUSCLE DEEP	8.25	688.88			000	N	2014.24		733.13		000	N	1447.15
20206	BIOPSY MUSCLE PERCUTANEOUS NEEDLE	6.72	561.12			000	N	1341.57		590.35		000	N	806.61
20220	BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL	4.8	400.80			000	N	1341.57		417.5		000	N	752.91
20225	BIOPSY BONE TROCAR/NEEDLE DEEP	14.97	1250.00			000	N	2014.24		1341.85		000	N	1447.15
20240	BIOPSY BONE OPEN SUPERFICIAL	4.45	371.58			000	N	2014.24		551.1		010	N	2142.94
20245	BIOPSY BONE OPEN DEEP	14.93	1246.66			010	N	2014.24		1550.6		010	N	2142.94
20250	BIOPSY VERTEBRAL BODY OPEN THORACIC	11.27	941.05			010	N	3411.83		965.26		010	N	2975.93
20251	BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL	12.24	1022.04			010	Y	3411.83		1040.41		010	Y	2975.93
20500	INJECTION SINUS TRACT THERAPEUTIC SEPARATE PROC	2.96	247.16			010	N	982.18		263.03		010	N	643.2
20501	INJECTION SINUS TRACT DIAGNOSTIC	3.36	280.56			000	N			290.58		000	N	
20520	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	5.79	483.47			010	N	1341.57		511.02		010	N	433.96
20525	RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP	13.65	1139.78			010	N	2014.24		1224.95		010	N	2142.94
20526	INJECTION THERAPEUTIC CARPAL TUNNEL	2.19	213.75			000	N	318.68		213.75		000	N	235.58
20527	INJECTION ENZYME PALMAR FASCIAL CORD	2.39	199.57			000	N	318.68		187.88		000	N	235.58
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	1.67	143.62			000	N	318.68		143.62		000	N	235.58
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	1.71	148.63			000	N	318.68		148.63		000	N	235.58
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	1.57	136.94			000	N	318.68		136.94		000	N	235.58
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	1.81	159.49			000	N	318.68		159.49		000	N	235.58
20555	PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	9.43	787.41			000	N	2072.60		814.13		000	N	2975.93
20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	1.35	116.07			000	N	318.68		116.07		000	N	235.58
20604	ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	2.05	171.18			000	N	318.68		194.75		000	N	261.97
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	1.42	183.35			000	N	318.68		183.35		000	N	235.58
20606	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	2.27	189.55			000	N	318.68		215.65		000	N	261.97
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	1.71	169.10			000	N	318.68		169.1		000	N	235.58
20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	2.6	217.10			000	N	318.68		248.9		000	N	261.97
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	1.72	143.62			000	N	318.68		149.47		000	N	235.58
20615	ASPIRATION & INJECTION TREATMENT BONE CYST	6.96	581.16			010	N	1341.57		607.05		010	N	445.75
20650	INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX	5.9	492.65			010	N	3411.83		514.36		010	N	2975.93
20660	APPL CRANIAL TONG/STRTCTC FRAME W/REMOVAL SPX	7.13	595.36			000	N	1561.58		597.03		000	N	514.57
20661	APPLICATION HALO CRANIAL INCLUDING REMOVAL	14.59	1218.27			090	N			1270.04		090	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
20662	APPLICATION HALO PELVIC INCLUDING REMOVAL	12.41	1036.24			090	N	2072.60		1051.27		090	N	2006.48
20663	APPLICATION HALO FEMORAL INCLUDING REMOVAL	13.46	1123.91			090	N	3411.83		1168.17		090	N	2975.93
20664	APPL HALO 6/> PINS THIN SKULL OSTEOLOGY	25.41	2121.74			090	N			2178.52		090	N	
20665	REMOVAL TONG/HALO APPLIED BY ANOTHER INDIVIDUAL	3	250.50			010	N	129.85		255.51		010	N	64.04
20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	10.78	900.13			010	N	2014.24		978.62		010	N	1447.15
20680	REMOVAL IMPLANT DEEP	17.65	1473.78			090	N	2014.24		1568.97		090	N	2142.94
20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	17.1	1744.20			090	N	9938.52	J1	1462.09		090	N	2975.93
20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	32.18	3282.36			090	Y	14128.14	J1	2770.53		090	Y	2975.93
20693	ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES	12.81	1306.62			090	N	3411.83		1131.43		090	N	2975.93
20694	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	12.15	1239.30			090	N	2072.60		1065.46		090	N	2006.48
20696	XTRNL FIXJ W/STEREOTACTIC ADJUSTMENT 1ST & SUBQ	34.65	3534.30			090	Y	21075.80	J1	2844.01		090	Y	2975.93
20697	XTRNL FIXJ W/STRTCTC ADJUSTMENT EXCHANGE STRUT	56.25	5737.50			000	Y	1561.58		5390.76		000	Y	1077.75
20802	REPLANTATION ARM COMPLETE AMPUTATION	69.27	7065.54			090	Y			5668.82		090	Y	
20805	REPLANTATION FOREARM COMPLETE AMPUTATION	95.22	9712.44			090	Y			7583.47		090	Y	
20808	REPLANTATION HAND COMPLETE AMPUTATION	115.94	11825.88			090	Y			8952.04		090	Y	
20816	RPLJ DGT EXCEPT THMB MTCARPHLNGL JT COMPL AMP	59.71	6090.42			090	Y			4898.11		090	Y	
20822	RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	51.57	5260.14			090	Y	3411.83		4520.69		090	Y	2665.47
20824	RPLJ THMB CARP/MTCRPL JT MP JT COMPL AMPUTATION	58.69	5986.38			090	Y			5288.06		090	Y	
20827	RPLJ THUMB DISTAL TIP MP JOINT COMPL AMPUTATION	52.67	5372.34			090	Y			4645.11		090	Y	
20838	REPLANTATION FOOT COMPLETE AMPUTATION	69.98	7137.96			090	Y			6424.49		090	Y	
20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL	11.93	1216.86			000	Y	3411.83		1071.31		000	Y	2975.93
20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	8.26	842.52			000	Y	14128.14	J1	759.02		000	Y	2975.93
20910	CARTILAGE GRAFT COSTOCHONDRAL	11.81	1204.62			090	N	610.51		1125.58		090	N	1948.12
20912	CARTILAGE GRAFT NASAL SEPTUM	13.82	1409.64			090	N	3044.24		1206.58		090	N	1948.12
20920	FASCIA LATA GRAFT BY STRIPPER	11.33	1155.66			090	N	2009.86		987.81		090	N	1434.08
20922	FASCIA LATA GRAFT INCISION & AREA EXPOSURE	17.42	1776.84			090	Y	3044.24		1533.9		090	Y	1434.08
20924	TENDON GRAFT FROM A DISTANCE	14.53	1482.06			090	Y	3411.83		1256.68		090	Y	2975.93
20926	TISSUE GRAFTS OTHER	12.37	1261.74			090	N	3044.24		1098.86		090	N	1434.08
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	3.5	357.00			XXX	N			295.59		XXX	N	
20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	3.29	335.58			ZZZ	N			313.5		ZZZ	N	

MEDICAL DATA														
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20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	3.67	374.34			XXX	N			308.95		XXX	N	
20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	4.89	498.78			ZZZ	Y			411.66		ZZZ	Y	
20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	5.4	550.80			ZZZ	Y			452.57		ZZZ	Y	
20950	MNTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME	7.18	599.53			000	N	684.54		652.14		000	N	161.85
20955	BONE GRAFT MICROVASCULAR ANASTOMOSIS FIBULA	72.41	6046.24			090	Y			6220.75		090	Y	
20956	BONE GRAFT MICROVASCULAR ANAST ILIAC CREST	76.68	6402.78			090	Y			6532.21		090	Y	
20957	BONE GRAFT MICROVASCULAR ANAST METATARSAL	70.79	5910.97			090	Y			5590.33		090	Y	
20962	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	61.05	5097.68			090	Y			5375.73		090	Y	
20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	80	6680.00			090	Y			6922.15		090	Y	
20970	FREE OSTQ FLAP W/MVASC ANASTOMOSIS ILIAC CREST	84.54	7059.09			090	Y			6781.04		090	Y	
20972	FREE OSTQ FLAP W/MVASC ANASTOMOSIS METATARSAL	68.26	5699.71			090	Y	9938.52	J1	5361.54		090	Y	5583.26
20973	FR OSTQ FLAP W/MVASC ANAST GRT TOE W/WEB SPACE	76.16	6359.36			090	Y	9938.52	J1	6947.2		090	Y	5583.26
20974	ELECTRICAL STIMULATION BONE HEALING NONINVASIVE	2.18	182.03			000	N			192.05		000	N	
20975	ELECTRICAL STIMULATION BONE HEALING INVASIVE	5.15	430.03			000	Y			437.54		000	Y	
20979	LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE	1.49	124.42			000	N	43.46		131.1		000	N	64.04
20982	ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	85.95	7176.83			000	N	3411.83		8894.42		000	N	4434.79
20983	ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	206.51	17243.59			000	N	5865.24		18640.9		000	N	4667.41
20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	4.26	355.71			ZZZ	N			361.56		ZZZ	N	
20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	0	BR			YYY	N	2072.60		BR		YYY	N	2006.48
21010	ARTHROTOMY TEMPOROMANDIBULAR JOINT	21.4	1786.90			090	N	7911.96	J1	1896.29		090	N	4230.05
21011	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	9.94	829.99			090	Y	1341.57		878.42		090	Y	752.91
21012	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>	9.75	814.13			090	Y	2014.24		836.67		090	Y	752.91
21013	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL <2CM	14.82	1237.47			090	Y	1341.57		1303.44		090	Y	752.91
21014	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>	15	1252.50			090	Y	2014.24		1292.58		090	Y	752.91
21015	RAD RESECTION TUMOR SOFT TISS FACE/SCALP < 2CM	20.44	1706.74			090	N	2014.24		1765.19		090	N	1447.15
21016	RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/>	29.5	2463.25			090	Y	2014.24		2568.46		090	Y	2142.94
21025	EXCISION BONE MANDIBLE	25.81	2155.14			090	N	7911.96	J1	2229.45		090	N	4230.05
21026	EXCISION FACIAL BONE	17.82	1487.97			090	N	2302.81		1565.63		090	N	2321.87
21029	REMOVAL CONTOURING BENIGN TUMOR FACIAL BONE	22.04	1840.34			090	N	2302.81		1966.43		090	N	2321.87
21030	EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL & CURTG	15.01	1253.34			090	N	2302.81		1310.95		090	N	2321.87

MEDICAL DATA														
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21031	EXCISION TORUS MANDIBULARIS	11.43	954.41			090	N	2302.81		988.64		090	N	2321.87
21032	EXCISION MAXILLARY TORUS PALATINUS	11.62	970.27			090	N	2302.81		1009.52		090	N	2321.87
21034	EXCISION MALIGNANT TUMOR MAXILLA/ZYGOMA	37.98	3171.33			090	Y	7911.96	J1	3313.28		090	Y	4230.05
21040	EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT	15.12	1262.52			090	N	2302.81		1318.47		090	N	2321.87
21044	EXCISION MALIGNANT TUMOR MANDIBLE	25.38	2119.23			090	Y	7911.96	J1	2205.24		090	Y	2321.87
21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	35.58	2970.93			090	Y			3048.59		090	Y	
21046	EXC BENIGN TUMOR/CYST MNDBL INTRA-ORAL OSTEOT	32.51	2714.59			090	N	7911.96	J1	2763.02		090	N	4230.05
21047	EXC B9 TUM/CST MNDBL XTR-ORAL OSTEOT&PRTL MNDB	38.35	3202.23			090	Y	7911.96	J1	3225.61		090	Y	4230.05
21048	EXC BENIGN TUMOR/CYST MAXL INTRA-ORAL OSTEOT	33.33	2783.06			090	N	7911.96	J1	2834.83		090	N	4230.05
21049	EXC B9 TUM/CST MAXL XTR-ORAL OSTEOT&PRTL MAXLC	35.13	2933.36			090	Y	7911.96	J1	3026.88		090	Y	4230.05
21050	CONDYLECTOMY TEMPOROMANDIBULAR JOINT SPX	24.33	2031.56			090	N	7911.96	J1	2167.66		090	N	4230.05
21060	MENISCECTOMY PRTL/COMPL TEMPOROMANDIBULAR JT SPX	23.04	1923.84			090	Y	7911.96	J1	2057.44		090	Y	4230.05
21070	CORONOIDECTOMY SEPARATE PROCEDURE	17.66	1474.61			090	N	7911.96	J1	1598.19		090	N	4230.05
21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	11.16	931.86			090	N	982.18		986.14		090	N	2321.87
21076	IMPRESSION&PREPARATION SURG OBTURATOR PROSTHES	29.1	2429.85			010	N	982.18		2461.58		010	N	2321.87
21077	IMPRESSION & PREPARATION ORBITAL PROSTHESIS	72.99	6094.67			090	N	7911.96	J1	6174.83		090	N	4230.05
21079	IMPRESSION & PREPARATION INTERIM OBTURATOR PROST	49.12	4101.52			090	N	7911.96	J1	4170.83		090	N	4230.05
21080	IMPRESSION & PREPJ DEFINITIVE OBTURATOR PROSTHES	55.13	4603.36			090	N	7911.96	J1	4682.68		090	N	4230.05
21081	IMPRESSION & PREPJ MANDIBULAR RESECTION PROSTHES	50.92	4251.82			090	N	7911.96	J1	4319.46		090	N	4230.05
21082	IMPRESSION & PREPJ PALATAL AUGMENTATION PROSTHES	48.13	4018.86			090	N	7911.96	J1	4103.19		090	N	4230.05
21083	IMPRESSION & PREPARATION PALATAL LIFT PROSTHESIS	45.86	3829.31			090	N	7911.96	J1	3825.97		090	N	4230.05
21084	IMPRESSION & PREPARATION SPEECH AID PROSTHESIS	52.72	4402.12			090	N	7911.96	J1	4466.42		090	N	4230.05
21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	22.05	1841.18			010	N	982.18		2075.81		010	N	643.2
21086	IMPRESSION & PREPARATION AURICULAR PROSTHESIS	54.29	4533.22			090	N	7911.96	J1	4601.69		090	N	4230.05
21087	IMPRESSION & PREPARATION NASAL PROSTHESIS	54.2	4525.70			090	N	7911.96	J1	4556.6		090	N	4230.05
21088	IMPRESSION & PREPARATION FACIAL PROSTHESIS	0	BR			090	N	7911.96	J1	BR		090	N	4230.05
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	0	BR			YYY	N	184.14		BR		YYY	N	100.74
21100	APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX	29.58	2469.93			090	N	7911.96	J1	1530.56		090	N	4230.05
21110	APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	23.29	1944.72			090	N	982.18		2037.4		090	N	643.2
21116	INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	4.16	347.36			000	N			384.1		000	N	

MEDICAL DATA														
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21120	GENIOPLASTY AUGMENTATION	18.97	1934.94			090	N	7911.96	J1	1588.17		090	N	4230.05
21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	23.4	2386.80			090	Y	2302.81		1935.53		090	Y	2321.87
21122	GENIOPLASTY 2/> SLIDING OSTEOTOMIES	19.01	1939.02			090	Y	2302.81		1747.66		090	Y	2321.87
21123	GENIOP SLIDING AGMNTJ W/INTERPOSAL BONE GRAFTS	27.04	2758.08			090	Y	2302.81		2177.68		090	Y	2321.87
21125	AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL	87.62	8937.24			090	Y	2302.81		8838.48		090	Y	2321.87
21127	AGMNTJ MNDBLR BDY/ANGL W/GRF ONLAY/INTERPOSAL	126.73	12926.46			090	Y	7911.96	J1	9997.46		090	Y	4230.05
21137	REDUCTION FOREHEAD CONTOURING ONLY	21.8	2223.60			090	Y	2302.81		1741.81		090	Y	2321.87
21138	RDCTJ FHD CNTRG & PROSTHETIC MATRL/BONE GRAFT	25.61	2612.22			090	Y	7911.96	J1	2070.8		090	Y	4230.05
21139	RDCTJ FHD CNTRG & SETBACK ANT FRONTAL SINUS WALL	27.43	2797.86			090	Y	7911.96	J1	2454.07		090	Y	4230.05
21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT	38.85	3962.70			090	Y	8056.05		3387.6		090	Y	
21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W/O BONE GRAFT	40.73	4154.46			090	Y	6111.28		3481.95		090	Y	
21143	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/O BONE GRAFT	40.99	4180.98			090	Y	7829.59		3684.86		090	Y	
21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W/BONE GRAFTS	45.74	4665.48			090	Y	9192.25		3717.42		090	Y	
21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W/BONE GRAFTS	44.79	4568.58			090	Y	9527.21		4002.99		090	Y	
21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS	50.63	5164.26			090	Y	9353.95		4298.58		090	Y	
21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	48.64	4961.28			090	Y	7911.96	J1	3789.23		090	Y	4230.05
21151	RCNSTJ MIDFACE LEFORT II W/BONE GRAFTS	58.57	5974.14			090	Y			4622.56		090	Y	
21154	RCNSTJ MIDFACE LEFORT III W/O LEFORT I	60.37	6157.74			090	Y			4967.42		090	Y	
21155	RCNSTJ MIDFACE LEFORT III W/LEFORT I	62.55	6380.10			090	Y			5333.98		090	Y	
21159	RCNSTJ MIDFACE LEFORT III W/FHD W/O LEFORT I	72.36	7380.72			090	Y			6361.03		090	Y	
21160	RCNSTJ MIDFACE LEFORT III W/FHD W/LEFORT I	91.85	9368.70			090	Y			6439.52		090	Y	
21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM & LOWER FHD	52.25	5329.50			090	Y	7911.96	J1	4640.1		090	Y	4230.05
21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	62.02	6326.04			090	Y	7911.96	J1	6001.15		090	Y	4230.05
21179	RCNSTJ FOREHEAD &/ SUPRAORB RIMS W/ALGRF/PROSTC	41.86	4269.72			090	Y			3520.36		090	Y	
21180	RCNSTJ FOREHEAD &/ SUPRAORBITAL RIMS W/AUTOGRAFT	44.61	4550.22			090	Y			3797.58		090	Y	
21181	RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC	21.27	2169.54			090	N	7911.96	J1	1655.81		090	N	4230.05
21182	RCNSTJ ORBIT/FHD/NASETHMD EXCBONE TUM GRF<40SQCM	56.14	5726.28			090	Y			5229.61		090	Y	
21183	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF>40 <80	66.72	6805.44			090	Y			5902.62		090	Y	
21184	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE TUM GRF>80SQ	61.68	6291.36			090	Y			5443.37		090	Y	
21188	RCNSTJ MDFC OTH/THN LEFORT OSTEOT & BONE GRAFTS	46.7	4763.40			090	Y			3927.84		090	Y	

MEDICAL DATA														
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21193	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	35.16	3586.32			090	Y	7911.96	J1	3098.69		090	Y	4230.05
21194	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRAFT	41.61	4244.22			090	Y			3394.28		090	Y	
21195	RCNSTJ MNDBLR RAMI&/BODY SGTL SPLT W/O INT RGD	38.79	3956.58			090	Y	7911.96	J1	3343.34		090	Y	2321.87
21196	RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	43.01	4387.02			090	Y	6778.11		3671.5		090	Y	
21198	OSTEOTOMY MANDIBLE SEGMENTAL	33.9	3457.80			090	Y	2302.81		2899.12		090	Y	2321.87
21199	OSTEOTOMY MANDIBLE SGMTL W/GENIOGLOSSUS ADVMNT	31.02	3164.04			090	Y	7911.96	J1	2497.49		090	Y	4230.05
21206	OSTEOTOMY MAXILLA SEGMENTAL	34.08	3476.16			090	Y	7911.96	J1	3149.62		090	Y	4230.05
21208	OSTEOPLASTY FACIAL BONES AUGMENTATION	54.46	5554.92			090	N	7911.96	J1	4924		090	N	4230.05
21209	OSTEOPLASTY FACIAL BONES REDUCTION	23.38	2384.76			090	Y	7911.96	J1	2126.75		090	Y	4230.05
21210	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	66.06	6738.12			090	N	7911.96	J1	5870.05		090	N	4230.05
21215	GRAFT BONE MANDIBLE	117.29	11963.58			090	N	7911.96	J1	10523.51		090	N	4230.05
21230	GRAFT RIB CRTLG AUTOGENOUS FACE/CHIN/NOSE/EAR	20.59	2100.18			090	N	7911.96	J1	1834.5		090	N	2321.87
21235	GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR	20.85	2126.70			090	N	2302.81		1852.03		090	N	1480.23
21240	ARTHRP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT	32.56	3321.12			090	Y	7911.96	J1	2737.13		090	Y	4230.05
21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGRAFT	29.82	3041.64			090	Y	7911.96	J1	2503.33		090	Y	4230.05
21243	ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT	49.33	5031.66			090	Y	21075.80	J1	4143.27		090	Y	4230.05
21244	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	30.9	3151.80			090	Y	7911.96	J1	2678.68		090	Y	4230.05
21245	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL	32.01	3265.02			090	Y	7911.96	J1	2814.79		090	Y	4230.05
21246	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT COMPLETE	25.22	2572.44			090	Y	7911.96	J1	2044.92		090	Y	4230.05
21247	RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFTS	44.93	4582.86			090	Y			3943.71		090	Y	
21248	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL	32.2	3284.40			090	N	7911.96	J1	2763.85		090	N	4230.05
21249	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	44.12	4500.24			090	N	7911.96	J1	3764.18		090	N	4230.05
21255	RCNSTJ ZYGMTC ARCH/GLENOID FOSSA W/BONE CARTLG	40.21	4101.42			090	Y			3319.96		090	Y	
21256	RECONSTRUCTION ORBIT W/OSTEOTOMIES & BONE GRAFTS	34.62	3531.24			090	Y	7911.96	J1	3057.77		090	Y	4230.05
21260	PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL	40.16	4096.32			090	Y	7911.96	J1	3074.47		090	Y	4230.05
21261	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS ICRA & XTR	60.84	6205.68			090	Y	7911.96	J1	5381.58		090	Y	4230.05
21263	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS W/FOREHEAD	56.19	5731.38			090	Y	7911.96	J1	4645.11		090	Y	4230.05
21267	ORBITAL REPOSITIONING W/BONE GRAFTS EXTRACRANIAL	45.1	4600.20			090	Y	7911.96	J1	4168.32		090	Y	4230.05
21268	ORBITAL REPOSITIONING W/BONE GRAFTS ICRA & XTRC	50.2	5120.40			090	Y			4445.54		090	Y	
21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	27.53	2808.06			090	Y	7911.96	J1	2463.25		090	Y	4230.05

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21275	SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ	24.06	2454.12			090	Y	7911.96	J1	2105.04		090	Y	4230.05
21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	16.21	1653.42			090	N	7911.96	J1	1478.79		090	N	4230.05
21282	LATERAL CANTHOPEXY	10.87	1108.74			090	N	2302.81		978.62		090	N	1480.23
21295	REDUCTION MASSETER MUSCLE & BONE EXTRAORAL	5.18	528.36			090	N	982.18		495.16		090	N	643.2
21296	REDUCTION MASSETER MUSCLE & BONE INTRAORAL	12.43	1267.86			090	N	2302.81		1114.73		090	N	2321.87
21299	UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE	0	BR			YYY	N	184.14		BR		YYY	N	100.74
21310	CLOSED TREATMENT NASAL FRACTURE W/O MANIPULATION	3.76	313.96			000	N	184.14		342.35		000	N	100.74
21315	CLOSED TX NASAL FRACTURE W/O STABILIZATION	7.94	662.99			010	N	2302.81		723.95		010	N	1480.23
21320	CLOSED TREATMENT NASAL FRACTURE W/STABILIZATION	7.36	614.56			010	N	2302.81		661.32		010	N	1480.23
21325	OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED	13.62	1137.27			090	N	2302.81		1190.71		090	N	2321.87
21330	OPEN TX NASAL FX COMP W/INT&/XTRNL SKELETAL FI	16.32	1362.72			090	N	2302.81		1431.19		090	N	2321.87
21335	OPEN TX NASAL FX W/CONCOMITANT OPTX FXD SEPTUM	20.96	1750.16			090	N	2302.81		1829.49		090	N	2321.87
21336	OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	18.55	1548.93			090	N	3411.83		1636.6		090	N	2462.57
21337	CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	11.6	968.60			090	N	2302.81		1039.58		090	N	1480.23
21338	OPEN TX NASOETHMOID FX W/O EXTERNAL FIXATION	20.78	1735.13			090	N	7911.96	J1	1910.48		090	N	4230.05
21339	OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION	22.17	1851.20			090	Y	2302.81		2156.81		090	Y	2321.87
21340	PERCUTANEOUS TX NASOETHMOID COMPLEX FRACTURE	21.74	1815.29			090	N	7911.96	J1	2049.09		090	N	4230.05
21343	OPEN TX DEPRESSED FRONTAL SINUS FRACTURE	34.68	2895.78			090	Y	4571.92		3076.98		090	Y	
21344	OPEN TX COMPLICATED FRONTAL SINUS FRACTURE	40.28	3363.38			090	Y			3876.91		090	Y	
21345	CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	23.31	1946.39			090	N	982.18		2113.39		090	N	2321.87
21346	OPTX NASOMAX CPLX FX LEFT II TYPE W/WIRG & FXJ	26.24	2191.04			090	N	7911.96	J1	2293.75		090	N	4230.05
21347	OPTX NASOMAX CPLX FX LEFT II TYPE REQ MLT OPN	32.74	2733.79			090	Y			2785.56		090	Y	
21348	OPTX NASOMAX CPLX FX LEFT II TYPE W/BONE GRAFT	34.77	2903.30			090	Y			2938.37		090	Y	
21355	PERCUTANEOUS TX MALAR AREA FRACTURE	12.34	1030.39			010	N	7911.96	J1	1095.52		010	N	4230.05
21356	OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE	14.4	1202.40			010	N	2302.81		1272.54		010	N	2321.87
21360	OPEN TX DEPRESSED MALAR FRACTURE	15.54	1297.59			090	Y	7911.96	J1	1331.83		090	Y	4230.05
21365	OPEN TX COMP FX MALAR W/INTERNAL FX&MULT SURG	32.12	2682.02			090	Y	7911.96	J1	2774.71		090	Y	4230.05
21366	OPEN TX COMP FRACTURE MALAR AREA W/BONE GRAFT	33.4	2788.90			090	Y			3204.73		090	Y	
21385	OPEN TX ORBITAL FLOOR BLOWOUT FX TRANSANTRAL	19.65	1640.78			090	Y	7911.96	J1	1714.26		090	Y	4230.05
21386	OPEN TX ORBITAL FLOOR BLOWOUT FX PERIORBITAL	19.98	1668.33			090	Y	7911.96	J1	1753.5		090	Y	4230.05

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21387	OPEN TX ORBITAL FLOOR BLOWOUT FX COMBINED APPR	20.54	1715.09			090	Y	7911.96	J1	1843.68		090	Y	4230.05
21390	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC	22.85	1907.98			090	Y	7911.96	J1	2016.53		090	Y	4230.05
21395	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/BONE GRF	28.87	2410.65			090	Y	7911.96	J1	2449.89		090	Y	4230.05
21400	CLSD TX FX ORBIT EXCEPT BLOWOUT W/O MANIPULATION	5.52	460.92			090	N	982.18		495.99		090	N	643.2
21401	CLOSED TX FX ORBIT EXCEPT BLOWOUT W/MANIPULATION	12.69	1059.62			090	Y	982.18		1195.72		090	Y	643.2
21406	OPEN TX FX ORBIT EXCEPT BLOWOUT W/O IMPLANT	14.96	1249.16			090	Y	7911.96	J1	1403.64		090	Y	4230.05
21407	OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT	18.58	1551.43			090	Y	7911.96	J1	1640.78		090	Y	4230.05
21408	OPEN TX FX ORBIT EXCEPT BLOWOUT W/BONE GRAFT	25.21	2105.04			090	Y	7911.96	J1	2228.62		090	Y	4230.05
21421	CLOSED TX PALATAL/MAXILLARY FX W/FIXATION/SPLINT	21.81	1821.14			090	N	7911.96	J1	2056.61		090	N	4230.05
21422	OPEN TREATMENT PALATAL/MAXILLARY FRACTURE	19.46	1624.91			090	Y	3555.78		1664.16		090	Y	
21423	OPEN TX PALATAL/MAXILLARY FX COMP MULTIPLE APPR	23.6	1970.60			090	Y	3310.98		2080.82		090	Y	
21431	CLOSED TX CRANIOFACIAL SEPARATION	21.36	1783.56			090	Y			1872.07		090	Y	
21432	OPEN TX CRANIOFACIAL SEP W/WIRING&/INT FIXJ	18.93	1580.66			090	Y			1802.77		090	Y	
21433	OPEN TX CRANIOFACIAL SEP COMPLICATED MLT APPR	49.99	4174.17			090	Y			4371.23		090	Y	
21435	OPEN TX CRANIOFACIAL SEP COMP W/INT&/XTRNL FIX	36.46	3044.41			090	Y			3416.82		090	Y	
21436	OPTX CRNFCL SEP LFT III TYP COMP INT FIXJ W/BONE	60.18	5025.03			090	Y			4443.04		090	Y	
21440	CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	16.73	1396.96			090	N	2302.81		1492.98		090	N	2321.87
21445	OPTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	22.32	1863.72			090	Y	7911.96	J1	1948.06		090	Y	2321.87
21450	CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	17.94	1497.99			090	N	445.67		1578.99		090	N	296.47
21451	CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	22.08	1843.68			090	N	2302.81		1938.87		090	N	1480.23
21452	PERCUTANEOUS TX MANDIBULAR FX W/EXTERNAL FIXJ	17.27	1442.05			090	N	2302.81		1449.56		090	N	1480.23
21453	CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	26.45	2208.58			090	N	7911.96	J1	2340.51		090	N	4230.05
21454	OPEN TX MANDIBULAR FX W/EXTERNAL FIXATION	17.16	1432.86			090	N	7911.96	J1	1353.54		090	N	4230.05
21461	OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	61.83	5162.81			090	N	7911.96	J1	5538.56		090	N	4230.05
21462	OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION	65.61	5478.44			090	Y	7911.96	J1	5820.79		090	Y	4230.05
21465	OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	27.75	2317.13			090	Y	7911.96	J1	2348.86		090	Y	4230.05
21470	OPTX COMP MANDIBULAR FX MLT APPR W/INT FIXATION	34.92	2915.82			090	Y	7911.96	J1	3009.34		090	Y	4230.05
21480	CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	2.83	236.31			000	N	184.14		251.34		000	N	100.74
21485	CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	20.34	1698.39			090	N	982.18		1788.57		090	N	2321.87
21490	OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION	26.5	2212.75			090	Y	7911.96	J1	2318.8		090	Y	4230.05

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21495	OPEN TREATMENT HYOID FRACTURE	20.39	1702.57			090	Y	2302.81		1818.63		090	Y	1480.23
21497	INTERDENTAL WIRING OTHER THAN FRACTURE	21.29	1777.72			090	N	982.18		1907.98		090	N	643.2
21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	0	BR			YYY	N	184.14		BR		YYY	N	100.74
21501	I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	13	1085.50			090	N	2014.24		1161.49		090	N	1701.78
21502	I&D DP ABSC/HMTMA SOFT TISS NCK/THORAX PRTL RI	15.36	1282.56			090	Y	2072.60		1253.34		090	Y	2006.48
21510	INCISION DEEP OPENING BONE CORTEX THORAX	12.92	1078.82			090	N			1116.4		090	N	
21550	BIOPSY SOFT TISSUE NECK/THORAX	7.52	627.92			010	N	1341.57		663.83		010	N	1447.15
21552	EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM/>	12.89	1076.32			090	Y	2014.24		1108.05		090	Y	2142.94
21554	EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM/>	21.14	1765.19			090	Y	2014.24		1806.94		090	Y	2142.94
21555	EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	11.89	992.82			090	N	2014.24		1057.11		090	N	1447.15
21556	EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL <5CM	15.29	1276.72			090	N	2014.24		1330.16		090	N	2142.94
21557	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM	27.68	2311.28			090	Y	2014.24		2384.76		090	Y	1447.15
21558	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>	38.95	3252.33			090	Y	2014.24		3319.13		090	Y	2142.94
21600	EXCISION RIB PARTIAL	16.09	1343.52			090	Y	3411.83		1413.66		090	Y	2975.93
21610	COSTOTRANSVERSECTOMY SEPARATE PROCEDURE	34.71	2898.29			090	Y	2072.60		2817.29		090	Y	2975.93
21615	EXCISION 1ST &/CERVICAL RIB	17.93	1497.16			090	Y	8597.54		1598.19		090	Y	
21616	EXCISION 1ST &/CERVICAL RIB W/SYMPATHECTOMY	21.77	1817.80			090	Y			2089.17		090	Y	
21620	OSTECTOMY STERNUM PARTIAL	14.56	1215.76			090	Y	3392.03		1280.89		090	Y	
21627	STERNAL DEBRIDEMENT	15.59	1301.77			090	Y			1369.4		090	Y	
21630	RADICAL RESECTION STERNUM	35	2922.50			090	Y			3042.74		090	Y	
21632	RADICAL RESECTION STERNUM W/MEDSTNL LMPHADEC	35.01	2923.34			090	Y			3043.58		090	Y	
21685	HYOID MYOTOMY & SUSPENSION	28.95	2417.33			090	Y	2302.81		2488.3		090	Y	2321.87
21700	DIVISION SCALENUS ANTICUS W/O RESCJ CERVICAL RIB	10.75	897.63			090	Y	2072.60		929.36		090	Y	2006.48
21705	DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB	16.02	1337.67			090	Y			1381.93		090	Y	
21720	DIVISION STERNOCLEIDOMASTOID OPEN W/O CAST	13.06	1090.51			090	Y	2072.60		1312.62		090	Y	2006.48
21725	DIVISION STERNOCLEIDOMASTOID OPEN W/CAST	15.29	1276.72			090	Y	325.10		1221.61		090	Y	161.85
21740	REPAIR PECTUS EXCAVATUM/CARINATUM OPEN	29.61	2472.44			090	Y			3014.35		090	Y	
21742	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/O THRSC	34.66	2894.11			090	Y	3411.83		3711.58		090	Y	4434.79
21743	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	45.61	3808.44			090	Y	3411.83		4884.75		090	Y	4434.79
21750	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	19.82	1654.97			090	Y			1718.43		090	Y	

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21811	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	17.72	1479.62			000	Y	2072.60		1661.55		000	Y	2533.59
21812	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS	21.25	1774.38			000	Y	2072.60		1992.15		000	Y	2533.59
21813	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 7+ RIBS	27.71	2313.79			000	Y	2072.60		2711.3		000	Y	2533.59
21820	CLOSED TREATMENT STERNUM FRACTURE	4.02	335.67			090	N	245.44		359.89		090	N	172.42
21825	OPEN TX STERNUM FRACTURE W/WO SKELETAL FIXATION	15.63	1305.11			090	Y			1371.07		090	Y	
21899	UNLISTED PROCEDURE NECK/THORAX	0	BR			YYY	N	184.14		BR		YYY	N	100.74
21920	BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	7.35	613.73			010	N	1341.57		661.32		010	N	752.91
21925	BIOPSY SOFT TISSUE BACK/FLANK DEEP	12.77	1066.30			090	N	2014.24		1130.59		090	N	2142.94
21930	EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM	13.53	1129.76			090	N	2014.24		1196.56		090	N	1447.15
21931	EXCISION TUMOR SOFT TIS BACK/FLANK SUBQ 3 CM/>	13.56	1132.26			090	Y	2014.24		1168.17		090	Y	2142.94
21932	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM	19.11	1595.69			090	Y	2014.24		1639.94		090	Y	1447.15
21933	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>	21.28	1776.88			090	Y	2014.24		1827.82		090	Y	2142.94
21935	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK <5CM	29.61	2472.44			090	N	2014.24		2556.77		090	N	1447.15
21936	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5CM/>	40.77	3404.30			090	Y	2014.24		3483.62		090	Y	2142.94
22010	I&D DEEP ABSCESS PST SPINE CRV THRC/CERVICOTHR	27.56	2301.26			090	N			2354.7		090	N	
22015	I&D DEEP ABSCESS PST SPINE LUMBAR SAC/LUMBOSAC	26.68	2227.78			090	N	3684.25		2241.14		090	N	
22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	25.27	2110.05			090	Y	3411.83		2314.62		090	Y	4848.92
22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	24.62	2055.77			090	Y	3411.83		2181.86		090	Y	4848.92
22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	22.8	1903.80			090	Y	3411.83		2001.5		090	Y	4848.92
22103	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	4.07	339.85			ZZZ	Y			347.36		ZZZ	Y	4848.92
22110	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM CRV	30.37	2535.90			090	Y			2681.19		090	Y	
22112	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM THRC	28.57	2385.60			090	Y			2655.3		090	Y	
22114	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR	28.69	2395.62			090	Y			2478.28		090	Y	
22116	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA	4.14	345.69			ZZZ	Y			342.35		ZZZ	Y	
22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	70.99	7240.98			090	Y			5824.13		090	Y	
22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	69.56	7095.12			090	Y			5904.29		090	Y	
22208	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	17	1734.00			ZZZ	Y			1447.06		ZZZ	Y	
22210	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV	51.89	5292.78			090	Y			4389.6		090	Y	
22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	42.94	4379.88			090	Y			3655.63		090	Y	
22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	43.1	4396.20			090	Y			3674		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	10.6	1081.20			ZZZ	Y			895.12		ZZZ	Y	
22220	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM CRV	46.35	4727.70			090	Y			4033.05		090	Y	
22222	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM THRC	44.98	4587.96			090	Y			3583.82		090	Y	4848.92
22224	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM LMBR	45.84	4675.68			090	Y			3933.69		090	Y	
22226	OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM EA VRT SGM	10.58	1079.16			ZZZ	Y			896.79		ZZZ	Y	
22305	CLOSED TX VERTEBRAL PROCESS FRACTURE	5.46	455.91			090	N	245.44		481.8		090	N	172.42
22310	CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING	8.82	736.47			090	N	338.25		763.19		090	N	514.57
22315	CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	25.44	2124.24			090	N	1561.58		2203.57		090	N	1077.75
22318	OPTX&/RDCTJ ODNTD FX&/DISLC ANT FIXJ W/O GRAFT	47.96	4004.66			090	Y			4053.93		090	Y	
22319	OPTX&/RDCTJ ODNTD FX&/DISLC ANT W/INT FIXJ	53.28	4448.88			090	Y			4526.54		090	Y	
22325	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LM	41.77	3487.80			090	Y			3579.65		090	Y	
22326	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM CR	43.42	3625.57			090	Y			3693.21		090	Y	
22327	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM TH	43.69	3648.12			090	Y			3690.7		090	Y	
22328	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM EA	8.27	690.55			ZZZ	Y			696.39		ZZZ	Y	
22505	MANIPULATION SPINE REQUIRING ANESTHESIA	3.68	307.28			010	N	1561.58		304.78		010	N	1340.5
22510	PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	50.39	4207.57			010	N	3411.83		4760.45		010	N	3227.5348
22511	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	49.87	4164.15			010	N	3411.83		4716.75		010	N	3227.5348
22512	VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	27.95	2333.83			ZZZ	N			2647.65		ZZZ	N	
22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	208.66	17423.11			010	N	14128.14	J1	19817.95		010	N	7842.43
22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	208.4	17401.40			010	N	14128.14	J1	19713.45		010	N	7842.43
22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	126.19	10536.87			ZZZ	N			11960.5		ZZZ	N	
22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	67.83	0.00			010	N			0		010	N	
22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	56.28	0.00			ZZZ	N			0		ZZZ	N	
22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	51.8	5283.60			090	Y			4422.16		090	Y	
22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	47.96	4891.92			090	Y			4154.13		090	Y	
22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	10.53	1074.06			ZZZ	Y			893.45		ZZZ	Y	
22548	ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	57.82	5897.64			090	Y	2764.29		4864.71		090	Y	
22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	50	5100.00			090	Y	21075.80	J1	7730.18		090	Y	4848.92
22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	11.72	1195.44			ZZZ	Y			2214.83		ZZZ	Y	
22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	36.56	3729.12			090	Y	21075.80	J1	3591		090	Y	4848.92

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22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	48.5	4947.00			090	Y			4127.41		090	Y	
22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	44.76	4565.52			090	Y	3404.90		4346.25		090	Y	
22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	9.64	983.28			ZZZ	Y	2081.09		938.6		ZZZ	Y	
22586	ARTHRODESIS PRESACRAL INTRBDY W/INSTRUMENT L5-S1	52.7	5375.40			090	Y			4298.75		090	Y	
22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	46.14	4706.28			090	Y			3923.67		090	Y	
22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	44.01	4489.02			090	Y			3737.46		090	Y	
22600	ARTHRODESIS PST/PSTLAT CERVICAL BELW C2 SGM	37.54	3829.08			090	Y	3360.86		3209.74		090	Y	
22610	ARTHRODESIS POSTERIOR/POSTEROLATERAL THORACIC	36.75	3748.50			090	Y			3137.93		090	Y	
22612	ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR	46.22	4714.44			090	Y	14128.14	J1	4499.2		090	Y	4848.92
22614	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	11.47	1169.94			ZZZ	Y			1096.3		ZZZ	Y	4848.92
22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	45.7	4661.40			090	Y	3067.21		4363.35		090	Y	
22632	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	9.42	960.84			ZZZ	Y	2098.59		895.85		ZZZ	Y	
22633	ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR	53.99	5506.98			090	Y	3531.61		8384.64		090	Y	
22634	ARTHDSIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG	14.56	1485.12			ZZZ	Y			2261.3		ZZZ	Y	
22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	39.22	4000.44			090	Y			3365.89		090	Y	
22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	60.91	6212.82			090	Y			5187.02		090	Y	
22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13/> VRT SEG	70.45	7185.90			090	Y			5966.08		090	Y	
22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	53.42	5448.84			090	Y			4522.36		090	Y	
22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	58.99	6016.98			090	Y			5028.37		090	Y	
22812	ARTHRODESIS POSTERIOR SPINAL DFRM 8/> VRT SEG	70.06	7146.12			090	Y			5465.08		090	Y	
22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	62.92	6417.84			090	Y			5434.18		090	Y	
22819	KYPHECTOMY 3 OR MORE SEGMENTS	81.02	8264.04			090	Y			6786.88		090	Y	
22830	EXPLORATION SPINAL FUSION	23.59	2406.18			090	Y	2006.30		2298.05		090	Y	
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	22.29	2273.58			ZZZ	Y	2295.53		2138.45		ZZZ	Y	
22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	11.24	1146.48			XXX	N			947.73		XXX	N	
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	22.36	2280.72			ZZZ	Y	2480.92		2140.35		ZZZ	Y	
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	23.89	2436.78			ZZZ	Y			2000.66		ZZZ	Y	
22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	28.76	2933.52			ZZZ	Y			2406.47		ZZZ	Y	
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	21.46	2188.92			ZZZ	Y	2137.90		2066.25		ZZZ	Y	
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	22.29	2273.58			ZZZ	Y	1577.12		2143.2		ZZZ	Y	

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22847	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	24.2	2468.40			ZZZ	Y			2445.3		ZZZ	Y	
22848	PELVIC FIXATION OTHER THAN SACRUM	10.51	1072.02			ZZZ	Y			880.09		ZZZ	Y	
22849	REINSERTION SPINAL FIXATION DEVICE	37.82	3857.64			090	Y	3783.38		3667.95		090	Y	
22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	20.99	2140.98			090	Y	4791.75		1800.26		090	Y	
22851	APPLICATION INTERVERTEBRAL BIOMECHANICAL DEVICE	11.95	1218.90			ZZZ	Y			1145.7		ZZZ	Y	2975.93
22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	20.12	2052.24			090	Y	4414.79		1960.8		090	Y	
22855	REMOVAL ANTERIOR INSTRUMENTATION	32.26	3290.52			090	Y	1912.22		3165.4		090	Y	
22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	47.25	4819.50			090	Y	21075.80	J1	4705.35		090	Y	4848.92
22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	57.19	5833.38			090	Y	3281.18		3532.89		090	Y	
22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	14.72	1501.44			ZZZ	Y	3242.55		1379.4		ZZZ	Y	
22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	58.49	5965.98			090	Y	7652.45		6275.7		090	Y	
22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	57.91	5906.82			090	Y	3013.63		4673.5		090	Y	
22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	60.27	6147.54			090	Y			5605		090	Y	
22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	59.33	6051.66			090	Y			5172.83		090	Y	
22899	UNLISTED PROCEDURE SPINE	0	BR			YYY	Y	2072.60		BR		YYY	Y	2975.93
22900	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM	16.29	1360.22			090	Y	2014.24		1396.12		090	Y	2142.94
22901	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5CM/>	19.19	1602.37			090	Y	2014.24		1643.28		090	Y	2142.94
22902	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM	12.56	1048.76			090	Y	2014.24		1091.35		090	Y	1447.15
22903	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>	12.66	1057.11			090	Y	2014.24		1079.66		090	Y	2142.94
22904	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM	30.29	2529.22			090	Y	2014.24		2603.53		090	Y	1447.15
22905	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	38.42	3208.07			090	Y	2014.24		3287.4		090	Y	2142.94
22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	0	BR			YYY	N	2072.60		BR		YYY	N	2006.48
23000	REMOVAL SUBDELTOID CALCAREOUS DEPOSITS OPEN	16.69	1393.62			090	Y	2014.24		1487.14		090	Y	1447.15
23020	CAPSULAR CONTRACTURE RELEASE	19.78	1651.63			090	Y	3411.83		1710.08		090	Y	2975.93
23030	I&D SHOULDER DEEP ABSCESS/HEMATOMA	12.59	1051.27			010	N	2014.24		1123.08		010	N	1701.78
23031	I&D SHOULDER INFECTED BURSA	12.14	1013.69			010	N	2014.24		1077.15		010	N	1701.78
23035	INCISION BONE CORTEX SHOULDER AREA	19.44	1623.24			090	Y	2072.60		1689.21		090	Y	2006.48
23040	ARTHROTOMY GLENOHUMERAL JT EXPL/DRG/RMVL FB	20.67	1725.95			090	Y	3411.83		1785.23		090	Y	2975.93
23044	ARTHRT ACROMCLAV STRNCLAV JT EXPL/DRG/RMVL FB	16.34	1364.39			090	N	3411.83		1411.99		090	N	2975.93
23065	BIOPSY SOFT TISSUE SHOULDER SUPERFICIAL	6.2	517.70			010	N	2014.24		550.27		010	N	752.91

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23066	BIOPSY SOFT TISSUE SHOULDER DEEP	15.87	1325.15			090	N	2014.24		1391.11		090	N	2142.94
23071	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>	12.1	1010.35			090	Y	2014.24		1042.08		090	Y	2142.94
23073	EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM/>	19.99	1669.17			090	Y	2014.24		1713.42		090	Y	2142.94
23075	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	13.39	1118.07			090	N	2014.24		1189.04		090	N	1447.15
23076	EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	15.55	1298.43			090	N	2014.24		1338.51		090	N	1447.15
23077	RAD RESECTION TUMOR SOFT TISSUE SHOULDER <5CM	33.05	2759.68			090	Y	2014.24		2815.62		090	Y	1447.15
23078	RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>	41.43	3459.41			090	Y	2014.24		3555.43		090	Y	2142.94
23100	ARTHROTOMY GLENOHUMERAL JOINT W/BIOPSY	14.29	1193.22			090	Y	2072.60		1244.99		090	Y	2006.48
23101	ARTHRT ACROMCLAV/STRNCLAV JT W/BX&/EXC CRTLG	13.04	1088.84			090	N	3411.83		1106.38		090	N	2975.93
23105	ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/WO BIOPSY	18.31	1528.89			090	Y	3411.83		1585.67		090	Y	2975.93
23106	ARTHRT GLENOHUMRL JT STRNCLAV JT W/SYNVCT W/WOBX	14.11	1178.19			090	N	3411.83		1234.97		090	N	2975.93
23107	ARTHRT GLENOHMRL JT W/JT EXPL W/WO RMVL LOOSE/FB	18.92	1579.82			090	Y	3411.83		1641.61		090	Y	2975.93
23120	CLAVICULECTOMY PARTIAL	16.76	1399.46			090	Y	3411.83		1458.75		090	Y	2975.93
23125	CLAVICULECTOMY TOTAL	20.38	1701.73			090	Y	3411.83		1755.17		090	Y	2975.93
23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	17.51	1462.09			090	N	3411.83		1513.86		090	N	4434.79
23140	EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA	15.33	1280.06			090	N	2072.60		1319.3		090	N	2006.48
23145	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/AGRFT	19.97	1667.50			090	Y	3411.83		1720.94		090	Y	2975.93
23146	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/ALGRFT	17.8	1486.30			090	N	9938.52	J1	1540.58		090	N	2975.93
23150	EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS	18.85	1573.98			090	Y	3411.83		1639.11		090	Y	2975.93
23155	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/AGRFT	22.8	1903.80			090	Y	3411.83		1963.92		090	Y	2975.93
23156	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/ALGRFT	19.41	1620.74			090	Y	9938.52	J1	1680.02		090	Y	2975.93
23170	SEQUESTRECTOMY CLAVICLE	15.93	1330.16			090	N	2072.60		1391.11		090	N	2975.93
23172	SEQUESTRECTOMY SCAPULA	16.24	1356.04			090	Y	3411.83		1406.98		090	Y	2975.93
23174	SEQUESTRECTOMY HUMERAL HEAD SURGERY NECK	21.54	1798.59			090	Y	3411.83		1880.42		090	Y	2975.93
23180	PARTIAL EXCISION BONE CLAVICLE	19.15	1599.03			090	N	3411.83		1660.82		090	N	2975.93
23182	PARTIAL EXCISION BONE SCAPULA	18.7	1561.45			090	Y	2072.60		1644.95		090	Y	2975.93
23184	PARTIAL EXCISION BONE PROXIMAL HUMERUS	21.1	1761.85			090	Y	3411.83		1821.97		090	Y	2975.93
23190	OSTECTOMY SCAPULA PARTIAL	16.31	1361.89			090	Y	3411.83		1414.49		090	Y	2975.93
23195	RESECTION HUMERAL HEAD	21.62	1805.27			090	Y	9938.52	J1	1870.4		090	Y	2975.93
23200	RADICAL RESECTION TUMOR CLAVICLE	42.9	3582.15			090	Y			3744.98		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
23210	RADICAL RESECTION TUMOR SCAPULA	51.16	4271.86			090	Y			4395.44		090	Y	
23220	RADICAL RESECTION BONE TUMOR PROXIMAL HUMERUS	55.99	4675.17			090	Y			4827.14		090	Y	
23330	REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	6.8	567.80			010	N	1341.57		688.04		010	N	752.91
23333	REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	12.99	1084.67			090	N	2014.24		1086.34		090	N	433.96
23334	PROSTHESIS REMOVAL HUMERAL/GLENOID COMPONENT	31	2588.50			090	N	2014.24		2564.29		090	N	2142.94
23335	PROSTHESIS REMOVAL HUMERAL AND GLENOID COMPONENT	36.89	3080.32			090	N			3057.77		090	N	
23350	INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	3.71	309.79			000	N			320.64		000	N	
23395	MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE	37	3774.00			090	Y	14128.14	J1	3187.2		090	Y	4434.79
23397	MUSCLE TRANSFER SHOULDER/UPPER ARM MULTIPLE	32.84	3349.68			090	Y	3411.83		2818.96		090	Y	7563.12
23400	SCAPULOPEXY	27.95	2850.90			090	Y	9938.52	J1	2400.63		090	Y	2975.93
23405	TENOTOMY SHOULDER AREA 1 TENDON	17.94	1829.88			090	Y	3411.83		1557.28		090	Y	2975.93
23406	TENOTOMY SHOULDER MULTIPLE THRU SAME INCISION	22.08	2252.16			090	Y	3411.83		1911.32		090	Y	2975.93
23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	23.63	2410.26			090	Y	9938.52	J1	2039.07		090	Y	4434.79
23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	24.51	2500.02			090	Y	9938.52	J1	2115.06		090	Y	4434.79
23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	20.01	2041.02			090	N	3411.83		1728.45		090	N	4434.79
23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	27.87	2842.74			090	Y	9938.52	J1	2736		090	Y	4434.79
23430	TENODESIS LONG TENDON BICEPS	21.43	2185.86			090	Y	9938.52	J1	2116.6		090	Y	4434.79
23440	RESECTION/TRANSPLANTATION LONG TENDON BICEPS	21.71	2214.42			090	Y	3411.83		1873.74		090	Y	2975.93
23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	27.18	2772.36			090	Y	3411.83		2345.52		090	Y	7563.12
23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	28.76	2933.52			090	Y	9938.52	J1	2480.79		090	Y	7563.12
23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	31.4	3202.80			090	Y	3411.83		2693.71		090	Y	7563.12
23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	30.51	3112.02			090	Y	9938.52	J1	2640.27		090	Y	4434.79
23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	32.01	3265.02			090	Y	14128.14	J1	2765.52		090	Y	7563.12
23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	32.18	3282.36			090	Y	9938.52	J1	3169.2		090	Y	4434.79
23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	34.66	3535.32			090	Y	21075.80	J1	2984.29		090	Y	12387.27
23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	42	4284.00			090	Y	21075.80		3618.89		090	Y	
23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	46.91	4784.82			090	Y	14128.14	J1	4030.55		090	Y	12387.27
23474	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	50.68	5169.36			090	Y	12303.74		4354.53		090	Y	
23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION	23.61	2408.22			090	N	3411.83		2029.89		090	N	4434.79
23485	OSTEOTOMY CLAV W/WO INT FIXJ W/BONE GRF NON/MAL	27.46	2800.92			090	Y	14128.14	J1	2371.4		090	Y	7563.12

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
23490	PROPH TX W/WO METHYLMETHACRYLATE CLAVICLE	24.21	2469.42			090	Y	14128.14	J1	2132.59		090	Y	7563.12
23491	PROPH TX W/WO METHYLMETHACRYLATE PROX HUMERUS	29.14	2972.28			090	Y	14128.14	J1	2508.34		090	Y	7563.12
23500	CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	6.22	519.37			090	N	245.44		551.1		090	N	172.42
23505	CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	10.07	840.85			090	N	1561.58		882.6		090	N	1077.75
23515	OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	20.69	1727.62			090	Y	9938.52	J1	1791.91		090	Y	6502.42
23520	CLSD TX STERNOCLAVICULAR DISLC W/O MANIPULATION	6.39	533.57			090	N	1561.58		577.82		090	N	514.57
23525	CLOSED TX STERNOCLAVICULAR DISLC W/MANIPULATION	10.72	895.12			090	N	245.44		945.22		090	N	514.57
23530	OPEN TX STERNOCLAVICULAR DISLC ACUTE/CHRONIC	15.81	1320.14			090	Y	3411.83		1420.34		090	Y	4855.82
23532	OPTX STRNCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	17.79	1485.47			090	Y	9938.52	J1	1547.26		090	Y	2462.57
23540	CLSD TX ACROMIOCLAVICULAR DISLC W/O MANIPULATION	6.39	533.57			090	N	245.44		563.63		090	N	172.42
23545	CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	9.67	807.45			090	N	245.44		875.08		090	N	514.57
23550	OPEN TX ACROMIOCLAVICULAR DISLC ACUTE/CHRONIC	16.18	1351.03			090	Y	9938.52	J1	1415.33		090	Y	4855.82
23552	OPTX ACROMCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	18.8	1569.80			090	Y	14128.14	J1	1631.59		090	Y	4855.82
23570	CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION	6.61	551.94			090	N	245.44		582		090	N	172.42
23575	CLTX SCAPULAR FX W/MANJ W/WO SKELETAL TRACTION	11.39	951.07			090	N	1561.58		1001.17		090	N	514.57
23585	OPEN TX SCAPULAR FX W/INTERNAL FIXATION IF PFRMD	28.22	2356.37			090	Y	14128.14	J1	2435.7		090	Y	6502.42
23600	CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	9.29	775.72			090	N	245.44		824.98		090	N	172.42
23605	CLTX PROX HUMRL FX W/MANJ W/WO SKELETAL TRACJ	13.22	1103.87			090	N	2072.60		1163.99		090	N	1077.75
23615	OPEN TREATMENT PROXIMAL HUMERAL FRACTURE	25.43	2123.41			090	Y	14128.14	J1	2197.72		090	Y	6502.42
23616	OPEN PROX HUMERAL FRACTURE PROSTHETIC RPLCMT	35.77	2986.80			090	Y	21075.80	J1	3074.47		090	Y	6502.42
23620	CLTX GREATER HUMERAL TUBEROSITY FX W/O MANJ	7.67	640.45			090	N	338.25		679.69		090	N	172.42
23625	CLTX GRTER HUMERAL TUBEROSITY FX W/MANIPULATION	10.8	901.80			090	N	1561.58		952.74		090	N	1077.75
23630	OPEN TREATMENT GRTER HUMERAL TUBEROSITY FRACTURE	22.45	1874.58			090	Y	9938.52	J1	1946.39		090	Y	6502.42
23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	8.91	743.99			090	N	245.44		791.58		090	N	172.42
23655	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	11.47	957.75			090	N	1561.58		997.83		090	N	1340.5
23660	OPEN TX ACUTE SHOULDER DISLOCATION	16.68	1392.78			090	Y	3411.83		1451.23		090	Y	4855.82
23665	CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MANJ	12.11	1011.19			090	N	1561.58		1063.79		090	N	514.57
23670	OPEN TX SHOULDER DISLC W/HUMERAL TUBEROSITY FX	25.18	2102.53			090	Y	9938.52	J1	2179.35		090	Y	6502.42
23675	CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MANJ	15.72	1312.62			090	N	1561.58		1370.24		090	N	172.42
23680	OPEN TX SHOULDER DISLOCATION W/NECK FRACTURE	26.69	2228.62			090	Y	14128.14	J1	2302.93		090	Y	4855.82

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	5.64	470.94			010	N	1561.58		552.9		010	N	1340.5
23800	ARTHRODESIS GLENOHUMERAL JOINT	29.54	3013.08			090	Y	14128.14	J1	2536.73		090	Y	7563.12
23802	ARTHRODESIS GLENOHUMERAL JT W/AUTOGENOUS GRAFT	36.36	3708.72			090	Y	14128.14	J1	3175.51		090	Y	7563.12
23900	INTERTHORACOSCAPULAR AMPUTATION	40.02	4082.04			090	Y			3427.68		090	Y	
23920	DISARTICULATION SHOULDER	32.36	3300.72			090	Y			2787.23		090	Y	
23921	DISRTCJ SHOULDER SECONDARY CLSR/SCAR REVISION	13.43	1369.86			090	N	2009.86		1184.03		090	N	1434.08
23929	UNLISTED PROCEDURE SHOULDER	0	BR			YYY	Y	245.44		BR		YYY	Y	172.42
23930	I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	10.07	840.85			010	N	2014.24		899.3		010	N	1701.78
23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	8.18	683.03			010	N	2014.24		727.29		010	N	936.06
23935	INC DEEP W/OPENING BONE CORTEX HUMERUS/ELBOW	14.51	1211.59			090	N	2072.60		1263.36		090	N	2006.48
24000	ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB	13.66	1140.61			090	N	3411.83		1184.03		090	N	2975.93
24006	ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	20.27	1692.55			090	Y	3411.83		1764.36		090	Y	2975.93
24065	BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	7.31	610.39			010	N	2014.24		653.81		010	N	1447.15
24066	BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP	17.84	1489.64			090	N	2014.24		1575.65		090	N	1447.15
24071	EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	11.7	976.95			090	Y	2014.24		1008.68		090	Y	2142.94
24073	EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>	19.94	1664.99			090	Y	2014.24		1707.58		090	Y	2142.94
24075	EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	14.01	1169.84			090	N	2014.24		1247.49		090	N	1447.15
24076	EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM	15.62	1304.27			090	N	2014.24		1349.36		090	N	1447.15
24077	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	29.86	2493.31			090	N	2014.24		2570.13		090	N	1447.15
24079	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW 5CM/>	38.16	3186.36			090	Y	2014.24		3277.38		090	Y	2142.94
24100	ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY ONLY	11.98	1000.33			090	Y	2072.60		1040.41		090	Y	2006.48
24101	ARTHRT ELBOW W/JNT EXPL W/WOBX W/WORMVL LOOSE/FB	14.34	1197.39			090	Y	3411.83		1242.48		090	Y	2975.93
24102	ARTHROTOMY ELBOW W/SYNOVECTOMY	17.68	1476.28			090	Y	3411.83		1525.55		090	Y	2975.93
24105	EXCISION OLECRANON BURSA	10.03	837.51			090	N	2072.60		875.92		090	N	2006.48
24110	EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS	16.64	1389.44			090	N	3411.83		1458.75		090	N	2006.48
24115	EXC/CURTG BONE CYST/BENIGN TUMOR HUMERUS W/AGRFT	21.2	1770.20			090	Y	3411.83		1825.31		090	Y	2975.93
24116	EXC/CURTG BONE CYST/BENIGN TUM HUMERUS W/ALGRFT	24.81	2071.64			090	Y	3411.83		2130.92		090	Y	2975.93
24120	EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN	15.16	1265.86			090	N	2072.60		1314.29		090	N	2006.48
24125	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/AGRFT	17.6	1469.60			090	Y	3411.83		1538.07		090	Y	2975.93
24126	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/ALGRT	18.65	1557.28			090	Y	3411.83		1608.21		090	Y	2975.93

MEDICAL DATA														
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24130	EXCISION RADIAL HEAD	14.56	1215.76			090	N	3411.83		1259.18		090	N	2975.93
24134	SEQUESTRECTOMY SHAFT/DISTAL HUMERUS	21.45	1791.08			090	Y	9938.52	J1	1849.53		090	Y	2975.93
24136	SEQUESTRECTOMY RADIAL HEAD OR NECK	17.95	1498.83			090	N	3411.83		1563.12		090	N	2975.93
24138	SEQUESTRECTOMY OLECRANON PROCESS	19.29	1610.72			090	Y	3411.83		1676.68		090	Y	2975.93
24140	PARTIAL EXCISION BONE HUMERUS	20.1	1678.35			090	Y	3411.83		1737.64		090	Y	2975.93
24145	PARTIAL EXCISION BONE RADIAL HEAD/NECK	17	1419.50			090	N	3411.83		1467.1		090	N	2975.93
24147	PARTIAL EXCISION BONE OLECRANON PROCESS	17.82	1487.97			090	N	3411.83		1544.75		090	N	2975.93
24149	RAD RESCJ CAPSL TISS&HTRTPC BONE ELBW CONTRCT	33.76	2818.96			090	Y	3411.83		2900.79		090	Y	2975.93
24150	RADICAL RESECTION TUMOR SHAFT/DISTAL HUMERUS	44.94	3752.49			090	Y	3411.83		3842.67		090	Y	4434.79
24152	RADICAL RESECTION TUMOR RADIAL HEAD/NECK	38.13	3183.86			090	Y	3411.83		3339.17		090	Y	4434.79
24155	RESECTION ELBOW JOINT ARTHRECTOMY	24.27	2026.55			090	Y	3411.83		2110.05		090	Y	2975.93
24160	PROSTHESIS REMOVAL HUMERAL AND ULNAR COMPONENTS	36.41	3040.24			090	N	3411.83		1501.33		090	N	2975.93
24164	PROSTHESIS REMOVAL RADIAL HEAD	21	1753.50			090	N	3411.83		1234.97		090	N	2975.93
24200	RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	5.9	492.65			010	N	684.54		516.87		010	N	433.96
24201	REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	15.57	1300.10			090	N	2014.24		1412.82		090	N	1447.15
24220	INJECTION ELBOW ARTHROGRAPHY	4.56	380.76			000	N			400.8		000	N	
24300	MANIPULATION ELBOW UNDER ANESTHESIA	11.94	1217.88			090	N	1561.58		1038.74		090	N	1340.5
24301	MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE	21.52	2195.04			090	Y	3411.83		1849.53		090	Y	2975.93
24305	TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON	16.52	1685.04			090	N	3411.83		1429.52		090	N	2975.93
24310	TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON	13.51	1378.02			090	N	3411.83		1186.54		090	N	2006.48
24320	TENOPLASTY ELBOW TO SHOULDER SINGLE	22.46	2290.92			090	Y	3411.83		1932.19		090	Y	2975.93
24330	FLEXOR-PLASTY ELBOW	20.63	2104.26			090	Y	3411.83		1776.88		090	Y	7563.12
24331	FLEXOR-PLASTY ELBOW W/EXTENSOR ADVANCEMENT	22.61	2306.22			090	Y	3411.83		1945.55		090	Y	4434.79
24332	TENOLYSIS TRICEPS	17.56	1791.12			090	N	2072.60		1519.7		090	N	2975.93
24340	TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE	17.57	1792.14			090	Y	9938.52	J1	1527.22		090	Y	4434.79
24341	REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA	21.42	2184.84			090	Y	3411.83		1862.89		090	Y	4434.79
24342	RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF	22.28	2272.56			090	Y	3411.83		1925.51		090	Y	4434.79
24343	REPAIR LATERAL COLLATERAL LIGAMENT ELBOW	20.25	2065.50			090	Y	3411.83		1750.16		090	Y	2975.93
24344	RCNSTJ LAT COLTRL LIGM ELBOW W/TENDON GRAFT	31.52	3215.04			090	Y	9938.52	J1	2717.93		090	Y	7563.12
24345	REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW	20.18	2058.36			090	Y	3411.83		1740.98		090	Y	2975.93

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
24346	RCNSTJ MEDIAL COLTRL LIGM ELBW W/TDN GRF	31.46	3208.92			090	Y	14128.14	J1	2721.27		090	Y	7563.12
24357	TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	12.29	1253.58			090	N	2072.60		1096.36		090	N	2975.93
24358	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN	14.96	1525.92			090	N	3411.83		1300.1		090	N	2975.93
24359	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR	18.91	1928.82			090	N	3411.83		1633.26		090	N	2975.93
24360	ARTHROPLASTY ELBOW W/MEMBRANE	25.46	2596.92			090	Y	9938.52	J1	2222.77		090	Y	3699.98
24361	ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT	28.7	2927.40			090	Y	21075.80	J1	2486.63		090	Y	12387.27
24362	ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ	30.53	3114.06			090	Y	21075.80	J1	2620.23		090	Y	5741.03
24363	ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	41.92	4275.84			090	Y	21075.80	J1	3595.51		090	Y	12387.27
24365	ARTHROPLASTY RADIAL HEAD	18.27	1863.54			090	Y	14128.14	J1	1582.33		090	Y	3699.98
24366	ARTHROPLASTY RADIAL HEAD W/IMPLANT	19.51	1990.02			090	Y	21075.80	J1	1682.53		090	Y	12387.27
24370	REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT	44.79	4568.58			090	Y	21075.80	J1	3809.27		090	Y	12387.27
24371	REVIS ELBOW ARTHRPLSTY HUMERAL&ULNA COMPNT	51.38	5240.76			090	Y	21075.80	J1	4388.76		090	Y	12387.27
24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXATION	23.46	2392.92			090	Y	9938.52	J1	2037.4		090	Y	7563.12
24410	MLT OSTEOT W/RELIGNMT IMED ROD HUMERAL SHAFT	30.44	3104.88			090	Y	21075.80	J1	2675.34		090	Y	4434.79
24420	OSTEOPLASTY HUMERUS	28.19	2875.38			090	Y	3411.83		2459.08		090	Y	4434.79
24430	REPAIR NON/MALUNION HUMERUS W/O GRAFT	30.39	3099.78			090	Y	14128.14	J1	2619.4		090	Y	7563.12
24435	REPAIR NON/MALUNION HUMERUS W/ILIAC/OTH AGRFT	30.97	3158.94			090	Y	21075.80	J1	2670.33		090	Y	7563.12
24470	HEMIEPIPHYSEAL ARREST	16.26	1658.52			090	Y	3411.83		1441.21		090	Y	4434.79
24495	DECOMPRESSION FASCT F/ARM W/BRACH ART EXPL	18.72	1909.44			090	N	3411.83		1600.7		090	N	2975.93
24498	PROPH TX W/WO METHYLMETHACRYLATE HUMERAL SHAFT	24.9	2539.80			090	Y	14128.14	J1	2147.62		090	Y	7563.12
24500	CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	10.19	850.87			090	N	338.25		900.13		090	N	172.42
24505	CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	14.23	1188.21			090	N	1561.58		1254.17		090	N	172.42
24515	OPTX HUMERAL SHFT FX W/PLATE/SCREWS W/WOCERCLAGE	25.18	2102.53			090	Y	14128.14	J1	2173.51		090	Y	6502.42
24516	TX HUMRAL SHAFT FX W/INSJ IMED IMPLT W/W CERCLGE	24.74	2065.79			090	Y	14128.14	J1	2130.92		090	Y	6502.42
24530	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	10.83	904.31			090	N	338.25		954.41		090	N	172.42
24535	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	17.53	1463.76			090	N	1561.58		1534.73		090	N	514.57
24538	PRQ SKEL FIXJ SPRCNDYLR/TRANSCNDYLR HUMERAL FX	21.34	1781.89			090	N	3411.83		1847.02		090	N	2462.57
24545	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	26.72	2231.12			090	Y	21075.80	J1	2302.93		090	Y	6502.42
24546	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/XTN	29.89	2495.82			090	Y	21075.80	J1	2576.81		090	Y	6502.42
24560	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	9.1	759.85			090	N	245.44		812.46		090	N	172.42

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
24565	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/MANJ	15.12	1262.52			090	N	1561.58		1330.16		090	N	172.42
24566	PRQ SKEL FIXJ HUMRL EPCNDYLR FX MEDIAL/LAT MANJ	20.59	1719.27			090	N	3411.83		1784.4		090	N	2462.57
24575	OPEN TX HUMERAL EPICONDYLAR FRACTURE	20.96	1750.16			090	Y	14128.14	J1	1822.81		090	Y	6502.42
24576	CLTX HUMERAL CONDYLAR FX MEDIAL/LAT W/O MANJ	9.66	806.61			090	N	338.25		859.22		090	N	172.42
24577	CLTX HUMERAL CONDYLAR FX MEDIAL/LATERAL W/MANJ	15.52	1295.92			090	N	1561.58		1368.57		090	N	172.42
24579	OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	24.01	2004.84			090	Y	14128.14	J1	2073.31		090	Y	6502.42
24582	PRQ SKEL FIXJ HUMRL CNDYLR FX MEDIAL/LAT W/MANJ	23.11	1929.69			090	N	3411.83		2010.68		090	N	2462.57
24586	OPTX PERIARTICULAR FRACTURE &/DISLOCATION ELBO	31.16	2601.86			090	Y	14128.14	J1	2676.18		090	Y	6502.42
24587	OPTX PRIARTICULAR FX&/DISLC ELBW W/IMPLT ARTHR	31.09	2596.02			090	Y	21075.80	J1	2680.35		090	Y	6502.42
24600	TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	10.35	864.23			090	N	245.44		918.5		090	N	172.42
24605	TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	13.45	1123.08			090	N	1561.58		1171.51		090	N	1340.5
24615	OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION	20.45	1707.58			090	Y	9938.52	J1	1763.52		090	Y	6502.42
24620	CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	15.72	1312.62			090	N	1561.58		1376.92		090	N	1077.75
24635	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	19.31	1612.39			090	Y	14128.14	J1	1670		090	Y	6502.42
24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	3.83	319.81			010	N	338.25		359.89		010	N	172.42
24650	CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	7.43	620.41			090	N	245.44		660.49		090	N	172.42
24655	CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	12.38	1033.73			090	N	1561.58		1099.7		090	N	514.57
24665	OPEN TX RADIAL HEAD/NECK FRACTURE	18.69	1560.62			090	Y	9938.52	J1	1619.07		090	Y	4855.82
24666	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	21.04	1756.84			090	Y	14128.14	J1	1817.8		090	Y	6502.42
24670	CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	8.27	690.55			090	N	245.44		733.97		090	N	172.42
24675	CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	12.93	1079.66			090	N	1561.58		1143.12		090	N	172.42
24685	OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	18.76	1566.46			090	Y	9938.52	J1	1628.25		090	Y	4855.82
24800	ARTHRODESIS ELBOW JOINT LOCAL	23.85	2432.70			090	Y	9938.52	J1	2053.27		090	Y	4434.79
24802	ARTHRODESIS ELBOW JOINT W/AUTOGENOUS GRAFT	28.15	2871.30			090	Y	14128.14	J1	2475.78		090	Y	7563.12
24900	AMPUTATION ARM THRU HUMERUS W/PRIMARY CLOSURE	21.02	2144.04			090	Y			1817.8		090	Y	
24920	AMPUTATION ARM THRU HUMERUS OPEN CIRCULAR	21.01	2143.02			090	Y			1653.3		090	Y	
24925	AMP ARM THRU HUMERUS SECONDARY CLSR/SCAR REVJ	15.75	1606.50			090	Y	3411.83		1403.64		090	Y	2006.48
24930	AMPUTATION ARM THRU HUMERUS RE-AMPUTATION	22.1	2254.20			090	Y			1914.66		090	Y	
24931	AMPUTATION ARM THRU HUMERUS W/IMPLANT	23.04	2350.08			090	Y			1894.62		090	Y	
24935	STUMP ELONGATION UPPER EXTREMITY	31.96	3259.92			090	N	9938.52	J1	2601.03		090	N	7563.12

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
24940	CINEPLASTY UPPER EXTREMITY COMPLETE PROCEDURE	30.39	3099.78			090	Y			2626.08		090	Y	
24999	UNLISTED PROCEDURE HUMERUS/ELBOW	0	BR			YYY	N	245.44		BR		YYY	N	172.42
25000	INCISION EXTENSOR TENDON SHEATH WRIST	9.62	803.27			090	N	2072.60		839.18		090	N	2006.48
25001	INCISION FLEXOR TENDON SHEATH WRIST	9.77	815.80			090	N	2072.60		857.55		090	N	2006.48
25020	DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/O DBRDMT	16.41	1370.24			090	N	2072.60		1437.04		090	N	2975.93
25023	DCMPRN FASCT F/ARM&/WRST FLXR/XTNSR W/DBRDMT	31.53	2632.76			090	N	3411.83		2764.69		090	N	2975.93
25024	DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR W/O DB	22.19	1852.87			090	N	3411.83		1949.73		090	N	2975.93
25025	DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR DBRDMT	34.67	2894.95			090	N	3411.83		3029.38		090	N	2975.93
25028	I&D FOREARM&/WRIST DEEP ABSCESS/HEMATOMA	14.95	1248.33			090	N	2072.60		1315.13		090	N	2006.48
25031	INCISION & DRAINAGE FOREARM&/WRIST BURSA	10.27	857.55			090	N	2072.60		867.57		090	N	2006.48
25035	INCISION DEEP BONE CORTEX FOREARM&/WRIST	16.58	1384.43			090	N	3411.83		1447.89		090	N	2006.48
25040	ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB	16.11	1345.19			090	N	3411.83		1391.11		090	N	2975.93
25065	BIOPSY SOFT TISSUE FOREARM&/WRIST SUPERFICIAL	7.24	604.54			010	N	1341.57		648.8		010	N	752.91
25066	BIOPSY SOFT TISSUE FOREARM&/WRIST DEEP	10.28	858.38			090	N	2014.24		890.11		090	N	2142.94
25071	EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>	12.25	1022.88			090	Y	2014.24		1057.11		090	Y	2142.94
25073	EXC TUMOR SFT TISS FOREARM&/WRIST SUBFASC 3CM/>	15.27	1275.05			090	Y	2014.24		1318.47		090	Y	2142.94
25075	EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	13.64	1138.94			090	N	2014.24		1216.6		090	N	1447.15
25076	EXC TUMOR SOFT TISS FOREARM&/WRIST SUBFASC <3CM	14.81	1236.64			090	N	2014.24		1280.89		090	N	1447.15
25077	RAD RESECT TUMOR SOFT TISS FOREARM&/WRIST <3 CM	25.47	2126.75			090	N	1341.57		2188.54		090	N	1447.15
25078	RAD RESCJ TUM SOFT TISSUE FOREARM&/WRIST 3 CM/>	33.52	2798.92			090	Y	2014.24		2894.11		090	Y	2142.94
25085	CAPSULOTOMY WRIST	12.86	1073.81			090	Y	3411.83		1119.74		090	Y	2006.48
25100	ARTHROTOMY WRIST JOINT WITH BIOPSY	9.87	824.15			090	N	3411.83		861.72		090	N	2006.48
25101	ARTHRT WRST W/JT EXPL W/WO BX W/WO RMVL LOOSE/FB	11.52	961.92			090	N	2072.60		1006.18		090	N	2975.93
25105	ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY	13.79	1151.47			090	N	2072.60		1198.23		090	N	2975.93
25107	ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE	17.61	1470.44			090	Y	3411.83		1524.71		090	Y	2975.93
25109	EXC TENDON FOREARM&/WRIST FLEXOR/EXTENSOR EA	15.38	1284.23			090	N	2072.60		1330.16		090	N	2006.48
25110	EXCISION LESION TENDON SHEATH FOREARM&/WRIST	9.79	817.47			090	N	2072.60		845.02		090	N	2006.48
25111	EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	9.15	764.03			090	N	2072.60		798.26		090	N	2006.48
25112	EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT	11.05	922.68			090	N	2072.60		961.09		090	N	2006.48
25115	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS	21.72	1813.62			090	N	2072.60		1874.58		090	N	2006.48

MEDICAL DATA														
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25116	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS	17.15	1432.03			090	N	2072.60		1488.81		090	N	2006.48
25118	SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT	10.9	910.15			090	N	2072.60		946.06		090	N	2975.93
25119	SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA	14.14	1180.69			090	Y	3411.83		1232.46		090	Y	2975.93
25120	EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA	14.22	1187.37			090	N	3411.83		1234.97		090	N	2975.93
25125	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/AUTOGRAFT	16.64	1389.44			090	N	3411.83		1477.12		090	N	2975.93
25126	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/ALLOGRAFT	17.03	1422.01			090	Y	3411.83		1480.46		090	Y	2975.93
25130	EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES	12.75	1064.63			090	N	3411.83		1110.55		090	N	2975.93
25135	EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT	15.85	1323.48			090	Y	3411.83		1384.43		090	Y	2975.93
25136	EXC/CURTG CYST/TUMOR CARPAL BONES W/ALLOGRAFT	14.02	1170.67			090	Y	3411.83		1224.95		090	Y	2975.93
25145	SEQUESTRECTOMY FOREARM &/WRIST	14.82	1237.47			090	Y	3411.83		1282.56		090	Y	2975.93
25150	PARTIAL EXCISION BONE ULNA	16.22	1354.37			090	N	3411.83		1398.63		090	N	2975.93
25151	PARTIAL EXCISION BONE RADIUS	16.72	1396.12			090	Y	3411.83		1450.4		090	Y	2975.93
25170	RADICAL RESECTION TUMOR RADIUS OR ULNA	42.68	3563.78			090	Y	3411.83		3650.62		090	Y	2975.93
25210	CARPECTOMY 1 BONE	13.93	1163.16			090	N	3411.83		1209.92		090	N	2975.93
25215	CARPECTOMY ALL BONES PROXIMAL ROW	17.67	1475.45			090	Y	3411.83		1522.21		090	Y	2975.93
25230	RADICAL STYLOIDECTOMY SEPARATE PROCEDURE	12.37	1032.90			090	N	3411.83		1066.3		090	N	2975.93
25240	EXCISION DISTAL ULNA PARTIAL/COMPLETE	12.22	1020.37			090	N	3411.83		1061.29		090	N	2975.93
25246	INJECTION WRIST ARTHROGRAPHY	4.61	384.94			000	N			399.13		000	N	
25248	EXPL W/REMOVAL DEEP FOREIGN BODY FOREARM/WRIST	11.91	994.49			090	N	2072.60		1025.38		090	N	2006.48
25250	REMOVAL WRIST PROSTHESIS SEPARATE PROCEDURE	14.98	1250.83			090	Y	2072.60		1314.29		090	Y	2975.93
25251	REMOVAL WRIST PROSTH COMPLICATED W/TOTAL WRIST	20.59	1719.27			090	Y	3411.83		1780.22		090	Y	2975.93
25259	MANIPULATION WRIST UNDER ANESTHESIA	11.85	989.48			090	N	1561.58		1039.58		090	N	1077.75
25260	RPR TDN/MUSC FLXR F/ARM&/WRST PRIM 1 EA TDN/MU	18.03	1839.06			090	N	2072.60		1563.96		090	N	2975.93
25263	RPR TDN/MUSC FLXR F/ARM&/WRIST SEC 1 EA TDN/MUS	17.78	1813.56			090	Y	3411.83		1561.45		090	Y	2975.93
25265	RPR TDN/MUSC FLXR F/ARM&/WRISTSEC FR GRF EA	21.45	2187.90			090	Y	3411.83		1852.03		090	Y	2975.93
25270	RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	13.99	1426.98			090	N	3411.83		1216.6		090	N	2975.93
25272	RPR TDN/MUSC XTNSR F/ARM&/WRIST SEC 1 EA TDN/MU	15.82	1613.64			090	N	3411.83		1372.74		090	N	2975.93
25274	RPR TDN/MUSC XTNSR F/ARM&/WRST SEC FR GRF EA TDN	19.01	1939.02			090	N	3411.83		1655.81		090	N	2975.93
25275	RPR TENDON SHEATH EXTENSOR F/ARM&/WRIST W/GRAFT	19.24	1962.48			090	N	3411.83		1673.34		090	N	2975.93
25280	LNGTH/SHRT FLXR/XTNSR TDN F/ARM&/WRIST 1 EA TDN	16.11	1643.22			090	N	3411.83		1395.29		090	N	2975.93

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25290	TNOT FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	12.48	1272.96			090	N	2072.60		1081.33		090	N	2975.93
25295	TNOLS FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	14.97	1526.94			090	N	2072.60		1291.75		090	N	2006.48
25300	TENODESIS WRIST FLEXORS FINGERS	19.52	1991.04			090	Y	3411.83		1707.58		090	Y	2975.93
25301	TENODESIS WRIST EXTENSORS FINGERS	18.42	1878.84			090	Y	3411.83		1591.51		090	Y	2975.93
25310	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1 EA TDN	17.74	1809.48			090	Y	3411.83		1528.89		090	Y	2975.93
25312	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1/TDN GR	20.49	2089.98			090	Y	3411.83		1776.88		090	Y	4434.79
25315	FLEXOR ORIGIN SLIDE FOREARM &/WRIST	22.13	2257.26			090	Y	3411.83		1905.47		090	Y	2975.93
25316	FLEXOR ORIGIN SLIDE F/ARM&/WRST TENDON TRANSFE	26.28	2680.56			090	Y	9938.52	J1	2208.58		090	Y	7563.12
25320	CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS	28.27	2883.54			090	Y	3411.83		2446.55		090	Y	4434.79
25332	ARTHRP WRST W/WO INTERPOS W/WO XTRNL/INT FIXJ	24.13	2461.26			090	Y	3411.83		2087.5		090	Y	3699.98
25335	CENTRALIZATION WRST ULNA	23.18	2364.36			090	Y	3411.83		2241.14		090	Y	4434.79
25337	RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	25.47	2597.94			090	N	3411.83		2198.56		090	N	4434.79
25350	OSTEOTOMY RADIUS DISTAL THIRD	19.3	1968.60			090	Y	14128.14	J1	1664.16		090	Y	4434.79
25355	OSTEOTOMY RADIUS MIDDLE/PROXIMAL THIRD	21.59	2202.18			090	Y	3411.83		1895.45		090	Y	4434.79
25360	OSTEOTOMY ULNA	18.73	1910.46			090	Y	9938.52	J1	1620.74		090	Y	4434.79
25365	OSTEOTOMY RADIUS & ULNA	26.2	2672.40			090	Y	14128.14	J1	2261.18		090	Y	7563.12
25370	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA	28.92	2949.84			090	Y	3411.83		2488.3		090	Y	4434.79
25375	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS&ULNA	27.4	2794.80			090	Y	3411.83		2240.31		090	Y	4434.79
25390	OSTEOPLASTY RADIUS/ULNA SHORTENING	22.06	2250.12			090	Y	9938.52	J1	1897.12		090	Y	4434.79
25391	OSTEOPLASTY RADIUS/ULNA LENGTHENING W/AUTOGRAFT	28.65	2922.30			090	Y	14128.14	J1	2460.75		090	Y	7563.12
25392	OSTEOPLASTY RADIUS & ULNA SHORTENING	24.98	2547.96			090	Y	3411.83		2505		090	Y	2975.93
25393	OSTEOPLASTY RADIUS&ULNA LENGTHENING W/AUTOGRAF	32.53	3318.06			090	Y	3411.83		2790.57		090	Y	4434.79
25394	OSTEOPLASTY CARPAL BONE SHORTENING	22.38	2282.76			090	Y	3411.83		1938.87		090	Y	4434.79
25400	RPR NONUNION/MALUNION RADIUS/ULNA W/O AUTOGRAFT	23.06	2352.12			090	Y	9938.52	J1	1983.13		090	Y	7563.12
25405	RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	29.78	3037.56			090	Y	14128.14	J1	2555.1		090	Y	7563.12
25415	RPR NONUNION/MALUNION RADIUS&ULNA W/O AUTOGRAF	27.67	2822.34			090	Y	9938.52	J1	2389.77		090	Y	7563.12
25420	RPR NONUNION/MALUNION RADIUS&ULNA W/AUTOGRAFT	33.56	3423.12			090	Y	14128.14	J1	2884.93		090	Y	7563.12
25425	REPAIR DEFECT W/AUTOGRAFT RADIUS/ULNA	27.7	2825.40			090	Y	3411.83		2378.92		090	Y	7563.12
25426	REPAIR DEFECT W/AUTOGRAFT RADIUS&ULNA	32.36	3300.72			090	Y	3411.83		2773.04		090	Y	4434.79
25430	INSERTION VASCULAR PEDICLE CARPAL BONE	21	2142.00			090	N	3411.83		1754.34		090	N	4434.79

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
25431	REPAIR NONUNION CARPAL BONE EACH BONE	22.57	2302.14			090	Y	9938.52	J1	1952.23		090	Y	4434.79
25440	RPR NONUNION SCAPHOID CARPAL BNE W/WO RDL STYLEC	21.97	2240.94			090	Y	9938.52	J1	1897.12		090	Y	7563.12
25441	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS	26.79	2732.58			090	Y	21075.80	J1	2262.02		090	Y	12387.27
25442	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA	23.1	2356.20			090	Y	21075.80	J1	1939.71		090	Y	12387.27
25443	ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL	22.45	2289.90			090	Y	9938.52	J1	1933.03		090	Y	5741.03
25444	ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE	23.74	2421.48			090	Y	21075.80	J1	1943.05		090	Y	5741.03
25445	ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM	20.7	2111.40			090	N	9938.52	J1	1780.22		090	N	5741.03
25446	ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/CARPUS	33.61	3428.22			090	Y	21075.80	J1	2871.57		090	Y	12387.27
25447	ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS	23.71	2418.42			090	Y	3411.83		2043.25		090	Y	3699.98
25449	REVJ ARTHRP W/REMOVAL IMPLANT WRIST JOINT	29.65	3024.30			090	Y	9938.52	J1	2569.3		090	Y	3699.98
25450	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS/U	14.86	1515.72			090	N	3411.83		1526.38		090	N	4434.79
25455	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS&ULNA	17.6	1795.20			090	N	3411.83		1455.41		090	N	4434.79
25490	PROPH TX N/P/PLTWR W/WO METHYLACRYLATE RADIUS	20.65	2106.30			090	Y	3411.83		1724.28		090	Y	4434.79
25491	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE ULNA	21.25	2167.50			090	Y	14128.14	J1	1829.49		090	Y	4434.79
25492	PROPH TX N/P/PLTWR W/WO METHYLMECRYLATE RAD&UL	26	2652.00			090	Y	3411.83		1958.91		090	Y	4434.79
25500	CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	7.77	648.80			090	N	245.44		683.87		090	N	172.42
25505	CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	14.33	1196.56			090	N	1561.58		1260.02		090	N	514.57
25515	OPEN TREATMENT RADIAL SHAFT FRACTURE	19.19	1602.37			090	Y	9938.52	J1	1661.65		090	Y	4855.82
25520	CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	15.96	1332.66			090	N	1561.58		1412.82		090	N	514.57
25525	OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	22.51	1879.59			090	Y	9938.52	J1	1937.2		090	Y	4855.82
25526	OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	27.32	2281.22			090	Y	14128.14	J1	2364.72		090	Y	4855.82
25530	CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	7.45	622.08			090	N	245.44		661.32		090	N	172.42
25535	CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	13.94	1163.99			090	N	338.25		1224.95		090	N	172.42
25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE	17.85	1490.48			090	Y	9938.52	J1	1547.26		090	Y	4855.82
25560	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MAN	7.89	658.82			090	N	245.44		702.24		090	N	172.42
25565	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MANJ	14.8	1235.80			090	N	1561.58		1305.94		090	N	514.57
25574	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS/ULNA	19.28	1609.88			090	Y	9938.52	J1	1673.34		090	Y	6502.42
25575	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS&ULNA	25.87	2160.15			090	Y	14128.14	J1	2230.29		090	Y	6502.42
25600	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANJ	9.32	778.22			090	N	338.25		828.32		090	N	172.42
25605	CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF	15.56	1299.26			090	N	1561.58		1373.58		090	N	514.57

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
25606	PERQ SKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP	19	1586.50			090	N	3411.83		1644.95		090	N	2462.57
25607	OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP	21.07	1759.35			090	Y	9938.52	J1	1824.48		090	Y	6502.42
25608	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	23.63	1973.11			090	Y	9938.52	J1	2039.91		090	Y	6502.42
25609	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	30.05	2509.18			090	Y	9938.52	J1	2591.01		090	Y	6502.42
25622	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANJ	8.64	721.44			090	N	245.44		768.2		090	N	172.42
25624	CLOSED TX CARPAL SCAPHOID FRACTURE W/MANJ	13.54	1130.59			090	N	1561.58		1192.38		090	N	514.57
25628	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	20.66	1725.11			090	Y	3411.83		1777.72		090	Y	4855.82
25630	CLTX CARPAL BONE FX W/O MANJ EACH BONE	8.67	723.95			090	N	245.44		766.53		090	N	172.42
25635	CLTX CARPAL BONE FX W/MANJ EACH BONE	12.13	1012.86			090	N	1561.58		1137.27		090	N	172.42
25645	OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA	16.26	1357.71			090	Y	3411.83		1411.15		090	Y	4855.82
25650	CLOSED TREATMENT ULNAR STYLOID FRACTURE	9.1	759.85			090	N	338.25		805.78		090	N	172.42
25651	PRQ SKELETAL FIXATION ULNAR STYLOID FRACTURE	13.85	1156.48			090	N	3411.83		1204.91		090	N	2462.57
25652	OPEN TREATMENT ULNAR STYLOID FRACTURE	17.88	1492.98			090	N	9938.52	J1	1540.58		090	N	4855.82
25660	CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MANJ	11.64	971.94			090	N	338.25		1022.88		090	N	172.42
25670	OPEN TX RADIOCARPAL/INTERCARPAL DISLC 1/> BONES	17.37	1450.40			090	Y	2072.60		1493.82		090	Y	2462.57
25671	PRQ SKELETAL FIXJ DISTAL RADIOULNAR DISLOCATION	15.18	1267.53			090	N	2072.60		1320.97		090	N	2462.57
25675	CLOSED TX DISTAL RADIOULNAR DISLOCATION W/MANJ	12.34	1030.39			090	N	338.25		1110.55		090	N	172.42
25676	OPEN TX DISTAL RADIOULNAR DISLC ACUTE/CHRONIC	17.96	1499.66			090	Y	9938.52	J1	1560.62		090	Y	2462.57
25680	CLTX TRANS-SCAPHOPRILUNAR TYP FX DISLC W/MANJ	13.51	1128.09			090	N	338.25		1192.38		090	N	172.42
25685	OPEN TX TRANS-SCAPHOPERILUNAR FRACTURE DISLC	21.03	1756.01			090	Y	2072.60		1819.47		090	Y	2462.57
25690	CLOSED TX LUNATE DISLOCATION W/MANIPULATION	13.61	1136.44			090	N	1561.58		1197.39		090	N	1077.75
25695	OPEN TREATMENT LUNATE DISLOCATION	18.18	1518.03			090	Y	3411.83		1566.46		090	Y	2462.57
25800	ARTHRODESIS WRIST COMPLETE W/O BONE GRAFT	20.98	2139.96			090	Y	14128.14	J1	1807.78		090	Y	7563.12
25805	ARTHRODESIS WRIST W/SLIDING GRAFT	24.27	2475.54			090	Y	14128.14	J1	2088.34		090	Y	7563.12
25810	ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT	24.87	2536.74			090	Y	14128.14	J1	2142.61		090	Y	7563.12
25820	ARTHRODESIS WRIST LIMITED W/O BONE GRAFT	17.59	1794.18			090	Y	9938.52	J1	1527.22		090	Y	4434.79
25825	ARTHRODESIS WRIST LIMITED W/AUTOGRAFT	21.67	2210.34			090	Y	9938.52	J1	1873.74		090	Y	7563.12
25830	ARTHRD DSTL RAD/ULN JT SGMTL RSCJ ULNA W/WO BONE	27.04	2758.08			090	Y	9938.52	J1	2382.26		090	Y	7563.12
25900	AMPUTATION FOREARM THROUGH RADIUS & ULNA	20.32	2072.64			090	N			1757.68		090	N	
25905	AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR	18.61	1898.22			090	Y			1735.13		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
25907	AMP F/ARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE	16.69	1702.38			090	Y	2072.60		1518.03		090	Y	2006.48
25909	AMP FOREARM THRU RADIUS&ULNA RE-AMPUTATION	19.67	2006.34			090	Y	3411.83		1695.05		090	Y	2006.48
25915	KRUKENBERG PROCEDURE	33.92	3459.84			090	Y			2548.42		090	Y	
25920	DISARTICULATION THROUGH WRIST	19.91	2030.82			090	N			1728.45		090	N	
25922	DISARTICULATION THRU WRIST SEC CLOSURE/SCAR REVJ	16.44	1676.88			090	Y	2072.60		1437.04		090	Y	2006.48
25924	DISARTICULATION THRU WRIST RE-AMPUTATION	17.46	1780.92			090	Y			1697.56		090	Y	
25927	TRANSMETACARPAL AMPUTATION	23.26	2372.52			090	N			2027.38		090	N	
25929	TRANSMETACARPAL AMPUTATION SEC CLOSURE/SCAR REVJ	16.95	1728.90			090	Y	2009.86		1478.79		090	Y	1434.08
25931	TRANSMETACARPAL AMPUTATION RE-AMPUTATION	19.01	1939.02			090	N	2072.60		1840.34		090	N	2006.48
25999	UNLISTED PROCEDURE FOREARM/WRIST	0	BR			YYY	N	245.44		BR		YYY	N	172.42
26010	DRAINAGE FINGER ABSCESS SIMPLE	7.48	624.58			010	N	325.10		673.85		010	N	161.85
26011	DRAINAGE FINGER ABSCESS COMPLICATED	11.05	922.68			010	N	1341.57		990.31		010	N	936.06
26020	DRAINAGE TENDON SHEATH DIGIT&/PALM EACH	12.4	1035.40			090	N	2072.60		1080.49		090	N	1529.32
26025	DRAINAGE OF PALMAR BURSA SINGLE BURSA	12.08	1008.68			090	N	2072.60		1050.43		090	N	1529.32
26030	DRAINAGE OF PALMAR BURSA MULTIPLE BURSA	14.07	1174.85			090	N	2072.60		1220.77		090	N	1529.32
26034	INCISION BONE CORTEX HAND/FINGER	15.37	1283.40			090	N	2072.60		1338.51		090	N	1529.32
26035	DECOMPRESSION FINGERS&/HAND INJECTION INJURY	24.47	2043.25			090	N	2072.60		2125.91		090	N	1529.32
26037	DECOMPRESSIVE FASCIOTOMY HAND	16.24	1356.04			090	N	2072.60		1413.66		090	N	1529.32
26040	FASCIOTOMY PALMAR PERCUTANEOUS	8.89	742.32			090	N	2072.60		770.71		090	N	1529.32
26045	FASCIOTOMY PALMAR OPEN PARTIAL	13.41	1119.74			090	N	2072.60		1162.32		090	N	2665.47
26055	TENDON SHEATH INCISION	15.83	1321.81			090	N	2072.60		1420.34		090	N	1529.32
26060	TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT	7.56	631.26			090	N	2072.60		662.16		090	N	1529.32
26070	ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT	8.96	748.16			090	N	2072.60		768.2		090	N	1529.32
26075	ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA	9.5	793.25			090	N	2072.60		813.29		090	N	1529.32
26080	ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	11.15	931.03			090	N	2072.60		969.44		090	N	1529.32
26100	ARTHROTOMY BIOPSY CARP/MTCRPL JOINT EACH	9.53	795.76			090	N	3411.83		834.17		090	N	1529.32
26105	ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH	9.51	794.09			090	N	2072.60		840.85		090	N	1529.32
26110	ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH	9.17	765.70			090	N	2072.60		799.1		090	N	1529.32
26111	EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>	11.97	999.50			090	Y	2014.24		1034.57		090	Y	2142.94
26113	EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>	15.7	1310.95			090	Y	2014.24		1354.37		090	Y	2142.94

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
26115	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM	14.33	1196.56			090	N	2014.24		1270.04		090	N	1447.15
26116	EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM	15.09	1260.02			090	N	2014.24		1303.44		090	N	1447.15
26117	RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM	21.48	1793.58			090	N	2014.24		1854.54		090	N	1447.15
26118	RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3 CM/>	30.18	2520.03			090	Y	2014.24		2628.58		090	Y	2142.94
26121	FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT	17.09	1427.02			090	N	2072.60		1476.28		090	N	2665.47
26123	FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR	23.88	1993.98			090	N	3411.83		2059.95		090	N	2665.47
26125	FASCT PRTL PALMR ADDL DGT PROX IPHAL JT W/WO RPR	7.91	660.49			ZZZ	N			669.67		ZZZ	N	1529.32
26130	SYNOVECTOMY CARPOMETACARPAL JOINT	13.24	1105.54			090	N	2072.60		1135.6		090	N	1529.32
26135	SYNVCT MTCARPHLNGL JT W/INTRNSC RLS&XTNSR HOOD	15.71	1311.79			090	N	2072.60		1361.05		090	N	2665.47
26140	SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT	14.41	1203.24			090	N	2072.60		1249.16		090	N	1529.32
26145	SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN	14.63	1221.61			090	N	2072.60		1266.7		090	N	1529.32
26160	EXC LESION TDN SHTH/JT CAPSL HAND/FNGR	16.29	1360.22			090	N	2072.60		1454.57		090	N	1529.32
26170	EXCISION TENDON PALM FLEXOR/EXTENSOR SINGLE EACH	11.56	965.26			090	N	2072.60		1005.34		090	N	1529.32
26180	EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	12.64	1055.44			090	N	2072.60		1098.03		090	N	1529.32
26185	SESAMOIDECTOMY THUMB/FINGER SEPARATE PROCEDURE	15.53	1296.76			090	Y	2072.60		1367.73		090	Y	1529.32
26200	EXCISION/CURETTAGE CYST/TUMOR METACARPAL	12.87	1074.65			090	N	2072.60		1114.73		090	N	1529.32
26205	EXC/CURETTAGE CYST/TUMOR METACARPAL W/AUTOGRAFT	17.29	1443.72			090	N	3411.83		1492.15		090	N	2665.47
26210	EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER	12.63	1054.61			090	N	2072.60		1095.52		090	N	1529.32
26215	EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT	16.15	1348.53			090	N	3411.83		1402.8		090	N	1529.32
26230	PARTIAL EXCISION BONE METACARPAL	14.26	1190.71			090	N	2072.60		1234.97		090	N	1529.32
26235	PARTIAL EXCISION PROXIMAL/MIDDLE PHALANX FINGER	14.11	1178.19			090	N	2072.60		1216.6		090	N	1529.32
26236	PARTIAL EXCISION DISTAL PHALANX FINGER	12.62	1053.77			090	N	2072.60		1092.18		090	N	1529.32
26250	RADICAL RESECTION TUMOR METACARPAL	30.93	2582.66			090	N	2072.60		2649.46		090	N	1529.32
26260	RAD RESECTION TUMOR PROX/MIDDLE PHALANX FINGER	22.97	1918.00			090	Y	3411.83		1988.14		090	Y	1529.32
26262	RADICAL RESECTION TUMOR DISTAL PHALANX FINGER	17.91	1495.49			090	Y	2072.60		1572.31		090	Y	1529.32
26320	REMOVAL IMPLANT FROM FINGER/HAND	9.91	827.49			090	N	2014.24		858.38		090	N	1447.15
26340	MANIPULATION FINGER JOINT UNDER ANES EACH JOINT	9.51	970.02			090	N	1561.58		843.35		090	N	514.57
26341	MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD	2.81	286.62			010	N	338.25		245.49		010	N	514.57
26350	RPR/ADVMNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON	20.02	2042.04			090	N	3411.83		1771.04		090	N	2665.47
26352	RPR/ADVMNT FLXR TDN N/Z/2 W/FR GRAFT EA TENDON	23.1	2356.20			090	Y	3411.83		2029.89		090	Y	2665.47

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
26356	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	25.01	2551.02			090	N	3411.83		2713.75		090	N	2665.47
26357	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	24.6	2509.20			090	Y	3411.83		2158.48		090	Y	2665.47
26358	RPR/ADVMNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON	27.34	2788.68			090	Y	3411.83		2277.05		090	Y	2665.47
26370	RPR/ADVMNT TDN W/NTC SUPFCIS TDN PRIM EA TDN	21.31	2173.62			090	N	3411.83		1877.92		090	N	2665.47
26372	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/FREE GRAFT EA	24.82	2531.64			090	Y	3411.83		2195.22		090	Y	2665.47
26373	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/O FREE GRF EA	23.84	2431.68			090	Y	3411.83		2107.54		090	Y	2665.47
26390	EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F	23.69	2416.38			090	Y	9938.52	J1	2053.27		090	Y	2665.47
26392	RMVL SYNTH ROD & INSJ FLXR TDN GRF H/F EA ROD	27.34	2788.68			090	Y	9938.52	J1	2388.1		090	Y	2665.47
26410	REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	15.91	1622.82			090	N	2072.60		1404.47		090	N	1529.32
26412	REPAIR EXTENSOR TENDON HAND W/GRAFT EACH	19.18	1956.36			090	N	3411.83		1711.75		090	N	2665.47
26415	EXC XTNSR TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA	21.69	2212.38			090	N	2072.60		1973.11		090	N	2665.47
26416	RMVL SYNTH ROD & INSJ XTNSR TDN GRF H/F EA ROD	20.45	2085.90			090	N	3411.83		1866.23		090	N	2665.47
26418	REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	16.23	1655.46			090	N	2072.60		1443.72		090	N	1529.32
26420	REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH	19.91	2030.82			090	Y	3411.83		1756.84		090	Y	2665.47
26426	RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR	14.32	1460.64			090	N	3411.83		1240.81		090	N	2665.47
26428	RPR XTNSR TDN CNTRL SLIP SEC W/FR GRFT EA FINGER	21.26	2168.52			090	N	3411.83		1849.53		090	N	2665.47
26432	CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING	14.02	1430.04			090	N	2072.60		1240.81		090	N	1529.32
26433	REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF	14.94	1523.88			090	N	2072.60		1318.47		090	N	1529.32
26434	REPAIR EXTENSOR TENDON DISTAL INSERTION W/GRAFT	18.23	1859.46			090	Y	3411.83		1606.54		090	Y	2665.47
26437	REALIGNMENT EXTENSOR TENDON HAND EACH TENDON	17.52	1787.04			090	N	2072.60		1537.24		090	N	1529.32
26440	TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON	17.39	1773.78			090	N	2072.60		1533.9		090	N	1529.32
26442	TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO	27.17	2771.34			090	N	2072.60		2384.76		090	N	2665.47
26445	TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH	16.19	1651.38			090	N	2072.60		1434.53		090	N	1529.32
26449	TENOLYSIS CPLX XTNSR TENDON FINGER W/FOREARM EA	19.85	2024.70			090	N	2072.60		1722.61		090	N	2665.47
26450	TENOTOMY FLEXOR PALM OPEN EACH TENDON	11.49	1171.98			090	N	3411.83		994.49		090	N	1529.32
26455	TENOTOMY FLEXOR FINGER OPEN EACH TENDON	11.31	1153.62			090	N	2072.60		1006.18		090	N	1529.32
26460	TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON	11.09	1131.18			090	N	2072.60		976.12		090	N	1529.32
26471	TENODESIS PROXIMAL INTERPHALANGEAL JOINT EACH	17.26	1760.52			090	N	3411.83		1519.7		090	N	1529.32
26474	TENODESIS DISTAL JOINT EACH	16.94	1727.88			090	Y	2072.60		1464.59		090	Y	1529.32
26476	LENGTHENING TENDON EXTENSOR HAND/FINGER EACH	16.26	1658.52			090	N	2072.60		1444.55		090	N	1529.32

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
26477	SHORTENING TENDON EXTENSOR HAND/FINGER EACH	16.32	1664.64			090	N	3411.83		1438.71		090	N	1529.32
26478	LENGTHENING TENDON FLEXOR HAND/FINGER EACH	17.45	1779.90			090	N	2072.60		1538.91		090	N	1529.32
26479	SHORTENING TENDON FLEXOR HAND/FINGER EACH	17.22	1756.44			090	Y	2072.60		1528.05		090	Y	1529.32
26480	TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN	21.12	2154.24			090	N	2072.60		1866.23		090	N	2665.47
26483	TENDON TRANSFER TRANSPLANT CARP/MTCRPL GRAFT	23.75	2422.50			090	Y	3411.83		2083.33		090	Y	2665.47
26485	TRANSFER/TRANSPLANT TENDON PALMAR W/O GRAFT EACH	22.73	2318.46			090	Y	2072.60		1996.49		090	Y	2665.47
26489	TRANSFER/TRANSPLANT TENDON PALMAR W/GRAFT EACH	25.67	2618.34			090	N	3411.83		2317.13		090	N	2665.47
26490	OPPONENSPLASTY SUPFCIS TDN TR TYP EA TDN	22.16	2260.32			090	N	3411.83		1955.57		090	N	2665.47
26492	OPPONENSPLASTY TDN TR W/GRF EA TDN	24.59	2508.18			090	Y	3411.83		2179.35		090	Y	2665.47
26494	OPPONENSPLASTY HYPOTHENAR MUSC TR	22.26	2270.52			090	Y	3411.83		1976.45		090	Y	2665.47
26496	OPPONENSPLASTY OTHER METHODS	24.19	2467.38			090	N	3411.83		2104.2		090	N	2665.47
26497	TR TDN RESTORE INTRNSC FUNCJ RING&SM FNGR	24.52	2501.04			090	Y	3411.83		2124.24		090	Y	2665.47
26498	TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS	32.45	3309.90			090	Y	3411.83		2812.28		090	Y	2665.47
26499	CORRECTION CLAW FINGER OTHER METHODS	23.49	2395.98			090	Y	3411.83		2036.57		090	Y	2665.47
26500	RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX	17.52	1787.04			090	N	3411.83		1545.59		090	N	1529.32
26502	RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX	19.6	1999.20			090	Y	3411.83		1760.18		090	Y	2665.47
26508	RELEASE THENAR MUSCLE	18.1	1846.20			090	N	2072.60		1584.83		090	N	1529.32
26510	CROSS INTRINSIC TRANSFER EACH TENDON	16.69	1702.38			090	N	2072.60		1476.28		090	N	2665.47
26516	CAPSULODESIS MTCARPHLNGL JOINT SINGLE DIGIT	19.69	2008.38			090	N	2072.60		1728.45		090	N	2665.47
26517	CAPSULODESIS MTCARPHLNGL JOINT 2 DIGITS	23.28	2374.56			090	Y	3411.83		2024.04		090	Y	2665.47
26518	CAPSULODESIS MTCARPHLNGL JOINT 3/4 DIGITS	23.24	2370.48			090	Y	3411.83		2065.79		090	Y	2665.47
26520	CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGL JOINT EACH	18.28	1864.56			090	N	2072.60		1616.56		090	N	1529.32
26525	CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH	18.3	1866.60			090	N	2072.60		1618.23		090	N	1529.32
26530	ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH	15.34	1564.68			090	Y	3411.83		1325.98		090	Y	3699.98
26531	ARTHRP MTCARPHLNGL JT W/PROSTC IMPLT EA JT	17.85	1820.70			090	Y	9938.52	J1	1538.07		090	Y	5741.03
26535	ARTHROPLASTY INTERPHALANGEAL JOINT EACH	12.03	1227.06			090	N	3411.83		1034.57		090	N	3699.98
26536	ARTHROPLASTY INTERPHALANGEAL JT W/PROSTHETIC EA	20.04	2044.08			090	N	9938.52	J1	1765.19		090	N	5741.03
26540	RPR COLTRL LIGM MTCARPHLNGL/IPHAL JT	18.48	1884.96			090	N	3411.83		1625.75		090	N	1529.32
26541	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/TDN/FSCAL GRF	22.58	2303.16			090	Y	3411.83		1968.1		090	Y	2665.47
26542	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/LOCAL TISS	19.06	1944.12			090	N	3411.83		1677.52		090	N	1529.32

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26545	RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF EA JT	19.41	1979.82			090	N	3411.83		1742.65		090	N	2665.47
26546	RPR NON-UNION MTCRPL/PHALANX	28.01	2857.02			090	Y	3411.83		2451.56		090	Y	2665.47
26548	RPR & RCNSTJ FINGER VOLAR PLATE INTERPHALANGEAL	21.4	2182.80			090	N	3411.83		1880.42		090	N	2665.47
26550	POLLICIZATION DIGIT	43.93	4480.86			090	Y	3411.83		4070.63		090	Y	2665.47
26551	TR TOE-TO-HAND W/MVASC ANAST GRT TOE WRP/ARND	81.52	8315.04			090	Y			7205.22		090	Y	
26553	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 1	94	9588.00			090	Y			6650.78		090	Y	
26554	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 2	94.82	9671.64			090	Y			7777.19		090	Y	
26555	TR FNGR AXH POS W/O MVASC ANAST	38.12	3888.24			090	Y	3411.83		3380.92		090	Y	2665.47
26556	TRANSFER FREE TOE JOINT W/MVASC ANASTOMOSIS	97.67	9962.34			090	Y			7159.29		090	Y	
26560	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS	15.77	1608.54			090	Y	2072.60		1467.93		090	Y	1529.32
26561	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS&GRAFT	26.29	2681.58			090	Y	3411.83		2332.16		090	Y	2665.47
26562	REPAIR SYNDACTYLY EACH SPACE COMPLEX	38.19	3895.38			090	Y	3411.83		3132.92		090	Y	2665.47
26565	OSTEOTOMY METACARPAL EACH	19.05	1943.10			090	Y	3411.83		1682.53		090	Y	2665.47
26567	OSTEOTOMY PHALANX FINGER EACH	19.16	1954.32			090	N	3411.83		1678.35		090	N	2665.47
26568	OSTEOPLASTY LENGTHENING METACARPAL/PHALANX	25.43	2593.86			090	Y	3411.83		2231.96		090	Y	2665.47
26580	REPAIR CLEFT HAND	41.64	4247.28			090	Y	2072.60		3721.6		090	Y	1529.32
26587	RCNSTJ POLYDACTYLOUS DIGIT SOFT TISSUE & BONE	26.12	2664.24			090	Y	3411.83		2588.5		090	Y	1529.32
26590	REPAIR MACRODACTYLIA EACH DIGIT	38.46	3922.92			090	Y	2072.60		3155.47		090	Y	1529.32
26591	REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE	12.23	1247.46			090	N	3411.83		1091.35		090	N	2665.47
26593	RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE	16.85	1718.70			090	N	3411.83		1479.62		090	N	1529.32
26596	EXC CONSTRICTING RING FNGR W/MLT Z-PLASTIES	21.28	2170.56			090	Y	3411.83		1879.59		090	Y	1529.32
26600	CLTX METACARPAL FX W/O MANIPULATION EACH BONE	8.35	697.23			090	N	245.44		742.32		090	N	172.42
26605	CLTX METACARPAL FX W/MANIPULATION EACH BONE	9.14	763.19			090	N	338.25		809.12		090	N	172.42
26607	CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE	12.99	1084.67			090	N	1561.58		1134.77		090	N	1077.75
26608	PRQ SKELETAL FIXJ METACARPAL FX EACH BONE	13.61	1136.44			090	N	2072.60		1186.54		090	N	2462.57
26615	OPEN TX METACARPAL FRACTURE SINGLE EA BONE	16.49	1376.92			090	N	3411.83		1430.36		090	N	4855.82
26641	CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANJ	10.45	872.58			090	N	338.25		921.01		090	N	172.42
26645	CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ	12.01	1002.84			090	N	1561.58		1064.63		090	N	514.57
26650	PRQ SKELETAL FIX CARPO/METACARPAL FX DISLC THUMB	13.64	1138.94			090	N	2072.60		1188.21		090	N	2462.57
26665	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	18.12	1513.02			090	N	3411.83		1561.45		090	N	4855.82

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
26670	CLTX CARPO/METACARPL DISLC THMB MANJ EA W/O ANES	9.63	804.11			090	N	338.25		827.49		090	N	172.42
26675	CLTX CARPO/MTCRPL DISLC THUMB MANJ EA JT W/ANES	12.86	1073.81			090	N	1561.58		1133.93		090	N	172.42
26676	PRQ SKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT	14.29	1193.22			090	N	2072.60		1246.66		090	N	2462.57
26685	OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	16.49	1376.92			090	N	3411.83		1440.38		090	N	2462.57
26686	OPTX CARP/MTCRPL DISLC THMB CPLX MLT/DLYD RDCTJ	17.89	1493.82			090	Y	3411.83		1545.59		090	Y	6502.42
26700	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/O ANES	9.15	764.03			090	N	338.25		813.29		090	N	172.42
26705	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/ANES	11.86	990.31			090	N	1561.58		1035.4		090	N	172.42
26706	PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W/MANJ	12.57	1049.60			090	N	1561.58		1094.69		090	N	1077.75
26715	OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION	16.36	1366.06			090	N	3411.83		1427.02		090	N	2462.57
26720	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANJ EA	5.62	469.27			090	N	245.44		501		090	N	172.42
26725	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	9.57	799.10			090	N	338.25		845.86		090	N	172.42
26727	PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	13.39	1118.07			090	N	2072.60		1165.66		090	N	2462.57
26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	17.07	1425.35			090	N	3411.83		1481.29		090	N	2462.57
26740	CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/O MANJ	6.53	545.26			090	N	338.25		574.48		090	N	172.42
26742	CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ	10.47	874.25			090	N	1561.58		917.67		090	N	172.42
26746	OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	21.24	1773.54			090	N	3411.83		1832.83		090	N	2462.57
26750	CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	5.22	435.87			090	N	245.44		464.26		090	N	172.42
26755	CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA	8.9	743.15			090	N	338.25		790.75		090	N	172.42
26756	PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	11.91	994.49			090	N	2072.60		1042.92		090	N	2462.57
26765	OPEN TX DISTAL PHALANGEAL FRACTURE EACH	14.32	1195.72			090	N	2072.60		1248.33		090	N	2462.57
26770	CLTX IPHAL JT DISLC W/MANJ W/O ANES	7.8	651.30			090	N	245.44		695.56		090	N	172.42
26775	CLTX IPHAL JT DISLC W/MANJ REQ ANES	10.87	907.65			090	N	296.07		965.26		090	N	1340.5
26776	PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ	12.63	1054.61			090	N	2072.60		1100.53		090	N	2462.57
26785	OPEN TX INTERPHALANGEAL JOINT DISLOCATION	15.66	1307.61			090	N	3411.83		1358.55		090	N	2462.57
26820	FUSION OPPOSITION THUMB W/AUTOGENOUS GRAFT	22.22	2266.44			090	Y	3411.83		1947.22		090	Y	2665.47
26841	ARTHRD CARPO/METACARPAL JT THUMB W/WO INT FIXJ	20.44	2084.88			090	N	3411.83		1803.6		090	N	2665.47
26842	ARTHRD CRP/MTACRPL JT THMB W/WO INT FIXJ W/AGRFT	22.14	2258.28			090	Y	9938.52	J1	1941.38		090	Y	2665.47
26843	ARTHRD CARP/MTCRPL JT DGT OTHER THAN THUMB EACH	20.87	2128.74			090	Y	9938.52	J1	1826.98		090	Y	2665.47
26844	ARTHRD CARP/MTCRPL JT DGT OTH/THN THMB W/AGRFT	22.86	2331.72			090	Y	9938.52	J1	2009.01		090	Y	2665.47
26850	ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ	19.46	1984.92			090	N	3411.83		1704.24		090	N	2665.47

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26852	ARTHRODESIS MTCRPL JT W/WO INT FIXJ W/AUTOGRAFT	22.4	2284.80			090	Y	3411.83		1950.56		090	Y	2665.47
26860	ARTHRODESIS INTERPHALANGEAL JT W/WO INT FIXJ	15.87	1618.74			090	N	3411.83		1396.96		090	N	2665.47
26861	ARTHRODESIS IPHAL JT W/WO INT FIXJ EA IPHAL JT	2.98	303.96			ZZZ	N			253.01		ZZZ	N	2665.47
26862	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AUTOGRAFT	20.44	2084.88			090	Y	3411.83		1785.23		090	Y	2665.47
26863	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AGRFT EA JT	6.65	678.30			ZZZ	Y			579.49		ZZZ	Y	2665.47
26910	AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER	20.31	2071.62			090	N	3411.83		1766.03		090	N	2665.47
26951	AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	18.41	1877.82			090	N	2072.60		1619.9		090	N	1529.32
26952	AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	18.16	1852.32			090	N	2072.60		1594.02		090	N	1529.32
26989	UNLISTED PROCEDURE HANDS/FINGERS	0	BR			YYY	N	245.44		BR		YYY	N	172.42
26990	I&D PELVIS/HIP JT AREA DEEP ABSCESS/HEMATOMA	17.92	1496.32			090	N	3411.83		1556.44		090	N	2006.48
26991	I&D PELVIS/HIP JOINT AREA INFECTED BURSA	20.06	1675.01			090	N	3411.83		1777.72		090	N	2006.48
26992	INCISION BONE CORTEX PELVIS&/HIP JOINT	27.55	2300.43			090	N			2383.09		090	N	
27000	TENOTOMY ADDUCTOR HIP PERCUTANEOUS SPX	11.94	996.99			090	N	2072.60		1052.1		090	N	2006.48
27001	TENOTOMY ADDUCTOR HIP OPEN	15.39	1285.07			090	Y	3411.83		1348.53		090	Y	2975.93
27003	TX ADDUXOR SUBQ OPN W/OBTURATOR NEURECTOMY	17.09	1427.02			090	Y	3411.83		1477.95		090	Y	2975.93
27005	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE	20.78	1735.13			090	Y	3443.90		1800.26		090	Y	
27006	TENOTOMY ABDUCTORS&/EXTENSOR HIP OPEN SPX	21.11	1762.69			090	Y	3411.83		1830.32		090	Y	2975.93
27025	FASCIOTOMY HIP/THIGH ANY TYPE	26.3	2196.05			090	N	2724.05		2284.56		090	N	
27027	DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI	25.9	2162.65			090	N	3411.83		2095.02		090	N	2975.93
27030	ARTHROTOMY HIP W/DRAINAGE	26.93	2248.66			090	Y			2237.8		090	Y	
27033	ARTHROTOMY HIP EXPLORATION/REMOVAL FOREIGN BODY	27.97	2335.50			090	Y	3411.83		2408.14		090	Y	4434.79
27035	DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-ARTCLR BRNCH	33.06	2760.51			090	Y	2072.60		2479.95		090	Y	2975.93
27036	CAPSLCTOMY/CAPSUL HIP W/RLS HIP FLXR MUSC	29.04	2424.84			090	Y	4470.11		2499.99		090	Y	
27040	BIOPSY SOFT TISSUE PELVIS&HIP AREA SUPERFICIAL	9.81	819.14			010	N	1341.57		853.37		010	N	752.91
27041	BIOPSY SOFT TISSUE PELVIS&HIP DEEP/SUBFSCAL/IM	19.82	1654.97			090	N	1341.57		1691.71		090	N	752.91
27043	EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>	13.56	1132.26			090	N	2014.24		1169		090	N	2142.94
27045	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	21.6	1803.60			090	Y	2014.24		1844.52		090	Y	2142.94
27047	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBQ <3CM	13.35	1114.73			090	N	2014.24		1179.02		090	N	1447.15
27048	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC <5CM	17.61	1470.44			090	Y	2014.24		1513.02		090	Y	1447.15
27049	RAD RESECT TUMOR SOFT TISSUE PELVIS & HIP <5 CM	38.92	3249.82			090	Y	2014.24		3350.02		090	Y	1447.15

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
27050	ARTHROTOMY W/BIOPSY SACROILIAC JOINT	11	918.50			090	N	2072.60		1002		090	N	2006.48
27052	ARTHROTOMY W/BIOPSY HIP JOINT	16.55	1381.93			090	Y	2072.60		1440.38		090	Y	2006.48
27054	ARTHROTOMY W/SYNOVECTOMY HIP JOINT	19.66	1641.61			090	Y			1702.57		090	Y	
27057	DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNI	29.2	2438.20			090	N	2072.60		2347.19		090	N	2006.48
27059	RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>	52.54	4387.09			090	Y	2014.24		4448.88		090	Y	2142.94
27060	EXCISION ISCHIAL BURSA	13.28	1108.88			090	N	2072.60		1156.48		090	N	2006.48
27062	EXCISION TROCHANTERIC BURSA/CALCIFICATION	13.1	1093.85			090	N	3411.83		1135.6		090	N	2006.48
27065	EXCISION BONE CYST/BNIGN TUMOR SUPERFICIAL	14.67	1224.95			090	Y	3411.83		1285.07		090	Y	2006.48
27066	EXCISION BONE CYST/BENIGN TUMOR DEEP	23.29	1944.72			090	Y	3411.83		2013.19		090	Y	2975.93
27067	EXC B1 CST/B9 TUM W/AGRFT REQ SEP INC	29.47	2460.75			090	Y	3411.83		2558.44		090	Y	2975.93
27070	PARTIAL EXCISION SUPERFICIAL PELVIS	24.34	2032.39			090	Y			2104.2		090	Y	
27071	PARTIAL EXCISION DEEP PELVIS	26.34	2199.39			090	Y			2277.05		090	Y	
27075	RAD RESCT TUMOR WING OF ILIUM 1 PUBIC/ISCHIAL	60.52	5053.42			090	Y			5180.34		090	Y	
27076	RAD RESCT TUMOR ILIUM ACETABULUM BOTH PUBIC	73.04	6098.84			090	Y			6267.51		090	Y	
27077	RADICAL RESCTION TUMOR INNOMINATE BONE TOTAL	82.12	6857.02			090	Y			6990.62		090	Y	
27078	RAD RESCT TUMOR ISCHIAL TUBEROSITY&GRT TRCHNTR	59.6	4976.60			090	Y			5108.53		090	Y	
27080	COCCYGECTOMY PRIMARY	14.75	1231.63			090	Y	3411.83		1278.39		090	Y	2975.93
27086	RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS	8.26	689.71			010	N	2014.24		652.14		010	N	752.91
27087	REMOVAL FOREIGN BODY PELVIS/HIP DEEP	18	1503.00			090	Y	3411.83		1560.62		090	Y	2006.48
27090	REMOVAL HIP PROSTHESIS SEPARATE PROCEDURE	23.87	1993.15			090	Y			2058.28		090	Y	
27091	RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA	46.09	3848.52			090	Y			3955.4		090	Y	
27093	INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	5.34	445.89			000	N			480.13		000	N	
27095	INJECTION HIP ARTHROGRAPHY W/ANESTHESIA	6.87	573.65			000	N			602.04		000	N	
27096	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	4.59	419.17			000	N			419.17		000	N	
27097	RELEASE/RECESSION HAMSTRING PROXIMAL	19.33	1971.66			090	Y	3411.83		1680.02		090	Y	2975.93
27098	TRANSFER ADDUCTOR ISCHIUM	19.2	1958.40			090	Y	2072.60		1720.1		090	Y	2975.93
27100	TR XTRNL OBLQ MUSC TRCHNTR W/FSCAL/TDN XTN GRF	23.51	2398.02			090	Y	9938.52	J1	2044.08		090	Y	4434.79
27105	TR PARASPI MUSC HIP FASC/TDN XTN GRF	24.93	2542.86			090	Y	3411.83		2142.61		090	Y	4434.79
27110	TRANSFER ILIOPSOAS GREATER TROCHANTER FEMUR	27.83	2838.66			090	Y	3411.83		2395.62		090	Y	4434.79
27111	TRANSFER ILIOPSOAS FEMORAL NECK	25.89	2640.78			090	Y	3411.83		2223.61		090	Y	4434.79

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
27120	ACETABULOPLASTY	37.49	3823.98			090	Y			3191.37		090	Y	
27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	31.66	3229.32			090	Y			2722.94		090	Y	
27125	HEMIARTHROPLASTY HIP PARTIAL	32.67	3332.34			090	Y			2807.27		090	Y	
27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	39.12	3990.24			090	Y	7677.27		3569.63		090	Y	
27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	48.32	4928.64			090	Y			4149.95		090	Y	
27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	55.34	5644.68			090	Y			4740.3		090	Y	
27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	42.51	4336.02			090	Y			3647.28		090	Y	
27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	44.17	4505.34			090	Y			3791.74		090	Y	
27140	OSTEOTOMY&TRANSFER GREATER TROCHANTER SPX	25.72	2623.44			090	Y			2221.1		090	Y	
27146	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE	37.1	3784.20			090	Y			3177.18		090	Y	
27147	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ	42.46	4330.92			090	Y			3631.42		090	Y	
27151	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE FEM OSTEOT	45.83	4674.66			090	Y			3929.51		090	Y	
27156	OSTEOT ILIAC ACTBLR/INNOMINATE BONE OSTEOT RDCTJ	49.57	5056.14			090	Y			4233.45		090	Y	
27158	OSTEOTOMY PELVIS BILATERAL	41.1	4192.20			090	Y			3137.93		090	Y	
27161	OSTEOTOMY FEMORAL NECK SEPARATE PROCEDURE	35	3570.00			090	Y			3006		090	Y	
27165	OSTEOT INTERTRCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL	39.61	4040.22			090	Y			3405.13		090	Y	
27170	B1 GRF FEM H/N INTERTRCHNTRIC/SUBTRCHNTRIC AREA	33.89	3456.78			090	Y	4185.19		2912.48		090	Y	
27175	TX SLP FEMORAL EPIPHYSIS TRCJ W/O REDUCTION	19.2	1958.40			090	N			1649.96		090	N	
27176	TX SLP FEM EPIPHYSIS SINGLE/MULTIPL PINNING SITU	25.89	2640.78			090	Y	4408.65		2272.87		090	Y	
27177	OPTX SLP FEM EPIPHYSIS SINGLE/MULT PIN/BONE GRFT	32.11	3275.22			090	Y			2754.67		090	Y	
27178	OPTX SLP FEM EPIPHYSIS CLSD MANJ SINGL/MLTPL PIN	26.43	2695.86			090	Y			2272.87		090	Y	
27179	OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK HEYMAN PX	28.11	2867.22			090	Y	14128.14	J1	2413.15		090	Y	7563.12
27181	OPTX SLP FEM EPIPHYSIS OSTEOT&INT FIXJ	27.74	2829.48			090	Y			2780.55		090	Y	
27185	EPIPHYSL ARRST EPIPHYSIOD/STAPLING TRCHNTR FEMUR	17.49	1783.98			090	N			1674.18		090	N	
27187	PROPH TX N/P/PLTWR W/WO MMA FEM NCK & PROX FEMUR	28.54	2911.08			090	Y			2458.24		090	Y	
27193	CLTX PEL RING FX DISLC DIAST/SUBLXTJ W/O MANJ	13.49	1126.42			090	N	338.25		1171.51		090	N	172.42
27194	CLTX PEL RING FX DISLC DIAST/SUBLXTJ W/MANJ ANES	20.31	1695.89			090	N	338.25		1754.34		090	N	1340.5
27200	CLOSED TREATMENT COCCYGEAL FRACTURE	5.15	430.03			090	N	245.44		450.9		090	N	172.42
27202	OPEN TREATMENT COCCYGEAL FRACTURE	15.22	1270.87			090	Y	3411.83		1320.97		090	Y	4855.82
27215	OPTX ILIAC TUBRST AVLS/WING FX FIXJ IF PRFRMD	17.95	1498.83			090	N			1476.28		090	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
27216	PERQ SKELETAL FIXATION PST PELVIC BONE FX&/DIS	26.6	2221.10			090	N			2187.7		090	N	
27217	OPTX ANT PELVIC BONE FX&/DISLC INT FIXJ IF PFR	24.96	2084.16			090	N	5554.42		2054.1		090	N	
27218	OPTX POST PEL BONE FX&/DISLC INT FIXJ IF PFRMD	34.5	2880.75			090	N			2828.15		090	N	
27220	CLTX ACETABULUM HIP/SOCKT FX W/O MANJ	15.21	1270.04			090	N	338.25		1318.47		090	N	172.42
27222	CLTX ACETABULM HIP/SOCKT FX MANJ W/WO SKEL TRACJ	28.1	2346.35			090	N	838.16		2393.11		090	N	
27226	OPTX PST/ANT ACTBLR WALL FX W/INT FIXJ	30.44	2541.74			090	Y			2615.22		090	Y	
27227	OPTX ACTBLR FX INVG ANT/PST 1 COLUMN/FX W/INT	47.88	3997.98			090	Y			4104.86		090	Y	
27228	OPTX ACTBLR FX INVG ANT&POST 2 COLUMNS FX W/INT	54.6	4559.10			090	Y			4669.32		090	Y	
27230	CLTX FEM FX PROX END NCK W/O MANJ	13.58	1133.93			090	N	245.44		1186.54		090	N	172.42
27232	CLTX FEM FX PROX END NCK W/MANJ W/WO SKEL TRACJ	21.65	1807.78			090	N			1885.43		090	N	
27235	PRQ SKEL FIXJ FEMORAL FX PROX END NECK	26.19	2186.87			090	N	9938.52	J1	2251.16		090	N	2975.93
27236	OPTX FEM FX PROX END NCK INT FIXJ/PROSTC RPLCMT	34.49	2879.92			090	Y	4748.43		2965.92		090	Y	
27238	CLTX INTER/PERI/SUBTROCHANTERIC FEM FX W/O MANJ	13.18	1100.53			090	N	1561.58		1149.8		090	N	514.57
27240	CLTX INTR/PERI/SBTRCHNTC FEMORAL FX W/MANJ	27.54	2299.59			090	N			2381.42		090	N	
27244	TX INTER/PR/SUBTRCHNTRIC FEMORAL FX SCREW IMPLT	35.5	2964.25			090	Y			3048.59		090	Y	
27245	TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	35.49	2963.42			090	Y			3469.4		090	Y	
27246	CLTX GREATER TROCHANTERIC FX W/O MANJ	11.03	921.01			090	N	338.25		957.75		090	N	514.57
27248	OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	21.38	1785.23			090	Y			1840.34		090	Y	
27250	CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	5.21	435.04			000	N	245.44		448.4		000	N	172.42
27252	CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	21.82	1821.97			090	N	1561.58		1882.09		090	N	1340.5
27253	OPTX HIP DISLOCATION TRAUMATIC W/O INTERNAL FIXJ	27.07	2260.35			090	Y			2332.99		090	Y	
27254	OPTX HIP DISLC TRAUMTC W/ACTBLR WALL&FEM HEAD	36.53	3050.26			090	Y			3119.56		090	Y	
27256	TX SPONTAN HIP DISLC ABDCT SPLNT/TRCJ W/O ANES	8.54	713.09			010	N	245.44		764.03		010	N	172.42
27257	TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MANJ ANES	10.47	874.25			010	N	1561.58		826.65		010	N	1340.5
27258	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM	32	2672.00			090	Y			2740.47		090	Y	
27259	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT	44.84	3744.14			090	Y			3834.32		090	Y	
27265	CLTX POST HIP ARTHRP DISLC W/O ANES	11.39	951.07			090	N	338.25		1007.01		090	N	172.42
27266	CLTX POST HIP ARTHRP DISLC REQ ANES	16.7	1394.45			090	N	1561.58		1442.88		090	N	1340.5
27267	CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANJ	12.46	1040.41			090	Y	1561.58		1090.51		090	Y	172.42
27268	CLOSED TX FEMORAL FRACTURE PROX HEAD W/MANJ	15.28	1275.88			090	Y			1334.33		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
27269	OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	35.78	2987.63			090	Y			3071.97		090	Y	
27275	MANIPULATION HIP JOINT GENERAL ANESTHESIA	5.21	435.04			010	N	1561.58		455.91		010	N	1340.5
27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	20.04	2044.08			090	Y	21075.80	J1	1524.75		090	Y	12681.27
27280	ARTHRODESIS SACROILIAC JOINT W/OBTAINING GRAFT	39.46	4024.92			090	Y	5788.42		2584.33		090	Y	
27282	ARTHRODESIS SYMPHYSIS PUBIS W/OBTAINING GRAFT	23.73	2420.46			090	Y			2115.06		090	Y	
27284	ARTHRODESIS HIP JOINT W/OBTAINING GRAFT	44.97	4586.94			090	Y			3993.81		090	Y	
27286	ARTHRD HIP JT W/OBTG GRF W/SUBTRCHNTRIC OSTEOT	47.17	4811.34			090	Y			4081.48		090	Y	
27290	INTERPELVIABDOMINAL AMPUTATION	46.45	4737.90			090	Y			4012.18		090	Y	
27295	DISARTICULATION HIP	36.35	3707.70			090	Y			3121.23		090	Y	
27299	UNLISTED PROCEDURE PELVIS/HIP JOINT	0	BR			YYY	Y	245.44		BR		YYY	Y	172.42
27301	I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	19.19	1602.37			090	N	2014.24		1691.71		090	N	1701.78
27303	INC DEEP W/OPNG BONE CORTEX FEMUR/KNEE	18.3	1528.05			090	Y			1584.83		090	Y	
27305	FASCIOTOMY ILIOTIBIAL OPEN	13.8	1152.30			090	Y	3411.83		1202.4		090	Y	2006.48
27306	TENOTOMY PRQ ADDUCTOR/HAMSTRING 1 TENDON SPX	10.18	850.03			090	Y	2072.60		904.31		090	Y	2006.48
27307	TENOTOMY PRQ ADDUCTOR/HAMSTRING MULTIPLE TENDON	13.23	1104.71			090	N	3411.83		1193.22		090	N	2975.93
27310	ARTHRT KNE W/EXPL DRG/RMVL FB	21.01	1754.34			090	Y	3411.83		1814.46		090	Y	2975.93
27323	BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	7.73	645.46			010	N	2014.24		691.38		010	N	752.91
27324	BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP	11.45	956.08			090	N	2014.24		982.8		090	N	2142.94
27325	NEURECTOMY HAMSTRING MUSCLE	15.69	1310.12			090	Y	1983.30		1382.76		090	Y	1734.81
27326	NEURECTOMY POPLITEAL	14.88	1242.48			090	Y	1983.30		1276.72		090	Y	1734.81
27327	EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	13.12	1095.52			090	N	2014.24		1165.66		090	N	2142.94
27328	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM	17.87	1492.15			090	N	2014.24		1546.42		090	N	1447.15
27329	RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM	29.88	2494.98			090	Y	2014.24		2559.28		090	Y	1447.15
27330	ARTHROTOMY KNEE W/SYNOVIAL BIOPSY ONLY	12	1002.00			090	N	3411.83		1029.56		090	N	2975.93
27331	ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	13.62	1137.27			090	Y	3411.83		1185.7		090	Y	2975.93
27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	18.39	1535.57			090	Y	3411.83		1591.51		090	Y	2975.93
27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL&LAT	16.82	1404.47			090	Y	3411.83		1454.57		090	Y	2975.93
27334	ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR	19.62	1638.27			090	Y	3411.83		1700.06		090	Y	2975.93
27335	ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA	21.93	1831.16			090	Y	9938.52	J1	1896.29		090	Y	2975.93
27337	EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>	12.06	1007.01			090	Y	2014.24		1042.92		090	Y	2142.94

MEDICAL DATA														
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27339	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>	21.73	1814.46			090	Y	2014.24		1862.05		090	Y	2142.94
27340	EXCISION PREPATELLAR BURSA	10.66	890.11			090	N	3411.83		927.69		090	N	2006.48
27345	EXCISION SYNOVIAL CYST POPLITEAL SPACE	13.79	1151.47			090	Y	3411.83		1195.72		090	Y	2006.48
27347	EXCISION LESION MENISCUS/CAPSULE KNEE	15.2	1269.20			090	Y	3411.83		1315.96		090	Y	2006.48
27350	PATELLECTOMY/HEMIPATELLECTOMY	18.69	1560.62			090	Y	3411.83		1621.57		090	Y	2975.93
27355	EXCISION/CURETTAGE CYST/TUMOR FEMUR	17.27	1442.05			090	Y	3411.83		1497.16		090	Y	2975.93
27356	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT	21.15	1766.03			090	Y	21075.80	J1	1830.32		090	Y	2975.93
27357	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/AUTOGRAFT	23.39	1953.07			090	Y	9938.52	J1	2017.36		090	Y	2975.93
27358	EXCISION/CURETTAGE CYST/TUMOR FEMUR INT FIXATION	8.04	671.34			ZZZ	Y			683.03		ZZZ	Y	2975.93
27360	PRTL EXC BONE FEMUR PROX TIBIA&/FIBULA	24.44	2040.74			090	Y	3411.83		2120.07		090	Y	2975.93
27364	RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>	45.12	3767.52			090	Y	2014.24		3846.01		090	Y	2142.94
27365	RADICAL RESECTION TUMOR FEMOR OR KNEE	59.79	4992.47			090	Y	3187.10		5110.2		090	Y	
27370	INJECTION KNEE ARTHROGRAPHY	4.41	368.24			000	N			415.83		000	N	
27372	REMOVAL FOREIGN BODY DEEP THIGH/KNEE	17.3	1444.55			090	N	2014.24		1534.73		090	N	2142.94
27380	SUTURE INFRAPATELLAR TENDON PRIMARY	17.03	1737.06			090	Y	3411.83		1481.29		090	Y	2975.93
27381	SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF	22.87	2332.74			090	Y	9938.52	J1	1982.29		090	Y	2975.93
27385	SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	16.48	1680.96			090	Y	3411.83		1438.71		090	Y	2975.93
27386	SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ	23.81	2428.62			090	Y	9938.52	J1	2070.8		090	Y	2975.93
27390	TENOTOMY OPEN HAMSTRING KNEE HIP SINGLE TENDON	12.84	1309.68			090	Y	3411.83		1115.56		090	Y	2006.48
27391	TENOTOMY OPN HAMSTRING KNEE HIP MULTIPLE 1 LEG	16.56	1689.12			090	N	3411.83		1431.19		090	N	2006.48
27392	TENOTOMY OPEN HAMSTRING KNEE HIP MULTIPLE BI	20.39	2079.78			090	Y	3411.83		1764.36		090	Y	2975.93
27393	LENGTHENING HAMSTRING TENDON SINGLE	14.53	1482.06			090	Y	3411.83		1266.7		090	Y	2975.93
27394	LENGTHENING HAMSTRING TENDON MULTIPLE 1 LEG	18.27	1863.54			090	Y	3411.83		1616.56		090	Y	2975.93
27395	LENGTHENING HAMSTRING TENDON MULTIPLE BILATERAL	25.27	2577.54			090	Y	3411.83		2173.51		090	Y	4434.79
27396	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR 1 TENDON	17.69	1804.38			090	Y	3411.83		1526.38		090	Y	2975.93
27397	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR MULT TDN	25.98	2649.96			090	Y	3411.83		2268.7		090	Y	4434.79
27400	TRANSFER TENDON/MUSCLE HAMSTRINGS FEMUR	19.95	2034.90			090	Y	3411.83		1720.94		090	Y	4434.79
27403	ARTHROTOMY W/MENISCUS REPAIR KNEE	18.38	1874.76			090	Y	2072.60		1589.84		090	Y	2975.93
27405	RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL	19.36	1974.72			090	Y	3411.83		1683.36		090	Y	4434.79
27407	REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT	22.33	2277.66			090	Y	9938.52	J1	1962.25		090	Y	7563.12

MEDICAL DATA														
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27409	RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE	27.42	2796.84			090	Y	3411.83		2387.27		090	Y	7563.12
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	47.7	4865.40			090	Y	9938.52	J1	4088.16		090	Y	7563.12
27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	39.51	4030.02			090	Y	14128.14	J1	3399.29		090	Y	7563.12
27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	28.17	2873.34			090	N	9938.52	J1	2424.01		090	N	4434.79
27418	ANTERIOR TIBIAL TUBERCLEPLASTY	23.82	2429.64			090	Y	9938.52	J1	2064.12		090	Y	4434.79
27420	RCNSTJ DISLOCATING PATELLA	21.38	2180.76			090	Y	9938.52	J1	1805.27		090	Y	4434.79
27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL	21.31	2173.62			090	Y	3411.83		1845.35		090	Y	4434.79
27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY	21.51	2194.02			090	Y	3411.83		1851.2		090	Y	4434.79
27425	LATERAL RETINACULAR RELEASE OPEN	12.85	1310.70			090	N	3411.83		1116.4		090	N	2975.93
27427	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	20.45	2085.90			090	Y	9938.52	J1	1779.39		090	Y	7563.12
27428	LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	32.05	3269.10			090	Y	14128.14	J1	2761.35		090	Y	7563.12
27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	35.84	3655.68			090	Y	14128.14	J1	3095.35		090	Y	7563.12
27430	QUADRICEPSPLASTY	21.24	2166.48			090	Y	3411.83		1839.51		090	Y	4434.79
27435	CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE	23.17	2363.34			090	Y	3411.83		2012.35		090	Y	2975.93
27437	ARTHROPLASTY PATELLA W/O PROSTHESIS	18.98	1935.96			090	N	14128.14	J1	1637.44		090	N	3699.98
27438	ARTHROPLASTY PATELLA W/PROSTHESIS	24.17	2465.34			090	Y	21075.80	J1	2087.5		090	Y	5741.03
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	22.96	2341.92			090	Y	21075.80	J1	1974.78		090	Y	3699.98
27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVCT	23.67	2414.34			090	Y	21075.80	J1	2039.07		090	Y	3699.98
27442	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	25	2550.00			090	Y	21075.80	J1	2155.14		090	Y	3699.98
27443	ARTHRP FEM CONDYLES/TIBL PLATU KNE DBRDMT&PRTL	23.2	2366.40			090	Y	14128.14	J1	2021.54		090	Y	3699.98
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	35.97	3668.94			090	Y			3102.03		090	Y	
27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	33.43	3409.86			090	Y	21075.80	J1	2737.97		090	Y	12387.27
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	39.11	3989.22			090	Y	21075.80		3810.94		090	Y	
27448	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXATION	22.3	2274.60			090	Y			2039.07		090	Y	
27450	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	29.08	2966.16			090	Y	6841.17		2518.36		090	Y	
27454	OSTEOT MLT W/RELIGNMT IMED ROD FEM SHFT	37.5	3825.00			090	Y			3212.25		090	Y	
27455	OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	27.09	2763.18			090	Y	2889.72		2330.49		090	Y	
27457	OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	27.24	2778.48			090	Y	4594.02		2377.25		090	Y	
27465	OSTEOPLASTY FEMUR SHORTENING EXCLUDING 64876	35.61	3632.22			090	Y			3092.84		090	Y	
27466	OSTEOPLASTY FEMUR LENGTHENING	33.94	3461.88			090	Y			2920.83		090	Y	

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27468	OSTPL FEMUR CMBN LNGTH&SHRT W/FEMORAL SGM TRNSFR	35.49	3619.98			090	Y			3315.79		090	Y	
27470	RPR NON/MAL FEMUR DSTL H/N W/O GRF	33.86	3453.72			090	Y	6587.73		2917.49		090	Y	
27472	RPR NON/MAL FEMUR DSTL H/N W/ILIAC/AUTOG BONE	36.39	3711.78			090	Y	8116.42		3133.76		090	Y	
27475	ARREST EPIPHYSEAL DISTAL FEMUR	19.02	1940.04			090	N	3411.83		1639.94		090	N	2975.93
27477	ARREST EPIPHYSEAL TIBIA & FIBULA PROXIMAL	21.02	2144.04			090	N	4400.09		1813.62		090	N	
27479	ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	22.69	2314.38			090	Y	3411.83		2136.77		090	Y	2975.93
27485	ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	19.27	1965.54			090	N	4869.51		1661.65		090	N	
27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	40.57	4138.14			090	Y	5745.80		3487.8		090	Y	
27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	50.74	5175.48			090	Y	4996.94		4354.53		090	Y	
27488	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	34.6	3529.20			090	Y			2980.12		090	Y	
27495	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE FEMUR	32.49	3313.98			090	Y			2794.75		090	Y	
27496	DECOMPRESSION FASCIOTOMY THIGH&/KNEE 1 COMPONENT	15.54	1585.08			090	N	3411.83		1351.87		090	N	2975.93
27497	DCMPRN FASCT THIGH&/KNEE DBRDMT MUSCLE&/NERVE	16.62	1695.24			090	N	2072.60		1443.72		090	N	2006.48
27498	DCMPRN FASCIOTOMY THIGH&/KNEE MLT COMPARTMENTS	18.55	1892.10			090	Y	2072.60		1622.41		090	Y	2975.93
27499	DCMPRN FASCT THIGH&/KNEE MLT DBRDMT NV MUSC&NRVE	20.04	2044.08			090	Y	3411.83		1735.97		090	Y	2975.93
27500	CLOSED TX FEMORAL SHAFT FX W/O MANIPULATION	14.85	1239.98			090	N	338.25		1287.57		090	N	514.57
27501	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/O MANJ	14.43	1204.91			090	N	338.25		1252.5		090	N	172.42
27502	CLTX FEM SHFT FX W/MANJ W/WO SKIN/SKELETAL TRACJ	21.99	1836.17			090	N	1561.58		1911.32		090	N	1077.75
27503	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/MANJ	23.08	1927.18			090	N	1561.58		1992.31		090	N	172.42
27506	OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	38.56	3219.76			090	Y	5606.63		3316.62		090	Y	
27507	OPTX FEM SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	28.03	2340.51			090	Y	6138.07		2408.98		090	Y	
27508	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MANJ	15.02	1254.17			090	N	338.25		1315.13		090	N	172.42
27509	PRQ SKELETAL FIXJ FEMORAL FX DISTAL END	18.42	1538.07			090	N	9938.52	J1	1608.21		090	N	2462.57
27510	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MANJ	19.61	1637.44			090	N	1561.58		1703.4		090	N	514.57
27511	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O XTN	28.74	2399.79			090	Y			2466.59		090	Y	
27513	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/XTN	35.8	2989.30			090	Y			3066.96		090	Y	
27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	27.87	2327.15			090	Y	4259.56		2393.11		090	Y	
27516	CLTX DISTAL FEMORAL EPIPHYSL SEPARATION W/O MANJ	14.54	1214.09			090	N	245.44		1270.04		090	N	172.42
27517	CLTX DSTL FEM EPIPHYSL SEP W/MANJ W/WO SKIN/SKEL	19.39	1619.07			090	N	1561.58		1700.06		090	N	172.42
27519	OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	25.7	2145.95			090	Y			2200.23		090	Y	

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27520	CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	9.2	768.20			090	N	245.44		817.47		090	N	172.42
27524	OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR	21.63	1806.11			090	Y	3411.83		1869.57		090	Y	4855.82
27530	CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	8.6	718.10			090	N	245.44		763.19		090	N	172.42
27532	CLTX TIBIAL FX PROXIMAL W/WO MANJ W/SKEL TRACJ	17.61	1470.44			090	N	1561.58		1533.9		090	N	1077.75
27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	25.86	2159.31			090	Y	5283.03		2220.27		090	Y	
27536	OPTX TIBIAL FX PROX BICONDYLAR W/WO INT FIXJ	34.3	2864.05			090	Y	6067.42		2950.06		090	Y	
27538	CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	13.49	1126.42			090	N	338.25		1187.37		090	N	172.42
27540	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	23.28	1943.88			090	Y	4593.58		2012.35		090	Y	
27550	CLOSED TX KNEE DISLOCATION W/O ANESTHESIA	14.42	1204.07			090	N	338.25		1247.49		090	N	172.42
27552	CLOSED TX KNEE DISLOCATION W/ANESTHESIA	17.95	1498.83			090	N	1561.58		1558.11		090	N	1340.5
27556	OPEN TX KNEE DISLOCATION W/O LIGAMENTOUS REPAIR	25.2	2104.20			090	Y			2165.16		090	Y	
27557	OPEN TX KNEE DISLOCATION W/LIGAMENTOUS REPAIR	30.24	2525.04			090	Y			2585.16		090	Y	
27558	OPEN TX KNEE DISLOCATION W/REPAIR/RECONSTRUCTION	34.33	2866.56			090	Y			2944.21		090	Y	
27560	CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	10.3	860.05			090	N	245.44		918.5		090	N	172.42
27562	CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	13.43	1121.41			090	N	338.25		1202.4		090	N	1340.5
27566	OPTX PATELLAR DISLC W/WO PRTL/TOT PATELLECTOMY	25.66	2142.61			090	Y	3411.83		2211.08		090	Y	4855.82
27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	4.34	362.39			010	N	1561.58		375.75		010	N	1340.5
27580	ARTHRODESIS KNEE ANY TECHNIQUE	41.4	4222.80			090	Y			3566.29		090	Y	
27590	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL	23.41	2387.82			090	Y			2029.05		090	Y	
27591	AMP THI THRU FEMUR LVL IMMT FITG TQ W/1ST CST	27.77	2832.54			090	Y			2403.13		090	Y	
27592	AMPUTATION THIGH THRU FEMUR OPEN CIRCULAR	19.87	2026.74			090	Y			1735.13		090	Y	
27594	AMP THIGH THRU FEMUR SEC CLOSURE/SCAR REVISION	14.72	1501.44			090	N	3411.83		1274.21		090	N	2006.48
27596	AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION	21.05	2147.10			090	N			1830.32		090	N	
27598	DISARTICULATION KNEE	21.01	2143.02			090	Y			1833.66		090	Y	
27599	UNLISTED PROCEDURE FEMUR/KNEE	0	BR			YYY	Y	245.44		BR		YYY	Y	172.42
27600	DCMPRN FASCT LEG ANT&/LAT COMPARTMENTS ONLY	11.89	992.82			090	N	3411.83		1040.41		090	N	2006.48
27601	DCMPRN FASCT LEG POST COMPARTMENT ONLY	12.77	1066.30			090	N	3411.83		1107.21		090	N	2006.48
27602	DCMPRN FASCT LEG ANT&/LAT&PST CMPRT	14.29	1193.22			090	Y	2072.60		1251.67		090	Y	2975.93
27603	INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	15.19	1268.37			090	N	2014.24		1360.22		090	N	1701.78
27604	INCISION & DRAINAGE LEG/ANKLE INFECTED BURSA	14.18	1184.03			090	N	3411.83		1223.28		090	N	2975.93

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27605	TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	9.77	815.80			010	N	2072.60		869.24		010	N	2043.42
27606	TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES	8.15	680.53			010	N	3411.83		710.59		010	N	2006.48
27607	INCISION LEG/ANKLE	17.47	1458.75			090	N	3411.83		1512.19		090	N	2006.48
27610	ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	18.73	1563.96			090	N	3411.83		1615.73		090	N	2975.93
27612	ARTHRT PST CAPSUL RLS ANKLE W/WO ACHLL TDN LNGTH	16	1336.00			090	Y	3411.83		1387.77		090	Y	2975.93
27613	BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL	7.2	601.20			010	N	1341.57		647.13		010	N	752.91
27614	BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP	16.56	1382.76			090	N	2014.24		1476.28		090	N	2142.94
27615	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <5CM	29.51	2464.09			090	N	2014.24		2539.24		090	N	1447.15
27616	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE 5 CM/>	36.68	3062.78			090	N	2014.24		3112.88		090	N	2142.94
27618	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	12.84	1072.14			090	N	2014.24		1128.09		090	N	1447.15
27619	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <5CM	13.49	1126.42			090	N	2014.24		1189.04		090	N	1447.15
27620	ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB	13.05	1089.68			090	Y	3411.83		1128.92		090	Y	2975.93
27625	ARTHROTOMY W/SYNOVECTOMY ANKLE	16.84	1406.14			090	Y	3411.83		1436.2		090	Y	2975.93
27626	ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY	17.77	1483.80			090	Y	3411.83		1545.59		090	Y	2975.93
27630	EXCISION LESION TENDON SHEATH/CAPSULE LEG&/ANK	16.07	1341.85			090	N	2072.60		1420.34		090	N	2006.48
27632	EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>	11.95	997.83			090	Y	2014.24		1036.24		090	Y	2142.94
27634	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>	19.79	1652.47			090	Y	2014.24		1693.38		090	Y	2142.94
27635	EXCISION/CURETTAGE BONE CYST/TUMOR TIBIA/FIBULA	16.89	1410.32			090	N	3411.83		1466.26		090	N	2975.93
27637	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT	21.54	1798.59			090	Y	9938.52	J1	1885.43		090	Y	2975.93
27638	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT	21.96	1833.66			090	Y	9938.52	J1	1927.18		090	Y	2975.93
27640	PARTIAL EXCISION BONE TIBIA	24.01	2004.84			090	N	3411.83		2072.47		090	N	2975.93
27641	PARTIAL EXCISION BONE FIBULA	19.24	1606.54			090	N	3411.83		1648.29		090	N	2975.93
27645	RADICAL RESECTION OF TUMOR TIBIA	51.22	4276.87			090	Y	3663.17		4395.44		090	Y	
27646	RADICAL RESECTION TUMOR BONE FIBULA	44.39	3706.57			090	Y			3815.95		090	Y	
27647	RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS	29.44	2458.24			090	Y	2072.60		2551.76		090	Y	2975.93
27648	INJECTION ANKLE ARTHROGRAPHY	4.67	389.95			000	N			415		000	N	
27650	REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON	18.94	1931.88			090	Y	3411.83		1658.31		090	Y	4434.79
27652	RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	19.66	2005.32			090	N	9938.52	J1	1691.71		090	N	7563.12
27654	REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	20.35	2075.70			090	Y	9938.52	J1	1753.5		090	Y	4434.79
27656	REPAIR FASCIAL DEFECT LEG	18.16	1852.32			090	Y	3411.83		1614.06		090	Y	2006.48

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27658	REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	10.72	1093.44			090	Y	3411.83		942.72		090	Y	2006.48
27659	RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH	13.85	1412.70			090	Y	3411.83		1211.59		090	Y	2006.48
27664	RPR EXTENSOR TENDON LEG PRIMARY W/O GRAFT EACH	10.37	1057.74			090	N	3411.83		909.32		090	N	2975.93
27665	RPR EXTENSOR TENDON LEG SECONDRY W/WO GRAFT EACH	11.83	1206.66			090	Y	9938.52	J1	1037.07		090	Y	2975.93
27675	RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOTOMY	13.99	1426.98			090	Y	3411.83		1219.94		090	Y	2006.48
27676	REPAIR DISLOCATING PERONEAL TENDON W/FIB OSTEOT	17.34	1768.68			090	Y	3411.83		1551.43		090	Y	2975.93
27680	TENOLYSIS FLXR/XTNSR TENDON LEG&/ANKLE 1 EACH	12.35	1259.70			090	N	3411.83		1080.49		090	N	2975.93
27681	TNOLS FLXR/XTNSR TDN LEG&/ANKLE MLT TDN	15.64	1595.28			090	N	3411.83		1357.71		090	N	2975.93
27685	LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	19.05	1943.10			090	Y	3411.83		1676.68		090	Y	2975.93
27686	LNGTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA	16.04	1636.08			090	N	3411.83		1371.91		090	N	2975.93
27687	GASTROCNEMIUS RECESSION	13.05	1331.10			090	Y	3411.83		1140.61		090	Y	2975.93
27690	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC	18.1	1846.20			090	Y	3411.83		1573.14		090	Y	4434.79
27691	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP	21.54	2197.08			090	Y	3411.83		1873.74		090	Y	4434.79
27692	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING EA TDN	3.03	309.06			ZZZ	Y			262.19		ZZZ	Y	4434.79
27695	RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	13.66	1393.32			090	N	3411.83		1199.9		090	N	2975.93
27696	RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS	15.99	1630.98			090	N	3411.83		1392.78		090	N	2975.93
27698	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	18.45	1881.90			090	Y	3411.83		1599.03		090	Y	2975.93
27700	ARTHROPLASTY ANKLE	17.1	1744.20			090	Y	9938.52	J1	1467.1		090	Y	3699.98
27702	ARTHROPLASTY ANKLE W/IMPLANT	27.83	2838.66			090	Y	6290.63		2413.99		090	Y	
27703	ARTHROPLASTY ANKLE REVISION TOTAL ANKLE	31.96	3259.92			090	Y	6208.87		2806.44		090	Y	
27704	REMOVAL ANKLE IMPLANT	16.58	1691.16			090	N	3411.83		1458.75		090	N	2006.48
27705	OSTEOTOMY TIBIA	21.85	2228.70			090	Y	3411.83		1885.43		090	Y	4434.79
27707	OSTEOTOMY FIBULA	11.59	1182.18			090	N	3411.83		1012.02		090	N	2975.93
27709	OSTEOTOMY TIBIA & FIBULA	33.64	3431.28			090	Y	14128.14	J1	2898.29		090	Y	2975.93
27712	OSTEOT MLT W/RELIGNMT IMED ROD	31.72	3235.44			090	Y			2736.3		090	Y	
27715	OSTEOPLASTY TIBIA & FIBULA LENGTHENING/SHORTENIN	30.85	3146.70			090	Y			2633.59		090	Y	
27720	REPAIR NONUNION/MALUNION TIBIA W/O GRAFT	25.18	2568.36			090	Y	9938.52	J1	2180.19		090	Y	4855.82
27722	REPAIR NONUNION/MALUNION TIBIA W/SLIDING GRAFT	25.29	2579.58			090	Y	14128.14	J1	2203.57		090	Y	6502.42
27724	RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	36.47	3719.94			090	Y	5354.98		3137.93		090	Y	
27725	RPR NON/MAL TIBIA SYNOSTOSIS W/FIBULA ANY METH	34.76	3545.52			090	Y			3021.87		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
27726	REPAIR FIBULA NONUNION/MALUNION W/INT FIXATION	27.87	2842.74			090	N	9938.52	J1	2418.16		090	N	4855.82
27727	REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	29.87	3046.74			090	Y			2565.12		090	Y	
27730	ARREST EPIPHYSEAL OPEN DISTAL TIBIA	16.39	1671.78			090	N	3411.83		1453.74		090	N	2975.93
27732	ARREST EPIPHYSEAL OPEN DISTAL FIBULA	11.65	1188.30			090	N	3411.83		1113.89		090	N	2975.93
27734	ARREST EPIPHYSEAL OPEN DISTAL TIBIA&FIBULA	18.86	1923.72			090	N	3411.83		1533.06		090	N	2975.93
27740	ARREST EPIPHYSEAL ANY METHOD TIBIA & FIBULA	20.36	2076.72			090	Y	3411.83		1526.38		090	Y	2975.93
27742	ARRST EPIPHYSL ANY METH TIBFIB&DSTL FEMUR	22.22	2266.44			090	Y	3411.83		1679.19		090	Y	4434.79
27745	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE TIBIA	21.72	2215.44			090	Y	14128.14	J1	1882.09		090	Y	7563.12
27750	CLTX TIBIAL SHAFT FX W/O MANIPULATION	9.87	824.15			090	N	338.25		872.58		090	N	172.42
27752	CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	15.37	1283.40			090	N	1561.58		1345.19		090	N	1077.75
27756	PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE	16.44	1372.74			090	Y	9938.52	J1	1441.21		090	Y	2462.57
27758	OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	25.63	2140.11			090	Y	14128.14	J1	2211.92		090	Y	4855.82
27759	TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/CERCLA	28.77	2402.30			090	Y	14128.14	J1	2474.94		090	Y	6502.42
27760	CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	9.5	793.25			090	N	245.44		845.86		090	N	172.42
27762	CLTX MEDIAL MALLS FX W/MANJ W/WO SKN/SKEL TRACJ	13.56	1132.26			090	N	1561.58		1195.72		090	N	1077.75
27766	OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	17.55	1465.43			090	N	3411.83		1520.54		090	N	4855.82
27767	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANJ	8.01	668.84			090	N	338.25		711.42		090	N	172.42
27768	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANJ	12.6	1052.10			090	N	1561.58		1098.86		090	N	172.42
27769	OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	21	1753.50			090	N	9938.52	J1	1821.97		090	N	4855.82
27780	CLTX PROX FIBULA/SHFT FX W/O MANJ	8.73	728.96			090	N	245.44		775.72		090	N	172.42
27781	CLTX PROX FIBULA/SHFT FX W/MANJ	12.05	1006.18			090	N	1561.58		1047.93		090	N	1077.75
27784	OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	20.59	1719.27			090	N	9938.52	J1	1781.06		090	N	4855.82
27786	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	9.01	752.34			090	N	338.25		800.77		090	N	172.42
27788	CLTX DSTL FIBULAR FX LAT MALLS W/MANJ	12.01	1002.84			090	N	338.25		1061.29		090	N	172.42
27792	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	18.77	1567.30			090	N	9938.52	J1	1631.59		090	N	4855.82
27808	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	9.52	794.92			090	N	245.44		846.69		090	N	172.42
27810	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	13.32	1112.22			090	N	1561.58		1182.36		090	N	172.42
27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	22.21	1854.54			090	Y	9938.52	J1	2186.9		090	Y	4855.82
27816	CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	9.12	761.52			090	N	338.25		804.11		090	N	172.42
27818	CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	13.81	1153.14			090	N	1561.58		1217.43		090	N	514.57

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27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP	24.18	2019.03			090	Y	9938.52	J1	2097.52		090	Y	4855.82
27823	OPEN TX TRIMALLEOLAR ANKLE FX W/FIXJ PST LIP	27.47	2293.75			090	Y	14128.14	J1	2374.74		090	Y	6502.42
27824	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	8.95	747.33			090	N	338.25		784.9		090	N	172.42
27825	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	15.58	1300.93			090	N	1561.58		1356.88		090	N	1077.75
27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	23.91	1996.49			090	Y	9938.52	J1	2087.5		090	Y	4855.82
27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	31.09	2596.02			090	Y	14128.14	J1	2699.56		090	Y	6502.42
27828	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	37.29	3113.72			090	Y	14128.14	J1	3217.26		090	Y	6502.42
27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	19.65	1640.78			090	Y	3411.83		1710.92		090	Y	4855.82
27830	CLTX PROX TIBFIB JT DISLC W/O ANES	10.87	907.65			090	N	245.44		952.74		090	N	172.42
27831	CLTX PROX TIBFIB JT DISLC REQ ANES	11.23	937.71			090	N	1561.58		995.32		090	N	1077.75
27832	OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	21.76	1816.96			090	Y	9938.52	J1	1875.41		090	Y	4855.82
27840	CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	10.52	878.42			090	N	245.44		936.87		090	N	172.42
27842	CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	14.22	1187.37			090	N	1561.58		1235.8		090	N	1340.5
27846	OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXJ	20.88	1743.48			090	Y	3411.83		1820.3		090	Y	4855.82
27848	OPTX ANKLE DISLOCATION W/REPAIR/INT/XTRNL FIXJ	23.35	1949.73			090	Y	3411.83		2009.01		090	Y	4855.82
27860	MANIPULATION ANKLE UNDER GENERAL ANESTHESIA	5.03	420.01			010	N	1561.58		445.89		010	N	1340.5
27870	ARTHRODESIS ANKLE OPEN	29.69	3028.38			090	Y	21075.80	J1	2571.8		090	Y	7563.12
27871	ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL/DISTAL	19.67	2006.34			090	Y	14128.14	J1	1711.75		090	Y	7563.12
27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	26.79	2732.58			090	Y			2304.6		090	Y	
27881	AMP LEG THRU TIBFIB W/IMMT FITG TQ W/1ST CST	25.33	2583.66			090	Y			2217.76		090	Y	
27882	AMPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR	17.56	1791.12			090	N			1536.4		090	N	
27884	AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV	16.81	1714.62			090	N	3411.83		1459.58		090	N	2006.48
27886	AMP LEG THRU TIBIA&FIBULA RE-AMPUTATION	19.2	1958.40			090	N	4012.61		1668.33		090	N	
27888	AMP ANKLE-MALLI TIBFIB W/PLSTC CLSR&RESCJ NRV	19.8	2019.60			090	Y			1693.38		090	Y	
27889	ANKLE DISARTICULATION	18.99	1936.98			090	N	3411.83		1636.6		090	N	2975.93
27892	DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE	15.94	1330.99			090	N	3411.83		1374.41		090	N	2975.93
27893	DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NRV	17.37	1450.40			090	N	3411.83		1523.88		090	N	2975.93
27894	DCMPRN FASCT LEG ANT&/LAT&PST W/DBRDMT MUS	24.66	2059.11			090	Y	2072.60		2172.67		090	Y	2975.93
27899	UNLISTED PROCEDURE LEG/ANKLE	0	BR			YYY	N	245.44		BR		YYY	N	172.42
28001	INCISION&DRAINAGE BURSA FOOT	7.96	664.66			010	N	1341.57		693.89		010	N	936.06

MEDICAL DATA														
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28002	I&D BELOW FASCIA FOOT 1 BURSAL SPACE	12.74	1063.79			010	N	2072.60		1128.92		010	N	2006.48
28003	I&D BELOW FASCIA FOOT MULTIPLE AREAS	20.41	1704.24			090	N	2072.60		1838.67		090	N	2006.48
28005	INCISION BONE CORTEX FOOT	16.64	1389.44			090	N	3411.83		1437.87		090	N	2043.42
28008	FASCIOTOMY FOOT&/TOE	12.44	1038.74			090	N	2072.60		1090.51		090	N	2043.42
28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	6.66	556.11			090	N	2072.60		582.83		090	N	2043.42
28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	9.26	773.21			090	N	2072.60		816.63		090	N	2043.42
28020	ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT	15.61	1303.44			090	N	3411.83		1376.92		090	N	2043.42
28022	ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT	14.09	1176.52			090	N	3411.83		1247.49		090	N	2043.42
28024	ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT	13.31	1111.39			090	N	2072.60		1170.67		090	N	2043.42
28035	RELEASE TARSAL TUNNEL	15.17	1266.70			090	N	1983.30		1338.51		090	N	1734.81
28039	EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	14.72	1229.12			090	Y	2014.24		1316.8		090	Y	2142.94
28041	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	13.29	1109.72			090	N	2014.24		1149.8		090	N	2142.94
28043	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	11.53	962.76			090	N	2014.24		1021.21		090	N	1447.15
28045	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM	14.29	1193.22			090	N	2014.24		1260.85		090	N	1447.15
28046	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM	21.04	1756.84			090	N	2014.24		1821.14		090	N	1447.15
28047	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	30.89	2579.32			090	Y	2014.24		2513.35		090	Y	2142.94
28050	ARTHRT W/BX INTERTARSAL/TARSOMETATARSAL JOINT	12.25	1022.88			090	N	2072.60		1080.49		090	N	2043.42
28052	ARTHRTOMY W/BX METATARSOPHALANGEAL JOINT	12.93	1079.66			090	N	2072.60		1128.09		090	N	2043.42
28054	ARTHRTOMY W/BX INTERPHALANGEAL JOINT	11.3	943.55			090	N	2072.60		953.57		090	N	2043.42
28055	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	10.79	900.97			090	N	1983.30		931.03		090	N	1734.81
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	14.96	1249.16			090	N	2072.60		1315.13		090	N	2043.42
28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	16.91	1411.99			090	N	3411.83		1479.62		090	N	2043.42
28070	SYNVCT INTERTARSAL/TARSOMETATARSAL JT EA SPX	15.39	1285.07			090	N	2072.60		1356.04		090	N	2043.42
28072	SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH	14.61	1219.94			090	N	2072.60		1298.43		090	N	2043.42
28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	15.11	1261.69			090	N	2072.60		1341.85		090	N	2043.42
28086	SYNOVECTOMY TENDON SHEATH FOOT FLEXOR	15.83	1321.81			090	Y	3411.83		1396.96		090	Y	2043.42
28088	SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR	12.93	1079.66			090	N	2072.60		1242.48		090	N	2043.42
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	13.59	1134.77			090	N	2072.60		1199.9		090	N	2043.42
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	12.21	1019.54			090	N	2072.60		1088.84		090	N	2043.42
28100	EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS	17.52	1462.92			090	Y	3411.83		1558.95		090	Y	2043.42

MEDICAL DATA														
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28102	EXC/CURTG CST/B9 TUM TALUS/CLCNS W/ILIAC/AGRFT	17.39	1452.07			090	Y	9938.52	J1	1427.02		090	Y	5583.26
28103	EXC/CURETTAGE CYST/TUMOR TALUS/CALCANEUS ALGRFT	11.27	941.05			090	Y	9938.52	J1	967.77		090	Y	5583.26
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	15.23	1271.71			090	Y	2072.60		1319.3		090	Y	2043.42
28106	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ILIAC/AGRFT	13.34	1113.89			090	Y	3411.83		1125.58		090	Y	5583.26
28107	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ALGRFT	16.13	1346.86			090	Y	9938.52	J1	1303.44		090	Y	5583.26
28108	EXC/CURTG CST/B9 TUM PHALANGES FOOT	12.72	1062.12			090	N	2072.60		1116.4		090	N	2043.42
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	13.37	1116.40			090	N	2072.60		1182.36		090	N	2043.42
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	14.24	1189.04			090	N	2072.60		1284.23		090	N	2043.42
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	14.13	1179.86			090	N	2072.60		1259.18		090	N	2043.42
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	17.07	1425.35			090	N	2072.60		1508.01		090	N	2043.42
28114	OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC	30.99	2587.67			090	Y	3411.83		2717.09		090	Y	2043.42
28116	OSTECTOMY TARSAL COALITION	21.78	1818.63			090	N	2072.60		1938.87		090	N	2043.42
28118	OSTECTOMY CALCANEUS	17.14	1431.19			090	Y	3411.83		1513.02		090	Y	2043.42
28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	15.17	1266.70			090	N	3411.83		1335.17		090	N	2043.42
28120	PARTIAL EXCISION BONE TALUS/CALCANEUS	19.57	1634.10			090	N	3411.83		1725.11		090	N	2043.42
28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	17.28	1442.88			090	Y	2072.60		1522.21		090	Y	2043.42
28124	PARTICAL EXCISION BONE PHALANX TOE	13.76	1148.96			090	N	2072.60		1207.41		090	N	2043.42
28126	RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH	11.43	954.41			090	N	2072.60		1009.52		090	N	2043.42
28130	TALECTOMY ASTRAGALECTOMY	18.45	1540.58			090	Y	3411.83		1811.12		090	Y	2043.42
28140	METATARSECTOMY	17.27	1442.05			090	N	2072.60		1519.7		090	N	2043.42
28150	PHALANGECTOMY TOE EACH TOE	12.35	1031.23			090	N	2072.60		1090.51		090	N	2043.42
28153	RESECTION CONDYLE DISTAL END PHALANX EACH TOE	11.88	991.98			090	N	2072.60		1059.62		090	N	2043.42
28160	HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE	12.17	1016.20			090	N	2072.60		1071.31		090	N	2043.42
28171	RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS	24.39	2036.57			090	Y	2072.60		2083.33		090	Y	2043.42
28173	RADICAL RESECTION TUMOR METATARSAL	21.97	1834.50			090	N	2072.60		1912.99		090	N	2043.42
28175	RADICAL RESECTION TUMOR PHALANX OR TOE	14.07	1174.85			090	N	2072.60		1214.93		090	N	2043.42
28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	7.4	617.90			010	N	1341.57		657.15		010	N	752.91
28192	REMOVAL FOREIGN BODY FOOT DEEP	13.61	1136.44			090	N	2014.24		1204.91		090	N	1447.15
28193	REMOVAL FOREIGN BODY FOOT COMPLICATED	15.3	1277.55			090	N	2014.24		1356.88		090	N	752.91
28200	RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON	14.14	1442.28			090	N	3411.83		1232.46		090	N	2043.42

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
28202	RPR TENDON FLXR FOOT SEC W/FREE GRAFT EA TENDON	17.23	1757.46			090	Y	9938.52	J1	1499.66		090	Y	2043.42
28208	REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON	13.68	1395.36			090	N	3411.83		1192.38		090	N	2043.42
28210	RPR TENDON XTNSR FOOT SEC W/FREE GRAFT EA TENDON	16.53	1686.06			090	Y	9938.52	J1	1466.26		090	Y	5583.26
28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	12.99	1324.98			090	N	2072.60		1136.44		090	N	2043.42
28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	14.61	1490.22			090	N	2072.60		1292.58		090	N	2043.42
28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	11.83	1206.66			090	N	2072.60		1049.6		090	N	2043.42
28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	17.52	1787.04			090	N	2072.60		1516.36		090	N	2043.42
28230	TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	12.56	1281.12			090	N	2072.60		1094.69		090	N	2043.42
28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	11.19	1141.38			090	N	2072.60		996.16		090	N	2043.42
28234	TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON	11.8	1203.60			090	N	2072.60		1049.6		090	N	2043.42
28238	RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	19.36	1974.72			090	Y	3411.83		1684.2		090	Y	5583.26
28240	TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC	12.76	1301.52			090	N	2072.60		1108.05		090	N	2043.42
28250	DIVISION PLANTAR FASCIA & MUSCLE SPX	16.8	1713.60			090	Y	3411.83		1468.77		090	Y	2043.42
28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	19.81	2020.62			090	Y	2072.60		1705.91		090	Y	2043.42
28261	CAPSULOTOMY MIDFOOT W/TENDON LENGTHENING	28.27	2883.54			090	N	3411.83		2416.49		090	N	2043.42
28262	CAPSUL MIDFOOT W/PST TALOTIBL CAPSUL&TDN LNGTH	42.4	4324.80			090	Y	9938.52	J1	3661.48		090	Y	2043.42
28264	CAPSULOTOMY MIDTARSAL	28.86	2943.72			090	Y	2072.60		2439.87		090	Y	5583.26
28270	CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX	14.19	1447.38			090	N	2072.60		1254.17		090	N	2043.42
28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	11.4	1162.80			090	N	2072.60		998.66		090	N	2043.42
28280	SYNDACTYLIZATION TOES	14.96	1525.92			090	N	2072.60		1326.82		090	N	2043.42
28285	CORRECTION HAMMERTOE	15.43	1573.86			090	N	2072.60		1351.87		090	N	2043.42
28286	CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE	13.06	1332.12			090	N	2072.60		1149.8		090	N	2043.42
28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD	17.46	1780.92			090	N	2072.60		1537.24		090	N	2043.42
28289	HALLUX RIGIDUS CORRECT W/CHEILECTOMY 1ST MP JT	21.13	2155.26			090	Y	3411.83		1867.9		090	Y	2043.42
28290	CORRJ HALLUX VALGUS W/WO SESMDC SMPL EXOSTECTOMY	17.01	1735.02			090	N	3411.83		1496.32		090	N	3167.72
28292	KELLER/MCBRIDE/MAYO PROCEDURE	22.75	2320.50			090	Y	3411.83		1994.82		090	Y	3167.72
28293	CORRJ HALLUX VALGUS W/WO SESMDC RESCJ JT W/IMPLT	30.22	3082.44			090	Y	9938.52	J1	2636.93		090	Y	3167.72
28294	CORRJ HALLUX VALGUS W/WO SESMDC W/TDN TRNSPLS	22.18	2262.36			090	Y	3411.83		1887.1		090	Y	3167.72
28296	CORRJ HALLUX VALGUS W/WO SESMDC W/METAR OSTEOT	20.56	2097.12			090	Y	3411.83		1796.92		090	Y	3167.72
28297	CORRJ HALLUX VALGUS W/WO SESMDC LAPIDUS-TYP PX	23.43	2389.86			090	Y	14128.14	J1	2070.8		090	Y	3167.72

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28298	CORRJ HALLUX VALGUS W/WO SESMDC PHALANX OSTEOT	20.83	2124.66			090	Y	3411.83		1826.98		090	Y	3167.72
28299	CORRJ HALLUX VALGUS W/WO SESMDC 2 OSTEOT	25.85	2636.70			090	Y	3411.83		2243.65		090	Y	3167.72
28300	OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION	18.78	1915.56			090	Y	9938.52	J1	1636.6		090	Y	5583.26
28302	OSTEOTOMY TALUS	20.58	2099.16			090	Y	3411.83		1773.54		090	Y	2043.42
28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	23.84	2431.68			090	Y	9938.52	J1	2050.76		090	Y	5583.26
28305	OSTEOT TARSAL OTH/THN CALCANEUS/TALUS W/AGRFT	19.18	1956.36			090	Y	9938.52	J1	1614.06		090	Y	5583.26
28306	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	17.73	1808.46			090	Y	3411.83		1571.47		090	Y	2043.42
28307	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST TOE	19.67	2006.34			090	N	3411.83		1795.25		090	N	2043.42
28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	16.33	1665.66			090	Y	3411.83		1432.03		090	Y	2043.42
28309	OSTEOT W/WO LNGTH SHRT/ANGULAR CORRJ METAR MLT	26.09	2661.18			090	N	9938.52	J1	2214.42		090	N	5583.26
28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	15.81	1612.62			090	N	3411.83		1381.93		090	N	2043.42
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	14.71	1500.42			090	N	3411.83		1302.6		090	N	2043.42
28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	15.28	1558.56			090	N	2072.60		1336		090	N	2043.42
28315	SESAMOIDECTOMY FIRST TOE SPX	13.91	1418.82			090	N	2072.60		1222.44		090	N	2043.42
28320	REPAIR NONUNION/MALUNION TARSAL BONES	17.57	1792.14			090	Y	14128.14	J1	1526.38		090	Y	5583.26
28322	RPR NON/MALUNION METARSAL W/WO BONE GRAFT	22.81	2326.62			090	Y	9938.52	J1	1999.83		090	Y	5583.26
28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	16.7	1703.40			090	N	2072.60		1458.75		090	N	2043.42
28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	19.37	1975.74			090	N	2072.60		1689.21		090	N	2043.42
28344	RECONSTRUCTION TOE POLYDACTYLY	13.53	1380.06			090	N	3411.83		1084.67		090	N	2043.42
28345	RCNSTJ TOE SYNDACTYLY W/WO SKIN GRAFT EACH WEB	15.08	1538.16			090	N	2072.60		1318.47		090	N	2043.42
28360	RECONSTRUCTION CLEFT FOOT	26.51	2704.02			090	Y	9938.52	J1	2710.41		090	Y	5583.26
28400	CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION	7.12	594.52			090	N	338.25		636.27		090	N	172.42
28405	CLOSED TX CALCANEAL FRACTURE W/MANIPULATION	11.29	942.72			090	N	338.25		951.07		090	N	1077.75
28406	PRQ SKELETAL FIXJ CALCANEAL FRACTURE W/MANJ	15.02	1254.17			090	N	3411.83		1315.96		090	N	2462.57
28415	OPEN TREATMENT CALCANEAL FRACTURE	31.85	2659.48			090	Y	14128.14	J1	2762.18		090	Y	6502.42
28420	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	36.16	3019.36			090	Y	21075.80	J1	3110.38		090	Y	4855.82
28430	CLOSED TX TALUS FRACTURE W/O MANIPULATION	6.79	566.97			090	N	245.44		597.86		090	N	172.42
28435	CLOSED TX TALUS FRACTURE W/MANIPULATION	9.12	761.52			090	N	1561.58		905.98		090	N	172.42
28436	PRQ SKELETAL FIXATION TALUS FRACTURE W/MANJ	12.89	1076.32			090	N	3411.83		1128.09		090	N	2462.57
28445	OPEN TREATMENT TALUS FRACTURE	30.6	2555.10			090	Y	9938.52	J1	2646.12		090	Y	4855.82

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28446	OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	34.89	2913.32			090	Y	9938.52	J1	3030.22		090	Y	5583.26
28450	TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	6.19	516.87			090	N	338.25		548.6		090	N	172.42
28455	TX TARSAL BONE FX XCP TALUS&CALCN W/MANJ	8.3	693.05			090	N	1561.58		654.64		090	N	172.42
28456	PRQ SKEL FIXJ TARSL FX XCP TALUS&CALCNS W/MANJ	9.16	764.86			090	N	14128.14	J1	807.45		090	N	2462.57
28465	OPEN TX TARSAL FRACTURE XCP TALUS & CALCANEUS EA	17.93	1497.16			090	N	9938.52	J1	1511.35		090	N	4855.82
28470	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	6.28	524.38			090	N	245.44		560.29		090	N	172.42
28475	CLTX METAR FX W/MANJ	7.37	615.40			090	N	245.44		639.61		090	N	172.42
28476	PRQ SKEL FIXJ METAR FX W/MANJ	10.11	844.19			090	N	3411.83		870.91		090	N	2462.57
28485	OPEN TREATMENT METATARSAL FRACTURE EACH	15.1	1260.85			090	N	3411.83		1312.62		090	N	4855.82
28490	CLTX FX GRT TOE PHLX/PHLG W/O MANJ	4.17	348.20			090	N	245.44		372.41		090	N	172.42
28495	CLTX FX GRT TOE PHLX/PHLG W/MANJ	5.1	425.85			090	N	245.44		451.74		090	N	172.42
28496	PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ	12.64	1055.44			090	N	3411.83		1158.15		090	N	2462.57
28505	OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	19.24	1606.54			090	N	3411.83		1688.37		090	N	2462.57
28510	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ	3.55	296.43			090	N	245.44		313.13		090	N	172.42
28515	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	4.63	386.61			090	N	338.25		409.15		090	N	172.42
28525	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	16.34	1364.39			090	N	3411.83		1446.22		090	N	2462.57
28530	CLOSED TREATMENT SESAMOID FRACTURE	3.31	276.39			090	N	245.44		289.75		090	N	172.42
28531	OPEN TX SESAMOID FRACTURE W/WO INTERNAL FIXATION	9.98	833.33			090	N	3411.83		901.8		090	N	2462.57
28540	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	5.94	495.99			090	N	245.44		487.64		090	N	172.42
28545	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/ANES	8.37	698.90			090	N	3411.83		748.16		090	N	2462.57
28546	PRQ SKEL FIXJ TARSL DISLC XCP TALOTARSAL W/MANJ	16.09	1343.52			090	N	2072.60		1469.6		090	N	2462.57
28555	OPEN TREATMENT TARSAL BONE DISLOCATION	25.4	2120.90			090	Y	14128.14	J1	2231.12		090	Y	4855.82
28570	CLOSED TX TALOTARSAL JOINT DISLC W/O ANES	6.38	532.73			090	N	245.44		408.32		090	N	172.42
28575	CLOSED TX TALOTARSAL JOINT DISLOCATION W/ANES	10.47	874.25			090	N	1561.58		920.17		090	N	1077.75
28576	PRQ SKEL FIXJ TALOTARSAL JT DISLC W/MANJ	11.2	935.20			090	N	2072.60		989.48		090	N	2462.57
28585	OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	24.63	2056.61			090	Y	3411.83		2210.25		090	Y	2462.57
28600	CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	6.26	522.71			090	N	338.25		472.61		090	N	172.42
28605	CLOSED TX TARSOMETATARSAL DISLOCATION W/ANES	9.34	779.89			090	N	245.44		827.49		090	N	172.42
28606	PRQ SKEL FIXJ TARS JT DISLC W/MANJ	11.36	948.56			090	N	3411.83		990.31		090	N	2462.57
28615	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	22.72	1897.12			090	Y	9938.52	J1	1968.93		090	Y	4855.82

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
28630	CLTX METATARSOPHLNGL JT DISLC W/O ANES	4.5	375.75			010	N	245.44		397.46		010	N	172.42
28635	CLTX METATARSOPHLNGL JT DISLC REQ ANES	5.01	418.34			010	N	1561.58		436.71		010	N	1340.5
28636	PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W/MANJ	8.18	683.03			010	N	3411.83		764.86		010	N	2462.57
28645	OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	18.96	1583.16			090	N	3411.83		1664.99		090	N	2462.57
28660	CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	3.34	278.89			010	N	245.44		295.59		010	N	172.42
28665	CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	4.41	368.24			010	N	296.07		390.78		010	N	1340.5
28666	PRQ SKEL FIXJ INTERPHALANGEAL JOINT DISLC W/MANJ	5.39	450.07			010	N	3411.83		483.47		010	N	2462.57
28675	OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	16.85	1406.98			090	N	2072.60		1471.27		090	N	2462.57
28705	ARTHRODESIS PANTALAR	36.13	3685.26			090	Y	21075.80	J1	3189.7		090	Y	5583.26
28715	ARTHRODESIS TRIPLE	27.01	2755.02			090	Y	21075.80	J1	2327.15		090	Y	7563.12
28725	ARTHRODESIS SUBTALAR	22.4	2284.80			090	Y	14128.14	J1	1929.69		090	Y	5583.26
28730	ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	21.1	2152.20			090	Y	14128.14	J1	1828.65		090	Y	5583.26
28735	ARTHRD MIDTARSL/TARS MLT/TRANSVRS W/OSTEOT	22.51	2296.02			090	Y	21075.80	J1	1944.72		090	Y	5583.26
28737	ARTHRD W/TDN LNGTH&ADVMNT TARSL NVCLR-CUNEIFOR	19.86	2025.72			090	Y	14128.14	J1	1715.09		090	Y	5583.26
28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	24.42	2490.84			090	Y	14128.14	J1	2151.8		090	Y	5583.26
28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	23.48	2394.96			090	N	9938.52	J1	2089.17		090	N	5583.26
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	14.69	1498.38			090	N	3411.83		1293.42		090	N	2043.42
28760	ARTHRD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	22.79	2324.58			090	Y	9938.52	J1	1975.61		090	Y	5583.26
28800	AMPUTATION FOOT MIDTARSAL	15.67	1598.34			090	Y			1371.07		090	Y	
28805	AMPUTATION FOOT TRANSMETARSAL	21.21	2163.42			090	N	3411.83		1852.87		090	N	2043.42
28810	AMPUTATION METATARSAL W/TOE SINGLE	12.51	1276.02			090	N	2072.60		1097.19		090	N	2043.42
28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT	16.37	1669.74			090	N	2072.60		1461.25		090	N	2043.42
28825	AMPUTATION TOE INTERPHALANGEAL JOINT	15.61	1592.22			090	N	2072.60		1388.61		090	N	2043.42
28890	ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA	9.28	774.88			090	N	2072.60		826.65		090	N	2975.93
28899	UNLISTED PROCEDURE FOOT/TOES	0	BR			YYY	N	245.44		BR		YYY	N	172.42
29000	APPLICATION HALO TYPE BODY CAST	8.25	688.88			000	N	296.07		700.57		000	N	121.96
29010	APPLICATION RISSER JACKET LOCALIZER BODY ONLY	6.8	567.80			000	N	296.07		604.54		000	N	244
29015	APPLICATION RISSER JACKET LOCALIZER BODY W/HEAD	8.15	680.53			000	N	296.07		740.65		000	N	244
29035	APPLICATION BODY CAST SHOULDER HIPS	5.57	465.10			000	N	296.07		564.46		000	N	244
29040	APPLICATION BODY CAST SHOULDER HIPS HEAD MINERVA	6.46	539.41			000	N	296.07		576.99		000	N	121.96

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29044	APPLICATION BODY CAST SHOULDER HIPS W/ONE THIGH	8.09	675.52			000	N	169.83		730.63		000	N	244
29046	APPLICATION BODY CAST SHOULDER HIPS BOTH THIGHS	6.95	580.33			000	N	296.07		671.34		000	N	244
29049	APPLICATION CAST FIGURE-OF-8	2.4	200.40			000	N	296.07		250.5		000	N	121.96
29055	APPLICATION CAST SHOULDER SPICA	6.38	532.73			000	N	296.07		565.3		000	N	244
29058	APPLICATION CAST PLASTER VELPEAU	3.5	292.25			000	N	296.07		308.95		000	N	121.96
29065	APPLICATION CAST SHOULDER HAND LONG ARM	2.75	229.63			000	N	296.07		243.82		000	N	244
29075	APPLICATION CAST ELBOW FINGER SHORT ARM	2.48	207.08			000	N	296.07		219.61		000	N	244
29085	APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	2.73	227.96			000	N	296.07		240.48		000	N	121.96
29086	APPLICATION CAST FINGER	2.24	187.04			000	N	169.83		199.57		000	N	121.96
29105	APPLICATION LONG ARM SPLINT SHOULDER HAND	2.51	209.59			000	N	169.83		222.11		000	N	121.96
29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	1.84	153.64			000	N	129.85		165.33		000	N	121.96
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	2.19	182.87			000	N	129.85		195.39		000	N	121.96
29130	APPLICATION FINGER SPLINT STATIC	1.17	97.70			000	N	79.66		102.71		000	N	69.58
29131	APPLICATION FINGER SPLINT DYNAMIC	1.45	121.08			000	N	79.66		131.1		000	N	69.58
29200	STRAPPING THORAX	0.84	70.14			000	N	169.83		132.77		000	N	69.58
29240	STRAPPING SHOULDER	0.82	68.47			000	N	79.66		143.62		000	N	69.58
29260	STRAPPING ELBOW/WRIST	0.83	69.31			000	N	43.46		130.26		000	N	69.58
29280	STRAPPING HAND/FINGER	0.84	70.14			000	N	43.46		127.76		000	N	69.58
29305	APPLICATION HIP SPICA CAST 1 LEG	7.08	591.18			000	N	296.07		627.09		000	N	244
29325	APPL HIP SPICA CAST ONE&ONE-HALF SPICA/BOTH LEGS	7.79	650.47			000	N	296.07		693.05		000	N	244
29345	APPLICATION LONG LEG CAST THIGH-TOE	3.9	325.65			000	N	296.07		344.86		000	N	244
29355	APPLICATION LONG LEG CAST WALKER/AMBULATORY TYPE	4.03	336.51			000	N	296.07		358.22		000	N	244
29358	APPLICATION LONG LEG CAST BRACE	4.6	384.10			000	N	296.07		406.65		000	N	244
29365	APPLICATION CYLINDER CAST THIGH ANKLE	3.51	293.09			000	N	296.07		312.29		000	N	244
29405	APPLICATION SHORT LEG CAST BELOW KNEE-TOE	2.34	195.39			000	N	296.07		206.25		000	N	244
29425	APPLICATION SHORT LEG CAST WALKING/AMBULATORY	2.25	187.88			000	N	296.07		197.9		000	N	244
29435	APPLICATION PATELLAR TENDON BEARING CAST	3.33	278.06			000	N	296.07		303.11		000	N	244
29440	ADDING WALKER PREVIOUSLY APPLIED CAST	1.25	104.38			000	N	169.83		111.89		000	N	121.96
29445	APPLICATION RIGID TOTAL CONTACT LEG CAST	3.85	321.48			000	N	296.07		342.35		000	N	244
29450	APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	4.1	342.35			000	N	169.83		360.72		000	N	121.96

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29505	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	2.38	198.73			000	N	169.83		212.09		000	N	121.96
29515	APPLICATION SHORT LEG SPLINT CALF FOOT	2.05	171.18			000	N	169.83		182.03		000	N	121.96
29520	STRAPPING HIP	0.89	74.32			000	N	79.66		121.91		000	N	69.58
29530	STRAPPING KNEE	0.82	68.47			000	N	79.66		131.93		000	N	69.58
29540	STRAPPING ANKLE &/FOOT	0.74	61.79			000	N	169.83		92.69		000	N	69.58
29550	STRAPPING TOES	0.54	45.09			000	N	79.66		79.33		000	N	69.58
29580	STRAPPING UNNA BOOT	1.5	125.25			000	N	169.83		132.77		000	N	121.96
29581	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	1.75	146.13			000	N	169.83		157.82		000	N	121.96
29582	APPL MLTLAYR COMPRES THGH LEG ANKLE FT WHEN DONE	1.99	166.17			000	N	296.07		178.69		000	N	69.58
29583	APPL MLTLAYR COMPRES SYSTEM UPPER & LOWER ARM	1.24	103.54			000	N	169.83		111.06		000	N	69.58
29584	APPL MLTLAYR COMPRES SYS UPARM LWARM HAND&FING	1.99	166.17			000	N	169.83		178.69		000	N	69.58
29700	REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	1.79	149.47			000	N	296.07		167		000	N	121.96
29705	REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	1.91	159.49			000	N	296.07		167		000	N	121.96
29710	RMVL/BIVALV SHO/HIP SPICA MINERVA/RISSER JACKET	3.49	291.42			000	N	296.07		310.62		000	N	244
29720	REPAIR SPICA BODY CAST/JACKET	2.43	202.91			000	N	169.83		211.26		000	N	121.96
29730	WINDOWING CAST	1.85	154.48			000	N	169.83		163.66		000	N	121.96
29740	WEDGING CAST EXCEPT CLUBFOOT CASTS	2.85	237.98			000	N	296.07		234.64		000	N	121.96
29750	WEDGING CLUBFOOT CAST	2.55	212.93			000	N	296.07		269.71		000	N	121.96
29799	UNLISTED PROCEDURE CASTING/STRAPPING	0	BR			YYY	N	169.83		BR		YYY	N	121.96
29800	ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	14.67	1496.34			090	N	3411.83		1278.39		090	N	2724.18
29804	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	18.6	1897.20			090	Y	3411.83		1619.07		090	Y	2724.18
29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	13.58	1385.16			090	N	3411.83		1176.52		090	N	2724.18
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	30.59	3120.18			090	N	9938.52	J1	2633.59		090	N	5005.82
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	29.85	3044.70			090	N	9938.52	J1	2921.25		090	N	5005.82
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE/FB	16.86	1719.72			090	N	3411.83		1459.58		090	N	5005.82
29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	15.36	1566.72			090	Y	3411.83		1344.35		090	Y	5005.82
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	16.78	1711.56			090	Y	3411.83		1466.26		090	Y	5005.82
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	16.3	1662.60			090	Y	3411.83		1432.86		090	Y	2724.18
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	17.79	1814.58			090	Y	3411.83		1778.4		090	Y	5005.82
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	19.18	1956.36			090	Y	3411.83		1920.9		090	Y	2724.18

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29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W/WO MANIPJ	16.61	1694.22			090	Y	3411.83		1458.75		090	Y	5005.82
29826	ARTHROSCOPY SHOULDER W/CORACOACRM LIGMNT RELEASE	5.09	519.18			ZZZ	Y			493.05		ZZZ	Y	2724.18
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	30.41	3101.82			090	Y	9938.52	J1	3033.35		090	Y	5005.82
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	26.24	2676.48			090	Y	9938.52	J1	2294.58		090	Y	5005.82
29830	ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX	13.02	1328.04			090	N	2072.60		1131.43		090	N	2724.18
29834	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB	13.96	1423.92			090	Y	3411.83		1221.61		090	Y	2724.18
29835	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL	14.54	1483.08			090	Y	3411.83		1261.69		090	Y	2724.18
29836	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE	16.35	1667.70			090	Y	3411.83		1432.03		090	Y	2724.18
29837	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED	15.03	1533.06			090	Y	3411.83		1317.63		090	Y	2724.18
29838	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE	16.86	1719.72			090	N	3411.83		1670.1		090	N	2724.18
29840	ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX	13.01	1327.02			090	N	3411.83		1127.25		090	N	2724.18
29843	ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE	13.92	1419.84			090	Y	3411.83		1204.91		090	Y	2724.18
29844	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	14.22	1450.44			090	Y	3411.83		1236.64		090	Y	2724.18
29845	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	16.52	1685.04			090	Y	3411.83		1437.04		090	Y	2724.18
29846	ARTHRS WRST EXC&/RPR TRIANG FIBROCART&/JOINT	14.92	1521.84			090	N	3411.83		1290.91		090	N	2724.18
29847	ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY	15.31	1561.62			090	Y	3411.83		1350.2		090	Y	5005.82
29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	14.66	1495.32			090	N	2072.60		1269.2		090	N	2724.18
29850	ARTHROSCOPY AID TX SPINE&/FX KNEE W/O FIXJ	17.76	1811.52			090	N	2072.60		1549.76		090	N	2724.18
29851	ARTHROSCOPY AID TX SPINE&/FX KNEE W/FIXJ	25.47	2597.94			090	Y	2072.60		2308.78		090	Y	5005.82
29855	ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR	22.51	2296.02			090	Y	14128.14	J1	1954.74		090	Y	5005.82
29856	ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR	28.73	2930.46			090	Y	14128.14	J1	2468.26		090	Y	5005.82
29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	19.01	1939.02			090	Y	3411.83		1657.48		090	Y	5005.82
29861	ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB	20.7	2111.40			090	Y	3411.83		1806.94		090	Y	5005.82
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	23.22	2368.44			090	Y	9938.52	J1	2035.73		090	Y	5005.82
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	23.22	2368.44			090	Y	3411.83		2037.4		090	Y	5005.82
29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	30.03	3063.06			090	N	9938.52	J1	2603.53		090	N	5005.82
29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	36.43	3715.86			090	N	14128.14	J1	3167.16		090	N	5005.82
29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	46.32	4724.64			090	N	9938.52	J1	4139.1		090	N	5005.82
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	16.72	1705.44			090	N	3411.83		1480.46		090	N	2724.18
29871	ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	14.81	1510.62			090	N	3411.83		1280.89		090	N	2724.18

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29873	ARTHROSCOPY KNEE LATERAL RELEASE	15.09	1539.18			090	N	3411.83		1311.79		090	N	2724.18
29874	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	15.46	1576.92			090	N	3411.83		1340.18		090	N	2724.18
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	14.25	1453.50			090	N	3411.83		1235.8		090	N	2724.18
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS	18.95	1932.90			090	N	3411.83		1634.1		090	N	2724.18
29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	17.91	1826.82			090	N	3411.83		1552.27		090	N	2724.18
29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	19.07	1945.14			090	N	3411.83		1880.05		090	N	2724.18
29880	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	16.18	1650.36			090	N	3411.83		1599.8		090	N	2724.18
29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	15.59	1590.18			090	N	3411.83		1539.95		090	N	2724.18
29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	20.18	2058.36			090	N	3411.83		1741.81		090	N	2724.18
29883	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL	24.24	2472.48			090	N	3411.83		2087.5		090	N	2724.18
29884	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX	17.69	1804.38			090	Y	3411.83		1547.26		090	Y	2724.18
29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	21.64	2207.28			090	Y	9938.52	J1	1868.73		090	Y	5005.82
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	18.35	1871.70			090	N	3411.83		1580.66		090	N	2724.18
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	21.5	2193.00			090	Y	3411.83		1862.05		090	Y	2724.18
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	28.42	2898.84			090	Y	14128.14	J1	2454.9		090	Y	7563.12
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	35.22	3592.44			090	Y	21075.80	J1	3029.38		090	Y	7563.12
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	19.48	1986.96			090	Y	3411.83		1692.55		090	Y	5005.82
29892	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	16.76	1709.52			090	Y	3411.83		1530.56		090	Y	7563.12
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	17.6	1795.20			090	N	2072.60		1547.26		090	N	2043.42
29894	ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	14.42	1470.84			090	Y	3411.83		1292.58		090	Y	2724.18
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	13.73	1400.46			090	Y	3411.83		1199.06		090	Y	2724.18
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	14.59	1488.18			090	Y	3411.83		1280.06		090	Y	2724.18
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	16.29	1661.58			090	Y	3411.83		1408.65		090	Y	2724.18
29899	ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	29.84	3043.68			090	Y	14128.14	J1	2609.38		090	Y	5005.82
29900	ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY	13.06	1332.12			090	N	3411.83		1118.9		090	N	2724.18
29901	ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT	15.32	1562.64			090	N	3411.83		1329.32		090	N	2724.18
29902	ARTHRS MTCARPHLNGL JT W/RDCTJ UR COLTRL LIGM	16.11	1643.22			090	N	2072.60		1508.85		090	N	2724.18
29904	ARTHRS SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY	18.38	1874.76			090	Y	3411.83		1583.16		090	Y	2724.18
29905	ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY	19.74	2013.48			090	Y	3411.83		1716.76		090	Y	2724.18
29906	ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT	20.75	2116.50			090	Y	2072.60		1756.01		090	Y	2724.18

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29907	ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS	25.26	2576.52			090	Y	14128.14	J1	2173.51		090	Y	5005.82
29914	ARTHROSCOPY HIP W/FEMOROPLASTY	28.66	2393.11			090	Y	9938.52	J1	2507.51		090	Y	5005.82
29915	ARTHROSCOPY HIP W/ACETABULOPLASTY	29.15	2434.03			090	Y	14128.14	J1	2557.61		090	Y	5005.82
29916	ARTHROSCOPY HIP W/LABRAL REPAIR	29.19	2437.37			090	Y	14128.14	J1	2560.11		090	Y	5005.82
29999	UNLISTED PROCEDURE ARTHROSCOPY	0	BR			YYY	N	2072.60		BR		YYY	N	2724.18
30000	DRAINAGE ABSCESS/HEMATOMA NASAL INT APPROACH	6.58	549.43			010	N	184.14		597.03		010	N	296.47
30020	DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	6.67	556.95			010	N	445.67		606.21		010	N	296.47
30100	BIOPSY INTRANASAL	4.04	337.34			000	N	982.18		366.57		000	N	643.2
30110	EXCISION NASAL POLYP SIMPLE	6.6	551.10			010	N	982.18		595.36		010	N	643.2
30115	EXCISION NASAL POLYP EXTENSIVE	12.39	1034.57			090	N	2302.81		1092.18		090	N	2321.87
30117	EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	25.11	2096.69			090	N	2302.81		2292.08		090	N	1480.23
30118	EXCISION/DESTRUCTION INTRANASAL LESION XTRNL	22.04	1840.34			090	N	2302.81		1913.82		090	N	2321.87
30120	EXCISION/SURGICAL PLANING SKIN NOSE RHINOPHYMA	14.85	1239.98			090	N	2302.81		1315.96		090	N	2321.87
30124	EXCISION DERMOID CYST NOSE SIMPLE SUBCUTANEOUS	8.19	683.87			090	N	2302.81		723.11		090	N	2321.87
30125	EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG	17.42	1454.57			090	Y	7911.96	J1	1531.39		090	Y	4230.05
30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	10.9	910.15			090	N	2302.81		966.1		090	N	2321.87
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	12.62	1053.77			090	N	2302.81		1128.09		090	N	2321.87
30150	RHINECTOMY PARTIAL	22.06	1842.01			090	N	7911.96	J1	1928.02		090	N	4230.05
30160	RHINECTOMY TOTAL	22.12	1847.02			090	Y	7911.96	J1	1940.54		090	Y	4230.05
30200	INJECTION TURBINATE THERAPEUTIC	3.26	272.21			000	N	982.18		295.59		000	N	643.2
30210	DISPLACEMENT THERAPY PROETZ TYPE	4.29	358.22			010	N	982.18		386.61		010	N	643.2
30220	INSERTION NASAL SEPTAL PROSTHESIS BUTTON	8.68	724.78			010	N	982.18		794.09		010	N	1480.23
30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	5.32	444.22			010	N	129.85		605.38		010	N	64.04
30310	REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES	5.91	493.49			010	N	2302.81		525.22		010	N	1480.23
30320	RMVL FOREIGN BODY INTRANASAL LATERAL RHINOTOMY	12.71	1061.29			090	N	982.18		1145.62		090	N	2321.87
30400	RHINP PRIM LAT&ALAR CRTLGS&/ELVTN NASAL TI	28.94	2416.49			090	N	2302.81		2553.43		090	N	2321.87
30410	RHINP PRIM COMPLETE XTRNL PARTS	33.86	2827.31			090	Y	7911.96	J1	2980.95		090	Y	4230.05
30420	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR	39.25	3277.38			090	N	7911.96	J1	3446.05		090	N	4230.05
30430	RHINOPLASTY SECONDARY MINOR REVISION	27.5	2296.25			090	Y	2302.81		2244.48		090	Y	2321.87
30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	31.79	2654.47			090	Y	7911.96	J1	2807.27		090	Y	4230.05

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
30450	RHINOPLASTY SECONDARY MAJOR REVISION	42.83	3576.31			090	Y	7911.96	J1	3749.15		090	Y	4230.05
30460	RHINP DFRM W/COLUM LNGTH TIP ONLY	20.41	1704.24			090	Y	7911.96	J1	2044.08		090	Y	4230.05
30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	44.62	3725.77			090	Y	7911.96	J1	3601.36		090	Y	4230.05
30465	REPAIR NASAL VESTIBULAR STENOSIS	28.08	2344.68			090	N	7911.96	J1	2467.43		090	N	4230.05
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	17.85	1490.48			090	N	2302.81		1578.99		090	N	2321.87
30540	REPAIR CHOANAL ATRESIA INTRANASAL	19.85	1657.48			090	Y	7911.96	J1	1734.3		090	Y	4230.05
30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	25.19	2103.37			090	Y	7911.96	J1	2115.06		090	Y	4230.05
30560	LYSIS INTRANASAL SYNECHIA	7.69	642.12			010	N	445.67		703.07		010	N	296.47
30580	REPAIR FISTULA OROMAXILLARY	18.76	1566.46			090	N	7911.96	J1	1617.4		090	N	4230.05
30600	REPAIR FISTULA ORONASAL	16.89	1410.32			090	N	7911.96	J1	1448.73		090	N	4230.05
30620	SEPTAL/OTHER INTRANASAL DERMATOPLASTY	17.87	1492.15			090	N	7911.96	J1	1596.52		090	N	4230.05
30630	REPAIR NASAL SEPTAL PERFORATIONS	17.82	1487.97			090	N	2302.81		1581.49		090	N	2321.87
30801	ABLTJ SOFT TIS INFERIOR TURBINATES UNI/BI SUPFC	6.56	547.76			010	N	982.18		596.19		010	N	1480.23
30802	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	8.32	694.72			010	N	2302.81		746.49		010	N	1480.23
30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	2.72	227.12			000	N	129.85		241.32		000	N	100.74
30903	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	6.31	526.89			000	N	184.14		531.06		000	N	100.74
30905	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	7.74	646.29			000	N	184.14		660.49		000	N	100.74
30906	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	9.96	831.66			000	N	184.14		721.44		000	N	100.74
30915	LIGATION ARTERIES ETHMOIDAL	16.5	1377.75			090	N	3200.67		1448.73		090	N	2526.85
30920	LIGATION ARTERIES INT MAXILLARY TRANSANTRAL	23.94	1998.99			090	N	3200.67		2093.35		090	N	2526.85
30930	FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC	3.53	294.76			010	N	2302.81		314.8		010	N	2321.87
30999	UNLISTED PROCEDURE NOSE	0	BR			YYY	N	184.14		BR		YYY	N	100.74
31000	LAVAGE CANNULATION MAXILLARY SINUS	5.26	439.21			010	N	445.67		467.6		010	N	296.47
31002	LAVAGE CANNULATION SPHENOID SINUS	5.54	462.59			010	N	982.18		510.19		010	N	643.2
31020	SINUSOTOMY MAXILLARY ANTROTOMY INTRANASAL	13.87	1158.15			090	N	2302.81		1244.15		090	N	2321.87
31030	SINUSOTOMY MAXILLARY RAD W/O RMVL ANTROCH POLYPS	19.82	1654.97			090	N	7911.96	J1	1745.99		090	N	4230.05
31032	SINUSOT MAX ANTRT RAD W/RMVL ANTROCH POLYPS	16.47	1375.25			090	N	7911.96	J1	1439.54		090	N	4230.05
31040	PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	21.84	1823.64			090	N	2302.81		1902.97		090	N	2321.87
31050	SINUSOTOMY SPHENOID W/WO BIOPSY	13.95	1164.83			090	N	7911.96	J1	1221.61		090	N	4230.05
31051	SINUSOT SPHENOID W/MUCOSAL STRIPPING/RMVL POLYP	18.48	1543.08			090	N	7911.96	J1	1626.58		090	N	4230.05

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
31070	SINUSOTOMY FRONTAL EXTERNAL SIMPLE	12.59	1051.27			090	N	7911.96	J1	1116.4		090	N	4230.05
31075	SINUSOTOMY FRONTAL TRANSORBITAL UNILATERAL	22.51	1879.59			090	Y	7911.96	J1	1963.09		090	Y	4230.05
31080	SINUSOTOMY FRNT OBLITERATIVE W/O FLAP BROW INC	29.69	2479.12			090	Y	7911.96	J1	2586		090	Y	4230.05
31081	SINUSOT FRNT OBLIT W/O OSTPL FLAP CORONAL INC	42.37	3537.90			090	Y	7911.96	J1	3777.54		090	Y	4230.05
31084	SINUSOT FRNT OBLIT W/OSTPL FLAP BROW INC	33.18	2770.53			090	Y	7911.96	J1	2886.6		090	Y	4230.05
31085	SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC	45.19	3773.37			090	Y	7911.96	J1	4004.66		090	Y	4230.05
31086	SINUSOT FRNT NONOBLIT W/OSTPL FLAP BROW INC	32.31	2697.89			090	Y	7911.96	J1	2807.27		090	Y	4230.05
31087	SINUSOT FRNT NONOBLIT W/OSTPL FLAP CORONAL INC	31.04	2591.84			090	Y	7911.96	J1	2698.72		090	Y	4230.05
31090	SINUSOT UNI 3/> PARANSL SINUSES	29.34	2449.89			090	N	7911.96	J1	2582.66		090	N	4230.05
31200	ETHMOIDECTOMY INTRANASAL ANTERIOR	16.22	1354.37			090	N	7911.96	J1	1453.74		090	N	2321.87
31201	ETHMOIDECTOMY INTRANASAL TOTAL	21.19	1769.37			090	N	2302.81		1872.91		090	N	2321.87
31205	ETHMOIDECTOMY EXTRANASAL TOTAL	25.51	2130.09			090	Y	2302.81		2281.22		090	Y	2321.87
31225	MAXILLECTOMY W/O ORBITAL EXENTERATION	53.82	4493.97			090	Y			4662.64		090	Y	
31230	MAXILLECTOMY W/ORBITAL EXENTERATION	59.76	4989.96			090	Y			5160.3		090	Y	
31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	6	501.00			000	N	201.25		536.91		000	N	184.33
31233	NASAL/SINUS ENDOSCOPY DX MAXILLARY SINUSOSCOPY	7.52	627.92			000	N	534.27		677.19		000	N	184.33
31235	NASAL/SINUS ENDOSCOPY DX SPHENOID SINUSOSCOPY	8.57	715.60			000	N	1477.61		766.53		000	N	1744.26
31237	NASAL/SINUS NDSC SURG W/BX POLYPECT/DBRDMT SPX	7.41	618.74			000	N	1477.61		824.98		000	N	1744.26
31238	NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMRRG	7.4	617.90			000	N	1477.61		843.35		000	N	1744.26
31239	NASAL/SINUS NDSC SURG W/DACRYOCSTORHINOSTOMY	17.62	1471.27			010	N	2836.92		1729.29		010	N	2614.78
31240	NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	4.65	388.28			000	N	1477.61		399.97		000	N	2614.78
31254	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY PARTIAL	7.88	657.98			000	N	4367.32		675.52		000	N	2614.78
31255	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY TOTAL	11.55	964.43			000	N	4367.32		987.81		000	N	2614.78
31256	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	5.71	476.79			000	N	2836.92		490.15		000	N	2614.78
31267	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	9.17	765.70			000	N	4367.32		784.07		000	N	2614.78
31276	NASAL/SINUS NDSC W/FRONTAL SINUS EXPLORATION	14.58	1217.43			000	N	4367.32		1245.82		000	N	2614.78
31287	NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	6.7	559.45			000	N	4367.32		575.32		000	N	2614.78
31288	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	7.76	647.96			000	N	4367.32		666.33		000	N	2614.78
31290	NASAL/SINUS NDSC RPR CEREBRSP FLUID LEAK ETHMOID	33.32	2782.22			010	N	1388.05		2868.23		010	N	
31291	NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID	35.55	2968.43			010	N			3049.42		010	N	

MEDICAL DATA														
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31292	NSL/SINUS NDSC SURG W/MEDIAL/INF ORB WALL DCMPRN	28.83	2407.31			010	N	4367.32		2477.45		010	N	2614.78
31293	NASAL/SINUS NDSC MEDIAL ORB&NF ORB WALL DCMPR	31.28	2611.88			010	N	4367.32		2688.7		010	N	2614.78
31294	NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN	35.75	2985.13			010	N	4367.32		3075.31		010	N	2614.78
31295	NASAL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS	58.37	4873.90			000	Y	4367.32		5472.59		000	Y	2614.78
31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	59.51	4969.09			000	Y	4367.32		5555.26		000	Y	2614.78
31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	58.45	4880.58			000	N	4367.32		5480.94		000	N	2614.78
31299	UNLISTED PROCEDURE ACCESSORY SINUSES	0	BR			YYY	N	184.14		BR		YYY	N	100.74
31300	LARYNGOTOMY W/RMVL TUMOR/LARYNGOCELE CORDECTOMY	37.63	3142.11			090	Y	2302.81		3157.97		090	Y	2321.87
31320	LARYNGOTOMY THYROTOMY LARYNGOFISSURE DX	19.88	1659.98			090	N	7911.96	J1	1676.68		090	N	4230.05
31360	LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION	61.02	5095.17			090	Y			5183.68		090	Y	
31365	LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION	75.3	6287.55			090	Y			6406.12		090	Y	
31367	LARYNGECTOMY STOT SUPRAGLOTTIC W/O RAD NECK DSJ	64.66	5399.11			090	Y			5512.67		090	Y	
31368	LARYNGECTOMY STOT SUPRAGLOTTIC W/RAD NCK DSJ	72.15	6024.53			090	Y			6098.84		090	Y	
31370	PARTIAL LARYNGECTOMY HEMILARYGECTOMY HORIZONTAL	60.93	5087.66			090	Y			5185.35		090	Y	
31375	PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTICAL	57.51	4802.09			090	Y			4924		090	Y	
31380	PARTIAL LARYNGECTOMY HEMILARYNG ANTEROVERTICAL	56.92	4752.82			090	Y			4856.36		090	Y	
31382	PARTIAL LARYNG HEMILARYNG ANTERO-LATERO-VERTICAL	62.69	5234.62			090	Y			5323.13		090	Y	
31390	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/O RCNSTJ	83.98	7012.33			090	Y			7125.89		090	Y	
31395	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/RCNSTJ	88.76	7411.46			090	Y			7489.95		090	Y	
31400	ARYTENOIDECTOMY/ARYTENOIDOPEXY XTRNL APPROACH	28.28	2361.38			090	Y	7911.96	J1	2510.85		090	Y	4230.05
31420	EPIGLOTTIDECTOMY	23.99	2003.17			090	Y	7911.96	J1	2088.34		090	Y	4230.05
31500	INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	3.16	263.86			000	N	184.14		269.71		000	N	207.48
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	1.01	84.34			000	N	184.14		86.01		000	N	130.23
31505	LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX	2.38	198.73			000	N	201.25		213.76		000	N	99.72
31510	LARYNGOSCOPY INDIRECT W/BIOPSY	6.04	504.34			000	N	2836.92		541.08		000	N	1744.26
31511	LARYNGOSCOPY INDIRECT W/REMOVAL FOREIGN BODY	6.07	506.85			000	N	201.25		546.93		000	N	184.33
31512	LARYNGOSCOPY INDIRECT W/REMOVAL LESION	5.87	490.15			000	N	2836.92		529.39		000	N	1744.26
31513	LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION	3.82	318.97			000	N	1477.61		329.83		000	N	184.33
31515	LARYNGOSCOPY W/WO TRACHEOSCOPY ASPIRATION	5.3	442.55			000	N	534.27		532.73		000	N	1744.26
31520	LARYNGOSCOPY W/WO TRACHEOSCOPY DX NEWBORN	4.53	378.26			000	N	534.27		392.45		000	N	184.33

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
31525	LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	7.27	607.05			000	N	1477.61		638.78		000	N	1744.26
31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	4.57	381.60			000	N	1477.61		393.29		000	N	1744.26
31527	LARYNGOSCOPY W/WO TRACHEOSCOPY INSERT OBTURATOR	5.64	470.94			000	N	2836.92		487.64		000	N	2614.78
31528	LARYNGOSCOPY W/WO TRACHEOSCOPY W/DILATION IN	4.2	350.70			000	N	2836.92		361.56		000	N	2614.78
31529	LARYNGOSCOPY W/WO TRACHEOSCOPY DILATION SUBSQ	4.7	392.45			000	N	2836.92		404.14		000	N	2614.78
31530	LARYNGOSCOPY W/FOREIGN BODY REMOVAL	5.75	480.13			000	N	1477.61		490.98		000	N	1744.26
31531	LARYNGOSCOPY FOREIGN BODY RMVL MICRO/TELESCOPE	6.18	516.03			000	N	2836.92		528.56		000	N	1744.26
31535	LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY	5.51	460.09			000	N	2836.92		473.45		000	N	1744.26
31536	LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE	6.13	511.86			000	N	2836.92		526.05		000	N	1744.26
31540	LARYNGOSCOPY EXC TUM&/STRIPPING CORDS/EPIGLOTT	7.03	587.01			000	N	2836.92		603.71		000	N	1744.26
31541	LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	7.68	641.28			000	N	2836.92		658.82		000	N	2614.78
31545	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD FLAP	10.54	880.09			000	N	2836.92		903.47		000	N	2614.78
31546	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD GRAFT	16.04	1339.34			000	N	4367.32		1370.24		000	N	2614.78
31560	LARYNGOSCOPY DIRECT OPERATIVE W/ARYTENOIDECTOMY	9.11	760.69			000	N	4367.32		779.89		000	N	2614.78
31561	LARGSC ARYTENOIDECTOMY MICROSCOPE/TELESCOPE	9.98	833.33			000	N	2836.92		852.54		000	N	2614.78
31570	LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC	9.76	814.96			000	N	2836.92		861.72		000	N	1744.26
31571	LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE	7.27	607.05			000	N	2836.92		621.24		000	N	2614.78
31575	LARYNGOSCOPY FLEXIBLE FIBEROPTIC DIAGNOSTIC	3.27	273.05			000	N	201.25		289.75		000	N	184.33
31576	LARYNGOSCOPY FLEXIBLE FIBEROPTIC W/BIOPSY	6.43	536.91			000	N	1477.61		571.14		000	N	1744.26
31577	LARYNGOSCOPY FLX FIBEROPTIC RMVL FOREIGN BODY	6.94	579.49			000	N	534.27		621.24		000	N	435.08
31578	LARYNGOSCOPY FLEXIBLE FIBEROPTIC REMOVAL LESION	8.01	668.84			000	N	2836.92		713.09		000	N	1744.26
31579	LARYNGOSCOPY FLX/RGD FIBOPT W/STROBOSCOPY	6.04	504.34			000	N	534.27		535.24		000	N	435.08
31580	LARYNGOPLASTY LARYN WEB 2 STG W/KEEL INSJ&RMVL	35.13	2933.36			090	Y	7911.96	J1	3071.97		090	Y	4230.05
31582	LARYNGP LARYN STENOSIS GRF/CORE MOLD W/TRACHT	54.52	4552.42			090	N	7911.96	J1	4758.67		090	N	4230.05
31584	LARYNGOPLASTY W/OPEN REDUCTION FRACTURE	43.54	3635.59			090	Y			3772.53		090	Y	
31587	LARYNGOPLASTY CRICOID SPLIT	28.83	2407.31			090	Y			2494.15		090	Y	
31588	LARYNGOPLASTY NOT OTHERWISE SPECIFIED	32.78	2737.13			090	Y	7911.96	J1	2864.05		090	Y	4230.05
31590	LARYNGEAL REINNERVATION NEUROMUSCULAR PEDICLE	25.73	2148.46			090	Y	7911.96	J1	2266.19		090	Y	4230.05
31595	SECTION RECURRENT LARYNGEAL NERVE THER UNI SPX	21.99	1836.17			090	Y	7911.96	J1	1924.68		090	Y	4230.05
31599	UNLISTED PROCEDURE LARYNX	0	BR			YYY	N	184.14		BR		YYY	N	100.74

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	11.51	961.09			000	N	2302.81		981.13		000	N	2321.87
31601	TRACHEOSTOMY PLANNED UNDER 2 YEARS SPX	7.31	610.39			000	Y	2302.81		642.95		000	Y	2321.87
31603	TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL	6.48	541.08			000	N	982.18		551.1		000	N	643.2
31605	TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE	5.32	444.22			000	N	982.18		452.57		000	N	643.2
31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS	20.59	1719.27			090	N	7911.96	J1	1797.76		090	N	4230.05
31611	CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH	15.53	1296.76			090	Y	2302.81		1367.73		090	Y	2321.87
31612	TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NJX	2.41	201.24			000	N	7911.96	J1	212.93		000	N	4230.05
31613	TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION	13.08	1092.18			090	N	2302.81		1157.31		090	N	2321.87
31614	TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION	21.73	1814.46			090	N	7911.96	J1	1918.83		090	N	4230.05
31615	TRACHEOBRNCHSC THRU EST TRACHS INC	5.22	435.87			000	N	982.18		460.09		000	N	643.2
31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	8.67	723.95			000	N	1477.61		801.6		000	N	985.48
31623	BRNCHSC BRUSHING/PROTECTED BRUSHINGS	9.43	787.41			000	N	1477.61		848.36		000	N	985.48
31624	BRNCHSC W/BRNCL ALVEOLAR LAVAGE	8.93	745.66			000	N	1477.61		798.26		000	N	985.48
31625	BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	11.28	941.88			000	N	1477.61		854.21		000	N	985.48
31626	BRONCHOSCOPY W/PLMT FIDUCIAL MARKERS SINGLE/MULT	25.89	2161.82			000	N	4367.32		1139.78		000	N	2028.28
31627	BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	40.19	3355.87			ZZZ	N			3453.56		ZZZ	N	
31628	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	11.88	991.98			000	N	2836.92		962.76		000	N	985.48
31629	BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	14.17	1183.20			000	N	2836.92		1555.61		000	N	2028.28
31630	BRNCHSC W/TRACHEAL/BRONCHIAL DILAT/CLSD RDCTJ FX	5.78	482.63			000	N	2836.92		499.33		000	N	2028.28
31631	BRONCHOSCOPY W/PLACEMENT TRACHEAL STENT	6.65	555.28			000	N	4367.32		568.64		000	N	2028.28
31632	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	2.13	177.86			ZZZ	N			179.53		ZZZ	N	985.48
31633	BRONCHOSCOPY W/TRANSBRONCL NDL ASPIR BX EA LOBE	2.63	219.61			ZZZ	N			220.44		ZZZ	N	985.48
31634	BRONCHOSCOPY BALLOON OCCLUSION	52.91	4417.99			000	Y	4367.32		5060.1		000	Y	2028.28
31635	BRONCHOSCOPY W/REMOVAL FOREIGN BODY	9.94	829.99			000	N	1477.61		882.6		000	N	985.48
31636	BRNCHSC W/PLACEMENT BRNCL STENT 1ST BRONCHUS	6.4	534.40			000	N	4367.32		552.77		000	N	2028.28
31637	BRONCHOSCOPY EACH MAJOR BRONCHUS STENTED	2.14	178.69			ZZZ	N			182.87		ZZZ	N	985.48
31638	BRNCHSC REVJ TRACHEAL/BRNCL STENT INS PREV SESS	7.31	610.39			000	N	4367.32		632.1		000	N	2028.28
31640	BRONCHOSCOPY W/EXCISION TUMOR	7.35	613.73			000	N	2836.92		638.78		000	N	2028.28
31641	BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC	7.45	622.08			000	N	2836.92		640.45		000	N	2028.28
31643	BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL	5.1	425.85			000	N	1477.61		437.54		000	N	985.48

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31645	BRNCHSC W/THER ASPIR TRACHEOBRNCL TREE 1ST	9.22	769.87			000	N	1477.61		812.46		000	N	985.48
31646	BRNCHSC W/THER ASPIR TRACHEOBRNCL TREE SBSQ	8.27	690.55			000	N	534.27		736.47		000	N	985.48
31647	BRNCHSC OCCLUSION&INSERT BRONCH VALVE INIT LOBE	6.39	533.57			000	N	4367.32		554.44		000	N	2028.28
31648	BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL	5.91	493.49			000	N	2836.92		579.49		000	N	2028.28
31649	BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL	2.01	167.84			ZZZ	N	1477.61		182.03		ZZZ	N	985.48
31651	BRNCHSC OCCLUSION&INSERT BRONCH VALVE ADDL LOBE	2.29	191.22			ZZZ	N			192.89		ZZZ	N	2028.28
31652	BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	25.71	2146.79			000	N	2836.92						
31653	BRNCHSC EBUS GUIDED SAMPL 3/> NODE STATION/STRUX	27.33	2282.06			000	N	2836.92						
31654	BRNSCHSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	4.1	342.35			ZZZ	N							
31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	6.05	505.18			000	N	4367.32		556.11		000	N	2028.28
31661	BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	6.35	530.23			000	N	4367.32		587.01		000	N	2028.28
31717	CATHETERIZATION W/BRONCHIAL BRUSH BIOPSY	7.42	619.57			000	N	534.27		678.02		000	N	435.08
31720	CATHETER ASPIRATION NASOTRACHEAL SPX	1.48	123.58			000	N	212.86		122.75		000	N	45.26
31725	CATH ASPIR TRACHEOBRNCL FIBERSCOPE BEDSIDE SPX	2.58	215.43			000	N			227.12		000	N	
31730	TTRACH INTRO NDL WIRE DIL/STENT/TUBE O2 THER	35.03	2925.01			000	N	1477.61		3173		000	N	435.08
31750	TRACHEOPLASTY CERVICAL	40.68	3396.78			090	Y	7911.96	J1	3478.61		090	Y	4230.05
31755	TRACHEOPLASTY TRACHEOPHARYNGEAL FSTLJ EA STG	50.96	4255.16			090	Y	7911.96	J1	4378.74		090	Y	4230.05
31760	TRACHEOPLASTY INTRATHORACIC	40.42	3375.07			090	Y			3421.83		090	Y	
31766	CARINAL RECONSTRUCTION	51.86	4330.31			090	Y			4425.5		090	Y	
31770	BRONCHOPLASTY GRAFT REPAIR	38.91	3248.99			090	Y			3316.62		090	Y	
31775	BRONCHOPLASTY EXCISION STENOSIS & ANASTOMOSIS	37.53	3133.76			090	Y			3407.64		090	Y	
31780	EXCISION TRACHEAL STENOSIS&ANASTOMOSIS CERVICA	34.19	2854.87			090	Y			2941.71		090	Y	
31781	EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC	41.86	3495.31			090	Y			3813.45		090	Y	
31785	EXCISION TRACHEAL TUMOR/CARCINOMA CERVICAL	31.43	2624.41			090	Y	2302.81		2682.02		090	Y	2321.87
31786	EXCISION TRACHEAL TUMOR/CARCINOMA THORACIC	41.74	3485.29			090	Y			3593.01		090	Y	
31800	SUTURE TRACHEAL WOUND/INJURY CERVICAL	21.2	1770.20			090	N			1841.18		090	N	
31805	SUTURE TRACHEAL WOUND/INJURY INTRATHORACIC	23.96	2000.66			090	Y			2040.74		090	Y	
31820	SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	12.48	1042.08			090	N	2302.81		1112.22		090	N	2321.87
31825	SURG CLSR TRACHEOSTOMY/FISTULA W/PLASTIC RPR	17.25	1440.38			090	N	2302.81		1528.05		090	N	2321.87
31830	REVISION TRACHEOSTOMY SCAR	12.75	1064.63			090	N	2302.81		1135.6		090	N	2321.87

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31899	UNLISTED PROCEDURE TRACHEA BRONCHI	0	BR			YYY	N	201.25		BR		YYY	N	985.48
32035	THORACOSTOMY W/RIB RESECTION EMPYEMA	20.83	1739.31			090	Y			1815.29		090	Y	
32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	22.5	1878.75			090	Y			1953.9		090	Y	
32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	23.38	1952.23			090	Y			2026.55		090	Y	
32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	23.37	1951.40			090	Y			2026.55		090	Y	
32098	THORACOTOMY W/BIOPSY OF PLEURA	22.17	1851.20			090	Y			1964.76		090	Y	
32100	THORACOTOMY WITH EXPLORATION	23.48	1960.58			090	Y			2044.08		090	Y	
32110	THORCOM CTRL TRAUMTC HEMRRG&/RPR LNG TEAR	42.43	3542.91			090	Y			3658.14		090	Y	
32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS	25.26	2109.21			090	Y			2186.03		090	Y	
32124	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	26.87	2243.65			090	Y			2328.82		090	Y	
32140	THORCOM W/REMOVAL OF CYST	28.94	2416.49			090	Y			2480.79		090	Y	
32141	THORACOTOMY W/RESECTION BULLAE	44.3	3699.05			090	Y			3807.6		090	Y	
32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	29.16	2434.86			090	Y			2513.35		090	Y	
32151	THORCOM W/RMVL IPUL FB	29.11	2430.69			090	Y			2518.36		090	Y	
32160	THORACOTOMY W/CARDIAC MASSAGE	22.88	1910.48			090	Y	2643.06		1976.45		090	Y	
32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	32.97	2753.00			090	Y			2834.83		090	Y	
32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	23.12	1930.52			090	Y			2008.18		090	Y	
32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	45.97	3838.50			090	Y			3979.61		090	Y	
32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	28.87	2410.65			090	Y			2492.48		090	Y	
32310	PLEURECTOMY PARIETAL SEPARATE PROCEDURE	26.43	2206.91			090	Y			2297.09		090	Y	
32320	DECORTICATION & PARIETAL PLEURECTOMY	46.38	3872.73			090	Y			3999.65		090	Y	
32400	BIOPSY PLEURA PERCUTANEOUS NEEDLE	4.32	360.72			000	N	1341.57		373.25		000	N	920.55
32405	BIOPSY LUNG/MEDIASTINUM PERCUTANEOUS NEEDLE	12.8	1068.80			000	N	1341.57		1134.77		000	N	920.55
32440	REMOVAL OF LUNG PNEUMONECTOMY	45.48	3797.58			090	Y			3910.31		090	Y	
32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	93.13	7776.36			090	Y			7614.37		090	Y	
32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	103.06	8605.51			090	Y			8795.89		090	Y	
32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	42.92	3583.82			090	Y			3699.05		090	Y	
32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	45.93	3835.16			090	Y			3959.57		090	Y	
32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	41.75	3486.13			090	Y			3587.16		090	Y	
32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	68.4	5711.40			090	Y			5857.53		090	Y	

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32488	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	69.54	5806.59			090	Y			5940.19		090	Y	
32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	42.82	3575.47			090	Y			3674.84		090	Y	
32501	RESCJ&BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	7.14	596.19			ZZZ	Y			607.05		ZZZ	Y	
32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	52.53	4386.26			090	Y			4515.68		090	Y	
32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	59.94	5004.99			090	Y			5099.35		090	Y	
32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	27.07	2260.35			090	Y			2397.29		090	Y	
32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	4.57	381.60			ZZZ	Y			411.66		ZZZ	Y	
32507	THORACOTOMY W/DX WEDGE RESEXN & ANTOM LUNG RESE	4.56	380.76			ZZZ	Y			411.66		ZZZ	Y	
32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	50.44	4211.74			090	Y			4309.44		090	Y	
32550	INSERTION INDWELLING TUNNELED PLEURAL CATHETER	22.26	1858.71			000	N	3100.66		2031.56		000	N	2914.41
32551	TUBE THORACOSTOMY INCLUDES WATER SEAL	4.92	410.82			000	N	687.66		436.71		000	N	532.02
32552	RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	5.32	444.22			010	N	687.66		482.63		010	N	532.02
32553	PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT	16.85	1406.98			000	Y	1462.40		1468.77		000	Y	1270.08
32554	THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	5.7	475.95			000	N	687.66		1390.28		000	N	532.02
32555	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	8.25	688.88			000	N	687.66		1603.2		000	N	532.02
32556	PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	15.37	1283.40			000	N	1720.09		1465.43		000	N	532.02
32557	PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	14.68	1225.78			000	N	687.66		2378.92		000	N	532.02
32560	INSTLJ VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS	6.96	581.16			000	N	687.66		633.77		000	N	532.02
32561	INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY	2.65	221.28			000	Y	687.66		237.14		000	Y	532.02
32562	INSTLJ CH TUBE/CATH AGENT FBRNLYSIS SBSQ DAY	2.39	199.57			000	Y	687.66		214.6		000	Y	532.02
32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	8.97	749.00			000	N	4490.43		771.54		000	N	3308.75
32604	THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX	14.03	1171.51			000	N	4490.43		1197.39		000	N	3308.75
32606	THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX	13.45	1123.08			000	N	4490.43		1153.14		000	N	3308.75
32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	8.98	749.83			000	N	4490.43		799.93		000	N	3308.75
32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	11.01	919.34			000	N	4490.43		984.47		000	N	3308.75
32609	THORACOSCOPY WITH BIOPSYIES OF PLEURA	7.53	628.76			000	N	4490.43		678.02		000	N	3308.75
32650	THORACOSCOPY W/PLEURODESIS	19.32	1613.22			090	Y			1672.51		090	Y	
32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	31.84	2658.64			090	Y			2737.13		090	Y	
32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	48.31	4033.89			090	Y			4144.94		090	Y	
32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	30.76	2568.46			090	Y			2638.6		090	Y	

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32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	34.42	2874.07			090	Y			2943.38		090	Y	
32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	27.77	2318.80			090	Y			2398.12		090	Y	
32656	THORACOSCOPY W/PARIETAL PLEURECTOMY	23.32	1947.22			090	Y			1997.32		090	Y	
32658	THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	20.73	1730.96			090	Y			1787.74		090	Y	
32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	21.24	1773.54			090	Y			1825.31		090	Y	
32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	23.27	1943.05			090	Y			1998.16		090	Y	
32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	25.92	2164.32			090	Y			2228.62		090	Y	
32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	40.73	3400.96			090	Y			3495.31		090	Y	
32664	THORACOSCOPY W/THORACIC SYMPATHECTOMY	24.75	2066.63			090	Y	5623.85		2121.74		090	Y	
32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	35.59	2971.77			090	Y			3039.4		090	Y	
32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	25.3	2112.55			090	Y	4613.29		2231.96		090	Y	
32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	4.58	382.43			ZZZ	Y	2552.65		411.66		ZZZ	Y	
32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	4.57	381.60			ZZZ	Y			413.33		ZZZ	Y	
32669	THORACOSCOPY W/SEGMENTECTOMY	39.15	3269.03			090	Y			3355.87		090	Y	
32670	THORACOSCOPY W/BILOBECTOMY	46.55	3886.93			090	Y			4001.32		090	Y	
32671	THORACOSCOPY W/PNEUMONECTOMY	51.5	4300.25			090	Y			4434.69		090	Y	
32672	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	44.28	3697.38			090	Y			3795.91		090	Y	
32673	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	35.42	2957.57			090	Y			2990.14		090	Y	
32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	6.29	525.22			ZZZ	Y			536.07		ZZZ	Y	
32701	THORAX STEREOTACTIC RADIATION TARGET W/TX COURSE	6.32	527.72			XXX	N			546.93		XXX	N	
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	27.46	2292.91			090	Y			2360.55		090	Y	
32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	26.19	2186.87			090	Y			2257.01		090	Y	
32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	81.35	6792.73			090	Y			7003.15		090	Y	
32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	38.79	3238.97			090	Y			3522.87		090	Y	
32850	DONOR PNEUMONECTOMY FROM CADAVER DONOR	0	BR			XXX	N			BR		XXX	N	
32851	LUNG TRANSPLANT 1 W/O CARDIOPULMONARY BYPASS	95.9	8007.65			090	Y			8183		090	Y	
32852	LUNG TRANSPLANT 1 W/CARDIOPULMONARY BYPASS	104.91	8759.99			090	Y			8938.68		090	Y	
32853	LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS	133.61	11156.44			090	Y			11433.66		090	Y	
32854	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	142.05	11861.18			090	Y			12151.76		090	Y	
32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	0	BR			XXX	Y			BR		XXX	Y	

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32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	0	BR			XXX	Y			BR		XXX	Y	
32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	40.75	3402.63			090	Y			3471.93		090	Y	
32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	38.99	3255.67			090	Y			3334.16		090	Y	
32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	48.18	4023.03			090	Y			4114.05		090	Y	
32940	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	35.87	2995.15			090	Y			3083.66		090	Y	
32960	PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	4.05	338.18			000	N	687.66		379.93		000	N	532.02
32997	TOTAL LUNG LAVAGE UNILATERAL	9.91	827.49			000	N			879.26		000	N	
32998	ABLATION PULMONARY TUMOR PERQ RADIOFREQUENCY UNI	68.03	5680.51			000	Y	5865.24		7579.3		000	Y	5220.48
32999	UNLISTED PROCEDURE LUNGS & PLEURA	0	BR			YYY	N	687.66		BR		YYY	N	532.02
33010	PERICARDIOCENTESIS INITIAL	3.49	291.42			000	N	687.66		291.42		000	N	532.02
33011	PERICARDIOCENTESIS SUBSEQUENT	3.51	293.09			000	N	687.66		295.59		000	N	532.02
33015	TUBE PERICARDIOSTOMY	14.77	1233.30			090	N			1255.01		090	N	
33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	25.54	2132.59			090	Y			2191.88		090	Y	
33025	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	23.19	1936.37			090	Y			2004.84		090	Y	
33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	58.25	4863.88			090	Y			5004.99		090	Y	
33031	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	71.9	6003.65			090	Y			6204.05		090	Y	
33050	RESECTION PERICARDIAL CYST/TUMOR	29	2421.50			090	Y			2505.84		090	Y	
33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	61.04	5096.84			090	Y			5254.66		090	Y	
33130	RESECTION EXTERNAL CARDIAC TUMOR	40.1	3348.35			090	Y			3481.12		090	Y	
33140	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	45.74	3819.29			090	Y			3965.42		090	Y	
33141	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	3.84	320.64			ZZZ	Y			329.83		ZZZ	Y	
33202	INSERTION EPICARDIAL ELECTRODE OPEN	22.55	1882.93			090	N			1944.72		090	N	
33203	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	23.43	1956.41			090	N			2009.85		090	N	
33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	13.38	1117.23			090	N	18546.80	J1	1127.25		090	N	10617.6
33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	14.28	1192.38			090	N	18546.80	J1	1194.05		090	N	10617.6
33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	15.46	1290.91			090	N	18546.80	J1	1290.08		090	N	13141.57
33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	5.2	434.20			000	N	13393.70	J1	436.71		000	N	4858.53
33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	5.32	444.22			000	N	13393.70	J1	445.89		000	N	4858.53
33212	INS PM PLS GEN W/EXIST SINGLE LEAD	9.67	807.45			090	N	13393.70	J1	820.81		090	N	8530.53
33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	10.08	841.68			090	N	18546.80	J1	856.71		090	N	9952.64

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33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	14.19	1184.87			090	N	18546.80	J1	1190.71		090	N	13141.57
33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	8.98	749.83			090	N	1228.40		749.83		090	N	2171.38
33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	11.09	926.02			090	N	13393.70	J1	925.18		090	N	4858.53
33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	10.88	908.48			090	N	13393.70	J1	920.17		090	N	4858.53
33218	RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	11.61	969.44			090	N	3545.84		970.27		090	N	2171.38
33220	RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	11.63	971.11			090	N	3545.84		977.79		090	N	2171.38
33221	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	10.81	902.64			090	N	33828.80	J1	893.45		090	N	9952.64
33222	RELOCATION OF SKIN POCKET FOR PACEMAKER	10.1	843.35			090	N	2009.86		855.88		090	N	1434.08
33223	RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	12.17	1016.20			090	N	2009.86		1022.04		090	N	1434.08
33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	14.96	1249.16			000	N	18546.80	J1	1244.15		000	N	13141.57
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	13.59	1134.77			ZZZ	N			1119.74		ZZZ	N	13141.57
33226	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	14.34	1197.39			000	N	3200.67		1196.56		000	N	2171.38
33227	REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	10.16	848.36			090	N	13393.70	J1	854.21		090	N	8530.53
33228	REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	10.6	885.10			090	N	18546.80	J1	890.95		090	N	9952.64
33229	REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	11.17	932.70			090	N	33828.80	J1	926.85		090	N	9952.64
33230	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	11.5	960.25			090	N	43860.06	J1	966.93		090	N	29042.5
33231	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	11.97	999.50			090	N	60979.56	J1	1002.84		090	N	29042.5
33233	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	7.02	586.17			090	N	9537.74		586.17		090	N	2171.38
33234	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	14.39	1201.57			090	N	3545.84		1200.73		090	N	2171.38
33235	RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	18.76	1566.46			090	N	3545.84		1568.97		090	N	2171.38
33236	RMVL PRM EPICAR PM&ELTRDS THORCOM 1 LEAD SYS	22.74	1898.79			090	N			1989.81		090	N	
33237	RMVL PRM EPICAR PM&ELTRDS THORCOM DUAL LEAD SY	24.44	2040.74			090	N			2115.89		090	N	
33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	27.08	2261.18			090	N			2359.71		090	N	
33240	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	10.96	915.16			090	N	43860.06	J1	930.19		090	N	29042.5
33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	6.61	551.94			090	N	3545.84		551.1		090	N	2171.38
33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	39.74	3318.29			090	Y			3417.66		090	Y	
33244	RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	25.2	2104.20			090	N	3545.84		2105.04		090	N	2171.38
33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	26.88	2244.48			090	N	60979.56	J1	2231.12		090	N	39579.89
33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	42.62	3558.77			090	Y			3702.39		090	Y	
33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	47.22	3942.87			090	Y			4079.81		090	Y	

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33254	ABLATION & RECONSTRUCTION ATRIA LIMITED	39.89	3330.82			090	Y			3444.38		090	Y	
33255	ABLATION & RCNSTJ ATRIA EXTNSV W/O BYPASS	47.07	3930.35			090	Y			4136.59		090	Y	
33256	ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS	56.85	4746.98			090	Y			4908.13		090	Y	
33257	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	16.92	1412.82			ZZZ	Y			1472.11		ZZZ	Y	
33258	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP	18.99	1585.67			ZZZ	Y			1656.64		ZZZ	Y	
33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	24.53	2048.26			ZZZ	Y			2136.77		ZZZ	Y	
33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	47.69	3982.12			090	Y			4098.18		090	Y	
33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	11.16	931.86			090	N	43860.06	J1	931.86		090	N	29042.5
33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	11.6	968.60			090	N	43860.06	J1	968.6		090	N	29042.5
33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	12.09	1009.52			090	N	60979.56	J1	1004.51		090	N	29042.5
33265	NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	39.54	3301.59			090	Y			3412.65		090	Y	
33266	NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS	53.73	4486.46			090	Y			4653.46		090	Y	
33270	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	17.14	1431.19			090	N	60979.56	J1	1424.51		090	N	38225.46
33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	14.43	1204.91			090	N	13393.70	J1	1198.23		090	N	8118.47
33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	10.18	850.03			090	N	3545.84		881.76		090	N	2911.39
33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	11.68	975.28			090	N	3545.84		970.27		090	N	2911.39
33282	IMPLANTATION PT-ACTIVATED CARDIAC EVENT RECORDER	6.91	576.99			090	N	13393.70	J1	791.58		090	N	7602.81
33284	RMVL IMPLANTABLE PT-ACTIVATED CAR EVENT RECORDER	6.11	510.19			090	N	1341.57		570.31		090	N	752.91
33300	REPAIR CARDIAC WOUND W/O BYPASS	71.3	5953.55			090	Y			6130.57		090	Y	
33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	119.42	9971.57			090	Y			10257.14		090	Y	
33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	34.19	2854.87			090	Y			2930.85		090	Y	
33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	55.62	4644.27			090	Y			4808.77		090	Y	
33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	30.9	2580.15			090	Y			2642.78		090	Y	
33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	35.79	2988.47			090	Y			2999.32		090	Y	
33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	40.41	3374.24			090	Y			3499.49		090	Y	
33330	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	41.45	3461.08			090	Y			3832.65		090	Y	
33335	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	54.42	4544.07			090	Y			4723.6		090	Y	
33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	39.56	3303.26			000	N			3319.13		000	N	
33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	43.24	3610.54			000	N			3631.42		000	N	
33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	44.92	3750.82			000	N			3760.01		000	N	

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33364	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	47.09	3932.02			000	N			4000.49		000	N	
33365	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	51.85	4329.48			000	N			4387.09		000	N	
33366	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	56.11	4685.19			000	N			4650.12		000	N	
33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	18.21	1520.54			ZZZ	N			1540.58		ZZZ	N	
33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	21.79	1819.47			ZZZ	N			1867.06		ZZZ	N	
33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	28.8	2404.80			ZZZ	N			2464.92		ZZZ	N	
33400	VALVULOPLASTY AORTIC VALVE OPEN W/BYPASS	66.26	5532.71			090	Y			5725.6		090	Y	
33401	VALVULOPLASTY AORTIC VALVE OPEN W/INFLOW OCCLUS	42.01	3507.84			090	Y			3567.96		090	Y	
33403	VLVP AORTIC VALVE W/TRANSVENTR DILAT W/CARD BYP	43.14	3602.19			090	Y			3760.84		090	Y	
33404	CONSTRUCTION APICAL-AORTIC CONDUIT	51.22	4276.87			090	Y			4407.13		090	Y	
33405	RPLCMT PROST AORTIC VALVE XCP HOMOGRF/STENT	66.05	5515.18			090	Y			5679.67		090	Y	
33406	RPLCMT AORTIC VALVE ALLOGRAFT VALVE FREEHAND	83.75	6993.13			090	Y			7231.94		090	Y	
33410	RPLCMT AORTIC VALVE W/STENTLESS TISSUE VALVE	73.76	6158.96			090	Y			6382.74		090	Y	
33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	97.7	8157.95			090	Y			8431		090	Y	
33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	92.41	7716.24			090	Y			8001.81		090	Y	
33413	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR	94.7	7907.45			090	Y			8109.52		090	Y	
33414	RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC	62.99	5259.67			090	Y			5410.8		090	Y	
33415	RESECTION/INCISION SUBVALVULAR TISSUE	58.93	4920.66			090	Y			5122.73		090	Y	
33416	VENTRICULOMYOTOMY-MYECTOMY	59.15	4939.03			090	Y			5111.87		090	Y	
33417	AORTOPLASTY SUPRAVALVULAR STENOSIS	48.79	4073.97			090	Y			4182.52		090	Y	
33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	52.26	4363.71			090	Y			4509		090	Y	
33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	12.3	1027.05			ZZZ	Y			1059.62		ZZZ	Y	
33420	VALVOTOMY MITRAL VALVE CLOSED HEART	42.46	3545.41			090	N			3596.35		090	N	
33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	48.68	4064.78			090	Y			4240.13		090	Y	
33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	79.59	6645.77			090	Y			6877.9		090	Y	
33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	69.32	5788.22			090	Y			5994.47		090	Y	
33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	71.14	5940.19			090	Y			6142.26		090	Y	
33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	81.43	6799.41			090	Y			7006.49		090	Y	
33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	71.09	5936.02			090	Y			6102.18		090	Y	
33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	89.97	7512.50			090	Y			7755.48		090	Y	

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33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	71.06	5933.51			090	Y			6150.61		090	Y	
33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	80.25	6700.88			090	Y			6933.01		090	Y	
33468	TRICUSPID VALVE RPSG&PLCTJ EBSTEIN ANOMALY	71.82	5996.97			090	Y			6167.31		090	Y	
33470	VALVOTOMY PULMONARY VALVE CLSD HEART TRANSVENTR	37.73	3150.46			090	Y			3269.86		090	Y	
33471	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	40.33	3367.56			090	Y			3459.41		090	Y	
33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	63.79	5326.47			090	Y			5432.51		090	Y	
33475	REPLACEMENT PULMONARY VALVE	67.82	5662.97			090	Y			5909.3		090	Y	
33476	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	44.54	3719.09			090	Y			3841		090	Y	
33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	37.57	3137.10			000	N							
33478	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	46.02	3842.67			090	Y			3967.92		090	Y	
33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	48.64	4061.44			090	Y			4199.22		090	Y	
33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	45.59	3806.77			090	Y			3969.59		090	Y	
33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	32.97	2753.00			090	Y			2842.34		090	Y	
33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	37.33	3117.06			090	Y			3228.11		090	Y	
33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	38.8	3239.80			090	N			3299.09		090	N	
33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	42.89	3581.32			090	Y			3699.89		090	Y	
33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	60.46	5048.41			090	Y			5191.2		090	Y	
33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	60.2	5026.70			090	Y			5123.56		090	Y	
33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	50.5	4216.75			090	Y			4297.75		090	Y	
33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	0.47	39.25			ZZZ	Y			40.08		ZZZ	Y	
33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	56.23	4695.21			090	Y			4867.22		090	Y	
33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	61.8	5160.30			090	Y			5344.84		090	Y	
33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	70.25	5865.88			090	Y			6072.12		090	Y	
33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	72.28	6035.38			090	Y			6245.8		090	Y	
33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	76.08	6352.68			090	Y			6585.65		090	Y	
33516	CORONARY ARTERY BYPASS 6/+ CORONARY VENOUS GRAFT	79.45	6634.08			090	Y			6868.71		090	Y	
33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	5.46	455.91			ZZZ	Y			469.27		ZZZ	Y	
33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	12	1002.00			ZZZ	Y			1032.06		ZZZ	Y	
33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	15.87	1325.15			ZZZ	Y			1364.39		ZZZ	Y	
33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	19.03	1589.01			ZZZ	Y			1639.94		ZZZ	Y	

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33522	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	21.35	1782.73			ZZZ	Y			1841.18		ZZZ	Y	
33523	CORONARY ARTERY BYP W/VEIN &ARTERY GRAFT 6 VEIN	24.28	2027.38			ZZZ	Y			2091.68		ZZZ	Y	
33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	15.34	1280.89			ZZZ	Y			1316.8		ZZZ	Y	
33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	54.38	4540.73			090	Y			4678.51		090	Y	
33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	63.99	5343.17			090	Y			5531.04		090	Y	
33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	71.35	5957.73			090	Y			6162.3		090	Y	
33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	76.92	6422.82			090	Y			6598.17		090	Y	
33542	MYOCARDIAL RESECTION	76.48	6386.08			090	Y			6609.03		090	Y	
33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	90.24	7535.04			090	Y			7752.14		090	Y	
33548	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	86.22	7199.37			090	Y			7457.39		090	Y	
33572	CORONARY ENDARTERCOMY OPEN ANY METHOD	6.72	561.12			ZZZ	Y			578.66		ZZZ	Y	
33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	50.3	4200.05			090	Y			4296.91		090	Y	
33602	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	48.82	4076.47			090	Y			4121.56		090	Y	
33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	54.43	4544.91			090	Y			4385.42		090	Y	
33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	52.7	4400.45			090	Y			4501.49		090	Y	
33610	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	51.97	4339.50			090	Y			4610.04		090	Y	
33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	60.1	5018.35			090	Y			4914.81		090	Y	
33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ	58.71	4902.29			090	Y			4948.21		090	Y	
33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	58.47	4882.25			090	Y			4983.28		090	Y	
33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	63.36	5290.56			090	Y			5396.61		090	Y	
33619	RPR 1 VNTRC W/O/F OBSTRCJ&AORTIC ARCH HYPOPLAS	79.83	6665.81			090	Y			6805.25		090	Y	
33620	APPLICATION RIGHT & LEFT PULMONARY ARTERY BAND	48.34	4036.39			090	Y			3629.75		090	Y	
33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	27.26	2276.21			090	Y			2175.18		090	Y	
33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	106.2	8867.70			090	Y			8554.58		090	Y	
33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	48.03	4010.51			090	Y			4114.05		090	Y	
33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	50.69	4232.62			090	Y			4363.71		090	Y	
33647	RPR ATRIAL & VENTRIC SEPTAL DFCT DIR/PATCH CLS	53.27	4448.05			090	Y			4578.31		090	Y	
33660	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	51.48	4298.58			090	Y			4426.34		090	Y	
33665	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	56.09	4683.52			090	Y			4822.96		090	Y	
33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	57.84	4829.64			090	Y			4969.09		090	Y	

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33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	57.8	4826.30			090	Y			4966.58		090	Y	
33676	CLOSURE MULTIPLE VSD W/RESECTION	62.37	5207.90			090	Y			5343.17		090	Y	
33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	64.8	5410.80			090	Y			5310.6		090	Y	
33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	53.84	4495.64			090	Y			4617.55		090	Y	
33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	58.16	4856.36			090	Y			4762.84		090	Y	
33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	55.23	4611.71			090	Y			4746.98		090	Y	
33690	BANDING PULMONARY ARTERY	35.1	2930.85			090	Y			3006.84		090	Y	
33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	60.44	5046.74			090	Y			5170.32		090	Y	
33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	60.1	5018.35			090	Y			5139.43		090	Y	
33697	COMPL RPR T-FALLOT W/PULM ATRESIA	60.24	5030.04			090	Y			5134.42		090	Y	
33702	RPR SINUS VALSALVA FISTULA	45.26	3779.21			090	Y			3904.46		090	Y	
33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	63.23	5279.71			090	Y			5356.53		090	Y	
33720	RPR SINUS VALSALVA ANEURYSM	45.28	3780.88			090	Y			3870.23		090	Y	
33722	CLOSURE AORTICO-LEFT VENTRICULAR TUNNEL	47.61	3975.44			090	Y			4095.68		090	Y	
33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	45.09	3765.02			090	Y			3842.67		090	Y	
33726	REPAIR PULMONARY VENOUS STENOSIS	59.59	4975.77			090	Y			5356.53		090	Y	
33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	58.73	4903.96			090	Y			5052.59		090	Y	
33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	48.24	4028.04			090	Y			4162.48		090	Y	
33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	37.91	3165.49			090	Y			3235.63		090	Y	
33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	41.15	3436.03			090	Y			3550.42		090	Y	
33737	ATRIAL SEPTECT/SEPTOST OPN HRT W/INFL OCCLUSION	39.54	3301.59			090	Y			3361.71		090	Y	
33750	SHUNT SUBCLAVIAN PULMONARY ARTERY	36.94	3084.49			090	Y			3568.79		090	Y	
33755	SHUNT ASCENDING AORTA PULMONARY ARTERY	38.52	3216.42			090	Y			3376.74		090	Y	
33762	SHUNT DESCENDING AORTA PULMONARY ARTERY	39.19	3272.37			090	Y			3364.22		090	Y	
33764	SHUNT CENTRAL W/PROSTHETIC GRAFT	38.52	3216.42			090	Y			3258.17		090	Y	
33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	38.99	3255.67			090	Y			3427.68		090	Y	
33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	41.63	3476.11			090	Y			3586.33		090	Y	
33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	12.22	1020.37			ZZZ	Y			1098.86		ZZZ	Y	
33770	RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT	65.37	5458.40			090	Y			5535.22		090	Y	
33771	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT	67.4	5627.90			090	Y			5769.85		090	Y	

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33774	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	52.68	4398.78			090	Y			4543.24		090	Y	
33775	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	56.79	4741.97			090	Y			4865.55		090	Y	
33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	60	5010.00			090	Y			5140.26		090	Y	
33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	58.13	4853.86			090	Y			4978.27		090	Y	
33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	72.3	6037.05			090	Y			5934.35		090	Y	
33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	71.91	6004.49			090	Y			6158.13		090	Y	
33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	69.43	5797.41			090	Y			6266.68		090	Y	
33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	71.58	5976.93			090	Y			6128.9		090	Y	
33782	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	94.65	7903.28			090	Y			8040.22		090	Y	
33783	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	107.95	9013.83			090	Y			8686.51		090	Y	
33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	66.68	5567.78			090	Y			5737.29		090	Y	
33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	47	3924.50			090	Y			4082.32		090	Y	
33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	28.91	2413.99			090	Y			2302.1		090	Y	
33802	DIVISION ABERRANT VESSEL VASCULAR RING	31.71	2647.79			090	Y			2905.8		090	Y	
33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	33.67	2811.45			090	Y			2901.63		090	Y	
33813	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/O BYPASS	37.73	3150.46			090	Y			3209.74		090	Y	
33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	44.59	3723.27			090	Y			3849.35		090	Y	
33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	28.36	2368.06			090	Y			2449.06		090	Y	
33822	RPR PATENT DUXUS ARTERIOSUS DIV UNDER 18 YR	31.14	2600.19			090	Y			2672.84		090	Y	
33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR & OLDER	34.5	2880.75			090	Y			2954.23		090	Y	
33840	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	36.25	3026.88			090	Y			3129.58		090	Y	
33845	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	39.03	3259.01			090	Y			3370.06		090	Y	
33851	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	37.22	3107.87			090	Y			3215.59		090	Y	
33852	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	40.93	3417.66			090	Y			3530.38		090	Y	
33853	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	53.66	4480.61			090	Y			4622.56		090	Y	
33860	ASCENDING AORTA GRF W/CARD BYP & VALVE SSP	93.56	7812.26			090	Y			8066.1		090	Y	
33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	91.77	7662.80			090	Y			7898.27		090	Y	
33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	93.85	7836.48			090	Y			8066.94		090	Y	
33870	TRANSVERSE ARCH GRAFT W/CARDIOPULMONARY BYPASS	73.32	6122.22			090	Y			6324.29		090	Y	
33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	80.15	6692.53			090	Y			6899.61		090	Y	

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33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	106.38	8882.73			090	Y			9162.46		090	Y	
33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	52.95	4421.33			090	Y			4560.77		090	Y	
33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	45.48	3797.58			090	Y			3915.32		090	Y	
33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	32.92	2748.82			090	Y			2835.66		090	Y	
33884	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	12.04	1005.34			ZZZ	Y			1033.73		ZZZ	Y	
33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	28.42	2373.07			090	Y			2471.6		090	Y	
33889	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	23.22	1938.87			000	Y			2007.34		000	Y	
33891	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC	28.59	2387.27			000	Y			2469.1		000	Y	
33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	76.59	6395.27			090	Y			6634.91		090	Y	
33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	37.13	3100.36			090	Y			3436.86		090	Y	
33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	122.77	10251.30			090	Y			10539.37		090	Y	
33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	42.64	3560.44			090	Y			3649.79		090	Y	
33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	55.63	4645.11			090	Y			4557.43		090	Y	
33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	40.65	3394.28			090	Y			3509.51		090	Y	
33924	LIG&TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	8.38	699.73			ZZZ	Y			709.75		ZZZ	Y	
33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	50.33	4202.56			090	Y			4288.56		090	Y	
33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	74.67	6234.95			090	Y			6079.64		090	Y	
33930	DONOR CARDIECTOMY-PNEUMONECTOMY	0	BR			XXX	N			BR		XXX	N	
33933	BKBENCH PREPJ CADAVER DONOR HEART/LUNG ALLOGRAFT	0	BR			XXX	Y			BR		XXX	Y	
33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	145.79	12173.47			090	Y			12534.19		090	Y	
33940	DONOR CARDIECTOMY	0	BR			XXX	N			BR		XXX	N	
33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	0	BR			XXX	Y			BR		XXX	Y	
33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	141.55	11819.43			090	Y			12161.78		090	Y	
33946	ECMO/ECLS INITIATION VENO-VENOUS	8.91	743.99			XXX	N			750.67		XXX	N	
33947	ECMO/ECLS INITIATION VENO-ARTERIAL	9.85	822.48			XXX	N			829.16		XXX	N	
33948	ECMO/ECLS DAILY MANAGEMENT EACH DAY VENO-VENOUS	7.03	587.01			XXX	N			592.85		XXX	N	
33949	ECMO/ECLS DAILY MANAGEMENT EA DAY VENO-ARTERIAL	6.84	571.14			XXX	N			576.99		XXX	N	
33951	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS PERQ	12.16	1015.36			000	N			1077.15		000	N	
33952	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER PERQ	12.53	1046.26			000	N			1047.09		000	N	
33953	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS OPEN	13.58	1133.93			000	N			1201.57		000	N	

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33954	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER OPEN	14.01	1169.84			000	N			1169.84		000	N	
33955	ECMO/ECLS INSJ OF CENTRAL CANNULA BIRTH-5 YRS	24.39	2036.57			000	N			2169.33		000	N	
33956	ECMO/ECLS INSJ OF CENTRAL CANNULA 6 YRS & OLDER	24.45	2041.58			000	N			2052.43		000	N	
33957	ECMO/ECLS REPOS PERIPH CANNULA PERQ BIRTH-5 YRS	5.42	452.57			000	N			481.8		000	N	
33958	ECMO/ECLS REPOS PERPH CANNULA PRQ 6 YRS & OLDER	5.34	445.89			000	N			465.93		000	N	
33959	ECMO/ECLS REPOS PERPH CANNULA OPEN BIRTH-5 YRS	6.88	574.48			000	N			612.06		000	N	
33962	ECMO/ECLS REPOS PERPH CANNULA OPEN 6 YRS & OLDER	6.96	581.16			000	N			574.48		000	N	
33963	ECMO/ECLS REPOS CENTRAL PERPH CANNULA BIRTH-5YRS	13.76	1148.96			000	N			1222.44		000	N	
33964	ECMO/ECLS ECLS REPOS CENTRAL CNULA 6YRS & OLDER	14.33	1196.56			000	N			1251.67		000	N	
33965	ECMO/ECLS RMVL OF PERPH CANNULA PERQ BIRTH-5 YRS	5.42	452.57			000	N			481.8		000	N	
33966	ECMO/ECLS RMVL OF PRPH CANNULA PRQ 6 YRS & OLDER	6.87	573.65			000	N			578.66		000	N	
33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	7.56	631.26			000	N	2222.70		639.61		000	N	
33968	REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	0.98	81.83			000	N			83.5		000	N	
33969	ECMO/ECLS RMVL OF PERPH CANNULA OPEN BIRTH-5 YRS	8.01	668.84			000	N			709.75		000	N	
33970	INSJ INTRA-AORT BALO ASSIST DEV VIA FEM ART OPEN	10.35	864.23			000	Y			882.6		000	Y	
33971	RMVL I-AORT BALO ASST DEV W/RPR FEM ART W/WO GRF	20.67	1725.95			090	N			1791.08		090	N	
33973	INSJ I-AORT BALO ASSIST DEV VIA ASCENDING AORTA	15	1252.50			000	Y			1283.4		000	Y	
33974	RMVL ASCENDING-AORTA BALO DEV W/RPR ASCEND-AORTA	25.87	2160.15			090	N			2272.04		090	N	
33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	38.43	3208.91			XXX	Y			3304.93		XXX	Y	
33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	46.8	3907.80			XXX	Y			4016.35		XXX	Y	
33977	REMOVAL VENTR ASSIST DEVICE XTRCORP 1 VENTRICLE	32.97	2753.00			XXX	Y			2831.49		XXX	Y	
33978	REMOVAL VENTR ASSIST DEVICE XTRCORP BIVENTR	39	3256.50			XXX	Y			3381.75		XXX	Y	
33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	57.05	4763.68			XXX	Y			4883.08		XXX	Y	
33980	RMVL VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	52.18	4357.03			XXX	Y			4475.6		XXX	Y	
33981	RPLCMT XTRCORP VAD 1/BIVENTR PUMP 1/EA PUMP	24.42	2039.07			XXX	Y			2105.87		XXX	Y	
33982	PLCMT VAD PMP IMPLTBL ICORP 1 VENTR W/O BYPASS	57.86	4831.31			XXX	Y			5169.49		XXX	Y	
33983	RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/BYPASS	67.69	5652.12			XXX	Y			5779.04		XXX	Y	
33984	ECMO/ECLS RMVL PRPH CANNULA OPEN 6 YRS & OLDER	8.33	695.56			000	N			696.39		000	N	
33985	ECMO/ECLS REMOVAL OF CENTRAL CANNULA BIRTH-5 YRS	15.11	1261.69			000	N			1336.84		000	N	
33986	ECMO/ECLS RMVL OF CENTRAL CANNULA 6 YRS & OLDER	15.46	1290.91			000	N			1270.04		000	N	

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33987	ARTERY EXPOS/GRAFT ARTERY PERFUSION ECMO/ECLS	6.08	507.68			ZZZ	N			509.35		ZZZ	N	
33988	INSERT LEFT HEART VENT BY THORACIC INC ECMO/ECLS	22.68	1893.78			000	N			1893.78		000	N	
33989	RMVL LEFT HEART VENT BY THORACIC INCIS ECMO/ECLS	14.67	1224.95			000	N			1204.07		000	N	
33990	INSJ PERQ VAD W/IMAGING ARTERY ACCESS ONLY	12.82	1070.47			XXX	Y	4883.50		1079.66		XXX	Y	
33991	INSJ PERQ VAD TRNSPTAL W/IMAGE ART&VENOUS ACCESS	18.67	1558.95			XXX	Y			1573.14		XXX	Y	
33992	REMOVAL PERCUTANEOUS VAD DIFFERENT SESSION	6.05	505.18			XXX	Y			513.53		XXX	Y	
33993	REPOSITION VAD W/IMAGING DIFFERENT SESSION	5.31	443.39			XXX	Y			450.9		XXX	Y	
33999	UNLISTED CARDIAC SURGERY	0	BR			YYY	Y	687.66		BR		YYY	Y	532.02
34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	28.71	2397.29			090	Y			2472.44		090	Y	
34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	28.9	2413.15			090	Y			2520.87		090	Y	
34101	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	17.78	1484.63			090	Y	5405.28		1540.58		090	Y	3999.56
34111	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	17.72	1479.62			090	Y	5405.28		1541.41		090	Y	3999.56
34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	41.36	3453.56			090	Y			3582.15		090	Y	
34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	30.5	2546.75			090	Y	5405.28		2646.12		090	Y	3999.56
34203	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	28.27	2360.55			090	Y	5405.28		2454.9		090	Y	3999.56
34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	42.64	3560.44			090	Y			3671.5		090	Y	
34421	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	21.57	1801.10			090	Y	3200.67		1866.23		090	Y	3999.56
34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL&LEG	42.68	3563.78			090	Y			4177.51		090	Y	
34471	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	31.93	2666.16			090	N	3200.67		2729.62		090	N	3999.56
34490	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	17.99	1502.17			090	N	3200.67		1581.49		090	N	3999.56
34501	VALVULOPLASTY FEMORAL VEIN	28.77	2402.30			090	Y	5405.28		2302.1		090	Y	3999.56
34502	RECONSTRUCTION VENA CAVA ANY METHOD	45.02	3759.17			090	Y			3861.88		090	Y	
34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	34.93	2916.66			090	Y	5405.28		2962.58		090	Y	3999.56
34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM	29.64	2474.94			090	Y	5405.28		2543.41		090	Y	3999.56
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	32.12	2682.02			090	Y	3200.67		2380.59		090	Y	3999.56
34800	EVASC RPR AAA W/AORTO-AORTIC TUBE PROSTH	33.4	2788.90			090	Y			2855.7		090	Y	
34802	EVASC RPR AAA W/MDLR BFRC PROSTH 1 LIMB	36.85	3076.98			090	Y			3162.15		090	Y	
34803	EVASC RPR AAA W/MDLR BFRC PROSTH 2 LIMBS	38.08	3179.68			090	Y			3265.69		090	Y	
34804	EVASC RPR AAA W/UNIBDY BFRC PROSTH	36.8	3072.80			090	Y			3163.82		090	Y	
34805	EVASC RPR AAA AORTO-UNIILIAC/AORTO-UNIFEM PROSTH	35.26	2944.21			090	Y			3030.22		090	Y	

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34806	TCAT PLACEMENT PHYSIOLOGIC SENSOR ANEURYSMAL SAC	2.96	247.16			ZZZ	Y			258.02		ZZZ	Y	
34808	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	6.12	511.02			ZZZ	Y			521.88		ZZZ	Y	
34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	9.97	832.50			000	Y			855.04		000	Y	
34813	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	7	584.50			ZZZ	Y			602.87		ZZZ	Y	
34820	ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	14.53	1213.26			000	Y			1241.65		000	Y	
34825	PLMT XTN PROSTH EVASC RPR ARYSM/DSJ 1ST VSL	20.55	1715.93			090	Y	2681.00		1775.21		090	Y	
34826	PLMT XTN PROSTH EVASC RPR ARYSM/DSJ EA VSL	6.07	506.85			ZZZ	Y			517.7		ZZZ	Y	
34830	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	52.19	4357.87			090	Y			4523.2		090	Y	
34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	56.23	4695.21			090	Y			4863.04		090	Y	
34832	OPN RPR ARYSM RPR ARTL TRMA AORTO-BIFEM PROSTH	55.85	4663.48			090	Y			4863.04		090	Y	
34833	ILIAC ART EXPOS W/CRTJ CONDUIT UNI	17.99	1502.17			000	Y			1547.26		000	Y	
34834	BRACH ART EXPOS DPLMNT AORTIC/ILIAC PROSTH UNI	8.06	673.01			000	Y			698.9		000	Y	
34839	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	0	BR			YYY	N			BR		YYY	N	
34841	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	0	BR			YYY	Y			0		YYY	N	
34842	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	0	BR			YYY	Y			0		YYY	N	
34843	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	0	BR			YYY	Y			0		YYY	N	
34844	ENDOVASC VISCER AORTA REPR FENEST 4+ ENDOGRAFT	0	BR			YYY	Y			0		YYY	N	
34845	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	0	BR			YYY	Y			0		YYY	N	
34846	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	0	BR			YYY	Y			0		YYY	N	
34847	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	0	BR			YYY	Y			0		YYY	N	
34848	VISCER AND INFRARENAL ABDOM AORTA 4+ PROSTHESIS	0	BR			YYY	Y			0		YYY	N	
34900	EVASC RPR ILIAC ART ILIO-ILIAC PROSTHESIS	26.48	2211.08			090	Y			2267.86		090	Y	
35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	33.12	2765.52			090	Y			2904.97		090	Y	
35002	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	33.61	2806.44			090	Y			2874.07		090	Y	
35005	DIR RPR ANEURYSM VERTEBRAL ARTERY	31.91	2664.49			090	Y			2930.02		090	Y	
35011	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	29.65	2475.78			090	Y	3200.67		2550.09		090	Y	3446.22
35013	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	37.07	3095.35			090	Y			3190.54		090	Y	
35021	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	36.77	3070.30			090	Y			3172.17		090	Y	
35022	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	40.95	3419.33			090	Y			3624.74		090	Y	
35045	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	29.33	2449.06			090	Y	3200.67		2520.87		090	Y	2772.73

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35081	DIR RPR ANEURYSM ABDOMINAL AORTA	51.7	4316.95			090	Y			4488.13		090	Y	
35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	64.95	5423.33			090	Y			5590.33		090	Y	
35091	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	53.09	4433.02			090	Y			4579.14		090	Y	
35092	DIR RPR RUPTD ANEURSM ABDOM AORTA W/VISCERA VSLS	76.91	6421.99			090	Y			6649.94		090	Y	
35102	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	55.97	4673.50			090	Y			4848.01		090	Y	
35103	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS	66.49	5551.92			090	Y			5737.29		090	Y	
35111	DIR RPR ANEURYSM SPLENIC ARTERY	44.91	3749.99			090	Y			3358.37		090	Y	
35112	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	54.17	4523.20			090	Y			4677.67		090	Y	
35121	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	48.61	4058.94			090	Y			4200.05		090	Y	
35122	DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	63.18	5275.53			090	Y			5392.43		090	Y	
35131	DIR RPR ANEURYSM & GRAFT ILIAC ARTERY	41.09	3431.02			090	Y			3548.75		090	Y	
35132	DIR RPR RUPTD ANEURYSM & GRAFT ILIAC ARTERY	48.27	4030.55			090	Y			4170.83		090	Y	
35141	DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY	32.76	2735.46			090	Y			2845.68		090	Y	
35142	DIR RPR RUPTD ANEURYSM & GRF COMMON FEMORAL ART	39.16	3269.86			090	Y			3394.28		090	Y	
35151	DIR RPR ANEURYSM & GRAFT POPLITEAL ARTERY	36.79	3071.97			090	Y			3191.37		090	Y	
35152	DIR RPR RUPTD ANEURYSM & GRF POPLITEAL ARTERY	41.45	3461.08			090	Y			3588.83		090	Y	
35180	REPAIR CONGENITAL AV FISTULA HEAD & NECK	27.33	2282.06			090	Y	3200.67		2322.97		090	Y	2772.73
35182	RPR CONGENITAL AV FISTULA THORAX & ABDOMEN	52.3	4367.05			090	Y			4406.3		090	Y	
35184	RPR CONGENITAL AV FISTULA EXTREMITIES	30.79	2570.97			090	Y	5405.28		2666.16		090	Y	2772.73
35188	RPR/TRAUMATIC AV FISTULA HEAD & NECK	33.81	2823.14			090	Y	3200.67		2325.48		090	Y	3999.56
35189	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	45.31	3783.39			090	Y			3907.8		090	Y	
35190	RPR/TRAUMATIC AV FISTULA EXTREMITIES	22.45	1874.58			090	Y	3200.67		1937.2		090	Y	2772.73
35201	REPAIR BLOOD VESSEL DIRECT NECK	27.96	2334.66			090	Y	3200.67		2401.46		090	Y	2772.73
35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	22.86	1908.81			090	Y	3200.67		1979.79		090	Y	2772.73
35207	REPAIR BLOOD VESSEL DIRECT HAND FINGER	21.86	1825.31			090	N	3200.67		1872.91		090	N	3999.56
35211	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/BYPASS	40.26	3361.71			090	Y			3473.6		090	Y	
35216	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	59.92	5003.32			090	Y			5140.26		090	Y	
35221	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	42.76	3570.46			090	Y			3647.28		090	Y	
35226	RPR BLOOD VESSEL DIRECT LOWER EXTREMITY	24.59	2053.27			090	Y	684.54		2137.6		090	Y	752.91
35231	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	35.71	2981.79			090	Y	3200.67		3039.4		090	Y	2772.73

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35236	REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY	28.92	2414.82			090	Y	5405.28		2510.01		090	Y	2772.73
35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	40.31	3365.89			090	Y			3635.59		090	Y	
35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	46.08	3847.68			090	Y			3669.83		090	Y	
35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	50.07	4180.85			090	Y			4296.08		090	Y	
35256	REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY	30.11	2514.19			090	Y	5405.28		2607.71		090	Y	2772.73
35261	REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK	31.25	2609.38			090	Y	3200.67		2676.18		090	Y	3446.22
35266	RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY	25.73	2148.46			090	Y	5405.28		2195.22		090	Y	3446.22
35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	40.1	3348.35			090	Y			3501.16		090	Y	
35276	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	42.57	3554.60			090	Y			3669.83		090	Y	
35281	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	47.72	3984.62			090	Y			4139.1		090	Y	
35286	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY	27.66	2309.61			090	Y	5405.28		2388.1		090	Y	3446.22
35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	33.5	2797.25			090	Y	6722.91		2690.37		090	Y	
35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	33.33	2783.06			090	Y			2893.28		090	Y	
35303	TEAEC W/GRAFT POPLITEAL ARTERY	36.89	3080.32			090	Y			3193.04		090	Y	
35304	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	38.03	3175.51			090	Y			3289.07		090	Y	
35305	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	36.42	3041.07			090	Y			3161.31		090	Y	
35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	13.55	1131.43			ZZZ	Y			1141.45		ZZZ	Y	
35311	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	43.08	3597.18			090	Y			3914.48		090	Y	
35321	TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL	26.34	2199.39			090	Y	5405.28		2277.88		090	Y	2772.73
35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	42.91	3582.99			090	Y			3734.96		090	Y	
35341	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	40.47	3379.25			090	Y			3525.37		090	Y	
35351	TEAEC W/WO PATCH GRAFT ILIAC	37.92	3166.32			090	Y			3283.22		090	Y	
35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	30.69	2562.62			090	Y			2657.81		090	Y	
35361	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	45.52	3800.92			090	Y			3908.64		090	Y	
35363	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	51.7	4316.95			090	Y			4397.95		090	Y	
35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	24.27	2026.55			090	Y			2106.71		090	Y	
35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	29.08	2428.18			090	Y			2516.69		090	Y	
35390	ROPRTJ CRTD TEAEC > 1 MO AFTER ORIGINAL OPRATIO	4.71	393.29			ZZZ	Y			405.81		ZZZ	Y	
35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	4.41	368.24			ZZZ	N			379.09		ZZZ	N	
35450	TRLUML BALOON ANGIOPL OPN RENAL/OTH VISCERAL ART	14.95	1248.33			000	Y			1299.26		000	Y	

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35452	TRLUML BALLOON ANGIOPLASTY OPEN AORTIC	10.08	841.68			000	Y			910.15		000	Y	
35458	TRLUML BALO ANGIOP OPN BRCH/CPHLC TRNK/BRNCH EA	14.56	1215.76			000	Y	9184.30	J1	1247.49		000	Y	5190.09
35460	TRLUML BALLOON ANGIOPLASTY OPEN VENOUS	9.27	774.05			000	N	9184.30	J1	798.26		000	N	5190.09
35471	TRLUML BALLOON ANGIOP PRQ RENAL/VISCERAL ART	72.86	6083.81			000	N	9184.30	J1	6523.02		000	N	5190.09
35472	TRLUML BALLOON ANGIOPLASTY PERCUTANEOUS AORTIC	52.48	4382.08			000	N	9184.30	J1	4929.01		000	N	5190.09
35475	TRLUML BALO ANGIOP PRQ BRCH/CPHLC TRNK/BRNCH EA	44.43	3709.91			000	N	9184.30	J1	4019.69		000	N	5190.09
35476	TRLUML BALLOON ANGIOPLASTY PERCUTANEOUS VENOUS	40.73	3400.96			000	N	9184.30	J1	3709.07		000	N	5190.09
35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	9.43	787.41			ZZZ	Y			816.63		ZZZ	Y	1491.99
35501	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	44.22	3692.37			090	Y			3861.04		090	Y	
35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	37.77	3153.80			090	Y			3431.85		090	Y	
35508	BYPASS W/VEIN CAROTID-VERTEBRAL	40.15	3352.53			090	Y			3444.38		090	Y	
35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	41.77	3487.80			090	Y			3633.09		090	Y	
35510	BYPASS W/VEIN CAROTID-BRACHIAL	36.46	3044.41			090	Y			3160.48		090	Y	
35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	33.21	2773.04			090	Y			3269.03		090	Y	
35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	36.13	3016.86			090	Y			3100.36		090	Y	
35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	42.41	3541.24			090	Y			3416.82		090	Y	
35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	36.17	3020.20			090	Y			3135.43		090	Y	
35518	BYPASS W/VEIN AXILLARY-AXILLARY	34.35	2868.23			090	Y			3329.15		090	Y	
35521	BYPASS W/VEIN AXILLARY-FEMORAL	36.6	3056.10			090	Y			3593.01		090	Y	
35522	BYPASS W/VEIN AXILLARY-BRACHIAL	35.79	2988.47			090	Y			3183.02		090	Y	
35523	BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	37.98	3171.33			090	Y			3272.37		090	Y	
35525	BYPASS W/VEIN BRACHIAL-BRACHIAL	33.89	2829.82			090	Y			2922.5		090	Y	
35526	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	50.16	4188.36			090	Y			4401.29		090	Y	
35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	59.89	5000.82			090	Y			5173.66		090	Y	
35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	44.35	3703.23			090	Y			3867.72		090	Y	
35535	BYPASS W/VEIN HEPATORENAL	56.75	4738.63			090	Y			4355.36		090	Y	
35536	BYPASS W/VEIN SPLENORENAL	50.07	4180.85			090	Y			5151.95		090	Y	
35537	BYPASS W/VEIN AORTOILIAC	64.88	5417.48			090	Y			5350.68		090	Y	
35538	BYPASS W/VEIN AORTOBI-ILIAC	69.52	5804.92			090	Y			5989.46		090	Y	
35539	BYPASS W/VEIN AORTOFEMORAL	65	5427.50			090	Y			5627.07		090	Y	

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35540	BYPASS W/VEIN AORTOBIFEMORAL	72.68	6068.78			090	N			6563.94		090	N	
35556	BYPASS W/VEIN FEMORAL-POPLITEAL	41.55	3469.43			090	Y			3603.86		090	Y	
35558	BYPASS W/VEIN FEMORAL-FEMORAL	36.54	3051.09			090	Y			3181.35		090	Y	
35560	BYPASS W/VEIN AORTORENAL	50.86	4246.81			090	Y			4375.4		090	Y	
35563	BYPASS W/VEIN ILIOILIAC	39.41	3290.74			090	Y			3398.45		090	Y	
35565	BYPASS W/VEIN ILIOFEMORAL	39.25	3277.38			090	Y			3380.08		090	Y	
35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	49.59	4140.77			090	Y			4296.91		090	Y	
35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	45.08	3764.18			090	Y			3491.97		090	Y	
35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	39.46	3294.91			090	Y			3412.65		090	Y	
35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	10.22	853.37			ZZZ	Y			878.42		ZZZ	Y	
35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	42.94	3585.49			090	Y			3706.57		090	Y	
35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	49.83	4160.81			090	Y			4309.44		090	Y	
35587	IN-SITU VEIN BYP POP-TIBL PRONEAL	40.5	3381.75			090	Y			3507		090	Y	
35600	HARVEST UPPER EXTREMITY ARTERY 1 SEGMENT CABG	7.45	622.08			ZZZ	Y			644.62		ZZZ	Y	
35601	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	41.58	3471.93			090	Y			3621.4		090	Y	
35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	34.8	2905.80			090	Y			3020.2		090	Y	
35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	31.8	2655.30			090	Y			2687.03		090	Y	
35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	32.69	2729.62			090	Y			2788.07		090	Y	
35621	BYP OTH/THN VEIN AXILLARY-FEMORAL	32.59	2721.27			090	Y			2823.14		090	Y	
35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	38.96	3253.16			090	Y			3373.4		090	Y	
35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	46.45	3878.58			090	Y			4004.66		090	Y	
35631	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	54.86	4580.81			090	Y			4726.1		090	Y	
35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	53.45	4463.08			090	Y			4136.59		090	Y	
35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	59.42	4961.57			090	Y			4609.2		090	Y	
35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	52.36	4372.06			090	Y			4048.08		090	Y	
35636	BYP OTH/THN VEIN SPLENORENAL	47.48	3964.58			090	Y			4094.01		090	Y	
35637	BYP OTH/THN VEIN AORTOILIAC	51.15	4271.03			090	Y			4443.04		090	Y	
35638	BYP OTH/THN VEIN AORTOBI-ILIAC	52.26	4363.71			090	Y			4525.7		090	Y	
35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL	29.22	2439.87			090	Y			2540.07		090	Y	
35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	30.1	2513.35			090	Y			2806.44		090	Y	

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35646	BYP OTH/THN VEIN AORTOBIFEMORAL	50.92	4251.82			090	Y			4402.96		090	Y	
35647	BYP OTH/THN VEIN AORTOFEMORAL	46.16	3854.36			090	Y			3997.98		090	Y	
35650	BYP OTH/THN VEIN AXILLARY-AXILLARY	32	2672.00			090	Y			2730.45		090	Y	
35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	40.64	3393.44			090	Y			3503.66		090	Y	
35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	32.18	2687.03			090	Y			2784.73		090	Y	
35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	32.19	2687.87			090	Y			2794.75		090	Y	
35663	BYP OTH/THN VEIN ILIOILIAC	37.23	3108.71			090	Y			3234.79		090	Y	
35665	BYP OTH/THN VEIN ILIOFEMORAL	34.8	2905.80			090	Y			3019.36		090	Y	
35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	37.6	3139.60			090	Y			3271.53		090	Y	
35671	BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART	33.15	2768.03			090	Y			2890.77		090	Y	
35681	BYPASS COMPOSITE GRAFT PROSTHETIC & VEIN	2.37	197.90			ZZZ	Y			203.74		ZZZ	Y	
35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	10.47	874.25			ZZZ	N			900.13		ZZZ	N	
35683	BYP AUTOG COMPOSIT 3/> SEG FROM 2/> LOCATION	12.21	1019.54			ZZZ	N			1046.26		ZZZ	N	
35685	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	5.89	491.82			ZZZ	Y			509.35		ZZZ	Y	2772.73
35686	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	4.78	399.13			ZZZ	Y			420.84		ZZZ	Y	2772.73
35691	TRPOS&/RIMPLTJ VERTEBRAL CAROTID ART	28.42	2373.07			090	Y			2430.69		090	Y	
35693	TRPOS&/RIMPLTJ VERTEBRAL SUBCLAVIAN ART	24.14	2015.69			090	Y			2152.63		090	Y	
35694	TRPOS&/RIMPLTJ SUBCLAVIAN CAROTID ART	29.31	2447.39			090	Y			2537.57		090	Y	
35695	TRPOS&/RIMPLTJ CAROTID SUBCLAVIAN ART	31.1	2596.85			090	Y			2634.43		090	Y	
35697	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	4.37	364.90			ZZZ	Y			377.42		ZZZ	Y	
35700	ROPRTJ > 1 MO AFTER ORIGINAL OPRATION	4.53	378.26			ZZZ	Y			390.78		ZZZ	Y	
35701	EXPL N/FLWD SURG RPR W/WO LYSIS CAROTID ARTERY	16.65	1390.28			090	Y			1442.05		090	Y	
35721	EXPL N/FLWD SURG RPR W/WO LYSIS FEMORAL ARTERY	13.46	1123.91			090	Y			1163.99		090	Y	
35741	EXPL N/FLWD SURG RPR W/WO LYSIS POPLITEAL ARTERY	15.21	1270.04			090	Y			1309.28		090	Y	
35761	EXPL N/FLWD SURG RPR W/WO LYSIS OTHER ARTERY	11.45	956.08			090	Y	3200.67		993.65		090	Y	2772.73
35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	20.93	1747.66			090	Y	6009.11		1814.46		090	Y	
35820	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	58.62	4894.77			090	Y			5051.75		090	Y	
35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	34.74	2900.79			090	Y	3936.28		2973.44		090	Y	
35860	EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	24.84	2074.14			090	Y	3200.67		2150.13		090	Y	2772.73
35870	RPR GRF-ENTERIC FSTL	36.83	3075.31			090	Y			3198.05		090	Y	

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35875	THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	17.62	1471.27			090	N	5405.28		1533.06		090	N	3999.56
35876	THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	28.01	2338.84			090	Y	5405.28		2431.52		090	Y	3999.56
35879	REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	27.37	2285.40			090	Y	5405.28		2384.76		090	Y	3999.56
35881	REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	30.26	2526.71			090	Y	5405.28		2629.42		090	Y	3999.56
35883	REVISION FEMORAL ANAST OPEN NONAUTOG GRAFT	35.85	2993.48			090	Y	5405.28		3107.04		090	Y	3999.56
35884	REVISION FEMORAL ANAST OPEN W/AUTOG GRAFT	36.7	3064.45			090	Y	5405.28		3186.36		090	Y	3999.56
35901	EXCISION INFECTED NECK GRAFT	13.99	1168.17			090	Y			1283.4		090	Y	
35903	EXCISION INFECTED GRAFT EXTREMITY	16.71	1395.29			090	Y	3200.67		1461.25		090	Y	2772.73
35905	EXCISION INFECTED GRAFT THORAX	49.88	4164.98			090	Y			4312.78		090	Y	
35907	EXCISION INFECTED GRAFT ABDOMEN	56.67	4731.95			090	Y			4901.45		090	Y	
36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	0.73	60.96			XXX	N			65.13		XXX	N	
36002	INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	4.64	387.44			000	N	593.61		406.65		000	N	199.63
36005	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	9.23	770.71			000	N			828.32		000	N	
36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	14.3	1194.05			XXX	N			1285.9		XXX	N	
36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	23.76	1983.96			XXX	N			2168.5		XXX	N	
36012	SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	24.54	2049.09			XXX	N			2221.94		XXX	N	
36013	INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	22.37	1867.90			XXX	N			2088.34		XXX	N	
36014	SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	23.1	1928.85			XXX	N			2090.84		XXX	N	
36015	SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	24.76	2067.46			XXX	N			2249.49		XXX	N	
36100	INTRO NEEDLE/INTRACATH CAROTID/VERTEBRAL ARTERY	14.29	1193.22			XXX	N			1320.97		XXX	N	
36120	INTRO NEEDLE/INTRACATH RETROGRADE BRACHIAL ART	12.07	1007.85			XXX	N			1119.74		XXX	N	
36140	INTRO NEEDLE/INTRACATH EXTREMITY ARTERY	12.48	1042.08			XXX	N			1137.27		XXX	N	
36147	INTRO NDL/CATH AV SHUNT IST ACCESS W/ RAD EVAL	23.9	1995.65			XXX	Y	1228.40		2169.33		XXX	Y	923.72
36148	INTRO NDL/CATH AV SHUNT ADDL ACCESS THER IVNTJ	7.47	623.75			ZZZ	Y			676.35		ZZZ	Y	
36160	INTRO NEEDLE/INTRACATH AORTIC TRANSLUMBAR	14.07	1174.85			XXX	N			1315.96		XXX	N	
36200	INTRODUCTION CATHETER AORTA	17.78	1484.63			000	N			1629.09		000	N	
36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	32.05	2676.18			XXX	N			2835.66		XXX	N	
36216	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	33.99	2838.17			XXX	N			3159.64		XXX	N	
36217	SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	55.94	4670.99			XXX	N			5436.69		XXX	N	
36218	SLCTV CATHJ EA 2ND+ ORD THRC/BRCH/CPHLC BRNCH	5.49	458.42			ZZZ	N			502.67		ZZZ	N	

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36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	31.28	2611.88			000	N	3872.19		2861.55		000	N	2863.77
36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	37.51	3132.09			000	N	3872.19		3543.74		000	N	2863.77
36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	43.87	3663.15			000	N	5405.28		3876.91		000	N	2863.77
36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	51.69	4316.12			000	N	5405.28		4210.91		000	N	4683.54
36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	42.88	3580.48			000	N	3872.19		3848.52		000	N	2863.77
36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	52.47	4381.25			000	N	5405.28		4292.74		000	N	4683.54
36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	7.19	600.37			ZZZ	N			617.9		ZZZ	N	
36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	34.67	2894.95			ZZZ	N			2946.72		ZZZ	N	
36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	39.04	3259.84			XXX	N			2555.1		XXX	N	
36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	25.42	2122.57			000	N			2293.75		000	N	
36247	SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	45	3757.50			000	N			4095.68		000	N	
36248	SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	4.37	364.90			ZZZ	N			391.62		ZZZ	N	
36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	40.62	3391.77			000	N	3872.19		3732.45		000	N	2863.77
36252	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	44.07	3679.85			000	N	3872.19		4081.48		000	N	2863.77
36253	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	64.61	5394.94			000	N	3872.19		5691.36		000	N	2863.77
36254	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	62.81	5244.64			000	N	3872.19		5910.13		000	N	2863.77
36260	INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUM	18.22	1521.37			090	N	3200.67		1606.54		090	N	2874.31
36261	REVJ IMPLANTED INTRA-ARTERIAL INFUSION PUMP	11.6	968.60			090	Y	3545.84		1011.19		090	Y	2171.38
36262	REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP	8.86	739.81			090	N	3545.84		769.04		090	N	2171.38
36299	UNLISTED PROCEDURE VASCULAR INJECTION	0	BR			YYY	N			BR		YYY	N	
36400	VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN	0.85	70.98			XXX	N			72.65		XXX	N	
36405	VNPNXR <3 YEARS PHYS/QHP SKILL SCALP VEIN	0.75	62.63			XXX	N			65.97		XXX	N	
36406	VNPNXR <3 YEARS PHYS/QHP SKILL OTHER VEIN	0.47	39.25			XXX	N			49.27		XXX	N	
36410	VNPNXR 3 YEARS/> PHYS/QHP SKILL	0.48	40.08			XXX	N			42.59		XXX	N	
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	0.08	6.68			XXX	N			7.52		XXX	N	
36416	COLLECTION CAPILLARY BLOOD SPECIMEN	0.08	6.68			XXX	N			7.52		XXX	N	
36420	VENIPUNCTURE CUTDOWN UNDER AGE 1 YR	1.51	126.09			XXX	N	79.66		128.59		XXX	N	30.23
36425	VENIPUNCTURE CUTDOWN AGE 1 YR/>	1.15	96.03			XXX	N	129.85		98.53		XXX	N	30.23
36430	TRANSFUSION BLOOD/BLOOD COMPONENTS	0.98	81.83			XXX	N	497.25		85.17		XXX	N	335.98
36440	PUSH TRANSFUSION BLOOD 2 YR/UNDER	1.65	137.78			XXX	N	497.25		145.29		XXX	N	335.98

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36450	EXCHNG TRANSFUSION BLOOD NEWBORN	3.37	281.40			XXX	N	497.25		263.03		XXX	N	335.98
36455	EXCHNG TRANSFUSION BLOOD OTHER/THAN NEW BORN	3.65	304.78			XXX	N	497.25		278.06		XXX	N	335.98
36460	TRANSFUSION INTRAUTERINE FETAL	9.95	830.83			XXX	Y	497.25		900.97		XXX	Y	335.98
36468	1/MLT NJXS SCLRSG SLNS SPIDER VEINS LIMB/TRUNK	0	BR			000	N	167.81		BR		000	N	92.29
36470	NJX SCLEROSING SOLUTION SINGLE VEIN	4.27	356.55			010	N	321.24		390.78		010	N	137.98
36471	NJX SCLEROSING SOLUTION MULTIPLE VEINS SAME LEG	4.99	416.67			010	N	321.24		445.06		010	N	137.98
36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	43.8	3657.30			000	N	3200.67		4448.05		000	N	3902.06
36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	8.51	710.59			ZZZ	N			988.64		ZZZ	N	2526.85
36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	34.39	2871.57			000	N	3200.67		3483.62		000	N	2526.85
36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	8.83	737.31			ZZZ	N			1003.67		ZZZ	N	2526.85
36481	PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	58.05	4847.18			000	N			5378.24		000	N	
36500	VEN CATHJ SLCTV ORGAN BLD SAMPLING	5.3	442.55			000	N			443.39		000	N	
36510	CATHJ UMBILICAL VEIN DX/THER NB	2.58	215.43			000	N			239.65		000	N	
36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS	2.69	224.62			000	N	1492.23		237.14		000	N	1226.42
36512	THERAPEUTIC APHERESIS RED BLOOD CELLS	2.71	226.29			000	N	1492.23		228.79		000	N	1226.42
36513	THERAPEUTIC APHERESIS PLATELETS	2.8	233.80			000	N	1492.23		243.82		000	N	1226.42
36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	15.32	1279.22			000	N	1492.23		1354.37		000	N	1226.42
36515	THER APHERESIS W/XTRCORP IMMUNODSPTJ& PLSM RENFJ	58.73	4903.96			000	N	4294.09		5477.6		000	N	3726.68
36516	THER APHRS XTRCORP SLCTV ADSRPJ/FILTRJ & REINFSJ	59.17	4940.70			000	N	4294.09		5342.33		000	N	3726.68
36522	PHOTOPHERESIS EXTRACORPOREAL	39.78	3321.63			000	N	4294.09		3574.64		000	N	3726.68
36555	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y	7.33	612.06			000	N	1228.40		650.47		000	N	1014.12
36556	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	6.66	556.11			000	N	1228.40		591.18		000	N	1014.12
36557	INSERT TUNNELED CVC W/O SUBQ PORT/PMP AGE <5 YR	28.75	2400.63			010	N	3200.67		1978.12		010	N	2262.94
36558	INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	22.32	1863.72			010	N	3200.67		2010.68		010	N	2262.94
36560	INSJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR	38.36	3203.06			010	N	3200.67		3543.74		010	N	2874.31
36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	33.53	2799.76			010	N	3200.67		3073.64		010	N	2874.31
36563	INSJ TUNNELED CTR VAD W/SUBQ PUMP	37.91	3165.49			010	N	5405.28		3497.82		010	N	2874.31
36565	INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUBQ PORT/PMP	27.79	2320.47			010	N	3200.67		2591.01		010	N	2874.31
36566	INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ PORT	155.12	12952.52			010	N	5405.28		14468.88		010	N	2874.31
36568	INSJ PRPH CVC W/O SUBQ PORT/PMP UNDER 5 YR	8.58	716.43			000	N	1228.40		739.81		000	N	1014.12

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36569	INSJ PRPH CVC W/O SUBQ PORT/PMP AGE 5 YR/>	7.13	595.36			000	N	1228.40		621.24		000	N	1014.12
36570	INSJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR	33	2755.50			010	N	3200.67		3048.59		010	N	2262.94
36571	INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	37.18	3104.53			010	N	3200.67		3380.08		010	N	2262.94
36575	RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	4.75	396.63			000	N	687.66		434.2		000	N	567.16
36576	RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT	11.11	927.69			010	N	1228.40		986.97		010	N	1014.12
36578	RPLCMT CATH CTR VAD SUBQ PORT/PMP	14.83	1238.31			010	N	3200.67		1337.67		010	N	2262.94
36580	RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP	6.13	511.86			000	N	1228.40		546.09		000	N	1014.12
36581	RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	21.93	1831.16			010	N	3200.67		1972.27		010	N	2262.94
36582	RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	31.41	2622.74			010	N	3200.67		2859.88		010	N	2874.31
36583	RPLCMT COMPL TUN CTR VAD W/SUBQ PMP	38.97	3254.00			010	N	5405.28		3591.34		010	N	2874.31
36584	RPLCMT COMPL PRPH CVC W/O SUBQ PORT/PMP	5.84	487.64			000	N	1228.40		511.86		000	N	1014.12
36585	RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	32.83	2741.31			010	N	3200.67		3127.08		010	N	2262.94
36589	RMVL TUN CVC W/O SUBQ PORT/PMP	4.73	394.96			010	N	687.66		417.5		010	N	567.16
36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	8.41	702.24			010	N	1228.40		744.82		010	N	1014.12
36591	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	0.66	55.11			XXX	N	129.85		58.45		XXX	N	63.38
36592	COLLECT BLOOD FROM CATHETER VENOUS NOS	0.74	61.79			XXX	N	129.85		67.64		XXX	N	63.38
36593	DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	0.88	73.48			XXX	N	284.56		77.66		XXX	N	222.75
36595	MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS	16.7	1394.45			000	N	3200.67		1441.21		000	N	2262.94
36596	MCHNL RMVL INTRAL OBSTR CV DEV THRU DEV LUMEN	3.8	317.30			000	N	1228.40		341.52		000	N	1014.12
36597	RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	3.63	303.11			000	N	1228.40		314.8		000	N	1014.12
36598	CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPRT	3.15	263.03			000	N	284.56		276.39		000	N	222.75
36600	ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	0.9	75.15			XXX	N	129.85		78.49		XXX	N	30.23
36620	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX PRQ	1.47	122.75			000	N			124.42		000	N	
36625	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX CUTDOWN	3.02	252.17			000	N			262.19		000	N	
36640	ARTL CATHJ PROLNG NFS THER CHEMOTX CUTDOWN	3.42	285.57			000	N	3200.67		326.49		000	N	2874.31
36660	CATHETERIZATION UMBILICAL NEWBORN ART DX/THERAPY	1.85	154.48			000	N			182.03		000	N	
36680	PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	1.69	141.12			000	N	129.85		146.96		000	N	158.18
36800	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	3.59	299.77			000	N	3200.67		412.49		000	N	3457.08
36810	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	6.3	526.05			000	N	5405.28		535.24		000	N	3457.08
36815	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	4.27	356.55			000	N	3200.67		375.75		000	N	3457.08

MEDICAL DATA														
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36818	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	20.5	1711.75			090	Y	3200.67		1707.58		090	Y	3999.56
36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	21.67	1809.45			090	Y	5405.28		1875.41		090	Y	3999.56
36820	ARVEN ANAST OPN F/ARM VEIN TRPOS	21.61	1804.44			090	Y	3200.67		2052.43		090	Y	3999.56
36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	19.64	1639.94			090	Y	3200.67		1766.03		090	Y	3999.56
36823	INSJ CNULA ISLTD XC-CIRCJ REG CHEMOTX XTR RMVL	39.2	3273.20			090	N			3341.67		090	N	
36825	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	23.68	1977.28			090	Y	5405.28		2024.88		090	Y	3999.56
36830	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	19.76	1649.96			090	Y	5405.28		1668.33		090	Y	3999.56
36831	THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	18.26	1524.71			090	Y	3200.67		1158.98		090	Y	3999.56
36832	REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF	22.41	1871.24			090	Y	5405.28		1472.11		090	Y	3999.56
36833	REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	24.03	2006.51			090	Y	5405.28		1664.16		090	Y	3999.56
36835	INSERTION THOMAS SHUNT SEPARATE PROCEDURE	14.44	1205.74			090	N	3200.67		1073.81		090	N	3457.08
36838	DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	33.84	2825.64			090	Y	5405.28		2927.51		090	Y	3999.56
36860	XTRNL CANNULA DECLTNG SPX W/O BALO CATH	5.94	495.99			000	N	1228.40		525.22		000	N	222.75
36861	XTRNL CANNULA DECLTNG SPX W/BALO CATH	3.85	321.48			000	N	5405.28		399.13		000	N	3457.08
36870	THRMBC PRQ ARVEN FSTL AUTOG/NONAUTOG GRF	52.33	4369.56			090	N	9184.30	J1	4781.21		090	N	3446.22
37140	VENOUS ANASTOMOSIS OPEN PORTOCAVAL	66.79	5576.97			090	N			5693.03		090	N	
37145	VENOUS ANASTOMOSIS OPEN RENOPORTAL	62.52	5220.42			090	Y			5296.41		090	Y	
37160	VENOUS ANASTOMOSIS OPEN CAVAL-MESENTERIC	64.22	5362.37			090	Y			5426.67		090	Y	
37180	VENOUS ANASTOMOSIS OPEN SPLENORENAL PROXIMAL	59.21	4944.04			090	Y			5221.26		090	Y	
37181	VENOUS ANASTOMOSIS OPEN SPLENORENAL DISTAL	67.62	5646.27			090	Y			5692.2		090	Y	
37182	INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	24.25	2024.88			000	N	4406.88		2060.78		000	N	
37183	REVJ TRANSVNS INTRAHEPATIC PORTOSYSTEMIC SHUNT	168.57	14075.60			000	N	9184.30	J1	15133.54		000	N	11168.05
37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	64.97	5425.00			000	N	5405.28		5893.43		000	N	3999.56
37185	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	20.62	1721.77			ZZZ	N			1877.92		ZZZ	N	3999.56
37186	SEC PRQ TRLUML THRMBC N-CORONARY N-INTRACRANIAL	39.35	3285.73			ZZZ	N			3626.41		ZZZ	N	3999.56
37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	58.87	4915.65			000	N	5405.28		5446.71		000	N	3999.56
37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	50.7	4233.45			000	N	3200.67		4568.29		000	N	3999.56
37191	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	75.05	6266.68			000	N	5405.28		6862.03		000	N	3902.06
37192	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&	44.22	3692.37			000	N	3200.67		4474.77		000	N	2874.31
37193	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	45.67	3813.45			000	N	3200.67		4272.7		000	N	2874.31

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37195	THROMBOLYSIS CEREBRAL IV INFUSION	28.22	2356.37			XXX	N	284.56		2455.74		XXX	N	222.75
37197	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	43.38	3622.23			000	N	3200.67		3888.6		000	N	2874.31
37200	TRANSCATHETER BIOPSY	6.4	534.40			000	N	5405.28		544.42		000	N	2874.31
37211	THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	11.69	976.12			000	N	5405.28		997.83		000	N	1014.12
37212	THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	10.28	858.38			000	N	1228.40		880.93		000	N	1014.12
37213	THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	7.22	602.87			000	N	3200.67		615.4		000	N	2262.94
37214	CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	3.96	330.66			000	N	3200.67		361.56		000	N	2262.94
37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	29.42	2456.57			090	N	5114.86		2696.22		090	N	
37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	120.92	10096.82			090	N			2502.5		090	N	
37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	32.2	2688.70			090	N			2713.75		090	N	
37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	24.06	2009.01			090	N			2009.01		090	N	
37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	90.1	7523.35			000	N	9184.30	J1	8405.95		000	N	5190.09
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	132.83	11091.31			000	N	19084.70	J1	12295.38		000	N	11168.05
37222	REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	25.31	2113.39			ZZZ	N			2364.72		ZZZ	N	5190.09
37223	REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL	73.87	6168.15			ZZZ	N			6861.2		ZZZ	N	5190.09
37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	109.32	9128.22			000	N	9184.30	J1	10124.38		000	N	5190.09
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	314.05	26223.18			000	N	19084.70	J1	29067.19		000	N	11168.05
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	258.28	21566.38			000	N	19084.70	J1	23887.68		000	N	11168.05
37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	424.15	35416.53			000	N	29224.34	J1	39272.56		000	N	18830.42
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	155.33	12970.06			000	N	19084.70	J1	14437.15		000	N	5190.09
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	309.59	25850.77			000	N	29224.34	J1	28628.81		000	N	11168.05
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	236.66	19761.11			000	N	29224.34	J1	21821.89		000	N	11168.05
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	380.92	31806.82			000	N	29224.34	J1	34837.04		000	N	18830.42
37232	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	34.59	2888.27			ZZZ	N			3203.06		ZZZ	N	5190.09
37233	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	41.79	3489.47			ZZZ	N			3830.98		ZZZ	N	11168.05
37234	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	110.56	9231.76			ZZZ	N			10364.86		ZZZ	N	5190.09
37235	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	116.44	9722.74			ZZZ	N			10571.1		ZZZ	N	5190.09
37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	117.37	9800.40			000	N	19084.70	J1	6672.49		000	N	11168.05
37237	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	70.17	5859.20			ZZZ	N			2898.29		ZZZ	N	5190.09
37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	119.69	9994.12			000	N	19084.70	J1	9756.98		000	N	11168.05

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37239	OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	57.91	4835.49			ZZZ	N			4849.68		ZZZ	N	5190.09
37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	136.15	11368.53			000	N	19084.70	J1	10801.56		000	N	9896.5
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	218.67	18258.95			000	N	19084.70	J1	18193.82		000	N	9896.5
37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	277.71	23188.79			000	N	19084.70	J1	22967.51		000	N	9896.5
37244	VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	193.49	16156.42			000	N	19084.70	J1	16081.27		000	N	9896.5
37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	39.82	3324.97			ZZZ	N							
37253	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	6.19	516.87			ZZZ	N							
37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	22.25	1857.88			090	N	5405.28		1634.93		090	N	3902.06
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	0	BR			YYY	N	1228.40		BR		YYY	N	2526.85
37565	LIGATION INTERNAL JUGULAR VEIN	21.16	1766.86			090	N	3200.67		1929.69		090	N	2772.73
37600	LIGATION EXTERNAL CAROTID ARTERY	20.73	1730.96			090	Y	3200.67		1781.89		090	Y	2772.73
37605	LIGATION INTERNAL/COMMON CAROTID ARTERY	23.41	1954.74			090	Y	3200.67		2049.93		090	Y	3902.06
37606	LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION	16.93	1413.66			090	Y	3200.67		1447.89		090	Y	2526.85
37607	LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	11.07	924.35			090	N	3200.67		964.43		090	N	2526.85
37609	LIGATION/BIOPSY TEMPORAL ARTERY	8.92	744.82			010	N	2014.24		804.11		010	N	1447.15
37615	LIGATION MAJOR ARTERY NECK	14.86	1240.81			090	Y	5405.28		1300.1		090	Y	2526.85
37616	LIGATION MAJOR ARTERY CHEST	32.11	2681.19			090	Y			2734.63		090	Y	
37617	LIGATION MAJOR ARTERY ABDOMEN	39.03	3259.01			090	Y	3618.84		3355.87		090	Y	
37618	LIGATION MAJOR ARTERY EXTREMITY	11.23	937.71			090	Y	2633.37		985.3		090	Y	
37619	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	47.9	3999.65			090	Y	5405.28		4245.14		090	Y	3902.06
37650	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&	14.91	1244.99			090	N	3200.67		1175.68		090	N	2526.85
37660	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	34.05	2843.18			090	Y			2844.85		090	Y	
37700	LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ	7.33	612.06			090	N	3200.67		643.79		090	N	2526.85
37718	LIGJ DIVJ & STRIPPING SHORT SAPHENOUS VEIN	12.85	1072.98			090	N	3200.67		1122.24		090	N	2526.85
37722	LIGJ DIVJ&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	14.12	1179.02			090	N	3200.67		1229.12		090	N	3902.06
37735	LIGJ & DIVJ RADICAL STRIP LONG/SHORT SAPHENOUS	20.17	1684.20			090	N	3200.67		1629.09		090	N	3902.06
37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	18.13	1513.86			090	N	3200.67		1542.25		090	N	2526.85
37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	16.22	1354.37			090	Y	3200.67		1396.12		090	Y	2526.85
37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	18.89	1577.32			090	N	3200.67		1688.37		090	N	2526.85
37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	22.47	1876.25			090	N	3200.67		2007.34		090	N	2526.85

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37780	LIGJ & DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	7.47	623.75			090	N	3200.67		649.63		090	N	2526.85
37785	LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG	10.3	860.05			090	N	3200.67		920.17		090	N	2526.85
37788	PENILE REVASCULARIZATION ARTERY W/WO VEIN GRAFT	37.23	3108.71			090	Y			3465.25		090	Y	
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	14.5	1210.75			090	N	3195.20		1178.19		090	N	3580.63
37799	UNLISTED PROCEDURE VASCULAR SURGERY	0	BR			YYY	N	1228.40		BR		YYY	N	63.38
38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	33.49	2796.42			090	Y			2839.84		090	Y	
38101	SPLENECTOMY TOTAL EN BLOC W/OTHER PROCEDURE	33.59	2804.77			090	Y			2867.39		090	Y	
38102	SPLENC TOT EN BLOC EXTNSV DS CONJUNCT W/OTH PX	7.62	636.27			ZZZ	Y			640.45		ZZZ	Y	
38115	RPR RPTD SPLEEN SPLENORRHAPHY W/WO PRTL SPLENECT	36.75	3068.63			090	Y			3129.58		090	Y	
38120	LAPAROSCOPIC SURGICAL SPLENECTOMY	30.55	2550.93			090	Y	13721.82	J1	2601.03		090	Y	4498.73
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
38200	INJECTION PROCEDURE SPLENOPORTOGRAPY	3.37	281.40			000	N			353.21		000	N	
38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR &ACQUISJ	3.03	253.01			XXX	N			246.33		XXX	N	
38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	2.38	198.73			000	N			197.06		000	N	
38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	2.39	199.57			000	N	1492.23		201.24		000	N	1226.42
38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	1.35	112.73			XXX	N	497.25		108.55		XXX	N	335.98
38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	0.85	70.98			XXX	N	497.25		69.31		XXX	N	335.98
38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	0.36	30.06			XXX	N	497.25		29.23		XXX	N	335.98
38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	2.38	198.73			XXX	N	1492.23		192.89		XXX	N	562.2
38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	2.15	179.53			XXX	N	1492.23		175.35		XXX	N	562.2
38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	1.43	119.41			XXX	N	1492.23		114.4		XXX	N	562.2
38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	0.36	30.06			XXX	N	1492.23		29.23		XXX	N	562.2
38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	1.23	102.71			XXX	N	1492.23		99.37		XXX	N	562.2
38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	1.43	119.41			XXX	N	1492.23		114.4		XXX	N	562.2
38220	MARROW ASPIRATION ONLY	4.68	390.78			XXX	N	1341.57		404.98		XXX	N	348.84
38221	BONE MARROW BIOPSY NEEDLE/TROCAR	4.76	397.46			XXX	N	2014.24		411.66		XXX	N	348.84
38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	5.72	477.62			000	N	4294.09		511.02		000	N	3726.68
38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	5.7	475.95			000	N	4294.09		511.02		000	N	3726.68
38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	6.43	536.91			XXX	N	4294.09		405.81		XXX	N	3726.68
38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	4.82	402.47			XXX	N	4294.09		403.31		XXX	N	3726.68

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38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	3.38	282.23			000	N	1492.23		282.23		000	N	1226.42
38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	3.37	281.40			000	N	1492.23		285.57		000	N	1226.42
38300	DRG LYMPH NODE ABSC/LYMPHADENITIS SMPL	7.91	660.49			010	N	2014.24		718.94		010	N	936.06
38305	DRG LYMPH NODE ABSC/LYMPHADENITIS EXTNSV	13.76	1148.96			090	N	2014.24		1156.48		090	N	1701.78
38308	LYMPHANGIOTOMY/OTH OPRATIONS LYMPHATIC CHANNELS	12.9	1077.15			090	Y	3116.10		1125.58		090	Y	2347.96
38380	SUTR&/LIG THORACIC DUCT CERVICAL APPROACH	16.46	1374.41			090	Y			1432.03		090	Y	
38381	SUTR&/LIG THORACIC DUCT THORACIC APPROACH	23.28	1943.88			090	Y			2001.5		090	Y	
38382	SUTR&/LIG THORACIC DUCT ABDOMINAL APPROACH	17.87	1492.15			090	Y			1671.67		090	Y	
38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL	9.52	794.92			010	N	3116.10		835		010	N	2347.96
38505	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	3.62	302.27			000	N	1341.57		316.47		000	N	806.61
38510	BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE	14.96	1249.16			010	N	3116.10		1306.78		010	N	2347.96
38520	BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD	13.42	1120.57			090	N	3116.10		1158.98		090	N	2347.96
38525	BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE	12.63	1054.61			090	N	3116.10		1084.67		090	N	2347.96
38530	BX/EXC LYMPH NODE OPEN INT MAMMARY NODE	15.89	1326.82			090	Y	3116.10		1370.24		090	Y	2347.96
38542	DISSECTION DEEP JUGULAR NODE	15	1252.50			090	Y	8002.30	J1	1293.42		090	Y	4736.1
38550	EXC CSTIC HYGROMA AX/CRV W/O DP NEUROVASC DSJ	14.63	1221.61			090	N	3116.10		1269.2		090	N	2347.96
38555	EXC CSTIC HYGROMA AX/CRV W/DP NEUROVASC DSJ	29.06	2426.51			090	Y	5194.18		2349.69		090	Y	2347.96
38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	20.26	1691.71			090	Y	5253.85		1728.45		090	Y	
38564	LMTD LMPHADEC STAGING SPX RPR AORTIC&/SPLENIC	20.36	1700.06			090	Y			1728.45		090	Y	
38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	14.54	1214.09			010	Y	8002.30	J1	1301.77		010	Y	4498.73
38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	19.24	1606.54			010	Y	13721.82	J1	1904.64		010	Y	6607.04
38572	LAPS BI TOT PEL LMPHADEC & PRI-AORTIC LYMPH BX 1	26.88	2244.48			010	Y	13721.82	J1	2336.33		010	Y	4498.73
38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
38700	SUPRAHYOID LYMPHADENECTOMY	23.34	1948.89			090	Y	5194.18		2012.35		090	Y	2347.96
38720	CERVICAL LYMPHADENECTOMY	38.99	3255.67			090	Y	5194.18		3347.52		090	Y	2347.96
38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	42.14	3518.69			090	Y	5413.98		3620.56		090	Y	
38740	AXILLARY LYMPHADENECTOMY SUPERFICIAL	20.09	1677.52			090	Y	8002.30	J1	1714.26		090	Y	4736.1
38745	AXILLARY LYMPHADENECTOMY COMPLETE	25.36	2117.56			090	Y	8002.30	J1	2167.66		090	Y	4736.1
38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	6.27	523.55			ZZZ	Y			536.07		ZZZ	Y	
38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	7.76	647.96			ZZZ	Y			652.14		ZZZ	Y	

MEDICAL DATA														
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38760	INGUINOFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX	24.35	2033.23			090	Y	3116.10		2079.99		090	Y	2347.96
38765	INGUINOFEM LMPHADEC SUPFC W/PEL LMPHADEC	37.37	3120.40			090	Y			3167.16		090	Y	
38770	PEL LMPHADEC W/XTRNL ILIAC HYPOGSTR&OBTURATOR	23.29	1944.72			090	Y			1953.9		090	Y	
38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	29.53	2465.76			090	Y			2506.67		090	Y	
38790	INJECTION PROCEDURE LYMPHANGIOGRAPHY	2.4	200.40			000	N			206.25		000	N	
38792	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	1.15	96.03			000	N	473.76		101.04		000	N	253.62
38794	CANNULATION THORACIC DUCT	8.64	721.44			090	N			726.45		090	N	
38900	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION	4.01	334.84			ZZZ	Y			336.51		ZZZ	Y	
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	0	BR			YYY	N	497.25		BR		YYY	N	335.98
39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	14.43	1204.91			090	Y	3458.70		1255.01		090	Y	
39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	22.87	1909.65			090	Y	2998.02		1983.96		090	Y	
39200	RESECTION OF MEDIASTINAL CYST	25.61	2138.44			090	Y			2186.03		090	Y	
39220	RESECTION MEDIASTINAL TUMOR	33.07	2761.35			090	Y			2852.36		090	Y	
39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	9.05	755.68			000	N	4490.43						
39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	11.82	986.97			000	N	4490.43						
39499	UNLISTED PROCEDURE MEDIASTINUM	0	BR			YYY	Y			BR		YYY	Y	
39501	REPAIR LACERATION DIAPHRAGM ANY APPROACH	24.59	2053.27			090	Y			2108.38		090	Y	
39503	RPR NEONATAL DIPHRG HERNIA W/WO CHEST TUBE INSJ	178.3	14888.05			090	Y			15073.42		090	Y	
39540	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC AQT	25.1	2095.85			090	Y			2146.79		090	Y	
39541	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC CHRNC	27.38	2286.23			090	Y			2330.49		090	Y	
39545	IMBRICATION DIAPHRAGM EVENTRATION	25.95	2166.83			090	Y			2237.8		090	Y	
39560	RESCJ DIAPHRAGM W/SIMPLE REPAIR	23.08	1927.18			090	Y			1960.58		090	Y	
39561	RESCJ DIAPHRAGM W/COMPLEX REPAIR	35.91	2998.49			090	Y			3102.86		090	Y	
39599	UNLISTED PROCEDURE DIAPHRAGM	0	BR			YYY	Y	5535.00		BR		YYY	Y	
40490	BIOPSY OF LIP	3.68	307.28			000	N	445.67		327.32		000	N	296.47
40500	VERMILIONECTOMY LIP SHV W/MUCOSAL ADVMNT	14.58	1217.43			090	N	2302.81		1299.26		090	N	1480.23
40510	EXC LIP TRANSVRS WEDGE EXC W/PRIM CLSR	13.98	1167.33			090	N	2302.81		1230.79		090	N	2321.87
40520	EXC LIP V-EXC W/PRIM DIR LINR CLSR	14.12	1179.02			090	N	2302.81		1251.67		090	N	1480.23
40525	EXC LIP FULL THKNS RCNSTJ W/LOCAL FLAP	16	1336.00			090	N	2302.81		1396.96		090	N	2321.87
40527	EXC LIP FULL THKNS RCNSTJ W/CROSS LIP FLAP	17.94	1497.99			090	N	7911.96	J1	1554.77		090	N	4230.05

MEDICAL DATA														
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40530	RESCJ LIP > ONE-FOURTH W/O RCNSTJ	15.57	1300.10			090	N	2302.81		1376.92		090	N	2321.87
40650	RPR LIP FULL THICKNESS VERMILION ONLY	12.71	1061.29			090	N	982.18		1138.94		090	N	643.2
40652	RPR LIP FULL THICKNESS HALF/< VERTICAL HEIGHT	14.03	1171.51			090	N	982.18		1262.52		090	N	643.2
40654	RPR LIP FULL THKNS >ONE-HALF VERT HEIGHT/COMPLE	16.4	1369.40			090	N	982.18		1455.41		090	N	643.2
40700	PLSTC RPR CL LIP/NSL DFRM PRIM PRTL/COMPL UNI	26.23	2190.21			090	N	7911.96	J1	2467.43		090	N	4230.05
40701	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 STG PX	29.42	2456.57			090	Y	7911.96	J1	2691.21		090	Y	4230.05
40702	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 2 STGS	24.73	2064.96			090	Y	7911.96	J1	2383.09		090	Y	4230.05
40720	PLSTC RPR CL LIP/NSL DFRM SEC RECRTJ DFCT & RECL	29.56	2468.26			090	N	7911.96	J1	2602.7		090	N	4230.05
40761	PLSTC RPR CL LIP/NSL DFRM W/CROSS LIP PEDCL FLAP	31.27	2611.05			090	N	7911.96	J1	2742.98		090	N	4230.05
40799	UNLISTED PROCEDURE LIPS	0	BR			YYY	Y	184.14		BR		YYY	Y	100.74
40800	DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	6.2	517.70			010	N	325.10		551.1		010	N	161.85
40801	DRG ABSC CST HMTMA VESTIBULE MOUTH COMP	9.22	769.87			010	N	982.18		809.95		010	N	643.2
40804	RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	5.55	463.43			010	N	129.85		564.46		010	N	64.04
40805	RMVL EMBEDDED FB VESTIBULE MOUTH COMP	10.71	894.29			010	N	982.18		1021.21		010	N	2321.87
40806	INCISION LABIAL FRENUM FRENOTOMY	3.29	274.72			000	N	445.67		298.93		000	N	296.47
40808	BIOPSY VESTIBULE MOUTH	5.45	455.08			010	N	445.67		488.48		010	N	296.47
40810	EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	6.03	503.51			010	N	2302.81		538.58		010	N	1480.23
40812	EXC LESION MUCOSA & SBMCSL VESTIBULE SMPL RPR	8.44	704.74			010	N	2302.81		741.48		010	N	1480.23
40814	EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	11.28	941.88			090	N	2302.81		988.64		090	N	2321.87
40816	EXC LESION MUCOSA&SBMCSL VESTIBULE CPLX EXC MUSC	11.78	983.63			090	N	2302.81		1035.4		090	N	2321.87
40818	EXC MUCOSA VESTIBULE MOUTH AS DON GRF	10.44	871.74			090	N	445.67		905.14		090	N	296.47
40819	EXC FRENUM LABIAL/BUCCAL	9.26	773.21			090	N	2302.81		798.26		090	N	1480.23
40820	DSTRJ LES/SCAR VESTIBULE MOUTH PHYSICAL METHS	7.75	647.13			010	N	2302.81		699.73		010	N	1480.23
40830	CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	7.74	646.29			010	N	445.67		694.72		010	N	296.47
40831	CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	9.83	820.81			010	N	982.18		879.26		010	N	643.2
40840	VESTIBULOPLASTY ANTERIOR	23.61	1971.44			090	Y	2302.81		2051.6		090	Y	2321.87
40842	VESTIBULOPLASTY POSTERIOR UNILATERAL	22.7	1895.45			090	N	7911.96	J1	2044.08		090	N	4230.05
40843	VESTIBULOPLASTY POSTERIOR BILATERAL	31.5	2630.25			090	Y	2302.81		2778.88		090	Y	2321.87
40844	VESTIBULOPLASTY ENTIRE ARCH	37.78	3154.63			090	Y	7911.96	J1	3396.78		090	Y	4230.05
40845	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	42.43	3542.91			090	N	7911.96	J1	3689.03		090	N	4230.05

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40899	UNLISTED PROCEDURE VESTIBULE MOUTH	0	BR			YYY	N	184.14		BR		YYY	N	100.74
41000	INTRAORAL I&D TONGUE/FLOOR LINGUAL	4.74	395.79			010	N	982.18		417.5		010	N	643.2
41005	INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC	6.63	553.61			010	N	445.67		602.87		010	N	296.47
41006	INTRAORAL I&D TONGUE/FLOOR SUBLNGL DP SPRMLHYD	10.45	872.58			090	N	982.18		926.02		090	N	2321.87
41007	INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE	10.22	853.37			090	N	982.18		913.49		090	N	2321.87
41008	INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	11.08	925.18			090	N	2302.81		965.26		090	N	1480.23
41009	INTRAORAL I&D TONGUE/FLOOR MASTICATOR SPACE	11.76	981.96			090	N	445.67		1024.55		090	N	296.47
41010	INCISION LINGUAL FRENUM FRENOTOMY	5.91	493.49			010	N	982.18		538.58		010	N	643.2
41015	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBLNGL	13.22	1103.87			090	N	445.67		1144.79		090	N	296.47
41016	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMENT	12.91	1077.99			090	N	2302.81		1106.38		090	N	2321.87
41017	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMNDB	13.03	1088.01			090	N	2302.81		1128.92		090	N	1480.23
41018	XTRORAL I&D FLOOR MASTICATOR SPACE	14.81	1236.64			090	N	982.18		1307.61		090	N	643.2
41019	PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APPLICAT	13.53	1129.76			000	N	2302.81		1125.58		000	N	2321.87
41100	BIOPSY TONGUE ANTERIOR TWO-THIRDS	4.9	409.15			010	N	982.18		435.87		010	N	643.2
41105	BIOPSY TONGUE POSTERIOR ONE-THIRD	4.98	415.83			010	N	2302.81		441.72		010	N	1480.23
41108	BIOPSY FLOOR MOUTH	4.32	360.72			010	N	1341.57		384.94		010	N	433.96
41110	EXCISION LESION TONGUE W/O CLOSURE	6.19	516.87			010	N	2302.81		556.11		010	N	1480.23
41112	EXC LESION TONGUE W/CLSR ANTERIOR TWO-THIRDS	9.79	817.47			090	N	2302.81		863.39		090	N	1480.23
41113	EXC LESION TONGUE W/CLSR POSTERIOR ONE-THIRD	10.71	894.29			090	N	2302.81		939.38		090	N	1480.23
41114	EXC LESION TONGUE W/CLSR W/LOCAL TONGUE FLAP	18.6	1553.10			090	N	2302.81		1599.03		090	N	2321.87
41115	EXCISION LINGUAL FRENUM FRENECTOMY	7.23	603.71			010	N	982.18		650.47		010	N	643.2
41116	EXCISION LESION FLOOR MOUTH	9.69	809.12			090	N	2302.81		860.89		090	N	2321.87
41120	GLOSSECTOMY <ONE-HALF TONGUE	31.76	2651.96			090	Y	7911.96	J1	2681.19		090	Y	2321.87
41130	GLOSSECTOMY HEMIGLOSSECTOMY	39.06	3261.51			090	Y	4782.24		3304.1		090	Y	
41135	GLOSSECTOMY PRTL W/UNI RADICAL NECK DSJ	64.01	5344.84			090	Y			5415.81		090	Y	
41140	GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ	64.61	5394.94			090	Y			5500.15		090	Y	
41145	GLSSC COMPL/TOT W/WO TRACHS W/UNI RAD NECK DSJ	82.05	6851.18			090	Y			6943.03		090	Y	
41150	GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ	65.01	5428.34			090	Y			5511.84		090	Y	
41153	GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ	70.78	5910.13			090	Y			5976.1		090	Y	
41155	GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ & RAD NECK	88.7	7406.45			090	Y			7493.29		090	Y	

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41250	RPR LAC 2.5 CM/< MOUTH&/ANT TWO-THIRDS TONG	7.78	649.63			010	N	129.85		698.9		010	N	100.74
41251	RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE	8.48	708.08			010	N	445.67		765.7		010	N	296.47
41252	RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	9.16	764.86			010	N	982.18		815.8		010	N	643.2
41500	FIXJ TONGUE MECHANICAL OTHER/THAN SUTURE	12.11	1011.19			090	N	2302.81		1188.21		090	N	1480.23
41510	SUTURE TONGUE LIP MICROGNATHIA	12.37	1032.90			090	N	2302.81		1129.76		090	N	1480.23
41512	TONGUE BASE SUSPENSION PERMANENT SUTURE TQ	19.46	1624.91			090	N	7911.96	J1	1598.19		090	N	2321.87
41520	FRENOPLASTY SURG REVJ FRENUM EG W/Z-PLASTY	10.36	865.06			090	N	7911.96	J1	902.64		090	N	2321.87
41530	SUBMUCOSAL ABLTJ TONGUE RF 1/> SITES PR SESSION	28.64	2391.44			000	N	2302.81		8643.92		010	N	2321.87
41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	0	BR			YYY	N	184.14		BR		YYY	N	100.74
41800	DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	7.9	659.65			010	N	129.85		718.1		010	N	161.85
41805	RMVL EMBEDDED FB FROM DENTALVLR STRUXS SOFT TISS	7.54	629.59			010	N	2302.81		642.12		010	N	2321.87
41806	RMVL EMBEDDED FB FROM DENTOALVEOLAR STRUXS BONE	10.38	866.73			010	N	982.18		922.68		010	N	1480.23
41820	GINGIVECTOMY EXC GINGIVA EACH QUADRANT	7.03	587.01			000	N	2302.81		632.93		000	N	2321.87
41821	OPRCULECTOMY EXC PRICORONAL TISSUE	1.58	131.93			000	N	982.18		142.79		000	N	643.2
41822	EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	8.58	716.43			010	N	982.18		744.82		010	N	1480.23
41823	EXC OSS TUBEROSITIES DENTOALVEOLAR STRUXS	12.55	1047.93			090	N	7911.96	J1	1093.02		090	N	4230.05
41825	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	6.19	516.87			010	N	2302.81		551.1		010	N	1480.23
41826	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/SMPL RPR	9.24	771.54			010	N	2302.81		809.12		010	N	2321.87
41827	EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMPLX RPR	12.91	1077.99			090	N	7911.96	J1	1130.59		090	N	2321.87
41828	EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC	9.06	756.51			010	N	2302.81		776.55		010	N	2321.87
41830	ALVEOLECTOMY W/CURTG OSTEITIS/SEQUESTRECTOMY	11.56	965.26			010	N	2302.81		1002.84		010	N	2321.87
41850	DESTRUCTION LESION DENTOALVEOLAR STRUCTURES	3.52	293.92			000	N	2302.81		316.47		000	N	2321.87
41870	PERIODONTAL MUCOSAL GRAFTING	8.79	733.97			000	N	7911.96	J1	791.58		000	N	4230.05
41872	GINGIVOPLASTY EACH QUADRANT SPECIFY	10.73	895.96			090	N	7911.96	J1	982.8		090	N	2321.87
41874	ALVEOLOPLASTY EACH QUADRANT SPECIFY	11.04	921.84			090	N	2302.81		953.57		090	N	2321.87
41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	0	BR			YYY	N	184.14		BR		YYY	N	100.74
42000	DRAINAGE ABSCESS PALATE UVULA	4.63	386.61			010	N	445.67		522.71		010	N	296.47
42100	BIOPSY PALATE UVULA	4.38	365.73			010	N	982.18		387.44		010	N	643.2
42104	EXC LESION PALATE UVULA W/O CLOSURE	6.3	526.05			010	N	2302.81		561.12		010	N	1480.23
42106	EXC LESION PALATE UVULA W/SMPL PRIM CLOSURE	8.01	668.84			010	N	2302.81		705.58		010	N	1480.23

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
42107	EXC LESION PALATE UVULA W/LOCAL FLAP CLOSURE	13.5	1127.25			090	N	7911.96	J1	1187.37		090	N	4230.05
42120	RESCJ PALATE/EXTENSIVE RESCJ LESION	29.91	2497.49			090	Y	2302.81		2535.06		090	Y	2321.87
42140	UVULECTOMY EXCISION UVULA	7.38	616.23			090	N	2302.81		668.84		090	N	1480.23
42145	PALATOPHARYNGOPLASTY	20.51	1712.59			090	N	7911.96	J1	1789.41		090	N	4230.05
42160	DSTRJ LESION PALATE/UVULA THERMAL CRYO/CHEM	6.77	565.30			010	N	2302.81		602.87		010	N	1480.23
42180	REPAIR LACERATION PALATE </2 CM	7.11	593.69			010	N	445.67		630.43		010	N	296.47
42182	REPAIR LACERATION PALATE >2 CM/COMPLEX	9.32	778.22			010	N	2302.81		819.14		010	N	2321.87
42200	PALATOP CL PALATE SOFT&/HARD PALATE ONLY	24.77	2068.30			090	Y	7911.96	J1	2147.62		090	Y	4230.05
42205	PALATOPLASTY W/CLSR ALVEOLAR RIDGE SOFT TISSUE	25.81	2155.14			090	Y	7911.96	J1	2235.3		090	Y	4230.05
42210	PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE	28.82	2406.47			090	Y	7911.96	J1	2575.98		090	Y	4230.05
42215	PALATOPLASTY CLEFT PALATE MAJOR REVJ	19.12	1596.52			090	Y	7911.96	J1	1841.18		090	Y	4230.05
42220	PALATOPLASTY CLEFT PALATE SEC LNGTH PX	14.48	1209.08			090	Y	7911.96	J1	1315.96		090	Y	4230.05
42225	PALATOP CL PALATE ATTACHMENT PHARYNGEAL FLAP	25.6	2137.60			090	Y	7911.96	J1	2247.82		090	Y	2321.87
42226	LENGTHENING PALATE & PHARYNGEAL FLAP	26.18	2186.03			090	Y	7911.96	J1	2281.22		090	Y	4230.05
42227	LENGTHENING PALATE W/ISLAND FLAP	24.82	2072.47			090	Y	7911.96	J1	2138.44		090	Y	4230.05
42235	REPAIR ANTERIOR PALATE W/VOMER FLAP	21.41	1787.74			090	Y	7911.96	J1	1882.09		090	Y	2321.87
42260	REPAIR NASOLABIAL FISTULA	23.69	1978.12			090	Y	2302.81		2138.44		090	Y	2321.87
42280	MAXILLARY IMPRESJ PALATAL PROSTHESIS	4.83	403.31			010	N	445.67		427.52		010	N	296.47
42281	INSJ PIN-RETAINED PALATAL PROSTHESIS	5.97	498.50			010	N	2302.81		532.73		010	N	1480.23
42299	UNLISTED PROCEDURE PALATE UVULA	0	BR			YYY	Y	184.14		BR		YYY	Y	100.74
42300	DRAINAGE ABSCESS PAROTID SIMPLE	6.1	509.35			010	N	982.18		541.92		010	N	643.2
42305	DRAINAGE ABSCESS PAROTID COMPLICATED	12.57	1049.60			090	N	2302.81		1081.33		090	N	2321.87
42310	DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	4.68	390.78			010	N	445.67		422.51		010	N	296.47
42320	DRAINAGE ABSCESS SUBMAXILLARY INTRAORAL	7.27	607.05			010	N	445.67		647.96		010	N	296.47
42330	SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	6.76	564.46			010	N	2302.81		600.37		010	N	1480.23
42335	SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL	10.92	911.82			090	N	2302.81		970.27		090	N	2321.87
42340	SIALOLITHOTOMY PRTD XTRORAL/COMP INTRAORAL	13.5	1127.25			090	N	2302.81		1201.57		090	N	1480.23
42400	BIOPSY SALIVARY GLAND NEEDLE	3.07	256.35			000	N	1341.57		274.72		000	N	806.61
42405	BIOPSY SALIVARY GLAND INCISIONAL	8.67	723.95			010	N	2302.81		761.52		010	N	2321.87
42408	EXC SUBLINGUAL SALIVARY CYST RANULA	13.14	1097.19			090	N	2302.81		1169		090	N	2321.87

MEDICAL DATA														
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42409	MARSUPIALIZATION SUBLNGL SALIVARY CST RANULA	9.67	807.45			090	Y	2302.81		869.24		090	Y	2321.87
42410	EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ	18.09	1510.52			090	Y	7911.96	J1	1566.46		090	Y	4230.05
42415	EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NR	30.69	2562.62			090	Y	7911.96	J1	2644.45		090	Y	4230.05
42420	EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NR	34.47	2878.25			090	Y	7911.96	J1	2966.76		090	Y	4230.05
42425	EXCISION PAROTID TUMOR/GLAND TOTAL EN BLOC RMVL	24.29	2028.22			090	Y	7911.96	J1	2097.52		090	Y	4230.05
42426	EXC PRTD TUM/PRTD GLND TOT W/UNI RAD NCK DSJ	39.19	3272.37			090	Y	5528.96		3372.57		090	Y	
42440	EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND	11.99	1001.17			090	Y	7911.96	J1	1039.58		090	Y	4230.05
42450	EXISION OF SUBLINGUAL GLAND	13.14	1097.19			090	N	7911.96	J1	1167.33		090	N	4230.05
42500	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM	12.62	1053.77			090	N	2302.81		1118.07		090	N	2321.87
42505	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY SEC/COMP	16.16	1349.36			090	N	7911.96	J1	1426.18		090	N	4230.05
42507	PAROTID DUCT DIVERSION BILATERAL WILKE PX	15.02	1254.17			090	Y	7911.96	J1	1314.29		090	Y	4230.05
42509	PAROTID DUCT DVRJ BI W/EXC BOTH SUBMNDBLR GLANDS	24.59	2053.27			090	N	7911.96	J1	2048.26		090	N	4230.05
42510	PAROTID DUCT DVRJ BILATERAL WITH LIG BOTH DUCTS	18.72	1563.12			090	Y	7911.96	J1	1600.7		090	Y	4230.05
42550	INJECTION PROCEDURE SIALOGRAPHY	3.87	323.15			000	N			331.5		000	N	
42600	CLOSURE SALIVARY FISTULA	13.91	1161.49			090	N	2302.81		1238.31		090	N	1480.23
42650	DILATION SALIVARY DUCT	2.43	202.91			000	N	982.18		216.27		000	N	1480.23
42660	DILAT&CATHJ SALIVARY DUCT W/WO INJECTION	3.72	310.62			000	N	445.67		313.96		000	N	296.47
42665	LIGATION SALIVARY DUCT INTRAORAL	8.98	749.83			090	N	7911.96	J1	819.97		090	N	4230.05
42699	UNLISTED PX SALIVARY GLANDS/DUCTS	0	BR			YYY	Y	184.14		BR		YYY	Y	100.74
42700	I&D ABSCESS PERITONSILLAR	5.51	460.09			010	N	445.67		493.49		010	N	296.47
42720	I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	13.2	1102.20			010	N	2302.81		1150.63		010	N	1480.23
42725	I&D ABSC RTRPHRNGL/PARAPHARYNGEAL XTRNL APPR	23.82	1988.97			090	Y	7911.96	J1	2036.57		090	Y	4230.05
42800	BIOPSY OROPHARYNX	4.61	384.94			010	N	982.18		413.33		010	N	1480.23
42804	BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	5.68	474.28			010	N	2302.81		514.36		010	N	1480.23
42806	BX NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION	6.38	532.73			010	N	2302.81		575.32		010	N	2321.87
42808	EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD	6.6	551.10			010	N	2302.81		586.17		010	N	2321.87
42809	REMOVAL FOREIGN BODY PHARYNX	5.87	490.15			010	N	129.85		444.22		010	N	64.04
42810	EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS	11.26	940.21			090	Y	2302.81		1011.19		090	Y	2321.87
42815	EXC BRANCHIAL CLEFT CYST BELOW SUBQ TISS&/PHRYNX	16.28	1359.38			090	Y	7911.96	J1	1423.68		090	Y	4230.05
42820	TONSILLECTOMY & ADENOIDECTOMY <AGE 12	8.45	705.58			090	N	2302.81		733.13		090	N	2321.87

MEDICAL DATA														
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42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	8.77	732.30			090	N	2302.81		762.36		090	N	2321.87
42825	TONSILLECTOMY PRIMARY/SECONDARY <AGE 12	7.63	637.11			090	N	7911.96	J1	666.33		090	N	4230.05
42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	7.32	611.22			090	N	2302.81		637.94		090	N	2321.87
42830	ADENOIDECTOMY PRIMARY <AGE 12	6.03	503.51			090	N	7911.96	J1	530.23		090	N	4230.05
42831	ADENOIDECTOMY PRIMARY AGE 12/>	6.52	544.42			090	N	2302.81		571.14		090	N	2321.87
42835	ADENOIDECTOMY SECONDARY<AGE 12	5.6	467.60			090	N	2302.81		492.65		090	N	2321.87
42836	ADENOIDECTOMY SECONDARY AGE 12/>	7.01	585.34			090	N	2302.81		612.06		090	N	2321.87
42842	RADICAL RESECTION TONSIL W/O CLOSURE	29.86	2493.31			090	N	7911.96	J1	2534.23		090	N	4230.05
42844	RADICAL RESCJ TONSIL CLOSURE W/LOCAL FLAP	40.92	3416.82			090	Y	7911.96	J1	3466.09		090	Y	4230.05
42845	RADICAL RESCJ TONSIL CLOSURE W/OTHER FLAP	65.9	5502.65			090	Y			5578.64		090	Y	
42860	EXCISION TONSIL TAGS	5.48	457.58			090	N	7911.96	J1	482.63		090	N	4230.05
42870	EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX	17.61	1470.44			090	N	2302.81		1494.65		090	N	2321.87
42890	LIMITED PHARYNGECTOMY	42.22	3525.37			090	Y	7911.96	J1	3575.47		090	Y	4230.05
42892	RESCJ LAT PHRNGL WALL/PYRIFORM SINUS DIR CLSR	55.77	4656.80			090	Y	7911.96	J1	4738.63		090	Y	4230.05
42894	RESCJ PHRNGL WALL CLSR W/FLP OR FLP W/MVASC ANAS	70.05	5849.18			090	Y			5962.74		090	Y	
42900	SUTURE PHARYNX WOUND/INJURY	9.82	819.97			010	N	982.18		852.54		010	N	2321.87
42950	PHARYNGOPLASTY PLSTC/RCNSTV OPRATION PHARYNX	24.08	2010.68			090	Y	7911.96	J1	2034.9		090	Y	4230.05
42953	PHARYNGOESOPHAGEAL REPAIR	28.99	2420.67			090	Y			2436.53		090	Y	
42955	PHARYNGOSTOMY FSTLJ PHARYNX XTRNL FEEDING	22.75	1899.63			090	Y	982.18		1931.36		090	Y	2321.87
42960	CONTROL OROPHARYNGEAL HEMORRHAGE SIMPLE	4.95	413.33			010	N	184.14		430.86		010	N	100.74
42961	CTRL OROPHARYNGEAL HEMORRHAGE COMP REQ HOSPITJ	12.34	1030.39			090	Y	2183.99		1073.81		090	Y	
42962	CTRL OROPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	15.09	1260.02			090	N	2302.81		1311.79		090	N	2321.87
42970	CTRL NASOPHARYNGEAL HEMRRG SMPL W/PST NSL PACKS	11.74	980.29			090	N	184.14		1037.07		090	N	100.74
42971	CTRL NASOPHARYNGEAL HEMRRG COMP REQ HOSPIZATION	13.29	1109.72			090	Y			1157.31		090	Y	
42972	CTRL NASOPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	14.88	1242.48			090	Y	2302.81		1293.42		090	Y	1480.23
42999	UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	0	BR			YYY	N	184.14		BR		YYY	N	100.74
43020	ESOPHAGOTOMY CERVICAL APPR W/RMVL FB	15.35	1281.73			090	Y	982.18		1326.82		090	Y	643.2
43030	CRICOPHARYNGEAL MYOTOMY	15.09	1260.02			090	Y	7911.96	J1	1306.78		090	Y	2321.87
43045	ESOPHAGOTOMY THORACIC APPR W/RMVL FB	37.98	3171.33			090	Y			3256.5		090	Y	
43100	EXC LESION ESOPHOGUS W/PRIM RPR CERVICAL APPR	18.14	1514.69			090	Y			1577.32		090	Y	

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43101	EXC LESION ESOPHAGUS W/PRIM RPR THRC/ABDL APPR	29.58	2469.93			090	Y			2516.69		090	Y	
43107	TOT ESOPHAGECTOMY W/O THORCOM W/WO PYLOROPLASTY	74.35	6208.23			090	Y			6317.61		090	Y	
43108	TOT ESOPHG W/O THORCOM COLON NTRPSTJ/INT RCNSTJ	133.47	11144.75			090	Y			11530.52		090	Y	
43112	TOTAL ESOPHAGECTOMY W/THORCOM W/WO PYLORPLASTY	78.5	6554.75			090	Y			6659.96		090	Y	
43113	TOT ESOPHG W/THORCOM W/COLON NTRPSTJ/INT RCNSTJ	132.11	11031.19			090	Y			10698.02		090	Y	
43116	PRTL ESOPHAGECTOMY CERVICAL W/FREE INTSTINAL GRF	146.92	12267.82			090	Y			12977.57		090	Y	
43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY	71.91	6004.49			090	Y			6113.04		090	Y	
43118	PRTL ESOPH DSTL W/WO PROX GASTRC W/COLON NTRPSTJ	107.52	8977.92			090	Y			9407.95		090	Y	
43121	PRTL ESOPHAGEC W/WO PROX GASTREC/PYLOROPLASTY	83.7	6988.95			090	Y			7126.73		090	Y	
43122	PRTL ESOPHG THORACOABD W/WO PROXGASTREC/PYLOROPL	74.71	6238.29			090	Y			6338.49		090	Y	
43123	PRTL ESPHG THORACOABDL/ABDL APPR NTRPSTJ/RCNSTJ	137.66	11494.61			090	Y			11087.13		090	Y	
43124	TOT/PRTL ESPHG W/O RCNSTJ W/CRV ESOPHAGOSTOMY	111.55	9314.43			090	Y			9492.28		090	Y	
43130	DIVERTICULECTOMY HYPOPHARYNX/ESOPH CRV APPR	22.88	1910.48			090	Y	7911.96	J1	1972.27		090	Y	4230.05
43135	DIVERTICULECTOMY HYPOPHARYNX/ESOPH THRC APPR	43.25	3611.38			090	Y			3701.56		090	Y	
43180	ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH	15.99	1335.17			090	N	2302.81		1351.03		090	N	2413.95
43191	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	4.48	374.08			000	N	1061.55		303.94		000	N	804.3
43192	ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	4.95	413.33			000	N	1549.54		362.39		000	N	2028.28
43193	ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY	4.93	411.66			000	N	1549.54		431.7		000	N	2028.28
43194	ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY	5.62	469.27			000	N	1549.54		391.62		000	N	2028.28
43195	ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION	5.36	447.56			000	N	1549.54		432.53		000	N	2028.28
43196	ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION	5.74	479.29			000	N	1549.54		474.28		000	N	2028.28
43197	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC	5.41	451.74			000	N	1061.55		437.54		000	N	804.3
43198	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY	6.01	501.84			000	N	1061.55		488.48		000	N	804.3
43200	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	7.74	646.29			000	N	1061.55		550.27		000	N	804.3
43201	ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ	7.86	656.31			000	N	1549.54		802.44		000	N	1195.63
43202	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	10.31	860.89			000	N	1061.55		739.81		000	N	804.3
43204	ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES	4.12	344.02			000	N	1061.55		561.12		000	N	804.3
43205	ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	4.29	358.22			000	N	1549.54		557.78		000	N	1195.63
43206	ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY	9.4	784.90			000	N	1549.54		BR		YYY	N	1195.63
43210	EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	12.4	1035.40			000	N	7227.14	J1					

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43211	ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXN	7.07	590.35			000	N	1549.54		589.51		000	N	804.3
43212	ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	5.73	478.46			000	N	7227.14	J1	465.1		000	N	2731.14
43213	ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER	34.75	2901.63			000	N	1549.54		2920		000	N	2028.28
43214	ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM	5.78	482.63			000	N	1549.54		474.28		000	N	2028.28
43215	ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	11.91	994.49			000	N	1549.54		384.94		000	N	1195.63
43216	ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS	11.76	981.96			000	N	2820.55		568.64		000	N	2409.04
43217	ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE	12.7	1060.45			000	N	1549.54		986.14		000	N	1195.63
43220	ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	32.15	2684.53			000	N	1549.54		317.3		000	N	1195.63
43226	ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION	10.82	903.47			000	N	1549.54		351.54		000	N	1195.63
43227	ESOPHAGOSCOPY FLEXIBLE W/BLEEDING CONTROL	19.73	1647.46			000	N	1549.54		529.39		000	N	1195.63
43229	ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	20.5	1711.75			000	N	2820.55		1721.77		000	N	2409.04
43231	ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	11.39	951.07			000	N	1549.54		473.45		000	N	1195.63
43232	ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	13.59	1134.77			000	N	1549.54		647.96		000	N	1195.63
43233	EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	6.84	571.14			000	N	1549.54		562.79		000	N	2028.28
43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	8.84	738.14			000	N	1061.55		764.86		000	N	804.3
43236	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	11	918.50			000	N	1061.55		980.29		000	N	804.3
43237	ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	5.9	492.65			000	N	1549.54		582		000	N	1195.63
43238	EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	6.99	583.67			000	N	1549.54		723.11		000	N	1195.63
43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	11.28	941.88			000	N	1061.55		881.76		000	N	804.3
43240	EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	11.69	976.12			000	N	2820.55		984.47		000	N	1195.63
43241	EGD INTRALUMINAL TUBE/CATHETER INSERTION	4.34	362.39			000	N	1061.55		389.11		000	N	804.3
43242	EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	7.89	658.82			000	N	1549.54		1050.43		000	N	1195.63
43243	EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	7.12	594.52			000	N	1061.55		664.66		000	N	804.3
43244	EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	7.37	615.40			000	N	1549.54		732.3		000	N	1195.63
43245	EGD DILATION GASTRIC/DUODENAL STRICTURE	17.42	1454.57			000	N	1549.54		468.44		000	N	1195.63
43246	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	6.03	503.51			000	N	1549.54		626.25		000	N	1195.63
43247	EGD FLEXIBLE FOREIGN BODY REMOVAL	11.82	986.97			000	N	1061.55		499.33		000	N	804.3
43248	EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	11.6	968.60			000	N	1061.55		468.44		000	N	804.3

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
43249	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	30.46	2543.41			000	N	1549.54		432.53		000	N	1195.63
43250	EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	12.94	1080.49			000	N	1549.54		471.78		000	N	1195.63
43251	EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	14.16	1182.36			000	N	1549.54		543.59		000	N	1195.63
43252	EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY	10.43	870.91			000	N	1549.54		BR		YYY	N	1195.63
43253	EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER	7.87	657.15			000	N	1549.54		652.97		000	N	2028.28
43254	EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	8.11	677.19			000	N	1549.54		678.02		000	N	804.3
43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	20.71	1729.29			000	N	1549.54		701.4		000	N	1195.63
43257	EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD	7	584.50			000	N	2820.55		804.94		000	N	2409.04
43259	EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	6.8	567.80			000	N	1549.54		754.01		000	N	1195.63
43260	ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	9.63	804.11			000	N	2820.55		859.22		000	N	2228.37
43261	ERCP W/BIOPSY SINGLE/MULTIPLE	10.11	844.19			000	N	2820.55		902.64		000	N	2228.37
43262	ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	10.66	890.11			000	N	2820.55		1060.45		000	N	2228.37
43263	ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI	10.67	890.95			000	N	2820.55		1048.76		000	N	2228.37
43264	ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	10.86	906.81			000	N	2820.55		1270.87		000	N	2228.37
43265	ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	12.89	1076.32			000	N	2820.55		1426.18		000	N	2228.37
43266	EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	6.8	567.80			000	N	7227.14	J1	561.12		000	N	2731.14
43270	EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	21.33	1781.06			000	N	1549.54		1716.76		000	N	2028.28
43273	ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	3.51	293.09			ZZZ	N			312.29		ZZZ	N	2228.37
43274	ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	13.76	1148.96			000	N	7227.14	J1	1161.49		000	N	2228.37
43275	ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	11.23	937.71			000	N	2820.55		957.75		000	N	2228.37
43276	ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	14.33	1196.56			000	N	7227.14	J1	1208.25		000	N	2228.37
43277	ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	11.29	942.72			000	N	2820.55		963.59		000	N	2228.37

MEDICAL DATA														
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43278	ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	12.88	1075.48			000	N	2820.55		1095.52		000	N	2228.37
43279	LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED	37.56	3136.26			090	Y	7507.51		3185.53		090	Y	
43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	31.4	2621.90			090	Y	13721.82	J1	2671.17		090	Y	6607.04
43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	44.88	3747.48			090	Y	13721.82	J1	3805.93		090	Y	6607.04
43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	50.45	4212.58			090	Y	7525.24		4276.87		090	Y	
43283	LAPS ESOPHAGEAL LENGTHENING ADDL	4.62	385.77			ZZZ	Y	2495.14		385.77		ZZZ	Y	
43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
43300	ESPHGP CRV APPR W/O RPR TRACHEOESOPHGL FSTL	17.92	1496.32			090	Y			1549.76		090	Y	
43305	ESPHGP CRV APPR W/RPR TRACHEOESOPHGL FSTL	31.9	2663.65			090	Y			2727.11		090	Y	
43310	ESPHGP THRC APPR W/O RPR TRACHEOESOPHGL FSTL	43.31	3616.39			090	Y			3700.72		090	Y	
43312	ESPHGP THRC APPR W/RPR TRACHEOESOPHGL FSTL	47.08	3931.18			090	Y			3975.44		090	Y	
43313	ESPHGP CGEN DFCT THRC APPR W/O RPR FSTL	78.6	6563.10			090	Y			7695.36		090	Y	
43314	ESPHGP CGEN DFCT THRC APPR W/RPR FSTL	89.83	7500.81			090	Y			7183.51		090	Y	
43320	EGST W/WO VAGOTOMY&PYLOROPLASTY TABDL/TTHRC AP	40.43	3375.91			090	Y			3441.04		090	Y	
43325	ESOPG/GSTR FUNDOPLASTY W/FUNDIC PATCH	38.9	3248.15			090	Y			3314.12		090	Y	
43327	ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY	23.82	1988.97			090	Y			2016.53		090	Y	
43328	ESOPG/GSTR FUNDOPLASTY W/THORACOTOMY	33.03	2758.01			090	Y			2879.92		090	Y	
43330	ESOPHAGOMYOTOMY HELLER TYPE ABDOMINAL APPROACH	38.58	3221.43			090	Y			3294.08		090	Y	
43331	ESOPHAGOMYOTOMY HELLER TYPE THORACIC APPROACH	39.13	3267.36			090	Y			3352.53		090	Y	
43332	RPR PARAESOPH HIATAL HERNIA W/LAPT W/O MESH	33.73	2816.46			090	Y	4503.86		2870.73		090	Y	
43333	LAPT RPR PARAESOPH HIATAL HERNIA W/MESH	36.76	3069.46			090	Y			3120.4		090	Y	
43334	RPR PARAESOPH HIATAL HERNIA W/THORCOM W/O MESH	36.47	3045.25			090	Y			3093.68		090	Y	

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43335	RPR PARAESOPH HIATAL HERNIA W/THORCOM W/MESH	39.09	3264.02			090	Y			3297.42		090	Y	
43336	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/O MESH	43.99	3673.17			090	Y			3770.86		090	Y	
43337	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/MESH	47.42	3959.57			090	Y			4062.28		090	Y	
43338	ESOPHAGUS LENGTHENING	3.39	283.07			ZZZ	Y			287.24		ZZZ	Y	
43340	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT ABDL APPR	39.6	3306.60			090	Y			3396.78		090	Y	
43341	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT THRC APPR	40.93	3417.66			090	Y			3707.4		090	Y	
43351	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL THRC APPR	37.47	3128.75			090	Y			3292.41		090	Y	
43352	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL CRV APPR	31.13	2599.36			090	Y			2672		090	Y	
43360	GI RCNSTJ PREV ESPHG/EXCLUSION W/STOMACH	68.8	5744.80			090	Y			5626.23		090	Y	
43361	GI RCNSTJ PREV ESPHG/EXCLUSION W/COLON SM INT	74.38	6210.73			090	Y			6275.03		090	Y	
43400	LIGATION DIRECT ESOPHAGEAL VARICES	43.1	3598.85			090	Y			3866.89		090	Y	
43401	TRNSXJ ESOPH W/RPR ESOPHAGEAL VARICES	45.27	3780.05			090	Y			3867.72		090	Y	
43405	LIG/STAPLING G-ESOP JUNCT PRE-ESOPHGL PRF8J	42.5	3548.75			090	Y			3600.52		090	Y	
43410	SUTR ESOPHGL WND/INJ CRV APPR	30.54	2550.09			090	Y			2727.11		090	Y	
43415	SUTR ESOPHGL WND/INJ TTHRC/TABDL APPR	74.92	6255.82			090	Y			6402.78		090	Y	
43420	CLSR ESOPHAGOSTOMY/FSTL CRV APPR	29.53	2465.76			090	N	2302.81		2545.08		090	N	2321.87
43425	CLSR ESOPHAGOSTOMY/FSTL TTHRC/TABDL APPR	41.9	3498.65			090	Y			3566.29		090	Y	
43450	DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS	6.01	501.84			000	N	1061.55		395.79		000	N	623.18
43453	DILATION ESOPHAGUS GUIDE WIRE	27.46	2292.91			000	N	1549.54		764.03		000	N	623.18
43460	ESOPG/GSTR TAMPONADE W/BALO SENGSTAKEN TYPE	6.25	521.88			000	N			558.62		000	N	
43496	FREE JEJUNUM TRSF W/MICROVASC ANASTOMOSIS	0	BR			090	Y			BR		090	Y	
43499	UNLISTED PROCEDURE ESOPHAGUS	0	BR			YYY	N	1061.55		BR		YYY	N	804.3

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
43500	GASTROTOMY W/EXPLORATION/FOREIGN BODY REMOVAL	22.72	1897.12			090	Y			1943.88		090	Y	
43501	GASTROTOMY W/SUTURE REPAIR BLEEDING ULCER	39.01	3257.34			090	Y			3319.96		090	Y	
43502	GASTROTOMY W/SUTR RPR PRE-ESOPG/GASTRIC LAC	44.18	3689.03			090	Y			3754.16		090	Y	
43510	GSTRT W/ESOPHGL DILAT&INSJ PRM INTRAL TUBE	27.34	2282.89			090	Y	1061.55		2253.67		090	Y	804.3
43520	PYLOROMYOTOMY CUTTING PYLORIC MUSC	19.93	1664.16			090	Y	4197.13		1701.73		090	Y	
43605	BIOPSY STOMACH LAPAROTOMY	24.24	2024.04			090	Y			2064.96		090	Y	
43610	EXC LOCAL ULCER/BENIGN TUMOR STOMACH	28.42	2373.07			090	Y	5281.72		2419.83		090	Y	
43611	EXC LOCAL MALIGNANT TUMOR STOMACH	35.48	2962.58			090	Y			3011.85		090	Y	
43620	GSTRCT TOT W/ESOPHAGOENTEROSTOMY	56.79	4741.97			090	Y			4822.13		090	Y	
43621	GSTRCT TOT W/ROUX-EN-Y RCNSTJ	65.95	5506.83			090	Y			5566.95		090	Y	
43622	GSTRCT TOT W/FRMJ INTSTINAL POUCH ANY TYPE	67.28	5617.88			090	Y			5644.6		090	Y	
43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	42.06	3512.01			090	Y			3576.31		090	Y	
43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	59.01	4927.34			090	Y			4992.47		090	Y	
43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	55.75	4655.13			090	Y			4726.1		090	Y	
43634	GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH	61.43	5129.41			090	Y			5225.43		090	Y	
43635	VAGOTOMY PFRMD W/PRTL DSTL GSTRCT	3.27	273.05			ZZZ	Y			274.72		ZZZ	Y	
43640	VGTMY W/PYLORPLSTY W/WO GASTROST TRUNCAL/SLCTV	34.2	2855.70			090	Y			2909.14		090	Y	
43641	VGTMY W/PYLOROPLASTY W/WO GASTROST PARIETAL CELL	34.46	2877.41			090	Y			2964.25		090	Y	
43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	50.3	4200.05			090	Y	6990.94		4267.69		090	Y	
43645	LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ	53.76	4488.96			090	Y			4551.59		090	Y	
43647	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	0	BR			YYY	Y	10488.74	J1	BR		YYY	Y	8762.33
43648	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03

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43651	LAPS SURG TRNSXJ VAGUS NRV TRUNCAL	18.9	1578.15			090	Y	8002.30	J1	1623.24		090	Y	6607.04
43652	LAPS SURG TRNSXJ VAGUS NRV SLCTV/HILY SLCTV	22.2	1853.70			090	Y	8002.30	J1	1892.11		090	Y	6607.04
43653	LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	16.59	1385.27			090	Y	8002.30	J1	1428.69		090	Y	4498.73
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	1.18	98.53			000	N	273.41		99.37		000	N	147.41
43753	GASTRIC INTUBATJ & ASPIRAJ W/PHYS SKILL/LAVAGE	0.63	52.61			000	Y	313.82		50.1		000	Y	64.04
43754	GASTRIC INTUBAT DX W/ASPIRATION SINGLE SPECIMEN	3.02	252.17			000	Y	313.82		244.66		000	Y	64.04
43755	GASTRIC INTUBATION DX & ASPIRATJ MULTIPLE SPEC	4	334.00			000	Y	184.79		369.07		000	Y	85.82
43756	DUODENAL INTUBAT W/IMAG GUIDED SINGLE SPECIMEN	5.84	487.64			000	Y	143.41		567.8		000	Y	147.41
43757	DUODENAL INTUBAT W/IMAG GUIDED MULTIPLE SPECIMEN	8.25	688.88			000	Y	1061.55		796.59		000	Y	147.41
43760	CHANGE GASTROSTOMY TUBE PERCUTANEOUS W/O GDNCE	13.84	1155.64			000	N	284.56		1305.11		000	N	222.75
43761	REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	3.35	279.73			000	N	1061.55		286.41		000	N	804.3
43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	32.46	2710.41			090	Y	13721.82	J1	2766.36		090	Y	6607.04
43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	36.94	3084.49			090	Y	3874.47		3141.27		090	Y	
43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	27.52	2297.92			090	Y	4655.27		2353.87		090	Y	
43773	LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE	36.81	3073.64			090	Y	4357.78		3137.93		090	Y	
43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	27.83	2323.81			090	Y	4364.46		2373.07		090	Y	
43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	32.01	2672.84			090	Y	5333.59		3314.12		YYY	Y	
43800	PYLOROPLASTY	26.95	2250.33			090	Y			2296.25		090	Y	
43810	GASTRODUODENOSTOMY	29.51	2464.09			090	Y			2508.34		090	Y	
43820	GASTROJEJUNOSTOMY W/O VAGOTOMY	38.91	3248.99			090	Y			3304.1		090	Y	
43825	GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYPE	37.88	3162.98			090	Y			3186.36		090	Y	

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43830	GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX	20.27	1692.55			090	Y	2820.55		1734.3		090	Y	2409.04
43831	GASTROSTOMY OPN NEONATAL FEEDING	16.88	1409.48			090	Y	1061.55		1485.47		090	Y	804.3
43832	GASTROSTOMY OPN W/CONSTJ GSTR TUBE	30.17	2519.20			090	Y			2581.82		090	Y	
43840	GASTRORRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ	39.42	3291.57			090	Y			3350.02		090	Y	
43842	GASTRIC RSTCV W/O BYP VERTICAL-BANDED GASTROPLY	34.47	2878.25			090	N			2823.14		090	N	
43843	GSTR RSTCV W/O BYP OTH/THN VER-BANDED GSTP	37.08	3096.18			090	Y			3157.14		090	Y	
43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	57	4759.50			090	Y			4838.83		090	Y	
43846	GASTRIC RSTCV W/BYP W/SHORT LIMB 150 CM/<	46.8	3907.80			090	Y			4008		090	Y	
43847	GASTRIC RSTCV W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ	51.5	4300.25			090	Y			4438.86		090	Y	
43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	55.87	4665.15			090	Y			4748.65		090	Y	
43850	REVJ GASTRODUOL ANAST W/RCNSTJ W/O VAGOTOMY	47.09	3932.02			090	Y			4008.84		090	Y	
43855	REVJ GASTRODUOL ANAST W/RCNSTJ W/VGTMY	47.73	3985.46			090	Y			4157.47		090	Y	
43860	REVJ GSTR/JJ ANAST W/RCNSTJ W/O VGTMY	47.46	3962.91			090	Y			4023.87		090	Y	
43865	REVJ GSTR/JJ ANAST W/RCNSTJ W/VGTMY	49.42	4126.57			090	Y			4205.9		090	Y	
43870	CLOSURE GASTROSTOMY SURG	20.63	1722.61			090	Y	2820.55		1764.36		090	Y	2409.04
43880	CLOSURE GASTROCOLIC FISTULA	46.38	3872.73			090	Y			3926.17		090	Y	
43881	IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	0	BR			YYY	Y			BR		YYY	Y	
43882	REVISION/RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	0	BR			YYY	Y			BR		YYY	Y	
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	10.46	873.41			090	Y	3044.24		912.66		090	Y	1948.12
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	9.36	781.56			090	Y	3044.24		820.81		090	Y	1434.08
43888	GSTR RSTCV OPN RMVL & RPLCMT SUBQ PORT	13.26	1107.21			090	Y	3044.24		1147.29		090	Y	1948.12
43999	UNLISTED PROCEDURE STOMACH	0	BR			YYY	N	1061.55		BR		YYY	N	804.3

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	31.73	2649.46			090	Y	3604.74		2698.72		090	Y	
44010	DUODENOTOMY EXPLORATION/BX/FOREIGN BODY REMOVAL	25.02	2089.17			090	Y			2150.96		090	Y	
44015	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD	4.14	345.69			ZZZ	Y			349.03		ZZZ	Y	
44020	ENTEROTOMY SM INT OTH/THN DUO EXPL BX/FB RMVL	28.27	2360.55			090	Y			2404.8		090	Y	
44021	ENTEROTOMY SM INT OTH/THN DUO DCMPRN	28.26	2359.71			090	Y			2410.65		090	Y	
44025	COLOTOMY EXPLORATION/BIOPSY/FOREIGN BODY REMOVAL	28.59	2387.27			090	Y			2444.88		090	Y	
44050	RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT	27.15	2267.03			090	Y	2783.35		2309.61		090	Y	
44055	CORRJ MALROTATION BANDS&/RDCTJ VOLVULUS	43.28	3613.88			090	Y			3689.03		090	Y	
44100	BX INTESTINE CAPSULE TUBE PRORAL 1/> SPECIMENS	3.16	263.86			000	N	1549.54		280.56		000	N	1195.63
44110	EXC 1/> SMALL/LARGE LESIONS INTESTINE ENTEROTOM	24.71	2063.29			090	Y	3549.64		2101.7		090	Y	
44111	EXC 1/> SM/LG LESIONS INTESTNE MULT ENTEROTOMIE	28.56	2384.76			090	Y			2436.53		090	Y	
44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	35.5	2964.25			090	Y	4191.56		3015.19		090	Y	
44121	ENTERECTOMY RESCJ SMALL INTESTINE EA RESCJ & ANA	7.05	588.68			ZZZ	Y			592.02		ZZZ	Y	
44125	ENTERECTOMY RESCJ SMALL INTESTINE W/ENTEROSTOMY	34.28	2862.38			090	Y			2916.66		090	Y	
44126	ENTRC RESCJ ATRESIA RESCJ & ANAST W/O TAPRING	71.6	5978.60			090	Y			6065.44		090	Y	
44127	ENTRC RESCJ ATRESIA RESCJ & ANAST SGM W/TAPRING	82.23	6866.21			090	Y			7006.49		090	Y	
44128	ENTRC RESCJ ATRESIA EA RESCJ & ANASTOMOSIS	7.12	594.52			ZZZ	Y			595.36		ZZZ	Y	
44130	ENTEROENTEROST ANAST INT W/WO CUTAN NTRSTM SPX	38.09	3180.52			090	Y			3243.98		090	Y	
44132	DONOR ENTERECTOMY OPEN CADAVER DONOR	0	BR			XXX	N			BR		XXX	N	
44133	DONOR ENTERECTOMY OPEN LIVING DONOR	0	BR			XXX	N			BR		XXX	N	
44135	INTESTINAL ALLOTRANSPLANTATION CADAVER DONOR	0	BR			XXX	N			BR		XXX	N	
44136	INTESTINAL ALLOTRANSPLANTATION LIVING DONOR	0	BR			XXX	N			BR		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	0	BR			XXX	Y			BR		XXX	Y	
44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	3.53	294.76			ZZZ	Y			296.43		ZZZ	Y	
44140	COLECTOMY PARTIAL W/ANASTOMOSIS	38.92	3249.82			090	Y	3191.08		3310.78		090	Y	
44141	COLECTOMY PRTL W/SKIN LEVEL CECOST/COLOSTOMY	52.99	4424.67			090	Y			4520.69		090	Y	
44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	48.32	4034.72			090	Y			4116.55		090	Y	
44144	COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA	51.41	4292.74			090	Y			4378.74		090	Y	
44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	48.12	4018.02			090	Y			4096.51		090	Y	
44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	61.47	5132.75			090	Y			5247.98		090	Y	
44147	COLECTOMY PRTL ABDOMINAL & TRANSANAL APPROACH	56.45	4713.58			090	Y			4789.56		090	Y	
44150	COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS	54.26	4530.71			090	Y			4648.45		090	Y	
44151	COLCT TOT ABDL W/O PRCTECT W/CONTINENT ILEOST	62.08	5183.68			090	Y			5315.61		090	Y	
44155	COLECTOMY TOT ABDL W/PROCTECTOMY W/ILEOSTOMY	60.42	5045.07			090	Y			5164.48		090	Y	
44156	COLECTOMY TOT ABDL W/PROCTECTOMY W/CONTNT ILEOST	66.68	5567.78			090	Y			5723.93		090	Y	
44157	COLECTOMY TOT ABD W/PROCTECTOMY ILEOANAL ANAST	62.48	5217.08			090	Y			5380.74		090	Y	
44158	COLCT TTL ABD W/PRCTECT ILEOANAL ANAST & RSVR	61.71	5152.79			090	Y			5523.53		090	Y	
44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	36.03	3008.51			090	Y			3067.79		090	Y	
44180	LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE	26.64	2224.44			090	Y	8002.30	J1	2270.37		090	Y	4498.73
44186	LAPAROSCOPY SURGICAL JEJUNOSTOMY	18.92	1579.82			090	Y	8002.30	J1	1616.56		090	Y	4498.73
44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	32.05	2676.18			090	Y			2765.52		090	Y	
44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	35.55	2968.43			090	Y			3056.94		090	Y	
44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	40.26	3361.71			090	Y	3804.87		3424.34		090	Y	
44203	LAPAROSCOPY SMALL INTESTINE RESCJ & ANASTOMOSIS	7.02	586.17			ZZZ	Y			592.85		ZZZ	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	44.65	3728.28			090	Y	4348.84		3807.6		090	Y	
44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	38.83	3242.31			090	Y	4409.45		3314.12		090	Y	
44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	50.91	4250.99			090	Y			4347.85		090	Y	6607.04
44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	52.84	4412.14			090	Y			4519.02		090	Y	6607.04
44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	57.66	4814.61			090	Y			4936.52		090	Y	6607.04
44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS	51.67	4314.45			090	Y			4459.74		090	Y	
44211	LAPS COLCT TTL ABD W/PRCTECT ILEOANAL ANASTOMSIS	63.29	5284.72			090	Y			5559.43		090	Y	
44212	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	59.37	4957.40			090	Y			5136.09		090	Y	
44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	5.47	456.75			ZZZ	Y			464.26		ZZZ	Y	3522.03
44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	48.41	4042.24			090	Y			4127.41		090	Y	
44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
44300	PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN	24.42	2039.07			090	Y			2086.67		090	Y	
44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	30.28	2528.38			090	Y			2584.33		090	Y	
44312	REVJ ILEOSTOMY SIMPLE RLS SUPERFICIAL SCAR SPX	17.07	1425.35			090	N	3044.24		1464.59		090	N	1948.12
44314	REVJ ILEOSTOMY COMPLIC RCNSTJ IN-DEPTH SPX	29.07	2427.35			090	Y			2495.82		090	Y	
44316	CONTINENT ILEOSTOMY KOCK PROCEDURE SPX	41.1	3431.85			090	Y			3485.29		090	Y	
44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	34.84	2909.14			090	Y			2978.45		090	Y	
44322	COLOSTOMY/SKN LVL CECOSTOMY W/MULT BXS SPX	28.95	2417.33			090	Y			2515.86		090	Y	
44340	REVJ COLOSTOMY SMPL RLS SUPFC SCAR SPX	18.11	1512.19			090	N	3044.24		1559.78		090	N	1948.12
44345	REVJ COLOSTOMY COMP RCNSTJ IN-DEPTH SPX	30.49	2545.92			090	Y			2612.72		090	Y	
44346	REVJ COLOSTOMY W/RPR PARACLST HERNIA SPX	34.3	2864.05			090	Y			2935.86		090	Y	
44360	ENDOSCOPY UPPER SMALL INTESTINE	4.37	364.90			000	N	1061.55		391.62		000	N	968.45

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
44361	ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	4.82	402.47			000	N	1549.54		430.03		000	N	968.45
44363	ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY	5.78	482.63			000	N	1549.54		513.53		000	N	968.45
44364	ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	6.15	513.53			000	N	1549.54		547.76		000	N	1429.56
44365	ENTEROSCOPY > 2ND PRTN W/RMVL LESION CAUTERY	5.41	451.74			000	N	1549.54		488.48		000	N	1429.56
44366	ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	7.22	602.87			000	N	1549.54		645.46		000	N	1429.56
44369	ENTEROSCOPY > 2ND PRTN ABLTJ LESION	7.38	616.23			000	N	1549.54		659.65		000	N	1429.56
44370	ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	8	668.00			000	N	7227.14	J1	713.93		000	N	2731.14
44372	ENTEROSCOPY > 2ND PRTN W/PLMT PRQ TUBE	7.21	602.04			000	N	1549.54		640.45		000	N	1429.56
44373	ENTEROSCOPY > 2ND PRTN CONV GSTRST TUBE	5.8	484.30			000	N	1549.54		512.69		000	N	1429.56
44376	ENTEROSC >2ND PRTN W/ILEUM W/WO COLLJ SPEC SPX	8.5	709.75			000	N	1549.54		753.17		000	N	968.45
44377	ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	8.97	749.00			000	N	1549.54		797.43		000	N	968.45
44378	ENTEROSCOPY > 2ND PRTN ILEUM CONTROL BLEEDING	11.47	957.75			000	N	1549.54		1022.88		000	N	1429.56
44379	ENTEROSCOPY > 2ND PRTN W/ILEUM W/STENT PLMT	12.2	1018.70			000	N	7227.14	J1	1090.51		000	N	2731.14
44380	ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD	6.26	522.71			000	N	1061.55		169.51		000	N	968.45
44381	ILEOSCOPY STOMA W/BALLOON DILATION	28.37	2368.90			000	N	1061.55		BR		000	N	1057.3
44382	ILEOSCOPY STOMA W/BX SINGLE/MULTIPLE	9.07	757.35			000	N	1061.55		203.74		000	N	968.45
44384	ILEOSCOPY STOMA W/PLMT OF ENDOSCOPIC STENT	4.59	383.27			000	N	7227.14	J1	BR		000	N	1057.3
44385	NDSC EVAL INTSTINAL POUCH DX W/COLLJ SPEC SPX	6.9	576.15			000	N	1072.09		679.69		000	N	891.86
44386	NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIPLE	9.71	810.79			000	N	1072.09		927.69		000	N	891.86
44388	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX	10.03	837.51			000	N	1072.09		915.16		000	N	891.86
44389	COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	12.64	1055.44			000	N	1072.09		1033.73		000	N	891.86
44390	COLONOSCOPY STOMA W/RMVL FOREIGN BODY	12.62	1053.77			000	N	1072.09		1218.27		000	N	891.86

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
44391	COLONOSCOPY STOMA CONTROL BLEEDING	21.77	1817.80			000	N	1072.09		1298.43		000	N	891.86
44392	COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS	11.89	992.82			000	N	1072.09		1143.95		000	N	891.86
44394	COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	13.37	1116.40			000	N	1072.09		1289.24		000	N	891.86
44401	COLONOSCOPY STOMA ABLATION LESION	92.4	7715.40			000	N	1072.09		BR		000	N	979.7
44402	COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	7.87	657.15			000	N	7227.14	J1	BR		000	N	979.7
44403	COLONOSCOPY STOMA W/ENDOSCOPIC MUCOSAL RESCJ	9.04	754.84			000	N	1072.09		BR		000	N	979.7
44404	COLONOSCOPY STOMA W/SUBMUCOSAL INJECTION	12.11	1011.19			000	N	1072.09		BR		000	N	979.7
44405	COLONOSCOPY STOMA W/BALLOON DILATION	17.37	1450.40			000	N	1072.09		BR		000	N	979.7
44406	COLONOSCOPY STOMA W/ENDOSCOPIC ULTRASOUND EXAM	6.9	576.15			000	N	1072.09		BR		000	N	979.7
44407	COLONOSCOPY STOMA W/US GID NDL ASPIR/BX	8.26	689.71			000	N	1072.09		BR		000	N	979.7
44408	COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION	6.97	582.00			000	N	1072.09		BR		000	N	979.7
44500	INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	0.71	59.29			000	N	687.66		59.29		000	N	567.16
44602	ENTERORRHAPHY 1PERFORATION	41	3423.50			090	Y	3967.31		3470.26		090	Y	
44603	ENTERORRHAPHY MULTIPLE PERFORATIONS	47.01	3925.34			090	Y			3987.96		090	Y	
44604	SUTR LG INTESTINE 1/MULT PERFORAT W/O COLOSTOMY	30.68	2561.78			090	Y	3542.49		2605.2		090	Y	
44605	SUTR LG INTESTINE 1/MULT PERFORAT W/COLOSTOMY	37.88	3162.98			090	Y			3218.93		090	Y	
44615	INTSTINAL STRICTUROPLASTY W/WO DILAT OBSTRCJ	31.23	2607.71			090	Y			2656.97		090	Y	
44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	25.18	2102.53			090	Y	3318.74		2149.29		090	Y	
44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	29.49	2462.42			090	Y			2527.55		090	Y	
44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	46.55	3886.93			090	Y			3958.74		090	Y	
44640	CLOSURE INTESTINAL CUTANEOUS FISTULA	40.7	3398.45			090	Y			3461.91		090	Y	
44650	CLSR ENTEROENTERIC/ENTEROCOLIC FSTL	42.08	3513.68			090	Y			3582.99		090	Y	

MEDICAL DATA														
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44660	CLSR ENTEROVES FSTL W/O INTSTINAL/BLADDER RESCJ	38.54	3218.09			090	Y			3272.37		090	Y	
44661	CLSR ENTEROVES FSTL W/INTESTINE&/BLADDER RESCJ	45	3757.50			090	Y			3816.79		090	Y	
44680	INTESTINAL PLICATION SEPARATE PROCEDURE	30.93	2582.66			090	Y			2641.94		090	Y	
44700	EXCLUSION SM INT FROM PELVIS MESH/PROSTH/TISS	29.57	2469.10			090	Y			2525.04		090	Y	
44701	INTRAOPERATIVE COLONIC LAVAGE	4.9	409.15			ZZZ	Y			410.82		ZZZ	Y	
44705	PREPARE FECAL MICROBIOTA FOR INSTILLATION	0	BR			XXX	N			BR		XXX	N	
44715	BKBENCH PREP CADAVER/LIVING DONOR INTESTINE	0	BR			XXX	Y			BR		XXX	Y	
44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	8.01	668.84			XXX	Y			616.23		XXX	Y	
44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	11.21	936.04			XXX	Y			941.05		XXX	Y	
44799	UNLISTED PROCEDURE SMALL INTESTINE	0	BR			XXX	N	3720.85		BR		YYY	N	2389.99
44800	EXC MECKEL'S DIVERTICULUM/OMPHALOMESENTERIC DUCT	22.12	1847.02			090	Y	2693.70		1893.78		090	Y	
44820	EXCISION LESION MESENTERY SEPARATE PROCEDURE	24.33	2031.56			090	Y			2077.48		090	Y	
44850	SUTURE MESENTERY SEPARATE PROCEDURE	21.79	1819.47			090	Y			1864.56		090	Y	
44899	UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY	0	BR			YYY	Y			BR		YYY	Y	
44900	INCISION AND DRAINAGE APPENDICEAL ABSCESS OPEN	22.39	1869.57			090	Y			1917.16		090	Y	
44950	APPENDECTOMY	18.64	1556.44			090	Y	3720.85		1584.83		090	Y	2389.99
44955	APPENDEC INDICATED PURPOSE OTH MAJOR PX NOT SPX	2.44	203.74			ZZZ	Y			205.41		ZZZ	Y	2389.99
44960	APPENDEC RPTD APPENDIX ABSC/PRITONITIS	25.36	2117.56			090	Y	3984.21		2155.97		090	Y	
44970	LAPAROSCOPIC APPENDECTOMY	17.42	1454.57			090	Y	8002.30	J1	1487.97		090	Y	4498.73
44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	12.22	1020.37			090	N	2366.33		1057.11		090	N	2360.12
45005	I&D SUBMUCOSAL ABSCESS RECTUM	7.85	655.48			010	N	2366.33		695.56		010	N	1649.83

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
45020	I&D DP SUPRALEVATOR PELVIRCT/RETRORCT ABSC	16.52	1379.42			090	N	2366.33		1421.17		090	N	1649.83
45100	BX ANORECTAL WALL ANAL APPROACH	8.64	721.44			090	N	2366.33		754.84		090	N	1649.83
45108	ANORECTAL MYOMECTOMY	10.59	884.27			090	N	3313.62		923.51		090	N	2360.12
45110	PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST	53.54	4470.59			090	Y			4602.52		090	Y	
45111	PRCTECT PRTL RESCJ RECTUM TABDL APPR	31.47	2627.75			090	Y			2702.9		090	Y	
45112	PRCTECT CMBN ABDOMINOPRNL PULL-THRU PX	54.45	4546.58			090	Y			4672.66		090	Y	
45113	PRCTECT PRTL W/MUCOSEC ILEOANAL ANAST RSVR	54.84	4579.14			090	Y			4937.36		090	Y	
45114	PRCTECT PRTL W/ANAST ABDL & TRANSSAC APPROACH	52.73	4402.96			090	Y			4473.93		090	Y	
45116	PRCTECT PRTL W/ANAST TRANSSAC APPR ONLY	47.73	3985.46			090	Y			3896.95		090	Y	
45119	PRCTECT CMBN PULL-THRU W/RSVR W/NTRSTM	56.42	4711.07			090	Y			4845.51		090	Y	
45120	PRCTECT COMPL W/PULL-THRU PX & ANASTOMOSIS	43.54	3635.59			090	Y			3910.31		090	Y	
45121	PRCTECT COMPL W/STOT/TOT COLCT W/MLT BXS	50.4	4208.40			090	Y			4281.88		090	Y	
45123	PRCTECT PRTL W/O ANAST PRNL APPR	32.43	2707.91			090	Y			2788.07		090	Y	
45126	PELVIC EXENTERATION COLORECTAL MALIGNANCY	80.93	6757.66			090	Y			7068.28		090	Y	
45130	EXC RCT PROCIDENTIA W/ANAST PERINEAL APPROACH	31.49	2629.42			090	Y			2716.26		090	Y	
45135	EXC RCT PROCIDENTIA W/ANAST ABDL & PRNL APPROACH	39.7	3314.95			090	Y			3385.93		090	Y	
45136	EXC ILEOANAL RSVR W/ILEOSTOMY	52.42	4377.07			090	Y			4527.37		090	Y	
45150	DIVISION STRICTURE RECTUM	11.27	941.05			090	N	2366.33		985.3		090	N	2360.12
45160	EXC RCT TUM PROCTOTOMY TRANSSAC/TRANSCOCCYGEAL	29.61	2472.44			090	Y	2366.33		2529.22		090	Y	2360.12
45171	EXC RCT TUM NOT INCL MUSCULARIS PROPRIA	17.38	1451.23			090	Y	3313.62		1510.52		090	Y	2360.12
45172	EXC RCT TUM INCL MUSCULARIS PROPRIA	23.39	1953.07			090	Y	3313.62		2034.06		090	Y	3052.3
45190	DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	20.05	1674.18			090	N	2366.33		1720.1		090	N	2360.12

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
45300	PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	3.5	292.25			000	N	701.36		318.14		000	N	542.25
45303	PROCTOSGMDSC RIGID W/DILATION	27.28	2277.88			000	N	1072.09		2525.04		000	N	923.14
45305	PROCTOSGMDSC RIGID W/BX SINGLE/MULTIPLE	5.56	464.26			000	N	2366.33		510.19		000	N	923.14
45307	PROCTOSGMDSC RIGID W/RMVL FOREIGN BODY	6.66	556.11			000	N	2366.33		598.7		000	N	1975.34
45308	PROCTOSGMDSC RIGID RMVL 1 LESION CAUTERY	6.15	513.53			000	N	2366.33		547.76		000	N	923.14
45309	PROCTOSGMDSC RIGID RMVL 1 LESION SNARE TQ	6.44	537.74			000	N	2366.33		561.12		000	N	923.14
45315	PROCTOSGMDSC RIGID RMVL MULT TUMOR CAUTERY/SNARE	6.44	537.74			000	N	2366.33		592.02		000	N	923.14
45317	PROCTOSGMDSC RIGID CONTROL BLEEDING	6.93	578.66			000	N	1072.09		629.59		000	N	923.14
45320	PROCTOSGMDSC RIGID ABLATION LESION	6.94	579.49			000	N	3313.62		627.09		000	N	1975.34
45321	PROCTOSGMDSC RIGID DCMPRN VOLVULUS	3.11	259.69			000	N	2366.33		270.54		000	N	1975.34
45327	PROCTOSGMDSC RIGID TNDSC STENT PLMT	3.54	295.59			000	N	7227.14	J1	321.48		000	N	2731.14
45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	4.74	395.79			000	N	701.36		356.55		000	N	542.25
45331	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	7.27	607.05			000	N	701.36		429.19		000	N	542.25
45332	SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY	8.82	736.47			000	N	1072.09		769.04		000	N	542.25
45333	SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS	9.9	826.65			000	N	701.36		779.89		000	N	542.25
45334	SIGMOIDOSCOPY FLX CONTROL BLEEDING	17.29	1443.72			000	N	1072.09		408.32		000	N	923.14
45335	SGMDSC FLX DIRED SBMCSL NJX ANY SBST	8.2	684.70			000	N	701.36		727.29		000	N	542.25
45337	SGMDSC FLX W/DCMPRN W/PLMT DCMPRN TUBE	3.53	294.76			000	N	1072.09		357.38		000	N	923.14
45338	SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	9.21	769.04			000	N	1072.09		835		000	N	923.14
45340	SIGMOIDOSCOPY FLX TNDSC BALO DILAT	13.9	1160.65			000	N	1072.09		1300.93		000	N	923.14
45341	SIGMOIDOSCOPY FLX NDSC US XM	3.79	316.47			000	N	1072.09		391.62		000	N	923.14
45342	SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR/BX	5.14	429.19			000	N	2366.33		595.36		000	N	923.14

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
45346	SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES	88.45	7385.58			000	N	1072.09		BR		000	N	1026.29
45347	SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	4.69	391.62			000	N	7227.14	J1	BR		000	N	1026.29
45349	SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	5.97	498.50			000	N	1072.09		BR		000	N	1026.29
45350	SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	16.56	1382.76			000	N	1072.09		BR		000	N	1026.29
45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	10.77	899.30			000	N	1072.09		1007.85		000	N	891.86
45379	COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	13.58	1133.93			000	N	1072.09		1295.92		000	N	891.86
45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	13.31	1111.39			000	N	1072.09		1200.73		000	N	891.86
45381	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	12.8	1068.80			000	N	1072.09		1209.92		000	N	891.86
45382	COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	22.52	1880.42			000	N	1072.09		1563.96		000	N	891.86
45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	14.61	1219.94			000	N	1072.09		1194.05		000	N	891.86
45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	13.96	1165.66			000	N	1072.09		1351.03		000	N	891.86
45386	COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	18.6	1553.10			000	N	1072.09		1752.67		000	N	891.86
45388	COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	92.93	7759.66			000	N	1072.09		BR		000	N	979.7
45389	COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	8.68	724.78			000	N	7227.14	J1	BR		000	N	979.7
45390	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	9.91	827.49			000	N	1072.09		BR		000	N	979.7
45391	COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	7.73	645.46			000	N	1072.09		735.64		000	N	891.86
45392	COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL	9.1	759.85			000	N	2366.33		943.55		000	N	891.86
45393	COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	7.58	632.93			000	N	1072.09		BR		000	N	979.7
45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY	57.33	4787.06			090	Y			4938.19		090	Y	
45397	LAPS PROCTECTOMY COMBINED PULL-THRU W/RESERVOIR	62.44	5213.74			090	Y			5353.19		090	Y	
45398	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	20.79	1735.97			000	N	1072.09		BR		000	N	979.7
45399	UNLISTED PROCEDURE COLON	0	BR			XXX	N	1072.09		BR		XXX	N	979.7

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	33.01	2756.34			090	Y	5251.07		2869.9		090	Y	
45402	LAPAROSCOPY PROCTOPEXY PROLAPSE SIGMOID RESCJ	44.02	3675.67			090	Y			3798.42		090	Y	
45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
45500	PROCTOPLASTY STENOSIS	15.04	1255.84			090	N	2366.33		1322.64		090	N	2360.12
45505	PROCTOPLASTY PROLAPSE MUCOUS MEMBRANE	17.13	1430.36			090	N	3313.62		1485.47		090	N	3052.3
45520	PERIRECTAL INJ SCLEROSING SOLUTION PROLAPSE	4.47	373.25			000	N	167.81		411.66		000	N	137.98
45540	PROCTOPEXY ABDOMINAL APPROACH	30.65	2559.28			090	Y			2627.75		090	Y	
45541	PROCTOPEXY PERINEAL APPROACH	27.3	2279.55			090	Y	3313.62		2313.79		090	Y	3052.3
45550	PROCTOPEXY W/SIGMOID RESCJ ABDL APPR	42.26	3528.71			090	Y			3637.26		090	Y	
45560	REPAIR RECTOCELE SEPARATE PROCEDURE	19.81	1654.14			090	Y	3313.62		1728.45		090	Y	3052.3
45562	EXPL RPR & PRESACRAL DRG RECTAL INJURY	32.42	2707.07			090	Y			2771.37		090	Y	
45563	EXPL RPR & PRESACRAL DRG RECTAL INJ W/COLOSTOMY	47.82	3992.97			090	Y			4073.13		090	Y	
45800	CLOSURE RECTOVESICAL FISTULA	34.81	2906.64			090	Y			2943.38		090	Y	
45805	CLSR RECTOVESICAL FISTULA W/COLOSTOMY	42.43	3542.91			090	Y			3613.88		090	Y	
45820	CLOSURE RECTOURETHRAL FISTULA	34.46	2877.41			090	Y			2717.09		090	Y	
45825	CLOSURE RECTOURETHRAL FISTULA W/COLOSTOMY	40.03	3342.51			090	Y			3633.92		090	Y	
45900	RDCTJ PROCIDENTIA UNDER ANES SEPARATE PROCEDURE	5.86	489.31			010	N	701.36		509.35		010	N	566.8
45905	DILAT ANAL SPHNCTR SPX UNDER ANES OTH/THN LOCAL	4.89	408.32			010	N	2366.33		423.35		010	N	1649.83
45910	DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL	5.61	468.44			010	N	2366.33		489.31		010	N	1649.83
45915	RMVL FECAL IMPACTION/FB SPX UNDER ANES	9.48	791.58			010	N	2366.33		836.67		010	N	1649.83
45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	3.11	259.69			000	N	2366.33		264.7		000	N	1649.83
45999	UNLISTED PROCEDURE RECTUM	0	BR			YYY	N	701.36		BR		YYY	N	566.8

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
46020	PLACEMENT SETON	7.92	661.32			010	N	2366.33		701.4		010	N	2360.12
46030	REMOVAL ANAL SETON OTHER MARKER	3.98	332.33			010	N	1072.09		357.38		010	N	566.8
46040	I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX	15.33	1280.06			090	N	2366.33		1350.2		090	N	1649.83
46045	I&D INTRAMURAL IM/ABSC TRANSANAL ANES	12.51	1044.59			090	N	2366.33		1087.17		090	N	2360.12
46050	I&D PERIANAL ABSCESS SUPERFICIAL	5.74	479.29			010	N	701.36		522.71		010	N	566.8
46060	I&D ISCHIORCT/INTRAMURAL ABSC W/WO SETON	13.74	1147.29			090	N	2366.33		1195.72		090	N	1649.83
46070	INCISION ANAL SEPTUM INFANT	6.53	545.26			090	N	2366.33		547.76		090	N	1649.83
46080	SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX	7.09	592.02			010	N	2366.33		632.93		010	N	1649.83
46083	INCISION THROMBOSED HEMORRHOID EXTERNAL	5.02	419.17			010	N	294.26		450.07		010	N	197.05
46200	FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED	12.71	1061.29			090	N	2366.33		1133.93		090	N	2360.12
46220	EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	5.88	490.98			010	N	2366.33		529.39		010	N	1649.83
46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	7.65	638.78			010	N	701.36		689.71		010	N	566.8
46230	EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS	7.8	651.30			010	N	2366.33		698.06		010	N	1649.83
46250	HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP	13.27	1108.05			090	N	2366.33		1174.01		090	N	2360.12
46255	HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP	14.5	1210.75			090	N	2366.33		1283.4		090	N	2360.12
46257	HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO	12.16	1015.36			090	N	2366.33		1055.44		090	N	2360.12
46258	HRHC 1 COL/GRP W/FSTULECTMY INCL FSSRECTOMY	13.47	1124.75			090	N	3313.62		1163.99		090	N	2360.12
46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	13.72	1145.62			090	N	3313.62		1187.37		090	N	2360.12
46261	HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU	15.06	1257.51			090	N	3313.62		1310.95		090	N	2360.12
46262	HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY	15.91	1328.49			090	N	3313.62		1389.44		090	N	2360.12
46270	SURG TX ANAL FISTULA SUBQ	14.55	1214.93			090	N	2366.33		1281.73		090	N	2360.12
46275	SURG TX ANAL FISTULA INTERSPHINCTERIC	15.38	1284.23			090	N	2366.33		1363.56		090	N	2360.12

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
46280	TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTRC INCL SETON	13.52	1128.92			090	N	2366.33		1179.86		090	N	2360.12
46285	SURG TX ANAL FISTULA 2ND STAGE	15.24	1272.54			090	N	2366.33		1356.88		090	N	2360.12
46288	CLSR ANAL FSTL W/RCT ADVMNT FLAP	15.86	1324.31			090	N	3313.62		1368.57		090	N	3052.3
46320	EXC THROMBOSED HEMORRHOID XTRNL	5.24	437.54			010	N	2366.33		468.44		010	N	1649.83
46500	INJECTION SCLEROSING SOLUTION HEMORRHOIDS	5.55	463.43			010	N	701.36		612.06		010	N	566.8
46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	8.17	682.20			010	N	2366.33		728.96		010	N	1649.83
46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	2.52	210.42			000	N	129.85		227.96		000	N	64.04
46601	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	3.9	325.65			000	N	79.66		BR		000	N	163.41
46604	ANOSCOPY W/DILATION	17.58	1467.93			000	N	2366.33		1641.61		000	N	923.14
46606	ANOSCOPY W/BX SINGLE/MULTIPLE	6.43	536.91			000	N	2366.33		587.01		000	N	923.14
46607	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	5.46	455.91			000	N	1072.09		BR		000	N	1026.29
46608	ANOSCOPY W/RMVL FOREIGN BODY	6.61	551.94			000	N	1072.09		602.87		000	N	923.14
46610	ANOSCOPY W/RMVL LESION CAUTERY	6.44	537.74			000	N	2366.33		589.51		000	N	1975.34
46611	ANOSC RMVL 1 TUM POLYP/OTH LES SNARE TQ	5.01	418.34			000	N	1072.09		448.4		000	N	923.14
46612	ANOSC RMVL MULT TUMORS CAUTERY/SNARE	7.34	612.89			000	N	2366.33		716.43		000	N	1975.34
46614	ANOSCOPY CONTROL BLEEDING	3.66	305.61			000	N	1072.09		327.32		000	N	542.25
46615	ANOSCOPY ABLATION LESION	4.11	343.19			000	N	2366.33		367.4		000	N	1975.34
46700	ANOPLASTY PLASTIC OPERATION STRICTURE ADULT	18.86	1574.81			090	N	2366.33		1634.1		090	N	2360.12
46705	ANOPLASTY PLASTIC OPERATION STRICTURE INFANT	14.44	1205.74			090	Y			1286.74		090	Y	
46706	REPAIR ANAL FISTULA W/FIBRIN GLUE	4.78	399.13			010	N	3313.62		424.18		010	N	2360.12
46707	REPAIR ANORECTAL FISTULA PLUG	13.74	1147.29			090	N	3313.62		1158.98		090	N	3052.3
46710	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT TPRNL APPR	30.39	2537.57			090	Y			2737.13		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
46712	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT CMBN APPR	61.82	5161.97			090	Y			5041.73		090	Y	
46715	RPR LW IMPERFORATE ANUS W/ANOPRNL FSTL CUT-BK	15.66	1307.61			090	Y			1234.13		090	Y	
46716	RPR LW IMPERFORATE ANUS W/TRPOS FISTULA	31.99	2671.17			090	Y			2756.34		090	Y	
46730	RPR HI IMPRF ANUS W/O FSTL PRNL/SACROPRNL APPR	52.63	4394.61			090	Y			4488.13		090	Y	
46735	RPR HI IMPRF ANUS W/O FISTULA CMBN APPR	60.96	5090.16			090	Y			5003.32		090	Y	
46740	RPR HI IMPRF ANUS W/FSTL PRNL/SACROPRNL APPR	62.21	5194.54			090	Y			4929.01		090	Y	
46742	RPR HI IMPRF ANUS W/FSTL TABDL & SACROPRNL	70.39	5877.57			090	Y			5973.59		090	Y	
46744	RPR CLOACAL ANOMALY SACROPERINEAL	102.29	8541.22			090	Y			8314.93		090	Y	
46746	RPR CLOACAL ANOMALY CMBN ABDL&SACROPRNL	105.61	8818.44			090	Y			8627.22		090	Y	
46748	RPR CLOACAL ANOMALY CMBN ABDL & SACROPRNL W/GRF	114.7	9577.45			090	Y			9484.77		090	Y	
46750	SPHNCTROP ANAL INCONTINENCE/PROLAPSE ADULT	21.74	1815.29			090	Y	3313.62		1897.12		090	Y	3052.3
46751	SPHNCTROP ANAL INCONTINENCE/PROLAPSE CHLD	17.2	1436.20			090	Y			1497.16		090	Y	
46753	GRAFT THIERSCH RCT INCONTINENCE &/PROLAPSE	17.66	1474.61			090	N	3313.62		1467.93		090	N	2360.12
46754	RMVL THIERSCH WIRE/SUTURE ANAL CANAL	8.36	698.06			010	N	2366.33		761.52		010	N	1649.83
46760	SPHINCTEROPLASTY ANAL MUSCLE TRANSPLANT	31.49	2629.42			090	Y	3313.62		2732.12		090	Y	3052.3
46761	SPHNCTROP ANAL LEVATOR MUSC IMBRCJ	26.64	2224.44			090	Y	3313.62		2308.78		090	Y	3052.3
46762	SPHNCTROP ANAL IMPLTJ ARTIF SPHNCTR	26.72	2231.12			090	Y	7227.14	J1	2304.6		090	Y	3052.3
46900	DSTRJ LESION ANUS SIMPLE CHEMICAL	6.91	576.99			010	N	321.24		617.07		010	N	270.47
46910	DSTRJ LESION ANUS SMPL ELTRDSICCATION	7.32	611.22			010	N	2009.86		652.97		010	N	1829.09
46916	DSTRJ LESION ANUS SIMPLE CRYOSURGERY	6.54	546.09			010	N	321.24		584.5		010	N	137.98
46917	DSTRJ LESION ANUS SIMPLE LASER SURG	12.81	1069.64			010	N	2366.33		1176.52		010	N	1829.09
46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	7.61	635.44			010	N	2366.33		687.21		010	N	1829.09

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
46924	DSTRJ LESION ANUS EXTENSIVE	15.17	1266.70			010	N	2366.33		1383.6		010	N	1829.09
46930	DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY	5.86	489.31			090	N	701.36		523.55		090	N	566.8
46940	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX 1ST	6.52	544.42			010	N	2366.33		583.67		010	N	1649.83
46942	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX SBSQ	6.16	514.36			010	N	701.36		552.77		010	N	566.8
46945	HRHC NTRNL LIG OTH THAN RBBR BAND 1 COL/GRP	8.82	736.47			090	N	2366.33		789.08		090	N	2360.12
46946	HRHC NTRNL LIG OTH THAN RBBR BAND 2/> COL/GRP	8.96	748.16			090	N	2366.33		798.26		090	N	2360.12
46947	HEMORRHOIDOPEXY STAPLING	11.04	921.84			090	N	3313.62		956.08		090	N	3052.3
46999	UNLISTED PROCEDURE ANUS	0	BR			YYY	N	701.36		BR		YYY	N	566.8
47000	BIOPSY LIVER NEEDLE PERCUTANEOUS	10.33	862.56			000	N	1341.57		921.01		000	N	920.55
47001	BX LVR NDL DONE PURPOSE TM OTH MAJOR PX	3.02	252.17			ZZZ	N			252.17		ZZZ	N	
47010	HEPATOTOMY OPEN DRAINAGE ABSCESS/CYST 1/2 STAGES	34.91	2914.99			090	Y			2972.6		090	Y	
47015	LAPT W/ASPIR &/NJX HEPATC PARASITIC CYST/ABSCESS	33.19	2771.37			090	Y			2874.91		090	Y	
47100	BIOPSY LIVER WEDGE	24.45	2041.58			090	Y	2622.28		2096.69		090	Y	
47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	67.58	5642.93			090	Y	5008.07		5730.61		090	Y	
47122	HEPATECTOMY RESCJ TRISEGMENTECTOMY	99.72	8326.62			090	Y			8403.44		090	Y	
47125	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY	89.16	7444.86			090	Y			7549.24		090	Y	
47130	HEPATECTOMY RESCJ TOTAL RIGHT LOBECTOMY	95.77	7996.80			090	Y			8087.81		090	Y	
47133	DONOR HEPATECTOMY CADAVER DONOR	0	BR			XXX	N			BR		XXX	N	
47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	155.84	13012.64			090	Y			12040.7		090	Y	
47140	DONOR HEPATECTOMY LIVING DONOR SEG II & III	103.7	8658.95			090	Y			8793.39		090	Y	
47141	DONOR HEPATECTOMY LIVING DONOR SEG II III & IV	123.95	10349.83			090	Y			9652.6		090	Y	
47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII &VI	136.66	11411.11			090	Y			11567.26		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
47143	BKBENCH PREP CADAVER DONOR	0	BR			XXX	Y			BR		XXX	Y	
47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I&IV VII	0	BR			090	Y			BR		090	Y	
47145	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I&V VI	0	BR			XXX	Y			BR		XXX	Y	
47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	9.58	799.93			XXX	Y			805.78		XXX	Y	
47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	11.15	931.03			XXX	Y			940.21		XXX	Y	
47300	MARSUPIALIZATION CST/ABSC LVR	32.8	2738.80			090	Y			2803.93		090	Y	
47350	MGMT LVR HEMRRG SMPL SUTR LVR WND/INJ	39.72	3316.62			090	Y			3383.42		090	Y	
47360	MGMT LVR HEMRRG CPLX SUTR WND/INJ	53.94	4503.99			090	Y			4624.23		090	Y	
47361	MGMT LVR HEMRRG EXPL WND DBRDMT COAGJ/SUTR	87.7	7322.95			090	Y			7431.5		090	Y	
47362	MGMT LVR HEMRRG RE-EXPL WND RMVL PACKING	42.04	3510.34			090	Y			3574.64		090	Y	
47370	LAPS SURG ABLTJ 1/> LVR TUM RF	36.17	3020.20			090	Y	13721.82	J1	3051.93		090	Y	11714.8
47371	LAPS SURG ABLTJ 1 > LVR TUM CRYOSURG	32.7	2730.45			090	Y	13721.82	J1	3097.02		090	Y	11714.8
47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
47380	ABLTJ OPN 1/> LVR TUM RF	41.82	3491.97			090	Y			3533.72		090	Y	
47381	ABLTJ OPN 1/> LVR TUM CRYOSURG	38.66	3228.11			090	Y			3645.61		090	Y	
47382	ABLTJ 1/> LVR TUM PRQ RF	142.64	11910.44			010	N	5865.24		12737.93		010	N	5220.48
47383	ABLATION 1/> LIVER TUMOR PERQ CRYOABLATION	214.45	17906.58			010	N	5865.24		17995.09		010	N	5080.31
47399	UNLISTED PROCEDURE LIVER	0	BR			YYY	N	325.10		BR		YYY	N	445.75
47400	HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1	62.43	5212.91			090	Y			5302.25		090	Y	
47420	CHOLEDOCHOT/OST W/O SPHNCTROTOMY/SPHNCTROP	38.92	3249.82			090	Y	5785.27		3323.3		090	Y	
47425	CHOLEDOCHOT/OST W/SPHNCTROTOMY/SPHNCTROP	39.26	3278.21			090	Y			3374.24		090	Y	
47460	TRANSDUOL SPHINCTEROT/PLASTY W/WO RMVL CALCULUS	36.34	3034.39			090	Y			3132.92		090	Y	

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47480	CHOLECSTOT/CHOLECSTOST W/EXPL DRG/RMVL ST1 SPX	25.35	2116.73			090	Y			2176.85		090	Y	
47490	CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	9.6	801.60			010	N	3100.66		821.64		010	N	2615.99
47531	NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	10.59	884.27			000	N	500.91						
47532	NJX CHOLANGIO PRQ W/IMG GID RS&I NEW ACCESS	23.31	1946.39			000	N	3100.66						
47533	PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	38.03	3175.51			000	N	3100.66						
47534	PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	46.87	3913.65			000	N	3100.66						
47535	CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	31.44	2625.24			000	N	3100.66						
47536	EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	23.2	1937.20			000	N	3100.66						
47537	REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	11.47	957.75			000	N	687.66						
47538	PLMT BILE DUCT STENT PRQ EXISTING ACCESS	128.03	10690.51			000	N	5865.24						
47539	PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	139.91	11682.49			000	N	5865.24						
47540	PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	145.46	12145.91			000	N	5865.24						
47541	PLMT ACCESS THRU BILIARY TREE INTO SMALL BWL NEW	33.58	2803.93			000	N	3100.66						
47542	BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	14.7	1227.45			ZZZ	N							
47543	ENDOLUMINAL BX BILIARY TREE PRQ ANY METH SNG/MLT	37.7	3147.95			ZZZ	N							
47544	REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	23.21	1938.04			ZZZ	N							
47550	BILIARY NDSC INTRAOPERATIVE	4.82	402.47			ZZZ	Y			404.98		ZZZ	Y	
47552	BILIARY ENDO PRQ T-TUBE DX W/COLLECT SPEC BRUSH	9.04	754.84			000	N	3100.66		767.37		000	N	2615.99
47553	BILIARY NDSC PRQ T-TUBE W/BX SINGLE/MULTIPLE	8.92	744.82			000	N	5865.24		765.7		000	N	2615.99
47554	BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	13.87	1158.15			000	N	5865.24		1199.9		000	N	2615.99
47555	BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	10.68	891.78			000	N	3100.66		905.98		000	N	2615.99
47556	BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT	12.15	1014.53			000	N	5865.24		1029.56		000	N	5220.48

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47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	19.06	1591.51			090	Y	8002.30	J1	1627.42		090	Y	4498.73
47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	20.71	1729.29			090	Y	8002.30	J1	1766.86		090	Y	4498.73
47564	LAPS SURG CHOLECSTC W/EXPL COMMON DUCT	32.28	2695.38			090	Y	8002.30	J1	2753		090	Y	4498.73
47570	LAPAROSCOPY SURG CHOLECYSTOENETEROSTOMY	22.19	1852.87			090	Y			1913.82		090	Y	
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
47600	CHOLECYSTECTOMY	30.95	2584.33			090	Y	5681.42		2638.6		090	Y	
47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	32.59	2721.27			090	Y	4875.50		2776.38		090	Y	
47610	CHOLECYSTECTOMY W/EXPLORATION COMMON DUCT	36.39	3038.57			090	Y			3094.51		090	Y	
47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	36.85	3076.98			090	Y			3123.74		090	Y	
47620	CHOLECSTC EXPL DUX SPHNCTROTOMY/SPHNCTROP	39.92	3333.32			090	Y			3397.62		090	Y	
47700	EXPL CONGENITAL ATRESIA BILE DUCTS	30.11	2514.19			090	Y			2606.04		090	Y	
47701	PORTOENETEROSTOMY	49.2	4108.20			090	N			4275.2		090	N	
47711	EXC BILE DUX TUM W/WO PRIM RPR XTRHEPATC	45.1	3765.85			090	Y			3821.8		090	Y	
47712	EXC BILE DUX TUM W/WO PRIM RPR INTRAHEPATC	57.7	4817.95			090	Y			4922.33		090	Y	
47715	EXCISION CHOLEDOCHAL CYST	38.63	3225.61			090	Y			3286.56		090	Y	
47720	CHOLECYSTOENTEROSTOMY DIRECT	33.36	2785.56			090	Y			2852.36		090	Y	
47721	CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOMY	39.34	3284.89			090	Y			3345.85		090	Y	
47740	CHOLECYSTOENTEROSTOMY ROUX-EN-Y	37.75	3152.13			090	Y			3242.31		090	Y	
47741	CHOLECSTONTRSTM ROUX-EN-Y W/GASTRONTRSTM	42.61	3557.94			090	Y			3643.11		090	Y	
47760	ANAST XTRHEPATC BILIARY DUCTS & GI TRACT	65.54	5472.59			090	Y			5542.73		090	Y	
47765	ANAST INTRAHEPATC DUCTS & GI TRACT	88.04	7351.34			090	Y			7471.58		090	Y	
47780	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS & GI	71.72	5988.62			090	Y			6078.8		090	Y	

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47785	ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUCTS & GI	94.25	7869.88			090	Y			7963.4		090	Y	
47800	RCNSTJ PLSTC BILIARY DUCTS W/END-TO-END ANAST	45.68	3814.28			090	Y			3901.12		090	Y	
47801	PLACEMENT CHOLEDOCHAL STENT	28.91	2413.99			090	Y			2505		090	Y	
47802	U-TUBE HEPATICOENTEROSTOMY	43.8	3657.30			090	Y			3768.36		090	Y	
47900	SUTURE EXTRAHEPATIC BILE DUCT PRE-EXIST INJURY	39.72	3316.62			090	Y			3396.78		090	Y	
47999	UNLISTED PROCEDURE BILIARY TRACT	0	BR			YYY	N	3100.66		BR		YYY	N	2615.99
48000	PLACE DRAIN PERIPANCREATIC ACUTE PANCREATITIS	54.27	4531.55			090	Y			4557.43		090	Y	
48001	PLACE DRAIN PERIPANCREATIC W/CHOLECYSTOSTOMY	66.41	5545.24			090	Y			5677.17		090	Y	
48020	REMOVAL PANCREATIC CALCULUS	33.97	2836.50			090	Y			2909.14		090	Y	
48100	BIOPSY PANCREAS OPEN	25.7	2145.95			090	Y			2188.54		090	Y	
48102	BIOPSY PANCREA PERCUTANEOUS NEEDLE	15.22	1270.87			010	N	1341.57		1318.47		010	N	920.55
48105	RESECJ/DBRDMT PANCREAS NECROTIZING PANCREATITIS	82.74	6908.79			090	Y			7012.33		090	Y	
48120	EXCISION LESION PANCREAS	32.13	2682.86			090	Y			2737.97		090	Y	
48140	PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	45.34	3785.89			090	Y			3844.34		090	Y	
48145	PNCRTECT DSTL STOT W/PNCRTCOJEJUNOSTOMY	47.18	3939.53			090	Y			4022.2		090	Y	
48146	PNCRTECT DSTL NR-TOT W/PRSRV DUO CHLD-TYP PX	54.45	4546.58			090	Y			4606.7		090	Y	
48148	EXCISION AMPULLA VATER	36.13	3016.86			090	Y			3081.99		090	Y	
48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	90.33	7542.56			090	Y			7633.57		090	Y	
48152	PNCRTECT WHIPPLE W/O PANCREATOJEJUNOSTOMY	83.32	6957.22			090	Y			7108.36		090	Y	
48153	PNCRTECT W/PANCREATOJEJUNOSTOMY	89.84	7501.64			090	Y			7606.02		090	Y	
48154	PNCRTECT PROX STOT W/O PANCREATOJEJUNOSTOMY	84.31	7039.89			090	Y			7139.25		090	Y	
48155	PANCREATECTOMY TOTAL	52.76	4405.46			090	Y			4487.29		090	Y	

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48160	PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS	90.28	7538.38			XXX	N			7720.41		XXX	N	
48400	INJECTION INTRAOPERATIVE PANCREATOGRAPHY	3.06	255.51			ZZZ	N			273.05		ZZZ	N	
48500	MARSUPIALIZATION PANCREATIC CYST	32.65	2726.28			090	Y			2849.86		090	Y	
48510	EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN	31.56	2635.26			090	Y			2677.85		090	Y	
48520	INT ANAST PANCREATIC CYST GI TRACT DIRECT	31.71	2647.79			090	Y			2698.72		090	Y	
48540	INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y	37.7	3147.95			090	Y			3228.11		090	Y	
48545	PANCREATORRHAPHY INJURY	38.67	3228.95			090	Y			3319.13		090	Y	
48547	DUOL EXCLUSION W/GASTROJEJUNOSTOMY PNCRTC INJ	51.93	4336.16			090	Y			4411.31		090	Y	
48548	PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANAST	48.26	4029.71			090	Y			4095.68		090	Y	
48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	0	BR			XXX	N			BR		XXX	N	
48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	0	BR			XXX	Y			BR		XXX	Y	
48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	6.81	568.64			XXX	Y			576.15		XXX	Y	
48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	74.04	6182.34			090	Y			6370.22		090	Y	
48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	36.77	3070.30			090	Y			3163.82		090	Y	
48999	UNLISTED PROCEDURE PANCREAS	0	BR			YYY	Y	325.10		BR		YYY	Y	445.75
49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	22.34	1865.39			090	Y	3605.76		1903.8		090	Y	
49002	REOPENING RECENT LAPAROTOMY	30.33	2532.56			090	Y			2579.32		090	Y	
49010	EXPL RETROPERITONEUM W/WO BX SPX	27.07	2260.35			090	Y	3412.79		2307.94		090	Y	
49020	DRAINAGE PERITON ABSCESS/LOCAL PERITONITIS OPEN	46.14	3852.69			090	Y	1993.80		3922		090	Y	
49040	DRAINAGE SUBDIAPHRAGMATIC/SUBPHREN ABSCESS OPEN	28.98	2419.83			090	Y			2480.79		090	Y	
49060	DRAINAGE OF RETROPERITONEAL ABSCESS OPEN	31.89	2662.82			090	N			2709.58		090	N	
49062	DRG XTRAPERITONEAL LYMPHOCELE PERITON CAVITY OPN	21.3	1778.55			090	Y			1823.64		090	Y	

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49082	ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	5.46	455.91			000	N	687.66		443.39		000	N	532.02
49083	ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	8.36	698.06			000	N	687.66		799.1		000	N	532.02
49084	PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	3.15	263.03			000	N	687.66		249.67		000	N	532.02
49180	BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	4.66	389.11			000	N	1341.57		402.47		000	N	920.55
49185	SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	28.27	2360.55			000	N	1341.57						
49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM/<	34.69	2896.62			090	Y	3409.45		2938.37		090	Y	
49204	EXC/DESTRUCTION OPEN ABDMNL TUMORS 5.1-10.0 CM	44.38	3705.73			090	Y	3326.72		3746.65		090	Y	
49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0 CM	50.96	4255.16			090	Y	3285.72		4302.76		090	Y	
49215	EXC PRESAC/SACROCOCCYGEAL TUMOR	64.31	5369.89			090	Y			5430.84		090	Y	
49220	STAGING LAPAROTOMY HODGKINS DISEASE/LYMPHOMA	25.73	2148.46			090	Y			2343.85		090	Y	
49250	UMBILECTOMY OMPHALECTOMY EXC UMBILICUS SPX	16.99	1418.67			090	N	3720.85		1448.73		090	N	2389.99
49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	22.9	1912.15			090	Y	2836.96		1962.25		090	Y	
49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	9.41	785.74			010	Y	8002.30	J1	812.46		010	Y	3522.03
49321	LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE	9.99	834.17			010	Y	8002.30	J1	860.89		010	Y	3522.03
49322	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	10.63	887.61			010	Y	8002.30	J1	919.34		010	Y	3522.03
49323	LAPS SURG W/DRG LYMPHOCELE PRTL CAVITY	18.42	1538.07			090	Y	8002.30	J1	1604.87		090	Y	3522.03
49324	LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER	11.31	944.39			010	Y	8002.30	J1	976.12		010	Y	3522.03
49325	LAPS W/REVISION INTRAPERITONEAL CATHETER	12.06	1007.01			010	Y	8002.30	J1	1042.08		010	Y	3522.03
49326	LAPAROSCOPY W/OMENTOPEXY	5.51	460.09			ZZZ	Y			462.59		ZZZ	Y	3522.03
49327	LAPS W/INSERTION NTRSTL DEV W/IMG GUID 1/MLT	3.81	318.14			ZZZ	Y			317.3		ZZZ	Y	3522.03
49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM & OMENTUM	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
49400	INJECTION AIR/CONTRAST PERITONEAL CAVITY SPX	3.89	324.82			000	N			336.51		000	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
49402	REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY	24.82	2072.47			090	N	3720.85		2112.55		090	N	2389.99
49405	IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	24.91	2079.99			000	N	1341.57		2065.79		000	N	1443.01
49406	IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	24.92	2080.82			000	N	2014.24		2064.96		000	N	1443.01
49407	IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	20.8	1736.80			000	N	1341.57		1745.15		000	N	920.55
49411	INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	15.6	1302.60			000	N	1462.40		1356.04		000	N	1270.08
49412	PLACEMENT INTRSTL DEV OPN W/IMG GUID 1/MLT	2.41	201.24			ZZZ	N			199.57		ZZZ	N	
49418	INSJ INTRAPERITONEAL CATHETER W/IMG GUID	40.9	3415.15			000	N	3100.66		3685.69		000	N	2914.41
49419	INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT	12.87	1074.65			090	N	3200.67		1081.33		090	N	3457.08
49421	INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	6.7	559.45			000	N	3720.85		565.3		000	N	2914.41
49422	REMOVAL TUNNELED INTRAPERITONEAL CATHETER	11.03	921.01			010	N	3200.67		945.22		010	N	2171.38
49423	EXCHNG ABSC/CST DRG CATH RAD GID SPX	15.64	1305.94			000	N	1720.09		1397.79		000	N	1550.17
49424	CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	4.17	348.20			000	N			369.07		000	N	
49425	INSERTION PERITONEAL-VENOUS SHUNT	21.22	1771.87			090	Y			1864.56		090	Y	
49426	REVIS PERITONEAL-VENOUS SHUNT	17.73	1480.46			090	N	3720.85		1550.6		090	N	2389.99
49427	INJECT EVALUATE PREVIOUS PERITONEAL-VENOUS SHUNT	1.34	111.89			000	N			110.22		000	N	
49428	LIGATION PERITONEAL-VENOUS SHUNT	12.51	1044.59			010	N			1068.8		010	N	
49429	RMVL PERITONEAL-VENOUS SHUNT	13.29	1109.72			010	N	3200.67		1093.02		010	N	2171.38
49435	INSJ SUBQ EXTENSION INTRAPERITONEAL CATHETER	3.5	292.25			ZZZ	Y			293.09		ZZZ	Y	1550.17
49436	DELAYED CREATION EXIT SITE EMBEDDED CATHETER	5.41	451.74			010	Y	1720.09		467.6		010	Y	1550.17
49440	INSERT GASTROSTOMY TUBE PERCUTANEOUS	29.62	2473.27			010	N	1549.54		2678.68		010	N	1195.63
49441	INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	33.4	2788.90			010	N	1549.54		3008.51		010	N	1195.63
49442	INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS	27.55	2300.43			010	N	2366.33		2390.61		010	N	1649.83

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
49446	CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	28.5	2379.75			000	N	1549.54		2543.41		000	N	1195.63
49450	REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	19.02	1588.17			000	N	687.66		1713.42		000	N	567.16
49451	REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	20.75	1732.63			000	N	687.66		1868.73		000	N	567.16
49452	REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	25.65	2141.78			000	N	687.66		2294.58		000	N	567.16
49460	OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	20.92	1746.82			000	N	687.66		1889.61		000	N	567.16
49465	CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	4.64	387.44			000	N	143.41		420.84		000	N	158.44
49491	RPR 1ST INGUN HRNA PRETERM INFT RDC	23.01	1921.34			090	Y	3720.85		1962.25		090	Y	3133.77
49492	RPR 1ST INGUN HRNA PRETERM INFT INCARCERATED	27.75	2317.13			090	Y	3720.85		2300.43		090	Y	3133.77
49495	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO RDC	11.03	921.01			090	Y	3720.85		976.12		090	Y	3133.77
49496	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO INCARCER	17.8	1486.30			090	Y	3720.85		1414.49		090	Y	3133.77
49500	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE	10.39	867.57			090	Y	3720.85		926.02		090	Y	3133.77
49501	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS INCARCERATED	16.86	1407.81			090	Y	3720.85		1498.83		090	Y	3133.77
49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	15.07	1258.35			090	Y	3720.85		1290.08		090	Y	3133.77
49507	RPR 1ST INGUN HRNA AGE 5 YRS/> INCARCERATED	16.94	1414.49			090	Y	3720.85		1450.4		090	Y	3133.77
49520	RPR RECRT INGUINAL HERNIA ANY AGE REDUCIBLE	18.3	1528.05			090	Y	3720.85		1562.29		090	Y	3133.77
49521	RPR RECRT INGUN HERNIA ANY AGE INCARCERATED	20.74	1731.79			090	Y	3720.85		1768.53		090	Y	3133.77
49525	RPR INGUN HERNIA SLIDING ANY AGE	16.58	1384.43			090	Y	3720.85		1417		090	Y	3133.77
49540	REPAIR LUMBAR HERNIA	19.43	1622.41			090	Y	3720.85		1670.84		090	Y	3133.77
49550	RPR 1ST FEM HRNA ANY AGE REDUCIBLE	16.65	1390.28			090	Y	3720.85		1426.18		090	Y	3133.77
49553	RPR 1ST FEM HERNIA ANY AGE INCARCERATED	18.27	1525.55			090	Y	3720.85		1561.45		090	Y	3133.77
49555	RPR RECRT FEM HERNIA REDUCIBLE	17.31	1445.39			090	Y	3720.85		1476.28		090	Y	3133.77
49557	RPR RECRT FEM HRNA INCARCERATED	20.96	1750.16			090	Y	3720.85		1784.4		090	Y	3133.77

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
49560	REPAIR FIRST ABDOMINAL WALL HERNIA	21.36	1783.56			090	Y	3720.85		1820.3		090	Y	3133.77
49561	RPR 1ST INCAL/VNT HERNIA INCARCERATED	26.95	2250.33			090	Y	3720.85		2293.75		090	Y	3133.77
49565	RPR RECRT INCAL/VNT HERNIA REDUCIBLE	22.24	1857.04			090	Y	3720.85		1897.12		090	Y	3133.77
49566	RPR RECRT INCAL/VNT HERNIA INCARCERATED	27.2	2271.20			090	Y	3720.85		2317.96		090	Y	3133.77
49568	IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE	7.77	648.80			ZZZ	Y			654.64		ZZZ	Y	3133.77
49570	RPR EPIGASTRIC HERNIA REDUCIBLE SPX	12.04	1005.34			090	Y	3720.85		1037.91		090	Y	3133.77
49572	RPR EPIGASTRIC HERNIA INCARCERATED	14.93	1246.66			090	Y	3720.85		1279.22		090	Y	3133.77
49580	RPR UMBILICAL HERNIA < 5 YRS REDUCIBLE	9.61	802.44			090	Y	3720.85		832.5		090	Y	3133.77
49582	RPR UMBILICAL HERNIA < 5 YRS INCARCERATED	13.98	1167.33			090	Y	3720.85		1199.9		090	Y	3133.77
49585	RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE	12.86	1073.81			090	Y	3720.85		1103.87		090	Y	3133.77
49587	RPR UMBILICAL HERNIA AGE 5 YRS/> INCARCERATED	13.76	1148.96			090	Y	3720.85		1181.53		090	Y	3133.77
49590	RPR SPIGELIAN HERNIA	16.57	1383.60			090	Y	3720.85		1418.67		090	Y	3133.77
49600	RPR SMALL OMPHALOCELE W/PRIMARY CLOSURE	20.33	1697.56			090	Y	3720.85		1805.27		090	Y	3133.77
49605	RPR LG OMPHALOCELE/GASTROSCHISIS W/WO PROSTH	143.64	11993.94			090	Y			12099.15		090	Y	
49606	RPR LG OMPHALOCELE/GASTROSCHISIS RMVL PROSTH	32.38	2703.73			090	Y			2787.23		090	Y	
49610	RPR OMPHALOCELE GROSS TYP OPRATION 1ST STG	19.95	1665.83			090	Y			1528.05		090	Y	
49611	RPR OMPHALOCELE GROSS TYP OPRATION 2ND STG	17.55	1465.43			090	Y			1273.38		090	Y	
49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	12.39	1034.57			090	Y	8002.30	J1	1063.79		090	Y	4498.73
49651	LAPS SURG RPR RECURRENT INGUINAL HERNIA	16.1	1344.35			090	Y	8002.30	J1	1384.43		090	Y	4498.73
49652	LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE	21.56	1800.26			090	Y	8002.30	J1	1700.06		090	Y	6607.04
49653	LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATED	26.89	2245.32			090	Y	8002.30	J1	2120.07		090	Y	6607.04
49654	LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE	24.5	2045.75			090	Y	13721.82	J1	1927.18		090	Y	6607.04

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
49655	LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED	29.92	2498.32			090	Y	13721.82	J1	2351.36		090	Y	6607.04
49656	LAPS RPR RECURRENT INCISIONAL HERNIA REDUCIBLE	26.62	2222.77			090	Y	13721.82	J1	2089.17		090	Y	6607.04
49657	LAPS RPR RECURRENT INCAL HRNA NCRC8/STRANGULATED	38.26	3194.71			090	Y	13721.82	J1	2997.65		090	Y	6607.04
49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
49900	SEC ABDOMINAL WALL SUTURE EVISCERATION/DEHSN	23.57	1968.10			090	Y	2896.11		2025.71		090	Y	
49904	OMENTAL FLAP EXTRA-ABDOMINAL	41.26	3445.21			090	N			3608.87		090	N	
49905	OMENTAL FLAP INTRA-ABDOMINAL	10.26	856.71			ZZZ	Y			863.39		ZZZ	Y	
49906	FREE OMENTAL FLAP W/MICROVASCULAR ANAST	0	BR			090	N			BR		090	N	
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	0	BR			YYY	N	3720.85		BR		YYY	N	2389.99
50010	RNL EXPL X NECESSITATING OTH SPEC PX	21.29	1777.72			090	Y			1797.76		090	Y	
50020	DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	29.25	2442.38			090	N	2145.45		2601.03		090	N	2462.59
50040	NEPHROSTOMY/NEPHROTOMY W/DRAINAGE	26.62	2222.77			090	N	2552.09		2236.97		090	N	
50045	NEPHROTOMY W/EXPLORATION	27.68	2311.28			090	Y			2246.99		090	Y	
50060	NEPHROLITHOTOMY REMOVAL STAGE 1	32.87	2744.65			090	Y	5164.45		2744.65		090	Y	
50065	NEPHROLITHOTOMY SECONDARY FOR CALCULUS	34.75	2901.63			090	Y	4717.63		2911.65		090	Y	
50070	NEPHROLITHOTOMY COMP CGEN KDN ABNORMALITY	34.08	2845.68			090	Y			2855.7		090	Y	
50075	NEPHROLITHOTOMY RMVL LG STAGHORN STAGE 1	41.9	3498.65			090	Y			3509.51		090	Y	
50080	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY </2 CM	25	2087.50			090	N	14856.54	J1	2098.36		090	N	4207.02
50081	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY > 2 CM	36.7	3064.45			090	Y	14856.54	J1	3078.65		090	Y	4207.02
50100	TRNSXJ/REPOSITIONING ABERRANT RENAL VESSEL SPX	30.52	2548.42			090	Y			2494.15		090	Y	
50120	PYELOTOMY W/EXPLORATION	27.29	2278.72			090	Y			2287.9		090	Y	
50125	PYELOTOMY W/DRAINAGE PYELOSTOMY	29.67	2477.45			090	Y			2537.57		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
50130	PYELOTOMY W/REMOVAL CALCULUS	29.68	2478.28			090	Y			2489.14		090	Y	
50135	PYELOTOMY COMPLICATED	32.74	2733.79			090	Y			2702.9		090	Y	
50200	RENAL BIOPSY PRQ TROCAR/NEEDLE	17.49	1460.42			000	N	2014.24		1489.64		000	N	920.55
50205	RENAL BIOPSY SURG EXPOSURE KIDNEY	21.8	1820.30			090	Y			1852.03		090	Y	
50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	30.13	2515.86			090	Y	5456.22		2530.89		090	Y	
50225	NEPHRECTOMY W/PRTL URETERECT OPN RIB RESCJ COMPL	34.63	2891.61			090	Y			2896.62		090	Y	
50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	36.86	3077.81			090	Y			3087		090	Y	
50234	NEPHRECTOMY W/TOT URETERECT&BLDR CUFF SAME INC	37.4	3122.90			090	Y			3134.59		090	Y	
50236	NEPHRECTOMY TOT URETEREC&BLDR CUFF SEPAR INCISN	42.2	3523.70			090	Y			3532.05		090	Y	
50240	NEPHRECTOMY PARTIAL	38.07	3178.85			090	Y			3192.21		090	Y	
50250	OPEN ABLATION RENAL MASS CRYOSURG ULTRASOUND	34.98	2920.83			090	Y			2939.2		090	Y	
50280	EXCISION/UNROOFING CYST KIDNEY	27.43	2290.41			090	Y			2313.79		090	Y	
50290	EXCISION PERINEPHRIC CYST	25.82	2155.97			090	Y			2166.83		090	Y	
50300	DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	0	BR			XXX	N			BR		XXX	N	
50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	41.92	3500.32			090	Y			3557.1		090	Y	
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	0	BR			XXX	Y			BR		XXX	Y	
50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	0	BR			XXX	Y			BR		XXX	Y	
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	6.3	526.05			XXX	Y			527.72		XXX	Y	
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	5.53	461.76			XXX	Y			460.92		XXX	Y	
50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	5.17	431.70			XXX	Y			425.02		XXX	Y	
50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	27.08	2261.18			090	Y			2358.04		090	Y	
50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	70.1	5853.35			090	Y			6351.85		090	Y	

MEDICAL DATA														
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50365	RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	81.95	6842.83			090	Y			7055.75		090	Y	
50370	RMVL TRNSPLED RENAL ALLOGRAFT	34.72	2899.12			090	Y			2966.76		090	Y	
50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	57.51	4802.09			090	Y			4970.76		090	Y	
50382	RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	33.81	2823.14			000	N	2145.45		3000.99		000	N	2462.59
50384	REMOVAL INDWELLING URETERAL STENT PRQ	26.97	2252.00			000	N	2145.45		2403.13		000	N	1459.44
50385	REMOVE & REPLACE INDWELL URETERAL STENT TRURTHRL	32.51	2714.59			000	N	2145.45		2890.77		000	N	2462.59
50386	REMOVE INT DWELL URETERAL STENT TRANSURETHRAL	21.19	1769.37			000	N	2145.45		1871.24		000	N	657.63
50387	RMVL & RPLCMT XTRNL ACCESSIBLE NEPHROURTRL CATH	15.51	1295.09			000	N	1720.09		1401.13		000	N	1550.17
50389	RMVL NFROS TUBE REQ FLUORO GUIDANCE	8.45	705.58			000	N	746.97		759.02		000	N	657.63
50390	ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ	2.8	233.80			000	N	1341.57		235.47		000	N	920.55
50391	INSTLJ THER AGENT RENAL PELVIS&/URETER VIA TUB	3.48	290.58			000	N	294.26		296.43		000	N	105.77
50395	INTRO GUIDE PELVIS&/URETER W/DILAT NFROS TRACT	5.17	431.70			000	N	3195.20		437.54		000	N	2462.59
50396	MANOMETRIC STDS THRU TUBE/NDWELLG URTRL CATH	3.41	284.74			000	N	746.97		273.88		000	N	197.05
50400	PYELOPLASTY SIMPLE	33.32	2782.22			090	Y			2792.24		090	Y	
50405	PYELOPLASTY COMPLICATED	40.18	3355.03			090	Y	3140.36		3360.88		090	Y	
50430	NJX PX ANTEGRDE NFROSGRM &/URTRGRM NEW ACCESS	14.82	1237.47			000	N	746.97						
50431	NJX PX ANTEGRDE NFROSGRM &/URTRGRM EXSTNG ACESS	4.61	384.94			000	N	746.97						
50432	PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	24.03	2006.51			000	N	2145.45						
50433	PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	32.34	2700.39			000	N	2145.45						
50434	CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	25.59	2136.77			000	N	746.97						
50435	EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	13.43	1121.41			000	N	746.97						
50500	NEPHRORRHAPHY SUTURE KIDNEY WOUND/INJURY	36.88	3079.48			090	Y			3114.55		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
50520	CLOSURE NEPHROCUTANEOUS/PYELOCUTANEOUS FISTULA	32.6	2722.10			090	Y			2497.49		090	Y	
50525	CLSR NEPHROVISCERAL FISTULA W/VISC RPR ABDL APPR	41.2	3440.20			090	Y			3615.55		090	Y	
50526	CLSR NEPHROVISCERAL FISTULA W/VISC RPR THRC APPR	42.74	3568.79			090	Y			3496.15		090	Y	
50540	SYMPHYSIOTOMY HORSESHOE KDN W/WO PLOP UNI/BI	33.13	2766.36			090	Y			2763.85		090	Y	
50541	LAPAROSCOPY SURG ABLATION RENAL CYSTS	26.44	2207.74			090	Y	8002.30	J1	2218.6		090	Y	3522.03
50542	LAPS ABLTJ RENAL MASS LESION W/INTRAOP US	33.55	2801.43			090	Y	13721.82	J1	2812.28		090	Y	11714.8
50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	42.76	3570.46			090	Y	13721.82	J1	3590.5		090	Y	4498.73
50544	LAPAROSCOPY SURG PYELOPLASTY	35.8	2989.30			090	Y	13721.82	J1	3002.66		090	Y	4498.73
50545	LAPAROSCOPY RADICAL NEPHRECTOMY	38.54	3218.09			090	Y	12069.42		3233.12		090	Y	
50546	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT	34.61	2889.94			090	Y	7289.84		2901.63		090	Y	
50547	LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	46.56	3887.76			090	Y			3951.22		090	Y	
50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	38.76	3236.46			090	Y			3243.14		090	Y	
50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
50551	RENAL ENDOSCOPY NEPHROSTOMY W/WO IRRIGATION	10.3	860.05			000	N	3195.20		868.4		000	N	657.63
50553	RENAL NDSC NEPHROST W/URETERAL CATH W/WO DILA	10.94	913.49			000	N	6787.46	J1	936.04		000	N	2462.59
50555	RENAL NDSC NEPHROS/PYELOSTOMY BIOPSY	11.76	981.96			000	N	3195.20		994.49		000	N	657.63
50557	RENAL NDSC NEPHROS/PYELOSTOMY FULG&/INC W/WO BI	12.01	1002.84			000	N	14856.54	J1	1012.02		000	N	2462.59
50561	RENAL NDSC NEPHROS/PYELOSTOMY RMVL FB/CALCULUS	13.63	1138.11			000	N	6787.46	J1	1148.13		000	N	2462.59
50562	RENAL NDSC NEPHROS/PYELOSTOMY RESCJ TUMOR	16.73	1396.96			090	Y	3195.20		1401.13		090	Y	657.63
50570	RENAL NDSC NEPHROTOMY W/WO IRRIGATION	14.17	1183.20			000	N	2145.45		1181.53		000	N	657.63
50572	RNL NDSC NFROT W/URTRL CATHJ W/WO DILAT URETER	15.33	1280.06			000	N	746.97		1280.06		000	N	657.63
50574	RENAL NDSC NEPHROTOMY W/BIOPSY	16.3	1361.05			000	N	746.97		1361.89		000	N	657.63

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
50575	RNL NDSC NFROT/PLOT W/ENDOPYELOTOMY	20.59	1719.27			000	N	6787.46	J1	1719.27		000	N	3531.09
50576	RNL NDSC NFROT FULGURATION &/INCISION W/WO BX	16.29	1360.22			000	N	2145.45		1356.88		000	N	1459.44
50580	RNL NDSC NFROT/PLOT W/RMVL FB/CALCULUS	17.55	1465.43			000	N	2145.45		1462.92		000	N	1459.44
50590	LITHOTRIPSY XTRCORP SHOCK WAVE	20.53	1714.26			090	N	6787.46	J1	1752.67		090	N	3661.65
50592	ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	72.33	6039.56			010	N	5865.24		7899.94		010	N	5220.48
50593	ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	131.85	11009.48			010	Y	5865.24		11676.64		010	Y	5220.48
50600	URTROTOMY W/EXPL/DRG SEPARATE PROCEDURE	27.13	2265.36			090	Y			2262.02		090	Y	
50605	URETEROTOMY INSERTION INDWELLING STENT ALL TYPES	28.4	2371.40			090	Y			2389.77		090	Y	
50606	ENDOLUMINAL BX URTR &/RNL PELVIS NONENDOSCOPIC	15.02	1254.17			ZZZ	N							
50610	URTROLITHOTOMY UPPER ONE-THIRD URETER	28.12	2348.02			090	Y			2277.88		090	Y	
50620	URTROLITHOTOMY MIDDLE ONE-THIRD URETER	26.09	2178.52			090	Y			2179.35		090	Y	
50630	URTROLITHOTOMY LOWER ONE-THIRD URETER	25.62	2139.27			090	Y			2152.63		090	Y	
50650	URETRECECTOMY W/BLADDER CUFF SEPARATE PROCEDURE	29.78	2486.63			090	Y			2499.99		090	Y	
50660	URETERECTOMY TOT ECTOPIC URETER CMBN APPR	33.05	2759.68			090	Y			2754.67		090	Y	
50684	INJ PX URETEROGRAPHY/URETEROPYLOGRAPHY CATH	3.02	252.17			000	N			263.03		000	N	
50686	MANOMETRIC STDS THRU URTROST/NDWELLG URTRL CATH	4.08	340.68			000	N	184.79		369.91		000	N	105.77
50688	CHNG URTROST TUBE/XTRNLLY ACCESSIBLE STENT ILEAL	2.3	192.05			010	N	1720.09		196.23		010	N	1550.17
50690	NJX VISUALIZATION ILEAL CONDUIT&/URETEROPYELOG	2.81	234.64			000	N			239.65		000	N	
50693	PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	30.1	2513.35			000	N	3195.20						
50694	PLMT URTRL STNT PRQ NEW ACESS W/O SEP NFROS CATH	33.15	2768.03			000	N	3195.20						
50695	PLMT URTRL STENT PRQ NEW ACCESS W/SEP NFROS CATH	40.42	3375.07			000	N	3195.20						
50700	URETEROPLASTY PLASTIC OPERATION URETER	26.78	2236.13			090	Y			2231.96		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
50705	URETERAL EMBOLIZATION/OCCLUSION W/IMG GID RS&I	48.46	4046.41			ZZZ	N							
50706	BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	21.74	1815.29			ZZZ	N							
50715	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	35.15	2935.03			090	Y	3082.34		2934.19		090	Y	
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	29.36	2451.56			090	Y			2600.19		090	Y	
50725	URTROLSS RETROCAVAL URTR W/REANAST	32.47	2711.25			090	Y			2655.3		090	Y	
50727	REVJ URINARY-CUTANEOUS ANASTAMOSIS	14.57	1216.60			090	Y	3195.20		1227.45		090	Y	1818.44
50728	REVJ UR-CUTAN ANAST RPR FSCAL DFCT & HERNIA	20.14	1681.69			090	Y			1686.7		090	Y	
50740	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	35.47	2961.75			090	Y			3015.19		090	Y	
50750	URETEROCALYCOSTOMY ANAST URETER RENAL CALYX	33.16	2768.86			090	Y			2778.05		090	Y	
50760	URETEROURETEROSTOMY	32.54	2717.09			090	Y			2744.65		090	Y	
50770	TRANSURETEROURETEROSTOMY ANAST URETER CLAT URTR	33.11	2764.69			090	Y			2778.05		090	Y	
50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	31.89	2662.82			090	Y	6194.55		2679.52		090	Y	
50782	URETERONEOCYSTOSTOMY ANAST DUPLICATE URETER BLDR	30.33	2532.56			090	Y			2958.41		090	Y	
50783	URETERONEOCYSTOSTOMY W/URETERAL TAILORING	32.57	2719.60			090	Y			2716.26		090	Y	
50785	URTRONEOCSTOST W/VESICO-PSOAS HITCH/BLDR FLAP	34.9	2914.15			090	Y			2918.33		090	Y	
50800	URETEROENTEROSTOMY ANAST URETER INTESTINE	26.57	2218.60			090	Y			2246.15		090	Y	
50810	URETEROSIGMOIDOSTOMY W/SIGMOID BLADDER & COLOSTO	36.27	3028.55			090	Y			3230.62		090	Y	
50815	URETEROCOLON CONDUIT INTESTINE ANASTOMOSIS	35.21	2940.04			090	Y			2946.72		090	Y	
50820	URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS	37.82	3157.97			090	Y			3186.36		090	Y	
50825	CONTINENT DVRJ W/INT ANAST ANY SGM SM&/LG INTSTN	47.67	3980.45			090	Y			4002.16		090	Y	
50830	URINARY UNIDIVERSION	52.11	4351.19			090	Y			4338.66		090	Y	
50840	RPLCMT ALL/PART URETER INTESTINE SGM W/ANAST	35.42	2957.57			090	Y			2963.42		090	Y	

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
50845	CUTANANEOUS APPENDICO-VESICOSTOMY	35.94	3000.99			090	Y			3022.7		090	Y	
50860	URETEROSTOMY TRANSPLANTATION URETER SKIN	27.17	2268.70			090	Y			2278.72		090	Y	
50900	URETERORRHAPHY SUTURE URETER SEPARATE PROCEDURE	24.76	2067.46			090	Y			2054.94		090	Y	
50920	CLOSURE URETEROCUTANEOUS FISTULA	25.38	2119.23			090	Y			2125.91		090	Y	
50930	CLOSURE URETEROCUTANEOUS FISTULA W/VISC RPR	33.95	2834.83			090	Y			2850.69		090	Y	
50940	DELIGATION URETER	25.49	2128.42			090	Y			2140.94		090	Y	
50945	LAPAROSCOPY URTROLITHOTOMY	27.96	2334.66			090	Y	8002.30	J1	2344.68		090	Y	4498.73
50947	LAPS URTRONEOCSTOST W/CSTSC&URTRL STENT PLMT	39.98	3338.33			090	Y	8002.30	J1	3336.66		090	Y	4498.73
50948	LAPS URTRONEOCSTOST W/O CSTSC&URTRL STENT PLMT	36.72	3066.12			090	Y	13721.82	J1	3069.46		090	Y	4498.73
50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
50951	URETERAL ENDOSCOPY VIA URETEROSTOMY	10.75	897.63			000	N	2145.45		905.98		000	N	657.63
50953	URETERAL ENDOSCOPY VIA URETEROST W/WO DIL URETER	11.35	947.73			000	N	3195.20		961.92		000	N	657.63
50955	URETERAL ENDOSCOPY VIA URETEROSTOMY W/BIOPSY	12.17	1016.20			000	N	3195.20		1026.22		000	N	2462.59
50957	URETERAL ENDOSCOPY W/DEST&/INC W/WO BIOPSY	12.28	1025.38			000	N	6787.46	J1	1035.4		000	N	2462.59
50961	URETERAL ENDOSCOPY VIA URETEROST W/RMVL FB/STONE	11.07	924.35			000	N	2145.45		932.7		000	N	2462.59
50970	URETERAL ENDOSCOPY VIA URETEROTOMY W/O IMAGING	10.73	895.96			000	N	746.97		891.78		000	N	657.63
50972	NDSC URETEROTOMY URTRL CATHJ W/WO DILAT URETER	10.44	871.74			000	N	746.97		863.39		000	N	657.63
50974	URETERAL ENDOSCOPY VIA URETEROT W/O IMAGING W/BX	13.64	1138.94			000	N	6787.46	J1	1138.11		000	N	1459.44
50976	URETERAL ENDOSC VIA URETEROT W/DEST&/INC W/WO BX	13.42	1120.57			000	N	6787.46	J1	1122.24		000	N	1459.44
50980	NDSC URETEROTOMY RMVL FB/CALCULUS	10.21	852.54			000	N	3195.20		856.71		000	N	2462.59
51020	CYSTOTOMY/CYSTOSTOMY FULG&/INSJ RADACT MATRL	13.48	1125.58			090	Y	3195.20		1138.11		090	Y	2462.59
51030	CSTOTOMY/CSTOST CRYOSURG DSTRJ INTRAVESICAL LES	13.67	1141.45			090	N	3195.20		1138.94		090	N	2462.59

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51040	CYSTOSTOMY CYSTOTOMY W/DRAINAGE	8.3	693.05			090	Y	2145.45		703.07		090	Y	2462.59
51045	CYSTOTOMY W/INSJ URETERAL CATH/STENT SPX	14.12	1179.02			090	Y	2145.45		1197.39		090	Y	657.63
51050	CYSTOLITHOTOMY CYSTOTOMY W/RMVL CALCULUS	13.56	1132.26			090	Y	6787.46	J1	1143.12		090	Y	2462.59
51060	TRANSVESICAL URETROLITHOTOMY	16.76	1399.46			090	Y	3195.20		1406.14		090	Y	3531.09
51065	CYSTOTOMY W/CALCULUS BASKET XTRJ&/FRAGMENTATIO	16.61	1386.94			090	N	6787.46	J1	1399.46		090	N	2462.59
51080	DRG PRIVESICAL/PREVESICAL SPACE ABSC	11.77	982.80			090	Y	1341.57		990.31		090	Y	1701.78
51100	ASPIRATION BLADDER NEEDLE	1.74	145.29			000	N	746.97		151.97		000	N	197.05
51101	ASPIRATION BLADDER TROCAR/INTRACATHETER	3.53	294.76			000	N	1219.75		312.29		000	N	105.77
51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	6.46	539.41			000	N	2145.45		558.62		000	N	1818.44
51500	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	18.34	1531.39			090	Y	3720.85		1538.07		090	Y	3133.77
51520	CYSTOTOMY SIMPLE EXCISION VESICAL NECK	17.19	1435.37			090	Y	3195.20		1436.2		090	Y	2462.59
51525	CYSTOTOMY EXCISE BLADDER DIVERTICULUM 1/MULTIPLE	24.7	2062.45			090	Y			2076.65		090	Y	
51530	CYSTOTOMY EXCISION BLADDER TUMOR	22.9	1912.15			090	Y			1918		090	Y	
51535	CYSTOTOMY EXCISE/INCISE/REPAIR URETEROCELE	22.4	1870.40			090	Y	3195.20		1878.75		090	Y	2462.59
51550	CYSTECTOMY PARTIAL SIMPLE	27.74	2316.29			090	Y			2347.19		090	Y	
51555	CYSTECTOMY PARTIAL COMPLICATED	36.49	3046.92			090	Y			3073.64		090	Y	
51565	CSTC PRTL W/RIMPLTJ URTR IN BLDR URTRONEOCSTOST	37.4	3122.90			090	Y			3128.75		090	Y	
51570	CYSTECTOMY COMPLETE SEPARATE PROCEDURE	42.52	3550.42			090	Y			3564.62		090	Y	
51575	CYSTECTOMY W/BI PELVIC LYMPHADENECTOMY	52.44	4378.74			090	Y			4381.25		090	Y	
51580	CYSTECTOMY W/URETEROSIGMOIDOSTOMY W/NODES	54.51	4551.59			090	Y			4564.11		090	Y	
51585	CYSTECTOMY W/URETEROSIGMOID BI PELV LYMPH NODES	60.65	5064.28			090	Y			5080.14		090	Y	
51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	55.65	4646.78			090	Y			4654.29		090	Y	

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51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	62.96	5257.16			090	Y			5272.19		090	Y	
51596	CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR	67.65	5648.78			090	Y			5664.64		090	Y	
51597	PELVIC EXENTERATION COMPLETE MALIGNANCY	66.11	5520.19			090	Y			5529.37		090	Y	
51600	NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	5.21	435.04			000	N			453.41		000	N	
51605	NJX & PLACEMENT CHAIN CONTRAST&/URETHROCSTOGRAPY	1.1	91.85			000	N			92.69		000	N	
51610	NJX RETROGRADE URETHROCSTOGRAPY	3.03	253.01			000	N			261.36		000	N	
51700	BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	2.36	197.06			000	N	294.26		203.74		000	N	197.05
51701	INSJ NON-NDWELLG BLADDER CATHETER	1.55	129.43			000	N	129.85		135.27		000	N	64.04
51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	1.99	166.17			000	N	129.85		175.35		000	N	64.04
51703	INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	3.68	307.28			000	N	184.79		317.3		000	N	105.77
51705	CHANGE CYSTOSTOMY TUBE SIMPLE	2.58	215.43			000	N	294.26		223.78		000	N	197.05
51710	CHANGE CYSTOSTOMY TUBE COMPLICATED	3.65	304.78			000	N	687.66		227.96		000	N	567.16
51715	NDSC NJX IMPLT MATRL URT&/BLDR NCK	8.27	690.55			000	N	3195.20		707.25		000	N	3061.66
51720	BLADDER INSTILLATION ANTICARCINOGENIC AGENT	3.1	258.85			000	N	294.26		263.86		000	N	299.71
51725	SIMPLE CYSTOMETROGRAM	5.3	442.55	182.87	259.68	000	N	294.26		466.77	184.54	000	N	299.71
51726	BLADDER PRESSURE MEASUREMENT DURING FILLING	7.44	621.24	204.58	416.66	000	N	746.97		657.98	206.25	000	N	299.71
51727	COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	8.81	735.64	256.35	479.29	000	N	746.97		787.41	263.03	000	N	299.71
51728	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	8.89	742.32	250.50	491.82	000	N	746.97		783.23	253.84	000	N	299.71
51729	COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	9.61	802.44	303.11	499.33	000	N	746.97		852.54	309.79	000	N	299.71
51736	SIMPLE UROFLOMETRY	0.44	36.74	20.04	16.70	XXX	N	129.85		37.58	20.04	XXX	N	64.04
51741	COMPLEX UROFLOMETRY	0.45	37.58	20.04	17.54	XXX	N	184.79		38.41	20.04	XXX	N	105.77
51784	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	5.44	454.24	183.70	270.54	000	N	184.79		477.62	185.37	000	N	105.77

MEDICAL DATA														
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51785	NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	7.48	624.58	211.26	413.32	000	N	294.26		637.11	192.89	000	N	197.05
51792	STIMULUS EVOKED RESPONSE	5.98	499.33	132.77	366.56	000	N	79.66		530.23	134.44	000	N	105.77
51797	VOID PRESSURE STUDIES INTRAABDOMINAL	3.16	263.86	96.03	167.83	ZZZ	N			278.89	96.03	ZZZ	N	197.05
51798	MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	0.54	45.09	0.00	45.09	XXX	N	129.85		48.43		XXX	N	64.04
51800	CSTOPLASTY/CSTOURTP PLSTC ANY	29.93	2499.16			090	Y			2521.7		090	Y	
51820	CSTOURTP W/UNI/BI URTRONEOCSTOST	31.96	2668.66			090	Y			2611.05		090	Y	
51840	ANT VESICOURETHROPEXY/URETHROPEXY SMPL	18.85	1573.98			090	Y	3744.39		1622.41		090	Y	
51841	ANT VESICOURETHROPEXY/URETHROPEXY COMP	22.38	1868.73			090	Y			1928.02		090	Y	
51845	ABDOMINO-VAG VESICAL NCK SSP W/WO NDSC CTRL	16.84	1406.14			090	Y	7320.40	J1	1431.19		090	Y	4393.43
51860	CYSTORRHAPHY SUTR BLDR WND INJ/RPT SIMPLE	21.45	1791.08			090	Y	6787.46	J1	1827.82		090	Y	2462.59
51865	CYSTORRHAPHY SUTR BLDR WND INJ/RPT COMPLICATED	25.74	2149.29			090	Y			2181.02		090	Y	
51880	CLOSURE CYSTOSTOMY SEPARATE PROCEDURE	13.47	1124.75			090	Y	2145.45		1142.28		090	Y	2462.59
51900	CLSR VESICOVAGINAL FISTUL AABDL APPROACH	24.02	2005.67			090	Y			2009.01		090	Y	
51920	CLOSURE VESICOUTERINE FISTULA	24.94	2082.49			090	Y			1998.16		090	Y	
51925	CLSR VESICOUTERINE FISTULA W/HYSTERECTOMY	31.41	2622.74			090	Y			2586.83		090	Y	
51940	CLOSURE EXSTROPHY BLADDER	47.56	3971.26			090	Y			3961.24		090	Y	
51960	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	40.05	3344.18			090	Y			3360.04		090	Y	
51980	CUTANEOUS VESICOSTOMY	20.48	1710.08			090	Y			1720.94		090	Y	
51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	21.53	1797.76			090	Y	8002.30	J1	1858.71		090	Y	4498.73
51992	LAPAROSCOPY SLING OPERATION STRESS INCONT	24.15	2016.53			090	Y	8002.30	J1	2110.88		090	Y	4498.73
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	0	BR			YYY	N	8002.30	J1	BR		YYY	N	3522.03
52000	CYSTOURETHROSCOPY	5.8	484.30			000	N	746.97		496.83		000	N	657.63

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52001	CYSTO W/IRRIG & EVAC MULTPLE OBSTRUCTING CLOTS	10.59	884.27			000	N	2145.45		895.96		000	N	1459.44
52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	7.53	628.76			000	N	2145.45		649.63		000	N	2462.59
52007	CYSTO W/URTRL CATHJ BRUSH BX URTR&/RENAL PELVIS	12.54	1047.09			000	N	3195.20		1095.52		000	N	2462.59
52010	CYSTO W/EJACULATORY DUCT CATHETERIZATION	10.54	880.09			000	N	746.97		900.13		000	N	657.63
52204	CYSTOURETHROSCOPY WITH BIOPSY	10.43	870.91			000	N	2145.45		908.48		000	N	2462.59
52214	CYSTO W/DESTRUCTION OF LESIONS	18.64	1556.44			000	N	2145.45		1634.93		000	N	2462.59
52224	CYSTO W/REMOVAL OF LESIONS SMALL	19.51	1629.09			000	N	2145.45		1707.58		000	N	2462.59
52234	CYSTO W/REMOVAL OF TUMORS SMALL	7.09	592.02			000	N	3195.20		592.02		000	N	2462.59
52235	CYSTOURETHROSCOPY W/DEST &/RMVL MED BLADDER TUM	8.32	694.72			000	N	3195.20		695.56		000	N	2462.59
52240	CYSTOURETHROSCOPY W/DEST &/RMVL TUMOR LARGE	11.3	943.55			000	N	3195.20		944.39		000	N	2462.59
52250	CYSTOURETHROSCOPY INSJ RADIOACT SBST W/WOBX/FULG	6.91	576.99			000	N	3195.20		586.17		000	N	2462.59
52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	6.06	506.01			000	N	2145.45		508.52		000	N	1459.44
52265	CYSTOURETHROSCOPY W/DIL BLADDER LOCAL ANESTHESIA	10.36	865.06			000	N	2145.45		906.81		000	N	657.63
52270	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY FEMALE	10.07	840.85			000	N	2145.45		868.4		000	N	1459.44
52275	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	13.58	1133.93			000	N	2145.45		1171.51		000	N	2462.59
52276	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	7.63	637.11			000	N	2145.45		640.45		000	N	2462.59
52277	CYSTOURETHROSCOPY W/RESECJ EXTERNAL SPHINCTER	9.32	778.22			000	N	3195.20		786.57		000	N	2462.59
52281	CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	7.72	644.62			000	N	2145.45		664.66		000	N	1459.44
52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	9.7	809.95			000	N	3195.20		812.46		000	N	3531.09
52283	CYSTOURETHROSCOPY W/STEROID INJECTION STRICTURE	7.87	657.15			000	N	2145.45		668		000	N	2462.59
52285	CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME	7.94	662.99			000	N	2145.45		678.02		000	N	1459.44
52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	8.83	737.31			000	N	2145.45		759.02		000	N	1459.44

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
52290	CYSTOURETHROSCOPY W/URETERAL MEATOTOMY UNI/BI	7.03	587.01			000	N	2145.45		589.51		000	N	2462.59
52300	CYSTO W/RESCJ/FULG ORTHOPIC URETEROCELE UNI/BI	8.09	675.52			000	N	2145.45		689.71		000	N	2462.59
52301	CYSTO W/RESECJ ECTOPIC URETEROCELE UNI/BI	8.36	698.06			000	N	3195.20		705.58		000	N	2462.59
52305	CYSTO INC/RESCJ ORIFICE BLDR DIVERTICULUM 1/MLT	8.04	671.34			000	N	6787.46	J1	671.34		000	N	2462.59
52310	CYSTO W/SIMPLE REMOVAL STONE & STENT	6.91	576.99			000	N	2145.45		590.35		000	N	1459.44
52315	CYSTO W/COMPLEX REMOVAL STONE & STENT	11.73	979.46			000	N	2145.45		999.5		000	N	2462.59
52317	LITHOLAPAXY SMPL/SM <2.5 CM	22.74	1898.79			000	N	3195.20		1974.78		000	N	2462.59
52318	LITHOLAPAXY COMP/LG > 2.5 CM	13.66	1140.61			000	N	6787.46	J1	1138.94		000	N	2462.59
52320	CYSTOURETHROSCOPY W/RMVL URETERAL CALCULUS	7.11	593.69			000	N	3195.20		593.69		000	N	2462.59
52325	CYSTO FRAGMENTATION URETERAL STONE	9.26	773.21			000	N	3195.20		773.21		000	N	2462.59
52327	CYSTO W/SUBURTRIC NJX IMPLT MATRL	7.55	630.43			000	N	3195.20		632.1		000	N	3531.09
52330	CYSTO MANJ W/O RMVL URETERAL STONE	13.99	1168.17			000	N	3195.20		1204.91		000	N	2462.59
52332	CYSTO W/INSERT URETERAL STENT	13.81	1153.14			000	N	3195.20		1258.35		000	N	2462.59
52334	CYSTO INSJ URTRL GD WIRE PRQ NFROS RTRGR	7.39	617.07			000	N	3195.20		619.57		000	N	2462.59
52341	CYSTO W/TX URETERAL STRICTURE	8.19	683.87			000	N	3195.20		697.23		000	N	2462.59
52342	CYSTO W/TX URETEROPELVIC JUNCTION STRICTURE	8.91	743.99			000	N	3195.20		757.35		000	N	2462.59
52343	CYSTO W/TX INTRA-RENAL STRICTURE	9.92	828.32			000	N	2145.45		842.52		000	N	2462.59
52344	CYSTO W/URTROSCOPY W/TX URETERAL STRICTURE	10.66	890.11			000	N	3195.20		916		000	N	2462.59
52345	CYSTO W/URTROSCOPY W/TX URTROPEL JUNCT STRIX	11.38	950.23			000	N	3195.20		976.12		000	N	2462.59
52346	CYSTO W/URTROSCOPY W/TX INTRA-RENAL STRICTURE	12.86	1073.81			000	N	6787.46	J1	1103.04		000	N	2462.59
52351	CYSTO W/URTROSCOPY&/PYELOSCOPY DX	8.73	728.96			000	N	3195.20		744.82		000	N	2462.59
52352	CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES	10.21	852.54			000	N	3195.20		875.08		000	N	2462.59

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52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY	11.3	943.55			000	N	6787.46	J1	964.43		000	N	3531.09
52354	CYSTO/PYELOSCOPY BX&/FULGURATION PELIVC LESION	12.02	1003.67			000	N	3195.20		1025.38		000	N	2462.59
52355	CYSTO/PYELOSCOPY RESCJ PELVIC TUMOR	13.47	1124.75			000	N	6787.46	J1	1147.29		000	N	2462.59
52356	CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	11.99	1001.17			000	N	6787.46	J1	987.81		000	N	
52400	CYSTO INC FULG/RESCJ URTL VALVES/FOLDS	13.75	1148.13			090	N	3195.20		1153.14		090	N	2462.59
52402	CSTO W/TRURL RESCJ/INC EJACULATORY DUXS	7.69	642.12			000	N	3195.20		640.45		000	N	2462.59
52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	35.14	2934.19			000	N			2914.15		000	N	
52442	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	26.87	2243.65			ZZZ	N			2228.62		ZZZ	N	
52450	TRANSURETHRAL INCISION PROSTATE	13.5	1127.25			090	N	3195.20		1138.11		090	N	2462.59
52500	TRANSURETHRAL RESECTION PROSTATE	14.02	1170.67			090	N	3195.20		1180.69		090	N	2462.59
52601	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	24.31	2029.89			090	N	6787.46	J1	2039.91		090	N	3531.09
52630	TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS	11.48	958.58			090	N	6787.46	J1	970.27		090	N	3531.09
52640	TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE	9.04	754.84			090	N	3195.20		765.7		090	N	2462.59
52647	LASER COAGULATION OF PROSTATE FOR URINE FLOW	50.33	4202.56			090	N	6787.46	J1	4407.97		090	N	4207.02
52648	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	51.82	4326.97			090	N	6787.46	J1	4536.56		090	N	4207.02
52649	LASER ENUCLEATION PROSTATE W/MORCELLATION	23.65	1974.78			090	N	6787.46	J1	1967.26		090	N	4207.02
52700	TRURL DRAINAGE PROSTATIC ABSCESS	12.66	1057.11			090	N	3195.20		1065.46		090	N	2462.59
53000	URTT/URTS XTRNL SPX PENDULOUS URETHRA	4.25	354.88			010	N	3195.20		360.72		010	N	1986.89
53010	URETHROTOMY/URETHROSTOMY XT SPX PERINEAL URETHRA	8.48	708.08			090	N	6787.46	J1	714.76		090	N	1986.89
53020	MEATOTOMY CUTTING MEATUS SPX EXCEPT INFANT	2.79	232.97			000	N	2145.45		234.64		000	N	1986.89
53025	MEATOTOMY CUTTING MEATUS SPX INFANT	2.07	172.85			000	N	2145.45		181.2		000	N	1986.89
53040	DRAINAGE DEEP PERIURETHRAL ABSCESS	11.26	940.21			090	N	3195.20		951.07		090	N	1986.89

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53060	DRG OF SKENE'S GLAND ABSCESS OR CYST	5.23	436.71			010	N	2145.45		453.41		010	N	1986.89
53080	DRG PERINEAL URINARY XTRVASATION UNCOMP SPX	12.06	1007.01			090	N	2145.45		1017.87		090	N	1986.89
53085	DRG PERINEAL URINARY XTRVASATION COMPLIC	19.21	1604.04			090	Y	2145.45		1599.86		090	Y	1986.89
53200	BIOPSY URETHRA	4.47	373.25			000	N	3195.20		377.42		000	N	1986.89
53210	URETHRECTOMY TOT W/CYSTOST FEMALE	22.13	1847.86			090	Y	6787.46	J1	1876.25		090	Y	3061.66
53215	URETHRECTOMY TOT W/CYSTOST MALE	26.72	2231.12			090	Y	6787.46	J1	2235.3		090	Y	1986.89
53220	EXC/FULGURATION CARCINOMA URETHRA	13.07	1091.35			090	N	3195.20		1100.53		090	N	3061.66
53230	EXC URETHRAL DIVERTICULUM SPX FEMALE	17.39	1452.07			090	Y	3195.20		1478.79		090	Y	3061.66
53235	EXC URETHRAL DIVERTICULUM SPX MALE	18.17	1517.20			090	Y	6787.46	J1	1528.05		090	Y	1986.89
53240	MARSUPIALIZATION URTL DIVERTICULUM MALE/FEMALE	12.28	1025.38			090	N	6787.46	J1	1027.89		090	N	3061.66
53250	EXCISION OF BULBOURETHRAL GLAND	11.87	991.15			090	N	2145.45		1024.55		090	N	1986.89
53260	EXC/FULGURATION URETHRAL POLYP DSTL URETHRA	5.76	480.96			010	N	2145.45		493.49		010	N	1986.89
53265	EXC/FULGURATION URETHRAL CARUNCLE	6.22	519.37			010	N	2145.45		531.9		010	N	1986.89
53270	EXCISION OR FULGURATION SKENES GLANDS	5.95	496.83			010	N	3195.20		516.87		010	N	1986.89
53275	EXCISION/FULGURATION URETHRAL PROLAPSE	7.54	629.59			010	N	3195.20		635.44		010	N	1986.89
53400	URETHROPLASTY 1ST STG FISTULA/DIVERTICULUM/STRIX	23.03	1923.01			090	Y	6787.46	J1	1944.72		090	Y	3061.66
53405	URETHROPLASTY 2ND STAGE W/URINARY DIVERSION	25.1	2095.85			090	Y	6787.46	J1	2106.71		090	Y	3061.66
53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	28.11	2347.19			090	Y	6787.46	J1	2363.89		090	Y	3061.66
53415	URTP TRANSPUBIC/PRNL 1 STG RCNSTJ/RPR URT	32.49	2712.92			090	Y	7263.61		2725.44		090	Y	
53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	24.54	2049.09			090	N	6787.46	J1	2028.22		090	N	3061.66
53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	26.92	2247.82			090	Y	6787.46	J1	2257.01		090	Y	3061.66
53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	27.69	2312.12			090	Y	3195.20		2348.86		090	Y	3061.66

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53431	URTP W/TUBULARIZATION POST URT&/LWR BLDR	33.29	2779.72			090	Y	6787.46	J1	2779.72		090	Y	3061.66
53440	SLING OPRATION CORRJ MALE URINARY INCONTINENCE	21.62	1805.27			090	Y	14856.54	J1	1818.63		090	Y	9850.23
53442	RMVL/REVJ SLING MALE URINARY INCONTINENCE	22.48	1877.08			090	Y	6787.46	J1	1892.11		090	Y	3061.66
53444	INSERTION TANDEM CUFF	22.77	1901.30			090	Y	14856.54	J1	1913.82		090	Y	9850.23
53445	INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	21.62	1805.27			090	Y	28176.04	J1	1820.3		090	Y	16145.39
53446	REMVL INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	18.45	1540.58			090	Y	4833.39		1553.94		090	Y	3061.66
53447	RMVL & RPLCMT NFLTL URETHRAL/BLADDER NECK SPHINC	23.22	1938.87			090	Y	28176.04	J1	1952.23		090	Y	16145.39
53448	RMVL & RPLCMT NFLTBL NCK SPHNCTR THRU INFCT FLD	36.97	3087.00			090	Y			3084.49		090	Y	
53449	RPR NFLTBL URETHRAL/BLADDER NECK SPHINCTER	17.56	1466.26			090	Y	6787.46	J1	1478.79		090	Y	3061.66
53450	URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT	11.75	981.13			090	N	3195.20		987.81		090	N	3061.66
53460	URETHROMEATOPLASTY W/PRTL EXC DSTL URTL SGM	13.14	1097.19			090	N	3195.20		1105.54		090	N	1986.89
53500	URETHROLSS TRVG SEC OPN W/CSTO	21.49	1794.42			090	Y	3195.20		1826.15		090	Y	3061.66
53502	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ FEMALE	13.97	1166.50			090	N	3195.20		1176.52		090	N	1986.89
53505	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PENILE	14.01	1169.84			090	Y	6787.46	J1	1175.68		090	Y	3061.66
53510	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PERINEAL	18.14	1514.69			090	Y	6787.46	J1	1524.71		090	Y	1986.89
53515	URTORR SUTR URETHRAL WND/INJ PROSTATOMEMBRANOUS	22.85	1907.98			090	Y	6787.46	J1	1918		090	Y	3061.66
53520	CLSR URETHROSTOMY/URETHROQ FSTL MALE SPX	15.98	1334.33			090	N	6787.46	J1	1345.19		090	N	3061.66
53600	DILAT URETHRAL STRIX DILATOR MALE 1ST	2.37	197.90			000	N	294.26		201.24		000	N	299.71
53601	DILAT URETHRAL STRIX DILATOR MALE SBSQ	2.3	192.05			000	N	129.85		196.23		000	N	105.77
53605	DILAT URETHRAL STRIX/VESICAL NCK DILAT MALE ANES	1.86	155.31			000	N	2145.45		154.48		000	N	1459.44
53620	DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE 1ST	3.3	275.55			000	N	746.97		281.4		000	N	1818.44
53621	DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE SBSQ	3.11	259.69			000	N	294.26		265.53		000	N	197.05

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53660	DILAT FEMALE URETHRA W/SUPPOSITORY&/INSTLJ INI	2	167.00			000	N	184.79		172.85		000	N	105.77
53661	DILAT FEMALE URT W/SUPPOSITORY&/INSTLJ SBSQ	1.96	163.66			000	N	129.85		169.51		000	N	105.77
53665	DILAT FEMALE URETHRA GENERAL/CNDJ SPINAL ANES	1.11	92.69			000	N	2145.45		93.52		000	N	1986.89
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	58.55	4888.93			090	N	2145.45		5157.8		090	N	4207.02
53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	53.97	4506.50			090	N	6787.46	J1	4742.8		090	N	4207.02
53855	INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT	21.89	1827.82			000	N	746.97		1950.56		000	N	197.05
53860	TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	43.64	3643.94			090	N	2145.45		3956.23		090	N	1818.44
53899	UNLISTED PROCEDURE URINARY SYSTEM	0	BR			YYY	N	294.26		BR		YYY	N	105.77
54000	SLITTING PREPUCE DORSAL/LATERAL SPX NEWBORN	4.21	351.54			010	N	2145.45		361.56		010	N	1986.89
54001	SLITTING PREPUCE DORSAL/LAT SPX XCP NEWBORN	5.25	438.38			010	N	2145.45		451.74		010	N	1986.89
54015	I&D PENIS DEEP	8.91	743.99			010	N	1341.57		747.33		010	N	1701.78
54050	DSTRJ LESION PENIS SIMPLE CHEMICAL	3.75	313.13			010	N	167.81		329.83		010	N	137.98
54055	DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	3.37	281.40			010	N	2009.86		294.76		010	N	1829.09
54056	DSTRJ LESION PENIS SIMPLE CRYOSURGERY	4.04	337.34			010	N	167.81		358.22		010	N	92.29
54057	DSTRJ LESION PENIS SIMPLE LASER	3.85	321.48			010	N	2009.86		334		010	N	1829.09
54060	DSTRJ LESION PENIS SIMPLE SURG EXCISION	5.1	425.85			010	N	2009.86		440.05		010	N	1829.09
54065	DSTRJ LESION PENIS EXTENSIVE	6.23	520.21			010	N	2009.86		546.09		010	N	1829.09
54100	BIOPSY PENIS SEPARATE PROCEDURE	5.64	470.94			000	N	1341.57		492.65		000	N	1447.15
54105	BIOPSY PENIS DEEP STRUCTURES	7.53	628.76			010	N	2014.24		639.61		010	N	2142.94
54110	EXCISION OF PENILE PLAQUE	18.16	1516.36			090	Y	3195.20		1508.01		090	Y	3580.63
54111	EXC PENILE PLAQUE GRAFT &/5 CM LENGTH	23	1920.50			090	Y	6787.46	J1	1930.52		090	Y	3580.63
54112	EXC PENILE PLAQUE GRAFT > 5 CM LENGTH	27.01	2255.34			090	Y	14856.54	J1	2259.51		090	Y	3580.63

MEDICAL DATA														
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54115	REMOVAL FOREIGN BODY DEEP PENILE TISSUE	12.95	1081.33			090	Y	2014.24		1095.52		090	Y	1701.78
54120	AMPUTATION PENIS PARTIAL	18.15	1515.53			090	Y	3195.20		1527.22		090	Y	3580.63
54125	AMPUTATION PENIS COMPLETE	23.34	1948.89			090	Y			1963.09		090	Y	
54130	AMPUTATION PENIS RADW/BI INGUINOFEMORAL LMPHADE	34.23	2858.21			090	Y			2875.74		090	Y	
54135	AMPUTATION PENIS RADICAL W/LYMPH NODES	43.14	3602.19			090	Y			3640.6		090	Y	
54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	4.38	365.73			000	N	2145.45		379.93		000	N	2189.07
54160	CIRCUMCISION NEONATE	6.34	529.39			010	N	2145.45		536.07		010	N	2189.07
54161	CIRCUMCISION AGE >28 DAYS	5.65	471.78			010	N	2145.45		477.62		010	N	2189.07
54162	LYSIS/EXCISION PENILE POSTCIRCUMCISION ADHESIONS	7.33	612.06			010	N	2145.45		627.92		010	N	2189.07
54163	REPAIR INCOMPLETE CIRCUMCISION	6.28	524.38			010	N	2145.45		531.06		010	N	2189.07
54164	FRENULOTOMY PENIS	5.54	462.59			010	N	2145.45		471.78		010	N	2189.07
54200	INJECTION PEYRONIE DISEASE	3.04	253.84			010	N	294.26		263.03		010	N	197.05
54205	NJX PEYRONIE W/SURG EXPOS PLAQUE	15.29	1276.72			090	Y	6787.46	J1	1287.57		090	Y	3580.63
54220	IRRIGATION CORPORA CAVERNOSA PRIAPISM	5.81	485.14			000	N	294.26		496.83		000	N	197.05
54230	INJECTION CORPORA CAVERNOSOGRAPY	2.76	230.46			000	N			233.8		000	N	
54231	DYNAMIC CAVERNOSOMETRY NJX VASOACTIVE DRUGS	4	334.00			000	N	2145.45		339.85		000	N	1818.44
54235	NJX C/P/A CAVERNOSA W/PHARMACOLOGIC AGT	2.57	214.60			000	N	294.26		219.61		000	N	197.05
54240	PENILE PLETHYSMOGRAPHY	2.91	242.99	160.32	82.67	000	N	184.79		242.99	154.48	000	N	105.77
54250	NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	3.46	288.91	263.03	25.88	000	N	294.26		289.75	262.19	000	N	197.05
54300	PENIS STRAIGHTENING CHORDEE	18.41	1537.24			090	Y	3195.20		1548.93		090	Y	3580.63
54304	PENIS CORRJ CHORDEE/1ST STAGE HYPOSPADIAS RPR	21.55	1799.43			090	Y	3195.20		1809.45		090	Y	3580.63
54308	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR <3 CM	20.55	1715.93			090	Y	6787.46	J1	1726.78		090	Y	3580.63

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
54312	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR > 3 CM	24.72	2064.12			090	Y	3195.20		1974.78		090	Y	3580.63
54316	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR SKIN GRF	30.14	2516.69			090	Y	6787.46	J1	2405.64		090	Y	3580.63
54318	URETHROPLASTY 3RD STG HYPOSPADIAS RPR RLS PENIS	21.49	1794.42			090	Y	3195.20		1689.21		090	Y	3580.63
54322	1 STG DSTL HYPOSPADIAS RPR W/SMPL MEATAL ADVMNT	22.08	1843.68			090	Y	3195.20		1883.76		090	Y	3580.63
54324	1 STG DSTL HYPOSPADIAS RPR W/URTP SKIN FLAPS	28.69	2395.62			090	Y	3195.20		2334.66		090	Y	3580.63
54326	1 STG DSTL HYPOSPADIAS RPR URTP SKN FLAPS	27.18	2269.53			090	Y	6787.46	J1	2281.22		090	Y	3580.63
54328	1 STAGE DSTL HYPOSPADIAS RPR W/EXTENSIVE DSJ	27.01	2255.34			090	Y	3195.20		2265.36		090	Y	3580.63
54332	1 STAGE PROX PENILE/PENOSCROTAL HYPOSPADIAS RPR	30.75	2567.63			090	Y	3195.20		2444.88		090	Y	3580.63
54336	1 STG PERINEAL HYPOSPADIAS RPR W/GRF&/FLAP	35.93	3000.16			090	Y	3195.20		2993.48		090	Y	3580.63
54340	RPR HYPOSPADIAS COMPLCTJS CLSR INC/EXC SIMPLE	16.37	1366.90			090	Y	3195.20		1377.75		090	Y	3580.63
54344	RPR HYPOSPADIAS COMPLCTJS MOBLJ FLAPS & URTP	29.91	2497.49			090	Y	6787.46	J1	2286.23		090	Y	3580.63
54348	RPR HYPOSPADIAS COMPLCTJS DSJ & URTP FLAP/GRF	29.14	2433.19			090	Y	3195.20		2404.8		090	Y	3580.63
54352	RPR HYPOSPADIAS CRIPPLE W/DSJ & EXC & GRFS/FLAP	40.73	3400.96			090	Y	6787.46	J1	3414.32		090	Y	3580.63
54360	PLASTIC RPR PENIS CORRECT ANGULATION	20.7	1728.45			090	Y	3195.20		1740.14		090	Y	3580.63
54380	PLASTIC RPR PENIS EPISPADIAS DSTL SPHNCTR	22.97	1918.00			090	Y	3195.20		2216.93		090	Y	3580.63
54385	PLASTIC PENIS EPISPADIAS DSTL SPHNCTR W/INCONT	28.04	2341.34			090	Y	3195.20		2408.14		090	Y	3580.63
54390	PLASTIC RPR PENIS EPISPADIAS W/EXSTROPHY BLADDER	37.46	3127.91			090	Y			3118.73		090	Y	
54400	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	15.22	1270.87			090	N	14856.54	J1	1279.22		090	N	9850.23
54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	18.85	1573.98			090	N	28176.04	J1	1592.35		090	N	16145.39
54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	23.23	1939.71			090	Y	28176.04	J1	1950.56		090	Y	16145.39
54406	RMVL INFLATABLE PENILE PROSTH W/O RPLCMT PROSTH	20.99	1752.67			090	Y	3195.20		1762.69		090	Y	3580.63
54408	RPR COMPONENT INFLATABLE PENILE PROSTHESIS	22.7	1895.45			090	Y	6787.46	J1	1908.81		090	Y	3580.63

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
54410	RMVL & RPLCMT INFLATABLE PENILE PROSTH SAME SESS	24.69	2061.62			090	Y	28176.04	J1	2074.98		090	Y	16145.39
54411	RMVL & RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	29.46	2459.91			090	Y	28176.04	J1	2475.78		090	Y	
54415	RMVL NON-NFLTBL/NFLTBL PENILE PROSTH W/O RPLCMT	15.17	1266.70			090	Y	3195.20		1279.22		090	Y	3580.63
54416	RMVL & RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESI	20.39	1702.57			090	Y	28176.04	J1	1720.94		090	Y	16145.39
54417	RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD	25.81	2155.14			090	Y	28176.04	J1	2169.33		090	Y	
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI	20.25	1690.88			090	Y	2145.45		1702.57		090	Y	3580.63
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT UNI/BI	18.39	1535.57			090	Y	3392.50		1548.09		090	Y	
54435	CORPORA CAVERNOSA-GLANS PENIS FSTLJ PRIAPISM	11.94	996.99			090	N	2145.45		1009.52		090	N	3580.63
54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	19.58	1634.93			090	Y	2145.45						
54438	REPLANTATION PENIS COMP AMPUTATION W/URETH REP	39.47	3295.75			090	Y							
54440	PLASTIC OPERATION PENIS INJURY	16.34	1364.39			090	Y	3195.20		1365.23		090	Y	3580.63
54450	FORESKN MANJ W/LSS PREPUTIAL ADS&STRETCHING	2	167.00			000	N	294.26		167.84		000	N	299.71
54500	BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE	2.14	178.69			000	N	2014.24		179.53		000	N	1443.01
54505	BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE	6.04	504.34			010	N	3195.20		508.52		010	N	2189.07
54512	EXC XTRPARENCHYMAL LESION TESTIS	15.51	1295.09			090	N	3195.20		1304.27		090	N	2189.07
54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	9.37	782.40			090	N	3195.20		795.76		090	N	2189.07
54522	ORCHIECTOMY PARTIAL	17.83	1488.81			090	Y	3195.20		1462.09		090	Y	2189.07
54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	14.52	1212.42			090	Y	3720.85		1226.62		090	Y	3133.77
54535	ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL	21.37	1784.40			090	Y	3195.20		1796.09		090	Y	3580.63
54550	EXPL UNDESCENDED TSTIS INGUN/SCROTAL AREA	14.18	1184.03			090	Y	3720.85		1190.71		090	Y	3133.77
54560	EXPL UNDESCENDED TESTIS W/ABDOMINAL EXPL	19.74	1648.29			090	Y	2145.45		1658.31		090	Y	2189.07
54600	RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS	13.09	1093.02			090	N	3195.20		1095.52		090	N	2189.07

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
54620	FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE	8.67	723.95			010	N	2145.45		723.95		010	N	2189.07
54640	ORCHIOPEXY INGUINAL APPROACH W/WO HERNIA RPR	13.78	1150.63			090	N	3720.85		1171.51		090	N	3133.77
54650	ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS	20.39	1702.57			090	Y	3720.85		1720.1		090	Y	3133.77
54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE	10.26	856.71			090	N	6787.46	J1	865.9		090	N	2189.07
54670	SUTURE/REPAIR TESTICULAR INJURY	11.62	970.27			090	N	2145.45		981.96		090	N	2189.07
54680	TRANSPLANTATION TESTIS TO THIGH	22.76	1900.46			090	Y	2145.45		1899.63		090	Y	2189.07
54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	21.32	1780.22			090	Y	8002.30	J1	1826.15		090	Y	4498.73
54692	LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS	24.66	2059.11			090	N	8002.30	J1	1963.09		090	N	6607.04
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
54700	I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	6.16	514.36			010	N	2145.45		521.88		010	N	2189.07
54800	BIOPSY EPIDIDYMIS NEEDLE	3.67	306.45			000	N	2014.24		312.29		000	N	445.75
54830	EXCISION LOCAL LESION EPIDIDYMIS	10.71	894.29			090	N	3195.20		907.65		090	N	2189.07
54840	EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY	9.23	770.71			090	N	3195.20		779.06		090	N	2189.07
54860	EPIDIDYMECTOMY UNILATERAL	12.03	1004.51			090	N	3195.20		1015.36		090	N	2189.07
54861	EPIDIDYMECTOMY BILATERAL	16.27	1358.55			090	N	3195.20		1367.73		090	N	2189.07
54865	EXPLORATION EPIDIDYMIS W/WO BIOPSY	10.3	860.05			090	N	3195.20		870.91		090	N	2189.07
54900	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI	24.19	2019.87			090	N	2145.45		1902.13		090	N	2189.07
54901	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI	31.9	2663.65			090	N	3195.20		2505.84		090	N	2189.07
55000	PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	3.34	278.89			000	N	684.54		286.41		000	N	445.75
55040	EXCISION HYDROCELE UNILATERAL	9.72	811.62			090	N	3720.85		825.82		090	N	3133.77
55041	EXCISION HYDROCELE BILATERAL	14.64	1222.44			090	N	3720.85		1239.14		090	N	3133.77
55060	RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE	10.94	913.49			090	N	3195.20		927.69		090	N	2189.07

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
55100	DRAINAGE SCROTAL WALL ABSCESS	6.16	514.36			010	N	1341.57		533.57		010	N	936.06
55110	SCROTAL EXPLORATION	11.14	930.19			090	N	3195.20		943.55		090	N	2189.07
55120	REMOVAL FOREIGN BODY SCROTUM	10.25	855.88			090	N	2145.45		875.92		090	N	2189.07
55150	RESECTION SCROTUM	14.13	1179.86			090	Y	3195.20		1194.89		090	Y	2189.07
55175	SCROTOPLASTY SIMPLE	10.41	869.24			090	N	3195.20		883.43		090	N	2189.07
55180	SCROTOPLASTY COMPLICATED	19.9	1661.65			090	N	6787.46	J1	1675.01		090	N	2189.07
55200	VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX	12.39	1034.57			090	N	2145.45		1069.64		090	N	2189.07
55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	10.91	910.99			090	N	2145.45		946.89		090	N	2189.07
55300	VASOTOMY VASOGRAMS UNI/BI	5.39	450.07			000	N			451.74		000	N	
55400	VASOVASOSTOMY VASOVASORRHAPHY	14.66	1224.11			090	Y	3195.20		1204.07		090	Y	2189.07
55450	LIGATION PRQ VAS DEFERENS UNI/BI SPX	10.21	852.54			010	N	2145.45		874.25		010	N	2189.07
55500	EXC HYDROCELE SPRMATIC CORD UNI SPX	11.41	952.74			090	N	3195.20		975.28		090	N	2189.07
55520	EXC LESION SPERMATIC CORD SEPARATE PROCEDURE	13.08	1092.18			090	Y	3195.20		1126.42		090	Y	2189.07
55530	EXC VARICOCELE/LIGATION SPERMATIC VEINS SPX	10.1	843.35			090	N	3195.20		858.38		090	N	2189.07
55535	EXC VARICOCELE/LIGATION SPERMATIC VEINS ABDL	12.36	1032.06			090	Y	3720.85		1042.08		090	Y	3133.77
55540	EXC VARICOCELE/LIGATION VEINS W/HERNIA RPR	15.64	1305.94			090	N	3720.85		1335.17		090	N	3133.77
55550	LAPS LIGATION SPERMATIC VEINS VARICOCELE	12.34	1030.39			090	Y	8002.30	J1	1037.07		090	Y	4498.73
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
55600	VESICULOTOMY	12.11	1011.19			090	N	2145.45		1021.21		090	N	2189.07
55605	VESICULOTOMY COMPLICATED	15.77	1316.80			090	N			1260.85		090	N	
55650	VESICULECTOMY ANY APPROACH	20.65	1724.28			090	Y			1735.13		090	Y	
55680	EXCISION MULLERIAN DUCT CYST	10.21	852.54			090	N	2145.45		838.34		090	N	2189.07

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
55700	PROSTATE NEEDLE BIOPSY ANY APPROACH	6.19	516.87			000	N	2145.45		531.9		000	N	1247.8
55705	BIOPSY PROSTATE INCISIONAL ANY APPROACH	7.65	638.78			010	N	3195.20		643.79		010	N	1247.8
55706	BX PROSTATE STRTCTC SATURATION SAMPLING IMG GID	10.73	895.96			010	Y	3195.20		887.61		010	Y	1247.8
55720	PROSTATOTOMY EXTERNAL DRG ABSCESS SIMPLE	13.02	1087.17			090	Y	2145.45		1092.18		090	Y	2462.59
55725	PROSTATOTOMY EXTERNAL DRG ABSCESS COMPLICATED	17.04	1422.84			090	Y	3195.20		1436.2		090	Y	2462.59
55801	PROSTATECTOMY PERINEAL SUBTOTAL	31.64	2641.94			090	Y			2636.93		090	Y	
55810	PROSTATECTOMY PERINEAL RADICAL	37.95	3168.83			090	Y			3177.18		090	Y	
55812	PROSTATECTOMY PERINEAL RADICAL W/LYMPH NODE BX	46.28	3864.38			090	Y			3876.07		090	Y	
55815	PROSTATECTOMY PERINEAL RAD W/BI PELVIC LYMPH EXC	50.94	4253.49			090	Y			4245.14		090	Y	
55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	25.12	2097.52			090	Y			2108.38		090	Y	
55831	PROSTATECTOMY RETROPUBIC SUBTOTAL	27.18	2269.53			090	Y			2278.72		090	Y	
55840	PROSTATECTOMY RETROPUBIC W/WO NERVE SPARING	33.7	2813.95			090	Y			3223.1		090	Y	
55842	PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/LYMPH BX	33.68	2812.28			090	Y			3451.89		090	Y	
55845	PROSTECT RETROPUB RAD W/WO NRV SPAR & BI PLV LYM	39.24	3276.54			090	Y	6050.50		3937.86		090	Y	
55860	EXPOS PROSTATE ANY APPROACH INSJ RADIOACT SUBST	25.17	2101.70			090	N	3195.20		2111.72		090	N	1818.44
55862	EXPOS PROSTATE INSJ RADIOACT SBST W/LYMPH BX	33.12	2765.52			090	Y			2642.78		090	Y	
55865	EXPOS PROSTATE INSJ RADIOAC SBST W/BI PELV LYMPH	38.36	3203.06			090	Y			3213.92		090	Y	
55866	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT	40.3	3365.05			090	Y	9112.03		4185.02		090	Y	
55870	ELECTROEJACULATION	5.01	418.34			000	N	907.00		426.69		000	N	302
55873	CRYOSURGICAL ABLATION PROSTATE W/US & MONITORI	200.55	16745.93			090	N	14856.54	J1	17292.02		090	N	10095.04
55875	TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSJ	21.92	1830.32			090	N	3195.20		1841.18		090	N	3531.09
55876	PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	3.86	322.31			000	N	1462.40		329.83		000	N	1270.08

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	0	BR			YYY	N	294.26		BR		YYY	N	105.77
55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	12.89	1076.32			000	N	3720.85		1076.32		000	N	2389.99
55970	INTERSEX SURG MALE FEMALE	0	BR			YYY	N	2650.71		BR		XXX	N	
55980	INTERSEX SURG FEMALE MALE	0	BR			YYY	N	3195.20		BR		XXX	N	
56405	I&D VULVA/PERINEAL ABSCESS	3.09	258.02			010	N	357.34		275.55		010	N	152.95
56420	I&D OF BARTHOLINS GLAND ABSCESS	3.44	287.24			010	N	200.22		307.28		010	N	152.95
56440	MARSUPIALIZATION BARTHOLINS GLAND CYST	5.17	431.70			010	N	2650.71		457.58		010	N	1876.5
56441	LYSIS LABIAL ADHESIONS	4.08	340.68			010	N	2650.71		357.38		010	N	1876.5
56442	HYMENOTOMY SIMPLE INCISION	1.36	113.56			000	N	2650.71		120.24		000	N	1876.5
56501	DESTRUCTION LESIONS VULVA SIMPLE	3.7	308.95			010	N	2009.86		328.99		010	N	1829.09
56515	DESTRUCTION LESIONS VULVA EXTENSIVE	6.42	536.07			010	N	3044.24		561.12		010	N	1829.09
56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	2.33	194.56			000	N	357.34		206.25		000	N	302
56606	BIOPSY VULVA/PERINEUM EACH ADDL LESION	1.07	89.35			ZZZ	N			92.69		ZZZ	N	152.95
56620	VULVECTOMY SIMPLE PARTIAL	14.87	1241.65			090	Y	2650.71		1273.38		090	Y	1876.5
56625	VULVECTOMY SIMPLE COMPLETE	18	1503.00			090	Y	2650.71		1521.37		090	Y	1876.5
56630	VULVECTOMY RADICAL PARTIAL	26.62	2222.77			090	Y	3020.22		2234.46		090	Y	
56631	VULVECTOMY RAD PRTL UNI INGUINOFEM LMPHADECTOMY	34.02	2840.67			090	Y			2833.99		090	Y	
56632	VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADECTOMY	39.49	3297.42			090	Y			3304.93		090	Y	
56633	VULVECTOMY RADICAL COMPLETE	34.85	2909.98			090	Y			2903.3		090	Y	
56634	VULVECTOMY RAD COMPL UNI INGUINOFEM LMPHADECTOMY	37.66	3144.61			090	Y			3085.33		090	Y	
56637	VULVECTOMY RAD COMPL BI INGUINOFEM LMPHADECTOMY	43.37	3621.40			090	Y			3593.84		090	Y	
56640	VULVECTOMY RAD COMPL ILIAC & PELVIC LMPHADECTOMY	43.69	3648.12			090	Y			3506.17		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
56700	PRTL HYMENECTOMY/REVJ HYMENAL RING	5.28	440.88			010	Y	2650.71		470.11		010	Y	1876.5
56740	EXC BARTHOLINS GLAND/CYST	8.56	714.76			010	N	2650.71		745.66		010	N	1876.5
56800	PLASTIC REPAIR INTROITUS	6.84	571.14			010	Y	2650.71		599.53		010	Y	1876.5
56805	CLITOROPLASTY INTERSEX STATE	33.09	2763.02			090	Y	2650.71		2865.72		090	Y	1876.5
56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	7.39	617.07			010	Y	2650.71		647.96		010	Y	1876.5
56820	COLPOSCOPY VULVA	3.19	266.37			000	N	200.22		278.06		000	N	152.95
56821	COLPOSCOPY VULVA W/BIOPSY	4.2	350.70			000	N	357.34		367.4		000	N	152.95
57000	COLPOTOMY W/EXPLORATION	5.34	445.89			010	N	2650.71		474.28		010	N	1876.5
57010	COLPOTOMY W/DRAINAGE PELVIC ABSCESS	12.29	1026.22			090	N	2650.71		1090.51		090	N	1876.5
57020	COLPOCENTESIS SEPARATE PROCEDURE	2.63	219.61			000	N	2650.71		234.64		000	N	642.61
57022	I&D VAGINAL HEMATOMA OBSTETRICAL/POSTPARTUM	4.82	402.47			010	N	2014.24		420.84		010	N	936.06
57023	I&D VAGINAL HEMATOMA NON-OBSTETRICAL	8.79	733.97			010	N	2014.24		778.22		010	N	1701.78
57061	DESTRUCTION VAGINAL LESIONS SIMPLE	3.22	268.87			010	N	2650.71		286.41		010	N	1876.5
57065	DESTRUCTION VAGINAL LESIONS EXTENSIVE	5.53	461.76			010	N	2650.71		482.63		010	N	1876.5
57100	BIOPSY VAGINAL MUCOSA SIMPLE	2.53	211.26			000	N	907.00		220.44		000	N	642.61
57105	BIOPSY VAGINAL MUCOSA EXTENSIVE	3.87	323.15			010	N	2650.71		339.85		010	N	1876.5
57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	14.1	1177.35			090	Y	2650.71		1211.59		090	Y	1876.5
57107	VAGINECTOMY PRTL RMVL VAG WALL & PARAVAGINAL T	41.64	3476.94			090	Y	2650.71		3517.02		090	Y	3405.1
57109	VAGNC PRTL RMVL VAG WALL W/BI TOT PEL LMPHADEC	49.85	4162.48			090	Y	2650.71		4118.22		090	Y	3405.1
57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	25.33	2115.06			090	Y			2241.14		090	Y	
57111	VAGINECTOMY COMPL RMVL VAG WALL & PARAVAG TISS	45.78	3822.63			090	Y			4009.67		090	Y	
57112	VAGNC COMPL RMVL VAG WALL TOT PEL LMPHADEC BX	53.22	4443.87			090	Y			4063.95		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
57120	COLPOCLEISIS LE FORT TYPE	14.44	1205.74			090	Y	7320.40	J1	1275.88		090	Y	3405.1
57130	EXCISION VAGINAL SEPTUM	5	417.50			010	Y	2650.71		445.06		010	Y	1876.5
57135	EXCISION VAGINAL CYST/TUMOR	5.44	454.24			010	N	2650.71		479.29		010	N	1876.5
57150	IRRIGATION VAGINA&/APPL MEDICAMENT TX DISEASE	1.27	106.05			000	N	129.85		113.56		000	N	152.95
57155	INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	12.25	1022.88			000	N	2650.71		1090.51		000	N	642.61
57156	INSERTION VAGINAL RADIATION DEVICE	5.62	469.27			000	N	357.34		475.95		000	N	302
57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	2.15	179.53			000	N	200.22		192.05		000	N	152.95
57170	DIAPHRAGM/CERVICAL CAP FITTING W/INSTRUCTIONS	1.72	143.62			000	N	200.22		151.14		000	N	10.64
57180	INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	3.97	331.50			010	N	200.22		354.88		010	N	152.95
57200	COLPORRHAPHY SUTURE INJURY VAGINA	8.59	717.27			090	Y	2650.71		749		090	Y	1876.5
57210	COLPOPERINEORRHAPHY SUTURE INJ VAGINA&/PERINEU	10.42	870.07			090	Y	2650.71		915.16		090	Y	1876.5
57220	PLASTIC URETHRAL SPHINCTER VAGINAL APPROACH	9.04	754.84			090	Y	7320.40	J1	801.6		090	Y	4393.43
57230	PLASTIC REPAIR URETHROCELE	11.19	934.37			090	Y	2650.71		991.15		090	Y	3405.1
57240	ANT COLPORRHAPHY CYSTOCELE W/WO RPR URETHROCELE	19.05	1590.68			090	Y	7320.40	J1	1653.3		090	Y	3405.1
57250	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	19.16	1599.86			090	Y	7320.40	J1	1687.54		090	Y	3405.1
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY	23.61	1971.44			090	Y	7320.40	J1	2075.81		090	Y	3405.1
57265	CMBND ANTEROPOST COLPORRHAPHY W/ENTEROCELE RPR	25.85	2158.48			090	Y	7320.40	J1	2272.87		090	Y	4393.43
57267	INSJ MESH/PROSTH PELVIC FLOOR DEFECT EACH SITE	7.29	608.72			ZZZ	Y			632.93		ZZZ	Y	3405.1
57268	REPAIR ENTEROCELE VAGINAL APPROACH SPX	13.73	1146.46			090	Y	2650.71		1206.58		090	Y	3405.1
57270	REPAIR ENTEROCELE ABDOMINAL APPROACH SPX	22.72	1897.12			090	Y	2749.35		1993.15		090	Y	
57280	COLPOPEXY ABDOMINAL APPROACH	27.07	2260.35			090	Y	3786.54		2367.23		090	Y	
57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	14.2	1185.70			090	Y	11397.90	J1	1247.49		090	Y	4393.43

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	19.53	1630.76			090	Y	11397.90	J1	1720.94		090	Y	4393.43
57284	PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPR	23.15	1933.03			090	Y	7320.40	J1	2020.7		090	Y	4393.43
57285	PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH	19.08	1593.18			090	Y	11397.90	J1	1673.34		090	Y	4393.43
57287	RMVL/REVJ SLING STRESS INCONTINENCE	19.34	1614.89			090	Y	2650.71		1673.34		090	Y	3405.1
57288	SLING OPERATION STRESS INCONTINENCE	20.34	1698.39			090	Y	7320.40	J1	1753.5		090	Y	4393.43
57289	PEREYRA PX W/ANTERIOR COLPORRHAPHY	20.92	1746.82			090	Y	11397.90	J1	1759.35		090	Y	3405.1
57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	17.45	1457.08			090	Y	2650.71		1330.16		090	Y	3405.1
57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	23.34	1948.89			090	Y	7320.40	J1	2042.41		090	Y	3405.1
57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	13.55	1131.43			090	Y	2650.71		1188.21		090	Y	1876.5
57296	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	26.88	2244.48			090	Y			2373.07		090	Y	
57300	CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR	16.04	1339.34			090	Y	2650.71		1396.12		090	Y	3405.1
57305	CLSR RECTOVAGINAL FISTULA ABDOMINAL APPROACH	26.77	2235.30			090	Y			2318.8		090	Y	
57307	CLSR RECTOVAG FSTL ABDL APPR W/CONCOMITANT CLST	31	2588.50			090	Y			2645.28		090	Y	
57308	CLSR RECTOVAG FSTL TPRNL PRNL BDY RCNSTJ	18.77	1567.30			090	Y			1604.04		090	Y	
57310	CLOSURE URETHROVAGINAL FISTULA	13.21	1103.04			090	Y	11397.90	J1	1113.89		090	Y	4393.43
57311	CLSR URETHROVAG FSTL W/BULBOCAVERNOSUS TRNSPL	15.1	1260.85			090	Y			1266.7		090	Y	
57320	CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH	15.26	1274.21			090	Y	7320.40	J1	1295.92		090	Y	3405.1
57330	CLSR VESICOVAG FSTL TRANSVESICAL&VAG APPR	21.2	1770.20			090	Y	11397.90	J1	1782.73		090	Y	3405.1
57335	VAGINOPLASTY INTERSEX STATE	32.31	2697.89			090	Y	2650.71		2894.11		090	Y	3405.1
57400	DILATION VAGINA W/ANESTHESIA OTHER THAN LOCAL	3.84	320.64			000	N	2650.71		331.5		000	N	1876.5
57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	3.07	256.35			000	N	2650.71		268.04		000	N	1876.5
57415	REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	4.55	379.93			010	N	2650.71		397.46		010	N	1876.5

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57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	3.34	278.89			000	N	357.34		290.58		000	N	302
57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	4.48	374.08			000	N	907.00		390.78		000	N	302
57423	PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH	25.87	2160.15			090	Y	13721.82	J1	2288.74		090	Y	4393.43
57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	27.51	2297.09			090	Y	13721.82	J1	2412.32		090	Y	4498.73
57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	23.93	1998.16			090	Y	11397.90	J1	2117.56		090	Y	1876.5
57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	3.09	258.02			000	N	200.22		272.21		000	N	152.95
57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	4.33	361.56			000	N	357.34		383.27		000	N	302
57455	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	4.04	337.34			000	N	357.34		358.22		000	N	302
57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	3.81	318.14			000	N	357.34		338.18		000	N	302
57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	7.99	667.17			000	N	2650.71		717.27		000	N	1876.5
57461	COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	9.03	754.01			000	N	2650.71		809.12		000	N	1876.5
57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	3.61	301.44			000	N	907.00		323.98		000	N	642.61
57505	ENDOCERVICAL CURETTAGE W/DILATION & CURETTAGE	2.89	241.32			010	N	907.00		257.18		010	N	642.61
57510	CAUTERY CERVIX ELECTRO/THERMAL	3.71	309.79			010	N	2650.71		328.99		010	N	1876.5
57511	CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	4.1	342.35			010	N	357.34		365.73		010	N	152.95
57513	CAUTERY CERVIX LASER ABLATION	4.11	343.19			010	N	2650.71		361.56		010	N	1876.5
57520	CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	8.71	727.29			090	N	2650.71		764.86		090	N	1876.5
57522	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	7.45	622.08			090	N	2650.71		661.32		090	N	1876.5
57530	TRACHELECTOMY CERVICECTOMY AMP CERVIX SPX	9.87	824.15			090	Y	2650.71		863.39		090	Y	3405.1
57531	RAD TRACHELECTOMY W/BI PEL LMPHADEC	52.51	4384.59			090	Y			4348.68		090	Y	
57540	EXCISION CERVICAL STUMP ABDOMINAL APPROACH	22.2	1853.70			090	Y			1948.89		090	Y	
57545	EXC CERVICAL STUMP ABDL APPR W/PELVIC FLOOR RPR	24.03	2006.51			090	Y			2054.94		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
57550	EXCISION CERVICAL STUMP VAGINAL APPROACH	11.52	961.92			090	Y	2650.71		1023.71		090	Y	3405.1
57555	EXC CRV STUMP VAG APPR W/ANT &/POST REPAIR	16.98	1417.83			090	Y	7320.40	J1	1504.67		090	Y	3405.1
57556	EXC CRV STUMP VAG APPR W/RPR NTRCL	16.08	1342.68			090	Y	7320.40	J1	1411.15		090	Y	4393.43
57558	DILATION & CURETTAGE CERVICAL STUMP	3.52	293.92			010	N	2650.71		313.96		010	N	1876.5
57700	CERCLAGE UTERINE CERVIX NONOBSTETRICAL	9.02	753.17			090	N	2650.71		782.4		090	N	1876.5
57720	TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG	8.69	725.62			090	Y	2650.71		771.54		090	Y	1876.5
57800	DILATION CERVICAL CANAL INSTRUMENTAL SPX	1.71	142.79			000	N	2650.71		151.14		000	N	1876.5
58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	3.09	258.02			000	N	200.22		273.88		000	N	152.95
58110	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	1.36	113.56			ZZZ	N			119.41		ZZZ	N	
58120	DILATION & CURETTAGE DX&/THER NONOBSTETRIC	7.32	611.22			010	N	2650.71		647.13		010	N	1876.5
58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	26.21	2188.54			090	Y	5428.57		2297.09		090	Y	
58145	MYOMECTOMY 1-4 MYOMAS 250 GM/< VAGINAL APPR	15.57	1300.10			090	Y	2650.71		1361.89		090	Y	3405.1
58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	32.57	2719.60			090	Y	5166.15		2883.26		090	Y	
58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	28.86	2409.81			090	Y	6341.46		2495.82		090	Y	
58152	TOT ABD HYST W/WO RMVL TUBE OVARY W/COLPURETHRXY	35.44	2959.24			090	Y			3112.05		090	Y	
58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	27.37	2285.40			090	Y	5343.03		2393.11		090	Y	
58200	TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM	39.21	3274.04			090	Y			3300.76		090	Y	
58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	52.96	4422.16			090	Y	8082.64		4423		090	Y	
58240	PEL EXNTJ GYNECOLOGIC MAL	83.58	6978.93			090	Y			7032.37		090	Y	
58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	23.39	1953.07			090	Y	7320.40	J1	2067.46		090	Y	3405.1
58262	VAG HYST 250 GM/< W/RMVL TUBE&/OVARY	26.12	2181.02			090	Y	7320.40	J1	2304.6		090	Y	3405.1
58263	VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL	28.01	2338.84			090	Y	7320.40	J1	2474.11		090	Y	3405.1

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
58267	VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY	29.86	2493.31			090	Y	2844.88		2635.26		090	Y	
58270	VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE	24.96	2084.16			090	Y	7320.40	J1	2201.06		090	Y	3405.1
58275	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	27.89	2328.82			090	Y			2459.91		090	Y	
58280	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE	29.69	2479.12			090	Y			2633.59		090	Y	
58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	38.05	3177.18			090	Y	5662.86		3272.37		090	Y	
58290	VAGINAL HYSTERECTOMY UTERUS > 250 GM	32.58	2720.43			090	Y	11397.90	J1	2862.38		090	Y	4393.43
58291	VAG HYST > 250 GM RMVL TUBE&/OVARY	35.16	2935.86			090	Y	7320.40	J1	3113.72		090	Y	4393.43
58292	VAG HYST > 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE	37.13	3100.36			090	Y	11397.90	J1	3282.39		090	Y	4393.43
58293	VAG HYST >250 GM COLPOURTCSTOPEXY W/WO NDSC CTR	38.58	3221.43			090	Y			3414.32		090	Y	
58294	VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE	34.53	2883.26			090	Y	7320.40	J1	3045.25		090	Y	4393.43
58300	INSERTION INTRAUTERINE DEVICE IUD	2.06	172.01			XXX	N	1309.59		172.01		XXX	N	
58301	REMOVAL INTRAUTERINE DEVICE IUD	2.68	223.78			000	N	357.34		239.65		000	N	152.95
58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	2.17	181.20			000	N	357.34		185.37		000	N	302
58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	2.42	202.07			000	N	200.22		215.43		000	N	302
58323	SPERM WASHING ARTIFICIAL INSEMINATION	0.43	35.91			000	N	200.22		39.25		000	N	302
58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	3.36	280.56			000	N			298.93		000	N	
58345	TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING	7.71	643.79			010	Y	2650.71		697.23		010	Y	1876.5
58346	INSERTION HEYMAN CAPSULES CLINICAL BRACHYTHERAPY	12.72	1062.12			090	N	2650.71		1067.97		090	N	1876.5
58350	CHROMOTUBATION OVIDUCT W/MATERIALS	2.71	226.29			010	N	7320.40	J1	243.82		010	N	3405.1
58353	ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID	28.35	2367.23			010	N	7320.40	J1	2584.33		010	N	3405.1
58356	ENDOMETRIAL CRYOABLATION W/US & ENDOMETRIAL CR	53.04	4428.84			010	Y	7320.40	J1	4824.63		010	Y	4393.43
58400	UTERINE SUSPENSION W/WO SHORTENING LIGAMENTS SPX	12.49	1042.92			090	Y	3081.24		1092.18		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
58410	UTERINE SUSP W/WO SHORT LIGAMNTS W/SYMPATHECTOMY	23.21	1938.04			090	Y			2009.85		090	Y	
58520	HYSTERORRHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL	24.25	2024.88			090	Y	2577.02		2020.7		090	Y	
58540	HYSTEROPLASTY RPR UTERINE ANOMALY	25.66	2142.61			090	Y	3341.44		2272.04		090	Y	
58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	20.3	1695.05			090	Y	8002.30	J1	2160.98		090	Y	6607.04
58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	23.22	1938.87			090	Y	13721.82	J1	2413.99		090	Y	6607.04
58543	LAPS SUPRACERVICAL HYSTERECTOMY >250	23.48	1960.58			090	Y	13721.82	J1	2452.4		090	Y	6607.04
58544	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	25.63	2140.11			090	Y	13721.82	J1	2656.14		090	Y	6607.04
58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/<	25.65	2141.78			090	Y	8002.30	J1	2236.97		090	Y	3522.03
58546	LAPS MYOMECTOMY EXC 5/> MYOMAS >250 GRAMS	31.77	2652.80			090	Y	13721.82	J1	2813.95		090	Y	4498.73
58548	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	54.59	4558.27			090	Y	10009.87		4544.91		090	Y	
58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	24.98	2085.83			090	Y	8002.30	J1	2206.91		090	Y	6607.04
58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	28.06	2343.01			090	Y	13721.82	J1	2452.4		090	Y	4498.73
58553	LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS	32.22	2690.37			090	Y	13721.82	J1	2834.83		090	Y	4498.73
58554	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	37.76	3152.96			090	Y	13721.82	J1	3288.23		090	Y	4498.73
58555	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	8.8	734.80			000	N	2650.71		764.03		000	N	2170
58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	11.44	955.24			000	N	2650.71		996.16		000	N	2170
58559	HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	9.68	808.28			000	N	7320.40	J1	855.88		000	N	2170
58560	HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM	10.92	911.82			000	Y	7320.40	J1	965.26		000	Y	3452.38
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA	15.48	1292.58			000	N	7320.40	J1	1364.39		000	N	3452.38
58562	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	11.83	987.81			000	N	2650.71		1030.39		000	N	2170
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	47.01	3925.34			000	N	7320.40	J1	4259.34		000	N	3452.38
58565	HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS	52.59	4391.27			090	N	7320.40	J1	4820.46		090	N	4393.43

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	22.08	1843.68			090	Y	13721.82	J1	2323.81		090	Y	4498.73
58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	25.58	2135.93			090	Y	13721.82	J1	2592.68		090	Y	4498.73
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	28.96	2418.16			090	Y	13721.82	J1	2890.77		090	Y	4498.73
58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	34.62	2890.77			090	Y	13721.82	J1	3317.46		090	Y	4498.73
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	0	BR			YYY	Y	200.22		BR		YYY	Y	2170
58600	LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI	10.29	859.22			090	Y	2650.71		914.33		090	Y	3405.1
58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	9.32	778.22			090	Y			824.98		090	Y	
58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	2.19	182.87			ZZZ	Y	1200.15		192.89		ZZZ	Y	
58615	OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR	6.88	574.48			010	Y	2650.71		611.22		010	Y	1876.5
58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	19.13	1597.36			090	Y	8002.30	J1	1680.02		090	Y	4498.73
58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	18.47	1542.25			010	Y	8002.30	J1	1605.71		010	Y	4498.73
58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	20.14	1681.69			090	Y	8002.30	J1	1761.85		090	Y	4498.73
58670	LAPAROSCOPY FULGURATION OVIDUCTS	10.34	863.39			090	N	8002.30	J1	916		090	N	4498.73
58671	LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS	10.32	861.72			090	N	8002.30	J1	916		090	N	4498.73
58672	LAPAROSCOPY FIMBRIOPLASTY	20.76	1733.46			090	Y	8002.30	J1	1837.84		090	Y	4498.73
58673	LAPAROSCOPY SALPINGOSTOMY	22.57	1884.60			090	Y	8002.30	J1	1996.49		090	Y	4498.73
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT/OVARY	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	22.24	1857.04			090	Y	3637.39		1943.88		090	Y	
58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	20.99	1752.67			090	Y	4021.41		1811.12		090	Y	
58740	LYSIS OF ADHESIONS SALPINX/OVARY	25.12	2097.52			090	Y	2038.85		2194.38		090	Y	
58750	TUBOTUBAL ANASTATOMOSIS	27.78	2319.63			090	Y	6159.07		2302.93		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
58752	TUBOUTERINE IMPLANTATION	26.3	2196.05			090	Y			2114.22		090	Y	
58760	FIMBRIOPLASTY	23.3	1945.55			090	Y			2024.04		090	Y	
58770	SALPINGOSTOMY	26.33	2198.56			090	Y	2650.71		2130.09		090	Y	3405.1
58800	DRAINAGE OVARIAN CYST UNI/BI SPX VAGINAL APPR	8.97	749.00			090	N	2650.71		797.43		090	N	1876.5
58805	DRAINAGE OVARIAN CYST UNI/BI SPX ABDOMINAL	11.42	953.57			090	Y	2650.71		1010.35		090	Y	3405.1
58820	DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	8.82	736.47			090	Y	2650.71		784.07		090	Y	3405.1
58822	DRAINAGE OVARIAN ABSCESS ABDOMINAL APPROACH	21.43	1789.41			090	Y			1862.05		090	Y	
58825	TRANSPOSITION OVARY	19.74	1648.29			090	Y	4444.01		1736.8		090	Y	
58900	BIOPSY OVARY UNI/BI SEPARATE PROCEDURE	13.01	1086.34			090	Y	2650.71		1061.29		090	Y	1876.5
58920	WEDGE RESCJ/BISCTJ OVARY UNI/BI	21.81	1821.14			090	Y	11397.90	J1	1750.16		090	Y	3405.1
58925	OVARIAN CYSTECTOMY UNI/BI	21.25	1774.38			090	Y	7320.40	J1	1852.03		090	Y	3405.1
58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	15	1252.50			090	Y	4054.00		1302.6		090	Y	
58943	OOPHORECTOMY PRTL/TOT UNI/BI OVARIAN MALIGNANCY	33.72	2815.62			090	Y			2837.33		090	Y	
58950	RESCJ OVARIAN/TUBAL/PERITONEAL MALIGNANCY W/BSO	32.39	2704.57			090	Y			2722.1		090	Y	
58951	RESCJ PRIM PRTL MAL W/BSO & OMNTC TAH & LMPHAD	41.68	3480.28			090	Y			3489.47		090	Y	
58952	RESCJ PRIM PRTL MAL W/BSO & OMNTC RAD DEBULKING	47.15	3937.03			090	Y			3940.37		090	Y	
58953	BSO W/OMENTECTOMY TAH&RAD DEBULKING DISSECTION	58.33	4870.56			090	Y			4875.57		090	Y	
58954	BSO W/OMENTECTOMY TAH DEBULKING W/LMPHADECTOMY	63.4	5293.90			090	Y			5282.21		090	Y	
58956	BSO W/TOT OMENTECTOMY & HYSTERECTOMY MALIGNANC	39.59	3305.77			090	Y			3328.31		090	Y	
58957	RESECJ RECUR OVARIAN/TUBAL/PERITONEAL MALIGNANCY	45.59	3806.77			090	Y			3819.29		090	Y	
58958	RESECTION RECRT MAL W/OMENTECTOMY PEL LMPHADEC	50.08	4181.68			090	Y			4188.36		090	Y	
58960	LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK	27.92	2331.32			090	Y			2338.84		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	6.3	526.05			000	N	907.00		529.39		000	N	302
58974	EMBRYO TRANSFER INTRAUTERINE	4.21	351.54			000	Y	357.34		364.9		000	Y	302
58976	GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH	7.19	600.37			000	Y	357.34		597.03		000	Y	302
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	0	BR			YYY	N	200.22		BR		YYY	N	10.64
59000	AMNIOCENTESIS DIAGNOSIC	3.6	300.60			000	N	907.00		318.97		000	N	302
59001	AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	5.21	435.04			000	N	357.34		452.57		000	N	642.61
59012	CORDOCENTESIS INTRAUTERINE	5.88	490.98			000	N	357.34		511.02		000	N	302
59015	CHORIONIC VILLUS SAMPLING	4.48	374.08			000	N	907.00		393.29		000	N	302
59020	FETAL CONTRACTION STRESS TEST	2.03	169.51	89.35	80.16	000	N	200.22		179.53	91.85	000	N	152.95
59025	FETAL NONSTRESS TEST	1.38	115.23	71.81	43.42	000	N	200.22		121.08	73.48	000	N	152.95
59030	FETAL SCALP BLOOD SAMPLING	2.9	242.15			000	N	357.34		264.7		000	N	302
59050	FETAL MONITORING LABOR PHYS WRITTEN REPORT	1.47	122.75			XXX	N			127.76		XXX	N	
59051	FETAL MONITR LABOR PHYS WRTTN REPRT INTERPJ ONLY	1.22	101.87			XXX	N			106.88		XXX	N	
59070	TRANSABDOMINAL AMNIOINFUSION W/ULTRSND GUIDANCE	11.45	956.08			000	Y	357.34		1037.07		000	Y	152.95
59072	FETAL UMBILICAL CORD OCCLUSION W/ULTRSND GUIDNCE	13.51	1128.09			000	N	357.34		1309.28		000	N	302
59074	FETAL FLUID DRAINAGE W/ULTRASOUND GUIDANCE	10.97	916.00			000	Y	357.34		1012.02		000	Y	302
59076	FETAL SHUNT PLACEMENT W/ULTRASOUND GUIDANCE	13.51	1128.09			000	Y	357.34		1309.28		000	Y	302
59100	HYSTEROTOMY ABDOMINAL	22.89	1911.32			090	Y	2650.71		2105.04		090	Y	3405.1
59120	TX ECTOPIC PREGNANCY ABDOMINAL/VAGINAL APPR	22.9	1912.15			090	Y	3988.34		2002.33		090	Y	
59121	TX ECTOPIC PREGNANCY W/O SALPING&/OOPHORECTOMY	22.97	1918.00			090	Y	3424.92		2003.17		090	Y	
59130	TX ECTOPIC PREGNANCY ABDL PREGNANCY	26.84	2241.14			090	N			2065.79		090	N	
59135	TX ECTOPIC PREGNANCY NTRSTL REQ TOT HYST	23.89	1994.82			090	N			2037.4		090	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
59136	TX ECTOPIC PREGNANCY NTRSTL PRTL RESCJ UTER	24.43	2039.91			090	Y			2301.26		090	Y	
59140	TX ECTOPIC PREGNANCY CERVICAL W/EVACUATION	11.5	960.25			090	Y			903.47		090	Y	
59150	LAPS TX ECTOPIC PREG W/O SALPING&/OOPHORECTOMY	22.24	1857.04			090	Y	8002.30	J1	1938.87		090	Y	4498.73
59151	LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY	21.57	1801.10			090	Y	8002.30	J1	1883.76		090	Y	4498.73
59160	CURETTAGE POSTPARTUM	5.86	489.31			010	N	2650.71		513.53		010	N	1876.5
59200	INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	2.05	171.18			000	N	357.34		182.87		000	N	152.95
59300	EPISIOTOMY/VAG RPR OTH/THN ATTENDING	5.55	463.43			000	N	2650.71		488.48		000	N	1876.5
59320	CERCLAGE CERVIX PREGNANCY VAGINAL	4.41	368.24			000	N	2650.71		383.27		000	N	1876.5
59325	CERCLAGE CERVIX PREGNANCY ABDOMINAL	7.03	587.01			000	N	5159.56		538.58		000	N	
59350	HYSTERORRHAPHY RUPTURED UTERUS	7.67	640.45			000	Y			707.25		000	Y	
59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	60.17	5024.20			MMM	N			5278.04		MMM	N	
59409	VAGINAL DELIVERY ONLY	23.55	1966.43			MMM	N	2650.71		2052.43		MMM	N	1876.5
59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	30.04	2508.34			MMM	N			2616.89		MMM	N	
59412	EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	3	250.50			MMM	N	2650.71		260.52		MMM	N	1876.5
59414	DELIVERY PLACENTA SEPARATE PROCEDURE	2.66	222.11			MMM	N	2650.71		230.46		MMM	N	1876.5
59425	ANTEPARTUM CARE ONLY 4-6 VISITS	13.05	1089.68			MMM	N			1152.3		MMM	N	
59426	ANTEPARTUM CARE ONLY 7/> VISITS	23.33	1948.06			MMM	N			2061.62		MMM	N	
59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	5.29	441.72			MMM	N			467.6		MMM	N	
59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	66.79	5576.97			MMM	N			5834.15		MMM	N	
59514	CESAREAN DELIVERY ONLY	26.54	2216.09			MMM	Y	2395.00		2309.61		MMM	Y	
59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	36.5	3047.75			MMM	N			3173.84		MMM	N	
59525	STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	13.99	1168.17			ZZZ	Y			1220.77		ZZZ	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
59610	ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	63.31	5286.39			MMM	N			5531.88		MMM	N	
59612	VAGINAL DELIVERY AFTER CESAREAN DELIVERY	26.57	2218.60			MMM	N	2650.71		2303.77		MMM	N	1876.5
59614	VAGINAL DELIVERY & POSTPARTUM CARE VBAC	33.04	2758.84			MMM	N			2866.56		MMM	N	
59618	ROUTINE OBSTETRICAL CARE ATTEMPTED VBAC	67.7	5652.95			MMM	N			5912.64		MMM	N	
59620	CESAREAN DELIVERY ATTEMPTED VBAC	27.22	2272.87			MMM	Y			2385.6		MMM	Y	
59622	CESAREAN DLVRY & POSTPARTUM CARE ATTEMPTED VBA	37.51	3132.09			MMM	N			3260.68		MMM	N	
59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	9.15	764.03			090	N	2650.71		802.44		090	N	1876.5
59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	10.89	909.32			090	N	2650.71		961.09		090	N	1876.5
59821	TX MISSED ABORTION SECOND TRIMESTER SURGICAL	10.99	917.67			090	N	2650.71		966.93		090	N	1876.5
59830	TX SEPTIC ABORTION SURGICAL	12.59	1051.27			090	N			1100.53		090	N	
59840	INDUCED ABORTION DILATION AND CURETTAGE	6.25	521.88			010	N	2650.71		544.42		010	N	1876.5
59841	INDUCED ABORTION DILATION & EVACUATION	11.02	920.17			010	N	2650.71		963.59		010	N	1876.5
59850	INDUCED ABORTION 1/> AMNIOTIC INJX W/D&C/EVACJ	10.01	835.84			090	N			850.03		090	N	
59851	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS D&C	10.62	886.77			090	N			1005.34		090	N	
59852	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS HYSTOTM	14.48	1209.08			090	N			1243.32		090	N	
59855	INDUCED ABORT 1/> VAG SUPPOSITORIES DLVR FETUS	11.98	1000.33			090	N	1665.04		1047.09		090	N	
59856	INDUCED ABORT 1/> VAG SUPP DLVR FETUS D&C &/EVAC	14.09	1176.52			090	N			1227.45		090	N	
59857	INDUCED ABORT 1/> VAG SUPPOS DLVR FETUS HYSTOT	14.88	1242.48			090	N			1267.53		090	N	
59866	MULTIFETAL PREGNANCY REDUCTION	6.23	520.21			000	Y	357.34		531.06		000	Y	302
59870	UTERINE EVACUATION & CURETTAGE HYDATIDIFORM MOLE	13.6	1135.60			090	Y	2650.71		1193.22		090	Y	1876.5
59871	REMOVAL CERCLAGE SUTURE UNDER ANESTHESIA	3.86	322.31			000	N	2650.71		338.18		000	N	1876.5
59897	UNLISTED FETAL INVASIVE PX W/ULTRASOUND	0	BR			YYY	N	200.22		BR		YYY	N	10.64

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
59899	UNLISTED PROCEDURE MATERNITY CARE & DELIVERY	0	BR			YYY	Y	200.22		BR		YYY	Y	10.64
60000	I&D THYROGLOSSAL DUCT CYST INFECTED	4.91	409.99			010	N	982.18		438.38		010	N	643.2
60100	BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	3.22	268.87			000	N	684.54		275.55		000	N	445.75
60200	EXC CYST/ADENOMA THYROID/TRANSECTION ISTHMUS	19.07	1592.35			090	Y	8002.30	J1	1647.46		090	Y	4736.1
60210	PRTL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	20.46	1708.41			090	Y	8002.30	J1	1762.69		090	Y	4736.1
60212	PRTL THYROID LOBEC UNI W/CONTRATLAT STOT LOBEC	29.11	2430.69			090	Y	8002.30	J1	2505.84		090	Y	4736.1
60220	TOTAL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	20.46	1708.41			090	Y	8002.30	J1	1761.85		090	Y	4736.1
60225	TOTAL THYROID LOBEC UNI W/CONTRALAT STOT LOBEC	26.96	2251.16			090	Y	8002.30	J1	2317.13		090	Y	4736.1
60240	THYROIDECTOMY TOTAL/COMPLETE	26.61	2221.94			090	Y	8002.30	J1	2281.22		090	Y	4736.1
60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	38.25	3193.88			090	Y	7911.96	J1	3269.03		090	Y	4230.05
60254	THYROIDECTOMY TOTAL/SUBTOTAL RAD NECK DISSECT	48.47	4047.25			090	Y	8211.96		4133.25		090	Y	
60260	THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL	31.65	2642.78			090	Y	7911.96	J1	2707.91		090	Y	4230.05
60270	THYROIDECT W/SUBSTERNAL SPLIT/TRANSTHORACIC	39.59	3305.77			090	Y	5923.01		3397.62		090	Y	
60271	THYROIDECTOMY SUBSTERNAL CERVICAL APPROACH	30.62	2556.77			090	Y	7911.96	J1	2618.56		090	Y	4230.05
60280	EXCISION THYROGLOSSAL DUCT CYST/SINUS	12.81	1069.64			090	Y	8002.30	J1	1113.89		090	Y	4736.1
60281	EXCISION THYROGLOSSAL DUCT CYST/SINUS RECURRENT	16.98	1417.83			090	Y	8002.30	J1	1474.61		090	Y	4736.1
60300	ASPIRATION AND/OR INJECTION THYROID CYST	3.38	282.23			000	N	684.54		295.59		000	N	445.75
60500	PARATHYROIDECTOMY/EXPLORATION PARATHYROIDS	27.92	2331.32			090	Y	7911.96	J1	2394.78		090	Y	4230.05
60502	PARATHYROIDECTOMY/EXPLOR PARATHYROIDS RE-EXPLOR	37.24	3109.54			090	Y	7911.96	J1	3189.7		090	Y	2321.87
60505	PARATHYRDEC/EXPL PARATHYR MEDSTNL STERNAL/TTHRC	40.09	3347.52			090	Y	6427.13		3465.25		090	Y	
60512	PARATHYROID AUTOTRANSPLANTATION ADD-ON	7.07	590.35			ZZZ	Y			597.03		ZZZ	Y	2142.94

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
60520	THYMECTOMY PRTL/TOT TRANSCERVICAL APPR SPX	30.21	2522.54			090	Y	7911.96	J1	2571.8		090	Y	4230.05
60521	THYMECTOMY PRTL/TOT W/O RAD MEDSTNL DSJ SPX	32.58	2720.43			090	Y			2804.77		090	Y	
60522	THYMECTOMY PRTL/TOT RAD MEDSTNL DSJ SPX	39.41	3290.74			090	Y			3414.32		090	Y	
60540	ADRENALECTOMY W/EXPL W/WO BX ABDL/LMBR/DRSAL SPX	30.64	2558.44			090	Y			2594.35		090	Y	
60545	ADRENALECTOMY EXPL W/EXC RETROPERTINEAL TUMOR	35.15	2935.03			090	Y			2979.28		090	Y	
60600	EXC CAROTID BODY TUMOR W/O EXC CAROTID ARTERY	40.49	3380.92			090	Y			3446.88		090	Y	
60605	EXC CAROTID BODY TUMOR W EXC CAROTID ARTERY	50.04	4178.34			090	Y			4529.04		090	Y	
60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL	34.52	2882.42			090	Y	8720.39		2920		090	Y	
60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	3522.03
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	0	BR			YYY	Y	8002.30	J1	BR		YYY	Y	4736.1
61000	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI INIT	3.37	281.40			000	N	833.41		288.91		000	N	729.86
61001	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI SBSQ	2.45	204.58			000	N	833.41		278.89		000	N	729.86
61020	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/O NJX	2.94	245.49			000	N	833.41		349.03		000	N	729.86
61026	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/INJ	2.98	248.83			000	N	318.68		323.98		000	N	729.86
61050	CISTERNAL/LATERAL C1-C2 PUNCTURE W/O INJ SPX	2.47	206.25			000	N	833.41		267.2		000	N	729.86
61055	CISTERNAL/LATERAL C1-C2 PUNCTURE W/INJECTION	3.49	291.42			000	N	833.41		338.18		000	N	729.86
61070	PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	1.67	139.45			000	N	687.66		216.27		000	N	567.16
61105	TWIST DRILL HOLE SUBDURAL/VENTRICULAR PUNCTURE	13.33	1113.06			090	N			1163.99		090	N	
61107	TWIST DRILL HOLE IMPLT VENTRICULAR CATH/DEVICE	9.32	778.22			000	N			775.72		000	N	
61108	TWIST DRILL HOLE EVAC&/DRG SUBDURAL HEMATOMA	26.59	2220.27			090	N			2272.87		090	N	
61120	BURR HOLE VENTRICULAR PUNCTURE	21.85	1824.48			090	N			1868.73		090	N	
61140	BURR HOLE/TREPHINE W/BX BRAIN/INTRACRNIAL LESION	37.15	3102.03			090	Y			3144.61		090	Y	

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
61150	BURR HOLE/TREPHINE W/DRG BRAIN ABSCESS/CYST	39.34	3284.89			090	N			3363.38		090	N	
61151	BURR HOLE/TREPHINE W/SBSQ TAPPING ICRA ABSC/CST	29.33	2449.06			090	N			2474.94		090	N	
61154	BURR HOLE W/EVAC&/DRG HEMATOMA XDRL/SDRL	37.29	3113.72			090	Y			3167.99		090	Y	
61156	BURR HOLE W/ASPIR HEMATOMA/CYST INTRACEREBRAL	36.59	3055.27			090	Y			3088.67		090	Y	
61210	BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE	10.92	911.82			000	N	5455.96		906.81		000	N	
61215	INSJ SUBQ RSVR PUMP/INFUSION SYSTEM VENTRIC CATH	14.83	1238.31			090	N	4837.73		1270.04		090	N	4194.19
61250	BURR HOLE/TREPHINE SUPRATENTORIAL W/O OTH SURG	23.69	1978.12			090	Y			2161.82		090	Y	
61253	BURR HOLE/TREPHINE INFRATENTORIAL UNI/BI	23.68	1977.28			090	Y			1827.82		090	Y	
61304	CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL	48.36	4932.72			090	Y			4067.29		090	Y	
61305	CRANIECTOMY/CRANIOTOMY EXPL INFRATENTORIAL	58.95	6012.90			090	Y			4979.94		090	Y	
61312	CRANIECTOMY HMTMA SUPRATENTORIAL EXTRA/SUBDURAL	61.22	6244.44			090	Y			5152.79		090	Y	
61313	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	58.38	5954.76			090	Y			4928.17		090	Y	
61314	CRANIECTOMY HMTMA INFRATENTORIAL EXTRA/SUBDURAL	53.59	5466.18			090	Y			4534.89		090	Y	
61315	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	60.84	6205.68			090	Y			5129.41		090	Y	
61316	INCISION & SUBCUTANEOUS PLMT CRANIAL BONE GRAF	2.6	265.20			ZZZ	N			216.27		ZZZ	N	
61320	CRANIECTOMY/CRANIOTMY DRG ABSCESS SUPRATENTORIAL	55.94	5705.88			090	Y			4715.25		090	Y	
61321	CRANIECTOMY/CRANIOTMY DRG ABSCESS INFRATENTORIAL	61.75	6298.50			090	Y			5275.53		090	Y	
61322	CRANIECT/CRANIOT W/WO DURAPLASTY W/O LOBECTOMY	69.98	7137.96			090	Y			5887.59		090	Y	
61323	CRANIECT/CRANIOT W/WO DURAPLASTY W/LOBECTOMY	70.85	7226.70			090	N			5899.28		090	N	
61330	DECOMPRESSION ORBIT ONLY TRANSCRANIAL APPROACH	46.77	4770.54			090	Y	7911.96	J1	4580.81		090	Y	4230.05
61332	EXPLORATION ORBIT TRANSCRANIAL APPROACH W/BIOPSY	51.39	5241.78			090	Y			4684.35		090	Y	
61333	EXPL ORBIT TRANSCRANIAL APPROACH W/RMVL LESION	53.02	5408.04			090	Y			5222.93		090	Y	

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61340	SUBTEMPORAL CRANIAL DECOMPRESSION	41.89	4272.78			090	Y			3590.5		090	Y	
61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA & CORD	64.57	6586.14			090	Y			5445.04		090	Y	
61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	59.84	6103.68			090	Y			5052.59		090	Y	
61450	CRNEC STPL SCTJ COMPRESSION/DCMPRN GANGLION	56.59	5772.18			090	Y			4761.17		090	Y	
61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	59.02	6020.04			090	Y			4976.6		090	Y	
61460	CRANIECTOMY SUBOCCIPITAL SECTION 1/> CRANIAL NR	62.22	6346.44			090	Y			5210.4		090	Y	
61480	CRNEC SUBOCPTL MESENCEPHAL TRCOTOMY/PEDUNCULOTMY	46.76	4769.52			090	Y			4125.74		090	Y	
61500	CRANIECTOMY W/EXCISION TUMOR/LESION SKULL	38.6	3937.20			090	Y	3585.32		3310.78		090	Y	
61501	CRANIECTOMY OSTEOMYELITIS	33.67	3434.34			090	Y			2852.36		090	Y	
61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	64.22	6550.44			090	Y			5427.5		090	Y	
61512	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR	74.94	7643.88			090	Y			6318.45		090	Y	
61514	CRNEC TREPHINE BONE FLAP BRAIN ABSC SUPRATENTOR	55.82	5693.64			090	Y			4727.77		090	Y	
61516	CRNEC TREPHINE BONE FLAP FENEST CYST SUPRATENTOR	54.49	5557.98			090	Y			4600.02		090	Y	
61517	IMPLTJ BRAIN INTRACAVITARY CHEMOTHERAPY AGENT	2.6	265.20			ZZZ	N			214.6		ZZZ	N	
61518	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	81.04	8266.08			090	Y			6844.5		090	Y	
61519	CRNEC EXC TUM INFRATENTOR/POST FOSSA MENINGIOMA	86.15	8787.30			090	Y			7292.89		090	Y	
61520	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	110.71	11292.42			090	Y			9241.78		090	Y	
61521	CRNEC TUM INFRATTL/PFOSSA MIDLINE TUM BASE SKULL	92.67	9452.34			090	Y			7866.54		090	Y	
61522	CRNEC INFRATNTORIAL/POST FOSSA EXC BRAIN ABSCESS	63.78	6505.56			090	Y			5413.31		090	Y	
61524	CRNEC INFRATNTOR/POSTFOSSA EXC/FENESTRATION CYST	60.89	6210.78			090	Y			5156.96		090	Y	
61526	CRNEC TRANSTEMPOR EXC CEREBELLOPONTINE ANGLE TUM	108.05	11021.10			090	N			9014.66		090	N	
61530	CRNEC EXC CEREBELLOPNTIN ANGLE TUM MID/POSTFOSSA	91.07	9289.14			090	N			7601.01		090	N	

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61531	SUBDURAL IMPLTJ ELECTRODES SEIZURE MONITORING	35.74	3645.48			090	Y			3043.58		090	Y	
61533	CRANIOT SUBDURAL IMPLT ELCTRD SEIZURE MONITORING	44.69	4558.38			090	Y			3786.73		090	Y	
61534	CRANIOT EPILEPTOGENIC FOC W/O ELECTRCORTICOGRPHY	47.73	4868.46			090	Y			4083.15		090	Y	
61535	CRANIOT RMVL EPID/SUBDURL ELCTRD W/O EXC TIS SPX	29.21	2979.42			090	Y			2493.31		090	Y	
61536	CRANIOT EPILEPTOGENIC FOCUS W/ELECTROCORTCOGRPHY	76.31	7783.62			090	Y			6376.9		090	Y	
61537	CRANIOT TEMPORAL LOBE W/O ELECTROCORTICOGRAPHY	72.43	7387.86			090	Y			6098.01		090	Y	
61538	CRANIOT LOBEC TEMPORAL LOBE W/ELECTROCORTCOGRPHY	78.82	8039.64			090	Y			6594		090	Y	
61539	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/ECOG	69.05	7043.10			090	Y			5839.99		090	Y	
61540	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/O ECOG	64.55	6584.10			090	Y			5404.12		090	Y	
61541	CRANIOTOMY TRANSECTION CORPUS CALLOSUM	63.53	6480.06			090	Y			5319.79		090	Y	
61543	CRANIOTOMY PARTIAL/SUBTOTAL HEMISPHERECTOMY	62.19	6343.38			090	Y			5376.57		090	Y	
61544	CRANIOTOMY EXCISION/COAGULATION CHOROID PLEXUS	56.24	5736.48			090	Y			4240.97		090	Y	
61545	CRANIOTOMY EXCISION CRANIOPHARYNGIOMA	94.2	9608.40			090	Y			7875.72		090	Y	
61546	CRANIOT HYPOPHYSEC/EXC PITUITARY TUMOR ICRL APPR	68.24	6960.48			090	Y			5708.06		090	Y	
61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	46.06	4698.12			090	Y			3852.69		090	Y	
61550	CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE	27.91	2846.82			090	Y			2329.65		090	Y	
61552	CRANIECT CRANIOSYNOSTOSIS MULT CRANIAL SUTURES	33.56	3423.12			090	Y			2619.4		090	Y	
61556	CRANIEC CRANIOSYNOSTOSIS FRONT/PARIET BONE FLAP	46.14	4706.28			090	Y			4225.1		090	Y	
61557	CRANIECTOMY CRANIOSYNOSTOSIS BIFRONTAL BONE FLAP	46.91	4784.82			090	Y			4174.17		090	Y	
61558	XTN CRANIECT MULTIPLE SUTURE CRANIOSYNOSTOSIS	55.48	5658.96			090	Y			3970.43		090	Y	
61559	XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS W/BONE GRAFT	61.33	6255.66			090	Y			4487.29		090	Y	
61563	EXC BENIGN TUM CRANIAL BONE W/O OPTIC NRV DCMPRN	56.05	5717.10			090	Y			4903.12		090	Y	

MEDICAL DATA														
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61564	EXC BENIGN TUM CRANIAL BONE W/OPTIC NRV DCMPRN	67.69	6904.38			090	Y			5371.56		090	Y	
61566	CRANIOTOMY SELECTIVE AMYGDALOHIPPOCAMPECTOMY	66.11	6743.22			090	Y			5562.77		090	Y	
61567	CRANIOTOMY MULTIPLE SUBPIAL TRANSECTIONS W/ECOG	75.78	7729.56			090	Y			6344.33		090	Y	
61570	CRANIECTOMY/CRANIOTOMY EXC FOREIGN BODY BRAIN	54.87	5596.74			090	Y			4628.41		090	Y	
61571	CRANIECTOMY/CRANIOTOMY TX PENETRATNG WOUND BRAIN	58.48	5964.96			090	Y			4925.67		090	Y	
61575	TRNSRAL SKULL BSE/BR STEM/CORD BX/DCOMPR/EXC LES	62.3	6354.60			090	Y			6195.7		090	Y	
61576	TRNSRL SKUL BSE/BR STM/CORD BX/DCMP/ SPLT TONGUE	105.36	10746.72			090	Y			8523.68		090	Y	
61580	CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ	72.87	7432.74			090	N			6192.36		090	N	
61581	CRANIOFACIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	77.07	7861.14			090	N			6718.41		090	N	
61582	CRANFCL ANT CRANIAL FOSSA UNI/BI CRANIOT/OSTEOT	84.67	8636.34			090	Y			7676.16		090	Y	
61583	CRANFCL ANT CRANIAL FOSSA UNI/BIFRNTL ELEV LOBE	84.76	8645.52			090	Y			7233.61		090	Y	
61584	ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ	83.66	8533.32			090	Y			7120.88		090	Y	
61585	ORBITOCRANIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	94.77	9666.54			090	Y			8076.12		090	Y	
61586	BICORONAL TRANSZYGMTC&/LEFORT I W/O BONE GRFT	70.45	7185.90			090	Y			6174.83		090	Y	
61590	INFRATEMPORAL MID CRANIAL FOSSA W/WO DISARTICLTN	88.47	9023.94			090	Y			7610.19		090	Y	
61591	INFRATEMPO MID CRANIAL FOSSA W/WO DCOMPR&/MOBI	90.28	9208.56			090	Y			7713.73		090	Y	
61592	ORBITOCRNL APPR MID CRANIAL FOSSA TEMPORAL LOBE	93.03	9489.06			090	Y			7915.8		090	Y	
61595	TRANSTEMP APPR POST CRAN FOSSA DCOMPR SINUS/NRV	68.75	7012.50			090	N			5915.98		090	N	
61596	TRANSCOCHLR POST CRNL FOSSA W/WO MOBIL NRV/ART	70.63	7204.26			090	Y			6116.38		090	Y	
61597	TRNSCONDLR POST CRNL FOSSA DCOMPR ART W/WO MOBIL	82.49	8413.98			090	Y			7193.53		090	Y	
61598	TRANSPTRSAL POST CRNL FOSSA CLIVUS/FORAMN MAGNUM	83.24	8490.48			090	Y			7084.98		090	Y	
61600	RESCJ/EXC LES BASE ANT CRANIAL FOSSA EXTRADURAL	62.15	6339.30			090	Y			5346.51		090	Y	

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61601	RESCJ/EXC LES BASE ANT CRNL FOSSA INDRL W/WO GRF	70.8	7221.60			090	Y			5984.45		090	Y	
61605	RESCJ/EXC LES INFRATEMPOR FOSSA SPACE APEX XDRL	63.09	6435.18			090	Y			5438.36		090	Y	
61606	RESCJ/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR	87.35	8909.70			090	Y			7444.86		090	Y	
61607	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB XDRL	79.21	8079.42			090	Y			7160.96		090	Y	
61608	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB IDRL	95.31	9721.62			090	Y			8077.79		090	Y	
61610	TRNSXJ/LIG CAROTID ARTERY SINUS W/RPR ANAST/GRFT	44.99	4588.98			ZZZ	Y			4620.89		ZZZ	Y	
61611	TRNSXJ/LIG CAROTID ARTERY PETROUS CANAL W/O RPR	11.25	1147.50			ZZZ	Y			912.66		ZZZ	Y	
61612	TRNSXJ/LIG CRTD ART PETROUS CANAL RPR ANAST/GRF	42.28	4312.56			ZZZ	Y			3430.18		ZZZ	Y	
61613	OBLTRJ CAROTID ARYSM ARTVEN CAROTID FISTULA DSJ	94.58	9647.16			090	Y			8162.13		090	Y	
61615	RESCJ/EXC LES BASE POST CRNL FOSSA JUG FRMN XDRL	66.02	6734.04			090	Y			5633.75		090	Y	
61616	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	97.65	9960.30			090	Y			8263.16		090	Y	
61618	SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT	37.98	3873.96			090	Y			3245.65		090	Y	
61619	SEC RPR DURA CSF LEAK LOCAL/REGIONALIZED FLAP	42.15	4299.30			090	Y			3655.63		090	Y	
61623	EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	16.56	1382.76			000	N	19084.70	J1	1352.7		000	N	9896.5
61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	33.27	2778.05			000	N	3771.87		2697.05		000	N	
61626	TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	25	2087.50			000	N	19084.70	J1	2074.14		000	N	9896.5
61630	BALLOON ANGIOPLASTY INTRACRANIAL PERCUTANEOUS	38.72	3233.12			XXX	Y			3117.06		XXX	Y	
61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	41.56	3470.26			XXX	Y			3386.76		XXX	Y	
61640	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	18.72	1563.12			000	N			1518.03		000	N	
61641	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL	6.57	548.60			ZZZ	N			533.57		ZZZ	N	
61642	BALLOON DILAT INCRNL VASOSPSM PRQ EA VESSEL	13.15	1098.03			ZZZ	N			1067.13		ZZZ	N	
61645	PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	22.59	1886.27			000	N							

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61650	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	15.07	1258.35			000	N							
61651	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	6.4	534.40			ZZZ	N							
61680	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL SMPL	65.91	5503.49			090	Y			5606.19		090	Y	
61682	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL CMPL	122.51	10229.59			090	Y			10324.78		090	Y	
61684	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL SMPL	84.16	7027.36			090	Y			7032.37		090	Y	
61686	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL CMPL	132.15	11034.53			090	Y			11108.01		090	Y	
61690	INTRACRANIAL ARVEN MALFRMJ DURAL SMPL	63.74	5322.29			090	Y			5414.98		090	Y	
61692	INTRACRANIAL ARVEN MALFRMJ DURAL CMPL	107.39	8967.07			090	Y			9039.71		090	Y	
61697	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	124.48	10394.08			090	Y			10429.99		090	Y	
61698	CPLX INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	136.54	11401.09			090	Y			11438.67		090	Y	
61700	SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION	100.1	8358.35			090	Y			8443.52		090	Y	
61702	SIMPLE INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	118.26	9874.71			090	Y			9943.18		090	Y	
61703	ICRA CRV APPL OCCLUDING CLAMP CRV CRTD ART	40.12	3350.02			090	Y			3375.07		090	Y	
61705	ARYSM VASC MALFRMJ/CRTD-OCCLUSION CRTD ART	75.49	6303.42			090	Y			6436.18		090	Y	
61708	ARYSM VASC MALFRMJ/ICRA ELECTROTHROMBOSIS	61.38	5125.23			090	Y			5358.2		090	Y	
61710	ARYSM VASC MALFRMJ IA EMBOLIZATION	63.64	5313.94			090	N			4078.14		090	N	
61711	ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES	76.33	6373.56			090	Y			6456.22		090	Y	
61720	CRTJ LES STRTCTC BURR GLOBUS PALLIDUS/THALAMUS	37.5	3131.25			090	N	4837.73		3154.63		090	N	3201.45
61735	CRTJ LES STRTCTC BURR SUBCORTICAL STRUX OTH/THN	46.36	3871.06			090	N			3942.87		090	N	
61750	STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES	41.38	3455.23			090	N			3488.63		090	N	
61751	STRTCTC BX ASPIR/EXC BURR ICRA LESION W/CT&I/MR	40.66	3395.11			090	N	6898.61		3417.66		090	N	
61760	STRTCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	46.7	3899.45			090	N			3916.99		090	N	

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61770	STRTCTC LOCLZJ INSJ CATH/PRB PLMT RADJ SRC	47.67	3980.45			090	N	4837.73		4011.34		090	N	3201.45
61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	6.96	581.16			ZZZ	N			576.15		ZZZ	N	
61782	STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL	5.11	426.69			ZZZ	N			470.94		ZZZ	N	
61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	6.85	571.98			ZZZ	N			576.99		ZZZ	N	
61790	CREATE LESION STRTCTC PRQ NEUROLYTIC GASSERIAN	25.9	2162.65			090	N	1983.30		2172.67		090	N	1734.81
61791	CREATE LES STRTCTC PRQ NEUROLYTIC TRIGEMINAL TRC	31.38	2620.23			090	N	1983.30		2767.19		090	N	1105.2
61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	29.87	2494.15			090	Y			2494.98		090	Y	
61797	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	6.54	546.09			ZZZ	Y			535.24		ZZZ	Y	
61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	40.75	3402.63			090	Y			3400.96		090	Y	
61799	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	9.01	752.34			ZZZ	Y			738.98		ZZZ	Y	
61800	APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	4.56	380.76			ZZZ	Y			376.59		ZZZ	Y	
61850	TWIST/BURR HOLE IMPLTJ NSTIM ELTRD CORTICAL	28.95	2417.33			090	Y			2443.21		090	Y	
61860	CRNEC/CRX IMPLTJ NSTIM ELTRD CERE CORTICAL	46.24	3861.04			090	Y			3877.74		090	Y	
61863	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	44.16	3687.36			090	Y			3735.79		090	Y	
61864	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	8.43	703.91			ZZZ	Y			699.73		ZZZ	Y	
61867	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD 1ST ARRAY	67.07	5600.35			090	Y			5649.61		090	Y	
61868	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY	14.78	1234.13			ZZZ	Y			1231.63		ZZZ	Y	
61870	CRNEC IMPLTJ NSTIM ELTRD CEREBELLAR CORTICAL	33.63	2808.11			090	Y			2940.04		090	Y	
61880	REVJ/RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS	16.72	1396.12			090	Y	3117.09		1432.86		090	Y	1949.42
61885	INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	15.06	1257.51			090	N	34718.74	J1	1305.11		090	N	21150.63
61886	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	24.71	2063.29			090	N	53456.78	J1	2130.92		090	N	26578.71
61888	REVJ/RMVL NEUROSTIMULATOR PULSE GENERATOR	11.61	969.44			010	N	10488.74	J1	976.95		010	N	3351.98

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62000	ELEVATION DEPRESSED SKULL FX SIMPLE EXTRADURAL	30.38	3098.76			090	N	7911.96	J1	2564.29		090	N	2321.87
62005	ELVTN DEPRS SKL FX COMPOUND/COMMIND XDRL	36.48	3720.96			090	Y			3155.47		090	Y	
62010	ELVTN DEPRS SKL FX W/RPR DURA&/DBRDMT BRN	44.96	4585.92			090	Y			3800.09		090	Y	
62100	CRX RPR DURAL/CSF LEAK RHINORRHEA/OTORRHEA	46.79	4772.58			090	Y	3894.02		3962.91		090	Y	
62115	RDCTJ CRANIOMEGALIC SKULL W/O GRAFT/CRANIOPLASTY	37.83	3858.66			090	Y			3100.36		090	Y	
62117	RDCTJ CRANIOMEGALIC CRANIO&RECNSTJ W/WO GRAFT	47.28	4822.56			090	Y			3886.09		090	Y	
62120	RPR ENCEPHALOCELE SKULL VAULT W/CRANIOPLASTY	48.33	4929.66			090	Y			4183.35		090	Y	
62121	CRANIOTOMY FOR ENCEPHALOCELE REPAIR SKULL BASE	46.52	4745.04			090	Y			4120.73		090	Y	
62140	CRANIOPLASTY SKULL DEFECT </5 CM DIAMETER	30.25	3085.50			090	Y	3822.06		2580.99		090	Y	
62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	33.32	3398.64			090	Y			2845.68		090	Y	
62142	RMVL BONE FLAP/PROSTHETIC PLATE SKULL	25.99	2650.98			090	Y	4065.93		2211.92		090	Y	
62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	30.45	3105.90			090	Y			2600.19		090	Y	
62145	CRANIOPLASTY SKULL DEFECT REPARATIVE BRAIN SURG	41.41	4223.82			090	Y			3521.2		090	Y	
62146	CRANIOPLASTY W/AUTOGRAFT </ 5 CM DIAMETER	36.51	3724.02			090	Y			3101.19		090	Y	
62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	41.54	4237.08			090	Y			3613.05		090	Y	
62148	INCISE&RETRIEVAL SUBQ CRANIOPLASTY BONE GRAFT	3.77	384.54			ZZZ	N			311.46		ZZZ	N	
62160	NUNDSC ICRA PLMT/RPLCMT VENTR CATH SHUNT SYS	5.64	575.28			ZZZ	N			467.6		ZZZ	N	
62161	NUNDSC ICRA DSJ ADS FENESTRATION SEPTUM CSTS	44.72	4561.44			090	Y			3768.36		090	Y	
62162	NUNDSC ICRA FENESTEXC CYST W/VENTRIC CATH DRG	55.57	5668.14			090	Y			4684.35		090	Y	
62163	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY	32.54	3319.08			090	Y			3046.08		090	Y	
62164	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY	61.12	6234.24			090	Y			5182.85		090	Y	
62165	NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID	45.2	4610.40			090	N			3833.49		090	N	

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62180	VENTRICULOCISTERNOSTOMY	46.95	4788.90			090	Y			3969.59		090	Y	
62190	CRTJ SHUNT SARACH/SDRL-ATR-JUG-AUR	25.85	2636.70			090	N			2303.77		090	N	
62192	CRTJ SHUNT SARACH/SDRL-PRTL-PLEURAL OTH	28.62	2919.24			090	Y			2428.18		090	Y	
62194	RPLCMT/IRRG SUBARACHNOID/SUBDURAL CATHETER	13.54	1381.08			010	N	1983.30		930.19		010	N	729.86
62200	VENTRICULOCISTERNOSTOMY 3RD VENTRICLE	40.5	4131.00			090	Y			3415.15		090	Y	
62201	VENTRICULOCISTERNOSTOMY 3RD VNTRC NEURONDSC	35.48	3618.96			090	N			2995.98		090	N	
62220	CRTJ SHUNT VENTRICULO-ATR-JUG-AUR	30.2	3080.40			090	Y			2565.12		090	Y	
62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	30.73	3134.46			090	Y	5374.57		2633.59		090	Y	
62225	RPLCMT/IRRIGATION VENTRICULAR CATHETER	15.36	1566.72			090	N	1720.09		1321.81		090	N	1550.17
62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	24.71	2520.42			090	Y	4837.73		2106.71		090	Y	4194.19
62252	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	2.47	251.94	139.74	112.20	XXX	N	343.49		217.1	112.73	XXX	N	247.29
62256	RMVL COMPL CSF SHUNT SYSTEM W/O RPLCMT SHUNT	17.51	1786.02			090	Y			1503		090	Y	
62258	RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT	33.04	3370.08			090	Y			2801.43		090	Y	
62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	18.61	1778.55			010	N	1170.84		1778.55		010	N	1105.2
62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	12.06	1087.17			010	N	1170.84		1087.17		010	N	1105.2
62267	PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	7.11	593.69			000	N	1341.57		611.22		000	N	445.75
62268	PERCUTANEOUS ASPIRATION SPINAL CORD CYST/SYRINX	7.48	624.58			000	N	833.41		647.13		000	N	729.86
62269	BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE	7.82	652.97			000	N	1341.57		652.14		000	N	920.55
62270	SPINAL PUNCTURE LUMBAR DIAGNOSTIC	4.54	401.64			000	N	833.41		401.64		000	N	376.37
62272	SPINAL PUNCTURE THER DRAIN CEREBROSPINAL FLUID	5.76	516.03			000	N	833.41		516.03		000	N	376.37
62273	INJECTION EPIDURAL BLOOD/CLOT PATCH	4.95	438.38			000	N	833.41		438.38		000	N	729.86
62280	INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	8.73	847.53			010	N	1170.84		847.53		010	N	729.86

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62281	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	6.88	615.40			010	N	1170.84		615.4		010	N	1105.2
62282	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	8.36	723.11			010	N	1170.84		723.11		010	N	1105.2
62284	INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	5.2	434.20			000	N			547.2		000	N	
62287	DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR	16.37	1366.90			090	N	4837.73		1400.3		090	N	3201.45
62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	9.53	855.88			000	N			855.88		000	N	
62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	9.44	805.78			000	N			805.78		000	N	
62292	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	16.77	1400.30			090	N	1983.30		1477.95		090	N	729.86
62294	NJX ARTERIAL OCCLUSION ARVEN MALFRMJ SPINAL	22.65	1891.28			090	N	833.41		1697.56		090	N	729.86
62302	MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	6.88	574.48			000	N	951.28		660.25		000	N	761.92
62303	MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	7.15	597.03			000	N	951.28		685.9		000	N	761.92
62304	MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	6.81	568.64			000	N	951.28		651.7		000	N	761.92
62305	MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	7.42	619.57			000	N	951.28		711.55		000	N	761.92
62310	NJX DX/THER SBST EPIDURAL/SUBRACH CERV/THORACIC	6.85	621.24			000	N	833.41		621.24		000	N	729.86
62311	NJX DX/THER SBST EPIDURAL/SUBARACH LUMBAR/SACRAL	6.32	523.55			000	N	833.41		523.55		000	N	729.86
62318	NJXS INFUS/BOLUS DX/SBST EDRL/SUBARACH CRV/THRC	6.56	600.37			000	N	1170.84		600.37		000	N	729.86
62319	NJX INFUS/BOLUS DX/SBST EDRL/SUBARACH LUM/SACRAL	4.79	431.70			000	N	1170.84		431.7		000	N	1105.2
62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	11.62	1004.51			010	N	4837.73		1004.51		010	N	4194.19
62351	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	25.3	2112.55			090	Y	14128.14	J1	2196.05		090	Y	4848.92
62355	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	7.8	658.82			010	N	1983.30		658.82		010	N	1105.2
62360	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	9.04	778.22			010	N	30700.44	J1	778.22		010	N	4194.19
62361	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	10.43	823.31			010	N	30700.44	J1	823.31		010	N	18204.73
62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	11.22	970.27			010	N	30700.44	J1	970.27		010	N	18204.73

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62365	RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	8.61	734.80			010	N	4837.73		734.8		010	N	3201.45
62367	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	1.18	105.21			XXX	N	343.49		105.21		XXX	N	247.29
62368	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	1.62	141.12			XXX	N	343.49		141.12		XXX	N	247.29
62369	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL	3.43	316.47			XXX	N	343.49		316.47		XXX	N	247.29
62370	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	3.61	329.83			XXX	N	343.49		329.83		XXX	N	247.29
63001	LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG CRV	36.34	3706.68			090	Y	9938.52	J1	3075.31		090	Y	4848.92
63003	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	36.14	3686.28			090	Y	9938.52	J1	3075.31		090	Y	4848.92
63005	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	34.49	3517.98			090	Y	9938.52	J1	2935.03		090	Y	4848.92
63011	LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL	31.83	3246.66			090	Y	9938.52	J1	2713.75		090	Y	4848.92
63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	34.74	3543.48			090	Y	9938.52	J1	2964.25		090	Y	4848.92
63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	43.46	4432.92			090	Y	9938.52	J1	3689.87		090	Y	4848.92
63016	LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC	44.4	4528.80			090	Y	9938.52	J1	3759.17		090	Y	4848.92
63017	LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR	36.63	3736.26			090	Y	9938.52	J1	3118.73		090	Y	4848.92
63020	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC	33.84	3451.68			090	Y	9938.52	J1	3311.7		090	Y	4848.92
63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	28.19	2875.38			090	Y	9938.52	J1	2737.9		090	Y	4848.92
63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	5.61	572.22			ZZZ	Y			537.7		ZZZ	Y	4848.92
63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	40.6	4141.20			090	Y	9938.52	J1	3481.95		090	Y	4848.92
63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	37.71	3846.42			090	Y	9938.52	J1	3677.45		090	Y	4848.92
63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	17.3	1764.60			ZZZ	Y			1462.09		ZZZ	Y	
63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	16.43	1675.86			ZZZ	Y			1387.77		ZZZ	Y	
63045	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL	37.67	3842.34			090	Y	9938.52	J1	3602.4		090	Y	4848.92
63046	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT THORACIC	35.6	3631.20			090	Y	9938.52	J1	3011.01		090	Y	4848.92

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63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	32.13	3277.26			090	Y	9938.52	J1	3125.5		090	Y	4848.92
63048	LAM FACETECTOMY&FORAMTOMY 1 SGM EA CRV THRC/LMBR	6.2	632.40			ZZZ	Y			596.6		ZZZ	Y	4848.92
63050	LAMOP CERVICAL W/DCMPRN SPI CORD 2/> VERT SEG	43.44	4430.88			090	Y			3859.37		090	Y	
63051	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	49.88	5087.76			090	Y			4251.82		090	Y	
63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	47.66	4861.32			090	Y	9938.52	J1	4033.89		090	Y	4848.92
63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	43.24	4410.48			090	Y	9938.52	J1	4182.85		090	Y	4848.92
63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	9.38	956.76			ZZZ	Y			901.55		ZZZ	Y	4848.92
63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	51.69	5272.38			090	Y	9938.52	J1	4380.41		090	Y	4848.92
63066	COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG	6.14	626.28			ZZZ	Y			508.52		ZZZ	Y	4848.92
63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	39.56	4035.12			090	Y	9938.52	J1	3872.2		090	Y	4848.92
63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	7.24	738.48			ZZZ	Y			700.15		ZZZ	Y	4848.92
63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	43.71	4458.42			090	Y			3674		090	Y	
63078	DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC	5.66	577.32			ZZZ	Y			474.28		ZZZ	Y	
63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	51.31	5233.62			090	Y	2036.54		4995.1		090	Y	
63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	7.81	796.62			ZZZ	Y	1345.64		752.4		ZZZ	Y	
63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	55.73	5684.46			090	Y			4682.68		090	Y	
63086	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	5.57	568.14			ZZZ	Y			467.6		ZZZ	Y	
63087	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR 1 SEG	70.18	7158.36			090	Y			5904.29		090	Y	
63088	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR EA SEG	7.59	774.18			ZZZ	Y			633.77		ZZZ	Y	
63090	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC 1 SEG	56.8	5793.60			090	Y			4863.88		090	Y	
63091	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC EA SEG	5.16	526.32			ZZZ	Y			438.38		ZZZ	Y	
63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	67.65	6900.30			090	Y			5746.47		090	Y	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	66.24	6756.48			090	Y			5545.24		090	Y	
63103	VCRPEC LAT XTRCAVITARY DCMPRN THRC/LMBR EA SEG	8.59	876.18			ZZZ	Y			717.27		ZZZ	Y	
63170	LAM W/MYELOTOMY CERVICAL/THORACIC/THORACOLUMBAR	47.04	4798.08			090	Y			3954.56		090	Y	
63172	LAM W/DRG INTRMEDULLARY CYST/SYRINX SUBARACHNOID	40.66	4147.32			090	Y			3488.63		090	Y	
63173	LAM W/DRG INTRMEDULRY CYST/SYRINX PRTL/PLEURAL	50.35	5135.70			090	Y			4282.72		090	Y	
63180	LAM&SCTJ DENTATE LIG W/WO DURAL GRF CRV 1/2 SEG	43.87	4474.74			090	Y			3690.7		090	Y	
63182	LAM&SCTJ DENTATE LIG W/WO DURAL GRF CRV >2 SEG	40.51	4132.02			090	Y			4048.92		090	Y	
63185	LAMINECTOMY W/RHIZOTOMY 1/2 SEGMENTS	33	3366.00			090	Y			2964.25		090	Y	
63190	LAMINECTOMY W/RHIZOTOMY > 2 SEGMENTS	36.61	3734.22			090	Y			3114.55		090	Y	
63191	LAMINECTOMY W/SECTION SPINAL ACCESSORY NERVE	39.75	4054.50			090	Y			3171.33		090	Y	
63194	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT CERVICAL	47.17	4811.34			090	Y			3077.81		090	Y	
63195	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT THORACIC	45.41	4631.82			090	Y			3812.61		090	Y	
63196	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACTS CRV	40.86	4167.72			090	Y			3340.84		090	Y	
63197	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACT THRC	50.56	5157.12			090	Y			4246.81		090	Y	
63198	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES CERVICAL	48.12	4908.24			090	Y			3932.02		090	Y	
63199	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES THORACIC	50.5	5151.00			090	Y			4670.16		090	Y	
63200	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR	45	4590.00			090	Y			3814.28		090	Y	
63250	LAM EXC/OCCLUSION AVM SPINAL CORD CERVICAL	82.37	8401.74			090	Y			7334.64		090	Y	
63251	LAM EXC/OCCLUSION AVM SPINAL CORD THORACIC	89.52	9131.04			090	Y			7500.81		090	Y	
63252	LAM EXC/OCCLUSION AVM SPI CORD THORACOLUMBAR	89.41	9119.82			090	Y			7499.97		090	Y	
63265	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL CERVICAL	48.95	4992.90			090	Y			4151.62		090	Y	
63266	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL THORACIC	50.32	5132.64			090	Y			4274.37		090	Y	

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63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	40.02	4082.04			090	Y	5870.12		3898.8		090	Y	
63268	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL SACRAL	42.07	4291.14			090	Y			3617.22		090	Y	
63270	LAM EXC ISPI LES OTH/THN NEO IDRL CERVICAL	61.25	6247.50			090	Y			5142.77		090	Y	
63271	LAM EXC ISPI LES OTH/THN NEO IDRL THORACIC	60.67	6188.34			090	Y			5119.39		090	Y	
63272	LAM EXC ISPI LES OTH/THN NEO IDRL LUMBAR	55.31	5641.62			090	Y	9740.09		4735.29		090	Y	
63273	LAM EXC ISPI LES OTH/THN NEO IDRL SACRAL	54.8	5589.60			090	Y			4622.56		090	Y	
63275	LAMINECTOMY BX/EXC ISPI NEO XDRL CERVICAL	52.72	5377.44			090	Y			4469.76		090	Y	
63276	LAMINECTOMY BX/EXC ISPI NEO XDRL THORACIC	52.31	5335.62			090	Y			4432.18		090	Y	
63277	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	45.32	4622.64			090	Y			3861.88		090	Y	
63278	LAMINECTOMY BX/EXC ISPI NEO XDRL SACRAL	46.92	4785.84			090	Y			3945.38		090	Y	
63280	LAM BX/EXC ISPI NEO IDRL XMED CERVICAL	62.06	6330.12			090	Y			5249.65		090	Y	
63281	LAM BX/EXC ISPI NEO IDRL XMED THORACIC	61.28	6250.56			090	Y			5192.87		090	Y	
63282	LAM BX/EXC ISPI NEO IDRL XMED LUMBAR	57.67	5882.34			090	Y	7257.50		4893.94		090	Y	
63283	LAM BX/EXC ISPI NEO IDRL SACRAL	55.49	5659.98			090	Y			4711.91		090	Y	
63285	LAM BX/EXC ISPI NEO IDRL IMED CERVICAL	77.18	7872.36			090	Y			6472.92		090	Y	
63286	LAM BX/EXC ISPI NEO IDRL IMED THORACIC	75.99	7750.98			090	Y			6365.21		090	Y	
63287	LAM BX/EXC ISPI NEO IDRL IMED THORACOLMBR	81.23	8285.46			090	Y			6790.22		090	Y	
63290	LAM BX/EXC ISPI NEO XDRL-IDRL LES ANY LVL	81.09	8271.18			090	Y			6905.45		090	Y	
63295	OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX	9.85	1004.70			ZZZ	Y			818.3		ZZZ	Y	
63300	VCRPEC LES 1 SGM XDRL CERVICAL	53.8	4492.30			090	Y			4548.25		090	Y	
63301	VCRPEC LES 1 SGM XDRL THORACIC TTHRC	64.89	5418.32			090	Y			5300.58		090	Y	
63302	VCRPEC LES 1 SEG XDRL THRC THORACOLMBR	63.88	5333.98			090	Y			5395.77		090	Y	

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63303	VCRPEC LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR	67.97	5675.50			090	Y			5725.6		090	Y	
63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	68.59	5727.27			090	Y			5816.61		090	Y	
63305	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC TTHRC	71.21	5946.04			090	Y			5652.12		090	Y	
63306	VERTEBRL CORPECT LES 1 SEG IDRL THRC THORACOLMBR	67.41	5628.74			090	Y			5312.27		090	Y	
63307	VCRPEC LES 1 SEG IDRL LMBR/SAC TRANSPRTL/RPR	67.58	5642.93			090	Y			5955.22		090	Y	
63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	9.53	795.76			ZZZ	Y			790.75		ZZZ	Y	
63600	CREATION LES SPINAL CORD STEREOTACTIC METHOD PRQ	26.19	2186.87			090	N	1983.30		2297.09		090	N	1734.81
63610	STRTCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG	12.34	1030.39			000	N	1983.30		1083		000	N	1734.81
63615	STRTCTC BX ASPIRAT/EXC LESION SPINAL CORD	28.22	2356.37			090	N	1983.30		3069.46		090	N	1734.81
63620	STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	32.88	2745.48			090	Y			2748.82		090	Y	
63621	STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	7.52	627.92			ZZZ	Y			613.73		ZZZ	Y	
63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	37.88	1077.15			010	N	10488.74	J1	1077.15		010	N	5676.09
63655	LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	24.08	2010.68			090	Y	34718.74	J1	2067.46		090	Y	8762.33
63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	16.58	1471.27			010	Y	1983.30		1471.27		010	Y	1949.42
63662	RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	24.29	1933.03			090	Y	3117.09		1933.03		090	Y	1949.42
63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	22.64	2066.63			010	Y	10488.74	J1	2066.63		010	Y	5676.09
63664	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	25.03	1978.95			090	Y	10488.74	J1	1978.95		090	Y	5676.09
63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	10.64	910.15			010	Y	53456.78	J1	910.15		010	Y	21150.63
63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	10.72	921.01			010	N	3117.09		921.01		010	N	3351.98
63700	REPAIR MENINGOCELE < 5 CM DIAMETER	33.8	2822.30			090	Y			3127.91		090	Y	
63702	REPAIR MENINGOCELE > 5 CM DIAMETER	36.87	3078.65			090	Y			3534.56		090	Y	
63704	REPAIR MYELOMENINGOCELE < 5 CM DIAMETER	48.66	4063.11			090	Y			4100.69		090	Y	

MEDICAL DATA														
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63706	REPAIR MYELOMENINGOCELE > 5 CM DIAMETER	49.37	4122.40			090	Y			4558.27		090	Y	
63707	RPR DURAL/CEREBROSPINAL FLUID LEAK X REQ LAM	26.77	2235.30			090	Y	4507.79		2280.39		090	Y	
63709	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM	32.08	2678.68			090	Y	4442.91		2744.65		090	Y	
63710	DURAL GRAFT SPINAL	31.57	2636.10			090	Y	2800.66		2743.81		090	Y	
63740	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL/OTH W/LAM	27.59	2303.77			090	Y			2373.07		090	Y	
63741	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL PRQ X LAM	19.74	1648.29			090	Y	4837.73		1609.88		090	Y	4194.19
63744	RPLCMT IRRIGATION/REVJ LUMBOSARACH SHUNT	19.65	1640.78			090	Y	4837.73		1709.25		090	Y	4194.19
63746	RMVL ENTIRE LUMBOSARACH SHUNT SYS W/O RPLCMT	17.64	1472.94			090	N	1983.30		1504.67		090	N	1105.2
64400	NJX ANES TRIGEMINAL NRV ANY DIV/BRANCH	3.63	309.79			000	N	318.68		309.79		000	N	235.58
64402	INJECTION ANESTHETIC AGENT FACIAL NERVE	3.71	306.45			000	N	129.85		306.45		000	N	235.58
64405	INJECTION ANESTHETIC AGENT GREATER OCCIPITAL NRV	2.88	254.68			000	N	318.68		254.68		000	N	376.37
64408	INJECTION ANESTHETIC AGENT VAGUS NERVE	2.91	248.83			000	N	318.68		248.83		000	N	235.58
64410	INJECTION ANESTHETIC AGENT PHRENIC NERVE	3.48	322.31			000	N	833.41		322.31		000	N	235.58
64413	INJECTION ANESTHETIC AGENT CERVICAL PLEXUS	3.61	315.63			000	N	833.41		315.63		000	N	376.37
64415	SINGLE NERVE BLOCK INJECTION ARM NERVE	3.36	297.26			000	N	1170.84		297.26		000	N	376.37
64416	INJECTION ANES BRACHIAL PLEXUS CONT NFS CATH	2.26	192.05			000	N	1170.84		192.05		000	N	729.86
64417	INJECTION ANESTHETIC AGENT AXILLARY NERVE	3.68	324.82			000	N	833.41		324.82		000	N	376.37
64418	INJECTION ANESTHETIC AGENT SUPRASCAPULAR NERVE	4.14	356.55			000	N	833.41		356.55		000	N	376.37
64420	INJECTION ANESTHETIC AGENT 1 INTERCOSTAL NERVE	3.2	288.08			000	N	833.41		288.08		000	N	376.37
64421	MULTIPLE NERVE BLOCK INJECTIONS RIB NERVES	4.29	390.78			000	N	833.41		390.78		000	N	729.86
64425	INJECTION ANES ILIOINGUINAL ILIOHYPOGASTRIC NRVS	3.76	339.85			000	N	833.41		339.85		000	N	376.37
64430	INJECTION ANESTHETIC AGENT PUDENDAL NERVE	3.94	343.19			000	N	833.41		343.19		000	N	729.86

MEDICAL DATA														
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64435	INJECTION ANESTHETIC PARACERVICAL UTERINE NERVE	3.87	341.52			000	N	833.41		341.52		000	N	376.37
64445	INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE	3.87	341.52			000	N	833.41		341.52		000	N	729.86
64446	INJECTION ANES SCIATIC NERVE CONT INFUSION CATH	2.27	192.89			000	N	1170.84		192.89		000	N	729.86
64447	INJECTION ANESTHETIC AGENT FEMORAL NERVE SINGLE	3.41	298.10			000	N	833.41		298.1		000	N	376.37
64448	INJECTION ANES FEMORAL NERVE CONT INFUSION CATH	2.04	172.85			000	N	1170.84		172.85		000	N	729.86
64449	INJECTION ANES LUMBAR PLEXUS POST CONT NFS CATH	2.41	202.07			000	N	1170.84		202.07		000	N	729.86
64450	INJECTION ANES OTHER PERIPHERAL NERVE/BRANCH	2.27	199.57			000	N	318.68		199.57		000	N	376.37
64455	NJX ANES&/STEROID PLANTAR COMMON DIGITAL NERVE	1.36	118.57			000	N	318.68		118.57		000	N	235.58
64461	PVB THORACIC SINGLE INJECTION SITE W/IMG GID	4.22	352.37			000	N	833.41						
64462	PVB THORACIC SECOND & ADDL INJ SITE W/IMG GID	2.39	199.57			ZZZ	N							
64463	PVB THORACIC CONT CATHETER INFUSION W/IMG GID	4.59	383.27			000	N	833.41						
64479	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	6.72	722.28			000	N	833.41		722.28		000	N	729.86
64480	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	3.22	180.57			ZZZ	N			333.17		ZZZ	N	376.37
64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	6.26	724.78			000	N	833.41		724.78		000	N	729.86
64484	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	2.5	181.20			ZZZ	N			345.69		ZZZ	N	376.37
64486	TAP BLOCK UNILATERAL BY INJECTION(S)	3.54	295.59			000	N			294.76		000	N	
64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	4.36	364.06			000	N			359.89		000	N	
64488	TAP BLOCK BILATERAL BY INJECTION(S)	4.37	364.90			000	N			362.39		000	N	
64489	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	6.08	507.68			000	N			503.51		000	N	
64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	5.43	497.66			000	Y	1170.84		497.66		000	Y	729.86
64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	2.68	124.42			ZZZ	Y			240.48		ZZZ	Y	235.58
64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	2.69	124.42			ZZZ	Y			241.32		ZZZ	Y	235.58

MEDICAL DATA														
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64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	4.93	450.07			000	Y	1170.84		450.07		000	Y	729.86
64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	2.47	112.52			ZZZ	Y			220.44		ZZZ	Y	235.58
64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	2.48	112.52			ZZZ	Y			221.28		ZZZ	Y	235.58
64505	INJECTION ANES AGENT SPHENOPALATINE GANGLION	2.98	258.02			000	N	318.68		258.02		000	N	235.58
64508	INJECTION ANESTHETIC AGENT CAROTID SINUS SPX	1.78	161.16			000	N	318.68		161.16		000	N	235.58
64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	3.62	326.49			000	N	833.41		326.49		000	N	729.86
64517	INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	5.19	455.08			000	N	1170.84		455.08		000	N	729.86
64520	INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	5.3	478.46			000	N	833.41		478.46		000	N	729.86
64530	INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	5.43	495.16			000	N	1170.84		495.16		000	N	729.86
64550	APPLICATION SURFACE NEUROSTIMULATOR	0.45	37.58			000	N			39.25		000	N	
64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	5.95	496.83			010	N	10488.74	J1	576.15		010	N	5676.09
64555	PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	6.01	501.84			010	N	10488.74	J1	500.17		010	N	5676.09
64561	PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING	23.22	1938.87			010	N	10488.74	J1	1996.49		010	N	5676.09
64565	PRQ IMPLTJ NSTIM ELTRD NEUROMUSCULAR	5.39	450.07			010	N	10488.74	J1	448.4		010	N	5676.09
64566	POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE	3.6	300.60			000	N	318.68		303.94		000	N	235.58
64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS & PULSE GENER	19.1	1594.85			090	N	53456.78	J1	1524.71		090	N	33101.48
64569	REVISION/REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	22.81	1904.64			090	N	10488.74	J1	1936.37		090	N	5676.09
64570	REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATO	18.91	1578.99			090	N	4837.73		1709.25		090	N	3201.45
64575	INC IMPLTJ PERIPH NERVE NEUROSTIMULATOR ELTRD	9.19	767.37			090	N	10488.74	J1	784.07		090	N	8762.33
64580	INC IMPLTJ NSTIM ELTRD NEUROMUSCULAR	8.72	728.12			090	Y	34718.74	J1	761.52		090	Y	8762.33
64581	INC IMPLTJ NEUROSTIMULATOR ELTRD SACRAL NERVE	19.05	1590.68			090	N	10488.74	J1	1625.75		090	N	8762.33
64585	REVJ/RMVL PERIPHERAL NEUROSTIMULATOR ELECTRODE	6.96	581.16			010	N	3117.09		622.08		010	N	1949.42

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
64590	INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR	7.53	628.76			010	N	34718.74	J1	656.31		010	N	21150.63
64595	REVISION/RMVL PERIPHERAL/GASTRIC NPGR	6.98	582.83			010	N	3117.09		622.08		010	N	3351.98
64600	DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	11.14	991.15			010	N	1170.84		991.15		010	N	1105.2
64605	DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	21.44	1376.92			010	N	1983.30		1376.92		010	N	1734.81
64610	DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	21.35	1862.89			010	N	1983.30		1862.89		010	N	1734.81
64611	CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	3.35	279.73			010	N	318.68		281.4		010	N	235.58
64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	3.77	314.80			010	N	318.68		343.19		010	N	235.58
64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	4.14	345.69			010	N	318.68		353.21		010	N	235.58
64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	3.62	302.27			010	N	318.68		290.58		010	N	235.58
64617	CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	5.61	468.44			010	N	833.41		450.9		010	N	376.37
64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	5.82	522.71			010	N	1170.84		522.71		010	N	1105.2
64630	DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	6.64	523.55			010	N	1170.84		523.55		010	N	729.86
64632	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	2.43	211.26			010	N	318.68		211.26		010	N	235.58
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	12.06	1022.04			010	N	1983.30		1022.04		010	N	729.86
64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	5.42	255.51			ZZZ	N			462.59		ZZZ	N	235.58
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	11.92	1003.67			010	N	1983.30		1003.67		010	N	1105.2
64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	4.93	250.92			ZZZ	N			416.67		ZZZ	N	729.86
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	3.79	546.09			010	N	1170.84		546.09		010	N	729.86
64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	4.05	338.18			000	N	833.41		329.83		000	N	376.37
64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	2.66	222.11			ZZZ	N			217.1		ZZZ	N	
64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	4.65	388.28			000	N	833.41		376.59		000	N	376.37
64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	3.27	273.05			ZZZ	N			265.53		ZZZ	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	4.3	359.05			000	N	318.68		354.88		000	N	376.37
64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	5.08	424.18			000	N	833.41		410.82		000	N	376.37
64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	2.2	183.70			000	N	318.68		313.13		000	N	235.58
64653	CHEMODENERVATION ECCRINE GLANDS OTH AREA PER DAY	2.76	230.46			000	N	318.68		377.42		000	N	235.58
64680	DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	8.82	801.60			010	N	1170.84		801.6		010	N	1105.2
64681	DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	9.76	912.66			010	N	1170.84		912.66		010	N	1105.2
64702	NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT	14.31	1459.62			090	N	1983.30		1246.66		090	N	1734.81
64704	NEUROPLASTY NERVE HAND/FOOT	9.12	930.24			090	Y	1983.30		786.57		090	Y	1734.81
64708	NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	14.27	1455.54			090	Y	1983.30		1241.65		090	Y	1734.81
64712	NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	16.51	1684.02			090	Y	1983.30		1409.48		090	Y	1734.81
64713	NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS	20.89	2130.78			090	Y	1983.30		1831.99		090	Y	1734.81
64714	NEURP MAJOR PRPH NRV OPN ARM/LEG LMBR PLEXUS	18.42	1878.84			090	Y	1983.30		1586.5		090	Y	1734.81
64716	NEUROPLASTY &/TRANSPOSITION CRANIAL NERVE	15.46	1576.92			090	Y	1983.30		1340.18		090	Y	1734.81
64718	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	16.98	1731.96			090	N	1983.30		1479.62		090	N	1734.81
64719	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST	11.48	1170.96			090	N	1983.30		991.98		090	N	1734.81
64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	12.31	1255.62			090	N	1983.30		1217.9		090	N	1734.81
64722	DECOMPRESSION UNSPECIFIED NERVE	10.62	1083.24			090	Y	1983.30		906.81		090	Y	1734.81
64726	DECOMPRESSION PLANTAR DIGITAL NERVE	7.87	802.74			090	N	1983.30		677.19		090	N	1734.81
64727	INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE	5.33	543.66			ZZZ	N			450.9		ZZZ	N	1734.81
64732	TRANSECTION/AVULSION SUPRAORBITAL NERVE	10.77	1098.54			090	Y	1983.30		1110.55		090	Y	1734.81
64734	TRANSECTION/AVULSION INFRAORBITAL NERVE	11.88	1211.76			090	N	1983.30		967.77		090	N	1734.81
64736	TRANSECTION/AVULSION MENTAL NERVE	11.43	1165.86			090	Y	1983.30		1073.81		090	Y	1734.81

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
64738	TRANSECTION/AVULSION INF ALVEOLAR NRV W/OSTEO	12.18	1242.36			090	Y	1983.30		1239.14		090	Y	1734.81
64740	TRANSECTION/AVULSION LINGUAL NERVE	13.17	1343.34			090	Y	1983.30		1149.8		090	Y	1734.81
64742	TRANSECTION/AVULSION FACIAL NRV DIFFERENT/CMPL	13.94	1421.88			090	Y	1983.30		1252.5		090	Y	1734.81
64744	TRANSECTION/AVULSION GREATER OCCIPITAL NERVE	14.28	1456.56			090	N	1983.30		1238.31		090	N	1734.81
64746	TRANSECTION/AVULSION PHRENIC NERVE	12.98	1323.96			090	Y	1983.30		1081.33		090	Y	1734.81
64755	TRANSECTION/AVULSION VAGUS NERVES	26.68	2721.36			090	Y			2265.36		090	Y	
64760	TRANSECTION/AVULSION VAGUS NERVE ABDOMINAL	14.57	1486.14			090	Y			1276.72		090	Y	
64763	TRNSXJ/AVLSN OBTURAT NRV XPELV W/WO TENOTOMY	14.6	1489.20			090	Y	1983.30		1385.27		090	Y	1734.81
64766	TRNSXJ/AVLSN OBTURAT NRV INPELV W/WO TENOTOMY	17.31	1765.62			090	Y	4837.73		1461.25		090	Y	3201.45
64771	TRANSECTION/AVULSION OTH CRANIAL NRV XDRL	17.21	1755.42			090	Y	1983.30		1432.03		090	Y	1734.81
64772	TRANSECTION/AVULSION OTH SPINAL NRV XDRL	16.14	1646.28			090	Y	1983.30		1437.04		090	Y	1734.81
64774	EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE	11.98	1221.96			090	N	1983.30		1045.42		090	N	1734.81
64776	EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT	11.25	1147.50			090	N	1983.30		961.92		090	N	1734.81
64778	EXCISION NEUROMA DIGITAL NRV EA ADDL DIGIT	4.13	421.26			ZZZ	N			377.42		ZZZ	N	1734.81
64782	EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE	13	1326.00			090	N	1983.30		1116.4		090	N	1734.81
64783	EXC NEUROMA HAND/FOOT EA NRV XCP SM DGT	6.38	650.76			ZZZ	N			530.23		ZZZ	N	1734.81
64784	EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	21.02	2144.04			090	N	1983.30		1830.32		090	N	1734.81
64786	EXCISION NEUROMA SCIATIC NERVE	30.94	3155.88			090	Y	4837.73		2671.17		090	Y	3201.45
64787	IMPLANTATION NERVE END BONE/MUSCLE	7.02	716.04			ZZZ	N			597.86		ZZZ	N	1734.81
64788	EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV	11.49	1171.98			090	N	1983.30		1002		090	N	1734.81
64790	EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV	24.25	2473.50			090	N	1983.30		2048.26		090	N	1734.81
64792	EXC NEUROFIBROMA/NEUROLEMMOMA EXTNSV	34.97	3566.94			090	Y	4837.73		2960.91		090	Y	3201.45

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
64795	BIOPSY NERVE	5.58	569.16			000	N	1983.30		481.8		000	N	1734.81
64802	SYMPATHECTOMY CERVICAL	19.19	1957.38			090	Y	1983.30		1288.41		090	Y	1734.81
64804	SYMPATHECTOMY CERVICOTHORACIC	28.98	2955.96			090	Y	1983.30		2115.89		090	Y	1734.81
64809	SYMPATHECTOMY THORACOLUMBAR	29.53	3012.06			090	Y			1771.04		090	Y	
64818	SYMPATHECTOMY LUMBAR	17.7	1805.40			090	Y			1590.68		090	Y	
64820	SYMPATHECTOMY DIGITAL ARTERIES EACH DIGIT	20.82	2123.64			090	N	1983.30		1854.54		090	N	1734.81
64821	SYMPATHECTOMY RADIAL ARTERY	19.76	2015.52			090	N	3411.83		1731.79		090	N	2665.47
64822	SYMPATHECTOMY ULNAR ARTERY	19.76	2015.52			090	N	3411.83		1731.79		090	N	2665.47
64823	SYMPATHECTOMY SUPERFICIAL PALMAR ARCH	22.49	2293.98			090	N	2072.60		1971.44		090	N	2665.47
64831	SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	19.69	2008.38			090	N	4837.73		1700.9		090	N	3201.45
64832	SUTR DIGITAL NRV HAND/FOOT EA DGTAL NRV	9.76	995.52			ZZZ	N			829.99		ZZZ	N	3201.45
64834	SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	21.31	2173.62			090	N	4837.73		1839.51		090	N	3201.45
64835	SUTURE 1 NERVE MEDIAN MOTOR THENAR	23.25	2371.50			090	Y	4837.73		2014.86		090	Y	3201.45
64836	SUTURE 1 NERVE ULNAR MOTOR	23.33	2379.66			090	Y	4837.73		2064.12		090	Y	3201.45
64837	SUTURE EACH ADDITIONAL NERVE HAND/FOOT	10.75	1096.50			ZZZ	Y			915.16		ZZZ	Y	3201.45
64840	SUTURE POSTERIOR TIBIAL NERVE	29.32	2990.64			090	Y	4837.73		2295.42		090	Y	3201.45
64856	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	29.24	2982.48			090	N	4837.73		2510.85		090	N	3201.45
64857	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS	30.39	3099.78			090	Y	4837.73		2606.87		090	Y	3201.45
64858	SUTURE SCIATIC NERVE	32.66	3331.32			090	Y	4837.73		2995.98		090	Y	3201.45
64859	SUTURE EACH ADDITIONAL PERIPHERAL NERVE	7.31	745.62			ZZZ	Y			633.77		ZZZ	Y	3201.45
64861	SUTURE BRACHIAL PLEXUS	38.26	3902.52			090	Y	4837.73		3233.12		090	Y	3201.45
64862	SUTURE LUMBAR PLEXUS	44.9	4579.80			090	Y	4837.73		3399.29		090	Y	3201.45

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64864	SUTURE FACIAL NERVE EXTRACRANIAL	25.39	2589.78			090	Y	4837.73		2176.01		090	Y	3201.45
64865	SUTURE FACIAL NERVE INFRATEMPORAL W/WO GRAFT	32.58	3323.16			090	Y	4837.73		2788.07		090	Y	3201.45
64866	ANASTOMOSIS FACIAL-SPINAL ACCESSORY	33.27	3393.54			090	Y			2890.77		090	Y	
64868	ANASTOMOSIS FACIAL HYPOGLOSSAL	29.33	2991.66			090	Y			2552.6		090	Y	
64872	SUTURE NERVE REQ SECONDARY/DELAYED SUTURE	3.5	357.00			ZZZ	Y			285.57		ZZZ	Y	3201.45
64874	SUTURE NERVE REQ XTNSV MOBIL/TRPOS NERVE	4.97	506.94			ZZZ	Y			436.71		ZZZ	Y	3201.45
64876	SUTURE NERVE REQ SHORTENING BONE EXTREMITY	5.12	522.24			ZZZ	Y			449.23		ZZZ	Y	3201.45
64885	NERVE GRAFT HEAD/NECK </ 4 CM	33.2	3386.40			090	Y	4837.73		2816.46		090	Y	3201.45
64886	NERVE GRAFT HEAD/NECK >4 CM	37.67	3842.34			090	Y	4837.73		3228.95		090	Y	3201.45
64890	NERVE GRAFT 1 STRAND HAND/FOOT </4 CM	31.43	3205.86			090	Y	4837.73		2668.66		090	Y	3201.45
64891	NRV GRF 1 STRAND HAND/FOOT >4 CM	33.6	3427.20			090	Y	4837.73		2933.36		090	Y	3201.45
64892	NERVE GRAFT 1 STRAND ARM/LEG <4 CM	30.08	3068.16			090	Y	4837.73		2678.68		090	Y	3201.45
64893	NERVE GRAFT 1 STRAND ARM/LEG >4 CM	32.7	3335.40			090	Y	4837.73		2772.2		090	Y	3201.45
64895	NERVE GRAFT MLT STRANDS HAND/FOOT </4 CM	38.58	3935.16			090	Y	4837.73		3345.01		090	Y	3201.45
64896	NERVE GRAFT MLT STRANDS HAND/FOOT > 4 CM	41.41	4223.82			090	Y	4837.73		3681.52		090	Y	3201.45
64897	NERVE GRAFT MLT STRANDS ARM/LEG </4 CM	35.84	3655.68			090	Y	4837.73		3195.55		090	Y	3201.45
64898	NERVE GRAFT MLT STRANDS ARM/LEG >4 CM	39.42	4020.84			090	Y	4837.73		3512.85		090	Y	3201.45
64901	NERVE GRAFT EACH NERVE 1 STRAND	16.19	1651.38			ZZZ	Y			1556.44		ZZZ	Y	3201.45
64902	NERVE GRAFT EACH NERVE MULTIPLE STRANDS	19.07	1945.14			ZZZ	Y			1670.84		ZZZ	Y	3201.45
64905	NERVE PEDICLE TRANSFER FIRST STAGE	29.63	3022.26			090	Y	4837.73		2580.99		090	Y	3201.45
64907	NERVE PEDICAL TRANSFER SECOND STAGE	39.81	4060.62			090	Y	4837.73		3085.33		090	Y	3201.45
64910	NERVE REPAIR W/CONDUIT EACH NERVE	23.72	2419.44			090	Y	4837.73		2039.07		090	Y	3201.45

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
64911	NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE	29.13	2971.26			090	Y	4837.73		2560.95		090	Y	3201.45
64999	UNLISTED PROCEDURE NERVOUS SYSTEM	0	BR			YYY	N	318.68		BR		YYY	N	235.58
65091	EVISCERATION OCULAR CONTENTS W/O IMPLANT	17.95	1498.83			090	N	3575.27		1652.47		090	N	3654.45
65093	EVISCERATION OCULAR CONTENTS W/IMPLANT	17.75	1482.13			090	N	3575.27		1632.43		090	N	3654.45
65101	ENUCLEATION OF EYE W/O IMPLANT	20.85	1740.98			090	N	3575.27		1918.83		090	N	3654.45
65103	ENUCLEATION EYE IMPLT MUSC X ATTACHED IMPLT	21.77	1817.80			090	N	3575.27		2003.17		090	N	3654.45
65105	ENUCLEATION EYE IMPLT MUSC ATTACHED IMPLT	24	2004.00			090	Y	3575.27		2206.91		090	Y	3654.45
65110	EXENTERATION ORBIT REMVL ORBITAL CONTENTS ONLY	34.6	2889.10			090	Y	3575.27		3086.16		090	Y	3654.45
65112	EXENTERATION ORBIT RMVL ORBIT CONTENTS & BONE	40.22	3358.37			090	Y	3575.27		3576.31		090	Y	3654.45
65114	EXNTJ ORBIT RMVL ORB CNTS W/MUSC/MYOQ FLAP	42.24	3527.04			090	Y	3575.27		3749.99		090	Y	3654.45
65125	MODIFICAJ OC IMPLT W/PLMT/RPLCMT PEGS SPX	12.91	1077.99			090	N	1995.55		1188.21		090	N	2456.4
65130	INSJ OC IMPLT SEC AFTER EVSC SCLL SHELL	20.68	1726.78			090	N	3575.27		1902.13		090	N	2456.4
65135	INSJ OC IMPLT AFTER ENCL MUSC X ATTACHED	20.99	1752.67			090	N	3575.27		1928.85		090	N	2456.4
65140	INSJ OC IMPLT AFTER ENCL MUSC ATTACHED	22.82	1905.47			090	N	3575.27		2045.75		090	N	3654.45
65150	REINSERTION OCULAR IMPLT W/WO CONJUNCTIVAL GRAFT	16.18	1351.03			090	N	3575.27		1433.7		090	N	2456.4
65155	REINSERTION OCULAR IMPLT RNFCMT &/ ATTACH MUSCLE	23.91	1996.49			090	N	3575.27		2197.72		090	N	3654.45
65175	REMOVAL OCULAR IMPLANT	18.58	1551.43			090	N	3575.27		1664.16		090	N	1764.73
65205	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	1.58	131.93			000	N	129.85		141.95		000	N	95.55
65210	RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	1.94	161.99			000	N	129.85		175.35		000	N	95.55
65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	1.64	136.94			000	N	129.85		146.13		000	N	95.55
65222	RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	1.88	156.98			000	N	129.85		172.01		000	N	95.55
65235	RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	20.14	1681.69			090	N	2486.24		1807.78		090	N	1457.1

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
65260	RMVL FB IO FROM POST SEG MAG XTRJ ANT/POST ROUTE	27.19	2270.37			090	Y	2486.24		2361.38		090	Y	537.18
65265	RMVL FB IO FROM POST SEG NONMAGNETIC XTRJ	30.64	2558.44			090	Y	2486.24		2830.65		090	Y	1860.46
65270	RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	7.53	628.76			010	N	1995.55		684.7		010	N	1764.73
65272	RPR LAC CJNC MOBLJ& REARGMT W/O HOSPITALIZATION	14.19	1184.87			090	N	1995.55		1257.51		090	N	2162.98
65273	RPR LAC CJNC MOBLJ & REARGMT W/HOSPIZATION	10.8	901.80			090	N			938.54		090	N	
65275	RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	16.34	1364.39			090	N	3575.27		1431.19		090	N	2162.98
65280	RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	19.02	1588.17			090	N	6761.54	J1	1749.33		090	N	1860.46
65285	RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	31.41	2622.74			090	N	6761.54	J1	2860.71		090	N	3759
65286	RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	19.89	1660.82			090	N	2486.24		1796.92		090	N	855.12
65290	RPR WND EXTRAOCULAR MUSCLE TENDON&/TENON CAPSU	13.85	1156.48			090	N	3575.27		1276.72		090	N	2319.15
65400	EXCISION LESION CORNEA XCP PTERYGIUM	19.22	1604.87			090	N	992.26		1730.96		090	N	1457.1
65410	BIOPSY CORNEA	4.04	337.34			000	N	1995.55		372.41		000	N	1457.1
65420	EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	14.58	1217.43			090	N	1995.55		1308.45		090	N	1457.1
65426	EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	18.42	1538.07			090	N	1995.55		1665.83		090	N	2162.98
65430	CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	3.23	269.71			000	N	129.85		293.09		000	N	95.55
65435	RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	2.25	187.88			000	N	992.26		206.25		000	N	794.29
65436	RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	10.97	916.00			090	N	1995.55		999.5		090	N	1457.1
65450	DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	9.19	767.37			090	N	371.76		829.16		090	N	186.92
65600	MULTIPLE PUNCTURES ANTERIOR CORNEA	11.15	931.03			090	N	1995.55		1007.85		090	N	1764.73
65710	KERATOPLASTY ANTERIOR LAMELLAR	31.33	2616.06			090	Y	6761.54	J1	2808.11		090	Y	3828.18
65730	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	34.75	2901.63			090	Y	6761.54	J1	3112.88		090	Y	3828.18
65750	KERATOPLASTY PENETRAING APHAKIA	34.94	2917.49			090	Y	6761.54	J1	3114.55		090	Y	3828.18

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
65755	KERATOPLASTY PENETRATING PSEUDOPHAKIA	34.75	2901.63			090	Y	6761.54	J1	3111.21		090	Y	3828.18
65756	KERATOPLASTY ENDOTHELIAL	33.57	2803.10			090	Y	6761.54	J1	2908.31		090	Y	3828.18
65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	0	BR			ZZZ	N			BR		ZZZ	N	
65760	KERATOMILEUSIS	33.13	2766.36			XXX	N			3012.68		XXX	N	
65765	KERATOPHAKIA	48.02	4009.67			XXX	N			4368.72		XXX	N	
65767	EPIKERATOPLASTY	44.71	3733.29			XXX	N			4067.29		XXX	N	
65770	KERATOPROSTHESIS	39.78	3321.63			090	Y	18796.84	J1	3931.18		090	Y	11349.4
65771	RADIAL KERATOTOMY	18.22	1521.37			XXX	N	1212.99		1656.64		XXX	N	
65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	12.76	1065.46			090	N	992.26		1144.79		090	N	1457.1
65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	15.62	1304.27			090	N	1995.55		1363.56		090	N	1457.1
65778	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	40.54	3385.09			000	N	992.26		3606.37		010	N	1457.1
65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	33.98	2837.33			000	N	3575.27		3170.5		010	N	1457.1
65780	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	20.36	1700.06			090	N	3575.27		2254.5		090	N	3828.18
65781	OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT	37.77	3153.80			090	Y	6761.54	J1	3281.55		090	Y	3828.18
65782	OCCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT	32.58	2720.43			090	N	3575.27		2999.32		090	N	3828.18
65785	IMPLANTATION INTRASTROMAL CORNEAL RING SEGMENTS	59.87	4999.15			090	N	6761.54	J1					
65800	PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	3.37	281.40			000	N	2486.24		303.11		000	N	855.12
65810	PARACENTSIS ANT CHAM RMVL VITREOUS W/WO AIR INJX	13.18	1100.53			090	N	2486.24		1184.87		090	N	2162.98
65815	PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	18.02	1504.67			090	N	2486.24		1649.13		090	N	2162.98
65820	GONIOTOMY	21.2	1770.20			090	N	6761.54	J1	1857.04		090	N	2162.98
65850	TRABECULOTOMY AB EXTERNO	23.78	1985.63			090	N	2486.24		2165.99		090	N	2162.98
65855	TRABECULOPLASTY BY LASER SURGERY	7.73	645.46			010	N	627.20		866.73		010	N	529.96

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
65860	SEVERING ADHESIONS ANTERIOR SEGMENT LASER SPX	8.73	728.96			090	N	627.20		854.21		090	N	529.96
65865	SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE	13.39	1118.07			090	N	2486.24		1169		090	N	1457.1
65870	SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	16.73	1396.96			090	N	2486.24		1526.38		090	N	2162.98
65875	SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE	17.84	1489.64			090	N	2486.24		1602.37		090	N	2162.98
65880	SEVERING ADS ANT SEG INCAL SPX CORNEOVITREAL	18.72	1563.12			090	N	2486.24		1639.94		090	N	1457.1
65900	RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	27.18	2269.53			090	Y	2486.24		2376.41		090	Y	186.8
65920	RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	22.33	1864.56			090	N	2486.24		1996.49		090	N	2162.98
65930	RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	18.05	1507.18			090	N	2486.24		1645.79		090	N	3841.79
66020	INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	5.27	440.05			010	N	2486.24		466.77		010	N	1457.1
66030	INJX ANTERIOR CHAMBER EYE MEDICATION SPX	4.68	390.78			010	N	2486.24		424.18		010	N	1457.1
66130	EXCISION LESION SCLERA	19.66	1641.61			090	N	1995.55		1819.47		090	N	2162.98
66150	FSTLJ SCLERA GLAUCOMA TREPHIN W/IRIDECTOMY	24.81	2071.64			090	N	6761.54	J1	2170.17		090	N	2162.98
66155	FSTLJ SCLERA GLAUCOMA THERMOCAUT IRRIDEC	24.79	2069.97			090	N	2486.24		2168.5		090	N	3841.79
66160	FSTLJ SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT	27.96	2334.66			090	N	2486.24		2441.54		090	N	2162.98
66170	FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO	27.48	2294.58			090	Y	2486.24		3039.4		090	Y	2162.98
66172	FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	34.66	2894.11			090	Y	2486.24		3835.99		090	Y	2162.98
66174	TRLUML DILAT AQUEOUS CANAL W/O DEVICE/STENT	26.83	2240.31			090	Y	2486.24		2446.55		090	Y	3841.79
66175	TRLUML DILAT AQUEOUS CANAL W/DEVICE/STENT	28.11	2347.19			090	Y	6761.54	J1	2768.03		090	Y	3841.79
66179	AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	30.51	2547.59			090	Y	6761.54	J1	2545.08		090	Y	3873.04
66180	AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT	32.21	2689.54			090	Y	6761.54	J1	2944.21		090	Y	3841.79
66183	INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR	29.17	2435.70			090	Y	6761.54	J1	2540.07		090	Y	3841.79
66184	REVJ SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	22.22	1855.37			090	Y	2486.24		1852.87		090	Y	2173.85

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
66185	REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT	23.93	1998.16			090	Y	2486.24		1935.53		090	Y	3841.79
66220	REPAIR SCLERAL STAPHYLOMA W/O GRAFT	21.13	1764.36			090	Y	2486.24		1892.95		090	Y	3759
66225	REPAIR SCLERAL STAPHYLOMA W/GRAFT	26.37	2201.90			090	N	2486.24		2426.51		090	N	3841.79
66250	REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	21.16	1766.86			090	N	1995.55		1948.06		090	N	1457.1
66500	IRIDOTOMY STAB INC SPX XCP TRANSFIXION	10.01	835.84			090	N	2486.24		881.76		090	N	186.8
66505	IRIDOTOMY STAB INC SPX TRANSFIXION	10.98	916.83			090	N	2486.24		965.26		090	N	855.12
66600	IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES	23.54	1965.59			090	N	2486.24		2064.96		090	N	2162.98
66605	IRDEC CRNLSCLRL/CRNL SCTJ CYCLECTOMY	29.92	2498.32			090	N	2486.24		2601.86		090	N	3841.79
66625	IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC SPX	12.16	1015.36			090	N	2486.24		1091.35		090	N	855.12
66630	IRDEC CRNLSCLRL/CRNL SCTJ SECTOR GLC SPX	16.12	1346.02			090	N	2486.24		1465.43		090	N	2162.98
66635	IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL SPX	16.28	1359.38			090	N	2486.24		1419.5		090	N	2162.98
66680	REPAIR IRIS CILIARY BODY	14.66	1224.11			090	N	2486.24		1356.04		090	N	2162.98
66682	SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE	18.04	1506.34			090	N	2486.24		1660.82		090	N	2162.98
66700	CILIARY BODY DESTRUCTION DIATHERMY	12.73	1062.96			090	N	2486.24		1127.25		090	N	1457.1
66710	CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	12.44	1038.74			090	N	1995.55		1145.62		090	N	1457.1
66711	CILIARY BODY DSTRJ CYCLOPHOTOCOAG ENDOSCOPIC	18.18	1518.03			090	N	2486.24		1588.17		090	N	2162.98
66720	CILIARY BODY DESTRUCTION CRYOTHERAPY	13.41	1119.74			090	N	1995.55		1204.91		090	N	1457.1
66740	CILIARY BODY DESTRUCTION CYCLODIAL	12.37	1032.90			090	N	1995.55		1083		090	N	2162.98
66761	IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION	8.38	699.73			010	N	627.20		759.02		010	N	529.96
66762	IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	13.43	1121.41			090	N	627.20		1203.24		090	N	529.96
66770	DSTRJ CYST/LESION IRIS/CILIARY BODY	14.92	1245.82			090	N	627.20		1307.61		090	N	529.96
66820	DISCISSION SECONDARY MEMBRANOUS CATARACT	11.12	928.52			090	N	2486.24		1012.86		090	N	855.12

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
66821	POST-CATARACT LASER SURGERY	9.33	779.06			090	N	627.20		846.69		090	N	529.96
66825	REPOSITIONING IO LENS PROSTHESIS REQ INC SPX	21.51	1796.09			090	N	2486.24		1927.18		090	N	2162.98
66830	RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ	20.16	1683.36			090	N	2486.24		1756.01		090	N	855.12
66840	RMVL LENS MATERIAL ASPIR TQ 1/> STAGES	19.73	1647.46			090	N	2486.24		1815.29		090	N	1457.1
66850	RMVL LENS MATERIAL PHACOFRAGMENTATION ASPIR	22.45	1874.58			090	N	2486.24		2013.19		090	N	2703.31
66852	RMVL LENS MATERIAL PARS PLANA W/WO VITRECTOMY	23.92	1997.32			090	N	6761.54	J1	2178.52		090	N	2703.31
66920	RMVL LENS MATERIAL INTRACAPSULAR	21.36	1783.56			090	N	2486.24		1857.04		090	N	2703.31
66930	REMOVAL LENS MATRL INTRACAPSULAR DISLOCATED LENS	24.27	2026.55			090	N	6761.54	J1	2109.21		090	N	2703.31
66940	REMOVAL LENS MATERIAL EXTRACAPSULAR	22.16	1850.36			090	N	2486.24		2010.68		090	N	855.12
66982	XCAPSULAR CATARACT RMVL INSJ LENS PROSTH 1 STG	22.52	1880.42			090	N	2486.24		2033.23		090	N	2232.46
66983	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	20.93	1747.66			090	N	2486.24		1854.54		090	N	2232.46
66984	CATARACT REMOVAL INSERTION OF LENS	18.11	1512.19			090	N	2486.24		1639.11		090	N	2232.46
66985	INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL	21.81	1821.14			090	N	2486.24		1952.23		090	N	2232.46
66986	EXCHANGE INTRAOCULAR LENS	25.73	2148.46			090	N	2486.24		2296.25		090	N	2232.46
66990	USE OPHTHALMIC ENDOSCOPE	2.57	214.60			ZZZ	N			218.77		ZZZ	N	
66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	0	BR			YYY	N	2486.24		BR		YYY	N	186.8
67005	RMVL VITREOUS ANT APPR PARTIAL REMOVAL	13.39	1118.07			090	N	2486.24		1238.31		090	N	1860.46
67010	RMVL VITREOUS ANT APPR SUBTOT RMVL MECH VITRECT	15.37	1283.40			090	N	2486.24		1378.59		090	N	3759
67015	ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	16.42	1371.07			090	N	2486.24		1476.28		090	N	3759
67025	INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	20.53	1714.26			090	N	2486.24		1876.25		090	N	3759
67027	IMPLTJ INTRAVITREAL DRUG DLVR SYS RMVL VTS	24.15	2016.53			090	Y	18796.84	J1	2197.72		090	Y	3759
67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	2.89	241.32			000	N	399.16		258.02		000	N	298.99

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
67030	DISCISSION VITREOUS STRANS PARS PLANA APPROACH	15.06	1257.51			090	N	2486.24		1320.14		090	N	1860.46
67031	SEVERING VITREOUS STRANS LASER 1/> STAGES	10.99	917.67			090	N	627.20		986.14		090	N	529.96
67036	VITRECTOMY MECHANICAL PARS PLANA	25.54	2132.59			090	Y	2486.24		2430.69		090	Y	3759
67039	VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC	27.35	2283.73			090	Y	6761.54	J1	3185.53		090	Y	3759
67040	VTRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	29.56	2468.26			090	Y	6761.54	J1	3598.02		090	Y	3759
67041	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	32.66	2727.11			090	Y	2486.24		3353.36		090	Y	3759
67042	VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	32.67	2727.95			090	Y	6761.54	J1	3828.48		090	Y	3759
67043	VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE	34.49	2879.92			090	Y	6761.54	J1	4104.03		090	Y	3759
67101	RPR RETINAL DTCHMNT 1/>SES CRYOTX/DTHRM INCL DRG	22.16	1850.36			090	N	2486.24		2023.21		090	N	1860.46
67105	RPR RETINAL DTCHMNT 1/> SES PC INCL SUBRETI DRG	20.34	1698.39			090	N	627.20		1829.49		090	N	529.96
67107	REPAIR RETINAL DETACHMENT SCLERAL BUCKLING	28.82	2406.47			090	Y	6761.54	J1	3136.26		090	Y	3759
67108	RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH	36.75	3068.63			090	Y	6761.54	J1	4065.62		090	Y	3759
67110	RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	21.51	1796.09			090	N	2486.24		2201.9		090	N	1860.46
67113	RPR COMPLEX RETINA DETACH VITRECT &MEMBRANE PEEL	39.95	3335.83			090	Y	6761.54	J1	4417.15		090	Y	3759
67115	RELEASE ENCIRCLING MATERIAL POSTERIOR SEGMENT	14.15	1181.53			090	N	2486.24		1265.03		090	N	1860.46
67120	RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	18.57	1550.60			090	N	2486.24		1711.75		090	N	1860.46
67121	RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR	25.73	2148.46			090	Y	2486.24		2345.52		090	Y	3759
67141	PROPH RTA DTCHMNT W/O DRG 1/> SESS CRTX DTHRM	14.82	1237.47			090	N	371.76		1352.7		090	N	537.18
67145	PROPH RTA DTCHMNT W/O DRG 1/> SESS	14.91	1244.99			090	N	627.20		1338.51		090	N	529.96
67208	DSTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	16.96	1416.16			090	N	371.76		1478.79		090	N	537.18
67210	DSTRJ LOCLZD LESION RETINA 1/> SESS PC	14.66	1224.11			090	N	627.20		1322.64		090	N	529.96
67218	DSTRJ LESION RETINA 1/> SESS RADJ IMPLTJ	39.21	3274.04			090	N	3575.27		3389.27		090	N	1860.46

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
67220	DSTRJ LESION CHOROID PC 1/> SESS	15.11	1261.69			090	N	627.20		1380.26		090	N	537.18
67221	DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY	8.11	677.19			000	N	627.20		729.79		000	N	537.18
67225	DSTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	0.84	70.14			ZZZ	N			72.65		ZZZ	N	537.18
67227	DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	8.19	683.87			010	N	3575.27		1509.68		090	N	1860.46
67228	TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	9.64	804.94			010	N	627.20		2550.93		090	N	529.96
67229	EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	31.66	2643.61			090	N	627.20		2866.56		090	N	529.96
67250	SCLERAL REINFORCEMENT SPX W/O GRAFT	22.1	1845.35			090	N	1995.55		2010.68		090	N	1764.73
67255	SCLERAL REINFORCEMENT SPX W/GRAFT	19.34	1614.89			090	Y	2486.24		2191.04		090	Y	1860.46
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	0	BR			YYY	N	2486.24		BR		YYY	N	537.18
67311	STRABISMUS RECESSION/RESCJ 1 HRZNTL MUSC	16.94	1414.49			090	N	1995.55		1538.91		090	N	2319.15
67312	STRABISMUS RECESSION/RESCJ 2 HRZNTL MUSC	20.17	1684.20			090	N	3575.27		1853.7		090	N	2319.15
67314	STRABISMUS RECESSION/RESCJ 1 VER MUSC	19.07	1592.35			090	N	1995.55		1733.46		090	N	2319.15
67316	STRABISMUS RECESSION/RESCJ 2/MORE VER MUSC	22.7	1895.45			090	N	1995.55		2087.5		090	N	2319.15
67318	STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE	19.94	1664.99			090	N	1995.55		1735.97		090	N	2319.15
67320	TRANSPOSITION PROCEDURE EXTRAOCULAR MUSC	9.17	765.70			ZZZ	N			784.9		ZZZ	N	2319.15
67331	STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC	8.7	726.45			ZZZ	N			784.9		ZZZ	N	2319.15
67332	STRABISMUS SCARRING EO MUSC/RSTCV MYOPATHY	9.44	788.24			ZZZ	N			853.37		ZZZ	N	2319.15
67334	STRABISMUS POST FIXJ SUTR TQ W/WO MUSC RECESSION	8.58	716.43			ZZZ	N			733.97		ZZZ	N	2319.15
67335	PLACEMENT ADJUSTABLE SUTURE STRABISMUS	4.22	352.37			ZZZ	N			381.6		ZZZ	N	2319.15
67340	STRABISMUS EXPL&/RPR DETACHED EXTROCULAR MUSC	10.2	851.70			ZZZ	Y			872.58		ZZZ	Y	2319.15
67343	RLS XTNSV SCAR TISS W/O DETACHING EO MUSC SPX	18.52	1546.42			090	N	1995.55		1697.56		090	N	2319.15
67345	CHEMODENERVATION EXTRAOCULAR MUSCLE	6.89	575.32			010	N	371.76		632.1		010	N	298.99

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
67346	BIOPSY EXTRAOCULAR MUSCLE	5.5	459.25			000	N	3575.27		526.89		000	N	1459.88
67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	0	BR			YYY	Y	371.76		BR		YYY	Y	2319.15
67400	ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	26.31	2196.89			090	N	3575.27		2405.64		090	N	1764.73
67405	ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	22.49	1877.92			090	N	1995.55		2000.66		090	N	2456.4
67412	ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	24.08	2010.68			090	N	1995.55		2196.89		090	N	1764.73
67413	ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	24.22	2022.37			090	Y	1995.55		2218.6		090	Y	2456.4
67414	ORBITOTOMY W/O BONE FLAP W/RMVL BONE DCMPRN	37.53	3133.76			090	Y	3575.27		3344.18		090	Y	3654.45
67415	FINE NEEDLE ASPIRATION ORBITAL CONTENTS	2.97	248.00			000	N	1995.55		263.86		000	N	1764.73
67420	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL LESION	45.84	3827.64			090	Y	3575.27		4180.01		090	Y	3654.45
67430	ORBITOTOMY BONE FLAP/WINDOW LATERAL RMVL FB	35.09	2930.02			090	Y	3575.27		3084.49		090	Y	3654.45
67440	ORBITOTOMY BONE FLAP/WINDOW LATERAL W/DRG	34.07	2844.85			090	Y	3575.27		3053.6		090	Y	3654.45
67445	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL BONE DCMPRN	39.7	3314.95			090	Y	3575.27		3643.94		090	Y	3654.45
67450	ORBITOTOMY BONE FLAP/WINDOW LAT EXPL W/WO BX	35.52	2965.92			090	Y	3575.27		3174.67		090	Y	3654.45
67500	RETROBULBAR INJECTION MEDICATION SPX	2.22	185.37			000	N	371.76		195.39		000	N	186.92
67505	RETROBULBAR INJECTION ALCOHOL	2.52	210.42			000	N	371.76		232.97		000	N	298.99
67515	INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	2.74	228.79			000	N	371.76		251.34		000	N	298.99
67550	ORBITAL IMPLANT INSERTION	27.29	2278.72			090	N	3575.27		2499.16		090	N	3654.45
67560	ORBITAL IMPLANT REMOVAL/REVISION	27.97	2335.50			090	N	3575.27		2499.16		090	N	2456.4
67570	OPTIC NERVE DECOMPRESSION	32.94	2750.49			090	Y	3575.27		3166.32		090	Y	3654.45
67599	UNLISTED PROCEDURE ORBIT	0	BR			YYY	Y	371.76		BR		YYY	Y	298.99
67700	BLEPHAROTOMY DRAINAGE ABSCESS EYELID	7.56	631.26			010	N	371.76		689.71		010	N	298.99
67710	SEVERING TARSORRHAPHY	6.3	526.05			010	N	992.26		581.16		010	N	794.29

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
67715	CANTHOTOMY SEPARATE PROCEDURE	6.72	561.12			010	N	1995.55		616.23		010	N	1764.73
67800	EXCISION CHALAZION SINGLE	3.59	299.77			010	N	371.76		326.49		010	N	298.99
67801	EXCISION CHALAZION MULTIPLE SAME LID	4.58	382.43			010	N	992.26		420.84		010	N	794.29
67805	EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	5.7	475.95			010	N	371.76		523.55		010	N	298.99
67808	EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT	10.46	873.41			090	N	1995.55		958.58		090	N	1764.73
67810	INCISIONAL BIOPSY EYELID SKIN & LID MARGIN	4.86	405.81			000	N	371.76		438.38		000	N	298.99
67820	CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	1.41	117.74			000	N	129.85		128.59		000	N	95.55
67825	CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	3.63	303.11			010	N	371.76		333.17		010	N	298.99
67830	CORRECTION TRICHIASIS INCCISION LID MARGIN	7.51	627.09			010	N	992.26		690.55		010	N	794.29
67835	CORRJ TRICHIASIS INC LID MRGN W/FR MUC MEMB GRF	12.41	1036.24			090	N	1995.55		1143.95		090	N	1764.73
67840	EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE	7.76	647.96			010	N	992.26		708.08		010	N	794.29
67850	DESTRUCTION LESION LID MARGIN </ 1 CM	6.06	506.01			010	N	992.26		545.26		010	N	794.29
67875	TEMPORARY CLOSURE EYELIDS SUTURE	4.84	404.14			000	N	992.26		442.55		000	N	794.29
67880	CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	12.95	1081.33			090	N	1995.55		1184.03		090	N	1457.1
67882	CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	15.92	1329.32			090	N	1995.55		1464.59		090	N	1764.73
67900	REPAIR BROW PTOSIS	18.09	1510.52			090	N	1995.55		1646.62		090	N	2456.4
67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	21.36	1783.56			090	N	1995.55		1962.25		090	N	1764.73
67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	20.5	1711.75			090	N	3575.27		1877.08		090	N	2456.4
67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL	16.76	1399.46			090	N	1995.55		1538.07		090	N	1764.73
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	20.68	1726.78			090	N	1995.55		1895.45		090	N	1764.73
67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	14.37	1199.90			090	N	3575.27		1251.67		090	N	1764.73
67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	13.94	1163.99			090	N	1995.55		1282.56		090	N	1764.73

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
67909	REDUCTION OVERCORRECTION PTOSIS	15.13	1263.36			090	N	1995.55		1388.61		090	N	1764.73
67911	CORRECTION LID RETRACTION	15.94	1330.99			090	N	1995.55		1456.24		090	N	1764.73
67912	CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	24.91	2079.99			090	N	1995.55		2261.18		090	N	1764.73
67914	REPAIR ECTROPION SUTURE	13.24	1105.54			090	N	1995.55		1001.17		090	N	1764.73
67915	REPAIR ECTROPION THERMOCAUTERIZATION	8.25	688.88			090	N	1995.55		896.79		090	N	1764.73
67916	REPAIR ECTROPION EXCISION TARSAL WEDGE	16.71	1395.29			090	N	1995.55		1386.1		090	N	1764.73
67917	REPAIR ECTROPION EXTENSIVE	17.01	1420.34			090	N	1995.55		1514.69		090	N	1764.73
67921	REPAIR ENTROPION SUTURE	12.98	1083.83			090	N	1995.55		962.76		090	N	1764.73
67922	REPAIR ENTROPION THERMOCAUTERIZATION	8.18	683.03			090	N	1995.55		874.25		090	N	1764.73
67923	REPAIR ENTROPION EXCISION TARSAL WEDGE	16.69	1393.62			090	N	1995.55		1469.6		090	N	1764.73
67924	REPAIR ENTROPION EXTENSIVE	17.79	1485.47			090	N	1995.55		1518.03		090	N	1764.73
67930	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	10.27	857.55			010	N	1995.55		945.22		010	N	1764.73
67935	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	16.78	1401.13			090	N	1995.55		1536.4		090	N	1764.73
67938	REMOVAL EMBEDDED FOREIGN BODY EYELID	6.82	569.47			010	N	371.76		622.91		010	N	186.92
67950	CANTHOPLASTY	16.17	1350.20			090	N	1995.55		1476.28		090	N	1764.73
67961	EXCISION & REPAIR EYELID > ONE-FOURTH LID MARGIN	16.22	1354.37			090	N	1995.55		1487.14		090	N	1764.73
67966	EXCISION & REPAIR EYELID ONE-FOURTH LID MARGIN	21.72	1813.62			090	N	1995.55		1987.3		090	N	1764.73
67971	RCNSTJ EYELID FULL THICKNESS </TWO-THIRDS 1 STG	20.51	1712.59			090	N	1995.55		1881.26		090	N	1764.73
67973	RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG	26.38	2202.73			090	Y	1995.55		2421.5		090	Y	2456.4
67974	RCNSTJ EYELID FULL THICKNESS UPPER EYELID 1 STG	26.33	2198.56			090	Y	3575.27		2418.16		090	Y	1764.73
67975	RCNSTJ EYELID FULL THICKNESS SECOND STAGE	19.4	1619.90			090	N	1995.55		1780.22		090	N	1764.73
67999	UNLISTED PROCEDURE EYELIDS	0	BR			YYY	N	371.76		BR		YYY	N	298.99

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
68020	INCISION CONJUNCTIVA DRAINAGE OF CYST	3.38	282.23			010	N	992.26		304.78		010	N	298.99
68040	EXPRESSION CONJUNCTIVAL FOLLICLES	1.77	147.80			000	N	371.76		167		000	N	95.55
68100	BIOPSY CONJUNCTIVA	4.79	399.97			000	N	1995.55		435.04		000	N	794.29
68110	EXCISION LESION CONJUNCTIVA </1 CM	6.36	531.06			010	N	1995.55		584.5		010	N	1459.88
68115	EXCISION LESION CONJUNCTIVA > 1 CM	8.79	733.97			010	N	1995.55		794.09		010	N	1764.73
68130	EXCISION LESION CONJUNCTIVA ADJACENT SCLERA	15.2	1269.20			090	N	1995.55		1345.19		090	N	1457.1
68135	DESTRUCTION LESION CONJUNCTIVA	4.43	369.91			010	N	1995.55		397.46		010	N	794.29
68200	SUBCONJUNCTIVAL INJECTION	1.17	97.70			000	N	129.85		105.21		000	N	62.45
68320	CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	20.45	1707.58			090	N	1995.55		1879.59		090	N	2456.4
68325	CONJUNCTIVOPLASTY W/BUCCAL MUC MEMB GRAFT	18.67	1558.95			090	N	3575.27		1711.75		090	N	2456.4
68326	CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	18.3	1528.05			090	N	3575.27		1680.86		090	N	1764.73
68328	CONJUNCTPL CUL-DE-SAC W/BUCCAL MUC MEMB GRAFT	20.07	1675.85			090	N	1995.55		1842.01		090	N	2456.4
68330	RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	17.06	1424.51			090	N	2486.24		1568.97		090	N	2162.98
68335	RPR SYMBLEPHARON FR GRF CJNC/BUCCAL MUC MEMB	18.35	1532.23			090	N	3575.27		1687.54		090	N	2456.4
68340	RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	15.38	1284.23			090	N	1995.55		1416.16		090	N	1764.73
68360	CONJUNCTIVAL FLAP BRIDGE/PARTIAL SPX	15.02	1254.17			090	N	3575.27		1379.42		090	N	2162.98
68362	CONJUNCTIVAL FLAP TOTAL	18.6	1553.10			090	N	1995.55		1710.92		090	N	2162.98
68371	HARVESTING CONJUNCIVAL ALLOGRAPHY LIVING DONOR	11.7	976.95			010	N	1995.55		1022.04		010	N	2162.98
68399	UNLISTED PROCEDURE CONJUNCTIVA	0	BR			YYY	N	371.76		BR		YYY	N	298.99
68400	INCISION DRAINAGE LACRIMAL GLAND	8	668.00			010	N	992.26		738.14		010	N	298.99
68420	INCISION DRAINAGE LACRIMAL SAC	9.07	757.35			010	N	1995.55		819.14		010	N	1764.73
68440	SNIP INCISION LACRIMAL PUNCTUM	2.89	241.32			010	N	371.76		266.37		010	N	298.99

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
68500	EXCISION LACRIMAL GLAND XCPT TUMOR TOTAL	27.62	2306.27			090	N	3575.27		2580.15		090	N	2456.4
68505	EXCISION LACRIMAL GLAND XCPT TUMOR PRTL	27.45	2292.08			090	N	3575.27		2525.88		090	N	2456.4
68510	BIOPSY LACRIMAL GLAND	12.58	1050.43			000	N	1995.55		1160.65		000	N	1764.73
68520	EXCISION LACRIMAL SAC	19.49	1627.42			090	N	3575.27		1739.31		090	N	2456.4
68525	BIOPSY LACRIMAL SAC	7.49	625.42			000	N	1995.55		686.37		000	N	1764.73
68530	RMVL FB/DACRYOLITH LACRIMAL PASSAGES	12.07	1007.85			010	N	371.76		1106.38		010	N	298.99
68540	EXC LACRIMAL GLAND TUMOR FRONTAL APPROACH	26.36	2201.06			090	N	1995.55		2350.53		090	N	1764.73
68550	EXC LACRIMAL GLAND TUMOR W/OSTEOTOMY	31.38	2620.23			090	N	3575.27		2878.25		090	N	2456.4
68700	PLASTIC REPAIR CANALICULI	17.11	1428.69			090	N	1995.55		1571.47		090	N	1764.73
68705	CORRECTION EVERTED PUNCTUM CAUTERY	6.67	556.95			010	N	371.76		612.89		010	N	298.99
68720	DACRYOCSTORHINOSTOMY	21.43	1789.41			090	Y	3575.27		1941.38		090	Y	2456.4
68745	CONJUNCTIVORHINOSTOMY W/O TUBE	21.52	1796.92			090	Y	3575.27		1979.79		090	Y	2456.4
68750	CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	22.28	1860.38			090	Y	3575.27		2042.41		090	Y	2456.4
68760	CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	5.68	474.28			010	N	371.76		521.88		010	N	298.99
68761	CLSR LACRIMAL PUNCTUM PLUG EACH	4.17	348.20			010	N	371.76		379.93		010	N	298.99
68770	CLOSURE LACRIMAL FISTULA SPX	17.81	1487.14			090	N	1995.55		1637.44		090	N	2456.4
68801	DILATION LACRIMAL PUNCTUM W/WO IRRGATION	2.84	237.14			010	N	129.85		321.48		010	N	95.55
68810	PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	5.51	460.09			010	N	371.76		626.25		010	N	298.99
68811	PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES	4.72	394.12			010	N	1995.55		536.91		010	N	1764.73
68815	PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	11.21	936.04			010	N	1995.55		1159.82		010	N	1764.73
68816	PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	18.19	1518.87			010	N	1995.55		1927.18		010	N	1764.73
68840	PROBE LACRIMAL CANALICULI W/WO IRRIGATION	3.61	301.44			010	N	371.76		332.33		010	N	186.92

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
68850	INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	1.73	144.46			000	N			146.13		000	N	
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	0	BR			YYY	N	371.76		BR		YYY	N	298.99
69000	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	5.35	446.73			010	N	325.10		482.63		010	N	161.85
69005	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMPLX	6.16	514.36			010	N	2014.24		549.43		010	N	936.06
69020	DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	6.67	556.95			010	N	325.10		604.54		010	N	161.85
69090	EAR PIERCING	0.9	75.15			XXX	N			80.16		XXX	N	
69100	BIOPSY EXTERNAL EAR	2.85	237.98			000	N	445.67		254.68		000	N	296.47
69105	BIOPSY EXTERNAL AUDITORY CANAL	4.02	335.67			000	N	2302.81		364.9		000	N	1480.23
69110	EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR	13.11	1094.69			090	N	2014.24		1179.86		090	N	1447.15
69120	EXCISION EXTERNAL EAR COMPLETE AMPUTATION	11.68	975.28			090	N	2302.81		1044.59		090	N	2321.87
69140	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	25.3	2112.55			090	N	7911.96	J1	2242.81		090	N	4230.05
69145	EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL	11.4	951.90			090	N	2014.24		1032.06		090	N	1447.15
69150	RAD EXC XTRNL AUDITORY CANAL LES W/O NCK DSJ	30.22	2523.37			090	N	2302.81		2633.59		090	N	2321.87
69155	RAD EXC XTRNL AUDITORY CANAL LES NCK DSJ	48.19	4023.87			090	Y			4195.04		090	Y	
69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	2.83	236.31			000	N	129.85		318.14		000	N	64.04
69205	RMVL FB XTRNL AUDITORY CANAL ANES	2.93	244.66			010	N	1341.57		257.18		010	N	2142.94
69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	0.36	30.06			000	N	79.66						
69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	1.4	116.90			000	N	79.66		130.26		000	N	64.04
69220	DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	3.17	264.70			000	N	167.81		358.22		000	N	92.29
69222	DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	6.3	526.05			010	N	982.18		571.14		010	N	643.2
69300	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ	21.11	1762.69			YYY	N	2302.81		1879.59		YYY	N	2321.87
69310	RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX	31.52	2631.92			090	N	7911.96	J1	2787.23		090	N	4230.05

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
69320	RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG	44.64	3727.44			090	Y	7911.96	J1	3880.25		090	Y	4230.05
69399	UNLISTED PROCEDURE EXTERNAL EAR	0	BR			YYY	N	184.14		BR		YYY	N	100.74
69420	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ	5.5	459.25			010	N	445.67		495.99		010	N	296.47
69421	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ ANES	4.3	359.05			010	N	2302.81		378.26		010	N	1480.23
69424	VENTILATING TUBE RMVL REQUIRING GENERAL ANES	3.66	305.61			000	N	2302.81		332.33		000	N	1480.23
69433	TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	5.81	485.14			010	N	445.67		525.22		010	N	643.2
69436	TYMPANOSTOMY GENERAL ANESTHESIA	4.63	386.61			010	N	2302.81		406.65		010	N	1480.23
69440	MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC	19.92	1663.32			090	N	7911.96	J1	1763.52		090	N	4230.05
69450	TYMPANOLYSIS TRANSCANAL	15.74	1314.29			090	N	7911.96	J1	1396.96		090	N	4230.05
69501	TRANSMASTOID ANTROTOMY	21.2	1770.20			090	N	7911.96	J1	1857.04		090	N	4230.05
69502	MASTOIDECTOMY COMPLETE	28.1	2346.35			090	N	7911.96	J1	2463.25		090	N	4230.05
69505	MASTOIDECTOMY MODIFIED RADICAL	34.75	2901.63			090	N	7911.96	J1	3061.95		090	N	4230.05
69511	MASTOIDECTOMY RADICAL	35.5	2964.25			090	N	7911.96	J1	3134.59		090	N	4230.05
69530	PETROUS APICECTOMY RADICAL MASTOIDECTOMY	47.85	3995.48			090	Y	7911.96	J1	4179.18		090	Y	4230.05
69535	RESCJ TEMPORAL BONE EXTERNAL APPROACH	77.61	6480.44			090	N			6716.74		090	N	
69540	EXCISION AURAL POLYP	6	501.00			010	N	2302.81		544.42		010	N	1480.23
69550	EXCISION AURAL GLOMUS TUMOR TRANSCANAL	30.09	2512.52			090	Y	7911.96	J1	2651.96		090	Y	4230.05
69552	EXCISION AURAL GLOMUS TUMOR TRANSMASTOID	45.19	3773.37			090	Y	7911.96	J1	3964.58		090	Y	4230.05
69554	EXCISION AURAL GLOMUS TUMOR EXTENDED	70.39	5877.57			090	Y			6322.62		090	Y	
69601	REVJ MASTOIDECTOMY RSLTG COMPL MASTOIDECTOMY	30.24	2525.04			090	N	7911.96	J1	2651.13		090	N	4230.05
69602	REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDC	31.45	2626.08			090	N	7911.96	J1	2762.18		090	N	4230.05
69603	REVJ MASTOIDECTOMY RSLTG RAD MASTOIDECTOMY	36.79	3071.97			090	N	7911.96	J1	3201.39		090	N	4230.05

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
69604	REVJ MASTOIDECTOMY RSLTG TYMPANOPLASTY	32.15	2684.53			090	N	7911.96	J1	2821.47		090	N	4230.05
69605	REVJ MASTOIDECTOMY W/APICECTOMY	45.11	3766.69			090	Y	7911.96	J1	3949.55		090	Y	4230.05
69610	TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH	11.05	922.68			010	N	2302.81		976.12		010	N	2321.87
69620	MYRINGOPLASTY	19.98	1668.33			090	N	2302.81		1780.22		090	N	2321.87
69631	TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	25.55	2133.43			090	N	7911.96	J1	2258.68		090	N	4230.05
69632	TYMPNOPLSTY W/O MSTDC 1ST/REVJ W/OSICLE RECNSTJ	31.11	2597.69			090	N	7911.96	J1	2742.98		090	N	4230.05
69633	TYMPANOPLASTY W/O MASTOIDEC 1ST/REVJ PROSTH TORP	30.2	2521.70			090	N	7911.96	J1	2655.3		090	N	4230.05
69635	TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ	35.73	2983.46			090	N	7911.96	J1	3125.41		090	N	4230.05
69636	TYMPP ANTRT/MASTOID W/OSSICULAR CHAIN RECNSTJ	39.95	3335.83			090	N	7911.96	J1	3506.17		090	N	4230.05
69637	TMPP ANTRT/MASTOIDOTOMY PROSTHESIS TORP	39.73	3317.46			090	N	7911.96	J1	3514.52		090	N	4230.05
69641	TMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ	30.1	2513.35			090	N	7911.96	J1	2645.28		090	N	4230.05
69642	TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ	38.61	3223.94			090	N	7911.96	J1	3391.77		090	N	4230.05
69643	TMPP MASTOIDECT NTC/RCNSTED WALL W/O OCR	35.39	2955.07			090	N	7911.96	J1	3102.03		090	N	4230.05
69644	TMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR	42.72	3567.12			090	N	7911.96	J1	3751.66		090	N	4230.05
69645	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR	42.02	3508.67			090	N	7911.96	J1	3679.85		090	N	4230.05
69646	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR	44.64	3727.44			090	N	7911.96	J1	3905.3		090	N	4230.05
69650	STAPES MOBILIZATION	23.29	1944.72			090	N	7911.96	J1	2044.08		090	N	4230.05
69660	STAPEDECTOMY/STAPEDOTOMY	26.81	2238.64			090	N	7911.96	J1	2347.19		090	N	4230.05
69661	STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT	34.95	2918.33			090	N	7911.96	J1	3056.94		090	N	4230.05
69662	REVISION STAPEDECTOMY/STAPEDOTOMY	33.51	2798.09			090	N	7911.96	J1	2926.68		090	N	4230.05
69666	REPAIR OVAL WINDOW FISTULA	23.37	1951.40			090	N	2302.81		2054.94		090	N	2321.87
69667	REPAIR ROUND WINDOW FISTULA	23.38	1952.23			090	N	2302.81		2056.61		090	N	2321.87

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
69670	MASTOID OBLITERATION SEPARATE PROCEDURE	27.39	2287.07			090	Y	7911.96	J1	2397.29		090	Y	4230.05
69676	TYMPANIC NEURECTOMY	24.01	2004.84			090	N	2302.81		2120.07		090	N	2321.87
69700	CLOSURE POSTAURICULAR FISTULA MASTOID SPX	19.81	1654.14			090	N	982.18		1743.48		090	N	2321.87
69710	IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	0	BR			XXX	N	3703.76		BR		XXX	N	
69711	RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	24.98	2085.83			090	Y	7911.96	J1	2192.71		090	Y	4230.05
69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W/MASTOID	31.17	2602.70			090	N	21075.80	J1	2722.1		090	N	12387.27
69715	IMPLJ OSSEOINTEGRATED TEMPORAL BONE W/O MASTOID	38.44	3209.74			090	N	21075.80	J1	3344.18		090	N	12387.27
69717	RPLMCT OSSEOINTEGRATE IMPLNT W/O MASTOIDECTOMY	32.73	2732.96			090	N	9938.52	J1	2851.53		090	N	12387.27
69718	RPLMCT OSSEOINTEGRATE IMPLNT W/MASTOIDECTOMY	38.83	3242.31			090	N	14128.14	J1	3378.41		090	N	12387.27
69720	DCMPRN FACIAL NRV INTRATEMPORAL LAT GANGLION	35.2	2939.20			090	N	7911.96	J1	3023.54		090	N	4230.05
69725	DCMPRN NRV INTRATEMPORAL MEDIAL GENICULATE	54.4	4542.40			090	Y	7911.96	J1	4724.43		090	Y	4230.05
69740	SUTR NRV ITPRL W/WO GRF/DCMPRN LAT GENICULATE	33.76	2818.96			090	Y	7911.96	J1	2943.38		090	Y	4230.05
69745	SUTR NRV ITPRL W/WO GRF/DCMPRN MEDIAL GENICULATE	40.37	3370.90			090	Y	7911.96	J1	3135.43		090	Y	4230.05
69799	UNLISTED PROCEDURE MIDDLE EAR	0	BR			YYY	N	184.14		BR		YYY	N	100.74
69801	LABYRINTHOTOMY TRANSCANAL	5.63	470.11			000	N	982.18		500.17		000	N	1480.23
69805	ENDOLYMPHATIC SAC W/O SHUNT	30.49	2545.92			090	Y	7911.96	J1	2658.64		090	Y	4230.05
69806	ENDOLYMPHATIC SAC SHUNT	27.34	2282.89			090	N	7911.96	J1	2387.27		090	N	4230.05
69820	FENESTRATION SEMICIRCULAR CANAL	24.77	2068.30			090	Y	7911.96	J1	2180.19		090	Y	4230.05
69840	REVISION FENESTRATION OPERATION	26.08	2177.68			090	Y	7911.96	J1	2112.55		090	Y	4230.05
69905	LABYRINTHECTOMY TRANSCANAL	26.52	2214.42			090	N	7911.96	J1	2334.66		090	N	4230.05
69910	LABYRINTHECTOMY W/MASTOIDECTOMY	29.42	2456.57			090	N	7911.96	J1	2570.13		090	N	4230.05
69915	VESTIBULAR NRV SECTION TRANSLABYRINTHINE APPR	44.52	3717.42			090	Y	7911.96	J1	3867.72		090	Y	4230.05

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
69930	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	35.43	2958.41			090	N	60855.16	J1	3079.48		090	N	39124.32
69949	UNLISTED PROCEDURE INNER EAR	0	BR			YYY	N	184.14		BR		YYY	N	100.74
69950	VESTIBULAR NRV SECTION TRANSCRANIAL APPROACH	51.59	4307.77			090	Y			4460.57		090	Y	
69955	TOTAL FACIAL NERVE DECOMPRESSION &/REPAIR	57.72	4819.62			090	Y	7911.96	J1	4967.42		090	Y	4230.05
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	55.52	4635.92			090	Y	7911.96	J1	4822.96		090	Y	4230.05
69970	REMOVAL TUMOR TEMPORAL BONE	62.06	5182.01			090	Y	7911.96	J1	5372.39		090	Y	4230.05
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	0	BR			YYY	N	184.14		BR		YYY	N	100.74
69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	6.45	538.58			ZZZ	Y			605.15		ZZZ	Y	
70010	MYELOGRAPY POST FOSSA RS&I	1.75	111.13	29.21	81.92	XXX	N	500.91		116.84	30.48	XXX	N	654.85
70015	CISTERNOGRAPHY POSITIVE CONTRAST RS&I	4.32	274.32	112.40	161.92	XXX	N	500.91		294.01	108.59	XXX	N	654.85
70030	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	0.78	49.53	15.24	34.29	XXX	N	86.59		55.88	15.24	XXX	N	59.28
70100	RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	0.92	58.42	16.51	41.91	XXX	N	86.59		66.68	16.51	XXX	N	59.28
70110	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	1.06	67.31	22.86	44.45	XXX	N	143.41		76.2	22.86	XXX	N	91.38
70120	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	0.95	60.33	16.51	43.82	XXX	N	86.59		69.22	16.51	XXX	N	91.38
70130	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	1.53	97.16	31.12	66.04	XXX	N	143.41		113.03	31.12	XXX	N	59.28
70134	RADEX INTERNAL AUDITORY MEATI COMPLETE	1.44	91.44	31.75	59.69	XXX	N	143.41		88.27	29.85	XXX	N	91.38
70140	RADEX FACIAL BONES < 3 VIEWS	0.83	52.71	19.05	33.66	XXX	N	86.59		57.79	18.42	XXX	N	59.28
70150	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	1.16	73.66	24.13	49.53	XXX	N	143.41		81.92	23.5	XXX	N	91.38
70160	RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	0.91	57.79	15.88	41.91	XXX	N	86.59		64.77	15.88	XXX	N	59.28
70170	DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	1.48	93.98	27.31	66.67	XXX	N	500.91		96.52	27.94	XXX	N	329.57
70190	RADEX OPTIC FORAMINA	1	63.50	20.32	43.18	XXX	N	86.59		69.85	19.69	XXX	N	59.28
70200	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	1.18	74.93	25.40	49.53	XXX	N	143.41		83.82	25.4	XXX	N	91.38

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
70210	RADEX SINUSES PARANASAL <3 VIEWS	0.83	52.71	15.88	36.83	XXX	N	86.59		59.69	15.88	XXX	N	59.28
70220	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	1.05	66.68	22.86	43.82	XXX	N	86.59		74.93	22.86	XXX	N	91.38
70240	RADIOLOGIC EXAMINATION SELLA TURCICA	0.84	53.34	17.78	35.56	XXX	N	86.59		57.79	17.78	XXX	N	59.28
70250	RADIOLOGIC EXAMINATION SKULL 4/> VIEWS	1.01	64.14	22.86	41.28	XXX	N	143.41		71.76	22.86	XXX	N	59.28
70260	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	1.28	81.28	31.75	49.53	XXX	N	143.41		90.17	31.12	XXX	N	91.38
70300	RADIOLOGIC EXAMINATION TEETH 1 VIEW	0.42	26.67	10.80	15.87	XXX	N	86.59		28.58	10.8	XXX	N	46.29
70310	RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	1.03	65.41	14.61	50.80	XXX	N	273.41		74.3	14.61	XXX	N	46.29
70320	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	1.47	93.35	21.59	71.76	XXX	N	273.41		104.14	21.59	XXX	N	46.29
70328	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	0.86	54.61	16.51	38.10	XXX	N	86.59		61.6	17.15	XXX	N	59.28
70330	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	1.32	83.82	22.86	60.96	XXX	N	86.59		93.35	22.86	XXX	N	59.28
70332	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	2.28	144.78	56.52	88.26	XXX	N	273.41		135.89	48.9	XXX	N	385.31
70336	MRI TEMPOROMANDIBULAR JOINT	9.02	572.77	133.35	439.42	XXX	N	389.58		683.9	132.08	XXX	N	436.69
70350	CEPHALOGRAM ORTHODONTIC	0.56	35.56	18.42	17.14	XXX	N	86.59		41.28	18.42	XXX	N	59.28
70355	ORTHOPANTOGRAM	0.58	36.83	20.32	16.51	XXX	N	86.59		40.01	20.32	XXX	N	46.29
70360	RADIOLOGIC EXAMINATION NECK SOFT TISSUE	0.79	50.17	15.24	34.93	XXX	N	86.59		53.34	15.24	XXX	N	59.28
70370	RADEX PHARYNX/LARX W/FLUOR&/MAGNIFICATION TQ	2.21	140.34	29.21	111.13	XXX	N	86.59		156.21	28.58	XXX	N	147.41
70371	CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	2.57	163.20	77.47	85.73	XXX	N	143.41		174.63	76.2	XXX	N	147.41
70380	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	1.01	64.14	16.51	47.63	XXX	N	86.59		75.57	17.15	XXX	N	59.28
70390	SIALOGRAPHY RS&I	2.64	167.64	34.29	133.35	XXX	N	273.41		194.95	34.93	XXX	N	329.57
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL	3.27	207.65	77.47	130.18	XXX	N	160.21		312.42	76.2	XXX	N	223.93
70460	CT HEAD/BRAIN W/CONTRAST MATERIAL	4.55	288.93	102.24	186.69	XXX	N	337.34		409.58	100.97	XXX	N	383.35
70470	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	5.4	342.90	115.57	227.33	XXX	N	337.34		414.02	114.3	XXX	N	424.87

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	6.57	417.20	116.21	300.99	XXX	N	160.21		525.15	115.57	XXX	N	223.93
70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	7.77	493.40	125.10	368.30	XXX	N	337.34		608.33	124.46	XXX	N	383.35
70482	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	8.48	538.48	130.81	407.67	XXX	N	337.34		673.74	130.18	XXX	N	424.87
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	3.94	250.19	77.47	172.72	XXX	N	160.21		431.8	102.87	XXX	N	223.93
70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL	4.74	300.99	102.24	198.75	XXX	N	337.34		520.07	116.84	XXX	N	383.35
70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	5.77	366.40	114.94	251.46	XXX	N	337.34		626.11	127.64	XXX	N	424.87
70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	5.43	344.81	116.21	228.60	XXX	N	160.21		421.01	115.57	XXX	N	223.93
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	6.63	421.01	125.73	295.28	XXX	N	337.34		507.37	124.46	XXX	N	383.35
70492	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	7.82	496.57	131.45	365.12	XXX	N	337.34		605.79	130.18	XXX	N	424.87
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	8.28	525.78	158.12	367.66	XXX	N	337.34		948.69	157.48	XXX	N	437.64
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	8.25	523.88	158.12	365.76	XXX	N	337.34		981.08	157.48	XXX	N	437.64
70540	MRI ORBIT FACE &/NECK W/O CONTRAST	10.1	641.35	121.92	519.43	XXX	N	389.58		772.8	121.29	XXX	N	436.69
70542	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	11.3	717.55	146.69	570.86	XXX	N	647.04		870.59	146.69	XXX	N	586.42
70543	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	13.83	878.21	194.31	683.90	XXX	N	647.04		1068.71	193.04	XXX	N	708.87
70544	MRA HEAD W/O CONTRST MATERIAL	11.02	699.77	109.22	590.55	XXX	N	389.58		870.59	107.95	XXX	N	436.69
70545	MRA HEAD W/CONTRAST MATERIAL	10.88	690.88	108.59	582.29	XXX	N	647.04		856.62	107.95	XXX	N	586.42
70546	MRA HEAD W/O & W/CONTRAST MATERIAL	16.83	1068.71	163.20	905.51	XXX	N	647.04		1315.72	162.56	XXX	N	708.87
70547	MRA NECK W/O CONTRST MATERIAL	11.06	702.31	109.22	593.09	XXX	N	389.58		871.86	108.59	XXX	N	436.69
70548	MRA NECK W/CONTRAST MATERIAL	11.61	737.24	109.22	628.02	XXX	N	647.04		922.02	108.59	XXX	N	586.42
70549	MRA NECK W/O &W/CONTRAST MATERIAL	16.93	1075.06	163.20	911.86	XXX	N	647.04		1317.63	161.93	XXX	N	708.87
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	6.48	411.48	133.99	277.49	XXX	N	389.58		815.98	133.35	XXX	N	436.69
70552	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	8.99	570.87	161.29	409.58	XXX	N	647.04		911.23	161.29	XXX	N	586.42

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	10.62	674.37	207.65	466.72	XXX	N	647.04		1067.44	212.73	XXX	N	708.87
70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION	12.68	805.18	192.41	612.77	XXX	N	389.58		928.37	191.14	XXX	N	436.69
70555	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION	21.18	1344.93	228.60	1116.33	XXX	N	389.58		1385.57	235.59	XXX	N	436.69
70557	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	37.82	2401.57	264.16	2137.41	XXX	N	389.58		2886.08	317.5	XXX	N	436.69
70558	MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	41.64	2644.14	290.83	2353.31	XXX	N	647.04		2695.58	296.55	XXX	N	586.42
70559	MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	42	2667.00	293.37	2373.63	XXX	N	3872.19		2701.93	297.18	XXX	N	708.87
71010	RADIOLOGIC EXAMINATION CHEST SINGLE VIEW FRONTAL	0.63	40.01	16.51	23.50	XXX	N	86.59		44.45	16.51	XXX	N	59.28
71015	RADIOLOGIC EXAMINATION CHEST STERO FRONTAL	0.78	49.53	19.69	29.84	XXX	N	86.59		58.42	19.05	XXX	N	59.28
71020	RADIOLOGIC EXAM CHEST 2 VIEWS FRONTAL&LATERAL	0.78	49.53	19.69	29.84	XXX	N	86.59		57.79	19.69	XXX	N	59.28
71021	RADEX CH 2 VIEWS FRNT & LAT APICAL LORDOTIC PX	0.95	60.33	24.77	35.56	XXX	N	86.59		71.76	24.77	XXX	N	59.28
71022	RADEX CH 2 VIEWS FRONTAL & LATERAL OBLIQUE PRJCJ	1.17	74.30	29.85	44.45	XXX	N	86.59		91.44	28.58	XXX	N	59.28
71023	RADEX CH 2 VIEWS FRONTAL & LATERAL W/FLUORO	1.78	113.03	34.29	78.74	XXX	N	143.41		125.73	33.66	XXX	N	147.41
71030	RADEX CHEST COMPLETE MINIMUM 4 VIEWS	1.17	74.30	28.58	45.72	XXX	N	86.59		87.63	27.31	XXX	N	91.38
71034	RADEX CHEST COMPLETE MINIMUM 4 VIEWS W/FLUORO	2.34	148.59	42.55	106.04	XXX	N	143.41		163.83	40.64	XXX	N	147.41
71035	RADEX CHEST SPECIAL VIEWS	0.92	58.42	16.51	41.91	XXX	N	86.59		68.58	15.88	XXX	N	59.28
71100	RADEX RIBS UNILATERAL 2 VIEWS	0.92	58.42	20.32	38.10	XXX	N	86.59		62.23	20.32	XXX	N	59.28
71101	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	1.02	64.77	24.77	40.00	XXX	N	143.41		75.57	24.13	XXX	N	91.38
71110	RADEX RIBS BILATERAL 3 VIEWS	1.05	66.68	24.77	41.91	XXX	N	143.41		78.11	24.77	XXX	N	91.38
71111	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	1.34	85.09	29.85	55.24	XXX	N	143.41		102.24	29.21	XXX	N	91.38
71120	RADEX STERNUM MINIMUM 2 VIEWS	0.83	52.71	18.42	34.29	XXX	N	86.59		60.33	17.78	XXX	N	59.28
71130	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	1.01	64.14	20.32	43.82	XXX	N	86.59		71.76	20.32	XXX	N	59.28
71250	CT THORAX W/O CONTRAST MATERIAL	5.08	322.58	92.71	229.87	XXX	N	160.21		397.51	91.44	XXX	N	223.93

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
71260	CT THORAX W/CONTRAST MATERIAL	6.45	409.58	113.03	296.55	XXX	N	337.34		497.21	112.4	XXX	N	383.35
71270	CT THORAX W/O & W/CONTRAST MATERIAL	7.74	491.49	125.10	366.39	XXX	N	495.23		602.62	123.83	XXX	N	424.87
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	8.43	535.31	164.47	370.84	XXX	N	337.34		764.54	172.72	XXX	N	437.64
71550	MRI CHEST W/O CONTRAST MATERIAL	11.64	739.14	132.08	607.06	XXX	N	389.58		891.54	130.81	XXX	N	436.69
71551	MRI CHEST W/CONTRAST MATERIAL	12.88	817.88	156.21	661.67	XXX	N	647.04		990.6	155.58	XXX	N	586.42
71552	MRI CHEST W/O & W/CONTRAST MATERIAL	16.3	1035.05	205.11	829.94	XXX	N	647.04		1259.84	202.57	XXX	N	708.87
71555	MRA CHEST W/O & W/CONTRAST MATERIAL	11.17	709.30	161.93	547.37	XXX	N			878.84	162.56	XXX	N	
72020	RADEX SPINE 1 VIEW SPECIFY LEVEL	0.62	39.37	13.97	25.40	XXX	N	86.59		45.09	13.97	XXX	N	59.28
72040	RADEX SPINE CERVICAL 2 OR 3 VIEWS	0.93	59.06	20.32	38.74	XXX	N	143.41		68.58	21.59	XXX	N	59.28
72050	RADEX SPINE CERVICAL 4 OR 5 VIEWS	1.26	80.01	28.58	51.43	XXX	N	143.41		92.71	29.21	XXX	N	91.38
72052	RADEX SPINE CERVICAL 6 OR MORE VIEWS	1.58	100.33	33.02	67.31	XXX	N	143.41		119.38	33.66	XXX	N	91.38
72070	RADEX SPINE THORACIC 2 VIEWS	0.95	60.33	20.32	40.01	XXX	N	143.41		64.77	20.32	XXX	N	59.28
72072	RADEX SPINE THORACIC 3 VIEWS	0.97	61.60	19.69	41.91	XXX	N	143.41		71.12	19.69	XXX	N	91.38
72074	RADEX SPINE THORACIC MINIMUM 4 VIEWS	1.1	69.85	19.69	50.16	XXX	N	143.41		85.09	19.69	XXX	N	59.28
72080	RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	0.86	54.61	19.69	34.92	XXX	N	86.59		70.49	21.59	XXX	N	59.28
72081	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	1.09	69.22	24.13	45.09	XXX	N	86.59						
72082	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	1.75	111.13	29.21	81.92	XXX	N	143.41						
72083	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	1.9	120.65	31.75	88.90	XXX	N	273.41						
72084	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	2.27	144.15	36.83	107.32	XXX	N	273.41						
72100	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	0.98	62.23	20.32	41.91	XXX	N	143.41		69.22	21.59	XXX	N	59.28
72110	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	1.37	87.00	28.58	58.42	XXX	N	143.41		93.98	29.21	XXX	N	91.38
72114	RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	1.75	111.13	29.85	81.28	XXX	N	143.41		123.19	31.12	XXX	N	91.38

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
72120	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	1.13	71.76	20.32	51.44	XXX	N	86.59		81.92	22.23	XXX	N	91.38
72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL	5.19	329.57	97.16	232.41	XXX	N	160.21		406.4	95.89	XXX	N	223.93
72126	CT CERVICAL SPINE W/CONTRAST MATERIAL	6.44	408.94	110.49	298.45	XXX	N	495.23		496.57	109.86	XXX	N	383.35
72127	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	7.62	483.87	114.94	368.93	XXX	N	337.34		594.36	114.3	XXX	N	424.87
72128	CT THORACIC SPINE W/O CONTRAST MATERIAL	5.07	321.95	90.81	231.14	XXX	N	160.21		398.15	89.54	XXX	N	223.93
72129	CT THORACIC SPINE W/CONTRAST MATERIAL	6.45	409.58	110.49	299.09	XXX	N	337.34		498.48	109.86	XXX	N	383.35
72130	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	7.67	487.05	114.94	372.11	XXX	N	337.34		597.54	114.3	XXX	N	424.87
72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL	5.05	320.68	90.81	229.87	XXX	N	160.21		396.88	89.54	XXX	N	223.93
72132	CT LUMBAR SPINE W/CONTRAST MATERIAL	6.43	408.31	110.49	297.82	XXX	N	495.23		497.21	109.86	XXX	N	383.35
72133	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	7.61	483.24	114.94	368.30	XXX	N	337.34		594.36	113.67	XXX	N	424.87
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	6.3	400.05	134.62	265.43	XXX	N	389.58		722.63	144.78	XXX	N	436.69
72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	9.14	580.39	162.56	417.83	XXX	N	647.04		929.64	173.99	XXX	N	586.42
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	6.3	400.05	134.62	265.43	XXX	N	389.58		723.9	144.78	XXX	N	436.69
72147	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	9.04	574.04	161.29	412.75	XXX	N	647.04		821.06	173.36	XXX	N	586.42
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	6.27	398.15	134.62	263.53	XXX	N	389.58		713.11	134.62	XXX	N	436.69
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	9.03	573.41	162.56	410.85	XXX	N	647.04		898.53	161.29	XXX	N	586.42
72156	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	10.67	677.55	207.65	469.90	XXX	N	647.04		1068.07	232.41	XXX	N	708.87
72157	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	10.69	678.82	207.65	471.17	XXX	N	647.04		992.51	232.41	XXX	N	708.87
72158	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	10.65	676.28	207.65	468.63	XXX	N	647.04		1045.21	214.63	XXX	N	708.87
72159	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	11.72	744.22	163.83	580.39	XXX	N			899.16	160.02	XXX	N	
72170	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	0.89	56.52	15.88	40.64	XXX	N	143.41		55.88	17.15	XXX	N	59.28
72190	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	1.07	67.95	19.69	48.26	XXX	N	143.41		83.82	20.96	XXX	N	59.28

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	8.59	545.47	163.83	381.64	XXX	N	337.34		759.46	163.2	XXX	N	437.64
72192	CT PELVIS W/O CONTRAST MATERIAL	4.11	260.99	99.06	161.93	XXX	N	160.21		328.93	97.16	XXX	N	223.93
72193	CT PELVIS W/CONTRAST MATERIAL	6.36	403.86	105.41	298.45	XXX	N	337.34		518.8	104.78	XXX	N	383.35
72194	CT PELVIS W/O & W/CONTRAST MATERIAL	7.33	465.46	110.49	354.97	XXX	N	337.34		581.66	109.86	XXX	N	424.87
72195	MRI PELVIS W/O CONTRAST MATERIAL	10.54	669.29	132.72	536.57	XXX	N	389.58		806.45	132.72	XXX	N	436.69
72196	MRI PELVIS W/CONTRAST MATERIAL	11.57	734.70	157.48	577.22	XXX	N	647.04		895.99	156.21	XXX	N	586.42
72197	MRI PELVIS W/O & W/CONTRAST MATERIAL	14.22	902.97	205.11	697.86	XXX	N	647.04		1093.47	202.57	XXX	N	708.87
72198	MRA PELVIS W/WO CONTRAST MATERIAL	11.27	715.65	161.93	553.72	XXX	N			886.46	161.29	XXX	N	
72200	RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	0.8	50.80	15.88	34.92	XXX	N	143.41		57.15	15.88	XXX	N	59.28
72202	RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	0.92	58.42	17.15	41.27	XXX	N	143.41		66.68	17.15	XXX	N	59.28
72220	RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	0.79	50.17	15.88	34.29	XXX	N	86.59		55.88	15.88	XXX	N	59.28
72240	MYELOGRAPHY CERVICAL RS&I	2.75	174.63	82.55	92.08	XXX	N	951.28		245.11	81.92	XXX	N	654.85
72255	MYELOGRAPHY THORACIC RS&I	2.74	173.99	83.82	90.17	XXX	N	951.28		233.68	82.55	XXX	N	654.85
72265	MYELOGRAPY LUMBOSACRAL RS&I	2.59	164.47	75.57	88.90	XXX	N	951.28		240.67	74.93	XXX	N	654.85
72270	MYELOGRAPY 2/MORE REGIONS RS&I	3.58	227.33	121.29	106.04	XXX	N	951.28		374.65	120.02	XXX	N	654.85
72275	EPIDUROGRAPY RS&I	0	0.00	0.00	0.00	XXX	N			0		XXX	N	
72285	DISKOGRAPY CERVICAL/THORACIC RS&I	3.21	222.25	111.13	111.12	XXX	N	3872.19		222.25	111.13	XXX	N	2233.1
72295	DISKOGRAPY LUMBAR RS&I	2.78	176.53	78.74	97.79	XXX	N	3872.19		194.95	80.01	XXX	N	2233.1
73000	RADEX CLAVICLE COMPLETE	0.77	48.90	15.24	33.66	XXX	N	86.59		55.88	15.24	XXX	N	59.28
73010	RADEX SCAPULA COMPLETE	0.84	53.34	16.51	36.83	XXX	N	86.59		62.23	17.78	XXX	N	59.28
73020	RADEX SHOULDER 1 VIEW	0.64	40.64	13.97	26.67	XXX	N	86.59		45.72	13.97	XXX	N	59.28
73030	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	0.81	51.44	17.15	34.29	XXX	N	86.59		59.69	18.42	XXX	N	59.28

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
73040	RADEX SHOULDER ARTHROGRAPHY RS&I	2.81	178.44	49.53	128.91	XXX	N	500.91		203.84	50.17	XXX	N	385.31
73050	RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	0.99	62.87	19.05	43.82	XXX	N	86.59		78.11	20.32	XXX	N	59.28
73060	RADEX HUMERUS MINIMUM 2 VIEWS	0.81	51.44	15.24	36.20	XXX	N	86.59		55.88	15.88	XXX	N	59.28
73070	RADEX ELBOW 2 VIEWS	0.76	48.26	14.61	33.65	XXX	N	86.59		55.25	14.61	XXX	N	59.28
73080	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	0.87	55.25	15.88	39.37	XXX	N	86.59		64.77	15.88	XXX	N	59.28
73085	RADEX ELBOW ARTHROGRAPHY RS&I	2.73	173.36	52.07	121.29	XXX	N	500.91		196.22	52.71	XXX	N	385.31
73090	RADEX FOREARM 2 VIEWS	0.72	45.72	15.24	30.48	XXX	N	86.59		53.98	15.24	XXX	N	59.28
73092	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	0.76	48.26	14.61	33.65	XXX	N	143.41		62.87	15.24	XXX	N	59.28
73100	RADEX WRIST 2 VIEWS	0.81	51.44	15.24	36.20	XXX	N	86.59		62.23	17.15	XXX	N	59.28
73110	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	0.99	62.87	15.88	46.99	XXX	N	86.59		73.03	15.88	XXX	N	59.28
73115	RADEX WRIST ARTHROGRAPHY RS&I	3	190.50	51.44	139.06	XXX	N	273.41		214.63	51.44	XXX	N	385.31
73120	RADEX HAND 2 VIEWS	0.73	46.36	15.24	31.12	XXX	N	143.41		53.34	15.24	XXX	N	59.28
73130	RADEX HAND MINIMUM 3 VIEWS	0.86	54.61	15.88	38.73	XXX	N	86.59		62.87	15.88	XXX	N	59.28
73140	RADEX FINGR MINIMUM 2 VIEWS	0.88	55.88	12.70	43.18	XXX	N	86.59		65.41	12.7	XXX	N	59.28
73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	5.04	320.04	90.81	229.23	XXX	N	160.21		395.61	90.81	XXX	N	223.93
73201	CT UPPER EXTREMITY W/CONTRAST MATERIAL	6.27	398.15	105.41	292.74	XXX	N	495.23		485.78	104.78	XXX	N	383.35
73202	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	7.81	495.94	110.49	385.45	XXX	N	337.34		618.49	109.86	XXX	N	424.87
73206	CT ANGIOGRAPHY UPPER EXTREMITY	9.21	584.84	162.56	422.28	XXX	N	337.34		693.42	161.29	XXX	N	437.64
73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	10.25	650.88	122.56	528.32	XXX	N	389.58		793.12	121.92	XXX	N	436.69
73219	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	11.37	722.00	147.32	574.68	XXX	N	647.04		880.11	146.69	XXX	N	586.42
73220	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	14.05	892.18	194.95	697.23	XXX	N	647.04		1085.22	193.68	XXX	N	708.87
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	6.64	421.64	123.19	298.45	XXX	N	389.58		526.42	124.46	XXX	N	436.69

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	10.63	675.01	147.32	527.69	XXX	N	647.04		826.14	146.69	XXX	N	586.42
73223	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	13.18	836.93	194.95	641.98	XXX	N	647.04		1022.99	193.68	XXX	N	708.87
73225	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	11.39	723.27	154.94	568.33	XXX	N			900.43	153.04	XXX	N	
73501	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	0.83	52.71	17.15	35.56	XXX	N	86.59						
73502	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	1.16	73.66	20.32	53.34	XXX	N	86.59						
73503	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	1.45	92.08	26.04	66.04	XXX	N	143.41						
73521	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	1.11	70.49	20.96	49.53	XXX	N	143.41						
73522	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	1.37	87.00	27.31	59.69	XXX	N	143.41						
73523	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	1.59	100.97	29.21	71.76	XXX	N	273.41						
73525	RADEX HIP ARTHROGRAPHY RS&I	2.85	180.98	52.07	128.91	XXX	N	500.91		203.2	53.34	XXX	N	385.31
73551	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	0.78	49.53	15.24	34.29	XXX	N	86.59						
73552	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	0.91	57.79	17.15	40.64	XXX	N	86.59						
73560	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	0.87	55.25	15.24	40.01	XXX	N	86.59		60.33	17.78	XXX	N	59.28
73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	1	63.50	17.15	46.35	XXX	N	86.59		73.03	18.42	XXX	N	59.28
73564	RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	1.1	69.85	20.32	49.53	XXX	N	143.41		85.09	22.23	XXX	N	91.38
73565	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	1	63.50	15.88	47.62	XXX	N	86.59		69.85	18.42	XXX	N	59.28
73580	RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	3.24	205.74	51.44	154.30	XXX	N	500.91		252.1	53.34	XXX	N	385.31
73590	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	0.8	50.80	15.24	35.56	XXX	N	86.59		53.34	15.88	XXX	N	59.28
73592	RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	0.78	49.53	14.61	34.92	XXX	N	86.59		53.98	14.61	XXX	N	59.28
73600	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	0.84	53.34	15.24	38.10	XXX	N	86.59		55.88	15.24	XXX	N	59.28
73610	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	0.87	55.25	15.88	39.37	XXX	N	86.59		64.77	15.88	XXX	N	59.28
73615	RADEX ANKLE ARTHROGRAPHY RS&I	2.94	186.69	52.07	134.62	XXX	N	500.91		203.2	52.71	XXX	N	385.31

MEDICAL DATA														
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73620	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	0.73	46.36	13.97	32.39	XXX	N	86.59		53.34	13.97	XXX	N	59.28
73630	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	0.81	51.44	15.24	36.20	XXX	N	86.59		60.96	15.24	XXX	N	59.28
73650	RADEX CALCANEUS MINIMUM 2 VIEWS	0.76	48.26	14.61	33.65	XXX	N	86.59		55.25	14.61	XXX	N	59.28
73660	RADEX TOE MINIMUM 2 VIEWS	0.79	50.17	12.07	38.10	XXX	N	86.59		59.06	12.07	XXX	N	59.28
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	5.04	320.04	90.81	229.23	XXX	N	160.21		396.88	90.81	XXX	N	223.93
73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL	6.36	403.86	105.41	298.45	XXX	N	337.34		492.76	104.78	XXX	N	383.35
73702	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	7.72	490.22	109.86	380.36	XXX	N	337.34		617.22	109.86	XXX	N	424.87
73706	CT ANGIOGRAPHY LOWER EXTREMITY	9.91	629.29	171.45	457.84	XXX	N	337.34		767.72	170.82	XXX	N	437.64
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	10.25	650.88	122.56	528.32	XXX	N	389.58		788.04	121.92	XXX	N	436.69
73719	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	11.36	721.36	146.69	574.67	XXX	N	647.04		894.72	146.69	XXX	N	586.42
73720	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	14.13	897.26	194.95	702.31	XXX	N	647.04		1092.2	193.04	XXX	N	708.87
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	6.65	422.28	123.19	299.09	XXX	N	389.58		526.42	124.46	XXX	N	436.69
73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	10.73	681.36	147.32	534.04	XXX	N	647.04		838.2	147.96	XXX	N	586.42
73723	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	13.23	840.11	194.95	645.16	XXX	N	647.04		1022.35	193.68	XXX	N	708.87
73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	11.29	716.92	163.20	553.72	XXX	N			891.54	162.56	XXX	N	
74000	RADEX ABDOMEN 1 ANTEROPOSTERIOR VIEW	0.66	41.91	16.51	25.40	XXX	N	86.59		46.36	16.51	XXX	N	59.28
74010	RADEX ABD ANTEROPOST&ADDL OBLQ&CONE VIEWS	0.99	62.87	20.96	41.91	XXX	N	86.59		74.3	20.96	XXX	N	59.28
74020	RADEX ABDOMEN COMPL W/DCBTS&/ERC VIEWS	1.05	66.68	24.77	41.91	XXX	N	86.59		77.47	24.13	XXX	N	59.28
74022	RADEX ABD COMPL AQT ABD W/S/E/D VIEWS 1 VIEW CH	1.25	79.38	29.21	50.17	XXX	N	143.41		93.35	28.58	XXX	N	91.38
74150	CT ABDOMEN W/O CONTRAST MATERIAL	4.21	267.34	107.95	159.39	XXX	N	160.21		335.92	107.32	XXX	N	223.93
74160	CT ABDOMEN W/CONTRAST MATERIAL	6.49	412.12	115.57	296.55	XXX	N	337.34		527.69	114.94	XXX	N	383.35
74170	CT ABDOMEN W/O & W/CONTRAST MATERIAL	7.38	468.63	127.00	341.63	XXX	N	337.34		607.7	126.37	XXX	N	424.87

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74174	CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG	10.93	694.06	198.12	495.94	XXX	N	495.23		946.15	198.12	XXX	N	622.57
74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	8.63	548.01	163.83	384.18	XXX	N	337.34		768.99	171.45	XXX	N	437.64
74176	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	5.64	358.14	158.12	200.02	XXX	N	273.41		433.71	156.85	XXX	N	394.84
74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	8.75	555.63	165.10	390.53	XXX	N	495.23		652.78	163.83	XXX	N	622.57
74178	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	9.93	630.56	182.25	448.31	XXX	N	495.23		764.54	181.61	XXX	N	622.57
74181	MRI ABDOMEN W/O CONTRAST MATERIAL	9.37	595.00	132.08	462.92	XXX	N	389.58		713.74	130.81	XXX	N	436.69
74182	MRI ABDOMEN W/CONTRAST MATERIAL	12.76	810.26	156.85	653.41	XXX	N	647.04		985.52	155.58	XXX	N	586.42
74183	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	14.24	904.24	205.11	699.13	XXX	N	647.04		1097.28	202.57	XXX	N	708.87
74185	MRA ABDOMEN W/WO CONTRAST MATERIAL	11.33	719.46	161.93	557.53	XXX	N			885.83	161.29	XXX	N	
74190	PERITONEOGRAM RS&I	1.68	106.68	42.55	64.13	XXX	N	500.91		109.86	43.82	XXX	N	329.57
74210	RADEX PHARYNX&/CERVICAL ESOPHAGUS	2.18	138.43	32.39	106.04	XXX	N	143.41		149.86	31.75	XXX	N	106.72
74220	RADEX ESOPHAGUS	2.49	158.12	41.91	116.21	XXX	N	143.41		175.26	41.91	XXX	N	106.72
74230	SWALLOWING FUNCJ W/CINERADIOGRAPY/VIDRADIOG	3.6	228.60	48.26	180.34	XXX	N	143.41		173.99	47.63	XXX	N	106.72
74235	RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I	5.06	321.31	112.40	208.91	XXX	N			348.62	121.92	XXX	N	
74240	RADEX GI TRACT UPPER W/WO DELAYED IMAGES W/O KUB	3.18	201.93	62.87	139.06	XXX	N	143.41		218.44	62.87	XXX	N	158.44
74241	RADEX GI TRACT UPPER W/WO DELAYED IMAGES W/KUB	3.31	210.19	62.87	147.32	XXX	N	143.41		228.6	61.6	XXX	N	158.44
74245	RADEX GI TRACT UPR W/SM INT W/MULT SERIAL IMAGES	4.82	306.07	82.55	223.52	XXX	N	273.41		341	81.92	XXX	N	158.44
74246	RADEX UPPER GI W/WO GLUCAGON/DELAY IMGES W/O KUB	3.58	227.33	62.87	164.46	XXX	N	143.41		246.38	62.23	XXX	N	158.44
74247	RADEX UPPER GI W/WO GLUCAGON/DELAY IMAGES W/KUB	3.96	251.46	62.87	188.59	XXX	N	143.41		274.32	62.23	XXX	N	158.44
74249	RADEX GI UPR W/WO GLUCOSE W/SM INTEST FOLLW-THRU	5.17	328.30	82.55	245.75	XXX	N	273.41		368.3	81.92	XXX	N	158.44
74250	RADEX SMALL INTESTINE W/MULTIPLE SERIAL IMAGES	2.92	185.42	42.55	142.87	XXX	N	143.41		208.28	42.55	XXX	N	106.72
74251	RADEX SM INT W/MLT SRL IMGES VIA ENTEROCLSS TUBE	11.76	746.76	62.87	683.89	XXX	N	273.41		804.55	62.23	XXX	N	158.44

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74260	DUODENOGRAPY HYPOTONIC	9.92	629.92	45.72	584.20	XXX	N	273.41		662.94	45.09	XXX	N	106.72
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	13.66	867.41	218.44	648.97	XXX	N	160.21		1012.19	215.9	XXX	N	223.93
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	15.19	964.57	226.70	737.87	XXX	N	337.34		1116.33	224.16	XXX	N	383.35
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	21.2	1346.20	204.47	1141.73	XXX	N	740.43		1468.76	210.82	XXX	N	
74270	RADEX COLON BARIUM ENEMA W/WO KUB	4.23	268.61	62.87	205.74	XXX	N	143.41		302.26	62.23	XXX	N	158.44
74280	RADEX COLON W/SPEC HI DNS BARIUM W/WO GLUCAGON	5.98	379.73	90.17	289.56	XXX	N	273.41		422.28	88.9	XXX	N	158.44
74283	THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCJ	5.78	367.03	184.79	182.24	XXX	N	273.41		381.64	178.44	XXX	N	158.44
74290	CHOLECYSTOGRAPHY ORAL CONTRST	1.97	125.10	29.21	95.89	XXX	N	273.41		133.99	28.58	XXX	N	106.72
74300	CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	1.49	94.62	33.02	61.60	XXX	N			94.62	33.02	XXX	N	
74301	CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS	0.86	54.61	19.05	35.56	ZZZ	N			56.52	19.69	ZZZ	N	
74328	ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	3.37	214.00	64.14	149.86	XXX	N			217.81	65.41	XXX	N	
74329	ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I	2.91	184.79	64.77	120.02	XXX	N			188.6	66.04	XXX	N	
74330	CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I	4.81	305.44	82.55	222.89	XXX	N			310.52	83.82	XXX	N	
74340	INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	3.08	195.58	48.90	146.68	XXX	N			198.12	49.53	XXX	N	
74355	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I	4.07	258.45	69.85	188.60	XXX	N			260.99	70.49	XXX	N	
74360	INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	3.33	211.46	50.80	160.66	XXX	N			219.71	52.71	XXX	N	
74363	PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I	3.49	221.62	77.47	144.15	XXX	N			228.6	80.01	XXX	N	
74400	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	3.09	196.22	44.45	151.77	XXX	N	273.41		216.54	44.45	XXX	N	270.34
74410	UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	3.04	193.04	43.82	149.22	XXX	N	273.41		214	43.82	XXX	N	270.34
74415	UROGRAPY INFUSION DRIP &/BOLUS TECHQ W/WO TOMO	3.84	243.84	44.45	199.39	XXX	N	273.41		265.43	44.45	XXX	N	270.34
74420	X-RAY URINARY TRACT EXAM WITH CONTRAST MATERIAL	3.33	211.46	31.75	179.71	XXX	N	500.91		220.35	33.02	XXX	N	270.34
74425	UROGRAPHY ANTEGRADE RS&I	1.85	117.48	31.75	85.73	XXX	N	500.91		120.02	32.39	XXX	N	270.34

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74430	CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	1.06	67.31	29.21	38.10	XXX	N	273.41		77.47	27.94	XXX	N	270.34
74440	VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	2.28	144.78	33.02	111.76	XXX	N	273.41		160.66	34.93	XXX	N	270.34
74445	CORPORA CAVERNOSOGRAPY RS&I	2.7	171.45	97.79	73.66	XXX	N	500.91		182.88	104.14	XXX	N	270.34
74450	URETHROCYSTOGRAPHY RETROGRADE RS&I	2.04	129.54	29.85	99.69	XXX	N	273.41		132.72	30.48	XXX	N	270.34
74455	URETHROCYSTOGRAPHY VOIDING RS&I	2.29	145.42	29.85	115.57	XXX	N	500.91		161.93	29.21	XXX	N	270.34
74470	RADEX RENAL CYST STUDY TRANSLUMBAR RS&I	2.08	132.08	47.63	84.45	XXX	N	500.91		135.89	48.9	XXX	N	329.57
74485	DILATION NEPHROSTOMY/URETER/URETHRA RS&I	2.59	164.47	46.99	117.48	XXX	N	2145.45		186.06	48.26	XXX	N	1459.44
74710	PELVIMETRY W/WOPLACENTAL LOCALIZATION	1.03	65.41	31.12	34.29	XXX	N	86.59		62.87	27.94	XXX	N	91.38
74712	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	13.55	860.43	272.42	588.01	XXX	N	389.58						
74713	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	6.52	414.02	161.93	252.09	ZZZ	N							
74740	HYSTEROSALPINGOGRAPHY RS&I	2.1	133.35	34.29	99.06	XXX	N	500.91		147.96	33.66	XXX	N	329.57
74742	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	2.4	152.40	53.34	99.06	XXX	N			161.29	56.52	XXX	N	
74775	PERINEOGRAM	2.47	156.85	56.52	100.33	XXX	N	273.41		158.75	57.15	XXX	N	270.34
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	8.95	568.33	208.92	359.41	XXX	N	389.58		684.53	210.19	XXX	N	436.69
75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	12.26	778.51	258.45	520.06	XXX	N	628.59		937.26	262.89	XXX	N	436.69
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	11.9	755.65	231.14	524.51	XXX	N	647.04		913.77	231.78	XXX	N	708.87
75563	CARDIAC MRI W/W/O CONTRAST W/STRESS	14.11	895.99	264.80	631.19	XXX	N	1578.68		1079.5	266.7	XXX	N	708.87
75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	1.54	97.79	22.23	75.56	ZZZ	N			119.38	22.23	ZZZ	N	
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	2.82	179.07	52.07	127.00	XXX	N	18.08		213.36	50.8	XXX	N	64.04
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	7.99	507.37	156.85	350.52	XXX	N	337.34		585.47	154.94	XXX	N	344.71
75573	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	11	698.50	227.97	470.53	XXX	N	337.34		799.47	225.43	XXX	N	344.71
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	11.78	748.03	214.00	534.03	XXX	N	337.34		864.24	212.73	XXX	N	344.71

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75600	AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	5.57	353.70	43.82	309.88	XXX	N	3872.19		405.13	43.82	XXX	N	2863.77
75605	AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	3.92	248.92	100.97	147.95	XXX	N	3872.19		292.74	101.6	XXX	N	2863.77
75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	3.91	248.29	100.97	147.32	XXX	N	3872.19		293.37	101.6	XXX	N	2863.77
75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	4.83	306.71	159.39	147.32	XXX	N	3872.19		347.98	158.12	XXX	N	2863.77
75635	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	10.71	680.09	215.90	464.19	XXX	N	337.34		850.27	214.63	XXX	N	437.64
75658	ANIOGRAPHY BRACHIAL RETROGRADE RS&I	4.73	300.36	115.57	184.79	XXX	N	3872.19		346.71	114.3	XXX	N	2863.77
75705	ANGIOGRAPHY SPINAL SELECTIVE RS&I	6.9	438.15	207.01	231.14	XXX	N	3872.19		466.09	195.58	XXX	N	2863.77
75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	4.63	294.01	102.24	191.77	XXX	N	3872.19		340.36	99.7	XXX	N	2863.77
75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	5.31	337.19	116.84	220.35	XXX	N	3872.19		407.67	116.84	XXX	N	2863.77
75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	4.23	268.61	100.33	168.28	XXX	N	3872.19		341.63	102.24	XXX	N	2863.77
75731	ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	4.87	309.25	103.51	205.74	XXX	N	3872.19		316.23	101.6	XXX	N	2863.77
75733	ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	5.2	330.20	114.94	215.26	XXX	N	3872.19		393.07	116.21	XXX	N	2863.77
75736	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	4.55	288.93	100.33	188.60	XXX	N	3872.19		330.2	99.06	XXX	N	2863.77
75741	ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	4.28	271.78	114.94	156.84	XXX	N	3872.19		307.34	116.84	XXX	N	2863.77
75743	ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	4.8	304.80	146.05	158.75	XXX	N	3872.19		357.51	147.32	XXX	N	2863.77
75746	ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	4.3	273.05	101.60	171.45	XXX	N	3872.19		321.31	102.87	XXX	N	923.72
75756	ANGIOGRAPHY INTERNAL MAMMARY RS&I	4.73	300.36	101.60	198.76	XXX	N	3872.19		361.32	109.86	XXX	N	923.72
75774	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	2.48	157.48	31.75	125.73	ZZZ	N			191.77	32.39	ZZZ	N	
75791	ANGIOGRPHY AV SHUNT COMPLETE EVAL FLUOR RS&I	9.18	582.93	156.21	426.72	XXX	N	951.28		638.18	150.5	XXX	N	923.72
75801	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	7.47	474.35	80.65	393.70	XXX	N	273.41		489.59	83.19	XXX	N	415.46
75803	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	7.59	481.97	106.05	375.92	XXX	N	951.28		490.86	107.95	XXX	N	415.46
75805	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	7.73	490.86	73.66	417.20	XXX	N	951.28		499.75	74.93	XXX	N	415.46

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75807	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	8.4	533.40	106.68	426.72	XXX	N	3872.19		539.75	107.95	XXX	N	415.46
75809	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	2.8	177.80	43.18	134.62	XXX	N	143.41		198.12	43.18	XXX	N	91.38
75810	SPLENOPORTOGRAPY RS&I	14.91	946.79	104.14	842.65	XXX	N	3872.19		952.5	104.78	XXX	N	2863.77
75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I	3.26	207.01	62.87	144.14	XXX	N	951.28		240.03	62.87	XXX	N	923.72
75822	VENOGRAPHY EXTREMITY BILATERAL RS&I	3.89	247.02	94.62	152.40	XXX	N	951.28		298.45	94.62	XXX	N	923.72
75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	3.86	245.11	102.24	142.87	XXX	N	3872.19		282.58	100.97	XXX	N	2863.77
75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	3.93	249.56	102.24	147.32	XXX	N	951.28		288.93	100.33	XXX	N	923.72
75831	VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	3.99	253.37	100.33	153.04	XXX	N	3872.19		304.17	111.76	XXX	N	2863.77
75833	VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	4.66	295.91	130.81	165.10	XXX	N	3872.19		353.06	128.91	XXX	N	2863.77
75840	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	4.2	266.70	103.51	163.19	XXX	N	3872.19		304.8	114.3	XXX	N	2863.77
75842	VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I	5.1	323.85	134.62	189.23	XXX	N	3872.19		363.22	134.62	XXX	N	2863.77
75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	4.05	257.18	100.97	156.21	XXX	N	3872.19		293.37	102.24	XXX	N	923.72
75870	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	4.18	265.43	103.51	161.92	XXX	N	951.28		292.74	102.87	XXX	N	923.72
75872	VENOGRAPHY EPIDURAL RS&I	3.97	252.10	96.52	155.58	XXX	N	3872.19		292.74	102.87	XXX	N	923.72
75880	VENOGRAPHY ORBITAL RS&I	4.03	255.91	65.41	190.50	XXX	N	3872.19		450.85	68.58	XXX	N	923.72
75885	PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	4.48	284.48	125.73	158.75	XXX	N	3872.19		320.68	128.27	XXX	N	2863.77
75887	PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	4.51	286.39	126.37	160.02	XXX	N	951.28		317.5	126.37	XXX	N	923.72
75889	HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	4.08	259.08	99.70	159.38	XXX	N	3872.19		295.28	101.6	XXX	N	2863.77
75891	HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	4.11	260.99	100.97	160.02	XXX	N	3872.19		295.28	102.24	XXX	N	2863.77
75893	VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	3.35	212.73	48.90	163.83	XXX	N	3872.19		240.03	46.99	XXX	N	2863.77
75894	TRANSCATHETER EMBOLIZATION ANY METH RS&I	27	1714.50	120.02	1594.48	XXX	N			1741.81	121.92	XXX	N	
75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	3.58	227.33	152.40	74.93	XXX	N	951.28		231.14	154.94	XXX	N	426.98

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
75901	MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I	5	317.50	43.18	274.32	XXX	N			333.38	43.82	XXX	N	
75902	MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I	2.03	128.91	34.29	94.62	XXX	N			144.15	35.56	XXX	N	
75952	EVASC RPR INFRARENAL AAA/DISSECTION RS&I	6.4	406.40	406.40	0.00	XXX	N	867.54		423.55	423.55	XXX	N	
75953	PLMT XTN PROSTH EVASC RPR INFRARENAL RS&I	1.94	123.19	123.19	0.00	XXX	N			128.91	128.91	XXX	N	
75954	EVASC RPR ILIAC ART W/ILIO-ILIAC PROSTH RS&I	3.24	205.74	205.74	0.00	XXX	N			211.46	211.46	XXX	N	
75956	EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG RS&I	9.99	634.37	634.37	0.00	XXX	N			665.48	665.48	XXX	N	
75957	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	8.58	544.83	544.83	0.00	XXX	N			567.69	567.69	XXX	N	
75958	PLMT PROX XTN PRSTH EVASC DESC THORAC AORTA RS&I	5.7	361.95	361.95	0.00	XXX	N			378.46	378.46	XXX	N	
75959	PLMT DSTL XTN PRSTH EVASC DESC THORAC AORTA RS&I	4.98	316.23	316.23	0.00	XXX	N			328.93	328.93	XXX	N	
75962	TRANSLUMINAL BALLOON ANGIOP PERIPHERAL ART RSI	3.97	252.10	48.26	203.84	XXX	N			285.75	47.63	XXX	N	5190.09
75964	TRLUML BALOON ANGIOP PERIPHER EA ADDL ART RS&I	2.5	158.75	32.39	126.36	ZZZ	N			184.79	33.02	ZZZ	N	
75966	TRLUML BALO ANGIOPLASTY RENAL/OTH VISC ART RS&I	4.84	307.34	116.21	191.13	XXX	N			335.28	114.94	XXX	N	5190.09
75968	TRLUML BALO ANGIOPLASTY EA VISCERAL ART RS&I	2.47	156.85	32.39	124.46	ZZZ	N			167.64	31.12	ZZZ	N	
75970	TRANSCATHETER BIOPSY RS&I	12.78	811.53	73.03	738.50	XXX	N			832.49	74.93	XXX	N	
75978	TRANSLUMINAL BALLOON ANGIOPLASTY VENOUS RS&I	3.92	248.92	48.26	200.66	XXX	N	3200.67		283.21	47.63	XXX	N	2772.73
75984	CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	3	190.50	63.50	127.00	XXX	N			212.09	64.14	XXX	N	
75989	RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS&I	3.41	216.54	106.05	110.49	XXX	N			236.22	105.41	XXX	N	
76000	FLUOROSCOPY SPX UP TO 1 HOUR PHYS/QHP TIME	1.33	84.46	15.88	68.58	XXX	N	273.41		99.06	15.88	XXX	N	147.41
76001	FLUOROSCOPY SPX >1 HOUR PHYS/QHP TIME	4.08	259.08	64.77	194.31	XXX	N			261.62	65.41	XXX	N	
76010	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	0.73	46.36	16.51	29.85	XXX	N	273.41		51.44	16.51	XXX	N	59.28
76080	RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	1.56	99.06	47.63	51.43	XXX	N	500.91		114.94	48.26	XXX	N	329.57
76098	RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	0.47	29.85	14.61	15.24	XXX	N	500.91		35.56	14.61	XXX	N	415.46

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76100	RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	2.6	165.10	57.15	107.95	XXX	N	143.41		193.68	57.79	XXX	N	91.38
76101	RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY UNI	3.7	234.95	60.96	173.99	XXX	N	143.41		292.1	65.41	XXX	N	329.57
76102	RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY BI	4.9	311.15	61.60	249.55	XXX	N	273.41		390.53	66.68	XXX	N	329.57
76120	CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	2.35	149.23	34.93	114.30	XXX	N	143.41		144.15	34.93	XXX	N	147.41
76125	CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE EXAMINATION	1.32	83.82	26.04	57.78	ZZZ	N			83.82	26.04	ZZZ	N	
76140	CONSLTJ X-RAY XM MADE ELSEWHERE WRTTN REPRT	0	BR			XXX	N	69.70		BR		XXX	N	
76376	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	0.65	41.28	17.78	23.50	XXX	N			112.4	17.78	XXX	N	
76377	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	2.01	127.64	71.76	55.88	XXX	N			154.31	71.12	XXX	N	
76380	CT LIMITED/LOCALIZED FOLLOW UP STUDY	4.12	261.62	88.90	172.72	XXX	N	86.59		313.06	87.63	XXX	N	127.55
76390	MRI SPECTROSCOPY	12.49	793.12	125.73	667.39	XXX	N	1167.10		868.68	128.27	XXX	N	
76496	UNLISTED FLUOROSCOPIC PROCEDURE	0	BR	BR	BR	XXX	N	86.59		BR	0	XXX	N	147.41
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	0	BR	BR	BR	XXX	N	86.59		BR	0	XXX	N	127.55
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	0	BR	BR	BR	XXX	N	389.58		BR	0	XXX	N	436.69
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	0	BR	BR	BR	XXX	N	86.59		BR	0	XXX	N	59.28
76506	ECHOENCEPHALOGRAPHY REAL TIME IMAGING	3.36	213.36	58.42	154.94	XXX	N	131.12		239.4	57.79	XXX	N	83.3
76510	OPH US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	4.81	305.44	160.02	145.42	XXX	N	129.85		340.36	179.71	XXX	N	186.8
76511	OPHTHALMIC ULTRASOUND DX QUAN A-SCAN ONLY	2.86	181.61	95.25	86.36	XXX	N	131.12		193.04	97.79	XXX	N	128.14
76512	OPHTHALMIC ULTRASOUND DX B-SCAN W/WO A-SCAN	2.62	166.37	95.25	71.12	XXX	N	131.12		179.07	100.33	XXX	N	128.14
76513	OPH US DX ANT SGM US IMMERSION B-SCAN/HR BIOM	2.69	170.82	64.14	106.68	XXX	N	218.73		186.06	66.68	XXX	N	128.14
76514	OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	0.43	27.31	17.78	9.53	XXX	N	43.46		28.58	17.78	XXX	N	30.23
76516	OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	2.22	140.97	55.88	85.09	XXX	N	131.12		151.13	57.15	XXX	N	83.3
76519	OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	2.37	150.50	55.88	94.62	XXX	N	131.12		163.83	59.06	XXX	N	128.14

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76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	2.24	142.24	58.42	83.82	XXX	N	131.12		153.67	61.6	XXX	N	83.3
76536	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	3.29	208.92	50.80	158.12	XXX	N	218.73		233.05	50.8	XXX	N	128.14
76604	US CHEST REAL TIME W/IMAGE DOCUMENTATION	2.49	158.12	48.90	109.22	XXX	N	131.12		167.64	49.53	XXX	N	83.3
76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	3.04	193.04	66.04	127.00	XXX	N	131.12						
76642	US BREAST UNI REAL TIME WITH IMAGE LIMITED	2.5	158.75	61.60	97.15	XXX	N	131.12						
76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	3.47	220.35	73.03	147.32	XXX	N	218.73		267.34	73.03	XXX	N	128.14
76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	2.59	164.47	53.34	111.13	XXX	N	218.73		205.74	52.71	XXX	N	128.14
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	3.21	203.84	66.68	137.16	XXX	N	218.73		252.1	66.68	XXX	N	128.14
76775	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	1.64	104.14	52.07	52.07	XXX	N	218.73		207.01	52.07	XXX	N	128.14
76776	US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	4.44	281.94	68.58	213.36	XXX	N	218.73		292.1	67.95	XXX	N	128.14
76800	ULTRASOUND SPINAL CANAL & CONTENTS	4	254.00	109.22	144.78	XXX	N	131.12		248.92	101.6	XXX	N	128.14
76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	3.49	221.62	90.81	130.81	XXX	N	218.73		240.67	89.54	XXX	N	128.14
76802	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	1.84	116.84	76.84	40.00	ZZZ	N			125.1	75.57	ZZZ	N	83.3
76805	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	4.03	255.91	91.44	164.47	XXX	N	218.73		281.31	90.17	XXX	N	128.14
76810	US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	2.65	168.28	90.81	77.47	ZZZ	N			183.52	88.9	ZZZ	N	128.14
76811	US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	5.17	328.30	177.80	150.50	XXX	N	218.73		353.7	174.63	XXX	N	199.63
76812	US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	5.87	372.75	167.01	205.74	ZZZ	N			403.86	164.47	ZZZ	N	83.3
76813	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	3.44	218.44	110.49	107.95	XXX	N	131.12		231.78	108.59	XXX	N	83.3
76814	US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	2.31	146.69	93.35	53.34	XXX	N			150.5	91.44	XXX	N	83.3
76815	US PREGNANT UTERUS LIMITED 1/> FETUSES	2.39	151.77	59.06	92.71	XXX	N	218.73		171.45	57.79	XXX	N	83.3
76816	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	3.27	207.65	79.38	128.27	XXX	N	131.12		225.43	78.11	XXX	N	83.3
76817	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	2.76	175.26	69.22	106.04	XXX	N	218.73		194.31	68.58	XXX	N	83.3

MEDICAL DATA														
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76818	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	3.46	219.71	98.43	121.28	XXX	N	218.73		234.95	96.52	XXX	N	128.14
76819	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	2.52	160.02	71.76	88.26	XXX	N	218.73		170.82	70.49	XXX	N	128.14
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	1.34	85.09	46.36	38.73	XXX	N	131.12		76.2	45.72	XXX	N	83.3
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	2.64	167.64	65.41	102.23	XXX	N	131.12		180.98	64.77	XXX	N	83.3
76825	ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	7.84	497.84	151.77	346.07	XXX	N	593.61		414.02	151.13	XXX	N	274.34
76826	ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	4.63	294.01	74.93	219.08	XXX	N	593.61		249.56	75.57	XXX	N	274.34
76827	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	2.15	136.53	52.07	84.46	XXX	N	218.73		113.03	52.07	XXX	N	83.3
76828	DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	1.52	96.52	51.44	45.08	XXX	N	218.73		83.82	50.8	XXX	N	83.3
76830	US TRANSVAGINAL	3.46	219.71	62.87	156.84	XXX	N	218.73		142.24	62.87	XXX	N	128.14
76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	3.36	213.36	66.68	146.68	XXX	N	218.73		240.67	66.68	XXX	N	199.63
76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	3.11	197.49	62.23	135.26	XXX	N	218.73		236.86	61.6	XXX	N	128.14
76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	1.35	85.73	45.09	40.64	XXX	N	131.12		181.61	34.93	XXX	N	83.3
76870	US SCROTUM & CONTENTS	1.91	121.29	57.79	63.50	XXX	N	218.73		236.86	57.79	XXX	N	128.14
76872	US TRANSRECTAL	2.66	168.91	60.33	108.58	XXX	N	218.73		137.16	61.6	XXX	N	128.14
76873	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	4.75	301.63	140.34	161.29	XXX	N	218.73		323.22	141.61	XXX	N	199.63
76881	US EXTREMITY NON-VASC REAL-TIME IMG COMPL	3.24	205.74	56.52	149.22	XXX	N	218.73		232.41	57.79	XXX	N	128.14
76882	US EXTREMITY NON-VASC REAL-TIME IMG LMTD	1.02	64.77	44.45	20.32	XXX	N	131.12		66.04	44.45	XXX	N	83.3
76885	US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	4.13	262.26	67.31	194.95	XXX	N	131.12		283.85	66.68	XXX	N	83.3
76886	US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	3	190.50	55.25	135.25	XXX	N	218.73		200.66	54.61	XXX	N	83.3
76930	US GUIDANCE PERICARDIOCENTESIS RS&I	2.51	159.39	59.06	100.33	XXX	N			160.02	58.42	XXX	N	
76932	US ENDOMYOCARDIAL BIOPSY RS&I	2.51	159.39	59.06	100.33	YYY	N			163.2	60.33	XXX	N	
76936	US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	7.71	489.59	178.44	311.15	XXX	N	313.82		535.31	180.34	XXX	N	140.12

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76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	0.89	56.52	26.04	30.48	ZZZ	N			67.95	27.31	ZZZ	N	
76940	US &MNTR PARENCHYMAL TISSUE ABLATION	4.74	300.99	186.69	114.30	YYY	N			309.25	191.77	XXX	N	
76941	US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I	3.61	229.24	123.83	105.41	XXX	N			237.49	128.27	XXX	N	
76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	1.72	389.26	60.96	328.30	XXX	N			389.26	60.96	XXX	N	
76945	US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	2.75	174.63	62.87	111.76	XXX	N			176.53	63.5	XXX	N	
76946	US GUIDANCE AMNIOCENTESIS IMG S&I	0.93	59.06	35.56	23.50	XXX	N			60.96	34.93	XXX	N	
76948	US GUIDANCE ASPIRATION OVA IMG S&I	1.97	125.10	54.61	70.49	XXX	N			62.87	36.2	XXX	N	
76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	2.55	161.93	119.38	42.55	XXX	N			167.64	121.92	XXX	N	
76970	US STUDY FOLLOW UP	2.63	167.01	34.93	132.08	XXX	N	131.12		191.77	37.47	XXX	N	83.3
76975	GI ENDOSCOPIC US S&I	2.95	187.33	76.84	110.49	XXX	N	218.73		196.85	80.65	XXX	N	199.63
76977	US BONE DENSITY MEAS & INTERP PERIPH ANY METHO	0.2	12.70	5.08	7.62	XXX	N	43.46		13.34	5.08	XXX	N	64.04
76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	1.81	114.94	114.94	0.00	XXX	N			119.38	119.38	XXX	N	
76999	UNLISTED US PROCEDURE	0	BR	BR	BR	XXX	N	131.12		BR	0	XXX	N	83.3
77001	FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	1.98	125.73	34.29	91.44	ZZZ	N			226.06	34.29	ZZZ	N	
77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT	2.62	149.23	50.80	98.43	XXX	N			149.23	50.8	XXX	N	
77003	FLUORO NEEDLE/CATH SPINE/PARASPINAL DX/THER	2.41	179.07	56.52	122.55	XXX	N			179.07	56.52	XXX	N	
77011	CT GUIDANCE STEREOTACTIC LOCALIZATION	6.28	398.78	113.03	285.75	XXX	N			422.91	111.76	XXX	N	
77012	CT GUIDANCE NEEDLE PLACEMENT	3.52	223.52	104.14	119.38	XXX	N			240.03	102.24	XXX	N	
77013	CT GUIDANCE &MONITORING VISC TISS ABLATION	15.44	980.44	353.06	627.38	XXX	N			1012.19	364.49	XXX	N	
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	3.32	210.82	78.74	132.08	XXX	N			232.41	78.11	XXX	N	
77021	MR GUIDANCE NEEDLE PLACEMENT	11.35	720.73	135.89	584.84	XXX	N			730.25	136.53	XXX	N	
77022	MR GUIDANCE &MONITORING TISSUE ABLATION	19.48	1236.98	383.54	853.44	XXX	N			1243.33	385.45	XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
77051	COMPUTER-AIDED DETECTION DX MAMMOGRAPHY	0.23	14.61	5.08	9.53	ZZZ	N			19.05	5.72	ZZZ	N	
77052	COMPUTER-AIDED DETECTION SCREENING MAMMOGRAPHY	0.23	14.61	5.08	9.53	ZZZ	N			19.05	5.72	ZZZ	N	
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	1.64	104.14	32.39	71.75	XXX	N	273.41		111.76	31.75	XXX	N	329.57
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	2.16	137.16	41.28	95.88	XXX	N	273.41		150.5	40.64	XXX	N	329.57
77055	MAMMOGRAPHY UNILATERAL	2.52	160.02	63.50	96.52	XXX	N			166.37	62.87	XXX	N	
77056	MAMMOGRAPHY BILATERAL	3.24	205.74	78.74	127.00	XXX	N			214	78.74	XXX	N	
77057	SCREENING MAMMOGRAPHY BILATERAL	2.31	146.69	63.50	83.19	XXX	N			152.4	63.5	XXX	N	
77058	MRI BREAST UNILATERAL	15.14	961.39	147.32	814.07	XXX	N			1177.29	146.69	XXX	N	
77059	MRI BREAST BILATERAL	15.06	956.31	147.32	808.99	XXX	N			1168.4	146.69	XXX	N	
77061	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	3.62	229.87	62.87	167.00	XXX	N	57.15						
77062	DIGITAL BREAST TOMOSYNTHESIS BILATERAL	4.61	292.74	78.74	214.00	XXX	N	67.29						
77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	1.56	99.06	53.98	45.08	ZZZ	N							
77071	MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS	1.36	86.36			XXX	N	86.59		97.79		XXX	N	59.28
77072	BONE AGE STUDIES	0.65	41.28	17.15	24.13	XXX	N	143.41		44.45	17.15	XXX	N	59.28
77073	BONE LENGTH STUDIES	1.01	64.14	26.04	38.10	XXX	N	86.59		73.66	27.31	XXX	N	91.38
77074	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	1.81	114.94	41.28	73.66	XXX	N	143.41		133.35	40.64	XXX	N	91.38
77075	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	2.46	156.21	48.90	107.31	XXX	N	143.41		201.93	48.9	XXX	N	91.38
77076	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	2.7	171.45	63.50	107.95	XXX	N	143.41		201.93	62.87	XXX	N	91.38
77077	JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	1.05	66.68	29.21	37.47	XXX	N	143.41		77.47	31.12	XXX	N	59.28
77078	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	3.2	203.20	22.23	180.97	XXX	N	86.59		249.56	22.23	XXX	N	95.3
77080	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	1.16	73.66	18.42	55.24	XXX	N	143.41		93.98	18.42	XXX	N	95.3
77081	DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	0.79	50.17	19.69	30.48	XXX	N	86.59		53.34	20.32	XXX	N	45.46

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
77084	BONE MARROW BLOOD SUPPLY	10.98	697.23	145.42	551.81	XXX	N	389.58		833.76	144.78	XXX	N	436.69
77085	DXA BONE DENSITY STUDY AXIAL SKELETON	1.59	100.97	27.94	73.03	XXX	N	143.41						
77086	VERTEBRAL FRACTURE ASSESSMENT VIA DXA	1	63.50	15.88	47.62	XXX	N	86.59						
77261	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	2.14	135.89			XXX	N			133.35		XXX	N	
77262	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	3.2	203.20			XXX	N			200.66		XXX	N	
77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	4.68	297.18			XXX	N			296.55		XXX	N	
77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	7.71	489.59	64.77	424.82	XXX	N	237.34		337.82	64.14	XXX	N	141.56
77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	12.16	772.16	97.79	674.37	XXX	N	415.54		597.54	96.52	XXX	N	375.4
77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	14.54	923.29	145.42	777.87	XXX	N	415.54		991.87	143.51	XXX	N	375.4
77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	13.16	835.66	186.06	649.60	ZZZ	N			766.45	184.15	ZZZ	N	
77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	13.85	879.48	397.51	481.97	XXX	N	1462.40		831.22	422.28	XXX	N	1270.08
77299	UNLIS PX THER RADIOL CLINICAL TX PLANNING	0	BR	BR	BR	XXX	N	152.95		BR	0	XXX	N	141.56
77300	BASIC RADIATION DOSIMETRY CALCULATION	1.88	119.38	57.79	61.59	XXX	N	152.95		124.46	57.15	XXX	N	141.56
77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	55.16	3502.66	741.05	2761.61	XXX	N	1462.40		3714.75	739.14	XXX	N	1270.08
77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	4.22	267.97	130.18	137.79	XXX	N	237.34						
77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	8.15	517.53	268.61	248.92	XXX	N	415.54						
77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	5.33	338.46	130.18	208.28	XXX	N	152.95						
77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	6.94	440.69	170.18	270.51	XXX	N	415.54						
77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	10.01	635.64	268.61	367.03	XXX	N	415.54						
77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	2.62	166.37	88.27	78.10	XXX	N	415.54		169.55	87.63	XXX	N	375.4
77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	1.8	114.30	80.65	33.65	XXX	N	152.95		115.57	80.01	XXX	N	141.56
77332	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	2.34	148.59	50.80	97.79	XXX	N	152.95		149.86	50.17	XXX	N	260.29

MEDICAL DATA

Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
77333	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	1.5	95.25	78.11	17.14	XXX	N	237.34		95.25	77.47	XXX	N	260.29
77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	4.31	273.69	114.94	158.75	XXX	N	415.54		280.04	113.67	XXX	N	260.29
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	2.24	142.24			XXX	N	152.95		81.92		XXX	N	141.56
77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	14.34	910.59	397.51	513.08	XXX	N	415.54		935.36	397.51	XXX	N	375.4
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	3.44	218.44			XXX	N	237.34		220.35		XXX	N	141.56
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	34.44	2186.94	0.00	2186.94	XXX	N	14600.48	J1	2459.36		XXX	N	10205.25
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	30.27	1922.15	0.00	1922.15	XXX	N	14600.48	J1	1464.95		XXX	N	
77373	STEREOTACTIC BODY RADIATION DELIVERY	38.48	2443.48	0.00	2443.48	XXX	N	2381.16		2367.92		XXX	N	
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	9.67	614.05			XXX	N	719.95						
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	9.7	615.95			XXX	N	719.95						
77387	GUIDANCE FOR LOC OF TARGET VOL RADIAJ TX DLVR	1.8	114.30	45.09	69.21	XXX	N							
77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	0	BR	BR	BR	XXX	N	152.95		BR	0	XXX	N	141.56
77401	RADIATION TX DELIVERY SUPERFICIAL&/ORTHO VOLTA	0.68	43.18	0.00	43.18	XXX	N	157.14		38.74		XXX	N	123.21
77402	RADIATION TREATMENT DELIVERY 1 MEV+ SIMPLE	4.06	257.81			XXX	N	157.14		289.56		XXX	N	123.21
77407	RADIATION TX DELIVERY 1 MEV >= INTERMEDIATE	5.59	354.97			XXX	N	157.14		421.64		XXX	N	123.21
77412	RADIATION TREATMENT DELIVERY 1 MEV >= COMPLEX	7.83	497.21			XXX	N	276.80		448.31		XXX	N	231.59
77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	0.31	19.69	0.00	19.69	XXX	N			26.67		XXX	N	
77422	HIGH ENERGY NEUTRON RADJ TX DLVR 1 TX AREA	1.81	114.94	0.00	114.94	XXX	N	276.80		527.69		XXX	N	231.59
77423	HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER	2.72	172.72	0.00	172.72	XXX	N	719.95		537.85		XXX	N	231.59
77424	INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION	0	BR			XXX	N	15115.50	J1	BR		XXX	N	1262.03
77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	0	BR			XXX	N	15115.50	J1	BR		XXX	N	1262.03
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	5.24	332.74			XXX	N			332.74		XXX	N	

MEDICAL DATA														
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77431	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	2.88	182.88			XXX	N			182.88		XXX	N	
77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	11.81	749.94			XXX	N			748.67		XXX	N	
77435	STEREOTACTIC BODY RADIATION MANAGEMENT	17.81	1130.94			XXX	N			1130.3		XXX	N	
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	9.1	577.85			XXX	N			561.98		XXX	N	
77470	SPECIAL TREATMENT PROCEDURE	4.41	280.04	193.68	86.36	XXX	N	719.95		282.58	193.04	XXX	N	506.25
77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	0	BR	BR	BR	XXX	N			BR	0	XXX	N	
77520	PROTON TX DELIVERY SIMPLE W/O COMPENSATION	0	BR			XXX	N	719.95		BR		XXX	N	1466.32
77522	PROTON TX DELIVERY SIMPLE W/COMPENSATION	0	BR			XXX	N	1638.83		BR		XXX	N	1466.32
77523	PROTON TX DELIVERY INTERMEDIATE	0	BR			XXX	N	1638.83		BR		XXX	N	880.3
77525	PROTON TX DELIVERY COMPLEX	0	BR			XXX	N	1638.83		BR		XXX	N	880.3
77600	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	11.88	754.38	147.32	607.06	XXX	N	276.80		805.18	143.51	XXX	N	506.25
77605	HYPERTHERMIA EXTERNAL GENERATED DEEP	22.55	1431.93	208.92	1223.01	XXX	N	991.55		2167.26	209.55	XXX	N	506.25
77610	HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS	28.03	1779.91	154.94	1624.97	XXX	N	719.95		2042.8	142.88	XXX	N	506.25
77615	HYPERTHERMIA INTERSTIAL PROBE 5/> APPLICATORS	30	1905.00	193.04	1711.96	XXX	N	719.95		1901.83	193.04	XXX	N	506.25
77620	HYPERTHERMIA INTRACAVITARY PROBES	10.84	688.34	144.78	543.56	XXX	N	719.95		1096.65	140.97	XXX	N	506.25
77750	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	10.49	666.12	462.92	203.20	090	N	276.80		673.1	462.28	090	N	231.59
77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	11	698.50	353.06	345.44	090	N	719.95		715.65	354.33	090	N	530
77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	14.64	929.64	533.40	396.24	090	N	719.95		946.79	531.5	090	N	530
77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	20.73	1316.36	803.28	513.08	090	N	991.55		1335.41	800.1	090	N	530
77767	HDR RDNCL SKN SURF BRACHYTX LES </2CM/1 CHAN	6.35	403.23	97.79	305.44	XXX	N	276.80						
77768	HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES	9.95	631.83	129.54	502.29	XXX	N	276.80						
77770	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	9.06	575.31	180.98	394.33	XXX	N	991.55						

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77771	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	16.86	1070.61	352.43	718.18	XXX	N	991.55						
77772	HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	25.76	1635.76	500.38	1135.38	XXX	N	991.55						
77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	22.04	1399.54	739.78	659.76	000	N	991.55		1593.22	1045.85	090	N	1129.5
77789	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	3.38	214.63	106.68	107.95	000	N	157.14		220.35	106.05	000	N	123.21
77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	0.42	26.67	15.88	10.79	XXX	N			176.53	95.89	XXX	N	
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	0	BR	BR	BR	XXX	N	157.14		BR	0	XXX	N	530
78012	THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	2.3	146.05	17.15	128.90	XXX	N	473.76		154.94	17.15	XXX	N	147.11
78013	THYROID IMAGING WITH VASCULAR FLOW	5.56	353.06	33.02	320.04	XXX	N	473.76		391.8	33.02	XXX	N	193.57
78014	THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	7.04	447.04	44.45	402.59	XXX	N	473.76		452.76	44.45	XXX	N	300.51
78015	THYROID CARCINOMA METASTASES IMG LMTD AREA	6.41	407.04	59.06	347.98	XXX	N	473.76		415.93	58.42	XXX	N	387.14
78016	THYROID CARCINOMA METASTASES IMG ADDL STUDY	8.13	516.26	61.60	454.66	XXX	N	473.76		539.75	62.87	XXX	N	387.14
78018	THYROID CARCINOMA METASTASES IMG WHOLE BODY	9.11	578.49	74.93	503.56	XXX	N	473.76		601.35	74.3	XXX	N	387.14
78020	THYROID CARCINOMA METASTASES UPTAKE	2.43	154.31	50.17	104.14	ZZZ	N			158.12	50.17	ZZZ	N	
78070	PARATHYROID PLANAR IMAGING	8.73	554.36	70.49	483.87	XXX	N	473.76		572.77	69.85	XXX	N	300.51
78071	PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	10.43	662.31	106.05	556.26	XXX	N	473.76		675.01	105.41	XXX	N	415.46
78072	PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	12.04	764.54	138.43	626.11	XXX	N	628.59		146.05	146.05	YYY	N	415.46
78075	ADRENAL IMAGING CORTEX &/MEDULLA	12.46	791.21	63.50	727.71	XXX	N	1578.68		823.6	62.87	XXX	N	1232.81
78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	193.57
78102	BONE MARROW IMAGING LIMITED AREA	4.94	313.69	48.26	265.43	XXX	N	473.76		325.76	47.63	XXX	N	361.16
78103	BONE MARROW IMAGING MULTIPLE AREAS	6.48	411.48	65.41	346.07	XXX	N	473.76		415.93	64.14	XXX	N	361.16
78104	BONE MARROW IMAGING WHOLE BODY	7.14	453.39	69.22	384.17	XXX	N	473.76		476.89	69.85	XXX	N	361.16
78110	PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	2.73	173.36	17.15	156.21	XXX	N	473.76		177.17	17.15	XXX	N	562.2

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78111	PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	2.8	177.80	19.69	158.11	XXX	N	473.76		161.93	17.78	XXX	N	562.2
78120	RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	2.73	173.36	20.96	152.40	XXX	N	473.76		174.63	20.32	XXX	N	562.2
78121	RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	2.97	188.60	29.21	159.39	XXX	N	473.76		147.96	24.13	XXX	N	562.2
78122	WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU	2.84	180.34	38.74	141.60	XXX	N	628.59		188.6	38.1	XXX	N	562.2
78130	RED CELL SURVIVAL STUDY	4.89	310.52	54.61	255.91	XXX	N	473.76		307.98	55.88	XXX	N	562.2
78135	RBC SURVIVAL STUDY DIFFERNTL ORGAN/TISS KINETICS	10.26	651.51	57.79	593.72	XXX	N	473.76		686.44	58.42	XXX	N	562.2
78140	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	3.97	252.10	55.25	196.85	XXX	N	473.76		258.45	55.25	XXX	N	562.2
78185	SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	6.17	391.80	36.20	355.60	XXX	N	473.76		407.67	35.56	XXX	N	361.16
78190	KINETICS PLATELET W/WO DIFFRNTL ORGAN/TIS LOCLZJ	11.43	725.81	97.79	628.02	XXX	N	1578.68		787.4	99.7	XXX	N	253.62
78191	PLATELET SURVIVAL STUDY	4.89	310.52	54.61	255.91	XXX	N	473.76		308.61	55.88	XXX	N	253.62
78195	LYMPHATICS & LYMPH NODES IMAGING	10.37	658.50	106.68	551.82	XXX	N	473.76		686.44	106.05	XXX	N	361.16
78199	UNLIS HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	361.16
78201	LIVER IMAGING STATIC ONLY	5.47	347.35	38.10	309.25	XXX	N	473.76		358.14	38.74	XXX	N	405.59
78202	LIVER IMAGING W/VASCULAR FLOW	5.88	373.38	43.18	330.20	XXX	N	473.76		393.07	42.55	XXX	N	405.59
78205	LIVER IMAGING SPECT	6.16	391.16	60.96	330.20	XXX	N	473.76		408.31	61.6	XXX	N	405.59
78206	LIVER IMAGING SPECT W/VASCULAR FLOW	9.98	633.73	84.46	549.27	XXX	N	473.76		652.15	83.19	XXX	N	405.59
78215	LIVER & SPLEEN IMAGING STATIC ONLY	5.67	360.05	43.82	316.23	XXX	N	473.76		375.29	43.82	XXX	N	405.59
78216	LIVER & SPLEEN IMAGING W/VASCULAR FLOW	3.66	232.41	49.53	182.88	XXX	N	473.76		236.22	48.9	XXX	N	405.59
78226	HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	9.67	614.05	66.04	548.01	XXX	N	473.76		727.08	68.58	XXX	N	405.59
78227	HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	13.12	833.12	80.65	752.47	XXX	N	473.76		984.25	82.55	XXX	N	405.59
78230	SALIVARY GLAND IMAGING	4.11	260.99	34.29	226.70	XXX	N	473.76		332.74	40.64	XXX	N	331.24
78231	SALIVARY GLAND IMAGING SERIAL IMAGES	3.79	240.67	47.63	193.04	XXX	N	473.76		247.02	45.72	XXX	N	331.24

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78232	SALIVARY GLAND FUNCTION STUDY	2.87	182.25	35.56	146.69	XXX	N	473.76		186.06	36.2	XXX	N	331.24
78258	ESOPHAGEAL MOTILITY	6.46	410.21	66.04	344.17	XXX	N	473.76		431.17	64.77	XXX	N	331.24
78261	GASTRIC MUCOSA IMAGING	7.24	459.74	61.60	398.14	XXX	N	473.76		485.78	62.23	XXX	N	331.24
78262	GASTROESOPHAGEAL REFLUX STUDY	7.12	452.12	59.69	392.43	XXX	N	473.76		481.97	59.69	XXX	N	331.24
78264	GASTRIC EMPTYING IMAGING STUDY	9.75	619.13	66.04	553.09	XXX	N	473.76		554.36	70.49	XXX	N	331.24
78265	GASTRIC EMPTYNG IMAG STD W/SM BWL TRANSIT	11.63	738.51	87.00	651.51	XXX	N	473.76						
78266	GSTRC EMPTNG IMAG STD W/SM BWL COL TRNST MLT DAY	13.8	876.30	96.52	779.78	XXX	N	628.59						
78267	UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	0.3	19.05	0.00	19.05	XXX	N			20.32		XXX	N	
78268	UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	2.56	162.56	0.00	162.56	XXX	N			172.72		XXX	N	
78270	VITAMIN B-12 ABSRPJ STUDY W/O INTRINSIC FACTOR	2.94	186.69	19.05	167.64	XXX	N	473.76		163.83	17.78	XXX	N	253.62
78271	VITAMIN B-12 ABSRPJ STUDY W/INTRINSIC FACTOR	2.62	166.37	18.42	147.95	XXX	N	473.76		179.07	18.42	XXX	N	253.62
78272	VITAMIN B-12 ABSRPJ STDY W/WO INTRINSIC FACT	2.81	178.44	24.13	154.31	XXX	N	473.76		180.34	24.13	XXX	N	253.62
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	10.17	645.80	88.27	557.53	XXX	N	473.76		670.56	87.63	XXX	N	331.24
78282	GASTROINTESTINAL PROTEIN LOSS	2.16	137.16	34.29	102.87	XXX	N	473.76		139.7	34.93	XXX	N	331.24
78290	INTESTINE IMAGING	9.73	617.86	60.96	556.90	XXX	N	473.76		644.53	60.33	XXX	N	331.24
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST	7.34	466.09	76.20	389.89	XXX	N	473.76		491.49	77.47	XXX	N	331.24
78299	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	331.24
78300	BONE &/JOINT IMAGING LIMITED AREA	5.27	334.65	56.52	278.13	XXX	N	473.76		346.08	55.25	XXX	N	337.58
78305	BONE &/JOINT IMAGING MULTIPLE AREAS	6.73	427.36	74.30	353.06	XXX	N	473.76		455.3	73.66	XXX	N	337.58
78306	BONE &/JOINT IMAGING WHOLE BODY	7.35	466.73	76.84	389.89	XXX	N	473.76		481.97	75.57	XXX	N	337.58
78315	BONE &/JOINT IMAGING 3 PHASE STUDY	10.11	641.99	90.81	551.18	XXX	N	473.76		669.29	90.17	XXX	N	337.58
78320	BONE &/JOINT IMAGING TOMOGRAPHIC SPECT	6.64	421.64	90.81	330.83	XXX	N	473.76		434.98	90.17	XXX	N	337.58

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
78350	BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY	0.93	59.06	19.69	39.37	XXX	N			62.87	20.32	XXX	N	
78351	BONE DENSTY 1/> SITES DUAL PHOTON ABSORPTIOMETR	0.43	27.31	8.26	19.05	XXX	N			27.31	8.26	XXX	N	
78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	337.58
78414	CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	2.1	133.35	40.01	93.34	XXX	N	628.59		139.7	41.91	XXX	N	398.63
78428	CARDIAC SHUNT DETECTION	5.25	333.38	67.95	265.43	XXX	N	473.76		353.7	67.95	XXX	N	398.63
78445	NONCARDIAC VASCULAR FLOW IMAGING	5.1	323.85	41.91	281.94	XXX	N	473.76		331.47	41.28	XXX	N	426.98
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	9.94	631.19	121.29	509.90	XXX	N	1578.68		672.47	121.92	XXX	N	876.84
78452	MYOCARDIAL SPECT MULTIPLE STUDIES	13.77	874.40	142.24	732.16	XXX	N	1578.68		937.26	142.88	XXX	N	876.84
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	8.86	562.61	88.90	473.71	XXX	N	628.59		584.2	88.9	XXX	N	876.84
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	12.74	808.99	120.65	688.34	XXX	N	1578.68		840.11	118.75	XXX	N	876.84
78456	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	9.2	584.20	87.63	496.57	XXX	N	1578.68		681.99	88.27	XXX	N	426.98
78457	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	5.48	347.98	69.22	278.76	XXX	N	628.59		391.8	68.58	XXX	N	426.98
78458	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	4.87	309.25	68.58	240.67	XXX	N	473.76		359.41	74.93	XXX	N	426.98
78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	11.82	750.57	127.64	622.93	XXX	N	1830.36		769.62	130.81	XXX	N	1362.48
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	5.55	352.43	62.87	289.56	XXX	N	473.76		377.83	63.5	XXX	N	398.63
78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	5.76	365.76	70.49	295.27	XXX	N	473.76		384.18	71.12	XXX	N	398.63
78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	6.59	418.47	81.92	336.55	XXX	N	628.59		436.25	82.55	XXX	N	398.63
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	6.68	424.18	86.36	337.82	XXX	N	473.76		445.14	86.36	XXX	N	398.63
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	8.41	534.04	128.27	405.77	XXX	N	473.76		564.52	129.54	XXX	N	398.63
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	5.07	321.95	85.73	236.22	XXX	N	628.59		350.52	86.36	XXX	N	398.63
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	7.02	445.77	128.27	317.50	XXX	N	628.59		468	130.18	XXX	N	398.63
78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST/STRESS	12.69	805.82	128.91	676.91	XXX	N	1830.36		833.76	133.35	XXX	N	1362.48

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST/STRESS	15.88	1008.38	161.29	847.09	XXX	N	1830.36		1036.32	165.74	XXX	N	1362.48
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	6.54	415.29	104.78	310.51	XXX	N	473.76		441.33	104.78	XXX	N	398.63
78496	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	1.28	81.28	43.82	37.46	ZZZ	N			84.46	43.82	ZZZ	N	
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	398.63
78579	PULMONARY VENTILATION IMAGING	5.44	345.44	42.55	302.89	XXX	N	473.76		415.93	45.72	XXX	N	285.05
78580	PULMONARY PERFUSION IMAGING PARTICULATE	6.98	443.23	66.04	377.19	XXX	N	473.76		456.57	64.77	XXX	N	285.05
78582	PULMONARY VENTILATION & PERFUSION IMAGING	9.77	620.40	95.25	525.15	XXX	N	628.59		731.52	98.43	XXX	N	433.99
78597	QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	5.89	374.02	64.14	309.88	XXX	N	473.76		455.3	67.95	XXX	N	285.05
78598	QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	8.95	568.33	74.93	493.40	XXX	N	628.59		679.45	77.47	XXX	N	433.99
78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	285.05
78600	BRAIN IMAGING <4 STATIC VIEWS	5.4	342.90	40.64	302.26	XXX	N	473.76		352.43	38.74	XXX	N	340.7
78601	BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	6.23	395.61	45.09	350.52	XXX	N	473.76		415.93	45.09	XXX	N	591.3
78605	BRAIN IMAGING MINIMUM 4 STATIC VIEWS	5.8	368.30	48.26	320.04	XXX	N	628.59		379.73	47.63	XXX	N	340.7
78606	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	9.65	612.78	56.52	556.26	XXX	N	628.59		639.45	55.25	XXX	N	591.3
78607	BRAIN IMAGING TOMOGRAPHIC SPECT	10.22	648.97	106.68	542.29	XXX	N	1578.68		675.64	104.78	XXX	N	591.3
78608	BRAIN IMAGING PET METABOLIC EVALUATION	17	1079.50	129.54	949.96	XXX	N	1830.36		1095.38	131.45	XXX	N	1362.48
78609	BRAIN IMAGING PET PERFUSION EVALUATION	2.11	133.99	133.99	0.00	XXX	N			140.34	140.34	XXX	N	
78610	BRAIN IMAGING VASCULAR FLOW ONLY	5.1	323.85	27.31	296.54	XXX	N	473.76		339.73	26.67	XXX	N	340.7
78630	CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	9.87	626.75	60.96	565.79	XXX	N	628.59		664.21	60.33	XXX	N	591.3
78635	CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	9.88	627.38	55.25	572.13	XXX	N	628.59		650.88	53.34	XXX	N	591.3
78645	CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	9.41	597.54	50.17	547.37	XXX	N	473.76		618.49	49.53	XXX	N	340.7
78647	CEREBROSPINAL FLUID FLOW W/O MATL TOMOG SPECT	10.2	647.70	81.28	566.42	XXX	N	1578.68		704.22	79.38	XXX	N	591.3

MEDICAL DATA														
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78650	CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	9.6	609.60	53.98	555.62	XXX	N	1578.68		641.99	53.98	XXX	N	591.3
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	5.25	333.38	48.26	285.12	XXX	N	473.76		363.22	49.53	XXX	N	340.7
78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	340.7
78700	KIDNEY IMAGING MORPHOLOGY	5.01	318.14	40.01	278.13	XXX	N	473.76		340.36	40.64	XXX	N	429.48
78701	KIDNEY IMAGING MORPHOOGY W/VASCULAR FLOW	6.14	389.89	42.55	347.34	XXX	N	473.76		410.21	43.82	XXX	N	429.48
78707	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	6.77	429.90	84.46	345.44	XXX	N	628.59		442.6	83.19	XXX	N	429.48
78708	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	5.06	321.31	106.68	214.63	XXX	N	628.59		327.03	105.41	XXX	N	429.48
78709	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	10.59	672.47	123.83	548.64	XXX	N	628.59		706.12	123.19	XXX	N	429.48
78710	KIDNEY IMAGING MORPHOLOGY TOMOGRAPHIC	5.83	370.21	55.25	314.96	XXX	N	628.59		392.43	53.98	XXX	N	429.48
78725	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	3.16	200.66	33.02	167.64	XXX	N	356.02		212.73	33.02	XXX	N	253.62
78730	URINARY BLADDER RESIDUAL STUDY	2.22	140.97	13.97	127.00	ZZZ	N			127	13.34	ZZZ	N	147.11
78740	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	6.35	403.23	49.53	353.70	XXX	N	473.76		445.14	51.44	XXX	N	429.48
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	6.08	386.08	64.77	321.31	XXX	N	473.76		414.66	63.5	XXX	N	429.48
78799	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	429.48
78800	RP LOCLZJ TUMOR/DSTRBJ AGENT LIMITED AREA	5.57	353.70	60.96	292.74	XXX	N	473.76		364.49	59.69	XXX	N	387.14
78801	RP LOCLZJ TUMOR/DSTRBJ AGENT MULTIPLE AREAS	7.6	482.60	72.39	410.21	XXX	N	473.76		468	69.85	XXX	N	648.31
78802	RP LOCLZJ TUMOR/DSTRBJ AGENT WHOLE BDY 1 DAY	9.47	601.35	75.57	525.78	XXX	N	628.59		621.03	74.93	XXX	N	648.31
78803	RP LOCLZJ TUMOR/DSTRBJ AGENT TOMOG SPECT	9.91	629.29	93.98	535.31	XXX	N	628.59		654.05	93.35	XXX	N	648.31
78804	RP LOCLZJ TUMOR/DSTRBJ AGT WHOL BDY REQ 2/> DAY	16.53	1049.66	93.98	955.68	XXX	N	1578.68		1094.11	93.35	XXX	N	1232.81
78805	RP LOCLZJ INFLAMMATORY PROCESS LIMITED AREA	5.31	337.19	64.77	272.42	XXX	N	1578.68		350.52	64.77	XXX	N	648.31
78806	RP LOCLZJ INFLAMMATORY PROCESS WHOLE BODY	9.71	616.59	75.57	541.02	XXX	N	1578.68		636.91	74.93	XXX	N	648.31
78807	RP LOCLZJ INFLAMMATORY PROCESS TOMOG SPECT	9.91	629.29	93.35	535.94	XXX	N	628.59		648.34	92.08	XXX	N	648.31

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
78808	NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	1.31	83.19			XXX	N	473.76		85.73		XXX	N	253.62
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK	18.33	1163.96	139.70	1024.26	XXX	N	1830.36		1191.26	142.88	XXX	N	1362.48
78812	PET IMAGING SKULL BASE TO MID-THIGH	22.25	1412.88	169.55	1243.33	XXX	N	1830.36		1444.63	173.36	XXX	N	1362.48
78813	PET IMAGING WHOLE BODY	23.25	1476.38	177.17	1299.21	XXX	N	1830.36		1503.05	180.34	XXX	N	1362.48
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	25.67	1630.05	195.58	1434.47	XXX	N	1830.36		1661.8	199.39	XXX	N	1362.48
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	28.33	1798.96	215.90	1583.06	XXX	N	1830.36		1836.42	220.35	XXX	N	1362.48
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	28.58	1814.83	217.81	1597.02	XXX	N	1830.36		1852.3	222.25	XXX	N	1362.48
78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	0	BR	BR	BR	XXX	N	473.76		BR	0	XXX	N	147.11
79005	RP THERAPY ORAL ADMINISTRATION	3.89	247.02	158.75	88.27	XXX	N	356.02		250.19	157.48	XXX	N	305.38
79101	RP THERAPY INTRAVENOUS ADMINISTRATION	4.06	257.81	172.09	85.72	XXX	N	356.02		266.7	170.82	XXX	N	305.38
79200	RP THERAPY INRACAVITARY ADMINISTRATION	4.54	288.29	183.52	104.77	XXX	N	356.02		290.83	184.79	XXX	N	388.32
79300	RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	3.77	239.40	143.51	95.89	XXX	N	356.02		246.38	147.96	XXX	N	305.38
79403	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	5.48	347.98	200.03	147.95	XXX	N	356.02		354.33	201.3	XXX	N	388.32
79440	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	4.12	261.62	171.45	90.17	XXX	N	356.02		266.7	176.53	XXX	N	388.32
79445	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	5.96	378.46	208.28	170.18	XXX	N	356.02		383.54	210.82	XXX	N	305.38
79999	RP THERAPY UNLISTED PROCEDURE	0	BR	BR	BR	XXX	N	356.02		BR	0	XXX	N	305.38
80047	BASIC METABOLIC PANEL CALCIUM IONIZED	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
80050	GENERAL HEALTH PANEL	1.27	75.57	0.00	75.57	XXX	N	222.47		71.4		XXX	N	
80051	ELECTROLYTE PANEL	0.27	16.07	0.00	16.07	XXX	N			16.66		XXX	N	
80053	COMPREHENSIVE METABOLIC PANEL	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
80055	OBSTETRIC PANEL	1.82	108.29	0.00	108.29	XXX	N	208.86		104.13		XXX	N	

MEDICAL DATA														
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80061	LIPID PANEL	0.74	44.03	0.00	44.03	XXX	N			41.65		XXX	N	
80069	RENAL FUNCTION PANEL	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
80074	ACUTE HEPATITIS PANEL	2.07	123.17	0.00	123.17	XXX	N			117.22		XXX	N	
80076	HEPATIC FUNCTION PANEL	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
80081	OBSTETRIC PANEL	2.85	169.58	0.00	169.58	XXX	N							
80150	DRUG SCREEN QUANTITATIVE AMIKACIN	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
80155	DRUG ASSAY CAFFEINE	0.54	32.13	0.00	32.13	XXX	N			0		XXX	N	
80156	DRUG ASSAY CARBAMAZEPINE TOTAL	0.55	32.73	0.00	32.73	XXX	N			35.11		XXX	N	
80157	DRUG ASSAY CARBAMAZEPINE FREE	0.5	29.75	0.00	29.75	XXX	N			32.13		XXX	N	
80158	DRUG ASSAY CYCLOSPORINE	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
80159	DRUG ASSAY CLOZAPINE	0.7	41.65	0.00	41.65	XXX	N			0		XXX	N	
80162	DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	0.51	30.35	0.00	30.35	XXX	N			32.13		XXX	N	
80163	DRUG SCREEN QUANTITATIVE DIGOXIN FREE	0.51	30.35	0.00	30.35	XXX	N							
80164	DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
80165	DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	0.52	30.94	0.00	30.94	XXX	N							
80168	DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	0.62	36.89	0.00	36.89	XXX	N			39.27		XXX	N	
80169	DRUG ASSAY EVEROLIMUS	0.52	30.94	0.00	30.94	XXX	N			0		XXX	N	
80170	DRUG SCREEN QUANTITATIVE GENTAMICIN	0.62	36.89	0.00	36.89	XXX	N			39.27		XXX	N	
80171	DRUG SCREEN QUANTITATIVE GABAPENTIN	0.5	29.75	0.00	29.75	XXX	N			0		XXX	N	
80173	DRUG SCREEN QUANTITATIVE HALOPRIDOL	0.55	32.73	0.00	32.73	XXX	N			35.11		XXX	N	
80175	DRUG SCREEN QUANTITATIVE LAMOTRIGINE	0.5	29.75	0.00	29.75	XXX	N			0		XXX	N	
80176	DRUG SCREEN QUANTITATIVE LIDOCAINE	0.56	33.32	0.00	33.32	XXX	N			35.11		XXX	N	

MEDICAL DATA														
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80177	DRUG SCREEN QUANTITATIVE LEVETIRACETAM	0.5	29.75	0.00	29.75	XXX	N			0		XXX	N	
80178	DRUG SCREEN QUANTITATIVE LITHIUM	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
80180	DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	0.69	41.06	0.00	41.06	XXX	N			0		XXX	N	
80183	DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	0.5	29.75	0.00	29.75	XXX	N			0		XXX	N	
80184	DRUG SCREEN QUANTITATIVE PHENOBARBITAL	0.44	26.18	0.00	26.18	XXX	N			27.37		XXX	N	
80185	DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	0.5	29.75	0.00	29.75	XXX	N			32.13		XXX	N	
80186	DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	0.52	30.94	0.00	30.94	XXX	N			33.32		XXX	N	
80188	DRUG SCREEN QUANTITATIVE PRIMIDONE	0.63	37.49	0.00	37.49	XXX	N			39.87		XXX	N	
80190	DRUG SCREEN QUANTITATIVE PROCAINAMIDE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
80192	DRUG SCREEN QUANTITATIVE PROCAINAMIDE METABOLITE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
80194	DRUG SCREEN QUANTITATIVE QUINIDINE	0.56	33.32	0.00	33.32	XXX	N			35.11		XXX	N	
80195	DRUG SCREEN QUANTITATIVE SIROLIMUS	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
80197	DRUG SCREEN QUANTITATIVE TACROLIMUS	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
80198	DRUG SCREEN QUANTITATIVE THEOPHYLLINE	0.54	32.13	0.00	32.13	XXX	N			33.92		XXX	N	
80199	DRUG SCREEN QUANTITATIVE TIAGABINE	0.69	41.06	0.00	41.06	XXX	N			0		XXX	N	
80200	DRUG SCREEN QUANTITATIVE TOBRAMYCIN	0.61	36.30	0.00	36.30	XXX	N			38.68		XXX	N	
80201	DRUG SCREEN QUANTITATIVE TOPIRAMATE	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
80202	DRUG SCREEN QUANTITATIVE VANCOMYCIN	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
80203	DRUG SCREEN QUANTITATIVE ZONISAMIDE	0.5	29.75	0.00	29.75	XXX	N			0		XXX	N	
80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
80300	DRUG SCREEN LIST A ANY NMBR NON TLC DEVICES	0.42	24.99	0.00	24.99	XXX	N							
80301	DRUG SCREEN LIST A SINGLE DRUG CLASS METHOD	0.55	32.73	0.00	32.73	XXX	N							

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
80302	DRUG SCREEN PRESUMPTIVE 1 CLASS METHOD LIST B	0.55	32.73	0.00	32.73	XXX	N							
80303	DRUG SCREEN PRSMPTV 1/MULT CLASS METHOD TLC	0.55	32.73	0.00	32.73	XXX	N							
80304	DRUG SCREEN PRSMPTV 1/MULT CLASS METHOD	2.21	131.50	0.00	131.50	XXX	N							
80320	DRUG SCREEN QUANTITATIVE ALCOHOLS	0.69	41.06	0.00	41.06	XXX	N							
80321	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	0	BR			XXX	N							
80322	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	0	BR			XXX	N							
80323	ALKALOIDS NOT OTHERWISE SPECIFIED	0.69	41.06	0.00	41.06	XXX	N							
80324	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	0.69	41.06	0.00	41.06	XXX	N							
80325	DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	0	BR			XXX	N							
80326	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	0	BR			XXX	N							
80327	DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	0.69	41.06	0.00	41.06	XXX	N							
80328	DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE	0	BR			XXX	N							
80329	DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	0.69	41.06	0.00	41.06	XXX	N							
80330	DRUG SCREEN ANALGESICS NON-OPIOID 3-5	0	BR			XXX	N							
80331	DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	0	BR			XXX	N							
80332	ANTIDEPRESSANTS SEROTONERGIC CLASS 1 OR 2	0.69	41.06	0.00	41.06	XXX	N							
80333	ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5	0	BR			XXX	N							
80334	ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	0	BR			XXX	N							
80335	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	0.69	41.06	0.00	41.06	XXX	N							
80336	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 3-5	0	BR			XXX	N							
80337	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	0	BR			XXX	N							
80338	ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED	0	BR			XXX	N							

MEDICAL DATA														
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80339	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 1-3	0.69	41.06	0.00	41.06	XXX	N							
80340	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6	0	BR			XXX	N							
80341	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 7/MORE	0	BR			XXX	N							
80342	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3	0.69	41.06	0.00	41.06	XXX	N							
80343	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 4-6	0	BR			XXX	N							
80344	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE	0	BR			XXX	N							
80345	DRUG SCREENING BARBITURATES	0.69	41.06	0.00	41.06	XXX	N							
80346	DRUG SCREENING BENZODIAZEPINES 1-12	0.69	41.06	0.00	41.06	XXX	N							
80347	DRUG SCREENING BENZODIAZEPINES 13 OR MORE	0	BR			XXX	N							
80348	DRUG SCREENING BUPRENORPHINE	0	BR			XXX	N							
80349	DRUG SCREENING CANNABINOIDS NATURAL	0.69	41.06	0.00	41.06	XXX	N							
80350	DRUG SCREENING CANNABINOIDS SYNTHETIC 1-3	0.69	41.06	0.00	41.06	XXX	N							
80351	DRUG SCREENING CANNABINOIDS SYNTHETIC 4-6	0	BR			XXX	N							
80352	DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	0	BR			XXX	N							
80353	DRUG SCREENING COCAINE	0.69	41.06	0.00	41.06	XXX	N							
80354	DRUG SCREENING FENTANYL	0.69	41.06	0.00	41.06	XXX	N							
80355	DRUG SCREENING GABAPENTIN NON-BLOOD	0.69	41.06	0.00	41.06	XXX	N							
80356	DRUG SCREENING HEROIN METABOLITE	0.69	41.06	0.00	41.06	XXX	N							
80357	DRUG SCREENING KETAMINE AND NORKETAMINE	0.69	41.06	0.00	41.06	XXX	N							
80358	DRUG SCREENING METHADONE	0.69	41.06	0.00	41.06	XXX	N							
80359	DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	0.69	41.06	0.00	41.06	XXX	N							
80360	DRUG SCREENING METHYLPHENIDATE	0.69	41.06	0.00	41.06	XXX	N							

MEDICAL DATA														
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80361	DRUG SCREENING OPIATES 1 OR MORE	0.69	41.06	0.00	41.06	XXX	N							
80362	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	0.69	41.06	0.00	41.06	XXX	N							
80363	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	0	BR			XXX	N							
80364	DRUG SCREENING OPIOIDS & OPIATE ANALOGS 5/MORE	0	BR			XXX	N							
80365	DRUG SCREENING OXYCODONE	0.69	41.06	0.00	41.06	XXX	N							
80366	DRUG SCREENING PREGABALIN	0.69	41.06	0.00	41.06	XXX	N							
80367	DRUG SCREENING PROPOXYPHENE	0.69	41.06	0.00	41.06	XXX	N							
80368	DRUG SCREENING SEDATIVE HYPNOTICS	0.69	41.06	0.00	41.06	XXX	N							
80369	DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	0.69	41.06	0.00	41.06	XXX	N							
80370	DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	0	BR			XXX	N							
80371	DRUG SCREENING STIMULANTS SYNTHETIC	0.69	41.06	0.00	41.06	XXX	N							
80372	DRUG SCREENING TAPENTADOL	0.69	41.06	0.00	41.06	XXX	N							
80373	DRUG SCREENING TRAMADOL	0.69	41.06	0.00	41.06	XXX	N							
80374	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	0.69	41.06	0.00	41.06	XXX	N							
80375	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	0.69	41.06	0.00	41.06	XXX	N							
80376	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6	0.69	41.06	0.00	41.06	XXX	N							
80377	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	0.69	41.06	0.00	41.06	XXX	N							
80400	ACTH STIMULATION PANEL ADRENAL INSUFFICIENCY	2.16	128.52	0.00	128.52	XXX	N			122.57		XXX	N	
80402	ACTH STIMULATION PANEL 21 HYDROXYLASE DEFICIENCY	3.52	209.44	0.00	209.44	XXX	N			199.33		XXX	N	
80406	ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY	3.7	220.15	0.00	220.15	XXX	N			210.04		XXX	N	
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL	4.03	239.79	0.00	239.79	XXX	N			227.89		XXX	N	
80410	CALCITONIN STIMULATION PANEL	3.34	198.73	0.00	198.73	XXX	N			189.21		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
80412	CORTICOTROPIC RELEASING HORM STIMJ PANEL	10.35	615.83	0.00	615.83	XXX	N			586.67		XXX	N	
80414	CHORNC GONAD STIMJ PANEL TSTOSTERONE RESPONSE	1.73	102.94	0.00	102.94	XXX	N			97.58		XXX	N	
80415	CHORNC GONAD STIMJ PANEL ESTRADIOL RESPONSE	1.73	102.94	0.00	102.94	XXX	N			97.58		XXX	N	
80416	RENAL VEIN RENIN STIMULATION PANEL	5.15	306.43	0.00	306.43	XXX	N			292.15		XXX	N	
80417	PERIPHERAL VEIN RENIN STIMULATION PANEL	2.21	131.50	0.00	131.50	XXX	N			124.95		XXX	N	
80418	COMBINED RAPID ANT PITUITARY EVALUATION PANEL	23	1368.50	0.00	1368.50	XXX	N			1303.05		XXX	N	
80420	DEXMETHASONE SUPPRESSION PANEL 48 HR	2.88	171.36	0.00	171.36	XXX	N			163.03		XXX	N	
80422	GLUCOSE TOLERANCE PANEL INSULINOMA	1.96	116.62	0.00	116.62	XXX	N			110.67		XXX	N	
80424	GLUCOSE TOLERANCE PANEL PHEOCHROMOCYTOMA	1.96	116.62	0.00	116.62	XXX	N			110.67		XXX	N	
80426	GONADOTROPIN RELEASING HORMONE STIMJ PANEL	5.41	321.90	0.00	321.90	XXX	N			306.43		XXX	N	
80428	GROWTH HORMONE STIMULATION PANEL	2.99	177.91	0.00	177.91	XXX	N			169.58		XXX	N	
80430	GROWTH HORMONE SUPRJ PANEL GLUCOSE ADMN	2.99	177.91	0.00	177.91	XXX	N			169.58		XXX	N	
80432	INSULIN-INDUCED C-PEPTIDE SUPRESSION PANEL	5.87	349.27	0.00	349.27	XXX	N			332.01		XXX	N	
80434	INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY	3.68	218.96	0.00	218.96	XXX	N			208.25		XXX	N	
80435	INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY	3.91	232.65	0.00	232.65	XXX	N			221.34		XXX	N	
80436	METYRAPONE PANEL	3.8	226.10	0.00	226.10	XXX	N			214.8		XXX	N	
80438	THYROTROPIN RELEASING HORMONE STMLJ PANEL 1 HR	2.19	130.31	0.00	130.31	XXX	N			123.76		XXX	N	
80439	THYROTROPIN RELEASING HORMONE STMLJ PANEL 2 HR	2.3	136.85	0.00	136.85	XXX	N			130.31		XXX	N	
80500	CLINICAL PATHOLOGY CONSULTATION LIMITED	0.62	36.89			XXX	N	68.01		35.7		XXX	N	30.22
80502	CLINICAL PATHOLOGY CONSULTATION COMPREHENSIVE	2.02	120.19			XXX	N	68.01		114.24		XXX	N	16.39
81000	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	0.12	7.14	0.00	7.14	XXX	N			7.74		XXX	N	
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	0.12	7.14	0.00	7.14	XXX	N			7.74		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	0.1	5.95	0.00	5.95	XXX	N			5.95		XXX	N	
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	0.09	5.36	0.00	5.36	XXX	N			5.36		XXX	N	
81005	URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	0.08	4.76	0.00	4.76	XXX	N			5.36		XXX	N	
81007	URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK	0.1	5.95	0.00	5.95	XXX	N			5.95		XXX	N	
81015	URINALYSIS MICROSCOPIC ONLY	0.12	7.14	0.00	7.14	XXX	N			7.14		XXX	N	
81020	URINALYSIS 2/3 GLASS TEST	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	0.24	14.28	0.00	14.28	XXX	N			15.47		XXX	N	
81050	VOLUME MEASUREMENT TIMED COLLECTION EACH	0.11	6.55	0.00	6.55	XXX	N			7.14		XXX	N	
81099	UNLISTED URINALYSIS PROCEDURE	0	BR			XXX	N			BR		XXX	N	
81161	DMD DUPLICATION/DELETION ANALYSIS	3.91	232.65	0.00	232.65	XXX	N			BR		XXX	N	
81162	BRCA1&BRCA2 FULL SEQ ANALYS/FULL DUP/DEL ANALYS	69.43	4131.09	0.00	4131.09	XXX	N							
81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	9.2	547.40	0.00	547.40	XXX	N							
81200	ASPA GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	0	BR			XXX	N			BR		XXX	N	
81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	0	BR			XXX	N			BR		XXX	N	
81203	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	0	BR			XXX	N			BR		XXX	N	
81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	6.24	371.28	0.00	371.28	XXX	N			BR		XXX	N	
81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	5.51	327.85	0.00	327.85	XXX	N			BR		XXX	N	
81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	6.12	364.14	0.00	364.14	XXX	N			BR		XXX	N	
81209	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	0	BR			XXX	N			BR		XXX	N	
81210	BRAF GENE ANALYSIS V600 VARIANT(S)	5	297.50	0.00	297.50	XXX	N			BR		XXX	N	

MEDICAL DATA														
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81211	BRCA1&BRCA2 FULL SEQ ANALYS/COMM DUP/DEL BRCA	60.89	3622.96	0.00	3622.96	XXX	N			BR		XXX	N	
81212	BRCA1&BRCA2 ANAL 185DELAG5385INSC/6174DELT	4.93	293.34	0.00	293.34	XXX	N			BR		XXX	N	
81213	BRCA1&BRCA2 ANAL UNCOMMON DUP/DEL VARIANTS	16.25	966.88	0.00	966.88	XXX	N			BR		XXX	N	
81214	BRCA1 FULL SEQ ANAL&COMMON DUP/DEL VARIANTS	40.11	2386.55	0.00	2386.55	XXX	N			BR		XXX	N	
81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	2.6	154.70	0.00	154.70	XXX	N			BR		XXX	N	
81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	0	BR			XXX	N			BR		XXX	N	
81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	2.6	154.70	0.00	154.70	XXX	N			BR		XXX	N	
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	9.2	547.40	0.00	547.40	XXX	N							
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	4.63	275.49	0.00	275.49	XXX	N							
81220	CFTR GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	0	BR			XXX	N			BR		XXX	N	
81222	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	0	BR			XXX	N			BR		XXX	N	
81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	0	BR			XXX	N			BR		XXX	N	
81224	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	0	BR			XXX	N			BR		XXX	N	
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	8.14	484.33	0.00	484.33	XXX	N			BR		XXX	N	
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	12.59	749.11	0.00	749.11	XXX	N			BR		XXX	N	
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	4.88	290.36	0.00	290.36	XXX	N			BR		XXX	N	
81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	0	BR			XXX	N			BR		XXX	N	
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR	0	BR			XXX	N			BR		XXX	N	
81235	EGFR GENE ANALYSIS COMMON VARIANTS	9.2	547.40	0.00	547.40	XXX	N			BR		XXX	N	
81240	F2 GENE ANALYSIS 20210G >A VARIANT	1.87	111.27	0.00	111.27	XXX	N			BR		XXX	N	
81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	2.32	138.04	0.00	138.04	XXX	N			BR		XXX	N	

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81242	FANCC GENE ANALYSIS COMMON VARIANT	0	BR			XXX	N			BR		XXX	N	
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	0	BR			XXX	N			BR		XXX	N	
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	0	BR			XXX	N			BR		XXX	N	
81245	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	4.63	275.49	0.00	275.49	XXX	N			BR		XXX	N	
81246	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	2.32	138.04	0.00	138.04	XXX	N							
81250	G6PC GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81251	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	0	BR			XXX	N			BR		XXX	N	
81252	GJB2 GENE ANALYSIS FULL GENE SEQUENCE	0	BR			XXX	N			BR		XXX	N	
81253	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	0	BR			XXX	N			BR		XXX	N	
81254	GJB6 GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81255	HEXA GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81256	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	2.49	148.16	0.00	148.16	XXX	N			BR		XXX	N	
81257	HBA1/HBA2 ANALYSIS FOR COMMON DELETIONS/VARIANT	0	BR			XXX	N			BR		XXX	N	
81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81261	IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	7.53	448.04	0.00	448.04	XXX	N			BR		XXX	N	
81262	IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	1.66	98.77	0.00	98.77	XXX	N			BR		XXX	N	
81263	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	11.21	667.00	0.00	667.00	XXX	N			BR		XXX	N	
81264	IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	5.68	337.96	0.00	337.96	XXX	N			BR		XXX	N	
81265	COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	8.18	486.71	0.00	486.71	XXX	N			BR		XXX	N	
81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	0	BR			XXX	N			BR		XXX	N	
81267	CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	7.89	469.46	0.00	469.46	XXX	N			BR		XXX	N	
81268	CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	9.92	590.24	0.00	590.24	XXX	N			BR		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	3.49	207.66	0.00	207.66	XXX	N			BR		XXX	N	
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	9.2	547.40	0.00	547.40	XXX	N							
81273	KIT GENE ANALYSIS D816 VARIANT(S)	3.49	207.66	0.00	207.66	XXX	N							
81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	5.51	327.85	0.00	327.85	XXX	N			BR		XXX	N	
81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	5.51	327.85	0.00	327.85	XXX	N							
81280	LONG QT SYNDROME FULL SEQUENCE ANALYSIS	0	BR			XXX	N			BR		XXX	N	
81281	LONG QT SYNDROME ANAL KNOWN FAMILIAL SEQUENCE	0	BR			XXX	N			BR		XXX	N	
81282	LONG QT SYNDROME GENE ANAL DUP/DEL VARIANTS	0	BR			XXX	N			BR		XXX	N	
81287	MGMT METHYLATION ANALYSIS	2.32	138.04	0.00	138.04	XXX	N			0		XXX	N	
81288	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	4.46	265.37	0.00	265.37	XXX	N							
81290	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81291	MTHFR GENE ANALYSIS COMMON VARIANTS	1.66	98.77	0.00	98.77	XXX	N			BR		XXX	N	
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	18.02	1072.19	0.00	1072.19	XXX	N			BR		XXX	N	
81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	7.22	429.59	0.00	429.59	XXX	N			BR		XXX	N	
81294	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	5.32	316.54	0.00	316.54	XXX	N			BR		XXX	N	
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	4.23	251.69	0.00	251.69	XXX	N			BR		XXX	N	
81296	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	3.61	214.80	0.00	214.80	XXX	N			BR		XXX	N	
81297	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	4.23	251.69	0.00	251.69	XXX	N			BR		XXX	N	
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	8.03	477.79	0.00	477.79	XXX	N			BR		XXX	N	
81299	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	4.5	267.75	0.00	267.75	XXX	N			BR		XXX	N	
81300	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	4.51	268.35	0.00	268.35	XXX	N			BR		XXX	N	
81301	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	11.02	655.69	0.00	655.69	XXX	N			BR		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
81302	MECP2 GENE ANALYSIS FULL SEQUENCE	0	BR			XXX	N			BR		XXX	N	
81303	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	0	BR			XXX	N			BR		XXX	N	
81304	MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	0	BR			XXX	N			BR		XXX	N	
81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	6.89	409.96	0.00	409.96	XXX	N			BR		XXX	N	
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	8.26	491.47	0.00	491.47	XXX	N							
81313	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	7.27	432.57	0.00	432.57	XXX	N							
81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	9.2	547.40	0.00	547.40	XXX	N							
81315	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	7.89	469.46	0.00	469.46	XXX	N			BR		XXX	N	
81316	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	12.03	715.79	0.00	715.79	XXX	N			BR		XXX	N	
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	21.79	1296.51	0.00	1296.51	XXX	N			BR		XXX	N	
81318	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	5.15	306.43	0.00	306.43	XXX	N			BR		XXX	N	
81319	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	6.18	367.71	0.00	367.71	XXX	N			BR		XXX	N	
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	16.75	996.63	0.00	996.63	XXX	N			BR		XXX	N	
81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	1.63	96.99	0.00	96.99	XXX	N			BR		XXX	N	
81323	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	2.44	145.18	0.00	145.18	XXX	N			BR		XXX	N	
81324	PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	0	BR			XXX	N			BR		XXX	N	
81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	0	BR			XXX	N			BR		XXX	N	
81326	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	0	BR			XXX	N			BR		XXX	N	
81330	SMPD1 GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81331	SNRPN/UBE3A METHYLATION ANALYSIS	0	BR			XXX	N			BR		XXX	N	
81332	SERPINA1 GENE ANALYSIS COMMON VARIANTS	1.66	98.77	0.00	98.77	XXX	N			BR		XXX	N	
81340	TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	7.95	473.03	0.00	473.03	XXX	N			BR		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
81341	TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	1.89	112.46	0.00	112.46	XXX	N			BR		XXX	N	
81342	TRG@ GENE REARRANGEMENT ANALYSIS	7.67	456.37	0.00	456.37	XXX	N			BR		XXX	N	
81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS	0	BR			XXX	N			BR		XXX	N	
81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	0	BR			XXX	N			BR		XXX	N	
81370	HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	15.3	910.35	0.00	910.35	XXX	N			BR		XXX	N	
81371	HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1	9.16	545.02	0.00	545.02	XXX	N			BR		XXX	N	
81372	HLA CLASS I TYPING LOW RESOLUTION COMPLETE	8.4	499.80	0.00	499.80	XXX	N			BR		XXX	N	
81373	HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	4.24	252.28	0.00	252.28	XXX	N			BR		XXX	N	
81374	HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	2.77	164.82	0.00	164.82	XXX	N			BR		XXX	N	
81375	HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	8.4	499.80	0.00	499.80	XXX	N			BR		XXX	N	
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	4.65	276.68	0.00	276.68	XXX	N			BR		XXX	N	
81377	HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	3.49	207.66	0.00	207.66	XXX	N			BR		XXX	N	
81378	HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	13.15	782.43	0.00	782.43	XXX	N			BR		XXX	N	
81379	HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	12.76	759.22	0.00	759.22	XXX	N			BR		XXX	N	
81380	HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA	6.74	401.03	0.00	401.03	XXX	N			BR		XXX	N	
81381	HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	3.6	214.20	0.00	214.20	XXX	N			BR		XXX	N	
81382	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	4.71	280.25	0.00	280.25	XXX	N			BR		XXX	N	
81383	HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	4.15	246.93	0.00	246.93	XXX	N			BR		XXX	N	
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	0	BR			XXX	N			BR		XXX	N	
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	0	BR			XXX	N			BR		XXX	N	
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	0	BR			XXX	N			BR		XXX	N	
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	0	BR			XXX	N			BR		XXX	N	

MEDICAL DATA														
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81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	0	BR			XXX	N			BR		XXX	N	
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	0	BR			XXX	N			BR		XXX	N	
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	0	BR			XXX	N			BR		XXX	N	
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	0	BR			XXX	N			BR		XXX	N	
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	0	BR			XXX	N			BR		XXX	N	
81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	0	BR			XXX	N							
81411	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	0	BR			XXX	N							
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	0	BR			XXX	N							
81415	EXOME SEQUENCE ANALYSIS	0	BR			XXX	N							
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	0	BR			XXX	N							
81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	0	BR			XXX	N							
81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	0	BR			XXX	N							
81425	GENOME SEQUENCE ANALYSIS	0	BR			XXX	N							
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	0	BR			XXX	N							
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	0	BR			XXX	N							
81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	0	BR			XXX	N							
81431	HEARING LOSS DUP/DEL ANALYSIS	0	BR			XXX	N							
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 14 GEN	0	BR			XXX	N							
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	0	BR			XXX	N							
81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	0	BR			XXX	N							
81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	22.25	1323.88	0.00	1323.88	XXX	N							
81436	HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN	22.25	1323.88	0.00	1323.88	XXX	N							

MEDICAL DATA														
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81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	0	BR			XXX	N							
81438	HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	0	BR			XXX	N							
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	0	BR			XXX	N							
81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	0	BR			XXX	N							
81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	16.7	993.65	0.00	993.65	XXX	N							
81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	18.11	1077.55	0.00	1077.55	XXX	N							
81455	GEN SEQ ANALYS SOL ORG/HEMTOLMPHOID NEO 51/> GEN	0	BR			XXX	N							
81460	WHOLE MITOCHONDRIAL GENOME	0	BR			XXX	N							
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	0	BR			XXX	N							
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	0	BR			XXX	N							
81471	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	0	BR			XXX	N							
81479	UNLISTED MOLELCULAR PATHOLOGY PROCEDURE	0	BR			XXX	N			BR		XXX	N	
81490	AUTOIMMUNE RHEUMATOID ARTHRTS ANALYS 12 BIOMRKRS	0	BR			XXX	N							
81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	0	BR			XXX	N							
81500	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	0	BR			XXX	N			BR		XXX	N	
81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	0	BR			XXX	N	624.05		BR		XXX	N	
81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	0	BR			XXX	N			0		XXX	N	
81506	ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	0	BR			XXX	N			BR		XXX	N	
81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	0	BR			XXX	N			0		XXX	N	
81508	FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	0	BR			XXX	N	135.69		BR		XXX	N	
81509	FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	0	BR			XXX	N			BR		XXX	N	
81510	FETAL CONGENITAL ABNOR ASSAY THREE ANAL	0	BR			XXX	N	192.68		BR		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
81511	FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	0	BR			XXX	N	168.73		BR		XXX	N	
81512	FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	0	BR			XXX	N	253.35		BR		XXX	N	
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	95.5	5682.25	0.00	5682.25	XXX	N							
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	0	BR			XXX	N							
81528	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	14.21	845.50	0.00	845.50	XXX	N							
81535	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	16.18	962.71	0.00	962.71	XXX	N							
81536	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	4.96	295.12	0.00	295.12	XXX	N							
81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	0	BR			XXX	N							
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	0	BR			XXX	N							
81545	ONCOLOGY THYROID GENE EXPRESSION 142 GENES	0	BR			XXX	N							
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	0	BR			XXX	N							
81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	0	BR			XXX	N	302.02		BR		XXX	N	
82009	KETONE BODIES SERUM QUALITATIVE	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
82010	KETONE BODIES SERUM QUANTITATIVE	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
82013	ASSAY OF ACETYLCHOLINESTERASE	0.42	24.99	0.00	24.99	XXX	N			26.78		XXX	N	
82016	ACYLCARNITINES QUALITATIVE EACH SPECIMEN	0.53	31.54	0.00	31.54	XXX	N			33.32		XXX	N	
82017	ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82024	ADRENOCORTICOTROPIC HORMONE ACTH	1.47	87.47	0.00	87.47	XXX	N			92.82		XXX	N	
82030	ADENOSINE 5-MONOPHOSPHATE CYCLIC	0.98	58.31	0.00	58.31	XXX	N			61.88		XXX	N	
82040	ALBUMIN SERUM PLASMA/WHOLE BLOOD	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
82042	ALBUMIN URINE/OTHER SOURCE QUAN EACH SPECIMEN	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
82043	ALBUMIN URINE MICROALBUMIN QUANTIATIVE	0.22	13.09	0.00	13.09	XXX	N			13.69		XXX	N	

MEDICAL DATA														
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82044	ALBUMIN URINE MICROALBUMIN SEMIQUANTITATIVE	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
82045	ALBUMIN ISCHEMIA MODIFIED	1.29	76.76	0.00	76.76	XXX	N			81.52		XXX	N	
82075	ASSAY OF ALCOHOL BREATH	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
82085	ASSAY OF ALDOLASE	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
82088	ASSAY OF ALDOSTERONE	1.55	92.23	0.00	92.23	XXX	N			98.18		XXX	N	
82103	ALPHA-1-ANTITRYPSIN TOTAL	0.51	30.35	0.00	30.35	XXX	N			32.13		XXX	N	
82104	ALPHA-1-ANTITRYPSIN PHENOTYPE	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
82105	ALPHA-FETOPROTEIN SERUM	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82106	ALPHA-FETOPROTEIN AMNIOTIC FLUID	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82107	AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	2.45	145.78	0.00	145.78	XXX	N			154.7		XXX	N	
82108	ASSAY OF ALUMINUM	0.97	57.72	0.00	57.72	XXX	N			61.29		XXX	N	
82120	AMINES VAGINAL FLUID QUALITATIVE	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
82127	AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	0.53	31.54	0.00	31.54	XXX	N			33.32		XXX	N	
82128	AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	0.53	31.54	0.00	31.54	XXX	N			33.32		XXX	N	
82131	AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82135	AMINOLEVULINIC ACID DELTA	0.63	37.49	0.00	37.49	XXX	N			39.27		XXX	N	
82136	AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82139	AMINO ACIDS 6/> AMINO ACIDS QUANTITATIVE EA SPE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82140	ASSAY OF AMMONIA	0.55	32.73	0.00	32.73	XXX	N			35.11		XXX	N	
82143	AMNIOTIC FLU SCAN	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
82150	ASSAY OF AMYLASE	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
82154	ANDROSTANEDIOL GLUCURONIDE	1.1	65.45	0.00	65.45	XXX	N			69.02		XXX	N	

MEDICAL DATA														
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82157	ANDROSTENEDIONE	1.11	66.05	0.00	66.05	XXX	N			70.21		XXX	N	
82160	ANDROSTERONE	0.95	56.53	0.00	56.53	XXX	N			60.1		XXX	N	
82163	ANGIOTENSIN II	0.78	46.41	0.00	46.41	XXX	N			49.39		XXX	N	
82164	ANGIOTENSIN I-CONVERTING ENZYME	0.56	33.32	0.00	33.32	XXX	N			35.11		XXX	N	
82172	APOLIPOPROTEIN EACH	0.59	35.11	0.00	35.11	XXX	N			37.49		XXX	N	
82175	ASSAY OF ARSENIC	0.72	42.84	0.00	42.84	XXX	N			45.82		XXX	N	
82180	ASSAY OF ASCORBIC ACID BLOOD	0.38	22.61	0.00	22.61	XXX	N			23.8		XXX	N	
82190	ATOMIC ABSRPJ SPECTROSCOPY EA ANALYTE	0.57	33.92	0.00	33.92	XXX	N			35.7		XXX	N	
82232	BETA-2 MICROGLOBULIN	0.62	36.89	0.00	36.89	XXX	N			38.68		XXX	N	
82239	BILE ACIDS TOTAL	0.65	38.68	0.00	38.68	XXX	N			41.06		XXX	N	
82240	BILE ACIDS CHOLYLGLYCINE	1.01	60.10	0.00	60.10	XXX	N			63.67		XXX	N	
82247	BILIRUBIN TOTAL	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
82248	BILIRUBIN DIRECT	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
82252	BILIRUBIN FECES QUALITATIVE	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
82261	BIOTINIDASE EACH SPECIMEN	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	0.12	7.14	0.00	7.14	XXX	N			7.74		XXX	N	
82271	BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	0.12	7.14	0.00	7.14	XXX	N			7.74		XXX	N	
82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	0.12	7.14	0.00	7.14	XXX	N			7.74		XXX	N	
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	0.61	36.30	0.00	36.30	XXX	N			38.08		XXX	N	
82286	BRADYKININ	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
82300	CADMIUM	0.88	52.36	0.00	52.36	XXX	N			55.34		XXX	N	
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	1.13	67.24	0.00	67.24	XXX	N			71.4		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
82308	CALCITONIN	1.02	60.69	0.00	60.69	XXX	N			64.26		XXX	N	
82310	CALCIUM TOTAL	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
82330	CALCIUM IONIZED	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
82331	CALCIUM AFTER CALCIUM INFUSION TEST	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
82340	CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	
82355	CALCULUS QUALITATIVE ANALYSIS	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
82360	CALCULUS QUANTITATIVE CHEMICAL	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
82365	CALCULUS INFRARED SPECTROSCOPY	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
82370	CALCULUS XRAY DIFFRACTION	0.48	28.56	0.00	28.56	XXX	N			30.35		XXX	N	
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
82374	CARBON DIOXIDE BICARBONATE	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
82375	CARBOXYHEMOGLOBIN QUANTITATIVE	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
82376	CARBOXYHEMOGLOBIN QUALITATIVE	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	
82378	CARCINOEMBRYONIC ANTIGEN CEA	0.72	42.84	0.00	42.84	XXX	N			45.82		XXX	N	
82379	CARNITINE QUANTITATIVE EACH SPECIMEN	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82380	CAROTENE	0.35	20.83	0.00	20.83	XXX	N			22.02		XXX	N	
82382	CATECHOLAMINES TOTAL URINE	0.65	38.68	0.00	38.68	XXX	N			41.06		XXX	N	
82383	CATECHOLAMINES BLOOD	0.95	56.53	0.00	56.53	XXX	N			60.1		XXX	N	
82384	CATECHOLAMINES FRACTIONATED	0.96	57.12	0.00	57.12	XXX	N			60.69		XXX	N	
82387	CATHEPSIN-D	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
82390	CERULOPLASMIN	0.41	24.40	0.00	24.40	XXX	N			25.59		XXX	N	
82397	CHEMILUMINESCENT ASSAY	0.54	32.13	0.00	32.13	XXX	N			33.92		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
82415	CHLORAMPHENICOL	0.48	28.56	0.00	28.56	XXX	N			30.35		XXX	N	
82435	CHLORIDE BLD	0.17	10.12	0.00	10.12	XXX	N			11.31		XXX	N	
82436	CHLORIDE URINE	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
82438	CHLORIDE OTHER SOURCE	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
82441	CHLORINATED HYDROCARBONS SCREEN	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	
82465	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
82480	CHOLINESTERASE SERUM	0.3	17.85	0.00	17.85	XXX	N			19.04		XXX	N	
82482	CHOLINESTERASE RBC	0.29	17.26	0.00	17.26	XXX	N			18.45		XXX	N	
82485	CHONDROITIN B SULFATE QUANTITATIVE	0.79	47.01	0.00	47.01	XXX	N			49.39		XXX	N	
82495	ASSAY OF CHROMIUM	0.77	45.82	0.00	45.82	XXX	N			48.79		XXX	N	
82507	ASSAY OF CITRATE	1.06	63.07	0.00	63.07	XXX	N			66.64		XXX	N	
82523	COLLAGEN CROSS LINKS ANY METHOD	0.71	42.25	0.00	42.25	XXX	N			45.22		XXX	N	
82525	ASSAY OF COPPER	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
82528	CORTICOSTERONE	0.86	51.17	0.00	51.17	XXX	N			54.15		XXX	N	
82530	CORTISOL FREE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82533	CORTISOL TOTAL	0.62	36.89	0.00	36.89	XXX	N			39.27		XXX	N	
82540	ASSAY OF CREATINE	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
82542	COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
82550	CREATINE KINASE TOTAL	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
82552	CREATINE KINASE ISOENZYMES	0.51	30.35	0.00	30.35	XXX	N			32.13		XXX	N	
82553	CREATINE KINASE MB FRACTION ONLY	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
82554	CREATINE KINASE ISOFORMS	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
82565	CREATININE BLOOD	0.19	11.31	0.00	11.31	XXX	N			12.5		XXX	N	
82570	CREATININE OTHER SOURCE	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
82575	CREATININE CLEARANCE	0.36	21.42	0.00	21.42	XXX	N			22.61		XXX	N	
82585	ASSAY OF CRYOFIBRN	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
82595	CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
82600	ASSAY OF CYANIDE	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
82607	CYANOCOBALAMIN VITAMIN B-12	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
82608	CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	0.54	32.13	0.00	32.13	XXX	N			34.51		XXX	N	
82610	CYSTATIN C	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
82615	CSTINE&HOMOCSTINE URINE QUALITATIVE	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
82626	DEHYDROEPIANDROSTERONE	0.96	57.12	0.00	57.12	XXX	N			60.69		XXX	N	
82627	DEHYDROEPIANDROSTERONE-SULFATE	0.85	50.58	0.00	50.58	XXX	N			53.55		XXX	N	
82633	DESOXYCORTICOSTERONE 11-	1.18	70.21	0.00	70.21	XXX	N			74.38		XXX	N	
82634	DEOXYCORTISOL 11-	1.11	66.05	0.00	66.05	XXX	N			70.21		XXX	N	
82638	ASSAY OF DIBUCAINE NUMBER	0.47	27.97	0.00	27.97	XXX	N			29.16		XXX	N	
82652	1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	1.46	86.87	0.00	86.87	XXX	N			92.82		XXX	N	
82656	ELASTASE PANCREATIC FECAL QUAL/SEMI-QUAN	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
82657	NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
82658	NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
82664	ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	1.31	77.95	0.00	77.95	XXX	N			82.71		XXX	N	
82668	ASSAY OF ERYTHROPOIETIN	0.71	42.25	0.00	42.25	XXX	N			45.22		XXX	N	
82670	ASSAY OF ESTRADIOL	1.06	63.07	0.00	63.07	XXX	N			67.24		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
82671	ASSAY OF ESTROGENS FRACTIONATED	1.23	73.19	0.00	73.19	XXX	N			77.35		XXX	N	
82672	ASSAY OF ESTROGENS TOTAL	0.83	49.39	0.00	49.39	XXX	N			52.36		XXX	N	
82677	ASSAY OF ESTRIOL	0.92	54.74	0.00	54.74	XXX	N			58.31		XXX	N	
82679	ASSAY OF ESTRONE	0.95	56.53	0.00	56.53	XXX	N			60.1		XXX	N	
82693	ASSAY OF ETHYLENE GLYCOL	0.57	33.92	0.00	33.92	XXX	N			35.7		XXX	N	
82696	ASSAY OF ETIOCHOLANOLONE	0.9	53.55	0.00	53.55	XXX	N			56.53		XXX	N	
82705	FAT/LIPIDS FECES QUALITATIVE	0.19	11.31	0.00	11.31	XXX	N			12.5		XXX	N	
82710	FAT/LIPIDS FECES QUANTITATIVE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
82715	FAT DIFFIAL FECES QUANTITATIVE	0.65	38.68	0.00	38.68	XXX	N			41.65		XXX	N	
82725	FATTY ACIDS NONESTERIFIED	0.51	30.35	0.00	30.35	XXX	N			32.13		XXX	N	
82726	VERY LONG CHAIN FATTY ACIDS	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
82728	ASSAY OF FERRITIN	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
82731	FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	2.45	145.78	0.00	145.78	XXX	N			154.7		XXX	N	
82735	ASSAY OF FLUORIDE	0.71	42.25	0.00	42.25	XXX	N			44.63		XXX	N	
82746	ASSAY OF FOLIC ACID SERUM	0.56	33.32	0.00	33.32	XXX	N			35.11		XXX	N	
82747	ASSAY OF FOLIC ACID RBC	0.66	39.27	0.00	39.27	XXX	N			41.65		XXX	N	
82757	ASSAY OF FRUCTOSE SEMEN	0.66	39.27	0.00	39.27	XXX	N			41.65		XXX	N	
82759	ASSAY OF GALACTOKINASE RBC	0.82	48.79	0.00	48.79	XXX	N			51.77		XXX	N	
82760	ASSAY OF GALACTOSE	0.43	25.59	0.00	25.59	XXX	N			26.78		XXX	N	
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUAN	0.8	47.60	0.00	47.60	XXX	N			50.58		XXX	N	
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
82777	GALECTIN-3	0.84	49.98	0.00	49.98	XXX	N			30.94		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
82784	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	0.35	20.83	0.00	20.83	XXX	N			22.61		XXX	N	
82785	ASSAY OF GAMMAGLOBULIN IGE	0.63	37.49	0.00	37.49	XXX	N			39.87		XXX	N	
82787	GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	0.3	17.85	0.00	17.85	XXX	N			19.04		XXX	N	
82800	GASES BLOOD PH ONLY	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
82803	BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
82805	GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	1.08	64.26	0.00	64.26	XXX	N			68.43		XXX	N	
82810	GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
82820	HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	0.38	22.61	0.00	22.61	XXX	N			23.8		XXX	N	
82930	GASTRIC ACID ANALYIS W/PH EACH SPECIMEN	0.21	12.50	0.00	12.50	XXX	N			13.09		XXX	N	
82938	GASTRIN AFTER SECRETIN STIMULATION	0.67	39.87	0.00	39.87	XXX	N			42.25		XXX	N	
82941	ASSAY OF GASTRIN	0.67	39.87	0.00	39.87	XXX	N			42.25		XXX	N	
82943	ASSAY OF GLUCAGON	0.54	32.13	0.00	32.13	XXX	N			34.51		XXX	N	
82945	GLUCOSE BODY FLUID OTHER THAN BLOOD	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
82946	GLUCOSE TOLERANCE TEST	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
82948	GLUCOSE BLOOD REAGENT STRIP	0.12	7.14	0.00	7.14	XXX	N			7.74		XXX	N	
82950	GLUCOSE POST GLUCOSE DOSE	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
82952	GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
82955	GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
82960	GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	
82962	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	0.09	5.36	0.00	5.36	XXX	N			5.36		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
82963	ASSAY OF GLUCOSIDASE BETA	0.82	48.79	0.00	48.79	XXX	N			51.77		XXX	N	
82965	ASSAY OF GLUTAMATE DEHYDROGENASE	0.29	17.26	0.00	17.26	XXX	N			18.45		XXX	N	
82977	ASSAY OF GLUTAMYLTRASE GAMMA	0.27	16.07	0.00	16.07	XXX	N			17.26		XXX	N	
82978	ASSAY OF GLUTATHIONE	0.54	32.13	0.00	32.13	XXX	N			34.51		XXX	N	
82979	ASSAY OF GLUTATHIONE REDUCTASE RBC	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
82985	ASSAY OF GLYCATED PROTEIN	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	0.71	42.25	0.00	42.25	XXX	N			44.63		XXX	N	
83002	GONADOTROPIN LUTEINIZING HORMONE	0.7	41.65	0.00	41.65	XXX	N			44.63		XXX	N	
83003	ASSAY OF GROWTH HORMONE HUMAN	0.63	37.49	0.00	37.49	XXX	N			39.87		XXX	N	
83006	GROWTH STIMULATION EXPRESSED GENE 2	0.84	49.98	0.00	49.98	XXX	N							
83009	HPYLORI BLOOD ANAL UREASE ACT NON-RADACT ISOTOPE	2.56	152.32	0.00	152.32	XXX	N			161.84		XXX	N	
83010	ASSAY OF HAPTOGLOBIN QUANTITATIVE	0.48	28.56	0.00	28.56	XXX	N			30.35		XXX	N	
83012	ASSAY OF HAPTOGLOBIN PHENOTYPES	0.65	38.68	0.00	38.68	XXX	N			41.06		XXX	N	
83013	HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	2.56	152.32	0.00	152.32	XXX	N			161.84		XXX	N	
83014	HPYLORI DRUG ADMINISTRATION	0.3	17.85	0.00	17.85	XXX	N			19.04		XXX	N	
83015	HEAVY METAL SCREEN	0.72	42.84	0.00	42.84	XXX	N			45.22		XXX	N	
83018	HEAVY METAL QUANTIATIVE EACH	0.84	49.98	0.00	49.98	XXX	N			52.96		XXX	N	
83020	HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	1.01	60.10	30.94	29.16	XXX	N			66.05	35.11	XXX	N	
83021	HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
83026	HEMOGLOBIN COPPER SULFATE METHOD NON-AUTOMATED	0.09	5.36	0.00	5.36	XXX	N			5.95		XXX	N	
83030	HEMOGLOBIN F FETAL CHEMICAL	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
83033	HEMOGLOBIN F FETAL QUALITATIVE	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
83036	HEMOGLOBIN GLYCOSYLATED A1C	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
83037	HGB GLYCOSYLATED DEVICE CLEARED FDA HOME USE	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
83045	HEMOGLOBIN METHEMOGLOBIN QUALITATIVE	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
83050	HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	0.28	16.66	0.00	16.66	XXX	N			17.85		XXX	N	
83051	ASSAY OF HEMOGLOBIN PLASMA	0.28	16.66	0.00	16.66	XXX	N			17.85		XXX	N	
83060	HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
83065	HEMOGLOBIN THERMOLABILE	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
83068	HEMOGLOBIN UNSTABLE SCREEN	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
83069	ASSAY OF HEMOGLOBIN URINE	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
83070	ASSAY OF HEMOSIDERIN QUALITATIVE	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
83080	ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
83088	ASSAY OF HISTAMINE	1.12	66.64	0.00	66.64	XXX	N			70.81		XXX	N	
83090	ASSAY OF HOMOCYSTEINE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
83150	ASSAY OF HOMOVANILLIC ACID	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
83491	HYDROXYCORTICOSTEROIDS 17	0.67	39.87	0.00	39.87	XXX	N			42.25		XXX	N	
83497	ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83498	ASSAY OF HYDROXYPROGESTERONE 17-D	1.03	61.29	0.00	61.29	XXX	N			65.45		XXX	N	
83499	ASSAY OF HYDROXYPROGESTERONE 20-	0.96	57.12	0.00	57.12	XXX	N			60.69		XXX	N	
83500	ASSAY OF HYDROXYPROLINE FREE	0.86	51.17	0.00	51.17	XXX	N			54.15		XXX	N	
83505	ASSAY OF HYDROXYPROLINE TOTAL	0.93	55.34	0.00	55.34	XXX	N			58.31		XXX	N	
83516	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
83518	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
83519	IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	0.51	30.35	0.00	30.35	XXX	N			32.73		XXX	N	
83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83525	ASSAY OF INSULIN TOTAL	0.43	25.59	0.00	25.59	XXX	N			27.37		XXX	N	
83527	ASSAY OF INSULIN FREE	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83528	ASSAY OF INTRINSIC FACTOR	0.61	36.30	0.00	36.30	XXX	N			38.08		XXX	N	
83540	ASSAY OF IRON	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
83550	IRON BINDING CAPACITY	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
83570	ISOCITRIC DEHYDROGENASE	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
83582	ASSAY OF KETOGENIC STEROIDS FRACTIONATION	0.54	32.13	0.00	32.13	XXX	N			33.92		XXX	N	
83586	ASSAY OF KETOSTEROIDS 17- TOTAL	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83593	KETOSTEROIDS 17- FRACTIONATION	1	59.50	0.00	59.50	XXX	N			63.07		XXX	N	
83605	ASSAY OF LACTATE	0.41	24.40	0.00	24.40	XXX	N			25.59		XXX	N	
83615	LACTATE DEHYDROGENASE LDH	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	
83625	LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83630	LACTOFERRIN FECAL QUALITATIVE	0.75	44.63	0.00	44.63	XXX	N			47.01		XXX	N	
83631	LACTOFERRIN FECAL QUANTITATIVE	0.75	44.63	0.00	44.63	XXX	N			47.01		XXX	N	
83632	LACTOGEN HPL HUMAN CHORIONIC SOMATOMAMMOTROPIN	0.77	45.82	0.00	45.82	XXX	N			48.79		XXX	N	
83633	LACTOSE URINE QUALITATIVE	0.21	12.50	0.00	12.50	XXX	N			13.09		XXX	N	
83655	ASSAY OF LEAD	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
83661	FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	0.84	49.98	0.00	49.98	XXX	N			52.96		XXX	N	
83662	FETAL LUNG MATURITY FOAM STABILITY TEST	0.72	42.84	0.00	42.84	XXX	N			45.22		XXX	N	
83663	FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	0.72	42.84	0.00	42.84	XXX	N			45.22		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
83664	FETAL LUNG MATURITY LAMELLAR BODY DENSITY	0.72	42.84	0.00	42.84	XXX	N			45.22		XXX	N	
83670	LEUCINE AMINOPEPTIDASE LAP	0.35	20.83	0.00	20.83	XXX	N			22.02		XXX	N	
83690	ASSAY OF LIPASE	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
83695	LIPOPROTEIN (A)	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	1.29	76.76	0.00	76.76	XXX	N			81.52		XXX	N	
83700	LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	0.43	25.59	0.00	25.59	XXX	N			26.78		XXX	N	
83701	LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS	0.94	55.93	0.00	55.93	XXX	N			59.5		XXX	N	
83704	LIPOPROTEIN BLOOD QUAN NUMBERS&SUBCLASSES	1.2	71.40	0.00	71.40	XXX	N			75.57		XXX	N	
83718	LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
83719	LIPOPROTEIN DIRECT MEASUREMENT VLDL CHOLESTEROL	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
83721	LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	0.36	21.42	0.00	21.42	XXX	N			23.21		XXX	N	
83727	LUTEINIZING RELEASING FACTOR	0.65	38.68	0.00	38.68	XXX	N			41.06		XXX	N	
83735	ASSAY OF MAGNESIUM	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
83775	ASSAY OF MALATE DEHYDROGENASE	0.28	16.66	0.00	16.66	XXX	N			17.85		XXX	N	
83785	ASSAY OF MANGANESE	0.94	55.93	0.00	55.93	XXX	N			58.91		XXX	N	
83789	MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
83825	ASSAY OF MERCURY QUANTITATIVE	0.62	36.89	0.00	36.89	XXX	N			39.27		XXX	N	
83835	METANEPHRINES	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
83857	METHEMALBUMIN	0.41	24.40	0.00	24.40	XXX	N			25.59		XXX	N	
83861	MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	0.63	37.49	0.00	37.49	XXX	N			39.87		XXX	N	
83864	MUCOPOLYSACCHARIDES ACID QUANTITATIVE	0.76	45.22	0.00	45.22	XXX	N			47.6		XXX	N	
83872	MUCIN SYNOVIAL FLUID ROPES TEST	0.22	13.09	0.00	13.09	XXX	N			14.28		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
83873	MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	0.65	38.68	0.00	38.68	XXX	N			41.65		XXX	N	
83874	MYOGLOBIN	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83876	MYELOPEROXIDASE MPO	1.29	76.76	0.00	76.76	XXX	N			81.52		XXX	N	
83880	NATRIURETIC PEPTIDE	1.29	76.76	0.00	76.76	XXX	N			81.52		XXX	N	
83883	ASSAY OF NEPHELOMETRY EACH ANALYTE NES	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
83885	ASSAY OF NICKEL	0.93	55.34	0.00	55.34	XXX	N			58.91		XXX	N	
83915	ASSAY OF NUCLEOTIDASE 5'-	0.42	24.99	0.00	24.99	XXX	N			26.78		XXX	N	
83916	OLIGOCLONAL IMMUNE	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
83918	ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	0.63	37.49	0.00	37.49	XXX	N			39.27		XXX	N	
83919	ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	0.63	37.49	0.00	37.49	XXX	N			39.27		XXX	N	
83921	ORGANIC ACID 1 QUANTITATIVE	0.63	37.49	0.00	37.49	XXX	N			39.27		XXX	N	
83930	ASSAY OF OSMOLALITY BLOOD	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
83935	ASSAY OF OSMOLALITY URINE	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
83937	ASSAY OF OSTEOCALCIN	1.14	67.83	0.00	67.83	XXX	N			72		XXX	N	
83945	ASSAY OF OXALATE	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
83950	ONCOPROTEIN HER-2/NEU	2.45	145.78	0.00	145.78	XXX	N			154.7		XXX	N	
83951	ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	2.45	145.78	0.00	145.78	XXX	N			154.7		XXX	N	
83970	ASSAY OF PARATHORMONE	1.57	93.42	0.00	93.42	XXX	N			99.37		XXX	N	
83986	PH BODY FLUID NOT ELSEWHERE SPECIFIED	0.14	8.33	0.00	8.33	XXX	N			8.33		XXX	N	
83987	PH EXHALED BREATH CONDENSATE	0.6	35.70	0.00	35.70	XXX	N			38.08		XXX	N	
83992	ASSAY OF PHENCYCLIDINE	0.56	33.32	0.00	33.32	XXX	N			35.11		XXX	N	
83993	ASSAY OF CALPROTECTIN FECAL	0.75	44.63	0.00	44.63	XXX	N			47.01		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
84030	ASSAY OF PHENYLALANINE BLOOD	0.21	12.50	0.00	12.50	XXX	N			13.09		XXX	N	
84035	ASSAY OF PHENYLKETONES QUALITATIVE	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
84060	ASSAY OF PHOSPHATASE ACID TOTAL	0.28	16.66	0.00	16.66	XXX	N			17.85		XXX	N	
84061	PHOSPHATASE ACID FORENSIC EXAMINATION	0.3	17.85	0.00	17.85	XXX	N			19.04		XXX	N	
84066	ASSAY OF PHOSPHATASE ACID PROSTATIC	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
84075	ASSAY OF PHOSPHATASE ALKALINE	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
84078	ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	0.28	16.66	0.00	16.66	XXX	N			17.26		XXX	N	
84080	ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	0.56	33.32	0.00	33.32	XXX	N			35.7		XXX	N	
84081	PHOSPHATIDYLGLYCEROL	0.63	37.49	0.00	37.49	XXX	N			39.87		XXX	N	
84085	PHOSPHOGLUCONATE 6-DEHYD RBC	0.26	15.47	0.00	15.47	XXX	N			16.07		XXX	N	
84087	ASSAY OF PHOSPHOHEXOSE ISOMERASE	0.39	23.21	0.00	23.21	XXX	N			24.99		XXX	N	
84100	ASSAY OF PHOSPHORUS INORGANIC	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
84105	ASSAY OF PHOSPHORUS INORGANIC URINE	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
84106	PORPHOBILINOGEN URINE QUALITATIVE	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
84110	ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
84112	EVAL C/V AMNIOTIC FLUID PROTEIN QUAL EA SPECIMEN	2.45	145.78	0.00	145.78	XXX	N			154.7		XXX	N	
84119	PORPHYRINS URINE QUALITATAIVE	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
84120	PORPHYRINS URINE QUANTITATION & FRACTIONATION	0.56	33.32	0.00	33.32	XXX	N			35.11		XXX	N	
84126	PORPHYRINS FECES QUANTITATIVE	0.97	57.72	0.00	57.72	XXX	N			61.29		XXX	N	
84132	POTASSIUM SERUM PLASMA/WHOLE BLOOD	0.17	10.12	0.00	10.12	XXX	N			11.31		XXX	N	
84133	POTASSIUM URINE	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
84134	PREALBUMIN	0.55	32.73	0.00	32.73	XXX	N			35.11		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
84135	PREGNANEDIOL	0.73	43.44	0.00	43.44	XXX	N			45.82		XXX	N	
84138	PREGNANETRIOL	0.72	42.84	0.00	42.84	XXX	N			45.82		XXX	N	
84140	PREGNENOLONE	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
84143	17-HYDROXYPREGNENOLONE	0.87	51.77	0.00	51.77	XXX	N			54.74		XXX	N	
84144	ASSAY OF PROGESTERONE	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
84145	PROCALCITONIN (PCT)	1.02	60.69	0.00	60.69	XXX	N			64.26		XXX	N	
84146	ASSAY OF PROLACTIN	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
84150	ASSAY OF PROSTAGLNDIN EACH	0.95	56.53	0.00	56.53	XXX	N			60.1		XXX	N	
84152	ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	0.7	41.65	0.00	41.65	XXX	N			44.03		XXX	N	
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	0.7	41.65	0.00	41.65	XXX	N			44.03		XXX	N	
84154	ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	0.7	41.65	0.00	41.65	XXX	N			44.03		XXX	N	
84155	PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
84156	PROTEIN TOTAL XCPT REFRACTOMETRY URINE	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
84157	PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
84160	PROTEIN TOTAL REFRACTOMETRY ANY SRC	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
84165	PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	0.93	55.34	30.94	24.40	XXX	N			60.69	35.11	XXX	N	
84166	PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	1.2	71.40	30.94	40.46	XXX	N			77.95	35.11	XXX	N	
84181	PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	1.17	69.62	30.94	38.68	XXX	N			76.16	35.11	XXX	N	
84182	PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	1.2	71.40	30.94	40.46	XXX	N			75.57	32.13	XXX	N	
84202	PROTOPORPHYRIN RBC QUANTITATIVE	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
84203	PROTOPORPHYRIN RBC SCREEN	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
84206	ASSAY OF PROINSULIN	0.68	40.46	0.00	40.46	XXX	N			42.84		XXX	N	
84207	ASSAY OF PYRIDOXAL PHOSPHATE	1.07	63.67	0.00	63.67	XXX	N			67.83		XXX	N	
84210	ASSAY OF PYRUVATE	0.41	24.40	0.00	24.40	XXX	N			26.18		XXX	N	
84220	ASSAY OF PYRUVATE KINASE	0.36	21.42	0.00	21.42	XXX	N			22.61		XXX	N	
84228	ASSAY OF QUININE	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
84233	ASSAY OF RECEPTOR ASSAY ESTROGEN	2.45	145.78	0.00	145.78	XXX	N			154.7		XXX	N	
84234	ASSAY OF RECEPTOR ASSAY PROGESTERONE	2.47	146.97	0.00	146.97	XXX	N			155.89		XXX	N	
84235	RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRGN/PROGST	1.99	118.41	0.00	118.41	XXX	N			125.55		XXX	N	
84238	RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	1.39	82.71	0.00	82.71	XXX	N			88.06		XXX	N	
84244	ASSAY OF RENIN	0.84	49.98	0.00	49.98	XXX	N			52.96		XXX	N	
84252	ASSAY OF RIBOFLAVIN-VITAMIN B-2	0.77	45.82	0.00	45.82	XXX	N			48.79		XXX	N	
84255	ASSAY OF SELENIUM	0.97	57.72	0.00	57.72	XXX	N			61.29		XXX	N	
84260	ASSAY OF SEROTONIN	1.18	70.21	0.00	70.21	XXX	N			74.38		XXX	N	
84270	ASSAY OF SEX HORMONE BINDING GLOBULIN	0.83	49.39	0.00	49.39	XXX	N			52.36		XXX	N	
84275	ASSAY OF SIALIC ACID	0.51	30.35	0.00	30.35	XXX	N			32.13		XXX	N	
84285	ASSAY OF SILICA	0.9	53.55	0.00	53.55	XXX	N			56.53		XXX	N	
84295	SODIUM SERUM PLASMA OR WHOLE BLOOD	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
84300	ASSAY OF URINE SODIUM	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
84302	ASSAY OF SODIUM OTHER SOURCE	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
84305	ASSAY OF SOMATOMEDIN	0.81	48.20	0.00	48.20	XXX	N			51.17		XXX	N	
84307	ASSAY OF SOMATOSTATIN	0.7	41.65	0.00	41.65	XXX	N			44.03		XXX	N	
84311	SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	0.27	16.07	0.00	16.07	XXX	N			16.66		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
84315	SPECIFIC GRAVITY EXCEPT URINE	0.1	5.95	0.00	5.95	XXX	N			5.95		XXX	N	
84375	SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	0.75	44.63	0.00	44.63	XXX	N			47.01		XXX	N	
84376	SUGARS MONO DI&OLIGOS 1 QUALITATAIVE EACH SPEC	0.21	12.50	0.00	12.50	XXX	N			13.09		XXX	N	
84377	SUGARS MONO DI&OLIGOS MLT QUALITATIVE EACH SPE	0.21	12.50	0.00	12.50	XXX	N			13.09		XXX	N	
84378	SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EACH SPEC	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
84379	SUGARS MONO DI&OLIGOS MLT QUANTITATIVE EA SPEC	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
84392	ASSAY OF SULFATE URINE	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
84402	ASSAY OF TESTOSTERONE FREE	0.97	57.72	0.00	57.72	XXX	N			61.29		XXX	N	
84403	ASSAY OF TESTOSTERONE TOTAL	0.98	58.31	0.00	58.31	XXX	N			61.88		XXX	N	
84425	ASSAY OF THIAMINE-VITAMIN B-1	0.81	48.20	0.00	48.20	XXX	N			51.17		XXX	N	
84430	ASSAY OF THIOCYANATE	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
84431	THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
84432	ASSAY OF THYROGLOBULIN	0.61	36.30	0.00	36.30	XXX	N			38.68		XXX	N	
84436	ASSAY OF THYROXINE TOTAL	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
84437	ASSAY OF THYROXINE REQUIRING ELUTION	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
84439	ASSAY OF FREE THYROXINE	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
84442	ASSAY OF THYROXINE BINDING GLOBULIN	0.56	33.32	0.00	33.32	XXX	N			35.7		XXX	N	
84443	ASSAY OF THYROID STIMULATING HORMONE TSH	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
84445	THYROID STIMULATING IMMUNE GLOBULINS TSI	1.93	114.84	0.00	114.84	XXX	N			121.98		XXX	N	
84446	ASSAY OF TOCOPHEROL ALPHA VITAMIN E	0.54	32.13	0.00	32.13	XXX	N			33.92		XXX	N	
84449	ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	0.68	40.46	0.00	40.46	XXX	N			43.44		XXX	N	
84450	TRANSFERASE ASPARTATE AMINO AST SGOT	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
84460	TRANSFERASE ALANINE AMINO ALT SGPT	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
84466	ASSAY OF L7383TRANSFERRIN	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
84478	ASSAY OF TRIGLYCERIDES	0.22	13.09	0.00	13.09	XXX	N			13.69		XXX	N	
84479	THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
84480	ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	0.54	32.13	0.00	32.13	XXX	N			33.92		XXX	N	
84481	ASSAY OF TRIIODOTHYRONINE T3 FREE	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
84482	TRIIODOTHYRONINE T3 REVERSE	0.6	35.70	0.00	35.70	XXX	N			38.08		XXX	N	
84484	ASSAY OF TROPONIN QUANTITATIVE	0.37	22.02	0.00	22.02	XXX	N			23.8		XXX	N	
84485	ASSAY OF TRYPSIN DUODENAL FLUID	0.29	17.26	0.00	17.26	XXX	N			17.85		XXX	N	
84488	ASSAY OF TRYPSIN FECES QUALITATIVE	0.28	16.66	0.00	16.66	XXX	N			17.26		XXX	N	
84490	TRYPSIN FECES QUANTITATIVE 24-HR COLLECTION	0.29	17.26	0.00	17.26	XXX	N			18.45		XXX	N	
84510	ASSAY OF TYROSINE	0.4	23.80	0.00	23.80	XXX	N			24.99		XXX	N	
84512	ASSAY OF TROPONIN QUALITATIVE	0.29	17.26	0.00	17.26	XXX	N			18.45		XXX	N	
84520	ASSAY OF UREA NITROGEN QUANTITATIVE	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
84525	ASSAY OF UREA NITROGEN SEMIQUANTITATIVE	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
84540	ASSAY OF UREA NITROGEN URINE	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
84545	UREA NITROGEN CLEARANCE	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
84550	ASSAY OF BLOOD/URIC ACID	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
84560	ASSAY OF URIC ACID OTHER SOURCE	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
84577	ASSAY OF UROBILINOGEN FECES QUANTITATIVE	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
84578	ASSAY OF UROBILINOGEN URINE QUALITATIVE	0.12	7.14	0.00	7.14	XXX	N			7.74		XXX	N	
84580	UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	0.27	16.07	0.00	16.07	XXX	N			17.26		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
84583	ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
84585	ASSAY OF VANILLYLMANDELIC ACID URINE	0.59	35.11	0.00	35.11	XXX	N			37.49		XXX	N	
84586	ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	1.34	79.73	0.00	79.73	XXX	N			85.09		XXX	N	
84588	ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	1.29	76.76	0.00	76.76	XXX	N			81.52		XXX	N	
84590	ASSAY OF VITAMIN A	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
84591	ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
84597	ASSAY OF VITAMIN K	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
84600	ASSAY OF VOLATILES	0.61	36.30	0.00	36.30	XXX	N			38.68		XXX	N	
84620	XYLOSE ABSORPTION TEST BLOOD &/URINE	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
84630	ASSAY OF ZINC	0.43	25.59	0.00	25.59	XXX	N			27.37		XXX	N	
84681	ASSAY OF C-PEPTIDE	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
84702	GONADOTROPIN CHORIONIC QUANTITATIVE	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
84703	GONADOTROPIN CHORIONIC QUALITATIVE	0.29	17.26	0.00	17.26	XXX	N			17.85		XXX	N	
84704	GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
84830	OVULATION TEST VISUAL COLOR COMPARISON HLH	0.38	22.61	0.00	22.61	XXX	N			24.4		XXX	N	
84999	UNLISTED CHEMISTRY PROCEDURE	0	BR			XXX	N			BR	0	XXX	N	
85002	BLEEDING TIME TEST	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
85004	BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
85007	BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	0.13	7.74	0.00	7.74	XXX	N			8.33		XXX	N	
85008	BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	0.13	7.74	0.00	7.74	XXX	N			8.33		XXX	N	
85009	BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
85013	BLOOD COUNT SPUN MICROHEMATOCRIT	0.09	5.36	0.00	5.36	XXX	N			5.95		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
85014	BLOOD COUNT HEMATOCRIT	0.09	5.36	0.00	5.36	XXX	N			5.95		XXX	N	
85018	BLOOD COUNT HEMOGLOBIN	0.09	5.36	0.00	5.36	XXX	N			5.95		XXX	N	
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	0.3	17.85	0.00	17.85	XXX	N			18.45		XXX	N	
85027	BLOOD COUNT COMPLETE AUTOMATED	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
85032	BLOOD COUNT MANUAL CELL COUNT EACH	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
85041	BLOOD COUNT RED BLOOD CELL AUTOMATED	0.11	6.55	0.00	6.55	XXX	N			7.14		XXX	N	
85044	BLOOD COUNT RETICULOCYTE AUTOMATED	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
85045	BLOOD COUNT RETICULOCYTE AUTOMATED	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
85046	BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	0.21	12.50	0.00	12.50	XXX	N			13.69		XXX	N	
85048	BLOOD COUNT LEUKOCYTE WBC AUTOMATED	0.1	5.95	0.00	5.95	XXX	N			5.95		XXX	N	
85049	BLOOD COUNT PLATELET AUTOMATED	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
85055	RETICULATED PLATELET ASSAY	1.02	60.69	0.00	60.69	XXX	N			64.26		XXX	N	
85060	BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	0.71	42.25			XXX	N			42.25		XXX	N	
85097	BONE MARROW SMEAR INTERPRETATION	2.54	151.13			XXX	N	627.41		150.54		XXX	N	49.15
85130	CHROMOGENIC SUBSTRATE ASSAY	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
85170	BLOOD CLOT RETRACTION	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
85175	CLOT LYSIS TIME WHOLE BLOOD DILUTION	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
85210	CLOTTING FACTOR II PROTHROMBIN SPECIFIC	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
85220	CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	0.67	39.87	0.00	39.87	XXX	N			42.25		XXX	N	
85230	CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	0.68	40.46	0.00	40.46	XXX	N			42.84		XXX	N	
85240	CLOTTING FACTOR VIII AHG 1 STAGE	0.68	40.46	0.00	40.46	XXX	N			42.84		XXX	N	
85244	CLOTTING FACTOR VIII RELATED ANTIGEN	0.78	46.41	0.00	46.41	XXX	N			48.79		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
85245	CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACT	0.87	51.77	0.00	51.77	XXX	N			55.34		XXX	N	
85246	CLOTTING FACTOR VIII VW FACTOR ANTIGEN	0.87	51.77	0.00	51.77	XXX	N			55.34		XXX	N	
85247	CLOTTING FACTOR VIII MULTIMETRIC ANALYSIS	0.87	51.77	0.00	51.77	XXX	N			55.34		XXX	N	
85250	CLOTTING FACTOR IX PTC/CHRISTMAS	0.72	42.84	0.00	42.84	XXX	N			45.82		XXX	N	
85260	CLOTTING FACTOR X STUART-PROWER	0.68	40.46	0.00	40.46	XXX	N			42.84		XXX	N	
85270	CLOTTING FACTOR XI PTA	0.68	40.46	0.00	40.46	XXX	N			42.84		XXX	N	
85280	CLOTTING FACTOR XII HAGEMAN	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
85290	CLOTTING FACTOR XIII FIBRIN STABILIZING	0.62	36.89	0.00	36.89	XXX	N			39.27		XXX	N	
85291	CLOTTING FACTOR XIII FIBRN STABILIZ SCREEN SOLUB	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
85292	CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	0.72	42.84	0.00	42.84	XXX	N			45.82		XXX	N	
85293	CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	0.72	42.84	0.00	42.84	XXX	N			45.82		XXX	N	
85300	CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
85301	CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	0.41	24.40	0.00	24.40	XXX	N			26.18		XXX	N	
85302	CLOTTING INHIBITORS PROTEIN C ANTIGEN	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
85303	CLOTTING INHIBITORS PROTEIN C ACTIVITY	0.53	31.54	0.00	31.54	XXX	N			33.32		XXX	N	
85305	CLOTTING INHIBITORS PROTEIN S TOTAL	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
85306	CLOTTING INHIBITORS PROTEIN S FREE	0.58	34.51	0.00	34.51	XXX	N			36.89		XXX	N	
85307	ACTIVATED PROTEIN C APC RESISTANCE ASSAY	0.58	34.51	0.00	34.51	XXX	N			36.89		XXX	N	
85335	FACTOR INHIBITOR TEST	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
85337	THROMBOMODULIN	0.4	23.80	0.00	23.80	XXX	N			24.99		XXX	N	
85345	COAGULATION TIME LEE AND WHITE	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
85347	COAGULATION TIME ACTIVATED	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
85348	COAGULATION TIME OTHER METHODS	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
85360	EUGLOBULIN LYSIS	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
85362	FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
85366	FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
85370	FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE	0.43	25.59	0.00	25.59	XXX	N			27.37		XXX	N	
85378	FIBRIN DGRADJ PRODUCTS D-DIMER QUAL/SEMIQUAN	0.27	16.07	0.00	16.07	XXX	N			17.26		XXX	N	
85379	FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	0.39	23.21	0.00	23.21	XXX	N			24.4		XXX	N	
85380	FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE	0.39	23.21	0.00	23.21	XXX	N			24.4		XXX	N	
85384	FIBRINOGEN ACTIVITY	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
85385	FIBRINOGEN ANTIGEN	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
85390	FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	0.72	42.84	30.94	11.90	XXX	N			47.6	35.11	XXX	N	
85396	COAGJ/FBRNLYS ASSAY WHOLE BLOOD ADDITIVE PER DAY	0.59	35.11			XXX	N			35.11		XXX	N	
85397	COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	0.87	51.77	0.00	51.77	XXX	N			55.34		XXX	N	
85400	FIBRINOLYTIC FACTORS & INHIBITORS PLASMIN	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
85410	FBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	0.29	17.26	0.00	17.26	XXX	N			18.45		XXX	N	
85415	FBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	0.65	38.68	0.00	38.68	XXX	N			41.06		XXX	N	
85420	FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
85421	FBRNLYC FACTORS&INHIBITORS PLSMNG AGIC ASSAY	0.39	23.21	0.00	23.21	XXX	N			24.4		XXX	N	
85441	HEINZ BODIES DIRECT	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
85445	HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
85460	HGB/RBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	0.29	17.26	0.00	17.26	XXX	N			18.45		XXX	N	
85461	HGB/RBCS FETAL FETOMATERNAL HEMRRG ROSETTE	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
85475	HEMOLYSIN ACID	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
85520	HEPARIN ASSAY	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
85525	HEPARIN NEUTRALIZATION	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
85530	HEPARIN-PROTAMINE TOLERANCE TST	0.54	32.13	0.00	32.13	XXX	N			33.92		XXX	N	
85536	IRON STAIN PERIPHERAL BLOOD	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
85540	WBC ALKALINE PHOSPHATASE COUNT	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
85547	MECHANICAL FRAGILITY RBC	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
85549	MURAMIDASE	0.71	42.25	0.00	42.25	XXX	N			45.22		XXX	N	
85555	OSMOTIC FRAGILITY RBC UNINCUBATED	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
85557	OSMOTIC FRAGILITY RBC INCUBATED	0.51	30.35	0.00	30.35	XXX	N			32.13		XXX	N	
85576	PLATELET AGGREGATION IN VITRO EACH AGENT	1.34	79.73	30.94	48.79	XXX	N			86.87	35.11	XXX	N	
85597	PHOSPHOLIPID NEUTRALIZATION PLATELET	0.68	40.46	0.00	40.46	XXX	N			43.44		XXX	N	
85598	PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	0.68	40.46	0.00	40.46	XXX	N			43.44		XXX	N	
85610	PROTHROMBIN TIME	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
85611	PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	0.15	8.93	0.00	8.93	XXX	N			9.52		XXX	N	
85612	RUSSELL VIPER VENON TIME UNDILUTED	0.36	21.42	0.00	21.42	XXX	N			23.21		XXX	N	
85613	RUSSELL VIPER VENOM TIME DILUTED	0.36	21.42	0.00	21.42	XXX	N			23.21		XXX	N	
85635	REPTILASE TEST	0.37	22.02	0.00	22.02	XXX	N			23.8		XXX	N	
85651	SEDIMENTATION RATE RBC NON-AUTOMATED	0.13	7.74	0.00	7.74	XXX	N			8.33		XXX	N	
85652	SEDIMENTATION RATE RBC AUTOMATED	0.1	5.95	0.00	5.95	XXX	N			6.55		XXX	N	
85660	SICKLING RBC REDUCTION	0.21	12.50	0.00	12.50	XXX	N			13.09		XXX	N	
85670	THROMBIN TIME PLASMA	0.22	13.09	0.00	13.09	XXX	N			13.69		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
85675	THROMBIN TIME TITER	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
85705	THROMBOPLASTIN INHIBITION TISSUE	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
85730	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	
85732	THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
85810	VISCOSITY	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
85999	UNLISTED HEMATOLOGY & COAGULATION PROCEDURE	0	BR			XXX	N			BR	0	XXX	N	
86000	AGGLUTININS FEBRILE EACH ANTIGEN	0.27	16.07	0.00	16.07	XXX	N			16.66		XXX	N	
86001	ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
86003	ALLERGEN SPECIFIC IGE QUAN/SEMIQUAN EA ALLERGEN	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
86005	ALLERGEN SPECIFIC IGE QUAL MULTIALLERGEN SCREEN	0.3	17.85	0.00	17.85	XXX	N			19.04		XXX	N	
86021	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
86022	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	0.7	41.65	0.00	41.65	XXX	N			44.03		XXX	N	
86023	ANTIBODY IDENTIFICATION PLATELET IMMUNOGL ASSAY	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
86038	ANTINUCLEAR ANTIBODIES ANA	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
86039	ANTINUCLEAR ANTIBODIES ANA TITER	0.42	24.99	0.00	24.99	XXX	N			26.78		XXX	N	
86060	ANTISTREPTOLYSIN O TITER	0.28	16.66	0.00	16.66	XXX	N			17.26		XXX	N	
86063	ANTISTREPTOLYSIN O SCREEN	0.22	13.09	0.00	13.09	XXX	N			13.69		XXX	N	
86077	BLD BANK PHYS SVCS DIFFC CROSS MATCH&/EVAL REP	1.6	95.20			XXX	N	43.46		93.42		XXX	N	16.39
86078	BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	1.59	94.61			XXX	N	145.56		94.01		XXX	N	30.22
86079	BLD BANK PHYS SVCS AUTHJ DEVIJ STANDARD REPRT	1.57	93.42			XXX	N	145.56		93.42		XXX	N	30.22
86140	C-REACTIVE PROTEIN	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
86141	C-REACTIVE PROTEIN HIGH SENSITIVITY	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86146	BETA 2 GLYCOPROTEIN I ANTIBODY EACH	0.97	57.72	0.00	57.72	XXX	N			61.29		XXX	N	
86147	CARDIOLIPIN ANTIBODY EACH IG CLASS	0.97	57.72	0.00	57.72	XXX	N			61.29		XXX	N	
86148	ANTI-PHOSPHATIDYLSERINE ANTIBODY	0.61	36.30	0.00	36.30	XXX	N			38.68		XXX	N	
86152	CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	9.35	556.33	0.00	556.33	XXX	N			BR		XXX	N	16.39
86153	CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP	0	0.00	57.72	0.00	XXX	N			0	58.91	XXX	N	16.39
86155	CHEMOTAXIS ASSAY SPECIFY METHOD	0.61	36.30	0.00	36.30	XXX	N			38.68		XXX	N	
86156	COLD AGGLUTININ SCREEN	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
86157	COLD AGGLUTININ TITER	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
86160	COMPLEMENT ANTIGEN EACH COMPONENT	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
86161	COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
86162	COMPLEMENT TOTAL HEMOLYTIC	0.77	45.82	0.00	45.82	XXX	N			48.79		XXX	N	
86171	COMPLEMENT FIXATION TESTS EACH ANTIGEN	0.38	22.61	0.00	22.61	XXX	N			23.8		XXX	N	
86185	CNTERIMMUNOELECTROPHORESIS EACH ANTIGEN	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
86200	CYCLIC CITRULLINATED PEPTIDE ANTIBODY	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86215	DEOXYRIBONUCLEASE ANTIBODY	0.5	29.75	0.00	29.75	XXX	N			32.13		XXX	N	
86225	DNA ANTIBODY NATIVE/DOUBLE STRANDED	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
86226	DNA ANTIBODY SINGLE STRANDED	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
86235	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	0.68	40.46	0.00	40.46	XXX	N			42.84		XXX	N	
86243	FC RECEPTOR	0.78	46.41	0.00	46.41	XXX	N			49.39		XXX	N	
86255	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	0.98	58.31	30.94	27.37	XXX	N			64.26	35.11	XXX	N	
86256	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	0.98	58.31	30.94	27.37	XXX	N			62.48	33.32	XXX	N	
86277	GROWTH HORMONE HUMAN ANTIBODY	0.6	35.70	0.00	35.70	XXX	N			38.08		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86280	HEMAGGLUTINATION INHIBITION TEST HAI	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
86294	IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE	0.75	44.63	0.00	44.63	XXX	N			47.01		XXX	N	
86300	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
86301	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
86304	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
86308	HETEROPHILE ANTIBODIES SCREEN	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
86309	HETEROPHILE ANTIBODIES TITER	0.25	14.88	0.00	14.88	XXX	N			15.47		XXX	N	
86310	HETEROPHILE ANTIBODIES TITER AFTER ABSORPTION	0.28	16.66	0.00	16.66	XXX	N			17.85		XXX	N	
86316	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
86317	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
86318	IMMUNOASSAY NFCT AGT ANTB QUAL/SEMIQUAN 1 STEP	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86320	IMMUNOELECTROPHORESIS SERUM	1.37	81.52	30.94	50.58	XXX	N			86.28	32.13	XXX	N	
86325	IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	1.37	81.52	30.94	50.58	XXX	N			86.28	32.73	XXX	N	
86327	IMMUNOELECTROPHORESIS CROSSED	1.45	86.28	35.11	51.17	XXX	N			94.61	39.87	XXX	N	
86329	IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	0.53	31.54	0.00	31.54	XXX	N			33.92		XXX	N	
86331	IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
86332	IMMUNE COMPLEX ASSAY	0.93	55.34	0.00	55.34	XXX	N			58.31		XXX	N	
86334	IMMUNOFIXJ ELECTROPHORESIS SERUM	1.37	81.52	30.94	50.58	XXX	N			88.06	34.51	XXX	N	
86335	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	1.64	97.58	30.94	66.64	XXX	N			105.91	35.11	XXX	N	
86336	INHIBIN A	0.59	35.11	0.00	35.11	XXX	N			37.49		XXX	N	
86337	INSULIN ANTIBODIES	0.81	48.20	0.00	48.20	XXX	N			51.77		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86340	INTRINSIC FACTOR ANTIBODIES	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
86341	ISLET CELL ANTIBODY	0.75	44.63	0.00	44.63	XXX	N			47.6		XXX	N	
86343	LEUKOCYTE HISTAMINE RELEASE TEST LHR	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
86344	LEUKOCYTE PHAGOCYTOSIS	0.3	17.85	0.00	17.85	XXX	N			19.04		XXX	N	
86352	CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	5.17	307.62	0.00	307.62	XXX	N			326.66		XXX	N	
86353	LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	1.87	111.27	0.00	111.27	XXX	N			117.81		XXX	N	
86355	B CELLS TOTAL COUNT	1.44	85.68	0.00	85.68	XXX	N			90.44		XXX	N	
86356	MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	1.02	60.69	0.00	60.69	XXX	N			64.26		XXX	N	
86357	NATURAL KILLER CELLS TOTAL COUNT	1.44	85.68	0.00	85.68	XXX	N			90.44		XXX	N	
86359	T CELLS TOTAL COUNT	1.44	85.68	0.00	85.68	XXX	N			90.44		XXX	N	
86360	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	1.79	106.51	0.00	106.51	XXX	N			113.05		XXX	N	
86361	T CELLS ABSOLUTE CD4 COUNT	1.02	60.69	0.00	60.69	XXX	N			64.26		XXX	N	
86367	STEM CELLS TOTAL COUNT	1.44	85.68	0.00	85.68	XXX	N			90.44		XXX	N	
86376	MICROSOMAL ANTIBODIES EACH	0.55	32.73	0.00	32.73	XXX	N			35.11		XXX	N	
86378	MIGRATION INHIBITORY FACTOR TEST MIF	0.75	44.63	0.00	44.63	XXX	N			47.6		XXX	N	
86382	NEUTRALIZATION TEST VIRAL	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
86384	NITROBLUE TETRAZOLIUM DYE TEST NTD	0.43	25.59	0.00	25.59	XXX	N			27.37		XXX	N	
86386	NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	0.61	36.30	0.00	36.30	XXX	N			38.68		XXX	N	
86403	PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	0.39	23.21	0.00	23.21	XXX	N			24.4		XXX	N	
86406	PARTICLE AGGLUTINATION TITER EACH ANTIBODY	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
86430	RHEUMATOID FACTOR QUALITATIVE	0.22	13.09	0.00	13.09	XXX	N			13.69		XXX	N	
86431	RHEUMATOID FACTOR QUANTITATIVE	0.22	13.09	0.00	13.09	XXX	N			13.69		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	2.36	140.42	0.00	140.42	XXX	N			148.75		XXX	N	
86481	TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	2.85	169.58	0.00	169.58	XXX	N			180.29		XXX	N	
86485	SKIN TEST CANDIDA	0.54	32.13	0.00	32.13	XXX	N	43.46		23.8		XXX	N	8.8
86486	SKIN TEST UNLISTED ANTIGEN EACH	0.14	8.33	0.00	8.33	XXX	N	18.08		10.12		XXX	N	8.8
86490	SKIN TEST COCCIDIOIDOMYCOSIS	1.97	117.22	0.00	117.22	XXX	N	79.66		8.93		XXX	N	8.8
86510	SKIN TEST HISTOPLASMOSIS	0.17	10.12	0.00	10.12	XXX	N	79.66		11.31		XXX	N	8.8
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	0.22	13.09	0.00	13.09	XXX	N	18.08		14.28		XXX	N	8.8
86590	STREPTOKINASE ANTIBODY	0.42	24.99	0.00	24.99	XXX	N			26.78		XXX	N	
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
86593	SYPHILIS TEST QUANTITATIVE	0.17	10.12	0.00	10.12	XXX	N			10.71		XXX	N	
86602	ANTIBODY ACTINOMYCES	0.39	23.21	0.00	23.21	XXX	N			24.4		XXX	N	
86603	ANTIBODY ADENOVIRUS	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86606	ANTIBODY ASPERGILLUS	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
86609	ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86611	ANTIBODY BARTONELLA	0.39	23.21	0.00	23.21	XXX	N			24.4		XXX	N	
86612	ANTIBODY BLASTOMYCES	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86615	ANTIBODY BORDETELLA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86617	ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	0.59	35.11	0.00	35.11	XXX	N			37.49		XXX	N	
86618	ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	0.65	38.68	0.00	38.68	XXX	N			41.06		XXX	N	
86619	ANTIBODY BORRELIA RELAPSING FEVER	0.51	30.35	0.00	30.35	XXX	N			32.13		XXX	N	
86622	ANTIBODY BRUCELLA	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
86625	ANTIBODY CAMPYLOBACTER	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	

MEDICAL DATA														
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86628	ANTIBODY CANDIDA	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
86631	ANTIBODY CHLAMYDIA	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
86632	ANTIBODY CHLAMYDIA IGM	0.48	28.56	0.00	28.56	XXX	N			30.35		XXX	N	
86635	ANTIBODY COCCIDIOIDES	0.44	26.18	0.00	26.18	XXX	N			27.37		XXX	N	
86638	ANTIBODY COXIELLA BURNETII Q FEVER	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
86641	ANTIBODY CRYPTOCOCCUS	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
86644	ANTIBODY CYTOMEGALOVIRUS CMV	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
86645	ANTIBODY CYTOMEGALOVIRUS CMV IGM	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
86648	ANTIBODY DIPHTHERIA	0.58	34.51	0.00	34.51	XXX	N			36.3		XXX	N	
86651	ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86652	ANTIBODY ENCEPHALITIS EASTERN EQUINE	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86653	ANTIBODY ENCEPHALITIS ST. LOUIS	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86654	ANTIBODY ENCEPHALITIS WESTRN EQUINE	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86658	ANTIBODY ENTEROVIRUS	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86663	ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86664	ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	0.58	34.51	0.00	34.51	XXX	N			36.89		XXX	N	
86665	ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	0.69	41.06	0.00	41.06	XXX	N			43.44		XXX	N	
86666	ANTIBODY EHRLICHIA	0.39	23.21	0.00	23.21	XXX	N			24.4		XXX	N	
86668	ANTIBODY FRANCISELLA TULARENSIS	0.4	23.80	0.00	23.80	XXX	N			24.99		XXX	N	
86671	ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
86674	ANTIBODY GIARDIA LAMBLIA	0.56	33.32	0.00	33.32	XXX	N			35.11		XXX	N	
86677	ANTIBODY HELICOBACTER PYLORI	0.55	32.73	0.00	32.73	XXX	N			35.11		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86682	ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	0.49	29.16	0.00	29.16	XXX	N			31.54		XXX	N	
86684	ANTIBODY HAEMOPHILUS INFLUENZA	0.6	35.70	0.00	35.70	XXX	N			38.08		XXX	N	
86687	ANTIBODY HTLV-I	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	
86688	ANTIBODY HTLV-II	0.53	31.54	0.00	31.54	XXX	N			33.92		XXX	N	
86689	ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
86692	ANTIBODY HEP DELTA AGENT	0.65	38.68	0.00	38.68	XXX	N			41.06		XXX	N	
86694	ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
86695	ANTIBODY HERPES SMPLX TYPE 1	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86696	ANTIBODY HERPES SMPLX TYPE 2	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
86698	ANTIBODY HISTOPLASMA	0.48	28.56	0.00	28.56	XXX	N			29.75		XXX	N	
86701	ANTIBODY HIV-1	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
86702	ANTIBODY HIV-2	0.51	30.35	0.00	30.35	XXX	N			32.73		XXX	N	
86703	ANTIBODY HIV-1&HIV-2 SINGLE RESULT	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
86705	HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
86706	HEPATITIS B SURF ANTIBODY HBSAB	0.41	24.40	0.00	24.40	XXX	N			25.59		XXX	N	
86707	HEPATITIS BE ANTIBODY HBEAB	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
86708	HEPATITIS A ANTIBODY HAAB	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
86709	HEPATITIS ANTIBODY HAAB IGM ANTIBODY	0.43	25.59	0.00	25.59	XXX	N			26.78		XXX	N	
86710	ANTIBODY INFLUENZA VIRUS	0.52	30.94	0.00	30.94	XXX	N			32.73		XXX	N	
86711	ANTIBODY JOHN CUNNINGHAM VIRUS	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
86713	ANTIBODY LEGIONELLA	0.58	34.51	0.00	34.51	XXX	N			36.89		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86717	ANTIBODY LEISHMANIA	0.47	27.97	0.00	27.97	XXX	N			29.16		XXX	N	
86720	ANTIBODY LEPTOSPIRA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86723	ANTIBODY LISTERIA MONOCYTOGENES	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86727	ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86729	ANTIBODY LYMPHOGRANULOMA VENEREUM	0.45	26.78	0.00	26.78	XXX	N			28.56		XXX	N	
86732	ANTIBODY MUCORMYCOSIS	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86735	ANTIBODY MUMPS	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86738	ANTIBODY MYCOPLSM	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86741	ANTIBODY NEISSERIA MENINGITIDIS	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86744	ANTIBODY NOCARDIA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86747	ANTIBODY PARVOVIRUS	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
86750	ANTIBODY PLASMODIUM MALARIA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86753	ANTIBODY PROTOZOA NES	0.47	27.97	0.00	27.97	XXX	N			29.75		XXX	N	
86756	ANTIBODY RESPIRATORY SYNCTIAL VIRUS	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86757	ANTIBODY RICKETTSIA	0.74	44.03	0.00	44.03	XXX	N			46.41		XXX	N	
86759	ANTIBODY ROTAVIRUS	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86762	ANTIBODY RUBELLA	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
86765	ANTIBODY RUBEOLA	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86768	ANTIBODY SALMONELLA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86771	ANTIBODY SHIGELLA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86774	ANTIBODY TETANUS	0.56	33.32	0.00	33.32	XXX	N			35.7		XXX	N	
86777	ANTIBODY TOXOPLASMA	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86778	ANTIBODY TOXOPLASMA IGM	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
86780	ANTIBODY TREPONEMA PALLIDUM	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86784	ANTIBODY TRICHINELLA	0.48	28.56	0.00	28.56	XXX	N			30.35		XXX	N	
86787	ANTIBODY VARICELLA-ZOSTER	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86788	ANTIBODY WEST NILE VIRUS IGM	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
86789	ANTIBODY WEST NILE VIRUS	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
86790	ANTIBODY VIRUS NOT ELSEWHERE SPECIFIFED	0.49	29.16	0.00	29.16	XXX	N			30.94		XXX	N	
86793	ANTIBODY YERSINIA	0.5	29.75	0.00	29.75	XXX	N			31.54		XXX	N	
86800	THYROGLOBULIN ANTIBODY	0.61	36.30	0.00	36.30	XXX	N			38.08		XXX	N	
86803	HEPATITIS C ANTIBODY	0.54	32.13	0.00	32.13	XXX	N			34.51		XXX	N	
86804	HEPATITIS C ANTIBODY CONFIRMATORY TEST	0.59	35.11	0.00	35.11	XXX	N			37.49		XXX	N	
86805	LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ	1.99	118.41	0.00	118.41	XXX	N			125.55		XXX	N	
86806	LMPHOCYTOTOXICITY ASSAY VIS CROSSMTCH W/O TITRAT	1.81	107.70	0.00	107.70	XXX	N			114.24		XXX	N	
86807	SERUM SCREENING % REACTIVE ANTIBODY STANDRD METH	1.51	89.85	0.00	89.85	XXX	N			95.2		XXX	N	
86808	SERUM SCREENING % REACTIVE ANTIBODY QUICK METH	1.13	67.24	0.00	67.24	XXX	N			71.4		XXX	N	
86812	HLA TYPING A/B/C SINGLE ANTIGEN	0.98	58.31	0.00	58.31	XXX	N			61.88		XXX	N	
86813	HLA TYPING A/B/C MULTIPLE ANTIGENS	2.21	131.50	0.00	131.50	XXX	N			139.23		XXX	N	
86816	HLA TYPING DR/DQ SINGLE ANTIGEN	1.06	63.07	0.00	63.07	XXX	N			67.24		XXX	N	
86817	HLA TYPING DR/DQ MULTIPLE ANTIGENS	2.45	145.78	0.00	145.78	XXX	N			154.7		XXX	N	
86821	HLA TYPING LYMPHOCYTE CULTURE MIXED	2.15	127.93	0.00	127.93	XXX	N			135.66		XXX	N	
86822	HLA TYPING LYMPHOCYTE CULTURE PRIMED	1.39	82.71	0.00	82.71	XXX	N			88.06		XXX	N	
86825	HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION	3.06	182.07	0.00	182.07	XXX	N			192.78		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
86826	HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION	1.02	60.69	0.00	60.69	XXX	N			64.26		XXX	N	
86828	ANTIBODY HLA CLASS I & CLASS II ANTIGENS QUAL	1.51	89.85	0.00	89.85	XXX	N			95.2		XXX	N	
86829	ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL	1.13	67.24	0.00	67.24	XXX	N			71.4		XXX	N	
86830	ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE	3.07	182.67	0.00	182.67	XXX	N			193.97		XXX	N	
86831	ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL	2.63	156.49	0.00	156.49	XXX	N			166.6		XXX	N	
86832	ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	4.83	287.39	0.00	287.39	XXX	N			305.24		XXX	N	
86833	ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	4.39	261.21	0.00	261.21	XXX	N			277.27		XXX	N	
86834	ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL	13.6	809.20	0.00	809.20	XXX	N			859.78		XXX	N	
86835	ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	12.29	731.26	0.00	731.26	XXX	N			776.48		XXX	N	
86849	UNLISTED IMMUNOLOGY	0	BR			XXX	N			BR	0	XXX	N	
86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	0.15	8.93	0.00	8.93	XXX	N	68.01		29.75		XXX	N	23.17
86860	ANTIBODY ELUTION RBC EACH ELUTION	0.85	50.58	0.00	50.58	XXX	N	146.73		38.08		XXX	N	32.24
86870	ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	1.17	69.62	0.00	69.62	XXX	N	298.26		52.36		XXX	N	44.25
86880	ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	0.2	11.90	0.00	11.90	XXX	N	79.66		13.09		XXX	N	12.48
86885	ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	0.22	13.09	0.00	13.09	XXX	N	146.73		13.69		XXX	N	12.48
86886	ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	0.2	11.90	0.00	11.90	XXX	N	145.56		12.5		XXX	N	12.48
86890	AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	2.69	160.06	0.00	160.06	XXX	N	298.26		120.19		XXX	N	44.25
86891	AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	3.79	225.51	0.00	225.51	XXX	N	627.41		170.17		XXX	N	23.17
86900	BLOOD TYPING SEROLOGIC ABO	0.11	6.55	0.00	6.55	XXX	N	79.66		7.14		XXX	N	12.48
86901	BLOOD TYPING SEROLOGIC RH (D)	0.11	6.55	0.00	6.55	XXX	N	43.46		7.14		XXX	N	12.48
86902	BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	0.15	8.93	0.00	8.93	XXX	N	146.73		8.93		XXX	N	23.17
86904	BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT	0.36	21.42	0.00	21.42	XXX	N	43.46		22.61		XXX	N	23.17

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86905	BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	0.15	8.93	0.00	8.93	XXX	N	146.73		8.93		XXX	N	23.17
86906	BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	0.29	17.26	0.00	17.26	XXX	N	43.46		18.45		XXX	N	23.17
86910	BLOOD TYPING PATERNITY PR INDIV ABO RH&MN	0.7	41.65	0.00	41.65	XXX	N			30.94		XXX	N	
86911	BLOOD TYPING PATERNITY INDIV ADDL ANTIGEN SYS	0.6	35.70	0.00	35.70	XXX	N			26.78		XXX	N	
86920	COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	0.95	56.53	0.00	56.53	XXX	N	146.73		42.25		XXX	N	23.17
86921	COMPATIBILITY EACH UNIT INCUBATION	0.85	50.58	0.00	50.58	XXX	N	146.73		38.08		XXX	N	23.17
86922	COMPATIBILITY EACH UNIT ANTIGLOBULIN	1.01	60.10	0.00	60.10	XXX	N	146.73		45.22		XXX	N	32.24
86923	COMPATIBILITY EACH UNIT ELECTRONIC	0.76	45.22	0.00	45.22	XXX	N	146.73		33.92		XXX	N	23.17
86927	FRESH FROZEN PLASMA THAWING EACH UNIT	0.54	32.13	0.00	32.13	XXX	N	298.26		23.8		XXX	N	23.17
86930	FROZEN BLOOD EACH UNIT FREEZING	3.16	188.02	0.00	188.02	XXX	N	146.73		141.61		XXX	N	44.25
86931	FROZEN BLOOD EACH UNIT THAWING	2.37	141.02	0.00	141.02	XXX	N	298.26		106.51		XXX	N	44.25
86932	FROZEN BLOOD EACH UNIT FREEZING & THAWING	2.69	160.06	0.00	160.06	XXX	N	43.46		120.19		XXX	N	44.25
86940	HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
86941	HEMOLYSINS&AGGLUTININS INCUBATED	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
86945	IRRADIATION BLOOD PRODUCT EACH UNIT	0.79	47.01	0.00	47.01	XXX	N	43.46		35.7		XXX	N	23.17
86950	LEUKOCYTE TRANSFUSION	2.05	121.98	0.00	121.98	XXX	N	146.73		92.23		XXX	N	23.17
86960	VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	0.88	52.36	0.00	52.36	XXX	N	146.73		39.87		XXX	N	23.17
86965	POOLING PLATELETS/OTHER BLOOD PRODUCTS	0.88	52.36	0.00	52.36	XXX	N	146.73		39.87		XXX	N	32.24
86970	PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	0.79	47.01	0.00	47.01	XXX	N	43.46		35.7		XXX	N	23.17
86971	PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	0.63	37.49	0.00	37.49	XXX	N	146.73		28.56		XXX	N	23.17
86972	PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	1.11	66.05	0.00	66.05	XXX	N	146.73		49.39		XXX	N	23.17
86975	PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	0.85	50.58	0.00	50.58	XXX	N	43.46		38.08		XXX	N	44.25

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86976	PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	0.95	56.53	0.00	56.53	XXX	N	43.46		42.25		XXX	N	23.17
86977	PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	0.95	56.53	0.00	56.53	XXX	N	146.73		42.25		XXX	N	44.25
86978	PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	0.95	56.53	0.00	56.53	XXX	N	18.08		42.25		XXX	N	32.24
86985	SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	0.7	41.65	0.00	41.65	XXX	N	145.56		30.94		XXX	N	23.17
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	0	BR			XXX	N	18.08		BR	0	XXX	N	23.17
87003	ANIMAL INOCULATION SMALL ANIMAL W/OBS&DSJ	0.64	38.08	0.00	38.08	XXX	N			40.46		XXX	N	
87015	CONCENTRATION INFECTIOUS AGENTS	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
87040	CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	0.39	23.21	0.00	23.21	XXX	N			24.99		XXX	N	
87045	CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	0.36	21.42	0.00	21.42	XXX	N			22.61		XXX	N	
87046	CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	0.36	21.42	0.00	21.42	XXX	N			22.61		XXX	N	
87070	CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
87071	CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	0.36	21.42	0.00	21.42	XXX	N			22.61		XXX	N	
87073	CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	0.36	21.42	0.00	21.42	XXX	N			22.61		XXX	N	
87075	CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	0.36	21.42	0.00	21.42	XXX	N			22.61		XXX	N	
87076	CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
87077	CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
87081	CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMJ	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
87084	CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
87086	CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
87088	CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	0.31	18.45	0.00	18.45	XXX	N			19.64		XXX	N	
87101	CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	0.29	17.26	0.00	17.26	XXX	N			18.45		XXX	N	
87102	CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	0.32	19.04	0.00	19.04	XXX	N			20.23		XXX	N	

MEDICAL DATA														
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87103	CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
87106	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	0.39	23.21	0.00	23.21	XXX	N			24.99		XXX	N	
87107	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	0.39	23.21	0.00	23.21	XXX	N			24.99		XXX	N	
87109	CULTURE MYCOPLASMA ANY SOURCE	0.59	35.11	0.00	35.11	XXX	N			36.89		XXX	N	
87110	CULTURE CHLAMYDIA ANY SOURCE	0.75	44.63	0.00	44.63	XXX	N			47.01		XXX	N	
87116	CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	0.41	24.40	0.00	24.40	XXX	N			26.18		XXX	N	
87118	CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	0.42	24.99	0.00	24.99	XXX	N			26.18		XXX	N	
87140	CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	0.21	12.50	0.00	12.50	XXX	N			13.69		XXX	N	
87143	CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY	0.48	28.56	0.00	28.56	XXX	N			30.35		XXX	N	
87147	CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
87149	CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87150	CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87152	CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
87153	CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	4.39	261.21	0.00	261.21	XXX	N			277.27		XXX	N	
87158	CULTURE TYPING OTHER METHODS	0.2	11.90	0.00	11.90	XXX	N			12.5		XXX	N	
87164	DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	0.93	55.34	30.94	24.40	XXX	N			58.91	33.32	XXX	N	
87166	DARK FIELD EXAM ANY SOURCE W/O SPECIMEN COLLECT	0.43	25.59	0.00	25.59	XXX	N			27.37		XXX	N	
87168	MACROSCOPIC EXAMINATION ARTHROPOD	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
87169	MACROSCOPIC EXAMINATION PARASITE	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
87172	PINWORM EXAMINATION	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
87176	HOMOGENIZATION TISSUE CULTURE	0.22	13.09	0.00	13.09	XXX	N			14.28		XXX	N	
87177	OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87181	SUSCEPTBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
87184	SUSCEPTIBILITY STUDY ANTIMICROBIAL DISK METHOD	0.26	15.47	0.00	15.47	XXX	N			16.66		XXX	N	
87185	SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYME DETCJ	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
87186	SUSCEPTIBLTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
87187	SUSCEPTIBLTY STDY ANTMCRB MICRO/AGAR DILUTJ EA	0.39	23.21	0.00	23.21	XXX	N			24.99		XXX	N	
87188	SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	0.25	14.88	0.00	14.88	XXX	N			16.07		XXX	N	
87190	SUSCEPTIBLTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	0.22	13.09	0.00	13.09	XXX	N			13.69		XXX	N	
87197	SERUM BACTERICIDAL TITER	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
87205	SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
87206	SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	0.2	11.90	0.00	11.90	XXX	N			13.09		XXX	N	
87207	SMR PRIM SRC SPEC STAIN BODIES/PARASITS	0.75	44.63	30.94	13.69	XXX	N			49.39	35.11	XXX	N	
87209	SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	0.68	40.46	0.00	40.46	XXX	N			43.44		XXX	N	
87210	SMR PRIM SRC WET MOUNT NFCT AGT	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
87220	TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
87230	TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	0.75	44.63	0.00	44.63	XXX	N			47.6		XXX	N	
87250	VIRUS INOCULATION EGGS/SM ANIMAL OBS&DSJ	0.74	44.03	0.00	44.03	XXX	N			47.01		XXX	N	
87252	VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	0.99	58.91	0.00	58.91	XXX	N			62.48		XXX	N	
87253	VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	0.77	45.82	0.00	45.82	XXX	N			48.79		XXX	N	
87254	VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	0.74	44.03	0.00	44.03	XXX	N			47.01		XXX	N	
87255	VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	1.29	76.76	0.00	76.76	XXX	N			81.52		XXX	N	
87260	IAADI ADENOVIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87265	IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87267	IAADI ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87269	IAADI GIARDIA	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87270	IAADI CHLAMYDIA TRACHOMATIS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87271	IAADI CYTOMEGALOVIRUS DIR FLUORESCENT ANTIBODY	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87272	IAADI CRYPTOSPORIDIUM	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87273	IAADI HERPES SMPLX VIRUS TYPE 2	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87274	IAADI HERPES SMPLX VIRUS TYPE 1	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87275	IAADI INFLUENZA B VIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87276	IAADI INFFLUENZA A VIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87277	IAADI LEGIONELLA MICDADEI	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87278	IAADI LEGIONELLA PNEUMOPHILA	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87279	IAADI PARAINFLUENZA VIRUS EACH TYPE	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87280	IAADI RESPIRATORY SYNCTIAL VIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87281	IAADI PNEUMOCUSTIS CARINII	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87283	IAADI RUBEOLA	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87285	IAADI TREPONEMA PALLIDUM	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87290	IAADI VARICELLA ZOSTER VIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87299	IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87300	IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87301	IAAD IA ADENOVIRUS ENTERIC TYP 40/41	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87305	IAAD IA QUAL/SEMIQUAN MULTIPLE STEP ASPERGILLUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87320	IAAD IA CHLAMYDIA TRACHOMATIS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87324	IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87327	IAAD IA CRYPTOCOCCUS NEOFORMANS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87328	IAAD IA CRYPTOSPORIDIUM	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87329	IAAD IA GIARDIA	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87332	IAAD IA CYTOMEGALOVIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87335	IAAD IA ESCHERICHIA COLI 0157	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87336	IAAD IA ENTAMOEBA HISTOLYTICA DISPAR GRP	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87337	IAAD IA ENTAMOEBA HISTOLYTICA GRP	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87338	IAAD IA HPYLORI STOOL	0.55	32.73	0.00	32.73	XXX	N			34.51		XXX	N	
87339	IAAD IA HPYLORI	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	0.39	23.21	0.00	23.21	XXX	N			24.99		XXX	N	
87341	IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	0.39	23.21	0.00	23.21	XXX	N			24.99		XXX	N	
87350	IAAD IA HEPATITIS BE ANTIGEN	0.44	26.18	0.00	26.18	XXX	N			27.97		XXX	N	
87380	IAAD IA HEPATITIS DELTA ANTIGEN	0.62	36.89	0.00	36.89	XXX	N			39.27		XXX	N	
87385	IAAD IA HISTOPLASM CAPSULATUM	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87389	IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	0.92	54.74	0.00	54.74	XXX	N			57.72		XXX	N	
87390	IAAD IA HIV-1	0.67	39.87	0.00	39.87	XXX	N			42.25		XXX	N	
87391	IAAD IA HIV-2	0.67	39.87	0.00	39.87	XXX	N			42.25		XXX	N	
87400	IAAD IA INFLUENZA A/B EACH	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87420	IAAD IA RESPIRATORY SYNCTIAL VIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87425	IAAD IA ROTAVIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87427	IAAD IA SHIGA-LIKE TOXIN	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87430	IAAD IA STREPTOCOCCUS GROUP A	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87449	IAAD IA MULT STEP METHOD NOS EACH ORGANISM	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87450	IAAD IA SINGLE STEP METHOD NOS EA ORGANISM	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
87451	IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM	0.37	22.02	0.00	22.02	XXX	N			23.21		XXX	N	
87470	IADNA BARTONELLA DIRECT PROBE TECHNIQUE	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87471	IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87472	IADNA BARTONELLA HENSELAE&QUINTANA QUANTJ	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87475	IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87476	IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87477	IADNA BORRELIA BURGDORFERI QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87480	IADNA CANDIDA SPECIES DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87481	IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87482	IADNA CANDIDA SPECIES QUANTIFICATION	1.59	94.61	0.00	94.61	XXX	N			100.56		XXX	N	
87485	IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87486	IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87487	IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87490	IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87492	IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION	1.33	79.14	0.00	79.14	XXX	N			83.9		XXX	N	
87493	INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87495	IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87496	IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87497	IADNA CYTOMEGALOVIRUS QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87498	IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87500	INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87501	INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE	1.95	116.03	0.00	116.03	XXX	N			123.17		XXX	N	
87502	INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	3.24	192.78	0.00	192.78	XXX	N			204.68		XXX	N	
87503	NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	0.79	47.01	0.00	47.01	XXX	N			49.98		XXX	N	
87505	NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	4.88	290.36	0.00	290.36	XXX	N							
87506	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	8.12	483.14	0.00	483.14	XXX	N							
87507	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	15.86	943.67	0.00	943.67	XXX	N							
87510	IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87511	IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87512	IADNA GARDNERELLA VAGINALIS QUANTIFICATION	1.59	94.61	0.00	94.61	XXX	N			100.56		XXX	N	
87515	IADNA HEPATITIS B VIRUS DIRECT PROBE TECHNIQUE	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87516	IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87517	IADNA HEPATITIS B VIRUS QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87520	IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87521	IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87522	IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87525	IADNA HEPATITIS G DIRECT PROBE TECHNIQUE	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87526	IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87527	IADNA HEPATITIS G QUANTIFICATION	1.59	94.61	0.00	94.61	XXX	N			100.56		XXX	N	
87528	IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87529	IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87530	IADNA HERPES SOMPLX VIRUS QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87531	IADNA HERPES VIRUS-6 DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87532	IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87533	IADNA HERPES VIRUS-6 QUANTIFICATION	1.59	94.61	0.00	94.61	XXX	N			100.56		XXX	N	
87534	IADNA HIV-1 DIRECT PROBE TECHNIQUE	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87535	IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87536	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	3.24	192.78	0.00	192.78	XXX	N			204.68		XXX	N	
87537	IADNA HIV-2 DIRECT PROBE TECHNIQUE	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87538	IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87539	IADNA HIV-2 QUANT & REVERSE TRANSCRIPTION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87540	IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87541	IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87542	IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	1.59	94.61	0.00	94.61	XXX	N			100.56		XXX	N	
87550	IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87551	IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87552	IADNA MYCOBACTERIA SPECIES QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87555	IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87556	IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87557	IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87560	IADNA MYCOBACTERIA AVIUM-INTRACLRE DIR PRB	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87561	IADNA MYCOBACTERIA AVIUM-INTRACLRE AMP PRB	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87562	IADNA MYCOBACTERIA AVIUM-INTRACELLULARE QUANT	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87580	IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87581	IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87582	IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	1.59	94.61	0.00	94.61	XXX	N			100.56		XXX	N	
87590	IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87592	IADNA NEISSERIA GONORRHOEAE QUANTIFICATION	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87623	IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	1.34	79.73	0.00	79.73	XXX	N							
87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	1.34	79.73	0.00	79.73	XXX	N							
87625	IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY	1.34	79.73	0.00	79.73	XXX	N							
87631	IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	4.88	290.36	0.00	290.36	XXX	N			308.21		XXX	N	
87632	IADNA RESPIRATRY PROBE & REV TRNSCR 6-11 TARGETS	8.12	483.14	0.00	483.14	XXX	N			512.89		XXX	N	
87633	IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	15.86	943.67	0.00	943.67	XXX	N			1001.98		XXX	N	
87640	IADNA S AUREUS AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87641	IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87650	IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87651	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87652	IADNA STREPTOCOCCUS GROUP A QUANTIFICATION	1.59	94.61	0.00	94.61	XXX	N			100.56		XXX	N	
87653	IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87660	IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	
87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	1.34	79.73	0.00	79.73	XXX	N			0		XXX	N	
87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	0.76	45.22	0.00	45.22	XXX	N			48.2		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	1.34	79.73	0.00	79.73	XXX	N			84.49		XXX	N	
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	1.63	96.99	0.00	96.99	XXX	N			102.94		XXX	N	
87800	IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	1.53	91.04	0.00	91.04	XXX	N			96.39		XXX	N	
87801	IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	2.67	158.87	0.00	158.87	XXX	N			168.98		XXX	N	
87802	IAADIADOO STREPTOCOCCUS GROUP B	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87803	IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87804	IAADIADOO INFLUENZA	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87806	IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	0.92	54.74	0.00	54.74	XXX	N							
87807	IAADIADOO RESPIRATORY SYNCTIAL VIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87808	IAADIADOO TRICHOMONAS VAGINALIS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87809	INFECTIOUS AGENT IMMUNOASSAY OPTICAL ADENOVIRUS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87810	CHLAMYDIA TRACHOMATIS	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87850	IAADIADOO NEISSERIA GONORRHOEAE	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87880	IAADIADOO STREPTOCOCCUS GROUP A	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87899	IAADIADOO NOT OTHERWISE SPECIFIED	0.46	27.37	0.00	27.37	XXX	N			28.56		XXX	N	
87900	NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	4.96	295.12	0.00	295.12	XXX	N			313.57		XXX	N	
87901	NFCT GEXYP NUCLEIC ACID HIV REV TRNSCR&PROTEAS	9.79	582.51	0.00	582.51	XXX	N			618.8		XXX	N	
87902	NFCT AGNT GENOTYP NUCLEIC ACID HEPATITIS C VIRUS	9.79	582.51	0.00	582.51	XXX	N			618.8		XXX	N	
87903	NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	18.59	1106.11	0.00	1106.11	XXX	N			1174.53		XXX	N	
87904	NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	0.99	58.91	0.00	58.91	XXX	N			62.48		XXX	N	
87905	INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
87906	NFCT GEXYP DNA/RNA HIV 1 OTHER REGION	4.9	291.55	0.00	291.55	XXX	N			309.4		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
87910	NFCT AGT GENOTYPE NUCLEIC ACID CYTOMEGALOVIRUS	9.79	582.51	0.00	582.51	XXX	N			618.8		XXX	N	
87912	NFCT AGENT GENOTYPE HEPATITIS B VIRUS	9.79	582.51	0.00	582.51	XXX	N			618.8		XXX	N	
87999	UNLISTED MICROBIOLOGY	0	BR			XXX	N			BR	0	XXX	N	
88000	NECROPSY GROSS EXAMINATION ONLY W/O CNS	6.5	386.75			XXX	N			405.79		XXX	N	
88005	NECROPSY GROSS EXAMINATION W/BRAIN	7.58	451.01			XXX	N			473.62		XXX	N	
88007	NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD	7.94	472.43			XXX	N			496.23		XXX	N	
88012	NECROPSY GROSS EXAMINATION INFANT W/BRAIN	6.5	386.75			XXX	N			405.79		XXX	N	
88014	NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN	5.96	354.62			XXX	N			371.88		XXX	N	
88016	NECROPSY GROSS EXAM MACERATED STILLBORN	8.3	493.85			XXX	N			518.84		XXX	N	
88020	NECROPSY GROSS & MICROSCOPIC W/O CNS	11.19	665.81			XXX	N			699.13		XXX	N	
88025	NECROPSY GROSS & MICROSCOPIC W/BRAIN	10.83	644.39			XXX	N			676.52		XXX	N	
88027	NECROPSY GROSS&MCRSCP BRAIN & SPINAL CORD	11.55	687.23			XXX	N			721.74		XXX	N	
88028	NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN	6.5	386.75			XXX	N			405.79		XXX	N	
88029	NECROPSY GROSS&MCRSCP STILLBORN/NEWBORN BRAIN	6.5	386.75			XXX	N			405.79		XXX	N	
88036	NECROPSY LIMITED GROSS&/MCRSCP REGIONAL	3.25	193.38			XXX	N			202.9		XXX	N	
88037	NECROPSY LIMITD GROSS&/MCRSCP SINGLE ORGAN	2.89	171.96			XXX	N			180.29		XXX	N	
88040	NECROPSY FORENSIC EXAMINATION	18.05	1073.98			XXX	N			1127.53		XXX	N	
88045	NECROPSY CORONER CALL	1.81	107.70			XXX	N			113.05		XXX	N	
88099	UNLISTED NECROPSY PROCEDURE	0	BR			XXX	N			BR		XXX	N	
88104	CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	2.14	127.33	49.98	77.35	XXX	N	43.46		133.28	49.98	XXX	N	30.22
88106	CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	2.11	125.55	33.92	91.63	XXX	N	43.46		149.35	33.32	XXX	N	30.22
88108	CYTP CONCENTRATION SMEARS & INTERPRETATION	2.04	121.38	39.27	82.11	XXX	N	43.46		138.04	38.68	XXX	N	30.22

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
88112	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	2.02	120.19	48.20	71.99	XXX	N	68.01		191.59	101.75	XXX	N	30.22
88120	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	17.87	1063.27	99.96	963.31	XXX	N	298.26		1085.88	98.77	XXX	N	202.61
88121	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	15.6	928.20	86.28	841.92	XXX	N	145.56		975.8	86.28	XXX	N	202.61
88125	CYTOPATHOLOGY FORENSIC	0.66	39.27	23.21	16.06	XXX	N	68.01		39.27	22.61	XXX	N	30.22
88130	SEX CHROMATIN IDENTIFICATION BARR BODIES	0.57	33.92	0.00	33.92	XXX	N			36.3		XXX	N	
88140	SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR	0.3	17.85	0.00	17.85	XXX	N			19.04		XXX	N	
88141	CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN	0.92	54.74			XXX	N			55.34		XXX	N	
88142	CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN	0.77	45.82	0.00	45.82	XXX	N			48.79		XXX	N	
88143	CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS	0.77	45.82	0.00	45.82	XXX	N			48.79		XXX	N	
88147	CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV	0.43	25.59	0.00	25.59	XXX	N			27.37		XXX	N	
88148	CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHYS	0.58	34.51	0.00	34.51	XXX	N			36.3		XXX	N	
88150	CYTP SLIDES C/V MNL SCR UNDER PHYS	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
88152	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
88153	CYTP SLIDES C/V MNL SCR&RESCR PHYS	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
88154	CYTP SLIDES C/V MNL SCR&CPTR-RESCR CELL S&I	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
88155	CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	0.23	13.69	0.00	13.69	XXX	N			14.28		XXX	N	
88160	CYTP SMRS ANY OTH SRC SCR&INTERPJ	2.04	121.38	45.22	76.16	XXX	N	18.08		111.27	44.63	XXX	N	16.39
88161	CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	1.83	108.89	43.44	65.45	XXX	N	43.46		105.91	42.84	XXX	N	16.39
88162	CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	2.95	175.53	68.43	107.10	XXX	N	68.01		168.39	68.43	XXX	N	30.22
88164	CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
88165	CYTP SLIDES C/V MNL SCR&RESCR PHYS SUPV	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
88166	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS SUPV	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
88167	CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL S&I	0.4	23.80	0.00	23.80	XXX	N			25.59		XXX	N	
88172	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	1.62	96.39	63.07	33.32	XXX	N	145.56		95.8	61.88	XXX	N	30.22
88173	CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	4.34	258.23	123.17	135.06	XXX	N	68.01		262.4	122.57	XXX	N	49.15
88174	CYTP C/V AUTO THIN LYR PREPJ SCR SYS PHYS	0.81	48.20	0.00	48.20	XXX	N			51.17		XXX	N	
88175	CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	1.01	60.10	0.00	60.10	XXX	N			63.67		XXX	N	
88177	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	0.86	51.17	38.68	12.49	ZZZ	N			51.77	38.08	ZZZ	N	16.39
88182	FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	3.16	188.02	62.48	125.54	XXX	N	145.56		191	61.29	XXX	N	49.15
88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	2.13	126.74	0.00	126.74	XXX	N	298.26		155.3		XXX	N	30.22
88185	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	1.3	77.35	0.00	77.35	ZZZ	N			94.61		ZZZ	N	16.39
88187	FLOW CYTOMETRY INTERPJ 2-8 MARKERS	2.04	121.38			XXX	N			120.19		XXX	N	30.22
88188	FLOW CYTOMETRY INTERPJ 9-15 MARKERS	2.6	154.70			XXX	N			153.51		XXX	N	30.22
88189	FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	3.19	189.81			XXX	N			186.24		XXX	N	30.22
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	0	BR	BR	BR	XXX	N	68.01		BR	0	XXX	N	16.39
88230	TISS CUL NON-NEO DISORDERS LYMPHOCYTE	4.43	263.59	0.00	263.59	XXX	N			280.25		XXX	N	
88233	TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	5.35	318.33	0.00	318.33	XXX	N			338.56		XXX	N	
88235	TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	5.6	333.20	0.00	333.20	XXX	N			354.03		XXX	N	
88237	TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	4.81	286.20	0.00	286.20	XXX	N			303.45		XXX	N	
88239	TISS CUL NEO DISORDERS SOLID TUMOR	5.61	333.80	0.00	333.80	XXX	N			354.62		XXX	N	
88240	CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	0.38	22.61	0.00	22.61	XXX	N			24.4		XXX	N	
88241	THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	0.38	22.61	0.00	22.61	XXX	N			24.4		XXX	N	
88245	CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	5.66	336.77	0.00	336.77	XXX	N			357.6		XXX	N	
88248	CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	6.59	392.11	0.00	392.11	XXX	N			416.5		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
88249	CHRMSM BREAKAGE SYNDS SCORE 100 CLL	6.59	392.11	0.00	392.11	XXX	N			416.5		XXX	N	
88261	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	6.72	399.84	0.00	399.84	XXX	N			424.83		XXX	N	
88262	CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	4.74	282.03	0.00	282.03	XXX	N			299.88		XXX	N	
88263	CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	5.72	340.34	0.00	340.34	XXX	N			361.17		XXX	N	
88264	CHRMSM ANALYZE 20-25 CELLS	4.74	282.03	0.00	282.03	XXX	N			299.88		XXX	N	
88267	CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	6.84	406.98	0.00	406.98	XXX	N			431.97		XXX	N	
88269	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	6.33	376.64	0.00	376.64	XXX	N			399.84		XXX	N	
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	0.81	48.20	0.00	48.20	XXX	N			51.77		XXX	N	
88272	MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS	1.02	60.69	0.00	60.69	XXX	N			64.26		XXX	N	
88273	MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	1.22	72.59	0.00	72.59	XXX	N			77.35		XXX	N	
88274	MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	1.32	78.54	0.00	78.54	XXX	N			83.9		XXX	N	
88275	MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	1.53	91.04	0.00	91.04	XXX	N			96.39		XXX	N	
88280	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	0.95	56.53	0.00	56.53	XXX	N			60.1		XXX	N	
88283	CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	2.61	155.30	0.00	155.30	XXX	N			164.82		XXX	N	
88285	CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	0.72	42.84	0.00	42.84	XXX	N			45.82		XXX	N	
88289	CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	1.31	77.95	0.00	77.95	XXX	N			82.71		XXX	N	
88291	CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	0.9	53.55			XXX	N			53.55		XXX	N	
88299	UNLISTED CYTOGENETIC STUDY	0	BR			XXX	N	68.01		BR		XXX	N	16.39
88300	LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	0.43	25.59	7.74	17.85	XXX	N	43.46		25.59	7.74	XXX	N	16.39
88302	LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	0.92	54.74	12.50	42.24	XXX	N	43.46		54.15	11.9	XXX	N	30.22
88304	LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	1.29	76.76	19.64	57.12	XXX	N	68.01		77.95	19.64	XXX	N	30.22
88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	2.07	123.17	66.05	57.12	XXX	N	68.01		122.57	64.26	XXX	N	49.15

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
88307	LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	8.72	518.84	145.18	373.66	XXX	N	298.26		520.03	143.4	XXX	N	77.99
88309	LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	13.24	787.78	257.04	530.74	XXX	N	627.41		786	253.47	XXX	N	202.61
88311	DECALCIFICATION PROCEDURE	0.61	36.30	22.02	14.28	XXX	N			35.7	21.42	XXX	N	16.39
88312	SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	2.76	164.22	47.01	117.21	XXX	N	68.01		170.77	46.41	XXX	N	30.22
88313	SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	1.93	114.84	20.83	94.01	XXX	N	68.01		118.41	20.83	XXX	N	30.22
88314	SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	2.17	129.12	38.68	90.44	XXX	N			141.61	39.27	XXX	N	30.22
88319	SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	2.51	149.35	47.01	102.34	XXX	N	627.41		152.92	47.6	XXX	N	30.22
88321	CONSLTJ&REPRT SLIDES PREPARED ELSEWHERE	2.89	171.96			XXX	N	43.46		163.03		XXX	N	16.39
88323	CONSLTJ&REPRT MATERIAL REQUIRING PREPJ SLIDES	3.93	233.84	149.35	84.49	XXX	N	145.56		247.52	145.18	XXX	N	49.15
88325	CONSLTJ COMPRE REVIEW REPRT REFERRED MATRL	4.88	290.36			XXX	N	68.01		367.71		XXX	N	77.99
88329	PATHOLOGY CONSULTATION DURING SURGERY	1.43	85.09			XXX	N	43.46		100.56		XXX	N	16.39
88331	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1 SPEC	2.71	161.25	108.89	52.36	XXX	N	145.56		174.34	107.1	XXX	N	30.22
88332	PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	1.43	85.09	53.55	31.54	XXX	N			76.16	52.96	XXX	N	16.39
88333	PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	2.84	168.98	109.48	59.50	XXX	N	627.41		183.86	108.89	XXX	N	30.22
88334	PATH CONSLTJ SURG CYTOLOGIC EXAM ADDL SITE	1.75	104.13	67.24	36.89	XXX	N			114.84	67.24	XXX	N	16.39
88341	IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY SLIDE	2.52	149.94	46.41	103.53	ZZZ	N							
88342	IMHISTOCHEM/CYTCHM 1ST ANTIBODY STAIN PROCEDURE	3	178.50	61.88	116.62	XXX	N	298.26		201.71	73.78	XXX	N	49.15
88344	IMHISTOCHEM/CYTCHM EA MULTIPLEX ANTIBODY SLIDE	4.86	289.17	67.83	221.34	XXX	N	298.26						
88346	IMMUNOFLUORESCENCE PER SPEC 1ST SINGL ANTB STAIN	2.62	155.89	63.67	92.22	XXX	N	298.26		191	73.19	XXX	N	49.15
88348	ELECTRON MICROSCOPY DIAGNOSTIC	9.74	579.53	131.50	448.03	XXX	N	627.41		1268.54	129.71	XXX	N	202.61
88350	IMMUNOFLUORESCENCE PER SPEC ADD SINGL ANTB STAIN	2.02	120.19	47.60	72.59	ZZZ	N							
88355	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	4.42	262.99	139.83	123.16	XXX	N	145.56		319.52	144.59	XXX	N	49.15

MEDICAL DATA														
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88356	MORPHOMETRIC ANALYSIS NERVE	5.78	343.91	205.28	138.63	XXX	N	145.56		485.52	223.72	XXX	N	49.15
88358	MORPHOMETRIC ANALYSIS TUMOR	2.4	142.80	76.76	66.04	XXX	N	298.26		143.4	76.16	XXX	N	49.15
88360	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	3.4	202.30	94.01	108.29	XXX	N	298.26		222.53	91.63	XXX	N	49.15
88361	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBDY CMPTR ASST	4.18	248.71	101.15	147.56	XXX	N	298.26		273.7	99.96	XXX	N	49.15
88362	NERVE TEASING PREPARATIONS	7.3	434.35	187.43	246.92	XXX	N	627.41		545.62	191	XXX	N	77.99
88363	EXAM & SELECT ARCHIVE TISSUE MOLECULAR ANALYSI	0.65	38.68			XXX	N	18.08		99.37		XXX	N	16.39
88364	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	3.78	224.91	58.31	166.60	ZZZ	N							
88365	IN SITU HYBRIDIZATION 1ST PROBE STAIN	4.98	296.31	76.16	220.15	XXX	N	145.56		312.38	101.75	XXX	N	49.15
88366	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	7.35	437.33	107.70	329.63	XXX	N	298.26						
88367	M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	2.99	177.91	59.50	118.41	XXX	N	298.26		451.61	104.72	XXX	N	49.15
88368	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	3.2	190.40	68.43	121.97	XXX	N	298.26		405.79	107.7	XXX	N	77.99
88369	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	3.03	180.29	52.96	127.33	ZZZ	N							
88371	PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	1.37	81.52	30.94	50.58	XXX	N			87.47	33.92	XXX	N	
88372	PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	1.39	82.71	30.94	51.77	XXX	N			82.71	27.97	XXX	N	
88373	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	2.1	124.95	35.70	89.25	ZZZ	N							
88374	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	9.66	574.77	76.76	498.01	XXX	N	298.26						
88375	OPTICAL ENDOMICROSCOPIC IMAGE INTERP & REPORT	1.4	83.30			XXX	N			BR		YYY	N	16.39
88377	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	11.51	684.85	110.67	574.18	XXX	N	298.26						
88380	MICRODISSECTION PREP IDENTIFIED TARGET LASER	4.07	242.17	97.58	144.59	XXX	N			276.08	125.55	XXX	N	
88381	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	3.3	196.35	42.84	153.51	XXX	N			267.75	89.25	XXX	N	
88387	MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA	1.19	70.81	55.34	15.47	XXX	N			58.91	48.2	XXX	N	
88388	MACR EXM DISS&PRP NONMICR IMPRNT/CONSLT/FRZ SE	0.98	58.31	41.65	16.66	XXX	N			57.72	41.06	XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	0	BR	BR	BR	XXX	N	68.01		BR	0	XXX	N	16.39
88720	BILIRUBIN TOTAL TRANSCUTANEOUS	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
88738	HGB QUANTITATIVE TRANSCUTANEOUS	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
88740	HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
88741	HEMOGLOBIN QUANTITATIVE TC PER DAY METHEMOGLOBIN	0.19	11.31	0.00	11.31	XXX	N			11.9		XXX	N	
88749	UNLISTED IN VIVO LABORTORY SERVICE	0	BR			XXX	N			BR		XXX	N	
89049	CAFFEINE HALOTHANE CONTRACTURE TEST	7.37	438.52			XXX	N	145.56		483.14		XXX	N	16.39
89050	CELL COUNT MISCELLANEOUS BODY FLUIDS	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
89051	CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	0.21	12.50	0.00	12.50	XXX	N			13.09		XXX	N	
89055	LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
89060	CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	0.79	47.01	30.94	16.07	XXX	N			51.77	34.51	XXX	N	
89125	FAT STAIN FECES URINE/RESPIR SECRETIONS	0.16	9.52	0.00	9.52	XXX	N			10.12		XXX	N	
89160	MEAT FIBERS FECES	0.14	8.33	0.00	8.33	XXX	N			8.93		XXX	N	
89190	NASAL SMEAR EOSINOPHILS	0.18	10.71	0.00	10.71	XXX	N			11.31		XXX	N	
89220	SPUTUM OBTAINING SPEC AEROSOL INDUCED TX SPX	0.46	27.37	0.00	27.37	XXX	N	145.56		30.94		XXX	N	30.22
89230	SWEAT COLLECTION IONTOPHORESIS	0.15	8.93	0.00	8.93	XXX	N	68.01		4.17		XXX	N	49.15
89240	UNLIS MISC PATH	0	BR			XXX	N	68.01		BR		XXX	N	16.39
89250	CUL OOCYTE/EMBRYO <4 DAYS	28.54	1698.13	0.00	1698.13	XXX	N	145.56		1854.02		XXX	N	77.99
89251	CUL OOCYTE/EMBRYO < 4 D CO-CULT OCYTE/EMBRY	29.68	1765.96	0.00	1765.96	XXX	N	298.26		1928.4		XXX	N	77.99
89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89254	OOCYTE ID FROM FOLLICULAR FLU	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89255	PREPJ EMBRYO TR	0	BR			XXX	N	145.56		BR		XXX	N	77.99

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
89257	SPRM ID FROM ASPIR OTH/THN SEMINAL	0	BR			XXX	N	68.01		BR		XXX	N	30.22
89258	CRYOPRSRV EMBRYO	0	BR			XXX	N	627.41		BR		XXX	N	77.99
89259	CRYOPRSRV SPRM	0	BR			XXX	N	145.56		BR		XXX	N	30.22
89260	SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	0	BR			XXX	N	68.01		BR		XXX	N	49.15
89261	SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	0	BR			XXX	N	68.01		BR		XXX	N	49.15
89264	SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89268	INSEMINATION OOCYTES	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	0	BR			XXX	N	627.41		BR		XXX	N	77.99
89280	ASSTD FERTILIZATION MICROTQ </EQUAL 10 OOCYTES	0	BR			XXX	N	627.41		BR		XXX	N	49.15
89281	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89290	BX OOCYTE MICROTQ </= 5 EMBRY	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89291	BX OOCYTE MICROTQ >5 EMBRY	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89300	SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	0.34	20.23	0.00	20.23	XXX	N			21.42		XXX	N	
89310	SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	0.33	19.64	0.00	19.64	XXX	N			20.83		XXX	N	
89320	SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
89321	SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	0.46	27.37	0.00	27.37	XXX	N			29.16		XXX	N	
89322	SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	0.59	35.11	0.00	35.11	XXX	N			37.49		XXX	N	
89325	SPERM ANTIBODIES	0.41	24.40	0.00	24.40	XXX	N			25.59		XXX	N	
89329	SPERM EVALUATION HAMSTER PENETRATION TEST	0.8	47.60	0.00	47.60	XXX	N			50.58		XXX	N	
89330	SPERM EVALUATION CERVICAL MUCOUS PENETRATION	0.38	22.61	0.00	22.61	XXX	N			23.8		XXX	N	
89331	SPERM EVALUATION RETROGRADE EJACULATION URINE	0.75	44.63	0.00	44.63	XXX	N			47.01		XXX	N	
89335	CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	0	BR			XXX	N	68.01		BR		XXX	N	77.99

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
89337	CRYOPRESERVATION MATURE OOCYTE(S)	0	BR			XXX	N	145.56						
89342	STORAGE PER YEAR EMBRYO	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89343	STORAGE PER YEAR SPERM/SEMEN	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89344	STORAGE PER YR REPRDTVE TISS TSTICULAR/OVARIAN	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89346	STORAGE PER YEAR OOCYTE	0	BR			XXX	N	298.26		BR		XXX	N	77.99
89352	THAWING CRYOPRESERVED EMBRYO	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89353	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	0	BR			XXX	N	68.01		BR		XXX	N	77.99
89354	THAWING CRYOPRESERVED TESTICULAR/OVARIAN	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89356	THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	0	BR			XXX	N	145.56		BR		XXX	N	77.99
89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	0	BR			XXX	N	68.01		BR		XXX	N	16.39
90281	IMMUNE GLOBULIN IG HUMAN IM USE	0	BR			XXX	N	74.61		BR		XXX	N	
90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	0	BR			XXX	N	448.74		BR		XXX	N	
90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	0	BR			XXX	N			BR		XXX	N	
90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	0	BR			XXX	N	1147.40		BR		XXX	N	
90288	BOTULISM IMMUNE GLOBULIN HUMAN INTRAVENOUS USE	0	BR			XXX	N			BR		XXX	N	
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	0	BR			XXX	N			BR		XXX	N	
90296	DIPHTHERIA ANTITOXIN EQUINE ANY ROUTE	0	BR			XXX	N			BR		XXX	N	
90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	3.08	181.72			XXX	N			194.7		XXX	N	
90375	RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ	7.99	471.41			XXX	N			358.13		XXX	N	
90376	RABIES IG HEAT-TREATED HUMAN IM/SUBQ	7.06	416.54			XXX	N			351.64		XXX	N	
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	0	BR			XXX	N			BR		XXX	N	
90384	RHO(D) IMMUNE GLOBULIN HUMAN FULL-DOSE IM	3.33	196.47			XXX	N	179.20		208.86		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
90385	RHO(D) IMMUNE GLOBULIN HUMAN MINI-DOSE IM	1.52	89.68			XXX	N			42.48		XXX	N	
90386	RHO(D) IMMUNE GLOBULIN HUMAN IV	3.56	210.04			XXX	N			224.2		XXX	N	
90389	TETANUS IMMUNE GLOBULIN TIG HUMAN IM	3.09	182.31			XXX	N			194.11		XXX	N	
90393	VACCINIA IMMUNE GLOBULIN HUMAN IM	0	BR			XXX	N			BR		XXX	N	
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM	3.42	201.78			XXX	N			214.76		XXX	N	
90399	UNLISTED IMMUNE GLOBULIN	0	BR			XXX	N			BR		XXX	N	
90460	IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	0.71	41.89			XXX	N			44.84		XXX	N	
90461	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	0.35	20.65			ZZZ	N			21.83		ZZZ	N	
90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	0.71	41.89			XXX	N	60.26		44.84		XXX	N	50.48
90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	0.35	20.65			ZZZ	N			21.83		ZZZ	N	34.85
90473	IM ADM INTRANSL/ORAL 1 VACCINE	0.71	41.89			XXX	N	60.26		44.84		XXX	N	34.85
90474	IM ADM INTRANSL/ORAL EA VACCINE	0.35	20.65			ZZZ	N			21.83		ZZZ	N	34.85
90476	ADENOVIRUS VACCINE TYPE 4 LIVE ORAL	0	BR			XXX	N			BR		XXX	N	
90477	ADENOVIRUS VACCINE TYPE 7 LIVE FOR ORAL	0	BR			XXX	N			BR		XXX	N	
90581	ANTHRAX VACCINE SUBCUTANEOUS/IM USE	3.95	233.05			XXX	N			248.39		XXX	N	
90585	BACILLUS CALMETTE-GUERIN VACC FOR TB LIVE PERQ	3.43	202.37			XXX	N			203.55		XXX	N	
90586	BACILLUS CALMETTE-GUERIN VACCINE INTRAVESICAL	3.43	202.37			XXX	N			203.55		XXX	N	
90620	MENB RECOMBINANT PROT W/OUT MEMBR VESIC VACC IM	0	BR			XXX	N							
90621	MENB RECOMBINANT LIPOPROTEIN VACCINE IM	0	BR			XXX	N							
90625	CHOLERA VACCINE ADULT 1 DOSE LIVE FOR ORAL USE	0	BR			XXX	N							
90630	INFLUENZA VACC IIV4 SPLIT VIRUS PRSRV FREE ID	0	BR			XXX	N	27.18						
90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	1.38	81.42			XXX	N			87.32		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	0.95	56.05			XXX	N			59.59		XXX	N	
90634	HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC IM USE	1	59.00			XXX	N			62.54		XXX	N	
90636	HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM	2.61	153.99			XXX	N			164.02		XXX	N	
90644	HIB-MENCY VACC 4 DOSE SCHED 6 WKS-18 MONTHS IM	0.76	44.84			XXX	N			47.79		XXX	N	
90647	HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	0.81	47.79			XXX	N			50.74		XXX	N	
90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	0.76	44.84			XXX	N			47.79		XXX	N	
90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	3.61	212.99			XXX	N			227.15		XXX	N	
90650	2VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	0	BR			XXX	N			BR		XXX	N	
90651	9VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	0	BR			XXX	N	240.53						
90653	IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR USE	0	BR			XXX	N	75.38		BR		XXX	N	
90654	INFLUENZA VACC IIV3 SPLIT VIRUS PRSRV FREE ID	0	BR			XXX	N			33.04		XXX	N	
90655	IIV3 VACC PRESRV FREE CHILD 6-35 MONTHS IM USE	0.43	25.37			XXX	N			28.32		XXX	N	
90656	IIV3 VACC PRESERVATIVE FREE 3 YRS & OLDER IM USE	0.39	23.01			XXX	N			21.24		XXX	N	
90657	IIV3 VACCINE TO CHILD 6-35 MONTHS FOR IM USE	0.17	10.03			XXX	N			10.62		XXX	N	
90658	IIV3 VACCINE 3 YRS & OLDER FOR IM USE	0.44	25.96			XXX	N	26.37		27.73		XXX	N	
90660	LAIV3 VACCINE LIVE FOR INTRANASAL USE	0.57	33.63			XXX	N			40.71		XXX	N	
90661	CCIIV3 VACCINE PRESERVATIVE FREE FOR IM USE	0.62	36.58			XXX	N			BR		XXX	N	
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	1.01	59.59			XXX	N			53.69		XXX	N	
90664	LAIV VACCINE PANDEMIC FORMULA FOR INTRANASAL USE	0	BR			XXX	N			BR		XXX	N	
90666	INFLUENZA VACCINE PANDEMIC SPLT PRSRV FREE IM	0	BR			XXX	N			BR		XXX	N	
90667	IIV VACCINE PANDEMIC ADJUVANT FOR IM USE	0	BR			XXX	N			BR		XXX	N	
90668	IIV VACCINE PANDEMIC FOR INTRAMUSCULAR USE	0	BR			XXX	N			BR		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	4.84	285.56			XXX	N			253.11		XXX	N	
90672	LAIV4 VACCINE FOR INTRANASAL USE	0	BR			XXX	N			BR		XXX	N	
90673	RIV3 VACCINE PRESERVATIVE FREE FOR IM USE	1.04	61.36			XXX	N			0		XXX	N	
90675	RABIES VACCINE INTRAMUSCULAR	7.36	434.24			XXX	N			384.68		XXX	N	
90676	RABIES VACCINE INTRADERMAL	0	BR			XXX	N			BR		XXX	N	
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	2.14	126.26			XXX	N			134.52		XXX	N	
90681	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	2.14	126.26			XXX	N	155.80		134.52		XXX	N	
90685	IIV4 PRESRV FREE VACC CHILD 6-35 MO FOR IM USE	0.69	40.71			XXX	N			BR		XXX	N	
90686	IIV4 VACC PRESRV FREE 3 YRS & OLDER IM USE	0.51	30.09			XXX	N			BR		XXX	N	
90687	IIV4 VACCINE CHILD 6-35 MO FOR IM USE	0.26	15.34			XXX	N			BR		XXX	N	
90688	IIV4 VACCINE 3 YRS & OLDER FOR IM USE	0.51	30.09			XXX	N			BR		XXX	N	
90690	TYPHOID VACCINE LIVE ORAL	1.09	64.31			XXX	N			68.44		XXX	N	
90691	TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	1.99	117.41			XXX	N			105.61		XXX	N	
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	0	BR			XXX	N			BR		XXX	N	
90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	0	BR			XXX	N							
90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	2.14	126.26			XXX	N			134.52		XXX	N	
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	0.71	41.89			XXX	N			44.84		XXX	N	
90702	DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	0.58	34.22			XXX	N			36.58		XXX	N	
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	1.43	84.37			XXX	N			89.68		XXX	N	
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	3.8	224.20			XXX	N			238.95		XXX	N	
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	0.81	47.79			XXX	N			50.74		XXX	N	
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	0.59	34.81			XXX	N			35.4		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
90715	TDAP VACCINE 7 YRS/> IM	0.88	51.92			XXX	N			60.18		XXX	N	
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	2.09	123.31			XXX	N			131.57		XXX	N	
90717	YELLOW FEVER VACCINE LIVE SUBQ	2.42	142.78			XXX	N			130.39		XXX	N	
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	2.09	123.31			XXX	N	89.91		131.57		XXX	N	
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	2.3	135.70			XXX	N			125.67		XXX	N	
90733	MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	2.85	168.15			XXX	N			184.67		XXX	N	
90734	MENACWY CONJUGATE VACCINE GROUPS ACYW-135 IM USE	2.71	159.89			XXX	N			169.92		XXX	N	
90736	ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	4.56	269.04			XXX	N			286.74		XXX	N	
90738	JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	1.88	110.92			XXX	N			118.59		XXX	N	
90739	HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE	0	BR			XXX	N	86.59		BR		XXX	N	
90740	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	3.34	197.06			XXX	N			207.09		XXX	N	
90743	HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	0.68	40.12			XXX	N			41.89		XXX	N	
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	0.68	40.12			XXX	N			41.89		XXX	N	
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	1.67	98.53			XXX	N			103.25		XXX	N	
90747	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 4 DOSE IM	3.34	197.06			XXX	N			207.09		XXX	N	
90748	HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	1.59	93.81			XXX	N	75.88		100.3		XXX	N	
90749	UNLISTED VACCINE/TOXOID	0	BR			XXX	N			BR		XXX	N	
90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	0.39	23.01			ZZZ	N			8.26		ZZZ	N	
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	3.7	218.30			XXX	N	178.08		261.37		XXX	N	142.12
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	4.09	241.31			XXX	N	178.08		215.35		XXX	N	142.12
90832	PSYCHOTHERAPY PATIENT &/ FAMILY 30 MINUTES	1.79	105.61			XXX	N	99.19		108.56		XXX	N	106.89
90833	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 30 MIN	1.85	109.15			ZZZ	N			71.98		ZZZ	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
90834	PSYCHOTHERAPY PATIENT &/ FAMILY 45 MINUTES	2.38	140.42			XXX	N	178.08		139.83		XXX	N	142.12
90836	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 45 MIN	2.35	138.65			ZZZ	N			116.82		ZZZ	N	
90837	PSYCHOTHERAPY PATIENT &/ FAMILY 60 MINUTES	3.58	211.22			XXX	N	178.08		204.73		XXX	N	142.12
90838	PSYCHOTHERAPY PT&/FAMILY W/E&M SRVCS 60 MIN	3.1	182.90			ZZZ	N			188.8		ZZZ	N	
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	3.73	220.07			XXX	N	178.08		BR		XXX	N	142.12
90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	1.78	105.02			ZZZ	N			BR		XXX	N	
90845	PSYCHOANALYSIS	2.57	151.63			XXX	N	178.08		130.39		XXX	N	142.12
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT	2.89	170.51			XXX	N	178.08		128.03		XXX	N	165.41
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT	2.99	176.41			XXX	N	178.08		153.4		XXX	N	165.41
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	0.96	56.64			XXX	N	178.08		59		XXX	N	78.26
90853	GROUP PSYCHOTHERAPY	0.72	42.48			XXX	N	99.19		42.48		XXX	N	78.26
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	0	BR			XXX	N	132.36		138.09		XXX	N	
90865	NARCOSYNTHESIS PSYC DX&THER PURPOSES	4.69	276.71			XXX	N	178.08		291.46		XXX	N	142.12
90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	0	BR			000	N	313.82		BR		000	N	237.41
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	0	BR			000	N	313.82		BR		000	N	237.41
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	0	BR			000	N	313.82		876.07		000	N	237.41
90870	ELECTROCONVULSIVE THERAPY	5	295.00			000	N	564.72		310.34		000	N	565.9
90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	1.73	102.07			XXX	N			125.08		XXX	N	
90876	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	3.04	179.36			XXX	N			184.08		XXX	N	
90880	HYPNOTHERAPY	2.85	168.15			XXX	N	178.08		166.38		XXX	N	142.12
90882	ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT	2.24	132.16			XXX	N			139.24		XXX	N	
90885	PSYCHIATRIC EVAL HOSPITAL RECORDS DX PURPOSES	1.4	82.60			XXX	N			84.37		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
90887	INTERPJ/EXPLNAJ RESULTS PSYCHIATRIC EXAM FAMILY	2.49	146.91			XXX	N			151.63		XXX	N	
90889	PREP REPORT PT PSYCH STATUS AGENCY/PAYER	1.9	112.10			XXX	N			118		XXX	N	
90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	0	BR			XXX	N	178.08		BR		XXX	N	106.89
90901	BIOFEEDBACK TRAINING ANY MODALITY	1.07	63.13			000	N			69.03		000	N	
90911	BIOFDBK TRNG PERINL MUSC ANORECT/URO SPHX W/EMG	2.37	139.83			000	N	184.79		147.5		000	N	105.77
90935	HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	2.05	120.95			000	N	778.58		123.31		000	N	640.29
90937	HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX	2.94	173.46			000	N			176.41		000	N	
90940	HEMODIALYSIS ACCESS FLOW STUDY	1.66	97.94	39.53	58.41	XXX	N			99.71	39.53	XXX	N	
90945	DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	2.43	143.37			000	N	684.61		146.91		000	N	226.78
90947	DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS	3.51	207.09			000	N			211.22		000	N	
90951	ESRD RELATED SVC MONTHLY & <2 YR OLD 4/> VISITS	26.63	1571.17			XXX	N			1585.33		XXX	N	
90952	ESRD RELATED SVC MONTHLY <2 YR OLD 2/3 VISITS	20.64	1217.76			XXX	N			1246.08		XXX	N	
90953	ESRD RELATED SVC MONTHLY <2 YR OLD 1 VISIT	13.76	811.84			XXX	N			830.13		XXX	N	
90954	ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/> VISITS	23.03	1358.77			XXX	N			1378.83		XXX	N	
90955	ESRD RELATED SVC MONTHLY 2-11 YR OLD 2/3 VISITS	12.91	761.69			XXX	N			778.21		XXX	N	
90956	ESRD RELATED SVC MONTHLY 2-11 YR OLD 1 VISIT	9	531.00			XXX	N			541.62		XXX	N	
90957	ESRD RELATED SVC MONTHLY 12-19 YR OLD 4/> VISITS	18.22	1074.98			XXX	N			1098.58		XXX	N	
90958	ESRD RELATED SVC MONTHLY 12-19 YR OLD 2/3 VISITS	12.32	726.88			XXX	N			746.94		XXX	N	
90959	ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT	8.37	493.83			XXX	N			506.81		XXX	N	
90960	ESRD RELATED SVC MONTHLY 20&/> YR OLD 4/> VISITS	8.02	473.18			XXX	N			488.52		XXX	N	
90961	ESRD RELATED SVC MONTHLY 20/>YR OLD 2/3 VISITS	6.74	397.66			XXX	N			411.82		XXX	N	
90962	ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	5.2	306.80			XXX	N			319.19		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
90963	ESRD SVC HOME DIALYSIS FULL MONTH <2YR OLD	15.37	906.83			XXX	N			931.61		XXX	N	
90964	ESRD SVC HOME DIALYSIS FULL MONTH 2-11 YR OLD	13.44	792.96			XXX	N			812.43		XXX	N	
90965	ESRD SVC HOME DIALYSIS FULL MONTH 12-19 YR OLD	12.79	754.61			XXX	N			772.31		XXX	N	
90966	ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD	6.72	396.48			XXX	N			411.23		XXX	N	
90967	ESRD RELATED SVC <FULL MONTH <2 YR OLD	0.51	30.09			XXX	N			30.09		XXX	N	
90968	ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	0.44	25.96			XXX	N			25.96		XXX	N	
90969	ESRD RELATED SVC <FULL MONTH 12-19 YR OLD	0.43	25.37			XXX	N			25.37		XXX	N	
90970	ESRD RELATED SVC <FULL MONTH 20/>YR OLD	0.22	12.98			XXX	N			13.57		XXX	N	
90989	DIALYSIS TRAINING PATIENT COMPLETED COURSE	10.32	608.88			XXX	N			623.04		XXX	N	
90993	DIALYSIS TRAINING PATIENT PER TRAINING SESSION	2.24	132.16			XXX	N			135.11		XXX	N	
90997	HEMOPERFUSION	2.64	155.76			000	N			153.4		000	N	
90999	UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT	0	BR			XXX	N			BR		XXX	N	
91010	ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	4.97	293.23	112.69	180.54	000	N	564.72		325.68	118	000	N	390.38
91013	ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION	0.65	38.35	15.93	22.42	ZZZ	N			43.66	16.52	ZZZ	N	390.38
91020	GASTRIC MOTILITY MANOMETRIC STUDIES	6.6	389.40	126.26	263.14	000	N	564.72		437.78	133.34	000	N	390.38
91022	DUODENAL MOTILITY MANOMETRIC STUDY	4.72	278.48	125.67	152.81	000	N	1219.75		315.06	132.75	000	N	390.38
91030	ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	3.84	226.56	79.06	147.50	000	N	564.72		257.83	84.37	000	N	390.38
91034	GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	5.35	315.65	86.14	229.51	000	N	564.72		349.87	87.91	000	N	390.38
91035	GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	13.54	798.86	141.01	657.85	000	N	564.72		911.55	145.14	000	N	390.38
91037	GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	4.52	266.68	84.96	181.72	000	N	313.82		299.13	90.27	000	N	177.09
91038	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	12.66	746.94	96.17	650.77	000	N	564.72		855.5	100.89	000	N	390.38
91040	ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	12.25	722.75	83.78	638.97	000	N	564.72		531.59	79.65	000	N	177.09

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
91065	BREATH HYDROGEN/METHANE TEST	2.2	129.80	17.11	112.69	000	N	184.79		174.05	18.29	000	N	177.09
91110	GI IMAG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	24.87	1467.33	318.60	1148.73	XXX	N	1061.55		1682.68	336.3	XXX	N	968.45
91111	GASTROINTESTINAL TRACT IMAGING ESOPHAGUS W/I&R	20.41	1204.19	87.91	1116.28	XXX	N	1061.55		1405.97	92.04	XXX	N	1195.63
91112	GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	30.45	1796.55	184.08	1612.47	XXX	N	1061.55		2058.51	194.11	XXX	N	390.38
91117	COLON MOTILITY STDY MIN 6 HR CONT RECORD W/I&R	3.93	231.87			000	N	294.26		278.48		000	N	299.71
91120	RECTAL SESATION TONE & COMPLIANCE TEST	11.98	706.82	84.37	622.45	XXX	N	184.79		741.63	87.32	XXX	N	105.77
91122	ANORECTAL MANOMETRY	6.41	378.19	151.63	226.56	000	N	746.97		396.48	153.4	000	N	299.71
91132	ELECTROGASTROGRAPHY DX TRANSCUTANEOUS	4.36	257.24	47.20	210.04	XXX	N	184.79		293.23	48.38	XXX	N	177.09
91133	ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCTVE TSTG	4.85	286.15	57.82	228.33	XXX	N	129.85		338.07	61.95	XXX	N	177.09
91200	LIVER ELASTOGRAPHY W/O IMAG W/I&R	0.89	52.51	21.83	30.68	XXX	N	218.73		59.59		XXX	N	167.27
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	0	BR	BR	BR	XXX	N	184.79		BR	0	XXX	N	177.09
92002	OPHTH MEDICAL XM&EVAL INTERMEDIATE NEW PT	2.28	134.52			XXX	N	145.45		143.96		XXX	N	125.08
92004	OPHTH MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	4.18	246.62			XXX	N	145.45		262.55		XXX	N	125.08
92012	OPHTH MEDICAL XM&EVAL INTERMEDIATE ESTAB PT	2.4	141.60			XXX	N	145.45		151.63		XXX	N	95.05
92014	OPHTH MEDICAL XM&EVAL COMPRHNSV ESTAB PT 1/>	3.48	205.32			XXX	N	145.45		218.89		XXX	N	95.05
92015	DETERMINATION REFRACTIVE STATE	0.56	33.04			XXX	N	42.53		34.22		XXX	N	
92018	OPHTH XM&EVAL ANES W/WO MANJ GLOBE COMPL	4.11	242.49			XXX	N	1995.55		248.98		XXX	N	1459.88
92019	OPHTH XM&EVAL ANES W/WO MANJ GLOBE LMTD	2.03	119.77			XXX	N	1995.55		120.95		XXX	N	1459.88
92020	GONIOSCOPY SEPARATE PROCEDURE	0.75	44.25			XXX	N	129.85		47.79		XXX	N	62.45
92025	COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI	1.07	63.13	33.63	29.50	XXX	N	79.66		66.67	34.22	XXX	N	62.45
92060	SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX	1.83	107.97	63.72	44.25	XXX	N	129.85		115.64	66.67	XXX	N	62.45
92065	ORTHOPTIC &/PLEOPTIC TRAINING W/MEDICAL DIRECTJ	1.5	88.50	30.09	58.41	XXX	N	129.85		96.17	30.68	XXX	N	62.45

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92071	FIT CONTACT LENS TX OCULAR SURFACE DISEASE	1.07	63.13			XXX	N			59		XXX	N	
92072	FITTING CONTACT LENS FOR MNGT OF KERATOCONUS	3.81	224.79			XXX	N			221.84		XXX	N	
92081	VISUAL FIELD XM UNI/BI W/INTERPRETJ LIMITED EXAM	0.95	56.05	27.14	28.91	XXX	N	129.85		60.77	28.91	XXX	N	62.45
92082	VISUAL FIELD XM UNI/BI W/INTERP INTERMED EXAM	1.35	79.65	35.99	43.66	XXX	N	79.66		87.32	38.94	XXX	N	62.45
92083	VISUAL FIELD XM UNI/BI W/INTERP EXTENDED EXAM	1.81	106.79	46.61	60.18	XXX	N	129.85		115.64	48.97	XXX	N	95.55
92100	SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRES	2.25	132.75			XXX	N			142.19		XXX	N	
92132	CMPTR OPHTHALMIC DX IMG ANT SEGMT W/I&R UNI/BI	0.98	57.82	31.86	25.96	XXX	N	79.66		63.13	34.22	XXX	N	62.45
92133	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	1.24	73.16	46.61	26.55	XXX	N	79.66		78.47	48.97	XXX	N	62.45
92134	COMPUTERIZED OPHTHALMIC IMAGING RETINA	1.27	74.93	47.79	27.14	XXX	N	79.66		80.24	50.15	XXX	N	62.45
92136	OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	2.54	149.86	51.92	97.94	XXX	N	129.85		161.66	53.69	XXX	N	95.55
92140	PROVOCATIVE TESTS GLAUCOMA I&R W/O TONOGRAPHY	1.78	105.02			XXX	N	129.85		112.69		XXX	N	62.45
92145	CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	0.43	25.37	14.16	11.21	XXX	N	43.46		25.96	14.75	XXX	N	64.57
92225	OPHTHALMOSCPY EXTENDED RETINAL DRAWING I&R 1ST	0.76	44.84			XXX	N	79.66		47.79		XXX	N	62.45
92226	OPHTHALMOSCPY EXTENDED RETINAL DRAWING I&R SBS	0.7	41.30			XXX	N	79.66		43.07		XXX	N	62.45
92227	REMOTE IMG DX RETINL DIS W/ALYS & REPORT UNI/B	0.41	24.19			XXX	N	43.46		24.19		XXX	N	30.23
92228	REMOTE IMAGING MGT RETINAL DISEASE W/I&R UNI/B	0.97	57.23	34.81	22.42	XXX	N	129.85		62.54	37.17	XXX	N	30.23
92230	FLUORESCEIN ANGIOSCOPY INTERPRETATION & REPORT	1.64	96.76			XXX	N	129.85		103.84		XXX	N	95.55
92235	FLUORESCEIN ANGIOSCOPY INTERPRETATION & REPORT	3.09	182.31	78.47	103.84	XXX	N	313.82		196.47	81.42	XXX	N	186.92
92240	INDOCYANINE GREEN ANGIOGRAPHY W/INTERP & REPOR	7.19	424.21	106.79	317.42	XXX	N	313.82		461.38	110.33	XXX	N	186.92
92250	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	2.22	130.98	40.12	90.86	XXX	N	129.85		141.01	40.71	XXX	N	62.45
92260	OPHTHALMODYNAMOMETRY	0.52	30.68			XXX	N	43.46		33.63		XXX	N	62.45
92265	NEEDLE OCULOGRAPHY 1/ XOC MUSC 1/BOTH EYE W/I&R	2.23	131.57	71.98	59.59	XXX	N	79.66		141.01	73.75	XXX	N	62.45

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92270	ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	2.58	152.22	69.03	83.19	XXX	N	129.85		162.84	70.8	XXX	N	62.45
92275	ELECTRORETINOGRAPY W/INTERPRETATION & REPORT	4.18	246.62	90.27	156.35	XXX	N	313.82		286.74	101.48	XXX	N	186.92
92283	COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	1.56	92.04	15.34	76.70	XXX	N	129.85		99.71	15.93	XXX	N	62.45
92284	DARK ADAPTATION XM W/INTERPRETATION & REPORT	1.73	102.07	20.65	81.42	XXX	N	129.85		110.92	21.24	XXX	N	62.45
92285	XTRNL OCULAR PHOTOG W/I&R DOCMT MEDICAL PROGRE	0.58	34.22	5.31	28.91	XXX	N	129.85		37.17	5.31	XXX	N	62.45
92286	ANT SGM IMAGING W/MICROSCOPY ENDOTHELIAL ANALY	1.08	63.72	37.17	26.55	XXX	N	129.85		67.26	37.76	XXX	N	95.55
92287	ANT SGM IMAGING W/FLUOROSCEIN ANGIO & I&R	3.88	228.92	77.88	151.04	XXX	N	129.85		248.39	81.42	XXX	N	95.55
92310	RX&FITG C-LENS SUPVJ CRNL LENS OU XCPT APHK	2.7	159.30			XXX	N	72.76		166.97		XXX	N	
92311	RX&FITG CONTACT CORNEAL LENS APHAKIA 1 EYE	2.85	168.15			XXX	N	129.85		182.9		XXX	N	95.55
92312	RX&FITG CONTACT CORNEAL LENS APHAKIA BOTH EYES	3.28	193.52			XXX	N	129.85		205.32		XXX	N	62.45
92313	RX&FITG CORNEOSCLERAL LENS	2.73	161.07			XXX	N	129.85		180.54		XXX	N	95.55
92314	RX&FTG CONTACT CORNEAL LENS EYES XCPT APHAKIA	2.24	132.16			XXX	N			139.83		XXX	N	
92315	RX CONTACT CORNEAL LENS APHAKIA 1 EYE	2.05	120.95			XXX	N	129.85		146.91		XXX	N	95.55
92316	RX CONTACT CORNEAL LENS APHAKIA BOTH EYES	2.58	152.22			XXX	N	79.66		194.11		XXX	N	95.55
92317	RX CONTACT CORNEOSCLERAL LENS	2.14	126.26			XXX	N	43.46		136.29		XXX	N	62.45
92325	MODIFICAJ CONTACT LENX SPX SUPVJ ADAPTATION	1.18	69.62			XXX	N	129.85		74.93		XXX	N	95.55
92326	REPLACEMENT CONTACT LENS	0.99	58.41			XXX	N	79.66		63.72		XXX	N	62.45
92340	FITTING SPECTACLES XCPT APHAKIA MONOFOCAL	1	59.00			XXX	N			62.54		XXX	N	
92341	FITTING SPECTACLES XCPT APHAKIA BIFOCAL	1.14	67.26			XXX	N			70.8		XXX	N	
92342	FITTING SPECTACLES XCPT APHAKIA MULTIFOCAL	1.23	72.57			XXX	N			76.11		XXX	N	
92352	FITTING SPECTACLE PROSTH APHAKIA MONOFOCAL	1.14	67.26			XXX	N	79.66		71.39		XXX	N	95.55
92353	FITTING SPECTACLE PROSTH APHAKIA MULTIFOCAL	1.33	78.47			XXX	N	79.66		82.6		XXX	N	95.55

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92354	FITTING SPECTACLE MOUNTED LW VIS AID 1 ELMNT	0.38	22.42			XXX	N	43.46		24.78		XXX	N	62.45
92355	FITTING SPECTACLE MOUNTED LW VIS AID TLSCP	0.59	34.81			XXX	N	43.46		38.35		XXX	N	62.45
92358	PROSTHESIS SERVICE APHAKIA TEMPORARY	0.32	18.88			XXX	N	79.66		20.65		XXX	N	62.45
92370	RPR&REFITG SPECTACLES EXCEPT APHAKIA	0.87	51.33			XXX	N			54.28		XXX	N	
92371	RPR&REFITG SPECTACLE PROSTHESIS APHAKIA	0.33	19.47			XXX	N	79.66		21.24		XXX	N	95.55
92499	UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	0	BR	BR	BR	XXX	N	18.08		BR	0	XXX	N	62.45
92502	OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA	2.77	163.43			000	N	445.67		168.74		000	N	296.47
92504	BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	0.85	50.15			XXX	N			54.87		XXX	N	
92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	2.23	131.57			XXX	N			123.31		XXX	N	
92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2/>INDIV	0.66	38.94			XXX	N			35.99		XXX	N	
92511	NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	3.18	187.62			000	N	201.25		249.57		000	N	99.72
92512	NASAL FUNCTION STUDIES	1.72	101.48			XXX	N	313.82		109.15		XXX	N	84.24
92516	FACIAL NERVE FUNCTION STUDIES	1.99	117.41			XXX	N	313.82		125.67		XXX	N	84.24
92520	LARYNGEAL FUNCTION STUDIES	2.14	126.26			XXX	N	129.85		130.39		XXX	N	170.37
92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	3.13	184.67			XXX	N			188.21		XXX	N	
92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	2.61	153.99			XXX	N			152.81		XXX	N	
92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	5.47	322.73			XXX	N			317.42		XXX	N	
92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	2.53	149.27			XXX	N			159.3		XXX	N	
92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	2.43	143.37			XXX	N			133.93		XXX	N	
92531	SPONTANEOUS NYSTAGMUS W/GAZE	0.45	26.55			XXX	N			28.91		XXX	N	
92532	POSITIONAL NYSTAGMUS TEST	0.52	30.68			XXX	N			32.45		XXX	N	
92533	CALORIC VESTIBULAR TEST EACH IRRIGATION	0.74	43.66			XXX	N			46.61		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92534	OPTOKINETIC NYSTAGMUS TEST	0.57	33.63			XXX	N			35.4		XXX	N	
92537	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	1.14	67.26	53.10	14.16	XXX	N	313.82						
92538	CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	0.58	34.22	26.55	7.67	XXX	N	313.82						
92540	VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	2.87	169.33	132.75	36.58	XXX	N	313.82		174.64	135.11	XXX	N	170.37
92541	SPONTANEOUS NYSTAGMUS TEST	0.68	40.12	34.81	5.31	XXX	N	129.85		52.51	35.4	XXX	N	84.24
92542	POSITIONAL NYSTAGMUS TEST	0.79	46.61	41.89	4.72	XXX	N	129.85		46.61	29.5	XXX	N	84.24
92544	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	0.47	27.73	23.60	4.13	XXX	N	184.79		40.71	23.6	XXX	N	84.24
92545	OSCILLATING TRACKING TEST W/RECORDING	0.43	25.37	21.83	3.54	XXX	N	184.79		36.58	20.65	XXX	N	84.24
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	2.91	171.69	24.78	146.91	XXX	N	184.79		185.26	25.37	XXX	N	170.37
92547	USE VERTICAL ELECTRODES	0.17	10.03	1.77	8.26	ZZZ	N			11.21	2.36	ZZZ	N	
92548	COMPUTERIZED DYNAMIC POSTUROGRAPY	2.89	170.51	43.66	126.85	XXX	N	129.85		185.26	43.66	XXX	N	170.37
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	0.6	35.40			XXX	N	184.79		35.99		XXX	N	46.29
92551	SCREENING TEST PURE TONE AIR ONLY	0.34	20.06			XXX	N	51.29		21.83		XXX	N	
92552	PURE TONE AUDIOMETRY AIR ONLY	0.88	51.92			XXX	N	129.85		56.05		XXX	N	46.29
92553	PURE TONE AUDIOMETRY AIR & BONE	1.05	61.95			XXX	N	184.79		67.85		XXX	N	114.3
92555	SPEECH AUDIOMETRY THRESHOLD	0.66	38.94			XXX	N	43.46		42.48		XXX	N	46.29
92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	1.05	61.95			XXX	N	43.46		66.67		XXX	N	46.29
92557	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	1.06	62.54			XXX	N	184.79		64.9		XXX	N	114.3
92558	EVOKED OTOACOUSTIC EMISSIONS SCREEN AUTO ANALYS	0.28	16.52	0.00	16.52	XXX	N	89.54		17.11		XXX	N	
92559	AUDIOMETRIC TESTING GROUPS	0.83	48.97			XXX	N			50.15		XXX	N	
92560	BEKESY AUDIOMETRY SCREENING	0.58	34.22			XXX	N			35.4		XXX	N	
92561	BEKESY AUDIOMETRY DIAGNOSTIC	1.07	63.13			XXX	N	129.85		68.44		XXX	N	114.3

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92562	LOUDNESS BALANCE BINAURAL/MONAURAL	1.31	77.29			XXX	N	184.79		84.96		XXX	N	46.29
92563	TONE DECAY TEST	0.87	51.33			XXX	N	43.46		57.23		XXX	N	46.29
92564	SHORT INCREMENT SENSITIVITY INDEX	0.79	46.61			XXX	N	43.46		51.92		XXX	N	46.29
92565	STENGER TEST PURE TONE	0.45	26.55			XXX	N	43.46		30.68		XXX	N	46.29
92567	TYMPANOMETRY	0.41	24.19			XXX	N	43.46		24.78		XXX	N	46.29
92568	ACOUSTIC REFLEX THRESHOLD	0.45	26.55			XXX	N	43.46		26.55		XXX	N	46.29
92570	ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	0.91	53.69			XXX	N	184.79		55.46		XXX	N	114.3
92571	FILTERED SPEECH TEST	0.77	45.43			XXX	N	43.46		49.56		XXX	N	46.29
92572	STAGGERED SPONDAIC WORD	1.01	59.59			XXX	N	184.79		95.58		XXX	N	150.89
92575	SENSORINEURAL ACUITY LEVEL	2.04	120.36			XXX	N	43.46		137.47		XXX	N	46.29
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	1.01	59.59			XXX	N	43.46		61.95		XXX	N	46.29
92577	STENGER TEST SPEECH	0.47	27.73			XXX	N	564.72		33.63		XXX	N	150.89
92579	VISUAL REINFORCEMENT AUDIOMETRY	1.19	70.21			XXX	N	184.79		71.98		XXX	N	114.3
92582	CONDITIONING PLAY AUDIOMETRY	1.91	112.69			XXX	N	184.79		130.39		XXX	N	114.3
92583	SELECT PICTURE AUDIOMETRY	1.48	87.32			XXX	N	43.46		93.81		XXX	N	46.29
92584	ELECTROCOCHLEOGRAPHY	2.07	122.13			XXX	N	184.79		126.85		XXX	N	237.41
92585	AUDITORY EVOKED POTENTIALS COMPREHENSIVE	3.83	225.97	44.84	181.13	XXX	N	313.82		227.15	44.84	XXX	N	237.41
92586	AUDITORY EVOKED POTENTIALS LIMITED	2.41	142.19			XXX	N	184.79		155.17		XXX	N	102.99
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	0.61	35.99	30.68	5.31	XXX	N	313.82		37.76	32.45	XXX	N	84.24
92588	DISTRT PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	0.93	54.87	48.38	6.49	XXX	N	313.82		57.23	50.15	XXX	N	84.24
92590	HEARING AID EXAMINATION & SELECTION MONAURAL	1.52	89.68			XXX	N	108.81		93.22		XXX	N	
92591	HEARING AID EXAMINATION & SELECTION BINAURAL	1.93	113.87			XXX	N	136.12		118.59		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92592	HEARING AID CHECK MONAURAL	0.6	35.40			XXX	N	49.63		37.17		XXX	N	
92593	HEARING AID CHECK BINAURAL	0.99	58.41			XXX	N	78.82		61.95		XXX	N	
92594	ELECTROACOUS EVAL HEARING AID MONAURAL	0.58	34.22			XXX	N	40.79		35.4		XXX	N	
92595	ELECTROACOUS EVAL HEARING AID BINAURAL	1.24	73.16			XXX	N	90.10		76.7		XXX	N	
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	1.19	70.21			XXX	N	43.46		78.47		XXX	N	46.29
92597	EVAL&/FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	2.04	120.36			XXX	N			120.36		XXX	N	
92601	ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	4	236.00			XXX	N	184.79		230.1		XXX	N	150.89
92602	ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	2.53	149.27			XXX	N	184.79		155.76		XXX	N	150.89
92603	ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	4.28	252.52			XXX	N	184.79		254.88		XXX	N	150.89
92604	ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	2.53	149.27			XXX	N	184.79		153.4		XXX	N	150.89
92605	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1ST HR	2.63	155.17			XXX	N			157.53		XXX	N	
92606	THER SVC N-SP-GENRATJ DEV PRGRMG&MODIFICAJ	2.35	138.65			XXX	N			141.6		XXX	N	
92607	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV 1ST HR	3.57	210.63			XXX	N			207.09		XXX	N	
92608	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV EA 30 MIN	1.49	87.91			ZZZ	N			83.19		ZZZ	N	
92609	THER SP-GENRATJ DEV PRGRMG&MODIFICAJ	3.12	184.08			XXX	N			170.51		XXX	N	
92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	2.41	142.19			XXX	N			135.11		XXX	N	
92611	MOTION FLUOR EVAL SWLNG FUNCJ C/V REC	2.46	145.14			XXX	N			151.63		XXX	N	
92612	FLX FIBOPT NDSC EVAL SWLNG C/V REC	5.27	310.93			XXX	N			312.11		XXX	N	
92613	FLX FIBOPT NDSC EVAL SWLNG C/V REC PHYS I&R	1.09	64.31			XXX	N			66.08		XXX	N	
92614	FLX FIBOPT NDSC EVAL LARYN SENS C/V REC	4.13	243.67			XXX	N			268.45		XXX	N	
92615	FLX FIBOPT NDSC EVAL LARYN SENS PHYS I&R	0.96	56.64			XXX	N			57.82		XXX	N	
92616	FLX FIBOPT NDSC EVAL SWLNG&LARYN SENS C/V REC	5.9	348.10			XXX	N			368.16		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92617	FLX FIBOPT NDSC EVAL SWLNG&LARYN SENS PHYS I&R	1.19	70.21			XXX	N			71.98		XXX	N	
92618	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN	0.96	56.64			ZZZ	N			56.64		ZZZ	N	
92620	EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN	2.66	156.94			XXX	N	184.79		160.48		XXX	N	114.3
92621	EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN	0.63	37.17			ZZZ	N			38.35		ZZZ	N	
92625	ASSESSMENT TINNITUS	1.98	116.82			XXX	N	184.79		119.18		XXX	N	114.3
92626	EVALUATION AUDITORY REHAB STATUS 1ST HR	2.53	149.27			XXX	N	184.79		155.17		XXX	N	150.89
92627	EVALUATION AUDITORY REHAB STATUS EA 15 MIN	0.63	37.17			ZZZ	N			37.17		ZZZ	N	
92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	0	BR			XXX	N	183.92		BR		XXX	N	
92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	0	BR			XXX	N	206.29		BR		XXX	N	
92640	ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	3.2	188.80			XXX	N	184.79		213.58		XXX	N	114.3
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	0	BR			XXX	N	18.08		BR		XXX	N	46.29
92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	15.87	936.33			000	N	9184.30	J1	943.41		000	N	5190.09
92921	PRQ TRLUML CORONARY ANGIOPLASTY ADDL BRANCH	0	BR			ZZZ	N			552.19		ZZZ	N	5190.09
92924	PRQ TRLUML CORONARY ANGIO/ATHERECT ONE ART/BRNCH	18.85	1112.15			000	N	19084.70	J1	1121.59		000	N	9896.5
92925	PRQ TRLUML CORONARY ANGIO/ATHEREC ADDL ART/BRNCH	0	BR			ZZZ	N			702.74		ZZZ	N	9896.5
92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	17.62	1039.58			000	N	19084.70	J1	1047.84		000	N	7883
92929	PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	0	BR			ZZZ	N			624.02		ZZZ	N	7883
92933	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	19.71	1162.89			000	N	29224.34	J1	1171.74		000	N	7883
92934	PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	0	BR			ZZZ	N			773.01		ZZZ	N	7883
92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	17.61	1038.99			000	N	19084.70	J1	1046.66		000	N	7883
92938	PRQ TRLUML CORONARY BYP GRFT REVASC ADDL VESSEL	0	BR			ZZZ	N			843.29		ZZZ	N	7883
92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	19.75	1165.25			000	N	19084.70	J1	1174.1		000	N	7883

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	19.74	1164.66			000	N	19084.70	J1	1174.1		000	N	7883
92944	PRQ TRLUML CORONRY CHRNIC OCCLUS REVASC ADDL VSL	0	BR			ZZZ	N			843.29		ZZZ	N	7883
92950	CARDIOPULMONARY RESUSCITATION	8.61	507.99			000	N	313.82		533.95		000	N	207.48
92953	TEMPORARY TRANSCUTANEOUS PACING	0.32	18.88			000	N	665.24		18.29		000	N	207.48
92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	5.83	343.97			000	N	665.24		356.36		000	N	515.63
92961	CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	7.54	444.86			000	N	665.24		414.77		000	N	515.63
92970	CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL	5.41	319.19			000	N			303.26		000	N	
92971	CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	2.93	172.87			000	N	464.10		158.71		000	N	
92973	PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	5.15	303.85			ZZZ	N			306.21		ZZZ	N	3999.56
92974	TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	4.7	277.30			ZZZ	N			279.66		ZZZ	N	1491.99
92975	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	11.35	669.65			000	N			676.73		000	N	
92977	THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	1.75	103.25			XXX	N	284.56		98.53		XXX	N	222.75
92978	INTRAVASC US CORONARY INTERP&RPT INITIAL VESSE	7.94	468.46	164.02	304.44	ZZZ	N			434.83	152.22	ZZZ	N	
92979	INTRAVASC US CORONARY INTERP&RPT ADDL VESSEL	4.83	284.97	130.98	153.99	ZZZ	N			265.5	122.13	ZZZ	N	
92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE	38.71	2283.89			090	N	9184.30	J1	2320.47		090	N	5190.09
92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE	39.92	2355.28			090	N	19084.70	J1	2401.3		090	N	5190.09
92990	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	31.5	1858.50			090	N	19084.70	J1	1883.28		090	N	5190.09
92992	ATRIAL SEPTECT/SEPTOST TRANSVENOUS BALLOON	31.44	1854.96			090	Y			1868.53		090	Y	
92993	ATRIAL SEPTECT/SEPTOSTOMY BLADE METHOD	24.87	1467.33			090	Y			1477.95		090	Y	
92997	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	19.06	1124.54			000	N	19084.70	J1	1129.26		000	N	5190.09
92998	PRQ TRLUML PULMONARY ART BALLOON ANGIOP EA VSL	9.39	554.01			ZZZ	N			558.73		ZZZ	N	5190.09
93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	0.48	28.32			XXX	N			31.86		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	0.24	14.16	0.00	14.16	XXX	N	79.66		17.7		XXX	N	34.41
93010	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	0.24	14.16			XXX	N			14.16		XXX	N	
93015	CV STRS TST XERS&/OR RX CONT ECG W/SI&R	2.15	126.85			XXX	N			138.06		XXX	N	
93016	CV STRS TST XERS&/OR RX CONT ECG W/O I&R	0.63	37.17			XXX	N			37.17		XXX	N	
93017	CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	1.11	65.49	0.00	65.49	XXX	N	313.82		76.11		XXX	N	228.11
93018	CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	0.41	24.19			XXX	N			24.78		XXX	N	
93024	ERGONOVINE PROVOCATION TST	3.16	186.44	95.58	90.86	XXX	N	129.85		195.29	96.76	XXX	N	228.11
93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	4.5	265.50	61.36	204.14	XXX	N	184.79		296.77	63.13	XXX	N	228.11
93040	RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	0.36	21.24			XXX	N			23.01		XXX	N	
93041	RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I&R	0.16	9.44	0.00	9.44	XXX	N	43.46		10.62		XXX	N	30.23
93042	RHYTHM ECG 1-3 LEADS INTERPRETATION & REPRT ON	0.2	11.80			XXX	N			12.39		XXX	N	
93050	ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	0.49	28.91	14.16	14.75	XXX	N	43.46						
93224	XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I	2.57	151.63			XXX	N			162.84		XXX	N	
93225	XTRNL ECG & 48 HR RECORDING	0.75	44.25	0.00	44.25	XXX	N	129.85		48.97		XXX	N	85.82
93226	EXTERNAL ECG SCANNING ANALYSIS REPORT	1.07	63.13	0.00	63.13	XXX	N	129.85		69.03		XXX	N	85.82
93227	XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS	0.75	44.25			XXX	N			44.84		XXX	N	
93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	0.74	43.66			XXX	N			43.66		XXX	N	
93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	20.5	1209.50			XXX	N	313.82		1276.17		XXX	N	222.68
93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	1.89	111.51	74.93	36.58	XXX	N	47.88		111.51	74.34	XXX	N	43.6
93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	1.71	100.89	64.31	36.58	XXX	N	47.88		102.07	64.9	XXX	N	43.6
93268	XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	5.79	341.61			XXX	N			383.5		XXX	N	
93270	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	0.26	15.34	0.00	15.34	XXX	N	47.88		16.52		XXX	N	85.82

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
93271	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	4.81	283.79	0.00	283.79	XXX	N	151.60		325.09		XXX	N	143.81
93272	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	0.72	42.48			XXX	N			41.89		XXX	N	
93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG	0.85	50.15	20.65	29.50	XXX	N	79.66		53.69	21.24	XXX	N	30.23
93279	PROGRAM EVAL IMPLANTABLE IN PRSN 1 LD PACEMAKER	1.4	82.60	53.69	28.91	XXX	N	47.88		86.14	54.87	XXX	N	43.8
93280	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	1.64	96.76	64.31	32.45	XXX	N	47.88		99.12	64.31	XXX	N	43.8
93281	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	1.92	113.28	74.93	38.35	XXX	N	47.88		115.64	74.93	XXX	N	43.8
93282	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	1.77	104.43	70.80	33.63	XXX	N	47.88		107.38	71.39	XXX	N	43.8
93283	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	2.3	135.70	96.17	39.53	XXX	N	47.88		138.06	96.17	XXX	N	43.8
93284	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	2.54	149.86	105.02	44.84	XXX	N	47.88		152.22	104.43	XXX	N	43.8
93285	PROGRAM EVAL IMPLANTABLE DEV IN PRSN ILR SYSTEM	1.19	70.21	43.66	26.55	XXX	N	47.88		70.8	43.07	XXX	N	43.8
93286	PERI-PX EVAL&PROGRAM IN PRSN PACEMAKER SYSTEM	0.77	45.43	25.37	20.06	XXX	N			46.02	25.37	XXX	N	
93287	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	1.02	60.18	38.35	21.83	XXX	N			60.18	37.17	XXX	N	
93288	INTERROGATION EVAL IN PERSON 1/DUAL/MLT LEAD PM	1.04	61.36	35.40	25.96	XXX	N	47.88		63.72	35.4	XXX	N	43.8
93289	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	1.84	108.56	76.11	32.45	XXX	N	47.88		111.51	76.7	XXX	N	43.8
93290	INTERROGATION EVAL F2F IMPLANTABLE CV MNTR SYS	0.88	51.92	35.99	15.93	XXX	N	47.88		52.51	35.4	XXX	N	30.23
93291	INTERROGATION EVALUATION IN PERSON ILR SYSTEM	1.02	60.18	35.99	24.19	XXX	N	43.46		61.36	35.4	XXX	N	43.8
93292	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	0.92	54.28	35.99	18.29	XXX	N	47.88		55.46	35.4	XXX	N	43.8
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	1.5	88.50	25.96	62.54	XXX	N	47.88		92.04	25.96	XXX	N	43.8
93294	INTERROGATION EVAL REMOTE </90 D 1/2/MLT LEAD PM	0.96	56.64			XXX	N			56.64		XXX	N	
93295	INTERROGATION EVAL REMOTE </90 D 1/2/MLT LD DFB	1.91	112.69			XXX	N			111.51		XXX	N	
93296	INTERROGATION REMOTE </90 D TECHNICIAN REVIEW	0.73	43.07			XXX	N	47.88		45.43		XXX	N	43.8
93297	INTERROGATION EVAL REMOTE </30 D CV MNTR SYS	0.75	44.25			XXX	N			44.25		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
93298	INTERROGATION EVALUATION REMOTE </30 D ILR SYS	0.75	44.25			XXX	N			44.25		XXX	N	
93299	INTERROGATION EVAL REMOTE </30 D TECH REVIEW	0	BR			XXX	N	47.88		BR		XXX	N	43.8
93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	6.73	397.07	106.79	290.28	XXX	N	995.02		342.79	107.97	XXX	N	720.72
93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	4.4	259.60	61.36	198.24	XXX	N	593.61		227.74	62.54	XXX	N	503.76
93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	6.43	379.37	106.20	273.17	XXX	N	593.61		328.63	107.38	XXX	N	503.76
93307	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	3.68	217.12	75.52	141.60	XXX	N	593.61		198.24	76.7	XXX	N	503.76
93308	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	3.52	207.68	43.07	164.61	XXX	N	218.73		174.05	43.07	XXX	N	274.34
93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	8.64	509.76	202.96	306.80	XXX	N	995.02		530.41	177	XXX	N	720.72
93313	ECHO R-T 2D W/PROBE PLACEMENT ONLY	0.64	37.76			XXX	N	995.02		71.39		XXX	N	503.76
93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	8.47	499.73	174.05	325.68	XXX	N			494.42	101.48	XXX	N	
93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	8.04	474.36	237.18	237.18	XXX	N	995.02		470.82	235.41	XXX	N	503.76
93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	1.09	64.31			XXX	N	995.02		72.57		XXX	N	720.72
93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	6	354.00	177.00	177.00	XXX	N			317.42	158.71	XXX	N	
93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	6.62	390.58	195.29	195.29	XXX	N	995.02		379.96	189.98	XXX	N	720.72
93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	1.53	90.27	30.68	59.59	ZZZ	N			77.88	31.27	ZZZ	N	
93321	DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD	0.77	45.43	12.39	33.04	ZZZ	N			41.3	12.39	ZZZ	N	
93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	0.72	42.48	5.31	37.17	ZZZ	N			34.81	6.49	ZZZ	N	
93350	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	6.8	401.20	119.18	282.02	XXX	N	593.61		347.51	120.95	XXX	N	503.76
93351	ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	7.65	451.35	142.19	309.16	XXX	N	593.61		406.51	144.55	XXX	N	720.72
93352	USE OF ECHO CONTRAST AGENT DURING STRESS ECHO	0.96	56.64			ZZZ	N			60.18		ZZZ	N	
93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	6.43	379.37			XXX	N							
93451	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	22.21	1310.39	246.03	1064.36	000	N	3630.48		1419.54	254.29	000	N	3418.11

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Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	25.03	1476.77	430.11	1046.66	000	N	3630.48		1571.76	445.45	000	N	3418.11
93453	R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	32.3	1905.70	568.76	1336.94	000	N	3630.48		2049.66	584.69	000	N	3418.11
93454	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	25.41	1499.19	436.01	1063.18	000	N	3630.48		1609.52	448.4	000	N	3418.11
93455	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	29.58	1745.22	503.86	1241.36	000	N	3630.48		1870.3	517.43	000	N	3418.11
93456	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	31.84	1878.56	559.32	1319.24	000	N	3630.48		2017.21	574.07	000	N	3418.11
93457	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	35.99	2123.41	627.17	1496.24	000	N	3630.48		2276.81	643.69	000	N	3418.11
93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	30.49	1798.91	532.77	1266.14	000	N	3630.48		1927.53	547.52	000	N	3418.11
93459	CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I	33.69	1987.71	600.62	1387.09	000	N	3630.48		2128.13	615.96	000	N	3418.11
93460	R & L HRT CATH WINJX HRT ART& L VENTR IMG	36.14	2132.26	669.06	1463.20	000	N	3630.48		2280.35	686.17	000	N	3418.11
93461	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	41.33	2438.47	738.09	1700.38	000	N	3630.48		2612.52	757.56	000	N	3418.11
93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE	6.07	358.13			ZZZ	N			354		ZZZ	N	3418.11
93463	MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	2.81	165.79			ZZZ	N			183.49		ZZZ	N	
93464	PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU	7.76	457.84	146.32	311.52	ZZZ	N			505.04	165.79	ZZZ	N	
93503	INSERTION FLOW DIRECTED CATHETER FOR MONITORING	3.7	218.30			000	N	1228.40		223.02		000	N	1491.99
93505	ENDOMYOCARDIAL BIOPSY	21.65	1277.35	397.07	880.28	000	N	3200.67		1358.77	400.61	000	N	1491.99
93530	R HRT CATHETERIZATION CONGENITAL CARDIAC ANOMALY	24.5	1445.50	375.83	1069.67	000	N	3630.48		1513.35	393.53	000	N	3418.11
93531	CMBN R HRT & RETROGRADE L HRT CATHJ CGEN ANOMA	49.8	2938.20	734.55	2203.65	000	N	3630.48		3115.2	778.8	000	N	3418.11
93532	CMBN R HRT T-SEPTAL L HRT CATHJ NTC SEPTUM CGEN	61.76	3643.84	910.96	2732.88	000	N	3630.48		3728.8	932.2	000	N	3418.11
93533	CMBN R HRT T-SEPTAL L HRT CATHJ SEPTAL OPNG CGEN	51.5	3038.50	607.70	2430.80	000	N	3630.48		3124.05	624.81	000	N	3418.11
93561	INDIC DIL STD ARTL&/OR VEN CATHJ W/OUTP MEAS	1.35	79.65	43.07	36.58	000	N			76.7	41.3	000	N	
93562	INDIC DIL STD ARTL&/OR VEN CATHJ SBSQ OUTP MEA	0.61	35.99	13.57	22.42	000	N			34.22	12.98	000	N	
93563	NJX SEL HRT ART CONGENITAL HRT CATH W/S&I	1.7	100.30			ZZZ	N			94.99		ZZZ	N	

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93564	NJX SEL HRT ART/GRFT CONGENITAL HRT CATH W/S&I	1.78	105.02			ZZZ	N			97.35		ZZZ	N	
93565	NJX SEL L VENT/ATRIAL ANGIO HRT CATH W/S&I	1.33	78.47			ZZZ	N			73.75		ZZZ	N	
93566	NJX SEL R VENT/ATRIAL ANGIO HRT CATH W/S&I	4.86	286.74			ZZZ	N			306.8		ZZZ	N	
93567	NJX SUPRAVALV AORTOG HRT CATH W/S&I	4.01	236.59			ZZZ	N			251.34		ZZZ	N	
93568	NJX PULMONARY ANGIO HRT CATH W/S&I	4.36	257.24			ZZZ	N			274.35		ZZZ	N	
93571	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	7.91	466.69	163.43	303.26	ZZZ	N			433.06	151.63	ZZZ	N	
93572	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	4.73	279.07	130.98	148.09	ZZZ	N			261.37	122.72	ZZZ	N	
93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	28.4	1675.60			000	N	29224.34	J1	1705.1		000	N	15448.36
93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	38.75	2286.25			000	N	29224.34	J1	2299.82		000	N	15448.36
93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	19.42	1145.78			000	N	29224.34	J1	1148.73		000	N	15448.36
93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	21.93	1293.87			000	N			1278.53		000	N	
93600	BUNDLE OF HIS RECORDING	5.7	336.30	201.78	134.52	000	N	9395.94	J1	335.12	201.19	000	N	909.98
93602	INTRA-ATRIAL RECORDING	4.66	274.94	197.65	77.29	000	N	9395.94	J1	278.48	200.6	000	N	909.98
93603	RIGHT VENTRICULAR RECORDING	5.32	313.88	197.65	116.23	000	N	1690.08	J1	317.42	200.01	000	N	909.98
93609	INTRA-VENTRIC&/ATRIAL MAPG TACHYCARD W/CATH MA	11.13	656.67	472.59	184.08	ZZZ	N			657.85	473.77	ZZZ	N	
93610	INTRA-ATRIAL PACING	6.35	374.65	280.84	93.81	000	N	9395.94	J1	379.96	284.97	000	N	909.98
93612	INTRAVENTRICULAR PACING	6.56	387.04	278.48	108.56	000	N	9395.94	J1	393.53	283.2	000	N	909.98
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	11.53	680.27	489.70	190.57	ZZZ	N			665.52	478.49	ZZZ	N	
93615	ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	1.89	111.51	87.91	23.60	000	N	1690.08	J1	104.43	82.6	000	N	909.98
93616	ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	2.44	143.96	107.97	35.99	000	N	1690.08	J1	148.68	111.51	000	N	909.98
93618	INDUCTION ARRHYTHMIA ELECTRICAL PACING	11.4	672.60	403.56	269.04	000	N	1690.08	J1	672.6	403.56	000	N	909.98
93619	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	20.49	1208.91	689.12	519.79	000	N	9395.94	J1	1215.99	693.25	000	N	5060.12

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93620	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	24.71	1457.89	1093.27	364.62	000	N	9395.94	J1	1465.56	1099.17	000	N	5060.12
93621	COMPRE ELECTROPHYSIOL XM W/LEFT ATRIAL PACNG/REC	4.51	266.09	199.42	66.67	ZZZ	N			266.09	199.42	ZZZ	N	
93622	COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC	6.59	388.81	291.46	97.35	ZZZ	N			392.35	294.41	ZZZ	N	
93623	PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS	6.12	361.08	270.81	90.27	ZZZ	N			361.67	271.4	ZZZ	N	
93624	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	9.73	574.07	447.81	126.26	000	N	9395.94	J1	579.97	452.53	000	N	5060.12
93631	INTRAOP EPICAR& ENDOCAR PACG& MAPG	15.37	906.83	680.27	226.56	000	N			934.56	700.92	000	N	
93640	EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE	13.9	820.10	328.04	492.06	000	N			826	330.4	000	N	
93641	EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN	17.83	1051.97	557.55	494.42	000	N			1057.28	560.5	000	N	
93642	EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	12.14	716.26	462.56	253.70	000	N	1690.08	J1	677.91	411.23	000	N	909.98
93644	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	7.88	464.92	289.69	175.23	000	N			500.32	323.91	000	N	
93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	17.5	1032.50			000	N	9395.94	J1	1015.39		000	N	5060.12
93653	EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA	24.62	1452.58			000	N	31122.22	J1	1426.62		000	N	14378.96
93654	EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA	32.8	1935.20			000	N	31122.22	J1	1903.93		000	N	14378.96
93655	ICAR CATHETER ABLATION ARRHYTHMIA ADD ON	12.31	726.29			ZZZ	N			713.31		ZZZ	N	
93656	EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN	32.82	1936.38			000	N	31122.22	J1	1904.52		000	N	14378.96
93657	ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN	12.31	726.29			ZZZ	N			713.9		ZZZ	N	
93660	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	4.46	263.14	157.53	105.61	000	N	564.72		270.81	158.71	000	N	391.57
93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	5.4	318.60	238.95	79.65	ZZZ	N			322.73	241.9	ZZZ	N	
93668	PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION	0.54	31.86	0.00	31.86	XXX	N			34.81		XXX	N	
93701	BIOMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS	0.68	40.12	10.62	29.50	XXX	N	129.85		43.66	11.8	XXX	N	34.41
93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	3.05	179.95			XXX	N	184.79		188.8		XXX	N	139.8
93724	ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	7.66	451.94	405.33	46.61	000	N	343.49		458.43	408.28	000	N	43.8

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93740	TEMPRATURE GRADIENT STUDY	0.23	13.57	11.21	2.36	XXX	N	184.79		14.75	11.8	XXX	N	81.11
93745	1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	0	BR	BR	BR	XXX	N	343.49		BR	0	XXX	N	43.8
93750	INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	1.58	93.22			XXX	N	151.60		93.22		XXX	N	143.81
93770	DERMINATION OF VENOUS PRESSUE	0.23	13.57	12.39	1.18	XXX	N			14.75	14.16	XXX	N	
93784	AMBL BLD PRESS W/TAPE&/DISK 24/> HR ALYS I&R	1.52	89.68			XXX	N			96.76		XXX	N	
93786	BL BLD PRESS W/TAPE&/DISK 24/> HR REC ONL	0.84	49.56	0.00	49.56	XXX	N	129.85		54.87		XXX	N	85.82
93788	AMBL BLD PRESS W/TAPE/DISK 24/>HR ALYS W/REPRT	0.15	8.85	0.00	8.85	XXX	N	129.85		10.03		XXX	N	85.82
93790	AMBL BLD PRESS TAPE&/DISK 24/> HR REVIEW	0.53	31.27			XXX	N			31.86		XXX	N	
93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	0.46	27.14			000	N	148.01		28.91		000	N	103.1
93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	0.71	41.89			000	N	148.01		43.07		000	N	103.1
93799	UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	0	BR	BR	BR	XXX	N	184.79		BR	0	XXX	N	85.82
93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	5.76	339.84	67.26	272.58	XXX	N	218.73		423.62	50.15	XXX	N	199.63
93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	3.68	217.12	42.48	174.64	XXX	N	218.73		305.03	34.22	XXX	N	199.63
93886	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	8	472.00	79.65	392.35	XXX	N	218.73		660.21	82.01	XXX	N	199.63
93888	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	4.2	247.80	43.07	204.73	XXX	N	218.73		383.5	53.69	XXX	N	83.3
93890	TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY	8.21	484.39	86.73	397.66	XXX	N	218.73		519.2	85.55	XXX	N	128.14
93892	TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	9.52	561.68	102.66	459.02	XXX	N	131.12		586.46	99.12	XXX	N	128.14
93893	TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ	9.94	586.46	100.30	486.16	XXX	N	131.12		625.99	100.3	XXX	N	128.14
93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	0	BR	BR	BR	XXX	N	373.30		BR		XXX	N	
93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	2.53	149.27	21.24	128.03	XXX	N	129.85		163.43	20.65	XXX	N	85.82
93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	3.94	232.46	37.76	194.70	XXX	N	184.79		253.7	37.76	XXX	N	140.12
93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	4.94	291.46	41.89	249.57	XXX	N	184.79		318.01	41.89	XXX	N	140.12

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	7.4	436.60	66.08	370.52	XXX	N	218.73		445.45	67.26	XXX	N	199.63
93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	4.36	257.24	40.71	216.53	XXX	N	218.73		256.06	42.48	XXX	N	128.14
93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	5.95	351.05	67.26	283.79	XXX	N	218.73		425.39	38.94	XXX	N	199.63
93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	3.68	217.12	41.89	175.23	XXX	N	218.73		284.97	25.96	XXX	N	128.14
93965	N-INVAS PHYSIOLOGIC STD XTR VEINS COMPL BI STD	3.41	201.19	29.50	171.69	XXX	N	184.79		218.3	29.5	XXX	N	140.12
93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	5.61	330.99	58.41	272.58	XXX	N	218.73		335.71	59.59	XXX	N	199.63
93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	3.43	202.37	37.76	164.61	XXX	N	218.73		202.96	37.76	XXX	N	128.14
93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	8.04	474.36	97.35	377.01	XXX	N	218.73		640.74	151.63	XXX	N	199.63
93976	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	4.64	273.76	67.26	206.50	XXX	N	218.73		371.7	101.48	XXX	N	199.63
93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	5.46	322.14	67.26	254.88	XXX	N	218.73		411.23	55.46	XXX	N	199.63
93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	3.42	201.78	41.89	159.89	XXX	N	218.73		284.38	36.58	XXX	N	128.14
93980	DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	3.42	201.78	102.66	99.12	XXX	N	218.73		284.97	104.43	XXX	N	199.63
93981	DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD	2.08	122.72	37.17	85.55	XXX	N	218.73		195.29	36.58	XXX	N	199.63
93982	IMPLANT WIRELESS PRESS SENSOR STUDY ANEURYSM SAC	1.22	71.98			XXX	N	79.66		76.7		XXX	N	85.82
93990	DUPLEX SCAN HEMODIALYSIS ACCESS	4.61	271.99	41.89	230.10	XXX	N	131.12		364.03	21.24	XXX	N	128.14
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	0	BR			XXX	N	79.66		BR		XXX	N	30.23
94002	VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	2.64	155.76			XXX	N	651.02		158.71		XXX	N	319.18
94003	VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	1.9	112.10			XXX	N	651.02		115.05		XXX	N	319.18
94004	VENTILATION ASSIST & MGMT NURSING FAC PR DAY	1.39	82.01			XXX	N			84.37		XXX	N	
94005	HOME VENTILATOR MGMT CARE OVERSIGHT 30 MIN/>	2.62	154.58			XXX	N			159.89		XXX	N	
94010	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	1.02	60.18	14.16	46.02	XXX	N	184.79		64.9	14.16	XXX	N	81.11
94011	MEAS SPIROMTRC FORCD EXPIRATORY FLO INFANT&/2 Y	2.91	171.69			XXX	N	184.79		171.69		XXX	N	58.13

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
94012	MEAS SPIRO FRCD EXP FLO PRE&POST BRONCH INF/2YRS	4.45	262.55			XXX	N	313.82		270.81		XXX	N	58.13
94013	MEASUREMENT LUNG VOLUMES INFANT/CHILD/2 YRS	0.98	57.82			XXX	N	564.72		60.77		XXX	N	232.03
94014	PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	1.59	93.81	37.76	56.05	XXX	N	129.85		86.14	34.81	XXX	N	81.11
94015	PATIENT-INITIATED SPIROMETRIC RECORDING	0.87	51.33	0.00	51.33	XXX	N	313.82		44.25		XXX	N	81.11
94016	PATIENT-INITIATED SPIROMETRIC PHYS/QHP R&I ONLY	0.72	42.48			XXX	N			41.89		XXX	N	
94060	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	1.72	101.48	21.83	79.65	XXX	N	313.82		111.51	22.42	XXX	N	130.23
94070	BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	1.69	99.71	48.38	51.33	XXX	N	313.82		106.2	49.56	XXX	N	232.03
94150	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	0.71	41.89	6.49	35.40	XXX	N	184.79		45.43	6.49	XXX	N	58.13
94200	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	0.71	41.89	9.44	32.45	XXX	N	129.85		45.43	9.44	XXX	N	58.13
94250	EXPIRED GAS COLLECTION QUANT 1 PROCEDURE SPX	0.74	43.66	8.85	34.81	XXX	N	79.66		46.02	9.44	XXX	N	58.13
94375	RESPIRATORY FLOW VOLUME LOOP	1.11	65.49	24.78	40.71	XXX	N	313.82		70.21	25.37	XXX	N	58.13
94400	BREATHING RESPONSE TO CO2	1.58	93.22	33.04	60.18	XXX	N	313.82		103.84	32.45	XXX	N	58.13
94450	BREATHING RESPONSE TO HYPOXIA	1.93	113.87	33.63	80.24	XXX	N	184.79		122.13	33.63	XXX	N	81.11
94452	HIGH ALTITUDE SIMULATJ TEST W/PHYS INTERP&REPORT	1.63	96.17	24.19	71.98	XXX	N	129.85		106.79	25.37	XXX	N	81.11
94453	HIGH ALTITUDE SIMULATJ W/PHYS I&R W/O2 TITRATION	2.26	133.34	31.86	101.48	XXX	N	129.85		149.86	32.45	XXX	N	81.11
94610	INTRAPULMONARY SURFACTANT ADMINISTJ PHYS/QHP	1.69	99.71			XXX	N	212.86		103.84		XXX	N	45.26
94620	PULMONARY STRESS TESTING SIMPLE	1.59	93.81	51.33	42.48	XXX	N	129.85		99.12	52.51	XXX	N	81.11
94621	PULMONARY STRESS TESTING COMPLEX	4.62	272.58	115.64	156.94	XXX	N	313.82		290.28	117.41	XXX	N	232.03
94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	0.52	30.68			XXX	N	212.86		33.63		XXX	N	45.26
94642	PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH	1.25	73.75			XXX	N	212.86		78.47		XXX	N	130.23
94644	CONTINUOUS INHALATION TREATMENT 1ST HR	1.24	73.16			XXX	N	129.85		81.42		XXX	N	64.04
94645	CONTINUOUS INHALATION TREATMENT EA ADDL HR	0.4	23.60			XXX	N			25.96		XXX	N	64.04

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
94660	CPAP VENTILATION CPAP INITIATION&MGMT	1.79	105.61			XXX	N	212.86		110.92		XXX	N	130.23
94662	CONTINUOUS NEGATIVE PRESSURE VENTJ INITIAT&MGM	1.06	62.54			XXX	N	651.02		61.95		XXX	N	319.18
94664	DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	0.49	28.91			XXX	N	212.86		32.45		XXX	N	45.26
94667	MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	0.74	43.66			XXX	N	129.85		45.43		XXX	N	45.26
94668	MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	0.82	48.38			XXX	N	79.66		47.2		XXX	N	45.26
94669	MECHANICAL CHEST WALL OSCILLATION LUNG FUNCTION	0.93	54.87			XXX	N	212.86		58.41		XXX	N	45.26
94680	O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMP	1.62	95.58	21.24	74.34	XXX	N	184.79		106.2	21.83	XXX	N	232.03
94681	O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	1.49	87.91	16.52	71.39	XXX	N	313.82		95.58	17.11	XXX	N	232.03
94690	O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	1.41	83.19	6.49	76.70	XXX	N	43.46		89.68	6.49	XXX	N	58.13
94726	PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	1.49	87.91	20.65	67.26	XXX	N	313.82		105.61	22.42	XXX	N	58.13
94727	GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	1.19	70.21	20.65	49.56	XXX	N	184.79		82.6	22.42	XXX	N	58.13
94728	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	1.14	67.26	21.24	46.02	XXX	N	313.82		79.65	22.42	XXX	N	58.13
94729	CO DIFFUSING CAPACITY	1.54	90.86	15.34	75.52	ZZZ	N			108.56	16.52	ZZZ	N	81.11
94750	PULMONARY COMPLIANCE STUDY	2.28	134.52	18.88	115.64	XXX	N	184.79		151.04	18.88	XXX	N	58.13
94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	0.09	5.31	0.00	5.31	XXX	N			5.9		XXX	N	
94761	NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	0.14	8.26	0.00	8.26	XXX	N			8.85		XXX	N	
94762	NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR	0.69	40.71	0.00	40.71	XXX	N	184.79		43.66		XXX	N	85.82
94770	CARBON DIOXIDE EXP GAS DETER INFRARED ANALYZER	0.21	12.39	2.36	10.03	XXX	N	313.82		14.16	2.95	XXX	N	232.03
94772	CIRCADIAN RESPIRATRY PATTERN REC 12-24 HR INFANT	0	BR	BR	BR	XXX	N	564.72		BR	0	XXX	N	232.03
94774	PEDIATRIC APNEA MONITOR ATTACHMENT PHYS I&R	0	BR			YYY	N			BR		YYY	N	
94775	PEDIATRIC APNEA MONITOR ATTACHMENT	0	BR			YYY	N	184.79		BR		YYY	N	85.82
94776	PEDIATRIC APNEA MONITOR ANALYSES COMPUTER	0	BR			YYY	N	184.79		BR		YYY	N	85.82

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
94777	PEDIATRIC APNEA MONITOR PHYS/QHP REVIEW	0	BR			YYY	N			BR		YYY	N	
94780	CAR SEAT/BED TESTING W/INTERP & REPORT 60 MIN	1.59	93.81			XXX	N	43.46		90.86		XXX	N	64.04
94781	CAR SEAT/BED TESTNG W/INTERP & REPORT ADDL 30MIN	0.65	38.35			ZZZ	N			35.99		ZZZ	N	64.04
94799	UNLISTED PULMONARY SERVICE/PROCEDURE	0	BR	BR	BR	XXX	N	184.79		BR	0	XXX	N	58.13
95004	PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS	0.19	11.21			XXX	N	129.85		11.8		XXX	N	32
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	0.54	31.86			XXX	N	43.46		35.99		XXX	N	58.13
95017	ALLG TSTG PERQ & IC VENOMS IMMED REACT W/I&R	0.22	12.98			XXX	N	43.46		15.34		XXX	N	32
95018	ALLG TEST PERQ & IC DRUG/BIOL IMMED REACT W/I&R	0.58	34.22			XXX	N	43.46		37.76		XXX	N	32
95024	INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	0.22	12.98			XXX	N	79.66		14.16		XXX	N	32
95027	INTRACUTANEOUS TESTS W/ALLERGENIC XTRCS AIRBORNE	0.13	7.67			XXX	N	43.46		8.85		XXX	N	32
95028	IC TSTS W/ALLGIC XTRCS DLYD TYP RXN W/READING	0.38	22.42			XXX	N	43.46		25.37		XXX	N	32
95044	PATCH/APPLICATION TEST SPECIFY NUMBER TESTS	0.16	9.44			XXX	N	129.85		10.03		XXX	N	32
95052	PHOTO PATCH TEST SPECIFY NUMBER TSTS	0.19	11.21			XXX	N	43.46		12.39		XXX	N	32
95056	PHOTO TESTS	1.25	73.75			XXX	N	79.66		82.01		XXX	N	122.79
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	0.99	58.41			XXX	N	129.85		61.36		XXX	N	122.79
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	0.72	42.48			XXX	N	43.46		47.79		XXX	N	32
95070	INHLJ BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL	0.86	50.74			XXX	N	564.72		54.87		XXX	N	232.03
95071	INHLJ BRNCL CHALLENGE TSTG W/AGS/GASES	0.99	58.41			XXX	N	313.82		62.54		XXX	N	81.11
95076	INGESTION CHALLENGE TEST INITIAL 120 MINUTES	3.29	194.11			XXX	N	564.72		202.96		XXX	N	390.38
95079	INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	2.34	138.06			ZZZ	N			142.78		ZZZ	N	177.09
95115	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	0.25	14.75			XXX	N	43.96		16.52		XXX	N	34.85
95117	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	0.29	17.11			XXX	N	43.96		18.88		XXX	N	34.85

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
95120	PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 1 NJX	0.29	17.11			XXX	N			18.88		XXX	N	
95125	PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 2/> NJX	0.35	20.65			XXX	N			24.19		XXX	N	
95130	PROF SVCS ALLG IMMNTX W/PRV XTRC 1 STING INSECT	0.51	30.09			XXX	N			33.63		XXX	N	
95131	PROF SVCS ALLG IMMNTX W/PRV XTRC 2 STING INSECT	0.65	38.35			XXX	N			42.48		XXX	N	
95132	PROF SVCS ALLG IMMNTX W/PRV XTRC 3 STING INSECT	0.77	45.43			XXX	N			51.33		XXX	N	
95133	PROF SVCS ALLG IMMNTX W/PRV XTRC 4 STING INSECT	0.95	56.05			XXX	N			61.95		XXX	N	
95134	PROF SVCS ALLG IMMNTX W/PRV XTRC 5 STING INSECT	1.13	66.67			XXX	N			74.93		XXX	N	
95144	PREPJ& ANTIGEN PRV ALLERGEN IMMUNOTHERAPY 1 DO	0.35	20.65			XXX	N	43.96		22.42		XXX	N	50.48
95145	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 1 INSECT	0.61	35.99			XXX	N	43.96		39.53		XXX	N	34.85
95146	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 2 INSECT	1.1	64.90			XXX	N	43.96		70.21		XXX	N	96.35
95147	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 3 INSECT	0.99	58.41			XXX	N	60.26		63.72		XXX	N	96.35
95148	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 4 INSECT	1.47	86.73			XXX	N	60.26		94.99		XXX	N	50.48
95149	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 5 INSECT	1.98	116.82			XXX	N	60.26		128.03		XXX	N	50.48
95165	PREPJ& ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	0.36	21.24			XXX	N	43.96		23.01		XXX	N	34.85
95170	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY WHL INSE	0.27	15.93			XXX	N	60.26		17.11		XXX	N	50.48
95180	RAPID DESENSITIZATION PROCEDURE EACH HOUR	3.78	223.02			XXX	N	129.85		230.69		XXX	N	122.79
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SRVC/PX	0	BR			XXX	N	18.08		BR		XXX	N	32
95250	GLUC MNTR CONT REC FROM INTERSTITIAL TISS FLUID	4.46	263.14	0.00	263.14	XXX	N	145.45		288.51		XXX	N	125.08
95251	GLUC MNTR CONT REC FROM NTRSTL TISS FLU I&R	1.23	72.57			XXX	N			73.75		XXX	N	
95782	POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	29.04	1713.36	212.40	1500.96	XXX	N	1219.75		1812.48	221.25	XXX	N	1039.98
95783	POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	30.44	1795.96	234.23	1561.73	XXX	N	1219.75		1934.61	241.9	XXX	N	1039.98
95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	5.04	297.36	86.73	210.63	XXX	N	184.79		316.24	88.5	XXX	N	222.68

MEDICAL DATA														
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95801	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	2.56	151.04	82.60	68.44	XXX	N	129.85		165.2	82.6	XXX	N	222.68
95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	4	236.00	73.16	162.84	XXX	N	129.85		264.32	76.11	XXX	N	102.99
95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	12.09	713.31	99.12	614.19	XXX	N	1219.75		744.58	99.71	XXX	N	1039.98
95806	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	4.76	280.84	102.07	178.77	XXX	N	184.79		318.01	105.61	XXX	N	222.68
95807	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	13.53	798.27	104.43	693.84	XXX	N	564.72		866.71	105.61	XXX	N	1039.98
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	17.84	1052.56	147.50	905.06	XXX	N	1219.75		1135.16	147.5	XXX	N	1039.98
95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	17.63	1040.17	204.14	836.03	XXX	N	1219.75		1119.82	207.68	XXX	N	1039.98
95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	18.53	1093.27	212.40	880.87	XXX	N	1219.75		1174.69	215.94	XXX	N	1039.98
95812	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	9.86	581.74	96.76	484.98	XXX	N	313.82		785.88	96.76	XXX	N	222.68
95813	ELECTROENCEPHALOGRAM EXTND MNTR >1 HR	11.95	705.05	154.58	550.47	XXX	N	313.82		903.29	155.17	XXX	N	222.68
95816	ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	10.24	604.16	96.76	507.40	XXX	N	313.82		720.98	97.94	XXX	N	222.68
95819	ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	11.71	690.89	96.76	594.13	XXX	N	313.82		828.36	97.35	XXX	N	222.68
95822	ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	10.55	622.45	96.76	525.69	XXX	N	313.82		740.45	97.35	XXX	N	222.68
95824	ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY	2.87	169.33	66.08	103.25	XXX	N	564.72		174.05	67.85	XXX	N	237.41
95827	ELECTROENCEPHALOGRAM ALL NIGHT RECORDING	19.73	1164.07	96.17	1067.90	XXX	N	564.72		1408.92	97.35	XXX	N	222.68
95829	ELECTROCORTICOGRAM SURGERY SPX	53.25	3141.75	565.81	2575.94	XXX	N			3420.82	552.83	XXX	N	
95830	INSERTION SPHENOIDAL ELECTRODES EEG PHYS/QHP	6.95	410.05			XXX	N			466.1		XXX	N	
95831	MUSC TSTG MNL W/REPRT XTR EX HAND/TRNK	0.86	50.74			XXX	N			50.15		XXX	N	
95832	MUSC TSTG MNL W/REPRT HAND W/WO CMPRSN NRML SIDE	0.83	48.97			XXX	N			47.79		XXX	N	
95833	MUSC TSTG MNL W/REPRT TOTAL EVAL BODY EX HANDS	1.05	61.95			XXX	N			64.9		XXX	N	
95834	MUSC TSTG MNL W/REPRT TOTAL EVAL BODY W/HANDS	1.45	85.55			XXX	N			90.27		XXX	N	
95851	ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	0.52	30.68			XXX	N			31.86		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
95852	ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	0.46	27.14			XXX	N			29.5		XXX	N	
95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST	1.53	90.27			XXX	N	313.82		93.22		XXX	N	102.99
95860	NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	3.45	203.55	86.73	116.82	XXX	N	129.85		220.66	87.91	XXX	N	102.99
95861	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	4.85	286.15	139.24	146.91	XXX	N	129.85		302.67	140.42	XXX	N	102.99
95863	NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	6.02	355.18	167.56	187.62	XXX	N	184.79		369.93	169.33	XXX	N	102.99
95864	NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	6.8	401.20	181.72	219.48	XXX	N	184.79		424.21	180.54	XXX	N	102.99
95865	NEEDLE ELECTROMYOGRAPHY LARYNX	4.08	240.72	142.19	98.53	XXX	N	129.85		236.59	139.83	XXX	N	102.99
95866	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	3.78	223.02	112.69	110.33	XXX	N	184.79		241.9	114.46	XXX	N	102.99
95867	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	2.67	157.53	70.21	87.32	XXX	N	184.79		200.01	71.39	XXX	N	102.99
95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	3.75	221.25	106.20	115.05	XXX	N	184.79		250.75	106.2	XXX	N	102.99
95869	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	2.63	155.17	33.63	121.54	XXX	N	184.79		151.04	33.04	XXX	N	55.61
95870	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	2.63	155.17	33.04	122.13	XXX	N	129.85		158.71	33.63	XXX	N	55.61
95872	NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	5.55	327.45	257.83	69.62	XXX	N	184.79		352.23	260.78	XXX	N	102.99
95873	ELECTRICAL STIMULATION GUID W/CHEMODENERVATION	2.08	122.72	33.63	89.09	ZZZ	N			135.7	34.81	ZZZ	N	
95874	NEEDLE EMG GUID W/CHEMODENERVATION	2.07	122.13	33.63	88.50	ZZZ	N			130.39	33.63	ZZZ	N	
95875	ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	3.53	208.27	99.12	109.15	XXX	N	184.79		222.43	99.71	XXX	N	102.99
95885	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	1.66	97.94	31.86	66.08	ZZZ	N			110	33	ZZZ	N	102.99
95886	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	2.58	152.22	77.88	74.34	ZZZ	N			170	73.73	ZZZ	N	102.99
95887	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	2.29	135.11	63.72	71.39	ZZZ	N			134.4	46.08	ZZZ	N	55.61
95905	MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	0	0.00	0.00	0.00	XXX	N	129.85		0		XXX	N	
95907	NERVE CONDUCTION STUDIES 1-2 STUDIES	2.7	159.30	89.68	69.62	XXX	N	184.79		177.92	97.28	XXX	N	55.61
95908	NERVE CONDUCTION STUDIES 3-4 STUDIES	3.35	197.65	112.10	85.55	XXX	N	313.82		280	155.92	XXX	N	55.61

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
95909	NERVE CONDUCTION STUDIES 5-6 STUDIES	4.08	240.72	134.52	106.20	XXX	N	313.82		440	244.09	XXX	N	55.61
95910	NERVE CONDUCTION STUDIES 7-8 STUDIES	5.44	320.96	179.95	141.01	XXX	N	313.82		600	338.26	XXX	N	55.61
95911	NERVE CONDUCTION STUDIES 9-10 STUDIES	6.57	387.63	224.79	162.84	XXX	N	564.72		760	442.08	XXX	N	102.99
95912	NERVE CONDUCTION STUDIES 11-12 STUDIES	7.35	433.65	266.68	166.97	XXX	N	564.72		920	548.16	XXX	N	102.99
95913	NERVE CONDUCTION STUDIES 13/> STUDIES	8.41	496.19	315.65	180.54	XXX	N	564.72		1080	658.45	XXX	N	102.99
95921	TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	2.44	143.96	76.11	67.85	XXX	N	184.79		156.94	77.88	XXX	N	102.99
95922	TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	2.85	168.15	81.42	86.73	XXX	N	129.85		188.8	83.78	XXX	N	102.99
95923	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	4.64	273.76	77.88	195.88	XXX	N	129.85		456.07	80.83	XXX	N	102.99
95924	TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	4.21	248.39	149.86	98.53	XXX	N	313.82		256.06	150.45	XXX	N	102.99
95925	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	4.4	259.60	47.20	212.40	XXX	N	313.82		341.61	47.79	XXX	N	237.41
95926	SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	3.89	229.51	46.02	183.49	XXX	N	313.82		330.4	48.97	XXX	N	237.41
95927	SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	4.02	237.18	46.02	191.16	XXX	N	313.82		299.72	47.2	XXX	N	237.41
95928	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	6.35	374.65	134.52	240.13	XXX	N	1219.75		513.89	135.7	XXX	N	102.99
95929	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	6.4	377.60	135.70	241.90	XXX	N	1219.75		516.84	135.7	XXX	N	102.99
95930	VISUAL EP TSTG CNS CHECKERBOARD/FLASH	3.66	215.94	31.27	184.67	XXX	N	313.82		284.97	31.27	XXX	N	237.41
95933	ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	2.12	125.08	52.51	72.57	XXX	N	79.66		159.89	53.69	XXX	N	55.61
95937	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	2.3	135.70	57.82	77.88	XXX	N	184.79		137.47	58.41	XXX	N	102.99
95938	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	9.66	569.94	77.29	492.65	XXX	N	564.72		578.79	77.88	XXX	N	237.41
95939	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	14.16	835.44	201.19	634.25	XXX	N	1219.75		884.41	204.14	XXX	N	102.99
95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	0.93	54.87			XXX	N			55.46		XXX	N	
95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	0	BR			XXX	N			49.24		XXX	N	
95943	PARASYMP & SYMP NRV FUNCJ HRT RATE VARIABILITY	0	BR	BR	BR	XXX	N	313.82		BR	0	XXX	N	55.61

MEDICAL DATA														
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95950	MONITOR ID& LATERALIZATION SEIZURE FOCUS EEG	9.36	552.24	134.52	417.72	XXX	N	564.72		606.52	136.29	XXX	N	1039.98
95951	LOCALIZE CEREBRAL SEIZURE CABLE/RADIO EEG/VIDEO	22.75	1342.25	536.90	805.35	XXX	N	1219.75		1388.27	555.19	XXX	N	1039.98
95953	LOCALIZE CEREBRAL SEIZURE CPTR PORTABLE EEG	11.94	704.46	275.53	428.93	XXX	N	564.72		768.77	277.89	XXX	N	1039.98
95954	RX/PHYSICAL EEG ACTIVAJ PHYS/QHP ATTENDANCE	12.75	752.25	209.45	542.80	XXX	N	564.72		830.72	210.63	XXX	N	102.99
95955	EEG NONINTRACRANIAL SURGERY	6.12	361.08	90.86	270.22	XXX	N			414.77	91.45	XXX	N	
95956	MNTR SEIZURE CMPTR 16CHAN EEG ATND EA 24 HR	46.45	2740.55	321.55	2419.00	XXX	N	564.72		3019.03	324.5	XXX	N	1039.98
95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	8.91	525.69	176.41	349.28	XXX	N			807.71	178.77	XXX	N	
95958	WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG	16.2	955.80	379.96	575.84	XXX	N	1219.75		1017.75	379.37	XXX	N	222.68
95961	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR	8.33	491.47	272.58	218.89	XXX	N	1219.75		498.55	267.86	XXX	N	237.41
95962	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND ADDL HR	7.42	437.78	291.46	146.32	ZZZ	N			431.88	288.51	ZZZ	N	237.41
95965	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	59.8	3528.20	705.64	2822.56	XXX	N	1219.75		3708.15	741.63	XXX	N	3037.89
95966	MAGNETOENCEPHALOGRAPY EVOKED FIELDS 1 MODALITY	30.3	1787.70	357.54	1430.16	XXX	N	1219.75		1696.25	339.25	XXX	N	1262.03
95967	MAGNETOENCEPHALOGRAPY EVOKED FIELDS EACH ADDL	26.4	1557.60	311.52	1246.08	ZZZ	N			1489.75	297.95	ZZZ	N	1262.03
95970	ELEC ALYS NSTIM PLS GEN BRN/SC/PERPH W/O REPRGRM	1.92	113.28			XXX	N	129.85		124.49		XXX	N	102.99
95971	ELEC ALYS NSTIM PLS GEN SMPL SC/PERPH W/PRGRMG	1.42	83.78			XXX	N	151.60		104.43		XXX	N	143.81
95972	ELEC ALYS NSTIM PLS GEN CPLX SC/PERPH W/PRGRMG	1.65	97.35			XXX	N	151.60		190.57		XXX	N	143.81
95974	ELEC ALYS NSTIM PLS GEN CPLX CRNL NRV 1ST HR	5.89	347.51			XXX	N	151.60		356.95		XXX	N	143.81
95975	ELEC ALYS NSTIM PLS GEN CPLX CRNL NRV EA 30 MIN	3.17	187.03			ZZZ	N			190.57		ZZZ	N	102.99
95978	ELEC ALYS NSTIM PLS GEN CPLX DP BRN 1ST HR	7.07	417.13			XXX	N	151.60		433.65		XXX	N	143.81
95979	ELEC ALYS NSTIM PLS GEN CPLX DP BRN EA 30 MIN	3.07	181.13			ZZZ	N			185.85		ZZZ	N	143.81
95980	ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	1.32	77.88			XXX	N			80.24		XXX	N	
95981	ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG	0.9	53.10			XXX	N	79.66		58.41		XXX	N	102.99

MEDICAL DATA														
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95982	ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG	1.49	87.91			XXX	N	47.88		92.04		XXX	N	143.81
95990	REFILL&MAINTENANCE PUMP DRUG DLVR SPINAL/BRAIN	2.59	167.56			XXX	N	399.16		167.56		XXX	N	188.66
95991	RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BRN PHY/QHP	3.43	222.43			XXX	N	246.65		222.43		XXX	N	188.66
95992	CANALITH REPOSITIONING PROCEDURE	1.22	71.98			XXX	N			74.93		XXX	N	
95999	UNLIS NEUROLOGICAL/NEUROMUSCULAR DX PX	0	BR			XXX	N	184.79		BR		XXX	N	55.61
96000	COMPRE CPTR MTN ALYS VIDEO TAPING 3D KINEMATICS	2.7	159.30	0.00	159.30	XXX	N	564.72		169.33		XXX	N	237.41
96001	COMPRE CPTR MTN ALYS W/DYN PLNTR PRES MEAS WALKG	3.04	179.36	0.00	179.36	XXX	N	1219.75		166.97		XXX	N	237.41
96002	DYN SURF EMG WALKG/FUNCJAL ACTV 1-12 MUSC	0.62	36.58	0.00	36.58	XXX	N	313.82		37.17		XXX	N	102.99
96003	DYN FINE WIRE EMG WALKG/FUNCJAL ACTV 1 MUSC	0.49	28.91	0.00	28.91	XXX	N	313.82		28.91		XXX	N	102.99
96004	PHYS/QHP R&I CPTR MTN ALYS WALK/FUNCJL ACTV REPR	3.32	195.88			XXX	N			194.11		XXX	N	
96020	TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP	0	0.00	274.35	0.00	XXX	N			BR	0	XXX	N	
96040	MEDICAL GENETICS COUNSELING EACH 30 MINUTES	1.32	77.88			XXX	N			85.55		XXX	N	
96101	PSYCHOLOGICAL TESTING PR HR WITH PATIENT	2.25	132.75			XXX	N	313.82		143.37		XXX	N	228.74
96102	PSYCHOLOGICAL TESTING ADMN BY TECH PR HR	1.79	105.61			XXX	N	313.82		149.86		XXX	N	111.58
96103	PSYCHOLOGICAL TESTING COMPUTER W/PROF I&R	0.78	46.02			XXX	N	129.85		121.54		XXX	N	111.58
96105	ASSESSMENT APHASIA W/INTERP & REPORT PER HOUR	3.03	178.77			XXX	N			163.43		XXX	N	
96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	0.25	14.75			XXX	N	127.67		15.93		XXX	N	
96111	DEVELOPMENTAL TESTING W/INTERP & REPORT	3.65	215.35			XXX	N	184.79		220.07		XXX	N	111.58
96116	NUBHVL STATUS XM PR HR W/PT INTERPJ&PREPJ	2.62	154.58			XXX	N	313.82		154.58		XXX	N	228.74
96118	NUROPSYC TESTING PR HR W/PT & INTERPJ TIME	2.76	162.84			XXX	N	313.82		159.3		XXX	N	228.74
96119	NEUROPSYC TSTG W/PROF I&R ADMN BY TECH PR HR	2.26	133.34			XXX	N	313.82		128.62		XXX	N	228.74
96120	NEUROPSYCHOLOG TESTING COMPUTER W/PROF I&R	1.36	80.24			XXX	N	184.79		178.18		XXX	N	111.58

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	3.31	195.29			XXX	N			187.03		XXX	N	
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	0.15	8.85			XXX	N	18.08		8.85		XXX	N	36.27
96150	HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT 1ST ASSMT	0.61	35.99			XXX	N	99.19		34.81		XXX	N	57.87
96151	HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT RE-ASSMT	0.58	34.22			XXX	N	99.19		33.63		XXX	N	57.87
96152	HLTH&BEHAVIOR IVNTJ EA 15 MIN INDIV	0.56	33.04			XXX	N	99.19		31.86		XXX	N	57.87
96153	HLTH&BEHAVIOR IVNTJ EA 15 MIN GRP 2/>PTS	0.13	7.67			XXX	N	38.62		7.67		XXX	N	28.84
96154	HLTH&BEHAVIOR IVNTJ EA 15 MIN FAM W/PT	0.55	32.45			XXX	N	99.19		31.27		XXX	N	57.87
96155	HLTH&BEHAVIOR IVNTJ EA 15 MIN FAM W/O PT	0.64	37.76			XXX	N	63.69		38.35		XXX	N	
96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	1.61	94.99			XXX	N	131.60		101.48		XXX	N	96.35
96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	0.43	25.37			ZZZ	N	43.96		26.55		ZZZ	N	34.85
96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	1.95	115.05			XXX	N	246.65		130.98		XXX	N	188.66
96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	0.53	31.27			ZZZ	N	43.96		37.76		ZZZ	N	34.85
96367	IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	0.86	50.74			ZZZ	N	60.26		55.46		ZZZ	N	50.48
96368	IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	0.58	34.22			ZZZ	N			32.45		ZZZ	N	
96369	SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	5.42	319.78			XXX	N	246.65		368.16		XXX	N	188.66
96370	SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	0.42	24.78			ZZZ	N	43.96		30.09		ZZZ	N	50.48
96371	SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	2.05	120.95			ZZZ	N			175.82		ZZZ	N	50.48
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	0.71	41.89			XXX	N	60.26		44.84		XXX	N	50.48
96373	THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	0.55	32.45			XXX	N	131.60		34.81		XXX	N	50.48
96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	1.6	94.40			XXX	N	131.60		99.71		XXX	N	50.48
96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	0.63	37.17			ZZZ	N	60.26		38.94		ZZZ	N	50.48
96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	0.41	24.19			ZZZ	N			25.37		ZZZ	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
96379	UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS	0	BR			XXX	N	43.96		BR		XXX	N	34.85
96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	2.1	123.90			XXX	N	131.60		131.57		XXX	N	50.48
96402	CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	0.91	53.69			XXX	N	60.26		56.64		XXX	N	50.48
96405	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL </7	2.31	136.29			000	N	60.26		145.73		000	N	50.48
96406	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL >7	3.29	194.11			000	N	246.65		205.32		000	N	188.66
96409	CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	3.12	184.08			XXX	N	246.65		194.11		XXX	N	188.66
96411	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	1.75	103.25			ZZZ	N	131.60		108.56		ZZZ	N	96.35
96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	3.81	224.79			XXX	N	399.16		248.39		XXX	N	297.36
96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	0.8	47.20			ZZZ	N	60.26		53.1		ZZZ	N	50.48
96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	3.96	233.64			XXX	N	399.16		247.21		XXX	N	297.36
96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	1.76	103.84			ZZZ	N	60.26		123.31		ZZZ	N	96.35
96420	CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	2.97	175.23			XXX	N	399.16		186.44		XXX	N	96.35
96422	CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS </1 HR	4.78	282.02			XXX	N	399.16		299.13		XXX	N	297.36
96423	CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR	2.21	130.39			ZZZ	N	60.26		138.06		ZZZ	N	96.35
96425	CHEMOTX ADMN IA NFS >8 HR PRTBLE IMPLTBL PMP	5.11	301.49			XXX	N	399.16		321.55		XXX	N	297.36
96440	CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	23.88	1408.92			000	N	399.16		1569.99		000	N	188.66
96446	CHEMOTX ADMN PRTL CAVITY PORT/CATH	5.66	333.94			XXX	N	399.16		346.92		XXX	N	188.66
96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	5.14	303.26			000	N	399.16		313.29		000	N	297.36
96521	REFILLING & MAINTENANCE PORTABLE PUMP	3.89	229.51			XXX	N	246.65		244.26		XXX	N	188.66
96522	REFILL&MAINTENANCE PUMP DRUG DLVR SYSTEMIC	3.19	188.21			XXX	N	246.65		198.24		XXX	N	188.66
96523	IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	0.7	41.30			XXX	N	79.66		43.66		XXX	N	63.38
96542	CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	3.42	201.78			XXX	N	246.65		211.22		XXX	N	96.35

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
96549	UNLISTED CHEMOTHERAPY PROCEDURE	0	BR			XXX	N	43.96		BR		XXX	N	34.85
96567	PDT XTRNL APPL LIGHT DSTR LES SKN BY ACTIVJ RX	3.81	224.79			XXX	N	167.81		249.57		XXX	N	137.98
96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	1.65	97.35			ZZZ	N			98.53		ZZZ	N	137.98
96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	0.77	45.43			ZZZ	N			45.43		ZZZ	N	137.98
96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	0.58	34.22			XXX	N	43.46		38.35		XXX	N	47.93
96902	MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/STRUCT ABNORM	0.61	35.99			XXX	N			37.17		XXX	N	
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	1.77	104.43			XXX	N			126.26		XXX	N	
96910	PHOTOCHEMOTX TAR&UVB/PETROLATUM/UVB	2.01	118.59			XXX	N	79.66		132.16		XXX	N	47.93
96912	PHOTOCHEMOTX PSORALENS&ULTRAVIOLET PUVA	2.57	151.63			XXX	N	79.66		169.33		XXX	N	47.93
96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	3.69	217.71			XXX	N	321.24		238.36		XXX	N	222.28
96920	LASER SKIN DISEASE PSORIASIS TOT AREA <250 SQ CM	4.39	259.01			000	N	167.81		274.94		000	N	137.98
96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	4.83	284.97			000	N	167.81		302.67		000	N	137.98
96922	LASER SKIN DISEASE PSORIASIS >500 SQ CM	6.7	395.30			000	N	167.81		419.49		000	N	137.98
96931	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R 1ST	0	BR			YYY	N							
96932	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQUISITION	0	BR			YYY	N	43.46						
96933	RCM CELULR & SUBCELULR SKN IMGNG I&R 1ST LES	0	BR			YYY	N							
96934	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R ADD	0	BR			YYY	N							
96935	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ EA ADDL	0	BR			YYY	N							
96936	RCM CELULR & SUBCELULR SKN IMGNG I&R EA ADDL	0	BR			YYY	N							
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PROCED	0	BR			XXX	N	167.81		BR		XXX	N	36.63
97001	PHYSICAL THERAPY EVALUATION	2.12	114.48			XXX	N			129.8		XXX	N	
97002	PHYSICAL THERAPY RE-EVALUATION	1.18	63.72			XXX	N			73.16		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
97003	OCCUPATIONAL THERAPY EVALUATION	2.39	129.06			XXX	N			146.91		XXX	N	
97004	OCCUPATIONAL THERAPY RE-EVALUATION	1.48	79.92			XXX	N			92.63		XXX	N	
97005	ATHLETIC TRAINING EVALUATION	1.79	96.66			XXX	N	129.65		110.92		XXX	N	
97006	ATHLETIC TRAINING RE-EVALUATION	0.9	48.60			XXX	N	43.59		55.46		XXX	N	
97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	0.17	0.00			XXX	N			0		XXX	N	
97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	0.45	24.30			XXX	N			27.73		XXX	N	
97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	0.45	24.30			XXX	N	61.05		27.73		XXX	N	
97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	0.54	29.16			XXX	N			34.22		XXX	N	
97018	APPL MODALITY 1/> AREAS PARAFFIN BATH	0.31	16.74			XXX	N			19.47		XXX	N	
97022	APPLICATION MODALITY 1/> AREAS WHIRLPOOL	0.66	35.64			XXX	N			41.3		XXX	N	
97024	APPLICATION MODALITY 1/> AREAS DIATHERMY	0.18	9.72			XXX	N			11.21		XXX	N	
97026	APPLICATION MODALITY 1/> AREAS INFRARED	0.17	9.18			XXX	N			10.62		XXX	N	
97028	APPL MODALITY 1/> AREAS ULTRAVIOLET	0.21	11.34			XXX	N			12.98		XXX	N	
97032	APPL MODALITY 1/> AREAS ELEC STIMJ EA 15 MIN	0.54	29.16			XXX	N			33.04		XXX	N	
97033	APPL MODALITY 1/> AREAS IONTOPHORESIS EA 15 MIN	0.74	39.96			XXX	N			57.23		XXX	N	
97034	APPL MODALITY 1/> AREAS CONTRAST BATHS EA 15 MIN	0.51	27.54			XXX	N			31.27		XXX	N	
97035	APPL MODALITY 1/> AREAS ULTRASOUND EA 15 MIN	0.36	19.44			XXX	N			21.83		XXX	N	
97036	APPL MODALITY 1/> AREAS HUBBARD TANK EA 15 MIN	0.93	50.22			XXX	N			57.82		XXX	N	
97039	UNLIST MODALITY SPEC TYPE&TIME CONSTANT ATTEND	0	BR			XXX	N			BR		XXX	N	
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	0.91	49.14			XXX	N			55.46		XXX	N	
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	0.95	51.30			XXX	N			57.82		XXX	N	
97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	1.21	65.34			XXX	N			75.52		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINJ W/STAIR	0.8	43.20			XXX	N			48.97		XXX	N	
97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	0.74	39.96			XXX	N			45.43		XXX	N	
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	0.5	27.00			XXX	N			BR		XXX	N	
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	0.84	45.36			XXX	N			51.92		XXX	N	
97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	0.49	26.46			XXX	N			30.09		XXX	N	
97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	0.98	52.92			XXX	N			60.77		XXX	N	
97532	DEVELOPMENT OF COGNITIVE SKILLS EACH 15 MINUTES	0.75	40.50			XXX	N			45.43		XXX	N	
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	0.82	44.28			XXX	N			50.15		XXX	N	
97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	0.99	53.46			XXX	N			60.18		XXX	N	
97537	COMMUNITY/WORK REINTEGRATION TRAINJ EA 15 MIN	0.85	45.90			XXX	N			51.92		XXX	N	
97542	WHEELCHAIR MGMT EA 15 MIN	0.87	46.98			XXX	N			52.51		XXX	N	
97545	WORK HARDENING/CONDITIONING 1ST 2 HR	3.77	203.58			XXX	N			230.69		XXX	N	
97546	WORK HARDENING/CONDITIONING EACH HOUR	1.51	81.54			ZZZ	N			92.04		ZZZ	N	
97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	2.12	114.48			000	N	321.24		135.7		000	N	137.98
97598	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM	0.69	37.26			ZZZ	N			44.25		ZZZ	N	137.98
97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	1.04	56.16			XXX	N	167.81		64.9		XXX	N	92.29
97605	NEGATIVE PRESSURE WOUND THERAPY DME </= 50 SQ CM	1.16	62.64			XXX	N	167.81		73.75		XXX	N	92.29
97606	NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	1.37	73.98			XXX	N	167.81		78.47		XXX	N	137.98
97607	NEG PRESSURE WOUND THERAPY NON DME </= 50 SQ CM	0	BR			XXX	N	321.24		BR		XXX	N	181.26
97608	NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	0	BR			XXX	N	321.24		BR		XXX	N	181.26
97610	LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	3.37	181.98			XXX	N	167.81		0		YYY	N	
97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	0.93	50.22			XXX	N			57.82		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
97755	ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	1.01	54.54			XXX	N			61.95		XXX	N	
97760	ORTHOTIC MGMT&TRAINJ UXTR LXTR&/TRNK EA 15	1.07	57.78			XXX	N			66.67		XXX	N	
97761	PROSTHETIC TRAINING UPPR&/LOWER EXTREM EA 15 M	0.93	50.22			XXX	N			57.82		XXX	N	
97762	CHECKOUT ORTHOTIC/PROSTHETIC ESTAB PT EA 15 MIN	1.34	72.36			XXX	N			84.96		XXX	N	
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	0	BR			XXX	N			BR		XXX	N	
97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	0.98	52.92			XXX	N			61.36		XXX	N	
97803	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	0.85	45.90			XXX	N			53.1		XXX	N	
97804	MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	0.45	24.30			XXX	N			27.14		XXX	N	
97810	ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MIN	1.03	55.62			XXX	N	50.78		61.95		XXX	N	
97811	ACUPUNCTURE 1/> NDLS W/O ELEC STIMJ EA 15 MIN	0.77	41.58			ZZZ	N	38.53		46.61		ZZZ	N	
97813	ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	1.1	59.40			XXX	N	36.03		66.08		XXX	N	
97814	ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	0.87	46.98			ZZZ	N	30.52		53.1		ZZZ	N	
98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	0.89	52.51			000	N	32.69		54.28		000	N	25.19
98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	1.29	76.11			000	N	32.69		77.29		000	N	25.19
98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	1.67	98.53			000	N	32.69		101.48		000	N	25.19
98928	OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	2.05	120.95			000	N	32.69		125.08		000	N	25.19
98929	OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	2.45	144.55			000	N	32.69		149.27		000	N	25.19
98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	0.8	47.20			000	N	32.69		45.43		000	N	25.19
98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	1.15	67.85			000	N	32.69		63.13		000	N	25.19
98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	1.5	88.50			000	N	32.69		80.83		000	N	25.19
98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION	0.77	45.43			XXX	N			41.89		XXX	N	
98960	EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT	0.79	46.61			XXX	N	67.10		50.15		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
98961	EDUCATION&TRAINING SELF-MGMT NONPHYS 2-4 PTS	0.38	22.42			XXX	N	39.17		24.19		XXX	N	
98962	EDUCATION&TRAINING SELF-MGMT NONPHYS 5-8 PTS	0.28	16.52			XXX	N	34.86		17.7		XXX	N	
98966	NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN	0.39	23.01			XXX	N			23.6		XXX	N	
98967	NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	0.76	44.84			XXX	N			45.43		XXX	N	
98968	NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	1.11	65.49			XXX	N			67.85		XXX	N	
98969	NONPHYSICIAN ONLINE ASSESSMENT AND MANAGEMENT	0.67	39.53			XXX	N			37.76		XXX	N	
99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	0.16	9.44			XXX	N	20.44		11.21		XXX	N	
99001	HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	0.19	11.21			XXX	N	24.05		12.98		XXX	N	
99002	HANDLE/CONVEY/ANY OTH SVC DEVICE FIT PHYS/QHP	0.2	11.80			XXX	N			14.75		XXX	N	
99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	0	0.00			XXX	N			0		XXX	N	
99026	HOSPITAL MANDATED CALL SERVICE IN-HOSPITAL EA HR	0	0.00			XXX	N			0		XXX	N	
99027	HOSPITAL MANDATED CALL SVC OUT-OF-HOSPITAL EA HR	0	0.00			XXX	N			0		XXX	N	
99050	SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS	0.53	31.27			XXX	N			38.94		XXX	N	
99051	SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS	0	0.00			XXX	N			0		XXX	N	
99053	SERVICES PROVIDED BTW 10 PM&8 AM AT 24-HR FACI	0	0.00			XXX	N			0		XXX	N	
99056	SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT	0.5	29.50			XXX	N			36.58		XXX	N	
99058	SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS	0.64	37.76			XXX	N			46.02		XXX	N	
99060	SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC	0.71	41.89			XXX	N			51.33		XXX	N	
99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	0	BR			XXX	N			BR		XXX	N	
99071	EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST	0	0.00			XXX	N			0		XXX	N	
99075	MEDICAL TESTIMONY	0	BR			XXX	N			BR		XXX	N	
99078	PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	0	0.00			XXX	N			0		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99080	SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	1.59	93.81			XXX	N			96.4		XXX	N	
99082	UNUSUAL TRAVEL	0	BR			XXX	N			BR		XXX	N	
99090	ANALYSIS CLINICAL DATA STORED IN COMPUTERS	0	0.00			XXX	N			0		XXX	N	
99091	COLLJ&INTERPJ PHYS/QHP PHYSIO COMPUTR DATA 30 MI	1.59	93.81			XXX	N			95.58		XXX	N	
99100	ANESTHESIA EXTREME AGE PATIENT UNDER 1 YR/<	1	1.00			ZZZ	N			50		000	0	
99116	ANES COMPLICJ UTILIZATION TOTAL BODY HYPOTHERMIA	5	5.00			ZZZ	N			250		000	0	
99135	ANES COMPLICJ UTILIZATION CONTROLLED HYPOTENSION	5	5.00			ZZZ	N			250		000	0	
99140	ANES COMPLICJ EMERGENCY CONDITIONS SPECIFY	2	2.00			ZZZ	N			100		000	0	
99143	MODERATE SEDATJ SAME PHYS/QHP <5 YRS INIT 30 MIN	1.51	89.09			XXX	N			110.33		XXX	N	
99144	MODERATE SEDATJ SAME PHYS/QHP 5/>YRS INIT 30 MIN	1.25	73.75			XXX	N			92.04		XXX	N	
99145	MODERATE SEDATJ SAME PHYS/QHP EACH ADDL 15 MIN	0.5	29.50			ZZZ	N			36.58		ZZZ	N	
99148	MOD SEDATJ DIFF PHYS/QHP <5 YRS INIT 30 MIN	1.39	82.01			XXX	N			101.48		XXX	N	
99149	MODERATE SEDATJ DIFF PHYS/QHP 5/>YRS INIT 30 MIN	1.13	66.67			XXX	N			82.6		XXX	N	
99150	MODERATE SEDATJ DIFF PHYS/QHP EA ADDL 15 MIN	0.5	29.50			ZZZ	N			36.58		ZZZ	N	
99170	ANOGENITAL XM MAGNIFY CHILD/SUSPECT TRAUMA W IMG	4.9	289.10			000	N	200.22		218.3		000	N	10.64
99172	VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM	0.5	29.50	5.31	24.19	XXX	N	56.27		36.58	7.08	XXX	N	
99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	0.09	5.31			XXX	N	43.43		5.31		XXX	N	
99174	INSTRUMENT BASED OCULAR SCR BI W/RMT ANAL & RPT	0.39	23.01			XXX	N			53.1		XXX	N	
99175	IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED	0.48	28.32			XXX	N			29.5		XXX	N	
99177	INSTRUMENT BASED OCULAR SCR BI W/ONSITE ANALYSIS	0	BR			XXX	N							
99183	PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX/SESSION	3.13	184.67			XXX	N			378.19		XXX	N	
99184	INITIAT SELECTIVE HEAD/BODY HYPOTHERMIA NEONATE	6.49	382.91			XXX	N			390.58		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	0	BR			XXX	N	1236.38		BR		XXX	N	
99190	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH EA HR	12.6	743.40	0.00	743.40	XXX	N			920.4		XXX	N	
99191	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 45 MI	8.82	520.38	0.00	520.38	XXX	N			644.28		XXX	N	
99192	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 30 MI	6.3	371.70	0.00	371.70	XXX	N			460.2		XXX	N	
99195	PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	2.82	166.38			XXX	N	129.85		178.18		XXX	N	63.38
99199	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	0	BR			XXX	N			BR		XXX	N	
99201	OFFICE OUTPATIENT NEW 10 MINUTES	1.23	56.27			XXX	N			47.47		XXX	N	73.23
99202	OFFICE OUTPATIENT NEW 20 MINUTES	2.1	96.08			XXX	N			82.82		XXX	N	95.05
99203	OFFICE OUTPATIENT NEW 30 MINUTES	3.04	139.08			XXX	N			122.72		XXX	N	125.08
99204	OFFICE OUTPATIENT NEW 45 MINUTES	4.64	212.28			XXX	N			186.35		XXX	N	165.76
99205	OFFICE OUTPATIENT NEW 60 MINUTES	5.82	266.27			XXX	N			233.82		XXX	N	226.78
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	0.56	25.62			XXX	N			26.77		XXX	N	73.23
99212	OFFICE OUTPATIENT VISIT 10 MINUTES	1.22	55.82			XXX	N			48.99		XXX	N	95.05
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	2.05	93.79			XXX	N			79.29		XXX	N	95.05
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	3.02	138.17			XXX	N			120.19		XXX	N	125.08
99215	OFFICE OUTPATIENT VISIT 40 MINUTES	4.07	186.20			XXX	N			162.61		XXX	N	165.76
99217	OBSERVATION CARE DISCHARGE MANAGEMENT	2.05	93.79			XXX	N			87.87		XXX	N	
99218	INITIAL OBSERVATION CARE/DAY 30 MINUTES	2.81	128.56			XXX	N			82.82		XXX	N	
99219	INITIAL OBSERVATION CARE/DAY 50 MINUTES	3.82	174.77			XXX	N			136.86		XXX	N	
99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES	5.22	238.82			XXX	N			192.91		XXX	N	
99221	INITIAL HOSPITAL CARE/DAY 30 MINUTES	2.86	130.85			XXX	N			113.12		XXX	N	
99222	INITIAL HOSPITAL CARE/DAY 50 MINUTES	3.86	176.60			XXX	N			158.57		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99223	INITIAL HOSPITAL CARE/DAY 70 MINUTES	5.71	261.23			XXX	N			231.29		XXX	N	
99224	SBSQ OBSERVATION CARE/DAY 15 MINUTES	1.12	51.24			XXX	N			57.57		XXX	N	
99225	SBSQ OBSERVATION CARE/DAY 25 MINUTES	2.05	93.79			XXX	N			104.03		XXX	N	
99226	SBSQ OBSERVATION CARE/DAY 35 MINUTES	2.96	135.42			XXX	N			150.49		XXX	N	
99231	SBSQ HOSPITAL CARE/DAY 15 MINUTES	1.11	50.78			XXX	N			47.47		XXX	N	
99232	SBSQ HOSPITAL CARE/DAY 25 MINUTES	2.03	92.87			XXX	N			84.84		XXX	N	
99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES	2.93	134.05			XXX	N			121.2		XXX	N	
99234	OBSERVATION/INPATIENT HOSPITAL CARE 40 MINUTES	3.77	172.48			XXX	N			166.65		XXX	N	
99235	OBSERVATION/INPATIENT HOSPITAL CARE 50 MINUTES	4.76	217.77			XXX	N			219.68		XXX	N	
99236	OBSERVATION/INPATIENT HOSPITAL CARE 55 MINUTES	6.13	280.45			XXX	N			273.71		XXX	N	
99238	HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN/<	2.04	93.33			XXX	N			87.37		XXX	N	
99239	HOSPITAL DISCHARGE DAY MANAGEMENT > 30 MIN	3.02	138.17			XXX	N			126.25		XXX	N	
99241	OFFICE CONSULTATION NEW/ESTAB PATIENT 15 MIN	1.34	61.31			XXX	N	99.31		64.64		XXX	N	
99242	OFFICE CONSULTATION NEW/ESTAB PATIENT 30 MIN	2.52	115.29			XXX	N	142.89		119.18		XXX	N	
99243	OFFICE CONSULTATION NEW/ESTAB PATIENT 40 MIN	3.45	157.84			XXX	N	143.65		163.12		XXX	N	
99244	OFFICE CONSULTATION NEW/ESTAB PATIENT 60 MIN	5.16	236.07			XXX	N	210.52		239.37		XXX	N	
99245	OFFICE CONSULTATION NEW/ESTAB PATIENT 80 MIN	6.29	287.77			XXX	N	231.25		296.94		XXX	N	
99251	INITIAL INPATIENT CONSULT NEW/ESTAB PT 20 MIN	1.38	63.14			XXX	N	114.77		61.11		XXX	N	
99252	INITIAL INPATIENT CONSULT NEW/ESTAB PT 40 MIN	2.11	96.53			XXX	N			97.97		XXX	N	
99253	INITIAL INPATIENT CONSULT NEW/ESTAB PT 55 MIN	3.24	148.23			XXX	N	262.73		144.94		XXX	N	
99254	INITIAL INPATIENT CONSULT NEW/ESTAB PT 80 MIN	4.71	215.48			XXX	N			208.57		XXX	N	
99255	INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN	5.68	259.86			XXX	N			260.08		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99281	EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	0.6	27.45			XXX	N	84.46		25.76		XXX	N	133.7
99282	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	1.17	53.53			XXX	N	155.95		49.49		XXX	N	237.78
99283	EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	1.75	80.06			XXX	N	279.11		80.8		XXX	N	369.9
99284	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	3.32	151.89			XXX	N	465.71		146.96		XXX	N	591.82
99285	EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ	4.9	224.18			XXX	N	692.22		220.18		XXX	N	889.42
99288	PHYS/QHP DIRECTION EMERGENCY MEDICAL SYSTEMS	0	BR			XXX	N			BR		XXX	N	
99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	7.75	354.56			XXX	N	948.92		341.38		XXX	N	691.31
99292	CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	3.46	158.30			ZZZ	N			152.51		ZZZ	N	
99304	INITIAL NURSING FACILITY CARE/DAY 25 MINUTES	2.58	118.04			XXX	N			81.31		XXX	N	
99305	INITIAL NURSING FACILITY CARE/DAY 35 MINUTES	3.67	167.90			XXX	N			108.07		XXX	N	
99306	INITIAL NURSING FACILITY CARE/DAY 45 MINUTES	4.68	214.11			XXX	N			132.82		XXX	N	
99307	SBSQ NURSING FACILITY CARE/DAY E/M STABLE 10 MIN	1.26	57.65			XXX	N			42.42		XXX	N	
99308	SBSQ NURSING FACIL CARE/DAY MINOR COMPLJ 15 MIN	1.95	89.21			XXX	N			70.2		XXX	N	
99309	SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN	2.57	117.58			XXX	N			98.48		XXX	N	
99310	SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN	3.82	174.77			XXX	N			123.22		XXX	N	
99315	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES	2.06	94.25			XXX	N			76.26		XXX	N	
99316	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES	2.98	136.34			XXX	N			99.99		XXX	N	
99318	E/M ANNUAL NURSING FACILITY ASSESS STABLE 30 MIN	2.7	123.53			XXX	N			81.31		XXX	N	
99324	DOMICIL/REST HOME NEW PT VISIT LOW SEVER 20 MIN	1.56	71.37			XXX	N			72.72		XXX	N	
99325	DOMICIL/REST HOME NEW PT VISIT MOD SEVER 30 MIN	2.27	103.85			XXX	N			106.05		XXX	N	
99326	DOMICIL/REST HOME NEW PT HI-MOD SEVER 45 MINUTES	3.92	179.34			XXX	N			152.51		XXX	N	
99327	DOMICIL/REST HOME NEW PT VISIT HI SEVER 60 MIN	5.23	239.27			XXX	N			200.49		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99328	DOM/R-HOME E/M NEW PT SIGNIF NEW PROB 75 MINUTES	6.11	279.53			XXX	N			247.96		XXX	N	
99334	DOM/R-HOME E/M EST PT SELF-LMTD/MINOR 15 MINUTES	1.7	77.78			XXX	N			56.06		XXX	N	
99335	DOM/R-HOME E/M EST PT LW MOD SEVERITY 25 MINUTES	2.68	122.61			XXX	N			88.38		XXX	N	
99336	DOM/R-HOME E/M EST PT MOD HI SEVERITY 40 MINUTES	3.79	173.39			XXX	N			135.85		XXX	N	
99337	DOM/R-HOME E/M EST PT SIGNIF NEW PROB 60 MINUTES	5.43	248.42			XXX	N			199.48		XXX	N	
99339	INDIV PHYS SUPVJ HOME/DOM/R-HOME MO 15-29 MIN	2.18	99.74			XXX	N			88.88		XXX	N	
99340	INDIV PHYS SUPVJ HOME/DOM/R-HOME MO 30 MIN/>	3.06	140.00			XXX	N			123.73		XXX	N	
99341	HOME VISIT NEW PATIENT LOW SEVERITY 20 MINUTES	1.55	70.91			XXX	N			72.22		XXX	N	
99342	HOME VISIT NEW PATIENT MOD SEVERITY 30 MINUTES	2.23	102.02			XXX	N			106.05		XXX	N	
99343	HOME VST NEW PATIENT MOD-HI SEVERITY 45 MINUTES	3.66	167.45			XXX	N			153.52		XXX	N	
99344	HOME VISIT NEW PATIENT HI SEVERITY 60 MINUTES	5.13	234.70			XXX	N			200.99		XXX	N	
99345	HOME VISIT NEW PT UNSTABL/SIGNIF NEW PROB 75 MIN	6.22	284.57			XXX	N			247.96		XXX	N	
99347	HOME VISIT EST PT SELF LIMITED/MINOR 15 MINUTES	1.56	71.37			XXX	N			56.06		XXX	N	
99348	HOME VISIT EST PT LOW-MOD SEVERITY 25 MINUTES	2.37	108.43			XXX	N			88.38		XXX	N	
99349	HOME VISIT EST PT MOD-HI SEVERITY 40 MINUTES	3.61	165.16			XXX	N			136.35		XXX	N	
99350	HOME VST EST PT UNSTABLE/SIGNIF NEW PROB 60 MINS	5.01	229.21			XXX	N			200.99		XXX	N	
99354	PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CON 1ST HR	2.82	129.02			ZZZ	N			121.71		ZZZ	N	
99355	PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CON ADDL 30	2.74	125.36			ZZZ	N			120.7		ZZZ	N	
99356	PROLONGED SERVICE I/P REQ UNIT/FLOOR TIME 1ST HR	2.59	118.49			ZZZ	N			111.61		ZZZ	N	
99357	PROLONGED SVC I/P REQ UNIT/FLOOR TIME EA 30 MIN	2.57	117.58			ZZZ	N			112.11		ZZZ	N	
99358	PROLNG E/M SVC BEFORE&/AFTER DIR PT CARE 1ST HR	3.06	140.00			XXX	N			125.75		XXX	N	
99359	PROLNG E/M BEFORE&/AFTER DIR CARE EA 30 MINUTES	1.48	67.71			ZZZ	N			60.6		ZZZ	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99360	PHYS STANDBY SVC PROLNG PHYS ATTN EA 30 MINUTES	1.73	79.15			XXX	N			57.07		XXX	N	
99363	ANTICOAGULANT MGMT OUTPATIENT INIT 90 DAYS	3.58	163.79			XXX	N			143.42		XXX	N	
99364	ANTICOAGULANT MGMT OUTPATIENT EA SBSQ 90 DAYS	1.22	55.82			XXX	N			50		XXX	N	
99366	TEAM CONFERENCE FACE-TO-FACE NONPHYSICIAN	1.21	55.36			XXX	N			49.98		XXX	N	
99367	TEAM CONFERENCE NON-FACE-TO-FACE PHYSICIAN	1.59	72.74			XXX	N			64.77		XXX	N	
99368	TEAM CONFERENCE NON-FACE-TO-FACE NONPHYSICIAN	1.04	47.58			XXX	N			41.82		XXX	N	
99374	SUPVJ PT HOME HEALTH AGENCY MO 15-29 MINUTES	1.97	90.13			XXX	N			85.85		XXX	N	
99375	SUPERVISION PT HOME HEALTH AGENCY MONTH 30 MIN/>	2.95	134.96			XXX	N			150.49		XXX	N	
99377	SUPERVISION HOSPICE PATIENT/MONTH 15-29 MIN	1.97	90.13			XXX	N			85.85		XXX	N	
99378	SUPERVISION HOSPICE PATIENT/MONTH 30 MINUTES/>	2.95	134.96			XXX	N			165.14		XXX	N	
99379	SUPERVISION NURS FACILITY PATIENT MO 15-29 MIN	1.97	90.13			XXX	N			85.35		XXX	N	
99380	SUPERVISION NURS FACILITY PATIENT MONTH 30 MIN/>	2.95	134.96			XXX	N			128.78		XXX	N	
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	3.1	141.83			XXX	N	124.01		125.75		XXX	N	
99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	3.24	148.23			XXX	N	135.85		135.34		XXX	N	
99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	3.38	154.64			XXX	N	121.21		133.32		XXX	N	
99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	3.82	174.77			XXX	N	151.91		144.94		XXX	N	
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	3.69	168.82			XXX	N	154.07		144.94		XXX	N	
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	4.29	196.27			XXX	N	153.08		169.18		XXX	N	
99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	4.65	212.74			XXX	N	139.77		183.82		XXX	N	
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	2.79	127.64			XXX	N	108.61		97.97		XXX	N	
99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	2.98	136.34			XXX	N	106.41		109.08		XXX	N	
99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	2.97	135.88			XXX	N	112.72		108.07		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	3.26	149.15			XXX	N	118.85		118.68		XXX	N	
99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	3.33	152.35			XXX	N	120.75		119.69		XXX	N	
99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	3.55	162.41			XXX	N	130.31		132.31		XXX	N	
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	3.82	174.77			XXX	N	114.35		146.45		XXX	N	
99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	1.02	46.67			XXX	N	94.67		50.5		XXX	N	
99402	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 30 MIN	1.74	79.61			XXX	N	108.44		84.34		XXX	N	
99403	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 45 MIN	2.43	111.17			XXX	N	121.15		116.66		XXX	N	
99404	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 60 MIN	3.14	143.66			XXX	N	131.80		149.99		XXX	N	
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	0.4	18.30			XXX	N	38.62		16.32		XXX	N	28.84
99407	TOBACCO USE CESSATION INTENSIVE >10 MINUTES	0.78	35.69			XXX	N	38.62		32.13		XXX	N	28.84
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	0.99	45.29			XXX	N	63.87		39.27		XXX	N	
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	1.93	88.30			XXX	N	119.67		77.01		XXX	N	
99411	PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 30 M	0.46	21.05			XXX	N	73.73		16.67		XXX	N	
99412	PREV MED COUNSEL & RISK FACTOR REDJ GRP SPX 60 M	0.6	27.45			XXX	N	64.19		24.24		XXX	N	
99415	PROLNG CLINCL STAFF SVC DURING O/P E/M 1ST HR	0.25	11.44			XXX	N							
99416	PROLNG CLINCL STAFF SVC DURING O/P E/M EA 30 MIN	0.14	6.41			XXX	N							
99420	ADMN & INTERPJ HEALTH RISK ASSESSMENT INSTRUMENT	0.31	14.18			XXX	N	58.72		11.62		XXX	N	
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	0	BR			XXX	N	29.88		BR		XXX	N	
99441	PHYS/QHP TELEPHONE EVALUATION 5-10 MIN	0.39	17.84			XXX	N			16.83		XXX	N	
99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	0.76	34.77			XXX	N			30.6		XXX	N	
99443	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN	1.11	50.78			XXX	N			45.39		XXX	N	
99444	PHYS/QHP ONLINE EVALUATION & MANAGEMENT SERVICE	0.93	42.55			XXX	N			BR		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99446	INTERPROF PHONE/INTERNET ASSESS/MANAGE 5-10	0	17.84			XXX	N			0		XXX	N	
99447	INTERPROF PHONE/INTERNET ASSESS/MANAGE 11-20	0	34.77			XXX	N			0		XXX	N	
99448	INTERPROF PHONE/INTERNET ASSESS/MANAGE 21-30	0	50.78			XXX	N			0		XXX	N	
99449	INTERPROF PHONE/INTERNET ASSESS/MANAGE 31/>	0	69.54			XXX	N			0		XXX	N	
99450	BASIC LIFE AND/OR DISABILITY EXAMINATION	0	BR			XXX	N			BR		XXX	N	
99455	WORK RELATED/MED DBLT XM TREATING PHYS	0	250.00			XXX	N			250		XXX	N	
99456	WORK RELATED/MED DBLT XM OTH/THN TREATING PHYS	0	BR			XXX	N			BR		XXX	N	
99460	1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB	2.72	124.44			XXX	N	145.45		80.8		XXX	N	95.05
99461	1ST CARE PR DAY NML NB XCPT HOSP/BIRTHING CENTER	2.58	118.04			XXX	N			121.2		XXX	N	
99462	SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN	1.18	53.99			XXX	N			42.93		XXX	N	
99463	1ST HOSP/BIRTHING CENTER NB ADMIT & DSCHG SM DAT	3.36	153.72			XXX	N	145.45		109.08		XXX	N	95.05
99464	ATTN AT DELIVERY 1ST STABILIZATION OF NEWBORN	2.02	92.42			XXX	N			101.51		XXX	N	
99465	DELIVERY/BIRTHING ROOM RESUSCITATION	4.31	197.18			XXX	N	665.24		206.55		XXX	N	207.48
99466	CRITICAL CARE INTERFACILITY TRANSPORT 30-74 MIN	6.5	297.38			XXX	N			330.78		XXX	N	
99467	CRITICAL CARE INTERFACILITY TRANSPORT EA 30 MIN	3.29	150.52			ZZZ	N			166.15		ZZZ	N	
99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	26.61	1217.41			XXX	N			1242.81		XXX	N	
99469	SUBQ I/P CRITICAL CARE PR DAY AGE 28 DAYS/<	11.24	514.23			XXX	N			542.88		XXX	N	
99471	INITIAL PED CRITICAL CARE 29 DAYS THRU 24 MONTHS	24.75	1132.31			XXX	N			1088.28		XXX	N	
99472	SUBSQ PED CRITICAL CARE 29 DAYS THRU 24 MO	11.56	528.87			XXX	N			544.39		XXX	N	
99475	INITIAL PED CRITICAL CARE 2 THRU 5 YEARS	16.27	744.35			XXX	N			749.93		XXX	N	
99476	SUBSEQUENT PED CRITICAL CARE 2 THRU 5 YEARS	9.79	447.89			XXX	N			449.96		XXX	N	
99477	INITIAL HOSP NEONATE 28 D/< NOT CRITICALLY ILL	10.09	461.62			XXX	N			431.46		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99478	SUBSEQUENT INTENSIVE CARE INFANT < 1500 GRAMS	3.86	176.60			XXX	N			194.93		XXX	N	
99479	SUBSEQUENT INTENSIVE CARE INFANT 1500-2500 GRAMS	3.52	161.04			XXX	N			172.71		XXX	N	
99480	SUBSEQUENT INTENSIVE CARE INFANT 2501-5000 GRAMS	3.37	154.18			XXX	N			165.64		XXX	N	
99485	SUPERVISION INTERFACILITY TRANSPORT INIT 30 MIN	2.16	98.82			XXX	N			110.6		XXX	N	
99486	SUPERVISION INTERFACILITY TRANSPORT ADDL 30 MIN	1.88	86.01			XXX	N			96.46		XXX	N	
99487	CMPLX CHRON CARE MGMT W/O PT VST 1ST HR PER MO	0	BR			XXX	N			121.71		XXX	N	
99489	CMPLX CHRON CARE MGMT EA ADDL 30 MIN PER MONTH	0	BR			ZZZ	N			61.11		ZZZ	N	
99490	CHRON CARE MANAGEMENT SRVC 20 MIN PER MONTH	1.14	52.16			XXX	N	77.49						
99495	TRANSITIONAL CARE MANAGE SRVC 14 DAY DISCHARGE	4.62	211.37			XXX	N	145.45		243.41		XXX	N	95.05
99496	TRANSITIONAL CARE MANAGE SRVC 7 DAY DISCHARGE	6.51	297.83			XXX	N	145.45		343.4		XXX	N	125.08
99497	ADVANCE CARE PLANNING FIRST 30 MINS	2.4	109.80			XXX	N	77.49						
99498	ADVANCE CARE PLANNING EA ADDL 30 MINS	2.09	95.62			ZZZ	N							
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	0	BR			XXX	N			BR		XXX	N	
99500	HOME VISIT PRENATAL MONITORING & ASSESSMENT	0	BR			XXX	N			BR		XXX	N	
99501	HOME VISIT POSTNATAL ASSMT&F-UP CARE	0	BR			XXX	N			BR		XXX	N	
99502	HOME VISIT NEWBORN CARE & ASSESSMENT	0	BR			XXX	N			BR		XXX	N	
99503	HOME VISIT RESPIRATORY THERAPY CARE	0	BR			XXX	N			BR		XXX	N	
99504	HOME VISIT MECHANICAL VENTILATION CARE	0	BR			XXX	N			BR		XXX	N	
99505	HOME VISIT STOMA CARE&MAINT CLST&CSTOST	0	BR			XXX	N			BR		XXX	N	
99506	HOME VISIT INTRAMUSCULAR INJECTIONS	0	BR			XXX	N			BR		XXX	N	
99507	HOME VISIT CARE&MAINT CATH	0	BR			XXX	N			BR		XXX	N	
99509	HOME VISIT ASSISTANCE DAILY LIV&PRSONAL CARE	0	BR			XXX	N			BR		XXX	N	

MEDICAL DATA														
Code	Short Description	RVU	Amount	PC AMT	TC AMT	FUD	ASSIT	APC	Status Ind	2013 (Current) Amount	2013 PC AMT	2013 FUD	2013 ASSIT	2013 (Current) APC
99510	HOME VISIT INDIV FAM/MARRIAGE COUNSELING	0	BR			XXX	N			BR		XXX	N	
99511	HOME VISIT FECAL IMPACTION MGMT&ENEMA ADMN	0	BR			XXX	N			BR		XXX	N	
99512	HOME VISIT HEMODIALYSIS	0	BR			XXX	N			BR		XXX	N	
99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	0	BR			XXX	N			BR		XXX	N	
99601	HOME NFS/SPECTY DRUG ADMN PR VST </2 HR	0	BR			XXX	N			BR		XXX	N	
99602	HOME NFS/SPECTY DRUG ADMN PR VST </2 HR EA HR	0	BR			XXX	N			BR		XXX	N	
99605	MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT	0	BR			XXX	N	91.35		BR		XXX	N	
99606	MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT	0	BR			XXX	N	41.94		BR		XXX	N	
99607	MEDICATION THERAPY EACH ADDITIONAL 15 MIN	0	BR			XXX	N	51.72		BR		XXX	N	
0431M	DRUG SCREEN EXCLUDING POST ACCIDENT	0	290.38											
9936M	MED CONF PHYS OR QHP W/TEAM CASE MGR PT CARE		96.4							96.4				

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HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A0021		AMB SRVC OTSD STATE-MILE TRANSPORT	15.16			13.78	
A0080		NONEMERG TRNSPRT VOLUN NOT VESTED	0.00			BR	
A0090		NONEMERG TRNSPRT IND W/VESTED INT	0.00			BR	
A0100		NONEMERGENCY TRANSPORTATION; TAXI	0.00			BR	
A0110		NONEMERG TRNSPRT&BUS INTERSTATE	0.00			BR	
A0120		NONEMERG TRNSPRT: MINI-BUS MTN/OTH	0.00			BR	
A0130		NONEMERG TRNSPRT: WHEELCHAIR VAN	0.00			BR	
A0140		NONEMERG TRNSPRT & AIR TRAVEL	0.00			BR	
A0160		NONEMERG TRNSPRT:MILE-CASE/SOCL WRK	0.51			0.46	
A0170		TRNSPRT ANCILLRY: PARK FEE TOLL OTH	0.00			BR	
A0180		NONEMERG TRNSPRT: LODGING-RECIP	0.00			BR	
A0190		NONEMERG TRNSPRT: MEALS-RECIP	0.00			BR	
A0200		NONEMERG TRNSPRT: LODGING-ESCORT	0.00			BR	
A0210		NONEMERG TRNSPRT: MEALS-ESCORT	0.00			BR	
A0225		AMB SRVC NEONAT TRNSPRT EMERG 1 WAY	730.18			663.80	
A0380		BLS MILEAGE	12.63			11.48	
A0382		BLS ROUTINE DISPOSABLE SUPPLIES	0.00			21.81	
A0384		BLS SPCLIZED SRVC DISPBL SPL; DEFIB	119.96			109.05	
A0390		ALS MILEAGE	12.63			11.48	
A0392		ALS SPCLIZED SRVC DISPBL SPL; DEFIB	119.96			109.05	
A0394		ALS SPCLIZED SRVC DISPBL SPL; IV RX	0.00			52.34	
A0396		ALS SPCLIZD SRVC DISPBL SPL;INTUBAT	95.96			87.24	
A0398		ALS ROUTINE DISPOSABLE SUPPLIES	0.00			21.81	
A0420		AMB WAITING TIME 1/2 HR INCREMENTS	BR			BR	
A0422		AMB OXYGEN&O2 SPL LIFE SUSTAINING	0.00			BR	
A0424		EXTRA AMB ATTENDANT GROUND/AIR;	BR			BR	
A0425		GROUND MILEAGE PER STATUTE MILE	12.63			11.48	
A0426		AMB SRVC ALS NONEMERG TRNSPRT LVL 1	554.03			503.66	
A0427		AMB SRVC ALS EMERG TRANSPORT LEVL 1	582.32			529.38	
A0428		AMB SERVICE BLS NONEMERG TRANSPORT	487.40			443.09	
A0429		AMB SERVICE BLS EMERGENCY TRANSPORT	505.65			459.68	
A0430		AMB SRVC AIR TRNSPRT 1 WAY FIX WING	9687.89			8807.17	
A0431		AMB SRVC AIR TRNSPRT 1 WAY ROTARY	11148.28			10134.80	
A0432		PARAMED INTRCPT RURL NO 3 PARTY PAY	BR			BR	
A0433		ADVANCED LIFE SUPPORT LEVEL 2	BR			BR	
A0434		SPECIALTY CARE TRANSPORT	BR			BR	
A0435		FIX WING AIR MILEAGE-STATUTE MILE	29.14			26.49	
A0436		ROTARY WING AIR MILEAGE-STATUT MILE	77.81			70.74	
A0888		NONCOVERED AMB MILEAGE PER MILE	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A0998		AMBULANCE RSPN&TREATMENT NO TRNSPRT	BR			BR	
A0999		UNLISTED AMBULANCE SERVICE	BR			BR	
A4206		SYRINGE W/NEEDLE STERIL 1 CC/< EACH	0.00			0.00	
A4207		SYRINGE W/NEEDLE STERILE 2 CC EACH	0.00			0.00	
A4208		SYRINGE W/NEEDLE STERILE 3 CC EACH	0.00			0.00	
A4209		SYRINGE W/NEEDLE STERILE 5 CC/> EA	0.00			0.00	
A4210		NEEDLE-FREE INJECTION DEVICE EACH	0.00			0.00	
A4211		SUPPLIES SELF-ADMINED INJECTIONS	0.00			0.00	
A4212		NONCORING NEEDLE/STYLET W/WO CATH	0.00			0.00	
A4213		SYRINGE STERILE 20 CC/GREATER EACH	0.00			0.00	
A4215		NEEDLE STERILE ANY SIZE EACH	0.00			0.00	
A4216		STERL H2O SALINE & OR DXT DIL 10 ML	0.54			0.45	
A4217		STERILE WATER/SALINE 500 ML	3.44			3.18	
A4218		STERL SALINE/WATR METRD DOSE 10 ML	0.00			0.00	
A4220		REFILL KIT IMPLANTABLE INFUS PUMP	0.00			0.00	
A4221		SPL MAINT DRUG INFUS CATHETER-WEEK	24.43			22.91	
A4222		INFUS SPL EXT RX INFUS PUMP CAS/BAG	48.65			47.31	
A4223		INFUS SPL NO EXT INFUS PUMP CAS/BAG	0.00			0.00	
A4230		INFUS SET EXT INSULIN PUMP NONNDLE	0.00			0.00	
A4231		INFUS SET EXT INSULIN PUMP NEEDLE	0.00			0.00	
A4232		SYRINGE NDLE EXT INSULIN PUMP STERL	0.00			0.00	
A4233	NU	REPL BATT ALK NOT J CELL HOM BG MON	0.64			0.81	
A4234	NU	REPL BATT ALK J CELL HOM BG MON	2.75			3.68	
A4235	NU	REPL BATT LITHIUM HOM BG MON OWN PT	1.17			2.38	
A4236	NU	REPL BATT SILVER OXIDE HOM BG MON	1.31			1.69	
A4244		ALCOHOL OR PEROXIDE PER PINT	0.00			1.22	
A4245		ALCOHOL WIPES PER BOX	0.00			3.75	
A4246		BETADINE/PHISOHEX SOLUTION PER PINT	0.00			4.14	
A4247		BETADINE/IODINE SWABS/WIPES PER BOX	0.00			6.32	
A4248		CHLORHEXIDINE CONTAINING ANTISEPTIC	0.00			0.00	
A4250		URINE TEST/REAGENT STRIPS/TABLETS	14.00			23.37	
A4252		BLOOD KETONE TEST/REAGENT STRIP EA	0.00			0.89	
A4253	NU	BLD GLU TST/REAGT STRIPS HOM MON-50	11.45				
A4255		PLATFORMS HOM BLD GLU MON 50-BOX	5.01			4.17	
A4256		NORMAL LOW&HI CALIBRATOR SOL/CHIPS	4.40			11.58	
A4257		REPL LENS SHIELD CARTRIDGE LASR SKN	15.51			12.91	
A4258		SPRING-POWERED DEVICE LANCET EACH	2.77			18.27	
A4259		LANCETS PER BOX OF 100	0.00			0.00	
A4261		CERVICAL CAP FOR CONTRACEPTIVE USE	0.00			BR	
A4262		TEMP ABSORB LAC DUCT IMPLANT EA	0.40			0.68	
A4263		PERM NONDISSOLV LAC DUCT IMPL EA	32.00			53.45	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4264		PERM IMPL CONTRCPTV TUBAL OCCL DEV	0.00			BR	
A4265		PARAFFIN PER POUND	4.14			3.44	
A4266		DIAPHRAGM FOR CONTRACEPTIVE USE	0.00			BR	
A4267		CONTRACEPTIVE SUPPLY CONDOM MALE EA	0.00			BR	
A4268		CONTRACEPT SUPPLY CONDOM FEMALE EA	0.00			BR	
A4269		CONTRACEPTIVE SUPPLY SPERMICIDE EA	0.00			BR	
A4270		DISPOSABLE ENDOSCOPE SHEATH EACH	0.00			BR	
A4280		ADHES SKN SUPP ATTCH BRST PROSTH EA	6.49			5.69	
A4281		TUBING FOR BREAST PUMP REPLACEMENT	0.00			BR	
A4282		ADAPTER FOR BREAST PUMP REPLACEMENT	0.00			BR	
A4283		CAP BREAST PUMP BOTTLE REPLACEMENT	0.00			BR	
A4284		BRST SHIELD&SPLSH PROTCTR PUMP REPL	0.00			BR	
A4285		POLYCARBATE BOTTLE BREAST PUMP REPL	0.00			BR	
A4286		LOCKING RING BREAST PUMP REPLACMENT	0.00			BR	
A4290		SACRAL NERVE STIM TEST LEAD EACH	0.00			0.00	
A4300		IMPL ACSS CATHETER EXTERNAL ACCESS	0.00			BR	
A4301		IMPL ACSS TOTAL CATH PORT/RESERVOIR	0.00			BR	
A4305		DISPBL RX DEL SYS RATE 50 ML/>-HR	10.40			17.60	
A4306		DISPOSABL RX DEL SYS FLW < 50 ML HR	14.40			24.14	
A4310		INSRTION TRAY W/O DRN BAG&W/O CATH	7.99			7.82	
A4311		INSRTION TRAY W/O BAG 2-WAY LATEX	18.03			15.01	
A4312		INSRTION TRAY W/O BAG 2-WAY SILCON	21.93			18.25	
A4313		INSRT TRAY W/O BAG 3-WAY CNT IRRIG	22.53			18.75	
A4314		INSRTION TRAY W/BAG 2-WAY LATEX	26.14			25.60	
A4315		INSRTION TRAY W/BAG 2-WAY SILCON	32.09			26.71	
A4316		INSRTION TRAY W/BAG 3-WAY CONT IRRG	34.53			28.74	
A4320		IRRIG TRAY W/BULB/PISTON SYRINGE	5.52			5.39	
A4321		THERAPEUTIC AGT URIN CATH IRRIG	BR			BR	
A4322		IRRIGATION SYRINGE BULB/PISTON EACH	3.69			3.09	
A4326		MALE EXT CATH CLCT CHAMB ANY TYPE	13.12			10.92	
A4327		FE EXT URIN CLCT DEVC; METL CUP EA	54.24			45.17	
A4328		FE EXT URIN CLCT DEVICE; POUCH EA	12.69			10.57	
A4330		PERIAN FECAL CLCT POUCH W/ADHES EA	7.39			7.24	
A4331		EXT DRN TUBING W/CNCTOR/ADAPTR EA	3.87			3.22	
A4332		LUBRICNT INDIVIDUAL STERL PACKET EA	0.14			0.12	
A4333		URIN CATH ANCHR DEVC ADHES ATTCH EA	2.68			2.23	
A4334		URIN CATH ANCHR DEVICE LEG STRAP EA	BR			4.98	
A4335		INCONTINENCE SUPPLY; MISCELLANEOUS	BR			BR	
A4336		INCONT SUPPLY URETHRAL INSERT EA	1.75			1.46	
A4337		INCONT SPL RECTAL INSRT ANY TYPE EA	BR				
A4338		INDWLL CATH; 2-WAY LATEX W/COAT EA	14.92			12.42	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4340		INDWELL CATHETER; SPECIALTY TYPE EA	32.82			32.14	
A4344		INDWLL CATH FOLEY 2-WAY SILCON EA	17.81			16.21	
A4346		INDWLL CATH; FOLY 3-WAY CONT IRRIG	21.11			19.83	
A4349		MALE EXT CATH W/WO ADHES DISPBL EA	2.45			2.05	
A4351		INTERMIT URIN CATH; STRAIT TIP EA	2.05			1.84	
A4352		INTERMIT URIN CATH; COUDE TIP EA	7.81			6.50	
A4353		INTERMIT URIN CATH W/INSERTION SPL	8.51			7.08	
A4354		INSRTION TRAY W/DRN BAG W/O CATH	14.36			11.95	
A4355		IRRIG TUBING CONT 3-WAY CATH EA	10.85			9.02	
A4356		EXT URETHRAL CLAMP/COMPRS DEVICE EA	50.60			46.19	
A4357		BEDSID DRN BAG DAY/NGT W/WO TUBE EA	10.03			9.82	
A4358		URINARY LEG BAG; VINYL W/WO TUBE EA	7.21			6.71	
A4360		DISP EXT URETHRAL CLAMP/COMP DEV EA	0.54			0.48	
A4361		OSTOMY FACEPLATE EACH	22.34			18.60	
A4362		SKN BARRIER; SOLID 4X4/EQUVALNT; EA	3.59			3.51	
A4363		OSTOMY CLAMP ANY TYPE REPL ONLY EA	2.45			2.40	
A4364		ADHES LIQUID/EQUAL ANY TYPE-OUNCE	3.58			2.97	
A4366		OSTOMY VENT ANY TYPE EACH	1.57			1.32	
A4367		OSTOMY BELT EACH	7.60			7.45	
A4368		OSTOMY FILTER ANY TYPE EACH	0.31			0.26	
A4369		OSTOMY SKIN BARRIER LIQUID PER OZ	2.95			2.45	
A4371		OSTOMY SKIN BARRIER POWDER PER OZ	4.43			3.70	
A4372		OST SKIN BARR SOL 4X4/EQUV STD EA	5.10			4.25	
A4373		OST SKN BARR W/FLNGE BUILT-IN CONVX	7.62			6.35	
A4375		OST POUCH DRNABLE W/FCEPLAT PLST EA	20.89			17.39	
A4376		OST POUCH DRNABLE W/FCEPLAT RUBR EA	57.87			48.17	
A4377		OST POUCH DRNABLE FCEPLAT PLSTC EA	5.23			4.35	
A4378		OST POUCH DRAINABLE FCEPLAT RUBR EA	37.38			31.13	
A4379		OST POUCH URIN W/FCEPLAT PLSTC EA	18.26			15.20	
A4380		OST POUCH URIN W/FCEPLAT RUBR EA	45.39			37.80	
A4381		OST POUCH URIN USE FCEPLAT PLSTC EA	5.62			4.68	
A4382		OST POUCH URIN FCEPLAT HVY PLSTC EA	29.93			24.91	
A4383		OST POUCH URIN USE FCEPLAT RUBR EA	34.28			28.53	
A4384		OST FCEPLAT EQUVALNT SILCON RING EA	11.69			9.74	
A4385		OST SKN BARRIER 4X4 EXT W/O CONVXTY	6.20			5.16	
A4387		OST POUCH CLOS BARR BUILT-IN CONVX	2.73			BR	
A4388		OST POUCH DRNABL W/EXT WEAR BARR EA	5.31			4.42	
A4389		OST POUCH DRNBL BARR BUILT-IN CONVX	7.56			6.29	
A4390		OST POUCH DRNABLE EXT W/CONVXITY EA	11.68			9.72	
A4391		OST POUCH URIN W/EXT WEAR BARR EA	8.60			7.15	
A4392		OST POUCH URIN STD W/CONVXITY EA	9.94			8.28	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4393		OST POUCH URIN EXT W/CONVXITY EA	11.00			9.15	
A4394		OSTOMY DEODORANT W/WO LUB PER FL OZ	3.15			2.62	
A4395		OST DEODORANT OST POUCH SOLID-TAB	0.06			0.04	
A4396		OSTOMY BELT W/PERISTOMAL HERN SUP	49.23			40.99	
A4397		IRRIGATION SUPPLY; SLEEVE EACH	5.31			4.84	
A4398		OSTOMY IRRIGATION SUPPLY; BAG EACH	16.81			13.99	
A4399		OST IRRIG SPL; CONE/CATH W/WO BRUSH	13.12			12.42	
A4400		OSTOMY IRRIGATION SET	50.51			49.47	
A4402		LUBRICANT PER OUNCE	1.65			1.62	
A4404		OSTOMY RING EACH	1.77			1.70	
A4405		OST SKN BARRIER NONPECTIN PASTE-OZ	4.15			3.45	
A4406		OST SKN BARRIER PECTIN PASTE-OZ	6.96			5.81	
A4407		OST SKN BARRIER W/CONVXITY 4X4 IN/<	10.65			8.88	
A4408		OST SKN BARRIER W/CONVXITY > 4X4 IN	12.00			9.99	
A4409		OST SKN BARR EXT W/O CONVX 4X4 IN/<	7.56			6.29	
A4410		OST SKN BARR EXT W/O CONVX >4X4 IN	11.00			9.15	
A4411		OST SKN BARR SOLID 4X4/EQ W/CONVXTY	6.20			5.16	
A4412		OST POUCH DRNBL BARR FLNGE W/O FLTR	3.29			2.74	
A4413		OST POUCH DRNABL BARRIER FLNGE/FLTR	6.70			5.58	
A4414		OST SKN BARRIER W/O CONVX 4X4 IN/<	5.98			4.98	
A4415		OST SKN BARRIER W/O CONVX >4X4 IN	7.28			6.07	
A4416		OST POUCH CLO BARR ATTCH W/FILTR EA	3.36			2.78	
A4417		OST POUCH CLO BARR W/BLT-IN CONVXIT	4.52			3.77	
A4418		OST POUCH CLOS; W/O BARR W/FILTR EA	2.21			1.84	
A4419		OST POUCH CLOS; BARRIER W/NON-LOCK	2.11			1.76	
A4420		OST POUCH CLO;USE BARR LOCK FLNG EA	BR			BR	
A4421		OSTOMY SUPPLY; MISCELLANEOUS	BR			BR	
A4422		OST ABSORB MATL THICKN LQD STOML OP	0.14			0.12	
A4423		OST POUCH CLOS; BARR W/LOCK FLNG EA	2.27			1.89	
A4424		OST POUCH DRNBL BARR ATTCH FILTR EA	5.79			4.82	
A4425		OST POUCH DRNBL; BARR NON-LOCK FLNG	4.36			3.63	
A4426		OST POUCH DRNBL;BARR W/LOCK FLNG EA	3.32			2.77	
A4427		OST POUCH DRN;BARR LOCK FLNG FLTR	3.39			2.82	
A4428		OST POUCH URIN W/FAUCET TAP W/VALVE	7.92			6.59	
A4429		OST POUCH URIN W/BLT-IN CONVX VALVE	10.03			8.35	
A4430		OST POUCH URN BLT-IN CNVX FAUCT VLV	10.35			8.62	
A4431		OST POUCH URIN;BARR FAUCT TAP VLV	7.56			6.29	
A4432		OST POUCH URN;NO-LCK FLNG FAUCT VLV	4.37			3.64	
A4433		OST POUCH URIN; BARR W/LOCK FLNG EA	4.07			3.39	
A4434		OST POUCH URN;LOCK FLNG FAUCT VLV	4.57			3.81	
A4435		OST POUCH DRN HI OP EXT WR BARR EA	7.02			5.85	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4450		TAPE NON-WATERPROOF 18 SQUARE IN	0.40			0.11	
A4452		TAPE WATERPROOF PER 18 SQUARE IN	0.40			0.41	
A4455		ADHESIVE REMOVER/SOLVENT PER OUNCE	1.74			1.45	
A4456		ADHESIVE REMOVER WIPES ANY TYPE EA	0.30			0.25	
A4458		ENEMA BAG WITH TUBING REUSABLE	BR			5.00	
A4459		MAN PUMP-OP ENEMA SYS REUSE ANY TYP	BR				
A4461		SURG DRESSING HOLDR NON-REUSABLE EA	4.00			3.33	
A4463		SURG DRESSING HOLDER REUSABLE EA	16.19			13.49	
A4465		NONELASTIC BINDER FOR EXTREMITY	7.20			12.35	
A4466		GARMENT BELT SLEEVE OTH ELASTIC EA	BR			BR	
A4470		GRAVLEE JET WASHER	5.20			8.43	
A4480		VABRA ASPIRATOR	4.00			6.74	
A4481		TRACHEOSTOMA FLTR TYPE SZ EA	0.46			0.38	
A4483		MOISTR EXCHGR DISPBL W/INVASV VENT	BR			BR	
A4490		SURG STOCKING ABOVE KNEE LENGTH EA	5.20			9.02	
A4495		SURGICAL STOCKING THIGH LENGTH EACH	5.20			9.02	
A4500		SURG STOCKING BELOW KNEE LENGTH EA	4.00			6.73	
A4510		SURGICAL STOCKING FULL-LENGTH EACH	9.60			16.31	
A4520		INCONTINENCE GARMENT ANY TYPE EACH	BR			BR	
A4550		SURGICAL TRAYS	23.60			39.41	
A4554		DISPOSABLE UNDERPADS ALL SIZES	2.40			4.08	
A4555		E/TRANSDUCR E-STIM U CA TX RPL ONLY	BR				
A4556		ELECTRODES PER PAIR	12.56			12.30	
A4557		LEAD WIRES PER PAIR	19.62			21.36	
A4558		CONDUCTVE GEL/PASTE USE W/ELEC DEVC	5.98			5.52	
A4559		COUPLING GEL/PASTE W/US DEVC PER OZ	0.12			0.10	
A4561		PESSARY RUBBER ANY TYPE	25.05			21.77	
A4562		PESSARY NON RUBBER ANY TYPE	62.24			54.16	
A4565		SLINGS	9.36			9.51	
A4566		SHOULDR SLING/VEST ABD RSTRN PREFAB	BR			BR	
A4570		SPLINTS	14.00			23.10	
A4575		TOPICAL HYPRBR OXYGEN CHAMB DISPBL	BR			BR	
A4580		CAST SUPPLIES	16.00			BR	
A4590		SPECIAL CASTING MATERIAL	31.20			BR	
A4595		ELEC STIM SUPPLIES 2 LEAD PER MONTH	26.72			29.17	
A4600		SLEEVE INTERMITT LIMB COMP REPL EA	BR			BR	
A4601		LIB RECHARG NONPROSTHETIC USE REPL	BR			BR	
A4602	NU	REPL BA EXT IP OWND PT LI 1.5 V EA	4.52				
A4604	NU	TUBING W/INTGR HEAT ELEM W/PAP DEVC	41.60			58.29	
A4605	NU	TRACHEAL SUCTION CATH CLOS SYS EA	19.94				
A4606		O2 PROBE W/OXIMETER DEVICE REPLCMT	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4608		TRANSTRACHEAL OXYGEN CATHETER EACH	60.95			50.74	
A4611	NU	BATTRY HEVY DUTY; REPL PT-OWND VENT	142.40			198.88	
A4612	NU	BATTRY CABLES; REPL PT-OWNED VENT	58.00			80.93	
A4613	NU	BATTRY CHARGER; REPL PT-OWNED VENT	104.40			145.99	
A4614		PEAK EXPIRATORY FLW METER HAND HELD	28.92			24.08	
A4615		CANNULA NASAL	0.88			0.73	
A4616		TUBING PER FOOT	0.08			0.07	
A4617		MOUTHPIECE	3.77			3.15	
A4618	NU	BREATHING CIRCUITS	9.20			9.00	
A4619	NU	FACE TENT	2.18				
A4620		VARIABLE CONCENTRATION MASK	0.77			0.64	
A4623		TRACHEOSTOMY INNER CANNULA	6.77			6.63	
A4624	NU	TRACHEAL SUCTN CATH NOT CLOS SYS EA	2.72				
A4625		TRACHEOST CARE KIT NEW TRACHEOST	7.16			7.02	
A4626		TRACHEOSTOMY CLEANING BRUSH EACH	3.87			3.23	
A4627		SPACR BAG/RESRVOR METRD DOSE INHAL	13.60			22.46	
A4628	NU	OROPHARYNGEAL SUCTION CATHETER EACH	4.54				
A4629		TRACHEOST CARE KIT EST TRACHEOST	5.64			4.70	
A4630	NU	REPL BATTRY TRNSQ ELEC STIM OWND PT	7.59				
A4633	NU	REPLCMT BULB/LAMP UV LGHT TX SYS EA	49.90				
A4634		REPLCMT BULB TX LGHT BOX TABOP MDL	BR			BR	
A4635	NU	UNDERARM PAD CRUTCH REPLACEMENT EA	6.23			5.18	
A4636	NU	REPL HANDGRIP CANE CRTCH/WALKER EA	3.82			3.67	
A4637	NU	REPL TIP CANE CRUTCH WALKER EA	2.02			1.87	
A4638		REPL BATT PT-OWND EAR PULSE GEN EA	0.00			0.00	
A4639	NU	REPL PAD INFRARD HEATING PAD SYS EA	301.60				
A4640	NU	REPL PAD W/ALTRNAT PRSS PAD OWND PT	59.52			64.10	
A4641		RADIOPHARMACEUTICAL DIAGNOSTIC NOC	BR			BR	
A4642		IN-111 SATUMOMB PENDETID DX TO 6MCI	BR			BR	
A4648		TISSUE MARKER IMPLANTBL ANY TYPE EA	BR			BR	
A4649		SURGICAL SUPPLY; MISCELLANEOUS	BR			BR	
A4650		IMPLANTABLE RADIATION DOSIMETER EA	BR			BR	
A4651		CALIBRATED MICROCAPILLARY TUBE EACH	BR			BR	
A4652		MICROCAPILLARY TUBE SEALANT	BR			BR	
A4653		PERITON DIALYSIS CATH ANCHR BELT EA	BR			BR	
A4657		SYRINGE WITH OR WITHOUT NEEDLE EACH	0.00			0.00	
A4660		SPHYGMOMANOMETER/BP W/CUFF&STETH	10.40			17.73	
A4663		BLOOD PRESSURE CUFF ONLY	20.40			50.92	
A4670		AUTOMATIC BLOOD PRESSURE MONITOR	52.00			86.98	
A4671		DISPBL CYCLR SET USED W/CYCLR DIALY	BR			BR	
A4672		DRAIN EXT LINE STERILE DIALYSIS EA	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4673		EXT LINE W/EASY LOCK CNCTR DIALYSIS	BR			BR	
A4674		CHEMS/ANTISPTC SOL CLEAN/STERL 8OZ	BR			BR	
A4680		ACTIVATED CARBON FILTER HEMODIAL EA	52.80			88.34	
A4690		DIALYZER ALL TYPES SZS HEMODIAL EA	523.20			875.92	
A4706		BICARBONATE CONC SOL HEMODIAL-GAL	BR			BR	
A4707		BICARBONAT CONC PWDR HEMODIAL-PCKET	BR			BR	
A4708		ACTAT CONC SOL HEMODIAL-GALLON	BR			BR	
A4709		ACID CONC SOL HEMODIAL-GALLON	BR			BR	
A4714		TREATED H2O PERITON DIALYSIS-GALLON	BR			BR	
A4719		Y SET TUBING PERITONEAL DIALYSIS	BR			BR	
A4720		DIALYSATE FL>249<=999 CC DIALYSIS	BR			BR	
A4721		DIALYSATE FL>999<=1999CC DIALYSIS	BR			BR	
A4722		DIALYSATE FL>1999<=2999CC DIALYSIS	BR			BR	
A4723		DIALYSATE FL>2999<=3999CC DIALYSIS	BR			BR	
A4724		DIALYSATE FL>3999<=4999CC DIALYSIS	BR			BR	
A4725		DIALYSATE FL>4999<=5999CC DIALYSIS	BR			BR	
A4726		DIALYSATE DEXTROSE FL>5999 CC PD	BR			BR	
A4728		DIALYSAT SOL NO-DXTRS CNTAIN 500 ML	BR			BR	
A4730		FIST CANNULAT SET HEMODIALYSIS EA	BR			BR	
A4736		TOPICAL ANESTHETIC DIALYSIS PER G	BR			BR	
A4737		INJ ANESTHETIC DIALYSIS PER 10 ML	BR			BR	
A4740		SHUNT ACCESSRY HEMODIAL ANY TYPE EA	BR			BR	
A4750		BLD TUBING ART/VENOUS HEMODIAL EA	10.00			16.85	
A4755		BLD TUBING ART&VENOUS HEMODIAL EA	BR			BR	
A4760		DIALYSATE SOL TST KIT PERITON EA	BR			BR	
A4765		DIALYSATE POWDER PERITON DIALYSIS	BR			BR	
A4766		DIALYSATE SOL PERITON DIALYSIS-10ML	BR			BR	
A4770		BLD COLLECTION TUBE VAC DIALYSIS-50	BR			BR	
A4771		SERUM CLOT TIME TUBE DIALYSIS-50	BR			BR	
A4772		BLD GLU TEST STRIPS DIALYSIS PER 50	21.20			35.33	
A4773		OCCULT BLD TEST STRIPS DIALYSIS-50	13.20			22.41	
A4774		AMMONIA TEST STRIPS DIALYSIS PER 50	BR			BR	
A4802		PROTAMINE SULFATE HEMODIAL-50 MG	4.00			6.37	
A4860		DISPBL CATH TIP PERITON DIALYSIS-10	BR			BR	
A4870		PLUMB &/ ELEC WRK HOM HEMODIAL EQP	BR			BR	
A4890		CONTRACTS REPR&MAINT HEMODIAL EQP	BR			BR	
A4911		DRAIN BAG/BOTTLE FOR DIALYSIS EACH	BR			BR	
A4913		MISCELLANEOUS DIALYSIS SUPPLIES NOS	BR			BR	
A4918		VENOUS PRESSURE CLAMP HEMODIAL EA	BR			BR	
A4927		GLOVES NON-STERILE PER 100	3.20			5.44	
A4928		SURGICAL MASK PER 20	0.00			0.00	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A4929		TOURNIQUET FOR DIALYSIS EACH	0.40			0.19	
A4930		GLOVES STERILE PER PAIR	0.00			1.14	
A4931		ORL THERMOMETER REUSBL ANY TYPE EA	0.00			0.00	
A4932		RECTAL THERMOMETER REUSBL TYPE EA	0.00			0.00	
A5051		OST POUCH CLOS; W/BARRIER ATTCH EA	2.51			2.09	
A5052		OST POUCH CLOS; W/O BARR ATTACH EA	1.80			1.51	
A5053		OSTOMY POUCH CLOS; USE FACEPLATE EA	1.79			1.76	
A5054		OST POUCH CLOS; BARRIER W/FLNGE EA	2.19			1.83	
A5055		STOMA CAP	1.60			1.46	
A5056		OST POUCH DRAIN EXT BARRIER FLTR EA	5.68			4.72	
A5057		OST POUCH DRAIN BARR CONVX FLTR EA	11.68			9.72	
A5061		OST POUCH DRNABLE; W/BARR ATTCH EA	4.29			3.58	
A5062		OST POUCH DRNABL; W/O BARR ATTCH EA	2.71			2.25	
A5063		OST POUCH DRNABLE; BARR W/FLNGE EA	3.29			2.74	
A5071		OST POUCH URIN; W/BARRIER ATTCH EA	7.30			6.08	
A5072		OST POUCH URIN; W/O BARR ATTCH EA	3.84			3.58	
A5073		OST POUCH URIN; BARRIER W/FLNGE EA	3.29			3.22	
A5081		STOMA PLUG OR SEAL ANY TYPE	3.42			3.34	
A5082		CONTINENT DEVC;CATH CONTINENT STOMA	12.30			12.03	
A5083		CONT DEVICE STOMA ABSORPTIVE COVER	0.78			0.65	
A5093		OSTOMY ACCESSORY; CONVEX INSERT	2.29			1.98	
A5102		BEDSIDE DRN BOTTLE W/WO TUBING EA	27.46			22.86	
A5105		URIN SUSPENSRY LEG BAG W/WO TUBE EA	49.58			41.27	
A5112		URINARY DRAIN BAG LEG/ABD LATEX EA	42.10			35.05	
A5113		LEG STRAP; LATEX REPLCMT ONLY-SET	5.73			4.77	
A5114		LEG STRAP; FOAM/FABRIC REPL-SET	9.26			9.06	
A5120		SKIN BARRIER WIPES OR SWABS EACH	0.40			0.25	
A5121		SKN BARRIER; SOLID 6X6/EQUVALNT EA	9.06			7.55	
A5122		SKN BARRIER; SOLID 8X8/EQUVALNT EA	15.62			13.00	
A5126		ADHES/NON-ADHES; DISK/FOAM PAD	1.60			1.34	
A5131		APPLINC CLNR INCONT&OST APPLN-16 OZ	19.28			16.05	
A5200		PERQ CATH/TUBE ANCHR DEVC ADHES SKN	13.75			11.44	
A5500		DM ONLY CSTM PREP SHOE MX DNS INSRT	77.32			68.16	
A5501		DM ONLY CSTM PREP SHOE MOLD PTS FT	231.91			204.42	
A5503		DM ONLY MOD SHOE/CSTM ROLLER/ROCKER	38.01			33.21	
A5504		DM ONLY MOD SHOE/CSTM W/WEDGE SHOE	38.01			33.21	
A5505		DM ONLY MOD SHOE/CSTM W/MT BAR SHOE	38.01			33.21	
A5506		DM ONLY MOD SHOE/CSTM OFF SET HEEL	38.01			33.21	
A5507		DM ONLY NOS MOD SHOE/CSTM MOLD SHOE	38.01			33.21	
A5508		DM ONLY DELUX FEATUR SHOE/CSTM MOLD	BR			BR	
A5510		DIAB ONLY DIR FORM COMPRS MOLD FT	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A5512		FOR DIAB ONLY MX DNSITY INSRT PRFAB	31.54			27.80	
A5513		FOR DIAB ONLY MX DNSITY INSRT CSTM	47.07			41.49	
A6000		NON-CNTC WND WARMING COVR W/DEVC	0.00			31.35	
A6010		COLLEGEN WOUND FILLR DRY FORM PER G	37.66			37.55	
A6011		COLLEGEN WOUND FIL GEL/PASTE PER G	2.77			2.31	
A6021		COLL DRESS PAD SIZE 16 SQ/LESS EA	25.56			21.29	
A6022		COLL DRSG STRL>16 BUT</=48 SQ IN EA	25.56			21.29	
A6023		COLL DRSG STERILE SZ >48 SQ IN EA	231.43			192.65	
A6024		COLL DRESS WND FIL STERL PER 6 IN	7.52			6.27	
A6025		GEL SHEET DERMAL/EPIDRMAL APPLIC EA	19.60			32.62	
A6154		WOUND POUCH EACH	17.49			14.55	
A6196		ALGINAT/OTH FIBR GELL PAD 16 SQ/<EA	8.94			7.45	
A6197		ALGINAT/OTH FIBR GELL >16<=48 SQEA	19.99			16.63	
A6198		ALGINAT/OTH FIBR GELL PAD >48 SQ EA	BR			BR	
A6199		ALGINAT/OTH FIBR GELL DRESS FIL-6IN	6.44			5.35	
A6203		COMPOS DRESS 16 SQ/< W/ADHES BORDR	4.09			3.40	
A6204		COMPOS DRESS >16 <=48 SQ W/ADHES	7.57			6.30	
A6205		COMPOS DRESS >48SQ W/ADHES BORDR EA	BR			BR	
A6206		CNTCT LAYR STERL 16 SQ IN/<EA DRESS	3.60			5.30	
A6207		CNTC LAYER > 16 SQ BUT <= 48 SQ EA	8.92			7.43	
A6208		CONTACT LAYER > 48 SQ EACH DRESSING	BR			BR	
A6209		FOAM DRESS STERL 16 SQ/< NO ADHES	9.09			7.57	
A6210		FOAM DRESS >16 <=48SQ W/O ADHES EA	24.23			20.16	
A6211		FOAM DRESS STERL > 48 SQ NO ADHES	35.72			29.73	
A6212		FOAM DRESS 16 SQ/< W/ADHES BORDR EA	11.80			9.82	
A6213		FOAM DRESS >16 <= 48 SQ W/ADHES EA	17.20			10.42	
A6214		FOAM DRESS > 48 SQ W/ADHES BORDR EA	12.51			12.48	
A6215		FOAM DRESSING WOUND FIL STERL PER G	BR			BR	
A6216		GAUZE NON-IMPREG NONSTERL 16 SQ/<	0.06			0.04	
A6217		GAUZE NON-IMPREG NONSTRL >16<=48SQ	BR			BR	
A6218		GAUZE NON-IMPREG NONSTERL > 48 SQ	0.40			0.97	
A6219		GAUZE NON-IMPREG STERL 16 SQ/<ADHES	1.17			1.16	
A6220		GAUZE NON-IMPREG >16 <=48 SQ ADHES	3.15			2.62	
A6221		GAUZE NON-IMPREG > 48 SQ W/ADHES	BR			BR	
A6222		GAUZ IMPREG NOT H2O/HYDRGEL 16 SQ/<	2.59			2.16	
A6223		GAUZ IMPREG NOT H2O/HYDRGL >16<=48	2.95			2.45	
A6224		GAUZ IMPREG NOT H2O/HYDROGEL >48 SQ	4.39			3.65	
A6228		GAUZ IMPREG WATR/NL SALINE > 16 SQ	1.60			2.55	
A6229		GAUZ IMPREG WATR/SALINE >16<=48 SQ	4.39			3.65	
A6230		GAUZ IMPREG H2O/SALINE STERL >48 SQ	2.40			4.21	
A6231		GAUZ IMPREG HYDRGEL DIR WND 16 SQ/<	5.70			4.74	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A6232		GAUZ IMPREG HYDRGEL DIR >16 <= 48	8.35			6.95	
A6233		GAUZ IMPREG HYDRGEL DIR WND > 48 SQ	23.32			19.41	
A6234		HYDRCOLLOID DRESS 16 SQ/< W/O ADHES	7.95			6.72	
A6235		HYDRCOLLOID DRESS >16<=48 NO ADHES	20.45			17.02	
A6236		HYDROCOLLOID DRESS >48 SQ W/O ADHES	33.14			27.59	
A6237		HYDROCOLLOID DRESS 16 SQ/< W/ADHES	9.63			8.01	
A6238		HYDRCOLLOID DRESS >16<= 48 W/ADHES	27.72			23.08	
A6239		HYDROCOLLOID DRESS > 48 SQ W/ADHES	BR			BR	
A6240		HYDROCOLLOID DRESS FIL PASTE-FL OZ	14.89			12.40	
A6241		HYDROCOLLOID DRESS DRY FORM PER G	3.12			2.60	
A6242		HYDROGEL DRESS 16 SQ/< W/O ADHES EA	7.37			6.14	
A6243		HYDROGEL DRESS >16 <=48SQ NO ADHES	14.98			12.47	
A6244		HYDROGEL DRESS > 48 SQ W/O ADHES EA	47.77			39.77	
A6245		HYDROGEL DRESS 16 SQ/< W/ADHES EA	8.83			7.35	
A6246		HYDROGEL DRESS >16 <=48 SQ W/ADHES	12.08			10.05	
A6247		HYDROGEL DRESS STERL >48 SQ ADHES	28.92			24.08	
A6248		HYDROGEL DRESS WOUND FIL GEL FL OZ	19.76			16.43	
A6250		SKN SEALNT PROTCT MOISTURZR OINTMNT	BR			BR	
A6251		SPCLTY ABSORB DRESS 16SQ/< NO ADHES	2.42			2.02	
A6252		SPCL ABSORB DRESS >16<=48 NO ADHES	3.96			3.29	
A6253		SPCLTY ABSORB DRESS >48 SQ NO ADHES	7.70			6.41	
A6254		SPCLTY ABSORB DRESS 16 SQ/< W/ADHES	1.46			1.22	
A6255		SPCL ABSORB DRESS >16<= 48 W/ADHES	3.70			3.08	
A6256		SPCLTY ABSORB DRESS > 48 SQ W/ADHES	BR			BR	
A6257		TRNSPRT FILM STERL 16 SQ/< EA DRESS	1.87			1.55	
A6258		TRNSPRT FILM >16 SQ BUT <=48 SQ EA	5.25			4.37	
A6259		TRNSPRT FILM STERL > 48 SQ EA DRESS	13.31			11.08	
A6260		WOUND CLEANSERS ANY TYPE ANY SIZE	0.80			1.43	
A6261		WOUND FILLR GEL/PASTE PER FL OZ NOS	3.20			5.41	
A6262		WOUND FILLER DRY FORM PER G NOS	0.80			1.36	
A6266		GAUZ IMPRG NOT H2O SAL/ZINC LINR YD	2.34			1.96	
A6402		GAUZ NON-IMPREG STERL 16 SQ/< NO AD	0.14			0.12	
A6403		GAUZ NON-IMPREG STERL >16 <= 48 SQ	0.52			0.43	
A6404		GAUZ NON-IMPREG STRL >48SQ NO ADHES	0.40			0.71	
A6407		PACK STRIPS NON-IMPREGNTD UP 2 IN	2.29			1.90	
A6410		EYE PAD STERILE EACH	0.47			0.40	
A6411		EYE PAD NON-STERILE EACH	0.00			0.30	
A6412		EYE PATCH OCCLUSIVE EACH	0.40			0.34	
A6413		ADHESIVE BANDAGE FIRST-AID TYPE EA	0.00			BR	
A6441		PADD BANDGE NON-ELAST NON-WOVEN/NON	0.83			0.68	
A6442		CONFORMING BANDGE NON-ELAST KNITTED	0.20			0.17	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A6443		CONFORMING BANDGE NON-ELAST KNITTED	0.34			0.29	
A6444		CONFORMING BANDGE NON-ELAST KNITTED	0.68			0.56	
A6445		CONFORMING BANDGE NON-ELAST KNITTED	0.40			0.33	
A6446		CONFORMING BANDGE NON-ELAST KNITTED	0.50			0.41	
A6447		CONFORMING BANDGE NON-ELAST KNITTED	0.83			0.68	
A6448		LT COMPRS BANDGE ELAST WDTH < 3 IN	1.41			1.18	
A6449		LT COMPRS BANDGE WDTH >/= 3 & <5 IN	2.13			1.78	
A6450		LT COMPRS BANDGE WDTH >/= 5 IN	BR			BR	
A6451		MOD COMPRS BANDGE WD >/= 3 & <5 IN	BR			BR	
A6452		HI COMPRS BANDGE WD >/= 3 & <5 IN	7.18			5.98	
A6453		SELF-ADHERENT BANDGE WDTH </= 3 IN	0.76			0.63	
A6454		SLF ADHERNT BANDGE WD >/= 3 & <5 IN	0.95			0.78	
A6455		SELF-ADHERENT BANDGE WDTH >/= 5 IN	1.69			1.41	
A6456		ZINC PAST BANDGE WD >/= 3 & <5 IN	1.54			1.29	
A6457		TUBULR DRSG W/WO ELAST WDTH LINR YD	1.39			1.15	
A6501		COMPRS BURN GARMNT BDYSUIT CSTM FAB	BR			BR	
A6502		COMPRS BRN GARMNT CHIN STRAP CSTM	BR			BR	
A6503		COMPRS BRN GARMNT FCE HOOD CSTM FAB	BR			BR	
A6504		COMPRS BRN GARMNT GLOV WRST CSTM	BR			BR	
A6505		COMPRS BRN GARMNT GLOV ELB CSTM FAB	BR			BR	
A6506		COMPRS BURN GARMNT GLOV AX CSTM FAB	BR			BR	
A6507		COMPRS BRN GARMNT FT KNEE LEN CSTM	BR			BR	
A6508		COMPRS BRN GARMNT FT THI LEN CSTM	BR			BR	
A6509		COMPRS BRN GARMNT TRNK WAIST CSTM	BR			BR	
A6510		COMPRS BRN GARMNT TRNK ARM LEG OPN	BR			BR	
A6511		COMPRS BRN GARMNT LW TRNK LEG OPN	BR			BR	
A6512		COMPRESSION BURN GARMENT NOC	BR			BR	
A6513		COMPRS BRN MASK FCE&/NCK PLSTC/EQUL	BR			BR	
A6530		GRADIENT COMPRS STK BK 18-30 MMHG	49.40			BR	
A6531		GRADIENT COMPRS STK BK 30-40 MMHG	60.89			89.13	
A6532		GRADIENT COMPRS STK BK 40-50 MMHG	85.80			125.38	
A6533		GRADENT COMPRS STK THIGH 18-30 MMHG	42.90			BR	
A6534		GRADENT COMPRS STK THIGH 30-40 MMHG	57.20			BR	
A6535		GRADENT COMPRS STK THIGH 40-50 MMHG	91.00			BR	
A6536		GRADENT COMPRS STK FULL 18-30 MMHG	91.00			BR	
A6537		GRADENT COMPRS STK FULL 30-40 MMHG	104.00			BR	
A6538		GRADENT COMPRS STK FULL 40-50 MMHG	143.00			BR	
A6539		GRADENT COMPRS STK WAIST 18-30 MMHG	198.90			BR	
A6540		GRADENT COMPRS STK WAIST 30-40 MMHG	107.90			BR	
A6541		GRADENT COMPRS STK WAIST 40-50 MMHG	145.60			BR	
A6544		GRADENT COMPRESSION STK GARTER BELT	52.00			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A6545		GRD CMPRS WRP NONELST BK 30-50 MMHG	119.90			BR	
A6549		GRADIENT COMP STOCKING/SLEEVE NOS	0.00			BR	
A6550		WND CARE SET NEG PRSS WND TX PUMP	27.72			23.94	
A7000	NU	CANISTER DISPBL USED W/SUCTN PUMP	9.45				
A7001	NU	CANISTR NONDISPBL USED W/SUCTN PUMP	35.89				
A7002	NU	TUBING USED WITH SUCTION PUMP EACH	3.96				
A7003	NU	ADMN SET SM VOL NONFILTR NEB DISPBL	2.75				
A7004	NU	SM VOL NONFILTR PNEUMAT NEB DISPBL	1.69				
A7005	NU	ADMN SET SM VOL NONFLTR NEB NONDISP	27.79				
A7006	NU	ADMN SET W/SM VOL FILTR NEBULIZR	11.14				
A7007	NU	LG VOL NEBULIZR DISPBL UNFIL COMPRS	5.10				
A7008	NU	LG VOL NEBULIZR DISPBL PRFIL COMPRS	11.37				
A7009	NU	RESRVOR BOTTLE LG VOL US NEBULIZR	50.36				
A7010	NU	CORUG TUBE DISPBL LG VOL NEB 100 FT	23.32				
A7012	NU	WATER COLLEC DEV USE W/LG VOL NEB	4.29				
A7013	NU	FILTER DISP W/AREO COMPRESS/US GEN	0.83				
A7014	NU	FLTR NON-DISPBL AROSL COMPRS/US GEN	5.06				
A7015	NU	AREO MASK USED W/ DME NEB	2.10				
A7016	NU	DOME&MOUTHPECE W/SM VOL US NEBULIZR	8.39				
A7017	NU	NEB GLASS/AUTOCLAV NOT USE W/O2	162.01			135.68	
A7018		H2O DIST USE W/LG VOL NEB 1000 ML	0.40			0.38	
A7020	NU	INTERFACE COUGH STIM DEVC REPL ONLY	17.61				
A7025	NU	HI FREQ CHST WALL OSCILAT VEST REPL	456.80				
A7026	NU	HI FREQ CHST WALL OSCILAT HOSE REPL	34.96				
A7027	NU	COMB ORAL/NASAL MASK W/CPAP EACH	188.02				
A7028	NU	ORAL CUSH ORAL/NASAL MASK REPL EA	51.33				
A7029	NU	NASL PILLOW ORL/NASL MASK REPL PAIR	21.29				
A7030	NU	FULL FCE MASK POS ARWAY PRSS DEV EA	155.52				
A7031	NU	FCE MASK INTERFCE REPL FULL MASK EA	58.49				
A7032	NU	CUSHN NASAL MASK INTF REPL ONLY EA	33.15				
A7033	NU	PILLW NASL CANNULA TYPE INTF REPL	23.90				
A7034	NU	NASL INTERFCE POS ARWAY PRSS DEVC	96.59				
A7035	NU	HEADGEAR USED W/POS ARWAY PRSS DEVC	30.23				
A7036	NU	CHINSTRAP USE W/POS ARWAY PRSS DEVC	14.22				
A7037	NU	TUBING USED W/POS ARWAY PRESS DEVC	29.32				
A7038	NU	FLTR DISPBL W/POS ARWAY PRSS DEVC	4.16				
A7039	NU	FLTR NON DISPBL POS ARWAY PRSS DEVC	10.56				
A7040		ONE WAY CHEST DRAIN VALVE	49.47			43.05	
A7041		WATER SEAL DRNAGE CONTAINER&TUBING	92.94			80.89	
A7044	NU	ORL INTERFCE W/POS ARWAY PRSS DEVC	108.55				
A7045	NU	EXHALATION PORT REPLACEMENT ONLY	16.67			16.98	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A7046	NU	WATR CHAMB HUMDIFIR USED W/POS ARWA	17.73				
A7047	NU	ORAL INTF USED RESP SUCTION PUMP EA	147.03				
A7048		VACUUM DRN CLCT U & TUBING KIT EA	51.73				
A7501		TRACHEOSTOMA VALV INCL DIAPHRAGM EA	127.71			106.32	
A7502		REPL DIAPH/FCEPLAT TRACHESTOMA VALV	60.71			50.53	
A7503		FLTR HOLDER/CAP REUSBL TRACHEOSTOMA	13.79			11.48	
A7504		FLTR USE TRACHEOSTOMA EXCHG SYS EA	0.83			0.68	
A7505		HOUS REUSABL W/O ADHES EXCHG SYS	5.70			4.74	
A7506		ADHES DISC EXCHG SYS&/ W/TRACH VALV	0.41			0.34	
A7507		FLTR HLDR&INTGR FLTR TRACHEOSTOMA	3.03			2.52	
A7508		HOUS&INTGR ADHES EXCHG SYS &/ VALV	3.49			2.90	
A7509		FLTR HLDR&INTGR FLTR HOUS&ADHES	1.72			1.43	
A7520		TRACHEOST/LARYNGECT TUBE NON-CUFFED	57.74			48.07	
A7521		TRACHEOST/LARYNGECT TUBE CUFF PVC	57.20			47.62	
A7522		TRACHEOST/LARYNGECT TUBE STNLESS ST	54.92			45.73	
A7523		TRACHEOSTOMY SHOWER PROTECTOR EACH	BR			BR	
A7524		TRACHEOSTOMA STENT/STUD/BUTTON EACH	94.14			78.36	
A7525		TRACHEOSTOMY MASK EACH	2.51			2.09	
A7526		TRACHEOSTOMY TUBE COLLAR/HOLDER EA	4.11			3.41	
A7527		TRACHEOST/LRYNGCT TUBE PLUG/STOP EA	4.36			3.63	
A8000	NU	HELMET PROTECTIVE SOFT PREFAB	186.49			155.24	
A8001	NU	HELMET PROTECTIVE HARD PREFAB	186.49			155.24	
A8002	NU	HELMET PROTECTIVE SOFT CUSTOM FAB	BR			BR	
A8003	NU	HELMET PROTECTIVE HARD CUSTOM FAB	BR			BR	
A8004	NU	SOFT INTERFACE FOR HELMET REPL ONLY	BR			BR	
A9150		NONPRESCRIPTION DRUG	BR			BR	
A9152		1 VIT/MINERL/TRACE ELEM ORLDOSE NOS	BR			BR	
A9153		MULTIPLE VITAMINS ORAL PER DOSE NOS	BR			BR	
A9155		ARTFICIAL SALIVA 30 ML	BR			BR	
A9180		PEDICULOSIS TX TOP ADMN PT/CARETAKR	BR			BR	
A9270		NONCOVERED ITEM OR SERVICE	BR			BR	
A9272		WND SCTN DISPBL DRSG ACC ANY TYP EA	BR			BR	
A9273		HOT WATER BOTTLE ICE CAP/COLLAR ANY	BR			BR	
A9274		EXT AMB INSULIN DEL SYS DISPOSBL EA	BR			BR	
A9275		HOME GLU DISPBL MON W/TEST STRIPS	BR			BR	
A9276		SENSOR; INVSV INTRSTL GLU MON SYS	BR			BR	
A9277		TRANSMTR; EXT INTRSTL CONT GLU MON	BR			BR	
A9278		RECEIVER MON; EXT INTRSTL GLU MON	BR			BR	
A9279		MON FEATURE/DEVC ALONE/INTEGRAT NOC	BR			BR	
A9280		ALERT OR ALARM DEVICE NOC	BR			BR	
A9281		REACH/GRABBING DEVC ANY TYPE/LEN EA	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A9282		WIG ANY TYPE EACH	BR			BR	
A9283		FOOT PRESSURE OFF LOAD/SUPP DEV EA	BR			BR	
A9284		SPIROMETER NONELECTRONC INCL ACCESS	BR			BR	
A9300		EXERCISE EQUIPMENT	BR			BR	
A9500		TC-99M SESTAMIBI DX PER STUDY DOSE	BR			BR	
A9501		TC-99M TEBOROXIME DX PER STUDY DOSE	BR			BR	
A9502		TC-99M TETROFOSMIN DX - STUDY DOSE	BR			BR	
A9503		TC-99M MEDRONATE DX UP TO 30 MCI	BR			BR	
A9504		TC-99M APCITIDE DX UP TO 20 MCI	BR			BR	
A9505		TL-201 THALLOUS CHLORID DX PER MCI	BR			BR	
A9507		IN-111 CAPROMB PENDETD DX TO 10 MCI	BR			BR	
A9508		I-131 IOBENGUANE SULFATE DX 0.5 MCI	BR			BR	
A9509		IODINE I-123 SODIM IODIDE DX MCI	BR			BR	
A9510		TC-99M DISOFENIN DX UP TO 15 MCI	BR			BR	
A9512		TC-99M PERTECHNETATE DX PER MCI	BR			BR	
A9516		I-123 SODIUM IODIDE DX TO 999 UCI	BR			BR	
A9517		I-131 SODIM IODIDE CAPS TX MCI	BR			BR	
A9520		TC-99M TILMANOCEPT DX TO 0.5 MCI	0.00				
A9521		TC-99M EXETAZIME DX UP TO 25 MCI	BR			BR	
A9524		I-131 IODINATD SERUM ALB DX 5 UCI	BR			BR	
A9526		NITRO N-13 AMMONIA DX UP TO 40 MCI	BR			BR	
A9527		IODINE I-125 NA IODIDE SOL TX MCI	BR			BR	27.13
A9528		I-131 SODIUM IODIDE CAPS DX PER MCI	116.80			195.67	
A9529		I-131 SODIM IODIDE SOL DX PER MCI	BR			BR	
A9530		I-131 SODIUM IODIDE SOL TX PER MCI	BR			BR	
A9531		I-131 SODIM IODIDE DX UP TO 100 UCI	BR			BR	
A9532		I-125 SERUM ALB DX PER 5 MICROCURIE	253.60			424.12	
A9536		TC-99M DEPREOTIDE DX UP TO 35 MCI	BR			BR	
A9537		TC-99M MEBROFENIN DX UP TO 15 MCI	BR			BR	
A9538		TC-99M PYROPHOSHATE DX UP TO 25 MCI	BR			BR	
A9539		TC-99M PENTETATE DX UP TO 25 MCI	BR			BR	
A9540		TC-99M MAA DX UP TO 10 MCI	BR			BR	
A9541		TC-99M SULFUR COLL DX UP TO 20 MCI	BR			BR	
A9542		IN-111 IBRITUMAB TIUXTN DX TO 5 MCI	BR			BR	
A9543		Y-90 IBRITUMOMB TIUXTN TX TO 40 MCI	BR			BR	
A9544		IODINE I-131 TOSITUMOMAB DX DOSE	BR			BR	
A9545		IODINE I-131 TOSITUMOMAB TX DOSE	BR			BR	
A9546		CO-57/58 CYANOCOBALAMIN DX TO 1 UCI	BR			BR	
A9547		IN-111 OXYQUINOLIN DX 0.5 MILLICURE	365.60			611.55	
A9548		INDIUM IN-111 PENTETATE DX 0.5 MCI	219.20			366.93	
A9550		TC-99M SODIM GLUCEPTAT DX TO 25 MCI	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A9551		TC-99M SUCCIMER DX UP TO 10 MCI	BR			BR	
A9552		FDG F-18 FDG DX UP TO 45 MCI	BR			BR	
A9553		CR-51 SODIUM CHROMATE DX TO 250 UCI	BR			BR	
A9554		I-125 SODUM IOTHALAMTE DX TO 10 UCI	BR			BR	
A9555		RUBIDIUM RB-82 DX UP TO 60 MCI	BR			BR	
A9556		GALLIUM GA-67 CITRATE DX PER MCI	27.20			45.84	
A9557		TC-99M BICISATE DX UP TO 25 MCI	BR			BR	
A9558		XENON XE-133 GAS DX PER 10 MCI	BR			BR	
A9559		CO-57 CYANOCOBALAMN ORL DX TO 1 UCI	BR			BR	
A9560		TC-99M LABELED RBC DX UP TO 30 MCI	BR			BR	
A9561		TC-99M OXIDRONATE DX UP TO 30 MCI	BR			BR	
A9562		TC-99M MERTIATIDE DX UP TO 15 MCI	BR			BR	
A9563		SODIUM PHOSHATE P-32 TX PER MCI	BR			BR	
A9564		CHROMIC PHOSHATE P-32 SUSP TX MCI	187.20			313.11	
A9566		TC-99M FANOLESOMAB DX UP TO 25 MCI	BR			BR	
A9567		TC-99M PENTETATE DX AROSL TO 75 MCI	BR			BR	
A9568		TC-99M ARCITUMOMAB DX TO 45 MCI	BR			BR	
A9569		TC-99M EXAMETAZIME AUTOLG WBC DX	BR			BR	
A9570		INDIUM IN-111 AUTOLG WBC DX DOSE	BR			BR	
A9571		INDIUM IN-111 AUTOLG PLATELETS DX	BR			BR	
A9572		IN-111 PENTETREOTIDE DX TO 6 MCI	BR			BR	
A9575		INJ GADOTERATE MEGLUMINE 0.1 ML	0.00				
A9576		INJECTION GADOTERIDOL PER ML	1.81			BR	
A9577		INJ GADOBENATE DIMEGLUMINE PER ML	2.35			BR	
A9578		INJ GADOBENATE DIMEGLUMIN MXPACK ML	2.21			BR	
A9579		INJ GADOLINIUM MR CONTRAST NOS ML	2.08			BR	
A9580		NAF F-18 DX STUDY DOSE TO 30 MCI	BR			BR	
A9581		INJ GADOXETATE DISODIUM 1 ML	15.40			BR	
A9582		I-123 IOBENGUANE DX DOSE TO 15 MCI	0.00			2.12	
A9583		INJ GADOFOSVESET TRISODIUM 1 ML	16.30			BR	
A9584		IODINE I-123 IOFLUPAN DX UP 5 MCI	BR			BR	
A9585		INJECTION GADOBUTROL 0.1 ML	0.43			BR	
A9586		FLORBETAPR F18 DX-STDY DS TO 10 MCI	BR			BR	
A9599		RP DX BETA-AMYLOID PET IMAG PER S D	0.00				
A9600		STRONTIUM SR-89 CHLORID TX PER MCI	472.80			BR	
A9604		SM-153 LEXIDRONAM TX TO 150 MCI	4428.00			BR	
A9606		RADIUM RA-223 DICHLORIDE TX PER UCI	0.00				
A9698		NON-RADIOACTV CONTRST IMAG MATL NOC	BR			BR	
A9699		RADIOPHARMACEUTICAL THERAPEUTIC NOC	BR			BR	
A9700		SUP OF INJ CONTRST MAT-ECHO P/STUDY	BR			BR	
A9900		DME SUP/ACCESS/SRV-COMPON/OTH HCPCS	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
A9901		DME DEL SET&/DSPNS SRVC ANOTH HCPCS	BR			BR	
A9999		MISCELLANEOUS DME SUPPLY/ACCESS NOS	BR			BR	
B4034		ENTERAL FEED SPL KIT; SYRINGE DAY	5.25			6.72	
B4035		ENTERAL FEED SPL KIT; PUMP FED-DAY	9.98			12.82	
B4036		ENTERAL FD SPL KIT; GRAVITY FED-DAY	7.02			8.80	
B4081		NASOGASTRIC TUBING WITH STYLET	20.30			23.77	
B4082		NASOGASTRIC TUBING WITHOUT STYLET	15.05			17.68	
B4083		STOMACH TUBE - LEVINE TYPE	2.30			2.72	
B4087		GASTROSTOMY/J-TUBE STANDARD EACH	34.28			39.24	
B4088		GASTROSTOMY/J-TUBE LOW-PROFILE EA	36.22			39.24	
B4100		FOOD THICKENER ADMINED ORALLY-OUNCE	BR			BR	
B4102		ENTRAL F ADLT REPL FL&LYTES 500 ML	BR			BR	
B4103		ENTRAL F PED REPL FL&LYTES 500 ML	BR			BR	
B4104		ADDITIVE FOR ENTERAL FORMULA	BR			BR	
B4149		ENTRAL F MANF BLNDRIZD NAT FOODS	1.45			1.73	
B4150		ENTRAL F NUTRITIONALLY COMPLETE	0.61			0.75	
B4152		ENTRAL F NUTRITION CMPL CAL DENSE	0.50			0.61	
B4153		ENTRL F NUTRTN CMPL HYDROLYZD PROTS	1.78			2.10	
B4154		ENTRAL F CMPL NO INHERITED DZ METAB	1.09			1.34	
B4155		ENTRAL F NUTRITN INCMPL/MOD NUTRNTS	0.92			1.05	
B4157		ENTRAL F CMPL INHERITED DZ METAB	BR			BR	
B4158		ENTRAL F PED NUTRITION COMPLETE	BR			BR	
B4159		ENTRAL F PED NUTRITN CMPL SOY BASD	BR			BR	
B4160		ENTRAL F PED NUTRITN CMPL CAL DENSE	BR			BR	
B4161		ENTRAL F PED HYDROLYZED/AA PROTEINS	BR			BR	
B4162		ENTRAL F PED INHERITED DZ METAB	BR			BR	
B4164		PARNTRAL NUT SOL; CARBS 50%/< HOM	21.45			21.01	
B4168		PARNTRAL NUT SOL; AMINO ACID 3.5%	31.28			30.64	
B4172		PARNTRAL NUT SOL; AMINO ACID 5.5-7%	51.60			BR	
B4176		PARNTRAL NUT SOL; AMINO ACID 7-8.5%	60.53			59.28	
B4178		PARNTRAL NUT SOL; AMINO ACID > 8.5%	72.66			71.16	
B4180		PARNTRAL NUT SOL; CARBS > 50% HOM	30.80			30.16	
B4185		PARENTRL NUTRITION SOL-10 GMS LIPID	14.19			13.89	
B4189		PARNTRAL NUT;AMINOACID&CARB 10-51GM	224.47			219.84	
B4193		PARNTRAL NUT;AMINOACID&CARB 52-73GM	290.04			284.06	
B4197		PARNTRL NUT;AMINOACID&CARB 74-100GM	353.11			345.84	
B4199		PARNTRAL NUT;AMINO ACID&CARB >100GM	403.49			395.18	
B4216		PARNTRAL NUT; ADDITIVES-HOM MIX-DAY	9.75			9.55	
B4220		PARNTRAL NUTRIT SPL KIT; PREMIX-DAY	10.11			9.90	
B4222		PARNTRAL NUT SPL KIT; HOM MIX-DAY	12.46			12.21	
B4224		PARNTRAL NUTRITION ADMIN KIT-DAY	31.57			30.92	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
B5000		PARNTRAL NUT; AMINO ACID&CARBS RENL	15.02			14.71	
B5100		PARENTERL NUT SOL AMINO ACID & CARB	5.86			5.74	
B5200		PARNTRL NUT AMINO ACID & CARS STRSS	BR			BR	
B9000	NU	ENTERAL NUT INFUS PUMP - W/O ALARM	1083.84			1348.36	
B9002	NU	ENTERAL NUTRIT INFUS PUMP - W/ALARM	1060.42			1348.36	
B9004	NU	PARNTRAL NUTRIT INFUS PUMP PRTBLE	3186.21			3120.51	
B9006	NU	PARNTRAL NUTRIT INFUS PUMP STATION	3186.21			3120.51	
B9998		NOC FOR ENTERAL SUPPLIES	BR			BR	
B9999		NOC FOR PARENTERAL SUPPLIES	BR			BR	
C1713		ANCHR/SCREW OPPOS BN-BN/SFT TISS-BN	0.00			BR	
C1714		CATH TRNSLUM ATHERECT DIRECTIONAL	0.00			BR	
C1715		BRACHYTHERAPY NEEDLE	0.00			BR	
C1716		BRACHYTX NONSTRAND GOLD-198 PER SRC	0.00	64.86		BR	141.13
C1717		BRACHYTX NONSTRAND HD IRIDIUM-192	0.00	418.78		BR	321.33
C1719		BRACHYTX NONSTRND NONHD IRIDIUM-192	0.00	132.6		BR	47.89
C1721		CARDIOVERT-DEFIBRILLATOR DUAL CHAMB	0.00			BR	
C1722		CARDIOVERT-DEFIB SINGLE CHAMB	0.00			BR	
C1724		CATH TRNSLUM ATHERECT ROTATIONAL	0.00			BR	
C1725		CATHETER TRNSLUM ANGPLSTY NON-LASER	0.00			BR	
C1726		CATHETER BALLOON DILAT NON-VASCULAR	0.00			BR	
C1727		CATH BALLN TISS DISSECTOR NON-VASC	0.00			BR	
C1728		CATHETER BRACHYTHERAPY SEED ADMIN	0.00			BR	
C1729		CATHETER DRAINAGE	0.00			BR	
C1730		CATH EP DX OTH THAN 3D MAP 19/<	0.00			BR	
C1731		CATH EP DX OTH THAN 3D MAP 20/>	0.00			BR	
C1732		CATH EP DX/ABLAT 3D/VECTOR MAP	0.00			BR	
C1733		CATH EP DX/ABLAT NOT MAP/COOL-TIP	0.00			BR	
C1749		ENDO RETRO IMAG/ILLUM COLONOSCOPE	0.00			BR	
C1750		CATH HEMODIAL/PERITON LONG-TERM	0.00			BR	
C1751		CATH INFUS INSRT PERIPH CNTRL/MIDLN	0.00			BR	
C1752		CATHETER HEMODIALYSIS SHORT-TERM	0.00			BR	
C1753		CATHETER INTRAVASCULAR ULTRASOUND	0.00			BR	
C1754		CATHETER INTRADISCAL	0.00			BR	
C1755		CATHETER INTRASPINAL	0.00			BR	
C1756		CATHETER PACING TRANSESOPHAGEAL	0.00			BR	
C1757		CATHETER THROMBECTOMY/EMBOLECTOMY	0.00			BR	
C1758		CATHETER URETERAL	0.00			BR	
C1759		CATHETER INTRACARD ECHOCARDIOGRAPHY	0.00			BR	
C1760		CLOSURE DEVICE VASCULAR	0.00			BR	
C1762		CONNECTIVE TISSUE HUMAN	0.00			BR	
C1763		CONNECTIVE TISSUE NON-HUMAN	0.00			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
C1764		EVENT RECORDER CARDIAC	0.00			BR	
C1765		ADHESION BARRIER	0.00			BR	
C1766		INTRDUCR/SHEATH EP NOT PEEL-AWAY	0.00			BR	
C1767		GENERATOR NEUROSTIM NONRECHARGEABLE	0.00			BR	
C1768		GRAFT VASCULAR	0.00			BR	
C1769		GUIDE WIRE	0.00			BR	
C1770		IMAGING COIL MAGNETIC RESONANCE	0.00			BR	
C1771		REPR DEVICE URIN INCONT W/SLING GFT	0.00			BR	
C1772		INFUSION PUMP PROGRAMMABLE	0.00			BR	
C1773		RETRIEVAL DEVICE INSERTABLE	0.00			BR	
C1776		JOINT DEVICE	0.00			BR	
C1777		LEAD CARDIOVRT-DFIB ENDOCARD 1 COIL	0.00			BR	
C1778		LEAD NEUROSTIMULATOR	0.00			BR	
C1779		LEAD PACEMKR TRNS VDD SINGLE PASS	0.00			BR	
C1780		LENS INTRAOCULAR	0.00			BR	
C1781		MESH	0.00			BR	
C1782		MORCELLATOR	0.00			BR	
C1783		OCULAR IMPL AQUEOUS DRAIN ASST DEVC	0.00			BR	
C1784		OCULR DEVC INTRAOP DETACHED RETINA	0.00			BR	
C1785		PACEMKR DUAL CHAMB RATE-RESPONSIVE	0.00			BR	
C1786		PACEMKR 1 CHAMB RATE-RESPONSIVE	0.00			BR	
C1787		PATIENT PROGRAMMER NEUROSTIMULATOR	0.00			BR	
C1788		PORT INDWELLING	0.00			BR	
C1789		PROSTHESIS BREAST	0.00			BR	
C1813		PROSTHESIS PENILE INFLATABLE	0.00			BR	
C1814		RETINAL TAMPONADE DEVICE SILCON OIL	0.00			BR	
C1815		PROSTHESIS URINARY SPHINCTER	0.00			BR	
C1816		RECV &OR TRANSMITTER NEUROSTIM	0.00			BR	
C1817		SEPTAL DEFEC IMPL SYSTEM INTRACARD	0.00			BR	
C1818		INTEGRATED KERATOPROSTHESIS	0.00			BR	
C1819		SURG TISSUE LOC & EXC DEVICE	0.00			BR	
C1820		GEN NEURSTIM NON HI-FRQ RECHRG BATT	0.00			BR	
C1821		INTERSPINOUS PRC DISTRACT DEVC IMPL	0.00			BR	
C1822		GEN NEUROSTIM HI FREQ RECHARG BATT	BR				
C1830		POWERED BONE MARROW BIOPSY NEEDLE	0.00			BR	
C1840		LENS INTRAOCULAR TELESCOPIC	0.00			BR	
C1841		RETINAL PROSTH INCL INTRL&EXT CMPNT	BR				
C1874		STENT COATED/COVR W/DELIVERY SYSTEM	0.00			BR	
C1875		STENT COATED/COVR W/O DELIV SYSTEM	0.00			BR	
C1876		STNT NON-COATED/NON-COVR DELIV SYS	0.00			BR	
C1877		STNT NON-COAT/NON-COVR W/O DEL SYS	0.00			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
C1878		MATL VOCAL CORD MEDIZATION SYNTH	0.00			BR	
C1880		VENA CAVA FILTER	0.00			BR	
C1881		DIALYSIS ACCESS SYSTEM	0.00			BR	
C1882		CARDIOVRT-DFIB OTH THAN 1/DUL CHAMB	0.00			BR	
C1883		ADAPTR/EXT PACE LEAD/NEUROSTIM LEAD	0.00			BR	
C1884		EMBOLIZATION PROTECTIVE SYSTEM	0.00			BR	
C1885		CATHETER TRNSLUM ANGPLSTY LASER	0.00			BR	
C1886		CATH EXTRAVASCULAR TISS ABLAT MODAL	0.00			BR	
C1887		CATHETER GUIDING	0.00			BR	
C1888		CATH ABLATION NON-CARDIAC ENDOVASC	0.00			BR	
C1891		INFUS PUMP NON-PROGMMABLE PERMANENT	0.00			BR	
C1892		INTRDUCR/SHEATH EP CURVE PEEL-AWAY	0.00			BR	
C1893		INTRDUCR/SHEATH EP CURVE NOT PEEL	0.00			BR	
C1894		INTRDUCR/SHEATH NOT GUID NON-LASR	0.00			BR	
C1895		LEAD CARDIOVRT-DFIB ENDOCARD DUL	0.00			BR	
C1896		LEAD CARDIOVRT-DFIB NOT ENDOCARD	0.00			BR	
C1897		LEAD NEUROSTIMULATOR TEST KIT	0.00			BR	
C1898		LEAD PACEMKR NOT TRNS VDD 1 PASS	0.00			BR	
C1899		LEAD PACEMKR/CARDIOVERT-DEFIB COMB	0.00			BR	
C1900		LEAD LT VENTRICULAR CORON VENUS SYS	0.00			BR	
C2613		LUNG BIOPSY PLUG WITH DELIVERY SYST	BR				
C2614		PROBE PERCUT LUMBAR DISCECTOMY	0.00			BR	
C2615		SEALANT PULMONARY LIQUID	0.00			BR	
C2616		BRACHYTX NONSTRAND YTTRIUM-90 SRC	0.00	22818.29		BR	20214.62
C2617		STENT NON-COR TEMP W/O DELIV SYSTEM	0.00			BR	
C2618		PROBE/NEEDLE CRYOABLATION	0.00			BR	
C2619		PACEMKR DUL CHAMB NON RATE-RESPONS	0.00			BR	
C2620		PACEMKR 1 CHAMB NON RATE-RESPONSIVE	0.00			BR	
C2621		PACEMKR OTH THAN SINGLE/DUAL CHAMB	0.00			BR	
C2622		PROSTHESIS PENILE NON-INFLATABLE	0.00			BR	
C2623		CATHETER TA DRUG-COATED NON-LASER	BR				
C2624		IMPL WL PULM ART PRSS SNSR DEL CATH	BR				
C2625		STENT NON-COR TEMP W/DELIV SYSTEM	0.00			BR	
C2626		INFUS PUMP NON-PROGMMABLE TEMPORARY	0.00			BR	
C2627		CATHETER SUPRAPUBIC/CYSTOSCOPIC	0.00			BR	
C2628		CATHETER OCCLUSION	0.00			BR	
C2629		INTRDCR/SHTH NOT GUID NO IC EEG LSR	0.00			BR	
C2630		CATH EP DX/ABLAT NOT MAP COOL-TIP	0.00			BR	
C2631		REPR DEVC URIN INCONT W/O SLING GFT	0.00			BR	
C2634		BRACHYTX NONSTRAND I-125 >1.01 MCI	0.00	121.32		BR	84.91
C2635		BRACHYTX NONSTRAND PD-103 >2.2 MCI	0.00	50.19		BR	39.42

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
C2636		BRACHYTX LIN NONSTRAND PD-103 1 MM	0.00	20.29		BR	45.94
C2637		BRACHYTX NONSTRAND YTTERBIUM-169	0.00			BR	
C2638		BRACHYTX STRANDED IODINE-125 SOURCE	0.00	54.25		BR	60.24
C2639		BRACHYTX NONSTRAND IODINE-125 SRC	0.00	52.19		BR	46.05
C2640		BRACHYTX STRANDED PALLADIUM-103 SRC	0.00	97.95		BR	97.32
C2641		BRACHYTX NONSTRND PALLADIUM-103 SRC	0.00	94.32		BR	78.03
C2642		BRACHYTX STRANDED CESIUM-131 SRC	0.00	123.32		BR	142.24
C2643		BRACHYTX NONSTRANDED CESIUM-131 SRC	0.00	74.31		BR	85.18
C2644		BT SRC CESIUM-131 CHLOR SOL PER MCI	BR	17.67			
C2645		BRT PLANAR SOURCE PD-103 PER SQ ML	BR	6.68			
C2698		BRACHYTX STRANDED NOS PER SOURCE	0.00	54.25		BR	60.24
C2699		BRACHYTX NONSTRANDED NOS PER SOURCE	0.00	20.29		BR	39.42
C5271		APPL SG T- A- L 100 CM;1ST 25 CM/<	BR	610.51			
C5272		APPL SG T-A-L A 100 CM;EA ADD 25 CM	BR				
C5273		APPL SG T-A- L>/=100 CM;1ST 100 CM	BR	3044.24			
C5274		APP SG T-A-L>/=100 CM;EA ADD 100 CM	BR				
C5275		APP SG F-N-HF-G 100 CM;1ST 25 CM/<	BR	610.51			
C5276		APP SG F-S-N-HF-G 100 CM;EA A 25 CM	BR				
C5277		APP SG F/N/HF/G>/=100;1ST 100/1% CH	BR	2009.86			
C5278		APP SG F/N/HF/G>/=100;ADD 100/1% CH	BR				
C8900		MR ANGIOGRAPHY W/CONTRAST ABDOMEN	0.00	647.04		BR	586.42
C8901		MR ANGIOGRAPHY WITHOUT CONTRST ABD	0.00	389.58		BR	436.69
C8902		MR ANGIO W/O CONTRST W/CONTRST ABD	0.00	647.04		BR	708.87
C8903		MR IMAGING W/CONTRAST BREAST; UNI	0.00	647.04		BR	586.42
C8904		MR IMAG W/O CONTRST BREAST; UNI	0.00	389.58		BR	436.69
C8905		MR NO CONTRST FLW W/CNTRST BRST;UNI	0.00	647.04		BR	708.87
C8906		MR IMAGING W/CONTRST BREAST; BIL	0.00	647.04		BR	586.42
C8907		MR IMAG W/O CONTRST BREAST; BIL	0.00	389.58		BR	436.69
C8908		MR NO CONTRST FLW CNTRST BRST; BIL	0.00	647.04		BR	708.87
C8909		MR ANGIOGRAPHY WITH CONTRAST CHEST	0.00	647.04		BR	586.42
C8910		MR ANGIO WITHOUT CONTRST CHEST	0.00	389.58		BR	436.69
C8911		MR ANGIO NO CONTRST FLW CNTRST CHST	0.00	647.04		BR	708.87
C8912		MR ANGIO W/CONTRST LOWER EXTREMITY	0.00	647.04		BR	586.42
C8913		MR ANGIO WITHOUT CONTRST LOW EXTREM	0.00	389.58		BR	436.69
C8914		MR ANGIO NO CNTRST FLW CON LW EXTRM	0.00	647.04		BR	708.87
C8918		MR ANGIOGRAPHY WITH CONTRAST PELVIS	0.00	647.04		BR	586.42
C8919		MRA WITHOUT CONTRAST PELVIS	0.00	389.58		BR	436.69
C8920		MRA NO CONTRST FLWED W/CONTRST PELV	0.00	647.04		BR	708.87
C8921		TTE CONG CARDIAC ANOMAL; COMPLETE	0.00	955.58		BR	746.13
C8922		TTE CONG CARDIAC ANOMAL; LIMITED	0.00	646.66		BR	559.8
C8923		TTE R-T DOC 2D INCL M-MODE REC CMPL	0.00	646.66		BR	559.8

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
C8924		TTE R-T 2D INCL M-MODE REC FU/LTD	0.00	646.66		BR	559.8
C8925		TEE REAL TIME 2D; PROBE PLCMT I&R	0.00	955.58		BR	746.13
C8926		TEE CONG CARDIAC ANOMAL; PROBE I&R	0.00	955.58		BR	746.13
C8927		TEE MON ASSESS CARDIAC PUMP FUNCT	0.00	955.58		BR	559.8
C8928		TTE M-MODE REC REST & CV ST W/I&R	0.00	955.58		BR	746.13
C8929		TTE CMPL SPC & COLR FLOW DPPLR ECHO	0.00	955.58		BR	746.13
C8930		TTE CMPL DUR REST&CVST I&R PHYS SUP	0.00	955.58		BR	746.13
C8931		MRA W/CONTRST SPINAL CANAL CONTENTS	0.00	647.04		BR	586.42
C8932		MRA W/O CONTRST SP CANAL CONTENTS	0.00	389.58		BR	436.69
C8933		MRA NO CONTRST CONTRST SP CANAL CNT	0.00	647.04		BR	708.87
C8934		MRA WITH CONTRAST UPPER EXTREMITY	0.00	647.04		BR	586.42
C8935		MRA WITHOUT CONTRST UPPER EXTREMITY	0.00	389.58		BR	436.69
C8936		MRA NO CONTRST FLW W/CONTRST UP EXT	0.00	647.04		BR	708.87
C8957		IV INFUS TX/DX;INIT PROLNG RQR PUMP	0.00	399.16		BR	297.36
C9113		INJECTION PANTOPRAZOLE SODIUM-VIAL	0.00			BR	
C9121		INJECTION ARGATROBAN PER 5 MG	0.00			BR	
C9132		PRT CC KCENTRA PER I.U. FCT IX ACTV	BR				
C9248		INJECTION CLEVIDIPINE BUTYRATE 1 MG	0.00			BR	
C9250		HUMAN PLASMA FIBRIN SEALANT 2ML	0.00			BR	
C9254		INJECTION LACOSAMIDE 1 MG	0.00			BR	
C9257		INJECTION BEVACIZUMAB 0.25 MG	0.00			BR	
C9275		INJ HEXAMINOLEVULINATE HCI 100 MG D	0.00			BR	
C9285		LIDO 70 MG/TETRACAINE 70 MG PATCH	0.00			BR	
C9290		INJECTION BUPIVACAINE LIPOSOME 1 MG	0.00			BR	
C9293		INJECTION GLUCARPIDASE 10 UNITS	0.00			BR	
C9349		PURAPLY&PRPL ANTIMICRBL TYP P SQ CM	BR				
C9352		MICROPOROUS COLL IMPLANTBLE TUBE CM	0.00			BR	
C9353		MICROPOROUS COLL IMPL SLIT TUBE CM	0.00			BR	
C9354		ACCELLULR PERICARDIAL TISS NH SQ CM	0.00			BR	
C9355		COLLAGEN NERVE CUFF 0.5 CM LENGTH	0.00			BR	
C9356		TENDON MATRIX COLLAGEN & GAG SQ CM	0.00			BR	
C9358		DERM SUB NATV FET BOV PER 0.5 SQ CM	0.00			BR	
C9359		POROUS COLL BN FILLER PUTTY 0.5 CC	0.00			BR	
C9360		DERM SUBST NEONAT BOV ORIG 0.5 CM	0.00			BR	
C9361		COLL MATRIX NRV WRAP PER 0.5 CM LEN	0.00			BR	
C9362		POROUS COLL BN FILLER STRIP 0.5 CC	0.00			BR	
C9363		SKIN SUB INTEGRA BILAYER PER SQ CM	0.00			BR	
C9364		PORCINE IMPLANT PERMACOL PER SQ CM	0.00			BR	
C9399		UNCLASSIFIED DRUGS OR BIOLOGICALS	0.00			BR	
C9447		INJ PHENYLEPHRINE & KET 4 ML VIAL	0.00				
C9458		FLORBETABEN F18 DIAGN TO 8.1 MCI	0.00				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
C9459		FLUTEMETAMOL F18 DIAGNOSTC TO 5 MCI	0.00				
C9460		INJECTION CANGRELOR 1 MG	0.00				
C9497		LOXAPINE INHALATION POWDER 10 MG	0.00				
C9600		PERQ TRANSCATH PLCMT; 1 MAJ CA/BR	0.00	13590.33		BR	10015.18
C9601		PC TRNSCATH PLCMT; EA ADD BR MAJ CA	0.00			BR	10015.18
C9602		PERQ TL CORONARY ATHERECT; 1 MCA/BR	0.00	20810.82		BR	10015.18
C9603		PERQ TL COR ATHERECT;EA ADD BR MCA	0.00			BR	10015.18
C9604		PERQ TL REVISION OF/THRU CABG;1 VES	0.00	13590.33		BR	10015.18
C9605		PERQ TL REV OF/THRU CABG;EA ADD BR	0.00			BR	10015.18
C9606		PC TL REV AC TOT/SUBTOT OCCL 1 VES	0.00	20810.82		BR	10015.18
C9607		PERQ TL REV CHRN TOT OCCL; 1 VESSEL	0.00	20810.82		BR	10015.18
C9608		PC TL REV CHRN TOT OCCL; EA ADD BR	0.00			BR	10015.18
C9725		PLCMT ENDORECTAL APPLIC BRACHYTX	0.00	701.36		BR	566.8
C9726		PLCMT&REMV AA BR IORT ADD-ON BR PRO	0.00			BR	2403.13
C9727		INSRT IMPL SOFT PALATE; MIN 3 IMPL	0.00	982.18		BR	643.2
C9728		PLCMT INTERSTIT DEV NOT ABD PROS RP	0.00	1462.4		BR	1270.08
C9733		NONOPHTHALMIC FLUOR VASCULAR ANGIO	0.00	500.91		BR	426.98
C9734		FOCUSED U/S ABL/TX INT OTH THAN UL	0.00	3411.83		BR	4258.11
C9739		CYSTOSCPY INSRT TRNSPRSTAT IMPL;1-3	BR	4833.39			
C9740		CYSTOSCPY INSRT TRNSPRSTAT IMPL;4/>	BR				
C9741		RHC IMPL WIRELESS PRESS SENS PA	BR	3630.48			
C9742		LARYNGSCP FLX FIBROPT INJ VC TX DX	BR	1477.61			
C9743		INJ/IMPL BULKING/SPACER MATERIAL	BR	3195.2			
C9800		DERM INJ FACL LDS RADIESSE/SCULPTRA	0.00	2009.86		BR	507.49
C9898		RADIOLABELED PROD PROV HOS IP STAY	0.00			BR	
C9899		IMPL PROS DEVC PAYBL IP NO IP COV	0.00			BR	
D0120		PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	41.75	45.64		36.60	
D0140		LIMITED ORAL EVALUATION - PROBLEM FOCUSED	70.14	71.81		61.35	
D0145		ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER	64.30			57.05	
D0150		COMP ORAL EVALUATION - NEW/ESTABLISHED PATIENT	74.32	528.69		64.58	
D0160		DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT	147.80	270.62		129.17	
D0170		RE-EVALUATION - LIMITED PROBLEM FOCUSED	49.27			43.06	
D0171		RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	BR				
D0180		COMP PERIODONTAL EVALUATION - NEW/EST PATIENT	80.16			69.97	
D0190		SCREENING OF A PATIENT	BR			36.60	
D0191		ASSESSMENT OF A PATIENT	BR			25.83	
D0210		INTRAORAL-COMPLETE SERIES OF RADIOGRAPHIC IMAGES	121.91	442.15		96.14	
D0220		INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	24.22	341.54		19.23	
D0230		INTRAORAL - PERIAPICAL EACH ADD RADIOGRAPH IMAGE	21.71	78.36		17.31	
D0240		INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	38.41	528.69		29.80	
D0250		EXTRA-ORAL - 2D PROJECTION X-RAY	46.76	528.69		36.53	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D0251		EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	BR	86.59			
D0270		BITEWING - SINGLE RADIOGRAPHIC IMAGE	24.22	528.69		20.69	
D0272		BITEWINGS - TWO RADIOGRAPHIC IMAGES	39.25	528.69		33.10	
D0273		BITEWINGS - THREE RADIOGRAPHIC IMAGES	47.60			40.35	
D0274		BITEWINGS - FOUR RADIOGRAPHIC IMAGES	55.11	528.69		46.55	
D0277		VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	83.50	528.69		70.35	
D0290		POST-ANT/LATERAL SKULL & FACIAL BONE SURVEY FILM	147.80			114.38	
D0310		SIALOGRAPHY	369.07			285.94	
D0320		TEMPOROMANDIBULAR JOINT ARTHROGRAM INCL INJ	652.14			505.16	
D0321		OTHER TMJ RADIOGRAPHIC IMAGES BY REPORT	BR			BR	
D0322		TOMOGRAPHIC SURVEY	530.23			409.85	
D0330		PANORAMIC RADIOGRAPHIC IMAGE	113.56	90.31		88.64	
D0340		2D CEPHALOMETRIC X-RAY - ACQUISITION MSR & ANALY	129.43			100.08	
D0350		ORAL/FACIAL PHOTO IMAGE OBTAIN INTRA/EXTRAORLLY	61.79			47.66	
D0351		3D PHOTOGRAPHIC IMAGE	BR				
D0364		CONE BEAM CT CAP&INTEPR LTD FD VIEW-<1 WHOLE JAW	BR			768.23	
D0365		CONE BEAM CT CAP&INT FD VW 1 FULL DENT ARCH-MAND	BR			768.23	
D0366		CONE BM CT CAP&INT FD VIEW 1 FULL DENT ARCH-MAX	BR			768.23	
D0367		CONE BEAM CT CAPTURE & INTERP FD VIEW BOTH JAWS	BR			768.23	
D0368		CONE BEAM CT CAP&INTEPR TMJ SERIES 2/> EXPOSURES	BR			1124.71	
D0369		MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	BR			2011.13	
D0370		MAXILLOFACIAL ULTRASOUND CAPTURE&INTERPRETATION	BR			676.73	
D0371		SIALOENDOSCOPY CAPTURE AND INTERPRETATION	BR			BR	
D0380		CONE BEAM CT IMAG CAP W/LTD FD VIEW-<1 WHOLE JAW	BR			612.87	
D0381		CONE BM CT IMAG CAP FD VW 1 FULL DENT ARCH-MAND	BR			612.87	
D0382		CONE BEAM CT IMAG CAP FD VW 1 FULL DENT ARCH-MAX	BR			612.87	
D0383		CONE BEAM CT IMAGE CAPTURE FIELD VIEW BOTH JAWS	BR			612.87	
D0384		CONE BEAM CT IMAG CAP TMJ SERIES 2/> EXPOSURES	BR			895.95	
D0385		MAXILLOFACIAL MRI IMAGE CAPTURE	BR			1463.07	
D0386		MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	BR			366.01	
D0391		INTEPR DX IMAG PRACTITNER NOT ASSOC CAP IMAG RPT	BR			BR	
D0393		TREATMENT SIMULATION USING 3D IMAGE VOLUME	BR				
D0394		DIGTL SUBTRACTION 2/> IMAGES/IMAG VOL SAME MODAL	BR				
D0395		FUSION 2/MORE 3D IMAGES VOLUME 1/MORE MODALITIES	BR				
D0415		COLLECTION MICROORGANISMS CULTURE & SENSITIVITY	35.91			39.44	
D0416		VIRAL CULTURE	52.61			58.47	
D0417		CLCT & PREP SALIVA SAMPLE FOR LAB DX TESTING	47.60			53.03	
D0418		ANALYSIS OF SALIVA SAMPLE	49.27			54.39	
D0422		COLLECTION & PREPARATION OF GENETIC SAMPLE MATL	BR				
D0423		GENETIC TEST SUSCEPTIBILITY DISEASES-SPEC ANALY	BR				
D0425		CARIES SUSCEPTIBILITY TESTS	30.90			34.00	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D0431		ADJUNCTIVE PREDX TST NOT INCL CYTOLOGY/BX PROC	49.27			54.39	
D0460		PULP VITALITY TESTS	49.27	528.69		54.39	
D0470		DIAGNOSTIC CASTS	107.72			119.67	
D0472		ACCESSION OF TISSUE GROSS EXAMINATION PREP/REPRT	67.64			74.79	
D0473		ACCESS TISSUE GR&MIC EXAMINATION PREP/REPRT	142.79			157.74	
D0474		ACCESS TISS GR&MIC EX ASSESS SURG MARG PREP/RPT	160.32			176.78	
D0475		DECALCIFICATION PROCEDURE	86.01			95.19	
D0476		SPECIAL STAINS FOR MICROORGANISMS	83.50			92.47	
D0477		SPECIAL STAINS NOT FOR MICROORGANISMS	114.40			126.47	
D0478		IMMUNOHISTOCHEMICAL STAINS	104.38			115.59	
D0479		TISSUE INSITU HYBRIDIZATION INCL INTERPRETATION	160.32			176.78	
D0480		ACESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP/REPT	98.53			108.79	
D0481		ELECTRON MICROSCOPY DIAGNOSTIC	369.07			407.96	
D0482		DIRECT IMMUNOFLUORESCENCE	122.75			135.99	
D0483		INDIRECT IMMUNOFLUORESCENCE	122.75			135.99	
D0484		CONSULTATION ON SLIDES PREPARED ELSEWHERE	184.54			203.98	
D0485		CONSULT INCL PREP SLIDES BX MATL SPL REF SRC	254.68			281.49	
D0486		LAB ACCSS TRNSEPI CYTL SMP MICRO EX PREP&WRT RPR	118.57			130.55	
D0502		OTHER ORAL PATHOLOGY PROCEDURES BY REPORT	BR			BR	
D0601		CARIES RISK ASSESSMENT & DOC FINDING LOW RISK	BR				
D0602		CARIES RISK ASSESSMENT & DOC FINDING MOD RISK	BR				
D0603		CARIES RISK ASSESSMENT & DOC FINDING HIGH RISK	BR				
D0999		UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT	BR			BR	
D1110		PROPHYLAXIS - ADULT	87.68	276.89		67.80	
D1120		PROPHYLAXIS - CHILD	60.96	722.01		46.79	
D1206		TOPICAL APPLICATION OF FLUORIDE VARNISH	55.95	286.09		40.99	
D1208		TOPICAL APPLICATION OF FLUORIDE	BR	524.35		27.32	
D1310		NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE	43.42			39.96	
D1320		TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE	46.76			43.39	
D1330		ORAL HYGIENE INSTRUCTIONS	59.29			54.80	
D1351		SEALANT - PER TOOTH	47.60	555.09		44.53	
D1352		PREV RSN REST MOD HIGH CARIES RISK PT-PERM TOOTH	61.79			57.09	
D1353		SEALANT REPAIR - PER TOOTH	BR				
D1354		INTERIM CARIES ARRESTING MEDICAMENT APPLICATION	BR				
D1510		SPACE MAINTAINER - FIXED-UNILATERAL	308.12	528.69		305.07	
D1515		SPACE MAINTAINER - FIXED-BILATERAL	430.86	528.69		427.09	
D1520		SPACE MAINTAINER - REMOVABLE-UNILATERAL	338.18	528.69		335.57	
D1525		SPACE MAINTAINER - REMOVABLE-BILATERAL	523.55	528.69		518.61	
D1550		RECEMENTATION OF SPACE MAINTAINER	66.80	528.69		65.89	
D1555		REMOVAL OF FIXED SPACE MAINTAINER	64.30			63.45	
D1999		UNSPECIFIED PREVENTIVE PROCEDURE BY REPORT	BR				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D2140		AMALGAM-ONE SURFACE PRIMARY OR PERMANENT	103.54	612.34		104.78	
D2150		AMALGAM-TWO SURFACES PRIMARY OR PERMANENT	135.27	803.63		135.59	
D2160		AMALGAM-THREE SURFACES PRIMARY OR PERMANENT	164.50	1040.18		163.94	
D2161		AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT	199.57	795.49		199.69	
D2330		RESIN-BASED COMPOSITE ONE SURFACE ANTERIOR	129.43	404.86		110.15	
D2331		RESIN-BASED COMPOSITE TWO SURFACES ANTERIOR	166.17	399.84		140.57	
D2332		RESIN-BASED COMPOSITE THREE SURFACES ANTERIOR	202.07	517.12		172.04	
D2335		RESIN-BASED COMPOSITE 4/> SURFACES INCISAL ANGLE	238.81	294.61		203.51	
D2390		RESIN-BASED COMPOSITE CROWN ANTERIOR	265.53	816.32		225.54	
D2391		RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR	151.14	435.63		129.03	
D2392		RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR	197.90	372.29		168.89	
D2393		RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR	245.49	533.66		209.80	
D2394		RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR	301.44	803.63		257.01	
D2410		GOLD FOIL - ONE SURFACE	277.22			247.25	
D2420		GOLD FOIL - TWO SURFACES	461.76			412.08	
D2430		GOLD FOIL - THREE SURFACES	799.93			714.27	
D2510		INLAY - METALLIC - ONE SURFACE	732.30			653.83	
D2520		INLAY - METALLIC - TWO SURFACES	830.83			741.74	
D2530		INLAY - METALLIC - THREE OR MORE SURFACES	957.75			854.92	
D2542		ONLAY - METALLIC - TWO SURFACES	939.38			838.44	
D2543		ONLAY METALLIC THREE SURFACES	981.96			876.90	
D2544		ONLAY METALLIC FOUR OR MORE SURFACES	1022.04			912.06	
D2610		INLAY - PORCELAIN/CERAMIC - ONE SURFACE	861.72			769.21	
D2620		INLAY - PORCELAIN/CERAMIC - TWO SURFACES	910.15			812.06	
D2630		INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES	968.60			864.81	
D2642		ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	941.88			840.64	
D2643		ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	1015.36			906.57	
D2644		ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	1076.32			961.51	
D2650		INLAY RESIN BASED COMPOSITE ONE SURFACE	565.30			505.48	
D2651		INLAY RESIN BASED COMPOSITE TWO SURFACES	674.68			602.18	
D2652		INLAY RESIN BASED COMPOSITE 3 OR MORE SURFACES	708.92			632.95	
D2662		ONLAY RESIN BASED COMPOSITE TWO SURFACES	615.40			549.44	
D2663		ONLAY RESIN BASED COMPOSITE THREE SURFACES	723.11			646.14	
D2664		ONLAY RESIN BASED COMPOSIT FOUR OR MORE SURFACES	774.88			692.29	
D2710		CROWN - RESIN-BASED COMPOSITE	436.71			346.23	
D2712		CROWN - 3/4 RESIN-BASED COMPOSITE	436.71			346.23	
D2720		CROWN - RESIN WITH HIGH NOBLE METAL	1076.32			853.38	
D2721		CROWN - RESIN WITH PREDOMINANTLY BASE METAL	1008.68			799.74	
D2722		CROWN - RESIN WITH NOBLE METAL	1031.23			817.29	
D2740		CROWN - PORCELAIN/CERAMIC SUBSTRATE	1106.38			875.81	
D2750		CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	1090.51			864.11	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D2751		CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL	1015.36			804.61	
D2752		CROWN - PORCELAIN FUSED TO NOBLE METAL	1040.41			824.12	
D2780		CROWN - 3/4 CAST HIGH NOBLE METAL	1046.26			829.00	
D2781		CROWN - 3/4 CAST PREDOMINATELY BASE METAL	984.47			780.23	
D2782		CROWN - 3/4 CAST NOBLE METAL	1017.03			805.59	
D2783		CROWN - 3/4 PORCELAIN/CERAMIC	1076.32			852.40	
D2790		CROWN - FULL CAST HIGH NOBLE METAL	1052.10			833.87	
D2791		CROWN - FULL CAST PREDOMINANTLY BASE METAL	996.99			798.98	
D2792		CROWN - FULL CAST NOBLE METAL	1015.36			804.61	
D2794		CROWN TITANIUM	1076.32			853.38	
D2799		PROV CROWN-FUR TX/COMPL DX NEC B4 FINAL IMPRESS	436.71			346.23	
D2910		RECEMENT INLAY ONLAY/PART COVERAGE RESTORATION	88.51			72.86	
D2915		RECEMENT CAST OR PREFABRICATED POST AND CORE	88.51			72.86	
D2920		RECEMENT CROWN	90.18			73.88	
D2921		REATTACHMENT TOOTH FRAGMENT INCISAL EDGE/CUSP	BR				
D2929		PREFAB PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	BR	370.04		292.47	
D2930		PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH	244.66	474.11		201.39	
D2931		PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH	277.22	615.12		227.70	
D2932		PREFABRICATED RESIN CROWN	295.59	378.89		242.88	
D2933		PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW	337.34			278.30	
D2934		PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM	337.34	375.85		278.30	
D2940		PROTECTIVE RESTORATION	93.52	550.97		76.91	
D2941		INTERIM THERAPEUTIC RESTORATION-PRIMARY DENTITN	BR				
D2949		RESTORATIVE FOUNDATION AN INDIRECT RESTORATION	BR				
D2950		CORE BUILDUP INCLUDING ANY PINS WHEN REQUIRED	233.80			192.28	
D2951		PIN RETENTION - PER TOOTH ADDITION RESTORATION	51.77			43.52	
D2952		POST AND CORE ADDITION TO CROWN INDIRECTLY FAB	369.07			303.60	
D2953		EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH	184.54			151.80	
D2954		PREFABRICATED POST AND CORE IN ADDITION TO CROWN	295.59			242.88	
D2955		POST REMOVAL	227.96			187.22	
D2957		EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	147.80			121.44	
D2960		LABIAL VENEER RESIN LAMINATE - CHAIRSIDE	713.09			586.96	
D2961		LABIAL VENEER - LABORATORY	810.79			665.90	
D2962		LABIAL VENEER - LABORATORY	880.09			723.58	
D2971		ADD PROC NEW CRWN UND XSTING PART DENTUR FRMEWRK	141.95			116.38	
D2975		COPING	430.86			354.20	
D2980		CROWN REPAIR NECESSITATED RESTORATIVE MATL FAIL	BR			BR	
D2981		INLAY REPAIR NECESSITATED RESTORATIVE MATL FAIL	BR			BR	
D2982		ONLAY REPAIR NECESSITATED RESTORATIVE MATL FAIL	BR			BR	
D2983		VENEER REPAIR NECESSITATED RESTORATIVE MATL FAIL	BR			BR	
D2990		RESIN INFILTRATION INCIPIENT SMOOTH SURFACE LES	BR			50.60	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D2999		UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	BR	528.69		BR	
D3110		PULP CAP - DIRECT	73.48			57.18	
D3120		PULP CAP - INDIRECT	59.29			45.75	
D3220		TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC	151.14	374.03		117.23	
D3221		PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	166.17			128.66	
D3222		PART PULPOTOMY FOR APEXOGENEIS PERM TOOTH	153.64			119.13	
D3230		PULPAL THERAPY - ANTERIOR PRIMARY TOOTH	160.32			152.62	
D3240		PULPAL THERAPY - POSTERIOR PRIMARY TOOTH	197.06			187.84	
D3310		ENDODONTIC THERAPY ANTERIOR TOOTH	627.92	622.88		598.75	
D3320		ENDODONTIC THERAPY BICUSPID TOOTH	769.04			733.76	
D3330		ENODODONTIC THERAPY MOLAR	954.41	580.29		909.86	
D3331		TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS	245.49			234.80	
D3332		INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH	467.60			446.12	
D3333		INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	215.43			205.45	
D3346		RETREATMENT PREVIOUS RC THERAPY - ANTERIOR	837.51			798.33	
D3347		RETREATMENT PREVIOUS RC THERAPY - BICUSPID	984.47			939.21	
D3348		RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR	1218.27			1162.27	
D3351		APEXIFICATION/RECALCIFICATION INITIAL VISIT	357.38			338.92	
D3352		APEXIFICATION/RECALCIFICATN INTERIM MED REPLACE	160.32			151.93	
D3353		APEXIFICATION/RECALCIFICATION - FINAL VISIT	493.49			467.48	
D3355		PULPAL REGENERATION - INITIAL VISIT	BR				
D3356		PULPAL REGENERATION - INTERIM MEDICATION REPLACE	BR				
D3357		PULPAL REGENERATION - COMPLETION OF TREATMENT	BR				
D3410		APICOECTOMY - ANTERIOR	708.08			672.00	
D3421		APICOECTOMY - BICUSPID FIRST ROOT	788.24			747.97	
D3425		APICOECTOMY - MOLAR FIRST ROOT	892.62			847.31	
D3426		APICOECTOMY EACH ADDITIONAL ROOT	301.44			286.33	
D3427		PERIRADICULAR SURGERY WITHOUT APICOECTOMY	BR				
D3428		BONE GRAFT W/PERIRADICULAR SURG PER TOOTH 1 SITE	BR				
D3429		BONE GRAFT PERIRADICULR SURG EA ADD CONTIG TOOTH	BR				
D3430		RETROGRADE FILLING - PER ROOT	221.28			210.37	
D3431		BIOL MATL SOFT OSS TISS REGEN PERIRADICULAR SURG	BR				
D3432		GUIDED TISS REGEN RESORB BARR PERIRADICULAR SURG	BR				
D3450		ROOT AMPUTATION - PER ROOT	461.76			438.26	
D3460		ENDODONTIC ENDOSSEOUS IMPLANT	1723.44	528.69		1636.18	
D3470		INTENTIONAL REIMPLANTATION W/NECESSARY SPLINTING	880.09			835.62	
D3910		SURGICAL PROCEDURE ISOLATION TOOTH W/RUBBER DAM	122.75			116.87	
D3920		HEMISECTION NOT INCLUDING ROOT CANAL THERAPY	351.54			333.08	
D3950		CANAL PREPARATION&FITTING PREFORMED DOWEL/POST	160.32			151.93	
D3999		UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT	BR	528.69		BR	
D4210		GINGIVECT/PLSTY 4/>CNTIG/TOOTH BOUND SPACES-QUAD	553.61			527.30	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D4211		GINGIVECT/PLSTY 1-3 CNTIG/TOOTH BOUND SPACE-QUAD	245.49			234.35	
D4212		GING/GINGIVOPLASTY ALLW ACSS RESTORATV PRO-TOOTH	BR			187.48	
D4230		ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD	774.88			738.22	
D4231		ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT	369.07			351.53	
D4240		GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD	701.40			667.91	
D4241		GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD	406.65			386.68	
D4245		APICALLY POSITIONED FLAP	517.70			492.14	
D4249		CLINICAL CROWN LENGTHENING - HARD TISSUE	769.04			732.36	
D4260		OSSEOUS SURG 4/> CONTIG/TOOTH BOUND SPACES-QUAD	1169.84	528.69		1113.18	
D4261		OSSEOUS SURG 1-3 CONTIG/TOOTH BOUND SPACES-QUAD	627.92			597.60	
D4263		BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	418.34	528.69		398.40	
D4264		BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT	357.38	528.69		339.81	
D4265		BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN	BR			BR	
D4266		GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE	430.86			410.12	
D4267		GUID TISSUE REGEN - NONRESORB BARRIER PER SITE	553.61			527.30	
D4268		SURGICAL REVISION PROCEDURE PER TOOTH	BR	528.69		BR	
D4270		PEDICLE SOFT TISSUE GRAFT PROCEDURE	830.83	528.69		790.94	
D4273		AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	1015.36	528.69		966.71	
D4274		DISTAL OR PROXIMAL WEDGE PROCEDURE	576.15			548.39	
D4275		NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT	763.19			726.50	
D4276		COMB CNCTIVE TISSUE&DBL PEDICLE GRAFT PER TOOTH	1138.94			1083.89	
D4277		FREE SFT TSS GFT PROC 1ST T/EDNTULS T PSTN GFT	BR			820.24	
D4278		FREE SFT TSS GFT EA ADD CNTIG T/EDNT T SAME SITE	BR			269.51	
D4283		AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	BR				
D4285		NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	BR				
D4320		PROVISIONAL SPLINTING - INTRACORONAL	406.65			291.15	
D4321		PROVISIONAL SPLINTING - EXTRACORONAL	369.07	214.27		264.68	
D4341		PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD	233.80	517.47		167.63	
D4342		PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD	135.27			97.05	
D4355		FULL MOUTH DEBRID ENABLE COMP EVALUATION&DX	160.32	528.69		114.69	
D4381		LOC DEL ANTIMICROBL AGT DZ CREVICULAR TISS-TOOTH	BR	528.69		BR	
D4910		PERIODONTAL MAINTENANCE	143.62			103.22	
D4920		UNSCHEDULED DRESSING CHANGE NOT TX DENTIST STAFF	103.54			74.99	
D4921		GINGIVAL IRRIGATION - PER QUADRANT	BR				
D4999		UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT	BR			BR	
D5110		COMPLETE DENTURE - MAXILLARY	1350.20			871.69	
D5120		COMPLETE DENTURE - MANDIBULAR	1350.20			871.69	
D5130		IMMEDIATE DENTURE - MAXILLARY	1471.27			950.43	
D5140		IMMEDIATE DENTURE - MANDIBULAR	1471.27			950.43	
D5211		MAXILLARY PARTIAL DENTURE - RESIN BASE	1138.94			735.69	
D5212		MANDIBULAR PARTIAL DENTURE - RESIN BASE	1324.31			854.99	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D5213		MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE	1490.48			963.16	
D5214		MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE	1490.48			963.16	
D5221		IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE	BR				
D5222		IMMEDIATE MANDIBULAR PARTIAL DENTURE-RESIN BASE	BR				
D5223		IMMEDIATE MAXILLARY PARTIAL DENTURE-CAST METL FW	BR				
D5224		IMMEDIATE MANDIBULAR PART DENTURE-CAST METL FW	BR				
D5225		MAXILLARY PARTIAL DENTRUE FLEXIBLE BASE	1138.94			735.69	
D5226		MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE	1324.31			854.99	
D5281		REMV UNILAT PART DENTUR - 1 PIECE CAST METAL	869.24			561.51	
D5410		ADJUST COMPLETE DENTURE - MAXILLARY	73.48			42.57	
D5411		ADJUST COMPLETE DENTURE - MANDIBULAR	73.48			42.57	
D5421		ADJUST PARTIAL DENTURE - MAXILLARY	73.48			42.57	
D5422		ADJUST PARTIAL DENTURE - MANDIBULAR	73.48			42.57	
D5510		REPAIR BROKEN COMPLETE DENTURE BASE	147.80			95.44	
D5520		REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE	122.75			79.53	
D5610		REPAIR RESIN DENTURE BASE	160.32			103.39	
D5620		REPAIR CAST FRAMEWORK	171.18			111.35	
D5630		REPAIR OR REPLACE BROKEN CLASP - PER TOOTH	209.59			135.21	
D5640		REPLACE BROKEN TEETH - PER TOOTH	135.27			87.49	
D5650		ADD TOOTH TO EXISTING PARTIAL DENTURE	184.54			119.30	
D5660		ADD CLASP TO EXISTING PARTIAL DENTURE-PER TOOTH	221.28			143.16	
D5670		REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MAX	541.92			349.95	
D5671		REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAND	541.92			349.95	
D5710		REBASE COMPLETE MAXILLARY DENTURE	546.93			353.93	
D5711		REBASE COMPLETE MANDIBULAR DENTURE	522.71			338.02	
D5720		REBASE MAXILLARY PARTIAL DENTURE	517.70			334.04	
D5721		REBASE MANDIBULAR PARTIAL DENTURE	517.70			334.04	
D5730		RELINE COMPLETE MAXILLARY DENTURE CHAIRSIDE	308.95			199.63	
D5731		RELINE COMPLETE MANDIBULAR DENTURE CHAIRSIDE	308.95			199.63	
D5740		RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE	283.90			182.93	
D5741		RELINE MANDIBULAR PARTIAL DENTURE CHAIRSIDE	283.90			182.93	
D5750		RELINE COMPLETE MAXILLARY DENTURE LABORATORY	412.49			266.44	
D5751		RELINE COMPLETE MANDIBULAR DENTRUE LABORATORY	412.49			266.44	
D5760		RELINE MAXILLARY PARTIAL DENTURE LABORATORY	406.65			262.46	
D5761		RELINE MANDIBULAR PARTIAL DENTURE LABORATORY	406.65			262.46	
D5810		INTERIM COMPLETE DENTURE MAXILLARY	652.97			421.53	
D5811		INTERIM COMPLETE DENTURE MANDIBULAR	701.40			453.34	
D5820		INTERIM PARTIAL DENTURE MAXILLARY	504.34			326.09	
D5821		INTERIM PARTIAL DENTURE MANDIBULAR	535.24			345.97	
D5850		TISSUE CONDITIONING MAXILLARY	129.43			83.51	
D5851		TISSUE CONDITIONING MANDIBULAR	129.43			83.51	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D5862		PRECISION ATTACHMENT BY REPORT	BR			BR	
D5863		OVERDENTURE - COMPLETE MAXILLARY	BR				
D5864		OVERDENTURE - PARTIAL MAXILLARY	BR				
D5865		OVERDENTURE - COMPLETE MANDIBULAR	BR				
D5866		OVERDENTURE - PARTIAL MANDIBULAR	BR				
D5867		REPLACEMENT REPL PART SEMI-PRCISN/PRCISN ATTCH	BR			BR	
D5875		MODIFICATION REMV PROSTH FOLLOW IMPLANT SURGERY	BR			BR	
D5899		UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT	BR			BR	
D5911		FACIAL MOULAGE SECTIONAL	342.35	528.69		221.10	
D5912		FACIAL MOULAGE COMPLETE	342.35	528.69		221.10	
D5913		NASAL PROSTHESIS	7207.72			4655.92	
D5914		AURICULAR PROSTHESIS	7207.72			4655.92	
D5915		ORBITAL PROSTHESIS	9751.97			6300.68	
D5916		OCULAR PROSTHESIS	2601.03			1680.55	
D5919		FACIAL PROSTHESIS	BR			BR	
D5922		NASAL SEPTAL PROSTHESIS	BR			BR	
D5923		OCULAR PROSTHESIS INTERIM	BR			BR	
D5924		CRANIAL PROSTHESIS	BR			BR	
D5925		FACIAL AUGMENTATION IMPLANT PROSTHESIS	BR			BR	
D5926		NASAL PROSTHESIS REPLACEMENT	BR			BR	
D5927		AURICULAR PROSTHESIS REPLACEMENT	BR			BR	
D5928		ORBITAL PROSTHESIS REPLACEMENT	BR			BR	
D5929		FACIAL PROSTHESIS REPLACEMENT	BR			BR	
D5931		OBTURATOR PROSTHESIS SURGICAL	3880.25			2506.91	
D5932		OBTURATOR PROSTHESIS DEFINITIVE	7257.82			4688.53	
D5933		OBTURATOR PROSTHESIS MODIFICATION	BR			BR	
D5934		MANDIBULAR RESECTION PROSTHESIS W/GUIDE FLANGE	6614.04			4273.36	
D5935		MANDIBULAR RESECTION PROSTHESIS W/O GUIDE FLANGE	5755.66			3718.21	
D5936		OBTURATOR/PROSTHESIS INTERIM	6464.57			4176.33	
D5937		TRISMUS APPLIANCE NOT FOR TMD TREATMENT	812.46			524.92	
D5951		FEEDING AID	1056.28			682.40	
D5952		SPEECH AID PROSTHESIS PEDIATRIC	3429.35			2215.82	
D5953		SPEECH AID PROSTHESIS ADULT	6513.84			4208.14	
D5954		PALATAL AUGMENTATION PROSTHESIS	6035.38			3899.55	
D5955		PALATAL LIFT PROSTHESIS DEFINITIVE	5581.98			3606.87	
D5958		PALATAL LIFT PROSTHESIS INTERIM	BR			BR	
D5959		PALATAL LIFT PROSTHESIS MODIFICATION	BR			BR	
D5960		SPEECH AID PROSTHESIS MODIFICATION	BR			BR	
D5982		SURGICAL STENT	546.93			392.29	
D5983		RADIATION CARRIER	1230.79	528.69		795.34	
D5984		RADIATION SHIELD	1230.79	528.69		795.34	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D5985		RADIATION CONE LOCATOR	1230.79	528.69		795.34	
D5986		FLUORIDE GEL CARRIER	122.75			79.53	
D5987		COMMISSURE SPLINT	1846.19	528.69		1193.01	
D5988		SURGICAL SPLINT	369.07			238.60	
D5991		VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	141.95			91.46	
D5992		ADJUST MAXILLOFACIAL PROSTH APPLIANCE BY REPORT	BR			BR	
D5993		MAINT CLEAN MAXILLOFACIAL PROSTH OTH THN REQ ADJ	BR			BR	
D5994		PERIODONTAL MED CARR PERIPH SEAL LAB PROCESSED	BR				
D5999		UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT	BR			BR	
D6010		SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT	2253.67			1456.27	
D6011		SECOND STAGE IMPLANT SURGERY	BR				
D6012		SURG PLCMT INTERIM IMPL TRNSITIONL PROS: ENDOS	2130.92			1375.94	
D6013		SURGICAL PLACEMENT OF MINI IMPLANT	BR				
D6040		SURGICAL PLACEMENT: EPOSTEAL IMPLANT	7755.48			5010.64	
D6050		SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	5785.72			3738.10	
D6051		INTERIM ABUTMENT	BR			BR	
D6052		SEMI-PRECISION ATTACHMENT ABUTMENT	BR				
D6055		CONNECTING BAR IMPLANT OR ABUTMENT SUPPORTED	677.19			437.44	
D6056		PREFABRICATED ABUTMENT-INCL MOD & PLACEMENT	467.60			302.23	
D6057		CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT	578.66			373.81	
D6058		ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	1298.43			838.29	
D6059		ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL	1280.89			827.15	
D6060		ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL	1209.92			781.82	
D6061		ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL	1234.13			797.73	
D6062		ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL	1230.79			794.54	
D6063		ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL	1071.31			691.95	
D6064		ABUTMENT SUPP CAST METAL CROWN NOBLE METAL	1120.57			723.76	
D6065		IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	1276.72			824.77	
D6066		IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN	1243.32			803.29	
D6067		IMPLANT SUPPORTED METAL CROWN	1206.58			779.43	
D6068		ABUT SUPPORTED RETAINER PORCELAIN/CERAMIC FPD	1285.90			831.13	
D6069		ABUT RETAINR PORCELN TO METL FPD HI NOBL METL	1280.89			827.15	
D6070		ABUT RETN PORCELN TO METL FPD PREDOM BASE METL	1209.92			781.82	
D6071		ABUT SUPPORTED RETAINER PORCELN FUSED METAL FPD	1234.13			797.73	
D6072		ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD	1249.16			807.27	
D6073		ABUT RETAINR CAST METL FPD PREDOM BASE METL	1141.45			737.28	
D6074		ABUTMENT RETAINR CAST METAL FPD NOBLE METAL	1211.59			783.41	
D6075		IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	1276.72			824.77	
D6076		IMPLANT SUPPORTED RETAIN PORCELN FUSED METAL FPD	1243.32			803.29	
D6077		IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD	1206.58			779.43	
D6080		IMPL MAINT PROC REMV REINSRT CLEAN PROSTH & ABUT	106.05			68.40	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D6090		REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT	BR			BR	
D6091		REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT	511.02			330.07	
D6092		RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	99.37			64.42	
D6093		RECEMENT IMPL/ABUTMNT SUPPORTED FIX PART DENTURE	156.15			101.01	
D6094		ABUTMENT SUPPORTED CROWN TITANIUM	1015.36			656.16	
D6095		REPAIR IMPLANT ABUTMENT BY REPORT	BR			BR	
D6100		IMPLANT REMOVAL BY REPORT	BR			BR	
D6101		DEBR PERIIMPL DFCT CLN EXPSD IMPL FLP ENTRY CLO	BR			BR	
D6102		DEBR&OSS CNTR PERIIMPL DFCT;SURF&FLAP ENTRY&CLOS	BR			BR	
D6103		BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT	BR			BR	
D6104		BONE GRAFT AT TIME OF IMPLANT PLACEMENT	BR			BR	
D6110		IMPL/ABUT SUPP REMV DENTURE EDENTULOUS ARCH-MAX	BR				
D6111		IMPL/ABUT SUPP REMV DENTURE EDENTULOUS ARCH-MND	BR				
D6112		IMPL/ABUT SUPP REMV DENTURE PART EDENT ARCH-MAX	BR				
D6113		IMPL/ABUT SUPP REMV DENTURE PART EDENT ARCH-MAND	BR				
D6114		IMPL/ABUT SUPP FIXED DENTURE EDENTULOUS ARCH-MAX	BR				
D6115		IMPL/ABUT SUPP FIXD DENTURE EDENTULOUS ARCH-MAND	BR				
D6116		IMPL/ABUT SUPP FIXED DENTURE PART EDENT ARCH-MAX	BR				
D6117		IMPL/ABUT SUPP FIXD DENTURE PART EDENT ARCH-MAND	BR				
D6190		RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT	227.96			147.14	
D6194		ABUTMENT SUPPORTED RETAINER CROWN FOR FPD	1046.26			676.04	
D6199		UNSPECIFIED IMPLANT PROCEDURE BY REPORT	BR			BR	
D6205		PONTIC INDIRECT RESIN BASED COMPOSITE	640.45			502.78	
D6210		PONTIC - CAST HIGH NOBLE METAL	978.62			768.67	
D6211		PONTIC - CAST PREDOMINANTLY BASE METAL	916.83			720.33	
D6212		PONTIC - CAST NOBLE METAL	954.41			749.33	
D6214		PONTIC TITANIUM	984.47			773.50	
D6240		PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	966.10			759.00	
D6241		PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL	892.62			700.99	
D6242		PONTIC - PORCELAIN FUSED TO NOBLE METAL	941.88			739.66	
D6245		PONTIC - PORCELAIN/CERAMIC	996.99			783.17	
D6250		PONTIC - RESIN WITH HIGH NOBLE METAL	954.41			749.33	
D6251		PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	880.09			691.32	
D6252		PONTIC - RESIN WITH NOBLE METAL	908.48			713.56	
D6253		PRVS PONTIC-FUR TX/CMPL DX NEC B4 FINAL IMPRESS	410.82			322.94	
D6545		RETAINER - CAST METAL RESIN BONDED FIX PROSTH	406.65			286.43	
D6548		RETAINER - PORCELN/CERAMIC RSN BONDED FIX PROSTH	446.73			315.07	
D6549		RESIN RETAINER-FOR RESIN BONDED FIXED PROSTHESIS	BR				
D6600		RETAINER INLAY - PORCELAIN/CERAMIC TWO SURFACES	806.61			568.52	
D6601		RETAINER INLAY - PORCELAIN/CERAMIC 3/MORE SURF	846.69			596.30	
D6602		RETAINER INLAY-CAST HIGH NOBLE METAL 2 SURFACES	861.72			607.58	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D6603		RETAINER INLAY-CAST HIGH NOBLE METAL 3/MORE SURF	948.56			668.34	
D6604		RETAINER INLAY - CAST PDMT BASE METAL 2 SURFACES	845.02			595.43	
D6605		RETAINER INLAY-CAST PDMT BASE METAL 3/MORE SURF	895.12			631.01	
D6606		RETAINER INLAY - CAST NOBLE METAL TWO SURFACES	830.83			585.88	
D6607		RETAINER INLAY - CAST NOBLE METAL 3/MORE SURF	922.68			650.11	
D6608		RETAINER ONLAY - PORCELAIN/CERAMIC TWO SURFACES	876.75			617.99	
D6609		RETAINER ONLAY - PORCELAIN/CERAMIC 3/MORE SURF	914.33			644.90	
D6610		RETAINER ONLAY-CAST HIGH NOBLE METAL 2 SURFACES	929.36			655.32	
D6611		RETAINER ONLAY-CAST HIGH NOBLE METAL 3/MORE SURF	1017.03			716.94	
D6612		ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES	924.35			651.85	
D6613		RETAINER ONLAY-CAST PDMT BASE METAL 3/MORE SURF	966.10			681.36	
D6614		RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES	905.14			637.96	
D6615		RETAINER ONLAY-CAST NOBLE METAL 3/MORE SURFACES	940.21			663.13	
D6624		RETAINER INLAY - TITANIUM	861.72			607.58	
D6634		RETAINER ONLAY - TITANIUM	905.14			637.96	
D6710		RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	923.51			650.98	
D6720		RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	1076.32			759.47	
D6721		RETAINER CROWN-RESIN W/PREDOMINANTLY BASE METAL	1022.04			720.42	
D6722		RETAINER CROWN - RESIN WITH NOBLE METAL	1040.41			733.43	
D6740		RETAINER CROWN - PORCELAIN/CERAMIC	1132.26			798.53	
D6750		RETAINER CROWN - PORCELAIN FUSED HI NOBLE METAL	1102.20			777.70	
D6751		RETAINER CROWN-PORCELAIN FUSED PDMT BASE METAL	1030.39			725.62	
D6752		RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	1054.61			742.98	
D6780		RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	1040.41			733.43	
D6781		RETAINER CROWN-3/4 CAST PREDOMINANTLY BASE METAL	1040.41			733.43	
D6782		RETAINER CROWN - 3/4 CAST NOBLE METAL	966.10			681.36	
D6783		RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	1071.31	80.26		755.13	
D6790		RETAINER CROWN - FULL CAST HIGH NOBLE METAL	1064.63			750.79	
D6791		RETAINER CROWN-FULL CAST PREDOMINANTLY BASE METL	1008.68			711.74	
D6792		RETAINER CROWN - FULL CAST NOBLE METAL	1046.26			737.77	
D6793		PRVS RET CRWN-FUR TX/CMPL DX NEC B4 FINAL IMPRSS	436.71			308.13	
D6794		RETAINER CROWN - TITANIUM	1046.26			737.77	
D6920		CONNECTOR BAR	221.28	528.69		172.68	
D6930		RECEMENT FIXED PARTIAL DENTURE	129.43			100.73	
D6940		STRESS BREAKER	293.09			228.32	
D6950		PRECISION ATTACHMENT	565.30			441.29	
D6980		FIXED PART DENTURE REPR NEC RESTORATVE MATL FAIL	BR			BR	
D6985		PEDIATRIC PARTIAL DENTURE FIXED	493.49			383.73	
D6999		UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT	BR			BR	
D7111		EXTRACTION CORONAL REMNANTS DECIDUOUS TOOTH	101.04	528.69		84.13	
D7140		EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	134.44	528.69		111.83	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D7210		SURG REMOVAL ERUPTED TOOTH REMV BONE ELEV FLAP	237.14	528.69		211.33	
D7220		REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	298.10	528.69		264.99	
D7230		REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	396.63	528.69		352.59	
D7240		REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	465.10	528.69		413.91	
D7241		REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS	585.34	528.69		520.12	
D7250		SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	251.34	528.69		223.38	
D7251		CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	493.49			438.00	
D7260		OROANTRAL FISTULA CLOSURE	1477.12	528.69		1214.40	
D7261		PRIMARY CLOSURE OF A SINUS PERFORATION	615.40	528.69		506.00	
D7270		TOOTH REIMPL &OR STBL ACC EVULSED/DISPLCD TOOTH	461.76	354.22		379.50	
D7272		TOOTH TRANSPLANTATION	615.40			506.00	
D7280		SURGICAL ACCESS OF AN UNERUPTED TOOTH	430.86			354.20	
D7282		MOBILIZ ERUPTED/MALPOSITIONED TOOTH AID ERUPTION	215.43			177.10	
D7283		PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH	184.54			151.80	
D7285		BIOPSY OF ORAL TISSUE HARD	861.72			708.40	
D7286		BIOPSY OF ORAL TISSUE SOFT	369.07			303.60	
D7287		EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	147.80			121.44	
D7288		BRUSH BIOPSY TRANSEPITHELIAL SAMPLE COLLECTION	147.80			121.44	
D7290		SURGICAL REPOSITIONING OF TEETH	369.07			303.60	
D7291		TRANSSEPTAL FIBEROT/SUPRA CRESTAL FIBEROT BR	BR	528.69		BR	
D7292		SURG PLCMT: TEMP ANCHORAGE SCREW RET PLATE FLAP	591.18			485.76	
D7293		SURG PLCMT: TEMP ANCHORAGE DEVICE RQR SURG FLAP	369.07			303.60	
D7294		SURG PLCMT: TEMP ANCHORAGE DEVICE W/O SURG FLAP	308.12			253.00	
D7295		HARVEST BONE FOR USE AUTOGENOUS GRAFTING PROC	BR			BR	
D7310		ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD	245.49	503.77		176.28	
D7311		ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD	215.43			154.24	
D7320		ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE	399.97			286.45	
D7321		ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD	337.34			242.38	
D7340		VESTIBULOPLASTY RIDGE EXT SEC EPITHELIALIZATION	1692.55			1211.91	
D7350		VESTIBULOPLASTY RIDGE EXT W/SOFT TISS GRAFTS	4924.83			3525.56	
D7410		EXCISION OF BENIGN LESION UP TO 1.25 CM	738.98			528.83	
D7411		EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	1169.84			837.32	
D7412		EXCISION OF BENIGN LESION COMPLICATED	1292.58			925.46	
D7413		EXCISION OF MALIGNANT LESION UP TO 1.25 CM	861.72			616.97	
D7414		EXCISION OF MALIGNANT LESION > 1.25 CM	1292.58			925.46	
D7415		EXCISION OF MALIGNANT LESION COMPLICATED	1446.22			1035.63	
D7440		EXC MALIG TUMOR-LESION DIAMETER UP TO 1.25 CM	1169.84			837.32	
D7441		EXC MALIG TUMOR-LESION DIAM GREATER THAN 1.25 CM	1723.44			1233.95	
D7450		REMOVAL BEN ODONTOGENIC CYST/TUMR- UP T0 1.25 CM	738.98			528.83	
D7451		REMOVAL BENIGN ODONTOGENIC CYST/TUMOR- > 1.25 CM	1008.68			722.74	
D7460		REMOVAL BEN NONODONTOGENIC CYST/TUMR- UP 1.25 CM	738.98			528.83	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D7461		REMOVAL BEN NONODONTOGENIC CYST/TUMOR > 1.25 CM	1008.68			722.74	
D7465		DESTRUCTION LESION PHYSICAL/CHEM METHOD BY REPRT	399.97			286.45	
D7471		REMOVAL OF LATERAL EXOSTOSIS	914.33			654.87	
D7472		REMOVAL OF TORUS PALATINUS	1087.17			778.27	
D7473		REMOVAL OF TORUS MANDIBULARIS	1024.55			734.20	
D7485		SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	914.33			654.87	
D7490		RADICAL RESECTION OF MAXILLA OR MANDIBLE	7386.41			5288.34	
D7510		INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS	265.53	138.63		189.50	
D7511		I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED	399.97			286.45	
D7520		INCISION & DRAINAGE ABSCESS-EXTRAORAL SOFT TISS	1260.02			902.54	
D7521		I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED	1385.27			991.56	
D7530		REMOVAL FB FROM MUCOSA SKIN/SUBCUT ALVEOL TISSUE	453.41			325.23	
D7540		REMV REACT-PRODUC FOREIGN BODIES-MUSCULOSKEL SYS	503.51			360.49	
D7550		PART OSTEC/SEQUESTRECTOMY REMOVAL NON-VITAL BONE	313.13			224.75	
D7560		MAXILLARY SINUSOTOMY REMOVAL TOOTH FRAGMENT/FB	2492.48			1784.81	
D7610		MAXILLA-OPEN REDUCTION	4031.38			2886.55	
D7620		MAXILLA-CLOSED REDUCTION	3023.54			2164.69	
D7630		MANDIBLE-OPEN REDUCTION	5242.97			3752.96	
D7640		MANDIBLE-CLOSED REDUCTION	3326.64			2381.52	
D7650		MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	2520.03			1804.21	
D7660		MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	1485.47			1063.84	
D7670		ALVEOLUS-CLOSED REDUCTION W/STABILIZATION TEETH	1159.82			830.27	
D7671		ALVEOLUS-OPEN REDUCTION W/STABILIZATION TEETH	2184.36			1564.47	
D7680		FCE BNS - COMP RDUC W/FIX&MX SURG APPRCHES CPT	7560.09			5412.62	
D7710		MAXILLA-OPEN REDUCTION	4739.46			3392.47	
D7720		MAXILLA-CLOSED REDUCTION	3326.64			2381.52	
D7730		MANDIBLE-OPEN REDUCTION	6854.52			4907.58	
D7740		MANDIBLE-CLOSED REDUCTION	3391.77			2428.23	
D7750		MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	4313.61			3088.39	
D7760		MALAR AND/OR ZYGOMATIC ARCH CLOSED REDUCTION	1730.96			1239.23	
D7770		ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	2344.68			1679.05	
D7771		ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH	1809.45			1295.64	
D7780		FACIAL BONES-COMP RDUC FIX & MX SURG APPROACHES	10080.12			7216.82	
D7810		OPEN REDUCTION OF DISLOCATION	4433.85			3174.77	
D7820		CLOSED REDUCTION OF DISLOCATION	727.29			520.02	
D7830		MANIPULATION UNDER ANESTHESIA	415.83			297.91	
D7840		CONDYLECTOMY	6044.57			4327.62	
D7850		SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	5219.59			3737.09	
D7852		DISC REPAIR	5976.93			4279.15	
D7854		SYNOVECTOMY	6167.31			4415.76	
D7856		MYOTOMY	4375.40			3133.34	

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D7858		JOINT RECONSTRUCTION	12474.07			8931.12	
D7860		ARTHROTOMY	5317.28			3806.72	
D7865		ARTHROPLASTY	8567.94			6134.47	
D7870		ARTHROCENTESIS	283.90			202.72	
D7871		NON-ARTHROSCOPIC LYSIS AND LAVAGE	565.30			405.44	
D7872		ARTHROSCOPY-DIAGNOSIS WITH OR WITHOUT BIOPSY	3021.87			2163.81	
D7873		ARTHROSCOPY SURGICAL: LAVAGE&LYSIS ADHESIONS	3638.93			2605.39	
D7874		ARTHROSCOPY SURGICAL: DISC REPSTN&STABILIZATION	5219.59			3737.09	
D7875		ARTHROSCOPY-SURGICAL: SYNOVECTOMY	5717.25			4094.06	
D7876		ARTHROSCOPY SURGICAL: DISCECTOMY	6165.64			4414.00	
D7877		ARTHROSCOPY SURGICAL: DEBRIDEMENT	5440.03			3895.74	
D7880		OCCLUSAL ORTHOTIC DEVICE BY REPORT	679.69			486.53	
D7881		OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	BR				
D7899		UNSPECIFIED TMD THERAPY BY REPORT	BR			BR	
D7910		SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	403.31	139.62		289.10	
D7911		COMPLICATED SUTURE-UP TO 5 CM	1007.85			721.86	
D7912		COMPLICATED SUTURE-GREATER THAN 5 CM	1814.46			1299.17	
D7920		SKIN GRAFT	2971.77			2128.56	
D7921		COLLECTION & APPLIC AUTO BLOOD CONCENTRATE PROD	BR			196.55	
D7940		OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	BR	528.69		BR	
D7941		OSTEOTOMY - MANDIBULAR RAMI	7570.95			5420.55	
D7943		OSTEOT-MANDIB RAMI W/BONE GRFT;INCL OBTAIN GRAFT	6955.55			4979.85	
D7944		OSTEOTOMY SEGMENTED OR SUBAPICAL	6199.04			4437.80	
D7945		OSTEOTOMY-BODY OF MANDIBLE	8248.13			5905.31	
D7946		LEFORT I MAXILLA TOTAL	10217.90			7315.54	
D7947		LEFORT I MAXILLA SEGMENTED	8592.99			6152.10	
D7948		LEFORT II/LEFORT III - W/O BONE GRAFT	11153.10			7985.39	
D7949		LEFORT II/LEFORT III - W/BONE GRAFT	14526.50			10400.40	
D7950		OSSEOUS OSTEOPERIOSTEAL/CARTILAGE GRAFT MAND/MAX	BR			BR	
D7951		SINUS AUGMENTATION BONE/BONE SUBST LAT OPEN APPR	BR			BR	
D7952		SINUS AUGMENTATION VIA A VERTICAL APPROACH	BR			BR	
D7953		BONE REPLCMT GRAFT RIDGE PRESERVATION PER SITE	209.59			160.29	
D7955		REPAIR MAXLOFACIAL SOFT &/ HARD TISSUE DEFECT	BR			BR	
D7960		FRENULECTOMY SEP PROC NOT INCIDENTL ANOTHER PROC	337.34			259.29	
D7963		FRENULOPLASTY	553.61			424.29	
D7970		EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	493.49			377.14	
D7971		EXCISION OF PERICORONAL GINGIVA	184.54			141.43	
D7972		SURGICAL REDUCTION OF FIBROUS TUBEROSITY	688.88			528.00	
D7980		SIALOLITHOTOMY	774.88			594.00	
D7981		EXCISION OF SALIVARY GLAND BY REPORT	BR			BR	
D7982		SIALODOCHOPLASTY	1835.33			1404.86	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D7983		CLOSURE OF SALIVARY FISTULA	1760.18			1348.29	
D7990		EMERGENCY TRACHEOTOMY	1513.86			1159.72	
D7991		CORONOIDECTOMY	3693.21			2828.58	
D7995		SYNTHETIC GRAFT-MANDIBLE/FACIAL BONES BY REPORT	BR			BR	
D7996		IMPLANT-MANDIBLE AUGMENTATION PURPOSES BY REPORT	BR			BR	
D7997		APPLIANCE REMOVAL INCLUDES REMOVAL OF ARCHBAR	283.90			216.86	
D7998		INTRAORAL PLCMT FIX DEVICE NOT CONJUNCTION W/FX	1230.79			942.86	
D7999		UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT	BR			BR	
D8010		LIMITED ORTHODONTIC TREATMENT PRIMARY DENTITION	BR			BR	
D8020		LTD ORTHODONTIC TREATMENT TRANSITIONAL DENTITION	BR			BR	
D8030		LTD ORTHODONTIC TREATMENT ADOLESCENT DENTITION	BR			BR	
D8040		LIMITED ORTHODONTIC TREATMENT ADULT DENTITION	BR			BR	
D8050		INTERCEPTIVE ORTHODONTIC TX PRIMARY DENTITION	BR			BR	
D8060		INTRCPTV ORTHODONTIC TX TRANSITIONAL DENTITION	BR			BR	
D8070		COMP ORTHODONTIC TX TRANSITIONAL DENTITION	BR			BR	
D8080		COMPREHENSIVE ORTHODONTIC TX ADOLES DENTITION	BR			BR	
D8090		COMPREHENSIVE ORTHODONTIC TX ADULT DENTITION	BR			BR	
D8210		REMOVABLE APPLIANCE THERAPY	BR			BR	
D8220		FIXED APPLIANCE THERAPY	BR			BR	
D8660		PREORTHODONTIC TREATMENT VISIT	BR			BR	
D8670		PERIODIC ORTHODONTIC TREATMENT VISIT	BR	222.02		BR	
D8680		ORTHODONTIC RETENTION	BR			BR	
D8681		REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	BR				
D8690		ORTHODONTIC TREATMENT	BR			BR	
D8691		REPAIR OF ORTHODONTIC APPLIANCE	BR			BR	
D8692		REPLACEMENT OF LOST OR BROKEN RETAINER	BR			BR	
D8693		REBONDING OR RECEMENTING OF FIXED RETAINER	BR			BR	
D8694		REPAIR OF FIXED RETAINERS INCLUDES REATTACHMENT	BR				
D8999		UNSPECIFIED ORTHODONTIC PROCEDURE BY REPORT	BR			BR	
D9110		PALLIATIVE EMERGENCY TX DENTAL PAIN MINOR PROC	96.03			45.54	
D9120		FIXED PARTIAL DENTURE SECTIONING	106.88			51.45	
D9210		LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC	35.91			33.78	
D9211		REGIONAL BLOCK ANESTHESIA	39.25			37.28	
D9212		TRIGEMINAL DIVISION BLOCK ANESTHESIA	61.79			58.24	
D9215		LOCAL ANESTHESIA CONJUCTION OPERATIVE/SURG PROC	29.23			27.96	
D9219		EVALUATION FOR DEEP SEDATION/GENERAL ANESTHESIA	BR				
D9223		DEEP SEDATION/GENERAL ANESTHESIA - EA 15 MIN	BR				
D9230		INHALATION OF NITROUS OXIDE/ANXIOLYSIS ANALGESIA	59.29			55.91	
D9243		INTRAVENOUS MOD SEDATION/ANALGESIA - EA 15 MIN	BR				
D9248		NON-INTRAVENOUS CONSCIOUS SEDATION	86.01			81.54	
D9310		CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY	197.90	110.18		88.04	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
D9410		HOUSE/EXTENDED CARE FACILITY CALL	225.45			100.70	
D9420		HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	364.06	1745.29		162.88	
D9430		OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED	BR			BR	
D9440		OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	122.75			55.03	
D9450		CASE PRESENTATION DETAILED&EXTENSIVE TX PLANNING	61.79			27.51	
D9610		THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION	BR			BR	
D9612		TX PARENTERAL DRUGS 2/> ADMINISTRATIONS DIFF MED	BR			BR	
D9630		OTHER DRUGS AND/OR MEDICAMENTS BY REPORT	BR	528.69		BR	
D9910		APPLICATION OF DESENSITIZING MEDICAMENT	43.42			18.32	
D9911		APPLIC DESENZT RSN CERV &OR ROOT SURF-TOOTH	60.96			25.65	
D9920		BEHAVIOR MANAGEMENT BY REPORT	BR			BR	
D9930		TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT	BR	528.69		BR	
D9932		CLEANING & INSPECTION REMV CMPL DENTUR MAXILLARY	BR				
D9933		CLEANING & INSPECTION REMV CMPL DENTUR MANDIBULR	BR				
D9934		CLEANING & INSPECTION REMV PART DENTUR MAXILLARY	BR				
D9935		CLEANING & INSPECTION REMV PART DENTUR MANDIBULR	BR				
D9940		OCCLUSAL GUARD BY REPORT	357.38	528.69		151.80	
D9941		FABRICATION OF ATHLETIC MOUTHGUARD	122.75			52.35	
D9942		REPAIR AND/OR RELINE OF OCCLUSAL GUARD	146.96			62.81	
D9943		OCCLUSAL GUARD ADJUSTMENT	BR				
D9950		OCCLUSION ANALYSIS - MOUNTED CASE	233.80	528.69		99.46	
D9951		OCCLUSAL ADJUSTMENT - LIMITED	104.38	528.69		44.49	
D9952		OCCLUSAL ADJUSTMENT - COMPLETE	491.82	528.69		209.38	
D9970		ENAMEL MICROABRASION	55.95			23.56	
D9971		ODONTOPLASTY 1-2 TEETH; INCL REMOVAL ENAMEL PROJ	72.65			30.36	
D9972		EXTERNAL BLEACHING - PER ARCH - PERFORMED OFFICE	246.33			104.69	
D9973		EXTERNAL BLEACHING - PER TOOTH	40.92			17.27	
D9974		INTERNAL BLEACHING - PER TOOTH	216.27			91.60	
D9975		EXT BLEACH HOM APPLIC-ARCH; MATL FAB CSTM TRAYS	BR			104.69	
D9985		SALES TAX	BR				
D9986		MISSED APPOINTMENT	BR				
D9987		CANCELLED APPOINTMENT	BR				
D9999		UNSPECIFIED ADJUNCTIVE PROCEDURE BY REPORT	BR	1319.99		BR	
E0100	NU	CANE ALL MATL ADJUSTBLE/FIXED W/TIP	17.83			19.39	
E0105	NU	CANE QUAD/3-PRONG ALL MATL W/TIPS	48.87			53.18	
E0110	NU	CRTCHES FORARM VARIOUS MATL PAIR	73.18			79.63	
E0111	NU	CRTCH FORARM VARIOUS MATL EA	45.04			49.01	
E0112	NU	CRTCHS UNDARM WOOD PAIR ADJSTBL/FIX	36.82			40.06	
E0113	NU	CRTCH UNDARM WOOD EA ADJUSTBL/FIX	21.03			22.88	
E0114	NU	CRTCHES UNDARM OTH THAN WOOD PAIR	46.95			51.10	
E0116	NU	CRTCH UNDARM OTH THAN WOOD ADJ/FIX	26.20			28.51	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0117	NU	CRTCH UNDERARM ARTIC SPRNG ASSTD EA	202.40			208.66	
E0118		CRUTCH SUBSTITUTE LW LEG PLATFORM	1131.00			BR	
E0130	NU	WALKER RIGID ADJUSTBLE/FIXED HEIGHT	45.90			55.90	
E0135	NU	WALKER FOLDING ADJUSTBLE/FIX HEIGHT	50.42			66.50	
E0140	NU	WALK W/TRNK SUPP ADJUSTBL/FIX HT	273.24			336.61	
E0141	NU	WALKER RIGID WHEELD ADJUSTBL/FIX HT	80.69			107.55	
E0143	NU	WALKER FOLD WHEELED ADJUSTBL/FIX HT	70.93			102.21	
E0144	NU	WALKER ENCLOS 4 SIDE WHL POST SEAT	252.80			297.18	
E0147	NU	WALKR HEVY DUTY MX BRAKE VARIBL WHL	414.74			536.41	
E0148	NU	WALK HEVY DUTY NO WHLS RIGD/FOLD EA	90.66			118.57	
E0149	NU	WALKER HEVY DUTY WHEELD ANY TYPE EA	152.06			208.29	
E0153	NU	PLATFORM ATTCH FOREARM CRUTCH EA	69.04			75.13	
E0154	NU	PLATFORM ATTACHMENT WALKER EACH	48.87			65.80	
E0155	NU	WHL ATTCH PCK-UP WLK- PER PAIR SEAT	19.62			25.02	
E0156	NU	SEAT ATTACHMENT WALKER	17.99			24.67	
E0157	NU	CRUTCH ATTACHMENT WALKER EACH	53.05			64.99	
E0158	NU	LEG EXTENSIONS WALKER PER SET FOUR	20.17			25.53	
E0159	NU	BRAKE ATTCH WHEELED WALK REPLCMT EA	13.40			16.67	
E0160	NU	SITZ BATH/EQP PRTBLE W/WO COMMODE	28.97			35.79	
E0161	NU	SITZ BATH/EQP PRTBLE USED W/FAUCET	24.53			28.40	
E0162	NU	SITZ BATH CHAIR	144.97			157.76	
E0163	NU	COMMODE CHAIR WITH FIXED ARMS	81.14			107.79	
E0165	NU	COMMODE CHAIR WITH DETACHABLE ARMS	171.20			171.10	
E0167	NU	PAIL/PAN USE W/COMMODE CHAIR REPL	10.80			12.99	
E0168	NU	COMMODE CHAIR XTRA WIDE&/HEVY DUTY	136.85			163.41	
E0170	RR	COMMODE CHAIR SEAT LIFT MECH ELEC	156.40			174.02	
E0171	RR	COMMODE CHAIR SEAT LIFT MCH NONELEC	28.04			31.32	
E0172		SEAT LIFT MECH PLACE OVR/TOP TOILET	0.00			BR	
E0175	NU	FOOT REST USE W/COMMODE CHAIR EACH	65.91			71.71	
E0181	NU	PWR PRESS RED MATTRESS PAD W/PUMP	240.00			282.10	
E0182	NU	PUMP ALTERNATING PRESSURE PAD REPL	241.20			240.90	
E0184	NU	DRY PRESSURE MATTRESS	175.04			210.81	
E0185	NU	GEL/GEL-LIKE PRSS PAD MATTRSS STD	229.01			294.36	
E0186	NU	AIR PRESSURE MATTRESS	186.80			186.80	
E0187	NU	WATER PRESSURE MATTRESS	213.60			213.60	
E0188	NU	SYNTHETIC SHEEPSKIN PAD	24.28			28.62	
E0189	NU	LAMBSWOOL SHEEPSKIN PAD ANY SIZE	43.95			47.83	
E0190		PSTN CUSH/PILLOW/EDGE ALL COMPONENT	41.04			BR	
E0191	NU	HEEL OR ELBOW PROTECTOR EACH	9.56			10.40	
E0193	RR	POWERED AIR FLOTATION BED	612.51			716.64	
E0194	NU	AIR FLUIDIZED BED	34164.00			35235.30	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0196	NU	GEL PRESSURE MATTRESS	299.20			299.00	
E0197	NU	AIR PRSS PAD MATTRSS STD LEN&WDTH	173.86			203.92	
E0198	NU	WATR PRSS PAD MATTRSS STD LEN&WDTH	232.80			203.92	
E0199	NU	DRY PRSS PAD MATTRSS STD LEN&WDTH	26.67			29.50	
E0200	NU	HEAT LAMP W/O STAND W/INFRARD ELEM	67.05			72.96	
E0202	RR	PHOTOTHERAPY LIGHT WITH PHOTOMETER	62.30			67.79	
E0203		TX LTBOX MINI 10000 LUX TABLE TOP	BR			BR	
E0205	NU	HEAT LAMP W/STAND W/INFRARD ELEM	164.12			178.60	
E0210	NU	ELECTRIC HEAT PAD STANDARD	27.84			30.29	
E0215	NU	ELECTRIC HEAT PAD MOIST	59.91			65.20	
E0217	NU	WATER CIRCULATING HEAT PAD W/PUMP	491.27			534.60	
E0218	NU	WATER CIRCULATING COLD PAD W/PUMP	348.40			1061.78	
E0221		INFRARED HEATING PAD SYSTEM	0.00			0.00	
E0225	NU	HYDROCOLLATOR UNIT INCLUDES PADS	386.69			420.79	
E0231		NON-CNTC WND WARM DEVC W/CARD&COVR	BR			BR	
E0232		WOUND WARMING WOUND COVER	BR			BR	
E0235	NU	PARAFFIN BATH UNIT PORTABLE	181.20			186.80	
E0236	NU	PUMP FOR WATER CIRCULATING PAD	464.40			479.00	
E0239	NU	HYDROCOLLATOR UNIT PORTABLE	447.56			487.04	
E0240		BATH/SHOWER CHAIR W/WO WHLS ANY SZ	0.00			BR	
E0241		BATHTUB WALL RAIL EACH	24.40			33.63	
E0242		BATHTUB RAIL FLOOR BASE	54.80			76.20	
E0243		TOILET RAIL EACH	43.60			60.46	
E0244		RAISED TOILET SEAT	33.20			45.79	
E0245		TUB STOOL OR BENCH	54.40			75.49	
E0246		TRANSFER TUB RAIL ATTACHMENT	74.40			103.03	
E0247	NU	TRNSF BENCH TUB/TOILET W/WO COMMODE	53.60			74.41	
E0248		TRNSF BENCH HEVY DUTY TUB/TOILET	0.00			BR	
E0249	NU	PAD H2O CIRC HEAT UNIT REPLCMT ONLY	84.24			91.67	
E0250	NU	HOS BED FIX HT W/RAIL W/MATTRSS	776.00			775.40	
E0251	NU	HOS BED FIX HT W/RAIL W/O MATTRSS	588.00			686.10	
E0255	NU	HOS BED VARIBL HT W/RAIL W/MATTRSS	932.80			931.90	
E0256	NU	HOS BED VARIBL HT W/RAIL NO MATTRSS	661.60			661.10	
E0260	RR	HOS BED SEMI-ELEC W/RAIL W/MATTRSS	92.10			131.08	
E0261	NU	HOS BED SEMI-ELEC W/RAIL NO MATTRSS	1087.20			1086.20	
E0265	NU	HOS BED TOT ELEC W/RAIL W/MATTRSS	1586.80			1736.20	
E0266	NU	HOS BED TOT ELEC W/RAIL W/O MATTRSS	1410.00			1408.70	
E0270		HOSP BED INST TYPE: W/MATTRSS	0.00			BR	
E0271	NU	MATTRESS INNER SPRING	142.58			176.13	
E0272	NU	MATTRESS FOAM RUBBER	136.79			160.52	
E0273	NU	BED BOARD	26.40			42.94	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0274	NU	OVER-BED TABLE	42.40			69.04	
E0275	NU	BED PAN STANDARD METAL OR PLASTIC	14.20			16.58	
E0276	NU	BED PAN FRACTURE METAL OR PLASTIC	12.20			14.41	
E0277	RR	POWER PRESSURE-REDUCING AIR MATTRSS	413.50			656.46	
E0280	NU	BED CRADLE ANY TYPE	26.80			30.30	
E0290	NU	HOS BED FIX HT W/O RAIL W/MATTRSS	593.20			592.80	
E0291	NU	HOS BED FIX HT W/O RAIL W/O MATTRSS	431.20			488.50	
E0292	NU	HOS BED VARIBL HT NO RAIL W/MATTRSS	667.20			666.60	
E0293	NU	HOS BED VARIBL HT W/O RAIL/MATTRSS	567.60			610.50	
E0294	NU	HOS BED SEMI-ELEC NO RAIL W/MATTRSS	1037.20			1036.30	
E0295	NU	HOS BED SEMI-ELEC W/O RAIL/MATTRSS	1010.80			1010.10	
E0296	NU	HOS BED TOT ELEC W/O RAIL W/MATTRSS	1485.60			1302.50	
E0297	NU	HOS BED TOT ELEC W/O RAIL/MATTRSS	1116.80			1115.80	
E0300	NU	PED CRIB HOS GRADE ENC W/WO TOP ENC	2253.60			2648.99	
E0301	NU	HOS BED HEVY DUTY W/WT CAP >350 PDS	2149.20			2234.70	
E0302	NU	HOS BED WT CAP>600 W/O MATTRESS	5679.60			6676.40	
E0303	NU	HOS BED HEVY DUTY WT CAP >350<=600	2413.20			2547.00	
E0304	NU	HOS BED XTRA HD WT CAP>600 MTTRSS	6118.00			7191.90	
E0305	NU	BEDSIDE RAILS HALF-LENGTH	141.20			166.00	
E0310	NU	BEDSIDE RAILS FULL-LENGTH	131.21			163.41	
E0315		BED ACCESS: BOARD/TABL/SUPPRT DEVC	BR			BR	
E0316	NU	SFTY ENCLOS FRME/CANOPY W/HOSP BED	1677.20			1911.90	
E0325	NU	URINAL; MALE JUG-TYPE ANY MATERIAL	9.20			10.95	
E0326	NU	URINAL; FE JUG-TYPE ANY MATERIAL	9.71			11.37	
E0328		HOSP BED PED MANUAL INCL MATTRESS	BR			BR	
E0329		HOSP BED PED ELECTRIC INCL MATTRESS	BR			BR	
E0350		CNTRL U ELEC BOWEL IRRIG/EVAC SYS	BR			BR	
E0352		DISPBL PACK W/ELEC BOWEL IRRIG/EVAC	BR			BR	
E0370		AIR PRESSURE ELEVATOR FOR HEEL	BR			BR	
E0371	RR	NONPWR PRSS RDUC OVRLAY MATTRSS STD	289.64			371.68	
E0372	RR	PWR AIR OVRLAY MATTRSS STD LEN&WDTH	308.72			451.02	
E0373	RR	NONPWR ADVD PRESS REDUCING MATTRSS	374.32			516.62	
E0424	RR	STATION COMPRS GASOUS O2 SYS RENT;	123.75			1773.60	
E0425	NU	STATION COMPRS GAS SYS PURCHASE;	3281.60			177.36	
E0430	NU	PRTBLE GASEOUS O2 SYS PURCHASE;	1486.00			2059.20	
E0431	RR	PRTBLE GASEOUS O2 SYS RENTAL;	22.30			29.67	
E0433	RR	PORTBL LIQ O2 SYS RENT; HOME LIQUIF	42.09				
E0434	RR	PRTBLE LIQUID O2 SYS RENTAL;	22.30			29.67	
E0435	NU	PRTBLE LIQUID O2 SYS PURCHASE;	1021.60			1415.70	
E0439	RR	STATION LIQUID O2 SYS RENTAL;	123.75			177.36	
E0440	NU	STATION LIQUID O2 SYS PURCHASE;	2074.40			2874.30	

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E0441		STATIONARY O2 CONT GAS 1 MO SPL=1 U	61.34			77.45	
E0442		STATIONARY 02 CONT LQD 1 MO SPL=1 U	61.34			77.45	
E0443		PORTBL O2 CONTENT GAS 1 MO SPL= 1 U	60.10			77.45	
E0444		PORTBL O2 CONTENT LIQ 1 MO SPL=1 U	60.10			77.45	
E0445		OXIMETER MSR BLD O2 LEVL NON-INVASV	BR			BR	
E0446		TOPICAL OXYGEN DELIVERY SYSTEM NOS	BR			BR	
E0455		O2 TENT EXCLD CROUP/PEDIATRIC TENTS	BR			BR	
E0457	NU	CHEST SHELL	566.00			665.34	
E0459	NU	CHEST WRAP	468.80			468.40	
E0462	NU	ROCKING BED W/WO SIDE RAILS	3059.20			3155.00	
E0465	NU	HOME VENT ANY TYPE USED INVASV INTF	10020.40				
E0466	NU	HOME VENT TYPE USED NON-INVASV INTF	10020.40				
E0470	NU	RESP ASST DEVC BI-LEVL PRSS CAPABIL	2037.20			2166.20	
E0471	NU	RESP ASST DEVC BI-LEVL PRSS CAPABIL	5098.00			5400.00	
E0472	NU	RESP ASST DEVC BI-LEVL PRSS CAPABIL	5098.00			5400.00	
E0480	NU	PERCUSSOR ELEC/PNEUMAT HOME MODEL	461.20			404.40	
E0481		INTRAPULM PERCUSS VENT SYS&REL ACSS	BR			BR	
E0482	RR	COUGH STIM DEVC ALTRNAT POS&NEG	383.40			417.22	
E0483	NU	HI FREQ CHST WALL AIR-PULSE GEN EA	11160.80			11510.70	
E0484	NU	OSCILLAT POS EXPIRTORY PRSS NO-ELEC	36.75			39.98	
E0485		ORL DEVC/APPL RDUC UA COLLAPS PRFAB	0.00			0.00	
E0486		ORL DEVC/APPL RDUC UA COLLAPS CSTM	0.00			0.00	
E0487		SPIROMETER ELECTRONIC INCL ACCESS	0.00			BR	
E0500	NU	IPPB MACH BUILT-IN NEBULZ;VALVS;PWR	1152.40			1010.10	
E0550	NU	HUMDIFR EXT SUPLMNTL DUR IPPB TX/O2	526.40			542.80	
E0555	NU	HUMDIFR GLASS/AUTOCLVBL PLSTC BOTTL	7.20			12.10	
E0560	NU	HUMDIFIR SUPLMNTL DUR IPPB TX/O2	145.69			158.54	
E0561	NU	HUMDIFIR NON-HEAT USED W/POS AIRWAY	76.76			99.85	
E0562	NU	HUMDIFIR HEAT USED W/POS ARWAY PRSS	197.33			281.10	
E0565	NU	COMPRS AIR PWR EQP NOT SLF-CONTAIND	562.00			561.50	
E0570	RR	NEBULIZER WITH COMPRESSOR	13.04			17.45	
E0572	NU	AROSL COMPRS ADJSTBL PRSS INTERMIT	350.80			371.40	
E0574	NU	US/ELEC AROSL GEN W/SM VOLUME NEB	422.80			392.50	
E0575	NU	NEBULIZER ULTRASONIC LARGE VOLUME	1078.80			945.90	
E0580	NU	NEBULIZR GLASS/AUTOCLVBL PLST BOTTL	113.60			125.09	
E0585	NU	NEBULIZER W/COMPRESSOR AND HEATER	323.20			322.70	
E0600	NU	RESP SUCTN PUMP HOME MODEL ELEC	480.80			421.30	
E0601	NU	CONTINUOUS POS AIRWAY PRESSURE DEVC	886.80			936.80	
E0602	NU	BREAST PUMP MANUAL ANY TYPE	29.37			31.96	
E0603	NU	BREAST PUMP ELECTRIC ANY TYPE	77.60			BR	
E0604	NU	BREAST PUMP HEVY DUTY HOSP GRADE	222.80			BR	

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E0605	NU	VAPORIZER ROOM TYPE	26.30			28.62	
E0606	NU	POSTURAL DRAINAGE BOARD	240.80			248.50	
E0607	NU	HOME BLOOD GLUCOSE MONITOR	66.47			72.34	
E0610	NU	PACEMKR MON CHCK BATTRY AUDBL&VISBL	236.66			257.53	
E0615	NU	PACEMKR MON CHCK BATTRY DIGTL/VISBL	476.39			518.42	
E0616		IMPL CARD EVNT REC MEM ACTVTR&PRGMR	BR			BR	
E0617	RR	EXT DEFIB W/INTEGRATED ECG ANALY	302.51			329.19	
E0618	RR	APNEA MONITOR W/O RECORDING FEATURE	278.96			303.55	
E0619	RR	APNEA MONITOR W/RECORDING FEATURE	0.00			0.00	
E0620	NU	SKN PIERC DEVC CLCT CAPLRY BLD LASR	917.60			946.71	
E0621	NU	SLING/SEAT PT LIFT CANVAS/NYLON	84.97			103.93	
E0625		PATIENT LIFT BATHROOM OR TOILET NOC	0.00			BR	
E0627	NU	SEAT LIFT MECH COMB LIFT-CHAIR MECH	291.97			358.07	
E0628	NU	SEP SEAT LIFT MECH PT OWN FURN-ELEC	301.63			358.07	
E0629	NU	SEP SEAT LIFT MECH PT FURN-NONELEC	295.99			358.07	
E0630	NU	PATIENT LIFT HYRAULIC/MECH	938.40			937.60	
E0635	NU	PATIENT LIFT ELECTRIC W/SEAT/SLING	1127.20			1324.80	
E0636	NU	MX PSTN PT SUPP SYS LIFT PT CNTRL	9713.20			11417.90	
E0637	NU	COMB SIT STAND FRAME/TABLE SEATLIFT	1846.40			3013.05	
E0638		STAND FRAME/TABLE SYS 1 POS ANY SZ	BR			BR	
E0639	NU	PT LIFT MOVEABLE DISASSMBL&REASSMBL	1171.20			BR	
E0640	NU	PT LIFT FIX SYS ALL CMPNTS/ACCESS	1171.20			BR	
E0641		STAND FRAME/TABLE SYS MX-POS ANY SZ	BR			BR	
E0642		STAND FRAME/TABLE SYS MOBILE ANY SZ	BR			BR	
E0650	NU	PNEUMAT COMPRS NONSEG HOME MODEL	609.09			662.82	
E0651	NU	PNEUMAT COMPRS NO CALBRT GRDNT PRSS	913.78			994.39	
E0652	NU	PNEUMAT COMPRS W/CALBRT GRADNT PRSS	4483.50			4878.97	
E0655	NU	NONSEG PNEUMAT APPLINC HALF ARM	91.28			99.33	
E0656	NU	SEG PNEUMAT APPLINC W/COMPRS TRUNK	606.80			625.49	
E0657	NU	SEG PNEUMAT APPLINC W/COMPRS CHEST	570.00			587.63	
E0660	NU	NONSEG PNEUMAT APPLINC FULL LEG	158.94			172.96	
E0665	NU	NONSEG PNEUMAT APPLINC FULL ARM	115.86			126.08	
E0666	NU	NONSEG PNEUMAT APPLINC HALF LEG	116.79			127.08	
E0667	NU	SEG PNEUMAT APPLINC COMPRS FULL LEG	273.82			297.97	
E0668	NU	SEG PNEUMAT APPLINC COMPRS FULL ARM	373.71			406.67	
E0669	NU	SEG PNEUMAT APPLINC COMPRS HALF LEG	182.39			198.48	
E0670	NU	SEG PNEU APPL P C INT 2 F LEG TRNK	1102.66				
E0671	NU	SEG GRAD PRSS PNUMAT APPLNC FUL LEG	413.26			449.71	
E0672	NU	SEG GRAD PRSS PNUMAT APPLNC FUL ARM	321.09			349.42	
E0673	NU	SEG GRAD PRSS PNUMAT APPLNC HLF LEG	266.81			290.35	
E0675	NU	PNEUMAT COMPRS DEVC HI PRESS RAPID	4036.80			4163.60	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0676		INTERMITT LIMB COMPRESSION DEVC NOS	24.00			BR	
E0691	NU	UV LIGHT TX BULB/LAMP; TX 2 SQ FT/<	894.06			972.92	
E0692	NU	UV LT TX SYS PANL W/LAMP 4 FT PANEL	1122.70			1221.72	
E0693	NU	UV LT TX SYS PANL W/LAMP 6 FT PANEL	1383.97			1506.04	
E0694	NU	UV MX DIR LT TX SYS 6 FT CABINET	4405.01			4793.56	
E0700		SAFETY EQP DEVICE/ACCESSRY ANY TYPE	BR			BR	
E0705	NU	TRANSFER DEVICE ANY TYPE EACH	48.60			59.68	
E0710		RESTRAINT ANY TYPE	BR			BR	
E0720	NU	TENS DEVICE 2 LEAD LOCALIZED STIM	BR			397.98	
E0730	NU	TENS DEVICE 4/> LEADS MX NERVE STIM	341.20			401.21	
E0731	NU	FORM FIT CONDUCT GARM TENS/NMES	286.63				
E0740	NU	INCONT TX SYS PELV FLR STIM &/TRNER	549.20			566.11	
E0744	NU	NEUROMUSCULAR STIMULATOR SCOLIOSIS	961.20			842.80	
E0745	NU	NEUROMUSC STIM ELEC SHOCK UNIT	939.60			823.80	
E0746		ELECTROMYOGRAPHY BIOFEEDBACK DEVICE	BR			BR	
E0747	NU	OSTOGNS STIM NONINVASV NOT SP APPLC	4111.20			4240.00	
E0748	NU	OSTOGNS STIM NONINVASV SP APPLIC	4084.40			4212.53	
E0749	RR	OSTOGNS STIM ELEC SURGICALLY IMPL	282.93			307.89	
E0755		ELEC SALIVARY REFLEX STIMULATOR	BR			BR	
E0760	NU	OSTOGNS STIM LW INTENS US NONINVASV	3394.00			3500.54	
E0761		NON-THRML PULS RADIOWAVE ELECMAGNET	BR			BR	
E0762	NU	TRANSCUT ELEC JOINT STIM DEVC SYS	1154.40			1190.52	
E0764	NU	FUNC NEUROMUSC STIM CMPT SC INJ	11618.00			11982.24	
E0765	NU	FDA APPRVD NRV STIM TX NAUSA&VOMIT	83.71			91.09	
E0766		ELEC STM DVC CA TX ALL ACC ANY TYPE	0.00				
E0769		ESTIM/ELECMAGNET WOUND TX DEVC NOC	BR			BR	
E0770		FES TRANSQ STIM NERV&/MUSC CMPL NOS	BR			BR	
E0776	NU	IV POLE	133.21			155.00	
E0779	RR	AMB INFUS PUMP MECH INFUS 8 HR/>	14.99			16.32	
E0780	NU	AMB INFUS PUMP MECH INFUS < 8 HR	10.27				
E0781	RR	AMB INFUS PUMP 1/MX CHANNL W/ADMIN	223.22			258.63	
E0782	NU	INFUS PUMP IMPL NON-PROGMMABLE	4507.20			4648.55	
E0783	NU	INFUS PUMP SYSTEM IMPL PROGMMABLE	8594.40			8864.11	
E0784	NU	EXTERNAL AMB INFUSION PUMP INSULIN	3846.00			4521.10	
E0785		IMPLANT INTRASPINL CATH PUMP-REPL	496.00			511.59	
E0786	NU	IMPLNT PROGRAM INFUSION PUMP-REPL	8383.60			8646.40	
E0791	NU	PAR INFUS PUMP STAT SINGLE/MXCHANEL	2912.40			2910.10	
E0830		AMB TRACTION DEVICE ALL TYPES EACH	BR			BR	
E0840	NU	TRACTION FRAME HEADBOARD CERV TRACT	72.89			79.33	
E0849	NU	TRAC EQP CERV FREESTND FRME PNEUMAT	541.20			557.94	
E0850	NU	TRACT STAND FREESTAND CERV TRACT	104.52			113.74	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0855	NU	CERV TRACT EQUIP NOT RQR ADD STAND	527.60			544.20	
E0856	NU	CERVICAL TRAC DEVC INFL AIR BLADDER	161.60			166.77	
E0860	NU	TRACTION EQUIPMENT OVERDOOR CERV	38.34			41.72	
E0870	NU	TRACT FRAME FOOTBOARD EXTREM TRACT	98.37			107.05	
E0880	NU	TRACT STAND FREESTAND EXTREM TRACT	106.17			115.54	
E0890	NU	TRAC FRAME ATTCH FOOTBRD PELV TRAC	101.83			110.81	
E0900	NU	TRACT STAND FREESTAND PELV TRACT	108.36			117.92	
E0910	NU	TRAPEZ BAR PT HLPR ATTCH BED W/GRAB	158.80			164.70	
E0911	RR	TRAPEZ BAR PT WT >250 LBS BED GRAB	39.83			46.51	
E0912	RR	TRAPEZ BAR PT WT >250 LBS FREE STND	88.79			106.83	
E0920	NU	FX FRAME ATTCH BED INCL WEIGHTS	484.40			424.70	
E0930	RR	FX FRAME FREESTANDING INCL WEIGHTS	38.64			42.04	
E0935	RR	CONT PSV MOT EXER DEVC KNEE ONLY	19.23			20.93	
E0936		CONT PASS MOTION EXER DEVC NOT KNEE	24.00			BR	
E0940	NU	TRAPEZ BAR FREESTND CMPL W/GRAB BAR	276.00			275.80	
E0941	RR	GRAVITY ASSTD TRAC DEVICE ANY TYPE	36.70			39.94	
E0942	NU	CERVICAL HEAD HARNESS/HALTER	16.79			18.27	
E0944	NU	PELVIC BELT/HARNESS/BOOT	39.03			42.48	
E0945	NU	EXTREMITY BELT/HARNESS	37.49			40.79	
E0946	RR	FX FRAM DUAL CROSS BARS ATTACH BED	50.04			54.45	
E0947	NU	FX FRAME ATTCH CMPLX PELV TRAC	512.89			558.13	
E0948	NU	FX FRAME ATTCH CMPLX CERV TRAC	509.48			554.42	
E0950	NU	WHEELCHAIR ACCESSORY TRAY EACH	78.17			97.01	
E0951	NU	HEEL LOOP/HOLDER ANY TYPE EACH	12.51			15.05	
E0952	NU	TOE LOOP/HOLDER ANY TYPE EACH	14.98			17.57	
E0955	NU	WC ACSS HEADREST CUSHND HARDWARE EA	147.97			188.68	
E0956	NU	WC ACSS LAT TRNK/HIP HARDWARE EA	75.47			91.99	
E0957	NU	WC ACSS MED THI SUPP HARDWARE EA	108.31			128.72	
E0958	NU	MNL WC ACCESS 1-ARM DRIVE ATTCH EA	402.00			426.80	
E0959	NU	MNL WC ACCSS ADAPTER FOR AMPUTEE EA	40.52			46.99	
E0960	NU	WC ACSS SHLDR HRNSS/STRAPS/CHST STR	70.88			84.90	
E0961	NU	MNL WC ACCESS WHL LOCK BRAKE EXT EA	21.36			27.38	
E0966	NU	MNL WC ACCESS HEADREST EXTENSION EA	60.17			65.69	
E0967	NU	MANUAL WC ACCESS HAND RIM W/PROJ EA	62.04			71.11	
E0968	NU	COMMODE SEAT WHEELCHAIR	188.00			194.10	
E0969	NU	NARROWING DEVICE WHEELCHAIR	155.84			169.59	
E0970	NU	NO 2 FOOTPLATES EXCEPT ELEV LEGREST	52.00			68.83	
E0971	NU	MNL WC ACSS ANTI-TIPPING DEVC EA	35.74			46.97	
E0973	NU	WC ACCSS ADJ HT DTACH ARMRST EA	66.62			91.20	
E0974	NU	MNL WC ACCESS ANTI-ROLLBACK DEVC EA	70.79			84.89	
E0978	NU	WC ACSS PSTN/SFTY BELT/PELV STRP EA	29.41			39.85	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E0980	NU	SAFETY VEST WHEELCHAIR	32.42			35.28	
E0981	NU	WC ACSS SEAT UPHLSTER REPL ONLY EA	34.37			37.40	
E0982	NU	WC ACSS BACK UPHLSTER REPL ONLY EA	37.56			40.87	
E0983	NU	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	2624.00			2429.70	
E0984	NU	MNL WC ACSS PWR ADD-ON CNVRT MNL WC	2005.60			2068.62	
E0985	NU	WHEELCHAIR ACCESS SEAT LIFT MECH	192.56			219.63	
E0986	NU	MNL WC ACSS PSH-RM ACT PWR ASST SYS	5106.80			5266.60	
E0988	RR	MNL WC ACSS LEVR-ACT WHL DRIVE PAIR	297.84			324.11	
E0990	NU	WC ACCSS ELEV LEG REST CMPL ASSMBL	75.14			93.14	
E0992	NU	MNL WHLCHAIR ACCSS SOLID SEAT INSRT	80.49			101.61	
E0994	NU	ARMREST EACH	14.90			16.22	
E0995	NU	WHEELCHAIR ACCESS CALF REST/PAD EA	22.16			24.11	
E1002	NU	WC ACSS PWR SEATING SYS TILT ONLY	3217.60			3782.46	
E1003	NU	WC ACSS RECLINE ONLY NO SHEAR RDUC	3486.00			4097.96	
E1004	NU	WC ACSS RECLINE W/MECH SHEAR RDUC	3865.20			4543.79	
E1005	NU	WC ACSS RECLINE W/PWR SHEAR RDUC	4184.00			4918.30	
E1006	NU	WC ACSS TILT&RECLINE NO SHEAR RDUC	5124.80			6024.46	
E1007	NU	WC ACSS TILT&RECLIN MECH SHEAR RDUC	6939.20			8157.35	
E1008	NU	WC ACSS TILT&RECLINE PWR SHEAR RDUC	6940.00			8158.09	
E1009	NU	WC ACCSS MECH LINKD LEG ELEV EA	0.00			BR	
E1010	NU	WC ACCSS PWR LEG ELEV SYS PAIR	908.00			1067.38	
E1011	NU	MOD PED SIZE WC WIDTH ADJ PACKAGE	0.00			BR	
E1012	NU	WC ACCESS PWR SEAT SYS CNTR MNT EA	902.00				
E1014	NU	RECLIN BACK ADD PED SIZE WHLCHAIR	383.60			395.35	
E1015	NU	SHOCK ABSORBER MANUAL WHEELCHAIR EA	109.34			124.20	
E1016	NU	SHOCK ABSORBER POWER WHEELCHAIR EA	98.53			122.54	
E1017	NU	HEAVY DUTY SHOCK ABSORBR MNL WC EA	0.00			0.00	
E1018	RR	HEAVY DUTY SHOCK ABSORBR PWR WC EA	0.00			0.00	
E1020	NU	RES LIMB SUP SYS WHEELCHAIR ANY TYP	184.99			227.15	
E1028	NU	WC ACCSS MANL SWINGAWAY OTH CNTRL	149.60			192.74	
E1029	NU	WHEELCHAIR ACCESS VENT TRAY FIX	293.20			344.86	
E1030	NU	WHLCHAIR ACCESS VENT TRAY GIMBALED	925.20			1087.43	
E1031	NU	ROLLABOUT CHAIR W/CASTRS 5 IN/GT	465.20			464.90	
E1035	RR	MX-PSTN PT TRNSF SYS PT </= 300 LBS	583.79			663.93	
E1036	RR	MX-PSTN PT TRNSF SYS PT > 300 LBS	829.57				
E1037	NU	TRANSPORT CHAIR PEDIATRIC SIZE	999.20			1174.60	
E1038	NU	TRNSPRT CHAIR PT WT CAP TO&= 300 LB	166.00			195.10	
E1039	NU	TRNSPRT CHAIR ADLT PT WT CAP>300 LB	314.80			370.20	
E1050	NU	FULL RECLINE WC FIX ARM DETACH LEGS	1069.20			937.20	
E1060	NU	FULL RECLN WHLCHAR;DTACH ARM LEGRST	1323.60			1160.20	
E1070	NU	FULL RECLN WHLCHR;DTACH ARM FOOTRST	1150.00			1008.00	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E1083	NU	HEMI-W/C; FIXED ARM DETACH LEGREST	826.80			724.70	
E1084	NU	HEMI-WHLCHAIR; DTACHBLE ARMS LEGRST	1030.00			902.90	
E1085	NU	HEMI-WHLCHAIR;FIX ARM DTACH FOOTRST	804.80			1063.14	
E1086	NU	HEMI-WHLCHAIR; DTACHBL ARMS FOOTRST	980.40			1294.85	
E1087	NU	HI-STRGTH WHLCHAIR; FIX ARMS LEGRST	1328.40			1164.40	
E1088	NU	HI-STRGTH WHLCHAIR;DTACH ARM LEGRST	1582.80			1387.60	
E1089	NU	HI-STRGTH WHLCHAIR; FIX ARM FOOTRST	1301.20			1718.74	
E1090	NU	HI-STRGTH WHLCHAR;DTACH ARM FOOTRST	1341.60			1771.90	
E1092	NU	WIDE HEVY-DUT WHLCHR; DTACH ARM LEG	1349.20			1361.90	
E1093	NU	WIDE HEVY-DUT WHLCHR;DTACH ARM FOOT	1160.00			1167.50	
E1100	NU	SEMI-RECLN WHLCHR;FIX ARM DTACH LEG	1089.60			955.30	
E1110	NU	SEMI-RECLN WHLCHR; DTACH ARM LEGRST	1067.20			935.50	
E1130	NU	STD WHLCHAIR; FIX ARM DTACH FOOTRST	516.00			681.50	
E1140	NU	WHLCHAIR; DTACHBLE ARMS FOOTRESTS	743.20			981.36	
E1150	NU	WHLCHAIR; DTACHBLE ARMS LEGRESTS	856.40			750.70	
E1160	NU	WHLCHAIR; FIX ARMS DTACHBL LEGRESTS	656.40			575.20	
E1161	NU	MANUAL ADLT SZ WC INCL TILT SPACE	2484.00			2561.81	
E1170	NU	AMP WHLCHAIR; FIX ARM DTACH LEGREST	937.60			822.00	
E1171	NU	AMP WHLCHAIR;FIX ARM NO FOOT/LEGRST	841.60			737.70	
E1172	NU	AMP WHLCHR;DTACH ARM NO FOOT/LEGRST	1028.40			901.50	
E1180	NU	AMP WHLCHAIR; DTACHBL ARMS FOOTRSTS	1064.00			932.60	
E1190	NU	AMP WHLCHAIR; DTACHBL ARMS LEGRESTS	1229.20			1077.50	
E1195	NU	HVY DUT WHLCHR;FIX ARM DTACH LEGRST	1318.80			1156.20	
E1200	NU	AMP WHLCHAIR; FIX ARM DTACH FOOTRST	913.60			800.80	
E1220		WHEELCHAIR; SPCL SIZED/CONSTRUCTED	BR			BR	
E1221	NU	WHEELCHAIR WITH FIXED ARM FOOTRESTS	498.80			514.50	
E1222	NU	WHEELCHAIR W/FIX ARM ELEV LEGRESTS	711.60			734.00	
E1223	NU	WHLCHAIR W/DETACHBLE ARMS FOOTRESTS	777.20			801.40	
E1224	NU	WHLCHAIR W/DTACHBL ARMS ELEV LEGRST	852.00			878.60	
E1225	NU	WC ACCESS MNL SEMIRECLINING BACK EA	416.40			439.00	
E1226	NU	WC ACCESS MNL FULL RECLIN BACK EA	443.27			590.79	
E1227	NU	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	276.10			300.46	
E1228	NU	SPECIAL BACK HEIGHT FOR WHEELCHAIR	294.00			257.90	
E1229		WHEELCHAIR PEDIATRIC SIZE NOS	BR			BR	
E1230	NU	PWR OP VEH SPEC BRAND&MODEL NUMBER	1912.83			2081.56	
E1231	NU	WC PED SZ TILT-IN-SPACE RIGD W/SEAT	0.00			0.00	
E1232	NU	WC PED SZ TILT-IN-SPACE FOLD W/SEAT	2245.20			2315.29	
E1233	NU	WC PED SZ TILT-IN-SPCE RIGD NO SEAT	2326.00			2399.01	
E1234	NU	WC PED SZ TILT-IN-SPCE FOLD NO SEAT	2025.20			2088.51	
E1235	NU	WC PED SZ RIGD ADJUSTBL W/SEAT SYS	1950.00			2011.07	
E1236	NU	WC PED SZ FOLD ADJUSTBL W/SEAT SYS	1720.40			1774.28	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E1237	NU	WC PED SZ RIGD ADJUSTBL NO SEAT SYS	1735.60			1789.78	
E1238	NU	WC PED SZ FOLD ADJUSTBL NO SEAT SYS	1720.40			1774.28	
E1239		POWER WHEELCHAIR PEDIATRIC SIZE NOS	BR			BR	
E1240	NU	LGHTWT WHLCHAIR; DTACH ARMS LEGRSTS	1081.60			948.10	
E1250	NU	LGHTWT WHLCHR;FIX ARM DTACH FOOTRST	794.80			1049.51	
E1260	NU	LGHTWT WHLCHAIR; DTACH ARMS FOOTRST	928.80			1226.70	
E1270	NU	LGHTWT WHLCHR; FIX ARM DTACH LEGRST	828.80			726.60	
E1280	NU	HEVY-DUTY WHLCHR; DTACH ARMS LEGRST	1378.00			1207.90	
E1285	NU	HEVY-DUTY WHLCHR;FIX ARM DTACH FOOT	1197.20			1581.08	
E1290	NU	HEVY-DUTY WHLCHR; DTACH ARM FOOTRST	1238.40			1635.60	
E1295	NU	HEVY-DUTY WHLCHAIR; FIX ARMS LEGRST	1275.20			1117.80	
E1296	NU	SPECIAL WHEELCHAIR SEAT HT FROM FLR	489.18			532.33	
E1297	NU	SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR	104.09			113.26	
E1298	NU	SPCL WHLCHAIR SEAT DPTH&/WDTH CNSTR	421.52			458.70	
E1300		WHIRLPOOL PORTABLE	BR			BR	
E1310	NU	WHIRLPOOL NONPORTABLE	2136.57			2325.03	
E1352		OXYGEN ACC FLW REG CPBL POS INSP PR	BR				
E1353	NU	REGULATOR	0.00			30.67	
E1354		O2 ACCESS CART PRTBLE CYL/CONC REPL	BR			BR	
E1355	NU	STAND/RACK	0.00			23.10	
E1356		O2 ACCESS BTTRY PACK/CRTRDGE REPL	BR			BR	
E1357		O2 ACCESS BATTRY CHARGER REPL EA	BR			BR	
E1358		O2 ACCESS DC POWER ADAPTER REPL EA	BR			BR	
E1372	NU	IMMERSION EXTERNAL HEATER NEBULIZER	137.83			150.03	
E1390	RR	O2 CONC 85%/>02 CONC PRSC FLW RATE	123.75			177.36	
E1391	RR	02 CONC 2 DEL 85%/>02 CONC FLW RATE	123.75			177.36	
E1392	RR	PORTABLE OXYGEN CONCENTRATOR RENTAL	42.09			51.63	
E1399		DME MISCELLANEOUS	BR			BR	
E1405	RR	O2&WATR VAPR ENRICH SYS W/HEAT DEL	153.46			209.63	
E1406	RR	O2&WATR VAPR ENRCH SYS NO HEAT DEL	136.89			194.81	
E1500		CENTRIFUGE FOR DIALYSIS	BR			BR	
E1510		KIDNEY DIALYSAT DEL SYS KIDNEY MACH	0.00			BR	
E1520		HEPARIN INFUSION PUMP HEMODIALYSIS	0.00			BR	
E1530		AIR BUBBLE DETECTR HEMODIAL EA REPL	0.00			BR	
E1540		PRESSURE ALARM HEMODIAL EA REPL	0.00			BR	
E1550		BATH CONDUCTIVITY METER HEMODIAL EA	0.00			BR	
E1560		BLD LEAK DETECTOR HEMODIAL EA REPL	BR			BR	
E1570		ADJUSTABLE CHAIR FOR ESRD PATIENTS	BR			BR	
E1575		TRNSDUCR PRTCTR/BARR HEMODIAL SZ-10	BR			BR	
E1580		UNIPUNCTURE CONTROL SYSTEM HEMODIAL	BR			BR	
E1590		HEMODIALYSIS MACHINE	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E1592		AUTO INTERMIT PERITON DIALYSIS SYS	BR			BR	
E1594		CYCLR DIALYSIS MACH PERITON DIALYS	BR			BR	
E1600		DEL &OR INSTL CHARGES HEMODIAL EQP	0.00			BR	
E1610		RVRS OSMOSIS H2O PURIF SYS HEMODIAL	BR			BR	
E1615		DEIONIZER H2O PURIF SYS HEMODIAL	BR			BR	
E1620		BLOOD PUMP HEMODIALYSIS REPLACEMENT	BR			BR	
E1625		WATER SOFTENING SYSTEM HEMODIALYSIS	BR			BR	
E1630		RECIPROCAT PERITON DIALYSIS SYSTEM	BR			BR	
E1632		WEARABLE ARTIFICIAL KIDNEY EACH	BR			BR	
E1634		PERITONEAL DIALYSIS CLAMPS EACH	BR			BR	
E1635		COMPACT TRAVEL HEMODIALYZER SYSTEM	0.00			BR	
E1636		SORBENT CARTRIDGES HEMODIAL PER 10	0.00			BR	
E1637		HEMOSTATS EACH	BR			BR	
E1639		SCALE EACH	BR			BR	
E1699		DIALYSIS EQUIPMENT NOS	BR			BR	
E1700	NU	JAW MOTION REHABILITATION SYSTEM	362.00			373.36	
E1701		REPL CUSHNS JAW MOT REHAB SYS PKG 6	8.96			9.77	
E1702		REPL MSR SCLS JAW MOT REHAB SYS 200	19.09			20.77	
E1800	RR	DYN ADJUSTABLE ELB EXT/FLX DEVC	103.61			112.74	
E1801	RR	STATIC PROGRESSV STRETCH ELBOW DEVC	115.03			125.17	
E1802	RR	DYN ADJUSTBL FORARM PRON/SUPIN DEVC	325.16			353.84	
E1805	RR	DYN ADJUSTABLE WRIST EXT/FLX DEVC	106.86			116.28	
E1806	RR	STATIC PROGRESSV STRETCH WRIST DEVC	94.40			102.72	
E1810	RR	DYN ADJUSTABLE KNEE EXT/FLX DEVC	105.36			114.66	
E1811	RR	STATIC PROGRESSV STRETCH KNEE DEVC	119.59			130.14	
E1812	NU	DYN KNEE EXT/FLEX DEVC RESIST CNTRL	902.80			931.00	
E1815	RR	DYN ADJ ANK EXT/FLX DVC W/INTF MATL	106.86			116.28	
E1816	RR	STATIC PROGRESSV STRETCH ANKLE DEVC	121.45			132.16	
E1818	RR	STATIC PROGRSV STRETCH FOREARM DEVC	124.01			134.95	
E1820	NU	REPL SFT INTERFCE MATL DYN EXT/FLX	81.33			88.50	
E1821	NU	REPL SFT INTERFCE MATL/CUFF BI-DIR	104.72			113.95	
E1825	RR	DYN ADJUSTABLE FINGER EXT/FLX DEVC	106.86			116.28	
E1830	RR	DYN ADJUSTABLE TOE EXT/FLX DEVC	106.86			116.28	
E1831	NU	STATIC PROGRESSIVE STRETCH TOE DEVC	693.60				
E1840	RR	DYN ADJUST SHLDR FLX/ABDUCT/ROT DVC	333.72			363.16	
E1841	RR	STATIC PROGRS STRETCH SHOULDER DEVC	450.70			490.46	
E1902		CMNCT BD NON-ELEC AUG/ALTERNTV DEVC	0.00			BR	
E2000	RR	GASTR SUCTN PUMP HOME MODEL ELEC	46.20			50.28	
E2100	NU	BLD GLU MON INTEGRT VOICE SYNTHESZR	639.94			696.39	
E2101	NU	BLD GLU MON INTGRT LANCING/BLD SAMP	187.61			204.16	
E2120	RR	PULSE GEN SYS TYMPANIC TX INNR EAR	282.10			306.98	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E2201	NU	MNL WC ACSS SEAT WDTH >/=20 IN &<24	327.85			403.97	
E2202	NU	MNL WC ACSS SEAT WIDTH 24-27 IN	427.46			513.18	
E2203	NU	MNL WC ACSS SEAT DEPTH 20 < 11 IN	422.20			518.68	
E2204	NU	MNL WC ACSS SEAT DEPTH 22-25 IN	715.80			880.69	
E2205	NU	MNL WC HANDRIM W/O PROJ REPL EACH	30.77			35.37	
E2206	NU	MNL WC ACSS WHL LOCK ASSMBL CMPL EA	36.20			44.04	
E2207	NU	WHLCHAIR ACCESS CRUTCH&CANE HLDR EA	41.02			46.93	
E2208	NU	WHEELCHAIR ACCESS CYL TANK CARR EA	85.66			110.85	
E2209	NU	ARM TROUGH W/WO HAND SUPPORT EACH	81.47			100.00	
E2210	NU	WC ACESS BEARINGS ANY TYPE REPL EA	4.96			6.11	
E2211	NU	MNL WC ACESS PNEUMAT PROPULSN TIRE	31.71			37.66	
E2212	NU	MNL WC TUBE PNEUMAT PROPULSION TIRE	5.66			6.36	
E2213	NU	MNL WC INSRT PNEUMAT PROPULSN TIRE	27.69			32.93	
E2214	NU	MNL WC ACCESS PNEUMAT CASTER TIRE	29.27			33.13	
E2215	NU	MNL WC ACSS TUBE PNEUMAT CASTR TIRE	9.17			10.39	
E2216	NU	MNL WC ACSS FOAM FILL PROPULSN TIRE	0.00			0.00	
E2217	NU	MNL WC ACCSS FOAM FILL CASTER TIRE	0.00			0.00	
E2218	NU	MNL WC ACCSS FOAM PROPULSION TIRE	0.00			0.00	
E2219	NU	MNL WC ACSS FOAM CASTER TIRE ANY SZ	35.15			38.51	
E2220	NU	MNL WC ACESS SOLID PROPULSION TIRE	26.70			30.89	
E2221	NU	MNL WHLCHAIR ACSS SOLID CASTER TIRE	24.13			27.66	
E2222	NU	MNL WC SOLID CASTR TIRE INTGR WHL	19.94			22.80	
E2224	NU	MNL WC PROPULSION WHL EXCLD TIRE	84.13			96.24	
E2225	NU	MNL WC CASTR WHL EXCLD TIRE REPL	16.67			18.84	
E2226	NU	MNL WC ACSS CASTR FORK REPL ONLY	35.59			41.09	
E2227	NU	MNL WC GEAR RED DRIVE WHEEL EACH	1964.00			2025.38	
E2228	NU	MNL WC WHL BRAKE SYS&LOCK COMPL EA	894.66			1013.71	
E2230		MNL WHEELCHAIR ACCESS MNL STAND SYS	BR			BR	
E2231	NU	MNL WC ACCESS SOLID SEAT SUPP BASE	138.12			166.39	
E2291		BACK PLANR PED WC FIX ATTCH HARDWRE	BR			BR	
E2292		SEAT PLANR PED WC FIX ATTCH HARDWRE	BR			BR	
E2293		BACK CONTRD PED WC ATTCH HARDWARE	BR			BR	
E2294		SEAT CONTRD PED WC ATTCH HARDWARE	BR			BR	
E2295		MNL WC ACCESS PED SIZE WC SEAT FRME	BR			BR	
E2300		WC ACC PWR SEAT ELEV SYS ANY TYPE	BR			BR	
E2301		WHEELCHAIR ACC PWR STND SYS ANY TYP	BR			BR	
E2310	NU	PWR WC ACSS ELEC CNCT BETWN WC CNTR	929.20			1092.07	
E2311	NU	PWR WC ACSS ELEC CNCT BETWN WC CNTR	1880.80			2210.95	
E2312	NU	POWER WC HAND/CHIN CONTRL INTERFACE	2117.20			2183.53	
E2313	NU	POWER AC HARNESS UPGRD EXP CONTRLLR	336.40			346.74	
E2321	NU	PWR WC ACSS HND CNTRL NO PRPRTNL	1261.60			1720.56	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E2322	NU	PWR WC ACSS MX MECH SWTCH NOPRPRTNL	1119.60			1527.03	
E2323	NU	PWR WC ACSS SPCLTY JOYSTCK HND PRFB	57.92			74.88	
E2324	NU	PWR WC ACSS CHIN CUP CHIN CNTRL INT	37.45			47.44	
E2325	NU	PWR WC ACSS SIP&PUFF NONPRPRTNAL	1069.20			1458.24	
E2326	NU	PWR WC ACSS BREATH TUBE KIT SIP&PUF	275.60			375.86	
E2327	NU	PWR WC ACSS HEAD CNTRL MECH PRPRTNL	2074.00			2828.48	
E2328	NU	PWR WC ACSS HEAD/EXT ELEC PRPRTNL	3934.00			5365.22	
E2329	NU	PWR WC ACSS CNTC SWTCH NOPRPRTNL	1402.00			1912.23	
E2330	NU	PWR WC ACCSS PROX SWTCH NOPROPRTNL	2716.80			3705.16	
E2331		PWR WC ACSS ATDANT CNTRL PROPRTNAL	BR			BR	
E2340	NU	POWER WC NONSTAND SEAT WD 20-23 IN	356.55			388.00	
E2341	NU	PWR WC ACSS NONSTD SEAT W 24-27 IN	534.87			582.05	
E2342	NU	PWR WC NONSTD SEAT DEPTH 20/21 IN	445.73			485.04	
E2343	NU	PWR WC NONSTD SEAT DEPTH 22-25 IN	713.17			776.07	
E2351	NU	PWR WC ACSS ELEC OP SPCH GEN DEVC	593.49			756.42	
E2358		PWR WC GRP 34 NONSEALED LA BATT EA	BR			BR	
E2359	NU	PWR WC GRP 34 SEALED LA BATT EA	163.40			188.54	
E2360	NU	PWR WC ACSS 22 NF NON-SEALED BATTRY	90.83			103.39	
E2361	NU	PWR WC ACSS 22NF SEALED LEAD BATTRY	106.04			151.00	
E2362	NU	PWR WC ACSS GRP 24 NON-SEALED BATT	85.41			99.59	
E2363	NU	PWR WC ACSS GRP 24 SEALED BATTRY	138.37			201.38	
E2364	NU	PWR WC ACSS U-1 NON-SEALED BATTRY	89.33			103.39	
E2365	NU	PWR WC ACSS U-1 SEALED BATTRY	80.73			121.44	
E2366	NU	PWR WC ACSS BATTRY CHARGER 1 MODE	182.31			285.43	
E2367	NU	PWR WC ACSS BATTRY CHARGER DUL MODE	313.61			453.74	
E2368	NU	PWR WC CMPNT DR WHEEL MTR REPL ONLY	386.98			559.30	
E2369	NU	PWR WC CMPNNT DR WHL GR BX RPL ONLY	340.70			487.17	
E2370	NU	P WC CMP INT DR WHL MTR&GB CMB RPL	580.82			869.25	
E2371	NU	PWR WC GRP 27 SEALED LEAD ACID BATT	119.92			163.21	
E2372	NU	PWR WC GRP 27 NONSEAL LED ACID BATT	0.00			0.00	
E2373	NU	PWR WC MINI COMPACT REMOTE JOYSTICK	738.00			761.13	
E2374	NU	PWR WC STANDRD REMOTE JOYSTICK REPL	424.00			578.19	
E2375	NU	PWR WC NONEXPANDBLE CONTROLLER REPL	672.57			927.41	
E2376	NU	PWR WC EXPANDABLE CONTROLLER REPL	1065.60			1453.29	
E2377	NU	PWR WC EXPANDBL CONTROLLER UPGRADE	385.60			525.89	
E2378	NU	POWER WC CMPNT ACTUATOR REPL ONLY	0.00			0.00	
E2381	NU	PWR WC PNEUMATIC WHEEL TIRE REPL EA	57.22			82.48	
E2382	NU	PWR WC TUBE WHEEL TIRE REPL EA	16.49			22.49	
E2383	NU	PWR WC INSERT WHEEL TIRE REPL EA	114.42			164.44	
E2384	NU	PWR WC PNEUMATIC CASTR TIRE REPL EA	60.37			87.62	
E2385	NU	PWR WC TUBE CASTER TIRE REPL EA	39.43			53.61	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E2386	NU	PWR WC FOAM FILL WHEEL TIRE REPL EA	110.87			162.96	
E2387	NU	PWR WC FOAM FILL CASTR TIRE REPL EA	49.64			73.07	
E2388	NU	PWR WC FOAM WHEEL TIRE REPL ONLY EA	41.41			54.56	
E2389	NU	PWR WC FORM CASTER TIRE REPL EACH	22.81			29.63	
E2390	NU	PWR WC SOLID WHEEL TIRE REPL EACH	35.49			46.34	
E2391	NU	PWR WC SOLID CASTER TIRE REPL EACH	15.68			22.21	
E2392	NU	PWR WC S CASTR TIRE INTEGRT REPL EA	39.85			58.33	
E2394	NU	PWR WC DRIVE WHEEL EXCL TIRE REPL	57.68			83.10	
E2395	NU	PWR WC CASTER WHEEL EXCL TIRE REPL	41.18			59.06	
E2396	NU	PWR WC CASTER FORK REPL ONLY EACH	49.06			72.01	
E2397	NU	POWER WC LITHIUM BASED BATTERY EACH	399.23			448.40	
E2402	RR	NEG PRSS WND TX PUMP STATN/PRTBL	1114.59			1601.80	
E2500	NU	SPEECH GEN DEV DIGTIZD</=8 MINS REC	389.07			423.40	
E2502	NU	SPCH GEN DEVC DGTZD>8<= 20 MINS REC	1189.76			1294.71	
E2504	NU	SPCH GEN DEVC DGTZD>20</=40 MIN REC	1569.46			1707.89	
E2506	NU	SPCH GEN DEVC DIGTIZD>40 MINS REC	2301.30			2504.29	
E2508	NU	SPCH GEN DEVC SYNTHSIZD REQ MESS	3558.56			3872.45	
E2510	NU	SPCH GEN DVC SYNTHSIZD MX METH MESS	6734.12			7328.10	
E2511	NU	SPEECH GENERATING SOFTWARE PROGRAM	0.00			BR	
E2512	NU	ACSS SPCH GEN DEVICE MOUNTING SYS	0.00			BR	
E2599		ACCESS SPEECH GENERATING DEVICE NOC	BR			BR	
E2601	NU	GEN WC SEAT CUSHN WIDTH < 22 DEPTH	44.43			66.23	
E2602	NU	GEN WC SEAT CSHN WDTH 22 IN/GT DPTH	88.27			129.28	
E2603	NU	SKN PROTCT WC SEAT WDTH<22IN DPTH	111.33			164.13	
E2604	NU	SKN PROTECT WC SEAT WDTH 22 IN/GT	144.46			203.99	
E2605	NU	PSTN WC SEAT CUSHN WIDTH < 22 DEPTH	202.84			291.44	
E2606	NU	PSTN WC SEAT CSHN WDTH 22IN/GT DPTH	318.70			454.67	
E2607	NU	SKN PROTCT&PSTN WC SEAT WDTH <22IN	215.78			313.83	
E2608	NU	SKN PROTCT&PSTN WC SEAT WDTH 22IN/>	261.77			376.87	
E2609		CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE	BR			BR	
E2610		WHEELCHAIR SEAT CUSHION POWERED	BR			BR	
E2611	NU	GEN WC BACK CUSHN WIDTH < 22 IN HT	212.66			338.18	
E2612	NU	GEN WC BACK CUSHN WIDTH 22 IN/GT HT	314.15			457.50	
E2613	NU	PSTN WC BACK CUSHN POST WDTH <22 IN	300.02			425.55	
E2614	NU	PSTN WC BACK CUSHN POST WD 22 IN/>	413.59			588.92	
E2615	NU	PSTN WC BACK CUSHN POSTLAT WD<22 IN	348.73			489.75	
E2616	NU	PSTN WC BACK CUSH POSTLAT WD 22IN/>	459.68			658.92	
E2617		CSTM FAB WC BACK CUSHION ANY SIZE	BR			BR	
E2619	NU	REPL COVER WC SEAT/BACK CUSHN EA	42.40			55.57	
E2620	NU	PSTN WC BACK CUSHN PLANAR WD <22 IN	405.79			593.01	
E2621	NU	PSTN WC BACK CUSHN PLANAR WD 22IN/>	434.11			622.31	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
E2622	NU	SKIN PROTECT WC CUSH WIDTH <22 IN	271.50			358.88	
E2623	NU	SKIN PROTECT WC CUSH WIDTH 22 IN/>	344.45			456.67	
E2624	NU	SKIN PROTCT&POSITION WC CUSH WD <22	274.76			361.83	
E2625	NU	SKIN PROTCT&POSITION WC CUSH W 22/>	344.11			458.06	
E2626	NU	WC SHLDR ELB MOBL ARM SUPP ADJUSTBL	586.36			672.50	
E2627	NU	WC SHLDR ELB M SUPP ADJUSTBL RANCHO	838.21			912.14	
E2628	NU	WC SHLDR ELB MOBIL SUPP RECLINING	697.58			808.41	
E2629	NU	WC SHLDR ELB M SUPP FRICTN ARM SUPP	901.07			1023.02	
E2630	NU	WC SHLDR ELB M SUP MONOSUSP ARM HND	615.80			715.40	
E2631	NU	WC ADD MOBIL ARM SUPP ELEV PROX ARM	223.52			243.24	
E2632	NU	WC ADD MOBL SUP OFFSET/LAT RCKR ARM	150.31			167.15	
E2633	NU	WC ACSS ADD MOBIL ARM SUPP SUPINATR	120.56			131.19	
E8000		GAIT TRAINER PED SZ POST SUPP	BR			BR	
E8001		GAIT TRAINER PED SZ UPRIGHT SUPP	BR			BR	
E8002		GAIT TRAINER PED SZ ANT SUPP	BR			BR	
G0008		ADMINISTRATION INFLUENZA VIRUS VACC	29.18	43.96		20.10	34.85
G0009		ADMINISTRATION PNEUMOCOCCAL VACC	29.18	43.96		10.29	34.85
G0010		ADMINISTRATION HEPATITIS B VACCINE	29.18	60.26		10.29	34.85
G0027		SEMEN ANALY; PRES/MOT EXCLD HUHNER	10.28			30.31	
G0101		CERV/VAG CANCR SCR;PELV&CLN BRST EX	44.39	77.49		55.30	73.23
G0102		PROS CANCER SCR; DIGTL RECTAL EXAM	22.61			BR	
G0103		PROSTATE CANCER SCREENING; PSA TEST	28.77			64.30	
G0104		COLOREC CANCER SCREENING; FLEXSIG	194.81	701.36		182.61	535.5
G0105		COLOREC CANCR SCR; COLNSCPY HI RISK	442.24	1072.09		664.86	789.24
G0106		COLOREC CANCR SCR; SIGMOIDSCOPY	245.37	500.91		272.63	237.65
G0108		DM OP SLF-MGMT TRN SRVC IND-30 MIN	61.24			BR	
G0109		DM SLF-MGMT TRN SRVC GRP-30 MIN	16.44			BR	
G0117		GLAUC SCR HI RISK BY OPT/OPHTHLGIST	62.88	43.46		BR	95.55
G0118		GLAUC SCR HI RISK UND DIR SUP DR	51.38	43.46		BR	62.45
G0120		COLOREC CANCR SCR;COLNSCPY BA ENEMA	247.42	500.91		272.63	237.65
G0121		COLOREC CNCR SCR;COLNSCPY NO HI RSK	442.65	1072.09		664.86	789.24
G0122		COLOREC CANCER SCREENING; BA ENEMA	310.31			272.63	
G0123		SCR CERV/VAG THIN LAY W/PHYS SUP	31.65			21.47	
G0124		SCR CERV/VAG THIN LAY PHYS INTERP	37.81			5.47	
G0127		TRIM DYSTROPHIC NAILS ANY NUMBER	26.72	79.66		25.72	36.63
G0128		DIR SKLED SERV RN OP REHAB EA 10MIN	9.04			BR	
G0129		OCCUP TX REQ QUAL TRPST PER SESSION	BR			BR	
G0130		SEXA BN DNSITY STDY 1/>; APPNDICULR	39.46	86.59		BR	91.38
G0141		SCR CERV/VAG MNL RSCR PHYS INTERP	37.81			BR	
G0143		SCR CERV/VAG MNL SCR/RSCR UND PHYS	31.65			29.89	
G0144		SCR CERV/VAG SCR AUTO UND PHYS	33.29			28.63	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G0145		SCR CERV/VAG AUTO&MNL RSCR PHYS	41.51			31.15	
G0147		SCR SMEARS CERV/VAG AUTO UND PHYS	17.67			28.63	
G0148		SCR SMEARS CERV/VAG MNL RESCR	23.84			29.89	
G0151		SRVC PT HOM HLTH/HOSPICE EA 15 MIN	SEE RULE			BR	
G0152		SRVC OT HOM HLTH/HOSPICE EA 15 MIN	SEE RULE			BR	
G0153		SRVC SPCH&LANG PATH HH/HOSPIC EA 15	SEE RULE			BR	
G0155		SRVC CLINICAL SW HH/HOSPICE EA 15	SEE RULE			BR	
G0156		SRVC HH/HOSPICE AIDE EA 15 MIN	SEE RULE			BR	
G0157		SRVC PT ASSIST HH/HOSPICE EA 15 MIN	BR			BR	
G0158		SRVC OT ASSIST HH/HOSPICE EA 15 MIN	BR			BR	
G0159		SRVC PT HH EST/DEL PT MP EA 15 MINS	BR			BR	
G0160		SRVC OT HH EST/DEL OT MP EA 15 MIN	BR			BR	
G0161		SRVC SLP HH EST/DEL SLP TX MP 15 MN	BR			BR	
G0162		SKILLED SRVC RN M&E POC; EA 15 MINS	SEE RULE			BR	
G0163		SKL SRVC LPN/RN OBS&ASSESS 15 MIN	BR			BR	
G0164		SKL SRVC NRS TRN&/ED HH/HSPC 15 MIN	BR			BR	
G0166		EXT COUNTERPULSATION-TX SESSION	159.88	129.85		BR	128.35
G0168		WOUND CLOS UTIL TISSUE ADHES ONLY	119.19			BR	
G0175		SCHED INTRDISCIPLN TEAM CONF PT PRS	BR	684.61		BR	226.78
G0176		ACTV TX PTS DISABL MENTL HLTH-SESS	BR			BR	
G0177		TRN&ED PTS DISABL MENTL HLTH-SESS	BR			BR	
G0179		PHYS RE-CERT MCR-COVR HOM HLTH SRVC	47.68			BR	
G0180		PHYS CERT MCR-COVR HOM HLTH SRVC	62.06			BR	
G0181		PHYS SUPV PT RECV MCR-COVR HOM HLTH	124.94			BR	
G0182		PHYS SUPV PT UND MCR-APPRVD HOSPICE	125.36			BR	
G0186		DESTRUC LES CHOROID; PHOTOCOAG FEDR	BR	627.2		BR	537.18
G0202		SCR MAMMO PRODUC DIR DIGTL IMAG BIL	154.95			BR	
G0204		DX MAMMO PRODUC DIR 2D DIG IMAG BIL	189.47			BR	
G0206		DX MAMMO PRODUC DIR 2D DIG IMAG UNI	148.78			BR	
G0219		PET BDY; MELANOMA NON-COVR INDICAT	BR			BR	
G0235		PET IMAGING ANY SITE NOS	BR			BR	
G0237		MUSCLES FACE FACE 1 ON 1 EA 15 MIN	11.51	129.85		BR	45.26
G0238		TX PROC IMPRV RESP NOT G0237 15 MIN	12.33	79.66		BR	45.26
G0239		TX PROC IMPRV RESP FUNCT 2/> IND	15.21	43.46		BR	45.26
G0245		INIT PHYS E&M DIABETIC PT W/LOPS	76.45	145.45		BR	73.23
G0246		F/U EVAL DIABETIC PT W/LOPS	44.39	145.45		BR	73.23
G0247		ROUTINE FT CARE PHYS DIAB PT W/LOPS	84.26	167.81		BR	92.29
G0248		DEMONSTRATION HOME INR MONITOR	129.05	145.45		BR	165.76
G0249		PRVS TST MATL&EQUIP HM INR MON;Q WK	129.05	145.45		BR	165.76
G0250		PHYS REV INTEPR HOME INR MON; Q WK	10.69			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G0252		PET IMAG DX BREST CA&/SURG PLAN	86.72			BR	
G0255		CPT/SNCT PER LIMB ANY NERVE	BR			BR	
G0257		UNSCHD/EMRG DIALYS HOS OP NOT CERT	BR	778.58		BR	640.29
G0259		INJECTION PROC SI JNT; ARTHROGRAPY	BR			BR	
G0260		INJ SI JNT; ANES &/TX AGT &ARTHROG	BR	833.41		BR	729.86
G0268		REMV IMP CERUMN SAME DATE FUNCT TST	62.47			BR	
G0269		PLCMT OCCL DEVC POST SURG/INTRVNAL	BR			BR	
G0270		MED NUT TX; REASSESS W/PT EA 15 MIN	34.94			BR	
G0271		MED NUT TX REASSESS GRP EA 30 MIN	18.50			BR	
G0276		PILD/PLACEBO CONTROL CLIN TR	0.00	7077.28			
G0277		HPO UND PRSS FULL B CHMBR PER 30 MN	51.79	153.41			
G0278		ILIAC&/FEM ART ANGIO TIME CARD CATH	16.44			BR	
G0279		DX DIGTL BRST TOMOSYNTHESIS UNI/BIL	64.12				
G0281		E-STIM 1/> CHRN STAGE III&IV ULCRS	16.03			BR	
G0282		E-STIM 1/> AREAS WND CARE NOT G0281	BR	60.27		BR	
G0283		E-STIM 1/>NOT WND CARE PART TX PLAN	16.03			BR	
G0288		RECON CT ANGIO AORTA PLAN VASC SURG	42.33			BR	
G0289		SCPE KNEE REMV FB TM SURG DIFF COMP	103.57			BR	
G0293		NONCOVR SURG SEDAT ANES-MCR QUAL	BR	43.46		BR	64.04
G0294		NONCOVR PROC NO ANES/LOC-MCR QUAL	BR	43.46		BR	64.04
G0295		ELECMAGNET TX 1/>AREA NOT G0329/OTH	BR			BR	
G0296		CNSL VST DISCUSS LDCT LW DS CT SCAN	32.88	99.19			
G0297		LOW DOSE CT SCAN FOR LUNG CANCR SCR	292.63	160.21			
G0299		DIR SNS RN HH/HOSPICE SET EA 15 MIN	0.00				
G0300		DIR SNS LPN HH/HOSPCE SET EA 15 MIN	0.00				
G0302		PRE-OP PULM SURG SRVC PREP LVRS CMP	BR	1219.75		BR	1039.98
G0303		PRE-OP PULM SURG PREP LVRS 10-15 DA	BR	184.79		BR	1039.98
G0304		PRE-OP PULM SURG PREP LVRS 1-9 DA	BR	1219.75		BR	222.68
G0305		POST-D/C PULM SURG SRVC AFTER LVRS	BR	1219.75		BR	222.68
G0306		CMPL CBC AUTO&AUTO WBC DIFF COUNT	12.33			BR	
G0307		COMPLETE CBC AUTOMATED	10.28			BR	
G0328		COLOREC CA SCR; FOB TST IMMUNO 1-3	25.07			BR	
G0329		EM TX ULCERS NOT HEALING 30 DA CARE	11.10			BR	
G0333		PHRM DISPN FEE INHL RX;1ST 30-DAY	BR			BR	
G0337		HOSPICE EVAL&CNSL SRVC PREELECTION	83.84			BR	
G0339		IMAGE GUID ROBOT ACCL SRS TX 1 SESS	BR			BR	4258.11
G0340		IMAGE GUID ROB SRS FRAC TX 2-5 SESS	BR			BR	3037.89
G0341		PERQ ISLET CELL TPLNT PV CATH&INFUS	2686.30			BR	
G0342		LAP ISLET CELL TPLNT PV CATH&INFUS	828.99			BR	
G0343		LAPROT ISLET CELL TPLNT PV CATH&INF	1471.79			BR	
G0364		BN MARROW ASPIR PRFRM BX SAME INCI	14.39			BR	64.04

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G0365		VESSEL MAPPING HEMODIALYSIS ACSS	233.04	218.73		BR	199.63
G0372		PHYS EST & DOC NEED PWR MOBIL DEVC	10.28			BR	
G0378		HOSPITAL OBSERVATN SERVICE PER HOUR	BR			BR	
G0379		DIRECT ADMISSION PT HOSP OBS CARE	BR			BR	226.78
G0380		LEVEL 1 HOSP ED VISIT TYPE B ED;	BR			BR	87.44
G0381		LEVEL 2 HOSP ED VISIT TYPE B ED;	BR			BR	69.82
G0382		LEVEL 3 HOSP ED VISIT TYPE B ED;	BR			BR	115.97
G0383		LEVEL 4 HOSP ED VISIT TYPE B ED;	BR			BR	175.84
G0384		LEVEL 5 HOSP ED VISIT TYPE B ED;	BR			BR	267.44
G0389		US B-SCAN &/ REAL TIME DOC; AAA SCR	134.40	131.12		BR	128.14
G0390		TRAUMA RESPONSE TEAM W/HOSP CC SERV	BR	1212.57		BR	1179.74
G0396		ALC &/ SUBSTNC ABUSE ASSESS 15-30 M	41.51	99.19		BR	57.87
G0397		ALC &/ SUBSTNC ABUSE ASSESS >30 MIN	82.61	178.08		BR	57.87
G0398		HST W/TYPE II PRTBLE MON MIN 7 CH	BR	184.79		BR	222.68
G0399		HST TYPE III PRTBLE MON MIN 4 CH	BR	184.79		BR	222.68
G0400		HST TYPE IV PRTBLE MON MIN 3 CH	BR	184.79		BR	222.68
G0402		INIT PREV PE LTD DUR 1ST 12 MOS MCR	192.35	145.45		BR	125.08
G0403		ECG RTN ECG 12 LEADS 1ST PREV PE	19.73			BR	
G0404		ECG RTN ECG W/12 LEADS TRACING ONLY	9.86	18.08		BR	34.41
G0405		ECG RTN ECG W/12 LEADS I&R ONLY	9.86			BR	
G0406		FU IP CNSLT LTD 15 MIN VIA TELEHLTH	45.21			BR	
G0407		FU IP CNSLT INTRMD 25 MIN TELEHLTH	82.61			BR	
G0408		FU IP CNSLT CMPLX 35 MIN/>TELEHLTH	118.78			BR	
G0409		SW & PSYCH SRVC EA 15 MIN F/F IND	13.97			BR	
G0410		GRP PSYCH NOT FAM PAR HOS 45-50 MIN	BR			BR	
G0411		INTRACTV GRP PSYCH PAR HOS 45-50 MN	BR			BR	
G0412		OPN TX ILIAC SPINE/ILIAC WING FX	848.30			BR	
G0413		PERQ SKEL FIX POST PELV BONE FX	1265.47	2072.6		BR	2975.93
G0414		OPN TX ANT PELV BONE FX &/ DISLOC	1147.51			BR	
G0415		OPN TX POST PELV BONE FX &/ DISLOC	1624.68			BR	
G0416		SURG PATH PROS NEEDLE BX ANY METHOD	613.21	298.26		BR	202.61
G0420		F/F EDU SRVC CKD; IND PER SESS 1 HR	126.59			BR	
G0421		F/F EDU SRVC CKD; GRP PER SESS 1 HR	29.18			BR	
G0422		INTENS CARD REHAB; W/WO ECG W/EXER	118.78	148.01		BR	103.1
G0423		INTENS CARD REHAB; W/WO ECG W/O EX	118.78	148.01		BR	103.1
G0424		PULM REHAB EXER 1 HR SESS 2 PER DAY	34.52	79.66		BR	50.71
G0425		TELEHEALTH CONSULT ED/IP 30 MIN PT	115.08			BR	
G0426		TELEHEALTH CONSULT ED/IP 50 MIN PT	156.59			BR	
G0427		TELEHEALTH CONSULT ED/IP 70 MIN/>PT	233.04			BR	
G0428		COLL MENISC IMPL FIL MENISCAL DEFEC	BR			BR	
G0429		DERMAL FILLER INJ TREATMENT LDS	114.67			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G0432		INF AB EIA TECH HIV-1 &/OR HIV-2	21.37			37.71	
G0433		INF AB ELISA TECH HIV-1 &/OR HIV-2	21.37			37.71	
G0435		INF AGT ANTIG DETECT RPD AB TST OMT	18.91			37.71	
G0436		SMOK TOB CESS CNSL; INTRMD 3-10 MIN	16.85	38.62		BR	28.84
G0437		SMOKING & TOB CESS CNSL INT >10 MIN	32.06	99.19		BR	57.87
G0438		ANNUAL WELLNES VST; PERSNL PPS INIT	198.10			BR	
G0439		ANNUAL WELLNESS VST; PPS SUBSQT VST	134.40			BR	
G0442		ANNUAL ALCOHOL MISUSE SCREEN 15 MIN	20.96	99.19		BR	57.87
G0443		BRF F/F BHVR CNSL ALC MISUSE 15 MIN	30.00	99.19		BR	57.87
G0444		ANNUAL DEPRESSION SCREENING 15 MIN	20.96	38.62		BR	57.87
G0445		SA HI INTENS CNSL PREV STI IND EDU	31.24	38.62		BR	57.87
G0446		ANN F2F INT BEHV TX CV DZ IND 15 MN	30.00	38.62		BR	57.87
G0447		FCE-FCE BEHAVRL CNSL OBESITY 15 MIN	30.00	99.19		BR	57.87
G0448		INS/RPL PRM CV-DFIB TV LEADS PACE E	BR			BR	
G0451		DVLPMNT TEST I&R STANDRD INSTR FORM	10.28	99.19		BR	57.87
G0452		MOLECULAR PATH PROC;PHYS INTEPR REP	21.37			BR	
G0453		C IO NEUROPHYS MON OUTSD OR EA 15 M	38.22			BR	
G0454		PHYS DOC F2F DME DET PRF NP PA/CNS	10.69			BR	
G0455		PREP IT FEC MICROBIOTA ASMT D SPEC	149.60	129.85		BR	64.04
G0458		LDR PROSTATE BT SERVICE COMPOS RATE	BR			BR	
G0459		INPATIENT TELEHEALTH PHARMACOL MGMT	47.68			BR	
G0460		AUTOLOGOUS PLATELET-RICH PLASMA	BR	2009.86			
G0463		HOS OP CLIN VISIT ASSESS & MGMT PT	0.00				
G0464		CC SCR; STL-BASED DNA & F OCCLT HGB	0.00				
G0466		FQHC VISIT NEW PATIENT	0.00				
G0467		FQHC VISIT ESTABLISHED PATIENT	0.00				
G0468		FQHC VISIT IPPE/AWV	0.00				
G0469		FQHC VISIT MENTAL HEALTH NEW PT	0.00				
G0470		FQHC VISIT MENTAL HEALTH ESTAB PT	0.00				
G0471		COLL V BLD VP/URN SMP CATH IND SNF	0.00				
G0472		HEP C ABO SC IND HI RSK&OTH COV IND	22.19				
G0473		FTF BEHAV CNSL OBESITY GRP 30 MIN	14.39	99.19			
G0475		HIV ANTIGEN/ANTIBODY COMB ASSAY SCR	BR				
G0476		INF AGT DTCT DNA/RNA; HPV ADD PAP T	BR				
G0477		DR TST PRESUMP;READ DC OPT OBV ONLY	0.00				
G0478		DR TST PRESUMP;INSTR-AST DC OPT OBV	0.00				
G0479		DR TST PRESUMP;INSTR CHEMISTRY ANLZ	0.00				
G0480		DR TST DEFIN DR ID M P D 1-7 DR CL	0.00				
G0481		DR TST DEFIN DR ID M P D 8-14 DR CL	0.00				
G0482		DR TST DEFN DR ID M P D 15-21 DR CL	0.00				
G0483		DR TST DEFIN DR ID M P D 22/M DR CL	247.01				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G0913		IMPRV VF ACHV IN 90 DA FLW CAT SURG	BR			BR	
G0914		PT CARE SURVEY WAS NOT COMPLETED PT	BR			BR	
G0915		IMPRV VF NOT IN 90 DA FLW CAT SURG	BR			BR	
G0916		SATISFACTN CARE IN 90 D FLW CAT SRG	BR			BR	
G0917		PT SATISFACTION SURVEY NOT CMPL PT	BR			BR	
G0918		SATISFCTN CARE NOT 90 D FLW CAT SRG	BR			BR	
G3001		ADMIN AND SUPPLY TOSITUMOMAB 450MG	BR	2807.98		BR	2531.79
G6001		U/S GUID PLCMT RADIATION TX FIELDS	BR				
G6002		STEREO X-R GUID LOC TRG VOL DEL RT	BR				
G6003		RT D 2 TX AR PT/PL OPP PT:TO 5 MEV	BR				
G6004		RT D 1 TX AR PT/PL OPP PT: 6-10 MEV	BR				
G6005		RT D 1 TX AR PT/PL OPP PT:11-19 MEV	BR				
G6006		RT D 1 TX AR PT/PL OPP PT:20 MEV/>	BR				
G6007		RT DEL 2 SEP 3/>PT 1 TX AR:TO 5 MEV	BR				
G6008		RT DEL 2 SEP AR 3/>PT 1 AR:6-10 MEV	BR				
G6009		RT DEL 2 S AR 3/>PT 1 AR:11-19 MEV	BR				
G6010		RT DEL 2 SEP AR 3/>PT 1 AR:20 MEV/>	BR				
G6011		RT D 3/> S TX AR CSTM BLK;TO 5 MEV	BR				
G6012		RT D 3/> S TX AR CSTM BLK;6-10 MEV	BR				
G6013		RT D 3/> S TX AR CSTM BLK;11-19 MEV	BR				
G6014		RT D 3/> S TX AR CSTM BLK;20 MEV/>	BR				
G6015		INTENS MOD TX DEL 1/MX FLDS TX SESS	BR				
G6016		CMP-B BM MD TX DEL I PLND TX P TX S	BR				
G6017		INTRA-F LOC&TRCK TRGT/PT M EA F TX	0.00				
G8395		LVEF >=40% OR NORMAL/MILD DEPR LVS	BR			BR	
G8396		LVEF NOT PERFORMED OR DOCUMENTED	BR			BR	
G8397		DILATED MACULAR/FUNDUS EXAM PERFORM	BR			BR	
G8398		DILAT MACULAR/FUNDUS EXAM NOT PRFRM	BR			BR	
G8399		PT DOC RSLT CENTRAL DXA EVER PERF	BR			BR	
G8400		PT W/CNTRL DXA RSLTS NOT DOCUMENTED	BR			BR	
G8401		CLINICIAN DOC PT NOT ELIG CAND SCR	BR			BR	
G8404		LOWER EXTREM NEURO EXAM PERFORM&DOC	BR			BR	
G8405		LOWER EXTREM NEURO EXAM NOT PRFRM	BR			BR	
G8410		FOOTWEAR EVAL PERFORMED AND DOC	BR			BR	
G8415		FOOTWEAR EVAL WAS NOT PERFORMED	BR			BR	
G8416		CLIN DOC PT NOT ELIG FOOTWEAR EVAL	BR			BR	
G8417		BMI DOC ABV NML PARAM & F/U PLN DOC	BR			BR	
G8418		BMI DOC BLW NML PARAM & F/U PLN DOC	BR			BR	
G8419		BMI DOC OUT NL PARM NO F/U DOC NO R	BR			BR	
G8420		BMI DOC NML PARAM & NO F/U PLAN RQR	BR			BR	
G8421		BMI NOT DOCUMENTED & NO REASON GVN	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8422		BMI NOT DOC DOC PT NOT ELG BMI CALC	BR			BR	
G8427		ELIG PROF DOC MR UPDTD/REV PT MEDS	BR			BR	
G8428		CUR MEDS NOT DOC UPDTD/REV PROF RNG	BR			BR	
G8430		ELIG PROF DOC PT NOT ELIG MEDS REV	BR			BR	
G8431		SCR CLIN DEPR DOC POS & F/U PLN DOC	BR			BR	
G8432		CLIN DEPR SCR NOT DOC RSN NOT GIVEN	BR			BR	
G8433		SCR CLIN DPR NOT DOC DOC PT NOT ELG	BR			BR	
G8442		PAIN ASMT NOT DOC PERF PT NOT ELIG	BR			BR	
G8450		BETA-BLOCKER THERAPY PRESCRIBED	BR			BR	
G8451		BB TX LVEF<40% NOT PRSC RSN DOC CLN	BR			BR	
G8452		BETA-BLOCKER THERAPY NOT PRESCRIBED	BR			BR	
G8458		CLIN DOC PT NOT ELIG CAND GT TEST	BR			BR	
G8460		CLIN DOC NO QUAN RNA TEST WK 12;	BR			BR	
G8461		PT RECV AV TX HEP C DUR MSR PERIOD	BR			BR	
G8465		HIGH/VERY HIGH RISK RECURR PROS CA	BR			BR	
G8473		ACE INHIBITOR/ARB THERAPY PRESCRIBD	BR			BR	
G8474		ACE I/ARB TX NOT PRSC RSNS DOC CLIN	BR			BR	
G8475		ACE INH/ARB TX NOT PRSC RSN NOT GVN	BR			BR	
G8476		MOST RECENT BP SYST <140 & DIAS <90	BR			BR	
G8477		MOST RECNT BP SYST>=140 &/ DIAS>=90	BR			BR	
G8478		BP MSR NOT PERF/DOC RSN NOT GIVEN	BR			BR	
G8482		INFLUENZA IMMUN ADMIN/PREV RECV	BR			BR	
G8483		FLU IMMUN NOT ADMIN RSN DOC CLIN	BR			BR	
G8484		FLU IMMUN NOT ADM REASON NOT GIVEN	BR			BR	
G8485		I INTEND TO REPORT DM MSR GROUP	BR			BR	
G8486		I INTEND TO RPT PREVNTV CARE MSR GP	BR			BR	
G8487		I INTEND TO REPORT THE CKD MSR GRP	BR			BR	
G8489		I INTEND TO REPRT THE CAD MSR GROUP	BR			BR	
G8490		I INTEND TO REPORT RA MSR GROUP	BR			BR	
G8491		I INTND TO RPT THE HIV/AIDS MSR GRP	BR			BR	
G8494		ALL QUAL ACTN MSR DM MSR GRP PRFRM	BR			BR	
G8495		ALL Q ACT APPL MSR CKD MSR PERF PT	BR			BR	
G8496		ALL QUAL ACT MSR PRV CARE MSR PRFRM	BR			BR	
G8497		ALL QUAL ACT MSR CABG MSR GRP PRFRM	BR			BR	
G8498		ALL QUAL ACTN MSR CAD MSR GRP PRFRM	BR			BR	
G8499		ALL QUAL ACT APPL MSR RA MSR PRF PT	BR			BR	
G8500		ALL QUAL ACT MSR HIV/AIDS MSR PRFRM	BR			BR	
G8506		PATIENT RECV ACE INHIBITOR/ARB TX	BR			BR	
G8509		PN ASMT DOC POS F/U PLN NO DOC NO R	BR			BR	
G8510		SCR CLN DEP DOC NEG F/U PLN NOT RQR	BR			BR	
G8511		SCR CLN DEP DOC POS F/U NO DOC NO R	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8535		ELDER MLTX SCR NOT DOC; PT NOT ELIG	BR			BR	
G8536		NO DOC ELDER MALTX SCR RSN NOT GIVN	BR			BR	
G8539		FNC OUTCM ASMT DOC POS CARE PLN DOC	BR			BR	
G8540		FNC OUTCM ASMT NO DOC DOC PT INELIG	BR			BR	
G8541		FUNC OUTCOME ASSESS NOT DOC NO RSN	BR			BR	
G8542		FCN OC ASMT; NO DEFICT PLN NOT RQR	BR			BR	
G8543		DOC P FCN ASMT STD;PLN NOT DOC NO R	BR			BR	
G8544		I INTEND TO REPORT THE CABG MSR GRP	BR			BR	
G8545		I INTEND TO REPORT HEP C MSR GROUP	BR			BR	
G8548		I INTEND TO REPORT HF MSR GROUP	BR			BR	
G8549		ALL ACTIONS HEP C MSR PERFORMED	BR			BR	
G8551		ALL QUAL ACTIONS HF MSR PERFORMED	BR			BR	
G8559		PT REF TO PHYS FOR OTOLOGIC EVAL	BR			BR	
G8560		PT HX ACTIVE DRAIN EAR PREV 90 DAYS	BR			BR	
G8561		PT NOT ELIG REF OTO EVAL HX DRAIN	BR			BR	
G8562		PT NO HX DRAINGE EAR PREV 90 DAYS	BR			BR	
G8563		PT NOT REF PHYS OTO EVAL RSN NOT GV	BR			BR	
G8564		PT REF OTO EVAL REASON NOT SPEC	BR			BR	
G8565		VEIFICATION & DOC SUDDEN HEAR LOSS	BR			BR	
G8566		PT NOT ELIG REF OTO HEAR LOSS MSR	BR			BR	
G8567		PT NO VERIFICATION SUDDEN HEAR LOSS	BR			BR	
G8568		PT WAS NOT REF PHYS OTO EVAL NO RSN	BR			BR	
G8569		PROLONGED POSTOP INTUBATION RQR	BR			BR	
G8570		PROLONGED POSTOP INTUBATION NOT RQR	BR			BR	
G8571		DVLP DP STRNL WND I/MDSTNT 30 D PO	BR			BR	
G8572		NO DEEP STRNL WND INF/MEDIASTINITIS	BR			BR	
G8573		STROKE FLW ISOLATED CABG SURGERY	BR			BR	
G8574		NO STROKE FLW ISOLATED CABG SURGERY	BR			BR	
G8575		DEV POSTOP RENAL FAIL/REQ DIALYSIS	BR			BR	
G8576		NO PO RENAL FAIL/DIALYSIS NOT REQ	BR			BR	
G8577		REOP MDST BLD GFT OCCL VLV FUNC/OTH	BR			BR	
G8578		REOP NOT REQ MEDST BLD GFT OCCL/OTH	BR			BR	
G8598		ASPIRIN/OTH ANTITHROMBOTIC TX USED	BR			BR	
G8599		ASPIRIN/OTH NOT USED RSN NOT GIVN	BR			BR	
G8600		IV T-PA INIT W/IN 3 HRS LAST WELL	BR			BR	
G8601		IV T-PA NOT INIT 3 HRS WELL RSN DOC	BR			BR	
G8602		IV TPA NOT IN 3 HRS TME KNWN NO RSN	BR			BR	
G8627		SURG PROC 30 DAY FLW CAT SURG COMP	BR			BR	
G8628		SURG PROC NOT IN 30 DA FLW CAT SURG	BR			BR	
G8633		PHARM TX FOR OSTEOPOROSIS PRESCRIB	BR			BR	
G8634		CLINC DOC NOT ELIG PHAR TX OSTEOPOR	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8635		PHARM TX OP NOT PRSC REASON NOT GVN	BR			BR	
G8645		I INTEND TO REPORT ASTHMA MEAS GRP	BR			BR	
G8646		ALL QUAL ACT ASTHMA MEAS PERFRM PT	BR			BR	
G8647		RISK-ADJ FUNCT STATUS KNEE =/> 0	BR			BR	
G8648		RISK ADJ FUNCT STATUS KNEE SCORE <0	BR			BR	
G8649		RSK-ADJ FUN STATUS KNEE PT NOT ELIG	BR			BR	
G8650		RSK-ADJ FCN STS KNEE NO MSR NO RSN	BR			BR	
G8651		RISK-ADJ FUNCT STATUS HIP =/> 0	BR			BR	
G8652		RISK-ADJ FUNCT STATUS HIP SCORE <0	BR			BR	
G8653		RSK-ADJ FUNCT STAT HIP PT NOT ELIG	BR			BR	
G8654		RSK-ADJ FCN STS HIP NO MSR NO RSN	BR			BR	
G8655		RISK-ADJ FUN STAT LOW LEG FT =/> 0	BR			BR	
G8656		RISK-ADJ FUN STAT LOW LEG FT ANK <0	BR			BR	
G8657		RSK-ADJ FUN STAT LW LEG PT NOT ELIG	BR			BR	
G8658		RSK-ADJ FCN STS LOW LEG NO MSR RSN	BR			BR	
G8659		RISK-ADJ FUNCT STAT LUMB SPINE =/>0	BR			BR	
G8660		RISK-ADJ FUNCT STAT LUMB SPINE <0	BR			BR	
G8661		RSK-ADJ FUNCT STAT LUMB PT NOT ELIG	BR			BR	
G8662		RSK-ADJ FCN STS LSP NO MSR NO RSN	BR			BR	
G8663		RISK-ADJ FUNCT STATUS SHOULDER =/>0	BR			BR	
G8664		RISK-ADJ FUNCT STATUS SHOULDER <0	BR			BR	
G8665		RISK-ADJ FUN STAT SHLDR PT NOT ELIG	BR			BR	
G8666		RSK-ADJ FCN STS SHLDR NO MSR NO RSN	BR			BR	
G8667		RISK-ADJ FUN STAT ELB HAND =/> 0	BR			BR	
G8668		RISK-ADJ FUN STAT ELB WRIST HAND <0	BR			BR	
G8669		RISK-ADJ FUN STAT ELB HAND NOT ELIG	BR			BR	
G8670		RSK-ADJ FCN STS ELB NO MSR NO RSN	BR			BR	
G8671		RISK-ADJ FUN STAT OTH ORTHO =/> 0	BR			BR	
G8672		RISK-ADJ FUN STAT OTH ORTHO <0	BR			BR	
G8673		RSK-ADJ FUN STAT OTH ORTHO NOT ELIG	BR			BR	
G8674		RSK-ADJ FCN STS OTH ORTH NO MSR RSN	BR			BR	
G8694		LEFT VENTRICULAR EJ FRACTION < 40%	BR			BR	
G8696		ANTITHROMBOTIC TX PRESCRIBED D/C	BR			BR	
G8697		ANTITHROMBOTIC TX NOT PRSC DOC RSN	BR			BR	
G8698		ANTITHROMBT TX NOT PRSC D/C RSN NOS	BR			BR	
G8708		PT NOT PRESCRIBED/DISPENSED ABX	BR			BR	
G8709		PT PRSC/DISPENSED ABX DOC MED RSN	BR			BR	
G8710		PATIENT PRESCRIBED/DISPENSED ABX	BR			BR	
G8711		PRESCRIBED OR DISPENSED ANTIBIOTIC	BR			BR	
G8712		ANTIBIOTIC NOT PRESCRIBED/DISPENSED	BR			BR	
G8721		PT CAT PN CAT&HIST GR DOC PATH RPRT	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8722		DOC MED RSN NO PT PN/HG PATH REPRT	BR			BR	
G8723		SITE IS OTH THAN ANAT LOC PRIM TUMR	BR			BR	
G8724		PT PN CAT&HG NOT DOC PATH RP NO RSN	BR			BR	
G8725		FASTING LIPID PROFILE PERFORMED	BR			BR	
G8726		CLINICIAN DOC REASON NOT PERFRM FLP	BR			BR	
G8728		FLP NOT PERFORMED REASON NOT GIVEN	BR			BR	
G8730		PAIN ASSESS POS TOOL F/U PLAN DOC	BR			BR	
G8731		PN ASMT TOOL DOC NEG NO F/U PLN RQR	BR			BR	
G8732		NO DOC PAIN ASMT REASON NOT GIVEN	BR			BR	
G8733		ELD MALTX SCR DOC POS & F/U PLN DOC	BR			BR	
G8734		ELDER MALTX SCR DOC NEG NO F/U RQR	BR			BR	
G8735		ELDER MALTX POS F/U NOT DOC NOT GVN	BR			BR	
G8749		ABSENCE SIGNS MEL/ABSENCE SX MEL	BR			BR	
G8752		MOST RECENT SYSTOLIC BP < 140MM HG	BR			BR	
G8753		MOST RECENT SYSTOLIC BP >= 140MM HG	BR			BR	
G8754		MOST RECENT DIASTOLIC BP < 90MM HG	BR			BR	
G8755		MOST RECENT DIASTOLIC BP >= 90MM HG	BR			BR	
G8756		NO DOC BP MSR REASON NOT GIVEN	BR			BR	
G8757		ALL QUAL ACT MSR COPD MSR PRFRM PT	BR			BR	
G8758		ALL Q ACT APPL MSR IBD MSR PRF PT	BR			BR	
G8759		ALL QUAL ACT APPL MSR SA MSR PRF PT	BR			BR	
G8761		ALL QUAL ACTIONS DEMENT MEAS PERFRM	BR			BR	
G8762		ALL QUAL ACT PD MSR GRP PERFORM PT	BR			BR	
G8765		ALL QUAL ACTIONS CAT MEAS PERFORM	BR			BR	
G8783		NORMAL BP READING DOC F/U NOT RQR	BR			BR	
G8784		PT NOT ELIG E.G. REFUS URGNT/EM SIT	BR			BR	
G8785		BP READING NOT DOC REASON NOT GIVEN	BR			BR	
G8797		SPEC SITE OTH THAN ANAT LOC ESOPH	BR			BR	
G8798		SPECIMEN SITE OTH THN ANAT LOC PROS	BR			BR	
G8806		PERFORMANCE TRANSABD/TRANSVAG U/S	BR			BR	
G8807		TRANSABD/VAG U/S NOT PRF DOC CLIN	BR			BR	
G8808		PRF TRNSABD/VAG U/S NOT ORD NO RSN	BR			BR	
G8809		RH IMMUNE GLOBULIN RHOGAM ORDERED	BR			BR	
G8810		RHOGAM NOT ORDERED REASONS DOC CLIN	BR			BR	
G8811		DOCUMENT RHOGRAM NOT ORDERED RSN NS	BR			BR	
G8815		STATIN THERAPY NOT PRSC DOC REASONS	BR			BR	
G8816		STATIN MEDICATION PRESCRIBED AT D/C	BR			BR	
G8817		STATIN TX NOT PRSC D/C RSN NOT GVN	BR			BR	
G8818		PT D/C HOME NO LATR THN POSTOP DA 7	BR			BR	
G8825		PT NOT D/C TO HOME BY POSTOP DAY #7	BR			BR	
G8826		PT D/C HOM NO LATR PO DA 2 FLW EVAR	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8833		PT NOT D/C HOM POSTOP D #2 FLW EVAR	BR			BR	
G8834		PT D/C HOM NO LATR PO DA #2 FLW CEA	BR			BR	
G8838		PT NOT D/C HOME BY PO DAY 2 FLW CEA	BR			BR	
G8839		SLEEP APNEA SX ASSESS SNOR DAY SSS	BR			BR	
G8840		DOC RSN NOT DOCUMENT ASMT SLEEP SYM	BR			BR	
G8841		SLP APNEA SX NOT ASSESS RSN NOT GVN	BR			BR	
G8842		AHI/RDI MEASURED AT TIME INITIAL DX	BR			BR	
G8843		DOC RSN NOT MSR AHI/RDI TM INIT DX	BR			BR	
G8844		AHI/RDI NOT MSR TIME DX RSN NOT GVN	BR			BR	
G8845		PAP THERAPY PRESCRIBED	BR			BR	
G8846		MOD/SEV OBSTRUCTIVE SLEEP APNEA	BR			BR	
G8848		MILD OBSTRUCTIVE SLEEP APNEA	BR			BR	
G8849		DOC REASON NOT PRESCRIBED PAP TX	BR			BR	
G8850		PAP TX NOT PRSC REASON NOT GIVEN	BR			BR	
G8851		OBJECTIVE MEASURE ADHER PAP TX DOC	BR			BR	
G8852		PAP THERAPY PRESCRIBED	BR			BR	
G8853		POS AIRWAY PRESS TX NOT PRESCRIBED	BR			BR	
G8854		DOC RSN NOT OBJ MSR ADHERENCE CPAP	BR			BR	
G8855		OBJ MSR ADH PAP TX NOT PERF NOT GVN	BR			BR	
G8856		REFER PHYS OTOLOGIC EVAL PERFORMED	BR			BR	
G8857		PT NOT ELIG REF OTOLOGIC EVAL MSR	BR			BR	
G8858		REF PHYS OTOLOG EVAL NOT PRF N GVN	BR			BR	
G8861		PST 2 YRS DXA ORD&DOC ROS&MED HX OP	BR			BR	
G8863		PTS NOT ASSESS RSK BL RSN NOT GVN	BR			BR	
G8864		PNEUMOCOCCL VACC ADMIN/PREV RECEIVE	BR			BR	
G8865		DOC MED RSN NOT ADM/PREV REC PN VAC	BR			BR	
G8866		DOC PT RSN NOT ADM/PREV RECV PN VAC	BR			BR	
G8867		PCV NOT ADM/PREV RECV RSN NOT GIVEN	BR			BR	
G8868		PTS RECEIVING 1ST COURS ANTI-TNF TX	BR			BR	
G8869		PT DOC IMMU HEP B RECV 1ST ANTI-TNF	BR			BR	
G8872		EXCSD TISS EVAL IMAG IO CNF TGT LES	BR			BR	
G8873		PT NDLE LOC SPEC VERFD IO INSP/PATH	BR			BR	
G8874		EXC TISS NOT EVAL IMAG IO TARG LES	BR			BR	
G8875		CLIN DX BR CA PREOP MIN INV BX METH	BR			BR	
G8876		DOC RSN NO MI BX DIAG BRST CA PREOP	BR			BR	
G8877		CLN NOT DX BR CA PRE BX RSN NOT GVN	BR			BR	
G8878		SENTINEL LYMPH NODE BX PROC PERFORM	BR			BR	
G8879		CLINICALLY NODE NEG INVAS BREAST CA	BR			BR	
G8880		DOC REASN SENTINEL LN BX NOT PERFRM	BR			BR	
G8881		STAGE BREAST CA > T1N0M0/T2N0M0	BR			BR	
G8882		SENTINEL LN BX NOT PERF RSN NOT GVN	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8883		BX RSLT REV COMMUNICATED TRACKD&DOC	BR			BR	
G8884		CLIN DOC RSN PT BX RESLT NOT REVIEW	BR			BR	
G8885		BX RESULTS NOT REVIEWED TRACKED/DOC	BR			BR	
G8898		I INTEND TO REPORT COPD MSR GROUP	BR			BR	
G8899		I INTEND TO REPORT IBD MSR GROUP	BR			BR	
G8900		I INTEND TO REP SLEEP APNEA MSR GRP	BR			BR	
G8902		I INTEND REPORT DEMENTIA MEAS GROUP	BR			BR	
G8903		I INTEND RPT PARKINSONS MEASUR GRP	BR			BR	
G8906		I INTEND TO REPORT CATARACT MSR GRP	BR			BR	
G8907		PT DOC NO:BRN;WRG EVNT;/TRF/ADM D/C	BR			BR	
G8908		PT DOC HAVE RECEIVED BRN PRIOR D/C	BR			BR	
G8909		PT DOC NOT HAVE REC BURN PRIOR D/C	BR			BR	
G8910		PT DOC HAVE EXPERIENCED FALL IN ASC	BR			BR	
G8911		PT DOC NOT EXPERIENCED FALL IN ASC	BR			BR	
G8912		PT DOC EXP WRG SITE S PT PRO/IMPL	BR			BR	
G8913		PT DOC NO EXP WRG SITE S PT P/IMPL	BR			BR	
G8914		PT DOC EXP HOSP TRNSF/ADM D/C ASC	BR			BR	
G8915		PT DOC NOT EXP HOSP TRF/ADM D/C ASC	BR			BR	
G8916		PT PREOP ORD IV ABP SSI ABX INIT TM	BR			BR	
G8917		PT PREOP ORD IV ABP SSI NOT INIT TM	BR			BR	
G8918		PT NO PREOP ORD IV ABX SSI PROPH	BR			BR	
G8923		LVEF<40%/DC M/SV DPRSD L VT SYS FCN	BR			BR	
G8924		SP TR DEM FEV1<60% PRED& PT COPD SX	BR			BR	
G8925		SP RSLT DEM FEV1=60%PRED/NO COPD SX	BR			BR	
G8926		SPIRO TST NOT PRFRM/DOC RSN NOT GVN	BR			BR	
G8927		ADJ CHEMO REF/PREV REC AJCC SIII CC	BR			BR	
G8928		ADJ CHEMO NOT PRSC/PRV RECV DOC RSN	BR			BR	
G8929		ADJ CHEMO NOT PRSC/RECV RSN NOT GVN	BR			BR	
G8934		LVEF<40%/DOC MOD/SEV DEPRESSED LVSF	BR			BR	
G8935		CLINICIAN PRSC ACE INHIB/ARB TX	BR			BR	
G8936		CLN DOC PT NOT ELG C ACE INH/ARB TX	BR			BR	
G8937		CLN NOT PRSC ACE INH/ARB RSN NOT GV	BR			BR	
G8938		BMI OUTSIDE NORM NO F/U PT NOT ELIG	BR			BR	
G8939		PAIN ASMT DOC F/U NOT PT NOT ELIG	BR			BR	
G8940		SCR CLIN DEP DOC FU NOT PT NOT ELIG	BR			BR	
G8941		ELD MALTX SCR POS NO F/U PT NOT ELG	BR			BR	
G8942		FNC OUTCM ASMT DOC PREV 30 D&CR PLN	BR			BR	
G8944		AJCC MELANOMA CANCER STGE 0-IIC MEL	BR			BR	
G8946		MIN INVSV BX METH ATMPT NO DX BR CA	BR			BR	
G8947		ONE OR MORE NEUROPSYCHIATRIC SYMP	BR			BR	
G8948		NO NEUROPSYCHIATRIC SYMPTOMS	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8950		PREHTN/HTN BP DOC & INDICAT F/U DOC	BR			BR	
G8952		P-HTN/HTN BP DOC F/U NOT RSN NOT GV	BR			BR	
G8953		ALL QUAL ACT APPL ONC MSR GRP PERF	BR			BR	
G8955		MOST RCNT ASMT ADEQUCY VOL MGMT DOC	BR			BR	
G8956		PT RCV MAINT HEMODIAL O/P DIALY FAC	BR			BR	
G8958		ASMT ADEQ VOL M NOT DOC RSN NOT GVN	BR			BR	
G8959		CLINCIAN TX MDD COM CLINCIAN TX CC	BR			BR	
G8960		CLN TX MDD NOT C CLN CC RSN NOT GVN	BR			BR	
G8961		CRD SS IMAG L RSK PT PREOP 30 D SRG	BR			BR	
G8962		CARD STRESS IMAG TEST PERF ANY RSN	BR			BR	
G8963		CARD STRSS IMAG MON ASX PT PCI 2 YR	BR			BR	
G8964		CARD SS IMAG NOT MON ASX PCI 2 YRS	BR			BR	
G8965		CARD STRESS IMAG PRIM LW CHD RSK PT	BR			BR	
G8966		CARD STRESS IMAG SX/> LW CHD RSK PT	BR			BR	
G8967		WARFARIN/OTH ORL AC FDA APPRVD PRSC	BR			BR	
G8968		DOC MED RSN NOT PRSC WARFARN/ANR OA	BR			BR	
G8969		DOC PT RSN NOT PRSC WARFARIN/OTH OA	BR			BR	
G8970		NO RISK FACTOR/1 MOD RISK FACTOR TE	BR			BR	
G8971		WAR/OTH FDA APV NOT PRSC RSN NOT GV	BR			BR	
G8972		1/> HI RSK FCT TE/>1 MOD RSK FCT TE	BR			BR	
G8973		MOST RECENT HGB LEVEL < 10 G/DL	BR			BR	
G8974		HGB LEVEL MSR NOT DOC RSN NOT GIVEN	BR			BR	
G8975		DOC MED RSN PT HGB LEVL < 10 G/DL	BR			BR	
G8976		MOST RECENT HCB LEVEL >= 10 G/DL	BR			BR	
G8977		I INTEND TO REP ONCOLOGY MSR GROUP	BR			BR	
G8978		MOB:WALK MOV ARND FCN LIM CUR STS	BR	87.54		BR	
G8979		MOB: WALK MOV AROUND FCN LIM GOAL	BR	67.74		BR	
G8980		MOB:WLK&MOV ARND FCN LIM D/C AT D/C	BR	42.28		BR	
G8981		CHNG&MAINT BDY PSTN FCN LIM REP INT	BR			BR	
G8982		CHNG&MAINT BDY PSTN FCN LIM PROJ GL	BR			BR	
G8983		CHNG&MAINT BDY POS F LIM D/C AT D/C	BR			BR	
G8984		CAR MOV HDLG OBJ FCN LIM REP INT	BR	67.66		BR	
G8985		CAR MOV HDLG OBJ PROJ GOAL TX OUTST	BR	38.08		BR	
G8986		CAR MOV HNLG OBJ F LIM D/C STS D/C	BR			BR	
G8987		SLF CARE FCN LIM CUR REP INTERVLS	BR			BR	
G8988		SELF CARE FCN LIMITATN GOAL AT D/C	BR	6.92		BR	
G8989		SELF CARE FUNC LIM D/C STATUS D/C	BR			BR	
G8990		OTH PHYS/OCCUP PRIM FCN LIM CUR TX	BR			BR	
G8991		OTH PHYS/OCCUP TX PRIM FCN LIM GOAL	BR			BR	
G8992		OTH PHYS/OCCUP TX PRIM FCN LIM D/C	BR			BR	
G8993		OTH PHYS/OCCUP TX SUB FCN LIM CUR	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G8994		OTH PHYS/OCCUP TX SUB FCN LIM GL TX	BR			BR	
G8995		OTH PHYS/OCC SB FCN LIM D/C STS D/C	BR			BR	
G8996		SWALLOW FCN LIM CUR STATUS INIT TX	BR			BR	
G8997		SWLLOW FCN LIM GOAL TX EPIS&D/C TX	BR			BR	
G8998		SWALLOWING FCN LIM D/C STATUS D/C	BR			BR	
G8999		MO SPH FCN LIM CUR STS TX&RPRT INTR	BR			BR	
G9001		COORDINATED CARE FEE INITIAL RATE	BR			BR	
G9002		COORDINATED CARE FEE MAINT RATE	BR			BR	
G9003		COORD CARE FEE RISK ADJUSTD HI INIT	BR			BR	
G9004		COORD CARE FEE RISK ADJUSTD LW INIT	BR			BR	
G9005		COORD CARE FEE RISK ADJUSTED MAINT	BR			BR	
G9006		COORD CARE FEE HOME MONITORING	BR			BR	
G9007		COORD CARE FEE SCHEDULE TEAM CONF	BR			BR	
G9008		COORD CARE FEE PHYS OVRSIGHT SRVC	BR			BR	
G9009		COORD CARE FEE RISK ADJ MAINT LVL 3	BR			BR	
G9010		COORD CARE FEE RISK ADJ MAINT LVL 4	BR			BR	
G9011		COORD CARE FEE RISK ADJ MAINT LVL 5	BR			BR	
G9012		OTH SPEC CASE MGMT SERVICE NEC	BR			BR	
G9013		ESRD DEMO BASIC BUNDLE LEVEL I	BR			BR	
G9014		ESRD DEMO EXPND BUNDLE W/VENUS ACSS	BR			BR	
G9016		SMOK CESSATN CNSL IND ABSNC/ADD E&M	BR			BR	
G9017		AMANTADINE HCI ORAL PER 100 MG	1.23			BR	
G9018		ZANAMIVIR INHAL POWDER INHAL-10 MG	6.58			BR	
G9019		OSELTAMIVIR PHOSPHATE ORL PER 75 MG	6.99			BR	
G9020		RIMANTADINE HCI ORAL PER 100 MG	2.06			BR	
G9033		AMANTADINE HCI ORAL BRAN PER 100 MG	0.00			BR	
G9034		ZANAMIVIR INHAL POWDER BRAND-10 MG	BR			BR	
G9035		OSELTAMIVIR PHOSPH ORAL BRND-75 MG	BR			BR	
G9036		RIMANTADINE HCI ORAL BRAND-100 MG	BR			BR	
G9050		ONC; PRIM FOCUS; WRKUP EVAL/STAG	BR			BR	
G9051		ONC; PRIM FOCUS; TX DECISION OPTNS	BR			BR	
G9052		ONC; PRIM; SURVEILLANCE RECUR;	BR			BR	
G9053		ONC; PRIM; EXPECT MGMT EVIDENCE CA;	BR			BR	
G9054		ONC;PRIM;SUP PT TERM CA;PALLIATV TX	BR			BR	
G9055		ONC;PRIM;OTH UNS NOT OTHERWISE LIST	BR			BR	
G9056		ONC;PRAC GUIDE;MGMT ADHERS TO GUIDE	BR			BR	
G9057		ONC; PRAC; MGMT DIFFER CLIN TRIAL	BR			BR	
G9058		ONC; MGMT DIFFR PHYS DISAGREE GUIDE	BR			BR	
G9059		ONC;PRAC;MGMT DIFFERS PT OPT ALT TX	BR			BR	
G9060		ONC; PRAC; MGMT DIFFER COMORBID ILL	BR			BR	
G9061		ONC; PTS COND NOT ADDRESSED GUIDE	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9062		ONC; PRAC; MGMT DIFFERS OTH REASON	BR			BR	
G9063		ONC; STATUS; NSCLC; ST I NO PROGRSN	BR			BR	
G9064		ONC; STATUS; NSCLC;ST II NO PROGRSN	BR			BR	
G9065		ONC;NSCLC; ST III A NO PROGRESSN	BR			BR	
G9066		ONC; STATUS; NSCLC; ST III B-4 MET	BR			BR	
G9067		ONC; STATUS; NSCLC; EXTENT DZ UNKN	BR			BR	
G9068		ONC; STATUS; SC&COMB;LTD NO PROGRSN	BR			BR	
G9069		ONC; STATUS; SCLC SC&COMB; EXT MET	BR			BR	
G9070		ONC;STATUS;SCLC SC&COMB;EXTENT UNKN	BR			BR	
G9071		ONC; BRST; ACA;ST I/II;POS; NO PROG	BR			BR	
G9072		ONC; BRST; ACA; ST I/II;NEG;NO PROG	BR			BR	
G9073		ONC; BRST; ACA; ST III; POS;NO PROG	BR			BR	
G9074		ONC; BRST; ACA; ST III; NEG;NO PROG	BR			BR	
G9075		ONC; STATUS; F BRST CA; ACA; M1 MET	BR			BR	
G9077		ONC;PROS CA;T1-T2C& PSA</=20NO PROG	BR			BR	
G9078		ONC; PROS CA; T2/T3A/PSA>20 NO METS	BR			BR	
G9079		ONC;PROS CA; T3B-T4 N; T N1 NO PROG	BR			BR	
G9080		ONC; PROS CA; TX RISING PSA	BR			BR	
G9083		ONC; PROS CA ACA; EXTENT UNKN	BR			BR	
G9084		ONC; COLON CA; T1-3 N0 M0 NO PROG	BR			BR	
G9085		ONC; COLON CA; T4 N0 M0 NO PROG	BR			BR	
G9086		ONC; COLON CA; T1-4 N1-2 M0 NO PROG	BR			BR	
G9087		ONC; COLON CA; M1 MET W/CURR DZ	BR			BR	
G9088		ONC; COLON CA; M1 MET NO CURR DZ	BR			BR	
G9089		ONC; STATUS; COLON CA; EXTENT UNK	BR			BR	
G9090		ONC; RECTAL CA; T1-2 N0 M0 NO PROG	BR			BR	
G9091		ONC; RECTAL CA; T3 N0 M0 NO PROG	BR			BR	
G9092		ONC; RECTAL CA;T1-3 N1-2 M0 NO PROG	BR			BR	
G9093		ONC; RECTAL CA; T4 ANY N M0 NO PROG	BR			BR	
G9094		ONC; STATUS; RECTAL CA; M1 MET	BR			BR	
G9095		ONC; STATUS; RECTAL CA; EXTENT UNK	BR			BR	
G9096		ONC;ESOPH CA;T1-T3 N0-N1/NX NO PROG	BR			BR	
G9097		ONC; ESOPH CA; T4 ANY N M0 NO PROG	BR			BR	
G9098		ONC; STATUS; ESOPH CA ; M1 METASTAT	BR			BR	
G9099		ONC; STATUS; ESOPH CA; EXTENT UNK	BR			BR	
G9100		ONC; GASTR CA; R0 RESECT NO PROG	BR			BR	
G9101		ONC; GASTR CA; R1/R2 RESECT NO PROG	BR			BR	
G9102		ONC; GASTR CA; M0 UNRESECT NO PROG	BR			BR	
G9103		ONC; STATUS; GASTR CA; CLIN M1 MET	BR			BR	
G9104		ONC; STATUS; GASTR CA ; EXTENT UNK	BR			BR	
G9105		ONC; PAN CA; R0 RESECT NO PROG	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9106		ONC; PAN CA; R1/R2 RESECT NO PROG	BR			BR	
G9107		ONC; PAN CA; UNRESECTBL M1 MET	BR			BR	
G9108		ONC; STATUS; PAN CA; EXTENT DZ UNK	BR			BR	
G9109		ONC; H&N CA; T1-T2&N0 M0 NO PROG	BR			BR	
G9110		ONC;H&N CA; T3-4&/N1-3 M0 NO PROG	BR			BR	
G9111		ONC; STATUS; H&N CA; M1 MET LOC	BR			BR	
G9112		ONC; STATUS; H&N CA; EXTENT UNKN	BR			BR	
G9113		ONC DS STATUS OV CA ST IA-B NO PROG	BR			BR	
G9114		ONC; OV CA; ST IA-B; IC; II;NO PROG	BR			BR	
G9115		ONC; OV CA; ST III-IV; NO PROG	BR			BR	
G9116		ONC; OV CA; PROGRSSN&/PLATINM RSIST	BR			BR	
G9117		ONC; STATUS; OV CA; EXTENT UNKN	BR			BR	
G9123		ONC; CML; CP NO HEM CYT/MOL REMISS	BR			BR	
G9124		ONC;CML; AP NO HEMA CYT/MOL REMISS	BR			BR	
G9125		ONC; CML BP NOT HEM CYT/MOL REMISS	BR			BR	
G9126		ONC; CML HEM CYTOGN/MOLECULR REMISS	BR			BR	
G9128		ONC; MX MYELOMA SYS DZ; SMOLDR ST I	BR			BR	
G9129		ONC; MX MYELOMA SYS DZ ST II/HIGHER	BR			BR	
G9130		ONC; MX MYELOMA SYS DZ EXTENT UNKN	BR			BR	
G9131		ONC;DZ STS;F BRST CA;STG NOT LISTED	BR			BR	
G9132		ONC;DZ STS;PROS CA;CLIN METS	BR			BR	
G9133		ONC;DZ STS;PROS CA;CLIN METS/M1	BR			BR	
G9134		ONC;DZ STS;NHL;STAGE 1 2 NOT RELPSD	BR			BR	
G9135		ONC;DIZ STS;NHL;STG 3 4 NOT RELAPS	BR			BR	
G9136		ONC;DZ STS;NHL TRNS 2ND CELLR CLSS	BR			BR	
G9137		ONC;DZ STS;NHL;RELAPSED/REFRACTORY	BR			BR	
G9138		ONC;DZ STS;NHL;STAGE NOT DETERM	BR			BR	
G9139		ONC;DZ STS;CML;STAGE NOT LISTED	BR			BR	
G9140		FRONTIER EXTENDED STAY CLIN DEMO;	BR			BR	
G9143		WARFARIN RSPN TEST GEN TECH ANY #	188.65			BR	
G9147		OIVIT MSR: RQ; &/UUN; &/GLU; &/K+	BR			BR	
G9148		NAT COMMITTEE QA LEVEL 1 MED HOME	BR			BR	
G9149		NAT COMMITTEE QA LEVEL 2 MED HOME	BR			BR	
G9150		NAT COMMITTEE QA LEVEL 3 MED HOME	BR			BR	
G9151		MAPCP DEMO STATE PROVIDED SERVICES	BR			BR	
G9152		MAPCP DEMO COMMUNITY HEALTH TEAMS	BR			BR	
G9153		MAPCP DEMO PHYSICIAN INCENTIVE POOL	BR			BR	
G9156		EVAL WC REQ FACE-FACE VISIT W/PHYS	BR			BR	
G9157		TRANSESOPHAGEAL DOPPLER CARDIAC MON	113.03			BR	
G9158		MOTR SPEECH FUNCT LIM D/C STAT D/C	BR			BR	
G9159		SPOKN LANG COMP LIMIT CURR STAT TX	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9160		SL COMP FCN LMT GL TX D/C/END RPRT	BR			BR	
G9161		SPOKN LANG COMP LIMIT D/C STAT D/C	BR			BR	
G9162		SPOKN LANG EXPRS LIMIT CURR STAT TX	BR			BR	
G9163		SL EXP FCN LMT GOAL TX D/C/END RPRT	BR			BR	
G9164		SPOKN LANG EXPRS LIMIT D/C STAT D/C	BR			BR	
G9165		ATTN FUNCT LIMIT CURR STATUS TX	BR			BR	
G9166		ATTN FUNCT LIMIT PROJ GOAL STAT TX	BR			BR	
G9167		ATTN FUNCT LIMIT D/C STATUS D/C TX	BR			BR	
G9168		MEMORY FUNCT LIMIT CURR STATUS TX	BR			BR	
G9169		MEMORY FUNCT LIMIT PROJ GOAL STS TX	BR			BR	
G9170		MEMORY FUNCT LIMIT D/C STATUS D/C	BR			BR	
G9171		VOICE FUNCT LIMIT CURR STATUS TX	BR			BR	
G9172		VOICE FUNCT LIMIT PROJ GOAL STAT TX	BR			BR	
G9173		VOICE FUNCT LIMIT D/C STATUS D/C TX	BR			BR	
G9174		OTH SPEECH LANG FUCNT LIMIT CURR TX	BR			BR	
G9175		OTH SPEECH LANG LIM PROJ GOAL STAT	BR			BR	
G9176		OTH SPEECH LANG LIM D/C STS D/C TX	BR			BR	
G9186		MOTR SPEECH LIM PROJ GOAL STATUS TX	BR			BR	
G9187		BPCI HOME VST PT ASMT QUAL HC PROF	51.79				
G9188		BETA-BLCKR TX NOT PRSC RSN NOT GIVN	0.00				
G9189		BETA-BLCKR TX PRSC/CURR BEING TAKEN	0.00				
G9190		DOC MED RSN NOT PRSC BETA-BLOCKR TX	0.00				
G9191		DOC PT RSN NOT PRSC BETA-BLOCKER TX	0.00				
G9192		DOC SYS RSN NOT PRSC BETA-BLOCKR TX	0.00				
G9196		DOC MED RSN NOT ORD 1/2 GEN CPH AMP	0.00				
G9197		DOC ORD FOR 1ST/2ND GEN CEPH AMP	0.00				
G9198		ORD 1ST/2ND CEPH NOT DOC R NOT GVN	0.00				
G9203		RNA TST HC DOC 12 MO PRI INIT AV TX	0.00				
G9204		RNA TST HC NOT DOC 12 MO PRI INT AV	0.00				
G9205		PT START AV TX HEP C DUR MSR PERIOD	0.00				
G9206		PT START AV TX HEP C DUR MSR PERIOD	0.00				
G9207		HEP C GENOTYP DOC 12 MO PRI INIT AV	0.00				
G9208		HEP C GT NOT DOC 12 MO PRI INIT AV	0.00				
G9209		HC Q RNA PERF 4-12 WK AFTR INIT AV	0.00				
G9210		HC Q RNA NOT PRF 4-12 WK AV DOC RSN	0.00				
G9211		HC Q RNA NOT PRF 4-12 WK AV NO RSN	0.00				
G9212		DSM-IVTM CRITERIA MDD DOC INIT EVAL	0.00				
G9213		DSM-IVTM CRIT MDD NOT DOC INIT EVAL	0.00				
G9217		PCP NOT PRSC 3 MO CD4+ < 200 NO RSN	0.00				
G9219		PCP NOT PRSC 3 MO CD4+ <200 MED RSN	0.00				
G9222		PCP PRSC 3 MO L CD4+ CC <200 CC/MM3	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9223		PCP PRSC 3 MO CD4+ <500/CD4 % <15%	0.00				
G9225		FOOT EXAM WAS NOT PRFRM RSN NOT GVN	0.00				
G9226		FOOT EXAMINATION PERFORMED	0.00				
G9227		FNCT ASMT CARE PLN NOT DOC NOT ELIG	0.00				
G9228		CHLAMYDIA GON SYP SCR RESULTS DOC	0.00				
G9229		CHLAMYDIA GON SYP NOT SCR DOC RSN	0.00				
G9230		CHLAMYDIA GON SYP NOT SCR NO RSN	0.00				
G9231		DOC ESRD DIALYSIS RENAL TPLNT/PREG	0.00				
G9232		CLIN TREAT MDD NOT COM CLIN TRT CC	0.00				
G9233		ALL QUAL ACTION TKR MSR GRP PERFORM	0.00				
G9234		I INTEND TO REPORT TKR MSR GRP	0.00				
G9235		ALL QUAL ACTION GEN SURG MSR PERFRM	0.00				
G9236		ALL QUAL ACTION EXPOS IR MSR PERFRM	0.00				
G9237		I INTEND TO REPORT GEN SURG MSR GRP	0.00				
G9238		I INTEND TO REPORT EXPOS IR MSR GRP	0.00				
G9239		DOC RSN PT INIT MAINT HD CATH MODE	0.00				
G9240		PT VA CATH TIME MAINT HD INITIAT	0.00				
G9241		PT VA NOT CATH TM MAINT HD INITIAT	0.00				
G9242		DOC VL=/>200 COPIES/ML/VL NOT PRFRM	0.00				
G9243		DOC VIRAL LOAD < 200 COPIES/ML	0.00				
G9244		ANTIRETROVIRAL THEREAPY NOT PRSC	0.00				
G9245		ANTIRETROVIRAL THERAPY PRESCRIBED	0.00				
G9246		PT NOT 1 VST IN 24 MO MSR PERIOD	0.00				
G9247		PT HAD 1 VST IN 24 MO MSR PERIOD	0.00				
G9250		DOC PAIN TO CMFRT 48 HRS INIT ASMT	0.00				
G9251		DOC PAIN NOT CMFRT 48 HR INIT ASMT	0.00				
G9254		DOC D/C LATER PST-OP DAY 2 FLW CAS	0.00				
G9255		DOC D/C NO LTR PST OP DAY 2 FLW CAS	0.00				
G9256		DOC PATIENT DEATH FOLLOWING CAS	0.00				
G9257		DOC PATIENT STROKE FOLLOWING CAS	0.00				
G9258		DOC OF PATIENT STROKE FOLLOWING CEA	0.00				
G9259		DOC PT SURV & ABSNCE STROKE FLW CAS	0.00				
G9260		DOC PATIENT DEATH FOLLOWING CEA	0.00				
G9261		DOC PT SURV & ABSNCE STROKE FLW CEA	0.00				
G9262		DOC PT DEATH HOSPITAL FOLLOW EVAR	0.00				
G9263		DOC PT SURVIVAL HOSPITAL FLW EVAR	0.00				
G9264		DOC PT RECV MAINT HD >/= 90 D CATH	0.00				
G9265		PT MAINT HD >/=90 DAY CATH AS VA	0.00				
G9266		PT MAINT HD >/=90 DAY NO CATH AS VA	0.00				
G9267		DOC PT 1/> COMP/MORTALITY IN 30 DAY	0.00				
G9268		DOC PT 1/> COMPLICATION W/I 90 DAYS	0.00				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9269		DOC PT W/O 1/> COMP NO M W/I 30 DAY	0.00				
G9270		DOC PT W/O 1/MORE COMP W/I 90 DAYS	0.00				
G9273		BP SYSTOLIC < 140 DIASTOLIC < 90	0.00				
G9274		BP S=140 D=90/S<140 D=90/S=140 D<90	0.00				
G9275		DOC PATIENT CURRNT NON-TOBACCO USER	0.00				
G9276		DOC PATIENT IS CURRENT TOBACCO USER	0.00				
G9277		DOC PT D ASP/ANTI-PLATLET/DOC CNTRA	0.00				
G9278		DOC PT NOT ON D ASP/ANTI-PLAT REGMN	0.00				
G9279		PNC SCRN DOC VACC RECV PRORI D/C	0.00				
G9280		PNC V NOT ADM PRI D/C RSN NOT SPEC	0.00				
G9281		SCREEN PERF VACC NOT IND/PT REFUSAL	0.00				
G9282		DOC RSN NOT RPT HIST TYP/NSCLC-NOS	0.00				
G9283		NSCLC BX CYT RPT DOC H TYP/NOS	0.00				
G9284		NSCLC BX CYT RPT NOT DOC H TYP/NOS	0.00				
G9285		SPEC SITE OTH THAN LUNG/NOT NSCLC	0.00				
G9286		ABX REG PRSC W/I 10 DA AFTR ONST SX	0.00				
G9287		ABX NOT PRSCR 10 DA AFTR ONSET SX	0.00				
G9288		DOC MED RSN NOT RPT H TYP/NSCLC-NOS	0.00				
G9289		NSCLC BX CY RPT DOC H TYP/NSCLC-NOS	0.00				
G9290		NSCLC BX CY RPT NOT DOC H TYP/NOS	0.00				
G9291		SP SITE NOT LNG NOT NSCLC/NSCLC-NOS	0.00				
G9292		DOC RSN NOT RPT PT CAT ULCER PT1 MR	0.00				
G9293		PATH RPT NOT PT CAT ULCER PT1 MR	0.00				
G9294		PATH RPT W/PT CAT THICK ULCR PT1 MR	0.00				
G9295		SPEC SITE OTH THAN ANATOMIC CUT LOC	0.00				
G9296		PT DOC SDM CONSERV TX PRIOR PROC	0.00				
G9297		SDM CONSERV TX PRIOR PROC NOT DOC	0.00				
G9298		PT EVAL VTE CV RSK 30 DA PRIOR PROC	0.00				
G9299		PT NOT EVAL VTE CV RSK 30 D PRI PRC	0.00				
G9300		DOC RSN NOT INFUS P ABX PRI PROX TQ	0.00				
G9301		PT HAD P ABX INFUS PRIOR INFLAT TQ	0.00				
G9302		P ABX NOT CMPL PRIOR TQ RSN NOT GVN	0.00				
G9303		OP RPT NOT ID PROS SPEC RSN NOT GVN	0.00				
G9304		OP RPT IDS PROSTHETIC IMPLANT SPEC	0.00				
G9305		INT LEAK ENDOLUM CNT ANASTM NOT REQ	0.00				
G9306		INT LEAK ENDOLUM CNT ANASTM REQ	0.00				
G9307		NO RTN OP ROOM PROC 30 DA PRIN PROC	0.00				
G9308		UNPLAN RTN OP ROOM 30 DAY PRIN PROC	0.00				
G9309		NO UNPLAN HOSP RDM 30 DAY PRIN PROC	0.00				
G9310		UNPLANNED HOSP RDM 30 DAY PRIN PROC	0.00				
G9311		NO SURGICAL SITE INFECTION	0.00				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9312		SURGICAL SITE INFECTION	0.00				
G9313		AMOX NOT 1ST LINE ABX TM DX DOC RSN	0.00				
G9314		AMOX NOT 1ST LINE TM DX RSN NOT GVN	0.00				
G9315		DOC AMOX PRESC 1ST LINE ABX TIME DX	0.00				
G9316		DOC PT RSK ASSESS RSK CALC W/PT/FAM	0.00				
G9317		DOC PT RSK ASMT CALC PT/FM NOT CMPL	0.00				
G9318		IMAGING STUDY NAMED STANDARD NOMEN	0.00				
G9319		IMAG STDY NOT NOMEN RSN NOT GVN	0.00				
G9321		COUNT PREV CT CRD NM DOC 12-MO PRI	0.00				
G9322		CNT CT CRD NM NOT DOC 12-MO NO RSN	0.00				
G9324		ALL NEC DATA EES NOT INCL R NOT GVN	0.00				
G9326		CT NOT RPT RD INDX REG RSN NOT GVN	0.00				
G9327		CT RPT RD INDX REG ALL DATA ELEMENT	0.00				
G9329		DICOM AVAIL 12-MO NOT DOC NO RSN	0.00				
G9340		FINAL RPT DOC DICOM DATA 12-MO AFTR	0.00				
G9341		SEARCH PRIOR CT EXT ENTITIES 12-MO	0.00				
G9342		SRC NOT CD PRI I S PT CT S CPL NO R	0.00				
G9344		SRCH PRIOR DICOM NOT CMPL SYS RSN	0.00				
G9345		F/U REC DOC INCIDENT DETECTED PNS	0.00				
G9347		F/U REC NOT DOC GLS PNS RSN NOT GVN	0.00				
G9348		CT PARANASL SINUS ORD TM DX DOC RSN	0.00				
G9349		DOC CT PARANSL SINUS ORD DX/IN 28 D	0.00				
G9350		CT PARANSL SINUS NOT ORD DX/IN 28 D	0.00				
G9351		MORE 1 CT PARNSL SINUS 90 D AFTR DX	0.00				
G9352		MORE 1 CT PARNSL SS 90 D DX NO RSN	0.00				
G9353		MORE 1 CT PARNSL SS 90 D DX DOC RSN	0.00				
G9354		1/NO CT PARNSL SS NOT ORD 90 D DX	0.00				
G9355		ELEC DELIV/ERLY INDUCTION NOT PRFRM	0.00				
G9356		ELECTIV DEL/EARLY INDUCTION PERFORM	0.00				
G9357		POST-PARTUM SCREEN EVAL EDU PERFORM	0.00				
G9358		POST-PART SCREEN EVAL EDU NOT PERF	0.00				
G9359		DOC NEG/MANAG POS TB SCRN NOT ACTIV	0.00				
G9360		NO DOC NEG/MANAGED POS TB SCREEN	0.00				
G9361		MEDICAL INDICATION FOR INDUCTION	0.00				
G9364		SINUSITIS CAUS/PRES CAUS BACT INF	0.00				
G9365		ONE HIGH-RISK MEDICATION ORDERED	0.00				
G9366		ONE HIGH-RISK MEDICATION NOT ORDERD	0.00				
G9367		AT LEAST 2 DIFF HIGH-RISK MED ORDRD	0.00				
G9368		AT LEAST 2 DIFF H-R MED NOT ORDERED	0.00				
G9380		PT OFFRD ASST ROF ISSUE DUR MSR PRD	0.00				
G9381		DOC MED RSN NOT OFFR ASST EOL ISSUE	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9382		PT NOT OFFRD ASST EOL ISSUE MSR PRD	0.00				
G9383		PT RECV SCR HCV INF W/I 12 MO PRD	0.00				
G9384		DOC MED RSN NOT RECV AN SCR HCV INF	0.00				
G9385		DOC PT RSN NOT RECV AN SCR HCV INF	0.00				
G9386		SCR HCV NOT REC 12 M P RSN NOT GVN	0.00				
G9389		UNPLN RUPT PC RQR VITRCT DUR CC SUR	0.00				
G9390		NO UNPLN RUP PC RQR VITRECT CC SURG	0.00				
G9393		PT I PHQ-9 SC>9 RM 12 MO PHQ-9 SC<5	0.00				
G9394		PT BPD/PD NH/HOSPCE/PALL DUR ASSESS	0.00				
G9395		PT INIT PHQ-9 SC >9 NO RM AT 12 MO	0.00				
G9396		PT I PHQ-9 SC >9 NO ASSESS RM 12 MO	0.00				
G9399		DOC PT RCRD DISC BTW PHYS/CLIN & PT	0.00				
G9400		DOC MED/PT RSN NOT DISC TX OPTIONS;	0.00				
G9401		NO DOC PT RCRD DISC BTW PHYS & PT	0.00				
G9402		PT RCV F/U D D/C/WI/30 DA AFTR D/C	0.00				
G9403		CLN DOC RSN PT NO 30 D F/U INPT D/C	0.00				
G9404		PT NOT RCV F/U DT D/C/WI 30 DA D/C	0.00				
G9405		PT RECV F/U W/I 7 DAYS FROM D/C	0.00				
G9406		CLN DOC RSN PT NO 7 DA F/U INPT D/C	0.00				
G9407		PT NOT RECV F/U ON/WI 7 DA AFTR D/C	0.00				
G9408		PT CT &/PERICARDIOCENTESIS WI 30 DA	0.00				
G9409		PT WO CT &/PERICARDIOCENT WI 30 DA	0.00				
G9410		PT ADM WI 180 DAYS POST CIED W/INF	0.00				
G9411		PT NOT ADM WI 180 D PST CIED W/INF	0.00				
G9412		PT ADM WI 180 D P CIED INF DVC RMV	0.00				
G9413		PT NOT ADM WI 180 D POST CIED W/INF	0.00				
G9414		PT 1 DOS MC V ON/BTW PT 11 & 13 BD	0.00				
G9415		PT NO 1 DOS MC V ON/BTW PT 11&13 BD	0.00				
G9416		PT 1 TDAP/TD VAC ON/BTW 10 &13 BDAY	0.00				
G9417		PT NOT 1 TDAP/TD ON/BTW PT 10&13 BD	0.00				
G9418		P NSCLC BX&CY SPEC DOC CL NSCLC-NOS	0.00				
G9419		DOC M RSN NO H T/NSCLC-NOS CL EXPLN	0.00				
G9420		SPEC S NOT LOC LUNG/NOT PRIM NSCLC	0.00				
G9421		P NSCLC BX&CY S NO DOC CL NSCLC-NOS	0.00				
G9422		NSCLC BX & CYTOLOGY SPEC RPRT	0.00				
G9423		DOC MED RSN NO RPRT H TYP/NSCLC-NOS	0.00				
G9424		SPEC SITE OTH THAN LOC L NOT NSCLC	0.00				
G9425		NSCLC BX & CY SPC NOT DOC NSCLC-NOS	0.00				
G9426		IMP MED TM ED AR-INIT P MED PRF ADM	0.00				
G9427		IMP MN TM ED AR-I P MED NOT PRF ADM	0.00				
G9428		PA RPRT PT CAT&STM THK&ULCER&PT1 MR	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9429		DOC MED RSN NO R PT&STM THK PT1 MR	0.00				
G9430		SPECIMEN SITE OTH THAN ANAT CUT LOC	0.00				
G9431		PTH RPRT NO PT&STM THK&ULCR&PT1 MR	0.00				
G9432		ASA WC ACT C-ACT ACQ/ATAQ RSLT DOC	0.00				
G9434		ASA NOT WC CTR TL NOT U RSN NOT GVN	0.00				
G9435		ASPIRIN PRESCRIBED AT DISCHARGE	0.00				
G9436		ASPIRIN NOT PRESCRIBED FOR DOC RSN	0.00				
G9437		ASPIRIN NOT PRESCRIBED AT DISCHARGE	0.00				
G9438		P2Y INHIBITOR PRSC AT DISCHARGE	0.00				
G9439		P2Y INHIBITOR NOT PRSC DOC REASONS	0.00				
G9440		P2Y INHIBITOR NOT PRSC AT DISCHARGE	0.00				
G9441		STATIN PRESCRIBED AT DISCHARGE	0.00				
G9442		STATIN NOT PRESCRIBED FOR DOC RSN	0.00				
G9443		STATIN NOT PRESCRIBED AT DISCHARGE	0.00				
G9448		PT WHO WERE BORN IN YEARS 1945-1965	0.00				
G9449		HX RECV BLOOD TRANSFUSIONS PRI 1992	0.00				
G9450		HISTORY OF INJECTION DRUG USE	0.00				
G9451		PATIENT RECV ONE-TIME SCR HCV INF	0.00				
G9452		DOC MED RSN NOT RECV 1-TIME SCR HCV	0.00				
G9453		DOC PT RSN NOT RECV 1-T SCR HCV INF	0.00				
G9454		1-T SCR HCV NOT RECV 12 MO NO RSN	0.00				
G9455		PT ABD IMAG U/S CE CT/C MRI HCC	0.00				
G9456		DOC MED/PT RSN NO ORDR/PERF SCR HCC	0.00				
G9457		PT NO ABD IMAG & NO DOC RSN RPRT PR	0.00				
G9458		PT DOC TOB USER & RECV TOB CESS INT	0.00				
G9459		CURRENTLY A TOBACCO NON-USER	0.00				
G9460		TOB ASMT/CESS INT NOT PRFR NO RSN	0.00				
G9463		I INTEND TO RPRT SINUSITIS MSR GRP	0.00				
G9464		ALL Q ACT MSR SINUSIT MSR GRP PR PT	0.00				
G9465		I INTEND TO REPORT THE AOE MSR GRP	0.00				
G9466		ALL Q ACT APPL MSR AOE GRP PRF PT	0.00				
G9467		PT RCV CS>/=10 MG/D PRD EQ 60 D 12M	0.00				
G9468		PT NOT REC CS>/=10 MG/D PRD EQ 60 D	0.00				
G9469		PT RECV CS>/=10 MG/D PDN EQ 60/> D	0.00				
G9470		PT NO CS >/= 10 MG/D PDN EQ 60/> D	0.00				
G9471		WI PAST 2 YRS CTR DXA NOT ORDR/DOC	0.00				
G9472		WI PAST 2 YRS CNTRL DXA NOT ORD&DOC	0.00				
G9473		SRVC PERF CHAPLN HOSPICE EA 15 MIN	0.00				
G9474		SRVC PRF DIET CNSLR HOSPICE EA 15 M	0.00				
G9475		SRVC PERF OTH COUNS HSPCE EA 15 MIN	0.00				
G9476		SRVC PRF VOLUNTEER HOSPICE EA15 MIN	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9477		SRVC PRF CARE COORD HOSPICE EA 15 M	0.00				
G9478		SRVC PRF OTH QUAL TH HOSPCE EA 15 M	0.00				
G9479		SRVC PRF QUAL PHARM HOSPICE EA 15 M	0.00				
G9480		ADMISSION TO MCCM PROGRAM	0.00				
G9496		DOC RSN NOT DETECT AD/OTH NEOPLASM	0.00				
G9497		SEEN PRE-OP ANES/PROXY PRI DAY SURG	0.00				
G9498		ANTIBIOTIC REGIMEN PRESCRIBED	0.00				
G9499		PT NOT ST/RECV AV TX HEP C MSR PER	0.00				
G9500		RADIATION EXPOSURE INDICES DOC	0.00				
G9501		RADIATION EXPOS INDICES RSN NOT GVN	0.00				
G9502		DOC MED RSN FOR NOT PERF FOOT EXAM	0.00				
G9503		PT TAKING TAMSULOSIN HYDROCHLORIDE	0.00				
G9504		D R NO ASSES HBV 1 Y P CRS ANTI-TNF	0.00				
G9505		ABX PRSC 10 D AFT ON SX DOC MED RSN	0.00				
G9506		BIOLOGIC IMMUNE RESPONSE MOD PRSC	0.00				
G9507		DOC PT ON STATN MED/DOC VALID CNTRA	0.00				
G9508		DOC PT IS NOT ON STATIN MEDICATION	0.00				
G9509		REMISS 12 M DEM 12 M PHQ-9 SCORE<5	0.00				
G9510		REM 12M NOT DEM BY 12M PHQ-9 SCR<5;	0.00				
G9511		INDX D PHQ-9 SCRE>9 DOC 12 M ID PER	0.00				
G9512		INDIVIDUAL HAD A PDC OF 0.8/GREATER	0.00				
G9513		INDIV DID NOT HAVE A PDC OF 0.8/>	0.00				
G9514		PT RQR RTN TO OR W/I 90 D OF SURG	0.00				
G9515		PT DID NOT RQR RTN OR W/I 90 D SURG	0.00				
G9516		PT ACHVD IMPRV VA PREOP LVL 90 D SX	0.00				
G9517		PT NO IMPRV VA PREOP LVL 90D S NO R	0.00				
G9518		DOCUMENTATION OF ACTIVE INJ DRUG US	0.00				
G9519		PT F REFR=/-1.0 D PLN REFR 90 D SRG	0.00				
G9520		PT NO F REFR +/-1.0 D 90 D SRG NO R	0.00				
G9521		TOT # ED VSTS & IP HOSP>2 PAST 12 M	0.00				
G9522		TOT #ED VST&IP=/>2 12 M/NO SCR NO R	0.00				
G9523		PT DXD HEMODIAL/PERITONEAL DIALYSIS	0.00				
G9524		PATIENT WAS REF TO HOSPICE CARE	0.00				
G9525		DOC PT RSN FOR NOT REF HOSPICE CARE	0.00				
G9526		PT NOT REF HOSPICE CARE RSN NOT GVN	0.00				
G9529		PT MIN BLNT HD TRMA APPROP INDCT CT	0.00				
G9530		PT 24 HR MN BLNT HD TRMA CT ORD ECP	0.00				
G9531		PT VALD RSN HEAD CT RGRDLSS INDICAT	0.00				
G9532		PT HEAD INJ OCCURRED >24 HRS B4 ED	0.00				
G9533		PT MIN BLNT HD TRMA NO INDCAT HD CT	0.00				
G9534		ADVANCED BRAIN IMAG WAS NOT ORDRD	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9535		PATIENTS W/NORMAL NEUROLOGICAL EXAM	0.00				
G9536		DOC MED RSN ORD ADV BRAIN IMAG STDY	0.00				
G9537		DOC SYS RSN ORD ADV BRAIN IMAG STDY	0.00				
G9538		ADVANCED BRAIN IMAGING WAS ORDERED	0.00				
G9539		INTENT FOR PTNTL REMV TIME OF PLCMT	0.00				
G9540		PATIENT ALIVE 3 MOS POST PROCEDURE	0.00				
G9541		FILTER REMOVED W/I 3 MO OF PLACEMNT	0.00				
G9542		DOC RE-ASSESS APPROP FILTR RMVL 3 M	0.00				
G9543		DOC AT LEAST TWO ATTEMPTS REACH PT	0.00				
G9544		PT THAT DO NOT HAVE THE FILTER RMVD	0.00				
G9547		INCN CT:LVR LES=0.5CM KID LES<1.0CM	0.00				
G9548		F RPT ABD IMAG STDY F/U IMAG RECOM	0.00				
G9549		DOC MED RSN F/U IMAGING NOT INDIC	0.00				
G9550		FIN RPT ABD IMAG F/U IMAG NOT RECOM	0.00				
G9551		FINAL REPORTS FOR ABD IMAGING STDY	0.00				
G9552		INCIDNTL THYRD NODUL <1.0 CM IN RPT	0.00				
G9553		PRIOR THYROID DISEASE DIAGNOSIS	0.00				
G9554		F RPT CT/MRI CHST/NCK F/U IMAG RECM	0.00				
G9555		DOC MED RSN NO DOC F/U IMAG NO NEED	0.00				
G9556		F RPT CT/MRI CHEST/NECK F/U NOT RCM	0.00				
G9557		F RP CT/MRI CH/NCK NO THR NOD<1.0CM	0.00				
G9558		PT TX W/BETA-LACTAM ABX DEFINITV TX	0.00				
G9559		DOC MED RSN NOT PRSC BETA-LACTM ABX	0.00				
G9560		PT NOT TX BETA-LCTM ABX RSN NOT GVN	0.00				
G9561		PT PRSC OPIATES FOR LNGR THAN 6 WKS	0.00				
G9562		PT F/U EVAL EV 3 MOS DUR OPIOID TX	0.00				
G9563		PT NO F/U EVL EV 3 MOS DR OPIOID TX	0.00				
G9572		IND D PHQ-SCR>9 DC 12M DNMNTR ID PR	0.00				
G9573		RM 6 MO AS DEMST 6 MO PHQ-9 SCORE<5	0.00				
G9574		RM 6 MO NOT DEMNST 6 MO PHQ-9 SCR<5	0.00				
G9577		PT PRSC OPIATES FOR LNGR THAN 6 WKS	0.00				
G9578		DOC SGND OPIOID TX AGRMNT 1 DUR TX	0.00				
G9579		NO DOC SGND OPIOID TX AGRMNT DUR TX	0.00				
G9580		DOOR TO PUNCTURE TIME OF < 2 HOURS	0.00				
G9581		DOOR-PUNCT TIME >2 HRS RSN DOC CLIN	0.00				
G9582		DOOR TO PUNCT TIME>2 HRS NO RSN GVN	0.00				
G9583		PT PRSC OPIATES FOR LNGR THAN 6 WKS	0.00				
G9584		PT EVAL RISK MISUSE OPI VAL INSTRM	0.00				
G9585		PT NOT EVL RSK MSUSE OPI VAL INSTRM	0.00				
G9593		PED PT M BLNT HD TRMA LW RSK PECARN	0.00				
G9594		PATIENT W/I 24 HR MIN BLNT HD TRMA	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9595		PT VAL RSN HD CT ORD RGDLSS INDICAT	0.00				
G9596		PED PT HEAD INJ OCRD >24 HRS B4 ED	0.00				
G9597		PED PT MI HD TRMA NOT LW RSK PECARN	0.00				
G9598		AA 5.5-5.9 CM MX D CL CT/MI D AX CT	0.00				
G9599		AA 6.0 CM/>MX DIA CL CT/M DIA AX CT	0.00				
G9600		SYM AAAS THAT RQR URG/EMERGENT REPR	0.00				
G9601		PT D/C HOME NO LTR THN POST-OP D #7	0.00				
G9602		PT NOT D/C HOME BY POST-OP DAY #7	0.00				
G9603		PT SURV SCRE IMPRV FROM BASE FLW TX	0.00				
G9604		PATIENT SURVEY RSLT NOT AVAILABLE	0.00				
G9605		PT SURV SCRE NO IMPRV BASE FLW TX	0.00				
G9606		IORT CYSTSCPY PERF EVAL LW TRCT INJ	0.00				
G9607		PT NOT ELIG E.G. PT DEATH DUR PROC	0.00				
G9608		IORT CYSTSCPY NOT P EVL LW TRCT INJ	0.00				
G9609		DOC ORD ANTI-PLAT AGT/P2Y12 ANTAGON	0.00				
G9610		DOC MED R NO ANTI-PLAT/P2Y12 ANTGN	0.00				
G9611		O ANTI-PLAT/P2Y12 ANTG NOT DC R NOS	0.00				
G9612		PHOTODOC 1/MRE CECL LK ESTB CMPL EX	0.00				
G9613		DOCUMENTATION OF POST-SURG ANATOMY	0.00				
G9614		NO PHOTODOC CECAL LK ESTB CMPL EXAM	0.00				
G9615		PREOPERATIVE ASSESSMENT DOCUMENTED	0.00				
G9616		DOC RSN NOT DOC A PREOP ASSESSMENT	0.00				
G9617		PREOP ASSESS NOT DOC RSN NOT GVN	0.00				
G9618		DOC SCR UTEN MALIG/US&/ENDOMET SAMP	0.00				
G9619		DOC REASON NO SCR FOR UTERN MALIG	0.00				
G9620		PT NOT SCR UTERN MALG/NO U/S NO RSN	0.00				
G9621		PT ID UNHLTHY ALC USR SCR&BRF COUNS	0.00				
G9622		PT NOT ID UNHLTHY ALC USR SCR ALC U	0.00				
G9623		DOC MED RSN NO SCR UNHLTHY AL USE	0.00				
G9624		PT NOT SCR UNHLTHY AL SCR NO RSN	0.00				
G9625		PT BLAD INJ SURG/TO 1 MO POST-SURG	0.00				
G9626		PT NOT ELIG GYN/OTH PELV MALIG DOC	0.00				
G9627		PT NO BLAD INJ SRG/ TO 1 MO PST-SRG	0.00				
G9628		PT MAJ VISCUS INJ SRG/1 MO PST-SRG	0.00				
G9629		PT NOT ELG E.G. GYN/OTH PLV MAL DOC	0.00				
G9630		PT NOT SUSTAIN MAJ VISCUS INJ SURG	0.00				
G9631		PT URETR INJ SRG/DISC 1 MO POST-SRG	0.00				
G9632		PT NOT ELG E.G. GYN/OTH PLV MAL DOC	0.00				
G9633		PT DID NOT SUSTAIN URETER INJ SURG	0.00				
G9634		H-REL QOL ASSESS 2 VST&QOL SME/IMPR	0.00				
G9635		HLTH-REL QOL NOT ASSESS TL DOC RSN	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
G9636		H-REL QOL NOT ASSES 2 VST/QOL DCLND	0.00				
G9637		FINAL RPT DOC 1/MORE DOSE RDUC TECH	0.00				
G9638		F RPT W/O DOC 1/MORE DOSE RDUC TECH	0.00				
G9639		MAJOR AMP/OPEN SURG BYPS NOT RQR	0.00				
G9640		DOC OF PLANNED HYBRID/STAGED PROC	0.00				
G9641		MAJOR AMPUTATION/OPEN SURG BYPS RQR	0.00				
G9642		CURRENT CIGARETTE SMOKERS	0.00				
G9643		ELECTIVE SURGERY	0.00				
G9644		PT ABST FROM SMOK PRI ANES D SX/PCR	0.00				
G9645		PT NOT F ABST SMK PRI ANES D SX/PCR	0.00				
G9646		PATIENTS W/90 DA MRS SCORE 0 TO 2	0.00				
G9647		PT MRS SCORE NOT OBTAINED 90 DA F/U	0.00				
G9648		PATIENTS WITH 90 DAY MRS SCORE >2	0.00				
G9649		PSO TOOL DOC MEET ANY 1 SPC BNCHMRK	0.00				
G9650		DOC THAT PATIENT DECLINED TX CHANGE	0.00				
G9651		PSO TL DOC NOT ANY 1 SPEC BENCHAMRK	0.00				
G9652		PT BEEN TX SYS/BIO MED PSO AL 6 MOS	0.00				
G9653		PT NOT TX SYS/BIO MED PSO AL 6 MOS	0.00				
G9654		MONITORED ANESTHESIA CARE	0.00				
G9655		A TRAN OF CARE PROT/H/O TL/CHCKLIST	0.00				
G9656		PT TRNSF DIR FROM ANES LOC TO PACU	0.00				
G9657		TRNSF OF CARE DUR ANESTHETIC/TO ICU	0.00				
G9658		A TRAN CARE PROT/HO TOOL/CHECKLIST	0.00				
G9659		PT>85 YRS NO HX CC/MED RSN COLO	0.00				
G9660		DOC MED RSN COLONOSCOPY PT>85 YRS	0.00				
G9661		PT>85 YRS RECV ROUTINE COLONOSCOPY	0.00				
G9662		PREVIOUSLY DX/ACTIVE DX CLIN ASCVD	0.00				
G9663		ANY FST/DIR LDL-C LAB TST=190 MG/DL	0.00				
G9664		PT CUR STATIN USR/RCVD ORD STATN TX	0.00				
G9665		PT NO CUR STATN USR/NO ORD STATN TX	0.00				
G9666		HI F/DIR LDL-C LB RSLT 70/189 MG/DL	0.00				
G9667		DC MD R NO STATN TX U/RCV ORD STATN	0.00				
G9669		I INTND TO RPT MX CHRN COND MSR GRP	0.00				
G9670		ALL QLTY ACT APP MSR MX CHR CND MSR	0.00				
G9671		I INTEND TO RPT THE DIAB RP MSR GRP	0.00				
G9672		ALL QLTY ACT APPL MSR DIAB RP MSR	0.00				
G9673		I INTEND TO RPR THE CV PREV MSR GRP	0.00				
G9674		PATIENTS W/CLINICAL ASCVD DIAGNOSIS	0.00				
G9675		PT HAD F/DR LB RSLT LDL-C=190 MG/DL	0.00				
G9676		PT 40-75 YRS BEG MSR PRD T 1/2 DIAB	0.00				
G9677		ALL QLTY ACT APPLIC MSR CV PREV MSR	0.00				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J0120		INJECTION TETRACYCLINE UP TO 250 MG	0.00			BR	
J0129		INJ ABATACEPT 10 MG MEDICR ADM PHYS	47.33			33.09	
J0130		INJECTION ABCIXIMAB 10 MG	1218.65			1125.65	
J0131		INJECTION ACETAMINOPHEN 10 MG	BR			BR	
J0132		INJECTION ACETYLCYSTEINE 100 MG	2.06			4.44	
J0133		INJECTION ACYCLOVIR 5 MG	0.09			BR	
J0135		INJECTION ADALIMUMAB 20 MG	903.91			514.89	
J0153		INJECTION ADENOSINE 1 MG	1.15				
J0171		INJ ADRENALIN EPINEPHRINE 0.1 MG	0.15			0.17	
J0178		INJECTION AFLIBERCEPT 1 MG	1176.60			1642.32	
J0180		INJECTION AGALSIDASE BETA 1 MG	190.17			220.61	
J0190		INJECTION BIPERIDEN LACTAT PER 5 MG	BR			BR	
J0200		INJ ALATROFLOXACIN MESYLATE 100 MG	BR			BR	
J0202		INJECTION ALEMTUZUMAB 1 MG	2092.58				
J0205		INJECTION ALGLUCERASE PER 10 UNITS	37.20			60.51	
J0207		INJECTION AMIFOSTINE 500 MG	453.46			854.92	
J0210		INJ METHYLDOPATE HCL TO 250 MG	47.20			19.15	
J0215		INJECTION ALEFACEPT 0.5 MG	31.20			50.82	
J0220		INJ ALGLUCOSIDASE ALFA 10 MG NOS	248.04			BR	
J0221		INJ ALGLUCOSIDASE ALFA 10 MG	184.32			BR	
J0256		INJ ALPHA 1-PROTASE INHIB NOS 10 MG	5.51			BR	
J0257		INJ ALPHA 1 PROTEINASE INH 10 MG	5.13			BR	
J0270		INJECTION ALPROSTADIL 1.25 MCG	2.80			4.52	
J0275		ALPROSTADIL URETHRAL SUPPOSITORY	BR			BR	
J0278		INJECTION AMIKACIN SULFATE 100 MG	1.39			3.26	
J0280		INJECTION AMINOPHYLLIN UP TO 250 MG	10.65			3.22	
J0282		INJ AMIODARONE HYDROCHLORIDE 30 MG	0.80			1.27	
J0285		INJECTION AMPHOTERICIN B 50 MG	23.43			44.15	
J0287		INJ AMPHOTERICN B LIPID CMPLX 10 MG	15.63			36.77	
J0288		INJ AMPHOTERICIN B CHOLESTRYL 10 MG	87.60			142.98	
J0289		INJ AMPHOTERICIN B LIPOSOME 10 MG	21.82			57.73	
J0290		INJECTION AMPICILLIN SODIUM 500 MG	1.71			6.88	
J0295		INJ AMPCLLN SODIM/SULBACTAM-1.5 G	2.73			15.00	
J0300		INJECTION AMOBARBITAL UP TO 125 MG	14.00			22.87	
J0330		INJ SUCCINYLCHOLINE CHLORID UP 20MG	0.80			1.27	
J0348		INJECTION ANIDULAFUNGIN 1 MG	0.70			3.31	
J0350		INJECTION ANISTREPLASE PER 30 UNITS	BR			BR	
J0360		INJECTION HYDRALAZINE HCL UP 20 MG	12.60			25.86	
J0364		INJ APOMORPH HYDROCHLORID 1 MG	3.60			5.70	
J0365		INJECTION APROTININ 10000 KIU	3.20			4.99	
J0380		INJ METARAMINOL BITARTRATE 10 MG	1.20			2.19	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J0390		INJECTION CHLOROQUINE HCL UP 250 MG	BR			BR	
J0395		INJECTION ARBUTAMINE HCL 1 MG	BR			BR	
J0400		INJ ARIPIPRAZOLE IM 0.25 MG	0.91			0.52	
J0401		INJ ARIPIPRAZOLE EXT RELEASE 1 MG	5.10				
J0456		INJECTION AZITHROMYCIN 500 MG	4.27			31.13	
J0461		INJECTION ATROPINE SULFATE 0.01 MG	0.06			0.03	
J0470		INJECTION DIMERCAPROL PER 100 MG	46.45			BR	
J0475		INJECTION BACLOFEN 10 MG	199.15			BR	
J0476		INJ BACLOFEN 50 MCG INTRATHEC TRIAL	91.67			128.69	
J0480		INJECTION BASILIXIMAB 20 MG	3609.56			2951.29	
J0485		INJECTION BELATACEPT 1 MG	4.56			BR	
J0490		INJECTION BELIMUMAB 10 MG	49.75			6.37	
J0500		INJECTION DICYCLOMINE HCL UP 20 MG	69.30			21.26	
J0515		INJ BENZTROPINE MESYLATE PER 1 MG	24.39			26.26	
J0520		INJ BETHANECHOL CHLORIDE UP TO 5 MG	BR			BR	
J0558		INJ PCN G BENZ & PROCAINE 100000 U	7.91			BR	
J0561		INJECTION PCN G BENZ 100000 UNITS	9.99			2.65	
J0571		BUPRENORPHINE ORAL 1 MG	BR				
J0572		BPN/NALOXONE ORAL </=TO 3 MG BPN	BR				
J0573		BPN/NLX O>3 MG BUT</=TO 3.1 TO 6 MG	BR				
J0574		BPN/NLX O >6 MG BUT </=TO 10 MG BPN	BR				
J0575		BPN/NALOXONE ORAL >10 MG BPN	BR				
J0583		INJECTION BIVALIRUDIN 1 MG	3.61			4.23	
J0585		BOTULINUM TOXIN TYPE A PER UNIT	6.87			9.18	
J0586		INJECTION ABOBOTULINUMTOXINA 5 UNIT	9.48			BR	
J0587		INJ RIMABOTULINUMTOXINB 100 UNITS	13.93			15.29	
J0588		INJECTION INCOBOTULINUMTOXIN 1 UNIT	5.72			BR	
J0592		INJ BUPRENORPHINE HYDROCHLOR 0.1 MG	3.59			1.59	
J0594		INJECTION BUSULFAN 1 MG	39.81			25.57	
J0595		INJECTION BUTORPHANOL TARTRATE 1 MG	2.87			7.77	
J0596		INJ C1 ESTERASE INHIB RUCONEST 10 U	BR				
J0597		INJ C1 ESTERASE INHIB BERINERT 10 U	55.59			86.53	
J0598		INJ C1 ESTERASE INHIB CINRYZE 10 U	65.37			71.70	
J0600		INJ EDETATE CALCM DISODIM TO 1000MG	6713.31			92.66	
J0610		INJECTION CALCM GLUCONATE PER 10 ML	3.72			1.92	
J0620		INJ CALCM GLYCROPHSPHTE&LACTAT-10ML	13.60			22.03	
J0630		INJ CALCITONIN SALMON TO 400 UNITS	2397.32			88.83	
J0636		INJECTION CALCITRIOL 0.1 MCG	0.42			2.36	
J0637		INJECTION CASPOFUNGIN ACETATE 5 MG	15.53			60.58	
J0638		INJECTION CANAKINUMAB 1 MG	110.54			BR	
J0640		INJ LEUCOVORIN CALCIUM PER 50 MG	4.60			3.68	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J0641		INJ LEVOLEUCOVORIN CALCIUM 0.5 MG	1.94			BR	
J0670		INJECTION MEPIVACAINE HCL PER 10 ML	2.36			BR	
J0690		INJECTION CEFAZOLIN SODIUM 500 MG	1.07			5.19	
J0692		INJ CEFEPIME HYDROCHLORID 500 MG	3.01			24.40	
J0694		INJ CEFOXITIN SODIUM 1 GM	5.87			14.46	
J0695		INJ CEFTOLOZANE 50 MG & TAZ 25 MG	BR				
J0696		INJ CEFTRIAXONE SODIUM PER 250 MG	0.93			14.11	
J0697		INJ STERL CEFUROXIME SODIUM 750 MG	2.90			11.63	
J0698		INJECTION CEFOTAXIME SODIUM PER G	3.77			14.46	
J0702		INJ BETAMETHASONE AC & PHOS 3 MG	7.00			9.67	
J0706		INJECTION CAFFEINE CITRATE 5MG	3.60			5.82	
J0710		INJ CEPHAPIRIN SODIUM TO 1 GM	BR			BR	
J0712		INJECTION CEFTAROLINE FOSAMIL 10 MG	2.72			BR	
J0713		INJECTION CEFTAZIDIME PER 500 MG	2.88			10.91	
J0714		INJ CFTAZDM & AVIBCTM 0.5 G/0.125 G	BR				
J0715		INJ CEFTIZOXIME SODIUM PER 500 MG	BR			BR	
J0716		INJ CENTRUROIDS IMM FAB2 TO 120 MCI	BR			6089.90	
J0717		INJECTION CERTOLIZUMAB PEGOL 1 MG	7.76				
J0720		INJ CHLORMPHNICL SODIM SUCCNT TO 1G	38.08			45.78	
J0725		INJ CHORIONIC GONADOTROPIN-1000 USP	24.25			6.69	
J0735		INJ CLONIDINE HYDROCHLORID 1 MG	13.85			118.64	
J0740		INJECTION CIDOFOVIR 375 MG	680.24			1433.14	
J0743		INJ CILASTATIN SODIM IMIPENEM-250MG	5.45			33.12	
J0744		INJ CIPROFLOXACIN IV INFUS 200 MG	1.22			22.98	
J0745		INJ CODEINE PHOSPHATE PER 30 MG	1.20			1.79	
J0760		INJECTION COLCHICINE PER 1 MG	6.80			11.40	
J0770		INJ COLISTIMETHATE SODIUM TO 150 MG	12.48			87.32	
J0775		INJ COLLAGENASE CHC 0.01 MG	46.15			BR	
J0780		INJ PROCHLORPERAZINE TO 10 MG	15.71			BR	
J0795		INJ CORTICORELN OVINE TRIFLUT 1 MCG	9.27			8.32	
J0800		INJECTION CORTICOTROPIN UP 40 UNITS	4294.26			BR	
J0833		INJ COSYNTROPIN NOS 0.25 MG	112.80			183.70	
J0834		INJECTION COSYNTROPIN 0.25 MG	53.39			195.94	
J0840		INJ CROTALIDAE POLYV IMM FAB UP 1 G	3051.58			5823.73	
J0850		INJ CYTOMEGLOVRUS IMMU GLOB IV-VIAL	1277.72			1620.11	
J0875		INJECTION DALBAVANCIN 5MG	17.50				
J0878		INJECTION DAPTOMYCIN 1 MG	0.96			0.63	
J0881		INJ DARBEPOETIN ALFA 1 MCG NON-ESRD	4.98			8.41	
J0882		INJ DARBEPOETIN ALFA 1 MCG FOR ESRD	4.98			8.41	
J0885		INJ EPOETIN ALFA NON-ESRD 1000 UNIT	14.80			22.54	
J0887		INJECTION EPOETIN BETA 1 MICROGRAM	BR				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J0888		INJECTION EPOETIN BETA 1 MICROGRAM	BR				
J0890		INJECTION PEGINESATIDE 0.1 MG	BR			BR	
J0894		INJECTION DECITABINE 1 MG	26.13			45.96	
J0895		INJ DEFEROXAMINE MESYLATE 500 MG	18.01			29.43	
J0897		INJECTION DENOSUMAB 1 MG	18.59			BR	
J0945		INJ BROMPHENIRAMINE MALEATE-10 MG	0.40			0.03	
J1000		INJ DEPO-ESTRADIOL CYPIONATE TO 5MG	16.56			12.38	
J1020		INJ METHYLPRDNISOLONE ACTAT 20 MG	5.39			5.27	
J1030		INJ METHYLPRDNISOLONE ACTAT 40 MG	5.17			11.05	
J1040		INJ METHYLPRDNISOLONE ACTAT 80 MG	10.00			17.54	
J1050		INJ MEDROXYPROGESTERNE ACETATE 1 MG	0.43			BR	
J1071		INJ TESTOSTERONE CYPIONATE 1 MG	0.04				
J1094		INJECTION DEXAMETHASONE ACTAT 1 MG	0.40			0.89	
J1100		INJ DEXMETHOSON SODIM PHOSHATE 1 MG	0.17			0.89	
J1110		INJ DIHYDROERGOTAMINE MESYLATE 1 MG	92.09			64.74	
J1120		INJ ACETAZOLAMIDE SODIUM TO 500 MG	24.91			66.18	
J1160		INJECTION DIGOXIN UP TO 0.5 MG	5.49			4.14	
J1162		INJ DIGOXIN IMMUNE FAB OVINE VIAL	3171.25			1017.17	
J1165		INJ PHENYTOIN SODIUM PER 50 MG	0.79			2.42	
J1170		INJECTION HYDROMORPHONE UP TO 4 MG	2.47			2.33	
J1180		INJECTION DYPHYLLINE UP TO 500 MG	BR			BR	
J1190		INJ DEXRAZOXANE HCL PER 250 MG	200.14			634.43	
J1200		INJ DIPHENHYDRAMINE HCL TO 50 MG	0.59			2.96	
J1205		INJ CHLOROTHIAZIDE SODIUM 500 MG	139.01			330.79	
J1212		INJ DMSO DIMETHYL SULFOXID 50% 50ML	261.05			91.92	
J1230		INJECTION METHADONE HCL UP TO 10 MG	12.31			BR	
J1240		INJECTION DIMENHYDRINATE TO 50 MG	7.47			3.32	
J1245		INJECTION DIPYRIDAMOLE PER 10 MG	0.98			52.56	
J1250		INJECTION DOBUTAMINE HCI PER 250 MG	6.65			5.47	
J1260		INJECTION DOLASETRON MESYLATE 10 MG	9.32			7.17	
J1265		INJECTION DOPAMINE HCL 40 MG	0.73			0.63	
J1267		INJECTION DORIPENEM 10 MG	0.96			1.41	
J1270		INJECTION DOXERCALCIFEROL 1 MCG	1.11			573.12	
J1290		INJECTION ECALLANTIDE 1 MG	485.62			664.62	
J1300		INJECTION ECULIZUMAB 10 MG	259.11			BR	
J1320		INJ AMITRIPTYLINE HCL TO 20 MG	BR			BR	
J1322		INJECTION ELOSULFASE ALFA 1 MG	BR				
J1324		INJECTION ENFUVIRTIDE 1 MG	0.40			0.67	
J1325		INJECTION EPOPROSTENOL 0.5 MG	18.57			BR	
J1327		INJECTION EPTIFIBATIDE 5 MG	25.20			41.06	
J1330		INJ ERGONOVINE MALEATE UP TO 0.2 MG	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J1335		INJECTION ERTAPENEM SODIUM 500 MG	49.96			103.38	
J1364		INJECTION ERYTH LACTOBIONATE 500 MG	58.08			18.41	
J1380		INJ ESTRADIOL VALERATE TO 10 MG	12.33			12.98	
J1410		INJECTION ESTROGEN CONJUGATED 25 MG	274.04			146.64	
J1430		INJ ETHANOLAMINE OLEATE 100 MG	484.91			141.54	
J1435		INJECTION ESTRONE PER 1 MG	0.40			0.61	
J1436		INJ ETIDRONATE DISODIUM PER 300 MG	BR			BR	
J1438		INJECTION ETANERCEPT 25 MG	422.54			283.39	
J1439		INJ FERRIC CARBOXYMALTOSE 1 MG	1.27				
J1442		INJ FILGRASTIM EXCL BIOSIMLRS 1 MIC	1.21				
J1443		INJ FERRIC PRPP CIT SOL 0.1 MG IRON	BR				
J1447		INJECTION TBO-FILGRASTIM 1 MICROG	0.92				
J1450		INJECTION FLUCONAZOLE 200 MG	5.79			61.65	
J1451		INJECTION FOMEPIZOLE 15 MG	8.40			13.67	
J1452		INJ FOMIVIRSEN SODIUM IO 1.65 MG	BR			BR	
J1453		INJECTION FOSAPREPITANT 1 MG	2.07			2.80	
J1455		INJECTION FOSCARNET SODIUM 1000 MG	23.60			38.36	
J1457		INJECTION GALLIUM NITRATE 1 MG	1.60			2.86	
J1458		INJECTION GALSULFASE 1 MG	437.27			599.32	
J1459		INJ IG IV NONLYOPHILIZED 500 MG	45.91			BR	
J1460		INJECTION GAMMA GLOB IM 1 CC	40.14			BR	
J1556		INJ IMMUNE GLOBULIN BIVIGAM 500 MG	46.63				
J1557		INJ IG IV NONLYOPHILIZED 500 MG	44.77			BR	
J1559		INJECTION IG HIZENTRA 100 MG	10.16			BR	
J1560		INJECTION GAMMA GLOB IM OVER 10 CC	401.41			BR	
J1561		INJ IG NONLYOPHILIZED 500 MG	50.12			75.57	
J1562		INJECTION IG VIVAGLOBIN 100 MG	11.20			18.38	
J1566		INJ IG IV LYPHILIZED NOS 500 MG	41.87			109.20	
J1568		INJ IG OCTOGAM IV NONLYO 500MG	50.93			82.73	
J1569		INJ IG GAMMAGARD IV NONLYO 500 MG	45.74			93.45	
J1570		INJECTION GANCICLOVIR SODIUM 500 MG	79.42			107.99	
J1571		INJ HEP B IG HEPAGAM B IM 0.5 ML	66.97			140.02	
J1572		INJ IG IV NONLYOPHILIZED 500 MG	47.23			74.15	
J1573		INJ HEP B IG HEPAGAM B IV 0.5 ML	BR			BR	
J1575		INJ IG/HYALURONIDASE 100 MG IG	13.00				
J1580		INJ GARAMYCIN GENTAMICIN UP 80 MG	1.51			3.36	
J1590		INJECTION GATIFLOXACIN 10 MG	BR			BR	
J1595		INJECTION GLATIRAMER ACETATE 20 MG	1920.00			3128.93	
J1599		INJ IG IV NONLYOPHILIZED NOS 500 MG	BR			BR	
J1600		INJ GOLD SODIUM THIOMALATE TO 50 MG	16.40			26.49	
J1602		INJECTION GOLIMUMAB 1 MG FOR IV USE	29.23				

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J1610		INJ GLUCAGON HYDROCHLORIDE PER 1 MG	237.54			144.61	
J1620		INJ GONADORELN HYDROCHLORID 100 MCG	BR			BR	
J1626		INJ GRANISETRN HYDROCHLORID 100 MCG	0.52			17.68	
J1630		INJECTION HALOPERIDOL UP TO 5 MG	1.83			17.62	
J1631		INJ HALOPERIDOL DECANOATE PER 50 MG	24.34			23.85	
J1640		INJECTION HEMIN 1 MG	26.12			12.64	
J1642		INJECTION HEPARIN SODIUM 10 UNITS	0.22			1.26	
J1644		INJ HEPARIN SODIUM PER 1000 UNITS	0.25			1.99	
J1645		INJ DALTEPARIN SODIUM PER 2500 IU	18.72			29.37	
J1650		INJECTION ENOXAPARIN SODIUM 10 MG	1.37			11.95	
J1652		INJ FONDAPARINUX SODIUM 0.5 MG	3.04			14.06	
J1655		INJECTION TINZAPARIN SODIUM 1000 IU	4.40			6.96	
J1670		INJ TETNS IMMUN GLOB HUMN TO 250 U	483.39			410.51	
J1675		INJ HISTRELIN ACTAT 10 MICROGMS	1.20			1.84	
J1700		INJ HYDROCORTISONE ACTAT TO 25 MG	BR			BR	
J1710		INJ HYDROCORTISON SOD PHOS TO 50 MG	BR			BR	
J1720		INJ HYDROCORTSON SOD SUCC TO 100 MG	9.00			3.55	
J1725		INJECTION HPC 1 MG	0.40			BR	
J1730		INJECTION DIAZOXIDE UP TO 300 MG	121.60			198.27	
J1740		INJECTION IBANDRONATE SODIUM 1 MG	130.02			789.16	
J1741		INJECTION IBUPROFEN 100 MG	BR			BR	
J1742		INJ IBUTILIDE FUMARATE 1 MG	113.10			519.35	
J1743		INJECTION IDURSULFASE 1 MG	623.67			805.22	
J1744		INJECTION ICATIBANT 1 MG	0.00			393.71	
J1745		INJECTION INFLIXIMAB 10 MG	95.89			102.80	
J1750		INJECTION IRON DEXTRAN 50 MG	14.63			28.88	
J1756		INJECTION IRON SUCROSE 1 MG	0.32			1.04	
J1786		INJECTION IMIGLUCERASE 10 UNITS	50.40			99.44	
J1790		INJECTION DROPERIDOL UP TO 5 MG	2.40			5.79	
J1800		INJECTION PROPRANOLOL HCL TO 1 MG	3.47			17.53	
J1810		INJ DROPRIDL&FENTNYL CITRAT TO 2ML	BR			BR	
J1815		INJECTION INSULIN PER 5 UNITS	0.95			BR	
J1817		INSULIN ADMIN THRU DME PER 50 UNITS	10.03			BR	
J1826		INJECTION INTERFERON BETA-1A 30 MCG	696.40			1548.69	
J1830		INJ INTERFERON BETA-1B 0.25 MG	BR			BR	
J1833		INJECTION ISAVUCONAZONIUM 1 MG	BR				
J1835		INJECTION ITRACONAZOLE 50 MG	1124.80			1833.27	
J1840		INJ KANAMYCIN SULFATE TO 500 MG	8.40			10.05	
J1850		INJ KANAMYCIN SULFATE TO 75 MG	1.20			0.98	
J1885		INJ KETOROLAC TROMETHAMINE 15 MG	0.83			6.66	
J1890		INJ CEPHALOTHIN SODIUM TO 1 GM	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J1930		INJECTION LANREOTIDE 1 MG	57.80			52.39	
J1931		INJECTION LARONIDASE 0.1 MG	35.33			BR	
J1940		INJECTION FUROSEMIDE UP TO 20 MG	3.47			2.28	
J1945		INJECTION LEPIRUDIN 50 MG	179.60			292.67	
J1950		INJ LEUPROLIDE ACETATE PER 3.75 MG	1114.74			933.77	
J1953		INJECTION LEVETIRACETAM 10 MG	0.24			1.10	
J1955		INJECTION LEVOCARNITINE PER 1 G	20.92			53.02	
J1956		INJECTION LEVOFLOXACIN 250 MG	2.87			35.40	
J1960		INJ LEVORPHANOL TARTRATE TO 2 MG	3.60			6.07	
J1980		INJ HYOSCYAMINE SULFATE TO 0.25 MG	29.26			18.12	
J1990		INJ CHLORDIAZEPOXIDE HCL TO 100 MG	24.80			40.31	
J2001		INJECTION LIDO HCL IV INFUS 10 MG	0.02			BR	
J2010		INJECTION LINCOMYCIN HCL TO 300 MG	13.45			8.96	
J2020		INJECTION LINEZOLID 200 MG	28.45			BR	
J2060		INJECTION LORAZEPAM 2 MG	0.91			2.41	
J2150		INJECTION MANNITOL 25% IN 50 ML	1.93			5.45	
J2170		INJECTION MECASERMIN 1 MG	8.40			13.80	
J2175		INJECTION MEPERIDINE HCL PER 100 MG	5.43			1.87	
J2180		INJ MEPRIDIN&PROMTHZIN HCL TO 50 MG	9.20			15.23	
J2185		INJECTION MEROPENEM 100 MG	1.58			11.63	
J2210		INJ METHYLRGONOVIN MALATE TO 0.2 MG	5.90			9.02	
J2212		INJECTION METHYLNALTREXONE 0.1 MG	0.00			0.63	
J2248		INJECTION MICAFUNGIN SODIUM 1 MG	1.16			3.43	
J2250		INJECTION MIDAZOLAM HCL PER 1 MG	0.16			1.06	
J2260		INJECTION MILRINONE LACTATE 5 MG	4.00			82.35	
J2265		INJECTION MINOCYCLINE HCL 1 MG	0.00			0.96	
J2270		INJ MORPHINE SULFATE UP TO 10 MG	1.46			6.24	
J2274		INJ MS PRS-FREE EPID/INTH USE 10 MG	10.28				
J2278		INJECTION ZICONOTIDE 1 MICROGRAM	8.61			14.69	
J2280		INJECTION MOXIFLOXACIN 100 MG	11.01			16.09	
J2300		INJECTION NALBUPHINE HCL PER 10 MG	2.85			6.60	
J2310		INJECTION NALOXONE HCL PER 1 MG	33.59			11.52	
J2315		INJ NALTREXONE DEPOT FORM 1 MG	3.82			BR	
J2320		INJ NANDROLONE DECANOATE TO 50 MG	4.80			7.57	
J2323		INJECTION NATALIZUMAB 1 MG	20.42			13.33	
J2325		INJECTION NESIRITIDE 0.1 MG	36.00			58.37	
J2353		INJ OCTREOTIDE DEPOT FORM IM 1MG	190.45			285.92	
J2354		INJ OCTREOTDE NO-DPOT SUBQ/IV 25MCG	1.47			8.73	
J2355		INJECTION OPRELVEKIN 5 MG	526.87			482.56	
J2357		INJECTION OMALIZUMAB 5 MG	35.96			31.71	
J2358		INJ OLANZAPINE LONG-ACTING 1 MG	3.50			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J2360		INJ ORPHENADRINE CITRATE TO 60 MG	6.84			22.66	
J2370		INJECTION PHENYLEPHRINE HCL TO 1 ML	2.00			3.52	
J2400		INJ CHLOROPROCAINE HCL PER 30 ML	27.38			10.54	
J2405		INJECTION ONDANSETRON HCL PER 1 MG	0.12			11.37	
J2407		INJECTION ORITAVANCIN 10 MG	30.74				
J2410		INJECTION OXYMORPHONE HCL TO 1 MG	3.41			4.80	
J2425		INJECTION PALIFERMIN 50 MICROGRAMS	19.69			20.22	
J2426		INJ PALIPERIDONE PALM EXT RLSE 1 MG	10.42			BR	
J2430		INJ PAMIDRONATE DISODIUM PER 30 MG	13.89			415.00	
J2440		INJECTION PAPAVERINE HCL TO 60 MG	3.20			5.21	
J2460		INJ OXYTETRACYCLINE HCL TO 50 MG	BR			BR	
J2469		INJECTION PALONOSETRON HCL 25 MCG	25.76			59.75	
J2501		INJECTION PARICALCITOL 1 MCG	1.14			8.59	
J2502		INJ PASIREOTIDE LONG ACTING 1 MG	BR				
J2503		INJECTION PEGAPTANIB SODIUM 0.3 MG	1243.38			1829.21	
J2504		INJECTION PEGADEMASE BOVINE 25 IU	337.68			311.50	
J2505		INJECTION PEGFILGRASTIM 6 MG	4593.71			5232.09	
J2507		INJECTION PEGLOTICASE 1 MG	1636.08			BR	
J2510		INJ PCN G PROCAINE AQUEOUS 600000 U	27.03			19.27	
J2513		INJ PENTASTARCH 10% SOL 100 ML	BR			BR	
J2515		INJ PENTOBARBITAL SODIUM PER 50 MG	50.01			13.41	
J2540		INJECTION PCN G K+ TO 600000 UNITS	1.14			4.20	
J2543		INJ PIP SOD/TZ SOD 1 G/0.125 G	3.11			BR	
J2545		PENTAMIDINE ISETHIONAT I SOL 300 MG	136.49			116.59	
J2547		INJECTION PERAMIVIR 1 MG	BR				
J2550		INJECTION PROMETHAZINE HCL TO 50 MG	1.97			5.64	
J2560		INJ PHENOBARBITAL SODIUM TO 120 MG	35.04			5.33	
J2562		INJECTION PLERIXAFOR 1 MG	369.45			478.75	
J2590		INJECTION OXYTOCIN UP TO 10 UNITS	4.40			6.94	
J2597		INJ DESMOPRESSIN ACETATE PER 1 MCG	16.22			15.18	
J2650		INJ PREDNISOLONE ACETATE TO 1 ML	BR			BR	
J2670		INJECTION TOLAZOLINE HCL TO 25 MG	BR			BR	
J2675		INJECTION PROGESTERONE PER 50 MG	1.16			5.94	
J2680		INJ FLUPHENAZINE DECANOATE TO 25 MG	26.72			11.11	
J2690		INJ PROCAINAMIDE HCL TO 1 GM	55.37			6.79	
J2700		INJ OXACILLIN SODIUM TO 250 MG	2.17			4.44	
J2704		INJECTION PROPOFOL 10 MG	0.15				
J2710		INJ NEOSTIGMINE METHYLSULFAT 0.5 MG	0.40			0.92	
J2720		INJ PROTAMINE SULFATE PER 10 MG	1.40			2.04	
J2724		INJ PROTEN C CONC IV HUMAN 10 IU	18.16			BR	
J2725		INJECTION PROTIRELIN PER 250 MCG	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J2730		INJ PRALIDOXIME CHLORIDE TO 1 GM	102.80			159.39	
J2760		INJ PHENTOLAMINE MESYLATE TO 5 MG	190.80			99.27	
J2765		INJ METOCLOPRAMIDE HCL TO 10 MG	0.84			3.39	
J2770		INJ QUINUPRISTIN/DALFOPRISTN 500 MG	398.56			230.27	
J2778		INJECTION RANIBIZUMAB 0.1 MG	465.19			746.85	
J2780		INJ RANITIDINE HYDROCHLORIDE 25 MG	1.27			3.06	
J2783		INJECTION RASBURICASE 0.5 MG	278.25			256.15	
J2785		INJECTION REGADENOSON 0.1 MG	64.85			BR	
J2788		INJ RHO D IG HUMAN MINIDOSE 50 MCG	29.27			125.35	
J2790		INJ RHO D IG HUMN FULL DOSE 300 MCG	100.48			205.90	
J2791		INJ RHO D IG HUMAN RHOPHYLAC 100 IU	5.68			19.66	
J2792		INJ RHO D IMMUE GLOB IV HUMN 100 IU	24.26			BR	
J2793		INJECTION RILONACEPT 1 MG	25.60			41.78	
J2794		INJ RISPERIDONE LONG ACTING 0.5 MG	8.74			3.63	
J2795		INJ ROPIVACAINE HYDROCHLORID 1 MG	0.09			0.32	
J2796		INJECTION ROMIPLOSTIM 10 MCG	70.93			78.13	
J2800		INJECTION METHOCARBAMOL UP TO 10 ML	51.87			29.23	
J2805		INJECTION SINCALIDE 5 MICROGRAMS	110.50			107.24	
J2810		INJECTION THEOPHYLLINE PER 40 MG	0.35			BR	
J2820		INJECTION SARGRAMOSTIM 50 MCG	41.13			52.85	
J2850		INJ SECRETIN SYNTH HUMN 1 MICROGM	41.74			37.35	
J2860		INJECTION SILTUXIMAB 10 MG	BR				
J2910		INJECTION AUROTHIOGLUCOSE TO 50 MG	BR			BR	
J2916		INJ SODIM FERRIC GLUCONATE 12.5 MG	3.08			13.18	
J2920		INJ METHYLPRDNISOLON SODIM TO 40 MG	3.48			5.53	
J2930		INJ METHYLPRDNISLN SODIM TO 125 MG	4.93			12.23	
J2940		INJECTION SOMATREM 1 MG	BR			BR	
J2941		INJECTION SOMATROPIN 1 MG	53.60			87.32	
J2950		INJECTION PROMAZINE HCL UP TO 25 MG	BR			BR	
J2993		INJECTION RETEPLASE 18.1 MG	2571.60			2216.10	
J2995		INJ STREPTOKINASE PER 250000 IU	88.00			143.63	
J2997		INJ ALTEPLASE RECOMBINANT 1 MG	89.63			62.75	
J3000		INJECTION STREPTOMYCIN UP TO 1 G	14.22			13.94	
J3010		INJECTION FENTANYL CITRATE 0.1 MG	0.59			0.25	
J3030		INJECTION SUMATRIPTAN SUCCNAT 6 MG	64.00			104.25	
J3060		INJ TALIGLUCERACE ALFA 10 UNITS	46.27				
J3070		INJECTION PENTAZOCINE 30 MG	148.77			53.48	
J3090		INJECTION TEDIZOLID PHOSPHATE 1 MG	1.46				
J3095		INJECTION TELAVANCIN 10 MG	6.35			BR	
J3101		INJECTION TENECTEPLASE 1 MG	112.71			89.39	
J3105		INJ TERBUTALINE SULFATE TO 1 MG	1.02			45.24	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J3110		INJECTION TERIPARATIDE 10 MCG	9.60			15.47	
J3121		INJ TESTOSTERONE ENANTHATE 1 MG	0.05				
J3145		INJ TESTOSTERONE UNDECANOATE 1 MG	BR				
J3230		INJ CHLORPROMAZINE HCL TO 50 MG	23.05			4.95	
J3240		INJ THYROTROPIN .9 MG PROV 1.1 VIAL	1718.36			1332.84	
J3243		INJECTION TIGECYCLINE 1 MG	2.91			1.85	
J3246		INJECTION TIROFIBAN HCl 0.25 MG	10.00			16.27	
J3250		INJ TRIMETHOBENZAMIDE HCL TO 200 MG	28.47			9.77	
J3260		INJ TOBRAMYCIN SULFATE TO 80 MG	3.22			6.13	
J3262		INJECTION TOCILIZUMAB 1 MG	4.80			1.00	
J3265		INJECTION TORSEMIDE 10 MG/ML	BR			BR	
J3280		INJ THIETHYLPRAZINE MALEAT TO 10 MG	5.60			9.12	
J3285		INJECTION TREPROSTINIL 1 MG	73.48			103.03	
J3300		INJ TRIAMCINOLONE ACETONIDE PF 1 MG	4.50			BR	
J3301		INJ TRIAMCINOLON ACETONID NOS 10 MG	2.17			3.45	
J3302		INJ TRIAMCINOLONE DIACTAT 5 MG	0.40			0.43	
J3303		INJ TRIAMCINOLONE HEXACETONIDE 5 MG	2.18			4.35	
J3305		INJ TRIMETREXATE GLUCORONATE 25 MG	BR			BR	
J3310		INJECTION PERPHENAZINE UP TO 5 MG	BR			BR	
J3315		INJ TRIPTORELIN PAMOATE 3.75 MG	286.77			891.62	
J3320		INJ SPCTNOMYCN DHYDROCHLORD TO 2 GM	BR			BR	
J3350		INJECTION UREA UP TO 40 G	BR			BR	
J3355		INJECTION UROFOLLITROPIN 75 IU	73.20			119.50	
J3357		INJECTION USTEKINUMAB 1 MG	205.18			BR	
J3360		INJECTION DIAZEPAM UP TO 5 MG	7.97			2.14	
J3364		INJECTION UROKINASE 5000 IU VIAL	BR			BR	
J3365		INJ IV UROKINASE 250000 IU VIAL	BR			BR	
J3370		INJECTION VANCOMYCIN HCL 500 MG	4.64			10.16	
J3380		INJECTION VEDOLIZUMAB 1 MG	20.43				
J3385		INJ VELAGLUCERASE ALFA 100 UNITS	411.43			BR	
J3396		INJECTION VERTEPORFIN 0.1 MG	13.17			16.88	
J3400		INJ TRIFLUPROMAZINE HCL TO 20 MG	BR			BR	
J3410		INJECTION HYDROXYZINE HCL TO 25 MG	2.62			1.36	
J3411		INJECTION THIAMINE HCL 100 MG	3.86			2.34	
J3415		INJECTION PYRIDOXINE HCL 100 MG	11.84			4.67	
J3420		INJ VIT B-12 CYNOCOBLMN TO 1000 MCG	3.16			0.12	
J3430		INJECTION PHYTONADIONE PER 1 MG	3.29			8.15	
J3465		INJECTION VORICONAZOLE 10 MG	4.66			9.31	
J3470		INJ HYALURONIDASE TO 150 UNITS	28.40			45.96	
J3471		INE HYALURONIDASE OVINE 1 USP U	0.38			0.26	
J3472		INJ HYALURONIDASE OVINE 1000 USP U	131.60			214.48	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J3473		INJ HYALURONIDASE RECOMB 1 USP UNIT	0.43			0.70	
J3475		INJ MAGNESIUM SULFATE PER 500 MG	0.27			1.33	
J3480		INJ POTASSIUM CHLORIDE PER 2 MEQ	0.17			0.77	
J3485		INJECTION ZIDOVUDINE 10 MG	1.80			2.19	
J3486		INJ ZIPRASIDONE MESYLATE 10 MG	18.69			9.01	
J3489		INJECTION ZOLEDRONIC ACID 1 MG	33.03				
J3490		UNCLASSIFIED DRUGS	BR			BR	
J3520		EDETATE DISODIUM PER 150 MG	0.40			0.77	
J3530		NASAL VACCINE INHALATION	BR			BR	
J3535		DRUG ADMIN THRU METERED DOSE INHAL	BR			BR	
J3570		LAETRILE AMYGDALIN VITAMIN B17	BR			BR	
J3590		UNCLASSIFIED BIOLOGICS	BR			BR	
J7030		INFUS NORMAL SALINE SOL 1000 CC	2.25			18.71	
J7040		INFUS NORMAL SALINE SOL STERILE	1.13			9.77	
J7042		5% DEXTROSE/NORMAL SALINE	0.71			7.58	
J7050		INFUS NORMAL SALINE SOLUTION 250 CC	0.55			8.46	
J7060		5% DEXTROSE/WATER	2.21			10.42	
J7070		INFUSION D-5-W 1000 CC	4.29			14.69	
J7100		INFUSION DEXTRAN 40 500 ML	93.60			152.33	
J7110		INFUSION DEXTRAN 75 500 ML	BR			BR	
J7120		RINGERS LACTATE INFUSION TO 1000 CC	2.19			BR	
J7121		5% DEXTROSE LR INFUSION TO 1000 CC	50.00				
J7131		HYPERTONIC SALINE SOLUTION 1 ML	BR			BR	
J7178		INJ HUMAN FIBRINOGEN CONC 1 MG	0.00			0.56	
J7180		INJECTION FACTOR XIII 1 I.U.	9.33			3.96	
J7181		INJ FACTOR XIII A-SUBUNIT PER IU	BR				
J7182		INJECTION FACTOR VIII PER IU	1.74				
J7183		INJ VWF COMPLEX WILATE 1 I.U.:RCO	1.20			0.54	
J7185		INJECTION FACTOR VIII PER IU	1.47			2.54	
J7186		INJ AHF/ VWF CMPLX-FACTOR VIII IU	1.16			2.18	
J7187		INJ VONWILLBRND FCT CMPLX HUMN IU	1.20			BR	
J7188		INJECTION FACTOR VIII PER I.U.	BR				
J7189		FACTOR VIIA 1 MICROGRAM	2.36			BR	
J7190		FACTOR VIII AHF HUMAN PER IU	1.15			1.53	
J7191		FACTOR VIII AHF PROCINE PER IU	BR			BR	
J7192		FACTOR VIII PER IU NOS	1.41			2.31	
J7193		FACTOR IX AHF PURIFIED NON-RECMB-IU	1.32			1.81	
J7194		FACTOR IX COMPLEX PER IU	1.46			1.39	
J7195		INJECTION FACTOR IX PER IU NOS	1.74			1.23	
J7196		INJ ANTITHROMBIN RECOMB 50 I.U.	BR			BR	
J7197		ANTITHROMBIN III PER IU	4.34			3.48	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J7198		ANTI-INHIBITOR PER IU	2.28			2.53	
J7199		HEMOPHILIA CLOTTING FACTOR NOC	BR			BR	
J7200		INJECTION FACTOR IX RIXUBIS PER IU	1.49				
J7201		INJ FACTOR IX FC FUS PROTEIN PER IU	3.37				
J7205		INJ FACTOR VIII FC FUS PROTEIN IU	2.27				
J7297		LNG-RELEASING IUC SYS 52MG 3 YR DUR	0.00				
J7298		LNG-RELEASING IUC SYS 52MG 5 YR DUR	0.00				
J7300		INTRAUTERINE COPPER CONTRACEPTIVE	446.40			727.70	
J7301		LEVONORGESTREL-REL IUD 13.5 MG	0.00				
J7303		CNTRACEPTVE SPL HORMONE VAG RING EA	43.20			70.58	
J7304		CONTRACEPTIVE SPL HORMONE PATCH EA	BR			BR	
J7306		LEVONORGESTREL CONTRACPTV IMPL SYS	464.80			757.85	
J7307		ETONOGESTREL IMPL SYS INCL IMPL&SPL	BR			BR	
J7308		AMINOLEVULINIC ACID HCL TOP 20% 1 U	351.07			262.97	
J7309		METHYL AMINOLEVULINATE TOP 16.8% 1G	BR			BR	
J7310		GANCICLOVIR 4.5 MG LONG-ACT IMPLANT	18947.60			8272.80	
J7311		FLUOCINOLONE INTRVITREAL IMPLANT	24180.64			BR	
J7312		INJ DEXAMETH INTRAVIT IMPL 0.1 MG	241.34			BR	
J7313		INJ FA INTRAVITREAL IMPL 0.01 MG	589.14				
J7315		MITOMYCIN OPTHALMIC 0. 2 MG	BR			BR	
J7316		INJECTION OCRIPLASMIN 0.125 MG	1256.10				
J7321		HYALURONAN HYALGAN/SUPARTZ IA INJ	105.74			223.67	
J7323		HYALURONAN/DERIV EUFLEXXA IA INJ PD	178.92			222.14	
J7324		HYALURONAN/DRIV ORTHOVISC IA INJ PD	202.25			BR	
J7325		HYALURONAN/DERIV SYNVISC INJ 1 MG	15.75			11.37	
J7326		HYAL/DERIV GEL-1 INTRA-ARTC INJ-DOS	676.34			1489.97	
J7327		HYLAN/DERV MONOVISC IA INJ PER DOSE	1122.00				
J7328		HYAL/DERIVATV GEL-SYN IA INJ 0.1 MG	BR				
J7330		AUTOL CULTURD CHONDROCYTES IMPL	BR			BR	
J7336		CAPSAICIN 8% PATCH PER SQ CM	3.47				
J7340		CARBIDPA 5 MG/LEVODPA 20 MG EN SUSP	BR				
J7500		AZATHIOPRINE ORAL 50 MG	0.43			2.37	
J7501		AZATHIOPRINE PARENTERAL 100 MG	76.80			125.01	
J7502		CYCLOSPORINE ORAL 100 MG	4.03			9.50	
J7503		TACROLIMUS EXT RELEASE ORAL 0.25 MG	BR				
J7504		LYMPHCYT GLOB EQUINE PARNTRAL 250MG	1364.32			617.46	
J7505		MUROMONAB-CD3 PARENTERAL 5 MG	1074.00			1750.49	
J7507		TACROLIMUS IMMED RELEASE ORAL 1 MG	1.02			6.68	
J7508		TACROLIMUS EXT RELEASE ORAL 0.1 MG	0.47				
J7509		METHYLPREDNISOLONE ORAL PER 4 MG	0.39			1.13	
J7510		PREDNISOLONE ORAL PER 5 MG	0.15			0.23	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J7511		LYMPHCYT GLOB RABBIT PARNTRAL 25MG	771.60			716.98	
J7512		PDN IMMED RLSE/DELAY RLSE ORAL 1 MG	0.02				
J7513		DACLIZUMAB PARENTERAL 25 MG	463.60			755.80	
J7515		CYCLOSPORINE ORAL 25 MG	1.17			2.30	
J7516		CYCLOSPORINE PARENTERAL 250 MG	51.23			23.79	
J7517		MYCOPHENOLATE MOFETIL ORAL 250 MG	1.21			4.99	
J7518		MYCOPHENOLIC ACID ORAL 180 MG	3.67			4.14	
J7520		SIROLIMUS ORAL 1 MG	11.60			13.41	
J7525		TACROLIMUS PARENTERAL 5 MG	197.33			251.16	
J7527		EVEROLIMUS ORAL 0. 25 MG	8.99			5.46	
J7599		IMMUNOSUPPRESSIVE DRUG NOC	BR			BR	
J7604		ACETYLCYSTEINE I SOL CP PROD UD P G	BR			BR	
J7605		ARFORMOTEROL I SOL NONCOMP UD 15 MG	9.91			BR	
J7606		FORMOTEROL FUMARATE IHAL U D 20 MCG	11.29			8.55	
J7607		LEVALBUTERAL INHAL CP DME 0.5 MG	BR			BR	
J7608		ACETYLCYSTEINE I SOL NONCP UD PER G	4.83			BR	
J7609		ALBUTEROL INHAL CP THRU DME 1 MG	BR			BR	
J7610		ALBUTEROL INHAL ADMIN THRU DME 1MG	BR			BR	
J7611		ALBUTEROL INHAL NON-CP CONC 1 MG	0.14			BR	
J7612		LEVALBUTROL INHL NON-CP CONC 0.5 MG	0.34			3.80	
J7613		ALBUTEROL INHAL NON-CP U DOSE 1 MG	0.06			0.77	
J7614		LEVALBUTEROL INHAL NON-CP U 0.5 MG	0.09			3.80	
J7615		LEVALBUTEROL INHAL DME UNIT 0.5 MG	2.40			3.80	
J7620		ALBUTEROL TO 2.5 MG IPT TO 0.5 MG	0.18			BR	
J7622		BECLOMETHASONE INHAL CP UNIT PER MG	BR			BR	
J7624		BETAMETHASONE INHAL CP UNIT PER MG	BR			BR	
J7626		BUDESONIDE INHAL NON-CP U TO 0.5 MG	6.38			9.25	
J7627		BUDESONIDE INHAL CP UNIT TO 0.5 MG	5.60			9.25	
J7628		BITOLTEROL MESYLAT INHAL CP CONC MG	BR			BR	
J7629		BITOLTEROL MESYLATE INHAL CP U MG	BR			BR	
J7631		CROMOLYN NA I SOL NONCP UD P 10 MG	0.96			0.63	
J7632		CROMOLYN NA I SOL CP PROD UD 10 MG	0.40			0.60	
J7633		BUDESONIDE INHAL NON-CP CNC 0.25 MG	BR			BR	
J7634		BUDESONIDE INHAL CP DME 0.25 MG	BR			BR	
J7635		ATROPINE INHAL CP CONC FORM PER MG	BR			BR	
J7636		ATROPINE INHAL CP UNIT DOSE PER MG	BR			BR	
J7637		DEXAMETHASONE INHAL CP CONC PER MG	BR			BR	
J7638		DEXAMETHASONE INHAL CP UNIT PER MG	BR			BR	
J7639		DORNASE ALFA I SOL NONCP U D-MG	46.78			38.61	
J7640		FORMOTEROL INHAL CP U DOSE 12 MCG	BR			BR	
J7641		FLUNISOLIDE INHAL COMP UNIT PER MG	12.40			20.44	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J7642		GLYCOPYRROLATE INHAL CP CONC PER MG	BR			BR	
J7643		GLYCOPYRROLATE INHAL U DOSE PER MG	BR			BR	
J7644		IPRATROPIUM BROM INHAL NON-CP U MG	0.25			BR	
J7645		IPRATROPIUM BROMIDE INHAL U PER MG	BR			BR	
J7647		ISOETHARINE HCL INHAL CP DME PER MG	BR			BR	
J7648		ISOETHARINE HCI INH NON-CP CONC MG	BR			BR	
J7649		ISOETHARINE HCI NON-CP U DOS PER MG	BR			BR	
J7650		ISOETHARINE HCI INHAL U DOSE PER MG	BR			BR	
J7657		ISOPROTERENOL HCI INHAL CP DME MG	BR			BR	
J7658		ISOPROTERNOL HCI INH NON-CP CONC MG	BR			BR	
J7659		ISOPROTERENOL HCI INH NON-CP U MG	BR			BR	
J7660		ISOPROTERENOL HCI INHAL UNIT PER MG	BR			BR	
J7665		MANNITOL ADMIN THRU AN INHALER 5 MG	0.80			BR	
J7667		METAPROTERENOL SULF INHAL CP 10 MG	BR			BR	
J7668		METAPROTERNOL INH NON-CP CONC 10 MG	BR			BR	
J7669		METAPROTERNOL INH NON-CP CONC 10 MG	BR			BR	
J7670		METAPROTERENOL SULFATE INHAL 10 MG	BR			BR	
J7674		METHACHOLINE CHLORID INHAL PER 1 MG	0.62			0.67	
J7676		PENTAMIDINE ISETHIONATE I SL 300 MG	BR			BR	
J7680		TERBUTALINE SULFATE INH CP CONC MG	15.60			25.11	
J7681		TERBUTALINE SULF INH COMP U DOSE MG	15.60			25.11	
J7682		TOBRAMYCIN INHAL NON-CP UNIT 300 MG	66.73			119.99	
J7683		TRIAMCINOLONE INHAL CP CONC PER MG	5.60			9.01	
J7684		TRIAMCINOLONE INHAL CP UNIT PER MG	BR			BR	
J7685		TOBRAMYCIN INHAL CP THRU DME 300 MG	71.60			116.43	
J7686		TREPROSTINIL INHAL UNIT DOS 1.74 MG	607.72			BR	
J7699		NOC RX INHAL SOL ADMINED THRU DME	BR			BR	
J7799		NOC RX NOT INHAL RX ADMNED THRU DME	BR			BR	
J7999		COMPOUNDED DRUG NOC	BR				
J8498		ANTIEMETIC DRUG RECTAL/SUPP NOS	BR			BR	
J8499		PRSC RX ORAL NONCHEMOTHAPEUTIC NOS	BR			BR	
J8501		APREPITANT ORAL 5 MG	12.24			9.96	
J8510		BUSULFAN ORAL 2 MG	14.81			4.35	
J8515		CABERGOLINE ORAL 0.25 MG	16.80			27.65	
J8520		CAPECITABINE ORAL 150 MG	6.29			8.87	
J8521		CAPECITABINE ORAL 500 MG	19.98			25.81	
J8530		CYCLOPHOSHAMIDE ORAL 25 MG	4.41			5.16	
J8540		DEXAMETHASONE ORAL 0.25 MG	0.15			BR	
J8560		ETOPOSIDE ORAL 50 MG	82.34			84.72	
J8562		FLUDARABINE PHOSPHATE ORAL 10 MG	BR			BR	
J8565		GEFITINIB ORAL 250 MG	64.00			104.30	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J8597		ANTIEMETIC DRUG ORAL NOS	BR			BR	
J8600		MELPHALAN ORAL 2 MG	13.46			9.02	
J8610		METHOTREXATE ORAL 2.5 MG	1.66			4.93	
J8650		NABILONE ORAL 1 MG	18.80			30.64	
J8655		NETUPITNT 300 MG&PALONOSETRN 0.5 MG	592.89				
J8700		TEMOZOLOMIDE ORAL 5 MG	4.34			14.45	
J8705		TOPOTECAN ORAL 0.25 MG	121.40			BR	
J8999		PRSC DRUG ORAL CHEMOTHAPEUTIC NOS	BR			BR	
J9000		INJECTION DOXORUBICIN HCL 10 MG	3.72			25.66	
J9015		INJ ALDESLEUKIN PER SINGLE USE VIAL	890.00			1450.21	
J9017		INJECTION ARSENIC TRIOXIDE 1 MG	71.11			61.82	
J9019		INJ ASPARAGINASE ERWINAZE 1000 IU	466.42			248.98	
J9020		INJECTION ASPARAGINASE 10000 UNITS	72.00			102.75	
J9025		INJECTION AZACITIDINE 1 MG	3.59			7.91	
J9027		INJECTION CLOFARABINE 1 MG	165.99			206.82	
J9031		BCG PER INSTILLATION	148.51			274.58	
J9032		INJECTION BELINOSTAT 10 MG	39.00				
J9033		INJECTION, BENDAMUSTINE HCL, 1 MG	29.50			BR	
J9035		INJECTION BEVACIZUMAB 10 MG	85.01			105.33	
J9039		INJECTION BLINATUMOMAB 1 MICROGRAM	BR				
J9040		INJECTION BLEOMYCIN SULFATE 15 UNIT	25.44			96.27	
J9041		INJECTION BORTEZOMIB 0.1 MG	56.11			44.03	
J9042		INJECTION BRENTUXIMAB VEDOTIN 1 MG	149.31			71.05	
J9043		INJECTION CABAZITAXEL 1 MG	177.26			BR	
J9045		INJECTION CARBOPLATIN 50 MG	4.36			39.95	
J9047		INJECTION CARFILZOMIB 1 MG	37.06				
J9050		INJECTION CARMUSTINE 100 MG	3861.02			294.51	
J9055		INJECTION CETUXIMAB 10 MG	64.57			88.24	
J9060		INJ CISPLATIN POWDER/SOLUTION 10 MG	1.86			6.74	
J9065		INJECTION CLADRIBINE PER 1 MG	21.04			101.71	
J9070		CYCLOPHOSPHAMIDE 100 MG	58.41			13.96	
J9098		INJECTION CYTARABINE LIPOSOME 10 MG	697.62			824.22	
J9100		INJECTION CYTARABINE 100 MG	1.06			20.45	
J9120		INJECTION DACTINOMYCIN 0.5 MG	1392.41			873.24	
J9130		DACARBAZINE 100 MG	4.54			31.18	
J9150		INJECTION DAUNORUBICIN 10 MG	31.76			98.77	
J9151		INJ DAUNORUBICIN CITRATE LIP 10 MG	64.00			104.18	
J9155		INJECTION DEGARELIX 1 MG	4.38			BR	
J9160		INJ DENILEUKIN DIFTITOX 300 MCG	1556.80			2536.99	
J9165		INJ DIETHYLSTILBESTROL 250 MG	BR			BR	
J9171		INJECTION DOCETAXEL 1 MG	3.11			67.56	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J9175		INJECTION ELLIOTTS' B SOLUTION 1 ML	4.40			7.22	
J9178		INJECTION EPIRUBICIN HCL 2 MG	1.93			44.08	
J9179		INJECTION ERIBULIN MESYLATE 0.1 MG	125.31			BR	
J9181		INJECTION ETOPOSIDE 10 MG	0.76			8.87	
J9185		INJ FLUDARABINE PHOSPHATE 50 MG	80.87			532.91	
J9190		INJECTION FLUOROURACIL 500 MG	2.17			5.39	
J9200		INJECTION FLOXURIDINE 500 MG	83.51			209.70	
J9201		INJECTION GEMCITABINE HCL 200 MG	10.46			241.38	
J9202		GOSERELIN ACETATE IMPLANT 3.6 MG	332.00			720.02	
J9206		INJECTION IRINOTECAN 20 MG	5.01			230.34	
J9207		INJECTION IXABEPILONE 1 MG	88.17			112.99	
J9208		INJECTION IFOSFAMIDE 1 G	37.12			142.71	
J9209		INJECTION MESNA 200 MG	4.98			99.83	
J9211		INJECTION IDARUBICIN HCL 5 MG	46.86			659.33	
J9212		INJ INTRFERN ALFACON-1 RECOMB 1 MCG	7.60			12.53	
J9213		INJ INTERFERON ALFA-2A RECOM 3 M U	42.00			68.16	
J9214		INJ INTERFERON ALFA-2B RECOMB 1 M U	28.68			25.69	
J9215		INJ INTERFERON ALFA-N3 250,000 IU	20.40			32.94	
J9216		INJ INTERFERON GAMMA-1B 3 MILLION U	358.00			583.74	
J9217		LEUPROLIDE ACETATE 7.5 MG	303.11			907.82	
J9218		LEUPROLIDE ACETATE PER 1 MG	19.39			BR	
J9219		LEUPROLIDE ACETATE IMPLANT 65 MG	BR			BR	
J9225		HISTRELIN IMPLANT VANTAS 50 MG	3608.88			9192.00	
J9226		HISTRELIN IMPL SUPPRELIN LA 50 MG	28546.07			BR	
J9228		INJECTION IPILIMUMAB 1 MG	167.11			BR	
J9230		INJECTION MECHLORETHAMINE HCL 10 MG	290.06			255.63	
J9245		INJECTION MELPHALAN HCL 50 MG	1924.86			2767.19	
J9250		METHOTREXATE SODIUM 5 MG	0.28			1.59	
J9260		METHOTREXATE SODIUM 50 MG	2.77			15.90	
J9261		INJECTION NELARABINE 50 MG	177.74			151.48	
J9262		INJ OMACETAXINE MEPESUCCINAT .01 MG	BR				
J9263		INJECTION OXALIPLATIN 0.5 MG	0.46			16.45	
J9264		INJ PACLITAXEL PROTBND PARTICL 1 MG	12.04			15.81	
J9266		INJ PEGASPARGASE SINGLE DOSE VIAL	10748.61			5024.96	
J9267		INJECTION PACLITAXEL 1 MG	0.18				
J9268		INJECTION PENTOSTATIN 10 MG	1944.88			3492.96	
J9270		INJECTION PLICAMYCIN 2.5 MG	BR			BR	
J9271		INJECTION PEMBROLIZUMAB 1 MG	54.83				
J9280		INJECTION MITOMYCIN 5 MG	129.12			144.80	
J9293		INJECTION MITOXANTRONE HCL PER 5 MG	32.84			502.17	
J9299		INJECTION NIVOLUMAB 1 MG	30.44				

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
J9300		INJ GEMTUZUMAB OZOGAMICIN 5 MG	2778.00			4527.37	
J9301		INJECTION OBINUTUZUMAB 10 MG	66.43				
J9302		INJECTION OFATUMUMAB 10 MG	60.63			441.67	
J9303		INJECTION PANITUMUMAB 10 MG	124.07			147.07	
J9305		INJECTION PEMETREXED 10 MG	74.11			83.39	
J9306		INJECTION PERTUZUMAB 1 MG	12.56				
J9307		INJECTION PRALATREXATE 1 MG	266.10			313.69	
J9308		INJECTION RAMUCIRUMAB 5 MG	64.82				
J9310		INJECTION RITUXIMAB 100 MG	922.82			955.81	
J9315		INJECTION ROMIDEPSIN 1 MG	359.16			BR	
J9320		INJECTION STREPTOZOCIN 1 G	384.01			342.40	
J9328		INJECTION TEMOZOLOMIDE 1 MG	8.09			BR	
J9330		INJECTION TEMSIROLIMUS 1 MG	76.48			84.77	
J9340		INJECTION THIOTEPA 15 MG	111.20			181.08	
J9351		INJECTION TOPOTECAN 0.1 MG	2.40			BR	
J9354		INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	35.05				
J9355		INJECTION TRASTUZUMAB 10 MG	107.41			110.38	
J9357		INJ VALRUBICIN INTRAVESICAL 200 MG	1337.00			1139.53	
J9360		INJECTION VINBLASTINE SULFATE 1 MG	3.58			4.20	
J9370		VINCRISTINE SULFATE 1 MG	7.79			21.19	
J9371		INJ VINCRISTINE SULF LIPOSOME 1 MG	2784.23				
J9390		INJ VINORELBINE TARTRATE 10 MG	13.20			105.65	
J9395		INJECTION FULVESTRANT 25 MG	112.30			146.12	
J9400		INJECTION ZIV-AFLIBERCEPT 1 MG	9.85				
J9600		INJECTION PORFIMER SODIUM 75 MG	2720.40			4433.88	
J9999		NOT OTHWISE CLASS ANTINEOPLSTC DRUG	BR			BR	
K0001	RR	STANDARD WHEELCHAIR	35.60			50.27	
K0002	NU	STANDARD HEMI WHEELCHAIR	537.60			753.00	
K0003	NU	LIGHTWEIGHT WHEELCHAIR	588.40			824.60	
K0004	NU	HIGH STRENGTH LIGHTWEIGHT WHLCHAIR	878.00			1229.90	
K0005	NU	ULTRALIGHTWEIGHT WHEELCHAIR	1839.45			2001.69	
K0006	NU	HEAVY-DUTY WHEELCHAIR	824.00			1154.20	
K0007	NU	EXTRA HEAVY-DUTY WHEELCHAIR	1172.40			1755.50	
K0008		CUSTOM MANUAL WHEELCHAIR/BASE	BR				
K0009	NU	OTHER MANUAL WHEELCHAIR/BASE	780.40			BR	
K0010	NU	STD-WT FRME MOTRIZED/PWR WHLCHAIR	4472.00			3920.40	
K0011	RR	STD FRME MOTRIZD WHLCHAIR W/PROG	472.23			513.88	
K0012	NU	LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR	3411.20			3152.40	
K0013		CUSTOM MOTORIZED/POWER WHEELCHAIR B	BR				
K0014		OTH MOTORIZED/POWER WHEELCHAIR BASE	BR			BR	
K0015	NU	DETACHBLE NONADJUSTBL HT ARMREST EA	134.99			196.73	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
K0017	NU	DTACHBLE ADJUST HT ARMREST REPL EA	41.54			55.35	
K0018	NU	DTACH ADJ HT ARMRST UP PRTN REPL EA	23.34			30.92	
K0019	NU	ARM PAD EACH	12.47			18.66	
K0020	NU	FIXED ADJUSTBLE HEIGHT ARMREST PAIR	39.16			50.30	
K0037	NU	HIGH MOUNT FLIP-UP FOOTREST EACH	35.10			44.32	
K0038	NU	LEG STRAP EACH	20.22			26.26	
K0039	NU	LEG STRAP H STYLE EACH	44.17			58.33	
K0040	NU	ADJUSTABLE ANGLE FOOTPLATE EACH	54.35			80.84	
K0041	NU	LARGE SIZE FOOTPLATE EACH	42.82			57.29	
K0042	NU	STANDARD SIZE FOOTPLATE EACH	26.21			33.52	
K0043	NU	FOOTREST LOWER EXTENSION TUBE EACH	16.35			21.15	
K0044	NU	FOOTREST UPPER HANGER BRACKET EACH	14.09			18.01	
K0045	NU	FOOTREST COMPLETE ASSEMBLY	47.12			61.31	
K0046	NU	ELEV LEGREST LOWER EXT TUBE EA	16.41			21.15	
K0047	NU	ELEV LEGREST UP HANGER BRACKET EA	61.19			82.81	
K0050	NU	RATCHET ASSEMBLY	27.11			35.20	
K0051	NU	CAM RLSE ASSMBL FOOTREST/LEGREST EA	43.40			56.95	
K0052	NU	SWINGAWAY DETACHABLE FOOTRESTS EACH	69.41			100.08	
K0053	NU	ELEVATING FOOTRESTS ARTICULATING EA	80.39			110.45	
K0056	NU	SEAT HT<17/=>21 IN LTWT/ULTRLT WC	85.83			102.97	
K0065	NU	SPOKE PROTECTORS EACH	41.55			48.13	
K0069	NU	REAR WHL ASSMBL-SOLID TIRE SPOKE EA	88.80			108.20	
K0070	NU	REAR WHL ASSMBL-PNEUMAT TIRE EA	162.09			198.31	
K0071	NU	FRONT CASTR ASSMBL-PNEUMAT TIRE EA	101.03			118.29	
K0072	NU	FRNT CASTR ASSMBL-SEMIPNUMT TIRE EA	61.46			71.21	
K0073	NU	CASTER PIN LOCK EACH	32.86			37.68	
K0077	NU	FRNT CASTR ASSMBL CMPL-SLID TIRE EA	52.10			63.72	
K0098	NU	DRIVE BELT FOR POWER WHEELCHAIR	22.10			29.45	
K0105	NU	IV HANGER EACH	92.69			107.65	
K0108		WC COMPONENT/ACCESSORY NOS	BR			BR	
K0195	RR	ELEVATING LEGREST PAIR	13.66			20.92	
K0455	RR	INFUS PUMP UNINTRPT PARNTRAL MED	237.67			258.63	
K0462		TEMP REPL PT EQUIP REPR ANY TYPE	BR			BR	
K0552		SPL EXT INFUSION PUMP STERILE EA	2.49			2.87	
K0601	NU	REPL BATTERY SILVER OXIDE 1.5 V EA	1.08			1.20	
K0602	NU	REPL BATTERY SILVER OXIDE 3 V EA	6.16			6.88	
K0603	NU	REPL BATTERY PUMP ALKALINE 1.5 V EA	0.55			0.61	
K0604	NU	REPL BATTERY PUMP LITHIUM 3.6 V EA	5.91			6.58	
K0605	NU	REPL BATTERY PUMP LITHIUM 4.5 V EA	14.17			15.81	
K0606	RR	AED W/INTGR ECG ANALY GARMNT TYPE	2505.58			2726.58	
K0607	NU	REPL BATTERY AUTO EXT DEFIB EA	204.00			233.47	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
K0608	NU	REPL GARMNT W/AUTO EXT DEFIB EA	120.59			145.72	
K0609		REPL ELECTRODE W/AUTO EXT DEFIB EA	802.02			872.76	
K0669		WC ACCSS SEAT/BK CUSHN NO DME PDAC	BR			BR	
K0672		ADD LOW EXT ORTHOSIS REPL EACH	73.15			79.60	
K0730	NU	CNTRL DOSE INHAL RX DEL ERY SYS	1810.00			1866.62	
K0733	NU	PWR WC 12-24 AMP HR LEAD BATT EACH	24.70			32.71	
K0738	RR	PORT GASEOUS O2 SYS RNTL;HOM COMPRS	42.09			51.63	
K0740		REPR/SRVC O2 EQP TECH PER 15 MINS	BR			BR	
K0743		SX PUMP HOME MDL PORT FOR WOUNDS	BR			BR	
K0744		ABSRB WD DR H MDL PAD 16 SQ IN/LESS	BR			BR	
K0745		ABS WD DR PAD>16 SQ IN</= 48 SQ IN	BR			BR	
K0746		ABSRB WD DR H MDL PAD SZ >48 SQ IN	BR			BR	
K0800	NU	PWR OP VEH GRP 1 STD PT TO 300 LBS	932.25			1206.41	
K0801	NU	PWR OP VEH GRP 1 HVY PT 301-450 LBS	1583.34			1944.99	
K0802	NU	PWR OP VEH GRP 1 HVY PT 451-600 LBS	1827.46			2201.11	
K0806	NU	PWR OP VEH GRP 2 STD PT TO 300 LBS	1252.58			1459.43	
K0807	NU	PWR OP VEH GRP 2 HVY PT 301-450 LBS	1919.48			2214.53	
K0808	NU	PWR OP VEH GRP 2 PT 451-600 LBS	2968.60			3426.34	
K0812		POWER OPERATED VEHICLE NOC	BR			BR	
K0813	RR	PWR WC GRP 1 SLING SEAT PT TO 300	273.54			337.68	
K0814	RR	PWR WC GRP 1 CAPT CHAIR PT TO 300	328.52			432.27	
K0815	RR	PWR WC GRP 1 SLING PT UP TO 300	351.35			492.19	
K0816	RR	PWR WC GRP 1 CAPT CHAIR PT TO 300	350.77			471.38	
K0820	RR	PWR WC GRP 2 SLING SEAT PT TO 300	290.93			360.69	
K0821	RR	PWR WC GRP 2 CAPT CHAIR TO 300	346.91			463.01	
K0822	RR	PWR WC GRP 2 SLING SEAT PT TO 300	405.57			559.57	
K0823	RR	PWR WC GRP 2 CAPT CHAIR PT TO 300	393.92			563.26	
K0824	RR	PWR WC GRP 2 SLING SEAT PT 301-450	513.17			677.87	
K0825	RR	PWR WC GRP 2 CAPT CHAIR PT 301-450	462.90			620.59	
K0826	RR	PWR WC GRP 2 SLING SEAT PT 451-600	700.84			877.60	
K0827	RR	PWR WC GRP 2 CAPT CHAIR PT 451-600	601.83			746.21	
K0828	RR	PWR WC GRP 2 SLING SEAT PT 601/>	773.13			967.01	
K0829	RR	PWR WC GRP 2X HVY DUTY CHR PT 601/>	731.32			888.01	
K0830		PWR WC 2 SEAT ELEV SLING PT TO 300	BR			BR	
K0831		PWR WC 2 SEAT ELEV CAPT PT TO 300	BR			BR	
K0835	RR	PWR WC GRP 2 1 PWR SLING PT TO 300	410.50			567.96	
K0836	RR	PWR WC 2 1 PWR CAPT CHAIR PT TO 300	425.74			589.00	
K0837	RR	PWR WC GRP 2 1 PWR SLING PT 301-450	503.27			677.87	
K0838	RR	PWR WC 2 1 PWR CAPT CHR PT 301-450	448.63			606.42	
K0839	RR	PWR WC 2 1 PWR SLNG SEAT PT 451-600	658.02			877.60	
K0840	RR	PWR WC GRP 2 1 PWR SLING PT 601/>	1002.06			1329.54	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
K0841	RR	PWR WC GRP 2 MX PWR SLING PT TO 300	446.29			604.53	
K0842	RR	PWR WC 2 MX PWR CAPT CHR PT TO 300	446.04			604.53	
K0843	RR	PWR WC 2 MX PWR SLING PT 301-450	534.19			727.84	
K0848	RR	PWR WC GRP 3 SLING SEAT PT TO &=300	679.75			739.70	
K0849	RR	PWR WC GRP 3 CAPT CHAIR PT TO &=300	653.54			711.20	
K0850	RR	PWR WC GRP 3 SLING SEAT PT 301-450	788.49			858.04	
K0851	RR	PWR WC GRP 3 CAPT CHAIR PT 301-450	758.13			825.00	
K0852	RR	PWR WC GRP 3 SLING SEAT PT 451-600	911.04			991.41	
K0853	RR	PWR WC GRP 3 CAPT CHAIR PT 451-600	935.87			1018.43	
K0854	RR	PWR WC GRP 3 SLING SEAT PT 601 LB/>	1239.83			1349.19	
K0855	RR	PWR WC GRP 3 CAPT CHAIR PT 601 LB/>	1171.21			1274.51	
K0856	RR	PWR WC 3 1 PWR SLING SEAT PT TO 300	729.64			794.00	
K0857	RR	PWR WC 3 1 PWR CAPT CHAIR PT TO 300	744.26			809.91	
K0858	RR	PWR WC 3 1 PWR SLNG SEAT PT 301-450	905.27			985.13	
K0859	RR	PWR WC 3 1 CAP CHAIR PT 301-450	863.35			939.50	
K0860	RR	PWR WC 3 1 PWR SLNG SEAT PT 451-600	1293.29			1407.37	
K0861	RR	PWR WC 3 MX PWR SLNG SEAT PT TO 300	730.81			795.27	
K0862	RR	PWR WC 3 MX PWR SLING PT 301-450	905.27			985.13	
K0863	RR	PWR WC 3 MX PWR SLING PT 451-600	1293.29			1407.37	
K0864	RR	PWR WC 3 MX PWR SLNG SEAT PT 601/>	1539.03			1674.78	
K0868		PWR WC GRP 4 SLING SEAT PT TO &=300	BR			BR	
K0869		PWR WC GRP 4 CAPT CHAIR PT TO &=300	BR			BR	
K0870		PWR WC GRP 4 SLING SEAT PT 301-450	BR			BR	
K0871		PWR WC GRP 4 SLING SEAT PT 451-600	BR			BR	
K0877		PWR WC 4 1 PWR SLING SEAT PT TO 300	BR			BR	
K0878		PWR WC 4 1 PWR CAPT CHAIR PT TO 300	BR			BR	
K0879		PWR WC 4 1 PWR SLNG SEAT PT 301-450	BR			BR	
K0880		PWR WC 4 1 PWR SLNG SEAT PT 451-600	BR			BR	
K0884		PWR WC 4 MX PWR SLNG SEAT PT TO 300	BR			BR	
K0885		PWR WC 4 MX PWR CAP CHAIR PT TO 300	BR			BR	
K0886		PWR WC 4 MX PWR SLING PT 301-450	BR			BR	
K0890		PWR WC 5 PED 1 PWR SLING PT TO 125	BR			BR	
K0891		PWR WC 5 PED MX PWR SLING PT TO 125	BR			BR	
K0898		POWER WHEELCHAIR NOC	BR			BR	
K0899		PWR MOBILTY DEVC NOT CODED DME PDAC	BR			BR	
K0900		CUSTOMIZED DME OTH THAN WHEELCHAIR	BR			BR	
K0901		KO SNGL UPRIGHT THIGH & CALF PREFAB	774.01				
K0902		KO DBLE UPRIGHT THIGH & CALF PREFAB	808.00				
L0112		CRANIL CERV ORTHOT CONGN TORTICOLLI	1207.38			1506.84	
L0113		CRANIL CERV ORTHOT TORTICOLLI PRFB	246.02			723.22	
L0120		CERVICAL FLEX NONADJUSTABLE PREFAB	24.13			29.89	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L0130		CERV FLXBL THRMOPLSTC COLLR MOLD PT	174.52			183.85	
L0140		CERVICAL SEMI-RIGID ADJUSTABLE	60.22			72.14	
L0150		CERV SEMI-RIGD ADJUST MOLD CHIN CUP	100.42			121.77	
L0160		CERV SEMI-RIGID OCCIP/MAND PREFAB	142.98			176.49	
L0170		CERV COLLAR MOLDED PATIENT MODEL	605.05			726.74	
L0172		CERV COLLAR SEMI-RIGID FOAM PREFAB	122.68			143.07	
L0174		CERV COLLR SEMI-RGD THOR EXT PREFAB	220.38			309.56	
L0180		CERV MX POST COLLR SUPPS ADJ	299.72			417.53	
L0190		CERV MX POST COLLR ADJ CERV BARS	451.19			441.88	
L0200		CERV COLLR ADJ CERV BARS&THOR EXT	414.29			405.75	
L0220		THORACIC RIB BELT CUSTOM FABRICATED	98.25			96.23	
L0450		TLSO FLEX TRUNK SUPP UP THOR PREFAB	162.21			158.86	
L0452		TLSO FLEX TRUNK SUPP UP THOR CUSTOM	BR			BR	
L0454		TLSO FLEX SC JUNC T-9 PRFAB CUSTOM	299.18			293.01	
L0455		TLSO FLEX SC JUNC TO T-9 PREFAB	299.18				
L0456		TLSO FLEX SC SCAP SPN PRFAB CUSTOM	857.97			840.29	
L0457		TLSO FLX SC JUNC TRM INF SCAP SPINE	857.97				
L0458		TLSO TRIPLANR 2 SHELL ANT-XIPHOID	769.34			753.48	
L0460		TLSO TRIPLANR 2 SHELL ANT-STERNL	865.96			848.11	
L0462		TLSO TRIPLANR 3 SHELL ANT-STERNL	1077.09			1054.89	
L0464		TLSO TRIPLANR 4 SHELL ANT-STERNL	1282.27			1255.83	
L0466		TLSO SAGITTAL CONTROL PREFAB CUSTOM	329.72			322.92	
L0467		TLSO SAGITTAL CONTROL RIGD PREFAB	329.72				
L0468		TLSO SAGITTAL-CORONAL PREFAB CUSTOM	413.39			404.86	
L0469		TLSO SAGITTAL-CORONAL CONTRL PREFAB	413.39				
L0470		TLSO TRIPLANAR FRME&APRON W/STRAP	588.55			576.42	
L0472		TLSO TRIPLANAR HYPREXT RIGD FRME	369.43			361.82	
L0480		TLSO TRIPLANR 1 PC NO INTERFCE CSTM	1142.36			1118.82	
L0482		TLSO TRIPLANAR 1 PC W/INTERFCE CSTM	1309.57			1282.57	
L0484		TLSO TRIPLANR 2 PC NO INTERFCE CSTM	1526.93			1495.45	
L0486		TLSO TRIPLANAR 2 PC W/INTERFCE CSTM	1512.61			1481.43	
L0488		TLSO TRIPLANR 1 PC W/INTERFCE PRFAB	865.96			848.11	
L0490		TLSO SAGIT-CORONAL REINFORCE PRFAB	244.02			238.99	
L0491		TLSO 2 RIGID PLASTIC SHELLS PREFAB	662.49			648.84	
L0492		TLSO 3 RIGID PLASTIC SHELLS PREFAB	429.36			420.52	
L0621		SACROILIAC ORTHOSIS FLEXIBLE PREFAB	76.92			75.33	
L0622		SACROILIAC ORTHOTIC FLEXIBLE CUSTOM	208.58			204.27	
L0623		SACROILIAC ORTHOSIS RIGID PREFAB	BR			BR	
L0624		SACROILIAC ORTHOTIC RIGID CUSTOM	BR			BR	
L0625		LUMBAR ORTHOSIS FLEXIBLE PREFAB	47.54			46.56	
L0626		LUMB ORTHOS RIGID POST PREFAB CUSTM	67.25			65.86	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L0627		LUMB ORTHOS RIGD A&P PNL PRFAB CSTM	354.61			347.29	
L0628		LSO FLEXIBLE PREFAB OFF THE SHELF	72.35			70.86	
L0629		LSO FLEXIBLE CUSTOM FABRICATED	BR			BR	
L0630		LSO SAGIT CNTRL RIGID POST PREFAB	139.69			136.81	
L0631		LSO SAGIT CNTRL RIGID POST CUSTOM	885.57			867.31	
L0632		LSO SAGIT CNTRL RIGID A&P CUSTOM	BR			BR	
L0633		LSO SAG-COR CNTRL RIGID POST PREFAB	247.37			242.27	
L0634		LSO SAG-COR CNTRL RIGID POST CUSTOM	BR			BR	
L0635		LSO SAG-COR CNTRL LUMB FLEX PREFAB	917.31			898.40	
L0636		LSO SAG-COR CNTRL LUMB FLEX CUSTOM	1353.54			1325.64	
L0637		LSO SAG-COR CNTRL RIGID A&P PREFAB	1174.37			1150.16	
L0638		LSO SAG-COR CNTRL RIGID A&P CUSTOM	1137.75			1114.30	
L0639		LSO SAG-COR CNTRL RIGD SHELL PREFAB	1174.37			1150.16	
L0640		LSO SAG-COR CNTRL RIGD SHELL CUSTOM	902.67			884.07	
L0641		LUMB ORTHOS SAGIT CTRL RIGD PST PNL	67.25				
L0642		LUMB ORTHOS SAGIT CTRL ANT POST PNL	354.61				
L0643		LSO SAGITTAL CNTRL RIGID POST PANEL	139.69				
L0648		LSO SAGIT CNTRL RIGD ANT POST PANEL	885.57				
L0649		LSO SAGIT-CORNL CNTRL RIGD PST PANL	247.37				
L0650		LSO SAGIT-CORNL CNTRL ANT PST PANL	1174.37				
L0651		LSO SAGIT-CORNL CNTRL RIGD SHLL/PNL	1174.37				
L0700		CTLSO ANT-POST-LAT CNTRL MOLD PT	1857.29			1819.01	
L0710		CTLSO-MOLD PT-INTERFACE MATERIAL	2027.36			1985.57	
L0810		HALO PROC CERV HALO IN JACKT VEST	2153.77			2109.37	
L0820		HALO PROC CERV HALO-PLAST BDY JACKT	1742.31			1706.39	
L0830		HALO PROC CERV HALO-MLWAKEE ORTHOS	2515.71			2463.84	
L0859		RINGS&PINS	977.34			957.19	
L0861		ADD HALO PROC REPLCMT LINER/INTERFC	185.93			182.10	
L0970		TLSO CORSET FRONT	91.69			89.80	
L0972		LSO CORSET FRONT	93.73			91.79	
L0974		TLSO FULL CORSET	191.51			187.56	
L0976		LSO FULL CORSET	171.04			167.52	
L0978		AXILLARY CRUTCH EXTENSION	154.43			151.25	
L0980		PERONEAL STRAPS PREFAB PAIR	14.01			13.73	
L0982		STOCKING SUPPORT GRIPS PREFAB SET 4	15.26			14.95	
L0984		PROTECTIVE BODY SOCK PREFAB EACH	48.71			47.71	
L0999		ADDITION TO SPINAL ORTHOTIC NOS	BR			BR	
L1000		CTLSO INCL FURNISH INIT ORTHOS-MDL	1628.77			1595.19	
L1001		CTLS IMMOBILIZER INFANT SZ PREFAB	BR			BR	
L1005		TENSION BASED SCOLIOSIS ORTHOTIC	2761.04			2704.11	
L1010		ADD CTLSO/SCOLIO ORTHOS AX SLING	65.59			64.24	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L1020		ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD	89.62			87.77	
L1025		ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD	101.86			99.76	
L1030		ADD CTLSO/SCOLIO ORTHOS LUMB PAD	68.04			66.65	
L1040		ADD CTLSO/SCOLIO ORTHO LUMB/RIB PAD	81.90			80.22	
L1050		ADD CTLSO/SCOLIOS ORTHOS STERNL PAD	70.91			69.45	
L1060		ADD CTLSO/SCOLIOS ORTHOS THOR PAD	79.99			78.35	
L1070		ADD CTLSO/SCOLIO ORTHO TRPEZUS SLNG	81.78			80.09	
L1080		ADD CTLSO/SCOLIOSIS ORTHOSIS OUTRIG	56.67			55.50	
L1085		ADD CTLSO/SCOLIO OUTRIG BIL-VRT EXT	157.43			154.18	
L1090		ADD CTLSO/SCOLIOS ORTHOS LUMB SLING	73.54			72.02	
L1100		ADD CTLSO/SCOLIOS RING PLSTC/LEATHR	129.81			127.13	
L1110		ADD CTLSO/SCOLIOS RING MOLD PT MDL	219.87			215.34	
L1120		ADD CTLSO SCOLIO ORTHO COVR UPRT EA	35.03			34.31	
L1200		TLSO INCL FURNISH INIT ORTHOTC ONLY	1394.23			1365.48	
L1210		ADDITION TLSO LATERAL THORACIC EXT	209.92			205.59	
L1220		ADDITION TLSO ANT THORACIC EXT	177.73			174.07	
L1230		ADD TLSO MLWAKEE TYPE SUPERSTRCT	456.05			446.64	
L1240		ADDITION TLSO LUMBAR DEROTATION PAD	78.48			76.87	
L1250		ADDITION TO TLSO ANTERIOR ASIS PAD	77.28			75.69	
L1260		ADD TLSO ANT THOR DEROTATION PAD	79.42			77.78	
L1270		ADDITION TO TLSO ABDOMINAL PAD	79.33			77.69	
L1280		ADDITION TO TLSO RIB GUSSET EACH	70.70			69.25	
L1290		ADDITION TLSO LAT TROCHANTERIC PAD	80.16			78.52	
L1300		OTH SCOLIOS PROC BDY JACKT MOLD PT	1340.12			1312.49	
L1310		OTH SCOLIOSIS PROC POSTOP BDY JACKT	1378.98			1350.55	
L1499		SPINAL ORTHOTIC NOS	BR			BR	
L1600		HIP ORTHOS ABDUCT FLX FREJKA PREFAB	103.38			101.25	
L1610		HIP ORTHOS ABDUCT CNTRL FLEX PREFAB	35.22			34.49	
L1620		HIP ORTHOS ABDUCT FLEX PAVLIK PRFAB	115.97			113.59	
L1630		HIP ORTHOTIC ABDUCT CONTRL/SEMI-FLX	138.40			135.55	
L1640		HIP ORTHOTIC-PELV BAND/SPRDR BAR	370.19			362.56	
L1650		HIP ORTHOTIC ABDUCT CNTRL-STATC ADJ	196.32			192.27	
L1652		HIP ORTHOT BIL THI CUFF ADLT PRFAB	307.52			301.18	
L1660		HIP ORTHOT ABDUCT CNTRL-STATC PLSTC	137.30			134.47	
L1680		HIP ORTHOT DYN PELV CNTRL THI CSTM	1128.76			1105.50	
L1685		HIP ORTHOS POSTOP HIP ABDCT CSTM	1191.04			1166.48	
L1686		HIP ORTHOT POSTOP HIP ABDCT PRFAB	799.03			782.56	
L1690		COMB BIL LUMBO-SAC HIP FEM ORTHOT	1668.15			1633.76	
L1700		LEGG PERTHES ORTHOTIC TORONTO CSTM	1387.79			1359.18	
L1710		LEGG PERTHES ORTHOT NEWINGTON CSTM	1631.26			1597.64	
L1720		LEGG PERTHES ORTHO TRILAT TACHDIJAN	1205.02			1180.18	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L1730		LEGG PERTHES ORTHOTIC SCOTTISH RITE	909.15			890.41	
L1755		LEGG PERTHES ORTHOT PATTEN BOTTOM	1323.30			1296.01	
L1810		KNEE ORTHOSIS ELASTIC JOINTS PREFAB	104.44			102.29	
L1812		KNEE ORTHOSIS ELASTIC W/JNTS PREFAB	104.44				
L1820		KO ELAST W/CONDYLR PADS&JNT PRFAB	104.02			101.88	
L1830		KNEE ORTHOSIS IMMOBLIZER PREFAB	87.01			85.22	
L1831		KNEE ORTHT LOCK KNEE JNT PSTN ORTHT	253.88			248.64	
L1832		KNEE ORTHOS IMMOBLZR ADJUST PREFAB	650.33			636.92	
L1833		KNEE ORTHOSIS ADJUST JNT RIGD SUPP	650.33				
L1834		KO W/O KNEE JOINT RIGID CUSTOM FAB	765.10			749.32	
L1836		KNEE ORTHOSIS RIGD W/O JOINT PREFAB	115.09			112.72	
L1840		KO DEROTATION MED-LAT ACL CSTM FAB	804.25			787.67	
L1843		KNEE ORTHOS 1 UPRT THI&CALF PREFAB	774.01			758.05	
L1844		KNEE ORTHOS 1 UPRT THI&CALF CUSTOM	1341.19			1313.54	
L1845		KNEE ORTHOS DBL UPRT THI&CALF PRFAB	808.00			791.35	
L1846		KNEE ORTHOS DBL UPRT THI&CALF CUSTM	1025.22			1004.08	
L1847		KNEE ORTHOS DBL UPRT ADJ JNT PREFAB	496.18			485.95	
L1848		KNEE ORTHOS DBL UPRT AIR SUPP PRFAB	496.18				
L1850		KNEE ORTHOS SWEDISH TYPE PREFAB	230.92			226.16	
L1860		KO MOD SUPRACNDYLR PROSTH SCKT CSTM	895.66			877.19	
L1900		AFO SPRNG WIRE DORSIFLX ASST CSTM	242.64			237.64	
L1902		ANK ORTH ANK GAUNTLT/SIM PREFAB OTS	65.91			64.54	
L1904		ANK ORTH ANK GAUNTLT/SIM CUSTOM FAB	377.25			369.48	
L1906		ANKLE FT ORTHOS MULTILIG SUPP PRFAB	110.24			107.96	
L1907		ANKLE ORTHOS SUPRAMALLEOLAR CUSTOM	485.40			475.40	
L1910		AFO POST 1 BAR CLASP ATTCH SHOE	214.54			210.12	
L1920		AFO 1 UPRT W/STAT/ADJ STOP CSTM FAB	280.47			274.69	
L1930		AFO PLASTIC/OTH MATERIAL PREFAB	189.78			185.88	
L1932		AFO RIGD ANT TIBL CARB FIBR/= PRFAB	769.79			753.91	
L1940		ANK FT ORTHOT PLSTC/OTH MATL CSTM	428.89			420.04	
L1945		AFO MOLD PLSTC RIGD ANT TIBL CSTM	787.62			771.38	
L1950		AFO SPIRAL PLASTIC CUSTOM FAB	597.56			585.23	
L1951		ANK FT ORTHOT SPIRAL PLSTC/OTH MATL	724.47			709.54	
L1960		AFO POST SOLID ANK PLSTC CSTM FAB	444.68			435.51	
L1970		AFO PLASTIC W/ANK JOINT CUSTOM FAB	657.71			644.15	
L1971		ANK FT ORTHOT PLSTC/OTH MATL PREFAB	404.34			396.00	
L1980		AFO 1 UPRT DORSIFLX SLID STIRUP FAB	294.44			288.36	
L1990		AFO DBL UPRT DORSIFLX STIRUP CSTM	378.31			370.50	
L2000		KAFO 1 UPRT SOLID STIRUP CSTM	813.72			796.94	
L2005		KAFO ANY MATL AUTO RLS ANK JNT CSTM	3534.89			3462.01	
L2010		KAFO 1 UPRT STIRUP NO KNEE JNT CSTM	741.78			726.49	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L2020		KAFO DBL UPRT STIRUP THI&CALF CSTM	936.76			917.44	
L2030		KAFO DBL UPRT STIRUP NO KNEE JNT	812.73			795.97	
L2034		KAFO PLSTC MED LAT ROTAT CNTRL CSTM	1771.28			1734.76	
L2035		KAFO FULL PLSTC STAT PED SZ PRFAB	149.44			146.36	
L2036		KAFO FULL PLSTC DBL UPRT CSTM FAB	1488.45			1457.76	
L2037		KAFO FULL PLSTC 1 UPRIGHT CSTM FAB	1371.69			1343.41	
L2038		KAFO FULL PLSTC MX-AXIS ANKLE CSTM	1147.01			1123.37	
L2040		HKAFO TORSN CNTRL BIL ROTAT STRAPS	146.52			143.50	
L2050		HKAFO BIL TORSION CABLES CSTM FAB	390.19			382.14	
L2060		HKAFO BIL TORSION BALL BEAR CSTM	500.78			490.45	
L2070		HKAFO UNI ROTAT STRAPS CSTM FAB	143.86			140.89	
L2080		HKAFO UNI TORSION CABLE CSTM FAB	306.78			300.46	
L2090		HKAFO UNI TORSN CABL BALL BEAR CSTM	378.14			370.35	
L2106		AFO TIB FX CAST THERMOPLSTC CSTM	545.47			534.22	
L2108		AFO TIB FX CAST ORTHT CSTM	857.18			839.50	
L2112		AFO TIB FX ORTHOT SFT PRFAB FIT	407.00			398.61	
L2114		AFO TIBL FX ORTHOS SEMI-RIGD PRFAB	465.66			456.06	
L2116		AFO TIB FX ORTHOT RIGD PRFAB FIT	613.51			600.87	
L2126		KAFO FEM FX CAST THERMOPLSTC CSTM	1091.60			1069.09	
L2128		KAFO FEM FX CAST ORTHOT CSTM FAB	1375.66			1347.30	
L2132		KAFO FEM FX CAST ORTHOT SFT PRFAB	647.16			633.83	
L2134		KAFO FEM FX CAST SEMI-RIGD PRFAB	775.93			759.93	
L2136		KAFO FEM FX CAST ORTHOT RIGD PRFAB	948.75			929.20	
L2180		ADD LW EXTRM ORTH PLSTC SHOE INSRT	93.95			92.02	
L2182		ADD LW EXT ORTH DROP LOCK KNEE JNT	73.53			72.02	
L2184		ADD LW EXTRM ORTH LTD MOT KNEE JNT	132.51			129.78	
L2186		ADD LW EXT ORTH ADJ MOT KNEE JNT	146.84			143.81	
L2188		ADD LW EXT FX ORTHOT QUADRILAT BRIM	320.36			313.75	
L2190		ADD LOW EXTREM FX ORTHOT WAIST BELT	83.21			81.50	
L2192		ADD LW EXT ORTH HIP JNT THI FLNGE	286.05			280.15	
L2200		ADD LOW EXTRM LTD ANK MOTION EA JNT	38.14			37.36	
L2210		ADD LOW EXTREM DORSIFLX ASST EA JNT	61.89			60.62	
L2220		ADD LW EXT DRSFLX&PLNTR ASST EA JNT	71.06			69.61	
L2230		ADD LW EXT SPLIT FLAT CALIPR STIRUP	61.55			60.29	
L2232		ADD LOW EXT ORTHOS ROCKR BOTTM CSTM	83.34			81.62	
L2240		ADD LW EXT ROUND CALIPER&PLAT ATTCH	67.10			65.71	
L2250		ADD LW EXT FT PLAT MOLD PT STIRUP	285.07			279.19	
L2260		ADD LW EXT REINFORCED SOLID STIRUP	160.82			157.51	
L2265		ADD LOW EXTREM LONG TONGUE STIRUP	94.48			92.53	
L2270		ADD LW EXT VARUS/VALGUS CORR STRAP	43.08			42.20	
L2275		ADD LW EXT VARUS/VULGUS CORR PLSTC	104.83			102.67	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L2280		ADD LOW EXTREM MOLDED INNR BOOT	389.45			381.42	
L2300		ADD LW EXTRM ABDUCT BAR JNTED ADJ	219.83			215.31	
L2310		ADD LOW EXTREM ABDUCT BAR STRAIGHT	98.69			96.66	
L2320		ADD LOW EXT NONMOLD LACER CSTM ONLY	165.07			161.67	
L2330		ADD LOW EXT LACER MOLD PT CSTM ONLY	315.02			308.52	
L2335		ADDITION LOW EXTREM ANT SWING BAND	185.32			181.49	
L2340		ADD LW EXTRM PRETIBL SHELL MOLD PT	437.30			428.28	
L2350		ADD LW EXT PROSTH TYPE SCKT MOLD PT	714.85			700.12	
L2360		ADDITION LOW EXTREM EXT STEEL SHANK	41.51			40.65	
L2370		ADDITION LOWER EXTREM PATTEN BOTTOM	205.95			201.70	
L2375		ADD LW EXT TORSION CNTRL ANK JNT	90.65			88.78	
L2380		ADD LW EXT TORSN CNTRL STRAIT KNEE	98.77			96.73	
L2385		ADD LW EXTREM STRAIT KNEE JNT HD EA	107.46			105.25	
L2387		ADD LW EXT POLYCNTRC KNEE CSTM KAFO	145.84			142.83	
L2390		ADD LW EXTRM OFFSET KNEE JNT EA JNT	87.82			86.01	
L2395		ADD LW EXT OFFSET KNEE JNT HD EA	134.08			131.32	
L2397		ADD LOW EXTREM ORTHOTIC SUSP SLEEVE	94.02			92.09	
L2405		ADDITION KNEE JOINT DROP LOCK EACH	75.21			73.66	
L2415		ADD KNEE LOCK-INTEGRATD RLSE EA JNT	104.80			102.64	
L2425		ADD KNEE JNT DISC/DIAL LOCK EA JNT	123.65			121.10	
L2430		ADD KNEE JNT RATCHT LOCK EXT EA JNT	123.65			121.10	
L2492		ADD KNEE LIFT LOOP DROP LOCK RING	81.81			80.12	
L2500		ADD LW EXTRM THIGH/WT BEAR RING	253.09			247.88	
L2510		ADD LW EXTRM THI/WT BEAR MOLD PT	677.63			663.66	
L2520		ADD LW EXTRM THI/WT BEAR CSTM	369.58			361.96	
L2525		ADD LW EXT ISCH M-L BRIM MOLD PT	1267.96			1241.82	
L2526		ADD LW EXTRM ISCH M-L BRIM CSTM FIT	683.44			669.35	
L2530		ADD LW EXT THI/WT BEAR LACR NONMOLD	188.50			184.61	
L2540		ADD LW EXT THI/WT BEAR LACR MOLD PT	339.18			332.19	
L2550		ADD LW EXT THI/WT BEAR HI ROLL CUFF	230.41			225.67	
L2570		ADD LW EXT PELV HIP JNT CLEVIS	509.50			499.00	
L2580		ADD LOW EXTRM PELV CNTRL PELV SLING	482.97			473.01	
L2600		ADD LW EXT PELV THRUST BEAR FREE	164.76			161.37	
L2610		ADD LW EXT PELV THRUST BEAR LOCK	194.83			190.81	
L2620		ADD LW EXT PLV HIP JNT HEVY-DUTY EA	214.51			210.09	
L2622		ADD LW EXT PELV HIP JNT ADJ FLX EA	246.02			240.95	
L2624		ADD LW EXTRM PELV HIP JNT FLX EXT	334.46			327.56	
L2627		ADD LW EXT PELV PLSTC MOLD PT-CABLE	1377.95			1349.54	
L2628		ADD LW EXT PELV METL FRME-CABLES	1618.65			1585.28	
L2630		ADD LW EXTRM PELV BAND&BELT UNI	198.66			194.56	
L2640		ADD LW EXTRM PELV BAND&BELT BIL	269.60			264.04	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L2650		ADD LW EXTRM PELV&THOR GLUTL PAD EA	96.27			94.29	
L2660		ADD LOW EXTREM THOR CNTRL THOR BAND	149.53			146.45	
L2670		ADD LW EXTRM THOR CNTRL PARASP UPRT	136.85			134.03	
L2680		ADD LW EXT THOR CNTRL LAT SUPP UPRT	125.54			122.96	
L2750		ADD LW EXT ORTHOT PLAT CHROME/NICKL	67.06			65.67	
L2755		ADD LOW EXT ORTHOT PER SEG CSTM	112.74			110.41	
L2760		ADD LOW EXTREM ORTHOTIC EXT-EXT-BAR	48.74			47.74	
L2768		ORTHOTIC SIDE BAR DISCNCT DEVC-BAR	112.41			110.10	
L2780		ADD LW EXT ORTH NONCORROSIVE BAR	57.66			56.48	
L2785		ADD LW EXT ORTHOT DROP LOCK RETN EA	33.90			33.20	
L2795		ADD LW EXT ORTH KNEE CNTRL FULL CAP	68.17			66.76	
L2800		ADD LOW EXT ORTHOT KNEE CAP CSTM	85.57			83.81	
L2810		ADD LW EXT ORTH KNEE CNDYLR PAD	62.66			61.37	
L2820		ADD LW EXT SFT INTERFCE BELW KNEE	69.67			68.24	
L2830		ADD LW EXT SFT INTERFCE ABVE KNEE	78.35			76.73	
L2840		ADD LW EXT ORTHOT TIB LEN SOCK FX/=	43.72			42.82	
L2850		ADD LW EXT ORTHO FEM LEN SOCK FX/=	49.67			48.64	
L2861		ADD LOW EXT JNT KNEE/ANK CSTM EA	BR			BR	
L2999		LOWER EXTREMITY ORTHOSES NOS	BR			BR	
L3000		FT INSRT MOLD UCB TYPE BERKLY SHELL	270.99			265.40	
L3001		FOOT INSRT REMV MOLD PT SPENCO EA	114.08			111.74	
L3002		FT INSRT REMV MOLD PLASTAZOTE/= EA	139.33			136.45	
L3003		FOOT INSRT REMV MOLD SILCON GEL EA	150.30			147.20	
L3010		FT INSRT MOLD LNGTUDNL ARCH SUPP EA	150.30			147.20	
L3020		FT INSRT REMV MOLD LNGTUDNL SUPP EA	171.15			167.63	
L3030		FOOT INSERT REMV FORMED PT FT EA	65.84			64.48	
L3031		FOOT INSRT/PLAT REMV ADD LW EXT ORT	105.64			BR	
L3040		FOOT ARCH SUPP PREMOLD LNGTUDNL EA	40.60			39.76	
L3050		FOOT ARCH SUPP REMV PREMOLD MT EA	40.60			39.76	
L3060		FT ARCH SUPP PREMOLD LNGTUDNL/MT EA	63.63			62.32	
L3070		FOOT ARCH SUPP NONREMV LNGTUDNL EA	27.43			26.87	
L3080		FT ARCH SUPP NONREMV ATTCH SHOE MT	27.43			26.87	
L3090		FT ARCH SUPP NONREMV LNGTUDNL/MT EA	35.12			34.40	
L3100		HALLUS-VALGUS NIGHT DYN SPLNT PRFAB	37.28			36.51	
L3140		FOOT ABDUCT ROTATION BAR INCL SHOES	76.81			75.21	
L3150		FOOT ABDUCT ROTATION BAR W/O SHOES	70.23			68.78	
L3160		FOOT ADJUSTBL SHOE-STYLD PSTN DEVC	BR			19.97	
L3170		FOOT PLASTC SIL HEEL STAB PREFAB EA	43.89			42.99	
L3201		ORTHOPED SHOE OXFRD SUPINATR INFNT	42.40			76.53	
L3202		ORTHOPED SHOE OXFRD W/SUPINATR CHLD	41.60			75.20	
L3203		ORTHOPED SHOE OXFRD W/SUPINATR JR	40.40			83.21	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L3204		ORTHOPED SHOE HITOP SUPINATR INFNT	40.40			83.21	
L3206		ORTHOPED SHOE HITOP W/SUPINATR CHLD	42.00			76.20	
L3207		ORTHOPED SHOE HITOP W/SUPINATR JR	42.80			77.53	
L3208		SURGICAL BOOT EACH INFANT	22.40			40.60	
L3209		SURGICAL BOOT EACH CHILD	32.00			57.57	
L3211		SURGICAL BOOT EACH JUNIOR	34.00			61.23	
L3212		BENESCH BOOT PAIR INFANT	47.20			85.52	
L3213		BENESCH BOOT PAIR CHILD	57.20			103.15	
L3214		BENESCH BOOT PAIR JUNIOR	60.80			109.81	
L3215		ORTHOPED FTWEAR LADIES OXFORD EA	77.20			139.76	
L3216		ORTHO FTWEAR LADIES SHOE DPTH INLAY	93.60			169.04	
L3217		ORTHOPED FTWEAR LADIES HITOP INLAY	101.20			183.35	
L3219		ORTHOPED FTWEAR MENS SHOE OXFORD EA	86.80			157.06	
L3221		ORTHOPD FTWEAR MENS SHOE DPTH INLAY	104.00			188.34	
L3222		ORTHO FTWEAR MENS HITOP DPTH INLAY	115.20			207.97	
L3224		ORTHO FTWEAR WOMAN OXFRD PART BRACE	47.18			46.21	
L3225		ORTHO FTWEAR MAN OXFRD PART BRACE	54.27			53.15	
L3230		ORTHO FTWEAR CSTM SHOE DEPTH INLAY	135.60			244.90	
L3250		ORTHOPED FOOTWEAR CSTM MOLD PROSTH	263.60			476.50	
L3251		FOOT SHOE MOLD PT SILCON SHOE EA	36.40			65.55	
L3252		FOOT SHOE MOLD PT PLASTAZOTE CSTM	144.40			260.88	
L3253		FOOT MOLD SHOE PLASTAZOTE CSTM FIT	36.00			65.22	
L3254		NONSTANDARD SIZE OR WIDTH	BR			BR	
L3255		NONSTANDARD SIZE OR LENGTH	BR			BR	
L3257		ORTHOPED FOOTWEAR ADD CHRG SPLIT SZ	26.00			47.25	
L3260		SURGICAL BOOT/SHOE EACH	14.80			26.62	
L3265		PLASTAZOTE SANDAL EACH	16.00			28.95	
L3300		LIFT ELEV HEEL TAPERED MTS PER INCH	44.97			44.05	
L3310		LIFT ELEV HEEL&SOLE NEOPRENE-INCH	70.23			68.78	
L3320		LIFT ELEV HEEL&SOLE CORK PER INCH	97.60			176.36	
L3330		LIFT ELEVATION METAL EXTENSION	488.20			478.13	
L3332		LIFT ELEV IN SHOE TAPERED TO 1/2 IN	63.63			62.32	
L3334		LIFT ELEVATION HEEL PER INCH	32.90			32.23	
L3340		HEEL WEDGE SACH	73.53			72.02	
L3350		HEEL WEDGE	19.73			19.32	
L3360		SOLE WEDGE OUTSIDE SOLE	30.72			30.09	
L3370		SOLE WEDGE BETWEEN SOLE	42.80			41.90	
L3380		CLUBFOOT WEDGE	42.80			41.90	
L3390		OUTFLARE WEDGE	42.80			41.90	
L3400		METATARSAL BAR WEDGE ROCKER	35.12			34.40	
L3410		METATARSAL BAR WEDGE BETWEEN SOLE	80.11			78.46	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L3420		FULL SOLE&HEEL WEDGE BETWEEN SOLE	47.16			46.19	
L3430		HEEL COUNTER PLASTIC REINFORCED	138.23			135.39	
L3440		HEEL COUNTER LEATHER REINFORCED	65.84			64.48	
L3450		HEEL SACH CUSHION TYPE	91.04			89.16	
L3455		HEEL NEW LEATHER STANDARD	35.12			34.40	
L3460		HEEL NEW RUBBER STANDARD	29.61			29.00	
L3465		HEEL THOMAS WITH WEDGE	50.46			49.43	
L3470		HEEL THOMAS EXTENDED TO BALL	53.74			52.63	
L3480		HEEL PAD AND DEPRESSION FOR SPUR	53.74			52.63	
L3485		HEEL PAD REMOVABLE FOR SPUR	14.80			26.62	
L3500		ORTHOPED SHOE ADD INSOLE LEATHR	25.25			24.73	
L3510		ORTHOPED SHOE ADD INSOLE RUBBER	25.25			24.73	
L3520		ORTHO SHOE ADD INSOLE FELT W/LEATHR	27.43			26.87	
L3530		ORTHOPEDIC SHOE ADDITION SOLE HALF	27.43			26.87	
L3540		ORTHOPEDIC SHOE ADDITION SOLE FULL	43.89			42.99	
L3550		ORTHOPED SHOE ADD TOE TAP STANDARD	7.70			7.53	
L3560		ORTHOPED SHOE ADD TOE TAP HORSESHOE	19.73			19.32	
L3570		ORTHOPED SHOE ADD SPCL EXT INSTEP	73.53			72.02	
L3580		ORTHO SHOE ADD CNVRT INSTP-VELC CLO	55.94			54.79	
L3590		ORTHO SHOE ADD CONVERT FIRM TO SOFT	46.08			45.14	
L3595		ORTHOPEDIC SHOE ADDITION MARCH BAR	36.20			35.45	
L3600		TRNSF ORTH-ANOTHER CALIPR PLAT XST	65.84			64.48	
L3610		TRNSF ORTH-ANOTHER CALIPR PLAT NEW	86.67			84.89	
L3620		TRNSF ORTH-ANOTH SOLID STIRUP XST	65.84			64.48	
L3630		TRNSF ORTH-ANOTH SOLID STIRUP NEW	86.67			84.89	
L3640		TRNSF ORTH-ANOTH DENNS BRWN SPLNT	37.28			36.51	
L3649		ORTHOPED SHOE MOD ADD/TRANSFER NOS	BR			BR	
L3650		SHOULDER ORTHOS FIG 8 ABDUCT PREFAB	46.99			46.03	
L3660		SHOULDER ORTHOS FIG 8 CANVAS PREFAB	80.69			79.02	
L3670		SHOULDER ORTHOS ACROMIO/CLAV PREFAB	112.46			110.15	
L3671		SO JOINT DESIGN W/O JOINTS CUSTOM	707.39			692.81	
L3674		SHOULDER ORTHOTIC ABDUCT PSTN CSTM	928.00			908.86	
L3675		SHLDR VEST ABDUCT RESTRAINR PREFAB	137.78			134.94	
L3677		SHLDR ORTHOS JNT DSGN PREFAB CUSTOM	106.80			193.00	
L3678		SHLDR ORTHOS JNT DSGN NO JNT PREFAB	BR				
L3702		EO W/O JOINTS CUSTOM FABRICATED	226.70			197.64	
L3710		ELB ORTHOS ELASTIC METL JNTS PREFAB	113.82			111.47	
L3720		EO DBL UPRT W/CUFF FREE MOT CSTM	567.88			556.17	
L3730		EO DBL UPRT-CUFF EXT/FLX ASST CSTM	747.54			732.14	
L3740		EO DBL UPRT W/CUFF ADJ LOCK CSTM	840.12			822.81	
L3760		ELB ORTH W/ADJ LOCK JNT PRFAB W/FIT	392.61			384.52	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L3762		ELBOW ORTHOS RIGID W/O JOINT PREFAB	84.42			82.68	
L3763		EWHO RIGID W/O JOINTS CUSTOM FAB	623.31			610.46	
L3764		EWHO 1/> NONTORSION JNTS CSTM FAB	621.63			608.81	
L3765		EWHFO RIGID W/O JOINTS CUSTOM FAB	1006.67			985.91	
L3766		EWHFO 1/> NONTORSION JNTS CSTM FAB	1066.00			1044.03	
L3806		WHFO CUSTOM FAB INCL FIT & ADJUST	356.62			349.26	
L3807		WHF ORTHOS NO JNT PRFAB CUSTOM FIT	196.32			192.27	
L3808		WHF ORTHOTIC RIGID NO JNT; CUSTOM	262.22			256.82	
L3809		WHF ORTHO NO JOINTS PREFAB ANY TYPE	196.32				
L3891		ADD UP EXT JNT WRIST/ELB CSTM EA	BR			BR	
L3900		WHFO DYN FLX HNG WRST DRVN CSTM FAB	1226.44			1201.15	
L3901		WHFO DYN FLX HNG CABLE DRIVEN CSTM	1375.16			1346.81	
L3904		WHFO EXTERNAL POWER ELEC CSTM FAB	2799.44			2741.73	
L3905		WHO 1/> NONTORSION JOINTS CSTM FAB	778.56			762.51	
L3906		WHO W/O JOINTS STRAPS CSTM FAB	331.18			324.36	
L3908		WRST HND ORTHOS CNTRL COCK-UP PRFAB	47.03			46.07	
L3912		HAND FINGR ORTHOS FINGR CNTRL PRFAB	75.45			73.90	
L3913		HFO W/O JOINTS CUSTOM FABRICATED	212.64			208.26	
L3915		WH ORTHOS 1/>NONTRSN PRFAB CSTM FIT	417.33			408.73	
L3916		WH ORTHOS 1/> NONTORSN JOINT PREFAB	417.33				
L3917		HAND ORTHOSIS MC FX PREFAB CSTM FIT	82.94			81.23	
L3918		HAND ORTHOSIS METACARPL FX ORTHOSIS	82.94				
L3919		HAND ORTHOTIC W/O JOINTS CUSTOM FAB	212.64			208.26	
L3921		HFO 1/> NONTORSION JOINTS CSTM FAB	252.15			246.96	
L3923		HF ORTHOSIS NO JOINT PRFAB CSTM FIT	68.29			66.88	
L3924		HAND FINGER ORTHOSIS W/O JOINTS	68.29				
L3925		FINGER ORTHOS NONTORSION JNT PREFAB	41.47			40.63	
L3927		FINGER ORTHOSIS W/O JOINT PREFAB	27.48			26.91	
L3929		HF ORTHOS 1/>NONTRSN JNT PRFAB CSTM	66.10			64.73	
L3930		HF ORTHOS 1/> NONTORSION JNT PREFAB	66.10				
L3931		WHFO PREFAB INCL FITTING & ADJ	159.89			156.58	
L3933		FINGER ORTHOTIC W/O JOINTS CSTM FAB	167.52			164.07	
L3935		FO NONTORSION JOINT CUSTOM FAB	173.47			169.88	
L3956		ADD JNT UP EXTREM ORTHOT MATL; JNT	BR			BR	
L3960		SEWHO ABDUCT PSTN AIRPLANE DESIGN	647.13			633.79	
L3961		SEWHO SHLDR CAP DESN NO JNTS CSTM	1319.03			1291.84	
L3962		SEWHO ABDUCT PSTN ERBS PALS DESIGN	673.80			659.92	
L3967		SEWHO ABDUCT PSTN W/O JNTS CSTM FAB	1557.32			1525.22	
L3971		SEWHO SHOULDER CAP DESIGN CSTM FAB	1478.24			1447.77	
L3973		SEWHO ABDUCTION POSITION CSTM FAB	1557.32			1525.22	
L3975		SEWHFO SHLDR CAP DESN NO JNTS CSTM	1319.03			1291.84	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L3976		SEWHFO ABDUCT PSTN W/O JNTS CUS FAB	1319.03			1291.84	
L3977		SEWHFO SHOULD CAP DESIGN CUSTOM FAB	1478.24			1447.77	
L3978		SEWHFO ABDUCTION P0SITION CSTM FAB	1557.32			1525.22	
L3980		UP EXT FX ORTHOT HUM PRFAB-FIT&ADJ	242.69			237.69	
L3981		UE FX ORTHOSIS HUMERAL PREF STRAPS	790.23				
L3982		UP EXTRM FX ORTH RADUS/ULNAR PRFAB	299.84			293.67	
L3984		UP EXTRM FX ORTHOTIC WRST PRFAB	320.06			313.46	
L3995		ADD UP EXTREM ORTHOT SOCK FX/= EA	26.86			26.31	
L3999		UPPER LIMB ORTHOSIS NOS	BR			BR	
L4000		REPLACE GIRDLE FOR SPINAL ORTHOSIS	1046.57			1025.00	
L4002		REPL STRAP ANY ORTHOTIC ALL CMPNTS	BR			BR	
L4010		REPLACE TRILATERAL SOCKET BRIM	588.95			576.81	
L4020		REPL QUADRILAT SOCKT BRIM MOLD PT	735.65			720.48	
L4030		REPL QUADRILAT SOCKT BRIM CSTM FIT	405.05			396.70	
L4040		REPL MOLDED THI LACER CSTM ONLY	327.47			320.72	
L4045		REPL NONMOLD THI LACER CSTM ONLY	263.17			257.74	
L4050		REPL MOLDED CALF LACER CSTM ONLY	331.21			324.38	
L4055		REPL NONMOLD CALF LACER CSTM ONLY	214.47			210.04	
L4060		REPLACE HIGH ROLL CUFF	254.96			249.71	
L4070		REPLACE PROXIMAL&DIST UPRIGHT KAFO	243.24			238.23	
L4080		REPLACE METAL BANDS KAFO PROX THIGH	85.75			83.99	
L4090		REPL METL BANDS KAFO-AFO CALF/THI	75.91			74.34	
L4100		REPLACE LEATHR CUFF KAFO PROX THIGH	85.61			83.84	
L4110		REPL LEATHR CUFF KAFO-AFO CALF/THI	68.03			66.63	
L4130		REPLACE PRETIBIAL SHELL	468.24			458.59	
L4210		REP ORTHOT DEVC REP/REPL MINOR PART	BR			BR	
L4350		ANKLE CONTROL ORTHOS STIRRUP PREFAB	84.36			82.62	
L4360		WALK BOOT PNEUMAT&/VAC PREFAB CUSTM	236.02			231.15	
L4361		WALKING BOOT PNEUMATIC AND/OR VAC	236.02				
L4370		PNEUMATIC FULL LEG SPLINT PREFAB	151.45			148.33	
L4386		WALK BOOT NON-PNEUMATIC PREFAB CSTM	136.77			133.96	
L4387		WALKING BOOT NON-PNEUMATIC PREFAB	136.77				
L4392		REPLCMT SFT INTERFCE MATL STAT AFO	20.31			19.90	
L4394		REPL SFT INTRFCE MATL FT DROP SPLNT	14.82			14.53	
L4396		STAT/DYN ANK FT ORTHOS PREFAB CSTM	144.79			141.80	
L4397		STATIC/DYNAMIC AFO MIN ABM PREFAB	144.79				
L4398		FOOT DROP SPLINT RECUMBNT POS PRFAB	66.64			65.26	
L4631		AFO WALK BOOT TYP ROCKR BOTTOM CSTM	1287.34			1260.80	
L5000		PART FT SHOE INSRT W/LNGTUDNL ARCH	452.32			443.00	
L5010		PART FT MOLD SOCKT ANK HT W/TOE FIL	1092.47			1069.95	
L5020		PART FT MOLD SOCKET TIB TUBERCLE HT	1855.27			1817.02	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L5050		ANKLE SYMES MOLDED SOCKET SACH FOOT	2052.26			2009.96	
L5060		ANK SYMS METL FRME MOLD LEATHR SCKT	2360.71			2312.04	
L5100		BELW KNEE MOLD SOCKT SHIN SACH FOOT	2056.80			2014.40	
L5105		BK PLSTC SCKT JNT&THI LACER SACH FT	2969.21			2908.00	
L5150		KNEE DISRTC MOLD SCKT EXT KNEE JNT	3001.46			2939.58	
L5160		KNEE DISARTIC MOLD SOCKT BENT KNEE	3264.62			3197.32	
L5200		AK MOLD SOCKT 1 AXIS CONSTANT FRICT	3126.34			3061.89	
L5210		AK SHRT PROS NO KNEE JNT-ANK JNT EA	2074.01			2031.25	
L5220		AK SHRT PROSTH W/ARTIC ANK/FOOT DYN	2357.50			2308.90	
L5230		AK PROX FEM FOCAL DEFIC SACH FT	3251.45			3184.42	
L5250		HIP DISRTC CANADIAN; MOLD SCKT HIP	4434.69			4343.27	
L5270		HIP DISRTC TLT TABL; MOLD SCKT LOCK	4415.00			4323.99	
L5280		HEMIPELVECT CANADIAN; MOLD SOCKT	4381.20			4290.88	
L5301		BK MOLD SCKT SHIN SACH FT ENDO SYS	2351.04			2302.58	
L5312		KNEE DISART MOLD SOCKET 1 AXIS KNEE	3365.36			3295.99	
L5321		AK OPEN END SACH FT ENDO SYS 1 AXIS	3407.90			3337.65	
L5331		JOINT SINGLE AXIS KNEE SACH FOOT	4342.36			4252.84	
L5341		SINGLE AXIS KNEE SACH FOOT	4520.41			4427.23	
L5400		IMMED POSTSURG RIGD DRSG W/1 CHG BK	1163.97			1139.97	
L5410		IMMED POSTSURG RIGD DRS BK-EA CAST	357.11			349.75	
L5420		IMMED POSTSURG RIGD DRSG 1 CHG AK	1426.40			1397.00	
L5430		IMMED POSTSURG RIGD DRSG AK EA CAST	430.10			421.23	
L5450		IMMED POSTSURG NONWT BEAR RIGD BK	349.90			342.68	
L5460		IMMED POSTSURG NONWT BEAR RIGD AK	466.18			456.57	
L5500		INIT BK PTB SCKT NON-ALIGN DIR FORM	1097.72			1075.10	
L5505		INIT AK-DISRTC ISCH LEVL NON-ALIGN	1518.18			1486.88	
L5510		PREP BK PTB SCKT NON-ALIGN MOLD MDL	1244.34			1218.69	
L5520		PREP BK PTB THERMOPLSTC/=DIR FORM	1229.11			1203.78	
L5530		PREP BK PTB THERMOPLSTC/=MOLD MDL	1476.28			1445.85	
L5535		PREP BK PTB PRFAB ADJ OPEN END SCKT	1449.41			1419.53	
L5540		PREP BK PTB LAMINATED SCKT MOLD MDL	1546.98			1515.10	
L5560		PREP AK-DISARTIC PLASTER MOLD MDL	1661.19			1626.95	
L5570		PREP AK-DISRTC THRMOPLSTC/=DIR FORM	1727.06			1691.44	
L5580		PREP AK-DISARTIC THERMOPLSTC/=MOLD	2016.22			1974.65	
L5585		PREP AK-DISARTIC PRFAB ADJ OPN END	2481.27			2430.12	
L5590		PREP AK-DISARTC LAMINATD SCKT MOLD	2054.66			2012.30	
L5595		PREP HIP DISARTC THERMOPLSTC/=MOLD	3629.83			3555.00	
L5600		PREP HIP DISARTC LAMINATD SCKT MOLD	3901.90			3821.45	
L5610		ADD LW EXTRM ENDO AK HYDRACADENCE	1769.57			1733.09	
L5611		ADD LW EXT AK-DISARTC W/FRICT CNTRL	1377.08			1348.69	
L5613		ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL	2153.02			2108.63	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L5614		ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL	1458.52			1428.45	
L5616		ADD LW EXT AK UNIVRSL MXPLX FRICT	1163.48			1139.49	
L5617		ADD LW EXTREM QUICK CHANGE AK/BK EA	483.60			473.63	
L5618		ADD LOW EXTREM TEST SOCKT SYMES	255.83			250.56	
L5620		ADD LOW EXTREM TEST SOCKT BELW KNEE	237.62			232.72	
L5622		ADD LW EXTRM TST SOCKT KNEE DISARTC	309.85			303.46	
L5624		ADD LOW EXTREM TEST SOCKT ABVE KNEE	310.73			304.33	
L5626		ADD LW EXTRM TST SOCKT HIP DISARTIC	407.51			399.11	
L5628		ADD LOW EXTRM TST SOCKT HEMIPELVECT	435.74			426.75	
L5629		ADD LW EXTRM BELW KNEE ACRYLC SOCKT	271.62			266.02	
L5630		ADD LW EXT SYMS TYPE XPND WALL SCKT	383.59			375.68	
L5631		ADD LW EXT ABVE KNEE/DISARTC ACRYLC	375.54			367.79	
L5632		ADD LW EXT SYMS PTB BRIM DESN SOCKT	209.59			205.27	
L5634		ADD LW EXT SYMS POST OPENING SOCKT	259.99			254.63	
L5636		ADD LW EXT SYMS MED OPENING SOCKT	217.78			213.29	
L5637		ADD LOW EXTREM BELW KNEE TOTAL CNTC	246.92			241.82	
L5638		ADD LW EXTRM BELW KNEE LEATHR SOCKT	430.12			421.25	
L5639		ADD LOW EXTREM BELW KNEE WOOD SOCKT	958.28			938.53	
L5640		ADD LW EXT KNEE DISARTC LEATHR SCKT	546.53			535.26	
L5642		ADD LW EXTRM ABVE KNEE LEATHR SOCKT	529.54			518.63	
L5643		ADD LW EXT HIP DISRTC FLX EXT FRAME	1330.30			1302.88	
L5644		ADD LOW EXTREM ABVE KNEE WOOD SOCKT	504.83			494.41	
L5645		ADD LW EXTRM BK FLX INNR EXT FRME	681.97			667.91	
L5646		ADD LOW EXT BELOW KNEE CUSHN SOCKT	468.30			458.65	
L5647		ADD LOW EXTRM BELW KNEE SUCTN SOCKT	679.88			665.86	
L5648		ADD LOW EXT ABOVE KNEE CUSHN SOCKT	562.72			551.11	
L5649		ADD LW EXT ISCHIAL CONTAINMENT SCKT	2039.04			1997.00	
L5650		ADD LW EXTRM TOT CONTACT AK/DISARTC	417.26			408.65	
L5651		ADD LW EXTRM AK FLX INNR EXT FRME	1026.43			1005.27	
L5652		ADD LW EXTRM SUCTN SUSP AK/DISARTC	372.64			364.95	
L5653		ADD LW EXT KNEE DISRTC XPNDABL WALL	497.44			487.18	
L5654		ADD LOW EXTREM SOCKT INSERT SYMES	283.46			277.61	
L5655		ADD LOW EXTRM SOCKT INSRT BELW KNEE	240.21			235.26	
L5656		ADD LW EXT SOCKT INSRT KNEE DISARTC	322.24			315.59	
L5658		ADD LOW EXTRM SOCKT INSRT ABVE KNEE	310.77			304.36	
L5661		ADD LW EXT INSRT MXIDUROMETER SYMES	520.13			509.41	
L5665		ADD LW EXT INSRT MXDROMTR BELW KNEE	437.63			428.61	
L5666		ADD LOW EXTREM BELOW KNEE CUFF SUSP	59.83			58.60	
L5668		ADD LW EXTRM BK MOLD DISTAL CUSHION	96.50			94.51	
L5670		ADD LW EXTRM BK MOLD SUPRACOND SUSP	231.92			227.14	
L5671		ADD LW EXTRM BK/AK SUSP LOCK MECH	491.47			481.34	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L5672		ADD LW EXTRM BK REMV MED BRIM SUSP	254.86			249.62	
L5673		ADD LW EXT BK/AK CSTM FAB XST MOLD	607.74			595.21	
L5676		ADD LW EXT BK KNEE JNT 1 AXIS PAIR	309.72			303.34	
L5677		ADD LW EXT BK KNEE JNT POLYCNTRC PR	421.42			412.73	
L5678		ADD LW EXT BELW KNEE JNT COVRS PAIR	33.94			33.24	
L5679		ADD LW EXT BK/AK CSTM FAB XST MOLD	506.43			495.99	
L5680		ADD LW EXTRM BK THI LACER NONMOLD	283.29			277.45	
L5681		ADD LW EXT INSRT CONGN/AMPUTEE INIT	1136.94			1113.51	
L5682		ADD LW EXT BK THIGH LACER MOLD	534.52			523.50	
L5683		ADD LW EXT INSRT NO CONGN/AMP INIT	1136.94			1113.51	
L5684		ADD LOW EXTREM BELW KNEE FORK STRAP	41.14			40.28	
L5685		ADD LOW EXT PROS BELW KNEE SLEEVE	110.71			108.42	
L5686		ADD LOW EXTREM BELW KNEE BACK CHECK	43.67			42.77	
L5688		ADD LW EXTRM BK WAIST BELT WEB	52.21			51.13	
L5690		ADD LW EXTRM BK WAIST BELT PAD	83.64			81.91	
L5692		ADD LW EXTRM AK PELVIC CONTROL BELT	113.57			111.23	
L5694		ADD LW EXTRM AK PELV CNTRL BELT PAD	155.05			151.86	
L5695		ADD LW EXT AK PELV CNTRL SLV NEOPRN	143.15			140.19	
L5696		ADD LW EXTRM AK/DISARTIC PELV JNT	158.14			154.88	
L5697		ADD LW EXTRM AK/DISARTIC PELV BAND	68.62			67.20	
L5698		ADD LW EXTRM AK/KD SILESIAN BANDAGE	112.20			109.89	
L5699		ALL LOW EXTREM PROSTH SHLDR HARNESS	202.12			197.95	
L5700		REPL SOCKET BELOW KNEE MOLD PT MDL	2448.89			2398.41	
L5701		REPL SCKT AK/DISARTIC W/ATTCH PLAT	2940.94			2880.31	
L5702		REPL SCKT HIP DISRTC W/HIP JNT MOLD	3720.72			3644.01	
L5703		ANK SYMES MLD PT MDL SACH FT REPL	1925.51			1885.82	
L5704		CUSTOM SHAP PROTVE COVER BELOW KNEE	458.14			448.69	
L5705		CUSTOM SHAP PROTVE COVER ABOVE KNEE	818.60			801.72	
L5706		CUSTOM SHAPED COVER KNEE DISARTIC	802.44			785.90	
L5707		CUSTOM SHAPED COVER HIP DISARTIC	1057.90			1036.09	
L5710		ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK	319.64			313.06	
L5711		ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT	446.74			437.53	
L5712		ADD EXO KNEE-SHIN FRICT SWING CNTRL	374.32			366.61	
L5714		ADD EXO KNEE-SHIN VARBL FRICT SWING	384.49			376.57	
L5716		ADD EXO KNEE-SHIN MECH STANCE LOCK	622.94			610.10	
L5718		ADD EXO KNEE-SHIN FRICT SWING CNTRL	778.62			762.56	
L5722		ADD EXO KNEE-SHIN PNUMAT SWNG FRICT	822.57			805.62	
L5724		ADD KNEE-SHIN 1 AXIS FL SWING PHASE	1290.11			1263.51	
L5726		ADD EXO KNEE-SHIN EXT JNT FL SWING	1486.82			1456.16	
L5728		ADD EXO KNEE-SHIN FL SWING&STANCE	2033.77			1991.84	
L5780		ADD EXO KNEE-SHIN PNEUMAT/HYDRA	978.56			958.38	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L5781		ADD LW LIMB PROS LIMB MGMT SYS	3458.33			3387.03	
L5782		ADD LW LIMB PROS LIMB MGMT HVY DUTY	3645.87			3570.71	
L5785		ADD EXOSKEL BELW KNEE ULTRA-LT MATL	550.07			538.72	
L5790		ADD EXOSKEL ABVE KNEE ULTRA-LT MATL	614.56			601.88	
L5795		ADD EXOSKEL HIP DISARTIC ULTRA-LGHT	1223.59			1198.36	
L5810		ADD ENDOSKEL KNEE-SHIN MANUAL LOCK	416.12			407.55	
L5811		ADD ENDO KNEE-SHIN MNL LCK ULTRA-LT	623.35			610.50	
L5812		ADD ENDO KNEE-SHIN FRICT SWNG CNTRL	483.17			473.20	
L5814		ADD ENDO KNEE-SHN HYDRAUL MECH LOCK	3210.00			3143.83	
L5816		ADD ENDO KNEE-SHIN MECH STANCE LOCK	731.26			716.18	
L5818		ADD ENDO KNEE-SHIN FRICT SWNG&STANC	820.79			803.87	
L5822		ADD ENDO KNEE-SHIN PNEUMATIC FRICT	1455.48			1425.47	
L5824		ADD ENDO KNEE-SHIN FL SWING CNTRL	1310.74			1283.72	
L5826		ADD ENDO KNEE-SHIN MIN HI ACTV FRME	2699.20			2643.55	
L5828		ADD ENDO KNEE-SHIN FL SWING&STANCE	2413.64			2363.88	
L5830		ADD ENDO KNEE-SHIN PNEUMAT/SWING	1621.84			1588.40	
L5840		ADD ENDO KNEE-SHIN 4-BAR LINK SWING	2998.78			2936.96	
L5845		ADD ENDOSKL KNEE-SHIN STANC FLX ADJ	1549.22			1517.27	
L5848		ADD ENDOSKEL KNEE-SHIN FLUID EXT	929.41			910.26	
L5850		ADD ENDO AK/HIP DSRTC KNEE EXT ASST	109.34			107.08	
L5855		ADD ENDO HIP DISARTIC MECH EXT ASST	293.80			287.74	
L5856		ADD LOW EXT PROS KN-SHN SWING&STNCE	20748.95			20321.21	
L5857		ADD LOW EXT PROS KN-SHN SWING ONLY	7362.49			7210.70	
L5858		ADD LW EXT PROS KNEE SHN SYS STANCE	16063.73			15732.57	
L5859		ADD LW EXT PROS KN-SHN PROG FLX/EXT	12540.83			BR	
L5910		ADD ENDOSKEL BELW KNEE ALIGNBL SYS	309.56			303.17	
L5920		ADD ENDOSKEL AK/HIP DISRTC ALIGNBL	453.50			444.15	
L5925		ADD ENDO AK/HIP DISARTIC MNL LOCK	382.91			375.02	
L5930		ADD ENDO HI ACTV KNEE CNTRL FRAME	2909.23			2849.26	
L5940		ADD ENDOSKEL BELW KNEE ULTRA-LGHT	428.72			419.89	
L5950		ADD ENDOSKEL ABVE KNEE ULTRA-LGHT	670.35			656.53	
L5960		ADD ENDOSKL HIP DISARTC ULTRA-LGHT	823.97			806.99	
L5961		ADD ENDO SYS POLYCNTRC HIP JOINT	3929.03			3848.02	
L5962		ADD ENDO BK FLEX PROTVE OUTER COVER	542.26			531.08	
L5964		ADD ENDO AK FLXBL PROTVE OUTR COVR	800.45			783.95	
L5966		ADD ENDO HIP DISRTC FLX PROTVE COVR	1019.97			998.95	
L5968		ADD LW LIMB PROSTH MX-AXIAL ANKLE	3140.91			3076.16	
L5969		ADD ENDOSKEL ANKL-FT/ANK PWR ASSIST	BR				
L5970		ALL LW EXTRM PROSTH FOOT SACH FOOT	173.58			170.01	
L5971		ALL LW EXT PROS SACH FOOT REPL ONLY	173.58			170.01	
L5972		ALL LOW EXT PROS FOOT FLEXIBLE KEEL	324.23			317.55	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L5973		ENDO ANK FOOT MICROPROCSS CNTRL PWR	14870.50			14563.94	
L5974		ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT	199.17			195.07	
L5975		ALL LW EXTRM PROSTH COMB 1 AXIS ANK	400.72			392.45	
L5976		ALL LW EXTRM PROSTH ENERGY STOR FT	478.66			468.78	
L5978		ALL LW EXTRM PRSTH FT MX-AXL ANK/FT	249.43			244.29	
L5979		ALL LW XTRM PRSTH MX-AXL ANK 1 PECE	1950.23			1910.03	
L5980		ALL LOW EXTREM PROSTH FLX-FOOT SYS	3169.00			3103.67	
L5981		ALL LOW EXTRM PROSTH FLX-WALK SYS/=	2560.12			2507.34	
L5982		ALL EXOSKEL LW EXT PROS AXIAL ROTAT	494.12			483.93	
L5984		ALL ENDOSKEL LW EXT PRSTH AXL ROTAT	486.90			476.86	
L5985		ALL ENDOSKL LW XTRM PROSTH DYNAMIC	244.07			239.04	
L5986		ALL LW EXTRM PROSTH MX-AXIAL ROT U	541.61			530.45	
L5987		ALL LW EXTRM PROSTH SHANK FOOT SYS	6217.76			6089.58	
L5988		ADD LW LMB PRSTH VERTCL SHOCK RDUC	1726.67			1691.06	
L5990		ADD LW EXTRM PROSTH USE ADJ HEEL HT	1568.07			1535.75	
L5999		LOWER EXTREMITY PROSTHESIS NOS	BR			BR	
L6000		PARTIAL HAND THUMB REMAINING	1135.64			1112.23	
L6010		PART HAND LITTLE &/ RING FINGER REM	1263.78			1237.73	
L6020		PARTIAL HAND NO FINGER REMAINING	1178.28			1153.99	
L6026		TRANSCARPL/MC/PART HAND DISART PROS	4272.61				
L6050		WRST DSRTC MOLD SOCKET FLEX ELB HNG	1623.61			1590.15	
L6055		WRST DSRTC MOLD SCKT W/XPND INTRFCE	2262.91			2216.25	
L6100		BELW ELB MOLD SOCKT FLXIBLE ELB HNG	1644.98			1611.06	
L6110		BELOW ELBOW MOLDED SOCKET	1744.77			1708.80	
L6120		BELW ELB STEP-UP HINGES HALF CUFF	2033.28			1991.37	
L6130		BELW ELB STMP ACTV LCK HNG 1/2 CUFF	2212.59			2166.98	
L6200		ELB DSRTC MOLD SCKT OTSD LCK FORARM	2331.71			2283.64	
L6205		ELB DSRTC MOLD SCKT XPND INTRFC ARM	3112.46			3048.30	
L6250		ABOVE ELB INTERNAL LOCK ELB FOREARM	2443.10			2392.72	
L6300		SHLDR DISARTC INTRL LOCK ELB FORARM	3184.32			3118.67	
L6310		SHLDR DISART PASS REST COMPL PROSTH	2749.51			2692.83	
L6320		SHLDR DISART PASS REST SHLDR CAP	1501.99			1471.03	
L6350		INTRSCAP THOR INTRL LOCK ELB FORARM	3347.82			3278.80	
L6360		INTERSCAPULAR THOR COMPLT PROSTH	3010.83			2948.77	
L6370		INTERSCAPULAR THOR SHLDR CAP ONLY	1801.59			1764.45	
L6380		IMMED POSTSURG RIGD DRSG WRST DSRTC	1043.98			1022.46	
L6382		IMMED POSTSURG RIGD DRSG ELB DISRTC	1570.62			1538.24	
L6384		IMMED POSTSRG RIGD DRSG SHLDR DSRTC	2172.79			2127.99	
L6386		IMMED POSTSURG EA ADD CAST CHANGE	343.23			336.16	
L6388		IMMED POSTSURG RIGID DRSG ONLY	375.75			368.00	
L6400		BE MOLD SCKT ENDOSKEL-SFT PROS TISS	1983.26			1942.37	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L6450		ELB DISARTIC MOLD SOCKET ENDOSKEL	2649.57			2594.95	
L6500		ABOVE ELBOW MOLD SOCKET ENDOSKEL	2772.01			2714.86	
L6550		SHLDR DISARTC MOLD SOCKET ENDOSKEL	3332.00			3263.31	
L6570		INTRSCAP THOR MOLD SOCKET ENDOSKEL	3740.94			3663.82	
L6580		PREP WRST DISARTIC PLSTC SOCKT MOLD	1428.21			1398.76	
L6582		PREP WRST DISARTC ELB SCKT DIR FORM	1293.58			1266.90	
L6584		PREP ELB DISARTC PLASTIC SOCKT MOLD	2028.66			1986.83	
L6586		PREP ELB DISARTIC SOCKET DIR FORM	1898.51			1859.36	
L6588		PREP SHLDR DISRTC THOR PLSTC SOCKT	2494.59			2443.16	
L6590		PREP SHLDR DSRTC THOR SCKT DIR FORM	2369.47			2320.62	
L6600		UP EXTREM ADD POLYCNTRC HINGE PAIR	160.32			157.01	
L6605		UPPER EXTREM ADD 1 PIVOT HINGE PAIR	158.30			155.04	
L6610		UP EXT ADD FLEX METAL HINGE PAIR	152.02			148.89	
L6611		ADD UP EXT PROS EXT PWR ADD SWITCH	355.84			348.51	
L6615		UP EXTREM ADD DISCNCT LOCK WRST U	163.80			160.43	
L6616		UP EXT ADD-DSCNCT INSRT LCK WRST EA	60.70			59.45	
L6620		UP EXT ADD FLEX/EXT WRIST UNIT	262.06			256.66	
L6621		UP EXTREM PROS ADD FLEX/EXTEN WRIST	1976.95			1936.20	
L6623		UP EXT ADD ROTATL WRST W/LATCH RLSE	731.02			715.95	
L6624		UP EXT ADD FLX/EXT ROT WRIST UNIT	3255.11			3188.02	
L6625		UP EXT ADD ROTAT WRST W/CABLE LOCK	519.40			508.70	
L6628		UP EXTRM ADD QUICK DISCNCT HOOK	409.45			401.00	
L6629		UP EXT ADD QUIK DSCNCT LAMNAT COLLR	125.05			122.47	
L6630		UP EXTREM ADD STAINLESS STEEL WRIST	184.20			180.40	
L6632		UP EXTREM ADD LATX SUSP SLEEVE EA	63.97			62.66	
L6635		UPPER EXTREM ADD LIFT ASSIST ELB	150.54			147.44	
L6637		UP EXTREM ADD NUDGE CNTRL ELB LOCK	321.09			314.48	
L6638		UP EXT ADD PROS LOCK W/MNL PWR ELB	2161.45			2116.90	
L6640		UP EXTREM ADD SHLDR ABDUCT JNT PAIR	285.26			279.38	
L6641		UP EXTRM ADD EXCURSN AMPL PULLEY	137.12			134.29	
L6642		UP EXTRM ADD EXCURSN AMPL LEVER	185.85			182.03	
L6645		UP EXT ADD SHLDR FLX-ABDUCT JNT EA	343.05			335.98	
L6646		UP EXT ADD SHLDR JNT MX PSTN SYS	2726.09			2669.89	
L6647		UP EXT ADD SHLDR LOCK MECH BDY PWR	448.79			439.54	
L6648		UP EXT ADD SHLDR LOCK MECH EXT PWR	2811.56			2753.60	
L6650		UP EXTRM ADD SHLDR UNIVERSAL JNT EA	356.18			348.83	
L6655		UP EXTREM ADD STD CNTRL CABLE XTRA	70.00			68.56	
L6660		UP EXTREM ADD HEVY DUTY CNTRL CABLE	78.45			76.83	
L6665		UP EXTREM ADD TEFLON/= CABLE LINING	39.37			38.56	
L6670		UP EXTREM ADD HOOK HND CABLE ADAPTR	43.52			42.62	
L6672		UP EXT ADD HRNSS CHST/SHLDR SADDLE	172.72			169.15	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L6675		UP EXT ADD HARNESS 1 CABLE DESIGN	102.65			100.53	
L6676		UP EXT ADD HARNESS 2 CABLE DESIGN	118.65			116.20	
L6677		UP EXT ADD HRNSS 3 CNTRL OP DVC&ELB	256.44			251.14	
L6680		UP EXTRM ADD TST SCKT WRIST DISARTC	198.30			194.21	
L6682		UP EXTRM ADD TST SOCKT ELB DISARTIC	219.25			214.72	
L6684		UP EXTRM ADD TST SCKT SHLDR DISARTC	297.93			291.78	
L6686		UPPER EXTREM ADDITION SUCTION SOCKT	672.79			658.92	
L6687		UP EXT ADD FRME TYPE SCKT BELW ELB	493.00			482.84	
L6688		UP EXT ADD FRME TYPE SOCKT ABVE ELB	490.03			479.93	
L6689		UP EXT ADD FRAME SCKT SHLDR DISARTC	587.12			575.01	
L6690		UP EXT ADD FRAME SCKT INTRSCAP-THOR	639.79			626.60	
L6691		UPPER EXTREM ADD REMV INSERT EA	296.13			290.03	
L6692		UP EXTREM ADD SILCON GEL INSRT/=EA	477.97			468.13	
L6693		UP EXT ADD LOCK ELB FORARM CNTRBAL	2453.81			2403.23	
L6694		ADD UP EXT PROS CSTM W/LOCK MECH	607.74			595.21	
L6695		ADD UP EXT PROS CSTM W/O LOCK MECH	506.43			495.99	
L6696		ADD UP EXT PROS CNGN/TRAUMAT AMP	1136.94			1113.51	
L6697		ADD UP EXT PROS NOT CNGN/TRAUM AMP	1136.94			1113.51	
L6698		ADD UP EXT PROS LOCK MECH EXC INSRT	491.47			481.34	
L6703		TERMINAL DEVICE PASSIVE HAND/MITT	310.72			304.32	
L6704		TERMINAL DEVC SPORT/REC/WORK ATTACH	500.54			490.23	
L6706		TERMINAL DEVC HOOK MECH VOL OPENING	298.22			292.08	
L6707		TERMINAL DEVC HOOK MECH VOL CLOSING	1099.21			1076.54	
L6708		TERMINAL DEVC HAND MECH VOL OPENING	718.59			703.77	
L6709		TERMINAL DEVC HAND MECH VOL CLOSING	1035.50			1014.16	
L6711		TERM DVC HOOK MECH VOL OPN PED	581.09			569.11	
L6712		TERM DVC HOOK MECH VOL CLOS PED	1069.93			1047.87	
L6713		TERM DVC HAND MECH VOL OPN PED	1350.32			1322.50	
L6714		TERM DEVC HAND MECH VOL CLOS PED	1143.75			1120.16	
L6715		TERM DEVC MX ARTC DIG INIT ISS/REPL	2728.82			2672.56	
L6721		TERM DEVC HOOK/HAND HD MECH VOL OPN	2032.88			1990.98	
L6722		TERM DEVC HOOK/HND HD MECH VOL CLOS	1752.48			1716.35	
L6805		ADD TERM DEVICE MODIFIER WRIST UNIT	290.80			284.81	
L6810		ADD TERM DEVC PRECISION PINCH DEVC	164.83			161.43	
L6880		ELEC HND SW/MYOLELEC CNTRL ARTC DIG	20650.99			20225.25	
L6881		AUTO GRASP ADD UPPER LIMB PROS DEVC	3533.57			3460.73	
L6882		MICRPROCSS CNTRL ADD UP LIMB PROSTH	2680.41			2625.15	
L6883		REPL SOCKET BE/WD MOLDED TO PT MDL	1356.32			1328.35	
L6884		REPL SOCKT ABOVE ELB DISART MOLD PT	2013.06			1971.55	
L6885		REPL SOCKT SD/INTRSCAP THOR MOLD PT	3010.83			2948.77	
L6890		ADD UP EXT PROSTH GLOV TERM PRFAB	145.38			142.38	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L6895		ADD UP EXT PROSTH GLOV TERM CSTM	534.80			523.77	
L6900		HND REST PART W/GLOV THUMB/1 FNGR	1526.18			1494.71	
L6905		HND REST PART HND W/GLOV MX FNGR	1517.50			1486.21	
L6910		HND REST PART HND W/GLOV NO FNGR	1297.61			1270.86	
L6915		HAND REST REPL GLOVE FOR ABOVE	654.24			640.75	
L6920		WRST DISARTC OTTO BOCK/=SWTCH CNTRL	5704.07			5586.48	
L6925		WRST DSRTC OTTO BOCK/=MYOELC CNTRL	7678.67			7520.37	
L6930		BELW ELB OTTO BOCK/=SWITCH CNTRL	5739.44			5621.12	
L6935		BELW ELB OTTO BOCK/=MYOELEC CNTRL	7797.83			7637.08	
L6940		ELB DISRTC OTTO BOCK/=SWITCH CNTRL	7498.95			7344.36	
L6945		ELB DISRTC OTTO BOCK/=MYOELC CNTRL	9162.83			8973.94	
L6950		ABVE ELB OTTO BOCK/=SWITCH CONTROL	8523.62			8347.90	
L6955		ABVE ELB OTTO BOCK/=MYOELEC CNTRL	10208.20			9997.75	
L6960		SHLDR DSRTC OTTO BOCK/=SWTCH CNTRL	11563.34			11324.96	
L6965		SHLDR DSRTC OTTO BOCK/=MYOELC CNTRL	12332.73			12078.48	
L6970		INTERSCAP-THOR OTTO BOCK/=SWITCH	12850.90			12585.98	
L6975		INTERSCAP-THOR OTTO BOCK/=MYOELEC	14054.74			13765.01	
L7007		ELEC HND SWTCH/MYOELEC CNTRL ADULT	2941.10			2880.47	
L7008		ELEC HAND SWITCH/MYOELEC CNTRL PED	4628.98			4533.55	
L7009		ELEC HOOK SWITCH/MYOELC CNTRL ADULT	3000.85			2938.99	
L7040		PREHENSILE ACTUATOR SWITCH CONTROL	2409.57			2359.89	
L7045		ELEC HOOK SWITCH MYOELEC CONTRL PED	1381.48			1353.01	
L7170		ELEC ELB HOSMER/EQUAL SWITCH CNTRL	6360.89			6229.76	
L7180		ELEC ELB SEQENTL CNTRL ELB&TRM DEV	27920.75			27345.16	
L7181		ELEC ELB SIMULTAN CNTRL ELB&TRM DEV	34631.95			33917.99	
L7185		ELEC ELB ADOLES VRITY VILL/=SWITCH	6281.46			6151.96	
L7186		ELEC ELB CHLD VRITY VILL/=SWITCH	7560.34			7404.48	
L7190		ELEC ELB ADOLES VRITY VILL/=MYOELC	6597.68			6461.66	
L7191		ELEC ELB CHLD VRITY VILL/=MYOELEC	7900.11			7737.26	
L7259		ELECTRONIC WRIST ROTATOR ANY TYPE	2731.57				
L7360		SIX VOLT BATTERY EACH	203.94			199.74	
L7362		BATTERY CHARGER 6 VOLT EACH	214.14			209.73	
L7364		TWELVE VOLT BATTERY EACH	340.58			333.56	
L7366		BATTERY CHARGER TWELVE VOLT EACH	458.78			449.32	
L7367		LITHIUM ION BATT RECHARGEABLE REPL	336.49			329.55	
L7368		LITHIUM ION BATT CHARGER REPL ONLY	436.22			427.23	
L7400		ADD UP EXT PROS BE/WD ULTRALT MATL	264.92			259.45	
L7401		ADD UP EXT PROS ABV ED ULTRALT MATL	296.57			290.45	
L7402		ADD UP EXT PROS SD/INTRSCAP THOR	320.24			313.64	
L7403		ADD UP EXT PROS BE/WD ACRYLIC MATL	318.31			311.75	
L7404		ADD UP EXT PROS ABVE ED ACRYLC MATL	480.38			470.48	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L7405		ADD UP EXT PROS SD/INTERSCAP THOR	628.29			615.33	
L7499		UPPER EXTREMITY PROSTHESIS NOS	BR			BR	
L7510		REP PROS DEVC REP/REPL MINOR PART	BR			BR	
L7600		PROSETIC DONNING SLEEVE MATERIAL EA	BR			BR	
L7900		MALE VACUUM ERECTION SYSTEM	320.00			458.14	
L7902		TENSION RING VAC ERECT DEVC REPL EA	BR			BR	
L8000		BREAST PROS MAST BRA NO INTEG FORM	37.59			36.82	
L8001		BREAST PROS MAST BRA INTEG FORM UNI	108.41			106.17	
L8002		BREAST PROS MAST BRA INTEG FORM BIL	142.61			139.67	
L8010		BREAST PROSTHESIS MASTECTOMY SLEEVE	33.20			59.90	
L8015		EXT BREAST PROS GARMNT POST-MASTECT	51.80			50.74	
L8020		BREAST PROSTHESIS MASTECTOMY FORM	194.85			190.84	
L8030		BREAST PROS SILCON/=NO INTGRL ADHES	281.85			276.04	
L8031		BREAST PROS SILCON/= W/NTGRL ADHES	281.85			276.04	
L8032		NIPPLE PROSTH REUSABLE ANY TYPE EA	33.86			33.16	
L8035		CSTM BRST PROSTH POST MASTECT MOLD	3166.58			3101.29	
L8039		BREAST PROSTHESIS NOS	0.00			2046.16	
L8040		NASL PROSTH PROVIDED NON-PHYSICIAN	2089.23			1943.86	
L8041		MIDFCE PROSTH PROV NON-PHYSICIAN	2518.17			2466.26	
L8042		ORB PROSTH PROVIDED NON-PHYSICIAN	2829.39			2771.06	
L8043		UPPER FCE PROSTH PROV NON-PHYSICIAN	3168.93			3103.60	
L8044		HEMI-FCE PROSTH PROV NON-PHYSICIAN	3508.44			3436.12	
L8045		AURICULAR PROSTH PROV NON-PHYSICIAN	2197.09			2151.79	
L8046		PART FCE PROSTH PROV NON-PHYSICIAN	2263.52			2216.85	
L8047		NASL SEPTAL PROSTH PROV NON-PHYS	1160.04			1136.13	
L8048		UNS MAXLOFCE PROSTH BR PROV NON-MD	BR			BR	
L8049		REP MAXLOFCE PROS EA 15 MIN NON-MD	BR			BR	
L8300		TRUSS SINGLE WITH STANDARD PAD	83.24			81.52	
L8310		TRUSS DOUBLE WITH STANDARD PADS	127.99			125.35	
L8320		TRUSS ADDITION STANDARD PAD H2O PAD	55.91			54.76	
L8330		TRUSS ADD STANDARD PAD SCROTAL PAD	55.41			54.28	
L8400		PROSTHETIC SHEATH BELOW KNEE EACH	16.20			15.86	
L8410		PROSTHETIC SHEATH ABOVE KNEE EACH	18.43			18.05	
L8415		PROSTHETIC SHEATH UPPER LIMB EACH	18.32			17.95	
L8417		PROS SHEATH/SOCK-GEL CUSHN BK/AK EA	64.99			63.65	
L8420		PROSTHETIC SOCK MX PLY BELW KNEE EA	21.42			20.99	
L8430		PROSTHETIC SOCK MX PLY ABVE KNEE EA	23.55			23.07	
L8435		PROSTH SOCK MX PLY UPPER LIMB EA	21.14			20.70	
L8440		PROSTHETIC SHRINKER BELOW KNEE EACH	44.81			43.88	
L8460		PROSTHETIC SHRINKER ABOVE KNEE EACH	62.36			61.07	
L8465		PROSTHETIC SHRINKER UPPER LIMB EACH	55.58			54.44	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L8470		PROSTH SOCK 1 PLY FIT BELW KNEE EA	5.71			5.59	
L8480		PROSTH SOCK 1 PLY FIT ABVE KNEE EA	7.87			7.70	
L8485		PROSTH SOCK 1 PLY FIT UPPER LIMB EA	9.50			9.31	
L8499		UNLISTED PROC MISC PROSTH SERVICES	BR			BR	
L8500		ARTIFICIAL LARYNX ANY TYPE	564.08			552.44	
L8501		TRACHEOSTOMY SPEAKING VALVE	125.28			122.70	
L8505		ARTFICL LARYNX REPLCMT BATTRY/ACSS	BR			BR	
L8507		TRACHEO-ESOPH VOICE PROSTH PT INSRT	36.21			35.46	
L8509		TRACHEO-ESOPH VOICE PROS INSRT PROV	94.41			92.46	
L8510		VOICE AMPLIFIER	218.43			213.92	
L8511		INSRT INDWLL TRACHEOESOPH PROS W/WO	62.87			61.57	
L8512		GELATIN CAPS/EQUVALNT W/TRACHEOESOP	1.90			1.86	
L8513		CLEANING DEVC USED W/TRACHEOESOPH V	4.50			4.41	
L8514		TRACHEOESOPH PUNCT DILAT REPLCMT ON	81.51			79.83	
L8515		GELATN CAP APPLC DEV TE VOICE PRSTH	54.55			53.42	
L8600		IMPL BREAST PROSTH SILICONE/EQUAL	533.72			522.71	
L8603		INJ COLL IMPL URIN TRACT 2.5 ML SYR	374.83			367.10	
L8604		INJ BULKING AGT URINARY TRACT 1 ML	BR			BR	
L8605		INJ BLK AGT DX/HA CP IMPL ANAL 1 ML	619.07			606.29	
L8606		INJ SYNTH IMPL URIN TRACT 1 ML SYR	196.76			192.71	
L8607		INJ BLK AGT VC MEDIALIZATION 0.1 ML	37.08				
L8609		ARTIFICIAL CORNEA	5631.49			5515.40	
L8610		OCULAR IMPLANT	547.47			536.18	
L8612		AQUEOUS SHUNT	577.41			565.51	
L8613		OSSICULA IMPLANT	258.52			253.19	
L8614		COCHLEAR DEVC INCL INT&EXT COMPNENT	16363.11			16025.78	
L8615		HEADSET/HEADPIECE COCHLR IMPL REPL	389.83			381.79	
L8616		MICROPHONE COCHLEAR IMPL DEVC REPL	90.79			88.92	
L8617		TRNSMTTING COIL COCHLEAR IMPL REPL	79.33			77.69	
L8618		TRANSMITER CABLE COCHLEAR IMPL REPL	22.65			22.18	
L8619		COCHLR IMPL SPCH PRCSSR/CNTLR REPL	7019.16			6874.46	
L8621		ZUBC AIR BA CI & AUD SD PRC RPL E	0.53			0.51	
L8622		ALKALIN BATT COCHLR IMPL ANY SZ RPL	0.28			0.28	
L8623		LITH ION BATT NOT EAR LEVEL REPL EA	55.91			54.76	
L8624		LITHIUM ION BATT EAR LEVEL REPL EA	139.36			136.48	
L8627		COCHLEAR IMPL EXT PROCSSR CMPNT RPL	5949.92			5827.26	
L8628		COCHLR IMPL EXT CONTRLLR CMPNT REPL	1069.25			1047.20	
L8629		TRANSMIT COIL CABLE COCHLR DEV RPL	154.76			151.58	
L8630		METACARPOPHALANGEAL JOINT IMPLANT	287.96			282.02	
L8631		MPJ REPLCMT TWO/MORE PECES METL CER	1932.49			1892.65	
L8641		METATARSAL JOINT IMPLANT	312.53			306.09	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
L8642		HALLUX IMPLANT	256.55			251.25	
L8658		IP JOINT SPACER SILICONE/= EA	268.11			262.58	
L8659		IP FNGR JNT REPLCMT 2/MORE PECES ME	1667.87			1633.48	
L8670		VASC GRAFT MATERIAL SYNTH IMPLANT	475.78			465.97	
L8679		IMPL NEUROSTIMULATOR PULSE GEN ANY	7212.02				
L8680		IMPL NEUROSTIMULATOR ELECTRODE EA	277.20			501.24	
L8681		PT PROG IMPL NEUROSTM PLSE GEN REPL	976.23			956.11	
L8682		IMPL NEUROSTIMULATOR RADIOFREQ RECV	5152.84			6505.36	
L8683		RF TRNSMT W/IMPL NEUROSTIM RF RECV	4535.66			5726.20	
L8684		RF TRNSMT BOWEL BLADDR MGMT REPL	595.62			817.50	
L8685		IMPL NEUROSTIM 1 ARRAY RECHARGEABLE	7890.40			14269.36	
L8686		IMPL NEUROSTIM 1 ARRAY NON-RECHARGE	5034.80			9105.00	
L8687		IMPL NEUROSTIM 2 ARRAY RECHARGEABLE	10268.80			18570.15	
L8688		IMPL NEUROSTIM 2 ARRAY NON-RECHARGE	6552.40			11849.25	
L8689		EXT RECHARG SYS IMPL NEUROSTIM REPL	1490.90			1460.17	
L8690		AUDITORY OSSEOINTEGRTD INT/EXT COMP	4111.75			4026.99	
L8691		AUDITORY OSSEOINTEGRTD EXT SND REPL	2304.78			2257.26	
L8692		AUDITORY OSSEOINTEGRAT DEV BDY WORN	BR			BR	
L8693		AUD OSSEOINTEGRATED DEVC ABUT REPL	1310.61			1283.59	
L8695		EXT RECHARG SYS IMPL NEUROSTIM REPL	14.40			14.09	
L8696		ANT FOR IMPL DIA/PN ST DEV REPL EA	187.35				
L8699		PROSTHETIC IMPLANT NOS	BR			BR	
L9900		ORTHO/PROSTH SUPP ACCES &/ SERV	BR			BR	
M0075		CELLULAR THERAPY	BR			BR	
M0076		PROLOTHERAPY	BR			BR	
M0100		INTRAGASTR HYPOTHM USE GASTR FREEZ	BR			BR	
M0300		IV CHELATION THERAPY	BR			BR	
M0301		FABRIC WRAPPING ABDOMINAL ANEURYSM	BR			BR	
P2028		CEPHALIN FLOCULATION BLOOD	BR			BR	
P2029		CONGO RED BLOOD	BR			BR	
P2031		HAIR ANALYSIS	BR			BR	
P2033		THYMOL TURBIDITY BLOOD	BR			BR	
P2038		MUCOPROTEIN BLOOD	7.60			8.84	
P3000		SCR PAP SMER UP TO 3 TECH W/MD SUPV	16.00			11.26	
P3001		SCR PAP SMER UP TO 3 RQR INTEPR MD	36.80			9.65	
P7001		CULT BACTERL URINE; QUAN SENS STUDY	21.60			21.71	
P9010		BLOOD FOR TRANSFUSION PER UNIT	51.20	315.63		51.26	219.1
P9011		BLOOD SPLIT UNIT	73.20	145.98		73.16	175.91
P9012		CRYOPRECIPITATE EACH UNIT	BR	84.95		BR	101.46
P9016		RBCS LEUKOCYTES REDUCED EACH UNIT	BR	262.54		BR	249.29
P9017		FFP FRZN WITHIN 8 HRS CLCT EA UNIT	BR	103.34		BR	101.54

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
P9019		PLATELETS EACH UNIT	BR	168.11		BR	118.18
P9020		PLATELET RICH PLASMA EACH UNIT	BR	171.13		BR	226.56
P9021		RED BLOOD CELLS EACH UNIT	BR	207.64		BR	195.82
P9022		RED BLOOD CELLS WASHED EACH UNIT	BR	437.88		BR	382.37
P9023		PLASMA POOL MX DONOR FROZEN EA UNIT	BR	108.1		BR	93.19
P9031		PLATLTS LEUKOCYTES REDUCED EA UNIT	BR	165.66		BR	152.67
P9032		PLATELETS IRRADIATED EACH UNIT	BR	226.58		BR	173.16
P9033		PLATLTS LEUKOCYTES RDUC IRRADATD EA	BR	230.84		BR	201.84
P9034		PLATELETS PHERESIS EACH UNIT	BR	605.5		BR	557.31
P9035		PLATLTS PHERES LEUKOCYTES RDUC EA U	BR	695.43		BR	659.58
P9036		PLATELETS PHERESIS IRRADATD EA UNIT	BR	752.15		BR	871.8
P9037		PLATLT PHERES LEUKOCYT RDUC IRRADTD	BR	914.13		BR	869.73
P9038		RBCS IRRADIATED EACH UNIT	BR	293.13		BR	260.53
P9039		RBCS DEGLYCEROLIZED EACH UNIT	BR	541.65		BR	618.91
P9040		RBCS LEUKOCYTES RDUC IRRADATD EA U	BR	381.16		BR	352.44
P9041		INFUSION ALBUMIN HUMAN 5% 50 ML	10.91			17.29	
P9043		INFUS PLSMA PROT FRAC HUMN 5% 50 ML	16.80	40.28		16.98	26.2
P9044		PLSMA CRYOPRECIPITATE RDUC EA UNIT	BR	72.81		BR	87.69
P9045		INFUSION ALBUMIN HUMAN 5% 250 ML	54.54			86.46	
P9046		INFUSION ALBUMIN HUMAN 25% 20 ML	22.49			28.22	
P9047		INFUSION ALBUMIN HUMAN 25% 50 ML	53.44			70.55	
P9048		INFUS PLSMA PROT FRAC HU 5% 250 ML	34.00	57.44		33.96	60.84
P9050		GRANULOCYTES PHERESIS EACH UNIT	BR	2162.63		BR	2087.48
P9051		WHOLE BLD/RBCS LEUKOCYTES RDUC CMV-	BR	285.5		BR	239.03
P9052		PLT HLA-MATCHD LEUKOCYTES RDUC EACH	BR	1004.04		BR	1000.4
P9053		PLT PHERES LEUKOCYT RDUC CMV-NEG EA	BR	841.67		BR	852.06
P9054		WHOLE BLD/RBCS LEUKOCYTES RDUC FRZN	BR	457.57		BR	157.95
P9055		PLT LEUKOCYT RDUC CMV-NEG APH/PHERS	BR	658.67		BR	434.17
P9056		WHOLE BLD LEUKOCYTES RDUC IRRADATD	BR	181.46		BR	226.94
P9057		RBCS FRZN/DEGLYCEROLIZED/WASHED LEU	BR	289.61		BR	475.64
P9058		RBCS LEUKOCYTES RDUC CMV-NEG IRRADA	BR	354.96		BR	369.68
P9059		FRESH FRZN PLAS BETWN 8-24 HR CLCT	BR	104.08		BR	97.44
P9060		FRESH FRZN PLSMA DONR RETESTED EA U	BR	73.23		BR	73.3
P9070		PL POOLD MX DNR PATH RDUC FRZN EA U	BR	104.08			
P9071		PLASMA PATHOGEN REDUCED FROZEN EA U	BR	103.34			
P9072		PLATELETS PHERESIS PATH RDUC EA U	BR	914.13			
P9603		TRAVL 1 WAY NEC LAB SPEC; ACTL MILE	BR			BR	
P9604		TRAVL 1 WAY NEC LAB SPEC; TRIP CHRG	4.00			4.02	
P9612		CATH CLCT SPEC 1 PT ALL PLACES SRVC	26.40			26.53	
P9615		CATHETERIZATION COLLECTION SPECIMEN	BR			BR	
Q0035		CARDIOKYMOGRAPHY	23.60			10.05	228.11

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
Q0081		INFUS TX OTH THAN CHEMO RX VISIT	BR			BR	
Q0083		CHEMO ADMIN NOT INFUS TECH ONLY VST	BR			BR	
Q0084		CHEMO ADMIN INFUS TECH ONLY VISIT	113.60			113.77	
Q0085		CHEMO ADMIN INFUS&OTH TECH VISIT	BR			BR	
Q0091		SCR PAP SMER; OBTAIN PREP&CONVY-LAB	50.80			BR	10.64
Q0092		SET-UP PORTABLE X-RAY EQUIPMENT	28.40			8.04	
Q0111		WET MOUNTS W/PREP VAG CERV/SKN SPEC	6.40			8.04	
Q0112		ALL POTASSIUM HYDROXIDE PREPARATNS	6.40			9.25	
Q0113		PINWORM EXAMINATION	8.40			BR	
Q0114		FERN TEST	10.80			BR	
Q0115		POST-COITAL DIRECT QUALATATIVE EX	15.20			BR	
Q0138		INJ FERUMOXYTOL IDA 1 MG NON-ESRD	0.91			BR	
Q0139		INJ FERUMOXYTOL TX IDA 1 MG ESRD	0.91			BR	
Q0144		AZITHROMYCIN ORAL CAP/POWDER 1 GM	15.60			15.70	
Q0161		CHLORPROMAZINE HCL 5 MG ORAL	0.00				
Q0162		ONDAN 1 MG ORL NOT EXCEED 48 HR DOS	0.03			BR	
Q0163		DIPHENHYDRAMINE HCL 50 MG ORAL	0.28			0.40	
Q0164		PROCHLORPERAZINE MALEATE 5 MG ORAL	0.05			0.59	
Q0166		GRANISETRON HCL 1 MG ORAL	1.43			46.09	
Q0167		DRONABINOL 2.5 MG ORAL	1.80			4.86	
Q0169		PROMETHAZINE HCL 12.5 MG ORAL	0.03			0.88	
Q0173		TRIMETHOBENZAMIDE HCL 250 MG ORAL	0.80			0.84	
Q0174		THIETHYLPERAZINE MALEATE 10 MG ORAL	0.80			0.67	
Q0175		PERPHENZAINE 4 MG ORAL	0.80			0.65	
Q0177		HYDROXYZINE PAMOATE 25 MG ORAL	2.40			2.47	
Q0180		DOLASETRON MESYLATE 100 MG ORAL	122.67			68.48	
Q0181		UNS ORAL ANTI-EMETIC NOT>48 HR DOSE	BR			BR	
Q0478		PWR ADAPTR ELEC/PNEUMAT VAD VEH TYP	194.13			BR	
Q0479		POWER MODULE ELEC/PNEUMAT VAD REPL	12758.92			BR	
Q0480		DRIVER FOR PNEUMATIC VAD REPL ONLY	95144.32			58701.00	
Q0481		MICRPROCSS CU FOR ELEC VAD REPL	15350.45			9470.73	
Q0482		MICRPROCSS CU ELEC/PNEUMAT VAD REPL	4808.05			2966.41	
Q0483		MON/DISPLAY MODULE W/ELEC VAD REPL	19806.97			12220.27	
Q0484		MON ELEC OR ELEC/PNEUMAT VAD REPL	3846.46			2373.13	
Q0485		MON CNTRL CABLE FOR ELEC VAD REPL	371.37			229.12	
Q0486		MON CABLE FOR ELEC/PNEUMAT VAD RE	309.08			190.70	
Q0487		LEADS FOR ANY ELEC/PNEUMAT VAD REPL	360.61			222.48	
Q0488		POWER PACK BASE FOR ELEC VAD REPL	BR			BR	
Q0489		PWR PACK BASE ELEC/PNEUMAT VAD RE	17171.56			10594.32	
Q0490		EMERGENCY PWR SRC FOR ELEC VAD RE	742.76			458.26	
Q0491		EMERG PWR SRC ELEC/PNEUMAT VAD RE	1167.67			720.43	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
Q0492		EMERG PWR CABLE FOR ELEC VAD REPL	94.11			58.04	
Q0493		EMRG PWR CABL ELEC/PNEUMAT VAD REPL	267.83			165.26	
Q0494		EMERGENCY HAND PUMP REPLACEMNT ONL	226.66			139.85	
Q0495		BATT CHRG ELEC/ELEC-PNEUMAT VAD RPL	4412.69			2722.47	
Q0496		BATT NOT LITHIUM-ION ELEC VAD REPL	1583.79			977.14	
Q0497		BATT CLPS ELEC/ELEC-PNEUMAT VAD RPL	494.53			305.12	
Q0498		HOLSTR ELEC/ELEC-PNEUMAT VAD REPL	542.62			334.79	
Q0499		BELT/VEST/BAG ANY TYPE VAD RPL ONLY	176.31			108.77	
Q0500		FLTRS ELEC OR ELEC/PNEUMAT VAD REPL	32.26			19.90	
Q0501		SHOWR COVR ELEC/ELEC-PNEUMT VAD RPL	539.50			332.86	
Q0502		MOBILITY CART FOR PNEUMAT VAD REPL	686.84			423.76	
Q0503		BATT FOR PNEUMAT VAD REPL ONLY EA	1373.71			847.54	
Q0504		PWR ADPTR PNEUMAT VAD REPL VEH TYPE	724.86			447.23	
Q0506		BATT LITHIUM-ION ELEC VAD REPL	902.30			BR	
Q0507		MISC SUPPLY/ACCESSORY USE W/EXT VAD	BR			BR	
Q0508		MISC SUPL/ACCSSRY USE W/IMPLANT VAD	BR			BR	
Q0509		MISC SPL IMPL VAD NO PAY MCR PRT A	BR			BR	
Q0510		PHRM SPL FEE IMS 1ST MO FLW TPLNT	BR			BR	
Q0511		PHRM FEE O ANTI-CA-EMET/IS RX;30-DA	BR			BR	
Q0512		PHRM FEE O ANTI-CA EMET/IS RX;SBSQT	BR			BR	
Q0513		PHRM DISPNS FEE INHAL RX;-30 DAYS	BR			BR	
Q0514		PHRM DISPNS FEE INHAL RX;-90 DAYS	BR			BR	
Q0515		INJ SERMORELIN ACTATE 1 MCG	1.60			1.64	
Q1004		NEW TECH IO LENS CATGY 4 FED REG	BR			BR	
Q1005		NEW TECH IO LENS CATGY 5 FED REG	BR			BR	
Q2004		IRRIG SOL TX BLADDER CALCULI 500 ML	17.20			17.35	
Q2009		INJ FOSPHENYTOIN 50 MG PHENYTOIN EQ	3.20			3.04	
Q2017		INJECTION TENIPOSIDE 50 MG	264.80			264.68	
Q2026		INJECTION RADIESSE 0.1ML	BR			BR	
Q2028		INJECTION SCULPTRA 0.5 MG	0.00				
Q2034		FLU VIRUS VAC SPLIT VRS IM AGRIFLU	BR			BR	
Q2035		FLU VACC SPLIT 3 YRS & > IM AFLURIA	14.33			14.25	
Q2036		FLU VACC SPLIT 3 YR & > IM FLULAVAL	BR			BR	
Q2037		FLU VACC SPLIT 3 YR & > IM FLUVIRIN	17.41			15.07	
Q2038		FLU VACC SPLIT 3 YRS & > IM FLUZONE	13.25			12.92	
Q2039		FLU VACC SPLIT VIRUS 3 YRS > IM NOS	BR			BR	
Q2043		SIPULEUCEL-T AUTO CD54+	40054.82			BR	
Q2049		INJ DOX HCI LIP IMPRT LIPODOX 10 MG	568.00			472.79	
Q2050		INJ DOXORUBICIN HCL LIPO NOS 10 MG	474.67				
Q2052		SERVICE SUPP HOME MEDICARE IVIG DEM	0.00				
Q3001		ADJUNCTIVE PROCEDURE	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
Q3014		TELEHEALTH ORIG SITE FACILITY FEE	BR			BR	
Q3027		INJ INTERFERON BETA-1A 1 MCG IM USE	45.97				
Q3028		INJ INTERFERON BETA-1A 1 MCG SUBQ	BR				
Q3031		COLLAGEN SKIN TEST	BR			BR	
Q4001		CAST BDY CAST ADLT W/WO HEAD PLAST	53.22			110.55	
Q4002		CAST BDY CAST ADLT W/WO HEAD F-GLSS	201.08			235.17	
Q4003		CAST SPL SHLDR CAST ADULT PLASTR	38.21			59.90	
Q4004		CAST SPL SHLDR CAST ADULT FIBRGLS	132.29			127.43	
Q4005		CAST SPL LONG ARM CAST ADULT PLASTR	14.09			32.96	
Q4006		CAST SPL LONG ARM CAST ADLT FIBRGLS	31.75			70.15	
Q4007		CAST SPL LNG ARM CAST PED PLASTR	7.05			16.48	
Q4008		CAST SPL LNG ARM CAST PED FIBRGLS	15.86			34.97	
Q4009		CAST SPL SHORT ARM CAST ADLT PLASTR	9.42			25.33	
Q4010		CAST SPL SHRT ARM CAST ADLT FIBRGLS	21.18			54.27	
Q4011		CAST SPL SHORT ARM CAST PED PLASTR	4.69			12.66	
Q4012		CAST SPL SHORT ARM CAST PED FIBRGLS	10.59			27.14	
Q4013		CAST SPL GAUNTLT CAST ADULT PLASTR	17.13			23.92	
Q4014		CAST SPL GAUNTLET CAST ADLT F-GLASS	28.88			51.05	
Q4015		CAST SPL GAUNTLT CAST PED PLASTR	8.58			12.06	
Q4016		CAST SPL GAUNTLET CAST PED F-GLASS	14.43			25.53	
Q4017		CAST SPL LNG ARM SPLINT ADLT PLASTR	9.90			20.90	
Q4018		CAST SPL LNG ARM SPLNT ADLT FIBRGLS	15.77			44.62	
Q4019		CAST SPL LNG ARM SPLINT PED PLASTR	4.96			10.45	
Q4020		CAST SPL LNG ARM SPLINT PED FIBRGLS	7.91			22.31	
Q4021		CAST SPL SHRT ARM SPLINT ADLT PLAST	7.33			20.90	
Q4022		CAST SPL SHRT ARM SPLNT ADLT F-GLSS	13.22			44.62	
Q4023		CAST SPL SHORT ARM SPLINT PED PLAST	3.69			10.45	
Q4024		CAST SPL SHRT ARM SPLNT PED FIBRGLS	6.62			22.31	
Q4025		CAST SPL HIP SPICA ADULT PLASTR	41.07			92.86	
Q4026		CAST SPL HIP SPICA ADULT FIBRGLS	128.26			197.58	
Q4027		CAST SPL HIP SPICA PEDIATRIC PLASTR	20.55			46.43	
Q4028		CAST SPL HIP SPICA PED FIBRGLS	64.16			98.89	
Q4029		CAST SPL LONG LEG CAST ADULT PLASTR	31.42			45.83	
Q4030		CAST SPL LONG LEG CAST ADLT FIBRGLS	82.70			97.28	
Q4031		CAST SPL LNG LEG CAST PED PLASTR	15.70			22.91	
Q4032		CAST SPL LNG LEG CAST PED FIBRGLS	41.35			48.64	
Q4033		CAST LNG LEG CYCLE CAST ADLT PLAST	29.30			38.99	
Q4034		CAST LNG LEG CYCLE CAST ADLT F-GLSS	72.88			82.81	
Q4035		CAST LNG LEG CYCLE CAST PED PLAST	14.65			19.50	
Q4036		CAST LNG LEG CYCLE CAST PED F-GLSS	36.45			41.41	
Q4037		CAST SPL SHORT LEG CAST ADLT PLASTR	17.86			52.46	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
Q4038		CAST SPL SHRT LEG CAST ADLT FIBRGLS	44.78			111.56	
Q4039		CAST SPL SHORT LEG CAST PED PLASTR	8.95			26.13	
Q4040		CAST SPL SHORT LEG CAST PED FIBRGLS	22.39			55.88	
Q4041		CAST SPL LNG LEG SPLINT ADLT PLASTR	21.74			29.95	
Q4042		CAST SPL LNG LEG SPLNT ADLT FIBRGLS	37.10			63.72	
Q4043		CAST SPL LNG LEG SPLINT PED PLASTR	10.88			15.08	
Q4044		CAST SPL LNG LEG SPLINT PED FIBRGLS	18.56			31.96	
Q4045		CAST SPL SHRT LEG SPLINT ADLT PLAST	12.62			19.50	
Q4046		CAST SPL SHRT LEG SPLNT ADLT F-GLSS	20.30			41.41	
Q4047		CAST SPL SHORT LEG SPLINT PED PLAST	6.29			9.65	
Q4048		CAST SPL SHRT LEG SPLNT PED FIBRGLS	10.15			20.70	
Q4049		FINGER SPLINT STATIC	2.30			BR	
Q4050		CAST SPL UNLIST TYPES&MATL CASTS	BR			BR	
Q4051		SPLINT SUPPLIES MISCELLANEOUS	BR			BR	
Q4074		ILOPROST INHAL UNIT DOSE TO 20 MCG	122.74			52.10	
Q4081		INJ EPOETIN ALFA 100 UNITS	1.36			1.19	
Q4082		DRUG/BIOLOGICAL NOC PART B DRUG CAP	BR			BR	
Q4100		SKIN SUBSTITUTE NOT OTHERWISE SPECI	BR			BR	
Q4101		APLIGRAF PER SQ CM	34.33			24.89	
Q4102		OASIS WOUND MATRIX PER SQ CM	11.74			BR	
Q4103		OASIS BURN MATRIX PER SQ CM	BR			BR	
Q4104		INTEGRA BMWD PER SQ CM	35.60			42.21	
Q4105		INTEGRA DRT PER SQ CM	23.74			42.21	
Q4106		DERMAGRAFT PER SQ CM	36.14			34.31	
Q4107		GRAFTJACKET PER SQ CM	108.87			87.09	
Q4108		INTEGRA MATRIX PER SQ CM	39.19			42.21	
Q4110		PRIMATRIX PER SQ CM	41.35			33.77	
Q4111		GAMMAGRAFT PER SQ CM	7.61			BR	
Q4112		CYMETRA INJECTABLE 1 CC	246.11			BR	
Q4113		GRAFTJACKET XPRESS INJECTABLE 1CC	246.11			BR	
Q4114		INTEGRA FLOWABL WND MATRIX INJ 1 CC	1735.47			BR	
Q4115		ALLOSKIN PER SQ CM	10.52			BR	
Q4116		ALLODERM PER SQ CM	35.82			BR	
Q4117		HYALOMATRIX PER SQ CM	BR			BR	
Q4118		MATRISTEM MICROMATRIX 1 MG	BR			BR	
Q4119		MATRISTEM WOUND MATRIX PER SQ CM	BR			BR	
Q4120		MATRISTEM BURN MATRIX PER SQ CM	BR			BR	
Q4121		THERASKIN PER SQ CM	42.32			BR	
Q4122		DERMACELL PER SQ CM	BR			BR	
Q4123		ALLOSKIN RT PER SQ CM	24.47			BR	
Q4124		OASIS ULTRA TRI-LAY WND MATRX SQ CM	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
Q4125		ARTHROFLEX PER SQ CM	BR			BR	
Q4126		MEMODERM TRANZGRAFT/INTEGUPLY SQ CM	BR			BR	
Q4127		TALYMED PER SQ CM	BR			BR	
Q4128		FLEX HD OR ALLOPATCH HD PER SQ CM	BR			BR	
Q4129		UNITE BIOMATRIX PER SQ CM	BR			BR	
Q4130		STRATTICE PER SQ CM	BR			BR	
Q4131		EPIFIX PER SQUARE CENTIMETER	206.28			BR	
Q4132		GRAFIX CORE PER SQUARE CENTIMETER	BR			BR	
Q4133		GRAFIX PRIME PER SQUARE CENTIMETER	BR			BR	
Q4134		HMATRIX PER SQUARE CENTIMETER	BR			BR	
Q4135		MEDISKIN PER SQUARE CENTIMETER	BR			BR	
Q4136		E-Z DERM PER SQUARE CENTIMETER	BR			BR	
Q4137		AMNIOEXCEL OR BIODEXCEL PER SQ CM	0.00				
Q4138		BIODFENCE DRYFLEX PER SQ CM	0.00				
Q4139		AMNIOMATRIX OR BIODMATRIX INJ 1 CC	0.00				
Q4140		BIODFENCE PER SQ CM	0.00				
Q4141		ALLOSKIN AC PER SQ CM	0.00				
Q4142		XCM BIOLOGIC TISSUE MATRIX PER SQ C	0.00				
Q4143		REPRIZA PER SQ CM	0.00				
Q4145		EPIFIX INJECTABLE 1 MG	0.00				
Q4146		TENSIX PER SQ CM	0.00				
Q4147		ARCHITECT EXTRACELLULAR MATRIX PER	0.00				
Q4148		NEOX 1K PER SQ CM	0.00				
Q4149		EXCELLAGEN 0.1 CC	0.00				
Q4150		ALLOWRAP DS/DRY PER SQ CENTIMETER	0.00				
Q4151		AMNIOBAND/GUARDIAN PER SQ CENTIMETR	0.00				
Q4152		DERMAPURE PER SQUARE CENTIMETER	0.00				
Q4153		DERMAVEST AND PLURIVEST PER SQ CM	0.00				
Q4154		BIOVANCE PER SQUARE CENTIMETER	0.00				
Q4155		NEOXFLO OR CLARIXFLO 1 MG	0.00				
Q4156		NEOX 100 PER SQUARE CENTIMETER	0.00				
Q4157		REVITALON PER SQUARE CENTIMETER	0.00				
Q4158		MARIGEN PER SQUARE CENTIMETER	0.00				
Q4159		AFFINITY PER SQUARE CENTIMETER	0.00				
Q4160		NUSHIELD PER SQUARE CENTIMETER	0.00				
Q4161		BIO-CONNEKT WOUND MATRIX PER SQ CM	0.00				
Q4162		AMNIOPRO FLOW AMNIOGEN-C 0.5 CC	0.00				
Q4163		AMNIOPRO AMNIOGEN-200 PER SQ CM	0.00				
Q4164		HELICOLL PER SQUARE CENTIMETER	0.00				
Q4165		KERAMATRIX PER SQUARE CENTIMETER	0.00				
Q5001		HOSPICE/HOME HLTH CARE PT HOME/RES	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
Q5002		HOSPICE/HHC PROV ASSTD LIVING FACL	BR			BR	
Q5003		HOSPICE CARE PRVO LTC/NON-SKILL NF	BR			BR	
Q5004		HOSPICE CARE PROVIDED IN SNF	BR			BR	
Q5005		HOSPICE CARE PROV IN IP HOSPITAL	BR			BR	
Q5006		HOSPICE CARE PROV IP HOSPICE FACL	BR			BR	
Q5007		HOSPICE CARE PROV IN LTC FACL	BR			BR	
Q5008		HOSPICE CARE PROV IP PSYCH FACILITY	BR			BR	
Q5009		HOSPICE/HOME HLTH CARE IN PLACE NOS	BR			BR	
Q5010		HOSPICE HOME CARE PROV HOSPICE FACL	BR			BR	
Q5101		INJ FILGRASTIM BIOSIMILAR 1 MCG	1.07				
Q9950		INJ S HEXAFLUORIDE LIPID MSS PER ML	36.37				
Q9951		LOCM 400/> MG/ML IODINE CONC ML	BR			BR	
Q9953		INJ IRONBASED MR CONTRAST AGENT ML	BR			BR	
Q9954		ORAL MR CONTRAST AGENT 100 ML	BR			BR	
Q9955		INJ PERFLEXANE LIPID MICROSPHERS ML	BR			BR	
Q9956		INJ OCTAFLUOROPROPANE MICROSPHRS ML	38.40			BR	
Q9957		INJ PERFLUTREN LIPID MICROSPHERS ML	57.61			62.71	
Q9958		HOCM UP TO 149 MG/ML IODINE CONC ML	0.09			BR	
Q9959		HOCM 150-199 MG/ML IODINE CONC ML	BR			BR	
Q9960		HOCM 200-249 MG/ML IODINE CONC ML	0.21			BR	
Q9961		HOCM 250-299 MG/ML IODINE CONC ML	0.22			BR	
Q9962		HOCM 300-349 MG/ML IODINE CONC ML	BR			BR	
Q9963		HOCM 350-399 MG/ML IODINE CONC ML	0.21			BR	
Q9964		HOCM 400 OR > MG/ML IODINE CONC ML	BR			BR	
Q9965		LOCM 100-199 MG/ML I CONC PER ML	0.96			BR	
Q9966		LOCM 200-299 MG/ML I CONC PER ML	0.19			BR	
Q9967		LOCM 300-399 MG/ML I CONC PER ML	0.14			BR	
Q9968		INJ NONRA NONCNTRST VIZ ADJNCT 1 MG	BR			BR	
Q9969		TC-99M NON-HEU COST ADD-ON STDY DS	BR			BR	
Q9980		HYLAN/DER GENVISC 850 FOR IA INJ	0.00				
R0070		TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT	0.00			92.46	
R0075		TRANS PRTBL XRAY EQP&PERS-TRIP>1 PT	0.00			0.00	
R0076		TRANS PRTBLE EKG FACL/LOCATION-PT	0.00			36.98	
S0012		BUTORPHANL TARTRAT NASL SPRAY 25 MG	65.32			68.60	
S0014		TACRINE HYDROCHLORIDE 10 MG	2.29			2.35	
S0017		INJECTION AMINOCAPROIC ACID 5 GRAMS	5.35			5.75	
S0020		INJ BUPIVICAINE HYDROCHLORIDE 30 ML	BR			BR	
S0021		INJ CEFOPERAZONE SODIUM 1 GM	BR			BR	
S0023		INJ CIMETIDINE HYDROCHLORIDE 300 MG	2.29			2.44	
S0028		INJECTION FAMOTIDINE 20 MG	1.91			1.88	
S0030		INJECTION METRONIDAZOLE 500 MG	8.79			9.04	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S0032		INJECTION NAFCILLIN SODIUM 2 GRAMS	18.72			19.48	
S0034		INJECTION OFLOXACIN 400 MG	BR			BR	
S0039		INJ SULFMETHOXAZL&TRIMETHOPRM 10 ML	BR			BR	
S0040		INJ TICARCLLN & CLAVULANAT K+3.1 GM	12.22			12.99	
S0073		INJECTION AZTREONAM 500 MG	15.28			16.05	
S0074		INJECTION CEFOTETAN DISODIUM 500 MG	BR			BR	
S0077		INJ CLINDAMYCIN PHOSPHATE 300 MG	3.06			3.02	
S0078		INJ FOSPHENYTOIN SODIUM 750 MG	150.13			157.39	
S0080		INJ PENTAMIDINE ISETHIONATE 300 MG	58.45			61.18	
S0081		INJ PIPERACILLIN SODIUM 500 MG	1.53			1.68	
S0088		IMATINIB 100 MG	BR			BR	
S0090		SILDENAFIL CITRATE 25 MG	14.52			15.19	
S0091		GRANISETRON HYDROCHLORIDE 1 MG	69.52			72.67	
S0092		INJ HYDMORPHONE HYDROCHLORID 250 MG	88.24			92.30	
S0093		INJECTION MORPHINE SULFATE 500 MG	202.84			212.26	
S0104		ZIDOVUDINE ORAL 100 MG	1.53			1.62	
S0106		BUPROPION HCI SR TAB 150 MG 60 TABS	93.21			97.64	
S0108		MERCAPTOPURINE ORAL 50 MG	3.06			3.37	
S0109		METHADONE ORAL 5MG	0.38			0.25	
S0117		TRETINOIN TOPICAL 5 GRAMS	BR			BR	
S0119		ONDANSETRON ORAL 4 MG	16.81			BR	
S0122		INJECTION MENOTROPINS 75 IU	59.97			62.71	
S0126		INJECTION FOLLITROPIN ALFA 75 IU	68.38			71.59	
S0128		INJECTION FOLLITROPIN BETA 75 IU	64.94			68.11	
S0132		INJECTION GANIRELIX ACETATE 250 MCG	90.15			94.32	
S0136		CLOZAPINE 25 MG	1.15			1.16	
S0137		DIDANOSINE 25 MG	BR			BR	
S0138		FINASTERIDE 5 MG	2.29			2.52	
S0139		MINOXIDIL 10 MG	0.76			1.00	
S0140		SAQUINAVIR 200 MG	1.53			1.68	
S0142		COLISTMTHATE SODUIM INHAL CONC-MG	BR			BR	
S0145		INJ PEGYLATD IFN ALFA-2A 180 MCG ML	BR			BR	
S0148		INJ PEGYLATD INTRFER ALFA-2B 10 MCG	BR			BR	
S0155		STERILE DILUTANT EPOPROSTENOL 50 ML	BR			BR	
S0156		EXEMESTANE 25 MG	7.26			7.51	
S0157		BECAPLERMIN GEL 0.01% 0.5 GM	14.90			15.70	
S0160		DEXTROAMPHETAMINE SULFATE 5 MG	0.38			0.35	
S0164		INJECTION PANTOPRAZOLE SODIUM 40 MG	11.08			11.58	
S0166		INJECTION OLANZAPINE 2.5 MG	4.97			5.26	
S0169		CALCITROL 0.25 MICROGRAM	1.15			BR	
S0170		ANASTROZOLE ORAL 1 MG	6.88			7.22	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S0171		INJECTION BUMETANIDE 0.5 MG	1.15			1.06	
S0172		CHLORAMBUCIL ORAL 2 MG	1.91			1.98	
S0174		DOLASETRON MESYLATE ORAL 50 MG	44.31			46.25	
S0175		FLUTAMIDE ORAL 125 MG	1.91			1.91	
S0176		HYDROXYUREA ORAL 500 MG	1.15			1.02	
S0177		LEVAMISOLE HYDROCHLORIDE ORAL 50 MG	4.20			4.45	
S0178		LOMUSTINE ORAL 10 MG	21.77			22.91	
S0179		MEGESTROL ACETATE ORAL 20 MG	0.38			0.51	
S0182		PROCARBAZINE HYDROCHLORD ORAL 50 MG	43.93			46.11	
S0183		PROCHLORPERAZINE MALEATE ORAL 5MG	0.38			0.59	
S0187		TAMOXIFEN CITRATE ORAL 10 MG	1.91			1.91	
S0189		TESTOSTERONE PELLET 75 MG	BR			BR	
S0190		MIFEPRISTONE ORAL 200 MG	69.14			72.36	
S0191		MISOPROSTOL ORAL 200 MCG	1.91			1.88	
S0194		DIALYS/STRESS VIT SUPL ORAL 100 CAP	BR			BR	
S0197		PRENATAL VITAMINS 30-DAY SUPPLY	BR			BR	
S0199		MED INDUCED AB ORAL INGEST MED	BR			BR	
S0201		PART HOSITALIZATN SRVC<24 HR-DIEM	BR			BR	
S0207		PARAMED INTERCEPT NON-HOS-BASED ALS	BR			BR	
S0208		PARAMED INTRCPT ALS NON-TRNSPRT	BR			BR	
S0209		WHEELCHAIR VAN MILEAGE PER MILE	BR			BR	
S0215		NON-EMERG TRANSPORTATION; PER MILE	BR			BR	
S0220		MED CONF MD W/TEAM HLTH PROF;30 MIN	BR			BR	
S0221		MED CONF MD W/TEAM HLTH PROF;60 MIN	BR			BR	
S0250		COMP GERIATRIC ASSESS&TX PLANNING	BR			BR	
S0255		BY NRS SOCL WRKER/OTH DESNATD STAFF	BR			BR	
S0257		CNSL&DISCUSS AD/EOL PT&/SURROGATE	BR			BR	
S0260		HX & PHYS RELATED TO SURGICAL PROC	BR			BR	
S0265		GENETIC CNSL PHYS SUP EA 15 MINS	BR			BR	
S0270		PHYS MGT PT HOME CARE STD MON RATE	BR			BR	
S0271		PHYS MGT PT HM CARE HOSPICE MO RATE	BR			BR	
S0272		PHYS MGT PT HM CARE EPISODC MO RATE	BR			BR	
S0273		PHYS VST MEMBER HOME OUT CAPITATION	BR			BR	
S0274		NP VST MEMBR HOM OUTSIDE CAPITATION	BR			BR	
S0280		MED HOME PROG COMP CARE COORD INIT	BR			BR	
S0281		MED HOME PROGRAM CARE COORD MAINT	BR			BR	
S0302		CMPL EARLY PRD SCREEN DX&TX SRVC	BR			BR	
S0310		HOSPITALIST SERVICES	BR			BR	
S0315		DZ MGMT PROGM; INIT ASSESS&INIT PRO	BR			BR	
S0316		DZ MGMT PROGM FOLLOW-UP/REASSESS	BR			BR	
S0317		DISEASE MANAGEMENT PROGM; PER DIEM	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S0320		TEL CALLS RN DZ MGMT MEMB MONITR;MO	BR			BR	
S0340		LIFESTYL MOD MGMT COR ART DZ; 1 QTR	BR			BR	
S0341		LIFESTYL MOD MGMT CAD; 2ND/3RD QTR	BR			BR	
S0342		LIFESTYL MOD MGMT COR ART DZ; 4 QTR	BR			BR	
S0353		TX PLAN CARE COORD MGMT CA INIT TX	BR			BR	
S0354		TX PLAN CARE MGMT CA EST PT CHG REG	BR			BR	
S0390		ROUTINE FOOT CARE; PER VISIT	BR			BR	
S0395		IMPRESSION CAST FOOT-PRACTITIONER	BR			BR	
S0400		GLOBL FEE XTRACORP SHOCK WAVE LITH	BR			BR	
S0500		DISPOSABLE CONTACT LENS PER LENS	BR			BR	
S0504		SINGLE VISION PRSC LENS PER LENS	BR			BR	
S0506		BIFOCAL VISION PRSC LENS PER LENS	BR			BR	
S0508		TRIFOCAL VISION PRSC LENS PER LENS	BR			BR	
S0510		NON-PRESCRIPTION LENS PER LENS	BR			BR	
S0512		DAILY WEAR SPCLTY CNTC LENS-LENS	BR			BR	
S0514		COLOR CONTACT LENS PER LENS	BR			BR	
S0515		SCLERAL LENS LQD BANDGE DEVICE-LENS	BR			BR	
S0516		SAFETY EYEGLASS FRAMES	BR			BR	
S0518		SUNGLASSES FRAMES	BR			BR	
S0580		POLYCARBONATE LENS	BR			BR	
S0581		NONSTANDARD LENS	BR			BR	
S0590		INTEGRL LENS SRVC MISC REPORTED SEP	BR			BR	
S0592		COMP CONTACT LENS EVALUATION	BR			BR	
S0595		DISPNS NEW SPCTCL LENS PT SPL FRME	BR			BR	
S0596		PHAKIC IOL CORRECT REFRACTIVE ERROR	BR			BR	
S0601		SCREENING PROCTOSCOPY	BR			BR	
S0610		ANNUAL GYN EXAMINATION NEW PATIENT	BR			BR	
S0612		ANNUAL GYN EXAMINATION EST PATIENT	BR			BR	
S0613		ANNUAL GYN EX CLIN BRST EX NO PELV	BR			BR	
S0618		AUDIOMETRY FOR HEARING AID EVAL	BR			BR	
S0620		ROUTINE OPHTH EX W/REFRAC; NEW PT	BR			BR	
S0621		ROUTINE OPHTH EX W/REFRAC; EST PT	BR			BR	
S0622		PHYSICAL EXAM COLLEGE NEW/EST PT	BR			BR	
S0630		REMV SUTURS; MD NOT MD WHO CLOS WND	BR			BR	
S0800		LASER IN SITU KERATOMILEUSIS	BR			BR	
S0810		PHOTOREFRACTIVE KERATECTOMY	BR			BR	
S0812		PHOTOTHERAPEUTIC KERATECTOMY	BR			BR	
S1001		DELUXE ITEM PATIENT AWARE	BR			BR	
S1002		CUSTOMIZED ITEM	BR			BR	
S1015		IV TUBING EXTENSION SET	BR			BR	
S1016		NON-PVC IV ADMN SET RX NOT STABLE	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S1030		CONT NONINVAS GLU MON DEVC PURCHASE	BR			BR	
S1031		CONT NONINVAS GLU MON DEVC RENTAL	BR			BR	
S1034		ARTIF PANC DEVC SYS CMNCT ALL DEVC	BR				
S1035		SNSR;INVASV DSPBL ART PANC DEVC SYS	BR				
S1036		TRANSMTTR;EXT USE ART PANC DEVC SYS	BR				
S1037		RECVER; EXT USE ARTIF PANC DEVC SYS	BR				
S1040		CRANIAL REMOLD ORTHOT PED CUST FAB	BR			BR	
S1090		MOMETASONE FUROATE SS IMPL 370 MCG	BR			BR	
S2053		TPLNT SM INTESTINE&LIVER ALLOGFTS	BR			BR	
S2054		TRANSPLANTATION MULTIVISCERAL ORGN	BR			BR	
S2055		HARV DONR MX-VSCRL ORGN; CADVR DONR	BR			BR	
S2060		LOBAR LUNG TRANSPLANTATION	BR			BR	
S2061		DONOR LOBECT TPLNT LIVING DONOR	BR			BR	
S2065		SIMULTANEOUS PANC KIDNEY TPLNT	BR			BR	
S2066		BREAST RECON W/GAP FLAP UNILATERAL	BR			BR	
S2067		BRST RECN 1 BRST DIEP&/GAP FLP(S)	BR			BR	
S2068		BREAST RECON DIEP/SIEA FLAP UNI	BR			BR	
S2070		CYSTO; LASER TX URETERAL CALC	BR			BR	
S2079		LAP ESOPHAGOMYOTOMY HELLER TYPE	BR			BR	
S2080		LASER-ASSISTED UVULOPALATOPLASTY	BR			BR	
S2083		ADJ GASTRIC BAND DIAM SUBQ PORT	BR			BR	
S2095		TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC	BR			BR	
S2102		ISLET CELL TISS TPLNT PANC; ALLOGEN	BR			BR	
S2103		ADRENAL TISSUE TRANSPLANT TO BRAIN	BR			BR	
S2107		ADOPTIVE IMMUNOTX COURSE TREATMENT	BR			BR	
S2112		ARTHROSCOPY KNEE SURG HARVEST CART	BR			BR	
S2115		OSTEOT PERIACETABULAR W/INTRL FIX	BR			BR	
S2117		ARTHROEREISIS SUBTALAR	BR			BR	
S2118		MTL-ON-MTL TOT HIP RSRFC ACETAB&FEM	BR			BR	
S2120		LDL APHERES HEPARN XTRCRP LDL PRECP	BR			BR	
S2140		CORD BLD HARVEST TPLNT ALLOGENEIC	BR			BR	
S2142		CORD BLOOD STEM-CELL TPLNT ALLOGEN	BR			BR	
S2150		BN MARRW/STEM CELL HARV TPLNT&COMP;	BR			BR	
S2152		SOLID ORGAN; TPLNT & RELATED COMP	BR			BR	
S2202		ECHOSCLEROTHERAPY	BR			BR	
S2205		MIN INVAS DIR CAB; ART GFT 1 CAG	BR			BR	
S2206		MIN INVAS DIR CAB; ART GFT 2 CAG	BR			BR	
S2207		MIN INVAS DIR CAB; VEN ONLY 1 CVG	BR			BR	
S2208		MIN INVAS DIR CAB; 1 ART&VG 1 VG	BR			BR	
S2209		MIN INVAS DIR CAB; 2 ART GFT&1 VG	BR			BR	
S2225		MYRINGOTOMY LASER-ASSISTED	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S2230		IMPL MAGNT CMPNT SEMI-IMPL HEAR DVC	BR			BR	
S2235		IMPL AUDITRY BRAIN STEM IMPLANT	BR			BR	
S2260		INDUCD AB 17-24 WEEKS ANY SURG METH	BR			BR	
S2265		INDUCED ABORTION 25 TO 28 WEEKS	BR			BR	
S2266		INDUCED ABORTION 29 TO 31 WEEKS	BR			BR	
S2267		INDUCED ABORTION 32 WEEKS/GREATER	BR			BR	
S2300		SCOPE SHLDR;W/THERML-INDUCD CPSLORR	BR			BR	
S2325		HIP CORE DECOMPRESSION	BR			BR	
S2340		CHEMODNERVAT ABDUCTR MUSC VOCL CORD	BR			BR	
S2341		CHEMODENERVAT ADDUCT MUSC VOCAL CRD	BR			BR	
S2342		NASL ENDO POSTOP DEBRID UNI/BIL	BR			BR	
S2348		DECOMP PERQ DISC RF 1/MX LUMB	BR			BR	
S2350		DISKECT ANT-OSTEOPHYT;LUMB 1 INTRSP	BR			BR	
S2351		DSKCT ANT-OSTEOPHYT;LUMB ADD INTRSP	BR			BR	
S2400		REPAIR CONGEN HERNIA FETUS-UTERO	BR			BR	
S2401		REPAIR URIN TRACT OBST FETUS-UTERO	BR			BR	
S2402		REPAIR CONGEN CYST MALF FETUS-UTERO	BR			BR	
S2403		REPAIR EPS IN THE FETUS IN UTERO	BR			BR	
S2404		REPR MYELOMENINGO FETUS PROC-UTERO	BR			BR	
S2405		REPR SACROCOC TRATOMA FETUS IN UTRO	BR			BR	
S2409		REP CONGN MALFORM FETUS-UTERO NOC	BR			BR	
S2411		FETOSCOPIC LASER THERAPY TX OF TTTS	BR			BR	
S2900		SURG TECH RQR USE ROBOTIC SURG SYS	BR			BR	
S3000		DIAB IND; RET EYE EX DILAT BIL	BR			BR	
S3005		PRFRM MSR EVAL PT SELF ASSESS DPRSS	BR			BR	
S3600		STAT LABORATORY REQUEST	BR			BR	
S3601		EMERG STAT LAB CHRG PT HB/NRS FACL	BR			BR	
S3620		NEWBORN METABOLIC SCREENING PANEL	BR			BR	
S3630		EOSINOPHIL COUNT BLOOD DIRECT	BR			BR	
S3645		HIV-1 ANTIBOD TEST MUCOS TRANSUDATE	BR			BR	
S3650		SALIVA TEST HORMONE LEVEL;MENOPAUSE	BR			BR	
S3652		SLIVA TST HORMONE LEVL;PRTERM LABOR	BR			BR	
S3655		ANTISPERM ANTIBODIES TEST	BR			BR	
S3708		GASTROINTESTINAL FAT ABSORB STUDY	BR			BR	
S3722		DOSE OPTIMIZATION AUC ANAL INF 5-FU	BR			BR	
S3800		GENETIC TESTING ALS	BR			BR	
S3840		DNA ANALYSIS RET PROTO-ONCOGENE	BR			BR	
S3841		GENETIC TESTING FOR RETINOBLASTOMA	BR			BR	
S3842		GENETIC TST VON HIPPEL-LINDAU DZ	BR			BR	
S3844		DNA ANALY GJB2 CONGN PFND DEAFNESS	BR			BR	
S3845		GENETIC TESTING ALPHA-THALASSEMIA	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S3846		GENETIC TST HGB E BETA-THALASSEMIA	BR			BR	
S3849		GENETIC TESTING NIEMANN-PICK DZ	BR			BR	
S3850		GENETIC TESTING SICKLE CELL ANEMIA	BR			BR	
S3852		DNA ANALY APOE EPSILON 4 ALLELE ALZ	BR			BR	
S3853		GENETIC TST MYOTONIC MUSC DYSTROPHY	BR			BR	
S3861		GENETIC TEST SCN5A&VARIANTS SPCT BS	BR			BR	
S3865		COMP GENE SEQUENCE ANALYSIS HCM	BR			BR	
S3866		GENETIC ANALYSIS GENE MUTAT HCM	BR			BR	
S3870		CGH MICROARRAY TEST DD ASD &/OR ID	BR			BR	
S3900		SURFACE ELECTROMYOGRAPHY	BR			BR	
S3902		BALLISTOCARDIOGRAM	BR			BR	
S3904		MASTERS TWO STEP	BR			BR	
S4005		INTERIM LABOR FACILITY GLOBAL	BR			BR	
S4011		IN VITRO FERTILIZATION;	BR			BR	
S4013		COMPLETE CYCLE GIFT CASE RATE	BR			BR	
S4014		COMPLETE CYCLE ZIFT CASE RATE	BR			BR	
S4015		COMPLETE IVF CYCLE CASE RATE NOS	BR			BR	
S4016		FROZEN IVF CYCLE CASE RATE	BR			BR	
S4017		INCPL CYCL TX CANCELD PRIOR TO STIM	BR			BR	
S4018		FRZN EMB TRANS CANCL CASE RATE	BR			BR	
S4020		IVF PROC CANCL BEFR ASPIR CASE RATE	BR			BR	
S4021		IVF PROC CANCL AFTR ASPIR CASE RATE	BR			BR	
S4022		ASSIST OOCYTE FERTILIZ CASE RATE	BR			BR	
S4023		DONOR EGG CYCLE INCPL CASE RATE	BR			BR	
S4025		DONOR SRVC IN VITRO FERTILIZATION	BR			BR	
S4026		PROCUREMENT DONR SPERM SPERM BANK	BR			BR	
S4027		STORAGE PREVIOUSLY FROZEN EMBRYOS	BR			BR	
S4028		MICSURG EPIDIDYMAL SPERM ASPIR	BR			BR	
S4030		SPERM PROCUREMENT&CRYOPRES; 1 VISIT	BR			BR	
S4031		SPERM PROCURE&CRYOPRES; SUBSQT VST	BR			BR	
S4035		STIM INTRAUTERINE INSEMIN CASE RATE	BR			BR	
S4037		CRYOPRESERVD EMBRYO TRNSF CASE RATE	BR			BR	
S4040		MON & STOR CRYOPRESRV EMBRYOS 30 DA	BR			BR	
S4042		MGMT OVULATION INDUCTION PER CYCLE	BR			BR	
S4981		INSRT LEVONORGESTREL INTRAUTRN SYS	BR			BR	
S4989		CONTRACEPT IUD INCL IMPL&SUPPLIES	BR			BR	
S4990		NICOTINE PATCHES LEGEND	BR			BR	
S4991		NICOTINE PATCHES NON-LEGEND	BR			BR	
S4993		CONTRACEPTIVE PILLS BIRTH CONTROL	BR			BR	
S4995		SMOKING CESSATION GUM	BR			BR	
S5000		PRESCRIPTION DRUG GENERIC	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S5001		PRESCRIPTION DRUG BRAND NAME	BR			BR	
S5010		5% DXTROS & 0.45% NL SALINE 1000 ML	BR			BR	
S5012		5% DXTROS W/K+ CHLORID 1000 ML	BR			BR	
S5013		5% DXTROS/0.45% S KCL&MGSO4 1000 ML	BR			BR	
S5014		5% DXTRS/0.45% NS KCI&MGSO4 1500 ML	BR			BR	
S5035		HOME INFUS TX ROUTINE INFUS DEVC	BR			BR	
S5036		HOME INFUS TX REPAIR INFUS DEVICE	BR			BR	
S5100		DAY CARE SERVICES ADULT; PER 15 MIN	BR			BR	
S5101		DAY CARE SRVC ADULT; PER HALF DAY	BR			BR	
S5102		DAY CARE SERVICES ADULT; PER DIEM	BR			BR	
S5105		DAY CARE CNTR-BASD; SRVC NOT W/FEE	BR			BR	
S5108		HOM CARE TRN HOM CARE CLIENT 15 MIN	BR			BR	
S5109		HOME CARE TRN HOME CARE CLIENT SESS	BR			BR	
S5110		HOME CARE TRAINING FAM; PER 15 MIN	BR			BR	
S5111		HOME CARE TRAINING FAM; PER SESSION	BR			BR	
S5115		HOME CARE TRN NON-FAM; PER 15 MIN	BR			BR	
S5116		HOME CARE TRN NON-FAM; PER SESSION	BR			BR	
S5120		CHORE SERVICES; PER 15 MINUTES	BR			BR	
S5121		CHORE SERVICES; PER DIEM	BR			BR	
S5125		ATTENDANT CARE SERVICES; PER 15 MIN	BR			BR	
S5126		ATTENDANT CARE SERVICES; PER DIEM	BR			BR	
S5130		HOMEMAKER SERVICE NOS; PER 15 MIN	BR			BR	
S5131		HOMEMAKER SERVICE NOS; PER DIEM	BR			BR	
S5135		COMPANION CARE ADULT; PER 15 MIN	BR			BR	
S5136		COMPANION CARE ADULT ; PER DIEM	BR			BR	
S5140		FOSTER CARE ADULT; PER DIEM	BR			BR	
S5141		FOSTER CARE ADULT; PER MONTH	BR			BR	
S5145		FOSTER CARE THERAPEUTIC CHILD; DIEM	BR			BR	
S5146		FOSTER CARE THERAPEUTIC CHLD; MONTH	BR			BR	
S5150		UNSKLD RESPITE CARE NOT HOSPICE; 15	BR			BR	
S5151		UNSKLD RESPITE CARE NOT HOSPICE;PER	BR			BR	
S5160		EMERG RESPONSE SYSTEM; INSTL&TST	BR			BR	
S5161		EMERG RESPONSE SYS; SRVC FEE-MONTH	BR			BR	
S5162		EMERG RESPONSE SYS; PURCHASE ONLY	BR			BR	
S5165		HOME MODIFICATIONS; PER SERVICE	BR			BR	
S5170		HOME DEL MEALS INCL PREP; MEAL	BR			BR	
S5175		LAUNDRY SERVICE EXT PROF; ORDER	BR			BR	
S5180		HOME HEALTH RESP TX INIT EVALUATION	BR			BR	
S5181		HOME HEALTH RESP TX NOS PER DIEM	BR			BR	
S5185		MED REMINDR SRVC NON-FCE-TO-FCE; MO	BR			BR	
S5190		WELLNESS ASSESS PRFRM NON-PHYSICIAN	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S5199		PERSONAL CARE ITEM NOS EACH	BR			BR	
S5497		HOME INFUS TX CATH CARE NOC; DIEM	BR			BR	
S5498		HOME INFUS TX CATH CARE SIMPLE DIEM	BR			BR	
S5501		HOME INFUS TX CATH CARE COMPLX DIEM	BR			BR	
S5502		HIT CATH CARE IMPL ACSS DEVC PD	BR			BR	
S5517		HIT SPL RESTOR CATH PATENCY/DECLOT	BR			BR	
S5518		HIT ALL SPL NECES FOR CATH REPAIR	BR			BR	
S5520		HIT ALL SPL NECES PICC LINE INSERT	BR			BR	
S5521		HIT SPL NECES MIDLINE CATH INSERT	BR			BR	
S5522		HIT INSRT PICC NURSE SRVC ONLY	BR			BR	
S5523		HIT INSRT ML VEN CATH NRS SRVC ONLY	BR			BR	
S5550		INSULIN RAPID ONSET; 5 UNITS	BR			BR	
S5551		INSULIN MOST RAPID ONSET; 5 UNITS	BR			BR	
S5552		INSULIN INTERMED ACTING; 5 UNITS	BR			BR	
S5553		INSULIN LONG ACTING; 5 UNITS	BR			BR	
S5560		INSULIN DEVC REUSABLE PEN;1.5 ML SZ	BR			BR	
S5561		INSULIN DEVC REUSABLE PEN; 3 ML SZ	BR			BR	
S5565		INSULIN CARTRIDGE NOT PUMP; 150 U	BR			BR	
S5566		INSULIN CARTRIDGE NOT PUMP; 300 U	BR			BR	
S5570		INSULIN DISPOSABLE PEN; 1.5 ML SZ	BR			BR	
S5571		INSULIN DISPOSABLE PEN; 3 ML SZ	BR			BR	
S8030		SCLERAL APPLICATION TANTALUM RING	BR			BR	
S8032		LDCT LUNG CANCER SCREENING	BR				
S8035		MAGNETIC SOURCE IMAGING	BR			BR	
S8037		MR CHOLANGIOPANCREATOGRAPHY	BR			BR	
S8040		TOPOGRAPHIC BRAIN MAPPING	BR			BR	
S8042		MAGNETIC RESONANCE IMAG LOW-FIELD	BR			BR	
S8055		US GUID MXIFETL PG RDUC TECH CMPNT	BR			BR	
S8080		SCINTIMAMMO UNI W/SPL RADIOPHARM	BR			BR	
S8085		F-18 FDG IMAG 2-HD COINCDENC DETCT	BR			BR	
S8092		ELECTRON BEAM COMPUTED TOMOGRAPHY	BR			BR	
S8096		PORTABLE PEAK FLOW METER	BR			BR	
S8097		ASTHMA KIT	BR			BR	
S8100		HOLD CHAMB W/INHAL/NEBULIZR;NO MASK	BR			BR	
S8101		HOLD CHAMB W/INHAL/NEBULIZR; W/MASK	BR			BR	
S8110		PEAK EXPIRATORY FLOW RATE	BR			BR	
S8120		O2 CNTN GASEOUS 1 U = 1 CUBIC FOOT	BR			BR	
S8121		O2 CONTENTS LQD 1 U EQUALS 1 POUND	BR			BR	
S8130		INTERFERENTIAL CURR STIM 2 CHANNEL	BR			BR	
S8131		INTERFERENTIAL CURR STIM 4 CHANNEL	BR			BR	
S8185		FLUTTER DEVICE	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S8186		SWIVEL ADAPTOR	BR			BR	
S8189		TRACHEOSTOMY SUPPLY NOC	BR			BR	
S8210		MUCUS TRAP	BR			BR	
S8265		HABERMAN FEEDER CLEFT LIP/PALATE	BR			BR	
S8270		ENURESIS ALARM BUZZ&/VIBRATION DEVC	BR			BR	
S8301		INFECTION CONTROL SUPPLIES NOS	BR			BR	
S8415		SUPPLIES HOME DELIVERY OF INFANT	BR			BR	
S8420		GRADENT PRESS AID SLEEVE&GLOVE CSTM	BR			BR	
S8421		GRADENT PRESS AID SLV&GLOV RDY MADE	BR			BR	
S8422		GRADENT PRESS AID SLEEV CSTM MED WT	BR			BR	
S8423		GRADENT PRESS AID SLEEV CSTM HVY WT	BR			BR	
S8424		GRADENT PRESS AID SLEEVE READY MADE	BR			BR	
S8425		GRADENT PRESS AID GLOVE CSTM MED WT	BR			BR	
S8426		GRADENT PRESS AID GLOVE CSTM HVY WT	BR			BR	
S8427		GRADENT PRESS AID GLOVE READY MADE	BR			BR	
S8428		GRADENT PRESS AID GAUNTLET RDY MADE	BR			BR	
S8429		GRADIENT PRESSURE EXTERIOR WRAP	BR			BR	
S8430		PADDING COMPRESSION BANDAGE ROLL	BR			BR	
S8431		COMPRESSION BANDAGE ROLL	BR			BR	
S8450		SPLINT PREFABRICATED DIGIT	BR			BR	
S8451		SPLINT PREFABRICATED WRIST OR ANKLE	BR			BR	
S8452		SPLINT PREFABRICATED ELBOW	BR			BR	
S8460		CAMISOLE POST-MASTECTOMY	BR			BR	
S8490		INSULIN SYRINGES	BR			BR	
S8930		E-STIM AUR ACP PNT;EA 15 MIN 1-1 PT	BR			BR	
S8940		EQUESTRIAN/HIPPOTHERAPY PER SESSION	BR			BR	
S8948		APPLIC MODAL 1/MORE AREAS; LW-LEVL	BR			BR	
S8950		COMPLEX LYMPHEDEMA TX EA 15 MIN	BR			BR	
S8990		PHYS/MANIP TX MAINT NOT RESTORATION	BR			BR	
S8999		RESUSCITATION BAG	BR			BR	
S9001		HOME UTERIN MON W/WO ASSOC NRS SRVC	BR			BR	
S9007		ULTRAFILTRATION MONITOR	BR			BR	
S9024		PARANASAL SINUS ULTRASOUND	BR			BR	
S9025		OMNICARDIOGRAM/CARDIOINTEGRAM	BR			BR	
S9034		ESWL FOR GALL STONES	BR			BR	
S9055		PROCUREN/OTH GROWTH FACTOR PREP	BR			BR	
S9056		COMA STIMULATION PER DIEM	BR			BR	
S9061		HOME ADMIN AEROSOLIZED DRUG TX DIEM	BR			BR	
S9083		GLOBAL FEE URGENT CARE CENTERS	BR			BR	
S9088		SERVICES PROV AN URGENT CARE CENTER	BR			BR	
S9090		VERT AXIAL DECOMPRS PER SESSION	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S9097		HOME VISIT FOR WOUND CARE	BR			BR	
S9098		HOME VISIT PHOTOTHERAPY SRVC DIEM	BR			BR	
S9110		TELEMON PT HOME ALL EQUIP; PER MTH	BR			BR	
S9117		BACK SCHOOL PER VISIT	BR			BR	
S9122		HOM HLTH AIDE/CNA PROV CARE HOM; PER VISIT	55.00			BR	
S9123		NRS CARE HOM; REGISTERED NURSE-PER VISIT	125.00			BR	
S9124		NURSING CARE THE HOME; LPN PER HOUR	BR			BR	
S9125		RESPITE CARE IN THE HOME PER DIEM	BR			BR	
S9126		HOSPICE CARE IN THE HOME PER DIEM	SEE RULE			BR	
S9127		SOCIAL WORK VISIT THE HOME PER VISIT	125.00			BR	
S9128		SPEECH THERAPY IN THE HOME PER VISIT	125.00			BR	
S9129		OCCUPATIONAL THERAPY HOME PER VISIT	125.00			BR	
S9131		PHYSICAL THERAPY; HOME PER VISIT	125.00			BR	
S9140		DM MGMT PROGM F/U VST NON-MD PROV	BR			BR	
S9141		DIAB MGMT PROGM F/U VISIT MD PROV	BR			BR	
S9145		INSULIN PUMP INIT INSTRUCT USE PUMP	BR			BR	
S9150		EVALUATION BY OCCULARIST	BR			BR	
S9152		SPEECH THERAPY RE-EVALUATION	BR			BR	
S9208		HOME MGMT PRETERM LABOR PER DIEM	BR			BR	
S9209		HOME MANGEMENT PPROM DIEM	BR			BR	
S9211		HOME MGMT GESTATIONAL HTN; DIEM	BR			BR	
S9212		HOME MANAGEMENT POSTPARTUM HTN DIEM	BR			BR	
S9213		HOME MANAGEMENT PREECLAMPSIA; DIEM	BR			BR	
S9214		HOME MGMT GESTATIONAL DIABETES;DIEM	BR			BR	
S9325		HIT PAIN MANAGEMENT INFUS; PER DIEM	BR			BR	
S9326		HIT CONT PAIN MGMT INFUS; PER DIEM	BR			BR	
S9327		HIT INTERMIT PAIN MGMT INFUS; DIEM	BR			BR	
S9328		HIT IMPLANTED PUMP PAIN MGMT; DIEM	BR			BR	
S9329		HIT CHEMOTHERAPY INFUSION; PER DIEM	BR			BR	
S9330		HIT CONT CHEMOTHAPY INFUS; PER DIEM	BR			BR	
S9331		HIT INTERMIT CHEMOTHAPY INFUS; DIEM	BR			BR	
S9335		HOM TX HD; ADMIN SPL & EQP PER DIEM	BR			BR	
S9336		HIT CONT ANTICOAGULNT INFUS TX DIEM	BR			BR	
S9338		HOME INFUS TX IMMUOTHAPY; PER DIEM	BR			BR	
S9339		HOME TX; PERITONL DIALYSIS PER DIEM	BR			BR	
S9340		HOME TX; ENTERAL NUTRITION; DIEM	BR			BR	
S9341		HT; ENTERL NUTRIT VIA GRAVITY; DIEM	BR			BR	
S9342		HT; ENTERAL NUTRIT VIA PUMP; DIEM	BR			BR	
S9343		HT; ENTERAL NUTRIT VIA BOLUS; DIEM	BR			BR	
S9345		HIT ANTI-HEMOPHILIC AGENT; PER DIEM	BR			BR	
S9346		HIT ALPHA-1-PROTENAS INHIBITR; DIEM	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S9347		HIT UNINTRPED LNG-TERM IV/SUBQ;DIEM	BR			BR	
S9348		HIT SYMPATHOMIMETIC/INOTROPIC DIEM	BR			BR	
S9349		HOME INFUS TX TOCOLYTIC; PER DIEM	BR			BR	
S9351		HIT CONT ANTI-EMETIC; PER DIEM	BR			BR	
S9353		HOME INFUS TX CONT INSULIN; DIEM	BR			BR	
S9355		HOME INFUS TX CHELATION; PER DIEM	BR			BR	
S9357		HIT ENZYME REPL IV TX; PER DIEM	BR			BR	
S9359		HIT ANTI-TUMR NECROS FACTOR IV TX;	BR			BR	
S9361		HIT DIURETIC IV TX; PER DIEM	BR			BR	
S9363		HIT ANTI-SPASMOTIC TX; PER DIEM	BR			BR	
S9364		HIT TPN; CARE COORDINATION DIEM	BR			BR	
S9365		HIT TPN; 1 LITER PER DAY PER DIEM	BR			BR	
S9366		HIT TPN; >1 L BUT NOT > 2 L-DA-DIEM	BR			BR	
S9367		HIT TPN; >2 L BUT NOT >3 L-DAY-DIEM	BR			BR	
S9368		HOM INFUS TX TPN; > 3 L-DAY-DIEM	BR			BR	
S9370		HT INTERMITTENT ANTI-EMETIC INJ TX;	BR			BR	
S9372		HT; INTERMIT ANTICOAGULANT INJ TX;	BR			BR	
S9373		HIT HYDRATION TX; PER DIEM	BR			BR	
S9374		HIT HYDRATION TX; 1 LITER DAY	BR			BR	
S9375		HIT HYDRAT; >1 LITR NO>2 LITR DAY	BR			BR	
S9376		HIT HYDRAT; >2 LITR NO>3 LITR DAY	BR			BR	
S9377		HIT HYDRATION TX; >3 LITERS DAY	BR			BR	
S9379		HOME INFUS TX INFUSION TX NOC; DIEM	BR			BR	
S9381		DEL/HI RISK REQ ESCRT/PROTECT VST	BR			BR	
S9401		ANTICOAGULAT CLIN NO LAB PER SESS	BR			BR	
S9430		PHARM COMPOUNDING & DISPENSING SERV	157.44			157.44	
S9433		MED FOOD NUTR ORAL 100% NUTR INTAKE	BR			BR	
S9434		MOD SOLID FOOD SUP INBORN ERR METAB	BR			BR	
S9435		MEDICAL FOODS INBORN ERRORS METAB	BR			BR	
S9436		CHLDBRTH PREP/LAMAZE CLASS PER SESS	BR			BR	
S9437		CHILDBIRTH REFRESH CLASS PER SESS	BR			BR	
S9438		CESAREAN BRTH CLASS NON-MD PER SESS	BR			BR	
S9439		VBAC CLASSES NON-MD PER SESSION	BR			BR	
S9441		ASTHMA ED NON-MD PROV PER SESSION	BR			BR	
S9442		BIRTHING CLASSES NON-PHYS PROV-SESS	BR			BR	
S9443		LACTATION CLASS NON-PHYS PROV-SESS	BR			BR	
S9444		PARENTING CLASSES NON-MD PER SESS	BR			BR	
S9445		PT ED NOC NON-MD PROV IND SESSION	BR			BR	
S9446		PT ED NOC NON-MD PROV GROUP SESSION	BR			BR	
S9447		INFANT SAFETY CLASS NON-MD PER SESS	BR			BR	
S9449		WEIGHT MGMT CLASS NON-PHYS PER SESS	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S9451		EXERCISE CLASSES NON-PHYS PER SESS	BR			BR	
S9452		NUTRITION CLASSES NON-PHYS PER SESS	BR			BR	
S9453		SMOKING CESSATION CLASS NON-MD SESS	BR			BR	
S9454		STRESS MGMT CLASS NON-PHYS PER SESS	BR			BR	
S9455		DIABETIC MGMT PROGM GROUP SESSION	BR			BR	
S9460		DIABETIC MGMT PROGM NURSE VISIT	BR			BR	
S9465		DIABETIC MGMT PROGM DIETITIAN VISIT	BR			BR	
S9470		NUTRITIONAL CNSL DIETITIAN VISIT	BR			BR	
S9472		CARD REHAB PROGM NON-PHYS PROV DIEM	BR			BR	
S9473		PULM REHAB PROGM NON-PHYS PROV DIEM	BR			BR	
S9474		ENTRSTML TX RN CERT ENTRSTML TX DAY	BR			BR	
S9475		AMB SET SBSTNC ABS TX/DTOX SRVC DAY	BR			BR	
S9476		VESTIBULR REHAB NON-PHYS PROV-DIEM	BR			BR	
S9480		INTENSIVE OP PSYC SERVICES PER DIEM	BR			BR	
S9482		FAMILY STABILIZATN SRVC PER 15 MIN	BR			BR	
S9484		CRISIS INTERVEN MENTL HLTH SRVC-HR	BR			BR	
S9485		CRISIS INTERVENT MENTAL HEALTH SERV	BR			BR	
S9490		HIT CORTICOSTEROID INFUS; ADMN SRVC	BR			BR	
S9494		HIT ANTIBIOTIC/ANTIFUNGAL; DIEM	BR			BR	
S9497		HIT ANTIBIOTIC/ANTIFUNGAL; Q3 HRS	BR			BR	
S9500		HIT ANTIBIOTIC/ANTIFUNGAL; Q24 HRS	BR			BR	
S9501		HIT ANTIBIOTIC/ANTIFUNGAL; Q12 HRS	BR			BR	
S9502		HIT ABX ANTIVIRL/ANTIFUNGAL; Q8 HRS	BR			BR	
S9503		HIT ABX ANTIVIRL/ANTIFUNGAL; Q6 HRS	BR			BR	
S9504		HIT ABX ANTIVIRL/ANTIFUNGAL; Q4 HRS	BR			BR	
S9529		HOME OR SNF PATIENT	BR			BR	
S9537		HOM TX HEMATOPOIETIC H INJ TX;-DIEM	BR			BR	
S9538		HOME TRANSFUSION BLOOD PROD; DIEM	BR			BR	
S9542		HOME INJECTABLE THERAPY NOC-DIEM	BR			BR	
S9558		HOME INFUS TX GROWTH HORMONE-DIEM	BR			BR	
S9559		HOME INFUS TX INTERFERON PER DIEM	BR			BR	
S9560		HOME INJ TX; HORMONAL THERAPY DIEM	BR			BR	
S9562		HOM INJ TX PALIVIZUMAB-PER DIEM	BR			BR	
S9590		HOM TX IRRIG TX; W/ADMN-PER DIEM	BR			BR	
S9810		HOME THERAPY; NOC PER HOUR	BR			BR	
S9900		SRVC JOUR-LISTED CS PRACT HEAL-DIEM	BR			BR	
S9901		SERVICES JNL-LISTED CS NURSE PER HR	BR				
S9960		AMB SERVC AIR NON-ER 1 WAY FIX WING	BR				
S9961		AMB SERVC AIR NON-ER 1 WAY ROT WING	BR				
S9970		HEALTH CLUB MEMBERSHIP ANNUAL	BR			BR	
S9975		TPLNT REL LODG MEALS & TRNSPRT DIEM	BR			BR	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
S9976		LODGING PER DIEM NOS	BR			BR	
S9977		MEALS PER DIEM NOS	BR			BR	
S9981		MEDICAL RECORDS COPYING FEE ADMIN	BR			BR	
S9982		MEDICAL RECORDS COPYING FEE-PAGE	BR			BR	
S9986		NOT MEDICALLY NECESSARY SERVICE	BR			BR	
S9988		SERV PART OF PHASE 1 CLINICAL TRIAL	BR			BR	
S9989		SERVICES PROVIDED OUTSIDE USA	BR			BR	
S9990		SRVC PROV PART PHASE II CLIN TRIAL	BR			BR	
S9991		SRVC PROV PART PHASE III CLIN TRIAL	BR			BR	
S9992		TRNSPRT COSTS CLIN TRIAL PRTCP&COMP	BR			BR	
S9994		LODG COST CLIN TRIAL PRTCP&CAREGVR	BR			BR	
S9996		MEALS CLIN TRIAL PRTCP&ONE CAREGIVR	BR			BR	
S9999		SALES TAX	BR			BR	
V2020		FRAMES PURCHASES	84.19			61.41	
V2025		DELUXE FRAME	BR			BR	
V2100		SPHER 1 VISN PLANO +/- 4.00-LENS	40.92			36.92	
V2101		SPHER 1 VISN +/- 4.12 +/- 7.00D EA	43.12			38.91	
V2102		SPHER 1 VISN +/- 7.12 +/- 20.00D EA	61.15			54.73	
V2103		1 VISN PLANO-+/-4.00D 0.12-2.00D EA	35.53			32.06	
V2104		1 VISN PLANO-+/-4.00D 2.12-4.00D EA	39.35			35.50	
V2105		1 VISN PLANO-+/-4.00D 4.25-6.00D EA	48.17			38.65	
V2106		1 VISN PLANO-+/-4.00D OVR 6.00D EA	48.90			42.90	
V2107		1 VISN +/-4.25-+/-7.00 0.12-2.00D	51.38			40.80	
V2108		1 VSN +/-4.25D-+/-7.00D 2.12-4.00D	49.84			42.24	
V2109		1 VISN+/- 4.25-+/- 7.00D 4.25-6.00D	57.29			46.73	
V2110		1 VISN +/- 4.25-7.00D OVER 6.00D	66.87			46.12	
V2111		1 VISN +/-7.25-+/-12.00D 0.25-2.25D	58.94			48.07	
V2112		1 VSN +/-7.25-+/-12.00D 2.25D-400D	58.16			52.48	
V2113		1 VISN +/-7.25-+/-12.00D 4.25-6.00D	80.36			59.14	
V2114		1 VISN SPHERE >+/-12.00D PER LENS	71.07			64.07	
V2115		LENTICULAR PER LENS SINGLE VISION	77.28			69.73	
V2118		ANISEIKONIC LENS SINGLE VISION	76.60			69.13	
V2121		LENTICULAR LENS PER LENS SINGLE	79.09			71.36	
V2199		NOC SINGLE VISION LENS	BR			BR	
V2200		SPHERE BIFOCL PLANO +/-4.00D LENS	53.56			48.32	
V2201		SPHERE BIFOCL +/-4.12-+/-7.00D LENS	58.37			52.67	
V2202		SPHERE BIFOCL +/-7.12-+/-20.00D EA	68.68			61.98	
V2203		BIFOCL PLANO +/-4.00D 0.12-2.00D EA	54.03			48.75	
V2204		BIFOCL PLANO +/-4.00D 2.12-4.00D EA	58.59			50.96	
V2205		BIFOCL PLANO +/-4.00D 4.25-6.00D EA	64.27			55.10	
V2206		BIFOCL PLANO +/-4.00D OVER 6.00D EA	78.25			59.20	

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Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
V2207		BIFOCL +/-4.25-+/-7.00D 0.12-2.00D	65.32			53.86	
V2208		BIFOCL +/-4.25-+/-7.00D 2.12-4.00D	66.12			56.52	
V2209		BIFOCL +/-4.25-+/-7.00D 4.25-6.00D	72.73			60.86	
V2210		BIFOCL +/-4.25-+/-7.00D OVER 6.00D	93.58			67.12	
V2211		BIFOCL +/-7.25-+/-12.00D 0.25-2.25D	79.79			69.61	
V2212		BIFOCL +/-7.25-+/-12.00D 2.25-4.00D	86.83			71.89	
V2213		BIFOCL +/-7.25-+/-12.00D 4.25-6.00D	89.03			72.61	
V2214		BIFOCL SPHER OVR +/-12.00D PER LENS	95.45			78.93	
V2215		LENTICULAR PER LENS BIFOCAL	103.28			80.12	
V2218		ANISEIKONIC PER LENS BIFOCAL	105.67			95.35	
V2219		BIFOCAL SEG WIDTH OVER 28MM	46.52			41.97	
V2220		BIFOCAL ADD OVER 3.25D	37.72			34.04	
V2221		LENTICULAR LENS PER LENS BIFOCAL	100.78			83.26	
V2299		SPECIALTY BIFOCAL	BR			BR	
V2300		SPHERE TRIFOCL PLANO/+/-4.00D LENS	69.55			61.51	
V2301		SPHERE TRIFOCL +/- 4.12-+/-7.00 LNS	80.66			72.51	
V2302		SPHER TRIFOCL +/- 7.12-+/-20.00 LNS	88.36			77.30	
V2303		TRIFOCL PLANO +/-4.00D 0.12-2.00D	73.21			60.54	
V2304		TRIFOCL PLANO +/-4.00D 2.25-4.00D	76.60			63.34	
V2305		TRIFOCL PLANO +/-4.00D 4.25-6.00	93.94			73.39	
V2306		TRIFOCL PLANO +/-4.00D OVR 6.00D	87.59			75.56	
V2307		TRIFCL +/-4.25-+/-7.00D 0.12-2.00D	86.86			71.54	
V2308		TRIFOCL +/-4.25-+/-7.00D 2.12-4.00D	92.69			74.98	
V2309		TRIFOCL +/-4.25-+/-7.00D 4.25-6.00D	108.43			81.68	
V2310		TRIFOCL +/-4.25-+/-7.00D OVR 6.00D	119.26			80.71	
V2311		TRIFCL +/-7.25-+/-12.00D 0.25-2.25D	113.59			83.98	
V2312		TRIFCL +/-7.25-+/-12.00D 2.25-4.00D	100.12			84.47	
V2313		TRIFCL +/-7.25-+/-12.00D 4.25-6.00D	136.66			94.33	
V2314		TRIFOCL SPHER > +/-12.00D PER LENS	149.70			101.30	
V2315		LENTICULAR PER LENS TRIFOCAL	166.20			112.47	
V2318		ANISEIKONIC LENS TRIFOCAL	153.24			138.26	
V2319		TRIFOCAL SEG WIDTH OVER 28 MM	51.88			46.81	
V2320		TRIFOCAL ADD OVER 3.25D	54.73			49.38	
V2321		LENTICULAR LENS PER LENS TRIFOCAL	163.81			110.86	
V2399		SPECIALTY TRIFOCAL	BR			BR	
V2410		VARIBL ASPHRCITY 1 FULL FIELD-LENS	93.68			84.52	
V2430		VRIBL ASPHRC BIFOCL FULL FIELD-LENS	121.94			101.86	
V2499		VARIABLE SPHERICITY LENS OTHER TYPE	BR			BR	
V2500		CNTC LENS PMMA SPHERICAL PER LENS	84.91			76.61	
V2501		CNTC LENS PMMA/PRISM BALLST LENS	129.34			116.70	
V2502		CONTACT LENS PMMA BIFOCAL PER LENS	159.34			143.76	

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V2503		CNTC LENS PMMA COLR VISN DEFIC LENS	152.45			132.40	
V2510		CNTC LENS GAS PRMEABL SPHERICL LENS	115.91			104.58	
V2511		CNTC LENS GAS PRMEABL PRSM BLLST EA	166.54			150.27	
V2512		CNTC LENS GAS PERMEABLE BIFOCL LENS	196.79			177.57	
V2513		CNTC LENS GAS PRMEABL EXT WEAR LENS	165.21			149.07	
V2520		CNTC LENS HYDROPHIL SPHERICAL LENS	108.94			98.30	
V2521		CNTC LENS HYDROPHL/PRISM BLLST LENS	189.67			171.15	
V2522		CNTC LENS HYDROPHIL BIFOCAL LENS	184.59			166.55	
V2523		CNTC LENS HYDROPHIL EXT WEAR LENS	157.30			141.93	
V2530		CNTC LENS SCLERAL GAS IMPERMEBL PER	232.99			210.22	
V2531		CNTC LENS SCLERAL GAS PERMEABLE PER	571.99			461.51	
V2599		CONTACT LENS OTHER TYPE	BR			BR	
V2600		HAND HELD LW VISN&OTH NON SPEC AIDS	BR			BR	
V2610		SNGL LENS SPECT MOUNT LW VISION AID	BR			BR	
V2615		TELESCOPIC & OTH COMPOUND LENS SYS	BR			BR	
V2623		PROSTHETIC EYE PLASTIC CUSTOM	937.71			846.09	
V2624		POLISHING/RESURFACING OCULR PROSTH	63.60			57.38	
V2625		ENLARGEMENT OF OCULAR PROSTHESIS	411.93			348.87	
V2626		REDUCTION OF OCULAR PROSTHESIS	261.35			188.06	
V2627		SCLERAL COVER SHELL	1496.20			1214.54	
V2628		FABRICATION&FIT OCULAR CONFORMER	342.09			286.78	
V2629		PROSTHETIC EYE OTHER TYPE	BR			BR	
V2630		ANTERIOR CHAMBER INTRAOCULAR LENS	124.34			BR	
V2631		IRIS SUPPORTED INTRAOCULAR LENS	124.34			BR	
V2632		POSTERIOR CHAMBER INTRAOCULAR LENS	124.34			BR	
V2700		BALANCE LENS PER LENS	45.76			41.30	
V2702		DELUXE LENS FEATURE	BR			BR	
V2710		SLAB OFF PRISM GLASS/PLSTC PER LENS	66.98			60.43	
V2715		PRISM PER LENS	12.14			10.95	
V2718		PRESS-ON LENS FRESNELL PRISM P LENS	29.82			26.91	
V2730		SPCL BASE CURVE GLASS/PLSTC-LENS	22.03			19.88	
V2744		TINT PHOTOCHROMATIC PER LENS	22.85			15.47	
V2745		ADD LENS;TINT COLR EXC PHOTOCHRMATC	12.96			9.68	
V2750		ANTIREFLECTIVE COATING PER LENS	26.59			17.99	
V2755		U-V LENS PER LENS	19.22			15.66	
V2756		EYE GLASS CASE	BR			BR	
V2760		SCRATCH RESISTANT COATING PER LENS	16.73			15.10	
V2761		MIRROR COAT TYPE SOLID GRADENT/= LE	13.20			13.59	
V2762		POLARIZATION ANY LENS MATERIAL-LENS	62.99			50.48	
V2770		OCCLUDER LENS PER LENS	21.60			18.39	
V2780		OVERSIZE LENS PER LENS	17.46			11.81	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
V2781		PROGRESSIVE LENS PER LENS	BR			BR	
V2782		LNS I 1.54-1.65 PLST/1.60-1.79 GLA	68.00			54.52	
V2783		LNS INDX >/=1.66 PLSTC/>/=1.80 GLA	76.68			61.48	
V2784		LENS POLYCARBATE/EQUL ANY INDX-LENS	49.86			39.98	
V2785		PRC PRES&TRANSPORTING CORNL TISS	BR			BR	
V2786		SPCLTY OCCUP MULTIFOCL LENS-LENS	BR			BR	
V2787		ASTIGMATISM CORRECTING FUNCTION IOL	BR			BR	
V2788		PRESBYOPIA CORRECTING FUNCT IO LENS	BR			BR	
V2790		AMNIOTIC MEMBRANE SURG RECNSTR-PROC	BR			BR	
V2797		VISN SPL ACSS&/SRVC CMPNT OTH HCPCS	BR			BR	
V2799		VISION ITEM/SERVICE MISCELLANEOUS	BR			BR	
V5008		HEARING SCREENING	45.20			47.03	
V5010		ASSESSMENT FOR HEARING AID	59.20			61.66	
V5011		FIT/ORIENTATION/CHECK HEARING AID	92.40			96.14	
V5014		REPAIR/MODIFICATION OF HEARING AID	111.60			116.00	
V5020		CONFORMITY EVALUATION	52.00			54.08	
V5030		HEAR AID MONAURL BDY WRN AIR CONDCT	820.40			853.77	
V5040		HEAR AID MONAURL BDY WORN BN CONDCT	623.60			648.95	
V5050		HEARING AID MONAURAL IN THE EAR	720.80			750.31	
V5060		HEARING AID MONAURAL BEHIND THE EAR	602.40			627.00	
V5070		GLASSES AIR CONDUCTION	334.80			348.51	
V5080		GLASSES BONE CONDUCTION	841.20			875.71	
V5090		DISPENSING FEE UNSPEC HEARING AID	299.20			311.41	
V5095		SEMI-IMPL MID EAR HEARING PROSTH	BR			BR	
V5100		HEARING AID BILATERAL BODY WORN	1349.60			1404.74	
V5110		DISPENSING FEE BILATERAL	304.40			316.64	
V5120		BINAURAL BODY	1179.60			1227.88	
V5130		BINAURAL IN THE EAR	1255.20			1306.25	
V5140		BINAURAL BEHIND THE EAR	1305.20			1358.50	
V5150		BINAURAL GLASSES	1393.60			1450.46	
V5160		DISPENSING FEE BINAURAL	364.40			379.07	
V5170		HEARING AID CROS IN THE EAR	969.20			1008.95	
V5180		HEARING AID CROS BEHIND THE EAR	820.40			853.77	
V5190		HEARING AID CROS GLASSES	958.80			997.98	
V5200		DISPENSING FEE CROS	301.60			314.02	
V5210		HEARING AID BICROS IN THE EAR	1053.20			1096.21	
V5220		HEARING AID BICROS BEHIND THE EAR	1012.00			1053.36	
V5230		HEARING AID BICROS GLASSES	1046.00			1088.89	
V5240		DISPENSING FEE BICROS	312.40			325.00	
V5241		DISPNS FEE MONAURL HEARING AID TYPE	BR			BR	
V5242		HEARING AID ANALOG MONAURAL CIC	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
V5243		HEARING AID ANALOG MONAURAL ITC	BR			BR	
V5244		HEARING AID PROG ANALOG MONAURL CIC	BR			BR	
V5245		HEARING AID PROG ANALOG MONAURL ITC	BR			BR	
V5246		HEARING AID PROG ANALOG MONAURL ITE	BR			BR	
V5247		HEARING AID PROG ANALOG MONAURL BTE	BR			BR	
V5248		HEARING AID ANALOG BINAURAL CIC	BR			BR	
V5249		HEARING AID ANALOG BINAURAL ITC	BR			BR	
V5250		HEARING AID PROG ANALOG BINAURL CIC	BR			BR	
V5251		HEARING AID PROG ANALOG BINAURL ITC	BR			BR	
V5252		HEARING AID PROG BINAURAL ITE	BR			BR	
V5253		HEARING AID PROG BINAURAL BTE	BR			BR	
V5254		HEARING AID DIGITAL MONAURAL CIC	BR			BR	
V5255		HEARING AID DIGITAL MONAURAL ITC	BR			BR	
V5256		HEARING AID DIGITAL MONAURAL ITE	BR			BR	
V5257		HEARING AID DIGITAL MONAURAL BTE	BR			BR	
V5258		HEARING AID DIGITAL BINAURAL CIC	BR			BR	
V5259		HEARING AID DIGITAL BINAURAL ITC	BR			BR	
V5260		HEARING AID DIGITAL BINAURAL ITE	BR			BR	
V5261		HEARING AID DIGITAL BINAURAL BTE	BR			BR	
V5262		HEARING AID DISPBL TYPE MONAURAL	BR			BR	
V5263		HEARING AID DISPBL TYPE BINAURAL	BR			BR	
V5264		EAR MOLD/INSERT NOT DISPBL ANY TYPE	BR			BR	
V5265		EAR MOLD/INSERT DISPOSABLE ANY TYPE	BR			BR	
V5266		BATTERY FOR USE IN HEARING DEVICE	BR			BR	
V5267		HA/ALD/SUPP/ACCESS NOT O/W SPEC	BR			BR	
V5268		ASST LISTENING DEVICE TEL AMP TYPE	BR			BR	
V5269		ASST LISTENING DEVICE ALERTING TYPE	BR			BR	
V5270		ASST LISTENING DEVICE TV AMP TYPE	BR			BR	
V5271		ASST LISTEN DEVC TV CAPTION DECODER	BR			BR	
V5272		ASSISTIVE LISTENING DEVICE TDD	BR			BR	
V5273		ASSTIVE LISTEN DEVC W/COCHLEAR IMPL	BR			BR	
V5274		ASSISTIVE LEARNING DEVICE NOS	BR			BR	
V5275		EAR IMPRESSION EACH	BR			BR	
V5281		ALD PERS FM/DM SYS MONAURL ANY TYPE	BR			BR	
V5282		ALD PERS FM/DM SYS BINAURL ANY TYPE	BR			BR	
V5283		ALD PERS FM/DM NCK LOOP INDUCT RECV	BR			BR	
V5284		ALD PERS FM/DM EAR LEVEL RECEIVER	BR			BR	
V5285		ALD PERS FM/DM DIR AUDIO INPUT RECV	BR			BR	
V5286		ALD PERS BLUE TOOTH FM/DM RECEIVR	BR			BR	
V5287		ALD PERS FM/DM RECEIVER NOS	BR			BR	
V5288		ALD PERS FM/DM TRANSMITTER ALD	BR			BR	

HCPCS DATA

Code	MOD	Short Description	Amount	APC	Status Ind	2013 (Current) Amount	2013 (Current) APC
V5289		ALD PERS FM/DM ADPTR/BOOT CPLG RECV	BR			BR	
V5290		ALD TRANSMITT MICROPHONE ANY TYPE	BR			BR	
V5298		HEARING AID NOC	BR			BR	
V5299		HEARING SERVICE MISCELLANEOUS	BR			BR	
V5336		REPR/MOD AUGMENTATIV CMNCT SYS/DEVC	BR			BR	
V5362		SPEECH SCREENING	BR			BR	
V5363		LANGUAGE SCREENING	BR			BR	
V5364		DYSPHAGIA SCREENING	BR			BR	

Mississippi Workers' Compensation Commission Guidelines for the Prescription of Opiates

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I. Introduction

There is insufficient data to show the long-term use of opioids effectively treats chronic nonmalignant pain[ix]. Chronic pain has been variably defined but is defined within this guideline as pain that typically lasts more than three months or past the time of normal tissue healing.

There is sufficient data to show opioid pain medication use presents serious risks, including overdose and opioid use disorder. Nevertheless, opiates are commonly prescribed for pain. An estimated 20% of patients presenting to physicians' offices with non-cancer pain symptoms or a pain-related diagnosis receive an opioid prescription[x]. In 2012, 259 million prescriptions for opioids were written in the United States, enough for every adult in the United States to have a bottle of pills[xi]. And rates of opioid prescribing vary greatly across states in ways that cannot be explained by the underlying health status of the population.[xii]

The use of prescription opioids has risen significantly in the last fifteen years, more so for family physicians, general practice physicians, and internal medicine physicians, compared with other specialties[xiii]. As the number of opioid prescriptions for chronic pain have increased, so has the incidence of addiction. From 1999 to 2014, more than 165,000 persons died from overdoses related to opioid pain medications in the United States[xiv]. A recent study of patients – ages 15 to 64 who received opioids for chronic noncancerous pain and were followed for up to 13 years – revealed that 1 in 550 patients died from opioid-related overdose at a median of 2.6 years from their first prescription. One in 32 patients who escalated opioid dosage greater than 200-morphine-mg equivalence died from opioid-related overdose[xv].

Opioids have also been associated with increased duration of disability, even when adjusted for injury severity in injured workers with back pain[xvi].

II. Scope

These guidelines do not focus broadly on pain management, but rather focus on the use of opioids to manage non-cancer related pain. They apply to all clinicians who prescribe opioids, including nurse practitioners, physician assistants, podiatrists and dentists.

Clinicians should follow the guidelines. However, failure to follow a guideline will not warrant a denial of service, with the following exceptions: Section **V.**C.; **VII.** B. 9.; E. 2. and 3. and F. 1. and 2.

III. Acute versus Chronic Pain

A. Acute Pain

Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe (a) the lowe*st* effective dose of immediate release opioids (b) in no greater quantity than needed for the expected duration of the pain that is severe enough to require opioids. Three days or less will often be sufficient. More than seven days will rarely be needed.

B. Chronic Pain

Opioids are not the preferred treatment for chronic pain. Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are expected to outweigh risks to the patient. If opioids are used, they should be combined with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate.

IV. Opioids Pharmacology

A. Important Distinctions

- Tolerance refers to a state of adaptation in which exposure to a drug over time causes higher doses to be required to produce the same physiologic effect and/or marked di-

minished effect with continued use of the same amount of that drug.

- Dependence refers to a set of disturbances and body homeostasis that lead to withdrawal symptoms which are produced with abrupt discontinuation or rapid reduction of a medication. Administration of an antagonist can also initiate withdrawal symptoms.
- Addiction is a primary chronic neuro-biological disease with genetic, psychological, and environmental factors influencing its development and manifestations. It is a behavior pattern of drug craving and seeking which leads to preoccupation with drug procurement and aberrant pattern of use. The drug use is frequently associated with negative consequences.

B. Choice of Opioids

The following guidelines apply when choosing an opioid.

1. There is no evidence that one long-acting opioid is more effective than another in improving function.

2. There is also no evidence that long-acting opioids are superior to short-acting opioids for improving function or pain or causing less addiction.

3. Long-acting opioids should not be used in the treatment of acute, subacute, or postoperative pain.

4. When choosing long-acting opioids for chronic pain management, it is reasonable to consider cost given the lack of superiority profiles for one medication over another.

5. There is no single formula for pharmacologic treatment of patients with chronic nonmalignant pain.

6. Medications with a greater safety profile should be used initially.

7. Use of methadone requires special precautions. Methadone may cause cardiac arrhythmia due to QT prolongation and has been linked to a greater number of deaths secondary to its prolonged half-life.

8. Meperidine should not be used for chronic pain. Meperidine and its active metabolite normeperidine present a serious risk of seizure and hallucinations.

C. Dosing and Time to Therapeutic Effects

Oral route is the preferred route of analgesic administration. Transbuccal administration should be avoided in the treatment of chronic, nonmalignant pain. Immediate release fentanyl products (Actiq, Subsys) are not to be used for chronic, nonmalignant pain.

D. Side Effects

Opioid-induced side effects vary greatly, depending on the individual patient. Common side effects include nausea, vomiting, drowsiness, unsteadiness, confusion, dry mouth, pruritus, sweating, hallucinations, myoclonus, and respiratory depression. Constipation is the most common problem associated with long-term opioid administration and should be anticipated and treated prophylactically.

E. Drug Interactions

1. Patients receiving opioid agonists should not be given a mixed agonist/antagonist such as Pentazocine because doing so may precipitate withdrawal syndrome.

2. Sedating medications should be avoided or limited to very low doses, although total elimination of sedating medications is desirable whenever clinically feasible.

a. Avoid concurrent opioid and benzodiazepine use whenever possible.

V. *General Caveats*

A. Extreme Caution Needed

Extreme caution should be used when prescribing opioids for patients with one or more of these issues:

1. history of alcohol or other substance abuse;

2. chronic benzodiazepine use;

3. uncontrolled sleep apnea;

4. severe personality disorder or other known severe psychiatric disease;

5. decreased physical and mental function with continued opioid use; and

6. addiction behaviors including preoccupation with drugs, strong preference for short- acting over long-acting opioids, use of multiple prescribers/pharmacies, use of street drugs or other patient's drugs, not taking medications as prescribed, losing medication on more than one occasion, and criminal behaviors such as forged prescriptions

B. Warning Signs of Addiction

The following behaviors, frequently seen in patients who abuse prescription drugs, are warning signs for addiction:

1. unusual knowledge of controlled substances;

2. request for specific controlled substances;

3. claims to allergies to multiple medications;

4. demanding assessment of medication after usual clinic hours;

5. requesting refills because of loss or stolen medications;

6. physical signs of drug abuse;

7. no interest in the diagnosis;

8. failure to keep treatment or consultation appointments;

9. feigning or exaggerating physical problems;

10. pressuring the physician by eliciting sympathy, guilt or direct threats;

11. subjective complaints exceeding objective findings; and

12. attempts to transfer care after a doctor refuses to fill a prescription for a habit-forming medication.

C. Prescription Monitoring Program

The clinician shall review the patient's history on the state's Prescription Drug Monitoring Program whenever opioids are prescribed. The review (or the attempt to review the PMP if it cannot be accessed due to technical difficulties) should be documented or made part of the medical record.

VI. Conducting the Initial Evaluation

A thorough history and physical examination are the well-established foundation for diagnostic and therapeutic procedures.

A. History

The history should include:

1. general information: name, age, gender, etc.;

2. work history, including current job status and requirements of current job

3. current employment status;

4. impact on activities of daily living;

5. past and present psychological problems;

6. previous physical, emotional, or sexual abuse;

7. sleep disturbances;

8. pain history, including site of pain, visual analog scale, duration, onset, characteristics such as burning, shooting, stabbing, as well as aggravating or alleviating activities;

9. current and previous medication use;

10. history of substance abuse (i.e. alcohol, smoking, street drugs, opioids);

B. Review of Systems

The initial evaluation should include a standard multipoint review of systems, including symptoms of sleep apnea.

C. Physical Examination

1. The clinician should conduct and document:

a. a thorough physical examination, which includes a detailed musculoskeletal exam, including range of motion, mobility, provocative maneuvers, etc. and

b. a detailed neurologic evaluation.

2. Evaluation of nonphysiologic findings is critical in assessing if someone is a candidate for use of opioids. These signs should be measured routinely during the patient's care. This includes documentation of nonorganic signs such as:

a. superficial and nonanatomic tenderness;

b. pain with simulated axial loading and rotation;

c. sensory and motor findings which are inconsistent with nerve root patterns or known organic dysfunction;

d. inconsistent straight leg raise findings;

e. overreaction to physical examination maneuvers;

f. variability during formal exam, including variable sensory or motor exam as well as inconsistent tenderness; and

g. inconsistencies between formal exam and observed abilities with range of motion, gait, and strength.

VII. Managing Patients Placed on Long-Term Opioids

A. Psychological Evaluation

Patients who are placed on long-term opioids (> 3 months) should undergo a psychosocial evaluation, including formal psychological testing by a psychologist with a Ph.D. or a physician with the appropriate credentials, as well as consideration for a concomitant interdisciplinary rehabilitation treatment. It is preferable that these professionals have experience in diagnosing and treating chronic pain conditions and that patients thoroughly understand the need to pursue pain management techniques in addition to medication use in order to function with chronic pain.

B. Contraindications to Prescribing Opioids beyond Three Months

1. Opioids should be discontinued if the patient did not meet the goals to improve pain and function - particularly the functional goals - that were formulated when opioids were initiated.

2. Opioids should be discontinued if a psychological evaluation deems the patient a high-risk candidate for the use of controlled substances.

3. Opioids should be discontinued if they have not reduced the patient's subjective pain complaints by 30%, at a minimum.

4. Opioids should be discontinued if a patient cannot perform at least a sedentary level of work because of sedentary pain complaints. A patient may still be disabled from underlying significant objective physical abnormalities (i.e. severe neurologic deficit, loss of limb, severe structural orthopedic abnormalities, etc.).

5. Opioids should be discontinued if the patient cannot function secondary to side effects from the medication.

6. Opioids should be discontinued if the patient refuses non-interventional treatment options that might improve physical functioning and pain levels (i.e. physical therapy, cognitive behavioral therapy).

7. Opioids should be discontinued if the patient shows significant nonorganic behaviors, such as strongly positive Waddell's signs.

8. Opioids should be discontinued:

a. when the patient receives prescriptions from more than one practitioner; or

b. when the patient has inconsistent drug screens, absent extenuating circumstances. Prior to discontinuation of the opiate, a confirmation GCMS drug screen must be done on the sample to ensure that a false-positive or false-negative has not occurred.

9. If there are extenuating circumstances which lead a clinician to believe an opioid should be continued despite one of the above contraindications, these must be clearly documented.

C. Before Starting Chronic Opioid Therapy

Before starting opioid therapy for chronic pain, clinicians should:

1. review the patient's history of controlled substance prescriptions using the state Prescription Drug Monitoring Program and make the review part of the medical record;

2. conduct urine drug testing;

3. establish treatment goals with the patient, including specific goals for improvements in pain and function, as the goal of treatment is to improve both;

4. discuss how opioid therapy will be discontinued *when* benefits outweigh risks, as opioid therapy should continue only if there is a clinically meaningful improvement in pain and function that outweighs the risks of this treatment; and,

5. educate patients regarding the potential risks and benefits of use of chronic opioids.

D. When Starting Chronic Opioid Therapy

When initialing opioids for chronic pain, clinicians should:

1. prescribe immediate-release opioids rather than extended-release opioids;

2. use the low*est* effective dose;

3. avoid prescribing opioid and benzodiazepines concurrently whenever possible;

4. require an opioid contract with the patient that details the clinician's expectation that the patient will comply with the prescribed medication regimen. Opioids should be terminated if the contract is broken. Examples include but are not limited to:

a. diversion of medication;

b. noncompliance with drug dosing schedule;

c. a drug screen that shows use of drugs outside of the prescribed treatment or evidence of noncompliant use of prescribed medications;

d. a request for prescriptions outside of the defined time frame; and

e. excessive dose escalation without physician approval.

E. Continuing Chronic Opioid Therapy

When continuing opioids for chronic pain more than three months, clinicians should:

1. conduct an ongoing review and clearly document:

a. improvements in the patient's pain relief and functional status, as well as the patient's appropriate medication use and side effects, and

b. the patient's clinical status, including physical examination. (i.e. range of motion, neurologic exam, spasm, etc.) on each visit. Use of cut and paste EMR records which result in identical histories and physical examinations on each visit shall not meet this criteria;

2. Clinicians shall conduct random drug screens at least two times a year. Monthly drug screens are not indicated as they are by definition not random. If more than two drug screens are done in one calendar year, the clinician must clearly document why additional testing was required;

3. Clinicians shall review the patient's history on the Prescription Drug Monitoring Program whenever opiates are prescribed. The review (or the attempt to review the PMP if it cannot be accessed due to technical difficulties) should be documented or made part of the medical record.

F. Escalating Opioid Dosage During Treatment

1. Before escalating opioid dosing, the clinician shall review the effectiveness of opioid treatment. Some degree of tolerance can be anticipated, but opioid therapy should be discontinued if dose escalations fail to recapture previous pain relief or restore function.

2. If the clinician escalates opioid dosing, the treatment goals of analgesic and especially functional improvement shall be specifically stated and clearly documented.

VIII. Tapering of Opioids

A. Clinicians should evaluate the benefits and harms of continued therapy on a routine basis. If documented benefits do not outweigh harms, opioids should be tapered *and discontinued*.

B. Patients who fail a trial of opioid medications but do not have an issue with addiction will not need to see an addictionologist. These patients can be tapered safely off their medications by their treating physicians. Weaning protocols vary. Conservative approach recommends a 10% reduction in the original dose per week. Other sources state that a 25% reduction every four days should avoid withdrawal syndrome. If drug diversion is suspected, then prescribing additional opiates is not indicated. The prescription of additional opiates in this situation will constitute a greater risk to the patient or the community than the potential for withdrawal syndrome.

IX. Opioid Abuse Disorder

A. DSM V Opioid Use Disorder Criteria

Opioid Use Disorder is specified instead of Substance Use Disorder if opioids are the drugs of abuse. A minimum of 2-3 criteria is required for a mild substance use disorder diagnosis, while 4-5 criteria is moderate, and 6-7 criteria is severe (APA, 2013):

1. taking the opioid in larger amounts and for longer than intended;

2. wanting to cut down or quit but not being able to do it;

3. spending a lot of time obtaining the opioid;

4. repeatedly unable to carry out major obligations at work, school, or home due to opioid use;

5. continued use despite persistent or recurring social or interpersonal problems caused or made worse by opioid use;

6. stopping or reducing important social, occupational or recreational activities due to opioid use;

7. recurrent use of opioids in physically hazardous situations;

8. consistent use of opioids despite acknowledgment of persistent or recurrent physical or psychological difficulties from using opioids;

9. tolerance as defined by either a need for markedly increased amounts to achieve intoxication or desired effect or markedly diminished effect with continued use of the same amount. (criterion does not apply when used appropriately under medical supervision); and

10. withdrawal manifesting as either characteristic syndrome or the substance is used to avoid withdrawal (criterion does not apply when used appropriately under medical supervision).

B. Mississippi Board of Medical Licensure

Once a physician recognizes that a patient has an addiction issue, per the Mississippi Board of Medical Licensure, the following applies:

No physician shall prescribe any controlled substance or other drug having addiction forming or addiction sustaining liability to a patient who is a drug addict for the purpose of 'detoxification treatment' or 'maintenance treatment' and no physician shall administer or dispense any narcotic controlled substance for the purpose of 'detoxification treatment' or 'maintenance treatment' unless they are properly registered in accordance with Section 303(g) 21 U.S.C. 823(g). Nothing in this paragraph shall prohibit a physician from administering narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for

treatment. Not more than one (1) day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three (3) days. USCODE-2011-title21/pdf/USCODE-2011-title 21-chap13-subchapl-part C-Sec823 states that a physician must be separately registered to treat substance abuse.

. Treatment for Addiction

1. If an opioid abuse disorder manifests itself and is directly related to the use of controlled substances that were prescribed for a workers' compensation injury, the treatment for that addiction shall be compensable.

a. Treatment for addiction, including use of appropriate medications and psychotherapy, will be covered for one year unless the clinician documents that care beyond one year is medically necessary.

b. Not all patients who are addicted will require formal detoxification. Patients on lower doses of controlled substances often will not go through withdrawal. If, however, the patient is on a large dose which will cause withdrawal symptoms, then a detoxification program is appropriate.

[i] Chou R, Deyo R, Devine B, et al. The effectiveness and risks of long-term opioid treatment of chronic pain. Evidence Report/Technology Assessment No. 218 AHRQ Publication No 14-E005-EF. Rockville,MD:Agency for Healthcare Research and Quality;2014

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[iv] Paulozzi LJ, Mack KA, Hockenberry JM. Vital signs: variation among states in prescribing of opioid pain relievers and benzodiazepines-United States, 2012. MMWR Morb Mortal Wkly Rep 2014;63:563-8

[v] Levy B, Paulozzi L, Mack KA, Jones CM. Trends in opioid analgesic-prescribing rates by specialty, US. 2007-2012. Am J Prev Med 2015;49:409-13

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[vii] Kaplovitch E, Gomes T, Camacho X, Dhalla IA, Mamdani MM, Juurlink DN. Sex differences in dose escalation and overdose death during chronic opioid therapy: a population-based cohort study. PLoS One 2015;10:e0134550

[viii] Franklin GM, Stover BD, Turner JA, Fulton-Kehoe D, Wickizer TM. Early opioid prescription and subsequent disability among workers with back injuries: The Disability Risk Identification Study Cohort. Spine 2008;33:199–204

[ix] Chou R, Deyo R, Devine B, et al. The effectiveness and risks of long-term opioid treatment of chronic pain. Evidence Report/Technology Assessment No. 218 AHRQ Publication No 14-E005-EF. Rockville,MD:Agency for Healthcare Research and Quality;2014

[x] Daubresse M, Chang HY, Yu Y, et al. Ambulatory diagnosis and treatment of nonmalignant pain in the United States .2000-2010. Med Care 2013;51:870-8

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[xii] Paulozzi LJ, Mack KA, Hockenberry JM. Vital signs: variation among states in prescribing of opioid pain relievers and benzodiazepines-United States, 2012. MMWR Morb Mortal Wkly Rep 2014;63:563-8

[xiii] Levy B, Paulozzi L, Mack KA, Jones CM. Trends in opioid analgesic-prescribing rates by specialty, US. 2007-2012. Am J Prev Med 2015;49:409-13

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