MISSISSIPPI

Workers' Compensation Medical Fee Schedule

Effective June 15, 2019

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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 June 15, 2019, and, in the case of inpatient treatment, to services where the discharge date is on or after June 15, 2019. 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 (MWCC) deems to be fair and reasonable. Reimbursement for professional fees is based on Medicare Relative Value Unites (RVUs) effective Janaury 1, 2019.

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 FAIR Health website at https://orders.fairhealth.org. Subscribers should regularly check these sites for changes. Providers can also provide their contact information on the MWCC website at https://mwcc.gov to be notified of important updates in the future.

This Fee Schedule shall be used by the MWCC, 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 MWCC 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, CDT and HCPCS guidelines and National Correct Coding Initiative (NCCI) coding edits in effect at the time service is rendered, unless otherwise provided in this Fee Schedule or by the MWCC.

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. CDT is a registered trademark of the Amercian Dental Association. 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; Pre-certification and Authorization Review Rules; Modifiers and Code Rules; Pharmacy Rules; Other Qualified Health Care Professional Rules; Home Health Rules; Evaluation and Management; Anesthesia; Pain Management; Surgery; Radiology; Pathology and Laboratory; Medicine Services; Therapeutic Services; Dental; Inpatient Hospital and Outpatient Facility Payment Schedule and Rules; and HCPCS. 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 medium procedure descriptions. A complete list of modifiers is provided in the Modifier and Code Rules section.

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 allowable reimbursement (MAR) 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 allowable reimbursement (MAR) 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 MWCC, 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 MWCC 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 MWCC, or court decisions interpreting the Act or the MWCC'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 allowable reimbursement (MAR) 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 MWCC.

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 ODG guidelines, 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 for hospital outpatient and ambulatory surgery center facilities 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.

AWP means Average Wholesale Price; and is based on data obtained from manufacturers.

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 request for 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.

CARF, the Commission on Accreditation of Rehabilitation Facilities, is an independent, nonprofit accreditor of health and human services such as medical rehabilitation facilities.

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.

CDT means Current Dental Terminology, a medical code set maintained and copyrighted by the American Dental Association, which is 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 MWCC 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 allowable reimbursement, 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 allowable reimbursement amount, but which do not include follow up care related to 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. CPT codes are Level I HCPCS codes. 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 MWCC. 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 to a hospital as an inpatient.

MAR (See Maximum allowable reimbursement)

Maximum allowable reimbursement (MAR) 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; and
- The range of variation from the norm.

MWCC means the Mississippi Workers' Compensation Commission.

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 (NCCI) means an initiative implemented by the Centers for Medicare and Medicaid Services' (CMS) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. NCCI Procedure-to-Procedure (PTP) code pair edits are automated prepayment edits that prevent improper payment when certain codes are submitted together. Medically Unlikely Edits (MUEs) are the maximum number of Units of Service (UOS) allowable under most circumstances for a single Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) code billed by a provider on a date of service.

NCCI (See National Correct Coding Initiative.)

Observation care is a well-defined set of specific, clinically appropriate services, which include ongoing short term treatment, assessment, and reassessment before a decision can be made regarding whether patients will

require further treatment as hospital inpatients or if they are able to be discharged from the hospital..

Operative report means the practitioner's written description of the surgery or procedure 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.

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 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 2019.

APC J Status

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

J1* a Mississippi state-specific status indicator applicable to APC payments. See the Inpatient Hospital and Outpatient Facility Payment Schedule and Rules section for more information.

Telemedicine-eligible.

* denotes those CPT codes that may be used for reporting synchronous (real-time) telemedicine services when appended by modifier 95.

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 2019 CPT, CDT, HCPCS, and Mississippi state-specific codes.

Modifiers

In the HCPCS section modifiers that affect payment are listed in this column. See the Modifier and Code Rules

section for more information regarding the modifiers.

Description
This Fee Schedule uses CPT 2019 medium descriptions. Some HCPCS code descriptions have been modified by the State of Mississippi.

MAR
This column lists the total maximum allowable reimbursement as a monetary amount. Procedures with a $0.00 in the MAR 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 reimbursement 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 Modifiers and Code Rules 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 Modifiers and Code Rules 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 qualified health care professional 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 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 MWCC 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 allowable reimbursement (MAR) 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, PharmD.)

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 allowable reimbursement 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 MWCC, and in such case, said provider and payer shall be subject to the rules and guidelines, including

maximum allowable reimbursementamounts, provided herein.

VII. INFORMATION PROGRAM

The MWCC 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' Compensation Educational Association Conference as well as the distribution of appropriate information materials via the MWCC's website (www.mwcc.ms.gov), and by other means as needed. Updates to this Fee Schedule will also be posted to the FAIR Health website at https://orders.fairhealth.org.

GENERAL RULES

I. CONFIRMATORY CONSULTATION

As provided in §71-3-15(1) of the Act, and in MWCC General Rule 1.9, 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 most current version of the American Dental Association's CDT : 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. Bills for services will be subject to 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 MWCC shall be paid a witness fee as provided by MWCC Procedural Rule 2.18(h) in the amount of $25.00 per day plus mileage reimbursement at the rate authorized by MWCC General Rule 1.14. 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 MWCC 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 MWCC Procedural Rule 2.9, 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 in the Medical Record Rules.

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 MWCC may award attorney's fees and expenses to the health care provider in the event the MWCC 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 MWCC 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 MWCC 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 MWCC 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 allowable 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 MWCC or its Administrative Judges. A

practitioner other than the treating practitioner must do the medical examination, and the MWCC 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 MWCC 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 MWCC.

C. The fee for the IME may be set by the MWCC 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 MWCC 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 MWCC 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) calendar 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. The CMS-1500 form will be accepted in lieu of the Commission form if appropriate office/progress notes are attached.

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

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

B. **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.

C. **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.

D. **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.

E. **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.

IX. 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.

X. SELECTION OF PROVIDERS

The selection of appropriate providers for diagnostic testing or analysis, including but not limited to surgical/procedure facilities, CT or MRI scans, 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 (EMG)or a nerve conduction study (NCS) 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 if over $300.00.

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.

XI. PHARMACEUTICAL REIMBURSEMENT

In the event that the MWCC implements a drug formulary, the Formulary and any subsequent Pharmacy Fee Schedule will govern.

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, 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 1.14)

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 MWCC and in effect at the time of the travel. Only reasonable and necessary miles traveled are subject to reimbursement.

XIV. 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.

XV. 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.

XVI. INVESTIGATIONAL PROCEDURES

When the following procedures are performed as investigational procedures they will not 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. Pulsed 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. Botulinum toxin for the treatment of musculoskeletal pain.
M. Ketamine infusion therapy.
N. Prolotherapy.

See below for a list of additional procedures that are not reimbursable when performed as investigational procedures.

- AccuraScope procedure.
- Annulo-nucleoplasty (The Disc-FX procedure).
- Annulus repair devices (Xclose Tissue Repair System, Barricaid, Disc Annular Repair Technology (DART) System).
- BacFast HD for isolated facet fusion.
- Biomet Aspen fusion system (an interlaminar fixation device).
- Cervical intradiscal radiofrequency lesioning.
- Chemical ablation (including but not limited to alcohol, phenol or sodium morrhuate) of facet joints.
- Coblation percutaneous disc decompression.
- Coccygeal ganglion (ganglion impar) block for coccydynia, pelvic pain, and all other indications.
- Cooled radiofrequency ablation for facet denervation.
- Cryoablation (cryoanesthesia, cryodenervation, cryoneurolysis, or cryosurgery) for the treatment of lumbar facet joint pain.
- Deuk Laser Disc Repair.
- Devices for annular repair (e.g., Inclose Surgical Mesh System).
- Dynamic (intervertebral) stabilization (e.g., BioFlex, CD Horizon Agile Dynamic Stabilization Device, DSS Dynamic Soft Stabilization System, Dynabolt Dynamic Stabilization System, Dynesys Spinal System, Graf ligamentoplasty/Graf artificial ligament, Isobar Spinal System, NFix, Satellite Spinal System, Stabilimax NZ Dynamic Spine Stabilization System, and the Zodiak DynaMo System).
- Endoscopic disc decompression, ablation, or annular modulation using the DiscFX System.
- Endoscopic laser foraminoplasty, endoscopic foraminotomy, laminotomy, and rhizotomy (endoscopic radiofrequency ablation).
- Endoscopic transforaminal diskectomy.
- Epidural fat grafting during lumbar decompression laminectomy/discectomy.
- Epidural injections of lytic agents (e.g., hyaluronidase, hypertonic saline) or mechanical lysis in the treatment of adhesive arachnoiditis, epidural fibrosis, failed back syndrome, or other indications.
- Epidural steroid injections for the treatment of non-radicular low back pain.
- Epiduroscopy (also known as epidural myeloscopy, epidural spinal endoscopy, myeloscopy, and spinal endoscopy) for the diagnosis and treatment of intractable LBP or other indications.
- Facet chemodenervation/chemical facet neurolysis.
- Facet joint allograft implants (NuFix facet fusion, TruFuse facet fusion).
- Facet joint implantation (Total Posterior-element System (TOPS) (Premia Spine), Total Facet

Arthroplasty System (TFAS) (Archus Orthopedics), ACADIA Facet Replacement System (Facet Solutions/Globus Medical).

- Interlaminar lumbar instrumented fusion (ILIF).
- Interspinous and interlaminar distraction devices.
- Interspinous fixation devices (CD HORIZON SPIRE Plate, PrimaLOK SP, SP-Fix Spinous Process Fixation Plate, and Stabilink interspinous fixation device) for spinal stenosis or other indications.
- Intradiscal biacuplasty (IDB)/intervertebral disc biacuplasty/cooled radiofrequency.
- Intradiscal electrothermal annuloplasty (IEA).
- Intradiscal electrothermal therapy (IDET).
- Intradiscal glucocorticoid injection for the treatment of low back pain.
- Intradiscal implantation of combined autologous adipose-derived mesenchymal stem cells and hyaluronic acid for the treatment of discogenic low back pain.
- Intradiscal implantation of stromal vascular fraction plus platelet rich plasma for the treatment of degenerative disc disease.
- Intradiscal infiltration with plasma rich in growth factors for the treatment of low back pain.
- Intradiscal injection of autologous bone marrow concentrate for the treatment of degenerative disc disease.
- Intradiscal injection of platelet-rich plasma.
- Intradiscal methylene blue injection for the treatment of low back pain.
- Intradiscal pulsed radiofrequency for the treatment of discogenic neck pain.
- Intradiscal steroid injections.
- Intradiscal thermal annuloplasty (IDTA).
- Intradiscal, paravertebral, or epidural oxygen or ozone injections.
- Intravenous administration of corticosteroids, lidocaine, magnesium, Toradol or vitamin B12 (cyanocobalamin) as a treatment for back pain and neck pain.
- Khan kinetic treatment (KKT).
- Laser facet denervation.
- Least invasive lumbar decompression interbody fusion (LINDIF).
- Microsurgical lumbar sequestrectomy for the treatment of lumbar disc herniation.
- Minimally invasive endoscopic transforaminal lumbar interbody fusion (endoscopic MITLIF; same as endoscopic MAST fusion) for lumbar disc degeneration and instability or other indications.
- Minimally invasive lumbar decompression (MILD) procedure (percutaneous laminotomy/laminectomy

(interlaminar approach) for decompression of neural elements under indirect image guidance) for lumbar canall stenosis or other indications.

- Minimally invasive thoracic discectomy for the treatment of back pain.
- Nucleoplasty (also known as percutaneous radiofrequency thermomodulation or percutaneous plasma diskectomy).
- OptiMesh grafting system.
- Percutaneous (or plasma) disc decompression (PDD).
- Percutaneous cervical diskectomy.
- Percutaneous endoscopic diskectomy with or without laser (PELD) (also known as arthroscopic microdiskectomy or Yeung Endoscopic Spinal Surgery System [Y.E.S.S.]).
- Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT)/intradiscal radiofrequency thermomodulation/percutaneous radiofrequency thermomodulation.
- Piriformis muscle resection and other surgery for piriformis syndrome.
- Posterior intrafacet implants (e.g., DTRAX Cervical Cage) for posterior cervical fusion.
- Psoas compartment block for lumbar radiculopathy or myositis ossification.
- Racz procedure (epidural adhesiolysis with the Racz catheter) for the treatment of members with adhesive arachnoiditis, epidural adhesions, failed back syndrome from multiple previous surgeries for herniated lumbar disk, or other indications.
- Radiofrequency annuloplasty (RA).
- Radiofrequency denervation for sacroiliac joint pain.
- Radiofrequency lesioning of dorsal root ganglia for back pain.
- Radiofrequency lesioning of terminal (peripheral) nerve endings for back pain.
- Radiofrequency/pulsed radiofrequency ablation of trigger point pain.
- Sacroiliac fusion or pinning for the treatment of LBP due to sacroiliac joint syndrome; Note: Sacroiliac fusion may be medically necessary for sacroiliac joint infection, tumor involving the sacrum, and sacroiliac pain due to severe traumatic injury where a trial of an external fixator is successful in providing pain relief.
- Sacroiliac joint fusion (e.g., by means of the iFuse System and the SImmetry Sacroiliac Joint Fusion System).
- Sacroplasty for osteoporotic sacral insufficiency fractures and other indications.
- Targeted disc decompression (TDD).
- Total Facet Arthroplasty System (TFAS) for the treatment of spinal stenosis.
- Vesselplasty (e.g., Vessel-X).

The following chiropractic procedures are considered experimental and investigational and therefore, do not qualify for reimbursement under the Mississippi Workers' Compensation Medical Fee Schedule.

- Active Release Technique.
- Active Therapeutic Movement (ATM2).
- Advanced Biostructural Correction (ABC) Chiropractic Technique.
- Applied Spinal Biomechanical Engineering.
- Atlas Orthogonal Technique.
- Bioenergetic Synchronization Technique.
- Biogeometric Integration.
- Blair Technique.
- Bowen Technique.
- Chiropractic Biophysics Technique.
- Coccygeal Meningeal Stress Fixation Technique.
- ConnecTX (an instrument-assisted connective tissue therapy program).
- Cranial Manipulation.
- Directional Non-Force Technique.
- FAKTR (Functional and Kinetic Treatment with Rehab) Approach.
- Gonzalez Rehabilitation Technique.
- Inertial traction (inertial extensilizer decompression table.
- IntraDiscNutrosis program.
- Koren Specific Technique.
- Manipulation for infant colic.
- Manipulation for internal (non-neuromusculoskeletal) disorders (Applied Kinesiology).
- Manipulation Under Anesthesia.
- Moire Contourographic Analysis.
- Network Technique.
- Neural Organizational Technique.
- Neuro Emotional Technique.
- Positional Release Therapy.
- Sacro-Occipital Technique.
- Spinal Adjusting Devices (ProAdjuster, PulStarFRAS, Activator).

- Therapeutic (Wobble) Chair.
- Upledger Technique and Cranio-Sacral Therapy.
- Webster Technique (for breech babies).
- Whitcomb Technique.

BILLING AND REIMBURSEMENT RULES

I. GENERAL PROVISIONS

A. **Maximum Allowable Reimbursement (MAR).** Unless the payer and provider have a separate fee contract which provides for a different level of reimbursement, the maximum allowable reimbursement 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 allowable reimbursement 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 Benchmarks products do not contain a fee for same, then the maximum allowable reimbursement 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 allowable reimbursement 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 allowable reimbursement 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 MWCC 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 MWCC 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 MWCC 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 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 maximum allowable reimbursement 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. Procedure code 99201 or 99211 may be billed.

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**.

- 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 using the appropriate HCPCS J-code.
- The description must include the name of the medication, strength, and dose injected.
- When multiple drugs are administered from the same syringe, reimbursement will be for a single injection.
- 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.
- 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, HCPCS or state-specific code.

B. The medical provider must file the appropriate billing form and necessary documentation within twenty (20) 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 one-time only 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 MWCC or its Cost Containment Division.

C. When services were rendered by another qualified health care professional and billed under the physician's National Provider Identifier (NPI), the billing physician must sign the medical record. When the physician bills the E/M services, the physician must personally document that the physician performed the

service or were physically present during the critical or key portions of the service furnished by the qualified health care professional, and the physician's participation in the management of the patient.

D. Fees in excess of the maximum allowable reimbursement (MAR) 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)).

E. 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.

F. 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.

G. 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 MWCC 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 one-time only 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.

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 allowable reimbursement [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 MWCC 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 MWCC 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 MWCC 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 one year from the date of service 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 MWCC 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; and
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; and
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; and
8. Emergency room records.

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. These additional records and reports will be reimbursed as follows:

$20.00 for first 20 pages;

$1.00 per page for pages 21-100; and

$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 MWCC will be furnished by the provider without charge to the MWCC.

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. 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/).

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 MWCC. 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 MWCC. 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 MWCC, 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 MWCC in the resolution of a dispute.

D. In the absence of any agreement between the parties submitted to the MWCC 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 MWCC. 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 MWCC has been provided to the other interested parties or their representatives by certified mail simultaneously with the filing to the MWCC. This requirement shall also apply when a party files a request seeking review of a dispute by the MWCC.

III. TIME FOR FILING

A Request for Resolution of Dispute must be filed with the MWCC 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 MWCC 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 MWCC 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 MWCC 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 MWCC, 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 MWCC 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 MWCC. 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

MWCC. The peer review consultant will render an opinion and submit same to the MWCC representative within the time set by the Cost Containment Division. The MWCC representative will notify the parties in dispute if a Peer Review has been requested, and of the peer review consultant's determination.

V. MWCC 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 MWCC. Unless permitted to appear pro se, all parties participating in MWCC 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 MWCC 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 MWCC, 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 MWCC itself, including any penalty under Mississippi Code Annotated Section 71-3-59. No extension of time within which to file for MWCC review of a dispute under these Rules shall be allowed. In the event a request for review is not filed with the MWCC 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 MWCC, seek enforcement of payment of that decision pursuant to the terms and time period set forth in Mississippi Code Annotated Section 71-3-49. A Final Decision of the Cost Containment Division and/or the MWCC 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 Mississippi Code Annotated Section 71-3-49. No further action to enforce payment shall be made by the MWCC, nor shall any other document be issued regarding the dispute unless the MWCC 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 Mississippi Code Annotated. Section 71-3-49. The same procedure for enforcement above shall also be applicable to all final decisions of the MWCC in the event the decision of the Cost Containment Division was timely appealed to the MWCC and a final decision of the MWCC has been issued.

B. The request for review by the MWCC 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 MWCC. The party seeking relief hereunder shall certify that a copy of the request for review and any supporting documentation being filed with the MWCC has been provided to the other interested parties or their representatives by certified mail simultaneously with the filing to the MWCC. Unlike the Request for Resolution of Dispute Form, there is no specific prescribed form for a Request for MWCCReview.

C. The MWCC 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 MWCC on review, unless specifically requested by the MWCC, and no hearing or oral argument shall be allowed, unless specifically requested by the MWCC.

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

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

F. The costs incurred in seeking MWCC 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 MWCC and to the party who has failed to comply with a prior decision if compliance therewith is ordered by the MWCC. Otherwise, each party shall bear their own costs, including attorney's fees.

G. If the Cost Containment Director and/or the MWCC 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 MWCC determines that a provider or payer has unreasonably refused to comply with the Law, the Rules of the MWCC, including this Fee Schedule, or with any decision of the MWCC 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 MWCC 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 MWCC 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 MWCC, 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.

Mississippi Workers' Compensation Commission

Request for Resolution of Dispute

INSTRUCTIONS FOR USE

Please provide the following information and return with the required medical records to the address shown below.

A COPY OF THE REQUEST FOR RESOLUTION OF DISPUTE AND ITS CONTENTS MUST BE SENT BY CERTIFIED MAIL TO THE PAYER.

This dispute is submitted by: ☐ Provider ☐ Payer ☐ Other_____

Name

Address

City/State/Zip Phone

Contact Person Email

CLAIMANT INFORMATION

Name

Address

City/State/Zip Phone

Claim Number Date of Service

Employer Date of Injury

PAYER INFORMATION

Carrier/Self Insured Name

Address

City/State/Zip

Insurance Company/Third Party Administrator

Phone Email

Narrative Description of Unresolved Dispute(s)

Please attach copies of the following information regarding this claim:

☐ Original Bill ☐ Certified Mail Receipt ☐ Prior Authorization

☐ EOB(s)/EOR(s) ☐ Medical Records/Invoices(s) ☐ Appeal(s)

☐ EOMB including specific reimbursement ☐ Supporting documentation and communication

☐ Other pertinent information for review of this claim

☐ Documentation to substantiate the reconsideration of the original bill submitted

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

Date Received at MWCC

Date Reviewed by Cost Containment Division

MWCC – CC#:

AUTHORIZATION/PRE-CERTIFICATIONRULES

The Mississippi Workers' Compensation Commission requires mandatory authorization/pre-certification of certain medical services associated with the provision of medical treatment covered under the Act and subject to the Fee Schedule. "Pre-certification" 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 pre-certification 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 pre-certification 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 pre-certificationauthorization/pre-certification.

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 AUTHORIZATION/PRE-CERTIFICATION, 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 MANDATORY PRE-CERTIFICATION

A. All elective admissions to inpatient facilities of any type.

B. All elective 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. Pain Management Procedures. 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 precertificiation, 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.

II. SERVICES THAT MAY REQUIRE PRE-CERTIFICATION

The following medical procedures may require pre-certification by the payer. The payer may, at its discretion, require review by a utilization review agent. If a utilization review agent is not used, the review must be based on evidence-based practice standards. Any adverse determination must have concurrence of a physician of the same specialty and licensed to practice in Mississippi. If the payer requires review by a utilization review agent and receives an adverse determination, the payer may override the decision and authorize the series(s).

A. Physical medicine treatments after and 15 visits and/or 30 days post-operatively;

B. Rental or purchase of supplies or equipment over the amount of $300.00 per item;

C. Rental or purchase of TENS;

D. Home health services;

E. Pain clinic/therapy programs, including interdisciplinary pain rehabilitation programs;

F. External spinal stimulators;

G. Pain control programs;

H. Work hardening programs, functional capacity testing, ISO kinetic testing;

I. Orthotics or prosthetics;

J. Psychological testing/counseling/treatment;

K. Substance abuse program;

L. Weight reduction program;

M. Any non-emergency medical service outside the State of Mississippi;

N. Repeat MRI, repeat CT scan, repeat EMG/NCS, and repeat myelogram (more than once per injury and/or more than one post-operatively); and

O. Massage therapy, acupuncture and biofeedback.

II. DEFINITIONS

For the purpose of this fee schedule the following activities have been defined:

Authorization. An authorization is an approval of medical services by a carrier/payer/employer, usually prior to service being rendered.

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 state-specific code 9936M for a conference with workers' compensation medical case manager/claims manager.

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. Certification or Authorizationreview 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.

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.

Peer Review. A review of any issue related to a claim as requested by another party. (Not usually requested by the provider.)

Precertification. 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. Authorization 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 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 as the requesting provider.

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Utilization Reviewer. An entity, organization, or representative/person performing authorization/pre-certification activities or services on behalf of an employer, payer or third-party claims administrator.

Variance. A deviation from a specific standard.

III. STANDARDS

Payers, providers 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 authorization/pre-certification 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 authorization/pre-certification 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 authorization/pre-certification 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. CT each normal business day. There should be an established procedure for receiving or redirecting calls after hours or receiving faxed or electronic 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.

I. Providers must submit a request to the payer using the MWCC Request for Authorization/Pre-certification. (A copy of this form is provided in the forms section of this fee schedule.)

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 treating physician's records and other necessary information on a proposed non-emergency admission or service requiring a review determination. Receipt of necessary information may necessitate a discussion with the attending physician and may involve a completed second level clinical review. In the case of determinations made by a specialist conducting a second level clinical review as defined under the Authorization/Pre-Certification Rules of the Fee Schedule, the two (2) day period begins to run upon the payer's receipt of a completed second opinion review from the second level clinical reviewer. Second level clinical review is not an Employer's Medical Evaluation (EME). In an EME, the employee is examined. In contrast, a second level clinical review as defined under the Fee Schedule does not include an in-person examination of the employee. An EME conducted in lieu of pre-certification is governed by other provisions of the Authorization/Pre-Certification Rules of the Fee Schedule, Miss. Code Ann. Section 71-3-15, and Miss. Work. Comp. Com. General Rule 1.9. In cases where an EME is conducted in lieu of pre-certification, the payer must notify the provider and the injured worker of its election to obtain an EME within the same (2) day period applicable to initial review determinations that begins once the payer has received the necessary information. However, in that instance, collection of the necessary information will not include the opinion of a second level clinical reviewer because no second level clinical reviewer will be used. Rather, the EME is elected in lieu of any further pre-certification. The Mississippi Workers' Compensation Commission Request for Authorization/pre-certification of Medical Treatment form may be used to request authorization/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. Retrospective 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 authorization/pre-certification 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 authorization/pre-certification 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 authorization/pre-certification 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 Authorization/Pre-Certification 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 authorization/pre-certification 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. 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.

Mississippi Workers' Compensation Commission

Request for Authorization/Pre-Certification of Medical Treatment

Request Date: _____

The use of this form is required under the provisions of the Mississippi Workers' Compensation Commission Fee Schedule.

Section 1: General Information

Employee Name | Requesting Provider

Address | Provider Billing Address

City State Zip | City State Zip

Home Phone Work Phone | Phone Fax

Date of Birth | Email

Date of Injury | Claim Number

Insurance Carrier | Claims Administrator/Adjuster

Billing Address | Phone Fax

City State Zip | Email

Section 2: Authorization Requested / Medical Necessity (To be completed by healthcare provider)

Indicate the type of service for which you are requesting prior authorization/pre-certification.

□ Inpatient □ Outpatient □ Home Health □Therapy □ Pharmacy □ Durable Medical Equipment □ Diagnostic Testing

□ Other:

Diagnosis | CPT/DRG Code | ICD/DSM Code

Requested Procedure//Treatment | ICD Code

Proposed Date of Procedure/Treatment | Name of Facility

Facility Address | City | State Zip

Required information included with Request for Authorization/Pre-certification:

□ History □ Physical Findings □ All Pertinent Clinical Documentation □ Test / Imaging Reports

□ Other

I hereby certify that this form and required information was □ Mailed □ Emailed □ Faxed to the carrier/insurer on this date: _____

Signature of Healthcare Provider | Printed Name

Section 3: Response of Carrier/Insurer

Procedure/Treatment/Admission is **□ Authorized** **□ Denied** (Attach any explanation or additional information for decision.)

Preauthorization Number (if indicated) | Date Completed

Printed Name | Signature

Official Title

I CERTIFY THAT THIS REQUEST WAS SENT TO: | **SUBMITTED BY:** Mail

Email

Date Signature | Fax

MODIFIER AND CODE RULES

This section of the Mississippi Workers' Compensation Medical Fee Schedule includes a complete listing of appropriate modifiers for use with CPT and HCPCS codes. .

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.

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: A report explaining the medical necessity of the situation must be submitted with the claim to the payer. By definition, this modifier would be used in unusual circumstances only and is not appropriate to use for billing of routine procedures. 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 allowable reimbursement.

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 professional component maximum allowable reimbursement 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 maximum allowable reimbursement 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 for anesthesia codes 00100-01999.

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 maximum allowable reimbursement, unless the procedure is included in the Pain Management section, where this modifier is reimbursed at twenty-five percent (25%) of the maximum allowable reimbursement.

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 maximum allowable reimbursement, unless the procedure is included in the Pain Management section, where this modifier is reimbursed at twenty-five percent (25%) of the maximum allowable reimbursement.

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.

Mississippi guideline: The maximum allowable reimbursement for this modifier is 80 percent of the total value of the surgery.

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.

Mississippi guideline: The maximum allowable reimbursement for this modifier is 20 percent of the total value of the surgery.

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 maximum allowable reimbursement 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.

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.)

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.

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 allowable reimbursement.

81 Minimum Assistant Surgeon

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

Mississippi guideline: Reimbursement is ten percent (10%) of the maximum allowable reimbursement.

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.

95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous

telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. Modifier 95 may only be appended to the services listed in Appendix P. Appendix P is the list of CPT codes for services that are typically performed face-to-face, but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system.

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 Four Concurrent Anesthesia Procedures (HCPCS Modifier)

Report modifier AD when the anesthesiologist supervises more than four 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: Modifier AS reimbursement is ten percent (10%) of the maximum allowable reimbursement . 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 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 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 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 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 to indicate chronic pain treatment 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 CRNA Service with Medical Direction by a Physician Regional or general anesthesia provided by a CRNA service with medical direction by a physician may be reported by adding modifier QX.

QY Medical Direction of One Certified Registered Nurse Anesthetist by an Anesthesiologist (HCPCS Modifier)

Report modifier QY when the anesthesiologist supervises one qualified certified regi anesthetist.

QZ CRNA Service Without Medical Direction by a Physician

Report modifier QZ with an appropriate CPT code when all anesthesia services are performed by a CRNA.

Mississippi guideline: Modifier QZ reimbursement is eighty percent (80%) of the maximum allowable reimbursement.

II. MODIFIERS APPROVED FOR AMBULATORY SURGERY CENTER (ASC) AND HOSPITAL OUTPATIENT USE

This section contains a list of modifiers used with ambulatory surgery center and hospital-based outpatient services.

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 maximum allowable reimbursement, unless the procedure is included in the Pain Management section, where this modifier is reimbursed at twenty-five percent (25%) of the maximum allowable reimbursement.

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 modifiers that are commonly used with HCPCS DME codes.

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. PROCEDURE 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 allowable reimbursement allowance (MRA)(MAR).

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 bookmanual. 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 allowable 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 20162019. 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 B icon.

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

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 K. 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 K, 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 (AWP)** means Average Wholesale Price based on data obtained from manufacturers. Under this Fee Schedule, drugs should be reimbursed according to the AWP based on the most current edition of the Drug Topics Red Book in effect at the time the medication is dispensed.

Pharmacy bills should be submitted using the NCPDP Workers' Compensation/Property and Casualty Claim Form or the equivalent NCPDP electronic format. Forms can be obtained here: https://www.ncpdp.org/Products/Universal-Claim-Forms. Nothing shall prohibit parties from using an agreed upon billing form or format.

III. RULES

In the event that the MWCC implements a drug formulary, the Formulary and any subsequent Pharmacy Fee Schedule will govern and supersede the rules in this Fee Schedule where they conflict.

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 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 brand name 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.

E. Providers should refer to the Mississippi Workers' Compensation Commission Guidelines for the Prescription of Opiates for rules relating to opiate prescriptions. The guidelines are available on the MWCC website at https://mwcc.ms.gov/pdf/mwccGuidlinesForThePrescriptionOfOpiates.pdf.

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) minus 5% 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 Medication:** If the only submitted National Drug Code (NDC) for the drug product as dispensed is a repackaged drug NDC, the drug will not be reimbursed. For repackaged drugs, providers shall submit both the NDC of the repackaged drug dispensed and the NDC of the original manufacturer to receive properly calculated reimbursement. Submission and placement of both NDCs shall be in accordance with the specifications of the billing form/format being used.

B. **Compound Medications:** A compound medication is any customized formulation of medication prepared by a compounding pharmacist that is not commercially available and which requires a prescription. All compounded medications shall be billed by listing each individual component ingredient and each compound ingredient's NDC as assigned by the original manufacturer and calculating the charge for each component ingredient separately based on their AWP. Payment shall be based on the sum of the AWP fee for each ingredient, plus a single dispensing fee of five dollars ($5.00). Ingredients lacking an NDC will not be reimbursed. Reimbursement for a compound topical medication is additionally limited to a maximum total reimbursement of three hundred dollars ($300.00) for a maximum of one hundred twenty (120) grams per month. A compound topical medication provided in an amount less than one hundred twenty (120) grams per month shall be prorated. Prior authorization (pre-certification) and medical documentation is required for any additional quantity over and above this one hundred twenty (120) grams per month amount.

C. **Combined Medications:** The entity packaging two or more products together must bill the products as individual line items identified by their original AWP and NDC. This original manufacturer NDC and its associated AWP shall be used to determine ingredient reimbursement. Supplies are considered integral to the package and not separately reimbursed.

D. **Other Special Pricing:**
The maximum allowable reimbursement for manufactured topical medications other than patches is the billed charge up to a maximum of thirty dollars ($30.00) for a thirty (30) day supply, prorated if a lesser amount is provided. Patches will be reimbursed the billed charge up to a maximum of seventy dollars ($70.00) for a thirty (30) day supply, prorated if a lesser amount is provided. Intraarticular Joint Kits are limited to a maximum reimbursement of $27.36.

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. There is only one fee allowed for each CPT code. It is the decision of the physician or the physician assistant 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.

IV. PHYSICAL THERAPIST ASSISTANT OR OCCUPATIONAL THERAPIST ASSISTANT

A. Mississippi-specific modifier M3 should be appended 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 allowable reimbursement. This applies to psychologists, social workers, counselors, etc.

HOME HEALTH

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 authorized as medically necessary.The determination that the injury/illness or condition is work related must be made by the payer and home health services shall be authorized as medically necessary.

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 allowable reimbursement (MAR), 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 allowable reimbursement (MAR) 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 MAR 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
LPN Skilled Nursing	$105.00	S9124
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 HCPCS 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 MAR 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.

E. Respite Care is reimbursed at a rate of $20.00 per hour.

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

A. The MAR 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 – $384.78

Continuous Home Rate – $1,995.56

Inpatient Care – $1,486.36

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. See the Modifier and Code Rules section for detailed information on modifiers.

I. DEFINITIONS AND RULES

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

A. DOCUMENTATION MUST BE PATIENT SPECIFIC, PERTAIN DIRECTLY TO THE CURRENT VISIT AND SUPPORT THE EVALUATION AND MANAGEMENT SERVICES PROVIDED FOR THE INJURED WORKER. INFORMATION COPIED DIRECTLY FROM PRIOR RECORDS WITHOUT CHANGE IS NOT CONSIDERED CURRENT NOR COUNTED.

B. **Consultations**. CPT 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; and
- 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 CPT will apply unless superseded by these guidelines. Consultation services will be reimbursed at the lesser of the Fee Schedule maximum allowable reimbursment (MAR) or the billed amount.

C. **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).

D. **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.

E. **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.

   CPT identifies the following body areas:
   - Head, including the face;
   - Neck;
   - Chest, including breasts and axilla;

- Abdomen;
- Genitalia, groin, buttocks;
- Back; and
- Each extremity.

CPT identifies the following organ systems:

- Eyes;
- Ears, nose, mouth, and throat;
- Cardiovascular;
- Respiratory;
- Gastrointestinal;
- Genitourinary;
- Musculoskeletal;
- Skin;
- Neurologic;
- Psychiatric; and
- 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.

F. 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 CPT 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; and

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.

G. 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. A patient is considered an outpatient at a health care facility until formal inpatient admission occurs.

B. All physicians use codes 99281–99285 for reporting emergency department services, regardless of hospital-based or non-hospital-based status.

C. Admission to a hospital or nursing facility includes E/M services provided elsewhere on the same day.

D. 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.

E. 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 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)

A consultation is 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.

A physician consultant may initiate diagnostic and/or therapeutic services at the same or subsequent visit.

A "consultation" initiated by a patient and/or family, and not requested by a physician or other appropriate source (eg, physician assistant, nurse practitioner, doctor of chiropractic, physical therapist, occupational therapist, speech-language pathologist, psychologist, social worker, lawyer, employer or insurance company), is not reported using the consultation codes but may be reported using the office visit, home service, or domiciliary/rest home care codes as appropriate.

The written or verbal request for consult may be made by a physician or other appropriate source and documented in the patient's medical record by either the consulting or requesting physician or appropriate

source. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated by written report to the requesting physician or other appropriate source.

If a consultation is mandated (eg, by a third-party payer) modifier 32 should also be reported.

Any specifically identifiable procedure (ie, identified with a specific CPT code) performed on or subsequent to the date of the initial consultation should be reported separately.

If subsequent to the completion of a consultation the consultant assumes responsibility for management of a portion or all of the patient's condition(s), the appropriate Evaluation and Management services code for the site of service should be reported. In the hospital or nursing facility setting, the consultant should use the appropriate inpatient consultation code for the initial encounter and then subsequent hospital or nursing facility care codes. In the office setting, the consultant should use the appropriate office or other outpatient consultation codes and then the established patient office or other outpatient services 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 (71045, 71046), pulse oximetry (94760, 94761, 94762), blood gases, and collection and interpretation of physiologic data (eg, ECGs, blood pressures, hematologic data);); 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 included in this listing should be reported separately. Facilities may report the above services separately.

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 (99366–99368, 9936M)

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 state-specific code 9936M for a conference with workers' compensation medical case manager/claims manager.

XVI. CARE PLAN OVERSIGHT SERVICES (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. NON-FACE-TO-FACE SERVICES (99441–99449, 99451-99454, 99091, 99457)

These codes are used to report non face-to-face evaluation and management services using the telephone or internet resources and for remote physiologic monitoring and treatment management services.

XVIII. 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.

XIX. CARE MANAGEMENT SERVICES (99487–99489)

Care management services are management and support services provided by clinical staff, under the direction of or provided personally by a physician or other qualified health care professional. Services include establishing, implementing, revising, or monitoring the care plan, coordinating the care of other professionals and agencies, and educating the patient or caregiver about the patient's condition, care plan, and prognosis. The physician or other qualified health care professional provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, and activities of daily living.

XX. PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT (99492–99494)

Psychiatric collaborative care services are provided under the direction of a treating physician or other qualified health care professional. These include the services of the treating physician or other qualified health care professional, the behavioral health care manager and the psychiatric consultant. Patients typically have behavioral health signs and/or symptoms or a newly diagnosed behavioral health condition, may need help in engaging in treatment, have not responded to standard care delivered in a non-psychiatric setting, or require further assessment and engagement, prior to consideration of referral to a psychiatric care setting.

XXI. TRANSITIONAL CARE MANAGEMENT (99495–99496)

Transitional care management services are for a new or established patient whosed medical and/or psychosocial problems require moderate or high complexity medical decision making during transitions in care from an inpatient hospital setting, partial hospital or observation status in a hospital, or skilled nursing facility/nursing facility to the patient's community setting.

XXII. ADVANCE CARE PLANNING (99497–99498)

These face-to-face services between a physician or other qualified health care professional and a patient, family member, or surrogate involving couseling and discussing advance directives with or without completing relevant legal forms.

XXIII. OTHER EVALUATION AND MANAGEMENT SERVICES (99499)

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

XXIV. 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 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.

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	95.58			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
★	**99201**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	59.02			XXX	N	
★	**99202**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	98.36			XXX	N	
★	**99203**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	139.54			XXX	N	
★	**99204**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	211.82			XXX	N	
★	**99205**	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	266.27			XXX	N	
	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	29.28			XXX	N	
★	**99212**	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	58.10			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
★	**99213**	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	95.62			XXX	N	
★	**99214**	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	140.00			XXX	N	
★	**99215**	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	187.58			XXX	N	
	99217	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.])	94.25			XXX	N	
	99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	128.56			XXX	N	
	99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	175.22			XXX	N	

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	239.27			XXX	N	
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	130.85			XXX	N	
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	176.60			XXX	N	
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	260.78			XXX	N	
99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	51.24			XXX	N	
99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	94.25			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	134.96			XXX	N	
★	**99231**	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	50.78			XXX	N	
★	**99232**	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	93.79			XXX	N	
★	**99233**	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	134.05			XXX	N	
	99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	171.56			XXX	N	
	99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	218.23			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	280.45			XXX	N	
	99238	Hospital discharge day management; 30 minutes or less	94.25			XXX	N	
	99239	Hospital discharge day management; more than 30 minutes	138.17			XXX	N	
★	**99241**	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	61.31			XXX	N	99.97
★	**99242**	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	115.29			XXX	N	143.83
★	**99243**	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	157.84			XXX	N	144.60
★	**99244**	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	236.07			XXX	N	211.91
★	**99245**	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	287.77			XXX	N	232.78

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
★	**99251**	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.	63.14			XXX	N	115.53
★	**99252**	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	96.53			XXX	N	
★	**99253**	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	148.69			XXX	N	264.46
★	**99254**	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.	215.94			XXX	N	
★	**99255**	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.	259.86			XXX	N	
	99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	27.45			XXX	N	99.02
	99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	53.53			XXX	N	181.70

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	80.06			XXX	N	316.65
	99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	151.89			XXX	N	511.73
	99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	223.72			XXX	N	745.93
	99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support	BR			XXX	N	
	99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	357.77			XXX	N	1050.83
+	**99292**	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	158.30			ZZZ	N	
	99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	116.21			XXX	N	
	99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	167.90			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.	215.03			XXX	N	
★	**99307**	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	56.73			XXX	N	
★	**99308**	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	88.76			XXX	N	
★	**99309**	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	118.04			XXX	N	
★	**99310**	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	174.77			XXX	N	
	99315	Nursing facility discharge day management; 30 minutes or less	94.70			XXX	N	
	99316	Nursing facility discharge day management; more than 30 minutes	136.34			XXX	N	

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.	123.53			XXX	N	
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.	71.37			XXX	N	
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.	103.40			XXX	N	
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.	179.34			XXX	N	
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.	240.65			XXX	N	
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.	283.19			XXX	N	

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.	77.78			XXX	N	
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.	122.61			XXX	N	
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.	174.77			XXX	N	
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.	250.25			XXX	N	
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	99.28			XXX	N	

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	139.54			XXX	N	
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	71.37			XXX	N	
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	102.94			XXX	N	
99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	167.90			XXX	N	
99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	235.16			XXX	N	
99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.	285.94			XXX	N	

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
		99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	71.37			XXX	N	
		99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	108.43			XXX	N	
		99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	166.53			XXX	N	
		99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.	231.04			XXX	N	
+	★	**99354**	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	167.90			ZZZ	N	
+	★	**99355**	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	128.10			ZZZ	N	
+		**99356**	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)	118.95			ZZZ	N	
+		**99357**	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	119.41			ZZZ	N	
		99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	144.11			XXX	N	
+		**99359**	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)	69.54			ZZZ	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	79.15			XXX	N	
	99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	55.36			XXX	N	
	99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	73.20			XXX	N	
	99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	47.58			XXX	N	
∞	**9936M**	Medical Conference by a physician or qualified health care professional with interdisciplinary team case manager to coordinate activities of patient care.	96.40			XXX	N	
	99374	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	89.67			XXX	N	
	99375	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	134.51			XXX	N	
	99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	89.67			XXX	N	
	99378	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	134.51			XXX	N	

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	89.67			XXX	N	
99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	134.51			XXX	N	
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	143.20			XXX	N	124.83
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	150.06			XXX	N	136.75
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	156.01			XXX	N	122.01
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	176.14			XXX	N	152.91
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	170.19			XXX	N	155.09
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	197.64			XXX	N	154.09
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	214.11			XXX	N	140.69
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	129.02			XXX	N	109.33

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	137.71			XXX	N	107.11
	99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	137.25			XXX	N	113.46
	99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	150.52			XXX	N	119.63
	99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	153.72			XXX	N	121.55
	99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	163.79			XXX	N	131.17
	99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	176.14			XXX	N	115.10
	99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	50.33			XXX	N	95.29
	99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	82.81			XXX	N	109.16
	99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	114.83			XXX	N	121.95
	99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	146.86			XXX	N	132.67
★	**99406**	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	19.22			XXX	N	47.40
★	**99407**	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	36.60			XXX	N	47.40
★	**99408**	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	46.21			XXX	N	64.29
★	**99409**	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	89.21			XXX	N	120.46
	99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	25.16			XXX	N	74.22
	99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	31.57			XXX	N	64.61

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	**99415**	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)	12.81			ZZZ	N	
+	**99416**	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)	5.49			ZZZ	N	
	99429	Unlisted preventive medicine service	BR			XXX	N	30.08
	99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	17.84			XXX	N	
	99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	34.77			XXX	N	
	99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	51.24			XXX	N	
	99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network	18.76			XXX	N	
	99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	23.33			XXX	N	
	99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	46.21			XXX	N	
	99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	69.54			XXX	N	
	99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	92.42			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates.	15.56			XXX	N	
	99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	47.58			XXX	N	
	99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	47.58			XXX	N	
	99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	24.71			XXX	N	164.51
	99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	81.44			XXX	N	52.77
	99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	250.00			XXX	N	
	99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	250.00			XXX	N	
	99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month	65.42			XXX	N	
	99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	123.98			XXX	N	164.51
	99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	118.04			XXX	N	
	99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	54.44			XXX	N	
	99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	143.20			XXX	N	164.51
	99464	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn	96.99			XXX	N	
	99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	188.95			XXX	N	747.62
	99466	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport	308.81			XXX	N	
+	**99467**	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)	154.18			ZZZ	N	

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	1189.50			XXX	N	
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	514.23			XXX	N	
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	1029.83			XXX	N	
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	527.50			XXX	N	
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	724.68			XXX	N	
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	451.10			XXX	N	
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	450.64			XXX	N	
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	177.05			XXX	N	
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	161.04			XXX	N	
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	154.18			XXX	N	
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.	334.89			XXX	N	108.47
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	61.76			XXX	N	47.40

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes	99.28			XXX	N	
+	**99486**	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	86.01			XXX	N	
	99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	118.04			XXX	N	108.47
+	**99489**	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	59.02			ZZZ	N	
	99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	53.53			XXX	N	108.47
	99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	106.60			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	205.88			XXX	N	108.47
	99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	164.24			XXX	N	108.47
+	**99494**	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	85.10			ZZZ	N	
★	**99495**	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	211.37			XXX	N	164.51
★	**99496**	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	298.29			XXX	N	164.51
	99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	109.80			XXX	N	108.47
+	**99498**	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	96.53			ZZZ	N	

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
99499	Unlisted evaluation and management service	BR			XXX	N	

ANESTHESIA

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

I. INTRODUCTION

The 2019 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 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

These six levels are consistent with the American Society of Anesthesiologists' (ASA) ranking of patient physical status. Physical status is included in CPT 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.

I. 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 Code	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).
3. Anesthesia provided by a CRNA working independent of an anesthesiologist's supervision is covered under the following conditions:
    a. The service falls within the CRNA'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 allowable reimbursement (MAR) 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 x the conversion factor (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 providing the anesthesia service, then the reimbursement will be divided between the two providers (anesthesiologist and CRNA) at fifty percent (50%).
    c. When the CRNA 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 or CRNAs 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. For detailed information on anestheisa modifiers, refer to the Modifier and Code Rules section.

Code	Description	Base Unit
00100	ANESTHESIA SALIVARY GLANDS WITH BIOPSY	5.00
00102	ANESTHESIA CLEFT LIP INVOLVING PLASTIC REPAIR	6.00
00103	ANESTHESIA EYELID RECONSTRUCTIVE PROCEDURE	5.00
00104	ANESTHESIA ELECTROCONVULSIVE THERAPY	4.00
00120	ANESTHESIA EXTERNAL MIDDLE & INNER EAR W/BX NOS	5.00
00124	ANES EXTERNAL MIDDLE & INNER EAR W/BX OTOSCOPY	4.00
00126	ANES XTRNL MID & INNER EAR W/BX TYMPANOTOMY	4.00
00140	ANESTHESIA EYE NOT OTHERWISE SPECIFIED	5.00
00142	ANESTHESIA EYE LENS SURGERY	4.00
00144	ANESTHESIA EYE CORNEAL TRANSPLANT	6.00
00145	ANESTHESIA EYE VITREORETINAL SURGERY	6.00
00147	ANESTHESIA EYE IRIDECTOMY	6.00
00148	ANESTHESIA EYE OPHTHALMOSCOPY	4.00
00160	ANESTHESIA NOSE & ACCESSORY SINUSES NOS	5.00
00162	ANES NOSE & ACCESSORY SINUSES RADICAL SURGERY	7.00
00164	ANES NOSE & ACCESSORY SINUSES BIOPSY SOFT TISSUE	4.00
00170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	5.00
00172	ANES INTRAORAL W/BIOPSY REPAIR CLEFT PALATE	6.00
00174	ANES INTRAORAL W/BX EXC RETROPHARYNGEAL TUMOR	6.00
00176	ANESTHESIA INTRAORAL W/BIOPSY RADICAL SURGERY	7.00
00190	ANESTHESIA FACIAL BONES OR SKULL NOS	5.00
00192	ANES FACIAL BONES/SKULL RAD SURG W/PROGNATHISM	7.00
00210	ANESTHESIA INTRACRANIAL PROCEDURE NOS	11.00
00211	ANES INTRACRANIAL CRANIOTOMY/CRANIECTOMY HMTMA	10.00
00212	ANESTHESIA INTRACRANIAL PROCEDURE SUBDURAL TAPS	5.00
00214	ANES INTRACRANIAL BURR HOLES W/VENTRICULOGRAPHY	9.00
00215	ANES INTRACRANIAL/ELEVATION DEPRSD SKULL FX XDRL	9.00
00216	ANESTHESIA INTRACRANIAL VASCULAR PROCEDURE	15.00
00218	ANES INTRACRANIAL PROCEDURE IN SITTING POSITION	13.00
00220	ANES INTRACRANIAL CEREBROSPINAL FLUID SHUNTING	10.00
00222	ANES INTRACRANIAL ELECTROCOAGULATION ICRA NERVE	6.00
00300	ANES INTEG MUSC & NRV HEAD NECK&POSTERIOR TRUNK	5.00
00320	ANES ESOPH THYRD LARYNX TRACH & LYMPH NECK 1YR	6.00
00322	ANES ESOPH THYRD LARX TRACH & LYMPH NCK BX THYRD	3.00
00326	ANESTHESIA LARYNX & TRACHEA CHILDREN <1 YEAR	8.00
00350	ANESTHESIA MAJOR VESSELS NECK NOS	10.00
00352	ANESTHESIA MAJOR VESSELS NECK SIMPLE LIGATION	5.00
00400	ANES INTEG EXTREMITIES ANT TRUNK & PERINEUM NOS	3.00
00402	ANESTHESIA RECONSTRUCTION BREAST	5.00
00404	ANESTHESIA RADICAL/MODIFIED RADICAL BREAST	5.00

Code	Description	Base Unit
00406	ANES RADICAL/MODIFIED RADICAL BREAST W/NODES	13.00
00410	ANES INTEG SYS ELEC CONVERSION ARRHYTHMIAS	4.00
00450	ANESTHESIA CLAVICLE AND SCAPULA NOS	5.00
00454	ANESTHESIA CLAVICLE & SCAPULA BIOPSY CLAVICLE	3.00
00470	ANESTHESIA PARTIAL RIB RESECTION NOS	6.00
00472	ANESTHESIA PARTIAL RIB RESECTION THORACOPLASTY	10.00
00474	ANESTHESIA PARTIAL RIB RESECTION RADICAL	13.00
00500	ANESTHESIA ESOPHAGUS	15.00
00520	ANESTHESIA CLOSED CHEST W/BRONCHOSCOPY NOS	6.00
00522	ANESTHESIA CLOSED CHEST NEEDLE BIOPSY PLEURA	4.00
00524	ANESTHESIA CLOSED CHEST PNEUMOCENTESIS	4.00
00528	ANES MEDIASTINOSCOPY&THORACSCOPY W/O 1 LUNG VNTJ	8.00
00529	ANES MEDIASTINOSCOPY&THORACOSCOPY W/1 LUNG VNT	11.00
00530	ANES PERMANENT TRANSVENOUS PACEMAKER INSERTION	4.00
00532	ANESTHESIA ACCESS CENTRAL VENOUS CIRCULATION	4.00
00534	ANES TRANSVENOUS INSJ/REPLACEMENT PACING CVDFB	7.00
00537	ANES CARDIAC ELECTROPHYSIOL STDY W/RF ABLATION	10.00
00539	ANESTHESIA TRACHEOBRONCHIAL RECONSTRUCTION	18.00
00540	ANES THORACOTOMY & THORACOSCOPY NOS	12.00
00541	ANES THORACOTOMY & THORACOSCOPY W/1 LUNG VNTJ	15.00
00542	ANES THORACOTOMY & THORACOSCOPY DECORTICATION	15.00
00546	ANES THORACOTOMY & THORACOSCOPY PULMONARY RESC	15.00
00548	ANES THORACOTOMY &THORACSCOPY TRACHEA & BRONCHI	17.00
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	10.00
00560	ANES HRT PERICARDIAL SAC& GRT VESLS W/O PMP OXT	15.00
00561	ANES HRT PERICARD SAC&GREAT VSLS W/PMP OXTJ <1YR	25.00
00562	ANES HRT PERICRD SAC&GRT VSLS W/PMP OXTJ >1MO PO	20.00
00563	ANES HRT PRCRD SAC & GREAT VSL W/PUMP OXTJ HYPTH	25.00
00566	ANES DIRECT CABG W/O PUMP OXYGENATOR	25.00
00567	ANES DIRECT CABG W/PUMP OXYGENATOR	18.00
00580	ANES HEART TRANSPLANT/HEART/LUNG TRANSPLANT	20.00
00600	ANESTHESIA CERVICAL SPINE & CORD NOS	10.00
00604	ANES CERVICAL SPINE & CORD W/PATIENT SITTING	13.00
00620	ANESTHESIA THORACIC SPINE & CORD NOS	10.00
00625	ANES THRC SPINE & CORD ANT APPR W/O 1 LUNG VENTJ	13.00
00626	ANES THORACIC SPINE & CORD ANT APPR W/1 LNG VENT	15.00
00630	ANESTHESIA LUMBAR REGION NOS	8.00
00632	ANESTHESIA LUMBAR REGION LUMBAR SYMPATHECTOMY	7.00
00635	ANES DIAGNOSTIC/THERAPEUTIC LUMBAR PUNCTURE	4.00
00640	ANES MANIPULATE SPINE/CLSD CRV THORC/LUMBR SPINE	3.00
00670	ANESTHESIA EXTENSIVE SPINE & SPINAL CORD	13.00
00700	ANESTHESIA UPPER ANTERIOR ABDOMINAL WALL NOS	4.00
00702	ANES UPR ANT ABDL WALL PERCUTANEOUS LIVER BX	4.00
00730	ANESTHESIA UPPER POSTERIOR ABDOMINAL WALL	5.00
00731	ANESTHESIA UPPER GI ENDOSCOPIC PX NOS	5.00
00732	ANESTHESIA UPPER GI ENDOSCOPIC PX ERCP	6.00
00750	ANESTHESIA HERNIA REPAIR UPPER ABDOMEN NOS	4.00
00752	ANES HRNA RPR UPR ABD LMBR&VENTRAL HERNIA&DEHISC	6.00
00754	ANES HERNIA REPAIR UPPER ABDOMEN OMPHALOCELE	7.00
00756	ANES HRNA REPAIR UPR ABD TABDL RPR DIPHRG HRNA	7.00

Code	Description	Base Unit
00770	ANESTHESIA MAJOR ABDOMINAL BLOOD VESSELS	15.00
00790	ANES INTRAPERITONEAL UPPER ABDOMEN W/LAPS NOS	7.00
00792	ANES LAPS PARTIAL HEPATECTOMY W/MGMT LIVER HEMOR	13.00
00794	ANES LAPAROSCOPIC PARTIAL/TOTAL PANCREATECTOMY	8.00
00796	ANES LAPAROSCOPIC LIVER TRANSPLANT	30.00
00797	ANES IPR UPPER ABDOMEN LAPS GASTRIC RSTCV MO	11.00
00800	ANESTHESIA LOWER ANTERIOR ABDOMINAL WALL NOS	4.00
00802	ANES LOWER ANT ABDOMINAL WALL PANNICULECTOMY	5.00
00811	ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS	4.00
00812	ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC	4.00
00813	ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX	5.00
00820	ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL	5.00
00830	ANESTHESIA HERNIA REPAIR LOWER ABDOMEN NOS	4.00
00832	ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR	6.00
00834	ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE	5.00
00836	ANES HRNA RPR LWR ABD NOS INFTS <37WK BRTH/50WK	6.00
00840	ANESTHESIA INTRAPERITONEAL LOWER ABD W/LAPS NOS	6.00
00842	ANES IPER LOWER ABDOMEN W/LAPS AMNIOCENTESIS	4.00
00844	ANES IPER LOWER ABD W/LAPS ABDOMINOPRNL RESCJ	7.00
00846	ANES IPER LOWER ABD W/LAPS RAD HYSTERECTOMY	8.00
00848	ANES IPER LOWER ABD W/LAPS PELVIC EXENTERATION	8.00
00851	ANES IPER LWR ABD W/LAPS TUBAL LIGATION/TRANSECT	6.00
00860	ANES EXTRAPERITONEAL LWR ABD W/URINARY TRACT NOS	6.00
00862	ANES XTRPRTL LOWER ABD UR TRACT RENAL DON NFRCT	7.00
00864	ANES XTRPRTL LWER ABD W/URINARY TRACT TOT CYSTEC	8.00
00865	ANES XTRPRTL LWR ABD W/URINARY TRACT RAD PRSTECT	7.00
00866	ANES XTRPRTL LOWER ABD W/URIN TRACT ADRENLECTOMY	10.00
00868	ANES XTRPRTL LWR ABD W/URIN TRACT RENAL TRANSPL	10.00
00870	ANES XTRPRTL LWR ABD W/URIN TRACT CSTOLITHOTOMY	5.00
00872	ANES LITHOTRP XTRCORP SHOCK WAVE W/WATER BATH	7.00
00873	ANES LITHOTRP XTRCORP SHOCK WAVE W/O WATER BATH	5.00
00880	ANESTHESIA MAJOR LOWER ABDOMINAL VESSELS NOS	15.00
00882	ANES MAJOR LOWER ABDOMINAL VESSELS IVC LIGATION	10.00
00902	ANESTHESIA ANORECTAL PROCEDURE	5.00
00904	ANESTHESIA RADICAL PERINEAL PROCEDURE	7.00
00906	ANESTHESIA VULVECTOMY	4.00
00908	ANESTHESIA PERINEAL PROSTATECTOMY	6.00
00910	ANES TRANSURETHRAL W/URETHROCYSTOSCOPY NOS	3.00
00912	ANES TRANSURETHRAL RESECTION OF BLADDER TUMOR	5.00
00914	ANESTHESIA TRANSURETHRAL RESECTION OF PROSTATE	5.00
00916	ANES TRURL POST-TRURL RESECTION BLEEDING	5.00
00918	ANES TRURL FRAGMNTJ MANJ&/RMVL URETERAL CALCULUS	5.00
00920	ANESTHESIA MALE GENITALIA INCL OPEN URETHRAL PX	3.00
00921	ANES VASECTOMY UNI/BI INCL OPEN URETHRAL PX	3.00
00922	ANES SEMINAL VESICLES INCL OPEN URETHRAL PX	6.00
00924	ANES UNDSCND TESTIS UNI/BI INCL OPEN URTL PX	4.00
00926	ANES RAD ORCHIECTOMY INGUN INCL OPEN URTL PX	4.00
00928	ANES RAD ORCHIECTOMY ABDOMINAL INCL OPN URTL	6.00
00930	ANES ORCHIOPEXY UNI/BI INCL OPEN URETHRAL PX	4.00
00932	ANES COMPLETE AMPUTATION PENIS INCL OPEN URTL	4.00

Code	Description	Base Unit
00934	ANES RAD AMP PENIS W/BI INGUINAL LYMPH NODE RMVL	6.00
00936	ANES RAD AMP PENIS W/BI INGUNL&ILIAC LYMPH RMOVL	8.00
00938	ANES INSJ PENILE PROSTH PRNL INCL OPEN URTL	4.00
00940	ANESTHESIA VAGINAL PROCEDURE W/BIOPSY NOS	3.00
00942	ANES COLPTMY VAGNC COLPRPHY INCL BX W/OPN URTL	4.00
00944	ANESTHESIA VAGINAL HYSTERECTOMY INCL BIOPSY	6.00
00948	ANESTHESIA CERVICAL CERCLAGE INCLUDING BIOPSY	4.00
00950	ANESTHESIA CULDOSCOPY INCLUDING BIOPSY	5.00
00952	ANES HYSTEROSCOPY&/HYSTEROSALPINGOGRAPHY W/BX	4.00
01112	ANES BONE MARROW ASPIR&/BX ANT/PST ILIAC CREST	5.00
01120	ANESTHESIA ON BONY PELVIS	6.00
01130	ANESTHESIA BODY CAST APPLICATION OR REVISION	3.00
01140	ANESTHESIA INTERPELVI ABDOMINAL AMPUTATION	15.00
01150	ANES RADICAL TUMOR PELVIS XCP HINDQUARTER AMP	10.00
01160	ANES CLOSED SYMPHYSIS PUBIS/SACROILIAC JOINT	4.00
01170	ANES OPEN SYMPHYSIS PUBIS/SACROILIAC JOINT	8.00
01173	ANES OPN RPR DISRPJ PELVIS/COLUMN FX ACETABULUM	12.00
01200	ANESTHESIA CLOSED HIP JOINT PROCEDURE	4.00
01202	ANESTHESIA ARTHROSCOPIC HIP JOINT PROCEDURE	4.00
01210	ANESTHESIA OPEN HIP JOINT PROCEDURE NOS	6.00
01212	ANESTHESIA OPEN HIP JOINT DISARTICULATION	10.00
01214	ANESTHESIA OPEN TOTAL HIP ARTHROPLASTY	8.00
01215	ANESTHESIA OPEN REVISION TOTAL HIP ARTHROPLASTY	10.00
01220	ANESTHESIA CLOSED PROCEDURES UPPER 2/3 FEMUR	4.00
01230	ANESTHESIA OPEN PROCEDURES UPPER 2/3 FEMUR NOS	6.00
01232	ANESTHESIA UPPER 2/3 FEMUR AMPUTATION	5.00
01234	ANES UPPER 2/3 FEMUR RADICAL RESCECTION	8.00
01250	ANES NERVE MUSC TENDON FASCIA & BURSAE UPPER LEG	4.00
01260	ANES VEINS OF UPPER LEG INCLUDING EXPLORATION	3.00
01270	ANESTHESIA ARTERIES UPPER LEG INCL BYPASS GRAFT	8.00
01272	ANES ART UPPER LEG W/BYPASS GRAFT FEM ART LIG	4.00
01274	ANES UPPER LEG W/BYPASS GRFT FEM ART EMBOLECTOMY	6.00
01320	ANES NERVE MUSC TENDON FASCIA&BURSA KNEE&/POPLT	4.00
01340	ANESTHESIA CLOSED PROCEDURES LOWER 1/3 FEMUR	4.00
01360	ANESTHESIA OPEN PROCEDURES LOWER 1/3 FEMUR	5.00
01380	ANESTHESIA CLOSED PROCEDURES KNEE JOINT	3.00
01382	ANESTH DIAGNOSTIC ARTHROSCOPIC PROC KNEE JOINT	3.00
01390	ANES CLOSED PROC UPPER END TIBIA FIBULA/PATELLA	3.00
01392	ANES OPEN PROC UPPER ENDS TIBIA FIBULA&/PATELLA	4.00
01400	ANES OPEN/SURG ARTHROSCOPIC PROC KNEE JOINT NOS	4.00
01402	ANESTH OPEN/SURG ARTHRS TOTAL KNEE ARTHROPLASTY	7.00
01404	ANESTH OPEN/SURG ARTHRS KNEE DISARTICULATION	5.00
01420	ANES CAST APPLICATION REMOVAL/REPAIR KNEE JOINT	3.00
01430	ANESTHESIA VEINS KNEE & POPLITEAL AREA NOS	3.00
01432	ANES KNEE & POPLITEAL ARTERY VEIN FISTULA NOS	6.00
01440	ANES ARTERIES OF KNEE & POPLITEAL AREA NOS	8.00
01442	ANES ART KNEE POPLITEAL TEAEC W/WO PATCH GRAFT	8.00
01444	ANES ART KNEE POPLITEAL EXC&GRF/RPR OCCLS/ARYS	8.00
01462	ANESTHESIA CLOSED PROC LOWER LEG ANKLE & FOOT	3.00
01464	ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT	3.00

Code	Description	Base Unit
01470	ANES NRV/MUS/TND/FASC LOWER LEG/ANKLE/FOOT NOS	3.00
01472	ANES RPR RUPTURED ACHILLES TENDON W/WO GRAFT	5.00
01474	ANESTHESIA GASTROCNEMIUS RECESSION	5.00
01480	ANES OPEN PROC BONES LOWER LEG/ANKLE/FOOT NOS	3.00
01482	ANES RADICAL RESECJ INCL BELOW KNEE AMPUTATION	4.00
01484	ANES OPEN OSTEOTOMY/OSTEOPLASTY TIBIA&/FIBULA	4.00
01486	ANESTHESIA OPEN TOTAL ANKLE REPLACEMENT	7.00
01490	ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	3.00
01500	ANESTHESIA ARTERIES LOWER LEG W/BYPASS GRAFT NOS	8.00
01502	ANES ART LOWER LEG W/BYP GRAFT EMBLC DIR/W/CATH	6.00
01520	ANESTHESIA VEINS OF LOWER LEG NOS	3.00
01522	ANES VEINS LOWER LEG VENOUS THRMBC DIR/W/CATH	5.00
01610	ANES NRV MUSC TNDN FSCIA BURSA SHOULDER & AXILLA	5.00
01620	ANES CLOSED HUMRL H/N STRNCLAV JOINT& SHO JOINT	4.00
01622	ANES DIAG ARTHROSCOPIC SHOULDER JOINT PROC NOS	4.00
01630	ANES ARTHRS HUMERAL H/N STRNCLAV & SHOULDER NOS	5.00
01634	ANESTHESIA ARTHROSCOPIC SHOULDER DISARTICULATION	9.00
01636	ANES ARTHRS INTERTHORACOSCAPULAR AMPUTATION	15.00
01638	ANES ARTHROSCOPIC TOTAL SHOULDER REPLACEMENT	10.00
01650	ANESTHESIA ARTERIES SHOULDER & AXILLA NOS	6.00
01652	ANESTHESIA AXILLARY-BRACHIAL ANEURYSM	10.00
01654	ANES ARTERIES SHOULDER & AXILLA BYPASS GRAFT	8.00
01656	ANESTHESIA AXILLARY-FEMORAL BYPASS GRAFT	10.00
01670	ANESTHESIA VEINS SHOULDER & AXILLA	4.00
01680	ANES SHOULDER CAST APPL REMOVAL/REPAIR NOS	3.00
01710	ANES NRV MUSC TDN FSCA&BRS UPR ARM/ELBOW NOS	3.00
01712	ANESTHESIA OPEN TENOTOMY ELBOW TO SHOULDER	5.00
01714	ANESTHESIA TENOPLASTY ELBOW TO SHOULDER	5.00
01716	ANESTHESIA BICEPS TENODESIS RUPTURE LONG TENDON	5.00
01730	ANESTHESIA CLOSED PROCEDURES HUMERUS & ELBOW	3.00
01732	ANESTHESIA ELBOW JOINT DIAGNOSTIC ARTHROSCOPIC	3.00
01740	ANES OPEN/SURG ARTHROSCOPIC ELBOW PROC NOS	4.00
01742	ANESTHESIA OPEN/SURG ARTHRS OSTEOTOMY HUMERUS	5.00
01744	ANES OPEN/SURG ARTHRS REPRS NON/MALUNION HUMERUS	5.00
01756	ANESTHESIA OPEN/SURG ARTHRS RADICAL PROC ELBOW	6.00
01758	ANESTH OPEN/SURG ARTHRS EXC CYST/TUMOR HUMERUS	5.00
01760	ANESTH OPEN/SURG ARTHRS TOTAL ELBOW REPLACEMENT	7.00
01770	ANESTHESIA ARTERIES UPPER ARM & ELBOW NOS	6.00
01772	ANESTHESIA ARTERIES UPPER ARM&ELBOW EMBOLECTOM	6.00
01780	ANESTHESIA VEINS UPPER ARM & ELBOW NOS	3.00
01782	ANESTHESIA VEINS UPPER ARM & ELBOW PHLEBORRHAPHY	4.00
01810	ANES NERVE MUSCLE TDN FASCIA&BURSA FOREARM WRIST	3.00
01820	ANES RADIUS ULNA WRIST/HAND BONES CLOSED PX	3.00
01829	ANESTHESIA DIAGNOSTIC ARTHROSCOPIC PROC WRIST	3.00
01830	ANES ARTHRS/ENDSCPY DSTL RADIUS ULNA/WRIST/HAND	3.00
01832	ANESTHESIA ARTHRS/ENDOSCPIC TOTAL WRIST REPLCMT	6.00
01840	ANESTHESIA ARTERIES FOREARM WRIST & HAND NOS	6.00
01842	ANES ARTERIES FOREARM WRIST & HAND EMBOLECTOMY	6.00
01844	ANESTHESIA VASCULAR SHUNT/SHUNT REVISION	6.00
01850	ANESTHESIA VEINS FOREARM WRIST & HAND NOS	3.00

	Code	Description	Base Unit
	01852	ANES VEINS FOREARM WRIST & HAND PHLEBORRHAPHY	4.00
	01860	ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	3.00
	01916	ANESTHESIA DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPH	5.00
	01920	ANES C-CATHJ W/C ANGIOGRAPHY & VENTRICULOGRAPHY	7.00
	01922	ANES NON-INVASIVE IMAGING/RADIATION THERAPY	7.00
	01924	ANESTHESIA THER IVNTL RADIOLOGICAL ARTERIAL	6.00
	01925	ANESTHESIA CAROTID/CORONARY THER IVNTL RAD	8.00
	01926	ANES ICRA ICAR/AORTIC THER IVNTL RAD ARTL	10.00
	01930	ANES VENOUS/LYMPHATIC NOS THER IVNTL RAD NOS	5.00
	01931	ANESTHESIA INTRAHEPATIC/PORTAL THER IVNTL RAD	7.00
	01932	ANESTHESIA INTRATHORACIC/JUGULAR THER IVNTL RAD	7.00
	01933	ANES INTRACRANIAL THER IVNTL RAD VENS/LYMPHTC	8.00
	01935	ANESTHESIA PERQ IMAGE GUIDED SPINE DIAGNOSTIC	5.00
	01936	ANESTHESIA PERQ IMAGE GUIDED SPINE THERAPEUTIC	5.00
	01951	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4 % TBSA	3.00
	01952	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4-9 % TBSA	5.00
+	**01953**	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRF EA 9% TBS	1.00
	01958	ANESTHESIA EXTERNAL CEPHALIC VERSION	5.00
	01960	ANESTHESIA VAGINAL DELIVERY ONLY	5.00
	01961	ANESTHESIA CESAREAN DELIVERY ONLY	7.00
	01962	ANES URGENT HYSTERECTOMY FOLLOWING DELIVERY	8.00
	01963	ANESTHESIA C HYST W/O ANY LABOR ANALG/ANES CARE	10.00
	01965	ANESTHESIA INCOMPLETE/MISSED ABORTION	4.00
	01966	ANESTHESIA INDUCED ABORTION	4.00
	01967	NEURAXIAL LABOR ANALG/ANES PLND VAGINAL DELIVERY	5.00
+	**01968**	ANES CESARN DLVR FLWG NEURAXIAL LABOR ANALG/ANES	3.00
+	**01969**	ANES CESARN HYST FLWG NEURAXIAL LABOR ANALG/ANES	5.00
	01990	PHYSIOL SUPPORT HARVEST ORGAN FROM BRAIN-DEAD PT	7.00
	01991	ANES DX/THER NRV BLK/NJX OTH/THN PRONE POS	3.00
	01992	ANES DX/THER NERVE BLOCK/INJECTION PRONE POS	5.00
	01996	DAILY HOSP MGMT EDRL/SARACH CONT DRUG ADMN	3.00
	01999	UNLISTED ANESTHESIA PROCEDURE	BR
+	**99100**	ANESTHESIA EXTREME AGE PATIENT UNDER 1 YR/<	1.00
+	**99116**	ANES COMPLICJ UTILIZATION TOTAL BODY HYPOTHERMIA	5.00
+	**99135**	ANES COMPLICJ UTILIZATION CONTROLLED HYPOTENSION	5.00
+	**99140**	ANES COMPLICJ EMERGENCY CONDITIONS SPECIFY	2.00

PAIN MANAGEMENT

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

I. INTRODUCTION

A. Providers must restrict treatment to indications recognized by established medical practice that are adequately supported by the relevant medical literature.

B. Providers must demonstrate 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.

C. Payers and utilization review professionals must approve or deny treatment based on the rules within this section of the Fee Schedule without regard to external guidelines.

D. When denying care, the specific section of this Fee Schedule must be cited as the basis for denial. All denials must provide the rationale or the treatment will be approved.

II. REIMBURSEMENT FOR PAIN MANAGEMENT SERVICES

A **Use of Fluoroscopy.** , Fluoroscopic guidance, CPT codes 77002 and 77003, may be billed once per date of service. Use CPT code 77002, fluoroscopic guidance for needle placement with CPT code 64510, injection anesthetic agent; stellate ganglion (cervical sympathetic) , or CPT code 64520, injection anesthetic agent; lumbar or thoracic (paravertebral sympathetic).

Use CPT code 77003, 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 hard copy or digital images showing final needle placement in at least two (2) views (typically posterior/anterior and lateral or oblique) demonstrating final needle placement and depth 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.

Fluoroscopy will be reimbursed for the following codes: 27096, 62321, 62323, 64479-64484, 64490-64495, 64600-64681, 64633-64636.

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 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. These procedures are unilateral by definition. Bilateral modifiers may be used when nerves are treated bilaterally. Reimbursement of the bilateral modifier is twenty five percent (25%) of the base amount for the second or contralateral side for procedures listed in the Pain Management section.

2. Nerve destructive procedures are reimbursed for a maximum of two (2) anatomical levels.

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. Bilateral modifiers may be used when nerves are treated bilaterally. Reimbursement is twenty five percent (25%) of the base amount for the second or contralateral side when the bilateral modifier is used for procedures listed in the Pain Management section.

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

5. A maximum of one (1) interlaminar epidural steroid injection is reimbursable for a given date of service. This applies to codes 62320 and 62322.

6. 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(s) or neurotomy(ies) on a given date of service, any similar procedure(s) 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 applies to professional and facility reimbursement.

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 is limited to one (1) procedure 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 for procedures listed in the Pain Management section.

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 performed within ten (10) days of the previous epidural injection will not be reimbursed.

E. Sacroiliac arthrography (CPT code 27096) assumes the use of a fluoroscope and is considered an integral part of the arthrography procedures(s). Therefore, no additional fee for the fluoroscopy (CPT code 77002) will be reimbursed. This code may only be used twice per twelve (12) month period.

F. Epidurography (CPT code 72275) is not reimbursable under this Fee Schedule.

G. CPT code 62324 includes needle placement, catheter infusion, and subsequent injections. Code 62324 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. Pain management procedures or services which are included in this section of the Fee Schedule must be performed by a licensed physician holding either an M.D. or D.O. degree. Pain management procedures performed by any other person, such as a Certified Registered Nurse Anesthetist (CRNA), are not eligible for reimbursement.

I. The following procedures must be performed fluoroscopically in order to qualify for reimbursement:
   1. Facet injections (64490–64495)

2. Sacroiliac (SI) injections (27096).
3. Transforaminal epidural steroid injections (64479, 64480, 64483, 64484).
4. Cervical translaminar/interlaminar epidural injections 62321
5. Cervical/thoracic discography (CPT codes 62291 injection cervical/thoracic disc) and radiology supervision and interpretation (CPT code 72285) will not be reimbursed.

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. If a patient is unable to cooperate during routine needle placement, despite judicious use of sedation for anxiety, elective IPM interventional pain management) procedures should be terminated due to patient safety concerns. Sedating or anesthetizing a patient into a plane of deep sedation or anesthesia, rendering them unconversant or unable to experience or communicate unusual or excessive pain puts the patient at increased risk for elective IPM procedures.

K. Detailed anatomical descriptions of the procedures performed must accompany the bill for service in order to qualify for reimbursement. These descriptions must include landmarks used in determining needle positioning, needles used (size, length), and the type and quantity of each drug injected. Unless there is a contraindication to contrast media (e.g., documented allergy) it is expected that the quantity of 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 cause for denial of payment. Templates for standard needle placement are acceptable, but any deviation from the usual technique must be explained in the procedure note. Contrast injections patterns should not be templated. Tolerance to the procedure, and side effects or lack thereof should be included in this documentation.

L. **Radiographic Codes in Pain Management**.
1. Fluoroscopic imaging is reported with codes 77002 and 77003.
2. Codes 72020–72220 which apply to radiographic examination of the spine are not reimbursed when performed with the pain management procedures in this section or with fluoroscopy services. If fluoroscopy codes 77002 and 77003 are used, appropriate images must be stored to receive reimbursement for the fluoroscopy code AND the procedure code for which fluoroscopy was reportedly used. This includes pre and post contrast images (unless contraindicated by contrast allergy) and at least two (2) views, posteroanterior (PA) and a depth view (oblique or lateral).
3. Fluoroscopic codes will be reimbursed for the following codes: 27096, 62321, 62323, 64479-64484, 64490-64495, 64600-64681, 64633-64636

M. When a joint injection is performed at the end of a surgical procedure for pain control, reimbursement is allowed according to the Multiple Procedure rule. This rule applies to professional and facility reimbursement.

N. Reimbursement of the bilateral modifier is twenty-five percent (25%) of the base amount for the second or contralateral side for procedures listed in the Pain Management section.

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. A separate evaluation and management service is not paid 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 intrathecal use will NOT be reimbursed.

IV. DIAGNOSTIC INJECTIONS AND PROCEDURES

A. **Radiofrequency Medial Branch Neurotomy/Facet Rhizotomy.** This procedure may be reimbursed not to exceed three (3) contiguous spinal joint levels during the same session/procedure. If there has been improvement with a prior successful radiofrequency (RF) denervation, then a minimum time of six (6) months should elapse since prior RF denervation treatment in order to qualify for a repeat procedure. No more than two (2) RF denervations may be reimbursed in the first twelve (12) months and one (1) per year thereafter.

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

B. **Trigger Point Injections.** Trigger point (also called myofascial or myoneural) injections are reimbursed as one (1) procedure regardless of the number of injection sites. Multiple injections, and multiple regions will be reimbursed asone procedure. Report CPT 20552.for injection(s) single or multiple trigger point(s), one or two muscles, or 20553, injection(s), single or multiple trigger point(s), three or more muscles, Only one of these procedure codes will be reimbursed per date of service.

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

D. **Sacroiliac (SI) Joint.**

Therapeutic and diagnostic sacroiliac joint injections require the use of image guidance. Injections performed without imaging 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.

VII. PAIN MANAGEMENT CRITERIA

A. 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 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.**

B. **Injection/Destruction Procedures**
Multiple Epidural Injections in a Single Treatment Day/Session. Reimbursement is limited to one epidural injection in a single treatment day/session, unless appropriate documentation is entered into the medical record of a medical condition for which multiple injections would be appropriate. These conditions include:

1. 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).

2. Multiple dermatomal nerve root involvement.

3. Bilateral radicular pain.

C. **Refill of Pain Pumps**
Intrathecal Drug Delivery. This method of delivery requires prior authorization. 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 and 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.

D. Diagnostic Injections and Procedures

1. 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, diagnostic sacroiliac

injections and selective nerve root blocks (billed with epidural codes).

2. Diagnostic injections with local anesthetics require documentation of analgesic response through any validated pain measurement test or scale (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 (pain improvement), such as, that which may be provided by lying in a recovery bed.

3. Other injections with both therapeutic and potentially diagnostic benefit, such as selective nerve root, peripheral nerve blocks, sympathetic 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.

E **Epidural Injections**

1. **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, 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 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.

   a. 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.

   b. 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.

2. 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.

3. 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.

   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. Actual nerve damage is not treated by steroid injections, as steroids do not accelerate the regeneration of new nerve tissue (axon) regeneration. Therefore, demonstrable weakness, reflex changes and sensory loss are not necessary as an indication for a trial of epidural steroids. Similarly, 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.

4. **Initiation and Continuation of Epidural Injections.** Prior approval by the payer or utilization reviewer is required before initiating a trial of epidural injections. It is NOT necessary to obtain prior approval to repeat an injection as long as a positive analgesic response (pain improvement or functional improvement) to the previous injection is reported.

Repeat trials of epidural injections may be considered for reimbursement 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). 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.

5. **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.

See https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1102.pdf

F. **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 for facet injections 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 these limits, as each anatomical area would be subject to its own separate limit. Nerve-destructive procedures (e.g. radiofrequency facet nerve neurotomy, codes 64633, 64634, 64635, 64636) are not considered additional therapeutic procedures 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.

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.

Cervical, upper/lower thoracic or lumbar nerves facet nerve (medial branch ablation will 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 light duty work level or work level as determined by a valid Functional Capacity Evaluation (FCE). No patient will 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.

A repeat therapeutic facet joint injection (cervical, thoracic, or lumbar; codes 64490–64495) will be considered for reimbursement if there is documentation of a significant analgesic response that persists for at least three (3) months. 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 (three (3) months)

measurable improvement in the range of motion, or documentation of normal motion, of the involved joint area being treated.

G. **Trigger Point Injections.** 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.

H. **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.

CPT codes 20550 and 20551 are used for injections of tendon origins and are not to be used for “myofascial, myoneural or trigger point” injections.

Code 20612 is used for the aspirations/injection of a ganglion cyst and not for “myofascial, myoneural, or trigger point” injections.

I. **Sacroiliac (SI) Joint.** Sacroiliac joint injections (code 27096) require documentation of at least a six (6) 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 can be reimbursed per twelve (12) month periodper joint injected, and not the contralateral joint (i.e., right or left sided joint).

J. Lumbar provocative discography is medically necessary for evaluation for disc pathology in persons with persistent, severe low back pain (LBP) and abnormal interspaces on magnetic resonance imaging (MRI), where other diagnostic tests have failed to reveal clear confirmation of a suspected disc as the source of pain, and surgical intervention is being considered. Lumbar provocative discography is not covered for all other indications. Functional anesthetic discography (involving injection of anesthetic directly into the disc) is not covered.

K. **Botulinum Toxin.** Botulinum toxin is not indicated for the relief of musculoskeletal pain, and its use as such is not covered by the Fee Schedule. With prior approval, an exception can be made when treatment is indicated for limb spasticity or other indications.

L. **Implantation of Spinal Cord Stimulators.**

1. The following conditions must be met for consideration of reimbursement for spinal cord stimulators.
2. Patient must have a medical condition for which spinal cord stimulation (SCS) is a recognized and accepted form of treatment.
3. There must be a trial stimulation that includes a minimum seven (7) day home trial with the temporary stimulating electrode.
4. 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.
5. Psychological screening must be used to determine if the patient is free from:

a. Substance abuse issues;
b. Untreated psychiatric conditions; and
c. Major psychiatric illness that could impair the patient's ability to respond appropriately to the trial stimulation.

6. Neurostimulation
   a. Description: Spinal cord stimulation devices are 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 must be provided prior to the stimulator trial. 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; and
      - 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.
- It is expected that there will be an attempt to wean opioid pain medications at least partially prior to the stimulation trial to determine if there was additional pain relief that could be attributed to the stimulator trial.

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.

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.** 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, 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.** 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.

N. **Use of Controlled Substances**

Use of Opioids or Other Controlled Substances for Management of Chronic (Non-Terminal) Pain. Optimal, 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 MWCC, 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 MWCC accordingly.

In addition to the specific Rules and Regulations promulgated by the Mississippi State Board of Medical Licensure, 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 MWCC pursuant to the Dispute Resolution Rules set forth in the Dispute Resolution Rules section in this Fee Schedule.

See the MWCC website for Guidelines for the Prescription of Opiates at
https://www.mwcc.ms.gov/pdf/mwccGuidlinesForThePrescriptionOfOpiates.pdf

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
01996	DAILY HOSP MGMT EDRL/SARACH CONT DRUG ADMN	see page 80			XXX	N	
20526	INJECTION THERAPEUTIC CARPAL TUNNEL	264.00			000	N	351.42

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	181.20			000	N	351.42
	20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	183.60			000	N	351.42
	20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	188.40			000	N	351.42
	20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	217.20			000	N	351.42
	20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	165.60			000	N	351.42
	20604	ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	252.00			000	N	351.42
	20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	172.80			000	N	351.42
	20606	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	278.40			000	N	850.31
	20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	205.20			000	N	351.42
	20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	313.20			000	N	351.42
	20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	205.20			000	N	351.42
	27096	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	547.20			000	N	
	62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	2054.40			010	N	1086.07
	62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	1466.40			010	N	1086.07
	62270	SPINAL PUNCTURE LUMBAR DIAGNOSTIC	506.40			000	N	850.31
	62272	SPINAL PUNCTURE THER DRAIN CEREBROSPINAL FLUID	668.40			000	N	850.31
	62273	INJECTION EPIDURAL BLOOD/CLOT PATCH	591.60			000	N	850.31
	62280	INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	1134.00			010	N	1086.07
	62281	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	832.80			010	N	1086.07
	62282	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	1035.60			010	N	1086.07
	62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	1154.40			000	N	
	62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	1113.60			000	N	
J1	**62350**	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	1380.00			010	N	8627.34
	62355	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	927.60			010	N	2316.70
J1	**62360**	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	1095.60			010	N	26058.10
J1	**62361**	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	1495.20			010	N	26058.10
J1	**62362**	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	1324.80			010	N	26058.10
	62365	RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	1022.40			010	N	6483.81
	62367	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	136.80			XXX	N	398.18
	62368	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	188.40			XXX	N	398.18
	62369	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL	400.80			XXX	N	398.18
	62370	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	416.40			XXX	N	398.18
J1	**63650**	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	1077.15			010	N	10355.35
	63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	2101.20			010	Y	2316.70
	63662	RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	2928.00			090	Y	4089.32
J1	**63663**	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	2812.80			010	Y	10355.35
J1	**63664**	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	3034.80			090	Y	29514.29
J1	**63685**	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	1248.00			010	Y	43809.69
	63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	1287.60			010	N	4089.32
	64400	NJX ANES TRIGEMINAL NRV ANY DIV/BRANCH	465.60			000	N	351.42
	64402	INJECTION ANESTHETIC AGENT FACIAL NERVE	514.80			000	N	151.20
	64405	INJECTION ANESTHETIC AGENT GREATER OCCIPITAL NRV	284.40			000	N	351.42
	64408	INJECTION ANESTHETIC AGENT VAGUS NERVE	402.00			000	N	351.42
	64410	INJECTION ANESTHETIC AGENT PHRENIC NERVE	531.60			000	N	1086.07
	64413	INJECTION ANESTHETIC AGENT CERVICAL PLEXUS	432.00			000	N	850.31
	64415	SINGLE NERVE BLOCK INJECTION ARM NERVE	405.60			000	N	1086.07
	64416	INJECTION ANES BRACHIAL PLEXUS CONT NFS CATH	273.60			000	N	1086.07
	64417	INJECTION ANESTHETIC AGENT AXILLARY NERVE	451.20			000	N	1086.07
	64418	INJECTION ANESTHETIC AGENT SUPRASCAPULAR NERVE	325.20			000	N	850.31

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
		64420	INJECTION ANESTHETIC AGENT 1 INTERCOSTAL NERVE	378.00			000	N	850.31
		64421	MULTIPLE NERVE BLOCK INJECTIONS RIB NERVES	535.20			000	N	1086.07
		64425	INJECTION ANES ILIOINGUINAL ILIOHYPOGASTRIC NRVS	471.60			000	N	850.31
		64430	INJECTION ANESTHETIC AGENT PUDENDAL NERVE	496.80			000	N	1086.07
		64435	INJECTION ANESTHETIC PARACERVICAL UTERINE NERVE	480.00			000	N	850.31
		64445	INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE	466.80			000	N	850.31
		64446	INJECTION ANES SCIATIC NERVE CONT INFUSION CATH	273.60			000	N	1086.07
		64447	INJECTION ANESTHETIC AGENT FEMORAL NERVE SINGLE	415.20			000	N	850.31
		64448	INJECTION ANES FEMORAL NERVE CONT INFUSION CATH	246.00			000	N	1086.07
		64449	INJECTION ANES LUMBAR PLEXUS POST CONT NFS CATH	292.80			000	N	1086.07
		64450	INJECTION ANES OTHER PERIPHERAL NERVE/BRANCH	262.80			000	N	850.31
		64455	NJX ANES&/STEROID PLANTAR COMMON DIGITAL NERVE	163.20			000	N	351.42
		64461	PVB THORACIC SINGLE INJECTION SITE W/IMG GID	475.20			000	N	850.31
+		**64462**	PVB THORACIC SECOND & ADDL INJ SITE W/IMG GID	264.00			ZZZ	N	
		64463	PVB THORACIC CONT CATHETER INFUSION W/IMG GID	615.60			000	N	850.31
		64479	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	834.00			000	N	1086.07
+		**64480**	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	410.40			ZZZ	N	
		64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	772.80			000	N	1086.07
+		**64484**	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	334.80			ZZZ	N	
		64486	TAP BLOCK UNILATERAL BY INJECTION(S)	374.40			000	N	
		64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	538.80			000	N	
		64488	TAP BLOCK BILATERAL BY INJECTION(S)	459.60			000	N	
		64489	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	798.00			000	N	
		64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	646.80			000	Y	1086.07
+		**64491**	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	321.60			ZZZ	Y	
+		**64492**	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	324.00			ZZZ	Y	
		64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	589.20			000	Y	1086.07
+		**64494**	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	298.80			ZZZ	Y	
+		**64495**	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	298.80			ZZZ	Y	
		64505	INJECTION ANES AGENT SPHENOPALATINE GANGLION	403.20			000	N	351.42
		64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	453.60			000	N	1086.07
		64517	INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	651.60			000	N	1086.07
		64520	INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	690.00			000	N	1086.07
		64530	INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	687.60			000	N	1086.07
		64600	DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	1482.00			010	N	1086.07
	J1	**64605**	DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	2026.80			010	N	3259.45
	J1	**64610**	DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	2650.80			010	N	3259.45
		64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	709.20			010	N	1086.07
		64630	DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	812.40			010	N	1086.07
		64632	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	294.00			010	N	351.42
	J1	**64633**	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	1426.80			010	N	3259.45
+		**64634**	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	640.80			ZZZ	N	
	J1	**64635**	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	1411.20			010	N	3259.45
+		**64636**	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	582.00			ZZZ	N	
		64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	463.20			010	N	1086.07
		64680	DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	1088.40			010	N	1086.07
		64681	DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	1971.60			010	N	1086.07
		72275	EPIDUROGRAPY RS&I	220.98	70.49	150.49	XXX	N	
		72285	DISKOGRAPY CERVICAL/THORACIC RS&I	0.00	0.00	0.00	XXX	N	2316.70

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	72295	DISKOGRAPY LUMBAR RS&I	184.15	78.11	106.04	XXX	N	
	76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	102.24	57.79	44.45	XXX	N	
+	**77002**	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	181.61	50.17	131.44	ZZZ	N	
+	**77003**	FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	175.90	54.61	121.29	ZZZ	N	
	95990	REFILL&MAINTENANCE PUMP DRUG DLVR SPINAL/BRAIN	154.58			XXX	N	409.50
	95991	RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BRN PHY/QHP	194.70			XXX	N	351.42

SURGERY

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

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 CPT2019.

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 allowable reimbursement (MAR) 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 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.** The surgical microscope is employed when the surgical services are performed using the techniques of microsurgery. Code 69990 should be reported (without modifier 51 appended) in addition to the code for the primary procedure performed. Do not use 69990 for visualization with magnifying loupes or corrected vision.

   Do not report 69990 in addition to procedures where use of the operating microscope is an inclusive component (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, 64912, 64913, 65091–68850.)

   For purposes of clarification, if microsurgery technique is employed and the primary procedure code is not contained in the list above, it is appropriate to report 69990 with the primary procedure performed and reimbursement is required for such services. (For example, code 63030 is not included in the list therefore, 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 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 MAR 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**

Puncture of a cavity or joint for aspiration followed by injection of a therapeutic agent is one procedure and should be billed as such.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.

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 **Platelet Rich Plasma (PRP) Injections**
The maximum allowable reimbursement for PRP injections applies to all body parts and includes imaging guidance, harvesting and preparation, as well as the injection, kits and supplies.

S. **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 allowable reimbursement (MAR) 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 MARfor 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/pre-certification for reimbursement.

T. **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.

U. **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.

V. **Therapeutic Procedures.** Therapeutic procedures (injecting into cavities, nerve blocks, etc.) (CPT codes 20526–20611, 64400–64450, 64455-64484) 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.

W. **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.

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

Y. **Intervertebral Biomechanical Device(s).** CPT codes 22853, 22854 and 22859 describe the insertion of an intervertebral biomechanical device into an interverbral disc space or vertebral body defect. These codes are reported per level; each code captures insertion of both devices with integral anterior instrumentation for device anchoring and devices without integral anterior instrumentation for device anchoring, regardless of approach (anterior, posterior, lateral). Coding is based on the location of the device insertion and whether interbody arthrodesis is being performed.

Z. **Intra-operative Neurophysiologic Monitoring (e.g., SSEP, MEP, BAEP, TES, DEP, VEP)** Reimbursement for intra-operative neurophysiologic monitoring will not be allowed in the following cases, unless pre-certification is obtainedfrom the payer prior to the services. :

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 MAR for the primary procedure
- Fifty percent (50%) of the MAR for the second and subsequent procedures

B. **Bilateral Procedure Reimbursement Rule.** 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..

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 will be reimbursed 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. Pre-certification is required for use of the external spinal stimulator.
2. 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.
3. The external spinal stimulator is not approved by MWCC for use in primary spinal fusions.
4. When medical necessity is established based on the above criteria, the external spinal stimulator will be reimbursed according to the MAR in the Fee Schedule.

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; and
- 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. Codes 16035-16036 must be used when billing an escharotomy for treatment of a burn.
4. The claim form must be accompanied by a report substantiating the services performed.
5. 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 therapeutic 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.

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			0232T	NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION	467.36					348.16
+			**10004**	FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	178.80			ZZZ	N	
•	•		**10005**	FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	430.80			XXX	N	822.66
+	•		**10006**	FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	205.20			ZZZ	N	
•	•		**10007**	FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	970.80			XXX	N	822.66
+	•		**10008**	FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	547.20			ZZZ	N	
•	•		**10009**	FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	1588.80			XXX	N	822.66
+	•		**10010**	FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	957.60			ZZZ	N	
•	•		**10011**	FINE NEEDLE ASPIRATION BX W/MR GDN 1ST LESION	BR			XXX	N	822.66
+	•		**10012**	FINE NEEDLE ASPIRATION BX W/MR GDN EA ADDL	BR			ZZZ	N	
•	•		**10021**	FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	333.60			XXX	N	445.99
•	•		**10030**	IMAGE-GUIDED CATHETER FLUID COLLECTION DRAINAGE	1952.40			000	N	822.66
•	•		**10035**	PERQ SFT TISS LOC DEVICE PLMT 1ST LES W/GDNCE	1640.40			000	N	822.66
+	•		**10036**	PERQ SFT TISS LOC DEVICE PLMT ADD LES W/GDNCE	1414.80			ZZZ	N	
•	•		**10040**	ACNE SURGERY	370.80			010	N	250.56
•	•		**10060**	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	404.40			010	N	250.56
•	•		**10061**	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	704.40			010	N	445.99
•	•		**10080**	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	627.60			010	N	822.66
•	•		**10081**	INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	940.80			010	N	822.66
•	•		**10120**	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	518.40			010	N	445.99
•	•	J1	**10121**	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMPL	932.40			010	N	2734.29
•	•	J1	**10140**	I&D HEMATOMA SEROMA/FLUID COLLECTION	572.40			010	N	2734.29
•	•		**10160**	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	444.00			010	N	445.99
•	•	J1	**10180**	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	854.40			010	N	4742.07
•	•		**11000**	DBRDMT EXTENSV ECZEMA/INFECT SKN UP 10% BDY SURF	188.40			000	N	685.70
+	•		**11001**	DBRDMT EXTNSVE ECZEMA/INFECT SKN EA 10% BDY SURF	74.40			ZZZ	N	
•	•		**11004**	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT&PR	2002.80			000	N	1634.69
•	•		**11005**	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL	2716.80			000	N	3015.60
•	•		**11006**	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT/ABDL	2452.80			000	N	
+	•		**11008**	REMOVAL PROSTHETIC MATRL ABDL WALL FOR INFECTION	955.20			ZZZ	N	1614.53
•	•		**11010**	DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS	1658.40			010	N	822.66
•	•		**11011**	DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	1831.20			000	N	822.66
•	•	J1	**11012**	DBRDMT FX&/DISLC SUBQ T/M/F BONE	2374.80			000	N	4742.07
•	•		**11042**	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	415.20			000	N	445.99
•	•		**11043**	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	788.40			000	N	685.70
•	•	J1	**11044**	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	1071.60			000	N	2734.29
+	•		**11045**	DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	141.60			ZZZ	N	
+	•		**11046**	DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	250.80			ZZZ	N	
+	•		**11047**	DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	423.60			ZZZ	N	
•	•		**11055**	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	190.80			000	N	250.56
•	•		**11056**	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	228.00			000	N	250.56
•	•		**11057**	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	253.20			000	N	250.56

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**11102**	TANGENTIAL BIOPSY SKIN SINGLE LESION	336.00			000	N	250.56
+	•		**11103**	TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	181.20			ZZZ	N	
•	•		**11104**	PUNCH BIOPSY SKIN SINGLE LESION	422.40			000	N	250.56
+	•		**11105**	PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	207.60			ZZZ	N	
•	•		**11106**	INCISIONAL BIOPSY SKIN SINGLE LESION	511.20			000	N	445.99
+	•		**11107**	INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	244.80			ZZZ	N	
•	•		**11200**	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	301.20			010	N	250.56
+	•		**11201**	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10	64.80			ZZZ	N	
•	•		**11300**	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	332.40			000	N	250.56
•	•		**11301**	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	408.00			000	N	250.56
•	•		**11302**	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	477.60			000	N	250.56
•	•		**11303**	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	526.80			000	N	445.99
•	•		**11305**	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	348.00			000	N	250.56
•	•		**11306**	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	414.00			000	N	250.56
•	•		**11307**	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	490.80			000	N	250.56
•	•		**11308**	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	520.80			000	N	445.99
•	•		**11310**	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	387.60			000	N	250.56
•	•		**11311**	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	463.20			000	N	250.56
•	•		**11312**	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	542.40			000	N	445.99
•	•		**11313**	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	636.00			000	N	445.99
•	•		**11400**	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	423.60			010	N	822.66
•	•		**11401**	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	516.00			010	N	445.99
•	•		**11402**	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	573.60			010	N	822.66
•	•		**11403**	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	663.60			010	N	822.66
•	•	J1	**11404**	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	752.40			010	N	2734.29
•	•	J1	**11406**	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	1082.40			010	N	2734.29
•	•	J1	**11420**	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	423.60			010	N	2734.29
•	•		**11421**	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	538.80			010	N	822.66
•	•	J1	**11422**	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	607.20			010	N	2734.29
•	•	J1	**11423**	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	692.40			010	N	2734.29
•	•	J1	**11424**	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	802.80			010	N	2734.29
•	•	J1	**11426**	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	1150.80			010	N	4742.07
•	•		**11440**	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	469.20			010	N	822.66
•	•		**11441**	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	579.60			010	N	822.66
•	•		**11442**	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	646.80			010	N	822.66
•	•	J1	**11443**	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	770.40			010	N	2734.29
•	•	J1	**11444**	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	966.00			010	N	2734.29
•	•	J1	**11446**	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	1339.20			010	N	4742.07
•	•	J1	**11450**	EXCISION HIDRADENITIS AXILLARY SMPL/INTRM RPR	1350.00			090	N	4742.07
•	•	J1	**11451**	EXCISION HIDRADENITIS AXILLARY COMPLEX REPAIR	1698.00			090	N	4742.07
•	•	J1	**11462**	EXCISION HIDRADENITIS INGUINAL SMPL/INTRM RPR	1315.20			090	N	4742.07
•	•	J1	**11463**	EXCISION HIDRADENITIS INGUINAL COMPLEX REPAIR	1718.40			090	N	4742.07
•	•	J1	**11470**	EXCISION H/P/P/U SIMPLE/INTERMEDIATE REPAIR	1443.60			090	N	4742.07
•	•	J1	**11471**	EXCISION H/P/P/U COMPLEX REPAIR	1765.20			090	N	4742.07
•	•		**11600**	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	663.60			010	N	822.66
•	•		**11601**	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	782.40			010	N	822.66
•	•		**11602**	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	847.20			010	N	445.99
•	•		**11603**	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	968.40			010	N	822.66
•	•		**11604**	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	1074.00			010	N	822.66

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**11606**	EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM	1542.00			010	N	2734.29
•	•	J1	**11620**	EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	668.40			010	N	2734.29
•	•		**11621**	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	786.00			010	N	822.66
•	•		**11622**	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	876.00			010	N	822.66
•	•	J1	**11623**	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM	1026.00			010	N	2734.29
•	•	J1	**11624**	EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM	1160.40			010	N	2734.29
•	•	J1	**11626**	EXCISION MALIGNANT LESION S/N/H/F/G >4.0 CM	1396.80			010	N	4742.07
•	•		**11640**	EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	688.80			010	N	822.66
•	•		**11641**	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	813.60			010	N	822.66
•	•		**11642**	EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	927.60			010	N	822.66
•	•	J1	**11643**	EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	1090.80			010	N	2734.29
•	•	J1	**11644**	EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	1346.40			010	N	2734.29
•	•	J1	**11646**	EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	1756.80			010	N	4742.07
•	•		**11719**	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	49.20			000	N	79.38
•	•		**11720**	DEBRIDEMENT NAIL ANY METHOD 1-5	112.80			000	N	79.38
•	•		**11721**	DEBRIDEMENT NAIL ANY METHOD 6/>	154.80			000	N	79.38
•	•		**11730**	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	370.80			000	N	250.56
+	•		**11732**	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	111.60			ZZZ	N	
•	•		**11740**	EVACUATION SUBUNGUAL HEMATOMA	175.20			000	N	151.20
•	•		**11750**	EXCISION NAIL MATRIX PERMANENT REMOVAL	529.20			010	N	445.99
•	•		**11755**	BIOPSY NAIL UNIT SEPARATE PROCEDURE	416.40			000	N	822.66
•	•		**11760**	REPAIR NAIL BED	655.20			010	N	685.70
•	•		**11762**	RECONSTRUCTION NAIL BED W/GRAFT	978.00			010	N	2199.52
•	•		**11765**	WEDGE EXCISION SKIN NAIL FOLD	576.00			010	N	445.99
•	•	J1	**11770**	EXCISION PILONIDAL CYST/SINUS SIMPLE	972.00			010	N	4742.07
•	•	J1	**11771**	EXCISION PILONIDAL CYST/SINUS EXTENSIVE	2014.80			090	N	4742.07
•	•	J1	**11772**	EXCISION PILONIDAL CYST/SINUS COMPLICATED	2412.00			090	N	4742.07
•	•		**11900**	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	184.80			000	N	250.56
•	•		**11901**	INJECTION INTRALESIONAL >7 LESIONS	234.00			000	N	250.56
•	•		**11920**	TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	612.00			000	N	685.70
•	•		**11921**	TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	700.80			000	N	685.70
+	•		**11922**	TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	207.60			ZZZ	N	
•	•		**11950**	SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC/<	234.00			000	N	250.56
•	•		**11951**	SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC	336.00			000	N	685.70
•	•		**11952**	SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC	453.60			000	N	685.70
•	•		**11954**	SUBCUTANEOUS INJECTION FILLING MATRL >10.0 CC	529.20			000	N	445.99
•	•		**11960**	INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ	3325.20			090	N	3927.90
•	•	J1	**11970**	REPLACEMENT TISS EXPANDER PERMANENT PROSTHESIS	2096.40			090	N	10775.65
•	•		**11971**	REMOVAL TISS EXPANDER W/O INSERTION PROSTHESIS	1622.40			090	N	3377.17
•	•		**11976**	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	493.20			000	N	822.66
•	•		**11980**	SUBCUTANEOUS HORMONE PELLET IMPLANTATION	322.80			000	N	494.39
•	•		**11981**	INSJ NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	486.00			XXX	N	151.20
•	•		**11982**	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	538.80			XXX	N	494.39
•	•		**11983**	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	787.20			XXX	N	494.39
•	•		**12001**	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	303.60			000	N	250.56
•	•		**12002**	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	369.60			000	N	250.56
•	•		**12004**	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	433.20			000	N	250.56
•	•		**12005**	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	562.80			000	N	445.99
•	•		**12006**	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	664.80			000	N	445.99

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	**12007**	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	764.40			000	N	250.56
•	•	**12011**	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	370.80			000	N	250.56
•	•	**12013**	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	387.60			000	N	250.56
•	•	**12014**	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	465.60			000	N	250.56
•	•	**12015**	SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	562.80			000	N	250.56
•	•	**12016**	SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	710.40			000	N	445.99
•	•	**12017**	SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	520.80			000	N	445.99
•	•	**12018**	SIMPLE REPAIR F/E/E/N/L/M >30.0 CM	590.40			000	Y	250.56
•	•	**12020**	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	980.40			010	N	685.70
•	•	**12021**	TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	571.20			010	N	445.99
•	•	**12031**	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	837.60			010	N	445.99
•	•	**12032**	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	1038.00			010	N	445.99
•	•	**12034**	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	1088.40			010	N	445.99
•	•	**12035**	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	1311.60			010	N	445.99
•	•	**12036**	REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	1452.00			010	N	685.70
•	•	**12037**	REPAIR INTERMEDIATE S/A/T/E >30.0 CM	1644.00			010	N	2199.52
•	•	**12041**	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	836.40			010	N	445.99
•	•	**12042**	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	1009.20			010	N	445.99
•	•	**12044**	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	1249.20			010	N	685.70
•	•	**12045**	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	1375.20			010	N	685.70
•	•	**12046**	RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM	1656.00			010	N	445.99
•	•	**12047**	REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM	1818.00			010	Y	2199.52
•	•	**12051**	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	906.00			010	N	445.99
•	•	**12052**	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	1026.00			010	N	445.99
•	•	**12053**	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 5.1-7.5 CM	1200.00			010	N	445.99
•	•	**12054**	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 7.6-12.5 CM	1255.20			010	N	445.99
•	•	**12055**	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 12.6-20.0CM	1628.40			010	N	445.99
•	•	**12056**	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 20.1-30.0CM	1917.60			010	N	445.99
•	•	**12057**	REPAIR INTERMEDIATE F/E/E/N/L&/MUC >30.0 CM	2031.60			010	Y	445.99
•	•	**13100**	REPAIR COMPLEX TRUNK 1.1-2.5 CM	1159.20			010	N	685.70
•	•	**13101**	REPAIR COMPLEX TRUNK 2.6-7.5 CM	1366.80			010	N	685.70
+	•	**13102**	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	415.20			ZZZ	N	
•	•	**13120**	REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	1210.80			010	N	685.70
•	•	**13121**	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	1471.20			010	N	685.70
+	•	**13122**	REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<	453.60			ZZZ	N	
•	•	**13131**	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	1330.80			010	N	445.99
•	•	**13132**	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	1639.20			010	N	685.70
+	•	**13133**	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<	607.20			ZZZ	N	
•	•	**13151**	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	1455.60			010	N	685.70
•	•	**13152**	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	1737.60			010	N	685.70
+	•	**13153**	REPAIR COMPLX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	660.00			ZZZ	N	
•	•	**13160**	SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC	2755.20			090	N	2199.52
•	•	**14000**	ADJACENT TISSUE TRANSFER/REARGMT TRUNK 10 SQCM/<	2136.00			090	N	2199.52
•	•	**14001**	ADJNT TIS TRANSFR/REARRANGE TRUNK 10.1-30.0 SQCM	2738.40			090	N	2199.52
•	•	**14020**	ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<	2384.40			090	N	2199.52
•	•	**14021**	ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	2974.80			090	N	2199.52
•	•	**14040**	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	2604.00			090	N	2199.52
•	•	**14041**	ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	3210.00			090	N	2199.52
•	•	**14060**	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	2653.20			090	N	2199.52

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	**14061**	ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM	3452.40			090	N	2199.52
•	•	**14301**	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	3694.80			090	Y	3927.90
+	•	**14302**	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	760.80			ZZZ	Y	
•	•	**14350**	FILLETED FINGER/TOE FLAP W/PREPJ RECIPIENT SITE	2354.40			090	N	2199.52
•	•	**15002**	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	1192.80			000	N	2199.52
+	•	**15003**	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	253.20			ZZZ	N	
•	•	**15004**	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	1365.60			000	N	685.70
+	•	**15005**	PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT	422.40			ZZZ	N	
•	•	**15040**	HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	874.80			000	N	2199.52
•	•	**15050**	PINCH GRAFT 1/MLT SM ULCER TIP/OTH AREA 2CM	1936.80			090	N	685.70
•	•	**15100**	SPLIT AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	2949.60			090	N	2199.52
+	•	**15101**	SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	637.20			ZZZ	N	
•	•	**15110**	EPIDRM AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	2738.40			090	N	2199.52
+	•	**15111**	EPIDRM AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	398.40			ZZZ	N	
•	•	**15115**	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<	2718.00			090	N	2199.52
+	•	**15116**	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM	576.00			ZZZ	N	
•	•	**15120**	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/</1 %	2914.80			090	N	3927.90
+	•	**15121**	SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %	714.00			ZZZ	N	
•	•	**15130**	DERMAL AUTOGRAFT TRUNK/ARM/LEG 1ST 100 CM	2282.40			090	N	2199.52
+	•	**15131**	DERMAL AUTOGRAFT TRUNK/ARM/LEG EA 100 CM/EA	342.00			ZZZ	N	
•	•	**15135**	DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT 1ST 100	2942.40			090	N	3927.90
+	•	**15136**	DERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA	338.40			ZZZ	N	
•	•	**15150**	CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CM/<	2406.00			090	N	2199.52
+	•	**15151**	CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM	414.00			ZZZ	N	
+	•	**15152**	CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BODY AREA	510.00			ZZZ	N	
•	•	**15155**	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1ST 25CM/<	2740.80			090	N	3927.90
+	•	**15156**	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ADDL 1-75CM	558.00			ZZZ	N	
+	•	**15157**	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT EA 100 EA	620.40			ZZZ	N	
•	•	**15200**	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 CM/<	2859.60			090	N	2199.52
+	•	**15201**	FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 CM/<	496.80			ZZZ	N	
•	•	**15220**	FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 CM/<	2647.20			090	N	2199.52
+	•	**15221**	FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 CM/<	464.40			ZZZ	N	
•	•	**15240**	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM/<	3201.60			090	N	2199.52
+	•	**15241**	FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA20CM/<	626.40			ZZZ	N	
•	•	**15260**	FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	3465.60			090	N	2199.52
+	•	**15261**	FTH/GFT FREE W/DIR CLSR N/E/E/L EA 20 SQ CM/<	726.00			ZZZ	N	
•	•	**15271**	APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	496.80			000	N	2199.52
+	•	**15272**	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	91.20			ZZZ	N	
•	•	**15273**	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	1047.60			000	N	3927.90
+	•	**15274**	APP SKN SUB GRFT T/A/L AREA>/=100SCM ADL 100SQCM	258.00			ZZZ	N	
•	•	**15275**	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	524.40			000	N	2199.52
+	•	**15276**	SUB GRFT F/S/N/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	117.60			ZZZ	N	
•	•	**15277**	SUB GRFT F/S/N/H/F/G/M/D >/= 100SCM 1ST 100SQ CM	1146.00			000	N	2199.52
+	•	**15278**	SUB GRFT F/S/N/H/F/G/M/D >/= 100SCM ADL 100SQ CM	304.80			ZZZ	N	
•	•	**15570**	FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK	3124.80			090	N	2199.52
•	•	**15572**	FRMJ DIRECT/TUBE PEDICLE W/WO TR SCALP ARMS/LEGS	3039.60			090	N	3927.90
•	•	**15574**	FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F	3102.00			090	N	2199.52
•	•	**15576**	FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL	2751.60			090	N	2199.52
•	•	**15600**	DELAY FLAP/SECTIONING FLAP TRUNK	1116.00			090	N	3927.90

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**15610**	DELAY FLAP/SECTIONING FLAP SCALP ARMS/LEGS	1219.20			090	N	2199.52
•	•		**15620**	DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F	1502.40			090	N	2199.52
•	•		**15630**	DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	1570.80			090	N	2199.52
•	•		**15650**	TRANSFER ANY PEDICLE FLAP ANY LOCATION	1742.40			090	N	2199.52
•	•		**15730**	MIDFACE FLAP W/PRESERVATION OF VASCULAR PEDICLES	5239.20			090	N	3927.90
•	•		**15731**	FOREHEAD FLAP W/PRESERVATION VASCULAR PEDICLE	3844.80			090	N	3927.90
•	•		**15733**	MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	3614.40			090	N	3927.90
•	•		**15734**	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	5216.40			090	Y	3927.90
•	•		**15736**	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP UXTR	4236.00			090	N	2199.52
•	•		**15738**	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	4518.00			090	Y	3927.90
•	•		**15740**	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	3459.60			090	N	2199.52
•	•		**15750**	FLAP NEUROVASCULAR PEDICLE	3166.80			090	Y	3927.90
•	•		**15756**	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	7945.20			090	Y	
•	•		**15757**	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	7861.20			090	Y	666.46
•	•		**15758**	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	7930.80			090	Y	
•	•		**15760**	GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	2911.20			090	N	2199.52
•	•		**15770**	GRAFT DERMA-FAT-FASCIA	2290.80			090	Y	3927.90
•	•		**15775**	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	1048.80			000	N	445.99
•	•		**15776**	PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS	1508.40			000	N	445.99
+	•		**15777**	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	750.00			ZZZ	N	
•	•	J1	**15780**	DERMABRASION TOTAL FACE	3139.20			090	N	4742.07
•	•		**15781**	DERMABRASION SEGMENTAL FACE	1885.20			090	N	822.66
•	•	J1	**15782**	DERMABRASION REGIONAL OTHER THAN FACE	1963.20			090	N	2734.29
•	•		**15783**	DERMABRASION SUPERFICIAL ANY SITE	1634.40			090	N	445.99
•	•		**15786**	ABRASION 1 LESION	837.60			010	N	250.56
+	•		**15787**	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	152.40			ZZZ	N	
•	•		**15788**	CHEMICAL PEEL FACIAL EPIDERMAL	1530.00			090	N	250.56
•	•		**15789**	CHEMICAL PEEL FACIAL DERMAL	1890.00			090	N	685.70
•	•		**15792**	CHEMICAL PEEL NONFACIAL EPIDERMAL	1416.00			090	N	445.99
•	•		**15793**	CHEMICAL PEEL NONFACIAL DERMAL	1689.60			090	N	445.99
•	•		**15819**	CERVICOPLASTY	2731.20			090	N	2199.52
•	•		**15820**	BLEPHAROPLASTY LOWER EYELID	1945.20			090	N	2199.52
•	•		**15821**	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	2085.60			090	N	2199.52
•	•		**15822**	BLEPHAROPLASTY UPPER EYELID	1528.80			090	N	2199.52
•	•		**15823**	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	2084.40			090	N	2199.52
•	•		**15824**	RHYTIDECTOMY FOREHEAD	3634.80			000	N	2199.52
•	•		**15825**	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	6904.80			000	N	3927.90
•	•		**15826**	RHYTIDECTOMY GLABELLAR FROWN LINES	2175.24			000	N	3927.90
•	•		**15828**	RHYTIDECTOMY CHEEK CHIN & NECK	10657.20			000	N	3927.90
•	•		**15829**	RHYTIDECTOMY SMAS FLAP	6728.40			000	N	3927.90
•	•	J1	**15830**	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	4050.00			090	Y	9771.93
•	•	J1	**15832**	EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	3168.00			090	Y	4742.07
•	•	J1	**15833**	EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	2995.20			090	N	4742.07
•	•	J1	**15834**	EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	3062.40			090	N	4742.07
•	•	J1	**15835**	EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	3220.80			090	N	4742.07
•	•	J1	**15836**	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	2718.00			090	N	4742.07
•	•	J1	**15837**	EXC EXCESSIVE SKIN &SUBQ TISSUE FOREARM/HAND	2964.00			090	N	4742.07
•	•	J1	**15838**	EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	2200.80			090	N	4742.07
•	•	J1	**15839**	EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	3032.40			090	N	4742.07

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**15840**	GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT	3463.20			090	N	3927.90
•	•		**15841**	GRAFT FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	6146.40			090	Y	3927.90
•	•		**15842**	GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG	9364.80			090	Y	2199.52
•	•		**15845**	GRF FACIAL NERVE PARALYSIS REGIONAL MUSCLE TR	3464.40			090	Y	3927.90
+	•		**15847**	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN	2668.80			YYY	Y	
•	•		**15850**	REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON	307.20			XXX	N	685.70
•	•		**15851**	REMOVAL SUTURES UNDER ANESTHESIA OTHER SURGEON	342.00			000	N	2199.52
•	•		**15852**	DRESSING CHANGE UNDER ANESTHESIA	159.60			000	N	685.70
•	•		**15860**	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	372.00			000	N	494.39
•	•		**15876**	SUCTION ASSISTED LIPECTOMY HEAD & NECK	3015.60			000	N	3927.90
•	•		**15877**	SUCTION ASSISTED LIPECTOMY TRUNK	4603.20			000	N	3927.90
•	•		**15878**	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	BR			000	N	2199.52
•	•		**15879**	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	5754.00			000	N	3927.90
•	•	J1	**15920**	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/PRIM SUTR	2140.80			090	N	4742.07
•	•		**15922**	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/FLAP CLSR	2700.00			090	Y	3927.90
•	•	J1	**15931**	EXCISION SACRAL PRESSURE ULCER W/PRIMARY SUTURE	2392.80			090	N	2734.29
•	•	J1	**15933**	EXC SACRAL PRESSURE ULC W/PRIM SUTR W/OSTECTOMY	2949.60			090	N	4742.07
•	•		**15934**	EXCISION SACRAL PRESSURE ULCER W/SKIN FLAP CLSR	3258.00			090	N	3927.90
•	•		**15935**	EXC SACRAL PR ULCER W/SKN FLAP CLSR W/OSTECTOMY	3796.80			090	Y	3927.90
•	•		**15936**	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF CLSR	3086.40			090	N	2199.52
•	•		**15937**	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF OSTC	3582.00			090	N	2199.52
•	•	J1	**15940**	EXC ISCHIAL PRESSURE ULCER W/PRIMARY SUTURE	2418.00			090	N	4742.07
•	•	J1	**15941**	EXC ISCHIAL PR ULC W/PRIM SUTR W/OSTC ISCHIECT	3130.80			090	N	4742.07
•	•		**15944**	EXC ISCHIAL PRESSURE ULCER W/SKIN FLAP CLOSURE	3099.60			090	N	3927.90
•	•		**15945**	EXC ISCHIAL PR ULC W/SKN FLAP CLSR W/OSTECTOMY	3415.20			090	N	2199.52
•	•		**15946**	EXC ISCHIAL PR ULCER W/OSTC MUSC/MYOQ FLAP/SKIN	5624.40			090	N	2199.52
•	•	J1	**15950**	EXC TROCHANTERIC PRESSURE ULCER W/PRIMARY SUTR	2078.40			090	N	2734.29
•	•	J1	**15951**	EXC TRCHNTRIC PR ULCER W/PRIM SUTR W/OSTECTOMY	3034.80			090	N	4742.07
•	•		**15952**	EXC TROCHANTERIC PR ULCER W/SKIN FLAP CLOSURE	3116.40			090	Y	2199.52
•	•		**15953**	EXC TRCHNTRIC PR ULC W/SKN FLAP CLSR W/OSTECTOMY	3439.20			090	N	3927.90
•	•		**15956**	EXC TROCHANTERIC PR ULCER MUSC/MYOQ FLAP/SKIN	4005.60			090	N	2199.52
•	•		**15958**	EXC TRCHNTRIC PR ULC MUSC/MYOQ FLAP/SKIN W/OSTC	4087.20			090	N	3927.90
•	•		**15999**	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	BR			YYY	N	822.66
•	•		**16000**	INITIAL TX 1ST DEGREE BURN LOCAL TX	240.00			000	N	250.56
•	•		**16020**	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	278.40			000	N	250.56
•	•		**16025**	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	511.20			000	N	250.56
•	•		**16030**	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	648.00			000	N	445.99
•	•		**16035**	ESCHAROTOMY FIRST INCISION	678.00			000	N	445.99
+	•		**16036**	ESCHAROTOMY EACH ADDITIONAL INCISION	283.20			ZZZ	N	
•	•		**17000**	DESTRUCTION PREMALIGNANT LESION 1ST	222.00			010	N	250.56
+	•		**17003**	DESTRUCTION PREMALIGNANT LESION 2-14 EA	19.20			ZZZ	N	
•	⃠		**17004**	DESTRUCTION PREMALIGNANT LESION 15/>	517.20			010	N	445.99
•	•		**17106**	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM	1173.60			090	N	445.99
•	•		**17107**	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	1520.40			090	N	685.70
•	•		**17108**	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	2202.00			090	N	2199.52
•	•		**17110**	DESTRUCTION BENIGN LESIONS UP TO 14	375.60			010	N	250.56
•	•		**17111**	DESTRUCTION BENIGN LESIONS 15/>	445.20			010	N	250.56
•	•		**17250**	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	277.20			000	N	250.56
•	•		**17260**	DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<	325.20			010	N	250.56

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**17261**	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	493.20			010	N	250.56
•	•		**17262**	DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM	601.20			010	N	250.56
•	•		**17263**	DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM	656.40			010	N	250.56
•	•		**17264**	DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM	702.00			010	N	445.99
•	•		**17266**	DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM	799.20			010	N	445.99
•	•		**17270**	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/>	508.80			010	N	250.56
•	•		**17271**	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM	560.40			010	N	250.56
•	•		**17272**	DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	639.60			010	N	250.56
•	•		**17273**	DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM	712.80			010	N	445.99
•	•		**17274**	DESTRUCTION MALIGNANT LESION S/N/H/F/G 3.1-4.0CM	841.20			010	N	445.99
•	•		**17276**	DSTRJ MAL LESION S/N/H/F/G LESION DIAM > 4.0 CM	973.20			010	N	445.99
•	•		**17280**	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	476.40			010	N	250.56
•	•		**17281**	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	610.80			010	N	445.99
•	•		**17282**	DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM	700.80			010	N	445.99
•	•		**17283**	DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	838.80			010	N	445.99
•	•		**17284**	DESTRUCTION MAL LESION F/E/E/N/L/M 3.1-4.0CM	956.40			010	N	685.70
•	•		**17286**	DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	1226.40			010	N	685.70
•	•		**17311**	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	2277.60			000	N	685.70
+	•		**17312**	MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL STAGE	1351.20			ZZZ	N	
•	•		**17313**	MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS	2130.00			000	N	685.70
+	•		**17314**	MOHS TRUNK/ARM/LEG EA STAGE AFTER 1ST STAGE	1290.00			ZZZ	N	
+	•		**17315**	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE	271.20			ZZZ	N	
•	•		**17340**	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	178.80			010	N	45.61
•	•		**17360**	CHEMICAL EXFOLIATION ACNE	433.20			010	N	250.56
•	•		**17380**	ELECTROLYSIS EPILATION EACH 30 MINUTES	153.60			000	N	685.70
•	•		**17999**	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE	BR			YYY	N	250.56
•	•		**19000**	PUNCTURE ASPIRATION CYST BREAST	374.40			000	N	822.66
+	•		**19001**	PUNCTURE ASPIRATION BREAST EACH ADDITIONAL CYST	92.40			ZZZ	N	
•	•	J1	**19020**	MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	1620.00			090	N	2734.29
•	•		**19030**	INJECTION MAMMARY DUCTOGRAM/GALACTOGRAM	568.80			000	N	
•	•	J1	**19081**	BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	2210.40			000	N	2734.29
+	•		**19082**	BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	1803.60			ZZZ	N	
•	•	J1	**19083**	BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	2164.80			000	N	2734.29
+	•		**19084**	BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	1738.80			ZZZ	N	
•	•	J1	**19085**	BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	3286.80			000	N	2734.29
+	•		**19086**	BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	2636.40			ZZZ	N	
•	•	J1	**19100**	BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	518.40			000	N	2734.29
•	•	J1	**19101**	BIOPSY BREAST OPEN INCISIONAL	1156.80			010	N	5620.48
•	•	J1	**19105**	ABLTJ CRYOSURGICAL W/US GID EA FIBROADENOMA	9660.00			000	N	5620.48
•	•	J1	**19110**	NIPPLE EXPLORATION	1675.20			090	N	5620.48
•	•	J1	**19112**	EXCISION LACTIFEROUS DUCT FISTULA	1578.00			090	N	5620.48
•	•	J1	**19120**	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	1716.00			090	N	5620.48
•	•	J1	**19125**	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	1900.80			090	N	5620.48
+	•		**19126**	EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL	561.60			ZZZ	N	
•	•	J1	**19260**	EXCISION CHEST WALL TUMOR INCLUDING RIBS	4120.80			090	Y	4742.07
•	•		**19271**	EXC CHEST TUMOR W/RCNSTJ W/O MEDSTNL LMPHADEC	5538.00			090	Y	
•	•		**19272**	EXC CHEST TUMOR W/RCNSTJ W/MEDSTNL LMPHADEC	6039.60			090	Y	
•	•		**19281**	PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	828.00			000	N	822.66
+	•		**19282**	PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	578.40			ZZZ	N	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**19283**	PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	927.60			000	N	822.66
+	•		**19284**	PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	704.40			ZZZ	N	
•	•		**19285**	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	1654.80			000	N	822.66
+	•		**19286**	PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	1429.20			ZZZ	N	
•	•		**19287**	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO MR GUID	2796.00			000	N	822.66
+	•		**19288**	PERQ BREAST LOC DEVICE PLACEMT ADD LESIO MR GUID	2239.20			ZZZ	N	
+	•		**19294**	PREP TUMOR CAVITY IORT W/PARTIAL MASTECTOMY	565.20			ZZZ	N	
•	•	J1	**19296**	PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST	13578.00			000	N	13715.53
+	•		**19297**	PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST	330.00			ZZZ	N	
•	•	J1	**19298**	PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST	3388.80			000	N	9771.93
•	•	J1	**19300**	MASTECTOMY GYNECOMASTIA	1842.00			090	N	5620.48
•	•	J1	**19301**	MASTECTOMY PARTIAL	2263.20			090	N	5620.48
•	•	J1	**19302**	MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY	3116.40			090	Y	9771.93
•	•	J1	**19303**	MASTECTOMY SIMPLE COMPLETE	3322.80			090	Y	9771.93
•	•	J1	**19304**	MASTECTOMY SUBCUTANEOUS	2017.20			090	Y	5620.48
•	•		**19305**	MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES	3927.60			090	Y	4993.63
•	•		**19306**	MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES	4161.60			090	Y	
•	•	J1	**19307**	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN	4153.20			090	Y	9771.93
•	•	J1	**19316**	MASTOPEXY	2660.40			090	Y	9771.93
•	•	J1	**19318**	REDUCTION MAMMAPLASTY	3790.80			090	Y	9771.93
•	•	J1	**19324**	MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT	1818.00			090	N	13715.53
•	•	J1	**19325**	MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT	2215.20			090	N	13715.53
•	•		**19328**	REMOVAL INTACT MAMMARY IMPLANT	1712.40			090	N	3998.73
•	•		**19330**	REMOVAL MAMMARY IMPLANT MATERIAL	2181.60			090	N	3998.73
•	•	J1	**19340**	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	3432.00			090	N	9771.93
•	•	J1	**19342**	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	3183.60			090	N	13715.53
•	•	J1	**19350**	NIPPLE/AREOLA RECONSTRUCTION	2833.20			090	N	5620.48
•	•	J1	**19355**	CORRECTION INVERTED NIPPLES	2583.60			090	N	5620.48
•	•	J1	**19357**	BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ	5179.20			090	Y	22381.25
•	•		**19361**	BRST RCNSTJ W/LATSMS D/SI FLAP WO PRSTHC IMPL	5426.40			090	Y	4817.70
•	•		**19364**	BREAST RECONSTRUCTION FREE FLAP	9505.20			090	Y	2934.05
•	•	J1	**19366**	BREAST RECONSTRUCTION OTHER TECHNIQUE	4845.60			090	Y	9771.93
•	•		**19367**	BREAST RECONSTRUCTION TRAM FLAP 1 PEDICLE	6160.80			090	Y	
•	•		**19368**	BREAST RECONSTRUCTION TRAM 1 PEDCL MVASC ANAST	7586.40			090	Y	
•	•		**19369**	BREAST RECONSTRUCTION TRAM FLAP DOUBLE PEDICLE	7041.60			090	Y	
•	•	J1	**19370**	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	2367.60			090	N	5620.48
•	•	J1	**19371**	PERIPROSTHETIC CAPSULECTOMY BREAST	2707.20			090	N	5620.48
•	•	J1	**19380**	REVISION RECONSTRUCTED BREAST	2671.20			090	N	9771.93
•	•	J1	**19396**	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	987.60			000	N	5620.48
•	•	J1	**19499**	UNLISTED PROCEDURE BREAST	BR			YYY	N	5620.48
•	•		**20100**	EXPLORATION PENETRATING WOUND SPX NECK	2104.80			010	Y	691.72
•	•		**20101**	EXPLORATION PENETRATING WOUND SPX CHEST	1555.20			010	N	2199.52
•	•		**20102**	EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	1684.80			010	N	2199.52
•	•		**20103**	EXPLORATION PENETRATING WOUND SPX EXTREMITY	1993.20			010	N	822.66
•	•	J1	**20150**	EXCISION EPIPHYSEAL BAR	3490.80			090	Y	5184.51
•	•	J1	**20200**	BIOPSY MUSCLE SUPERFICIAL	714.00			000	N	2734.29
•	•	J1	**20205**	BIOPSY MUSCLE DEEP	1002.00			000	N	4742.07
•	•	J1	**20206**	BIOPSY MUSCLE PERCUTANEOUS NEEDLE	805.20			000	N	2734.29
•	•	J1	**20220**	BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL	574.80			000	N	2734.29

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**20225**	BIOPSY BONE TROCAR/NEEDLE DEEP	1765.20			000	N	2734.29
•	•	J1	**20240**	BIOPSY BONE OPEN SUPERFICIAL	517.20			000	N	4742.07
•	•	J1	**20245**	BIOPSY BONE OPEN DEEP	1215.60			000	N	4742.07
•	•	J1	**20250**	BIOPSY VERTEBRAL BODY OPEN THORACIC	1380.00			010	N	5184.51
•	•	J1	**20251**	BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL	1494.00			010	Y	10775.65
•	•	J1	**20500**	INJECTION SINUS TRACT THERAPEUTIC SEPARATE PROC	370.80			010	N	2543.11
•	•		**20501**	INJECTION SINUS TRACT DIAGNOSTIC	434.40			000	N	
•	•	J1	**20520**	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	704.40			010	N	2734.29
•	•	J1	**20525**	RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP	1635.60			010	N	4742.07
•	•		**20526**	INJECTION THERAPEUTIC CARPAL TUNNEL	264.00			000	N	351.42
•	•		**20527**	INJECTION ENZYME PALMAR FASCIAL CORD	286.80			000	N	351.42
•	•		**20550**	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	181.20			000	N	351.42
•	•		**20551**	INJECTION SINGLE TENDON ORIGIN/INSERTION	183.60			000	N	351.42
•	•		**20552**	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	188.40			000	N	351.42
•	•		**20553**	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	217.20			000	N	351.42
•	•	J1	**20555**	PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	1138.80			000	N	5184.51
•	•		**20600**	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	165.60			000	N	351.42
•	•		**20604**	ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	252.00			000	N	351.42
•	•		**20605**	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	172.80			000	N	351.42
•	•		**20606**	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	278.40			000	N	850.31
•	•		**20610**	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	205.20			000	N	351.42
•	•		**20611**	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	313.20			000	N	351.42
•	•		**20612**	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	205.20			000	N	351.42
•	•		**20615**	ASPIRATION & INJECTION TREATMENT BONE CYST	834.00			010	N	822.66
•	•	J1	**20650**	INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX	728.40			010	N	5184.51
•	•		**20660**	APPL CRANIAL TONG/STRTCTC FRAME W/REMOVAL SPX	848.40			000	N	1864.94
•	•		**20661**	APPLICATION HALO CRANIAL INCLUDING REMOVAL	1743.60			090	N	
•	•	J1	**20662**	APPLICATION HALO PELVIC INCLUDING REMOVAL	1770.00			090	N	2624.38
•	•	J1	**20663**	APPLICATION HALO FEMORAL INCLUDING REMOVAL	1626.00			090	N	5184.51
•	•		**20664**	APPL HALO 6/> PINS THIN SKULL OSTEOLOGY	3038.40			090	N	
•	•		**20665**	REMOVAL TONG/HALO APPLIED BY ANOTHER INDIVIDUAL	375.60			010	N	494.39
•	•		**20670**	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	1280.40			010	N	1953.21
•	•		**20680**	REMOVAL IMPLANT DEEP	2114.40			090	N	3377.17
•	•	J1	**20690**	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	2064.00			090	N	10775.65
•	•	J1	**20692**	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	3872.40			090	Y	19120.53
•	•	J1	**20693**	ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES	1530.00			090	N	10775.65
•	•		**20694**	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	1465.20			090	N	1864.94
•	•	J1	**20696**	XTRNL FIXJ W/STEREOTACTIC ADJUSTMENT 1ST & SUBQ	4138.80			090	Y	26078.68
•	⃠	J1	**20697**	XTRNL FIXJ W/STRTCTC ADJUSTMENT EXCHANGE STRUT	7069.20	BR	7069.20	000	Y	
•	•		**20802**	REPLANTATION ARM COMPLETE AMPUTATION	9562.80			090	Y	
•	•		**20805**	REPLANTATION FOREARM COMPLETE AMPUTATION	11386.80			090	Y	
•	•		**20808**	REPLANTATION HAND COMPLETE AMPUTATION	13776.00			090	Y	
•	•		**20816**	RPLJ DGT EXCEPT THMB MTCARPHLNGL JT COMPL AMP	7161.60			090	Y	
•	•	J1	**20822**	RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	6153.60			090	Y	2624.38
•	•		**20824**	RPLJ THMB CARP/MTCRPL JT MP JT COMPL AMPUTATION	7173.60			090	Y	
•	•		**20827**	RPLJ THUMB DISTAL TIP MP JOINT COMPL AMPUTATION	6284.40			090	Y	
•	•		**20838**	REPLANTATION FOOT COMPLETE AMPUTATION	9682.80			090	Y	
•	•	J1	**20900**	BONE GRAFT ANY DONOR AREA MINOR/SMALL	1406.40			000	Y	10775.65
•	•	J1	**20902**	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	984.00			000	Y	10775.65

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**20910**	CARTILAGE GRAFT COSTOCHONDRAL	1615.20			090	N	685.70
•	•		**20912**	CARTILAGE GRAFT NASAL SEPTUM	1632.00			090	N	3927.90
•	•		**20920**	FASCIA LATA GRAFT BY STRIPPER	1381.20			090	N	2199.52
•	•		**20922**	FASCIA LATA GRAFT INCISION & AREA EXPOSURE	2042.40			090	Y	2199.52
•	•	J1	**20924**	TENDON GRAFT FROM A DISTANCE	1746.00			090	Y	10775.65
•	•		**20926**	TISSUE GRAFTS OTHER	1448.40			090	N	3927.90
+	•		**20930**	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	920.40			XXX	N	
+	•		**20931**	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	391.20			ZZZ	N	
+	•		**20932**	OSTEOARTICULAR ALLOGRAFT W/ARTICULAR SURF & BONE	2464.80			ZZZ	Y	
+	•		**20933**	HEMICORTICAL INTERCALARY ALLOGRAFT PARTIAL	2260.80			ZZZ	Y	
+	•		**20934**	INTERCALARY ALLOGRAFT COMPLETE	2463.60			ZZZ	Y	
+	•		**20936**	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	1150.80			XXX	N	
+	•		**20937**	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	585.60			ZZZ	Y	
+	•		**20938**	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	648.00			ZZZ	Y	
+	•		**20939**	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	230.40			ZZZ	N	
•	•		**20950**	MNTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME	889.20			000	N	822.66
•	•		**20955**	BONE GRAFT MICROVASCULAR ANASTOMOSIS FIBULA	8602.80			090	Y	
•	•		**20956**	BONE GRAFT MICROVASCULAR ANAST ILIAC CREST	9134.40			090	Y	
•	•		**20957**	BONE GRAFT MICROVASCULAR ANAST METATARSAL	9567.60			090	Y	
•	•		**20962**	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	9244.80			090	Y	
•	•		**20969**	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	9496.80			090	Y	
•	•		**20970**	FREE OSTQ FLAP W/MVASC ANASTOMOSIS ILIAC CREST	9885.60			090	Y	
•	•	J1	**20972**	FREE OSTQ FLAP W/MVASC ANASTOMOSIS METATARSAL	9919.20			090	Y	10775.65
•	•	J1	**20973**	FR OSTQ FLAP W/MVASC ANAST GRT TOE W/WEB SPACE	10477.20			090	Y	10775.65
•	⃠		**20974**	ELECTRICAL STIMULATION BONE HEALING NONINVASIVE	268.80			000	N	
•	⃠		**20975**	ELECTRICAL STIMULATION BONE HEALING INVASIVE	621.60			000	Y	
•	•		**20979**	LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE	178.80			000	N	24.38
•	•	J1	**20982**	ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	13216.80			000	N	10775.65
•	•	J1	**20983**	ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	19648.80			000	N	10775.65
+	•		**20985**	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	508.80			ZZZ	N	
•	•		**20999**	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	BR			YYY	N	319.63
•	•	J1	**21010**	ARTHROTOMY TEMPOROMANDIBULAR JOINT	2638.80			090	N	4449.71
•	•	J1	**21011**	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	1214.40			090	Y	2734.29
•	•	J1	**21012**	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>	1170.00			090	Y	2734.29
•	•	J1	**21013**	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL <2CM	1803.60			090	Y	2734.29
•	•	J1	**21014**	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>	1801.20			090	Y	4742.07
•	•	J1	**21015**	RAD RESECTION TUMOR SOFT TISS FACE/SCALP < 2CM	2436.00			090	N	4742.07
•	•	J1	**21016**	RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/>	3498.00			090	Y	4742.07
•	•	J1	**21025**	EXCISION BONE MANDIBLE	2984.40			090	N	8765.29
•	•	J1	**21026**	EXCISION FACIAL BONE	2042.40			090	N	8765.29
•	•	J1	**21029**	REMOVAL CONTOURING BENIGN TUMOR FACIAL BONE	2649.60			090	N	4449.71
•	•	J1	**21030**	EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL & CURTG	1755.60			090	N	8765.29
•	•	J1	**21031**	EXCISION TORUS MANDIBULARIS	1357.20			090	N	4449.71
•	•	J1	**21032**	EXCISION MAXILLARY TORUS PALATINUS	1365.60			090	N	4449.71
•	•	J1	**21034**	EXCISION MALIGNANT TUMOR MAXILLA/ZYGOMA	4500.00			090	Y	8765.29
•	•	J1	**21040**	EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT	1768.80			090	N	4449.71
•	•	J1	**21044**	EXCISION MALIGNANT TUMOR MANDIBLE	3009.60			090	Y	8765.29
•	•		**21045**	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	4214.40			090	Y	
•	•	J1	**21046**	EXC BENIGN TUMOR/CYST MNDBL INTRA-ORAL OSTEOT	3788.40			090	N	8765.29

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**21047**	EXC B9 TUM/CST MNDBL XTR-ORAL OSTEOT&PRTL MNDB	4522.80			090	Y	8765.29
•	•	J1	**21048**	EXC BENIGN TUMOR/CYST MAXL INTRA-ORAL OSTEOT	3848.40			090	N	8765.29
•	•	J1	**21049**	EXC B9 TUM/CST MAXL XTR-ORAL OSTEOT&PRTL MAXLC	4159.20			090	Y	8765.29
•	•	J1	**21050**	CONDYLECTOMY TEMPOROMANDIBULAR JOINT SPX	3110.40			090	N	8765.29
•	•	J1	**21060**	MENISCECTOMY PRTL/COMPL TEMPOROMANDIBULAR JT SPX	2829.60			090	Y	8765.29
•	•	J1	**21070**	CORONOIDECTOMY SEPARATE PROCEDURE	2198.40			090	N	8765.29
•	•	J1	**21073**	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	1322.40			090	N	2543.11
•	•	J1	**21076**	IMPRESSION&PREPARATION SURG OBTURATOR PROSTHES	3312.00			010	N	2543.11
•	•	J1	**21077**	IMPRESSION & PREPARATION ORBITAL PROSTHESIS	8256.00			090	N	8765.29
•	•	J1	**21079**	IMPRESSION & PREPARATION INTERIM OBTURATOR PROST	5599.20			090	N	4449.71
•	•	J1	**21080**	IMPRESSION & PREPJ DEFINITIVE OBTURATOR PROSTHES	6327.60			090	N	4449.71
•	•	J1	**21081**	IMPRESSION & PREPJ MANDIBULAR RESECTION PROSTHES	5823.60			090	N	8765.29
•	•	J1	**21082**	IMPRESSION & PREPJ PALATAL AUGMENTATION PROSTHES	5439.60			090	N	4449.71
•	•	J1	**21083**	IMPRESSION & PREPARATION PALATAL LIFT PROSTHESIS	5186.40			090	N	4449.71
•	•	J1	**21084**	IMPRESSION & PREPARATION SPEECH AID PROSTHESIS	5938.80			090	N	4449.71
•	•		**21085**	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	2526.00			010	N	292.72
•	•	J1	**21086**	IMPRESSION & PREPARATION AURICULAR PROSTHESIS	6132.00			090	N	4449.71
•	•	J1	**21087**	IMPRESSION & PREPARATION NASAL PROSTHESIS	6132.00			090	N	8765.29
•	•	J1	**21088**	IMPRESSION & PREPARATION FACIAL PROSTHESIS	5984.40			090	N	4449.71
•	•		**21089**	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	BR			YYY	N	292.72
•	•	J1	**21100**	APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX	2386.80			090	N	8765.29
•	•		**21110**	APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	2805.60			090	N	1816.32
•	•		**21116**	INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	609.60			000	N	
•	•	J1	**21120**	GENIOPLASTY AUGMENTATION	2317.20			090	N	8765.29
•	•	J1	**21121**	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	2514.00			090	Y	4449.71
•	•	J1	**21122**	GENIOPLASTY 2/> SLIDING OSTEOTOMIES	2685.60			090	Y	8765.29
•	•	J1	**21123**	GENIOP SLIDING AGMNTJ W/INTERPOSAL BONE GRAFTS	3134.40			090	Y	4449.71
•	•	J1	**21125**	AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL	9932.40			090	Y	8765.29
•	•	J1	**21127**	AGMNTJ MNDBLR BDY/ANGL W/GRF ONLAY/INTERPOSAL	13464.00			090	Y	8765.29
•	•	J1	**21137**	REDUCTION FOREHEAD CONTOURING ONLY	2594.40			090	Y	4449.71
•	•	J1	**21138**	RDCTJ FHD CNTRG & PROSTHETIC MATRL/BONE GRAFT	3169.20			090	Y	8765.29
•	•	J1	**21139**	RDCTJ FHD CNTRG & SETBACK ANT FRONTAL SINUS WALL	3858.00			090	Y	8765.29
•	•		**21141**	RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT	4735.20			090	Y	8109.22
•	•		**21142**	RCNSTJ MIDFACE LEFORT I 2 PIECES W/O BONE GRAFT	4867.20			090	Y	6151.61
•	•		**21143**	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/O BONE GRAFT	5078.40			090	Y	7881.27
•	•		**21145**	RCNSTJ MIDFACE LEFORT I 1 PIECE W/BONE GRAFTS	5548.80			090	Y	9252.92
•	•		**21146**	RCNSTJ MIDFACE LEFORT I 2 PIECES W/BONE GRAFTS	5769.60			090	Y	9590.09
•	•		**21147**	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS	6100.80			090	Y	9415.69
•	•	J1	**21150**	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	5721.60			090	Y	8765.29
•	•		**21151**	RCNSTJ MIDFACE LEFORT II W/BONE GRAFTS	6297.60			090	Y	
•	•		**21154**	RCNSTJ MIDFACE LEFORT III W/O LEFORT I	6775.20			090	Y	
•	•		**21155**	RCNSTJ MIDFACE LEFORT III W/LEFORT I	7516.80			090	Y	
•	•		**21159**	RCNSTJ MIDFACE LEFORT III W/FHD W/O LEFORT I	9010.80			090	Y	
•	•		**21160**	RCNSTJ MIDFACE LEFORT III W/FHD W/LEFORT I	9774.00			090	Y	
•	•	J1	**21172**	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM & LOWER FHD	7270.80			090	Y	8765.29
•	•	J1	**21175**	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	7658.40			090	Y	8765.29
•	•		**21179**	RCNSTJ FOREHEAD &/ SUPRAORB RIMS W/ALGRF/PROSTC	5232.00			090	Y	
•	•		**21180**	RCNSTJ FOREHEAD &/ SUPRAORBITAL RIMS W/AUTOGRAFT	5887.20			090	Y	
•	•	J1	**21181**	RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC	2554.80			090	N	8765.29

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**21182**	RCNSTJ ORBIT/FHD/NASETHMD EXCBONE TUM GRF<40SQCM	7321.20			090	Y	
•	•		**21183**	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF>40 <80	8010.00			090	Y	
•	•		**21184**	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE TUM GRF>80SQ	8623.20			090	Y	
•	•		**21188**	RCNSTJ MDFC OTH/THN LEFORT OSTEOT & BONE GRAFTS	5767.20			090	Y	
•	•	J1	**21193**	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	4413.60			090	Y	8765.29
•	•		**21194**	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRAFT	5086.80			090	Y	
•	•	J1	**21195**	RCNSTJ MNDBLR RAMI&/BODY SGTL SPLT W/O INT RGD	4921.20			090	Y	8765.29
•	•		**21196**	RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	5061.60			090	Y	6822.85
•	•	J1	**21198**	OSTEOTOMY MANDIBLE SEGMENTAL	3969.60			090	Y	8765.29
•	•	J1	**21199**	OSTEOTOMY MANDIBLE SGMTL W/GENIOGLOSSUS ADVMNT	3714.00			090	Y	8765.29
•	•	J1	**21206**	OSTEOTOMY MAXILLA SEGMENTAL	4096.80			090	Y	8765.29
•	•	J1	**21208**	OSTEOPLASTY FACIAL BONES AUGMENTATION	5989.20			090	N	8765.29
•	•	J1	**21209**	OSTEOPLASTY FACIAL BONES REDUCTION	3090.00			090	Y	8765.29
•	•	J1	**21210**	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	7233.60			090	N	8765.29
•	•	J1	**21215**	GRAFT BONE MANDIBLE	13765.20			090	N	8765.29
•	•	J1	**21230**	GRAFT RIB CRTLG AUTOGENOUS FACE/CHIN/NOSE/EAR	2562.00			090	N	8765.29
•	•	J1	**21235**	GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR	2492.40			090	N	8765.29
•	•	J1	**21240**	ARTHRP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT	3858.00			090	Y	8765.29
•	•	J1	**21242**	ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGRAFT	3590.40			090	Y	8765.29
•	•	J1	**21243**	ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT	5870.40			090	Y	26078.68
•	•	J1	**21244**	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	3602.40			090	Y	8765.29
•	•	J1	**21245**	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL	4184.40			090	Y	8765.29
•	•	J1	**21246**	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT COMPLETE	3052.80			090	Y	8765.29
•	•		**21247**	RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFTS	5644.80			090	Y	
•	•	J1	**21248**	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL	3733.20			090	N	8765.29
•	•	J1	**21249**	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	5388.00			090	N	8765.29
•	•		**21255**	RCNSTJ ZYGMTC ARCH/GLENOID FOSSA W/BONE CARTLG	4881.60			090	Y	
•	•	J1	**21256**	RECONSTRUCTION ORBIT W/OSTEOTOMIES & BONE GRAFTS	4294.80			090	Y	8765.29
•	•	J1	**21260**	PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL	4822.80			090	Y	8765.29
•	•	J1	**21261**	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS ICRA & XTR	8542.80			090	Y	8765.29
•	•	J1	**21263**	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS W/FOREHEAD	7898.40			090	Y	8765.29
•	•	J1	**21267**	ORBITAL REPOSITIONING W/BONE GRAFTS EXTRACRANIAL	5622.00			090	Y	8765.29
•	•		**21268**	ORBITAL REPOSITIONING W/BONE GRAFTS ICRA & XTRC	7069.20			090	Y	
•	•	J1	**21270**	MALAR AUGMENTATION PROSTHETIC MATERIAL	3487.20			090	Y	8765.29
•	•	J1	**21275**	SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ	2901.60			090	Y	8765.29
•	•	J1	**21280**	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	1968.00			090	N	4449.71
•	•	J1	**21282**	LATERAL CANTHOPEXY	1321.20			090	N	4449.71
•	•	J1	**21295**	REDUCTION MASSETER MUSCLE & BONE EXTRAORAL	644.40			090	N	2543.11
•	•	J1	**21296**	REDUCTION MASSETER MUSCLE & BONE INTRAORAL	1396.80			090	N	4449.71
•	•		**21299**	UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE	BR			YYY	N	292.72
•	•		**21310**	CLOSED TREATMENT NASAL FRACTURE W/O MANIPULATION	451.20			000	N	319.63
•	•	J1	**21315**	CLOSED TX NASAL FRACTURE W/O STABILIZATION	940.80			010	N	2543.11
•	•	J1	**21320**	CLOSED TREATMENT NASAL FRACTURE W/STABILIZATION	867.60			010	N	4449.71
•	•	J1	**21325**	OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED	1606.80			090	N	4449.71
•	•	J1	**21330**	OPEN TX NASAL FX COMP W/INT&/XTRNL SKELETAL FI	1940.40			090	N	8765.29
•	•	J1	**21335**	OPEN TX NASAL FX W/CONCOMITANT OPTX FXD SEPTUM	2463.60			090	N	4449.71
•	•	J1	**21336**	OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	2206.80			090	N	5184.51
•	•	J1	**21337**	CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	1394.40			090	N	4449.71
•	•	J1	**21338**	OPEN TX NASOETHMOID FX W/O EXTERNAL FIXATION	2265.60			090	N	8765.29

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**21339**	OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION	2565.60			090	Y	8765.29
•	•	J1	**21340**	PERCUTANEOUS TX NASOETHMOID COMPLEX FRACTURE	2560.80			090	N	4449.71
•	•		**21343**	OPEN TX DEPRESSED FRONTAL SINUS FRACTURE	3698.40			090	Y	4602.09
•	•		**21344**	OPEN TX COMPLICATED FRONTAL SINUS FRACTURE	4759.20			090	Y	
•	•	J1	**21345**	CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	2670.00			090	N	2543.11
•	•	J1	**21346**	OPTX NASOMAX CPLX FX LEFT II TYPE W/WIRG & FXJ	3192.00			090	N	8765.29
•	•		**21347**	OPTX NASOMAX CPLX FX LEFT II TYPE REQ MLT OPN	3483.60			090	Y	
•	•		**21348**	OPTX NASOMAX CPLX FX LEFT II TYPE W/BONE GRAFT	3726.00			090	Y	
•	•	J1	**21355**	PERCUTANEOUS TX MALAR AREA FRACTURE	1462.80			010	N	4449.71
•	•	J1	**21356**	OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE	1717.20			010	N	8765.29
•	•	J1	**21360**	OPEN TX DEPRESSED MALAR FRACTURE	1752.00			090	Y	8765.29
•	•	J1	**21365**	OPEN TX COMP FX MALAR W/INTERNAL FX&MULT SURG	3834.00			090	Y	8765.29
•	•		**21366**	OPEN TX COMP FRACTURE MALAR AREA W/BONE GRAFT	4390.80			090	Y	
•	•	J1	**21385**	OPEN TX ORBITAL FLOOR BLOWOUT FX TRANSANTRAL	2598.00			090	Y	8765.29
•	•	J1	**21386**	OPEN TX ORBITAL FLOOR BLOWOUT FX PERIORBITAL	2397.60			090	Y	8765.29
•	•	J1	**21387**	OPEN TX ORBITAL FLOOR BLOWOUT FX COMBINED APPR	2709.60			090	Y	8765.29
•	•	J1	**21390**	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC	2755.20			090	Y	8765.29
•	•	J1	**21395**	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/BONE GRF	3488.40			090	Y	8765.29
•	•		**21400**	CLSD TX FX ORBIT EXCEPT BLOWOUT W/O MANIPULATION	687.60			090	N	691.72
•	•	J1	**21401**	CLOSED TX FX ORBIT EXCEPT BLOWOUT W/MANIPULATION	1770.00			090	Y	2543.11
•	•	J1	**21406**	OPEN TX FX ORBIT EXCEPT BLOWOUT W/O IMPLANT	1984.80			090	Y	8765.29
•	•	J1	**21407**	OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT	2223.60			090	Y	8765.29
•	•	J1	**21408**	OPEN TX FX ORBIT EXCEPT BLOWOUT W/BONE GRAFT	3114.00			090	Y	8765.29
•	•	J1	**21421**	CLOSED TX PALATAL/MAXILLARY FX W/FIXATION/SPLINT	2439.60			090	N	4449.71
•	•		**21422**	OPEN TREATMENT PALATAL/MAXILLARY FRACTURE	2276.40			090	Y	3579.25
•	•		**21423**	OPEN TX PALATAL/MAXILLARY FX COMP MULTIPLE APPR	2666.40			090	Y	3332.83
•	•		**21431**	CLOSED TX CRANIOFACIAL SEPARATION	2472.00			090	Y	
•	•		**21432**	OPEN TX CRANIOFACIAL SEP W/WIRING&/INT FIXJ	2469.60			090	Y	
•	•		**21433**	OPEN TX CRANIOFACIAL SEP COMPLICATED MLT APPR	6020.40			090	Y	
•	•		**21435**	OPEN TX CRANIOFACIAL SEP COMP W/INT&/XTRNL FIX	4839.60			090	Y	
•	•		**21436**	OPTX CRNFCL SEP LFT III TYP COMP INT FIXJ W/BONE	7059.60			090	Y	
•	•	J1	**21440**	CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	2079.60			090	N	4449.71
•	•	J1	**21445**	OPTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	2671.20			090	Y	8765.29
•	•		**21450**	CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	1972.80			090	N	691.72
•	•	J1	**21451**	CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	2610.00			090	N	2543.11
•	•	J1	**21452**	PERCUTANEOUS TX MANDIBULAR FX W/EXTERNAL FIXJ	2300.40			090	N	8765.29
•	•	J1	**21453**	CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	3314.40			090	N	8765.29
•	•	J1	**21454**	OPEN TX MANDIBULAR FX W/EXTERNAL FIXATION	1882.80			090	N	8765.29
•	•	J1	**21461**	OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	7132.80			090	N	8765.29
•	•	J1	**21462**	OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION	7604.40			090	Y	8765.29
•	•	J1	**21465**	OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	3104.40			090	Y	8765.29
•	•	J1	**21470**	OPTX COMP MANDIBULAR FX MLT APPR W/INT FIXATION	4144.80			090	Y	8765.29
•	•		**21480**	CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	368.40			000	N	319.63
•	•	J1	**21485**	CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	2854.80			090	N	2543.11
•	•	J1	**21490**	OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION	3067.20			090	Y	4449.71
•	•	J1	**21497**	INTERDENTAL WIRING OTHER THAN FRACTURE	2354.40			090	N	2543.11
•	•		**21499**	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	BR			YYY	N	292.72
•	•	J1	**21501**	I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	1581.60			090	N	4742.07
•	•	J1	**21502**	I&D DP ABSC/HMTMA SOFT TISS NCK/THORAX PRTL RI	1742.40			090	Y	5184.51

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**21510**	INCISION DEEP OPENING BONE CORTEX THORAX	1528.80			090	N	
•	•	J1	**21550**	BIOPSY SOFT TISSUE NECK/THORAX	895.20			010	N	2734.29
•	•	J1	**21552**	EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM/>	1543.20			090	Y	4742.07
•	•	J1	**21554**	EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM/>	2527.20			090	Y	4742.07
•	•	J1	**21555**	EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	1448.40			090	N	2734.29
•	•	J1	**21556**	EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL <5CM	1822.80			090	N	4742.07
•	•	J1	**21557**	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM	3297.60			090	Y	4742.07
•	•	J1	**21558**	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>	4651.20			090	Y	4742.07
•	•	J1	**21600**	EXCISION RIB PARTIAL	1902.00			090	Y	10775.65
•	•	J1	**21610**	COSTOTRANSVERSECTOMY SEPARATE PROCEDURE	4164.00			090	Y	5184.51
•	•		**21615**	EXCISION 1ST &/CERVICAL RIB	2109.60			090	Y	8654.28
•	•		**21616**	EXCISION 1ST &/CERVICAL RIB W/SYMPATHECTOMY	2467.20			090	Y	
•	•		**21620**	OSTECTOMY STERNUM PARTIAL	1742.40			090	Y	3414.42
•	•		**21627**	STERNAL DEBRIDEMENT	1858.80			090	Y	
•	•		**21630**	RADICAL RESECTION STERNUM	4252.80			090	Y	
•	•		**21632**	RADICAL RESECTION STERNUM W/MEDSTNL LMPHADEC	4186.80			090	Y	
•	•	J1	**21685**	HYOID MYOTOMY & SUSPENSION	3385.20			090	Y	8765.29
•	•	J1	**21700**	DIVISION SCALENUS ANTICUS W/O RESCJ CERVICAL RIB	1228.80			090	Y	5184.51
•	•		**21705**	DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB	1846.80			090	Y	
•	•	J1	**21720**	DIVISION STERNOCLEIDOMASTOID OPEN W/O CAST	1772.40			090	Y	5184.51
•	•		**21725**	DIVISION STERNOCLEIDOMASTOID OPEN W/CAST	1869.60			090	Y	822.66
•	•		**21740**	REPAIR PECTUS EXCAVATUM/CARINATUM OPEN	3566.40			090	Y	
•	•	J1	**21742**	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/O THRSC	7196.40			090	Y	5184.51
•	•	J1	**21743**	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	10012.80			090	Y	5184.51
•	•		**21750**	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	2365.20			090	Y	
•	•	J1	**21811**	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	2061.60			000	Y	5184.51
•	•	J1	**21812**	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS	2528.40			000	Y	5184.51
•	•	J1	**21813**	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 7+ RIBS	3408.00			000	Y	2624.38
•	•		**21820**	CLOSED TREATMENT STERNUM FRACTURE	489.60			090	N	319.63
•	•		**21825**	OPEN TX STERNUM FRACTURE W/WO SKELETAL FIXATION	1870.80			090	Y	
•	•		**21899**	UNLISTED PROCEDURE NECK/THORAX	BR			YYY	N	292.72
•	•	J1	**21920**	BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	876.00			010	N	2734.29
•	•	J1	**21925**	BIOPSY SOFT TISSUE BACK/FLANK DEEP	1572.00			090	N	2734.29
•	•	J1	**21930**	EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM	1659.60			090	N	2734.29
•	•	J1	**21931**	EXCISION TUMOR SOFT TIS BACK/FLANK SUBQ 3 CM/>	1627.20			090	Y	2734.29
•	•	J1	**21932**	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM	2288.40			090	Y	4742.07
•	•	J1	**21933**	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>	2554.80			090	Y	4742.07
•	•	J1	**21935**	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK <5CM	3558.00			090	N	4742.07
•	•	J1	**21936**	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5CM/>	4915.20			090	Y	4742.07
•	•		**22010**	I&D DEEP ABSCESS PST SPINE CRV THRC/CERVICOTHR	3327.60			090	N	
•	•		**22015**	I&D DEEP ABSCESS PST SPINE LUMBAR SAC/LUMBOSAC	3288.00			090	N	3708.57
•	•	J1	**22100**	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	2985.60			090	Y	10775.65
•	•	J1	**22101**	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	2976.00			090	Y	5184.51
•	•	J1	**22102**	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	2817.60			090	Y	10775.65
+	•		**22103**	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	492.00			ZZZ	Y	
•	•		**22110**	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM CRV	3634.80			090	Y	
•	•		**22112**	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM THRC	3846.00			090	Y	
•	•		**22114**	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR	3892.80			090	Y	
+	•		**22116**	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA	494.40			ZZZ	Y	

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•	•		**22206**	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	8559.60			090	Y	
•	•		**22207**	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	8386.80			090	Y	
+	•		**22208**	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	2073.60			ZZZ	Y	
•	•		**22210**	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV	6247.20			090	Y	
•	•		**22212**	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	5186.40			090	Y	
•	•		**22214**	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	5208.00			090	Y	
+	•		**22216**	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	1273.20			ZZZ	Y	
•	•		**22220**	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM CRV	5644.80			090	Y	
•	•		**22222**	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM THRC	6003.60			090	Y	
•	•		**22224**	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM LMBR	5508.00			090	Y	
+	•		**22226**	OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM EA VRT SGM	1269.60			ZZZ	Y	
•	•		**22310**	CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING	1058.40			090	N	319.63
•	•	J1	**22315**	CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	3044.40			090	N	5184.51
•	•		**22318**	OPTX&/RDCTJ ODNTD FX&/DISLC ANT FIXJ W/O GRAFT	5718.00			090	Y	
•	•		**22319**	OPTX&/RDCTJ ODNTD FX&/DISLC ANT W/INT FIXJ	6332.40			090	Y	
•	•		**22325**	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LM	5036.40			090	Y	
•	•		**22326**	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM CR	5216.40			090	Y	
•	•		**22327**	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM TH	5265.60			090	Y	
+	•		**22328**	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM EA	990.00			ZZZ	Y	
•	•	J1	**22505**	MANIPULATION SPINE REQUIRING ANESTHESIA	454.80			010	N	2624.38
•	•	J1	**22510**	PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	5979.60			010	N	5184.51
•	•	J1	**22511**	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	5919.60			010	N	5184.51
+	•		**22512**	VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	3072.00			ZZZ	N	
•	•	J1	**22513**	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	23466.00			010	N	10775.65
•	•	J1	**22514**	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	23390.40			010	N	10775.65
+	•		**22515**	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	13578.00			ZZZ	N	
•	•		**22526**	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	0.00			010	N	
+	•		**22527**	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	0.00			ZZZ	N	
•	•		**22532**	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	6288.00			090	Y	
•	•		**22533**	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	5774.40			090	Y	
+	•		**22534**	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	1262.40			ZZZ	Y	
•	•		**22548**	ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	6834.00			090	Y	2782.53
•	•	J1	**22551**	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	5959.20			090	Y	19120.53
+	•		**22552**	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	1396.80			ZZZ	Y	
•	•	J1	**22554**	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	4368.00			090	Y	19120.53
•	•		**22556**	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	5829.60			090	Y	
•	•		**22558**	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	5338.80			090	Y	3427.37
+	•		**22585**	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	1146.00			ZZZ	Y	2094.83
•	•		**22586**	ARTHRODESIS PRESACRAL INTRBDY W/INSTRUMENT L5-S1	7072.80			090	Y	
•	•		**22590**	ARTHRODESIS POSTERIOR CRANIOCERVICAL	5518.80			090	Y	
•	•		**22595**	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	5265.60			090	Y	
•	•		**22600**	ARTHRODESIS PST/PSTLAT CERVICAL BELW C2 SGM	4497.60			090	Y	3383.04
•	•		**22610**	ARTHRODESIS POSTERIOR/POSTEROLATERAL THORACIC	4413.60			090	Y	
•	•	J1	**22612**	ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR	5527.20			090	Y	19120.53
+	•		**22614**	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	1370.40			ZZZ	Y	
•	•		**22630**	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	5496.00			090	Y	3087.45
+	•		**22632**	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	1128.00			ZZZ	Y	2112.44
•	•		**22633**	ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR	6462.00			090	Y	3554.92
+	•		**22634**	ARTHDSIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG	1737.60			ZZZ	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**22800**	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	4720.80			090	Y	
•	•		**22802**	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	7333.20			090	Y	
•	•		**22804**	ARTHRODESIS POSTERIOR SPINAL DFRM 13/> VRT SEG	8476.80			090	Y	
•	•		**22808**	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	6451.20			090	Y	
•	•		**22810**	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	7233.60			090	Y	
•	•		**22812**	ARTHRODESIS ANTERIOR SPINAL DFRM 8/> VRT SEG	7593.60			090	Y	
•	•		**22818**	KYPHECTOMY SINGLE OR TWO SEGMENTS	7498.80			090	Y	
•	•		**22819**	KYPHECTOMY 3 OR MORE SEGMENTS	8580.00			090	Y	
•	•		**22830**	EXPLORATION SPINAL FUSION	2834.40			090	Y	2019.54
+	•		**22840**	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	2664.00			ZZZ	Y	2310.68
+	•		**22841**	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	3068.40			XXX	N	
+	•		**22842**	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	2678.40			ZZZ	Y	2497.29
+	•		**22843**	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	2864.40			ZZZ	Y	
+	•		**22844**	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	3458.40			ZZZ	Y	
+	•		**22845**	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	2559.60			ZZZ	Y	2152.01
+	•		**22846**	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	2658.00			ZZZ	Y	1587.53
+	•		**22847**	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	2804.40			ZZZ	Y	
+	•		**22848**	PELVIC FIXATION OTHER THAN SACRUM	1260.00			ZZZ	Y	
•	•		**22849**	REINSERTION SPINAL FIXATION DEVICE	4527.60			090	Y	3808.35
•	•		**22850**	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	2524.80			090	Y	4823.38
•	•		**22852**	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	2425.20			090	Y	4443.93
+	•		**22853**	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	906.00			ZZZ	Y	
+	•		**22854**	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	1173.60			ZZZ	Y	
•	•		**22855**	REMOVAL ANTERIOR INSTRUMENTATION	3862.80			090	Y	1924.84
•	•	J1	**22856**	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	5719.20			090	Y	26078.68
•	•		**22857**	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	6102.00			090	Y	3302.84
+	•		**22858**	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	1791.60			ZZZ	Y	3263.95
+	•		**22859**	INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	1173.60			ZZZ	Y	
•	•		**22861**	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	7791.60			090	Y	7702.96
•	•		**22862**	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	6592.80			090	Y	3033.52
•	•		**22864**	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	7194.00			090	Y	
•	•		**22865**	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	6765.60			090	Y	
•	•	J1	**22867**	INSJ STABLJ DEV W/DCMPRN LUMBAR SINGLE LEVEL	3385.20			090	Y	26078.68
+	•		**22868**	INSJ STABLJ DEV W/DCMPRN LUMBAR SECOND LEVEL	847.20			ZZZ	Y	
•	•	J1	**22869**	INSJ STABLJ DEV W/O DCMPRN LUMBAR SINGLE LEVEL	1590.00			090	Y	26078.68
+	•		**22870**	INSJ STABLJ DEV W/O DCMPRN LUMBAR SECOND LEVEL	434.40			ZZZ	Y	
•	•		**22899**	UNLISTED PROCEDURE SPINE	0.00			YYY	Y	319.63
•	•	J1	**22900**	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM	1948.80			090	Y	4742.07
•	•	J1	**22901**	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5CM/>	2304.00			090	Y	4742.07
•	•	J1	**22902**	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM	1542.00			090	Y	2734.29
•	•	J1	**22903**	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>	1521.60			090	Y	4742.07
•	•	J1	**22904**	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM	3658.80			090	Y	4742.07
•	•	J1	**22905**	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	4624.80			090	Y	4742.07
•	•		**22999**	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	BR			YYY	N	319.63
•	•	J1	**23000**	REMOVAL SUBDELTOID CALCAREOUS DEPOSITS OPEN	1929.60			090	Y	4742.07
•	•	J1	**23020**	CAPSULAR CONTRACTURE RELEASE	2382.00			090	Y	5184.51
•	•	J1	**23030**	I&D SHOULDER DEEP ABSCESS/HEMATOMA	1491.60			010	N	4742.07
•	•	J1	**23031**	I&D SHOULDER INFECTED BURSA	1372.80			010	N	2734.29
•	•	J1	**23035**	INCISION BONE CORTEX SHOULDER AREA	2337.60			090	Y	2624.38

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**23040**	ARTHROTOMY GLENOHUMERAL JT EXPL/DRG/RMVL FB	2476.80			090	Y	5184.51
•	•	J1	**23044**	ARTHRT ACROMCLAV STRNCLAV JT EXPL/DRG/RMVL FB	1957.20			090	N	5184.51
•	•	J1	**23065**	BIOPSY SOFT TISSUE SHOULDER SUPERFICIAL	760.80			010	N	2734.29
•	•	J1	**23066**	BIOPSY SOFT TISSUE SHOULDER DEEP	1941.60			090	N	4742.07
•	•	J1	**23071**	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>	1450.80			090	Y	2734.29
•	•	J1	**23073**	EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM/>	2404.80			090	Y	4742.07
•	•	J1	**23075**	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	1668.00			090	N	2734.29
•	•	J1	**23076**	EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	1872.00			090	N	4742.07
•	•	J1	**23077**	RAD RESECTION TUMOR SOFT TISSUE SHOULDER <5CM	3937.20			090	Y	4742.07
•	•	J1	**23078**	RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>	4977.60			090	Y	4742.07
•	•	J1	**23100**	ARTHROTOMY GLENOHUMERAL JOINT W/BIOPSY	1728.00			090	Y	5184.51
•	•	J1	**23101**	ARTHRT ACROMCLAV/STRNCLAV JT W/BX&/EXC CRTLG	1576.80			090	N	5184.51
•	•	J1	**23105**	ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/WO BIOPSY	2200.80			090	Y	10775.65
•	•	J1	**23106**	ARTHRT GLENOHUMRL JT STRNCLAV JT W/SYNVCT W/WOBX	1718.40			090	N	5184.51
•	•	J1	**23107**	ARTHRT GLENOHMRL JT W/JT EXPL W/WO RMVL LOOSE/FB	2281.20			090	Y	10775.65
•	•	J1	**23120**	CLAVICULECTOMY PARTIAL	2016.00			090	Y	5184.51
•	•	J1	**23125**	CLAVICULECTOMY TOTAL	2438.40			090	Y	5184.51
•	•	J1	**23130**	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	2114.40			090	N	5184.51
•	•	J1	**23140**	EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA	1908.00			090	N	5184.51
•	•	J1	**23145**	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/AGRFT	2373.60			090	Y	5184.51
•	•	J1	**23146**	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/ALGRFT	2115.60			090	N	10775.65
•	•	J1	**23150**	EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS	2272.80			090	Y	5184.51
•	•	J1	**23155**	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/AGRFT	2724.00			090	Y	10775.65
•	•	J1	**23156**	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/ALGRFT	2335.20			090	Y	10775.65
•	•	J1	**23170**	SEQUESTRECTOMY CLAVICLE	1939.20			090	N	5184.51
•	•	J1	**23172**	SEQUESTRECTOMY SCAPULA	1947.60			090	Y	5184.51
•	•	J1	**23174**	SEQUESTRECTOMY HUMERAL HEAD SURGERY NECK	2619.60			090	Y	5184.51
•	•	J1	**23180**	PARTIAL EXCISION BONE CLAVICLE	2278.80			090	N	5184.51
•	•	J1	**23182**	PARTIAL EXCISION BONE SCAPULA	2274.00			090	Y	5184.51
•	•	J1	**23184**	PARTIAL EXCISION BONE PROXIMAL HUMERUS	2532.00			090	Y	10775.65
•	•	J1	**23190**	OSTECTOMY SCAPULA PARTIAL	1971.60			090	Y	5184.51
•	•	J1	**23195**	RESECTION HUMERAL HEAD	2576.40			090	Y	10775.65
•	•		**23200**	RADICAL RESECTION TUMOR CLAVICLE	5236.80			090	Y	
•	•		**23210**	RADICAL RESECTION TUMOR SCAPULA	6151.20			090	Y	
•	•		**23220**	RADICAL RESECTION BONE TUMOR PROXIMAL HUMERUS	6759.60			090	Y	
•	•		**23330**	REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	960.00			010	N	822.66
•	•	J1	**23333**	REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	1592.40			090	N	2734.29
•	•	J1	**23334**	PROSTHESIS REMOVAL HUMERAL/GLENOID COMPONENT	3705.60			090	N	4742.07
•	•		**23335**	PROSTHESIS REMOVAL HUMERAL AND GLENOID COMPONENT	4423.20			090	N	
•	•		**23350**	INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	476.40			000	N	
•	•	J1	**23395**	MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE	4436.40			090	Y	10775.65
•	•	J1	**23397**	MUSCLE TRANSFER SHOULDER/UPPER ARM MULTIPLE	3920.40			090	Y	10775.65
•	•	J1	**23400**	SCAPULOPEXY	3303.60			090	Y	10775.65
•	•	J1	**23405**	TENOTOMY SHOULDER AREA 1 TENDON	2132.40			090	Y	10775.65
•	•	J1	**23406**	TENOTOMY SHOULDER MULTIPLE THRU SAME INCISION	2664.00			090	Y	5184.51
•	•	J1	**23410**	OPEN REPAIR OF ROTATOR CUFF ACUTE	2836.80			090	Y	10775.65
•	•	J1	**23412**	OPEN REPAIR OF ROTATOR CUFF CHRONIC	2943.60			090	Y	10775.65
•	•	J1	**23415**	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	2413.20			090	N	10775.65
•	•	J1	**23420**	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	3357.60			090	Y	10775.65

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**23430**	TENODESIS LONG TENDON BICEPS	2569.20			090	Y	10775.65
•	•	J1	**23440**	RESECTION/TRANSPLANTATION LONG TENDON BICEPS	2604.00			090	Y	5184.51
•	•	J1	**23450**	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	3259.20			090	Y	10775.65
•	•	J1	**23455**	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	3448.80			090	Y	10775.65
•	•	J1	**23460**	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	3751.20			090	Y	10775.65
•	•	J1	**23462**	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	3644.40			090	Y	10775.65
•	•	J1	**23465**	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	3859.20			090	Y	10775.65
•	•	J1	**23466**	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	3853.20			090	Y	10775.65
•	•	J1	**23470**	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	4150.80			090	Y	19120.53
•	•	J1*	**23472**	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	5031.60			090	Y	19120.53
•	•	J1	**23473**	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	5613.60			090	Y	19120.53
•	•		**23474**	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	6063.60			090	Y	12384.94
•	•	J1	**23480**	OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION	2844.00			090	N	10775.65
•	•	J1	**23485**	OSTEOTOMY CLAV W/WO INT FIXJ W/BONE GRF NON/MAL	3300.00			090	Y	19120.53
•	•	J1	**23490**	PROPH TX W/WO METHYLMETHACRYLATE CLAVICLE	2960.40			090	Y	10775.65
•	•	J1	**23491**	PROPH TX W/WO METHYLMETHACRYLATE PROX HUMERUS	3511.20			090	Y	19120.53
•	•		**23500**	CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	748.80			090	N	319.63
•	•	J1	**23505**	CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	1218.00			090	N	2624.38
•	•	J1	**23515**	OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	2484.00			090	Y	10775.65
•	•	J1	**23520**	CLSD TX STERNOCLAVICULAR DISLC W/O MANIPULATION	806.40			090	N	2624.38
•	•		**23525**	CLOSED TX STERNOCLAVICULAR DISLC W/MANIPULATION	1334.40			090	N	319.63
•	•	J1	**23530**	OPEN TX STERNOCLAVICULAR DISLC ACUTE/CHRONIC	1965.60			090	Y	10775.65
•	•	J1	**23532**	OPTX STRNCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	2134.80			090	Y	10775.65
•	•		**23540**	CLSD TX ACROMIOCLAVICULAR DISLC W/O MANIPULATION	784.80			090	N	319.63
•	•		**23545**	CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	1186.80			090	N	319.63
•	•	J1	**23550**	OPEN TX ACROMIOCLAVICULAR DISLC ACUTE/CHRONIC	1962.00			090	Y	10775.65
•	•	J1	**23552**	OPTX ACROMCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	2257.20			090	Y	10775.65
•	•		**23570**	CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION	794.40			090	N	319.63
•	•	J1	**23575**	CLTX SCAPULAR FX W/MANJ W/WO SKELETAL TRACTION	1384.80			090	N	2624.38
•	•	J1	**23585**	OPEN TX SCAPULAR FX W/INTERNAL FIXATION IF PFRMD	3385.20			090	Y	10775.65
•	•		**23600**	CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	1124.40			090	N	319.63
•	•	J1	**23605**	CLTX PROX HUMRL FX W/MANJ W/WO SKELETAL TRACJ	1599.60			090	N	2624.38
•	•	J1	**23615**	OPEN TREATMENT PROXIMAL HUMERAL FRACTURE	3055.20			090	Y	19120.53
•	•	J1	**23616**	OPEN PROX HUMERAL FRACTURE PROSTHETIC RPLCMT	4287.60			090	Y	26078.68
•	•		**23620**	CLTX GREATER HUMERAL TUBEROSITY FX W/O MANJ	918.00			090	N	319.63
•	•	J1	**23625**	CLTX GRTER HUMERAL TUBEROSITY FX W/MANIPULATION	1310.40			090	N	2624.38
•	•	J1	**23630**	OPEN TREATMENT GRTER HUMERAL TUBEROSITY FRACTURE	2696.40			090	Y	10775.65
•	•		**23650**	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	1092.00			090	N	319.63
•	•	J1	**23655**	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	1388.40			090	N	2624.38
•	•	J1	**23660**	OPEN TX ACUTE SHOULDER DISLOCATION	2010.00			090	Y	10775.65
•	•	J1	**23665**	CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MANJ	1470.00			090	N	2624.38
•	•	J1	**23670**	OPEN TX SHOULDER DISLC W/HUMERAL TUBEROSITY FX	3025.20			090	Y	10775.65
•	•	J1	**23675**	CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MANJ	1891.20			090	N	2624.38
•	•	J1	**23680**	OPEN TX SHOULDER DISLOCATION W/NECK FRACTURE	3208.80			090	Y	19120.53
•	•	J1	**23700**	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	676.80			010	N	2624.38
•	•	J1	**23800**	ARTHRODESIS GLENOHUMERAL JOINT	3540.00			090	Y	10775.65
•	•	J1	**23802**	ARTHRODESIS GLENOHUMERAL JT W/AUTOGENOUS GRAFT	4416.00			090	Y	19120.53
•	•		**23900**	INTERTHORACOSCAPULAR AMPUTATION	4796.40			090	Y	
•	•		**23920**	DISARTICULATION SHOULDER	3896.40			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**23921**	DISRTCJ SHOULDER SECONDARY CLSR/SCAR REVISION	1616.40			090	N	2199.52
•	•		**23929**	UNLISTED PROCEDURE SHOULDER	BR			YYY	Y	319.63
•	•	J1	**23930**	I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	1219.20			010	N	2734.29
•	•	J1	**23931**	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	982.80			010	N	2734.29
•	•	J1	**23935**	INC DEEP W/OPENING BONE CORTEX HUMERUS/ELBOW	1753.20			090	N	5184.51
•	•	J1	**24000**	ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB	1645.20			090	N	5184.51
•	•	J1	**24006**	ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	2467.20			090	Y	5184.51
•	•	J1	**24065**	BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	888.00			010	N	2734.29
•	•	J1	**24066**	BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP	2167.20			090	N	4742.07
•	•	J1	**24071**	EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	1404.00			090	Y	4742.07
•	•	J1	**24073**	EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>	2398.80			090	Y	4742.07
•	•	J1	**24075**	EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	1734.00			090	N	2734.29
•	•	J1	**24076**	EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM	1880.40			090	N	4742.07
•	•	J1	**24077**	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	3591.60			090	N	4742.07
•	•	J1	**24079**	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW 5CM/>	4588.80			090	Y	4742.07
•	•	J1	**24100**	ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY ONLY	1436.40			090	Y	5184.51
•	•	J1	**24101**	ARTHRT ELBOW W/JNT EXPL W/WOBX W/WORMVL LOOSE/FB	1725.60			090	Y	5184.51
•	•	J1	**24102**	ARTHROTOMY ELBOW W/SYNOVECTOMY	2127.60			090	Y	5184.51
•	•	J1	**24105**	EXCISION OLECRANON BURSA	1214.40			090	N	5184.51
•	•	J1	**24110**	EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS	2023.20			090	N	5184.51
•	•	J1	**24115**	EXC/CURTG BONE CYST/BENIGN TUMOR HUMERUS W/AGRFT	2523.60			090	Y	10775.65
•	•	J1	**24116**	EXC/CURTG BONE CYST/BENIGN TUM HUMERUS W/ALGRFT	2976.00			090	Y	10775.65
•	•	J1	**24120**	EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN	1830.00			090	N	5184.51
•	•	J1	**24125**	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/AGRFT	2146.80			090	Y	5184.51
•	•	J1	**24126**	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/ALGRT	2222.40			090	Y	10775.65
•	•	J1	**24130**	EXCISION RADIAL HEAD	1760.40			090	N	5184.51
•	•	J1	**24134**	SEQUESTRECTOMY SHAFT/DISTAL HUMERUS	2578.80			090	Y	10775.65
•	•	J1	**24136**	SEQUESTRECTOMY RADIAL HEAD OR NECK	2182.80			090	N	5184.51
•	•	J1	**24138**	SEQUESTRECTOMY OLECRANON PROCESS	2336.40			090	Y	10775.65
•	•	J1	**24140**	PARTIAL EXCISION BONE HUMERUS	2425.20			090	Y	5184.51
•	•	J1	**24145**	PARTIAL EXCISION BONE RADIAL HEAD/NECK	2048.40			090	N	10775.65
•	•	J1	**24147**	PARTIAL EXCISION BONE OLECRANON PROCESS	2152.80			090	N	5184.51
•	•	J1	**24149**	RAD RESCJ CAPSL TISS&HTRTPC BONE ELBW CONTRCT	4063.20			090	Y	10775.65
•	•	J1	**24150**	RADICAL RESECTION TUMOR SHAFT/DISTAL HUMERUS	5379.60			090	Y	10775.65
•	•	J1	**24152**	RADICAL RESECTION TUMOR RADIAL HEAD/NECK	4602.00			090	Y	10775.65
•	•	J1	**24155**	RESECTION ELBOW JOINT ARTHRECTOMY	2936.40			090	Y	5184.51
•	•		**24160**	PROSTHESIS REMOVAL HUMERAL AND ULNAR COMPONENTS	4375.20			090	N	3725.14
•	•		**24164**	PROSTHESIS REMOVAL RADIAL HEAD	2506.80			090	N	3725.14
•	•	J1	**24200**	RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	722.40			010	N	2734.29
•	•	J1	**24201**	REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	1898.40			090	N	4742.07
•	•		**24220**	INJECTION ELBOW ARTHROGRAPHY	565.20			000	N	
•	•	J1	**24300**	MANIPULATION ELBOW UNDER ANESTHESIA	1448.40			090	N	2624.38
•	•	J1	**24301**	MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE	2594.40			090	Y	10775.65
•	•	J1	**24305**	TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON	1990.80			090	N	5184.51
•	•	J1	**24310**	TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON	1611.60			090	N	5184.51
•	•	J1	**24320**	TENOPLASTY ELBOW TO SHOULDER SINGLE	2676.00			090	Y	10775.65
•	•	J1	**24330**	FLEXOR-PLASTY ELBOW	2475.60			090	Y	5184.51
•	•	J1	**24331**	FLEXOR-PLASTY ELBOW W/EXTENSOR ADVANCEMENT	2668.80			090	Y	10775.65
•	•	J1	**24332**	TENOLYSIS TRICEPS	2119.20			090	N	5184.51

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**24340**	TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE	2112.00			090	Y	10775.65
•	•	J1	**24341**	REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA	2570.40			090	Y	10775.65
•	•	J1	**24342**	RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF	2680.80			090	Y	10775.65
•	•	J1	**24343**	REPAIR LATERAL COLLATERAL LIGAMENT ELBOW	2449.20			090	Y	5184.51
•	•	J1	**24344**	RCNSTJ LAT COLTRL LIGM ELBOW W/TENDON GRAFT	3774.00			090	Y	10775.65
•	•	J1	**24345**	REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW	2430.00			090	Y	10775.65
•	•	J1	**24346**	RCNSTJ MEDIAL COLTRL LIGM ELBW W/TDN GRF	3792.00			090	Y	19120.53
•	•	J1	**24357**	TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	1435.20			090	N	5184.51
•	•	J1	**24358**	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN	1806.00			090	N	5184.51
•	•	J1	**24359**	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR	2281.20			090	N	5184.51
•	•	J1	**24360**	ARTHROPLASTY ELBOW W/MEMBRANE	3112.80			090	Y	10775.65
•	•	J1	**24361**	ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT	3483.60			090	Y	26078.68
•	•	J1	**24362**	ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ	3673.20			090	Y	19120.53
•	•	J1	**24363**	ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	5035.20			090	Y	26078.68
•	•	J1	**24365**	ARTHROPLASTY RADIAL HEAD	2206.80			090	Y	19120.53
•	•	J1	**24366**	ARTHROPLASTY RADIAL HEAD W/IMPLANT	2352.00			090	Y	19120.53
•	•	J1	**24370**	REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT	5366.40			090	Y	19120.53
•	•	J1	**24371**	REVIS ELBOW ARTHRPLSTY HUMERAL&ULNA COMPNT	6164.40			090	Y	26078.68
•	•	J1	**24400**	OSTEOTOMY HUMERUS W/WO INTERNAL FIXATION	2846.40			090	Y	10775.65
•	•	J1	**24410**	MLT OSTEOT W/RELIGNMT IMED ROD HUMERAL SHAFT	3663.60			090	Y	19120.53
•	•	J1	**24420**	OSTEOPLASTY HUMERUS	3430.80			090	Y	10775.65
•	•	J1	**24430**	REPAIR NON/MALUNION HUMERUS W/O GRAFT	3648.00			090	Y	19120.53
•	•	J1	**24435**	REPAIR NON/MALUNION HUMERUS W/ILIAC/OTH AGRFT	3722.40			090	Y	19120.53
•	•	J1	**24470**	HEMIEPIPHYSEAL ARREST	2322.00			090	Y	5184.51
•	•	J1	**24495**	DECOMPRESSION FASCT F/ARM W/BRACH ART EXPL	2552.40			090	N	10775.65
•	•	J1	**24498**	PROPH TX W/WO METHYLMETHACRYLATE HUMERAL SHAFT	2995.20			090	Y	19120.53
•	•		**24500**	CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	1225.20			090	N	319.63
•	•	J1	**24505**	CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	1712.40			090	N	2624.38
•	•	J1	**24515**	OPTX HUMERAL SHFT FX W/PLATE/SCREWS W/WOCERCLAGE	3032.40			090	Y	19120.53
•	•	J1	**24516**	TX HUMRAL SHAFT FX W/INSJ IMED IMPLT W/W CERCLGE	2972.40			090	Y	19120.53
•	•		**24530**	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	1302.00			090	N	319.63
•	•	J1	**24535**	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	2121.60			090	N	2624.38
•	•	J1	**24538**	PRQ SKEL FIXJ SPRCNDYLR/TRANSCNDYLR HUMERAL FX	2581.20			090	N	10775.65
•	•	J1	**24545**	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	3213.60			090	Y	19120.53
•	•	J1	**24546**	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/XTN	3594.00			090	Y	26078.68
•	•		**24560**	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	1114.80			090	N	319.63
•	•	J1	**24565**	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/MANJ	1839.60			090	N	2624.38
•	•	J1	**24566**	PRQ SKEL FIXJ HUMRL EPCNDYLR FX MEDIAL/LAT MANJ	2480.40			090	N	2624.38
•	•	J1	**24575**	OPEN TX HUMERAL EPICONDYLAR FRACTURE	2527.20			090	Y	19120.53
•	•		**24576**	CLTX HUMERAL CONDYLAR FX MEDIAL/LAT W/O MANJ	1176.00			090	N	319.63
•	•	J1	**24577**	CLTX HUMERAL CONDYLAR FX MEDIAL/LATERAL W/MANJ	1896.00			090	N	2624.38
•	•	J1	**24579**	OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	2887.20			090	Y	19120.53
•	•	J1	**24582**	PRQ SKEL FIXJ HUMRL CNDYLR FX MEDIAL/LAT W/MANJ	2800.80			090	N	5184.51
•	•	J1	**24586**	OPTX PERIARTICULAR FRACTURE &/DISLOCATION ELBO	3747.60			090	Y	19120.53
•	•	J1	**24587**	OPTX PRIARTICULAR FX&/DISLC ELBW W/IMPLT ARTHR	3762.00			090	Y	19120.53
•	•		**24600**	TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	1267.20			090	N	319.63
•	•	J1	**24605**	TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	1630.80			090	N	2624.38
•	•	J1	**24615**	OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION	2463.60			090	Y	10775.65
•	•	J1	**24620**	CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	1905.60			090	N	2624.38

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**24635**	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	2326.80			090	Y	10775.65
•	•		**24640**	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	343.20			010	N	319.63
•	•		**24650**	CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	894.00			090	N	319.63
•	•	J1	**24655**	CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	1519.20			090	N	2624.38
•	•	J1	**24665**	OPEN TX RADIAL HEAD/NECK FRACTURE	2253.60			090	Y	10775.65
•	•	J1	**24666**	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	2530.80			090	Y	19120.53
•	•		**24670**	CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	993.60			090	N	319.63
•	•	J1	**24675**	CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	1574.40			090	N	2624.38
•	•	J1	**24685**	OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	2257.20			090	Y	10775.65
•	•	J1	**24800**	ARTHRODESIS ELBOW JOINT LOCAL	2854.80			090	Y	10775.65
•	•	J1	**24802**	ARTHRODESIS ELBOW JOINT W/AUTOGENOUS GRAFT	3471.60			090	Y	19120.53
•	•		**24900**	AMPUTATION ARM THRU HUMERUS W/PRIMARY CLOSURE	2545.20			090	Y	
•	•		**24920**	AMPUTATION ARM THRU HUMERUS OPEN CIRCULAR	2539.20			090	Y	
•	•	J1	**24925**	AMP ARM THRU HUMERUS SECONDARY CLSR/SCAR REVJ	1957.20			090	Y	5184.51
•	•		**24930**	AMPUTATION ARM THRU HUMERUS RE-AMPUTATION	2670.00			090	Y	
•	•		**24931**	AMPUTATION ARM THRU HUMERUS W/IMPLANT	3232.80			090	Y	
•	•	J1	**24935**	STUMP ELONGATION UPPER EXTREMITY	4035.60			090	N	10775.65
•	•		**24940**	CINEPLASTY UPPER EXTREMITY COMPLETE PROCEDURE	3120.24			090	Y	
•	•		**24999**	UNLISTED PROCEDURE HUMERUS/ELBOW	BR			YYY	N	319.63
•	•	J1	**25000**	INCISION EXTENSOR TENDON SHEATH WRIST	1164.00			090	N	2624.38
•	•	J1	**25001**	INCISION FLEXOR TENDON SHEATH WRIST	1185.60			090	N	5184.51
•	•	J1	**25020**	DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/O DBRDMT	1971.60			090	N	2624.38
•	•	J1	**25023**	DCMPRN FASCT F/ARM&/WRST FLXR/XTNSR W/DBRDMT	3819.60			090	N	5184.51
•	•	J1	**25024**	DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR W/O DB	2694.00			090	N	5184.51
•	•	J1	**25025**	DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR DBRDMT	4177.20			090	N	2624.38
•	•	J1	**25028**	I&D FOREARM&/WRIST DEEP ABSCESS/HEMATOMA	1815.60			090	N	5184.51
•	•	J1	**25031**	INCISION & DRAINAGE FOREARM&/WRIST BURSA	1200.00			090	N	2624.38
•	•	J1	**25035**	INCISION DEEP BONE CORTEX FOREARM&/WRIST	2017.20			090	N	10775.65
•	•	J1	**25040**	ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB	1936.80			090	N	5184.51
•	•	J1	**25065**	BIOPSY SOFT TISSUE FOREARM&/WRIST SUPERFICIAL	878.40			010	N	2734.29
•	•	J1	**25066**	BIOPSY SOFT TISSUE FOREARM&/WRIST DEEP	1236.00			090	N	4742.07
•	•	J1	**25071**	EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>	1467.60			090	Y	2734.29
•	•	J1	**25073**	EXC TUMOR SFT TISS FOREARM&/WRIST SUBFASC 3CM/>	1842.00			090	Y	4742.07
•	•	J1	**25075**	EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	1690.80			090	N	2734.29
•	•	J1	**25076**	EXC TUMOR SOFT TISS FOREARM&/WRIST SUBFASC <3CM	1786.80			090	N	2734.29
•	•	J1	**25077**	RAD RESECT TUMOR SOFT TISS FOREARM&/WRIST <3 CM	3051.60			090	N	2734.29
•	•	J1	**25078**	RAD RESCJ TUM SOFT TISSUE FOREARM&/WRIST 3 CM/>	4041.60			090	Y	4742.07
•	•	J1	**25085**	CAPSULOTOMY WRIST	1548.00			090	Y	5184.51
•	•	J1	**25100**	ARTHROTOMY WRIST JOINT WITH BIOPSY	1194.00			090	N	5184.51
•	•	J1	**25101**	ARTHRT WRST W/JT EXPL W/WO BX W/WO RMVL LOOSE/FB	1393.20			090	N	5184.51
•	•	J1	**25105**	ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY	1666.80			090	N	5184.51
•	•	J1	**25107**	ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE	2124.00			090	Y	5184.51
•	•	J1	**25109**	EXC TENDON FOREARM&/WRIST FLEXOR/EXTENSOR EA	1855.20			090	N	5184.51
•	•	J1	**25110**	EXCISION LESION TENDON SHEATH FOREARM&/WRIST	1178.40			090	N	2624.38
•	•	J1	**25111**	EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	1105.20			090	N	2624.38
•	•	J1	**25112**	EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT	1335.60			090	N	2624.38
•	•	J1	**25115**	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS	2616.00			090	N	2624.38
•	•	J1	**25116**	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS	2070.00			090	N	5184.51
•	•	J1	**25118**	SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT	1312.80			090	N	2624.38

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**25119**	SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA	1705.20			090	Y	5184.51
•	•	J1	**25120**	EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA	1716.00			090	N	5184.51
•	•	J1	**25125**	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/AUTOGRAFT	2032.80			090	N	2624.38
•	•	J1	**25126**	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/ALLOGRAFT	2053.20			090	Y	5184.51
•	•	J1	**25130**	EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES	1539.60			090	N	5184.51
•	•	J1	**25135**	EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT	1918.80			090	Y	5184.51
•	•	J1	**25136**	EXC/CURTG CYST/TUMOR CARPAL BONES W/ALLOGRAFT	1687.20			090	Y	10775.65
•	•	J1	**25145**	SEQUESTRECTOMY FOREARM &/WRIST	1780.80			090	Y	5184.51
•	•	J1	**25150**	PARTIAL EXCISION BONE ULNA	1954.80			090	N	5184.51
•	•	J1	**25151**	PARTIAL EXCISION BONE RADIUS	2005.20			090	Y	5184.51
•	•	J1	**25170**	RADICAL RESECTION TUMOR RADIUS OR ULNA	5108.40			090	Y	10775.65
•	•	J1	**25210**	CARPECTOMY 1 BONE	1681.20			090	N	5184.51
•	•	J1	**25215**	CARPECTOMY ALL BONES PROXIMAL ROW	2131.20			090	Y	5184.51
•	•	J1	**25230**	RADICAL STYLOIDECTOMY SEPARATE PROCEDURE	1494.00			090	N	5184.51
•	•	J1	**25240**	EXCISION DISTAL ULNA PARTIAL/COMPLETE	1477.20			090	N	5184.51
•	•		**25246**	INJECTION WRIST ARTHROGRAPHY	585.60			000	N	
•	•	J1	**25248**	EXPL W/REMOVAL DEEP FOREIGN BODY FOREARM/WRIST	1425.60			090	N	2624.38
•	•		**25250**	REMOVAL WRIST PROSTHESIS SEPARATE PROCEDURE	1825.20			090	Y	1864.94
•	•		**25251**	REMOVAL WRIST PROSTH COMPLICATED W/TOTAL WRIST	2481.60			090	Y	3725.14
•	•	J1	**25259**	MANIPULATION WRIST UNDER ANESTHESIA	1442.40			090	N	2624.38
•	•	J1	**25260**	RPR TDN/MUSC FLXR F/ARM&/WRST PRIM 1 EA TDN/MU	2172.00			090	N	5184.51
•	•	J1	**25263**	RPR TDN/MUSC FLXR F/ARM&/WRIST SEC 1 EA TDN/MUS	2162.40			090	Y	5184.51
•	•	J1	**25265**	RPR TDN/MUSC FLXR F/ARM&/WRISTSEC FR GRF EA	2576.40			090	Y	5184.51
•	•	J1	**25270**	RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	1687.20			090	N	5184.51
•	•	J1	**25272**	RPR TDN/MUSC XTNSR F/ARM&/WRIST SEC 1 EA TDN/MU	1910.40			090	N	5184.51
•	•	J1	**25274**	RPR TDN/MUSC XTNSR F/ARM&/WRST SEC FR GRF EA TDN	2299.20			090	N	5184.51
•	•	J1	**25275**	RPR TENDON SHEATH EXTENSOR F/ARM&/WRIST W/GRAFT	2310.00			090	N	5184.51
•	•	J1	**25280**	LNGTH/SHRT FLXR/XTNSR TDN F/ARM&/WRIST 1 EA TDN	1942.80			090	N	5184.51
•	•	J1	**25290**	TNOT FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	1503.60			090	N	5184.51
•	•	J1	**25295**	TNOLS FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	1813.20			090	N	5184.51
•	•	J1	**25300**	TENODESIS WRIST FLEXORS FINGERS	2348.40			090	Y	5184.51
•	•	J1	**25301**	TENODESIS WRIST EXTENSORS FINGERS	2218.80			090	Y	5184.51
•	•	J1	**25310**	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1 EA TDN	2134.80			090	Y	5184.51
•	•	J1	**25312**	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1/TDN GR	2476.80			090	Y	5184.51
•	•	J1	**25315**	FLEXOR ORIGIN SLIDE FOREARM &/WRIST	2655.60			090	Y	10775.65
•	•	J1	**25316**	FLEXOR ORIGIN SLIDE F/ARM&/WRST TENDON TRANSFE	3168.00			090	Y	10775.65
•	•	J1	**25320**	CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS	3398.40			090	Y	10775.65
•	•	J1	**25332**	ARTHRP WRST W/WO INTERPOS W/WO XTRNL/INT FIXJ	2906.40			090	Y	5184.51
•	•	J1	**25335**	CENTRALIZATION WRST ULNA	3268.80			090	Y	5184.51
•	•	J1	**25337**	RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	3073.20			090	N	10775.65
•	•	J1	**25350**	OSTEOTOMY RADIUS DISTAL THIRD	2326.80			090	Y	10775.65
•	•	J1	**25355**	OSTEOTOMY RADIUS MIDDLE/PROXIMAL THIRD	2616.00			090	Y	5184.51
•	•	J1	**25360**	OSTEOTOMY ULNA	2260.80			090	Y	10775.65
•	•	J1	**25365**	OSTEOTOMY RADIUS & ULNA	3150.00			090	Y	19120.53
•	•	J1	**25370**	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA	3490.80			090	Y	5184.51
•	•	J1	**25375**	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS&ULNA	3302.40			090	Y	5184.51
•	•	J1	**25390**	OSTEOPLASTY RADIUS/ULNA SHORTENING	2654.40			090	Y	10775.65
•	•	J1	**25391**	OSTEOPLASTY RADIUS/ULNA LENGTHENING W/AUTOGRAFT	3446.40			090	Y	19120.53
•	•	J1	**25392**	OSTEOPLASTY RADIUS & ULNA SHORTENING	3418.80			090	Y	5184.51

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**25393**	OSTEOPLASTY RADIUS&ULNA LENGTHENING W/AUTOGRAF	3873.60			090	Y	5184.51
•	•	J1	**25394**	OSTEOPLASTY CARPAL BONE SHORTENING	2698.80			090	Y	5184.51
•	•	J1	**25400**	RPR NONUNION/MALUNION RADIUS/ULNA W/O AUTOGRAFT	2774.40			090	Y	10775.65
•	•	J1	**25405**	RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	3588.00			090	Y	10775.65
•	•	J1	**25415**	RPR NONUNION/MALUNION RADIUS&ULNA W/O AUTOGRAF	3337.20			090	Y	10775.65
•	•	J1	**25420**	RPR NONUNION/MALUNION RADIUS&ULNA W/AUTOGRAFT	4029.60			090	Y	10775.65
•	•	J1	**25425**	REPAIR DEFECT W/AUTOGRAFT RADIUS/ULNA	3320.40			090	Y	10775.65
•	•	J1	**25426**	REPAIR DEFECT W/AUTOGRAFT RADIUS&ULNA	3895.20			090	Y	5184.51
•	•	J1	**25430**	INSERTION VASCULAR PEDICLE CARPAL BONE	2527.20			090	N	5184.51
•	•	J1	**25431**	REPAIR NONUNION CARPAL BONE EACH BONE	2718.00			090	Y	10775.65
•	•	J1	**25440**	RPR NONUNION SCAPHOID CARPAL BNE W/WO RDL STYLEC	2655.60			090	Y	10775.65
•	•	J1	**25441**	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS	3236.40			090	Y	19120.53
•	•	J1	**25442**	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA	2787.60			090	Y	26078.68
•	•	J1	**25443**	ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL	2674.80			090	Y	10775.65
•	•	J1	**25444**	ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE	2850.00			090	Y	19120.53
•	•	J1	**25445**	ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM	2493.60			090	N	10775.65
•	•	J1	**25446**	ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/CARPUS	4059.60			090	Y	26078.68
•	•	J1	**25447**	ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS	2859.60			090	Y	5184.51
•	•	J1	**25449**	REVJ ARTHRP W/REMOVAL IMPLANT WRIST JOINT	3567.60			090	Y	10775.65
•	•	J1	**25450**	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS/U	2130.00			090	N	5184.51
•	•	J1	**25455**	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS&ULNA	2512.80			090	N	5184.51
•	•	J1	**25490**	PROPH TX N/P/PLTWR W/WO METHYLACRYLATE RADIUS	2484.00			090	Y	10775.65
•	•	J1	**25491**	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE ULNA	2559.60			090	Y	19120.53
•	•	J1	**25492**	PROPH TX N/P/PLTWR W/WO METHYLMECRYLATE RAD&UL	3133.20			090	Y	5184.51
•	•		**25500**	CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	944.40			090	N	319.63
•	•	J1	**25505**	CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	1714.80			090	N	2624.38
•	•	J1	**25515**	OPEN TREATMENT RADIAL SHAFT FRACTURE	2310.00			090	Y	10775.65
•	•	J1	**25520**	CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	1953.60			090	N	2624.38
•	•	J1	**25525**	OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	2722.80			090	Y	10775.65
•	•	J1	**25526**	OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	3296.40			090	Y	10775.65
•	•		**25530**	CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	895.20			090	N	319.63
•	•		**25535**	CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	1683.60			090	N	319.63
•	•	J1	**25545**	OPEN TREATMENT OF ULNAR SHAFT FRACTURE	2149.20			090	Y	10775.65
•	•		**25560**	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MAN	963.60			090	N	319.63
•	•	J1	**25565**	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MANJ	1766.40			090	N	2624.38
•	•	J1	**25574**	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS/ULNA	2326.80			090	Y	10775.65
•	•	J1	**25575**	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS&ULNA	3115.20			090	Y	10775.65
•	•		**25600**	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANJ	1128.00			090	N	319.63
•	•	J1	**25605**	CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF	1854.00			090	N	2624.38
•	•	J1	**25606**	PERQ SKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP	2288.40			090	N	5184.51
•	•	J1	**25607**	OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP	2536.80			090	Y	10775.65
•	•	J1	**25608**	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	2846.40			090	Y	10775.65
•	•	J1	**25609**	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	3622.80			090	Y	10775.65
•	•		**25622**	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANJ	1044.00			090	N	319.63
•	•	J1	**25624**	CLOSED TX CARPAL SCAPHOID FRACTURE W/MANJ	1653.60			090	N	2624.38
•	•	J1	**25628**	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	2485.20			090	Y	10775.65
•	•		**25630**	CLTX CARPAL BONE FX W/O MANJ EACH BONE	1042.80			090	N	319.63
•	•	J1	**25635**	CLTX CARPAL BONE FX W/MANJ EACH BONE	1574.40			090	N	2624.38
•	•	J1	**25645**	OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA	1959.60			090	Y	5184.51

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**25650**	CLOSED TREATMENT ULNAR STYLOID FRACTURE	1104.00			090	N	319.63
•	•	J1	**25651**	PRQ SKELETAL FIXATION ULNAR STYLOID FRACTURE	1672.80			090	N	5184.51
•	•	J1	**25652**	OPEN TREATMENT ULNAR STYLOID FRACTURE	2149.20			090	N	10775.65
•	•		**25660**	CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MANJ	1419.60			090	N	319.63
•	•	J1	**25670**	OPEN TX RADIOCARPAL/INTERCARPAL DISLC 1/> BONES	2088.00			090	Y	5184.51
•	•	J1	**25671**	PRQ SKELETAL FIXJ DISTAL RADIOULNAR DISLOCATION	1821.60			090	N	5184.51
•	•		**25675**	CLOSED TX DISTAL RADIOULNAR DISLOCATION W/MANJ	1502.40			090	N	319.63
•	•	J1	**25676**	OPEN TX DISTAL RADIOULNAR DISLC ACUTE/CHRONIC	2169.60			090	Y	10775.65
•	•		**25680**	CLTX TRANS-SCAPHOPRILUNAR TYP FX DISLC W/MANJ	1791.60			090	N	319.63
•	•	J1	**25685**	OPEN TX TRANS-SCAPHOPERILUNAR FRACTURE DISLC	2540.40			090	Y	5184.51
•	•	J1	**25690**	CLOSED TX LUNATE DISLOCATION W/MANIPULATION	1664.40			090	N	2624.38
•	•	J1	**25695**	OPEN TREATMENT LUNATE DISLOCATION	2184.00			090	Y	10775.65
•	•	J1	**25800**	ARTHRODESIS WRIST COMPLETE W/O BONE GRAFT	2522.40			090	Y	10775.65
•	•	J1	**25805**	ARTHRODESIS WRIST W/SLIDING GRAFT	2919.60			090	Y	10775.65
•	•	J1	**25810**	ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT	2995.20			090	Y	19120.53
•	•	J1	**25820**	ARTHRODESIS WRIST LIMITED W/O BONE GRAFT	2137.20			090	Y	10775.65
•	•	J1	**25825**	ARTHRODESIS WRIST LIMITED W/AUTOGRAFT	2631.60			090	Y	10775.65
•	•	J1	**25830**	ARTHRD DSTL RAD/ULN JT SGMTL RSCJ ULNA W/WO BONE	3250.80			090	Y	10775.65
•	•		**25900**	AMPUTATION FOREARM THROUGH RADIUS & ULNA	2454.00			090	N	
•	•		**25905**	AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR	2410.80			090	Y	
•	•	J1	**25907**	AMP F/ARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE	2100.00			090	Y	5184.51
•	•	J1	**25909**	AMP FOREARM THRU RADIUS&ULNA RE-AMPUTATION	2359.20			090	Y	5184.51
•	•		**25915**	KRUKENBERG PROCEDURE	4059.60			090	Y	
•	•		**25920**	DISARTICULATION THROUGH WRIST	2424.00			090	N	
•	•	J1	**25922**	DISARTICULATION THRU WRIST SEC CLOSURE/SCAR REVJ	2128.80			090	Y	2624.38
•	•		**25924**	DISARTICULATION THRU WRIST RE-AMPUTATION	2332.80			090	Y	
•	•		**25927**	TRANSMETACARPAL AMPUTATION	2779.20			090	N	
•	•		**25929**	TRANSMETACARPAL AMPUTATION SEC CLOSURE/SCAR REVJ	2062.80			090	Y	2199.52
•	•	J1	**25931**	TRANSMETACARPAL AMPUTATION RE-AMPUTATION	2559.60			090	N	5184.51
•	•		**25999**	UNLISTED PROCEDURE FOREARM/WRIST	BR			YYY	N	319.63
•	•		**26010**	DRAINAGE FINGER ABSCESS SIMPLE	928.80			010	N	250.56
•	•	J1	**26011**	DRAINAGE FINGER ABSCESS COMPLICATED	1378.80			010	N	2734.29
•	•	J1	**26020**	DRAINAGE TENDON SHEATH DIGIT&/PALM EACH	1497.60			090	N	5184.51
•	•	J1	**26025**	DRAINAGE OF PALMAR BURSA SINGLE BURSA	1453.20			090	N	5184.51
•	•	J1	**26030**	DRAINAGE OF PALMAR BURSA MULTIPLE BURSA	1690.80			090	N	5184.51
•	•	J1	**26034**	INCISION BONE CORTEX HAND/FINGER	1874.40			090	N	2624.38
•	•	J1	**26035**	DECOMPRESSION FINGERS&/HAND INJECTION INJURY	2967.60			090	N	5184.51
•	•	J1	**26037**	DECOMPRESSIVE FASCIOTOMY HAND	1952.40			090	N	5184.51
•	•	J1	**26040**	FASCIOTOMY PALMAR PERCUTANEOUS	1075.20			090	N	2624.38
•	•	J1	**26045**	FASCIOTOMY PALMAR OPEN PARTIAL	1618.80			090	N	5184.51
•	•	J1	**26055**	TENDON SHEATH INCISION	1941.60			090	N	2624.38
•	•	J1	**26060**	TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT	883.20			090	N	2624.38
•	•	J1	**26070**	ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT	1102.80			090	N	2624.38
•	•	J1	**26075**	ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA	1150.80			090	N	5184.51
•	•	J1	**26080**	ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	1350.00			090	N	2624.38
•	•	J1	**26100**	ARTHROTOMY BIOPSY CARP/MTCRPL JOINT EACH	1156.80			090	N	5184.51
•	•	J1	**26105**	ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH	1161.60			090	N	5184.51
•	•	J1	**26110**	ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH	1110.00			090	N	2624.38
•	•	J1	**26111**	EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>	1437.60			090	Y	2734.29

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**26113**	EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>	1888.80			090	Y	2734.29
•	•	J1	**26115**	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM	1782.00			090	N	2734.29
•	•	J1	**26116**	EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM	1815.60			090	N	2734.29
•	•	J1	**26117**	RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM	2565.60			090	N	4742.07
•	•	J1	**26118**	RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3 CM/>	3632.40			090	Y	4742.07
•	•	J1	**26121**	FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT	2061.60			090	N	5184.51
•	•	J1	**26123**	FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR	2880.00			090	N	5184.51
+	•		**26125**	FASCT PRTL PALMR ADDL DGT PROX IPHAL JT W/WO RPR	946.80			ZZZ	N	
•	•	J1	**26130**	SYNOVECTOMY CARPOMETACARPAL JOINT	1582.80			090	N	5184.51
•	•	J1	**26135**	SYNVCT MTCARPHLNGL JT W/INTRNSC RLS&XTNSR HOOD	1899.60			090	N	5184.51
•	•	J1	**26140**	SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT	1742.40			090	N	2624.38
•	•	J1	**26145**	SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN	1770.00			090	N	2624.38
•	•	J1	**26160**	EXC LESION TDN SHTH/JT CAPSL HAND/FNGR	1999.20			090	N	2624.38
•	•	J1	**26170**	EXCISION TENDON PALM FLEXOR/EXTENSOR SINGLE EACH	1400.40			090	N	2624.38
•	•	J1	**26180**	EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	1533.60			090	N	2624.38
•	•	J1	**26185**	SESAMOIDECTOMY THUMB/FINGER SEPARATE PROCEDURE	1898.40			090	Y	2624.38
•	•	J1	**26200**	EXCISION/CURETTAGE CYST/TUMOR METACARPAL	1550.40			090	N	2624.38
•	•	J1	**26205**	EXC/CURETTAGE CYST/TUMOR METACARPAL W/AUTOGRAFT	2083.20			090	N	10775.65
•	•	J1	**26210**	EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER	1527.60			090	N	2624.38
•	•	J1	**26215**	EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT	1948.80			090	N	5184.51
•	•	J1	**26230**	PARTIAL EXCISION BONE METACARPAL	1718.40			090	N	5184.51
•	•	J1	**26235**	PARTIAL EXCISION PROXIMAL/MIDDLE PHALANX FINGER	1698.00			090	N	2624.38
•	•	J1	**26236**	PARTIAL EXCISION DISTAL PHALANX FINGER	1520.40			090	N	2624.38
•	•	J1	**26250**	RADICAL RESECTION TUMOR METACARPAL	3702.00			090	N	5184.51
•	•	J1	**26260**	RAD RESECTION TUMOR PROX/MIDDLE PHALANX FINGER	2767.20			090	Y	5184.51
•	•	J1	**26262**	RADICAL RESECTION TUMOR DISTAL PHALANX FINGER	2178.00			090	Y	2624.38
•	•		**26320**	REMOVAL IMPLANT FROM FINGER/HAND	1197.60			090	N	1953.21
•	•	J1	**26340**	MANIPULATION FINGER JOINT UNDER ANES EACH JOINT	1160.40			090	N	2624.38
•	•		**26341**	MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD	348.00			010	N	319.63
•	•	J1	**26350**	RPR/ADVMNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON	2406.00			090	N	5184.51
•	•	J1	**26352**	RPR/ADVMNT FLXR TDN N/Z/2 W/FR GRAFT EA TENDON	2761.20			090	Y	5184.51
•	•	J1	**26356**	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	2737.20			090	N	5184.51
•	•	J1	**26357**	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	3060.00			090	Y	5184.51
•	•	J1	**26358**	RPR/ADVMNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON	3385.20			090	Y	5184.51
•	•	J1	**26370**	RPR/ADVMNT TDN W/NTC SUPFCIS TDN PRIM EA TDN	2554.80			090	N	5184.51
•	•	J1	**26372**	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/FREE GRAFT EA	2989.20			090	Y	10775.65
•	•	J1	**26373**	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/O FREE GRF EA	2869.20			090	Y	5184.51
•	•	J1	**26390**	EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F	2838.00			090	Y	10775.65
•	•	J1	**26392**	RMVL SYNTH ROD & INSJ FLXR TDN GRF H/F EA ROD	3298.80			090	Y	10775.65
•	•	J1	**26410**	REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	1905.60			090	N	2624.38
•	•	J1	**26412**	REPAIR EXTENSOR TENDON HAND W/GRAFT EACH	2292.00			090	N	5184.51
•	•	J1	**26415**	EXC XTNSR TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA	2761.20			090	N	5184.51
•	•	J1	**26416**	RMVL SYNTH ROD & INSJ XTNSR TDN GRF H/F EA ROD	3006.00			090	N	5184.51
•	•	J1	**26418**	REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	1950.00			090	N	2624.38
•	•	J1	**26420**	REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH	2390.40			090	Y	5184.51
•	•	J1	**26426**	RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR	1728.00			090	N	5184.51
•	•	J1	**26428**	RPR XTNSR TDN CNTRL SLIP SEC W/FR GRFT EA FINGER	2557.20			090	N	5184.51
•	•	J1	**26432**	CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING	1678.80			090	N	2624.38
•	•	J1	**26433**	REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF	1785.60			090	N	5184.51

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**26434**	REPAIR EXTENSOR TENDON DISTAL INSERTION W/GRAFT	2188.80			090	Y	5184.51
•	•	J1	**26437**	REALIGNMENT EXTENSOR TENDON HAND EACH TENDON	2108.40			090	N	5184.51
•	•	J1	**26440**	TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON	2089.20			090	N	2624.38
•	•	J1	**26442**	TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO	3261.60			090	N	5184.51
•	•	J1	**26445**	TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH	1938.00			090	N	5184.51
•	•	J1	**26449**	TENOLYSIS CPLX XTNSR TENDON FINGER W/FOREARM EA	2395.20			090	N	5184.51
•	•	J1	**26450**	TENOTOMY FLEXOR PALM OPEN EACH TENDON	1375.20			090	N	5184.51
•	•	J1	**26455**	TENOTOMY FLEXOR FINGER OPEN EACH TENDON	1363.20			090	N	2624.38
•	•	J1	**26460**	TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON	1334.40			090	N	2624.38
•	•	J1	**26471**	TENODESIS PROXIMAL INTERPHALANGEAL JOINT EACH	2083.20			090	N	5184.51
•	•	J1	**26474**	TENODESIS DISTAL JOINT EACH	2035.20			090	Y	2624.38
•	•	J1	**26476**	LENGTHENING TENDON EXTENSOR HAND/FINGER EACH	2010.00			090	N	5184.51
•	•	J1	**26477**	SHORTENING TENDON EXTENSOR HAND/FINGER EACH	1963.20			090	N	5184.51
•	•	J1	**26478**	LENGTHENING TENDON FLEXOR HAND/FINGER EACH	2090.40			090	N	5184.51
•	•	J1	**26479**	SHORTENING TENDON FLEXOR HAND/FINGER EACH	2114.40			090	Y	5184.51
•	•	J1	**26480**	TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN	2536.80			090	N	5184.51
•	•	J1	**26483**	TENDON TRANSFER TRANSPLANT CARP/MTCRPL GRAFT	2846.40			090	Y	5184.51
•	•	J1	**26485**	TRANSFER/TRANSPLANT TENDON PALMAR W/O GRAFT EACH	2725.20			090	Y	5184.51
•	•	J1	**26489**	TRANSFER/TRANSPLANT TENDON PALMAR W/GRAFT EACH	3163.20			090	N	5184.51
•	•	J1	**26490**	OPPONENSPLASTY SUPFCIS TDN TR TYP EA TDN	2700.00			090	N	5184.51
•	•	J1	**26492**	OPPONENSPLASTY TDN TR W/GRF EA TDN	3001.20			090	Y	5184.51
•	•	J1	**26494**	OPPONENSPLASTY HYPOTHENAR MUSC TR	2703.60			090	Y	5184.51
•	•	J1	**26496**	OPPONENSPLASTY OTHER METHODS	2908.80			090	N	5184.51
•	•	J1	**26497**	TR TDN RESTORE INTRNSC FUNCJ RING&SM FNGR	2938.80			090	Y	5184.51
•	•	J1	**26498**	TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS	3896.40			090	Y	5184.51
•	•	J1	**26499**	CORRECTION CLAW FINGER OTHER METHODS	2812.80			090	Y	5184.51
•	•	J1	**26500**	RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX	2095.20			090	N	10775.65
•	•	J1	**26502**	RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX	2404.80			090	Y	5184.51
•	•	J1	**26508**	RELEASE THENAR MUSCLE	2133.60			090	N	5184.51
•	•	J1	**26510**	CROSS INTRINSIC TRANSFER EACH TENDON	2010.00			090	N	5184.51
•	•	J1	**26516**	CAPSULODESIS MTCARPHLNGL JOINT SINGLE DIGIT	2370.00			090	N	5184.51
•	•	J1	**26517**	CAPSULODESIS MTCARPHLNGL JOINT 2 DIGITS	2787.60			090	Y	5184.51
•	•	J1	**26518**	CAPSULODESIS MTCARPHLNGL JOINT 3/4 DIGITS	2832.00			090	Y	5184.51
•	•	J1	**26520**	CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGL JOINT EACH	2185.20			090	N	5184.51
•	•	J1	**26525**	CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH	2196.00			090	N	2624.38
•	•	J1	**26530**	ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH	1852.80			090	Y	5184.51
•	•	J1	**26531**	ARTHRP MTCARPHLNGL JT W/PROSTC IMPLT EA JT	2155.20			090	Y	10775.65
•	•	J1	**26535**	ARTHROPLASTY INTERPHALANGEAL JOINT EACH	1480.80			090	N	5184.51
•	•	J1	**26536**	ARTHROPLASTY INTERPHALANGEAL JT W/PROSTHETIC EA	2410.80			090	N	10775.65
•	•	J1	**26540**	RPR COLTRL LIGM MTCARPHLNGL/IPHAL JT	2222.40			090	N	5184.51
•	•	J1	**26541**	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/TDN/FSCAL GRF	2709.60			090	Y	5184.51
•	•	J1	**26542**	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/LOCAL TISS	2298.00			090	N	5184.51
•	•	J1	**26545**	RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF EA JT	2388.00			090	N	5184.51
•	•	J1	**26546**	RPR NON-UNION MTCRPL/PHALANX	3375.60			090	Y	10775.65
•	•	J1	**26548**	RPR & RCNSTJ FINGER VOLAR PLATE INTERPHALANGEAL	2569.20			090	N	5184.51
•	•	J1	**26550**	POLLICIZATION DIGIT	5617.20			090	Y	5184.51
•	•		**26551**	TR TOE-TO-HAND W/MVASC ANAST GRT TOE WRP/ARND	11355.60			090	Y	
•	•		**26553**	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 1	11278.80			090	Y	
•	•		**26554**	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 2	13166.40			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**26555**	TR FNGR AXH POS W/O MVASC ANAST	4675.20			090	Y	10775.65
•	•		**26556**	TRANSFER FREE TOE JOINT W/MVASC ANASTOMOSIS	11722.80			090	Y	
•	•	J1	**26560**	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS	1981.20			090	Y	2624.38
•	•	J1	**26561**	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS&GRAFT	3207.60			090	Y	5184.51
•	•	J1	**26562**	REPAIR SYNDACTYLY EACH SPACE COMPLEX	4581.60			090	Y	5184.51
•	•	J1	**26565**	OSTEOTOMY METACARPAL EACH	2286.00			090	Y	5184.51
•	•	J1	**26567**	OSTEOTOMY PHALANX FINGER EACH	2305.20			090	N	5184.51
•	•	J1	**26568**	OSTEOPLASTY LENGTHENING METACARPAL/PHALANX	3043.20			090	Y	10775.65
•	•	J1	**26580**	REPAIR CLEFT HAND	5170.80			090	Y	5184.51
•	•	J1	**26587**	RCNSTJ POLYDACTYLOUS DIGIT SOFT TISSUE & BONE	3600.00			090	Y	5184.51
•	•	J1	**26590**	REPAIR MACRODACTYLIA EACH DIGIT	4808.40			090	Y	2624.38
•	•	J1	**26591**	REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE	1483.20			090	N	5184.51
•	•	J1	**26593**	RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE	2030.40			090	N	5184.51
•	•	J1	**26596**	EXC CONSTRICTING RING FNGR W/MLT Z-PLASTIES	2580.00			090	Y	5184.51
•	•		**26600**	CLTX METACARPAL FX W/O MANIPULATION EACH BONE	1006.80			090	N	319.63
•	•		**26605**	CLTX METACARPAL FX W/MANIPULATION EACH BONE	1108.80			090	N	319.63
•	•	J1	**26607**	CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE	1614.00			090	N	5184.51
•	•	J1	**26608**	PRQ SKELETAL FIXJ METACARPAL FX EACH BONE	1646.40			090	N	5184.51
•	•	J1	**26615**	OPEN TX METACARPAL FRACTURE SINGLE EA BONE	1982.40			090	N	5184.51
•	•		**26641**	CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANJ	1288.80			090	N	319.63
•	•	J1	**26645**	CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ	1476.00			090	N	2624.38
•	•	J1	**26650**	PRQ SKELETAL FIX CARPO/METACARPAL FX DISLC THUMB	1648.80			090	N	5184.51
•	•	J1	**26665**	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	2157.60			090	N	5184.51
•	•		**26670**	CLTX CARPO/METACARPL DISLC THMB MANJ EA W/O ANES	1183.20			090	N	319.63
•	•	J1	**26675**	CLTX CARPO/MTCRPL DISLC THUMB MANJ EA JT W/ANES	1573.20			090	N	2624.38
•	•	J1	**26676**	PRQ SKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT	1734.00			090	N	5184.51
•	•	J1	**26685**	OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	1978.80			090	N	5184.51
•	•	J1	**26686**	OPTX CARP/MTCRPL DISLC THMB CPLX MLT/DLYD RDCTJ	2145.60			090	Y	5184.51
•	•		**26700**	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/O ANES	1125.60			090	N	319.63
•	•	J1	**26705**	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/ANES	1437.60			090	N	2624.38
•	•	J1	**26706**	PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W/MANJ	1520.40			090	N	5184.51
•	•	J1	**26715**	OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION	1972.80			090	N	5184.51
•	•		**26720**	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANJ EA	674.40			090	N	319.63
•	•		**26725**	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	1159.20			090	N	319.63
•	•	J1	**26727**	PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	1622.40			090	N	5184.51
•	•	J1	**26735**	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	2052.00			090	N	5184.51
•	•		**26740**	CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/O MANJ	787.20			090	N	319.63
•	•	J1	**26742**	CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ	1274.40			090	N	2624.38
•	•	J1	**26746**	OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	2560.80			090	N	5184.51
•	•		**26750**	CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	630.00			090	N	319.63
•	•		**26755**	CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA	1078.80			090	N	319.63
•	•	J1	**26756**	PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	1437.60			090	N	5184.51
•	•	J1	**26765**	OPEN TX DISTAL PHALANGEAL FRACTURE EACH	1725.60			090	N	5184.51
•	•		**26770**	CLTX IPHAL JT DISLC W/MANJ W/O ANES	952.80			090	N	319.63
•	•		**26775**	CLTX IPHAL JT DISLC W/MANJ REQ ANES	1318.80			090	N	334.52
•	•	J1	**26776**	PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ	1525.20			090	N	5184.51
•	•	J1	**26785**	OPEN TX INTERPHALANGEAL JOINT DISLOCATION	1885.20			090	N	5184.51
•	•	J1	**26820**	FUSION OPPOSITION THUMB W/AUTOGENOUS GRAFT	2660.40			090	Y	10775.65
•	•	J1	**26841**	ARTHRD CARPO/METACARPAL JT THUMB W/WO INT FIXJ	2458.80			090	N	10775.65

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**26842**	ARTHRD CRP/MTACRPL JT THMB W/WO INT FIXJ W/AGRFT	2649.60			090	Y	10775.65
•	•	J1	**26843**	ARTHRD CARP/MTCRPL JT DGT OTHER THAN THUMB EACH	2499.60			090	Y	10775.65
•	•	J1	**26844**	ARTHRD CARP/MTCRPL JT DGT OTH/THN THMB W/AGRFT	2776.80			090	Y	10775.65
•	•	J1	**26850**	ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ	2338.80			090	N	10775.65
•	•	J1	**26852**	ARTHRODESIS MTCRPL JT W/WO INT FIXJ W/AUTOGRAFT	2690.40			090	Y	10775.65
•	•	J1	**26860**	ARTHRODESIS INTERPHALANGEAL JT W/WO INT FIXJ	1909.20			090	N	5184.51
+	•		**26861**	ARTHRODESIS IPHAL JT W/WO INT FIXJ EA IPHAL JT	357.60			ZZZ	N	
•	•	J1	**26862**	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AUTOGRAFT	2456.40			090	Y	5184.51
+	•		**26863**	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AGRFT EA JT	794.40			ZZZ	Y	
•	•	J1	**26910**	AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER	2452.80			090	N	5184.51
•	•	J1	**26951**	AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	2210.40			090	N	5184.51
•	•	J1	**26952**	AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	2181.60			090	N	5184.51
•	•		**26989**	UNLISTED PROCEDURE HANDS/FINGERS	BR			YYY	N	319.63
•	•	J1	**26990**	I&D PELVIS/HIP JT AREA DEEP ABSCESS/HEMATOMA	2199.60			090	N	5184.51
•	•	J1	**26991**	I&D PELVIS/HIP JOINT AREA INFECTED BURSA	2426.40			090	N	2624.38
•	•		**26992**	INCISION BONE CORTEX PELVIS&/HIP JOINT	3348.00			090	N	
•	•	J1	**27000**	TENOTOMY ADDUCTOR HIP PERCUTANEOUS SPX	1401.60			090	N	2624.38
•	•	J1	**27001**	TENOTOMY ADDUCTOR HIP OPEN	1854.00			090	Y	5184.51
•	•	J1	**27003**	TX ADDUXOR SUBQ OPN W/OBTURATOR NEURECTOMY	2049.60			090	Y	10775.65
•	•		**27005**	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE	2496.00			090	Y	3466.63
•	•	J1	**27006**	TENOTOMY ABDUCTORS&/EXTENSOR HIP OPEN SPX	2491.20			090	Y	5184.51
•	•		**27025**	FASCIOTOMY HIP/THIGH ANY TYPE	3164.40			090	N	2742.03
•	•	J1	**27027**	DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI	3057.60			090	N	10775.65
•	•		**27030**	ARTHROTOMY HIP W/DRAINAGE	3242.40			090	Y	
•	•	J1	**27033**	ARTHROTOMY HIP EXPLORATION/REMOVAL FOREIGN BODY	3363.60			090	Y	5184.51
•	•	J1	**27035**	DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-ARTCLR BRNCH	3938.40			090	Y	5184.51
•	•		**27036**	CAPSLCTOMY/CAPSUL HIP W/RLS HIP FLXR MUSC	3499.20			090	Y	4499.61
•	•	J1	**27040**	BIOPSY SOFT TISSUE PELVIS&HIP AREA SUPERFICIAL	1179.60			010	N	2734.29
•	•	J1	**27041**	BIOPSY SOFT TISSUE PELVIS&HIP DEEP/SUBFSCAL/IM	2413.20			090	N	2734.29
•	•	J1	**27043**	EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>	1624.80			090	N	4742.07
•	•	J1	**27045**	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	2565.60			090	Y	4742.07
•	•	J1	**27047**	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBQ <3CM	1635.60			090	N	4742.07
•	•	J1	**27048**	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC <5CM	2112.00			090	Y	4742.07
•	•	J1	**27049**	RAD RESECT TUMOR SOFT TISSUE PELVIS & HIP <5 CM	4634.40			090	Y	4742.07
•	•	J1	**27050**	ARTHROTOMY W/BIOPSY SACROILIAC JOINT	1389.60			090	N	2624.38
•	•	J1	**27052**	ARTHROTOMY W/BIOPSY HIP JOINT	1990.80			090	Y	2624.38
•	•		**27054**	ARTHROTOMY W/SYNOVECTOMY HIP JOINT	2368.80			090	Y	
•	•	J1	**27057**	DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNI	3496.80			090	N	2624.38
•	•	J1	**27059**	RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>	6318.00			090	Y	4742.07
•	•	J1	**27060**	EXCISION ISCHIAL BURSA	1605.60			090	N	5184.51
•	•	J1	**27062**	EXCISION TROCHANTERIC BURSA/CALCIFICATION	1573.20			090	N	5184.51
•	•	J1	**27065**	EXCISION BONE CYST/BNIGN TUMOR SUPERFICIAL	1792.80			090	Y	5184.51
•	•	J1	**27066**	EXCISION BONE CYST/BENIGN TUMOR DEEP	2775.60			090	Y	5184.51
•	•	J1	**27067**	EXC B1 CST/B9 TUM W/AGRFT REQ SEP INC	3584.40			090	Y	10775.65
•	•		**27070**	PARTIAL EXCISION SUPERFICIAL PELVIS	2961.60			090	Y	
•	•		**27071**	PARTIAL EXCISION DEEP PELVIS	3200.40			090	Y	
•	•		**27075**	RAD RESCT TUMOR WING OF ILIUM 1 PUBIC/ISCHIAL	7267.20			090	Y	
•	•		**27076**	RAD RESCT TUMOR ILIUM ACETABULUM BOTH PUBIC	8796.00			090	Y	
•	•		**27077**	RADICAL RESCTION TUMOR INNOMINATE BONE TOTAL	9848.40			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**27078**	RAD RESCT TUMOR ISCHIAL TUBEROSITY&GRT TRCHNTR	7165.20			090	Y	
•	•	J1	**27080**	COCCYGECTOMY PRIMARY	1767.60			090	Y	5184.51
•	•	J1	**27086**	RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS	1033.20			010	N	2734.29
•	•	J1	**27087**	REMOVAL FOREIGN BODY PELVIS/HIP DEEP	2122.80			090	Y	5184.51
•	•		**27090**	REMOVAL HIP PROSTHESIS SEPARATE PROCEDURE	2872.80			090	Y	
•	•		**27091**	RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA	5528.40			090	Y	
•	•		**27093**	INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	686.40			000	N	
•	•		**27095**	INJECTION HIP ARTHROGRAPHY W/ANESTHESIA	914.40			000	N	
•	•		**27096**	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	547.20			000	N	
•	•	J1	**27097**	RELEASE/RECESSION HAMSTRING PROXIMAL	2355.60			090	Y	5184.51
•	•	J1	**27098**	TRANSFER ADDUCTOR ISCHIUM	2401.20			090	Y	5184.51
•	•	J1	**27100**	TR XTRNL OBLQ MUSC TRCHNTR W/FSCAL/TDN XTN GRF	2840.40			090	Y	10775.65
•	•	J1	**27105**	TR PARASPI MUSC HIP FASC/TDN XTN GRF	2989.20			090	Y	5184.51
•	•	J1	**27110**	TRANSFER ILIOPSOAS GREATER TROCHANTER FEMUR	3337.20			090	Y	10775.65
•	•	J1	**27111**	TRANSFER ILIOPSOAS FEMORAL NECK	3118.80			090	Y	5184.51
•	•		**27120**	ACETABULOPLASTY	4479.60			090	Y	
•	•		**27122**	ACETABULOPLASTY RESECTION FEMORAL HEAD	3811.20			090	Y	
•	•		**27125**	HEMIARTHROPLASTY HIP PARTIAL	3925.20			090	Y	
•	•	J1*	**27130**	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	4690.80			090	Y	19120.53
•	•		**27132**	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	5799.60			090	Y	
•	•		**27134**	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	6633.60			090	Y	
•	•		**27137**	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	5097.60			090	Y	
•	•		**27138**	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	5296.80			090	Y	
•	•		**27140**	OSTEOTOMY&TRANSFER GREATER TROCHANTER SPX	3082.80			090	Y	
•	•		**27146**	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE	4420.80			090	Y	
•	•		**27147**	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ	5037.60			090	Y	
•	•		**27151**	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE FEM OSTEOT	5516.40			090	Y	
•	•		**27156**	OSTEOT ILIAC ACTBLR/INNOMINATE BONE OSTEOT RDCTJ	5872.80			090	Y	
•	•		**27158**	OSTEOTOMY PELVIS BILATERAL	4774.80			090	Y	
•	•		**27161**	OSTEOTOMY FEMORAL NECK SEPARATE PROCEDURE	4200.00			090	Y	
•	•		**27165**	OSTEOT INTERTRCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL	4734.00			090	Y	
•	•		**27170**	B1 GRF FEM H/N INTERTRCHNTRIC/SUBTRCHNTRIC AREA	4058.40			090	Y	4212.81
•	•		**27175**	TX SLP FEMORAL EPIPHYSIS TRCJ W/O REDUCTION	2306.40			090	N	
•	•		**27176**	TX SLP FEM EPIPHYSIS SINGLE/MULTIPL PINNING SITU	3168.00			090	Y	4437.75
•	•		**27177**	OPTX SLP FEM EPIPHYSIS SINGLE/MULT PIN/BONE GRFT	3735.60			090	Y	
•	•		**27178**	OPTX SLP FEM EPIPHYSIS CLSD MANJ SINGL/MLTPL PIN	3184.80			090	Y	
•	•	J1	**27179**	OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK HEYMAN PX	3344.40			090	Y	10775.65
•	•		**27181**	OPTX SLP FEM EPIPHYSIS OSTEOT&INT FIXJ	3787.20			090	Y	
•	•		**27185**	EPIPHYSL ARRST EPIPHYSIOD/STAPLING TRCHNTR FEMUR	2485.20			090	N	
•	•		**27187**	PROPH TX N/P/PLTWR W/WO MMA FEM NCK & PROX FEMUR	3438.00			090	Y	
•	•		**27197**	CLSD TX PELVIC RING FX W/O MANIPULATION	428.40			000	N	319.63
•	•		**27198**	CLSD TX PELVIC RING FX W/MANIPULATION W/ANES	1040.40			000	N	319.63
•	•		**27200**	CLOSED TREATMENT COCCYGEAL FRACTURE	631.20			090	N	319.63
•	•	J1	**27202**	OPEN TREATMENT COCCYGEAL FRACTURE	1816.80			090	Y	5184.51
•	•		**27215**	OPTX ILIAC TUBRST AVLS/WING FX FIXJ IF PRFRMD	2160.00			090	N	
•	•		**27216**	PERQ SKELETAL FIXATION PST PELVIC BONE FX&/DIS	3206.40			090	N	
•	•		**27217**	OPTX ANT PELVIC BONE FX&/DISLC INT FIXJ IF PFR	3008.40			090	N	5591.08
•	•		**27218**	OPTX POST PEL BONE FX&/DISLC INT FIXJ IF PFRMD	4155.60			090	N	
•	•		**27220**	CLTX ACETABULUM HIP/SOCKT FX W/O MANJ	1837.20			090	N	319.63

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**27222**	CLTX ACETABULM HIP/SOCKT FX MANJ W/WO SKEL TRACJ	3364.80			090	N	843.69
•	•		**27226**	OPTX PST/ANT ACTBLR WALL FX W/INT FIXJ	3656.40			090	Y	
•	•		**27227**	OPTX ACTBLR FX INVG ANT/PST 1 COLUMN/FX W/INT	5754.00			090	Y	
•	•		**27228**	OPTX ACTBLR FX INVG ANT&POST 2 COLUMNS FX W/INT	6523.20			090	Y	
•	•		**27230**	CLTX FEM FX PROX END NCK W/O MANJ	1650.00			090	N	319.63
•	•		**27232**	CLTX FEM FX PROX END NCK W/MANJ W/WO SKEL TRACJ	2572.80			090	N	
•	•	J1	**27235**	PRQ SKEL FIXJ FEMORAL FX PROX END NECK	3147.60			090	N	10775.65
•	•		**27236**	OPTX FEM FX PROX END NCK INT FIXJ/PROSTC RPLCMT	4138.80			090	Y	4779.77
•	•	J1	**27238**	CLTX INTER/PERI/SUBTROCHANTERIC FEM FX W/O MANJ	1592.40			090	N	2624.38
•	•		**27240**	CLTX INTR/PERI/SBTRCHNTC FEMORAL FX W/MANJ	3312.00			090	N	
•	•		**27244**	TX INTER/PR/SUBTRCHNTRIC FEMORAL FX SCREW IMPLT	4261.20			090	Y	
•	•		**27245**	TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	4258.80			090	Y	
•	•		**27246**	CLTX GREATER TROCHANTERIC FX W/O MANJ	1334.40			090	N	319.63
•	•		**27248**	OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	2574.00			090	Y	
•	•		**27250**	CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	620.40			000	N	319.63
•	•	J1	**27252**	CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	2616.00			090	N	2624.38
•	•		**27253**	OPTX HIP DISLOCATION TRAUMATIC W/O INTERNAL FIXJ	3261.60			090	Y	
•	•		**27254**	OPTX HIP DISLC TRAUMTC W/ACTBLR WALL&FEM HEAD	4375.20			090	Y	
•	•		**27256**	TX SPONTAN HIP DISLC ABDCT SPLNT/TRCJ W/O ANES	1044.00			010	N	319.63
•	•	J1	**27257**	TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MANJ ANES	1255.20			010	N	2624.38
•	•		**27258**	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM	3841.20			090	Y	
•	•		**27259**	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT	5378.40			090	Y	
•	•		**27265**	CLTX POST HIP ARTHRP DISLC W/O ANES	1382.40			090	N	319.63
•	•	J1	**27266**	CLTX POST HIP ARTHRP DISLC REQ ANES	2010.00			090	N	2624.38
•	•	J1	**27267**	CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANJ	1492.80			090	Y	5184.51
•	•		**27268**	CLOSED TX FEMORAL FRACTURE PROX HEAD W/MANJ	1857.60			090	Y	
•	•		**27269**	OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	4300.80			090	Y	
•	•	J1	**27275**	MANIPULATION HIP JOINT GENERAL ANESTHESIA	632.40			010	N	2624.38
•	•	J1	**27279**	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	2398.80			090	Y	26078.68
•	•		**27280**	ARTHRODESIS SACROILIAC JOINT W/OBTAINING GRAFT	4706.40			090	Y	5826.62
•	•		**27282**	ARTHRODESIS SYMPHYSIS PUBIS W/OBTAINING GRAFT	2966.40			090	Y	
•	•		**27284**	ARTHRODESIS HIP JOINT W/OBTAINING GRAFT	5510.40			090	Y	
•	•		**27286**	ARTHRD HIP JT W/OBTG GRF W/SUBTRCHNTRIC OSTEOT	5730.00			090	Y	
•	•		**27290**	INTERPELVIABDOMINAL AMPUTATION	5629.20			090	Y	
•	•		**27295**	DISARTICULATION HIP	4363.20			090	Y	
•	•		**27299**	UNLISTED PROCEDURE PELVIS/HIP JOINT	BR			YYY	Y	319.63
•	•	J1	**27301**	I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	2324.40			090	N	4742.07
•	•		**27303**	INC DEEP W/OPNG BONE CORTEX FEMUR/KNEE	2211.60			090	Y	
•	•	J1	**27305**	FASCIOTOMY ILIOTIBIAL OPEN	1658.40			090	Y	5184.51
•	•	J1	**27306**	TENOTOMY PRQ ADDUCTOR/HAMSTRING 1 TENDON SPX	1186.80			090	Y	5184.51
•	•	J1	**27307**	TENOTOMY PRQ ADDUCTOR/HAMSTRING MULTIPLE TENDON	1657.20			090	N	5184.51
•	•	J1	**27310**	ARTHRT KNE W/EXPL DRG/RMVL FB	2526.00			090	Y	5184.51
•	•	J1	**27323**	BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	949.20			010	N	2734.29
•	•	J1	**27324**	BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP	1390.80			090	N	4742.07
•	•	J1	**27325**	NEURECTOMY HAMSTRING MUSCLE	1920.00			090	Y	3259.45
•	•	J1	**27326**	NEURECTOMY POPLITEAL	1771.20			090	Y	3259.45
•	•	J1	**27327**	EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	1622.40			090	N	2734.29
•	•	J1	**27328**	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM	2158.80			090	N	4742.07
•	•	J1	**27329**	RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM	3591.60			090	Y	4742.07

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**27330**	ARTHROTOMY KNEE W/SYNOVIAL BIOPSY ONLY	1436.40			090	N	5184.51
•	•	J1	**27331**	ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	1639.20			090	Y	5184.51
•	•	J1	**27332**	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	2215.20			090	Y	5184.51
•	•	J1	**27333**	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL&LAT	2025.60			090	Y	5184.51
•	•	J1	**27334**	ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR	2365.20			090	Y	5184.51
•	•	J1	**27335**	ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA	2636.40			090	Y	10775.65
•	•	J1	**27337**	EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>	1447.20			090	Y	4742.07
•	•	J1	**27339**	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>	2607.60			090	Y	4742.07
•	•	J1	**27340**	EXCISION PREPATELLAR BURSA	1281.60			090	N	5184.51
•	•	J1	**27345**	EXCISION SYNOVIAL CYST POPLITEAL SPACE	1658.40			090	Y	5184.51
•	•	J1	**27347**	EXCISION LESION MENISCUS/CAPSULE KNEE	1822.80			090	Y	5184.51
•	•	J1	**27350**	PATELLECTOMY/HEMIPATELLECTOMY	2245.20			090	Y	5184.51
•	•	J1	**27355**	EXCISION/CURETTAGE CYST/TUMOR FEMUR	2088.00			090	Y	5184.51
•	•	J1	**27356**	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT	2548.80			090	Y	19120.53
•	•	J1	**27357**	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/AUTOGRAFT	2812.80			090	Y	10775.65
+	•		**27358**	EXCISION/CURETTAGE CYST/TUMOR FEMUR INT FIXATION	964.80			ZZZ	Y	
•	•	J1	**27360**	PRTL EXC BONE FEMUR PROX TIBIA&/FIBULA	2972.40			090	Y	5184.51
•	•	J1	**27364**	RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>	5426.40			090	Y	4742.07
•	•		**27365**	RADICAL RESECTION TUMOR FEMOR OR KNEE	7155.60			090	Y	3208.13
•	•		**27369**	NJX PX CNTRST KNE ARTHG CNTRST ENHNCD CT/MRI KNE	487.20			000	N	
•	•	J1	**27372**	REMOVAL FOREIGN BODY DEEP THIGH/KNEE	2048.40			090	N	4742.07
•	•	J1	**27380**	SUTURE INFRAPATELLAR TENDON PRIMARY	2061.60			090	Y	10775.65
•	•	J1	**27381**	SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF	2763.60			090	Y	10775.65
•	•	J1	**27385**	SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	1993.20			090	Y	10775.65
•	•	J1	**27386**	SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ	2878.80			090	Y	10775.65
•	•	J1	**27390**	TENOTOMY OPEN HAMSTRING KNEE HIP SINGLE TENDON	1543.20			090	Y	5184.51
•	•	J1	**27391**	TENOTOMY OPN HAMSTRING KNEE HIP MULTIPLE 1 LEG	1978.80			090	N	5184.51
•	•	J1	**27392**	TENOTOMY OPEN HAMSTRING KNEE HIP MULTIPLE BI	2450.40			090	Y	5184.51
•	•	J1	**27393**	LENGTHENING HAMSTRING TENDON SINGLE	1761.60			090	Y	5184.51
•	•	J1	**27394**	LENGTHENING HAMSTRING TENDON MULTIPLE 1 LEG	2220.00			090	Y	10775.65
•	•	J1	**27395**	LENGTHENING HAMSTRING TENDON MULTIPLE BILATERAL	3031.20			090	Y	5184.51
•	•	J1	**27396**	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR 1 TENDON	2116.80			090	Y	10775.65
•	•	J1	**27397**	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR MULT TDN	3159.60			090	Y	10775.65
•	•	J1	**27400**	TRANSFER TENDON/MUSCLE HAMSTRINGS FEMUR	2379.60			090	Y	10775.65
•	•	J1	**27403**	ARTHROTOMY W/MENISCUS REPAIR KNEE	2212.80			090	Y	5184.51
•	•	J1	**27405**	RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL	2334.00			090	Y	10775.65
•	•	J1	**27407**	REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT	2710.80			090	Y	10775.65
•	•	J1	**27409**	RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE	3322.80			090	Y	10775.65
•	•	J1	**27412**	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	5655.60			090	Y	10775.65
•	•	J1	**27415**	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	4676.40			090	Y	19120.53
•	•	J1	**27416**	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	3360.00			090	N	10775.65
•	•	J1	**27418**	ANTERIOR TIBIAL TUBERCLEPLASTY	2862.00			090	Y	10775.65
•	•	J1	**27420**	RCNSTJ DISLOCATING PATELLA	2566.80			090	Y	10775.65
•	•	J1	**27422**	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL	2566.80			090	Y	10775.65
•	•	J1	**27424**	RCNSTJ DISLC PATELLA W/PATELLECTOMY	2581.20			090	Y	10775.65
•	•	J1	**27425**	LATERAL RETINACULAR RELEASE OPEN	1551.60			090	N	5184.51
•	•	J1	**27427**	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	2458.80			090	Y	10775.65
•	•	J1	**27428**	LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	3850.80			090	Y	19120.53
•	•	J1	**27429**	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	4328.40			090	Y	19120.53

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**27430**	QUADRICEPSPLASTY	2553.60			090	Y	10775.65
•	•	J1	**27435**	CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE	2792.40			090	Y	5184.51
•	•	J1	**27437**	ARTHROPLASTY PATELLA W/O PROSTHESIS	2282.40			090	N	10775.65
•	•	J1	**27438**	ARTHROPLASTY PATELLA W/PROSTHESIS	2900.40			090	Y	19120.53
•	•	J1	**27440**	ARTHROPLASTY KNEE TIBIAL PLATEAU	2750.40			090	Y	19120.53
•	•	J1	**27441**	ARTHRP KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVCT	2848.80			090	Y	19120.53
•	•	J1	**27442**	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	3003.60			090	Y	19120.53
•	•	J1	**27443**	ARTHRP FEM CONDYLES/TIBL PLATU KNE DBRDMT&PRTL	2808.00			090	Y	19120.53
•	•		**27445**	ARTHROPLASTY KNEE HINGE PROSTHESIS	4334.40			090	Y	
•	•	J1	**27446**	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	4010.40			090	Y	19120.53
•	•	J1	**27447**	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	4688.40			090	Y	19120.53
•	•		**27448**	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXATION	2684.40			090	Y	
•	•		**27450**	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	3516.00			090	Y	6886.32
•	•		**27454**	OSTEOT MLT W/RELIGNMT IMED ROD FEM SHFT	4484.40			090	Y	
•	•		**27455**	OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	3238.80			090	Y	2908.79
•	•		**27457**	OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	3322.80			090	Y	4624.34
•	•		**27465**	OSTEOPLASTY FEMUR SHORTENING EXCLUDING 64876	4339.20			090	Y	
•	•		**27466**	OSTEOPLASTY FEMUR LENGTHENING	4084.80			090	Y	
•	•		**27468**	OSTPL FEMUR CMBN LNGTH&SHRT W/FEMORAL SGM TRNSFR	4657.20			090	Y	
•	•		**27470**	RPR NON/MAL FEMUR DSTL H/N W/O GRF	4072.80			090	Y	6631.21
•	•		**27472**	RPR NON/MAL FEMUR DSTL H/N W/ILIAC/AUTOG BONE	4370.40			090	Y	8169.99
•	•	J1	**27475**	ARREST EPIPHYSEAL DISTAL FEMUR	2290.80			090	N	10775.65
•	•	J1	**27477**	ARREST EPIPHYSEAL TIBIA & FIBULA PROXIMAL	2540.40			090	N	5184.51
•	•	J1	**27479**	ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	3188.40			090	Y	10775.65
•	•	J1	**27485**	ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	2322.00			090	N	5184.51
•	•		**27486**	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	4864.80			090	Y	5783.72
•	•		**27487**	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	6087.60			090	Y	5029.92
•	•		**27488**	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	4156.80			090	Y	
•	•		**27495**	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE FEMUR	3901.20			090	Y	
•	•	J1	**27496**	DECOMPRESSION FASCIOTOMY THIGH&/KNEE 1 COMPONENT	1879.20			090	N	5184.51
•	•	J1	**27497**	DCMPRN FASCT THIGH&/KNEE DBRDMT MUSCLE&/NERVE	2006.40			090	N	5184.51
•	•	J1	**27498**	DCMPRN FASCIOTOMY THIGH&/KNEE MLT COMPARTMENTS	2260.80			090	Y	2624.38
•	•	J1	**27499**	DCMPRN FASCT THIGH&/KNEE MLT DBRDMT NV MUSC&NRVE	2412.00			090	Y	5184.51
•	•		**27500**	CLOSED TX FEMORAL SHAFT FX W/O MANIPULATION	1790.40			090	N	319.63
•	•		**27501**	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/O MANJ	1740.00			090	N	319.63
•	•	J1	**27502**	CLTX FEM SHFT FX W/MANJ W/WO SKIN/SKELETAL TRACJ	2622.00			090	N	2624.38
•	•	J1	**27503**	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/MANJ	2764.80			090	N	2624.38
•	•		**27506**	OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	4632.00			090	Y	5643.63
•	•		**27507**	OPTX FEM SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	3364.80			090	Y	6178.58
•	•		**27508**	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MANJ	1801.20			090	N	319.63
•	•	J1	**27509**	PRQ SKELETAL FIXJ FEMORAL FX DISTAL END	2236.80			090	N	10775.65
•	•	J1	**27510**	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MANJ	2356.80			090	N	2624.38
•	•		**27511**	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O XTN	3452.40			090	Y	
•	•		**27513**	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/XTN	4297.20			090	Y	
•	•		**27514**	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	3351.60			090	Y	4287.67
•	•		**27516**	CLTX DISTAL FEMORAL EPIPHYSL SEPARATION W/O MANJ	1756.80			090	N	319.63
•	•	J1	**27517**	CLTX DSTL FEM EPIPHYSL SEP W/MANJ W/WO SKIN/SKEL	2352.00			090	N	2624.38
•	•		**27519**	OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	3087.60			090	Y	
•	•		**27520**	CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	1105.20			090	N	319.63

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**27524**	OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR	2599.20			090	Y	10775.65
•	•		**27530**	CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	1035.60			090	N	319.63
•	•	J1	**27532**	CLTX TIBIAL FX PROXIMAL W/WO MANJ W/SKEL TRACJ	2124.00			090	N	5184.51
•	•		**27535**	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	3110.40			090	Y	5317.90
•	•		**27536**	OPTX TIBIAL FX PROX BICONDYLAR W/WO INT FIXJ	4114.80			090	Y	6107.46
•	•		**27538**	CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	1641.60			090	N	319.63
•	•		**27540**	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	2812.80			090	Y	4623.90
•	•		**27550**	CLOSED TX KNEE DISLOCATION W/O ANESTHESIA	1788.00			090	N	319.63
•	•	J1	**27552**	CLOSED TX KNEE DISLOCATION W/ANESTHESIA	2166.00			090	N	2624.38
•	•		**27556**	OPEN TX KNEE DISLOCATION W/O LIGAMENTOUS REPAIR	3032.40			090	Y	
•	•		**27557**	OPEN TX KNEE DISLOCATION W/LIGAMENTOUS REPAIR	3610.80			090	Y	
•	•		**27558**	OPEN TX KNEE DISLOCATION W/REPAIR/RECONSTRUCTION	4113.60			090	Y	
•	•		**27560**	CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	1260.00			090	N	319.63
•	•		**27562**	CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	1666.80			090	N	319.63
•	•	J1	**27566**	OPTX PATELLAR DISLC W/WO PRTL/TOT PATELLECTOMY	3081.60			090	Y	10775.65
•	•	J1	**27570**	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	520.80			010	N	2624.38
•	•		**27580**	ARTHRODESIS KNEE ANY TECHNIQUE	4989.60			090	Y	
•	•		**27590**	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL	2754.00			090	Y	
•	•		**27591**	AMP THI THRU FEMUR LVL IMMT FITG TQ W/1ST CST	3337.20			090	Y	
•	•		**27592**	AMPUTATION THIGH THRU FEMUR OPEN CIRCULAR	2358.00			090	Y	
•	•	J1	**27594**	AMP THIGH THRU FEMUR SEC CLOSURE/SCAR REVISION	1754.40			090	N	5184.51
•	•		**27596**	AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION	2487.60			090	N	
•	•		**27598**	DISARTICULATION KNEE	2461.20			090	Y	
•	•		**27599**	UNLISTED PROCEDURE FEMUR/KNEE	BR			YYY	Y	319.63
•	•	J1	**27600**	DCMPRN FASCT LEG ANT&/LAT COMPARTMENTS ONLY	1401.60			090	N	5184.51
•	•	J1	**27601**	DCMPRN FASCT LEG POST COMPARTMENT ONLY	1538.40			090	N	5184.51
•	•	J1	**27602**	DCMPRN FASCT LEG ANT&/LAT&PST CMPRT	1675.20			090	Y	5184.51
•	•	J1	**27603**	INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	1830.00			090	N	4742.07
•	•	J1	**27604**	INCISION & DRAINAGE LEG/ANKLE INFECTED BURSA	1638.00			090	N	5184.51
•	•	J1	**27605**	TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	1185.60			010	N	2624.38
•	•	J1	**27606**	TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES	961.20			010	N	5184.51
•	•	J1	**27607**	INCISION LEG/ANKLE	2106.00			090	N	5184.51
•	•	J1	**27610**	ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	2248.80			090	N	5184.51
•	•	J1	**27612**	ARTHRT PST CAPSUL RLS ANKLE W/WO ACHLL TDN LNGTH	1959.60			090	Y	5184.51
•	•	J1	**27613**	BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL	862.80			010	N	2734.29
•	•	J1	**27614**	BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP	1984.80			090	N	4742.07
•	•	J1	**27615**	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <5CM	3548.40			090	N	4742.07
•	•	J1	**27616**	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE 5 CM/>	4402.80			090	N	4742.07
•	•	J1	**27618**	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	1588.80			090	N	2734.29
•	•	J1	**27619**	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <5CM	1599.60			090	N	4742.07
•	•	J1	**27620**	ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB	1560.00			090	Y	5184.51
•	•	J1	**27625**	ARTHROTOMY W/SYNOVECTOMY ANKLE	1970.40			090	Y	5184.51
•	•	J1	**27626**	ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY	2102.40			090	Y	5184.51
•	•	J1	**27630**	EXCISION LESION TENDON SHEATH/CAPSULE LEG&/ANK	1914.00			090	N	5184.51
•	•	J1	**27632**	EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>	1430.40			090	Y	4742.07
•	•	J1	**27634**	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>	2347.20			090	Y	4742.07
•	•	J1	**27635**	EXCISION/CURETTAGE BONE CYST/TUMOR TIBIA/FIBULA	2005.20			090	N	5184.51
•	•	J1	**27637**	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT	2576.40			090	Y	10775.65
•	•	J1	**27638**	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT	2646.00			090	Y	10775.65

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**27640**	PARTIAL EXCISION BONE TIBIA	2876.40			090	N	5184.51
•	•	J1	**27641**	PARTIAL EXCISION BONE FIBULA	2290.80			090	N	5184.51
•	•		**27645**	RADICAL RESECTION OF TUMOR TIBIA	6160.80			090	Y	3687.35
•	•		**27646**	RADICAL RESECTION TUMOR BONE FIBULA	5323.20			090	Y	
•	•	J1	**27647**	RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS	3520.80			090	Y	5184.51
•	•		**27648**	INJECTION ANKLE ARTHROGRAPHY	626.40			000	N	
•	•	J1	**27650**	REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON	2268.00			090	Y	5184.51
•	•	J1	**27652**	RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	2324.40			090	N	10775.65
•	•	J1	**27654**	REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	2449.20			090	Y	10775.65
•	•	J1	**27656**	REPAIR FASCIAL DEFECT LEG	2186.40			090	Y	5184.51
•	•	J1	**27658**	REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	1282.80			090	Y	5184.51
•	•	J1	**27659**	RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH	1630.80			090	Y	10775.65
•	•	J1	**27664**	RPR EXTENSOR TENDON LEG PRIMARY W/O GRAFT EACH	1248.00			090	N	10775.65
•	•	J1	**27665**	RPR EXTENSOR TENDON LEG SECONDRY W/WO GRAFT EACH	1430.40			090	Y	10775.65
•	•	J1	**27675**	RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOTOMY	1693.20			090	Y	5184.51
•	•	J1	**27676**	REPAIR DISLOCATING PERONEAL TENDON W/FIB OSTEOT	2072.40			090	Y	10775.65
•	•	J1	**27680**	TENOLYSIS FLXR/XTNSR TENDON LEG&/ANKLE 1 EACH	1464.00			090	N	5184.51
•	•	J1	**27681**	TNOLS FLXR/XTNSR TDN LEG&/ANKLE MLT TDN	1893.60			090	N	5184.51
•	•	J1	**27685**	LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	2284.80			090	Y	5184.51
•	•	J1	**27686**	LNGTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA	1884.00			090	N	5184.51
•	•	J1	**27687**	GASTROCNEMIUS RECESSION	1568.40			090	Y	5184.51
•	•	J1	**27690**	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC	2205.60			090	Y	10775.65
•	•	J1	**27691**	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP	2575.20			090	Y	10775.65
+	•		**27692**	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING EA TDN	362.40			ZZZ	Y	
•	•	J1	**27695**	RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	1636.80			090	N	10775.65
•	•	J1	**27696**	RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS	1912.80			090	N	10775.65
•	•	J1	**27698**	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	2200.80			090	Y	10775.65
•	•	J1	**27700**	ARTHROPLASTY ANKLE	2110.80			090	Y	10775.65
•	•		**27702**	ARTHROPLASTY ANKLE W/IMPLANT	3325.20			090	Y	6332.15
•	•		**27703**	ARTHROPLASTY ANKLE REVISION TOTAL ANKLE	3837.60			090	Y	6249.85
•	•		**27704**	REMOVAL ANKLE IMPLANT	1981.20			090	N	3725.14
•	•	J1	**27705**	OSTEOTOMY TIBIA	2625.60			090	Y	10775.65
•	•	J1	**27707**	OSTEOTOMY FIBULA	1381.20			090	N	5184.51
•	•	J1	**27709**	OSTEOTOMY TIBIA & FIBULA	4038.00			090	Y	19120.53
•	•		**27712**	OSTEOT MLT W/RELIGNMT IMED ROD	3795.60			090	Y	
•	•		**27715**	OSTEOPLASTY TIBIA & FIBULA LENGTHENING/SHORTENIN	3705.60			090	Y	
•	•	J1	**27720**	REPAIR NONUNION/MALUNION TIBIA W/O GRAFT	3022.80			090	Y	10775.65
•	•	J1	**27722**	REPAIR NONUNION/MALUNION TIBIA W/SLIDING GRAFT	3074.40			090	Y	10775.65
•	•		**27724**	RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	4378.80			090	Y	5390.32
•	•		**27725**	RPR NON/MAL TIBIA SYNOSTOSIS W/FIBULA ANY METH	4210.80			090	Y	
•	•	J1	**27726**	REPAIR FIBULA NONUNION/MALUNION W/INT FIXATION	3325.20			090	N	10775.65
•	•		**27727**	REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	3490.80			090	Y	
•	•	J1	**27730**	ARREST EPIPHYSEAL OPEN DISTAL TIBIA	2029.20			090	N	5184.51
•	•	J1	**27732**	ARREST EPIPHYSEAL OPEN DISTAL FIBULA	1550.40			090	N	5184.51
•	•	J1	**27734**	ARREST EPIPHYSEAL OPEN DISTAL TIBIA&FIBULA	2271.60			090	N	5184.51
•	•	J1	**27740**	ARREST EPIPHYSEAL ANY METHOD TIBIA & FIBULA	2451.60			090	Y	5184.51
•	•	J1	**27742**	ARRST EPIPHYSL ANY METH TIBFIB&DSTL FEMUR	2692.80			090	Y	5184.51
•	•	J1	**27745**	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE TIBIA	2608.80			090	Y	10775.65
•	•		**27750**	CLTX TIBIAL SHAFT FX W/O MANIPULATION	1184.40			090	N	319.63

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**27752**	CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	1843.20			090	N	2624.38
•	•	J1	**27756**	PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE	1993.20			090	Y	10775.65
•	•	J1	**27758**	OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	3087.60			090	Y	19120.53
•	•	J1	**27759**	TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/CERCLA	3458.40			090	Y	19120.53
•	•		**27760**	CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	1140.00			090	N	319.63
•	•	J1	**27762**	CLTX MEDIAL MALLS FX W/MANJ W/WO SKN/SKEL TRACJ	1635.60			090	N	2624.38
•	•	J1	**27766**	OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	2094.00			090	N	10775.65
•	•		**27767**	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANJ	969.60			090	N	319.63
•	•	J1	**27768**	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANJ	1520.40			090	N	2624.38
•	•	J1	**27769**	OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	2522.40			090	N	10775.65
•	•		**27780**	CLTX PROX FIBULA/SHFT FX W/O MANJ	1045.20			090	N	319.63
•	•	J1	**27781**	CLTX PROX FIBULA/SHFT FX W/MANJ	1476.00			090	N	2624.38
•	•	J1	**27784**	OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	2472.00			090	N	10775.65
•	•		**27786**	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	1076.40			090	N	319.63
•	•		**27788**	CLTX DSTL FIBULAR FX LAT MALLS W/MANJ	1452.00			090	N	319.63
•	•	J1	**27792**	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	2242.80			090	N	10775.65
•	•		**27808**	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	1143.60			090	N	319.63
•	•	J1	**27810**	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	1606.80			090	N	2624.38
•	•	J1	**27814**	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	2658.00			090	Y	10775.65
•	•		**27816**	CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	1112.40			090	N	319.63
•	•	J1	**27818**	CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	1669.20			090	N	2624.38
•	•	J1	**27822**	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP	2966.40			090	Y	10775.65
•	•	J1	**27823**	OPEN TX TRIMALLEOLAR ANKLE FX W/FIXJ PST LIP	3362.40			090	Y	10775.65
•	•		**27824**	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	1082.40			090	N	319.63
•	•	J1	**27825**	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	1884.00			090	N	2624.38
•	•	J1	**27826**	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	2908.80			090	Y	10775.65
•	•	J1	**27827**	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	3808.80			090	Y	19120.53
•	•	J1	**27828**	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	4544.40			090	Y	19120.53
•	•	J1	**27829**	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	2400.00			090	Y	10775.65
•	•		**27830**	CLTX PROX TIBFIB JT DISLC W/O ANES	1312.80			090	N	319.63
•	•	J1	**27831**	CLTX PROX TIBFIB JT DISLC REQ ANES	1389.60			090	N	5184.51
•	•	J1	**27832**	OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	2605.20			090	Y	10775.65
•	•		**27840**	CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	1285.20			090	N	319.63
•	•	J1	**27842**	CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	1688.40			090	N	2624.38
•	•	J1	**27846**	OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXJ	2486.40			090	Y	10775.65
•	•	J1	**27848**	OPTX ANKLE DISLOCATION W/REPAIR/INT/XTRNL FIXJ	2760.00			090	Y	10775.65
•	•	J1	**27860**	MANIPULATION ANKLE UNDER GENERAL ANESTHESIA	590.40			010	N	5184.51
•	•	J1	**27870**	ARTHRODESIS ANKLE OPEN	3547.20			090	Y	19120.53
•	•	J1	**27871**	ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL/DISTAL	2376.00			090	Y	19120.53
•	•		**27880**	AMPUTATION LEG THROUGH TIBIA&FIBULA	3156.00			090	Y	
•	•		**27881**	AMP LEG THRU TIBFIB W/IMMT FITG TQ W/1ST CST	2988.00			090	Y	
•	•		**27882**	AMPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR	2064.00			090	N	
•	•	J1	**27884**	AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV	1970.40			090	N	5184.51
•	•		**27886**	AMP LEG THRU TIBIA&FIBULA RE-AMPUTATION	2266.80			090	N	4039.09
•	•		**27888**	AMP ANKLE-MALLI TIBFIB W/PLSTC CLSR&RESCJ NRV	2287.20			090	Y	
•	•	J1	**27889**	ANKLE DISARTICULATION	2236.80			090	N	10775.65
•	•	J1	**27892**	DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE	1900.80			090	N	5184.51
•	•	J1	**27893**	DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NRV	2106.00			090	N	10775.65
•	•	J1	**27894**	DCMPRN FASCT LEG ANT&/LAT&PST W/DBRDMT MUS	2919.60			090	Y	5184.51

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**27899**	UNLISTED PROCEDURE LEG/ANKLE	BR			YYY	N	319.63
•	•	J1	**28001**	INCISION&DRAINAGE BURSA FOOT	963.60			010	N	2734.29
•	•	J1	**28002**	I&D BELOW FASCIA FOOT 1 BURSAL SPACE	1534.80			010	N	2624.38
•	•	J1	**28003**	I&D BELOW FASCIA FOOT MULTIPLE AREAS	2416.80			090	N	5184.51
•	•	J1	**28005**	INCISION BONE CORTEX FOOT	1994.40			090	N	5184.51
•	•	J1	**28008**	FASCIOTOMY FOOT&/TOE	1501.20			090	N	5184.51
•	•	J1	**28010**	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	802.80			090	N	2624.38
•	•	J1	**28011**	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	1096.80			090	N	2624.38
•	•	J1	**28020**	ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT	1870.80			090	N	5184.51
•	•	J1	**28022**	ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT	1686.00			090	N	5184.51
•	•	J1	**28024**	ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT	1576.80			090	N	2624.38
•	•	J1	**28035**	RELEASE TARSAL TUNNEL	1834.80			090	N	3259.45
•	•	J1	**28039**	EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	1726.80			090	Y	4742.07
•	•	J1	**28041**	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	1569.60			090	N	4742.07
•	•	J1	**28043**	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	1378.80			090	N	2734.29
•	•	J1	**28045**	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM	1707.60			090	N	4742.07
•	•	J1	**28046**	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM	2498.40			090	N	4742.07
•	•	J1	**28047**	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	3621.60			090	Y	4742.07
•	•	J1	**28050**	ARTHRT W/BX INTERTARSAL/TARSOMETATARSAL JOINT	1470.00			090	N	5184.51
•	•	J1	**28052**	ARTHRTOMY W/BX METATARSOPHALANGEAL JOINT	1536.00			090	N	5184.51
•	•	J1	**28054**	ARTHRTOMY W/BX INTERPHALANGEAL JOINT	1300.80			090	N	5184.51
•	•	J1	**28055**	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	1320.00			090	N	3259.45
•	•	J1	**28060**	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	1803.60			090	N	5184.51
•	•	J1	**28062**	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	2024.40			090	N	5184.51
•	•	J1	**28070**	SYNVCT INTERTARSAL/TARSOMETATARSAL JT EA SPX	1856.40			090	N	5184.51
•	•	J1	**28072**	SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH	1695.60			090	N	5184.51
•	•	J1	**28080**	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	1822.80			090	N	2624.38
•	•	J1	**28086**	SYNOVECTOMY TENDON SHEATH FOOT FLEXOR	1887.60			090	Y	5184.51
•	•	J1	**28088**	SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR	1564.80			090	N	5184.51
•	•	J1	**28090**	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	1630.80			090	N	2624.38
•	•	J1	**28092**	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	1478.40			090	N	2624.38
•	•	J1	**28100**	EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS	2121.60			090	Y	5184.51
•	•	J1	**28102**	EXC/CURTG CST/B9 TUM TALUS/CLCNS W/ILIAC/AGRFT	2091.60			090	Y	10775.65
•	•	J1	**28103**	EXC/CURETTAGE CYST/TUMOR TALUS/CALCANEUS ALGRFT	1350.00			090	Y	10775.65
•	•	J1	**28104**	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	1849.20			090	Y	5184.51
•	•	J1	**28106**	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ILIAC/AGRFT	1480.80			090	Y	10775.65
•	•	J1	**28107**	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ALGRFT	1785.60			090	Y	10775.65
•	•	J1	**28108**	EXC/CURTG CST/B9 TUM PHALANGES FOOT	1528.80			090	N	2624.38
•	•	J1	**28110**	OSTECTOMY PRTL 5TH METAR HEAD SPX	1614.00			090	N	5184.51
•	•	J1	**28111**	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	1696.80			090	N	5184.51
•	•	J1	**28112**	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	1693.20			090	N	5184.51
•	•	J1	**28113**	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	2042.40			090	N	5184.51
•	•	J1	**28114**	OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC	3688.80			090	Y	5184.51
•	•	J1	**28116**	OSTECTOMY TARSAL COALITION	2647.20			090	N	5184.51
•	•	J1	**28118**	OSTECTOMY CALCANEUS	2073.60			090	Y	5184.51
•	•	J1	**28119**	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	1815.60			090	N	5184.51
•	•	J1	**28120**	PARTIAL EXCISION BONE TALUS/CALCANEUS	2348.40			090	N	5184.51
•	•	J1	**28122**	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	2072.40			090	Y	5184.51
•	•	J1	**28124**	PARTICAL EXCISION BONE PHALANX TOE	1659.60			090	N	5184.51

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**28126**	RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH	1371.60			090	N	5184.51
•	•	J1	**28130**	TALECTOMY ASTRAGALECTOMY	2203.20			090	Y	5184.51
•	•	J1	**28140**	METATARSECTOMY	2052.00			090	N	5184.51
•	•	J1	**28150**	PHALANGECTOMY TOE EACH TOE	1470.00			090	N	5184.51
•	•	J1	**28153**	RESECTION CONDYLE DISTAL END PHALANX EACH TOE	1435.20			090	N	5184.51
•	•	J1	**28160**	HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE	1446.00			090	N	5184.51
•	•	J1	**28171**	RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS	3864.00			090	Y	5184.51
•	•	J1	**28173**	RADICAL RESECTION TUMOR METATARSAL	2557.20			090	N	5184.51
•	•	J1	**28175**	RADICAL RESECTION TUMOR PHALANX OR TOE	1644.00			090	N	2624.38
•	•		**28190**	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	882.00			010	N	822.66
•	•	J1	**28192**	REMOVAL FOREIGN BODY FOOT DEEP	1623.60			090	N	2734.29
•	•	J1	**28193**	REMOVAL FOREIGN BODY FOOT COMPLICATED	1845.60			090	N	2734.29
•	•	J1	**28200**	RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON	1712.40			090	N	5184.51
•	•	J1	**28202**	RPR TENDON FLXR FOOT SEC W/FREE GRAFT EA TENDON	2101.20			090	Y	10775.65
•	•	J1	**28208**	REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON	1669.20			090	N	5184.51
•	•	J1	**28210**	RPR TENDON XTNSR FOOT SEC W/FREE GRAFT EA TENDON	2044.80			090	Y	10775.65
•	•	J1	**28220**	TENOLYSIS FLEXOR FOOT SINGLE TENDON	1570.80			090	N	2624.38
•	•	J1	**28222**	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	1794.00			090	N	5184.51
•	•	J1	**28225**	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	1459.20			090	N	5184.51
•	•	J1	**28226**	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	2122.80			090	N	5184.51
•	•	J1	**28230**	TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	1510.80			090	N	2624.38
•	•	J1	**28232**	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	1342.80			090	N	2624.38
•	•	J1	**28234**	TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON	1418.40			090	N	2624.38
•	•	J1	**28238**	RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	2320.80			090	Y	10775.65
•	•	J1	**28240**	TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC	1584.00			090	N	5184.51
•	•	J1	**28250**	DIVISION PLANTAR FASCIA & MUSCLE SPX	2002.80			090	Y	5184.51
•	•	J1	**28260**	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	2380.80			090	Y	5184.51
•	•	J1	**28261**	CAPSULOTOMY MIDFOOT W/TENDON LENGTHENING	3562.80			090	N	2624.38
•	•	J1	**28262**	CAPSUL MIDFOOT W/PST TALOTIBL CAPSUL&TDN LNGTH	4850.40			090	Y	10775.65
•	•	J1	**28264**	CAPSULOTOMY MIDTARSAL	3492.00			090	Y	2624.38
•	•	J1	**28270**	CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX	1712.40			090	N	5184.51
•	•	J1	**28272**	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	1360.80			090	N	2624.38
•	•	J1	**28280**	SYNDACTYLIZATION TOES	1784.40			090	N	5184.51
•	•	J1	**28285**	CORRECTION HAMMERTOE	1860.00			090	N	5184.51
•	•	J1	**28286**	CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE	1557.60			090	N	5184.51
•	•	J1	**28288**	OSTC PRTL EXOSTC/CONDYLC METAR HEAD	2112.00			090	N	5184.51
•	•	J1	**28289**	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	2527.20			090	Y	5184.51
•	•	J1	**28291**	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	2521.20			090	Y	10775.65
•	•	J1	**28292**	CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	2564.40			090	Y	5184.51
•	•	J1	**28295**	CORRJ HALLUX VALGUS W/SESMDC W/PROX METAR OSTEOT	3312.00			090	Y	5184.51
•	•	J1	**28296**	CORRJ HALLUX VALGUS W/SESMDC W/DIST METAR OSTEOT	3158.40			090	Y	5184.51
•	•	J1	**28297**	CORRJ HALLUX VALGUS W/SESMDC W/1METAR MEDIAL CNF	3632.40			090	Y	10775.65
•	•	J1	**28298**	CORRJ HALLUX VALGUS W/SESMDC W/PROX PHLNX OSTEOT	2942.40			090	Y	10775.65
•	•	J1	**28299**	CORRJ HALLUX VALGUS W/SESMDC W/2 OSTEOT	3502.80			090	Y	5184.51
•	•	J1	**28300**	OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION	2246.40			090	Y	10775.65
•	•	J1	**28302**	OSTEOTOMY TALUS	2468.40			090	Y	10775.65
•	•	J1	**28304**	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	2842.80			090	Y	10775.65
•	•	J1	**28305**	OSTEOT TARSAL OTH/THN CALCANEUS/TALUS W/AGRFT	2282.40			090	Y	10775.65
•	•	J1	**28306**	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	2121.60			090	Y	10775.65

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**28307**	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST TOE	2230.80			090	N	5184.51
•	•	J1	**28308**	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	1972.80			090	Y	5184.51
•	•	J1	**28309**	OSTEOT W/WO LNGTH SHRT/ANGULAR CORRJ METAR MLT	3067.20			090	N	10775.65
•	•	J1	**28310**	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	1888.80			090	N	5184.51
•	•	J1	**28312**	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	1744.80			090	N	5184.51
•	•	J1	**28313**	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	1804.80			090	N	5184.51
•	•	J1	**28315**	SESAMOIDECTOMY FIRST TOE SPX	1671.60			090	N	5184.51
•	•	J1	**28320**	REPAIR NONUNION/MALUNION TARSAL BONES	2107.20			090	Y	19120.53
•	•	J1	**28322**	RPR NON/MALUNION METARSAL W/WO BONE GRAFT	2721.60			090	Y	10775.65
•	•	J1	**28340**	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	2001.60			090	N	5184.51
•	•	J1	**28341**	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	2320.80			090	N	5184.51
•	•	J1	**28344**	RECONSTRUCTION TOE POLYDACTYLY	1480.80			090	N	5184.51
•	•	J1	**28345**	RCNSTJ TOE SYNDACTYLY W/WO SKIN GRAFT EACH WEB	1809.60			090	N	2624.38
•	•	J1	**28360**	RECONSTRUCTION CLEFT FOOT	3770.40			090	Y	10775.65
•	•		**28400**	CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION	850.80			090	N	319.63
•	•		**28405**	CLOSED TX CALCANEAL FRACTURE W/MANIPULATION	1347.60			090	N	319.63
•	•	J1	**28406**	PRQ SKELETAL FIXJ CALCANEAL FRACTURE W/MANJ	1819.20			090	N	10775.65
•	•	J1	**28415**	OPEN TREATMENT CALCANEAL FRACTURE	3859.20			090	Y	10775.65
•	•	J1	**28420**	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	4404.00			090	Y	19120.53
•	•		**28430**	CLOSED TX TALUS FRACTURE W/O MANIPULATION	817.20			090	N	319.63
•	•	J1	**28435**	CLOSED TX TALUS FRACTURE W/MANIPULATION	1251.60			090	N	2624.38
•	•	J1	**28436**	PRQ SKELETAL FIXATION TALUS FRACTURE W/MANJ	1558.80			090	N	10775.65
•	•	J1	**28445**	OPEN TREATMENT TALUS FRACTURE	3632.40			090	Y	10775.65
•	•	J1	**28446**	OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	4222.80			090	Y	10775.65
•	•		**28450**	TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	730.80			090	N	319.63
•	•	J1	**28455**	TX TARSAL BONE FX XCP TALUS&CALCN W/MANJ	993.60			090	N	2624.38
•	•	J1	**28456**	PRQ SKEL FIXJ TARSL FX XCP TALUS&CALCNS W/MANJ	1110.00			090	N	10775.65
•	•	J1	**28465**	OPEN TX TARSAL FRACTURE XCP TALUS & CALCANEUS EA	2180.40			090	N	10775.65
•	•		**28470**	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	751.20			090	N	319.63
•	•		**28475**	CLTX METAR FX W/MANJ	882.00			090	N	319.63
•	•	J1	**28476**	PRQ SKEL FIXJ METAR FX W/MANJ	1213.20			090	N	5184.51
•	•	J1	**28485**	OPEN TREATMENT METATARSAL FRACTURE EACH	1879.20			090	N	10775.65
•	•		**28490**	CLTX FX GRT TOE PHLX/PHLG W/O MANJ	494.40			090	N	319.63
•	•		**28495**	CLTX FX GRT TOE PHLX/PHLG W/MANJ	615.60			090	N	319.63
•	•	J1	**28496**	PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ	1591.20			090	N	5184.51
•	•	J1	**28505**	OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	2300.40			090	N	5184.51
•	•		**28510**	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ	421.20			090	N	319.63
•	•		**28515**	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	560.40			090	N	319.63
•	•	J1	**28525**	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	1974.00			090	N	5184.51
•	•		**28530**	CLOSED TREATMENT SESAMOID FRACTURE	400.80			090	N	319.63
•	•	J1	**28531**	OPEN TX SESAMOID FRACTURE W/WO INTERNAL FIXATION	1182.00			090	N	10775.65
•	•		**28540**	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	667.20			090	N	319.63
•	•	J1	**28545**	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/ANES	1029.60			090	N	5184.51
•	•	J1	**28546**	PRQ SKEL FIXJ TARSL DISLC XCP TALOTARSAL W/MANJ	2000.40			090	N	2624.38
•	•	J1	**28555**	OPEN TREATMENT TARSAL BONE DISLOCATION	2988.00			090	Y	10775.65
•	•		**28570**	CLOSED TX TALOTARSAL JOINT DISLC W/O ANES	784.80			090	N	319.63
•	•	J1	**28575**	CLOSED TX TALOTARSAL JOINT DISLOCATION W/ANES	1269.60			090	N	5184.51
•	•	J1	**28576**	PRQ SKEL FIXJ TALOTARSAL JT DISLC W/MANJ	1351.20			090	N	5184.51
•	•	J1	**28585**	OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	3004.80			090	Y	10775.65

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**28600**	CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	751.20			090	N	319.63
•	•		**28605**	CLOSED TX TARSOMETATARSAL DISLOCATION W/ANES	1140.00			090	N	319.63
•	•	J1	**28606**	PRQ SKEL FIXJ TARS JT DISLC W/MANJ	1350.00			090	N	5184.51
•	•	J1	**28615**	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	2794.80			090	Y	10775.65
•	•		**28630**	CLTX METATARSOPHLNGL JT DISLC W/O ANES	538.80			010	N	319.63
•	•	J1	**28635**	CLTX METATARSOPHLNGL JT DISLC REQ ANES	609.60			010	N	2624.38
•	•	J1	**28636**	PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W/MANJ	1110.00			010	N	5184.51
•	•	J1	**28645**	OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	2276.40			090	N	5184.51
•	•		**28660**	CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	405.60			010	N	319.63
•	•		**28665**	CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	534.00			010	N	334.52
•	•	J1	**28666**	PRQ SKEL FIXJ INTERPHALANGEAL JOINT DISLC W/MANJ	543.60			010	N	5184.51
•	•	J1	**28675**	OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	1974.00			090	N	5184.51
•	•	J1	**28705**	ARTHRODESIS PANTALAR	4264.80			090	Y	26078.68
•	•	J1	**28715**	ARTHRODESIS TRIPLE	3253.20			090	Y	19120.53
•	•	J1	**28725**	ARTHRODESIS SUBTALAR	2695.20			090	Y	19120.53
•	•	J1	**28730**	ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	2538.00			090	Y	19120.53
•	•	J1	**28735**	ARTHRD MIDTARSL/TARS MLT/TRANSVRS W/OSTEOT	2694.00			090	Y	19120.53
•	•	J1	**28737**	ARTHRD W/TDN LNGTH&ADVMNT TARSL NVCLR-CUNEIFOR	2403.60			090	Y	19120.53
•	•	J1	**28740**	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	2918.40			090	Y	10775.65
•	•	J1	**28750**	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	2775.60			090	N	10775.65
•	•	J1	**28755**	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	1768.80			090	N	10775.65
•	•	J1	**28760**	ARTHRD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	2745.60			090	Y	10775.65
•	•		**28800**	AMPUTATION FOOT MIDTARSAL	1846.80			090	Y	
•	•	J1	**28805**	AMPUTATION FOOT TRANSMETARSAL	2511.60			090	N	5184.51
•	•	J1	**28810**	AMPUTATION METATARSAL W/TOE SINGLE	1483.20			090	N	5184.51
•	•	J1	**28820**	AMPUTATION TOE METATARSOPHALANGEAL JOINT	1941.60			090	N	5184.51
•	•	J1	**28825**	AMPUTATION TOE INTERPHALANGEAL JOINT	1858.80			090	N	5184.51
•	•	J1	**28890**	ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA	1118.40			090	N	2624.38
•	•		**28899**	UNLISTED PROCEDURE FOOT/TOES	BR			YYY	N	319.63
•	•		**29000**	APPLICATION HALO TYPE BODY CAST	1188.00			000	N	334.52
•	•		**29010**	APPLICATION RISSER JACKET LOCALIZER BODY ONLY	927.60			000	N	334.52
•	•		**29015**	APPLICATION RISSER JACKET LOCALIZER BODY W/HEAD	998.40			000	N	334.52
•	•		**29035**	APPLICATION BODY CAST SHOULDER HIPS	868.80			000	N	334.52
•	•		**29040**	APPLICATION BODY CAST SHOULDER HIPS HEAD MINERVA	994.80			000	N	334.52
•	•		**29044**	APPLICATION BODY CAST SHOULDER HIPS W/ONE THIGH	974.40			000	N	191.16
•	•		**29046**	APPLICATION BODY CAST SHOULDER HIPS BOTH THIGHS	1069.20			000	N	334.52
•	•		**29049**	APPLICATION CAST FIGURE-OF-8	338.40			000	N	334.52
•	•		**29055**	APPLICATION CAST SHOULDER SPICA	753.60			000	N	334.52
•	•		**29058**	APPLICATION CAST PLASTER VELPEAU	421.20			000	N	334.52
•	•		**29065**	APPLICATION CAST SHOULDER HAND LONG ARM	326.40			000	N	334.52
•	•		**29075**	APPLICATION CAST ELBOW FINGER SHORT ARM	295.20			000	N	334.52
•	•		**29085**	APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	324.00			000	N	191.16
•	•		**29086**	APPLICATION CAST FINGER	268.80			000	N	191.16
•	•		**29105**	APPLICATION LONG ARM SPLINT SHOULDER HAND	279.60			000	N	191.16
•	•		**29125**	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	219.60			000	N	151.20
•	•		**29126**	APPLICATION SHORT ARM SPLINT DYNAMIC	261.60			000	N	151.20
•	•		**29130**	APPLICATION FINGER SPLINT STATIC	140.40			000	N	79.38
•	•		**29131**	APPLICATION FINGER SPLINT DYNAMIC	175.20			000	N	79.38
•	•		**29200**	STRAPPING THORAX	109.20			000	N	191.16

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**29240**	STRAPPING SHOULDER	104.40			000	N	151.20
•	•		**29260**	STRAPPING ELBOW/WRIST	102.00			000	N	45.61
•	•		**29280**	STRAPPING HAND/FINGER	104.40			000	N	45.61
•	•		**29305**	APPLICATION HIP SPICA CAST 1 LEG	842.40			000	N	334.52
•	•		**29325**	APPL HIP SPICA CAST ONE&ONE-HALF SPICA/BOTH LEGS	930.00			000	N	334.52
•	•		**29345**	APPLICATION LONG LEG CAST THIGH-TOE	462.00			000	N	334.52
•	•		**29355**	APPLICATION LONG LEG CAST WALKER/AMBULATORY TYPE	483.60			000	N	334.52
•	•		**29358**	APPLICATION LONG LEG CAST BRACE	544.80			000	N	334.52
•	•		**29365**	APPLICATION CYLINDER CAST THIGH ANKLE	418.80			000	N	334.52
•	•		**29405**	APPLICATION SHORT LEG CAST BELOW KNEE-TOE	276.00			000	N	334.52
•	•		**29425**	APPLICATION SHORT LEG CAST WALKING/AMBULATORY	264.00			000	N	334.52
•	•		**29435**	APPLICATION PATELLAR TENDON BEARING CAST	402.00			000	N	334.52
•	•		**29440**	ADDING WALKER PREVIOUSLY APPLIED CAST	148.80			000	N	191.16
•	•		**29445**	APPLICATION RIGID TOTAL CONTACT LEG CAST	447.60			000	N	334.52
•	•		**29450**	APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	498.00			000	N	191.16
•	•		**29505**	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	291.60			000	N	191.16
•	•		**29515**	APPLICATION SHORT LEG SPLINT CALF FOOT	243.60			000	N	191.16
•	•		**29520**	STRAPPING HIP	116.40			000	N	79.38
•	•		**29530**	STRAPPING KNEE	103.20			000	N	151.20
•	•		**29540**	STRAPPING ANKLE &/FOOT	98.40			000	N	191.16
•	•		**29550**	STRAPPING TOES	66.00			000	N	79.38
•	•		**29580**	STRAPPING UNNA BOOT	213.60			000	N	191.16
•	•		**29581**	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	296.40			000	N	191.16
•	•		**29584**	APPL MLTLAYR COMPRES SYS UPARM LWARM HAND&FING	274.80			000	N	191.16
•	•		**29700**	REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	218.40			000	N	334.52
•	•		**29705**	REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	222.00			000	N	334.52
•	•		**29710**	RMVL/BIVALV SHO/HIP SPICA MINERVA/RISSER JACKET	421.20			000	N	334.52
•	•		**29720**	REPAIR SPICA BODY CAST/JACKET	289.20			000	N	191.16
•	•		**29730**	WINDOWING CAST	214.80			000	N	191.16
•	•		**29740**	WEDGING CAST EXCEPT CLUBFOOT CASTS	338.40			000	N	334.52
•	•		**29750**	WEDGING CLUBFOOT CAST	368.40			000	N	334.52
•	•		**29799**	UNLISTED PROCEDURE CASTING/STRAPPING	BR			YYY	N	191.16
•	•	J1	**29800**	ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	1825.20			090	N	5184.51
•	•	J1	**29804**	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	2211.60			090	Y	5184.51
•	•	J1	**29805**	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	1628.40			090	N	5184.51
•	•	J1	**29806**	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	3667.20			090	N	10775.65
•	•	J1	**29807**	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	3585.60			090	N	10775.65
•	•	J1	**29819**	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE/FB	2025.60			090	N	5184.51
•	•	J1	**29820**	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	1842.00			090	Y	10775.65
•	•	J1	**29821**	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	2020.80			090	Y	5184.51
•	•	J1	**29822**	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	1962.00			090	Y	5184.51
•	•	J1	**29823**	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	2133.60			090	Y	5184.51
•	•	J1	**29824**	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	2300.40			090	Y	5184.51
•	•	J1	**29825**	ARTHROSCOPY SHOULDER AHESIOLYSIS W/WO MANIPJ	1992.00			090	Y	5184.51
+	•		**29826**	ARTHROSCOPY SHOULDER W/CORACOACRM LIGMNT RELEASE	608.40			ZZZ	Y	
•	•	J1	**29827**	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	3643.20			090	Y	10775.65
•	•	J1	**29828**	ARTHROSCOPY SHOULDER BICEPS TENODESIS	3138.00			090	Y	10775.65
•	•	J1	**29830**	ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX	1569.60			090	N	5184.51
•	•	J1	**29834**	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB	1676.40			090	Y	5184.51

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**29835**	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL	1737.60			090	Y	5184.51
•	•	J1	**29836**	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE	1974.00			090	Y	10775.65
•	•	J1	**29837**	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED	1810.80			090	Y	5184.51
•	•	J1	**29838**	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE	2031.60			090	N	5184.51
•	•	J1	**29840**	ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX	1552.80			090	N	5184.51
•	•	J1	**29843**	ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE	1668.00			090	Y	5184.51
•	•	J1	**29844**	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	1713.60			090	Y	5184.51
•	•	J1	**29845**	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	1992.00			090	Y	5184.51
•	•	J1	**29846**	ARTHRS WRST EXC&/RPR TRIANG FIBROCART&/JOINT	1796.40			090	N	5184.51
•	•	J1	**29847**	ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY	1849.20			090	Y	10775.65
•	•	J1	**29848**	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	1765.20			090	N	2624.38
•	•	J1	**29850**	ARTHROSCOPY AID TX SPINE&/FX KNEE W/O FIXJ	2151.60			090	N	2624.38
•	•	J1	**29851**	ARTHROSCOPY AID TX SPINE&/FX KNEE W/FIXJ	3213.60			090	Y	2624.38
•	•	J1	**29855**	ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR	2707.20			090	Y	10775.65
•	•	J1	**29856**	ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR	3428.40			090	Y	19120.53
•	•	J1	**29860**	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	2284.80			090	Y	10775.65
•	•	J1	**29861**	ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB	2475.60			090	Y	5184.51
•	•	J1	**29862**	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	2779.20			090	Y	10775.65
•	•	J1	**29863**	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	2784.00			090	Y	5184.51
•	•	J1	**29866**	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	3639.60			090	N	10775.65
•	•	J1	**29867**	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	4408.80			090	N	19120.53
•	•	J1	**29868**	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	5808.00			090	N	10775.65
•	•	J1	**29870**	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	1971.60			090	N	5184.51
•	•	J1	**29871**	ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	1778.40			090	N	5184.51
•	•	J1	**29873**	ARTHROSCOPY KNEE LATERAL RELEASE	1816.80			090	N	5184.51
•	•	J1	**29874**	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	1852.80			090	N	5184.51
•	•	J1	**29875**	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	1711.20			090	N	5184.51
•	•	J1	**29876**	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS	2269.20			090	N	5184.51
•	•	J1	**29877**	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	2146.80			090	N	5184.51
•	•	J1	**29879**	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	2287.20			090	N	5184.51
•	•	J1	**29880**	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	1939.20			090	N	5184.51
•	•	J1	**29881**	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	1868.40			090	N	5184.51
•	•	J1	**29882**	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	2412.00			090	N	5184.51
•	•	J1	**29883**	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL	2924.40			090	N	5184.51
•	•	J1	**29884**	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX	2118.00			090	Y	5184.51
•	•	J1	**29885**	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	2570.40			090	Y	10775.65
•	•	J1	**29886**	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	2204.40			090	N	5184.51
•	•	J1	**29887**	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	2581.20			090	Y	10775.65
•	•	J1	**29888**	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	3402.00			090	Y	10775.65
•	•	J1	**29889**	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	4231.20			090	Y	19120.53
•	•	J1	**29891**	ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	2319.60			090	Y	5184.51
•	•	J1	**29892**	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	2262.00			090	Y	10775.65
•	•	J1	**29893**	ENDOSCOPIC PLANTAR FASCIOTOMY	2146.80			090	N	5184.51
•	•	J1	**29894**	ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	1705.20			090	Y	5184.51
•	•	J1	**29895**	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	1617.60			090	Y	5184.51
•	•	J1	**29897**	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	1737.60			090	Y	5184.51
•	•	J1	**29898**	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	1941.60			090	Y	5184.51
•	•	J1	**29899**	ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	3576.00			090	Y	10775.65
•	•	J1	**29900**	ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY	1718.40			090	N	5184.51

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**29901**	ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT	1836.00			090	N	5184.51
•	•	J1	**29902**	ARTHRS MTCARPHLNGL JT W/RDCTJ UR COLTRL LIGM	1964.40			090	N	2624.38
•	•	J1	**29904**	ARTHRS SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY	2181.60			090	Y	5184.51
•	•	J1	**29905**	ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY	1790.40			090	Y	5184.51
•	•	J1	**29906**	ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT	2340.00			090	Y	5184.51
•	•	J1	**29907**	ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS	3025.20			090	Y	19120.53
•	•	J1	**29914**	ARTHROSCOPY HIP W/FEMOROPLASTY	3397.20			090	Y	10775.65
•	•	J1	**29915**	ARTHROSCOPY HIP W/ACETABULOPLASTY	3502.80			090	Y	10775.65
•	•	J1	**29916**	ARTHROSCOPY HIP W/LABRAL REPAIR	3492.00			090	Y	10775.65
•	•		**29999**	UNLISTED PROCEDURE ARTHROSCOPY	BR			YYY	N	319.63
•	•		**30000**	DRAINAGE ABSCESS/HEMATOMA NASAL INT APPROACH	819.60			010	N	292.72
•	•		**30020**	DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	828.00			010	N	691.72
•	•	J1	**30100**	BIOPSY INTRANASAL	480.00			000	N	2543.11
•	•	J1	**30110**	EXCISION NASAL POLYP SIMPLE	798.00			010	N	2543.11
•	•	J1	**30115**	EXCISION NASAL POLYP EXTENSIVE	1496.40			090	N	4449.71
•	•	J1	**30117**	EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	3078.00			090	N	4449.71
•	•	J1	**30118**	EXCISION/DESTRUCTION INTRANASAL LESION XTRNL	2656.80			090	N	4449.71
•	•	J1	**30120**	EXCISION/SURGICAL PLANING SKIN NOSE RHINOPHYMA	1761.60			090	N	4449.71
•	•	J1	**30124**	EXCISION DERMOID CYST NOSE SIMPLE SUBCUTANEOUS	982.80			090	N	2543.11
•	•	J1	**30125**	EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG	2108.40			090	Y	8765.29
•	•	J1	**30130**	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	1322.40			090	N	4449.71
•	•	J1	**30140**	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	950.40			000	N	4449.71
•	•	J1	**30150**	RHINECTOMY PARTIAL	2648.40			090	N	8765.29
•	•	J1	**30160**	RHINECTOMY TOTAL	2664.00			090	Y	8765.29
•	•		**30200**	INJECTION TURBINATE THERAPEUTIC	381.60			000	N	691.72
•	•	J1	**30210**	DISPLACEMENT THERAPY PROETZ TYPE	510.00			010	N	2543.11
•	•	J1	**30220**	INSERTION NASAL SEPTAL PROSTHESIS BUTTON	1032.00			010	N	2543.11
•	•		**30300**	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	631.20			010	N	151.20
•	•	J1	**30310**	REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES	692.40			010	N	4449.71
•	•	J1	**30320**	RMVL FOREIGN BODY INTRANASAL LATERAL RHINOTOMY	1563.60			090	N	2543.11
•	•	J1	**30400**	RHINP PRIM LAT&ALAR CRTLGS&/ELVTN NASAL TI	3717.60			090	N	8765.29
•	•	J1	**30410**	RHINP PRIM COMPLETE XTRNL PARTS	4293.60			090	Y	8765.29
•	•	J1	**30420**	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR	4730.40			090	N	8765.29
•	•	J1	**30430**	RHINOPLASTY SECONDARY MINOR REVISION	3268.80			090	Y	8765.29
•	•	J1	**30435**	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	4054.80			090	Y	8765.29
•	•	J1	**30450**	RHINOPLASTY SECONDARY MAJOR REVISION	5389.20			090	Y	8765.29
•	•	J1	**30460**	RHINP DFRM W/COLUM LNGTH TIP ONLY	2821.20			090	Y	8765.29
•	•	J1	**30462**	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	5422.80			090	Y	8765.29
•	•	J1	**30465**	REPAIR NASAL VESTIBULAR STENOSIS	3375.60			090	N	8765.29
•	•	J1	**30520**	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	2164.80			090	N	4449.71
•	•	J1	**30540**	REPAIR CHOANAL ATRESIA INTRANASAL	2382.00			090	Y	8765.29
•	•	J1	**30545**	REPAIR CHOANAL ATRESIA TRANSPALATINE	3256.80			090	Y	8765.29
•	•		**30560**	LYSIS INTRANASAL SYNECHIA	955.20			010	N	691.72
•	•	J1	**30580**	REPAIR FISTULA OROMAXILLARY	2199.60			090	N	8765.29
•	•	J1	**30600**	REPAIR FISTULA ORONASAL	1944.00			090	N	8765.29
•	•	J1	**30620**	SEPTAL/OTHER INTRANASAL DERMATOPLASTY	2188.80			090	N	8765.29
•	•	J1	**30630**	REPAIR NASAL SEPTAL PERFORATIONS	2168.40			090	N	4449.71
•	•	J1	**30801**	ABLTJ SOFT TIS INFERIOR TURBINATES UNI/BI SUPFC	758.40			010	N	2543.11
•	•	J1	**30802**	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	963.60			010	N	2543.11

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**30901**	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	469.20			000	N	151.20
•	•		**30903**	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	739.20			000	N	151.20
•	•		**30905**	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	1123.20			000	N	151.20
•	•		**30906**	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	1174.80			000	N	292.72
•	•	J1	**30915**	LIGATION ARTERIES ETHMOIDAL	1983.60			090	N	5022.59
•	•	J1	**30920**	LIGATION ARTERIES INT MAXILLARY TRANSANTRAL	2883.60			090	N	5022.59
•	•	J1	**30930**	FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC	411.60			010	N	4449.71
•	•		**30999**	UNLISTED PROCEDURE NOSE	BR			YYY	N	292.72
•	•		**31000**	LAVAGE CANNULATION MAXILLARY SINUS	620.40			010	N	292.72
•	•	J1	**31002**	LAVAGE CANNULATION SPHENOID SINUS	646.80			010	N	2543.11
•	•	J1	**31020**	SINUSOTOMY MAXILLARY ANTROTOMY INTRANASAL	1642.80			090	N	4449.71
•	•	J1	**31030**	SINUSOTOMY MAXILLARY RAD W/O RMVL ANTROCH POLYPS	2296.80			090	N	8765.29
•	•	J1	**31032**	SINUSOT MAX ANTRT RAD W/RMVL ANTROCH POLYPS	1982.40			090	N	8765.29
•	•	J1	**31040**	PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	2647.20			090	N	8765.29
•	•	J1	**31050**	SINUSOTOMY SPHENOID W/WO BIOPSY	1672.80			090	N	8765.29
•	•	J1	**31051**	SINUSOT SPHENOID W/MUCOSAL STRIPPING/RMVL POLYP	2235.60			090	N	8765.29
•	•	J1	**31070**	SINUSOTOMY FRONTAL EXTERNAL SIMPLE	1520.40			090	N	8765.29
•	•	J1	**31075**	SINUSOTOMY FRONTAL TRANSORBITAL UNILATERAL	2695.20			090	Y	8765.29
•	•	J1	**31080**	SINUSOTOMY FRNT OBLITERATIVE W/O FLAP BROW INC	3546.00			090	Y	8765.29
•	•	J1	**31081**	SINUSOT FRNT OBLIT W/O OSTPL FLAP CORONAL INC	3819.60			090	Y	8765.29
•	•	J1	**31084**	SINUSOT FRNT OBLIT W/OSTPL FLAP BROW INC	3944.40			090	Y	8765.29
•	•	J1	**31085**	SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC	4094.40			090	Y	8765.29
•	•	J1	**31086**	SINUSOT FRNT NONOBLIT W/OSTPL FLAP BROW INC	3860.40			090	Y	8765.29
•	•	J1	**31087**	SINUSOT FRNT NONOBLIT W/OSTPL FLAP CORONAL INC	3706.80			090	Y	8765.29
•	•	J1	**31090**	SINUSOT UNI 3/> PARANSL SINUSES	3561.60			090	N	8765.29
•	•	J1	**31200**	ETHMOIDECTOMY INTRANASAL ANTERIOR	2008.80			090	N	8765.29
•	•	J1	**31201**	ETHMOIDECTOMY INTRANASAL TOTAL	2577.60			090	N	4449.71
•	•	J1	**31205**	ETHMOIDECTOMY EXTRANASAL TOTAL	3133.20			090	Y	4449.71
•	•		**31225**	MAXILLECTOMY W/O ORBITAL EXENTERATION	6336.00			090	Y	
•	•		**31230**	MAXILLECTOMY W/ORBITAL EXENTERATION	7002.00			090	Y	
•	•		**31231**	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	682.80			000	N	232.84
•	•		**31233**	NASAL/SINUS ENDOSCOPY DX MAXILLARY SINUSOSCOPY	889.20			000	N	548.83
•	•	J1	**31235**	NASAL/SINUS ENDOSCOPY DX SPHENOID SINUSOSCOPY	1016.40			000	N	2734.34
•	•	J1	**31237**	NASAL/SINUS NDSC SURG W/BX POLYPECT/DBRDMT SPX	871.20			000	N	2734.34
•	•	J1	**31238**	NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMRRG	860.40			000	N	2734.34
•	•	J1	**31239**	NASAL/SINUS NDSC SURG W/DACRYOCSTORHINOSTOMY	2108.40			010	N	5449.67
•	•	J1	**31240**	NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	547.20			000	N	2734.34
•	•	J1	**31241**	NASAL/SINUS NDSC W/LIG SPHENOPALATINE ARTERY	1540.80			000	N	2734.34
•	•	J1	**31253**	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	1732.80			000	N	9954.12
•	•	J1	**31254**	NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	1413.60			000	N	9954.12
•	•	J1	**31255**	NASAL/SINUS NDSC W/TOTAL ETHOIDECTOMY	1119.60			000	N	9954.12
•	•	J1	**31256**	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	622.80			000	N	5449.67
•	•	J1	**31257**	NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY	1545.60			000	N	9954.12
•	•	J1	**31259**	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL	1636.80			000	N	9954.12
•	•	J1	**31267**	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	918.00			000	N	9954.12
•	•	J1	**31276**	NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	1310.40			000	N	9954.12
•	•	J1	**31287**	NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	696.00			000	N	9954.12
•	•	J1	**31288**	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	810.00			000	N	9954.12
•	•		**31290**	NASAL/SINUS NDSC RPR CEREBRSP FLUID LEAK ETHMOID	3937.20			010	N	1397.21

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**31291**	NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID	4194.00			010	N	
•	•	J1	**31292**	NSL/SINUS NDSC SURG W/MEDIAL/INF ORB WALL DCMPRN	3403.20			010	N	9954.12
•	•	J1	**31293**	NASAL/SINUS NDSC MEDIAL ORB&NF ORB WALL DCMPR	3697.20			010	N	9954.12
•	•	J1	**31294**	NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN	4233.60			010	N	9954.12
•	•	J1	**31295**	NASAL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS	6675.60			000	Y	9954.12
•	•	J1	**31296**	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	6763.20			000	Y	9954.12
•	•	J1	**31297**	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	6627.60			000	N	9954.12
•	•	J1	**31298**	NASAL/SINUS NDSC W/FRONTAL & SPHEN SINS DILATION	12793.20			000	N	9954.12
•	•		**31299**	UNLISTED PROCEDURE ACCESSORY SINUSES	BR			YYY	N	292.72
•	•	J1	**31300**	LARYNGOTOMY W/RMVL TUMOR/LARYNGOCELE CORDECTOMY	4394.40			090	Y	4449.71
•	•		**31360**	LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION	7176.00			090	Y	
•	•		**31365**	LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION	8858.40			090	Y	
•	•		**31367**	LARYNGECTOMY STOT SUPRAGLOTTIC W/O RAD NECK DSJ	7587.60			090	Y	
•	•		**31368**	LARYNGECTOMY STOT SUPRAGLOTTIC W/RAD NCK DSJ	8427.60			090	Y	
•	•		**31370**	PARTIAL LARYNGECTOMY HEMILARYGECTOMY HORIZONTAL	7135.20			090	Y	
•	•		**31375**	PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTICAL	6760.80			090	Y	
•	•		**31380**	PARTIAL LARYNGECTOMY HEMILARYNG ANTEROVERTICAL	6674.40			090	Y	
•	•		**31382**	PARTIAL LARYNG HEMILARYNG ANTERO-LATERO-VERTICAL	7322.40			090	Y	
•	•		**31390**	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/O RCNSTJ	9828.00			090	Y	
•	•		**31395**	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/RCNSTJ	10370.40			090	Y	
•	•	J1	**31400**	ARYTENOIDECTOMY/ARYTENOIDOPEXY XTRNL APPROACH	3374.40			090	Y	8765.29
•	•	J1	**31420**	EPIGLOTTIDECTOMY	2829.60			090	Y	8765.29
•	⊘		**31500**	INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	488.40			000	N	292.72
•	•		**31502**	TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	121.20			000	N	292.72
•	•		**31505**	LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX	288.00			000	N	232.84
•	•	J1	**31510**	LARYNGOSCOPY INDIRECT W/BIOPSY	721.20			000	N	5449.67
•	•		**31511**	LARYNGOSCOPY INDIRECT W/REMOVAL FOREIGN BODY	721.20			000	N	232.84
•	•	J1	**31512**	LARYNGOSCOPY INDIRECT W/REMOVAL LESION	710.40			000	N	5449.67
•	•		**31513**	LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION	451.20			000	N	548.83
•	•		**31515**	LARYNGOSCOPY W/WO TRACHEOSCOPY ASPIRATION	694.80			000	N	548.83
•	•		**31520**	LARYNGOSCOPY W/WO TRACHEOSCOPY DX NEWBORN	537.60			000	N	548.83
•	•	J1	**31525**	LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	854.40			000	N	2734.34
•	•	J1	**31526**	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	538.80			000	N	2734.34
•	•	J1	**31527**	LARYNGOSCOPY W/WO TRACHEOSCOPY INSERT OBTURATOR	669.60			000	N	5449.67
•	•	J1	**31528**	LARYNGOSCOPY W/WO TRACHEOSCOPY W/DILATION IN	495.60			000	N	5449.67
•	•	J1	**31529**	LARYNGOSCOPY W/WO TRACHEOSCOPY DILATION SUBSQ	554.40			000	N	5449.67
•	•	J1	**31530**	LARYNGOSCOPY W/FOREIGN BODY REMOVAL	685.20			000	N	2734.34
•	•	J1	**31531**	LARYNGOSCOPY FOREIGN BODY RMVL MICRO/TELESCOPE	729.60			000	N	5449.67
•	•	J1	**31535**	LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY	650.40			000	N	5449.67
•	•	J1	**31536**	LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE	724.80			000	N	5449.67
•	•	J1	**31540**	LARYNGOSCOPY EXC TUM&/STRIPPING CORDS/EPIGLOTT	829.20			000	N	5449.67
•	•	J1	**31541**	LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	906.00			000	N	5449.67
•	•	J1	**31545**	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD FLAP	1246.80			000	N	5449.67
•	•	J1	**31546**	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD GRAFT	1892.40			000	N	9954.12
•	•	J1	**31551**	LARYNGOPLASTY LARYNGEAL STEN W/O STENT < 12 YRS	4944.00			090	N	8765.29
•	•	J1	**31552**	LARYNGOPLASTY LARYNGEAL STEN W/O STENT 12 YRS >	4976.40			090	N	8765.29
•	•	J1	**31553**	LARYNGOPLASTY LARYNGEAL STEN W/STENT < 12 YRS	5431.20			090	N	8765.29
•	•	J1	**31554**	LARYNGOPLASTY LARYNGEAL STEN W/STENT 12 YRS >	5683.20			090	N	8765.29

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**31560**	LARYNGOSCOPY DIRECT OPERATIVE W/ARYTENOIDECTOMY	1076.40			000	N	9954.12
•	•	J1	**31561**	LARGSC ARYTENOIDECTOMY MICROSCOPE/TELESCOPE	1178.40			000	N	9954.12
•	•	J1	**31570**	LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC	1155.60			000	N	5449.67
•	•	J1	**31571**	LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE	856.80			000	N	5449.67
•	•	J1	**31572**	LARYNGOSCOPY FLEXIBLE ABLATJ DESTJ LESION(S) UNI	1729.20			000	N	5449.67
•	•	J1	**31573**	LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	913.20			000	N	2734.34
•	•	J1	**31574**	LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	3454.80			000	N	2734.34
•	•		**31575**	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	397.20			000	N	232.84
•	•	J1	**31576**	LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	904.80			000	N	2734.34
•	•		**31577**	LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	946.80			000	N	548.83
•	•	J1	**31578**	LARYNGOSCOPY FLEXIBLE RMVL LESION(S) NON-LASER	1030.80			000	N	5449.67
•	•		**31579**	LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	627.60			000	N	548.83
•	•	J1	**31580**	LARYNGOPLASTY LARYN WEB W/KEEL STENT INSERTION	4293.60			090	N	8765.29
•	•	J1	**31584**	LARYNGOPLASTY W/OPEN REDUCTION FRACTURE W/TRACHS	4759.20			090	N	8765.29
•	•	J1	**31587**	LARYNGOPLASTY CRICOID SPLIT W/O GRAFT PLACEMENT	3982.80			090	N	8765.29
•	•	J1	**31590**	LARYNGEAL REINNERVATION NEUROMUSCULAR PEDICLE	3008.40			090	Y	8765.29
•	•	J1	**31591**	LARYNGOPLASTY MEDIALIZATION UNLIATERAL	3609.60			090	N	8765.29
•	•	J1	**31592**	CRICOTRACHEAL RESECTION	5908.80			090	N	8765.29
•	•		**31599**	UNLISTED PROCEDURE LARYNX	BR			YYY	N	292.72
•	•	J1	**31600**	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	1069.20			000	N	4449.71
•	•	J1	**31601**	TRACHEOSTOMY PLANNED UNDER 2 YEARS SPX	1557.60			000	Y	8765.29
•	•	J1	**31603**	TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL	1117.20			000	N	2543.11
•	•		**31605**	TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE	1153.20			000	N	292.72
•	•	J1	**31610**	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS	3268.80			090	N	8765.29
•	•	J1	**31611**	CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH	1826.40			090	Y	4449.71
•	•	J1	**31612**	TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NJX	286.80			000	N	4449.71
•	•	J1	**31613**	TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION	1520.40			090	N	4449.71
•	•	J1	**31614**	TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION	2527.20			090	N	8765.29
•	•		**31615**	TRACHEOBRNCHSC THRU EST TRACHS INC	579.60			000	N	691.72
•	•	J1	**31622**	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	820.80			000	N	2734.34
•	•	J1	**31623**	BRNCHSC BRUSHING/PROTECTED BRUSHINGS	901.20			000	N	2734.34
•	•	J1	**31624**	BRNCHSC W/BRNCL ALVEOLAR LAVAGE	852.00			000	N	2734.34
•	•	J1	**31625**	BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	1150.80			000	N	2734.34
•	•	J1	**31626**	BRONCHOSCOPY W/PLMT FIDUCIAL MARKERS SINGLE/MULT	2872.80			000	N	9954.12
+	•		**31627**	BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	4538.40			ZZZ	N	
•	•	J1	**31628**	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	1221.60			000	N	5449.67
•	•	J1	**31629**	BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	1510.80			000	N	5449.67
•	•	J1	**31630**	BRNCHSC W/TRACHEAL/BRONCHIAL DILAT/CLSD RDCTJ FX	685.20			000	N	5449.67
•	•	J1	**31631**	BRONCHOSCOPY W/PLACEMENT TRACHEAL STENT	789.60			000	N	9954.12
+	•		**31632**	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	217.20			ZZZ	N	
+	•		**31633**	BRONCHOSCOPY W/TRANSBRONCL NDL ASPIR BX EA LOBE	272.40			ZZZ	N	
•	•	J1	**31634**	BRONCHOSCOPY BALLOON OCCLUSION	5928.00			000	Y	9954.12
•	•	J1	**31635**	BRONCHOSCOPY W/REMOVAL FOREIGN BODY	963.60			000	N	2734.34
•	•	J1	**31636**	BRNCHSC W/PLACEMENT BRNCL STENT 1ST BRONCHUS	762.00			000	N	9954.12
+	•		**31637**	BRONCHOSCOPY EACH MAJOR BRONCHUS STENTED	266.40			ZZZ	N	
•	•	J1	**31638**	BRNCHSC REVJ TRACHEAL/BRNCL STENT INS PREV SESS	865.20			000	N	9954.12
•	•	J1	**31640**	BRONCHOSCOPY W/EXCISION TUMOR	866.40			000	N	5449.67
•	•	J1	**31641**	BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC	886.80			000	N	5449.67
•	•	J1	**31643**	BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL	610.80			000	N	2734.34

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**31645**	BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	890.40			000	N	2734.34
•	•		**31646**	BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE SBSQ	490.80			000	N	548.83
•	•	J1	**31647**	BRNCHSC OCCLUSION&INSERT BRONCH VALVE INIT LOBE	732.00			000	N	9954.12
•	•	J1	**31648**	BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL	696.00			000	N	5449.67
+	•		**31649**	BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL	232.80			ZZZ	N	1944.39
+	•		**31651**	BRNCHSC OCCLUSION&INSERT BRONCH VALVE ADDL LOBE	255.60			ZZZ	N	
•	•	J1	**31652**	BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	3290.40			000	N	5449.67
•	•	J1	**31653**	BRNCHSC EBUS GUIDED SAMPL 3/> NODE STATION/STRUX	3447.60			000	N	5449.67
+	•		**31654**	BRNSCHSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	423.60			ZZZ	N	
•	•	J1	**31660**	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	674.40			000	N	9954.12
•	•	J1	**31661**	BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	711.60			000	N	9954.12
•	•		**31717**	CATHETERIZATION W/BRONCHIAL BRUSH BIOPSY	957.60			000	N	548.83
•	•		**31720**	CATHETER ASPIRATION NASOTRACHEAL SPX	171.60			000	N	272.07
•	•		**31725**	CATH ASPIR TRACHEOBRNCL FIBERSCOPE BEDSIDE SPX	274.80			000	N	
•	•	J1	**31730**	TTRACH INTRO NDL WIRE DIL/STENT/TUBE O2 THER	4108.80			000	N	2734.34
•	•	J1	**31750**	TRACHEOPLASTY CERVICAL	4743.60			090	Y	8765.29
•	•	J1	**31755**	TRACHEOPLASTY TRACHEOPHARYNGEAL FSTLJ EA STG	5998.80			090	Y	8765.29
•	•		**31760**	TRACHEOPLASTY INTRATHORACIC	4749.60			090	Y	
•	•		**31766**	CARINAL RECONSTRUCTION	6177.60			090	Y	
•	•		**31770**	BRONCHOPLASTY GRAFT REPAIR	4594.80			090	Y	
•	•		**31775**	BRONCHOPLASTY EXCISION STENOSIS & ANASTOMOSIS	4857.60			090	Y	
•	•		**31780**	EXCISION TRACHEAL STENOSIS&ANASTOMOSIS CERVICA	4116.00			090	Y	
•	•		**31781**	EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC	4786.80			090	Y	
•	•	J1	**31785**	EXCISION TRACHEAL TUMOR/CARCINOMA CERVICAL	3709.20			090	Y	8765.29
•	•		**31786**	EXCISION TRACHEAL TUMOR/CARCINOMA THORACIC	5008.80			090	Y	
•	•		**31800**	SUTURE TRACHEAL WOUND/INJURY CERVICAL	2474.40			090	N	
•	•		**31805**	SUTURE TRACHEAL WOUND/INJURY INTRATHORACIC	2810.40			090	Y	
•	•	J1	**31820**	SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	1484.40			090	N	4449.71
•	•	J1	**31825**	SURG CLSR TRACHEOSTOMY/FISTULA W/PLASTIC RPR	2059.20			090	N	4449.71
•	•	J1	**31830**	REVISION TRACHEOSTOMY SCAR	1531.20			090	N	4449.71
•	•		**31899**	UNLISTED PROCEDURE TRACHEA BRONCHI	BR			YYY	N	232.84
•	•		**32035**	THORACOSTOMY W/RIB RESECTION EMPYEMA	2497.20			090	Y	
•	•		**32036**	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	2686.80			090	Y	
•	•		**32096**	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	2784.00			090	Y	
•	•		**32097**	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	2782.80			090	Y	
•	•		**32098**	THORACOTOMY W/BIOPSY OF PLEURA	2636.40			090	Y	
•	•		**32100**	THORACOTOMY WITH EXPLORATION	2806.80			090	Y	
•	•		**32110**	THORCOM CTRL TRAUMTC HEMRRG&/RPR LNG TEAR	5092.80			090	Y	
•	•		**32120**	THORACOTOMY POSTOPERATIVE COMPLICATIONS	3020.40			090	Y	
•	•		**32124**	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	3205.20			090	Y	
•	•		**32140**	THORCOM W/REMOVAL OF CYST	3427.20			090	Y	
•	•		**32141**	THORACOTOMY W/RESECTION BULLAE	5286.00			090	Y	
•	•		**32150**	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	3477.60			090	Y	
•	•		**32151**	THORCOM W/RMVL IPUL FB	3460.80			090	Y	
•	•		**32160**	THORACOTOMY W/CARDIAC MASSAGE	2754.00			090	Y	2660.50
•	•		**32200**	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	3928.80			090	Y	
•	•		**32215**	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	2752.80			090	Y	
•	•		**32220**	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	5494.80			090	Y	
•	•		**32225**	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	3441.60			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**32310**	PLEURECTOMY PARIETAL SEPARATE PROCEDURE	3159.60			090	Y	
•	•		**32320**	DECORTICATION & PARIETAL PLEURECTOMY	5535.60			090	Y	
•	•	J1	**32400**	BIOPSY PLEURA PERCUTANEOUS NEEDLE	529.20			000	N	2734.29
•	•	J1	**32405**	BIOPSY LUNG/MEDIASTINUM PERCUTANEOUS NEEDLE	1338.00			000	N	2734.29
•	•		**32440**	REMOVAL OF LUNG PNEUMONECTOMY	5420.40			090	Y	
•	•		**32442**	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	10668.00			090	Y	
•	•		**32445**	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	12282.00			090	Y	
•	•		**32480**	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	5120.40			090	Y	
•	•		**32482**	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	5475.60			090	Y	
•	•		**32484**	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	4962.00			090	Y	
•	•		**32486**	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	8175.60			090	Y	
•	•		**32488**	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	8293.20			090	Y	
•	•		**32491**	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	5098.80			090	Y	
+	•		**32501**	RESCJ&BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	848.40			ZZZ	Y	
•	•		**32503**	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	6230.40			090	Y	
•	•		**32504**	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	7108.80			090	Y	
•	•		**32505**	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	3225.60			090	Y	
+	•		**32506**	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	543.60			ZZZ	Y	
+	•		**32507**	THORACOTOMY W/DX WEDGE RESEXN & ANTOM LUNG RESE	542.40			ZZZ	Y	
•	•		**32540**	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	5962.80			090	Y	
•	•	J1	**32550**	INSERTION INDWELLING TUNNELED PLEURAL CATHETER	2554.80			000	N	5716.03
•	•		**32551**	TUBE THORACOSTOMY INCLUDES WATER SEAL	543.60			000	N	1552.95
•	•		**32552**	RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	631.20			010	N	880.41
•	•		**32553**	PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT	1786.80			000	Y	1692.53
•	•		**32554**	THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	721.20			000	N	880.41
•	•		**32555**	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	1021.20			000	N	880.41
•	•	J1	**32556**	PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	2089.20			000	N	2902.55
•	•		**32557**	PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	1926.00			000	N	1552.95
•	•		**32560**	INSTLJ VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS	860.40			000	N	880.41
•	•		**32561**	INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY	319.20			000	Y	880.41
•	•		**32562**	INSTLJ CH TUBE/CATH AGENT FBRNLYSIS SBSQ DAY	285.60			000	Y	880.41
•	•	J1	**32601**	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	1068.00			000	N	9076.35
•	•	J1	**32604**	THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX	1668.00			000	N	9076.35
•	•	J1	**32606**	THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX	1602.00			000	N	9076.35
•	•	J1	**32607**	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	1066.80			000	N	9076.35
•	•	J1	**32608**	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	1309.20			000	N	9076.35
•	•	J1	**32609**	THORACOSCOPY WITH BIOPSYIES OF PLEURA	894.00			000	N	9076.35
•	•		**32650**	THORACOSCOPY W/PLEURODESIS	2302.80			090	Y	
•	•		**32651**	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	3792.00			090	Y	
•	•		**32652**	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	5756.40			090	Y	
•	•		**32653**	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	3673.20			090	Y	
•	•		**32654**	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	3994.80			090	Y	
•	•		**32655**	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	3308.40			090	Y	
•	•		**32656**	THORACOSCOPY W/PARIETAL PLEURECTOMY	2770.80			090	Y	
•	•		**32658**	THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	2464.80			090	Y	
•	•		**32659**	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	2532.00			090	Y	
•	•		**32661**	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	2749.20			090	Y	
•	•		**32662**	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	3090.00			090	Y	
•	•		**32663**	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	4850.40			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**32664**	THORACOSCOPY W/THORACIC SYMPATHECTOMY	2934.00			090	Y	5660.97
•	•		**32665**	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	4234.80			090	Y	
•	•		**32666**	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	3013.20			090	Y	4643.74
+	•		**32667**	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	544.80			ZZZ	Y	2569.50
+	•		**32668**	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	544.80			ZZZ	Y	
•	•		**32669**	THORACOSCOPY W/SEGMENTECTOMY	4654.80			090	Y	
•	•		**32670**	THORACOSCOPY W/BILOBECTOMY	5553.60			090	Y	
•	•		**32671**	THORACOSCOPY W/PNEUMONECTOMY	6132.00			090	Y	
•	•		**32672**	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	5290.80			090	Y	
•	•		**32673**	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	4202.40			090	Y	
+	•		**32674**	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	748.80			ZZZ	Y	
•	•		**32701**	THORAX STEREOTACTIC RADIATION TARGET W/TX COURSE	745.20	745.20	BR	XXX	N	
•	•		**32800**	REPAIR LUNG HERNIA THROUGH CHEST WALL	3246.00			090	Y	
•	•		**32810**	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	3109.20			090	Y	
•	•		**32815**	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	9726.00			090	Y	
•	•		**32820**	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	4605.60			090	Y	
•	•		**32850**	DONOR PNEUMONECTOMY FROM CADAVER DONOR	5648.40			XXX	N	
•	•		**32851**	LUNG TRANSPLANT 1 W/O CARDIOPULMONARY BYPASS	11442.00			090	Y	
•	•		**32852**	LUNG TRANSPLANT 1 W/CARDIOPULMONARY BYPASS	12439.20			090	Y	
•	•		**32853**	LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS	16022.40			090	Y	
•	•		**32854**	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	17005.20			090	Y	
•	•		**32855**	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	2448.00			XXX	Y	
•	•		**32856**	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	3068.40			XXX	Y	
•	•		**32900**	RESECTION RIBS EXTRAPLEURAL ALL STAGES	4905.60			090	Y	
•	•		**32905**	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	4592.40			090	Y	
•	•		**32906**	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	5710.80			090	Y	
•	•		**32940**	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	4250.40			090	Y	
•	•		**32960**	PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	433.20			000	N	880.41
•	•	J1	**32994**	ABLATION THER 1+ PULM TUMORS PERQ CRYOABLATION	19141.20			000	Y	9076.35
•	•		**32997**	TOTAL LUNG LAVAGE UNILATERAL	1180.80			000	N	
•	•	J1	**32998**	ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	12074.40			000	Y	9076.35
•	•		**32999**	UNLISTED PROCEDURE LUNGS & PLEURA	BR			YYY	N	880.41
•	•		**33010**	PERICARDIOCENTESIS INITIAL	373.20			000	N	1552.95
•	•		**33011**	PERICARDIOCENTESIS SUBSEQUENT	375.60			000	N	1552.95
•	•		**33015**	TUBE PERICARDIOSTOMY	1772.40			090	N	
•	•		**33020**	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	3045.60			090	Y	
•	•		**33025**	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	2762.40			090	Y	
•	•		**33030**	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	6942.00			090	Y	
•	•		**33031**	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	8588.40			090	Y	
•	•		**33050**	RESECTION PERICARDIAL CYST/TUMOR	3477.60			090	Y	
•	•		**33120**	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	7280.40			090	Y	
•	•		**33130**	RESECTION EXTERNAL CARDIAC TUMOR	4760.40			090	Y	
•	•		**33140**	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	5420.40			090	Y	
+	•		**33141**	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	456.00			ZZZ	Y	
•	•		**33202**	INSERTION EPICARDIAL ELECTRODE OPEN	2685.60			090	N	
•	•		**33203**	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	2812.80			090	N	
•	•	J1	**33206**	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	1578.00			090	N	16628.91
•	•	J1	**33207**	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	1676.40			090	N	16628.91
•	•	J1	**33208**	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	1818.00			090	N	16628.91

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**33210**	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	571.20			000	N	12106.09
•	•	J1	**33211**	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	594.00			000	N	12106.09
•	•	J1	**33212**	INS PM PLS GEN W/EXIST SINGLE LEAD	1117.20			090	N	12106.09
•	•	J1	**33213**	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	1168.80			090	N	16628.91
•	•	J1	**33214**	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	1668.00			090	N	16628.91
•	•	J1	**33215**	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	1082.40			090	N	5022.59
•	•	J1	**33216**	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	1291.20			090	N	12106.09
•	•	J1	**33217**	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	1272.00			090	N	12106.09
•	•		**33218**	RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	1350.00			090	N	4445.35
•	•		**33220**	RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	1359.60			090	N	4445.35
•	•	J1	**33221**	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	1252.80			090	N	29527.49
•	•		**33222**	RELOCATION OF SKIN POCKET FOR PACEMAKER	1177.20			090	N	2199.52
•	•		**33223**	RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	1424.40			090	N	2199.52
•	•	J1	**33224**	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	1802.40			000	N	16628.91
+	•		**33225**	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	1640.40			ZZZ	N	
•	•	J1	**33226**	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	1734.00			000	N	5022.59
•	•	J1	**33227**	REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	1178.40			090	N	12106.09
•	•	J1	**33228**	REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	1231.20			090	N	16628.91
•	•	J1	**33229**	REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	1304.40			090	N	29527.49
•	•	J1	**33230**	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	1330.80			090	N	35813.54
•	•	J1	**33231**	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	1398.00			090	N	49739.98
•	•		**33233**	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	801.60			090	N	10513.84
•	•		**33234**	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	1692.00			090	N	4445.35
•	•		**33235**	RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	2222.40			090	N	4445.35
•	•		**33236**	RMVL PRM EPICAR PM&ELTRDS THORCOM 1 LEAD SYS	2689.20			090	N	
•	•		**33237**	RMVL PRM EPICAR PM&ELTRDS THORCOM DUAL LEAD SY	2902.80			090	N	
•	•		**33238**	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	3250.80			090	N	
•	•	J1	**33240**	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	1273.20			090	N	35813.54
•	•		**33241**	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	748.80			090	N	4445.35
•	•		**33243**	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	4762.80			090	Y	
•	•		**33244**	RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	3010.80			090	N	4445.35
•	•	J1	**33249**	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	3200.40			090	N	49739.98
•	•		**33250**	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	5014.80			090	Y	
•	•		**33251**	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	5631.60			090	Y	
•	•		**33254**	ABLATION & RECONSTRUCTION ATRIA LIMITED	4696.80			090	Y	
•	•		**33255**	ABLATION & RCNSTJ ATRIA EXTNSV W/O BYPASS	5678.40			090	Y	
•	•		**33256**	ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS	6742.80			090	Y	
+	•		**33257**	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	2017.20			ZZZ	Y	
+	•		**33258**	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP	2263.20			ZZZ	Y	
+	•		**33259**	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	2929.20			ZZZ	Y	
•	•		**33261**	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	5611.20			090	Y	
•	•	J1	**33262**	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	1298.40			090	N	35813.54
•	•	J1	**33263**	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	1352.40			090	N	35813.54
•	•	J1	**33264**	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	1411.20			090	N	49739.98
•	•		**33265**	NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	4716.00			090	Y	
•	•		**33266**	NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS	6416.40			090	Y	
•	•	J1	**33270**	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	1976.40			090	N	49739.98
•	•	J1	**33271**	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	1590.00			090	N	12106.09
•	•		**33272**	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	1209.60			090	N	4445.35

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**33273**	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	1401.60			090	N	4445.35
•	•	J1	**33274**	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	1705.20			090	N	26888.04
•	•		**33275**	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	1812.00			090	N	3750.96
•	•	J1	**33285**	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	17528.40			000	N	12106.09
•	•		**33286**	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	456.00			000	N	822.66
•	•	J1	**33289**	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	1141.20			000	N	45731.93
•	•		**33300**	REPAIR CARDIAC WOUND W/O BYPASS	8522.40			090	Y	
•	•		**33305**	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	14288.40			090	Y	
•	•		**33310**	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	4069.20			090	Y	
•	•		**33315**	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	6643.20			090	Y	
•	•		**33320**	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	3664.80			090	Y	
•	•		**33321**	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	4076.40			090	Y	
•	•		**33322**	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	4802.40			090	Y	
•	•		**33330**	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	4960.80			090	Y	
•	•		**33335**	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	6553.20			090	Y	
•	•		**33340**	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	2761.20			000	N	
•	•		**33361**	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	4737.60			000	N	
•	•		**33362**	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	5172.00			000	N	
•	•		**33363**	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	5356.80			000	N	
•	•		**33364**	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	5536.80			000	N	
•	•		**33365**	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	6219.60			000	N	
•	•		**33366**	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	6723.60			000	N	
+	•		**33367**	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	2194.80			ZZZ	N	
+	•		**33368**	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	2606.40			ZZZ	N	
+	•		**33369**	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	3440.40			ZZZ	N	
•	•		**33390**	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	6705.60			090	Y	
•	•		**33391**	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	7935.60			090	Y	
•	•		**33404**	CONSTRUCTION APICAL-AORTIC CONDUIT	6120.00			090	Y	
•	•		**33405**	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	7882.80			090	Y	
•	•		**33406**	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	9984.00			090	Y	
•	•		**33410**	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	8838.00			090	Y	
•	•		**33411**	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	11680.80			090	Y	
•	•		**33412**	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	10929.60			090	Y	
•	•		**33413**	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR	11131.20			090	Y	
•	•		**33414**	RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC	7442.40			090	Y	
•	•		**33415**	RESECTION/INCISION SUBVALVULAR TISSUE	7053.60			090	Y	
•	•		**33416**	VENTRICULOMYOTOMY-MYECTOMY	7032.00			090	Y	
•	•		**33417**	AORTOPLASTY SUPRAVALVULAR STENOSIS	5779.20			090	Y	
•	•		**33418**	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	6286.80			090	Y	
+	•		**33419**	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	1484.40			ZZZ	Y	
•	•		**33420**	VALVOTOMY MITRAL VALVE CLOSED HEART	5076.00			090	N	
•	•		**33422**	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	5760.00			090	Y	
•	•		**33425**	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	9484.80			090	Y	
•	•		**33426**	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	8276.40			090	Y	
•	•		**33427**	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	8496.00			090	Y	
•	•		**33430**	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	9727.20			090	Y	
•	•		**33440**	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	11772.00			090	Y	
•	•		**33460**	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	8336.40			090	Y	
•	•		**33463**	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	10741.20			090	Y	

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	**33464**	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	8485.20			090	Y	
•	•	**33465**	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	9589.20			090	Y	
•	•	**33468**	TRICUSPID VALVE RPSG&PLCTJ EBSTEIN ANOMALY	8386.80			090	Y	
•	•	**33470**	VALVOTOMY PULMONARY VALVE CLSD HEART TRANSVENTR	4308.00			090	Y	
•	•	**33471**	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	4606.80			090	Y	
•	•	**33474**	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	7594.80			090	Y	
•	•	**33475**	REPLACEMENT PULMONARY VALVE	8112.00			090	Y	
•	•	**33476**	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	5185.20			090	Y	
•	•	**33477**	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	4766.40			000	N	
•	•	**33478**	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	5443.20			090	Y	
•	•	**33496**	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	5791.20			090	Y	
•	•	**33500**	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	5408.40			090	Y	
•	•	**33501**	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	3876.00			090	Y	
•	•	**33502**	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	4399.20			090	Y	
•	•	**33503**	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	4612.80			090	N	
•	•	**33504**	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	5032.80			090	Y	
•	•	**33505**	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	7015.20			090	Y	
•	•	**33506**	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	6936.00			090	Y	
•	•	**33507**	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	5965.20			090	Y	
+	•	**33508**	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	56.40			ZZZ	Y	
•	•	**33510**	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	6714.00			090	Y	
•	•	**33511**	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	7374.00			090	Y	
•	•	**33512**	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	8396.40			090	Y	
•	•	**33513**	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	8647.20			090	Y	
•	•	**33514**	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	9092.40			090	Y	
•	•	**33516**	CORONARY ARTERY BYPASS 6/+ CORONARY VENOUS GRAFT	9375.60			090	Y	
+	•	**33517**	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	649.20			ZZZ	Y	
+	•	**33518**	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	1431.60			ZZZ	Y	
+	•	**33519**	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	1893.60			ZZZ	Y	
+	•	**33521**	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	2271.60			ZZZ	Y	
+	•	**33522**	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	2551.20			ZZZ	Y	
+	•	**33523**	CORONARY ARTERY BYP W/VEIN &ARTERY GRAFT 6 VEIN	2880.00			ZZZ	Y	
+	•	**33530**	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	1830.00			ZZZ	Y	
•	•	**33533**	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	6490.80			090	Y	
•	•	**33534**	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	7634.40			090	Y	
•	•	**33535**	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	8517.60			090	Y	
•	•	**33536**	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	9133.20			090	Y	
•	•	**33542**	MYOCARDIAL RESECTION	9144.00			090	Y	
•	•	**33545**	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	10719.60			090	Y	
•	•	**33548**	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	10288.80			090	Y	
+	•	**33572**	CORONARY ENDARTERCOMY OPEN ANY METHOD	800.40			ZZZ	Y	
•	•	**33600**	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	5919.60			090	Y	
•	•	**33602**	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	5743.20			090	Y	
•	•	**33606**	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	6192.00			090	Y	
•	•	**33608**	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	6271.20			090	Y	
•	•	**33610**	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	6183.60			090	Y	
•	•	**33611**	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	6805.20			090	Y	
•	•	**33612**	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ	6987.60			090	Y	
•	•	**33615**	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	6960.00			090	Y	

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	**33617**	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	7346.40			090	Y	
•	•	**33619**	RPR 1 VNTRC W/O/F OBSTRCJ&AORTIC ARCH HYPOPLAS	9524.40			090	Y	
•	•	**33620**	APPLICATION RIGHT & LEFT PULMONARY ARTERY BAND	5725.20			090	Y	
•	•	**33621**	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	3240.00			090	Y	
•	•	**33622**	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	12001.20			090	Y	
•	•	**33641**	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	5685.60			090	Y	
•	•	**33645**	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	5986.80			090	Y	
•	•	**33647**	RPR ATRIAL & VENTRIC SEPTAL DFCT DIR/PATCH CLS	6258.00			090	Y	
•	•	**33660**	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	6069.60			090	Y	
•	•	**33665**	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	6674.40			090	Y	
•	•	**33670**	RPR COMPL AV CANAL W/WO PROSTC VALVE	6888.00			090	Y	
•	•	**33675**	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	6760.80			090	Y	
•	•	**33676**	CLOSURE MULTIPLE VSD W/RESECTION	7060.80			090	Y	
•	•	**33677**	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	7333.20			090	Y	
•	•	**33681**	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	6363.60			090	Y	
•	•	**33684**	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	6586.80			090	Y	
•	•	**33688**	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	6576.00			090	Y	
•	•	**33690**	BANDING PULMONARY ARTERY	4173.60			090	Y	
•	•	**33692**	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	6829.20			090	Y	
•	•	**33694**	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	6805.20			090	Y	
•	•	**33697**	COMPL RPR T-FALLOT W/PULM ATRESIA	7167.60			090	Y	
•	•	**33702**	RPR SINUS VALSALVA FISTULA	5305.20			090	Y	
•	•	**33710**	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	7158.00			090	Y	
•	•	**33720**	RPR SINUS VALSALVA ANEURYSM	5360.40			090	Y	
•	•	**33722**	CLOSURE AORTICO-LEFT VENTRICULAR TUNNEL	5668.80			090	Y	
•	•	**33724**	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	5305.20			090	Y	
•	•	**33726**	REPAIR PULMONARY VENOUS STENOSIS	7092.00			090	Y	
•	•	**33730**	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	6810.00			090	Y	
•	•	**33732**	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	5451.60			090	Y	
•	•	**33735**	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	4508.40			090	Y	
•	•	**33736**	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	4755.60			090	Y	
•	•	**33737**	ATRIAL SEPTECT/SEPTOST OPN HRT W/INFL OCCLUSION	4516.80			090	Y	
•	•	**33750**	SHUNT SUBCLAVIAN PULMONARY ARTERY	4395.60			090	Y	
•	•	**33755**	SHUNT ASCENDING AORTA PULMONARY ARTERY	4581.60			090	Y	
•	•	**33762**	SHUNT DESCENDING AORTA PULMONARY ARTERY	4465.20			090	Y	
•	•	**33764**	SHUNT CENTRAL W/PROSTHETIC GRAFT	4581.60			090	Y	
•	•	**33766**	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	4641.60			090	Y	
•	•	**33767**	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	4957.20			090	Y	
+	•	**33768**	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	1452.00			ZZZ	Y	
•	•	**33770**	RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT	7388.40			090	Y	
•	•	**33771**	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT	7605.60			090	Y	
•	•	**33774**	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	6267.60			090	Y	
•	•	**33775**	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	6460.80			090	Y	
•	•	**33776**	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	6595.20			090	Y	
•	•	**33777**	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	6595.20			090	Y	
•	•	**33778**	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	8196.00			090	Y	
•	•	**33779**	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	8121.60			090	Y	
•	•	**33780**	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	7975.20			090	Y	
•	•	**33781**	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	8076.00			090	Y	

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	**33782**	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	11282.40			090	Y	
•	•	**33783**	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	12199.20			090	Y	
•	•	**33786**	TOTAL REPAIR TRUNCUS ARTERIOSUS	7945.20			090	Y	
•	•	**33788**	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	5341.20			090	Y	
•	•	**33800**	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	3398.40			090	Y	
•	•	**33802**	DIVISION ABERRANT VESSEL VASCULAR RING	3774.00			090	Y	
•	•	**33803**	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	4008.00			090	Y	
•	•	**33813**	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/O BYPASS	4104.00			090	Y	
•	•	**33814**	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	5302.80			090	Y	
•	•	**33820**	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	3333.60			090	Y	
•	•	**33822**	RPR PATENT DUXUS ARTERIOSUS DIV UNDER 18 YR	3554.40			090	Y	
•	•	**33824**	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR & OLDER	4104.00			090	Y	
•	•	**33840**	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	4312.80			090	Y	
•	•	**33845**	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	4550.40			090	Y	
•	•	**33851**	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	4428.00			090	Y	
•	•	**33852**	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	4629.60			090	Y	
•	•	**33853**	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	6223.20			090	Y	
•	•	**33860**	ASCENDING AORTA GRF W/CARD BYP & VALVE SSP	11184.00			090	Y	
•	•	**33863**	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	10965.60			090	Y	
•	•	**33864**	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	11233.20			090	Y	
+	•	**33866**	AORTIC HEMIARCH GRAFT W/ISOL & CTRL ARCH VESSELS	3582.00			ZZZ	N	
•	•	**33870**	TRANSVERSE ARCH GRAFT W/CARDIOPULMONARY BYPASS	8804.40			090	Y	
•	•	**33875**	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	9566.40			090	Y	
•	•	**33877**	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	12618.00			090	Y	
•	•	**33880**	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	6241.20			090	Y	
•	•	**33881**	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	5356.80			090	Y	
•	•	**33883**	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	3878.40			090	Y	
+	•	**33884**	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	1369.20			ZZZ	Y	
•	•	**33886**	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	3324.00			090	Y	
•	•	**33889**	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	2742.00			000	Y	
•	•	**33891**	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC	3325.20			000	Y	
•	•	**33910**	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	9146.40			090	Y	
•	•	**33915**	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	4770.00			090	Y	
•	•	**33916**	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	14780.40			090	Y	
•	•	**33917**	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	5050.80			090	Y	
•	•	**33920**	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	6313.20			090	Y	
•	•	**33922**	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	4789.20			090	Y	
+	•	**33924**	LIG&TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	984.00			ZZZ	Y	
•	•	**33925**	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	5989.20			090	Y	
•	•	**33926**	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	8436.00			090	Y	
•	•	**33927**	IMPLTJ TOTAL RPLCMT HEART SYS W/RCP CARDIECTOMY	8912.40			XXX	Y	
•	•	**33928**	REMOVAL & RPLCMT TOTAL RPLCMT HEART SYS	BR			XXX	Y	
+	•	**33929**	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	BR			ZZZ	Y	
•	•	**33930**	DONOR CARDIECTOMY-PNEUMONECTOMY	BR			XXX	N	
•	•	**33933**	BKBENCH PREPJ CADAVER DONOR HEART/LUNG ALLOGRAFT	BR			XXX	Y	
•	•	**33935**	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	17268.00			090	Y	
•	•	**33940**	DONOR CARDIECTOMY	BR			XXX	N	
•	•	**33944**	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	1938.00			XXX	Y	
•	•	**33945**	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	16960.80			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**33946**	ECMO/ECLS INITIATION VENO-VENOUS	1078.80			XXX	N	
•	•		**33947**	ECMO/ECLS INITIATION VENO-ARTERIAL	1196.40			XXX	N	
•	•		**33948**	ECMO/ECLS DAILY MANAGEMENT EACH DAY VENO-VENOUS	829.20			XXX	N	
•	•		**33949**	ECMO/ECLS DAILY MANAGEMENT EA DAY VENO-ARTERIAL	806.40			XXX	N	
•	•		**33951**	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS PERQ	1485.60			000	N	
•	•		**33952**	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER PERQ	1491.60			000	N	
•	•		**33953**	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS OPEN	1660.80			000	N	
•	•		**33954**	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER OPEN	1665.60			000	N	
•	•		**33955**	ECMO/ECLS INSJ OF CENTRAL CANNULA BIRTH-5 YRS	2911.20			000	N	
•	•		**33956**	ECMO/ECLS INSJ OF CENTRAL CANNULA 6 YRS & OLDER	2906.40			000	N	
•	•		**33957**	ECMO/ECLS REPOS PERIPH CANNULA PERQ BIRTH-5 YRS	645.60			000	N	
•	•		**33958**	ECMO/ECLS REPOS PERPH CANNULA PRQ 6 YRS & OLDER	644.40			000	N	
•	•		**33959**	ECMO/ECLS REPOS PERPH CANNULA OPEN BIRTH-5 YRS	820.80			000	N	
•	•		**33962**	ECMO/ECLS REPOS PERPH CANNULA OPEN 6 YRS & OLDER	816.00			000	N	
•	•		**33963**	ECMO/ECLS REPOS CENTRAL PERPH CANNULA BIRTH-5YRS	1641.60			000	N	
•	•		**33964**	ECMO/ECLS ECLS REPOS CENTRAL CNULA 6YRS & OLDER	1712.40			000	N	
•	•		**33965**	ECMO/ECLS RMVL OF PERPH CANNULA PERQ BIRTH-5 YRS	645.60			000	N	
•	•		**33966**	ECMO/ECLS RMVL OF PRPH CANNULA PRQ 6 YRS & OLDER	829.20			000	N	
•	•		**33967**	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	907.20			000	N	2237.37
•	•		**33968**	REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	117.60			000	N	
•	•		**33969**	ECMO/ECLS RMVL OF PERPH CANNULA OPEN BIRTH-5 YRS	957.60			000	N	
•	•		**33970**	INSJ INTRA-AORT BALO ASSIST DEV VIA FEM ART OPEN	1233.60			000	Y	
•	•		**33971**	RMVL I-AORT BALO ASST DEV W/RPR FEM ART W/WO GRF	2461.20			090	N	
•	•		**33973**	INSJ I-AORT BALO ASSIST DEV VIA ASCENDING AORTA	1803.60			000	Y	
•	•		**33974**	RMVL ASCENDING-AORTA BALO DEV W/RPR ASCEND-AORTA	3096.00			090	N	
•	•		**33975**	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	4554.00			XXX	Y	
•	•		**33976**	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	5552.40			XXX	Y	
•	•		**33977**	REMOVAL VENTR ASSIST DEVICE XTRCORP 1 VENTRICLE	3918.00			XXX	Y	
•	•		**33978**	REMOVAL VENTR ASSIST DEVICE XTRCORP BIVENTR	4666.80			XXX	Y	
•	•		**33979**	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	6800.40			XXX	Y	
•	•		**33980**	RMVL VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	6218.40			XXX	Y	
•	•		**33981**	RPLCMT XTRCORP VAD 1/BIVENTR PUMP 1/EA PUMP	2918.40			XXX	Y	
•	•		**33982**	PLCMT VAD PMP IMPLTBL ICORP 1 VENTR W/O BYPASS	6843.60			XXX	Y	
•	•		**33983**	RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/BYPASS	8055.60			XXX	Y	
•	•		**33984**	ECMO/ECLS RMVL PRPH CANNULA OPEN 6 YRS & OLDER	990.00			000	N	
•	•		**33985**	ECMO/ECLS REMOVAL OF CENTRAL CANNULA BIRTH-5 YRS	1802.40			000	N	
•	•		**33986**	ECMO/ECLS RMVL OF CENTRAL CANNULA 6 YRS & OLDER	1818.00			000	N	
+	•		**33987**	ARTERY EXPOS/GRAFT ARTERY PERFUSION ECMO/ECLS	728.40			ZZZ	N	
•	•		**33988**	INSERT LEFT HEART VENT BY THORACIC INC ECMO/ECLS	2703.60			000	N	
•	•		**33989**	RMVL LEFT HEART VENT BY THORACIC INCIS ECMO/ECLS	1693.20			000	N	
•	•		**33990**	INSJ PERQ VAD W/IMAGING ARTERY ACCESS ONLY	1488.00			XXX	Y	4915.73
•	•		**33991**	INSJ PERQ VAD TRNSPTAL W/IMAGE ART&VENOUS ACCESS	2182.80			XXX	Y	
•	•		**33992**	REMOVAL PERCUTANEOUS VAD DIFFERENT SESSION	696.00			XXX	Y	
•	•		**33993**	REPOSITION VAD W/IMAGING DIFFERENT SESSION	610.80			XXX	Y	
•	•		**33999**	UNLISTED CARDIAC SURGERY	BR			YYY	Y	880.41
•	•		**34001**	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	3344.40			090	Y	
•	•		**34051**	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	3438.00			090	Y	
•	•	J1	**34101**	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	2078.40			090	Y	8407.95
•	•	J1	**34111**	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	2086.80			090	Y	8407.95

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**34151**	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	4848.00			090	Y	
•	•	J1	**34201**	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	3573.60			090	Y	8407.95
•	•	J1	**34203**	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	3303.60			090	Y	8407.95
•	•		**34401**	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	5088.00			090	Y	
•	•	J1	**34421**	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	2560.80			090	Y	5022.59
•	•		**34451**	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL&LEG	4930.80			090	Y	
•	•		**34471**	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	3733.20			090	N	880.41
•	•	J1	**34490**	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	2227.20			090	N	5022.59
•	•	J1	**34501**	VALVULOPLASTY FEMORAL VEIN	3066.00			090	Y	8407.95
•	•		**34502**	RECONSTRUCTION VENA CAVA ANY METHOD	5361.60			090	Y	
•	•	J1	**34510**	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	3534.00			090	Y	8407.95
•	•	J1	**34520**	CROSS-OVER VEIN GRAFT VENOUS SYSTEM	3396.00			090	Y	8407.95
•	•	J1	**34530**	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	3116.40			090	Y	5022.59
•	•		**34701**	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	4302.00			090	Y	
•	•		**34702**	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	6424.80			090	Y	
•	•		**34703**	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	4843.20			090	Y	
•	•		**34704**	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT	8071.20			090	Y	
•	•		**34705**	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	5326.80			090	Y	
•	•		**34706**	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	8025.60			090	Y	
•	•		**34707**	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	4012.80			090	Y	
•	•		**34708**	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	6441.60			090	Y	
+	•		**34709**	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	1125.60			ZZZ	Y	
•	•		**34710**	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	2788.80			090	Y	
+	•		**34711**	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	1039.20			ZZZ	Y	
•	•		**34712**	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS&I	2382.00			090	Y	
+	•		**34713**	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	447.60			ZZZ	Y	
+	•		**34714**	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	940.80			ZZZ	Y	
+	•		**34715**	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	1054.80			ZZZ	Y	
+	•		**34716**	OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ	1304.40			ZZZ	Y	
+	•		**34808**	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	733.20			ZZZ	Y	
+	•		**34812**	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	720.00			ZZZ	Y	
+	•		**34813**	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	822.00			ZZZ	Y	
+	•		**34820**	OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	1210.80			ZZZ	Y	
•	•		**34830**	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	6096.00			090	Y	
•	•		**34831**	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	6718.80			090	Y	
•	•		**34832**	OPN RPR ARYSM RPR ARTL TRMA AORTO-BIFEM PROSTH	6475.20			090	Y	
+	•		**34833**	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	1406.40			ZZZ	Y	
+	•		**34834**	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	450.00			ZZZ	Y	
•	•		**34839**	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	BR			YYY	N	
•	•		**34841**	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	BR			YYY	Y	
•	•		**34842**	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	BR			YYY	Y	
•	•		**34843**	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	BR			YYY	Y	
•	•		**34844**	ENDOVASC VISCER AORTA REPR FENEST 4+ ENDOGRAFT	BR			YYY	Y	
•	•		**34845**	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	8288.40			YYY	Y	
•	•		**34846**	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	9424.80			YYY	Y	
•	•		**34847**	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	16011.60			YYY	Y	
•	•		**34848**	VISCER AND INFRARENAL ABDOM AORTA 4+ PROSTHESIS	27577.20			YYY	Y	
•	•		**35001**	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	3864.00			090	Y	
•	•		**35002**	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	3907.20			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**35005**	DIR RPR ANEURYSM VERTEBRAL ARTERY	3441.60			090	Y	
•	•	J1	**35011**	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	3486.00			090	Y	8407.95
•	•		**35013**	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	4362.00			090	Y	
•	•		**35021**	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	4369.20			090	Y	
•	•		**35022**	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	4880.40			090	Y	
•	•	J1	**35045**	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	3414.00			090	Y	8407.95
•	•		**35081**	DIR RPR ANEURYSM ABDOMINAL AORTA	6026.40			090	Y	
•	•		**35082**	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	7604.40			090	Y	
•	•		**35091**	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	6218.40			090	Y	
•	•		**35092**	DIR RPR RUPTD ANEURSM ABDOM AORTA W/VISCERA VSLS	9064.80			090	Y	
•	•		**35102**	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	6541.20			090	Y	
•	•		**35103**	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS	7798.80			090	Y	
•	•		**35111**	DIR RPR ANEURYSM SPLENIC ARTERY	4573.20			090	Y	
•	•		**35112**	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	5664.00			090	Y	
•	•		**35121**	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	5796.00			090	Y	
•	•		**35122**	DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	6555.60			090	Y	
•	•		**35131**	DIR RPR ANEURYSM & GRAFT ILIAC ARTERY	4826.40			090	Y	
•	•		**35132**	DIR RPR RUPTD ANEURYSM & GRAFT ILIAC ARTERY	5641.20			090	Y	
•	•		**35141**	DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY	3836.40			090	Y	
•	•		**35142**	DIR RPR RUPTD ANEURYSM & GRF COMMON FEMORAL ART	4621.20			090	Y	
•	•		**35151**	DIR RPR ANEURYSM & GRAFT POPLITEAL ARTERY	4305.60			090	Y	
•	•		**35152**	DIR RPR RUPTD ANEURYSM & GRF POPLITEAL ARTERY	4792.80			090	Y	
•	•		**35180**	REPAIR CONGENITAL AV FISTULA HEAD & NECK	3052.80			090	Y	880.41
•	•		**35182**	RPR CONGENITAL AV FISTULA THORAX & ABDOMEN	6229.20			090	Y	
•	•	J1	**35184**	RPR CONGENITAL AV FISTULA EXTREMITIES	3331.20			090	Y	5022.59
•	•	J1	**35188**	RPR/TRAUMATIC AV FISTULA HEAD & NECK	4449.60			090	Y	8407.95
•	•		**35189**	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	5186.40			090	Y	
•	•	J1	**35190**	RPR/TRAUMATIC AV FISTULA EXTREMITIES	2643.60			090	Y	8407.95
•	•	J1	**35201**	REPAIR BLOOD VESSEL DIRECT NECK	3273.60			090	Y	8407.95
•	•	J1	**35206**	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	2720.40			090	Y	5022.59
•	•	J1	**35207**	REPAIR BLOOD VESSEL DIRECT HAND FINGER	2611.20			090	N	5022.59
•	•		**35211**	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/BYPASS	4804.80			090	Y	
•	•		**35216**	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	7165.20			090	Y	
•	•		**35221**	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	5097.60			090	Y	
•	•		**35226**	RPR BLOOD VESSEL DIRECT LOWER EXTREMITY	2898.00			090	Y	822.66
•	•	J1	**35231**	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	4291.20			090	Y	5022.59
•	•	J1	**35236**	REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY	3482.40			090	Y	8407.95
•	•		**35241**	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	5002.80			090	Y	
•	•		**35246**	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	5431.20			090	Y	
•	•		**35251**	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	6048.00			090	Y	
•	•	J1	**35256**	REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY	3562.80			090	Y	8407.95
•	•	J1	**35261**	REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK	3386.40			090	Y	5022.59
•	•	J1	**35266**	RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY	3016.80			090	Y	8407.95
•	•		**35271**	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	4802.40			090	Y	
•	•		**35276**	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	5077.20			090	Y	
•	•		**35281**	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	5619.60			090	Y	
•	•	J1	**35286**	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY	3237.60			090	Y	8407.95
•	•		**35301**	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	3934.80			090	Y	6767.28
•	•		**35302**	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	3900.00			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**35303**	TEAEC W/GRAFT POPLITEAL ARTERY	4314.00			090	Y	
•	•		**35304**	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	4442.40			090	Y	
•	•		**35305**	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	4273.20			090	Y	
+	•		**35306**	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	1542.00			ZZZ	Y	
•	•		**35311**	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	5410.80			090	Y	
•	•	J1	**35321**	TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL	3103.20			090	Y	8407.95
•	•		**35331**	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	5082.00			090	Y	
•	•		**35341**	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	4792.80			090	Y	
•	•		**35351**	TEAEC W/WO PATCH GRAFT ILIAC	4450.80			090	Y	
•	•		**35355**	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	3585.60			090	Y	
•	•		**35361**	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	5256.00			090	Y	
•	•		**35363**	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	5619.60			090	Y	
•	•		**35371**	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	2844.00			090	Y	
•	•		**35372**	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	3404.40			090	Y	
+	•		**35390**	ROPRTJ CRTD TEAEC > 1 MO AFTER ORIGINAL OPRATIO	553.20			ZZZ	Y	
+	•		**35400**	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	518.40			ZZZ	N	
+	•		**35500**	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	1114.80			ZZZ	Y	
•	•		**35501**	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	5200.80			090	Y	
•	•		**35506**	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	4396.80			090	Y	
•	•		**35508**	BYPASS W/VEIN CAROTID-VERTEBRAL	4531.20			090	Y	
•	•		**35509**	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	4876.80			090	Y	
•	•		**35510**	BYPASS W/VEIN CAROTID-BRACHIAL	4239.60			090	Y	
•	•		**35511**	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	3804.00			090	Y	
•	•		**35512**	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	4178.40			090	Y	
•	•		**35515**	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	4352.40			090	Y	
•	•		**35516**	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	4227.60			090	Y	
•	•		**35518**	BYPASS W/VEIN AXILLARY-AXILLARY	3927.60			090	Y	
•	•		**35521**	BYPASS W/VEIN AXILLARY-FEMORAL	4238.40			090	Y	
•	•		**35522**	BYPASS W/VEIN AXILLARY-BRACHIAL	4196.40			090	Y	
•	•		**35523**	BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	4454.40			090	Y	
•	•		**35525**	BYPASS W/VEIN BRACHIAL-BRACHIAL	3969.60			090	Y	
•	•		**35526**	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	6060.00			090	Y	
•	•		**35531**	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	6738.00			090	Y	
•	•		**35533**	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	5200.80			090	Y	
•	•		**35535**	BYPASS W/VEIN HEPATORENAL	6598.80			090	Y	
•	•		**35536**	BYPASS W/VEIN SPLENORENAL	5859.60			090	Y	
•	•		**35537**	BYPASS W/VEIN AORTOILIAC	7172.40			090	Y	
•	•		**35538**	BYPASS W/VEIN AORTOBI-ILIAC	8046.00			090	Y	
•	•		**35539**	BYPASS W/VEIN AORTOFEMORAL	7549.20			090	Y	
•	•		**35540**	BYPASS W/VEIN AORTOBIFEMORAL	8481.60			090	N	
•	•		**35556**	BYPASS W/VEIN FEMORAL-POPLITEAL	4862.40			090	Y	
•	•		**35558**	BYPASS W/VEIN FEMORAL-FEMORAL	4275.60			090	Y	
•	•		**35560**	BYPASS W/VEIN AORTORENAL	5828.40			090	Y	
•	•		**35563**	BYPASS W/VEIN ILIOILIAC	4584.00			090	Y	
•	•		**35565**	BYPASS W/VEIN ILIOFEMORAL	4573.20			090	Y	
•	•		**35566**	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	5803.20			090	Y	
•	•		**35570**	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	5247.60			090	Y	
•	•		**35571**	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	4602.00			090	Y	
+	•		**35572**	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	1206.00			ZZZ	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**35583**	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	5020.80			090	Y	
•	•		**35585**	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	5816.40			090	Y	
•	•		**35587**	IN-SITU VEIN BYP POP-TIBL PRONEAL	4741.20			090	Y	
+	•		**35600**	HARVEST UPPER EXTREMITY ARTERY 1 SEGMENT CABG	891.60			ZZZ	Y	
•	•		**35601**	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	4857.60			090	Y	
•	•		**35606**	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	4081.20			090	Y	
•	•		**35612**	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	3594.00			090	Y	
•	•		**35616**	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	3798.00			090	Y	
•	•		**35621**	BYP OTH/THN VEIN AXILLARY-FEMORAL	3810.00			090	Y	
•	•		**35623**	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	4539.60			090	Y	
•	•		**35626**	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	5521.20			090	Y	
•	•		**35631**	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	6446.40			090	Y	
•	•		**35632**	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	6206.40			090	Y	
•	•		**35633**	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	6937.20			090	Y	
•	•		**35634**	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	6103.20			090	Y	
•	•		**35636**	BYP OTH/THN VEIN SPLENORENAL	5526.00			090	Y	
•	•		**35637**	BYP OTH/THN VEIN AORTOILIAC	5731.20			090	Y	
•	•		**35638**	BYP OTH/THN VEIN AORTOBI-ILIAC	6110.40			090	Y	
•	•		**35642**	BYP OTH/THN VEIN CAROTID-VERTEBRAL	3415.20			090	Y	
•	•		**35645**	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	3277.20			090	Y	
•	•		**35646**	BYP OTH/THN VEIN AORTOBIFEMORAL	5968.80			090	Y	
•	•		**35647**	BYP OTH/THN VEIN AORTOFEMORAL	5403.60			090	Y	
•	•		**35650**	BYP OTH/THN VEIN AXILLARY-AXILLARY	3765.60			090	Y	
•	•		**35654**	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	4760.40			090	Y	
•	•		**35656**	BYP OTH/THN VEIN FEMORAL-POPLITEAL	3760.80			090	Y	
•	•		**35661**	BYP OTH/THN VEIN FEMORAL-FEMORAL	3771.60			090	Y	
•	•		**35663**	BYP OTH/THN VEIN ILIOILIAC	4207.20			090	Y	
•	•		**35665**	BYP OTH/THN VEIN ILIOFEMORAL	4080.00			090	Y	
•	•		**35666**	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	4396.80			090	Y	
•	•		**35671**	BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART	3874.80			090	Y	
+	•		**35681**	BYPASS COMPOSITE GRAFT PROSTHETIC & VEIN	280.80			ZZZ	Y	
+	•		**35682**	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	1226.40			ZZZ	N	
+	•		**35683**	BYP AUTOG COMPOSIT 3/> SEG FROM 2/> LOCATION	1419.60			ZZZ	N	
+	•		**35685**	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	691.20			ZZZ	Y	
+	•		**35686**	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	556.80			ZZZ	Y	
•	•		**35691**	TRPOS&/RIMPLTJ VERTEBRAL CAROTID ART	3272.40			090	Y	
•	•		**35693**	TRPOS&/RIMPLTJ VERTEBRAL SUBCLAVIAN ART	2832.00			090	Y	
•	•		**35694**	TRPOS&/RIMPLTJ SUBCLAVIAN CAROTID ART	3412.80			090	Y	
•	•		**35695**	TRPOS&/RIMPLTJ CAROTID SUBCLAVIAN ART	3514.80			090	Y	
+	•		**35697**	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	516.00			ZZZ	Y	
+	•		**35700**	ROPRTJ > 1 MO AFTER ORIGINAL OPRATION	530.40			ZZZ	Y	
•	•		**35701**	EXPL N/FLWD SURG RPR W/WO LYSIS CAROTID ARTERY	1968.00			090	Y	
•	•		**35721**	EXPL N/FLWD SURG RPR W/WO LYSIS FEMORAL ARTERY	1582.80			090	Y	
•	•		**35741**	EXPL N/FLWD SURG RPR W/WO LYSIS POPLITEAL ARTERY	1800.00			090	Y	
•	•	J1	**35761**	EXPL N/FLWD SURG RPR W/WO LYSIS OTHER ARTERY	1365.60			090	Y	5022.59
•	•		**35800**	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	2500.80			090	Y	6048.77
•	•		**35820**	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	6998.40			090	Y	
•	•		**35840**	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	4156.80			090	Y	3962.26
•	•	J1	**35860**	EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	2910.00			090	Y	5022.59

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**35870**	RPR GRF-ENTERIC FSTL	4294.80			090	Y	
•	•	J1	**35875**	THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	2070.00			090	N	8407.95
•	•	J1	**35876**	THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	3290.40			090	Y	8407.95
•	•	J1	**35879**	REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	3219.60			090	Y	8407.95
•	•	J1	**35881**	REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	3537.60			090	Y	8407.95
•	•	J1	**35883**	REVISION FEMORAL ANAST OPEN NONAUTOG GRAFT	4177.20			090	Y	8407.95
•	•	J1	**35884**	REVISION FEMORAL ANAST OPEN W/AUTOG GRAFT	4288.80			090	Y	8407.95
•	•		**35901**	EXCISION INFECTED NECK GRAFT	1626.00			090	Y	
•	•	J1	**35903**	EXCISION INFECTED GRAFT EXTREMITY	1959.60			090	Y	5022.59
•	•		**35905**	EXCISION INFECTED GRAFT THORAX	5794.80			090	Y	
•	•		**35907**	EXCISION INFECTED GRAFT ABDOMEN	6630.00			090	Y	
•	•		**36000**	INTRODUCTION NEEDLE/INTRACATHETER VEIN	92.40			XXX	N	
•	•		**36002**	INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	538.80			000	N	880.41
•	•		**36005**	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	1051.20			000	N	
•	•		**36010**	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	1713.60			XXX	N	
•	•		**36011**	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	2882.40			XXX	N	
•	•		**36012**	SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	2940.00			XXX	N	
•	•		**36013**	INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	2620.80			XXX	N	
•	•		**36014**	SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	2767.20			XXX	N	
•	•		**36015**	SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	2997.60			XXX	N	
•	•		**36100**	INTRO NEEDLE/INTRACATH CAROTID/VERTEBRAL ARTERY	1777.20			XXX	N	
•	•		**36140**	INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	1527.60			XXX	N	
•	•		**36160**	INTRO NEEDLE/INTRACATH AORTIC TRANSLUMBAR	1753.20			XXX	N	
•	•		**36200**	INTRODUCTION CATHETER AORTA	1947.60			000	N	
•	•		**36215**	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	3528.00			000	N	
•	•		**36216**	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	3801.60			000	N	
•	•		**36217**	SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	6374.40			000	N	
+	•		**36218**	SLCTV CATHJ EA 2ND+ ORD THRC/BRCH/CPHLC BRNCH	826.80			ZZZ	N	
•	•		**36221**	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	3517.20			000	N	3750.96
•	•		**36222**	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	4167.60			000	N	3750.96
•	•		**36223**	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	5274.00			000	N	6214.66
•	•		**36224**	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	6824.40			000	N	6214.66
•	•		**36225**	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	5080.80			000	N	3750.96
•	•		**36226**	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	6453.60			000	N	6214.66
+	•		**36227**	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	867.60			ZZZ	N	
+	•		**36228**	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	4516.80			ZZZ	N	
•	•		**36245**	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	4491.60			XXX	N	
•	•		**36246**	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	2856.00			000	N	
•	•		**36247**	SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	5112.00			000	N	
+	•		**36248**	SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	493.20			ZZZ	N	
•	•		**36251**	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	4706.40			000	N	3750.96
•	•		**36252**	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	5091.60			000	N	3750.96
•	•		**36253**	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	7512.00			000	N	6214.66
•	•		**36254**	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	7298.40			000	N	3750.96
•	•	J1	**36260**	INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUM	2256.00			090	N	8407.95
•	•		**36261**	REVJ IMPLANTED INTRA-ARTERIAL INFUSION PUMP	1396.80			090	Y	4445.35
•	•		**36262**	REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP	1068.00			090	N	4445.35
•	•		**36299**	UNLISTED PROCEDURE VASCULAR INJECTION	BR			YYY	N	
•	•		**36400**	VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN	90.00			XXX	N	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**36405**	VNPNXR <3 YEARS PHYS/QHP SKILL SCALP VEIN	79.20			XXX	N	
•	•		**36406**	VNPNXR <3 YEARS PHYS/QHP SKILL OTHER VEIN	56.40			XXX	N	
•	•		**36410**	VNPNXR 3 YEARS/> PHYS/QHP SKILL	58.80			XXX	N	
•	•		**36415**	COLLECTION VENOUS BLOOD VENIPUNCTURE	9.99			XXX	N	
•	•		**36416**	COLLECTION CAPILLARY BLOOD SPECIMEN	22.80			XXX	N	
•	•		**36420**	VENIPUNCTURE CUTDOWN UNDER AGE 1 YR	162.00			XXX	N	79.38
•	•		**36425**	VENIPUNCTURE CUTDOWN AGE 1 YR/>	139.20			XXX	N	494.39
•	•		**36430**	TRANSFUSION BLOOD/BLOOD COMPONENTS	118.80			XXX	N	543.72
•	•		**36440**	PUSH TRANSFUSION BLOOD 2 YR/UNDER	175.20			XXX	N	543.72
•	•		**36450**	EXCHNG TRANSFUSION BLOOD NEWBORN	592.80			XXX	N	543.72
•	•		**36455**	EXCHNG TRANSFUSION BLOOD OTHER/THAN NEW BORN	441.60			XXX	N	543.72
•	•		**36456**	PRTL EXCHANGE TRANSFUSE BLOOD/PLSM/CRYST NEWBORN	363.60			XXX	N	543.72
•	•		**36460**	TRANSFUSION INTRAUTERINE FETAL	1180.80			XXX	Y	543.72
•	•		**36465**	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	5236.80			000	N	2199.52
•	•		**36466**	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	5504.40			000	N	2199.52
•	•		**36468**	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	460.80			000	N	250.56
•	•		**36470**	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	362.40			000	N	445.99
•	•		**36471**	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	656.40			000	N	445.99
•	•	J1	**36473**	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	4968.00			000	N	5022.59
+	•		**36474**	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	944.40			ZZZ	N	
•	•	J1	**36475**	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	4872.00			000	N	5022.59
+	•		**36476**	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	1026.00			ZZZ	N	
•	•	J1	**36478**	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	3852.00			000	N	5022.59
+	•		**36479**	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	1083.60			ZZZ	N	
•	•		**36481**	PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	6652.80			000	N	
•	•	J1	**36482**	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	6958.80			000	N	8407.95
+	•		**36483**	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	511.20			ZZZ	N	
•	•		**36500**	VEN CATHJ SLCTV ORGAN BLD SAMPLING	636.00			000	N	
•	•		**36510**	CATHJ UMBILICAL VEIN DX/THER NB	280.80			000	N	
•	•		**36511**	THERAPEUTIC APHERESIS WHITE BLOOD CELLS	372.00			000	N	1770.74
•	•		**36512**	THERAPEUTIC APHERESIS RED BLOOD CELLS	373.20			000	N	1770.74
•	•		**36513**	THERAPEUTIC APHERESIS PLATELETS	379.20			000	N	543.72
•	•		**36514**	THERAPEUTIC APHERESIS PLASMA PHERESIS	2460.00			000	N	1770.74
•	•		**36516**	THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	6752.40			000	N	5569.95
•	•		**36522**	PHOTOPHERESIS EXTRACORPOREAL	7346.40			000	N	5569.95
•	•		**36555**	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y	639.60			000	N	1552.95
•	•		**36556**	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	718.80			000	N	1552.95
•	•	J1	**36557**	INSERT TUNNELED CVC W/O SUBQ PORT/PMP AGE <5 YR	3487.20			010	N	8407.95
•	•	J1	**36558**	INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	2604.00			010	N	5022.59
•	•	J1	**36560**	INSJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR	4458.00			010	N	5022.59
•	•	J1	**36561**	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	3673.20			010	N	5022.59
•	•	J1	**36563**	INSJ TUNNELED CTR VAD W/SUBQ PUMP	4136.40			010	N	8407.95
•	•	J1	**36565**	INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUBQ PORT/PMP	2982.00			010	N	5022.59
•	•	J1	**36566**	INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ PORT	16292.40			010	N	8407.95
•	•		**36568**	INSERTION PICC W/O IMG GDN < 5 YR	318.00			000	N	880.41
•	•		**36569**	INSERTION PICC W/O IMG GDN 5 YR/>	326.40			000	N	1552.95
•	•	J1	**36570**	INSJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR	4905.60			010	N	5022.59
•	•	J1	**36571**	INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	4305.60			010	N	5022.59
•	•		**36572**	INSERTION PICC W/RS&I < 5 YR	1428.00			000	N	880.41

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**36573**	INSERTION PICC W/RS&I 5 YR/>	1344.00			000	N	1552.95
•	•		**36575**	RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	550.80			000	N	880.41
•	•		**36576**	RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT	1117.20			010	N	1552.95
•	•	J1	**36578**	RPLCMT CATH CTR VAD SUBQ PORT/PMP	1567.20			010	N	5022.59
•	•		**36580**	RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP	735.60			000	N	1552.95
•	•	J1	**36581**	RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	2577.60			010	N	5022.59
•	•	J1	**36582**	RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	3402.00			010	N	5022.59
•	•	J1	**36583**	RPLCMT COMPL TUN CTR VAD W/SUBQ PMP	4308.00			010	N	8407.95
•	•		**36584**	COMPLETE REPLACEMENT PICC RS&I	1173.60			000	N	1552.95
•	•	J1	**36585**	RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	3661.20			010	N	5022.59
•	•		**36589**	RMVL TUN CVC W/O SUBQ PORT/PMP	565.20			010	N	880.41
•	•		**36590**	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	760.80			010	N	880.41
•	•		**36591**	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	82.80	BR	82.80	XXX	N	
•	•		**36592**	COLLECT BLOOD FROM CATHETER VENOUS NOS	92.40	BR	92.40	XXX	N	
•	•		**36593**	DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	106.80	BR	106.80	XXX	N	
•	•	J1	**36595**	MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS	2076.00			000	N	5022.59
•	•		**36596**	MCHNL RMVL INTRAL OBSTR CV DEV THRU DEV LUMEN	428.40			000	N	1552.95
•	•		**36597**	RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	442.80			000	N	1552.95
•	•		**36598**	CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPRT	396.00			000	N	265.80
•	•		**36600**	ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	104.40			XXX	N	151.20
•	⃠		**36620**	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX PRQ	153.60			000	N	
•	•		**36625**	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX CUTDOWN	366.00			000	N	
•	•	J1	**36640**	ARTL CATHJ PROLNG NFS THER CHEMOTX CUTDOWN	396.00			000	N	5022.59
•	•		**36660**	CATHETERIZATION UMBILICAL NEWBORN ART DX/THERAPY	237.60			000	N	
•	•		**36680**	PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	202.80			000	N	494.39
•	•	J1	**36800**	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	423.60			000	N	8407.95
•	•	J1	**36810**	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	726.00			000	N	5022.59
•	•	J1	**36815**	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	469.20			000	N	8407.95
•	•	J1	**36818**	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	2413.20			090	Y	8407.95
•	•	J1	**36819**	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	2542.80			090	Y	8407.95
•	•	J1	**36820**	ARVEN ANAST OPN F/ARM VEIN TRPOS	2550.00			090	Y	8407.95
•	•	J1	**36821**	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	2310.00			090	Y	5022.59
•	•		**36823**	INSJ CNULA ISLTD XC-CIRCJ REG CHEMOTX XTR RMVL	4848.00			090	N	
•	•	J1	**36825**	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	2766.00			090	Y	8407.95
•	•	J1	**36830**	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	2320.80			090	Y	8407.95
•	•	J1	**36831**	THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	2142.00			090	Y	8407.95
•	•	J1	**36832**	REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF	2628.00			090	Y	8407.95
•	•	J1	**36833**	REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	2824.80			090	Y	8407.95
•	•	J1	**36835**	INSERTION THOMAS SHUNT SEPARATE PROCEDURE	1662.00			090	N	5022.59
•	•	J1	**36838**	DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	3978.00			090	Y	8407.95
•	•		**36860**	XTRNL CANNULA DECLTNG SPX W/O BALO CATH	860.40			000	N	880.41
•	•	J1	**36861**	XTRNL CANNULA DECLTNG SPX W/BALO CATH	482.40			000	N	8407.95
•	•		**36901**	INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	2199.60			000	N	1552.95
•	•	J1	**36902**	INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	4330.80			000	N	8736.46
•	•	J1	**36903**	INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	18265.20			000	N	17440.05
•	•	J1	**36904**	PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	6373.20			000	N	8736.46
•	•	J1	**36905**	PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	8016.00			000	N	17440.05
•	•	J1	**36906**	PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	22387.20			000	N	26888.04
+	•		**36907**	TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	2451.60			ZZZ	N	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	•		36908	STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	8162.40			ZZZ	N	
+	•		36909	DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	6597.60			ZZZ	N	
•	•		37140	VENOUS ANASTOMOSIS OPEN PORTOCAVAL	8088.00			090	N	
•	•		37145	VENOUS ANASTOMOSIS OPEN RENOPORTAL	7500.00			090	Y	
•	•		37160	VENOUS ANASTOMOSIS OPEN CAVAL-MESENTERIC	7706.40			090	Y	
•	•		37180	VENOUS ANASTOMOSIS OPEN SPLENORENAL PROXIMAL	7407.60			090	Y	
•	•		37181	VENOUS ANASTOMOSIS OPEN SPLENORENAL DISTAL	8088.00			090	Y	
•	•		37182	INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	2854.80			000	N	4435.97
•	•	J1	37183	REVJ TRANSVNS INTRAHEPATIC PORTOSYSTEMIC SHUNT	20443.20			000	N	8736.46
•	•	J1	37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	7228.80			000	N	8736.46
+	•		37185	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	2227.20			ZZZ	N	
+	•		37186	SEC PRQ TRLUML THRMBC N-CORONARY N-INTRACRANIAL	4495.20			ZZZ	N	
•	•	J1	37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	6667.20			000	N	8736.46
•	•	J1	37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	5607.60			000	N	5022.59
•	•	J1	37191	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	8394.00			000	N	8407.95
•	•	J1	37192	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	4498.80			000	N	5022.59
•	•	J1	37193	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	5287.20			000	N	5022.59
•	•		37195	THROMBOLYSIS CEREBRAL IV INFUSION	2464.80			XXX	N	409.50
•	•	J1	37197	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	5208.00			000	N	5022.59
•	•	J1	37200	TRANSCATHETER BIOPSY	756.00			000	N	8407.95
•	•	J1	37211	THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	1345.20			000	N	8407.95
•	•	J1	37212	THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	1177.20			000	N	5022.59
•	•		37213	THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	811.20			000	N	1552.95
•	•		37214	CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	428.40			000	N	1552.95
•	•		37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	3505.20			090	N	5148.62
•	•		37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	3514.80			090	N	
•	•		37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	3766.80			090	N	
•	•		37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	2848.80			090	N	
•	•	J1	37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	10051.20			000	N	8736.46
•	•	J1	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	14264.40			000	N	17440.05
+	•		37222	REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	2716.80			ZZZ	N	
+	•		37223	REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL	7513.20			ZZZ	N	
•	•	J1	37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	12081.60			000	N	8736.46
•	•	J1	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	41434.80			000	N	17440.05
•	•	J1	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	35938.80			000	N	17440.05
•	•	J1	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	53388.00			000	N	26888.04
•	•	J1	37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	17512.80			000	N	17440.05
•	•	J1	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	41457.60			000	N	26888.04
•	•	J1	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	35295.60			000	N	26888.04
•	•	J1	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	50712.00			000	N	26888.04
+	•		37232	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	3735.60			ZZZ	N	
+	•		37233	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	4551.60			ZZZ	N	
+	•		37234	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	13170.00			ZZZ	N	
+	•		37235	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	14288.40			ZZZ	N	
•	•	J1	37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	12194.40			000	N	17440.05
+	•		37237	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	7240.80			ZZZ	N	
•	•	J1	37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	12316.80			000	N	17440.05
+	•		37239	OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	5876.40			ZZZ	N	
•	•	J1	37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	16480.80			000	N	17440.05

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**37242**	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	25380.00			000	N	17440.05
•	•	J1	**37243**	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	32834.40			000	N	17440.05
•	•	J1	**37244**	VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	23480.40			000	N	17440.05
•	•	J1	**37246**	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	7113.60			000	N	8736.46
+	•		**37247**	TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	2710.80			ZZZ	N	
•	•	J1	**37248**	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	5085.60			000	N	8736.46
+	•		**37249**	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I ADDL VEIN	2012.40			ZZZ	N	
+	•		**37252**	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	4293.60			ZZZ	N	
+	•		**37253**	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	672.00			ZZZ	N	
•	•	J1	**37500**	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	2196.00			090	N	8407.95
•	•		**37501**	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	BR			YYY	N	880.41
•	•		**37565**	LIGATION INTERNAL JUGULAR VEIN	2493.60			090	N	1552.95
•	•	J1	**37600**	LIGATION EXTERNAL CAROTID ARTERY	2528.40			090	Y	5022.59
•	•	J1	**37605**	LIGATION INTERNAL/COMMON CAROTID ARTERY	2546.40			090	Y	5022.59
•	•	J1	**37606**	LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION	2452.80			090	Y	5022.59
•	•	J1	**37607**	LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	1299.60			090	N	5022.59
•	•	J1	**37609**	LIGATION/BIOPSY TEMPORAL ARTERY	1064.40			010	N	2734.29
•	•		**37615**	LIGATION MAJOR ARTERY NECK	1819.20			090	Y	1552.95
•	•		**37616**	LIGATION MAJOR ARTERY CHEST	3846.00			090	Y	
•	•		**37617**	LIGATION MAJOR ARTERY ABDOMEN	4660.80			090	Y	3642.72
•	•		**37618**	LIGATION MAJOR ARTERY EXTREMITY	1333.20			090	Y	2650.75
•	•	J1	**37619**	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	6006.00			090	Y	8407.95
•	•	J1	**37650**	LIGATION OF FEMORAL VEIN	1586.40			090	N	5022.59
•	•		**37660**	LIGATION OF COMMON ILIAC VEIN	4568.40			090	Y	
•	•	J1	**37700**	LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ	848.40			090	N	5022.59
•	•	J1	**37718**	LIGJ DIVJ & STRIPPING SHORT SAPHENOUS VEIN	1494.00			090	N	5022.59
•	•	J1	**37722**	LIGJ DIVJ&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	1646.40			090	N	5022.59
•	•	J1	**37735**	LIGJ & DIVJ RADICAL STRIP LONG/SHORT SAPHENOUS	2010.00			090	N	5022.59
•	•	J1	**37760**	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	2169.60			090	N	5022.59
•	•		**37761**	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	1878.00			090	Y	1552.95
•	•	J1	**37765**	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	2222.40			090	N	5022.59
•	•	J1	**37766**	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	2641.20			090	N	5022.59
•	•		**37780**	LIGJ & DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	810.00			090	N	1552.95
•	•	J1	**37785**	LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG	1208.40			090	N	5022.59
•	•		**37788**	PENILE REVASCULARIZATION ARTERY W/WO VEIN GRAFT	4389.60			090	Y	
•	•	J1	**37790**	PENILE VENOUS OCCLUSIVE PROCEDURE	1690.80			090	N	5757.14
•	•		**37799**	UNLISTED PROCEDURE VASCULAR SURGERY	BR			YYY	N	880.41
•	•		**38100**	SPLENECTOMY TOTAL SEPARATE PROCEDURE	4014.00			090	Y	
•	•		**38101**	SPLENECTOMY TOTAL EN BLOC W/OTHER PROCEDURE	4024.80			090	Y	
+	•		**38102**	SPLENC TOT EN BLOC EXTNSV DS CONJUNCT W/OTH PX	918.00			ZZZ	Y	
•	•		**38115**	RPR RPTD SPLEEN SPLENORRHAPHY W/WO PRTL SPLENECT	4444.80			090	Y	
•	•	J1	**38120**	LAPAROSCOPIC SURGICAL SPLENECTOMY	3662.40			090	Y	15106.63
•	•	J1	**38129**	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	BR			YYY	Y	9076.35
•	•		**38200**	INJECTION PROCEDURE SPLENOPORTOGRAPY	460.80			000	N	
•	•		**38204**	MGMT RCP HEMATOP PROGENITOR CELL DONOR &ACQUISJ	363.60			XXX	N	
•	•		**38205**	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	285.60			000	N	
•	•		**38206**	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	286.80			000	N	1770.74
•	•		**38207**	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	162.00			XXX	N	543.72
•	•		**38208**	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	103.20			XXX	N	543.72

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**38209**	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	43.20			XXX	N	543.72
•	•		**38210**	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	288.00			XXX	N	543.72
•	•		**38211**	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	259.20			XXX	N	543.72
•	•		**38212**	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	171.60			XXX	N	543.72
•	•		**38213**	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	43.20			XXX	N	543.72
•	•		**38214**	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	147.60			XXX	N	543.72
•	•		**38215**	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	171.60			XXX	N	543.72
•	•	J1	**38220**	DIAGNOSTIC BONE MARROW ASPIRATIONS	565.20			XXX	N	2734.29
•	•	J1	**38221**	DIAGNOSTIC BONE MARROW BIOPSIES	526.80			XXX	N	2734.29
•	•	J1	**38222**	DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	584.40			XXX	N	2734.29
•	•		**38230**	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	716.40			000	N	1770.74
•	•		**38232**	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	690.00			000	N	5569.95
•	•	J1	**38240**	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	783.60			XXX	N	75776.05
•	•		**38241**	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	585.60			XXX	N	1770.74
•	•		**38242**	ALLOGENEIC LYMPHOCYTE INFUSIONS	414.00			000	N	1770.74
•	•		**38243**	TRNSPLJ HEMATOPOIETIC CELL BOOST	416.40			000	N	1770.74
•	•	J1	**38300**	DRG LYMPH NODE ABSC/LYMPHADENITIS SMPL	1102.80			010	N	2734.29
•	•	J1	**38305**	DRG LYMPH NODE ABSC/LYMPHADENITIS EXTNSV	1680.00			090	N	2734.29
•	•	J1	**38308**	LYMPHANGIOTOMY/OTH OPRATIONS LYMPHATIC CHANNELS	1560.00			090	Y	5620.48
•	•		**38380**	SUTR&/LIG THORACIC DUCT CERVICAL APPROACH	1956.00			090	Y	
•	•		**38381**	SUTR&/LIG THORACIC DUCT THORACIC APPROACH	2785.20			090	Y	
•	•		**38382**	SUTR&/LIG THORACIC DUCT ABDOMINAL APPROACH	2330.40			090	Y	
•	•	J1	**38500**	BX/EXC LYMPH NODE OPEN SUPERFICIAL	1149.60			010	N	5620.48
•	•	J1	**38505**	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	427.20			000	N	2734.29
•	•	J1	**38510**	BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE	1794.00			010	N	5620.48
•	•	J1	**38520**	BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD	1608.00			090	N	5620.48
•	•	J1	**38525**	BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE	1516.80			090	N	5620.48
•	•	J1	**38530**	BX/EXC LYMPH NODE OPEN INT MAMMARY NODE	1935.60			090	Y	5620.48
•	•	J1	**38531**	OPEN BIOPSY/EXCISION INGUINOFEMORAL NODES	1512.00			090	N	5620.48
•	•	J1	**38542**	DISSECTION DEEP JUGULAR NODE	1786.80			090	Y	9076.35
•	•	J1	**38550**	EXC CSTIC HYGROMA AX/CRV W/O DP NEUROVASC DSJ	1773.60			090	N	5620.48
•	•	J1	**38555**	EXC CSTIC HYGROMA AX/CRV W/DP NEUROVASC DSJ	3502.80			090	Y	9771.93
•	•		**38562**	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	2458.80			090	Y	5288.53
•	•		**38564**	LMTD LMPHADEC STAGING SPX RPR AORTIC&/SPLENIC	2451.60			090	Y	
•	•	J1	**38570**	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	1767.60			010	Y	9076.35
•	•	J1	**38571**	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	2299.20			010	Y	15106.63
•	•	J1	**38572**	LAPS BI TOT PEL LMPHADEC & PRI-AORTIC LYMPH BX 1	3204.00			010	Y	15106.63
•	•	J1	**38573**	LAPS W/BI TOT PEL LMPHADEC & OMNTC LYMPH BX	4052.40			010	Y	15106.63
•	•	J1	**38589**	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	BR			YYY	Y	9076.35
•	•	J1	**38700**	SUPRAHYOID LYMPHADENECTOMY	2773.20			090	Y	9771.93
•	•	J1	**38720**	CERVICAL LYMPHADENECTOMY	4632.00			090	Y	13715.53
•	•		**38724**	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	5000.40			090	Y	5449.71
•	•	J1	**38740**	AXILLARY LYMPHADENECTOMY SUPERFICIAL	2419.20			090	Y	9076.35
•	•	J1	**38745**	AXILLARY LYMPHADENECTOMY COMPLETE	3052.80			090	Y	9076.35
+	•		**38746**	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	747.60			ZZZ	Y	
+	•		**38747**	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	932.40			ZZZ	Y	
•	•	J1	**38760**	INGUINOFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX	2924.40			090	Y	9771.93
•	•		**38765**	INGUINOFEM LMPHADEC SUPFC W/PEL LMPHADEC	4515.60			090	Y	
•	•		**38770**	PEL LMPHADEC W/XTRNL ILIAC HYPOGSTR&OBTURATOR	2809.20			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**38780**	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	3573.60			090	Y	
•	•		**38790**	INJECTION PROCEDURE LYMPHANGIOGRAPHY	286.80			000	N	
•	•		**38792**	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	280.80			000	N	501.96
•	•		**38794**	CANNULATION THORACIC DUCT	1028.40			090	N	
+	•		**38900**	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION	480.00			ZZZ	Y	
•	•		**38999**	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	BR			YYY	N	543.72
•	•		**39000**	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	1723.20			090	Y	3481.53
•	•		**39010**	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	2727.60			090	Y	3017.81
•	•		**39200**	RESECTION OF MEDIASTINAL CYST	3009.60			090	Y	
•	•		**39220**	RESECTION MEDIASTINAL TUMOR	3933.60			090	Y	
•	•	J1	**39401**	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	1075.20			000	N	9076.35
•	•	J1	**39402**	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	1407.60			000	N	9076.35
•	•		**39499**	UNLISTED PROCEDURE MEDIASTINUM	BR			YYY	Y	
•	•		**39501**	REPAIR LACERATION DIAPHRAGM ANY APPROACH	2958.00			090	Y	
•	•		**39503**	RPR NEONATAL DIPHRG HERNIA W/WO CHEST TUBE INSJ	20854.80			090	Y	
•	•		**39540**	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC AQT	3024.00			090	Y	
•	•		**39541**	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC CHRNC	3270.00			090	Y	
•	•		**39545**	IMBRICATION DIAPHRAGM EVENTRATION	3085.20			090	Y	
•	•		**39560**	RESCJ DIAPHRAGM W/SIMPLE REPAIR	2781.60			090	Y	
•	•		**39561**	RESCJ DIAPHRAGM W/COMPLEX REPAIR	4311.60			090	Y	
•	•		**39599**	UNLISTED PROCEDURE DIAPHRAGM	BR			YYY	Y	5571.53
•	•		**40490**	BIOPSY OF LIP	430.80			000	N	292.72
•	•	J1	**40500**	VERMILIONECTOMY LIP SHV W/MUCOSAL ADVMNT	1758.00			090	N	4449.71
•	•	J1	**40510**	EXC LIP TRANSVRS WEDGE EXC W/PRIM CLSR	1675.20			090	N	4449.71
•	•	J1	**40520**	EXC LIP V-EXC W/PRIM DIR LINR CLSR	1699.20			090	N	4449.71
•	•	J1	**40525**	EXC LIP FULL THKNS RCNSTJ W/LOCAL FLAP	1904.40			090	N	4449.71
•	•	J1	**40527**	EXC LIP FULL THKNS RCNSTJ W/CROSS LIP FLAP	2125.20			090	N	8765.29
•	•	J1	**40530**	RESCJ LIP > ONE-FOURTH W/O RCNSTJ	1866.00			090	N	4449.71
•	•		**40650**	RPR LIP FULL THICKNESS VERMILION ONLY	1562.40			090	N	691.72
•	•		**40652**	RPR LIP FULL THICKNESS HALF/< VERTICAL HEIGHT	1712.40			090	N	691.72
•	•	J1	**40654**	RPR LIP FULL THKNS >ONE-HALF VERT HEIGHT/COMPLE	1978.80			090	N	2543.11
•	•	J1	**40700**	PLSTC RPR CL LIP/NSL DFRM PRIM PRTL/COMPL UNI	3489.60			090	N	8765.29
•	•	J1	**40701**	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 STG PX	4135.20			090	Y	8765.29
•	•	J1	**40702**	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 2 STGS	3469.20			090	Y	8765.29
•	•	J1	**40720**	PLSTC RPR CL LIP/NSL DFRM SEC RECRTJ DFCT & RECL	3565.20			090	N	4449.71
•	•	J1	**40761**	PLSTC RPR CL LIP/NSL DFRM W/CROSS LIP PEDCL FLAP	3759.60			090	N	8765.29
•	•		**40799**	UNLISTED PROCEDURE LIPS	BR			YYY	Y	292.72
•	•		**40800**	DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	729.60			010	N	822.66
•	•		**40801**	DRG ABSC CST HMTMA VESTIBULE MOUTH COMP	1063.20			010	N	691.72
•	•		**40804**	RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	656.40			010	N	1081.40
•	•		**40805**	RMVL EMBEDDED FB VESTIBULE MOUTH COMP	1069.20			010	N	691.72
•	•		**40806**	INCISION LABIAL FRENUM FRENOTOMY	349.20			000	N	691.72
•	•		**40808**	BIOPSY VESTIBULE MOUTH	644.40			010	N	691.72
•	•	J1	**40810**	EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	718.80			010	N	4449.71
•	•	J1	**40812**	EXC LESION MUCOSA & SBMCSL VESTIBULE SMPL RPR	996.00			010	N	4449.71
•	•	J1	**40814**	EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	1330.80			090	N	4449.71
•	•	J1	**40816**	EXC LESION MUCOSA&SBMCSL VESTIBULE CPLX EXC MUSC	1384.80			090	N	4449.71
•	•		**40818**	EXC MUCOSA VESTIBULE MOUTH AS DON GRF	1260.00			090	N	691.72
•	•	J1	**40819**	EXC FRENUM LABIAL/BUCCAL	1086.00			090	N	2543.11

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**40820**	DSTRJ LES/SCAR VESTIBULE MOUTH PHYSICAL METHS	904.80			010	N	4449.71
•	•		**40830**	CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	933.60			010	N	292.72
•	•		**40831**	CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	1194.00			010	N	691.72
•	•	J1	**40840**	VESTIBULOPLASTY ANTERIOR	2827.20			090	Y	8765.29
•	•	J1	**40842**	VESTIBULOPLASTY POSTERIOR UNILATERAL	2736.00			090	N	8765.29
•	•	J1	**40843**	VESTIBULOPLASTY POSTERIOR BILATERAL	3614.40			090	Y	8765.29
•	•	J1	**40844**	VESTIBULOPLASTY ENTIRE ARCH	4710.00			090	Y	8765.29
•	•	J1	**40845**	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	5065.20			090	N	8765.29
•	•		**40899**	UNLISTED PROCEDURE VESTIBULE MOUTH	BR			YYY	N	292.72
•	•		**41000**	INTRAORAL I&D TONGUE/FLOOR LINGUAL	558.00			010	N	691.72
•	•		**41005**	INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC	760.80			010	N	292.72
•	•	J1	**41006**	INTRAORAL I&D TONGUE/FLOOR SUBLNGL DP SPRMLHYD	1224.00			090	N	2543.11
•	•	J1	**41007**	INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE	1201.20			090	N	2543.11
•	•	J1	**41008**	INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	1329.60			090	N	4449.71
•	•		**41009**	INTRAORAL I&D TONGUE/FLOOR MASTICATOR SPACE	1423.20			090	N	691.72
•	•	J1	**41010**	INCISION LINGUAL FRENUM FRENOTOMY	708.00			010	N	2543.11
•	•		**41015**	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBLNGL	1447.20			090	N	691.72
•	•	J1	**41016**	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMENT	1537.20			090	N	8765.29
•	•	J1	**41017**	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMNDB	1561.20			090	N	4449.71
•	•	J1	**41018**	XTRORAL I&D FLOOR MASTICATOR SPACE	1767.60			090	N	2543.11
•	•	J1	**41019**	PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APPLICAT	1652.40			000	N	8765.29
•	•		**41100**	BIOPSY TONGUE ANTERIOR TWO-THIRDS	592.80			010	N	691.72
•	•	J1	**41105**	BIOPSY TONGUE POSTERIOR ONE-THIRD	602.40			010	N	4449.71
•	•	J1	**41108**	BIOPSY FLOOR MOUTH	524.40			010	N	2734.29
•	•	J1	**41110**	EXCISION LESION TONGUE W/O CLOSURE	745.20			010	N	4449.71
•	•	J1	**41112**	EXC LESION TONGUE W/CLSR ANTERIOR TWO-THIRDS	1158.00			090	N	4449.71
•	•	J1	**41113**	EXC LESION TONGUE W/CLSR POSTERIOR ONE-THIRD	1261.20			090	N	4449.71
•	•	J1	**41114**	EXC LESION TONGUE W/CLSR W/LOCAL TONGUE FLAP	2172.00			090	N	4449.71
•	•	J1	**41115**	EXCISION LINGUAL FRENUM FRENECTOMY	860.40			010	N	2543.11
•	•	J1	**41116**	EXCISION LESION FLOOR MOUTH	1146.00			090	N	4449.71
•	•	J1	**41120**	GLOSSECTOMY <ONE-HALF TONGUE	3703.20			090	Y	8765.29
•	•		**41130**	GLOSSECTOMY HEMIGLOSSECTOMY	4570.80			090	Y	4813.80
•	•		**41135**	GLOSSECTOMY PRTL W/UNI RADICAL NECK DSJ	7550.40			090	Y	
•	•		**41140**	GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ	7561.20			090	Y	
•	•		**41145**	GLSSC COMPL/TOT W/WO TRACHS W/UNI RAD NECK DSJ	9578.40			090	Y	
•	•		**41150**	GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ	7622.40			090	Y	
•	•		**41153**	GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ	8262.00			090	Y	
•	•		**41155**	GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ & RAD NECK	10467.60			090	Y	
•	•		**41250**	RPR LAC 2.5 CM/< MOUTH&/ANT TWO-THIRDS TONG	940.80			010	N	151.20
•	•		**41251**	RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE	1051.20			010	N	292.72
•	•		**41252**	RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	1095.60			010	N	292.72
•	•	J1	**41510**	SUTURE TONGUE LIP MICROGNATHIA	1561.20			090	N	4449.71
•	•	J1	**41512**	TONGUE BASE SUSPENSION PERMANENT SUTURE TQ	2274.00			090	N	8765.29
•	•	J1	**41520**	FRENOPLASTY SURG REVJ FRENUM EG W/Z-PLASTY	1213.20			090	N	4449.71
•	•	J1	**41530**	SUBMUCOSAL ABLTJ TONGUE RF 1/> SITES PR SESSION	3292.80			000	N	4449.71
•	•		**41599**	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	BR			YYY	N	292.72
•	•		**41800**	DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	994.80			010	N	151.20
•	•	J1	**41805**	RMVL EMBEDDED FB FROM DENTALVLR STRUXS SOFT TISS	992.40			010	N	2543.11
•	•	J1	**41806**	RMVL EMBEDDED FB FROM DENTOALVEOLAR STRUXS BONE	1357.20			010	N	2543.11

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**41820**	GINGIVECTOMY EXC GINGIVA EACH QUADRANT	2724.00			000	N	4449.71
•	•	J1	**41821**	OPRCULECTOMY EXC PRICORONAL TISSUE	422.40			000	N	2543.11
•	•	J1	**41822**	EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	980.40			010	N	2543.11
•	•	J1	**41823**	EXC OSS TUBEROSITIES DENTOALVEOLAR STRUXS	1513.20			090	N	8765.29
•	•	J1	**41825**	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	742.80			010	N	4449.71
•	•	J1	**41826**	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/SMPL RPR	1090.80			010	N	4449.71
•	•	J1	**41827**	EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMPLX RPR	1539.60			090	N	8765.29
•	•	J1	**41828**	EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC	1082.40			010	N	4449.71
•	•	J1	**41830**	ALVEOLECTOMY W/CURTG OSTEITIS/SEQUESTRECTOMY	1370.40			010	N	4449.71
•	•	J1	**41850**	DESTRUCTION LESION DENTOALVEOLAR STRUCTURES	651.60			000	N	2543.11
•	•	J1	**41870**	PERIODONTAL MUCOSAL GRAFTING	1342.80			000	N	4449.71
•	•	J1	**41872**	GINGIVOPLASTY EACH QUADRANT SPECIFY	1345.20			090	N	4449.71
•	•	J1	**41874**	ALVEOLOPLASTY EACH QUADRANT SPECIFY	1341.60			090	N	4449.71
•	•		**41899**	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	BR			YYY	N	292.72
•	•		**42000**	DRAINAGE ABSCESS PALATE UVULA	532.80			010	N	292.72
•	•	J1	**42100**	BIOPSY PALATE UVULA	513.60			010	N	2543.11
•	•	J1	**42104**	EXC LESION PALATE UVULA W/O CLOSURE	744.00			010	N	4449.71
•	•	J1	**42106**	EXC LESION PALATE UVULA W/SMPL PRIM CLOSURE	934.80			010	N	4449.71
•	•	J1	**42107**	EXC LESION PALATE UVULA W/LOCAL FLAP CLOSURE	1603.20			090	N	8765.29
•	•	J1	**42120**	RESCJ PALATE/EXTENSIVE RESCJ LESION	3496.80			090	Y	8765.29
•	•	J1	**42140**	UVULECTOMY EXCISION UVULA	920.40			090	N	4449.71
•	•	J1	**42145**	PALATOPHARYNGOPLASTY	2398.80			090	N	8765.29
•	•	J1	**42160**	DSTRJ LESION PALATE/UVULA THERMAL CRYO/CHEM	802.80			010	N	4449.71
•	•		**42180**	REPAIR LACERATION PALATE </2 CM	848.40			010	N	691.72
•	•	J1	**42182**	REPAIR LACERATION PALATE >2 CM/COMPLEX	1108.80			010	N	8765.29
•	•	J1	**42200**	PALATOP CL PALATE SOFT&/HARD PALATE ONLY	3271.20			090	Y	8765.29
•	•	J1	**42205**	PALATOPLASTY W/CLSR ALVEOLAR RIDGE SOFT TISSUE	3415.20			090	Y	4449.71
•	•	J1	**42210**	PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE	3806.40			090	Y	8765.29
•	•	J1	**42215**	PALATOPLASTY CLEFT PALATE MAJOR REVJ	2485.20			090	Y	8765.29
•	•	J1	**42220**	PALATOPLASTY CLEFT PALATE SEC LNGTH PX	2048.40			090	Y	8765.29
•	•	J1	**42225**	PALATOP CL PALATE ATTACHMENT PHARYNGEAL FLAP	3410.40			090	Y	8765.29
•	•	J1	**42226**	LENGTHENING PALATE & PHARYNGEAL FLAP	3038.40			090	Y	8765.29
•	•	J1	**42227**	LENGTHENING PALATE W/ISLAND FLAP	2862.00			090	Y	8765.29
•	•	J1	**42235**	REPAIR ANTERIOR PALATE W/VOMER FLAP	2498.40			090	Y	8765.29
•	•	J1	**42260**	REPAIR NASOLABIAL FISTULA	2823.60			090	Y	8765.29
•	•		**42280**	MAXILLARY IMPRESJ PALATAL PROSTHESIS	612.00			010	N	691.72
•	•	J1	**42281**	INSJ PIN-RETAINED PALATAL PROSTHESIS	787.20			010	N	8765.29
•	•		**42299**	UNLISTED PROCEDURE PALATE UVULA	BR			YYY	Y	292.72
•	•	J1	**42300**	DRAINAGE ABSCESS PAROTID SIMPLE	722.40			010	N	2543.11
•	•	J1	**42305**	DRAINAGE ABSCESS PAROTID COMPLICATED	1477.20			090	N	4449.71
•	•		**42310**	DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	609.60			010	N	691.72
•	•		**42320**	DRAINAGE ABSCESS SUBMAXILLARY INTRAORAL	868.80			010	N	691.72
•	•	J1	**42330**	SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	798.00			010	N	4449.71
•	•	J1	**42335**	SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL	1336.80			090	N	4449.71
•	•	J1	**42340**	SIALOLITHOTOMY PRTD XTRORAL/COMP INTRAORAL	1658.40			090	N	4449.71
•	•		**42400**	BIOPSY SALIVARY GLAND NEEDLE	354.00			000	N	822.66
•	•	J1	**42405**	BIOPSY SALIVARY GLAND INCISIONAL	1030.80			010	N	4449.71
•	•	J1	**42408**	EXC SUBLINGUAL SALIVARY CYST RANULA	1770.00			090	N	4449.71
•	•	J1	**42409**	MARSUPIALIZATION SUBLNGL SALIVARY CST RANULA	1198.80			090	Y	4449.71

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**42410**	EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ	2149.20			090	Y	8765.29
•	•	J1	**42415**	EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NR	3637.20			090	Y	8765.29
•	•	J1	**42420**	EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NR	4087.20			090	Y	8765.29
•	•	J1	**42425**	EXCISION PAROTID TUMOR/GLAND TOTAL EN BLOC RMVL	2877.60			090	Y	8765.29
•	•		**42426**	EXC PRTD TUM/PRTD GLND TOT W/UNI RAD NCK DSJ	4657.20			090	Y	5565.45
•	•	J1	**42440**	EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND	1419.60			090	Y	8765.29
•	•	J1	**42450**	EXISION OF SUBLINGUAL GLAND	1561.20			090	N	8765.29
•	•	J1	**42500**	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM	1498.80			090	N	8765.29
•	•	J1	**42505**	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY SEC/COMP	1918.80			090	N	8765.29
•	•	J1	**42507**	PAROTID DUCT DIVERSION BILATERAL WILKE PX	1738.80			090	Y	8765.29
•	•	J1	**42509**	PAROTID DUCT DVRJ BI W/EXC BOTH SUBMNDBLR GLANDS	2875.20			090	N	8765.29
•	•	J1	**42510**	PAROTID DUCT DVRJ BILATERAL WITH LIG BOTH DUCTS	2133.60			090	Y	4449.71
•	•		**42550**	INJECTION PROCEDURE SIALOGRAPHY	500.40			000	N	
•	•	J1	**42600**	CLOSURE SALIVARY FISTULA	1698.00			090	N	4449.71
•	•	J1	**42650**	DILATION SALIVARY DUCT	277.20			000	N	2543.11
•	•		**42660**	DILAT&CATHJ SALIVARY DUCT W/WO INJECTION	433.20			000	N	691.72
•	•	J1	**42665**	LIGATION SALIVARY DUCT INTRAORAL	1130.40			090	N	4449.71
•	•		**42699**	UNLISTED PX SALIVARY GLANDS/DUCTS	BR			YYY	Y	292.72
•	•		**42700**	I&D ABSCESS PERITONSILLAR	651.60			010	N	292.72
•	•	J1	**42720**	I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	1563.60			010	N	4449.71
•	•	J1	**42725**	I&D ABSC RTRPHRNGL/PARAPHARYNGEAL XTRNL APPR	2820.00			090	Y	8765.29
•	•	J1	**42800**	BIOPSY OROPHARYNX	540.00			010	N	4449.71
•	•	J1	**42804**	BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	678.00			010	N	4449.71
•	•	J1	**42806**	BX NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION	758.40			010	N	4449.71
•	•	J1	**42808**	EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD	782.40			010	N	4449.71
•	•		**42809**	REMOVAL FOREIGN BODY PHARYNX	690.00			010	N	494.39
•	•	J1	**42810**	EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS	1327.20			090	Y	4449.71
•	•	J1	**42815**	EXC BRANCHIAL CLEFT CYST BELOW SUBQ TISS&/PHRYNX	1894.80			090	Y	8765.29
•	•	J1	**42820**	TONSILLECTOMY & ADENOIDECTOMY <AGE 12	996.00			090	N	8765.29
•	•	J1	**42821**	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	1034.40			090	N	4449.71
•	•	J1	**42825**	TONSILLECTOMY PRIMARY/SECONDARY <AGE 12	901.20			090	N	8765.29
•	•	J1	**42826**	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	865.20			090	N	4449.71
•	•	J1	**42830**	ADENOIDECTOMY PRIMARY <AGE 12	714.00			090	N	4449.71
•	•	J1	**42831**	ADENOIDECTOMY PRIMARY AGE 12/>	771.60			090	N	4449.71
•	•	J1	**42835**	ADENOIDECTOMY SECONDARY<AGE 12	663.60			090	N	4449.71
•	•	J1	**42836**	ADENOIDECTOMY SECONDARY AGE 12/>	826.80			090	N	4449.71
•	•	J1	**42842**	RADICAL RESECTION TONSIL W/O CLOSURE	3487.20			090	N	8765.29
•	•	J1	**42844**	RADICAL RESCJ TONSIL CLOSURE W/LOCAL FLAP	4794.00			090	Y	8765.29
•	•		**42845**	RADICAL RESCJ TONSIL CLOSURE W/OTHER FLAP	7718.40			090	Y	
•	•	J1	**42860**	EXCISION TONSIL TAGS	646.80			090	N	4449.71
•	•	J1	**42870**	EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX	2041.20			090	N	8765.29
•	•	J1	**42890**	LIMITED PHARYNGECTOMY	4952.40			090	Y	8765.29
•	•	J1	**42892**	RESCJ LAT PHRNGL WALL/PYRIFORM SINUS DIR CLSR	6500.40			090	Y	8765.29
•	•		**42894**	RESCJ PHRNGL WALL CLSR W/FLP OR FLP W/MVASC ANAS	8226.00			090	Y	
•	•	J1	**42900**	SUTURE PHARYNX WOUND/INJURY	1158.00			010	N	2543.11
•	•	J1	**42950**	PHARYNGOPLASTY PLSTC/RCNSTV OPRATION PHARYNX	2793.60			090	Y	8765.29
•	•		**42953**	PHARYNGOESOPHAGEAL REPAIR	3350.40			090	Y	
•	•	J1	**42955**	PHARYNGOSTOMY FSTLJ PHARYNX XTRNL FEEDING	2647.20			090	Y	2543.11
•	•		**42960**	CONTROL OROPHARYNGEAL HEMORRHAGE SIMPLE	579.60			010	N	691.72

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**42961**	CTRL OROPHARYNGEAL HEMORRHAGE COMP REQ HOSPITJ	1437.60			090	Y	2198.40
•	•	J1	**42962**	CTRL OROPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	1779.60			090	N	4449.71
•	•		**42970**	CTRL NASOPHARYNGEAL HEMRRG SMPL W/PST NSL PACKS	1414.80			090	N	292.72
•	•		**42971**	CTRL NASOPHARYNGEAL HEMRRG COMP REQ HOSPIZATION	1566.00			090	Y	
•	•	J1	**42972**	CTRL NASOPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	1753.20			090	Y	4449.71
•	•		**42999**	UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	BR			YYY	N	292.72
•	•	J1	**43020**	ESOPHAGOTOMY CERVICAL APPR W/RMVL FB	1940.40			090	Y	2543.11
•	•	J1	**43030**	CRICOPHARYNGEAL MYOTOMY	1790.40			090	Y	8765.29
•	•		**43045**	ESOPHAGOTOMY THORACIC APPR W/RMVL FB	4520.40			090	Y	
•	•		**43100**	EXC LESION ESOPHOGUS W/PRIM RPR CERVICAL APPR	2156.40			090	Y	
•	•		**43101**	EXC LESION ESOPHAGUS W/PRIM RPR THRC/ABDL APPR	3486.00			090	Y	
•	•		**43107**	TOT ESOPHAGECTOMY W/O THORCOM W/WO PYLOROPLASTY	10380.00			090	Y	
•	•		**43108**	TOT ESOPHG W/O THORCOM COLON NTRPSTJ/INT RCNSTJ	15590.40			090	Y	
•	•		**43112**	TOTAL ESOPHAGECTOMY W/THORCOM W/WO PYLORPLASTY	12198.00			090	Y	
•	•		**43113**	TOT ESOPHG W/THORCOM W/COLON NTRPSTJ/INT RCNSTJ	15219.60			090	Y	
•	•		**43116**	PRTL ESOPHAGECTOMY CERVICAL W/FREE INTSTINAL GRF	17475.60			090	Y	
•	•		**43117**	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY	11326.80			090	Y	
•	•		**43118**	PRTL ESOPH DSTL W/WO PROX GASTRC W/COLON NTRPSTJ	12684.00			090	Y	
•	•		**43121**	PRTL ESOPHAGEC W/WO PROX GASTREC/PYLOROPLASTY	9876.00			090	Y	
•	•		**43122**	PRTL ESOPHG THORACOABD W/WO PROXGASTREC/PYLOROPL	8893.20			090	Y	
•	•		**43123**	PRTL ESPHG THORACOABDL/ABDL APPR NTRPSTJ/RCNSTJ	15602.40			090	Y	
•	•		**43124**	TOT/PRTL ESPHG W/O RCNSTJ W/CRV ESOPHAGOSTOMY	13256.40			090	Y	
•	•	J1	**43130**	DIVERTICULECTOMY HYPOPHARYNX/ESOPH CRV APPR	2715.60			090	Y	8765.29
•	•		**43135**	DIVERTICULECTOMY HYPOPHARYNX/ESOPH THRC APPR	5106.00			090	Y	
•	•	J1	**43180**	ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH	1890.00			090	N	8765.29
•	•	J1	**43191**	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	536.40			000	N	2902.55
•	•	J1	**43192**	ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	585.60			000	N	2902.55
•	•	J1	**43193**	ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY	585.60			000	N	2902.55
•	•	J1	**43194**	ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY	669.60			000	N	2902.55
•	•	J1	**43195**	ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION	638.40			000	N	5470.86
•	•	J1	**43196**	ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION	680.40			000	N	5470.86
•	•		**43197**	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC	640.80			000	N	1081.40
•	•		**43198**	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY	705.60			000	N	1081.40
•	•		**43200**	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	780.00			000	N	1081.40
•	•	J1	**43201**	ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ	786.00			000	N	2902.55
•	•	J1	**43202**	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	1099.20			000	N	2902.55
•	•	J1	**43204**	ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES	475.20			000	N	2902.55
•	•	J1	**43205**	ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	495.60			000	N	2902.55
•	•	J1	**43206**	ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY	942.00			000	N	2902.55
•	•	J1	**43210**	EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	1506.00			000	N	15106.63
•	•	J1	**43211**	ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXN	824.40			000	N	2902.55
•	•	J1	**43212**	ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	664.80			000	N	8373.03
•	•	J1	**43213**	ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER	4062.00			000	N	2902.55
•	•	J1	**43214**	ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM	673.20			000	N	2902.55
•	•	J1	**43215**	ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	1269.60			000	N	2902.55
•	•	J1	**43216**	ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS	1275.60			000	N	2902.55
•	•	J1	**43217**	ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE	1338.00			000	N	2902.55
•	•	J1	**43220**	ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	3549.60			000	N	2902.55

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**43226**	ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION	1150.80			000	N	2902.55
•	•	J1	**43227**	ESOPHAGOSCOPY FLEXIBLE W/BLEEDING CONTROL	2134.80			000	N	2902.55
•	•	J1	**43229**	ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	2290.80			000	N	5470.86
•	•	J1	**43231**	ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	1174.80			000	N	2902.55
•	•	J1	**43232**	ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	1426.80			000	N	2902.55
•	•	J1	**43233**	EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	801.60			000	N	2902.55
•	•		**43235**	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	913.20			000	N	1081.40
•	•		**43236**	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	1201.20			000	N	1081.40
•	•	J1	**43237**	ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	687.60			000	N	2902.55
•	•	J1	**43238**	EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	817.20			000	N	2902.55
•	•		**43239**	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	1222.80			000	N	1081.40
•	•	J1	**43240**	EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	1380.00			000	N	5470.86
•	•	J1	**43241**	EGD INTRALUMINAL TUBE/CATHETER INSERTION	500.40			000	N	2902.55
•	•	J1	**43242**	EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	922.80			000	N	2902.55
•	•	J1	**43243**	EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	832.80			000	N	2902.55
•	•	J1	**43244**	EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	860.40			000	N	2902.55
•	•	J1	**43245**	EGD DILATION GASTRIC/DUODENAL STRICTURE	1946.40			000	N	2902.55
•	•	J1	**43246**	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	703.20			000	N	2902.55
•	•		**43247**	EGD FLEXIBLE FOREIGN BODY REMOVAL	1228.80			000	N	1081.40
•	•		**43248**	EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	1262.40			000	N	1081.40
•	•	J1	**43249**	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	3598.80			000	N	2902.55
•	•	J1	**43250**	EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	1416.00			000	N	2902.55
•	•	J1	**43251**	EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	1564.80			000	N	2902.55
•	•	J1	**43252**	EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY	1075.20			000	N	5470.86
•	•	J1	**43253**	EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER	924.00			000	N	2902.55
•	•	J1	**43254**	EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	949.20			000	N	2902.55
•	•	J1	**43255**	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	2252.40			000	N	2902.55
•	•	J1	**43257**	EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD	816.00			000	N	5470.86
•	•	J1	**43259**	EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	794.40			000	N	2902.55
•	•	J1	**43260**	ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	1134.00			000	N	5470.86
•	•	J1	**43261**	ERCP W/BIOPSY SINGLE/MULTIPLE	1190.40			000	N	5470.86
•	•	J1	**43262**	ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	1255.20			000	N	5470.86
•	•	J1	**43263**	ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI	1256.40			000	N	5470.86
•	•	J1	**43264**	ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	1279.20			000	N	5470.86
•	•	J1	**43265**	ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	1522.80			000	N	8373.03
•	•	J1	**43266**	EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	766.80			000	N	8373.03
•	•	J1	**43270**	EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	2358.00			000	N	2902.55
+	•		**43273**	ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	418.80			ZZZ	N	
•	•	J1	**43274**	ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	1627.20			000	N	8373.03
•	•	J1	**43275**	ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	1324.80			000	N	5470.86
•	•	J1	**43276**	ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	1694.40			000	N	8373.03
•	•	J1	**43277**	ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	1330.80			000	N	5470.86
•	•	J1	**43278**	ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	1521.60			000	N	5470.86
•	•		**43279**	LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED	4486.80			090	Y	7557.06
•	•	J1	**43280**	LAPS SURG ESOPG/GSTR FUNDOPLASTY	3759.60			090	Y	15106.63
•	•	J1	**43281**	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	5373.60			090	Y	15106.63
•	•	J1	**43282**	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	6042.00			090	Y	15106.63
+	•		**43283**	LAPS ESOPHAGEAL LENGTHENING ADDL	552.00			ZZZ	Y	2511.61

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**43284**	LAPS ESOPHGL SPHNCTR AGMNTJ PLMT DEV CRRPL	2241.60			090	Y	15106.63
•	•		**43285**	REMOVAL ESOPHAGEAL SPHINCTER AGMNTJ DEVICE	2280.00			090	Y	6526.11
•	•		**43286**	ESOPHAGECTOMY TOTAL NEAR TOTAL W/LAPS MOBLJ	10918.80			090	Y	
•	•		**43287**	ESOPHAGECTOMY DISTAL 2/3 W/LAPAROSCOPIC MOBLJ	12496.80			090	Y	
•	•		**43288**	ESOPHAGECTOMY TOTAL NEAR TOTAL W/THRSC MOBLJ	13014.00			090	Y	
•	•	J1	**43289**	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	BR			YYY	Y	9076.35
•	•		**43300**	ESPHGP CRV APPR W/O RPR TRACHEOESOPHGL FSTL	2118.00			090	Y	
•	•		**43305**	ESPHGP CRV APPR W/RPR TRACHEOESOPHGL FSTL	3756.00			090	Y	
•	•		**43310**	ESPHGP THRC APPR W/O RPR TRACHEOESOPHGL FSTL	5150.40			090	Y	
•	•		**43312**	ESPHGP THRC APPR W/RPR TRACHEOESOPHGL FSTL	5536.80			090	Y	
•	•		**43313**	ESPHGP CGEN DFCT THRC APPR W/O RPR FSTL	9518.40			090	Y	
•	•		**43314**	ESPHGP CGEN DFCT THRC APPR W/RPR FSTL	9895.20			090	Y	
•	•		**43320**	EGST W/WO VAGOTOMY&PYLOROPLASTY TABDL/TTHRC AP	4855.20			090	Y	
•	•		**43325**	ESOPG/GSTR FUNDOPLASTY W/FUNDIC PATCH	4723.20			090	Y	
•	•		**43327**	ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY	2851.20			090	Y	
•	•		**43328**	ESOPG/GSTR FUNDOPLASTY W/THORACOTOMY	3912.00			090	Y	
•	•		**43330**	ESOPHAGOMYOTOMY HELLER TYPE ABDOMINAL APPROACH	4644.00			090	Y	
•	•		**43331**	ESOPHAGOMYOTOMY HELLER TYPE THORACIC APPROACH	4647.60			090	Y	
•	•		**43332**	RPR PARAESOPH HIATAL HERNIA W/LAPT W/O MESH	4032.00			090	Y	4533.59
•	•		**43333**	LAPT RPR PARAESOPH HIATAL HERNIA W/MESH	4389.60			090	Y	
•	•		**43334**	RPR PARAESOPH HIATAL HERNIA W/THORCOM W/O MESH	4345.20			090	Y	
•	•		**43335**	RPR PARAESOPH HIATAL HERNIA W/THORCOM W/MESH	4648.80			090	Y	
•	•		**43336**	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/O MESH	5258.40			090	Y	
•	•		**43337**	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/MESH	5350.80			090	Y	
+	•		**43338**	ESOPHAGUS LENGTHENING	404.40			ZZZ	Y	
•	•		**43340**	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT ABDL APPR	4784.40			090	Y	
•	•		**43341**	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT THRC APPR	4872.00			090	Y	
•	•		**43351**	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL THRC APPR	4521.60			090	Y	
•	•		**43352**	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL CRV APPR	3705.60			090	Y	
•	•		**43360**	GI RCNSTJ PREV ESPHG/EXCLUSION W/STOMACH	7827.60			090	Y	
•	•		**43361**	GI RCNSTJ PREV ESPHG/EXCLUSION W/COLON SM INT	9398.40			090	Y	
•	•		**43400**	LIGATION DIRECT ESOPHAGEAL VARICES	5308.80			090	Y	
•	•		**43401**	TRNSXJ ESOPH W/RPR ESOPHAGEAL VARICES	5299.20			090	Y	
•	•		**43405**	LIG/STAPLING G-ESOP JUNCT PRE-ESOPHGL PRF8J	5038.80			090	Y	
•	•		**43410**	SUTR ESOPHGL WND/INJ CRV APPR	3532.80			090	Y	
•	•		**43415**	SUTR ESOPHGL WND/INJ TTHRC/TABDL APPR	8959.20			090	Y	
•	•	J1	**43420**	CLSR ESOPHAGOSTOMY/FSTL CRV APPR	3502.80			090	N	4449.71
•	•		**43425**	CLSR ESOPHAGOSTOMY/FSTL TTHRC/TABDL APPR	4996.80			090	Y	
•	•		**43450**	DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS	564.00			000	N	1081.40
•	•	J1	**43453**	DILATION ESOPHAGUS GUIDE WIRE	3054.00			000	N	2902.55
•	•		**43460**	ESOPG/GSTR TAMPONADE W/BALO SENGSTAKEN TYPE	746.40			000	N	
•	•		**43496**	FREE JEJUNUM TRSF W/MICROVASC ANASTOMOSIS	BR			090	Y	
•	•		**43499**	UNLISTED PROCEDURE ESOPHAGUS	BR			YYY	N	1081.40
•	•		**43500**	GASTROTOMY W/EXPLORATION/FOREIGN BODY REMOVAL	2728.80			090	Y	
•	•		**43501**	GASTROTOMY W/SUTURE REPAIR BLEEDING ULCER	4684.80			090	Y	
•	•		**43502**	GASTROTOMY W/SUTR RPR PRE-ESOPG/GASTRIC LAC	5280.00			090	Y	
•	•		**43510**	GSTRT W/ESOPHGL DILAT&INSJ PRM INTRAL TUBE	3295.20			090	Y	1081.40
•	•		**43520**	PYLOROMYOTOMY CUTTING PYLORIC MUSC	2394.00			090	Y	4224.83
•	•		**43605**	BIOPSY STOMACH LAPAROTOMY	2919.60			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**43610**	EXC LOCAL ULCER/BENIGN TUMOR STOMACH	3421.20			090	Y	5316.58
•	•		**43611**	EXC LOCAL MALIGNANT TUMOR STOMACH	4268.40			090	Y	
•	•		**43620**	GSTRCT TOT W/ESOPHAGOENTEROSTOMY	6840.00			090	Y	
•	•		**43621**	GSTRCT TOT W/ROUX-EN-Y RCNSTJ	7918.80			090	Y	
•	•		**43622**	GSTRCT TOT W/FRMJ INTSTINAL POUCH ANY TYPE	8040.00			090	Y	
•	•		**43631**	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	5050.80			090	Y	
•	•		**43632**	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	7089.60			090	Y	
•	•		**43633**	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	6697.20			090	Y	
•	•		**43634**	GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH	7377.60			090	Y	
+	•		**43635**	VAGOTOMY PFRMD W/PRTL DSTL GSTRCT	391.20			ZZZ	Y	
•	•		**43640**	VGTMY W/PYLORPLSTY W/WO GASTROST TRUNCAL/SLCTV	4102.80			090	Y	
•	•		**43641**	VGTMY W/PYLOROPLASTY W/WO GASTROST PARIETAL CELL	4156.80			090	Y	
•	•		**43644**	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	6028.80			090	Y	7037.08
•	•		**43645**	LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ	6452.40			090	Y	
•	•	J1	**43647**	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	3054.00			YYY	Y	10355.35
•	•	J1	**43648**	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	1792.80			YYY	Y	9076.35
•	•	J1	**43651**	LAPS SURG TRNSXJ VAGUS NRV TRUNCAL	2265.60			090	Y	9076.35
•	•	J1	**43652**	LAPS SURG TRNSXJ VAGUS NRV SLCTV/HILY SLCTV	2662.80			090	Y	9076.35
•	•	J1	**43653**	LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	1994.40			090	Y	9076.35
•	•	J1	**43659**	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	BR			YYY	Y	9076.35
•	•		**43752**	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	140.40			000	N	494.39
•	•		**43753**	GASTRIC INTUBATJ & ASPIRAJ W/PHYS SKILL/LAVAGE	75.60			000	Y	358.28
•	•		**43754**	GASTRIC INTUBAT DX W/ASPIRATION SINGLE SPECIMEN	554.40			000	Y	358.28
•	•		**43755**	GASTRIC INTUBATION DX & ASPIRATJ MULTIPLE SPEC	531.60			000	Y	193.05
•	•		**43756**	DUODENAL INTUBAT W/IMAG GUIDED SINGLE SPECIMEN	782.40			000	Y	1081.40
•	•		**43757**	DUODENAL INTUBAT W/IMAG GUIDED MULTIPLE SPECIMEN	1089.60			000	Y	1081.40
•	•		**43761**	REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	411.60			000	N	328.62
•	•		**43762**	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	757.20			000	N	328.62
•	•		**43763**	PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	1124.40			000	N	328.62
•	•	J1	**43770**	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	3909.60			090	Y	15106.63
•	•		**43771**	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	4412.40			090	Y	3900.04
•	•	J1	**43772**	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	3292.80			090	Y	5470.86
•	•	J1	**43773**	LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE	4419.60			090	Y	9076.35
•	•	J1	**43774**	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	3338.40			090	Y	5470.86
•	•		**43775**	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	3883.20			090	Y	5368.79
•	•		**43800**	PYLOROPLASTY	3238.80			090	Y	
•	•		**43810**	GASTRODUODENOSTOMY	3529.20			090	Y	
•	•		**43820**	GASTROJEJUNOSTOMY W/O VAGOTOMY	4676.40			090	Y	
•	•		**43825**	GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYPE	4545.60			090	Y	
•	•	J1	**43830**	GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX	2436.00			090	Y	2902.55
•	•		**43831**	GASTROSTOMY OPN NEONATAL FEEDING	2082.00			090	Y	1081.40
•	•		**43832**	GASTROSTOMY OPN W/CONSTJ GSTR TUBE	3609.60			090	Y	
•	•		**43840**	GASTRORRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ	4732.80			090	Y	
•	•		**43842**	GASTRIC RSTCV W/O BYP VERTICAL-BANDED GASTROPLY	4150.80			090	N	
•	•		**43843**	GSTR RSTCV W/O BYP OTH/THN VER-BANDED GSTP	4392.00			090	Y	
•	•		**43845**	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	6780.00			090	Y	
•	•		**43846**	GASTRIC RSTCV W/BYP W/SHORT LIMB 150 CM/<	5641.20			090	Y	
•	•		**43847**	GASTRIC RSTCV W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ	6252.00			090	Y	
•	•		**43848**	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	6709.20			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**43850**	REVJ GASTRODUOL ANAST W/RCNSTJ W/O VAGOTOMY	5638.80			090	Y	
•	•		**43855**	REVJ GASTRODUOL ANAST W/RCNSTJ W/VGTMY	5600.40			090	Y	
•	•		**43860**	REVJ GSTR/JJ ANAST W/RCNSTJ W/O VGTMY	5691.60			090	Y	
•	•		**43865**	REVJ GSTR/JJ ANAST W/RCNSTJ W/VGTMY	5930.40			090	Y	
•	•	J1	**43870**	CLOSURE GASTROSTOMY SURG	2472.00			090	Y	5470.86
•	•		**43880**	CLOSURE GASTROCOLIC FISTULA	5541.60			090	Y	
•	•		**43881**	IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	2323.20			YYY	Y	
•	•		**43882**	REVISION/RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	2710.80			YYY	Y	
•	•		**43886**	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	1257.60			090	Y	3927.90
•	•		**43887**	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	1132.80			090	Y	2199.52
•	•		**43888**	GSTR RSTCV OPN RMVL & RPLCMT SUBQ PORT	1598.40			090	Y	3927.90
•	•		**43999**	UNLISTED PROCEDURE STOMACH	BR			YYY	N	1081.40
•	•		**44005**	ENTEROLSS FRING INTSTINAL ADHESION SPX	3811.20			090	Y	3628.53
•	•		**44010**	DUODENOTOMY EXPLORATION/BX/FOREIGN BODY REMOVAL	2992.80			090	Y	
+	•		**44015**	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD	495.60			ZZZ	Y	
•	•		**44020**	ENTEROTOMY SM INT OTH/THN DUO EXPL BX/FB RMVL	3390.00			090	Y	
•	•		**44021**	ENTEROTOMY SM INT OTH/THN DUO DCMPRN	3396.00			090	Y	
•	•		**44025**	COLOTOMY EXPLORATION/BIOPSY/FOREIGN BODY REMOVAL	3424.80			090	Y	
•	•		**44050**	RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT	3254.40			090	Y	2801.72
•	•		**44055**	CORRJ MALROTATION BANDS&/RDCTJ VOLVULUS	5208.00			090	Y	
•	•		**44100**	BX INTESTINE CAPSULE TUBE PRORAL 1/> SPECIMENS	376.80			000	N	1081.40
•	•		**44110**	EXC 1/> SMALL/LARGE LESIONS INTESTINE ENTEROTOM	2955.60			090	Y	3573.07
•	•		**44111**	EXC 1/> SM/LG LESIONS INTESTNE MULT ENTEROTOMIE	3421.20			090	Y	
•	•		**44120**	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	4257.60			090	Y	4219.22
+	•		**44121**	ENTERECTOMY RESCJ SMALL INTESTINE EA RESCJ & ANA	844.80			ZZZ	Y	
•	•		**44125**	ENTERECTOMY RESCJ SMALL INTESTINE W/ENTEROSTOMY	4104.00			090	Y	
•	•		**44126**	ENTRC RESCJ ATRESIA RESCJ & ANAST W/O TAPRING	8558.40			090	Y	
•	•		**44127**	ENTRC RESCJ ATRESIA RESCJ & ANAST SGM W/TAPRING	9958.80			090	Y	
+	•		**44128**	ENTRC RESCJ ATRESIA EA RESCJ & ANASTOMOSIS	852.00			ZZZ	Y	
•	•		**44130**	ENTEROENTEROST ANAST INT W/WO CUTAN NTRSTM SPX	4574.40			090	Y	
•	•		**44132**	DONOR ENTERECTOMY OPEN CADAVER DONOR	BR			XXX	N	
•	•		**44133**	DONOR ENTERECTOMY OPEN LIVING DONOR	BR			XXX	N	
•	•		**44135**	INTESTINAL ALLOTRANSPLANTATION CADAVER DONOR	BR			XXX	N	
•	•		**44136**	INTESTINAL ALLOTRANSPLANTATION LIVING DONOR	BR			XXX	N	
•	•		**44137**	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	BR			XXX	Y	
+	•		**44139**	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	421.20			ZZZ	Y	
•	•		**44140**	COLECTOMY PARTIAL W/ANASTOMOSIS	4670.40			090	Y	3212.14
•	•		**44141**	COLECTOMY PRTL W/SKIN LEVEL CECOST/COLOSTOMY	6350.40			090	Y	
•	•		**44143**	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	5792.40			090	Y	
•	•		**44144**	COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA	6160.80			090	Y	
•	•		**44145**	COLECTOMY PRTL W/COLOPROCTOSTOMY	5766.00			090	Y	
•	•		**44146**	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	7363.20			090	Y	
•	•		**44147**	COLECTOMY PRTL ABDOMINAL & TRANSANAL APPROACH	6762.00			090	Y	
•	•		**44150**	COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS	6490.80			090	Y	
•	•		**44151**	COLCT TOT ABDL W/O PRCTECT W/CONTINENT ILEOST	7519.20			090	Y	
•	•		**44155**	COLECTOMY TOT ABDL W/PROCTECTOMY W/ILEOSTOMY	7218.00			090	Y	
•	•		**44156**	COLECTOMY TOT ABDL W/PROCTECTOMY W/CONTNT ILEOST	7983.60			090	Y	
•	•		**44157**	COLECTOMY TOT ABD W/PROCTECTOMY ILEOANAL ANAST	7632.00			090	Y	
•	•		**44158**	COLCT TTL ABD W/PRCTECT ILEOANAL ANAST & RSVR	7834.80			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**44160**	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	4321.20			090	Y	
•	•	J1	**44180**	LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE	3200.40			090	Y	9076.35
•	•	J1	**44186**	LAPAROSCOPY SURGICAL JEJUNOSTOMY	2263.20			090	Y	9076.35
•	•		**44187**	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	3825.60			090	Y	
•	•		**44188**	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	4255.20			090	Y	
•	•		**44202**	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	4815.60			090	Y	3829.98
+	•		**44203**	LAPAROSCOPY SMALL INTESTINE RESCJ & ANASTOMOSIS	835.20			ZZZ	Y	
•	•		**44204**	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	5353.20			090	Y	4377.54
•	•		**44205**	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	4651.20			090	Y	4438.55
•	•		**44206**	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	6082.80			090	Y	
•	•		**44207**	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	6321.60			090	Y	
•	•		**44208**	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	6888.00			090	Y	
•	•		**44210**	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS	6180.00			090	Y	
•	•		**44211**	LAPS COLCT TTL ABD W/PRCTECT ILEOANAL ANASTOMSIS	7554.00			090	Y	
•	•		**44212**	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	7099.20			090	Y	
+	•		**44213**	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	654.00			ZZZ	Y	
•	•		**44227**	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	5792.40			090	Y	
•	•	J1	**44238**	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	BR			YYY	Y	9076.35
•	•		**44300**	PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN	2932.80			090	Y	
•	•		**44310**	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	3628.80			090	Y	
•	•		**44312**	REVJ ILEOSTOMY SIMPLE RLS SUPERFICIAL SCAR SPX	2055.60			090	N	3927.90
•	•		**44314**	REVJ ILEOSTOMY COMPLIC RCNSTJ IN-DEPTH SPX	3492.00			090	Y	
•	•		**44316**	CONTINENT ILEOSTOMY KOCK PROCEDURE SPX	4929.60			090	Y	
•	•		**44320**	COLOSTOMY/SKIN LEVEL CECOSTOMY	4182.00			090	Y	
•	•		**44322**	COLOSTOMY/SKN LVL CECOSTOMY W/MULT BXS SPX	3476.40			090	Y	
•	•		**44340**	REVJ COLOSTOMY SMPL RLS SUPFC SCAR SPX	2164.80			090	N	3927.90
•	•		**44345**	REVJ COLOSTOMY COMP RCNSTJ IN-DEPTH SPX	3652.80			090	Y	
•	•		**44346**	REVJ COLOSTOMY W/RPR PARACLST HERNIA SPX	4112.40			090	Y	
•	•	J1	**44360**	ENDOSCOPY UPPER SMALL INTESTINE	504.00			000	N	2902.55
•	•	J1	**44361**	ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	558.00			000	N	2902.55
•	•	J1	**44363**	ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY	674.40			000	N	2902.55
•	•	J1	**44364**	ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	718.80			000	N	2902.55
•	•	J1	**44365**	ENTEROSCOPY > 2ND PRTN W/RMVL LESION CAUTERY	638.40			000	N	2902.55
•	•	J1	**44366**	ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	842.40			000	N	2902.55
•	•	J1	**44369**	ENTEROSCOPY > 2ND PRTN ABLTJ LESION	862.80			000	N	2902.55
•	•	J1	**44370**	ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	936.00			000	N	8373.03
•	•	J1	**44372**	ENTEROSCOPY > 2ND PRTN W/PLMT PRQ TUBE	842.40			000	N	2902.55
•	•	J1	**44373**	ENTEROSCOPY > 2ND PRTN CONV GSTRST TUBE	674.40			000	N	2902.55
•	•	J1	**44376**	ENTEROSC >2ND PRTN W/ILEUM W/WO COLLJ SPEC SPX	999.60			000	N	2902.55
•	•	J1	**44377**	ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	1052.40			000	N	2902.55
•	•	J1	**44378**	ENTEROSCOPY > 2ND PRTN ILEUM CONTROL BLEEDING	1353.60			000	N	2902.55
•	•	J1	**44379**	ENTEROSCOPY > 2ND PRTN W/ILEUM W/STENT PLMT	1438.80			000	N	8373.03
•	•		**44380**	ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD	596.40			000	N	1081.40
•	•	J1	**44381**	ILEOSCOPY STOMA W/BALLOON DILATION	3249.60			000	N	2902.55
•	•		**44382**	ILEOSCOPY STOMA W/BX SINGLE/MULTIPLE	936.00			000	N	1081.40
•	•	J1	**44384**	ILEOSCOPY STOMA W/PLMT OF ENDOSCOPIC STENT	536.40			000	N	5470.86
•	•		**44385**	NDSC EVAL INTSTINAL POUCH DX W/COLLJ SPEC SPX	672.00			000	N	1057.74
•	•		**44386**	NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIPLE	1003.20			000	N	1057.74
•	•		**44388**	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX	1010.40			000	N	1057.74

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**44389**	COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	1329.60			000	N	1391.30
•	•		**44390**	COLONOSCOPY STOMA W/RMVL FOREIGN BODY	1315.20			000	N	1391.30
•	•		**44391**	COLONOSCOPY STOMA CONTROL BLEEDING	2317.20			000	N	1391.30
•	•		**44392**	COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS	1230.00			000	N	1391.30
•	•		**44394**	COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	1414.80			000	N	1391.30
•	•		**44401**	COLONOSCOPY STOMA ABLATION LESION	10347.60			000	N	1391.30
•	•	J1	**44402**	COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	919.20			000	N	8373.03
•	•		**44403**	COLONOSCOPY STOMA W/ENDOSCOPIC MUCOSAL RESCJ	1066.80			000	N	1391.30
•	•		**44404**	COLONOSCOPY STOMA W/SUBMUCOSAL INJECTION	1296.00			000	N	1391.30
•	•		**44405**	COLONOSCOPY STOMA W/BALLOON DILATION	1868.40			000	N	1391.30
•	•		**44406**	COLONOSCOPY STOMA W/ENDOSCOPIC ULTRASOUND EXAM	807.60			000	N	1391.30
•	•		**44407**	COLONOSCOPY STOMA W/US GID NDL ASPIR/BX	969.60			000	N	1391.30
•	•		**44408**	COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION	814.80			000	N	1057.74
•	⃠		**44500**	INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	67.20			000	N	1081.40
•	•		**44602**	ENTERORRHAPHY 1PERFORATION	4915.20			090	Y	3993.49
•	•		**44603**	ENTERORRHAPHY MULTIPLE PERFORATIONS	5641.20			090	Y	
•	•		**44604**	SUTR LG INTESTINE 1/MULT PERFORAT W/O COLOSTOMY	3685.20			090	Y	3565.87
•	•		**44605**	SUTR LG INTESTINE 1/MULT PERFORAT W/COLOSTOMY	4533.60			090	Y	
•	•		**44615**	INTSTINAL STRICTUROPLASTY W/WO DILAT OBSTRCJ	3736.80			090	Y	
•	•		**44620**	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	3016.80			090	Y	3340.64
•	•		**44625**	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	3531.60			090	Y	
•	•		**44626**	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	5571.60			090	Y	
•	•		**44640**	CLOSURE INTESTINAL CUTANEOUS FISTULA	4878.00			090	Y	
•	•		**44650**	CLSR ENTEROENTERIC/ENTEROCOLIC FSTL	5024.40			090	Y	
•	•		**44660**	CLSR ENTEROVES FSTL W/O INTSTINAL/BLADDER RESCJ	4644.00			090	Y	
•	•		**44661**	CLSR ENTEROVES FSTL W/INTESTINE&/BLADDER RESCJ	5397.60			090	Y	
•	•		**44680**	INTESTINAL PLICATION SEPARATE PROCEDURE	3728.40			090	Y	
•	•		**44700**	EXCLUSION SM INT FROM PELVIS MESH/PROSTH/TISS	3499.20			090	Y	
+	•		**44701**	INTRAOPERATIVE COLONIC LAVAGE	592.80			ZZZ	Y	
•	•		**44705**	PREPARE FECAL MICROBIOTA FOR INSTILLATION	390.00			XXX	N	
•	•		**44715**	BKBENCH PREP CADAVER/LIVING DONOR INTESTINE	2790.00			XXX	Y	
•	•		**44720**	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	958.80			XXX	Y	
•	•		**44721**	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	1340.40			XXX	Y	
•	•		**44799**	UNLISTED PROCEDURE SMALL INTESTINE	BR			YYY	N	1081.40
•	•		**44800**	EXC MECKEL'S DIVERTICULUM/OMPHALOMESENTERIC DUCT	2667.60			090	Y	2711.48
•	•		**44820**	EXCISION LESION MESENTERY SEPARATE PROCEDURE	2912.40			090	Y	
•	•		**44850**	SUTURE MESENTERY SEPARATE PROCEDURE	2604.00			090	Y	
•	•		**44899**	UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY	BR			YYY	Y	
•	•		**44900**	INCISION AND DRAINAGE APPENDICEAL ABSCESS OPEN	2689.20			090	Y	
•	•	J1	**44950**	APPENDECTOMY	2234.40			090	Y	5716.03
+	•		**44955**	APPENDEC INDICATED PURPOSE OTH MAJOR PX NOT SPX	294.00			ZZZ	Y	
•	•		**44960**	APPENDEC RPTD APPENDIX ABSC/PRITONITIS	3049.20			090	Y	4010.51
•	•	J1	**44970**	LAPAROSCOPIC APPENDECTOMY	2090.40			090	Y	9076.35
•	•	J1	**44979**	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	BR			YYY	Y	9076.35
•	•		**45000**	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	1472.40			090	N	1391.30
•	•		**45005**	I&D SUBMUCOSAL ABSCESS RECTUM	976.80			010	N	1391.30
•	•	J1	**45020**	I&D DP SUPRALEVATOR PELVIRCT/RETRORCT ABSC	1989.60			090	N	4663.33
•	•	J1	**45100**	BX ANORECTAL WALL ANAL APPROACH	1036.80			090	N	4663.33
•	•	J1	**45108**	ANORECTAL MYOMECTOMY	1284.00			090	N	4663.33

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**45110**	PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST	6399.60			090	Y	
•	•		**45111**	PRCTECT PRTL RESCJ RECTUM TABDL APPR	3777.60			090	Y	
•	•		**45112**	PRCTECT CMBN ABDOMINOPRNL PULL-THRU PX	6482.40			090	Y	
•	•		**45113**	PRCTECT PRTL W/MUCOSEC ILEOANAL ANAST RSVR	6562.80			090	Y	
•	•		**45114**	PRCTECT PRTL W/ANAST ABDL & TRANSSAC APPROACH	6313.20			090	Y	
•	•		**45116**	PRCTECT PRTL W/ANAST TRANSSAC APPR ONLY	5414.40			090	Y	
•	•		**45119**	PRCTECT CMBN PULL-THRU W/RSVR W/NTRSTM	6714.00			090	Y	
•	•		**45120**	PRCTECT COMPL W/PULL-THRU PX & ANASTOMOSIS	5524.80			090	Y	
•	•		**45121**	PRCTECT COMPL W/STOT/TOT COLCT W/MLT BXS	5996.40			090	Y	
•	•		**45123**	PRCTECT PRTL W/O ANAST PRNL APPR	3898.80			090	Y	
•	•		**45126**	PELVIC EXENTERATION COLORECTAL MALIGNANCY	9667.20			090	Y	
•	•		**45130**	EXC RCT PROCIDENTIA W/ANAST PERINEAL APPROACH	3776.40			090	Y	
•	•		**45135**	EXC RCT PROCIDENTIA W/ANAST ABDL & PRNL APPROACH	4522.80			090	Y	
•	•		**45136**	EXC ILEOANAL RSVR W/ILEOSTOMY	6405.60			090	Y	
•	•		**45150**	DIVISION STRICTURE RECTUM	1442.40			090	N	1391.30
•	•	J1	**45160**	EXC RCT TUM PROCTOTOMY TRANSSAC/TRANSCOCCYGEAL	3564.00			090	Y	4663.33
•	•	J1	**45171**	EXC RCT TUM NOT INCL MUSCULARIS PROPRIA	2091.60			090	Y	4663.33
•	•	J1	**45172**	EXC RCT TUM INCL MUSCULARIS PROPRIA	2821.20			090	Y	4663.33
•	•	J1	**45190**	DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	2419.20			090	N	4663.33
•	•		**45300**	PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	416.40			000	N	1057.74
•	•		**45303**	PROCTOSGMDSC RIGID W/DILATION	3160.80			000	N	1391.30
•	•		**45305**	PROCTOSGMDSC RIGID W/BX SINGLE/MULTIPLE	525.60			000	N	1391.30
•	•	J1	**45307**	PROCTOSGMDSC RIGID W/RMVL FOREIGN BODY	603.60			000	N	4663.33
•	•	J1	**45308**	PROCTOSGMDSC RIGID RMVL 1 LESION CAUTERY	591.60			000	N	4663.33
•	•		**45309**	PROCTOSGMDSC RIGID RMVL 1 LESION SNARE TQ	613.20			000	N	1391.30
•	•		**45315**	PROCTOSGMDSC RIGID RMVL MULT TUMOR CAUTERY/SNARE	673.20			000	N	1391.30
•	•		**45317**	PROCTOSGMDSC RIGID CONTROL BLEEDING	662.40			000	N	1391.30
•	•	J1	**45320**	PROCTOSGMDSC RIGID ABLATION LESION	656.40			000	N	4663.33
•	•	J1	**45321**	PROCTOSGMDSC RIGID DCMPRN VOLVULUS	358.80			000	N	4663.33
•	•	J1	**45327**	PROCTOSGMDSC RIGID TNDSC STENT PLMT	405.60			000	N	8373.03
•	•		**45330**	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	585.60			000	N	1057.74
•	•		**45331**	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	912.00			000	N	1057.74
•	•		**45332**	SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY	883.20			000	N	1391.30
•	•		**45333**	SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS	1040.40			000	N	1057.74
•	•		**45334**	SIGMOIDOSCOPY FLX CONTROL BLEEDING	1844.40			000	N	1391.30
•	•		**45335**	SGMDSC FLX DIRED SBMCSL NJX ANY SBST	858.00			000	N	1057.74
•	•		**45337**	SGMDSC FLX W/DCMPRN W/PLMT DCMPRN TUBE	404.40			000	N	1391.30
•	•		**45338**	SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	946.80			000	N	1391.30
•	•		**45340**	SIGMOIDOSCOPY FLX TNDSC BALO DILAT	1514.40			000	N	1391.30
•	•		**45341**	SIGMOIDOSCOPY FLX NDSC US XM	433.20			000	N	1391.30
•	•		**45342**	SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR/BX	595.20			000	N	1391.30
•	•		**45346**	SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES	9885.60			000	N	1391.30
•	•	J1	**45347**	SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	542.40			000	N	8373.03
•	•		**45349**	SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	696.00			000	N	1391.30
•	•		**45350**	SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	1968.00			000	N	1391.30
•	•		**45378**	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	1101.60			000	N	1057.74
•	•		**45379**	COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	1423.20			000	N	1391.30
•	•		**45380**	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	1414.80			000	N	1391.30
•	•		**45381**	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	1382.40			000	N	1391.30

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**45382**	COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	2427.60			000	N	1391.30
•	•		**45384**	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	1575.60			000	N	1391.30
•	•		**45385**	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	1485.60			000	N	1391.30
•	•		**45386**	COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	2040.00			000	N	1391.30
•	•		**45388**	COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	10424.40			000	N	1391.30
•	•	J1	**45389**	COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	1018.80			000	N	8373.03
•	•		**45390**	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	1168.80			000	N	1391.30
•	•		**45391**	COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	906.00			000	N	1391.30
•	•		**45392**	COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL	1069.20			000	N	1391.30
•	•		**45393**	COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	889.20			000	N	1391.30
•	•		**45395**	LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY	6855.60			090	Y	
•	•		**45397**	LAPS PROCTECTOMY COMBINED PULL-THRU W/RESERVOIR	7458.00			090	Y	
•	•		**45398**	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	2504.40			000	N	1391.30
•	•		**45399**	UNLISTED PROCEDURE COLON	BR			YYY	N	1057.74
•	•		**45400**	LAPAROSCOPY PROCTOPEXY PROLAPSE	3955.20			090	Y	5285.73
•	•		**45402**	LAPAROSCOPY PROCTOPEXY PROLAPSE SIGMOID RESCJ	5259.60			090	Y	
•	•	J1	**45499**	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	BR			YYY	Y	9076.35
•	•	J1	**45500**	PROCTOPLASTY STENOSIS	1939.20			090	N	4663.33
•	•	J1	**45505**	PROCTOPLASTY PROLAPSE MUCOUS MEMBRANE	2059.20			090	N	4663.33
•	•		**45520**	PERIRECTAL INJ SCLEROSING SOLUTION PROLAPSE	529.20			000	N	1057.74
•	•		**45540**	PROCTOPEXY ABDOMINAL APPROACH	3673.20			090	Y	
•	•	J1	**45541**	PROCTOPEXY PERINEAL APPROACH	3279.60			090	Y	4663.33
•	•		**45550**	PROCTOPEXY W/SIGMOID RESCJ ABDL APPR	5089.20			090	Y	
•	•	J1	**45560**	REPAIR RECTOCELE SEPARATE PROCEDURE	2372.40			090	Y	4663.33
•	•		**45562**	EXPL RPR & PRESACRAL DRG RECTAL INJURY	3894.00			090	Y	
•	•		**45563**	EXPL RPR & PRESACRAL DRG RECTAL INJ W/COLOSTOMY	5727.60			090	Y	
•	•		**45800**	CLOSURE RECTOVESICAL FISTULA	4378.80			090	Y	
•	•		**45805**	CLSR RECTOVESICAL FISTULA W/COLOSTOMY	5107.20			090	Y	
•	•		**45820**	CLOSURE RECTOURETHRAL FISTULA	4404.00			090	Y	
•	•		**45825**	CLOSURE RECTOURETHRAL FISTULA W/COLOSTOMY	5332.80			090	Y	
•	•		**45900**	RDCTJ PROCIDENTIA UNDER ANES SEPARATE PROCEDURE	699.60			010	N	1057.74
•	•		**45905**	DILAT ANAL SPHNCTR SPX UNDER ANES OTH/THN LOCAL	584.40			010	N	1391.30
•	•		**45910**	DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL	663.60			010	N	1391.30
•	•		**45915**	RMVL FECAL IMPACTION/FB SPX UNDER ANES	1164.00			010	N	1391.30
•	•	J1	**45990**	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	370.80			000	N	4663.33
•	•		**45999**	UNLISTED PROCEDURE RECTUM	BR			YYY	N	1057.74
•	•	J1	**46020**	PLACEMENT SETON	960.00			010	N	4663.33
•	•		**46030**	REMOVAL ANAL SETON OTHER MARKER	484.80			010	N	1391.30
•	•		**46040**	I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX	1860.00			090	N	1391.30
•	•	J1	**46045**	I&D INTRAMURAL IM/ABSC TRANSANAL ANES	1510.80			090	N	4663.33
•	•		**46050**	I&D PERIANAL ABSCESS SUPERFICIAL	717.60			010	N	1057.74
•	•	J1	**46060**	I&D ISCHIORCT/INTRAMURAL ABSC W/WO SETON	1660.80			090	N	4663.33
•	•	J1	**46070**	INCISION ANAL SEPTUM INFANT	902.40			090	N	4663.33
•	•	J1	**46080**	SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX	889.20			010	N	4663.33
•	•		**46083**	INCISION THROMBOSED HEMORRHOID EXTERNAL	628.80			010	N	328.62
•	•	J1	**46200**	FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED	1560.00			090	N	4663.33
•	•		**46220**	EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	746.40			010	N	1391.30
•	•		**46221**	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	932.40			010	N	1057.74
•	•	J1	**46230**	EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS	973.20			010	N	4663.33

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**46250**	HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP	1612.80			090	N	4663.33
•	•	J1	**46255**	HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP	1765.20			090	N	4663.33
•	•	J1	**46257**	HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO	1468.80			090	N	4663.33
•	•	J1	**46258**	HRHC 1 COL/GRP W/FSTULECTMY INCL FSSRECTOMY	1627.20			090	N	4663.33
•	•	J1	**46260**	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	1654.80			090	N	4663.33
•	•	J1	**46261**	HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU	1809.60			090	N	4663.33
•	•	J1	**46262**	HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY	1921.20			090	N	4663.33
•	•	J1	**46270**	SURG TX ANAL FISTULA SUBQ	1777.20			090	N	4663.33
•	•	J1	**46275**	SURG TX ANAL FISTULA INTERSPHINCTERIC	1875.60			090	N	4663.33
•	•	J1	**46280**	TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTRC INCL SETON	1638.00			090	N	4663.33
•	•	J1	**46285**	SURG TX ANAL FISTULA 2ND STAGE	1867.20			090	N	4663.33
•	•	J1	**46288**	CLSR ANAL FSTL W/RCT ADVMNT FLAP	1903.20			090	N	4663.33
•	•		**46320**	EXC THROMBOSED HEMORRHOID XTRNL	651.60			010	N	1391.30
•	•		**46500**	INJECTION SCLEROSING SOLUTION HEMORRHOIDS	987.60			010	N	1057.74
•	•		**46505**	CHEMODENERVATION INTERNAL ANAL SPHINCTER	1002.00			010	N	1391.30
•	•		**46600**	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	326.40			000	N	151.20
•	•		**46601**	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	476.40			000	N	151.20
•	•		**46604**	ANOSCOPY W/DILATION	2196.00			000	N	1391.30
•	•		**46606**	ANOSCOPY W/BX SINGLE/MULTIPLE	826.80			000	N	1391.30
•	•		**46607**	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	670.80			000	N	1391.30
•	•		**46608**	ANOSCOPY W/RMVL FOREIGN BODY	871.20			000	N	1057.74
•	•	J1	**46610**	ANOSCOPY W/RMVL LESION CAUTERY	826.80			000	N	4663.33
•	•		**46611**	ANOSC RMVL 1 TUM POLYP/OTH LES SNARE TQ	651.60			000	N	1057.74
•	•	J1	**46612**	ANOSC RMVL MULT TUMORS CAUTERY/SNARE	1005.60			000	N	4663.33
•	•		**46614**	ANOSCOPY CONTROL BLEEDING	476.40			000	N	1391.30
•	•	J1	**46615**	ANOSCOPY ABLATION LESION	520.80			000	N	4663.33
•	•	J1	**46700**	ANOPLASTY PLASTIC OPERATION STRICTURE ADULT	2277.60			090	N	4663.33
•	•		**46705**	ANOPLASTY PLASTIC OPERATION STRICTURE INFANT	1933.20			090	Y	
•	•	J1	**46706**	REPAIR ANAL FISTULA W/FIBRIN GLUE	612.00			010	N	4663.33
•	•	J1	**46707**	REPAIR ANORECTAL FISTULA PLUG	1702.80			090	N	4663.33
•	•		**46710**	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT TPRNL APPR	3854.40			090	Y	
•	•		**46712**	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT CMBN APPR	7768.80			090	Y	
•	•		**46715**	RPR LW IMPERFORATE ANUS W/ANOPRNL FSTL CUT-BK	1892.40			090	Y	
•	•		**46716**	RPR LW IMPERFORATE ANUS W/TRPOS FISTULA	4214.40			090	Y	
•	•		**46730**	RPR HI IMPRF ANUS W/O FSTL PRNL/SACROPRNL APPR	6846.00			090	Y	
•	•		**46735**	RPR HI IMPRF ANUS W/O FISTULA CMBN APPR	7900.80			090	Y	
•	•		**46740**	RPR HI IMPRF ANUS W/FSTL PRNL/SACROPRNL APPR	7482.00			090	Y	
•	•		**46742**	RPR HI IMPRF ANUS W/FSTL TABDL & SACROPRNL	8667.60			090	Y	
•	•		**46744**	RPR CLOACAL ANOMALY SACROPERINEAL	12150.00			090	Y	
•	•		**46746**	RPR CLOACAL ANOMALY CMBN ABDL&SACROPRNL	13568.40			090	Y	
•	•		**46748**	RPR CLOACAL ANOMALY CMBN ABDL & SACROPRNL W/GRF	14727.60			090	Y	
•	•	J1	**46750**	SPHNCTROP ANAL INCONTINENCE/PROLAPSE ADULT	2592.00			090	Y	4663.33
•	•		**46751**	SPHNCTROP ANAL INCONTINENCE/PROLAPSE CHLD	2281.20			090	Y	
•	•	J1	**46753**	GRAFT THIERSCH RCT INCONTINENCE &/PROLAPSE	2131.20			090	N	4663.33
•	•	J1	**46754**	RMVL THIERSCH WIRE/SUTURE ANAL CANAL	1083.60			010	N	4663.33
•	•	J1	**46760**	SPHINCTEROPLASTY ANAL MUSCLE TRANSPLANT	3792.00			090	Y	4663.33
•	•	J1	**46761**	SPHNCTROP ANAL LEVATOR MUSC IMBRCJ	3171.60			090	Y	4663.33
•	•		**46900**	DSTRJ LESION ANUS SIMPLE CHEMICAL	811.20			010	N	445.99
•	•		**46910**	DSTRJ LESION ANUS SMPL ELTRDSICCATION	886.80			010	N	2199.52

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**46916**	DSTRJ LESION ANUS SIMPLE CRYOSURGERY	819.60			010	N	250.56
•	•	J1	**46917**	DSTRJ LESION ANUS SIMPLE LASER SURG	1472.40			010	N	4663.33
•	•	J1	**46922**	DSTRJ LESION ANUS SIMPLE SURG EXCISION	960.00			010	N	4663.33
•	•	J1	**46924**	DSTRJ LESION ANUS EXTENSIVE	1812.00			010	N	4663.33
•	•		**46930**	DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY	722.40			090	N	1391.30
•	•	J1	**46940**	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX 1ST	814.80			010	N	4663.33
•	•		**46942**	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX SBSQ	777.60			010	N	1057.74
•	•	J1	**46945**	HRHC NTRNL LIG OTH THAN RBBR BAND 1 COL/GRP	1089.60			090	N	4663.33
•	•	J1	**46946**	HRHC NTRNL LIG OTH THAN RBBR BAND 2/> COL/GRP	1100.40			090	N	4663.33
•	•	J1	**46947**	HEMORRHOIDOPEXY STAPLING	1330.80			090	N	4663.33
•	•		**46999**	UNLISTED PROCEDURE ANUS	BR			YYY	N	1057.74
•	•	J1	**47000**	BIOPSY LIVER NEEDLE PERCUTANEOUS	1046.40			000	N	2734.29
+	•		**47001**	BX LVR NDL DONE PURPOSE TM OTH MAJOR PX	362.40			ZZZ	N	
•	•		**47010**	HEPATOTOMY OPEN DRAINAGE ABSCESS/CYST 1/2 STAGES	4220.40			090	Y	
•	•		**47015**	LAPT W/ASPIR &/NJX HEPATC PARASITIC CYST/ABSCESS	4054.80			090	Y	
•	•		**47100**	BIOPSY LIVER WEDGE	2940.00			090	Y	2639.59
•	•		**47120**	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	8134.80			090	Y	5041.12
•	•		**47122**	HEPATECTOMY RESCJ TRISEGMENTECTOMY	11960.40			090	Y	
•	•		**47125**	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY	10744.80			090	Y	
•	•		**47130**	HEPATECTOMY RESCJ TOTAL RIGHT LOBECTOMY	11544.00			090	Y	
•	•		**47133**	DONOR HEPATECTOMY CADAVER DONOR	19334.40			XXX	N	
•	•		**47135**	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	18756.00			090	Y	
•	•		**47140**	DONOR HEPATECTOMY LIVING DONOR SEG II & III	12439.20			090	Y	
•	•		**47141**	DONOR HEPATECTOMY LIVING DONOR SEG II III & IV	14890.80			090	Y	
•	•		**47142**	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII &VI	16384.80			090	Y	
•	•		**47143**	BKBENCH PREP CADAVER DONOR	2956.80			XXX	Y	
•	•		**47144**	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I&IV VII	4603.20			090	Y	
•	•		**47145**	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I&V VI	BR			XXX	Y	
•	•		**47146**	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	1131.60			XXX	Y	
•	•		**47147**	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	1333.20			XXX	Y	
•	•		**47300**	MARSUPIALIZATION CST/ABSC LVR	3936.00			090	Y	
•	•		**47350**	MGMT LVR HEMRRG SMPL SUTR LVR WND/INJ	4764.00			090	Y	
•	•		**47360**	MGMT LVR HEMRRG CPLX SUTR WND/INJ	6537.60			090	Y	
•	•		**47361**	MGMT LVR HEMRRG EXPL WND DBRDMT COAGJ/SUTR	10560.00			090	Y	
•	•		**47362**	MGMT LVR HEMRRG RE-EXPL WND RMVL PACKING	5054.40			090	Y	
•	•	J1	**47370**	LAPS SURG ABLTJ 1/> LVR TUM RF	4354.80			090	Y	15106.63
•	•	J1	**47371**	LAPS SURG ABLTJ 1 > LVR TUM CRYOSURG	4256.40			090	Y	15106.63
•	•	J1	**47379**	UNLIS LAPAROSCOPIC PROCEDURE LIVER	BR			YYY	Y	9076.35
•	•		**47380**	ABLTJ OPN 1/> LVR TUM RF	5020.80			090	Y	
•	•		**47381**	ABLTJ OPN 1/> LVR TUM CRYOSURG	5096.40			090	Y	
•	•	J1	**47382**	ABLTJ 1/> LVR TUM PRQ RF	15680.40			010	N	9076.35
•	•	J1	**47383**	ABLATION 1/> LIVER TUMOR PERQ CRYOABLATION	23541.60			010	N	9076.35
•	•		**47399**	UNLISTED PROCEDURE LIVER	BR			YYY	N	822.66
•	•		**47400**	HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1	7514.40			090	Y	
•	•		**47420**	CHOLEDOCHOT/OST W/O SPHNCTROTOMY/SPHNCTROP	4668.00			090	Y	5823.45
•	•		**47425**	CHOLEDOCHOT/OST W/SPHNCTROTOMY/SPHNCTROP	4765.20			090	Y	
•	•		**47460**	TRANSDUOL SPHINCTEROT/PLASTY W/WO RMVL CALCULUS	4405.20			090	Y	
•	•		**47480**	CHOLECSTOT/CHOLECSTOST W/EXPL DRG/RMVL ST1 SPX	3050.40			090	Y	
•	•	J1	**47490**	CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	1147.20			010	N	5716.03

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**47531**	NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	1186.80			000	N	4185.19
•	•		**47532**	NJX CHOLANGIO PRQ W/IMG GID RS&I NEW ACCESS	2787.60			000	N	4185.19
•	•	J1	**47533**	PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	4228.80			000	N	5716.03
•	•	J1	**47534**	PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	4927.20			000	N	5716.03
•	•	J1	**47535**	CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	3414.00			000	N	5716.03
•	•	J1	**47536**	EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	2350.80			000	N	5716.03
•	•		**47537**	REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	1381.20			000	N	1081.40
•	•	J1	**47538**	PLMT BILE DUCT STENT PRQ EXISTING ACCESS	14616.00			000	N	9076.35
•	•	J1	**47539**	PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	16210.80			000	N	9076.35
•	•	J1	**47540**	PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	16488.00			000	N	9076.35
•	•	J1	**47541**	PLMT ACCESS THRU BILIARY TREE INTO SMALL BWL NEW	4057.20			000	N	5716.03
+	•		**47542**	BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	1670.40			ZZZ	N	
+	•		**47543**	ENDOLUMINAL BX BILIARY TREE PRQ ANY METH 1/MLT	1605.60			ZZZ	N	
+	•		**47544**	REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	3513.60			ZZZ	N	
+	•		**47550**	BILIARY NDSC INTRAOPERATIVE	576.00			ZZZ	Y	
•	•	J1	**47552**	BILIARY ENDO PRQ T-TUBE DX W/COLLECT SPEC BRUSH	1081.20			000	N	5716.03
•	•	J1	**47553**	BILIARY NDSC PRQ T-TUBE W/BX SINGLE/MULTIPLE	1069.20			000	N	5716.03
•	•	J1	**47554**	BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	1797.60			000	N	9076.35
•	•	J1	**47555**	BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	1135.20			000	N	5716.03
•	•	J1	**47556**	BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT	1286.40			000	N	9076.35
•	•	J1	**47562**	LAPAROSCOPY SURG CHOLECYSTECTOMY	2288.40			090	Y	9076.35
•	•	J1	**47563**	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	2490.00			090	Y	9076.35
•	•	J1	**47564**	LAPS SURG CHOLECSTC W/EXPL COMMON DUCT	3872.40			090	Y	9076.35
•	•		**47570**	LAPAROSCOPY SURG CHOLECYSTOENETEROSTOMY	2700.00			090	Y	
•	•	J1	**47579**	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	BR			YYY	Y	9076.35
•	•		**47600**	CHOLECYSTECTOMY	3716.40			090	Y	5718.92
•	•		**47605**	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	3912.00			090	Y	4907.68
•	•		**47610**	CHOLECYSTECTOMY W/EXPLORATION COMMON DUCT	4366.80			090	Y	
•	•		**47612**	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	4401.60			090	Y	
•	•		**47620**	CHOLECSTC EXPL DUX SPHNCTROTOMY/SPHNCTROP	4749.60			090	Y	
•	•		**47700**	EXPL CONGENITAL ATRESIA BILE DUCTS	3674.40			090	Y	
•	•		**47701**	PORTOENETEROSTOMY	5947.20			090	N	
•	•		**47711**	EXC BILE DUX TUM W/WO PRIM RPR XTRHEPATC	5415.60			090	Y	
•	•		**47712**	EXC BILE DUX TUM W/WO PRIM RPR INTRAHEPATC	6945.60			090	Y	
•	•		**47715**	EXCISION CHOLEDOCHAL CYST	4615.20			090	Y	
•	•		**47720**	CHOLECYSTOENTEROSTOMY DIRECT	4011.60			090	Y	
•	•		**47721**	CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOMY	4722.00			090	Y	
•	•		**47740**	CHOLECYSTOENTEROSTOMY ROUX-EN-Y	4531.20			090	Y	
•	•		**47741**	CHOLECSTONTRSTM ROUX-EN-Y W/GASTRONTRSTM	5132.40			090	Y	
•	•		**47760**	ANAST XTRHEPATC BILIARY DUCTS & GI TRACT	7856.40			090	Y	
•	•		**47765**	ANAST INTRAHEPATC DUCTS & GI TRACT	10556.40			090	Y	
•	•		**47780**	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS & GI	8626.80			090	Y	
•	•		**47785**	ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUCTS & GI	11331.60			090	Y	
•	•		**47800**	RCNSTJ PLSTC BILIARY DUCTS W/END-TO-END ANAST	5466.00			090	Y	
•	•		**47801**	PLACEMENT CHOLEDOCHAL STENT	3879.60			090	Y	
•	•		**47802**	U-TUBE HEPATICOENTEROSTOMY	5322.00			090	Y	
•	•		**47900**	SUTURE EXTRAHEPATIC BILE DUCT PRE-EXIST INJURY	4770.00			090	Y	
•	•		**47999**	UNLISTED PROCEDURE BILIARY TRACT	BR			YYY	N	1081.40
•	•		**48000**	PLACE DRAIN PERIPANCREATIC ACUTE PANCREATITIS	6562.80			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**48001**	PLACE DRAIN PERIPANCREATIC W/CHOLECYSTOSTOMY	8000.40			090	Y	
•	•		**48020**	REMOVAL PANCREATIC CALCULUS	4102.80			090	Y	
•	•		**48100**	BIOPSY PANCREAS OPEN	3099.60			090	Y	
•	•	J1	**48102**	BIOPSY PANCREA PERCUTANEOUS NEEDLE	1826.40			010	N	2734.29
•	•		**48105**	RESECJ/DBRDMT PANCREAS NECROTIZING PANCREATITIS	9892.80			090	Y	
•	•		**48120**	EXCISION LESION PANCREAS	3849.60			090	Y	
•	•		**48140**	PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	5454.00			090	Y	
•	•		**48145**	PNCRTECT DSTL STOT W/PNCRTCOJEJUNOSTOMY	5680.80			090	Y	
•	•		**48146**	PNCRTECT DSTL NR-TOT W/PRSRV DUO CHLD-TYP PX	6541.20			090	Y	
•	•		**48148**	EXCISION AMPULLA VATER	4341.60			090	Y	
•	•		**48150**	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	10872.00			090	Y	
•	•		**48152**	PNCRTECT WHIPPLE W/O PANCREATOJEJUNOSTOMY	10065.60			090	Y	
•	•		**48153**	PNCRTECT W/PANCREATOJEJUNOSTOMY	10821.60			090	Y	
•	•		**48154**	PNCRTECT PROX STOT W/O PANCREATOJEJUNOSTOMY	10126.80			090	Y	
•	•		**48155**	PANCREATECTOMY TOTAL	6320.40			090	Y	
•	•		**48160**	PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS	21482.40			XXX	N	
+	•		**48400**	INJECTION INTRAOPERATIVE PANCREATOGRAPHY	368.40			ZZZ	N	
•	•		**48500**	MARSUPIALIZATION PANCREATIC CYST	4010.40			090	Y	
•	•		**48510**	EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN	3814.80			090	Y	
•	•		**48520**	INT ANAST PANCREATIC CYST GI TRACT DIRECT	3789.60			090	Y	
•	•		**48540**	INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y	4543.20			090	Y	
•	•		**48545**	PANCREATORRHAPHY INJURY	4669.20			090	Y	
•	•		**48547**	DUOL EXCLUSION W/GASTROJEJUNOSTOMY PNCRTC INJ	6228.00			090	Y	
•	•		**48548**	PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANAST	5786.40			090	Y	
•	•		**48550**	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	BR			XXX	N	
•	•		**48551**	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	2762.40			XXX	Y	
•	•		**48552**	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	824.40			XXX	Y	
•	•		**48554**	TRANSPLANTATION PANCREATIC ALLOGRAFT	8868.00			090	Y	
•	•		**48556**	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	4434.00			090	Y	
•	•		**48999**	UNLISTED PROCEDURE PANCREAS	BR			YYY	Y	822.66
•	•		**49000**	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	2678.40			090	Y	3629.56
•	•		**49002**	REOPENING RECENT LAPAROTOMY	3640.80			090	Y	
•	•		**49010**	EXPL RETROPERITONEUM W/WO BX SPX	3228.00			090	Y	3435.31
•	•		**49020**	DRAINAGE PERITON ABSCESS/LOCAL PERITONITIS OPEN	5535.60			090	Y	2006.96
•	•		**49040**	DRAINAGE SUBDIAPHRAGMATIC/SUBPHREN ABSCESS OPEN	3468.00			090	Y	
•	•		**49060**	DRAINAGE OF RETROPERITONEAL ABSCESS OPEN	3820.80			090	N	
•	•		**49062**	DRG XTRAPERITONEAL LYMPHOCELE PERITON CAVITY OPN	2566.80			090	Y	
•	•		**49082**	ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	680.40			000	N	1081.40
•	•		**49083**	ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	1012.80			000	N	1081.40
•	•		**49084**	PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	375.60			000	N	1081.40
•	•	J1	**49180**	BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	565.20			000	N	2734.29
•	•		**49185**	SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	3633.60			000	N	822.66
•	•		**49203**	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM/<	4164.00			090	Y	3431.95
•	•		**49204**	EXC/DESTRUCTION OPEN ABDMNL TUMORS 5.1-10.0 CM	5325.60			090	Y	3348.68
•	•		**49205**	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0 CM	6126.00			090	Y	3307.41
•	•		**49215**	EXC PRESAC/SACROCOCCYGEAL TUMOR	7713.60			090	Y	
•	•		**49220**	STAGING LAPAROTOMY HODGKINS DISEASE/LYMPHOMA	3385.20			090	Y	
•	•	J1	**49250**	UMBILECTOMY OMPHALECTOMY EXC UMBILICUS SPX	2048.40			090	N	5716.03
•	•		**49255**	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	2751.60			090	Y	2855.68

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**49320**	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	1131.60			010	Y	9076.35
•	•	J1	**49321**	LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE	1196.40			010	Y	9076.35
•	•	J1	**49322**	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	1284.00			010	Y	9076.35
•	•	J1	**49323**	LAPS SURG W/DRG LYMPHOCELE PRTL CAVITY	2196.00			090	Y	9076.35
•	•	J1	**49324**	LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER	1344.00			010	Y	9076.35
•	•	J1	**49325**	LAPS W/REVISION INTRAPERITONEAL CATHETER	1434.00			010	Y	9076.35
+	•		**49326**	LAPAROSCOPY W/OMENTOPEXY	656.40			ZZZ	Y	
+	•		**49327**	LAPS W/INSERTION NTRSTL DEV W/IMG GUID 1/MLT	452.40			ZZZ	Y	
•	•	J1	**49329**	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM & OMENTUM	BR			YYY	Y	9076.35
•	•		**49400**	INJECTION AIR/CONTRAST PERITONEAL CAVITY SPX	471.60			000	N	
•	•	J1	**49402**	REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY	2979.60			090	N	5716.03
•	•	J1	**49405**	IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	2871.60			000	N	2734.29
•	•	J1	**49406**	IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	2870.40			000	N	2734.29
•	•	J1	**49407**	IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	2331.60			000	N	2734.29
•	•		**49411**	INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	1650.00			000	N	1692.53
+	•		**49412**	PLACEMENT INTRSTL DEV OPN W/IMG GUID 1/MLT	289.20			ZZZ	N	
•	•	J1	**49418**	INSJ INTRAPERITONEAL CATHETER W/IMG GUID	4334.40			000	N	5716.03
•	•	J1	**49419**	INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT	1532.40			090	N	8407.95
•	•	J1	**49421**	INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	796.80			000	N	5716.03
•	•		**49422**	REMOVAL TUNNELED INTRAPERITONEAL CATHETER	775.20			000	N	3750.96
•	•	J1	**49423**	EXCHNG ABSC/CST DRG CATH RAD GID SPX	1936.80			000	N	2902.55
•	•		**49424**	CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	522.00			000	N	
•	•		**49425**	INSERTION PERITONEAL-VENOUS SHUNT	2502.00			090	Y	
•	•	J1	**49426**	REVIS PERITONEAL-VENOUS SHUNT	2143.20			090	N	5716.03
•	•		**49427**	INJECT EVALUATE PREVIOUS PERITONEAL-VENOUS SHUNT	158.40			000	N	
•	•		**49428**	LIGATION PERITONEAL-VENOUS SHUNT	1501.20			010	N	
•	•		**49429**	RMVL PERITONEAL-VENOUS SHUNT	1594.80			010	N	3750.96
+	•		**49435**	INSJ SUBQ EXTENSION INTRAPERITONEAL CATHETER	414.00			ZZZ	Y	
•	•	J1	**49436**	DELAYED CREATION EXIT SITE EMBEDDED CATHETER	643.20			010	Y	2902.55
•	•	J1	**49440**	INSERT GASTROSTOMY TUBE PERCUTANEOUS	3238.80			010	N	2902.55
•	•	J1	**49441**	INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	3675.60			010	N	2902.55
•	•		**49442**	INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS	3058.80			010	N	1391.30
•	•	J1	**49446**	CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	3114.00			000	N	2902.55
•	•		**49450**	REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	2256.00			000	N	1081.40
•	•		**49451**	REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	2454.00			000	N	1081.40
•	•		**49452**	REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	3019.20			000	N	1081.40
•	•		**49460**	OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	2452.80			000	N	1081.40
•	•		**49465**	CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	537.60			000	N	327.40
•	•	J1	**49491**	RPR 1ST INGUN HRNA PRETERM INFT RDC	2764.80			090	Y	9076.35
•	•	J1	**49492**	RPR 1ST INGUN HRNA PRETERM INFT INCARCERATED	3334.80			090	Y	5716.03
•	•	J1	**49495**	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO RDC	1423.20			090	Y	5716.03
•	•	J1	**49496**	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO INCARCER	2134.80			090	Y	5716.03
•	•	J1	**49500**	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE	1404.00			090	Y	5716.03
•	•	J1	**49501**	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS INCARCERATED	2106.00			090	Y	5716.03
•	•	J1	**49505**	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	1808.40			090	Y	5716.03
•	•	J1	**49507**	RPR 1ST INGUN HRNA AGE 5 YRS/> INCARCERATED	2036.40			090	Y	5716.03
•	•	J1	**49520**	RPR RECRT INGUINAL HERNIA ANY AGE REDUCIBLE	2197.20			090	Y	5716.03
•	•	J1	**49521**	RPR RECRT INGUN HERNIA ANY AGE INCARCERATED	2492.40			090	Y	5716.03

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**49525**	RPR INGUN HERNIA SLIDING ANY AGE	1993.20			090	Y	5716.03
•	•	J1	**49540**	REPAIR LUMBAR HERNIA	2342.40			090	Y	9076.35
•	•	J1	**49550**	RPR 1ST FEM HRNA ANY AGE REDUCIBLE	2001.60			090	Y	5716.03
•	•	J1	**49553**	RPR 1ST FEM HERNIA ANY AGE INCARCERATED	2197.20			090	Y	5716.03
•	•	J1	**49555**	RPR RECRT FEM HERNIA REDUCIBLE	2079.60			090	Y	5716.03
•	•	J1	**49557**	RPR RECRT FEM HRNA INCARCERATED	2516.40			090	Y	5716.03
•	•	J1	**49560**	REPAIR FIRST ABDOMINAL WALL HERNIA	2565.60			090	Y	5716.03
•	•	J1	**49561**	RPR 1ST INCAL/VNT HERNIA INCARCERATED	3232.80			090	Y	5716.03
•	•	J1	**49565**	RPR RECRT INCAL/VNT HERNIA REDUCIBLE	2671.20			090	Y	9076.35
•	•	J1	**49566**	RPR RECRT INCAL/VNT HERNIA INCARCERATED	3261.60			090	Y	9076.35
+	•		**49568**	IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE	932.40			ZZZ	Y	
•	•	J1	**49570**	RPR EPIGASTRIC HERNIA REDUCIBLE SPX	1448.40			090	Y	5716.03
•	•	J1	**49572**	RPR EPIGASTRIC HERNIA INCARCERATED	1794.00			090	Y	5716.03
•	•	J1	**49580**	RPR UMBILICAL HERNIA < 5 YRS REDUCIBLE	1124.40			090	Y	5716.03
•	•	J1	**49582**	RPR UMBILICAL HERNIA < 5 YRS INCARCERATED	1604.40			090	Y	5716.03
•	•	J1	**49585**	RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE	1544.40			090	Y	5716.03
•	•	J1	**49587**	RPR UMBILICAL HERNIA AGE 5 YRS/> INCARCERATED	1651.20			090	Y	5716.03
•	•	J1	**49590**	RPR SPIGELIAN HERNIA	1989.60			090	Y	5716.03
•	•	J1	**49600**	RPR SMALL OMPHALOCELE W/PRIMARY CLOSURE	2523.60			090	Y	5716.03
•	•		**49605**	RPR LG OMPHALOCELE/GASTROSCHISIS W/WO PROSTH	17102.40			090	Y	
•	•		**49606**	RPR LG OMPHALOCELE/GASTROSCHISIS RMVL PROSTH	3949.20			090	Y	
•	•		**49610**	RPR OMPHALOCELE GROSS TYP OPRATION 1ST STG	2398.80			090	Y	
•	•		**49611**	RPR OMPHALOCELE GROSS TYP OPRATION 2ND STG	2112.00			090	Y	
•	•	J1	**49650**	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	1489.20			090	Y	9076.35
•	•	J1	**49651**	LAPS SURG RPR RECURRENT INGUINAL HERNIA	1938.00			090	Y	9076.35
•	•	J1	**49652**	LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE	2586.00			090	Y	9076.35
•	•	J1	**49653**	LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATED	3229.20			090	Y	9076.35
•	•	J1	**49654**	LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE	2938.80			090	Y	15106.63
•	•	J1	**49655**	LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED	3589.20			090	Y	15106.63
•	•	J1	**49656**	LAPS RPR RECURRENT INCISIONAL HERNIA REDUCIBLE	3187.20			090	Y	15106.63
•	•	J1	**49657**	LAPS RPR RECURRENT INCAL HRNA NCRC8/STRANGULATED	4588.80			090	Y	15106.63
•	•	J1	**49659**	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	BR			YYY	Y	9076.35
•	•		**49900**	SEC ABDOMINAL WALL SUTURE EVISCERATION/DEHSN	2836.80			090	Y	2915.22
•	•		**49904**	OMENTAL FLAP EXTRA-ABDOMINAL	4915.20			090	N	
+	•		**49905**	OMENTAL FLAP INTRA-ABDOMINAL	1230.00			ZZZ	Y	
•	•		**49906**	FREE OMENTAL FLAP W/MICROVASCULAR ANAST	4119.60			090	N	
•	•		**49999**	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	BR			YYY	N	1081.40
•	•		**50010**	RNL EXPL X NECESSITATING OTH SPEC PX	2546.40			090	Y	
•	•	J1	**50020**	DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	3516.00			090	N	3422.70
•	•		**50040**	NEPHROSTOMY/NEPHROTOMY W/DRAINAGE	3216.00			090	N	2568.93
•	•		**50045**	NEPHROTOMY W/EXPLORATION	3236.40			090	Y	
•	•		**50060**	NEPHROLITHOTOMY REMOVAL STAGE 1	3960.00			090	Y	5198.54
•	•		**50065**	NEPHROLITHOTOMY SECONDARY FOR CALCULUS	4197.60			090	Y	4748.77
•	•		**50070**	NEPHROLITHOTOMY COMP CGEN KDN ABNORMALITY	4117.20			090	Y	
•	•		**50075**	NEPHROLITHOTOMY RMVL LG STAGHORN STAGE 1	5055.60			090	Y	
•	•	J1	**50080**	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY </2 CM	3018.00			090	N	13305.84
•	•	J1	**50081**	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY > 2 CM	4435.20			090	Y	13305.84
•	•		**50100**	TRNSXJ/REPOSITIONING ABERRANT RENAL VESSEL SPX	3650.40			090	Y	
•	•		**50120**	PYELOTOMY W/EXPLORATION	3295.20			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**50125**	PYELOTOMY W/DRAINAGE PYELOSTOMY	3411.60			090	Y	
•	•		**50130**	PYELOTOMY W/REMOVAL CALCULUS	3584.40			090	Y	
•	•		**50135**	PYELOTOMY COMPLICATED	3896.40			090	Y	
•	•	J1	**50200**	RENAL BIOPSY PRQ TROCAR/NEEDLE	1833.60			000	N	2734.29
•	•		**50205**	RENAL BIOPSY SURG EXPOSURE KIDNEY	2623.20			090	Y	
•	•		**50220**	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	3638.40			090	Y	5492.23
•	•		**50225**	NEPHRECTOMY W/PRTL URETERECT OPN RIB RESCJ COMPL	4183.20			090	Y	
•	•		**50230**	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	4453.20			090	Y	
•	•		**50234**	NEPHRECTOMY W/TOT URETERECT&BLDR CUFF SAME INC	4525.20			090	Y	
•	•		**50236**	NEPHRECTOMY TOT URETEREC&BLDR CUFF SEPAR INCISN	5089.20			090	Y	
•	•		**50240**	NEPHRECTOMY PARTIAL	4602.00			090	Y	
•	•		**50250**	OPEN ABLATION RENAL MASS CRYOSURG ULTRASOUND	4221.60			090	Y	
•	•		**50280**	EXCISION/UNROOFING CYST KIDNEY	3320.40			090	Y	
•	•		**50290**	EXCISION PERINEPHRIC CYST	3118.80			090	Y	
•	•		**50300**	DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	BR			XXX	N	
•	•		**50320**	DONOR NEPHRECTOMY OPEN LIVING DONOR	5214.00			090	Y	
•	•		**50323**	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	1826.40			XXX	Y	
•	•		**50325**	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	1826.40			XXX	Y	
•	•		**50327**	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	754.80			XXX	Y	
•	•		**50328**	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	661.20			XXX	Y	
•	•		**50329**	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	628.80			XXX	Y	
•	•		**50340**	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	3296.40			090	Y	
•	•		**50360**	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	8408.40			090	Y	
•	•		**50365**	RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	9961.20			090	Y	
•	•		**50370**	RMVL TRNSPLED RENAL ALLOGRAFT	4185.60			090	Y	
•	•		**50380**	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	6942.00			090	Y	
•	•	J1	**50382**	RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	3762.00			000	N	3422.70
•	•		**50384**	REMOVAL INDWELLING URETERAL STENT PRQ	3004.80			000	N	2470.45
•	•	J1	**50385**	REMOVE & REPLACE INDWELL URETERAL STENT TRURTHRL	3692.40			000	N	3422.70
•	•		**50386**	REMOVE INT DWELL URETERAL STENT TRANSURETHRAL	2437.20			000	N	2470.45
•	•	J1	**50387**	RMVL & RPLCMT XTRNL ACCESSIBLE NEPHROURTRL CATH	1759.20			000	N	3422.70
•	•		**50389**	RMVL NFROS TUBE REQ FLUORO GUIDANCE	1138.80			000	N	798.40
•	•		**50390**	ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ	333.60			000	N	822.66
•	•		**50391**	INSTLJ THER AGENT RENAL PELVIS&/URETER VIA TUB	422.40			000	N	328.62
•	•		**50396**	MANOMETRIC STDS THRU TUBE/NDWELLG URTRL CATH	405.60			000	N	798.40
•	•		**50400**	PYELOPLASTY SIMPLE	4027.20			090	Y	
•	•		**50405**	PYELOPLASTY COMPLICATED	4844.40			090	Y	3161.09
•	•		**50430**	NJX PX ANTEGRDE NFROSGRM &/URTRGRM NEW ACCESS	1743.60			000	N	798.40
•	•		**50431**	NJX PX ANTEGRDE NFROSGRM &/URTRGRM EXSTNG ACESS	723.60			000	N	798.40
•	•	J1	**50432**	PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	2822.40			000	N	3422.70
•	•	J1	**50433**	PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	3750.00			000	N	3422.70
•	•	J1	**50434**	CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	2959.20			000	N	3422.70
•	•	J1	**50435**	EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	1755.60			000	N	3422.70
•	•	J1	**50436**	PERQ DILATION XST TRC ENDOUROLOGIC PX W/IMG	524.40			000	N	3422.70
•	•	J1	**50437**	PERQ DILATION XST TRC NEW ACCESS RENAL COLTJ SYS	874.80			000	N	5757.14
•	•		**50500**	NEPHRORRHAPHY SUTURE KIDNEY WOUND/INJURY	4478.40			090	Y	
•	•		**50520**	CLOSURE NEPHROCUTANEOUS/PYELOCUTANEOUS FISTULA	4032.00			090	Y	
•	•		**50525**	CLSR NEPHROVISCERAL FISTULA W/VISC RPR ABDL APPR	5116.80			090	Y	
•	•		**50526**	CLSR NEPHROVISCERAL FISTULA W/VISC RPR THRC APPR	5485.20			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**50540**	SYMPHYSIOTOMY HORSESHOE KDN W/WO PLOP UNI/BI	3972.00			090	Y	
•	•	J1	**50541**	LAPAROSCOPY SURG ABLATION RENAL CYSTS	3190.80			090	Y	9076.35
•	•	J1	**50542**	LAPS ABLTJ RENAL MASS LESION W/INTRAOP US	4051.20			090	Y	15106.63
•	•	J1	**50543**	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	5168.40			090	Y	15106.63
•	•	J1	**50544**	LAPAROSCOPY SURG PYELOPLASTY	4323.60			090	Y	15106.63
•	•		**50545**	LAPAROSCOPY RADICAL NEPHRECTOMY	4652.40			090	Y	12149.08
•	•		**50546**	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT	4182.00			090	Y	7337.95
•	•		**50547**	LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	5578.80			090	Y	
•	•		**50548**	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	4678.80			090	Y	
•	•	J1	**50549**	UNLISTED LAPAROSCOPY PROCEDURE RENAL	BR			YYY	Y	9076.35
•	•	J1	**50551**	RENAL ENDOSCOPY NEPHROSTOMY W/WO IRRIGATION	1251.60			000	N	7926.90
•	•	J1	**50553**	RENAL NDSC NEPHROST W/URETERAL CATH W/WO DILA	1336.80			000	N	7926.90
•	•	J1	**50555**	RENAL NDSC NEPHROS/PYELOSTOMY BIOPSY	1429.20			000	N	7926.90
•	•	J1	**50557**	RENAL NDSC NEPHROS/PYELOSTOMY FULG&/INC W/WO BI	1454.40			000	N	13305.84
•	•	J1	**50561**	RENAL NDSC NEPHROS/PYELOSTOMY RMVL FB/CALCULUS	1646.40			000	N	7926.90
•	•	J1	**50562**	RENAL NDSC NEPHROS/PYELOSTOMY RESCJ TUMOR	2017.20			090	Y	13305.84
•	•	J1	**50570**	RENAL NDSC NEPHROTOMY W/WO IRRIGATION	1707.60			000	N	5757.14
•	•		**50572**	RNL NDSC NFROT W/URTRL CATHJ W/WO DILAT URETER	1848.00			000	N	798.40
•	•	J1	**50574**	RENAL NDSC NEPHROTOMY W/BIOPSY	1965.60			000	N	3422.70
•	•	J1	**50575**	RNL NDSC NFROT/PLOT W/ENDOPYELOTOMY	2481.60			000	N	7926.90
•	•	J1	**50576**	RNL NDSC NFROT FULGURATION &/INCISION W/WO BX	1960.80			000	N	7926.90
•	•	J1	**50580**	RNL NDSC NFROT/PLOT W/RMVL FB/CALCULUS	2110.80			000	N	7926.90
•	•	J1	**50590**	LITHOTRIPSY XTRCORP SHOCK WAVE	2520.00			090	N	5757.14
•	•	J1	**50592**	ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	11086.80			010	N	9076.35
•	•	J1	**50593**	ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	15058.80			010	Y	15106.63
•	•		**50600**	URTROTOMY W/EXPL/DRG SEPARATE PROCEDURE	3259.20			090	Y	
•	•		**50605**	URETEROTOMY INSERTION INDWELLING STENT ALL TYPES	3440.40			090	Y	
+	•		**50606**	ENDOLUMINAL BX URTR &/RNL PELVIS NONENDOSCOPIC	2256.00			ZZZ	N	
•	•		**50610**	URTROLITHOTOMY UPPER ONE-THIRD URETER	3272.40			090	Y	
•	•		**50620**	URTROLITHOTOMY MIDDLE ONE-THIRD URETER	3132.00			090	Y	
•	•		**50630**	URTROLITHOTOMY LOWER ONE-THIRD URETER	3099.60			090	Y	
•	•		**50650**	URETRECECTOMY W/BLADDER CUFF SEPARATE PROCEDURE	3603.60			090	Y	
•	•		**50660**	URETERECTOMY TOT ECTOPIC URETER CMBN APPR	3966.00			090	Y	
•	•		**50684**	INJ PX URETEROGRAPHY/URETEROPYLOGRAPHY CATH	372.00			000	N	
•	•		**50686**	MANOMETRIC STDS THRU URTROST/NDWELLG URTRL CATH	478.80			000	N	193.05
•	•	J1	**50688**	CHNG URTROST TUBE/XTRNLLY ACCESSIBLE STENT ILEAL	270.00			010	N	3422.70
•	•		**50690**	NJX VISUALIZATION ILEAL CONDUIT&/URETEROPYELOG	344.40			000	N	
•	•	J1	**50693**	PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	3448.80			000	N	3422.70
•	•	J1	**50694**	PLMT URTRL STNT PRQ NEW ACESS W/O SEP NFROS CATH	3804.00			000	N	5757.14
•	•	J1	**50695**	PLMT URTRL STENT PRQ NEW ACCESS W/SEP NFROS CATH	4645.20			000	N	5757.14
•	•		**50700**	URETEROPLASTY PLASTIC OPERATION URETER	3212.40			090	Y	
+	•		**50705**	URETERAL EMBOLIZATION/OCCLUSION W/IMG GID RS&I	6818.40			ZZZ	N	
+	•		**50706**	BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	3289.20			ZZZ	N	
•	•		**50715**	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	4230.00			090	Y	3102.68
•	•		**50722**	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	3490.80			090	Y	
•	•		**50725**	URTROLSS RETROCAVAL URTR W/REANAST	3828.00			090	Y	
•	•	J1	**50727**	REVJ URINARY-CUTANEOUS ANASTAMOSIS	1765.20			090	Y	5757.14
•	•		**50728**	REVJ UR-CUTAN ANAST RPR FSCAL DFCT & HERNIA	2547.60			090	Y	
•	•		**50740**	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	4257.60			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**50750**	URETEROCALYCOSTOMY ANAST URETER RENAL CALYX	4006.80			090	Y	
•	•		**50760**	URETEROURETEROSTOMY	3916.80			090	Y	
•	•		**50770**	TRANSURETEROURETEROSTOMY ANAST URETER CLAT URTR	4002.00			090	Y	
•	•		**50780**	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	3837.60			090	Y	6235.43
•	•		**50782**	URETERONEOCYSTOSTOMY ANAST DUPLICATE URETER BLDR	3728.40			090	Y	
•	•		**50783**	URETERONEOCYSTOSTOMY W/URETERAL TAILORING	3915.60			090	Y	
•	•		**50785**	URTRONEOCSTOST W/VESICO-PSOAS HITCH/BLDR FLAP	4216.80			090	Y	
•	•		**50800**	URETEROENTEROSTOMY ANAST URETER INTESTINE	3223.20			090	Y	
•	•		**50810**	URETEROSIGMOIDOSTOMY W/SIGMOID BLADDER & COLOSTO	4868.40			090	Y	
•	•		**50815**	URETEROCOLON CONDUIT INTESTINE ANASTOMOSIS	4244.40			090	Y	
•	•		**50820**	URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS	4563.60			090	Y	
•	•		**50825**	CONTINENT DVRJ W/INT ANAST ANY SGM SM&/LG INTSTN	5769.60			090	Y	
•	•		**50830**	URINARY UNIDIVERSION	6258.00			090	Y	
•	•		**50840**	RPLCMT ALL/PART URETER INTESTINE SGM W/ANAST	4267.20			090	Y	
•	•		**50845**	CUTANANEOUS APPENDICO-VESICOSTOMY	4339.20			090	Y	
•	•		**50860**	URETEROSTOMY TRANSPLANTATION URETER SKIN	3279.60			090	Y	
•	•		**50900**	URETERORRHAPHY SUTURE URETER SEPARATE PROCEDURE	2922.00			090	Y	
•	•		**50920**	CLOSURE URETEROCUTANEOUS FISTULA	3045.60			090	Y	
•	•		**50930**	CLOSURE URETEROCUTANEOUS FISTULA W/VISC RPR	3826.80			090	Y	
•	•		**50940**	DELIGATION URETER	3075.60			090	Y	
•	•	J1	**50945**	LAPAROSCOPY URTROLITHOTOMY	3372.00			090	Y	9076.35
•	•	J1	**50947**	LAPS URTRONEOCSTOST W/CSTSC&URTRL STENT PLMT	4821.60			090	Y	9076.35
•	•	J1	**50948**	LAPS URTRONEOCSTOST W/O CSTSC&URTRL STENT PLMT	4423.20			090	Y	15106.63
•	•	J1	**50949**	UNLISTED LAPAROSCOPY PROCEDURE URETER	BR			YYY	Y	9076.35
•	•	J1	**50951**	URETERAL ENDOSCOPY VIA URETEROSTOMY	1308.00			000	N	3422.70
•	•	J1	**50953**	URETERAL ENDOSCOPY VIA URETEROST W/WO DIL URETER	1383.60			000	N	5757.14
•	•	J1	**50955**	URETERAL ENDOSCOPY VIA URETEROSTOMY W/BIOPSY	1476.00			000	N	7926.90
•	•	J1	**50957**	URETERAL ENDOSCOPY W/DEST&/INC W/WO BIOPSY	1489.20			000	N	7926.90
•	•	J1	**50961**	URETERAL ENDOSCOPY VIA URETEROST W/RMVL FB/STONE	1342.80			000	N	7926.90
•	•	J1	**50970**	URETERAL ENDOSCOPY VIA URETEROTOMY W/O IMAGING	1286.40			000	N	3422.70
•	•	J1	**50972**	NDSC URETEROTOMY URTRL CATHJ W/WO DILAT URETER	1244.40			000	N	5757.14
•	•	J1	**50974**	URETERAL ENDOSCOPY VIA URETEROT W/O IMAGING W/BX	1642.80			000	N	7926.90
•	•	J1	**50976**	URETERAL ENDOSC VIA URETEROT W/DEST&/INC W/WO BX	1621.20			000	N	7926.90
•	•	J1	**50980**	NDSC URETEROTOMY RMVL FB/CALCULUS	1237.20			000	N	7926.90
•	•	J1	**51020**	CYSTOTOMY/CYSTOSTOMY FULG&/INSJ RADACT MATRL	1621.20			090	Y	3422.70
•	•	J1	**51030**	CSTOTOMY/CSTOST CRYOSURG DSTRJ INTRAVESICAL LES	1633.20			090	N	5757.14
•	•	J1	**51040**	CYSTOSTOMY CYSTOTOMY W/DRAINAGE	1003.20			090	Y	3422.70
•	•	J1	**51045**	CYSTOTOMY W/INSJ URETERAL CATH/STENT SPX	1704.00			090	Y	3422.70
•	•	J1	**51050**	CYSTOLITHOTOMY CYSTOTOMY W/RMVL CALCULUS	1639.20			090	Y	7926.90
•	•	J1	**51060**	TRANSVESICAL URETROLITHOTOMY	2018.40			090	Y	3422.70
•	•	J1	**51065**	CYSTOTOMY W/CALCULUS BASKET XTRJ&/FRAGMENTATIO	2011.20			090	N	5757.14
•	•	J1	**51080**	DRG PRIVESICAL/PREVESICAL SPACE ABSC	1417.20			090	Y	4742.07
•	•		**51100**	ASPIRATION BLADDER NEEDLE	220.80			000	N	328.62
•	•		**51101**	ASPIRATION BLADDER TROCAR/INTRACATHETER	454.80			000	N	1296.16
•	•	J1	**51102**	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	792.00			000	N	3422.70
•	•	J1	**51500**	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	2208.00			090	Y	9076.35
•	•	J1	**51520**	CYSTOTOMY SIMPLE EXCISION VESICAL NECK	2064.00			090	Y	3422.70
•	•		**51525**	CYSTOTOMY EXCISE BLADDER DIVERTICULUM 1/MULTIPLE	2980.80			090	Y	
•	•		**51530**	CYSTOTOMY EXCISION BLADDER TUMOR	2670.00			090	Y	

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•	•	J1	**51535**	CYSTOTOMY EXCISE/INCISE/REPAIR URETEROCELE	2704.80			090	Y	5757.14
•	•		**51550**	CYSTECTOMY PARTIAL SIMPLE	3348.00			090	Y	
•	•		**51555**	CYSTECTOMY PARTIAL COMPLICATED	4402.80			090	Y	
•	•		**51565**	CSTC PRTL W/RIMPLTJ URTR IN BLDR URTRONEOCSTOST	4506.00			090	Y	
•	•		**51570**	CYSTECTOMY COMPLETE SEPARATE PROCEDURE	5116.80			090	Y	
•	•		**51575**	CYSTECTOMY W/BI PELVIC LYMPHADENECTOMY	6331.20			090	Y	
•	•		**51580**	CYSTECTOMY W/URETEROSIGMOIDOSTOMY W/NODES	6572.40			090	Y	
•	•		**51585**	CYSTECTOMY W/URETEROSIGMOID BI PELV LYMPH NODES	7326.00			090	Y	
•	•		**51590**	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	6716.40			090	Y	
•	•		**51595**	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	7602.00			090	Y	
•	•		**51596**	CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR	8180.40			090	Y	
•	•		**51597**	PELVIC EXENTERATION COMPLETE MALIGNANCY	7963.20			090	Y	
•	•		**51600**	NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	668.40			000	N	
•	•		**51605**	NJX & PLACEMENT CHAIN CONTRAST&/URETHROCSTOGRAPY	133.20			000	N	
•	•		**51610**	NJX RETROGRADE URETHROCSTOGRAPY	385.20			000	N	
•	•		**51700**	BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	254.40			000	N	328.62
•	•		**51701**	INSJ NON-NDWELLG BLADDER CATHETER	152.40			000	N	151.20
•	•		**51702**	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	211.20			000	N	151.20
•	•		**51703**	INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	453.60			000	N	193.05
•	•		**51705**	CHANGE CYSTOSTOMY TUBE SIMPLE	320.40			000	N	328.62
•	•		**51710**	CHANGE CYSTOSTOMY TUBE COMPLICATED	442.80			000	N	798.40
•	•	J1	**51715**	NDSC NJX IMPLT MATRL URT&/BLDR NCK	1088.40			000	N	5757.14
•	•		**51720**	BLADDER INSTILLATION ANTICARCINOGENIC AGENT	288.00			000	N	328.62
•	•		**51725**	SIMPLE CYSTOMETROGRAM	682.80	262.80	420.00	000	N	
•	•		**51726**	BLADDER PRESSURE MEASUREMENT DURING FILLING	952.80	295.20	657.60	000	N	
•	•		**51727**	COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	1126.80	367.20	759.60	000	N	
•	•		**51728**	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	1146.00	361.20	784.80	000	N	
•	•		**51729**	COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	1225.20	435.60	789.60	000	N	
•	•		**51736**	SIMPLE UROFLOMETRY	48.00	28.80	19.20	XXX	N	
•	•		**51741**	COMPLEX UROFLOMETRY	49.20	28.80	20.40	XXX	N	
•	•		**51784**	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	231.60	129.60	102.00	XXX	N	
•	•		**51785**	NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	1100.40	319.20	781.20	XXX	N	
•	•		**51792**	STIMULUS EVOKED RESPONSE	788.40	190.80	597.60	000	N	
+	•		**51797**	VOID PRESSURE STUDIES INTRAABDOMINAL	474.00	139.20	334.80	ZZZ	N	
•	•		**51798**	MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	43.20	BR	43.20	XXX	N	
•	•		**51800**	CSTOPLASTY/CSTOURTP PLSTC ANY	3646.80			090	Y	
•	•		**51820**	CSTOURTP W/UNI/BI URTRONEOCSTOST	3764.40			090	Y	
•	•		**51840**	ANT VESICOURETHROPEXY/URETHROPEXY SMPL	2316.00			090	Y	3769.10
•	•		**51841**	ANT VESICOURETHROPEXY/URETHROPEXY COMP	2696.40			090	Y	
•	•	J1	**51845**	ABDOMINO-VAG VESICAL NCK SSP W/WO NDSC CTRL	2019.60			090	Y	7920.98
•	•	J1	**51860**	CYSTORRHAPHY SUTR BLDR WND INJ/RPT SIMPLE	2586.00			090	Y	7926.90
•	•		**51865**	CYSTORRHAPHY SUTR BLDR WND INJ/RPT COMPLICATED	3114.00			090	Y	
•	•	J1	**51880**	CLOSURE CYSTOSTOMY SEPARATE PROCEDURE	1621.20			090	Y	5757.14
•	•		**51900**	CLSR VESICOVAGINAL FISTUL AABDL APPROACH	2858.40			090	Y	
•	•		**51920**	CLOSURE VESICOUTERINE FISTULA	2649.60			090	Y	
•	•		**51925**	CLSR VESICOUTERINE FISTULA W/HYSTERECTOMY	3543.60			090	Y	
•	•		**51940**	CLOSURE EXSTROPHY BLADDER	5702.40			090	Y	
•	•		**51960**	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	4806.00			090	Y	
•	•		**51980**	CUTANEOUS VESICOSTOMY	2474.40			090	Y	

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•	•	J1	**51990**	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	2595.60			090	Y	9076.35
•	•	J1	**51992**	LAPAROSCOPY SLING OPERATION STRESS INCONT	2882.40			090	Y	9076.35
•	•	J1	**51999**	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	BR			YYY	N	9076.35
•	•		**52000**	CYSTOURETHROSCOPY	646.80			000	N	798.40
•	•	J1	**52001**	CYSTO W/IRRIG & EVAC MULTPLE OBSTRUCTING CLOTS	1358.40			000	N	5757.14
•	•	J1	**52005**	CYSTO BLADDER W/URETERAL CATHETERIZATION	966.00			000	N	3422.70
•	•	J1	**52007**	CYSTO W/URTRL CATHJ BRUSH BX URTR&/RENAL PELVIS	1581.60			000	N	5757.14
•	•		**52010**	CYSTO W/EJACULATORY DUCT CATHETERIZATION	1317.60			000	N	798.40
•	•	J1	**52204**	CYSTOURETHROSCOPY WITH BIOPSY	1297.20			000	N	3422.70
•	•	J1	**52214**	CYSTO W/DESTRUCTION OF LESIONS	2400.00			000	N	3422.70
•	•	J1	**52224**	CYSTO W/REMOVAL OF LESIONS SMALL	2508.00			000	N	3422.70
•	•	J1	**52234**	CYSTO W/REMOVAL OF TUMORS SMALL	854.40			000	N	5757.14
•	•	J1	**52235**	CYSTOURETHROSCOPY W/DEST &/RMVL MED BLADDER TUM	1000.80			000	N	5757.14
•	•	J1	**52240**	CYSTOURETHROSCOPY W/DEST &/RMVL TUMOR LARGE	1360.80			000	N	7926.90
•	•	J1	**52250**	CYSTOURETHROSCOPY INSJ RADIOACT SBST W/WOBX/FULG	830.40			000	N	5757.14
•	•	J1	**52260**	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	728.40			000	N	3422.70
•	•	J1	**52265**	CYSTOURETHROSCOPY W/DIL BLADDER LOCAL ANESTHESIA	1275.60			000	N	3422.70
•	•	J1	**52270**	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY FEMALE	1309.20			000	N	3422.70
•	•	J1	**52275**	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	1735.20			000	N	3422.70
•	•	J1	**52276**	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	918.00			000	N	3422.70
•	•	J1	**52277**	CYSTOURETHROSCOPY W/RESECJ EXTERNAL SPHINCTER	1122.00			000	N	5757.14
•	•	J1	**52281**	CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	1023.60			000	N	3422.70
•	•	J1	**52282**	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	1171.20			000	N	5757.14
•	•	J1	**52283**	CYSTOURETHROSCOPY W/STEROID INJECTION STRICTURE	1041.60			000	N	3422.70
•	•		**52285**	CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME	1039.20			000	N	798.40
•	•	J1	**52287**	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	1158.00			000	N	3422.70
•	•	J1	**52290**	CYSTOURETHROSCOPY W/URETERAL MEATOTOMY UNI/BI	848.40			000	N	3422.70
•	•	J1	**52300**	CYSTO W/RESCJ/FULG ORTHOPIC URETEROCELE UNI/BI	970.80			000	N	5757.14
•	•	J1	**52301**	CYSTO W/RESECJ ECTOPIC URETEROCELE UNI/BI	1005.60			000	N	5757.14
•	•	J1	**52305**	CYSTO INC/RESCJ ORIFICE BLDR DIVERTICULUM 1/MLT	967.20			000	N	7926.90
•	•	J1	**52310**	CYSTO W/SIMPLE REMOVAL STONE & STENT	921.60			000	N	3422.70
•	•	J1	**52315**	CYSTO W/COMPLEX REMOVAL STONE & STENT	1514.40			000	N	3422.70
•	•	J1	**52317**	LITHOLAPAXY SMPL/SM <2.5 CM	2893.20			000	N	5757.14
•	•	J1	**52318**	LITHOLAPAXY COMP/LG > 2.5 CM	1645.20			000	N	5757.14
•	•	J1	**52320**	CYSTOURETHROSCOPY W/RMVL URETERAL CALCULUS	855.60			000	N	5757.14
•	•	J1	**52325**	CYSTO FRAGMENTATION URETERAL STONE	1112.40			000	N	7926.90
•	•	J1	**52327**	CYSTO W/SUBURTRIC NJX IMPLT MATRL	910.80			000	N	7926.90
•	•	J1	**52330**	CYSTO MANJ W/O RMVL URETERAL STONE	1855.20			000	N	5757.14
•	•	J1	**52332**	CYSTO W/INSERT URETERAL STENT	1623.60			000	N	5757.14
•	•	J1	**52334**	CYSTO INSJ URTRL GD WIRE PRQ NFROS RTRGR	636.00			000	N	5757.14
•	•	J1	**52341**	CYSTO W/TX URETERAL STRICTURE	985.20			000	N	3422.70
•	•	J1	**52342**	CYSTO W/TX URETEROPELVIC JUNCTION STRICTURE	1071.60			000	N	5757.14
•	•	J1	**52343**	CYSTO W/TX INTRA-RENAL STRICTURE	1195.20			000	N	3422.70
•	•	J1	**52344**	CYSTO W/URTROSCOPY W/TX URETERAL STRICTURE	1282.80			000	N	5757.14
•	•	J1	**52345**	CYSTO W/URTROSCOPY W/TX URTROPEL JUNCT STRIX	1369.20			000	N	5757.14
•	•	J1	**52346**	CYSTO W/URTROSCOPY W/TX INTRA-RENAL STRICTURE	1550.40			000	N	7926.90
•	•	J1	**52351**	CYSTO W/URTROSCOPY&/PYELOSCOPY DX	1050.00			000	N	3422.70
•	•	J1	**52352**	CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES	1231.20			000	N	5757.14
•	•	J1	**52353**	CYSTO W/URETEROSCOPY W/LITHOTRIPSY	1360.80			000	N	7926.90

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**52354**	CYSTO/PYELOSCOPY BX&/FULGURATION PELIVC LESION	1449.60			000	N	7926.90
•	•	J1	**52355**	CYSTO/PYELOSCOPY RESCJ PELVIC TUMOR	1623.60			000	N	7926.90
•	•	J1	**52356**	CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	1446.00			000	N	7926.90
•	•	J1	**52400**	CYSTO INC FULG/RESCJ URTL VALVES/FOLDS	1659.60			090	N	5757.14
•	•	J1	**52402**	CSTO W/TRURL RESCJ/INC EJACULATORY DUXS	927.60			000	N	5757.14
•	•		**52441**	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	4340.40			000	N	
+	•		**52442**	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	3255.60			ZZZ	N	
•	•	J1	**52450**	TRANSURETHRAL INCISION PROSTATE	1630.80			090	N	5757.14
•	•	J1	**52500**	TRANSURETHRAL RESECTION BLADDER NECK	1695.60			090	N	5757.14
•	•	J1	**52601**	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	2530.80			090	N	7926.90
•	•	J1	**52630**	TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS	1390.80			090	N	7926.90
•	•	J1	**52640**	TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE	1096.80			090	N	5757.14
•	•	J1	**52647**	LASER COAGULATION OF PROSTATE FOR URINE FLOW	5554.80			090	N	7926.90
•	•	J1	**52648**	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	5728.80			090	N	7926.90
•	•	J1	**52649**	LASER ENUCLEATION PROSTATE W/MORCELLATION	2860.80			090	N	7926.90
•	•	J1	**52700**	TRURL DRAINAGE PROSTATIC ABSCESS	1531.20			090	N	5757.14
•	•	J1	**53000**	URTT/URTS XTRNL SPX PENDULOUS URETHRA	513.60			010	N	3422.70
•	•	J1	**53010**	URETHROTOMY/URETHROSTOMY XT SPX PERINEAL URETHRA	1021.20			090	N	7926.90
•	•	J1	**53020**	MEATOTOMY CUTTING MEATUS SPX EXCEPT INFANT	336.00			000	N	3422.70
•	•	J1	**53025**	MEATOTOMY CUTTING MEATUS SPX INFANT	236.40			000	N	3422.70
•	•	J1	**53040**	DRAINAGE DEEP PERIURETHRAL ABSCESS	1362.00			090	N	3422.70
•	•	J1	**53060**	DRG OF SKENE'S GLAND ABSCESS OR CYST	628.80			010	N	3422.70
•	•		**53080**	DRG PERINEAL URINARY XTRVASATION UNCOMP SPX	1458.00			090	N	798.40
•	•	J1	**53085**	DRG PERINEAL URINARY XTRVASATION COMPLIC	2253.60			090	Y	3422.70
•	•	J1	**53200**	BIOPSY URETHRA	546.00			000	N	3422.70
•	•	J1	**53210**	URETHRECTOMY TOT W/CYSTOST FEMALE	2671.20			090	Y	5757.14
•	•	J1	**53215**	URETHRECTOMY TOT W/CYSTOST MALE	3222.00			090	Y	7926.90
•	•	J1	**53220**	EXC/FULGURATION CARCINOMA URETHRA	1567.20			090	N	5757.14
•	•	J1	**53230**	EXC URETHRAL DIVERTICULUM SPX FEMALE	2101.20			090	Y	7926.90
•	•	J1	**53235**	EXC URETHRAL DIVERTICULUM SPX MALE	2194.80			090	Y	7926.90
•	•	J1	**53240**	MARSUPIALIZATION URTL DIVERTICULUM MALE/FEMALE	1473.60			090	N	3422.70
•	•	J1	**53250**	EXCISION OF BULBOURETHRAL GLAND	1372.80			090	N	5757.14
•	•	J1	**53260**	EXC/FULGURATION URETHRAL POLYP DSTL URETHRA	699.60			010	N	3422.70
•	•	J1	**53265**	EXC/FULGURATION URETHRAL CARUNCLE	763.20			010	N	3422.70
•	•	J1	**53270**	EXCISION OR FULGURATION SKENES GLANDS	717.60			010	N	3422.70
•	•	J1	**53275**	EXCISION/FULGURATION URETHRAL PROLAPSE	909.60			010	N	3422.70
•	•	J1	**53400**	URETHROPLASTY 1ST STG FISTULA/DIVERTICULUM/STRIX	2775.60			090	Y	7926.90
•	•	J1	**53405**	URETHROPLASTY 2ND STAGE W/URINARY DIVERSION	3032.40			090	Y	7926.90
•	•	J1	**53410**	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	3396.00			090	Y	7926.90
•	•		**53415**	URTP TRANSPUBIC/PRNL 1 STG RCNSTJ/RPR URT	3924.00			090	Y	7311.55
•	•	J1	**53420**	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	2920.80			090	N	7926.90
•	•	J1	**53425**	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	3252.00			090	Y	7926.90
•	•	J1	**53430**	URETHROPLASTY RCNSTJ FEMALE URETHRA	3354.00			090	Y	7926.90
•	•	J1	**53431**	URTP W/TUBULARIZATION POST URT&/LWR BLDR	4005.60			090	Y	7926.90
•	•	J1	**53440**	SLING OPRATION CORRJ MALE URINARY INCONTINENCE	2613.60			090	Y	13305.84
•	•	J1	**53442**	RMVL/REVJ SLING MALE URINARY INCONTINENCE	2716.80			090	Y	7926.90
•	•	J1	**53444**	INSERTION TANDEM CUFF	2751.60			090	Y	26963.98
•	•	J1	**53445**	INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	2613.60			090	Y	26963.98
•	•		**53446**	REMVL INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	2228.40			090	Y	5709.17

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**53447**	RMVL & RPLCMT NFLTL URETHRAL/BLADDER NECK SPHINC	2804.40			090	Y	26963.98
•	•		**53448**	RMVL & RPLCMT NFLTBL NCK SPHNCTR THRU INFCT FLD	4437.60			090	Y	
•	•	J1	**53449**	RPR NFLTBL URETHRAL/BLADDER NECK SPHINCTER	2122.80			090	Y	7926.90
•	•	J1	**53450**	URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT	1418.40			090	N	3422.70
•	•	J1	**53460**	URETHROMEATOPLASTY W/PRTL EXC DSTL URTL SGM	1588.80			090	N	3422.70
•	•	J1	**53500**	URETHROLSS TRVG SEC OPN W/CSTO	2584.80			090	Y	5757.14
•	•	J1	**53502**	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ FEMALE	1687.20			090	N	5757.14
•	•	J1	**53505**	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PENILE	1686.00			090	Y	7926.90
•	•	J1	**53510**	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PERINEAL	2191.20			090	Y	7926.90
•	•	J1	**53515**	URTORR SUTR URETHRAL WND/INJ PROSTATOMEMBRANOUS	2762.40			090	Y	7926.90
•	•	J1	**53520**	CLSR URETHROSTOMY/URETHROQ FSTL MALE SPX	1934.40			090	N	7926.90
•	•		**53600**	DILAT URETHRAL STRIX DILATOR MALE 1ST	286.80			000	N	328.62
•	•		**53601**	DILAT URETHRAL STRIX DILATOR MALE SBSQ	274.80			000	N	151.20
•	•	J1	**53605**	DILAT URETHRAL STRIX/VESICAL NCK DILAT MALE ANES	224.40			000	N	3422.70
•	•		**53620**	DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE 1ST	454.80			000	N	798.40
•	•		**53621**	DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE SBSQ	427.20			000	N	328.62
•	•		**53660**	DILAT FEMALE URETHRA W/SUPPOSITORY&/INSTLJ INI	238.80			000	N	193.05
•	•		**53661**	DILAT FEMALE URT W/SUPPOSITORY&/INSTLJ SBSQ	235.20			000	N	151.20
•	•	J1	**53665**	DILAT FEMALE URETHRA GENERAL/CNDJ SPINAL ANES	134.40			000	N	3422.70
•	•	J1	**53850**	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	5449.20			090	N	5757.14
•	•	J1	**53852**	TRURL DSTRJ PRSTATE TISS RF THERMOTH	5276.40			090	N	5757.14
•	•	J1	**53854**	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	6246.00			090	N	3422.70
•	•	J1	**53855**	INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT	2613.60			000	N	3422.70
•	•	J1	**53860**	TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	6326.40			090	N	3422.70
•	•		**53899**	UNLISTED PROCEDURE URINARY SYSTEM	BR			YYY	N	328.62
•	•	J1	**54000**	SLITTING PREPUCE DORSAL/LATERAL SPX NEWBORN	528.00			010	N	3422.70
•	•	J1	**54001**	SLITTING PREPUCE DORSAL/LAT SPX XCP NEWBORN	652.80			010	N	3422.70
•	•	J1	**54015**	I&D PENIS DEEP	1070.40			010	N	2734.29
•	•		**54050**	DSTRJ LESION PENIS SIMPLE CHEMICAL	456.00			010	N	445.99
•	•		**54055**	DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	418.80			010	N	2199.52
•	•		**54056**	DSTRJ LESION PENIS SIMPLE CRYOSURGERY	483.60			010	N	250.56
•	•		**54057**	DSTRJ LESION PENIS SIMPLE LASER	476.40			010	N	2199.52
•	•		**54060**	DSTRJ LESION PENIS SIMPLE SURG EXCISION	634.80			010	N	2199.52
•	•		**54065**	DSTRJ LESION PENIS EXTENSIVE	757.20			010	N	2199.52
•	•	J1	**54100**	BIOPSY PENIS SEPARATE PROCEDURE	676.80			000	N	2734.29
•	•	J1	**54105**	BIOPSY PENIS DEEP STRUCTURES	921.60			010	N	4742.07
•	•	J1	**54110**	EXCISION OF PENILE PLAQUE	2166.00			090	Y	5757.14
•	•	J1	**54111**	EXC PENILE PLAQUE GRAFT &/5 CM LENGTH	2773.20			090	Y	7926.90
•	•	J1	**54112**	EXC PENILE PLAQUE GRAFT > 5 CM LENGTH	3256.80			090	Y	13305.84
•	•	J1	**54115**	REMOVAL FOREIGN BODY DEEP PENILE TISSUE	1570.80			090	Y	4742.07
•	•	J1	**54120**	AMPUTATION PENIS PARTIAL	2194.80			090	Y	5757.14
•	•		**54125**	AMPUTATION PENIS COMPLETE	2828.40			090	Y	
•	•		**54130**	AMPUTATION PENIS RADW/BI INGUINOFEMORAL LMPHADE	4144.80			090	Y	
•	•		**54135**	AMPUTATION PENIS RADICAL W/LYMPH NODES	5251.20			090	Y	
•	•	J1	**54150**	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	530.40			000	N	3422.70
•	•		**54160**	CIRCUMCISION NEONATE	758.40			010	N	798.40
•	•	J1	**54161**	CIRCUMCISION AGE >28 DAYS	684.00			010	N	3422.70
•	•	J1	**54162**	LYSIS/EXCISION PENILE POSTCIRCUMCISION ADHESIONS	890.40			010	N	3422.70
•	•	J1	**54163**	REPAIR INCOMPLETE CIRCUMCISION	757.20			010	N	3422.70

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**54164**	FRENULOTOMY PENIS	672.00			010	N	3422.70
•	•		**54200**	INJECTION PEYRONIE DISEASE	375.60			010	N	328.62
•	•	J1	**54205**	NJX PEYRONIE W/SURG EXPOS PLAQUE	1848.00			090	Y	7926.90
•	•		**54220**	IRRIGATION CORPORA CAVERNOSA PRIAPISM	716.40			000	N	328.62
•	•		**54230**	INJECTION CORPORA CAVERNOSOGRAPY	338.40			000	N	
•	•		**54231**	DYNAMIC CAVERNOSOMETRY NJX VASOACTIVE DRUGS	489.60			000	N	328.62
•	•		**54235**	NJX C/P/A CAVERNOSA W/PHARMACOLOGIC AGT	307.20			000	N	328.62
•	•		**54240**	PENILE PLETHYSMOGRAPHY	356.40	231.60	124.80	000	N	
•	•		**54250**	NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	420.00	379.20	40.80	000	N	
•	•	J1	**54300**	PENIS STRAIGHTENING CHORDEE	2238.00			090	Y	5757.14
•	•	J1	**54304**	PENIS CORRJ CHORDEE/1ST STAGE HYPOSPADIAS RPR	2600.40			090	Y	5757.14
•	•	J1	**54308**	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR <3 CM	2482.80			090	Y	7926.90
•	•	J1	**54312**	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR > 3 CM	2841.60			090	Y	5757.14
•	•	J1	**54316**	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR SKIN GRF	3464.40			090	Y	7926.90
•	•	J1	**54318**	URETHROPLASTY 3RD STG HYPOSPADIAS RPR RLS PENIS	2467.20			090	Y	5757.14
•	•	J1	**54322**	1 STG DSTL HYPOSPADIAS RPR W/SMPL MEATAL ADVMNT	2712.00			090	Y	5757.14
•	•	J1	**54324**	1 STG DSTL HYPOSPADIAS RPR W/URTP SKIN FLAPS	3363.60			090	Y	5757.14
•	•	J1	**54326**	1 STG DSTL HYPOSPADIAS RPR URTP SKN FLAPS	3282.00			090	Y	3422.70
•	•	J1	**54328**	1 STAGE DSTL HYPOSPADIAS RPR W/EXTENSIVE DSJ	3260.40			090	Y	5757.14
•	•	J1	**54332**	1 STAGE PROX PENILE/PENOSCROTAL HYPOSPADIAS RPR	3520.80			090	Y	5757.14
•	•	J1	**54336**	1 STG PERINEAL HYPOSPADIAS RPR W/GRF&/FLAP	4131.60			090	Y	5757.14
•	•	J1	**54340**	RPR HYPOSPADIAS COMPLCTJS CLSR INC/EXC SIMPLE	1977.60			090	Y	5757.14
•	•	J1	**54344**	RPR HYPOSPADIAS COMPLCTJS MOBLJ FLAPS & URTP	3289.20			090	Y	7926.90
•	•	J1	**54348**	RPR HYPOSPADIAS COMPLCTJS DSJ & URTP FLAP/GRF	3520.80			090	Y	7926.90
•	•	J1	**54352**	RPR HYPOSPADIAS CRIPPLE W/DSJ & EXC & GRFS/FLAP	4921.20			090	Y	7926.90
•	•	J1	**54360**	PLASTIC RPR PENIS CORRECT ANGULATION	2500.80			090	Y	5757.14
•	•	J1	**54380**	PLASTIC RPR PENIS EPISPADIAS DSTL SPHNCTR	2775.60			090	Y	3422.70
•	•	J1	**54385**	PLASTIC PENIS EPISPADIAS DSTL SPHNCTR W/INCONT	3225.60			090	Y	3422.70
•	•		**54390**	PLASTIC RPR PENIS EPISPADIAS W/EXSTROPHY BLADDER	4311.60			090	Y	
•	•	J1	**54400**	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	1840.80			090	N	26963.98
•	•	J1	**54401**	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	2277.60			090	N	26963.98
•	•	J1	**54405**	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	2808.00			090	Y	26963.98
•	•		**54406**	RMVL INFLATABLE PENILE PROSTH W/O RPLCMT PROSTH	2535.60			090	Y	4156.14
•	•	J1	**54408**	RPR COMPONENT INFLATABLE PENILE PROSTHESIS	2744.40			090	Y	7926.90
•	•	J1	**54410**	RMVL & RPLCMT INFLATABLE PENILE PROSTH SAME SESS	2986.80			090	Y	26963.98
•	•	J1	**54411**	RMVL & RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	3564.00			090	Y	26963.98
•	•		**54415**	RMVL NON-NFLTBL/NFLTBL PENILE PROSTH W/O RPLCMT	1836.00			090	Y	4156.14
•	•	J1	**54416**	RMVL & RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESI	2469.60			090	Y	26963.98
•	•	J1	**54417**	RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD	3116.40			090	Y	26963.98
•	•	J1	**54420**	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI	2443.20			090	Y	3422.70
•	•		**54430**	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT UNI/BI	2223.60			090	Y	3414.89
•	•	J1	**54435**	CORPORA CAVERNOSA-GLANS PENIS FSTLJ PRIAPISM	1443.60			090	N	3422.70
•	•	J1	**54437**	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	2337.60			090	Y	5757.14
•	•		**54438**	REPLANTATION PENIS COMP AMPUTATION W/URETH REP	4647.60			090	Y	
•	•	J1	**54440**	PLASTIC OPERATION PENIS INJURY	3268.80			090	Y	5757.14
•	•		**54450**	FORESKN MANJ W/LSS PREPUTIAL ADS&STRETCHING	238.80			000	N	328.62
•	•	J1	**54500**	BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE	258.00			000	N	4742.07
•	•	J1	**54505**	BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE	728.40			010	N	5757.14
•	•	J1	**54512**	EXC XTRPARENCHYMAL LESION TESTIS	1873.20			090	N	5757.14

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**54520**	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	1134.00			090	N	3422.70
•	•	J1	**54522**	ORCHIECTOMY PARTIAL	2046.00			090	Y	3422.70
•	•	J1	**54530**	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	1755.60			090	Y	5716.03
•	•	J1	**54535**	ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL	2578.80			090	Y	5757.14
•	•	J1	**54550**	EXPL UNDESCENDED TSTIS INGUN/SCROTAL AREA	1707.60			090	Y	5716.03
•	•	J1	**54560**	EXPL UNDESCENDED TESTIS W/ABDOMINAL EXPL	2384.40			090	Y	3422.70
•	•	J1	**54600**	RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS	1572.00			090	N	3422.70
•	•	J1	**54620**	FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE	1039.20			010	N	5757.14
•	•	J1	**54640**	ORCHIOPEXY INGUINAL APPROACH W/WO HERNIA RPR	1660.80			090	N	5716.03
•	•	J1	**54650**	ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS	2468.40			090	Y	5716.03
•	•	J1	**54660**	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE	1239.60			090	N	7926.90
•	•	J1	**54670**	SUTURE/REPAIR TESTICULAR INJURY	1410.00			090	N	3422.70
•	•	J1	**54680**	TRANSPLANTATION TESTIS TO THIGH	2733.60			090	Y	3422.70
•	•	J1	**54690**	LAPAROSCOPY SURGICAL ORCHIECTOMY	2278.80			090	Y	9076.35
•	•	J1	**54692**	LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS	2632.80			090	N	9076.35
•	•	J1	**54699**	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	BR			YYY	Y	9076.35
•	•	J1	**54700**	I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	739.20			010	N	3422.70
•	•	J1	**54800**	BIOPSY EPIDIDYMIS NEEDLE	436.80			000	N	2734.29
•	•	J1	**54830**	EXCISION LOCAL LESION EPIDIDYMIS	1293.60			090	N	3422.70
•	•	J1	**54840**	EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY	1114.80			090	N	3422.70
•	•	J1	**54860**	EPIDIDYMECTOMY UNILATERAL	1454.40			090	N	3422.70
•	•	J1	**54861**	EPIDIDYMECTOMY BILATERAL	1966.80			090	N	5757.14
•	•	J1	**54865**	EXPLORATION EPIDIDYMIS W/WO BIOPSY	1244.40			090	N	3422.70
•	•	J1	**54900**	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI	2780.40			090	N	3422.70
•	•	J1	**54901**	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI	3670.80			090	N	5757.14
•	•		**55000**	PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	400.80			000	N	822.66
•	•	J1	**55040**	EXCISION HYDROCELE UNILATERAL	1172.40			090	N	5716.03
•	•	J1	**55041**	EXCISION HYDROCELE BILATERAL	1772.40			090	N	5716.03
•	•	J1	**55060**	RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE	1321.20			090	N	3422.70
•	•	J1	**55100**	DRAINAGE SCROTAL WALL ABSCESS	753.60			010	N	2734.29
•	•	J1	**55110**	SCROTAL EXPLORATION	1344.00			090	N	5757.14
•	•	J1	**55120**	REMOVAL FOREIGN BODY SCROTUM	1227.60			090	N	3422.70
•	•	J1	**55150**	RESECTION SCROTUM	1707.60			090	Y	3422.70
•	•	J1	**55175**	SCROTOPLASTY SIMPLE	1260.00			090	N	5757.14
•	•	J1	**55180**	SCROTOPLASTY COMPLICATED	2390.40			090	N	7926.90
•	•	J1	**55200**	VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX	1455.60			090	N	3422.70
•	•	J1	**55250**	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	1279.20			090	N	3422.70
•	•		**55300**	VASOTOMY VASOGRAMS UNI/BI	650.40			000	N	
•	•	J1	**55400**	VASOVASOSTOMY VASOVASORRHAPHY	1726.80			090	Y	5757.14
•	•	J1	**55500**	EXC HYDROCELE SPRMATIC CORD UNI SPX	1370.40			090	N	3422.70
•	•	J1	**55520**	EXC LESION SPERMATIC CORD SEPARATE PROCEDURE	1574.40			090	Y	3422.70
•	•	J1	**55530**	EXC VARICOCELE/LIGATION SPERMATIC VEINS SPX	1220.40			090	N	5757.14
•	•	J1	**55535**	EXC VARICOCELE/LIGATION SPERMATIC VEINS ABDL	1492.80			090	Y	5716.03
•	•	J1	**55540**	EXC VARICOCELE/LIGATION VEINS W/HERNIA RPR	1920.00			090	N	5716.03
•	•	J1	**55550**	LAPS LIGATION SPERMATIC VEINS VARICOCELE	1486.80			090	Y	9076.35
•	•	J1	**55559**	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	BR			YYY	Y	9076.35
•	•	J1	**55600**	VESICULOTOMY	1462.80			090	N	3422.70
•	•		**55605**	VESICULOTOMY COMPLICATED	1812.00			090	N	
•	•		**55650**	VESICULECTOMY ANY APPROACH	2486.40			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**55680**	EXCISION MULLERIAN DUCT CYST	1190.40			090	N	5757.14
•	•	J1	**55700**	PROSTATE NEEDLE BIOPSY ANY APPROACH	854.40			000	N	3422.70
•	•	J1	**55705**	BIOPSY PROSTATE INCISIONAL ANY APPROACH	921.60			010	N	3422.70
•	•	J1	**55706**	BX PROSTATE STRTCTC SATURATION SAMPLING IMG GID	1293.60			010	Y	3422.70
•	•	J1	**55720**	PROSTATOTOMY EXTERNAL DRG ABSCESS SIMPLE	1567.20			090	Y	3422.70
•	•	J1	**55725**	PROSTATOTOMY EXTERNAL DRG ABSCESS COMPLICATED	2061.60			090	Y	5757.14
•	•		**55801**	PROSTATECTOMY PERINEAL SUBTOTAL	3796.80			090	Y	
•	•		**55810**	PROSTATECTOMY PERINEAL RADICAL	4562.40			090	Y	
•	•		**55812**	PROSTATECTOMY PERINEAL RADICAL W/LYMPH NODE BX	5589.60			090	Y	
•	•		**55815**	PROSTATECTOMY PERINEAL RAD W/BI PELVIC LYMPH EXC	6104.40			090	Y	
•	•		**55821**	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	3033.60			090	Y	
•	•		**55831**	PROSTATECTOMY RETROPUBIC SUBTOTAL	3282.00			090	Y	
•	•		**55840**	PROSTATECTOMY RETROPUBIC W/WO NERVE SPARING	4069.20			090	Y	
•	•		**55842**	PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/LYMPH BX	4072.80			090	Y	
•	•		**55845**	PROSTECT RETROPUB RAD W/WO NRV SPAR & BI PLV LYM	4737.60			090	Y	6090.43
•	•	J1	**55860**	EXPOS PROSTATE ANY APPROACH INSJ RADIOACT SUBST	3039.60			090	N	7926.90
•	•		**55862**	EXPOS PROSTATE INSJ RADIOACT SBST W/LYMPH BX	3808.80			090	Y	
•	•		**55865**	EXPOS PROSTATE INSJ RADIOAC SBST W/BI PELV LYMPH	4605.60			090	Y	
•	•	J1	**55866**	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT	5013.60			090	Y	15106.63
•	•		**55870**	ELECTROEJACULATION	604.80			000	N	792.42
•	•	J1	**55873**	CRYOSURGICAL ABLATION PROSTATE W/US & MONITORI	21183.60			090	N	13305.84
•	•		**55874**	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	11836.80			000	N	5709.17
•	•	J1	**55875**	TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSJ	2656.80			090	N	7926.90
•	•		**55876**	PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	486.00			000	N	1692.53
•	•		**55899**	UNLISTED PROCEDURE MALE GENITAL SYSTEM	BR			YYY	N	328.62
•	•	J1	**55920**	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	1561.20			000	N	7920.98
•	•	J1	**55970**	INTERSEX SURG MALE FEMALE	BR			YYY	N	4707.90
•	•	J1	**55980**	INTERSEX SURG FEMALE MALE	BR			YYY	N	5757.14
•	•		**56405**	I&D VULVA/PERINEAL ABSCESS	390.00			010	N	387.66
•	•		**56420**	I&D OF BARTHOLINS GLAND ABSCESS	463.20			010	N	235.62
•	•	J1	**56440**	MARSUPIALIZATION BARTHOLINS GLAND CYST	618.00			010	N	4707.90
•	•	J1	**56441**	LYSIS LABIAL ADHESIONS	519.60			010	N	4707.90
•	•	J1	**56442**	HYMENOTOMY SIMPLE INCISION	160.80			000	N	4707.90
•	•		**56501**	DESTRUCTION LESIONS VULVA SIMPLE	492.00			010	N	2199.52
•	•		**56515**	DESTRUCTION LESIONS VULVA EXTENSIVE	806.40			010	N	2199.52
•	•		**56605**	BIOPSY VULVA/PERINEUM 1 LESION SPX	291.60			000	N	792.42
+	•		**56606**	BIOPSY VULVA/PERINEUM EACH ADDL LESION	130.80			ZZZ	N	
•	•	J1	**56620**	VULVECTOMY SIMPLE PARTIAL	1860.00			090	Y	4707.90
•	•	J1	**56625**	VULVECTOMY SIMPLE COMPLETE	2229.60			090	Y	4707.90
•	•		**56630**	VULVECTOMY RADICAL PARTIAL	3271.20			090	Y	3040.15
•	•		**56631**	VULVECTOMY RAD PRTL UNI INGUINOFEM LMPHADECTOMY	4136.40			090	Y	
•	•		**56632**	VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADECTOMY	4881.60			090	Y	
•	•		**56633**	VULVECTOMY RADICAL COMPLETE	4243.20			090	Y	
•	•		**56634**	VULVECTOMY RAD COMPL UNI INGUINOFEM LMPHADECTOMY	4546.80			090	Y	
•	•		**56637**	VULVECTOMY RAD COMPL BI INGUINOFEM LMPHADECTOMY	5271.60			090	Y	
•	•		**56640**	VULVECTOMY RAD COMPL ILIAC & PELVIC LMPHADECTOMY	5232.00			090	Y	
•	•	J1	**56700**	PRTL HYMENECTOMY/REVJ HYMENAL RING	645.60			010	Y	4707.90
•	•	J1	**56740**	EXC BARTHOLINS GLAND/CYST	1039.20			010	N	4707.90
•	•	J1	**56800**	PLASTIC REPAIR INTROITUS	830.40			010	Y	4707.90

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**56805**	CLITOROPLASTY INTERSEX STATE	3900.00			090	Y	4707.90
•	•	J1	**56810**	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	898.80			010	Y	4707.90
•	•		**56820**	COLPOSCOPY VULVA	393.60			000	N	235.62
•	•		**56821**	COLPOSCOPY VULVA W/BIOPSY	523.20			000	N	387.66
•	•	J1	**57000**	COLPOTOMY W/EXPLORATION	652.80			010	N	4707.90
•	•	J1	**57010**	COLPOTOMY W/DRAINAGE PELVIC ABSCESS	1491.60			090	N	4707.90
•	•	J1	**57020**	COLPOCENTESIS SEPARATE PROCEDURE	332.40			000	N	4707.90
•	•	J1	**57022**	I&D VAGINAL HEMATOMA OBSTETRICAL/POSTPARTUM	583.20			010	N	2734.29
•	•	J1	**57023**	I&D VAGINAL HEMATOMA NON-OBSTETRICAL	1059.60			010	N	4742.07
•	•	J1	**57061**	DESTRUCTION VAGINAL LESIONS SIMPLE	422.40			010	N	4707.90
•	•	J1	**57065**	DESTRUCTION VAGINAL LESIONS EXTENSIVE	705.60			010	N	4707.90
•	•		**57100**	BIOPSY VAGINAL MUCOSA SIMPLE	316.80			000	N	792.42
•	•	J1	**57105**	BIOPSY VAGINAL MUCOSA EXTENSIVE	502.80			010	N	4707.90
•	•	J1	**57106**	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	1744.80			090	Y	4707.90
•	•	J1	**57107**	VAGINECTOMY PRTL RMVL VAG WALL & PARAVAGINAL T	5031.60			090	Y	4707.90
•	•	J1	**57109**	VAGNC PRTL RMVL VAG WALL W/BI TOT PEL LMPHADEC	6106.80			090	Y	4707.90
•	•		**57110**	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	3046.80			090	Y	
•	•		**57111**	VAGINECTOMY COMPL RMVL VAG WALL & PARAVAG TISS	6117.60			090	Y	
•	•		**57112**	VAGNC COMPL RMVL VAG WALL TOT PEL LMPHADEC BX	6567.60			090	Y	
•	•	J1	**57120**	COLPOCLEISIS LE FORT TYPE	1752.00			090	Y	7920.98
•	•	J1	**57130**	EXCISION VAGINAL SEPTUM	638.40			010	Y	4707.90
•	•	J1	**57135**	EXCISION VAGINAL CYST/TUMOR	696.00			010	N	4707.90
•	•		**57150**	IRRIGATION VAGINA&/APPL MEDICAMENT TX DISEASE	165.60			000	N	151.20
•	•	J1	**57155**	INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	1281.60			000	N	4707.90
•	•		**57156**	INSERTION VAGINAL RADIATION DEVICE	710.40			000	N	387.66
•	•		**57160**	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	214.80			000	N	235.62
•	•		**57170**	DIAPHRAGM/CERVICAL CAP FITTING W/INSTRUCTIONS	222.00			000	N	235.62
•	•		**57180**	INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	524.40			010	N	235.62
•	•	J1	**57200**	COLPORRHAPHY SUTURE INJURY VAGINA	1064.40			090	Y	4707.90
•	•	J1	**57210**	COLPOPERINEORRHAPHY SUTURE INJ VAGINA&/PERINEU	1275.60			090	Y	4707.90
•	•	J1	**57220**	PLASTIC URETHRAL SPHINCTER VAGINAL APPROACH	1108.80			090	Y	7920.98
•	•	J1	**57230**	PLASTIC REPAIR URETHROCELE	1360.80			090	Y	4707.90
•	•	J1	**57240**	ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	2040.00			090	Y	7920.98
•	•	J1	**57250**	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	2044.80			090	Y	7920.98
•	•	J1	**57260**	CMBND ANTERPOST COLPORRAPHY W/CYSTO	2611.20			090	Y	7920.98
•	•	J1	**57265**	CMBND ANTERPOST COLPORRAPHY W/CYSTO W/NTRCL RPR	2931.60			090	Y	7920.98
+	•		**57267**	INSJ MESH/PROSTH PELVIC FLOOR DEFECT EACH SITE	870.00			ZZZ	Y	
•	•	J1	**57268**	REPAIR ENTEROCELE VAGINAL APPROACH SPX	1672.80			090	Y	4707.90
•	•		**57270**	REPAIR ENTEROCELE ABDOMINAL APPROACH SPX	2763.60			090	Y	2767.50
•	•		**57280**	COLPOPEXY ABDOMINAL APPROACH	3272.40			090	Y	3811.53
•	•	J1	**57282**	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	1747.20			090	Y	12024.56
•	•	J1	**57283**	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	2354.40			090	Y	12024.56
•	•	J1	**57284**	PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPR	2800.80			090	Y	7920.98
•	•	J1	**57285**	PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH	2313.60			090	Y	12024.56
•	•		**57287**	RMVL/REVJ SLING STRESS INCONTINENCE	2394.00			090	Y	3353.00
•	•	J1	**57288**	SLING OPERATION STRESS INCONTINENCE	2475.60			090	Y	7920.98
•	•	J1	**57289**	PEREYRA PX W/ANTERIOR COLPORRHAPHY	2613.60			090	Y	12024.56
•	•	J1	**57291**	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	1810.80			090	Y	4707.90
•	•	J1	**57292**	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	2773.20			090	Y	7920.98

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**57295**	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	1652.40			090	Y	4707.90
•	•		**57296**	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	3228.00			090	Y	
•	•	J1	**57300**	CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR	1977.60			090	Y	4707.90
•	•		**57305**	CLSR RECTOVAGINAL FISTULA ABDOMINAL APPROACH	3280.80			090	Y	
•	•		**57307**	CLSR RECTOVAG FSTL ABDL APPR W/CONCOMITANT CLST	3576.00			090	Y	
•	•		**57308**	CLSR RECTOVAG FSTL TPRNL PRNL BDY RCNSTJ	2277.60			090	Y	
•	•	J1	**57310**	CLOSURE URETHROVAGINAL FISTULA	1628.40			090	Y	12024.56
•	•		**57311**	CLSR URETHROVAG FSTL W/BULBOCAVERNOSUS TRNSPL	1851.60			090	Y	
•	•	J1	**57320**	CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH	1863.60			090	Y	7920.98
•	•	J1	**57330**	CLSR VESICOVAG FSTL TRANSVESICAL&VAG APPR	2594.40			090	Y	12024.56
•	•	J1	**57335**	VAGINOPLASTY INTERSEX STATE	3937.20			090	Y	4707.90
•	•	J1	**57400**	DILATION VAGINA W/ANESTHESIA OTHER THAN LOCAL	457.20			000	N	4707.90
•	•	J1	**57410**	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	366.00			000	N	4707.90
•	•	J1	**57415**	REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	564.00			010	N	4707.90
•	•		**57420**	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	414.00			000	N	387.66
•	•		**57421**	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	554.40			000	N	792.42
•	•	J1	**57423**	PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH	3134.40			090	Y	15106.63
•	•	J1	**57425**	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	3321.60			090	Y	15106.63
•	•	J1	**57426**	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	2906.40			090	Y	12024.56
•	•		**57452**	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	390.00			000	N	235.62
•	•		**57454**	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	534.00			000	N	387.66
•	•		**57455**	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	504.00			000	N	387.66
•	•		**57456**	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	474.00			000	N	387.66
•	•	J1	**57460**	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	996.00			000	N	4707.90
•	•	J1	**57461**	COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	1120.80			000	N	4707.90
•	•		**57500**	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	456.00			000	N	792.42
•	•		**57505**	ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	382.80			010	N	792.42
•	•	J1	**57510**	CAUTERY CERVIX ELECTRO/THERMAL	468.00			010	N	4707.90
•	•		**57511**	CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	531.60			010	N	387.66
•	•	J1	**57513**	CAUTERY CERVIX LASER ABLATION	553.20			010	N	4707.90
•	•	J1	**57520**	CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	1099.20			090	N	4707.90
•	•	J1	**57522**	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	934.80			090	N	4707.90
•	•	J1	**57530**	TRACHELECTOMY CERVICECTOMY AMP CERVIX SPX	1206.00			090	Y	4707.90
•	•		**57531**	RAD TRACHELECTOMY W/BI PEL LMPHADEC	5744.40			090	Y	
•	•		**57540**	EXCISION CERVICAL STUMP ABDOMINAL APPROACH	2637.60			090	Y	
•	•		**57545**	EXC CERVICAL STUMP ABDL APPR W/PELVIC FLOOR RPR	2796.00			090	Y	
•	•	J1	**57550**	EXCISION CERVICAL STUMP VAGINAL APPROACH	1400.40			090	Y	4707.90
•	•	J1	**57555**	EXC CRV STUMP VAG APPR W/ANT &/POST REPAIR	2053.20			090	Y	7920.98
•	•	J1	**57556**	EXC CRV STUMP VAG APPR W/RPR NTRCL	1942.80			090	Y	7920.98
•	•	J1	**57558**	DILATION & CURETTAGE CERVICAL STUMP	456.00			010	N	4707.90
•	•	J1	**57700**	CERCLAGE UTERINE CERVIX NONOBSTETRICAL	1095.60			090	N	4707.90
•	•	J1	**57720**	TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG	1066.80			090	Y	4707.90
•	•	J1	**57800**	DILATION CERVICAL CANAL INSTRUMENTAL SPX	222.00			000	N	4707.90
•	•		**58100**	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	316.80			000	N	235.62
+	•		**58110**	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	172.80			ZZZ	N	
•	•	J1	**58120**	DILATION & CURETTAGE DX&/THER NONOBSTETRIC	919.20			010	N	4707.90
•	•		**58140**	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	3141.60			090	Y	5464.40
•	•	J1	**58145**	MYOMECTOMY 1-4 MYOMAS 250 GM/< VAGINAL APPR	1893.60			090	Y	4707.90
•	•		**58146**	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	3906.00			090	Y	5200.25

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**58150**	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	3492.00			090	Y	6383.31
•	•		**58152**	TOT ABD HYST W/WO RMVL TUBE OVARY W/COLPURETHRXY	4270.80			090	Y	
•	•		**58180**	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	3286.80			090	Y	5378.29
•	•		**58200**	TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM	4765.20			090	Y	
•	•		**58210**	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	6410.40			090	Y	8135.99
•	•		**58240**	PEL EXNTJ GYNECOLOGIC MAL	10178.40			090	Y	
•	•	J1	**58260**	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	2817.60			090	Y	7920.98
•	•	J1	**58262**	VAG HYST 250 GM/< W/RMVL TUBE&/OVARY	3132.00			090	Y	7920.98
•	•	J1	**58263**	VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL	3367.20			090	Y	7920.98
•	•		**58267**	VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY	3582.00			090	Y	2863.66
•	•	J1	**58270**	VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE	3009.60			090	Y	7920.98
•	•		**58275**	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	3350.40			090	Y	
•	•		**58280**	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE	3567.60			090	Y	
•	•		**58285**	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	5023.20			090	Y	5700.23
•	•	J1	**58290**	VAGINAL HYSTERECTOMY UTERUS > 250 GM	3909.60			090	Y	12024.56
•	•	J1	**58291**	VAG HYST > 250 GM RMVL TUBE&/OVARY	4272.00			090	Y	7920.98
•	•	J1	**58292**	VAG HYST > 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE	4441.20			090	Y	12024.56
•	•		**58293**	VAG HYST >250 GM COLPOURTCSTOPEXY W/WO NDSC CTR	4626.00			090	Y	
•	•	J1	**58294**	VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE	4125.60			090	Y	7920.98
•	•		**58300**	INSERTION INTRAUTERINE DEVICE IUD	273.60			XXX	N	1318.23
•	•		**58301**	REMOVAL INTRAUTERINE DEVICE IUD	324.00			000	N	235.62
•	•		**58321**	ARTIFICIAL INSEMINATION INTRA-CERVICAL	264.00			000	N	387.66
•	•		**58322**	ARTIFICIAL INSEMINATION INTRA-UTERINE	296.40			000	N	235.62
•	•		**58323**	SPERM WASHING ARTIFICIAL INSEMINATION	51.60			000	N	235.62
•	•		**58340**	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	536.40			000	N	
•	•	J1	**58345**	TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING	952.80			010	Y	4707.90
•	•	J1	**58346**	INSERTION HEYMAN CAPSULES CLINICAL BRACHYTHERAPY	1591.20			090	N	4707.90
•	•	J1	**58350**	CHROMOTUBATION OVIDUCT W/MATERIALS	368.40			010	N	7920.98
•	•	J1	**58353**	ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID	3367.20			010	N	7920.98
•	•	J1	**58356**	ENDOMETRIAL CRYOABLATION W/US & ENDOMETRIAL CR	6256.80			010	Y	7920.98
•	•		**58400**	UTERINE SUSPENSION W/WO SHORTENING LIGAMENTS SPX	1524.00			090	Y	3101.58
•	•		**58410**	UTERINE SUSP W/WO SHORT LIGAMNTS W/SYMPATHECTOMY	2734.80			090	Y	
•	•		**58520**	HYSTERORRHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL	2677.20			090	Y	2594.03
•	•		**58540**	HYSTEROPLASTY RPR UTERINE ANOMALY	3085.20			090	Y	3363.49
•	•	J1	**58541**	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	2442.00			090	Y	9076.35
•	•	J1	**58542**	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	2794.80			090	Y	15106.63
•	•	J1	**58543**	LAPS SUPRACERVICAL HYSTERECTOMY >250	2820.00			090	Y	15106.63
•	•	J1	**58544**	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	3063.60			090	Y	15106.63
•	•	J1	**58545**	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/<	3074.40			090	Y	9076.35
•	•	J1	**58546**	LAPS MYOMECTOMY EXC 5/> MYOMAS >250 GRAMS	3794.40			090	Y	15106.63
•	•		**58548**	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	6607.20			090	Y	10075.94
•	•	J1	**58550**	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	2990.40			090	Y	9076.35
•	•	J1	**58552**	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	3366.00			090	Y	15106.63
•	•	J1	**58553**	LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS	3816.00			090	Y	15106.63
•	•	J1	**58554**	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	4513.20			090	Y	15106.63
•	•	J1	**58555**	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	1008.00			000	N	4707.90
•	•	J1	**58558**	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	4664.40			000	N	4707.90
•	•	J1	**58559**	HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	984.00			000	N	7920.98
•	•	J1	**58560**	HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM	1072.80			000	Y	7920.98

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**58561**	HYSTEROSCOPY REMOVAL LEIOMYOMATA	1231.20			000	N	7920.98
•	•	J1	**58562**	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	1246.80			000	N	4707.90
•	•	J1	**58563**	HYSTEROSCOPY ENDOMETRIAL ABLATION	6025.20			000	N	7920.98
•	•	J1	**58565**	HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS	6216.00			090	N	7920.98
•	•	J1	**58570**	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	2690.40			090	Y	15106.63
•	•	J1	**58571**	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	3099.60			090	Y	15106.63
•	•	J1	**58572**	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	3525.60			090	Y	15106.63
•	•	J1	**58573**	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	4200.00			090	Y	15106.63
•	•		**58575**	LAPS TOT HYSTERECTOMY RESJ MALIGNANCY W/OMNTC	6531.60			090	Y	
•	•	J1	**58578**	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	BR			YYY	Y	9076.35
•	•		**58579**	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	BR			YYY	Y	235.62
•	•	J1	**58600**	LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI	1239.60			090	Y	4707.90
•	•		**58605**	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	1122.00			090	Y	
+	•		**58611**	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	260.40			ZZZ	Y	1208.07
•	•	J1	**58615**	OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR	834.00			010	Y	4707.90
•	•	J1	**58660**	LAPAROSCOPY W/LYSIS OF ADHESIONS	2305.20			090	Y	9076.35
•	•	J1	**58661**	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	2226.00			010	Y	9076.35
•	•	J1	**58662**	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	2426.40			090	Y	9076.35
•	•	J1	**58670**	LAPAROSCOPY FULGURATION OVIDUCTS	1239.60			090	N	9076.35
•	•	J1	**58671**	LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS	1240.80			090	N	9076.35
•	•	J1	**58672**	LAPAROSCOPY FIMBRIOPLASTY	2484.00			090	Y	9076.35
•	•	J1	**58673**	LAPAROSCOPY SALPINGOSTOMY	2692.80			090	Y	9076.35
•	•	J1	**58674**	LAPS ABLTJ UTERINE FIBROIDS W/INTRAOP US GDN	2761.20			090	Y	15106.63
•	•	J1	**58679**	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT/OVARY	BR			YYY	Y	9076.35
•	•		**58700**	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	2684.40			090	Y	3661.40
•	•		**58720**	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	2558.40			090	Y	4047.95
•	•		**58740**	LYSIS OF ADHESIONS SALPINX/OVARY	3064.80			090	Y	2052.31
•	•		**58750**	TUBOTUBAL ANASTATOMOSIS	3060.00			090	Y	6199.72
•	•		**58752**	TUBOUTERINE IMPLANTATION	3051.60			090	Y	
•	•		**58760**	FIMBRIOPLASTY	2752.80			090	Y	
•	•	J1	**58770**	SALPINGOSTOMY	2896.80			090	Y	4707.90
•	•	J1	**58800**	DRAINAGE OVARIAN CYST UNI/BI SPX VAGINAL APPR	1120.80			090	N	4707.90
•	•	J1	**58805**	DRAINAGE OVARIAN CYST UNI/BI SPX ABDOMINAL	1393.20			090	Y	4707.90
•	•	J1	**58820**	DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	1082.40			090	Y	4707.90
•	•		**58822**	DRAINAGE OVARIAN ABSCESS ABDOMINAL APPROACH	2377.20			090	Y	
•	•		**58825**	TRANSPOSITION OVARY	2360.40			090	Y	4473.34
•	•	J1	**58900**	BIOPSY OVARY UNI/BI SEPARATE PROCEDURE	1419.60			090	Y	4707.90
•	•	J1	**58920**	WEDGE RESCJ/BISCTJ OVARY UNI/BI	2383.20			090	Y	12024.56
•	•	J1	**58925**	OVARIAN CYSTECTOMY UNI/BI	2575.20			090	Y	7920.98
•	•		**58940**	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	1837.20			090	Y	4080.76
•	•		**58943**	OOPHORECTOMY PRTL/TOT UNI/BI OVARIAN MALIGNANCY	4102.80			090	Y	
•	•		**58950**	RESCJ OVARIAN/TUBAL/PERITONEAL MALIGNANCY W/BSO	3956.40			090	Y	
•	•		**58951**	RESCJ PRIM PRTL MAL W/BSO & OMNTC TAH & LMPHAD	5058.00			090	Y	
•	•		**58952**	RESCJ PRIM PRTL MAL W/BSO & OMNTC RAD DEBULKING	5738.40			090	Y	
•	•		**58953**	BSO W/OMENTECTOMY TAH&RAD DEBULKING DISSECTION	7070.40			090	Y	
•	•		**58954**	BSO W/OMENTECTOMY TAH DEBULKING W/LMPHADECTOMY	7677.60			090	Y	
•	•		**58956**	BSO W/TOT OMENTECTOMY & HYSTERECTOMY MALIGNANC	4797.60			090	Y	
•	•		**58957**	RESECJ RECUR OVARIAN/TUBAL/PERITONEAL MALIGNANCY	5554.80			090	Y	
•	•		**58958**	RESECTION RECRT MAL W/OMENTECTOMY PEL LMPHADEC	6148.80			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**58960**	LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK	3391.20			090	Y	
•	•		**58970**	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	771.60			000	N	792.42
•	•		**58974**	EMBRYO TRANSFER INTRAUTERINE	1534.80			000	Y	792.42
•	•		**58976**	GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH	846.00			000	Y	387.66
•	•		**58999**	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	BR			YYY	N	235.62
•	•		**59000**	AMNIOCENTESIS DIAGNOSIC	423.60			000	N	792.42
•	•		**59001**	AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	618.00			000	N	387.66
•	•		**59012**	CORDOCENTESIS INTRAUTERINE	698.40			000	N	387.66
•	•		**59015**	CHORIONIC VILLUS SAMPLING	536.40			000	N	792.42
•	•		**59020**	FETAL CONTRACTION STRESS TEST	238.80	127.20	111.60	000	N	
•	•		**59025**	FETAL NONSTRESS TEST	164.40	102.00	62.40	000	N	
•	•		**59030**	FETAL SCALP BLOOD SAMPLING	390.00			000	N	387.66
•	•		**59050**	FETAL MONITORING LABOR PHYS WRITTEN REPORT	175.20			XXX	N	
•	•		**59051**	FETAL MONITR LABOR PHYS WRTTN REPRT INTERPJ ONLY	145.20			XXX	N	
•	•		**59070**	TRANSABDOMINAL AMNIOINFUSION W/ULTRSND GUIDANCE	1383.60			000	Y	387.66
•	•		**59072**	FETAL UMBILICAL CORD OCCLUSION W/ULTRSND GUIDNCE	1807.20			000	N	387.66
•	•		**59074**	FETAL FLUID DRAINAGE W/ULTRASOUND GUIDANCE	1333.20			000	Y	387.66
•	•		**59076**	FETAL SHUNT PLACEMENT W/ULTRASOUND GUIDANCE	1807.20			000	Y	387.66
•	•	J1	**59100**	HYSTEROTOMY ABDOMINAL	2902.80			090	Y	4707.90
•	•		**59120**	TX ECTOPIC PREGNANCY ABDOMINAL/VAGINAL APPR	2764.80			090	Y	4014.66
•	•		**59121**	TX ECTOPIC PREGNANCY W/O SALPING&/OOPHORECTOMY	2768.40			090	Y	3447.52
•	•		**59130**	TX ECTOPIC PREGNANCY ABDL PREGNANCY	3226.80			090	N	
•	•		**59135**	TX ECTOPIC PREGNANCY NTRSTL REQ TOT HYST	3187.20			090	N	
•	•		**59136**	TX ECTOPIC PREGNANCY NTRSTL PRTL RESCJ UTER	3056.40			090	Y	
•	•		**59140**	TX ECTOPIC PREGNANCY CERVICAL W/EVACUATION	1398.00			090	Y	
•	•	J1	**59150**	LAPS TX ECTOPIC PREG W/O SALPING&/OOPHORECTOMY	2679.60			090	Y	9076.35
•	•	J1	**59151**	LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY	2606.40			090	Y	9076.35
•	•	J1	**59160**	CURETTAGE POSTPARTUM	745.20			010	N	4707.90
•	•		**59200**	INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	267.60			000	N	387.66
•	•	J1	**59300**	EPISIOTOMY/VAG RPR OTH/THN ATTENDING	692.40			000	N	4707.90
•	•	J1	**59320**	CERCLAGE CERVIX PREGNANCY VAGINAL	524.40			000	N	4707.90
•	•		**59325**	CERCLAGE CERVIX PREGNANCY ABDOMINAL	835.20			000	N	5193.61
•	•		**59350**	HYSTERORRHAPHY RUPTURED UTERUS	969.60			000	Y	
•	•		**59400**	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	7251.60			MMM	N	
•	•	J1	**59409**	VAGINAL DELIVERY ONLY	2804.40			MMM	N	4707.90
•	•		**59410**	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	3592.80			MMM	N	
•	•	J1	**59412**	EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	354.00			MMM	N	4707.90
•	•	J1	**59414**	DELIVERY PLACENTA SEPARATE PROCEDURE	318.00			MMM	N	4707.90
•	•		**59425**	ANTEPARTUM CARE ONLY 4-6 VISITS	1581.60			MMM	N	
•	•		**59426**	ANTEPARTUM CARE ONLY 7/> VISITS	2822.40			MMM	N	
•	•		**59430**	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	668.40			MMM	N	
•	•		**59510**	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	8040.00			MMM	N	
•	•		**59514**	CESAREAN DELIVERY ONLY	3159.60			MMM	Y	2410.81
•	•		**59515**	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	4368.00			MMM	N	
+	•		**59525**	STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	1675.20			ZZZ	Y	
•	•		**59610**	ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	7609.20			MMM	N	
•	•	J1	**59612**	VAGINAL DELIVERY AFTER CESAREAN DELIVERY	3160.80			MMM	N	4707.90
•	•		**59614**	VAGINAL DELIVERY & POSTPARTUM CARE VBAC	3919.20			MMM	N	
•	•		**59618**	ROUTINE OBSTETRICAL CARE ATTEMPTED VBAC	8145.60			MMM	N	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**59620**	CESAREAN DELIVERY ATTEMPTED VBAC	3247.20			MMM	Y	
•	•		**59622**	CESAREAN DLVRY & POSTPARTUM CARE ATTEMPTED VBA	4498.80			MMM	N	
•	•	J1	**59812**	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	1124.40			090	N	4707.90
•	•	J1	**59820**	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	1348.80			090	N	4707.90
•	•	J1	**59821**	TX MISSED ABORTION SECOND TRIMESTER SURGICAL	1350.00			090	N	4707.90
•	•		**59830**	TX SEPTIC ABORTION SURGICAL	1531.20			090	N	
•	•	J1	**59840**	INDUCED ABORTION DILATION AND CURETTAGE	780.00			010	N	4707.90
•	•	J1	**59841**	INDUCED ABORTION DILATION & EVACUATION	1348.80			010	N	4707.90
•	•		**59850**	INDUCED ABORTION 1/> AMNIOTIC INJX W/D&C/EVACJ	1222.80			090	N	
•	•		**59851**	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS D&C	1317.60			090	N	
•	•		**59852**	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS HYSTOTM	1803.60			090	N	
•	•		**59855**	INDUCED ABORT 1/> VAG SUPPOSITORIES DLVR FETUS	1440.00			090	N	1676.03
•	•		**59856**	INDUCED ABORT 1/> VAG SUPP DLVR FETUS D&C &/EVAC	1692.00			090	N	
•	•		**59857**	INDUCED ABORT 1/> VAG SUPPOS DLVR FETUS HYSTOT	1807.20			090	N	
•	•		**59866**	MULTIFETAL PREGNANCY REDUCTION	746.40			000	Y	387.66
•	•	J1	**59870**	UTERINE EVACUATION & CURETTAGE HYDATIDIFORM MOLE	1686.00			090	Y	4707.90
•	•		**59871**	REMOVAL CERCLAGE SUTURE UNDER ANESTHESIA	458.40			000	N	3353.00
•	•		**59897**	UNLISTED FETAL INVASIVE PX W/ULTRASOUND	BR			YYY	N	235.62
•	•	J1	**59898**	UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY	BR			YYY	Y	9076.35
•	•		**59899**	UNLISTED PROCEDURE MATERNITY CARE & DELIVERY	BR			YYY	Y	235.62
•	•	J1	**60000**	I&D THYROGLOSSAL DUCT CYST INFECTED	584.40			010	N	2543.11
•	•		**60100**	BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	384.00			000	N	822.66
•	•	J1	**60200**	EXC CYST/ADENOMA THYROID/TRANSECTION ISTHMUS	2284.80			090	Y	9076.35
•	•	J1	**60210**	PRTL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	2444.40			090	Y	9076.35
•	•	J1	**60212**	PRTL THYROID LOBEC UNI W/CONTRATLAT STOT LOBEC	3488.40			090	Y	9076.35
•	•	J1	**60220**	TOTAL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	2438.40			090	Y	9076.35
•	•	J1	**60225**	TOTAL THYROID LOBEC UNI W/CONTRALAT STOT LOBEC	3212.40			090	Y	9076.35
•	•	J1	**60240**	THYROIDECTOMY TOTAL/COMPLETE	3176.40			090	Y	9076.35
•	•	J1	**60252**	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	4562.40			090	Y	8765.29
•	•		**60254**	THYROIDECTOMY TOTAL/SUBTOTAL RAD NECK DISSECT	5776.80			090	Y	8266.16
•	•	J1	**60260**	THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL	3775.20			090	Y	8765.29
•	•		**60270**	THYROIDECT W/SUBSTERNAL SPLIT/TRANSTHORACIC	4732.80			090	Y	5962.10
•	•	J1	**60271**	THYROIDECTOMY SUBSTERNAL CERVICAL APPROACH	3654.00			090	Y	8765.29
•	•	J1	**60280**	EXCISION THYROGLOSSAL DUCT CYST/SINUS	1522.80			090	Y	9076.35
•	•	J1	**60281**	EXCISION THYROGLOSSAL DUCT CYST/SINUS RECURRENT	2018.40			090	Y	9076.35
•	•		**60300**	ASPIRATION AND/OR INJECTION THYROID CYST	392.40			000	N	822.66
•	•	J1	**60500**	PARATHYROIDECTOMY/EXPLORATION PARATHYROIDS	3344.40			090	Y	8765.29
•	•	J1	**60502**	PARATHYROIDECTOMY/EXPLOR PARATHYROIDS RE-EXPLOR	4474.80			090	Y	8765.29
•	•		**60505**	PARATHYRDEC/EXPL PARATHYR MEDSTNL STERNAL/TTHRC	4819.20			090	Y	6469.55
+	•		**60512**	PARATHYROID AUTOTRANSPLANTATION ADD-ON	843.60			ZZZ	Y	
•	•	J1	**60520**	THYMECTOMY PRTL/TOT TRANSCERVICAL APPR SPX	3624.00			090	Y	8765.29
•	•		**60521**	THYMECTOMY PRTL/TOT W/O RAD MEDSTNL DSJ SPX	3889.20			090	Y	
•	•		**60522**	THYMECTOMY PRTL/TOT RAD MEDSTNL DSJ SPX	4741.20			090	Y	
•	•		**60540**	ADRENALECTOMY W/EXPL W/WO BX ABDL/LMBR/DRSAL SPX	3705.60			090	Y	
•	•		**60545**	ADRENALECTOMY EXPL W/EXC RETROPERTINEAL TUMOR	4242.00			090	Y	
•	•		**60600**	EXC CAROTID BODY TUMOR W/O EXC CAROTID ARTERY	4755.60			090	Y	
•	•		**60605**	EXC CAROTID BODY TUMOR W EXC CAROTID ARTERY	5755.20			090	Y	
•	•		**60650**	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL	4141.20			090	Y	8777.94
•	•	J1	**60659**	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	BR			YYY	Y	9076.35

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**60699**	UNLISTED PROCEDURE ENDOCRINE SYSTEM	BR			YYY	Y	9076.35
•	•		**61000**	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI INIT	382.80			000	N	850.31
•	•		**61001**	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI SBSQ	379.20			000	N	850.31
•	•		**61020**	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/O NJX	344.40			000	N	1086.07
•	•		**61026**	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/INJ	366.00			000	N	850.31
•	•		**61050**	CISTERNAL/LATERAL C1-C2 PUNCTURE W/O INJ SPX	294.00			000	N	351.42
•	•		**61055**	CISTERNAL/LATERAL C1-C2 PUNCTURE W/INJECTION	434.40			000	N	351.42
•	•		**61070**	PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	196.80			000	N	850.31
•	•		**61105**	TWIST DRILL HOLE SUBDURAL/VENTRICULAR PUNCTURE	1621.20			090	N	
•	⊘		**61107**	TWIST DRILL HOLE IMPLT VENTRICULAR CATH/DEVICE	1104.00			000	N	
•	•		**61108**	TWIST DRILL HOLE EVAC&/DRG SUBDURAL HEMATOMA	3123.60			090	N	
•	•		**61120**	BURR HOLE VENTRICULAR PUNCTURE	2611.20			090	N	
•	•		**61140**	BURR HOLE/TREPHINE W/BX BRAIN/INTRACRNIAL LESION	4432.80			090	Y	
•	•		**61150**	BURR HOLE/TREPHINE W/DRG BRAIN ABSCESS/CYST	4776.00			090	N	
•	•		**61151**	BURR HOLE/TREPHINE W/SBSQ TAPPING ICRA ABSC/CST	3501.60			090	N	
•	•		**61154**	BURR HOLE W/EVAC&/DRG HEMATOMA XDRL/SDRL	4456.80			090	Y	
•	•		**61156**	BURR HOLE W/ASPIR HEMATOMA/CYST INTRACEREBRAL	4382.40			090	Y	
•	•		**61210**	BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE	1303.20			000	N	5491.97
•	•	J1	**61215**	INSJ SUBQ RSVR PUMP/INFUSION SYSTEM VENTRIC CATH	1785.60			090	N	8627.34
•	•		**61250**	BURR HOLE/TREPHINE SUPRATENTORIAL W/O OTH SURG	3031.20			090	Y	
•	•		**61253**	BURR HOLE/TREPHINE INFRATENTORIAL UNI/BI	3465.60			090	Y	
•	•		**61304**	CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL	5778.00			090	Y	
•	•		**61305**	CRANIECTOMY/CRANIOTOMY EXPL INFRATENTORIAL	7039.20			090	Y	
•	•		**61312**	CRANIECTOMY HMTMA SUPRATENTORIAL EXTRA/SUBDURAL	7306.80			090	Y	
•	•		**61313**	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	6964.80			090	Y	
•	•		**61314**	CRANIECTOMY HMTMA INFRATENTORIAL EXTRA/SUBDURAL	6392.40			090	Y	
•	•		**61315**	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	7251.60			090	Y	
+	•		**61316**	INCISION & SUBCUTANEOUS PLMT CRANIAL BONE GRAF	312.00			ZZZ	N	
•	•		**61320**	CRANIECTOMY/CRANIOTMY DRG ABSCESS SUPRATENTORIAL	6667.20			090	Y	
•	•		**61321**	CRANIECTOMY/CRANIOTMY DRG ABSCESS INFRATENTORIAL	7404.00			090	Y	
•	•		**61322**	CRANIECT/CRANIOT W/WO DURAPLASTY W/O LOBECTOMY	8370.00			090	Y	
•	•		**61323**	CRANIECT/CRANIOT W/WO DURAPLASTY W/LOBECTOMY	8378.40			090	Y	
•	•	J1	**61330**	DECOMPRESSION ORBIT ONLY TRANSCRANIAL APPROACH	6270.00			090	Y	4449.71
•	•		**61333**	EXPL ORBIT TRANSCRANIAL APPROACH W/RMVL LESION	7156.80			090	Y	
•	•		**61340**	SUBTEMPORAL CRANIAL DECOMPRESSION	4970.40			090	Y	
•	•		**61343**	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA & CORD	7688.40			090	Y	
•	•		**61345**	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	7159.20			090	Y	
•	•		**61450**	CRNEC STPL SCTJ COMPRESSION/DCMPRN GANGLION	6720.00			090	Y	
•	•		**61458**	CRNEC SOPL EXPL/DCMPRN CRNL NRV	7065.60			090	Y	
•	•		**61460**	CRANIECTOMY SUBOCCIPITAL SECTION 1/> CRANIAL NR	7405.20			090	Y	
•	•		**61500**	CRANIECTOMY W/EXCISION TUMOR/LESION SKULL	4585.20			090	Y	
•	•		**61501**	CRANIECTOMY OSTEOMYELITIS	3980.40			090	Y	
•	•		**61510**	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	7690.80			090	Y	
•	•		**61512**	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR	8977.20			090	Y	
•	•		**61514**	CRNEC TREPHINE BONE FLAP BRAIN ABSC SUPRATENTOR	6715.20			090	Y	
•	•		**61516**	CRNEC TREPHINE BONE FLAP FENEST CYST SUPRATENTOR	6535.20			090	Y	
+	•		**61517**	IMPLTJ BRAIN INTRACAVITARY CHEMOTHERAPY AGENT	310.80			ZZZ	N	
•	•		**61518**	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	9724.80			090	Y	
•	•		**61519**	CRNEC EXC TUM INFRATENTOR/POST FOSSA MENINGIOMA	10410.00			090	Y	

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•	•	**61520**	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	13240.80			090	Y	
•	•	**61521**	CRNEC TUM INFRATTL/PFOSSA MIDLINE TUM BASE SKULL	11247.60			090	Y	
•	•	**61522**	CRNEC INFRATNTORIAL/POST FOSSA EXC BRAIN ABSCESS	7554.00			090	Y	
•	•	**61524**	CRNEC INFRATNTOR/POSTFOSSA EXC/FENESTRATION CYST	7304.40			090	Y	
•	•	**61526**	CRNEC TRANSTEMPOR EXC CEREBELLOPONTINE ANGLE TUM	11752.80			090	N	
•	•	**61530**	CRNEC EXC CEREBELLOPNTIN ANGLE TUM MID/POSTFOSSA	10929.60			090	N	
•	•	**61531**	SUBDURAL IMPLTJ ELECTRODES SEIZURE MONITORING	4232.40			090	Y	
•	•	**61533**	CRANIOT SUBDURAL IMPLT ELCTRD SEIZURE MONITORING	5335.20			090	Y	
•	•	**61534**	CRANIOT EPILEPTOGENIC FOC W/O ELECTRCORTICOGRPHY	5692.80			090	Y	
•	•	**61535**	CRANIOT RMVL EPID/SUBDURL ELCTRD W/O EXC TIS SPX	3498.00			090	Y	
•	•	**61536**	CRANIOT EPILEPTOGENIC FOCUS W/ELECTROCORTCOGRPHY	9027.60			090	Y	
•	•	**61537**	CRANIOT TEMPORAL LOBE W/O ELECTROCORTICOGRAPHY	8695.20			090	Y	
•	•	**61538**	CRANIOT LOBEC TEMPORAL LOBE W/ELECTROCORTCOGRPHY	9394.80			090	Y	
•	•	**61539**	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/ECOG	8356.80			090	Y	
•	•	**61540**	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/O ECOG	7568.40			090	Y	
•	•	**61541**	CRANIOTOMY TRANSECTION CORPUS CALLOSUM	7525.20			090	Y	
•	•	**61543**	CRANIOTOMY PARTIAL/SUBTOTAL HEMISPHERECTOMY	7406.40			090	Y	
•	•	**61544**	CRANIOTOMY EXCISION/COAGULATION CHOROID PLEXUS	6720.00			090	Y	
•	•	**61545**	CRANIOTOMY EXCISION CRANIOPHARYNGIOMA	11162.40			090	Y	
•	•	**61546**	CRANIOT HYPOPHYSEC/EXC PITUITARY TUMOR ICRL APPR	8094.00			090	Y	
•	•	**61548**	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	5502.00			090	Y	
•	•	**61550**	CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE	3855.60			090	Y	
•	•	**61552**	CRANIECT CRANIOSYNOSTOSIS MULT CRANIAL SUTURES	5222.40			090	Y	
•	•	**61556**	CRANIEC CRANIOSYNOSTOSIS FRONT/PARIET BONE FLAP	6020.40			090	Y	
•	•	**61557**	CRANIECTOMY CRANIOSYNOSTOSIS BIFRONTAL BONE FLAP	5930.40			090	Y	
•	•	**61558**	XTN CRANIECT MULTIPLE SUTURE CRANIOSYNOSTOSIS	6633.60			090	Y	
•	•	**61559**	XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS W/BONE GRAFT	7982.40			090	Y	
•	•	**61563**	EXC BENIGN TUM CRANIAL BONE W/O OPTIC NRV DCMPRN	6903.60			090	Y	
•	•	**61564**	EXC BENIGN TUM CRANIAL BONE W/OPTIC NRV DCMPRN	8514.00			090	Y	
•	•	**61566**	CRANIOTOMY SELECTIVE AMYGDALOHIPPOCAMPECTOMY	7784.40			090	Y	
•	•	**61567**	CRANIOTOMY MULTIPLE SUBPIAL TRANSECTIONS W/ECOG	8752.80			090	Y	
•	•	**61570**	CRANIECTOMY/CRANIOTOMY EXC FOREIGN BODY BRAIN	6541.20			090	Y	
•	•	**61571**	CRANIECTOMY/CRANIOTOMY TX PENETRATNG WOUND BRAIN	6879.60			090	Y	
•	•	**61575**	TRNSRAL SKULL BSE/BR STEM/CORD BX/DCOMPR/EXC LES	8834.40			090	Y	
•	•	**61576**	TRNSRL SKUL BSE/BR STM/CORD BX/DCMP/ SPLT TONGUE	14538.00			090	Y	
•	•	**61580**	CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ	8446.80			090	N	
•	•	**61581**	CRANIOFACIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	9139.20			090	N	
•	•	**61582**	CRANFCL ANT CRANIAL FOSSA UNI/BI CRANIOT/OSTEOT	10629.60			090	Y	
•	•	**61583**	CRANFCL ANT CRANIAL FOSSA UNI/BIFRNTL ELEV LOBE	10108.80			090	Y	
•	•	**61584**	ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ	10046.40			090	Y	
•	•	**61585**	ORBITOCRANIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	11422.80			090	Y	
•	•	**61586**	BICORONAL TRANSZYGMTC&/LEFORT I W/O BONE GRFT	8464.80			090	Y	
•	•	**61590**	INFRATEMPORAL MID CRANIAL FOSSA W/WO DISARTICLTN	10581.60			090	Y	
•	•	**61591**	INFRATEMPO MID CRANIAL FOSSA W/WO DCOMPR&/MOBI	10696.80			090	Y	
•	•	**61592**	ORBITOCRNL APPR MID CRANIAL FOSSA TEMPORAL LOBE	11108.40			090	Y	
•	•	**61595**	TRANSTEMP APPR POST CRAN FOSSA DCOMPR SINUS/NRV	8176.80			090	N	
•	•	**61596**	TRANSCOCHLR POST CRNL FOSSA W/WO MOBIL NRV/ART	8412.00			090	Y	
•	•	**61597**	TRNSCONDLR POST CRNL FOSSA DCOMPR ART W/WO MOBIL	10261.20			090	Y	
•	•	**61598**	TRANSPTRSAL POST CRNL FOSSA CLIVUS/FORAMN MAGNUM	9948.00			090	Y	

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•	•		**61600**	RESCJ/EXC LES BASE ANT CRANIAL FOSSA EXTRADURAL	7389.60			090	Y	
•	•		**61601**	RESCJ/EXC LES BASE ANT CRNL FOSSA INDRL W/WO GRF	8412.00			090	Y	
•	•		**61605**	RESCJ/EXC LES INFRATEMPOR FOSSA SPACE APEX XDRL	7458.00			090	Y	
•	•		**61606**	RESCJ/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR	10284.00			090	Y	
•	•		**61607**	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB XDRL	9339.60			090	Y	
•	•		**61608**	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB IDRL	11484.00			090	Y	
+	•		**61611**	TRNSXJ/LIG CAROTID ARTERY PETROUS CANAL W/O RPR	1665.60			ZZZ	Y	
•	•		**61613**	OBLTRJ CAROTID ARYSM ARTVEN CAROTID FISTULA DSJ	11637.60			090	Y	
•	•		**61615**	RESCJ/EXC LES BASE POST CRNL FOSSA JUG FRMN XDRL	9830.40			090	Y	
•	•		**61616**	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	11676.00			090	Y	
•	•		**61618**	SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT	4507.20			090	Y	
•	•		**61619**	SEC RPR DURA CSF LEAK LOCAL/REGIONALIZED FLAP	4966.80			090	Y	
•	•	J1	**61623**	EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	1993.20			000	N	17440.05
•	•		**61624**	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	4045.20			000	N	3796.76
•	•	J1	**61626**	TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	3068.40			000	N	17440.05
•	•		**61630**	BALLOON ANGIOPLASTY INTRACRANIAL PERCUTANEOUS	4876.80			XXX	Y	
•	•		**61635**	TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	5113.20			XXX	Y	
•	•		**61640**	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	1681.20			000	N	
+	•		**61641**	PERQ BALO DILA IC VSPSM EA VSL SM VASC TER	590.40			ZZZ	N	
+	•		**61642**	PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	1180.80			ZZZ	N	
•	•		**61645**	PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	2919.60			000	N	
•	•		**61650**	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	1932.00			000	N	
+	•		**61651**	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	841.20			ZZZ	N	
•	•		**61680**	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL SMPL	7932.00			090	Y	
•	•		**61682**	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL CMPL	14820.00			090	Y	
•	•		**61684**	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL SMPL	9978.00			090	Y	
•	•		**61686**	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL CMPL	16371.60			090	Y	
•	•		**61690**	INTRACRANIAL ARVEN MALFRMJ DURAL SMPL	7640.40			090	Y	
•	•		**61692**	INTRACRANIAL ARVEN MALFRMJ DURAL CMPL	13057.20			090	Y	
•	•		**61697**	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	15056.40			090	Y	
•	•		**61698**	CPLX INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	16801.20			090	Y	
•	•		**61700**	SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION	12090.00			090	Y	
•	•		**61702**	SIMPLE INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	14194.80			090	Y	
•	•		**61703**	ICRA CRV APPL OCCLUDING CLAMP CRV CRTD ART	4682.40			090	Y	
•	•		**61705**	ARYSM VASC MALFRMJ/CRTD-OCCLUSION CRTD ART	8832.00			090	Y	
•	•		**61708**	ARYSM VASC MALFRMJ/ICRA ELECTROTHROMBOSIS	9021.60			090	Y	
•	•		**61710**	ARYSM VASC MALFRMJ IA EMBOLIZATION	7606.80			090	N	
•	•		**61711**	ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES	9096.00			090	Y	
•	•	J1	**61720**	CRTJ LES STRTCTC BURR GLOBUS PALLIDUS/THALAMUS	4479.60			090	N	8627.34
•	•		**61735**	CRTJ LES STRTCTC BURR SUBCORTICAL STRUX OTH/THN	5616.00			090	N	
•	•		**61750**	STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES	4970.40			090	N	
•	•		**61751**	STRTCTC BX ASPIR/EXC BURR ICRA LESION W/CT&I/MR	4857.60			090	N	6944.14
•	•		**61760**	STRTCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	5526.00			090	N	
•	•	J1	**61770**	STRTCTC LOCLZJ INSJ CATH/PRB PLMT RADJ SRC	5733.60			090	N	8627.34
+	•		**61781**	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	832.80			ZZZ	N	
+	•		**61782**	STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL	602.40			ZZZ	N	
+	•		**61783**	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	816.00			ZZZ	N	
•	•	J1	**61790**	CREATE LESION STRTCTC PRQ NEUROLYTIC GASSERIAN	3093.60			090	N	3259.45
•	•	J1	**61791**	CREATE LES STRTCTC PRQ NEUROLYTIC TRIGEMINAL TRC	3963.60			090	N	3259.45

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•	•		**61796**	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	3568.80			090	Y	
+	•		**61797**	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	777.60			ZZZ	Y	
•	•		**61798**	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	4867.20			090	Y	
+	•		**61799**	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	1077.60			ZZZ	Y	
+	•		**61800**	APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	542.40			ZZZ	Y	
•	•		**61850**	TWIST/BURR HOLE IMPLTJ NSTIM ELTRD CORTICAL	3381.60			090	Y	
•	•		**61860**	CRNEC/CRX IMPLTJ NSTIM ELTRD CERE CORTICAL	5493.60			090	Y	
•	•		**61863**	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	5277.60			090	Y	
+	•		**61864**	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	1003.20			ZZZ	Y	
•	•		**61867**	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD 1ST ARRAY	8025.60			090	Y	
+	•		**61868**	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY	1767.60			ZZZ	Y	
•	•		**61870**	CRNEC IMPLTJ NSTIM ELTRD CEREBELLAR CORTICAL	4174.80			090	Y	
•	•		**61880**	REVJ/RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS	2001.60			090	Y	4089.32
•	•	J1	**61885**	INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	1796.40			090	N	29514.29
•	•	J1	**61886**	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	2972.40			090	N	43809.69
•	•	J1	**61888**	REVJ/RMVL NEUROSTIMULATOR PULSE GENERATOR	1388.40			010	N	10355.35
•	•	J1	**62000**	ELEVATION DEPRESSED SKULL FX SIMPLE EXTRADURAL	3630.00			090	N	4449.71
•	•		**62005**	ELVTN DEPRS SKL FX COMPOUND/COMMIND XDRL	4396.80			090	Y	
•	•		**62010**	ELVTN DEPRS SKL FX W/RPR DURA&/DBRDMT BRN	5367.60			090	Y	
•	•		**62100**	CRX RPR DURAL/CSF LEAK RHINORRHEA/OTORRHEA	5570.40			090	Y	3919.72
•	•		**62115**	RDCTJ CRANIOMEGALIC SKULL W/O GRAFT/CRANIOPLASTY	5905.20			090	Y	
•	•		**62117**	RDCTJ CRANIOMEGALIC CRANIO&RECNSTJ W/WO GRAFT	6940.80			090	Y	
•	•		**62120**	RPR ENCEPHALOCELE SKULL VAULT W/CRANIOPLASTY	7434.00			090	Y	
•	•		**62121**	CRANIOTOMY FOR ENCEPHALOCELE REPAIR SKULL BASE	5487.60			090	Y	
•	•		**62140**	CRANIOPLASTY SKULL DEFECT </5 CM DIAMETER	3594.00			090	Y	3847.29
•	•		**62141**	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	3982.80			090	Y	
•	•		**62142**	RMVL BONE FLAP/PROSTHETIC PLATE SKULL	3096.00			090	Y	4092.77
•	•		**62143**	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	3645.60			090	Y	
•	•		**62145**	CRANIOPLASTY SKULL DEFECT REPARATIVE BRAIN SURG	4923.60			090	Y	
•	•		**62146**	CRANIOPLASTY W/AUTOGRAFT </ 5 CM DIAMETER	4112.40			090	Y	
•	•		**62147**	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	5036.40			090	Y	
+	•		**62148**	INCISE&RETRIEVAL SUBQ CRANIOPLASTY BONE GRAFT	447.60			ZZZ	N	
+	•		**62160**	NUNDSC ICRA PLMT/RPLCMT VENTR CATH SHUNT SYS	673.20			ZZZ	N	
•	•		**62161**	NUNDSC ICRA DSJ ADS FENESTRATION SEPTUM CSTS	5296.80			090	Y	
•	•		**62162**	NUNDSC ICRA FENESTEXC CYST W/VENTRIC CATH DRG	6642.00			090	Y	
•	•		**62163**	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY	4130.40			090	Y	
•	•		**62164**	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY	7328.40			090	Y	
•	•		**62165**	NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID	5353.20			090	N	
•	•		**62180**	VENTRICULOCISTERNOSTOMY	5648.40			090	Y	
•	•		**62190**	CRTJ SHUNT SARACH/SDRL-ATR-JUG-AUR	3255.60			090	N	
•	•		**62192**	CRTJ SHUNT SARACH/SDRL-PRTL-PLEURAL OTH	3430.80			090	Y	
•	•	J1	**62194**	RPLCMT/IRRG SUBARACHNOID/SUBDURAL CATHETER	1700.40			010	N	3259.45
•	•		**62200**	VENTRICULOCISTERNOSTOMY 3RD VENTRICLE	4834.80			090	Y	
•	•		**62201**	VENTRICULOCISTERNOSTOMY 3RD VNTRC NEURONDSC	4246.80			090	N	
•	•		**62220**	CRTJ SHUNT VENTRICULO-ATR-JUG-AUR	3513.60			090	Y	
•	•		**62223**	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	3643.20			090	Y	5410.04
•	•	J1	**62225**	RPLCMT/IRRIGATION VENTRICULAR CATHETER	1845.60			090	N	8627.34
•	•	J1	**62230**	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	2946.00			090	Y	8627.34
•	•		**62252**	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	280.80	162.00	118.80	XXX	N	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**62256**	RMVL COMPL CSF SHUNT SYSTEM W/O RPLCMT SHUNT	2104.80			090	Y	
•	•		**62258**	RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT	3907.20			090	Y	
•	•		**62263**	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	2054.40			010	N	1086.07
•	•		**62264**	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	1466.40			010	N	1086.07
•	•		**62267**	PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	880.80			000	N	822.66
•	•		**62268**	PERCUTANEOUS ASPIRATION SPINAL CORD CYST/SYRINX	888.00			000	N	1086.07
•	•	J1	**62269**	BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE	919.20			000	N	2734.29
•	•		**62270**	SPINAL PUNCTURE LUMBAR DIAGNOSTIC	506.40			000	N	850.31
•	•		**62272**	SPINAL PUNCTURE THER DRAIN CEREBROSPINAL FLUID	668.40			000	N	850.31
•	•		**62273**	INJECTION EPIDURAL BLOOD/CLOT PATCH	591.60			000	N	850.31
•	•		**62280**	INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	1134.00			010	N	1086.07
•	•		**62281**	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	832.80			010	N	1086.07
•	•		**62282**	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	1035.60			010	N	1086.07
•	•		**62284**	INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	673.20			000	N	
•	•	J1	**62287**	DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR	2007.60			090	N	8627.34
•	•		**62290**	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	1154.40			000	N	
•	•		**62291**	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	1113.60			000	N	
•	•	J1	**62292**	INJECTION PX CHEMONUCLEOLYSIS 1/MLT LUMBAR	1975.20			090	N	3259.45
•	•		**62294**	NJX ARTERIAL OCCLUSION ARVEN MALFRMJ SPINAL	3342.00			090	N	1086.07
•	•		**62302**	MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	855.60			000	N	982.29
•	•		**62303**	MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	874.80			000	N	982.29
•	•		**62304**	MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	844.80			000	N	982.29
•	•		**62305**	MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	918.00			000	N	982.29
•	•		**62320**	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	561.60			000	N	850.31
•	•		**62321**	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	862.80			000	N	850.31
•	•		**62322**	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	523.20			000	N	850.31
•	•		**62323**	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	853.20			000	N	850.31
•	•		**62324**	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	494.40			000	N	1086.07
•	•		**62325**	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	800.40			000	N	1086.07
•	•		**62326**	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	513.60			000	N	1086.07
•	•		**62327**	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	802.80			000	N	1086.07
•	•	J1	**62350**	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	1380.00			010	N	8627.34
•	•	J1	**62351**	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	2986.80			090	Y	10775.65
•	•		**62355**	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	927.60			010	N	2316.70
•	•	J1	**62360**	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	1095.60			010	N	26058.10
•	•	J1	**62361**	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	1495.20			010	N	26058.10
•	•	J1	**62362**	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	1324.80			010	N	26058.10
•	•		**62365**	RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	1022.40			010	N	6483.81
•	•		**62367**	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	136.80			XXX	N	398.18
•	•		**62368**	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	188.40			XXX	N	398.18
•	•		**62369**	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL	400.80			XXX	N	398.18
•	•		**62370**	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	416.40			XXX	N	398.18
•	•	J1	**62380**	NDSC DCMPRN SPINAL CORD 1 W/LAMOT NTRSPC LUMBAR	10444.80			090	Y	10775.65
•	•	J1	**63001**	LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG CRV	4329.60			090	Y	10775.65
•	•	J1	**63003**	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	4322.40			090	Y	10775.65
•	•	J1	**63005**	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	4135.20			090	Y	10775.65
•	•	J1	**63011**	LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL	3799.20			090	Y	10775.65
•	•	J1	**63012**	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	4159.20			090	Y	10775.65
•	•	J1	**63015**	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	5184.00			090	Y	10775.65

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**63016**	LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC	5326.80			090	Y	10775.65
•	•	J1	**63017**	LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR	4404.00			090	Y	10775.65
•	•	J1	**63020**	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC	4042.80			090	Y	10775.65
•	•	J1	**63030**	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	3384.00			090	Y	10775.65
+	•		**63035**	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	669.60			ZZZ	Y	
•	•	J1	**63040**	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	4857.60			090	Y	10775.65
•	•	J1	**63042**	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	4515.60			090	Y	10775.65
+	•		**63043**	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	3068.40			ZZZ	Y	
+	•		**63044**	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	2677.20			ZZZ	Y	
•	•	J1	**63045**	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL	4486.80			090	Y	19120.53
•	•	J1	**63046**	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT THORACIC	4276.80			090	Y	19120.53
•	•	J1	**63047**	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	3836.40			090	Y	19120.53
+	•		**63048**	LAM FACETECTOMY&FORAMTOMY 1 SGM EA CRV THRC/LMBR	740.40			ZZZ	Y	
•	•		**63050**	LAMOP CERVICAL W/DCMPRN SPI CORD 2/> VERT SEG	5220.00			090	Y	
•	•		**63051**	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	5965.20			090	Y	
•	•	J1	**63055**	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	5698.80			090	Y	10775.65
•	•	J1	**63056**	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	5194.80			090	Y	10775.65
+	•		**63057**	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	1118.40			ZZZ	Y	
•	•	J1	**63064**	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	6228.00			090	Y	10775.65
+	•		**63066**	COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG	723.60			ZZZ	Y	
•	•	J1	**63075**	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	4713.60			090	Y	10775.65
+	•		**63076**	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	864.00			ZZZ	Y	
•	•		**63077**	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	5308.80			090	Y	
+	•		**63078**	DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC	727.20			ZZZ	Y	
•	•		**63081**	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	6136.80			090	Y	2049.98
+	•		**63082**	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	932.40			ZZZ	Y	1354.52
•	•		**63085**	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	6718.80			090	Y	
+	•		**63086**	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	669.60			ZZZ	Y	
•	•		**63087**	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR 1 SEG	8438.40			090	Y	
+	•		**63088**	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR EA SEG	903.60			ZZZ	Y	
•	•		**63090**	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC 1 SEG	6837.60			090	Y	
+	•		**63091**	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC EA SEG	621.60			ZZZ	Y	
•	•		**63101**	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	8138.40			090	Y	
•	•		**63102**	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	7928.40			090	Y	
+	•		**63103**	VCRPEC LAT XTRCAVITARY DCMPRN THRC/LMBR EA SEG	1032.00			ZZZ	Y	
•	•		**63170**	LAM W/MYELOTOMY CERVICAL/THORACIC/THORACOLUMBAR	5571.60			090	Y	
•	•		**63172**	LAM W/DRG INTRMEDULLARY CYST/SYRINX SUBARACHNOID	4855.20			090	Y	
•	•		**63173**	LAM W/DRG INTRMEDULRY CYST/SYRINX PRTL/PLEURAL	6013.20			090	Y	
•	•		**63180**	LAM&SCTJ DENTATE LIG W/WO DURAL GRF CRV 1/2 SEG	4998.00			090	Y	
•	•		**63182**	LAM&SCTJ DENTATE LIG W/WO DURAL GRF CRV >2 SEG	5283.60			090	Y	
•	•		**63185**	LAMINECTOMY W/RHIZOTOMY 1/2 SEGMENTS	3988.80			090	Y	
•	•		**63190**	LAMINECTOMY W/RHIZOTOMY > 2 SEGMENTS	4318.80			090	Y	
•	•		**63191**	LAMINECTOMY W/SECTION SPINAL ACCESSORY NERVE	4862.40			090	Y	
•	•		**63194**	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT CERVICAL	5634.00			090	Y	
•	•		**63195**	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT THORACIC	5418.00			090	Y	
•	•		**63196**	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACTS CRV	6290.40			090	Y	
•	•		**63197**	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACT THRC	5539.20			090	Y	
•	•		**63198**	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES CERVICAL	7389.60			090	Y	
•	•		**63199**	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES THORACIC	7743.60			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**63200**	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR	5365.20			090	Y	
•	•		**63250**	LAM EXC/OCCLUSION AVM SPINAL CORD CERVICAL	10275.60			090	Y	
•	•		**63251**	LAM EXC/OCCLUSION AVM SPINAL CORD THORACIC	10732.80			090	Y	
•	•		**63252**	LAM EXC/OCCLUSION AVM SPI CORD THORACOLUMBAR	10670.40			090	Y	
•	•		**63265**	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL CERVICAL	5838.00			090	Y	
•	•		**63266**	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL THORACIC	6032.40			090	Y	
•	•		**63267**	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	4779.60			090	Y	5908.86
•	•		**63268**	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL SACRAL	4944.00			090	Y	
•	•		**63270**	LAM EXC ISPI LES OTH/THN NEO IDRL CERVICAL	7251.60			090	Y	
•	•		**63271**	LAM EXC ISPI LES OTH/THN NEO IDRL THORACIC	7251.60			090	Y	
•	•		**63272**	LAM EXC ISPI LES OTH/THN NEO IDRL LUMBAR	6621.60			090	Y	9804.37
•	•		**63273**	LAM EXC ISPI LES OTH/THN NEO IDRL SACRAL	6535.20			090	Y	
•	•		**63275**	LAMINECTOMY BX/EXC ISPI NEO XDRL CERVICAL	6313.20			090	Y	
•	•		**63276**	LAMINECTOMY BX/EXC ISPI NEO XDRL THORACIC	6272.40			090	Y	
•	•		**63277**	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	5443.20			090	Y	
•	•		**63278**	LAMINECTOMY BX/EXC ISPI NEO XDRL SACRAL	5554.80			090	Y	
•	•		**63280**	LAM BX/EXC ISPI NEO IDRL XMED CERVICAL	7434.00			090	Y	
•	•		**63281**	LAM BX/EXC ISPI NEO IDRL XMED THORACIC	7347.60			090	Y	
•	•		**63282**	LAM BX/EXC ISPI NEO IDRL XMED LUMBAR	6924.00			090	Y	7305.40
•	•		**63283**	LAM BX/EXC ISPI NEO IDRL SACRAL	6639.60			090	Y	
•	•		**63285**	LAM BX/EXC ISPI NEO IDRL IMED CERVICAL	9218.40			090	Y	
•	•		**63286**	LAM BX/EXC ISPI NEO IDRL IMED THORACIC	9079.20			090	Y	
•	•		**63287**	LAM BX/EXC ISPI NEO IDRL IMED THORACOLMBR	9615.60			090	Y	
•	•		**63290**	LAM BX/EXC ISPI NEO XDRL-IDRL LES ANY LVL	9760.80			090	Y	
+	•		**63295**	OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX	1171.20			ZZZ	Y	
•	•		**63300**	VCRPEC LES 1 SGM XDRL CERVICAL	6434.40			090	Y	
•	•		**63301**	VCRPEC LES 1 SGM XDRL THORACIC TTHRC	7700.40			090	Y	
•	•		**63302**	VCRPEC LES 1 SEG XDRL THRC THORACOLMBR	7597.20			090	Y	
•	•		**63303**	VCRPEC LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR	7582.80			090	Y	
•	•		**63304**	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	8102.40			090	Y	
•	•		**63305**	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC TTHRC	8854.80			090	Y	
•	•		**63306**	VERTEBRL CORPECT LES 1 SEG IDRL THRC THORACOLMBR	8430.00			090	Y	
•	•		**63307**	VCRPEC LES 1 SEG IDRL LMBR/SAC TRANSPRTL/RPR	8520.00			090	Y	
+	•		**63308**	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	1135.20			ZZZ	Y	
•	•	J1	**63600**	CREATION LES SPINAL CORD STEREOTACTIC METHOD PRQ	3848.40			090	N	3259.45
•	•	J1	**63610**	STRTCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG	2058.00			000	N	3259.45
•	•		**63620**	STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	3946.80			090	Y	
+	•		**63621**	STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	897.60			ZZZ	Y	
•	•	J1	**63650**	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	1077.15			010	N	10355.35
•	•	J1	**63655**	LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	2892.00			090	Y	29514.29
•	•		**63661**	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	2101.20			010	Y	2316.70
•	•		**63662**	RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	2928.00			090	Y	4089.32
•	•	J1	**63663**	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	2812.80			010	Y	10355.35
•	•	J1	**63664**	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	3034.80			090	Y	29514.29
•	•	J1	**63685**	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	1248.00			010	Y	43809.69
•	•		**63688**	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	1287.60			010	N	4089.32
•	•		**63700**	REPAIR MENINGOCELE < 5 CM DIAMETER	4557.60			090	Y	
•	•		**63702**	REPAIR MENINGOCELE > 5 CM DIAMETER	5019.60			090	Y	
•	•		**63704**	REPAIR MYELOMENINGOCELE < 5 CM DIAMETER	5594.40			090	Y	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**63706**	REPAIR MYELOMENINGOCELE > 5 CM DIAMETER	6202.80			090	Y	
•	•		**63707**	RPR DURAL/CEREBROSPINAL FLUID LEAK X REQ LAM	3237.60			090	Y	4537.54
•	•		**63709**	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM	3846.00			090	Y	4472.23
•	•		**63710**	DURAL GRAFT SPINAL	3792.00			090	Y	2819.14
•	•		**63740**	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL/OTH W/LAM	3406.80			090	Y	
•	•	J1	**63741**	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL PRQ X LAM	2364.00			090	Y	8627.34
•	•	J1	**63744**	RPLCMT IRRIGATION/REVJ LUMBOSARACH SHUNT	2342.40			090	Y	8627.34
•	•		**63746**	RMVL ENTIRE LUMBOSARACH SHUNT SYS W/O RPLCMT	2085.60			090	N	2316.70
•	•		**64400**	NJX ANES TRIGEMINAL NRV ANY DIV/BRANCH	465.60			000	N	351.42
•	•		**64402**	INJECTION ANESTHETIC AGENT FACIAL NERVE	514.80			000	N	151.20
•	•		**64405**	INJECTION ANESTHETIC AGENT GREATER OCCIPITAL NRV	284.40			000	N	351.42
•	•		**64408**	INJECTION ANESTHETIC AGENT VAGUS NERVE	402.00			000	N	351.42
•	•		**64410**	INJECTION ANESTHETIC AGENT PHRENIC NERVE	531.60			000	N	1086.07
•	•		**64413**	INJECTION ANESTHETIC AGENT CERVICAL PLEXUS	432.00			000	N	850.31
•	•		**64415**	SINGLE NERVE BLOCK INJECTION ARM NERVE	405.60			000	N	1086.07
•	•		**64416**	INJECTION ANES BRACHIAL PLEXUS CONT NFS CATH	273.60			000	N	1086.07
•	•		**64417**	INJECTION ANESTHETIC AGENT AXILLARY NERVE	451.20			000	N	1086.07
•	•		**64418**	INJECTION ANESTHETIC AGENT SUPRASCAPULAR NERVE	325.20			000	N	850.31
•	•		**64420**	INJECTION ANESTHETIC AGENT 1 INTERCOSTAL NERVE	378.00			000	N	850.31
•	•		**64421**	MULTIPLE NERVE BLOCK INJECTIONS RIB NERVES	535.20			000	N	1086.07
•	•		**64425**	INJECTION ANES ILIOINGUINAL ILIOHYPOGASTRIC NRVS	471.60			000	N	850.31
•	•		**64430**	INJECTION ANESTHETIC AGENT PUDENDAL NERVE	496.80			000	N	1086.07
•	•		**64435**	INJECTION ANESTHETIC PARACERVICAL UTERINE NERVE	480.00			000	N	850.31
•	•		**64445**	INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE	466.80			000	N	850.31
•	•		**64446**	INJECTION ANES SCIATIC NERVE CONT INFUSION CATH	273.60			000	N	1086.07
•	•		**64447**	INJECTION ANESTHETIC AGENT FEMORAL NERVE SINGLE	415.20			000	N	850.31
•	•		**64448**	INJECTION ANES FEMORAL NERVE CONT INFUSION CATH	246.00			000	N	1086.07
•	•		**64449**	INJECTION ANES LUMBAR PLEXUS POST CONT NFS CATH	292.80			000	N	1086.07
•	•		**64450**	INJECTION ANES OTHER PERIPHERAL NERVE/BRANCH	262.80			000	N	850.31
•	•		**64455**	NJX ANES&/STEROID PLANTAR COMMON DIGITAL NERVE	163.20			000	N	351.42
•	•		**64461**	PVB THORACIC SINGLE INJECTION SITE W/IMG GID	475.20			000	N	850.31
+	•		**64462**	PVB THORACIC SECOND & ADDL INJ SITE W/IMG GID	264.00			ZZZ	N	
•	•		**64463**	PVB THORACIC CONT CATHETER INFUSION W/IMG GID	615.60			000	N	850.31
•	•		**64479**	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	834.00			000	N	1086.07
+	•		**64480**	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	410.40			ZZZ	N	
•	•		**64483**	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	772.80			000	N	1086.07
+	•		**64484**	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	334.80			ZZZ	N	
•	•		**64486**	TAP BLOCK UNILATERAL BY INJECTION(S)	374.40			000	N	
•	•		**64487**	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	538.80			000	N	
•	•		**64488**	TAP BLOCK BILATERAL BY INJECTION(S)	459.60			000	N	
•	•		**64489**	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	798.00			000	N	
•	•		**64490**	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	646.80			000	Y	1086.07
+	•		**64491**	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	321.60			ZZZ	Y	
+	•		**64492**	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	324.00			ZZZ	Y	
•	•		**64493**	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	589.20			000	Y	1086.07
+	•		**64494**	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	298.80			ZZZ	Y	
+	•		**64495**	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	298.80			ZZZ	Y	
•	•		**64505**	INJECTION ANES AGENT SPHENOPALATINE GANGLION	403.20			000	N	351.42
•	•		**64510**	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	453.60			000	N	1086.07

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**64517**	INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	651.60			000	N	1086.07
•	•		**64520**	INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	690.00			000	N	1086.07
•	•		**64530**	INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	687.60			000	N	1086.07
•	•	J1	**64553**	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	5857.20			010	N	10355.35
•	•	J1	**64555**	PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	5317.20			010	N	10355.35
•	•	J1	**64561**	PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING	2510.40			010	N	10355.35
•	•		**64566**	POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE	434.40			000	N	351.42
•	•	J1	**64568**	INC IMPLTJ CRNL NRV NSTIM ELTRDS & PULSE GENER	2211.60			090	N	43809.69
•	•	J1	**64569**	REVISION/REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	2653.20			090	N	10355.35
•	•		**64570**	REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATO	2554.80			090	N	6483.81
•	•	J1	**64575**	INC IMPLTJ PERIPH NERVE NEUROSTIMULATOR ELTRD	1152.00			090	N	29514.29
•	•	J1	**64580**	INC IMPLTJ NSTIM ELTRD NEUROMUSCULAR	1063.20			090	Y	29514.29
•	•	J1	**64581**	INC IMPLTJ NEUROSTIMULATOR ELTRD SACRAL NERVE	2290.80			090	N	10355.35
•	•		**64585**	REVJ/RMVL PERIPHERAL NEUROSTIMULATOR ELECTRODE	843.60			010	N	4089.32
•	•	J1	**64590**	INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR	912.00			010	N	29514.29
•	•		**64595**	REVISION/RMVL PERIPHERAL/GASTRIC NPGR	826.80			010	N	4089.32
•	•		**64600**	DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	1482.00			010	N	1086.07
•	•	J1	**64605**	DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	2026.80			010	N	3259.45
•	•	J1	**64610**	DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	2650.80			010	N	3259.45
•	•		**64611**	CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	414.00			010	N	351.42
•	•		**64612**	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	459.60			010	N	351.42
•	•		**64615**	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	512.40			010	N	351.42
•	•		**64616**	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	456.00			010	N	351.42
•	•		**64617**	CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	554.40			010	N	351.42
•	•		**64620**	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	709.20			010	N	1086.07
•	•		**64630**	DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	812.40			010	N	1086.07
•	•		**64632**	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	294.00			010	N	351.42
•	•	J1	**64633**	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	1426.80			010	N	3259.45
+	•		**64634**	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	640.80			ZZZ	N	
•	•	J1	**64635**	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	1411.20			010	N	3259.45
+	•		**64636**	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	582.00			ZZZ	N	
•	•		**64640**	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	463.20			010	N	1086.07
•	•		**64642**	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	498.00			000	N	850.31
+	•		**64643**	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	318.00			ZZZ	N	
•	•		**64644**	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	578.40			000	N	850.31
+	•		**64645**	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	399.60			ZZZ	N	
•	•		**64646**	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	522.00			000	N	850.31
•	•		**64647**	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	614.40			000	N	850.31
•	•		**64650**	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	270.00			000	N	351.42
•	•		**64653**	CHEMODENERVATION ECCRINE GLANDS OTH AREA PER DAY	331.20			000	N	351.42
•	•		**64680**	DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	1088.40			010	N	1086.07
•	•		**64681**	DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	1971.60			010	N	1086.07
•	•	J1	**64702**	NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT	1736.40			090	N	3259.45
•	•	J1	**64704**	NEUROPLASTY NERVE HAND/FOOT	1107.60			090	Y	3259.45
•	•	J1	**64708**	NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	1730.40			090	Y	3259.45
•	•	J1	**64712**	NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	2014.80			090	Y	3259.45
•	•	J1	**64713**	NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS	2697.60			090	Y	3259.45
•	•	J1	**64714**	NEURP MAJOR PRPH NRV OPN ARM/LEG LMBR PLEXUS	2497.20			090	Y	3259.45
•	•	J1	**64716**	NEUROPLASTY &/TRANSPOSITION CRANIAL NERVE	1800.00			090	Y	3259.45

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**64718**	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	2044.80			090	N	3259.45
•	•	J1	**64719**	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST	1387.20			090	N	3259.45
•	•	J1	**64721**	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	1494.00			090	N	3259.45
•	•	J1	**64722**	DECOMPRESSION UNSPECIFIED NERVE	1230.00			090	Y	3259.45
•	•	J1	**64726**	DECOMPRESSION PLANTAR DIGITAL NERVE	936.00			090	N	3259.45
+	•		**64727**	INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE	637.20			ZZZ	N	
•	•	J1	**64732**	TRANSECTION/AVULSION SUPRAORBITAL NERVE	1546.80			090	Y	3259.45
•	•	J1	**64734**	TRANSECTION/AVULSION INFRAORBITAL NERVE	1748.40			090	N	3259.45
•	•	J1	**64736**	TRANSECTION/AVULSION MENTAL NERVE	1287.60			090	Y	3259.45
•	•	J1	**64738**	TRANSECTION/AVULSION INF ALVEOLAR NRV W/OSTEO	1604.40			090	Y	3259.45
•	•	J1	**64740**	TRANSECTION/AVULSION LINGUAL NERVE	1681.20			090	Y	3259.45
•	•	J1	**64742**	TRANSECTION/AVULSION FACIAL NRV DIFFERENT/CMPL	1693.20			090	Y	3259.45
•	•	J1	**64744**	TRANSECTION/AVULSION GREATER OCCIPITAL NERVE	1714.80			090	N	3259.45
•	•	J1	**64746**	TRANSECTION/AVULSION PHRENIC NERVE	1490.40			090	Y	3259.45
•	•		**64755**	TRANSECTION/AVULSION VAGUS NERVES	3157.20			090	Y	
•	•		**64760**	TRANSECTION/AVULSION VAGUS NERVE ABDOMINAL	1773.60			090	Y	
•	•	J1	**64763**	TRNSXJ/AVLSN OBTURAT NRV XPELV W/WO TENOTOMY	1771.20			090	Y	3259.45
•	•	J1	**64766**	TRNSXJ/AVLSN OBTURAT NRV INPELV W/WO TENOTOMY	2145.60			090	Y	8627.34
•	•	J1	**64771**	TRANSECTION/AVULSION OTH CRANIAL NRV XDRL	2050.80			090	Y	3259.45
•	•	J1	**64772**	TRANSECTION/AVULSION OTH SPINAL NRV XDRL	1950.00			090	Y	3259.45
•	•	J1	**64774**	EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE	1405.20			090	N	3259.45
•	•	J1	**64776**	EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT	1341.60			090	N	3259.45
+	•		**64778**	EXCISION NEUROMA DIGITAL NRV EA ADDL DIGIT	636.00			ZZZ	N	
•	•	J1	**64782**	EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE	1586.40			090	N	3259.45
+	•		**64783**	EXC NEUROMA HAND/FOOT EA NRV XCP SM DGT	759.60			ZZZ	N	
•	•	J1	**64784**	EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	2510.40			090	N	3259.45
•	•	J1	**64786**	EXCISION NEUROMA SCIATIC NERVE	3477.60			090	Y	8627.34
+	•		**64787**	IMPLANTATION NERVE END BONE/MUSCLE	835.20			ZZZ	N	
•	•	J1	**64788**	EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV	1386.00			090	N	3259.45
•	•	J1	**64790**	EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV	2902.80			090	N	3259.45
•	•	J1	**64792**	EXC NEUROFIBROMA/NEUROLEMMOMA EXTNSV	3776.40			090	Y	8627.34
•	•	J1	**64795**	BIOPSY NERVE	676.80			000	N	3259.45
•	•	J1	**64802**	SYMPATHECTOMY CERVICAL	2920.80			090	Y	3259.45
•	•	J1	**64804**	SYMPATHECTOMY CERVICOTHORACIC	4102.80			090	Y	3259.45
•	•		**64809**	SYMPATHECTOMY THORACOLUMBAR	3723.60			090	Y	
•	•		**64818**	SYMPATHECTOMY LUMBAR	2706.00			090	Y	
•	•	J1	**64820**	SYMPATHECTOMY DIGITAL ARTERIES EACH DIGIT	2469.60			090	N	3259.45
•	•	J1	**64821**	SYMPATHECTOMY RADIAL ARTERY	2401.20			090	N	5184.51
•	•	J1	**64822**	SYMPATHECTOMY ULNAR ARTERY	2401.20			090	N	5184.51
•	•	J1	**64823**	SYMPATHECTOMY SUPERFICIAL PALMAR ARCH	2731.20			090	N	5184.51
•	•	J1	**64831**	SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	2374.80			090	N	8627.34
+	•		**64832**	SUTR DIGITAL NRV HAND/FOOT EA DGTAL NRV	1167.60			ZZZ	N	
•	•	J1	**64834**	SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	2566.80			090	N	8627.34
•	•	J1	**64835**	SUTURE 1 NERVE MEDIAN MOTOR THENAR	2816.40			090	Y	8627.34
•	•	J1	**64836**	SUTURE 1 NERVE ULNAR MOTOR	2818.80			090	Y	8627.34
+	•		**64837**	SUTURE EACH ADDITIONAL NERVE HAND/FOOT	1278.00			ZZZ	Y	
•	•	J1	**64840**	SUTURE POSTERIOR TIBIAL NERVE	3338.40			090	Y	8627.34
•	•	J1	**64856**	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	3507.60			090	N	8627.34
•	•	J1	**64857**	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS	3652.80			090	Y	8627.34

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**64858**	SUTURE SCIATIC NERVE	4088.40			090	Y	8627.34
+	•		**64859**	SUTURE EACH ADDITIONAL PERIPHERAL NERVE	862.80			ZZZ	Y	
•	•	J1	**64861**	SUTURE BRACHIAL PLEXUS	5342.40			090	Y	8627.34
•	•	J1	**64862**	SUTURE LUMBAR PLEXUS	4717.20			090	Y	8627.34
•	•	J1	**64864**	SUTURE FACIAL NERVE EXTRACRANIAL	2989.20			090	Y	8627.34
•	•	J1	**64865**	SUTURE FACIAL NERVE INFRATEMPORAL W/WO GRAFT	3768.00			090	Y	8627.34
•	•		**64866**	ANASTOMOSIS FACIAL-SPINAL ACCESSORY	4414.80			090	Y	
•	•		**64868**	ANASTOMOSIS FACIAL HYPOGLOSSAL	3462.00			090	Y	
+	•		**64872**	SUTURE NERVE REQ SECONDARY/DELAYED SUTURE	406.80			ZZZ	Y	
+	•		**64874**	SUTURE NERVE REQ XTNSV MOBIL/TRPOS NERVE	607.20			ZZZ	Y	
+	•		**64876**	SUTURE NERVE REQ SHORTENING BONE EXTREMITY	690.00			ZZZ	Y	
•	•	J1	**64885**	NERVE GRAFT HEAD/NECK </ 4 CM	3856.80			090	Y	8627.34
•	•	J1	**64886**	NERVE GRAFT HEAD/NECK >4 CM	4473.60			090	Y	8627.34
•	•	J1	**64890**	NERVE GRAFT 1 STRAND HAND/FOOT </4 CM	3745.20			090	Y	8627.34
•	•	J1	**64891**	NRV GRF 1 STRAND HAND/FOOT >4 CM	3973.20			090	Y	8627.34
•	•	J1	**64892**	NERVE GRAFT 1 STRAND ARM/LEG <4 CM	3615.60			090	Y	8627.34
•	•	J1	**64893**	NERVE GRAFT 1 STRAND ARM/LEG >4 CM	3894.00			090	Y	8627.34
•	•	J1	**64895**	NERVE GRAFT MLT STRANDS HAND/FOOT </4 CM	4593.60			090	Y	8627.34
•	•	J1	**64896**	NERVE GRAFT MLT STRANDS HAND/FOOT > 4 CM	4976.40			090	Y	8627.34
•	•	J1	**64897**	NERVE GRAFT MLT STRANDS ARM/LEG </4 CM	4378.80			090	Y	8627.34
•	•	J1	**64898**	NERVE GRAFT MLT STRANDS ARM/LEG >4 CM	4756.80			090	Y	8627.34
+	•		**64901**	NERVE GRAFT EACH NERVE 1 STRAND	2089.20			ZZZ	Y	
+	•		**64902**	NERVE GRAFT EACH NERVE MULTIPLE STRANDS	2418.00			ZZZ	Y	
•	•	J1	**64905**	NERVE PEDICLE TRANSFER FIRST STAGE	3536.40			090	Y	8627.34
•	•	J1	**64907**	NERVE PEDICAL TRANSFER SECOND STAGE	4526.40			090	Y	8627.34
•	•	J1	**64910**	NERVE REPAIR W/CONDUIT EACH NERVE	2746.80			090	Y	8627.34
•	•	J1	**64911**	NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE	3544.80			090	Y	8627.34
•	•	J1	**64912**	NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND	2678.40			090	Y	8627.34
+	•		**64913**	NERVE REPAIR W/NERVE ALLOGRAFT EA ADDL STRAND	540.00			ZZZ	Y	
•	•		**64999**	UNLISTED PROCEDURE NERVOUS SYSTEM	BR			YYY	N	351.42
•	•	J1	**65091**	EVISCERATION OCULAR CONTENTS W/O IMPLANT	2208.00			090	N	5848.19
•	•	J1	**65093**	EVISCERATION OCULAR CONTENTS W/IMPLANT	2185.20			090	N	5848.19
•	•	J1	**65101**	ENUCLEATION OF EYE W/O IMPLANT	2564.40			090	N	5848.19
•	•	J1	**65103**	ENUCLEATION EYE IMPLT MUSC X ATTACHED IMPLT	2670.00			090	N	5848.19
•	•	J1	**65105**	ENUCLEATION EYE IMPLT MUSC ATTACHED IMPLT	2938.80			090	Y	5848.19
•	•	J1	**65110**	EXENTERATION ORBIT REMVL ORBITAL CONTENTS ONLY	4206.00			090	Y	5848.19
•	•	J1	**65112**	EXENTERATION ORBIT RMVL ORBIT CONTENTS & BONE	4869.60			090	Y	5848.19
•	•	J1	**65114**	EXNTJ ORBIT RMVL ORB CNTS W/MUSC/MYOQ FLAP	5102.40			090	Y	5848.19
•	•	J1	**65125**	MODIFICAJ OC IMPLT W/PLMT/RPLCMT PEGS SPX	1563.60			090	N	3609.14
•	•	J1	**65130**	INSJ OC IMPLT SEC AFTER EVSC SCLL SHELL	2540.40			090	N	5848.19
•	•	J1	**65135**	INSJ OC IMPLT AFTER ENCL MUSC X ATTACHED	2576.40			090	N	5848.19
•	•	J1	**65140**	INSJ OC IMPLT AFTER ENCL MUSC ATTACHED	2798.40			090	N	5848.19
•	•	J1	**65150**	REINSERTION OCULAR IMPLT W/WO CONJUNCTIVAL GRAFT	2016.00			090	N	5848.19
•	•	J1	**65155**	REINSERTION OCULAR IMPLT RNFCMT &/ ATTACH MUSCLE	2928.00			090	N	5848.19
•	•	J1	**65175**	REMOVAL OCULAR IMPLANT	2286.00			090	N	5848.19
•	•		**65205**	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	157.20			000	N	151.20
•	•		**65210**	RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	192.00			000	N	494.39
•	•		**65220**	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	201.60			000	N	494.39
•	•		**65222**	RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	231.60			000	N	151.20

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**65235**	RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	2431.20			090	N	3707.69
•	•	J1	**65260**	RMVL FB IO FROM POST SEG MAG XTRJ ANT/POST ROUTE	3289.20			090	Y	3707.69
•	•	J1	**65265**	RMVL FB IO FROM POST SEG NONMAGNETIC XTRJ	3694.80			090	Y	3707.69
•	•	J1	**65270**	RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	934.80			010	N	3609.14
•	•	J1	**65272**	RPR LAC CJNC MOBLJ& REARGMT W/O HOSPITALIZATION	1747.20			090	N	3609.14
•	•		**65273**	RPR LAC CJNC MOBLJ & REARGMT W/HOSPIZATION	1302.00			090	N	
•	•	J1	**65275**	RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	1986.00			090	N	5848.19
•	•	J1	**65280**	RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	2292.00			090	N	7014.24
•	•	J1	**65285**	RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	3788.40			090	N	7014.24
•	•	J1	**65286**	RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	2408.40			090	N	3707.69
•	•	J1	**65290**	RPR WND EXTRAOCULAR MUSCLE TENDON&/TENON CAPSU	1675.20			090	N	5848.19
•	•		**65400**	EXCISION LESION CORNEA XCP PTERYGIUM	2332.80			090	N	1146.35
•	•	J1	**65410**	BIOPSY CORNEA	493.20			000	N	3609.14
•	•	J1	**65420**	EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	1791.60			090	N	3609.14
•	•	J1	**65426**	EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	2251.20			090	N	3609.14
•	•		**65430**	CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	397.20			000	N	494.39
•	•		**65435**	RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	278.40			000	N	1146.35
•	•	J1	**65436**	RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	1326.00			090	N	3609.14
•	•		**65450**	DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	1116.00			090	N	402.60
•	•	J1	**65600**	MULTIPLE PUNCTURES ANTERIOR CORNEA	1365.60			090	N	3609.14
•	•	J1	**65710**	KERATOPLASTY ANTERIOR LAMELLAR	3811.20			090	Y	7014.24
•	•	J1	**65730**	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	4218.00			090	Y	7014.24
•	•	J1	**65750**	KERATOPLASTY PENETRAING APHAKIA	4238.40			090	Y	7014.24
•	•	J1	**65755**	KERATOPLASTY PENETRATING PSEUDOPHAKIA	4216.80			090	Y	7014.24
•	•	J1	**65756**	KERATOPLASTY ENDOTHELIAL	4038.00			090	Y	7014.24
+	•		**65757**	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	871.20			ZZZ	N	
•	•		**65760**	KERATOMILEUSIS	4296.00			XXX	N	
•	•		**65765**	KERATOPHAKIA	4036.13			XXX	N	
•	•		**65767**	EPIKERATOPLASTY	3757.93			XXX	N	
•	•	J1	**65770**	KERATOPROSTHESIS	4755.60			090	Y	17339.92
•	•		**65771**	RADIAL KERATOTOMY	690.00			XXX	N	1221.00
•	•		**65772**	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	1545.60			090	N	1146.35
•	•	J1	**65775**	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	1898.40			090	N	3609.14
•	•		**65778**	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	4809.60			000	N	1146.35
•	•		**65779**	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	4141.20			000	N	4224.88
•	•	J1	**65780**	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	2274.00			090	N	5848.19
•	•	J1	**65781**	OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT	4549.20			090	Y	7014.24
•	•	J1	**65782**	OCCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT	3921.60			090	N	5848.19
•	•	J1	**65785**	IMPLANTATION INTRASTROMAL CORNEAL RING SEGMENTS	8347.20			090	N	7014.24
•	•	J1	**65800**	PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	410.40			000	N	3707.69
•	•	J1	**65810**	PARACENTSIS ANT CHAM RMVL VITREOUS W/WO AIR INJX	1587.60			090	N	3707.69
•	•	J1	**65815**	PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	2191.20			090	N	3707.69
•	•	J1	**65820**	GONIOTOMY	2584.80			090	N	7014.24
•	•	J1	**65850**	TRABECULOTOMY AB EXTERNO	2864.40			090	N	3707.69
•	•		**65855**	TRABECULOPLASTY BY LASER SURGERY	841.20			010	N	704.58
•	•		**65860**	SEVERING ADHESIONS ANTERIOR SEGMENT LASER SPX	1057.20			090	N	704.58
•	•	J1	**65865**	SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE	1615.20			090	N	3707.69
•	•	J1	**65870**	SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	2013.60			090	N	3707.69
•	•	J1	**65875**	SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE	2150.40			090	N	3707.69

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**65880**	SEVERING ADS ANT SEG INCAL SPX CORNEOVITREAL	2263.20			090	N	7014.24
•	•	J1	**65900**	RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	3315.60			090	Y	3707.69
•	•	J1	**65920**	RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	2689.20			090	N	3707.69
•	•	J1	**65930**	RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	2170.80			090	N	3707.69
•	•	J1	**66020**	INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	651.60			010	N	3707.69
•	•	J1	**66030**	INJX ANTERIOR CHAMBER EYE MEDICATION SPX	584.40			010	N	3707.69
•	•	J1	**66130**	EXCISION LESION SCLERA	2394.00			090	N	3609.14
•	•	J1	**66150**	FSTLJ SCLERA GLAUCOMA TREPHIN W/IRIDECTOMY	2992.80			090	N	7014.24
•	•	J1	**66155**	FSTLJ SCLERA GLAUCOMA THERMOCAUT IRRIDEC	2990.40			090	N	7014.24
•	•	J1	**66160**	FSTLJ SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT	3372.00			090	N	3707.69
•	•	J1	**66170**	FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO	3734.40			090	Y	3707.69
•	•	J1	**66172**	FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	4068.00			090	Y	3707.69
•	•	J1	**66174**	TRLUML DILAT AQUEOUS CANAL W/O DEVICE/STENT	3232.80			090	Y	7014.24
•	•	J1	**66175**	TRLUML DILAT AQUEOUS CANAL W/DEVICE/STENT	3386.40			090	Y	7014.24
•	•	J1	**66179**	AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	3679.20			090	Y	7014.24
•	•	J1	**66180**	AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT	3882.00			090	Y	7014.24
•	•	J1	**66183**	INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR	3514.80			090	Y	7014.24
•	•	J1	**66184**	REVJ SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	2680.80			090	Y	3707.69
•	•	J1	**66185**	REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT	2886.00			090	Y	3707.69
•	•	J1	**66225**	REPAIR SCLERAL STAPHYLOMA W/GRAFT	3177.60			090	N	7014.24
•	•	J1	**66250**	REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	2569.20			090	N	3609.14
•	•	J1	**66500**	IRIDOTOMY STAB INC SPX XCP TRANSFIXION	1224.00			090	N	3707.69
•	•	J1	**66505**	IRIDOTOMY STAB INC SPX TRANSFIXION	1340.40			090	N	3707.69
•	•	J1	**66600**	IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES	2872.80			090	N	7014.24
•	•	J1	**66605**	IRDEC CRNLSCLRL/CRNL SCTJ CYCLECTOMY	3640.80			090	N	3707.69
•	•	J1	**66625**	IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC SPX	1464.00			090	N	3707.69
•	•	J1	**66630**	IRDEC CRNLSCLRL/CRNL SCTJ SECTOR GLC SPX	1940.40			090	N	3707.69
•	•	J1	**66635**	IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL SPX	1959.60			090	N	3707.69
•	•	J1	**66680**	REPAIR IRIS CILIARY BODY	1765.20			090	N	3707.69
•	•	J1	**66682**	SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE	2206.80			090	N	3707.69
•	•	J1	**66700**	CILIARY BODY DESTRUCTION DIATHERMY	1543.20			090	N	3707.69
•	•	J1	**66710**	CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	1512.00			090	N	3609.14
•	•	J1	**66711**	CILIARY BODY DSTRJ CYCLOPHOTOCOAG ENDOSCOPIC	2193.60			090	N	3707.69
•	•	J1	**66720**	CILIARY BODY DESTRUCTION CRYOTHERAPY	1579.20			090	N	3609.14
•	•	J1	**66740**	CILIARY BODY DESTRUCTION CYCLODIALYSIS	1500.00			090	N	3609.14
•	•		**66761**	IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION	1020.00			010	N	704.58
•	•		**66762**	IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	1628.40			090	N	704.58
•	•		**66770**	DSTRJ CYST/LESION IRIS/CILIARY BODY	1808.40			090	N	704.58
•	•	J1	**66820**	DISCISSION SECONDARY MEMBRANOUS CATARACT	1375.20			090	N	3707.69
•	•		**66821**	POST-CATARACT LASER SURGERY	1130.40			090	N	704.58
•	•	J1	**66825**	REPOSITIONING IO LENS PROSTHESIS REQ INC SPX	2622.00			090	N	3707.69
•	•	J1	**66830**	RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ	2418.00			090	N	3707.69
•	•	J1	**66840**	RMVL LENS MATERIAL ASPIR TQ 1/> STAGES	2374.80			090	N	3707.69
•	•	J1	**66850**	RMVL LENS MATERIAL PHACOFRAGMENTATION ASPIR	2702.40			090	N	3707.69
•	•	J1	**66852**	RMVL LENS MATERIAL PARS PLANA W/WO VITRECTOMY	2878.80			090	N	7014.24
•	•	J1	**66920**	RMVL LENS MATERIAL INTRACAPSULAR	2569.20			090	N	3707.69
•	•	J1	**66930**	REMOVAL LENS MATRL INTRACAPSULAR DISLOCATED LENS	2919.60			090	N	7014.24
•	•	J1	**66940**	REMOVAL LENS MATERIAL EXTRACAPSULAR	2667.60			090	N	3707.69
•	•	J1	**66982**	XCAPSULAR CATARACT RMVL INSJ LENS PROSTH 1 STG	2707.20			090	N	3707.69

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**66983**	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	2530.80			090	N	3707.69
•	•	J1	**66984**	CATARACT REMOVAL INSERTION OF LENS	2179.20			090	N	3707.69
•	•	J1	**66985**	INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL	2623.20			090	N	3707.69
•	•	J1	**66986**	EXCHANGE INTRAOCULAR LENS	3099.60			090	N	3707.69
+	•		**66990**	USE OPHTHALMIC ENDOSCOPE	307.20			ZZZ	N	
•	•	J1	**66999**	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	BR			YYY	N	3707.69
•	•	J1	**67005**	RMVL VITREOUS ANT APPR PARTIAL REMOVAL	1611.60			090	N	3707.69
•	•	J1	**67010**	RMVL VITREOUS ANT APPR SUBTOT RMVL MECH VITRECT	1850.40			090	N	3707.69
•	•	J1	**67015**	ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	1989.60			090	N	3707.69
•	•	J1	**67025**	INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	2502.00			090	N	3707.69
•	•	J1	**67027**	IMPLTJ INTRAVITREAL DRUG DLVR SYS RMVL VTS	2906.40			090	Y	32207.07
•	•		**67028**	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	346.80			000	N	409.50
•	•	J1	**67030**	DISCISSION VITREOUS STRANS PARS PLANA APPROACH	1825.20			090	N	3707.69
•	•		**67031**	SEVERING VITREOUS STRANS LASER 1/> STAGES	1333.20			090	N	704.58
•	•	J1	**67036**	VITRECTOMY MECHANICAL PARS PLANA	3073.20			090	Y	7014.24
•	•	J1	**67039**	VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC	3291.60			090	Y	7014.24
•	•	J1	**67040**	VTRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	3556.80			090	Y	7014.24
•	•	J1	**67041**	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	3930.00			090	Y	7014.24
•	•	J1	**67042**	VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	3930.00			090	Y	7014.24
•	•	J1	**67043**	VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE	4146.00			090	Y	7014.24
•	•	J1	**67101**	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	1128.00			010	N	3707.69
•	•		**67105**	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	1014.00			010	N	704.58
•	•	J1	**67107**	REPAIR RETINAL DETACHMENT SCLERAL BUCKLING	3862.80			090	Y	7014.24
•	•	J1	**67108**	RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH	4092.00			090	Y	7014.24
•	•	J1	**67110**	RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	3010.80			090	N	3707.69
•	•	J1	**67113**	RPR COMPLEX RETINA DETACH VITRECT &MEMBRANE PEEL	4567.20			090	Y	7014.24
•	•	J1	**67115**	RELEASE ENCIRCLING MATERIAL POSTERIOR SEGMENT	1702.80			090	N	7014.24
•	•	J1	**67120**	RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	2263.20			090	N	3707.69
•	•	J1	**67121**	RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR	3097.20			090	Y	3707.69
•	•		**67141**	PROPH RTA DTCHMNT W/O DRG 1/> SESS CRTX DTHRM	1790.40			090	N	402.60
•	•		**67145**	PROPH RTA DTCHMNT W/O DRG 1/> SESS	1802.40			090	N	704.58
•	•		**67208**	DSTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	2048.40			090	N	402.60
•	•		**67210**	DSTRJ LOCLZD LESION RETINA 1/> SESS PC	1766.40			090	N	704.58
•	•	J1	**67218**	DSTRJ LESION RETINA 1/> SESS RADJ IMPLTJ	4725.60			090	N	5848.19
•	•		**67220**	DSTRJ LESION CHOROID PC 1/> SESS	1821.60			090	N	704.58
•	•		**67221**	DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY	968.40			000	N	704.58
+	•		**67225**	DSTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	100.80			ZZZ	N	
•	•	J1	**67227**	DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	1000.80			010	N	5848.19
•	•		**67228**	TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	1167.60			010	N	704.58
•	•		**67229**	EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	3976.80			090	N	704.58
•	•	J1	**67250**	SCLERAL REINFORCEMENT SPX W/O GRAFT	2713.20			090	N	3609.14
•	•	J1	**67255**	SCLERAL REINFORCEMENT SPX W/GRAFT	2330.40			090	Y	3707.69
•	•	J1	**67299**	UNLISTED PROCEDURE POSTERIOR SEGMENT	BR			YYY	N	3707.69
•	•	J1	**67311**	STRABISMUS RECESSION/RESCJ 1 HRZNTL MUSC	2035.20			090	N	3609.14
•	•	J1	**67312**	STRABISMUS RECESSION/RESCJ 2 HRZNTL MUSC	2427.60			090	N	5848.19
•	•	J1	**67314**	STRABISMUS RECESSION/RESCJ 1 VER MUSC	2292.00			090	N	3609.14
•	•	J1	**67316**	STRABISMUS RECESSION/RESCJ 2/MORE VER MUSC	2728.80			090	N	3609.14
•	•	J1	**67318**	STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE	2395.20			090	N	3609.14
+	•		**67320**	TRANSPOSITION PROCEDURE EXTRAOCULAR MUSC	1100.40			ZZZ	N	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	•		**67331**	STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC	1044.00			ZZZ	N	
+	•		**67332**	STRABISMUS SCARRING EO MUSC/RSTCV MYOPATHY	1132.80			ZZZ	N	
+	•		**67334**	STRABISMUS POST FIXJ SUTR TQ W/WO MUSC RECESSION	1030.80			ZZZ	N	
+	•		**67335**	PLACEMENT ADJUSTABLE SUTURE STRABISMUS	505.20			ZZZ	N	
+	•		**67340**	STRABISMUS EXPL&/RPR DETACHED EXTROCULAR MUSC	1222.80			ZZZ	Y	
•	•	J1	**67343**	RLS XTNSV SCAR TISS W/O DETACHING EO MUSC SPX	2224.80			090	N	3609.14
•	•		**67345**	CHEMODENERVATION EXTRAOCULAR MUSCLE	835.20			010	N	402.60
•	•	J1	**67346**	BIOPSY EXTRAOCULAR MUSCLE	660.00			000	N	5848.19
•	•		**67399**	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	BR			YYY	Y	402.60
•	•	J1	**67400**	ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	3214.80			090	N	5848.19
•	•	J1	**67405**	ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	2743.20			090	N	3609.14
•	•	J1	**67412**	ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	2961.60			090	N	3609.14
•	•	J1	**67413**	ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	2964.00			090	Y	3609.14
•	•	J1	**67414**	ORBITOTOMY W/O BONE FLAP W/RMVL BONE DCMPRN	4574.40			090	Y	5848.19
•	•	J1	**67415**	FINE NEEDLE ASPIRATION ORBITAL CONTENTS	356.40			000	N	3609.14
•	•	J1	**67420**	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL LESION	5553.60			090	Y	5848.19
•	•	J1	**67430**	ORBITOTOMY BONE FLAP/WINDOW LATERAL RMVL FB	4312.80			090	Y	5848.19
•	•	J1	**67440**	ORBITOTOMY BONE FLAP/WINDOW LATERAL W/DRG	4173.60			090	Y	5848.19
•	•	J1	**67445**	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL BONE DCMPRN	4838.40			090	Y	5848.19
•	•	J1	**67450**	ORBITOTOMY BONE FLAP/WINDOW LAT EXPL W/WO BX	4338.00			090	Y	5848.19
•	•		**67500**	RETROBULBAR INJECTION MEDICATION SPX	242.40			000	N	402.60
•	•		**67505**	RETROBULBAR INJECTION ALCOHOL	285.60			000	N	402.60
•	•		**67515**	INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	268.80			000	N	402.60
•	•	J1	**67550**	ORBITAL IMPLANT INSERTION	3338.40			090	N	5848.19
•	•	J1	**67560**	ORBITAL IMPLANT REMOVAL/REVISION	3421.20			090	N	5848.19
•	•	J1	**67570**	OPTIC NERVE DECOMPRESSION	4074.00			090	Y	5848.19
•	•		**67599**	UNLISTED PROCEDURE ORBIT	BR			YYY	Y	402.60
•	•		**67700**	BLEPHAROTOMY DRAINAGE ABSCESS EYELID	938.40			010	N	402.60
•	•		**67710**	SEVERING TARSORRHAPHY	787.20			010	N	1146.35
•	•	J1	**67715**	CANTHOTOMY SEPARATE PROCEDURE	848.40			010	N	3609.14
•	•		**67800**	EXCISION CHALAZION SINGLE	436.80			010	N	402.60
•	•		**67801**	EXCISION CHALAZION MULTIPLE SAME LID	556.80			010	N	1146.35
•	•		**67805**	EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	691.20			010	N	402.60
•	•	J1	**67808**	EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT	1254.00			090	N	3609.14
•	•		**67810**	INCISIONAL BIOPSY EYELID SKIN & LID MARGIN	598.80			000	N	402.60
•	•		**67820**	CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	111.60			000	N	151.20
•	•		**67825**	CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	445.20			010	N	402.60
•	•		**67830**	CORRECTION TRICHIASIS INCCISION LID MARGIN	916.80			010	N	1146.35
•	•	J1	**67835**	CORRJ TRICHIASIS INC LID MRGN W/FR MUC MEMB GRF	1496.40			090	N	3609.14
•	•		**67840**	EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE	949.20			010	N	1146.35
•	•		**67850**	DESTRUCTION LESION LID MARGIN </ 1 CM	735.60			010	N	1146.35
•	•		**67875**	TEMPORARY CLOSURE EYELIDS SUTURE	595.20			000	N	1146.35
•	•	J1	**67880**	CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	1574.40			090	N	3609.14
•	•	J1	**67882**	CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	1932.00			090	N	3609.14
•	•	J1	**67900**	REPAIR BROW PTOSIS	2193.60			090	N	3609.14
•	•	J1	**67901**	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	2630.40			090	N	3609.14
•	•	J1	**67902**	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	2464.80			090	N	5848.19
•	•	J1	**67903**	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL	2037.60			090	N	3609.14
•	•	J1	**67904**	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	2512.80			090	N	3609.14

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**67906**	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	1732.80			090	N	5848.19
•	•	J1	**67908**	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	1700.40			090	N	3609.14
•	•	J1	**67909**	REDUCTION OVERCORRECTION PTOSIS	1843.20			090	N	3609.14
•	•	J1	**67911**	CORRECTION LID RETRACTION	1916.40			090	N	3609.14
•	•	J1	**67912**	CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	3050.40			090	N	3609.14
•	•	J1	**67914**	REPAIR ECTROPION SUTURE	1623.60			090	N	3609.14
•	•	J1	**67915**	REPAIR ECTROPION THERMOCAUTERIZATION	1022.40			090	N	3609.14
•	•	J1	**67916**	REPAIR ECTROPION EXCISION TARSAL WEDGE	2046.00			090	N	3609.14
•	•	J1	**67917**	REPAIR ECTROPION EXTENSIVE	2083.20			090	N	3609.14
•	•	J1	**67921**	REPAIR ENTROPION SUTURE	1593.60			090	N	3609.14
•	•	J1	**67922**	REPAIR ENTROPION THERMOCAUTERIZATION	1004.40			090	N	3609.14
•	•	J1	**67923**	REPAIR ENTROPION EXCISION TARSAL WEDGE	2046.00			090	N	3609.14
•	•	J1	**67924**	REPAIR ENTROPION EXTENSIVE	2179.20			090	N	3609.14
•	•	J1	**67930**	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	1251.60			010	N	3609.14
•	•	J1	**67935**	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	2035.20			090	N	3609.14
•	•		**67938**	REMOVAL EMBEDDED FOREIGN BODY EYELID	862.80			010	N	402.60
•	•	J1	**67950**	CANTHOPLASTY	1966.80			090	N	3609.14
•	•	J1	**67961**	EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	1976.40			090	N	3609.14
•	•	J1	**67966**	EXCISION & REPAIR EYELID ONE-FOURTH LID MARGIN	2635.20			090	N	3609.14
•	•	J1	**67971**	RCNSTJ EYELID FULL THICKNESS </TWO-THIRDS 1 STG	2469.60			090	N	3609.14
•	•	J1	**67973**	RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG	3176.40			090	Y	3609.14
•	•	J1	**67974**	RCNSTJ EYELID FULL THICKNESS UPPER EYELID 1 STG	3169.20			090	Y	5848.19
•	•	J1	**67975**	RCNSTJ EYELID FULL THICKNESS SECOND STAGE	2336.40			090	N	3609.14
•	•		**67999**	UNLISTED PROCEDURE EYELIDS	BR			YYY	N	402.60
•	•		**68020**	INCISION CONJUNCTIVA DRAINAGE OF CYST	412.80			010	N	1146.35
•	•		**68040**	EXPRESSION CONJUNCTIVAL FOLLICLES	213.60			000	N	402.60
•	•	J1	**68100**	BIOPSY CONJUNCTIVA	596.40			000	N	3609.14
•	•	J1	**68110**	EXCISION LESION CONJUNCTIVA </1 CM	787.20			010	N	3609.14
•	•	J1	**68115**	EXCISION LESION CONJUNCTIVA > 1 CM	1088.40			010	N	3609.14
•	•	J1	**68130**	EXCISION LESION CONJUNCTIVA ADJACENT SCLERA	1857.60			090	N	3609.14
•	•	J1	**68135**	DESTRUCTION LESION CONJUNCTIVA	538.80			010	N	3609.14
•	•		**68200**	SUBCONJUNCTIVAL INJECTION	141.60			000	N	151.20
•	•	J1	**68320**	CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	2498.40			090	N	3609.14
•	•	J1	**68325**	CONJUNCTIVOPLASTY W/BUCCAL MUC MEMB GRAFT	2242.80			090	N	5848.19
•	•	J1	**68326**	CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	2202.00			090	N	5848.19
•	•	J1	**68328**	CONJUNCTPL CUL-DE-SAC W/BUCCAL MUC MEMB GRAFT	2414.40			090	N	3609.14
•	•	J1	**68330**	RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	2086.80			090	N	3707.69
•	•	J1	**68335**	RPR SYMBLEPHARON FR GRF CJNC/BUCCAL MUC MEMB	2210.40			090	N	5848.19
•	•	J1	**68340**	RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	1923.60			090	N	3609.14
•	•	J1	**68360**	CONJUNCTIVAL FLAP BRIDGE/PARTIAL SPX	1836.00			090	N	5848.19
•	•	J1	**68362**	CONJUNCTIVAL FLAP TOTAL	2240.40			090	N	3609.14
•	•	J1	**68371**	HARVESTING CONJUNCIVAL ALLOGRAPHY LIVING DONOR	1408.80			010	N	3609.14
•	•		**68399**	UNLISTED PROCEDURE CONJUNCTIVA	BR			YYY	N	402.60
•	•		**68400**	INCISION DRAINAGE LACRIMAL GLAND	988.80			010	N	1146.35
•	•	J1	**68420**	INCISION DRAINAGE LACRIMAL SAC	1113.60			010	N	3609.14
•	•		**68440**	SNIP INCISION LACRIMAL PUNCTUM	350.40			010	N	402.60
•	•	J1	**68500**	EXCISION LACRIMAL GLAND XCPT TUMOR TOTAL	3344.40			090	N	5848.19
•	•	J1	**68505**	EXCISION LACRIMAL GLAND XCPT TUMOR PRTL	3328.80			090	N	5848.19
•	•	J1	**68510**	BIOPSY LACRIMAL GLAND	1540.80			000	N	3609.14

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**68520**	EXCISION LACRIMAL SAC	2352.00			090	N	5848.19
•	•	J1	**68525**	BIOPSY LACRIMAL SAC	902.40			000	N	3609.14
•	•		**68530**	RMVL FB/DACRYOLITH LACRIMAL PASSAGES	1471.20			010	N	402.60
•	•	J1	**68540**	EXC LACRIMAL GLAND TUMOR FRONTAL APPROACH	3181.20			090	N	3609.14
•	•	J1	**68550**	EXC LACRIMAL GLAND TUMOR W/OSTEOTOMY	3903.60			090	N	5848.19
•	•	J1	**68700**	PLASTIC REPAIR CANALICULI	2060.40			090	N	3609.14
•	•		**68705**	CORRECTION EVERTED PUNCTUM CAUTERY	838.80			010	N	402.60
•	•	J1	**68720**	DACRYOCSTORHINOSTOMY	2592.00			090	Y	5848.19
•	•	J1	**68745**	CONJUNCTIVORHINOSTOMY W/O TUBE	2602.80			090	Y	5848.19
•	•	J1	**68750**	CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	2698.80			090	Y	5848.19
•	•		**68760**	CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	710.40			010	N	402.60
•	•		**68761**	CLSR LACRIMAL PUNCTUM PLUG EACH	506.40			010	N	402.60
•	•	J1	**68770**	CLOSURE LACRIMAL FISTULA SPX	2145.60			090	N	3609.14
•	•		**68801**	DILATION LACRIMAL PUNCTUM W/WO IRRGATION	308.40			010	N	494.39
•	•		**68810**	PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	536.40			010	N	402.60
•	•	J1	**68811**	PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES	464.40			010	N	3609.14
•	•	J1	**68815**	PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	1345.20			010	N	3609.14
•	•	J1	**68816**	PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	2460.00			010	N	3609.14
•	•		**68840**	PROBE LACRIMAL CANALICULI W/WO IRRIGATION	440.40			010	N	402.60
•	•		**68850**	INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	214.80			000	N	
•	•		**68899**	UNLISTED PROCEDURE LACRIMAL SYSTEM	BR			YYY	N	402.60
•	•		**69000**	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	634.80			010	N	822.66
•	•	J1	**69005**	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMPLX	735.60			010	N	2734.29
•	•		**69020**	DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	788.40			010	N	822.66
•	•		**69090**	EAR PIERCING	92.40			XXX	N	
•	•		**69100**	BIOPSY EXTERNAL EAR	334.80			000	N	292.72
•	•	J1	**69105**	BIOPSY EXTERNAL AUDITORY CANAL	478.80			000	N	2543.11
•	•	J1	**69110**	EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR	1560.00			090	N	4742.07
•	•	J1	**69120**	EXCISION EXTERNAL EAR COMPLETE AMPUTATION	1365.60			090	N	8765.29
•	•	J1	**69140**	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	3002.40			090	N	8765.29
•	•	J1	**69145**	EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL	1336.80			090	N	4742.07
•	•	J1	**69150**	RAD EXC XTRNL AUDITORY CANAL LES W/O NCK DSJ	3540.00			090	N	8765.29
•	•		**69155**	RAD EXC XTRNL AUDITORY CANAL LES NCK DSJ	5643.60			090	Y	
•	•		**69200**	RMVL FB XTRNL AUDITORY CANAL W/O ANES	278.40			000	N	151.20
•	•	J1	**69205**	RMVL FB XTRNL AUDITORY CANAL ANES	338.40			010	N	2734.29
•	•		**69209**	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	48.00			000	N	79.38
•	•		**69210**	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	160.80			000	N	79.38
•	•		**69220**	DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	274.80			000	N	250.56
•	•		**69222**	DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	734.40			010	N	691.72
•	•	J1	**69300**	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ	2181.60			YYY	N	4449.71
•	•	J1	**69310**	RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX	3724.80			090	N	8765.29
•	•	J1	**69320**	RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG	5226.00			090	Y	8765.29
•	•		**69399**	UNLISTED PROCEDURE EXTERNAL EAR	BR			YYY	N	292.72
•	•		**69420**	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ	643.20			010	N	292.72
•	•	J1	**69421**	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ ANES	506.40			010	N	4449.71
•	•		**69424**	VENTILATING TUBE RMVL REQUIRING GENERAL ANES	435.60			000	N	3168.40
•	•		**69433**	TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	680.40			010	N	691.72
•	•	J1	**69436**	TYMPANOSTOMY GENERAL ANESTHESIA	541.20			010	N	2543.11
•	•	J1	**69440**	MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC	2346.00			090	N	4449.71

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	**69450**	TYMPANOLYSIS TRANSCANAL	1856.40			090	N	4449.71
•	•	J1	**69501**	TRANSMASTOID ANTROTOMY	2474.40			090	N	8765.29
•	•	J1	**69502**	MASTOIDECTOMY COMPLETE	3283.20			090	N	8765.29
•	•	J1	**69505**	MASTOIDECTOMY MODIFIED RADICAL	4113.60			090	N	8765.29
•	•	J1	**69511**	MASTOIDECTOMY RADICAL	4215.60			090	N	8765.29
•	•	J1	**69530**	PETROUS APICECTOMY RADICAL MASTOIDECTOMY	5655.60			090	Y	8765.29
•	•		**69535**	RESCJ TEMPORAL BONE EXTERNAL APPROACH	9205.20			090	N	
•	•	J1	**69540**	EXCISION AURAL POLYP	704.40			010	N	2543.11
•	•	J1	**69550**	EXCISION AURAL GLOMUS TUMOR TRANSCANAL	3558.00			090	Y	8765.29
•	•	J1	**69552**	EXCISION AURAL GLOMUS TUMOR TRANSMASTOID	5370.00			090	Y	8765.29
•	•		**69554**	EXCISION AURAL GLOMUS TUMOR EXTENDED	8622.00			090	Y	
•	•	J1	**69601**	REVJ MASTOIDECTOMY RSLTG COMPL MASTOIDECTOMY	3540.00			090	N	8765.29
•	•	J1	**69602**	REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDC	3714.00			090	N	8765.29
•	•	J1	**69603**	REVJ MASTOIDECTOMY RSLTG RAD MASTOIDECTOMY	4311.60			090	N	8765.29
•	•	J1	**69604**	REVJ MASTOIDECTOMY RSLTG TYMPANOPLASTY	3799.20			090	N	8765.29
•	•	J1	**69605**	REVJ MASTOIDECTOMY W/APICECTOMY	5336.40			090	Y	8765.29
•	•	J1	**69610**	TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH	1299.60			010	N	4449.71
•	•	J1	**69620**	MYRINGOPLASTY	2378.40			090	N	4449.71
•	•	J1	**69631**	TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	3015.60			090	N	8765.29
•	•	J1	**69632**	TYMPNOPLSTY W/O MSTDC 1ST/REVJ W/OSICLE RECNSTJ	3678.00			090	N	8765.29
•	•	J1	**69633**	TYMPANOPLASTY W/O MASTOIDEC 1ST/REVJ PROSTH TORP	3565.20			090	N	8765.29
•	•	J1	**69635**	TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ	4246.80			090	N	8765.29
•	•	J1	**69636**	TYMPP ANTRT/MASTOID W/OSSICULAR CHAIN RECNSTJ	4720.80			090	N	8765.29
•	•	J1	**69637**	TMPP ANTRT/MASTOIDOTOMY PROSTHESIS TORP	4788.00			090	N	8765.29
•	•	J1	**69641**	TMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ	3554.40			090	N	8765.29
•	•	J1	**69642**	TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ	4569.60			090	N	8765.29
•	•	J1	**69643**	TMPP MASTOIDECT NTC/RCNSTED WALL W/O OCR	4174.80			090	N	8765.29
•	•	J1	**69644**	TMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR	5061.60			090	N	8765.29
•	•	J1	**69645**	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR	4972.80			090	N	8765.29
•	•	J1	**69646**	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR	5292.00			090	N	8765.29
•	•	J1	**69650**	STAPES MOBILIZATION	2739.60			090	N	4449.71
•	•	J1	**69660**	STAPEDECTOMY/STAPEDOTOMY	3163.20			090	N	8765.29
•	•	J1	**69661**	STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT	4122.00			090	N	8765.29
•	•	J1	**69662**	REVISION STAPEDECTOMY/STAPEDOTOMY	3954.00			090	N	8765.29
•	•	J1	**69666**	REPAIR OVAL WINDOW FISTULA	2755.20			090	N	4449.71
•	•	J1	**69667**	REPAIR ROUND WINDOW FISTULA	2766.00			090	N	4449.71
•	•	J1	**69670**	MASTOID OBLITERATION SEPARATE PROCEDURE	3218.40			090	Y	8765.29
•	•	J1	**69676**	TYMPANIC NEURECTOMY	2832.00			090	N	4449.71
•	•	J1	**69700**	CLOSURE POSTAURICULAR FISTULA MASTOID SPX	2316.00			090	N	2543.11
•	•		**69710**	IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	3990.00			XXX	N	3728.20
•	•	J1	**69711**	RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	2914.80			090	Y	4449.71
•	•	J1	**69714**	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W/MASTOID	3656.40			090	N	19120.53
•	•	J1	**69715**	IMPLJ OSSEOINTEGRATED TEMPORAL BONE W/O MASTOID	4515.60			090	N	26078.68
•	•	J1	**69717**	RPLMCT OSSEOINTEGRATE IMPLNT W/O MASTOIDECTOMY	3831.60			090	N	10775.65
•	•	J1	**69718**	RPLMCT OSSEOINTEGRATE IMPLNT W/MASTOIDECTOMY	4561.20			090	N	19120.53
•	•	J1	**69720**	DCMPRN FACIAL NRV INTRATEMPORAL LAT GANGLION	4099.20			090	N	8765.29
•	•	J1	**69725**	DCMPRN NRV INTRATEMPORAL MEDIAL GENICULATE	6427.20			090	Y	8765.29
•	•	J1	**69740**	SUTR NRV ITPRL W/WO GRF/DCMPRN LAT GENICULATE	3986.40			090	Y	8765.29
•	•	J1	**69745**	SUTR NRV ITPRL W/WO GRF/DCMPRN MEDIAL GENICULATE	4242.00			090	Y	8765.29

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		**69799**	UNLISTED PROCEDURE MIDDLE EAR	BR			YYY	N	292.72
•	•	J1	**69801**	LABYRINTHOTOMY TRANSCANAL	699.60			000	N	2543.11
•	•	J1	**69805**	ENDOLYMPHATIC SAC W/O SHUNT	3578.40			090	Y	8765.29
•	•	J1	**69806**	ENDOLYMPHATIC SAC SHUNT	3194.40			090	N	8765.29
•	•	J1	**69905**	LABYRINTHECTOMY TRANSCANAL	3127.20			090	N	8765.29
•	•	J1	**69910**	LABYRINTHECTOMY W/MASTOIDECTOMY	3444.00			090	N	8765.29
•	•	J1	**69915**	VESTIBULAR NRV SECTION TRANSLABYRINTHINE APPR	5233.20			090	Y	4449.71
•	•	J1	**69930**	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	4183.20			090	N	50908.68
•	•		**69949**	UNLISTED PROCEDURE INNER EAR	BR			YYY	N	292.72
•	•		**69950**	VESTIBULAR NRV SECTION TRANSCRANIAL APPROACH	6073.20			090	Y	
•	•	J1	**69955**	TOTAL FACIAL NERVE DECOMPRESSION &/REPAIR	6747.60			090	Y	8765.29
•	•	J1	**69960**	DECOMPRESSION INTERNAL AUDITORY CANAL	6555.60			090	Y	8765.29
•	•	J1	**69970**	REMOVAL TUMOR TEMPORAL BONE	7326.00			090	Y	8765.29
•	•		**69979**	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	BR			YYY	N	292.72
+	•		**69990**	MICROSURG TQS REQ USE OPERATING MICROSCOPE	768.00			ZZZ	Y	

RADIOLOGY

I. Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.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 MAR 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 MAR 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 of contrast is included as part of the procedure and not separately reimbursed.

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 is not separately reimbursed.

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. **Vertebral Motion Analysis (VMA).** Vertebral Motion Analysis, generally done on the cervical and lumbar spine, is typically billed with CPT code 76496, unlisted fluoroscopic procedure (e.g., diagnostic, interventional). There is no specific CPT for this radiological test. For the cervical spine, pay the combination of 76000 and 72052. For the lumbar spine, pay the combination of 76000 and 72110.

J. **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.

K. **Outpatient CT and MRI imaging.** CT and MRI imaging, when performed on an outpatient basis, are subject to the limitations of the Fee Schedule, regardless of site of service.

L. **Unlisted Service or Procedure**When reporting a service or procedure that is not listed in this fee schedule, use the appropriate unlisted procedure code. The bill must be accompanied by a Special Report as described below. If a HCPCS or CPT code has been established subsequent to the release of this fee schedule, include the code(s) with the Special Report.

M. **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 are 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.

N. **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.

O. **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.

P. **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.

Q. **Facility Fee.** The facility fee for outpatient services is the APC Amount.

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**70010**	MYELOGRAPY POST FOSSA RS&I	109.86			XXX	N	547.95
•	**70015**	CISTERNOGRAPHY POSITIVE CONTRAST RS&I	276.23	107.95	168.28	XXX	N	
•	**70030**	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	52.71	15.24	37.47	XXX	N	
•	**70100**	RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	61.60	16.51	45.09	XXX	N	
•	**70110**	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	71.76	22.86	48.90	XXX	N	
•	**70120**	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	61.60	16.51	45.09	XXX	N	
•	**70130**	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	102.24	31.12	71.12	XXX	N	
•	**70134**	RADEX INTERNAL AUDITORY MEATI COMPLETE	95.89	31.75	64.14	XXX	N	
•	**70140**	RADEX FACIAL BONES < 3 VIEWS	54.61	18.42	36.19	XXX	N	
•	**70150**	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	78.11	24.13	53.98	XXX	N	
•	**70160**	RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	61.60	15.88	45.72	XXX	N	
•	**70170**	DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	93.98	27.31	66.67	XXX	N	
•	**70190**	RADEX OPTIC FORAMINA	65.41	19.69	45.72	XXX	N	
•	**70200**	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	78.74	25.40	53.34	XXX	N	
•	**70210**	RADEX SINUSES PARANASAL <3 VIEWS	56.52	15.88	40.64	XXX	N	
•	**70220**	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	69.85	22.86	46.99	XXX	N	
•	**70240**	RADIOLOGIC EXAMINATION SELLA TURCICA	56.52	17.78	38.74	XXX	N	
•	**70250**	RADIOLOGIC EXAMINATION SKULL 4/> VIEWS	67.95	22.86	45.09	XXX	N	
•	**70260**	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	85.09	31.75	53.34	XXX	N	
•	**70300**	RADIOLOGIC EXAMINATION TEETH 1 VIEW	25.40	10.16	15.24	XXX	N	
•	**70310**	RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	67.31	13.97	53.34	XXX	N	
•	**70320**	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	97.16	22.23	74.93	XXX	N	
•	**70328**	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	56.52	16.51	40.01	XXX	N	
•	**70330**	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	88.27	22.23	66.04	XXX	N	
•	**70332**	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	136.53	48.90	87.63	XXX	N	
•	**70336**	MRI TEMPOROMANDIBULAR JOINT	562.61	132.72	429.89	XXX	N	
•	**70350**	CEPHALOGRAM ORTHODONTIC	33.66	17.78	15.88	XXX	N	
•	**70355**	ORTHOPANTOGRAM	35.56	19.69	15.87	XXX	N	
•	**70360**	RADIOLOGIC EXAMINATION NECK SOFT TISSUE	53.98	15.24	38.74	XXX	N	
•	**70370**	RADEX PHARYNX/LARX W/FLUOR&/MAGNIFICATION TQ	144.15	26.67	117.48	XXX	N	
•	**70371**	CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	175.90	76.84	99.06	XXX	N	
•	**70380**	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	60.33	15.24	45.09	XXX	N	
•	**70390**	SIALOGRAPHY RS&I	184.15	34.29	149.86	XXX	N	
•	**70450**	CT HEAD/BRAIN W/O CONTRAST MATERIAL	207.01	76.84	130.17	XXX	N	
•	**70460**	CT HEAD/BRAIN W/CONTRAST MATERIAL	292.74	102.87	189.87	XXX	N	
•	**70470**	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	342.27	114.94	227.33	XXX	N	
•	**70480**	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	415.93	115.57	300.36	XXX	N	
•	**70481**	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	492.76	125.10	367.66	XXX	N	
•	**70482**	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	536.58	130.81	405.77	XXX	N	
•	**70486**	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	248.92	77.47	171.45	XXX	N	
•	**70487**	CT MAXILLOFACIAL W/CONTRAST MATERIAL	299.09	101.60	197.49	XXX	N	
•	**70488**	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	364.49	114.94	249.55	XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**70490**	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	294.01	115.57	178.44	XXX	N	
•	**70491**	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	362.59	125.10	237.49	XXX	N	
•	**70492**	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	436.88	146.05	290.83	XXX	N	
•	**70496**	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	527.69	158.12	369.57	XXX	N	
•	**70498**	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	526.42	158.12	368.30	XXX	N	
•	**70540**	MRI ORBIT FACE &/NECK W/O CONTRAST	474.98	121.92	353.06	XXX	N	
•	**70542**	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	564.52	146.69	417.83	XXX	N	
•	**70543**	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	709.30	193.04	516.26	XXX	N	
•	**70544**	MRA HEAD W/O CONTRST MATERIAL	497.84	108.59	389.25	XXX	N	
•	**70545**	MRA HEAD W/CONTRAST MATERIAL	494.03	108.59	385.44	XXX	N	
•	**70546**	MRA HEAD W/O & W/CONTRAST MATERIAL	730.25	133.35	596.90	XXX	N	
•	**70547**	MRA NECK W/O CONTRST MATERIAL	499.75	108.59	391.16	XXX	N	
•	**70548**	MRA NECK W/CONTRAST MATERIAL	549.91	135.89	414.02	XXX	N	
•	**70549**	MRA NECK W/O &W/CONTRAST MATERIAL	763.27	162.56	600.71	XXX	N	
•	**70551**	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	405.13	133.99	271.14	XXX	N	
•	**70552**	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	562.61	161.29	401.32	XXX	N	
•	**70553**	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	663.58	206.38	457.20	XXX	N	
•	**70554**	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION	787.40	190.50	596.90	XXX	N	
•	**70555**	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION	1337.31	227.33	1109.98	XXX	N	
•	**70557**	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	2417.42	281.94	2135.48	XXX	N	
•	**70558**	MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	2661.59	310.52	2351.07	XXX	N	
•	**70559**	MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	2684.60	296.55	2388.05	XXX	N	
•	**71045**	RADIOLOGIC EXAM CHEST SINGLE VIEW	44.45	16.51	27.94	XXX	N	
•	**71046**	RADIOLOGIC EXAM CHEST 2 VIEWS	56.52	19.69	36.83	XXX	N	
•	**71047**	RADIOLOGIC EXAM CHEST 3 VIEWS	71.12	25.40	45.72	XXX	N	
•	**71048**	RADIOLOGIC EXAM CHEST 4+ VIEWS	76.84	29.21	47.63	XXX	N	
•	**71100**	RADEX RIBS UNILATERAL 2 VIEWS	61.60	20.32	41.28	XXX	N	
•	**71101**	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	70.49	24.77	45.72	XXX	N	
•	**71110**	RADEX RIBS BILATERAL 3 VIEWS	73.66	26.67	46.99	XXX	N	
•	**71111**	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	87.63	29.85	57.78	XXX	N	
•	**71120**	RADEX STERNUM MINIMUM 2 VIEWS	55.88	18.42	37.46	XXX	N	
•	**71130**	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	66.68	19.69	46.99	XXX	N	
•	**71250**	CT THORAX W/O CONTRAST MATERIAL	283.85	105.41	178.44	XXX	N	
•	**71260**	CT THORAX W/CONTRAST MATERIAL	351.16	112.40	238.76	XXX	N	
•	**71270**	CT THORAX W/O & W/CONTRAST MATERIAL	416.56	125.10	291.46	XXX	N	
•	**71275**	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	539.75	164.47	375.28	XXX	N	
•	**71550**	MRI CHEST W/O CONTRAST MATERIAL	724.54	131.45	593.09	XXX	N	
•	**71551**	MRI CHEST W/CONTRAST MATERIAL	802.01	156.21	645.80	XXX	N	
•	**71552**	MRI CHEST W/O & W/CONTRAST MATERIAL	1012.83	203.84	808.99	XXX	N	
•	**71555**	MRA CHEST W/O & W/CONTRAST MATERIAL	700.41	161.29	539.12	XXX	N	
•	**72020**	RADEX SPINE 1 VIEW SPECIFY LEVEL	41.28	13.97	27.31	XXX	N	
•	**72040**	RADEX SPINE CERVICAL 2 OR 3 VIEWS	65.41	20.32	45.09	XXX	N	
•	**72050**	RADEX SPINE CERVICAL 4 OR 5 VIEWS	90.17	28.58	61.59	XXX	N	
•	**72052**	RADEX SPINE CERVICAL 6 OR MORE VIEWS	107.32	33.02	74.30	XXX	N	
•	**72070**	RADEX SPINE THORACIC 2 VIEWS	60.96	20.32	40.64	XXX	N	
•	**72072**	RADEX SPINE THORACIC 3 VIEWS	64.77	19.69	45.08	XXX	N	
•	**72074**	RADEX SPINE THORACIC MINIMUM 4 VIEWS	71.12	19.69	51.43	XXX	N	
•	**72080**	RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	60.33	20.32	40.01	XXX	N	
•	**72081**	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72.39	24.77	47.62	XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**72082**	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	116.21	29.21	87.00	XXX	N	
•	**72083**	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	137.16	33.02	104.14	XXX	N	
•	**72084**	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	160.02	38.10	121.92	XXX	N	
•	**72100**	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	65.41	20.32	45.09	XXX	N	
•	**72110**	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	91.44	28.58	62.86	XXX	N	
•	**72114**	RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	104.14	29.85	74.29	XXX	N	
•	**72120**	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	76.84	20.32	56.52	XXX	N	
•	**72125**	CT CERVICAL SPINE W/O CONTRAST MATERIAL	328.93	96.52	232.41	XXX	N	
•	**72126**	CT CERVICAL SPINE W/CONTRAST MATERIAL	406.40	110.49	295.91	XXX	N	
•	**72127**	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	481.33	114.30	367.03	XXX	N	
•	**72128**	CT THORACIC SPINE W/O CONTRAST MATERIAL	322.58	90.81	231.77	XXX	N	
•	**72129**	CT THORACIC SPINE W/CONTRAST MATERIAL	408.94	110.49	298.45	XXX	N	
•	**72130**	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	481.97	114.30	367.67	XXX	N	
•	**72131**	CT LUMBAR SPINE W/O CONTRAST MATERIAL	321.31	90.81	230.50	XXX	N	
•	**72132**	CT LUMBAR SPINE W/CONTRAST MATERIAL	407.04	110.49	296.55	XXX	N	
•	**72133**	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	480.06	114.94	365.12	XXX	N	
•	**72141**	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	394.97	134.62	260.35	XXX	N	
•	**72142**	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	573.41	161.93	411.48	XXX	N	
•	**72146**	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	395.61	134.62	260.99	XXX	N	
•	**72147**	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	570.23	161.29	408.94	XXX	N	
•	**72148**	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	395.61	134.62	260.99	XXX	N	
•	**72149**	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	566.42	161.93	404.49	XXX	N	
•	**72156**	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	668.02	206.38	461.64	XXX	N	
•	**72157**	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	669.93	206.38	463.55	XXX	N	
•	**72158**	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	666.75	206.38	460.37	XXX	N	
•	**72159**	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	725.81	162.56	563.25	XXX	N	
•	**72170**	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	59.06	15.88	43.18	XXX	N	
•	**72190**	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	71.12	19.69	51.43	XXX	N	
•	**72191**	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	561.98	162.56	399.42	XXX	N	
•	**72192**	CT PELVIS W/O CONTRAST MATERIAL	260.35	98.43	161.92	XXX	N	
•	**72193**	CT PELVIS W/CONTRAST MATERIAL	418.47	105.41	313.06	XXX	N	
•	**72194**	CT PELVIS W/O & W/CONTRAST MATERIAL	474.98	109.86	365.12	XXX	N	
•	**72195**	MRI PELVIS W/O CONTRAST MATERIAL	483.87	132.08	351.79	XXX	N	
•	**72196**	MRI PELVIS W/CONTRAST MATERIAL	565.15	156.85	408.30	XXX	N	
•	**72197**	MRI PELVIS W/O & W/CONTRAST MATERIAL	713.74	198.76	514.98	XXX	N	
•	**72198**	MRA PELVIS W/WO CONTRAST MATERIAL	704.22	160.66	543.56	XXX	N	
•	**72200**	RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	55.25	15.88	39.37	XXX	N	
•	**72202**	RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	62.23	17.15	45.08	XXX	N	
•	**72220**	RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	54.61	15.88	38.73	XXX	N	
•	**72240**	MYELOGRAPHY CERVICAL RS&I	186.69	81.92	104.77	XXX	N	
•	**72255**	MYELOGRAPHY THORACIC RS&I	189.87	85.73	104.14	XXX	N	
•	**72265**	MYELOGRAPY LUMBOSACRAL RS&I	174.63	73.66	100.97	XXX	N	
•	**72270**	MYELOGRAPY 2/MORE REGIONS RS&I	242.57	121.92	120.65	XXX	N	
•	**72275**	EPIDUROGRAPY RS&I	220.98	70.49	150.49	XXX	N	
•	**72285**	DISKOGRAPY CERVICAL/THORACIC RS&I	0.00	0.00	0.00	XXX	N	2316.70
•	**72295**	DISKOGRAPY LUMBAR RS&I	184.15	78.11	106.04	XXX	N	
•	**73000**	RADEX CLAVICLE COMPLETE	52.07	15.24	36.83	XXX	N	
•	**73010**	RADEX SCAPULA COMPLETE	57.15	16.51	40.64	XXX	N	
•	**73020**	RADEX SHOULDER 1 VIEW	42.55	14.61	27.94	XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**73030**	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	53.98	17.15	36.83	XXX	N	
•	**73040**	RADEX SHOULDER ARTHROGRAPHY RS&I	198.12	49.53	148.59	XXX	N	
•	**73050**	RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	66.68	19.05	47.63	XXX	N	
•	**73060**	RADEX HUMERUS MINIMUM 2 VIEWS	53.98	15.24	38.74	XXX	N	
•	**73070**	RADEX ELBOW 2 VIEWS	48.26	14.61	33.65	XXX	N	
•	**73080**	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	53.34	15.88	37.46	XXX	N	
•	**73085**	RADEX ELBOW ARTHROGRAPHY RS&I	189.87	52.07	137.80	XXX	N	
•	**73090**	RADEX FOREARM 2 VIEWS	50.17	15.24	34.93	XXX	N	
•	**73092**	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	51.44	14.61	36.83	XXX	N	
•	**73100**	RADEX WRIST 2 VIEWS	57.15	15.24	41.91	XXX	N	
•	**73110**	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	65.41	15.88	49.53	XXX	N	
•	**73115**	RADEX WRIST ARTHROGRAPHY RS&I	211.46	51.44	160.02	XXX	N	
•	**73120**	RADEX HAND 2 VIEWS	52.07	15.24	36.83	XXX	N	
•	**73130**	RADEX HAND MINIMUM 3 VIEWS	59.69	15.88	43.81	XXX	N	
•	**73140**	RADEX FINGR MINIMUM 2 VIEWS	60.33	12.70	47.63	XXX	N	
•	**73200**	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	320.68	90.81	229.87	XXX	N	
•	**73201**	CT UPPER EXTREMITY W/CONTRAST MATERIAL	398.78	105.41	293.37	XXX	N	
•	**73202**	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	496.57	110.49	386.08	XXX	N	
•	**73206**	CT ANGIOGRAPHY UPPER EXTREMITY	586.74	161.93	424.81	XXX	N	
•	**73218**	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	642.62	122.56	520.06	XXX	N	
•	**73219**	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	705.49	146.69	558.80	XXX	N	
•	**73220**	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	873.13	193.68	679.45	XXX	N	
•	**73221**	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	417.20	123.19	294.01	XXX	N	
•	**73222**	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	664.85	147.32	517.53	XXX	N	
•	**73223**	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	824.87	194.31	630.56	XXX	N	
•	**73225**	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	695.33	153.04	542.29	XXX	N	
•	**73501**	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	55.25	17.15	38.10	XXX	N	
•	**73502**	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	76.84	20.32	56.52	XXX	N	
•	**73503**	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	95.89	25.40	70.49	XXX	N	
•	**73521**	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	68.58	20.32	48.26	XXX	N	
•	**73522**	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	89.54	27.31	62.23	XXX	N	
•	**73523**	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	104.78	29.21	75.57	XXX	N	
•	**73525**	RADEX HIP ARTHROGRAPHY RS&I	201.93	52.71	149.22	XXX	N	
•	**73551**	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	50.80	15.24	35.56	XXX	N	
•	**73552**	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	59.69	16.51	43.18	XXX	N	
•	**73560**	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	57.79	15.24	42.55	XXX	N	
•	**73562**	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	66.68	17.15	49.53	XXX	N	
•	**73564**	RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	74.30	20.32	53.98	XXX	N	
•	**73565**	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	66.68	15.88	50.80	XXX	N	
•	**73580**	RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	227.97	52.07	175.90	XXX	N	
•	**73590**	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	52.71	14.61	38.10	XXX	N	
•	**73592**	RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	51.44	14.61	36.83	XXX	N	
•	**73600**	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	55.25	15.24	40.01	XXX	N	
•	**73610**	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	59.69	15.88	43.81	XXX	N	
•	**73615**	RADEX ANKLE ARTHROGRAPHY RS&I	212.09	52.71	159.38	XXX	N	
•	**73620**	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	48.26	13.97	34.29	XXX	N	
•	**73630**	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	55.88	15.24	40.64	XXX	N	
•	**73650**	RADEX CALCANEUS MINIMUM 2 VIEWS	48.26	14.61	33.65	XXX	N	
•	**73660**	RADEX TOE MINIMUM 2 VIEWS	51.44	12.07	39.37	XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**73700**	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	321.31	90.81	230.50	XXX	N	
•	**73701**	CT LOWER EXTREMITY W/CONTRAST MATERIAL	403.86	105.41	298.45	XXX	N	
•	**73702**	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	488.95	109.86	379.09	XXX	N	
•	**73706**	CT ANGIOGRAPHY LOWER EXTREMITY	635.64	170.18	465.46	XXX	N	
•	**73718**	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	469.27	121.92	347.35	XXX	N	
•	**73719**	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	554.99	146.69	408.30	XXX	N	
•	**73720**	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	711.84	193.68	518.16	XXX	N	
•	**73721**	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	417.20	123.19	294.01	XXX	N	
•	**73722**	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	668.02	147.32	520.70	XXX	N	
•	**73723**	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	822.96	193.68	629.28	XXX	N	
•	**73725**	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	704.85	161.93	542.92	XXX	N	
•	**74018**	RADIOLOGIC EXAM ABDOMEN 1 VIEW	50.80	16.51	34.29	XXX	N	
•	**74019**	RADIOLOGIC EXAM ABDOMEN 2 VIEWS	62.23	20.96	41.27	XXX	N	
•	**74021**	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	71.76	24.77	46.99	XXX	N	
•	**74022**	RADEX ABD COMPL AQT ABD W/S/E/D VIEWS 1 VIEW CH	83.19	29.21	53.98	XXX	N	
•	**74150**	CT ABDOMEN W/O CONTRAST MATERIAL	267.97	107.95	160.02	XXX	N	
•	**74160**	CT ABDOMEN W/CONTRAST MATERIAL	426.72	114.94	311.78	XXX	N	
•	**74170**	CT ABDOMEN W/O & W/CONTRAST MATERIAL	483.87	126.37	357.50	XXX	N	
•	**74174**	CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG	708.66	196.85	511.81	XXX	N	
•	**74175**	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	563.25	163.20	400.05	XXX	N	
•	**74176**	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	358.78	157.48	201.30	XXX	N	
•	**74177**	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	570.87	165.10	405.77	XXX	N	
•	**74178**	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	644.53	180.98	463.55	XXX	N	
•	**74181**	MRI ABDOMEN W/O CONTRAST MATERIAL	436.88	132.08	304.80	XXX	N	
•	**74182**	MRI ABDOMEN W/CONTRAST MATERIAL	641.99	156.85	485.14	XXX	N	
•	**74183**	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	714.38	198.76	515.62	XXX	N	
•	**74185**	MRA ABDOMEN W/WO CONTRAST MATERIAL	706.76	161.29	545.47	XXX	N	
•	**74190**	PERITONEOGRAM RS&I	107.38	41.91	65.47	XXX	N	
•	**74210**	RADEX PHARYNX&/CERVICAL ESOPHAGUS	158.12	53.34	104.78	XXX	N	
•	**74220**	RADEX ESOPHAGUS	173.36	60.96	112.40	XXX	N	
•	**74230**	SWALLOWING FUNCJ W/CINERADIOGRAPY/VIDRADIOG	227.97	48.26	179.71	XXX	N	
•	**74235**	RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I	323.43	107.95	215.48	XXX	N	
•	**74240**	RADEX GI TRACT UPPER W/WO DELAYED IMAGES W/O KUB	219.08	62.87	156.21	XXX	N	
•	**74241**	RADEX GI TRACT UPPER W/WO DELAYED IMAGES W/KUB	227.97	62.23	165.74	XXX	N	
•	**74245**	RADEX GI TRACT UPR W/SM INT W/MULT SERIAL IMAGES	332.74	81.92	250.82	XXX	N	
•	**74246**	RADEX UPPER GI W/WO GLUCAGON/DELAY IMGES W/O KUB	243.84	62.23	181.61	XXX	N	
•	**74247**	RADEX UPPER GI W/WO GLUCAGON/DELAY IMAGES W/KUB	274.32	62.23	212.09	XXX	N	
•	**74249**	RADEX GI UPR W/WO GLUCOSE W/SM INTEST FOLLW-THRU	356.87	81.92	274.95	XXX	N	
•	**74250**	RADEX SMALL INTESTINE W/MULTIPLE SERIAL IMAGES	201.93	42.55	159.38	XXX	N	
•	**74251**	RADEX SM INT W/MLT SRL IMGES VIA ENTEROCLSS TUBE	772.16	62.23	709.93	XXX	N	
•	**74260**	DUODENOGRAPY HYPOTONIC	629.92	45.72	584.20	XXX	N	
•	**74261**	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	862.33	217.17	645.16	XXX	N	
•	**74262**	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	968.38	226.06	742.32	XXX	N	
•	**74263**	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	1352.55	204.47	1148.08	XXX	N	
•	**74270**	RADEX COLON BARIUM ENEMA W/WO KUB	288.29	62.23	226.06	XXX	N	
•	**74280**	RADEX COLON W/SPEC HI DNS BARIUM W/WO GLUCAGON	407.04	89.54	317.50	XXX	N	
•	**74283**	THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCJ	419.74	186.69	233.05	XXX	N	
•	**74290**	CHOLECYSTOGRAPHY ORAL CONTRST	136.53	29.21	107.32	XXX	N	
•	**74300**	CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	109.86	33.02	76.84	XXX	N	

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+	74301	CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS	54.97	19.05	35.92	ZZZ	N	
•	74328	ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	215.41	64.14	151.27	XXX	N	
•	74329	ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I	186.01	64.14	121.87	XXX	N	
•	74330	CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I	303.53	81.92	221.61	XXX	N	
•	74340	INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	196.87	48.90	147.97	XXX	N	
•	74355	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I	260.16	68.58	191.58	XXX	N	
•	74360	INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	212.86	50.80	162.06	XXX	N	
•	74363	PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I	223.08	77.47	145.61	XXX	N	
•	74400	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	213.36	44.45	168.91	XXX	N	
•	74410	UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	216.54	43.82	172.72	XXX	N	
•	74415	UROGRAPY INFUSION DRIP &/BOLUS TECHQ W/WO TOMO	258.45	44.45	214.00	XXX	N	
•	74420	X-RAY URINARY TRACT EXAM WITH CONTRAST MATERIAL	128.27	46.36	81.91	XXX	N	
•	74425	UROGRAPHY ANTEGRADE RS&I	117.48	31.75	85.73	XXX	N	
•	74430	CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	70.49	29.21	41.28	XXX	N	
•	74440	VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	154.94	33.02	121.92	XXX	N	
•	74445	CORPORA CAVERNOSOGRAPY RS&I	174.63	99.70	74.93	XXX	N	
•	74450	URETHROCYSTOGRAPHY RETROGRADE RS&I	129.54	29.85	99.69	XXX	N	
•	74455	URETHROCYSTOGRAPHY VOIDING RS&I	161.93	29.85	132.08	XXX	N	
•	74470	RADEX RENAL CYST STUDY TRANSLUMBAR RS&I	132.95	47.63	85.32	XXX	N	
•	74485	DILATION URETERS/URETHRA RS&I	191.77	72.39	119.38	XXX	N	
•	74710	PELVIMETRY W/WOPLACENTAL LOCALIZATION	68.58	31.12	37.46	XXX	N	
•	74712	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	861.06	271.15	589.91	XXX	N	
+	74713	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	419.10	168.28	250.82	ZZZ	N	
•	74740	HYSTEROSALPINGOGRAPHY RS&I	147.32	34.29	113.03	XXX	N	
•	74742	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	153.41	55.88	97.53	XXX	N	
•	74775	PERINEOGRAM	182.25	56.52	125.73	XXX	N	
•	75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	581.66	208.92	372.74	XXX	N	
•	75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	810.90	257.18	553.72	XXX	N	
•	75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	763.91	230.51	533.40	XXX	N	
•	75563	CARDIAC MRI W/W/O CONTRAST W/STRESS	905.51	264.16	641.35	XXX	N	
+	75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	95.89	22.23	73.66	ZZZ	N	
•	75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	185.42	52.07	133.35	XXX	N	
•	75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	477.52	156.85	320.67	XXX	N	
•	75573	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	646.43	227.97	418.46	XXX	N	
•	75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	701.04	213.36	487.68	XXX	N	
•	75600	AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	357.51	43.82	313.69	XXX	N	
•	75605	AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	240.03	100.33	139.70	XXX	N	
•	75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	236.86	100.33	136.53	XXX	N	
•	75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	297.18	158.12	139.06	XXX	N	
•	75635	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	790.58	214.00	576.58	XXX	N	
•	75705	ANGIOGRAPHY SPINAL SELECTIVE RS&I	452.76	210.82	241.94	XXX	N	
•	75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	300.36	155.58	144.78	XXX	N	
•	75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	320.04	173.36	146.68	XXX	N	
•	75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	259.08	99.06	160.02	XXX	N	
•	75731	ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	300.36	103.51	196.85	XXX	N	
•	75733	ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	323.22	114.94	208.28	XXX	N	
•	75736	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	278.13	99.06	179.07	XXX	N	
•	75741	ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	262.26	114.30	147.96	XXX	N	
•	75743	ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	294.64	144.78	149.86	XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**75746**	ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	264.16	100.33	163.83	XXX	N	
•	**75756**	ANGIOGRAPHY INTERNAL MAMMARY RS&I	304.17	102.87	201.30	XXX	N	
+	**75774**	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	147.96	31.12	116.84	ZZZ	N	
•	**75801**	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	474.35	80.65	393.70	XXX	N	
•	**75803**	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	485.15	106.68	378.47	XXX	N	
•	**75805**	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	490.86	73.66	417.20	XXX	N	
•	**75807**	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	536.92	101.60	435.32	XXX	N	
•	**75809**	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	170.82	43.18	127.64	XXX	N	
•	**75810**	SPLENOPORTOGRAPY RS&I	953.04	88.90	864.14	XXX	N	
•	**75820**	VENOGRAPHY EXTREMITY UNILATERAL RS&I	200.03	62.87	137.16	XXX	N	
•	**75822**	VENOGRAPHY EXTREMITY BILATERAL RS&I	233.68	93.35	140.33	XXX	N	
•	**75825**	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	233.68	100.33	133.35	XXX	N	
•	**75827**	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	242.57	101.60	140.97	XXX	N	
•	**75831**	VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	243.84	99.06	144.78	XXX	N	
•	**75833**	VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	288.93	131.45	157.48	XXX	N	
•	**75840**	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	259.08	103.51	155.57	XXX	N	
•	**75842**	VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I	314.33	135.26	179.07	XXX	N	
•	**75860**	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	253.37	101.60	151.77	XXX	N	
•	**75870**	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	336.55	116.21	220.34	XXX	N	
•	**75872**	VENOGRAPHY EPIDURAL RS&I	259.08	103.51	155.57	XXX	N	
•	**75880**	VENOGRAPHY ORBITAL RS&I	218.44	63.50	154.94	XXX	N	
•	**75885**	PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	272.42	121.92	150.50	XXX	N	
•	**75887**	PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	273.69	122.56	151.13	XXX	N	
•	**75889**	HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	249.56	98.43	151.13	XXX	N	
•	**75891**	HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	252.73	99.70	153.03	XXX	N	
•	**75893**	VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	210.82	48.90	161.92	XXX	N	
•	**75894**	TRANSCATHETER EMBOLIZATION ANY METH RS&I	1868.81	130.81	1738.00	XXX	N	
•	**75898**	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	243.84	163.20	80.64	XXX	N	
•	**75901**	MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I	356.87	42.55	314.32	XXX	N	
•	**75902**	MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I	140.97	34.29	106.68	XXX	N	
•	**75956**	EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG RS&I	623.57	623.57	BR	XXX	N	
•	**75957**	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	535.31	535.31	BR	XXX	N	
•	**75958**	PLMT PROX XTN PRSTH EVASC DESC THORAC AORTA RS&I	355.60	355.60	BR	XXX	N	
•	**75959**	PLMT DSTL XTN PRSTH EVASC DESC THORAC AORTA RS&I	309.88	309.88	BR	XXX	N	
•	**75970**	TRANSCATHETER BIOPSY RS&I	796.93	71.76	725.17	XXX	N	
•	**75984**	CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	183.52	62.87	120.65	XXX	N	
•	**75989**	RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS&I	217.17	104.78	112.39	XXX	N	
•	**76000**	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	84.46	27.94	56.52	XXX	N	
•	**76010**	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	48.90	16.51	32.39	XXX	N	
•	**76080**	RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	102.24	46.99	55.25	XXX	N	
•	**76098**	RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	29.85	14.61	15.24	XXX	N	
•	**76100**	RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	169.55	56.52	113.03	XXX	N	
•	**76101**	RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY UNI	168.28	50.80	117.48	XXX	N	
•	**76102**	RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY BI	309.88	60.96	248.92	XXX	N	
•	**76120**	CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	182.25	33.02	149.23	XXX	N	
+	**76125**	CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE EXAMINATION	81.92	25.40	56.52	ZZZ	N	
•	**76140**	CONSLTJ X-RAY XM MADE ELSEWHERE WRTTN REPRT	55.25			XXX	N	70.16
•	**76376**	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	41.28	17.78	23.50	XXX	N	
•	**76377**	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	127.64	71.76	55.88	XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**76380**	CT LIMITED/LOCALIZED FOLLOW UP STUDY	258.45	87.63	170.82	XXX	N	
•	**76390**	MRI SPECTROSCOPY	781.69	125.73	655.96	XXX	N	
•	**76391**	MAGNETIC RESONANCE ELASTOGRAPHY	422.91	100.33	322.58	XXX	N	
•	**76496**	UNLISTED FLUOROSCOPIC PROCEDURE	BR	BR	BR	XXX	N	88.47
•	**76497**	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	BR	BR	BR	XXX	N	88.47
•	**76498**	UNLISTED MAGNETIC RESONANCE PROCEDURE	BR	BR	BR	XXX	N	88.47
•	**76499**	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	BR	BR	BR	XXX	N	88.47
•	**76506**	ECHOENCEPHALOGRAPHY REAL TIME IMAGING	207.01	57.79	149.22	XXX	N	
•	**76510**	OPH US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	200.03	104.78	95.25	XXX	N	
•	**76511**	OPHTHALMIC ULTRASOUND DX QUAN A-SCAN ONLY	122.56	65.41	57.15	XXX	N	
•	**76512**	OPHTHALMIC ULTRASOUND DX B-SCAN W/WO A-SCAN	109.86	62.87	46.99	XXX	N	
•	**76513**	OPH US DX ANT SGM US IMMERSION B-SCAN/HR BIOM	176.53	64.77	111.76	XXX	N	
•	**76514**	OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	22.86	14.61	8.25	XXX	N	
•	**76516**	OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	97.16	41.28	55.88	XXX	N	
•	**76519**	OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	118.75	56.52	62.23	XXX	N	
•	**76529**	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	147.96	59.69	88.27	XXX	N	
•	**76536**	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	206.38	50.80	155.58	XXX	N	
•	**76604**	US CHEST REAL TIME W/IMAGE DOCUMENTATION	159.39	48.90	110.49	XXX	N	
•	**76641**	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	191.77	66.04	125.73	XXX	N	
•	**76642**	US BREAST UNI REAL TIME WITH IMAGE LIMITED	156.85	61.60	95.25	XXX	N	
•	**76700**	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	217.81	73.03	144.78	XXX	N	
•	**76705**	US ABDOMINAL REAL TIME W/IMAGE LIMITED	162.56	52.71	109.85	XXX	N	
•	**76706**	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	203.20	49.53	153.67	XXX	N	
•	**76770**	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	201.93	66.68	135.25	XXX	N	
•	**76775**	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	104.78	52.07	52.71	XXX	N	
•	**76776**	US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	278.13	68.58	209.55	XXX	N	
•	**76800**	ULTRASOUND SPINAL CANAL & CONTENTS	256.54	106.68	149.86	XXX	N	
•	**76801**	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	219.71	90.17	129.54	XXX	N	
+	**76802**	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	114.94	76.20	38.74	ZZZ	N	
•	**76805**	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	252.10	90.81	161.29	XXX	N	
+	**76810**	US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	167.01	90.81	76.20	ZZZ	N	
•	**76811**	US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	325.12	175.90	149.22	XXX	N	
+	**76812**	US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	363.22	166.37	196.85	ZZZ	N	
•	**76813**	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	219.08	109.86	109.22	XXX	N	
+	**76814**	US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	144.15	92.71	51.44	XXX	N	
•	**76815**	US PREGNANT UTERUS LIMITED 1/> FETUSES	151.13	59.06	92.07	XXX	N	
•	**76816**	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	205.11	78.74	126.37	XXX	N	
•	**76817**	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	173.36	68.58	104.78	XXX	N	
•	**76818**	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	218.44	97.79	120.65	XXX	N	
•	**76819**	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	160.02	71.12	88.90	XXX	N	
•	**76820**	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	85.73	46.36	39.37	XXX	N	
•	**76821**	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	165.74	65.41	100.33	XXX	N	
•	**76825**	ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	494.67	151.13	343.54	XXX	N	
•	**76826**	ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	293.37	74.30	219.07	XXX	N	
•	**76827**	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	133.99	52.07	81.92	XXX	N	
•	**76828**	DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	95.89	51.44	44.45	XXX	N	
•	**76830**	US TRANSVAGINAL	218.44	62.87	155.57	XXX	N	
•	**76831**	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	212.73	66.04	146.69	XXX	N	
•	**76856**	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	196.22	62.23	133.99	XXX	N	

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·	**76857**	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	87.63	45.09	42.54	XXX	N	
·	**76870**	US SCROTUM & CONTENTS	188.60	57.79	130.81	XXX	N	
·	**76872**	US TRANSRECTAL	229.87	60.33	169.54	XXX	N	
·	**76873**	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	311.79	140.97	170.82	XXX	N	
·	**76881**	US COMPL JOINT R-T W/IMAGE DOCUMENTATION	159.39	57.15	102.24	XXX	N	
·	**76882**	US LMTD JOINT/OTH NONVASC XTR STRUX R-T W/IMG	102.87	44.45	58.42	XXX	N	
·	**76885**	US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	257.18	67.31	189.87	XXX	N	
·	**76886**	US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	188.60	56.52	132.08	XXX	N	
·	**76930**	US GUIDANCE PERICARDIOCENTESIS RS&I	161.29	59.69	101.60	XXX	N	
·	**76932**	US ENDOMYOCARDIAL BIOPSY RS&I	161.29	59.69	101.60	YYY	N	
·	**76936**	US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	482.60	175.90	306.70	XXX	N	
+	**76937**	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	60.96	26.04	34.92	ZZZ	N	
·	**76940**	US &MNTR PARENCHYMAL TISSUE ABLATION	300.36	186.06	114.30	YYY	N	
·	**76941**	US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I	231.78	125.10	106.68	XXX	N	
·	**76942**	US GUIDANCE NEEDLE PLACEMENT IMG S&I	102.24	57.79	44.45	XXX	N	
·	**76945**	US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	174.63	62.87	111.76	XXX	N	
·	**76946**	US GUIDANCE AMNIOCENTESIS IMG S&I	58.42	34.93	23.49	XXX	N	
·	**76948**	US GUIDANCE ASPIRATION OVA IMG S&I	134.62	62.87	71.75	XXX	N	
·	**76965**	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	166.37	121.92	44.45	XXX	N	
·	**76970**	US STUDY FOLLOW UP	161.29	34.93	126.36	XXX	N	
·	**76975**	GI ENDOSCOPIC US S&I	186.06	76.20	109.86	XXX	N	
·	**76977**	US BONE DENSITY MEAS & INTERP PERIPH ANY METHO	13.34	5.08	8.26	XXX	N	
·	**76978**	ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	582.93	146.05	436.88	XXX	N	
+	**76979**	ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	395.61	76.84	318.77	ZZZ	N	
·	**76981**	ULTRASOUND ELASTOGRAPHY PARENCHYMA	193.04	53.98	139.06	XXX	N	
·	**76982**	ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	172.72	53.98	118.74	XXX	N	
+	**76983**	ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	106.05	45.72	60.33	ZZZ	N	
·	**76998**	ULTRASONIC GUIDANCE INTRAOPERATIVE	114.94	114.94	BR	XXX	N	
·	**76999**	UNLISTED US PROCEDURE	BR	BR	BR	XXX	N	88.47
+	**77001**	FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	161.93	33.66	128.27	ZZZ	N	
+	**77002**	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	181.61	50.17	131.44	ZZZ	N	
+	**77003**	FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	175.90	54.61	121.29	ZZZ	N	
·	**77011**	CT GUIDANCE STEREOTACTIC LOCALIZATION	410.85	113.67	297.18	XXX	N	
·	**77012**	CT GUIDANCE NEEDLE PLACEMENT	271.15	133.35	137.80	XXX	N	
·	**77013**	CT GUIDANCE &MONITORING VISC TISS ABLATION	963.30	346.71	616.59	XXX	N	
·	**77014**	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	216.54	80.65	135.89	XXX	N	
·	**77021**	MRI GUIDANCE NEEDLE PLACEMENT RS&I	853.44	132.08	721.36	XXX	N	
·	**77022**	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	1259.84	390.53	869.31	XXX	N	
·	**77046**	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	445.77	130.81	314.96	XXX	N	
·	**77047**	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	457.84	144.78	313.06	XXX	N	
·	**77048**	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	708.03	189.23	518.80	XXX	N	
·	**77049**	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	723.27	207.01	516.26	XXX	N	
·	**77053**	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	102.87	32.39	70.48	XXX	N	
·	**77054**	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	134.62	41.28	93.34	XXX	N	
·	**77061**	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	93.98	63.28	30.70	XXX	N	
·	**77062**	DIGITAL BREAST TOMOSYNTHESIS BILATERAL	102.24	79.26	22.98	XXX	N	
+	**77063**	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	98.43	53.98	44.45	ZZZ	N	
·	**77065**	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	239.40	73.66	165.74	XXX	N	
·	**77066**	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	302.90	90.81	212.09	XXX	N	

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•		**77067**	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	243.84	68.58	175.26	XXX	N	
•		**77071**	MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS	90.81			XXX	N	88.47
•		**77072**	BONE AGE STUDIES	43.18	17.15	26.03	XXX	N	
•		**77073**	BONE LENGTH STUDIES	67.31	26.04	41.27	XXX	N	
•		**77074**	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	121.29	41.28	80.01	XXX	N	
•		**77075**	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	165.10	48.90	116.20	XXX	N	
•		**77076**	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	180.98	63.50	117.48	XXX	N	
•		**77077**	JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	69.22	29.21	40.01	XXX	N	
•		**77078**	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	205.74	22.23	183.51	XXX	N	
•		**77080**	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	71.76	17.78	53.98	XXX	N	
•		**77081**	DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	59.69	18.42	41.27	XXX	N	
•		**77084**	BONE MARROW BLOOD SUPPLY	680.72	145.42	535.30	XXX	N	
•		**77085**	DXA BONE DENSITY STUDY AXIAL SKELETON	97.79	27.31	70.48	XXX	N	
•		**77086**	VERTEBRAL FRACTURE ASSESSMENT VIA DXA	62.87	15.24	47.63	XXX	N	
•		**77261**	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	128.91			XXX	N	
•		**77262**	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	194.31			XXX	N	
•		**77263**	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	303.53			XXX	N	
•		**77280**	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	497.84	67.31	430.53	XXX	N	
•		**77285**	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	823.60	102.24	721.36	XXX	N	
•		**77290**	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	916.31	147.96	768.35	XXX	N	
+		**77293**	RESPIRATORY MOTION MANAGEMENT SIMULATION	829.31	189.87	639.44	ZZZ	N	
•		**77295**	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	885.19	406.40	478.79	XXX	N	
•		**77299**	UNLIS PX THER RADIOL CLINICAL TX PLANNING	BR	BR	BR	XXX	N	175.75
•		**77300**	BASIC RADIATION DOSIMETRY CALCULATION	120.02	59.06	60.96	XXX	N	
•		**77301**	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	3495.68	756.92	2738.76	XXX	N	
•		**77306**	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	269.88	132.72	137.16	XXX	N	
•		**77307**	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	521.97	274.32	247.65	XXX	N	
•		**77316**	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	367.03	133.35	233.68	XXX	N	
•		**77317**	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	480.70	173.36	307.34	XXX	N	
•		**77318**	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	690.88	274.32	416.56	XXX	N	
•		**77321**	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	168.91	90.17	78.74	XXX	N	
•		**77331**	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	116.84	82.55	34.29	XXX	N	
•		**77332**	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	94.62	43.18	51.44	XXX	N	
•		**77333**	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	196.85	71.12	125.73	XXX	N	
•		**77334**	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	231.14	109.22	121.92	XXX	N	
•		**77336**	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	143.51			XXX	N	175.75
•		**77338**	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	899.16	406.40	492.76	XXX	N	
•		**77370**	SPEC MEDICAL RADJ PHYSICS CONSLTJ	223.52			XXX	N	175.75
•	J1	**77371**	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	4603.12			XXX	N	15277.40
•	J1	**77372**	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	1920.24			XXX	N	15277.40
•		**77373**	STEREOTACTIC BODY RADIATION DELIVERY	2324.74			XXX	N	2400.61
•		**77385**	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	948.69			XXX	N	738.19
•		**77386**	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	1323.98			XXX	N	738.19
•		**77387**	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	171.45			XXX	N	
•		**77399**	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	BR	BR	BR	XXX	N	175.75
•		**77401**	RADIATION TX DELIVERY SUPERFICIAL&/ORTHO VOLTA	44.45			XXX	N	166.13
•		**77402**	RADIATION TREATMENT DELIVERY 1 MEV >= SIMPLE	204.47			XXX	N	166.13
•		**77407**	RADIATION TX DELIVERY 1 MEV >= INTERMEDIATE	260.35			XXX	N	318.73
•		**77412**	RADIATION TREATMENT DELIVERY 1 MEV >= COMPLEX	279.40			XXX	N	318.73

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•		**77417**	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	20.32			XXX	N	
•		**77423**	HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER	173.86			XXX	N	738.19
•	J1	**77424**	INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION	BR			XXX	N	15277.40
•	J1	**77425**	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	BR			XXX	N	15277.40
•		**77427**	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	341.00			XXX	N	
•		**77431**	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	187.96			XXX	N	
•		**77432**	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	765.18			XXX	N	
•		**77435**	STEREOTACTIC BODY RADIATION MANAGEMENT	1153.80			XXX	N	
•		**77469**	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	571.50			XXX	N	
•		**77470**	SPECIAL TREATMENT PROCEDURE	238.13	192.41	45.72	XXX	N	
•		**77499**	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	BR	BR	BR	XXX	N	
•		**77520**	PROTON TX DELIVERY SIMPLE W/O COMPENSATION	1715.77			XXX	N	738.19
•		**77522**	PROTON TX DELIVERY SIMPLE W/COMPENSATION	BR			XXX	N	1532.14
•		**77523**	PROTON TX DELIVERY INTERMEDIATE	BR			XXX	N	1532.14
•		**77525**	PROTON TX DELIVERY COMPLEX	3926.84			XXX	N	1532.14
•		**77600**	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	810.26	128.27	681.99	XXX	N	
•		**77605**	HYPERTHERMIA EXTERNAL GENERATED DEEP	1400.18	185.42	1214.76	XXX	N	
•		**77610**	HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS	1244.60	123.19	1121.41	XXX	N	
•		**77615**	HYPERTHERMIA INTERSTIAL PROBE 5/> APPLICATORS	1910.72	173.36	1737.36	XXX	N	
•		**77620**	HYPERTHERMIA INTRACAVITARY PROBES	931.55	156.21	775.34	XXX	N	
•		**77750**	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	685.17	473.08	212.09	090	N	
•		**77761**	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	719.46	365.13	354.33	090	N	
•		**77762**	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	952.50	546.74	405.76	090	N	
•		**77763**	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	1356.36	822.96	533.40	090	N	
•		**77767**	HDR RDNCL SKN SURF BRACHYTX LES </2CM/1 CHAN	419.10	99.70	319.40	XXX	N	
•		**77768**	HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES	643.89	133.35	510.54	XXX	N	
•		**77770**	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	594.36	184.15	410.21	XXX	N	
•		**77771**	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	1084.58	360.68	723.90	XXX	N	
•		**77772**	HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	1643.38	510.54	1132.84	XXX	N	
•		**77778**	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	1528.45	829.95	698.50	000	N	
•		**77789**	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	221.62	108.59	113.03	000	N	
•		**77790**	SUPERVISION HANDLING LOADING RADIATION SOURCE	27.31			XXX	N	
•		**77799**	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	BR	BR	BR	XXX	N	166.13
•		**78012**	THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	148.59	17.15	131.44	XXX	N	
•		**78013**	THYROID IMAGING WITH VASCULAR FLOW	351.79	33.02	318.77	XXX	N	
•		**78014**	THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	441.33	44.45	396.88	XXX	N	
•		**78015**	THYROID CARCINOMA METASTASES IMG LMTD AREA	410.85	60.33	350.52	XXX	N	
•		**78016**	THYROID CARCINOMA METASTASES IMG ADDL STUDY	515.62	61.60	454.02	XXX	N	
•		**78018**	THYROID CARCINOMA METASTASES IMG WHOLE BODY	573.41	74.30	499.11	XXX	N	
+		**78020**	THYROID CARCINOMA METASTASES UPTAKE	153.04	50.17	102.87	ZZZ	N	
•		**78070**	PARATHYROID PLANAR IMAGING	546.74	70.49	476.25	XXX	N	
•		**78071**	PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	652.15	106.05	546.10	XXX	N	
•		**78072**	PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	711.84	139.07	572.77	XXX	N	
•		**78075**	ADRENAL IMAGING CORTEX &/MEDULLA	825.50	67.31	758.19	XXX	N	
•		**78099**	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•		**78102**	BONE MARROW IMAGING LIMITED AREA	310.52	47.63	262.89	XXX	N	
•		**78103**	BONE MARROW IMAGING MULTIPLE AREAS	398.15	63.50	334.65	XXX	N	
•		**78104**	BONE MARROW IMAGING WHOLE BODY	454.03	69.85	384.18	XXX	N	
•		**78110**	PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	126.37	14.61	111.76	XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**78111**	PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	133.99	17.15	116.84	XXX	N	
•	**78120**	RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	129.54	17.78	111.76	XXX	N	
•	**78121**	RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	141.61	24.77	116.84	XXX	N	
•	**78122**	WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU	173.36	38.10	135.26	XXX	N	
•	**78130**	RED CELL SURVIVAL STUDY	226.06	45.72	180.34	XXX	N	
•	**78135**	RBC SURVIVAL STUDY DIFFERNTL ORGAN/TISS KINETICS	509.27	48.26	461.01	XXX	N	
•	**78140**	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	199.39	45.72	153.67	XXX	N	
•	**78185**	SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	309.25	30.48	278.77	XXX	N	
•	**78191**	PLATELET SURVIVAL STUDY	226.06	45.72	180.34	XXX	N	
•	**78195**	LYMPHATICS & LYMPH NODES IMAGING	652.15	106.05	546.10	XXX	N	
•	**78199**	UNLIS HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	BR	BR	BR	XXX	N	501.96
•	**78201**	LIVER IMAGING STATIC ONLY	348.62	38.10	310.52	XXX	N	
•	**78202**	LIVER IMAGING W/VASCULAR FLOW	369.57	42.55	327.02	XXX	N	
•	**78205**	LIVER IMAGING SPECT	386.08	60.33	325.75	XXX	N	
•	**78206**	LIVER IMAGING SPECT W/VASCULAR FLOW	621.03	83.82	537.21	XXX	N	
•	**78215**	LIVER & SPLEEN IMAGING STATIC ONLY	356.24	43.82	312.42	XXX	N	
•	**78216**	LIVER & SPLEEN IMAGING W/VASCULAR FLOW	233.68	49.53	184.15	XXX	N	
•	**78226**	HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	604.52	66.04	538.48	XXX	N	
•	**78227**	HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	817.25	80.65	736.60	XXX	N	
•	**78230**	SALIVARY GLAND IMAGING	319.41	41.28	278.13	XXX	N	
•	**78231**	SALIVARY GLAND IMAGING SERIAL IMAGES	189.23	39.37	149.86	XXX	N	
•	**78232**	SALIVARY GLAND FUNCTION STUDY	185.42	35.56	149.86	XXX	N	
•	**78258**	ESOPHAGEAL MOTILITY	400.69	64.77	335.92	XXX	N	
•	**78261**	GASTRIC MUCOSA IMAGING	370.21	52.07	318.14	XXX	N	
•	**78262**	GASTROESOPHAGEAL REFLUX STUDY	441.33	59.69	381.64	XXX	N	
•	**78264**	GASTRIC EMPTYING IMAGING STUDY	612.78	69.85	542.93	XXX	N	
•	**78265**	GASTRIC EMPTYNG IMAG STD W/SM BWL TRANSIT	727.08	87.00	640.08	XXX	N	
•	**78266**	GSTRC EMPTNG IMAG STD W/SM BWL COL TRNST MLT DAY	862.33	95.89	766.44	XXX	N	
•	**78267**	UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	19.49			XXX	N	
•	**78268**	UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	166.35			XXX	N	
•	**78278**	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	638.81	88.27	550.54	XXX	N	
•	**78282**	GASTROINTESTINAL PROTEIN LOSS	138.07	29.21	108.86	XXX	N	
•	**78290**	INTESTINE IMAGING	605.16	60.33	544.83	XXX	N	
•	**78291**	PERITONEAL-VENOUS SHUNT PATENCY TEST	469.27	76.84	392.43	XXX	N	
•	**78299**	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•	**78300**	BONE &/JOINT IMAGING LIMITED AREA	421.01	55.88	365.13	XXX	N	
•	**78305**	BONE &/JOINT IMAGING MULTIPLE AREAS	513.08	74.30	438.78	XXX	N	
•	**78306**	BONE &/JOINT IMAGING WHOLE BODY	553.09	76.20	476.89	XXX	N	
•	**78315**	BONE &/JOINT IMAGING 3 PHASE STUDY	633.73	90.17	543.56	XXX	N	
•	**78320**	BONE &/JOINT IMAGING TOMOGRAPHIC SPECT	418.47	91.44	327.03	XXX	N	
•	**78350**	BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY	59.06	20.32	38.74	XXX	N	
•	**78351**	BONE DENSTY 1/> SITES DUAL PHOTON ABSORPTIOMETR	27.94			XXX	N	
•	**78399**	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•	**78414**	CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	134.23	40.01	94.22	XXX	N	
•	**78428**	CARDIAC SHUNT DETECTION	335.92	67.95	267.97	XXX	N	
•	**78445**	NONCARDIAC VASCULAR FLOW IMAGING	341.63	45.09	296.54	XXX	N	
•	**78451**	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	620.40	121.29	499.11	XXX	N	
•	**78452**	MYOCARDIAL SPECT MULTIPLE STUDIES	863.60	142.24	721.36	XXX	N	
•	**78453**	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	557.53	89.54	467.99	XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**78454**	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	797.56	120.02	677.54	XXX	N	
•	**78456**	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	567.06	87.63	479.43	XXX	N	
•	**78457**	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	350.52	70.49	280.03	XXX	N	
•	**78458**	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	375.92	81.28	294.64	XXX	N	
•	**78459**	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	755.52	127.64	627.88	XXX	N	
•	**78466**	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	360.05	62.87	297.18	XXX	N	
•	**78468**	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	373.38	71.12	302.26	XXX	N	
•	**78469**	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	412.75	81.92	330.83	XXX	N	
•	**78472**	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	418.47	87.00	331.47	XXX	N	
•	**78473**	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	528.32	128.27	400.05	XXX	N	
•	**78481**	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	321.31	87.00	234.31	XXX	N	
•	**78483**	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	433.71	127.64	306.07	XXX	N	
•	**78491**	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST/STRESS	811.14	128.27	682.87	XXX	N	
•	**78492**	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST/STRESS	1015.04	161.93	853.11	XXX	N	
•	**78494**	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	413.39	104.78	308.61	XXX	N	
+	**78496**	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	79.38	43.82	35.56	ZZZ	N	
•	**78499**	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•	**78579**	PULMONARY VENTILATION IMAGING	340.36	43.18	297.18	XXX	N	
•	**78580**	PULMONARY PERFUSION IMAGING PARTICULATE	436.25	66.04	370.21	XXX	N	
•	**78582**	PULMONARY VENTILATION & PERFUSION IMAGING	612.14	95.25	516.89	XXX	N	
•	**78597**	QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	367.67	64.14	303.53	XXX	N	
•	**78598**	QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	558.80	74.30	484.50	XXX	N	
•	**78599**	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•	**78600**	BRAIN IMAGING <4 STATIC VIEWS	337.82	40.01	297.81	XXX	N	
•	**78601**	BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	396.88	45.72	351.16	XXX	N	
•	**78605**	BRAIN IMAGING MINIMUM 4 STATIC VIEWS	364.49	48.26	316.23	XXX	N	
•	**78606**	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	603.25	56.52	546.73	XXX	N	
•	**78607**	BRAIN IMAGING TOMOGRAPHIC SPECT	634.37	106.68	527.69	XXX	N	
•	**78608**	BRAIN IMAGING PET METABOLIC EVALUATION	1086.62	129.54	957.08	XXX	N	
•	**78609**	BRAIN IMAGING PET PERFUSION EVALUATION	134.62	134.62	BR	XXX	N	
•	**78610**	BRAIN IMAGING VASCULAR FLOW ONLY	320.04	27.31	292.73	XXX	N	
•	**78630**	CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	618.49	60.96	557.53	XXX	N	
•	**78635**	CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	620.40	55.88	564.52	XXX	N	
•	**78645**	CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	595.00	50.17	544.83	XXX	N	
•	**78647**	CEREBROSPINAL FLUID FLOW W/O MATL TOMOG SPECT	636.91	81.28	555.63	XXX	N	
•	**78650**	CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	501.02	45.72	455.30	XXX	N	
•	**78660**	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	334.01	47.63	286.38	XXX	N	
•	**78699**	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•	**78700**	KIDNEY IMAGING MORPHOLOGY	312.42	39.37	273.05	XXX	N	
•	**78701**	KIDNEY IMAGING MORPHOOGY W/VASCULAR FLOW	397.51	43.82	353.69	XXX	N	
•	**78707**	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	424.82	83.82	341.00	XXX	N	
•	**78708**	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	323.22	106.68	216.54	XXX	N	
•	**78709**	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	673.10	123.19	549.91	XXX	N	
•	**78710**	KIDNEY IMAGING MORPHOLOGY TOMOGRAPHIC	324.49	49.53	274.96	XXX	N	
•	**78725**	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	197.49	33.02	164.47	XXX	N	
+	**78730**	URINARY BLADDER RESIDUAL STUDY	140.97	14.61	126.36	ZZZ	N	
•	**78740**	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	399.42	49.53	349.89	XXX	N	
•	**78761**	TESTICULAR IMAGING WITH VASCULAR FLOW	386.08	64.14	321.94	XXX	N	
•	**78799**	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**78800**	RP LOCLZJ TUMOR/DSTRBJ AGENT LIMITED AREA	356.24	60.96	295.28	XXX	N	
•	**78801**	RP LOCLZJ TUMOR/DSTRBJ AGENT MULTIPLE AREAS	471.17	71.12	400.05	XXX	N	
•	**78802**	RP LOCLZJ TUMOR/DSTRBJ AGENT WHOLE BDY 1 DAY	589.92	74.93	514.99	XXX	N	
•	**78803**	RP LOCLZJ TUMOR/DSTRBJ AGENT TOMOG SPECT	622.94	93.98	528.96	XXX	N	
•	**78804**	RP LOCLZJ TUMOR/DSTRBJ AGT WHOL BDY REQ 2/> DAY	1040.13	93.98	946.15	XXX	N	
•	**78805**	RP LOCLZJ INFLAMMATORY PROCESS LIMITED AREA	336.55	64.77	271.78	XXX	N	
•	**78806**	RP LOCLZJ INFLAMMATORY PROCESS WHOLE BODY	608.97	75.57	533.40	XXX	N	
•	**78807**	RP LOCLZJ INFLAMMATORY PROCESS TOMOG SPECT	622.94	93.98	528.96	XXX	N	
•	**78808**	NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	71.12			XXX	N	501.96
•	**78811**	PET IMAGING LIMITED AREA CHEST HEAD/NECK	1171.64	135.89	1035.75	XXX	N	
•	**78812**	PET IMAGING SKULL BASE TO MID-THIGH	1422.21	167.01	1255.20	XXX	N	
•	**78813**	PET IMAGING WHOLE BODY	1486.12	172.72	1313.40	XXX	N	
•	**78814**	PET IMAGING CT FOR ATTENUATION LIMITED AREA	1640.81	191.77	1449.04	XXX	N	
•	**78815**	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	1810.83	214.63	1596.20	XXX	N	
•	**78816**	PET IMAGING FOR CT ATTENUATION WHOLE BODY	1826.81	217.17	1609.64	XXX	N	
•	**78999**	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•	**79005**	RP THERAPY ORAL ADMINISTRATION	248.29	158.75	89.54	XXX	N	
•	**79101**	RP THERAPY INTRAVENOUS ADMINISTRATION	265.43	176.53	88.90	XXX	N	
•	**79200**	RP THERAPY INRACAVITARY ADMINISTRATION	243.21	149.86	93.35	XXX	N	
•	**79300**	RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	240.98	121.29	119.69	XXX	N	
•	**79403**	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	345.44	197.49	147.95	XXX	N	
•	**79440**	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	219.08	149.86	69.22	XXX	N	
•	**79445**	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	376.56	207.01	169.55	XXX	N	
•	**79999**	RP THERAPY UNLISTED PROCEDURE	BR	BR	BR	XXX	N	327.86

PATHOLOGY AND LABORATORY

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

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**. When reporting a service or procedure that is not listed in this fee schedule, use the appropriate unlisted procedure code. The bill must be accompanied by a Special Report as described below. If a HCPCS or CPT code has been established subsequent to the release of this fee schedule, include the code(s) with the Special Report.

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.

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/26) 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; and
- 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 codes that will be reimbursed by workers' compensation for drug screens other than Post-Accident are the state-specific codes 0430M and 0431M.
    a. Drug testing relies on a structure of "screening" (also know as presumptive testing), followed by "confirmation" testing to confirm the results of the screening tests and quantitative or "definitive" testing that identifies the presence of specific drugs and quantities. Presumptive testing indicates the presence or absence of a drug or drug classes. Results are commonly reported as "positive" or "negative" and do not indicate the level of drug present. Definitive drug testing is most often used to evaluate presumptive drug test results and identify specific drugs and concentrations of drugs and their associated metabolites.
    b. A definitive drug test is reimbursable if:
        - A definitive concentration of a drug must be identified to guide treatment, or
        - A specific drug in a large family of drugs (e.g., benzodiazepines, barbiturates, and opiates) must be identified to guide treatment, or
        - A false result must be ruled out for a presumptive drug test that is inconsistent with a member's self-report, presentation, medical history, or current prescriptions, or
        - A specific substance or metabolite that is inadequately detected by presumptive drug testing (direct-to-definitive testing) must be identified.
    c. 0430M should be billed for presumptive drug testing with a maximum allowable reimbursement of $41.88.
    d. 0431M should be billed for definitive drug testing with a maximum allowable reimbursement of $296.19
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 regardless of the number of medications tested.

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**80047**	BASIC METABOLIC PANEL CALCIUM IONIZED	22.67			XXX	N	
•	**80048**	BASIC METABOLIC PANEL CALCIUM TOTAL	15.52			XXX	N	
•	**80050**	GENERAL HEALTH PANEL	240.38			XXX	N	223.94
•	**80051**	ELECTROLYTE PANEL	12.86			XXX	N	
•	**80053**	COMPREHENSIVE METABOLIC PANEL	19.38			XXX	N	
•	**80055**	OBSTETRIC PANEL	87.70			XXX	N	210.24
•	**80061**	LIPID PANEL	24.57			XXX	N	
•	**80069**	RENAL FUNCTION PANEL	15.93			XXX	N	
•	**80074**	ACUTE HEPATITIS PANEL	87.39			XXX	N	
•	**80076**	HEPATIC FUNCTION PANEL	14.99			XXX	N	
•	**80081**	OBSTETRIC PANEL	137.33			XXX	N	
•	**80150**	DRUG SCREEN QUANTITATIVE AMIKACIN	27.65			XXX	N	
•	**80155**	DRUG ASSAY CAFFEINE	63.68			XXX	N	
•	**80156**	DRUG ASSAY CARBAMAZEPINE TOTAL	26.71			XXX	N	
•	**80157**	DRUG ASSAY CARBAMAZEPINE FREE	24.32			XXX	N	
•	**80158**	DRUG ASSAY CYCLOSPORINE	33.12			XXX	N	
•	**80159**	DRUG ASSAY CLOZAPINE	33.93			XXX	N	
•	**80162**	DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	24.35			XXX	N	
•	**80163**	DRUG SCREEN QUANTITATIVE DIGOXIN FREE	24.35			XXX	N	
•	**80164**	DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	24.85			XXX	N	
•	**80165**	DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	24.85			XXX	N	
•	**80168**	DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	29.97			XXX	N	
•	**80169**	DRUG ASSAY EVEROLIMUS	25.19			XXX	N	
•	**80170**	DRUG SCREEN QUANTITATIVE GENTAMICIN	30.05			XXX	N	
•	**80171**	DRUG SCREEN QUANTITATIVE GABAPENTIN	35.78			XXX	N	
•	**80173**	DRUG SCREEN QUANTITATIVE HALOPRIDOL	26.71			XXX	N	
•	**80175**	DRUG SCREEN QUANTITATIVE LAMOTRIGINE	24.32			XXX	N	
•	**80176**	DRUG SCREEN QUANTITATIVE LIDOCAINE	26.94			XXX	N	
•	**80177**	DRUG SCREEN QUANTITATIVE LEVETIRACETAM	24.32			XXX	N	
•	**80178**	DRUG SCREEN QUANTITATIVE LITHIUM	12.13			XXX	N	
•	**80180**	DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	33.12			XXX	N	
•	**80183**	DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	24.32			XXX	N	
•	**80184**	DRUG SCREEN QUANTITATIVE PHENOBARBITAL	25.26			XXX	N	
•	**80185**	DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	24.32			XXX	N	
•	**80186**	DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	25.24			XXX	N	
•	**80188**	DRUG SCREEN QUANTITATIVE PRIMIDONE	30.44			XXX	N	
•	**80190**	DRUG SCREEN QUANTITATIVE PROCAINAMIDE	99.06			XXX	N	
•	**80192**	DRUG SCREEN QUANTITATIVE PROCAINAMIDE METABOLITE	30.72			XXX	N	
•	**80194**	DRUG SCREEN QUANTITATIVE QUINIDINE	26.78			XXX	N	
•	**80195**	DRUG SCREEN QUANTITATIVE SIROLIMUS	25.19			XXX	N	
•	**80197**	DRUG SCREEN QUANTITATIVE TACROLIMUS	25.19			XXX	N	
•	**80198**	DRUG SCREEN QUANTITATIVE THEOPHYLLINE	25.94			XXX	N	
•	**80199**	DRUG SCREEN QUANTITATIVE TIAGABINE	44.76			XXX	N	
•	**80200**	DRUG SCREEN QUANTITATIVE TOBRAMYCIN	29.59			XXX	N	
•	**80201**	DRUG SCREEN QUANTITATIVE TOPIRAMATE	21.86			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**80202**	DRUG SCREEN QUANTITATIVE VANCOMYCIN	24.85			XXX	N	
•	**80203**	DRUG SCREEN QUANTITATIVE ZONISAMIDE	24.32			XXX	N	
•	**80299**	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	30.77			XXX	N	
•	**80305**	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	20.80			XXX	N	
•	**80306**	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	28.30			XXX	N	
•	**80307**	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	106.74			XXX	N	
•	**80320**	DRUG SCREEN QUANTITATIVE ALCOHOLS	63.67			XXX	N	
•	**80321**	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	88.66			XXX	N	
•	**80322**	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	70.21			XXX	N	
•	**80323**	ALKALOIDS NOT OTHERWISE SPECIFIED	133.88			XXX	N	
•	**80324**	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	88.06			XXX	N	
•	**80325**	DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	158.87			XXX	N	
•	**80326**	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	107.70			XXX	N	
•	**80327**	DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	330.23			XXX	N	
•	**80328**	DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE	BR			XXX	N	
•	**80329**	DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	51.17			XXX	N	
•	**80330**	DRUG SCREEN ANALGESICS NON-OPIOID 3-5	108.29			XXX	N	
•	**80331**	DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	12.50			XXX	N	
•	**80332**	ANTIDEPRESSANTS SEROTONERGIC CLASS 1 OR 2	63.67			XXX	N	
•	**80333**	ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5	213.61			XXX	N	
•	**80334**	ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	17.85			XXX	N	
•	**80335**	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	31.54			XXX	N	
•	**80336**	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 3-5	155.30			XXX	N	
•	**80337**	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	95.20			XXX	N	
•	**80338**	ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED	51.17			XXX	N	
•	**80339**	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 1-3	95.20			XXX	N	
•	**80340**	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6	38.08			XXX	N	
•	**80341**	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 7/MORE	13.69			XXX	N	
•	**80342**	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3	95.20			XXX	N	
•	**80343**	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 4-6	229.08			XXX	N	
•	**80344**	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE	38.08			XXX	N	
•	**80345**	DRUG SCREENING BARBITURATES	95.20			XXX	N	
•	**80346**	DRUG SCREENING BENZODIAZEPINES 1-12	76.16			XXX	N	
•	**80347**	DRUG SCREENING BENZODIAZEPINES 13 OR MORE	231.46			XXX	N	
•	**80348**	DRUG SCREENING BUPRENORPHINE	95.20			XXX	N	
•	**80349**	DRUG SCREENING CANNABINOIDS NATURAL	102.94			XXX	N	
•	**80350**	DRUG SCREENING CANNABINOIDS SYNTHETIC 1-3	127.33			XXX	N	
•	**80351**	DRUG SCREENING CANNABINOIDS SYNTHETIC 4-6	217.77			XXX	N	
•	**80352**	DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	94.01			XXX	N	
•	**80353**	DRUG SCREENING COCAINE	77.35			XXX	N	
•	**80354**	DRUG SCREENING FENTANYL	88.06			XXX	N	
•	**80355**	DRUG SCREENING GABAPENTIN NON-BLOOD	86.28			XXX	N	
•	**80356**	DRUG SCREENING HEROIN METABOLITE	86.28			XXX	N	
•	**80357**	DRUG SCREENING KETAMINE AND NORKETAMINE	95.20			XXX	N	
•	**80358**	DRUG SCREENING METHADONE	83.90			XXX	N	
•	**80359**	DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	77.35			XXX	N	
•	**80360**	DRUG SCREENING METHYLPHENIDATE	83.90			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**80361**	DRUG SCREENING OPIATES 1 OR MORE	88.06			XXX	N	
•	**80362**	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	88.06			XXX	N	
•	**80363**	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	173.15			XXX	N	
•	**80364**	DRUG SCREENING OPIOIDS & OPIATE ANALOGS 5/MORE	95.20			XXX	N	
•	**80365**	DRUG SCREENING OXYCODONE	84.49			XXX	N	
•	**80366**	DRUG SCREENING PREGABALIN	83.90			XXX	N	
•	**80367**	DRUG SCREENING PROPOXYPHENE	101.15			XXX	N	
•	**80368**	DRUG SCREENING SEDATIVE HYPNOTICS	83.90			XXX	N	
•	**80369**	DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	95.20			XXX	N	
•	**80370**	DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	148.75			XXX	N	
•	**80371**	DRUG SCREENING STIMULANTS SYNTHETIC	83.90			XXX	N	
•	**80372**	DRUG SCREENING TAPENTADOL	89.25			XXX	N	
•	**80373**	DRUG SCREENING TRAMADOL	88.06			XXX	N	
•	**80374**	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	91.63			XXX	N	
•	**80375**	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	42.84			XXX	N	
•	**80376**	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6	95.20			XXX	N	
•	**80377**	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	89.25			XXX	N	
•	**80400**	ACTH STIMULATION PANEL ADRENAL INSUFFICIENCY	59.83			XXX	N	
•	**80402**	ACTH STIMULATION PANEL 21 HYDROXYLASE DEFICIENCY	159.52			XXX	N	
•	**80406**	ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY	143.55			XXX	N	
•	**80408**	ALDOSTERONE SUPPRESSION EVALUATION PANEL	230.21			XXX	N	
•	**80410**	CALCITONIN STIMULATION PANEL	147.45			XXX	N	
•	**80412**	CORTICOTROPIC RELEASING HORM STIMJ PANEL	1323.46			XXX	N	
•	**80414**	CHORNC GONAD STIMJ PANEL TSTOSTERONE RESPONSE	94.72			XXX	N	
•	**80415**	CHORNC GONAD STIMJ PANEL ESTRADIOL RESPONSE	102.51			XXX	N	
•	**80416**	RENAL VEIN RENIN STIMULATION PANEL	345.58			XXX	N	
•	**80417**	PERIPHERAL VEIN RENIN STIMULATION PANEL	80.70			XXX	N	
•	**80418**	COMBINED RAPID ANT PITUITARY EVALUATION PANEL	1062.97			XXX	N	
•	**80420**	DEXMETHASONE SUPPRESSION PANEL 48 HR	267.26			XXX	N	
•	**80422**	GLUCOSE TOLERANCE PANEL INSULINOMA	84.51			XXX	N	
•	**80424**	GLUCOSE TOLERANCE PANEL PHEOCHROMOCYTOMA	92.64			XXX	N	
•	**80426**	GONADOTROPIN RELEASING HORMONE STIMJ PANEL	272.25			XXX	N	
•	**80428**	GROWTH HORMONE STIMULATION PANEL	122.37			XXX	N	
•	**80430**	GROWTH HORMONE SUPRJ PANEL GLUCOSE ADMN	213.52			XXX	N	
•	**80432**	INSULIN-INDUCED C-PEPTIDE SUPRESSION PANEL	273.42			XXX	N	
•	**80434**	INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY	470.58			XXX	N	
•	**80435**	INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY	188.96			XXX	N	
•	**80436**	METYRAPONE PANEL	167.23			XXX	N	
•	**80438**	THYROTROPIN RELEASING HORMONE STMLJ PANEL 1 HR	92.47			XXX	N	
•	**80439**	THYROTROPIN RELEASING HORMONE STMLJ PANEL 2 HR	123.30			XXX	N	
•	**80500**	CLINICAL PATHOLOGY CONSULTATION LIMITED	38.68			XXX	N	72.39
•	**80502**	CLINICAL PATHOLOGY CONSULTATION COMPREHENSIVE	124.95			XXX	N	72.39
•	**81000**	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	6.64			XXX	N	
•	**81001**	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	5.81			XXX	N	
•	**81002**	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	5.75			XXX	N	
•	**81003**	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	4.11			XXX	N	
•	**81005**	URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	3.98			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**81007**	URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK	49.50			XXX	N	
•	**81015**	URINALYSIS MICROSCOPIC ONLY	5.60			XXX	N	
•	**81020**	URINALYSIS 2/3 GLASS TEST	7.76			XXX	N	
•	**81025**	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	14.21			XXX	N	
•	**81050**	VOLUME MEASUREMENT TIMED COLLECTION EACH	6.01			XXX	N	
•	**81099**	UNLISTED URINALYSIS PROCEDURE	BR			XXX	N	
•	**81105**	HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•	**81106**	HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•	**81107**	HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•	**81108**	HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•	**81109**	HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•	**81110**	HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•	**81111**	HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•	**81112**	HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•	**81120**	IDH1 COMMON VARIANTS	319.05			XXX	N	
•	**81121**	IDH2 COMMON VARIANTS	488.34			XXX	N	
•	**81161**	DMD DUPLICATION/DELETION ANALYSIS	460.62			XXX	N	
•	**81162**	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	3347.60			XXX	N	
•	**81163**	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	772.66			XXX	N	
•	**81164**	BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	964.55			XXX	N	
•	**81165**	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	467.03			XXX	N	
•	**81166**	BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	497.52			XXX	N	
•	**81167**	BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	467.03			XXX	N	
•	**81170**	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	495.30			XXX	N	
•	**81171**	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•	**81172**	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	453.74			XXX	N	
•	**81173**	AR GENE ANALYSIS FULL GENE SEQUENCE	497.52			XXX	N	
•	**81174**	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	305.76			XXX	N	
•	**81175**	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	1116.89			XXX	N	
•	**81176**	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	443.74			XXX	N	
•	**81177**	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•	**81178**	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•	**81179**	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•	**81180**	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•	**81181**	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•	**81182**	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	226.18			XXX	N	
•	**81183**	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	226.18			XXX	N	
•	**81184**	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	226.18			XXX	N	
•	**81185**	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	1397.18			XXX	N	
•	**81186**	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	305.76			XXX	N	
•	**81187**	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•	**81188**	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•	**81189**	CSTB GENE ANALYSIS FULL GENE SEQUENCE	453.74			XXX	N	
•	**81190**	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	305.76			XXX	N	
•	**81200**	ASPA GENE ANALYSIS COMMON VARIANTS	78.01			XXX	N	
•	**81201**	APC GENE ANALYSIS FULL GENE SEQUENCE	1287.77			XXX	N	
•	**81202**	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	462.28			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**81203**	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	330.20			XXX	N	
•	**81204**	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	226.18			XXX	N	
•	**81205**	BCKDHB GENE ANALYSIS COMMON VARIANTS	156.83			XXX	N	
•	**81206**	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	300.78			XXX	N	
•	**81207**	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	265.69			XXX	N	
•	**81208**	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	354.33			XXX	N	
•	**81209**	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	64.90			XXX	N	
•	**81210**	BRAF GENE ANALYSIS V600 VARIANT(S)	289.58			XXX	N	
•	**81212**	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	726.43			XXX	N	
•	**81215**	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	619.53			XXX	N	
•	**81216**	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	305.63			XXX	N	
•	**81217**	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	619.53			XXX	N	
•	**81218**	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	443.74			XXX	N	
•	**81219**	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	223.11			XXX	N	
•	**81220**	CFTR GENE ANALYSIS COMMON VARIANTS	918.94			XXX	N	
•	**81221**	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	160.51			XXX	N	
•	**81222**	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	718.29			XXX	N	
•	**81223**	CFTR GENE ANALYSIS FULL GENE SEQUENCE	823.84			XXX	N	
•	**81224**	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	278.60			XXX	N	
•	**81225**	CYP2C19 GENE ANALYSIS COMMON VARIANTS	481.03			XXX	N	
•	**81226**	CYP2D6 GENE ANALYSIS COMMON VARIANTS	744.45			XXX	N	
•	**81227**	CYP2C9 GENE ANALYSIS COMMON VARIANTS	288.61			XXX	N	
•	**81228**	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	1485.89			XXX	N	
•	**81229**	CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR	1915.14			XXX	N	
•	**81230**	CYP3A4 GENE ANALYSIS COMMON VARIANTS	288.61			XXX	N	
•	**81231**	CYP3A5 GENE ANALYSIS COMMON VARIANTS	288.61			XXX	N	
•	**81232**	DYPD GENE ANALYSIS COMMON VARIANTS	288.61			XXX	N	
•	**81233**	BTK GENE ANALYSIS COMMON VARIANTS	289.58			XXX	N	
•	**81234**	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•	**81235**	EGFR GENE ANALYSIS COMMON VARIANTS	535.88			XXX	N	
•	**81236**	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	467.03			XXX	N	
•	**81237**	EZH2 GENE ANALYSIS COMMON VARIANTS	289.58			XXX	N	
•	**81238**	F9 FULL GENE SEQUENCE	990.59			XXX	N	
•	**81239**	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	453.74			XXX	N	
•	**81240**	F2 GENE ANALYSIS 20210G >A VARIANT	108.45			XXX	N	
•	**81241**	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	121.13			XXX	N	
•	**81242**	FANCC GENE ANALYSIS COMMON VARIANT	60.46			XXX	N	
•	**81243**	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	94.17			XXX	N	
•	**81244**	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	74.11			XXX	N	
•	**81245**	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	273.25			XXX	N	
•	**81246**	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	137.03			XXX	N	
•	**81247**	G6PD GENE ANALYSIS COMMON VARIANTS	288.61			XXX	N	
•	**81248**	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	619.53			XXX	N	
•	**81249**	G6PD GENE ANALYSIS FULL GENE SEQUENCE	990.59			XXX	N	
•	**81250**	G6PC GENE ANALYSIS COMMON VARIANTS	96.57			XXX	N	
•	**81251**	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	78.01			XXX	N	
•	**81252**	GJB2 GENE ANALYSIS FULL GENE SEQUENCE	166.95			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**81253**	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	101.57			XXX	N	
•	**81254**	GJB6 GENE ANALYSIS COMMON VARIANTS	57.78			XXX	N	
•	**81255**	HEXA GENE ANALYSIS COMMON VARIANTS	84.94			XXX	N	
•	**81256**	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	119.89			XXX	N	
•	**81257**	HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	168.83			XXX	N	
•	**81258**	HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	619.53			XXX	N	
•	**81259**	HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE	990.59			XXX	N	
•	**81260**	IKBKAP GENE ANALYSIS COMMON VARIANTS	64.90			XXX	N	
•	**81261**	IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	363.20			XXX	N	
•	**81262**	IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	113.17			XXX	N	
•	**81263**	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	540.27			XXX	N	
•	**81264**	IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	285.17			XXX	N	
•	**81265**	COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	394.49			XXX	N	
+	**81266**	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	503.24			XXX	N	
•	**81267**	CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	380.57			XXX	N	
•	**81268**	CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	478.39			XXX	N	
•	**81269**	HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS	334.16			XXX	N	
•	**81270**	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	168.15			XXX	N	
•	**81271**	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	226.18			XXX	N	
•	**81272**	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	544.02			XXX	N	
•	**81273**	KIT GENE ANALYSIS D816 VARIANT(S)	206.16			XXX	N	
•	**81274**	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	453.74			XXX	N	
•	**81275**	KRAS GENE ANALYSIS VARIANTS IN EXON 2	319.05			XXX	N	
•	**81276**	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	319.05			XXX	N	
•	**81283**	IFNL3 GENE ANALYSIS RS12979860 VARIANT	121.13			XXX	N	
•	**81284**	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•	**81285**	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	453.74			XXX	N	
•	**81286**	FXN GENE ANALYSIS FULL GENE SEQUENCE	453.74			XXX	N	
•	**81287**	MGMT GENE PROMOTER METHYLATION ANALYSIS	205.78			XXX	N	
•	**81288**	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	317.52			XXX	N	
•	**81289**	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	305.76			XXX	N	
•	**81290**	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	64.90			XXX	N	
•	**81291**	MTHFR GENE ANALYSIS COMMON VARIANTS	107.88			XXX	N	
•	**81292**	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	1115.08			XXX	N	
•	**81293**	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	546.48			XXX	N	
•	**81294**	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	334.16			XXX	N	
•	**81295**	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	630.18			XXX	N	
•	**81296**	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	557.59			XXX	N	
•	**81297**	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	352.16			XXX	N	
•	**81298**	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	1059.68			XXX	N	
•	**81299**	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	508.50			XXX	N	
•	**81300**	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	392.93			XXX	N	
•	**81301**	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	575.47			XXX	N	
•	**81302**	MECP2 GENE ANALYSIS FULL SEQUENCE	871.51			XXX	N	
•	**81303**	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	198.12			XXX	N	
•	**81304**	MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	247.65			XXX	N	
•	**81305**	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	289.58			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**81306**	NUDT15 GENE ANALYSIS COMMON VARIANTS	481.03			XXX	N	
•	**81310**	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	407.00			XXX	N	
•	**81311**	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	488.34			XXX	N	
•	**81312**	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	226.18			XXX	N	
•	**81313**	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	421.08			XXX	N	
•	**81314**	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	544.02			XXX	N	
•	**81315**	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	380.30			XXX	N	
•	**81316**	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	380.30			XXX	N	
•	**81317**	PMS2 GENE ANALYSIS FULL SEQUENCE	1116.89			XXX	N	
•	**81318**	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	546.48			XXX	N	
•	**81319**	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	335.98			XXX	N	
•	**81320**	PLCG2 GENE ANALYSIS COMMON VARIANTS	481.03			XXX	N	
•	**81321**	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	990.59			XXX	N	
•	**81322**	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	78.52			XXX	N	
•	**81323**	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	495.30			XXX	N	
•	**81324**	PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	1252.04			XXX	N	
•	**81325**	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	1270.56			XXX	N	
•	**81326**	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	78.52			XXX	N	
•	**81327**	SEPT9 GENE PROMOTER METHYLATION ANALYSIS	316.99			XXX	N	
•	**81328**	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	288.61			XXX	N	
•	**81329**	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	226.18			XXX	N	
•	**81330**	SMPD1 GENE ANALYSIS COMMON VARIANTS	77.60			XXX	N	
•	**81331**	SNRPN/UBE3A METHYLATION ANALYSIS	84.32			XXX	N	
•	**81332**	SERPINA1 GENE ANALYSIS COMMON VARIANTS	80.07			XXX	N	
•	**81333**	TGFBI GENE ANALYSIS COMMON VARIANTS	226.18			XXX	N	
•	**81334**	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	544.02			XXX	N	
•	**81335**	TPMT GENE ANALAYSIS COMMON VARIANTS	288.61			XXX	N	
•	**81336**	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	497.52			XXX	N	
•	**81337**	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	305.76			XXX	N	
•	**81340**	TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	383.24			XXX	N	
•	**81341**	TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	90.97			XXX	N	
•	**81342**	TRG@ GENE REARRANGEMENT ANALYSIS	369.62			XXX	N	
•	**81343**	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	226.18			XXX	N	
•	**81344**	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•	**81345**	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	305.76			XXX	N	
•	**81346**	TYMS GENE ANALYSIS COMMON VARIANTS	288.61			XXX	N	
•	**81350**	UGT1A1 GENE ANALYSIS COMMON VARIANTS	386.33			XXX	N	
•	**81355**	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	145.62			XXX	N	
•	**81361**	HBB COMMON VARIANTS	288.61			XXX	N	
•	**81362**	HBB KNOWN FAMILIAL VARIANTS	619.53			XXX	N	
•	**81363**	HBB DUPLICATION/DELETION VARIANTS	334.16			XXX	N	
•	**81364**	HBB FULL GENE SEQUENCE	535.88			XXX	N	
•	**81370**	HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	737.66			XXX	N	
•	**81371**	HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1	667.86			XXX	N	
•	**81372**	HLA CLASS I TYPING LOW RESOLUTION COMPLETE	666.32			XXX	N	
•	**81373**	HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	210.38			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**81374**	HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	133.45			XXX	N	
•	**81375**	HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	404.94			XXX	N	
•	**81376**	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	224.20			XXX	N	
•	**81377**	HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	168.42			XXX	N	
•	**81378**	HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	633.91			XXX	N	
•	**81379**	HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	615.24			XXX	N	
•	**81380**	HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA	325.14			XXX	N	
•	**81381**	HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	280.50			XXX	N	
•	**81382**	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	226.88			XXX	N	
•	**81383**	HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	200.20			XXX	N	
•	**81400**	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	105.60			XXX	N	
•	**81401**	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	226.18			XXX	N	
•	**81402**	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	248.19			XXX	N	
•	**81403**	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	305.76			XXX	N	
•	**81404**	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	453.74			XXX	N	
•	**81405**	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	497.52			XXX	N	
•	**81406**	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	467.03			XXX	N	
•	**81407**	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	1397.18			XXX	N	
•	**81408**	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	3301.97			XXX	N	
•	**81410**	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	832.10			XXX	N	
•	**81411**	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	2229.14			XXX	N	
•	**81412**	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	4042.53			XXX	N	
•	**81413**	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	1072.96			XXX	N	
•	**81414**	CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	1072.96			XXX	N	
•	**81415**	EXOME SEQUENCE ANALYSIS	7891.71			XXX	N	
+	**81416**	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	19811.82			XXX	N	
•	**81417**	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	528.32			XXX	N	
•	**81420**	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	1253.18			XXX	N	
•	**81422**	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	1253.18			XXX	N	
•	**81425**	GENOME SEQUENCE ANALYSIS	8306.43			XXX	N	
+	**81426**	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	4474.09			XXX	N	
•	**81427**	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	3859.42			XXX	N	
•	**81430**	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	2682.85			XXX	N	
•	**81431**	HEARING LOSS DUP/DEL ANALYSIS	1121.96			XXX	N	
•	**81432**	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	1245.67			XXX	N	
•	**81433**	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	805.19			XXX	N	
•	**81434**	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	987.14			XXX	N	
•	**81435**	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	1072.96			XXX	N	
•	**81436**	HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN	1072.96			XXX	N	
•	**81437**	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	805.19			XXX	N	
•	**81438**	HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	805.19			XXX	N	
•	**81439**	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	1072.96			XXX	N	
•	**81440**	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	5487.87			XXX	N	
•	**81442**	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	3539.05			XXX	N	
•	**81443**	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	4042.53			XXX	N	
•	**81445**	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	987.14			XXX	N	
•	**81448**	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	1072.96			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**81450**	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	1253.97			XXX	N	
•	**81455**	GEN SEQ ANALYS SOL ORG/HEMTOLMPHOID NEO 51/> GEN	4820.21			XXX	N	
•	**81460**	WHOLE MITOCHONDRIAL GENOME	2124.82			XXX	N	
•	**81465**	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	1545.32			XXX	N	
•	**81470**	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	1509.00			XXX	N	
•	**81471**	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	1509.00			XXX	N	
•	**81479**	UNLISTED MOLELCULAR PATHOLOGY PROCEDURE	BR			XXX	N	
•	**81490**	AUTOIMMUNE RHEUMATOID ARTHRTS ANALYS 12 BIOMRKRS	1387.90			XXX	N	
•	**81493**	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	1733.53			XXX	N	
•	**81500**	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	430.08			XXX	N	
•	**81503**	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	1480.93			XXX	N	628.17
•	**81504**	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	858.51			XXX	N	
•	**81506**	ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	123.28			XXX	N	
•	**81507**	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	1312.53			XXX	N	
•	**81508**	FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	89.65			XXX	N	136.59
•	**81509**	FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	2455.63			XXX	N	
•	**81510**	FETAL CONGENITAL ABNOR ASSAY THREE ANAL	91.70			XXX	N	193.95
•	**81511**	FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	253.43			XXX	N	169.84
•	**81512**	FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	114.78			XXX	N	255.02
•	**81518**	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	6394.26			XXX	N	
•	**81519**	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	6394.26			XXX	N	
•	**81520**	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	4604.79			XXX	N	
•	**81521**	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	6394.26			XXX	N	
•	**81525**	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	5144.47			XXX	N	
•	**81528**	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	840.14			XXX	N	
•	**81535**	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	956.68			XXX	N	
+	**81536**	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	293.15			XXX	N	
•	**81538**	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	4739.98			XXX	N	
•	**81539**	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	1254.75			XXX	N	
•	**81540**	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	6191.19			XXX	N	
•	**81541**	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	6394.26			XXX	N	
•	**81545**	ONCOLOGY THYROID GENE EXPRESSION 142 GENES	5943.54			XXX	N	
•	**81551**	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	3351.50			XXX	N	
•	**81595**	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	5349.19			XXX	N	
•	**81596**	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	119.18			XXX	N	
•	**81599**	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	BR			XXX	N	304.01
•	**82009**	KETONE BODIES SERUM QUALITATIVE	8.29			XXX	N	
•	**82010**	KETONE BODIES SERUM QUANTITATIVE	14.99			XXX	N	
•	**82013**	ASSAY OF ACETYLCHOLINESTERASE	20.49			XXX	N	
•	**82016**	ACYLCARNITINES QUALITATIVE EACH SPECIMEN	27.22			XXX	N	
•	**82017**	ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	30.94			XXX	N	
•	**82024**	ADRENOCORTICOTROPIC HORMONE ACTH	70.84			XXX	N	
•	**82030**	ADENOSINE 5-MONOPHOSPHATE CYCLIC	47.33			XXX	N	
•	**82040**	ALBUMIN SERUM PLASMA/WHOLE BLOOD	9.08			XXX	N	
•	**82042**	OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	12.84			XXX	N	
•	**82043**	URINE ALBUMIN QUANTITATIVE	10.60			XXX	N	
•	**82044**	URINE ALBUMIN SEMIQUANTITATIVE	10.29			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**82045**	ALBUMIN ISCHEMIA MODIFIED	62.26			XXX	N	
•	**82075**	ASSAY OF ALCOHOL BREATH	49.53			XXX	N	
•	**82085**	ASSAY OF ALDOLASE	17.81			XXX	N	
•	**82088**	ASSAY OF ALDOSTERONE	74.76			XXX	N	
•	**82103**	ALPHA-1-ANTITRYPSIN TOTAL	24.65			XXX	N	
•	**82104**	ALPHA-1-ANTITRYPSIN PHENOTYPE	26.53			XXX	N	
•	**82105**	ALPHA-FETOPROTEIN SERUM	30.77			XXX	N	
•	**82106**	ALPHA-FETOPROTEIN AMNIOTIC FLUID	30.77			XXX	N	
•	**82107**	AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	118.16			XXX	N	
•	**82108**	ASSAY OF ALUMINUM	46.74			XXX	N	
•	**82120**	AMINES VAGINAL FLUID QUALITATIVE	9.89			XXX	N	
•	**82127**	AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	25.44			XXX	N	
•	**82128**	AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	25.44			XXX	N	
•	**82131**	AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	37.94			XXX	N	
•	**82135**	AMINOLEVULINIC ACID DELTA	30.18			XXX	N	
•	**82136**	AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	32.38			XXX	N	
•	**82139**	AMINO ACIDS 6/> AMINO ACIDS QUANTITATIVE EA SPE	30.94			XXX	N	
•	**82140**	ASSAY OF AMMONIA	26.73			XXX	N	
•	**82143**	AMNIOTIC FLU SCAN	15.44			XXX	N	
•	**82150**	ASSAY OF AMYLASE	11.89			XXX	N	
•	**82154**	ANDROSTANEDIOL GLUCURONIDE	52.90			XXX	N	
•	**82157**	ANDROSTENEDIONE	53.71			XXX	N	
•	**82160**	ANDROSTERONE	45.86			XXX	N	
•	**82163**	ANGIOTENSIN II	37.64			XXX	N	
•	**82164**	ANGIOTENSIN I-CONVERTING ENZYME	26.78			XXX	N	
•	**82172**	APOLIPOPROTEIN EACH	34.82			XXX	N	
•	**82175**	ASSAY OF ARSENIC	34.80			XXX	N	
•	**82180**	ASSAY OF ASCORBIC ACID BLOOD	18.13			XXX	N	
•	**82190**	ATOMIC ABSRPJ SPECTROSCOPY EA ANALYTE	27.34			XXX	N	
•	**82232**	BETA-2 MICROGLOBULIN	29.67			XXX	N	
•	**82239**	BILE ACIDS TOTAL	31.42			XXX	N	
•	**82240**	BILE ACIDS CHOLYLGLYCINE	48.75			XXX	N	
•	**82247**	BILIRUBIN TOTAL	9.20			XXX	N	
•	**82248**	BILIRUBIN DIRECT	9.20			XXX	N	
•	**82252**	BILIRUBIN FECES QUALITATIVE	8.35			XXX	N	
•	**82261**	BIOTINIDASE EACH SPECIMEN	30.94			XXX	N	
•	**82270**	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	7.23			XXX	N	
•	**82271**	BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	8.78			XXX	N	
•	**82272**	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	6.98			XXX	N	
•	**82274**	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	29.17			XXX	N	
•	**82286**	BRADYKININ	9.46			XXX	N	
•	**82300**	CADMIUM	42.46			XXX	N	
•	**82306**	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	54.30			XXX	N	
•	**82308**	CALCITONIN	49.15			XXX	N	
•	**82310**	CALCIUM TOTAL	9.46			XXX	N	
•	**82330**	CALCIUM IONIZED	25.09			XXX	N	
•	**82331**	CALCIUM AFTER CALCIUM INFUSION TEST	22.02			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**82340**	CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	11.06			XXX	N	
•	**82355**	CALCULUS QUALITATIVE ANALYSIS	21.23			XXX	N	
•	**82360**	CALCULUS QUANTITATIVE CHEMICAL	23.61			XXX	N	
•	**82365**	CALCULUS INFRARED SPECTROSCOPY	23.66			XXX	N	
•	**82370**	CALCULUS XRAY DIFFRACTION	22.98			XXX	N	
•	**82373**	CARBOHYDRATE DEFICIENT TRANSFERRIN	33.12			XXX	N	
•	**82374**	CARBON DIOXIDE BICARBONATE	8.96			XXX	N	
•	**82375**	CARBOXYHEMOGLOBIN QUANTITATIVE	22.60			XXX	N	
•	**82376**	CARBOXYHEMOGLOBIN QUALITATIVE	23.23			XXX	N	
•	**82378**	CARCINOEMBRYONIC ANTIGEN CEA	34.79			XXX	N	
•	**82379**	CARNITINE QUANTITATIVE EACH SPECIMEN	30.94			XXX	N	
•	**82380**	CAROTENE	16.92			XXX	N	
•	**82382**	CATECHOLAMINES TOTAL URINE	45.07			XXX	N	
•	**82383**	CATECHOLAMINES BLOOD	48.01			XXX	N	
•	**82384**	CATECHOLAMINES FRACTIONATED	46.33			XXX	N	
•	**82387**	CATHEPSIN-D	33.12			XXX	N	
•	**82390**	CERULOPLASMIN	19.70			XXX	N	
•	**82397**	CHEMILUMINESCENT ASSAY	25.90			XXX	N	
•	**82415**	CHLORAMPHENICOL	23.25			XXX	N	
•	**82435**	CHLORIDE BLD	8.44			XXX	N	
•	**82436**	CHLORIDE URINE	9.49			XXX	N	
•	**82438**	CHLORIDE OTHER SOURCE	8.96			XXX	N	
•	**82441**	CHLORINATED HYDROCARBONS SCREEN	11.01			XXX	N	
•	**82465**	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	7.99			XXX	N	
•	**82480**	CHOLINESTERASE SERUM	14.45			XXX	N	
•	**82482**	CHOLINESTERASE RBC	16.20			XXX	N	
•	**82485**	CHONDROITIN B SULFATE QUANTITATIVE	37.89			XXX	N	
•	**82495**	ASSAY OF CHROMIUM	37.20			XXX	N	
•	**82507**	ASSAY OF CITRATE	51.00			XXX	N	
•	**82523**	COLLAGEN CROSS LINKS ANY METHOD	34.27			XXX	N	
•	**82525**	ASSAY OF COPPER	22.77			XXX	N	
•	**82528**	CORTICOSTERONE	41.31			XXX	N	
•	**82530**	CORTISOL FREE	30.66			XXX	N	
•	**82533**	CORTISOL TOTAL	29.90			XXX	N	
•	**82540**	ASSAY OF CREATINE	8.50			XXX	N	
•	**82542**	COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	39.77			XXX	N	
•	**82550**	CREATINE KINASE TOTAL	11.94			XXX	N	
•	**82552**	CREATINE KINASE ISOENZYMES	24.57			XXX	N	
•	**82553**	CREATINE KINASE MB FRACTION ONLY	21.18			XXX	N	
•	**82554**	CREATINE KINASE ISOFORMS	21.78			XXX	N	
•	**82565**	CREATININE BLOOD	9.39			XXX	N	
•	**82570**	CREATININE OTHER SOURCE	9.49			XXX	N	
•	**82575**	CREATININE CLEARANCE	17.35			XXX	N	
•	**82585**	ASSAY OF CRYOFIBRN	23.34			XXX	N	
•	**82595**	CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	11.85			XXX	N	
•	**82600**	ASSAY OF CYANIDE	35.58			XXX	N	
•	**82607**	CYANOCOBALAMIN VITAMIN B-12	27.65			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**82608**	CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	26.27			XXX	N	
•	**82610**	CYSTATIN C	30.58			XXX	N	
•	**82615**	CSTINE&HOMOCSTINE URINE QUALITATIVE	15.77			XXX	N	
•	**82626**	DEHYDROEPIANDROSTERONE	46.36			XXX	N	
•	**82627**	DEHYDROEPIANDROSTERONE-SULFATE	40.80			XXX	N	
•	**82633**	DESOXYCORTICOSTERONE 11-	56.84			XXX	N	
•	**82634**	DEOXYCORTISOL 11-	53.71			XXX	N	
•	**82638**	ASSAY OF DIBUCAINE NUMBER	22.47			XXX	N	
•	**82642**	DIHYDROTESTOSTERONE (DHT)	53.71			XXX	N	
•	**82652**	1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	70.63			XXX	N	
•	**82656**	ELASTASE PANCREATIC FECAL QUAL/SEMI-QUAN	21.15			XXX	N	
•	**82657**	NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	36.60			XXX	N	
•	**82658**	NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	72.69			XXX	N	
•	**82664**	ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	101.54			XXX	N	
•	**82668**	ASSAY OF ERYTHROPOIETIN	34.47			XXX	N	
•	**82670**	ASSAY OF ESTRADIOL	51.25			XXX	N	
•	**82671**	ASSAY OF ESTROGENS FRACTIONATED	59.25			XXX	N	
•	**82672**	ASSAY OF ESTROGENS TOTAL	39.81			XXX	N	
•	**82677**	ASSAY OF ESTRIOL	44.36			XXX	N	
•	**82679**	ASSAY OF ESTRONE	45.78			XXX	N	
•	**82693**	ASSAY OF ETHYLENE GLYCOL	27.34			XXX	N	
•	**82696**	ASSAY OF ETIOCHOLANOLONE	43.32			XXX	N	
•	**82705**	FAT/LIPIDS FECES QUALITATIVE	9.34			XXX	N	
•	**82710**	FAT/LIPIDS FECES QUANTITATIVE	30.82			XXX	N	
•	**82715**	FAT DIFFIAL FECES QUANTITATIVE	37.92			XXX	N	
•	**82725**	FATTY ACIDS NONESTERIFIED	30.99			XXX	N	
•	**82726**	VERY LONG CHAIN FATTY ACIDS	33.12			XXX	N	
•	**82728**	ASSAY OF FERRITIN	25.01			XXX	N	
•	**82731**	FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	118.16			XXX	N	
•	**82735**	ASSAY OF FLUORIDE	34.01			XXX	N	
•	**82746**	ASSAY OF FOLIC ACID SERUM	26.98			XXX	N	
•	**82747**	ASSAY OF FOLIC ACID RBC	31.78			XXX	N	
•	**82757**	ASSAY OF FRUCTOSE SEMEN	31.80			XXX	N	
•	**82759**	ASSAY OF GALACTOKINASE RBC	39.41			XXX	N	
•	**82760**	ASSAY OF GALACTOSE	20.54			XXX	N	
•	**82775**	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUAN	38.65			XXX	N	
•	**82776**	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	19.38			XXX	N	
•	**82777**	GALECTIN-3	73.06			XXX	N	
•	**82784**	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	17.07			XXX	N	
•	**82785**	ASSAY OF GAMMAGLOBULIN IGE	30.20			XXX	N	
•	**82787**	GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	14.71			XXX	N	
•	**82800**	GASES BLOOD PH ONLY	18.16			XXX	N	
•	**82803**	BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	43.04			XXX	N	
•	**82805**	GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	130.05			XXX	N	
•	**82810**	GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	16.13			XXX	N	
•	**82820**	HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	22.02			XXX	N	
•	**82930**	GASTRIC ACID ANALYIS W/PH EACH SPECIMEN	11.08			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**82938**	GASTRIN AFTER SECRETIN STIMULATION	32.46			XXX	N	
•	**82941**	ASSAY OF GASTRIN	32.34			XXX	N	
•	**82943**	ASSAY OF GLUCAGON	26.22			XXX	N	
•	**82945**	GLUCOSE BODY FLUID OTHER THAN BLOOD	7.21			XXX	N	
•	**82946**	GLUCOSE TOLERANCE TEST	29.34			XXX	N	
•	**82947**	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	7.21			XXX	N	
•	**82948**	GLUCOSE BLOOD REAGENT STRIP	8.32			XXX	N	
•	**82950**	GLUCOSE POST GLUCOSE DOSE	8.70			XXX	N	
•	**82951**	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	23.61			XXX	N	
+	**82952**	GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	7.20			XXX	N	
•	**82955**	GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	17.78			XXX	N	
•	**82960**	GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	11.09			XXX	N	
•	**82962**	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	5.42			XXX	N	
•	**82963**	ASSAY OF GLUCOSIDASE BETA	39.41			XXX	N	
•	**82965**	ASSAY OF GLUTAMATE DEHYDROGENASE	21.71			XXX	N	
•	**82977**	ASSAY OF GLUTAMYLTRASE GAMMA	13.21			XXX	N	
•	**82978**	ASSAY OF GLUTATHIONE	26.15			XXX	N	
•	**82979**	ASSAY OF GLUTATHIONE REDUCTASE RBC	17.32			XXX	N	
•	**82985**	ASSAY OF GLYCATED PROTEIN	27.67			XXX	N	
•	**83001**	GONADOTROPIN FOLLICLE STIMULATING HORMONE	34.09			XXX	N	
•	**83002**	GONADOTROPIN LUTEINIZING HORMONE	33.96			XXX	N	
•	**83003**	ASSAY OF GROWTH HORMONE HUMAN	30.58			XXX	N	
•	**83006**	GROWTH STIMULATION EXPRESSED GENE 2	124.81			XXX	N	
•	**83009**	HPYLORI BLOOD ANAL UREASE ACT NON-RADACT ISOTOPE	123.56			XXX	N	
•	**83010**	ASSAY OF HAPTOGLOBIN QUANTITATIVE	23.06			XXX	N	
•	**83012**	ASSAY OF HAPTOGLOBIN PHENOTYPES	44.39			XXX	N	
•	**83013**	HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	123.56			XXX	N	
•	**83014**	HPYLORI DRUG ADMINISTRATION	14.41			XXX	N	
•	**83015**	HEAVY METAL QUALITATIVE ANY ANALYTES	34.57			XXX	N	
•	**83018**	HEAVY METAL QUANTIATIVE EACH NES	40.30			XXX	N	
•	**83020**	HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	54.55	30.94	23.61	XXX	N	
•	**83021**	HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	33.12			XXX	N	
•	**83026**	HEMOGLOBIN COPPER SULFATE METHOD NON-AUTOMATED	6.62			XXX	N	
•	**83030**	HEMOGLOBIN F FETAL CHEMICAL	17.73			XXX	N	
•	**83033**	HEMOGLOBIN F FETAL QUALITATIVE	13.21			XXX	N	
•	**83036**	HEMOGLOBIN GLYCOSYLATED A1C	17.81			XXX	N	
•	**83037**	HGB GLYCOSYLATED DEVICE CLEARED FDA HOME USE	17.81			XXX	N	
•	**83045**	HEMOGLOBIN METHEMOGLOBIN QUALITATIVE	10.71			XXX	N	
•	**83050**	HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	13.54			XXX	N	
•	**83051**	ASSAY OF HEMOGLOBIN PLASMA	13.41			XXX	N	
•	**83060**	HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE	15.17			XXX	N	
•	**83065**	HEMOGLOBIN THERMOLABILE	14.86			XXX	N	
•	**83068**	HEMOGLOBIN UNSTABLE SCREEN	15.63			XXX	N	
•	**83069**	ASSAY OF HEMOGLOBIN URINE	7.25			XXX	N	
•	**83070**	ASSAY OF HEMOSIDERIN QUALITATIVE	8.70			XXX	N	
•	**83080**	ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	30.94			XXX	N	
•	**83088**	ASSAY OF HISTAMINE	54.17			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**83090**	ASSAY OF HOMOCYSTEINE	30.94			XXX	N	
•	**83150**	ASSAY OF HOMOVANILLIC ACID	37.00			XXX	N	
•	**83491**	HYDROXYCORTICOSTEROIDS 17	32.14			XXX	N	
•	**83497**	ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	23.66			XXX	N	
•	**83498**	ASSAY OF HYDROXYPROGESTERONE 17-D	49.84			XXX	N	
•	**83500**	ASSAY OF HYDROXYPROLINE FREE	41.56			XXX	N	
•	**83505**	ASSAY OF HYDROXYPROLINE TOTAL	44.59			XXX	N	
•	**83516**	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	21.15			XXX	N	
•	**83518**	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	15.92			XXX	N	
•	**83519**	IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	30.38			XXX	N	
•	**83520**	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	28.51			XXX	N	
•	**83525**	ASSAY OF INSULIN TOTAL	20.97			XXX	N	
•	**83527**	ASSAY OF INSULIN FREE	23.76			XXX	N	
•	**83528**	ASSAY OF INTRINSIC FACTOR	32.72			XXX	N	
•	**83540**	ASSAY OF IRON	11.87			XXX	N	
•	**83550**	IRON BINDING CAPACITY	16.03			XXX	N	
•	**83570**	ISOCITRIC DEHYDROGENASE	16.23			XXX	N	
•	**83582**	ASSAY OF KETOGENIC STEROIDS FRACTIONATION	26.00			XXX	N	
•	**83586**	ASSAY OF KETOSTEROIDS 17- TOTAL	23.48			XXX	N	
•	**83593**	KETOSTEROIDS 17- FRACTIONATION	48.24			XXX	N	
•	**83605**	ASSAY OF LACTATE	19.60			XXX	N	
•	**83615**	LACTATE DEHYDROGENASE LDH	11.08			XXX	N	
•	**83625**	LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	23.48			XXX	N	
•	**83630**	LACTOFERRIN FECAL QUALITATIVE	36.01			XXX	N	
•	**83631**	LACTOFERRIN FECAL QUANTITATIVE	36.01			XXX	N	
•	**83632**	LACTOGEN HPL HUMAN CHORIONIC SOMATOMAMMOTROPIN	37.10			XXX	N	
•	**83633**	LACTOSE URINE QUALITATIVE	18.57			XXX	N	
•	**83655**	ASSAY OF LEAD	22.21			XXX	N	
•	**83661**	FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	40.33			XXX	N	
•	**83662**	FETAL LUNG MATURITY FOAM STABILITY TEST	34.69			XXX	N	
•	**83663**	FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	34.69			XXX	N	
•	**83664**	FETAL LUNG MATURITY LAMELLAR BODY DENSITY	34.69			XXX	N	
•	**83670**	LEUCINE AMINOPEPTIDASE LAP	16.81			XXX	N	
•	**83690**	ASSAY OF LIPASE	12.63			XXX	N	
•	**83695**	LIPOPROTEIN (A)	23.76			XXX	N	
•	**83698**	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	76.46			XXX	N	
•	**83700**	LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	20.65			XXX	N	
•	**83701**	LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS	55.90			XXX	N	
•	**83704**	LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	57.88			XXX	N	
•	**83718**	LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	15.02			XXX	N	
•	**83719**	LIPOPROTEIN DIRECT MEASUREMENT VLDL CHOLESTEROL	21.35			XXX	N	
•	**83721**	LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	17.50			XXX	N	
•	**83722**	DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHOLESTEROL	57.88			XXX	N	
•	**83727**	LUTEINIZING RELEASING FACTOR	31.53			XXX	N	
•	**83735**	ASSAY OF MAGNESIUM	12.28			XXX	N	
•	**83775**	ASSAY OF MALATE DEHYDROGENASE	13.52			XXX	N	
•	**83785**	ASSAY OF MANGANESE	45.12			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**83789**	MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	39.81			XXX	N	
•	**83825**	ASSAY OF MERCURY QUANTITATIVE	29.82			XXX	N	
•	**83835**	METANEPHRINES	31.07			XXX	N	
•	**83857**	METHEMALBUMIN	19.70			XXX	N	
•	**83861**	MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	37.11			XXX	N	
•	**83864**	MUCOPOLYSACCHARIDES ACID QUANTITATIVE	47.05			XXX	N	
•	**83872**	MUCIN SYNOVIAL FLUID ROPES TEST	10.75			XXX	N	
•	**83873**	MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	31.57			XXX	N	
•	**83874**	MYOGLOBIN	23.69			XXX	N	
•	**83876**	MYELOPEROXIDASE MPO	83.97			XXX	N	
•	**83880**	NATRIURETIC PEPTIDE	64.82			XXX	N	
•	**83883**	ASSAY OF NEPHELOMETRY EACH ANALYTE NES	24.95			XXX	N	
•	**83885**	ASSAY OF NICKEL	44.96			XXX	N	
•	**83915**	ASSAY OF NUCLEOTIDASE 5'-	20.46			XXX	N	
•	**83916**	OLIGOCLONAL IMMUNE	45.22			XXX	N	
•	**83918**	ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	38.96			XXX	N	
•	**83919**	ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	30.18			XXX	N	
•	**83921**	ORGANIC ACID 1 QUANTITATIVE	35.02			XXX	N	
•	**83930**	ASSAY OF OSMOLALITY BLOOD	12.13			XXX	N	
•	**83935**	ASSAY OF OSMOLALITY URINE	12.50			XXX	N	
•	**83937**	ASSAY OF OSTEOCALCIN	54.75			XXX	N	
•	**83945**	ASSAY OF OXALATE	23.86			XXX	N	
•	**83950**	ONCOPROTEIN HER-2/NEU	118.16			XXX	N	
•	**83951**	ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	118.16			XXX	N	
•	**83970**	ASSAY OF PARATHORMONE	75.71			XXX	N	
•	**83986**	PH BODY FLUID NOT ELSEWHERE SPECIFIED	6.57			XXX	N	
•	**83987**	PH EXHALED BREATH CONDENSATE	6.57			XXX	N	
•	**83992**	ASSAY OF PHENCYCLIDINE	76.76			XXX	N	
•	**83993**	ASSAY OF CALPROTECTIN FECAL	36.01			XXX	N	
•	**84030**	ASSAY OF PHENYLALANINE BLOOD	10.09			XXX	N	
•	**84035**	ASSAY OF PHENYLKETONES QUALITATIVE	6.72			XXX	N	
•	**84060**	ASSAY OF PHOSPHATASE ACID TOTAL	13.55			XXX	N	
•	**84066**	ASSAY OF PHOSPHATASE ACID PROSTATIC	17.72			XXX	N	
•	**84075**	ASSAY OF PHOSPHATASE ALKALINE	9.49			XXX	N	
•	**84078**	ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	13.64			XXX	N	
•	**84080**	ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	27.13			XXX	N	
•	**84081**	PHOSPHATIDYLGLYCEROL	30.30			XXX	N	
•	**84085**	PHOSPHOGLUCONATE 6-DEHYD RBC	17.32			XXX	N	
•	**84087**	ASSAY OF PHOSPHOHEXOSE ISOMERASE	18.94			XXX	N	
•	**84100**	ASSAY OF PHOSPHORUS INORGANIC	8.70			XXX	N	
•	**84105**	ASSAY OF PHOSPHORUS INORGANIC URINE	9.54			XXX	N	
•	**84106**	PORPHOBILINOGEN URINE QUALITATIVE	9.61			XXX	N	
•	**84110**	ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	15.49			XXX	N	
•	**84112**	EVAL C/V AMNIOTIC FLUID PROTEIN QUAL EA SPECIMEN	161.98			XXX	N	
•	**84119**	PORPHYRINS URINE QUALITATAIVE	22.06			XXX	N	
•	**84120**	PORPHYRINS URINE QUANTITATION & FRACTIONATION	26.99			XXX	N	
•	**84126**	PORPHYRINS FECES QUANTITATIVE	64.57			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**84132**	POTASSIUM SERUM PLASMA/WHOLE BLOOD	8.44			XXX	N	
•	**84133**	POTASSIUM URINE	7.91			XXX	N	
•	**84134**	PREALBUMIN	26.76			XXX	N	
•	**84135**	PREGNANEDIOL	35.12			XXX	N	
•	**84138**	PREGNANETRIOL	34.75			XXX	N	
•	**84140**	PREGNENOLONE	37.92			XXX	N	
•	**84143**	17-HYDROXYPREGNENOLONE	41.84			XXX	N	
•	**84144**	ASSAY OF PROGESTERONE	38.27			XXX	N	
•	**84145**	PROCALCITONIN (PCT)	49.15			XXX	N	
•	**84146**	ASSAY OF PROLACTIN	35.55			XXX	N	
•	**84150**	ASSAY OF PROSTAGLNDIN EACH	68.96			XXX	N	
•	**84152**	ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	33.75			XXX	N	
•	**84153**	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	33.75			XXX	N	
•	**84154**	ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	33.75			XXX	N	
•	**84155**	PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	6.72			XXX	N	
•	**84156**	PROTEIN TOTAL XCPT REFRACTOMETRY URINE	6.72			XXX	N	
•	**84157**	PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	6.72			XXX	N	
•	**84160**	PROTEIN TOTAL REFRACTOMETRY ANY SRC	9.49			XXX	N	
•	**84163**	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A	27.62			XXX	N	
•	**84165**	PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	50.64	30.94	19.70	XXX	N	
•	**84166**	PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	63.65	30.94	32.71	XXX	N	
•	**84181**	PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	62.18	30.94	31.24	XXX	N	
•	**84182**	PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	79.17	30.94	48.23	XXX	N	
•	**84202**	PROTOPORPHYRIN RBC QUANTITATIVE	26.32			XXX	N	
•	**84203**	PROTOPORPHYRIN RBC SCREEN	16.08			XXX	N	
•	**84206**	ASSAY OF PROINSULIN	44.06			XXX	N	
•	**84207**	ASSAY OF PYRIDOXAL PHOSPHATE	51.54			XXX	N	
•	**84210**	ASSAY OF PYRUVATE	23.91			XXX	N	
•	**84220**	ASSAY OF PYRUVATE KINASE	17.32			XXX	N	
•	**84228**	ASSAY OF QUININE	21.35			XXX	N	
•	**84233**	ASSAY OF RECEPTOR ASSAY ESTROGEN	145.09			XXX	N	
•	**84234**	ASSAY OF RECEPTOR ASSAY PROGESTERONE	119.02			XXX	N	
•	**84235**	RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRGN/PROGST	117.60			XXX	N	
•	**84238**	RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	67.08			XXX	N	
•	**84244**	ASSAY OF RENIN	40.35			XXX	N	
•	**84252**	ASSAY OF RIBOFLAVIN-VITAMIN B-2	37.13			XXX	N	
•	**84255**	ASSAY OF SELENIUM	46.84			XXX	N	
•	**84260**	ASSAY OF SEROTONIN	56.84			XXX	N	
•	**84270**	ASSAY OF SEX HORMONE BINDING GLOBULIN	39.87			XXX	N	
•	**84275**	ASSAY OF SIALIC ACID	24.65			XXX	N	
•	**84285**	ASSAY OF SILICA	43.17			XXX	N	
•	**84295**	SODIUM SERUM PLASMA OR WHOLE BLOOD	8.83			XXX	N	
•	**84300**	ASSAY OF URINE SODIUM	8.92			XXX	N	
•	**84302**	ASSAY OF SODIUM OTHER SOURCE	8.92			XXX	N	
•	**84305**	ASSAY OF SOMATOMEDIN	39.01			XXX	N	
•	**84307**	ASSAY OF SOMATOSTATIN	33.53			XXX	N	
•	**84311**	SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	13.37			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**84315**	SPECIFIC GRAVITY EXCEPT URINE	5.42			XXX	N	
•	**84375**	SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	64.39			XXX	N	
•	**84376**	SUGARS MONO DI&OLIGOS 1 QUALITATAIVE EACH SPEC	10.09			XXX	N	
•	**84377**	SUGARS MONO DI&OLIGOS MLT QUALITATIVE EACH SPE	10.09			XXX	N	
•	**84378**	SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EACH SPEC	21.15			XXX	N	
•	**84379**	SUGARS MONO DI&OLIGOS MLT QUANTITATIVE EA SPEC	21.15			XXX	N	
•	**84392**	ASSAY OF SULFATE URINE	9.06			XXX	N	
•	**84402**	ASSAY OF TESTOSTERONE FREE	46.72			XXX	N	
•	**84403**	ASSAY OF TESTOSTERONE TOTAL	47.35			XXX	N	
•	**84410**	ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	94.07			XXX	N	
•	**84425**	ASSAY OF THIAMINE-VITAMIN B-1	38.95			XXX	N	
•	**84430**	ASSAY OF THIOCYANATE	21.35			XXX	N	
•	**84431**	THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	57.97			XXX	N	
•	**84432**	ASSAY OF THYROGLOBULIN	29.45			XXX	N	
•	**84436**	ASSAY OF THYROXINE TOTAL	12.60			XXX	N	
•	**84437**	ASSAY OF THYROXINE REQUIRING ELUTION	11.85			XXX	N	
•	**84439**	ASSAY OF FREE THYROXINE	16.54			XXX	N	
•	**84442**	ASSAY OF THYROXINE BINDING GLOBULIN	27.13			XXX	N	
•	**84443**	ASSAY OF THYROID STIMULATING HORMONE TSH	30.82			XXX	N	
•	**84445**	THYROID STIMULATING IMMUNE GLOBULINS TSI	93.30			XXX	N	
•	**84446**	ASSAY OF TOCOPHEROL ALPHA VITAMIN E	26.00			XXX	N	
•	**84449**	ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	33.02			XXX	N	
•	**84450**	TRANSFERASE ASPARTATE AMINO AST SGOT	9.49			XXX	N	
•	**84460**	TRANSFERASE ALANINE AMINO ALT SGPT	9.72			XXX	N	
•	**84466**	ASSAY OF L7383TRANSFERRIN	23.41			XXX	N	
•	**84478**	ASSAY OF TRIGLYCERIDES	10.53			XXX	N	
•	**84479**	THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	11.85			XXX	N	
•	**84480**	ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	26.00			XXX	N	
•	**84481**	ASSAY OF TRIIODOTHYRONINE T3 FREE	31.07			XXX	N	
•	**84482**	TRIIODOTHYRONINE T3 REVERSE	28.91			XXX	N	
•	**84484**	ASSAY OF TROPONIN QUANTITATIVE	20.59			XXX	N	
•	**84485**	ASSAY OF TRYPSIN DUODENAL FLUID	13.21			XXX	N	
•	**84488**	ASSAY OF TRYPSIN FECES QUALITATIVE	13.39			XXX	N	
•	**84490**	TRYPSIN FECES QUANTITATIVE 24-HR COLLECTION	16.39			XXX	N	
•	**84510**	ASSAY OF TYROSINE	19.09			XXX	N	
•	**84512**	ASSAY OF TROPONIN QUALITATIVE	16.66			XXX	N	
•	**84520**	ASSAY OF UREA NITROGEN QUANTITATIVE	7.25			XXX	N	
•	**84525**	ASSAY OF UREA NITROGEN SEMIQUANTITATIVE	8.47			XXX	N	
•	**84540**	ASSAY OF UREA NITROGEN URINE	9.18			XXX	N	
•	**84545**	UREA NITROGEN CLEARANCE	12.13			XXX	N	
•	**84550**	ASSAY OF BLOOD/URIC ACID	8.29			XXX	N	
•	**84560**	ASSAY OF URIC ACID OTHER SOURCE	8.70			XXX	N	
•	**84577**	ASSAY OF UROBILINOGEN FECES QUANTITATIVE	30.82			XXX	N	
•	**84578**	ASSAY OF UROBILINOGEN URINE QUALITATIVE	7.38			XXX	N	
•	**84580**	UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	15.77			XXX	N	
•	**84583**	ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	9.99			XXX	N	
•	**84585**	ASSAY OF VANILLYLMANDELIC ACID URINE	28.43			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**84586**	ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	64.82			XXX	N	
•	**84588**	ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	62.26			XXX	N	
•	**84590**	ASSAY OF VITAMIN A	21.30			XXX	N	
•	**84591**	ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	28.17			XXX	N	
•	**84597**	ASSAY OF VITAMIN K	25.16			XXX	N	
•	**84600**	ASSAY OF VOLATILES	29.50			XXX	N	
•	**84620**	XYLOSE ABSORPTION TEST BLOOD &/URINE	21.73			XXX	N	
•	**84630**	ASSAY OF ZINC	20.88			XXX	N	
•	**84681**	ASSAY OF C-PEPTIDE	38.19			XXX	N	
•	**84702**	GONADOTROPIN CHORIONIC QUANTITATIVE	27.62			XXX	N	
•	**84703**	GONADOTROPIN CHORIONIC QUALITATIVE	13.80			XXX	N	
•	**84704**	GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	27.62			XXX	N	
•	**84830**	OVULATION TEST VISUAL COLOR COMPARISON HLH	20.97			XXX	N	
•	**84999**	UNLISTED CHEMISTRY PROCEDURE	BR			XXX	N	
•	**85002**	BLEEDING TIME TEST	8.27			XXX	N	
•	**85004**	BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	11.85			XXX	N	
•	**85007**	BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	6.31			XXX	N	
•	**85008**	BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	6.31			XXX	N	
•	**85009**	BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	8.37			XXX	N	
•	**85013**	BLOOD COUNT SPUN MICROHEMATOCRIT	11.56			XXX	N	
•	**85014**	BLOOD COUNT HEMATOCRIT	4.34			XXX	N	
•	**85018**	BLOOD COUNT HEMOGLOBIN	4.34			XXX	N	
•	**85025**	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	14.25			XXX	N	
•	**85027**	BLOOD COUNT COMPLETE AUTOMATED	11.85			XXX	N	
•	**85032**	BLOOD COUNT MANUAL CELL COUNT EACH	7.91			XXX	N	
•	**85041**	BLOOD COUNT RED BLOOD CELL AUTOMATED	5.53			XXX	N	
•	**85044**	BLOOD COUNT RETICULOCYTE AUTOMATED	7.91			XXX	N	
•	**85045**	BLOOD COUNT RETICULOCYTE AUTOMATED	7.33			XXX	N	
•	**85046**	BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	10.22			XXX	N	
•	**85048**	BLOOD COUNT LEUKOCYTE WBC AUTOMATED	4.66			XXX	N	
•	**85049**	BLOOD COUNT PLATELET AUTOMATED	8.21			XXX	N	
•	**85055**	RETICULATED PLATELET ASSAY	59.01			XXX	N	
•	**85060**	BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	41.65			XXX	N	
•	**85097**	BONE MARROW SMEAR INTERPRETATION	125.55			XXX	N	792.53
•	**85130**	CHROMOGENIC SUBSTRATE ASSAY	21.81			XXX	N	
•	**85170**	BLOOD CLOT RETRACTION	26.91			XXX	N	
•	**85175**	CLOT LYSIS TIME WHOLE BLOOD DILUTION	33.63			XXX	N	
•	**85210**	CLOTTING FACTOR II PROTHROMBIN SPECIFIC	23.82			XXX	N	
•	**85220**	CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	32.38			XXX	N	
•	**85230**	CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	32.84			XXX	N	
•	**85240**	CLOTTING FACTOR VIII AHG 1 STAGE	32.84			XXX	N	
•	**85244**	CLOTTING FACTOR VIII RELATED ANTIGEN	37.46			XXX	N	
•	**85245**	CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACT	42.08			XXX	N	
•	**85246**	CLOTTING FACTOR VIII VW FACTOR ANTIGEN	42.08			XXX	N	
•	**85247**	CLOTTING FACTOR VIII MULTIMETRIC ANALYSIS	42.08			XXX	N	
•	**85250**	CLOTTING FACTOR IX PTC/CHRISTMAS	34.93			XXX	N	
•	**85260**	CLOTTING FACTOR X STUART-PROWER	32.84			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**85270**	CLOTTING FACTOR XI PTA	32.84			XXX	N	
•	**85280**	CLOTTING FACTOR XII HAGEMAN	35.50			XXX	N	
•	**85290**	CLOTTING FACTOR XIII FIBRIN STABILIZING	29.97			XXX	N	
•	**85291**	CLOTTING FACTOR XIII FIBRN STABILIZ SCREEN SOLUB	16.31			XXX	N	
•	**85292**	CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	34.74			XXX	N	
•	**85293**	CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	34.74			XXX	N	
•	**85300**	CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	21.74			XXX	N	
•	**85301**	CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	19.83			XXX	N	
•	**85302**	CLOTTING INHIBITORS PROTEIN C ANTIGEN	22.04			XXX	N	
•	**85303**	CLOTTING INHIBITORS PROTEIN C ACTIVITY	25.38			XXX	N	
•	**85305**	CLOTTING INHIBITORS PROTEIN S TOTAL	21.30			XXX	N	
•	**85306**	CLOTTING INHIBITORS PROTEIN S FREE	28.12			XXX	N	
•	**85307**	ACTIVATED PROTEIN C APC RESISTANCE ASSAY	28.12			XXX	N	
•	**85335**	FACTOR INHIBITOR TEST	23.61			XXX	N	
•	**85337**	THROMBOMODULIN	28.51			XXX	N	
•	**85345**	COAGULATION TIME LEE AND WHITE	7.91			XXX	N	
•	**85347**	COAGULATION TIME ACTIVATED	7.81			XXX	N	
•	**85348**	COAGULATION TIME OTHER METHODS	7.41			XXX	N	
•	**85360**	EUGLOBULIN LYSIS	15.42			XXX	N	
•	**85362**	FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	12.63			XXX	N	
•	**85366**	FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ	132.84			XXX	N	
•	**85370**	FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE	20.84			XXX	N	
•	**85378**	FIBRIN DGRADJ PRODUCTS D-DIMER QUAL/SEMIQUAN	16.05			XXX	N	
•	**85379**	FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	18.67			XXX	N	
•	**85380**	FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE	18.67			XXX	N	
•	**85384**	FIBRINOGEN ACTIVITY	16.05			XXX	N	
•	**85385**	FIBRINOGEN ANTIGEN	23.87			XXX	N	
•	**85390**	FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	88.63	63.07	25.56	XXX	N	
•	**85396**	COAGJ/FBRNLYS ASSAY WHOLE BLOOD ADDITIVE PER DAY	34.51			XXX	N	
•	**85397**	COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	50.95			XXX	N	
•	**85400**	FIBRINOLYTIC FACTORS & INHIBITORS PLASMIN	14.13			XXX	N	
•	**85410**	FBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	14.13			XXX	N	
•	**85415**	FBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	31.53			XXX	N	
•	**85420**	FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	11.99			XXX	N	
•	**85421**	FBRNLYC FACTORS&INHIBITORS PLSMNG AGIC ASSAY	18.69			XXX	N	
•	**85441**	HEINZ BODIES DIRECT	7.71			XXX	N	
•	**85445**	HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	12.50			XXX	N	
•	**85460**	HGB/RBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	14.18			XXX	N	
•	**85461**	HGB/RBCS FETAL FETOMATERNAL HEMRRG ROSETTE	15.45			XXX	N	
•	**85475**	HEMOLYSIN ACID	16.28			XXX	N	
•	**85520**	HEPARIN ASSAY	24.02			XXX	N	
•	**85525**	HEPARIN NEUTRALIZATION	21.71			XXX	N	
•	**85530**	HEPARIN-PROTAMINE TOLERANCE TST	24.02			XXX	N	
•	**85536**	IRON STAIN PERIPHERAL BLOOD	11.85			XXX	N	
•	**85540**	WBC ALKALINE PHOSPHATASE COUNT	15.78			XXX	N	
•	**85547**	MECHANICAL FRAGILITY RBC	15.78			XXX	N	
•	**85549**	MURAMIDASE	34.39			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**85555**	OSMOTIC FRAGILITY RBC UNINCUBATED	12.33			XXX	N	
•	**85557**	OSMOTIC FRAGILITY RBC INCUBATED	24.50			XXX	N	
•	**85576**	PLATELET AGGREGATION IN VITRO EACH AGENT	72.07	30.94	41.13	XXX	N	
•	**85597**	PHOSPHOLIPID NEUTRALIZATION PLATELET	32.97			XXX	N	
•	**85598**	PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	32.97			XXX	N	
•	**85610**	PROTHROMBIN TIME	7.21			XXX	N	
•	**85611**	PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	7.23			XXX	N	
•	**85612**	RUSSELL VIPER VENON TIME UNDILUTED	28.88			XXX	N	
•	**85613**	RUSSELL VIPER VENOM TIME DILUTED	17.57			XXX	N	
•	**85635**	REPTILASE TEST	18.06			XXX	N	
•	**85651**	SEDIMENTATION RATE RBC NON-AUTOMATED	7.05			XXX	N	
•	**85652**	SEDIMENTATION RATE RBC AUTOMATED	4.95			XXX	N	
•	**85660**	SICKLING RBC REDUCTION	10.10			XXX	N	
•	**85670**	THROMBIN TIME PLASMA	10.58			XXX	N	
•	**85675**	THROMBIN TIME TITER	12.56			XXX	N	
•	**85705**	THROMBOPLASTIN INHIBITION TISSUE	17.67			XXX	N	
•	**85730**	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD	11.01			XXX	N	
•	**85732**	THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	11.85			XXX	N	
•	**85810**	VISCOSITY	21.41			XXX	N	
•	**85999**	UNLISTED HEMATOLOGY & COAGULATION PROCEDURE	BR			XXX	N	
•	**86000**	AGGLUTININS FEBRILE EACH ANTIGEN	12.81			XXX	N	
•	**86001**	ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN	12.91			XXX	N	
•	**86003**	ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	9.58			XXX	N	
•	**86005**	ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	14.61			XXX	N	
•	**86008**	ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	32.90			XXX	N	
•	**86021**	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	27.62			XXX	N	
•	**86022**	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	33.70			XXX	N	
•	**86023**	ANTIBODY IDENTIFICATION PLATELET IMMUNOGL ASSAY	22.85			XXX	N	
•	**86038**	ANTINUCLEAR ANTIBODIES ANA	22.17			XXX	N	
•	**86039**	ANTINUCLEAR ANTIBODIES ANA TITER	20.47			XXX	N	
•	**86060**	ANTISTREPTOLYSIN O TITER	13.39			XXX	N	
•	**86063**	ANTISTREPTOLYSIN O SCREEN	10.58			XXX	N	
•	**86077**	BLD BANK PHYS SVCS DIFFC CROSS MATCH&/EVAL REP	93.42			XXX	N	45.61
•	**86078**	BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	93.42			XXX	N	205.52
•	**86079**	BLD BANK PHYS SVCS AUTHJ DEVIJ STANDARD REPRT	92.82			XXX	N	72.39
•	**86140**	C-REACTIVE PROTEIN	9.49			XXX	N	
•	**86141**	C-REACTIVE PROTEIN HIGH SENSITIVITY	23.76			XXX	N	
•	**86146**	BETA 2 GLYCOPROTEIN I ANTIBODY EACH	46.69			XXX	N	
•	**86147**	CARDIOLIPIN ANTIBODY EACH IG CLASS	46.69			XXX	N	
•	**86148**	ANTI-PHOSPHATIDYLSERINE ANTIBODY	29.47			XXX	N	
•	**86152**	CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	450.72			XXX	N	
•	**86153**	CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP	0.00	58.31	0.00	XXX	N	
•	**86155**	CHEMOTAXIS ASSAY SPECIFY METHOD	29.32			XXX	N	
•	**86156**	COLD AGGLUTININ SCREEN	13.32			XXX	N	
•	**86157**	COLD AGGLUTININ TITER	14.79			XXX	N	
•	**86160**	COMPLEMENT ANTIGEN EACH COMPONENT	22.01			XXX	N	
•	**86161**	COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	22.01			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**86162**	COMPLEMENT TOTAL HEMOLYTIC	37.28			XXX	N	
•	**86171**	COMPLEMENT FIXATION TESTS EACH ANTIGEN	18.36			XXX	N	
•	**86200**	CYCLIC CITRULLINATED PEPTIDE ANTIBODY	23.76			XXX	N	
•	**86215**	DEOXYRIBONUCLEASE ANTIBODY	24.30			XXX	N	
•	**86225**	DNA ANTIBODY NATIVE/DOUBLE STRANDED	25.21			XXX	N	
•	**86226**	DNA ANTIBODY SINGLE STRANDED	22.21			XXX	N	
•	**86235**	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	32.90			XXX	N	
•	**86255**	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	53.05	30.94	22.11	XXX	N	
•	**86256**	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	53.05	30.94	22.11	XXX	N	
•	**86277**	GROWTH HORMONE HUMAN ANTIBODY	28.88			XXX	N	
•	**86280**	HEMAGGLUTINATION INHIBITION TEST HAI	15.02			XXX	N	
•	**86294**	IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE	42.22			XXX	N	
•	**86300**	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	38.19			XXX	N	
•	**86301**	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	38.19			XXX	N	
•	**86304**	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	38.19			XXX	N	
•	**86305**	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	38.19			XXX	N	
•	**86308**	HETEROPHILE ANTIBODIES SCREEN	9.49			XXX	N	
•	**86309**	HETEROPHILE ANTIBODIES TITER	11.85			XXX	N	
•	**86310**	HETEROPHILE ANTIBODIES TITER AFTER ABSORPTION	13.52			XXX	N	
•	**86316**	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	38.19			XXX	N	
•	**86317**	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	27.49			XXX	N	
•	**86318**	IMMUNOASSAY NFCT AGT ANTB QUAL/SEMIQUAN 1 STEP	29.87			XXX	N	
•	**86320**	IMMUNOELECTROPHORESIS SERUM	80.34	30.94	49.40	XXX	N	
•	**86325**	IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	71.97	30.94	41.03	XXX	N	
•	**86327**	IMMUNOELECTROPHORESIS CROSSED	87.48	38.08	49.40	XXX	N	
•	**86329**	IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	25.77			XXX	N	
•	**86331**	IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	21.97			XXX	N	
•	**86332**	IMMUNE COMPLEX ASSAY	44.71			XXX	N	
•	**86334**	IMMUNOFIXJ ELECTROPHORESIS SERUM	71.93	30.94	40.99	XXX	N	
•	**86335**	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	84.78	30.94	53.84	XXX	N	
•	**86336**	INHIBIN A	28.60			XXX	N	
•	**86337**	INSULIN ANTIBODIES	39.28			XXX	N	
•	**86340**	INTRINSIC FACTOR ANTIBODIES	27.65			XXX	N	
•	**86341**	ISLET CELL ANTIBODY	38.91			XXX	N	
•	**86343**	LEUKOCYTE HISTAMINE RELEASE TEST LHR	22.85			XXX	N	
•	**86344**	LEUKOCYTE PHAGOCYTOSIS	17.15			XXX	N	
•	**86352**	CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	249.23			XXX	N	
•	**86353**	LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	89.93			XXX	N	
•	**86355**	B CELLS TOTAL COUNT	69.21			XXX	N	
•	**86356**	MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	49.12			XXX	N	
•	**86357**	NATURAL KILLER CELLS TOTAL COUNT	69.21			XXX	N	
•	**86359**	T CELLS TOTAL COUNT	69.21			XXX	N	
•	**86360**	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86.18			XXX	N	
•	**86361**	T CELLS ABSOLUTE CD4 COUNT	49.12			XXX	N	
•	**86367**	STEM CELLS TOTAL COUNT	128.41			XXX	N	
•	**86376**	MICROSOMAL ANTIBODIES EACH	26.70			XXX	N	
•	**86382**	NEUTRALIZATION TEST VIRAL	31.02			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**86384**	NITROBLUE TETRAZOLIUM DYE TEST NTD	22.47			XXX	N	
•	**86386**	NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	35.96			XXX	N	
•	**86403**	PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	19.05			XXX	N	
•	**86406**	PARTICLE AGGLUTINATION TITER EACH ANTIBODY	19.51			XXX	N	
•	**86430**	RHEUMATOID FACTOR QUALITATIVE	10.40			XXX	N	
•	**86431**	RHEUMATOID FACTOR QUANTITATIVE	10.40			XXX	N	
•	**86480**	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	113.70			XXX	N	
•	**86481**	TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	165.10			XXX	N	
•	**86485**	SKIN TEST CANDIDA	43.44			XXX	N	45.61
•	**86486**	SKIN TEST UNLISTED ANTIGEN EACH	8.93			XXX	N	24.38
•	**86490**	SKIN TEST COCCIDIOIDOMYCOSIS	148.16			XXX	N	79.38
•	**86510**	SKIN TEST HISTOPLASMOSIS	11.31			XXX	N	79.38
•	**86580**	SKIN TEST TUBERCULOSIS INTRADERMAL	14.28			XXX	N	24.38
•	**86590**	STREPTOKINASE ANTIBODY	20.90			XXX	N	
•	**86592**	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	7.84			XXX	N	
•	**86593**	SYPHILIS TEST QUANTITATIVE	8.07			XXX	N	
•	**86602**	ANTIBODY ACTINOMYCES	18.67			XXX	N	
•	**86603**	ANTIBODY ADENOVIRUS	23.61			XXX	N	
•	**86606**	ANTIBODY ASPERGILLUS	27.62			XXX	N	
•	**86609**	ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	23.63			XXX	N	
•	**86611**	ANTIBODY BARTONELLA	18.67			XXX	N	
•	**86612**	ANTIBODY BLASTOMYCES	23.68			XXX	N	
•	**86615**	ANTIBODY BORDETELLA	24.19			XXX	N	
•	**86617**	ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	28.41			XXX	N	
•	**86618**	ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	31.24			XXX	N	
•	**86619**	ANTIBODY BORRELIA RELAPSING FEVER	24.53			XXX	N	
•	**86622**	ANTIBODY BRUCELLA	16.38			XXX	N	
•	**86625**	ANTIBODY CAMPYLOBACTER	24.07			XXX	N	
•	**86628**	ANTIBODY CANDIDA	22.02			XXX	N	
•	**86631**	ANTIBODY CHLAMYDIA	21.69			XXX	N	
•	**86632**	ANTIBODY CHLAMYDIA IGM	23.26			XXX	N	
•	**86635**	ANTIBODY COCCIDIOIDES	21.05			XXX	N	
•	**86638**	ANTIBODY COXIELLA BURNETII Q FEVER	22.24			XXX	N	
•	**86641**	ANTIBODY CRYPTOCOCCUS	26.43			XXX	N	
•	**86644**	ANTIBODY CYTOMEGALOVIRUS CMV	26.40			XXX	N	
•	**86645**	ANTIBODY CYTOMEGALOVIRUS CMV IGM	30.91			XXX	N	
•	**86648**	ANTIBODY DIPHTHERIA	27.90			XXX	N	
•	**86651**	ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	24.19			XXX	N	
•	**86652**	ANTIBODY ENCEPHALITIS EASTERN EQUINE	24.19			XXX	N	
•	**86653**	ANTIBODY ENCEPHALITIS ST. LOUIS	24.19			XXX	N	
•	**86654**	ANTIBODY ENCEPHALITIS WESTRN EQUINE	24.19			XXX	N	
•	**86658**	ANTIBODY ENTEROVIRUS	23.89			XXX	N	
•	**86663**	ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	24.07			XXX	N	
•	**86664**	ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	28.05			XXX	N	
•	**86665**	ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	33.28			XXX	N	
•	**86666**	ANTIBODY EHRLICHIA	18.67			XXX	N	
•	**86668**	ANTIBODY FRANCISELLA TULARENSIS	23.38			XXX	N	

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•	**86671**	ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	22.49			XXX	N	
•	**86674**	ANTIBODY GIARDIA LAMBLIA	26.99			XXX	N	
•	**86677**	ANTIBODY HELICOBACTER PYLORI	27.82			XXX	N	
•	**86682**	ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	23.86			XXX	N	
•	**86684**	ANTIBODY HAEMOPHILUS INFLUENZA	29.06			XXX	N	
•	**86687**	ANTIBODY HTLV-I	15.39			XXX	N	
•	**86688**	ANTIBODY HTLV-II	25.69			XXX	N	
•	**86689**	ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	35.51			XXX	N	
•	**86692**	ANTIBODY HEP DELTA AGENT	31.48			XXX	N	
•	**86694**	ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	26.40			XXX	N	
•	**86695**	ANTIBODY HERPES SMPLX TYPE 1	24.19			XXX	N	
•	**86696**	ANTIBODY HERPES SMPLX TYPE 2	35.51			XXX	N	
•	**86698**	ANTIBODY HISTOPLASMA	22.92			XXX	N	
•	**86701**	ANTIBODY HIV-1	16.30			XXX	N	
•	**86702**	ANTIBODY HIV-2	24.80			XXX	N	
•	**86703**	ANTIBODY HIV-1&HIV-2 SINGLE RESULT	25.14			XXX	N	
•	**86704**	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	22.11			XXX	N	
•	**86705**	HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	21.59			XXX	N	
•	**86706**	HEPATITIS B SURF ANTIBODY HBSAB	19.70			XXX	N	
•	**86707**	HEPATITIS BE ANTIBODY HBEAB	21.22			XXX	N	
•	**86708**	HEPATITIS A ANTIBODY HAAB	22.72			XXX	N	
•	**86709**	HEPATITIS ANTIBODY HAAB IGM ANTIBODY	20.65			XXX	N	
•	**86710**	ANTIBODY INFLUENZA VIRUS	24.86			XXX	N	
•	**86711**	ANTIBODY JOHN CUNNINGHAM VIRUS	27.89			XXX	N	
•	**86713**	ANTIBODY LEGIONELLA	28.07			XXX	N	
•	**86717**	ANTIBODY LEISHMANIA	22.47			XXX	N	
•	**86720**	ANTIBODY LEPTOSPIRA	26.75			XXX	N	
•	**86723**	ANTIBODY LISTERIA MONOCYTOGENES	24.19			XXX	N	
•	**86727**	ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	23.61			XXX	N	
•	**86732**	ANTIBODY MUCORMYCOSIS	24.76			XXX	N	
•	**86735**	ANTIBODY MUMPS	23.94			XXX	N	
•	**86738**	ANTIBODY MYCOPLSM	24.29			XXX	N	
•	**86741**	ANTIBODY NEISSERIA MENINGITIDIS	24.19			XXX	N	
•	**86744**	ANTIBODY NOCARDIA	26.40			XXX	N	
•	**86747**	ANTIBODY PARVOVIRUS	27.57			XXX	N	
•	**86750**	ANTIBODY PLASMODIUM MALARIA	24.19			XXX	N	
•	**86753**	ANTIBODY PROTOZOA NES	22.72			XXX	N	
•	**86756**	ANTIBODY RESPIRATORY SYNCTIAL VIRUS	26.23			XXX	N	
•	**86757**	ANTIBODY RICKETTSIA	35.51			XXX	N	
•	**86759**	ANTIBODY ROTAVIRUS	30.10			XXX	N	
•	**86762**	ANTIBODY RUBELLA	26.40			XXX	N	
•	**86765**	ANTIBODY RUBEOLA	23.63			XXX	N	
•	**86768**	ANTIBODY SALMONELLA	24.19			XXX	N	
•	**86771**	ANTIBODY SHIGELLA	40.42			XXX	N	
•	**86774**	ANTIBODY TETANUS	27.14			XXX	N	
•	**86777**	ANTIBODY TOXOPLASMA	26.40			XXX	N	
•	**86778**	ANTIBODY TOXOPLASMA IGM	26.43			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**86780**	ANTIBODY TREPONEMA PALLIDUM	24.29			XXX	N	
•	**86784**	ANTIBODY TRICHINELLA	23.05			XXX	N	
•	**86787**	ANTIBODY VARICELLA-ZOSTER	23.63			XXX	N	
•	**86788**	ANTIBODY WEST NILE VIRUS IGM	30.91			XXX	N	
•	**86789**	ANTIBODY WEST NILE VIRUS	26.40			XXX	N	
•	**86790**	ANTIBODY VIRUS NOT ELSEWHERE SPECIFIFED	23.63			XXX	N	
•	**86793**	ANTIBODY YERSINIA	24.19			XXX	N	
•	**86794**	ZIKA VIRUS IGM ANTIBODY	30.91			XXX	N	
•	**86800**	THYROGLOBULIN ANTIBODY	29.17			XXX	N	
•	**86803**	HEPATITIS C ANTIBODY	26.17			XXX	N	
•	**86804**	HEPATITIS C ANTIBODY CONFIRMATORY TEST	28.41			XXX	N	
•	**86805**	LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ	312.88			XXX	N	
•	**86806**	LMPHOCYTOTOXICITY ASSAY VIS CROSSMTCH W/O TITRAT	87.30			XXX	N	
•	**86807**	SERUM SCREENING % REACTIVE ANTIBODY STANDRD METH	129.85			XXX	N	
•	**86808**	SERUM SCREENING % REACTIVE ANTIBODY QUICK METH	54.45			XXX	N	
•	**86812**	HLA TYPING A/B/C SINGLE ANTIGEN	47.33			XXX	N	
•	**86813**	HLA TYPING A/B/C MULTIPLE ANTIGENS	106.39			XXX	N	
•	**86816**	HLA TYPING DR/DQ SINGLE ANTIGEN	51.10			XXX	N	
•	**86817**	HLA TYPING DR/DQ MULTIPLE ANTIGENS	175.24			XXX	N	
•	**86821**	HLA TYPING LYMPHOCYTE CULTURE MIXED	67.06			XXX	N	
•	**86825**	HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION	180.77			XXX	N	
+	**86826**	HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION	60.31			XXX	N	
•	**86828**	ANTIBODY HLA CLASS I & CLASS II ANTIGENS QUAL	105.98			XXX	N	
•	**86829**	ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL	105.98			XXX	N	
•	**86830**	ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE	157.70			XXX	N	
•	**86831**	ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL	135.18			XXX	N	
•	**86832**	ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	534.51			XXX	N	
•	**86833**	ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	537.89			XXX	N	
•	**86834**	ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL	655.92			XXX	N	
•	**86835**	ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	592.46			XXX	N	
•	**86849**	UNLISTED IMMUNOLOGY	BR			XXX	N	
•	**86850**	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	16.13			XXX	N	72.39
•	**86860**	ANTIBODY ELUTION RBC EACH ELUTION	109.48			XXX	N	205.52
•	**86870**	ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	133.88			XXX	N	389.39
•	**86880**	ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	9.89			XXX	N	45.61
•	**86885**	ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	10.50			XXX	N	205.52
•	**86886**	ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	9.49			XXX	N	205.52
•	**86890**	AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	248.12			XXX	N	205.52
•	**86891**	AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	763.39			XXX	N	792.53
•	**86900**	BLOOD TYPING SEROLOGIC ABO	5.48			XXX	N	151.20
•	**86901**	BLOOD TYPING SEROLOGIC RH (D)	5.48			XXX	N	45.61
•	**86902**	BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	10.48			XXX	N	389.39
•	**86904**	BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT	26.98			XXX	N	45.61
•	**86905**	BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	7.02			XXX	N	389.39
•	**86906**	BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	14.21			XXX	N	45.61
•	**86910**	BLOOD TYPING PATERNITY PR INDIV ABO RH&MN	41.92			XXX	N	
•	**86911**	BLOOD TYPING PATERNITY INDIV ADDL ANTIGEN SYS	35.94			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**86920**	COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	47.01			XXX	N	205.52
•	**86921**	COMPATIBILITY EACH UNIT INCUBATION	47.01			XXX	N	205.52
•	**86922**	COMPATIBILITY EACH UNIT ANTIGLOBULIN	74.97			XXX	N	205.52
•	**86923**	COMPATIBILITY EACH UNIT ELECTRONIC	106.51			XXX	N	205.52
•	**86927**	FRESH FROZEN PLASMA THAWING EACH UNIT	24.40			XXX	N	205.52
•	**86930**	FROZEN BLOOD EACH UNIT FREEZING	189.26			XXX	N	389.39
•	**86931**	FROZEN BLOOD EACH UNIT THAWING	141.95			XXX	N	389.39
•	**86932**	FROZEN BLOOD EACH UNIT FREEZING & THAWING	161.12			XXX	N	45.61
•	**86940**	HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	15.04			XXX	N	
•	**86941**	HEMOLYSINS&AGGLUTININS INCUBATED	22.21			XXX	N	
•	**86945**	IRRADIATION BLOOD PRODUCT EACH UNIT	1909.36			XXX	N	45.61
•	**86950**	LEUKOCYTE TRANSFUSION	122.79			XXX	N	205.52
•	**86960**	VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	38.08			XXX	N	205.52
•	**86965**	POOLING PLATELETS/OTHER BLOOD PRODUCTS	305.24			XXX	N	205.52
•	**86970**	PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	133.88			XXX	N	45.61
•	**86971**	PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	61.29			XXX	N	389.39
•	**86972**	PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	674.73			XXX	N	205.52
•	**86975**	PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	92.82			XXX	N	45.61
•	**86976**	PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	57.12			XXX	N	24.38
•	**86977**	PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	56.90			XXX	N	205.52
•	**86978**	PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	123.76			XXX	N	45.61
•	**86985**	SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	101.75			XXX	N	205.52
•	**86999**	UNLISTED TRANSFUSION MEDICINE PROCEDURE	BR			XXX	N	24.38
•	**87003**	ANIMAL INOCULATION SMALL ANIMAL W/OBS&DSJ	30.89			XXX	N	
•	**87015**	CONCENTRATION INFECTIOUS AGENTS	12.25			XXX	N	
•	**87040**	CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	18.94			XXX	N	
•	**87045**	CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	17.32			XXX	N	
•	**87046**	CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	17.32			XXX	N	
•	**87070**	CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	15.80			XXX	N	
•	**87071**	CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	17.32			XXX	N	
•	**87073**	CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	17.32			XXX	N	
•	**87075**	CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	17.37			XXX	N	
•	**87076**	CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	14.81			XXX	N	
•	**87077**	CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	14.81			XXX	N	
•	**87081**	CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMJ	12.15			XXX	N	
•	**87084**	CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART	44.69			XXX	N	
•	**87086**	CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	14.81			XXX	N	
•	**87088**	CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	14.84			XXX	N	
•	**87101**	CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	14.13			XXX	N	
•	**87102**	CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	15.42			XXX	N	
•	**87103**	CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	33.78			XXX	N	
•	**87106**	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	18.94			XXX	N	
•	**87107**	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	18.94			XXX	N	
•	**87109**	CULTURE MYCOPLASMA ANY SOURCE	28.23			XXX	N	
•	**87110**	CULTURE CHLAMYDIA ANY SOURCE	35.94			XXX	N	
•	**87116**	CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	19.81			XXX	N	
•	**87118**	CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	24.12			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**87140**	CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	10.22			XXX	N	
•	**87143**	CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY	22.98			XXX	N	
•	**87147**	CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	9.49			XXX	N	
•	**87149**	CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	36.78			XXX	N	
•	**87150**	CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	64.37			XXX	N	
•	**87152**	CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING	12.78			XXX	N	
•	**87153**	CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	211.61			XXX	N	
•	**87158**	CULTURE TYPING OTHER METHODS	12.78			XXX	N	
•	**87164**	DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	53.62	33.92	19.70	XXX	N	
•	**87166**	DARK FIELD EXAM ANY SOURCE W/O SPECIMEN COLLECT	20.74			XXX	N	
•	**87168**	MACROSCOPIC EXAMINATION ARTHROPOD	7.84			XXX	N	
•	**87169**	MACROSCOPIC EXAMINATION PARASITE	7.84			XXX	N	
•	**87172**	PINWORM EXAMINATION	7.84			XXX	N	
•	**87176**	HOMOGENIZATION TISSUE CULTURE	10.80			XXX	N	
•	**87177**	OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	16.33			XXX	N	
•	**87181**	SUSCEPTBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	8.70			XXX	N	
•	**87184**	SUSCEPTIBILITY STUDY ANTIMICROBIAL DISK METHOD	12.65			XXX	N	
•	**87185**	SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYME DETCJ	8.70			XXX	N	
•	**87186**	SUSCEPTIBLTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	15.87			XXX	N	
+	**87187**	SUSCEPTIBLTY STDY ANTMCRB MICRO/AGAR DILUTJ EA	66.32			XXX	N	
•	**87188**	SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	12.18			XXX	N	
•	**87190**	SUSCEPTIBLTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	12.07			XXX	N	
•	**87197**	SERUM BACTERICIDAL TITER	27.55			XXX	N	
•	**87205**	SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	7.84			XXX	N	
•	**87206**	SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	9.89			XXX	N	
•	**87207**	SMR PRIM SRC SPEC STAIN BODIES/PARASITS	41.94	30.94	11.00	XXX	N	
•	**87209**	SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	32.97			XXX	N	
•	**87210**	SMR PRIM SRC WET MOUNT NFCT AGT	9.61			XXX	N	
•	**87220**	TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	7.84			XXX	N	
•	**87230**	TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	36.21			XXX	N	
•	**87250**	VIRUS INOCULATION EGGS/SM ANIMAL OBS&DSJ	35.88			XXX	N	
•	**87252**	VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	47.83			XXX	N	
•	**87253**	VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	37.06			XXX	N	
•	**87254**	VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	35.88			XXX	N	
•	**87255**	VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	62.11			XXX	N	
•	**87260**	IAADI ADENOVIRUS	23.82			XXX	N	
•	**87265**	IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	21.99			XXX	N	
•	**87267**	IAADI ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY	22.16			XXX	N	
•	**87269**	IAADI GIARDIA	22.47			XXX	N	
•	**87270**	IAADI CHLAMYDIA TRACHOMATIS	21.99			XXX	N	
•	**87271**	IAADI CYTOMEGALOVIRUS DIR FLUORESCENT ANTIBODY	22.16			XXX	N	
•	**87272**	IAADI CRYPTOSPORIDIUM	21.99			XXX	N	
•	**87273**	IAADI HERPES SMPLX VIRUS TYPE 2	21.99			XXX	N	
•	**87274**	IAADI HERPES SMPLX VIRUS TYPE 1	21.99			XXX	N	
•	**87275**	IAADI INFLUENZA B VIRUS	21.99			XXX	N	
•	**87276**	IAADI INFFLUENZA A VIRUS	26.53			XXX	N	
•	**87278**	IAADI LEGIONELLA PNEUMOPHILA	25.76			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**87279**	IAADI PARAINFLUENZA VIRUS EACH TYPE	27.13			XXX	N	
•	**87280**	IAADI RESPIRATORY SYNCTIAL VIRUS	22.16			XXX	N	
•	**87281**	IAADI PNEUMOCUSTIS CARINII	21.99			XXX	N	
•	**87283**	IAADI RUBEOLA	100.38			XXX	N	
•	**87285**	IAADI TREPONEMA PALLIDUM	21.99			XXX	N	
•	**87290**	IAADI VARICELLA ZOSTER VIRUS	22.16			XXX	N	
•	**87299**	IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM	26.58			XXX	N	
•	**87300**	IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM	21.99			XXX	N	
•	**87301**	IAAD IA ADENOVIRUS ENTERIC TYP 40/41	21.99			XXX	N	
•	**87305**	IAAD IA QUAL/SEMIQUAN MULTIPLE STEP ASPERGILLUS	21.99			XXX	N	
•	**87320**	IAAD IA CHLAMYDIA TRACHOMATIS	24.76			XXX	N	
•	**87324**	IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	21.99			XXX	N	
•	**87327**	IAAD IA CRYPTOCOCCUS NEOFORMANS	22.16			XXX	N	
•	**87328**	IAAD IA CRYPTOSPORIDIUM	22.82			XXX	N	
•	**87329**	IAAD IA GIARDIA	21.99			XXX	N	
•	**87332**	IAAD IA CYTOMEGALOVIRUS	21.99			XXX	N	
•	**87335**	IAAD IA ESCHERICHIA COLI 0157	21.99			XXX	N	
•	**87336**	IAAD IA ENTAMOEBA HISTOLYTICA DISPAR GRP	26.42			XXX	N	
•	**87337**	IAAD IA ENTAMOEBA HISTOLYTICA GRP	21.99			XXX	N	
•	**87338**	IAAD IA HPYLORI STOOL	26.38			XXX	N	
•	**87339**	IAAD IA HPYLORI	26.42			XXX	N	
•	**87340**	IAAD IA HEPATITIS B SURFACE ANTIGEN	18.95			XXX	N	
•	**87341**	IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	18.95			XXX	N	
•	**87350**	IAAD IA HEPATITIS BE ANTIGEN	21.15			XXX	N	
•	**87380**	IAAD IA HEPATITIS DELTA ANTIGEN	30.31			XXX	N	
•	**87385**	IAAD IA HISTOPLASM CAPSULATUM	21.99			XXX	N	
•	**87389**	IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	44.16			XXX	N	
•	**87390**	IAAD IA HIV-1	39.72			XXX	N	
•	**87391**	IAAD IA HIV-2	36.16			XXX	N	
•	**87400**	IAAD IA INFLUENZA A/B EACH	23.33			XXX	N	
•	**87420**	IAAD IA RESPIRATORY SYNCTIAL VIRUS	22.97			XXX	N	
•	**87425**	IAAD IA ROTAVIRUS	21.99			XXX	N	
•	**87427**	IAAD IA SHIGA-LIKE TOXIN	21.99			XXX	N	
•	**87430**	IAAD IA STREPTOCOCCUS GROUP A	27.75			XXX	N	
•	**87449**	IAAD IA MULT STEP METHOD NOS EACH ORGANISM	21.99			XXX	N	
•	**87450**	IAAD IA SINGLE STEP METHOD NOS EA ORGANISM	17.60			XXX	N	
•	**87451**	IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM	17.60			XXX	N	
•	**87471**	IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	64.37			XXX	N	
•	**87472**	IADNA BARTONELLA HENSELAE&QUINTANA QUANTJ	78.59			XXX	N	
•	**87475**	IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ	36.78			XXX	N	
•	**87476**	IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	64.37			XXX	N	
•	**87480**	IADNA CANDIDA SPECIES DIRECT PROBE TQ	36.78			XXX	N	
•	**87481**	IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	64.37			XXX	N	
•	**87482**	IADNA CANDIDA SPECIES QUANTIFICATION	92.03			XXX	N	
•	**87483**	CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	764.55			XXX	N	
•	**87485**	IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ	36.78			XXX	N	
•	**87486**	IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	64.37			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**87487**	IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION	78.59			XXX	N	
•	**87490**	IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	37.56			XXX	N	
•	**87491**	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	64.37			XXX	N	
•	**87492**	IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION	88.28			XXX	N	
•	**87493**	INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	64.37			XXX	N	
•	**87495**	IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ	49.58			XXX	N	
•	**87496**	IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	64.37			XXX	N	
•	**87497**	IADNA CYTOMEGALOVIRUS QUANTIFICATION	78.59			XXX	N	
•	**87498**	IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	64.37			XXX	N	
•	**87500**	INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	64.37			XXX	N	
•	**87501**	INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE	94.14			XXX	N	
•	**87502**	INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	158.16			XXX	N	
+	**87503**	NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	48.24			XXX	N	
•	**87505**	NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	235.33			XXX	N	
•	**87506**	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	434.19			XXX	N	
•	**87507**	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	764.55			XXX	N	
•	**87510**	IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	36.78			XXX	N	
•	**87511**	IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ	64.37			XXX	N	
•	**87512**	IADNA GARDNERELLA VAGINALIS QUANTIFICATION	76.61			XXX	N	
•	**87516**	IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	64.37			XXX	N	
•	**87517**	IADNA HEPATITIS B VIRUS QUANTIFICATION	78.59			XXX	N	
•	**87520**	IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	51.54			XXX	N	
•	**87521**	IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	64.37			XXX	N	
•	**87522**	IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	78.59			XXX	N	
•	**87525**	IADNA HEPATITIS G DIRECT PROBE TECHNIQUE	49.20			XXX	N	
•	**87526**	IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE	64.82			XXX	N	
•	**87527**	IADNA HEPATITIS G QUANTIFICATION	76.61			XXX	N	
•	**87528**	IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ	36.78			XXX	N	
•	**87529**	IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	64.37			XXX	N	
•	**87530**	IADNA HERPES SOMPLX VIRUS QUANTIFICATION	78.59			XXX	N	
•	**87531**	IADNA HERPES VIRUS-6 DIRECT PROBE TQ	95.76			XXX	N	
•	**87532**	IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	64.37			XXX	N	
•	**87533**	IADNA HERPES VIRUS-6 QUANTIFICATION	76.61			XXX	N	
•	**87534**	IADNA HIV-1 DIRECT PROBE TECHNIQUE	36.78			XXX	N	
•	**87535**	IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	64.37			XXX	N	
•	**87536**	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	156.10			XXX	N	
•	**87537**	IADNA HIV-2 DIRECT PROBE TECHNIQUE	36.78			XXX	N	
•	**87538**	IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	64.37			XXX	N	
•	**87539**	IADNA HIV-2 QUANT & REVERSE TRANSCRIPTION	96.78			XXX	N	
•	**87540**	IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ	36.78			XXX	N	
•	**87541**	IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	64.37			XXX	N	
•	**87542**	IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	76.61			XXX	N	
•	**87550**	IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ	36.78			XXX	N	
•	**87551**	IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	79.64			XXX	N	
•	**87552**	IADNA MYCOBACTERIA SPECIES QUANTIFICATION	78.59			XXX	N	
•	**87555**	IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB	44.38			XXX	N	
•	**87556**	IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	68.81			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**87557**	IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION	78.59			XXX	N	
•	**87560**	IADNA MYCOBACTERIA AVIUM-INTRACLRE DIR PRB	45.06			XXX	N	
•	**87561**	IADNA MYCOBACTERIA AVIUM-INTRACLRE AMP PRB	64.37			XXX	N	
•	**87562**	IADNA MYCOBACTERIA AVIUM-INTRACELLULARE QUANT	78.59			XXX	N	
•	**87580**	IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ	36.78			XXX	N	
•	**87581**	IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	64.37			XXX	N	
•	**87582**	IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	499.62			XXX	N	
•	**87590**	IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	44.38			XXX	N	
•	**87591**	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	64.37			XXX	N	
•	**87592**	IADNA NEISSERIA GONORRHOEAE QUANTIFICATION	78.59			XXX	N	
•	**87623**	IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	64.37			XXX	N	
•	**87624**	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	64.37			XXX	N	
•	**87625**	IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY	66.95			XXX	N	
•	**87631**	IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	235.48			XXX	N	
•	**87632**	IADNA RESPIRATRY PROBE & REV TRNSCR 6-11 TARGETS	391.51			XXX	N	
•	**87633**	IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	764.55			XXX	N	
•	**87634**	IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	128.76			XXX	N	
•	**87640**	IADNA S AUREUS AMPLIFIED PROBE TQ	64.37			XXX	N	
•	**87641**	IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	64.37			XXX	N	
•	**87650**	IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	36.78			XXX	N	
•	**87651**	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	64.37			XXX	N	
•	**87652**	IADNA STREPTOCOCCUS GROUP A QUANTIFICATION	76.61			XXX	N	
•	**87653**	IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	64.37			XXX	N	
•	**87660**	IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	36.78			XXX	N	
•	**87661**	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	64.37			XXX	N	
•	**87662**	IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	94.14			XXX	N	
•	**87797**	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	49.58			XXX	N	
•	**87798**	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	64.37			XXX	N	
•	**87799**	IADNA NOS QUANTIFICATION EACH ORGANISM	78.59			XXX	N	
•	**87800**	IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	73.58			XXX	N	
•	**87801**	IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	128.76			XXX	N	
•	**87802**	IAADIADOO STREPTOCOCCUS GROUP B	21.99			XXX	N	
•	**87803**	IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN	26.42			XXX	N	
•	**87804**	IAADIADOO INFLUENZA	27.32			XXX	N	
•	**87806**	IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	54.10			XXX	N	
•	**87807**	IAADIADOO RESPIRATORY SYNCTIAL VIRUS	21.99			XXX	N	
•	**87808**	IAADIADOO TRICHOMONAS VAGINALIS	25.24			XXX	N	
•	**87809**	INFECTIOUS AGENT IMMUNOASSAY OPTICAL ADENOVIRUS	35.93			XXX	N	
•	**87810**	CHLAMYDIA TRACHOMATIS	58.26			XXX	N	
•	**87850**	IAADIADOO NEISSERIA GONORRHOEAE	40.55			XXX	N	
•	**87880**	IAADIADOO STREPTOCOCCUS GROUP A	27.29			XXX	N	
•	**87899**	IAADIADOO NOT OTHERWISE SPECIFIED	26.53			XXX	N	
•	**87900**	NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	239.11			XXX	N	
•	**87901**	NFCT GEXYP NUCLEIC ACID HIV REV TRNSCR&PROTEAS	472.26			XXX	N	
•	**87902**	NFCT AGNT GENOTYP NUCLEIC ACID HEPATITIS C VIRUS	472.26			XXX	N	
•	**87903**	NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	896.40			XXX	N	
+	**87904**	NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	47.83			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**87905**	INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	22.42			XXX	N	
•	**87906**	NFCT GEXYP DNA/RNA HIV 1 OTHER REGION	236.14			XXX	N	
•	**87910**	NFCT AGT GENOTYPE NUCLEIC ACID CYTOMEGALOVIRUS	472.26			XXX	N	
•	**87912**	NFCT AGENT GENOTYPE HEPATITIS B VIRUS	472.26			XXX	N	
•	**87999**	UNLISTED MICROBIOLOGY	BR			XXX	N	
•	**88000**	NECROPSY GROSS EXAMINATION ONLY W/O CNS	389.30			XXX	N	
•	**88005**	NECROPSY GROSS EXAMINATION W/BRAIN	453.99			XXX	N	
•	**88007**	NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD	475.55			XXX	N	
•	**88012**	NECROPSY GROSS EXAMINATION INFANT W/BRAIN	389.30			XXX	N	
•	**88014**	NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN	356.96			XXX	N	
•	**88016**	NECROPSY GROSS EXAM MACERATED STILLBORN	497.11			XXX	N	
•	**88020**	NECROPSY GROSS & MICROSCOPIC W/O CNS	670.20			XXX	N	
•	**88025**	NECROPSY GROSS & MICROSCOPIC W/BRAIN	648.64			XXX	N	
•	**88027**	NECROPSY GROSS&MCRSCP BRAIN & SPINAL CORD	691.77			XXX	N	
•	**88028**	NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN	389.30			XXX	N	
•	**88029**	NECROPSY GROSS&MCRSCP STILLBORN/NEWBORN BRAIN	389.30			XXX	N	
•	**88036**	NECROPSY LIMITED GROSS&/MCRSCP REGIONAL	194.66			XXX	N	
•	**88037**	NECROPSY LIMITD GROSS&/MCRSCP SINGLE ORGAN	173.09			XXX	N	
•	**88040**	NECROPSY FORENSIC EXAMINATION	1081.07			XXX	N	
•	**88045**	NECROPSY CORONER CALL	108.41			XXX	N	
•	**88099**	UNLISTED NECROPSY PROCEDURE	BR			XXX	N	
•	**88104**	CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	117.81	48.79	69.02	XXX	N	
•	**88106**	CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	107.70	33.32	74.38	XXX	N	
•	**88108**	CYTP CONCENTRATION SMEARS & INTERPRETATION	101.75	38.68	63.07	XXX	N	
•	**88112**	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	113.05	48.20	64.85	XXX	N	
•	**88120**	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	1004.96	99.37	905.59	XXX	N	
•	**88121**	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	806.23	84.49	721.74	XXX	N	
•	**88125**	CYTOPATHOLOGY FORENSIC	44.63	23.80	20.83	XXX	N	
•	**88130**	SEX CHROMATIN IDENTIFICATION BARR BODIES	32.97			XXX	N	
•	**88140**	SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR	14.66			XXX	N	
•	**88141**	CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN	53.55			XXX	N	
•	**88142**	CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN	37.16			XXX	N	
•	**88143**	CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS	38.04			XXX	N	
•	**88147**	CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV	83.47			XXX	N	
•	**88148**	CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHYS	27.87			XXX	N	
•	**88150**	CYTP SLIDES C/V MNL SCR UNDER PHYS	24.75			XXX	N	
•	**88152**	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	45.63			XXX	N	
•	**88153**	CYTP SLIDES C/V MNL SCR&RESCR PHYS	39.67			XXX	N	
+	**88155**	CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	24.19			XXX	N	
•	**88160**	CYTP SMRS ANY OTH SRC SCR&INTERPJ	119.60	44.63	74.97	XXX	N	
•	**88161**	CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	111.27	43.44	67.83	XXX	N	
•	**88162**	CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	160.65	66.05	94.60	XXX	N	
•	**88164**	CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	24.75			XXX	N	
•	**88165**	CYTP SLIDES C/V MNL SCR&RESCR PHYS SUPV	69.70			XXX	N	
•	**88166**	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS SUPV	24.75			XXX	N	
•	**88167**	CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL S&I	24.75			XXX	N	
•	**88172**	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	95.20	62.48	32.72	XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	**88173**	CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	257.04	121.98	135.06	XXX	N	
•	**88174**	CYTP C/V AUTO THIN LYR PREPJ SCR SYS PHYS	41.89			XXX	N	
•	**88175**	CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	48.60			XXX	N	
+	**88177**	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	49.98	38.08	11.90	ZZZ	N	
•	**88182**	FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	225.51	66.64	158.87	XXX	N	
•	**88184**	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	111.86			XXX	N	389.39
+	**88185**	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	41.06			ZZZ	N	
•	**88187**	FLOW CYTOMETRY INTERPJ 2-8 MARKERS	64.26			XXX	N	
•	**88188**	FLOW CYTOMETRY INTERPJ 9-15 MARKERS	108.89			XXX	N	
•	**88189**	FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	145.78			XXX	N	
•	**88199**	UNLISTED CYTOPATHOLOGY PROCEDURE	BR	BR	BR	XXX	N	72.39
•	**88230**	TISS CUL NON-NEO DISORDERS LYMPHOCYTE	213.70			XXX	N	
•	**88233**	TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	258.15			XXX	N	
•	**88235**	TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	270.15			XXX	N	
•	**88237**	TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	237.33			XXX	N	
•	**88239**	TISS CUL NEO DISORDERS SOLID TUMOR	270.61			XXX	N	
•	**88240**	CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	21.58			XXX	N	
•	**88241**	THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	19.96			XXX	N	
•	**88245**	CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	317.68			XXX	N	
•	**88248**	CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	317.68			XXX	N	
•	**88249**	CHRMSM BREAKAGE SYNDS SCORE 100 CLL	317.68			XXX	N	
•	**88261**	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	436.42			XXX	N	
•	**88262**	CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	228.64			XXX	N	
•	**88263**	CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	275.70			XXX	N	
•	**88264**	CHRMSM ANALYZE 20-25 CELLS	238.75			XXX	N	
•	**88267**	CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	329.78			XXX	N	
•	**88269**	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	305.12			XXX	N	
•	**88271**	MOLECULAR CYTOGENETICS DNA PROBE EACH	39.29			XXX	N	
•	**88272**	MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS	67.20			XXX	N	
•	**88273**	MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	58.94			XXX	N	
•	**88274**	MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	69.97			XXX	N	
•	**88275**	MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	84.51			XXX	N	
•	**88280**	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	55.26			XXX	N	
•	**88283**	CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	125.84			XXX	N	
•	**88285**	CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	44.43			XXX	N	
•	**88289**	CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	63.17			XXX	N	
•	**88291**	CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	55.93			XXX	N	
•	**88299**	UNLISTED CYTOGENETIC STUDY	BR			XXX	N	72.39
•	**88300**	LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	26.78	7.74	19.04	XXX	N	
•	**88302**	LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	51.77	11.90	39.87	XXX	N	
•	**88304**	LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	67.83	19.64	48.19	XXX	N	
•	**88305**	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	116.03	65.45	50.58	XXX	N	
•	**88307**	LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	451.61	143.40	308.21	XXX	N	
•	**88309**	LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	686.04	253.47	432.57	XXX	N	
+	**88311**	DECALCIFICATION PROCEDURE	36.30	21.42	14.88	XXX	N	
•	**88312**	SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	168.39	45.82	122.57	XXX	N	
•	**88313**	SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	121.98	20.83	101.15	XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	**88314**	SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	154.70	38.68	116.02	XXX	N	
•	**88319**	SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	163.03	45.82	117.21	XXX	N	
•	**88321**	CONSLTJ&REPRT SLIDES PREPARED ELSEWHERE	169.58			XXX	N	45.61
•	**88323**	CONSLTJ&REPRT MATERIAL REQUIRING PREPJ SLIDES	195.16	150.54	44.62	XXX	N	
•	**88325**	CONSLTJ COMPRE REVIEW REPRT REFERRED MATRL	304.64			XXX	N	72.39
•	**88329**	PATHOLOGY CONSULTATION DURING SURGERY	87.47			XXX	N	45.61
•	**88331**	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1 SPEC	163.63	108.29	55.34	XXX	N	
+	**88332**	PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	89.85	53.55	36.30	XXX	N	
•	**88333**	PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	150.54	108.29	42.25	XXX	N	
+	**88334**	PATH CONSLTJ SURG CYTOLOGIC EXAM ADDL SITE	94.01	66.05	27.96	ZZZ	N	
+	**88341**	IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY SLIDE	155.89	49.39	106.50	ZZZ	N	
•	**88342**	IMHISTOCHEM/CYTCHM 1ST ANTIBODY STAIN PROCEDURE	179.10	61.29	117.81	XXX	N	
•	**88344**	IMHISTOCHEM/CYTCHM EA MULTIPLEX ANTIBODY SLIDE	287.98	66.64	221.34	XXX	N	
•	**88346**	IMMUNOFLUORESCENCE PER SPEC 1ST SINGL ANTB STAIN	185.05	62.48	122.57	XXX	N	
•	**88348**	ELECTRON MICROSCOPY DIAGNOSTIC	603.93	131.50	472.43	XXX	N	
+	**88350**	IMMUNOFLUORESCENCE PER SPEC ADD SINGL ANTB STAIN	129.71	49.39	80.32	ZZZ	N	
•	**88355**	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	223.13	141.02	82.11	XXX	N	
•	**88356**	MORPHOMETRIC ANALYSIS NERVE	377.23	215.99	161.24	XXX	N	
•	**88358**	MORPHOMETRIC ANALYSIS TUMOR	214.80	86.28	128.52	XXX	N	
•	**88360**	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	214.20	73.19	141.01	XXX	N	
•	**88361**	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBDY CMPTR ASST	221.34	78.54	142.80	XXX	N	
•	**88362**	NERVE TEASING PREPARATIONS	352.24	191.59	160.65	XXX	N	
•	**88363**	EXAM & SELECT ARCHIVE TISSUE MOLECULAR ANALYSI	39.87			XXX	N	24.38
+	**88364**	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	222.53	60.10	162.43	ZZZ	N	
•	**88365**	IN SITU HYBRIDIZATION 1ST PROBE STAIN	296.91	75.57	221.34	XXX	N	
•	**88366**	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	442.68	107.10	335.58	XXX	N	
•	**88367**	M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	183.26	59.50	123.76	XXX	N	
•	**88368**	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	213.61	72.00	141.61	XXX	N	
+	**88369**	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	186.83	55.93	130.90	ZZZ	N	
•	**88371**	PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	74.70	33.92	40.78	XXX	N	
•	**88372**	PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	74.23	30.94	43.29	XXX	N	
+	**88373**	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	125.55	46.41	79.14	ZZZ	N	
•	**88374**	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	546.21	76.16	470.05	XXX	N	
•	**88375**	OPTICAL ENDOMICROSCOPIC IMAGE INTERP & REPORT	84.49			XXX	N	
•	**88377**	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	650.34	110.67	539.67	XXX	N	
•	**88380**	MICRODISSECTION PREP IDENTIFIED TARGET LASER	224.91	94.61	130.30	XXX	N	
•	**88381**	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	258.23	43.44	214.79	XXX	N	
•	**88387**	MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA	59.50	48.20	11.30	XXX	N	
+	**88388**	MACR EXM DISS&PRP NONMICR IMPRNT/CONSLT/FRZ SE	59.50	41.06	18.44	XXX	N	
•	**88399**	UNLISTED SURGICAL PATHOLOGY PROCEDURE	BR	BR	BR	XXX	N	72.39
•	**88720**	BILIRUBIN TOTAL TRANSCUTANEOUS	9.20			XXX	N	
•	**88738**	HGB QUANTITATIVE TRANSCUTANEOUS	9.20			XXX	N	
•	**88740**	HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN	15.47			XXX	N	
•	**88741**	HEMOGLOBIN QUANTITATIVE TC PER DAY METHEMOGLOBIN	15.47			XXX	N	
•	**88749**	UNLISTED IN VIVO LABORTORY SERVICE	BR			XXX	N	
•	**89049**	CAFFEINE HALOTHANE CONTRACTURE TEST	420.07			XXX	N	205.52
•	**89050**	CELL COUNT MISCELLANEOUS BODY FLUIDS	8.67			XXX	N	

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•		**89051**	CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	10.10			XXX	N	
•		**89055**	LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	7.84			XXX	N	
•		**89060**	CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	44.07	30.94	13.13	XXX	N	
•		**89125**	FAT STAIN FECES URINE/RESPIR SECRETIONS	9.71			XXX	N	
•		**89160**	MEAT FIBERS FECES	8.01			XXX	N	
•		**89190**	NASAL SMEAR EOSINOPHILS	9.56			XXX	N	
•		**89220**	SPUTUM OBTAINING SPEC AEROSOL INDUCED TX SPX	27.37			XXX	N	205.52
•		**89230**	SWEAT COLLECTION IONTOPHORESIS	4.76			XXX	N	72.39
•		**89240**	UNLIS MISC PATH	BR			XXX	N	72.39
•		**89250**	CUL OOCYTE/EMBRYO <4 DAYS	2545.41			XXX	N	205.52
•		**89251**	CUL OOCYTE/EMBRYO < 4 D CO-CULT OCYTE/EMBRY	2545.41			XXX	N	389.39
•		**89253**	ASSTD EMBRYO HATCHING MICROTQS ANY METH	954.38			XXX	N	205.52
•		**89254**	OOCYTE ID FROM FOLLICULAR FLU	1018.05			XXX	N	205.52
•		**89255**	PREPJ EMBRYO TR	636.65			XXX	N	72.39
•		**89257**	SPRM ID FROM ASPIR OTH/THN SEMINAL	861.56			XXX	N	72.39
•		**89258**	CRYOPRSRV EMBRYO	1272.71			XXX	N	792.53
•		**89259**	CRYOPRSRV SPRM	318.33			XXX	N	205.52
•		**89260**	SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	254.66			XXX	N	72.39
•		**89261**	SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	328.44			XXX	N	72.39
•		**89264**	SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	968.66			XXX	N	72.39
•		**89268**	INSEMINATION OOCYTES	1018.05			XXX	N	205.52
•		**89272**	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	1622.57			XXX	N	792.53
•		**89280**	ASSTD FERTILIZATION MICROTQ </EQUAL 10 OOCYTES	2545.41			XXX	N	792.53
•		**89281**	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	2898.84			XXX	N	205.52
•		**89290**	BX OOCYTE MICROTQ </= 5 EMBRY	2545.41			XXX	N	205.52
•		**89291**	BX OOCYTE MICROTQ >5 EMBRY	2927.40			XXX	N	205.52
•		**89300**	SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	16.38			XXX	N	
•		**89310**	SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	15.80			XXX	N	
•		**89320**	SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	22.11			XXX	N	
•		**89321**	SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	22.11			XXX	N	
•		**89322**	SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	28.43			XXX	N	
•		**89325**	SPERM ANTIBODIES	19.58			XXX	N	
•		**89329**	SPERM EVALUATION HAMSTER PENETRATION TEST	35.93			XXX	N	
•		**89330**	SPERM EVALUATION CERVICAL MUCOUS PENETRATION	18.14			XXX	N	
•		**89331**	SPERM EVALUATION RETROGRADE EJACULATION URINE	35.93			XXX	N	
•		**89335**	CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	445.66			XXX	N	72.39
•		**89337**	CRYOPRESERVATION MATURE OOCYTE(S)	1527.37			XXX	N	205.52
•		**89342**	STORAGE PER YEAR EMBRYO	636.65			XXX	N	205.52
•		**89343**	STORAGE PER YEAR SPERM/SEMEN	296.31			XXX	N	205.52
•		**89344**	STORAGE PER YR REPRDTVE TISS TSTICULAR/OVARIAN	381.99			XXX	N	205.52
•		**89346**	STORAGE PER YEAR OOCYTE	445.66			XXX	N	389.39
•		**89352**	THAWING CRYOPRESERVED EMBRYO	714.00			XXX	N	205.52
•		**89353**	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	133.88			XXX	N	72.39
•		**89354**	THAWING CRYOPRESERVED TESTICULAR/OVARIAN	349.86			XXX	N	205.52
•		**89356**	THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	665.81			XXX	N	205.52
•		**89398**	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	BR			XXX	N	72.39
•	∞	**0430M**	PRESUMPTIVE DRUG TESTING, EXCLUDING POST ACCIDENT	41.88					

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	∞	**0431M**	DEFINITIVE DRUG TESTING, EXCLUDING POST ACCIDENT	296.19					

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.

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

I. GUIDELINES

A. **Unlisted Services or Procedures**. When reporting a service or procedure that is not listed in this fee schedule, use the appropriate unlisted procedure code. The bill must be accompanied by a Special Report as described below. If a HCPCS or CPT code has been established subsequent to the release of this fee schedule, include the code(s) with the Special Report.

B. **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. **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)**. "BR" in the Amount column indicates services that are too new, unusual, or variable in the 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.

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 a specific HCPCS code. Reimbursement shall be limited to the lesser of the billed amount, the Fee Schedule MAR or the usual and customary rate for items not listed in this Fee Schedule.

G. **Audiological Function Tests**. The audiometric tests (92551–92597) require the use of calibrated electronic equipment, recording of results and a report with interpretation. Hearing tests (such as whispered voice, tuning fork) that are otorhinolaryngologic Evaluation and Management services are not reported separately.. All services include testing of both ears. Use modifier 52 if a test is applied to one ear instead of two 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 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 CPT and American Psychiatric Association recommendatations.
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, counselors and other non-physician providers.

l **Electromyography (EMG) and Nerve Conduction Studies (NCS).** 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 allopathic or osteopathic physician certified in Neurology/Physical Medicine and Rehabilitation (PMR)/Electrodiagnostic medicine is entitled to reimbursement for performing an electromyogram (EMG) and/or a nerve conduction study (NCS).
2. Reimbursement for automated nerve conduction studiesis not allowed under this Fee Schedule.
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, are addressed in the Therapeutic Services section.

THERAPEUTIC SERVICES

All services performed by healthcare professionals must meet the standards of practice and requirements as established by the applicable state licensing and regulatory agency that governs licensure of the provider in the state of Mississippi.

I. Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.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 MWCC 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 MWCC 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 Medicine 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 codes 97161–97163 are used for an initial assessment by physical therapists. Code 97164 is used for re-evaluation of a patient by physical therapists. Procedure codes 97165–97167 are used for an initial assessment by occupational therapists. Code 97168 is used for re-evaluation of a patient by occupational therapists. Procedure codes from 92521–92523 are used for an initial assessment by a speech-language 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 eligible 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; and

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 or speech-language pathology. 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 for therapy services 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; and
    - 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; and
    - Hand
4. Lower extremity (either left or right) is recognized as the following eight distinct regions:
    - Hip;
    - Thigh;
    - Knee;
    - Calf;
    - Ankle; and
    - 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 MAR 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 HCPCS 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; and
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; and
  - 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; and
   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;
      - 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; and
      - 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 and 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; and
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. The report is included in the reimbursement for code 97750.

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 of active wounds should be billed as CPT code 97597, 97598, or 97602.

VIII. BACK SCHOOLS

Back schools are not 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 separate 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. 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. Authorization/pre-certification 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 authorization/pre-certification process.

C. The following guidelines shall be used to assist in pre-certification, 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; and
    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. Discharge/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.

XI. EXPERIMENTAL OR INVESTIGATIONAL PROCEDURES

See the General Rules section for information about procedures that are considered investigational or experimental for purposes of this Fee Schedule and are not approved for reimbursement.

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg
92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	131.57			XXX	N
92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2/>INDIV	39.53			XXX	N
92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	189.39			XXX	N
92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	153.40			XXX	N
92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	326.86			XXX	N
95831	MUSC TSTG MNL W/REPRT XTR EX HAND/TRNK	54.28			XXX	N
95832	MUSC TSTG MNL W/REPRT HAND W/WO CMPRSN NRML SIDE	53.69			XXX	N
95833	MUSC TSTG MNL W/REPRT TOTAL EVAL BODY EX HANDS	70.80			XXX	N
95834	MUSC TSTG MNL W/REPRT TOTAL EVAL BODY W/HANDS	92.63			XXX	N
95836	ECOG IMPLANTED BRAIN NPGT W/REC I&R <30 DAYS	185.26			XXX	N
95851	ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	34.81			XXX	N
95852	ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	31.27			XXX	N
97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	9.72			XXX	N
97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	22.68			XXX	N
97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	22.68			XXX	N
97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	19.44			XXX	N
97018	APPL MODALITY 1/> AREAS PARAFFIN BATH	10.80			XXX	N
97022	APPLICATION MODALITY 1/> AREAS WHIRLPOOL	27.54			XXX	N
97024	APPLICATION MODALITY 1/> AREAS DIATHERMY	10.80			XXX	N
97026	APPLICATION MODALITY 1/> AREAS INFRARED	9.72			XXX	N
97028	APPL MODALITY 1/> AREAS ULTRAVIOLET	12.42			XXX	N
97032	APPL MODALITY 1/> AREAS ELEC STIMJ EA 15 MIN	22.68			XXX	N
97033	APPL MODALITY 1/> AREAS IONTOPHORESIS EA 15 MIN	31.86			XXX	N
97034	APPL MODALITY 1/> AREAS CONTRAST BATHS EA 15 MIN	23.22			XXX	N
97035	APPL MODALITY 1/> AREAS ULTRASOUND EA 15 MIN	21.06			XXX	N
97036	APPL MODALITY 1/> AREAS HUBBARD TANK EA 15 MIN	53.46			XXX	N
97039	UNLIST MODALITY SPEC TYPE&TIME CONSTANT ATTEND	BR			XXX	N
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	46.98			XXX	N
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	53.46			XXX	N
97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	59.40			XXX	N
97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINJ W/STAIR	46.44			XXX	N
97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	43.74			XXX	N
97127	THERAPEUTIC IVNTJ W/FOCUS ON COGNITIVE FUNCTION	42.66			XXX	N
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	27.18			XXX	N
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	42.66			XXX	N
97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	28.08			XXX	N
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	BR			XXX	N
97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	BR			XXX	N
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	BR			XXX	N

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg
	97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	BR			XXX	N
	97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	BR			XXX	N
	97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	BR			XXX	N
	97157	MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN	BR			XXX	N
	97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN	BR			XXX	N
	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	129.60			XXX	N
	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	129.60			XXX	N
	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	129.60			XXX	N
	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	88.02			XXX	N
	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	139.32			XXX	N
	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	139.32			XXX	N
	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	139.32			XXX	N
	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	95.58			XXX	N
	97169	ATHLETIC TRAINING EVAL LOW COMPLEX 15 MINS	85.32			XXX	N
	97170	ATHLETIC TRAINING EVAL MOD COMPLEX 30 MINS	99.36			XXX	N
	97171	ATHLETIC TRAINING EVAL HIGH COMPLEX 45 MINS	113.94			XXX	N
	97172	ATHLETIC TRAINING RE-EVAL EST PLAN CARE 20 MINS	71.28			XXX	N
	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	61.02			XXX	N
	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	65.34			XXX	N
	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	52.38			XXX	N
	97537	COMMUNITY/WORK REINTEGRATION TRAINJ EA 15 MIN	50.22			XXX	N
	97542	WHEELCHAIR MGMT EA 15 MIN	50.76			XXX	N
	97545	WORK HARDENING/CONDITIONING 1ST 2 HR	130.68			XXX	N
+	**97546**	WORK HARDENING/CONDITIONING EACH HOUR	64.80			ZZZ	N
	97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	136.08			000	N
+	**97598**	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM	42.66			ZZZ	N
	97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	49.14			XXX	N
	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	53.46			XXX	N
	97755	ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	58.32			XXX	N
	97760	ORTHOTICS MGMT & TRAINJ INITIAL ENCTR EA 15 MINS	72.90			XXX	N
	97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	62.64			XXX	N
	97763	ORTHOTICS/PROSTH MGMT &/TRAINJ SBSQ ENCTR 15 MIN	77.22			XXX	N
	97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	BR			XXX	N
	97810	ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MIN	55.62			XXX	N
+	**97811**	ACUPUNCTURE 1/> NDLS W/O ELEC STIMJ EA 15 MIN	42.12			ZZZ	N
	97813	ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	61.02			XXX	N
+	**97814**	ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	49.14			ZZZ	N
	98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	52.51			000	N
	98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	75.52			000	N
	98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	99.12			000	N
	98928	OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	120.36			000	N
	98929	OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	143.96			000	N
	98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	47.20			000	N
	98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	68.44			000	N
	98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	88.50			000	N
	98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION	45.43			XXX	N
	99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	BR			XXX	N

DENTAL

I. SCOPE

The dental procedure codes included in the 2019 Mississippi Workers' Compensation Medical Fee Schedule are obtained from the *Code on Dental Procedures and Nomenclature 2019* which is published in *Current Dental Terminology* (CDT), American Dental Association (ADA). All Rights Reserved. CDT codes are five-character codes beginning with "D" and followed by four numeric digits. Billing for dental services should be submitted on the ADA Dental Claim Form.

II. GUIDELINES

A. Treatments provided for work-related dental injuries not specifically contained in the Fee Schedule should be billed using CDT code D9999 "Unspecified Adjunctive Procedure, By Report."

B. **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.

C. **Dental Providers:** The following dental providers, licensed in the state where they practice, may be paid for dental services:

1. Dentists
2. Oral and maxillofacial surgeons
3. Orthodontists
4. Hospitals
5. Dental clinics

Services provided by other dental practitioners, including hygienists and dental assistants, must be billed by the licensed dentist, orthodontist or oral surgeon overseeing these practitioners.

D. **Laboratory Procedures:** Reimbursement for laboratory procedures is included in the maximum allowable reimbursement for the associated dental procedure.

E. **Modifiers:** Dental codes do not contain modifiers.

Code	Description	Amount
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	49.00
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	72.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	65.00
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	79.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	BR
D0170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	69.00
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	64.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	101.00
D0190	SCREENING OF A PATIENT	40.00
D0191	ASSESSMENT OF A PATIENT	30.00

Code	Description	Amount
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	135.00
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	28.00
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	24.00
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	35.00
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	49.00
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	35.00
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	29.00
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	43.00
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	53.00
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	60.00
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	92.00
D0310	SIALOGRAPHY	413.33
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	730.22
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	BR
D0322	TOMOGRAPHIC SURVEY	592.45
D0330	PANORAMIC RADIOGRAPHIC IMAGE	109.00
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	99.00
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	50.00
D0351	3D PHOTOGRAPHIC IMAGE	55.00
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	195.00
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	185.00
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	318.50
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	297.00
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	340.31
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	192.89
D0370	MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION	110.22
D0371	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	BR
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	85.00
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	180.00
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	321.02
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	200.00
D0384	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	344.45
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	2114.89
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	529.07
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE BY A PRACTITIONER NOT ASSOCIATED WITH CAPTURE OF THE IMAGE, INCLUDING REPORT	BR
D0393	TREATMENT SIMULATION USING 3D IMAGE VOLUME	BR
D0394	DIGITAL SUBTRACTION OF TWO OR MORE IMAGES OR IMAGE VOLUMES OF THE SAME MODALITY	BR
D0395	FUSION OF TWO OR MORE 3D IMAGE VOLUMES OF ONE OR MORE MODALITIES	BR
D0411	HBA1C IN-OFFICE POINT OF SERVICE TESTING	BR
D0412	BLOOD GLUCOSE LEVEL TEST - IN-OFFICE USING A GLUCOSE METER	BR
D0414	LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	55.11
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	65.00
D0416	VIRAL CULTURE	59.24
D0417	COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING	65.00
D0418	ANALYSIS OF SALIVA SAMPLE	65.00
D0422	COLLECTION AND PREPARATION OF GENETIC SAMPLE MATERIAL FOR LABORATORY ANALYSIS AND REPORT	39.96
D0423	GENETIC TEST FOR SUSCEPTIBILITY TO DISEASES - SPECIMEN ANALYSIS	BR

Code	Description	Amount
D0425	CARIES SUSCEPTIBILITY TESTS	34.44
D0431	ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES INCLUDING PREMALIGNANT AND MALIGNANT LESIONS, NOT TO INCLUDE CYTOLOGY OR BIOPSY PROCEDURES	31.00
D0460	PULP VITALITY TESTS	53.00
D0470	DIAGNOSTIC CASTS	102.00
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	75.78
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	159.82
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	179.11
D0475	DECALCIFICATION PROCEDURE	96.44
D0476	SPECIAL STAINS FOR MICROORGANISMS	93.69
D0477	SPECIAL STAINS, NOT FOR MICROORGANISMS	128.13
D0478	IMMUNOHISTOCHEMICAL STAINS	117.11
D0479	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION	179.11
D0480	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	110.22
D0481	ELECTRON MICROSCOPY	413.33
D0482	DIRECT IMMUNOFLUORESCENCE	137.78
D0483	INDIRECT IMMUNOFLUORESCENCE	137.78
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	206.67
D0485	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY REFERRING SOURCE	285.20
D0486	LABORATORY ACCESSION OF TRANSEPITHELIAL CYTOLOGIC SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	132.27
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	BR
D0600	NON-IONIZING DIAGNOSTIC PROCEDURE CAPABLE OF QUANTIFYING, MONITORING, AND RECORDING CHANGES IN STRUCTURE OF ENAMEL, DENTIN, AND CEMENTUM	25.00
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK	10.00
D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK	82.67
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK	82.67
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	BR
D1110	PROPHYLAXIS - ADULT	85.00
D1120	PROPHYLAXIS - CHILD	67.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	45.00
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	35.00
D1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE	72.00
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	46.03
D1330	ORAL HYGIENE INSTRUCTIONS	65.00
D1351	SEALANT - PER TOOTH	54.00
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANENT TOOTH	68.00
D1353	SEALANT REPAIR - PER TOOTH	60.56
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	31.00
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	328.00
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	423.94
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	423.94
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	339.00
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	514.79
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	514.79
D1550	RE-CEMENT OR RE-BOND SPACE MAINTAINER	84.00
D1555	REMOVAL OF FIXED SPACE MAINTAINER	77.00
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED - UNILATERAL	333.10
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	BR
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	132.00

Code	Description	Amount
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	164.00
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	195.00
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	220.00
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	154.00
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	185.00
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	225.00
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	275.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	357.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	167.00
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	215.00
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	261.00
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	309.00
D2410	GOLD FOIL - ONE SURFACE	301.91
D2420	GOLD FOIL - TWO SURFACES	503.18
D2430	GOLD FOIL - THREE SURFACES	872.18
D2510	INLAY - METALLIC - ONE SURFACE	798.38
D2520	INLAY - METALLIC - TWO SURFACES	905.73
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	1043.94
D2542	ONLAY - METALLIC - TWO SURFACES	1023.81
D2543	ONLAY - METALLIC - THREE SURFACES	1070.77
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	1113.71
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	939.27
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	991.60
D2630	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	1056.01
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	1026.49
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	992.00
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	950.00
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	617.24
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	735.32
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	772.89
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	670.91
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	788.99
D2664	ONLAY - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	845.35
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	476.35
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	476.35
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	1174.09
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	1100.29
D2722	CROWN - RESIN WITH NOBLE METAL	1124.45
D2740	CROWN - PORCELAIN/CERAMIC	1072.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	998.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	957.00
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	1017.00
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	1140.55
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	1073.46
D2782	CROWN - 3/4 CAST NOBLE METAL	260.00
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	1145.00
D2790	CROWN - FULL CAST HIGH NOBLE METAL	1100.00
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	898.50
D2792	CROWN - FULL CAST NOBLE METAL	995.00
D2794	CROWN - TITANIUM	1174.09

Code	Description	Amount
D2799	PROVISIONAL CROWN- FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	365.00
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	109.00
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	120.00
D2920	RE-CEMENT OR RE-BOND CROWN	95.00
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	140.89
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	500.00
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	265.00
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	312.00
D2932	PREFABRICATED RESIN CROWN	322.04
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	445.00
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	308.00
D2940	PROTECTIVE RESTORATION	109.00
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION	101.98
D2949	RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION	101.98
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	254.00
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	60.00
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	366.00
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	201.27
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	327.00
D2955	POST REMOVAL	175.00
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	136.00
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	500.00
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	882.92
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	1131.00
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK	178.00
D2975	COPING	40.00
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	220.00
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	187.85
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	187.85
D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	187.85
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	145.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	BR
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	74.00
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	73.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	186.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	190.00
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	176.00
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	280.00
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	260.00
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	772.00
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	898.00
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	1025.00
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	210.00
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	450.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	246.40
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	1010.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	1125.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	1275.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE / CALCIFIC REPAIR OF PERFORATIONS, ROOT	250.00

Code	Description	Amount
	RESORPTION, ETC.)	
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT	183.04
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	563.20
D3355	PULPAL REGENERATION - INITIAL VISIT	408.32
D3356	PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT	183.04
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	BR
D3410	APICOECTOMY - ANTERIOR	835.00
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	985.00
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	850.00
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	344.96
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	732.16
D3428	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - PER TOOTH, SINGLE SITE	1067.26
D3429	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - EACH ADDITIONAL CONTIGUOUS TOOTH IN THE SAME SURGICAL SITE	1017.98
D3430	RETROGRADE FILLING - PER ROOT	228.00
D3431	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION IN CONJUNCTION WITH PERIRADICULAR SURGERY	1253.12
D3432	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE, IN CONJUNCTION WITH PERIRADICULAR SURGERY	1077.12
D3450	ROOT AMPUTATION - PER ROOT	528.00
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	1971.20
D3470	INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING)	1006.72
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	140.80
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	401.28
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	183.04
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	BR
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	950.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	270.00
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	138.00
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	802.42
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	350.00
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	1200.00
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	597.60
D4245	APICALLY POSITIONED FLAP	534.95
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	673.00
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	1299.00
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	915.00
D4263	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT	450.00
D4264	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT	506.00
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	375.00
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	425.00
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE REMOVAL)	350.00
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	BR
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	440.00
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	1200.00
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	595.00
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	1200.00

Code	Description	Amount
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	1178.15
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT	999.00
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	625.00
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	806.00
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	400.00
D4320	PROVISIONAL SPLINTING - INTRACORONAL	546.00
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	327.00
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	245.00
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	178.00
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION	150.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	165.00
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	78.00
D4910	PERIODONTAL MAINTENANCE	138.00
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STAFF)	108.26
D4921	GINGIVAL IRRIGATION - PER QUADRANT	17.00
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	BR
D5110	COMPLETE DENTURE - MAXILLARY	1325.00
D5120	COMPLETE DENTURE - MANDIBULAR	1295.00
D5130	IMMEDIATE DENTURE - MAXILLARY	1470.01
D5140	IMMEDIATE DENTURE - MANDIBULAR	1402.00
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	950.00
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	1095.00
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	1485.00
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	1500.01
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	909.00
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	909.00
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	1200.00
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	1300.00
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	1275.00
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	1400.00
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), MAXILLARY	889.56
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), MANDIBULAR	889.56
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	88.00
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	88.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	80.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	82.00
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	155.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	155.00
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	155.00
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	189.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	160.00
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	176.40
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	176.40

Code	Description	Amount
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS - PER TOOTH	225.00
D5640	REPLACE BROKEN TEETH - PER TOOTH	167.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	197.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	220.00
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	554.40
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	554.40
D5710	REBASE COMPLETE MAXILLARY DENTURE	550.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	400.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	529.20
D5721	REBASE MANDIBULAR PARTIAL DENTURE	493.00
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	308.00
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	308.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	295.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	285.00
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	432.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	439.00
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	426.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	386.00
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	750.00
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	718.20
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	590.00
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	550.00
D5850	TISSUE CONDITIONING, MAXILLARY	145.00
D5851	TISSUE CONDITIONING, MANDIBULAR	130.00
D5862	PRECISION ATTACHMENT, BY REPORT	BR
D5863	OVERDENTURE - COMPLETE MAXILLARY	1461.60
D5864	OVERDENTURE - PARTIAL MAXILLARY	1927.80
D5865	OVERDENTURE - COMPLETE MANDIBULAR	1461.60
D5866	OVERDENTURE - PARTIAL MANDIBULAR	2003.40
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT)	175.00
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	BR
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	BR
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	BR
D5911	FACIAL MOULAGE (SECTIONAL)	258.01
D5912	FACIAL MOULAGE (COMPLETE)	258.01
D5913	NASAL PROSTHESIS	5433.04
D5914	AURICULAR PROSTHESIS	5433.04
D5915	ORBITAL PROSTHESIS	7352.33
D5916	OCULAR PROSTHESIS	1961.05
D5919	FACIAL PROSTHESIS	BR
D5922	NASAL SEPTAL PROSTHESIS	BR
D5923	OCULAR PROSTHESIS, INTERIM	BR
D5924	CRANIAL PROSTHESIS	BR
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	BR
D5926	NASAL PROSTHESIS, REPLACEMENT	BR
D5927	AURICULAR PROSTHESIS, REPLACEMENT	BR
D5928	ORBITAL PROSTHESIS, REPLACEMENT	BR
D5929	FACIAL PROSTHESIS, REPLACEMENT	BR
D5931	OBTURATOR PROSTHESIS, SURGICAL	2925.34

Code	Description	Amount
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	5471.09
D5933	OBTURATOR PROSTHESIS, MODIFICATION	BR
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	4986.63
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	4338.82
D5936	OBTURATOR PROSTHESIS, INTERIM	4873.40
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	612.54
D5951	FEEDING AID	796.30
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	2585.66
D5953	SPEECH AID PROSTHESIS, ADULT	4910.52
D5954	PALATAL AUGMENTATION PROSTHESIS	4550.43
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	4208.89
D5958	PALATAL LIFT PROSTHESIS, INTERIM	BR
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	BR
D5960	SPEECH AID PROSTHESIS, MODIFICATION	BR
D5982	SURGICAL STENT	413.00
D5983	RADIATION CARRIER	928.09
D5984	RADIATION SHIELD	928.09
D5985	RADIATION CONE LOCATOR	928.09
D5986	FLUORIDE GEL CARRIER	45.00
D5987	COMMISSURE SPLINT	1392.14
D5988	SURGICAL SPLINT	278.43
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	106.73
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE, BY REPORT	BR
D5993	MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA- OR INTRA-ORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY REPORT	BR
D5994	PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL - LABORATORY PROCESSED	700.00
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	BR
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	1899.99
D6011	SECOND STAGE IMPLANT SURGERY	190.00
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	2175.39
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	1200.00
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	7921.94
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	5910.02
D6051	INTERIM ABUTMENT	80.00
D6052	SEMI-PRECISION ATTACHMENT ABUTMENT	695.00
D6055	CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	691.60
D6056	PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT	555.00
D6057	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT	750.00
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	1280.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	1292.00
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	1290.00
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	1281.00
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	1013.00
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	1093.98
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	1223.00
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	1400.00
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	1450.00
D6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	1232.30
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	1307.00
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	962.00

Code	Description	Amount
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	1236.07
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	1550.00
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	1276.31
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	1165.66
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	1238.59
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	1329.00
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	1800.00
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	1232.30
D6080	IMPLANT MAINTENANCE PROCEDURES WHEN PROSTHESES ARE REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESES AND ABUTMENTS	158.00
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT, INCLUDING CLEANING OF THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE	55.33
D6085	PROVISIONAL IMPLANT CROWN	379.75
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	BR
D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	95.00
D6092	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	137.00
D6093	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	159.70
D6094	ABUTMENT SUPPORTED CROWN - (TITANIUM)	1037.40
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	BR
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	BR
D6100	IMPLANT REMOVAL, BY REPORT	BR
D6101	DEBRIDEMENT OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT, AND SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	373.46
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT AND INCLUDES SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	513.04
D6103	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT - DOES NOT INCLUDE FLAP ENTRY AND CLOSURE	427.53
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	400.00
D6110	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MAXILLARY	2993.01
D6111	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	3000.00
D6112	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY	1718.93
D6113	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR	1718.93
D6114	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY	3010.34
D6115	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	3010.34
D6116	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY	2308.68
D6117	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR	2308.68
D6118	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	1565.53
D6119	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY	1565.53
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	BR
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD (TITANIUM)	1068.83
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	BR
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	638.77
D6210	PONTIC - CAST HIGH NOBLE METAL	1090.00
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	915.16
D6212	PONTIC - CAST NOBLE METAL	952.01
D6214	PONTIC - TITANIUM	982.72
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	994.00
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	924.00
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	1000.00
D6245	PONTIC - PORCELAIN/CERAMIC	1090.00
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	952.01

Code	Description	Amount
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	925.00
D6252	PONTIC - RESIN WITH NOBLE METAL	950.00
D6253	PROVISIONAL PONTIC - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	410.29
D6545	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	732.00
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	990.00
D6549	RETAINER - FOR RESIN BONDED FIXED PROSTHESIS	292.36
D6600	RETAINER INLAY - PORCELAIN/CERAMIC, TWO SURFACES	804.60
D6601	RETAINER INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	843.91
D6602	RETAINER INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	859.88
D6603	RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	945.87
D6604	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	842.68
D6605	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	893.05
D6606	RETAINER INLAY - CAST NOBLE METAL, TWO SURFACES	829.17
D6607	RETAINER INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	920.07
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	874.62
D6609	RETAINER ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	912.70
D6610	RETAINER ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	927.44
D6611	RETAINER ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	1014.66
D6612	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	922.53
D6613	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	964.29
D6614	RETAINER ONLAY - CAST NOBLE METAL, TWO SURFACES	902.87
D6615	RETAINER ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	938.50
D6624	RETAINER INLAY - TITANIUM	859.88
D6634	RETAINER ONLAY - TITANIUM	902.87
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	115.00
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	956.00
D6721	RETAINER CROWN - RESIN WITH PREDOMINANTLY BASE METAL	1019.57
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	1302.00
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	1088.00
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	998.00
D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	945.00
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	1000.00
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	1038.00
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	1038.00
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	964.29
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	1068.71
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	1300.00
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	1007.29
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	1044.14
D6793	PROVISIONAL RETAINER CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	478.00
D6794	RETAINER CROWN - TITANIUM	1044.14
D6920	CONNECTOR BAR	221.11
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	141.00
D6940	STRESS BREAKER	292.36
D6950	PRECISION ATTACHMENT	559.00
D6980	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	249.00
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	491.36
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	BR
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	111.00

Code	Description	Amount
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	160.00
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	250.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	315.00
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	400.00
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	460.00
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	500.00
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	255.00
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	450.00
D7260	OROANTRAL FISTULA CLOSURE	1618.34
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	674.31
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	498.00
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	674.31
D7280	EXPOSURE OF AN UNERUPTED TOOTH	555.00
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	200.00
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	255.00
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	900.00
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	399.00
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	161.83
D7288	BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION	161.83
D7290	SURGICAL REPOSITIONING OF TEETH	404.59
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	BR
D7292	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP; INCLUDES DEVICE REMOVAL	647.34
D7293	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP; INCLUDES DEVICE REMOVAL	404.59
D7294	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP; INCLUDES DEVICE REMOVAL	337.16
D7295	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	BR
D7296	CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	BR
D7297	CORTICOTOMY - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	BR
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	220.00
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	175.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	368.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	327.00
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	1854.35
D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)	5394.48
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	425.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	650.00
D7412	EXCISION OF BENIGN LESION, COMPLICATED	1416.05
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	944.03
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	1416.05
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	1584.63
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	1281.19
D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	1888.07
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	990.00
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	975.00
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	809.17
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	1105.87
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT	BR
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	650.00

Code	Description	Amount
D7472	REMOVAL OF TORUS PALATINUS	1190.83
D7473	REMOVAL OF TORUS MANDIBULARIS	695.00
D7485	REDUCTION OF OSSEOUS TUBEROSITY	425.00
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	8091.72
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	220.00
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	295.00
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	1380.99
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	1517.20
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	497.64
D7540	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	551.59
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	950.00
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	2730.96
D7610	MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	4416.73
D7620	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	3312.21
D7630	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	5742.42
D7640	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	3643.97
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	2760.63
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	1627.78
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	1270.40
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	2393.80
D7680	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	8281.88
D7710	MAXILLA - OPEN REDUCTION	5190.84
D7720	MAXILLA - CLOSED REDUCTION	3643.97
D7730	MANDIBLE - OPEN REDUCTION	7509.12
D7740	MANDIBLE - CLOSED REDUCTION	3715.45
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	4725.56
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	1896.16
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	2569.12
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	1982.47
D7780	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	11042.50
D7810	OPEN REDUCTION OF DISLOCATION	4857.73
D7820	CLOSED REDUCTION OF DISLOCATION	795.69
D7830	MANIPULATION UNDER ANESTHESIA	455.83
D7840	CONDYLECTOMY	6621.72
D7850	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT	5718.15
D7852	DISC REPAIR	6547.55
D7854	SYNOVECTOMY	6756.59
D7856	MYOTOMY	4794.34
D7858	JOINT RECONSTRUCTION	13665.57
D7860	ARTHROTOMY	5824.69
D7865	ARTHROPLASTY	9386.40
D7870	ARTHROCENTESIS	310.18
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	620.37
D7872	ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY	3310.86
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	3986.52
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	5718.15
D7875	ARTHROSCOPY: SYNOVECTOMY	6264.34
D7876	ARTHROSCOPY: DISCECTOMY	6753.89
D7877	ARTHROSCOPY: DEBRIDEMENT	5960.90

Code	Description	Amount
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	BR
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	80.92
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	BR
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	80.00
D7911	COMPLICATED SUTURE - UP TO 5 CM	1104.52
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM	1987.87
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE OF GRAFT)	3256.92
D7921	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT	299.00
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	BR
D7941	OSTEOTOMY - MANDIBULAR RAMI	8294.01
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	7619.70
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL	6790.30
D7945	OSTEOTOMY - BODY OF MANDIBLE	9035.75
D7946	LEFORT I (MAXILLA - TOTAL)	11193.55
D7947	LEFORT I (MAXILLA - SEGMENTED)	9413.37
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) - WITHOUT BONE GRAFT	12218.50
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	15913.72
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT	BR
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	1600.00
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	850.00
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	400.00
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	BR
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	450.00
D7963	FRENULOPLASTY	606.88
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	197.00
D7971	EXCISION OF PERICORONAL GINGIVA	226.00
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	305.00
D7979	NON - SURGICAL SIALOLITHOTOMY	BR
D7980	SURGICAL SIALOLITHOTOMY	332.00
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	BR
D7982	SIALODOCHOPLASTY	2009.44
D7983	CLOSURE OF SALIVARY FISTULA	1928.53
D7990	EMERGENCY TRACHEOTOMY	1658.80
D7991	CORONOIDECTOMY	4045.86
D7995	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONES, BY REPORT	BR
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	BR
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR	310.18
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	1348.62
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	BR
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	BR
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	174.20
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	230.00
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	437.50
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	136.00
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	240.00
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	206.00
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	237.00
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	245.00

Code	Description	Amount
D8210	REMOVABLE APPLIANCE THERAPY	330.00
D8220	FIXED APPLIANCE THERAPY	807.00
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	210.00
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	200.00
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	340.00
D8681	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	100.00
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	265.00
D8691	REPAIR OF ORTHODONTIC APPLIANCE	104.00
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	263.00
D8693	RE-CEMENT OR RE-BOND FIXED RETAINER	100.00
D8694	REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMENT	BR
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TREATMENT	BR
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	BR
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	105.00
D9120	FIXED PARTIAL DENTURE SECTIONING	200.00
D9130	TEMPOROMANDIBULAR JOINT DYSFUNCTION - NON-INVASIVE PHYSICAL THERAPIES	BR
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	75.00
D9211	REGIONAL BLOCK ANESTHESIA	42.35
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	73.00
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	56.00
D9219	EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA	75.44
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	210.00
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	200.00
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	50.00
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST 15 MINUTES	170.00
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	170.00
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	195.00
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	112.00
D9311	CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL	211.76
D9410	HOUSE/EXTENDED CARE FACILITY CALL	242.21
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	295.00
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED	75.00
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	155.00
D9450	CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING	45.00
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	30.00
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	180.00
D9613	INFILTRATION OF SUSTAINED RELEASE THERAPEUTIC DRUG - SINGLE OR MULTIPLE SITES	38.38
D9630	DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE	28.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	52.00
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	25.00
D9920	BEHAVIOR MANAGEMENT, BY REPORT	BR
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	BR
D9932	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY	113.82
D9933	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR	113.82
D9934	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY	113.82
D9935	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR	113.82
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	145.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	79.00
D9943	OCCLUSAL GUARD ADJUSTMENT	79.41

Code	Description	Amount
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	383.82
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	383.82
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	383.82
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	350.00
D9951	OCCLUSAL ADJUSTMENT - LIMITED	135.00
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	803.00
D9961	DUPLICATE/COPY PATIENT'S RECORDS	BR
D9970	ENAMEL MICROABRASION	156.00
D9971	ODONTOPLASTY 1 - 2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS	115.00
D9972	EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE	220.00
D9973	EXTERNAL BLEACHING - PER TOOTH	50.00
D9974	INTERNAL BLEACHING - PER TOOTH	273.00
D9975	EXTERNAL BLEACHING FOR HOME APPLICATION, PER ARCH; INCLUDES MATERIALS AND FABRICATION OF CUSTOM TRAYS	90.00
D9985	SALES TAX	BR
D9986	MISSED APPOINTMENT	BR
D9987	CANCELLED APPOINTMENT	BR
D9990	CERTIFIED TRANSLATION OR SIGN-LANGUAGE SERVICES - PER VISIT	BR
D9991	DENTAL CASE MANAGEMENT - ADDRESSING APPOINTMENT COMPLIANCE BARRIERS	46.32
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	46.32
D9993	DENTAL CASE MANAGEMENT - MOTIVATIONAL INTERVIEWING	46.32
D9994	DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	63.53
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	211.76
D9996	TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	215.00
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	BR

INPATIENT HOSPITAL AND OUTPATIENT FACILITY PAYMENT SCHEDULE AND RULES

Note: Rules used by providers in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

I. INPATIENT AND OUTPATIENT CARE RULES

A **Definition**. For purposes of this schedule, a patient is considered an "inpatient" if *formally admitted as an inpatient* with the expectation that he or she will require hospital care that is expected to span at least two (2) midnights. .

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 lesser of the amount billed or the MAR

for the diagnosis-related group (DRG) as fixed by the rules set forth in this section of the Fee Schedule.

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; and
    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; and
        - 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; and
- 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 maximum allowable reimbursement (MAR) for inpatient facility services is provided by MS-DRG in this Fee Schedule. As of the effective date of this publication, reimbursement is the lesser of the total billed charge or the MS-DRG MAR. 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 MAR 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 MAR is calculated by multiplying the Base Rate times the Relative Weight in effect on the date of discharge 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 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 MWCC to cover the costs incurred by the facility, the MWCC 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 . Once the annual inpatient hospital amounts are posted on the MWCC website each year, the Medicare threshold and Mississippi hospital outlier thresholds do not change, regardless of any other updates or corrections subsequently posted by CMS.

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 care is a well-defined set of specific, clinically appropriate services, which include ongoing short term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital. Observation services may be ordered for patients who present to the emergency department and who then require a significant period of treatment or monitoring in order to make a decision concerning their admission or discharge. In the majority of cases, the decision whether to discharge a patient from the hospital following resolution of the reason for the observation care or to admit the patient as an inpatient can be made in less than 48 hours, usually in less than 24 hours.

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; and

(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 MWCC 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 MWCC 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.** Reimbursement for inpatient rehabilitation facilities (IRFs) will be based upon the CMS prospective payment system (PPS).

1. The Fee Schedule MAR for IRFs will be 1.8 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 MWCC 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 assignedand 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 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 to determine the reimbursement rate.

Reimbursement rates are based on the date of discharge, using the Medicare Pricer for the appropriate year, 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 the relative weights effective January, 2019.

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 a procedure code is assigned a status indicator of J1, then other charges/procedure codes on the bill are considered packaged in the J1 payment and no additional reimbursement is due. If there are multiple codes with status indicator J1 on the bill, only the J1 code with the highest value will be reimbursed.

   For purposes of this fee schedule, certain procedure codes have been assigned a Mississippi state-specific status indicator of J1*. Outpatient Facility and Ambulatory Surgery Center reimbursement for these procedure codes will follow the guidelines set forth for reimbursement of codes with a status indicator of J1.
4. 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.
5. If more than one surgical procedure is furnished in a single operative encounter and none of the codes have a status indicator of J1, the multiple procedure rule applies. The primary procedure is reimbursed at the lesser of the billed charges or one hundred percent (100%) of the MAR. The second and subsequent procedures are reimbursed at the lesser of the billed charges or fifty percent (50%) of the MAR listed in the Fee Schedule. The primary procedure is the procedure with the highest relative weight.
6. 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.
7. If the total billed charge for an outpatient surgical encounter is less than the APC MAR, the billed charge is paid to the facility.
8. 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; and
   - Administration, record keeping and housekeeping items and services.

9. 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; and
    - Treatment or observation room.
10. 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.
11. The ASC payment rate (APC Amount) is included inthe CPT code listing of fees in the Fee Schedule. The column lists the total approved facility fee for that particular CPT code.
12. 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.
13. Procedures not assigned an APC Amount will be reimbursed according to the lesser of total billed charges or the usual and customary rate.
14. 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.

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 rules below.
3. Outpatient services are reimbursed according to the rules in Inpatient Hospital and Outpatient Facility Payment Schedule and Rules.

V. SKILLED NURSING FACILITY RULES

A. **Reimbursement**

The MAR 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.

B. **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; and
- Services provided independent of the facility by physicians, and other qualified health care professionals (e.g., NP, PA, CRNA, psychologist).

C. **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.

VI. 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.

HCPCS

I. DEFINITION

HCPCS is an acronym for CMS's Healthcare Common Procedure 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 CPT . This section of the Fee Schedule contains HCPCS Level II codes. HCPCS Level II codesfor Alcohol/Drug Abuse Treatment Services (H0001–H2037) and National Codes for State Medicaid Agencies (T1000–T5999) are not included in the Fee Schedule.

Code categories included in this section are as follows:

Transportation Services Including Ambulance	A0021–A0999
Medical/Surgical Supplies	A4206–A9286
Administrative, Misc., and Investigational	A9150–A9999
Enteral and Parenteral Therapy	B4034–B9999
Outpatient PPS	C1713–C9899
Durable Medical Equipment (DME)	E0100–E8002
Procedures/Professional Services (Temporary)	G0008– G9987
Drugs and Biologicals	J0120–J9999
K Codes (Temporary)	K0001–K0900
Orthotic Procedures	L0112–L4631
Prosthetic Procedures	L5000–L9900
Medical Services	M0075–M1071
Pathology and Laboratory Services	P2028–P9615
Q Codes (Temporary)	Q0035–Q9992
Diagnostic Radiology Services	R0070–R0075
Temporary National Codes (Non-Medicare)	S0012–S9999
Vision Services	V2020–V2799
Hearing Services	V5008–V5364

II. GUIDELINES

A. Rental or purchase of supplies or equipment over the amount of $300.00 per item requires Prior Authorization.

B. **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 2019 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; and

    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.

C. **Medical and Surgical Supplies (A4206–A9286)**

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.

D. **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.

E. **Enteral and Parenteral Therapy (B4034–B9999)**

1. B codes include supplies, formulae, nutrition solutions and infusion pumps.

F. **Outpatient PPS (C1713–C9899)**

1. C codes include drugs, biologicals, and devices used by hospitals.
2. These codes are only used for facility (technical) services.

G. **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 MAR listed is per day.
8. Codes reported with modifier RR are reimbursed at ten (10) percent of the maximum allowed amount when reported with the NU modifier. Codes in the Fee Schedule with the RR modifier are reimbursed at the listed fee and should not be billed with the NU or UE modifier.

H. **Procedures/Professional Services (Temporary) (G0008– G9987)**

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.

I. **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.

J. **Temporary Codes (K0001–K0900)**

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.

K. **Orthotic Procedures and Devices (L0112–L4631) 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.
3. For orthotics, prosthetics and supplies that are not listed in the Fee Schedule, 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.

L. **Medical Services (M0075–M1071)**

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 not 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.

M. **Pathology and Laboratory Services (P2028–P9615)**

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.

N. **Temporary Codes (Q0035–Q9992)**

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; and
    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 CPT for rules related to reporting fracture management and cast application.

O. **Diagnostic Radiology Services (R0070–R0075)**

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 maximum allowable reimbursement transport charge is divided among all patients.

P. **Temporary National Codes (Non-Medicare) (S0012–S9999)**

1. Mississippi uses S codes with modified descriptions to report home health services.
2. See J codes for reporting rules related to drugs and biologicals.

Q. **Vision Services (V2020–V2799)**

1. These V codes include vision-related supplies, including spectacles, lenses, contact lenses, prostheses, intraocular lenses, and miscellaneous lenses.

R. **Hearing Services (V5008V5364)**

1. These V codes include hearing tests and related supplies and equipment, speech-language pathology screenings, and repair of augmentative communicative systems.

S. **Facility Fee**

1. The facility fee for outpatient services is the APC Amount.

Code	Mod	Description	Amount	APC Amount
A0021		OUTSIDE STATE AMBULANCE SERV	15.26	
A0080		NONINTEREST ESCORT IN NON ER	0.00	
A0090		INTEREST ESCORT IN NON ER	0.00	
A0100		NONEMERGENCY TRANSPORT TAXI	0.00	
A0110		NONEMERGENCY TRANSPORT BUS	0.00	
A0120		NONER TRANSPORT MINI-BUS	0.00	
A0130		NONER TRANSPORT WHEELCH VAN	0.00	
A0140		NONEMERGENCY TRANSPORT AIR	0.00	
A0160		NONER TRANSPORT CASE WORKER	0.14	
A0170		TRANSPORT PARKING FEES/TOLLS	0.00	
A0180		NONER TRANSPORT LODGNG RECIP	0.00	
A0190		NONER TRANSPORT MEALS RECIP	0.00	
A0200		NONER TRANSPORT LODGNG ESCRT	0.00	
A0210		NONER TRANSPORT MEALS ESCORT	0.00	
A0225		NEONATAL EMERGENCY TRANSPORT	1361.49	
A0380		BASIC LIFE SUPPORT MILEAGE	0.49	
A0382		BASIC SUPPORT ROUTINE SUPPLS	0.00	
A0384		BLS DEFIBRILLATION SUPPLIES	6.63	
A0390		ADVANCED LIFE SUPPORT MILEAG	4.61	

Code	Mod	Description	Amount	APC Amount
A0392		ALS DEFIBRILLATION SUPPLIES	17.23	
A0394		ALS IV DRUG THERAPY SUPPLIES	0.00	
A0396		ALS ESOPHAGEAL INTUB SUPPLS	17.23	
A0398		ALS ROUTINE DISPOSBLE SUPPLS	0.00	
A0420		AMBULANCE WAITING 1/2 HR	BR	
A0422		AMBULANCE 02 LIFE SUSTAINING	0.00	
A0424		EXTRA AMBULANCE ATTENDANT	BR	
A0425		GROUND MILEAGE	8.38	
A0426		ALS 1	348.36	
A0427		ALS1-EMERGENCY	551.56	
A0428		BLS	290.30	
A0429		BLS-EMERGENCY	464.48	
A0430		FIXED WING AIR TRANSPORT	9978.53	
A0431		ROTARY WING AIR TRANSPORT	11482.73	
A0432		PI VOLUNTEER AMBULANCE CO	BR	
A0433		ALS 2	BR	
A0434		SPECIALTY CARE TRANSPORT	BR	
A0435		FIXED WING AIR MILEAGE	30.01	
A0436		ROTARY WING AIR MILEAGE	80.14	
A0888		NONCOVERED AMBULANCE MILEAGE	BR	
A0998		AMBULANCE RESPONSE/TREATMENT	BR	
A0999		UNLISTED AMBULANCE SERVICE	BR	
A4206		1 CC STERILE SYRINGE&NEEDLE	0.00	
A4207		2 CC STERILE SYRINGE&NEEDLE	0.00	
A4208		3 CC STERILE SYRINGE&NEEDLE	0.00	
A4209		5+ CC STERILE SYRINGE&NEEDLE	0.00	
A4210		NONNEEDLE INJECTION DEVICE	0.00	
A4211		SUPP FOR SELF-ADM INJECTIONS	0.00	
A4212		NON CORING NEEDLE OR STYLET	0.00	
A4213		20+ CC SYRINGE ONLY	0.00	
A4215		STERILE NEEDLE	0.00	
A4216		STERILE WATER/SALINE, 10 ML	0.56	
A4217		STERILE WATER/SALINE, 500 ML	3.58	
A4218		STERILE SALINE OR WATER	0.00	
A4220		INFUSION PUMP REFILL KIT	0.00	
A4221		SUPP NON-INSULIN INF CATH/WK	25.49	
A4222		INFUSION SUPPLIES WITH PUMP	50.74	
A4223		INFUSION SUPPLIES W/O PUMP	0.00	
A4224		SUPPLY INSULIN INF CATH/WK	25.49	
A4225		SUP/EXT INSULIN INF PUMP SYR	3.17	
A4230		INFUS INSULIN PUMP NON NEEDL	0.00	
A4231		INFUSION INSULIN PUMP NEEDLE	0.00	
A4232		SYRINGE W/NEEDLE INSULIN 3CC	0.00	
A4233	NU	ALKALIN BATT FOR GLUCOSE MON	0.56	
A4234	NU	J-CELL BATT FOR GLUCOSE MON	2.60	
A4235	NU	LITHIUM BATT FOR GLUCOSE MON	1.10	
A4236	NU	SILVR OXIDE BATT GLUCOSE MON	1.28	
A4244		ALCOHOL OR PEROXIDE PER PINT	0.00	
A4245		ALCOHOL WIPES PER BOX	0.00	
A4246		BETADINE/PHISOHEX SOLUTION	0.00	

Code	Mod	Description	Amount	APC Amount
A4247		BETADINE/IODINE SWABS/WIPES	0.00	
A4248		CHLORHEXIDINE ANTISEPT	0.00	
A4250		URINE REAGENT STRIPS/TABLETS	16.30	
A4252		BLOOD KETONE TEST OR STRIP	0.00	
A4253	NU	BLOOD GLUCOSE/REAGENT STRIPS	9.15	
A4255		GLUCOSE MONITOR PLATFORMS	5.21	
A4256		CALIBRATOR SOLUTION/CHIPS	3.72	
A4257		REPLACE LENSSHIELD CARTRIDGE	16.16	
A4258		LANCET DEVICE EACH	2.33	
A4259		LANCETS PER BOX	0.00	
A4261		CERVICAL CAP CONTRACEPTIVE	0.00	
A4262		TEMPORARY TEAR DUCT PLUG	29.27	
A4263		PERMANENT TEAR DUCT PLUG	71.82	
A4264		INTRATUBAL OCCLUSION DEVICE	0.00	
A4265		PARAFFIN	4.31	
A4266		DIAPHRAGM	0.00	
A4267		MALE CONDOM	0.00	
A4268		FEMALE CONDOM	0.00	
A4269		SPERMICIDE	0.00	
A4270		DISPOSABLE ENDOSCOPE SHEATH	0.00	
A4280		BRST PRSTHS ADHSV ATTCHMNT	6.77	
A4281		REPLACEMENT BREASTPUMP TUBE	0.00	
A4282		REPLACEMENT BREASTPUMP ADPT	0.00	
A4283		REPLACEMENT BREASTPUMP CAP	0.00	
A4284		REPLCMNT BREAST PUMP SHIELD	0.00	
A4285		REPLCMNT BREAST PUMP BOTTLE	0.00	
A4286		REPLCMNT BREASTPUMP LOK RING	0.00	
A4290		SACRAL NERVE STIM TEST LEAD	0.00	
A4300		CATH IMPL VASC ACCESS PORTAL	0.00	
A4301		IMPLANTABLE ACCESS SYST PERC	0.00	
A4305		DRUG DELIVERY SYSTEM >=50 ML	85.14	
A4306		DRUG DELIVERY SYSTEM <=50 ML	76.62	
A4310		INSERT TRAY W/O BAG/CATH	8.32	
A4311		CATHETER W/O BAG 2-WAY LATEX	18.77	
A4312		CATH W/O BAG 2-WAY SILICONE	22.85	
A4313		CATHETER W/BAG 3-WAY	23.46	
A4314		CATH W/DRAINAGE 2-WAY LATEX	27.21	
A4315		CATH W/DRAINAGE 2-WAY SILCNE	33.41	
A4316		CATH W/DRAINAGE 3-WAY	35.97	
A4320		IRRIGATION TRAY	5.75	
A4321		CATH THERAPEUTIC IRRIG AGENT	BR	
A4322		IRRIGATION SYRINGE	3.84	
A4326		MALE EXTERNAL CATHETER	13.66	
A4327		FEM URINARY COLLECT DEV CUP	56.50	
A4328		FEM URINARY COLLECT POUCH	13.22	
A4330		STOOL COLLECTION POUCH	7.71	
A4331		EXTENSION DRAINAGE TUBING	4.03	
A4332		LUBE STERILE PACKET	0.14	
A4333		URINARY CATH ANCHOR DEVICE	2.81	
A4334		URINARY CATH LEG STRAP	BR	

Code	Mod	Description	Amount	APC Amount
A4335		INCONTINENCE SUPPLY	BR	
A4336		URETHRAL INSERT	1.83	
A4337		INCONTINENT RECTAL INSERT	BR	
A4338		INDWELLING CATHETER LATEX	15.53	
A4340		INDWELLING CATHETER SPECIAL	34.19	
A4344		CATH INDW FOLEY 2 WAY SILICN	18.55	
A4346		CATH INDW FOLEY 3 WAY	21.98	
A4349		DISPOSABLE MALE EXTERNAL CAT	2.55	
A4351		STRAIGHT TIP URINE CATHETER	2.12	
A4352		COUDE TIP URINARY CATHETER	8.14	
A4353		INTERMITTENT URINARY CATH	8.87	
A4354		CATH INSERTION TRAY W/BAG	14.95	
A4355		BLADDER IRRIGATION TUBING	11.30	
A4356		EXT URETH CLMP OR COMPR DVC	52.70	
A4357		BEDSIDE DRAINAGE BAG	10.45	
A4358		URINARY LEG OR ABDOMEN BAG	7.50	
A4360		DISPOSABLE EXT URETHRAL DEV	0.56	
A4361		OSTOMY FACE PLATE	23.27	
A4362		SOLID SKIN BARRIER	3.73	
A4363		OSTOMY CLAMP, REPLACEMENT	2.55	
A4364		ADHESIVE, LIQUID OR EQUAL	3.73	
A4366		OSTOMY VENT	1.64	
A4367		OSTOMY BELT	7.92	
A4368		OSTOMY FILTER	0.32	
A4369		SKIN BARRIER LIQUID PER OZ	3.07	
A4371		SKIN BARRIER POWDER PER OZ	4.61	
A4372		SKIN BARRIER SOLID 4X4 EQUIV	5.31	
A4373		SKIN BARRIER WITH FLANGE	7.94	
A4375		DRAINABLE PLASTIC PCH W FCPL	21.75	
A4376		DRAINABLE RUBBER PCH W FCPLT	60.27	
A4377		DRAINABLE PLSTIC PCH W/O FP	5.43	
A4378		DRAINABLE RUBBER PCH W/O FP	38.94	
A4379		URINARY PLASTIC POUCH W FCPL	19.02	
A4380		URINARY RUBBER POUCH W FCPLT	47.28	
A4381		URINARY PLASTIC POUCH W/O FP	5.86	
A4382		URINARY HVY PLSTC PCH W/O FP	31.17	
A4383		URINARY RUBBER POUCH W/O FP	35.71	
A4384		OSTOMY FACEPLT/SILICONE RING	12.18	
A4385		OST SKN BARRIER SLD EXT WEAR	6.46	
A4387		OST CLSD POUCH W ATT ST BARR	2.85	
A4388		DRAINABLE PCH W EX WEAR BARR	5.52	
A4389		DRAINABLE PCH W ST WEAR BARR	7.88	
A4390		DRAINABLE PCH EX WEAR CONVEX	12.17	
A4391		URINARY POUCH W EX WEAR BARR	8.95	
A4392		URINARY POUCH W ST WEAR BARR	10.35	
A4393		URINE PCH W EX WEAR BAR CONV	11.45	
A4394		OSTOMY POUCH LIQ DEODORANT	3.28	
A4395		OSTOMY POUCH SOLID DEODORANT	0.06	
A4396		PERISTOMAL HERNIA SUPPRT BLT	51.27	
A4397		IRRIGATION SUPPLY SLEEVE	5.52	

Code	Mod	Description	Amount	APC Amount
A4398		OSTOMY IRRIGATION BAG	17.51	
A4399		OSTOMY IRRIG CONE/CATH W BRS	13.66	
A4400		OSTOMY IRRIGATION SET	52.61	
A4402		LUBRICANT PER OUNCE	1.72	
A4404		OSTOMY RING EACH	1.85	
A4405		NONPECTIN BASED OSTOMY PASTE	4.32	
A4406		PECTIN BASED OSTOMY PASTE	7.25	
A4407		EXT WEAR OST SKN BARR <=4SQ"	11.10	
A4408		EXT WEAR OST SKN BARR >4SQ"	12.51	
A4409		OST SKN BARR CONVEX <=4 SQ I	7.88	
A4410		OST SKN BARR EXTND >4 SQ	11.45	
A4411		OST SKN BARR EXTND =4SQ	6.46	
A4412		OST POUCH DRAIN HIGH OUTPUT	3.42	
A4413		2 PC DRAINABLE OST POUCH	6.97	
A4414		OST SKNBAR W/O CONV<=4 SQ IN	6.24	
A4415		OST SKN BARR W/O CONV >4 SQI	7.59	
A4416		OST PCH CLSD W BARRIER/FILTR	3.49	
A4417		OST PCH W BAR/BLTINCONV/FLTR	4.72	
A4418		OST PCH CLSD W/O BAR W FILTR	2.30	
A4419		OST PCH FOR BAR W FLANGE/FLT	2.19	
A4420		OST PCH CLSD FOR BAR W LK FL	BR	
A4421		OSTOMY SUPPLY MISC	BR	
A4422		OST POUCH ABSORBENT MATERIAL	0.14	
A4423		OST PCH FOR BAR W LK FL/FLTR	2.35	
A4424		OST PCH DRAIN W BAR & FILTER	6.03	
A4425		OST PCH DRAIN FOR BARRIER FL	4.53	
A4426		OST PCH DRAIN 2 PIECE SYSTEM	3.45	
A4427		OST PCH DRAIN/BARR LK FLNG/F	3.52	
A4428		URINE OST POUCH W FAUCET/TAP	8.25	
A4429		URINE OST POUCH W BLTINCONV	10.44	
A4430		OST URINE PCH W B/BLTIN CONV	10.78	
A4431		OST PCH URINE W BARRIER/TAPV	7.88	
A4432		OS PCH URINE W BAR/FANGE/TAP	4.54	
A4433		URINE OST PCH BAR W LOCK FLN	4.25	
A4434		OST PCH URINE W LOCK FLNG/FT	4.76	
A4435		1PC OST PCH DRAIN HGH OUTPUT	7.30	
A4450		NON-WATERPROOF TAPE	0.12	
A4452		WATERPROOF TAPE	0.36	
A4455		ADHESIVE REMOVER PER OUNCE	1.82	
A4456		ADHESIVE REMOVER, WIPES	0.31	
A4458		REUSABLE ENEMA BAG	BR	
A4459		MANUAL PUMP ENEMA, REUSABLE	BR	
A4461		SURGICL DRESS HOLD NON-REUSE	4.18	
A4463		SURGICAL DRESS HOLDER REUSE	16.85	
A4465		NON-ELASTIC EXTREMITY BINDER	22.34	
A4467		BELT STRAP SLEEV GRMNT COVER	42.56	
A4470		GRAVLEE JET WASHER	5.23	
A4480		VABRA ASPIRATOR	42.56	
A4481		TRACHEOSTOMA FILTER	0.47	
A4483		MOISTURE EXCHANGER	BR	

Code	Mod	Description	Amount	APC Amount
A4490		ABOVE KNEE SURGICAL STOCKING	22.84	
A4495		THIGH LENGTH SURG STOCKING	22.84	
A4500		BELOW KNEE SURGICAL STOCKING	22.84	
A4510		FULL LENGTH SURG STOCKING	81.57	
A4520		INCONTINENCE GARMENT ANYTYPE	BR	
A4550		SURGICAL TRAYS	32.63	
A4553		NONDISP UNDERPADS, ALL SIZES	8.32	
A4554		DISPOSABLE UNDERPADS	0.40	
A4555		CA TX E-STIM ELECTR/TRANSDUC	BR	
A4556		ELECTRODES, PAIR	13.07	
A4557		LEAD WIRES, PAIR	17.40	
A4558		CONDUCTIVE GEL OR PASTE	6.24	
A4559		COUPLING GEL OR PASTE	0.12	
A4561		PESSARY RUBBER, ANY TYPE	26.08	
A4562		PESSARY, NON RUBBER,ANY TYPE	64.83	
A4563		VAG INSER RECTAL CONTROL SYS	141.17	
A4565		SLINGS	9.75	
A4566		SHOULD SLING/VEST/ABRESTRAIN	BR	
A4570		SPLINT	37.25	
A4575		HYPERBARIC O2 CHAMBER DISPS	BR	
A4580		CAST SUPPLIES (PLASTER)	90.45	
A4590		SPECIAL CASTING MATERIAL	79.82	
A4595		TENS SUPPL 2 LEAD PER MONTH	24.28	
A4600		SLEEVE, INTER LIMB COMP DEV	BR	
A4601		LITH ION NON PROSTH RECHARGE	BR	
A4602	NU	REPLACE LITHIUM BATTERY 1.5V	4.72	
A4604	NU	TUBING WITH HEATING ELEMENT	60.28	
A4605	NU	TRACH SUCTION CATH CLOSE SYS	20.77	
A4606		OXYGEN PROBE USED W OXIMETER	BR	
A4608		TRANSTRACHEAL OXYGEN CATH	63.48	
A4611	NU	HEAVY DUTY BATTERY	648.36	
A4612	NU	BATTERY CABLES	211.93	
A4613	NU	BATTERY CHARGER	576.47	
A4614		HAND-HELD PEFR METER	30.12	
A4615		CANNULA NASAL	0.92	
A4616		TUBING (OXYGEN) PER FOOT	0.08	
A4617		MOUTH PIECE	3.93	
A4618	NU	BREATHING CIRCUITS	9.57	
A4619	NU	FACE TENT	2.28	
A4620		VARIABLE CONCENTRATION MASK	0.80	
A4623		TRACHEOSTOMY INNER CANNULA	7.05	
A4624	NU	TRACHEAL SUCTION TUBE	2.84	
A4625		TRACH CARE KIT FOR NEW TRACH	7.45	
A4626		TRACHEOSTOMY CLEANING BRUSH	4.03	
A4627		SPACER BAG/RESERVOIR	42.56	
A4628	NU	OROPHARYNGEAL SUCTION CATH	4.74	
A4629		TRACHEOSTOMY CARE KIT	5.89	
A4630	NU	REPL BAT T.E.N.S. OWN BY PT	7.91	
A4633	NU	UVL REPLACEMENT BULB	51.96	
A4634		REPLACEMENT BULB TH LIGHTBOX	BR	

Code	Mod	Description	Amount	APC Amount
A4635	NU	UNDERARM CRUTCH PAD	6.48	
A4636	NU	HANDGRIP FOR CANE ETC	4.33	
A4637	NU	REPL TIP CANE/CRUTCH/WALKER	2.29	
A4638	NU	REPL BATT PULSE GEN SYS	0.00	
A4639	RR	INFRARED HT SYS REPLCMNT PAD	36.38	
A4640	NU	ALTERNATING PRESSURE PAD	65.21	
A4641		RADIOPHARM DX AGENT NOC	BR	
A4642		IN111 SATUMOMAB	BR	
A4648		IMPLANTABLE TISSUE MARKER	BR	
A4649		SURGICAL SUPPLIES	BR	
A4650		IMPLANT RADIATION DOSIMETER	BR	
A4651		CALIBRATED MICROCAP TUBE	BR	
A4652		MICROCAPILLARY TUBE SEALANT	BR	
A4653		PD CATHETER ANCHOR BELT	BR	
A4657		SYRINGE W/WO NEEDLE	0.00	
A4660		SPHYG/BP APP W CUFF AND STET	37.25	
A4663		DIALYSIS BLOOD PRESSURE CUFF	57.46	
A4670		AUTOMATIC BP MONITOR, DIAL	119.46	
A4671		DISPOSABLE CYCLER SET	BR	
A4672		DRAINAGE EXT LINE, DIALYSIS	BR	
A4673		EXT LINE W EASY LOCK CONNECT	BR	
A4674		CHEM/ANTISEPT SOLUTION, 8OZ	BR	
A4680		ACTIVATED CARBON FILTER, EA	266.02	
A4690		DIALYZER, EACH	200.27	
A4706		BICARBONATE CONC SOL PER GAL	BR	
A4707		BICARBONATE CONC POW PER PAC	BR	
A4708		ACETATE CONC SOL PER GALLON	BR	
A4709		ACID CONC SOL PER GALLON	BR	
A4714		TREATED WATER PER GALLON	BR	
A4719		"Y SET" TUBING	BR	
A4720		DIALYSAT SOL FLD VOL > 249CC	BR	
A4721		DIALYSAT SOL FLD VOL > 999CC	BR	
A4722		DIALYS SOL FLD VOL > 1999CC	BR	
A4723		DIALYS SOL FLD VOL > 2999CC	BR	
A4724		DIALYS SOL FLD VOL > 3999CC	BR	
A4725		DIALYS SOL FLD VOL > 4999CC	BR	
A4726		DIALYS SOL FLD VOL > 5999CC	BR	
A4728		DIALYSATE SOLUTION, NON-DEX	BR	
A4730		FISTULA CANNULATION SET, EA	BR	
A4736		TOPICAL ANESTHETIC, PER GRAM	BR	
A4737		INJ ANESTHETIC PER 10 ML	BR	
A4740		SHUNT ACCESSORY	BR	
A4750		ART OR VENOUS BLOOD TUBING	69.17	
A4755		COMB ART/VENOUS BLOOD TUBING	BR	
A4760		DIALYSATE SOL TEST KIT, EACH	BR	
A4765		DIALYSATE CONC POW PER PACK	BR	
A4766		DIALYSATE CONC SOL ADD 10 ML	BR	
A4770		BLOOD COLLECTION TUBE/VACUUM	BR	
A4771		SERUM CLOTTING TIME TUBE	BR	
A4772		BLOOD GLUCOSE TEST STRIPS	21.34	

Code	Mod	Description	Amount	APC Amount
A4773		OCCULT BLOOD TEST STRIPS	156.62	
A4774		AMMONIA TEST STRIPS	BR	
A4802		PROTAMINE SULFATE PER 50 MG	4.03	
A4860		DISPOSABLE CATHETER TIPS	BR	
A4870		PLUMB/ELEC WK HM HEMO EQUIP	BR	
A4890		REPAIR/MAINT CONT HEMO EQUIP	BR	
A4911		DRAIN BAG/BOTTLE	BR	
A4913		MISC DIALYSIS SUPPLIES NOC	BR	
A4918		VENOUS PRESSURE CLAMP	BR	
A4927		NON-STERILE GLOVES	7.58	
A4928		SURGICAL MASK	0.00	
A4929		TOURNIQUET FOR DIALYSIS, EA	0.40	
A4930		STERILE, GLOVES PER PAIR	0.00	
A4931		REUSABLE ORAL THERMOMETER	0.00	
A4932		REUSABLE RECTAL THERMOMETER	0.00	
A5051		POUCH CLSD W BARR ATTACHED	2.62	
A5052		CLSD OSTOMY POUCH W/O BARR	1.88	
A5053		CLSD OSTOMY POUCH FACEPLATE	1.87	
A5054		CLSD OSTOMY POUCH W/FLANGE	2.28	
A5055		STOMA CAP	1.66	
A5056		1 PC OST POUCH W FILTER	5.92	
A5057		1 PC OST POU W BUILT-IN CONV	12.17	
A5061		POUCH DRAINABLE W BARRIER AT	4.47	
A5062		DRNBLE OSTOMY POUCH W/O BARR	2.83	
A5063		DRAIN OSTOMY POUCH W/FLANGE	3.42	
A5071		URINARY POUCH W/BARRIER	7.61	
A5072		URINARY POUCH W/O BARRIER	3.99	
A5073		URINARY POUCH ON BARR W/FLNG	3.42	
A5081		STOMA PLUG OR SEAL, ANY TYPE	3.58	
A5082		CONTINENT STOMA CATHETER	12.82	
A5083		STOMA ABSORPTIVE COVER	0.81	
A5093		OSTOMY ACCESSORY CONVEX INSE	2.38	
A5102		BEDSIDE DRAIN BTL W/WO TUBE	28.59	
A5105		URINARY SUSPENSORY	51.65	
A5112		URINARY LEG BAG	43.85	
A5113		LATEX LEG STRAP	5.97	
A5114		FOAM/FABRIC LEG STRAP	9.64	
A5120		SKIN BARRIER, WIPE OR SWAB	0.52	
A5121		SOLID SKIN BARRIER 6X6	9.44	
A5122		SOLID SKIN BARRIER 8X8	16.27	
A5126		DISK/FOAM PAD +OR- ADHESIVE	1.66	
A5131		APPLIANCE CLEANER	20.08	
A5200		PERCUTANEOUS CATHETER ANCHOR	14.32	
A5500		DIAB SHOE FOR DENSITY INSERT	80.53	
A5501		DIABETIC CUSTOM MOLDED SHOE	241.55	
A5503		DIABETIC SHOE W/ROLLER/ROCKR	39.86	
A5504		DIABETIC SHOE WITH WEDGE	39.86	
A5505		DIAB SHOE W/METATARSAL BAR	39.86	
A5506		DIABETIC SHOE W/OFF SET HEEL	39.86	
A5507		MODIFICATION DIABETIC SHOE	39.86	

Code	Mod	Description	Amount	APC Amount
A5508		DIABETIC DELUXE SHOE	BR	
A5510		COMPRESSION FORM SHOE INSERT	BR	
A5512		MULTI DEN INSERT DIRECT FORM	32.85	
A5513		MULTI DEN INSERT CUSTOM MOLD	49.02	
A5514		MULT DEN INSERT DIR CARV/CAM	49.02	
A6000		WOUND WARMING WOUND COVER	0.00	
A6010		COLLAGEN BASED WOUND FILLER	39.23	
A6011		COLLAGEN GEL/PASTE WOUND FIL	2.89	
A6021		COLLAGEN DRESSING <=16 SQ IN	26.62	
A6022		COLLAGEN DRSG>16<=48 SQ IN	26.62	
A6023		COLLAGEN DRESSING >48 SQ IN	241.03	
A6024		COLLAGEN DSG WOUND FILLER	7.84	
A6025		SILICONE GEL SHEET, EACH	29.45	
A6154		WOUND POUCH EACH	18.22	
A6196		ALGINATE DRESSING <=16 SQ IN	9.32	
A6197		ALGINATE DRSG >16 <=48 SQ IN	20.82	
A6198		ALGINATE DRESSING > 48 SQ IN	BR	
A6199		ALGINATE DRSG WOUND FILLER	6.70	
A6203		COMPOSITE DRSG <= 16 SQ IN	4.27	
A6204		COMPOSITE DRSG >16<=48 SQ IN	7.89	
A6205		COMPOSITE DRSG > 48 SQ IN	BR	
A6206		CONTACT LAYER <= 16 SQ IN	14.63	
A6207		CONTACT LAYER >16<= 48 SQ IN	9.30	
A6208		CONTACT LAYER > 48 SQ IN	BR	
A6209		FOAM DRSG <=16 SQ IN W/O BDR	9.46	
A6210		FOAM DRG >16<=48 SQ IN W/O B	25.23	
A6211		FOAM DRG > 48 SQ IN W/O BRDR	37.20	
A6212		FOAM DRG <=16 SQ IN W/BORDER	12.30	
A6213		FOAM DRG >16<=48 SQ IN W/BDR	24.63	
A6214		FOAM DRG > 48 SQ IN W/BORDER	13.04	
A6215		FOAM DRESSING WOUND FILLER	BR	
A6216		NON-STERILE GAUZE<=16 SQ IN	0.06	
A6217		NON-STERILE GAUZE>16<=48 SQ	BR	
A6218		NON-STERILE GAUZE > 48 SQ IN	0.97	
A6219		GAUZE <= 16 SQ IN W/BORDER	1.21	
A6220		GAUZE >16 <=48 SQ IN W/BORDR	3.28	
A6221		GAUZE > 48 SQ IN W/BORDER	BR	
A6222		GAUZE <=16 IN NO W/SAL W/O B	2.71	
A6223		GAUZE >16<=48 NO W/SAL W/O B	3.07	
A6224		GAUZE > 48 IN NO W/SAL W/O B	4.57	
A6228		GAUZE <= 16 SQ IN WATER/SAL	5.32	
A6229		GAUZE >16<=48 SQ IN WATR/SAL	4.57	
A6230		GAUZE > 48 SQ IN WATER/SALNE	1.96	
A6231		HYDROGEL DSG<=16 SQ IN	5.94	
A6232		HYDROGEL DSG>16<=48 SQ IN	8.69	
A6233		HYDROGEL DRESSING >48 SQ IN	24.29	
A6234		HYDROCOLLD DRG <=16 W/O BDR	8.28	
A6235		HYDROCOLLD DRG >16<=48 W/O B	21.31	
A6236		HYDROCOLLD DRG > 48 IN W/O B	34.52	
A6237		HYDROCOLLD DRG <=16 IN W/BDR	10.02	

Code	Mod	Description	Amount	APC Amount
A6238		HYDROCOLLD DRG >16<=48 W/BDR	28.88	
A6239		HYDROCOLLD DRG > 48 IN W/BDR	BR	
A6240		HYDROCOLLD DRG FILLER PASTE	15.51	
A6241		HYDROCOLLOID DRG FILLER DRY	3.26	
A6242		HYDROGEL DRG <=16 IN W/O BDR	7.68	
A6243		HYDROGEL DRG >16<=48 W/O BDR	15.61	
A6244		HYDROGEL DRG >48 IN W/O BDR	49.75	
A6245		HYDROGEL DRG <= 16 IN W/BDR	9.21	
A6246		HYDROGEL DRG >16<=48 IN W/B	12.58	
A6247		HYDROGEL DRG > 48 SQ IN W/B	30.12	
A6248		HYDROGEL DRSG GEL FILLER	20.58	
A6250		SKIN SEAL PROTECT MOISTURIZR	BR	
A6251		ABSORPT DRG <=16 SQ IN W/O B	2.52	
A6252		ABSORPT DRG >16 <=48 W/O BDR	4.13	
A6253		ABSORPT DRG > 48 SQ IN W/O B	8.02	
A6254		ABSORPT DRG <=16 SQ IN W/BDR	1.52	
A6255		ABSORPT DRG >16<=48 IN W/BDR	3.85	
A6256		ABSORPT DRG > 48 SQ IN W/BDR	BR	
A6257		TRANSPARENT FILM <= 16 SQ IN	1.95	
A6258		TRANSPARENT FILM >16<=48 IN	5.46	
A6259		TRANSPARENT FILM > 48 SQ IN	13.85	
A6260		WOUND CLEANSER ANY TYPE/SIZE	0.42	
A6261		WOUND FILLER GEL/PASTE /OZ	5.32	
A6262		WOUND FILLER DRY FORM / GRAM	6.03	
A6266		IMPREG GAUZE NO H20/SAL/YARD	2.43	
A6402		STERILE GAUZE <= 16 SQ IN	0.14	
A6403		STERILE GAUZE>16 <= 48 SQ IN	0.54	
A6404		STERILE GAUZE > 48 SQ IN	0.53	
A6407		PACKING STRIPS, NON-IMPREG	2.38	
A6410		STERILE EYE PAD	0.48	
A6411		NON-STERILE EYE PAD	0.00	
A6412		OCCLUSIVE EYE PATCH	0.39	
A6413		ADHESIVE BANDAGE, FIRST-AID	0.00	
A6441		PAD BAND W>=3" <5"/YD	0.87	
A6442		CONFORM BAND N/S W<3"/YD	0.20	
A6443		CONFORM BAND N/S W>=3"<5"/YD	0.35	
A6444		CONFORM BAND N/S W>=5"/YD	0.70	
A6445		CONFORM BAND S W <3"/YD	0.41	
A6446		CONFORM BAND S W>=3" <5"/YD	0.51	
A6447		CONFORM BAND S W >=5"/YD	0.87	
A6448		LT COMPRES BAND <3"/YD	1.46	
A6449		LT COMPRES BAND >=3" <5"/YD	2.22	
A6450		LT COMPRES BAND >=5"/YD	BR	
A6451		MOD COMPRES BAND W>=3"<5"/YD	BR	
A6452		HIGH COMPRES BAND W>=3"<5"YD	7.48	
A6453		SELF-ADHER BAND W <3"/YD	0.79	
A6454		SELF-ADHER BAND W>=3" <5"/YD	0.99	
A6455		SELF-ADHER BAND >=5"/YD	1.77	
A6456		ZINC PASTE BAND W >=3"<5"/YD	1.61	
A6457		TUBULAR DRESSING	1.44	

Code	Mod	Description	Amount	APC Amount
A6460		SYNTHETIC DRSG <= 16 SQ IN	BR	
A6461		SYNTHETIC DRSG >16<=48 SQ IN	BR	
A6501		COMPRES BURNGARMENT BODYSUIT	BR	
A6502		COMPRES BURNGARMENT CHINSTRP	BR	
A6503		COMPRES BURNGARMENT FACEHOOD	BR	
A6504		CMPRSBURNGARMENT GLOVE-WRIST	BR	
A6505		CMPRSBURNGARMENT GLOVE-ELBOW	BR	
A6506		CMPRSBURNGRMNT GLOVE-AXILLA	BR	
A6507		CMPRS BURNGARMENT FOOT-KNEE	BR	
A6508		CMPRS BURNGARMENT FOOT-THIGH	BR	
A6509		COMPRES BURN GARMENT JACKET	BR	
A6510		COMPRES BURN GARMENT LEOTARD	BR	
A6511		COMPRES BURN GARMENT PANTY	BR	
A6512		COMPRES BURN GARMENT, NOC	BR	
A6513		COMPRESS BURN MASK FACE/NECK	BR	
A6530		COMPRESSION STOCKING BK18-30	49.73	
A6531		COMPRESSION STOCKING BK30-40	61.29	
A6532		COMPRESSION STOCKING BK40-50	86.37	
A6533		GC STOCKING THIGHLNGTH 18-30	43.18	
A6534		GC STOCKING THIGHLNGTH 30-40	57.58	
A6535		GC STOCKING THIGHLNGTH 40-50	91.60	
A6536		GC STOCKING FULL LNGTH 18-30	91.60	
A6537		GC STOCKING FULL LNGTH 30-40	104.69	
A6538		GC STOCKING FULL LNGTH 40-50	143.94	
A6539		GC STOCKING WAISTLNGTH 18-30	200.21	
A6540		GC STOCKING WAISTLNGTH 30-40	108.61	
A6541		GC STOCKING WAISTLNGTH 40-50	146.56	
A6544		GC STOCKING GARTER BELT	52.34	
A6545		GRAD COMP NON-ELASTIC BK	120.69	
A6549		G COMPRESSION STOCKING	0.00	
A6550		NEG PRES WOUND THER DRSG SET	29.88	
A7000	NU	DISPOSABLE CANISTER FOR PUMP	10.88	
A7001	NU	NONDISPOSABLE PUMP CANISTER	37.38	
A7002	NU	TUBING USED W SUCTION PUMP	4.13	
A7003	NU	NEBULIZER ADMINISTRATION SET	2.63	
A7004	NU	DISPOSABLE NEBULIZER SML VOL	1.72	
A7005	NU	NONDISPOSABLE NEBULIZER SET	23.61	
A7006	NU	FILTERED NEBULIZER ADMIN SET	10.31	
A7007	NU	LG VOL NEBULIZER DISPOSABLE	4.66	
A7008	NU	DISPOSABLE NEBULIZER PREFILL	11.84	
A7009	NU	NEBULIZER RESERVOIR BOTTLE	52.45	
A7010	NU	DISPOSABLE CORRUGATED TUBING	21.78	
A7012	NU	NEBULIZER WATER COLLEC DEVIC	4.06	
A7013	NU	DISPOSABLE COMPRESSOR FILTER	0.77	
A7014	NU	COMPRESSOR NONDISPOS FILTER	4.76	
A7015	NU	AEROSOL MASK USED W NEBULIZE	1.94	
A7016	NU	NEBULIZER DOME & MOUTHPIECE	8.73	
A7017	NU	NEBULIZER NOT USED W OXYGEN	153.57	
A7018		WATER DISTILLED W/NEBULIZER	0.40	
A7020	NU	INTERFACE, COUGH STIM DEVICE	18.34	

Code	Mod	Description	Amount	APC Amount
A7025	RR	REPLACE CHEST COMPRESS VEST	55.10	
A7026	NU	REPLACE CHST CMPRSS SYS HOSE	36.40	
A7027	NU	COMBINATION ORAL/NASAL MASK	189.57	
A7028	NU	REPL ORAL CUSHION COMBO MASK	51.43	
A7029	NU	REPL NASAL PILLOW COMB MASK	22.00	
A7030	NU	CPAP FULL FACE MASK	156.23	
A7031	NU	REPLACEMENT FACEMASK INTERFA	58.33	
A7032	NU	REPLACEMENT NASAL CUSHION	33.44	
A7033	NU	REPLACEMENT NASAL PILLOWS	24.78	
A7034	NU	NASAL APPLICATION DEVICE	97.53	
A7035	NU	POS AIRWAY PRESS HEADGEAR	31.10	
A7036	NU	POS AIRWAY PRESS CHINSTRAP	14.91	
A7037	NU	POS AIRWAY PRESSURE TUBING	29.33	
A7038	NU	POS AIRWAY PRESSURE FILTER	4.20	
A7039	NU	FILTER, NON DISPOSABLE W PAP	10.74	
A7040		ONE WAY CHEST DRAIN VALVE	51.51	
A7041		WATER SEAL DRAIN CONTAINER	96.80	
A7044	NU	PAP ORAL INTERFACE	115.54	
A7045	NU	REPL EXHALATION PORT FOR PAP	17.83	
A7046	NU	REPL WATER CHAMBER, PAP DEV	18.60	
A7047	NU	RESP SUCTION ORAL INTERFACE	153.13	
A7048		VACUUM DRAIN BOTTLE/TUBE KIT	53.88	
A7501		TRACHEOSTOMA VALVE W DIAPHRA	133.01	
A7502		REPLACEMENT DIAPHRAGM/FPLATE	63.23	
A7503		HMES FILTER HOLDER OR CAP	14.37	
A7504		TRACHEOSTOMA HMES FILTER	0.87	
A7505		HMES OR TRACH VALVE HOUSING	5.94	
A7506		HMES/TRACHVALVE ADHESIVEDISK	0.42	
A7507		INTEGRATED FILTER & HOLDER	3.15	
A7508		HOUSING & INTEGRATED ADHESIV	3.63	
A7509		HEAT & MOISTURE EXCHANGE SYS	1.79	
A7520		TRACH/LARYN TUBE NON-CUFFED	60.14	
A7521		TRACH/LARYN TUBE CUFFED	59.58	
A7522		TRACH/LARYN TUBE STAINLESS	57.20	
A7523		TRACHEOSTOMY SHOWER PROTECT	BR	
A7524		TRACHEOSTOMA STENT/STUD/BTTN	98.04	
A7525		TRACHEOSTOMY MASK	2.62	
A7526		TRACHEOSTOMY TUBE COLLAR	4.29	
A7527		TRACH/LARYN TUBE PLUG/STOP	4.53	
A8000	NU	SOFT PROTECT HELMET PREFAB	194.24	
A8001	NU	HARD PROTECT HELMET PREFAB	194.24	
A8002	NU	SOFT PROTECT HELMET CUSTOM	BR	
A8003	NU	HARD PROTECT HELMET CUSTOM	BR	
A8004	NU	REPL SOFT INTERFACE, HELMET	BR	
A9150		MISC/EXPER NON-PRESCRIPT DRU	BR	
A9152		SINGLE VITAMIN NOS	BR	
A9153		MULTI-VITAMIN NOS	BR	
A9155		ARTIFICIAL SALIVA	BR	
A9180		LICE TREATMENT, TOPICAL	BR	
A9270		NON-COVERED ITEM OR SERVICE	BR	

Code	Mod	Description	Amount	APC Amount
A9272		DISP WOUND SUCT, DRSG/ACCESS	BR	
A9273		HOT/COLD BOTLE/CAP/COL/WRAP	BR	
A9274		EXT AMB INSULIN DELIVERY SYS	BR	
A9275		DISP HOME GLUCOSE MONITOR	BR	
A9276		DISPOSABLE SENSOR, CGM SYS	BR	
A9277		EXTERNAL TRANSMITTER, CGM	BR	
A9278		EXTERNAL RECEIVER, CGM SYS	BR	
A9279		MONITORING FEATURE/DEVICENOC	BR	
A9280		ALERT DEVICE, NOC	BR	
A9281		REACHING/GRABBING DEVICE	BR	
A9282		WIG ANY TYPE	BR	
A9283		FOOT PRESS OFF LOAD SUPP DEV	BR	
A9284		NON-ELECTRONIC SPIROMETER	BR	
A9285		INVERSION EVERSION COR DEVIC	BR	
A9286		ANY HYGIENIC ITEM, DEVICE	0.32	
A9300		EXERCISE EQUIPMENT	BR	
A9500		TC99M SESTAMIBI	BR	
A9501		TECHNETIUM TC-99M TEBOROXIME	BR	
A9502		TC99M TETROFOSMIN	BR	
A9503		TC99M MEDRONATE	BR	
A9504		TC99M APCITIDE	BR	
A9505		TL201 THALLIUM	BR	
A9507		IN111 CAPROMAB	BR	
A9508		I131 IODOBENGUATE, DX	BR	
A9509		IODINE I-123 SOD IODIDE MIL	BR	
A9510		TC99M DISOFENIN	BR	
A9512		TC99M PERTECHNETATE	BR	
A9513		LUTETIUM LU 177 DOTATAT THER	BR	357.49
A9515		CHOLINE C-11	4607.04	
A9516		IODINE I-123 SOD IODIDE MIC	BR	
A9517		I131 IODIDE CAP, RX	BR	29.48
A9520		TC99 TILMANOCEPT DIAG 0.5MCI	0.00	
A9521		TC99M EXAMETAZIME	BR	
A9524		I131 SERUM ALBUMIN, DX	BR	
A9526		NITROGEN N-13 AMMONIA	BR	
A9527		IODINE I-125 SODIUM IODIDE	BR	53.78
A9528		IODINE I-131 IODIDE CAP, DX	146.49	
A9529		I131 IODIDE SOL, DX	BR	
A9530		I131 IODIDE SOL, RX	BR	19.27
A9531		I131 MAX 100UCI	BR	
A9532		I125 SERUM ALBUMIN, DX	255.27	
A9536		TC99M DEPREOTIDE	BR	
A9537		TC99M MEBROFENIN	BR	
A9538		TC99M PYROPHOSPHATE	BR	
A9539		TC99M PENTETATE	BR	
A9540		TC99M MAA	BR	
A9541		TC99M SULFUR COLLOID	BR	
A9542		IN111 IBRITUMOMAB, DX	BR	
A9543		Y90 IBRITUMOMAB, RX	BR	67696.91
A9546		CO57/58	BR	

Code	Mod	Description	Amount	APC Amount
A9547		IN111 OXYQUINOLINE	1032.23	
A9548		IN111 PENTETATE	1505.43	
A9550		TC99M GLUCEPTATE	BR	
A9551		TC99M SUCCIMER	BR	
A9552		F18 FDG	BR	
A9553		CR51 CHROMATE	BR	
A9554		I125 IOTHALAMATE, DX	BR	
A9555		RB82 RUBIDIUM	BR	
A9556		GA67 GALLIUM	34.10	
A9557		TC99M BICISATE	BR	
A9558		XE133 XENON 10MCI	BR	
A9559		CO57 CYANO	BR	
A9560		TC99M LABELED RBC	BR	
A9561		TC99M OXIDRONATE	BR	
A9562		TC99M MERTIATIDE	BR	
A9563		P32 NA PHOSPHATE	BR	1036.64
A9564		P32 CHROMIC PHOSPHATE	188.44	
A9566		TC99M FANOLESOMAB	BR	
A9567		TECHNETIUM TC-99M AEROSOL	BR	
A9568		TECHNETIUM TC99M ARCITUMOMAB	BR	
A9569		TECHNETIUM TC-99M AUTO WBC	BR	
A9570		INDIUM IN-111 AUTO WBC	BR	
A9571		INDIUM IN-111 AUTO PLATELET	BR	
A9572		INDIUM IN-111 PENTETREOTIDE	BR	
A9575		INJ GADOTERATE MEGLUMI 0.1ML	0.00	
A9576		INJ PROHANCE MULTIPACK	1.82	
A9577		INJ MULTIHANCE	2.37	
A9578		INJ MULTIHANCE MULTIPACK	2.22	
A9579		GAD-BASE MR CONTRAST NOS,1ML	2.09	
A9580		SODIUM FLUORIDE F-18	BR	
A9581		GADOXETATE DISODIUM INJ	15.50	
A9582		IODINE I-123 IOBENGUANE	0.00	
A9583		GADOFOSVESET TRISODIUM INJ	35.64	
A9584		IODINE I-123 IOFLUPANE	BR	
A9585		GADOBUTROL INJECTION	0.43	
A9586		FLORBETAPIR F18	BR	4300.96
A9587		GALLIUM GA-68	125.34	94.77
A9588		FLUCICLOVINE F-18	460.72	553.16
A9589		INSTI HEXAMINOLEVULINATE HCL	BR	
A9597		PET, DX, FOR TUMOR ID, NOC	BR	
A9598		PET DX FOR NON-TUMOR ID, NOC	BR	
A9600		SR89 STRONTIUM	475.92	2123.84
A9604		SM 153 LEXIDRONAM	4457.22	20803.31
A9606		RADIUM RA223 DICHLORIDE THER	0.00	194.11
A9698		NON-RAD CONTRAST MATERIALNOC	BR	
A9699		RADIOPHARM RX AGENT NOC	BR	
A9700		ECHOCARDIOGRAPHY CONTRAST	BR	
A9900		SUPPLY/ACCESSORY/SERVICE	BR	
A9901		DELIVERY/SET UP/DISPENSING	BR	
A9999		DME SUPPLY OR ACCESSORY, NOS	BR	

Code	Mod	Description	Amount	APC Amount
B4034		ENTER FEED SUPKIT SYR BY DAY	5.41	
B4035		ENTERAL FEED SUPP PUMP PER D	10.00	
B4036		ENTERAL FEED SUP KIT GRAV BY	7.19	
B4081		ENTERAL NG TUBING W/ STYLET	21.89	
B4082		ENTERAL NG TUBING W/O STYLET	16.02	
B4083		ENTERAL STOMACH TUBE LEVINE	2.43	
B4087		GASTRO/JEJUNO TUBE, STD	37.03	
B4088		GASTRO/JEJUNO TUBE, LOW-PRO	39.78	
B4100		FOOD THICKENER ORAL	BR	
B4102		EF ADULT FLUIDS AND ELECTRO	BR	
B4103		EF PED FLUID AND ELECTROLYTE	BR	
B4104		ADDITIVE FOR ENTERAL FORMULA	BR	
B4105		ENZYME CARTRIDGE ENTERAL NUT	BR	
B4149		EF BLENDERIZED FOODS	1.53	
B4150		EF COMPLET W/INTACT NUTRIENT	0.63	
B4152		EF CALORIE DENSE>/=1.5KCAL	0.52	
B4153		EF HYDROLYZED/AMINO ACIDS	1.84	
B4154		EF SPEC METABOLIC NONINHERIT	1.11	
B4155		EF INCOMPLETE/MODULAR	0.99	
B4157		EF SPECIAL METABOLIC INHERIT	BR	
B4158		EF PED COMPLETE INTACT NUT	BR	
B4159		EF PED COMPLETE SOY BASED	BR	
B4160		EF PED CALORIC DENSE>/=0.7KC	BR	
B4161		EF PED HYDROLYZED/AMINO ACID	BR	
B4162		EF PED SPECMETABOLIC INHERIT	BR	
B4164		PARENTERAL 50% DEXTROSE SOLU	22.35	
B4168		PARENTERAL SOL AMINO ACID 3.	32.59	
B4172		PARENTERAL SOL AMINO ACID 5.	131.78	
B4176		PARENTERAL SOL AMINO ACID 7-	63.05	
B4178		PARENTERAL SOL AMINO ACID >	75.67	
B4180		PARENTERAL SOL CARB > 50%	32.09	
B4185		PARENTERAL SOL 10 GM LIPIDS	14.77	
B4189		PARENTERAL SOL AMINO ACID &	233.78	
B4193		PARENTERAL SOL 52-73 GM PROT	302.07	
B4197		PARENTERAL SOL 74-100 GM PRO	367.77	
B4199		PARENTERAL SOL > 100GM PROTE	420.23	
B4216		PARENTERAL NUTRITION ADDITIV	10.15	
B4220		PARENTERAL SUPPLY KIT PREMIX	10.53	
B4222		PARENTERAL SUPPLY KIT HOMEMI	12.99	
B4224		PARENTERAL ADMINISTRATION KI	32.88	
B5000		PARENTERAL SOL RENAL-AMIROSY	15.64	
B5100		PARENTERAL SOLUTION HEPATIC	6.11	
B5200		PARENTERAL SOL HEPATIC FREAM	BR	
B9002	NU	ENTER NUTR INF PUMP ANY TYPE	1089.51	
B9004	NU	PARENTERAL INFUS PUMP PORTAB	3318.43	
B9006	NU	PARENTERAL INFUS PUMP STATIO	3318.43	
B9998		ENTERAL SUPP NOT OTHERWISE C	BR	
B9999		PARENTERAL SUPP NOT OTHRWS C	BR	
C1713		ANCHOR/SCREW BN/BN,TIS/BN	0.00	
C1714		CATH, TRANS ATHERECTOMY, DIR	0.00	

Code	Mod	Description	Amount	APC Amount
C1715		BRACHYTHERAPY NEEDLE	0.00	
C1716		BRACHYTX, NON-STR, GOLD-198	0.00	122.53
C1717		BRACHYTX, NON-STR,HDR IR-192	0.00	412.91
C1719		BRACHYTX, NS, NON-HDRIR-192	0.00	120.59
C1721		AICD, DUAL CHAMBER	0.00	
C1722		AICD, SINGLE CHAMBER	0.00	
C1724		CATH, TRANS ATHEREC,ROTATION	0.00	
C1725		CATH, TRANSLUMIN NON-LASER	0.00	
C1726		CATH, BAL DIL, NON-VASCULAR	0.00	
C1727		CATH, BAL TIS DIS, NON-VAS	0.00	
C1728		CATH, BRACHYTX SEED ADM	0.00	
C1729		CATH, DRAINAGE	0.00	
C1730		CATH, EP, 19 OR FEW ELECT	0.00	
C1731		CATH, EP, 20 OR MORE ELEC	0.00	
C1732		CATH, EP, DIAG/ABL, 3D/VECT	0.00	
C1733		CATH, EP, OTHR THAN COOL-TIP	0.00	
C1749		ENDO, COLON, RETRO IMAGING	0.00	
C1750		CATH, HEMODIALYSIS,LONG-TERM	0.00	
C1751		CATH, INF, PER/CENT/MIDLINE	0.00	
C1752		CATH,HEMODIALYSIS,SHORT-TERM	0.00	
C1753		CATH, INTRAVAS ULTRASOUND	0.00	
C1754		CATHETER, INTRADISCAL	0.00	
C1755		CATHETER, INTRASPINAL	0.00	
C1756		CATH, PACING, TRANSESOPH	0.00	
C1757		CATH, THROMBECTOMY/EMBOLECT	0.00	
C1758		CATHETER, URETERAL	0.00	
C1759		CATH, INTRA ECHOCARDIOGRAPHY	0.00	
C1760		CLOSURE DEV, VASC	0.00	
C1762		CONN TISS, HUMAN(INC FASCIA)	0.00	
C1763		CONN TISS, NON-HUMAN	0.00	
C1764		EVENT RECORDER, CARDIAC	0.00	
C1765		ADHESION BARRIER	0.00	
C1766		INTRO/SHEATH,STRBLE,NON-PEEL	0.00	
C1767		GENERATOR, NEURO NON-RECHARG	0.00	
C1768		GRAFT, VASCULAR	0.00	
C1769		GUIDE WIRE	0.00	
C1770		IMAGING COIL, MR, INSERTABLE	0.00	
C1771		REP DEV, URINARY, W/SLING	0.00	
C1772		INFUSION PUMP, PROGRAMMABLE	0.00	
C1773		RET DEV, INSERTABLE	0.00	
C1776		JOINT DEVICE (IMPLANTABLE)	0.00	
C1777		LEAD, AICD, ENDO SINGLE COIL	0.00	
C1778		LEAD, NEUROSTIMULATOR	0.00	
C1779		LEAD, PMKR, TRANSVENOUS VDD	0.00	
C1780		LENS, INTRAOCULAR (NEW TECH)	0.00	
C1781		MESH (IMPLANTABLE)	0.00	
C1782		MORCELLATOR	0.00	
C1783		OCULAR IMP, AQUEOUS DRAIN DE	0.00	
C1784		OCULAR DEV, INTRAOP, DET RET	0.00	
C1785		PMKR, DUAL, RATE-RESP	0.00	

Code	Mod	Description	Amount	APC Amount
C1786		PMKR, SINGLE, RATE-RESP	0.00	
C1787		PATIENT PROGR, NEUROSTIM	0.00	
C1788		PORT, INDWELLING, IMP	0.00	
C1789		PROSTHESIS, BREAST, IMP	0.00	
C1813		PROSTHESIS, PENILE, INFLATAB	0.00	
C1814		RETINAL TAMP, SILICONE OIL	0.00	
C1815		PROS, URINARY SPH, IMP	0.00	
C1816		RECEIVER/TRANSMITTER, NEURO	0.00	
C1817		SEPTAL DEFECT IMP SYS	0.00	
C1818		INTEGRATED KERATOPROSTHESIS	0.00	
C1819		TISSUE LOCALIZATION-EXCISION	0.00	
C1820		GENERATOR NEURO RECHG BAT SY	0.00	
C1821		INTERSPINOUS IMPLANT	0.00	
C1822		GEN, NEURO, HF, RECHG BAT	BR	
C1823		GEN, NEURO, TRANS SEN/STIM	BR	
C1830		POWER BONE MARROW BX NEEDLE	0.00	
C1840		TELESCOPIC INTRAOCULAR LENS	0.00	
C1841		RETINAL PROSTH INT/EXT COMP	BR	
C1842		RETINAL PROSTH, ADD-ON	BR	
C1874		STENT, COATED/COV W/DEL SYS	0.00	
C1875		STENT, COATED/COV W/O DEL SY	0.00	
C1876		STENT, NON-COA/NON-COV W/DEL	0.00	
C1877		STENT, NON-COAT/COV W/O DEL	0.00	
C1878		MATRL FOR VOCAL CORD	0.00	
C1880		VENA CAVA FILTER	0.00	
C1881		DIALYSIS ACCESS SYSTEM	0.00	
C1882		AICD, OTHER THAN SING/DUAL	0.00	
C1883		ADAPT/EXT, PACING/NEURO LEAD	0.00	
C1884		EMBOLIZATION PROTECT SYST	0.00	
C1885		CATH, TRANSLUMIN ANGIO LASER	0.00	
C1886		CATHETER, ABLATION	0.00	
C1887		CATHETER, GUIDING	0.00	
C1888		ENDOVAS NON-CARDIAC ABL CATH	0.00	
C1889		IMPLANT/INSERT DEVICE, NOC	BR	
C1890		NO DEVICE W/DEV-INTENSIVE PX	BR	
C1891		INFUSION PUMP,NON-PROG, PERM	0.00	
C1892		INTRO/SHEATH,FIXED,PEEL-AWAY	0.00	
C1893		INTRO/SHEATH, FIXED,NON-PEEL	0.00	
C1894		INTRO/SHEATH, NON-LASER	0.00	
C1895		LEAD, AICD, ENDO DUAL COIL	0.00	
C1896		LEAD, AICD, NON SING/DUAL	0.00	
C1897		LEAD, NEUROSTIM TEST KIT	0.00	
C1898		LEAD, PMKR, OTHER THAN TRANS	0.00	
C1899		LEAD, PMKR/AICD COMBINATION	0.00	
C1900		LEAD, CORONARY VENOUS	0.00	
C2613		LUNG BX PLUG W/DEL SYS	BR	
C2614		PROBE, PERC LUMB DISC	0.00	
C2615		SEALANT, PULMONARY, LIQUID	0.00	
C2616		BRACHYTX, NON-STR,YTTRIUM-90	0.00	23608.75
C2617		STENT, NON-COR, TEM W/O DEL	0.00	

Code	Mod	Description	Amount	APC Amount
C2618		PROBE/NEEDLE, CRYO	0.00	
C2619		PMKR, DUAL, NON RATE-RESP	0.00	
C2620		PMKR, SINGLE, NON RATE-RESP	0.00	
C2621		PMKR, OTHER THAN SING/DUAL	0.00	
C2622		PROSTHESIS, PENILE, NON-INF	0.00	
C2623		CATH, TRANSLUMIN, DRUG-COAT	BR	
C2624		WIRELESS PRESSURE SENSOR	BR	
C2625		STENT, NON-COR, TEM W/DEL SY	0.00	
C2626		INFUSION PUMP, NON-PROG,TEMP	0.00	
C2627		CATH, SUPRAPUBIC/CYSTOSCOPIC	0.00	
C2628		CATHETER, OCCLUSION	0.00	
C2629		INTRO/SHEATH, LASER	0.00	
C2630		CATH, EP, COOL-TIP	0.00	
C2631		REP DEV, URINARY, W/O SLING	0.00	
C2634		BRACHYTX, NON-STR, HA, I-125	0.00	196.80
C2635		BRACHYTX, NON-STR, HA, P-103	0.00	38.51
C2636		BRACHY LINEAR, NON-STR,P-103	0.00	70.05
C2637		BRACHY,NON-STR,YTTERBIUM-169	0.00	
C2638		BRACHYTX, STRANDED, I-125	0.00	51.69
C2639		BRACHYTX, NON-STRANDED,I-125	0.00	49.71
C2640		BRACHYTX, STRANDED, P-103	0.00	106.03
C2641		BRACHYTX, NON-STRANDED,P-103	0.00	85.38
C2642		BRACHYTX, STRANDED, C-131	0.00	113.51
C2643		BRACHYTX, NON-STRANDED,C-131	0.00	111.27
C2644		BRACHYTX CESIUM-131 CHLORIDE	BR	17.79
C2645		BRACHYTX PLANAR, P-103	BR	6.66
C2698		BRACHYTX, STRANDED, NOS	0.00	51.69
C2699		BRACHYTX, NON-STRANDED, NOS	0.00	38.51
C5271		LOW COST SKIN SUBSTITUTE APP	BR	685.70
C5272		LOW COST SKIN SUBSTITUTE APP	BR	
C5273		LOW COST SKIN SUBSTITUTE APP	BR	2199.52
C5274		LOW COST SKIN SUBSTITUTE APP	BR	
C5275		LOW COST SKIN SUBSTITUTE APP	BR	685.70
C5276		LOW COST SKIN SUBSTITUTE APP	BR	
C5277		LOW COST SKIN SUBSTITUTE APP	BR	685.70
C5278		LOW COST SKIN SUBSTITUTE APP	BR	
C8900		MRA W/CONT, ABD	0.00	547.95
C8901		MRA W/O CONT, ABD	0.00	327.40
C8902		MRA W/O FOL W/CONT, ABD	0.00	547.95
C8903		MRI W/CONT, BREAST, UNI	0.00	286.47
C8905		MRI W/O FOL W/CONT, BRST, UN	0.00	547.95
C8906		MRI W/CONT, BREAST, BI	0.00	547.95
C8908		MRI W/O FOL W/CONT, BREAST,	0.00	547.95
C8909		MRA W/CONT, CHEST	0.00	547.95
C8910		MRA W/O CONT, CHEST	0.00	327.40
C8911		MRA W/O FOL W/CONT, CHEST	0.00	547.95
C8912		MRA W/CONT, LWR EXT	0.00	547.95
C8913		MRA W/O CONT, LWR EXT	0.00	327.40
C8914		MRA W/O FOL W/CONT, LWR EXT	0.00	547.95
C8918		MRA W/CONT, PELVIS	0.00	547.95

Code	Mod	Description	Amount	APC Amount
C8919		MRA W/O CONT, PELVIS	0.00	327.40
C8920		MRA W/O FOL W/CONT, PELVIS	0.00	547.95
C8921		TTE W OR W/O FOL W/CONT, COM	0.00	982.29
C8922		TTE W OR W/O FOL W/CONT, F/U	0.00	982.29
C8923		2D TTE W OR W/O FOL W/CON,CO	0.00	982.29
C8924		2D TTE W OR W/O FOL W/CON,FU	0.00	547.95
C8925		2D TEE W OR W/O FOL W/CON,IN	0.00	982.29
C8926		TEE W OR W/O FOL W/CONT,CONG	0.00	982.29
C8927		TEE W OR W/O FOL W/CONT, MON	0.00	982.29
C8928		TTE W OR W/O FOL W/CON,STRES	0.00	982.29
C8929		TTE W OR WO FOL WCON,DOPPLER	0.00	982.29
C8930		TTE W OR W/O CONTR, CONT ECG	0.00	982.29
C8931		MRA, W/DYE, SPINAL CANAL	0.00	547.95
C8932		MRA, W/O DYE, SPINAL CANAL	0.00	327.40
C8933		MRA, W/O&W/DYE, SPINAL CANAL	0.00	547.95
C8934		MRA, W/DYE, UPPER EXTREMITY	0.00	547.95
C8935		MRA, W/O DYE, UPPER EXTR	0.00	327.40
C8936		MRA, W/O&W/DYE, UPPER EXTR	0.00	547.95
C8937		CAD BREAST MRI	BR	
C8957		PROLONGED IV INF, REQ PUMP	0.00	409.50
C9035		INJECTION, ARISTADA INITIO	BR	4.05
C9036		INJECTION, PATISIRAN	BR	138.95
C9037		INJECTION, RISPERIDONE	BR	13.89
C9038		INJ MOGAMULIZUMAB-KPKC	BR	277.16
C9039		INJECTION, PLAZOMICIN	BR	4.61
C9113		INJ PANTOPRAZOLE SODIUM, VIA	0.00	
C9132		KCENTRA, PER I.U.	BR	2.75
C9248		INJ, CLEVIDIPINE BUTYRATE	0.00	3.95
C9250		ARTISS FIBRIN SEALANT	0.00	222.72
C9254		INJECTION, LACOSAMIDE	0.00	
C9257		BEVACIZUMAB INJECTION	0.00	2.88
C9285		PATCH, LIDOCAINE/TETRACAINE	0.00	
C9290		INJ, BUPIVACAINE LIPOSOME	0.00	
C9293		INJECTION, GLUCARPIDASE	0.00	444.74
C9352		NEURAGEN NERVE GUIDE, PER CM	0.00	
C9353		NEURAWRAP NERVE PROTECTOR,CM	0.00	
C9354		VERITAS COLLAGEN MATRIX, CM2	0.00	
C9355		NEUROMATRIX NERVE CUFF, CM	0.00	
C9356		TENOGLIDE TENDON PROT, CM2	0.00	
C9358		SURGIMEND, FETAL	0.00	
C9359		IMPLNT,BON VOID FILLER-PUTTY	0.00	
C9360		SURGIMEND, NEONATAL	0.00	
C9361		NEUROMEND NERVE WRAP	0.00	
C9362		IMPLNT,BON VOID FILLER-STRIP	0.00	
C9363		INTEGRA MESHED BIL WOUND MAT	0.00	
C9364		PORCINE IMPLANT, PERMACOL	0.00	
C9399		UNCLASSIFIED DRUGS OR BIOLOG	0.00	
C9407		IODINE I-131 IOBENGUANE, DX	BR	441.71
C9408		IODINE I-131 IOBENGUANE, TX	BR	441.71
C9447		INJ, PHENYLEPHRINE KETOROLAC	0.00	672.01

	Code	Mod	Description	Amount	APC Amount
	C9460		INJECTION, CANGRELOR	0.00	21.95
	C9462		INJECTION, DELAFLOXACIN	BR	0.64
	C9482		SOTALOL HYDROCHLORIDE IV	BR	14.18
	C9488		CONIVAPTAN HCL	BR	45.54
J1	**C9600**		PERC DRUG-EL COR STENT SING	0.00	17440.05
	C9601		PERC DRUG-EL COR STENT BRAN	0.00	
J1	**C9602**		PERC D-E COR STENT ATHER S	0.00	26888.04
	C9603		PERC D-E COR STENT ATHER BR	0.00	
J1	**C9604**		PERC D-E COR REVASC T CABG S	0.00	17440.05
	C9605		PERC D-E COR REVASC T CABG B	0.00	
	C9606		PERC D-E COR REVASC W AMI S	0.00	20948.17
J1	**C9607**		PERC D-E COR REVASC CHRO SIN	0.00	26888.04
	C9608		PERC D-E COR REVASC CHRO ADD	0.00	
	C9725		PLACE ENDORECTAL APP	0.00	1057.74
	C9726		RXT BREAST APPL PLACE/REMOV	0.00	
J1	**C9727**		INSERT PALATE IMPLANTS	0.00	2543.11
	C9728		PLACE DEVICE/MARKER, NON PRO	0.00	1692.53
	C9733		NON-OPHTHALMIC FVA	0.00	547.95
J1	**C9734**		U/S TRTMT, NOT LEIOMYOMATA	0.00	19120.53
	C9738		BLUE LIGHT CYSTO IMAG AGENT	BR	
J1	**C9739**		CYSTOSCOPY PROSTATIC IMP 1-3	BR	7926.90
J1	**C9740**		CYSTO IMPL 4 OR MORE	BR	13305.84
J1	**C9745**		NASAL ENDO EUSTACHIAN TUBE	BR	8765.29
J1	**C9746**		TRANS IMP BALLOON CONT	BR	26963.98
J1	**C9747**		ABLATION, HIFU, PROSTATE	BR	7926.90
J1	**C9749**		REPAIR NASAL STENOSIS W/IMP	BR	8765.29
	C9751		MICROWAVE BRONCH, 3D, EBUS	BR	11715.71
J1	**C9752**		INTRAOSSEOUS DES LUMB/SACRUM	BR	19120.53
	C9753		INTRAOSSEOUS DESTRUCT ADD'L	BR	
J1	**C9754**		PERC AV FISTULA, DIRECT	BR	17440.05
J1	**C9755**		RF MAGNETIC-GUIDE AV FISTULA	BR	17440.05
	C9898		INPNT STAY RADIOLABELED ITEM	0.00	
	C9899		INPT IMPLANT PROS DEV,NO COV	0.00	
	E0100	NU	CANE ADJUST/FIXED WITH TIP	20.63	
	E0105	NU	CANE ADJUST/FIXED QUAD/3 PRO	56.55	
	E0110	NU	CRUTCH FOREARM PAIR	84.68	
	E0111	NU	CRUTCH FOREARM EACH	52.11	
	E0112	NU	CRUTCH UNDERARM PAIR WOOD	42.61	
	E0113	NU	CRUTCH UNDERARM EACH WOOD	24.34	
	E0114	NU	CRUTCH UNDERARM PAIR NO WOOD	54.34	
	E0116	NU	CRUTCH UNDERARM EACH NO WOOD	30.31	
	E0117	NU	UNDERARM SPRINGASSIST CRUTCH	303.28	
	E0118		CRUTCH SUBSTITUTE	1138.46	
	E0130	NU	WALKER RIGID ADJUST/FIXED HT	53.97	
	E0135	NU	WALKER FOLDING ADJUST/FIXED	59.65	
	E0140	NU	WALKER W TRUNK SUPPORT	317.61	
	E0141	NU	RIGID WHEELED WALKER ADJ/FIX	82.50	
	E0143	NU	WALKER FOLDING WHEELED W/O S	79.65	
	E0144	NU	ENCLOSED WALKER W REAR SEAT	956.71	
	E0147	NU	WALKER VARIABLE WHEEL RESIST	502.73	

Code	Mod	Description	Amount	APC Amount
E0148	NU	HEAVYDUTY WALKER NO WHEELS	107.14	
E0149	NU	HEAVY DUTY WHEELED WALKER	275.31	
E0153	NU	FOREARM CRUTCH PLATFORM ATTA	79.90	
E0154	NU	WALKER PLATFORM ATTACHMENT	61.10	
E0155	NU	WALKER WHEEL ATTACHMENT,PAIR	24.44	
E0156	NU	WALKER SEAT ATTACHMENT	21.50	
E0157	NU	WALKER CRUTCH ATTACHMENT	64.45	
E0158	NU	WALKER LEG EXTENDERS SET OF4	25.09	
E0159	NU	BRAKE FOR WHEELED WALKER	16.69	
E0160	NU	SITZ TYPE BATH OR EQUIPMENT	34.43	
E0161	NU	SITZ BATH/EQUIPMENT W/FAUCET	28.28	
E0162	NU	SITZ BATH CHAIR	167.76	
E0163	NU	COMMODE CHAIR WITH FIXED ARM	85.46	
E0165	NU	COMMODE CHAIR WITH DETACHARM	256.99	
E0167	NU	COMMODE CHAIR PAIL OR PAN	12.69	
E0168	NU	HEAVYDUTY/WIDE COMMODE CHAIR	149.31	
E0170	RR	COMMODE CHAIR ELECTRIC	179.60	
E0171	RR	COMMODE CHAIR NON-ELECTRIC	32.99	
E0172		SEAT LIFT MECHANISM TOILET	0.00	
E0175	NU	COMMODE CHAIR FOOT REST	76.26	
E0181	NU	PRESS PAD ALTERNATING W/ PUM	370.73	
E0182	NU	REPLACE PUMP, ALT PRESS PAD	370.73	
E0184	NU	DRY PRESSURE MATTRESS	197.90	
E0185	NU	GEL PRESSURE MATTRESS PAD	246.91	
E0186	NU	AIR PRESSURE MATTRESS	196.58	
E0187	NU	WATER PRESSURE MATTRESS	215.01	
E0188	NU	SYNTHETIC SHEEPSKIN PAD	28.36	
E0189	NU	LAMBSWOOL SHEEPSKIN PAD	50.86	
E0190	NU	POSITIONING CUSHION	79.80	
E0191	NU	PROTECTOR HEEL OR ELBOW	11.06	
E0193	RR	POWERED AIR FLOTATION BED	751.33	
E0194	NU	AIR FLUIDIZED BED	42347.42	
E0196	NU	GEL PRESSURE MATTRESS	529.54	
E0197	NU	AIR PRESSURE PAD FOR MATTRES	431.14	
E0198	NU	WATER PRESSURE PAD FOR MATTR	234.34	
E0199	NU	DRY PRESSURE PAD FOR MATTRES	31.38	
E0200	NU	HEAT LAMP WITHOUT STAND	77.59	
E0202	RR	PHOTOTHERAPY LIGHT W/ PHOTOM	72.09	
E0203		THERAPEUTIC LIGHTBOX TABLETP	BR	
E0205	NU	HEAT LAMP WITH STAND	189.92	
E0210	NU	ELECTRIC HEAT PAD STANDARD	32.21	
E0215	NU	ELECTRIC HEAT PAD MOIST	69.33	
E0217	NU	WATER CIRC HEAT PAD W PUMP	568.51	
E0218	NU	FLUID CIRC COLD PAD W PUMP	1895.41	
E0221		INFRARED HEATING PAD SYSTEM	0.00	
E0225	NU	HYDROCOLLATOR UNIT	447.48	
E0231		WOUND WARMING DEVICE	BR	
E0232		WARMING CARD FOR NWT	BR	
E0235	NU	PARAFFIN BATH UNIT PORTABLE	814.80	
E0236	NU	PUMP FOR WATER CIRCULATING P	4298.82	

Code	Mod	Description	Amount	APC Amount
E0239	NU	HYDROCOLLATOR UNIT PORTABLE	517.92	
E0240	NU	BATH/SHOWER CHAIR	103.72	
E0241		BATH TUB WALL RAIL	73.00	
E0242		BATH TUB RAIL FLOOR	55.16	
E0243		TOILET RAIL	74.19	
E0244		TOILET SEAT RAISED	66.51	
E0245		TUB STOOL OR BENCH	74.49	
E0246		TRANSFER TUB RAIL ATTACHMENT	77.30	
E0247	NU	TRANS BENCH W/WO COMM OPEN	129.81	
E0248	NU	HDTRANS BENCH W/WO COMM OPEN	186.01	
E0249	NU	PAD WATER CIRCULATING HEAT U	97.49	
E0250	NU	HOSP BED FIXED HT W/ MATTRES	1849.69	
E0251	NU	HOSP BED FIXD HT W/O MATTRES	1852.78	
E0255	NU	HOSPITAL BED VAR HT W/ MATTR	1606.51	
E0256	NU	HOSPITAL BED VAR HT W/O MATT	787.51	
E0260	NU	HOSP BED SEMI-ELECTR W/ MATT	1852.89	
E0261	NU	HOSP BED SEMI-ELECTR W/O MAT	1694.19	
E0265	NU	HOSP BED TOTAL ELECTR W/ MAT	2065.00	
E0266	NU	HOSP BED TOTAL ELEC W/O MATT	1834.67	
E0270	NU	HOSPITAL BED INSTITUTIONAL T	0.00	
E0271	NU	MATTRESS INNERSPRING	159.61	
E0272	NU	MATTRESS FOAM RUBBER	160.18	
E0273	NU	BED BOARD	26.57	
E0274	NU	OVER-BED TABLE	370.51	
E0275	NU	BED PAN STANDARD	16.26	
E0276	NU	BED PAN FRACTURE	14.06	
E0277	NU	POWERED PRES-REDU AIR MATTRS	7846.78	
E0280	NU	BED CRADLE	32.23	
E0290	NU	HOSP BED FX HT W/O RAILS W/M	791.38	
E0291	NU	HOSP BED FX HT W/O RAIL W/O	635.11	
E0292	NU	HOSP BED VAR HT NO SR W/MATT	671.60	
E0293	NU	HOSP BED VAR HT NO SR NO MAT	571.35	
E0294	NU	HOSP BED SEMI-ELECT W/ MATTR	1429.04	
E0295	NU	HOSP BED SEMI-ELECT W/O MATT	1146.21	
E0296	NU	HOSP BED TOTAL ELECT W/ MATT	1384.20	
E0297	NU	HOSP BED TOTAL ELECT W/O MAT	5006.93	
E0300	NU	ENCLOSED PED CRIB HOSP GRADE	2268.47	
E0301	NU	HD HOSP BED, 350-600 LBS	3177.45	
E0302	NU	EX HD HOSP BED > 600 LBS	21286.79	
E0303	NU	HOSP BED HVY DTY XTRA WIDE	3473.75	
E0304	NU	HOSP BED XTRA HVY DTY X WIDE	8938.55	
E0305	NU	RAILS BED SIDE HALF LENGTH	201.21	
E0310	NU	RAILS BED SIDE FULL LENGTH	146.55	
E0315		BED ACCESSORY BRD/TBL/SUPPRT	BR	
E0316	NU	BED SAFETY ENCLOSURE	4107.67	
E0325	NU	URINAL MALE JUG-TYPE	10.69	
E0326	NU	URINAL FEMALE JUG-TYPE	11.25	
E0328		PED HOSPITAL BED, MANUAL	BR	
E0329		PED HOSPITAL BED SEMI/ELECT	BR	
E0350	NU	CONTROL UNIT BOWEL SYSTEM	BR	

Code	Mod	Description	Amount	APC Amount
E0352		DISPOSABLE PACK W/BOWEL SYST	BR	
E0370		AIR ELEVATOR FOR HEEL	BR	
E0371	RR	NONPOWER MATTRESS OVERLAY	300.22	
E0372	RR	POWERED AIR MATTRESS OVERLAY	342.51	
E0373	RR	NONPOWERED PRESSURE MATTRESS	377.40	
E0424	RR	STATIONARY COMPRESSED GAS 02	134.71	
E0425		GAS SYSTEM STATIONARY COMPRE	30.46	
E0430		OXYGEN SYSTEM GAS PORTABLE	3.06	
E0431	RR	PORTABLE GASEOUS 02	67.36	
E0433	RR	PORTABLE LIQUID OXYGEN SYS	67.36	
E0434	RR	PORTABLE LIQUID 02	67.36	
E0435		OXYGEN SYSTEM LIQUID PORTABL	BR	
E0439	RR	STATIONARY LIQUID 02	134.71	
E0440		OXYGEN SYSTEM LIQUID STATION	14.97	
E0441		STATIONARY O2 CONTENTS, GAS	64.20	
E0442		STATIONARY O2 CONTENTS, LIQ	64.20	
E0443		PORTABLE 02 CONTENTS, GAS	61.69	
E0444		PORTABLE 02 CONTENTS, LIQUID	61.69	
E0445		OXIMETER NON-INVASIVE	BR	
E0446		TOPICAL OX DELIVER SYS, NOS	BR	
E0447		PORT O2 CONT, LIQ OVER 4 LPM	92.54	
E0455	NU	OXYGEN TENT EXCL CROUP/PED T	1694.08	
E0457	NU	CHEST SHELL	569.74	
E0459	NU	CHEST WRAP	471.89	
E0462	NU	ROCKING BED W/ OR W/O SIDE R	3079.39	
E0465	RR	HOME VENT INVASIVE INTERFACE	934.17	
E0466	RR	HOME VENT NON-INVASIVE INTER	934.17	
E0467	RR	HOME VENT MULTI-FUNCTION	1122.96	
E0470	NU	RAD W/O BACKUP NON-INV INTFC	3229.03	
E0471	NU	RAD W/BACKUP NON INV INTRFC	7516.14	
E0472	NU	RAD W BACKUP INVASIVE INTRFC	6799.63	
E0480	NU	PERCUSSOR ELECT/PNEUM HOME M	734.18	
E0481		INTRPULMNRY PERCUSS VENT SYS	BR	
E0482	RR	COUGH STIMULATING DEVICE	443.68	
E0483	NU	HI FREQ CHEST WALL OSCIL SYS	15763.14	
E0484	NU	NON-ELEC OSCILLATORY PEP DVC	42.53	
E0485	NU	ORAL DEVICE/APPLIANCE PREFAB	212.65	
E0486	NU	ORAL DEVICE/APPLIANCE CUSFAB	6917.19	
E0487	NU	ELECTRONIC SPIROMETER	0.00	
E0500	NU	IPPB ALL TYPES	1651.45	
E0550	NU	HUMIDIF EXTENS SUPPLE W IPPB	847.05	
E0555	NU	HUMIDIFIER FOR USE W/ REGULA	6.58	
E0560	NU	HUMIDIFIER SUPPLEMENTAL W/ I	168.59	
E0561	NU	HUMIDIFIER NONHEATED W PAP	92.05	
E0562	NU	HUMIDIFIER HEATED USED W PAP	223.90	
E0565	NU	COMPRESSOR AIR POWER SOURCE	899.94	
E0570	NU	NEBULIZER WITH COMPRESSION	341.14	
E0572	NU	AEROSOL COMPRESSOR ADJUST PR	340.81	
E0574	NU	ULTRASONIC GENERATOR W SVNEB	1373.38	
E0575	NU	NEBULIZER ULTRASONIC	479.28	

Code	Mod	Description	Amount	APC Amount
E0580	NU	NEBULIZER FOR USE W/ REGULAT	131.71	
E0585	NU	NEBULIZER W/ COMPRESSOR & HE	1070.13	
E0600	NU	SUCTION PUMP PORTAB HOM MODL	794.14	
E0601	NU	CONT AIRWAY PRESSURE DEVICE	1482.38	
E0602	NU	MANUAL BREAST PUMP	33.98	
E0603	NU	ELECTRIC BREAST PUMP	319.24	
E0604	NU	HOSP GRADE ELEC BREAST PUMP	952.62	
E0605	NU	VAPORIZER ROOM TYPE	30.42	
E0606	NU	DRAINAGE BOARD POSTURAL	242.39	
E0607	NU	BLOOD GLUCOSE MONITOR HOME	76.93	
E0610	NU	PACEMAKER MONITR AUDIBLE/VIS	273.86	
E0615	NU	PACEMAKER MONITR DIGITAL/VIS	551.28	
E0616		CARDIAC EVENT RECORDER	BR	
E0617	RR	AUTOMATIC EXT DEFIBRILLATOR	388.68	
E0618	RR	APNEA MONITOR	322.81	
E0619	RR	APNEA MONITOR W RECORDER	0.00	
E0620	NU	CAP BLD SKIN PIERCING LASER	923.66	
E0621	NU	PATIENT LIFT SLING OR SEAT	99.89	
E0625	NU	PATIENT LIFT BATHROOM OR TOI	0.00	
E0627	NU	SEAT LIFT MECH, ELECTRIC ANY	330.47	
E0629	NU	SEAT LIFT MECH, NON-ELECTRIC	328.89	
E0630	NU	PATIENT LIFT HYDRAULIC	1324.78	
E0635	NU	PATIENT LIFT ELECTRIC	2301.15	
E0636	NU	PT SUPPORT & POSITIONING SYS	9777.31	
E0637	NU	COMBINATION SIT TO STAND SYS	4384.85	
E0638	NU	STANDING FRAME SYS	3010.84	
E0639	RR	MOVEABLE PATIENT LIFT SYSTEM	128.44	
E0640	RR	FIXED PATIENT LIFT SYSTEM	128.44	
E0641		MULTI-POSITION STND FRAM SYS	BR	
E0642		DYNAMIC STANDING FRAME	BR	
E0650	NU	PNEUMA COMPRESOR NON-SEGMENT	704.85	
E0651	NU	PNEUM COMPRESSOR SEGMENTAL	1057.44	
E0652	NU	PNEUM COMPRES W/CAL PRESSURE	5188.38	
E0655	NU	PNEUMATIC APPLIANCE HALF ARM	105.63	
E0656	NU	SEGMENTAL PNEUMATIC TRUNK	670.49	
E0657	NU	SEGMENTAL PNEUMATIC CHEST	868.05	
E0660	NU	PNEUMATIC APPLIANCE FULL LEG	183.94	
E0665	NU	PNEUMATIC APPLIANCE FULL ARM	134.08	
E0666	NU	PNEUMATIC APPLIANCE HALF LEG	135.15	
E0667	NU	SEG PNEUMATIC APPL FULL LEG	316.86	
E0668	NU	SEG PNEUMATIC APPL FULL ARM	432.45	
E0669	NU	SEG PNEUMATIC APPLI HALF LEG	211.07	
E0670	NU	SEG PNEUM INT LEGS/TRUNK	1276.02	
E0671	NU	PRESSURE PNEUM APPL FULL LEG	478.23	
E0672	NU	PRESSURE PNEUM APPL FULL ARM	371.57	
E0673	NU	PRESSURE PNEUM APPL HALF LEG	308.76	
E0675	NU	PNEUMATIC COMPRESSION DEVICE	7867.54	
E0676		INTER LIMB COMPRESS DEV NOS	24.16	
E0691	NU	UVL PNL 2 SQ FT OR LESS	1034.61	
E0692	NU	UVL SYS PANEL 4 FT	1299.20	

Code	Mod	Description	Amount	APC Amount
E0693	NU	UVL SYS PANEL 6 FT	1601.54	
E0694	NU	UVL MD CABINET SYS 6 FT	5097.55	
E0700		SAFETY EQUIPMENT	BR	
E0705	NU	TRANSFER DEVICE	63.48	
E0710		RESTRAINTS ANY TYPE	BR	
E0720	NU	TENS TWO LEAD	BR	
E0730	NU	TENS FOUR LEAD	249.38	
E0731	NU	CONDUCTIVE GARMENT FOR TENS/	250.04	
E0740	NU	NON-IMPLANT PELV FLR E-STIM	688.34	
E0744	NU	NEUROMUSCULAR STIM FOR SCOLI	2022.09	
E0745	NU	NEUROMUSCULAR STIM FOR SHOCK	1266.37	
E0746	NU	ELECTROMYOGRAPH BIOFEEDBACK	688.23	
E0747	NU	ELEC OSTEOGEN STIM NOT SPINE	4508.88	
E0748	NU	ELEC OSTEOGEN STIM SPINAL	4479.68	
E0749	RR	ELEC OSTEOGEN STIM IMPLANTED	327.41	
E0755		ELECTRONIC SALIVARY REFLEX S	BR	
E0760	NU	OSTEOGEN ULTRASOUND STIMLTOR	3722.53	
E0761		NONTHERM ELECTROMGNTC DEVICE	BR	
E0762	NU	TRANS ELEC JT STIM DEV SYS	1841.11	
E0764	NU	FUNCTIONAL NEUROMUSCULARSTIM	1629.15	
E0765	NU	NERVE STIMULATOR FOR TX N&V	96.87	
E0766		ELEC STIM CANCER TREATMENT	0.00	
E0769		ELECTRIC WOUND TREATMENT DEV	BR	
E0770	NU	FUNCTIONAL ELECTRIC STIM NOS	8406.69	
E0776	NU	IV POLE	154.40	
E0779	RR	AMB INFUSION PUMP MECHANICAL	17.35	
E0780	NU	MECH AMB INFUSION PUMP <8HRS	11.91	
E0781	RR	EXTERNAL AMBULATORY INFUS PU	258.71	
E0782	NU	NON-PROGRAMBLE INFUSION PUMP	4943.35	
E0783	NU	PROGRAMMABLE INFUSION PUMP	9426.22	
E0784	NU	EXT AMB INFUSN PUMP INSULIN	8407.56	
E0785		REPLACEMENT IMPL PUMP CATHET	499.27	
E0786	NU	IMPLANTABLE PUMP REPLACEMENT	9194.70	
E0791	NU	PARENTERAL INFUSION PUMP STA	3176.35	
E0830		AMBULATORY TRACTION DEVICE	BR	
E0840	NU	TRACT FRAME ATTACH HEADBOARD	84.36	
E0849	NU	CERVICAL PNEUM TRAC EQUIP	789.83	
E0850	NU	TRACTION STAND FREE STANDING	120.95	
E0855	NU	CERVICAL TRACTION EQUIPMENT	743.75	
E0856	NU	CERVIC COLLAR W AIR BLADDERS	739.63	
E0860	NU	TRACT EQUIP CERVICAL TRACT	44.37	
E0870	NU	TRACT FRAME ATTACH FOOTBOARD	113.83	
E0880	NU	TRAC STAND FREE STAND EXTREM	122.87	
E0890	NU	TRACTION FRAME ATTACH PELVIC	117.83	
E0900	NU	TRAC STAND FREE STAND PELVIC	125.40	
E0910	NU	TRAPEZE BAR ATTACHED TO BED	264.60	
E0911	RR	HD TRAPEZE BAR ATTACH TO BED	47.18	
E0912	RR	HD TRAPEZE BAR FREE STANDING	100.37	
E0920	NU	FRACTURE FRAME ATTACHED TO B	487.60	
E0930	RR	FRACTURE FRAME FREE STANDING	44.70	

Code	Mod	Description	Amount	APC Amount
E0935	RR	CONT PAS MOTION EXERCISE DEV	22.26	
E0936	RR	CPM DEVICE, OTHER THAN KNEE	24.16	
E0940	NU	TRAPEZE BAR FREE STANDING	370.51	
E0941	RR	GRAVITY ASSISTED TRACTION DE	42.47	
E0942	NU	CERVICAL HEAD HARNESS/HALTER	19.41	
E0944	NU	PELVIC BELT/HARNESS/BOOT	45.17	
E0945	NU	BELT/HARNESS EXTREMITY	43.38	
E0946	RR	FRACTURE FRAME DUAL W CROSS	57.90	
E0947	NU	FRACTURE FRAME ATTACHMNTS PE	593.53	
E0948	NU	FRACTURE FRAME ATTACHMNTS CE	589.58	
E0950	NU	TRAY	103.16	
E0951	NU	LOOP HEEL	16.06	
E0952	NU	TOE LOOP/HOLDER, EACH	18.80	
E0953	NU	W/C LATERAL THIGH/KNEE SUP	97.82	
E0954	NU	FOOT BOX, ANY TYPE EACH FOOT	58.80	
E0955	NU	CUSHIONED HEADREST	271.41	
E0956	NU	W/C LATERAL TRUNK/HIP SUPPOR	97.82	
E0957	NU	W/C MEDIAL THIGH SUPPORT	141.54	
E0958	NU	WHLCHR ATT- CONV 1 ARM DRIVE	635.44	
E0959	NU	AMPUTEE ADAPTER	48.24	
E0960	NU	W/C SHOULDER HARNESS/STRAPS	90.29	
E0961	NU	WHEELCHAIR BRAKE EXTENSION	25.31	
E0966	NU	WHEELCHAIR HEAD REST EXTENSI	69.85	
E0967	NU	MAN WC RIM/PROJECTION REP EA	75.62	
E0968	NU	WHEELCHAIR COMMODE SEAT	189.24	
E0969	NU	WHEELCHAIR NARROWING DEVICE	180.34	
E0970	NU	WHEELCHAIR NO. 2 FOOTPLATES	52.34	
E0971	NU	WHEELCHAIR ANTI-TIPPING DEVI	40.85	
E0973	NU	W/CH ACCESS DET ADJ ARMREST	96.99	
E0974	NU	W/CH ACCESS ANTI-ROLLBACK	83.70	
E0978	NU	W/C ACC,SAF BELT PELV STRAP	42.37	
E0980	NU	WHEELCHAIR SAFETY VEST	37.51	
E0981	NU	SEAT UPHOLSTERY, REPLACEMENT	42.65	
E0982	NU	BACK UPHOLSTERY, REPLACEMENT	46.62	
E0983	NU	ADD PWR JOYSTICK	9772.82	
E0984	NU	ADD PWR TILLER	2018.84	
E0985	NU	W/C SEAT LIFT MECHANISM	193.83	
E0986	NU	MAN W/C PUSH-RIM POWR SYSTEM	7590.29	
E0988	RR	LEVER-ACTIVATED WHEEL DRIVE	344.67	
E0990	NU	WHEELCHAIR ELEVATING LEG RES	99.05	
E0992	NU	WHEELCHAIR SOLID SEAT INSERT	96.05	
E0994	NU	WHEELCHAIR ARM REST	17.26	
E0995	NU	WC CALF REST, PAD REPLACEMNT	27.50	
E1002	NU	PWR SEAT TILT	7442.08	
E1003	NU	PWR SEAT RECLINE	3509.01	
E1004	NU	PWR SEAT RECLINE MECH	5763.40	
E1005	NU	PWR SEAT RECLINE PWR	4211.61	
E1006	NU	PWR SEAT COMBO W/O SHEAR	5158.62	
E1007	NU	PWR SEAT COMBO W/SHEAR	12765.40	
E1008	NU	PWR SEAT COMBO PWR SHEAR	10956.06	

Code	Mod	Description	Amount	APC Amount
E1009	NU	ADD MECH LEG ELEVATION	0.00	
E1010	NU	ADD PWR LEG ELEVATION	2548.59	
E1011	NU	PED WC MODIFY WIDTH ADJUSTM	0.00	
E1012	RR	CTR MOUNT PWR ELEV LEG REST	113.51	
E1014	NU	RECLINING BACK ADD PED W/C	425.52	
E1015	NU	SHOCK ABSORBER FOR MAN W/C	128.58	
E1016	NU	SHOCK ABSORBER FOR POWER W/C	133.32	
E1017	NU	HD SHCK ABSRBR FOR HD MAN WC	0.00	
E1018	NU	HD SHCK ABSRBER FOR HD POWWC	0.00	
E1020	NU	RESIDUAL LIMB SUPPORT SYSTEM	295.63	
E1028	NU	W/C MANUAL SWINGAWAY	279.82	
E1029	NU	W/C VENT TRAY FIXED	494.90	
E1030	NU	W/C VENT TRAY GIMBALED	828.91	
E1031	NU	ROLLABOUT CHAIR WITH CASTERS	588.07	
E1035	RR	PATIENT TRANSFER SYSTEM <300	663.00	
E1036	RR	PATIENT TRANSFER SYSTEM >300	945.89	
E1037	NU	TRANSPORT CHAIR, PED SIZE	1474.21	
E1038	NU	TRANSPORT CHAIR PT WT<=300LB	292.66	
E1039	NU	TRANSPORT CHAIR PT WT >300LB	484.37	
E1050	NU	WHELCHR FXD FULL LENGTH ARMS	1060.51	
E1060	NU	WHEELCHAIR DETACHABLE ARMS	3175.91	
E1070	NU	WHEELCHAIR DETACHABLE FOOT R	3131.18	
E1083	NU	HEMI-WHEELCHAIR FIXED ARMS	2549.41	
E1084	NU	HEMI-WHEELCHAIR DETACHABLE A	2644.05	
E1085	NU	HEMI-WHEELCHAIR FIXED ARMS	335.28	
E1086	NU	HEMI-WHEELCHAIR DETACHABLE A	2205.40	
E1087	NU	WHEELCHAIR LIGHTWT FIXED ARM	1301.93	
E1088	NU	WHEELCHAIR LIGHTWEIGHT DET A	3913.84	
E1089	NU	WHEELCHAIR LIGHTWT FIXED ARM	543.01	
E1090	NU	WHEELCHAIR LIGHTWEIGHT DET A	3599.42	
E1092	NU	WHEELCHAIR WIDE W/ LEG RESTS	3474.64	
E1093	NU	WHEELCHAIR WIDE W/ FOOT REST	4327.98	
E1100	NU	WHCHR S-RECL FXD ARM LEG RES	1096.79	
E1110	NU	WHEELCHAIR SEMI-RECL DETACH	879.96	
E1130	NU	WHLCHR STAND FXD ARM FT REST	242.51	
E1140	NU	WHEELCHAIR STANDARD DETACH A	2034.78	
E1150	NU	WHEELCHAIR STANDARD W/ LEG R	2122.35	
E1160	NU	WHEELCHAIR FIXED ARMS	1281.28	
E1161	NU	MANUAL ADULT WC W TILTINSPAC	4447.25	
E1170	NU	WHLCHR AMPU FXD ARM LEG REST	943.79	
E1171	NU	WHEELCHAIR AMPUTEE W/O LEG R	847.15	
E1172	NU	WHEELCHAIR AMPUTEE DETACH AR	1035.19	
E1180	NU	WHEELCHAIR AMPUTEE W/ FOOT R	1071.02	
E1190	NU	WHEELCHAIR AMPUTEE W/ LEG RE	1105.24	
E1195	NU	WHEELCHAIR AMPUTEE HEAVY DUT	1232.24	
E1200	NU	WHEELCHAIR AMPUTEE FIXED ARM	919.63	
E1220		WHLCHR SPECIAL SIZE/CONSTRC	BR	
E1221	NU	WHEELCHAIR SPEC SIZE W FOOT	502.09	
E1222	NU	WHEELCHAIR SPEC SIZE W/ LEG	716.30	
E1223	NU	WHEELCHAIR SPEC SIZE W FOOT	635.11	

Code	Mod	Description	Amount	APC Amount
E1224	NU	WHEELCHAIR SPEC SIZE W/ LEG	857.62	
E1225	NU	MANUAL SEMI-RECLINING BACK	531.30	
E1226	NU	MANUAL FULLY RECLINING BACK	513.08	
E1227	NU	WHEELCHAIR SPEC SZ SPEC HT A	319.51	
E1228	NU	WHEELCHAIR SPEC SZ SPEC HT B	233.15	
E1229		PEDIATRIC WHEELCHAIR NOS	BR	
E1230	NU	POWER OPERATED VEHICLE	2213.56	
E1231	NU	RIGID PED W/C TILT-IN-SPACE	0.00	
E1232	NU	FOLDING PED WC TILT-IN-SPACE	2626.00	
E1233	NU	RIG PED WC TLTNSPC W/O SEAT	3924.66	
E1234	NU	FLD PED WC TLTNSPC W/O SEAT	2978.85	
E1235	NU	RIGID PED WC ADJUSTABLE	3291.78	
E1236	NU	FOLDING PED WC ADJUSTABLE	2166.48	
E1237	NU	RGD PED WC ADJSTABL W/O SEAT	2647.69	
E1238	NU	FLD PED WC ADJSTABL W/O SEAT	5170.48	
E1239		PED POWER WHEELCHAIR NOS	BR	
E1240	NU	WHCHR LITWT DET ARM LEG REST	3237.75	
E1250	NU	WHEELCHAIR LIGHTWT FIXED ARM	800.05	
E1260	NU	WHEELCHAIR LIGHTWT FOOT REST	2712.96	
E1270	NU	WHEELCHAIR LIGHTWEIGHT LEG R	834.27	
E1280	NU	WHCHR H-DUTY DET ARM LEG RES	3640.62	
E1285	NU	WHEELCHAIR HEAVY DUTY FIXED	1205.10	
E1290	NU	WHEELCHAIR HVY DUTY DETACH A	583.21	
E1295	NU	WHEELCHAIR HEAVY DUTY FIXED	1283.62	
E1296	NU	WHEELCHAIR SPECIAL SEAT HEIG	566.08	
E1297	NU	WHEELCHAIR SPECIAL SEAT DEPT	120.45	
E1298	NU	WHEELCHAIR SPEC SEAT DEPTH/W	487.80	
E1300	NU	WHIRLPOOL PORTABLE	BR	
E1310	NU	WHIRLPOOL NON-PORTABLE	2472.48	
E1352		O2 FLOW REG POS INSPIR PRESS	BR	
E1353	NU	OXYGEN SUPPLIES REGULATOR	0.00	
E1354		WHEELED CART, PORT CYL/CONC	BR	
E1355	NU	OXYGEN SUPPLIES STAND/RACK	0.00	
E1356		BATT PACK/CART, PORT CONC	BR	
E1357		BATTERY CHARGER, PORT CONC	BR	
E1358		DC POWER ADAPTER, PORT CONC	BR	
E1372	NU	OXY SUPPL HEATER FOR NEBULIZ	145.76	
E1390	NU	OXYGEN CONCENTRATOR	3705.89	
E1391	RR	OXYGEN CONCENTRATOR, DUAL	134.71	
E1392	RR	PORTABLE OXYGEN CONCENTRATOR	67.36	
E1399		DURABLE MEDICAL EQUIPMENT MI	BR	
E1405	NU	O2/WATER VAPOR ENRICH W/HEAT	3017.66	
E1406	NU	O2/WATER VAPOR ENRICH W/O HE	BR	
E1500		CENTRIFUGE	BR	
E1510	NU	KIDNEY DIALYSATE DELIVRY SYS	929.65	
E1520	NU	HEPARIN INFUSION PUMP	0.00	
E1530	NU	REPLACEMENT AIR BUBBLE DETEC	0.00	
E1540	NU	REPLACEMENT PRESSURE ALARM	0.00	
E1550	NU	BATH CONDUCTIVITY METER	0.00	
E1560	NU	REPLACE BLOOD LEAK DETECTOR	BR	

Code	Mod	Description	Amount	APC Amount
E1570	NU	ADJUSTABLE CHAIR FOR ESRD PT	BR	
E1575	NU	TRANSDUCER PROTECT/FLD BAR	BR	
E1580	NU	UNIPUNCTURE CONTROL SYSTEM	BR	
E1590	NU	HEMODIALYSIS MACHINE	BR	
E1592		AUTO INTERM PERITONEAL DIALY	BR	
E1594	NU	CYCLER DIALYSIS MACHINE	8400.62	
E1600		DELI/INSTALL CHRG HEMO EQUIP	0.00	
E1610	NU	REVERSE OSMOSIS H2O PURI SYS	346.21	
E1615		DEIONIZER H2O PURI SYSTEM	BR	
E1620		REPLACEMENT BLOOD PUMP	BR	
E1625		WATER SOFTENING SYSTEM	BR	
E1630		RECIPROCATING PERITONEAL DIA	BR	
E1632		WEARABLE ARTIFICIAL KIDNEY	BR	
E1634		PERITONEAL DIALYSIS CLAMP	BR	
E1635	NU	COMPACT TRAVEL HEMODIALYZER	0.00	
E1636		SORBENT CARTRIDGES PER 10	0.00	
E1637		HEMOSTATS FOR DIALYSIS, EACH	BR	
E1639		SCALE, EACH	BR	
E1699		DIALYSIS EQUIPMENT NOC	BR	
E1700	NU	JAW MOTION REHAB SYSTEM	514.19	
E1701		REPL CUSHIONS FOR JAW MOTION	10.37	
E1702		REPL MEASR SCALES JAW MOTION	22.08	
E1800	RR	ADJUST ELBOW EXT/FLEX DEVICE	119.89	
E1801	RR	SPS ELBOW DEVICE	133.11	
E1802	RR	ADJST FOREARM PRO/SUP DEVICE	376.28	
E1805	RR	ADJUST WRIST EXT/FLEX DEVICE	123.66	
E1806	RR	SPS WRIST DEVICE	109.24	
E1810	RR	ADJUST KNEE EXT/FLEX DEVICE	121.93	
E1811	RR	SPS KNEE DEVICE	138.39	
E1812	NU	KNEE EXT/FLEX W ACT RES CTRL	20646.82	
E1815	RR	ADJUST ANKLE EXT/FLEX DEVICE	123.66	
E1816	RR	SPS ANKLE DEVICE	140.53	
E1818	RR	SPS FOREARM DEVICE	143.51	
E1820	NU	SOFT INTERFACE MATERIAL	94.12	
E1821	NU	REPLACEMENT INTERFACE SPSD	121.17	
E1825	RR	ADJUST FINGER EXT/FLEX DEVC	123.66	
E1830	RR	ADJUST TOE EXT/FLEX DEVICE	123.66	
E1831	RR	STATIC STR TOE DEV EXT/FLEX	76.08	
E1840	RR	ADJ SHOULDER EXT/FLEX DEVICE	386.19	
E1841	RR	STATIC STR SHLDR DEV ROM ADJ	521.57	
E1902		AAC NON-ELECTRONIC BOARD	0.00	
E2000	RR	GASTRIC SUCTION PUMP HME MDL	53.46	
E2100	NU	BLD GLUCOSE MONITOR W VOICE	740.55	
E2101	NU	BLD GLUCOSE MONITOR W LANCE	217.10	
E2120	RR	PULSE GEN SYS TX ENDOLYMP FL	326.44	
E2201	NU	MAN W/CH ACC SEAT W>=20"<24"	375.68	
E2202	NU	SEAT WIDTH 24-27 IN	507.25	
E2203	NU	FRAME DEPTH LESS THAN 22 IN	495.04	
E2204	NU	FRAME DEPTH 22 TO 25 IN	851.97	
E2205	NU	MANUAL WC ACCESSORY, HANDRIM	36.95	

Code	Mod	Description	Amount	APC Amount
E2206	NU	MAN WC WHL LOCK COMP REPL EA	43.31	
E2207	NU	CRUTCH AND CANE HOLDER	49.91	
E2208	NU	CYLINDER TANK CARRIER	117.88	
E2209	NU	ARM TROUGH EACH	106.34	
E2210	NU	WHEELCHAIR BEARINGS	6.51	
E2211	NU	PNEUMATIC PROPULSION TIRE	37.76	
E2212	NU	PNEUMATIC PROP TIRE TUBE	6.63	
E2213	NU	PNEUMATIC PROP TIRE INSERT	33.01	
E2214	NU	PNEUMATIC CASTER TIRE EACH	34.68	
E2215	NU	PNEUMATIC CASTER TIRE TUBE	10.88	
E2216	NU	FOAM FILLED PROPULSION TIRE	0.00	
E2217	NU	FOAM FILLED CASTER TIRE EACH	0.00	
E2218	NU	FOAM PROPULSION TIRE EACH	0.00	
E2219	NU	FOAM CASTER TIRE ANY SIZE EA	40.95	
E2220	NU	SOLID PROPULS TIRE, REPL, EA	31.63	
E2221	NU	SOLID CASTER TIRE REPL, EACH	28.57	
E2222	NU	SOLID CASTER INTEG WHL, REPL	23.71	
E2224	NU	PROPULSION WHL EXCL TIRE REP	100.39	
E2225	NU	CASTER WHEEL EXCLUDES TIRE	19.79	
E2226	NU	CASTER FORK REPLACEMENT ONLY	42.32	
E2227	NU	GEAR REDUCTION DRIVE WHEEL	1976.96	
E2228	NU	MWC ACC, WHEELCHAIR BRAKE	1048.47	
E2230		MANUAL STANDING SYSTEM	BR	
E2231	NU	SOLID SEAT SUPPORT BASE	160.91	
E2291		PLANAR BACK FOR PED SIZE WC	BR	
E2292		PLANAR SEAT FOR PED SIZE WC	BR	
E2293		CONTOUR BACK FOR PED SIZE WC	BR	
E2294		CONTOUR SEAT FOR PED SIZE WC	BR	
E2295		PED DYNAMIC SEATING FRAME	BR	
E2300		PWR SEAT ELEVATION SYS	BR	
E2301		PWR STANDING	BR	
E2310	NU	ELECTRO CONNECT BTW CONTROL	2016.48	
E2311	NU	ELECTRO CONNECT BTW 2 SYS	3760.50	
E2312	NU	MINI-PROP REMOTE JOYSTICK	3436.17	
E2313	NU	PWC HARNESS, EXPAND CONTROL	597.06	
E2321	NU	HAND INTERFACE JOYSTICK	1714.48	
E2322	NU	MULT MECH SWITCHES	1126.99	
E2323	NU	SPECIAL JOYSTICK HANDLE	72.45	
E2324	NU	CHIN CUP INTERFACE	46.64	
E2325	NU	SIP AND PUFF INTERFACE	1596.42	
E2326	NU	BREATH TUBE KIT	478.82	
E2327	NU	HEAD CONTROL INTERFACE MECH	2087.69	
E2328	NU	HEAD/EXTREMITY CONTROL INTER	6218.40	
E2329	NU	HEAD CONTROL NONPROPORTIONAL	1411.25	
E2330	NU	HEAD CONTROL PROXIMITY SWITC	5117.94	
E2331		ATTENDANT CONTROL	BR	
E2340	NU	W/C WDTH 20-23 IN SEAT FRAME	412.61	
E2341	NU	W/C WDTH 24-27 IN SEAT FRAME	618.96	
E2342	NU	W/C DPTH 20-21 IN SEAT FRAME	515.81	
E2343	NU	W/C DPTH 22-25 IN SEAT FRAME	825.30	

Code	Mod	Description	Amount	APC Amount
E2351	NU	ELECTRONIC SGD INTERFACE	741.79	
E2358		GR 34 NONSEALED LEADACID	BR	
E2359	NU	GR34 SEALED LEADACID BATTERY	200.51	
E2360	NU	22NF NONSEALED LEADACID	109.96	
E2361	NU	22NF SEALED LEADACID BATTERY	139.42	
E2362	NU	GR24 NONSEALED LEADACID	105.91	
E2363	NU	GR24 SEALED LEADACID BATTERY	184.59	
E2364	NU	U1NONSEALED LEADACID BATTERY	109.96	
E2365	NU	U1 SEALED LEADACID BATTERY	111.31	
E2366	NU	BATTERY CHARGER, SINGLE MODE	261.61	
E2367	NU	BATTERY CHARGER, DUAL MODE	421.36	
E2368	NU	PWR WC DRIVEWHEEL MOTOR REPL	612.31	
E2369	NU	PWR WC DRIVEWHEEL GEAR REPL	526.69	
E2370	NU	PWR WC DR WH MOTOR/GEAR COMB	998.93	
E2371	NU	GR27 SEALED LEADACID BATTERY	158.67	
E2372	NU	GR27 NON-SEALED LEADACID	0.00	
E2373	NU	HAND/CHIN CTRL SPEC JOYSTICK	1255.85	
E2374	NU	HAND/CHIN CTRL STD JOYSTICK	831.02	
E2375	NU	NON-EXPANDABLE CONTROLLER	1002.68	
E2376	NU	EXPANDABLE CONTROLLER, REPL	1530.58	
E2377	NU	EXPANDABLE CONTROLLER, INITL	739.52	
E2378	RR	PW ACTUATOR REPLACEMENT	58.92	
E2381	NU	PNEUM DRIVE WHEEL TIRE	75.59	
E2382	NU	TUBE, PNEUM WHEEL DRIVE TIRE	20.69	
E2383	NU	INSERT, PNEUM WHEEL DRIVE	153.06	
E2384	NU	PNEUMATIC CASTER TIRE	80.30	
E2385	NU	TUBE, PNEUMATIC CASTER TIRE	49.48	
E2386	NU	FOAM FILLED DRIVE WHEEL TIRE	149.35	
E2387	NU	FOAM FILLED CASTER TIRE	66.97	
E2388	NU	FOAM DRIVE WHEEL TIRE	51.86	
E2389	NU	FOAM CASTER TIRE	28.54	
E2390	NU	SOLID DRIVE WHEEL TIRE	44.42	
E2391	NU	SOLID CASTER TIRE	20.86	
E2392	NU	SOLID CASTER TIRE, INTEGRATE	53.46	
E2394	NU	DRIVE WHEEL EXCLUDES TIRE	76.18	
E2395	NU	CASTER WHEEL EXCLUDES TIRE	54.13	
E2396	NU	CASTER FORK	65.99	
E2397	NU	PWC ACC, LITH-BASED BATTERY	476.82	
E2402	RR	NEG PRESS WOUND THERAPY PUMP	1203.27	
E2500	NU	SGD DIGITIZED PRE-REC <=8MIN	450.24	
E2502	NU	SGD PREREC MSG >8MIN <=20MIN	1376.80	
E2504	NU	SGD PREREC MSG>20MIN <=40MIN	1816.20	
E2506	NU	SGD PREREC MSG > 40 MIN	2663.09	
E2508	NU	SGD SPELLING PHYS CONTACT	4118.03	
E2510	NU	SGD W MULTI METHODS MSG/ACCS	7792.82	
E2511	NU	SGD SFTWRE PRGRM FOR PC/PDA	0.00	
E2512	NU	SGD ACCESSORY, MOUNTING SYS	0.00	
E2599		SGD ACCESSORY NOC	BR	
E2601	NU	GEN W/C CUSHION WDTH < 22 IN	60.69	
E2602	NU	GEN W/C CUSHION WDTH >=22 IN	118.48	

Code	Mod	Description	Amount	APC Amount
E2603	NU	SKIN PROTECT WC CUS WD <22IN	150.42	
E2604	NU	SKIN PROTECT WC CUS WD>=22IN	186.98	
E2605	NU	POSITION WC CUSH WDTH <22 IN	267.13	
E2606	NU	POSITION WC CUSH WDTH>=22 IN	416.73	
E2607	NU	SKIN PRO/POS WC CUS WD <22IN	287.64	
E2608	NU	SKIN PRO/POS WC CUS WD>=22IN	345.43	
E2609		CUSTOM FABRICATE W/C CUSHION	BR	
E2610		POWERED W/C CUSHION	BR	
E2611	NU	GEN USE BACK CUSH WDTH <22IN	309.97	
E2612	NU	GEN USE BACK CUSH WDTH>=22IN	419.32	
E2613	NU	POSITION BACK CUSH WD <22IN	390.05	
E2614	NU	POSITION BACK CUSH WD>=22IN	547.45	
E2615	NU	POS BACK POST/LAT WDTH <22IN	448.86	
E2616	NU	POS BACK POST/LAT WDTH>=22IN	603.94	
E2617		CUSTOM FAB W/C BACK CUSHION	BR	
E2619	NU	REPLACE COVER W/C SEAT CUSH	53.08	
E2620	NU	WC PLANAR BACK CUSH WD <22IN	543.51	
E2621	NU	WC PLANAR BACK CUSH WD>=22IN	570.38	
E2622	NU	ADJ SKIN PRO W/C CUS WD<22IN	340.10	
E2623	NU	ADJ SKIN PRO WC CUS WD>=22IN	431.57	
E2624	NU	ADJ SKIN PRO/POS CUS<22IN	344.11	
E2625	NU	ADJ SKIN PRO/POS WC CUS>=22	431.25	
E2626	NU	SEO MOBILE ARM SUP ATT TO WC	715.16	
E2627	NU	ARM SUPP ATT TO WC RANCHO TY	969.99	
E2628	NU	MOBILE ARM SUPPORTS RECLININ	859.68	
E2629	NU	FRICTION DAMPENING ARM SUPP	1087.90	
E2630	NU	MONOSUSPENSION ARM/HAND SUPP	760.76	
E2631	NU	ELEVAT PROXIMAL ARM SUPPORT	258.68	
E2632	NU	OFFSET/LAT ROCKER ARM W/ELA	177.75	
E2633	NU	MOBILE ARM SUPPORT SUPINATOR	139.51	
E8000		POSTERIOR GAIT TRAINER	BR	
E8001		UPRIGHT GAIT TRAINER	BR	
E8002		ANTERIOR GAIT TRAINER	BR	
G0008		ADMIN INFLUENZA VIRUS VAC	34.03	53.79
G0009		ADMIN PNEUMOCOCCAL VACCINE	35.75	53.79
G0010		ADMIN HEPATITIS B VACCINE	38.31	53.79
G0027		SEMEN ANALYSIS	7.95	
G0068		ADM OF INFUSION DRUG IN HOME	152.63	
G0069		ADM OF IMMUNE DRUG IN HOME	238.25	
G0070		ADM OF CHEMO DRUG IN HOME	259.67	
G0071		COMM SVCS BY RHC/FQHC 5 MIN	15.61	
G0076		CARE MANAG H VST NEW PT 20 M	63.70	
G0077		CARE MANAG H VST NEW PT 30 M	91.66	
G0078		CARE MANAG H VST NEW PT 45 M	149.60	
G0079		CARE MANAG H VST NEW PT 60 M	210.02	
G0080		CARE MANAG H VST NEW PT 75 M	255.23	
G0081		CARE MAN H V EXT PT 20 MI	63.70	
G0082		CARE MAN H V EXT PT 30 M	96.58	
G0083		CARE MAN H V EXT PT 45 M	148.78	
G0084		CARE MAN H V EXT PT 60 M	206.33	

Code	Mod	Description	Amount	APC Amount
G0085		CARE MAN H V EXT PT 75 M	255.23	
G0086		CARE MAN HOME CARE PLAN 30 M	89.18	
G0087		CARE MAN HOME CARE PLAN 60 M	125.36	
G0101		CA SCREEN;PELVIC/BREAST EXAM	45.21	108.47
G0102		PROSTATE CA SCREENING; DRE	25.89	
G0103		PSA SCREENING	22.48	
G0104		CA SCREEN;FLEXI SIGMOIDSCOPE	200.57	1057.74
G0105		COLORECTAL SCRN; HI RISK IND	376.89	1057.74
G0106		COLON CA SCREEN;BARIUM ENEMA	266.73	286.47
G0108		DIAB MANAGE TRN PER INDIV	64.11	
G0109		DIAB MANAGE TRN IND/GROUP	17.68	
G0117		GLAUCOMA SCRN HGH RISK DIREC	64.94	45.61
G0118		GLAUCOMA SCRN HGH RISK DIREC	48.50	45.61
G0120		COLON CA SCRN; BARIUM ENEMA	265.50	547.95
G0121		COLON CA SCRN NOT HI RSK IND	377.30	1057.74
G0122		COLON CA SCRN; BARIUM ENEMA	336.61	
G0123		SCREEN CERV/VAG THIN LAYER	24.76	
G0124		SCREEN C/V THIN LAYER BY MD	37.00	
G0127		TRIM NAIL(S)	27.95	79.38
G0128		CORF SKILLED NURSING SERVICE	9.04	
G0129		PARTIAL HOSP PROG SERVICE	BR	
G0130		SINGLE ENERGY X-RAY STUDY	40.69	159.76
G0141		SCR C/V CYTO,AUTOSYS AND MD	37.00	
G0143		SCR C/V CYTO,THINLAYER,RESCR	29.76	
G0144		SCR C/V CYTO,THINLAYER,RESCR	48.37	
G0145		SCR C/V CYTO,THINLAYER,RESCR	32.38	
G0147		SCR C/V CYTO, AUTOMATED SYS	16.49	
G0148		SCR C/V CYTO, AUTOSYS, RESCR	35.13	
G0151		HHCP-SERV OF PT,EA 15 MIN	See Rule	
G0152		HHCP-SERV OF OT,EA 15 MIN	See Rule	
G0153		HHCP-SVS OF S/L PATH,EA 15MN	See Rule	
G0155		HHCP-SVS OF CSW,EA 15 MIN	See Rule	
G0156		HHCP-SVS OF AIDE,EA 15 MIN	See Rule	
G0157		HHC PT ASSISTANT EA 15	BR	
G0158		HHC OT ASSISTANT EA 15	BR	
G0159		HHC PT MAINT EA 15 MIN	BR	
G0160		HHC OCCUP THERAPY EA 15	BR	
G0161		HHC SLP EA 15 MIN	BR	
G0162		HHC RN E&M PLAN SVS, 15 MIN	See Rule	
G0166		EXTRNL COUNTERPULSE, PER TX	132.35	151.20
G0168		WOUND CLOSURE BY ADHESIVE	110.98	
G0175		OPPS SERVICE,SCHED TEAM CONF	BR	511.73
G0176		OPPS/PHP;ACTIVITY THERAPY	BR	
G0177		OPPS/PHP; TRAIN & EDUC SERV	BR	
G0179		MD RECERTIFICATION HHA PT	47.68	
G0180		MD CERTIFICATION HHA PATIENT	61.65	
G0181		HOME HEALTH CARE SUPERVISION	124.95	
G0182		HOSPICE CARE SUPERVISION	124.95	
G0186		DSTRY EYE LESN,FDR VSSL TECH	BR	704.58
G0219		PET IMG WHOLBOD MELANO NONCO	BR	

	Code	Mod	Description	Amount	APC Amount
	G0235		PET NOT OTHERWISE SPECIFIED	BR	
	G0237		THERAPEUTIC PROCD STRG ENDUR	11.10	45.61
	G0238		OTH RESP PROC, INDIV	11.51	45.61
	G0239		OTH RESP PROC, GROUP	14.38	45.61
	G0245		INITIAL FOOT EXAM PT LOPS	77.26	164.51
	G0246		FOLLOWUP EVAL OF FOOT PT LOP	45.62	164.51
	G0247		ROUTINE FOOTCARE PT W LOPS	89.18	250.56
	G0248		DEMONSTRATE USE HOME INR MON	83.02	164.51
	G0249		PROVIDE INR TEST MATER/EQUIP	83.43	164.51
	G0250		MD INR TEST REVIE INTER MGMT	10.69	
	G0252		PET IMAGING INITIAL DX	87.29	
	G0255		CURRENT PERCEP THRESHOLD TST	BR	
	G0257		UNSCHED DIALYSIS ESRD PT HOS	BR	868.66
	G0259		INJECT FOR SACROILIAC JOINT	BR	
	G0260		INJ FOR SACROILIAC JT ANESTH	BR	850.31
	G0268		REMOVAL OF IMPACTED WAX MD	57.53	
	G0269		OCCLUSIVE DEVICE IN VEIN ART	BR	
	G0270		MNT SUBS TX FOR CHANGE DX	37.41	
	G0271		GROUP MNT 2 OR MORE 30 MINS	19.73	
J1	**G0276**		PILD/PLACEBO CONTROL CLIN TR	0.00	10775.65
	G0277		HBOT, FULL BODY CHAMBER, 30M	127.41	162.45
	G0278		ILIAC ART ANGIO,CARDIAC CATH	16.44	
	G0279		TOMOSYNTHESIS, MAMMO	63.70	
	G0281		ELEC STIM UNATTEND FOR PRESS	22.68	
	G0282		ELECT STIM WOUND CARE NOT PD	22.68	60.67
	G0283		ELEC STIM OTHER THAN WOUND	22.68	
	G0288		RECON, CTA FOR SURG PLAN	41.51	
	G0289		ARTHRO, LOOSE BODY + CHONDRO	103.16	
	G0293		NON-COV SURG PROC,CLIN TRIAL	BR	45.61
	G0294		NON-COV PROC, CLINICAL TRIAL	BR	45.61
	G0295		ELECTROMAGNETIC THERAPY ONC	BR	
	G0296		VISIT TO DETERM LDCT ELIG	33.29	108.47
	G0297		LDCT FOR LUNG CA SCREEN	274.96	88.47
	G0299		HHS/HOSPICE OF RN EA 15 MIN	0.00	
	G0300		HHS/HOSPICE OF LPN EA 15 MIN	0.00	
	G0302		PRE-OP SERVICE LVRS COMPLETE	BR	646.48
	G0303		PRE-OP SERVICE LVRS 10-15DOS	BR	193.05
	G0304		PRE-OP SERVICE LVRS 1-9 DOS	BR	646.48
	G0305		POST OP SERVICE LVRS MIN 6	BR	646.48
	G0306		CBC/DIFFWBC W/O PLATELET	9.49	
	G0307		CBC WITHOUT PLATELET	7.90	
	G0328		FECAL BLOOD SCRN IMMUNOASSAY	19.86	
	G0329		ELECTROMAGNTIC TX FOR ULCERS	12.74	
	G0333		DISPENSE FEE INITIAL 30 DAY	BR	
	G0337		HOSPICE EVALUATION PREELECTI	84.25	
	G0339		ROBOT LIN-RADSURG COM, FIRST	BR	
	G0340		ROBT LIN-RADSURG FRACTX 2-5	BR	
	G0341		PERCUTANEOUS ISLET CELLTRANS	2447.92	
	G0342		LAPAROSCOPY ISLET CELL TRANS	831.45	
	G0343		LAPAROTOMY ISLET CELL TRANSP	1373.16	

	Code	Mod	Description	Amount	APC Amount
	G0365		VESSEL MAPPING HEMO ACCESS	224.40	159.76
	G0372		MD SERVICE REQUIRED FOR PMD	10.28	
	G0378		HOSPITAL OBSERVATION PER HR	BR	
	G0379		DIRECT REFER HOSPITAL OBSERV	BR	745.93
	G0380		LEV 1 HOSP TYPE B ED VISIT	BR	110.53
	G0381		LEV 2 HOSP TYPE B ED VISIT	BR	131.83
	G0382		LEV 3 HOSP TYPE B ED VISIT	BR	232.40
	G0383		LEV 4 HOSP TYPE B ED VISIT	BR	307.29
	G0384		LEV 5 HOSP TYPE B ED VISIT	BR	456.20
	G0390		TRAUMA RESPONS W/HOSP CRITI	BR	1342.40
	G0396		ALCOHOL/SUBS INTERV 15-30MN	41.51	47.40
	G0397		ALCOHOL/SUBS INTERV >30 MIN	77.67	108.47
	G0398		HOME SLEEP TEST/TYPE 2 PORTA	BR	193.05
	G0399		HOME SLEEP TEST/TYPE 3 PORTA	BR	193.05
	G0400		HOME SLEEP TEST/TYPE 4 PORTA	BR	193.05
	G0402		INITIAL PREVENTIVE EXAM	192.76	164.51
	G0403		EKG FOR INITIAL PREVENT EXAM	19.73	
	G0404		EKG TRACING FOR INITIAL PREV	9.86	24.38
	G0405		EKG INTERPRET & REPORT PREVE	9.86	
	G0406		INPT/TELE FOLLOW UP 15	44.80	
	G0407		INPT/TELE FOLLOW UP 25	83.43	
	G0408		INPT/TELE FOLLOW UP 35	120.01	
	G0409		CORF RELATED SERV 15 MINS EA	18.91	
	G0410		GRP PSYCH PARTIAL HOSP 45-50	BR	
	G0411		INTER ACTIVE GRP PSYCH PARTI	BR	
	G0412		OPEN TX ILIAC SPINE UNI/BIL	855.70	
J1	**G0413**		PELVIC RING FRACTURE UNI/BIL	1263.00	5184.51
	G0414		PELVIC RING FX TREAT INT FIX	1188.20	
	G0415		OPEN TX POST PELVIC FXCTURE	1630.85	
	G0416		PROSTATE BIOPSY, ANY MTHD	440.59	389.39
	G0420		ED SVC CKD IND PER SESSION	128.23	
	G0421		ED SVC CKD GRP PER SESSION	30.00	
	G0422		INTENS CARDIAC REHAB W/EXERC	134.81	167.77
	G0423		INTENS CARDIAC REHAB NO EXER	134.81	167.77
	G0424		PULMONARY REHAB W EXER	34.11	79.38
	G0425		INPT/ED TELECONSULT30	115.49	
	G0426		INPT/ED TELECONSULT50	157.00	
	G0427		INPT/ED TELECONSULT70	233.04	
	G0428		COLLAGEN MENISCUS IMPLANT	BR	
	G0429		DERMAL FILLER INJECTION(S)	115.08	2199.52
	G0432		EIA HIV-1/HIV-2 SCREEN	21.53	
	G0433		ELISA HIV-1/HIV-2 SCREEN	20.12	
	G0435		ORAL HIV-1/HIV-2 SCREEN	14.65	
	G0438		PPPS, INITIAL VISIT	198.92	
	G0439		PPPS, SUBSEQ VISIT	134.81	
	G0442		ANNUAL ALCOHOL SCREEN 15 MIN	20.96	47.40
	G0443		BRIEF ALCOHOL MISUSE COUNSEL	30.42	108.47
	G0444		DEPRESSION SCREEN ANNUAL	20.96	47.40
	G0445		HIGH INTEN BEH COUNS STD 30M	32.06	108.47
	G0446		INTENS BEHAVE THER CARDIO DX	30.42	47.40

Code	Mod	Description	Amount	APC Amount
G0447		BEHAVIOR COUNSEL OBESITY 15M	30.00	108.47
G0448		PLACE PERM PACING CARDIOVERT	BR	
G0451		DEVLOPMENT TEST INTERPT&REP	11.51	108.47
G0452		MOLECULAR PATHOLOGY INTERPR	85.12	
G0453		CONT INTRAOP NEURO MONITOR	38.23	
G0454		MD DOCUMENT VISIT BY NPP	10.69	
G0455		FECAL MICROBIOTA PREP INSTIL	149.60	1081.40
G0458		LDR PROSTATE BRACHY COMP RAT	BR	
G0459		TELEHEALTH INPT PHARM MGMT	47.68	
G0460		AUTOLOGOUS PRP FOR ULCERS	BR	2199.52
G0463		HOSPITAL OUTPT CLINIC VISIT	0.00	164.51
G0466		FQHC VISIT NEW PATIENT	0.00	
G0467		FQHC VISIT, ESTAB PT	0.00	
G0468		FQHC VISIT, IPPE OR AWV	0.00	
G0469		FQHC VISIT, MH NEW PT	0.00	
G0470		FQHC VISIT, MH ESTAB PT	0.00	
G0471		VEN BLOOD COLL SNF/HHA	0.00	
G0472		HEP C SCREEN HIGH RISK/OTHER	50.99	
G0473		GROUP BEHAVE COUNS 2-10	14.79	108.47
G0475		HIV COMBINATION ASSAY	BR	
G0476		HPV COMBO ASSAY CA SCREEN	BR	
G0480		DRUG TEST DEF 1-7 CLASSES	0.00	
G0481		DRUG TEST DEF 8-14 CLASSES	0.00	
G0482		DRUG TEST DEF 15-21 CLASSES	0.00	
G0483		DRUG TEST DEF 22+ CLASSES	0.00	
G0490		HOME VISIT RN, LPN BY RHC/FQ	BR	
G0491		DIALYSIS ACU KIDNEY NO ESRD	130.37	
G0492		MD/OTH EVAL ACUT KID NO ESRD	BR	
G0493		RN CARE EA 15 MIN HH/HOSPICE	36.23	
G0494		LPN CARE EA 15MIN HH/HOSPICE	7.17	
G0495		RN CARE TRAIN/EDU IN HH	64.87	
G0496		LPN CARE TRAIN/EDU IN HH	11.27	
G0498		CHEMO EXTEND IV INFUS W/PUMP	153.90	409.50
G0499		HEPB SCREEN HIGH RISK INDIV	34.55	
G0500		MOD SEDAT ENDO SERVICE >5YRS	66.99	
G0501		RESOURCE-INTEN SVC DURING OV	BR	
G0506		COMP ASSES CARE PLAN CCM SVC	72.34	
G0508		CRIT CARE TELEHEA CONSULT 60	242.49	
G0509		CRIT CARE TELEHEA CONSULT 50	228.93	
G0511		CCM/BHI BY RHC/FQHC 20MIN MO	76.44	
G0512		COCM BY RHC/FQHC 60 MIN MO	166.46	
G0513		PROLONG PREV SVCS, FIRST 30M	75.21	
G0514		PROLONG PREV SVCS, ADDL 30M	75.21	
G0515		COGNITIVE SKILLS DEVELOPMENT	37.41	
G0516		INSERT DRUG DEL IMPLANT, >=4	280.31	494.39
G0517		REMOVE DRUG IMPLANT	302.50	494.39
G0518		REMOVE W INSERT DRUG IMPLANT	528.54	494.39
G0659		DRUG TEST DEF SIMPLE ALL CL	71.12	
G0913		IMPROVE VISUAL FUNCT	BR	
G0914		SURVEY NOT COMPLETE	BR	

Code	Mod	Description	Amount	APC Amount
G0915		NO IMPROVE VISUAL FUNCT	BR	
G0916		SATISFY WITH CARE	BR	
G0917		SATISFY SURVEY NOT COMPLETE	BR	
G0918		NO SATISFY WITH CARE	BR	
G2000		BLINDED CONV. TX MDD CLIN TR	BR	646.48
G2010		REMOT IMAGE SUBMIT BY PT	14.38	
G2011		ALCOHOL/SUB ABUSE ASSESS	19.32	24.38
G2012		BRIEF CHECK IN BY MD/QHP	16.86	
G6001		ECHO GUIDANCE RADIOTHERAPY	BR	
G6002		STEREOSCOPIC X-RAY GUIDANCE	BR	
G6003		RADIATION TREATMENT DELIVERY	BR	
G6004		RADIATION TREATMENT DELIVERY	BR	
G6005		RADIATION TREATMENT DELIVERY	BR	
G6006		RADIATION TREATMENT DELIVERY	BR	
G6007		RADIATION TREATMENT DELIVERY	BR	
G6008		RADIATION TREATMENT DELIVERY	BR	
G6009		RADIATION TREATMENT DELIVERY	BR	
G6010		RADIATION TREATMENT DELIVERY	BR	
G6011		RADIATION TREATMENT DELIVERY	BR	
G6012		RADIATION TREATMENT DELIVERY	BR	
G6013		RADIATION TREATMENT DELIVERY	BR	
G6014		RADIATION TREATMENT DELIVERY	BR	
G6015		RADIATION TX DELIVERY IMRT	BR	
G6016		DELIVERY COMP IMRT	BR	
G6017		INTRAFRACTION TRACK MOTION	0.00	
J0120		TETRACYCLIN INJECTION	0.00	
J0129		ABATACEPT INJECTION	47.64	73.29
J0130		ABCIXIMAB INJECTION	1226.69	
J0131		ACETAMINOPHEN INJECTION	BR	
J0132		ACETYLCYSTEINE INJECTION	2.07	
J0133		ACYCLOVIR INJECTION	0.09	
J0135		ADALIMUMAB INJECTION	1347.06	1833.34
J0153		ADENOSINE INJ 1MG	1.16	
J0171		ADRENALIN EPINEPHRINE INJECT	0.15	
J0178		AFLIBERCEPT INJECTION	1184.37	1368.22
J0180		AGALSIDASE BETA INJECTION	191.43	253.00
J0185		INJ., APREPITANT, 1 MG	BR	2.99
J0190		INJ BIPERIDEN LACTATE/5 MG	BR	
J0200		ALATROFLOXACIN MESYLATE	BR	
J0202		INJECTION, ALEMTUZUMAB	2106.39	2672.53
J0205		ALGLUCERASE INJECTION	37.45	
J0207		AMIFOSTINE	456.45	1391.24
J0210		METHYLDOPATE HCL INJECTION	47.51	
J0215		ALEFACEPT	31.41	
J0220		ALGLUCOSIDASE ALFA INJECTION	249.68	200.42
J0221		LUMIZYME INJECTION	185.54	236.00
J0256		ALPHA 1 PROTEINASE INHIBITOR	5.55	6.46
J0257		GLASSIA INJECTION	5.16	6.67
J0270		ALPROSTADIL FOR INJECTION	9.21	
J0275		ALPROSTADIL URETHRAL SUPPOS	BR	

Code	Mod	Description	Amount	APC Amount
J0278		AMIKACIN SULFATE INJECTION	1.40	
J0280		AMINOPHYLLIN 250 MG INJ	10.72	
J0282		AMIODARONE HCL	7.39	
J0285		AMPHOTERICIN B	23.58	
J0287		AMPHOTERICIN B LIPID COMPLEX	15.73	11.46
J0288		AMPHO B CHOLESTERYL SULFATE	41.47	
J0289		AMPHOTERICIN B LIPOSOME INJ	21.96	31.51
J0290		AMPICILLIN 500 MG INJ	1.72	
J0295		AMPICILLIN SULBACTAM 1.5 GM	2.75	
J0300		AMOBARBITAL 125 MG INJ	14.09	80.40
J0330		SUCCINYCHOLINE CHLORIDE INJ	18.44	
J0348		ANIDULAFUNGIN INJECTION	0.70	
J0350		INJECTION ANISTREPLASE 30 U	BR	
J0360		HYDRALAZINE HCL INJECTION	12.68	
J0364		APOMORPHINE HYDROCHLORIDE	3.62	
J0365		APROTONIN, 10,000 KIU	31.33	
J0380		INJ METARAMINOL BITARTRATE	1.21	
J0390		CHLOROQUINE INJECTION	BR	
J0395		ARBUTAMINE HCL INJECTION	BR	
J0400		ARIPIPRAZOLE INJECTION	1.84	
J0401		INJ ARIPIPRAZOLE EXT REL 1MG	5.13	7.77
J0456		AZITHROMYCIN	4.30	
J0461		ATROPINE SULFATE INJECTION	0.06	
J0470		DIMECAPROL INJECTION	46.76	
J0475		BACLOFEN 10 MG INJECTION	200.46	241.04
J0476		BACLOFEN INTRATHECAL TRIAL	92.28	
J0480		BASILIXIMAB	3633.38	5222.21
J0485		BELATACEPT INJECTION	4.59	5.38
J0490		BELIMUMAB INJECTION	50.08	62.71
J0500		DICYCLOMINE INJECTION	69.76	
J0515		INJ BENZTROPINE MESYLATE	24.55	
J0517		INJ., BENRALIZUMAB, 1 MG	BR	237.20
J0520		BETHANECHOL CHLORIDE INJECT	BR	
J0558		PENG BENZATHINE/PROCAINE INJ	7.96	15.57
J0561		PENICILLIN G BENZATHINE INJ	10.06	19.67
J0565		INJ, BEZLOTOXUMAB, 10 MG	BR	56.93
J0567		INJ., CERLIPONASE ALFA 1 MG	BR	132.94
J0570		BUPRENORPHINE IMPLANT 74.2MG	BR	1803.27
J0571		BUPRENORPHINE ORAL 1MG	BR	
J0572		BUPREN/NAL UP TO 3MG BUPRENO	BR	
J0573		BUPREN/NAL 3.1 TO 6MG BUPREN	BR	
J0574		BUPREN/NAL 6.1 TO 10MG BUPRE	BR	
J0575		BUPREN/NAL OVER 10MG BUPRENO	BR	
J0583		BIVALIRUDIN	3.63	
J0584		INJECTION, BUROSUMAB-TWZA 1M	BR	501.83
J0585		INJECTION,ONABOTULINUMTOXINA	6.92	8.71
J0586		ABOBOTULINUMTOXINA	9.54	12.12
J0587		INJ, RIMABOTULINUMTOXINB	14.02	17.04
J0588		INCOBOTULINUMTOXIN A	5.76	7.21
J0592		BUPRENORPHINE HYDROCHLORIDE	3.61	

Code	Mod	Description	Amount	APC Amount
J0594		BUSULFAN INJECTION	40.07	15.37
J0595		BUTORPHANOL TARTRATE 1 MG	2.89	
J0596		INJECTION, RUCONEST	BR	39.00
J0597		C-1 ESTERASE, BERINERT	55.96	69.46
J0598		C-1 ESTERASE, CINRYZE	65.80	76.71
J0599		INJ., HAEGARDA 10 UNITS	BR	13.73
J0600		EDETATE CALCIUM DISODIUM INJ	6757.62	7944.08
J0604		CINACALCET, ESRD ON DIALYSIS	3.91	
J0606		INJ, ETELCALCETIDE, 0.1 MG	11.98	4.09
J0610		CALCIUM GLUCONATE INJECTION	3.74	
J0620		CALCIUM GLYCER & LACT/10 ML	9.21	
J0630		CALCITONIN SALMON INJECTION	2413.14	3764.56
J0636		INJ CALCITRIOL PER 0.1 MCG	0.42	
J0637		CASPOFUNGIN ACETATE	15.63	14.23
J0638		CANAKINUMAB INJECTION	111.27	157.60
J0640		LEUCOVORIN CALCIUM INJECTION	4.63	
J0641		LEVOLEUCOVORIN INJECTION	1.95	0.17
J0670		INJ MEPIVACAINE HCL/10 ML	2.38	
J0690		CEFAZOLIN SODIUM INJECTION	1.08	
J0692		CEFEPIME HCL FOR INJECTION	3.03	
J0694		CEFOXITIN SODIUM INJECTION	5.91	
J0695		INJ CEFTOLOZANE TAZOBACTAM	BR	7.70
J0696		CEFTRIAXONE SODIUM INJECTION	0.94	
J0697		STERILE CEFUROXIME INJECTION	2.92	
J0698		CEFOTAXIME SODIUM INJECTION	28.80	
J0702		BETAMETHASONE ACET&SOD PHOSP	7.05	
J0706		CAFFEINE CITRATE INJECTION	1.51	
J0710		CEPHAPIRIN SODIUM INJECTION	BR	
J0712		CEFTAROLINE FOSAMIL INJ	2.74	4.13
J0713		INJ CEFTAZIDIME PER 500 MG	2.90	
J0714		CEFTAZIDIME AND AVIBACTAM	BR	119.61
J0715		CEFTIZOXIME SODIUM / 500 MG	BR	
J0716		CENTRUROIDES IMMUNE F(AB)	BR	6521.78
J0717		CERTOLIZUMAB PEGOL INJ 1MG	7.81	11.20
J0720		CHLORAMPHENICOL SODIUM INJEC	38.33	
J0725		CHORIONIC GONADOTROPIN/1000U	24.41	32.09
J0735		CLONIDINE HYDROCHLORIDE	13.94	
J0740		CIDOFOVIR INJECTION	684.73	742.30
J0743		CILASTATIN SODIUM INJECTION	5.49	
J0744		CIPROFLOXACIN IV	1.23	
J0745		INJ CODEINE PHOSPHATE /30 MG	1.21	
J0770		COLISTIMETHATE SODIUM INJ	12.56	
J0775		COLLAGENASE, CLOST HIST INJ	46.45	63.99
J0780		PROCHLORPERAZINE INJECTION	15.81	
J0795		CORTICORELIN OVINE TRIFLUTAL	9.33	12.68
J0800		CORTICOTROPIN INJECTION	4322.60	
J0834		INJ., COSYNTROPIN, 0.25 MG	53.74	
J0840		CROTALIDAE POLY IMMUNE FAB	3071.72	4673.60
J0841		INJ CROTALIDAE IM F(AB')2 EQ	BR	1784.37
J0850		CYTOMEGALOVIRUS IMM IV /VIAL	1286.15	1603.40

Code	Mod	Description	Amount	APC Amount
J0875		INJECTION, DALBAVANCIN	17.62	19.25
J0878		DAPTOMYCIN INJECTION	0.97	0.59
J0881		DARBEPOETIN ALFA, NON-ESRD	5.01	5.44
J0882		DARBEPOETIN ALFA, ESRD USE	5.01	5.44
J0883		ARGATROBAN NONESRD USE 1MG	BR	1.45
J0884		ARGATROBAN ESRD DIALYSIS 1MG	BR	1.45
J0885		EPOETIN ALFA, NON-ESRD	14.90	16.97
J0887		EPOETIN BETA ESRD USE	BR	
J0888		EPOETIN BETA NON ESRD	BR	
J0890		PEGINESATIDE INJECTION	BR	
J0894		DECITABINE INJECTION	26.30	17.94
J0895		DEFEROXAMINE MESYLATE INJ	18.13	
J0897		DENOSUMAB INJECTION	18.71	26.43
J0945		BROMPHENIRAMINE MALEATE INJ	4.61	
J1000		DEPO-ESTRADIOL CYPIONATE INJ	16.67	
J1020		METHYLPREDNISOLONE 20 MG INJ	5.43	
J1030		METHYLPREDNISOLONE 40 MG INJ	5.20	
J1040		METHYLPREDNISOLONE 80 MG INJ	10.07	
J1050		MEDROXYPROGESTERONE ACETATE	0.43	
J1071		INJ TESTOSTERONE CYPIONATE	0.04	
J1094		INJ DEXAMETHASONE ACETATE	1.84	
J1095		INJECTION, DEXAMETHASONE 9%	BR	1.57
J1100		DEXAMETHASONE SODIUM PHOS	0.17	
J1110		INJ DIHYDROERGOTAMINE MESYLT	92.70	
J1120		ACETAZOLAMID SODIUM INJECTIO	25.07	
J1130		INJ DICLOFENAC SODIUM 0.5MG	BR	
J1160		DIGOXIN INJECTION	5.53	
J1162		DIGOXIN IMMUNE FAB (OVINE)	3192.18	5236.59
J1165		PHENYTOIN SODIUM INJECTION	0.80	
J1170		HYDROMORPHONE INJECTION	2.49	
J1180		DYPHYLLINE INJECTION	BR	
J1190		DEXRAZOXANE HCL INJECTION	201.46	313.77
J1200		DIPHENHYDRAMINE HCL INJECTIO	0.59	
J1205		CHLOROTHIAZIDE SODIUM INJ	139.93	
J1212		DIMETHYL SULFOXIDE 50% 50 ML	262.77	769.08
J1230		METHADONE INJECTION	12.39	
J1240		DIMENHYDRINATE INJECTION	7.52	
J1245		DIPYRIDAMOLE INJECTION	0.99	
J1250		INJ DOBUTAMINE HCL/250 MG	6.69	
J1260		DOLASETRON MESYLATE	18.44	
J1265		DOPAMINE INJECTION	0.73	
J1267		DORIPENEM INJECTION	0.97	
J1270		INJECTION, DOXERCALCIFEROL	1.12	
J1290		ECALLANTIDE INJECTION	488.83	679.67
J1300		ECULIZUMAB INJECTION	260.82	327.28
J1301		INJECTION, EDARAVONE, 1 MG	BR	27.21
J1320		AMITRIPTYLINE INJECTION	BR	
J1322		ELOSULFASE ALFA, INJECTION	BR	336.48
J1324		ENFUVIRTIDE INJECTION	368.64	
J1325		EPOPROSTENOL INJECTION	18.69	

Code	Mod	Description	Amount	APC Amount
J1327		EPTIFIBATIDE INJECTION	25.37	21.68
J1330		ERGONOVINE MALEATE INJECTION	BR	
J1335		ERTAPENEM INJECTION	50.29	
J1364		ERYTHRO LACTOBIONATE /500 MG	58.46	111.99
J1380		ESTRADIOL VALERATE 10 MG INJ	12.41	
J1410		INJ ESTROGEN CONJUGATE 25 MG	275.85	438.65
J1428		INJ, ETEPLIRSEN, 10 MG	176.93	238.57
J1430		ETHANOLAMINE OLEATE 100 MG	488.11	630.62
J1435		INJECTION ESTRONE PER 1 MG	0.40	
J1436		ETIDRONATE DISODIUM INJ	BR	
J1438		ETANERCEPT INJECTION	6140.60	916.67
J1439		INJ FERRIC CARBOXYMALTOS 1MG	1.28	1.54
J1442		INJ FILGRASTIM EXCL BIOSIMIL	1.22	1.43
J1443		INJ FERRIC PYROPHOSPHATE CIT	BR	
J1447		INJ TBO FILGRASTIM 1 MICROG	0.93	0.83
J1450		FLUCONAZOLE	5.83	
J1451		FOMEPIZOLE, 15 MG	8.46	12.15
J1452		INTRAOCULAR FOMIVIRSEN NA	BR	
J1453		FOSAPREPITANT INJECTION	2.08	2.99
J1454		INJ FOSNETUPITANT, PALONOSET	BR	751.92
J1455		FOSCARNET SODIUM INJECTION	82.97	116.82
J1457		GALLIUM NITRATE INJECTION	1.61	
J1458		GALSULFASE INJECTION	440.16	554.46
J1459		INJ IVIG PRIVIGEN 500 MG	46.21	57.25
J1460		GAMMA GLOBULIN 1 CC INJ	40.40	56.76
J1555		INJ CUVITRU, 100 MG	BR	19.32
J1556		INJ, IMM GLOB BIVIGAM, 500MG	46.94	100.13
J1557		GAMMAPLEX INJECTION	45.07	65.16
J1559		HIZENTRA INJECTION	10.23	14.36
J1560		GAMMA GLOBULIN > 10 CC INJ	404.06	567.60
J1561		GAMUNEX-C/GAMMAKED	50.45	56.96
J1562		VIVAGLOBIN, INJ	11.27	
J1566		IMMUNE GLOBULIN, POWDER	42.15	61.22
J1568		OCTAGAM INJECTION	51.27	50.37
J1569		GAMMAGARD LIQUID INJECTION	46.04	59.96
J1570		GANCICLOVIR SODIUM INJECTION	79.94	
J1571		HEPAGAM B IM INJECTION	67.41	91.36
J1572		FLEBOGAMMA INJECTION	47.54	48.84
J1573		HEPAGAM B INTRAVENOUS, INJ	BR	91.36
J1575		HYQVIA 100MG IMMUNEGLOBULIN	13.09	20.13
J1580		GARAMYCIN GENTAMICIN INJ	1.52	
J1595		INJECTION GLATIRAMER ACETATE	289.87	276.29
J1599		IVIG NON-LYOPHILIZED, NOS	BR	
J1600		GOLD SODIUM THIOMALEATE INJ	36.86	
J1602		GOLIMUMAB FOR IV USE 1MG	29.42	33.13
J1610		GLUCAGON HYDROCHLORIDE/1 MG	239.11	312.28
J1620		GONADORELIN HYDROCH/ 100 MCG	BR	
J1626		GRANISETRON HCL INJECTION	0.52	
J1627		INJ, GRANISETRON, XR, 0.1 MG	BR	4.53
J1628		INJ., GUSELKUMAB, 1 MG	BR	139.04

Code	Mod	Description	Amount	APC Amount
J1630		HALOPERIDOL INJECTION	1.84	
J1631		HALOPERIDOL DECANOATE INJ	24.50	
J1640		HEMIN, 1 MG	26.29	32.63
J1642		INJ HEPARIN SODIUM PER 10 U	0.22	
J1644		INJ HEPARIN SODIUM PER 1000U	0.25	
J1645		DALTEPARIN SODIUM	18.84	
J1650		INJ ENOXAPARIN SODIUM	1.38	
J1652		FONDAPARINUX SODIUM	3.06	
J1655		TINZAPARIN SODIUM INJECTION	4.43	
J1670		TETANUS IMMUNE GLOBULIN INJ	486.58	594.42
J1675		HISTRELIN ACETATE	1.21	
J1700		HYDROCORTISONE ACETATE INJ	BR	
J1710		HYDROCORTISONE SODIUM PH INJ	BR	
J1720		HYDROCORTISONE SODIUM SUCC I	9.06	
J1726		MAKENA, 10 MG	36.86	34.88
J1729		INJ HYDROXYPROGST CAPOAT NOS	1.65	
J1730		DIAZOXIDE INJECTION	122.40	
J1740		IBANDRONATE SODIUM INJECTION	130.88	78.73
J1741		IBUPROFEN INJECTION	BR	
J1742		IBUTILIDE FUMARATE INJECTION	113.85	334.38
J1743		IDURSULFASE INJECTION	627.79	770.94
J1744		ICATIBANT INJECTION	0.00	516.02
J1745		INFLIXIMAB NOT BIOSIMIL 10MG	96.52	108.84
J1746		INJ., IBALIZUMAB-UIYK, 10 MG	BR	83.27
J1750		INJ IRON DEXTRAN	14.73	19.34
J1756		IRON SUCROSE INJECTION	0.32	
J1786		IMUGLUCERASE INJECTION	50.73	59.81
J1790		DROPERIDOL INJECTION	7.37	
J1800		PROPRANOLOL INJECTION	3.49	
J1810		DROPERIDOL/FENTANYL INJ	BR	
J1815		INSULIN INJECTION	0.96	
J1817		INSULIN FOR INSULIN PUMP USE	10.10	
J1826		INTERFERON BETA-1A INJ	1738.00	3956.08
J1830		INTERFERON BETA-1B / .25 MG	BR	526.56
J1833		INJECTION, ISAVUCONAZONIUM	BR	1.06
J1835		ITRACONAZOLE INJECTION	22.05	
J1840		KANAMYCIN SULFATE 500 MG INJ	44.24	
J1850		KANAMYCIN SULFATE 75 MG INJ	1.21	
J1885		KETOROLAC TROMETHAMINE INJ	0.84	
J1890		CEPHALOTHIN SODIUM INJECTION	BR	
J1930		LANREOTIDE INJECTION	58.18	83.45
J1931		LARONIDASE INJECTION	35.56	44.33
J1940		FUROSEMIDE INJECTION	3.49	
J1942		ARIPIPRAZOLE LAUROXIL 1MG	BR	3.65
J1945		LEPIRUDIN	180.79	
J1950		LEUPROLIDE ACETATE /3.75 MG	1122.10	1688.36
J1953		LEVETIRACETAM INJECTION	0.24	
J1955		INJ LEVOCARNITINE PER 1 GM	21.06	
J1956		LEVOFLOXACIN INJECTION	2.89	
J1960		LEVORPHANOL TARTRATE INJ	3.62	

Code	Mod	Description	Amount	APC Amount
J1980		HYOSCYAMINE SULFATE INJ	29.45	
J1990		CHLORDIAZEPOXIDE INJECTION	24.96	
J2001		LIDOCAINE INJECTION	0.02	
J2010		LINCOMYCIN INJECTION	13.54	
J2020		LINEZOLID INJECTION	28.64	
J2060		LORAZEPAM INJECTION	0.92	
J2062		LOXAPINE FOR INHALATION 1 MG	BR	20.89
J2150		MANNITOL INJECTION	1.94	
J2170		MECASERMIN INJECTION	8.46	
J2175		MEPERIDINE HYDROCHL /100 MG	5.47	
J2180		MEPERIDINE/PROMETHAZINE INJ	71.89	
J2182		INJECTION, MEPOLIZUMAB, 1MG	BR	41.89
J2185		MEROPENEM	1.59	
J2186		INJ., MEROPENEM, VABORBACTAM	BR	2.36
J2210		METHYLERGONOVIN MALEATE INJ	5.94	
J2212		METHYLNALTREXONE INJECTION	0.00	
J2248		MICAFUNGIN SODIUM INJECTION	1.17	
J2250		INJ MIDAZOLAM HYDROCHLORIDE	0.16	
J2260		INJ MILRINONE LACTATE / 5 MG	4.03	
J2265		MINOCYCLINE HYDROCHLORIDE	0.00	2.34
J2270		MORPHINE SULFATE INJECTION	1.47	
J2274		INJ MORPHINE PF EPID ITHC	10.35	
J2278		ZICONOTIDE INJECTION	8.67	10.98
J2280		INJ, MOXIFLOXACIN 100 MG	11.08	
J2300		INJ NALBUPHINE HYDROCHLORIDE	2.87	
J2310		INJ NALOXONE HYDROCHLORIDE	33.81	
J2315		NALTREXONE, DEPOT FORM	3.85	4.61
J2320		NANDROLONE DECANOATE 50 MG	55.30	30.80
J2323		NATALIZUMAB INJECTION	20.55	28.02
J2325		NESIRITIDE INJECTION	36.24	106.22
J2326		INJ, NUSINERSEN, 0.1MG	1152.03	1564.45
J2350		INJECTION, OCRELIZUMAB, 1 MG	BR	81.47
J2353		OCTREOTIDE INJECTION, DEPOT	191.71	280.99
J2354		OCTREOTIDE INJ, NON-DEPOT	1.48	
J2355		OPRELVEKIN INJECTION	530.35	232.85
J2357		OMALIZUMAB INJECTION	36.20	52.61
J2358		OLANZAPINE LONG-ACTING INJ	3.52	
J2360		ORPHENADRINE INJECTION	6.89	
J2370		PHENYLEPHRINE HCL INJECTION	9.21	
J2400		CHLOROPROCAINE HCL INJECTION	27.56	
J2405		ONDANSETRON HCL INJECTION	0.12	
J2407		INJECTION, ORITAVANCIN	30.94	33.59
J2410		OXYMORPHONE HCL INJECTION	3.43	
J2425		PALIFERMIN INJECTION	19.82	28.71
J2426		PALIPERIDONE PALMITATE INJ	10.49	15.54
J2430		PAMIDRONATE DISODIUM /30 MG	13.98	
J2440		PAPAVERIN HCL INJECTION	2.76	
J2460		OXYTETRACYCLINE INJECTION	BR	
J2469		PALONOSETRON HCL	25.93	21.22
J2501		PARICALCITOL	1.15	

Code	Mod	Description	Amount	APC Amount
J2502		INJ, PASIREOTIDE LONG ACTING	BR	412.19
J2503		PEGAPTANIB SODIUM INJECTION	1251.59	
J2504		PEGADEMASE BOVINE, 25 IU	339.91	522.50
J2505		INJECTION, PEGFILGRASTIM 6MG	4624.03	6648.16
J2507		PEGLOTICASE INJECTION	1646.88	3352.68
J2510		PENICILLIN G PROCAINE INJ	27.21	
J2513		PENTASTARCH 10% SOLUTION	BR	
J2515		PENTOBARBITAL SODIUM INJ	50.34	68.57
J2540		PENICILLIN G POTASSIUM INJ	1.15	
J2543		PIPERACILLIN/TAZOBACTAM	3.13	
J2545		PENTAMIDINE NON-COMP UNIT	137.39	
J2547		INJECTION, PERAMIVIR	BR	2.29
J2550		PROMETHAZINE HCL INJECTION	1.98	
J2560		PHENOBARBITAL SODIUM INJ	35.27	
J2562		PLERIXAFOR INJECTION	371.89	469.27
J2590		OXYTOCIN INJECTION	13.83	
J2597		INJ DESMOPRESSIN ACETATE	16.33	17.69
J2650		PREDNISOLONE ACETATE INJ	BR	
J2670		TOTAZOLINE HCL INJECTION	BR	
J2675		INJ PROGESTERONE PER 50 MG	1.17	
J2680		FLUPHENAZINE DECANOATE 25 MG	26.90	
J2690		PROCAINAMIDE HCL INJECTION	55.74	
J2700		OXACILLIN SODIUM INJECITON	2.18	
J2704		INJ, PROPOFOL, 10 MG	0.15	
J2710		NEOSTIGMINE METHYLSLFTE INJ	10.78	
J2720		INJ PROTAMINE SULFATE/10 MG	1.41	
J2724		PROTEIN C CONCENTRATE	18.28	21.49
J2725		INJ PROTIRELIN PER 250 MCG	BR	
J2730		PRALIDOXIME CHLORIDE INJ	103.48	
J2760		PHENTOLAINE MESYLATE INJ	460.80	539.09
J2765		METOCLOPRAMIDE HCL INJECTION	0.85	
J2770		QUINUPRISTIN/DALFOPRISTIN	401.19	593.22
J2778		RANIBIZUMAB INJECTION	468.26	516.85
J2780		RANITIDINE HYDROCHLORIDE INJ	1.28	
J2783		RASBURICASE	280.09	397.34
J2785		REGADENOSON INJECTION	65.28	
J2786		INJECTION, RESLIZUMAB, 1MG	BR	13.26
J2787		RIBOFLAVIN 5'PHOS OPTH<=3ML	BR	
J2788		RHO D IMMUNE GLOBULIN 50 MCG	29.46	
J2790		RHO D IMMUNE GLOBULIN INJ	101.14	
J2791		RHOPHYLAC INJECTION	5.72	
J2792		RHO(D) IMMUNE GLOBULIN H, SD	24.42	39.45
J2793		RILONACEPT INJECTION	27.75	
J2794		RISPERIDONE, LONG ACTING	8.80	13.36
J2795		ROPIVACAINE HCL INJECTION	0.09	
J2796		ROMIPLOSTIM INJECTION	71.40	101.68
J2797		INJ., ROLAPITANT, 0.5 MG	BR	1.33
J2800		METHOCARBAMOL INJECTION	52.21	
J2805		SINCALIDE INJECTION	111.23	
J2810		INJ THEOPHYLLINE PER 40 MG	0.35	

Code	Mod	Description	Amount	APC Amount
J2820		SARGRAMOSTIM INJECTION	41.40	55.32
J2840		INJ SEBELIPASE ALFA 1 MG	494.12	768.40
J2850		INJ SECRETIN SYNTHETIC HUMAN	39.63	49.39
J2860		INJECTION, SILTUXIMAB	BR	135.44
J2910		AUROTHIOGLUCOSE INJECITON	BR	
J2916		NA FERRIC GLUCONATE COMPLEX	3.10	
J2920		METHYLPREDNISOLONE INJECTION	3.50	
J2930		METHYLPREDNISOLONE INJECTION	4.96	
J2940		SOMATREM INJECTION	BR	
J2941		SOMATROPIN INJECTION	695.26	
J2950		PROMAZINE HCL INJECTION	BR	
J2993		RETEPLASE INJECTION	2588.57	717.07
J2995		INJ STREPTOKINASE /250000 IU	88.58	
J2997		ALTEPLASE RECOMBINANT	90.22	124.60
J3000		STREPTOMYCIN INJECTION	14.31	
J3010		FENTANYL CITRATE INJECTION	0.59	
J3030		SUMATRIPTAN SUCCINATE / 6 MG	101.35	
J3060		INJ, TALIGLUCERASE ALFA 10 U	46.58	57.28
J3070		PENTAZOCINE INJECTION	149.75	
J3090		INJ TEDIZOLID PHOSPHATE	1.47	2.02
J3095		TELAVANCIN INJECTION	6.39	7.89
J3101		TENECTEPLASE INJECTION	113.45	172.97
J3105		TERBUTALINE SULFATE INJ	1.03	
J3110		TERIPARATIDE INJECTION	9.66	
J3121		INJ TESTOSTERO ENANTHATE 1MG	0.05	
J3145		TESTOSTERONE UNDECANOATE 1MG	BR	1.93
J3230		CHLORPROMAZINE HCL INJECTION	23.20	
J3240		THYROTROPIN INJECTION	1729.70	2348.10
J3243		TIGECYCLINE INJECTION	2.93	2.66
J3245		INJ., TILDRAKIZUMAB, 1 MG	BR	
J3246		TIROFIBAN HCL	10.07	10.96
J3250		TRIMETHOBENZAMIDE HCL INJ	28.66	
J3260		TOBRAMYCIN SULFATE INJECTION	3.24	
J3262		TOCILIZUMAB INJECTION	4.83	7.00
J3265		INJECTION TORSEMIDE 10 MG/ML	BR	
J3280		THIETHYLPERAZINE MALEATE INJ	5.64	
J3285		TREPROSTINIL INJECTION	73.96	93.90
J3300		TRIAMCINOLONE A INJ PRS-FREE	4.53	5.47
J3301		TRIAMCINOLONE ACET INJ NOS	2.18	
J3302		TRIAMCINOLONE DIACETATE INJ	1.73	
J3303		TRIAMCINOLONE HEXACETONL INJ	9.21	
J3304		INJ TRIAMCINOLONE ACE XR 1MG	BR	26.81
J3305		INJ TRIMETREXATE GLUCORONATE	BR	
J3310		PERPHENAZINE INJECITON	BR	
J3315		TRIPTORELIN PAMOATE	288.66	347.18
J3316		INJ., TRIPTORELIN XR 3.75 MG	BR	4082.77
J3320		SPECTINOMYCN DI-HCL INJ	BR	
J3350		UREA INJECTION	BR	
J3355		UROFOLLITROPIN, 75 IU	73.68	
J3357		USTEKINUMAB SUB CU INJ, 1 MG	206.53	261.35

Code	Mod	Description	Amount	APC Amount
J3358		USTEKINUMAB, IV INJECT, 1 MG	BR	17.31
J3360		DIAZEPAM INJECTION	8.02	
J3364		UROKINASE 5000 IU INJECTION	BR	
J3365		UROKINASE 250,000 IU INJ	BR	
J3370		VANCOMYCIN HCL INJECTION	4.67	
J3380		INJECTION, VEDOLIZUMAB	20.56	28.46
J3385		VELAGLUCERASE ALFA	414.15	490.78
J3396		VERTEPORFIN INJECTION	13.26	15.59
J3397		INJ., VESTRONIDASE ALFA-VJBK	BR	310.65
J3398		INJ LUXTURNA 1 BILLION VEC G	BR	4176.93
J3400		TRIFLUPROMAZINE HCL INJ	BR	
J3410		HYDROXYZINE HCL INJECTION	2.64	
J3411		THIAMINE HCL 100 MG	3.89	
J3415		PYRIDOXINE HCL 100 MG	11.92	
J3420		VITAMIN B12 INJECTION	3.18	
J3430		VITAMIN K PHYTONADIONE INJ	3.31	
J3465		INJECTION, VORICONAZOLE	4.69	
J3470		HYALURONIDASE INJECTION	27.65	
J3471		OVINE, UP TO 999 USP UNITS	0.38	
J3472		OVINE, 1000 USP UNITS	132.47	
J3473		HYALURONIDASE RECOMBINANT	0.43	
J3475		INJ MAGNESIUM SULFATE	0.27	
J3480		INJ POTASSIUM CHLORIDE	0.17	
J3485		ZIDOVUDINE	1.81	
J3486		ZIPRASIDONE MESYLATE	18.81	
J3489		ZOLEDRONIC ACID 1MG	33.25	
J3490		DRUGS UNCLASSIFIED INJECTION	BR	
J3520		EDETATE DISODIUM PER 150 MG	3.23	
J3530		NASAL VACCINE INHALATION	BR	
J3535		METERED DOSE INHALER DRUG	BR	
J3570		LAETRILE AMYGDALIN VIT B17	BR	
J3590		UNCLASSIFIED BIOLOGICS	BR	
J3591		ESRD ON DIALYSI DRUG/BIO NOC	BR	
J7030		NORMAL SALINE SOLUTION INFUS	2.26	
J7040		NORMAL SALINE SOLUTION INFUS	1.14	
J7042		5% DEXTROSE/NORMAL SALINE	0.71	
J7050		NORMAL SALINE SOLUTION INFUS	0.55	
J7060		5% DEXTROSE/WATER	2.22	
J7070		D5W INFUSION	4.32	
J7100		DEXTRAN 40 INFUSION	18.42	
J7110		DEXTRAN 75 INFUSION	BR	
J7120		RINGERS LACTATE INFUSION	2.20	
J7121		5% DEXTROSE IN LAC RINGERS	18.44	
J7131		HYPERTONIC SALINE SOL	BR	
J7170		INJ., EMICIZUMAB-KXWH 0.5 MG	BR	69.01
J7175		INJ, FACTOR X, (HUMAN), 1IU	BR	10.19
J7177		INJ., FIBRYGA, 1 MG	BR	1.52
J7178		INJ HUMAN FIBRINOGEN CON NOS	0.00	1.66
J7179		VONVENDI INJ 1 IU VWF:RCO	24.10	2.78
J7180		FACTOR XIII ANTI-HEM FACTOR	9.39	11.66

Code	Mod	Description	Amount	APC Amount
J7181		FACTOR XIII RECOMB A-SUBUNIT	BR	21.04
J7182		FACTOR VIII RECOMB NOVOEIGHT	1.75	1.89
J7183		WILATE INJECTION	1.21	1.45
J7185		XYNTHA INJ	1.48	1.73
J7186		ANTIHEMOPHILIC VIII/VWF COMP	1.17	1.42
J7187		HUMATE-P, INJ	1.21	1.60
J7188		FACTOR VIII RECOMB OBIZUR	BR	4.33
J7189		FACTOR VIIA	2.38	2.95
J7190		FACTOR VIII	1.16	1.53
J7191		FACTOR VIII (PORCINE)	BR	
J7192		FACTOR VIII RECOMBINANT NOS	1.42	1.85
J7193		FACTOR IX NON-RECOMBINANT	1.33	1.62
J7194		FACTOR IX COMPLEX	1.47	2.02
J7195		FACTOR IX RECOMBINANT NOS	1.75	2.13
J7196		ANTITHROMBIN RECOMBINANT	BR	146.76
J7197		ANTITHROMBIN III INJECTION	4.37	4.97
J7198		ANTI-INHIBITOR	2.30	2.84
J7199		HEMOPHILIA CLOT FACTOR NOC	BR	
J7200		FACTOR IX RECOMBINAN RIXUBIS	1.50	1.86
J7201		FACTOR IX ALPROLIX RECOMB	3.39	4.26
J7202		FACTOR IX IDELVION INJ	BR	6.12
J7203		FACTOR IX RECOMB GLY REBINYN	BR	5.18
J7205		FACTOR VIII FC FUSION RECOMB	2.28	2.86
J7207		FACTOR VIII PEGYLATED RECOMB	BR	2.40
J7209		FACTOR VIII NUWIQ RECOMB 1IU	2.26	1.91
J7210		INJ, AFSTYLA, 1 I.U.	5.13	1.93
J7211		INJ, KOVALTRY, 1 I.U.	2.63	1.80
J7296		KYLEENA, 19.5 MG	1331.75	
J7297		LILETTA, 52 MG	0.00	
J7298		MIRENA, 52 MG	0.00	
J7300		INTRAUT COPPER CONTRACEPTIVE	921.49	
J7301		SKYLA, 13.5 MG	0.00	
J7303		CONTRACEPTIVE VAGINAL RING	138.24	
J7304		CONTRACEPTIVE HORMONE PATCH	BR	
J7306		LEVONORGESTREL IMPLANT SYS	875.33	
J7307		ETONOGESTREL IMPLANT SYSTEM	BR	
J7308		AMINOLEVULINIC ACID HCL TOP	353.39	574.52
J7309		METHYL AMINOLEVULINATE, TOP	BR	
J7310		GANCICLOVIR LONG ACT IMPLANT	19072.65	
J7311		FLUOCINOLONE ACETONIDE IMPLT	24340.23	28602.17
J7312		DEXAMETHASONE INTRA IMPLANT	242.93	284.13
J7313		FLUOCINOL ACET INTRAVIT IMP	593.03	696.74
J7315		OPHTHALMIC MITOMYCIN	BR	
J7316		INJ, OCRIPLASMIN, 0.125 MG	1264.39	1486.64
J7318		INJ, DUROLANE 1 MG	390.00	24.46
J7320		GENVISC 850, INJ, 1MG	14.81	10.22
J7321		HYALGAN SUPARTZ VISCO-3 DOSE	106.44	113.48
J7322		HYMOVIS INJECTION 1 MG	28.80	27.34
J7323		EUFLEXXA INJ PER DOSE	180.10	200.26
J7324		ORTHOVISC INJ PER DOSE	203.58	208.61

Code	Mod	Description	Amount	APC Amount
J7325		SYNVISC OR SYNVISC-ONE	15.85	16.85
J7326		GEL-ONE	1013.74	1502.19
J7327		MONOVISC INJ PER DOSE	1129.41	1123.56
J7328		GELSYN-3 INJECTION 0.1 MG	BR	3.09
J7329		INJ, TRIVISC 1 MG	BR	9.93
J7330		CULTURED CHONDROCYTES IMPLNT	BR	
J7336		CAPSAICIN 8% PATCH	3.49	4.47
J7340		CARBIDOPA LEVODOPA ENT 100ML	BR	
J7342		CIPROFLOXACIN OTIC SUSP 6 MG	BR	42.55
J7345		AMINOLEVULINIC ACID, 10% GEL	BR	1.95
J7500		AZATHIOPRINE ORAL 50MG	0.43	
J7501		AZATHIOPRINE PARENTERAL	77.31	339.23
J7502		CYCLOSPORINE ORAL 100 MG	4.06	
J7503		TACROL ENVARSUS EX REL ORAL	BR	
J7504		LYMPHOCYTE IMMUNE GLOBULIN	1373.32	2933.89
J7505		MONOCLONAL ANTIBODIES	1081.09	
J7507		TACROLIMUS IMME REL ORAL 1MG	1.03	
J7508		TACROL ASTAGRAF EX REL ORAL	0.47	
J7509		METHYLPREDNISOLONE ORAL	0.39	
J7510		PREDNISOLONE ORAL PER 5 MG	0.15	
J7511		ANTITHYMOCYTE GLOBULN RABBIT	776.69	1038.48
J7512		PREDNISONE IR OR DR ORAL 1MG	0.02	
J7513		DACLIZUMAB, PARENTERAL	466.66	
J7515		CYCLOSPORINE ORAL 25 MG	1.18	
J7516		CYCLOSPORIN PARENTERAL 250MG	51.57	
J7517		MYCOPHENOLATE MOFETIL ORAL	1.22	
J7518		MYCOPHENOLIC ACID	3.69	
J7520		SIROLIMUS, ORAL	11.68	
J7525		TACROLIMUS INJECTION	198.63	292.54
J7527		ORAL EVEROLIMUS	9.05	
J7599		IMMUNOSUPPRESSIVE DRUG NOC	BR	
J7604		ACETYLCYSTEINE COMP UNIT	BR	
J7605		ARFORMOTEROL NON-COMP UNIT	9.98	
J7606		FORMOTEROL FUMARATE, INH	11.36	
J7607		LEVALBUTEROL COMP CON	BR	
J7608		ACETYLCYSTEINE NON-COMP UNIT	4.86	
J7609		ALBUTEROL COMP UNIT	BR	
J7610		ALBUTEROL COMP CON	BR	
J7611		ALBUTEROL NON-COMP CON	0.14	
J7612		LEVALBUTEROL NON-COMP CON	0.34	
J7613		ALBUTEROL NON-COMP UNIT	0.06	
J7614		LEVALBUTEROL NON-COMP UNIT	0.09	
J7615		LEVALBUTEROL COMP UNIT	13.83	
J7620		ALBUTEROL IPRATROP NON-COMP	0.18	
J7622		BECLOMETHASONE COMP UNIT	BR	
J7624		BETAMETHASONE COMP UNIT	BR	
J7626		BUDESONIDE NON-COMP UNIT	6.42	
J7627		BUDESONIDE COMP UNIT	7.37	
J7628		BITOLTEROL MESYLATE COMP CON	BR	
J7629		BITOLTEROL MESYLATE COMP UNT	BR	

Code	Mod	Description	Amount	APC Amount
J7631		CROMOLYN SODIUM NONCOMP UNIT	0.97	
J7632		CROMOLYN SODIUM COMP UNIT	0.40	
J7633		BUDESONIDE NON-COMP CON	BR	
J7634		BUDESONIDE COMP CON	BR	
J7635		ATROPINE COMP CON	BR	
J7636		ATROPINE COMP UNIT	BR	
J7637		DEXAMETHASONE COMP CON	BR	
J7638		DEXAMETHASONE COMP UNIT	BR	
J7639		DORNASE ALFA NON-COMP UNIT	47.09	
J7640		FORMOTEROL COMP UNIT	BR	
J7641		FLUNISOLIDE COMP UNIT	12.48	
J7642		GLYCOPYRROLATE COMP CON	BR	
J7643		GLYCOPYRROLATE COMP UNIT	BR	
J7644		IPRATROPIUM BROMIDE NON-COMP	0.25	
J7645		IPRATROPIUM BROMIDE COMP	BR	
J7647		ISOETHARINE COMP CON	BR	
J7648		ISOETHARINE NON-COMP CON	BR	
J7649		ISOETHARINE NON-COMP UNIT	BR	
J7650		ISOETHARINE COMP UNIT	BR	
J7657		ISOPROTERENOL COMP CON	BR	
J7658		ISOPROTERENOL NON-COMP CON	BR	
J7659		ISOPROTERENOL NON-COMP UNIT	BR	
J7660		ISOPROTERENOL COMP UNIT	BR	
J7665		MANNITOL FOR INHALER	0.81	
J7667		METAPROTERENOL COMP CON	BR	
J7668		METAPROTERENOL NON-COMP CON	BR	
J7669		METAPROTERENOL NON-COMP UNIT	BR	
J7670		METAPROTERENOL COMP UNIT	BR	
J7674		METHACHOLINE CHLORIDE, NEB	0.62	
J7676		PENTAMIDINE COMP UNIT DOSE	BR	
J7680		TERBUTALINE SULF COMP CON	15.70	
J7681		TERBUTALINE SULF COMP UNIT	15.70	
J7682		TOBRAMYCIN NON-COMP UNIT	67.17	
J7683		TRIAMCINOLONE COMP CON	35.94	
J7684		TRIAMCINOLONE COMP UNIT	BR	
J7685		TOBRAMYCIN COMP UNIT	168.10	
J7686		TREPROSTINIL, NON-COMP UNIT	611.73	
J7699		INHALATION SOLUTION FOR DME	BR	
J7799		NON-INHALATION DRUG FOR DME	BR	
J7999		COMPOUNDED DRUG, NOC	BR	
J8498		ANTIEMETIC RECTAL/SUPP NOS	BR	
J8499		ORAL PRESCRIP DRUG NON CHEMO	BR	
J8501		ORAL APREPITANT	12.32	
J8510		ORAL BUSULFAN	14.91	
J8515		CABERGOLINE, ORAL 0.25MG	16.91	
J8520		CAPECITABINE, ORAL, 150 MG	6.33	
J8521		CAPECITABINE, ORAL, 500 MG	20.11	
J8530		CYCLOPHOSPHAMIDE ORAL 25 MG	4.44	
J8540		ORAL DEXAMETHASONE	0.15	
J8560		ETOPOSIDE ORAL 50 MG	82.88	107.58

Code	Mod	Description	Amount	APC Amount
J8562		ORAL FLUDARABINE PHOSPHATE	BR	115.62
J8565		GEFITINIB ORAL	64.42	
J8597		ANTIEMETIC DRUG ORAL NOS	BR	
J8600		MELPHALAN ORAL 2 MG	13.55	17.04
J8610		METHOTREXATE ORAL 2.5 MG	1.67	
J8650		NABILONE ORAL	18.92	
J8655		ORAL NETUPITANT, PALONOSETRO	596.80	401.61
J8670		ROLAPITANT, ORAL, 1MG	BR	1.86
J8700		TEMOZOLOMIDE	4.37	
J8705		TOPOTECAN ORAL	122.20	
J8999		ORAL PRESCRIPTION DRUG CHEMO	BR	
J9000		DOXORUBICIN HCL INJECTION	3.74	
J9015		ALDESLEUKIN INJECTION	4317.48	5876.17
J9017		ARSENIC TRIOXIDE INJECTION	71.58	109.21
J9019		ERWINAZE INJECTION	469.50	589.05
J9020		ASPARAGINASE, NOS	72.48	
J9022		INJ, ATEZOLIZUMAB,10 MG	BR	110.42
J9023		INJECTION, AVELUMAB, 10 MG	BR	116.17
J9025		AZACITIDINE INJECTION	3.61	1.86
J9027		CLOFARABINE INJECTION	167.09	134.80
J9031		BCG LIVE INTRAVESICAL VAC	149.49	199.16
J9032		INJECTION, BELINOSTAT, 10MG	39.26	54.30
J9033		INJ., TREANDA 1 MG	29.69	42.98
J9034		INJ., BENDEKA 1 MG	BR	33.84
J9035		BEVACIZUMAB INJECTION	85.57	115.27
J9039		INJECTION, BLINATUMOMAB	BR	156.42
J9040		BLEOMYCIN SULFATE INJECTION	25.61	
J9041		INJ., VELCADE 0.1 MG	56.48	64.77
J9042		BRENTUXIMAB VEDOTIN INJ	150.30	222.55
J9043		CABAZITAXEL INJECTION	178.43	239.00
J9044		INJ, BORTEZOMIB, NOS, 0.1 MG	BR	50.65
J9045		CARBOPLATIN INJECTION	4.39	
J9047		INJECTION, CARFILZOMIB, 1 MG	37.30	51.55
J9050		CARMUSTINE INJECTION	3886.50	5754.33
J9055		CETUXIMAB INJECTION	65.00	86.01
J9057		INJ., COPANLISIB, 1 MG	BR	110.00
J9060		CISPLATIN 10 MG INJECTION	1.87	
J9065		INJ CLADRIBINE PER 1 MG	21.18	31.06
J9070		CYCLOPHOSPHAMIDE 100 MG INJ	58.80	53.71
J9098		CYTARABINE LIPOSOME INJ	702.22	892.28
J9100		CYTARABINE HCL 100 MG INJ	1.07	
J9120		DACTINOMYCIN INJECTION	1401.60	2066.64
J9130		DACARBAZINE 100 MG INJ	4.57	
J9145		INJECTION, DARATUMUMAB 10 MG	BR	74.27
J9150		DAUNORUBICIN INJECTION	31.97	68.41
J9151		DAUNORUBICIN CITRATE INJ	7.15	0.45
J9153		INJ DAUNORUBICIN, CYTARABINE	BR	270.25
J9155		DEGARELIX INJECTION	4.41	5.40
J9160		DENILEUKIN DIFTITOX INJ	1567.07	
J9165		DIETHYLSTILBESTROL INJECTION	BR	

Code	Mod	Description	Amount	APC Amount
J9171		DOCETAXEL INJECTION	3.13	1.91
J9173		INJ., DURVALUMAB, 10 MG	BR	104.87
J9175		ELLIOTTS B SOLUTION PER ML	7.29	
J9176		INJECTION, ELOTUZUMAB, 1MG	BR	9.09
J9178		INJ, EPIRUBICIN HCL, 2 MG	1.94	
J9179		ERIBULIN MESYLATE INJECTION	126.14	163.74
J9181		ETOPOSIDE INJECTION	0.77	
J9185		FLUDARABINE PHOSPHATE INJ	81.40	
J9190		FLUOROURACIL INJECTION	2.18	
J9200		FLOXURIDINE INJECTION	84.06	
J9201		GEMCITABINE HCL INJECTION	10.53	
J9202		GOSERELIN ACETATE IMPLANT	334.19	711.71
J9203		GEMTUZUMAB OZOGAMICIN 0.1 MG	460.79	275.50
J9205		INJ IRINOTECAN LIPOSOME 1 MG	BR	64.82
J9206		IRINOTECAN INJECTION	5.04	
J9207		IXABEPILONE INJECTION	88.75	109.19
J9208		IFOSFAMIDE INJECTION	37.36	
J9209		MESNA INJECTION	5.01	
J9211		IDARUBICIN HCL INJECTION	47.17	
J9212		INTERFERON ALFACON-1 INJ	7.65	
J9213		INTERFERON ALFA-2A INJ	42.28	240.45
J9214		INTERFERON ALFA-2B INJ	28.87	48.33
J9215		INTERFERON ALFA-N3 INJ	20.53	
J9216		INTERFERON GAMMA 1-B INJ	360.36	
J9217		LEUPROLIDE ACETATE SUSPNSION	305.11	335.34
J9218		LEUPROLIDE ACETATE INJECITON	19.52	
J9219		LEUPROLIDE ACETATE IMPLANT	BR	
J9225		VANTAS IMPLANT	3632.70	5196.81
J9226		SUPPRELIN LA IMPLANT	28734.47	45247.21
J9228		IPILIMUMAB INJECTION	168.21	214.28
J9229		INJ INOTUZUMAB OZOGAM 0.1 MG	BR	3135.74
J9230		MECHLORETHAMINE HCL INJ	291.97	454.52
J9245		INJ MELPHALAN HYDROCHL 50 MG	1937.56	1142.58
J9250		METHOTREXATE SODIUM INJ	0.28	
J9260		METHOTREXATE SODIUM INJ	2.79	
J9261		NELARABINE INJECTION	178.91	215.87
J9262		INJ, OMACETAXINE MEP, 0.01MG	BR	4.22
J9263		OXALIPLATIN	0.46	
J9264		PACLITAXEL PROTEIN BOUND	12.12	16.85
J9266		PEGASPARGASE INJECTION	10819.55	21386.86
J9267		PACLITAXEL INJECTION	0.18	
J9268		PENTOSTATIN INJECTION	1957.72	2864.61
J9270		PLICAMYCIN (MITHRAMYCIN) INJ	BR	8.69
J9271		INJ PEMBROLIZUMAB	55.19	69.56
J9280		MITOMYCIN INJECTION	129.97	177.60
J9285		INJ, OLARATUMAB, 10 MG	BR	72.48
J9293		MITOXANTRONE HYDROCHL / 5 MG	33.06	39.17
J9295		INJECTION, NECITUMUMAB, 1 MG	BR	7.96
J9299		INJECTION, NIVOLUMAB	30.64	39.05
J9301		OBINUTUZUMAB INJ	66.87	91.76

Code	Mod	Description	Amount	APC Amount
J9302		OFATUMUMAB INJECTION	61.03	83.06
J9303		PANITUMUMAB INJECTION	124.89	162.88
J9305		PEMETREXED INJECTION	74.60	96.71
J9306		INJECTION, PERTUZUMAB, 1 MG	12.64	17.32
J9307		PRALATREXATE INJECTION	267.86	392.25
J9308		INJECTION, RAMUCIRUMAB	65.25	81.83
J9311		INJ RITUXIMAB, HYALURONIDASE	BR	66.22
J9312		INJ., RITUXIMAB, 10 MG	BR	135.46
J9315		ROMIDEPSIN INJECTION	361.53	449.83
J9320		STREPTOZOCIN INJECTION	386.54	491.86
J9325		INJ TALIMOGENE LAHERPAREPVEC	BR	71.07
J9328		TEMOZOLOMIDE INJECTION	8.14	14.85
J9330		TEMSIROLIMUS INJECTION	76.98	93.09
J9340		THIOTEPA INJECTION	1645.11	1081.45
J9351		TOPOTECAN INJECTION	2.42	
J9352		INJECTION TRABECTEDIN 0.1MG	BR	426.89
J9354		INJ, ADO-TRASTUZUMAB EMT 1MG	35.28	44.33
J9355		TRASTUZUMAB INJECTION	108.12	151.93
J9357		VALRUBICIN INJECTION	1345.82	1890.19
J9360		VINBLASTINE SULFATE INJ	3.60	
J9370		VINCRISTINE SULFATE 1 MG INJ	7.84	
J9371		INJ, VINCRISTINE SUL LIP 1MG	2802.61	4141.61
J9390		VINORELBINE TARTRATE INJ	13.29	
J9395		INJECTION, FULVESTRANT	113.04	138.44
J9400		INJ, ZIV-AFLIBERCEPT, 1MG	9.92	11.48
J9600		PORFIMER SODIUM INJECTION	2738.35	30131.79
J9999		CHEMOTHERAPY DRUG	BR	
K0001	NU	STANDARD WHEELCHAIR	740.14	
K0002	NU	STND HEMI (LOW SEAT) WHLCHR	961.90	
K0003	NU	LIGHTWEIGHT WHEELCHAIR	1186.08	
K0004	NU	HIGH STRENGTH LTWT WHLCHR	1570.95	
K0005	NU	ULTRALIGHTWEIGHT WHEELCHAIR	1915.78	
K0006	NU	HEAVY DUTY WHEELCHAIR	1534.72	
K0007	NU	EXTRA HEAVY DUTY WHEELCHAIR	2117.06	
K0008		CSTM MANUAL WHEELCHAIR/BASE	BR	
K0009	RR	OTHER MANUAL WHEELCHAIR/BASE	77.05	
K0010	NU	STND WT FRAME POWER WHLCHR	4501.52	
K0011	NU	STND WT PWR WHLCHR W CONTROL	BR	
K0012	NU	LTWT PORTBL POWER WHLCHR	3433.71	
K0013		CUSTOM POWER WHLCHR BASE	BR	
K0014		OTHER POWER WHLCHR BASE	BR	
K0015	NU	DETACH NON-ADJ HT ARMRST REP	186.21	
K0017	NU	DETACH ADJUST ARMREST BASE	46.86	
K0018	NU	DETACH ADJUST ARMRST UPPER	26.32	
K0019	NU	ARM PAD REPL, EACH	15.37	
K0020	NU	FIXED ADJUST ARMREST PAIR	44.07	
K0037	NU	HI MOUNT FLIP-UP FOOTREST EA	39.21	
K0038	NU	LEG STRAP EACH	22.77	
K0039	NU	LEG STRAP H STYLE EACH	49.80	
K0040	NU	ADJUSTABLE ANGLE FOOTPLATE	66.70	

Code	Mod	Description	Amount	APC Amount
K0041	NU	LARGE SIZE FOOTPLATE EACH	48.32	
K0042	NU	STANDARD SIZE FTPLATE REP EA	29.49	
K0043	NU	FTRST LOWR EXTEN TUBE REP EA	18.41	
K0044	NU	FTRST UPR HANGER BRAC REP EA	15.84	
K0045	NU	FTRST COMPL ASSEMBLY REPL EA	53.08	
K0046	NU	ELEV LGRST LWR EXTEN REPL EA	18.47	
K0047	NU	ELEV LEGRST UPR HANGR REP EA	69.08	
K0050	NU	RATCHET ASSEMBLY REPLACEMENT	30.53	
K0051	NU	CAM REL ASM FT/LEGRST REP EA	48.91	
K0052	NU	SWINGAWAY DETACH FTREST REPL	82.58	
K0053	NU	ELEVATE FOOTREST ARTICULATE	91.98	
K0056	NU	SEAT HT <17 OR >=21 LTWT WC	98.55	
K0065	NU	SPOKE PROTECTORS	46.05	
K0069	NU	RR WHL COMPL SOL TIRE REP EA	103.55	
K0070	NU	RR WHL COMPL PNE TIRE REP EA	246.32	
K0071	NU	FR CSTR COMP PNE TIRE REP EA	113.21	
K0072	NU	FR CSTR SEMI-PNE TIRE REP EA	68.16	
K0073	NU	CASTER PIN LOCK EACH	36.07	
K0077	NU	FR CSTR ASMB SOL TIRE REP EA	60.99	
K0098	NU	DRIVE BELT FOR PWC, REPL	25.25	
K0105	NU	IV HANGER	103.03	
K0108		W/C COMPONENT-ACCESSORY NOS	BR	
K0195	RR	ELEVATING WHLCHAIR LEG RESTS	15.02	
K0455	RR	PUMP UNINTERRUPTED INFUSION	247.54	
K0462		TEMPORARY REPLACEMENT EQPMNT	BR	
K0552		SUP/EXT NON-INS INF PUMP SYR	2.59	
K0553		THER CGM SUPPLY ALLOWANCE	231.20	
K0554	NU	THER CGM RECEIVER/MONITOR	243.22	
K0601	NU	REPL BATT SILVER OXIDE 1.5 V	1.13	
K0602	NU	REPL BATT SILVER OXIDE 3 V	6.42	
K0603	NU	REPL BATT ALKALINE 1.5 V	0.58	
K0604	NU	REPL BATT LITHIUM 3.6 V	6.17	
K0605	NU	REPL BATT LITHIUM 4.5 V	14.78	
K0606	RR	AED GARMENT W ELEC ANALYSIS	2609.55	
K0607	NU	REPL BATT FOR AED	205.35	
K0608	NU	REPL GARMENT FOR AED	139.46	
K0609		REPL ELECTRODE FOR AED	835.30	
K0669		SEAT/BACK CUS NO DMEPDAC VER	BR	
K0672		REMOVABLE SOFT INTERFACE LE	76.19	
K0730	NU	CTRL DOSE INH DRUG DELIV SYS	1821.95	
K0733	NU	12-24HR SEALED LEAD ACID	28.89	
K0738	RR	PORTABLE GAS OXYGEN SYSTEM	60.62	
K0739		REPAIR/SVC DME NON-OXYGEN EQ	36.18	
K0740		REPAIR/SVC OXYGEN EQUIPMENT	BR	
K0743		PORTABLE HOME SUCTION PUMP	BR	
K0744		ABSORP DRG <= 16 SUC PUMP	BR	
K0745		ABSORP DRG >16<=48 SUC PUMP	BR	
K0746		ABSORP DRG >48 SUC PUMP	BR	
K0800	NU	POV GROUP 1 STD UP TO 300LBS	974.60	
K0801	NU	POV GROUP 1 HD 301-450 LBS	1657.29	

Code	Mod	Description	Amount	APC Amount
K0802	NU	POV GROUP 1 VHD 451-600 LBS	2021.50	
K0806	NU	POV GROUP 2 STD UP TO 300LBS	1312.95	
K0807	NU	POV GROUP 2 HD 301-450 LBS	2012.14	
K0808	NU	POV GROUP 2 VHD 451-600 LBS	3111.89	
K0812		POWER OPERATED VEHICLE NOC	BR	
K0813	RR	PWC GP 1 STD PORT SEAT/BACK	286.60	
K0814	RR	PWC GP 1 STD PORT CAP CHAIR	336.15	
K0815	RR	PWC GP 1 STD SEAT/BACK	378.19	
K0816	RR	PWC GP 1 STD CAP CHAIR	357.86	
K0820	RR	PWC GP 2 STD PORT SEAT/BACK	301.02	
K0821	RR	PWC GP 2 STD PORT CAP CHAIR	354.09	
K0822	RR	PWC GP 2 STD SEAT/BACK	410.29	
K0823	RR	PWC GP 2 STD CAP CHAIR	402.16	
K0824	RR	PWC GP 2 HD SEAT/BACK	528.79	
K0825	RR	PWC GP 2 HD CAP CHAIR	486.36	
K0826	RR	PWC GP 2 VHD SEAT/BACK	766.04	
K0827	RR	PWC GP VHD CAP CHAIR	659.47	
K0828	RR	PWC GP 2 XTRA HD SEAT/BACK	891.65	
K0829	RR	PWC GP 2 XTRA HD CAP CHAIR	841.86	
K0830		PWC GP2 STD SEAT ELEVATE S/B	BR	
K0831		PWC GP2 STD SEAT ELEVATE CAP	BR	
K0835	RR	PWC GP2 STD SING POW OPT S/B	429.70	
K0836	RR	PWC GP2 STD SING POW OPT CAP	445.64	
K0837	RR	PWC GP 2 HD SING POW OPT S/B	526.91	
K0838	RR	PWC GP 2 HD SING POW OPT CAP	469.70	
K0839	RR	PWC GP2 VHD SING POW OPT S/B	689.00	
K0840	RR	PWC GP2 XHD SING POW OPT S/B	1049.28	
K0841	RR	PWC GP2 STD MULT POW OPT S/B	467.24	
K0842	RR	PWC GP2 STD MULT POW OPT CAP	466.98	
K0843	RR	PWC GP2 HD MULT POW OPT S/B	559.23	
K0848	RR	PWC GP 3 STD SEAT/BACK	707.97	
K0849	RR	PWC GP 3 STD CAP CHAIR	680.65	
K0850	RR	PWC GP 3 HD SEAT/BACK	821.20	
K0851	RR	PWC GP 3 HD CAP CHAIR	789.59	
K0852	RR	PWC GP 3 VHD SEAT/BACK	948.84	
K0853	RR	PWC GP 3 VHD CAP CHAIR	974.71	
K0854	RR	PWC GP 3 XHD SEAT/BACK	1291.28	
K0855	RR	PWC GP 3 XHD CAP CHAIR	1219.80	
K0856	RR	PWC GP3 STD SING POW OPT S/B	759.91	
K0857	RR	PWC GP3 STD SING POW OPT CAP	775.14	
K0858	RR	PWC GP3 HD SING POW OPT S/B	942.83	
K0859	RR	PWC GP3 HD SING POW OPT CAP	899.17	
K0860	RR	PWC GP3 VHD SING POW OPT S/B	1346.96	
K0861	RR	PWC GP3 STD MULT POW OPT S/B	761.12	
K0862	RR	PWC GP3 HD MULT POW OPT S/B	942.83	
K0863	RR	PWC GP3 VHD MULT POW OPT S/B	1346.96	
K0864	RR	PWC GP3 XHD MULT POW OPT S/B	1602.88	
K0868		PWC GP 4 STD SEAT/BACK	BR	
K0869		PWC GP 4 STD CAP CHAIR	BR	
K0870		PWC GP 4 HD SEAT/BACK	BR	

Code	Mod	Description	Amount	APC Amount
K0871		PWC GP 4 VHD SEAT/BACK	BR	
K0877		PWC GP4 STD SING POW OPT S/B	BR	
K0878		PWC GP4 STD SING POW OPT CAP	BR	
K0879		PWC GP4 HD SING POW OPT S/B	BR	
K0880		PWC GP4 VHD SING POW OPT S/B	BR	
K0884		PWC GP4 STD MULT POW OPT S/B	BR	
K0885		PWC GP4 STD MULT POW OPT CAP	BR	
K0886		PWC GP4 HD MULT POW S/B	BR	
K0890		PWC GP5 PED SING POW OPT S/B	BR	
K0891		PWC GP5 PED MULT POW OPT S/B	BR	
K0898		POWER WHEELCHAIR NOC	BR	
K0899		POW MOBIL DEV NO DMEPDAC	BR	
K0900		CSTM DME OTHER THAN WHEELCHR	BR	
L0112		CRANIAL CERVICAL ORTHOSIS	1397.19	
L0113		CRANIAL CERVICAL TORTICOLLIS	284.69	
L0120		CERV FLEX N/ADJ FOAM PRE OTS	27.93	
L0130		FLEX THERMOPLASTIC COLLAR MO	201.95	
L0140		CERVICAL SEMI-RIGID ADJUSTAB	69.69	
L0150		CERV SEMI-RIG ADJ MOLDED CHN	116.21	
L0160		CERV SR WIRE OCC/MAN PRE OTS	165.46	
L0170		CERVICAL COLLAR MOLDED TO PT	700.18	
L0172		CERV COL SR FOAM 2PC PRE OTS	141.96	
L0174		CERV SR 2PC THOR EXT PRE OTS	255.03	
L0180		CER POST COL OCC/MAN SUP ADJ	346.84	
L0190		CERV COLLAR SUPP ADJ CERV BA	522.12	
L0200		CERV COL SUPP ADJ BAR & THOR	479.42	
L0220		THOR RIB BELT CUSTOM FABRICA	113.70	
L0450		TLSO FLEX TRUNK/THOR PRE OTS	187.71	
L0452		TLSO FLEX CUSTOM FAB THORACI	BR	
L0454		TLSO TRNK SJ-T9 PRE CST	346.21	
L0455		TLSO FLEX TRNK SJ-T9 PRE OTS	346.21	
L0456		TLSO FLEX TRNK SJ-SS PRE CST	992.85	
L0457		TLSO FLEX TRNK SJ-SS PRE OTS	992.85	
L0458		TLSO 2MOD SYMPHIS-XIPHO PRE	890.29	
L0460		TLSO 2 SHL SYMPHYS-STERN CST	1002.11	
L0462		TLSO 3MOD SACRO-SCAP PRE	1246.43	
L0464		TLSO 4MOD SACRO-SCAP PRE	1483.85	
L0466		TLSO R FRAM SOFT ANT PRE CST	381.56	
L0467		TLSO R FRAM SOFT PRE OTS	381.56	
L0468		TLSO RIG FRAM PELVIC PRE CST	478.39	
L0469		TLSO RIG FRAM PELVIC PRE OTS	478.39	
L0470		TLSO RIGID FRAME PRE SUBCLAV	681.07	
L0472		TLSO RIGID FRAME HYPEREX PRE	427.51	
L0480		TLSO RIGID PLASTIC CUSTOM FA	1321.96	
L0482		TLSO RIGID LINED CUSTOM FAB	1515.46	
L0484		TLSO RIGID PLASTIC CUST FAB	1766.99	
L0486		TLSO RIGIDLINED CUST FAB TWO	1750.42	
L0488		TLSO RIGID LINED PRE ONE PIE	1002.11	
L0490		TLSO RIGID PLASTIC PRE ONE	282.38	
L0491		TLSO 2 PIECE RIGID SHELL	766.64	

Code	Mod	Description	Amount	APC Amount
L0492		TLSO 3 PIECE RIGID SHELL	496.86	
L0621		SIO FLEX PELVIC/SACR PRE OTS	89.02	
L0622		SIO FLEX PELVISACRAL CUSTOM	241.37	
L0623		SIO RIG PNL PELV/SAC PRE OTS	BR	
L0624		SIO PANEL CUSTOM	BR	
L0625		LO FLEX L1-BELOW L5 PRE OTS	55.02	
L0626		LO SAG RIG PNL STAYS PRE CST	77.82	
L0627		LO SAG RI AN/POS PNL PRE CST	410.36	
L0628		LSO FLEX NO RI STAYS PRE OTS	83.72	
L0629		LSO FLEX W/RIGID STAYS CUST	BR	
L0630		LSO R POST PNL SJ-T9 PRE CST	161.65	
L0631		LSO SAG R AN/POS PNL PRE CST	1024.80	
L0632		LSO SAG RIGID FRAME CUST	BR	
L0633		LSO SC R POS/LAT PNL PRE CST	286.26	
L0634		LSO FLEXION CONTROL CUSTOM	BR	
L0635		LSO SAGIT RIGID PANEL PREFAB	1061.52	
L0636		LSO SAGITTAL RIGID PANEL CUS	1566.34	
L0637		LSO SC R ANT/POS PNL PRE CST	1358.99	
L0638		LSO SAG-CORONAL PANEL CUSTOM	1316.62	
L0639		LSO S/C SHELL/PANEL PREFAB	1358.99	
L0640		LSO S/C SHELL/PANEL CUSTOM	1044.59	
L0641		LO RIG POS PNL L1-L5 PRE OTS	77.82	
L0642		LO SAG RI AN/POS PNL PRE OTS	410.36	
L0643		LSO SAG CTR RIGI POS PRE OTS	161.65	
L0648		LSO SAG R AN/POS PNL PRE OTS	1024.80	
L0649		LSO SC R POS/LAT PNL PRE OTS	286.26	
L0650		LSO SC R ANT/POS PNL PRE OTS	1358.99	
L0651		LSO SAG-CO SHELL PNL PRE OTS	1358.99	
L0700		CTLSO A-P-L CONTROL MOLDED	2149.29	
L0710		CTLSO A-P-L CONTROL W/ INTER	2346.09	
L0810		HALO CERVICAL INTO JCKT VEST	2492.38	
L0820		HALO CERVICAL INTO BODY JACK	2016.22	
L0830		HALO CERV INTO MILWAUKEE TYP	2911.21	
L0859		MRI COMPATIBLE SYSTEM	1130.99	
L0861		HALO REPL LINER/INTERFACE	215.17	
L0970		TLSO CORSET FRONT	106.11	
L0972		LSO CORSET FRONT	108.46	
L0974		TLSO FULL CORSET	221.61	
L0976		LSO FULL CORSET	197.93	
L0978		AXILLARY CRUTCH EXTENSION	178.71	
L0980		PERONEAL STRAPS PAIR PRE OTS	16.21	
L0982		STOCKING SUP GRIPS 4 PRE OTS	17.67	
L0984		PROTECT BODY SOCK EA PRE OTS	56.37	
L0999		ADD TO SPINAL ORTHOSIS NOS	BR	
L1000		CTLSO MILWAUKE INITIAL MODEL	1884.83	
L1001		CTLSO INFANT IMMOBILIZER	BR	
L1005		TENSION BASED SCOLIOSIS ORTH	3195.11	
L1010		CTLSO AXILLA SLING	75.91	
L1020		KYPHOSIS PAD	103.71	
L1025		KYPHOSIS PAD FLOATING	117.87	

Code	Mod	Description	Amount	APC Amount
L1030		LUMBAR BOLSTER PAD	78.74	
L1040		LUMBAR OR LUMBAR RIB PAD	94.78	
L1050		STERNAL PAD	82.05	
L1060		THORACIC PAD	92.56	
L1070		TRAPEZIUS SLING	94.65	
L1080		OUTRIGGER	65.58	
L1085		OUTRIGGER BIL W/ VERT EXTENS	182.18	
L1090		LUMBAR SLING	85.10	
L1100		RING FLANGE PLASTIC/LEATHER	150.22	
L1110		RING FLANGE PLAS/LEATHER MOL	254.44	
L1120		COVERS FOR UPRIGHT EACH	40.53	
L1200		FURNSH INITIAL ORTHOSIS ONLY	1613.41	
L1210		LATERAL THORACIC EXTENSION	242.92	
L1220		ANTERIOR THORACIC EXTENSION	205.68	
L1230		MILWAUKEE TYPE SUPERSTRUCTUR	527.74	
L1240		LUMBAR DEROTATION PAD	90.82	
L1250		ANTERIOR ASIS PAD	89.43	
L1260		ANTERIOR THORACIC DEROTATION	91.91	
L1270		ABDOMINAL PAD	91.80	
L1280		RIB GUSSET (ELASTIC) EACH	81.82	
L1290		LATERAL TROCHANTERIC PAD	92.77	
L1300		BODY JACKET MOLD TO PATIENT	1550.80	
L1310		POST-OPERATIVE BODY JACKET	1595.77	
L1499		SPINAL ORTHOSIS NOS	BR	
L1600		HO FLEX FREJKA W/COV PRE CST	119.63	
L1610		HO FREJKA COV ONLY PRE CST	40.75	
L1620		HO FLEX PAVLIK HARNS PRE CST	134.21	
L1630		ABDUCT CONTROL HIP SEMI-FLEX	160.16	
L1640		PELV BAND/SPREAD BAR THIGH C	428.38	
L1650		HO ABDUCTION HIP ADJUSTABLE	227.19	
L1652		HO BI THIGHCUFFS W SPRDR BAR	355.86	
L1660		HO ABDUCTION STATIC PLASTIC	158.88	
L1680		PELVIC & HIP CONTROL THIGH C	1306.22	
L1685		POST-OP HIP ABDUCT CUSTOM FA	1378.29	
L1686		HO POST-OP HIP ABDUCTION	924.64	
L1690		COMBINATION BILATERAL HO	1930.40	
L1700		LEG PERTHES ORTH TORONTO TYP	1605.97	
L1710		LEGG PERTHES ORTH NEWINGTON	1887.72	
L1720		LEGG PERTHES ORTHOSIS TRILAT	1394.46	
L1730		LEGG PERTHES ORTH SCOTTISH R	1052.08	
L1755		LEGG PERTHES PATTEN BOTTOM T	1531.34	
L1810		KO ELASTIC WITH JOINTS	120.86	
L1812		KO ELASTIC W/JOINTS PRE OTS	120.86	
L1820		KO ELAS W/ CONDYLE PADS & JO	120.37	
L1830		KO IMMOB CANVAS LONG PRE OTS	100.69	
L1831		KNEE ORTH POS LOCKING JOINT	293.79	
L1832		KO ADJ JNT POS R SUP PRE CST	752.57	
L1833		KO ADJ JNT POS R SUP PRE OTS	752.57	
L1834		KO W/0 JOINT RIGID MOLDED TO	885.39	
L1836		KO RIGID W/O JOINTS PRE OTS	133.19	

Code	Mod	Description	Amount	APC Amount
L1840		KO DEROT ANT CRUCIATE CUSTOM	930.69	
L1843		KO SINGLE UPRIGHT PRE CST	895.70	
L1844		KO W/ADJ JT ROT CNTRL MOLDED	1552.04	
L1845		KO DOUBLE UPRIGHT PRE CST	935.02	
L1846		KO W ADJ FLEX/EXT ROTAT MOLD	1186.39	
L1847		KO DBL UPRIGHT W/AIR PRE CST	574.19	
L1848		KO DBL UPRIGHT W/AIR PRE OTS	574.19	
L1850		KO SWEDISH TYPE PRE OTS	267.23	
L1851		KO SINGLE UPRIGHT PREFAB OTS	895.70	
L1852		KO DOUBLE UPRIGHT PREFAB OTS	935.02	
L1860		KO SUPRACONDYLAR SOCKET MOLD	1036.47	
L1900		AFO SPRNG WIR DRSFLX CALF BD	280.79	
L1902		AFO ANKLE GAUNTLET PRE OTS	76.26	
L1904		AFO MOLDED ANKLE GAUNTLET	436.56	
L1906		AFO MULTILIG ANK SUP PRE OTS	127.58	
L1907		AFO SUPRAMALLEOLAR CUSTOM	561.71	
L1910		AFO SING BAR CLASP ATTACH SH	248.27	
L1920		AFO SING UPRIGHT W/ ADJUST S	324.56	
L1930		AFO PLASTIC	219.62	
L1932		AFO RIG ANT TIB PREFAB TCF/=	890.81	
L1940		AFO MOLDED TO PATIENT PLASTI	496.32	
L1945		AFO MOLDED PLAS RIG ANT TIB	911.44	
L1950		AFO SPIRAL MOLDED TO PT PLAS	691.50	
L1951		AFO SPIRAL PREFABRICATED	838.37	
L1960		AFO POS SOLID ANK PLASTIC MO	514.59	
L1970		AFO PLASTIC MOLDED W/ANKLE J	761.12	
L1971		AFO W/ANKLE JOINT, PREFAB	467.91	
L1980		AFO SING SOLID STIRRUP CALF	340.72	
L1990		AFO DOUB SOLID STIRRUP CALF	437.78	
L2000		KAFO SING FRE STIRR THI/CALF	941.65	
L2005		KAFO SNG/DBL MECHANICAL ACT	4090.63	
L2010		KAFO SNG SOLID STIRRUP W/O J	858.40	
L2020		KAFO DBL SOLID STIRRUP BAND/	1084.03	
L2030		KAFO DBL SOLID STIRRUP W/O J	940.49	
L2034		KAFO PLA SIN UP W/WO K/A CUS	2049.75	
L2035		KAFO PLASTIC PEDIATRIC SIZE	172.93	
L2036		KAFO PLAS DOUB FREE KNEE MOL	1722.45	
L2037		KAFO PLAS SING FREE KNEE MOL	1587.34	
L2038		KAFO W/O JOINT MULTI-AXIS AN	1327.34	
L2040		HKAFO TORSION BIL ROT STRAPS	169.55	
L2050		HKAFO TORSION CABLE HIP PELV	451.52	
L2060		HKAFO TORSION BALL BEARING J	579.50	
L2070		HKAFO TORSION UNILAT ROT STR	166.47	
L2080		HKAFO UNILAT TORSION CABLE	355.02	
L2090		HKAFO UNILAT TORSION BALL BR	437.59	
L2106		AFO TIB FX CAST PLASTER MOLD	631.23	
L2108		AFO TIB FX CAST MOLDED TO PT	991.93	
L2112		AFO TIBIAL FRACTURE SOFT	470.99	
L2114		AFO TIB FX SEMI-RIGID	538.86	
L2116		AFO TIBIAL FRACTURE RIGID	709.96	

Code	Mod	Description	Amount	APC Amount
L2126		KAFO FEM FX CAST THERMOPLAS	1263.22	
L2128		KAFO FEM FX CAST MOLDED TO P	1591.93	
L2132		KAFO FEMORAL FX CAST SOFT	748.91	
L2134		KAFO FEM FX CAST SEMI-RIGID	897.91	
L2136		KAFO FEMORAL FX CAST RIGID	1097.90	
L2180		PLAS SHOE INSERT W ANK JOINT	108.72	
L2182		DROP LOCK KNEE	85.09	
L2184		LIMITED MOTION KNEE JOINT	153.34	
L2186		ADJ MOTION KNEE JNT LERMAN T	169.92	
L2188		QUADRILATERAL BRIM	370.72	
L2190		WAIST BELT	96.29	
L2192		PELVIC BAND & BELT THIGH FLA	331.02	
L2200		LIMITED ANKLE MOTION EA JNT	44.14	
L2210		DORSIFLEXION ASSIST EACH JOI	71.62	
L2220		DORSI & PLANTAR FLEX ASS/RES	82.23	
L2230		SPLIT FLAT CALIPER STIRR & P	71.23	
L2232		ROCKER BOTTOM, CONTACT AFO	96.45	
L2240		ROUND CALIPER AND PLATE ATTA	77.65	
L2250		FOOT PLATE MOLDED STIRRUP AT	329.88	
L2260		REINFORCED SOLID STIRRUP	186.10	
L2265		LONG TONGUE STIRRUP	109.33	
L2270		VARUS/VALGUS STRAP PADDED/LI	49.86	
L2275		PLASTIC MOD LOW EXT PAD/LINE	121.32	
L2280		MOLDED INNER BOOT	450.67	
L2300		ABDUCTION BAR JOINTED ADJUST	254.40	
L2310		ABDUCTION BAR-STRAIGHT	114.21	
L2320		NON-MOLDED LACER	191.02	
L2330		LACER MOLDED TO PATIENT MODE	364.54	
L2335		ANTERIOR SWING BAND	214.45	
L2340		PRE-TIBIAL SHELL MOLDED TO P	506.05	
L2350		PROSTHETIC TYPE SOCKET MOLDE	827.24	
L2360		EXTENDED STEEL SHANK	48.03	
L2370		PATTEN BOTTOM	238.32	
L2375		TORSION ANK & HALF SOLID STI	104.90	
L2380		TORSION STRAIGHT KNEE JOINT	114.29	
L2385		STRAIGHT KNEE JOINT HEAVY DU	124.35	
L2387		ADD LE POLY KNEE CUSTOM KAFO	168.75	
L2390		OFFSET KNEE JOINT EACH	101.63	
L2395		OFFSET KNEE JOINT HEAVY DUTY	155.16	
L2397		SUSPENSION SLEEVE LOWER EXT	108.81	
L2405		KNEE JOINT DROP LOCK EA JNT	87.04	
L2415		KNEE JOINT CAM LOCK EACH JOI	121.28	
L2425		KNEE DISC/DIAL LOCK/ADJ FLEX	143.09	
L2430		KNEE JNT RATCHET LOCK EA JNT	143.09	
L2492		KNEE LIFT LOOP DROP LOCK RIN	94.67	
L2500		THI/GLUT/ISCHIA WGT BEARING	292.88	
L2510		TH/WGHT BEAR QUAD-LAT BRIM M	784.16	
L2520		TH/WGHT BEAR QUAD-LAT BRIM C	427.69	
L2525		TH/WGHT BEAR NAR M-L BRIM MO	1467.30	
L2526		TH/WGHT BEAR NAR M-L BRIM CU	790.89	

Code	Mod	Description	Amount	APC Amount
L2530		THIGH/WGHT BEAR LACER NON-MO	218.13	
L2540		THIGH/WGHT BEAR LACER MOLDED	392.50	
L2550		THIGH/WGHT BEAR HIGH ROLL CU	266.64	
L2570		HIP CLEVIS TYPE 2 POSIT JNT	589.59	
L2580		PELVIC CONTROL PELVIC SLING	558.90	
L2600		HIP CLEVIS/THRUST BEARING FR	190.67	
L2610		HIP CLEVIS/THRUST BEARING LO	225.46	
L2620		PELVIC CONTROL HIP HEAVY DUT	248.23	
L2622		HIP JOINT ADJUSTABLE FLEXION	284.70	
L2624		HIP ADJ FLEX EXT ABDUCT CONT	387.04	
L2627		PLASTIC MOLD RECIPRO HIP & C	1594.58	
L2628		METAL FRAME RECIPRO HIP & CA	1873.12	
L2630		PELVIC CONTROL BAND & BELT U	229.89	
L2640		PELVIC CONTROL BAND & BELT B	311.99	
L2650		PELV & THOR CONTROL GLUTEAL	111.41	
L2660		THORACIC CONTROL THORACIC BA	173.03	
L2670		THORAC CONT PARASPINAL UPRIG	158.36	
L2680		THORAC CONT LAT SUPPORT UPRI	145.28	
L2750		PLATING CHROME/NICKEL PR BAR	77.60	
L2755		CARBON GRAPHITE LAMINATION	130.47	
L2760		EXTENSION PER EXTENSION PER	56.41	
L2768		ORTHO SIDEBAR DISCONNECT	130.07	
L2780		NON-CORROSIVE FINISH	66.73	
L2785		DROP LOCK RETAINER EACH	39.23	
L2795		KNEE CONTROL FULL KNEECAP	78.89	
L2800		KNEE CAP MEDIAL OR LATERAL P	99.03	
L2810		KNEE CONTROL CONDYLAR PAD	72.51	
L2820		SOFT INTERFACE BELOW KNEE SE	80.62	
L2830		SOFT INTERFACE ABOVE KNEE SE	90.66	
L2840		TIBIAL LENGTH SOCK FX OR EQU	50.60	
L2850		FEMORAL LGTH SOCK FX OR EQUA	57.48	
L2861		TORSION MECHANISM KNEE/ANKLE	BR	
L2999		LOWER EXTREMITY ORTHOSIS NOS	BR	
L3000		FT INSERT UCB BERKELEY SHELL	313.60	
L3001		FOOT INSERT REMOV MOLDED SPE	132.02	
L3002		FOOT INSERT PLASTAZOTE OR EQ	161.22	
L3003		FOOT INSERT SILICONE GEL EAC	173.93	
L3010		FOOT LONGITUDINAL ARCH SUPPO	173.93	
L3020		FOOT LONGITUD/METATARSAL SUP	198.06	
L3030		FOOT ARCH SUPPORT REMOV PREM	76.19	
L3031		FOOT LAMIN/PREPREG COMPOSITE	122.25	
L3040		FT ARCH SUPRT PREMOLD LONGIT	46.99	
L3050		FOOT ARCH SUPP PREMOLD METAT	46.99	
L3060		FOOT ARCH SUPP LONGITUD/META	73.63	
L3070		ARCH SUPRT ATT TO SHO LONGIT	31.74	
L3080		ARCH SUPP ATT TO SHOE METATA	31.74	
L3090		ARCH SUPP ATT TO SHOE LONG/M	40.63	
L3100		HALLUS-VALGUS NT DYN PRE OTS	43.14	
L3140		ABDUCTION ROTATION BAR SHOE	88.89	
L3150		ABDUCT ROTATION BAR W/O SHOE	81.27	

Code	Mod	Description	Amount	APC Amount
L3160		SHOE STYLED POSITIONING DEV	BR	
L3170		FOOT PLAS HEEL STABI PRE OTS	50.79	
L3201		OXFORD W SUPINAT/PRONAT INF	52.13	
L3202		OXFORD W/ SUPINAT/PRONATOR C	58.49	
L3203		OXFORD W/ SUPINATOR/PRONATOR	58.53	
L3204		HIGHTOP W/ SUPP/PRONATOR INF	57.47	
L3206		HIGHTOP W/ SUPP/PRONATOR CHI	55.26	
L3207		HIGHTOP W/ SUPP/PRONATOR JUN	74.51	
L3208		SURGICAL BOOT EACH INFANT	43.62	
L3209		SURGICAL BOOT EACH CHILD	30.88	
L3211		SURGICAL BOOT EACH JUNIOR	42.59	
L3212		BENESCH BOOT PAIR INFANT	47.51	
L3213		BENESCH BOOT PAIR CHILD	57.58	
L3214		BENESCH BOOT PAIR JUNIOR	61.20	
L3215		ORTHOPEDIC FTWEAR LADIES OXF	101.12	
L3216		ORTHOPED LADIES SHOES DPTH I	101.36	
L3217		LADIES SHOES HIGHTOP DEPTH I	266.06	
L3219		ORTHOPEDIC MENS SHOES OXFORD	107.62	
L3221		ORTHOPEDIC MENS SHOES DPTH I	117.01	
L3222		MENS SHOES HIGHTOP DEPTH INL	170.26	
L3224		WOMAN'S SHOE OXFORD BRACE	54.60	
L3225		MAN'S SHOE OXFORD BRACE	62.80	
L3230		CUSTOM SHOES DEPTH INLAY	160.75	
L3250		CUSTOM MOLD SHOE REMOV PROST	319.24	
L3251		SHOE MOLDED TO PT SILICONE S	36.64	
L3252		SHOE MOLDED PLASTAZOTE CUST	319.33	
L3253		SHOE MOLDED PLASTAZOTE CUST	71.96	
L3254		ORTH FOOT NON-STNDARD SIZE/W	BR	
L3255		ORTH FOOT NON-STANDARD SIZE/	BR	
L3257		ORTH FOOT ADD CHARGE SPLIT S	63.85	
L3260		AMBULATORY SURGICAL BOOT EAC	37.25	
L3265		PLASTAZOTE SANDAL EACH	26.59	
L3300		SHO LIFT TAPER TO METATARSAL	52.04	
L3310		SHOE LIFT ELEV HEEL/SOLE NEO	81.27	
L3320		SHOE LIFT ELEV HEEL/SOLE COR	154.25	
L3330		LIFTS ELEVATION METAL EXTENS	564.95	
L3332		SHOE LIFTS TAPERED TO ONE-HA	73.63	
L3334		SHOE LIFTS ELEVATION HEEL /I	38.09	
L3340		SHOE WEDGE SACH	85.08	
L3350		SHOE HEEL WEDGE	22.82	
L3360		SHOE SOLE WEDGE OUTSIDE SOLE	35.55	
L3370		SHOE SOLE WEDGE BETWEEN SOLE	49.52	
L3380		SHOE CLUBFOOT WEDGE	49.52	
L3390		SHOE OUTFLARE WEDGE	49.52	
L3400		SHOE METATARSAL BAR WEDGE RO	40.63	
L3410		SHOE METATARSAL BAR BETWEEN	92.70	
L3420		FULL SOLE/HEEL WEDGE BTWEEN	54.58	
L3430		SHO HEEL COUNT PLAST REINFOR	159.97	
L3440		HEEL LEATHER REINFORCED	76.19	
L3450		SHOE HEEL SACH CUSHION TYPE	105.35	

Code	Mod	Description	Amount	APC Amount
L3455		SHOE HEEL NEW LEATHER STANDA	40.63	
L3460		SHOE HEEL NEW RUBBER STANDAR	34.26	
L3465		SHOE HEEL THOMAS WITH WEDGE	58.39	
L3470		SHOE HEEL THOMAS EXTEND TO B	62.19	
L3480		SHOE HEEL PAD & DEPRESS FOR	62.19	
L3485		SHOE HEEL PAD REMOVABLE FOR	35.12	
L3500		ORTHO SHOE ADD LEATHER INSOL	29.23	
L3510		ORTHOPEDIC SHOE ADD RUB INSL	29.23	
L3520		O SHOE ADD FELT W LEATH INSL	31.74	
L3530		ORTHO SHOE ADD HALF SOLE	31.74	
L3540		ORTHO SHOE ADD FULL SOLE	50.79	
L3550		O SHOE ADD STANDARD TOE TAP	8.90	
L3560		O SHOE ADD HORSESHOE TOE TAP	22.82	
L3570		O SHOE ADD INSTEP EXTENSION	85.08	
L3580		O SHOE ADD INSTEP VELCRO CLO	64.75	
L3590		O SHOE CONVERT TO SOF COUNTE	53.33	
L3595		ORTHO SHOE ADD MARCH BAR	41.89	
L3600		TRANS SHOE CALIP PLATE EXIST	76.19	
L3610		TRANS SHOE CALIPER PLATE NEW	100.29	
L3620		TRANS SHOE SOLID STIRRUP EXI	76.19	
L3630		TRANS SHOE SOLID STIRRUP NEW	100.29	
L3640		SHOE DENNIS BROWNE SPLINT BO	43.14	
L3649		ORTHOPEDIC SHOE MODIFICA NOS	BR	
L3650		SO 8 ABD RESTRAINT PRE OTS	54.38	
L3660		SO 8 AB RSTR CAN/WEB PRE OTS	93.37	
L3670		SO ACRO/CLAV CAN WEB PRE OTS	130.14	
L3671		SO CAP DESIGN W/O JNTS CF	818.60	
L3674		SO AIRPLANE W/WO JOINT CF	1073.89	
L3675		SO VEST CANVAS/WEB PRE OTS	159.44	
L3677		SO HARD PLAS STABILI PRE CST	159.55	
L3678		SO HARD PLAS STABILI PRE OTS	BR	
L3702		EO W/O JOINTS CF	262.34	
L3710		EO ELAS W/METAL JNTS PRE OTS	131.72	
L3720		FOREARM/ARM CUFFS FREE MOTIO	657.16	
L3730		FOREARM/ARM CUFFS EXT/FLEX A	865.06	
L3740		CUFFS ADJ LOCK W/ ACTIVE CON	972.20	
L3760		EO ADJ JT PREFAB CUSTOM FIT	454.32	
L3761		EO, ADJ LOCK JOINT PREFAB OT	908.66	
L3762		EO RIGID W/O JOINTS PRE OTS	97.70	
L3763		EWHO RIGID W/O JNTS CF	721.31	
L3764		EWHO W/JOINT(S) CF	719.35	
L3765		EWHFO RIGID W/O JNTS CF	1164.93	
L3766		EWHFO W/JOINT(S) CF	1233.58	
L3806		WHFO W/JOINT(S) CUSTOM FAB	412.68	
L3807		WHFO W/O JOINTS PRE CST	227.19	
L3808		WHFO, RIGID W/O JOINTS	303.45	
L3809		WHFO W/O JOINTS PRE OTS	227.19	
L3891		TORSION MECHANISM WRIST/ELBO	BR	
L3900		HINGE EXTENSION/FLEX WRIST/F	1419.25	
L3901		HINGE EXT/FLEX WRIST FINGER	1591.36	

Code	Mod	Description	Amount	APC Amount
L3904		WHFO ELECTRIC CUSTOM FITTED	3239.54	
L3905		WHO W/NONTORSION JNT(S) CF	900.97	
L3906		WHO W/O JOINTS CF	383.26	
L3908		WHO COCK-UP NONMOLDE PRE OTS	54.43	
L3912		HFO FLEXION GLOVE PRE OTS	87.31	
L3913		HFO W/O JOINTS CF	246.07	
L3915		WHO NONTORSION JNTS PRE CST	482.95	
L3916		WHO NONTORSION JNTS PRE OTS	482.95	
L3917		METACARP FX ORTHOSIS PRE CST	95.98	
L3918		METACARP FX ORTHOSIS PRE OTS	95.98	
L3919		HO W/O JOINTS CF	246.07	
L3921		HFO W/JOINT(S) CF	291.79	
L3923		HFO WITHOUT JOINTS PRE CST	79.02	
L3924		HFO WITHOUT JOINTS PRE OTS	79.02	
L3925		FO PIP DIP JNT/SPRNG PRE OTS	47.99	
L3927		FO PIP DIP NO JT SPR PRE OTS	31.79	
L3929		HFO NONTORSION JNTS PRE CST	76.48	
L3930		HFO NONTORSION JNTS PRE OTS	76.48	
L3931		WHFO NONTORSION JOINT PREFAB	185.02	
L3933		FO W/O JOINTS CF	193.85	
L3935		FO NONTORSION JOINT CF	200.73	
L3956		ADD JOINT UPPER EXT ORTHOSIS	BR	
L3960		SEWHO AIRPLAN DESIG ABDU POS	748.86	
L3961		SEWHO CAP DESIGN W/O JNTS CF	1526.40	
L3962		SEWHO ERBS PALSEY DESIGN ABD	779.73	
L3967		SEWHO AIRPLANE W/O JNTS CF	1802.16	
L3971		SEWHO CAP DESIGN W/JNT(S) CF	1710.64	
L3973		SEWHO AIRPLANE W/JNT(S) CF	1802.16	
L3975		SEWHFO CAP DESIGN W/O JNT CF	1526.40	
L3976		SEWHFO AIRPLANE W/O JNTS CF	1526.40	
L3977		SEWHFO CAP DESGN W/JNT(S) CF	1710.64	
L3978		SEWHFO AIRPLANE W/JNT(S) CF	1802.16	
L3980		UP EXT FX ORTHOS HUMERAL NOS	280.85	
L3981		UE FX ORTH SHOUL CAP FOREARM	914.47	
L3982		UPPER EXT FX ORTHOSIS RAD/UL	346.98	
L3984		UPPER EXT FX ORTHOSIS WRIST	370.38	
L3995		SOCK FRACTURE OR EQUAL EACH	31.08	
L3999		UPPER LIMB ORTHOSIS NOS	BR	
L4000		REPL GIRDLE MILWAUKEE ORTH	1211.11	
L4002		REPLACE STRAP, ANY ORTHOSIS	BR	
L4010		REPLACE TRILATERAL SOCKET BR	681.54	
L4020		REPLACE QUADLAT SOCKET BRIM	851.30	
L4030		REPLACE SOCKET BRIM CUST FIT	468.72	
L4040		REPLACE MOLDED THIGH LACER	378.96	
L4045		REPLACE NON-MOLDED THIGH LAC	304.54	
L4050		REPLACE MOLDED CALF LACER	383.28	
L4055		REPLACE NON-MOLDED CALF LACE	248.19	
L4060		REPLACE HIGH ROLL CUFF	295.04	
L4070		REPLACE PROX & DIST UPRIGHT	281.48	
L4080		REPL MET BAND KAFO-AFO PROX	99.24	

Code	Mod	Description	Amount	APC Amount
L4090		REPL MET BAND KAFO-AFO CALF/	87.83	
L4100		REPL LEATH CUFF KAFO PROX TH	99.07	
L4110		REPL LEATH CUFF KAFO-AFO CAL	78.73	
L4130		REPLACE PRETIBIAL SHELL	541.85	
L4205		ORTHO DVC REPAIR PER 15 MIN	35.72	
L4210		ORTH DEV REPAIR/REPL MINOR P	BR	
L4350		ANKLE CONTROL ORTHO PRE OTS	97.62	
L4360		PNEUMAT WALKING BOOT PRE CST	273.12	
L4361		PNEUMA/VAC WALK BOOT PRE OTS	273.12	
L4370		PNEUM FULL LEG SPLNT PRE OTS	175.27	
L4386		NON-PNEUM WALK BOOT PRE CST	158.27	
L4387		NON-PNEUM WALK BOOT PRE OTS	158.27	
L4392		REPLACE AFO SOFT INTERFACE	23.51	
L4394		REPLACE FOOT DROP SPINT	17.16	
L4396		STATIC OR DYNAMI AFO PRE CST	167.56	
L4397		STATIC OR DYNAMI AFO PRE OTS	167.56	
L4398		FOOT DROP SPLINT PRE OTS	77.11	
L4631		AFO, WALK BOOT TYPE, CUS FAB	1489.72	
L5000		SHO INSERT W ARCH TOE FILLER	523.44	
L5010		MOLD SOCKET ANK HGT W/ TOE F	1264.23	
L5020		TIBIAL TUBERCLE HGT W/ TOE F	2146.94	
L5050		ANK SYMES MOLD SCKT SACH FT	2374.90	
L5060		SYMES MET FR LEATH SOCKET AR	2731.84	
L5100		MOLDED SOCKET SHIN SACH FOOT	2380.15	
L5105		PLAST SOCKET JTS/THGH LACER	3436.01	
L5150		MOLD SCKT EXT KNEE SHIN SACH	3473.33	
L5160		MOLD SOCKET BENT KNEE SHIN S	3777.87	
L5200		KNE SING AXIS FRIC SHIN SACH	3617.85	
L5210		NO KNEE/ANKLE JOINTS W/ FT B	2400.08	
L5220		NO KNEE JOINT WITH ARTIC ALI	2728.13	
L5230		FEM FOCAL DEFIC CONSTANT FRI	3762.62	
L5250		HIP CANAD SING AXI CONS FRIC	5131.88	
L5270		TILT TABLE LOCKING HIP SING	5109.11	
L5280		HEMIPELVECT CANAD SING AXIS	5069.99	
L5301		BK MOLD SOCKET SACH FT ENDO	2720.67	
L5312		KNEE DISART, SACH FT, ENDO	3894.45	
L5321		AK OPEN END SACH	3943.68	
L5331		HIP DISART CANADIAN SACH FT	5025.03	
L5341		HEMIPELVECTOMY CANADIAN SACH	5231.09	
L5400		POSTOP DRESS & 1 CAST CHG BK	1346.96	
L5410		POSTOP DSG BK EA ADD CAST CH	413.25	
L5420		POSTOP DSG & 1 CAST CHG AK/D	1650.65	
L5430		POSTOP DSG AK EA ADD CAST CH	497.72	
L5450		POSTOP APP NON-WGT BEAR DSG	404.91	
L5460		POSTOP APP NON-WGT BEAR DSG	539.48	
L5500		INIT BK PTB PLASTER DIRECT	1270.30	
L5505		INIT AK ISCHAL PLSTR DIRECT	1756.87	
L5510		PREP BK PTB PLASTER MOLDED	1439.97	
L5520		PERP BK PTB THERMOPLS DIRECT	1422.35	
L5530		PREP BK PTB THERMOPLS MOLDED	1708.37	

Code	Mod	Description	Amount	APC Amount
L5535		PREP BK PTB OPEN END SOCKET	1677.29	
L5540		PREP BK PTB LAMINATED SOCKET	1790.19	
L5560		PREP AK ISCHIAL PLAST MOLDED	1922.35	
L5570		PREP AK ISCHIAL DIRECT FORM	1998.57	
L5580		PREP AK ISCHIAL THERMO MOLD	2333.19	
L5585		PREP AK ISCHIAL OPEN END	2871.37	
L5590		PREP AK ISCHIAL LAMINATED	2377.68	
L5595		HIP DISARTIC SACH THERMOPLS	4200.49	
L5600		HIP DISART SACH LAMINAT MOLD	4515.33	
L5610		ABOVE KNEE HYDRACADENCE	2047.77	
L5611		AK 4 BAR LINK W/FRIC SWING	1593.57	
L5613		AK 4 BAR LING W/HYDRAUL SWIG	2491.51	
L5614		4-BAR LINK ABOVE KNEE W/SWNG	1687.82	
L5616		AK UNIV MULTIPLEX SYS FRICT	1346.39	
L5617		AK/BK SELF-ALIGNING UNIT EA	559.62	
L5618		TEST SOCKET SYMES	296.06	
L5620		TEST SOCKET BELOW KNEE	274.98	
L5622		TEST SOCKET KNEE DISARTICULA	358.57	
L5624		TEST SOCKET ABOVE KNEE	359.58	
L5626		TEST SOCKET HIP DISARTICULAT	471.58	
L5628		TEST SOCKET HEMIPELVECTOMY	504.24	
L5629		BELOW KNEE ACRYLIC SOCKET	314.33	
L5630		SYME TYP EXPANDABL WALL SCKT	443.89	
L5631		AK/KNEE DISARTIC ACRYLIC SOC	434.58	
L5632		SYMES TYPE PTB BRIM DESIGN S	242.54	
L5634		SYMES TYPE POSTER OPENING SO	300.86	
L5636		SYMES TYPE MEDIAL OPENING SO	252.02	
L5637		BELOW KNEE TOTAL CONTACT	285.73	
L5638		BELOW KNEE LEATHER SOCKET	497.74	
L5639		BELOW KNEE WOOD SOCKET	1108.93	
L5640		KNEE DISARTICULAT LEATHER SO	632.45	
L5642		ABOVE KNEE LEATHER SOCKET	612.80	
L5643		HIP FLEX INNER SOCKET EXT FR	1539.44	
L5644		ABOVE KNEE WOOD SOCKET	584.19	
L5645		BK FLEX INNER SOCKET EXT FRA	789.18	
L5646		BELOW KNEE CUSHION SOCKET	541.92	
L5647		BELOW KNEE SUCTION SOCKET	786.77	
L5648		ABOVE KNEE CUSHION SOCKET	651.18	
L5649		ISCH CONTAINMT/NARROW M-L SO	2359.61	
L5650		TOT CONTACT AK/KNEE DISART S	482.85	
L5651		AK FLEX INNER SOCKET EXT FRA	1187.80	
L5652		SUCTION SUSP AK/KNEE DISART	431.22	
L5653		KNEE DISART EXPAND WALL SOCK	575.64	
L5654		SOCKET INSERT SYMES	328.02	
L5655		SOCKET INSERT BELOW KNEE	277.98	
L5656		SOCKET INSERT KNEE ARTICULAT	372.90	
L5658		SOCKET INSERT ABOVE KNEE	359.62	
L5661		MULTI-DUROMETER SYMES	601.90	
L5665		MULTI-DUROMETER BELOW KNEE	506.43	
L5666		BELOW KNEE CUFF SUSPENSION	69.23	

Code	Mod	Description	Amount	APC Amount
L5668		BK MOLDED DISTAL CUSHION	111.67	
L5670		BK MOLDED SUPRACONDYLAR SUSP	268.38	
L5671		BK/AK LOCKING MECHANISM	568.74	
L5672		BK REMOVABLE MEDIAL BRIM SUS	294.93	
L5673		SOCKET INSERT W LOCK MECH	703.29	
L5676		BK KNEE JOINTS SINGLE AXIS P	358.41	
L5677		BK KNEE JOINTS POLYCENTRIC P	487.67	
L5678		BK JOINT COVERS PAIR	39.27	
L5679		SOCKET INSERT W/O LOCK MECH	586.05	
L5680		BK THIGH LACER NON-MOLDED	327.83	
L5681		INTL CUSTM CONG/LATYP INSERT	1315.68	
L5682		BK THIGH LACER GLUT/ISCHIA M	618.56	
L5683		INITIAL CUSTOM SOCKET INSERT	1315.68	
L5684		BK FORK STRAP	47.60	
L5685		BELOW KNEE SUS/SEAL SLEEVE	128.11	
L5686		BK BACK CHECK	50.53	
L5688		BK WAIST BELT WEBBING	60.42	
L5690		BK WAIST BELT PADDED AND LIN	96.78	
L5692		AK PELVIC CONTROL BELT LIGHT	131.43	
L5694		AK PELVIC CONTROL BELT PAD/L	179.43	
L5695		AK SLEEVE SUSP NEOPRENE/EQUA	165.64	
L5696		AK/KNEE DISARTIC PELVIC JOIN	183.00	
L5697		AK/KNEE DISARTIC PELVIC BAND	79.40	
L5698		AK/KNEE DISARTIC SILESIAN BA	129.84	
L5699		SHOULDER HARNESS	233.90	
L5700		REPLACE SOCKET BELOW KNEE	2833.89	
L5701		REPLACE SOCKET ABOVE KNEE	3403.30	
L5702		REPLACE SOCKET HIP	4305.66	
L5703		SYMES ANKLE W/O (SACH) FOOT	2228.23	
L5704		CUSTOM SHAPE COVER BK	530.16	
L5705		CUSTOM SHAPE COVER AK	947.31	
L5706		CUSTOM SHAPE CVR KNEE DISART	928.60	
L5707		CUSTOM SHAPE CVR HIP DISART	1224.21	
L5710		KNE-SHIN EXO SNG AXI MNL LOC	369.90	
L5711		KNEE-SHIN EXO MNL LOCK ULTRA	516.97	
L5712		KNEE-SHIN EXO FRICT SWG & ST	433.17	
L5714		KNEE-SHIN EXO VARIABLE FRICT	444.93	
L5716		KNEE-SHIN EXO MECH STANCE PH	720.87	
L5718		KNEE-SHIN EXO FRCT SWG & STA	901.02	
L5722		KNEE-SHIN PNEUM SWG FRCT EXO	951.89	
L5724		KNEE-SHIN EXO FLUID SWING PH	1492.93	
L5726		KNEE-SHIN EXT JNTS FLD SWG E	1720.56	
L5728		KNEE-SHIN FLUID SWG & STANCE	2353.50	
L5780		KNEE-SHIN PNEUM/HYDRA PNEUM	1132.41	
L5781		LOWER LIMB PROS VACUUM PUMP	4002.03	
L5782		HD LOW LIMB PROS VACUUM PUMP	4219.06	
L5785		EXOSKELETAL BK ULTRALT MATER	636.55	
L5790		EXOSKELETAL AK ULTRA-LIGHT M	711.17	
L5795		EXOSKEL HIP ULTRA-LIGHT MATE	1415.95	
L5810		ENDOSKEL KNEE-SHIN MNL LOCK	481.54	

Code	Mod	Description	Amount	APC Amount
L5811		ENDO KNEE-SHIN MNL LCK ULTRA	721.35	
L5812		ENDO KNEE-SHIN FRCT SWG & ST	559.12	
L5814		ENDO KNEE-SHIN HYDRAL SWG PH	3714.67	
L5816		ENDO KNEE-SHIN POLYC MCH STA	846.23	
L5818		ENDO KNEE-SHIN FRCT SWG & ST	949.83	
L5822		ENDO KNEE-SHIN PNEUM SWG FRC	1684.30	
L5824		ENDO KNEE-SHIN FLUID SWING P	1516.81	
L5826		MINIATURE KNEE JOINT	3123.55	
L5828		ENDO KNEE-SHIN FLUID SWG/STA	2793.09	
L5830		ENDO KNEE-SHIN PNEUM/SWG PHA	1876.81	
L5840		MULTI-AXIAL KNEE/SHIN SYSTEM	3470.23	
L5845		KNEE-SHIN SYS STANCE FLEXION	1792.78	
L5848		KNEE-SHIN SYS HYDRAUL STANCE	1075.53	
L5850		ENDO AK/HIP KNEE EXTENS ASSI	126.53	
L5855		MECH HIP EXTENSION ASSIST	339.99	
L5856		ELEC KNEE-SHIN SWING/STANCE	24010.98	
L5857		ELEC KNEE-SHIN SWING ONLY	8519.97	
L5858		STANCE PHASE ONLY	18589.18	
L5859		KNEE-SHIN PRO FLEX/EXT CONT	14512.42	
L5910		ENDO BELOW KNEE ALIGNABLE SY	358.22	
L5920		ENDO AK/HIP ALIGNABLE SYSTEM	524.80	
L5925		ABOVE KNEE MANUAL LOCK	443.12	
L5930		HIGH ACTIVITY KNEE FRAME	3366.61	
L5940		ENDO BK ULTRA-LIGHT MATERIAL	496.13	
L5950		ENDO AK ULTRA-LIGHT MATERIAL	775.73	
L5960		ENDO HIP ULTRA-LIGHT MATERIA	953.51	
L5961		ENDO POLY HIP, PNEU/HYD/ROT	4546.73	
L5962		BELOW KNEE FLEX COVER SYSTEM	627.51	
L5964		ABOVE KNEE FLEX COVER SYSTEM	926.29	
L5966		HIP FLEXIBLE COVER SYSTEM	1180.32	
L5968		MULTIAXIAL ANKLE W DORSIFLEX	3634.71	
L5969		AK/FT POWER ASST INCL MOTORS	BR	
L5970		FOOT EXTERNAL KEEL SACH FOOT	200.87	
L5971		SACH FOOT, REPLACEMENT	200.87	
L5972		FLEXIBLE KEEL FOOT	375.21	
L5973		ANK-FOOT SYS DORS-PLANT FLEX	17208.35	
L5974		FOOT SINGLE AXIS ANKLE/FOOT	230.49	
L5975		COMBO ANKLE/FOOT PROSTHESIS	463.72	
L5976		ENERGY STORING FOOT	553.91	
L5978		FT PROSTH MULTIAXIAL ANKL/FT	288.64	
L5979		MULTI-AXIAL ANKLE/FT PROSTH	2256.84	
L5980		FLEX FOOT SYSTEM	3667.21	
L5981		FLEX-WALK SYS LOW EXT PROSTH	2962.61	
L5982		EXOSKELETAL AXIAL ROTATION U	571.80	
L5984		ENDOSKELETAL AXIAL ROTATION	563.45	
L5985		LWR EXT DYNAMIC PROSTH PYLON	282.44	
L5986		MULTI-AXIAL ROTATION UNIT	626.77	
L5987		SHANK FT W VERT LOAD PYLON	7195.28	
L5988		VERTICAL SHOCK REDUCING PYLO	1998.12	
L5990		USER ADJUSTABLE HEEL HEIGHT	1814.60	

Code	Mod	Description	Amount	APC Amount
L5999		LOWR EXTREMITY PROSTHES NOS	BR	
L6000		PART HAND THUMB REM	1314.18	
L6010		PART HAND LITTLE/RING	1462.46	
L6020		PART HAND NO FINGERS	1363.52	
L6026		PART HAND MYO EXCLU TERM DEV	4944.33	
L6050		WRST MLD SCK FLX HNG TRI PAD	1878.87	
L6055		WRST MOLD SOCK W/EXP INTERFA	2618.67	
L6100		ELB MOLD SOCK FLEX HINGE PAD	1903.59	
L6110		ELBOW MOLD SOCK SUSPENSION T	2019.07	
L6120		ELBOW MOLD DOUB SPLT SOC STE	2352.94	
L6130		ELBOW STUMP ACTIVATED LOCK H	2560.44	
L6200		ELBOW MOLD OUTSID LOCK HINGE	2698.29	
L6205		ELBOW MOLDED W/ EXPAND INTER	3601.79	
L6250		ELBOW INTER LOC ELBOW FORARM	2827.18	
L6300		SHLDER DISART INT LOCK ELBOW	3684.93	
L6310		SHOULDER PASSIVE RESTOR COMP	3181.78	
L6320		SHOULDER PASSIVE RESTOR CAP	1738.13	
L6350		THORACIC INTERN LOCK ELBOW	3874.14	
L6360		THORACIC PASSIVE RESTOR COMP	3484.18	
L6370		THORACIC PASSIVE RESTOR CAP	2084.82	
L6380		POSTOP DSG CAST CHG WRST/ELB	1208.11	
L6382		POSTOP DSG CAST CHG ELB DIS/	1817.54	
L6384		POSTOP DSG CAST CHG SHLDER/T	2514.38	
L6386		POSTOP EA CAST CHG & REALIGN	397.20	
L6388		POSTOP APPLICAT RIGID DSG ON	434.82	
L6400		BELOW ELBOW PROSTH TISS SHAP	2295.05	
L6450		ELB DISART PROSTH TISS SHAP	3066.13	
L6500		ABOVE ELBOW PROSTH TISS SHAP	3207.81	
L6550		SHLDR DISAR PROSTH TISS SHAP	3855.84	
L6570		SCAP THORAC PROSTH TISS SHAP	4329.07	
L6580		WRIST/ELBOW BOWDEN CABLE MOL	1652.75	
L6582		WRIST/ELBOW BOWDEN CBL DIR F	1496.95	
L6584		ELBOW FAIR LEAD CABLE MOLDED	2347.60	
L6586		ELBOW FAIR LEAD CABLE DIR FO	2196.98	
L6588		SHDR FAIR LEAD CABLE MOLDED	2886.77	
L6590		SHDR FAIR LEAD CABLE DIRECT	2741.98	
L6600		POLYCENTRIC HINGE PAIR	185.53	
L6605		SINGLE PIVOT HINGE PAIR	183.19	
L6610		FLEXIBLE METAL HINGE PAIR	175.92	
L6611		ADDITIONAL SWITCH, EXT POWER	411.79	
L6615		DISCONNECT LOCKING WRIST UNI	189.55	
L6616		DISCONNECT INSERT LOCKING WR	70.24	
L6620		FLEXION/EXTENSION WRIST UNIT	303.27	
L6621		FLEX/EXT WRIST W/WO FRICTION	2287.76	
L6623		SPRING-ASS ROT WRST W/ LATCH	845.94	
L6624		FLEX/EXT/ROTATION WRIST UNIT	3766.86	
L6625		ROTATION WRST W/ CABLE LOCK	601.05	
L6628		QUICK DISCONN HOOK ADAPTER O	473.82	
L6629		LAMINATION COLLAR W/ COUPLIN	144.71	
L6630		STAINLESS STEEL ANY WRIST	213.17	

Code	Mod	Description	Amount	APC Amount
L6632		LATEX SUSPENSION SLEEVE EACH	74.03	
L6635		LIFT ASSIST FOR ELBOW	174.21	
L6637		NUDGE CONTROL ELBOW LOCK	371.57	
L6638		ELEC LOCK ON MANUAL PW ELBOW	2501.26	
L6640		SHOULDER ABDUCTION JOINT PAI	330.10	
L6641		EXCURSION AMPLIFIER PULLEY T	158.67	
L6642		EXCURSION AMPLIFIER LEVER TY	215.07	
L6645		SHOULDER FLEXION-ABDUCTION J	396.99	
L6646		MULTIPO LOCKING SHOULDER JNT	3154.67	
L6647		SHOULDER LOCK ACTUATOR	519.35	
L6648		EXT PWRD SHLDER LOCK/UNLOCK	3253.57	
L6650		SHOULDER UNIVERSAL JOINT	412.17	
L6655		STANDARD CONTROL CABLE EXTRA	81.00	
L6660		HEAVY DUTY CONTROL CABLE	90.79	
L6665		TEFLON OR EQUAL CABLE LINING	45.55	
L6670		HOOK TO HAND CABLE ADAPTER	50.37	
L6672		HARNESS CHEST/SHLDER SADDLE	199.87	
L6675		HARNESS FIGURE OF 8 SING CON	118.78	
L6676		HARNESS FIGURE OF 8 DUAL CON	137.30	
L6677		UE TRIPLE CONTROL HARNESS	296.75	
L6680		TEST SOCK WRIST DISART/BEL E	229.47	
L6682		TEST SOCK ELBW DISART/ABOVE	253.71	
L6684		TEST SOCKET SHLDR DISART/THO	344.76	
L6686		SUCTION SOCKET	778.55	
L6687		FRAME TYP SOCKET BEL ELBOW/W	570.51	
L6688		FRAME TYP SOCK ABOVE ELB/DIS	567.07	
L6689		FRAME TYP SOCKET SHOULDER DI	679.43	
L6690		FRAME TYP SOCK INTERSCAP-THO	740.38	
L6691		REMOVABLE INSERT EACH	342.67	
L6692		SILICONE GEL INSERT OR EQUAL	553.12	
L6693		LOCKINGELBOW FOREARM CNTRBAL	2839.58	
L6694		ELBOW SOCKET INS USE W/LOCK	703.29	
L6695		ELBOW SOCKET INS USE W/O LCK	586.05	
L6696		CUS ELBO SKT IN FOR CON/ATYP	1315.68	
L6697		CUS ELBO SKT IN NOT CON/ATYP	1315.68	
L6698		BELOW/ABOVE ELBOW LOCK MECH	568.74	
L6703		TERM DEV, PASSIVE HAND MITT	359.56	
L6704		TERM DEV, SPORT/REC/WORK ATT	579.24	
L6706		TERM DEV MECH HOOK VOL OPEN	345.11	
L6707		TERM DEV MECH HOOK VOL CLOSE	1272.02	
L6708		TERM DEV MECH HAND VOL OPEN	831.56	
L6709		TERM DEV MECH HAND VOL CLOSE	1198.30	
L6711		PED TERM DEV, HOOK, VOL OPEN	672.45	
L6712		PED TERM DEV, HOOK, VOL CLOS	1238.14	
L6713		PED TERM DEV, HAND, VOL OPEN	1562.61	
L6714		PED TERM DEV, HAND, VOL CLOS	1323.57	
L6715		TERM DEVICE, MULTI ART DIGIT	3157.83	
L6721		HOOK/HAND, HVY DTY, VOL OPEN	2352.48	
L6722		HOOK/HAND, HVY DTY, VOL CLOS	2028.00	
L6805		TERM DEV MODIFIER WRIST UNIT	336.52	

Code	Mod	Description	Amount	APC Amount
L6810		TERM DEV PRECISION PINCH DEV	190.74	
L6880		ELEC HAND IND ART DIGITS	23897.62	
L6881		TERM DEV AUTO GRASP FEATURE	4089.09	
L6882		MICROPROCESSOR CONTROL UPLMB	3101.81	
L6883		REPLC SOCKT BELOW E/W DISA	1569.55	
L6884		REPLC SOCKT ABOVE ELBOW DISA	2329.54	
L6885		REPLC SOCKT SHLDR DIS/INTERC	3484.18	
L6890		PREFAB GLOVE FOR TERM DEVICE	168.23	
L6895		CUSTOM GLOVE FOR TERM DEVICE	618.87	
L6900		HAND RESTORAT THUMB/1 FINGER	1766.11	
L6905		HAND RESTORATION MULTIPLE FI	1756.07	
L6910		HAND RESTORATION NO FINGERS	1501.61	
L6915		HAND RESTORATION REPLACMNT G	757.09	
L6920		WRIST DISARTICUL SWITCH CTRL	6600.83	
L6925		WRIST DISART MYOELECTRONIC C	8885.87	
L6930		BELOW ELBOW SWITCH CONTROL	6641.76	
L6935		BELOW ELBOW MYOELECTRONIC CT	9023.76	
L6940		ELBOW DISARTICULATION SWITCH	8677.90	
L6945		ELBOW DISART MYOELECTRONIC C	10603.35	
L6950		ABOVE ELBOW SWITCH CONTROL	9863.66	
L6955		ABOVE ELBOW MYOELECTRONIC CT	11813.07	
L6960		SHLDR DISARTIC SWITCH CONTRO	13381.27	
L6965		SHLDR DISARTIC MYOELECTRONIC	14271.61	
L6970		INTERSCAPULAR-THOR SWITCH CT	14871.25	
L6975		INTERSCAP-THOR MYOELECTRONIC	16264.34	
L7007		ADULT ELECTRIC HAND	3403.48	
L7008		PEDIATRIC ELECTRIC HAND	5356.72	
L7009		ADULT ELECTRIC HOOK	3472.63	
L7040		PREHENSILE ACTUATOR	2788.38	
L7045		PEDIATRIC ELECTRIC HOOK	1598.67	
L7170		ELECTRONIC ELBOW HOSMER SWIT	7360.91	
L7180		ELECTRONIC ELBOW SEQUENTIAL	32310.29	
L7181		ELECTRONIC ELBO SIMULTANEOUS	40076.58	
L7185		ELECTRON ELBOW ADOLESCENT SW	7269.00	
L7186		ELECTRON ELBOW CHILD SWITCH	8748.94	
L7190		ELBOW ADOLESCENT MYOELECTRON	7634.93	
L7191		ELBOW CHILD MYOELECTRONIC CT	9142.12	
L7259		ELECTRONIC WRIST ROTATOR ANY	3161.01	
L7360		SIX VOLT BAT OTTO BOCK/EQ EA	236.01	
L7362		BATTERY CHRGR SIX VOLT OTTO	247.81	
L7364		TWELVE VOLT BATTERY UTAH/EQU	394.13	
L7366		BATTERY CHRGR 12 VOLT UTAH/E	530.90	
L7367		REPLACEMNT LITHIUM IONBATTER	389.39	
L7368		LITHIUM ION BATTERY CHARGER	504.80	
L7400		ADD UE PROST BE/WD, ULTLITE	306.56	
L7401		ADD UE PROST A/E ULTLITE MAT	343.20	
L7402		ADD UE PROST S/D ULTLITE MAT	370.58	
L7403		ADD UE PROST B/E ACRYLIC	368.36	
L7404		ADD UE PROST A/E ACRYLIC	555.91	
L7405		ADD UE PROST S/D ACRYLIC	727.07	

Code	Mod	Description	Amount	APC Amount
L7499		UPPER EXTREMITY PROSTHES NOS	BR	
L7510		PROSTHETIC DEVICE REPAIR REP	BR	
L7520		REPAIR PROSTHESIS PER 15 MIN	51.08	
L7600		PROSTHETIC DONNING SLEEVE	BR	
L7700		PROS SOC INSERT GASKET/SEAL	111.63	
L7900		MALE VACUUM ERECTION SYSTEM	555.95	
L7902		TENSION RING, VAC ERECT DEV	BR	
L8000		MASTECTOMY BRA	43.50	
L8001		BREAST PROSTHESIS BRA & FORM	125.45	
L8002		BRST PRSTH BRA & BILAT FORM	165.03	
L8010		MASTECTOMY SLEEVE	88.30	
L8015		EXT BREASTPROSTHESIS GARMENT	59.95	
L8020		MASTECTOMY FORM	225.49	
L8030		BREAST PROSTHES W/O ADHESIVE	326.16	
L8031		BREAST PROSTHESIS W ADHESIVE	326.16	
L8032		REUSABLE NIPPLE PROSTHESIS	39.18	
L8035		CUSTOM BREAST PROSTHESIS	3664.41	
L8039		BREAST PROSTHESIS NOS	0.00	
L8040		NASAL PROSTHESIS	2417.69	
L8041		MIDFACIAL PROSTHESIS	2914.07	
L8042		ORBITAL PROSTHESIS	3274.21	
L8043		UPPER FACIAL PROSTHESIS	3667.13	
L8044		HEMI-FACIAL PROSTHESIS	4060.02	
L8045		AURICULAR PROSTHESIS	2542.50	
L8046		PARTIAL FACIAL PROSTHESIS	2619.38	
L8047		NASAL SEPTAL PROSTHESIS	1342.41	
L8048		UNSPEC MAXILLOFACIAL PROSTH	BR	
L8049		REPAIR MAXILLOFACIAL PROSTH	BR	
L8300		TRUSS SINGLE W/ STANDARD PAD	96.33	
L8310		TRUSS DOUBLE W/ STANDARD PAD	148.12	
L8320		TRUSS ADDITION TO STD PAD WA	64.69	
L8330		TRUSS ADD TO STD PAD SCROTAL	64.12	
L8400		SHEATH BELOW KNEE	18.75	
L8410		SHEATH ABOVE KNEE	21.33	
L8415		SHEATH UPPER LIMB	21.20	
L8417		PROS SHEATH/SOCK W GEL CUSHN	75.21	
L8420		PROSTHETIC SOCK MULTI PLY BK	24.79	
L8430		PROSTHETIC SOCK MULTI PLY AK	27.25	
L8435		PROS SOCK MULTI PLY UPPER LM	24.46	
L8440		SHRINKER BELOW KNEE	51.86	
L8460		SHRINKER ABOVE KNEE	72.17	
L8465		SHRINKER UPPER LIMB	64.33	
L8470		PROS SOCK SINGLE PLY BK	6.60	
L8480		PROS SOCK SINGLE PLY AK	9.10	
L8485		PROS SOCK SINGLE PLY UPPER L	11.00	
L8499		UNLISTED MISC PROSTHETIC SER	BR	
L8500		ARTIFICIAL LARYNX	652.75	
L8501		TRACHEOSTOMY SPEAKING VALVE	144.97	
L8505		ARTIFICIAL LARYNX, ACCESSORY	BR	
L8507		TRACH-ESOPH VOICE PROS PT IN	41.90	

Code	Mod	Description	Amount	APC Amount
L8509		TRACH-ESOPH VOICE PROS MD IN	109.25	
L8510		VOICE AMPLIFIER	252.77	
L8511		INDWELLING TRACH INSERT	72.75	
L8512		GEL CAP FOR TRACH VOICE PROS	2.19	
L8513		TRACH PROS CLEANING DEVICE	5.22	
L8514		REPL TRACH PUNCTURE DILATOR	94.32	
L8515		GEL CAP APP DEVICE FOR TRACH	63.12	
L8600		IMPLANT BREAST SILICONE/EQ	617.63	
L8603		COLLAGEN IMP URINARY 2.5 ML	433.76	
L8604		DEXTRANOMER/HYALURONIC ACID	BR	
L8605		INJ BULKING AGENT ANAL CANAL	716.39	
L8606		SYNTHETIC IMPLNT URINARY 1ML	227.69	
L8607		INJ VOCAL CORD BULKING AGENT	42.91	
L8608		ARG II EXT COM/SUP/ACC MISC	BR	
L8609		ARTIFICIAL CORNEA	6516.84	
L8610		OCULAR IMPLANT	633.54	
L8612		AQUEOUS SHUNT PROSTHESIS	668.19	
L8613		OSSICULAR IMPLANT	299.16	
L8614		COCHLEAR DEVICE	18935.62	
L8615		COCH IMPLANT HEADSET REPLACE	451.11	
L8616		COCH IMPLANT MICROPHONE REPL	105.07	
L8617		COCH IMPLANT TRANS COIL REPL	91.80	
L8618		COCH IMPLANT TRAN CABLE REPL	26.22	
L8619		COCH IMP EXT PROC/CONTR RPLC	8122.67	
L8621		REPL ZINC AIR BATTERY	0.61	
L8622		REPL ALKALINE BATTERY	0.32	
L8623		LITH ION BATT CID,NON-EARLVL	64.69	
L8624		LITH ION BATT CID, EAR LEVEL	161.27	
L8625		CHARGER COCH IMPL/AOI BATTRY	188.91	
L8627		CID EXT SPEECH PROCESS REPL	6885.33	
L8628		CID EXT CONTROLLER REPL	1237.36	
L8629		CID TRANSMIT COIL AND CABLE	179.09	
L8630		METACARPOPHALANGEAL IMPLANT	333.22	
L8631		MCP JOINT REPL 2 PC OR MORE	2236.30	
L8641		METATARSAL JOINT IMPLANT	361.67	
L8642		HALLUX IMPLANT	296.88	
L8658		INTERPHALANGEAL JOINT SPACER	310.27	
L8659		INTERPHALANGEAL JOINT REPL	1930.08	
L8670		VASCULAR GRAFT, SYNTHETIC	550.58	
L8679		IMP NEUROSTI PLS GN ANY TYPE	8345.84	
L8680		IMPLT NEUROSTIM ELCTR EACH	825.93	
L8681		PT PRGRM FOR IMPLT NEUROSTIM	1129.71	
L8682		IMPLT NEUROSTIM RADIOFQ REC	5962.94	
L8683		RADIOFQ TRSMTR FOR IMPLT NEU	5248.73	
L8684		RADIOF TRSMTR IMPLT SCRL NEU	689.26	
L8685		IMPLT NROSTM PLS GEN SNG REC	7942.48	
L8686		IMPLT NROSTM PLS GEN SNG NON	12557.08	
L8687		IMPLT NROSTM PLS GEN DUA REC	10336.57	
L8688		IMPLT NROSTM PLS GEN DUA NON	6595.65	
L8689		EXTERNAL RECHARG SYS INTERN	1725.30	

Code	Mod	Description	Amount	APC Amount
L8690		AUD OSSEO DEV, INT/EXT COMP	4758.18	
L8691		AOI SND PROC REPL EXCL ACTUA	1722.52	
L8692		NON-OSSEOINTEGRATED SND PROC	BR	
L8693		AUD OSSEO DEV, ABUTMENT	1516.65	
L8694		AOI TRANSDUCER/ACTUATOR REPL	944.60	
L8695		EXTERNAL RECHARG SYS EXTERN	16.66	
L8696		EXT ANTENNA PHREN NERVE STIM	216.81	
L8698		MISC USED WITH TOT ART HEART	BR	
L8699		PROSTHETIC IMPLANT NOS	BR	
L8701		POW UE ROM DEV EWH UPRT CUST	BR	
L8702		POW UE ROM DEV EWHF UPRT CUS	BR	
L9900		O&P SUPPLY/ACCESSORY/SERVICE	BR	
M0075		CELLULAR THERAPY	0.00	
M0076		PROLOTHERAPY	0.00	
M0100		INTRAGASTRIC HYPOTHERMIA	0.00	
M0300		IV CHELATIONTHERAPY	0.00	
M0301		FABRIC WRAPPING OF ANEURYSM	0.00	
M1000		PAIN SCR AS MOD TO SEVR	0.00	
M1001		PLN TO ADRS PAIN DOC	0.00	
M1002		PLN TO ADRS PAIN NOT DOC	0.00	
M1003		TB SCR 12 MO PRI FST BIO DZ	0.00	
M1004		DOC MED RSN NO SRN TB	0.00	
M1005		TB SCR NO PERF	0.00	
M1006		DZ NOT ASES, NO RSN	0.00	
M1007		>=50% TOTAL PT OUTPT RA ENCT	0.00	
M1008		<50% TOTAL PT OUTPT RA ENCTS	0.00	
M1009		PT TX AND FINAL EVAL COMP	0.00	
M1010		PT TX AND FINAL EVAL COMP	0.00	
M1011		PT TX AND FINAL EVAL COMP	0.00	
M1012		PT TX AND FINAL EVAL COMP	0.00	
M1013		PT TX AND FINAL EVAL COMP	0.00	
M1014		PT TX AND FINAL EVAL COMP	0.00	
M1015		PT TX AND FINAL EVAL COMP	0.00	
M1016		PT DX MEOP OR SUR STERI	0.00	
M1017		PT ADMT TO PALITVE SERV	0.00	
M1018		PT DX HST CR PT SK LG CR SCR	0.00	
M1019		ADL PT MJ DEP DS RS 12 PHQ<5	0.00	
M1020		ADL PT MJ DEP DS NO RS 12 MO	0.00	
M1021		PT UC IN PP	0.00	
M1022		PT HOSPICE DURING PERF PD	0.00	
M1023		ADL PT MJ DEP DS RS 6 PHQ<5	0.00	
M1024		ADL PT MJ DEP DS NO RS 6 MO	0.00	
M1025		PT HOSPICE DURING PERF PD	0.00	
M1026		PT HOSPICE DURING PERF PD	0.00	
M1027		IMG HEAD (CT OR MRI) OBTND	0.00	
M1028		DOC OF PT PRM HDA DX AND OTR	0.00	
M1029		DOC SYSM RSN IMG HD	0.00	
M1030		PT CLIN IND IMG HD	0.00	
M1031		PT CLIN IND IMG HD	0.00	
M1032		ADT TKNG PHARMTHRY FOR OUD	0.00	

Code	Mod	Description	Amount	APC Amount
M1033		PHARMTHRY FOR OUD AFR 6.30	0.00	
M1034		ADT 180 DYS PHARMTHRY OUD	0.00	
M1035		ADT PD OUT MAT PR 180 DYS TX	0.00	
M1036		ADT NO 180 DYS PHARMTHRY OUD	0.00	
M1037		PT DX LUM SP REG CACR	0.00	
M1038		PT DX LUM SP REG FRACT	0.00	
M1039		PT DX LUM SP REG INF	0.00	
M1040		PT DX LUM IDI OR CONG SCOL	0.00	
M1041		PT CR FT INF LM OR PT ID SL	0.00	
M1042		FTL ST MEA SCO OT ODI 3 MO	0.00	
M1043		FTL ST MEA SCO NO OT ODI	0.00	
M1044		FTL ST MEA ODI 3 MO	0.00	
M1045		FSM WTH SCR OKS PRE AND POST	0.00	
M1046		FSM WTH SCR NO OKS PRE AND P	0.00	
M1047		FS MSRD OKS PRE AND POST	0.00	
M1048		FSM WTH SCR ODI PRE AND POST	0.00	
M1049		FSM WTH SCR NO ODI PRE AND P	0.00	
M1050		FS MSRD ODI PRE AND POST	0.00	
M1051		PT W/CANCER SCOLIOSIS	0.00	
M1052		LG PN NT MSR VAS SCL PRE/PST	0.00	
M1053		PRE AND POST VAS WTHN 3 MOS	0.00	
M1054		PT UC IN PP	0.00	
M1055		ASPIRIN USED	0.00	
M1056		PRESC ANTICO MED IN PP	0.00	
M1057		ASPIRIN NOT USED, NO RSN	0.00	
M1058		PT PRM NURS HM RES IN PP	0.00	
M1059		PT NO PRM NURS HM RES IN PP	0.00	
M1060		PT DIED IN PP	0.00	
M1061		PT PREG	0.00	
M1062		PT IMCOMPRMD	0.00	
M1063		PT REC HG DOS IMSUP THPY	0.00	
M1064		SHING VAC DOC ADM OR PV REC	0.00	
M1065		SHING VAC NO ADM CLINC RSN	0.00	
M1066		SHING VAC NO DOC NO RSN	0.00	
M1067		HSPC PT PRV TIME MEAM PER	0.00	
M1068		PT NOT AMBULATORY	0.00	
M1069		PT SCR FT FALL RSK	0.00	
M1070		PT NOT SCRN FUT FALL NO RSN	0.00	
M1071		PT HAD ADD'L SP PCR PERF	0.00	
P2028		CEPHALIN FLOCULATION TEST	BR	
P2029		CONGO RED BLOOD TEST	BR	
P2031		HAIR ANALYSIS	BR	
P2033		BLOOD THYMOL TURBIDITY	BR	
P2038		BLOOD MUCOPROTEIN	7.65	
P3000		SCREEN PAP BY TECH W MD SUPV	16.11	
P3001		SCREENING PAP SMEAR BY PHYS	36.01	
P7001		CULTURE BACTERIAL URINE	16.58	
P9010		WHOLE BLOOD FOR TRANSFUSION	51.54	157.88
P9011		BLOOD SPLIT UNIT	73.68	179.01
P9012		CRYOPRECIPITATE EACH UNIT	BR	70.15

Code	Mod	Description	Amount	APC Amount
P9016		RBC LEUKOCYTES REDUCED	BR	262.39
P9017		PLASMA 1 DONOR FRZ W/IN 8 HR	BR	101.57
P9019		PLATELETS, EACH UNIT	BR	153.30
P9020		PLAELET RICH PLASMA UNIT	BR	177.83
P9021		RED BLOOD CELLS UNIT	BR	198.97
P9022		WASHED RED BLOOD CELLS UNIT	BR	505.42
P9023		FROZEN PLASMA, POOLED, SD	BR	107.86
P9031		PLATELETS LEUKOCYTES REDUCED	BR	193.99
P9032		PLATELETS, IRRADIATED	BR	244.11
P9033		PLATELETS LEUKOREDUCED IRRAD	BR	237.34
P9034		PLATELETS, PHERESIS	BR	478.65
P9035		PLATELET PHERES LEUKOREDUCED	BR	690.55
P9036		PLATELET PHERESIS IRRADIATED	BR	785.13
P9037		PLATE PHERES LEUKOREDU IRRAD	BR	887.40
P9038		RBC IRRADIATED	BR	314.33
P9039		RBC DEGLYCEROLIZED	BR	470.22
P9040		RBC LEUKOREDUCED IRRADIATED	BR	362.92
P9041		ALBUMIN (HUMAN),5%, 50ML	10.98	14.90
P9043		PLASMA PROTEIN FRACT,5%,50ML	16.91	38.27
P9044		CRYOPRECIPITATEREDUCEDPLASMA	BR	126.00
P9045		ALBUMIN (HUMAN), 5%, 250 ML	54.90	74.48
P9046		ALBUMIN (HUMAN), 25%, 20 ML	22.64	29.79
P9047		ALBUMIN (HUMAN), 25%, 50ML	53.79	74.48
P9048		PLASMAPROTEIN FRACT,5%,250ML	34.22	109.31
P9050		GRANULOCYTES, PHERESIS UNIT	BR	2176.90
P9051		BLOOD, L/R, CMV-NEG	BR	249.83
P9052		PLATELETS, HLA-M, L/R, UNIT	BR	1199.66
P9053		PLT, PHER, L/R CMV-NEG, IRR	BR	699.08
P9054		BLOOD, L/R, FROZ/DEGLY/WASH	BR	423.69
P9055		PLT, APH/PHER, L/R, CMV-NEG	BR	631.99
P9056		BLOOD, L/R, IRRADIATED	BR	320.17
P9057		RBC, FRZ/DEG/WSH, L/R, IRRAD	BR	318.80
P9058		RBC, L/R, CMV-NEG, IRRAD	BR	325.59
P9059		PLASMA, FRZ BETWEEN 8-24HOUR	BR	108.86
P9060		FR FRZ PLASMA DONOR RETESTED	BR	89.19
P9070		PATHOGEN REDUCED PLASMA POOL	BR	58.83
P9071		PATHOGEN REDUCED PLASMA SING	BR	111.26
P9073		PLATELETS PHERESIS PATH REDU	BR	887.40
P9100		PATHOGEN TEST FOR PLATELETS	BR	36.21
P9603		ONE-WAY ALLOW PRORATED MILES	BR	
P9604		ONE-WAY ALLOW PRORATED TRIP	10.60	
P9612		CATHETERIZE FOR URINE SPEC	26.57	
P9615		URINE SPECIMEN COLLECT MULT	BR	
Q0035		CARDIOKYMOGRAPHY	22.80	45.61
Q0081		INFUSION THER OTHER THAN CHE	BR	
Q0083		CHEMO BY OTHER THAN INFUSION	BR	
Q0084		CHEMOTHERAPY BY INFUSION	414.28	
Q0085		CHEMO BY BOTH INFUSION AND O	BR	
Q0091		OBTAINING SCREEN PAP SMEAR	49.20	24.38
Q0092		SET UP PORT XRAY EQUIPMENT	27.20	

Code	Mod	Description	Amount	APC Amount
Q0111		WET MOUNTS/ W PREPARATIONS	16.49	
Q0112		POTASSIUM HYDROXIDE PREPS	6.41	
Q0113		PINWORM EXAMINATIONS	5.23	
Q0114		FERN TEST	10.71	
Q0115		POST-COITAL MUCOUS EXAM	27.50	
Q0138		FERUMOXYTOL, NON-ESRD	0.92	1.43
Q0139		FERUMOXYTOL, ESRD USE	0.92	1.43
Q0144		AZITHROMYCIN DIHYDRATE, ORAL	33.16	
Q0161		CHLORPROMAZINE HCL 5MG ORAL	0.00	
Q0162		ONDANSETRON ORAL	0.03	
Q0163		DIPHENHYDRAMINE HCL 50MG	0.28	
Q0164		PROCHLORPERAZINE MALEATE 5MG	0.05	
Q0166		GRANISETRON HCL 1 MG ORAL	1.44	
Q0167		DRONABINOL 2.5MG ORAL	1.81	
Q0169		PROMETHAZINE HCL 12.5MG ORAL	0.03	
Q0173		TRIMETHOBENZAMIDE HCL 250MG	0.81	
Q0174		THIETHYLPERAZINE MALEATE10MG	0.81	
Q0175		PERPHENAZINE 4MG ORAL	0.81	
Q0177		HYDROXYZINE PAMOATE 25MG	1.84	
Q0180		DOLASETRON MESYLATE ORAL	123.48	
Q0181		UNSPECIFIED ORAL ANTI-EMETIC	BR	
Q0477		PWR MODULE PT CABLE LVAD RPL	853.64	
Q0478		POWER ADAPTER, COMBO VAD	202.18	
Q0479		POWER MODULE COMBO VAD, REP	13183.85	
Q0480		DRIVER PNEUMATIC VAD, REP	99092.11	
Q0481		MICROPRCSR CU ELEC VAD, REP	15987.38	
Q0482		MICROPRCSR CU COMBO VAD, REP	5007.55	
Q0483		MONITOR ELEC VAD, REP	20628.82	
Q0484		MONITOR ELEC OR COMB VAD REP	4006.06	
Q0485		MONITOR CABLE ELEC VAD, REP	386.78	
Q0486		MON CABLE ELEC/PNEUM VAD REP	321.90	
Q0487		LEADS ANY TYPE VAD, REP ONLY	375.57	
Q0488		PWR PACK BASE ELEC VAD, REP	BR	
Q0489		PWR PCK BASE COMBO VAD, REP	17884.05	
Q0490		EMR PWR SOURCE ELEC VAD, REP	773.59	
Q0491		EMR PWR SOURCE COMBO VAD REP	1216.13	
Q0492		EMR PWR CBL ELEC VAD, REP	98.01	
Q0493		EMR PWR CBL COMBO VAD, REP	278.94	
Q0494		EMR HD PMP ELEC/COMBO, REP	236.05	
Q0495		CHARGER ELEC/COMBO VAD, REP	4595.79	
Q0496		BATTERY ELEC/COMBO VAD, REP	1649.51	
Q0497		BAT CLPS ELEC/COMB VAD, REP	515.05	
Q0498		HOLSTER ELEC/COMBO VAD, REP	565.13	
Q0499		BELT/VEST ELEC/COMBO VAD REP	183.62	
Q0500		FILTERS ELEC/COMBO VAD, REP	33.61	
Q0501		SHWR COV ELEC/COMBO VAD, REP	561.87	
Q0502		MOBILITY CART PNEUM VAD, REP	715.34	
Q0503		BATTERY PNEUM VAD REPLACEMNT	1430.70	
Q0504		PWR ADPT PNEUM VAD, REP VEH	754.93	
Q0506		LITH-ION BATT ELEC/PNEUM VAD	939.74	

Code	Mod	Description	Amount	APC Amount
Q0507		MISC SUP/ACC EXT VAD	BR	
Q0508		MIS SUP/ACC IMP VAD	BR	
Q0509		MIS SUP/AC IMP VAD NOPAY MED	BR	
Q0510		DISPENS FEE IMMUNOSUPRESSIVE	BR	
Q0511		SUP FEE ANTIEM,ANTICA,IMMUNO	BR	
Q0512		PX SUP FEE ANTI-CAN SUB PRES	BR	
Q0513		DISP FEE INHAL DRUGS/30 DAYS	BR	
Q0514		DISP FEE INHAL DRUGS/90 DAYS	BR	
Q0515		SERMORELIN ACETATE INJECTION	1.61	
Q1004		NTIOL CATEGORY 4	BR	
Q1005		NTIOL CATEGORY 5	BR	
Q2004		BLADDER CALCULI IRRIG SOL	17.31	
Q2009		FOSPHENYTOIN INJ PE	24.88	
Q2017		TENIPOSIDE, 50 MG	266.55	3669.24
Q2026		RADIESSE INJECTION	BR	672.94
Q2028		INJ, SCULPTRA, 0.5MG	0.00	4.66
Q2034		AGRIFLU VACCINE	BR	
Q2035		AFLURIA VACC, 3 YRS & >, IM	14.42	
Q2036		FLULAVAL VACC, 3 YRS & >, IM	BR	
Q2037		FLUVIRIN VACC, 3 YRS & >, IM	24.85	
Q2038		FLUZONE VACC, 3 YRS & >, IM	24.85	
Q2039		INFLUENZA VIRUS VACCINE, NOS	BR	
Q2041		AXICABTAGENE CILOLEUCEL CAR+	BR	561439.60
Q2042		TISAGENLECLEUCEL CAR-POS T	BR	623931.39
Q2043		SIPULEUCEL-T AUTO CD54+	40319.18	60515.14
Q2049		IMPORTED LIPODOX INJ	716.88	667.97
Q2050		DOXORUBICIN INJ 10MG	477.80	541.49
Q2052		IVIG DEMO, SERVICES/SUPPLIES	0.00	
Q3001		BRACHYTHERAPY RADIOELEMENTS	BR	
Q3014		TELEHEALTH FACILITY FEE	BR	
Q3027		INJ BETA INTERFERON IM 1 MCG	46.27	76.15
Q3028		INJ BETA INTERFERON SQ 1 MCG	BR	
Q3031		COLLAGEN SKIN TEST	BR	
Q4001		CAST SUP BODY CAST PLASTER	55.43	
Q4002		CAST SUP BODY CAST FIBERGLAS	209.42	
Q4003		CAST SUP SHOULDER CAST PLSTR	39.79	
Q4004		CAST SUP SHOULDER CAST FBRGL	137.78	
Q4005		CAST SUP LONG ARM ADULT PLST	14.67	
Q4006		CAST SUP LONG ARM ADULT FBRG	33.07	
Q4007		CAST SUP LONG ARM PED PLSTER	7.34	
Q4008		CAST SUP LONG ARM PED FBRGLS	16.52	
Q4009		CAST SUP SHT ARM ADULT PLSTR	9.80	
Q4010		CAST SUP SHT ARM ADULT FBRGL	22.04	
Q4011		CAST SUP SHT ARM PED PLASTER	4.88	
Q4012		CAST SUP SHT ARM PED FBRGLAS	11.04	
Q4013		CAST SUP GAUNTLET PLASTER	17.83	
Q4014		CAST SUP GAUNTLET FIBERGLASS	30.06	
Q4015		CAST SUP GAUNTLET PED PLSTER	8.93	
Q4016		CAST SUP GAUNTLET PED FBRGLS	15.04	
Q4017		CAST SUP LNG ARM SPLINT PLST	10.31	

Code	Mod	Description	Amount	APC Amount
Q4018		CAST SUP LNG ARM SPLINT FBRG	16.43	
Q4019		CAST SUP LNG ARM SPLNT PED P	5.17	
Q4020		CAST SUP LNG ARM SPLNT PED F	8.24	
Q4021		CAST SUP SHT ARM SPLINT PLST	7.63	
Q4022		CAST SUP SHT ARM SPLINT FBRG	13.76	
Q4023		CAST SUP SHT ARM SPLNT PED P	3.84	
Q4024		CAST SUP SHT ARM SPLNT PED F	6.90	
Q4025		CAST SUP HIP SPICA PLASTER	42.77	
Q4026		CAST SUP HIP SPICA FIBERGLAS	133.58	
Q4027		CAST SUP HIP SPICA PED PLSTR	21.41	
Q4028		CAST SUP HIP SPICA PED FBRGL	66.84	
Q4029		CAST SUP LONG LEG PLASTER	32.73	
Q4030		CAST SUP LONG LEG FIBERGLASS	86.13	
Q4031		CAST SUP LNG LEG PED PLASTER	16.35	
Q4032		CAST SUP LNG LEG PED FBRGLS	43.07	
Q4033		CAST SUP LNG LEG CYLINDER PL	30.53	
Q4034		CAST SUP LNG LEG CYLINDER FB	75.89	
Q4035		CAST SUP LNGLEG CYLNDR PED P	15.26	
Q4036		CAST SUP LNGLEG CYLNDR PED F	37.97	
Q4037		CAST SUP SHRT LEG PLASTER	18.60	
Q4038		CAST SUP SHRT LEG FIBERGLASS	46.63	
Q4039		CAST SUP SHRT LEG PED PLSTER	9.33	
Q4040		CAST SUP SHRT LEG PED FBRGLS	23.32	
Q4041		CAST SUP LNG LEG SPLNT PLSTR	22.64	
Q4042		CAST SUP LNG LEG SPLNT FBRGL	38.64	
Q4043		CAST SUP LNG LEG SPLNT PED P	11.33	
Q4044		CAST SUP LNG LEG SPLNT PED F	19.34	
Q4045		CAST SUP SHT LEG SPLNT PLSTR	13.15	
Q4046		CAST SUP SHT LEG SPLNT FBRGL	21.13	
Q4047		CAST SUP SHT LEG SPLNT PED P	6.55	
Q4048		CAST SUP SHT LEG SPLNT PED F	10.57	
Q4049		FINGER SPLINT, STATIC	2.39	
Q4050		CAST SUPPLIES UNLISTED	BR	
Q4051		SPLINT SUPPLIES MISC	BR	
Q4074		ILOPROST NON-COMP UNIT DOSE	123.55	
Q4081		EPOETIN ALFA, 100 UNITS ESRD	1.37	
Q4082		DRUG/BIO NOC PART B DRUG CAP	BR	
Q4100		SKIN SUBSTITUTE, NOS	BR	
Q4101		APLIGRAF	34.56	
Q4102		OASIS WOUND MATRIX	11.82	
Q4103		OASIS BURN MATRIX	BR	
Q4104		INTEGRA BMWD	35.25	
Q4105		INTEGRA DRT OR OMNIGRAFT	140.29	
Q4106		DERMAGRAFT	36.38	
Q4107		GRAFTJACKET	109.59	
Q4108		INTEGRA MATRIX	39.45	
Q4110		PRIMATRIX	61.53	
Q4111		GAMMAGRAFT	7.66	
Q4112		CYMETRA INJECTABLE	247.73	
Q4113		GRAFTJACKET XPRESS	247.73	

Code	Mod	Description	Amount	APC Amount
Q4114		INTEGRA FLOWABLE WOUND MATRI	1746.92	
Q4115		ALLOSKIN	10.59	
Q4116		ALLODERM	36.06	
Q4117		HYALOMATRIX	BR	
Q4118		MATRISTEM MICROMATRIX	BR	
Q4121		THERASKIN	42.60	
Q4122		DERMACELL	BR	
Q4123		ALLOSKIN	24.63	
Q4124		OASIS TRI-LAYER WOUND MATRIX	BR	
Q4125		ARTHROFLEX	BR	
Q4126		MEMODERM/DERMA/TRANZ/INTEGUP	BR	
Q4127		TALYMED	BR	
Q4128		FLEXHD/ALLOPATCHHD/MATRIXHD	BR	
Q4130		STRATTICE TM	BR	
Q4132		GRAFIX CORE, GRAFIXPL CORE	BR	
Q4133		GRAFIX STRAVIX PRIME PL SQCM	BR	
Q4134		HMATRIX	BR	
Q4135		MEDISKIN	BR	
Q4136		EZDERM	BR	
Q4137		AMNIOEXCEL BIODEXCEL 1SQ CM	0.00	
Q4138		BIODFENCE DRYFLEX, 1CM	0.00	
Q4139		AMNIO OR BIODMATRIX, INJ 1CC	0.00	
Q4140		BIODFENCE 1CM	0.00	
Q4141		ALLOSKIN AC, 1 CM	0.00	
Q4142		XCM BIOLOGIC TISS MATRIX 1CM	0.00	
Q4143		REPRIZA, 1CM	0.00	
Q4145		EPIFIX, INJ, 1MG	0.00	
Q4146		TENSIX, 1CM	0.00	
Q4147		ARCHITECT ECM PX FX 1 SQ CM	0.00	
Q4148		NEOX NEOX RT OR CLARIX CORD	0.00	
Q4149		EXCELLAGEN, 0.1 CC	0.00	
Q4150		ALLOWRAP DS OR DRY 1 SQ CM	0.00	
Q4151		AMNIOBAND, GUARDIAN 1 SQ CM	0.00	
Q4152		DERMAPURE 1 SQUARE CM	0.00	
Q4153		DERMAVEST, PLURIVEST SQ CM	0.00	
Q4154		BIOVANCE 1 SQUARE CM	0.00	
Q4155		NEOXFLO OR CLARIXFLO 1 MG	0.00	
Q4156		NEOX 100 OR CLARIX 100	0.00	
Q4157		REVITALON 1 SQUARE CM	0.00	
Q4158		KERECIS OMEGA3, PER SQ CM	0.00	
Q4159		AFFINITY1 SQUARE CM	0.00	
Q4160		NUSHIELD 1 SQUARE CM	0.00	
Q4161		BIO-CONNEKT PER SQUARE CM	0.00	
Q4162		WNDEX FLW, BIOSKN FLW, 0.5CC	0.00	
Q4163		WOUNDEX, BIOSKIN, PER SQ CM	0.00	
Q4164		HELICOLL, PER SQUARE CM	0.00	
Q4165		KERAMATRIX, PER SQUARE CM	0.00	
Q4166		CYTAL, PER SQUARE CENTIMETER	29.37	
Q4167		TRUSKIN, PER SQ CENTIMETER	BR	
Q4168		AMNIOBAND, 1 MG	BR	

Code	Mod	Description	Amount	APC Amount
Q4169		ARTACENT WOUND, PER SQ CM	189.24	
Q4170		CYGNUS, PER SQ CM	522.04	
Q4171		INTERFYL, 1 MG	97.88	
Q4173		PALINGEN OR PALINGEN XPLUS	228.40	
Q4174		PALINGEN OR PROMATRX	649.29	
Q4175		MIRODERM	BR	
Q4176		NEOPATCH, PER SQ CENTIMETER	BR	
Q4177		FLOWERAMNIOFLO, 0.1 CC	BR	
Q4178		FLOWERAMNIOPATCH, PER SQ CM	155.63	
Q4179		FLOWERDERM, PER SQ CM	BR	
Q4180		REVITA, PER SQ CM	BR	
Q4181		AMNIO WOUND, PER SQUARE CM	BR	
Q4182		TRANSCYTE, PER SQ CENTIMETER	BR	
Q4183		SURGIGRAFT, 1 SQ CM	BR	
Q4184		CELLESTA, 1 SQ CM	BR	
Q4185		CELLESTA FLOWAB AMNION 0.5CC	BR	
Q4186		EPIFIX 1 SQ CM	BR	
Q4187		EPICORD 1 SQ CM	BR	
Q4188		AMNIOARMOR 1 SQ CM	BR	
Q4189		ARTACENT AC, 1 MG	BR	
Q4190		ARTACENT AC 1 SQ CM	BR	
Q4191		RESTORIGIN 1 SQ CM	BR	
Q4192		RESTORIGIN, 1 CC	BR	
Q4193		COLL-E-DERM 1 SQ CM	BR	
Q4194		NOVACHOR 1 SQ CM	BR	
Q4195		PURAPLY 1 SQ CM	BR	171.51
Q4196		PURAPLY AM 1 SQ CM	BR	171.51
Q4197		PURAPLY XT 1 SQ CM	BR	
Q4198		GENESIS AMNIO MEMBRANE 1SQCM	BR	
Q4200		SKIN TE 1 SQ CM	BR	
Q4201		MATRION 1 SQ CM	BR	
Q4202		KEROXX (2.5G/CC), 1CC	BR	
Q4203		DERMA-GIDE, 1 SQ CM	BR	
Q4204		XWRAP 1 SQ CM	BR	
Q5001		HOSPICE OR HOME HLTH IN HOME	See Home Health Rules	
Q5002		HOSPICE/HOME HLTH IN ASST LV	See Home Health Rules	
Q5003		HOSPICE IN LT/NON-SKILLED NF	See Home Health Rules	
Q5004		HOSPICE IN SNF	See Home Health Rules	
Q5005		HOSPICE, INPATIENT HOSPITAL	See Home Health Rules	
Q5006		HOSPICE IN HOSPICE FACILITY	See Home Health Rules	
Q5007		HOSPICE IN LTCH	See Home Health Rules	
Q5008		HOSPICE IN INPATIENT PSYCH	See Home Health Rules	
Q5009		HOSPICE/HOME HLTH, PLACE NOS	See Home Health Rules	
Q5010		HOSPICE HOME CARE IN HOSPICE	See Home Health Rules	
Q5101		INJECTION, ZARXIO	1.08	0.90

Code	Mod	Description	Amount	APC Amount
Q5103		INJECTION, INFLECTRA	BR	81.33
Q5104		INJECTION, RENFLEXIS	BR	87.90
Q5105		INJ RETACRIT ESRD ON DIALYSI	BR	1.61
Q5106		INJ RETACRIT NON-ESRD USE	BR	16.13
Q5107		INJ MVASI 10 MG	BR	
Q5108		INJECTION, FULPHILA	BR	508.86
Q5109		INJECTION, IXIFI, 10 MG	BR	
Q5110		NIVESTYM	BR	1.07
Q5111		INJECTION, UDENYCA 0.5 MG	BR	
Q9950		INJ SULF HEXA LIPID MICROSPH	36.61	30.17
Q9951		LOCM >= 400 MG/ML IODINE,1ML	BR	
Q9953		INJ FE-BASED MR CONTRAST,1ML	BR	
Q9954		ORAL MR CONTRAST, 100 ML	BR	
Q9955		INJ PERFLEXANE LIP MICROS,ML	BR	
Q9956		INJ OCTAFLUOROPROPANE MIC,ML	38.65	
Q9957		INJ PERFLUTREN LIP MICROS,ML	57.99	
Q9958		HOCM <=149 MG/ML IODINE, 1ML	0.09	
Q9959		HOCM 150-199MG/ML IODINE,1ML	BR	
Q9960		HOCM 200-249MG/ML IODINE,1ML	0.21	
Q9961		HOCM 250-299MG/ML IODINE,1ML	0.22	
Q9962		HOCM 300-349MG/ML IODINE,1ML	BR	
Q9963		HOCM 350-399MG/ML IODINE,1ML	0.21	
Q9964		HOCM>= 400MG/ML IODINE, 1ML	BR	
Q9965		LOCM 100-199MG/ML IODINE,1ML	0.97	
Q9966		LOCM 200-299MG/ML IODINE,1ML	0.19	
Q9967		LOCM 300-399MG/ML IODINE,1ML	0.14	
Q9968		VISUALIZATION ADJUNCT	BR	6.06
Q9969		NON-HEU TC-99M ADD-ON/DOSE	BR	14.20
Q9982		FLUTEMETAMOL F18 DIAGNOSTIC	2695.22	
Q9983		FLORBETABEN F18 DIAGNOSTIC	2580.81	
Q9991		BUPRENORPH XR 100 MG OR LESS	BR	2378.22
Q9992		BUPRENORPHINE XR OVER 100 MG	BR	2378.22
R0070		TRANSPORT PORTABLE X-RAY	0.00	
R0075		TRANSPORT PORT X-RAY MULTIPL	0.00	
R0076		TRANSPORT PORTABLE EKG	0.00	
S0012		BUTORPHANOL TARTRATE, NASAL	65.75	
S0014		TACRINE HYDROCHLORIDE, 10 MG	2.31	
S0017		INJECTION, AMINOCAPROIC ACID	44.01	
S0020		INJECTION, BUPIVICAINE HYDRO	BR	
S0021		INJECTION, CEFOPERAZONE SOD	BR	
S0023		INJECTION, CIMETIDINE HYDROC	10.56	
S0028		INJECTION, FAMOTIDINE, 20 MG	7.04	
S0030		INJECTION, METRONIDAZOLE	13.21	
S0032		INJECTION, NAFCILLIN SODIUM	87.10	
S0034		INJECTION, OFLOXACIN, 400 MG	BR	
S0039		INJECTION, SULFAMETHOXAZOLE	BR	
S0040		INJECTION, TICARCILLIN DISOD	12.30	
S0073		INJECTION, AZTREONAM, 500 MG	52.81	
S0074		INJECTION, CEFOTETAN DISODIU	BR	
S0077		INJECTION, CLINDAMYCIN PHOSP	13.21	

Code	Mod	Description	Amount	APC Amount
S0078		INJECTION, FOSPHENYTOIN SODI	151.12	
S0080		INJECTION, PENTAMIDINE ISETH	142.60	
S0081		INJECTION, PIPERACILLIN SODI	1.54	
S0088		IMATINIB 100 MG	BR	
S0090		SILDENAFIL CITRATE, 25 MG	95.05	
S0091		GRANISETRON 1MG	66.02	
S0092		HYDROMORPHONE 250 MG	189.25	
S0093		MORPHINE 500 MG	4.88	
S0104		ZIDOVUDINE, ORAL, 100 MG	1.54	
S0106		BUPROPION HCL SR 60 TABLETS	93.83	
S0108		MERCAPTOPURINE 50 MG	3.08	
S0109		METHADONE ORAL 5MG	0.54	
S0117		TRETINOIN TOPICAL 5 G	BR	
S0119		ONDANSETRON 4 MG	22.00	
S0122		INJ MENOTROPINS 75 IU	161.60	
S0126		INJ FOLLITROPIN ALFA 75 IU	1291.94	
S0128		INJ FOLLITROPIN BETA 75 IU	1973.34	
S0132		INJ GANIRELIX ACETAT 250 MCG	114.40	
S0136		CLOZAPINE, 25 MG	1.16	
S0137		DIDANOSINE, 25 MG	BR	
S0138		FINASTERIDE, 5 MG	2.31	
S0139		MINOXIDIL, 10 MG	0.77	
S0140		SAQUINAVIR, 200 MG	1.54	
S0142		COLISTIMETHATE INH SOL MG	BR	
S0145		PEG INTERFERON ALFA-2A/180	BR	
S0148		PEG INTERFERON ALFA-2B/10	BR	
S0155		EPOPROSTENOL DILUTANT	BR	
S0156		EXEMESTANE, 25 MG	7.31	
S0157		BECAPLERMIN GEL 1%, 0.5 GM	15.00	
S0160		DEXTROAMPHETAMINE	35.20	
S0164		INJECTION PANTROPRAZOLE	15.85	
S0166		INJ OLANZAPINE 2.5MG	5.00	
S0169		CALCITROL	1.16	
S0170		ANASTROZOLE 1 MG	11.44	
S0171		BUMETANIDE 0.5 MG	4.10	
S0172		CHLORAMBUCIL 2 MG	1.92	
S0174		DOLASETRON 50 MG	44.60	
S0175		FLUTAMIDE 125 MG	1.92	
S0176		HYDROXYUREA 500 MG	1.16	
S0177		LEVAMISOLE 50 MG	4.23	
S0178		LOMUSTINE 10 MG	21.91	
S0179		MEGESTROL 20 MG	0.38	
S0182		PROCARBAZINE, ORAL	44.22	
S0183		PROCHLORPERAZINE 5 MG	0.38	
S0187		TAMOXIFEN 10 MG	1.92	
S0189		TESTOSTERONE PELLET 75 MG	BR	
S0190		MIFEPRISTONE, ORAL, 200 MG	132.05	
S0191		MISOPROSTOL, ORAL, 200 MCG	7.04	
S0194		VITAMIN SUPPL 100 CAPS	BR	
S0197		PRENATAL VITAMINS 30 DAY	BR	

Code	Mod	Description	Amount	APC Amount
S0199		MED ABORTION INC ALL EX DRUG	BR	
S0201		PARTIAL HOSPITALIZATION SERV	BR	
S0207		PARAMEDICINTERCEP NONHOSPALS	BR	
S0208		PARAMED INTRCEPT NONVOL	BR	
S0209		WC VAN MILEAGE PER MI	BR	
S0215		NONEMERG TRANSP MILEAGE	BR	
S0220		MEDICAL CONFERENCE BY PHYSIC	BR	
S0221		MEDICAL CONFERENCE, 60 MIN	BR	
S0250		COMP GERIATR ASSMT TEAM	BR	
S0255		HOSPICE REFER VISIT NONMD	BR	
S0257		END OF LIFE COUNSELING	BR	
S0260		H&P FOR SURGERY	BR	
S0265		GENETIC COUNSEL 15 MINS	BR	
S0270		HOME STD CASE RATE 30 DAYS	BR	
S0271		HOME HOSPICE CASE 30 DAYS	BR	
S0272		HOME EPISODIC CASE 30 DAYS	BR	
S0273		MD HOME VISIT OUTSIDE CAP	BR	
S0274		NURSE PRACTR VISIT OUTS CAP	BR	
S0280		MEDICAL HOME, INITIAL PLAN	BR	
S0281		MEDICAL HOME, MAINTENANCE	BR	
S0285		CNSLT BEFORE SCREEN COLONOSC	170.90	
S0302		COMPLETED EPSDT	BR	
S0310		HOSPITALIST VISIT	BR	
S0311		COMP MGMT CARE COORD ADV ILL	BR	
S0315		DISEASE MANAGEMENT PROGRAM	BR	
S0316		FOLLOW-UP/REASSESSMENT	BR	
S0317		DISEASE MGMT PER DIEM	BR	
S0320		RN TELEPHONE CALLS TO DMP	BR	
S0340		LIFESTYLE MOD 1ST STAGE	BR	
S0341		LIFESTYLE MOD 2 OR 3 STAGE	BR	
S0342		LIFESTYLE MOD 4TH STAGE	BR	
S0353		CANCER TREATMENTPLAN INITIAL	BR	
S0354		CANCER TREATMENT PLAN CHANGE	BR	
S0390		ROUT FOOT CARE PER VISIT	BR	
S0395		IMPRESSION CASTING FT	BR	
S0400		GLOBAL ESWL KIDNEY	BR	
S0500		DISPOS CONT LENS	BR	
S0504		SINGL PRSCRP LENS	BR	
S0506		BIFOC PRSCP LENS	BR	
S0508		TRIFOC PRSCRP LENS	BR	
S0510		NON-PRSCRP LENS	BR	
S0512		DAILY CONT LENS	BR	
S0514		COLOR CONT LENS	BR	
S0515		SCLERAL LENS LIQUID BANDAGE	BR	
S0516		SAFETY FRAMES	BR	
S0518		SUNGLASS FRAMES	BR	
S0580		POLYCARB LENS	BR	
S0581		NONSTND LENS	BR	
S0590		MISC INTEGRAL LENS SERV	BR	
S0592		COMP CONT LENS EVAL	BR	

Code	Mod	Description	Amount	APC Amount
S0595		NEW LENSES IN PTS OLD FRAME	BR	
S0596		PHAKIC IOL REFRACTIVE ERROR	BR	
S0601		SCREENING PROCTOSCOPY	BR	
S0610		ANNUAL GYNECOLOGICAL EXAMINA	BR	
S0612		ANNUAL GYNECOLOGICAL EXAMINA	BR	
S0613		ANN BREAST EXAM	BR	
S0618		AUDIOMETRY FOR HEARING AID	BR	
S0620		ROUTINE OPHTHALMOLOGICAL EXA	BR	
S0621		ROUTINE OPHTHALMOLOGICAL EXA	BR	
S0622		PHYS EXAM FOR COLLEGE	BR	
S0630		REMOVAL OF SUTURES	BR	
S0800		LASER IN SITU KERATOMILEUSIS	BR	
S0810		PHOTOREFRACTIVE KERATECTOMY	BR	
S0812		PHOTOTHERAP KERATECT	BR	
S1001		DELUXE ITEM	BR	
S1002		CUSTOM ITEM	BR	
S1015		IV TUBING EXTENSION SET	BR	
S1016		NON-PVC INTRAVENOUS ADMINIST	BR	
S1030		GLUC MONITOR PURCHASE	BR	
S1031		GLUC MONITOR RENTAL	BR	
S1034		ART PANCREAS SYSTEM	BR	
S1035		ART PANCREAS INV DISP SENSOR	BR	
S1036		ART PANCREAS EXT TRANSMITTER	BR	
S1037		ART PANCREAS EXT RECEIVER	BR	
S1040		CRANIAL REMOLDING ORTHOSIS	BR	
S1090		MOMETASONE SINUS IMPLANT	BR	
S2053		TRANSPLANTATION OF SMALL INT	BR	
S2054		TRANSPLANTATION OF MULTIVISC	BR	
S2055		HARVESTING OF DONOR MULTIVIS	BR	
S2060		LOBAR LUNG TRANSPLANTATION	BR	
S2061		DONOR LOBECTOMY (LUNG)	BR	
S2065		SIMULT PANC KIDN TRANS	BR	
S2066		BREAST GAP FLAP RECONST	BR	
S2067		BREAST "STACKED" DIEP/GAP	BR	
S2068		BREAST DIEP OR SIEA FLAP	BR	
S2070		CYSTO LASER TX URETERAL CALC	BR	
S2079		LAP ESOPHAGOMYOTOMY	BR	
S2080		LAUP	BR	
S2083		ADJUSTMENT GASTRIC BAND	BR	
S2095		TRANSCATH EMBOLIZ MICROSPHER	BR	
S2102		ISLET CELL TISSUE TRANSPLANT	BR	
S2103		ADRENAL TISSUE TRANSPLANT	BR	
S2107		ADOPTIVE IMMUNOTHERAPY	BR	
S2112		KNEE ARTHROSCP HARV	BR	
S2115		PERIACETABULAR OSTEOTOMY	BR	
S2117		ARTHROEREISIS, SUBTALAR	BR	
S2118		TOTAL HIP RESURFACING	BR	
S2120		LOW DENSITY LIPOPROTEIN(LDL)	BR	
S2140		CORD BLOOD HARVESTING	BR	
S2142		CORD BLOOD-DERIVED STEM-CELL	BR	

Code	Mod	Description	Amount	APC Amount
S2150		BMT HARV/TRANSPL 28D PKG	BR	
S2152		SOLID ORGAN TRANSPL PKG	BR	
S2202		ECHOSCLEROTHERAPY	BR	
S2205		MINIMALLY INVASIVE DIRECT CO	BR	
S2206		MINIMALLY INVASIVE DIRECT CO	BR	
S2207		MINIMALLY INVASIVE DIRECT CO	BR	
S2208		MINIMALLY INVASIVE DIRECT CO	BR	
S2209		MINIMALLY INVASIVE DIRECT CO	BR	
S2225		MYRINGOTOMY LASER-ASSIST	BR	
S2230		IMPLANT SEMI-IMP HEAR	BR	
S2235		IMPLANT AUDITORY BRAIN IMP	BR	
S2260		INDUCED ABORTION 17-24 WEEKS	BR	
S2265		INDUCED ABORTION 25-28 WKS	BR	
S2266		INDUCED ABORTION 29-31 WKS	BR	
S2267		INDUCED ABORTION 32 OR MORE	BR	
S2300		ARTHROSCOPY, SHOULDER, SURGI	BR	
S2325		HIP CORE DECOMPRESSION	BR	
S2340		CHEMODENERVATION OF ABDUCTOR	BR	
S2341		CHEMODENERV ADDUCT VOCAL	BR	
S2342		NASAL ENDOSCOP PO DEBRID	BR	
S2348		DECOMPRESS DISC RF LUMBAR	BR	
S2350		DISKECTOMY, ANTERIOR, WITH D	BR	
S2351		DISKECTOMY, ANTERIOR, WITH D	BR	
S2400		FETAL SURG CONGEN HERNIA	BR	
S2401		FETAL SURG URIN TRAC OBSTR	BR	
S2402		FETAL SURG CONG CYST MALF	BR	
S2403		FETAL SURG PULMON SEQUEST	BR	
S2404		FETAL SURG MYELOMENINGO	BR	
S2405		FETAL SURG SACROCOC TERATOMA	BR	
S2409		FETAL SURG NOC	BR	
S2411		FETOSCOP LASER THER TTTS	BR	
S2900		ROBOTIC SURGICAL SYSTEM	BR	
S3000		BILAT DIL RETINAL EXAM	BR	
S3005		EVAL SELF-ASSESS DEPRESSION	BR	
S3600		STAT LAB	BR	
S3601		STAT LAB HOME/NF	BR	
S3620		NEWBORN METABOLIC SCREENING	BR	
S3630		EOSINOPHIL BLOOD COUNT	BR	
S3645		HIV-1 ANTIBODY TESTING OF OR	BR	
S3650		SALIVA TEST, HORMONE LEVEL;	BR	
S3652		SALIVA TEST, HORMONE LEVEL;	BR	
S3655		ANTISPERM ANTIBODIES TEST	BR	
S3708		GASTROINTESTINAL FAT ABSORPT	BR	
S3722		DOSE OPTIMIZATION AUC - 5FU	BR	
S3800		GENETIC TESTING ALS	BR	
S3840		DNA ANALYSIS RET-ONCOGENE	BR	
S3841		GENE TEST RETINOBLASTOMA	BR	
S3842		GENE TEST HIPPEL-LINDAU	BR	
S3844		DNA ANALYSIS DEAFNESS	BR	
S3845		GENE TEST ALPHA-THALASSEMIA	BR	

Code	Mod	Description	Amount	APC Amount
S3846		GENE TEST BETA-THALASSEMIA	BR	
S3849		GENE TEST NIEMANN-PICK	BR	
S3850		GENE TEST SICKLE CELL	BR	
S3852		DNA ANALYSIS APOE ALZHEIMER	BR	
S3853		GENE TEST MYO MUSCLR DYST	BR	
S3854		GENE PROFILE PANEL BREAST	3323.01	
S3861		GENETIC TEST BRUGADA	BR	
S3865		COMP GENET TEST HYP CARDIOMY	BR	
S3866		SPEC GENE TEST HYP CARDIOMY	BR	
S3870		CGH TEST DEVELOPMENTAL DELAY	BR	
S3900		SURFACE EMG	BR	
S3902		BALLISTOCARDIOGRAM	BR	
S3904		MASTERS TWO STEP	BR	
S4005		INTERIM LABOR FACILITY GLOBA	BR	
S4011		IVF PACKAGE	BR	
S4013		COMPL GIFT CASE RATE	BR	
S4014		COMPL ZIFT CASE RATE	BR	
S4015		COMPLETE IVF NOS CASE RATE	BR	
S4016		FROZEN IVF CASE RATE	BR	
S4017		IVF CANC A STIM CASE RATE	BR	
S4018		F EMB TRNS CANC CASE RATE	BR	
S4020		IVF CANC A ASPIR CASE RATE	BR	
S4021		IVF CANC P ASPIR CASE RATE	BR	
S4022		ASST OOCYTE FERT CASE RATE	BR	
S4023		INCOMPL DONOR EGG CASE RATE	BR	
S4025		DONOR SERV IVF CASE RATE	BR	
S4026		PROCURE DONOR SPERM	BR	
S4027		STORE PREV FROZ EMBRYOS	BR	
S4028		MICROSURG EPI SPERM ASP	BR	
S4030		SPERM PROCURE INIT VISIT	BR	
S4031		SPERM PROCURE SUBS VISIT	BR	
S4035		STIMULATED IUI CASE RATE	BR	
S4037		CRYO EMBRYO TRANSF CASE RATE	BR	
S4040		MONIT STORE CRYO EMBRYO 30 D	BR	
S4042		OVULATION MGMT PER CYCLE	BR	
S4981		INSERT LEVONORGESTREL IUS	BR	
S4989		CONTRACEPT IUD	BR	
S4990		NICOTINE PATCH LEGEND	BR	
S4991		NICOTINE PATCH NONLEGEND	BR	
S4993		CONTRACEPTIVE PILLS FOR BC	BR	
S4995		SMOKING CESSATION GUM	BR	
S5000		PRESCRIPTION DRUG, GENERIC	BR	
S5001		PRESCRIPTION DRUG,BRAND NAME	BR	
S5010		5% DEXTROSE AND 0.45% SALINE	BR	
S5012		5% DEXTROSE WITH POTASSIUM	BR	
S5013		5%DEXTROSE/0.45%SALINE1000ML	BR	
S5014		D5W/0.45NS W KCL AND MGS04	BR	
S5035		HIT ROUTINE DEVICE MAINT	BR	
S5036		HIT DEVICE REPAIR	BR	
S5100		ADULT DAYCARE SERVICES 15MIN	BR	

Code	Mod	Description	Amount	APC Amount
S5101		ADULT DAY CARE PER HALF DAY	BR	
S5102		ADULT DAY CARE PER DIEM	BR	
S5105		CENTERBASED DAY CARE PERDIEM	BR	
S5108		HOMECARE TRAIN PT 15 MIN	BR	
S5109		HOMECARE TRAIN PT SESSION	BR	
S5110		FAMILY HOMECARE TRAINING 15M	BR	
S5111		FAMILY HOMECARE TRAIN/SESSIO	BR	
S5115		NONFAMILY HOMECARE TRAIN/15M	BR	
S5116		NONFAMILY HC TRAIN/SESSION	BR	
S5120		CHORE SERVICES PER 15 MIN	BR	
S5121		CHORE SERVICES PER DIEM	BR	
S5125		ATTENDANT CARE SERVICE /15M	BR	
S5126		ATTENDANT CARE SERVICE /DIEM	BR	
S5130		HOMAKER SERVICE NOS PER 15M	BR	
S5131		HOMEMAKER SERVICE NOS /DIEM	BR	
S5135		ADULT COMPANIONCARE PER 15M	BR	
S5136		ADULT COMPANIONCARE PER DIEM	BR	
S5140		ADULT FOSTER CARE PER DIEM	BR	
S5141		ADULT FOSTER CARE PER MONTH	BR	
S5145		CHILD FOSTERCARE TH PER DIEM	BR	
S5146		THER FOSTERCARE CHILD /MONTH	BR	
S5150		UNSKILLED RESPITE CARE /15M	See Home Health Rules	
S5151		UNSKILLED RESPITECARE /DIEM	See Home Health Rules	
S5160		EMER RESPONSE SYS INSTAL&TST	BR	
S5161		EMER RSPNS SYS SERV PERMONTH	BR	
S5162		EMER RSPNS SYSTEM PURCHASE	BR	
S5165		HOME MODIFICATIONS PER SERV	BR	
S5170		HOMEDELIVERED PREPARED MEAL	BR	
S5175		LAUNDRY SERV,EXT,PROF,/ORDER	BR	
S5180		HH RESPIRATORY THRPY IN EVAL	BR	
S5181		HH RESPIRATORY THRPY NOS/DAY	BR	
S5185		MED REMINDER SERV PER MONTH	BR	
S5190		WELLNESS ASSESSMENT BY NONPH	BR	
S5199		PERSONAL CARE ITEM NOS EACH	BR	
S5497		HIT CATH CARE NOC	BR	
S5498		HIT SIMPLE CATH CARE	BR	
S5501		HIT COMPLEX CATH CARE	BR	
S5502		HIT INTERIM CATH CARE	BR	
S5517		HIT DECLOTTING KIT	BR	
S5518		HIT CATH REPAIR KIT	BR	
S5520		HIT PICC INSERT KIT	BR	
S5521		HIT MIDLINE CATH INSERT KIT	BR	
S5522		HIT PICC INSERT NO SUPP	BR	
S5523		HIP MIDLINE CATH INSERT KIT	BR	
S5550		INSULIN RAPID 5 U	BR	
S5551		INSULIN MOST RAPID 5 U	BR	
S5552		INSULIN INTERMED 5 U	BR	
S5553		INSULIN LONG ACTING 5 U	BR	
S5560		INSULIN REUSE PEN 1.5 ML	BR	

Code	Mod	Description	Amount	APC Amount
S5561		INSULIN REUSE PEN 3 ML	BR	
S5565		INSULIN CARTRIDGE 150 U	BR	
S5566		INSULIN CARTRIDGE 300 U	BR	
S5570		INSULIN DISPOS PEN 1.5 ML	BR	
S5571		INSULIN DISPOS PEN 3 ML	BR	
S8030		TANTALUM RING APPLICATION	BR	
S8035		MAGNETIC SOURCE IMAGING	BR	
S8037		MRCP	BR	
S8040		TOPOGRAPHIC BRAIN MAPPING	BR	
S8042		MRI LOW FIELD	BR	
S8055		US GUIDANCE FETAL REDUCT	BR	
S8080		SCINTIMAMMOGRAPHY	BR	
S8085		FLUORINE-18 FLUORODEOXYGLUCO	BR	
S8092		ELECTRON BEAM COMPUTED TOMOG	BR	
S8096		PORTABLE PEAK FLOW METER	BR	
S8097		ASTHMA KIT	BR	
S8100		SPACER WITHOUT MASK	BR	
S8101		SPACER WITH MASK	BR	
S8110		PEAK EXPIRATORY FLOW RATE (P	BR	
S8120		O2 CONTENTS GAS CUBIC FT	BR	
S8121		O2 CONTENTS LIQUID LB	BR	
S8130		INTERFERENTIAL STIM 2 CHAN	BR	
S8131		INTERFERENTIAL STIM 4 CHAN	BR	
S8185		FLUTTER DEVICE	BR	
S8186		SWIVEL ADAPTOR	BR	
S8189		TRACH SUPPLY NOC	BR	
S8210		MUCUS TRAP	BR	
S8265		HABERMAN FEEDER	BR	
S8270		ENURESIS ALARM	BR	
S8301		INFECT CONTROL SUPPLIES NOS	BR	
S8415		SUPPLIES FOR HOME DELIVERY	BR	
S8420		CUSTOM GRADIENT SLEEV/GLOV	BR	
S8421		READY GRADIENT SLEEV/GLOV	BR	
S8422		CUSTOM GRAD SLEEVE MED	BR	
S8423		CUSTOM GRAD SLEEVE HEAVY	BR	
S8424		READY GRADIENT SLEEVE	BR	
S8425		CUSTOM GRAD GLOVE MED	BR	
S8426		CUSTOM GRAD GLOVE HEAVY	BR	
S8427		READY GRADIENT GLOVE	BR	
S8428		READY GRADIENT GAUNTLET	BR	
S8429		GRADIENT PRESSURE WRAP	BR	
S8430		PADDING FOR COMPRSSN BDG	BR	
S8431		COMPRESSION BANDAGE	BR	
S8450		SPLINT DIGIT	BR	
S8451		SPLINT WRIST OR ANKLE	BR	
S8452		SPLINT ELBOW	BR	
S8460		CAMISOLE POST-MAST	BR	
S8490		100 INSULIN SYRINGES	BR	
S8930		AURICULAR ELECTROSTIMULATION	BR	
S8940		HIPPOTHERAPY PER SESSION	BR	

Code	Mod	Description	Amount	APC Amount
S8948		LOW-LEVEL LASER TRMT 15 MIN	BR	
S8950		COMPLEX LYMPHEDEMA THERAPY,	BR	
S8990		PT OR MANIP FOR MAINT	BR	
S8999		RESUSCITATION BAG	BR	
S9001		HOME UTERINE MONITOR WITH OR	BR	
S9007		ULTRAFILTRATION MONITOR	BR	
S9024		PARANASAL SINUS ULTRASOUND	BR	
S9025		OMNICARDIOGRAM/CARDIOINTEGRA	BR	
S9034		ESWL FOR GALLSTONES	BR	
S9055		PROCUREN OR OTHER GROWTH FAC	BR	
S9056		COMA STIMULATION PER DIEM	BR	
S9061		MEDICAL SUPPLIES AND EQUIPME	BR	
S9083		URGENT CARE CENTER GLOBAL	BR	
S9088		SERVICES PROVIDED IN URGENT	BR	
S9090		VERTEBRAL AXIAL DECOMPRESSIO	BR	
S9097		HOME VISIT WOUND CARE	BR	
S9098		HOME PHOTOTHERAPY VISIT	BR	
S9110		TELEMONITORING/HOME PER MNTH	BR	
S9117		BACK SCHOOL VISIT	BR	
S9122		HOME HEALTH AIDE OR CERTIFIE	55.00	
S9123		NURSING CARE IN HOME RN	125.00	
S9124		NURSING CARE, IN THE HOME; B	BR	
S9125		RESPITE CARE, IN THE HOME, P	See Home Health Rules	
S9126		HOSPICE CARE, IN THE HOME, P	See Home Health Rules	
S9127		SOCIAL WORK VISIT, IN THE HO	125.00	
S9128		SPEECH THERAPY, IN THE HOME,	125.00	
S9129		OCCUPATIONAL THERAPY, IN THE	125.00	
S9131		PT IN THE HOME PER DIEM	125.00	
S9140		DIABETIC MANAGEMENT PROGRAM,	BR	
S9141		DIABETIC MANAGEMENT PROGRAM,	BR	
S9145		INSULIN PUMP INITIATION	BR	
S9150		EVALUATION BY OCULARIST	BR	
S9152		SPEECH THERAPY, RE-EVAL	BR	
S9208		HOME MGMT PRETERM LABOR	BR	
S9209		HOME MGMT PPROM	BR	
S9211		HOME MGMT GEST HYPERTENSION	BR	
S9212		HM POSTPAR HYPER PER DIEM	BR	
S9213		HM PREECLAMP PER DIEM	BR	
S9214		HM GEST DM PER DIEM	BR	
S9325		HIT PAIN MGMT PER DIEM	BR	
S9326		HIT CONT PAIN PER DIEM	BR	
S9327		HIT INT PAIN PER DIEM	BR	
S9328		HIT PAIN IMP PUMP DIEM	BR	
S9329		HIT CHEMO PER DIEM	BR	
S9330		HIT CONT CHEM DIEM	BR	
S9331		HIT INTERMIT CHEMO DIEM	BR	
S9335		HT HEMODIALYSIS DIEM	BR	
S9336		HIT CONT ANTICOAG DIEM	BR	
S9338		HIT IMMUNOTHERAPY DIEM	BR	

Code	Mod	Description	Amount	APC Amount
S9339		HIT PERITON DIALYSIS DIEM	BR	
S9340		HIT ENTERAL PER DIEM	BR	
S9341		HIT ENTERAL GRAV DIEM	BR	
S9342		HIT ENTERAL PUMP DIEM	BR	
S9343		HIT ENTERAL BOLUS NURS	BR	
S9345		HIT ANTI-HEMOPHIL DIEM	BR	
S9346		HIT ALPHA-1-PROTEINAS DIEM	BR	
S9347		HIT LONGTERM INFUSION DIEM	BR	
S9348		HIT SYMPATHOMIM DIEM	BR	
S9349		HIT TOCOLYSIS DIEM	BR	
S9351		HIT CONT ANTIEMETIC DIEM	BR	
S9353		HIT CONT INSULIN DIEM	BR	
S9355		HIT CHELATION DIEM	BR	
S9357		HIT ENZYME REPLACE DIEM	BR	
S9359		HIT ANTI-TNF PER DIEM	BR	
S9361		HIT DIURETIC INFUS DIEM	BR	
S9363		HIT ANTI-SPASMOTIC DIEM	BR	
S9364		HIT TPN TOTAL DIEM	BR	
S9365		HIT TPN 1 LITER DIEM	BR	
S9366		HIT TPN 2 LITER DIEM	BR	
S9367		HIT TPN 3 LITER DIEM	BR	
S9368		HIT TPN OVER 3L DIEM	BR	
S9370		HT INJ ANTIEMETIC DIEM	BR	
S9372		HT INJ ANTICOAG DIEM	BR	
S9373		HIT HYDRA TOTAL DIEM	BR	
S9374		HIT HYDRA 1 LITER DIEM	BR	
S9375		HIT HYDRA 2 LITER DIEM	BR	
S9376		HIT HYDRA 3 LITER DIEM	BR	
S9377		HIT HYDRA OVER 3L DIEM	BR	
S9379		HIT NOC PER DIEM	BR	
S9381		HIT HIGH RISK/ESCORT	BR	
S9401		ANTICOAG CLINIC PER SESSION	BR	
S9430		PHARMACY COMP/DISP SERV	see page 75	
S9433		MEDICAL FOOD ORAL 100% NUTR	BR	
S9434		MOD SOLID FOOD SUPPL	BR	
S9435		MEDICAL FOODS FOR INBORN ERR	BR	
S9436		LAMAZE CLASS	BR	
S9437		CHILDBIRTH REFRESHER CLASS	BR	
S9438		CESAREAN BIRTH CLASS	BR	
S9439		VBAC CLASS	BR	
S9441		ASTHMA EDUCATION	BR	
S9442		BIRTHING CLASS	BR	
S9443		LACTATION CLASS	BR	
S9444		PARENTING CLASS	BR	
S9445		PT EDUCATION NOC INDIVID	BR	
S9446		PT EDUCATION NOC GROUP	BR	
S9447		INFANT SAFETY CLASS	BR	
S9449		WEIGHT MGMT CLASS	BR	
S9451		EXERCISE CLASS	BR	
S9452		NUTRITION CLASS	BR	

Code	Mod	Description	Amount	APC Amount
S9453		SMOKING CESSATION CLASS	BR	
S9454		STRESS MGMT CLASS	BR	
S9455		DIABETIC MANAGEMENT PROGRAM,	BR	
S9460		DIABETIC MANAGEMENT PROGRAM,	BR	
S9465		DIABETIC MANAGEMENT PROGRAM,	BR	
S9470		NUTRITIONAL COUNSELING, DIET	BR	
S9472		CARDIAC REHABILITATION PROGR	BR	
S9473		PULMONARY REHABILITATION PRO	BR	
S9474		ENTEROSTOMAL THERAPY BY A RE	BR	
S9475		AMBULATORY SETTING SUBSTANCE	BR	
S9476		VESTIBULAR REHAB PER DIEM	BR	
S9480		INTENSIVE OUTPATIENT PSYCHIA	BR	
S9482		FAMILY STABILIZATION 15 MIN	BR	
S9484		CRISIS INTERVENTION PER HOUR	BR	
S9485		CRISIS INTERVENTION MENTAL H	BR	
S9490		HIT CORTICOSTEROID/DIEM	BR	
S9494		HIT ANTIBIOTIC TOTAL DIEM	BR	
S9497		HIT ANTIBIOTIC Q3H DIEM	BR	
S9500		HIT ANTIBIOTIC Q24H DIEM	BR	
S9501		HIT ANTIBIOTIC Q12H DIEM	BR	
S9502		HIT ANTIBIOTIC Q8H DIEM	BR	
S9503		HIT ANTIBIOTIC Q6H DIEM	BR	
S9504		HIT ANTIBIOTIC Q4H DIEM	BR	
S9529		VENIPUNCTURE HOME/SNF	BR	
S9537		HT HEM HORM INJ DIEM	BR	
S9538		HIT BLOOD PRODUCTS DIEM	BR	
S9542		HT INJ NOC PER DIEM	BR	
S9558		HT INJ GROWTH HORM DIEM	BR	
S9559		HIT INJ INTERFERON DIEM	BR	
S9560		HT INJ HORMONE DIEM	BR	
S9562		HT INJ PALIVIZUMAB DIEM	BR	
S9590		HT IRRIGATION DIEM	BR	
S9810		HT PHARM PER HOUR	BR	
S9900		CHRISTIAN SCI PRACT VISIT	BR	
S9901		CHRISTIAN SCI NURSE VISIT	BR	
S9960		AIR AMBULANC NONEMERG FIXED	BR	
S9961		AIR AMBULAN NONEMERG ROTARY	BR	
S9970		HEALTH CLUB MEMBERSHIP YR	BR	
S9975		TRANSPLANT RELATED PER DIEM	BR	
S9976		LODGING PER DIEM	BR	
S9977		MEALS PER DIEM	BR	
S9981		MED RECORD COPY ADMIN	BR	
S9982		MED RECORD COPY PER PAGE	BR	
S9986		NOT MEDICALLY NECESSARY SVC	BR	
S9988		SERV PART OF PHASE I TRIAL	BR	
S9989		SERVICES OUTSIDE US	BR	
S9990		SERVICES PROVIDED AS PART OF	BR	
S9991		SERVICES PROVIDED AS PART OF	BR	
S9992		TRANSPORTATION COSTS TO AND	BR	
S9994		LODGING COSTS (E.G. HOTEL CH	BR	

Code	Mod	Description	Amount	APC Amount
S9996		MEALS FOR CLINICAL TRIAL PAR	BR	
S9999		SALES TAX	BR	
V2020		VISION SVCS FRAMES PURCHASES	87.69	
V2025		EYEGLASSES DELUX FRAMES	BR	
V2100		LENS SPHER SINGLE PLANO 4.00	42.63	
V2101		SINGLE VISN SPHERE 4.12-7.00	44.91	
V2102		SINGL VISN SPHERE 7.12-20.00	63.69	
V2103		SPHEROCYLINDR 4.00D/12-2.00D	37.00	
V2104		SPHEROCYLINDR 4.00D/2.12-4D	40.99	
V2105		SPHEROCYLINDER 4.00D/4.25-6D	50.18	
V2106		SPHEROCYLINDER 4.00D/>6.00D	50.92	
V2107		SPHEROCYLINDER 4.25D/12-2D	53.52	
V2108		SPHEROCYLINDER 4.25D/2.12-4D	51.91	
V2109		SPHEROCYLINDER 4.25D/4.25-6D	59.66	
V2110		SPHEROCYLINDER 4.25D/OVER 6D	69.64	
V2111		SPHEROCYLINDR 7.25D/.25-2.25	61.38	
V2112		SPHEROCYLINDR 7.25D/2.25-4D	60.58	
V2113		SPHEROCYLINDR 7.25D/4.25-6D	83.69	
V2114		SPHEROCYLINDER OVER 12.00D	74.02	
V2115		LENS LENTICULAR BIFOCAL	80.48	
V2118		LENS ANISEIKONIC SINGLE	79.78	
V2121		LENTICULAR LENS, SINGLE	82.37	
V2199		LENS SINGLE VISION NOT OTH C	BR	
V2200		LENS SPHER BIFOC PLANO 4.00D	55.78	
V2201		LENS SPHERE BIFOCAL 4.12-7.0	60.79	
V2202		LENS SPHERE BIFOCAL 7.12-20.	71.53	
V2203		LENS SPHCYL BIFOCAL 4.00D/.1	56.28	
V2204		LENS SPHCY BIFOCAL 4.00D/2.1	61.02	
V2205		LENS SPHCY BIFOCAL 4.00D/4.2	66.95	
V2206		LENS SPHCY BIFOCAL 4.00D/OVE	81.51	
V2207		LENS SPHCY BIFOCAL 4.25-7D/.	68.04	
V2208		LENS SPHCY BIFOCAL 4.25-7/2.	68.87	
V2209		LENS SPHCY BIFOCAL 4.25-7/4.	75.75	
V2210		LENS SPHCY BIFOCAL 4.25-7/OV	97.46	
V2211		LENS SPHCY BIFO 7.25-12/.25-	83.11	
V2212		LENS SPHCYL BIFO 7.25-12/2.2	90.43	
V2213		LENS SPHCYL BIFO 7.25-12/4.2	92.74	
V2214		LENS SPHCYL BIFOCAL OVER 12.	99.41	
V2215		LENS LENTICULAR BIFOCAL	107.57	
V2218		LENS ANISEIKONIC BIFOCAL	110.06	
V2219		LENS BIFOCAL SEG WIDTH OVER	48.44	
V2220		LENS BIFOCAL ADD OVER 3.25D	39.29	
V2221		LENTICULAR LENS, BIFOCAL	104.96	
V2299		LENS BIFOCAL SPECIALITY	BR	
V2300		LENS SPHERE TRIFOCAL 4.00D	72.44	
V2301		LENS SPHERE TRIFOCAL 4.12-7.	84.01	
V2302		LENS SPHERE TRIFOCAL 7.12-20	92.03	
V2303		LENS SPHCY TRIFOCAL 4.0/.12-	76.25	
V2304		LENS SPHCY TRIFOCAL 4.0/2.25	79.78	
V2305		LENS SPHCY TRIFOCAL 4.0/4.25	97.85	

Code	Mod	Description	Amount	APC Amount
V2306		LENS SPHCYL TRIFOCAL 4.00/>6	91.22	
V2307		LENS SPHCY TRIFOCAL 4.25-7/.	90.45	
V2308		LENS SPHC TRIFOCAL 4.25-7/2.	96.53	
V2309		LENS SPHC TRIFOCAL 4.25-7/4.	112.93	
V2310		LENS SPHC TRIFOCAL 4.25-7/>6	124.22	
V2311		LENS SPHC TRIFO 7.25-12/.25-	118.29	
V2312		LENS SPHC TRIFO 7.25-12/2.25	104.28	
V2313		LENS SPHC TRIFO 7.25-12/4.25	142.34	
V2314		LENS SPHCYL TRIFOCAL OVER 12	155.91	
V2315		LENS LENTICULAR TRIFOCAL	173.10	
V2318		LENS ANISEIKONIC TRIFOCAL	159.60	
V2319		LENS TRIFOCAL SEG WIDTH > 28	54.03	
V2320		LENS TRIFOCAL ADD OVER 3.25D	57.00	
V2321		LENTICULAR LENS, TRIFOCAL	170.61	
V2399		LENS TRIFOCAL SPECIALITY	BR	
V2410		LENS VARIAB ASPHERICITY SING	97.56	
V2430		LENS VARIABLE ASPHERICITY BI	127.01	
V2499		VARIABLE ASPHERICITY LENS	BR	
V2500		CONTACT LENS PMMA SPHERICAL	88.43	
V2501		CNTCT LENS PMMA-TORIC/PRISM	134.71	
V2502		CONTACT LENS PMMA BIFOCAL	165.95	
V2503		CNTCT LENS PMMA COLOR VISION	158.79	
V2510		CNTCT GAS PERMEABLE SPHERICL	120.71	
V2511		CNTCT TORIC PRISM BALLAST	173.45	
V2512		CNTCT LENS GAS PERMBL BIFOCL	204.95	
V2513		CONTACT LENS EXTENDED WEAR	172.06	
V2520		CONTACT LENS HYDROPHILIC	113.47	
V2521		CNTCT LENS HYDROPHILIC TORIC	197.55	
V2522		CNTCT LENS HYDROPHIL BIFOCL	192.25	
V2523		CNTCT LENS HYDROPHIL EXTEND	163.83	
V2530		CONTACT LENS GAS IMPERMEABLE	242.66	
V2531		CONTACT LENS GAS PERMEABLE	595.73	
V2599		CONTACT LENS/ES OTHER TYPE	BR	
V2600		HAND HELD LOW VISION AIDS	BR	
V2610		SINGLE LENS SPECTACLE MOUNT	BR	
V2615		TELESCOP/OTHR COMPOUND LENS	BR	
V2623		PLASTIC EYE PROSTH CUSTOM	976.61	
V2624		POLISHING ARTIFICAL EYE	66.23	
V2625		ENLARGEMNT OF EYE PROSTHESIS	429.02	
V2626		REDUCTION OF EYE PROSTHESIS	272.18	
V2627		SCLERAL COVER SHELL	1558.28	
V2628		FABRICATION & FITTING	356.28	
V2629		PROSTHETIC EYE OTHER TYPE	BR	
V2630		ANTER CHAMBER INTRAOCUL LENS	129.50	
V2631		IRIS SUPPORT INTRAOCLR LENS	129.50	
V2632		POST CHMBR INTRAOCULAR LENS	129.50	
V2700		BALANCE LENS	47.66	
V2702		DELUXE LENS FEATURE	BR	
V2710		GLASS/PLASTIC SLAB OFF PRISM	69.76	
V2715		PRISM LENS/ES	12.65	

Code	Mod	Description	Amount	APC Amount
V2718		FRESNELL PRISM PRESS-ON LENS	31.06	
V2730		SPECIAL BASE CURVE	22.95	
V2744		TINT PHOTOCHROMATIC LENS/ES	23.79	
V2745		TINT, ANY COLOR/SOLID/GRAD	13.50	
V2750		ANTI-REFLECTIVE COATING	27.69	
V2755		UV LENS/ES	20.01	
V2756		EYE GLASS CASE	BR	
V2760		SCRATCH RESISTANT COATING	17.42	
V2761		MIRROR COATING	47.89	
V2762		POLARIZATION, ANY LENS	65.59	
V2770		OCCLUDER LENS/ES	22.51	
V2780		OVERSIZE LENS/ES	18.18	
V2781		PROGRESSIVE LENS PER LENS	BR	
V2782		LENS, 1.54-1.65 P/1.60-1.79G	70.82	
V2783		LENS, >= 1.66 P/>=1.80 G	79.86	
V2784		LENS POLYCARB OR EQUAL	51.93	
V2785		CORNEAL TISSUE PROCESSING	BR	
V2786		OCCUPATIONAL MULTIFOCAL LENS	BR	
V2787		ASTIGMATISM-CORRECT FUNCTION	BR	
V2788		PRESBYOPIA-CORRECT FUNCTION	BR	
V2790		AMNIOTIC MEMBRANE	BR	
V2797		VIS ITEM/SVC IN OTHER CODE	BR	
V2799		MISC VISION ITEM OR SERVICE	BR	
V5008		HEARING SCREENING	49.70	
V5010		ASSESSMENT FOR HEARING AID	91.94	
V5011		HEARING AID FITTING/CHECKING	165.70	
V5014		HEARING AID REPAIR/MODIFYING	159.58	
V5020		CONFORMITY EVALUATION	106.40	
V5030		BODY-WORN HEARING AID AIR	1277.15	
V5040		BODY-WORN HEARING AID BONE	627.72	
V5050		HEARING AID MONAURAL IN EAR	1596.10	
V5060		BEHIND EAR HEARING AID	2389.21	
V5070		GLASSES AIR CONDUCTION	337.01	
V5080		GLASSES BONE CONDUCTION	846.75	
V5090		HEARING AID DISPENSING FEE	292.69	
V5095		IMPLANT MID EAR HEARING PROS	BR	
V5100		BODY-WORN BILAT HEARING AID	1436.20	
V5110		HEARING AID DISPENSING FEE	532.01	
V5120		BODY-WORN BINAUR HEARING AID	1754.26	
V5130		IN EAR BINAURAL HEARING AID	3192.41	
V5140		BEHIND EAR BINAUR HEARING AI	4363.17	
V5150		GLASSES BINAURAL HEARING AID	1402.80	
V5160		DISPENSING FEE BINAURAL	638.47	
V5171		HEARING AID MONAURAL ITE	BR	
V5172		HEARING AID MONAURAL ITC	BR	
V5181		HEARING AID MONAURAL BTE	BR	
V5190		HEARING AID MONAURAL GLASSES	965.13	
V5200		DISP FEE CONTRALATERAL MONAU	425.63	
V5211		HEARING AID BINAURAL ITE/ITE	BR	
V5212		HEARING AID BINAURAL ITE/ITC	BR	

Code	Mod	Description	Amount	APC Amount
V5213		HEARING AID BINAURAL ITE/BTE	BR	
V5214		HEARING AID BINAURAL ITC/ITC	BR	
V5215		HEARING AID BINAURAL ITC/BTE	BR	
V5221		HEARING AID BINAURAL BTE/BTE	BR	
V5230		HEARING AID BINAURAL GLASSES	1052.90	
V5240		DISP FEE CONTRALATERAL BINAU	691.68	
V5241		DISPENSING FEE, MONAURAL	BR	
V5242		HEARING AID, MONAURAL, CIC	BR	
V5243		HEARING AID, MONAURAL, ITC	BR	
V5244		HEARING AID, PROG, MON, CIC	BR	
V5245		HEARING AID, PROG, MON, ITC	BR	
V5246		HEARING AID, PROG, MON, ITE	BR	
V5247		HEARING AID, PROG, MON, BTE	BR	
V5248		HEARING AID, BINAURAL, CIC	BR	
V5249		HEARING AID, BINAURAL, ITC	BR	
V5250		HEARING AID, PROG, BIN, CIC	BR	
V5251		HEARING AID, PROG, BIN, ITC	BR	
V5252		HEARING AID, PROG, BIN, ITE	BR	
V5253		HEARING AID, PROG, BIN, BTE	BR	
V5254		HEARING ID, DIGIT, MON, CIC	BR	
V5255		HEARING AID, DIGIT, MON, ITC	BR	
V5256		HEARING AID, DIGIT, MON, ITE	BR	
V5257		HEARING AID, DIGIT, MON, BTE	BR	
V5258		HEARING AID, DIGIT, BIN, CIC	BR	
V5259		HEARING AID, DIGIT, BIN, ITC	BR	
V5260		HEARING AID, DIGIT, BIN, ITE	BR	
V5261		HEARING AID, DIGIT, BIN, BTE	BR	
V5262		HEARING AID, DISP, MONAURAL	BR	
V5263		HEARING AID, DISP, BINAURAL	BR	
V5264		EAR MOLD/INSERT	BR	
V5265		EAR MOLD/INSERT, DISP	BR	
V5266		BATTERY FOR HEARING DEVICE	BR	
V5267		HEARING AID SUP/ACCESS/DEV	BR	
V5268		ALD TELEPHONE AMPLIFIER	BR	
V5269		ALERTING DEVICE, ANY TYPE	BR	
V5270		ALD, TV AMPLIFIER, ANY TYPE	BR	
V5271		ALD, TV CAPTION DECODER	BR	
V5272		TDD	BR	
V5273		ALD FOR COCHLEAR IMPLANT	BR	
V5274		ALD UNSPECIFIED	BR	
V5275		EAR IMPRESSION	BR	
V5281		ALD FM/DM SYSTEM, MONAURAL	BR	
V5282		ALD FM/DM SYSTEM BINAURAL	BR	
V5283		ALD NECK, LOOP IND RECEIVER	BR	
V5284		ALD FM/DM EAR LEVEL RECEIVER	BR	
V5285		ALD FM/DM AUD INPUT RECEIVER	BR	
V5286		ALD BLU TOOTH FM/DM RECEIVER	BR	
V5287		ALD FM/DM RECEIVER, NOS	BR	
V5288		ALD FM/DM TRANSMITTER ALD	BR	
V5289		ALD FM/DM ADAPT/BOOT COUPLIN	BR	

Code	Mod	Description	Amount	APC Amount
V5290		ALD TRANSMITTER MICROPHONE	BR	
V5298		HEARING AID NOC	BR	
V5299		HEARING SERVICE	BR	
V5336		REPAIR COMMUNICATION DEVICE	BR	
V5362		SPEECH SCREENING	BR	
V5363		LANGUAGE SCREENING	BR	
V5364		DYSPHAGIA SCREENING	BR	

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MISSISSIPPI

Workers' Compensation Medical Fee Schedule

Effective ~~November 12, 2016~~June 15, 2019

~~U5779~~

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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 12, 2016~~~~Month/Day~~June 15, 2019, and, in the case of inpatient treatment, to services where the discharge date is on or after ~~November 12, 2016~~ ~~Month/Day~~June 15, 2019. 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 (MWCC) deems to be fair and reasonable. Reimbursement for professional fees is based on Medicare Relative Value Units (RVUs) effective January 1, 2019.

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~~ FAIR Health website at https://orders.fairhealth.org. ~~https://www.optum360coding.com/ProductUpdates/.~~

Subscribers should regularly check these sites for changes. Providers can also provide their contact information on the MWCC website at https://mwcc.gov to be notified of important updates in the future.

This Fee Schedule shall be used by the ~~Workers' Compensation Commission~~MWCC, 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~~ MWCC 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, CDT and HCPCS ~~rules and~~ guidelines and National Correct Coding Initiative (NCCI) coding edits in effect at the time service is rendered, unless otherwise provided in this Fee Schedule or by the ~~Commission~~MWCC.

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. CDT is a registered trademark of the Amercian Dental Association. 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.

VI. FORMAT

This Fee Schedule is comprised of the following sections: Introduction; General Rules; Billing and Reimbursement Rules; Medical Records Rules; Dispute Resolution Rules; ~~Utilization Precertification~~Pre-certification and Authorization Review Rules; ~~Rules for~~ Modifiers and Code ~~Exceptions~~Rules; 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; Inpatient Hospital and Outpatient Facility Payment Schedule and Rules; ~~Durable Medical Equipment (DME), Orthotics, Prosthetics and Other~~ and 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~~ medium procedure descriptions. A complete list of modifiers is ~~included in a separate section for easy reference.~~ provided in the Modifier and Code Rules section.

VII. SCOPE

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

V. 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.

W. Establishes a schedule of maximum allowable reimbursement (MAR) ~~allowance (MRA)~~ for such treatment, attendance, service, device, apparatus, or medicine.

X. 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 allowable reimbursement ~~allowance~~ (~~MRA~~MAR) established under this Fee Schedule.

Y. 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~~MWCC, of the necessary records, medical bills, and other information concerning any health care or health care service under review.

Z. 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.

AA. 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.

BB. Provides for the review by the employer/payer or ~~Commission~~ MWCC 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.

CC. 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.

DD. 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~~MWCC, or court decisions interpreting the Act or the ~~Commission's~~ MWCC's administrative rules.

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

FF. Establishes deposition/witness fees.

GG. Establishes fees for medical reports.

HH. Provides for uniformity in billing of provider services.

II. Establishes rules/guidelines for billing.

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

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

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

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

NN. 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.

OO. 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 allowable reimbursement ~~limits~~ (MAR) in this Fee Schedule.

PP. 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~~MWCC.

VIII. 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~~ ODG g~~G~~uidelines ~~("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.

E. 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.

F. 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.

G. 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.

H. 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.

IX. 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 for hospital outpatient and ambulatory surgery center facilities 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 request for 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.

CARF, the Commission on Accreditation of Rehabilitation Facilities, is an independent, nonprofit accreditor of health and human services such as medical rehabilitation facilities.

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, which is 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~~ MWCC 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 allowable 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 allowable reimbursement ~~allowance~~ amount, but which do not include follow up care related to 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. CPT codes are Level I HCPCS codes. 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~~MWCC. 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 to a hospital as an inpatient ~~to a hospital~~.

MAR (See Maximum allowable reimbursement)

Maximum allowable reimbursement ~~allowance~~ (~~MRA~~MAR) 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~~ 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; and
- The range of variation from the norm.

MWCC means the Mississippi Workers' Compensation Commission.

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 (NCCI) means an initiative implemented by the Centers for Medicare and Medicaid Services' (CMS) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. NCCI Procedure-to-Procedure (PTP) code pair edits are automated prepayment edits that prevent improper payment when certain codes are submitted together. Medically Unlikely Edits (MUEs) are the maximum number of Units of Service (UOS) allowable under most circumstances for a single Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) code billed by a provider on a date of service. ~~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 care is a well-defined set of specific, clinically appropriate services, which include ongoing short term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital.~~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 or procedure 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.

X. 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~~2019.

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

~~Moderate (Conscious) Sedation~~

~~K 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.

J1* a Mississippi state-specific status indicator applicable to APC payments. See the Inpatient Hospital and Outpatient Facility Payment Schedule and Rules section for more information.

Telemedicine-eligible.
* Ddenotes those CPT codes that may be used for reporting synchronous (real-time) telemedicine services when appended by modifier 95.

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 2019 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 Modifier and Code Rules section for more information regarding the modifiers.

Description
This Fee Schedule uses 2016 CPT 2019 full medium descriptions. Some HCPCS code descriptions have been modified by the State of Mississippi.

AmountMAR
This column lists the total maximum allowable reimbursement as a monetary amount. Procedures with a $0.00 in the Amount MAR 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 reimbursement 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 Rules 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 ExceptionsRules 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 health care professional 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~~MWCC 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 allowable reimbursement ~~allowance~~ (~~MRA~~MAR) contained in this Fee Schedule when providing treatment or service under the terms of the Act:

Acupuncturist (L.A.C.)

~~Anesthesiology Assistant (A.A.)~~

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, PharmD.)

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 allowable 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~~MWCC, and in such case, said provider and payer shall be subject to the rules and guidelines, including maximum allowable reimbursement amounts, provided herein.

VII. INFORMATION PROGRAM

The ~~Mississippi Workers' Compensation Commission~~MWCC 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' Compensation Educational Association Conference as well as the distribution of appropriate information materials via the ~~Commission's~~ MWCC'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~~ FAIR Health website at https://orders.fairhealth.org.~~https://www.optum360coding.com/ProductUpdates/.~~

GENERAL RULES

VII. CONFIRMATORY CONSULTATION

As provided in §71-3-15(1) of the Act, and in MWCC General Rule 1.9, 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.

VIII. CODING STANDARD

D. The most current version of the American Medical Association's Current Procedural Terminology (CPT®) or the most current version of the American Dental Association's CDT ~~2016~~2019~~:~~ 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.

E. 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.

F. Bills for ~~Services~~ services will be ~~coded according to the~~subject to 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.

IX. DEPOSITION/WITNESS FEES; MEDICAL RECORDS AFFIDAVIT

E. Any health care provider who gives a deposition or is otherwise subpoenaed to appear in proceedings pending before the ~~Commission~~ MWCC shall be paid a witness fee as provided by MWCC Procedural Rule 2.18(h) in the amount of $25.00 per day plus mileage reimbursement at the rate authorized by MWCC General Rule 1.14. Procedure code 99075 must be used to bill for a deposition.

F. 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~~ MWCC 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.

G. Pursuant to ~~Mississippi Workers' Compensation Commission~~MWCC Procedural Rule 2.9, 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~~in the

Medical Record Rules.

H. 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~~ MWCC may award attorney's fees and expenses to the health care provider in the event the ~~Commission~~ MWCC 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~~ MWCC 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~~ MWCC 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~~ MWCC 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.

X. IMPAIRMENT RATING

C. 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.

D. 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 allowable reimbursement for CPT code 99455 shall be $250.00.

XI. INDEPENDENT MEDICAL EXAMINATION (IME)

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

E. 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~~MWCC 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~~MWCC.

F. The fee for the IME may be set by the ~~Commission~~ MWCC 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~~ MWCC 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)

B. 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~~ MWCC to suspend benefits for failure to comply with medical treatment.

VII. MAXIMUM MEDICAL IMPROVEMENT

C. 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) calendar days, submit a report to the payer showing the date of maximum medical improvement (MWCC Form B9,27).

D. 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. The CMS-1500 form will be accepted in lieu of the Commission form if appropriate office/progress notes are attached.

VIII. OUT-OF-STATE MEDICAL TREATMENT

E. 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.

F. 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.

G. 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.

H. Prior authorization must be obtained from the payer for referral to out-of-state providers. The

documentation must include the following:

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

~~IX. AUTHORIZATION FOR TREATMENT~~

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

~~G. Non-emergency elective inpatient hospitalization~~

~~H. Non-emergency elective inpatient surgery~~

~~I. Non-emergency elective outpatient surgery~~

~~J. Physical medicine treatments after 15 visits or 30 days, whichever comes first~~

~~K. Rental or purchase of supplies or equipment over the amount of $300.00 per item~~

~~L. Rental or purchase of TENS~~

~~M. Home health services~~

~~N. Pain clinic/therapy programs, including interdisciplinary pain rehabilitation programs~~

~~O. External spinal stimulators~~

~~P. Pain control programs~~

~~Q. Work hardening programs, functional capacity testing, ISO kinetic testing~~

~~R. Referral for orthotics or prosthetics~~

~~S. Referral for acupuncture~~

~~T. Referral for biofeedback~~

~~U. Referral to psychological testing/counseling~~

~~V. Referral to substance abuse program~~

~~W. Referral to weight reduction program~~

~~X. Referral to any non-emergency medical service outside the State of Mississippi~~

~~Y. Repeat MRI (more than one per injury)~~

~~Z. Repeat CT Scan (more than one per injury)~~

- ~~Intraoperative neurophysiologic monitoring (e.g., SSEP, VEP, DEP, BAEP, MEP)~~

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

~~BB.~~G. **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.

~~CC.~~H. **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.

~~DD.~~I. **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.

~~EE.~~J. **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.

XVII. 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.

XVIII. SELECTION OF PROVIDERS

The selection of appropriate providers for diagnostic testing or analysis, including but not limited to surgical/procedure facilities, ~~CAT~~ CT or ~~scans,~~ MRI scans, 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~~(EMG) ~~/~~or a nerve conduction study (NCS) 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 if over $300.00.

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.

XX. PHARMACEUTICAL REIMBURSEMENT

In the event that the MWCC implements a drug formulary, the Formulary and any subsequent Pharmacy Fee Schedule will govern.

~~XIX.~~XX. 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.

~~XX~~XXI. MILEAGE REIMBURSEMENT (MCA §71-3-15; MISS. WORK COMP. COM. GENERAL RULE 1.14)

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~~ MWCC 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 MWCC 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 Mississippi Code Annotated 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 MWCC's General or Procedural Rules.~~

~~XV. SETTLEMENTS WITH MEDICARE SET-ASIDES~~

~~Pursuant to Mississippi. Code Annotated. 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.~~

~~XXI.~~XXII. 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.

~~XXII.~~XXIII. 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.

~~XXIII.~~XXIV. INVESTIGATIONAL PROCEDURES

~~The~~ When the following procedures are ~~are considered~~ performed as investigational procedures~~, and, therefore, do~~ ~~they will~~ 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. Pulsed 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~~ Botulinum toxin for the ~~use~~ treatment of musculoskeletal pain.
M. Ketamine infusion therapy.

~~N. Plasma rich protein (PRP) injections.~~

N. Prolotherapy.

See below for a list of additional procedures that ~~are considered investigational and~~ are not reimbursable when performed as investigational procedures.

- AccuraScope procedure.
- Annulo-nucleoplasty (The Disc-FX procedure).
- Annulus repair devices (Xclose Tissue Repair System, Barricaid, Disc Annular Repair Technology (DART) System).
- BacFast HD for isolated facet fusion.
- Biomet Aspen fusion system (an interlaminar fixation device).
- Cervical intradiscal radiofrequency lesioning.
- Chemical ablation (including but not limited to alcohol, phenol or sodium morrhuate) of facet joints.
- Coblation percutaneous disc decompression.
- Coccygeal ganglion (ganglion impar) block for coccydynia, pelvic pain, and all other indications.
- Cooled radiofrequency ablation for facet denervation.
- Cryoablation (cryoanesthesia, cryodenervation, cryoneurolysis, or cryosurgery) for the treatment of lumbar facet joint pain.
- Deuk Laser Disc Repair.
- Devices for annular repair (e.g., Inclose Surgical Mesh System).
- Dynamic (intervertebral) stabilization (e.g., BioFlex, CD Horizon Agile Dynamic Stabilization Device, DSS Dynamic Soft Stabilization System, Dynabolt Dynamic Stabilization System, Dynesys Spinal System, Graf ligamentoplasty/Graf artificial ligament, Isobar Spinal System, NFix, Satellite Spinal System, Stabilimax NZ Dynamic Spine Stabilization System, and the Zodiak DynaMo System).
- Endoscopic disc decompression, ablation, or annular modulation using the DiscFX System.
- Endoscopic laser foraminoplasty, endoscopic foraminotomy, laminotomy, and rhizotomy (endoscopic radiofrequency ablation).
- Endoscopic transforaminal diskectomy.
- Epidural fat grafting during lumbar decompression laminectomy/discectomy.
- Epidural injections of lytic agents (e.g., hyaluronidase, hypertonic saline) or mechanical lysis in the treatment of adhesive arachnoiditis, epidural fibrosis, failed back syndrome, or other indications.
- Epidural steroid injections for the treatment of non-radicular low back pain.
- Epiduroscopy (also known as epidural myeloscopy, epidural spinal endoscopy, myeloscopy, and spinal endoscopy) for the diagnosis and treatment of intractable LBP or other indications.

- Facet chemodenervation/chemical facet neurolysis.
- Facet joint allograft implants (NuFix facet fusion, TruFuse facet fusion).
- Facet joint implantation (Total Posterior-element System (TOPS) (Premia Spine), Total Facet Arthroplasty System (TFAS) (Archus Orthopedics), ACADIA Facet Replacement System (Facet Solutions/Globus Medical).
- Interlaminar lumbar instrumented fusion (ILIF).
- Interspinous and interlaminar distraction devices.
- Interspinous fixation devices (CD HORIZON SPIRE Plate, PrimaLOK SP, SP-Fix Spinous Process Fixation Plate, and Stabilink interspinous fixation device) for spinal stenosis or other indications.
- Intradiscal biacuplasty (IDB)/intervertebral disc biacuplasty/cooled radiofrequency.
- Intradiscal electrothermal annuloplasty (IEA).
- Intradiscal electrothermal therapy (IDET).
- Intradiscal glucocorticoid injection for the treatment of low back pain.
- Intradiscal implantation of combined autologous adipose-derived mesenchymal stem cells and hyaluronic acid for the treatment of discogenic low back pain.
- Intradiscal implantation of stromal vascular fraction plus platelet rich plasma for the treatment of degenerative disc disease.
- Intradiscal infiltration with plasma rich in growth factors for the treatment of low back pain.
- Intradiscal injection of autologous bone marrow concentrate for the treatment of degenerative disc disease.
- Intradiscal injection of platelet-rich plasma.
- Intradiscal methylene blue injection for the treatment of low back pain.
- Intradiscal pulsed radiofrequency for the treatment of discogenic neck pain.
- Intradiscal steroid injections.
- Intradiscal thermal annuloplasty (IDTA).
- Intradiscal, paravertebral, or epidural oxygen or ozone injections.
- Intravenous administration of corticosteroids, lidocaine, magnesium, Toradol or vitamin B12 (cyanocobalamin) as a treatment for back pain and neck pain.
- Khan kinetic treatment (KKT).
- Laser facet denervation.
- Least invasive lumbar decompression interbody fusion (LINDIF).
- Microsurgical lumbar sequestrectomy for the treatment of lumbar disc herniation.

- Minimally invasive endoscopic transforaminal lumbar interbody fusion (endoscopic MITLIF; same as endoscopic MAST fusion) for lumbar disc degeneration and instability or other indications.
- Minimally invasive lumbar decompression (MILD) procedure (percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements under indirect image guidance) for lumbar canall stenosis or other indications.
- Minimally invasive thoracic discectomy for the treatment of back pain.
- Nucleoplasty (also known as percutaneous radiofrequency thermomodulation or percutaneous plasma diskectomy).
- OptiMesh grafting system.
- Percutaneous (or plasma) disc decompression (PDD).
- Percutaneous cervical diskectomy.
- Percutaneous endoscopic diskectomy with or without laser (PELD) (also known as arthroscopic microdiskectomy or Yeung Endoscopic Spinal Surgery System [Y.E.S.S.]).
- Percutaneous intradiscal radiofrequency thermocoagulation (PIRFT)/intradiscal radiofrequency thermomodulation/percutaneous radiofrequency thermomodulation.
- Piriformis muscle resection and other surgery for piriformis syndrome.
- Posterior intrafacet implants (e.g., DTRAX Cervical Cage) for posterior cervical fusion.
- Psoas compartment block for lumbar radiculopathy or myositis ossification.
- Racz procedure (epidural adhesiolysis with the Racz catheter) for the treatment of members with adhesive arachnoiditis, epidural adhesions, failed back syndrome from multiple previous surgeries for herniated lumbar disk, or other indications.
- Radiofrequency annuloplasty (RA).
- Radiofrequency denervation for sacroiliac joint pain.
- Radiofrequency lesioning of dorsal root ganglia for back pain.
- Radiofrequency lesioning of terminal (peripheral) nerve endings for back pain.
- Radiofrequency/pulsed radiofrequency ablation of trigger point pain.
- Sacroiliac fusion or pinning for the treatment of LBP due to sacroiliac joint syndrome; Note: Sacroiliac fusion may be medically necessary for sacroiliac joint infection, tumor involving the sacrum, and sacroiliac pain due to severe traumatic injury where a trial of an external fixator is successful in providing pain relief.
- Sacroiliac joint fusion (e.g., by means of the iFuse System and the SImmetry Sacroiliac Joint Fusion System).
- Sacroplasty for osteoporotic sacral insufficiency fractures and other indications.

- Targeted disc decompression (TDD).
- Total Facet Arthroplasty System (TFAS) for the treatment of spinal stenosis.
- Vesselplasty (e.g., Vessel-X).

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

- Active Release Technique.
- Active Therapeutic Movement (ATM2).
- Advanced Biostructural Correction (ABC) Chiropractic Technique.
- Applied Spinal Biomechanical Engineering.
- Atlas Orthogonal Technique.
- Bioenergetic Synchronization Technique.
- Biogeometric Integration.
- Blair Technique.
- Bowen Technique.
- Chiropractic Biophysics Technique.
- Coccygeal Meningeal Stress Fixation Technique.
- ConnecTX (an instrument-assisted connective tissue therapy program).
- Cranial Manipulation.
- Directional Non-Force Technique.
- FAKTR (Functional and Kinetic Treatment with Rehab) Approach.
- Gonzalez Rehabilitation Technique.
- Inertial traction (inertial extensilizer decompression table.
- IntraDiscNutrosis program.
- Koren Specific Technique.
- Manipulation for infant colic.
- Manipulation for internal (non-neuromusculoskeletal) disorders (Applied Kinesiology).
- Manipulation Under Anesthesia.
- Moire Contourographic Analysis.
- Network Technique.
- Neural Organizational Technique.
- Neuro Emotional Technique.

- Positional Release Therapy.
- Sacro-Occipital Technique.
- Spinal Adjusting Devices (ProAdjuster, PulStarFRAS, Activator).
- Therapeutic (Wobble) Chair.
- Upledger Technique and Cranio-Sacral Therapy.
- Webster Technique (for breech babies).
- Whitcomb Technique.

BILLING AND REIMBURSEMENT RULES

J. GENERAL PROVISIONS

D. **Maximum Allowable Reimbursement ~~Allowance~~ (~~MRA~~MAR).** Unless the payer and provider have a separate fee contract which provides for a different level of reimbursement, the maximum allowable 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 allowable 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 allowable 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 allowable 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.

E. **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 allowable 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.

2. 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~~ MWCC 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~~ MWCC 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~~ MWCC 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.

F. **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.

K. **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.

L. **Physician Specialty.** The rules and maximum allowable 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.

M. **"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. Procedure code 99201 or 99211 may be billed.

N. **"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.

O. **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.

P. **Injections**.

- 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 using the appropriate HCPCS J-code.

- The description must include the name of the medication, strength, and dose injected.
- When multiple drugs are administered from the same syringe, reimbursement will be for a single injection.
- 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.
- 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.

Q. **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

D. All bills for service must be coded with the appropriate CPT, CDT, or HCPCS or state-specific code.

E. The medical provider must file the appropriate billing form and necessary documentation within thirty twenty (3020) 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 one-time only 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 MWCC or its Cost Containment Division.

F. When services were rendered by another qualified health care professional and billed under the physician's National Provider Identifier (NPI), the billing physician must sign the medical record. When the physician bills the E/M services, the physician must personally document that the physician performed the service or were physically present during the critical or key portions of the service furnished by the qualified health care professional, and the physician's participation in the management of the patient.

D. Fees in excess of the maximum allowable reimbursement (MAR) 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)).

E. 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.

H. 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.

I. 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

G. 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.

H. 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.

I. (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~~ MWCC 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.

J. 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 one-time only penalty equal to ten percent (10%) of the unpaid remaining balance, including interest as herein provided.

K. (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.

L. 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:~~

- ~~Validate that prior authorization was approved according to Fee Schedule guidelines;~~
- ~~Validate that the length of stay and the level of service was appropriate for the diagnosis;~~
- ~~Review the bill for possible overcharges or billing errors;~~
- ~~Determine if an on-site audit is appropriate;~~
- ~~Identify over utilization of services;~~
- ~~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:~~

- ~~Patient name~~
- ~~Account number~~
- ~~Date(s) of service~~
- ~~Diagnosis(es)~~
- ~~Total amount of bill~~
- ~~Insurance company~~
- ~~Name of audit requester~~
- ~~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.~~

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)

F. 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.

G. 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.

H. 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.

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

J. 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 allowable 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

G. 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.

H. 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.

I. 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.

J. 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~~ MWCC pursuant to the Dispute Resolution Rules set forth hereafter.

K. 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~~ MWCC 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~~ MWCC within the initial thirty (30) day period set forth in paragraph B. above.

L. 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~~one year ~~otherwise provided herein~~ from ~~??~~the date of service for seeking reconsideration and/or review.

MEDICAL RECORDS RULES

J. MEDICAL RECORDS

H. 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.

I. A medical provider may not charge any fee for completing a medical report or form required by the ~~Workers' Compensation Commission~~MWCC 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.

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

7. 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;
8. Progress notes which reflect patient complaints, objective findings, assessment of the problem, and plan of care or treatment;
9. Copies of lab, x-ray, or other diagnostic tests that reflect current progress of the patient and/or response to therapy or treatment;
10. Physical medicine/occupational therapy progress notes that reflect the patient's response to treatment/therapy;
11. Operative reports, consultation notes with report, and/or dictated report; and
12. Impairment rating (projected and actual) and anticipated maximum medical improvement (MMI) date.

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

8. The disability;
9. Degree of restoration anticipated;
10. Measurable goals;
11. Specific therapies to be used;
12. Frequency and duration of treatments to be provided;
13. Anticipated return to work date; and
14. Projected impairment.

L. 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.

M. Providers must submit documentation for the following:

12. The initial office visit;
13. A progress report if still treating after thirty (30) days;
14. Evaluation for therapy services/treatment (P.T., O.T., C.M.T., O.M.T.);
15. A progress report every thirty (30) days for therapy services/treatment (P.T., O.T., C.M.T., O.M.T.);
16. An operative report or office note (if done in the office) for a surgical procedure;
17. A consultation;
18. The anesthesia record for anesthesia services;
19. A functional capacity or work hardening evaluation;
20. 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;
21. Whenever a modifier is used to describe an unusual circumstance; and
22. Whenever the procedure code descriptors include a written report.

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

9. Admission history and physical;
10. Discharge summary;
11. Operative reports;
12. Pathology reports;
13. Radiology reports;
14. Consultations;
15. Other dictated reports; and
16. Emergency room records.

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

J. **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; and

$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.

K. **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.

L. 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.

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

N. 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.)

O. 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.

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

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

R. 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. 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/).~~See, for example: http://www.hhs.gov/ocr/privacy/.~~

DISPUTE RESOLUTION RULES

VI. GENERAL PROVISIONS

E. 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~~MWCC. 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.

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

G. All communication between parties in dispute will be handled by the ~~Mississippi Workers' Compensation Commission~~MWCC, 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~~ MWCC in the resolution of a dispute.

H. In the absence of any agreement between the parties submitted to the ~~Commission~~ MWCC 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~~MWCC. 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.

VII. FORMS AND DOCUMENTATION

D. 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:

6. 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;
7. EOR including the specific reimbursement;
8. Supporting documentation and correspondence;
9. Specific information regarding contact with the payer; and
10. Any other information deemed relevant by the applicant for dispute resolution.

E. 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

F. 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~~ MWCC has been provided to the other interested parties or their representatives by certified mail simultaneously with the filing to the ~~Commission~~MWCC. This requirement shall also apply when a party files a request seeking review of a dispute by the ~~Commission~~MWCC.

III. TIME FOR FILING

A Request for Resolution of Dispute must be filed with the ~~Commission~~ MWCC 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~~ MWCC 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~~ MWCC or its Cost Containment Director. Mere neglect will not constitute "good cause."

IV. PROCEDURE BY COST CONTAINMENT DIVISION

E. Requests for dispute resolution will be reviewed and decided by the Cost Containment Division of the ~~Commission~~ MWCC 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~~MWCC, 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.

F. 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~~ MWCC 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~~MWCC. 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.

G. 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.

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

V. ~~COMMISSION~~ MWCC REVIEW OF A DISPUTE

H. 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 MWCC~~Commission~~. Unless permitted to appear pro se, all parties participating in MWCC ~~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 MWCC ~~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 MWCC~~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 MWCC ~~Commission~~ itself, including any penalty under Mississippi~~.~~ Code Annotated~~.~~ Section 71-3-59. No extension of time within which to file for MWCC ~~Commission~~ review of a dispute under these Rules shall be allowed. In the event a request for review is not filed with the MWCC ~~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 MWCC~~Commission~~, seek enforcement of payment of that decision pursuant to the terms and time period set forth in Mississippi~~.~~ Code Annotated~~.~~ Section 71-3-49. A Final Decision of the Cost Containment Division and/or the MWCC ~~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 Mississippi~~.~~ Code Annotated~~.~~ Section 71-3-49. No further action to enforce payment shall be made by the MWCC~~Commission~~, nor shall any other document be issued regarding the dispute unless the MWCC ~~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 Mississippi~~.~~ Code Annotated. Section 71-3-49. The same procedure for enforcement above shall also be applicable to all final decisions of the MWCC ~~Commission~~ in the event the decision of the Cost Containment Division was timely appealed to the MWCC ~~Commission~~ and a final decision of the MWCC ~~Commission~~ has been issued.

I. The request for review by the MWCC ~~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 MWCC~~Commission~~.

The party seeking relief hereunder shall certify that a copy of the request for review and any supporting documentation being filed with the MWCC ~~Commission~~ has been provided to the other interested parties or their representatives by certified mail simultaneously with the filing to the ~~Commission~~MWCC. Unlike the Request for Resolution of Dispute Form, there is no specific prescribed form for a Request for MWCC~~Commission~~ Review.

J. The MWCC ~~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 MWCC ~~Commission~~ on review, unless specifically requested by the MWCC~~Commission~~, and no hearing or oral argument shall be allowed, unless specifically requested by the MWCC~~Commission~~.

K. The MWCC ~~Commission~~ shall consider the request for review and issue a decision.

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

M. The costs incurred in seeking MWCC ~~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 MWCC ~~Commission~~ and to the party who has failed to comply with a prior decision if compliance therewith is ordered by the MWCC~~Commission~~. Otherwise, each party shall bear their own costs, including attorney's fees.

N. If the Cost Containment Director and/or the MWCC ~~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 MWCC ~~Commission~~ determines that a provider or payer has unreasonably refused to comply with the Law, the Rules of the MWCC~~Commission~~, including this Fee Schedule, or with any decision of the MWCC ~~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 MWCC ~~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 MWCC ~~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 MWCC~~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.

Mississippi Workers' Compensation Commission

Request for Resolution of Dispute

INSTRUCTIONS FOR USE

Please provide the following information and return with the required medical records to the address shown below.

A COPY OF THE REQUEST FOR RESOLUTION OF DISPUTE AND ITS CONTENTS MUST BE SENT BY CERTIFIED MAIL TO THE PAYER.

This dispute is submitted by: ☐ Provider ☐ Payer ☐ Other_____

Name

Address

City/State/Zip Phone

Contact Person Email

CLAIMANT INFORMATION

Name

Address

City/State/Zip Phone

Claim Number Date of Service

Employer Date of Injury

PAYER INFORMATION

Carrier/Self Insured Name

Address

City/State/Zip

Insurance Company/Third Party Administrator

Phone Email

Narrative Description of Unresolved Dispute(s)

Please attach copies of the following information regarding this claim:

☐ Original Bill ☐ Certified Mail Receipt ☐ Prior Authorization

☐ EOB(s)/EOR(s) ☐ Medical Records/Invoices(s) ☐ Appeal(s)

☐ EOMB including specific reimbursement ☐ Supporting documentation and communication

☐ Other pertinent information for review of this claim

☐ Documentation to substantiate the reconsideration of the original bill submitted

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

Date Received at MWCC

Date Reviewed by Cost Containment Division

MWCC – CC#:

~~UTILIZATION REVIEW~~ AUTHORIZATION/PRE-CERTIFICATION~~–~~ RULES

The Mississippi Workers' Compensation Commission ~~(MWCC)~~ requires mandatory ~~utilization review~~~~precertification/authorization~~authorization/pre-certification of certain medical services associated with the provision of medical treatment covered under the Act and subject to the Fee Schedule. "~~Utilization review~~~~Precertification~~Pre-certification" 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~~~~precertification~~pre-certification 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~~~~precertification~~pre-certification 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~~~~precertification~~pre-certification~~/authorization~~authorization/pre-certification.

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~~PRECERTIFICATION/AUTHORIZATION/PRE-CERTIFICATION, 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.

III. SERVICES REQUIRING ~~UTILIZATION REVIEW~~MANDATORY PRE-CERTIFICATION

~~Mandatory utilization review is required for the following:~~

A. All elective admissions to inpatient facilities of any type.

B. All elective 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. Pain Management Procedures. 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~~precertificiation, 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.~~

I. SERVICES THAT MAY REQUIRE PRE-CERTIFICATION

The following medical procedures require pre-approval by the payer. The payer may, at its discretion, require review by a utilization review agent. If a utilization review agent is not used, the review must be based on evidence-based practice standards. Any adverse determination must have concurrence of a physician of the same specialty and licensed to practice in Mississippi. If the payer requires review by a utilization review agent and receives an adverse determination, the payer may override the decision and authorize the series(s).

~~A. Non-emergency elective inpatient hospitalization with mandatory percertification;~~

~~B. Non-emergency elective inpatient surgery with mandatory percertification;~~

~~C. Non-emergency elective outpatient surgery with mandatory percertification;~~

A. Physical medicine treatments after and/or 15 visits post-operatively;

B. Rental or purchase of supplies or equipment over the amount of $300.00 per item;

C. Rental or purchase of TENS;

D. Home health services;

E. Pain clinic/therapy programs, including interdisciplinary pain rehabilitation programs;

F. External spinal stimulators;

G. Pain control programs;

H. Work hardening programs, functional capacity testing, ISO kinetic testing;

I. Orthotics or prosthetics;

J. Psychological testing/counseling/treatment;

K. Substance abuse program;

L. Weight reduction program;

M. Any non-emergency medical service outside the State of Mississippi;

N. Repeat MRI, repeat CT scan, repeat EMG/NCS, and repeat myelogram (more than once per injury and/or more than one post-operatively); and

O. Massage therapy, acupuncture and biofeedback.

IV. DEFINITIONS

For the purpose of this fee schedule the following activities have been defined:

Authorization. An authorization is an approval of medical services by a carrier/payer/employer, usually prior to service being rendered.

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~~state-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~~Certification or Authorization ~~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.

Peer Review. A review of any issue related to a claim as requested by another party. (Not usually requested by the provider.)

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~~ Authorization 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/person ~~thereof, or other person~~ performing ~~utilization review~~precertification/authorizationauthorization/pre-certification activities or services on behalf of an employer, payer or third-party claims administrator.

Variance. A deviation from a specific standard.

III. STANDARDS

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

J. 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).

K. 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.

L. 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.

M. 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.

N. 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~~~~precertification/authorization~~authorization/pre-certification activities, which shall be made available to the provider, or the Commission, upon request.

O. The payer maintains the responsibility for the oversight of the delegated functions if the payer delegates ~~utilization review~~~~precertification/authorization~~authorization/pre-certification 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~~~~precertification/authorization~~authorization/pre-certification functions or activities on its behalf maintains full responsibility for compliance with the rules.

P. 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. C~~S~~T each normal business day. There should be an established procedure for receiving or redirecting calls after hours or receiving faxed or electronic requests. Reviews should be conducted during hospitals' and health professionals' reasonable and normal business hours.

Q. 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.)~~

~~Q.~~R. Providers must submit a request to the payer using the MWCC Request for Authorization/~~Precertification~~Pre-certification. (A copy of this form is provided in the forms section of this fee schedule.)

IV. PROCEDURES FOR REVIEW DETERMINATIONS

The following procedures are required for effective review determination.

K. Initial review determinations must be made within two (2) business days of receipt of the treating physician's records and ~~the~~ other 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~~ and 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.)~~ In the case of determinations made by a specialist conducting a second level clinical review as defined under the ~~Precertification~~ Authorization/Pre-Certification Rules of the Fee Schedule, the two (2) day period begins to run upon the payer's receipt of a completed second opinion review from the second level clinical reviewer. Second level clinical review is not an Employer's Medical Evaluation (EME). In an EME, the employee is examined. In contrast, a second level clinical review as defined under the Fee Schedule does not include an in-person examination of the employee. An EME conducted in lieu of ~~precertification~~pre-certification is governed by other provisions of the Authorization/Pre-Certification Rules of the Fee Schedule, Miss. Code Ann. Section 71-3-15, and Miss. Work. Comp. Com. General Rule 1.9. In cases where an EME is conducted in lieu of ~~precertification~~pre-certification, the payer must notify the provider and the injured worker of its election to obtain an EME within the same (2) day period applicable to initial review determinations that begins once the payer has received the necessary information. However, in that instance, collection of the necessary information will not include the opinion of a second level clinical reviewer because no second level clinical reviewer will be used. Rather, the EME is elected in lieu of any further ~~precertification~~pre-certification. The Mississippi Workers' Compensation Commission Request for ~~Precertification/Authorization~~Authorization/pre-certification of Medical Treatment form ~~Utilization Review Request Form~~ may be used to request ~~precertification/authorization~~authorization/pre-certification.

L. 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.

M. 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.

N. 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.

2. 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.

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

    e. 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.

    f. 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.

5. 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.

6. 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.

7. 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~~ Retrospective 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.

O. 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.

P. When a payer and provider have completed the ~~utilization review~~~~precertification/authorization~~authorization/pre-certification 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~~~~precertification/authorization~~authorization/pre-certification 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~~~~precertification/authorization~~authorization/pre-certification dispute in accordance with the Dispute Resolution Rules provided elsewhere in this Fee Schedule.

Q. 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~~~~Precertification/Authorization~~Authorization/Pre-Certification Rules.

R. 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~~~~precertification/authorization~~authorization/pre-certification 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.

S. 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.

~~T. 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.~~

~~U.~~T. 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

Mississippi Workers' Compensation Commission

Request for Authorization/Pre-Certification of Medical Treatment

Request Date: _____

The use of this form is required under the provisions of the Mississippi Workers' Compensation Commission Fee Schedule.

Section 1: General Information

Employee Name	Requesting Provider
Address	Provider Billing Address
City State Zip	City State Zip
Home Phone Work Phone	Phone Fax
Date of Birth	Email
Date of Injury	Claim Number
Insurance Carrier	Claims Administrator/Adjuster
Billing Address	Phone Fax
City State Zip	Email

Section 2: Authorization Requested / Medical Necessity (To be completed by healthcare provider)

Indicate the type of service for which you are requesting prior authorization/pre-certification.

□ Inpatient □ Outpatient □ Home Health □Therapy □ Pharmacy □ Durable Medical Equipment □ Diagnostic Testing

□ Other: _____

Diagnosis CPT/DRG Code ICD/DSM Code

Requested Procedure//Treatment ICD Code

Proposed Date of Procedure/Treatment Name of Facility

Facility Address City State Zip

Required information included with Request for Authorization/Pre-certification:

□ History □ Physical Findings □ All Pertinent Clinical Documentation □ Test / Imaging Reports

□ Other _____

I hereby certify that this form and required information was □ Mailed □ Emailed □ Faxed to the carrier/insurer on this date: _____

Signature of Healthcare Provider Printed Name

Section 3: Response of Carrier/Insurer

Procedure/Treatment/Admission is **□ Authorized** **□ Denied** (Attach any explanation or additional information for decision.)

Preauthorization Number (if indicated) Date Completed

Printed Name Signature

Official Title

I CERTIFY THAT THIS REQUEST WAS SENT TO: **SUBMITTED BY:** Mail

Email

Date Signature Fax

MODIFIER AND CODE ~~EXCEPTION~~ RULES

~~Please see the modifier rules in each~~This ~~-~~section of the Mississippi Workers' Compensation Medical Fee Schedule ~~for~~ includes a complete listing of ~~appropriate all~~ appropriate modifiers for use~~d~~ with CPT and HCPCS codes. ~~for each area~~.

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

F. 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.

G. 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.

H. 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: A report explaining the medical necessity of the situation must be submitted with the claim to the payer. By definition, this modifier would be used in unusual circumstances only and is not appropriate to use for ~~routine~~ billing of routine procedures.~~.~~ 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 allowable 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 professional component maximum allowable reimbursement 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 maximum allowable reimbursement 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 for anesthesia codes 00100-01999.

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 maximum ~~allowed~~ allowable reimbursement~~amount~~, unless the procedure is included in the Pain Management section, where this modifier is reimbursed at twenty-five percent (25%) of the maximum allowable reimbursement.

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 maximum ~~allowed~~ allowable reimbursement~~amount.~~, unless the procedure is included in the Pain Management section, where this modifier is reimbursed at twenty-five percent (25%) of the maximum allowable reimbursement.

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.

Mississippi guideline: The maximum allowable reimbursement for this modifier is 80 percent of the total value of the surgery.

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.

Mississippi guideline: The maximum allowable reimbursement for this modifier is 20 percent of the total value of the surgery.

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 maximum ~~allowed~~ allowable reimbursement ~~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.

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.)

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.

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 allowable 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~~ Reimbursement is ten percent (10%) of the maximum allowable 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.

95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or other qualified

health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. Modifier 95 may only be appended to the services listed in Appendix P. Appendix P is the list of CPT codes for services that are typically performed face-to-face, but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system.

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 Four Concurrent Anesthesia Procedures (HCPCS Modifier)

Report modifier AD when the anesthesiologist supervises more than four 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: Modifier AS reimbursement is ten percent (10%) of the maximum allowable 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 CRNA Service with Medical Direction by a Physician ~~Qualified Non-Physician Anesthetist with Medical Direction by a Physician (HCPCS Modifier)~~

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

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

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

QZ CRNA Service Without Medical Direction by a Physician

Report modifier QZ with an appropriate CPT code when all anesthesia services are performed by a CRNA.

Mississippi guideline: Modifier QZ reimbursement is eighty percent (80%) of the maximum allowable reimbursement.

~~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) AND 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 maximum ~~allowed~~ allowable reimbursement,~~amount~~ unless the procedure is included in the Pain Management section, where this modifier is reimbursed at twenty-five percent (25%) of the maximum allowable reimbursement.

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 that are commonly used 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. PROCEDURE 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 allowable reimbursement allowance (MRA)(MAR).

3. 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:

   d. A complete description of the actual procedure or service performed;

   e. The amount of time necessary to complete the procedure or service performed;

   f. Accompanying documentation that describes the expertise and/or equipment required to complete the service or procedure.

4. 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 bookmanual. 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 allowable 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 20162019. 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 B icon.

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

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 K. 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 K, 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

II. 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.

VI. DEFINITIONS

C. **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.

D. **Average Wholesale Price (AWP)** means Average Wholesale Price based on data obtained from manufacturers. Under this Fee Schedule, drugs should be reimbursed according to the AWP based on the most current edition of the Drug Topics Red Book in effect at the time the medication is dispensed.

Pharmacy bills should be submitted using the NCPDP Workers' Compensation/Property and Casualty Claim Form or the equivalent NCPDP electronic format. Forms can be obtained here: https://www.ncpdp.org/Products/Universal-Claim-Forms. Nothing shall prohibit parties from using an agreed upon billing form or format.

~~D. **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~~

VII. RULES

In the event that the MWCC implements a drug formulary, the Formulary and any subsequent Pharmacy Fee Schedule will govern and supersede the rules in this Fee Schedule where they conflict.

F. 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~~ brand name drug is substantially more effective.

G. 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.

H. 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.

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

J. Providers should refer to the Mississippi Workers' Compensation Commission Guidelines for the Prescription of Opiates for rules relating to opiate prescriptions. The guidelines are available on the MWCC website at https://mwcc.ms.gov/pdf/mwccGuidlinesForThePrescriptionOfOpiates.pdf.

VIII. REIMBURSEMENT

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

5. Brand/Trade Name Medications: Average Wholesale Price (AWP) plus a five dollar ($5.00) dispensing fee.
6. Generic Medications: Average Wholesale Price (AWP) minus 5% plus a five dollar ($5.00) dispensing fee.
7. Over-the-counter medications are reimbursed at usual and customary rates.
8. 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.

E. 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.

F. 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.

IX. SPECIAL PRICING

E. **Repackaged ~~and/or Physician Dispensed~~ Medication:** If the only submitted National Drug Code (NDC) for the drug product as dispensed is a repackaged drug NDC, the drug will not be reimbursed. For repackaged drugs, providers shall submit both the NDC of the repackaged drug dispensed and the NDC of the original manufacturer to receive properly calculated reimbursement. Submission and placement of both NDCs shall be in accordance with the specifications of the billing form/format being used.

F. **Compound Medications:** A compound medication is any customized formulation of medication prepared by a compounding pharmacist that is not commercially available and which requires a prescription. All ~~C~~compounded ~~drugs or~~ medications shall be billed by listing each individual component ingredient~~drug~~ and each compound ingredient's~~its~~ NDC as assigned by the original manufacturer ~~number included in the compound~~ and calculating the charge for each ~~drug~~ component ingredient separately based on their AWP. Payment shall be based on the sum of the AWP fee for each ingredient, plus a single dispensing fee of five dollars ($5.00). Ingredients lacking an NDC will not be reimbursed. ~~If the submitted NDC for any ingredient is a repackaged drug, the compound medication will not be reimbursed. reimbursement for the repackaged ingredient(s) shall be as above provided.~~ Reimbursement for a compound ~~cream~~ topical medication is additionally limited to a maximum total reimbursement of three hundred dollars ($300.00) for a maximum of one hundred twenty (120) grams per month. A compound topical medication provided in an amount less than one hundred twenty (120) grams per month shall be prorated. Prior authorization (pre-certification) and medical documentation is required for ~~A~~any additional quantity over and above this one hundred twenty (120) grams per month amount. ~~limit requires further documentation and prior authorization (pre-~~

~~certification).~~

~~E~~G. **Combined Medications:** The entity packaging two or more products together must bill the products as individual line items identified by their original AWP and NDC. This original manufacturer NDC and its associated AWP shall be used to determine ingredient reimbursement. Supplies are considered integral to the package and not separately reimbursed.

~~F. 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.~~

~~G~~H. **Other Special Pricing:**

The maximum allowable reimbursement for manufactured topical medications other than patches is the billed charge up to a maximum of thirty dollars ($30.00) for a thirty (30) day supply, prorated if a lesser amount is provided. Patches will be reimbursed the billed charge up to a maximum of seventy dollars ($70.00) for a thirty (30) day supply, prorated if a lesser amount is provided. Intraarticular Joint Kits are limited to a maximum reimbursement of $27.36.

~~The following medications have maximum allowable 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

D. 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.

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

F. 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

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

E. 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.~~There is only one fee allowed for each CPT code. It is the decision of the physician or the physician assistant 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.

IV. PHYSICAL THERAPIST ASSISTANT OR OCCUPATIONAL THERAPIST ASSISTANT

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

D. 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 allowable 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.

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

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

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

II. REIMBURSEMENT

G. 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.

H. 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 allowable reimbursement ~~allowance~~ (~~MRA~~MAR), whichever is less. Billing for home health services is appropriate using the applicable billing form for other institutional providers or facilities.

I. 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.

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

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

L. 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.

VIII. RATES

F. The following ~~MRAs~~ MAR 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
LPN Skilled Nursing	$105.00	S9124

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.

G. 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

H. 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.

I. Professional providers not assigned a ~~MRA~~ MAR 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.

~~I.~~J. Respite Care is reimbursed at a rate of $20.00 per hour.

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

D. The ~~MRA~~ MAR 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.

E. 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~~Lipids:

10% – $75.00

20% – $95.00

Enteral Therapy:

$24.00 per day

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

V. HOSPICE

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

D. Daily ~~Per~~ per ~~Diem~~ diem amounts are as follows:

Routine Home Care – $~~373.68~~384.78

Continuous Home Rate – $~~1,889.58~~ 1,995.56

Inpatient Care – $~~1,440.22~~1,486.36

~~Skilled Nursing Facility Rules~~

~~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.~~

~~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; and~~

~~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; and
Services provided independent of the facility by physicians, and other qualified health care professionals (e.g., NP, PA, CRNA, psychologist).

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~~ guidelines as stated.

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. ~~For a list of the appropriate CPT and HCPCS modifiers refer to the~~See the Modifier and Code Rules section for detailed information on modifiers.

IV. DEFINITIONS AND RULES

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

H. DOCUMENTATION MUST BE PATIENT SPECIFIC, PERTAIN DIRECTLY TO THE CURRENT VISIT AND SUPPORT THE EVALUATION AND MANAGEMENT SERVICES PROVIDED FOR THE INJURED WORKER. INFORMATION COPIED DIRECTLY FROM PRIOR RECORDS WITHOUT CHANGE IS NOT CONSIDERED CURRENT NOR COUNTED.

~~H.~~I. **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; and
- 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 allowable ~~reimbursable~~ reimbursment ~~amount~~ (~~MRA~~MAR) or the billed amount.

~~I.~~J. **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).

~~J.~~K. **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.

~~K.~~L. **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.

4. The history component is categorized by four levels:
    e. *Problem Focused*. Chief complaint; brief history of present illness or problem.
    f. *Expanded Problem Focused*. Chief complaint; brief history of present illness; problem-pertinent system review.
    g. *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.
    h. *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.
5. The physical exam component is similarly divided into four levels of complexity:
    e. *Problem Focused.* A limited examination of the affected body area or organ system.
    f. *Expanded Problem Focused*. A limited examination of the affected body area or organ system and other symptomatic or related organ system(s).
    g. *Detailed*. An extended examination of the affected body area(s) and other symptomatic or related organ system(s).
    h. *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; and
- Each extremity.

The CPT book identifies the following organ systems:

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

6. 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:

   d. The number of possible diagnoses and/or the number of management options that must be considered.

   e. The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed, and analyzed.

   f. 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.

~~L.~~M. **Contributory Components.**

2. 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:

   h. Diagnostic results, impressions, and/or recommended diagnostic studies;

i. Prognosis;

j. Risks and benefits of management (treatment) options;

k. Instructions for management (treatment) and/or follow-up;

l. Importance of compliance with chosen management (treatment) options;

m. Risk factor reduction; and

n. 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.

~~M.~~N. Interpretation of Diagnostic Studies in the Emergency Room

6. Only one fee for the interpretation of an x-ray or EKG procedure will be reimbursed per procedure.
7. The payer is to provide reimbursement to the provider that directly contributed to the diagnosis and treatment of the individual patient.
8. 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.
9. 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.
10. 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.

V. 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:

F. A patient is considered an outpatient at a health care facility until formal inpatient admission occurs.

G. All physicians use codes 99281–99285 for reporting emergency department services, regardless of hospital-based or non-hospital-based status.

H. Admission to a hospital or nursing facility includes E/M services provided elsewhere on the same day.

I. 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.

J. Only one provider is reimbursed for a patient visit, except where wound care evaluation is provided in an established wound care center.

VI. 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.

X. OBSERVATION CARE DISCHARGE SERVICES (99217)

D. 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.

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

F. 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.~~

A consultation is 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.

A physician consultant may initiate diagnostic and/or therapeutic services at the same or subsequent visit.

A "consultation" initiated by a patient and/or family, and not requested by a physician or other appropriate source (eg, physician assistant, nurse practitioner, doctor of chiropractic, physical therapist, occupational therapist, speech-language pathologist, psychologist, social worker, lawyer, employer or insurance company), is not reported using the consultation codes but may be reported using the office visit, home service, or domiciliary/rest home care codes as appropriate.

The written or verbal request for consult may be made by a physician or other appropriate source and documented in the patient's medical record by either the consulting or requesting physician or appropriate source. The consultant's opinion and any services that were ordered or performed must also be documented in the patient's medical record and communicated by written report to the requesting physician or other appropriate source.

If a consultation is mandated (eg, by a third-party payer) modifier 32 should also be reported.

Any specifically identifiable procedure (ie, identified with a specific CPT code) performed on or subsequent to the date of the initial consultation should be reported separately.

If subsequent to the completion of a consultation the consultant assumes responsibility for management of a portion or all of the patient's condition(s), the appropriate Evaluation and Management services code for the site of service should be reported. In the hospital or nursing facility setting, the consultant should use the appropriate inpatient consultation code for the initial encounter and then subsequent hospital or nursing facility care codes. In the office setting, the consultant should use the appropriate office or other outpatient consultation codes and then the established patient office or other outpatient services 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 (71045, 7104671010, 71015, 71020), pulse oximetry (94760, 94761, 94762), blood gases, and collection and interpretation of physiologic data (eg, ECGs, blood pressures, hematologic data);~~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~~ included in this listing~~above~~ should be reported separately~~ when performed in conjunction with critical services reported with code 99291–99292~~. Facilities may report the above services separately.

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 (99366–99368, 9936M)

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~~state-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.

XIX. NON-FACE-TO-FACE SERVICES (99441–99449, 99451-99454, 99091, 99457)

These codes are used to report non face-to-face evaluation and management services using the telephone or internet resources and for remote physiologic monitoring and treatment management services.

~~XIX.~~ XX. 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.

XIX. CARE MANAGEMENT SERVICES (99487–99489)

Care management services are management and support services provided by clinical staff, under the direction of or provided personally by a physician or other qualified health care professional. Services include establishing, implementing, revising, or monitoring the care plan, coordinating the care of other professionals and agencies, and educating the patient or caregiver about the patient's condition, care plan, and prognosis. The physician or other qualified health care professional provides or oversees the management and/or coordination of services, as needed, for all medical conditions, psychosocial needs, and activities of daily living.

XXIII. PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT (99492–99494)

Psychiatric collaborative care services are provided under the direction of a treating physician or other qualified health care professional. These include the services of the treating physician or other qualified health care professional, the behavioral health care manager and the psychiatric consultant. Patients typically have behavioral health signs and/or symptoms or a newly diagnosed behavioral health condition, may need help in engaging in treatment, have not responded to standard care delivered in a non-psychiatric setting, or require further assessment and engagement, prior to consideration of referral to a psychiatric care setting.

XXIV. TRANSITIONAL CARE MANAGEMENT (99495–99496)

Transitional care management services are for a new or established patient whosed medical and/or psychosocial problems require moderate or high complexity medical decision making during transitions in care from an inpatient hospital setting, partial hospital or observation status in a hospital, or skilled nursing facility/nursing facility to the patient's community setting.

XXV. ADVANCE CARE PLANNING (99497–99498)

These face-to-face services between a physician or other qualified health care professional and a patient, family member, or surrogate involving couseling and discussing advance directives with or without completing

relevant legal forms.

~~XVIII~~XXIII. OTHER EVALUATION AND MANAGEMENT SERVICES (99499)

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

~~XIX~~XXIV. PRACTICE OF TELEMEDICINE

D. 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.

E. 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.

F. 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.

~~MODIFIERS~~

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	95.58			XXX	N	
	★		99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	59.02			XXX	N	
	★		99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	98.36			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	★		99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	139.54			XXX	N	
	★		99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	211.82			XXX	N	
	★		99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	266.27			XXX	N	
			99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	29.28			XXX	N	
	★		99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	58.10			XXX	N	
	★		99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	95.62			XXX	N	
	★		99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	140.00			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	★		99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	187.58			XXX	N	
			99217	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.])	94.25			XXX	N	
			99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	128.56			XXX	N	
			99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	175.22			XXX	N	
			99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	239.27			XXX	N	
			99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	130.85			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	176.60			XXX	N	
			99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	260.78			XXX	N	
			99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	51.24			XXX	N	
			99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	94.25			XXX	N	
			99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	134.96			XXX	N	
	★		99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	50.78			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	★		99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	93.79			XXX	N	
	★		99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	134.05			XXX	N	
			99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	171.56			XXX	N	
			99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	218.23			XXX	N	
			99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	280.45			XXX	N	
			99238	Hospital discharge day management; 30 minutes or less	94.25			XXX	N	
			99239	Hospital discharge day management; more than 30 minutes	138.17			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	★		99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	61.31			XXX	N	99.97
	★		99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	115.29			XXX	N	143.83
	★		99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	157.84			XXX	N	144.60
	★		99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	236.07			XXX	N	211.91
	★		99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	287.77			XXX	N	232.78
	★		99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.	63.14			XXX	N	115.53
	★		99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	96.53			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	★		99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	148.69			XXX	N	264.46
	★		99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.	215.94			XXX	N	
	★		99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.	259.86			XXX	N	
			99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	27.45			XXX	N	99.02
			99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	53.53			XXX	N	181.70
			99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	80.06			XXX	N	316.65

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	151.89			XXX	N	511.73
			99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	223.72			XXX	N	745.93
			99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support	BR			XXX	N	
			99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	357.77			XXX	N	1050.83
+			99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	158.30			ZZZ	N	
			99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	116.21			XXX	N	
			99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	167.90			XXX	N	
			99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit.	215.03			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	★		99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.	56.73			XXX	N	
	★		99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.	88.76			XXX	N	
	★		99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.	118.04			XXX	N	
	★		99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.	174.77			XXX	N	
			99315	Nursing facility discharge day management; 30 minutes or less	94.70			XXX	N	
			99316	Nursing facility discharge day management; more than 30 minutes	136.34			XXX	N	
			99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit.	123.53			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver.	71.37			XXX	N	
			99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver.	103.40			XXX	N	
			99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver.	179.34			XXX	N	
			99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver.	240.65			XXX	N	
			99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver.	283.19			XXX	N	
			99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver.	77.78			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver.	122.61			XXX	N	
			99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver.	174.77			XXX	N	
			99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver.	250.25			XXX	N	
			99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	99.28			XXX	N	
			99340	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	139.54			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	71.37			XXX	N	
			99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	102.94			XXX	N	
			99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	167.90			XXX	N	
			99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	235.16			XXX	N	
			99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family.	285.94			XXX	N	
			99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	71.37			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	108.43			XXX	N	
			99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	166.53			XXX	N	
			99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family.	231.04			XXX	N	
+	★		99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	167.90			ZZZ	N	
+	★		99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	128.10			ZZZ	N	
+			99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)	118.95			ZZZ	N	
+			99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	119.41			ZZZ	N	
			99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	144.11			XXX	N	
+			99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)	69.54			ZZZ	N	
			99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	79.15			XXX	N	
			99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	55.36			XXX	N	
			99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	73.20			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	47.58			XXX	N	
		∞	9936M	Medical Conference by a physician or qualified health care professional with interdisciplinary team case manager to coordinate activities of patient care.	96.40			XXX	N	
			99374	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	89.67			XXX	N	
			99375	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	134.51			XXX	N	
			99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	89.67			XXX	N	
			99378	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	134.51			XXX	N	
			99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	89.67			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more	134.51			XXX	N	
			99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	143.20			XXX	N	124.83
			99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	150.06			XXX	N	136.75
			99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	156.01			XXX	N	122.01
			99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	176.14			XXX	N	152.91
			99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	170.19			XXX	N	155.09
			99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	197.64			XXX	N	154.09
			99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	214.11			XXX	N	140.69
			99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	129.02			XXX	N	109.33
			99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	137.71			XXX	N	107.11

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	137.25			XXX	N	113.46
			99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	150.52			XXX	N	119.63
			99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	153.72			XXX	N	121.55
			99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	163.79			XXX	N	131.17
			99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	176.14			XXX	N	115.10
			99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	50.33			XXX	N	95.29
			99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	82.81			XXX	N	109.16
			99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	114.83			XXX	N	121.95
			99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	146.86			XXX	N	132.67
	★		99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	19.22			XXX	N	47.40
	★		99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	36.60			XXX	N	47.40
	★		99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	46.21			XXX	N	64.29
	★		99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	89.21			XXX	N	120.46
			99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	25.16			XXX	N	74.22
			99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	31.57			XXX	N	64.61
+			99415	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)	12.81			ZZZ	N	
+			99416	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)	5.49			ZZZ	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			99429	Unlisted preventive medicine service	BR			XXX	N	30.08
			99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	17.84			XXX	N	
			99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	34.77			XXX	N	
			99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	51.24			XXX	N	
			99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network	18.76			XXX	N	
			99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	23.33			XXX	N	
			99447	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	46.21			XXX	N	
			99448	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	69.54			XXX	N	
			99449	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	92.42			XXX	N	
			99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates.	15.56			XXX	N	
			99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	47.58			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	47.58			XXX	N	
			99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	24.71			XXX	N	164.51
			99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	81.44			XXX	N	52.77
			99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	250.00			XXX	N	
			99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	250.00			XXX	N	
			99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month	65.42			XXX	N	
			99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	123.98			XXX	N	164.51
			99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	118.04			XXX	N	
			99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	54.44			XXX	N	
			99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	143.20			XXX	N	164.51
			99464	Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn	96.99			XXX	N	
			99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	188.95			XXX	N	747.62
			99466	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport	308.81			XXX	N	
+			99467	Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)	154.18			ZZZ	N	
			99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	1189.50			XXX	N	
			99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	514.23			XXX	N	
			99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	1029.83			XXX	N	
			99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	527.50			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	724.68			XXX	N	
			99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	451.10			XXX	N	
			99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	450.64			XXX	N	
			99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	177.05			XXX	N	
			99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	161.04			XXX	N	
			99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	154.18			XXX	N	
			99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.	334.89			XXX	N	108.47
			99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	61.76			XXX	N	47.40
			99485	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes	99.28			XXX	N	

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+			99486	Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	86.01			XXX	N	
			99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.;	118.04			XXX	N	108.47
+			99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)	59.02			ZZZ	N	
			99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	53.53			XXX	N	108.47
			99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored.	106.60			XXX	N	
			99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	205.88			XXX	N	108.47

A	C	D	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	164.24			XXX	N	108.47
+			99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	85.10			ZZZ	N	
	★		99495	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	211.37			XXX	N	164.51
	★		99496	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	298.29			XXX	N	164.51
			99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	109.80			XXX	N	108.47
+			99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	96.53			ZZZ	N	
			99499	Unlisted evaluation and management service	BR			XXX	N	

ANESTHESIA

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

VI. INTRODUCTION

The ~~2016~~ 2019 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

VII. 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.

VIII. 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.

IX. SPECIAL CIRCUMSTANCES

B. **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

These ~~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~~ manual ~~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.

VII. Qualifying Circumstances

3. 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 Code	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

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

X 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

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

4. An anesthesiologist provides total and individual anesthesia service.
5. An anesthesiologist directs a Certified Registered Nurse Anesthetist (CRNA) ~~or Anesthesiology Assistant (AA)~~.
6. Anesthesia provided by a CRNA ~~or AA~~ working independent of an anesthesiologist's supervision is covered under the following conditions:
    c. The service falls within the CRNA's ~~or AA's~~ scope of practice and scope of license as defined by law.
    d. 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.

F. **Reimbursement**

7. The maximum allowable reimbursement ~~allowance~~ (~~MRA~~MAR) 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.
8. 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.
9. 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).
10. 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 x the conversion factor (calculation of total anesthesia value).
11. Payment for covered anesthesia services is as follows:
    d. When the anesthesiologist provides an anesthesia service directly, payment will be made in accordance with the Billing and Reimbursement Rules of this Fee Schedule.
    e. 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%).

f. 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.

12. Anesthesiologists or~~,~~ 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. For detailed information on anestheisa modifiers, ~~R~~refer to the Modifier and Code Rules section.

~~13. 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~~

~~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:~~

~~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.~~

~~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.

A	B	Code	Description	Base Unit
		00100	ANESTHESIA SALIVARY GLANDS WITH BIOPSY	5.00
		00102	ANESTHESIA CLEFT LIP INVOLVING PLASTIC REPAIR	6.00
		00103	ANESTHESIA EYELID RECONSTRUCTIVE PROCEDURE	5.00
		00104	ANESTHESIA ELECTROCONVULSIVE THERAPY	4.00
		00120	ANESTHESIA EXTERNAL MIDDLE & INNER EAR W/BX NOS	5.00
		00124	ANES EXTERNAL MIDDLE & INNER EAR W/BX OTOSCOPY	4.00
		00126	ANES XTRNL MID & INNER EAR W/BX TYMPANOTOMY	4.00
		00140	ANESTHESIA EYE NOT OTHERWISE SPECIFIED	5.00
		00142	ANESTHESIA EYE LENS SURGERY	4.00
		00144	ANESTHESIA EYE CORNEAL TRANSPLANT	6.00
		00145	ANESTHESIA EYE VITREORETINAL SURGERY	6.00
		00147	ANESTHESIA EYE IRIDECTOMY	6.00
		00148	ANESTHESIA EYE OPHTHALMOSCOPY	4.00
		00160	ANESTHESIA NOSE & ACCESSORY SINUSES NOS	5.00
		00162	ANES NOSE & ACCESSORY SINUSES RADICAL SURGERY	7.00
		00164	ANES NOSE & ACCESSORY SINUSES BIOPSY SOFT TISSUE	4.00
		00170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	5.00
		00172	ANES INTRAORAL W/BIOPSY REPAIR CLEFT PALATE	6.00
		00174	ANES INTRAORAL W/BX EXC RETROPHARYNGEAL TUMOR	6.00
		00176	ANESTHESIA INTRAORAL W/BIOPSY RADICAL SURGERY	7.00
		00190	ANESTHESIA FACIAL BONES OR SKULL NOS	5.00
		00192	ANES FACIAL BONES/SKULL RAD SURG W/PROGNATHISM	7.00
		00210	ANESTHESIA INTRACRANIAL PROCEDURE NOS	11.00
		00211	ANES INTRACRANIAL CRANIOTOMY/CRANIECTOMY HMTMA	10.00
		00212	ANESTHESIA INTRACRANIAL PROCEDURE SUBDURAL TAPS	5.00
		00214	ANES INTRACRANIAL BURR HOLES W/VENTRICULOGRAPHY	9.00
		00215	ANES INTRACRANIAL/ELEVATION DEPRSD SKULL FX XDRL	9.00
		00216	ANESTHESIA INTRACRANIAL VASCULAR PROCEDURE	15.00
		00218	ANES INTRACRANIAL PROCEDURE IN SITTING POSITION	13.00
		00220	ANES INTRACRANIAL CEREBROSPINAL FLUID SHUNTING	10.00
		00222	ANES INTRACRANIAL ELECTROCOAGULATION ICRA NERVE	6.00
		00300	ANES INTEG MUSC & NRV HEAD NECK&POSTERIOR TRUNK	5.00
		00320	ANES ESOPH THYRD LARYNX TRACH & LYMPH NECK 1YR	6.00
		00322	ANES ESOPH THYRD LARX TRACH & LYMPH NCK BX THYRD	3.00
		00326	ANESTHESIA LARYNX & TRACHEA CHILDREN <1 YEAR	8.00
		00350	ANESTHESIA MAJOR VESSELS NECK NOS	10.00
		00352	ANESTHESIA MAJOR VESSELS NECK SIMPLE LIGATION	5.00
		00400	ANES INTEG EXTREMITIES ANT TRUNK & PERINEUM NOS	3.00
		00402	ANESTHESIA RECONSTRUCTION BREAST	5.00
		00404	ANESTHESIA RADICAL/MODIFIED RADICAL BREAST	5.00
		00406	ANES RADICAL/MODIFIED RADICAL BREAST W/NODES	13.00
		00410	ANES INTEG SYS ELEC CONVERSION ARRHYTHMIAS	4.00
		00450	ANESTHESIA CLAVICLE AND SCAPULA NOS	5.00
		00454	ANESTHESIA CLAVICLE & SCAPULA BIOPSY CLAVICLE	3.00
		00470	ANESTHESIA PARTIAL RIB RESECTION NOS	6.00
		00472	ANESTHESIA PARTIAL RIB RESECTION THORACOPLASTY	10.00
		00474	ANESTHESIA PARTIAL RIB RESECTION RADICAL	13.00
		00500	ANESTHESIA ESOPHAGUS	15.00
		00520	ANESTHESIA CLOSED CHEST W/BRONCHOSCOPY NOS	6.00
		00522	ANESTHESIA CLOSED CHEST NEEDLE BIOPSY PLEURA	4.00

A	B	Code	Description	Base Unit
		00524	ANESTHESIA CLOSED CHEST PNEUMOCENTESIS	4.00
		00528	ANES MEDIASTINOSCOPY&THORACSCOPY W/O 1 LUNG VNTJ	8.00
		00529	ANES MEDIASTINOSCOPY&THORACOSCOPY W/1 LUNG VNT	11.00
		00530	ANES PERMANENT TRANSVENOUS PACEMAKER INSERTION	4.00
		00532	ANESTHESIA ACCESS CENTRAL VENOUS CIRCULATION	4.00
		00534	ANES TRANSVENOUS INSJ/REPLACEMENT PACING CVDFB	7.00
		00537	ANES CARDIAC ELECTROPHYSIOL STDY W/RF ABLATION	10.00
		00539	ANESTHESIA TRACHEOBRONCHIAL RECONSTRUCTION	18.00
		00540	ANES THORACOTOMY & THORACOSCOPY NOS	12.00
		00541	ANES THORACOTOMY & THORACOSCOPY W/1 LUNG VNTJ	15.00
		00542	ANES THORACOTOMY & THORACOSCOPY DECORTICATION	15.00
		00546	ANES THORACOTOMY & THORACOSCOPY PULMONARY RESC	15.00
		00548	ANES THORACOTOMY &THORACSCOPY TRACHEA & BRONCHI	17.00
		00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	10.00
		00560	ANES HRT PERICARDIAL SAC& GRT VESLS W/O PMP OXT	15.00
		00561	ANES HRT PERICARD SAC&GREAT VSLS W/PMP OXTJ <1YR	25.00
		00562	ANES HRT PERICRD SAC&GRT VSLS W/PMP OXTJ >1MO PO	20.00
		00563	ANES HRT PRCRD SAC & GREAT VSL W/PUMP OXTJ HYPTH	25.00
		00566	ANES DIRECT CABG W/O PUMP OXYGENATOR	25.00
		00567	ANES DIRECT CABG W/PUMP OXYGENATOR	18.00
		00580	ANES HEART TRANSPLANT/HEART/LUNG TRANSPLANT	20.00
		00600	ANESTHESIA CERVICAL SPINE & CORD NOS	10.00
		00604	ANES CERVICAL SPINE & CORD W/PATIENT SITTING	13.00
		00620	ANESTHESIA THORACIC SPINE & CORD NOS	10.00
		00625	ANES THRC SPINE & CORD ANT APPR W/O 1 LUNG VENTJ	13.00
		00626	ANES THORACIC SPINE & CORD ANT APPR W/1 LNG VENT	15.00
		00630	ANESTHESIA LUMBAR REGION NOS	8.00
		00632	ANESTHESIA LUMBAR REGION LUMBAR SYMPATHECTOMY	7.00
		00635	ANES DIAGNOSTIC/THERAPEUTIC LUMBAR PUNCTURE	4.00
		00640	ANES MANIPULATE SPINE/CLSD CRV THORC/LUMBR SPINE	3.00
		00670	ANESTHESIA EXTENSIVE SPINE & SPINAL CORD	13.00
		00700	ANESTHESIA UPPER ANTERIOR ABDOMINAL WALL NOS	4.00
		00702	ANES UPR ANT ABDL WALL PERCUTANEOUS LIVER BX	4.00
		00730	ANESTHESIA UPPER POSTERIOR ABDOMINAL WALL	5.00
		00731	ANESTHESIA UPPER GI ENDOSCOPIC PX NOS	5.00
		00732	ANESTHESIA UPPER GI ENDOSCOPIC PX ERCP	6.00
		00750	ANESTHESIA HERNIA REPAIR UPPER ABDOMEN NOS	4.00
		00752	ANES HRNA RPR UPR ABD LMBR&VENTRAL HERNIA&DEHISC	6.00
		00754	ANES HERNIA REPAIR UPPER ABDOMEN OMPHALOCELE	7.00
		00756	ANES HRNA REPAIR UPR ABD TABDL RPR DIPHRG HRNA	7.00
		00770	ANESTHESIA MAJOR ABDOMINAL BLOOD VESSELS	15.00
		00790	ANES INTRAPERITONEAL UPPER ABDOMEN W/LAPS NOS	7.00
		00792	ANES LAPS PARTIAL HEPATECTOMY W/MGMT LIVER HEMOR	13.00
		00794	ANES LAPAROSCOPIC PARTIAL/TOTAL PANCREATECTOMY	8.00
		00796	ANES LAPAROSCOPIC LIVER TRANSPLANT	30.00
		00797	ANES IPR UPPER ABDOMEN LAPS GASTRIC RSTCV MO	11.00
		00800	ANESTHESIA LOWER ANTERIOR ABDOMINAL WALL NOS	4.00
		00802	ANES LOWER ANT ABDOMINAL WALL PANNICULECTOMY	5.00
		00811	ANESTHESIA LOWER INTST ENDOSCOPIC PX NOS	4.00
		00812	ANESTHESIA LOWER INTST ENDOSCOPIC PX SCR COLSC	4.00

A	B	Code	Description	Base Unit
		00813	ANESTHESIA COMBINED UPPER&LOWER GI ENDOSCOPIC PX	5.00
		00820	ANESTHESIA LOWER POSTERIOR ABDOMINAL WALL	5.00
		00830	ANESTHESIA HERNIA REPAIR LOWER ABDOMEN NOS	4.00
		00832	ANES LWR ABD VENTRAL & INCISIONAL HERNIA REPAIR	6.00
		00834	ANES HERNIA REPAIR LOWER ABDOMEN NOS & 1YR AGE	5.00
		00836	ANES HRNA RPR LWR ABD NOS INFTS <37WK BRTH/50WK	6.00
		00840	ANESTHESIA INTRAPERITONEAL LOWER ABD W/LAPS NOS	6.00
		00842	ANES IPER LOWER ABDOMEN W/LAPS AMNIOCENTESIS	4.00
		00844	ANES IPER LOWER ABD W/LAPS ABDOMINOPRNL RESCJ	7.00
		00846	ANES IPER LOWER ABD W/LAPS RAD HYSTERECTOMY	8.00
		00848	ANES IPER LOWER ABD W/LAPS PELVIC EXENTERATION	8.00
		00851	ANES IPER LWR ABD W/LAPS TUBAL LIGATION/TRANSECT	6.00
		00860	ANES EXTRAPERITONEAL LWR ABD W/URINARY TRACT NOS	6.00
		00862	ANES XTRPRTL LOWER ABD UR TRACT RENAL DON NFRCT	7.00
		00864	ANES XTRPRTL LWER ABD W/URINARY TRACT TOT CYSTEC	8.00
		00865	ANES XTRPRTL LWR ABD W/URINARY TRACT RAD PRSTECT	7.00
		00866	ANES XTRPRTL LOWER ABD W/URIN TRACT ADRENLECTOMY	10.00
		00868	ANES XTRPRTL LWR ABD W/URIN TRACT RENAL TRANSPL	10.00
		00870	ANES XTRPRTL LWR ABD W/URIN TRACT CSTOLITHOTOMY	5.00
		00872	ANES LITHOTRP XTRCORP SHOCK WAVE W/WATER BATH	7.00
		00873	ANES LITHOTRP XTRCORP SHOCK WAVE W/O WATER BATH	5.00
		00880	ANESTHESIA MAJOR LOWER ABDOMINAL VESSELS NOS	15.00
		00882	ANES MAJOR LOWER ABDOMINAL VESSELS IVC LIGATION	10.00
		00902	ANESTHESIA ANORECTAL PROCEDURE	5.00
		00904	ANESTHESIA RADICAL PERINEAL PROCEDURE	7.00
		00906	ANESTHESIA VULVECTOMY	4.00
		00908	ANESTHESIA PERINEAL PROSTATECTOMY	6.00
		00910	ANES TRANSURETHRAL W/URETHROCYSTOSCOPY NOS	3.00
		00912	ANES TRANSURETHRAL RESECTION OF BLADDER TUMOR	5.00
		00914	ANESTHESIA TRANSURETHRAL RESECTION OF PROSTATE	5.00
		00916	ANES TRURL POST-TRURL RESECTION BLEEDING	5.00
		00918	ANES TRURL FRAGMNTJ MANJ&/RMVL URETERAL CALCULUS	5.00
		00920	ANESTHESIA MALE GENITALIA INCL OPEN URETHRAL PX	3.00
		00921	ANES VASECTOMY UNI/BI INCL OPEN URETHRAL PX	3.00
		00922	ANES SEMINAL VESICLES INCL OPEN URETHRAL PX	6.00
		00924	ANES UNDSCND TESTIS UNI/BI INCL OPEN URTL PX	4.00
		00926	ANES RAD ORCHIECTOMY INGUN INCL OPEN URTL PX	4.00
		00928	ANES RAD ORCHIECTOMY ABDOMINAL INCL OPN URTL	6.00
		00930	ANES ORCHIOPEXY UNI/BI INCL OPEN URETHRAL PX	4.00
		00932	ANES COMPLETE AMPUTATION PENIS INCL OPEN URTL	4.00
		00934	ANES RAD AMP PENIS W/BI INGUINAL LYMPH NODE RMVL	6.00
		00936	ANES RAD AMP PENIS W/BI INGUNL&ILIAC LYMPH RMOVL	8.00
		00938	ANES INSJ PENILE PROSTH PRNL INCL OPEN URTL	4.00
		00940	ANESTHESIA VAGINAL PROCEDURE W/BIOPSY NOS	3.00
		00942	ANES COLPTMY VAGNC COLPRPHY INCL BX W/OPN URTL	4.00
		00944	ANESTHESIA VAGINAL HYSTERECTOMY INCL BIOPSY	6.00
		00948	ANESTHESIA CERVICAL CERCLAGE INCLUDING BIOPSY	4.00
		00950	ANESTHESIA CULDOSCOPY INCLUDING BIOPSY	5.00
		00952	ANES HYSTEROSCOPY&/HYSTEROSALPINGOGRAPHY W/BX	4.00
		01112	ANES BONE MARROW ASPIR&/BX ANT/PST ILIAC CREST	5.00

A	B	Code	Description	Base Unit
		01120	ANESTHESIA ON BONY PELVIS	6.00
		01130	ANESTHESIA BODY CAST APPLICATION OR REVISION	3.00
		01140	ANESTHESIA INTERPELVI ABDOMINAL AMPUTATION	15.00
		01150	ANES RADICAL TUMOR PELVIS XCP HINDQUARTER AMP	10.00
		01160	ANES CLOSED SYMPHYSIS PUBIS/SACROILIAC JOINT	4.00
		01170	ANES OPEN SYMPHYSIS PUBIS/SACROILIAC JOINT	8.00
		01173	ANES OPN RPR DISRPJ PELVIS/COLUMN FX ACETABULUM	12.00
		01200	ANESTHESIA CLOSED HIP JOINT PROCEDURE	4.00
		01202	ANESTHESIA ARTHROSCOPIC HIP JOINT PROCEDURE	4.00
		01210	ANESTHESIA OPEN HIP JOINT PROCEDURE NOS	6.00
		01212	ANESTHESIA OPEN HIP JOINT DISARTICULATION	10.00
		01214	ANESTHESIA OPEN TOTAL HIP ARTHROPLASTY	8.00
		01215	ANESTHESIA OPEN REVISION TOTAL HIP ARTHROPLASTY	10.00
		01220	ANESTHESIA CLOSED PROCEDURES UPPER 2/3 FEMUR	4.00
		01230	ANESTHESIA OPEN PROCEDURES UPPER 2/3 FEMUR NOS	6.00
		01232	ANESTHESIA UPPER 2/3 FEMUR AMPUTATION	5.00
		01234	ANES UPPER 2/3 FEMUR RADICAL RESCECTION	8.00
		01250	ANES NERVE MUSC TENDON FASCIA & BURSAE UPPER LEG	4.00
		01260	ANES VEINS OF UPPER LEG INCLUDING EXPLORATION	3.00
		01270	ANESTHESIA ARTERIES UPPER LEG INCL BYPASS GRAFT	8.00
		01272	ANES ART UPPER LEG W/BYPASS GRAFT FEM ART LIG	4.00
		01274	ANES UPPER LEG W/BYPASS GRFT FEM ART EMBOLECTOMY	6.00
		01320	ANES NERVE MUSC TENDON FASCIA&BURSA KNEE&/POPLT	4.00
		01340	ANESTHESIA CLOSED PROCEDURES LOWER 1/3 FEMUR	4.00
		01360	ANESTHESIA OPEN PROCEDURES LOWER 1/3 FEMUR	5.00
		01380	ANESTHESIA CLOSED PROCEDURES KNEE JOINT	3.00
		01382	ANESTH DIAGNOSTIC ARTHROSCOPIC PROC KNEE JOINT	3.00
		01390	ANES CLOSED PROC UPPER END TIBIA FIBULA/PATELLA	3.00
		01392	ANES OPEN PROC UPPER ENDS TIBIA FIBULA&/PATELLA	4.00
		01400	ANES OPEN/SURG ARTHROSCOPIC PROC KNEE JOINT NOS	4.00
		01402	ANESTH OPEN/SURG ARTHRS TOTAL KNEE ARTHROPLASTY	7.00
		01404	ANESTH OPEN/SURG ARTHRS KNEE DISARTICULATION	5.00
		01420	ANES CAST APPLICATION REMOVAL/REPAIR KNEE JOINT	3.00
		01430	ANESTHESIA VEINS KNEE & POPLITEAL AREA NOS	3.00
		01432	ANES KNEE & POPLITEAL ARTERY VEIN FISTULA NOS	6.00
		01440	ANES ARTERIES OF KNEE & POPLITEAL AREA NOS	8.00
		01442	ANES ART KNEE POPLITEAL TEAEC W/WO PATCH GRAFT	8.00
		01444	ANES ART KNEE POPLITEAL EXC&GRF/RPR OCCLS/ARYS	8.00
		01462	ANESTHESIA CLOSED PROC LOWER LEG ANKLE & FOOT	3.00
		01464	ANESTHESIA ARTHROSCOPIC PROCEDURE ANKLE & FOOT	3.00
		01470	ANES NRV/MUS/TND/FASC LOWER LEG/ANKLE/FOOT NOS	3.00
		01472	ANES RPR RUPTURED ACHILLES TENDON W/WO GRAFT	5.00
		01474	ANESTHESIA GASTROCNEMIUS RECESSION	5.00
		01480	ANES OPEN PROC BONES LOWER LEG/ANKLE/FOOT NOS	3.00
		01482	ANES RADICAL RESECJ INCL BELOW KNEE AMPUTATION	4.00
		01484	ANES OPEN OSTEOTOMY/OSTEOPLASTY TIBIA&/FIBULA	4.00
		01486	ANESTHESIA OPEN TOTAL ANKLE REPLACEMENT	7.00
		01490	ANES LOWER LEG CAST APPLICATION REMOVAL/REPAIR	3.00
		01500	ANESTHESIA ARTERIES LOWER LEG W/BYPASS GRAFT NOS	8.00
		01502	ANES ART LOWER LEG W/BYP GRAFT EMBLC DIR/W/CATH	6.00

A	B	Code	Description	Base Unit
		01520	ANESTHESIA VEINS OF LOWER LEG NOS	3.00
		01522	ANES VEINS LOWER LEG VENOUS THRMBC DIR/W/CATH	5.00
		01610	ANES NRV MUSC TNDN FSCIA BURSA SHOULDER & AXILLA	5.00
		01620	ANES CLOSED HUMRL H/N STRNCLAV JOINT& SHO JOINT	4.00
		01622	ANES DIAG ARTHROSCOPIC SHOULDER JOINT PROC NOS	4.00
		01630	ANES ARTHRS HUMERAL H/N STRNCLAV & SHOULDER NOS	5.00
		01634	ANESTHESIA ARTHROSCOPIC SHOULDER DISARTICULATION	9.00
		01636	ANES ARTHRS INTERTHORACOSCAPULAR AMPUTATION	15.00
		01638	ANES ARTHROSCOPIC TOTAL SHOULDER REPLACEMENT	10.00
		01650	ANESTHESIA ARTERIES SHOULDER & AXILLA NOS	6.00
		01652	ANESTHESIA AXILLARY-BRACHIAL ANEURYSM	10.00
		01654	ANES ARTERIES SHOULDER & AXILLA BYPASS GRAFT	8.00
		01656	ANESTHESIA AXILLARY-FEMORAL BYPASS GRAFT	10.00
		01670	ANESTHESIA VEINS SHOULDER & AXILLA	4.00
		01680	ANES SHOULDER CAST APPL REMOVAL/REPAIR NOS	3.00
		01710	ANES NRV MUSC TDN FSCA&BRS UPR ARM/ELBOW NOS	3.00
		01712	ANESTHESIA OPEN TENOTOMY ELBOW TO SHOULDER	5.00
		01714	ANESTHESIA TENOPLASTY ELBOW TO SHOULDER	5.00
		01716	ANESTHESIA BICEPS TENODESIS RUPTURE LONG TENDON	5.00
		01730	ANESTHESIA CLOSED PROCEDURES HUMERUS & ELBOW	3.00
		01732	ANESTHESIA ELBOW JOINT DIAGNOSTIC ARTHROSCOPIC	3.00
		01740	ANES OPEN/SURG ARTHROSCOPIC ELBOW PROC NOS	4.00
		01742	ANESTHESIA OPEN/SURG ARTHRS OSTEOTOMY HUMERUS	5.00
		01744	ANES OPEN/SURG ARTHRS REPRS NON/MALUNION HUMERUS	5.00
		01756	ANESTHESIA OPEN/SURG ARTHRS RADICAL PROC ELBOW	6.00
		01758	ANESTH OPEN/SURG ARTHRS EXC CYST/TUMOR HUMERUS	5.00
		01760	ANESTH OPEN/SURG ARTHRS TOTAL ELBOW REPLACEMENT	7.00
		01770	ANESTHESIA ARTERIES UPPER ARM & ELBOW NOS	6.00
		01772	ANESTHESIA ARTERIES UPPER ARM&ELBOW EMBOLECTOM	6.00
		01780	ANESTHESIA VEINS UPPER ARM & ELBOW NOS	3.00
		01782	ANESTHESIA VEINS UPPER ARM & ELBOW PHLEBORRHAPHY	4.00
		01810	ANES NERVE MUSCLE TDN FASCIA&BURSA FOREARM WRIST	3.00
		01820	ANES RADIUS ULNA WRIST/HAND BONES CLOSED PX	3.00
		01829	ANESTHESIA DIAGNOSTIC ARTHROSCOPIC PROC WRIST	3.00
		01830	ANES ARTHRS/ENDSCPY DSTL RADIUS ULNA/WRIST/HAND	3.00
		01832	ANESTHESIA ARTHRS/ENDOSCPIC TOTAL WRIST REPLCMT	6.00
		01840	ANESTHESIA ARTERIES FOREARM WRIST & HAND NOS	6.00
		01842	ANES ARTERIES FOREARM WRIST & HAND EMBOLECTOMY	6.00
		01844	ANESTHESIA VASCULAR SHUNT/SHUNT REVISION	6.00
		01850	ANESTHESIA VEINS FOREARM WRIST & HAND NOS	3.00
		01852	ANES VEINS FOREARM WRIST & HAND PHLEBORRHAPHY	4.00
		01860	ANES FOREARM WRIST/HAND CAST APPL RMVL/REPAIR	3.00
		01916	ANESTHESIA DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPH	5.00
		01920	ANES C-CATHJ W/C ANGIOGRAPHY & VENTRICULOGRAPHY	7.00
		01922	ANES NON-INVASIVE IMAGING/RADIATION THERAPY	7.00
		01924	ANESTHESIA THER IVNTL RADIOLOGICAL ARTERIAL	6.00
		01925	ANESTHESIA CAROTID/CORONARY THER IVNTL RAD	8.00
		01926	ANES ICRA ICAR/AORTIC THER IVNTL RAD ARTL	10.00
		01930	ANES VENOUS/LYMPHATIC NOS THER IVNTL RAD NOS	5.00
		01931	ANESTHESIA INTRAHEPATIC/PORTAL THER IVNTL RAD	7.00

A	B	Code	Description	Base Unit
		01932	ANESTHESIA INTRATHORACIC/JUGULAR THER IVNTL RAD	7.00
		01933	ANES INTRACRANIAL THER IVNTL RAD VENS/LYMPHTC	8.00
		01935	ANESTHESIA PERQ IMAGE GUIDED SPINE DIAGNOSTIC	5.00
		01936	ANESTHESIA PERQ IMAGE GUIDED SPINE THERAPEUTIC	5.00
		01951	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4 % TBSA	3.00
		01952	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4-9 % TBSA	5.00
+		01953	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRF EA 9% TBS	1.00
		01958	ANESTHESIA EXTERNAL CEPHALIC VERSION	5.00
		01960	ANESTHESIA VAGINAL DELIVERY ONLY	5.00
		01961	ANESTHESIA CESAREAN DELIVERY ONLY	7.00
		01962	ANES URGENT HYSTERECTOMY FOLLOWING DELIVERY	8.00
		01963	ANESTHESIA C HYST W/O ANY LABOR ANALG/ANES CARE	10.00
		01965	ANESTHESIA INCOMPLETE/MISSED ABORTION	4.00
		01966	ANESTHESIA INDUCED ABORTION	4.00
		01967	NEURAXIAL LABOR ANALG/ANES PLND VAGINAL DELIVERY	5.00
+		01968	ANES CESARN DLVR FLWG NEURAXIAL LABOR ANALG/ANES	3.00
+		01969	ANES CESARN HYST FLWG NEURAXIAL LABOR ANALG/ANES	5.00
		01990	PHYSIOL SUPPORT HARVEST ORGAN FROM BRAIN-DEAD PT	7.00
		01991	ANES DX/THER NRV BLK/NJX OTH/THN PRONE POS	3.00
		01992	ANES DX/THER NERVE BLOCK/INJECTION PRONE POS	5.00
		01996	DAILY HOSP MGMT EDRL/SARACH CONT DRUG ADMN	3.00
		01999	UNLISTED ANESTHESIA PROCEDURE	BR
+		99100	ANESTHESIA EXTREME AGE PATIENT UNDER 1 YR/<	1.00
+		99116	ANES COMPLICJ UTILIZATION TOTAL BODY HYPOTHERMIA	5.00
+		99135	ANES COMPLICJ UTILIZATION CONTROLLED HYPOTENSION	5.00
+		99140	ANES COMPLICJ EMERGENCY CONDITIONS SPECIFY	2.00

PAIN MANAGEMENT

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

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.~~

A. Providers must restrict treatment to indications recognized by established medical practice ~~and~~ that are adequately supported by the relevant medical literature.

B. 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.

C. Payers~~/~~ and utilization review professionals~~URs~~ must approve or deny treatment ~~within~~ based on the rules ~~provided by the IPM portion~~within this section of the Fee Schedule~~,~~ without regard to external ~~and not involve extraneous outside~~ guidelines.

D. ~~Any UR personnel involved in the denial of~~When denying care~~,~~ ~~must cite~~ the specific section of ~~the IPM~~ this Fee Schedule must be cited ~~used~~ as ~~a~~ the basis for ~~that~~ denial. ~~Failure to do so will result in automatic adjudication in favor of the provider.~~All denials must provide the rationale or the treatment will be approved.

II. REIMBURSEMENT FOR PAIN MANAGEMENT SERVICES

A. **Use of Fluoroscopy.** ~~Reimbursement for the use of fluoroscopy~~, (Fluoroscopic guidance, CPT codes 77002 and 77003~~,) is based on the Fee Schedule, regardless of the number of procedures performed, and~~ may be billed once per date of service. Use CPT code 77002~~,~~ ~~is to be used for~~ fluoroscopic guidance for needle placement ~~for~~ with CPT code 64510, injection anesthetic agent; stellate ganglion (cervical sympathetic) ~~Cervical (stellate ganglion) sympathetic block~~, or CPT code 64520, injection anesthetic agent; lumbar or thoracic (paravertebral sympathetic). ~~Thoracic or lumbar blocks.~~

Use 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 hard copy or digital images ~~(hard copy or digital)~~ showing final needle placement in at least two (2) views (typically ~~PA~~posterior~~,~~ /anterior~~,~~ and lateral or oblique) demonstrating final needle placement and depth 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.~~

Fluoroscopy will be reimbursed for the following codes: 27096, 62321, 62323, 64479-64484, 64490-64495, 64600-64681, 64633-64636.

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~~ twenty five percent (~~50~~25%) of the base amount for the second or contralateral side for procedures listed in the Pain Management section.

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,~~ Bb~~B~~ilateral modifiers may be used when nerves are treated bilaterally. Reimbursement ~~of the bilateral modifier~~ is ~~fifty~~ twenty five percent (~~50~~25%) of the base amount for the second or contralateral side when the bilateral modifier is used for procedures listed in the Pain Management section.

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

   ~~Reimbursement is - 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~~ 62320 and ~~62311~~62322.

~~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 64633-64635, are limited to two (2) facet levels (three (3) nerve branches), unilateral and bilateral, per given date of service.~~

~~7.~~6. 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(s) or neurotomy(ies) on a given date of service, any similar procedure(s) 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~~ applies to professional and facility reimbursement~~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~~ is limited to ~~two~~ one (~~2~~1) procedure~~s~~ 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 for procedures listed in the Pain Management section.

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~~ten (10) days of the previous epidural injection will not be reimbursed.

E. Sacroiliac arthrography (CPT code 27096) ~~assumes the use of a fluoroscope and is considered an integral part of the arthrography 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~~ twice per twelve (12) month period.

~~F.~~

~~G~~F. Epidurography (CPT code 72275) is not ~~longer~~ reimbursable under this Fee Schedule.

~~H~~G. CPT code ~~62318~~ 62324 includes needle placement, catheter infusion, and subsequent injections. Code ~~62318~~ 62324 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.

~~I~~H. ~~In order to be eligible for reimbursement under this Fee Schedule, p~~Pain management procedures or services which are ~~specifically governed by the~~included ~~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~~are not eligible for ~~reimbursed~~ reimbursement~~under this Fee Schedule~~.

~~J~~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~~62321~~).~~
4.5. Cervical/thoracic discography (CPT codes 62291 ~~(~~injection cervical/thoracic disc) and ~~the~~ radiology supervision and interpretation (CPT code 72285) will not be reimbursed.

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. If a patient is unable to cooperate during routine needle placement, despite judicious use of sedation for anxiety, ~~it is expected that~~ elective IPM interventional pain management) procedures ~~will~~should be terminated due to patient safety concerns. ~~as s~~Sedating or anesthetizing a patient into a plane of deep sedation or anesthesia, rendering them unconversant or unable to experience or communicate unusual or excessive pain puts the patient at increased risk for elective IPM procedures.

K. Detailed a~~A~~natomical descriptions of the procedures performed must accompany the bill for service in order ~~for~~ to qualify for reimbursement ~~to be made~~. These descriptions must include landmarks used in determining needle positioning, needles used (size, length), and the type and quantity of each drug~~s~~ injected. Unless there is a contraindication to contrast media (e.g., documented allergy) it is expected that the quantity of 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. Templates for standard needle placement are acceptable, but any deviation from the usual technique must be explained in the procedure note. Contrast injections patterns should not be templated. Tolerance to the procedure, and side effects or lack thereof should be included in this documentation.

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

1. Fluoroscopic imaging is reported with codes 77002 and 77003.
2. Codes 72020–72220 which apply to radiographic examination of the spine are not reimbursed ~~concurrent~~ when performed with the pain management procedures in this section or with fluoroscopy services. If ~~these~~ fluoroscopy codes 77002 and 77003 are used, appropriate images must be stored to receive reimbursement for the fluoroscopy

code AND the procedure code for which fluoroscopy was reportedly used. This includes pre and post contrast images (unless contraindicated by contrast allergy) and at least two (2) views, posteroanterior (PA) and a depth view (oblique or lateral).

~~2. Code 27096 is not separately reimbursed with facet or sacroiliac joint injections.~~

3. Fluoroscopic codes will be reimbursed for the following codes: 27096, 62321, 62323, 64479-64484, 64490-64495, 64600-64681, 64633-64636

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 professional and 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 for procedures listed in the Pain Management section.

III. REIMBURSEMENT FOR REFILL OF PAIN PUMPS

F. 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.

G. Evaluation and Management Services. Refilling and maintenance of implantable pump or reservoir for pain management drug delivery is a global service. ~~An~~ A separate 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.

H. 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.

I. 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.

J. Non-FDA-approved drugs for intrathecal use will NOT be reimbursed.

IV. DIAGNOSTIC INJECTIONS AND PROCEDURES

B. **Radiofrequency Medial Branch Neurotomy/Facet Rhizotomy.** This procedure ~~is allowed~~may be reimbursed ~~one (1) time in twelve (12) months~~ not to exceed three (3) contiguous spinal joint ~~nerve~~ levels ~~(two (2) facet joint levels~~ during the same session/procedure. If there has been improvement with a prior successful radiofrequency (RF) denervation, then a minimum time of ~~. The patient should receive at least~~ six (6) months should elapse since prior RF denervation treatment ~~minimum improvement~~ in order to qualify for a repeat procedure. ~~with n~~No more than two (2) RF denervations may be reimbursed in the first ~~year~~ twelve (12) months and one (1) per year thereafter.

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

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

F. **Trigger Point Injections.** Trigger point (also called myofascial or myoneural) injections ~~is~~ are ~~considered one (1) procedure and is~~ reimbursed as one (1) ~~such~~ procedure regardless of the number of injection sites. ~~Billing for m~~Multiple injections, and multiple regions~~, falls under~~ will be reimbursed as ~~the same~~ one~~-~~ procedure ~~rule~~. ~~Two codes are available for reporting trigger point injections: use~~Report CPT 20552.~~-~~for injection(s) ~~of~~ single or multiple trigger point(s)~~, in~~ one or two muscles, or 20553, injection(s), single or multiple trigger point(s), three or more muscles, ~~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.~~Only one of these procedure codes will be reimbursed per date of service.

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 t~~Therapeutic and diagnostic sacroiliac joint injections require the use of image guidance. Injections performed without ~~the use of image~~ imaging 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.

~~IA. 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 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.**~~

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

VII. PAIN MANAGEMENT CRITERIA

C. 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 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.**

~~C~~D. ~~**Reimbursement for**~~ **Injection/Destruction Procedures**

Multiple Epidural Injections in a Single Treatment Day/Session. ~~In order to obtain r~~Reimbursement ~~for more than~~is limited to one epidural injection in a single treatment day/session, ~~(either multiple levels or bilateral injections) unless~~~~there must be~~ appropriate documentation is entered into~~in~~ the medical record~~s~~ of a medical condition for which multiple injections would be appropriate. These conditions ~~would~~ include:

4. 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).

5. Multiple dermatomal nerve root involvement.

~~5.~~6. Bilateral radicular pain.

F. ~~**Reimbursement for**~~ **Refill of Pain Pumps**

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.

5. **Description:** This mode of therapy delivers small doses of medications directly into the cerebrospinal fluid.

6. **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.

7. **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:

   f. A diagnosis of a specific physical condition known to be chronically painful has been made on the basis of objective findings;

   g. 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;

   h. 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;

   i. There is no evidence of current addictive behavior. (Tolerance and dependence to opioid analgesics are not addictive behaviors and do not preclude implantation); and

j. 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.

8. **Contraindications:** Infection and 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.

G. **Diagnostic Injections and Procedures**

4. 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, diagnostic sacroiliac injections and selective nerve root blocks (billed with epidural codes).~~.~~

5. Diagnostic injections with local anesthetics require documentation of analgesic response through any validated pain measurement test or scale (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 (pain improvement), such as, that which may be provided by lying in a recovery bed.

6. Other injections with both therapeutic and potentially diagnostic benefit, such as selective nerve root, ~~or~~ peripheral nerve blocks, sympathetic 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.

H. ~~**General Rules**~~**Epidural Injections**

2. **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, 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. ~~However, after~~ 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.

c. 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.

d. 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.

3. 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.

6. 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~~ Actual nerve damage is not treated by steroid injections, as ~~the latter does~~steroids do not accelerate the regeneration of new nerve tissue (axon) regeneration. Therefore, demonstrable weakness, reflex changes and sensory loss are not necessary as an indication for a trial of epidural steroids. Similarly, ~~-~~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.~~

7. **Initiation and Continuation of Epidural Injections.** ~~It is necessary to obtain prior~~ Prior approval by the payer or ~~appropriate~~ utilization reviewer is required before initiating a trial of epidural injections. It is NOT necessary to obtain prior approval to repeat an injection as long as a positive analgesic response (pain improvement or functional improvement) to the previous injection is reported. ~~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 for reimbursement 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~~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.

8. **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.

   K. 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.

   L. All documentation must be maintained in the patient's medical record and available to the payer upon request.

   M. 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.

   N. 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.

   O. 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.

   See https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1102.pdf

P. **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~~ Reimbursement for facet injections 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~~these 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~~are not considered ~~count as an~~ additional therapeutic procedures 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 c~~Cervical, upper/lower thoracic or lumbar nerves facet nerve (medial branch ablation 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~~ light duty work level or work level as determined by a valid Functional Capacity Evaluation (FCE). ~~Also, n~~No patient ~~can~~ will 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~~A repeat therapeutic facet joint injection (cervical, thoracic, or lumbar; codes 64490–64495) will be considered for reimbursement if there is~~, there must be~~ documentation of a significant analgesic response that persists for at least ~~four (4) weeks~~three (3) months. 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~~three (3) months) measurable improvement in the range of motion, or documentation of normal motion, of the involved joint area being treated.

Q. **Trigger Point Injections.** 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.

R. **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.

CPT c~~C~~odes 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.~~

S. **Sacroiliac (SI) Joint.** Sacroiliac joint injections (code 27096) require documentation of at least a ~~four~~ six (~~4~~6) 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~~can be reimbursed per twelve (12) month period~~. This rule is limited only to the~~per joint injected, and not the contralateral joint (i.e., right or left sided joint).

T. Lumbar provocative discography is medically necessary for evaluation for disc pathology in persons with persistent, severe low back pain (LBP) and abnormal interspaces on magnetic resonance imaging (MRI), where other diagnostic tests have failed to reveal clear confirmation of a suspected disc as the source of pain, and surgical intervention is being considered. Lumbar provocative discography is not covered for all other indications. Functional anesthetic discography (involving injection of anesthetic directly into the disc) is not covered.

~~Lumbar discography is appropriate as a confirmatory study when imaging reveals significant degenerative disc changes as evidenced by Modic endplate changes or significant disk space height loss isolated to one level that is hypothesized to be the source of a patient's low back pain. Discography, when appropriate, can be ordered by the surgeon as a pre-operative test in a patient for whom a fusion (or other surgery intended to treat discogenic low back pain) has otherwise been determined to be an appropriate treatment consideration and only after failure of~~

~~conservative care. Discography is not indicated or medically necessary to try to determine if a disc is potentially painful unless it has already been determined that other care has been unsuccessful, and that a fusion (or other surgery intended to relieve discogenic axial low back pain) is the best remaining treatment option. The proposed surgery must otherwise meet criteria for medical necessity prior to authorization of discography, and approval of discography presumes that any result other than confirmation of concordant pain at the hypothesized level (with a negative control level) will preclude any further recommendation for a fusion operation or any other surgery intended to treat discogenic axial low back pain.~~

~~**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 rich protein (PRP), stem cells and all other therapeutic disc injections or thermal disc therapies are considered investigational and are not reimbursable.~~

M. ~~**BOTOX**~~**Botulinum Toxin.** ~~BOTOX~~ Botulinum toxin is not indicated for the relief of musculoskeletal pain, and its use as such is not covered by the Fee Schedule. With prior approval, a~~A~~n exception ~~is~~ can be made when ~~BOTOX~~ treatment is indicated for limb spasticity or other indications.

N. **Implantation of Spinal Cord Stimulators.**

2. The following conditions must be met for consideration of reimbursement for spinal cord stimulators.

7. Patient must have a medical condition for which spinal cord stimulation (SCS) is a recognized and accepted form of treatment.

8. There must be a trial stimulation that includes a minimum seven (7) day home trial with the temporary stimulating electrode.

9. 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.

10. Psychological screening must be used to determine if the patient is free from:
    d. Substance abuse issues;
    e. Untreated psychiatric conditions; and
    f. Major psychiatric illness that could impair the patient's ability to respond appropriately to the trial stimulation.

~~11. Reimbursement for implantation is limited to a maximum of two (2) leads and a maximum of sixteen (16) electrodes, regardless of the number used.~~

~~12.~~11. Neurostimulation

h. Description: ~~As of the time of this guideline writing, s~~Spinal cord stimulation devices ~~have been~~are 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.

i. 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.

j. A comprehensive psychiatric or psychological evaluation must be provided ~~performed~~ 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; and
- The patient has demonstrated a history of motivation in and adherence to prescribed treatments.

k. 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.

l. All reasonable surgical and non-surgical treatment has been exhausted.

m. The topography of pain and its underlying pathophysiology are amenable to stimulation coverage (the entire painful extremity area has been covered).

n. 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.
- It is expected that there will be an attempt to wean opioid pain medications at least partially prior to the stimulation trial to determine if there was additional pain relief that could be attributed to the stimulator trial.

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.

M. **Topical Drug Delivery**

6. **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.

7. **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.

8. **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.

9. **Side Effects:** Localized skin reactions may occur, depending on the medication agent used vs. Topical Agents.

    f. **Capsaicin.** 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.

    g. **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, 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.

    h. **Lidocaine.** Formulations of lidocaine (patch form) have been FDA approved for pain associated with post-herpetic neuralgia.

    i. **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.

    j. **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.

10. 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.

O. **Use of Controlled Substances**

Use of Opioids or Other Controlled Substances for Management of Chronic (Non-Terminal) Pain. ~~It is recognized that o~~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~~MWCC, 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~~ MWCC 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~~ MWCC pursuant to the Dispute Resolution Rules set forth in the Dispute Resolution Rules section in this Fee Schedule.

See the MWCC website for Guidelines for the Prescription of Opiates at https://www.mwcc.ms.gov/pdf/mwccGuidlinesForThePrescriptionOfOpiates.pdf

~~MODIFIERS~~

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

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			01996	DAILY HOSP MGMT EDRL/SARACH CONT DRUG ADMN	see page 80			XXX	N	
			20526	INJECTION THERAPEUTIC CARPAL TUNNEL	264.00			000	N	351.42
			20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	181.20			000	N	351.42
			20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	183.60			000	N	351.42
			20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	188.40			000	N	351.42
			20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	217.20			000	N	351.42
			20600	ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US	165.60			000	N	351.42
			20604	ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT	252.00			000	N	351.42
			20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US	172.80			000	N	351.42
			20606	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US	278.40			000	N	850.31
			20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US	205.20			000	N	351.42
			20611	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US	313.20			000	N	351.42
			20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ	205.20			000	N	351.42
			27096	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	547.20			000	N	
			62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	2054.40			010	N	1086.07
			62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	1466.40			010	N	1086.07
			62270	SPINAL PUNCTURE LUMBAR DIAGNOSTIC	506.40			000	N	850.31
			62272	SPINAL PUNCTURE THER DRAIN CEREBROSPINAL FLUID	668.40			000	N	850.31
			62273	INJECTION EPIDURAL BLOOD/CLOT PATCH	591.60			000	N	850.31
			62280	INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	1134.00			010	N	1086.07
			62281	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	832.80			010	N	1086.07
			62282	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	1035.60			010	N	1086.07
			62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	1154.40			000	N	
			62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	1113.60			000	N	
		J1	62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	1380.00			010	N	8627.34
			62355	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	927.60			010	N	2316.70
		J1	62360	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	1095.60			010	N	26058.10
		J1	62361	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	1495.20			010	N	26058.10
		J1	62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	1324.80			010	N	26058.10
			62365	RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	1022.40			010	N	6483.81
			62367	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	136.80			XXX	N	398.18
			62368	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	188.40			XXX	N	398.18
			62369	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL	400.80			XXX	N	398.18
			62370	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	416.40			XXX	N	398.18
		J1	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	1077.15			010	N	10355.35

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	2101.20			010	Y	2316.70
			63662	RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	2928.00			090	Y	4089.32
		J1	63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	2812.80			010	Y	10355.35
		J1	63664	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	3034.80			090	Y	29514.29
		J1	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	1248.00			010	Y	43809.69
			63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	1287.60			010	N	4089.32
			64400	NJX ANES TRIGEMINAL NRV ANY DIV/BRANCH	465.60			000	N	351.42
			64402	INJECTION ANESTHETIC AGENT FACIAL NERVE	514.80			000	N	151.20
			64405	INJECTION ANESTHETIC AGENT GREATER OCCIPITAL NRV	284.40			000	N	351.42
			64408	INJECTION ANESTHETIC AGENT VAGUS NERVE	402.00			000	N	351.42
			64410	INJECTION ANESTHETIC AGENT PHRENIC NERVE	531.60			000	N	1086.07
			64413	INJECTION ANESTHETIC AGENT CERVICAL PLEXUS	432.00			000	N	850.31
			64415	SINGLE NERVE BLOCK INJECTION ARM NERVE	405.60			000	N	1086.07
			64416	INJECTION ANES BRACHIAL PLEXUS CONT NFS CATH	273.60			000	N	1086.07
			64417	INJECTION ANESTHETIC AGENT AXILLARY NERVE	451.20			000	N	1086.07
			64418	INJECTION ANESTHETIC AGENT SUPRASCAPULAR NERVE	325.20			000	N	850.31
			64420	INJECTION ANESTHETIC AGENT 1 INTERCOSTAL NERVE	378.00			000	N	850.31
			64421	MULTIPLE NERVE BLOCK INJECTIONS RIB NERVES	535.20			000	N	1086.07
			64425	INJECTION ANES ILIOINGUINAL ILIOHYPOGASTRIC NRVS	471.60			000	N	850.31
			64430	INJECTION ANESTHETIC AGENT PUDENDAL NERVE	496.80			000	N	1086.07
			64435	INJECTION ANESTHETIC PARACERVICAL UTERINE NERVE	480.00			000	N	850.31
			64445	INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE	466.80			000	N	850.31
			64446	INJECTION ANES SCIATIC NERVE CONT INFUSION CATH	273.60			000	N	1086.07
			64447	INJECTION ANESTHETIC AGENT FEMORAL NERVE SINGLE	415.20			000	N	850.31
			64448	INJECTION ANES FEMORAL NERVE CONT INFUSION CATH	246.00			000	N	1086.07
			64449	INJECTION ANES LUMBAR PLEXUS POST CONT NFS CATH	292.80			000	N	1086.07
			64450	INJECTION ANES OTHER PERIPHERAL NERVE/BRANCH	262.80			000	N	850.31
			64455	NJX ANES&/STEROID PLANTAR COMMON DIGITAL NERVE	163.20			000	N	351.42
			64461	PVB THORACIC SINGLE INJECTION SITE W/IMG GID	475.20			000	N	850.31
+			64462	PVB THORACIC SECOND & ADDL INJ SITE W/IMG GID	264.00			ZZZ	N	
			64463	PVB THORACIC CONT CATHETER INFUSION W/IMG GID	615.60			000	N	850.31
			64479	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	834.00			000	N	1086.07
+			64480	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	410.40			ZZZ	N	
			64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	772.80			000	N	1086.07
+			64484	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	334.80			ZZZ	N	
			64486	TAP BLOCK UNILATERAL BY INJECTION(S)	374.40			000	N	
			64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	538.80			000	N	
			64488	TAP BLOCK BILATERAL BY INJECTION(S)	459.60			000	N	
			64489	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	798.00			000	N	
			64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	646.80			000	Y	1086.07
+			64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	321.60			ZZZ	Y	
+			64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	324.00			ZZZ	Y	
__			64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	589.20			000	Y	1086.07
+			64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	298.80			ZZZ	Y	
+			64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	298.80			ZZZ	Y	
			64505	INJECTION ANES AGENT SPHENOPALATINE GANGLION	403.20			000	N	351.42
			64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	453.60			000	N	1086.07
			64517	INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	651.60			000	N	1086.07
			64520	INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	690.00			000	N	1086.07

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			64530	INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	687.60			000	N	1086.07
			64600	DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	1482.00			010	N	1086.07
		J1	64605	DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	2026.80			010	N	3259.45
		J1	64610	DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	2650.80			010	N	3259.45
			64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	709.20			010	N	1086.07
			64630	DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	812.40			010	N	1086.07
			64632	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	294.00			010	N	351.42
		J1	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	1426.80			010	N	3259.45
+			64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	640.80			ZZZ	N	
		J1	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	1411.20			010	N	3259.45
+			64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	582.00			ZZZ	N	
			64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	463.20			010	N	1086.07
			64680	DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	1088.40			010	N	1086.07
			64681	DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	1971.60			010	N	1086.07
			72275	EPIDUROGRAPY RS&I	220.98	70.49	150.49	XXX	N	
			72285	DISKOGRAPY CERVICAL/THORACIC RS&I	0.00	0.00	0.00	XXX	N	2316.70
			72295	DISKOGRAPY LUMBAR RS&I	184.15	78.11	106.04	XXX	N	
			76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	102.24	57.79	44.45	XXX	N	
+			77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	181.61	50.17	131.44	ZZZ	N	
+			77003	FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	175.90	54.61	121.29	ZZZ	N	
			95990	REFILL&MAINTENANCE PUMP DRUG DLVR SPINAL/BRAIN	154.58			XXX	N	409.50
			95991	RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BRN PHY/QHP	194.70			XXX	N	351.42

SURGERY

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

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 ~~the~~ CPT® ~~2016~~2019.

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 allowable reimbursement ~~allowance~~ (~~MRA~~MAR) 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 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.** The surgical microscope is employed when the surgical services are performed using the techniques of microsurgery. Code 69990 should be

reported (without modifier 51 appended) in addition to the code for the primary procedure performed. Do not use 69990 for visualization with magnifying loupes or corrected vision.

~~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~~

Do not report 69990 in addition to procedures where use of the operating microscope is an inclusive component~~:~~ (~~-~~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, 64912, 64913, 65091–68850~~, 0184T, 0308T, 0402T~~.)

For purposes of clarification, if microsurgery technique is employed and the primary procedure code is not contained in the ~~aforementioned~~ list above, it is appropriate to report 69990 with the primary procedure performed and reimbursement is required for ~~said~~ such services. (For example, code 63030 is not included in the ~~aforementioned~~ list ~~and, as such~~therefore, 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 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 MAR 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**

Puncture of a cavity or joint for aspiration followed by injection of a therapeutic agent is one procedure and should be billed as such.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.

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.

S. **Platelet Rich Plasma (PRP) Injections**
The maximum allowable reimbursement for PRP injections applies to all body parts and includes imaging guidance, harvesting and preparation, as well as the injection, kits and supplies.

R. **Surgical Assistant**

4. 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 allowable reimbursement ~~allowance~~ (~~MRA~~MAR) for the procedure(s).

5. 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~~MAR ~~-~~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.

6. 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~~pre-certification 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–~~2061~~20611, 64400–64450, 64455-64484) 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~~CPT codes 22853, ~~-~~ 22854, ~~,~~ and 22859 ~~describe~~s the ~~application~~ insertion of an intervertebral biomechanical device into an interverbral disc space or vertebral body defect ~~vertebral defect or interspace~~. These codes are reported per level; each code captures insertion of both devices with integral anterior instrumentation for device anchoring and devices without integral anterior instrumentation for device anchoring, regardless of approach (anterior, posterior, lateral). Coding is based on the location of the device insertion and whether interbody arthrodesis is being performed. ~~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** ~~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 ~~precertification~~pre-certification is obtained from the payer prior to the services. ~~mutually agreed to by the payer and the provider~~:

7. Neuromuscular junction testing of each nerve during intraoperative monitoring;

8. Intraoperative monitoring during peripheral nerve entrapment releases, such as carpal release, ulnar nerve transposition at the elbow, and tarsal tunnel release;
9. During decompression of cervical nerve roots without myelopathy;
10. During placement of cervical instrumentation absent evidence of myelopathy;
11. During lumbar discectomy for radiculopathy; or
12. During lumbar decompression for treatment of stenosis without the need for instrumentation.

II. MULTIPLE PROCEDURES

B. **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 MAR~~allowable fee~~ for the primary procedure
- Fifty percent (50%) of the ~~allowable fee~~MAR 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.

G. **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.

H. **Multiple Procedure Billing Rules**

3. The primary procedure, which is defined as the procedure with the highest RVU, must be billed with the applicable CPT code.
4. 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

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

D. **Reporting**

3. The use of appropriate codes should be consistent with the current CPT guidelines.
4. 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

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

5. Initial (new patient) treatment for soft tissue injuries must be billed under the appropriate office visit code.
6. 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.
7. 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.
8. 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.

I. **Fracture Care**

6. 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.
7. 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.
8. The phrase “with manipulation” describes reduction of a fracture.
9. 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.
10. 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.

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

3. 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.

4. 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~~.

K. **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.

4. Diagnostic arthroscopy ~~should be billed~~ will be reimbursed at fifty percent (50%) when followed by open surgery.

5. Diagnostic arthroscopy is not billed when followed by arthroscopic surgery.

6. If there are only minor findings that do not confirm a significant preoperative diagnosis, the procedure should be billed as a diagnostic arthroscopy.

L. **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.

M. **External Spinal Stimulators Post Fusion**

5. ~~Precertification~~Pre-certification is required for use of the external spinal stimulator.

~~5.~~6. 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.

d. Patient has had a previously failed spinal fusion~~,~~; and/or

e. Patient is scheduled for revision or repair of pseudoarthrosis~~,~~; and/or

f. The patient smokes greater than a pack of cigarettes per day and is scheduled for spinal fusion.

~~6.~~7. The external spinal stimulator is not approved by ~~the Mississippi Workers' Compensation Commission~~MWCC for use in primary spinal fusions.

~~7.~~8. When medical necessity is established based on the above criteria, ~~The~~ the external spinal stimulator will be reimbursed according to the ~~allowables~~ MRAsMAR in the Fee Schedule.

~~8.~~1. ~~Precertification is required for use of the external spinal stimulator.~~

N. **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; and
- Closure of wound.

V. BURNS, LOCAL TREATMENT

D. **Degree of Burns**

6. Code 16000 must be used when billing for treatment of first degree burns when no more than local treatment of burned surfaces is required.
7. Codes 16020–16030 must be used when billing for treatment of partial-thickness burns only.
8. Codes 16035-16036 must be used when billing an escharotomy for treatment of a burn.
9. The claim form must be accompanied by a report substantiating the services performed.
10. Major debridement of foreign bodies, grease, epidermis, or necrotic tissue may be billed separately under codes 11000–11001. Modifier 51 does not apply.

E. **Percentage of Total Body Surface (TBS) Area.** The following definitions apply to codes 16020–16030:

4. "Small" means a burn that encompasses five percent (5%) of TBS area or less.
5. "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.
6. "Large" means a burn that encompasses greater than ten percent (10%) TBS area.

F. **Reimbursement**

3. 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.
4. 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

C. **Diagnostic or Therapeutic**

3. Please refer to the Pain Management section for guidelines and reimbursement of therapeutic nerve blocks.

4. Medications such as steroids, pain medication, etc., may be separately billed using the appropriate HCPCS code.

   c. The name of the medication(s), dosage, and volume must be identified.

   d. 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.

D. **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.

~~XI.~~ ~~**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 professional component 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 allowable 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.~~

~~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.~~

~~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).~~

~~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).

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.

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.

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.

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.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.

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.

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.

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.

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.)

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.)

~~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.~~

~~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.~~

~~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.~~

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
			0232T	NJX PLTLT PLASMA W/IMG HARVEST/PREPARATION	467.36					384.16

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	•		10004	FINE NEEDLE ASPIRATION BX W/O IMG GDN EA ADDL	178.80			ZZZ	N	
•	•		10005	FINE NEEDLE ASPIRATION BX W/US GDN 1ST LESION	430.80			XXX	N	822.66
+	•		10006	FINE NEEDLE ASPIRATION BX W/US GDN EA ADDL	205.20			ZZZ	N	
•	•		10007	FINE NEEDLE ASPIRATION BX W/FLUOR GDN 1ST LESION	970.80			XXX	N	822.66
+	•		10008	FINE NEEDLE ASPIRATION BX W/FLUOR GDN EA ADDL	547.20			ZZZ	N	
•	•		10009	FINE NEEDLE ASPIRATION BX W/CT GDN 1ST LESION	1588.80			XXX	N	822.66
+	•		10010	FINE NEEDLE ASPIRATION BX W/CT GDN EA ADDL	957.60			ZZZ	N	
•	•		10011	FINE NEEDLE ASPIRATION BX W/MR GDN 1ST LESION	BR			XXX	N	822.66
+	•		10012	FINE NEEDLE ASPIRATION BX W/MR GDN EA ADDL	BR			ZZZ	N	
•	•		10021	FINE NEEDLE ASPIRATION BX W/O IMG GDN 1ST LESION	333.60			XXX	N	445.99
•	•		10030	IMAGE-GUIDED CATHETER FLUID COLLECTION DRAINAGE	1952.40			000	N	822.66
•	•		10035	PERQ SFT TISS LOC DEVICE PLMT 1ST LES W/GDNCE	1640.40			000	N	822.66
+	•		10036	PERQ SFT TISS LOC DEVICE PLMT ADD LES W/GDNCE	1414.80			ZZZ	N	
•	•		10040	ACNE SURGERY	370.80			010	N	250.56
•	•		10060	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE	404.40			010	N	250.56
•	•		10061	INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE	704.40			010	N	445.99
•	•		10080	INCISION & DRAINAGE PILONIDAL CYST SIMPLE	627.60			010	N	822.66
•	•		10081	INCISION & DRAINAGE PILONIDAL CYST COMPLICATED	940.80			010	N	822.66
•	•		10120	INCISION & REMOVAL FOREIGN BODY SUBQ TISS SIMPLE	518.40			010	N	445.99
•	•	J1	10121	INCISION & REMOVAL FOREIGN BODY SUBQ TISS COMPL	932.40			010	N	2734.29
•	•	J1	10140	I&D HEMATOMA SEROMA/FLUID COLLECTION	572.40			010	N	2734.29
•	•		10160	PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	444.00			010	N	445.99
•	•	J1	10180	INCISION & DRAINAGE COMPLEX PO WOUND INFECTION	854.40			010	N	4742.07
•	•		11000	DBRDMT EXTENSV ECZEMA/INFECT SKN UP 10% BDY SURF	188.40			000	N	685.70
+	•		11001	DBRDMT EXTNSVE ECZEMA/INFECT SKN EA 10% BDY SURF	74.40			ZZZ	N	
•	•		11004	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT&PR	2002.80			000	N	1634.69
•	•		11005	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ ABDL WALL	2716.80			000	N	3015.60
•	•		11006	DBRDMT SKN SUBQ T/M/F NECRO INFCTJ GENT/ABDL	2452.80			000	N	
+	•		11008	REMOVAL PROSTHETIC MATRL ABDL WALL FOR INFECTION	955.20			ZZZ	N	1614.53
•	•		11010	DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS	1658.40			010	N	822.66
•	•		11011	DBRDMT W/RMVL FM FX&/DISLC SKN SUBQ T/M/F MUSC	1831.20			000	N	822.66
•	•	J1	11012	DBRDMT FX&/DISLC SUBQ T/M/F BONE	2374.80			000	N	4742.07
•	•		11042	DEBRIDEMENT SUBCUTANEOUS TISSUE 20 SQ CM/<	415.20			000	N	445.99
•	•		11043	DEBRIDEMENT MUSCLE & FASCIA 20 SQ CM/<	788.40			000	N	685.70
•	•	J1	11044	DEBRIDEMENT BONE MUSCLE &/FASCIA 20 SQ CM/<	1071.60			000	N	2734.29
+	•		11045	DBRDMT SUBCUTANEOUS TISSUE EA ADDL 20 SQ CM	141.60			ZZZ	N	
+	•		11046	DEBRIDEMENT MUSCLE &/FASCIA EA ADDL 20 SQ CM	250.80			ZZZ	N	
+	•		11047	DEBRIDEMENT BONE EACH ADDITIONAL 20 SQ CM	423.60			ZZZ	N	
•	•		11055	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 1	190.80			000	N	250.56
•	•		11056	PARING/CUTTING BENIGN HYPERKERATOTIC LESION 2-4	228.00			000	N	250.56
•	•		11057	PARING/CUTTING BENIGN HYPERKERATOTIC LESION >4	253.20			000	N	250.56
•	•		11102	TANGENTIAL BIOPSY SKIN SINGLE LESION	336.00			000	N	250.56
+	•		11103	TANGENTIAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	181.20			ZZZ	N	
•	•		11104	PUNCH BIOPSY SKIN SINGLE LESION	422.40			000	N	250.56
+	•		11105	PUNCH BIOPSY SKIN EA SEP/ADDITIONAL LESION	207.60			ZZZ	N	
•	•		11106	INCISIONAL BIOPSY SKIN SINGLE LESION	511.20			000	N	445.99
+	•		11107	INCISIONAL BIOPSY SKIN EA SEP/ADDITIONAL LESION	244.80			ZZZ	N	
•	•		11200	REMOVAL SKN TAGS MLT FIBRQ TAGS ANY AREA UPW/15	301.20			010	N	250.56
+	•		11201	REMOVAL SK TGS MLT FIBRQ TAGS ANY AREA EA 10	64.80			ZZZ	N	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		11300	SHAVING SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.5CM/<	332.40			000	N	250.56
•	•		11301	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM 0.6-1.0 CM	408.00			000	N	250.56
•	•		11302	SHVG SKN LESION 1 TRUNK/ARM/LEG DIAM 1.1-2.0 CM	477.60			000	N	250.56
•	•		11303	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM	526.80			000	N	445.99
•	•		11305	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.5 CM/<	348.00			000	N	250.56
•	•		11306	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.6-1.0 CM	414.00			000	N	250.56
•	•		11307	SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.1-2.0 CM	490.80			000	N	250.56
•	•		11308	SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.0 CM	520.80			000	N	445.99
•	•		11310	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM 0.5 CM/<	387.60			000	N	250.56
•	•		11311	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-1.0 CM	463.20			000	N	250.56
•	•		11312	SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-2.0 CM	542.40			000	N	445.99
•	•		11313	SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM >2.0 CM	636.00			000	N	445.99
•	•		11400	EXC B9 LESION MRGN XCP SK TG T/A/L 0.5 CM/<	423.60			010	N	822.66
•	•		11401	EXC B9 LESION MRGN XCP SK TG T/A/L 0.6-1.0 CM	516.00			010	N	445.99
•	•		11402	EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM	573.60			010	N	822.66
•	•		11403	EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM	663.60			010	N	822.66
•	•	J1	11404	EXC B9 LESION MRGN XCP SK TG T/A/L 3.1-4.0 CM	752.40			010	N	2734.29
•	•	J1	11406	EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM	1082.40			010	N	2734.29
•	•	J1	11420	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.5 CM/<	423.60			010	N	2734.29
•	•		11421	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 0.6-1.0CM	538.80			010	N	822.66
•	•	J1	11422	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM	607.20			010	N	2734.29
•	•	J1	11423	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 2.1-3.0CM	692.40			010	N	2734.29
•	•	J1	11424	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 3.1-4.0CM	802.80			010	N	2734.29
•	•	J1	11426	EXC B9 LESION MRGN XCP SK TG S/N/H/F/G > 4.0CM	1150.80			010	N	4742.07
•	•		11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<	469.20			010	N	822.66
•	•		11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM	579.60			010	N	822.66
•	•		11442	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM	646.80			010	N	822.66
•	•	J1	11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM	770.40			010	N	2734.29
•	•	J1	11444	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM	966.00			010	N	2734.29
•	•	J1	11446	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM	1339.20			010	N	4742.07
•	•	J1	11450	EXCISION HIDRADENITIS AXILLARY SMPL/INTRM RPR	1350.00			090	N	4742.07
•	•	J1	11451	EXCISION HIDRADENITIS AXILLARY COMPLEX REPAIR	1698.00			090	N	4742.07
•	•	J1	11462	EXCISION HIDRADENITIS INGUINAL SMPL/INTRM RPR	1315.20			090	N	4742.07
•	•	J1	11463	EXCISION HIDRADENITIS INGUINAL COMPLEX REPAIR	1718.40			090	N	4742.07
•	•	J1	11470	EXCISION H/P/P/U SIMPLE/INTERMEDIATE REPAIR	1443.60			090	N	4742.07
•	•	J1	11471	EXCISION H/P/P/U COMPLEX REPAIR	1765.20			090	N	4742.07
•	•		11600	EXCISION MAL LESION TRUNK/ARM/LEG 0.5 CM/<	663.60			010	N	822.66
•	•		11601	EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	782.40			010	N	822.66
•	•		11602	EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM	847.20			010	N	445.99
•	•		11603	EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM	968.40			010	N	822.66
•	•		11604	EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM	1074.00			010	N	822.66
•	•	J1	11606	EXCISION MALIGNANT LESION TRUNK/ARM/LEG > 4.0 CM	1542.00			010	N	2734.29
•	•	J1	11620	EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM/<	668.40			010	N	2734.29
•	•		11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM	786.00			010	N	822.66
•	•		11622	EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM	876.00			010	N	822.66
•	•	J1	11623	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM	1026.00			010	N	2734.29
•	•	J1	11624	EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM	1160.40			010	N	2734.29
•	•	J1	11626	EXCISION MALIGNANT LESION S/N/H/F/G >4.0 CM	1396.80			010	N	4742.07
•	•		11640	EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<	688.80			010	N	822.66

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		11641	EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM	813.60			010	N	822.66
•	•		11642	EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM	927.60			010	N	822.66
•	•	J1	11643	EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM	1090.80			010	N	2734.29
•	•	J1	11644	EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM	1346.40			010	N	2734.29
•	•	J1	11646	EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM	1756.80			010	N	4742.07
•	•		11719	TRIMMING NONDYSTROPHIC NAILS ANY NUMBER	49.20			000	N	79.38
•	•		11720	DEBRIDEMENT NAIL ANY METHOD 1-5	112.80			000	N	79.38
•	•		11721	DEBRIDEMENT NAIL ANY METHOD 6/>	154.80			000	N	79.38
•	•		11730	AVULSION NAIL PLATE PARTIAL/COMPLETE SIMPLE 1	370.80			000	N	250.56
+	•		11732	AVULSION NAIL PLATE PARTIAL/COMP SIMPLE EA ADDL	111.60			ZZZ	N	
•	•		11740	EVACUATION SUBUNGUAL HEMATOMA	175.20			000	N	151.20
•	•		11750	EXCISION NAIL MATRIX PERMANENT REMOVAL	529.20			010	N	445.99
•	•		11755	BIOPSY NAIL UNIT SEPARATE PROCEDURE	416.40			000	N	822.66
•	•		11760	REPAIR NAIL BED	655.20			010	N	685.70
•	•		11762	RECONSTRUCTION NAIL BED W/GRAFT	978.00			010	N	2199.52
•	•		11765	WEDGE EXCISION SKIN NAIL FOLD	576.00			010	N	445.99
•	•	J1	11770	EXCISION PILONIDAL CYST/SINUS SIMPLE	972.00			010	N	4742.07
•	•	J1	11771	EXCISION PILONIDAL CYST/SINUS EXTENSIVE	2014.80			090	N	4742.07
•	•	J1	11772	EXCISION PILONIDAL CYST/SINUS COMPLICATED	2412.00			090	N	4742.07
•	•		11900	INJECTION INTRALESIONAL UP TO & INCLUD 7 LESIONS	184.80			000	N	250.56
•	•		11901	INJECTION INTRALESIONAL >7 LESIONS	234.00			000	N	250.56
•	•		11920	TATTOOING INCL MICROPIGMENTATION 6.0 CM/<	612.00			000	N	685.70
•	•		11921	TATTOOING INCL MICROPIGMENTATION 6.1-20.0 CM	700.80			000	N	685.70
+	•		11922	TATTOOING INCL MICROPIGMENTATION EA 20.0 CM	207.60			ZZZ	N	
•	•		11950	SUBCUTANEOUS INJECTION FILLING MATERIAL 1 CC/<	234.00			000	N	250.56
•	•		11951	SUBCUTANEOUS INJECTION FILLING MATRL 1.1-5.0 CC	336.00			000	N	685.70
•	•		11952	SUBCUTANEOUS INJECTION FILLING MATRL 5.1-10.0CC	453.60			000	N	685.70
•	•		11954	SUBCUTANEOUS INJECTION FILLING MATRL >10.0 CC	529.20			000	N	445.99
•	•		11960	INSERTION TISSUE EXPANDER INCL SBSQ XPNSJ	3325.20			090	N	3927.90
•	•	J1	11970	REPLACEMENT TISS EXPANDER PERMANENT PROSTHESIS	2096.40			090	N	10775.65
•	•		11971	REMOVAL TISS EXPANDER W/O INSERTION PROSTHESIS	1622.40			090	N	3377.17
•	•		11976	REMOVAL IMPLANTABLE CONTRACEPTIVE CAPSULES	493.20			000	N	822.66
•	•		11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION	322.80			000	N	494.39
•	•		11981	INSJ NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	486.00			XXX	N	151.20
•	•		11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	538.80			XXX	N	494.39
•	•		11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DLVR IMPLT	787.20			XXX	N	494.39
•	•		12001	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.5CM/<	303.60			000	N	250.56
•	•		12002	SMPL REPAIR SCALP/NECK/AX/GENIT/TRUNK 2.6-7.5CM	369.60			000	N	250.56
•	•		12004	SIMPLE RPR SCALP/NECK/AX/GENIT/TRUNK 7.6-12.5CM	433.20			000	N	250.56
•	•		12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM	562.80			000	N	445.99
•	•		12006	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM	664.80			000	N	445.99
•	•		12007	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM	764.40			000	N	250.56
•	•		12011	SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	370.80			000	N	250.56
•	•		12013	SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	387.60			000	N	250.56
•	•		12014	SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	465.60			000	N	250.56
•	•		12015	SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	562.80			000	N	250.56
•	•		12016	SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	710.40			000	N	445.99
•	•		12017	SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	520.80			000	N	445.99
•	•		12018	SIMPLE REPAIR F/E/E/N/L/M >30.0 CM	590.40			000	Y	250.56

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		12020	TX SUPERFICIAL WOUND DEHISCENCE SIMPLE CLOSURE	980.40			010	N	685.70
•	•		12021	TX SUPERFICIAL WOUND DEHISCENCE W/PACKING	571.20			010	N	445.99
•	•		12031	REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	837.60			010	N	445.99
•	•		12032	REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	1038.00			010	N	445.99
•	•		12034	REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	1088.40			010	N	445.99
•	•		12035	REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	1311.60			010	N	445.99
•	•		12036	REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	1452.00			010	N	685.70
•	•		12037	REPAIR INTERMEDIATE S/A/T/E >30.0 CM	1644.00			010	N	2199.52
•	•		12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<	836.40			010	N	445.99
•	•		12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM	1009.20			010	N	445.99
•	•		12044	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 7.6-12.5CM	1249.20			010	N	685.70
•	•		12045	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 12.6-20 CM	1375.20			010	N	685.70
•	•		12046	RPR INTERMEDIATE N/H/F/XTRNL GENT 20.1-30.0 CM	1656.00			010	N	445.99
•	•		12047	REPAIR INTERMEDIATE N/H/F/XTRNL GENT >30.0 CM	1818.00			010	Y	2199.52
•	•		12051	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<	906.00			010	N	445.99
•	•		12052	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM	1026.00			010	N	445.99
•	•		12053	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 5.1-7.5 CM	1200.00			010	N	445.99
•	•		12054	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 7.6-12.5 CM	1255.20			010	N	445.99
•	•		12055	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 12.6-20.0CM	1628.40			010	N	445.99
•	•		12056	REPAIR INTERMEDIATE F/E/E/N/L&/MUC 20.1-30.0CM	1917.60			010	N	445.99
•	•		12057	REPAIR INTERMEDIATE F/E/E/N/L&/MUC >30.0 CM	2031.60			010	Y	445.99
•	•		13100	REPAIR COMPLEX TRUNK 1.1-2.5 CM	1159.20			010	N	685.70
•	•		13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM	1366.80			010	N	685.70
+	•		13102	REPAIR COMPLEX TRUNK EACH ADDITIONAL 5 CM/<	415.20			ZZZ	N	
•	•		13120	REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM	1210.80			010	N	685.70
•	•		13121	REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM	1471.20			010	N	685.70
+	•		13122	REPAIR COMPLEX SCALP/ARM/LEG EA ADDL 5 CM/<	453.60			ZZZ	N	
•	•		13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM	1330.80			010	N	445.99
•	•		13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM	1639.20			010	N	685.70
+	•		13133	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<	607.20			ZZZ	N	
•	•		13151	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM	1455.60			010	N	685.70
•	•		13152	REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM	1737.60			010	N	685.70
+	•		13153	REPAIR COMPLX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<	660.00			ZZZ	N	
•	•		13160	SECONDARY CLOSURE SURG WOUND/DEHSN EXTSV/COMPLIC	2755.20			090	N	2199.52
•	•		14000	ADJACENT TISSUE TRANSFER/REARGMT TRUNK 10 SQCM/<	2136.00			090	N	2199.52
•	•		14001	ADJNT TIS TRANSFR/REARRANGE TRUNK 10.1-30.0 SQCM	2738.40			090	N	2199.52
•	•		14020	ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<	2384.40			090	N	2199.52
•	•		14021	ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM	2974.80			090	N	2199.52
•	•		14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<	2604.00			090	N	2199.52
•	•		14041	ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM	3210.00			090	N	2199.52
•	•		14060	ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<	2653.20			090	N	2199.52
•	•		14061	ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM	3452.40			090	N	2199.52
•	•		14301	ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM	3694.80			090	Y	3927.90
+	•		14302	ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM	760.80			ZZZ	Y	
•	•		14350	FILLETED FINGER/TOE FLAP W/PREPJ RECIPIENT SITE	2354.40			090	N	2199.52
•	•		15002	PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT	1192.80			000	N	2199.52
+	•		15003	PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT	253.20			ZZZ	N	
•	•		15004	PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT	1365.60			000	N	685.70
+	•		15005	PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT	422.40			ZZZ	N	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		15040	HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<	874.80			000	N	2199.52
•	•		15050	PINCH GRAFT 1/MLT SM ULCER TIP/OTH AREA 2CM	1936.80			090	N	685.70
•	•		15100	SPLIT AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	2949.60			090	N	2199.52
+	•		15101	SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	637.20			ZZZ	N	
•	•		15110	EPIDRM AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD	2738.40			090	N	2199.52
+	•		15111	EPIDRM AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD	398.40			ZZZ	N	
•	•		15115	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<	2718.00			090	N	2199.52
+	•		15116	EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM	576.00			ZZZ	N	
•	•		15120	SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/</1 %	2914.80			090	N	3927.90
+	•		15121	SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %	714.00			ZZZ	N	
•	•		15130	DERMAL AUTOGRAFT TRUNK/ARM/LEG 1ST 100 CM	2282.40			090	N	2199.52
+	•		15131	DERMAL AUTOGRAFT TRUNK/ARM/LEG EA 100 CM/EA	342.00			ZZZ	N	
•	•		15135	DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT 1ST 100	2942.40			090	N	3927.90
+	•		15136	DERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA	338.40			ZZZ	N	
•	•		15150	CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CM/<	2406.00			090	N	2199.52
+	•		15151	CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM	414.00			ZZZ	N	
+	•		15152	CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%BODY AREA	510.00			ZZZ	N	
•	•		15155	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1ST 25CM/<	2740.80			090	N	3927.90
+	•		15156	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ADDL 1-75CM	558.00			ZZZ	N	
+	•		15157	CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT EA 100 EA	620.40			ZZZ	N	
•	•		15200	FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 CM/<	2859.60			090	N	2199.52
+	•		15201	FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 CM/<	496.80			ZZZ	N	
•	•		15220	FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 CM/<	2647.20			090	N	2199.52
+	•		15221	FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 CM/<	464.40			ZZZ	N	
•	•		15240	FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM/<	3201.60			090	N	2199.52
+	•		15241	FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA20CM/<	626.40			ZZZ	N	
•	•		15260	FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<	3465.60			090	N	2199.52
+	•		15261	FTH/GFT FREE W/DIR CLSR N/E/E/L EA 20 SQ CM/<	726.00			ZZZ	N	
•	•		15271	APP SKN SUB GRFT T/A/L AREA/100SQ CM /<1ST 25	496.80			000	N	2199.52
+	•		15272	APP SKN SUB GRFT T/A/L AREA/100SQ CM EA ADL 25SC	91.20			ZZZ	N	
•	•		15273	APP SKN SUBGRFT T/A/L AREA/100SQ CM 1ST 100SQ CM	1047.60			000	N	3927.90
+	•		15274	APP SKN SUB GRFT T/A/L AREA>/=100SCM ADL 100SQCM	258.00			ZZZ	N	
•	•		15275	SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM	524.40			000	N	2199.52
+	•		15276	SUB GRFT F/S/N/H/F/G/M/D<100SQ CM EA ADDL25SQ CM	117.60			ZZZ	N	
•	•		15277	SUB GRFT F/S/N/H/F/G/M/D >/= 100SCM 1ST 100SQ CM	1146.00			000	N	2199.52
+	•		15278	SUB GRFT F/S/N/H/F/G/M/D >/= 100SCM ADL 100SQ CM	304.80			ZZZ	N	
•	•		15570	FRMJ DIRECT/TUBED PEDICLE W/WO TRANSFER TRUNK	3124.80			090	N	2199.52
•	•		15572	FRMJ DIRECT/TUBE PEDICLE W/WO TR SCALP ARMS/LEGS	3039.60			090	N	3927.90
•	•		15574	FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH/M/N/AX/G/H/F	3102.00			090	N	2199.52
•	•		15576	FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTRORAL	2751.60			090	N	2199.52
•	•		15600	DELAY FLAP/SECTIONING FLAP TRUNK	1116.00			090	N	3927.90
•	•		15610	DELAY FLAP/SECTIONING FLAP SCALP ARMS/LEGS	1219.20			090	N	2199.52
•	•		15620	DELAY FLAP/SECTIONING FLAP F/C/C/N/AX/G/H/F	1502.40			090	N	2199.52
•	•		15630	DELAY FLAP/SCTJ FLAP EYELIDS NOSE EARS/LIPS	1570.80			090	N	2199.52
•	•		15650	TRANSFER ANY PEDICLE FLAP ANY LOCATION	1742.40			090	N	2199.52
•	•		15730	MIDFACE FLAP W/PRESERVATION OF VASCULAR PEDICLES	5239.20			090	N	3927.90
•	•		15731	FOREHEAD FLAP W/PRESERVATION VASCULAR PEDICLE	3844.80			090	N	3927.90
•	•		15733	MUSC MYOQ/FSCQ FLAP HEAD&NECK W/NAMED VASC PEDCL	3614.40			090	N	3927.90
•	•		15734	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP TRUNK	5216.40			090	Y	3927.90

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		15736	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP UXTR	4236.00			090	N	2199.52
•	•		15738	MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP LXTR	4518.00			090	Y	3927.90
•	•		15740	FLAP ISLAND PEDICLE ANATOMIC NAMED AXIAL ARTERY	3459.60			090	N	2199.52
•	•		15750	FLAP NEUROVASCULAR PEDICLE	3166.80			090	Y	3927.90
•	•		15756	FREE MUSCLE/MYOCUTANEOUS FLAP W/MVASC ANAST	7945.20			090	Y	
•	•		15757	FREE SKIN FLAP W/MICROVASCULAR ANASTOMOSIS	7861.20			090	Y	666.46
•	•		15758	FREE FASCIAL FLAP W/MICROVASCULAR ANASTOMOSIS	7930.80			090	Y	
•	•		15760	GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA	2911.20			090	N	2199.52
•	•		15770	GRAFT DERMA-FAT-FASCIA	2290.80			090	Y	3927.90
•	•		15775	PUNCH GRAFT HAIR TRANSPLANT 1-15 PUNCH GRAFTS	1048.80			000	N	445.99
•	•		15776	PUNCH GRAFT HAIR TRANSPLANT >15 PUNCH GRAFTS	1508.40			000	N	445.99
+	•		15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	750.00			ZZZ	N	
•	•	J1	15780	DERMABRASION TOTAL FACE	3139.20			090	N	4742.07
•	•		15781	DERMABRASION SEGMENTAL FACE	1885.20			090	N	822.66
•	•	J1	15782	DERMABRASION REGIONAL OTHER THAN FACE	1963.20			090	N	2734.29
•	•		15783	DERMABRASION SUPERFICIAL ANY SITE	1634.40			090	N	445.99
•	•		15786	ABRASION 1 LESION	837.60			010	N	250.56
+	•		15787	ABRASION EACH ADDITIONAL 4 LESIONS OR LESS	152.40			ZZZ	N	
•	•		15788	CHEMICAL PEEL FACIAL EPIDERMAL	1530.00			090	N	250.56
•	•		15789	CHEMICAL PEEL FACIAL DERMAL	1890.00			090	N	685.70
•	•		15792	CHEMICAL PEEL NONFACIAL EPIDERMAL	1416.00			090	N	445.99
•	•		15793	CHEMICAL PEEL NONFACIAL DERMAL	1689.60			090	N	445.99
•	•		15819	CERVICOPLASTY	2731.20			090	N	2199.52
•	•		15820	BLEPHAROPLASTY LOWER EYELID	1945.20			090	N	2199.52
•	•		15821	BLEPHAROPLASTY LOWER EYELID HERNIATED FAT PAD	2085.60			090	N	2199.52
•	•		15822	BLEPHAROPLASTY UPPER EYELID	1528.80			090	N	2199.52
•	•		15823	BLEPHAROPLASTY UPPER EYELID W/EXCESSIVE SKIN	2084.40			090	N	2199.52
•	•		15824	RHYTIDECTOMY FOREHEAD	3634.80			000	N	2199.52
•	•		15825	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTENING	6904.80			000	N	3927.90
•	•		15826	RHYTIDECTOMY GLABELLAR FROWN LINES	2175.24			000	N	3927.90
•	•		15828	RHYTIDECTOMY CHEEK CHIN & NECK	10657.20			000	N	3927.90
•	•		15829	RHYTIDECTOMY SMAS FLAP	6728.40			000	N	3927.90
•	•	J1	15830	EXCISION SKIN ABD INFRAUMBILICAL PANNICULECTOMY	4050.00			090	Y	9771.93
•	•	J1	15832	EXCISION EXCESSIVE SKIN & SUBQ TISSUE THIGH	3168.00			090	Y	4742.07
•	•	J1	15833	EXCISION EXCESSIVE SKIN & SUBQ TISSUE LEG	2995.20			090	N	4742.07
•	•	J1	15834	EXCISION EXCESSIVE SKIN & SUBQ TISSUE HIP	3062.40			090	N	4742.07
•	•	J1	15835	EXCISION EXCESSIVE SKIN & SUBQ TISSUE BUTTOCK	3220.80			090	N	4742.07
•	•	J1	15836	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ARM	2718.00			090	N	4742.07
•	•	J1	15837	EXC EXCESSIVE SKIN &SUBQ TISSUE FOREARM/HAND	2964.00			090	N	4742.07
•	•	J1	15838	EXC EXCSV SKIN & SUBQ TISSUE SUBMENTAL FAT PAD	2200.80			090	N	4742.07
•	•	J1	15839	EXCISION EXCESSIVE SKIN & SUBQ TISSUE OTHER AREA	3032.40			090	N	4742.07
•	•		15840	GRAFT FACIAL NERVE PARALYSIS FREE FASCIAL GRAFT	3463.20			090	N	3927.90
•	•		15841	GRAFT FACIAL NERVE PARALYSIS FREE MUSCLE GRAFT	6146.40			090	Y	3927.90
•	•		15842	GRF FACIAL NRV PALYSS FR MUSCLE FLAP MICROSURG	9364.80			090	Y	2199.52
•	•		15845	GRF FACIAL NERVE PARALYSIS REGIONAL MUSCLE TR	3464.40			090	Y	3927.90
+	•		15847	EXCISION EXCESSIVE SKIN & SUBQ TISSUE ABDOMEN	2668.80			YYY	Y	
•	•		15850	REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON	307.20			XXX	N	685.70
•	•		15851	REMOVAL SUTURES UNDER ANESTHESIA OTHER SURGEON	342.00			000	N	2199.52
•	•		15852	DRESSING CHANGE UNDER ANESTHESIA	159.60			000	N	685.70

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		15860	IV INJECTION TEST VASCULAR FLOW FLAP/GRAFT	372.00			000	N	494.39
•	•		15876	SUCTION ASSISTED LIPECTOMY HEAD & NECK	3015.60			000	N	3927.90
•	•		15877	SUCTION ASSISTED LIPECTOMY TRUNK	4603.20			000	N	3927.90
•	•		15878	SUCTION ASSISTED LIPECTOMY UPPER EXTREMITY	BR			000	N	2199.52
•	•		15879	SUCTION ASSISTED LIPECTOMY LOWER EXTREMITY	5754.00			000	N	3927.90
•	•	J1	15920	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/PRIM SUTR	2140.80			090	N	4742.07
•	•		15922	EXC COCCYGEAL PR ULC W/COCCYGECTOMY W/FLAP CLSR	2700.00			090	Y	3927.90
•	•	J1	15931	EXCISION SACRAL PRESSURE ULCER W/PRIMARY SUTURE	2392.80			090	N	2734.29
•	•	J1	15933	EXC SACRAL PRESSURE ULC W/PRIM SUTR W/OSTECTOMY	2949.60			090	N	4742.07
•	•		15934	EXCISION SACRAL PRESSURE ULCER W/SKIN FLAP CLSR	3258.00			090	N	3927.90
•	•		15935	EXC SACRAL PR ULCER W/SKN FLAP CLSR W/OSTECTOMY	3796.80			090	Y	3927.90
•	•		15936	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF CLSR	3086.40			090	N	2199.52
•	•		15937	EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP/SKN GRF OSTC	3582.00			090	N	2199.52
•	•	J1	15940	EXC ISCHIAL PRESSURE ULCER W/PRIMARY SUTURE	2418.00			090	N	4742.07
•	•	J1	15941	EXC ISCHIAL PR ULC W/PRIM SUTR W/OSTC ISCHIECT	3130.80			090	N	4742.07
•	•		15944	EXC ISCHIAL PRESSURE ULCER W/SKIN FLAP CLOSURE	3099.60			090	N	3927.90
•	•		15945	EXC ISCHIAL PR ULC W/SKN FLAP CLSR W/OSTECTOMY	3415.20			090	N	2199.52
•	•		15946	EXC ISCHIAL PR ULCER W/OSTC MUSC/MYOQ FLAP/SKIN	5624.40			090	N	2199.52
•	•	J1	15950	EXC TROCHANTERIC PRESSURE ULCER W/PRIMARY SUTR	2078.40			090	N	2734.29
•	•	J1	15951	EXC TRCHNTRIC PR ULCER W/PRIM SUTR W/OSTECTOMY	3034.80			090	N	4742.07
•	•		15952	EXC TROCHANTERIC PR ULCER W/SKIN FLAP CLOSURE	3116.40			090	Y	2199.52
•	•		15953	EXC TRCHNTRIC PR ULC W/SKN FLAP CLSR W/OSTECTOMY	3439.20			090	N	3927.90
•	•		15956	EXC TROCHANTERIC PR ULCER MUSC/MYOQ FLAP/SKIN	4005.60			090	N	2199.52
•	•		15958	EXC TRCHNTRIC PR ULC MUSC/MYOQ FLAP/SKIN W/OSTC	4087.20			090	N	3927.90
•	•		15999	UNLISTED PROCEDURE EXCISION PRESSURE ULCER	BR			YYY	N	822.66
•	•		16000	INITIAL TX 1ST DEGREE BURN LOCAL TX	240.00			000	N	250.56
•	•		16020	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ SMALL	278.40			000	N	250.56
•	•		16025	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ MEDIUM	511.20			000	N	250.56
•	•		16030	DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SBSQ LARGE	648.00			000	N	445.99
•	•		16035	ESCHAROTOMY FIRST INCISION	678.00			000	N	445.99
+	•		16036	ESCHAROTOMY EACH ADDITIONAL INCISION	283.20			ZZZ	N	
•	•		17000	DESTRUCTION PREMALIGNANT LESION 1ST	222.00			010	N	250.56
+	•		17003	DESTRUCTION PREMALIGNANT LESION 2-14 EA	19.20			ZZZ	N	
•	⃠		17004	DESTRUCTION PREMALIGNANT LESION 15/>	517.20			010	N	445.99
•	•		17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM	1173.60			090	N	445.99
•	•		17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM	1520.40			090	N	685.70
•	•		17108	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM	2202.00			090	N	2199.52
•	•		17110	DESTRUCTION BENIGN LESIONS UP TO 14	375.60			010	N	250.56
•	•		17111	DESTRUCTION BENIGN LESIONS 15/>	445.20			010	N	250.56
•	•		17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	277.20			000	N	250.56
•	•		17260	DESTRUCTION MALIGNANT LESION T/A/L 0.5 CM/<	325.20			010	N	250.56
•	•		17261	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM	493.20			010	N	250.56
•	•		17262	DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM	601.20			010	N	250.56
•	•		17263	DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM	656.40			010	N	250.56
•	•		17264	DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM	702.00			010	N	445.99
•	•		17266	DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM	799.20			010	N	445.99
•	•		17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/>	508.80			010	N	250.56
•	•		17271	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM	560.40			010	N	250.56
•	•		17272	DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM	639.60			010	N	250.56

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		17273	DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM	712.80			010	N	445.99
•	•		17274	DESTRUCTION MALIGNANT LESION S/N/H/F/G 3.1-4.0CM	841.20			010	N	445.99
•	•		17276	DSTRJ MAL LESION S/N/H/F/G LESION DIAM > 4.0 CM	973.20			010	N	445.99
•	•		17280	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<	476.40			010	N	250.56
•	•		17281	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM	610.80			010	N	445.99
•	•		17282	DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM	700.80			010	N	445.99
•	•		17283	DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM	838.80			010	N	445.99
•	•		17284	DESTRUCTION MAL LESION F/E/E/N/L/M 3.1-4.0CM	956.40			010	N	685.70
•	•		17286	DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM	1226.40			010	N	685.70
•	•		17311	MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS	2277.60			000	N	685.70
+	•		17312	MOHS MICROGRAPHIC H/N/H/F/G EACH ADDL STAGE	1351.20			ZZZ	N	
•	•		17313	MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS	2130.00			000	N	685.70
+	•		17314	MOHS TRUNK/ARM/LEG EA STAGE AFTER 1ST STAGE	1290.00			ZZZ	N	
+	•		17315	MOHS TRUNK/ARM/LEG EA ADDL BLOCK ANY STAGE	271.20			ZZZ	N	
•	•		17340	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE	178.80			010	N	45.61
•	•		17360	CHEMICAL EXFOLIATION ACNE	433.20			010	N	250.56
•	•		17380	ELECTROLYSIS EPILATION EACH 30 MINUTES	153.60			000	N	685.70
•	•		17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TISSUE	BR			YYY	N	250.56
•	•		19000	PUNCTURE ASPIRATION CYST BREAST	374.40			000	N	822.66
+	•		19001	PUNCTURE ASPIRATION BREAST EACH ADDITIONAL CYST	92.40			ZZZ	N	
•	•	J1	19020	MASTOTOMY W/EXPLORATION/DRAINAGE ABSCESS DEEP	1620.00			090	N	2734.29
•	•		19030	INJECTION MAMMARY DUCTOGRAM/GALACTOGRAM	568.80			000	N	
•	•	J1	19081	BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID	2210.40			000	N	2734.29
+	•		19082	BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID	1803.60			ZZZ	N	
•	•	J1	19083	BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID	2164.80			000	N	2734.29
+	•		19084	BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID	1738.80			ZZZ	N	
•	•	J1	19085	BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID	3286.80			000	N	2734.29
+	•		19086	BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID	2636.40			ZZZ	N	
•	•	J1	19100	BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX	518.40			000	N	2734.29
•	•	J1	19101	BIOPSY BREAST OPEN INCISIONAL	1156.80			010	N	5620.48
•	•	J1	19105	ABLTJ CRYOSURGICAL W/US GID EA FIBROADENOMA	9660.00			000	N	5620.48
•	•	J1	19110	NIPPLE EXPLORATION	1675.20			090	N	5620.48
•	•	J1	19112	EXCISION LACTIFEROUS DUCT FISTULA	1578.00			090	N	5620.48
•	•	J1	19120	EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION	1716.00			090	N	5620.48
•	•	J1	19125	EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES	1900.80			090	N	5620.48
+	•		19126	EXC BRST LES PREOP PLMT RAD MARKER OPN EA ADDL	561.60			ZZZ	N	
•	•	J1	19260	EXCISION CHEST WALL TUMOR INCLUDING RIBS	4120.80			090	Y	4742.07
•	•		19271	EXC CHEST TUMOR W/RCNSTJ W/O MEDSTNL LMPHADEC	5538.00			090	Y	
•	•		19272	EXC CHEST TUMOR W/RCNSTJ W/MEDSTNL LMPHADEC	6039.60			090	Y	
•	•		19281	PERQ DEVICE PLACEMENT BREAST LOC 1ST LES W/GDNCE	828.00			000	N	822.66
+	•		19282	PERQ DEVICE PLACEMT BREAST LOC EA LESION W/GDNCE	578.40			ZZZ	N	
•	•		19283	PERQ BREAST LOC DEVICE PLACEMT 1ST STRTCTC GDNCE	927.60			000	N	822.66
+	•		19284	PERQ BREAST LOC DEVICE PLACEMT EA LESION STRTCTC	704.40			ZZZ	N	
•	•		19285	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO US IMAG	1654.80			000	N	822.66
+	•		19286	PERQ BREAST LOC DEVICE PLACEMT EACH LES US IMAGE	1429.20			ZZZ	N	
•	•		19287	PERQ BREAST LOC DEVICE PLACEMT 1ST LESIO MR GUID	2796.00			000	N	822.66
+	•		19288	PERQ BREAST LOC DEVICE PLACEMT ADD LESIO MR GUID	2239.20			ZZZ	N	
+	•		19294	PREP TUMOR CAVITY IORT W/PARTIAL MASTECTOMY	565.20			ZZZ	N	
•	•	J1	19296	PLMT EXPANDABLE CATH BRST FOLLOWING PRTL MAST	13578.00			000	N	13715.53

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	•		19297	PLMT EXPANDABLE CATH BRST CONCURRENT PRTL MAST	330.00			ZZZ	N	
•	•	J1	19298	PLMT RADTHX BRACHYTX BRST FOLLOWING PRTL MAST	3388.80			000	N	9771.93
•	•	J1	19300	MASTECTOMY GYNECOMASTIA	1842.00			090	N	5620.48
•	•	J1	19301	MASTECTOMY PARTIAL	2263.20			090	N	5620.48
•	•	J1	19302	MASTECTOMY PARTIAL W/AXILLARY LYMPHADENECTOMY	3116.40			090	Y	9771.93
•	•	J1	19303	MASTECTOMY SIMPLE COMPLETE	3322.80			090	Y	9771.93
•	•	J1	19304	MASTECTOMY SUBCUTANEOUS	2017.20			090	Y	5620.48
•	•		19305	MAST RAD W/PECTORAL MUSCLES AXILLARY LYMPH NODES	3927.60			090	Y	4993.63
•	•		19306	MAST RAD W/PECTORAL MUSC AX INT MAM LYMPH NODES	4161.60			090	Y	
•	•	J1	19307	MAST MODF RAD W/AX LYMPH NOD W/WO PECT/ALIS MIN	4153.20			090	Y	9771.93
•	•	J1	19316	MASTOPEXY	2660.40			090	Y	9771.93
•	•	J1	19318	REDUCTION MAMMAPLASTY	3790.80			090	Y	9771.93
•	•	J1	19324	MAMMAPLASTY AUGMENTATION W/O PROSTHETIC IMPLANT	1818.00			090	N	13715.53
•	•	J1	19325	MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT	2215.20			090	N	13715.53
•	•		19328	REMOVAL INTACT MAMMARY IMPLANT	1712.40			090	N	3998.73
•	•		19330	REMOVAL MAMMARY IMPLANT MATERIAL	2181.60			090	N	3998.73
•	•	J1	19340	IMMT INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	3432.00			090	N	9771.93
•	•	J1	19342	DLYD INSJ BRST PROSTH FLWG MASTOPEXY MAST/RCNSTJ	3183.60			090	N	13715.53
•	•	J1	19350	NIPPLE/AREOLA RECONSTRUCTION	2833.20			090	N	5620.48
•	•	J1	19355	CORRECTION INVERTED NIPPLES	2583.60			090	N	5620.48
•	•	J1	19357	BRST RCNSTJ IMMT/DLYD W/TISS EXPANDER SBSQ XPNSJ	5179.20			090	Y	22381.25
•	•		19361	BRST RCNSTJ W/LATSMS D/SI FLAP WO PRSTHC IMPL	5426.40			090	Y	4817.70
•	•		19364	BREAST RECONSTRUCTION FREE FLAP	9505.20			090	Y	2934.05
•	•	J1	19366	BREAST RECONSTRUCTION OTHER TECHNIQUE	4845.60			090	Y	9771.93
•	•		19367	BREAST RECONSTRUCTION TRAM FLAP 1 PEDICLE	6160.80			090	Y	
•	•		19368	BREAST RECONSTRUCTION TRAM 1 PEDCL MVASC ANAST	7586.40			090	Y	
•	•		19369	BREAST RECONSTRUCTION TRAM FLAP DOUBLE PEDICLE	7041.60			090	Y	
•	•	J1	19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST	2367.60			090	N	5620.48
•	•	J1	19371	PERIPROSTHETIC CAPSULECTOMY BREAST	2707.20			090	N	5620.48
•	•	J1	19380	REVISION RECONSTRUCTED BREAST	2671.20			090	N	9771.93
•	•	J1	19396	PREPARATION MOULAGE CUSTOM BREAST IMPLANT	987.60			000	N	5620.48
•	•	J1	19499	UNLISTED PROCEDURE BREAST	BR			YYY	N	5620.48
•	•		20100	EXPLORATION PENETRATING WOUND SPX NECK	2104.80			010	Y	691.72
•	•		20101	EXPLORATION PENETRATING WOUND SPX CHEST	1555.20			010	N	2199.52
•	•		20102	EXPL PENETRATING WOUND SPX ABDOMEN/FLANK/BACK	1684.80			010	N	2199.52
•	•		20103	EXPLORATION PENETRATING WOUND SPX EXTREMITY	1993.20			010	N	822.66
•	•	J1	20150	EXCISION EPIPHYSEAL BAR	3490.80			090	Y	5184.51
•	•	J1	20200	BIOPSY MUSCLE SUPERFICIAL	714.00			000	N	2734.29
•	•	J1	20205	BIOPSY MUSCLE DEEP	1002.00			000	N	4742.07
•	•	J1	20206	BIOPSY MUSCLE PERCUTANEOUS NEEDLE	805.20			000	N	2734.29
•	•	J1	20220	BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL	574.80			000	N	2734.29
•	•	J1	20225	BIOPSY BONE TROCAR/NEEDLE DEEP	1765.20			000	N	2734.29
•	•	J1	20240	BIOPSY BONE OPEN SUPERFICIAL	517.20			000	N	4742.07
•	•	J1	20245	BIOPSY BONE OPEN DEEP	1215.60			000	N	4742.07
•	•	J1	20250	BIOPSY VERTEBRAL BODY OPEN THORACIC	1380.00			010	N	5184.51
•	•	J1	20251	BIOPSY VERTEBRAL BODY OPEN LUMBAR/CERVICAL	1494.00			010	Y	10775.65
•	•	J1	20500	INJECTION SINUS TRACT THERAPEUTIC SEPARATE PROC	370.80			010	N	2543.11
•	•		20501	INJECTION SINUS TRACT DIAGNOSTIC	434.40			000	N	
•	•	J1	20520	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE	704.40			010	N	2734.29

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	20525	RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP	1635.60			010	N	4742.07
•	•		20526	INJECTION THERAPEUTIC CARPAL TUNNEL	264.00			000	N	351.42
•	•		20527	INJECTION ENZYME PALMAR FASCIAL CORD	286.80			000	N	351.42
•	•		20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS	181.20			000	N	351.42
•	•		20551	INJECTION SINGLE TENDON ORIGIN/INSERTION	183.60			000	N	351.42
•	•		20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES	188.40			000	N	351.42
•	•		20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES	217.20			000	N	351.42
•	•	J1	20555	PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT	1138.80			000	N	5184.51
•	•		20600	ARTHROCENTESIS ASPIR&INJ SMALL JT/BURSA W/O US	165.60			000	N	351.42
•	•		20604	ARTHROCNT ASPIR&INJ SMALL JT/BURSAW/US REC RPRT	252.00			000	N	351.42
•	•		20605	ARTHROCENTESIS ASPIR&INJ INTERM JT/BURS W/O US	172.80			000	N	351.42
•	•		20606	ARTHROCENTESIS ASPIR&INJ INTERM JT/BURS W/US	278.40			000	N	850.31
•	•		20610	ARTHROCENTESIS ASPIR&INJ MAJOR JT/BURSA W/O US	205.20			000	N	351.42
•	•		20611	ARTHROCENTESIS ASPIR&INJ MAJOR JT/BURSA W/US	313.20			000	N	351.42
•	•		20612	ASPIRATION&INJECTION GANGLION CYST ANY LOCATJ	205.20			000	N	351.42
•	•		20615	ASPIRATION & INJECTION TREATMENT BONE CYST	834.00			010	N	822.66
•	•	J1	20650	INSERTION WIRE/PIN W/APPL SKELETAL TRACTION SPX	728.40			010	N	5184.51
•	•		20660	APPL CRANIAL TONG/STRTCTC FRAME W/REMOVAL SPX	848.40			000	N	1864.94
•	•		20661	APPLICATION HALO CRANIAL INCLUDING REMOVAL	1743.60			090	N	
•	•	J1	20662	APPLICATION HALO PELVIC INCLUDING REMOVAL	1770.00			090	N	2624.38
•	•	J1	20663	APPLICATION HALO FEMORAL INCLUDING REMOVAL	1626.00			090	N	5184.51
•	•		20664	APPL HALO 6/> PINS THIN SKULL OSTEOLOGY	3038.40			090	N	
•	•		20665	REMOVAL TONG/HALO APPLIED BY ANOTHER INDIVIDUAL	375.60			010	N	494.39
•	•		20670	REMOVAL IMPLANT SUPERFICIAL SEPARATE PROCEDURE	1280.40			010	N	1953.21
•	•		20680	REMOVAL IMPLANT DEEP	2114.40			090	N	3377.17
•	•	J1	20690	APPLICATION UNIPLANE EXTERNAL FIXATION SYSTEM	2064.00			090	N	10775.65
•	•	J1	20692	APPLICATION MULTIPLANE EXTERNAL FIXATION SYSTEM	3872.40			090	Y	19120.53
•	•	J1	20693	ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES	1530.00			090	N	10775.65
•	•		20694	REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES	1465.20			090	N	1864.94
•	•	J1	20696	XTRNL FIXJ W/STEREOTACTIC ADJUSTMENT 1ST & SUBQ	4138.80			090	Y	26078.68
•	⃠	J1	20697	XTRNL FIXJ W/STRTCTC ADJUSTMENT EXCHANGE STRUT	7069.20	BR	7069.20	000	Y	
•	•		20802	REPLANTATION ARM COMPLETE AMPUTATION	9562.80			090	Y	
•	•		20805	REPLANTATION FOREARM COMPLETE AMPUTATION	11386.80			090	Y	
•	•		20808	REPLANTATION HAND COMPLETE AMPUTATION	13776.00			090	Y	
•	•		20816	RPLJ DGT EXCEPT THMB MTCARPHLNGL JT COMPL AMP	7161.60			090	Y	
•	•	J1	20822	RPLJ DGT EXCLUDING THMB SUBLIMIS TDN COMPL AMP	6153.60			090	Y	2624.38
•	•		20824	RPLJ THMB CARP/MTCRPL JT MP JT COMPL AMPUTATION	7173.60			090	Y	
•	•		20827	RPLJ THUMB DISTAL TIP MP JOINT COMPL AMPUTATION	6284.40			090	Y	
•	•		20838	REPLANTATION FOOT COMPLETE AMPUTATION	9682.80			090	Y	
•	•	J1	20900	BONE GRAFT ANY DONOR AREA MINOR/SMALL	1406.40			000	Y	10775.65
•	•	J1	20902	BONE GRAFT ANY DONOR AREA MAJOR/LARGE	984.00			000	Y	10775.65
•	•		20910	CARTILAGE GRAFT COSTOCHONDRAL	1615.20			090	N	685.70
•	•		20912	CARTILAGE GRAFT NASAL SEPTUM	1632.00			090	N	3927.90
•	•		20920	FASCIA LATA GRAFT BY STRIPPER	1381.20			090	N	2199.52
•	•		20922	FASCIA LATA GRAFT INCISION & AREA EXPOSURE	2042.40			090	Y	2199.52
•	•	J1	20924	TENDON GRAFT FROM A DISTANCE	1746.00			090	Y	10775.65
•	•		20926	TISSUE GRAFTS OTHER	1448.40			090	N	3927.90
+	•		20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSELIZED	920.40			XXX	N	
+	•		20931	ALLOGRAFT FOR SPINE SURGERY ONLY STRUCTURAL	391.20			ZZZ	N	

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+	•		20932	OSTEOARTICULAR ALLOGRAFT W/ARTICULAR SURF & BONE	2464.80			ZZZ	Y	
+	•		20933	HEMICORTICAL INTERCALARY ALLOGRAFT PARTIAL	2260.80			ZZZ	Y	
+	•		20934	INTERCALARY ALLOGRAFT COMPLETE	2463.60			ZZZ	Y	
+	•		20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION	1150.80			XXX	N	
+	•		20937	AUTOGRAFT SPINE SURGERY MORSELIZED SEP INCISION	585.60			ZZZ	Y	
+	•		20938	AUTOGRAFT SPINE SURGERY BICORT/TRICORT SEP INC	648.00			ZZZ	Y	
+	•		20939	BONE MARROW ASPIRATION BONE GRFG SPI SURG ONLY	230.40			ZZZ	N	
•	•		20950	MNTR INTERSTITIAL FLUID PRESSURE CMPRT SYNDROME	889.20			000	N	822.66
•	•		20955	BONE GRAFT MICROVASCULAR ANASTOMOSIS FIBULA	8602.80			090	Y	
•	•		20956	BONE GRAFT MICROVASCULAR ANAST ILIAC CREST	9134.40			090	Y	
•	•		20957	BONE GRAFT MICROVASCULAR ANAST METATARSAL	9567.60			090	Y	
•	•		20962	BONE GRF W/MVASC ANAST OTH/THN ILIAC CREST/METAR	9244.80			090	Y	
•	•		20969	FREE OSTQ FLAP W/MVASC ANAST METAR/GREAT TOE	9496.80			090	Y	
•	•		20970	FREE OSTQ FLAP W/MVASC ANASTOMOSIS ILIAC CREST	9885.60			090	Y	
•	•	J1	20972	FREE OSTQ FLAP W/MVASC ANASTOMOSIS METATARSAL	9919.20			090	Y	10775.65
•	•	J1	20973	FR OSTQ FLAP W/MVASC ANAST GRT TOE W/WEB SPACE	10477.20			090	Y	10775.65
•	⃠		20974	ELECTRICAL STIMULATION BONE HEALING NONINVASIVE	268.80			000	N	
•	⃠		20975	ELECTRICAL STIMULATION BONE HEALING INVASIVE	621.60			000	Y	
•	•		20979	LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE	178.80			000	N	24.38
•	•	J1	20982	ABLATION BONE TUMOR RF PERQ W/IMG GDN WHEN DONE	13216.80			000	N	10775.65
•	•	J1	20983	ABLATJ BONE TUMOR CRYO PERQ W/IMG GDN WHEN PRFMD	19648.80			000	N	10775.65
+	•		20985	CPTR-ASST SURGICAL NAVIGATION IMAGE-LESS	508.80			ZZZ	N	
•	•		20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM GENERAL	BR			YYY	N	319.63
•	•	J1	21010	ARTHROTOMY TEMPOROMANDIBULAR JOINT	2638.80			090	N	4449.71
•	•	J1	21011	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM	1214.40			090	Y	2734.29
•	•	J1	21012	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>	1170.00			090	Y	2734.29
•	•	J1	21013	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL <2CM	1803.60			090	Y	2734.29
•	•	J1	21014	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>	1801.20			090	Y	4742.07
•	•	J1	21015	RAD RESECTION TUMOR SOFT TISS FACE/SCALP < 2CM	2436.00			090	N	4742.07
•	•	J1	21016	RAD RESECTION TUMOR SOFT TISS FACE/SCALP 2 CM/>	3498.00			090	Y	4742.07
•	•	J1	21025	EXCISION BONE MANDIBLE	2984.40			090	N	8765.29
•	•	J1	21026	EXCISION FACIAL BONE	2042.40			090	N	8765.29
•	•	J1	21029	REMOVAL CONTOURING BENIGN TUMOR FACIAL BONE	2649.60			090	N	4449.71
•	•	J1	21030	EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL & CURTG	1755.60			090	N	8765.29
•	•	J1	21031	EXCISION TORUS MANDIBULARIS	1357.20			090	N	4449.71
•	•	J1	21032	EXCISION MAXILLARY TORUS PALATINUS	1365.60			090	N	4449.71
•	•	J1	21034	EXCISION MALIGNANT TUMOR MAXILLA/ZYGOMA	4500.00			090	Y	8765.29
•	•	J1	21040	EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT	1768.80			090	N	4449.71
•	•	J1	21044	EXCISION MALIGNANT TUMOR MANDIBLE	3009.60			090	Y	8765.29
•	•		21045	EXCISION MALIGNANT TUMOR MANDIBLE RADICAL	4214.40			090	Y	
•	•	J1	21046	EXC BENIGN TUMOR/CYST MNDBL INTRA-ORAL OSTEOT	3788.40			090	N	8765.29
•	•	J1	21047	EXC B9 TUM/CST MNDBL XTR-ORAL OSTEOT&PRTL MNDB	4522.80			090	Y	8765.29
•	•	J1	21048	EXC BENIGN TUMOR/CYST MAXL INTRA-ORAL OSTEOT	3848.40			090	N	8765.29
•	•	J1	21049	EXC B9 TUM/CST MAXL XTR-ORAL OSTEOT&PRTL MAXLC	4159.20			090	Y	8765.29
•	•	J1	21050	CONDYLECTOMY TEMPOROMANDIBULAR JOINT SPX	3110.40			090	N	8765.29
•	•	J1	21060	MENISCECTOMY PRTL/COMPL TEMPOROMANDIBULAR JT SPX	2829.60			090	Y	8765.29
•	•	J1	21070	CORONOIDECTOMY SEPARATE PROCEDURE	2198.40			090	N	8765.29
•	•	J1	21073	MANIPULATION TMJ THERAPEUTIC REQUIRE ANESTHESIA	1322.40			090	N	2543.11
•	•	J1	21076	IMPRESSION&PREPARATION SURG OBTURATOR PROSTHES	3312.00			010	N	2543.11

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•	•	J1	21077	IMPRESSION & PREPARATION ORBITAL PROSTHESIS	8256.00			090	N	8765.29
•	•	J1	21079	IMPRESSION & PREPARATION INTERIM OBTURATOR PROST	5599.20			090	N	4449.71
•	•	J1	21080	IMPRESSION & PREPJ DEFINITIVE OBTURATOR PROSTHES	6327.60			090	N	4449.71
•	•	J1	21081	IMPRESSION & PREPJ MANDIBULAR RESECTION PROSTHES	5823.60			090	N	8765.29
•	•	J1	21082	IMPRESSION & PREPJ PALATAL AUGMENTATION PROSTHES	5439.60			090	N	4449.71
•	•	J1	21083	IMPRESSION & PREPARATION PALATAL LIFT PROSTHESIS	5186.40			090	N	4449.71
•	•	J1	21084	IMPRESSION & PREPARATION SPEECH AID PROSTHESIS	5938.80			090	N	4449.71
•	•		21085	IMPRESSION & PREPARATION ORAL SURGICAL SPLINT	2526.00			010	N	292.72
•	•	J1	21086	IMPRESSION & PREPARATION AURICULAR PROSTHESIS	6132.00			090	N	4449.71
•	•	J1	21087	IMPRESSION & PREPARATION NASAL PROSTHESIS	6132.00			090	N	8765.29
•	•	J1	21088	IMPRESSION & PREPARATION FACIAL PROSTHESIS	5984.40			090	N	4449.71
•	•		21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	BR			YYY	N	292.72
•	•	J1	21100	APPL HALO APPLIANCE MAXILLOFACIAL FIXATION SPX	2386.80			090	N	8765.29
•	•		21110	APPL INTERDENTAL FIXATION DEVICE NON-FX/DISLC	2805.60			090	N	1816.32
•	•		21116	INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	609.60			000	N	
•	•	J1	21120	GENIOPLASTY AUGMENTATION	2317.20			090	N	8765.29
•	•	J1	21121	GENIOPLASTY SLIDING OSTEOTOMY SINGLE PIECE	2514.00			090	Y	4449.71
•	•	J1	21122	GENIOPLASTY 2/> SLIDING OSTEOTOMIES	2685.60			090	Y	8765.29
•	•	J1	21123	GENIOP SLIDING AGMNTJ W/INTERPOSAL BONE GRAFTS	3134.40			090	Y	4449.71
•	•	J1	21125	AGMNTJ MNDBLR BODY/ANGLE PROSTHETIC MATERIAL	9932.40			090	Y	8765.29
•	•	J1	21127	AGMNTJ MNDBLR BDY/ANGL W/GRF ONLAY/INTERPOSAL	13464.00			090	Y	8765.29
•	•	J1	21137	REDUCTION FOREHEAD CONTOURING ONLY	2594.40			090	Y	4449.71
•	•	J1	21138	RDCTJ FHD CNTRG & PROSTHETIC MATRL/BONE GRAFT	3169.20			090	Y	8765.29
•	•	J1	21139	RDCTJ FHD CNTRG & SETBACK ANT FRONTAL SINUS WALL	3858.00			090	Y	8765.29
•	•		21141	RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BONE GRAFT	4735.20			090	Y	8109.22
•	•		21142	RCNSTJ MIDFACE LEFORT I 2 PIECES W/O BONE GRAFT	4867.20			090	Y	6151.61
•	•		21143	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/O BONE GRAFT	5078.40			090	Y	7881.27
•	•		21145	RCNSTJ MIDFACE LEFORT I 1 PIECE W/BONE GRAFTS	5548.80			090	Y	9252.92
•	•		21146	RCNSTJ MIDFACE LEFORT I 2 PIECES W/BONE GRAFTS	5769.60			090	Y	9590.09
•	•		21147	RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BONE GRAFTS	6100.80			090	Y	9415.69
•	•	J1	21150	RCNSTJ MIDFACE LEFORT II ANTERIOR INTRUSION	5721.60			090	Y	8765.29
•	•		21151	RCNSTJ MIDFACE LEFORT II W/BONE GRAFTS	6297.60			090	Y	
•	•		21154	RCNSTJ MIDFACE LEFORT III W/O LEFORT I	6775.20			090	Y	
•	•		21155	RCNSTJ MIDFACE LEFORT III W/LEFORT I	7516.80			090	Y	
•	•		21159	RCNSTJ MIDFACE LEFORT III W/FHD W/O LEFORT I	9010.80			090	Y	
•	•		21160	RCNSTJ MIDFACE LEFORT III W/FHD W/LEFORT I	9774.00			090	Y	
•	•	J1	21172	RCNSTJ SUPERIOR-LATERAL ORBITAL RIM & LOWER FHD	7270.80			090	Y	8765.29
•	•	J1	21175	RCNSTJ BIFRONTAL SUPERIOR-LAT ORB RIMS & LWR FHD	7658.40			090	Y	8765.29
•	•		21179	RCNSTJ FOREHEAD &/ SUPRAORB RIMS W/ALGRF/PROSTC	5232.00			090	Y	
•	•		21180	RCNSTJ FOREHEAD &/ SUPRAORBITAL RIMS W/AUTOGRAFT	5887.20			090	Y	
•	•	J1	21181	RCNSTJ CONTOURING BENIGN TUMOR CRNL BONES XTRC	2554.80			090	N	8765.29
•	•		21182	RCNSTJ ORBIT/FHD/NASETHMD EXCBONE TUM GRF<40SQCM	7321.20			090	Y	
•	•		21183	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE GRF>40 <80	8010.00			090	Y	
•	•		21184	RCNSTJ ORBIT/FHD/NASETHMD EXC BONE TUM GRF>80SQ	8623.20			090	Y	
•	•		21188	RCNSTJ MDFC OTH/THN LEFORT OSTEOT & BONE GRAFTS	5767.20			090	Y	
•	•	J1	21193	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/O GRF	4413.60			090	Y	8765.29
•	•		21194	RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L OSTEOT W/GRAFT	5086.80			090	Y	
•	•	J1	21195	RCNSTJ MNDBLR RAMI&/BODY SGTL SPLT W/O INT RGD	4921.20			090	Y	8765.29
•	•		21196	RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT W/INT RGD FI	5061.60			090	Y	6822.85

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	21198	OSTEOTOMY MANDIBLE SEGMENTAL	3969.60			090	Y	8765.29
•	•	J1	21199	OSTEOTOMY MANDIBLE SGMTL W/GENIOGLOSSUS ADVMNT	3714.00			090	Y	8765.29
•	•	J1	21206	OSTEOTOMY MAXILLA SEGMENTAL	4096.80			090	Y	8765.29
•	•	J1	21208	OSTEOPLASTY FACIAL BONES AUGMENTATION	5989.20			090	N	8765.29
•	•	J1	21209	OSTEOPLASTY FACIAL BONES REDUCTION	3090.00			090	Y	8765.29
•	•	J1	21210	GRAFT BONE NASAL/MAXILLARY/MALAR AREAS	7233.60			090	N	8765.29
•	•	J1	21215	GRAFT BONE MANDIBLE	13765.20			090	N	8765.29
•	•	J1	21230	GRAFT RIB CRTLG AUTOGENOUS FACE/CHIN/NOSE/EAR	2562.00			090	N	8765.29
•	•	J1	21235	GRAFT EAR CRTLG AUTOGENOUS NOSE/EAR	2492.40			090	N	8765.29
•	•	J1	21240	ARTHRP TEMPOROMANDIBULAR JOINT W/WO AUTOGRAFT	3858.00			090	Y	8765.29
•	•	J1	21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGRAFT	3590.40			090	Y	8765.29
•	•	J1	21243	ARTHRP TMPRMAND JOINT W/PROSTHETIC REPLACEMENT	5870.40			090	Y	26078.68
•	•	J1	21244	RCNSTJ MNDBL XTRORAL W/TRANSOSTEAL BONE PLATE	3602.40			090	Y	8765.29
•	•	J1	21245	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT PARTIAL	4184.40			090	Y	8765.29
•	•	J1	21246	RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMPLANT COMPLETE	3052.80			090	Y	8765.29
•	•		21247	RCNSTJ MNDBLR CONDYLE W/BONE CARTLG AUTOGRAFTS	5644.80			090	Y	
•	•	J1	21248	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT PARTIAL	3733.20			090	N	8765.29
•	•	J1	21249	RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMPLANT COMPLETE	5388.00			090	N	8765.29
•	•		21255	RCNSTJ ZYGMTC ARCH/GLENOID FOSSA W/BONE CARTLG	4881.60			090	Y	
•	•	J1	21256	RECONSTRUCTION ORBIT W/OSTEOTOMIES & BONE GRAFTS	4294.80			090	Y	8765.29
•	•	J1	21260	PERIORBITAL OSTEOTOMIES BONE GRAFTS EXTRACRANIAL	4822.80			090	Y	8765.29
•	•	J1	21261	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS ICRA & XTR	8542.80			090	Y	8765.29
•	•	J1	21263	PERIORBITAL OSTEOTOMIES W/BONE GRAFTS W/FOREHEAD	7898.40			090	Y	8765.29
•	•	J1	21267	ORBITAL REPOSITIONING W/BONE GRAFTS EXTRACRANIAL	5622.00			090	Y	8765.29
•	•		21268	ORBITAL REPOSITIONING W/BONE GRAFTS ICRA & XTRC	7069.20			090	Y	
•	•	J1	21270	MALAR AUGMENTATION PROSTHETIC MATERIAL	3487.20			090	Y	8765.29
•	•	J1	21275	SECONDARY REVISION ORBITOCRANIOFACIAL RCNSTJ	2901.60			090	Y	8765.29
•	•	J1	21280	MEDIAL CANTHOPEXY SEPARATE PROCEDURE	1968.00			090	N	4449.71
•	•	J1	21282	LATERAL CANTHOPEXY	1321.20			090	N	4449.71
•	•	J1	21295	REDUCTION MASSETER MUSCLE & BONE EXTRAORAL	644.40			090	N	2543.11
•	•	J1	21296	REDUCTION MASSETER MUSCLE & BONE INTRAORAL	1396.80			090	N	4449.71
•	•		21299	UNLISTED CRANIOFACIAL & MAXILLOFACIAL PROCEDURE	BR			YYY	N	292.72
•	•		21310	CLOSED TREATMENT NASAL FRACTURE W/O MANIPULATION	451.20			000	N	319.63
•	•	J1	21315	CLOSED TX NASAL FRACTURE W/O STABILIZATION	940.80			010	N	2543.11
•	•	J1	21320	CLOSED TREATMENT NASAL FRACTURE W/STABILIZATION	867.60			010	N	4449.71
•	•	J1	21325	OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED	1606.80			090	N	4449.71
•	•	J1	21330	OPEN TX NASAL FX COMP W/INT&/XTRNL SKELETAL FI	1940.40			090	N	8765.29
•	•	J1	21335	OPEN TX NASAL FX W/CONCOMITANT OPTX FXD SEPTUM	2463.60			090	N	4449.71
•	•	J1	21336	OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION	2206.80			090	N	5184.51
•	•	J1	21337	CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION	1394.40			090	N	4449.71
•	•	J1	21338	OPEN TX NASOETHMOID FX W/O EXTERNAL FIXATION	2265.60			090	N	8765.29
•	•	J1	21339	OPEN TX NASOETHMOID FX W/EXTERNAL FIXATION	2565.60			090	Y	8765.29
•	•	J1	21340	PERCUTANEOUS TX NASOETHMOID COMPLEX FRACTURE	2560.80			090	N	4449.71
•	•		21343	OPEN TX DEPRESSED FRONTAL SINUS FRACTURE	3698.40			090	Y	4602.09
•	•		21344	OPEN TX COMPLICATED FRONTAL SINUS FRACTURE	4759.20			090	Y	
•	•	J1	21345	CLOSED TX NASOMAXILLARY COMPLEX FRACTURE	2670.00			090	N	2543.11
•	•	J1	21346	OPTX NASOMAX CPLX FX LEFT II TYPE W/WIRG & FXJ	3192.00			090	N	8765.29
•	•		21347	OPTX NASOMAX CPLX FX LEFT II TYPE REQ MLT OPN	3483.60			090	Y	
•	•		21348	OPTX NASOMAX CPLX FX LEFT II TYPE W/BONE GRAFT	3726.00			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	21355	PERCUTANEOUS TX MALAR AREA FRACTURE	1462.80			010	N	4449.71
•	•	J1	21356	OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE	1717.20			010	N	8765.29
•	•	J1	21360	OPEN TX DEPRESSED MALAR FRACTURE	1752.00			090	Y	8765.29
•	•	J1	21365	OPEN TX COMP FX MALAR W/INTERNAL FX&MULT SURG	3834.00			090	Y	8765.29
•	•		21366	OPEN TX COMP FRACTURE MALAR AREA W/BONE GRAFT	4390.80			090	Y	
•	•	J1	21385	OPEN TX ORBITAL FLOOR BLOWOUT FX TRANSANTRAL	2598.00			090	Y	8765.29
•	•	J1	21386	OPEN TX ORBITAL FLOOR BLOWOUT FX PERIORBITAL	2397.60			090	Y	8765.29
•	•	J1	21387	OPEN TX ORBITAL FLOOR BLOWOUT FX COMBINED APPR	2709.60			090	Y	8765.29
•	•	J1	21390	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC	2755.20			090	Y	8765.29
•	•	J1	21395	OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/BONE GRF	3488.40			090	Y	8765.29
•	•		21400	CLSD TX FX ORBIT EXCEPT BLOWOUT W/O MANIPULATION	687.60			090	N	691.72
•	•	J1	21401	CLOSED TX FX ORBIT EXCEPT BLOWOUT W/MANIPULATION	1770.00			090	Y	2543.11
•	•	J1	21406	OPEN TX FX ORBIT EXCEPT BLOWOUT W/O IMPLANT	1984.80			090	Y	8765.29
•	•	J1	21407	OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT	2223.60			090	Y	8765.29
•	•	J1	21408	OPEN TX FX ORBIT EXCEPT BLOWOUT W/BONE GRAFT	3114.00			090	Y	8765.29
•	•	J1	21421	CLOSED TX PALATAL/MAXILLARY FX W/FIXATION/SPLINT	2439.60			090	N	4449.71
•	•		21422	OPEN TREATMENT PALATAL/MAXILLARY FRACTURE	2276.40			090	Y	3579.25
•	•		21423	OPEN TX PALATAL/MAXILLARY FX COMP MULTIPLE APPR	2666.40			090	Y	3332.83
•	•		21431	CLOSED TX CRANIOFACIAL SEPARATION	2472.00			090	Y	
•	•		21432	OPEN TX CRANIOFACIAL SEP W/WIRING&/INT FIXJ	2469.60			090	Y	
•	•		21433	OPEN TX CRANIOFACIAL SEP COMPLICATED MLT APPR	6020.40			090	Y	
•	•		21435	OPEN TX CRANIOFACIAL SEP COMP W/INT&/XTRNL FIX	4839.60			090	Y	
•	•		21436	OPTX CRNFCL SEP LFT III TYP COMP INT FIXJ W/BONE	7059.60			090	Y	
•	•	J1	21440	CLTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	2079.60			090	N	4449.71
•	•	J1	21445	OPTX MANDIBULAR/MAXILLARY ALVEOLAR RIDGE FX SPX	2671.20			090	Y	8765.29
•	•		21450	CLOSED TX MANDIBULAR FRACTURE W/O MANIPULATION	1972.80			090	N	691.72
•	•	J1	21451	CLOSED TX MANDIBULAR FRACTURE W/MANIPULATION	2610.00			090	N	2543.11
•	•	J1	21452	PERCUTANEOUS TX MANDIBULAR FX W/EXTERNAL FIXJ	2300.40			090	N	8765.29
•	•	J1	21453	CLOSED TX MANDIBULAR FX W/INTERDENTAL FIXATION	3314.40			090	N	8765.29
•	•	J1	21454	OPEN TX MANDIBULAR FX W/EXTERNAL FIXATION	1882.80			090	N	8765.29
•	•	J1	21461	OPEN TX MANDIBULAR FX W/O INTERDENTAL FIXATION	7132.80			090	N	8765.29
•	•	J1	21462	OPEN TX MANDIBULAR FX W/INTERDENTAL FIXATION	7604.40			090	Y	8765.29
•	•	J1	21465	OPEN TREATMENT MANDIBULAR CONDYLAR FRACTURE	3104.40			090	Y	8765.29
•	•	J1	21470	OPTX COMP MANDIBULAR FX MLT APPR W/INT FIXATION	4144.80			090	Y	8765.29
•	•		21480	CLOSED TX TEMPOROMANDIBULAR DISLOCATION 1ST/SBSQ	368.40			000	N	319.63
•	•	J1	21485	CLOSED TX TEMPOROMANDIBULAR DISLC COMP 1ST/SBSQ	2854.80			090	N	2543.11
•	•	J1	21490	OPEN TREATMENT TEMPOROMANDIBULAR DISLOCATION	3067.20			090	Y	4449.71
•	•	J1	21497	INTERDENTAL WIRING OTHER THAN FRACTURE	2354.40			090	N	2543.11
•	•		21499	UNLISTED MUSCULOSKELETAL PROCEDURE HEAD	BR			YYY	N	292.72
•	•	J1	21501	I&D DEEP ABSC/HMTMA SOFT TISSUE NECK/THORAX	1581.60			090	N	4742.07
•	•	J1	21502	I&D DP ABSC/HMTMA SOFT TISS NCK/THORAX PRTL RI	1742.40			090	Y	5184.51
•	•		21510	INCISION DEEP OPENING BONE CORTEX THORAX	1528.80			090	N	
•	•	J1	21550	BIOPSY SOFT TISSUE NECK/THORAX	895.20			010	N	2734.29
•	•	J1	21552	EXC TUMOR SOFT TIS NECK/ANT THORAX SUBQ 3 CM/>	1543.20			090	Y	4742.07
•	•	J1	21554	EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM/>	2527.20			090	Y	4742.07
•	•	J1	21555	EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM	1448.40			090	N	2734.29
•	•	J1	21556	EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL <5CM	1822.80			090	N	4742.07
•	•	J1	21557	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM	3297.60			090	Y	4742.07
•	•	J1	21558	RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX 5CM/>	4651.20			090	Y	4742.07

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•	•	J1	21600	EXCISION RIB PARTIAL	1902.00			090	Y	10775.65
•	•	J1	21610	COSTOTRANSVERSECTOMY SEPARATE PROCEDURE	4164.00			090	Y	5184.51
•	•		21615	EXCISION 1ST &/CERVICAL RIB	2109.60			090	Y	8654.28
•	•		21616	EXCISION 1ST &/CERVICAL RIB W/SYMPATHECTOMY	2467.20			090	Y	
•	•		21620	OSTECTOMY STERNUM PARTIAL	1742.40			090	Y	3414.42
•	•		21627	STERNAL DEBRIDEMENT	1858.80			090	Y	
•	•		21630	RADICAL RESECTION STERNUM	4252.80			090	Y	
•	•		21632	RADICAL RESECTION STERNUM W/MEDSTNL LMPHADEC	4186.80			090	Y	
•	•	J1	21685	HYOID MYOTOMY & SUSPENSION	3385.20			090	Y	8765.29
•	•	J1	21700	DIVISION SCALENUS ANTICUS W/O RESCJ CERVICAL RIB	1228.80			090	Y	5184.51
•	•		21705	DIVISION SCALENUS ANTICUS RESECTION CERVICAL RIB	1846.80			090	Y	
•	•	J1	21720	DIVISION STERNOCLEIDOMASTOID OPEN W/O CAST	1772.40			090	Y	5184.51
•	•		21725	DIVISION STERNOCLEIDOMASTOID OPEN W/CAST	1869.60			090	Y	822.66
•	•		21740	REPAIR PECTUS EXCAVATUM/CARINATUM OPEN	3566.40			090	Y	
•	•	J1	21742	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/O THRSC	7196.40			090	Y	5184.51
•	•	J1	21743	REPAIR PECTUS EXCAVATM/CARINATM MINLY W/THRSC	10012.80			090	Y	5184.51
•	•		21750	CLOSE MEDIAN STERNOTOMY SEP W/WO DEBRIDEMENT SPX	2365.20			090	Y	
•	•	J1	21811	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 1-3 RIBS	2061.60			000	Y	5184.51
•	•	J1	21812	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 4-6 RIBS	2528.40			000	Y	5184.51
•	•	J1	21813	OPEN TX RIB FX W/FIXJ THORACOSCOPIC VIS 7+ RIBS	3408.00			000	Y	2624.38
•	•		21820	CLOSED TREATMENT STERNUM FRACTURE	489.60			090	N	319.63
•	•		21825	OPEN TX STERNUM FRACTURE W/WO SKELETAL FIXATION	1870.80			090	Y	
•	•		21899	UNLISTED PROCEDURE NECK/THORAX	BR			YYY	N	292.72
•	•	J1	21920	BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL	876.00			010	N	2734.29
•	•	J1	21925	BIOPSY SOFT TISSUE BACK/FLANK DEEP	1572.00			090	N	2734.29
•	•	J1	21930	EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM	1659.60			090	N	2734.29
•	•	J1	21931	EXCISION TUMOR SOFT TIS BACK/FLANK SUBQ 3 CM/>	1627.20			090	Y	2734.29
•	•	J1	21932	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL <5CM	2288.40			090	Y	4742.07
•	•	J1	21933	EXC TUMOR SOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>	2554.80			090	Y	4742.07
•	•	J1	21935	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK <5CM	3558.00			090	N	4742.07
•	•	J1	21936	RAD RESECTION TUMOR SOFT TISSUE BACK/FLANK 5CM/>	4915.20			090	Y	4742.07
•	•		22010	I&D DEEP ABSCESS PST SPINE CRV THRC/CERVICOTHR	3327.60			090	N	
•	•		22015	I&D DEEP ABSCESS PST SPINE LUMBAR SAC/LUMBOSAC	3288.00			090	N	3708.57
•	•	J1	22100	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM CRV	2985.60			090	Y	10775.65
•	•	J1	22101	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM THRC	2976.00			090	Y	5184.51
•	•	J1	22102	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM LMBR	2817.60			090	Y	10775.65
+	•		22103	PRTL EXC PST VRT INTRNSC B1Y LES 1 VRT SGM EA	492.00			ZZZ	Y	
•	•		22110	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM CRV	3634.80			090	Y	
•	•		22112	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM THRC	3846.00			090	Y	
•	•		22114	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM LMBR	3892.80			090	Y	
+	•		22116	PRTL EXC VRT BDY B1Y LES W/O SPI CORD 1 SGM EA	494.40			ZZZ	Y	
•	•		22206	OSTEOTOMY SPINE POSTERIOR 3 COLUMN THORACIC	8559.60			090	Y	
•	•		22207	OSTEOTOMY SPINE POSTERIOR 3 COLUMN LUMBAR	8386.80			090	Y	
+	•		22208	OSTEOTOMY SPINE POSTERIOR 3 COLUMN EA ADDL SGM	2073.60			ZZZ	Y	
•	•		22210	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM CRV	6247.20			090	Y	
•	•		22212	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM THRC	5186.40			090	Y	
•	•		22214	OSTEOTOMY SPINE PST/PSTLAT APPR 1 VRT SGM LMBR	5208.00			090	Y	
+	•		22216	OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM EA VRT SGM	1273.20			ZZZ	Y	
•	•		22220	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM CRV	5644.80			090	Y	

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•	•		22222	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM THRC	6003.60			090	Y	
•	•		22224	OSTEOTOMY SPINE W/DSKC ANT APPR 1 VRT SGM LMBR	5508.00			090	Y	
+	•		22226	OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM EA VRT SGM	1269.60			ZZZ	Y	
•	•		22310	CLTX VRT BDY FX W/O MANJ REQ&W/CSTING/BRACING	1058.40			090	N	319.63
•	•	J1	22315	CLTX VRT FX&/DISLC CSTING/BRACING MANJ/TRCJ	3044.40			090	N	5184.51
•	•		22318	OPTX&/RDCTJ ODNTD FX&/DISLC ANT FIXJ W/O GRAFT	5718.00			090	Y	
•	•		22319	OPTX&/RDCTJ ODNTD FX&/DISLC ANT W/INT FIXJ	6332.40			090	Y	
•	•		22325	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM LM	5036.40			090	Y	
•	•		22326	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM CR	5216.40			090	Y	
•	•		22327	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM TH	5265.60			090	Y	
+	•		22328	OPTX&/RDCTJ VRT FX&/DISLC PST 1 VRT SGM EA	990.00			ZZZ	Y	
•	•	J1	22505	MANIPULATION SPINE REQUIRING ANESTHESIA	454.80			010	N	2624.38
•	•	J1	22510	PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	5979.60			010	N	5184.51
•	•	J1	22511	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	5919.60			010	N	5184.51
+	•		22512	VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	3072.00			ZZZ	N	
•	•	J1	22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	23466.00			010	N	10775.65
•	•	J1	22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	23390.40			010	N	10775.65
+	•		22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	13578.00			ZZZ	N	
•	•		22526	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY 1 LEVEL	0.00			010	N	
+	•		22527	PERQ INTRDSCL ELECTROTHRM ANNULOPLASTY ADDL LVL	0.00			ZZZ	N	
•	•		22532	ARTHRODESIS LATERAL EXTRACAVITARY THORACIC	6288.00			090	Y	
•	•		22533	ARTHRODESIS LATERAL EXTRACAVITARY LUMBAR	5774.40			090	Y	
+	•		22534	ARTHRODESIS LAT EXTRACAVITARY EA ADDL THRC/LMBR	1262.40			ZZZ	Y	
•	•		22548	ARTHRD ANT TRANSORL/XTRORAL C1-C2 W/WO EXC ODNTD	6834.00			090	Y	2782.53
•	•	J1	22551	ARTHRD ANT INTERBODY DECOMPRESS CERVICAL BELW C2	5959.20			090	Y	19120.53
+	•		22552	ARTHRD ANT INTERDY CERVCL BELW C2 EA ADDL NTRSPC	1396.80			ZZZ	Y	
•	•	J1	22554	ARTHRD ANT MIN DISCECT INTERBODY CERV BELOW C2	4368.00			090	Y	19120.53
•	•		22556	ARTHRD ANT MIN DISCECTOMY INTERBODY THORACIC	5829.60			090	Y	
•	•		22558	ARTHRODESIS ANTERIOR INTERBODY LUMBAR	5338.80			090	Y	3427.37
+	•		22585	ARTHRODESIS ANTERIOR INTERBODY EA ADDL NTRSPC	1146.00			ZZZ	Y	2094.83
•	•		22586	ARTHRODESIS PRESACRAL INTRBDY W/INSTRUMENT L5-S1	7072.80			090	Y	
•	•		22590	ARTHRODESIS POSTERIOR CRANIOCERVICAL	5518.80			090	Y	
•	•		22595	ARTHRODESIS POSTERIOR ATLAS-AXIS C1-C2	5265.60			090	Y	
•	•		22600	ARTHRODESIS PST/PSTLAT CERVICAL BELW C2 SGM	4497.60			090	Y	3383.04
•	•		22610	ARTHRODESIS POSTERIOR/POSTEROLATERAL THORACIC	4413.60			090	Y	
•	•	J1	22612	ARTHRODESIS POSTERIOR/POSTEROLATERAL LUMBAR	5527.20			090	Y	19120.53
+	•		22614	ARTHRODESIS POSTERIOR/POSTEROLATERAL EA ADDL	1370.40			ZZZ	Y	
•	•		22630	ARTHRODESIS POSTERIOR INTERBODY LUMBAR	5496.00			090	Y	3087.45
+	•		22632	ARTHRODESIS POSTERIOR INTERBODY EA ADDL	1128.00			ZZZ	Y	2112.44
•	•		22633	ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR	6462.00			090	Y	3554.92
+	•		22634	ARTHDSIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG	1737.60			ZZZ	Y	
•	•		22800	ARTHRODESIS POSTERIOR SPINAL DFRM UP 6 VRT SEG	4720.80			090	Y	
•	•		22802	ARTHRODESIS POSTERIOR SPINAL DFRM 7-12 VRT SEG	7333.20			090	Y	
•	•		22804	ARTHRODESIS POSTERIOR SPINAL DFRM 13/> VRT SEG	8476.80			090	Y	
•	•		22808	ARTHRODESIS ANTERIOR SPINAL DFRM 2-3 VRT SEG	6451.20			090	Y	
•	•		22810	ARTHRODESIS ANTERIOR SPINAL DFRM 4-7 VRT SEG	7233.60			090	Y	
•	•		22812	ARTHRODESIS ANTERIOR SPINAL DFRM 8/> VRT SEG	7593.60			090	Y	
•	•		22818	KYPHECTOMY SINGLE OR TWO SEGMENTS	7498.80			090	Y	
•	•		22819	KYPHECTOMY 3 OR MORE SEGMENTS	8580.00			090	Y	

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•	•		22830	EXPLORATION SPINAL FUSION	2834.40			090	Y	2019.54
+	•		22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	2664.00			ZZZ	Y	2310.68
+	•		22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	3068.40			XXX	N	
+	•		22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	2678.40			ZZZ	Y	2497.29
+	•		22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	2864.40			ZZZ	Y	
+	•		22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SE	3458.40			ZZZ	Y	
+	•		22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	2559.60			ZZZ	Y	2152.01
+	•		22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	2658.00			ZZZ	Y	1587.53
+	•		22847	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	2804.40			ZZZ	Y	
+	•		22848	PELVIC FIXATION OTHER THAN SACRUM	1260.00			ZZZ	Y	
•	•		22849	REINSERTION SPINAL FIXATION DEVICE	4527.60			090	Y	3808.35
•	•		22850	REMOVAL POSTERIOR NONSEGMENTAL INSTRUMENTATION	2524.80			090	Y	4823.38
•	•		22852	REMOVAL POSTERIOR SEGMENTAL INSTRUMENTATION	2425.20			090	Y	4443.93
+	•		22853	INSJ BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	906.00			ZZZ	Y	
+	•		22854	INSJ BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	1173.60			ZZZ	Y	
•	•		22855	REMOVAL ANTERIOR INSTRUMENTATION	3862.80			090	Y	1924.84
•	•	J1	22856	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV	5719.20			090	Y	26078.68
•	•		22857	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC LMBR	6102.00			090	Y	3302.84
+	•		22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	1791.60			ZZZ	Y	3263.95
+	•		22859	INSJ BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	1173.60			ZZZ	Y	
•	•		22861	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV	7791.60			090	Y	7702.96
•	•		22862	REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC LMBR	6592.80			090	Y	3033.52
•	•		22864	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL	7194.00			090	Y	
•	•		22865	RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE LUMBAR	6765.60			090	Y	
•	•	J1	22867	INSJ STABLJ DEV W/DCMPRN LUMBAR SINGLE LEVEL	3385.20			090	Y	26078.68
+	•		22868	INSJ STABLJ DEV W/DCMPRN LUMBAR SECOND LEVEL	847.20			ZZZ	Y	
•	•	J1	22869	INSJ STABLJ DEV W/O DCMPRN LUMBAR SINGLE LEVEL	1590.00			090	Y	26078.68
+	•		22870	INSJ STABLJ DEV W/O DCMPRN LUMBAR SECOND LEVEL	434.40			ZZZ	Y	
•	•		22899	UNLISTED PROCEDURE SPINE	0.00			YYY	Y	319.63
•	•	J1	22900	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL <5CM	1948.80			090	Y	4742.07
•	•	J1	22901	EXC TUMOR SOFT TISSUE ABDL WALL SUBFASCIAL 5CM/>	2304.00			090	Y	4742.07
•	•	J1	22902	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ <3CM	1542.00			090	Y	2734.29
•	•	J1	22903	EXC TUMOR SOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>	1521.60			090	Y	4742.07
•	•	J1	22904	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL <5CM	3658.80			090	Y	4742.07
•	•	J1	22905	RAD RESECTION TUMOR SOFT TISSUE ABDL WALL 5 CM/>	4624.80			090	Y	4742.07
•	•		22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL SYSTEM	BR			YYY	N	319.63
•	•	J1	23000	REMOVAL SUBDELTOID CALCAREOUS DEPOSITS OPEN	1929.60			090	Y	4742.07
•	•	J1	23020	CAPSULAR CONTRACTURE RELEASE	2382.00			090	Y	5184.51
•	•	J1	23030	I&D SHOULDER DEEP ABSCESS/HEMATOMA	1491.60			010	N	4742.07
•	•	J1	23031	I&D SHOULDER INFECTED BURSA	1372.80			010	N	2734.29
•	•	J1	23035	INCISION BONE CORTEX SHOULDER AREA	2337.60			090	Y	2624.38
•	•	J1	23040	ARTHROTOMY GLENOHUMERAL JT EXPL/DRG/RMVL FB	2476.80			090	Y	5184.51
•	•	J1	23044	ARTHRT ACROMCLAV STRNCLAV JT EXPL/DRG/RMVL FB	1957.20			090	N	5184.51
•	•	J1	23065	BIOPSY SOFT TISSUE SHOULDER SUPERFICIAL	760.80			010	N	2734.29
•	•	J1	23066	BIOPSY SOFT TISSUE SHOULDER DEEP	1941.60			090	N	4742.07
•	•	J1	23071	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>	1450.80			090	Y	2734.29
•	•	J1	23073	EXC TUMOR SOFT TISSUE SHOULDER SUBFASCIAL 5 CM/>	2404.80			090	Y	4742.07
•	•	J1	23075	EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM	1668.00			090	N	2734.29
•	•	J1	23076	EXC TUMOR SOFT TISS SHOULDER SUBFASC <5CM	1872.00			090	N	4742.07

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	23077	RAD RESECTION TUMOR SOFT TISSUE SHOULDER <5CM	3937.20			090	Y	4742.07
•	•	J1	23078	RAD RESECTION TUMOR SOFT TISSUE SHOULDER 5 CM/>	4977.60			090	Y	4742.07
•	•	J1	23100	ARTHROTOMY GLENOHUMERAL JOINT W/BIOPSY	1728.00			090	Y	5184.51
•	•	J1	23101	ARTHRT ACROMCLAV/STRNCLAV JT W/BX&/EXC CRTLG	1576.80			090	N	5184.51
•	•	J1	23105	ARTHRT GLENOHUMRL JT W/SYNOVECTOMY W/WO BIOPSY	2200.80			090	Y	10775.65
•	•	J1	23106	ARTHRT GLENOHUMRL JT STRNCLAV JT W/SYNVCT W/WOBX	1718.40			090	N	5184.51
•	•	J1	23107	ARTHRT GLENOHMRL JT W/JT EXPL W/WO RMVL LOOSE/FB	2281.20			090	Y	10775.65
•	•	J1	23120	CLAVICULECTOMY PARTIAL	2016.00			090	Y	5184.51
•	•	J1	23125	CLAVICULECTOMY TOTAL	2438.40			090	Y	5184.51
•	•	J1	23130	PARTIAL REPAIR OR REMOVAL OF SHOULDER BONE	2114.40			090	N	5184.51
•	•	J1	23140	EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA	1908.00			090	N	5184.51
•	•	J1	23145	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/AGRFT	2373.60			090	Y	5184.51
•	•	J1	23146	EXC/CURTG BONE CST/B9 TUM CLAV/SCAPULA W/ALGRFT	2115.60			090	N	10775.65
•	•	J1	23150	EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS	2272.80			090	Y	5184.51
•	•	J1	23155	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/AGRFT	2724.00			090	Y	10775.65
•	•	J1	23156	EXC/CURTG BONE CYST/BENIGN TUM PROX HUM W/ALGRFT	2335.20			090	Y	10775.65
•	•	J1	23170	SEQUESTRECTOMY CLAVICLE	1939.20			090	N	5184.51
•	•	J1	23172	SEQUESTRECTOMY SCAPULA	1947.60			090	Y	5184.51
•	•	J1	23174	SEQUESTRECTOMY HUMERAL HEAD SURGERY NECK	2619.60			090	Y	5184.51
•	•	J1	23180	PARTIAL EXCISION BONE CLAVICLE	2278.80			090	N	5184.51
•	•	J1	23182	PARTIAL EXCISION BONE SCAPULA	2274.00			090	Y	5184.51
•	•	J1	23184	PARTIAL EXCISION BONE PROXIMAL HUMERUS	2532.00			090	Y	10775.65
•	•	J1	23190	OSTECTOMY SCAPULA PARTIAL	1971.60			090	Y	5184.51
•	•	J1	23195	RESECTION HUMERAL HEAD	2576.40			090	Y	10775.65
•	•		23200	RADICAL RESECTION TUMOR CLAVICLE	5236.80			090	Y	
•	•		23210	RADICAL RESECTION TUMOR SCAPULA	6151.20			090	Y	
•	•		23220	RADICAL RESECTION BONE TUMOR PROXIMAL HUMERUS	6759.60			090	Y	
•	•		23330	REMOVAL FOREIGN BODY SHOULDER SUBCUTANEOUS	960.00			010	N	822.66
•	•	J1	23333	REMOVAL SHOULDER FOREIGN BODY DEEP SUBFASCIAL/IM	1592.40			090	N	2734.29
•	•	J1	23334	PROSTHESIS REMOVAL HUMERAL/GLENOID COMPONENT	3705.60			090	N	4742.07
•	•		23335	PROSTHESIS REMOVAL HUMERAL AND GLENOID COMPONENT	4423.20			090	N	
•	•		23350	INJECTION SHOULDER ARTHROGRAPHY/ CT/MRI ARTHG	476.40			000	N	
•	•	J1	23395	MUSCLE TRANSFER SHOULDER/UPPER ARM SINGLE	4436.40			090	Y	10775.65
•	•	J1	23397	MUSCLE TRANSFER SHOULDER/UPPER ARM MULTIPLE	3920.40			090	Y	10775.65
•	•	J1	23400	SCAPULOPEXY	3303.60			090	Y	10775.65
•	•	J1	23405	TENOTOMY SHOULDER AREA 1 TENDON	2132.40			090	Y	10775.65
•	•	J1	23406	TENOTOMY SHOULDER MULTIPLE THRU SAME INCISION	2664.00			090	Y	5184.51
•	•	J1	23410	OPEN REPAIR OF ROTATOR CUFF ACUTE	2836.80			090	Y	10775.65
•	•	J1	23412	OPEN REPAIR OF ROTATOR CUFF CHRONIC	2943.60			090	Y	10775.65
•	•	J1	23415	CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY	2413.20			090	N	10775.65
•	•	J1	23420	RECONSTRUCTION ROTATOR CUFF AVULSION CHRONIC	3357.60			090	Y	10775.65
•	•	J1	23430	TENODESIS LONG TENDON BICEPS	2569.20			090	Y	10775.65
•	•	J1	23440	RESECTION/TRANSPLANTATION LONG TENDON BICEPS	2604.00			090	Y	5184.51
•	•	J1	23450	CAPSULORRHAPHY ANTERIOR PUTTI-PLATT/MAGNUSON	3259.20			090	Y	10775.65
•	•	J1	23455	CAPSULORRHAPHY ANTERIOR W/LABRAL REPAIR	3448.80			090	Y	10775.65
•	•	J1	23460	CAPSULORRHAPHY ANTERIOR WITH BONE BLOCK	3751.20			090	Y	10775.65
•	•	J1	23462	CAPSULORRHAPHY ANTERIOR W/CORACOID PROCESS TR	3644.40			090	Y	10775.65
•	•	J1	23465	CAPSULORRHAPHY GLENOHUMERAL JT PST W/WO BONE BLK	3859.20			090	Y	10775.65
•	•	J1	23466	CAPSULORRHAPHY GLENOHUMRL JT MULTI-DIRIONAL INS	3853.20			090	Y	10775.65

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	23470	ARTHROPLASTY GLENOHUMRL JT HEMIARTHROPLASTY	4150.80			090	Y	19120.53
•	•	J1*	23472	ARTHROPLASTY GLENOHUMERAL JOINT TOTAL SHOULDER	5031.60			090	Y	19120.53
•	•	J1	23473	REVIS SHOULDER ARTHRPLSTY HUMERAL/GLENOID COMPNT	5613.60			090	Y	19120.53
•	•		23474	REVIS SHOULDER ARTHRPLSTY HUMERAL&GLENOID COMPNT	6063.60			090	Y	12384.94
•	•	J1	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION	2844.00			090	N	10775.65
•	•	J1	23485	OSTEOTOMY CLAV W/WO INT FIXJ W/BONE GRF NON/MAL	3300.00			090	Y	19120.53
•	•	J1	23490	PROPH TX W/WO METHYLMETHACRYLATE CLAVICLE	2960.40			090	Y	10775.65
•	•	J1	23491	PROPH TX W/WO METHYLMETHACRYLATE PROX HUMERUS	3511.20			090	Y	19120.53
•	•		23500	CLSD TX CLAVICULAR FRACTURE W/O MANIPULATION	748.80			090	N	319.63
•	•	J1	23505	CLSD TX CLAVICULAR FRACTURE W/MANIPULATION	1218.00			090	N	2624.38
•	•	J1	23515	OPEN TX CLAVICULAR FRACTURE INTERNAL FIXATION	2484.00			090	Y	10775.65
•	•	J1	23520	CLSD TX STERNOCLAVICULAR DISLC W/O MANIPULATION	806.40			090	N	2624.38
•	•		23525	CLOSED TX STERNOCLAVICULAR DISLC W/MANIPULATION	1334.40			090	N	319.63
•	•	J1	23530	OPEN TX STERNOCLAVICULAR DISLC ACUTE/CHRONIC	1965.60			090	Y	10775.65
•	•	J1	23532	OPTX STRNCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	2134.80			090	Y	10775.65
•	•		23540	CLSD TX ACROMIOCLAVICULAR DISLC W/O MANIPULATION	784.80			090	N	319.63
•	•		23545	CLSD TX ACROMIOCLAVICULAR DISLC W/MANIPULATION	1186.80			090	N	319.63
•	•	J1	23550	OPEN TX ACROMIOCLAVICULAR DISLC ACUTE/CHRONIC	1962.00			090	Y	10775.65
•	•	J1	23552	OPTX ACROMCLAV DISLC ACUTE/CHRONIC W/FASCIAL GRF	2257.20			090	Y	10775.65
•	•		23570	CLOSED TX SCAPULAR FRACTURE W/O MANIPULATION	794.40			090	N	319.63
•	•	J1	23575	CLTX SCAPULAR FX W/MANJ W/WO SKELETAL TRACTION	1384.80			090	N	2624.38
•	•	J1	23585	OPEN TX SCAPULAR FX W/INTERNAL FIXATION IF PFRMD	3385.20			090	Y	10775.65
•	•		23600	CLTX PROXIMAL HUMERAL FRACTURE W/O MANIPULATION	1124.40			090	N	319.63
•	•	J1	23605	CLTX PROX HUMRL FX W/MANJ W/WO SKELETAL TRACJ	1599.60			090	N	2624.38
•	•	J1	23615	OPEN TREATMENT PROXIMAL HUMERAL FRACTURE	3055.20			090	Y	19120.53
•	•	J1	23616	OPEN PROX HUMERAL FRACTURE PROSTHETIC RPLCMT	4287.60			090	Y	26078.68
•	•		23620	CLTX GREATER HUMERAL TUBEROSITY FX W/O MANJ	918.00			090	N	319.63
•	•	J1	23625	CLTX GRTER HUMERAL TUBEROSITY FX W/MANIPULATION	1310.40			090	N	2624.38
•	•	J1	23630	OPEN TREATMENT GRTER HUMERAL TUBEROSITY FRACTURE	2696.40			090	Y	10775.65
•	•		23650	CLSD TX SHOULDER DISLC W/MANIPULATION W/O ANES	1092.00			090	N	319.63
•	•	J1	23655	CLSD TX SHOULDER DISLC W/MANIPULATION REQ ANES	1388.40			090	N	2624.38
•	•	J1	23660	OPEN TX ACUTE SHOULDER DISLOCATION	2010.00			090	Y	10775.65
•	•	J1	23665	CLTX SHOULDER DISLC W/FX HUMERAL TUBRST W/MANJ	1470.00			090	N	2624.38
•	•	J1	23670	OPEN TX SHOULDER DISLC W/HUMERAL TUBEROSITY FX	3025.20			090	Y	10775.65
•	•	J1	23675	CLTX SHOULDER DISLC W/SURG/ANTMCL NECK FX W/MANJ	1891.20			090	N	2624.38
•	•	J1	23680	OPEN TX SHOULDER DISLOCATION W/NECK FRACTURE	3208.80			090	Y	19120.53
•	•	J1	23700	MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS	676.80			010	N	2624.38
•	•	J1	23800	ARTHRODESIS GLENOHUMERAL JOINT	3540.00			090	Y	10775.65
•	•	J1	23802	ARTHRODESIS GLENOHUMERAL JT W/AUTOGENOUS GRAFT	4416.00			090	Y	19120.53
•	•		23900	INTERTHORACOSCAPULAR AMPUTATION	4796.40			090	Y	
•	•		23920	DISARTICULATION SHOULDER	3896.40			090	Y	
•	•		23921	DISRTCJ SHOULDER SECONDARY CLSR/SCAR REVISION	1616.40			090	N	2199.52
•	•		23929	UNLISTED PROCEDURE SHOULDER	BR			YYY	Y	319.63
•	•	J1	23930	I&D UPPER ARM/ELBOW DEEP ABSCESS/HEMATOMA	1219.20			010	N	2734.29
•	•	J1	23931	INCISION&DRAINAGE UPPER ARM/ELBOW BURSA	982.80			010	N	2734.29
•	•	J1	23935	INC DEEP W/OPENING BONE CORTEX HUMERUS/ELBOW	1753.20			090	N	5184.51
•	•	J1	24000	ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB	1645.20			090	N	5184.51
•	•	J1	24006	ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX	2467.20			090	Y	5184.51
•	•	J1	24065	BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL	888.00			010	N	2734.29

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	24066	BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP	2167.20			090	N	4742.07
•	•	J1	24071	EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>	1404.00			090	Y	4742.07
•	•	J1	24073	EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>	2398.80			090	Y	4742.07
•	•	J1	24075	EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM	1734.00			090	N	2734.29
•	•	J1	24076	EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM	1880.40			090	N	4742.07
•	•	J1	24077	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW <5CM	3591.60			090	N	4742.07
•	•	J1	24079	RAD RESECT TUMOR SOFT TISS UPPER ARM/ELBOW 5CM/>	4588.80			090	Y	4742.07
•	•	J1	24100	ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY ONLY	1436.40			090	Y	5184.51
•	•	J1	24101	ARTHRT ELBOW W/JNT EXPL W/WOBX W/WORMVL LOOSE/FB	1725.60			090	Y	5184.51
•	•	J1	24102	ARTHROTOMY ELBOW W/SYNOVECTOMY	2127.60			090	Y	5184.51
•	•	J1	24105	EXCISION OLECRANON BURSA	1214.40			090	N	5184.51
•	•	J1	24110	EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS	2023.20			090	N	5184.51
•	•	J1	24115	EXC/CURTG BONE CYST/BENIGN TUMOR HUMERUS W/AGRFT	2523.60			090	Y	10775.65
•	•	J1	24116	EXC/CURTG BONE CYST/BENIGN TUM HUMERUS W/ALGRFT	2976.00			090	Y	10775.65
•	•	J1	24120	EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN	1830.00			090	N	5184.51
•	•	J1	24125	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/AGRFT	2146.80			090	Y	5184.51
•	•	J1	24126	EXC/CURTG BONE CST/B9 TUM H/N RDS/OLECRN W/ALGRT	2222.40			090	Y	10775.65
•	•	J1	24130	EXCISION RADIAL HEAD	1760.40			090	N	5184.51
•	•	J1	24134	SEQUESTRECTOMY SHAFT/DISTAL HUMERUS	2578.80			090	Y	10775.65
•	•	J1	24136	SEQUESTRECTOMY RADIAL HEAD OR NECK	2182.80			090	N	5184.51
•	•	J1	24138	SEQUESTRECTOMY OLECRANON PROCESS	2336.40			090	Y	10775.65
•	•	J1	24140	PARTIAL EXCISION BONE HUMERUS	2425.20			090	Y	5184.51
•	•	J1	24145	PARTIAL EXCISION BONE RADIAL HEAD/NECK	2048.40			090	N	10775.65
•	•	J1	24147	PARTIAL EXCISION BONE OLECRANON PROCESS	2152.80			090	N	5184.51
•	•	J1	24149	RAD RESCJ CAPSL TISS&HTRTPC BONE ELBW CONTRCT	4063.20			090	Y	10775.65
•	•	J1	24150	RADICAL RESECTION TUMOR SHAFT/DISTAL HUMERUS	5379.60			090	Y	10775.65
•	•	J1	24152	RADICAL RESECTION TUMOR RADIAL HEAD/NECK	4602.00			090	Y	10775.65
•	•	J1	24155	RESECTION ELBOW JOINT ARTHRECTOMY	2936.40			090	Y	5184.51
•	•		24160	PROSTHESIS REMOVAL HUMERAL AND ULNAR COMPONENTS	4375.20			090	N	3725.14
•	•		24164	PROSTHESIS REMOVAL RADIAL HEAD	2506.80			090	N	3725.14
•	•	J1	24200	RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS	722.40			010	N	2734.29
•	•	J1	24201	REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP	1898.40			090	N	4742.07
•	•		24220	INJECTION ELBOW ARTHROGRAPHY	565.20			000	N	
•	•	J1	24300	MANIPULATION ELBOW UNDER ANESTHESIA	1448.40			090	N	2624.38
•	•	J1	24301	MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW SINGLE	2594.40			090	Y	10775.65
•	•	J1	24305	TENDON LENGTHENING UPPER ARM/ELBOW EA TENDON	1990.80			090	N	5184.51
•	•	J1	24310	TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON	1611.60			090	N	5184.51
•	•	J1	24320	TENOPLASTY ELBOW TO SHOULDER SINGLE	2676.00			090	Y	10775.65
•	•	J1	24330	FLEXOR-PLASTY ELBOW	2475.60			090	Y	5184.51
•	•	J1	24331	FLEXOR-PLASTY ELBOW W/EXTENSOR ADVANCEMENT	2668.80			090	Y	10775.65
•	•	J1	24332	TENOLYSIS TRICEPS	2119.20			090	N	5184.51
•	•	J1	24340	TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE	2112.00			090	Y	10775.65
•	•	J1	24341	REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA	2570.40			090	Y	10775.65
•	•	J1	24342	RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF	2680.80			090	Y	10775.65
•	•	J1	24343	REPAIR LATERAL COLLATERAL LIGAMENT ELBOW	2449.20			090	Y	5184.51
•	•	J1	24344	RCNSTJ LAT COLTRL LIGM ELBOW W/TENDON GRAFT	3774.00			090	Y	10775.65
•	•	J1	24345	REPAIR MEDIAL COLLATERAL LIGAMENT ELBOW	2430.00			090	Y	10775.65
•	•	J1	24346	RCNSTJ MEDIAL COLTRL LIGM ELBW W/TDN GRF	3792.00			090	Y	19120.53
•	•	J1	24357	TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS	1435.20			090	N	5184.51

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	24358	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN	1806.00			090	N	5184.51
•	•	J1	24359	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN TDN RPR	2281.20			090	N	5184.51
•	•	J1	24360	ARTHROPLASTY ELBOW W/MEMBRANE	3112.80			090	Y	10775.65
•	•	J1	24361	ARTHROPLASTY ELBOW W/DISTAL HUMRL PROSTC RPLCMT	3483.60			090	Y	26078.68
•	•	J1	24362	ARTHRP ELBOW W/IMPLT&FSCA LATA LIGAMENT RCNSTJ	3673.20			090	Y	19120.53
•	•	J1	24363	ARTHRP ELBOW W/DISTAL HUM&PROX UR PROSTC RPLCM	5035.20			090	Y	26078.68
•	•	J1	24365	ARTHROPLASTY RADIAL HEAD	2206.80			090	Y	19120.53
•	•	J1	24366	ARTHROPLASTY RADIAL HEAD W/IMPLANT	2352.00			090	Y	19120.53
•	•	J1	24370	REVIS ELBOW ARTHRPLSTY HUMERAL/ULNA COMPNT	5366.40			090	Y	19120.53
•	•	J1	24371	REVIS ELBOW ARTHRPLSTY HUMERAL&ULNA COMPNT	6164.40			090	Y	26078.68
•	•	J1	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXATION	2846.40			090	Y	10775.65
•	•	J1	24410	MLT OSTEOT W/RELIGNMT IMED ROD HUMERAL SHAFT	3663.60			090	Y	19120.53
•	•	J1	24420	OSTEOPLASTY HUMERUS	3430.80			090	Y	10775.65
•	•	J1	24430	REPAIR NON/MALUNION HUMERUS W/O GRAFT	3648.00			090	Y	19120.53
•	•	J1	24435	REPAIR NON/MALUNION HUMERUS W/ILIAC/OTH AGRFT	3722.40			090	Y	19120.53
•	•	J1	24470	HEMIEPIPHYSEAL ARREST	2322.00			090	Y	5184.51
•	•	J1	24495	DECOMPRESSION FASCT F/ARM W/BRACH ART EXPL	2552.40			090	N	10775.65
•	•	J1	24498	PROPH TX W/WO METHYLMETHACRYLATE HUMERAL SHAFT	2995.20			090	Y	19120.53
•	•		24500	CLSD TX HUMERAL SHAFT FRACTURE W/O MANIPULATION	1225.20			090	N	319.63
•	•	J1	24505	CLTX HUMERAL SHFT FX W/MANJ W/WO SKELETAL TRACJ	1712.40			090	N	2624.38
•	•	J1	24515	OPTX HUMERAL SHFT FX W/PLATE/SCREWS W/WOCERCLAGE	3032.40			090	Y	19120.53
•	•	J1	24516	TX HUMRAL SHAFT FX W/INSJ IMED IMPLT W/W CERCLGE	2972.40			090	Y	19120.53
•	•		24530	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/WO MANJ	1302.00			090	N	319.63
•	•	J1	24535	CLTX SPRCNDYLR/TRANSCNDYLR HUMERAL FX W/MANJ	2121.60			090	N	2624.38
•	•	J1	24538	PRQ SKEL FIXJ SPRCNDYLR/TRANSCNDYLR HUMERAL FX	2581.20			090	N	10775.65
•	•	J1	24545	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/O XTN	3213.60			090	Y	19120.53
•	•	J1	24546	OPEN TX HUMERAL SUPRACONDYLAR FRACTURE W/XTN	3594.00			090	Y	26078.68
•	•		24560	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/O MANJ	1114.80			090	N	319.63
•	•	J1	24565	CLTX HUMERAL EPICONDYLAR FX MEDIAL/LAT W/MANJ	1839.60			090	N	2624.38
•	•	J1	24566	PRQ SKEL FIXJ HUMRL EPCNDYLR FX MEDIAL/LAT MANJ	2480.40			090	N	2624.38
•	•	J1	24575	OPEN TX HUMERAL EPICONDYLAR FRACTURE	2527.20			090	Y	19120.53
•	•		24576	CLTX HUMERAL CONDYLAR FX MEDIAL/LAT W/O MANJ	1176.00			090	N	319.63
•	•	J1	24577	CLTX HUMERAL CONDYLAR FX MEDIAL/LATERAL W/MANJ	1896.00			090	N	2624.38
•	•	J1	24579	OPEN TREATMENT HUMERAL CONDYLAR FRACTURE	2887.20			090	Y	19120.53
•	•	J1	24582	PRQ SKEL FIXJ HUMRL CNDYLR FX MEDIAL/LAT W/MANJ	2800.80			090	N	5184.51
•	•	J1	24586	OPTX PERIARTICULAR FRACTURE &/DISLOCATION ELBO	3747.60			090	Y	19120.53
•	•	J1	24587	OPTX PRIARTICULAR FX&/DISLC ELBW W/IMPLT ARTHR	3762.00			090	Y	19120.53
•	•		24600	TREATMENT CLOSED ELBOW DISLOCATION W/O ANES	1267.20			090	N	319.63
•	•	J1	24605	TREATMENT CLOSED ELBOW DISLOCATION REQ ANES	1630.80			090	N	2624.38
•	•	J1	24615	OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION	2463.60			090	Y	10775.65
•	•	J1	24620	CLOSED TX MONTEGGIA FX DISLOCATION ELBOW W/MANJ	1905.60			090	N	2624.38
•	•	J1	24635	OPEN TX MONTEGGIA FRACTURE DISLOCATION ELBOW	2326.80			090	Y	10775.65
•	•		24640	CLTX RDL HEAD SUBLXTJ CHLD NURSEMAID ELBW W/MANJ	343.20			010	N	319.63
•	•		24650	CLOSED TX RADIAL HEAD/NECK FX W/O MANIPULATION	894.00			090	N	319.63
•	•	J1	24655	CLOSED TX RADIAL HEAD/NECK FX W/MANIPULATION	1519.20			090	N	2624.38
•	•	J1	24665	OPEN TX RADIAL HEAD/NECK FRACTURE	2253.60			090	Y	10775.65
•	•	J1	24666	OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC	2530.80			090	Y	19120.53
•	•		24670	CLOSED TX ULNAR FRACTURE PROXIMAL END W/O MANJ	993.60			090	N	319.63
•	•	J1	24675	CLOSED TX ULNAR FRACTURE PROXIMAL END W/MANJ	1574.40			090	N	2624.38

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	24685	OPEN TREATMENT ULNAR FRACTURE PROXIMAL END	2257.20			090	Y	10775.65
•	•	J1	24800	ARTHRODESIS ELBOW JOINT LOCAL	2854.80			090	Y	10775.65
•	•	J1	24802	ARTHRODESIS ELBOW JOINT W/AUTOGENOUS GRAFT	3471.60			090	Y	19120.53
•	•		24900	AMPUTATION ARM THRU HUMERUS W/PRIMARY CLOSURE	2545.20			090	Y	
•	•		24920	AMPUTATION ARM THRU HUMERUS OPEN CIRCULAR	2539.20			090	Y	
•	•	J1	24925	AMP ARM THRU HUMERUS SECONDARY CLSR/SCAR REVJ	1957.20			090	Y	5184.51
•	•		24930	AMPUTATION ARM THRU HUMERUS RE-AMPUTATION	2670.00			090	Y	
•	•		24931	AMPUTATION ARM THRU HUMERUS W/IMPLANT	3232.80			090	Y	
•	•	J1	24935	STUMP ELONGATION UPPER EXTREMITY	4035.60			090	N	10775.65
•	•		24940	CINEPLASTY UPPER EXTREMITY COMPLETE PROCEDURE	3120.24			090	Y	
•	•		24999	UNLISTED PROCEDURE HUMERUS/ELBOW	BR			YYY	N	319.63
•	•	J1	25000	INCISION EXTENSOR TENDON SHEATH WRIST	1164.00			090	N	2624.38
•	•	J1	25001	INCISION FLEXOR TENDON SHEATH WRIST	1185.60			090	N	5184.51
•	•	J1	25020	DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/O DBRDMT	1971.60			090	N	2624.38
•	•	J1	25023	DCMPRN FASCT F/ARM&/WRST FLXR/XTNSR W/DBRDMT	3819.60			090	N	5184.51
•	•	J1	25024	DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR W/O DB	2694.00			090	N	5184.51
•	•	J1	25025	DCMPRN FASCT F/ARM&/WRST FLXR&XTNSR DBRDMT	4177.20			090	N	2624.38
•	•	J1	25028	I&D FOREARM&/WRIST DEEP ABSCESS/HEMATOMA	1815.60			090	N	5184.51
•	•	J1	25031	INCISION & DRAINAGE FOREARM&/WRIST BURSA	1200.00			090	N	2624.38
•	•	J1	25035	INCISION DEEP BONE CORTEX FOREARM&/WRIST	2017.20			090	N	10775.65
•	•	J1	25040	ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB	1936.80			090	N	5184.51
•	•	J1	25065	BIOPSY SOFT TISSUE FOREARM&/WRIST SUPERFICIAL	878.40			010	N	2734.29
•	•	J1	25066	BIOPSY SOFT TISSUE FOREARM&/WRIST DEEP	1236.00			090	N	4742.07
•	•	J1	25071	EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>	1467.60			090	Y	2734.29
•	•	J1	25073	EXC TUMOR SFT TISS FOREARM&/WRIST SUBFASC 3CM/>	1842.00			090	Y	4742.07
•	•	J1	25075	EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM	1690.80			090	N	2734.29
•	•	J1	25076	EXC TUMOR SOFT TISS FOREARM&/WRIST SUBFASC <3CM	1786.80			090	N	2734.29
•	•	J1	25077	RAD RESECT TUMOR SOFT TISS FOREARM&/WRIST <3 CM	3051.60			090	N	2734.29
•	•	J1	25078	RAD RESCJ TUM SOFT TISSUE FOREARM&/WRIST 3 CM/>	4041.60			090	Y	4742.07
•	•	J1	25085	CAPSULOTOMY WRIST	1548.00			090	Y	5184.51
•	•	J1	25100	ARTHROTOMY WRIST JOINT WITH BIOPSY	1194.00			090	N	5184.51
•	•	J1	25101	ARTHRT WRST W/JT EXPL W/WO BX W/WO RMVL LOOSE/FB	1393.20			090	N	5184.51
•	•	J1	25105	ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY	1666.80			090	N	5184.51
•	•	J1	25107	ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE	2124.00			090	Y	5184.51
•	•	J1	25109	EXC TENDON FOREARM&/WRIST FLEXOR/EXTENSOR EA	1855.20			090	N	5184.51
•	•	J1	25110	EXCISION LESION TENDON SHEATH FOREARM&/WRIST	1178.40			090	N	2624.38
•	•	J1	25111	EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY	1105.20			090	N	2624.38
•	•	J1	25112	EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT	1335.60			090	N	2624.38
•	•	J1	25115	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS	2616.00			090	N	2624.38
•	•	J1	25116	RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS	2070.00			090	N	5184.51
•	•	J1	25118	SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT	1312.80			090	N	2624.38
•	•	J1	25119	SYNVCT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA	1705.20			090	Y	5184.51
•	•	J1	25120	EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA	1716.00			090	N	5184.51
•	•	J1	25125	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/AUTOGRAFT	2032.80			090	N	2624.38
•	•	J1	25126	EXC/CURTG CYST/TUMOR RADIUS/ULNA W/ALLOGRAFT	2053.20			090	Y	5184.51
•	•	J1	25130	EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES	1539.60			090	N	5184.51
•	•	J1	25135	EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT	1918.80			090	Y	5184.51
•	•	J1	25136	EXC/CURTG CYST/TUMOR CARPAL BONES W/ALLOGRAFT	1687.20			090	Y	10775.65
•	•	J1	25145	SEQUESTRECTOMY FOREARM &/WRIST	1780.80			090	Y	5184.51

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	25150	PARTIAL EXCISION BONE ULNA	1954.80			090	N	5184.51
•	•	J1	25151	PARTIAL EXCISION BONE RADIUS	2005.20			090	Y	5184.51
•	•	J1	25170	RADICAL RESECTION TUMOR RADIUS OR ULNA	5108.40			090	Y	10775.65
•	•	J1	25210	CARPECTOMY 1 BONE	1681.20			090	N	5184.51
•	•	J1	25215	CARPECTOMY ALL BONES PROXIMAL ROW	2131.20			090	Y	5184.51
•	•	J1	25230	RADICAL STYLOIDECTOMY SEPARATE PROCEDURE	1494.00			090	N	5184.51
•	•	J1	25240	EXCISION DISTAL ULNA PARTIAL/COMPLETE	1477.20			090	N	5184.51
•	•		25246	INJECTION WRIST ARTHROGRAPHY	585.60			000	N	
•	•	J1	25248	EXPL W/REMOVAL DEEP FOREIGN BODY FOREARM/WRIST	1425.60			090	N	2624.38
•	•		25250	REMOVAL WRIST PROSTHESIS SEPARATE PROCEDURE	1825.20			090	Y	1864.94
•	•		25251	REMOVAL WRIST PROSTH COMPLICATED W/TOTAL WRIST	2481.60			090	Y	3725.14
•	•	J1	25259	MANIPULATION WRIST UNDER ANESTHESIA	1442.40			090	N	2624.38
•	•	J1	25260	RPR TDN/MUSC FLXR F/ARM&/WRST PRIM 1 EA TDN/MU	2172.00			090	N	5184.51
•	•	J1	25263	RPR TDN/MUSC FLXR F/ARM&/WRIST SEC 1 EA TDN/MUS	2162.40			090	Y	5184.51
•	•	J1	25265	RPR TDN/MUSC FLXR F/ARM&/WRISTSEC FR GRF EA	2576.40			090	Y	5184.51
•	•	J1	25270	RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN	1687.20			090	N	5184.51
•	•	J1	25272	RPR TDN/MUSC XTNSR F/ARM&/WRIST SEC 1 EA TDN/MU	1910.40			090	N	5184.51
•	•	J1	25274	RPR TDN/MUSC XTNSR F/ARM&/WRST SEC FR GRF EA TDN	2299.20			090	N	5184.51
•	•	J1	25275	RPR TENDON SHEATH EXTENSOR F/ARM&/WRIST W/GRAFT	2310.00			090	N	5184.51
•	•	J1	25280	LNGTH/SHRT FLXR/XTNSR TDN F/ARM&/WRIST 1 EA TDN	1942.80			090	N	5184.51
•	•	J1	25290	TNOT FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	1503.60			090	N	5184.51
•	•	J1	25295	TNOLS FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA	1813.20			090	N	5184.51
•	•	J1	25300	TENODESIS WRIST FLEXORS FINGERS	2348.40			090	Y	5184.51
•	•	J1	25301	TENODESIS WRIST EXTENSORS FINGERS	2218.80			090	Y	5184.51
•	•	J1	25310	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1 EA TDN	2134.80			090	Y	5184.51
•	•	J1	25312	TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WRST 1/TDN GR	2476.80			090	Y	5184.51
•	•	J1	25315	FLEXOR ORIGIN SLIDE FOREARM &/WRIST	2655.60			090	Y	10775.65
•	•	J1	25316	FLEXOR ORIGIN SLIDE F/ARM&/WRST TENDON TRANSFE	3168.00			090	Y	10775.65
•	•	J1	25320	CAPSL-RHPHY/RCNSTJ WRST OPN CARPL INS	3398.40			090	Y	10775.65
•	•	J1	25332	ARTHRP WRST W/WO INTERPOS W/WO XTRNL/INT FIXJ	2906.40			090	Y	5184.51
•	•	J1	25335	CENTRALIZATION WRST ULNA	3268.80			090	Y	5184.51
•	•	J1	25337	RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TISS STABLJ	3073.20			090	N	10775.65
•	•	J1	25350	OSTEOTOMY RADIUS DISTAL THIRD	2326.80			090	Y	10775.65
•	•	J1	25355	OSTEOTOMY RADIUS MIDDLE/PROXIMAL THIRD	2616.00			090	Y	5184.51
•	•	J1	25360	OSTEOTOMY ULNA	2260.80			090	Y	10775.65
•	•	J1	25365	OSTEOTOMY RADIUS & ULNA	3150.00			090	Y	19120.53
•	•	J1	25370	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS/ULNA	3490.80			090	Y	5184.51
•	•	J1	25375	MLT OSTEOTOMIES W/RELIGNMT IMED ROD RADIUS&ULNA	3302.40			090	Y	5184.51
•	•	J1	25390	OSTEOPLASTY RADIUS/ULNA SHORTENING	2654.40			090	Y	10775.65
•	•	J1	25391	OSTEOPLASTY RADIUS/ULNA LENGTHENING W/AUTOGRAFT	3446.40			090	Y	19120.53
•	•	J1	25392	OSTEOPLASTY RADIUS & ULNA SHORTENING	3418.80			090	Y	5184.51
•	•	J1	25393	OSTEOPLASTY RADIUS&ULNA LENGTHENING W/AUTOGRAF	3873.60			090	Y	5184.51
•	•	J1	25394	OSTEOPLASTY CARPAL BONE SHORTENING	2698.80			090	Y	5184.51
•	•	J1	25400	RPR NONUNION/MALUNION RADIUS/ULNA W/O AUTOGRAFT	2774.40			090	Y	10775.65
•	•	J1	25405	RPR NONUNION/MALUNION RADIUS/ULNA W/AUTOGRAFT	3588.00			090	Y	10775.65
•	•	J1	25415	RPR NONUNION/MALUNION RADIUS&ULNA W/O AUTOGRAF	3337.20			090	Y	10775.65
•	•	J1	25420	RPR NONUNION/MALUNION RADIUS&ULNA W/AUTOGRAFT	4029.60			090	Y	10775.65
•	•	J1	25425	REPAIR DEFECT W/AUTOGRAFT RADIUS/ULNA	3320.40			090	Y	10775.65
•	•	J1	25426	REPAIR DEFECT W/AUTOGRAFT RADIUS&ULNA	3895.20			090	Y	5184.51

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	25430	INSERTION VASCULAR PEDICLE CARPAL BONE	2527.20			090	N	5184.51
•	•	J1	25431	REPAIR NONUNION CARPAL BONE EACH BONE	2718.00			090	Y	10775.65
•	•	J1	25440	RPR NONUNION SCAPHOID CARPAL BNE W/WO RDL STYLEC	2655.60			090	Y	10775.65
•	•	J1	25441	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL RADIUS	3236.40			090	Y	19120.53
•	•	J1	25442	ARTHROPLASTY W/PROSTHETIC RPLCMT DISTAL ULNA	2787.60			090	Y	26078.68
•	•	J1	25443	ARTHROPLASTY W/PROSTHETIC RPLCMT SCAPHOID CARPAL	2674.80			090	Y	10775.65
•	•	J1	25444	ARTHROPLASTY W/PROSTHETIC REPLACEMENT LUNATE	2850.00			090	Y	19120.53
•	•	J1	25445	ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM	2493.60			090	N	10775.65
•	•	J1	25446	ARTHRP W/PROSTC RPLCMT DSTL RDS&PRTL/CARPUS	4059.60			090	Y	26078.68
•	•	J1	25447	ARTHRP INTERPOS INTERCARPAL/METACARPAL JOINTS	2859.60			090	Y	5184.51
•	•	J1	25449	REVJ ARTHRP W/REMOVAL IMPLANT WRIST JOINT	3567.60			090	Y	10775.65
•	•	J1	25450	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS/U	2130.00			090	N	5184.51
•	•	J1	25455	EPIPHYSL ARRST EPIPHYSIOD/STAPLING DSTL RDS&ULNA	2512.80			090	N	5184.51
•	•	J1	25490	PROPH TX N/P/PLTWR W/WO METHYLACRYLATE RADIUS	2484.00			090	Y	10775.65
•	•	J1	25491	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE ULNA	2559.60			090	Y	19120.53
•	•	J1	25492	PROPH TX N/P/PLTWR W/WO METHYLMECRYLATE RAD&UL	3133.20			090	Y	5184.51
•	•		25500	CLOSED TX RADIAL SHAFT FRACTURE W/O MANIPULATION	944.40			090	N	319.63
•	•	J1	25505	CLOSED TX RADIAL SHAFT FRACTURE W/MANIPULATION	1714.80			090	N	2624.38
•	•	J1	25515	OPEN TREATMENT RADIAL SHAFT FRACTURE	2310.00			090	Y	10775.65
•	•	J1	25520	CLTX RDL SHFT FX&CLTX DISLC DSTL RAD/ULN JT	1953.60			090	N	2624.38
•	•	J1	25525	OPEN RDL SHAFT FX CLOSED RAD/ULN JT DISLOCATE	2722.80			090	Y	10775.65
•	•	J1	25526	OPEN RDL SHAFT FX OPEN RAD/ULN JT DISLOCATE	3296.40			090	Y	10775.65
•	•		25530	CLOSED TX ULNAR SHAFT FRACTURE W/O MANIPULATION	895.20			090	N	319.63
•	•		25535	CLOSED TX ULNAR SHAFT FRACTURE W/MANIPULATION	1683.60			090	N	319.63
•	•	J1	25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE	2149.20			090	Y	10775.65
•	•		25560	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/O MAN	963.60			090	N	319.63
•	•	J1	25565	CLOSED TX RADIAL&ULNAR SHAFT FRACTURES W/MANJ	1766.40			090	N	2624.38
•	•	J1	25574	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS/ULNA	2326.80			090	Y	10775.65
•	•	J1	25575	OPEN TX RADIAL&ULNAR SHAFT FX W/FIXJ RADIUS&ULNA	3115.20			090	Y	10775.65
•	•		25600	CLTX DSTL RADIAL FX/EPIPHYSL SEP W/O MANJ	1128.00			090	N	319.63
•	•	J1	25605	CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF	1854.00			090	N	2624.38
•	•	J1	25606	PERQ SKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP	2288.40			090	N	5184.51
•	•	J1	25607	OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP	2536.80			090	Y	10775.65
•	•	J1	25608	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG	2846.40			090	Y	10775.65
•	•	J1	25609	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 3 FRAG	3622.80			090	Y	10775.65
•	•		25622	CLOSED TX CARPAL SCAPHOID FRACTURE W/O MANJ	1044.00			090	N	319.63
•	•	J1	25624	CLOSED TX CARPAL SCAPHOID FRACTURE W/MANJ	1653.60			090	N	2624.38
•	•	J1	25628	OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE	2485.20			090	Y	10775.65
•	•		25630	CLTX CARPAL BONE FX W/O MANJ EACH BONE	1042.80			090	N	319.63
•	•	J1	25635	CLTX CARPAL BONE FX W/MANJ EACH BONE	1574.40			090	N	2624.38
•	•	J1	25645	OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA	1959.60			090	Y	5184.51
•	•		25650	CLOSED TREATMENT ULNAR STYLOID FRACTURE	1104.00			090	N	319.63
•	•	J1	25651	PRQ SKELETAL FIXATION ULNAR STYLOID FRACTURE	1672.80			090	N	5184.51
•	•	J1	25652	OPEN TREATMENT ULNAR STYLOID FRACTURE	2149.20			090	N	10775.65
•	•		25660	CLTX RDCRPL/INTERCARPL DISLC 1/> BONES W/MANJ	1419.60			090	N	319.63
•	•	J1	25670	OPEN TX RADIOCARPAL/INTERCARPAL DISLC 1/> BONES	2088.00			090	Y	5184.51
•	•	J1	25671	PRQ SKELETAL FIXJ DISTAL RADIOULNAR DISLOCATION	1821.60			090	N	5184.51
•	•		25675	CLOSED TX DISTAL RADIOULNAR DISLOCATION W/MANJ	1502.40			090	N	319.63
•	•	J1	25676	OPEN TX DISTAL RADIOULNAR DISLC ACUTE/CHRONIC	2169.60			090	Y	10775.65

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		25680	CLTX TRANS-SCAPHOPRILUNAR TYP FX DISLC W/MANJ	1791.60			090	N	319.63
•	•	J1	25685	OPEN TX TRANS-SCAPHOPERILUNAR FRACTURE DISLC	2540.40			090	Y	5184.51
•	•	J1	25690	CLOSED TX LUNATE DISLOCATION W/MANIPULATION	1664.40			090	N	2624.38
•	•	J1	25695	OPEN TREATMENT LUNATE DISLOCATION	2184.00			090	Y	10775.65
•	•	J1	25800	ARTHRODESIS WRIST COMPLETE W/O BONE GRAFT	2522.40			090	Y	10775.65
•	•	J1	25805	ARTHRODESIS WRIST W/SLIDING GRAFT	2919.60			090	Y	10775.65
•	•	J1	25810	ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT	2995.20			090	Y	19120.53
•	•	J1	25820	ARTHRODESIS WRIST LIMITED W/O BONE GRAFT	2137.20			090	Y	10775.65
•	•	J1	25825	ARTHRODESIS WRIST LIMITED W/AUTOGRAFT	2631.60			090	Y	10775.65
•	•	J1	25830	ARTHRD DSTL RAD/ULN JT SGMTL RSCJ ULNA W/WO BONE	3250.80			090	Y	10775.65
•	•		25900	AMPUTATION FOREARM THROUGH RADIUS & ULNA	2454.00			090	N	
•	•		25905	AMP FOREARM THRU RADIUS & ULNA OPEN CIRCULAR	2410.80			090	Y	
•	•	J1	25907	AMP F/ARM THRU RADIUS&ULNA SEC CLOSURE/SCAR RE	2100.00			090	Y	5184.51
•	•	J1	25909	AMP FOREARM THRU RADIUS&ULNA RE-AMPUTATION	2359.20			090	Y	5184.51
•	•		25915	KRUKENBERG PROCEDURE	4059.60			090	Y	
•	•		25920	DISARTICULATION THROUGH WRIST	2424.00			090	N	
•	•	J1	25922	DISARTICULATION THRU WRIST SEC CLOSURE/SCAR REVJ	2128.80			090	Y	2624.38
•	•		25924	DISARTICULATION THRU WRIST RE-AMPUTATION	2332.80			090	Y	
•	•		25927	TRANSMETACARPAL AMPUTATION	2779.20			090	N	
•	•		25929	TRANSMETACARPAL AMPUTATION SEC CLOSURE/SCAR REVJ	2062.80			090	Y	2199.52
•	•	J1	25931	TRANSMETACARPAL AMPUTATION RE-AMPUTATION	2559.60			090	N	5184.51
•	•		25999	UNLISTED PROCEDURE FOREARM/WRIST	BR			YYY	N	319.63
•	•		26010	DRAINAGE FINGER ABSCESS SIMPLE	928.80			010	N	250.56
•	•	J1	26011	DRAINAGE FINGER ABSCESS COMPLICATED	1378.80			010	N	2734.29
•	•	J1	26020	DRAINAGE TENDON SHEATH DIGIT&/PALM EACH	1497.60			090	N	5184.51
•	•	J1	26025	DRAINAGE OF PALMAR BURSA SINGLE BURSA	1453.20			090	N	5184.51
•	•	J1	26030	DRAINAGE OF PALMAR BURSA MULTIPLE BURSA	1690.80			090	N	5184.51
•	•	J1	26034	INCISION BONE CORTEX HAND/FINGER	1874.40			090	N	2624.38
•	•	J1	26035	DECOMPRESSION FINGERS&/HAND INJECTION INJURY	2967.60			090	N	5184.51
•	•	J1	26037	DECOMPRESSIVE FASCIOTOMY HAND	1952.40			090	N	5184.51
•	•	J1	26040	FASCIOTOMY PALMAR PERCUTANEOUS	1075.20			090	N	2624.38
•	•	J1	26045	FASCIOTOMY PALMAR OPEN PARTIAL	1618.80			090	N	5184.51
•	•	J1	26055	TENDON SHEATH INCISION	1941.60			090	N	2624.38
•	•	J1	26060	TENOTOMY PERCUTANEOUS SINGLE EACH DIGIT	883.20			090	N	2624.38
•	•	J1	26070	ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPL JT	1102.80			090	N	2624.38
•	•	J1	26075	ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA	1150.80			090	N	5184.51
•	•	J1	26080	ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA	1350.00			090	N	2624.38
•	•	J1	26100	ARTHROTOMY BIOPSY CARP/MTCRPL JOINT EACH	1156.80			090	N	5184.51
•	•	J1	26105	ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH	1161.60			090	N	5184.51
•	•	J1	26110	ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH	1110.00			090	N	2624.38
•	•	J1	26111	EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>	1437.60			090	Y	2734.29
•	•	J1	26113	EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>	1888.80			090	Y	2734.29
•	•	J1	26115	EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM	1782.00			090	N	2734.29
•	•	J1	26116	EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM	1815.60			090	N	2734.29
•	•	J1	26117	RAD RESECT TUMOR SOFT TISSUE HAND/FINGER <3CM	2565.60			090	N	4742.07
•	•	J1	26118	RAD RESCJ TUM SOFT TISSUE HAND/FINGER 3 CM/>	3632.40			090	Y	4742.07
•	•	J1	26121	FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT	2061.60			090	N	5184.51
•	•	J1	26123	FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR	2880.00			090	N	5184.51
+	•		26125	FASCT PRTL PALMR ADDL DGT PROX IPHAL JT W/WO RPR	946.80			ZZZ	N	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	26130	SYNOVECTOMY CARPOMETACARPAL JOINT	1582.80			090	N	5184.51
•	•	J1	26135	SYNVCT MTCARPHLNGL JT W/INTRNSC RLS&XTNSR HOOD	1899.60			090	N	5184.51
•	•	J1	26140	SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ EA IPHAL JT	1742.40			090	N	2624.38
•	•	J1	26145	SYNVCT TDN SHTH RAD FLXR TDN PALM&/FNGR EA TDN	1770.00			090	N	2624.38
•	•	J1	26160	EXC LESION TDN SHTH/JT CAPSL HAND/FNGR	1999.20			090	N	2624.38
•	•	J1	26170	EXCISION TENDON PALM FLEXOR/EXTENSOR SINGLE EACH	1400.40			090	N	2624.38
•	•	J1	26180	EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH	1533.60			090	N	2624.38
•	•	J1	26185	SESAMOIDECTOMY THUMB/FINGER SEPARATE PROCEDURE	1898.40			090	Y	2624.38
•	•	J1	26200	EXCISION/CURETTAGE CYST/TUMOR METACARPAL	1550.40			090	N	2624.38
•	•	J1	26205	EXC/CURETTAGE CYST/TUMOR METACARPAL W/AUTOGRAFT	2083.20			090	N	10775.65
•	•	J1	26210	EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER	1527.60			090	N	2624.38
•	•	J1	26215	EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT	1948.80			090	N	5184.51
•	•	J1	26230	PARTIAL EXCISION BONE METACARPAL	1718.40			090	N	5184.51
•	•	J1	26235	PARTIAL EXCISION PROXIMAL/MIDDLE PHALANX FINGER	1698.00			090	N	2624.38
•	•	J1	26236	PARTIAL EXCISION DISTAL PHALANX FINGER	1520.40			090	N	2624.38
•	•	J1	26250	RADICAL RESECTION TUMOR METACARPAL	3702.00			090	N	5184.51
•	•	J1	26260	RAD RESECTION TUMOR PROX/MIDDLE PHALANX FINGER	2767.20			090	Y	5184.51
•	•	J1	26262	RADICAL RESECTION TUMOR DISTAL PHALANX FINGER	2178.00			090	Y	2624.38
•	•		26320	REMOVAL IMPLANT FROM FINGER/HAND	1197.60			090	N	1953.21
•	•	J1	26340	MANIPULATION FINGER JOINT UNDER ANES EACH JOINT	1160.40			090	N	2624.38
•	•		26341	MANIPLATN PALAR FASCIAL CRD POST INJ SINGLE CORD	348.00			010	N	319.63
•	•	J1	26350	RPR/ADVMNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON	2406.00			090	N	5184.51
•	•	J1	26352	RPR/ADVMNT FLXR TDN N/Z/2 W/FR GRAFT EA TENDON	2761.20			090	Y	5184.51
•	•	J1	26356	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	2737.20			090	N	5184.51
•	•	J1	26357	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON	3060.00			090	Y	5184.51
•	•	J1	26358	RPR/ADVMNT FLXR TDN ZONE 2 W/FR GRAFT EA TENDON	3385.20			090	Y	5184.51
•	•	J1	26370	RPR/ADVMNT TDN W/NTC SUPFCIS TDN PRIM EA TDN	2554.80			090	N	5184.51
•	•	J1	26372	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/FREE GRAFT EA	2989.20			090	Y	10775.65
•	•	J1	26373	RPR/ADVMNT TDN W/NTC SUPFCIS TDN W/O FREE GRF EA	2869.20			090	Y	5184.51
•	•	J1	26390	EXC FLXR TDN W/IMPLTJ SYNTH ROD DLYD TDN GRF H/F	2838.00			090	Y	10775.65
•	•	J1	26392	RMVL SYNTH ROD & INSJ FLXR TDN GRF H/F EA ROD	3298.80			090	Y	10775.65
•	•	J1	26410	REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH	1905.60			090	N	2624.38
•	•	J1	26412	REPAIR EXTENSOR TENDON HAND W/GRAFT EACH	2292.00			090	N	5184.51
•	•	J1	26415	EXC XTNSR TDN W/IMPLTJ SYNTH ROD DLYD GRF H/F EA	2761.20			090	N	5184.51
•	•	J1	26416	RMVL SYNTH ROD & INSJ XTNSR TDN GRF H/F EA ROD	3006.00			090	N	5184.51
•	•	J1	26418	REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH	1950.00			090	N	2624.38
•	•	J1	26420	REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH	2390.40			090	Y	5184.51
•	•	J1	26426	RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR	1728.00			090	N	5184.51
•	•	J1	26428	RPR XTNSR TDN CNTRL SLIP SEC W/FR GRFT EA FINGER	2557.20			090	N	5184.51
•	•	J1	26432	CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING	1678.80			090	N	2624.38
•	•	J1	26433	REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF	1785.60			090	N	5184.51
•	•	J1	26434	REPAIR EXTENSOR TENDON DISTAL INSERTION W/GRAFT	2188.80			090	Y	5184.51
•	•	J1	26437	REALIGNMENT EXTENSOR TENDON HAND EACH TENDON	2108.40			090	N	5184.51
•	•	J1	26440	TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON	2089.20			090	N	2624.38
•	•	J1	26442	TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO	3261.60			090	N	5184.51
•	•	J1	26445	TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH	1938.00			090	N	5184.51
•	•	J1	26449	TENOLYSIS CPLX XTNSR TENDON FINGER W/FOREARM EA	2395.20			090	N	5184.51
•	•	J1	26450	TENOTOMY FLEXOR PALM OPEN EACH TENDON	1375.20			090	N	5184.51
•	•	J1	26455	TENOTOMY FLEXOR FINGER OPEN EACH TENDON	1363.20			090	N	2624.38

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	26460	TENOTOMY EXTENSOR HAND/FINGER OPEN EACH TENDON	1334.40			090	N	2624.38
•	•	J1	26471	TENODESIS PROXIMAL INTERPHALANGEAL JOINT EACH	2083.20			090	N	5184.51
•	•	J1	26474	TENODESIS DISTAL JOINT EACH	2035.20			090	Y	2624.38
•	•	J1	26476	LENGTHENING TENDON EXTENSOR HAND/FINGER EACH	2010.00			090	N	5184.51
•	•	J1	26477	SHORTENING TENDON EXTENSOR HAND/FINGER EACH	1963.20			090	N	5184.51
•	•	J1	26478	LENGTHENING TENDON FLEXOR HAND/FINGER EACH	2090.40			090	N	5184.51
•	•	J1	26479	SHORTENING TENDON FLEXOR HAND/FINGER EACH	2114.40			090	Y	5184.51
•	•	J1	26480	TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN	2536.80			090	N	5184.51
•	•	J1	26483	TENDON TRANSFER TRANSPLANT CARP/MTCRPL GRAFT	2846.40			090	Y	5184.51
•	•	J1	26485	TRANSFER/TRANSPLANT TENDON PALMAR W/O GRAFT EACH	2725.20			090	Y	5184.51
•	•	J1	26489	TRANSFER/TRANSPLANT TENDON PALMAR W/GRAFT EACH	3163.20			090	N	5184.51
•	•	J1	26490	OPPONENSPLASTY SUPFCIS TDN TR TYP EA TDN	2700.00			090	N	5184.51
•	•	J1	26492	OPPONENSPLASTY TDN TR W/GRF EA TDN	3001.20			090	Y	5184.51
•	•	J1	26494	OPPONENSPLASTY HYPOTHENAR MUSC TR	2703.60			090	Y	5184.51
•	•	J1	26496	OPPONENSPLASTY OTHER METHODS	2908.80			090	N	5184.51
•	•	J1	26497	TR TDN RESTORE INTRNSC FUNCJ RING&SM FNGR	2938.80			090	Y	5184.51
•	•	J1	26498	TR TDN RESTORE INTRNSC FUNCJ ALL 4 FNGRS	3896.40			090	Y	5184.51
•	•	J1	26499	CORRECTION CLAW FINGER OTHER METHODS	2812.80			090	Y	5184.51
•	•	J1	26500	RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX	2095.20			090	N	10775.65
•	•	J1	26502	RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX	2404.80			090	Y	5184.51
•	•	J1	26508	RELEASE THENAR MUSCLE	2133.60			090	N	5184.51
•	•	J1	26510	CROSS INTRINSIC TRANSFER EACH TENDON	2010.00			090	N	5184.51
•	•	J1	26516	CAPSULODESIS MTCARPHLNGL JOINT SINGLE DIGIT	2370.00			090	N	5184.51
•	•	J1	26517	CAPSULODESIS MTCARPHLNGL JOINT 2 DIGITS	2787.60			090	Y	5184.51
•	•	J1	26518	CAPSULODESIS MTCARPHLNGL JOINT 3/4 DIGITS	2832.00			090	Y	5184.51
•	•	J1	26520	CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGL JOINT EACH	2185.20			090	N	5184.51
•	•	J1	26525	CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH	2196.00			090	N	2624.38
•	•	J1	26530	ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH	1852.80			090	Y	5184.51
•	•	J1	26531	ARTHRP MTCARPHLNGL JT W/PROSTC IMPLT EA JT	2155.20			090	Y	10775.65
•	•	J1	26535	ARTHROPLASTY INTERPHALANGEAL JOINT EACH	1480.80			090	N	5184.51
•	•	J1	26536	ARTHROPLASTY INTERPHALANGEAL JT W/PROSTHETIC EA	2410.80			090	N	10775.65
•	•	J1	26540	RPR COLTRL LIGM MTCARPHLNGL/IPHAL JT	2222.40			090	N	5184.51
•	•	J1	26541	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/TDN/FSCAL GRF	2709.60			090	Y	5184.51
•	•	J1	26542	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/LOCAL TISS	2298.00			090	N	5184.51
•	•	J1	26545	RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF EA JT	2388.00			090	N	5184.51
•	•	J1	26546	RPR NON-UNION MTCRPL/PHALANX	3375.60			090	Y	10775.65
•	•	J1	26548	RPR & RCNSTJ FINGER VOLAR PLATE INTERPHALANGEAL	2569.20			090	N	5184.51
•	•	J1	26550	POLLICIZATION DIGIT	5617.20			090	Y	5184.51
•	•		26551	TR TOE-TO-HAND W/MVASC ANAST GRT TOE WRP/ARND	11355.60			090	Y	
•	•		26553	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 1	11278.80			090	Y	
•	•		26554	TR TOE-TO-HAND W/MVASC ANAST OTH/THN GRT TOE 2	13166.40			090	Y	
•	•	J1	26555	TR FNGR AXH POS W/O MVASC ANAST	4675.20			090	Y	10775.65
•	•		26556	TRANSFER FREE TOE JOINT W/MVASC ANASTOMOSIS	11722.80			090	Y	
•	•	J1	26560	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS	1981.20			090	Y	2624.38
•	•	J1	26561	REPAIR SYNDACTYLY EACH SPACE W/SKIN FLAPS&GRAFT	3207.60			090	Y	5184.51
•	•	J1	26562	REPAIR SYNDACTYLY EACH SPACE COMPLEX	4581.60			090	Y	5184.51
•	•	J1	26565	OSTEOTOMY METACARPAL EACH	2286.00			090	Y	5184.51
•	•	J1	26567	OSTEOTOMY PHALANX FINGER EACH	2305.20			090	N	5184.51
•	•	J1	26568	OSTEOPLASTY LENGTHENING METACARPAL/PHALANX	3043.20			090	Y	10775.65

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	26580	REPAIR CLEFT HAND	5170.80			090	Y	5184.51
•	•	J1	26587	RCNSTJ POLYDACTYLOUS DIGIT SOFT TISSUE & BONE	3600.00			090	Y	5184.51
•	•	J1	26590	REPAIR MACRODACTYLIA EACH DIGIT	4808.40			090	Y	2624.38
•	•	J1	26591	REPAIR INTRINSIC MUSCLES HAND EACH MUSCLE	1483.20			090	N	5184.51
•	•	J1	26593	RELEASE INTRINSIC MUSCLES HAND EACH MUSCLE	2030.40			090	N	5184.51
•	•	J1	26596	EXC CONSTRICTING RING FNGR W/MLT Z-PLASTIES	2580.00			090	Y	5184.51
•	•		26600	CLTX METACARPAL FX W/O MANIPULATION EACH BONE	1006.80			090	N	319.63
•	•		26605	CLTX METACARPAL FX W/MANIPULATION EACH BONE	1108.80			090	N	319.63
•	•	J1	26607	CLTX METACARPAL FX W/MANJ W/XTRNL FIXJ EA BONE	1614.00			090	N	5184.51
•	•	J1	26608	PRQ SKELETAL FIXJ METACARPAL FX EACH BONE	1646.40			090	N	5184.51
•	•	J1	26615	OPEN TX METACARPAL FRACTURE SINGLE EA BONE	1982.40			090	N	5184.51
•	•		26641	CLTX CARPO/METACARPAL DISLOCATION THUMB W/MANJ	1288.80			090	N	319.63
•	•	J1	26645	CLTX CARPO/METACARPAL FX DISLC THUMB W/MANJ	1476.00			090	N	2624.38
•	•	J1	26650	PRQ SKELETAL FIX CARPO/METACARPAL FX DISLC THUMB	1648.80			090	N	5184.51
•	•	J1	26665	OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB	2157.60			090	N	5184.51
•	•		26670	CLTX CARPO/METACARPL DISLC THMB MANJ EA W/O ANES	1183.20			090	N	319.63
•	•	J1	26675	CLTX CARPO/MTCRPL DISLC THUMB MANJ EA JT W/ANES	1573.20			090	N	2624.38
•	•	J1	26676	PRQ SKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT	1734.00			090	N	5184.51
•	•	J1	26685	OPEN TX CARPOMETACARPAL DISLOCATE NOT THUMB	1978.80			090	N	5184.51
•	•	J1	26686	OPTX CARP/MTCRPL DISLC THMB CPLX MLT/DLYD RDCTJ	2145.60			090	Y	5184.51
•	•		26700	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/O ANES	1125.60			090	N	319.63
•	•	J1	26705	CLTX METACARPOPHALANGEAL DISLC W/MANJ W/ANES	1437.60			090	N	2624.38
•	•	J1	26706	PRQ SKEL FIXJ METACARPOPHALANGEAL DISLC W/MANJ	1520.40			090	N	5184.51
•	•	J1	26715	OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION	1972.80			090	N	5184.51
•	•		26720	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/O MANJ EA	674.40			090	N	319.63
•	•		26725	CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/MANJ EA	1159.20			090	N	319.63
•	•	J1	26727	PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T	1622.40			090	N	5184.51
•	•	J1	26735	OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA	2052.00			090	N	5184.51
•	•		26740	CLTX ARTCLR FX INVG MTCRPHLNGL/IPHAL JT W/O MANJ	787.20			090	N	319.63
•	•	J1	26742	CLTX ARTCLR FX INVG MTCARPHLNGL/IPHAL JT W/MANJ	1274.40			090	N	2624.38
•	•	J1	26746	OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA	2560.80			090	N	5184.51
•	•		26750	CLTX DSTL PHLNGL FX FNGR/THMB W/O MANJ EA	630.00			090	N	319.63
•	•		26755	CLTX DSTL PHLNGL FX FNGR/THMB W/MANJ EA	1078.80			090	N	319.63
•	•	J1	26756	PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA	1437.60			090	N	5184.51
•	•	J1	26765	OPEN TX DISTAL PHALANGEAL FRACTURE EACH	1725.60			090	N	5184.51
•	•		26770	CLTX IPHAL JT DISLC W/MANJ W/O ANES	952.80			090	N	319.63
•	•		26775	CLTX IPHAL JT DISLC W/MANJ REQ ANES	1318.80			090	N	334.52
•	•	J1	26776	PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ	1525.20			090	N	5184.51
•	•	J1	26785	OPEN TX INTERPHALANGEAL JOINT DISLOCATION	1885.20			090	N	5184.51
•	•	J1	26820	FUSION OPPOSITION THUMB W/AUTOGENOUS GRAFT	2660.40			090	Y	10775.65
•	•	J1	26841	ARTHRD CARPO/METACARPAL JT THUMB W/WO INT FIXJ	2458.80			090	N	10775.65
•	•	J1	26842	ARTHRD CRP/MTACRPL JT THMB W/WO INT FIXJ W/AGRFT	2649.60			090	Y	10775.65
•	•	J1	26843	ARTHRD CARP/MTCRPL JT DGT OTHER THAN THUMB EACH	2499.60			090	Y	10775.65
•	•	J1	26844	ARTHRD CARP/MTCRPL JT DGT OTH/THN THMB W/AGRFT	2776.80			090	Y	10775.65
•	•	J1	26850	ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ	2338.80			090	N	10775.65
•	•	J1	26852	ARTHRODESIS MTCRPL JT W/WO INT FIXJ W/AUTOGRAFT	2690.40			090	Y	10775.65
•	•	J1	26860	ARTHRODESIS INTERPHALANGEAL JT W/WO INT FIXJ	1909.20			090	N	5184.51
+	•		26861	ARTHRODESIS IPHAL JT W/WO INT FIXJ EA IPHAL JT	357.60			ZZZ	N	
•	•	J1	26862	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AUTOGRAFT	2456.40			090	Y	5184.51

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	•		26863	ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AGRFT EA JT	794.40			ZZZ	Y	
•	•	J1	26910	AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER	2452.80			090	N	5184.51
•	•	J1	26951	AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR	2210.40			090	N	5184.51
•	•	J1	26952	AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP	2181.60			090	N	5184.51
•	•		26989	UNLISTED PROCEDURE HANDS/FINGERS	BR			YYY	N	319.63
•	•	J1	26990	I&D PELVIS/HIP JT AREA DEEP ABSCESS/HEMATOMA	2199.60			090	N	5184.51
•	•	J1	26991	I&D PELVIS/HIP JOINT AREA INFECTED BURSA	2426.40			090	N	2624.38
•	•		26992	INCISION BONE CORTEX PELVIS&/HIP JOINT	3348.00			090	N	
•	•	J1	27000	TENOTOMY ADDUCTOR HIP PERCUTANEOUS SPX	1401.60			090	N	2624.38
•	•	J1	27001	TENOTOMY ADDUCTOR HIP OPEN	1854.00			090	Y	5184.51
•	•	J1	27003	TX ADDUXOR SUBQ OPN W/OBTURATOR NEURECTOMY	2049.60			090	Y	10775.65
•	•		27005	TENOTOMY HIP FLEXOR OPEN SEPARATE PROCEDURE	2496.00			090	Y	3466.63
•	•	J1	27006	TENOTOMY ABDUCTORS&/EXTENSOR HIP OPEN SPX	2491.20			090	Y	5184.51
•	•		27025	FASCIOTOMY HIP/THIGH ANY TYPE	3164.40			090	N	2742.03
•	•	J1	27027	DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI	3057.60			090	N	10775.65
•	•		27030	ARTHROTOMY HIP W/DRAINAGE	3242.40			090	Y	
•	•	J1	27033	ARTHROTOMY HIP EXPLORATION/REMOVAL FOREIGN BODY	3363.60			090	Y	5184.51
•	•	J1	27035	DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-ARTCLR BRNCH	3938.40			090	Y	5184.51
•	•		27036	CAPSLCTOMY/CAPSUL HIP W/RLS HIP FLXR MUSC	3499.20			090	Y	4499.61
•	•	J1	27040	BIOPSY SOFT TISSUE PELVIS&HIP AREA SUPERFICIAL	1179.60			010	N	2734.29
•	•	J1	27041	BIOPSY SOFT TISSUE PELVIS&HIP DEEP/SUBFSCAL/IM	2413.20			090	N	2734.29
•	•	J1	27043	EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>	1624.80			090	N	4742.07
•	•	J1	27045	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC 5CM/>	2565.60			090	Y	4742.07
•	•	J1	27047	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBQ <3CM	1635.60			090	N	4742.07
•	•	J1	27048	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC <5CM	2112.00			090	Y	4742.07
•	•	J1	27049	RAD RESECT TUMOR SOFT TISSUE PELVIS & HIP <5 CM	4634.40			090	Y	4742.07
•	•	J1	27050	ARTHROTOMY W/BIOPSY SACROILIAC JOINT	1389.60			090	N	2624.38
•	•	J1	27052	ARTHROTOMY W/BIOPSY HIP JOINT	1990.80			090	Y	2624.38
•	•		27054	ARTHROTOMY W/SYNOVECTOMY HIP JOINT	2368.80			090	Y	
•	•	J1	27057	DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNI	3496.80			090	N	2624.38
•	•	J1	27059	RAD RESECTION TUMOR SOFT TISS PELVIS&HIP 5 CM/>	6318.00			090	Y	4742.07
•	•	J1	27060	EXCISION ISCHIAL BURSA	1605.60			090	N	5184.51
•	•	J1	27062	EXCISION TROCHANTERIC BURSA/CALCIFICATION	1573.20			090	N	5184.51
•	•	J1	27065	EXCISION BONE CYST/BNIGN TUMOR SUPERFICIAL	1792.80			090	Y	5184.51
•	•	J1	27066	EXCISION BONE CYST/BENIGN TUMOR DEEP	2775.60			090	Y	5184.51
•	•	J1	27067	EXC B1 CST/B9 TUM W/AGRFT REQ SEP INC	3584.40			090	Y	10775.65
•	•		27070	PARTIAL EXCISION SUPERFICIAL PELVIS	2961.60			090	Y	
•	•		27071	PARTIAL EXCISION DEEP PELVIS	3200.40			090	Y	
•	•		27075	RAD RESCT TUMOR WING OF ILIUM 1 PUBIC/ISCHIAL	7267.20			090	Y	
•	•		27076	RAD RESCT TUMOR ILIUM ACETABULUM BOTH PUBIC	8796.00			090	Y	
•	•		27077	RADICAL RESCTION TUMOR INNOMINATE BONE TOTAL	9848.40			090	Y	
•	•		27078	RAD RESCT TUMOR ISCHIAL TUBEROSITY&GRT TRCHNTR	7165.20			090	Y	
•	•	J1	27080	COCCYGECTOMY PRIMARY	1767.60			090	Y	5184.51
•	•	J1	27086	RMVL FOREIGN BODY PELVIS/HIP SUBCUTANEOUS TISS	1033.20			010	N	2734.29
•	•	J1	27087	REMOVAL FOREIGN BODY PELVIS/HIP DEEP	2122.80			090	Y	5184.51
•	•		27090	REMOVAL HIP PROSTHESIS SEPARATE PROCEDURE	2872.80			090	Y	
•	•		27091	RMVL HIP PROSTH COMP W/TOT HIP PROSTH MMA	5528.40			090	Y	
•	•		27093	INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA	686.40			000	N	
•	•		27095	INJECTION HIP ARTHROGRAPHY W/ANESTHESIA	914.40			000	N	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		27096	INJECT SI JOINT ARTHRGRPHY&/ANES/STEROID W/IMA	547.20			000	N	
•	•	J1	27097	RELEASE/RECESSION HAMSTRING PROXIMAL	2355.60			090	Y	5184.51
•	•	J1	27098	TRANSFER ADDUCTOR ISCHIUM	2401.20			090	Y	5184.51
•	•	J1	27100	TR XTRNL OBLQ MUSC TRCHNTR W/FSCAL/TDN XTN GRF	2840.40			090	Y	10775.65
•	•	J1	27105	TR PARASPI MUSC HIP FASC/TDN XTN GRF	2989.20			090	Y	5184.51
•	•	J1	27110	TRANSFER ILIOPSOAS GREATER TROCHANTER FEMUR	3337.20			090	Y	10775.65
•	•	J1	27111	TRANSFER ILIOPSOAS FEMORAL NECK	3118.80			090	Y	5184.51
•	•		27120	ACETABULOPLASTY	4479.60			090	Y	
•	•		27122	ACETABULOPLASTY RESECTION FEMORAL HEAD	3811.20			090	Y	
•	•		27125	HEMIARTHROPLASTY HIP PARTIAL	3925.20			090	Y	
•	•	J1*	27130	ARTHRP ACETBLR/PROX FEM PROSTC AGRFT/ALGRFT	4690.80			090	Y	19120.53
•	•		27132	CONV PREV HIP TOT HIP ARTHRP W/WO AGRFT/ALGRFT	5799.60			090	Y	
•	•		27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT	6633.60			090	Y	
•	•		27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT	5097.60			090	Y	
•	•		27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT	5296.80			090	Y	
•	•		27140	OSTEOTOMY&TRANSFER GREATER TROCHANTER SPX	3082.80			090	Y	
•	•		27146	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE BONE	4420.80			090	Y	
•	•		27147	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE HIP RDCTJ	5037.60			090	Y	
•	•		27151	OSTEOTOMY ILIAC ACETABULAR/INNOMINATE FEM OSTEOT	5516.40			090	Y	
•	•		27156	OSTEOT ILIAC ACTBLR/INNOMINATE BONE OSTEOT RDCTJ	5872.80			090	Y	
•	•		27158	OSTEOTOMY PELVIS BILATERAL	4774.80			090	Y	
•	•		27161	OSTEOTOMY FEMORAL NECK SEPARATE PROCEDURE	4200.00			090	Y	
•	•		27165	OSTEOT INTERTRCHNTRIC/SUBTRCHNTRIC W/INT/XTRNL	4734.00			090	Y	
•	•		27170	B1 GRF FEM H/N INTERTRCHNTRIC/SUBTRCHNTRIC AREA	4058.40			090	Y	4212.81
•	•		27175	TX SLP FEMORAL EPIPHYSIS TRCJ W/O REDUCTION	2306.40			090	N	
•	•		27176	TX SLP FEM EPIPHYSIS SINGLE/MULTIPL PINNING SITU	3168.00			090	Y	4437.75
•	•		27177	OPTX SLP FEM EPIPHYSIS SINGLE/MULT PIN/BONE GRFT	3735.60			090	Y	
•	•		27178	OPTX SLP FEM EPIPHYSIS CLSD MANJ SINGL/MLTPL PIN	3184.80			090	Y	
•	•	J1	27179	OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK HEYMAN PX	3344.40			090	Y	10775.65
•	•		27181	OPTX SLP FEM EPIPHYSIS OSTEOT&INT FIXJ	3787.20			090	Y	
•	•		27185	EPIPHYSL ARRST EPIPHYSIOD/STAPLING TRCHNTR FEMUR	2485.20			090	N	
•	•		27187	PROPH TX N/P/PLTWR W/WO MMA FEM NCK & PROX FEMUR	3438.00			090	Y	
•	•		27197	CLSD TX PELVIC RING FX W/O MANIPULATION	428.40			000	N	319.63
•	•		27198	CLSD TX PELVIC RING FX W/MANIPULATION W/ANES	1040.40			000	N	319.63
•	•		27200	CLOSED TREATMENT COCCYGEAL FRACTURE	631.20			090	N	319.63
•	•	J1	27202	OPEN TREATMENT COCCYGEAL FRACTURE	1816.80			090	Y	5184.51
•	•		27215	OPTX ILIAC TUBRST AVLS/WING FX FIXJ IF PRFRMD	2160.00			090	N	
•	•		27216	PERQ SKELETAL FIXATION PST PELVIC BONE FX&/DIS	3206.40			090	N	
•	•		27217	OPTX ANT PELVIC BONE FX&/DISLC INT FIXJ IF PFR	3008.40			090	N	5591.08
•	•		27218	OPTX POST PEL BONE FX&/DISLC INT FIXJ IF PFRMD	4155.60			090	N	
•	•		27220	CLTX ACETABULUM HIP/SOCKT FX W/O MANJ	1837.20			090	N	319.63
•	•		27222	CLTX ACETABULM HIP/SOCKT FX MANJ W/WO SKEL TRACJ	3364.80			090	N	843.69
•	•		27226	OPTX PST/ANT ACTBLR WALL FX W/INT FIXJ	3656.40			090	Y	
•	•		27227	OPTX ACTBLR FX INVG ANT/PST 1 COLUMN/FX W/INT	5754.00			090	Y	
•	•		27228	OPTX ACTBLR FX INVG ANT&POST 2 COLUMNS FX W/INT	6523.20			090	Y	
•	•		27230	CLTX FEM FX PROX END NCK W/O MANJ	1650.00			090	N	319.63
•	•		27232	CLTX FEM FX PROX END NCK W/MANJ W/WO SKEL TRACJ	2572.80			090	N	
•	•	J1	27235	PRQ SKEL FIXJ FEMORAL FX PROX END NECK	3147.60			090	N	10775.65
•	•		27236	OPTX FEM FX PROX END NCK INT FIXJ/PROSTC RPLCMT	4138.80			090	Y	4779.77

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	27238	CLTX INTER/PERI/SUBTROCHANTERIC FEM FX W/O MANJ	1592.40			090	N	2624.38
•	•		27240	CLTX INTR/PERI/SBTRCHNTC FEMORAL FX W/MANJ	3312.00			090	N	
•	•		27244	TX INTER/PR/SUBTRCHNTRIC FEMORAL FX SCREW IMPLT	4261.20			090	Y	
•	•		27245	TX INTER/PR/SUBTRCHNTRIC FEM FX IMED IMPLTSCREW	4258.80			090	Y	
•	•		27246	CLTX GREATER TROCHANTERIC FX W/O MANJ	1334.40			090	N	319.63
•	•		27248	OPEN TREATMENT GREATER TROCHANTERIC FRACTURE	2574.00			090	Y	
•	•		27250	CLTX HIP DISLOCATION TRAUMATIC W/O ANESTHESIA	620.40			000	N	319.63
•	•	J1	27252	CLTX HIP DISLOCATION TRAUMATIC REQ ANESTHESIA	2616.00			090	N	2624.38
•	•		27253	OPTX HIP DISLOCATION TRAUMATIC W/O INTERNAL FIXJ	3261.60			090	Y	
•	•		27254	OPTX HIP DISLC TRAUMTC W/ACTBLR WALL&FEM HEAD	4375.20			090	Y	
•	•		27256	TX SPONTAN HIP DISLC ABDCT SPLNT/TRCJ W/O ANES	1044.00			010	N	319.63
•	•	J1	27257	TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/MANJ ANES	1255.20			010	N	2624.38
•	•		27258	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM	3841.20			090	Y	
•	•		27259	OPTX SPON HIP DISLC RPLCMT FEM HEAD ACTBLM SHRT	5378.40			090	Y	
•	•		27265	CLTX POST HIP ARTHRP DISLC W/O ANES	1382.40			090	N	319.63
•	•	J1	27266	CLTX POST HIP ARTHRP DISLC REQ ANES	2010.00			090	N	2624.38
•	•	J1	27267	CLOSED TX FEMORAL FRACTURE PROX HEAD W/O MANJ	1492.80			090	Y	5184.51
•	•		27268	CLOSED TX FEMORAL FRACTURE PROX HEAD W/MANJ	1857.60			090	Y	
•	•		27269	OPEN TX FEMORAL FRACTURE PROXIMAL END HEAD	4300.80			090	Y	
•	•	J1	27275	MANIPULATION HIP JOINT GENERAL ANESTHESIA	632.40			010	N	2624.38
•	•	J1	27279	ARTHRODESIS SACROILIAC JOINT PERCUTANEOUS	2398.80			090	Y	26078.68
•	•		27280	ARTHRODESIS SACROILIAC JOINT W/OBTAINING GRAFT	4706.40			090	Y	5826.62
•	•		27282	ARTHRODESIS SYMPHYSIS PUBIS W/OBTAINING GRAFT	2966.40			090	Y	
•	•		27284	ARTHRODESIS HIP JOINT W/OBTAINING GRAFT	5510.40			090	Y	
•	•		27286	ARTHRD HIP JT W/OBTG GRF W/SUBTRCHNTRIC OSTEOT	5730.00			090	Y	
•	•		27290	INTERPELVIABDOMINAL AMPUTATION	5629.20			090	Y	
•	•		27295	DISARTICULATION HIP	4363.20			090	Y	
•	•		27299	UNLISTED PROCEDURE PELVIS/HIP JOINT	BR			YYY	Y	319.63
•	•	J1	27301	I&D DEEP ABSC BURSA/HEMATOMA THIGH/KNEE REGION	2324.40			090	N	4742.07
•	•		27303	INC DEEP W/OPNG BONE CORTEX FEMUR/KNEE	2211.60			090	Y	
•	•	J1	27305	FASCIOTOMY ILIOTIBIAL OPEN	1658.40			090	Y	5184.51
•	•	J1	27306	TENOTOMY PRQ ADDUCTOR/HAMSTRING 1 TENDON SPX	1186.80			090	Y	5184.51
•	•	J1	27307	TENOTOMY PRQ ADDUCTOR/HAMSTRING MULTIPLE TENDON	1657.20			090	N	5184.51
•	•	J1	27310	ARTHRT KNE W/EXPL DRG/RMVL FB	2526.00			090	Y	5184.51
•	•	J1	27323	BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL	949.20			010	N	2734.29
•	•	J1	27324	BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP	1390.80			090	N	4742.07
•	•	J1	27325	NEURECTOMY HAMSTRING MUSCLE	1920.00			090	Y	3259.45
•	•	J1	27326	NEURECTOMY POPLITEAL	1771.20			090	Y	3259.45
•	•	J1	27327	EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM	1622.40			090	N	2734.29
•	•	J1	27328	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM	2158.80			090	N	4742.07
•	•	J1	27329	RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM	3591.60			090	Y	4742.07
•	•	J1	27330	ARTHROTOMY KNEE W/SYNOVIAL BIOPSY ONLY	1436.40			090	N	5184.51
•	•	J1	27331	ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB	1639.20			090	Y	5184.51
•	•	J1	27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT	2215.20			090	Y	5184.51
•	•	J1	27333	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL&LAT	2025.60			090	Y	5184.51
•	•	J1	27334	ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR	2365.20			090	Y	5184.51
•	•	J1	27335	ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA	2636.40			090	Y	10775.65
•	•	J1	27337	EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>	1447.20			090	Y	4742.07
•	•	J1	27339	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>	2607.60			090	Y	4742.07

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	27340	EXCISION PREPATELLAR BURSA	1281.60			090	N	5184.51
•	•	J1	27345	EXCISION SYNOVIAL CYST POPLITEAL SPACE	1658.40			090	Y	5184.51
•	•	J1	27347	EXCISION LESION MENISCUS/CAPSULE KNEE	1822.80			090	Y	5184.51
•	•	J1	27350	PATELLECTOMY/HEMIPATELLECTOMY	2245.20			090	Y	5184.51
•	•	J1	27355	EXCISION/CURETTAGE CYST/TUMOR FEMUR	2088.00			090	Y	5184.51
•	•	J1	27356	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/ALLOGRAFT	2548.80			090	Y	19120.53
•	•	J1	27357	EXCISION/CURETTAGE CYST/TUMOR FEMUR W/AUTOGRAFT	2812.80			090	Y	10775.65
+	•		27358	EXCISION/CURETTAGE CYST/TUMOR FEMUR INT FIXATION	964.80			ZZZ	Y	
•	•	J1	27360	PRTL EXC BONE FEMUR PROX TIBIA&/FIBULA	2972.40			090	Y	5184.51
•	•	J1	27364	RAD RESECTION TUMOR SOFT TIS THIGH/KNEE 5 CM/>	5426.40			090	Y	4742.07
•	•		27365	RADICAL RESECTION TUMOR FEMOR OR KNEE	7155.60			090	Y	3208.13
•	•		27369	NJX PX CNTRST KNE ARTHG CNTRST ENHNCD CT/MRI KNE	487.20			000	N	
•	•	J1	27372	REMOVAL FOREIGN BODY DEEP THIGH/KNEE	2048.40			090	N	4742.07
•	•	J1	27380	SUTURE INFRAPATELLAR TENDON PRIMARY	2061.60			090	Y	10775.65
•	•	J1	27381	SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FSCAL/TDN GRF	2763.60			090	Y	10775.65
•	•	J1	27385	SUTURE QUADRICEPS/HAMSTRING RUPTURE PRIMARY	1993.20			090	Y	10775.65
•	•	J1	27386	SUTR QUADRICEPS/HAMSTRING MUSC RPT RCNSTJ	2878.80			090	Y	10775.65
•	•	J1	27390	TENOTOMY OPEN HAMSTRING KNEE HIP SINGLE TENDON	1543.20			090	Y	5184.51
•	•	J1	27391	TENOTOMY OPN HAMSTRING KNEE HIP MULTIPLE 1 LEG	1978.80			090	N	5184.51
•	•	J1	27392	TENOTOMY OPEN HAMSTRING KNEE HIP MULTIPLE BI	2450.40			090	Y	5184.51
•	•	J1	27393	LENGTHENING HAMSTRING TENDON SINGLE	1761.60			090	Y	5184.51
•	•	J1	27394	LENGTHENING HAMSTRING TENDON MULTIPLE 1 LEG	2220.00			090	Y	10775.65
•	•	J1	27395	LENGTHENING HAMSTRING TENDON MULTIPLE BILATERAL	3031.20			090	Y	5184.51
•	•	J1	27396	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR 1 TENDON	2116.80			090	Y	10775.65
•	•	J1	27397	TRANSPLANT/TRANSFER THIGH XTNSR TO FLXR MULT TDN	3159.60			090	Y	10775.65
•	•	J1	27400	TRANSFER TENDON/MUSCLE HAMSTRINGS FEMUR	2379.60			090	Y	10775.65
•	•	J1	27403	ARTHROTOMY W/MENISCUS REPAIR KNEE	2212.80			090	Y	5184.51
•	•	J1	27405	RPR PRIMARY TORN LIGM&/CAPSULE KNEE COLLATERAL	2334.00			090	Y	10775.65
•	•	J1	27407	REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT	2710.80			090	Y	10775.65
•	•	J1	27409	RPR 1 TORN LIGM&/CAPSL KNE COLTRL&CRUCIATE	3322.80			090	Y	10775.65
•	•	J1	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION KNEE	5655.60			090	Y	10775.65
•	•	J1	27415	OSTEOCHONDRAL ALLOGRAFT KNEE OPEN	4676.40			090	Y	19120.53
•	•	J1	27416	OSTEOCHONDRAL AUTOGRAFT KNEE OPEN MOSAICPLASTY	3360.00			090	N	10775.65
•	•	J1	27418	ANTERIOR TIBIAL TUBERCLEPLASTY	2862.00			090	Y	10775.65
•	•	J1	27420	RCNSTJ DISLOCATING PATELLA	2566.80			090	Y	10775.65
•	•	J1	27422	RCNSTJ DISLC PATELLA W/XTNSR RELIGNMT&/MUSC RL	2566.80			090	Y	10775.65
•	•	J1	27424	RCNSTJ DISLC PATELLA W/PATELLECTOMY	2581.20			090	Y	10775.65
•	•	J1	27425	LATERAL RETINACULAR RELEASE OPEN	1551.60			090	N	5184.51
•	•	J1	27427	LIGAMENTOUS RECONSTRUCTION KNEE EXTRA-ARTICULAR	2458.80			090	Y	10775.65
•	•	J1	27428	LIGAMENTOUS RECONSTRUCTION KNEE INTRA-ARTICULAR	3850.80			090	Y	19120.53
•	•	J1	27429	LIGMOUS RCNSTJ AGMNTJ KNE INTRA-ARTICULAR XTR	4328.40			090	Y	19120.53
•	•	J1	27430	QUADRICEPSPLASTY	2553.60			090	Y	10775.65
•	•	J1	27435	CAPSULOTOMY POSTERIOR CAPSULAR RELEASE KNEE	2792.40			090	Y	5184.51
•	•	J1	27437	ARTHROPLASTY PATELLA W/O PROSTHESIS	2282.40			090	N	10775.65
•	•	J1	27438	ARTHROPLASTY PATELLA W/PROSTHESIS	2900.40			090	Y	19120.53
•	•	J1	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	2750.40			090	Y	19120.53
•	•	J1	27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVCT	2848.80			090	Y	19120.53
•	•	J1	27442	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE	3003.60			090	Y	19120.53
•	•	J1	27443	ARTHRP FEM CONDYLES/TIBL PLATU KNE DBRDMT&PRTL	2808.00			090	Y	19120.53

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		27445	ARTHROPLASTY KNEE HINGE PROSTHESIS	4334.40			090	Y	
•	•	J1	27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT	4010.40			090	Y	19120.53
•	•	J1	27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS	4688.40			090	Y	19120.53
•	•		27448	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/O FIXATION	2684.40			090	Y	
•	•		27450	OSTEOTOMY FEMUR SHAFT/SUPRACONDYLAR W/FIXATION	3516.00			090	Y	6886.32
•	•		27454	OSTEOT MLT W/RELIGNMT IMED ROD FEM SHFT	4484.40			090	Y	
•	•		27455	OSTEOT PROX TIBIA FIB EXC/OSTEOT BEFORE EPIPHYSL	3238.80			090	Y	2908.79
•	•		27457	OSTEOT PROX TIBIA FIB EXC/OSTEOT AFTER EPIPHYSL	3322.80			090	Y	4624.34
•	•		27465	OSTEOPLASTY FEMUR SHORTENING EXCLUDING 64876	4339.20			090	Y	
•	•		27466	OSTEOPLASTY FEMUR LENGTHENING	4084.80			090	Y	
•	•		27468	OSTPL FEMUR CMBN LNGTH&SHRT W/FEMORAL SGM TRNSFR	4657.20			090	Y	
•	•		27470	RPR NON/MAL FEMUR DSTL H/N W/O GRF	4072.80			090	Y	6631.21
•	•		27472	RPR NON/MAL FEMUR DSTL H/N W/ILIAC/AUTOG BONE	4370.40			090	Y	8169.99
•	•	J1	27475	ARREST EPIPHYSEAL DISTAL FEMUR	2290.80			090	N	10775.65
•	•	J1	27477	ARREST EPIPHYSEAL TIBIA & FIBULA PROXIMAL	2540.40			090	N	5184.51
•	•	J1	27479	ARRST EPIPHYSL CMBN DSTL FEMUR PROX TIBFIB	3188.40			090	Y	10775.65
•	•	J1	27485	ARRST HEMIEPIPHYSL DSTL FEMUR/PROX TIBIA/FIBULA	2322.00			090	N	5184.51
•	•		27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT	4864.80			090	Y	5783.72
•	•		27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE	6087.60			090	Y	5029.92
•	•		27488	RMVL PROSTH TOT KNEE PROSTH MMA W/WO INSJ SPACER	4156.80			090	Y	
•	•		27495	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE FEMUR	3901.20			090	Y	
•	•	J1	27496	DECOMPRESSION FASCIOTOMY THIGH&/KNEE 1 COMPONENT	1879.20			090	N	5184.51
•	•	J1	27497	DCMPRN FASCT THIGH&/KNEE DBRDMT MUSCLE&/NERVE	2006.40			090	N	5184.51
•	•	J1	27498	DCMPRN FASCIOTOMY THIGH&/KNEE MLT COMPARTMENTS	2260.80			090	Y	2624.38
•	•	J1	27499	DCMPRN FASCT THIGH&/KNEE MLT DBRDMT NV MUSC&NRVE	2412.00			090	Y	5184.51
•	•		27500	CLOSED TX FEMORAL SHAFT FX W/O MANIPULATION	1790.40			090	N	319.63
•	•		27501	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/O MANJ	1740.00			090	N	319.63
•	•	J1	27502	CLTX FEM SHFT FX W/MANJ W/WO SKIN/SKELETAL TRACJ	2622.00			090	N	2624.38
•	•	J1	27503	CLTX SPRCNDYLR/TRNSCNDYLR FEM FX W/MANJ	2764.80			090	N	2624.38
•	•		27506	OPTX FEM SHFT FX W/INSJ IMED IMPLT W/WO SCREW	4632.00			090	Y	5643.63
•	•		27507	OPTX FEM SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	3364.80			090	Y	6178.58
•	•		27508	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/O MANJ	1801.20			090	N	319.63
•	•	J1	27509	PRQ SKELETAL FIXJ FEMORAL FX DISTAL END	2236.80			090	N	10775.65
•	•	J1	27510	CLTX FEM FX DSTL END MEDIAL/LAT CONDYLE W/MANJ	2356.80			090	N	2624.38
•	•		27511	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/O XTN	3452.40			090	Y	
•	•		27513	OPEN TX FEMORAL SUPRACONDYLAR FRACTURE W/XTN	4297.20			090	Y	
•	•		27514	OPEN TX FEMORAL FRACTURE DISTAL MED/LAT CONDYLE	3351.60			090	Y	4287.67
•	•		27516	CLTX DISTAL FEMORAL EPIPHYSL SEPARATION W/O MANJ	1756.80			090	N	319.63
•	•	J1	27517	CLTX DSTL FEM EPIPHYSL SEP W/MANJ W/WO SKIN/SKEL	2352.00			090	N	2624.38
•	•		27519	OPEN TX DISTAL FEMORAL EPIPHYSEAL SEPARATION	3087.60			090	Y	
•	•		27520	CLOSED TX PATELLAR FRACTURE W/O MANIPULATION	1105.20			090	N	319.63
•	•	J1	27524	OPTX PATLLR FX W/INT FIXJ/PATLLC&SOFT TISS RPR	2599.20			090	Y	10775.65
•	•		27530	CLTX TIBIAL FX PROXIMAL W/O MANIPULATION	1035.60			090	N	319.63
•	•	J1	27532	CLTX TIBIAL FX PROXIMAL W/WO MANJ W/SKEL TRACJ	2124.00			090	N	5184.51
•	•		27535	OPEN TX TIBIAL FRACTURE PROXIMAL UNICONDYLAR	3110.40			090	Y	5317.90
•	•		27536	OPTX TIBIAL FX PROX BICONDYLAR W/WO INT FIXJ	4114.80			090	Y	6107.46
•	•		27538	CLTX INTERCONDYLAR SPI&/TUBRST FX KNE W/WO MAN	1641.60			090	N	319.63
•	•		27540	OPEN TX INTERCONDYLAR SPINE/TUBRST FRACTURE KNEE	2812.80			090	Y	4623.90
•	•		27550	CLOSED TX KNEE DISLOCATION W/O ANESTHESIA	1788.00			090	N	319.63

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	27552	CLOSED TX KNEE DISLOCATION W/ANESTHESIA	2166.00			090	N	2624.38
•	•		27556	OPEN TX KNEE DISLOCATION W/O LIGAMENTOUS REPAIR	3032.40			090	Y	
•	•		27557	OPEN TX KNEE DISLOCATION W/LIGAMENTOUS REPAIR	3610.80			090	Y	
•	•		27558	OPEN TX KNEE DISLOCATION W/REPAIR/RECONSTRUCTION	4113.60			090	Y	
•	•		27560	CLOSED TX PATELLAR DISLOCATION W/O ANESTHESIA	1260.00			090	N	319.63
•	•		27562	CLOSED TX PATELLAR DISLOCATION W/ANESTHESIA	1666.80			090	N	319.63
•	•	J1	27566	OPTX PATELLAR DISLC W/WO PRTL/TOT PATELLECTOMY	3081.60			090	Y	10775.65
•	•	J1	27570	MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA	520.80			010	N	2624.38
•	•		27580	ARTHRODESIS KNEE ANY TECHNIQUE	4989.60			090	Y	
•	•		27590	AMPUTATION THIGH THROUGH FEMUR ANY LEVEL	2754.00			090	Y	
•	•		27591	AMP THI THRU FEMUR LVL IMMT FITG TQ W/1ST CST	3337.20			090	Y	
•	•		27592	AMPUTATION THIGH THRU FEMUR OPEN CIRCULAR	2358.00			090	Y	
•	•	J1	27594	AMP THIGH THRU FEMUR SEC CLOSURE/SCAR REVISION	1754.40			090	N	5184.51
•	•		27596	AMPUTATION THIGH THROUGH FEMUR RE-AMPUTATION	2487.60			090	N	
•	•		27598	DISARTICULATION KNEE	2461.20			090	Y	
•	•		27599	UNLISTED PROCEDURE FEMUR/KNEE	BR			YYY	Y	319.63
•	•	J1	27600	DCMPRN FASCT LEG ANT&/LAT COMPARTMENTS ONLY	1401.60			090	N	5184.51
•	•	J1	27601	DCMPRN FASCT LEG POST COMPARTMENT ONLY	1538.40			090	N	5184.51
•	•	J1	27602	DCMPRN FASCT LEG ANT&/LAT&PST CMPRT	1675.20			090	Y	5184.51
•	•	J1	27603	INCISION & DRAINAGE LEG/ANKLE ABSCESS/HEMATOMA	1830.00			090	N	4742.07
•	•	J1	27604	INCISION & DRAINAGE LEG/ANKLE INFECTED BURSA	1638.00			090	N	5184.51
•	•	J1	27605	TENOTOMY PRQ ACHILLES TENDON SPX LOCAL ANES	1185.60			010	N	2624.38
•	•	J1	27606	TENOTOMY PRQ ACHILLES TENDON SPX GENERAL ANES	961.20			010	N	5184.51
•	•	J1	27607	INCISION LEG/ANKLE	2106.00			090	N	5184.51
•	•	J1	27610	ARTHROTOMY ANKLE W/EXPL DRAINAGE/REMOVAL FB	2248.80			090	N	5184.51
•	•	J1	27612	ARTHRT PST CAPSUL RLS ANKLE W/WO ACHLL TDN LNGTH	1959.60			090	Y	5184.51
•	•	J1	27613	BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL	862.80			010	N	2734.29
•	•	J1	27614	BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP	1984.80			090	N	4742.07
•	•	J1	27615	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE <5CM	3548.40			090	N	4742.07
•	•	J1	27616	RAD RESECTION TUMOR SOFT TISSUE LEG/ANKLE 5 CM/>	4402.80			090	N	4742.07
•	•	J1	27618	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBQ <3CM	1588.80			090	N	2734.29
•	•	J1	27619	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASCIAL <5CM	1599.60			090	N	4742.07
•	•	J1	27620	ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB	1560.00			090	Y	5184.51
•	•	J1	27625	ARTHROTOMY W/SYNOVECTOMY ANKLE	1970.40			090	Y	5184.51
•	•	J1	27626	ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY	2102.40			090	Y	5184.51
•	•	J1	27630	EXCISION LESION TENDON SHEATH/CAPSULE LEG&/ANK	1914.00			090	N	5184.51
•	•	J1	27632	EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>	1430.40			090	Y	4742.07
•	•	J1	27634	EXC TUMOR SOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>	2347.20			090	Y	4742.07
•	•	J1	27635	EXCISION/CURETTAGE BONE CYST/TUMOR TIBIA/FIBULA	2005.20			090	N	5184.51
•	•	J1	27637	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/AGRAFT	2576.40			090	Y	10775.65
•	•	J1	27638	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT	2646.00			090	Y	10775.65
•	•	J1	27640	PARTIAL EXCISION BONE TIBIA	2876.40			090	N	5184.51
•	•	J1	27641	PARTIAL EXCISION BONE FIBULA	2290.80			090	N	5184.51
•	•		27645	RADICAL RESECTION OF TUMOR TIBIA	6160.80			090	Y	3687.35
•	•		27646	RADICAL RESECTION TUMOR BONE FIBULA	5323.20			090	Y	
•	•	J1	27647	RADICAL RESECTION OF TUMOR TALUS OR CALCANEUS	3520.80			090	Y	5184.51
•	•		27648	INJECTION ANKLE ARTHROGRAPHY	626.40			000	N	
•	•	J1	27650	REPAIR PRIMARY OPEN/PRQ RUPTURED ACHILLES TENDON	2268.00			090	Y	5184.51
•	•	J1	27652	RPR PRIMARY OPEN/PRQ RUPTURED ACHILLES W/GRAFT	2324.40			090	N	10775.65

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•	•	J1	27654	REPAIR SECONDARY ACHILLES TENDON W/WO GRAFT	2449.20			090	Y	10775.65
•	•	J1	27656	REPAIR FASCIAL DEFECT LEG	2186.40			090	Y	5184.51
•	•	J1	27658	REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH	1282.80			090	Y	5184.51
•	•	J1	27659	RPR FLEXOR TENDON LEG SECONDARY W/O GRAFT EACH	1630.80			090	Y	10775.65
•	•	J1	27664	RPR EXTENSOR TENDON LEG PRIMARY W/O GRAFT EACH	1248.00			090	N	10775.65
•	•	J1	27665	RPR EXTENSOR TENDON LEG SECONDRY W/WO GRAFT EACH	1430.40			090	Y	10775.65
•	•	J1	27675	RPR DISLOC PERONEAL TENDON W/O FIBULAR OSTEOTOMY	1693.20			090	Y	5184.51
•	•	J1	27676	REPAIR DISLOCATING PERONEAL TENDON W/FIB OSTEOT	2072.40			090	Y	10775.65
•	•	J1	27680	TENOLYSIS FLXR/XTNSR TENDON LEG&/ANKLE 1 EACH	1464.00			090	N	5184.51
•	•	J1	27681	TNOLS FLXR/XTNSR TDN LEG&/ANKLE MLT TDN	1893.60			090	N	5184.51
•	•	J1	27685	LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX	2284.80			090	Y	5184.51
•	•	J1	27686	LNGTH/SHRT TDN LEG/ANKLE MLT TDN SAME INC EA	1884.00			090	N	5184.51
•	•	J1	27687	GASTROCNEMIUS RECESSION	1568.40			090	Y	5184.51
•	•	J1	27690	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC	2205.60			090	Y	10775.65
•	•	J1	27691	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING DP	2575.20			090	Y	10775.65
+	•		27692	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING EA TDN	362.40			ZZZ	Y	
•	•	J1	27695	RPR PRIMARY DISRUPTED LIGAMENT ANKLE COLLATERAL	1636.80			090	N	10775.65
•	•	J1	27696	RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS	1912.80			090	N	10775.65
•	•	J1	27698	REPAIR SECONDARY DISRUPTED LIGAMENT ANKLE COLTRL	2200.80			090	Y	10775.65
•	•	J1	27700	ARTHROPLASTY ANKLE	2110.80			090	Y	10775.65
•	•		27702	ARTHROPLASTY ANKLE W/IMPLANT	3325.20			090	Y	6332.15
•	•		27703	ARTHROPLASTY ANKLE REVISION TOTAL ANKLE	3837.60			090	Y	6249.85
•	•		27704	REMOVAL ANKLE IMPLANT	1981.20			090	N	3725.14
•	•	J1	27705	OSTEOTOMY TIBIA	2625.60			090	Y	10775.65
•	•	J1	27707	OSTEOTOMY FIBULA	1381.20			090	N	5184.51
•	•	J1	27709	OSTEOTOMY TIBIA & FIBULA	4038.00			090	Y	19120.53
•	•		27712	OSTEOT MLT W/RELIGNMT IMED ROD	3795.60			090	Y	
•	•		27715	OSTEOPLASTY TIBIA & FIBULA LENGTHENING/SHORTENIN	3705.60			090	Y	
•	•	J1	27720	REPAIR NONUNION/MALUNION TIBIA W/O GRAFT	3022.80			090	Y	10775.65
•	•	J1	27722	REPAIR NONUNION/MALUNION TIBIA W/SLIDING GRAFT	3074.40			090	Y	10775.65
•	•		27724	RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	4378.80			090	Y	5390.32
•	•		27725	RPR NON/MAL TIBIA SYNOSTOSIS W/FIBULA ANY METH	4210.80			090	Y	
•	•	J1	27726	REPAIR FIBULA NONUNION/MALUNION W/INT FIXATION	3325.20			090	N	10775.65
•	•		27727	REPAIR CONGENITAL PSEUDARTHROSIS TIBIA	3490.80			090	Y	
•	•	J1	27730	ARREST EPIPHYSEAL OPEN DISTAL TIBIA	2029.20			090	N	5184.51
•	•	J1	27732	ARREST EPIPHYSEAL OPEN DISTAL FIBULA	1550.40			090	N	5184.51
•	•	J1	27734	ARREST EPIPHYSEAL OPEN DISTAL TIBIA&FIBULA	2271.60			090	N	5184.51
•	•	J1	27740	ARREST EPIPHYSEAL ANY METHOD TIBIA & FIBULA	2451.60			090	Y	5184.51
•	•	J1	27742	ARRST EPIPHYSL ANY METH TIBFIB&DSTL FEMUR	2692.80			090	Y	5184.51
•	•	J1	27745	PROPH TX N/P/PLTWR W/WO METHYLMETHACRYLATE TIBIA	2608.80			090	Y	10775.65
•	•		27750	CLTX TIBIAL SHAFT FX W/O MANIPULATION	1184.40			090	N	319.63
•	•	J1	27752	CLTX TIBIAL SHAFT FX W/MANJ W/WO SKEL TRACJ	1843.20			090	N	2624.38
•	•	J1	27756	PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE	1993.20			090	Y	10775.65
•	•	J1	27758	OPTX TIBIAL SHFT FX W/PLATE/SCREWS W/WO CERCLAGE	3087.60			090	Y	19120.53
•	•	J1	27759	TX TIBL SHFT FX IMED IMPLT W/WO SCREWS&/CERCLA	3458.40			090	Y	19120.53
•	•		27760	CLTX MEDIAL MALLEOLUS FX W/O MANIPULATION	1140.00			090	N	319.63
•	•	J1	27762	CLTX MEDIAL MALLS FX W/MANJ W/WO SKN/SKEL TRACJ	1635.60			090	N	2624.38
•	•	J1	27766	OPEN TREATMENT MEDIAL MALLEOLUS FRACTURE	2094.00			090	N	10775.65
•	•		27767	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/O MANJ	969.60			090	N	319.63

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	27768	CLOSED TREATMENT PST MALLEOLUS FRACTURE W/MANJ	1520.40			090	N	2624.38
•	•	J1	27769	OPEN TREATMENT POSTERIOR MALLEOLUS FRACTURE	2522.40			090	N	10775.65
•	•		27780	CLTX PROX FIBULA/SHFT FX W/O MANJ	1045.20			090	N	319.63
•	•	J1	27781	CLTX PROX FIBULA/SHFT FX W/MANJ	1476.00			090	N	2624.38
•	•	J1	27784	OPEN TREATMENT PROXIMAL FIBULA/SHAFT FRACTURE	2472.00			090	N	10775.65
•	•		27786	CLTX DSTL FIBULAR FX LAT MALLS W/O MANJ	1076.40			090	N	319.63
•	•		27788	CLTX DSTL FIBULAR FX LAT MALLS W/MANJ	1452.00			090	N	319.63
•	•	J1	27792	OPEN TX DISTAL FIBULAR FRACTURE LAT MALLEOLUS	2242.80			090	N	10775.65
•	•		27808	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/O MANJ	1143.60			090	N	319.63
•	•	J1	27810	CLOSED TX BIMALLEOLAR ANKLE FRACTURE W/MANJ	1606.80			090	N	2624.38
•	•	J1	27814	OPEN TREATMENT BIMALLEOLAR ANKLE FRACTURE	2658.00			090	Y	10775.65
•	•		27816	CLTX TRIMALLEOLAR ANKLE FX W/O MANIPULATION	1112.40			090	N	319.63
•	•	J1	27818	CLTX TRIMALLEOLAR ANKLE FX W/MANIPULATION	1669.20			090	N	2624.38
•	•	J1	27822	OPEN TX TRIMALLEOLAR ANKLE FX W/O FIXJ PST LIP	2966.40			090	Y	10775.65
•	•	J1	27823	OPEN TX TRIMALLEOLAR ANKLE FX W/FIXJ PST LIP	3362.40			090	Y	10775.65
•	•		27824	CLTX FX W8 BRG ARTCLR PRTN DSTL TIBIA W/O MANJ	1082.40			090	N	319.63
•	•	J1	27825	CLTX FX W8 BRG ARTCLR PRTN DSTL TIB W/SKEL TRACJ	1884.00			090	N	2624.38
•	•	J1	27826	OPEN TREATMENT FRACTURE DISTAL TIBIA FIBULA	2908.80			090	Y	10775.65
•	•	J1	27827	OPEN TREATMENT FRACTURE DISTAL TIBIA ONLY	3808.80			090	Y	19120.53
•	•	J1	27828	OPEN TREATMENT FRACTURE DISTAL TIBIA & FIBULA	4544.40			090	Y	19120.53
•	•	J1	27829	OPEN TX DISTAL TIBIOFIBULAR JOINT DISRUPTION	2400.00			090	Y	10775.65
•	•		27830	CLTX PROX TIBFIB JT DISLC W/O ANES	1312.80			090	N	319.63
•	•	J1	27831	CLTX PROX TIBFIB JT DISLC REQ ANES	1389.60			090	N	5184.51
•	•	J1	27832	OPEN TX PROX TIBFIB JOINT DISLOCATE EXC PROX FIB	2605.20			090	Y	10775.65
•	•		27840	CLOSED TX ANKLE DISLOCATION W/O ANESTHESIA	1285.20			090	N	319.63
•	•	J1	27842	CLTX ANKLE DISLC REQ ANES W/WO PRQ SKEL FIXJ	1688.40			090	N	2624.38
•	•	J1	27846	OPTX ANKLE DISLOCATION W/O REPAIR/INTERNAL FIXJ	2486.40			090	Y	10775.65
•	•	J1	27848	OPTX ANKLE DISLOCATION W/REPAIR/INT/XTRNL FIXJ	2760.00			090	Y	10775.65
•	•	J1	27860	MANIPULATION ANKLE UNDER GENERAL ANESTHESIA	590.40			010	N	5184.51
•	•	J1	27870	ARTHRODESIS ANKLE OPEN	3547.20			090	Y	19120.53
•	•	J1	27871	ARTHRODESIS TIBIOFIBULAR JOINT PROXIMAL/DISTAL	2376.00			090	Y	19120.53
•	•		27880	AMPUTATION LEG THROUGH TIBIA&FIBULA	3156.00			090	Y	
•	•		27881	AMP LEG THRU TIBFIB W/IMMT FITG TQ W/1ST CST	2988.00			090	Y	
•	•		27882	AMPUTATION LEG THRU TIBIA&FIBULA OPEN CIRCULAR	2064.00			090	N	
•	•	J1	27884	AMP LEG THRU TIBIA&FIBULA SEC CLOSURE/SCAR REV	1970.40			090	N	5184.51
•	•		27886	AMP LEG THRU TIBIA&FIBULA RE-AMPUTATION	2266.80			090	N	4039.09
•	•		27888	AMP ANKLE-MALLI TIBFIB W/PLSTC CLSR&RESCJ NRV	2287.20			090	Y	
•	•	J1	27889	ANKLE DISARTICULATION	2236.80			090	N	10775.65
•	•	J1	27892	DCMPRN FASCT LEG ANT&/LAT W/DBRDMT MUSC&/NERVE	1900.80			090	N	5184.51
•	•	J1	27893	DCMPRN FASCT LEG PST W/DBRDMT MUSC&/NRV	2106.00			090	N	10775.65
•	•	J1	27894	DCMPRN FASCT LEG ANT&/LAT&PST W/DBRDMT MUS	2919.60			090	Y	5184.51
•	•		27899	UNLISTED PROCEDURE LEG/ANKLE	BR			YYY	N	319.63
•	•	J1	28001	INCISION&DRAINAGE BURSA FOOT	963.60			010	N	2734.29
•	•	J1	28002	I&D BELOW FASCIA FOOT 1 BURSAL SPACE	1534.80			010	N	2624.38
•	•	J1	28003	I&D BELOW FASCIA FOOT MULTIPLE AREAS	2416.80			090	N	5184.51
•	•	J1	28005	INCISION BONE CORTEX FOOT	1994.40			090	N	5184.51
•	•	J1	28008	FASCIOTOMY FOOT&/TOE	1501.20			090	N	5184.51
•	•	J1	28010	TENOTOMY PERCUTANEOUS TOE SINGLE TENDON	802.80			090	N	2624.38
•	•	J1	28011	TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON	1096.80			090	N	2624.38

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	28020	ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT	1870.80			090	N	5184.51
•	•	J1	28022	ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT	1686.00			090	N	5184.51
•	•	J1	28024	ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPHAL JT	1576.80			090	N	2624.38
•	•	J1	28035	RELEASE TARSAL TUNNEL	1834.80			090	N	3259.45
•	•	J1	28039	EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>	1726.80			090	Y	4742.07
•	•	J1	28041	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>	1569.60			090	N	4742.07
•	•	J1	28043	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM	1378.80			090	N	2734.29
•	•	J1	28045	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM	1707.60			090	N	4742.07
•	•	J1	28046	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE <3CM	2498.40			090	N	4742.07
•	•	J1	28047	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>	3621.60			090	Y	4742.07
•	•	J1	28050	ARTHRT W/BX INTERTARSAL/TARSOMETATARSAL JOINT	1470.00			090	N	5184.51
•	•	J1	28052	ARTHRTOMY W/BX METATARSOPHALANGEAL JOINT	1536.00			090	N	5184.51
•	•	J1	28054	ARTHRTOMY W/BX INTERPHALANGEAL JOINT	1300.80			090	N	5184.51
•	•	J1	28055	NEURECTOMY INTRINSIC MUSCULATURE OF FOOT	1320.00			090	N	3259.45
•	•	J1	28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX	1803.60			090	N	5184.51
•	•	J1	28062	FASCIOTOMY PLANTAR FASCIA RADICAL SPX	2024.40			090	N	5184.51
•	•	J1	28070	SYNVCT INTERTARSAL/TARSOMETATARSAL JT EA SPX	1856.40			090	N	5184.51
•	•	J1	28072	SYNOVECTOMY METATARSOPHALANGEAL JOINT EACH	1695.60			090	N	5184.51
•	•	J1	28080	EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH	1822.80			090	N	2624.38
•	•	J1	28086	SYNOVECTOMY TENDON SHEATH FOOT FLEXOR	1887.60			090	Y	5184.51
•	•	J1	28088	SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR	1564.80			090	N	5184.51
•	•	J1	28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT	1630.80			090	N	2624.38
•	•	J1	28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA	1478.40			090	N	2624.38
•	•	J1	28100	EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS	2121.60			090	Y	5184.51
•	•	J1	28102	EXC/CURTG CST/B9 TUM TALUS/CLCNS W/ILIAC/AGRFT	2091.60			090	Y	10775.65
•	•	J1	28103	EXC/CURETTAGE CYST/TUMOR TALUS/CALCANEUS ALGRFT	1350.00			090	Y	10775.65
•	•	J1	28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL	1849.20			090	Y	5184.51
•	•	J1	28106	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ILIAC/AGRFT	1480.80			090	Y	10775.65
•	•	J1	28107	EXC/CURTG CST/B9 TUM TARSAL/METAR W/ALGRFT	1785.60			090	Y	10775.65
•	•	J1	28108	EXC/CURTG CST/B9 TUM PHALANGES FOOT	1528.80			090	N	2624.38
•	•	J1	28110	OSTECTOMY PRTL 5TH METAR HEAD SPX	1614.00			090	N	5184.51
•	•	J1	28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD	1696.80			090	N	5184.51
•	•	J1	28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4	1693.20			090	N	5184.51
•	•	J1	28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD	2042.40			090	N	5184.51
•	•	J1	28114	OSTC COMPL ALL METAR HEADS W/PRTL PROX PHALANGC	3688.80			090	Y	5184.51
•	•	J1	28116	OSTECTOMY TARSAL COALITION	2647.20			090	N	5184.51
•	•	J1	28118	OSTECTOMY CALCANEUS	2073.60			090	Y	5184.51
•	•	J1	28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS	1815.60			090	N	5184.51
•	•	J1	28120	PARTIAL EXCISION BONE TALUS/CALCANEUS	2348.40			090	N	5184.51
•	•	J1	28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS	2072.40			090	Y	5184.51
•	•	J1	28124	PARTICAL EXCISION BONE PHALANX TOE	1659.60			090	N	5184.51
•	•	J1	28126	RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH	1371.60			090	N	5184.51
•	•	J1	28130	TALECTOMY ASTRAGALECTOMY	2203.20			090	Y	5184.51
•	•	J1	28140	METATARSECTOMY	2052.00			090	N	5184.51
•	•	J1	28150	PHALANGECTOMY TOE EACH TOE	1470.00			090	N	5184.51
•	•	J1	28153	RESECTION CONDYLE DISTAL END PHALANX EACH TOE	1435.20			090	N	5184.51
•	•	J1	28160	HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE	1446.00			090	N	5184.51
•	•	J1	28171	RAD RESCJ TUMOR TARSAL EXCEPT TALUS/CALCANEUS	3864.00			090	Y	5184.51
•	•	J1	28173	RADICAL RESECTION TUMOR METATARSAL	2557.20			090	N	5184.51

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	28175	RADICAL RESECTION TUMOR PHALANX OR TOE	1644.00			090	N	2624.38
•	•		28190	REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS	882.00			010	N	822.66
•	•	J1	28192	REMOVAL FOREIGN BODY FOOT DEEP	1623.60			090	N	2734.29
•	•	J1	28193	REMOVAL FOREIGN BODY FOOT COMPLICATED	1845.60			090	N	2734.29
•	•	J1	28200	RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG EACH TENDON	1712.40			090	N	5184.51
•	•	J1	28202	RPR TENDON FLXR FOOT SEC W/FREE GRAFT EA TENDON	2101.20			090	Y	10775.65
•	•	J1	28208	REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON	1669.20			090	N	5184.51
•	•	J1	28210	RPR TENDON XTNSR FOOT SEC W/FREE GRAFT EA TENDON	2044.80			090	Y	10775.65
•	•	J1	28220	TENOLYSIS FLEXOR FOOT SINGLE TENDON	1570.80			090	N	2624.38
•	•	J1	28222	TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	1794.00			090	N	5184.51
•	•	J1	28225	TENOLYSIS EXTENSOR FOOT SINGLE TENDON	1459.20			090	N	5184.51
•	•	J1	28226	TENOLYSIS EXTENSOR FOOT MULTIPLE TENDON	2122.80			090	N	5184.51
•	•	J1	28230	TX OPN TENDON FLEXOR FOOT SINGLE/MULT TENDON SPX	1510.80			090	N	2624.38
•	•	J1	28232	TX OPEN TENDON FLEXOR TOE 1 TENDON SPX	1342.80			090	N	2624.38
•	•	J1	28234	TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON	1418.40			090	N	2624.38
•	•	J1	28238	RCNSTJ PST TIBL TDN W/EXC ACCESSORY TARSL NAVCLR	2320.80			090	Y	10775.65
•	•	J1	28240	TENOTOMY LENGTHENING/RLS ABDUCTOR HALLUCIS MUSC	1584.00			090	N	5184.51
•	•	J1	28250	DIVISION PLANTAR FASCIA & MUSCLE SPX	2002.80			090	Y	5184.51
•	•	J1	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEASE ONLY SPX	2380.80			090	Y	5184.51
•	•	J1	28261	CAPSULOTOMY MIDFOOT W/TENDON LENGTHENING	3562.80			090	N	2624.38
•	•	J1	28262	CAPSUL MIDFOOT W/PST TALOTIBL CAPSUL&TDN LNGTH	4850.40			090	Y	10775.65
•	•	J1	28264	CAPSULOTOMY MIDTARSAL	3492.00			090	Y	2624.38
•	•	J1	28270	CAPSUL MTTARPHLNGL JT W/WO TENORRHAPHY EA JT SPX	1712.40			090	N	5184.51
•	•	J1	28272	CAPSULOTOMY IPHAL JOINT EACH JOINT SPX	1360.80			090	N	2624.38
•	•	J1	28280	SYNDACTYLIZATION TOES	1784.40			090	N	5184.51
•	•	J1	28285	CORRECTION HAMMERTOE	1860.00			090	N	5184.51
•	•	J1	28286	CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE	1557.60			090	N	5184.51
•	•	J1	28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD	2112.00			090	N	5184.51
•	•	J1	28289	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT	2527.20			090	Y	5184.51
•	•	J1	28291	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT	2521.20			090	Y	10775.65
•	•	J1	28292	CORRJ HALLUX VALGUS W/SESMDC W/RESCJ PROX PHAL	2564.40			090	Y	5184.51
•	•	J1	28295	CORRJ HALLUX VALGUS W/SESMDC W/PROX METAR OSTEOT	3312.00			090	Y	5184.51
•	•	J1	28296	CORRJ HALLUX VALGUS W/SESMDC W/DIST METAR OSTEOT	3158.40			090	Y	5184.51
•	•	J1	28297	CORRJ HALLUX VALGUS W/SESMDC W/1METAR MEDIAL CNF	3632.40			090	Y	10775.65
•	•	J1	28298	CORRJ HALLUX VALGUS W/SESMDC W/PROX PHLNX OSTEOT	2942.40			090	Y	10775.65
•	•	J1	28299	CORRJ HALLUX VALGUS W/SESMDC W/2 OSTEOT	3502.80			090	Y	5184.51
•	•	J1	28300	OSTEOTOMY CALCANEUS W/WO INTERNAL FIXATION	2246.40			090	Y	10775.65
•	•	J1	28302	OSTEOTOMY TALUS	2468.40			090	Y	10775.65
•	•	J1	28304	OSTEOTOMY TARSAL BONES OTH/THN CALCANEUS/TALUS	2842.80			090	Y	10775.65
•	•	J1	28305	OSTEOT TARSAL OTH/THN CALCANEUS/TALUS W/AGRFT	2282.40			090	Y	10775.65
•	•	J1	28306	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR	2121.60			090	Y	10775.65
•	•	J1	28307	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST TOE	2230.80			090	N	5184.51
•	•	J1	28308	OSTEOT W/WO LNGTH SHRT/CORRJ METAR XCP 1ST EA	1972.80			090	Y	5184.51
•	•	J1	28309	OSTEOT W/WO LNGTH SHRT/ANGULAR CORRJ METAR MLT	3067.20			090	N	10775.65
•	•	J1	28310	OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE	1888.80			090	N	5184.51
•	•	J1	28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE	1744.80			090	N	5184.51
•	•	J1	28313	RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY	1804.80			090	N	5184.51
•	•	J1	28315	SESAMOIDECTOMY FIRST TOE SPX	1671.60			090	N	5184.51
•	•	J1	28320	REPAIR NONUNION/MALUNION TARSAL BONES	2107.20			090	Y	19120.53

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	28322	RPR NON/MALUNION METARSAL W/WO BONE GRAFT	2721.60			090	Y	10775.65
•	•	J1	28340	RCNSTJ TOE MACRODACTYLY SOFT TISSUE RESECTION	2001.60			090	N	5184.51
•	•	J1	28341	RCNSTJ TOE MACRODACTYLY REQUIRING BONE RESECTION	2320.80			090	N	5184.51
•	•	J1	28344	RECONSTRUCTION TOE POLYDACTYLY	1480.80			090	N	5184.51
•	•	J1	28345	RCNSTJ TOE SYNDACTYLY W/WO SKIN GRAFT EACH WEB	1809.60			090	N	2624.38
•	•	J1	28360	RECONSTRUCTION CLEFT FOOT	3770.40			090	Y	10775.65
•	•		28400	CLOSED TX CALCANEAL FRACTURE W/O MANIPULATION	850.80			090	N	319.63
•	•		28405	CLOSED TX CALCANEAL FRACTURE W/MANIPULATION	1347.60			090	N	319.63
•	•	J1	28406	PRQ SKELETAL FIXJ CALCANEAL FRACTURE W/MANJ	1819.20			090	N	10775.65
•	•	J1	28415	OPEN TREATMENT CALCANEAL FRACTURE	3859.20			090	Y	10775.65
•	•	J1	28420	OPEN TREATMENT CALCANEAL FRACTURE W BONE GRAFT	4404.00			090	Y	19120.53
•	•		28430	CLOSED TX TALUS FRACTURE W/O MANIPULATION	817.20			090	N	319.63
•	•	J1	28435	CLOSED TX TALUS FRACTURE W/MANIPULATION	1251.60			090	N	2624.38
•	•	J1	28436	PRQ SKELETAL FIXATION TALUS FRACTURE W/MANJ	1558.80			090	N	10775.65
•	•	J1	28445	OPEN TREATMENT TALUS FRACTURE	3632.40			090	Y	10775.65
•	•	J1	28446	OPEN OSTEOCHONDRAL AUTOGRAFT TALUS	4222.80			090	Y	10775.65
•	•		28450	TX TARSAL BONE FX XCP TALUS&CALCN W/O MANJ	730.80			090	N	319.63
•	•	J1	28455	TX TARSAL BONE FX XCP TALUS&CALCN W/MANJ	993.60			090	N	2624.38
•	•	J1	28456	PRQ SKEL FIXJ TARSL FX XCP TALUS&CALCNS W/MANJ	1110.00			090	N	10775.65
•	•	J1	28465	OPEN TX TARSAL FRACTURE XCP TALUS & CALCANEUS EA	2180.40			090	N	10775.65
•	•		28470	CLOSED TX METATARSAL FRACTURE W/O MANIPULATION	751.20			090	N	319.63
•	•		28475	CLTX METAR FX W/MANJ	882.00			090	N	319.63
•	•	J1	28476	PRQ SKEL FIXJ METAR FX W/MANJ	1213.20			090	N	5184.51
•	•	J1	28485	OPEN TREATMENT METATARSAL FRACTURE EACH	1879.20			090	N	10775.65
•	•		28490	CLTX FX GRT TOE PHLX/PHLG W/O MANJ	494.40			090	N	319.63
•	•		28495	CLTX FX GRT TOE PHLX/PHLG W/MANJ	615.60			090	N	319.63
•	•	J1	28496	PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ	1591.20			090	N	5184.51
•	•	J1	28505	OPEN TX FRACTURE GREAT TOE/PHALANX/PHALANGES	2300.40			090	N	5184.51
•	•		28510	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/O MANJ	421.20			090	N	319.63
•	•		28515	CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ	560.40			090	N	319.63
•	•	J1	28525	OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE	1974.00			090	N	5184.51
•	•		28530	CLOSED TREATMENT SESAMOID FRACTURE	400.80			090	N	319.63
•	•	J1	28531	OPEN TX SESAMOID FRACTURE W/WO INTERNAL FIXATION	1182.00			090	N	10775.65
•	•		28540	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/O ANES	667.20			090	N	319.63
•	•	J1	28545	CLTX TARSAL DISLC OTH/THN TALOTARSAL W/ANES	1029.60			090	N	5184.51
•	•	J1	28546	PRQ SKEL FIXJ TARSL DISLC XCP TALOTARSAL W/MANJ	2000.40			090	N	2624.38
•	•	J1	28555	OPEN TREATMENT TARSAL BONE DISLOCATION	2988.00			090	Y	10775.65
•	•		28570	CLOSED TX TALOTARSAL JOINT DISLC W/O ANES	784.80			090	N	319.63
•	•	J1	28575	CLOSED TX TALOTARSAL JOINT DISLOCATION W/ANES	1269.60			090	N	5184.51
•	•	J1	28576	PRQ SKEL FIXJ TALOTARSAL JT DISLC W/MANJ	1351.20			090	N	5184.51
•	•	J1	28585	OPEN TREATMENT TALOTARSAL JOINT DISLOCATION	3004.80			090	Y	10775.65
•	•		28600	CLOSED TX TARSOMETATARSAL DISLOCATION W/O ANES	751.20			090	N	319.63
•	•		28605	CLOSED TX TARSOMETATARSAL DISLOCATION W/ANES	1140.00			090	N	319.63
•	•	J1	28606	PRQ SKEL FIXJ TARS JT DISLC W/MANJ	1350.00			090	N	5184.51
•	•	J1	28615	OPEN TREATMENT TARSOMETATARSAL JOINT DISLOCATION	2794.80			090	Y	10775.65
•	•		28630	CLTX METATARSOPHLNGL JT DISLC W/O ANES	538.80			010	N	319.63
•	•	J1	28635	CLTX METATARSOPHLNGL JT DISLC REQ ANES	609.60			010	N	2624.38
•	•	J1	28636	PRQ SKEL FIXJ METATARSOPHLNGL JT DISLC W/MANJ	1110.00			010	N	5184.51
•	•	J1	28645	OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION	2276.40			090	N	5184.51

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		28660	CLTX INTERPHALANGEAL JOINT DISLOCATION W/O ANES	405.60			010	N	319.63
•	•		28665	CLTX INTERPHALANGEAL JOINT DISLOCATION REQ ANES	534.00			010	N	334.52
•	•	J1	28666	PRQ SKEL FIXJ INTERPHALANGEAL JOINT DISLC W/MANJ	543.60			010	N	5184.51
•	•	J1	28675	OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION	1974.00			090	N	5184.51
•	•	J1	28705	ARTHRODESIS PANTALAR	4264.80			090	Y	26078.68
•	•	J1	28715	ARTHRODESIS TRIPLE	3253.20			090	Y	19120.53
•	•	J1	28725	ARTHRODESIS SUBTALAR	2695.20			090	Y	19120.53
•	•	J1	28730	ARTHRD MIDTARSL/TARSOMETATARSAL MULT/TRANSVRS	2538.00			090	Y	19120.53
•	•	J1	28735	ARTHRD MIDTARSL/TARS MLT/TRANSVRS W/OSTEOT	2694.00			090	Y	19120.53
•	•	J1	28737	ARTHRD W/TDN LNGTH&ADVMNT TARSL NVCLR-CUNEIFOR	2403.60			090	Y	19120.53
•	•	J1	28740	ARTHRODESIS MIDTARSOMETATARSAL SINGLE JOINT	2918.40			090	Y	10775.65
•	•	J1	28750	ARTHRODESIS GREAT TOE METATARSOPHALANGEAL JOINT	2775.60			090	N	10775.65
•	•	J1	28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT	1768.80			090	N	10775.65
•	•	J1	28760	ARTHRD W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK	2745.60			090	Y	10775.65
•	•		28800	AMPUTATION FOOT MIDTARSAL	1846.80			090	Y	
•	•	J1	28805	AMPUTATION FOOT TRANSMETARSAL	2511.60			090	N	5184.51
•	•	J1	28810	AMPUTATION METATARSAL W/TOE SINGLE	1483.20			090	N	5184.51
•	•	J1	28820	AMPUTATION TOE METATARSOPHALANGEAL JOINT	1941.60			090	N	5184.51
•	•	J1	28825	AMPUTATION TOE INTERPHALANGEAL JOINT	1858.80			090	N	5184.51
•	•	J1	28890	ESWT HI NRG PHYS/QHP W/US GDN INVG PLNTAR FASCIA	1118.40			090	N	2624.38
•	•		28899	UNLISTED PROCEDURE FOOT/TOES	BR			YYY	N	319.63
•	•		29000	APPLICATION HALO TYPE BODY CAST	1188.00			000	N	334.52
•	•		29010	APPLICATION RISSER JACKET LOCALIZER BODY ONLY	927.60			000	N	334.52
•	•		29015	APPLICATION RISSER JACKET LOCALIZER BODY W/HEAD	998.40			000	N	334.52
•	•		29035	APPLICATION BODY CAST SHOULDER HIPS	868.80			000	N	334.52
•	•		29040	APPLICATION BODY CAST SHOULDER HIPS HEAD MINERVA	994.80			000	N	334.52
•	•		29044	APPLICATION BODY CAST SHOULDER HIPS W/ONE THIGH	974.40			000	N	191.16
•	•		29046	APPLICATION BODY CAST SHOULDER HIPS BOTH THIGHS	1069.20			000	N	334.52
•	•		29049	APPLICATION CAST FIGURE-OF-8	338.40			000	N	334.52
•	•		29055	APPLICATION CAST SHOULDER SPICA	753.60			000	N	334.52
•	•		29058	APPLICATION CAST PLASTER VELPEAU	421.20			000	N	334.52
•	•		29065	APPLICATION CAST SHOULDER HAND LONG ARM	326.40			000	N	334.52
•	•		29075	APPLICATION CAST ELBOW FINGER SHORT ARM	295.20			000	N	334.52
•	•		29085	APPLICATION CAST HAND & LOWER FOREARM GAUNTLET	324.00			000	N	191.16
•	•		29086	APPLICATION CAST FINGER	268.80			000	N	191.16
•	•		29105	APPLICATION LONG ARM SPLINT SHOULDER HAND	279.60			000	N	191.16
•	•		29125	APPLICATION SHORT ARM SPLINT FOREARM-HAND STATIC	219.60			000	N	151.20
•	•		29126	APPLICATION SHORT ARM SPLINT DYNAMIC	261.60			000	N	151.20
•	•		29130	APPLICATION FINGER SPLINT STATIC	140.40			000	N	79.38
•	•		29131	APPLICATION FINGER SPLINT DYNAMIC	175.20			000	N	79.38
•	•		29200	STRAPPING THORAX	109.20			000	N	191.16
•	•		29240	STRAPPING SHOULDER	104.40			000	N	151.20
•	•		29260	STRAPPING ELBOW/WRIST	102.00			000	N	45.61
•	•		29280	STRAPPING HAND/FINGER	104.40			000	N	45.61
•	•		29305	APPLICATION HIP SPICA CAST 1 LEG	842.40			000	N	334.52
•	•		29325	APPL HIP SPICA CAST ONE&ONE-HALF SPICA/BOTH LEGS	930.00			000	N	334.52
•	•		29345	APPLICATION LONG LEG CAST THIGH-TOE	462.00			000	N	334.52
•	•		29355	APPLICATION LONG LEG CAST WALKER/AMBULATORY TYPE	483.60			000	N	334.52
•	•		29358	APPLICATION LONG LEG CAST BRACE	544.80			000	N	334.52

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		29365	APPLICATION CYLINDER CAST THIGH ANKLE	418.80			000	N	334.52
•	•		29405	APPLICATION SHORT LEG CAST BELOW KNEE-TOE	276.00			000	N	334.52
•	•		29425	APPLICATION SHORT LEG CAST WALKING/AMBULATORY	264.00			000	N	334.52
•	•		29435	APPLICATION PATELLAR TENDON BEARING CAST	402.00			000	N	334.52
•	•		29440	ADDING WALKER PREVIOUSLY APPLIED CAST	148.80			000	N	191.16
•	•		29445	APPLICATION RIGID TOTAL CONTACT LEG CAST	447.60			000	N	334.52
•	•		29450	APPL CLUBFOOT CAST MOLDING/MANJ LONG/SHORT LEG	498.00			000	N	191.16
•	•		29505	APPLICATION LONG LEG SPLINT THIGH ANKLE/TOES	291.60			000	N	191.16
•	•		29515	APPLICATION SHORT LEG SPLINT CALF FOOT	243.60			000	N	191.16
•	•		29520	STRAPPING HIP	116.40			000	N	79.38
•	•		29530	STRAPPING KNEE	103.20			000	N	151.20
•	•		29540	STRAPPING ANKLE &/FOOT	98.40			000	N	191.16
•	•		29550	STRAPPING TOES	66.00			000	N	79.38
•	•		29580	STRAPPING UNNA BOOT	213.60			000	N	191.16
•	•		29581	APPL MLTLAYR COMPRES LEG BELOW KNEE W/ANKLE FOOT	296.40			000	N	191.16
•	•		29584	APPL MLTLAYR COMPRES SYS UPARM LWARM HAND&FING	274.80			000	N	191.16
•	•		29700	REMOVAL/BIVALVING GAUNTLET BOOT/BODY CAST	218.40			000	N	334.52
•	•		29705	REMOVAL/BIVALVING FULL ARM/FULL LEG CAST	222.00			000	N	334.52
•	•		29710	RMVL/BIVALV SHO/HIP SPICA MINERVA/RISSER JACKET	421.20			000	N	334.52
•	•		29720	REPAIR SPICA BODY CAST/JACKET	289.20			000	N	191.16
•	•		29730	WINDOWING CAST	214.80			000	N	191.16
•	•		29740	WEDGING CAST EXCEPT CLUBFOOT CASTS	338.40			000	N	334.52
•	•		29750	WEDGING CLUBFOOT CAST	368.40			000	N	334.52
•	•		29799	UNLISTED PROCEDURE CASTING/STRAPPING	BR			YYY	N	191.16
•	•	J1	29800	ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX	1825.20			090	N	5184.51
•	•	J1	29804	ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	2211.60			090	Y	5184.51
•	•	J1	29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX	1628.40			090	N	5184.51
•	•	J1	29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY	3667.20			090	N	10775.65
•	•	J1	29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION	3585.60			090	N	10775.65
•	•	J1	29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE/FB	2025.60			090	N	5184.51
•	•	J1	29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL	1842.00			090	Y	10775.65
•	•	J1	29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE	2020.80			090	Y	5184.51
•	•	J1	29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED	1962.00			090	Y	5184.51
•	•	J1	29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE	2133.60			090	Y	5184.51
•	•	J1	29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	2300.40			090	Y	5184.51
•	•	J1	29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W/WO MANIPJ	1992.00			090	Y	5184.51
+	•		29826	ARTHROSCOPY SHOULDER W/CORACOACRM LIGMNT RELEASE	608.40			ZZZ	Y	
•	•	J1	29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	3643.20			090	Y	10775.65
•	•	J1	29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS	3138.00			090	Y	10775.65
•	•	J1	29830	ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX	1569.60			090	N	5184.51
•	•	J1	29834	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB	1676.40			090	Y	5184.51
•	•	J1	29835	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL	1737.60			090	Y	5184.51
•	•	J1	29836	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE	1974.00			090	Y	10775.65
•	•	J1	29837	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED	1810.80			090	Y	5184.51
•	•	J1	29838	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE	2031.60			090	N	5184.51
•	•	J1	29840	ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX	1552.80			090	N	5184.51
•	•	J1	29843	ARTHROSCOPY WRIST INFECTION LAVAGE&DRAINAGE	1668.00			090	Y	5184.51
•	•	J1	29844	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	1713.60			090	Y	5184.51
•	•	J1	29845	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	1992.00			090	Y	5184.51

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	29846	ARTHRS WRST EXC&/RPR TRIANG FIBROCART&/JOINT	1796.40			090	N	5184.51
•	•	J1	29847	ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY	1849.20			090	Y	10775.65
•	•	J1	29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM	1765.20			090	N	2624.38
•	•	J1	29850	ARTHROSCOPY AID TX SPINE&/FX KNEE W/O FIXJ	2151.60			090	N	2624.38
•	•	J1	29851	ARTHROSCOPY AID TX SPINE&/FX KNEE W/FIXJ	3213.60			090	Y	2624.38
•	•	J1	29855	ARTHRS AID TIBIAL FRACTURE PROXIMAL UNICONDYLAR	2707.20			090	Y	10775.65
•	•	J1	29856	ARTHRS AID TIBIAL FX PROX UNICONDYLAR BICONDYLAR	3428.40			090	Y	19120.53
•	•	J1	29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX	2284.80			090	Y	10775.65
•	•	J1	29861	ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB	2475.60			090	Y	5184.51
•	•	J1	29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG	2779.20			090	Y	10775.65
•	•	J1	29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY	2784.00			090	Y	5184.51
•	•	J1	29866	ARTHROSCOPY KNEE OSTEOCHONDRAL AGRFT MOSAICPLAST	3639.60			090	N	10775.65
•	•	J1	29867	ARTHROSCOPY KNEE OSTEOCHONDRAL ALLOGRAFT	4408.80			090	N	19120.53
•	•	J1	29868	ARTHROSCOPY KNEE MENISCAL TRNSPLJ MED/LAT	5808.00			090	N	10775.65
•	•	J1	29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX	1971.60			090	N	5184.51
•	•	J1	29871	ARTHROSCOPY KNEE INFECTION LAVAGE & DRAINAGE	1778.40			090	N	5184.51
•	•	J1	29873	ARTHROSCOPY KNEE LATERAL RELEASE	1816.80			090	N	5184.51
•	•	J1	29874	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY	1852.80			090	N	5184.51
•	•	J1	29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX	1711.20			090	N	5184.51
•	•	J1	29876	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS	2269.20			090	N	5184.51
•	•	J1	29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG	2146.80			090	N	5184.51
•	•	J1	29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX	2287.20			090	N	5184.51
•	•	J1	29880	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING	1939.20			090	N	5184.51
•	•	J1	29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	1868.40			090	N	5184.51
•	•	J1	29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL	2412.00			090	N	5184.51
•	•	J1	29883	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL	2924.40			090	N	5184.51
•	•	J1	29884	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX	2118.00			090	Y	5184.51
•	•	J1	29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG	2570.40			090	Y	10775.65
•	•	J1	29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION	2204.40			090	N	5184.51
•	•	J1	29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS INT FIXJ	2581.20			090	Y	10775.65
•	•	J1	29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	3402.00			090	Y	10775.65
•	•	J1	29889	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ	4231.20			090	Y	19120.53
•	•	J1	29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT W/DRLG DFCT	2319.60			090	Y	5184.51
•	•	J1	29892	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX	2262.00			090	Y	10775.65
•	•	J1	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	2146.80			090	N	5184.51
•	•	J1	29894	ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY	1705.20			090	Y	5184.51
•	•	J1	29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL	1617.60			090	Y	5184.51
•	•	J1	29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED	1737.60			090	Y	5184.51
•	•	J1	29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE	1941.60			090	Y	5184.51
•	•	J1	29899	ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS	3576.00			090	Y	10775.65
•	•	J1	29900	ARTHROSCOPY METACARPOPHALANGEAL SYNOVIAL BIOPSY	1718.40			090	N	5184.51
•	•	J1	29901	ARTHRS METACARPOPHALANGEAL JOINT DEBRIDEMENT	1836.00			090	N	5184.51
•	•	J1	29902	ARTHRS MTCARPHLNGL JT W/RDCTJ UR COLTRL LIGM	1964.40			090	N	2624.38
•	•	J1	29904	ARTHRS SUBTALAR JOINT REMOVE LOOSE/FOREIGN BODY	2181.60			090	Y	5184.51
•	•	J1	29905	ARTHROSCOPY SUBTALAR JOINT WITH SYNOVECTOMY	1790.40			090	Y	5184.51
•	•	J1	29906	ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT	2340.00			090	Y	5184.51
•	•	J1	29907	ARTHROSCOPY SUBTALAR JOINT SUBTALAR ARTHRODESIS	3025.20			090	Y	19120.53
•	•	J1	29914	ARTHROSCOPY HIP W/FEMOROPLASTY	3397.20			090	Y	10775.65
•	•	J1	29915	ARTHROSCOPY HIP W/ACETABULOPLASTY	3502.80			090	Y	10775.65

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	29916	ARTHROSCOPY HIP W/LABRAL REPAIR	3492.00			090	Y	10775.65
•	•		29999	UNLISTED PROCEDURE ARTHROSCOPY	BR			YYY	N	319.63
•	•		30000	DRAINAGE ABSCESS/HEMATOMA NASAL INT APPROACH	819.60			010	N	292.72
•	•		30020	DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM	828.00			010	N	691.72
•	•	J1	30100	BIOPSY INTRANASAL	480.00			000	N	2543.11
•	•	J1	30110	EXCISION NASAL POLYP SIMPLE	798.00			010	N	2543.11
•	•	J1	30115	EXCISION NASAL POLYP EXTENSIVE	1496.40			090	N	4449.71
•	•	J1	30117	EXCISION/DESTRUCTION INTRANASAL LESION INT APPR	3078.00			090	N	4449.71
•	•	J1	30118	EXCISION/DESTRUCTION INTRANASAL LESION XTRNL	2656.80			090	N	4449.71
•	•	J1	30120	EXCISION/SURGICAL PLANING SKIN NOSE RHINOPHYMA	1761.60			090	N	4449.71
•	•	J1	30124	EXCISION DERMOID CYST NOSE SIMPLE SUBCUTANEOUS	982.80			090	N	2543.11
•	•	J1	30125	EXC DERMOID CYST NOSE COMPLEX UNDER BONE/CRTLG	2108.40			090	Y	8765.29
•	•	J1	30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE	1322.40			090	N	4449.71
•	•	J1	30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	950.40			000	N	4449.71
•	•	J1	30150	RHINECTOMY PARTIAL	2648.40			090	N	8765.29
•	•	J1	30160	RHINECTOMY TOTAL	2664.00			090	Y	8765.29
•	•		30200	INJECTION TURBINATE THERAPEUTIC	381.60			000	N	691.72
•	•	J1	30210	DISPLACEMENT THERAPY PROETZ TYPE	510.00			010	N	2543.11
•	•	J1	30220	INSERTION NASAL SEPTAL PROSTHESIS BUTTON	1032.00			010	N	2543.11
•	•		30300	REMOVAL FOREIGN BODY INTRANASAL OFFICE PROCEDURE	631.20			010	N	151.20
•	•	J1	30310	REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES	692.40			010	N	4449.71
•	•	J1	30320	RMVL FOREIGN BODY INTRANASAL LATERAL RHINOTOMY	1563.60			090	N	2543.11
•	•	J1	30400	RHINP PRIM LAT&ALAR CRTLGS&/ELVTN NASAL TI	3717.60			090	N	8765.29
•	•	J1	30410	RHINP PRIM COMPLETE XTRNL PARTS	4293.60			090	Y	8765.29
•	•	J1	30420	RHINOPLASTY PRIMARY W/MAJOR SEPTAL REPAIR	4730.40			090	N	8765.29
•	•	J1	30430	RHINOPLASTY SECONDARY MINOR REVISION	3268.80			090	Y	8765.29
•	•	J1	30435	RHINOPLASTY SECONDARY INTERMEDIATE REVISION	4054.80			090	Y	8765.29
•	•	J1	30450	RHINOPLASTY SECONDARY MAJOR REVISION	5389.20			090	Y	8765.29
•	•	J1	30460	RHINP DFRM W/COLUM LNGTH TIP ONLY	2821.20			090	Y	8765.29
•	•	J1	30462	RHINP DFRM COLUM LNGTH TIP SEPTUM OSTEOT	5422.80			090	Y	8765.29
•	•	J1	30465	REPAIR NASAL VESTIBULAR STENOSIS	3375.60			090	N	8765.29
•	•	J1	30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	2164.80			090	N	4449.71
•	•	J1	30540	REPAIR CHOANAL ATRESIA INTRANASAL	2382.00			090	Y	8765.29
•	•	J1	30545	REPAIR CHOANAL ATRESIA TRANSPALATINE	3256.80			090	Y	8765.29
•	•		30560	LYSIS INTRANASAL SYNECHIA	955.20			010	N	691.72
•	•	J1	30580	REPAIR FISTULA OROMAXILLARY	2199.60			090	N	8765.29
•	•	J1	30600	REPAIR FISTULA ORONASAL	1944.00			090	N	8765.29
•	•	J1	30620	SEPTAL/OTHER INTRANASAL DERMATOPLASTY	2188.80			090	N	8765.29
•	•	J1	30630	REPAIR NASAL SEPTAL PERFORATIONS	2168.40			090	N	4449.71
•	•	J1	30801	ABLTJ SOFT TIS INFERIOR TURBINATES UNI/BI SUPFC	758.40			010	N	2543.11
•	•	J1	30802	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL	963.60			010	N	2543.11
•	•		30901	CONTROL NASAL HEMORRHAGE ANTERIOR SIMPLE	469.20			000	N	151.20
•	•		30903	CONTROL NASAL HEMORRHAGE ANTERIOR COMPLEX	739.20			000	N	151.20
•	•		30905	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY 1ST	1123.20			000	N	151.20
•	•		30906	CTRL NSL HEMRRG PST NASAL PACKS&/CAUTERY SUBSQ	1174.80			000	N	292.72
•	•	J1	30915	LIGATION ARTERIES ETHMOIDAL	1983.60			090	N	5022.59
•	•	J1	30920	LIGATION ARTERIES INT MAXILLARY TRANSANTRAL	2883.60			090	N	5022.59
•	•	J1	30930	FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC	411.60			010	N	4449.71
•	•		30999	UNLISTED PROCEDURE NOSE	BR			YYY	N	292.72

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		31000	LAVAGE CANNULATION MAXILLARY SINUS	620.40			010	N	292.72
•	•	J1	31002	LAVAGE CANNULATION SPHENOID SINUS	646.80			010	N	2543.11
•	•	J1	31020	SINUSOTOMY MAXILLARY ANTROTOMY INTRANASAL	1642.80			090	N	4449.71
•	•	J1	31030	SINUSOTOMY MAXILLARY RAD W/O RMVL ANTROCH POLYPS	2296.80			090	N	8765.29
•	•	J1	31032	SINUSOT MAX ANTRT RAD W/RMVL ANTROCH POLYPS	1982.40			090	N	8765.29
•	•	J1	31040	PTERYGOMAXILLARY FOSSA SURGERY ANY APPROACH	2647.20			090	N	8765.29
•	•	J1	31050	SINUSOTOMY SPHENOID W/WO BIOPSY	1672.80			090	N	8765.29
•	•	J1	31051	SINUSOT SPHENOID W/MUCOSAL STRIPPING/RMVL POLYP	2235.60			090	N	8765.29
•	•	J1	31070	SINUSOTOMY FRONTAL EXTERNAL SIMPLE	1520.40			090	N	8765.29
•	•	J1	31075	SINUSOTOMY FRONTAL TRANSORBITAL UNILATERAL	2695.20			090	Y	8765.29
•	•	J1	31080	SINUSOTOMY FRNT OBLITERATIVE W/O FLAP BROW INC	3546.00			090	Y	8765.29
•	•	J1	31081	SINUSOT FRNT OBLIT W/O OSTPL FLAP CORONAL INC	3819.60			090	Y	8765.29
•	•	J1	31084	SINUSOT FRNT OBLIT W/OSTPL FLAP BROW INC	3944.40			090	Y	8765.29
•	•	J1	31085	SINUSOT FRNT OBLIT W/OSTPL FLAP CORONAL INC	4094.40			090	Y	8765.29
•	•	J1	31086	SINUSOT FRNT NONOBLIT W/OSTPL FLAP BROW INC	3860.40			090	Y	8765.29
•	•	J1	31087	SINUSOT FRNT NONOBLIT W/OSTPL FLAP CORONAL INC	3706.80			090	Y	8765.29
•	•	J1	31090	SINUSOT UNI 3/> PARANSL SINUSES	3561.60			090	N	8765.29
•	•	J1	31200	ETHMOIDECTOMY INTRANASAL ANTERIOR	2008.80			090	N	8765.29
•	•	J1	31201	ETHMOIDECTOMY INTRANASAL TOTAL	2577.60			090	N	4449.71
•	•	J1	31205	ETHMOIDECTOMY EXTRANASAL TOTAL	3133.20			090	Y	4449.71
•	•		31225	MAXILLECTOMY W/O ORBITAL EXENTERATION	6336.00			090	Y	
•	•		31230	MAXILLECTOMY W/ORBITAL EXENTERATION	7002.00			090	Y	
•	•		31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SPX	682.80			000	N	232.84
•	•		31233	NASAL/SINUS ENDOSCOPY DX MAXILLARY SINUSOSCOPY	889.20			000	N	548.83
•	•	J1	31235	NASAL/SINUS ENDOSCOPY DX SPHENOID SINUSOSCOPY	1016.40			000	N	2734.34
•	•	J1	31237	NASAL/SINUS NDSC SURG W/BX POLYPECT/DBRDMT SPX	871.20			000	N	2734.34
•	•	J1	31238	NASAL/SINUS NDSC SURG W/CONTROL NASAL HEMRRG	860.40			000	N	2734.34
•	•	J1	31239	NASAL/SINUS NDSC SURG W/DACRYOCSTORHINOSTOMY	2108.40			010	N	5449.67
•	•	J1	31240	NASAL/SINUS NDSC SURG W/CONCHA BULLOSA RESECTION	547.20			000	N	2734.34
•	•	J1	31241	NASAL/SINUS NDSC W/LIG SPHENOPALATINE ARTERY	1540.80			000	N	2734.34
•	•	J1	31253	NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL	1732.80			000	N	9954.12
•	•	J1	31254	NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY	1413.60			000	N	9954.12
•	•	J1	31255	NASAL/SINUS NDSC W/TOTAL ETHOIDECTOMY	1119.60			000	N	9954.12
•	•	J1	31256	NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY	622.80			000	N	5449.67
•	•	J1	31257	NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY	1545.60			000	N	9954.12
•	•	J1	31259	NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL	1636.80			000	N	9954.12
•	•	J1	31267	NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS	918.00			000	N	9954.12
•	•	J1	31276	NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS	1310.40			000	N	9954.12
•	•	J1	31287	NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY	696.00			000	N	9954.12
•	•	J1	31288	NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS	810.00			000	N	9954.12
•	•		31290	NASAL/SINUS NDSC RPR CEREBRSP FLUID LEAK ETHMOID	3937.20			010	N	1397.21
•	•		31291	NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID	4194.00			010	N	
•	•	J1	31292	NSL/SINUS NDSC SURG W/MEDIAL/INF ORB WALL DCMPRN	3403.20			010	N	9954.12
•	•	J1	31293	NASAL/SINUS NDSC MEDIAL ORB&NF ORB WALL DCMPR	3697.20			010	N	9954.12
•	•	J1	31294	NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN	4233.60			010	N	9954.12
•	•	J1	31295	NASAL/SINUS NDSC SURG W/DILAT MAXILLARY SINUS	6675.60			000	Y	9954.12
•	•	J1	31296	NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS	6763.20			000	Y	9954.12
•	•	J1	31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS	6627.60			000	N	9954.12
•	•	J1	31298	NASAL/SINUS NDSC W/FRONTAL & SPHEN SINS DILATION	12793.20			000	N	9954.12

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		31299	UNLISTED PROCEDURE ACCESSORY SINUSES	BR			YYY	N	292.72
•	•	J1	31300	LARYNGOTOMY W/RMVL TUMOR/LARYNGOCELE CORDECTOMY	4394.40			090	Y	4449.71
•	•		31360	LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION	7176.00			090	Y	
•	•		31365	LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION	8858.40			090	Y	
•	•		31367	LARYNGECTOMY STOT SUPRAGLOTTIC W/O RAD NECK DSJ	7587.60			090	Y	
•	•		31368	LARYNGECTOMY STOT SUPRAGLOTTIC W/RAD NCK DSJ	8427.60			090	Y	
•	•		31370	PARTIAL LARYNGECTOMY HEMILARYGECTOMY HORIZONTAL	7135.20			090	Y	
•	•		31375	PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTICAL	6760.80			090	Y	
•	•		31380	PARTIAL LARYNGECTOMY HEMILARYNG ANTEROVERTICAL	6674.40			090	Y	
•	•		31382	PARTIAL LARYNG HEMILARYNG ANTERO-LATERO-VERTICAL	7322.40			090	Y	
•	•		31390	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/O RCNSTJ	9828.00			090	Y	
•	•		31395	PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/RCNSTJ	10370.40			090	Y	
•	•	J1	31400	ARYTENOIDECTOMY/ARYTENOIDOPEXY XTRNL APPROACH	3374.40			090	Y	8765.29
•	•	J1	31420	EPIGLOTTIDECTOMY	2829.60			090	Y	8765.29
•	⦸		31500	INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE	488.40			000	N	292.72
•	•		31502	TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT	121.20			000	N	292.72
•	•		31505	LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX	288.00			000	N	232.84
•	•	J1	31510	LARYNGOSCOPY INDIRECT W/BIOPSY	721.20			000	N	5449.67
•	•		31511	LARYNGOSCOPY INDIRECT W/REMOVAL FOREIGN BODY	721.20			000	N	232.84
•	•	J1	31512	LARYNGOSCOPY INDIRECT W/REMOVAL LESION	710.40			000	N	5449.67
•	•		31513	LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION	451.20			000	N	548.83
•	•		31515	LARYNGOSCOPY W/WO TRACHEOSCOPY ASPIRATION	694.80			000	N	548.83
•	•		31520	LARYNGOSCOPY W/WO TRACHEOSCOPY DX NEWBORN	537.60			000	N	548.83
•	•	J1	31525	LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN	854.40			000	N	2734.34
•	•	J1	31526	LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE	538.80			000	N	2734.34
•	•	J1	31527	LARYNGOSCOPY W/WO TRACHEOSCOPY INSERT OBTURATOR	669.60			000	N	5449.67
•	•	J1	31528	LARYNGOSCOPY W/WO TRACHEOSCOPY W/DILATION IN	495.60			000	N	5449.67
•	•	J1	31529	LARYNGOSCOPY W/WO TRACHEOSCOPY DILATION SUBSQ	554.40			000	N	5449.67
•	•	J1	31530	LARYNGOSCOPY W/FOREIGN BODY REMOVAL	685.20			000	N	2734.34
•	•	J1	31531	LARYNGOSCOPY FOREIGN BODY RMVL MICRO/TELESCOPE	729.60			000	N	5449.67
•	•	J1	31535	LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY	650.40			000	N	5449.67
•	•	J1	31536	LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE	724.80			000	N	5449.67
•	•	J1	31540	LARYNGOSCOPY EXC TUM&/STRIPPING CORDS/EPIGLOTT	829.20			000	N	5449.67
•	•	J1	31541	LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP	906.00			000	N	5449.67
•	•	J1	31545	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD FLAP	1246.80			000	N	5449.67
•	•	J1	31546	LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD GRAFT	1892.40			000	N	9954.12
•	•	J1	31551	LARYNGOPLASTY LARYNGEAL STEN W/O STENT < 12 YRS	4944.00			090	N	8765.29
•	•	J1	31552	LARYNGOPLASTY LARYNGEAL STEN W/O STENT 12 YRS >	4976.40			090	N	8765.29
•	•	J1	31553	LARYNGOPLASTY LARYNGEAL STEN W/STENT < 12 YRS	5431.20			090	N	8765.29
•	•	J1	31554	LARYNGOPLASTY LARYNGEAL STEN W/STENT 12 YRS >	5683.20			090	N	8765.29
•	•	J1	31560	LARYNGOSCOPY DIRECT OPERATIVE W/ARYTENOIDECTOMY	1076.40			000	N	9954.12
•	•	J1	31561	LARGSC ARYTENOIDECTOMY MICROSCOPE/TELESCOPE	1178.40			000	N	9954.12
•	•	J1	31570	LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC	1155.60			000	N	5449.67
•	•	J1	31571	LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE	856.80			000	N	5449.67
•	•	J1	31572	LARYNGOSCOPY FLEXIBLE ABLATJ DESTJ LESION(S) UNI	1729.20			000	N	5449.67
•	•	J1	31573	LARYNGOSCOPY FLEXIBLE THERAPEUTIC INJECTION UNI	913.20			000	N	2734.34
•	•	J1	31574	LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI	3454.80			000	N	2734.34
•	•		31575	LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	397.20			000	N	232.84

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	31576	LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	904.80			000	N	2734.34
•	•		31577	LARYNGOSCOPY FLX RMVL FOREIGN BODY(S)	946.80			000	N	548.83
•	•	J1	31578	LARYNGOSCOPY FLEXIBLE RMVL LESION(S) NON-LASER	1030.80			000	N	5449.67
•	•		31579	LARYNGOSCOPY FLX/RGD TELESCOPIC W/STROBOSCOPY	627.60			000	N	548.83
•	•	J1	31580	LARYNGOPLASTY LARYN WEB W/KEEL STENT INSERTION	4293.60			090	N	8765.29
•	•	J1	31584	LARYNGOPLASTY W/OPEN REDUCTION FRACTURE W/TRACHS	4759.20			090	N	8765.29
•	•	J1	31587	LARYNGOPLASTY CRICOID SPLIT W/O GRAFT PLACEMENT	3982.80			090	N	8765.29
•	•	J1	31590	LARYNGEAL REINNERVATION NEUROMUSCULAR PEDICLE	3008.40			090	Y	8765.29
•	•	J1	31591	LARYNGOPLASTY MEDIALIZATION UNLIATERAL	3609.60			090	N	8765.29
•	•	J1	31592	CRICOTRACHEAL RESECTION	5908.80			090	N	8765.29
•	•		31599	UNLISTED PROCEDURE LARYNX	BR			YYY	N	292.72
•	•	J1	31600	TRACHEOSTOMY PLANNED SEPARATE PROCEDURE	1069.20			000	N	4449.71
•	•	J1	31601	TRACHEOSTOMY PLANNED UNDER 2 YEARS SPX	1557.60			000	Y	8765.29
•	•	J1	31603	TRACHEOSTOMY EMERGENCY PROCEDURE TRANSTRACHEAL	1117.20			000	N	2543.11
•	•		31605	TRACHEOSTOMY EMERGENCY CRICOTHYROID MEMBRANE	1153.20			000	N	292.72
•	•	J1	31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS	3268.80			090	N	8765.29
•	•	J1	31611	CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH	1826.40			090	Y	4449.71
•	•	J1	31612	TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NJX	286.80			000	N	4449.71
•	•	J1	31613	TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION	1520.40			090	N	4449.71
•	•	J1	31614	TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION	2527.20			090	N	8765.29
•	•		31615	TRACHEOBRNCHSC THRU EST TRACHS INC	579.60			000	N	691.72
•	•	J1	31622	BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX	820.80			000	N	2734.34
•	•	J1	31623	BRNCHSC BRUSHING/PROTECTED BRUSHINGS	901.20			000	N	2734.34
•	•	J1	31624	BRNCHSC W/BRNCL ALVEOLAR LAVAGE	852.00			000	N	2734.34
•	•	J1	31625	BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES	1150.80			000	N	2734.34
•	•	J1	31626	BRONCHOSCOPY W/PLMT FIDUCIAL MARKERS SINGLE/MULT	2872.80			000	N	9954.12
+	•		31627	BRONCHOSCOPY W/CPTR-ASST IMAGE-GUIDED NAVIGATION	4538.40			ZZZ	N	
•	•	J1	31628	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE	1221.60			000	N	5449.67
•	•	J1	31629	BRONCHOSCOPY NEEDLE BX TRACHEA MAIN STEM&/BRON	1510.80			000	N	5449.67
•	•	J1	31630	BRNCHSC W/TRACHEAL/BRONCHIAL DILAT/CLSD RDCTJ FX	685.20			000	N	5449.67
•	•	J1	31631	BRONCHOSCOPY W/PLACEMENT TRACHEAL STENT	789.60			000	N	9954.12
+	•		31632	BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX EACH LOBE	217.20			ZZZ	N	
+	•		31633	BRONCHOSCOPY W/TRANSBRONCL NDL ASPIR BX EA LOBE	272.40			ZZZ	N	
•	•	J1	31634	BRONCHOSCOPY BALLOON OCCLUSION	5928.00			000	Y	9954.12
•	•	J1	31635	BRONCHOSCOPY W/REMOVAL FOREIGN BODY	963.60			000	N	2734.34
•	•	J1	31636	BRNCHSC W/PLACEMENT BRNCL STENT 1ST BRONCHUS	762.00			000	N	9954.12
+	•		31637	BRONCHOSCOPY EACH MAJOR BRONCHUS STENTED	266.40			ZZZ	N	
•	•	J1	31638	BRNCHSC REVJ TRACHEAL/BRNCL STENT INS PREV SESS	865.20			000	N	9954.12
•	•	J1	31640	BRONCHOSCOPY W/EXCISION TUMOR	866.40			000	N	5449.67
•	•	J1	31641	BRNCHSC W/DSTRJ TUM RELIEF STENOSIS OTH/THN EXC	886.80			000	N	5449.67
•	•	J1	31643	BRNCHSC W/PLMT CATH INTRCV RADIOELMNT APPL	610.80			000	N	2734.34
•	•	J1	31645	BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE 1ST	890.40			000	N	2734.34
•	•		31646	BRONCHOSCOPY W/THER ASPIR TRACHBRNCL TREE SBSQ	490.80			000	N	548.83
•	•	J1	31647	BRNCHSC OCCLUSION&INSERT BRONCH VALVE INIT LOBE	732.00			000	N	9954.12
•	•	J1	31648	BRNCHSC REMOVAL BRONCHIAL VALVE INITIAL	696.00			000	N	5449.67
+	•		31649	BRNCHSC REMOVAL BRONCHIAL VALVE EA ADDL	232.80			ZZZ	N	1944.39
+	•		31651	BRNCHSC OCCLUSION&INSERT BRONCH VALVE ADDL LOBE	255.60			ZZZ	N	
•	•	J1	31652	BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX	3290.40			000	N	5449.67
•	•	J1	31653	BRNCHSC EBUS GUIDED SAMPL 3/> NODE STATION/STRUX	3447.60			000	N	5449.67

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	•		31654	BRNSCHSC TNDSC EBUS DX/TX INTERVENTION PERPH LES	423.60			ZZZ	N	
•	•	J1	31660	BRONCHOSCOPIC THERMOPLASTY ONE LOBE	674.40			000	N	9954.12
•	•	J1	31661	BRONCHOSCOPIC THERMOPLASTY 2/> LOBES	711.60			000	N	9954.12
•	•		31717	CATHETERIZATION W/BRONCHIAL BRUSH BIOPSY	957.60			000	N	548.83
•	•		31720	CATHETER ASPIRATION NASOTRACHEAL SPX	171.60			000	N	272.07
•	•		31725	CATH ASPIR TRACHEOBRNCL FIBERSCOPE BEDSIDE SPX	274.80			000	N	
•	•	J1	31730	TTRACH INTRO NDL WIRE DIL/STENT/TUBE O2 THER	4108.80			000	N	2734.34
•	•	J1	31750	TRACHEOPLASTY CERVICAL	4743.60			090	Y	8765.29
•	•	J1	31755	TRACHEOPLASTY TRACHEOPHARYNGEAL FSTLJ EA STG	5998.80			090	Y	8765.29
•	•		31760	TRACHEOPLASTY INTRATHORACIC	4749.60			090	Y	
•	•		31766	CARINAL RECONSTRUCTION	6177.60			090	Y	
•	•		31770	BRONCHOPLASTY GRAFT REPAIR	4594.80			090	Y	
•	•		31775	BRONCHOPLASTY EXCISION STENOSIS & ANASTOMOSIS	4857.60			090	Y	
•	•		31780	EXCISION TRACHEAL STENOSIS&ANASTOMOSIS CERVICA	4116.00			090	Y	
•	•		31781	EXC TRACHEAL STENOSIS&ANAST CERVICOTHORACIC	4786.80			090	Y	
•	•	J1	31785	EXCISION TRACHEAL TUMOR/CARCINOMA CERVICAL	3709.20			090	Y	8765.29
•	•		31786	EXCISION TRACHEAL TUMOR/CARCINOMA THORACIC	5008.80			090	Y	
•	•		31800	SUTURE TRACHEAL WOUND/INJURY CERVICAL	2474.40			090	N	
•	•		31805	SUTURE TRACHEAL WOUND/INJURY INTRATHORACIC	2810.40			090	Y	
•	•	J1	31820	SURG CLSR TRACHEOSTOMY/FISTULA W/O PLASTIC RPR	1484.40			090	N	4449.71
•	•	J1	31825	SURG CLSR TRACHEOSTOMY/FISTULA W/PLASTIC RPR	2059.20			090	N	4449.71
•	•	J1	31830	REVISION TRACHEOSTOMY SCAR	1531.20			090	N	4449.71
•	•		31899	UNLISTED PROCEDURE TRACHEA BRONCHI	BR			YYY	N	232.84
•	•		32035	THORACOSTOMY W/RIB RESECTION EMPYEMA	2497.20			090	Y	
•	•		32036	THORACOSTOMY OPEN FLAP DRAINAGE EMPYEMA	2686.80			090	Y	
•	•		32096	THORACTOMY W/DX BX LUNG INFILTRATE UNILATERAL	2784.00			090	Y	
•	•		32097	THORACTOMY W/DX BX LUNG NODULE/MASS UNILATERAL	2782.80			090	Y	
•	•		32098	THORACOTOMY W/BIOPSY OF PLEURA	2636.40			090	Y	
•	•		32100	THORACOTOMY WITH EXPLORATION	2806.80			090	Y	
•	•		32110	THORCOM CTRL TRAUMTC HEMRRG&/RPR LNG TEAR	5092.80			090	Y	
•	•		32120	THORACOTOMY POSTOPERATIVE COMPLICATIONS	3020.40			090	Y	
•	•		32124	THORACOTOMY OPN INTRAPLEURAL PNEUMONOLYSIS	3205.20			090	Y	
•	•		32140	THORCOM W/REMOVAL OF CYST	3427.20			090	Y	
•	•		32141	THORACOTOMY W/RESECTION BULLAE	5286.00			090	Y	
•	•		32150	THORCOM W/RMVL INTRAPLEURAL FB/FIBRIN DEP	3477.60			090	Y	
•	•		32151	THORCOM W/RMVL IPUL FB	3460.80			090	Y	
•	•		32160	THORACOTOMY W/CARDIAC MASSAGE	2754.00			090	Y	2660.50
•	•		32200	PNEUMONOSTOMY W/OPEN DRAINAGE ABSCESS/CYST	3928.80			090	Y	
•	•		32215	PLEURAL SCARIFICATION REPEAT PNEUMOTHORAX	2752.80			090	Y	
•	•		32220	DECORTICATION PULMONARY TOTAL SEPARATE PROCEDURE	5494.80			090	Y	
•	•		32225	DECORTICATION PULMONARY PARTIAL SEPARATE PROC	3441.60			090	Y	
•	•		32310	PLEURECTOMY PARIETAL SEPARATE PROCEDURE	3159.60			090	Y	
•	•		32320	DECORTICATION & PARIETAL PLEURECTOMY	5535.60			090	Y	
•	•	J1	32400	BIOPSY PLEURA PERCUTANEOUS NEEDLE	529.20			000	N	2734.29
•	•	J1	32405	BIOPSY LUNG/MEDIASTINUM PERCUTANEOUS NEEDLE	1338.00			000	N	2734.29
•	•		32440	REMOVAL OF LUNG PNEUMONECTOMY	5420.40			090	Y	
•	•		32442	REMOVAL LUNG PNEUMONECTOMY RESXN SGMNT TRACHEA	10668.00			090	Y	
•	•		32445	REMOVAL LUNG PNEUMONECTOMY EXTRAPLEURAL	12282.00			090	Y	
•	•		32480	RMVL LUNG OTHER THAN PNEUMONECTOMY 1 LOBE LOBECT	5120.40			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		32482	RMVL LUNG OTHER THAN PNEUMONECT 2 LOBES BILOBEC	5475.60			090	Y	
•	•		32484	RMVL LUNG OTHER THAN PNEUMONECT 1 SEGMENTECTOMY	4962.00			090	Y	
•	•		32486	RMVL LUNG XCP TOT PNEUMONECTOMY SLEEVE LOBECTOMY	8175.60			090	Y	
•	•		32488	RMVL LUNG OTHER/THAN PNUMEC COMPLETION PNUMEC	8293.20			090	Y	
•	•		32491	RMVL LUNG OTH/THN PNUMEC RESXN-PLCTJ EMPHY LUNG	5098.80			090	Y	
+	•		32501	RESCJ&BRONCHOPLASTY PFRMD TM LOBEC/SGMECTOMY	848.40			ZZZ	Y	
•	•		32503	RESCJ APICAL LUNG TUMOR W/O CHEST WALL RCNSTJ	6230.40			090	Y	
•	•		32504	RESCJ APICAL LUNG TUMOR W/CHEST WALL RCNSTJ	7108.80			090	Y	
•	•		32505	THORACOTOMY W/THERAPEUTIC WEDGE RESEXN INITIAL	3225.60			090	Y	
+	•		32506	THORACOTOMY W/THERAP WEDGE RESEXN ADDL IPSILATRL	543.60			ZZZ	Y	
+	•		32507	THORACOTOMY W/DX WEDGE RESEXN & ANTOM LUNG RESE	542.40			ZZZ	Y	
•	•		32540	EXTRAPLEURAL ENUCLEATION EMPYEMA EMPYEMECTOMY	5962.80			090	Y	
•	•	J1	32550	INSERTION INDWELLING TUNNELED PLEURAL CATHETER	2554.80			000	N	5716.03
•	•		32551	TUBE THORACOSTOMY INCLUDES WATER SEAL	543.60			000	N	1552.95
•	•		32552	RMVL NDWELLG TUNNELED PLEURAL CATHETER W/CUFF	631.20			010	N	880.41
•	•		32553	PLMT NTRSTL DEV RADJ THX GID PRQ INTRATHRC 1/MLT	1786.80			000	Y	1692.53
•	•		32554	THORACENTESIS NEEDLE/CATH PLEURA W/O IMAGING	721.20			000	N	880.41
•	•		32555	THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	1021.20			000	N	880.41
•	•	J1	32556	PERQ DRAINAGE PLEURA INSERT CATH W/O IMAGING	2089.20			000	N	2902.55
•	•		32557	PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING	1926.00			000	N	1552.95
•	•		32560	INSTLJ VIA CHEST TUBE/CATH AGENT FOR PLEURODESIS	860.40			000	N	880.41
•	•		32561	INSTLJ VIA CH TUBE/CATH AGENT FBRNLYSIS 1ST DAY	319.20			000	Y	880.41
•	•		32562	INSTLJ CH TUBE/CATH AGENT FBRNLYSIS SBSQ DAY	285.60			000	Y	880.41
•	•	J1	32601	THORSC DX LUNGS/PERICAR/MED/PLEURAL SPACE W/O BX	1068.00			000	N	9076.35
•	•	J1	32604	THORACOSCOPY DX PERICARDIAL SAC W/BIOPSY SPX	1668.00			000	N	9076.35
•	•	J1	32606	THORACOSCOPY DX MEDIASTINAL SPACE W/BIOPSY SPX	1602.00			000	N	9076.35
•	•	J1	32607	THORACOSCOPY W/DX BX OF LUNG INFILTRATE UNILATRL	1066.80			000	N	9076.35
•	•	J1	32608	THORACOSCOPY W/DX BX OF LUNG NODULES UNILATRL	1309.20			000	N	9076.35
•	•	J1	32609	THORACOSCOPY WITH BIOPSYIES OF PLEURA	894.00			000	N	9076.35
•	•		32650	THORACOSCOPY W/PLEURODESIS	2302.80			090	Y	
•	•		32651	THORACOSCOPY W/PARTIAL PULMONARY DECORTICATION	3792.00			090	Y	
•	•		32652	THRSC TOT PULM DCRTCTJ INTRAPLEURAL PNEUMONOLSS	5756.40			090	Y	
•	•		32653	THORACOSCOPY RMVL INTRAPLEURAL FB/FIBRIN DEPOSIT	3673.20			090	Y	
•	•		32654	THORACOSCOPY CONTROL TRAUMATIC HEMORRHAGE	3994.80			090	Y	
•	•		32655	THORACOSCOPY W/RESECTION BULLAE W/WO PLEURAL PX	3308.40			090	Y	
•	•		32656	THORACOSCOPY W/PARIETAL PLEURECTOMY	2770.80			090	Y	
•	•		32658	THORACOSCOPY W/RMVL CLOT/FB FROM PERICARDIAL SAC	2464.80			090	Y	
•	•		32659	THRSC CRTJ PRCRD WINDOW/PRTL RESCJ PRCRD SAC	2532.00			090	Y	
•	•		32661	THORACOSCOPY W/EXC PERICARDIAL CYST TUMOR/MASS	2749.20			090	Y	
•	•		32662	THORACOSCOPY W/EXC MEDIASTINAL CYST TUMOR/MASS	3090.00			090	Y	
•	•		32663	THORACOSCOPY W/LOBECTOMY SINGLE LOBE	4850.40			090	Y	
•	•		32664	THORACOSCOPY W/THORACIC SYMPATHECTOMY	2934.00			090	Y	5660.97
•	•		32665	THORACOSCOPY W/ESOPHAGOMYOTOMY HELLER TYPE	4234.80			090	Y	
•	•		32666	THORACOSCOPY W/THERA WEDGE RESEXN INITIAL UNILAT	3013.20			090	Y	4643.74
+	•		32667	THORACOSCOPY W/THERA WEDGE RESEXN ADDL IPSILATRL	544.80			ZZZ	Y	2569.50
+	•		32668	THORACOSCOPY W/DX WEDGE RESEXN ANATO LUNG RESEXN	544.80			ZZZ	Y	
•	•		32669	THORACOSCOPY W/SEGMENTECTOMY	4654.80			090	Y	
•	•		32670	THORACOSCOPY W/BILOBECTOMY	5553.60			090	Y	
•	•		32671	THORACOSCOPY W/PNEUMONECTOMY	6132.00			090	Y	

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•	•		32672	THORACOSCOPY W/RESEXN-PLICAJ EMPHYSEMA LUNG UNIL	5290.80			090	Y	
•	•		32673	THORACOSCOPY RESEXN THYMUS UNI/BILATERAL	4202.40			090	Y	
+	•		32674	THORCOSCPY W/MEDIASTINL & REGIONL LYMPHDENECTOMY	748.80			ZZZ	Y	
•	•		32701	THORAX STEREOTACTIC RADIATION TARGET W/TX COURSE	745.20	745.20	BR	XXX	N	
•	•		32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	3246.00			090	Y	
•	•		32810	CLSR CH WALL FLWG OPN FLAP DRG EMPYEMA	3109.20			090	Y	
•	•		32815	OPEN CLOSURE MAJOR BRONCHIAL FISTULA	9726.00			090	Y	
•	•		32820	MAJOR RECONSTRUCTION CHEST WALL POSTTRAUMATIC	4605.60			090	Y	
•	•		32850	DONOR PNEUMONECTOMY FROM CADAVER DONOR	5648.40			XXX	N	
•	•		32851	LUNG TRANSPLANT 1 W/O CARDIOPULMONARY BYPASS	11442.00			090	Y	
•	•		32852	LUNG TRANSPLANT 1 W/CARDIOPULMONARY BYPASS	12439.20			090	Y	
•	•		32853	LUNG TRANSPLANT 2 W/O CARDIOPULMONARY BYPASS	16022.40			090	Y	
•	•		32854	LUNG TRANSPLANT 2 W/CARDIOPULMONARY BYPASS	17005.20			090	Y	
•	•		32855	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT UNI	2448.00			XXX	Y	
•	•		32856	BKBENCH PREPJ CADAVER DONOR LUNG ALLOGRAFT BI	3068.40			XXX	Y	
•	•		32900	RESECTION RIBS EXTRAPLEURAL ALL STAGES	4905.60			090	Y	
•	•		32905	THORACOPLASTY SCHEDE TYPE/EXTRAPLEURAL	4592.40			090	Y	
•	•		32906	THORACOP SCHEDE TYP/XTRPLEURAL CLSR BRNCPLR FSTL	5710.80			090	Y	
•	•		32940	PNEUMONOLYSIS XTRPRIOSTEAL W/FILLING/PACKING PX	4250.40			090	Y	
•	•		32960	PNEUMOTHORAX THER INTRAPLEURAL INJECTION AIR	433.20			000	N	880.41
•	•	J1	32994	ABLATION THER 1+ PULM TUMORS PERQ CRYOABLATION	19141.20			000	Y	9076.35
•	•		32997	TOTAL LUNG LAVAGE UNILATERAL	1180.80			000	N	
•	•	J1	32998	ABLATION THER 1+ PULM TUMORS PERQ RADIOFREQUENCY	12074.40			000	Y	9076.35
•	•		32999	UNLISTED PROCEDURE LUNGS & PLEURA	BR			YYY	N	880.41
•	•		33010	PERICARDIOCENTESIS INITIAL	373.20			000	N	1552.95
•	•		33011	PERICARDIOCENTESIS SUBSEQUENT	375.60			000	N	1552.95
•	•		33015	TUBE PERICARDIOSTOMY	1772.40			090	N	
•	•		33020	PERICARDIOTOMY REMOVAL CLOT/FOREIGN BODY PRIMARY	3045.60			090	Y	
•	•		33025	CRTJ PERICARDIAL WINDOW/PRTL RESECJ W/DRG/BX	2762.40			090	Y	
•	•		33030	PRICARDIECTOMY STOT/COMPL W/O CARDPULM BYPASS	6942.00			090	Y	
•	•		33031	PRICARDIECTOMY STOT/COMPL W/CARDPULM BYPASS	8588.40			090	Y	
•	•		33050	RESECTION PERICARDIAL CYST/TUMOR	3477.60			090	Y	
•	•		33120	EXC INTRACARDIAC TUMOR RESCJ CARDIOPULMONARY BYP	7280.40			090	Y	
•	•		33130	RESECTION EXTERNAL CARDIAC TUMOR	4760.40			090	Y	
•	•		33140	TRANSMYOCARDIAL LASER REVASCULAR THORACOTOMY SPX	5420.40			090	Y	
+	•		33141	TRANSMYOCRD LASER REVSC PFRMD TM OTH OPN CAR PX	456.00			ZZZ	Y	
•	•		33202	INSERTION EPICARDIAL ELECTRODE OPEN	2685.60			090	N	
•	•		33203	INSERTION EPICARDIAL ELECTRODE ENDOSCOPIC	2812.80			090	N	
•	•	J1	33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	1578.00			090	N	16628.91
•	•	J1	33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	1676.40			090	N	16628.91
•	•	J1	33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	1818.00			090	N	16628.91
•	•	J1	33210	INSJ/RPLCMT TEMP TRANSVNS 1CHMBR ELTRD/PM CATH	571.20			000	N	12106.09
•	•	J1	33211	INSJ/RPLCMT TEMP TRANSVNS 2CHMBR PACG ELTRDS SPX	594.00			000	N	12106.09
•	•	J1	33212	INS PM PLS GEN W/EXIST SINGLE LEAD	1117.20			090	N	12106.09
•	•	J1	33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS	1168.80			090	N	16628.91
•	•	J1	33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS	1668.00			090	N	16628.91
•	•	J1	33215	RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE	1082.40			090	N	5022.59
•	•	J1	33216	INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	1291.20			090	N	12106.09
•	•	J1	33217	INSJ 2 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB	1272.00			090	N	12106.09

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		33218	RPR 1 TRANSVNS ELTRD PRM PM/PACING IMPLNTBL DFB	1350.00			090	N	4445.35
•	•		33220	RPR 2 TRANSVNS ELECTRODES PRM PM/IMPLANTABLE DFB	1359.60			090	N	4445.35
•	•	J1	33221	INS PACEMAKER PULSE GEN ONLY W/EXIST MULT LEADS	1252.80			090	N	29527.49
•	•		33222	RELOCATION OF SKIN POCKET FOR PACEMAKER	1177.20			090	N	2199.52
•	•		33223	RELOCATE SKIN POCKET IMPLANTABLE DEFIBRILLATOR	1424.40			090	N	2199.52
•	•	J1	33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN	1802.40			000	N	16628.91
+	•		33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN	1640.40			ZZZ	N	
•	•	J1	33226	RPSG PREV IMPLTED CAR VEN SYS L VENTR ELTRD	1734.00			000	N	5022.59
•	•	J1	33227	REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD	1178.40			090	N	12106.09
•	•	J1	33228	REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS	1231.20			090	N	16628.91
•	•	J1	33229	REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD	1304.40			090	N	29527.49
•	•	J1	33230	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS	1330.80			090	N	35813.54
•	•	J1	33231	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS	1398.00			090	N	49739.98
•	•		33233	REMOVAL PERMANENT PACEMAKER PULSE GENERATOR ONLY	801.60			090	N	10513.84
•	•		33234	RMVL TRANSVNS PM ELTRD 1 LEAD SYS ATR/VENTR	1692.00			090	N	4445.35
•	•		33235	RMVL TRANSVNS PM ELTRD DUAL LEAD SYS	2222.40			090	N	4445.35
•	•		33236	RMVL PRM EPICAR PM&ELTRDS THORCOM 1 LEAD SYS	2689.20			090	N	
•	•		33237	RMVL PRM EPICAR PM&ELTRDS THORCOM DUAL LEAD SY	2902.80			090	N	
•	•		33238	RMVL PRM TRANSVENOUS ELECTRODE THORACOTOMY	3250.80			090	N	
•	•	J1	33240	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD	1273.20			090	N	35813.54
•	•		33241	REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY	748.80			090	N	4445.35
•	•		33243	RMVL 1/DUAL CHAMBER DEFIB ELECTRODE BY THORACOM	4762.80			090	Y	
•	•		33244	RMVL1/DUAL CHMBR IMPLTBL DFB ELTRD TRANSVNS XTRJ	3010.80			090	N	4445.35
•	•	J1	33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR	3200.40			090	N	49739.98
•	•		33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS	5014.80			090	Y	
•	•		33251	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/BYPASS	5631.60			090	Y	
•	•		33254	ABLATION & RECONSTRUCTION ATRIA LIMITED	4696.80			090	Y	
•	•		33255	ABLATION & RCNSTJ ATRIA EXTNSV W/O BYPASS	5678.40			090	Y	
•	•		33256	ABLATION & RCNSTJ ATRIA EXTNSV W/BYPASS	6742.80			090	Y	
+	•		33257	ATRIA ABLATE & RCNSTJ W/OTHER PROCEDURE LIMITE	2017.20			ZZZ	Y	
+	•		33258	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTENSIV W/O BYP	2263.20			ZZZ	Y	
+	•		33259	ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTEN W/BYPASS	2929.20			ZZZ	Y	
•	•		33261	OPRATIVE ABLTJ VENTR ARRHYTHMOGENIC FOC W/BYPASS	5611.20			090	Y	
•	•	J1	33262	RMVL IMPLTBL DFB PLSE GEN W/REPL PLSE GEN 1 LEAD	1298.40			090	N	35813.54
•	•	J1	33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD	1352.40			090	N	35813.54
•	•	J1	33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD	1411.20			090	N	49739.98
•	•		33265	NDSC ABLATION & RCNSTJ ATRIA LIMITED W/O BYPAS	4716.00			090	Y	
•	•		33266	NDSC ABLATION & RCNSTJ ATRIA EXTEN W/O BYPASS	6416.40			090	Y	
•	•	J1	33270	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD	1976.40			090	N	49739.98
•	•	J1	33271	INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	1590.00			090	N	12106.09
•	•		33272	RMVL OF SUBQ IMPLANTABLE DEFIBRILLATOR ELECTRODE	1209.60			090	N	4445.35
•	•		33273	REPOS PREVIOUSLY IMPLANTED SUBQ IMPLANTABLE DFB	1401.60			090	N	4445.35
•	•	J1	33274	TCAT INSJ/RPL PERM LEADLESS PACEMAKER RV W/IMG	1705.20			090	N	26888.04
•	•		33275	TCAT REMOVAL PERM LEADLESS PACEMAKER R VENTR	1812.00			090	N	3750.96
•	•	J1	33285	INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	17528.40			000	N	12106.09
•	•		33286	REMOVAL SUBCUTANEOUS CARDIAC RHYTHM MONITOR	456.00			000	N	822.66
•	•	J1	33289	TCAT IMPL WRLS P-ART PRS SNR L-T HEMODYN MNTR	1141.20			000	N	45731.93
•	•		33300	REPAIR CARDIAC WOUND W/O BYPASS	8522.40			090	Y	
•	•		33305	REPAIR CARDIAC WOUND W/CARDIOPULMONARY BYPASS	14288.40			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		33310	CARDIOT EXPL W/RMVL FB ATR/VENTR THRMB W/O BYP	4069.20			090	Y	
•	•		33315	CARDIOT EXPL RMVL FB ATR/VENTR THRMB CARD BYP	6643.20			090	Y	
•	•		33320	SUTR RPR AORTA/GRT VSL W/O SHUNT/CARD BYP	3664.80			090	Y	
•	•		33321	SUTR RPR AORTA/GREAT VESSEL W/SHUNT BYPASS	4076.40			090	Y	
•	•		33322	SUTURE REPAIR AORTA/GREAT VESSEL W/BYPASS	4802.40			090	Y	
•	•		33330	INSJ GRAFT AORTA/GREAT VESSEL W/O SHUNT/BYPASS	4960.80			090	Y	
•	•		33335	INSJ GRAFT AORTA/GREAT VESSEL W/BYPASS	6553.20			090	Y	
•	•		33340	PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT	2761.20			000	N	
•	•		33361	REPLACE AORTIC VALVE PERQ FEMORAL ARTRY APPROACH	4737.60			000	N	
•	•		33362	REPLACE AORTIC VALVE OPENFEMORAL ARTERY APPROACH	5172.00			000	N	
•	•		33363	REPLACE AORTIC VALVE OPEN AXILLRY ARTRY APPROACH	5356.80			000	N	
•	•		33364	REPLACE AORTIC VALVE OPEN ILIAC ARTERY APPROACH	5536.80			000	N	
•	•		33365	REPLACE AORTIC VALVE OPEN TRANSAORTIC APPROACH	6219.60			000	N	
•	•		33366	TRANSCATHETER TRANSAPICAL REPLACEMT AORTIC VALVE	6723.60			000	N	
+	•		33367	REPLACE AORTIC VALVE W/BYP PRQ ART/VENOUS APPRCH	2194.80			ZZZ	N	
+	•		33368	REPLACE AORTIC VALVE W/BYP OPEN ART/VENOUS APRCH	2606.40			ZZZ	N	
+	•		33369	REPLACE AORTA VALVE W/BYP CNTRL ART/VENOUS APRCH	3440.40			ZZZ	N	
•	•		33390	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP SIMPLE	6705.60			090	Y	
•	•		33391	VALVULOPLASTY AORTIC VALVE OPEN CARD BYP COMPLEX	7935.60			090	Y	
•	•		33404	CONSTRUCTION APICAL-AORTIC CONDUIT	6120.00			090	Y	
•	•		33405	RPLCMT PROST AORTIC VALVE OPEN XCP HOMOGRF/STENT	7882.80			090	Y	
•	•		33406	RPLCMT AORTIC VALVE OPN ALLOGRAFT VALVE FREEHAND	9984.00			090	Y	
•	•		33410	RPLCMT AORTIC VALVE OPN W/STENTLESS TISSUE VALVE	8838.00			090	Y	
•	•		33411	RPLCMT AORTIC VALVE ANNULUS ENLGMENT NONC SINUS	11680.80			090	Y	
•	•		33412	REPLACEMENT AORTIC VALVE KONNO PROCEDURE	10929.60			090	Y	
•	•		33413	REPLACEMENT AORTIC&PULMON VALVES ROSS PROCEDUR	11131.20			090	Y	
•	•		33414	RPR VENTR O/F TRC OBSTRCJ PATCH ENLGMENT O/F TRC	7442.40			090	Y	
•	•		33415	RESECTION/INCISION SUBVALVULAR TISSUE	7053.60			090	Y	
•	•		33416	VENTRICULOMYOTOMY-MYECTOMY	7032.00			090	Y	
•	•		33417	AORTOPLASTY SUPRAVALVULAR STENOSIS	5779.20			090	Y	
•	•		33418	TCAT MITRAL VALVE REPAIR INITIAL PROSTHESIS	6286.80			090	Y	
+	•		33419	TCAT MITRAL VALVE REPAIR ADDL PROSTHESIS	1484.40			ZZZ	Y	
•	•		33420	VALVOTOMY MITRAL VALVE CLOSED HEART	5076.00			090	N	
•	•		33422	VALVOTOMY MITRAL VALVE OPEN HEART W/BYPASS	5760.00			090	Y	
•	•		33425	VALVULOPLASTY MITRAL VALVE W/CARDIAC BYPASS	9484.80			090	Y	
•	•		33426	VLVP MITRAL VALVE W/CARD BYP W/PROSTC RING	8276.40			090	Y	
•	•		33427	VLVP MITRAL VALVE W/BYPASS RAD RCNSTJ W/WO RING	8496.00			090	Y	
•	•		33430	REPLACEMENT MITRAL VALVE W/CARDIOPULMONARY BYP	9727.20			090	Y	
•	•		33440	RPLCMT AORTIC VALVE BY TLCJ AUTOL PULM VALVE	11772.00			090	Y	
•	•		33460	VALVECTOMY TRICUSPID VALVE W/CARDIOPULMONARY BYP	8336.40			090	Y	
•	•		33463	VALVULOPLASTY TRICUSPID VALVE W/O RING INSERTION	10741.20			090	Y	
•	•		33464	VALVULOPLASTY TRICUSPID VALVE W/RING INSERTION	8485.20			090	Y	
•	•		33465	REPLACEMENT TRICUSPID VALVE W/CARD BYPASS	9589.20			090	Y	
•	•		33468	TRICUSPID VALVE RPSG&PLCTJ EBSTEIN ANOMALY	8386.80			090	Y	
•	•		33470	VALVOTOMY PULMONARY VALVE CLSD HEART TRANSVENTR	4308.00			090	Y	
•	•		33471	VALVOTOMY PULM VALVE CLSD HEART VIA PULM ARTERY	4606.80			090	Y	
•	•		33474	VALVOTOMY PULMONARY VALVE OPEN HEART W/BYPASS	7594.80			090	Y	
•	•		33475	REPLACEMENT PULMONARY VALVE	8112.00			090	Y	
•	•		33476	R VENTRIC RESCJ INFUND STEN W/WO COMMISSUROTOMY	5185.20			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	4766.40			000	N	
•	•		33478	OUTFLOW TRACT AGMNTJ W/WO COMMISSUR/INFUND RESCJ	5443.20			090	Y	
•	•		33496	RPR NON-STRUCT PROSTC VALVE DYSFUNCTION W/BYPASS	5791.20			090	Y	
•	•		33500	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/BYPASS	5408.40			090	Y	
•	•		33501	RPR CORONARY AV/ARTERIOCAR CHMBR FSTL W/O BYPASS	3876.00			090	Y	
•	•		33502	RPR ANOM CORONARY ART PULM ART ORIGIN LIGATION	4399.20			090	Y	
•	•		33503	RPR ANOM CORONARY ARTERY PULM ART ORIGIN GRAFT	4612.80			090	N	
•	•		33504	RPR ANOM CORONARY ART PULM ART ORIGIN GRF W/BYP	5032.80			090	Y	
•	•		33505	RPR ANOM CORON ART W/CONSTJ INTRAPULM ART TUNNEL	7015.20			090	Y	
•	•		33506	RPR ANOM CORONARY ART FROM PULM ART TO AORTA	6936.00			090	Y	
•	•		33507	RPR ANOM AORTIC ORIGIN CORONARY ART UNROOF/TLCJ	5965.20			090	Y	
+	•		33508	NDSC SURG W/VIDEO-ASSISTED HARVEST VEIN CABG	56.40			ZZZ	Y	
•	•		33510	CORONARY ARTERY BYPASS 1 CORONARY VENOUS GRAFT	6714.00			090	Y	
•	•		33511	CORONARY ARTERY BYPASS 2 CORONARY VENOUS GRAFTS	7374.00			090	Y	
•	•		33512	CORONARY ARTERY BYPASS 3 CORONARY VENOUS GRAFTS	8396.40			090	Y	
•	•		33513	CORONARY ARTERY BYPASS 4 CORONARY VENOUS GRAFTS	8647.20			090	Y	
•	•		33514	CORONARY ARTERY BYPASS 5 CORONARY VENOUS GRAFTS	9092.40			090	Y	
•	•		33516	CORONARY ARTERY BYPASS 6/+ CORONARY VENOUS GRAFT	9375.60			090	Y	
+	•		33517	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 1 VEIN	649.20			ZZZ	Y	
+	•		33518	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 2 VEIN	1431.60			ZZZ	Y	
+	•		33519	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 3 VEIN	1893.60			ZZZ	Y	
+	•		33521	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 4 VEIN	2271.60			ZZZ	Y	
+	•		33522	CORONARY ARTERY BYP W/VEIN & ARTERY GRAFT 5 VEIN	2551.20			ZZZ	Y	
+	•		33523	CORONARY ARTERY BYP W/VEIN &ARTERY GRAFT 6 VEIN	2880.00			ZZZ	Y	
+	•		33530	ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIGINAL OPERJ	1830.00			ZZZ	Y	
•	•		33533	CABG W/ARTERIAL GRAFT SINGLE ARTERIAL GRAFT	6490.80			090	Y	
•	•		33534	CABG W/ARTERIAL GRAFT TWO ARTERIAL GRAFTS	7634.40			090	Y	
•	•		33535	CABG W/ARTERIAL GRAFT THREE ARTERIAL GRAFTS	8517.60			090	Y	
•	•		33536	CABG W/ARTERIAL GRAFT FOUR/>ARTERIAL GRAFTS	9133.20			090	Y	
•	•		33542	MYOCARDIAL RESECTION	9144.00			090	Y	
•	•		33545	RPR POSTINFRCJ VENTRICULAR SEPTAL DEFECT	10719.60			090	Y	
•	•		33548	SURG VENTRICULAR RSTRJ PX W/PROSTC PATCH PFRMD	10288.80			090	Y	
+	•		33572	CORONARY ENDARTERCOMY OPEN ANY METHOD	800.40			ZZZ	Y	
•	•		33600	CLOSURE ATRIOVENTRICULAR VALVE SUTURE/PATCH	5919.60			090	Y	
•	•		33602	CLOSURE SEMILUNAR VALVE AORTIC/PULM SUTURE/PATCH	5743.20			090	Y	
•	•		33606	ANAST PULMONARY ART AORTA DAMUS-KAYE-STANSEL PX	6192.00			090	Y	
•	•		33608	RPR CAR ANOMAL XCP PULM ATRESIA VENTR SEPTL DFCT	6271.20			090	Y	
•	•		33610	RPR CAR ANOMAL SURG ENLGMENT VENTR SEPTL DFCT	6183.60			090	Y	
•	•		33611	RPR 2 OUTLET R VNTRC W/INTRAVENTR TUNNEL RPR	6805.20			090	Y	
•	•		33612	RPR 2 OUTLET R VNTRC RPR R VENTR O/F TRC OBSTRCJ	6987.60			090	Y	
•	•		33615	RPR CAR ANOMAL CLSR SEPTL DFCT SMPL FONTAN PX	6960.00			090	Y	
•	•		33617	RPR COMPLEX CARDIAC ANOMALY MODIFIED FONTAN PX	7346.40			090	Y	
•	•		33619	RPR 1 VNTRC W/O/F OBSTRCJ&AORTIC ARCH HYPOPLAS	9524.40			090	Y	
•	•		33620	APPLICATION RIGHT & LEFT PULMONARY ARTERY BAND	5725.20			090	Y	
•	•		33621	TRANSTHORACIC CATHETER INSERTION FOR STENT PLMT	3240.00			090	Y	
•	•		33622	RECONSTRUCTION COMPLEX CARDIAC ANOMALY	12001.20			090	Y	
•	•		33641	RPR ATRIAL SEPTAL DFCT SECUNDUM W/BYP W/WO PATCH	5685.60			090	Y	
•	•		33645	DIR/PTCH CLS SINUS VENOSUS W/WO ANOM PUL VEN DRG	5986.80			090	Y	
•	•		33647	RPR ATRIAL & VENTRIC SEPTAL DFCT DIR/PATCH CLS	6258.00			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		33660	RPR INCPLT/PRTL AV CANAL W/WO AV VALVE RPR	6069.60			090	Y	
•	•		33665	RPR INTRM/TRANSJ AV CANAL W/WO AV VALVE RPR	6674.40			090	Y	
•	•		33670	RPR COMPL AV CANAL W/WO PROSTC VALVE	6888.00			090	Y	
•	•		33675	CLOSURE MULTIPLE VENTRICULAR SEPTAL DEFECTS	6760.80			090	Y	
•	•		33676	CLOSURE MULTIPLE VSD W/RESECTION	7060.80			090	Y	
•	•		33677	CLOSURE MULTIPLE VSD W/REMOVAL ARTERY BAND	7333.20			090	Y	
•	•		33681	CLSR 1 VENTRICULAR SEPTAL DEFECT W/WO PATCH	6363.60			090	Y	
•	•		33684	CLSR V-SEPTL DFCT W/PULM VLVT/INFUND RESCJ	6586.80			090	Y	
•	•		33688	CLSR V-SEPTAL DFCT W/RMVL P-ART BAND W/WO GUSSET	6576.00			090	Y	
•	•		33690	BANDING PULMONARY ARTERY	4173.60			090	Y	
•	•		33692	COMPL RPR TETRALOGY FALLOT W/O PULM ATRESIA	6829.20			090	Y	
•	•		33694	COMPL RPR T-FALLOT W/O PULM ATRESIA TANULR PATCH	6805.20			090	Y	
•	•		33697	COMPL RPR T-FALLOT W/PULM ATRESIA	7167.60			090	Y	
•	•		33702	RPR SINUS VALSALVA FISTULA	5305.20			090	Y	
•	•		33710	RPR SINUS VALSALVA FISTULA W/RPR V-SEPTAL DEFECT	7158.00			090	Y	
•	•		33720	RPR SINUS VALSALVA ANEURYSM	5360.40			090	Y	
•	•		33722	CLOSURE AORTICO-LEFT VENTRICULAR TUNNEL	5668.80			090	Y	
•	•		33724	REPAIR ISOLATED PARTIAL PULM VENOUS RETURN	5305.20			090	Y	
•	•		33726	REPAIR PULMONARY VENOUS STENOSIS	7092.00			090	Y	
•	•		33730	COMPLETE RPR ANOMALOUS PULMONARY VENOUS RETURN	6810.00			090	Y	
•	•		33732	RPR COR TRIATM/SUPVALVR RING RESCJ L ATRIAL MEMB	5451.60			090	Y	
•	•		33735	ATRIAL SEPTECTOMY/SEPTOSTOMY CLOSED HEART	4508.40			090	Y	
•	•		33736	ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN HEART W/BYPASS	4755.60			090	Y	
•	•		33737	ATRIAL SEPTECT/SEPTOST OPN HRT W/INFL OCCLUSION	4516.80			090	Y	
•	•		33750	SHUNT SUBCLAVIAN PULMONARY ARTERY	4395.60			090	Y	
•	•		33755	SHUNT ASCENDING AORTA PULMONARY ARTERY	4581.60			090	Y	
•	•		33762	SHUNT DESCENDING AORTA PULMONARY ARTERY	4465.20			090	Y	
•	•		33764	SHUNT CENTRAL W/PROSTHETIC GRAFT	4581.60			090	Y	
•	•		33766	SHUNT SUPERIOR VENA CAVA PULMONARY ART 1 LUNG	4641.60			090	Y	
•	•		33767	SHUNT SUPERIOR VENA CAVA PULM ARTERY BOTH LUNGS	4957.20			090	Y	
+	•		33768	ANASTOMOSIS CAVOPULMARY 2ND SUPRIOR VENA CAVA	1452.00			ZZZ	Y	
•	•		33770	RPR TRPOS GREAT VSLS W/O ENLGMNT V-SEPTL DFCT	7388.40			090	Y	
•	•		33771	RPR TRPOS GREAT VSLS W/ENLGMNT V-SEPTL DFCT	7605.60			090	Y	
•	•		33774	RPR TRPOS GREAT VSLS ATRIAL BAFFLE PX W/BYPASS	6267.60			090	Y	
•	•		33775	RPR TRPOS GREAT VSLS ATR BAFFLE W/RMVL PULM BAND	6460.80			090	Y	
•	•		33776	RPR TRPOS GRT VSL ATR BAFFLE W/CLSR V-SEPTL DFCT	6595.20			090	Y	
•	•		33777	RPR TRPOS GRT VSL ATR BAFFLE W/BYP SBPULM OBSTRC	6595.20			090	Y	
•	•		33778	RPR TRPOS GRT VESSEL AORTIC PULMONARY ART RCNSTJ	8196.00			090	Y	
•	•		33779	RPR TGV AORTIC PULM ART RCNSTJ W/RMVL PULM BAND	8121.60			090	Y	
•	•		33780	RPR TGV AORTIC P-ART RCNSTJ W/CLSR V-SEPTL DFCT	7975.20			090	Y	
•	•		33781	RPR TGV AORTIC P-ART RCNSTJ RPR SBPULMC OBSTRCJ	8076.00			090	Y	
•	•		33782	A-ROOT TLCJ VSD PULM STNS RPR W/O C OST RIMPLTJ	11282.40			090	Y	
•	•		33783	A-ROOT TLCJ VSD PULM STNS RPR W/RIMPLTJ C OSTIA	12199.20			090	Y	
•	•		33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	7945.20			090	Y	
•	•		33788	REIMPLANTATION ANOMALOUS PULMONARY ARTERY	5341.20			090	Y	
•	•		33800	AORTIC SUSPENSION TRACHEAL DECOMPRESSION SPX	3398.40			090	Y	
•	•		33802	DIVISION ABERRANT VESSEL VASCULAR RING	3774.00			090	Y	
•	•		33803	DIVISION ABERRANT VESSEL W/REANASTOMOSIS	4008.00			090	Y	
•	•		33813	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/O BYPASS	4104.00			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		33814	OBLTRJ AORTOPULMONARY SEPTAL DEFECT W/BYPASS	5302.80			090	Y	
•	•		33820	REPAIR PATENT DUCTUS ARTERIOSUS LIGATION	3333.60			090	Y	
•	•		33822	RPR PATENT DUXUS ARTERIOSUS DIV UNDER 18 YR	3554.40			090	Y	
•	•		33824	RPR PATENT DUXUS ARTERIOSUS DIV 18 YR & OLDER	4104.00			090	Y	
•	•		33840	EXC COARCJ AORTA W/WO PDA W/DIRECT ANASTOMOSIS	4312.80			090	Y	
•	•		33845	EXCISION COARCTATION AORTA W/WO PDA W/GRAFT	4550.40			090	Y	
•	•		33851	EXC COARCJ AORTA W/L SUBCLAV ART/PROSTC GUSSET	4428.00			090	Y	
•	•		33852	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/O BYPASS	4629.60			090	Y	
•	•		33853	RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTC W/BYPASS	6223.20			090	Y	
•	•		33860	ASCENDING AORTA GRF W/CARD BYP & VALVE SSP	11184.00			090	Y	
•	•		33863	AS-AORT GRF W/CARD BYP & AORTIC ROOT RPLCMT	10965.60			090	Y	
•	•		33864	ASCENDING AORTA GRF VALVE SPARE ROOT REMODEL	11233.20			090	Y	
+	•		33866	AORTIC HEMIARCH GRAFT W/ISOL & CTRL ARCH VESSELS	3582.00			ZZZ	N	
•	•		33870	TRANSVERSE ARCH GRAFT W/CARDIOPULMONARY BYPASS	8804.40			090	Y	
•	•		33875	DESCENDING THORACIC AORTA GRAFT W/WO BYPASS	9566.40			090	Y	
•	•		33877	RPR THORACOABDOMINAL AORTIC ANEURYS W/WO BYPASS	12618.00			090	Y	
•	•		33880	EVASC RPR DTA COVERAGE ART ORIGIN 1ST ENDOPROSTH	6241.20			090	Y	
•	•		33881	EVASC RPR DTA EXP COVERAGE W/O ART ORIGIN	5356.80			090	Y	
•	•		33883	PLMT PROX XTN PROSTH EVASC RPR DTA 1ST XTN	3878.40			090	Y	
+	•		33884	PLMT PROX XTN PROSTH EVASC RPR DTA EA PROX XTN	1369.20			ZZZ	Y	
•	•		33886	PLMT DSTL XTN PROSTH DLYD AFTER EVASC RPR DTA	3324.00			090	Y	
•	•		33889	OPN SUBCLA CRTD ART TRPOS NCK INC ULAT	2742.00			000	Y	
•	•		33891	BYP GRF W/DESCENDING THORACIC AORTA RPR NECK INC	3325.20			000	Y	
•	•		33910	PULMONARY ARTERY EMBOLECTOMY W/CARD BYPASS	9146.40			090	Y	
•	•		33915	PULMONARY ARTERY EMBOLECTOMY W/O CARD BYPASS	4770.00			090	Y	
•	•		33916	PULMONARY ENDARTERCOMY W/WO EMBOLECTOMY W/BYPASS	14780.40			090	Y	
•	•		33917	RPR PULMONARY ART STENOSIS RCNSTJ W/PATCH/GRAFT	5050.80			090	Y	
•	•		33920	RPR PULMONARY ATRESIA W/CONSTJ/RPLCMT CONDUIT	6313.20			090	Y	
•	•		33922	TRANSECTION PULMONARY ARTERY W/CARD BYPASS	4789.20			090	Y	
+	•		33924	LIG&TKDN SYSIC-TO-PULM ART SHUNT W/CGEN HEART	984.00			ZZZ	Y	
•	•		33925	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/O BYPASS	5989.20			090	Y	
•	•		33926	RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ W/BYPASS	8436.00			090	Y	
•	•		33927	IMPLTJ TOTAL RPLCMT HEART SYS W/RCP CARDIECTOMY	8912.40			XXX	Y	
•	•		33928	REMOVAL & RPLCMT TOTAL RPLCMT HEART SYS	BR			XXX	Y	
+	•		33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEART TRNSPL	BR			ZZZ	Y	
•	•		33930	DONOR CARDIECTOMY-PNEUMONECTOMY	BR			XXX	N	
•	•		33933	BKBENCH PREPJ CADAVER DONOR HEART/LUNG ALLOGRAFT	BR			XXX	Y	
•	•		33935	HEART-LUNG TRNSPL W/RECIPIENT CARDIECTOMY-PNUMEC	17268.00			090	Y	
•	•		33940	DONOR CARDIECTOMY	BR			XXX	N	
•	•		33944	BKBENCH PREPJ CADAVER DONOR HEART ALLOGRAFT	1938.00			XXX	Y	
•	•		33945	HEART TRANSPLANT W/WO RECIPIENT CARDIECTOMY	16960.80			090	Y	
•	•		33946	ECMO/ECLS INITIATION VENO-VENOUS	1078.80			XXX	N	
•	•		33947	ECMO/ECLS INITIATION VENO-ARTERIAL	1196.40			XXX	N	
•	•		33948	ECMO/ECLS DAILY MANAGEMENT EACH DAY VENO-VENOUS	829.20			XXX	N	
•	•		33949	ECMO/ECLS DAILY MANAGEMENT EA DAY VENO-ARTERIAL	806.40			XXX	N	
•	•		33951	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS PERQ	1485.60			000	N	
•	•		33952	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER PERQ	1491.60			000	N	
•	•		33953	ECMO/ECLS INSJ OF PRPH CANNULA BIRTH-5 YRS OPEN	1660.80			000	N	
•	•		33954	ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS&OLDER OPEN	1665.60			000	N	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		33955	ECMO/ECLS INSJ OF CENTRAL CANNULA BIRTH-5 YRS	2911.20			000	N	
•	•		33956	ECMO/ECLS INSJ OF CENTRAL CANNULA 6 YRS & OLDER	2906.40			000	N	
•	•		33957	ECMO/ECLS REPOS PERIPH CANNULA PERQ BIRTH-5 YRS	645.60			000	N	
•	•		33958	ECMO/ECLS REPOS PERPH CANNULA PRQ 6 YRS & OLDER	644.40			000	N	
•	•		33959	ECMO/ECLS REPOS PERPH CANNULA OPEN BIRTH-5 YRS	820.80			000	N	
•	•		33962	ECMO/ECLS REPOS PERPH CANNULA OPEN 6 YRS & OLDER	816.00			000	N	
•	•		33963	ECMO/ECLS REPOS CENTRAL PERPH CANNULA BIRTH-5YRS	1641.60			000	N	
•	•		33964	ECMO/ECLS ECLS REPOS CENTRAL CNULA 6YRS & OLDER	1712.40			000	N	
•	•		33965	ECMO/ECLS RMVL OF PERPH CANNULA PERQ BIRTH-5 YRS	645.60			000	N	
•	•		33966	ECMO/ECLS RMVL OF PRPH CANNULA PRQ 6 YRS & OLDER	829.20			000	N	
•	•		33967	INSERTION INTRA-AORTIC BALLOON ASSIST DEV PERQ	907.20			000	N	2237.37
•	•		33968	REMOVAL INTRA-AORTIC BALLOON ASSIST DEVICE PRQ	117.60			000	N	
•	•		33969	ECMO/ECLS RMVL OF PERPH CANNULA OPEN BIRTH-5 YRS	957.60			000	N	
•	•		33970	INSJ INTRA-AORT BALO ASSIST DEV VIA FEM ART OPEN	1233.60			000	Y	
•	•		33971	RMVL I-AORT BALO ASST DEV W/RPR FEM ART W/WO GRF	2461.20			090	N	
•	•		33973	INSJ I-AORT BALO ASSIST DEV VIA ASCENDING AORTA	1803.60			000	Y	
•	•		33974	RMVL ASCENDING-AORTA BALO DEV W/RPR ASCEND-AORTA	3096.00			090	N	
•	•		33975	INSJ VENTRIC ASSIST DEV XTRCORP SINGLE VENTRICLE	4554.00			XXX	Y	
•	•		33976	INSJ VENTRIC ASSIST DEV XTRCORP BIVENTRICULAR	5552.40			XXX	Y	
•	•		33977	REMOVAL VENTR ASSIST DEVICE XTRCORP 1 VENTRICLE	3918.00			XXX	Y	
•	•		33978	REMOVAL VENTR ASSIST DEVICE XTRCORP BIVENTR	4666.80			XXX	Y	
•	•		33979	INSJ VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	6800.40			XXX	Y	
•	•		33980	RMVL VENTR ASSIST DEV IMPLTABLE ICORP 1 VNTRC	6218.40			XXX	Y	
•	•		33981	RPLCMT XTRCORP VAD 1/BIVENTR PUMP 1/EA PUMP	2918.40			XXX	Y	
•	•		33982	PLCMT VAD PMP IMPLTBL ICORP 1 VENTR W/O BYPASS	6843.60			XXX	Y	
•	•		33983	RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR W/BYPASS	8055.60			XXX	Y	
•	•		33984	ECMO/ECLS RMVL PRPH CANNULA OPEN 6 YRS & OLDER	990.00			000	N	
•	•		33985	ECMO/ECLS REMOVAL OF CENTRAL CANNULA BIRTH-5 YRS	1802.40			000	N	
•	•		33986	ECMO/ECLS RMVL OF CENTRAL CANNULA 6 YRS & OLDER	1818.00			000	N	
+	•		33987	ARTERY EXPOS/GRAFT ARTERY PERFUSION ECMO/ECLS	728.40			ZZZ	N	
•	•		33988	INSERT LEFT HEART VENT BY THORACIC INC ECMO/ECLS	2703.60			000	N	
•	•		33989	RMVL LEFT HEART VENT BY THORACIC INCIS ECMO/ECLS	1693.20			000	N	
•	•		33990	INSJ PERQ VAD W/IMAGING ARTERY ACCESS ONLY	1488.00			XXX	Y	4915.73
•	•		33991	INSJ PERQ VAD TRNSPTAL W/IMAGE ART&VENOUS ACCESS	2182.80			XXX	Y	
•	•		33992	REMOVAL PERCUTANEOUS VAD DIFFERENT SESSION	696.00			XXX	Y	
•	•		33993	REPOSITION VAD W/IMAGING DIFFERENT SESSION	610.80			XXX	Y	
•	•		33999	UNLISTED CARDIAC SURGERY	BR			YYY	Y	880.41
•	•		34001	EMBLC/THRMBC CATH CRTD SUBCLA/INNOMINATE ART	3344.40			090	Y	
•	•		34051	EMBLC/THRMBC INNOMINATE SUBCLAVIAN ARTERY	3438.00			090	Y	
•	•	J1	34101	EMBLC/THRMBC AX BRACH INNOMINATE SUBCLA ART	2078.40			090	Y	8407.95
•	•	J1	34111	EMBLC/THRMBC W/WO CATH RADIAL/ULNAR ART ARM INC	2086.80			090	Y	8407.95
•	•		34151	EMBLC/THRMBC RNL CELIAC MESENTRY AORTO-ILIAC ART	4848.00			090	Y	
•	•	J1	34201	EMBLC/THRMBC FEMORAL POPLITEAL AORTO-ILIAC ART	3573.60			090	Y	8407.95
•	•	J1	34203	EMBLC/THRMBC POPLITEAL-TIBIO-PRONEAL ART LEG INC	3303.60			090	Y	8407.95
•	•		34401	THRMBC DIR/W/CATH VENA CAVA ILIAC VEIN ABDL INC	5088.00			090	Y	
•	•	J1	34421	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN LEG INC	2560.80			090	Y	5022.59
•	•		34451	THRMBC DIR/W/CATH V/C ILIAC FEMPOP VEIN ABDL&LEG	4930.80			090	Y	
•	•		34471	THRMBC DIR/W/CATH SUBCLAVIAN VEIN NECK INC	3733.20			090	N	880.41
•	•	J1	34490	THRMBC DIR/W/CATH AXILL&SUBCLAVIAN VEIN ARM IN	2227.20			090	N	5022.59

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	34501	VALVULOPLASTY FEMORAL VEIN	3066.00			090	Y	8407.95
•	•		34502	RECONSTRUCTION VENA CAVA ANY METHOD	5361.60			090	Y	
•	•	J1	34510	VENOUS VALVE TRANSPOSITION ANY VEIN DONOR	3534.00			090	Y	8407.95
•	•	J1	34520	CROSS-OVER VEIN GRAFT VENOUS SYSTEM	3396.00			090	Y	8407.95
•	•	J1	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	3116.40			090	Y	5022.59
•	•		34701	EVASC RPR DPLMNT AORTO-AORTIC NDGFT	4302.00			090	Y	
•	•		34702	EVASC RPR DPLMNT AORTO-AORTIC NDGFT RPT	6424.80			090	Y	
•	•		34703	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT	4843.20			090	Y	
•	•		34704	EVASC RPR DPLMNT AORTO-UN-ILIAC NDGFT RPT	8071.20			090	Y	
•	•		34705	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT	5326.80			090	Y	
•	•		34706	EVASC RPR DPLMNT AORTO-BI-ILIAC NDGFT RPT	8025.60			090	Y	
•	•		34707	EVASC RPR DPLMNT ILIO-ILIAC NDGFT	4012.80			090	Y	
•	•		34708	EVASC RPR DPLMNT ILIO-ILIAC NDGFT RPT	6441.60			090	Y	
+	•		34709	PLACEMENT XTN PROSTH FOR ENDOVASCULAR RPR	1125.60			ZZZ	Y	
•	•		34710	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR 1ST VSL	2788.80			090	Y	
+	•		34711	DLYD PLACEMENT XTN PROSTH FOR EVASC RPR EA ADDL	1039.20			ZZZ	Y	
•	•		34712	TRANSCATHETER DLVR ENHNCD FIXATION DEVICES RS&I	2382.00			090	Y	
+	•		34713	PERQ ACCESS & CLOSURE FEM ART FOR DELIVERY NDGFT	447.60			ZZZ	Y	
+	•		34714	OPN FEM ART EXPOS W/CNDT CRTJ DLVR EVASC PROSTH	940.80			ZZZ	Y	
+	•		34715	OPN AX/SUBCLA ART EXPOS DLVR EVASC PROSTH UNI	1054.80			ZZZ	Y	
+	•		34716	OPN AXILLARY/SUBCLAVIAN ART EXPOS W/CNDT CRTJ	1304.40			ZZZ	Y	
+	•		34808	EVASC PLACEMENT ILIAC ARTERY OCCLUSION DEVICE	733.20			ZZZ	Y	
+	•		34812	OPN FEM ART EXPOS DLVR EVASC PROSTH UNI	720.00			ZZZ	Y	
+	•		34813	PLMT FEM-FEM PROSTC GRF EVASC AORTIC ARYSM RPR	822.00			ZZZ	Y	
+	•		34820	OPN ILIAC ART EXPOS PROSTH/ILIAC OCCLS EVASC UNI	1210.80			ZZZ	Y	
•	•		34830	OPN RPR ARYSM RPR ARTL TRAUMA TUBE PROSTH	6096.00			090	Y	
•	•		34831	OPN RPR ARYSM RPR ARTL TRMA AORTOBIILIAC PROSTH	6718.80			090	Y	
•	•		34832	OPN RPR ARYSM RPR ARTL TRMA AORTO-BIFEM PROSTH	6475.20			090	Y	
+	•		34833	OPN ILIAC ART EXPOS CRTJ PROSTH EST CARD BYP	1406.40			ZZZ	Y	
+	•		34834	OPN BRACHIAL ARTERY EXPOS DLVR EVASC PROSTH UNI	450.00			ZZZ	Y	
•	•		34839	PLNNING PT SPEC FENEST VISCERAL AORTIC GRAFT	BR			YYY	N	
•	•		34841	ENDOVASC VISCER AORTA REPAIR FENEST 1 ENDOGRAFT	BR			YYY	Y	
•	•		34842	ENDOVASC VISCER AORTA REPAIR FENEST 2 ENDOGRAFT	BR			YYY	Y	
•	•		34843	ENDOVASC VISCER AORTA REPAIR FENEST 3 ENDOGRAFT	BR			YYY	Y	
•	•		34844	ENDOVASC VISCER AORTA REPR FENEST 4+ ENDOGRAFT	BR			YYY	Y	
•	•		34845	VISCER AND INFRARENAL ABDOM AORTA 1 PROSTHESIS	8288.40			YYY	Y	
•	•		34846	VISCER AND INFRARENAL ABDOM AORTA 2 PROSTHESIS	9424.80			YYY	Y	
•	•		34847	VISCER AND INFRARENAL ABDOM AORTA 3 PROSTHESIS	16011.60			YYY	Y	
•	•		34848	VISCER AND INFRARENAL ABDOM AORTA 4+ PROSTHESIS	27577.20			YYY	Y	
•	•		35001	DIR RPR ANEURYSM CAROTID-SUBCLAVIAN ARTERY	3864.00			090	Y	
•	•		35002	DIR RPR RUPTD ANEURYSM CAROTID-SUBCLAVIAN ARTERY	3907.20			090	Y	
•	•		35005	DIR RPR ANEURYSM VERTEBRAL ARTERY	3441.60			090	Y	
•	•	J1	35011	DIR RPR ANEURYSM AXIL-BRACHIAL ARM INCISION	3486.00			090	Y	8407.95
•	•		35013	DIR RPR RUPTD ANEURYSM AXIL-BRACHIAL ARM INCIS	4362.00			090	Y	
•	•		35021	DIR RPR ANEURYSM INNOMINATE/SUBCLAVIAN ARTERY	4369.20			090	Y	
•	•		35022	DIR RPR RUPTD ANEURYSM INNOMINATE/SUBCLAVIAN	4880.40			090	Y	
•	•	J1	35045	DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY	3414.00			090	Y	8407.95
•	•		35081	DIR RPR ANEURYSM ABDOMINAL AORTA	6026.40			090	Y	
•	•		35082	DIR RPR RUPTD ANEURYSM ABDOMINAL AORTA	7604.40			090	Y	

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•	•		35091	DIR RPR ANEURYSM ABDOM AORTA W/VISCERAL VESSELS	6218.40			090	Y	
•	•		35092	DIR RPR RUPTD ANEURSM ABDOM AORTA W/VISCERA VSLS	9064.80			090	Y	
•	•		35102	DIR RPR ANEURYSM ABDOM AORTA W/ILIAC VESSELS	6541.20			090	Y	
•	•		35103	DIR RPR RUPTD ANEURYSM ABDOM AORTA W/ILIAC VSLS	7798.80			090	Y	
•	•		35111	DIR RPR ANEURYSM SPLENIC ARTERY	4573.20			090	Y	
•	•		35112	DIR RPR RUPTD ANEURYSM SPLENIC ARTERY	5664.00			090	Y	
•	•		35121	DIR RPR ANEURYSM HEPATIC/CELIAC/RENAL/MESENTERIC	5796.00			090	Y	
•	•		35122	DIR RPR RUPTD ANEURSM HEPATIC/CELIAC/RENAL/MESEN	6555.60			090	Y	
•	•		35131	DIR RPR ANEURYSM & GRAFT ILIAC ARTERY	4826.40			090	Y	
•	•		35132	DIR RPR RUPTD ANEURYSM & GRAFT ILIAC ARTERY	5641.20			090	Y	
•	•		35141	DIR RPR ANEURYSM & GRAFT COMMON FEMORAL ARTERY	3836.40			090	Y	
•	•		35142	DIR RPR RUPTD ANEURYSM & GRF COMMON FEMORAL ART	4621.20			090	Y	
•	•		35151	DIR RPR ANEURYSM & GRAFT POPLITEAL ARTERY	4305.60			090	Y	
•	•		35152	DIR RPR RUPTD ANEURYSM & GRF POPLITEAL ARTERY	4792.80			090	Y	
•	•		35180	REPAIR CONGENITAL AV FISTULA HEAD & NECK	3052.80			090	Y	880.41
•	•		35182	RPR CONGENITAL AV FISTULA THORAX & ABDOMEN	6229.20			090	Y	
•	•	J1	35184	RPR CONGENITAL AV FISTULA EXTREMITIES	3331.20			090	Y	5022.59
•	•	J1	35188	RPR/TRAUMATIC AV FISTULA HEAD & NECK	4449.60			090	Y	8407.95
•	•		35189	RPR/TRAUMATIC AV FISTULA THORAX & ABDOMEN	5186.40			090	Y	
•	•	J1	35190	RPR/TRAUMATIC AV FISTULA EXTREMITIES	2643.60			090	Y	8407.95
•	•	J1	35201	REPAIR BLOOD VESSEL DIRECT NECK	3273.60			090	Y	8407.95
•	•	J1	35206	REPAIR BLOOD VESSEL DIRECT UPPER EXTREMITY	2720.40			090	Y	5022.59
•	•	J1	35207	REPAIR BLOOD VESSEL DIRECT HAND FINGER	2611.20			090	N	5022.59
•	•		35211	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/BYPASS	4804.80			090	Y	
•	•		35216	RPR BLOOD VESSEL DIRECT INTRATHORACIC W/O BYPASS	7165.20			090	Y	
•	•		35221	RPR BLOOD VESSEL DIRECT INTRA-ABDOMINAL	5097.60			090	Y	
•	•		35226	RPR BLOOD VESSEL DIRECT LOWER EXTREMITY	2898.00			090	Y	822.66
•	•	J1	35231	REPAIR BLOOD VESSEL W/VEIN GRAFT NECK	4291.20			090	Y	5022.59
•	•	J1	35236	REPAIR BLOOD VESSEL W/VEIN GRAFT UPPER EXTREMITY	3482.40			090	Y	8407.95
•	•		35241	RPR BLOOD VESSEL VEIN GRAFT INTRATHORACIC W/BYP	5002.80			090	Y	
•	•		35246	RPR BLOOD VESSEL VEIN GRF INTRATHORACIC W/O BYP	5431.20			090	Y	
•	•		35251	REPAIR BLOOD VESSEL VEIN GRAFT INTRA-ABDOMINAL	6048.00			090	Y	
•	•	J1	35256	REPAIR BLOOD VESSEL VEIN GRAFT LOWER EXTREMITY	3562.80			090	Y	8407.95
•	•	J1	35261	REPAIR BLOOD VESSEL W/GRAFT OTHER/THAN VEIN NECK	3386.40			090	Y	5022.59
•	•	J1	35266	RPR BLOOD VSL GRF OTH/THN VEIN UPPER EXTREMITY	3016.80			090	Y	8407.95
•	•		35271	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/BYP	4802.40			090	Y	
•	•		35276	RPR BLOOD VSL GRF OTH/THN VEIN INTRATHRC W/O BYP	5077.20			090	Y	
•	•		35281	RPR BLVSL W/GRFT OTHER/THAN VEIN INTRA-ABDOMINAL	5619.60			090	Y	
•	•	J1	35286	RPR BLVSL W/GRF OTHER/THAN VEIN LOWER EXTREMITY	3237.60			090	Y	8407.95
•	•		35301	TEAEC W/PATCH GRF CAROTID VERTB SUBCLAV NECK INC	3934.80			090	Y	6767.28
•	•		35302	TEAEC W/GRAFT SUPERFICIAL FEMORAL ARTERY	3900.00			090	Y	
•	•		35303	TEAEC W/GRAFT POPLITEAL ARTERY	4314.00			090	Y	
•	•		35304	TEAEC W/GRAFT TIBIOPERONEAL TRUNK ARTERY	4442.40			090	Y	
•	•		35305	TEAEC W/GRAFT TIBIAL/PERONEAL ART 1ST VESSEL	4273.20			090	Y	
+	•		35306	TEAEC W/GRAFT EA ADDL TIBIAL/PERONEAL ART	1542.00			ZZZ	Y	
•	•		35311	TEAEC W/WO PATCH GRF SUBCLAV INNOM THORACIC INC	5410.80			090	Y	
•	•	J1	35321	TEAEC W/WO PATCH GRF AXILLARY-BRACHIAL	3103.20			090	Y	8407.95
•	•		35331	TEAEC W/WO PATCH GRAFT ABDOMINAL AORTA	5082.00			090	Y	
•	•		35341	TEAEC W/WO PATCH GRAFT MESENTERIC CELIAC/RENAL	4792.80			090	Y	

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•	•		35351	TEAEC W/WO PATCH GRAFT ILIAC	4450.80			090	Y	
•	•		35355	TEAEC W/WO PATCH GRAFT ILIOFEMORAL	3585.60			090	Y	
•	•		35361	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIAC	5256.00			090	Y	
•	•		35363	TEAEC W/WO PATCH GRAFT COMBINED AORTOILIOFEMORAL	5619.60			090	Y	
•	•		35371	TEAEC W/WO PATCH GRAFT COMMON FEMORAL	2844.00			090	Y	
•	•		35372	TEAEC W/WO PATCH GRAFT DEEP PROFUNDA FEMORAL	3404.40			090	Y	
+	•		35390	ROPRTJ CRTD TEAEC > 1 MO AFTER ORIGINAL OPRATIO	553.20			ZZZ	Y	
+	•		35400	ANGIOSCOPY NON-CORONARY VESSEL/GRAFTS THER IVNTJ	518.40			ZZZ	N	
+	•		35500	HARVEST UXTR VEIN 1 SGM LOWER EXTREMITY/CABG PX	1114.80			ZZZ	Y	
•	•		35501	BYPASS W/VEIN COMMON-IPSILATERAL CAROTID	5200.80			090	Y	
•	•		35506	BYPASS W/VEIN CAROTID-SUBCLV/SUBCLAVIAN CAROTID	4396.80			090	Y	
•	•		35508	BYPASS W/VEIN CAROTID-VERTEBRAL	4531.20			090	Y	
•	•		35509	BYPASS W/VEIN CAROTID-CONTRALATERAL CAROTID	4876.80			090	Y	
•	•		35510	BYPASS W/VEIN CAROTID-BRACHIAL	4239.60			090	Y	
•	•		35511	BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIAN	3804.00			090	Y	
•	•		35512	BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	4178.40			090	Y	
•	•		35515	BYPASS W/VEIN SUBCLAVIAN-VERTEBRAL	4352.40			090	Y	
•	•		35516	BYPASS W/VEIN SUBCLAVIAN-AXILLARY	4227.60			090	Y	
•	•		35518	BYPASS W/VEIN AXILLARY-AXILLARY	3927.60			090	Y	
•	•		35521	BYPASS W/VEIN AXILLARY-FEMORAL	4238.40			090	Y	
•	•		35522	BYPASS W/VEIN AXILLARY-BRACHIAL	4196.40			090	Y	
•	•		35523	BYPASS W/VEIN BRACHIAL-ULNAR/-RADIAL	4454.40			090	Y	
•	•		35525	BYPASS W/VEIN BRACHIAL-BRACHIAL	3969.60			090	Y	
•	•		35526	BYPASS W/VEIN AORTOSUBCLAV/CAROTID/INNOMINATE	6060.00			090	Y	
•	•		35531	BYPASS W/VEIN AORTOCELIAC/AORTOMESENTERIC	6738.00			090	Y	
•	•		35533	BYPASS W/VEIN AXILLARY-FEMORAL-FEMORAL	5200.80			090	Y	
•	•		35535	BYPASS W/VEIN HEPATORENAL	6598.80			090	Y	
•	•		35536	BYPASS W/VEIN SPLENORENAL	5859.60			090	Y	
•	•		35537	BYPASS W/VEIN AORTOILIAC	7172.40			090	Y	
•	•		35538	BYPASS W/VEIN AORTOBI-ILIAC	8046.00			090	Y	
•	•		35539	BYPASS W/VEIN AORTOFEMORAL	7549.20			090	Y	
•	•		35540	BYPASS W/VEIN AORTOBIFEMORAL	8481.60			090	N	
•	•		35556	BYPASS W/VEIN FEMORAL-POPLITEAL	4862.40			090	Y	
•	•		35558	BYPASS W/VEIN FEMORAL-FEMORAL	4275.60			090	Y	
•	•		35560	BYPASS W/VEIN AORTORENAL	5828.40			090	Y	
•	•		35563	BYPASS W/VEIN ILIOILIAC	4584.00			090	Y	
•	•		35565	BYPASS W/VEIN ILIOFEMORAL	4573.20			090	Y	
•	•		35566	BYP FEM-ANT TIBL PST TIBL PRONEAL ART/OTH DSTL	5803.20			090	Y	
•	•		35570	BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRONEAL TRK-TIBL	5247.60			090	Y	
•	•		35571	BYP W/VEIN POP-TIBL-PRONEAL ART/OTH DSTL VSL	4602.00			090	Y	
+	•		35572	HARVEST FEMPOP VEIN 1 SGM VASC RCNSTJ PX	1206.00			ZZZ	Y	
•	•		35583	IN-SITU VEIN BYPASS FEMORAL-POPLITEAL	5020.80			090	Y	
•	•		35585	IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL ART	5816.40			090	Y	
•	•		35587	IN-SITU VEIN BYP POP-TIBL PRONEAL	4741.20			090	Y	
+	•		35600	HARVEST UPPER EXTREMITY ARTERY 1 SEGMENT CABG	891.60			ZZZ	Y	
•	•		35601	BYP OTH/THN VEIN COMMON-IPSILATERAL CAROTID	4857.60			090	Y	
•	•		35606	BYP OTH/THN VEIN CAROTID-SUBCLAVIAN	4081.20			090	Y	
•	•		35612	BYP OTH/THN VEIN SUBCLAVIAN-SUBCLAVIAN	3594.00			090	Y	
•	•		35616	BYP OTH/THN VEIN SUBCLAVIAN-AXILLARY	3798.00			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		35621	BYP OTH/THN VEIN AXILLARY-FEMORAL	3810.00			090	Y	
•	•		35623	BYP OTH/THN VEIN AXILLARY-POPLITEAL/-TIBIAL	4539.60			090	Y	
•	•		35626	BYPASS NOT VEIN AORTOSUBCLA/CAROTID/INNOMINATE	5521.20			090	Y	
•	•		35631	BYP OTH/THN VEIN AORTOCELIAC AORTOMSN AORTORNL	6446.40			090	Y	
•	•		35632	BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC	6206.40			090	Y	
•	•		35633	BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC	6937.20			090	Y	
•	•		35634	BYPASS GRAFT W/OTHER THAN VEIN ILIORENAL	6103.20			090	Y	
•	•		35636	BYP OTH/THN VEIN SPLENORENAL	5526.00			090	Y	
•	•		35637	BYP OTH/THN VEIN AORTOILIAC	5731.20			090	Y	
•	•		35638	BYP OTH/THN VEIN AORTOBI-ILIAC	6110.40			090	Y	
•	•		35642	BYP OTH/THN VEIN CAROTID-VERTEBRAL	3415.20			090	Y	
•	•		35645	BYP OTH/THN VEIN SUBCLAVIAN-VERTEBRAL	3277.20			090	Y	
•	•		35646	BYP OTH/THN VEIN AORTOBIFEMORAL	5968.80			090	Y	
•	•		35647	BYP OTH/THN VEIN AORTOFEMORAL	5403.60			090	Y	
•	•		35650	BYP OTH/THN VEIN AXILLARY-AXILLARY	3765.60			090	Y	
•	•		35654	BYP OTH/THN VEIN AXILLARY-FEMORAL-FEMORAL	4760.40			090	Y	
•	•		35656	BYP OTH/THN VEIN FEMORAL-POPLITEAL	3760.80			090	Y	
•	•		35661	BYP OTH/THN VEIN FEMORAL-FEMORAL	3771.60			090	Y	
•	•		35663	BYP OTH/THN VEIN ILIOILIAC	4207.20			090	Y	
•	•		35665	BYP OTH/THN VEIN ILIOFEMORAL	4080.00			090	Y	
•	•		35666	BYP OTH/THN VEIN FEM-ANT TIBL PST TIBL/PRONEAL	4396.80			090	Y	
•	•		35671	BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PERONEAL ART	3874.80			090	Y	
+	•		35681	BYPASS COMPOSITE GRAFT PROSTHETIC & VEIN	280.80			ZZZ	Y	
+	•		35682	BYP AUTOG COMPOSIT 2 SEG VEINS FROM 2 LOCATIONS	1226.40			ZZZ	N	
+	•		35683	BYP AUTOG COMPOSIT 3/> SEG FROM 2/> LOCATION	1419.60			ZZZ	N	
+	•		35685	PLMT VEIN PATCH/CUFF DSTL ANAST BYP CONDUIT	691.20			ZZZ	Y	
+	•		35686	CRTJ DSTL ARVEN FSTL LXTR BYP SURG NON-HEMO	556.80			ZZZ	Y	
•	•		35691	TRPOS&/RIMPLTJ VERTEBRAL CAROTID ART	3272.40			090	Y	
•	•		35693	TRPOS&/RIMPLTJ VERTEBRAL SUBCLAVIAN ART	2832.00			090	Y	
•	•		35694	TRPOS&/RIMPLTJ SUBCLAVIAN CAROTID ART	3412.80			090	Y	
•	•		35695	TRPOS&/RIMPLTJ CAROTID SUBCLAVIAN ART	3514.80			090	Y	
+	•		35697	RIMPLTJ VISC ART INFRARNL AORTIC PROSTH EA ART	516.00			ZZZ	Y	
+	•		35700	ROPRTJ > 1 MO AFTER ORIGINAL OPRATION	530.40			ZZZ	Y	
•	•		35701	EXPL N/FLWD SURG RPR W/WO LYSIS CAROTID ARTERY	1968.00			090	Y	
•	•		35721	EXPL N/FLWD SURG RPR W/WO LYSIS FEMORAL ARTERY	1582.80			090	Y	
•	•		35741	EXPL N/FLWD SURG RPR W/WO LYSIS POPLITEAL ARTERY	1800.00			090	Y	
•	•	J1	35761	EXPL N/FLWD SURG RPR W/WO LYSIS OTHER ARTERY	1365.60			090	Y	5022.59
•	•		35800	EXPL PO HEMRRG THROMBOSIS/INFCTJ NCK	2500.80			090	Y	6048.77
•	•		35820	EXPL PO HEMRRG THROMBOSIS/INFCTJ CH	6998.40			090	Y	
•	•		35840	EXPL PO HEMRRG THROMBOSIS/INFCTJ ABD	4156.80			090	Y	3962.26
•	•	J1	35860	EXPL PO HEMRRG THROMBOSIS/INFCTJ XTR	2910.00			090	Y	5022.59
•	•		35870	RPR GRF-ENTERIC FSTL	4294.80			090	Y	
•	•	J1	35875	THRMBC ARTL/VEN GRF OTH/THN HEMO GRF/FSTL	2070.00			090	N	8407.95
•	•	J1	35876	THRMBC ARTL/VEN GRF XCP HEMO GRF/FSTL W/REVJ GRF	3290.40			090	Y	8407.95
•	•	J1	35879	REVJ LXTR ARTL BYP OPN VEIN PATCH ANGIOP	3219.60			090	Y	8407.95
•	•	J1	35881	REVJ LXTR ARTL BYP OPN W/SGMTL VEIN INTERPOS	3537.60			090	Y	8407.95
•	•	J1	35883	REVISION FEMORAL ANAST OPEN NONAUTOG GRAFT	4177.20			090	Y	8407.95
•	•	J1	35884	REVISION FEMORAL ANAST OPEN W/AUTOG GRAFT	4288.80			090	Y	8407.95
•	•		35901	EXCISION INFECTED NECK GRAFT	1626.00			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	35903	EXCISION INFECTED GRAFT EXTREMITY	1959.60			090	Y	5022.59
•	•		35905	EXCISION INFECTED GRAFT THORAX	5794.80			090	Y	
•	•		35907	EXCISION INFECTED GRAFT ABDOMEN	6630.00			090	Y	
•	•		36000	INTRODUCTION NEEDLE/INTRACATHETER VEIN	92.40			XXX	N	
•	•		36002	INJECTION PX PRQ TX EXTREMITY PSEUDOANEURYSM	538.80			000	N	880.41
•	•		36005	NJX PX XTR VNGRPH W/INTRO NDL/INTRACATH	1051.20			000	N	
•	•		36010	INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA	1713.60			XXX	N	
•	•		36011	SLCTV CATH PLMT VEN SYS 1ST ORDER BRANCH	2882.40			XXX	N	
•	•		36012	SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC	2940.00			XXX	N	
•	•		36013	INTRO CATHETER RIGHT HEART/MAIN PULMONARY ARTERY	2620.80			XXX	N	
•	•		36014	SLCTV CATHETER PLMT LEFT/RIGHT PULMONARY ARTERY	2767.20			XXX	N	
•	•		36015	SLCTV CATH PLMT SEGMENTAL/SUBSEGMENTAL PULM ART	2997.60			XXX	N	
•	•		36100	INTRO NEEDLE/INTRACATH CAROTID/VERTEBRAL ARTERY	1777.20			XXX	N	
•	•		36140	INTRO OF NEEDLE OR INTRACATHETER UPR/LXTR ARTERY	1527.60			XXX	N	
•	•		36160	INTRO NEEDLE/INTRACATH AORTIC TRANSLUMBAR	1753.20			XXX	N	
•	•		36200	INTRODUCTION CATHETER AORTA	1947.60			000	N	
•	•		36215	SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH	3528.00			000	N	
•	•		36216	SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CPHLC BRNCH	3801.60			000	N	
•	•		36217	SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRCH/CPHLC BRNCH	6374.40			000	N	
+	•		36218	SLCTV CATHJ EA 2ND+ ORD THRC/BRCH/CPHLC BRNCH	826.80			ZZZ	N	
•	•		36221	NONSLCTV CATH THOR AORTA ANGIO INTR/XTRCRANL ART	3517.20			000	N	3750.96
•	•		36222	SLCTV CATH CAROTID/INNOM ART ANGIO XTRCRANL ART	4167.60			000	N	3750.96
•	•		36223	SLCTV CATH CAROTID/INNOM ART ANGIO INTRCRANL ART	5274.00			000	N	6214.66
•	•		36224	SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	6824.40			000	N	6214.66
•	•		36225	SLCTV CATH SUBCLAVIAN ART ANGIO VERTEBRAL ARTERY	5080.80			000	N	3750.96
•	•		36226	SLCTV CATH VERTEBRAL ART ANGIO VERTEBRAL ARTERY	6453.60			000	N	6214.66
+	•		36227	SLCTV CATH XTRNL CAROTID ANGIO XTRNL CAROTD CIRC	867.60			ZZZ	N	
+	•		36228	SLCTV CATH INTRCRNL BRNCH ANGIO INTRL CAROT/VERT	4516.80			ZZZ	N	
•	•		36245	SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR ART BRNCH	4491.60			XXX	N	
•	•		36246	SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH	2856.00			000	N	
•	•		36247	SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR BRNCH	5112.00			000	N	
+	•		36248	SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXTR ART BRNCH	493.20			ZZZ	N	
•	•		36251	SLCTV CATH 1STORD W/WO ART PUNCT/FLUORO/S&I UN	4706.40			000	N	3750.96
•	•		36252	SLCTV CATH 1STORD W/WO ART PUNCT/FLUOR/S&I BIL	5091.60			000	N	3750.96
•	•		36253	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	7512.00			000	N	6214.66
•	•		36254	SUPSLCTV CATH 2ND+ORD RENAL&ACCESSORY ARTERY/S&I	7298.40			000	N	3750.96
•	•	J1	36260	INSJ IMPLANTABLE INTRA-ARTERIAL INFUSION PUM	2256.00			090	N	8407.95
•	•		36261	REVJ IMPLANTED INTRA-ARTERIAL INFUSION PUMP	1396.80			090	Y	4445.35
•	•		36262	REMOVAL IMPLANTED INTRA-ARTERIAL INFUSION PUMP	1068.00			090	N	4445.35
•	•		36299	UNLISTED PROCEDURE VASCULAR INJECTION	BR			YYY	N	
•	•		36400	VNPNXR <3 YEARS PHY/QHP SKILL FEMRAL/JUGLAR VEIN	90.00			XXX	N	
•	•		36405	VNPNXR <3 YEARS PHYS/QHP SKILL SCALP VEIN	79.20			XXX	N	
•	•		36406	VNPNXR <3 YEARS PHYS/QHP SKILL OTHER VEIN	56.40			XXX	N	
•	•		36410	VNPNXR 3 YEARS/> PHYS/QHP SKILL	58.80			XXX	N	
•	•		36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	9.99			XXX	N	
•	•		36416	COLLECTION CAPILLARY BLOOD SPECIMEN	22.80			XXX	N	
•	•		36420	VENIPUNCTURE CUTDOWN UNDER AGE 1 YR	162.00			XXX	N	79.38
•	•		36425	VENIPUNCTURE CUTDOWN AGE 1 YR/>	139.20			XXX	N	494.39
•	•		36430	TRANSFUSION BLOOD/BLOOD COMPONENTS	118.80			XXX	N	543.72

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		36440	PUSH TRANSFUSION BLOOD 2 YR/UNDER	175.20			XXX	N	543.72
•	•		36450	EXCHNG TRANSFUSION BLOOD NEWBORN	592.80			XXX	N	543.72
•	•		36455	EXCHNG TRANSFUSION BLOOD OTHER/THAN NEW BORN	441.60			XXX	N	543.72
•	•		36456	PRTL EXCHANGE TRANSFUSE BLOOD/PLSM/CRYST NEWBORN	363.60			XXX	N	543.72
•	•		36460	TRANSFUSION INTRAUTERINE FETAL	1180.80			XXX	Y	543.72
•	•		36465	NJX NONCMPND SCLEROSANT SINGLE INCMPTNT VEIN	5236.80			000	N	2199.52
•	•		36466	NJX NONCMPND SCLEROSANT MULTIPLE INCMPTNT VEINS	5504.40			000	N	2199.52
•	•		36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS LIM/TRNK	460.80			000	N	250.56
•	•		36470	INJECTION SCLEROSANT SINGLE INCMPTNT VEIN	362.40			000	N	445.99
•	•		36471	INJECTION SCLEROSANT MULTIPLE INCMPTNT VEINS	656.40			000	N	445.99
•	•	J1	36473	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM 1ST VEIN	4968.00			000	N	5022.59
+	•		36474	ENDOVEN ABLTJ INCMPTNT VEIN MCHNCHEM SBSQ VEINS	944.40			ZZZ	N	
•	•	J1	36475	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 1ST VEIN	4872.00			000	N	5022.59
+	•		36476	ENDOVEN ABLTJ INCMPTNT VEIN XTR RF 2ND+ VEINS	1026.00			ZZZ	N	
•	•	J1	36478	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 1ST VEIN	3852.00			000	N	5022.59
+	•		36479	ENDOVEN ABLTJ INCMPTNT VEIN XTR LASER 2ND+ VEINS	1083.60			ZZZ	N	
•	•		36481	PRQ PORTAL VEIN CATHETERIZATION ANY METHOD	6652.80			000	N	
•	•	J1	36482	ENDOVEN ABLTI THER CHEM ADHESIVE 1ST VEIN	6958.80			000	N	8407.95
+	•		36483	ENDOVEN ABLTI THER CHEM ADHESIVE SBSQ VEIN	511.20			ZZZ	N	
•	•		36500	VEN CATHJ SLCTV ORGAN BLD SAMPLING	636.00			000	N	
•	•		36510	CATHJ UMBILICAL VEIN DX/THER NB	280.80			000	N	
•	•		36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS	372.00			000	N	1770.74
•	•		36512	THERAPEUTIC APHERESIS RED BLOOD CELLS	373.20			000	N	1770.74
•	•		36513	THERAPEUTIC APHERESIS PLATELETS	379.20			000	N	543.72
•	•		36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	2460.00			000	N	1770.74
•	•		36516	THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	6752.40			000	N	5569.95
•	•		36522	PHOTOPHERESIS EXTRACORPOREAL	7346.40			000	N	5569.95
•	•		36555	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE < 5 Y	639.60			000	N	1552.95
•	•		36556	INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>	718.80			000	N	1552.95
•	•	J1	36557	INSERT TUNNELED CVC W/O SUBQ PORT/PMP AGE <5 YR	3487.20			010	N	8407.95
•	•	J1	36558	INSJ TUNNELED CVC W/O SUBQ PORT/PMP AGE 5 YR/>	2604.00			010	N	5022.59
•	•	J1	36560	INSJ TUNNELED CTR VAD W/SUBQ PORT UNDER 5 YR	4458.00			010	N	5022.59
•	•	J1	36561	INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	3673.20			010	N	5022.59
•	•	J1	36563	INSJ TUNNELED CTR VAD W/SUBQ PUMP	4136.40			010	N	8407.95
•	•	J1	36565	INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUBQ PORT/PMP	2982.00			010	N	5022.59
•	•	J1	36566	INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ PORT	16292.40			010	N	8407.95
•	•		36568	INSERTION PICC W/O IMG GDN < 5 YR	318.00			000	N	880.41
•	•		36569	INSERTION PICC W/O IMG GDN 5 YR/>	326.40			000	N	1552.95
•	•	J1	36570	INSJ PRPH CTR VAD W/SUBQ PORT UNDER 5 YR	4905.60			010	N	5022.59
•	•	J1	36571	INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>	4305.60			010	N	5022.59
•	•		36572	INSERTION PICC W/RS&I < 5 YR	1428.00			000	N	880.41
•	•		36573	INSERTION PICC W/RS&I 5 YR/>	1344.00			000	N	1552.95
•	•		36575	RPR TUN/NON-TUN CTR VAD CATH W/O SUBQ PORT/PMP	550.80			000	N	880.41
•	•		36576	RPR CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ SIT	1117.20			010	N	1552.95
•	•	J1	36578	RPLCMT CATH CTR VAD SUBQ PORT/PMP	1567.20			010	N	5022.59
•	•		36580	RPLCMT COMPL NON-TUN CVC W/O SUBQ PORT/PMP	735.60			000	N	1552.95
•	•	J1	36581	RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP	2577.60			010	N	5022.59
•	•	J1	36582	RPLCMT COMPL TUN CTR VAD W/SUBQ PORT	3402.00			010	N	5022.59
•	•	J1	36583	RPLCMT COMPL TUN CTR VAD W/SUBQ PMP	4308.00			010	N	8407.95

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		36584	COMPLETE REPLACEMENT PICC RS&I	1173.60			000	N	1552.95
•	•	J1	36585	RPLCMT COMPL PRPH CTR VAD W/SUBQ PORT	3661.20			010	N	5022.59
•	•		36589	RMVL TUN CVC W/O SUBQ PORT/PMP	565.20			010	N	880.41
•	•		36590	RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ	760.80			010	N	880.41
•	•		36591	COLLECT BLOOD FROM IMPLANT VENOUS ACCESS DEVICE	82.80	BR	82.80	XXX	N	
•	•		36592	COLLECT BLOOD FROM CATHETER VENOUS NOS	92.40	BR	92.40	XXX	N	
•	•		36593	DECLOT BY THROMBOLYTIC AGENT IMPLANT DEVICE/CATH	106.80	BR	106.80	XXX	N	
•	•	J1	36595	MCHNL RMVL PRICATH OBSTR CV DEV VIA VEN ACCESS	2076.00			000	N	5022.59
•	•		36596	MCHNL RMVL INTRAL OBSTR CV DEV THRU DEV LUMEN	428.40			000	N	1552.95
•	•		36597	RPSG PREVIOUSLY PLACED CVC UNDER FLUOR GDNCE	442.80			000	N	1552.95
•	•		36598	CNTRST NJX RAD EVAL CTR VAD FLUOR IMG&REPRT	396.00			000	N	265.80
•	•		36600	ARTERIAL PUNCTURE WITHDRAWAL BLOOD DX	104.40			XXX	N	151.20
•	⃠		36620	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX PRQ	153.60			000	N	
•	•		36625	ARTL CATHJ/CANNULJ MNTR/TRANSFUSION SPX CUTDOWN	366.00			000	N	
•	•	J1	36640	ARTL CATHJ PROLNG NFS THER CHEMOTX CUTDOWN	396.00			000	N	5022.59
•	•		36660	CATHETERIZATION UMBILICAL NEWBORN ART DX/THERAPY	237.60			000	N	
•	•		36680	PLACEMENT NEEDLE INTRAOSSEOUS INFUSION	202.80			000	N	494.39
•	•	J1	36800	INSJ CANNULA HEMO OTH PURPOSE SPX VEIN VEIN	423.60			000	N	8407.95
•	•	J1	36810	INSJ CANNULA HEMO OTH PURPOSE SPX ARVEN XTRNL	726.00			000	N	5022.59
•	•	J1	36815	INSJ CANNULA HEMO OTH SPX ARVEN XTRNL REVJ/CLSR	469.20			000	N	8407.95
•	•	J1	36818	ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	2413.20			090	Y	8407.95
•	•	J1	36819	ARVEN ANAST OPN UPR ARM BASILIC VEIN TRPOS	2542.80			090	Y	8407.95
•	•	J1	36820	ARVEN ANAST OPN F/ARM VEIN TRPOS	2550.00			090	Y	8407.95
•	•	J1	36821	ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT	2310.00			090	Y	5022.59
•	•		36823	INSJ CNULA ISLTD XC-CIRCJ REG CHEMOTX XTR RMVL	4848.00			090	N	
•	•	J1	36825	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST AUTOG GRF	2766.00			090	Y	8407.95
•	•	J1	36830	CRTJ ARVEN FSTL XCP DIR ARVEN ANAST NONAUTOG GRF	2320.80			090	Y	8407.95
•	•	J1	36831	THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	2142.00			090	Y	8407.95
•	•	J1	36832	REVJ OPN ARVEN FSTL W/O THRMBC DIAL GRF	2628.00			090	Y	8407.95
•	•	J1	36833	REVJ OPN ARVEN FSTL W/THRMBC DIAL GRF	2824.80			090	Y	8407.95
•	•	J1	36835	INSERTION THOMAS SHUNT SEPARATE PROCEDURE	1662.00			090	N	5022.59
•	•	J1	36838	DSTL REVSC&INTERVAL LIG UXTR HEMO ACCESS	3978.00			090	Y	8407.95
•	•		36860	XTRNL CANNULA DECLTNG SPX W/O BALO CATH	860.40			000	N	880.41
•	•	J1	36861	XTRNL CANNULA DECLTNG SPX W/BALO CATH	482.40			000	N	8407.95
•	•		36901	INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I	2199.60			000	N	1552.95
•	•	J1	36902	INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP	4330.80			000	N	8736.46
•	•	J1	36903	INTRO CATH DIALYSIS CIRCUIT W/TCAT PLMT IV STENT	18265.20			000	N	17440.05
•	•	J1	36904	PERQ THRMBC/NFS DIALYSIS CIRCUIT IMG DX ANGRPH	6373.20			000	N	8736.46
•	•	J1	36905	PERQ THRMBC/NFS DIAL CIRCUIT TRLUML BALO ANGIOP	8016.00			000	N	17440.05
•	•	J1	36906	PERQ THRMBC/NFS DIAL CIRCUIT TCAT PLMT IV STENT	22387.20			000	N	26888.04
+	•		36907	TRLUML BALO ANGIOP CTR DIALYSIS SEG W/IMG S&I	2451.60			ZZZ	N	
+	•		36908	STENT PLMT CENTRAL DIAYLSIS SEG PFRMD DIAL CIR	8162.40			ZZZ	N	
+	•		36909	DIALYIS CIRCUIT VASC EMBOLI OCCLS EVASC IMG S&I	6597.60			ZZZ	N	
•	•		37140	VENOUS ANASTOMOSIS OPEN PORTOCAVAL	8088.00			090	N	
•	•		37145	VENOUS ANASTOMOSIS OPEN RENOPORTAL	7500.00			090	Y	
•	•		37160	VENOUS ANASTOMOSIS OPEN CAVAL-MESENTERIC	7706.40			090	Y	
•	•		37180	VENOUS ANASTOMOSIS OPEN SPLENORENAL PROXIMAL	7407.60			090	Y	
•	•		37181	VENOUS ANASTOMOSIS OPEN SPLENORENAL DISTAL	8088.00			090	Y	
•	•		37182	INSJ TRANSVNS INTRAHEPATC PORTOSYSIC SHUNT	2854.80			000	N	4435.97

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	37183	REVJ TRANSVNS INTRAHEPATIC PORTOSYSTEMIC SHUNT	20443.20			000	N	8736.46
•	•	J1	37184	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA 1ST	7228.80			000	N	8736.46
+	•		37185	PRIM PRQ TRLUML MCHNL THRMBC N-COR N-ICRA SBSQ	2227.20			ZZZ	N	
+	•		37186	SEC PRQ TRLUML THRMBC N-CORONARY N-INTRACRANIAL	4495.20			ZZZ	N	
•	•	J1	37187	PRQ TRANSLUMINAL MECHANICAL THROMBECTOMY VEIN	6667.20			000	N	8736.46
•	•	J1	37188	PRQ TRLUML MCHNL THRMBC VEIN REPEAT TX	5607.60			000	N	5022.59
•	•	J1	37191	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	8394.00			000	N	8407.95
•	•	J1	37192	REPSNG INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	4498.80			000	N	5022.59
•	•	J1	37193	RTRVL INTRVAS VC FILTR W/WO ACS VSL SELXN RS&I	5287.20			000	N	5022.59
•	•		37195	THROMBOLYSIS CEREBRAL IV INFUSION	2464.80			XXX	N	409.50
•	•	J1	37197	PRQ TRANSCATHETER RTRVL INTRVAS FB WITH IMAGING	5208.00			000	N	5022.59
•	•	J1	37200	TRANSCATHETER BIOPSY	756.00			000	N	8407.95
•	•	J1	37211	THROMBOLYSIS ARTERIAL INFUSION ICRA RS&I INIT TX	1345.20			000	N	8407.95
•	•	J1	37212	THROMBOLYSIS VENOUS INFUSION W/IMAGING INIT TX	1177.20			000	N	5022.59
•	•		37213	THROMBOLYSIS ART/VENOUS INFSN W/IMAGE SUBSQ TX	811.20			000	N	1552.95
•	•		37214	CESSATION THROMBOLYTIC THER W/CATHETER REMOVAL	428.40			000	N	1552.95
•	•		37215	TCAT IV STENT CRV CRTD ART EMBOLIC PROTECJ	3505.20			090	N	5148.62
•	•		37216	TCAT IV STENT CRV CRTD ART W/O EMBOLIC PROTECJ	3514.80			090	N	
•	•		37217	TCATH STENT PLACEMT RETROGRAD CAROTID/INNOMINATE	3766.80			090	N	
•	•		37218	TCATH STENT PLACEMT ANTEGRADE CAROTID/INNOMINATE	2848.80			090	N	
•	•	J1	37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL	10051.20			000	N	8736.46
•	•	J1	37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY	14264.40			000	N	17440.05
+	•		37222	REVASCULARIZATION ILIAC ART ANGIOP EA IPSI VSL	2716.80			ZZZ	N	
+	•		37223	REVSC OPN/PRQ ILIAC ART W/STNT & ANGIOP IPSILATL	7513.20			ZZZ	N	
•	•	J1	37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI	12081.60			000	N	8736.46
•	•	J1	37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL	41434.80			000	N	17440.05
•	•	J1	37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL	35938.80			000	N	17440.05
•	•	J1	37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL	53388.00			000	N	26888.04
•	•	J1	37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI	17512.80			000	N	17440.05
•	•	J1	37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL	41457.60			000	N	26888.04
•	•	J1	37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL	35295.60			000	N	26888.04
•	•	J1	37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL	50712.00			000	N	26888.04
+	•		37232	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI EA VSL	3735.60			ZZZ	N	
+	•		37233	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP UNI EA VSL	4551.60			ZZZ	N	
+	•		37234	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP UNI EA VSL	13170.00			ZZZ	N	
+	•		37235	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP EA VSL	14288.40			ZZZ	N	
•	•	J1	37236	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT INITIAL	12194.40			000	N	17440.05
+	•		37237	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT EA ADDL	7240.80			ZZZ	N	
•	•	J1	37238	OPEN/PERQ PLACEMENT INTRAVASCULAR STENT SAME 1ST	12316.80			000	N	17440.05
+	•		37239	OPEN/PERQ PLACEMENT INTRAVASC STENT SAME EA ADDL	5876.40			ZZZ	N	
•	•	J1	37241	VASCULAR EMBOLIZATION OR OCCLUSION VENOUS RS&I	16480.80			000	N	17440.05
•	•	J1	37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I	25380.00			000	N	17440.05
•	•	J1	37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT	32834.40			000	N	17440.05
•	•	J1	37244	VASCULAR EMBOLIZATION OR OCCLUSION HEMORRHAGE	23480.40			000	N	17440.05
•	•	J1	37246	TRLML BALO ANGIOP OPEN/PERQ IMG S&I 1ST ART	7113.60			000	N	8736.46
+	•		37247	TRLML BALO ANGIOP OPEN/PERQ IMG S&I EA ADDL ART	2710.80			ZZZ	N	
•	•	J1	37248	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I 1ST VEIN	5085.60			000	N	8736.46
+	•		37249	TRLML BALO ANGIOP OPEN/PERQ W/IMG S&I ADDL VEIN	2012.40			ZZZ	N	
+	•		37252	INTRAVASCULAR US NONCORONARY RS&I INTIAL VESSEL	4293.60			ZZZ	N	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	•		37253	INTRAVASCULAR US NONCORONARY RS&I ADDL VESSEL	672.00			ZZZ	N	
•	•	J1	37500	VASC ENDOSCOPY SURG W/LIG PERFORATOR VEINS SPX	2196.00			090	N	8407.95
•	•		37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	BR			YYY	N	880.41
•	•		37565	LIGATION INTERNAL JUGULAR VEIN	2493.60			090	N	1552.95
•	•	J1	37600	LIGATION EXTERNAL CAROTID ARTERY	2528.40			090	Y	5022.59
•	•	J1	37605	LIGATION INTERNAL/COMMON CAROTID ARTERY	2546.40			090	Y	5022.59
•	•	J1	37606	LIG INT/COMMON CAROTID ART W/GRADUAL OCCLUSION	2452.80			090	Y	5022.59
•	•	J1	37607	LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA	1299.60			090	N	5022.59
•	•	J1	37609	LIGATION/BIOPSY TEMPORAL ARTERY	1064.40			010	N	2734.29
•	•		37615	LIGATION MAJOR ARTERY NECK	1819.20			090	Y	1552.95
•	•		37616	LIGATION MAJOR ARTERY CHEST	3846.00			090	Y	
•	•		37617	LIGATION MAJOR ARTERY ABDOMEN	4660.80			090	Y	3642.72
•	•		37618	LIGATION MAJOR ARTERY EXTREMITY	1333.20			090	Y	2650.75
•	•	J1	37619	INS INTRVAS VC FILTR W/WO VAS ACS VSL SELXN RS&I	6006.00			090	Y	8407.95
•	•	J1	37650	LIGATION OF FEMORAL VEIN	1586.40			090	N	5022.59
•	•		37660	LIGATION OF COMMON ILIAC VEIN	4568.40			090	Y	
•	•	J1	37700	LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ	848.40			090	N	5022.59
•	•	J1	37718	LIGJ DIVJ & STRIPPING SHORT SAPHENOUS VEIN	1494.00			090	N	5022.59
•	•	J1	37722	LIGJ DIVJ&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW	1646.40			090	N	5022.59
•	•	J1	37735	LIGJ & DIVJ RADICAL STRIP LONG/SHORT SAPHENOUS	2010.00			090	N	5022.59
•	•	J1	37760	LIG PRFRATR VEIN SUBFSCAL RAD INCL SKN GRF 1 LEG	2169.60			090	N	5022.59
•	•		37761	LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG	1878.00			090	Y	1552.95
•	•	J1	37765	STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS	2222.40			090	N	5022.59
•	•	J1	37766	STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS	2641.20			090	N	5022.59
•	•		37780	LIGJ & DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX	810.00			090	N	1552.95
•	•	J1	37785	LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG	1208.40			090	N	5022.59
•	•		37788	PENILE REVASCULARIZATION ARTERY W/WO VEIN GRAFT	4389.60			090	Y	
•	•	J1	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	1690.80			090	N	5757.14
•	•		37799	UNLISTED PROCEDURE VASCULAR SURGERY	BR			YYY	N	880.41
•	•		38100	SPLENECTOMY TOTAL SEPARATE PROCEDURE	4014.00			090	Y	
•	•		38101	SPLENECTOMY TOTAL EN BLOC W/OTHER PROCEDURE	4024.80			090	Y	
+	•		38102	SPLENC TOT EN BLOC EXTNSV DS CONJUNCT W/OTH PX	918.00			ZZZ	Y	
•	•		38115	RPR RPTD SPLEEN SPLENORRHAPHY W/WO PRTL SPLENECT	4444.80			090	Y	
•	•	J1	38120	LAPAROSCOPIC SURGICAL SPLENECTOMY	3662.40			090	Y	15106.63
•	•	J1	38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	BR			YYY	Y	9076.35
•	•		38200	INJECTION PROCEDURE SPLENOPORTOGRAPY	460.80			000	N	
•	•		38204	MGMT RCP HEMATOP PROGENITOR CELL DONOR &ACQUISJ	363.60			XXX	N	
•	•		38205	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ ALGNC	285.60			000	N	
•	•		38206	BLD-DRV HEMATOP PROGEN CELL HRVG TRNSPLJ AUTOL	286.80			000	N	1770.74
•	•		38207	TRNSPL PREPJ HEMATOP PROGEN CELLS CRYOPRSRV STOR	162.00			XXX	N	543.72
•	•		38208	TRNSPL PREP HEMATOP PROGEN THAW PREV HRV PER DNR	103.20			XXX	N	543.72
•	•		38209	TRNSP PREP HMATOP PROG THAW PREV HRV WSH PER DNR	43.20			XXX	N	543.72
•	•		38210	TRNSPL PREPJ HEMATOP PROGEN DEPLJ IN HRV T-CELL	288.00			XXX	N	543.72
•	•		38211	TRNSPL PREPJ HEMATOP PROGEN TUM CELL DEPLJ	259.20			XXX	N	543.72
•	•		38212	TRNSPL PREPJ HEMATOP PROGEN RED BLD CELL RMVL	171.60			XXX	N	543.72
•	•		38213	TRNSPL PREPJ HEMATOP PROGEN PLTLT DEPLJ	43.20			XXX	N	543.72
•	•		38214	TRNSPL PREPJ HEMATOP PROGEN PLSM VOL DEPLJ	147.60			XXX	N	543.72
•	•		38215	TRNSPL PREPJ HEMATOP PROGEN CONCENTRATION PLSM	171.60			XXX	N	543.72
•	•	J1	38220	DIAGNOSTIC BONE MARROW ASPIRATIONS	565.20			XXX	N	2734.29

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	38221	DIAGNOSTIC BONE MARROW BIOPSIES	526.80			XXX	N	2734.29
•	•	J1	38222	DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS	584.40			XXX	N	2734.29
•	•		38230	BONE MARROW HARVEST TRANSPLANTATION ALLOGENEIC	716.40			000	N	1770.74
•	•		38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	690.00			000	N	5569.95
•	•	J1	38240	TRNSPLJ ALLOGENEIC HEMATOPOIETIC CELLS PER DONOR	783.60			XXX	N	75776.05
•	•		38241	TRNSPLJ AUTOLOGOUS HEMATOPOIETIC CELLS PER DONOR	585.60			XXX	N	1770.74
•	•		38242	ALLOGENEIC LYMPHOCYTE INFUSIONS	414.00			000	N	1770.74
•	•		38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	416.40			000	N	1770.74
•	•	J1	38300	DRG LYMPH NODE ABSC/LYMPHADENITIS SMPL	1102.80			010	N	2734.29
•	•	J1	38305	DRG LYMPH NODE ABSC/LYMPHADENITIS EXTNSV	1680.00			090	N	2734.29
•	•	J1	38308	LYMPHANGIOTOMY/OTH OPRATIONS LYMPHATIC CHANNELS	1560.00			090	Y	5620.48
•	•		38380	SUTR&/LIG THORACIC DUCT CERVICAL APPROACH	1956.00			090	Y	
•	•		38381	SUTR&/LIG THORACIC DUCT THORACIC APPROACH	2785.20			090	Y	
•	•		38382	SUTR&/LIG THORACIC DUCT ABDOMINAL APPROACH	2330.40			090	Y	
•	•	J1	38500	BX/EXC LYMPH NODE OPEN SUPERFICIAL	1149.60			010	N	5620.48
•	•	J1	38505	BX/EXC LYMPH NODE NEEDLE SUPERFICIAL	427.20			000	N	2734.29
•	•	J1	38510	BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE	1794.00			010	N	5620.48
•	•	J1	38520	BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD	1608.00			090	N	5620.48
•	•	J1	38525	BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE	1516.80			090	N	5620.48
•	•	J1	38530	BX/EXC LYMPH NODE OPEN INT MAMMARY NODE	1935.60			090	Y	5620.48
•	•	J1	38531	OPEN BIOPSY/EXCISION INGUINOFEMORAL NODES	1512.00			090	N	5620.48
•	•	J1	38542	DISSECTION DEEP JUGULAR NODE	1786.80			090	Y	9076.35
•	•	J1	38550	EXC CSTIC HYGROMA AX/CRV W/O DP NEUROVASC DSJ	1773.60			090	N	5620.48
•	•	J1	38555	EXC CSTIC HYGROMA AX/CRV W/DP NEUROVASC DSJ	3502.80			090	Y	9771.93
•	•		38562	LMTD LMPHADEC STAGING SPX PEL&PARA-AORTIC	2458.80			090	Y	5288.53
•	•		38564	LMTD LMPHADEC STAGING SPX RPR AORTIC&/SPLENIC	2451.60			090	Y	
•	•	J1	38570	LAPS SURG RETROPERITONEAL LYMPH NODE BX 1/MLT	1767.60			010	Y	9076.35
•	•	J1	38571	LAPS SURG BILATERAL TOTAL PELVIC LMPHADECTOMY	2299.20			010	Y	15106.63
•	•	J1	38572	LAPS BI TOT PEL LMPHADEC & PRI-AORTIC LYMPH BX 1	3204.00			010	Y	15106.63
•	•	J1	38573	LAPS W/BI TOT PEL LMPHADEC & OMNTC LYMPH BX	4052.40			010	Y	15106.63
•	•	J1	38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTEM	BR			YYY	Y	9076.35
•	•	J1	38700	SUPRAHYOID LYMPHADENECTOMY	2773.20			090	Y	9771.93
•	•	J1	38720	CERVICAL LYMPHADENECTOMY	4632.00			090	Y	13715.53
•	•		38724	CERVICAL LYMPHADEC MODIFIED RADICAL NECK DSJ	5000.40			090	Y	5449.71
•	•	J1	38740	AXILLARY LYMPHADENECTOMY SUPERFICIAL	2419.20			090	Y	9076.35
•	•	J1	38745	AXILLARY LYMPHADENECTOMY COMPLETE	3052.80			090	Y	9076.35
+	•		38746	THORCOM THRC W/MEDSTNL & REGIONAL LMPHADEC	747.60			ZZZ	Y	
+	•		38747	ABDL LMPHADEC REG CELIAC GSTR PORTAL PRIPNCRTC	932.40			ZZZ	Y	
•	•	J1	38760	INGUINOFEM LMPHADEC SUPFC W/CLOQUETS NODE SPX	2924.40			090	Y	9771.93
•	•		38765	INGUINOFEM LMPHADEC SUPFC W/PEL LMPHADEC	4515.60			090	Y	
•	•		38770	PEL LMPHADEC W/XTRNL ILIAC HYPOGSTR&OBTURATOR	2809.20			090	Y	
•	•		38780	RPR TABDL LMPHADEC EXTNSV W/PEL AORTIC&RNL	3573.60			090	Y	
•	•		38790	INJECTION PROCEDURE LYMPHANGIOGRAPHY	286.80			000	N	
•	•		38792	INJ RADIOACTIVE TRACER FOR ID OF SENTINEL NODE	280.80			000	N	501.96
•	•		38794	CANNULATION THORACIC DUCT	1028.40			090	N	
+	•		38900	INTRAOP SENTINEL LYMPH NODE ID W/DYE INJECTION	480.00			ZZZ	Y	
•	•		38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC SYSTEM	BR			YYY	N	543.72
•	•		39000	MEDIAST W/EXPL DRG RMVL FB/BX CRV APPR	1723.20			090	Y	3481.53
•	•		39010	MEDIAST W/EXPL DRG RMVL FB/BX TTHRC APPR	2727.60			090	Y	3017.81

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		39200	RESECTION OF MEDIASTINAL CYST	3009.60			090	Y	
•	•		39220	RESECTION MEDIASTINAL TUMOR	3933.60			090	Y	
•	•	J1	39401	MEDIASTINOSCOPY INCLUDES MEDIASTINAL MASS BIOPSY	1075.20			000	N	9076.35
•	•	J1	39402	MEDIASTINOSCOPY WITH LYMPH NODE BIOPSY/IES	1407.60			000	N	9076.35
•	•		39499	UNLISTED PROCEDURE MEDIASTINUM	BR			YYY	Y	
•	•		39501	REPAIR LACERATION DIAPHRAGM ANY APPROACH	2958.00			090	Y	
•	•		39503	RPR NEONATAL DIPHRG HERNIA W/WO CHEST TUBE INSJ	20854.80			090	Y	
•	•		39540	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC AQT	3024.00			090	Y	
•	•		39541	RPR DIPHRG HRNA OTH/THN NEONATAL TRAUMTC CHRNC	3270.00			090	Y	
•	•		39545	IMBRICATION DIAPHRAGM EVENTRATION	3085.20			090	Y	
•	•		39560	RESCJ DIAPHRAGM W/SIMPLE REPAIR	2781.60			090	Y	
•	•		39561	RESCJ DIAPHRAGM W/COMPLEX REPAIR	4311.60			090	Y	
•	•		39599	UNLISTED PROCEDURE DIAPHRAGM	BR			YYY	Y	5571.53
•	•		40490	BIOPSY OF LIP	430.80			000	N	292.72
•	•	J1	40500	VERMILIONECTOMY LIP SHV W/MUCOSAL ADVMNT	1758.00			090	N	4449.71
•	•	J1	40510	EXC LIP TRANSVRS WEDGE EXC W/PRIM CLSR	1675.20			090	N	4449.71
•	•	J1	40520	EXC LIP V-EXC W/PRIM DIR LINR CLSR	1699.20			090	N	4449.71
•	•	J1	40525	EXC LIP FULL THKNS RCNSTJ W/LOCAL FLAP	1904.40			090	N	4449.71
•	•	J1	40527	EXC LIP FULL THKNS RCNSTJ W/CROSS LIP FLAP	2125.20			090	N	8765.29
•	•	J1	40530	RESCJ LIP > ONE-FOURTH W/O RCNSTJ	1866.00			090	N	4449.71
•	•		40650	RPR LIP FULL THICKNESS VERMILION ONLY	1562.40			090	N	691.72
•	•		40652	RPR LIP FULL THICKNESS HALF/< VERTICAL HEIGHT	1712.40			090	N	691.72
•	•	J1	40654	RPR LIP FULL THKNS >ONE-HALF VERT HEIGHT/COMPLE	1978.80			090	N	2543.11
•	•	J1	40700	PLSTC RPR CL LIP/NSL DFRM PRIM PRTL/COMPL UNI	3489.60			090	N	8765.29
•	•	J1	40701	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 STG PX	4135.20			090	Y	8765.29
•	•	J1	40702	PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 2 STGS	3469.20			090	Y	8765.29
•	•	J1	40720	PLSTC RPR CL LIP/NSL DFRM SEC RECRTJ DFCT & RECL	3565.20			090	N	4449.71
•	•	J1	40761	PLSTC RPR CL LIP/NSL DFRM W/CROSS LIP PEDCL FLAP	3759.60			090	N	8765.29
•	•		40799	UNLISTED PROCEDURE LIPS	BR			YYY	Y	292.72
•	•		40800	DRG ABSC CST HMTMA VESTIBULE MOUTH SMPL	729.60			010	N	822.66
•	•		40801	DRG ABSC CST HMTMA VESTIBULE MOUTH COMP	1063.20			010	N	691.72
•	•		40804	RMVL EMBEDDED FB VESTIBULE MOUTH SMPL	656.40			010	N	1081.40
•	•		40805	RMVL EMBEDDED FB VESTIBULE MOUTH COMP	1069.20			010	N	691.72
•	•		40806	INCISION LABIAL FRENUM FRENOTOMY	349.20			000	N	691.72
•	•		40808	BIOPSY VESTIBULE MOUTH	644.40			010	N	691.72
•	•	J1	40810	EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/O RPR	718.80			010	N	4449.71
•	•	J1	40812	EXC LESION MUCOSA & SBMCSL VESTIBULE SMPL RPR	996.00			010	N	4449.71
•	•	J1	40814	EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR	1330.80			090	N	4449.71
•	•	J1	40816	EXC LESION MUCOSA&SBMCSL VESTIBULE CPLX EXC MUSC	1384.80			090	N	4449.71
•	•		40818	EXC MUCOSA VESTIBULE MOUTH AS DON GRF	1260.00			090	N	691.72
•	•	J1	40819	EXC FRENUM LABIAL/BUCCAL	1086.00			090	N	2543.11
•	•	J1	40820	DSTRJ LES/SCAR VESTIBULE MOUTH PHYSICAL METHS	904.80			010	N	4449.71
•	•		40830	CLOSURE LACERATION VESTIBULE MOUTH 2.5 CM/<	933.60			010	N	292.72
•	•		40831	CLOSURE LACERATION VESTIBULE MOUTH > 2.5 CM/CPL	1194.00			010	N	691.72
•	•	J1	40840	VESTIBULOPLASTY ANTERIOR	2827.20			090	Y	8765.29
•	•	J1	40842	VESTIBULOPLASTY POSTERIOR UNILATERAL	2736.00			090	N	8765.29
•	•	J1	40843	VESTIBULOPLASTY POSTERIOR BILATERAL	3614.40			090	Y	8765.29
•	•	J1	40844	VESTIBULOPLASTY ENTIRE ARCH	4710.00			090	Y	8765.29
•	•	J1	40845	VESTIBULOPLASTY CPLX W/RIDGE XTN MUSC RPSG	5065.20			090	N	8765.29

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		40899	UNLISTED PROCEDURE VESTIBULE MOUTH	BR			YYY	N	292.72
•	•		41000	INTRAORAL I&D TONGUE/FLOOR LINGUAL	558.00			010	N	691.72
•	•		41005	INTRAORAL I&D TONGUE/FLOOR SUBLNGL SUPFC	760.80			010	N	292.72
•	•	J1	41006	INTRAORAL I&D TONGUE/FLOOR SUBLNGL DP SPRMLHYD	1224.00			090	N	2543.11
•	•	J1	41007	INTRAORAL I&D TONGUE/FLOOR SUBMENTAL SPACE	1201.20			090	N	2543.11
•	•	J1	41008	INTRAORAL I&D TONGUE/FLOOR SUBMNDBLR SPACE	1329.60			090	N	4449.71
•	•		41009	INTRAORAL I&D TONGUE/FLOOR MASTICATOR SPACE	1423.20			090	N	691.72
•	•	J1	41010	INCISION LINGUAL FRENUM FRENOTOMY	708.00			010	N	2543.11
•	•		41015	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBLNGL	1447.20			090	N	691.72
•	•	J1	41016	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMENT	1537.20			090	N	8765.29
•	•	J1	41017	XTRORAL I&D ABSC CST/HMTMA FLOOR MOUTH SUBMNDB	1561.20			090	N	4449.71
•	•	J1	41018	XTRORAL I&D FLOOR MASTICATOR SPACE	1767.60			090	N	2543.11
•	•	J1	41019	PLACEMENT NEEDLE HEAD/NECK RADIOELEMENT APPLICAT	1652.40			000	N	8765.29
•	•		41100	BIOPSY TONGUE ANTERIOR TWO-THIRDS	592.80			010	N	691.72
•	•	J1	41105	BIOPSY TONGUE POSTERIOR ONE-THIRD	602.40			010	N	4449.71
•	•	J1	41108	BIOPSY FLOOR MOUTH	524.40			010	N	2734.29
•	•	J1	41110	EXCISION LESION TONGUE W/O CLOSURE	745.20			010	N	4449.71
•	•	J1	41112	EXC LESION TONGUE W/CLSR ANTERIOR TWO-THIRDS	1158.00			090	N	4449.71
•	•	J1	41113	EXC LESION TONGUE W/CLSR POSTERIOR ONE-THIRD	1261.20			090	N	4449.71
•	•	J1	41114	EXC LESION TONGUE W/CLSR W/LOCAL TONGUE FLAP	2172.00			090	N	4449.71
•	•	J1	41115	EXCISION LINGUAL FRENUM FRENECTOMY	860.40			010	N	2543.11
•	•	J1	41116	EXCISION LESION FLOOR MOUTH	1146.00			090	N	4449.71
•	•	J1	41120	GLOSSECTOMY <ONE-HALF TONGUE	3703.20			090	Y	8765.29
•	•		41130	GLOSSECTOMY HEMIGLOSSECTOMY	4570.80			090	Y	4813.80
•	•		41135	GLOSSECTOMY PRTL W/UNI RADICAL NECK DSJ	7550.40			090	Y	
•	•		41140	GLSSC COMPL/TOT W/WOTRACHS W/O RAD NECK DSJ	7561.20			090	Y	
•	•		41145	GLSSC COMPL/TOT W/WO TRACHS W/UNI RAD NECK DSJ	9578.40			090	Y	
•	•		41150	GLSSC COMPOSIT W/RESCJ FLOOR & MANDIBULAR RESCJ	7622.40			090	Y	
•	•		41153	GLSSC COMPOSIT RESCJ FLOOR SUPRAHYOID NCK DSJ	8262.00			090	Y	
•	•		41155	GLSSC COMPOSIT RESCJ FLR MNDBLR RESCJ & RAD NECK	10467.60			090	Y	
•	•		41250	RPR LAC 2.5 CM/< MOUTH&/ANT TWO-THIRDS TONG	940.80			010	N	151.20
•	•		41251	RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE	1051.20			010	N	292.72
•	•		41252	RPR LAC TONGUE FLOOR MOUTH > 2.6 CM/CPLX	1095.60			010	N	292.72
•	•	J1	41510	SUTURE TONGUE LIP MICROGNATHIA	1561.20			090	N	4449.71
•	•	J1	41512	TONGUE BASE SUSPENSION PERMANENT SUTURE TQ	2274.00			090	N	8765.29
•	•	J1	41520	FRENOPLASTY SURG REVJ FRENUM EG W/Z-PLASTY	1213.20			090	N	4449.71
•	•	J1	41530	SUBMUCOSAL ABLTJ TONGUE RF 1/> SITES PR SESSION	3292.80			000	N	4449.71
•	•		41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	BR			YYY	N	292.72
•	•		41800	DRG ABSC CST HMTMA FROM DENTOALVEOLAR STRUXS	994.80			010	N	151.20
•	•	J1	41805	RMVL EMBEDDED FB FROM DENTALVLR STRUXS SOFT TISS	992.40			010	N	2543.11
•	•	J1	41806	RMVL EMBEDDED FB FROM DENTOALVEOLAR STRUXS BONE	1357.20			010	N	2543.11
•	•	J1	41820	GINGIVECTOMY EXC GINGIVA EACH QUADRANT	2724.00			000	N	4449.71
•	•	J1	41821	OPRCULECTOMY EXC PRICORONAL TISSUE	422.40			000	N	2543.11
•	•	J1	41822	EXC FIBROUS TUBEROSITIES DENTOALVEOLAR STRUXS	980.40			010	N	2543.11
•	•	J1	41823	EXC OSS TUBEROSITIES DENTOALVEOLAR STRUXS	1513.20			090	N	8765.29
•	•	J1	41825	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR	742.80			010	N	4449.71
•	•	J1	41826	EXC LESION/TUMOR DENTOALVEOLAR STRUX W/SMPL RPR	1090.80			010	N	4449.71
•	•	J1	41827	EXC LESION/TUMOR DENTALVEOLAR STRUX W/CMPLX RPR	1539.60			090	N	8765.29
•	•	J1	41828	EXC HYPRPLSTC ALVEOLAR MUCOSA EA QUADRANT SPEC	1082.40			010	N	4449.71

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	41830	ALVEOLECTOMY W/CURTG OSTEITIS/SEQUESTRECTOMY	1370.40			010	N	4449.71
•	•	J1	41850	DESTRUCTION LESION DENTOALVEOLAR STRUCTURES	651.60			000	N	2543.11
•	•	J1	41870	PERIODONTAL MUCOSAL GRAFTING	1342.80			000	N	4449.71
•	•	J1	41872	GINGIVOPLASTY EACH QUADRANT SPECIFY	1345.20			090	N	4449.71
•	•	J1	41874	ALVEOLOPLASTY EACH QUADRANT SPECIFY	1341.60			090	N	4449.71
•	•		41899	UNLISTED PROCEDURE DENTOALVEOLAR STRUCTURES	BR			YYY	N	292.72
•	•		42000	DRAINAGE ABSCESS PALATE UVULA	532.80			010	N	292.72
•	•	J1	42100	BIOPSY PALATE UVULA	513.60			010	N	2543.11
•	•	J1	42104	EXC LESION PALATE UVULA W/O CLOSURE	744.00			010	N	4449.71
•	•	J1	42106	EXC LESION PALATE UVULA W/SMPL PRIM CLOSURE	934.80			010	N	4449.71
•	•	J1	42107	EXC LESION PALATE UVULA W/LOCAL FLAP CLOSURE	1603.20			090	N	8765.29
•	•	J1	42120	RESCJ PALATE/EXTENSIVE RESCJ LESION	3496.80			090	Y	8765.29
•	•	J1	42140	UVULECTOMY EXCISION UVULA	920.40			090	N	4449.71
•	•	J1	42145	PALATOPHARYNGOPLASTY	2398.80			090	N	8765.29
•	•	J1	42160	DSTRJ LESION PALATE/UVULA THERMAL CRYO/CHEM	802.80			010	N	4449.71
•	•		42180	REPAIR LACERATION PALATE </2 CM	848.40			010	N	691.72
•	•	J1	42182	REPAIR LACERATION PALATE >2 CM/COMPLEX	1108.80			010	N	8765.29
•	•	J1	42200	PALATOP CL PALATE SOFT&/HARD PALATE ONLY	3271.20			090	Y	8765.29
•	•	J1	42205	PALATOPLASTY W/CLSR ALVEOLAR RIDGE SOFT TISSUE	3415.20			090	Y	4449.71
•	•	J1	42210	PALATOP CLSR ALVEOLAR RIDGE GRF ALVEOLAR RIDGE	3806.40			090	Y	8765.29
•	•	J1	42215	PALATOPLASTY CLEFT PALATE MAJOR REVJ	2485.20			090	Y	8765.29
•	•	J1	42220	PALATOPLASTY CLEFT PALATE SEC LNGTH PX	2048.40			090	Y	8765.29
•	•	J1	42225	PALATOP CL PALATE ATTACHMENT PHARYNGEAL FLAP	3410.40			090	Y	8765.29
•	•	J1	42226	LENGTHENING PALATE & PHARYNGEAL FLAP	3038.40			090	Y	8765.29
•	•	J1	42227	LENGTHENING PALATE W/ISLAND FLAP	2862.00			090	Y	8765.29
•	•	J1	42235	REPAIR ANTERIOR PALATE W/VOMER FLAP	2498.40			090	Y	8765.29
•	•	J1	42260	REPAIR NASOLABIAL FISTULA	2823.60			090	Y	8765.29
•	•		42280	MAXILLARY IMPRESJ PALATAL PROSTHESIS	612.00			010	N	691.72
•	•	J1	42281	INSJ PIN-RETAINED PALATAL PROSTHESIS	787.20			010	N	8765.29
•	•		42299	UNLISTED PROCEDURE PALATE UVULA	BR			YYY	Y	292.72
•	•	J1	42300	DRAINAGE ABSCESS PAROTID SIMPLE	722.40			010	N	2543.11
•	•	J1	42305	DRAINAGE ABSCESS PAROTID COMPLICATED	1477.20			090	N	4449.71
•	•		42310	DRG ABSC SUBMAXILLARY/SUBLINGUAL INTRAORAL	609.60			010	N	691.72
•	•		42320	DRAINAGE ABSCESS SUBMAXILLARY INTRAORAL	868.80			010	N	691.72
•	•	J1	42330	SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL	798.00			010	N	4449.71
•	•	J1	42335	SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL	1336.80			090	N	4449.71
•	•	J1	42340	SIALOLITHOTOMY PRTD XTRORAL/COMP INTRAORAL	1658.40			090	N	4449.71
•	•		42400	BIOPSY SALIVARY GLAND NEEDLE	354.00			000	N	822.66
•	•	J1	42405	BIOPSY SALIVARY GLAND INCISIONAL	1030.80			010	N	4449.71
•	•	J1	42408	EXC SUBLINGUAL SALIVARY CYST RANULA	1770.00			090	N	4449.71
•	•	J1	42409	MARSUPIALIZATION SUBLNGL SALIVARY CST RANULA	1198.80			090	Y	4449.71
•	•	J1	42410	EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ	2149.20			090	Y	8765.29
•	•	J1	42415	EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NR	3637.20			090	Y	8765.29
•	•	J1	42420	EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NR	4087.20			090	Y	8765.29
•	•	J1	42425	EXCISION PAROTID TUMOR/GLAND TOTAL EN BLOC RMVL	2877.60			090	Y	8765.29
•	•		42426	EXC PRTD TUM/PRTD GLND TOT W/UNI RAD NCK DSJ	4657.20			090	Y	5565.45
•	•	J1	42440	EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND	1419.60			090	Y	8765.29
•	•	J1	42450	EXISION OF SUBLINGUAL GLAND	1561.20			090	N	8765.29
•	•	J1	42500	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM	1498.80			090	N	8765.29

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•	•	J1	42505	PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY SEC/COMP	1918.80			090	N	8765.29
•	•	J1	42507	PAROTID DUCT DIVERSION BILATERAL WILKE PX	1738.80			090	Y	8765.29
•	•	J1	42509	PAROTID DUCT DVRJ BI W/EXC BOTH SUBMNDBLR GLANDS	2875.20			090	N	8765.29
•	•	J1	42510	PAROTID DUCT DVRJ BILATERAL WITH LIG BOTH DUCTS	2133.60			090	Y	4449.71
•	•		42550	INJECTION PROCEDURE SIALOGRAPHY	500.40			000	N	
•	•	J1	42600	CLOSURE SALIVARY FISTULA	1698.00			090	N	4449.71
•	•	J1	42650	DILATION SALIVARY DUCT	277.20			000	N	2543.11
•	•		42660	DILAT&CATHJ SALIVARY DUCT W/WO INJECTION	433.20			000	N	691.72
•	•	J1	42665	LIGATION SALIVARY DUCT INTRAORAL	1130.40			090	N	4449.71
•	•		42699	UNLISTED PX SALIVARY GLANDS/DUCTS	BR			YYY	Y	292.72
•	•		42700	I&D ABSCESS PERITONSILLAR	651.60			010	N	292.72
•	•	J1	42720	I&D ABSC RTRPHRNGL/PARAPHARYNGEAL INTRAORAL	1563.60			010	N	4449.71
•	•	J1	42725	I&D ABSC RTRPHRNGL/PARAPHARYNGEAL XTRNL APPR	2820.00			090	Y	8765.29
•	•	J1	42800	BIOPSY OROPHARYNX	540.00			010	N	4449.71
•	•	J1	42804	BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE	678.00			010	N	4449.71
•	•	J1	42806	BX NASOPHARYNX SURVEY UNKNOWN PRIMARY LESION	758.40			010	N	4449.71
•	•	J1	42808	EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD	782.40			010	N	4449.71
•	•		42809	REMOVAL FOREIGN BODY PHARYNX	690.00			010	N	494.39
•	•	J1	42810	EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS	1327.20			090	Y	4449.71
•	•	J1	42815	EXC BRANCHIAL CLEFT CYST BELOW SUBQ TISS&/PHRYNX	1894.80			090	Y	8765.29
•	•	J1	42820	TONSILLECTOMY & ADENOIDECTOMY <AGE 12	996.00			090	N	8765.29
•	•	J1	42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>	1034.40			090	N	4449.71
•	•	J1	42825	TONSILLECTOMY PRIMARY/SECONDARY <AGE 12	901.20			090	N	8765.29
•	•	J1	42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>	865.20			090	N	4449.71
•	•	J1	42830	ADENOIDECTOMY PRIMARY <AGE 12	714.00			090	N	4449.71
•	•	J1	42831	ADENOIDECTOMY PRIMARY AGE 12/>	771.60			090	N	4449.71
•	•	J1	42835	ADENOIDECTOMY SECONDARY<AGE 12	663.60			090	N	4449.71
•	•	J1	42836	ADENOIDECTOMY SECONDARY AGE 12/>	826.80			090	N	4449.71
•	•	J1	42842	RADICAL RESECTION TONSIL W/O CLOSURE	3487.20			090	N	8765.29
•	•	J1	42844	RADICAL RESCJ TONSIL CLOSURE W/LOCAL FLAP	4794.00			090	Y	8765.29
•	•		42845	RADICAL RESCJ TONSIL CLOSURE W/OTHER FLAP	7718.40			090	Y	
•	•	J1	42860	EXCISION TONSIL TAGS	646.80			090	N	4449.71
•	•	J1	42870	EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX	2041.20			090	N	8765.29
•	•	J1	42890	LIMITED PHARYNGECTOMY	4952.40			090	Y	8765.29
•	•	J1	42892	RESCJ LAT PHRNGL WALL/PYRIFORM SINUS DIR CLSR	6500.40			090	Y	8765.29
•	•		42894	RESCJ PHRNGL WALL CLSR W/FLP OR FLP W/MVASC ANAS	8226.00			090	Y	
•	•	J1	42900	SUTURE PHARYNX WOUND/INJURY	1158.00			010	N	2543.11
•	•	J1	42950	PHARYNGOPLASTY PLSTC/RCNSTV OPRATION PHARYNX	2793.60			090	Y	8765.29
•	•		42953	PHARYNGOESOPHAGEAL REPAIR	3350.40			090	Y	
•	•	J1	42955	PHARYNGOSTOMY FSTLJ PHARYNX XTRNL FEEDING	2647.20			090	Y	2543.11
•	•		42960	CONTROL OROPHARYNGEAL HEMORRHAGE SIMPLE	579.60			010	N	691.72
•	•		42961	CTRL OROPHARYNGEAL HEMORRHAGE COMP REQ HOSPITJ	1437.60			090	Y	2198.40
•	•	J1	42962	CTRL OROPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	1779.60			090	N	4449.71
•	•		42970	CTRL NASOPHARYNGEAL HEMRRG SMPL W/PST NSL PACKS	1414.80			090	N	292.72
•	•		42971	CTRL NASOPHARYNGEAL HEMRRG COMP REQ HOSPIZATION	1566.00			090	Y	
•	•	J1	42972	CTRL NASOPHARYNGEAL HEMORRHAGE W/SEC SURG IVNTJ	1753.20			090	Y	4449.71
•	•		42999	UNLISTED PROCEDURE PHARYNX ADENOIDS/TONSILS	BR			YYY	N	292.72
•	•	J1	43020	ESOPHAGOTOMY CERVICAL APPR W/RMVL FB	1940.40			090	Y	2543.11
•	•	J1	43030	CRICOPHARYNGEAL MYOTOMY	1790.40			090	Y	8765.29

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•	•		43045	ESOPHAGOTOMY THORACIC APPR W/RMVL FB	4520.40			090	Y	
•	•		43100	EXC LESION ESOPHOGUS W/PRIM RPR CERVICAL APPR	2156.40			090	Y	
•	•		43101	EXC LESION ESOPHAGUS W/PRIM RPR THRC/ABDL APPR	3486.00			090	Y	
•	•		43107	TOT ESOPHAGECTOMY W/O THORCOM W/WO PYLOROPLASTY	10380.00			090	Y	
•	•		43108	TOT ESOPHG W/O THORCOM COLON NTRPSTJ/INT RCNSTJ	15590.40			090	Y	
•	•		43112	TOTAL ESOPHAGECTOMY W/THORCOM W/WO PYLORPLASTY	12198.00			090	Y	
•	•		43113	TOT ESOPHG W/THORCOM W/COLON NTRPSTJ/INT RCNSTJ	15219.60			090	Y	
•	•		43116	PRTL ESOPHAGECTOMY CERVICAL W/FREE INTSTINAL GRF	17475.60			090	Y	
•	•		43117	PRTL ESOPHECT DSTL W/WO PROX GASTRECT/PYLORPLSTY	11326.80			090	Y	
•	•		43118	PRTL ESOPH DSTL W/WO PROX GASTRC W/COLON NTRPSTJ	12684.00			090	Y	
•	•		43121	PRTL ESOPHAGEC W/WO PROX GASTREC/PYLOROPLASTY	9876.00			090	Y	
•	•		43122	PRTL ESOPHG THORACOABD W/WO PROXGASTREC/PYLOROPL	8893.20			090	Y	
•	•		43123	PRTL ESPHG THORACOABDL/ABDL APPR NTRPSTJ/RCNSTJ	15602.40			090	Y	
•	•		43124	TOT/PRTL ESPHG W/O RCNSTJ W/CRV ESOPHAGOSTOMY	13256.40			090	Y	
•	•	J1	43130	DIVERTICULECTOMY HYPOPHARYNX/ESOPH CRV APPR	2715.60			090	Y	8765.29
•	•		43135	DIVERTICULECTOMY HYPOPHARYNX/ESOPH THRC APPR	5106.00			090	Y	
•	•	J1	43180	ESOPHAGOSCP RIG TRANSORAL HYPOPHARYNX CRV ESOPH	1890.00			090	N	8765.29
•	•	J1	43191	ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH	536.40			000	N	2902.55
•	•	J1	43192	ESOPHAGOSCOPY RIGID TRANSORAL INJ SUBMUCOSAL	585.60			000	N	2902.55
•	•	J1	43193	ESOPHAGOSCOPY RIGID TRANSORAL WITH BIOPSY	585.60			000	N	2902.55
•	•	J1	43194	ESOPHAGOSCOPY RIG TRANSORAL REMOVAL FOREIGN BODY	669.60			000	N	2902.55
•	•	J1	43195	ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION	638.40			000	N	5470.86
•	•	J1	43196	ESOPHAGOSCOPY RIG TRANSORAL GUIDE WIRE DILATION	680.40			000	N	5470.86
•	•		43197	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC	640.80			000	N	1081.40
•	•		43198	ESOPHAGOSCOPY FLEXIBLE TRANSNASAL WITH BIOPSY	705.60			000	N	1081.40
•	•		43200	ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC	780.00			000	N	1081.40
•	•	J1	43201	ESOPHAGOSCOPY FLEXIBLE TRANSORAL W SUBMUCOUS INJ	786.00			000	N	2902.55
•	•	J1	43202	ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY	1099.20			000	N	2902.55
•	•	J1	43204	ESOPHAGOSCOPY FLEX TRANSORAL INJECTION VARICES	475.20			000	N	2902.55
•	•	J1	43205	ESPHGOSCOPY FLEX W/BAND LIGATION ESOPHGL VARICES	495.60			000	N	2902.55
•	•	J1	43206	ESOPHAGOSCOPY TRANSORAL W/OPTICAL ENDOMICROSCOPY	942.00			000	N	2902.55
•	•	J1	43210	EGD PARTIAL/COMPL ESOPHAGOGASTRIC FUNDOPLASTY	1506.00			000	N	15106.63
•	•	J1	43211	ESOPHAGOSCOPY FLEXIBLE TRANSORAL MUCOSAL RESEXN	824.40			000	N	2902.55
•	•	J1	43212	ESOPHAGOSCOPY TRANSORAL STENT PLACEMENT	664.80			000	N	8373.03
•	•	J1	43213	ESOPHAGOSCOPY RETROGRADE DILATE BALLOON/OTHER	4062.00			000	N	2902.55
•	•	J1	43214	ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM	673.20			000	N	2902.55
•	•	J1	43215	ESOPHAGOSCOPY FLEXIBLE REMOVAL FOREIGN BODY	1269.60			000	N	2902.55
•	•	J1	43216	ESPHAGOSCOPY FLEX LESION REMOVAL HOT BX FORCEPS	1275.60			000	N	2902.55
•	•	J1	43217	ESOPHAGOSCOPY FLEXIB LESION REMOVAL TUMOR SNARE	1338.00			000	N	2902.55
•	•	J1	43220	ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM	3549.60			000	N	2902.55
•	•	J1	43226	ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION	1150.80			000	N	2902.55
•	•	J1	43227	ESOPHAGOSCOPY FLEXIBLE W/BLEEDING CONTROL	2134.80			000	N	2902.55
•	•	J1	43229	ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION	2290.80			000	N	5470.86
•	•	J1	43231	ESOPHAGOSCOPY FLEXIBLE TRANSORAL ULTRASOUND EXAM	1174.80			000	N	2902.55
•	•	J1	43232	ESOPHAGOSCOPY INTRA/TRANSMURAL NEEDLE ASPIRAT/BX	1426.80			000	N	2902.55
•	•	J1	43233	EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER	801.60			000	N	2902.55
•	•		43235	ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC	913.20			000	N	1081.40
•	•		43236	ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION	1201.20			000	N	1081.40

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	43237	ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS	687.60			000	N	2902.55
•	•	J1	43238	EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS	817.20			000	N	2902.55
•	•		43239	EGD TRANSORAL BIOPSY SINGLE/MULTIPLE	1222.80			000	N	1081.40
•	•	J1	43240	EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST	1380.00			000	N	5470.86
•	•	J1	43241	EGD INTRALUMINAL TUBE/CATHETER INSERTION	500.40			000	N	2902.55
•	•	J1	43242	EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY	922.80			000	N	2902.55
•	•	J1	43243	EGD INJECTION SCLEROSIS ESOPHGL/GASTRIC VARICES	832.80			000	N	2902.55
•	•	J1	43244	EGD BAND LIGATION ESOPHGEAL/GASTRIC VARICES	860.40			000	N	2902.55
•	•	J1	43245	EGD DILATION GASTRIC/DUODENAL STRICTURE	1946.40			000	N	2902.55
•	•	J1	43246	EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE	703.20			000	N	2902.55
•	•		43247	EGD FLEXIBLE FOREIGN BODY REMOVAL	1228.80			000	N	1081.40
•	•		43248	EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS	1262.40			000	N	1081.40
•	•	J1	43249	EGD BALLOON DILATION ESOPHAGUS <30 MM DIAM	3598.80			000	N	2902.55
•	•	J1	43250	EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS	1416.00			000	N	2902.55
•	•	J1	43251	EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	1564.80			000	N	2902.55
•	•	J1	43252	EGD FLEX TRANSORAL W/OPTICAL ENDOMICROSCOPY	1075.20			000	N	5470.86
•	•	J1	43253	EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER	924.00			000	N	2902.55
•	•	J1	43254	EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION	949.20			000	N	2902.55
•	•	J1	43255	EGD TRANSORAL CONTROL BLEEDING ANY METHOD	2252.40			000	N	2902.55
•	•	J1	43257	EGD DELIVER THERMAL ENERGY SPHNCTR/CARDIA GERD	816.00			000	N	5470.86
•	•	J1	43259	EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM	794.40			000	N	2902.55
•	•	J1	43260	ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING	1134.00			000	N	5470.86
•	•	J1	43261	ERCP W/BIOPSY SINGLE/MULTIPLE	1190.40			000	N	5470.86
•	•	J1	43262	ERCP W/SPHINCTEROTOMY/PAPILLOTOMY	1255.20			000	N	5470.86
•	•	J1	43263	ERCP W/PRESSURE MEASUREMENT SPHINCTER OF ODDI	1256.40			000	N	5470.86
•	•	J1	43264	ERCP REMOVE CALCULI/DEBRIS BILIARY/PANCREAS DUCT	1279.20			000	N	5470.86
•	•	J1	43265	ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD	1522.80			000	N	8373.03
•	•	J1	43266	EGD ENDOSCOPIC STENT PLACEMENT W/WIRE& DILATION	766.80			000	N	8373.03
•	•	J1	43270	EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE	2358.00			000	N	2902.55
+	•		43273	ENDOSCOPIC PAPILLA CANNULATION BILE/PANCREATIC	418.80			ZZZ	N	
•	•	J1	43274	ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT	1627.20			000	N	8373.03
•	•	J1	43275	ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT	1324.80			000	N	5470.86
•	•	J1	43276	ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL&WIRE	1694.40			000	N	8373.03
•	•	J1	43277	ERCP BALLOON DILATE BILIARY/PANC DUCT/AMPULLA EA	1330.80			000	N	5470.86
•	•	J1	43278	ERCP TUMOR/POLYP/LESION ABLATION W/DILATION&WIRE	1521.60			000	N	5470.86
•	•		43279	LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED	4486.80			090	Y	7557.06
•	•	J1	43280	LAPS SURG ESOPG/GSTR FUNDOPLASTY	3759.60			090	Y	15106.63
•	•	J1	43281	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/O MESH	5373.60			090	Y	15106.63
•	•	J1	43282	LAPS RPR PARAESPHGL HRNA INCL FUNDPLSTY W/MESH	6042.00			090	Y	15106.63
+	•		43283	LAPS ESOPHAGEAL LENGTHENING ADDL	552.00			ZZZ	Y	2511.61
•	•	J1	43284	LAPS ESOPHGL SPHNCTR AGMNTJ PLMT DEV CRRPL	2241.60			090	Y	15106.63
•	•		43285	REMOVAL ESOPHAGEAL SPHINCTER AGMNTJ DEVICE	2280.00			090	Y	6526.11
•	•		43286	ESOPHAGECTOMY TOTAL NEAR TOTAL W/LAPS MOBLJ	10918.80			090	Y	
•	•		43287	ESOPHAGECTOMY DISTAL 2/3 W/LAPAROSCOPIC MOBLJ	12496.80			090	Y	
•	•		43288	ESOPHAGECTOMY TOTAL NEAR TOTAL W/THRSC MOBLJ	13014.00			090	Y	
•	•	J1	43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHAGUS	BR			YYY	Y	9076.35
•	•		43300	ESPHGP CRV APPR W/O RPR TRACHEOESOPHGL FSTL	2118.00			090	Y	
•	•		43305	ESPHGP CRV APPR W/RPR TRACHEOESOPHGL FSTL	3756.00			090	Y	
•	•		43310	ESPHGP THRC APPR W/O RPR TRACHEOESOPHGL FSTL	5150.40			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		43312	ESPHGP THRC APPR W/RPR TRACHEOESOPHGL FSTL	5536.80			090	Y	
•	•		43313	ESPHGP CGEN DFCT THRC APPR W/O RPR FSTL	9518.40			090	Y	
•	•		43314	ESPHGP CGEN DFCT THRC APPR W/RPR FSTL	9895.20			090	Y	
•	•		43320	EGST W/WO VAGOTOMY&PYLOROPLASTY TABDL/TTHRC AP	4855.20			090	Y	
•	•		43325	ESOPG/GSTR FUNDOPLASTY W/FUNDIC PATCH	4723.20			090	Y	
•	•		43327	ESOPG/GSTR FUNDOPLASTY W/LAPAROTOMY	2851.20			090	Y	
•	•		43328	ESOPG/GSTR FUNDOPLASTY W/THORACOTOMY	3912.00			090	Y	
•	•		43330	ESOPHAGOMYOTOMY HELLER TYPE ABDOMINAL APPROACH	4644.00			090	Y	
•	•		43331	ESOPHAGOMYOTOMY HELLER TYPE THORACIC APPROACH	4647.60			090	Y	
•	•		43332	RPR PARAESOPH HIATAL HERNIA W/LAPT W/O MESH	4032.00			090	Y	4533.59
•	•		43333	LAPT RPR PARAESOPH HIATAL HERNIA W/MESH	4389.60			090	Y	
•	•		43334	RPR PARAESOPH HIATAL HERNIA W/THORCOM W/O MESH	4345.20			090	Y	
•	•		43335	RPR PARAESOPH HIATAL HERNIA W/THORCOM W/MESH	4648.80			090	Y	
•	•		43336	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/O MESH	5258.40			090	Y	
•	•		43337	RPR PARAESOPH HIATAL HERNIA THORCOABDOM W/MESH	5350.80			090	Y	
+	•		43338	ESOPHAGUS LENGTHENING	404.40			ZZZ	Y	
•	•		43340	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT ABDL APPR	4784.40			090	Y	
•	•		43341	ESOPHAGOJEJUNOSTOMY W/O TOT GSTRCT THRC APPR	4872.00			090	Y	
•	•		43351	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL THRC APPR	4521.60			090	Y	
•	•		43352	ESOPHAGOSTOMY FSTLJ ESOPH XTRNL CRV APPR	3705.60			090	Y	
•	•		43360	GI RCNSTJ PREV ESPHG/EXCLUSION W/STOMACH	7827.60			090	Y	
•	•		43361	GI RCNSTJ PREV ESPHG/EXCLUSION W/COLON SM INT	9398.40			090	Y	
•	•		43400	LIGATION DIRECT ESOPHAGEAL VARICES	5308.80			090	Y	
•	•		43401	TRNSXJ ESOPH W/RPR ESOPHAGEAL VARICES	5299.20			090	Y	
•	•		43405	LIG/STAPLING G-ESOP JUNCT PRE-ESOPHGL PRF8J	5038.80			090	Y	
•	•		43410	SUTR ESOPHGL WND/INJ CRV APPR	3532.80			090	Y	
•	•		43415	SUTR ESOPHGL WND/INJ TTHRC/TABDL APPR	8959.20			090	Y	
•	•	J1	43420	CLSR ESOPHAGOSTOMY/FSTL CRV APPR	3502.80			090	N	4449.71
•	•		43425	CLSR ESOPHAGOSTOMY/FSTL TTHRC/TABDL APPR	4996.80			090	Y	
•	•		43450	DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS	564.00			000	N	1081.40
•	•	J1	43453	DILATION ESOPHAGUS GUIDE WIRE	3054.00			000	N	2902.55
•	•		43460	ESOPG/GSTR TAMPONADE W/BALO SENGSTAKEN TYPE	746.40			000	N	
•	•		43496	FREE JEJUNUM TRSF W/MICROVASC ANASTOMOSIS	BR			090	Y	
•	•		43499	UNLISTED PROCEDURE ESOPHAGUS	BR			YYY	N	1081.40
•	•		43500	GASTROTOMY W/EXPLORATION/FOREIGN BODY REMOVAL	2728.80			090	Y	
•	•		43501	GASTROTOMY W/SUTURE REPAIR BLEEDING ULCER	4684.80			090	Y	
•	•		43502	GASTROTOMY W/SUTR RPR PRE-ESOPG/GASTRIC LAC	5280.00			090	Y	
•	•		43510	GSTRT W/ESOPHGL DILAT&INSJ PRM INTRAL TUBE	3295.20			090	Y	1081.40
•	•		43520	PYLOROMYOTOMY CUTTING PYLORIC MUSC	2394.00			090	Y	4224.83
•	•		43605	BIOPSY STOMACH LAPAROTOMY	2919.60			090	Y	
•	•		43610	EXC LOCAL ULCER/BENIGN TUMOR STOMACH	3421.20			090	Y	5316.58
•	•		43611	EXC LOCAL MALIGNANT TUMOR STOMACH	4268.40			090	Y	
•	•		43620	GSTRCT TOT W/ESOPHAGOENTEROSTOMY	6840.00			090	Y	
•	•		43621	GSTRCT TOT W/ROUX-EN-Y RCNSTJ	7918.80			090	Y	
•	•		43622	GSTRCT TOT W/FRMJ INTSTINAL POUCH ANY TYPE	8040.00			090	Y	
•	•		43631	GSTRCT PRTL DSTL W/GASTRODUODENOSTOMY	5050.80			090	Y	
•	•		43632	GSTRCT PRTL DSTL W/GASTROJEJUNOSTOMY	7089.60			090	Y	
•	•		43633	GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	6697.20			090	Y	
•	•		43634	GSTRCT PRTL DSTL W/FRMJ INTSTINAL POUCH	7377.60			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+	•		43635	VAGOTOMY PFRMD W/PRTL DSTL GSTRCT	391.20			ZZZ	Y	
•	•		43640	VGTMY W/PYLORPLSTY W/WO GASTROST TRUNCAL/SLCTV	4102.80			090	Y	
•	•		43641	VGTMY W/PYLOROPLASTY W/WO GASTROST PARIETAL CELL	4156.80			090	Y	
•	•		43644	LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y LIMB <150 CM	6028.80			090	Y	7037.08
•	•		43645	LAPS GSTR RSTCV PX W/BYP&SM INT RCNSTJ	6452.40			090	Y	
•	•	J1	43647	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD ANTRUM	3054.00			YYY	Y	10355.35
•	•	J1	43648	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD ANTRUM	1792.80			YYY	Y	9076.35
•	•	J1	43651	LAPS SURG TRNSXJ VAGUS NRV TRUNCAL	2265.60			090	Y	9076.35
•	•	J1	43652	LAPS SURG TRNSXJ VAGUS NRV SLCTV/HILY SLCTV	2662.80			090	Y	9076.35
•	•	J1	43653	LAPS SURG GASTROSTOMY W/O CONSTJ GSTR TUBE SPX	1994.40			090	Y	9076.35
•	•	J1	43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	BR			YYY	Y	9076.35
•	•		43752	NASO/ORO-GASTRIC TUBE PLMT REQ PHYS&FLUOR GDNCE	140.40			000	N	494.39
•	•		43753	GASTRIC INTUBATJ & ASPIRAJ W/PHYS SKILL/LAVAGE	75.60			000	Y	358.28
•	•		43754	GASTRIC INTUBAT DX W/ASPIRATION SINGLE SPECIMEN	554.40			000	Y	358.28
•	•		43755	GASTRIC INTUBATION DX & ASPIRATJ MULTIPLE SPEC	531.60			000	Y	193.05
•	•		43756	DUODENAL INTUBAT W/IMAG GUIDED SINGLE SPECIMEN	782.40			000	Y	1081.40
•	•		43757	DUODENAL INTUBAT W/IMAG GUIDED MULTIPLE SPECIMEN	1089.60			000	Y	1081.40
•	•		43761	REPOS NASO/ORO GASTRIC FEEDING TUBE THRU DUO	411.60			000	N	328.62
•	•		43762	PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	757.20			000	N	328.62
•	•		43763	PERQ REPLACEMENT GTUBE REQ REVJ GSTRST TRC	1124.40			000	N	328.62
•	•	J1	43770	LAPS GASTRIC RESTRICTIVE PROCEDURE PLACE DEVICE	3909.60			090	Y	15106.63
•	•		43771	LAPS GASTRIC RESTRICTIVE PX REVISION DEVICE	4412.40			090	Y	3900.04
•	•	J1	43772	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE	3292.80			090	Y	5470.86
•	•	J1	43773	LAPS GASTRIC RESTRICTIVE PX REMOVE&RPLCMT DEVICE	4419.60			090	Y	9076.35
•	•	J1	43774	LAPS GASTRIC RESTRICTIVE PX REMOVE DEVICE & PORT	3338.40			090	Y	5470.86
•	•		43775	LAPS GSTRC RSTRICTIV PX LONGITUDINAL GASTRECTOMY	3883.20			090	Y	5368.79
•	•		43800	PYLOROPLASTY	3238.80			090	Y	
•	•		43810	GASTRODUODENOSTOMY	3529.20			090	Y	
•	•		43820	GASTROJEJUNOSTOMY W/O VAGOTOMY	4676.40			090	Y	
•	•		43825	GASTROJEJUNOSTOMY W/VAGOTOMY ANY TYPE	4545.60			090	Y	
•	•	J1	43830	GASTROSTOMY OPN W/O CONSTJ GSTR TUBE SPX	2436.00			090	Y	2902.55
•	•		43831	GASTROSTOMY OPN NEONATAL FEEDING	2082.00			090	Y	1081.40
•	•		43832	GASTROSTOMY OPN W/CONSTJ GSTR TUBE	3609.60			090	Y	
•	•		43840	GASTRORRHAPHY SUTR PRF8 DUOL/GSTR ULCER WND/INJ	4732.80			090	Y	
•	•		43842	GASTRIC RSTCV W/O BYP VERTICAL-BANDED GASTROPLY	4150.80			090	N	
•	•		43843	GSTR RSTCV W/O BYP OTH/THN VER-BANDED GSTP	4392.00			090	Y	
•	•		43845	GASTRIC RSTCV W/PRTL GASTRECTOMY 50-100 CM	6780.00			090	Y	
•	•		43846	GASTRIC RSTCV W/BYP W/SHORT LIMB 150 CM/<	5641.20			090	Y	
•	•		43847	GASTRIC RSTCV W/BYP W/SM INT RCNSTJ LIMIT ABSRPJ	6252.00			090	Y	
•	•		43848	REVISION OPEN GASTRIC RESTRICTIVE PX NOT DEVICE	6709.20			090	Y	
•	•		43850	REVJ GASTRODUOL ANAST W/RCNSTJ W/O VAGOTOMY	5638.80			090	Y	
•	•		43855	REVJ GASTRODUOL ANAST W/RCNSTJ W/VGTMY	5600.40			090	Y	
•	•		43860	REVJ GSTR/JJ ANAST W/RCNSTJ W/O VGTMY	5691.60			090	Y	
•	•		43865	REVJ GSTR/JJ ANAST W/RCNSTJ W/VGTMY	5930.40			090	Y	
•	•	J1	43870	CLOSURE GASTROSTOMY SURG	2472.00			090	Y	5470.86
•	•		43880	CLOSURE GASTROCOLIC FISTULA	5541.60			090	Y	
•	•		43881	IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRUM OPEN	2323.20			YYY	Y	
•	•		43882	REVISION/RMVL GASTRIC NSTIM ELTRDE ANTRUM OPEN	2710.80			YYY	Y	
•	•		43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY	1257.60			090	Y	3927.90

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY	1132.80			090	Y	2199.52
•	•		43888	GSTR RSTCV OPN RMVL & RPLCMT SUBQ PORT	1598.40			090	Y	3927.90
•	•		43999	UNLISTED PROCEDURE STOMACH	BR			YYY	N	1081.40
•	•		44005	ENTEROLSS FRING INTSTINAL ADHESION SPX	3811.20			090	Y	3628.53
•	•		44010	DUODENOTOMY EXPLORATION/BX/FOREIGN BODY REMOVAL	2992.80			090	Y	
+	•		44015	TUBE/NEEDLE CATH JEJUNOSTOMY ANY METHOD	495.60			ZZZ	Y	
•	•		44020	ENTEROTOMY SM INT OTH/THN DUO EXPL BX/FB RMVL	3390.00			090	Y	
•	•		44021	ENTEROTOMY SM INT OTH/THN DUO DCMPRN	3396.00			090	Y	
•	•		44025	COLOTOMY EXPLORATION/BIOPSY/FOREIGN BODY REMOVAL	3424.80			090	Y	
•	•		44050	RDCTJ VOLVULUS INTUSSUSCEPTION INT HRNA LAPT	3254.40			090	Y	2801.72
•	•		44055	CORRJ MALROTATION BANDS&/RDCTJ VOLVULUS	5208.00			090	Y	
•	•		44100	BX INTESTINE CAPSULE TUBE PRORAL 1/> SPECIMENS	376.80			000	N	1081.40
•	•		44110	EXC 1/> SMALL/LARGE LESIONS INTESTINE ENTEROTOM	2955.60			090	Y	3573.07
•	•		44111	EXC 1/> SM/LG LESIONS INTESTNE MULT ENTEROTOMIE	3421.20			090	Y	
•	•		44120	ENTRC RESCJ SMALL INTESTINE 1 RESCJ & ANAST	4257.60			090	Y	4219.22
+	•		44121	ENTERECTOMY RESCJ SMALL INTESTINE EA RESCJ & ANA	844.80			ZZZ	Y	
•	•		44125	ENTERECTOMY RESCJ SMALL INTESTINE W/ENTEROSTOMY	4104.00			090	Y	
•	•		44126	ENTRC RESCJ ATRESIA RESCJ & ANAST W/O TAPRING	8558.40			090	Y	
•	•		44127	ENTRC RESCJ ATRESIA RESCJ & ANAST SGM W/TAPRING	9958.80			090	Y	
+	•		44128	ENTRC RESCJ ATRESIA EA RESCJ & ANASTOMOSIS	852.00			ZZZ	Y	
•	•		44130	ENTEROENTEROST ANAST INT W/WO CUTAN NTRSTM SPX	4574.40			090	Y	
•	•		44132	DONOR ENTERECTOMY OPEN CADAVER DONOR	BR			XXX	N	
•	•		44133	DONOR ENTERECTOMY OPEN LIVING DONOR	BR			XXX	N	
•	•		44135	INTESTINAL ALLOTRANSPLANTATION CADAVER DONOR	BR			XXX	N	
•	•		44136	INTESTINAL ALLOTRANSPLANTATION LIVING DONOR	BR			XXX	N	
•	•		44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COMPL	BR			XXX	Y	
+	•		44139	MOBLJ SPLENIC FLXR PFRMD CONJUNCT W/PRTL COLCT	421.20			ZZZ	Y	
•	•		44140	COLECTOMY PARTIAL W/ANASTOMOSIS	4670.40			090	Y	3212.14
•	•		44141	COLECTOMY PRTL W/SKIN LEVEL CECOST/COLOSTOMY	6350.40			090	Y	
•	•		44143	COLECTOMY PRTL W/END COLOSTOMY & CLSR DSTL SGMT	5792.40			090	Y	
•	•		44144	COLECTOMY PRTL W/COLOST/ILEOST & MUCOFISTULA	6160.80			090	Y	
•	•		44145	COLECTOMY PRTL W/COLOPROCTOSTOMY	5766.00			090	Y	
•	•		44146	COLECTOMY PRTL W/COLOPROCTOSTOMY & COLOSTOMY	7363.20			090	Y	
•	•		44147	COLECTOMY PRTL ABDOMINAL & TRANSANAL APPROACH	6762.00			090	Y	
•	•		44150	COLCT TOT ABDL W/O PRCTECT W/ILEOST/ILEOPXTS	6490.80			090	Y	
•	•		44151	COLCT TOT ABDL W/O PRCTECT W/CONTINENT ILEOST	7519.20			090	Y	
•	•		44155	COLECTOMY TOT ABDL W/PROCTECTOMY W/ILEOSTOMY	7218.00			090	Y	
•	•		44156	COLECTOMY TOT ABDL W/PROCTECTOMY W/CONTNT ILEOST	7983.60			090	Y	
•	•		44157	COLECTOMY TOT ABD W/PROCTECTOMY ILEOANAL ANAST	7632.00			090	Y	
•	•		44158	COLCT TTL ABD W/PRCTECT ILEOANAL ANAST & RSVR	7834.80			090	Y	
•	•		44160	COLECTOMY PRTL W/RMVL TERMINAL ILEUM & ILEOCOLOS	4321.20			090	Y	
•	•	J1	44180	LAPAROSCOPY ENTEROLYSIS SEPARATE PROCEDURE	3200.40			090	Y	9076.35
•	•	J1	44186	LAPAROSCOPY SURGICAL JEJUNOSTOMY	2263.20			090	Y	9076.35
•	•		44187	LAPAROSCOPY SURG ILEOSTOMY/JEJUNOSTOMY NON-TUBE	3825.60			090	Y	
•	•		44188	LAPAROSCOPY SURG COLOSTOMY/SKN LVL CECOSTOMY	4255.20			090	Y	
•	•		44202	LAPS ENTERECT RESCJ 1 SMALL INTEST RESCJ & ANA	4815.60			090	Y	3829.98
+	•		44203	LAPAROSCOPY SMALL INTESTINE RESCJ & ANASTOMOSIS	835.20			ZZZ	Y	
•	•		44204	LAPAROSCOPY COLECTOMY PARTIAL W/ANASTOMOSIS	5353.20			090	Y	4377.54
•	•		44205	LAPS COLECTOMY PRTL W/RMVL TERMINAL ILEUM	4651.20			090	Y	4438.55

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		44206	LAPS COLECTOMY PRTL W/END CLST & CLSR DSTL SGM	6082.80			090	Y	
•	•		44207	LAPS COLECTOMY PRTL W/COLOPXTSTMY LW ANAST	6321.60			090	Y	
•	•		44208	LAPS COLECTMY PRTL W/COLOPXTSTMY LW ANAST W/CLST	6888.00			090	Y	
•	•		44210	LAPS COLECTOMY TOT W/O PRCTECT W/ILEOST/ILEOPXTS	6180.00			090	Y	
•	•		44211	LAPS COLCT TTL ABD W/PRCTECT ILEOANAL ANASTOMSIS	7554.00			090	Y	
•	•		44212	LAPS COLECTOMY ABDL W/PROCTECTOMY W/ILEOSTOMY	7099.20			090	Y	
+	•		44213	LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTL COLECTOMY	654.00			ZZZ	Y	
•	•		44227	LAPS CLSR NTRSTM LG/SM INT W/RESCJ & ANASTOMOSIS	5792.40			090	Y	
•	•	J1	44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RECTUM	BR			YYY	Y	9076.35
•	•		44300	PLACEMENT ENTEROSTOMY/CECOSTOMY TUBE OPEN	2932.80			090	Y	
•	•		44310	ILEOSTOMY/JEJUNOSTOMY NON-TUBE	3628.80			090	Y	
•	•		44312	REVJ ILEOSTOMY SIMPLE RLS SUPERFICIAL SCAR SPX	2055.60			090	N	3927.90
•	•		44314	REVJ ILEOSTOMY COMPLIC RCNSTJ IN-DEPTH SPX	3492.00			090	Y	
•	•		44316	CONTINENT ILEOSTOMY KOCK PROCEDURE SPX	4929.60			090	Y	
•	•		44320	COLOSTOMY/SKIN LEVEL CECOSTOMY	4182.00			090	Y	
•	•		44322	COLOSTOMY/SKN LVL CECOSTOMY W/MULT BXS SPX	3476.40			090	Y	
•	•		44340	REVJ COLOSTOMY SMPL RLS SUPFC SCAR SPX	2164.80			090	N	3927.90
•	•		44345	REVJ COLOSTOMY COMP RCNSTJ IN-DEPTH SPX	3652.80			090	Y	
•	•		44346	REVJ COLOSTOMY W/RPR PARACLST HERNIA SPX	4112.40			090	Y	
•	•	J1	44360	ENDOSCOPY UPPER SMALL INTESTINE	504.00			000	N	2902.55
•	•	J1	44361	ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY	558.00			000	N	2902.55
•	•	J1	44363	ENTEROSCOPY > 2ND PRTN W/RMVL FOREIGN BODY	674.40			000	N	2902.55
•	•	J1	44364	ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE	718.80			000	N	2902.55
•	•	J1	44365	ENTEROSCOPY > 2ND PRTN W/RMVL LESION CAUTERY	638.40			000	N	2902.55
•	•	J1	44366	ENTEROSCOPY > 2ND PRTN W/CONTROL BLEEDING	842.40			000	N	2902.55
•	•	J1	44369	ENTEROSCOPY > 2ND PRTN ABLTJ LESION	862.80			000	N	2902.55
•	•	J1	44370	ENTEROSCOPY > 2ND PRTN TNDSC STENT PLMT	936.00			000	N	8373.03
•	•	J1	44372	ENTEROSCOPY > 2ND PRTN W/PLMT PRQ TUBE	842.40			000	N	2902.55
•	•	J1	44373	ENTEROSCOPY > 2ND PRTN CONV GSTRST TUBE	674.40			000	N	2902.55
•	•	J1	44376	ENTEROSC >2ND PRTN W/ILEUM W/WO COLLJ SPEC SPX	999.60			000	N	2902.55
•	•	J1	44377	ENTEROSC >2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE	1052.40			000	N	2902.55
•	•	J1	44378	ENTEROSCOPY > 2ND PRTN ILEUM CONTROL BLEEDING	1353.60			000	N	2902.55
•	•	J1	44379	ENTEROSCOPY > 2ND PRTN W/ILEUM W/STENT PLMT	1438.80			000	N	8373.03
•	•		44380	ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD	596.40			000	N	1081.40
•	•	J1	44381	ILEOSCOPY STOMA W/BALLOON DILATION	3249.60			000	N	2902.55
•	•		44382	ILEOSCOPY STOMA W/BX SINGLE/MULTIPLE	936.00			000	N	1081.40
•	•	J1	44384	ILEOSCOPY STOMA W/PLMT OF ENDOSCOPIC STENT	536.40			000	N	5470.86
•	•		44385	NDSC EVAL INTSTINAL POUCH DX W/COLLJ SPEC SPX	672.00			000	N	1057.74
•	•		44386	NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIPLE	1003.20			000	N	1057.74
•	•		44388	COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX	1010.40			000	N	1057.74
•	•		44389	COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE	1329.60			000	N	1391.30
•	•		44390	COLONOSCOPY STOMA W/RMVL FOREIGN BODY	1315.20			000	N	1391.30
•	•		44391	COLONOSCOPY STOMA CONTROL BLEEDING	2317.20			000	N	1391.30
•	•		44392	COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS	1230.00			000	N	1391.30
•	•		44394	COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE	1414.80			000	N	1391.30
•	•		44401	COLONOSCOPY STOMA ABLATION LESION	10347.60			000	N	1391.30
•	•	J1	44402	COLONOSCOPY STOMA W/ENDOSCOPIC STENT PLCMT	919.20			000	N	8373.03
•	•		44403	COLONOSCOPY STOMA W/ENDOSCOPIC MUCOSAL RESCJ	1066.80			000	N	1391.30
•	•		44404	COLONOSCOPY STOMA W/SUBMUCOSAL INJECTION	1296.00			000	N	1391.30

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•	•		44405	COLONOSCOPY STOMA W/BALLOON DILATION	1868.40			000	N	1391.30
•	•		44406	COLONOSCOPY STOMA W/ENDOSCOPIC ULTRASOUND EXAM	807.60			000	N	1391.30
•	•		44407	COLONOSCOPY STOMA W/US GID NDL ASPIR/BX	969.60			000	N	1391.30
•	•		44408	COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION	814.80			000	N	1057.74
•	⃠		44500	INTRODUCTION LONG GI TUBE SEPARATE PROCEDURE	67.20			000	N	1081.40
•	•		44602	ENTERORRHAPHY 1PERFORATION	4915.20			090	Y	3993.49
•	•		44603	ENTERORRHAPHY MULTIPLE PERFORATIONS	5641.20			090	Y	
•	•		44604	SUTR LG INTESTINE 1/MULT PERFORAT W/O COLOSTOMY	3685.20			090	Y	3565.87
•	•		44605	SUTR LG INTESTINE 1/MULT PERFORAT W/COLOSTOMY	4533.60			090	Y	
•	•		44615	INTSTINAL STRICTUROPLASTY W/WO DILAT OBSTRCJ	3736.80			090	Y	
•	•		44620	CLOSURE ENTEROSTOMY LG/SMALL INTESTINE	3016.80			090	Y	3340.64
•	•		44625	CLSR NTRSTM LG/SM RESCJ & ANAST OTH/THN CLRCT	3531.60			090	Y	
•	•		44626	CLSR NTRSTM LG/SM RESCJ & COLORECTAL ANASTOMOSIS	5571.60			090	Y	
•	•		44640	CLOSURE INTESTINAL CUTANEOUS FISTULA	4878.00			090	Y	
•	•		44650	CLSR ENTEROENTERIC/ENTEROCOLIC FSTL	5024.40			090	Y	
•	•		44660	CLSR ENTEROVES FSTL W/O INTSTINAL/BLADDER RESCJ	4644.00			090	Y	
•	•		44661	CLSR ENTEROVES FSTL W/INTESTINE&/BLADDER RESCJ	5397.60			090	Y	
•	•		44680	INTESTINAL PLICATION SEPARATE PROCEDURE	3728.40			090	Y	
•	•		44700	EXCLUSION SM INT FROM PELVIS MESH/PROSTH/TISS	3499.20			090	Y	
+	•		44701	INTRAOPERATIVE COLONIC LAVAGE	592.80			ZZZ	Y	
•	•		44705	PREPARE FECAL MICROBIOTA FOR INSTILLATION	390.00			XXX	N	
•	•		44715	BKBENCH PREP CADAVER/LIVING DONOR INTESTINE	2790.00			XXX	Y	
•	•		44720	BKBENCH RCNSTJ INT ALGRFT VEN ANAST EA	958.80			XXX	Y	
•	•		44721	BKBENCH RCNSTJ INT ALGRFT ARTL ANAST EA	1340.40			XXX	Y	
•	•		44799	UNLISTED PROCEDURE SMALL INTESTINE	BR			YYY	N	1081.40
•	•		44800	EXC MECKEL'S DIVERTICULUM/OMPHALOMESENTERIC DUCT	2667.60			090	Y	2711.48
•	•		44820	EXCISION LESION MESENTERY SEPARATE PROCEDURE	2912.40			090	Y	
•	•		44850	SUTURE MESENTERY SEPARATE PROCEDURE	2604.00			090	Y	
•	•		44899	UNLISTED PX MECKEL'S DIVERTICULUM & MESENTERY	BR			YYY	Y	
•	•		44900	INCISION AND DRAINAGE APPENDICEAL ABSCESS OPEN	2689.20			090	Y	
•	•	J1	44950	APPENDECTOMY	2234.40			090	Y	5716.03
+	•		44955	APPENDEC INDICATED PURPOSE OTH MAJOR PX NOT SPX	294.00			ZZZ	Y	
•	•		44960	APPENDEC RPTD APPENDIX ABSC/PRITONITIS	3049.20			090	Y	4010.51
•	•	J1	44970	LAPAROSCOPIC APPENDECTOMY	2090.40			090	Y	9076.35
•	•	J1	44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDIX	BR			YYY	Y	9076.35
•	•		45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	1472.40			090	N	1391.30
•	•		45005	I&D SUBMUCOSAL ABSCESS RECTUM	976.80			010	N	1391.30
•	•	J1	45020	I&D DP SUPRALEVATOR PELVIRCT/RETRORCT ABSC	1989.60			090	N	4663.33
•	•	J1	45100	BX ANORECTAL WALL ANAL APPROACH	1036.80			090	N	4663.33
•	•	J1	45108	ANORECTAL MYOMECTOMY	1284.00			090	N	4663.33
•	•		45110	PRCTECT COMPL CMBN ABDOMINOPRNL W/CLST	6399.60			090	Y	
•	•		45111	PRCTECT PRTL RESCJ RECTUM TABDL APPR	3777.60			090	Y	
•	•		45112	PRCTECT CMBN ABDOMINOPRNL PULL-THRU PX	6482.40			090	Y	
•	•		45113	PRCTECT PRTL W/MUCOSEC ILEOANAL ANAST RSVR	6562.80			090	Y	
•	•		45114	PRCTECT PRTL W/ANAST ABDL & TRANSSAC APPROACH	6313.20			090	Y	
•	•		45116	PRCTECT PRTL W/ANAST TRANSSAC APPR ONLY	5414.40			090	Y	
•	•		45119	PRCTECT CMBN PULL-THRU W/RSVR W/NTRSTM	6714.00			090	Y	
•	•		45120	PRCTECT COMPL W/PULL-THRU PX & ANASTOMOSIS	5524.80			090	Y	
•	•		45121	PRCTECT COMPL W/STOT/TOT COLCT W/MLT BXS	5996.40			090	Y	

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•	•		45123	PRCTECT PRTL W/O ANAST PRNL APPR	3898.80			090	Y	
•	•		45126	PELVIC EXENTERATION COLORECTAL MALIGNANCY	9667.20			090	Y	
•	•		45130	EXC RCT PROCIDENTIA W/ANAST PERINEAL APPROACH	3776.40			090	Y	
•	•		45135	EXC RCT PROCIDENTIA W/ANAST ABDL & PRNL APPROACH	4522.80			090	Y	
•	•		45136	EXC ILEOANAL RSVR W/ILEOSTOMY	6405.60			090	Y	
•	•		45150	DIVISION STRICTURE RECTUM	1442.40			090	N	1391.30
•	•	J1	45160	EXC RCT TUM PROCTOTOMY TRANSSAC/TRANSCOCCYGEAL	3564.00			090	Y	4663.33
•	•	J1	45171	EXC RCT TUM NOT INCL MUSCULARIS PROPRIA	2091.60			090	Y	4663.33
•	•	J1	45172	EXC RCT TUM INCL MUSCULARIS PROPRIA	2821.20			090	Y	4663.33
•	•	J1	45190	DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH	2419.20			090	N	4663.33
•	•		45300	PROCTOSGMDSC RGD DX W/WO COLLJ SPEC BR/WA SPX	416.40			000	N	1057.74
•	•		45303	PROCTOSGMDSC RIGID W/DILATION	3160.80			000	N	1391.30
•	•		45305	PROCTOSGMDSC RIGID W/BX SINGLE/MULTIPLE	525.60			000	N	1391.30
•	•	J1	45307	PROCTOSGMDSC RIGID W/RMVL FOREIGN BODY	603.60			000	N	4663.33
•	•	J1	45308	PROCTOSGMDSC RIGID RMVL 1 LESION CAUTERY	591.60			000	N	4663.33
•	•		45309	PROCTOSGMDSC RIGID RMVL 1 LESION SNARE TQ	613.20			000	N	1391.30
•	•		45315	PROCTOSGMDSC RIGID RMVL MULT TUMOR CAUTERY/SNARE	673.20			000	N	1391.30
•	•		45317	PROCTOSGMDSC RIGID CONTROL BLEEDING	662.40			000	N	1391.30
•	•	J1	45320	PROCTOSGMDSC RIGID ABLATION LESION	656.40			000	N	4663.33
•	•	J1	45321	PROCTOSGMDSC RIGID DCMPRN VOLVULUS	358.80			000	N	4663.33
•	•	J1	45327	PROCTOSGMDSC RIGID TNDSC STENT PLMT	405.60			000	N	8373.03
•	•		45330	SIGMOIDOSCOPY FLX DX W/COLLJ SPEC BR/WA IF PFRMD	585.60			000	N	1057.74
•	•		45331	SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/MULTIPLE	912.00			000	N	1057.74
•	•		45332	SIGMOIDOSCOPY FLX W/RMVL FOREIGN BODY	883.20			000	N	1391.30
•	•		45333	SIGMOIDOSCOPY FLX W/RMVL TUMOR BY HOT BX FORCEPS	1040.40			000	N	1057.74
•	•		45334	SIGMOIDOSCOPY FLX CONTROL BLEEDING	1844.40			000	N	1391.30
•	•		45335	SGMDSC FLX DIRED SBMCSL NJX ANY SBST	858.00			000	N	1057.74
•	•		45337	SGMDSC FLX W/DCMPRN W/PLMT DCMPRN TUBE	404.40			000	N	1391.30
•	•		45338	SGMDSC FLX RMVL TUM POLYP/OTH LES SNARE TQ	946.80			000	N	1391.30
•	•		45340	SIGMOIDOSCOPY FLX TNDSC BALO DILAT	1514.40			000	N	1391.30
•	•		45341	SIGMOIDOSCOPY FLX NDSC US XM	433.20			000	N	1391.30
•	•		45342	SIGMOIDOSCOPY FLX TNDSC US GID NDL ASPIR/BX	595.20			000	N	1391.30
•	•		45346	SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES	9885.60			000	N	1391.30
•	•	J1	45347	SIGMOIDOSCOPY FLX PLACEMENT OF ENDOSCOPIC STENT	542.40			000	N	8373.03
•	•		45349	SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION	696.00			000	N	1391.30
•	•		45350	SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)	1968.00			000	N	1391.30
•	•		45378	COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	1101.60			000	N	1057.74
•	•		45379	COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)	1423.20			000	N	1391.30
•	•		45380	COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	1414.80			000	N	1391.30
•	•		45381	COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST	1382.40			000	N	1391.30
•	•		45382	COLSC FLEXIBLE W/CONTROL BLEEDING ANY METHOD	2427.60			000	N	1391.30
•	•		45384	COLSC FLX W/REMOVAL LESION BY HOT BX FORCEPS	1575.60			000	N	1391.30
•	•		45385	COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	1485.60			000	N	1391.30
•	•		45386	COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT	2040.00			000	N	1391.30
•	•		45388	COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES	10424.40			000	N	1391.30
•	•	J1	45389	COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT	1018.80			000	N	8373.03
•	•		45390	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION	1168.80			000	N	1391.30
•	•		45391	COLSC FLX W/NDSC US XM RCTM ET AL LMTD&ADJ STRUX	906.00			000	N	1391.30
•	•		45392	COLSC FLX W/US GUID NDL ASPIR/BX W/US RCTM ET AL	1069.20			000	N	1391.30

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		45393	COLONOSCOPY FLEXIBLE WITH DECOMPRESSION	889.20			000	N	1391.30
•	•		45395	LAPS PROCTECTOMY ABDOMINOPERINEAL W/COLOSTOMY	6855.60			090	Y	
•	•		45397	LAPS PROCTECTOMY COMBINED PULL-THRU W/RESERVOIR	7458.00			090	Y	
•	•		45398	COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)	2504.40			000	N	1391.30
•	•		45399	UNLISTED PROCEDURE COLON	BR			YYY	N	1057.74
•	•		45400	LAPAROSCOPY PROCTOPEXY PROLAPSE	3955.20			090	Y	5285.73
•	•		45402	LAPAROSCOPY PROCTOPEXY PROLAPSE SIGMOID RESCJ	5259.60			090	Y	
•	•	J1	45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	BR			YYY	Y	9076.35
•	•	J1	45500	PROCTOPLASTY STENOSIS	1939.20			090	N	4663.33
•	•	J1	45505	PROCTOPLASTY PROLAPSE MUCOUS MEMBRANE	2059.20			090	N	4663.33
•	•		45520	PERIRECTAL INJ SCLEROSING SOLUTION PROLAPSE	529.20			000	N	1057.74
•	•		45540	PROCTOPEXY ABDOMINAL APPROACH	3673.20			090	Y	
•	•	J1	45541	PROCTOPEXY PERINEAL APPROACH	3279.60			090	Y	4663.33
•	•		45550	PROCTOPEXY W/SIGMOID RESCJ ABDL APPR	5089.20			090	Y	
•	•	J1	45560	REPAIR RECTOCELE SEPARATE PROCEDURE	2372.40			090	Y	4663.33
•	•		45562	EXPL RPR & PRESACRAL DRG RECTAL INJURY	3894.00			090	Y	
•	•		45563	EXPL RPR & PRESACRAL DRG RECTAL INJ W/COLOSTOMY	5727.60			090	Y	
•	•		45800	CLOSURE RECTOVESICAL FISTULA	4378.80			090	Y	
•	•		45805	CLSR RECTOVESICAL FISTULA W/COLOSTOMY	5107.20			090	Y	
•	•		45820	CLOSURE RECTOURETHRAL FISTULA	4404.00			090	Y	
•	•		45825	CLOSURE RECTOURETHRAL FISTULA W/COLOSTOMY	5332.80			090	Y	
•	•		45900	RDCTJ PROCIDENTIA UNDER ANES SEPARATE PROCEDURE	699.60			010	N	1057.74
•	•		45905	DILAT ANAL SPHNCTR SPX UNDER ANES OTH/THN LOCAL	584.40			010	N	1391.30
•	•		45910	DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL	663.60			010	N	1391.30
•	•		45915	RMVL FECAL IMPACTION/FB SPX UNDER ANES	1164.00			010	N	1391.30
•	•	J1	45990	ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX	370.80			000	N	4663.33
•	•		45999	UNLISTED PROCEDURE RECTUM	BR			YYY	N	1057.74
•	•	J1	46020	PLACEMENT SETON	960.00			010	N	4663.33
•	•		46030	REMOVAL ANAL SETON OTHER MARKER	484.80			010	N	1391.30
•	•		46040	I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX	1860.00			090	N	1391.30
•	•	J1	46045	I&D INTRAMURAL IM/ABSC TRANSANAL ANES	1510.80			090	N	4663.33
•	•		46050	I&D PERIANAL ABSCESS SUPERFICIAL	717.60			010	N	1057.74
•	•	J1	46060	I&D ISCHIORCT/INTRAMURAL ABSC W/WO SETON	1660.80			090	N	4663.33
•	•	J1	46070	INCISION ANAL SEPTUM INFANT	902.40			090	N	4663.33
•	•	J1	46080	SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX	889.20			010	N	4663.33
•	•		46083	INCISION THROMBOSED HEMORRHOID EXTERNAL	628.80			010	N	328.62
•	•	J1	46200	FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED	1560.00			090	N	4663.33
•	•		46220	EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS	746.40			010	N	1391.30
•	•		46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS	932.40			010	N	1057.74
•	•	J1	46230	EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS	973.20			010	N	4663.33
•	•	J1	46250	HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP	1612.80			090	N	4663.33
•	•	J1	46255	HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP	1765.20			090	N	4663.33
•	•	J1	46257	HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO	1468.80			090	N	4663.33
•	•	J1	46258	HRHC 1 COL/GRP W/FSTULECTMY INCL FSSRECTOMY	1627.20			090	N	4663.33
•	•	J1	46260	HEMORRHOIDECTOMY INT & XTRNL 2/> COLUMN/GRO	1654.80			090	N	4663.33
•	•	J1	46261	HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU	1809.60			090	N	4663.33
•	•	J1	46262	HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY	1921.20			090	N	4663.33
•	•	J1	46270	SURG TX ANAL FISTULA SUBQ	1777.20			090	N	4663.33
•	•	J1	46275	SURG TX ANAL FISTULA INTERSPHINCTERIC	1875.60			090	N	4663.33

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	46280	TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTRC INCL SETON	1638.00			090	N	4663.33
•	•	J1	46285	SURG TX ANAL FISTULA 2ND STAGE	1867.20			090	N	4663.33
•	•	J1	46288	CLSR ANAL FSTL W/RCT ADVMNT FLAP	1903.20			090	N	4663.33
•	•		46320	EXC THROMBOSED HEMORRHOID XTRNL	651.60			010	N	1391.30
•	•		46500	INJECTION SCLEROSING SOLUTION HEMORRHOIDS	987.60			010	N	1057.74
•	•		46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER	1002.00			010	N	1391.30
•	•		46600	ANOSCOPY DX W/COLLJ SPEC BR/WA SPX WHEN PRFRMD	326.40			000	N	151.20
•	•		46601	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT	476.40			000	N	151.20
•	•		46604	ANOSCOPY W/DILATION	2196.00			000	N	1391.30
•	•		46606	ANOSCOPY W/BX SINGLE/MULTIPLE	826.80			000	N	1391.30
•	•		46607	ANOSCOPY DX W/HRA &CHEM AGNTS ENHANCEMENT W/BX	670.80			000	N	1391.30
•	•		46608	ANOSCOPY W/RMVL FOREIGN BODY	871.20			000	N	1057.74
•	•	J1	46610	ANOSCOPY W/RMVL LESION CAUTERY	826.80			000	N	4663.33
•	•		46611	ANOSC RMVL 1 TUM POLYP/OTH LES SNARE TQ	651.60			000	N	1057.74
•	•	J1	46612	ANOSC RMVL MULT TUMORS CAUTERY/SNARE	1005.60			000	N	4663.33
•	•		46614	ANOSCOPY CONTROL BLEEDING	476.40			000	N	1391.30
•	•	J1	46615	ANOSCOPY ABLATION LESION	520.80			000	N	4663.33
•	•	J1	46700	ANOPLASTY PLASTIC OPERATION STRICTURE ADULT	2277.60			090	N	4663.33
•	•		46705	ANOPLASTY PLASTIC OPERATION STRICTURE INFANT	1933.20			090	Y	
•	•	J1	46706	REPAIR ANAL FISTULA W/FIBRIN GLUE	612.00			010	N	4663.33
•	•	J1	46707	REPAIR ANORECTAL FISTULA PLUG	1702.80			090	N	4663.33
•	•		46710	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT TPRNL APPR	3854.40			090	Y	
•	•		46712	RPR ILEOANAL POUCH FSTL/POUCH ADVMNT CMBN APPR	7768.80			090	Y	
•	•		46715	RPR LW IMPERFORATE ANUS W/ANOPRNL FSTL CUT-BK	1892.40			090	Y	
•	•		46716	RPR LW IMPERFORATE ANUS W/TRPOS FISTULA	4214.40			090	Y	
•	•		46730	RPR HI IMPRF ANUS W/O FSTL PRNL/SACROPRNL APPR	6846.00			090	Y	
•	•		46735	RPR HI IMPRF ANUS W/O FISTULA CMBN APPR	7900.80			090	Y	
•	•		46740	RPR HI IMPRF ANUS W/FSTL PRNL/SACROPRNL APPR	7482.00			090	Y	
•	•		46742	RPR HI IMPRF ANUS W/FSTL TABDL & SACROPRNL	8667.60			090	Y	
•	•		46744	RPR CLOACAL ANOMALY SACROPERINEAL	12150.00			090	Y	
•	•		46746	RPR CLOACAL ANOMALY CMBN ABDL&SACROPRNL	13568.40			090	Y	
•	•		46748	RPR CLOACAL ANOMALY CMBN ABDL & SACROPRNL W/GRF	14727.60			090	Y	
•	•	J1	46750	SPHNCTROP ANAL INCONTINENCE/PROLAPSE ADULT	2592.00			090	Y	4663.33
•	•		46751	SPHNCTROP ANAL INCONTINENCE/PROLAPSE CHLD	2281.20			090	Y	
•	•	J1	46753	GRAFT THIERSCH RCT INCONTINENCE &/PROLAPSE	2131.20			090	N	4663.33
•	•	J1	46754	RMVL THIERSCH WIRE/SUTURE ANAL CANAL	1083.60			010	N	4663.33
•	•	J1	46760	SPHINCTEROPLASTY ANAL MUSCLE TRANSPLANT	3792.00			090	Y	4663.33
•	•	J1	46761	SPHNCTROP ANAL LEVATOR MUSC IMBRCJ	3171.60			090	Y	4663.33
•	•		46900	DSTRJ LESION ANUS SIMPLE CHEMICAL	811.20			010	N	445.99
•	•		46910	DSTRJ LESION ANUS SMPL ELTRDSICCATION	886.80			010	N	2199.52
•	•		46916	DSTRJ LESION ANUS SIMPLE CRYOSURGERY	819.60			010	N	250.56
•	•	J1	46917	DSTRJ LESION ANUS SIMPLE LASER SURG	1472.40			010	N	4663.33
•	•	J1	46922	DSTRJ LESION ANUS SIMPLE SURG EXCISION	960.00			010	N	4663.33
•	•	J1	46924	DSTRJ LESION ANUS EXTENSIVE	1812.00			010	N	4663.33
•	•		46930	DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY	722.40			090	N	1391.30
•	•	J1	46940	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX 1ST	814.80			010	N	4663.33
•	•		46942	CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX SBSQ	777.60			010	N	1057.74
•	•	J1	46945	HRHC NTRNL LIG OTH THAN RBBR BAND 1 COL/GRP	1089.60			090	N	4663.33
•	•	J1	46946	HRHC NTRNL LIG OTH THAN RBBR BAND 2/> COL/GRP	1100.40			090	N	4663.33

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	46947	HEMORRHOIDOPEXY STAPLING	1330.80			090	N	4663.33
•	•		46999	UNLISTED PROCEDURE ANUS	BR			YYY	N	1057.74
•	•	J1	47000	BIOPSY LIVER NEEDLE PERCUTANEOUS	1046.40			000	N	2734.29
+	•		47001	BX LVR NDL DONE PURPOSE TM OTH MAJOR PX	362.40			ZZZ	N	
•	•		47010	HEPATOTOMY OPEN DRAINAGE ABSCESS/CYST 1/2 STAGES	4220.40			090	Y	
•	•		47015	LAPT W/ASPIR &/NJX HEPATC PARASITIC CYST/ABSCESS	4054.80			090	Y	
•	•		47100	BIOPSY LIVER WEDGE	2940.00			090	Y	2639.59
•	•		47120	HEPATECTOMY RESCJ PARTIAL LOBECTOMY	8134.80			090	Y	5041.12
•	•		47122	HEPATECTOMY RESCJ TRISEGMENTECTOMY	11960.40			090	Y	
•	•		47125	HEPATECTOMY RESCJ TOTAL LEFT LOBECTOMY	10744.80			090	Y	
•	•		47130	HEPATECTOMY RESCJ TOTAL RIGHT LOBECTOMY	11544.00			090	Y	
•	•		47133	DONOR HEPATECTOMY CADAVER DONOR	19334.40			XXX	N	
•	•		47135	LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL DON ANY AGE	18756.00			090	Y	
•	•		47140	DONOR HEPATECTOMY LIVING DONOR SEG II & III	12439.20			090	Y	
•	•		47141	DONOR HEPATECTOMY LIVING DONOR SEG II III & IV	14890.80			090	Y	
•	•		47142	DONOR HEPATECTOMY LIVING DONOR SEG V VI VII &VI	16384.80			090	Y	
•	•		47143	BKBENCH PREP CADAVER DONOR	2956.80			XXX	Y	
•	•		47144	BKBENCH PREPJ CADAVER WHOLE LIVER GRF I&IV VII	4603.20			090	Y	
•	•		47145	BKBENCH PREPJ CADAVER DONOR WHL LVR GRF I&V VI	BR			XXX	Y	
•	•		47146	BKBENCH RCNSTJ LVR GRF VENOUS ANAST EA	1131.60			XXX	Y	
•	•		47147	BKBENCH RCNSTJ LVR GRF ARTL ANAST EA	1333.20			XXX	Y	
•	•		47300	MARSUPIALIZATION CST/ABSC LVR	3936.00			090	Y	
•	•		47350	MGMT LVR HEMRRG SMPL SUTR LVR WND/INJ	4764.00			090	Y	
•	•		47360	MGMT LVR HEMRRG CPLX SUTR WND/INJ	6537.60			090	Y	
•	•		47361	MGMT LVR HEMRRG EXPL WND DBRDMT COAGJ/SUTR	10560.00			090	Y	
•	•		47362	MGMT LVR HEMRRG RE-EXPL WND RMVL PACKING	5054.40			090	Y	
•	•	J1	47370	LAPS SURG ABLTJ 1/> LVR TUM RF	4354.80			090	Y	15106.63
•	•	J1	47371	LAPS SURG ABLTJ 1 > LVR TUM CRYOSURG	4256.40			090	Y	15106.63
•	•	J1	47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER	BR			YYY	Y	9076.35
•	•		47380	ABLTJ OPN 1/> LVR TUM RF	5020.80			090	Y	
•	•		47381	ABLTJ OPN 1/> LVR TUM CRYOSURG	5096.40			090	Y	
•	•	J1	47382	ABLTJ 1/> LVR TUM PRQ RF	15680.40			010	N	9076.35
•	•	J1	47383	ABLATION 1/> LIVER TUMOR PERQ CRYOABLATION	23541.60			010	N	9076.35
•	•		47399	UNLISTED PROCEDURE LIVER	BR			YYY	N	822.66
•	•		47400	HEPATCOTOMY/HEPATCOSTOMY W/EXPL DRG/RMVL ST1	7514.40			090	Y	
•	•		47420	CHOLEDOCHOT/OST W/O SPHNCTROTOMY/SPHNCTROP	4668.00			090	Y	5823.45
•	•		47425	CHOLEDOCHOT/OST W/SPHNCTROTOMY/SPHNCTROP	4765.20			090	Y	
•	•		47460	TRANSDUOL SPHINCTEROT/PLASTY W/WO RMVL CALCULUS	4405.20			090	Y	
•	•		47480	CHOLECSTOT/CHOLECSTOST W/EXPL DRG/RMVL ST1 SPX	3050.40			090	Y	
•	•	J1	47490	CHOLECYSTOSTOMY PRQ W/IMAGING & CATHETER PLMT	1147.20			010	N	5716.03
•	•		47531	NJX CHOLANGIO PRQ W/IMG GID RS&I EXISTING ACCESS	1186.80			000	N	4185.19
•	•		47532	NJX CHOLANGIO PRQ W/IMG GID RS&I NEW ACCESS	2787.60			000	N	4185.19
•	•	J1	47533	PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I EXTERNL	4228.80			000	N	5716.03
•	•	J1	47534	PRQ PLMT BILIARY DRG CATH W/IMG GID RS&I INT-EXT	4927.20			000	N	5716.03
•	•	J1	47535	CONV EXT BIL DRG CATH TO INT-EXT BIL DRG CATH	3414.00			000	N	5716.03
•	•	J1	47536	EXCHANGE BILIARY DRG CATHETER PRQ W/IMG GID RS&I	2350.80			000	N	5716.03
•	•		47537	REMOVAL BILIARY DRG CATHETER REQ FLUOR GID RS&I	1381.20			000	N	1081.40
•	•	J1	47538	PLMT BILE DUCT STENT PRQ EXISTING ACCESS	14616.00			000	N	9076.35
•	•	J1	47539	PLMT BILE DUCT STENT PRQ NEW ACCESS W/O SEP CATH	16210.80			000	N	9076.35

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	47540	PLMT BILE DUCT STENT PRQ NEW ACCESS W/SEP CATH	16488.00			000	N	9076.35
•	•	J1	47541	PLMT ACCESS THRU BILIARY TREE INTO SMALL BWL NEW	4057.20			000	N	5716.03
+	•		47542	BALLOON DILAT BILIARY DUCT/AMPULLA PRQ EACH DUCT	1670.40			ZZZ	N	
+	•		47543	ENDOLUMINAL BX BILIARY TREE PRQ ANY METH 1/MLT	1605.60			ZZZ	N	
+	•		47544	REMOVAL BILIARY DUCT &/GLBLDR CALCULI PERQ RS&I	3513.60			ZZZ	N	
+	•		47550	BILIARY NDSC INTRAOPERATIVE	576.00			ZZZ	Y	
•	•	J1	47552	BILIARY ENDO PRQ T-TUBE DX W/COLLECT SPEC BRUSH	1081.20			000	N	5716.03
•	•	J1	47553	BILIARY NDSC PRQ T-TUBE W/BX SINGLE/MULTIPLE	1069.20			000	N	5716.03
•	•	J1	47554	BILIARY ENDOSCOPY PRQ VIA T-TUBE W/RMVL CALCULUS	1797.60			000	N	9076.35
•	•	J1	47555	BILIARY NDSC PRQ T-TUBE W/DIL DUCT W/O STENT	1135.20			000	N	5716.03
•	•	J1	47556	BILIARY NDSC PRQ T-TUBE DILAT STRIX W/STENT	1286.40			000	N	9076.35
•	•	J1	47562	LAPAROSCOPY SURG CHOLECYSTECTOMY	2288.40			090	Y	9076.35
•	•	J1	47563	LAPS SURG CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	2490.00			090	Y	9076.35
•	•	J1	47564	LAPS SURG CHOLECSTC W/EXPL COMMON DUCT	3872.40			090	Y	9076.35
•	•		47570	LAPAROSCOPY SURG CHOLECYSTOENETEROSTOMY	2700.00			090	Y	
•	•	J1	47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY TRACT	BR			YYY	Y	9076.35
•	•		47600	CHOLECYSTECTOMY	3716.40			090	Y	5718.92
•	•		47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	3912.00			090	Y	4907.68
•	•		47610	CHOLECYSTECTOMY W/EXPLORATION COMMON DUCT	4366.80			090	Y	
•	•		47612	CHOLECYSTECTOMY EXPL DUCT CHOLEDOCHOENTEROSTOMY	4401.60			090	Y	
•	•		47620	CHOLECSTC EXPL DUX SPHNCTROTOMY/SPHNCTROP	4749.60			090	Y	
•	•		47700	EXPL CONGENITAL ATRESIA BILE DUCTS	3674.40			090	Y	
•	•		47701	PORTOENETEROSTOMY	5947.20			090	N	
•	•		47711	EXC BILE DUX TUM W/WO PRIM RPR XTRHEPATC	5415.60			090	Y	
•	•		47712	EXC BILE DUX TUM W/WO PRIM RPR INTRAHEPATC	6945.60			090	Y	
•	•		47715	EXCISION CHOLEDOCHAL CYST	4615.20			090	Y	
•	•		47720	CHOLECYSTOENTEROSTOMY DIRECT	4011.60			090	Y	
•	•		47721	CHOLECYSTOENTEROSTOMY W/GASTROENTEROSTOMY	4722.00			090	Y	
•	•		47740	CHOLECYSTOENTEROSTOMY ROUX-EN-Y	4531.20			090	Y	
•	•		47741	CHOLECSTONTRSTM ROUX-EN-Y W/GASTRONTRSTM	5132.40			090	Y	
•	•		47760	ANAST XTRHEPATC BILIARY DUCTS & GI TRACT	7856.40			090	Y	
•	•		47765	ANAST INTRAHEPATC DUCTS & GI TRACT	10556.40			090	Y	
•	•		47780	ANAST ROUX-EN-Y XTRHEPATC BILIARY DUCTS & GI	8626.80			090	Y	
•	•		47785	ANAST ROUX-EN-Y INTRAHEPATC BILIARY DUCTS & GI	11331.60			090	Y	
•	•		47800	RCNSTJ PLSTC BILIARY DUCTS W/END-TO-END ANAST	5466.00			090	Y	
•	•		47801	PLACEMENT CHOLEDOCHAL STENT	3879.60			090	Y	
•	•		47802	U-TUBE HEPATICOENTEROSTOMY	5322.00			090	Y	
•	•		47900	SUTURE EXTRAHEPATIC BILE DUCT PRE-EXIST INJURY	4770.00			090	Y	
•	•		47999	UNLISTED PROCEDURE BILIARY TRACT	BR			YYY	N	1081.40
•	•		48000	PLACE DRAIN PERIPANCREATIC ACUTE PANCREATITIS	6562.80			090	Y	
•	•		48001	PLACE DRAIN PERIPANCREATIC W/CHOLECYSTOSTOMY	8000.40			090	Y	
•	•		48020	REMOVAL PANCREATIC CALCULUS	4102.80			090	Y	
•	•		48100	BIOPSY PANCREAS OPEN	3099.60			090	Y	
•	•	J1	48102	BIOPSY PANCREA PERCUTANEOUS NEEDLE	1826.40			010	N	2734.29
•	•		48105	RESECJ/DBRDMT PANCREAS NECROTIZING PANCREATITIS	9892.80			090	Y	
•	•		48120	EXCISION LESION PANCREAS	3849.60			090	Y	
•	•		48140	PNCRTECT DSTL STOT W/O PNCRTCOJEJUNOSTOMY	5454.00			090	Y	
•	•		48145	PNCRTECT DSTL STOT W/PNCRTCOJEJUNOSTOMY	5680.80			090	Y	
•	•		48146	PNCRTECT DSTL NR-TOT W/PRSRV DUO CHLD-TYP PX	6541.20			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		48148	EXCISION AMPULLA VATER	4341.60			090	Y	
•	•		48150	PNCRTECT PROX STOT W/PANCREATOJEJUNOSTOMY	10872.00			090	Y	
•	•		48152	PNCRTECT WHIPPLE W/O PANCREATOJEJUNOSTOMY	10065.60			090	Y	
•	•		48153	PNCRTECT W/PANCREATOJEJUNOSTOMY	10821.60			090	Y	
•	•		48154	PNCRTECT PROX STOT W/O PANCREATOJEJUNOSTOMY	10126.80			090	Y	
•	•		48155	PANCREATECTOMY TOTAL	6320.40			090	Y	
•	•		48160	PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLET CELLS	21482.40			XXX	N	
+	•		48400	INJECTION INTRAOPERATIVE PANCREATOGRAPHY	368.40			ZZZ	N	
•	•		48500	MARSUPIALIZATION PANCREATIC CYST	4010.40			090	Y	
•	•		48510	EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS OPEN	3814.80			090	Y	
•	•		48520	INT ANAST PANCREATIC CYST GI TRACT DIRECT	3789.60			090	Y	
•	•		48540	INT ANAST PANCREATIC CYST GI TRACT ROUX-EN-Y	4543.20			090	Y	
•	•		48545	PANCREATORRHAPHY INJURY	4669.20			090	Y	
•	•		48547	DUOL EXCLUSION W/GASTROJEJUNOSTOMY PNCRTC INJ	6228.00			090	Y	
•	•		48548	PANCREATICOJEJUNOSTOMY SIDE-TO-SIDE ANAST	5786.40			090	Y	
•	•		48550	DONOR PANCREATECTOMY DUODENAL SGM TRANSPLANT	BR			XXX	N	
•	•		48551	BKBENCH PREPJ CADAVER DONOR PANCREAS ALLOGRAFT	2762.40			XXX	Y	
•	•		48552	BKBENCH RCNSTJ CDVR PNCRS ALGRFT VEN ANAST EA	824.40			XXX	Y	
•	•		48554	TRANSPLANTATION PANCREATIC ALLOGRAFT	8868.00			090	Y	
•	•		48556	RMVL TRANSPLANTED PANCREATIC ALLOGRAFT	4434.00			090	Y	
•	•		48999	UNLISTED PROCEDURE PANCREAS	BR			YYY	Y	822.66
•	•		49000	EXPLORATORY LAPAROTOMY CELIOTOMY W/WO BIOPSY SPX	2678.40			090	Y	3629.56
•	•		49002	REOPENING RECENT LAPAROTOMY	3640.80			090	Y	
•	•		49010	EXPL RETROPERITONEUM W/WO BX SPX	3228.00			090	Y	3435.31
•	•		49020	DRAINAGE PERITON ABSCESS/LOCAL PERITONITIS OPEN	5535.60			090	Y	2006.96
•	•		49040	DRAINAGE SUBDIAPHRAGMATIC/SUBPHREN ABSCESS OPEN	3468.00			090	Y	
•	•		49060	DRAINAGE OF RETROPERITONEAL ABSCESS OPEN	3820.80			090	N	
•	•		49062	DRG XTRAPERITONEAL LYMPHOCELE PERITON CAVITY OPN	2566.80			090	Y	
•	•		49082	ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE	680.40			000	N	1081.40
•	•		49083	ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	1012.80			000	N	1081.40
•	•		49084	PERITONEAL LAVAGE W/WO IMAGING GUIDANCE	375.60			000	N	1081.40
•	•	J1	49180	BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE	565.20			000	N	2734.29
•	•		49185	SCLEROTHERAPY FLUID COLLECTION PRQ W/IMG GID	3633.60			000	N	822.66
•	•		49203	EXCISION/DESTRUCTION OPEN ABDOMINAL TUMOR 5 CM/<	4164.00			090	Y	3431.95
•	•		49204	EXC/DESTRUCTION OPEN ABDMNL TUMORS 5.1-10.0 CM	5325.60			090	Y	3348.68
•	•		49205	EXC/DESTRUCTION OPEN ABDOMINAL TUMORS >10.0 CM	6126.00			090	Y	3307.41
•	•		49215	EXC PRESAC/SACROCOCCYGEAL TUMOR	7713.60			090	Y	
•	•		49220	STAGING LAPAROTOMY HODGKINS DISEASE/LYMPHOMA	3385.20			090	Y	
•	•	J1	49250	UMBILECTOMY OMPHALECTOMY EXC UMBILICUS SPX	2048.40			090	N	5716.03
•	•		49255	OMNTC EPIPLOECTOMY RESCJ OMENTUM SPX	2751.60			090	Y	2855.68
•	•	J1	49320	LAPS ABD PRTM&OMENTUM DX W/WO SPEC BR/WA SPX	1131.60			010	Y	9076.35
•	•	J1	49321	LAPAROSCOPY SURG W/BX SINGLE/MULTIPLE	1196.40			010	Y	9076.35
•	•	J1	49322	LAPS SURG W/ASPIR CAVITY/CYST SINGLE/MULTIPLE	1284.00			010	Y	9076.35
•	•	J1	49323	LAPS SURG W/DRG LYMPHOCELE PRTL CAVITY	2196.00			090	Y	9076.35
•	•	J1	49324	LAPS INSERTION TUNNELED INTRAPERITONEAL CATHETER	1344.00			010	Y	9076.35
•	•	J1	49325	LAPS W/REVISION INTRAPERITONEAL CATHETER	1434.00			010	Y	9076.35
+	•		49326	LAPAROSCOPY W/OMENTOPEXY	656.40			ZZZ	Y	
+	•		49327	LAPS W/INSERTION NTRSTL DEV W/IMG GUID 1/MLT	452.40			ZZZ	Y	
•	•	J1	49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM & OMENTUM	BR			YYY	Y	9076.35

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		49400	INJECTION AIR/CONTRAST PERITONEAL CAVITY SPX	471.60			000	N	
•	•	J1	49402	REMOVAL PERITONEAL FOREIGN BODY FROM CAVITY	2979.60			090	N	5716.03
•	•	J1	49405	IMAGE-GUIDE FLUID COLLXN DRAINAGE CATH VISC PERQ	2871.60			000	N	2734.29
•	•	J1	49406	IMG-GUIDE FLUID COLLXN DRAINAG CATH PERITON PERQ	2870.40			000	N	2734.29
•	•	J1	49407	IMAGE FLUID COLLXN DRAINAG CATH TRANSREC/VAGINAL	2331.60			000	N	2734.29
•	•		49411	INTERSTITIAL DEV PLMT RADIATION THERAPY 1/MLT	1650.00			000	N	1692.53
+	•		49412	PLACEMENT INTRSTL DEV OPN W/IMG GUID 1/MLT	289.20			ZZZ	N	
•	•	J1	49418	INSJ INTRAPERITONEAL CATHETER W/IMG GUID	4334.40			000	N	5716.03
•	•	J1	49419	INSERTION TUNNEL INTRAPERITONEAL CATH SUBQ PORT	1532.40			090	N	8407.95
•	•	J1	49421	INSERTION TUNNEL INTRAPERITONEAL CATH DIAL OPEN	796.80			000	N	5716.03
•	•		49422	REMOVAL TUNNELED INTRAPERITONEAL CATHETER	775.20			000	N	3750.96
•	•	J1	49423	EXCHNG ABSC/CST DRG CATH RAD GID SPX	1936.80			000	N	2902.55
•	•		49424	CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	522.00			000	N	
•	•		49425	INSERTION PERITONEAL-VENOUS SHUNT	2502.00			090	Y	
•	•	J1	49426	REVIS PERITONEAL-VENOUS SHUNT	2143.20			090	N	5716.03
•	•		49427	INJECT EVALUATE PREVIOUS PERITONEAL-VENOUS SHUNT	158.40			000	N	
•	•		49428	LIGATION PERITONEAL-VENOUS SHUNT	1501.20			010	N	
•	•		49429	RMVL PERITONEAL-VENOUS SHUNT	1594.80			010	N	3750.96
+	•		49435	INSJ SUBQ EXTENSION INTRAPERITONEAL CATHETER	414.00			ZZZ	Y	
•	•	J1	49436	DELAYED CREATION EXIT SITE EMBEDDED CATHETER	643.20			010	Y	2902.55
•	•	J1	49440	INSERT GASTROSTOMY TUBE PERCUTANEOUS	3238.80			010	N	2902.55
•	•	J1	49441	INSERT DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	3675.60			010	N	2902.55
•	•		49442	INSERT CECOSTOMY/OTHER COLONIC TUBE PERCUTANEOUS	3058.80			010	N	1391.30
•	•	J1	49446	CONVERT GASTROSTOMY-GASTRO-JEJUNOSTOMY TUBE PERQ	3114.00			000	N	2902.55
•	•		49450	REPLACE GASTROSTOMY/CECOSTOMY TUBE PERCUTANEOUS	2256.00			000	N	1081.40
•	•		49451	REPLACE DUODENOSTOMY/JEJUNOSTOMY TUBE PERQ	2454.00			000	N	1081.40
•	•		49452	REPLACEMENT GASTRO-JEJUNOSTOMY TUBE PERCUTANEOUS	3019.20			000	N	1081.40
•	•		49460	OBSTRUCTIVE MATERIAL REMOVAL FROM GI TUBE	2452.80			000	N	1081.40
•	•		49465	CONTRAST INJECTION PERQ RADIOLOGIC EVAL GI TUBE	537.60			000	N	327.40
•	•	J1	49491	RPR 1ST INGUN HRNA PRETERM INFT RDC	2764.80			090	Y	9076.35
•	•	J1	49492	RPR 1ST INGUN HRNA PRETERM INFT INCARCERATED	3334.80			090	Y	5716.03
•	•	J1	49495	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO RDC	1423.20			090	Y	5716.03
•	•	J1	49496	RPR 1ST INGUN HRNA FULL TERM INFT <6 MO INCARCER	2134.80			090	Y	5716.03
•	•	J1	49500	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REDUCIBLE	1404.00			090	Y	5716.03
•	•	J1	49501	RPR 1ST INGUN HRNA AGE 6 MO-5 YRS INCARCERATED	2106.00			090	Y	5716.03
•	•	J1	49505	RPR 1ST INGUN HRNA AGE 5 YRS/> REDUCIBLE	1808.40			090	Y	5716.03
•	•	J1	49507	RPR 1ST INGUN HRNA AGE 5 YRS/> INCARCERATED	2036.40			090	Y	5716.03
•	•	J1	49520	RPR RECRT INGUINAL HERNIA ANY AGE REDUCIBLE	2197.20			090	Y	5716.03
•	•	J1	49521	RPR RECRT INGUN HERNIA ANY AGE INCARCERATED	2492.40			090	Y	5716.03
•	•	J1	49525	RPR INGUN HERNIA SLIDING ANY AGE	1993.20			090	Y	5716.03
•	•	J1	49540	REPAIR LUMBAR HERNIA	2342.40			090	Y	9076.35
•	•	J1	49550	RPR 1ST FEM HRNA ANY AGE REDUCIBLE	2001.60			090	Y	5716.03
•	•	J1	49553	RPR 1ST FEM HERNIA ANY AGE INCARCERATED	2197.20			090	Y	5716.03
•	•	J1	49555	RPR RECRT FEM HERNIA REDUCIBLE	2079.60			090	Y	5716.03
•	•	J1	49557	RPR RECRT FEM HRNA INCARCERATED	2516.40			090	Y	5716.03
•	•	J1	49560	REPAIR FIRST ABDOMINAL WALL HERNIA	2565.60			090	Y	5716.03
•	•	J1	49561	RPR 1ST INCAL/VNT HERNIA INCARCERATED	3232.80			090	Y	5716.03
•	•	J1	49565	RPR RECRT INCAL/VNT HERNIA REDUCIBLE	2671.20			090	Y	9076.35

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•	•	J1	49566	RPR RECRT INCAL/VNT HERNIA INCARCERATED	3261.60			090	Y	9076.35
+	•		49568	IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE	932.40			ZZZ	Y	
•	•	J1	49570	RPR EPIGASTRIC HERNIA REDUCIBLE SPX	1448.40			090	Y	5716.03
•	•	J1	49572	RPR EPIGASTRIC HERNIA INCARCERATED	1794.00			090	Y	5716.03
•	•	J1	49580	RPR UMBILICAL HERNIA < 5 YRS REDUCIBLE	1124.40			090	Y	5716.03
•	•	J1	49582	RPR UMBILICAL HERNIA < 5 YRS INCARCERATED	1604.40			090	Y	5716.03
•	•	J1	49585	RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE	1544.40			090	Y	5716.03
•	•	J1	49587	RPR UMBILICAL HERNIA AGE 5 YRS/> INCARCERATED	1651.20			090	Y	5716.03
•	•	J1	49590	RPR SPIGELIAN HERNIA	1989.60			090	Y	5716.03
•	•	J1	49600	RPR SMALL OMPHALOCELE W/PRIMARY CLOSURE	2523.60			090	Y	5716.03
•	•		49605	RPR LG OMPHALOCELE/GASTROSCHISIS W/WO PROSTH	17102.40			090	Y	
•	•		49606	RPR LG OMPHALOCELE/GASTROSCHISIS RMVL PROSTH	3949.20			090	Y	
•	•		49610	RPR OMPHALOCELE GROSS TYP OPRATION 1ST STG	2398.80			090	Y	
•	•		49611	RPR OMPHALOCELE GROSS TYP OPRATION 2ND STG	2112.00			090	Y	
•	•	J1	49650	LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA	1489.20			090	Y	9076.35
•	•	J1	49651	LAPS SURG RPR RECURRENT INGUINAL HERNIA	1938.00			090	Y	9076.35
•	•	J1	49652	LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE	2586.00			090	Y	9076.35
•	•	J1	49653	LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATED	3229.20			090	Y	9076.35
•	•	J1	49654	LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE	2938.80			090	Y	15106.63
•	•	J1	49655	LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED	3589.20			090	Y	15106.63
•	•	J1	49656	LAPS RPR RECURRENT INCISIONAL HERNIA REDUCIBLE	3187.20			090	Y	15106.63
•	•	J1	49657	LAPS RPR RECURRENT INCAL HRNA NCRC8/STRANGULATED	4588.80			090	Y	15106.63
•	•	J1	49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	BR			YYY	Y	9076.35
•	•		49900	SEC ABDOMINAL WALL SUTURE EVISCERATION/DEHSN	2836.80			090	Y	2915.22
•	•		49904	OMENTAL FLAP EXTRA-ABDOMINAL	4915.20			090	N	
+	•		49905	OMENTAL FLAP INTRA-ABDOMINAL	1230.00			ZZZ	Y	
•	•		49906	FREE OMENTAL FLAP W/MICROVASCULAR ANAST	4119.60			090	N	
•	•		49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	BR			YYY	N	1081.40
•	•		50010	RNL EXPL X NECESSITATING OTH SPEC PX	2546.40			090	Y	
•	•	J1	50020	DRAINAGE PERIRENAL/RENAL ABSCESS OPEN	3516.00			090	N	3422.70
•	•		50040	NEPHROSTOMY/NEPHROTOMY W/DRAINAGE	3216.00			090	N	2568.93
•	•		50045	NEPHROTOMY W/EXPLORATION	3236.40			090	Y	
•	•		50060	NEPHROLITHOTOMY REMOVAL STAGE 1	3960.00			090	Y	5198.54
•	•		50065	NEPHROLITHOTOMY SECONDARY FOR CALCULUS	4197.60			090	Y	4748.77
•	•		50070	NEPHROLITHOTOMY COMP CGEN KDN ABNORMALITY	4117.20			090	Y	
•	•		50075	NEPHROLITHOTOMY RMVL LG STAGHORN STAGE 1	5055.60			090	Y	
•	•	J1	50080	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY </2 CM	3018.00			090	N	13305.84
•	•	J1	50081	PRQ NEPHROSTOLITHOTOMY/PYELOSTOLITHOTOMY > 2 CM	4435.20			090	Y	13305.84
•	•		50100	TRNSXJ/REPOSITIONING ABERRANT RENAL VESSEL SPX	3650.40			090	Y	
•	•		50120	PYELOTOMY W/EXPLORATION	3295.20			090	Y	
•	•		50125	PYELOTOMY W/DRAINAGE PYELOSTOMY	3411.60			090	Y	
•	•		50130	PYELOTOMY W/REMOVAL CALCULUS	3584.40			090	Y	
•	•		50135	PYELOTOMY COMPLICATED	3896.40			090	Y	
•	•	J1	50200	RENAL BIOPSY PRQ TROCAR/NEEDLE	1833.60			000	N	2734.29
•	•		50205	RENAL BIOPSY SURG EXPOSURE KIDNEY	2623.20			090	Y	
•	•		50220	NEPHRECTOMY W/PRTL URETERECTOMY W/OPEN RIB RESCJ	3638.40			090	Y	5492.23
•	•		50225	NEPHRECTOMY W/PRTL URETERECT OPN RIB RESCJ COMPL	4183.20			090	Y	
•	•		50230	NEPHRECTOMY W/PRTL URETERECT OPEN RIB RESCJ RAD	4453.20			090	Y	
•	•		50234	NEPHRECTOMY W/TOT URETERECT&BLDR CUFF SAME INC	4525.20			090	Y	

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•	•		50236	NEPHRECTOMY TOT URETEREC&BLDR CUFF SEPAR INCISN	5089.20			090	Y	
•	•		50240	NEPHRECTOMY PARTIAL	4602.00			090	Y	
•	•		50250	OPEN ABLATION RENAL MASS CRYOSURG ULTRASOUND	4221.60			090	Y	
•	•		50280	EXCISION/UNROOFING CYST KIDNEY	3320.40			090	Y	
•	•		50290	EXCISION PERINEPHRIC CYST	3118.80			090	Y	
•	•		50300	DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	BR			XXX	N	
•	•		50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	5214.00			090	Y	
•	•		50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	1826.40			XXX	Y	
•	•		50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	1826.40			XXX	Y	
•	•		50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	754.80			XXX	Y	
•	•		50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	661.20			XXX	Y	
•	•		50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	628.80			XXX	Y	
•	•		50340	RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	3296.40			090	Y	
•	•		50360	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	8408.40			090	Y	
•	•		50365	RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	9961.20			090	Y	
•	•		50370	RMVL TRNSPLED RENAL ALLOGRAFT	4185.60			090	Y	
•	•		50380	RENAL AUTOTRNSPLJ REIMPLANTATION KIDNEY	6942.00			090	Y	
•	•	J1	50382	RMVL & RPLCMT INTLY DWELLING URETERAL STENT PRQ	3762.00			000	N	3422.70
•	•		50384	REMOVAL INDWELLING URETERAL STENT PRQ	3004.80			000	N	2470.45
•	•	J1	50385	REMOVE & REPLACE INDWELL URETERAL STENT TRURTHRL	3692.40			000	N	3422.70
•	•		50386	REMOVE INT DWELL URETERAL STENT TRANSURETHRAL	2437.20			000	N	2470.45
•	•	J1	50387	RMVL & RPLCMT XTRNL ACCESSIBLE NEPHROURTRL CATH	1759.20			000	N	3422.70
•	•		50389	RMVL NFROS TUBE REQ FLUORO GUIDANCE	1138.80			000	N	798.40
•	•		50390	ASPIR &/NJX RENAL CYST/PELVIS NEEDLE PRQ	333.60			000	N	822.66
•	•		50391	INSTLJ THER AGENT RENAL PELVIS&/URETER VIA TUB	422.40			000	N	328.62
•	•		50396	MANOMETRIC STDS THRU TUBE/NDWELLG URTRL CATH	405.60			000	N	798.40
•	•		50400	PYELOPLASTY SIMPLE	4027.20			090	Y	
•	•		50405	PYELOPLASTY COMPLICATED	4844.40			090	Y	3161.09
•	•		50430	NJX PX ANTEGRDE NFROSGRM &/URTRGRM NEW ACCESS	1743.60			000	N	798.40
•	•		50431	NJX PX ANTEGRDE NFROSGRM &/URTRGRM EXSTNG ACESS	723.60			000	N	798.40
•	•	J1	50432	PLMT NEPHROSTOMY CATH PRQ NEW ACCESS RS&I	2822.40			000	N	3422.70
•	•	J1	50433	PLMT NEPHROURETERAL CATH PRQ NEW ACCESS RS&I	3750.00			000	N	3422.70
•	•	J1	50434	CONVERT NEPHROSTOMY CATH TO NEPHROURTRL CATH PRQ	2959.20			000	N	3422.70
•	•	J1	50435	EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GID RS&I	1755.60			000	N	3422.70
•	•	J1	50436	PERQ DILATION XST TRC ENDOUROLOGIC PX W/IMG	524.40			000	N	3422.70
•	•	J1	50437	PERQ DILATION XST TRC NEW ACCESS RENAL COLTJ SYS	874.80			000	N	5757.14
•	•		50500	NEPHRORRHAPHY SUTURE KIDNEY WOUND/INJURY	4478.40			090	Y	
•	•		50520	CLOSURE NEPHROCUTANEOUS/PYELOCUTANEOUS FISTULA	4032.00			090	Y	
•	•		50525	CLSR NEPHROVISCERAL FISTULA W/VISC RPR ABDL APPR	5116.80			090	Y	
•	•		50526	CLSR NEPHROVISCERAL FISTULA W/VISC RPR THRC APPR	5485.20			090	Y	
•	•		50540	SYMPHYSIOTOMY HORSESHOE KDN W/WO PLOP UNI/BI	3972.00			090	Y	
•	•	J1	50541	LAPAROSCOPY SURG ABLATION RENAL CYSTS	3190.80			090	Y	9076.35
•	•	J1	50542	LAPS ABLTJ RENAL MASS LESION W/INTRAOP US	4051.20			090	Y	15106.63
•	•	J1	50543	LAPAROSCOPY SURG PARTIAL NEPHRECTOMY	5168.40			090	Y	15106.63
•	•	J1	50544	LAPAROSCOPY SURG PYELOPLASTY	4323.60			090	Y	15106.63
•	•		50545	LAPAROSCOPY RADICAL NEPHRECTOMY	4652.40			090	Y	12149.08
•	•		50546	LAPAROSCOPY NEPHRECTOMY W/PARTIAL URETERECT	4182.00			090	Y	7337.95
•	•		50547	LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	5578.80			090	Y	
•	•		50548	LAPAROSCOPY NEPHRECTOMY W/TOTAL URETERECTOMY	4678.80			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	BR			YYY	Y	9076.35
•	•	J1	50551	RENAL ENDOSCOPY NEPHROSTOMY W/WO IRRIGATION	1251.60			000	N	7926.90
•	•	J1	50553	RENAL NDSC NEPHROST W/URETERAL CATH W/WO DILA	1336.80			000	N	7926.90
•	•	J1	50555	RENAL NDSC NEPHROS/PYELOSTOMY BIOPSY	1429.20			000	N	7926.90
•	•	J1	50557	RENAL NDSC NEPHROS/PYELOSTOMY FULG&/INC W/WO BI	1454.40			000	N	13305.84
•	•	J1	50561	RENAL NDSC NEPHROS/PYELOSTOMY RMVL FB/CALCULUS	1646.40			000	N	7926.90
•	•	J1	50562	RENAL NDSC NEPHROS/PYELOSTOMY RESCJ TUMOR	2017.20			090	Y	13305.84
•	•	J1	50570	RENAL NDSC NEPHROTOMY W/WO IRRIGATION	1707.60			000	N	5757.14
•	•		50572	RNL NDSC NFROT W/URTRL CATHJ W/WO DILAT URETER	1848.00			000	N	798.40
•	•	J1	50574	RENAL NDSC NEPHROTOMY W/BIOPSY	1965.60			000	N	3422.70
•	•	J1	50575	RNL NDSC NFROT/PLOT W/ENDOPYELOTOMY	2481.60			000	N	7926.90
•	•	J1	50576	RNL NDSC NFROT FULGURATION &/INCISION W/WO BX	1960.80			000	N	7926.90
•	•	J1	50580	RNL NDSC NFROT/PLOT W/RMVL FB/CALCULUS	2110.80			000	N	7926.90
•	•	J1	50590	LITHOTRIPSY XTRCORP SHOCK WAVE	2520.00			090	N	5757.14
•	•	J1	50592	ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOFREQUENCY	11086.80			010	N	9076.35
•	•	J1	50593	ABLATION RENAL TUMOR UNILATERAL PERQ CRYOTHERAPY	15058.80			010	Y	15106.63
•	•		50600	URTROTOMY W/EXPL/DRG SEPARATE PROCEDURE	3259.20			090	Y	
•	•		50605	URETEROTOMY INSERTION INDWELLING STENT ALL TYPES	3440.40			090	Y	
+	•		50606	ENDOLUMINAL BX URTR &/RNL PELVIS NONENDOSCOPIC	2256.00			ZZZ	N	
•	•		50610	URTROLITHOTOMY UPPER ONE-THIRD URETER	3272.40			090	Y	
•	•		50620	URTROLITHOTOMY MIDDLE ONE-THIRD URETER	3132.00			090	Y	
•	•		50630	URTROLITHOTOMY LOWER ONE-THIRD URETER	3099.60			090	Y	
•	•		50650	URETRECECTOMY W/BLADDER CUFF SEPARATE PROCEDURE	3603.60			090	Y	
•	•		50660	URETERECTOMY TOT ECTOPIC URETER CMBN APPR	3966.00			090	Y	
•	•		50684	INJ PX URETEROGRAPHY/URETEROPYLOGRAPHY CATH	372.00			000	N	
•	•		50686	MANOMETRIC STDS THRU URTROST/NDWELLG URTRL CATH	478.80			000	N	193.05
•	•	J1	50688	CHNG URTROST TUBE/XTRNLLY ACCESSIBLE STENT ILEAL	270.00			010	N	3422.70
•	•		50690	NJX VISUALIZATION ILEAL CONDUIT&/URETEROPYELOG	344.40			000	N	
•	•	J1	50693	PLMT URTRL STENT PRQ PRE-EXISTING NFROS TRACT	3448.80			000	N	3422.70
•	•	J1	50694	PLMT URTRL STNT PRQ NEW ACESS W/O SEP NFROS CATH	3804.00			000	N	5757.14
•	•	J1	50695	PLMT URTRL STENT PRQ NEW ACCESS W/SEP NFROS CATH	4645.20			000	N	5757.14
•	•		50700	URETEROPLASTY PLASTIC OPERATION URETER	3212.40			090	Y	
+	•		50705	URETERAL EMBOLIZATION/OCCLUSION W/IMG GID RS&I	6818.40			ZZZ	N	
+	•		50706	BALLOON DILAT URETERAL STRICTURE W/IMG GID RS&I	3289.20			ZZZ	N	
•	•		50715	URETEROLYSIS W/WORPSG URETER RETROPERIT FIBROSIS	4230.00			090	Y	3102.68
•	•		50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	3490.80			090	Y	
•	•		50725	URTROLSS RETROCAVAL URTR W/REANAST	3828.00			090	Y	
•	•	J1	50727	REVJ URINARY-CUTANEOUS ANASTAMOSIS	1765.20			090	Y	5757.14
•	•		50728	REVJ UR-CUTAN ANAST RPR FSCAL DFCT & HERNIA	2547.60			090	Y	
•	•		50740	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	4257.60			090	Y	
•	•		50750	URETEROCALYCOSTOMY ANAST URETER RENAL CALYX	4006.80			090	Y	
•	•		50760	URETEROURETEROSTOMY	3916.80			090	Y	
•	•		50770	TRANSURETEROURETEROSTOMY ANAST URETER CLAT URTR	4002.00			090	Y	
•	•		50780	URETERONEOCYSTOSTOMY ANAST 1 URETER BLADDER	3837.60			090	Y	6235.43
•	•		50782	URETERONEOCYSTOSTOMY ANAST DUPLICATE URETER BLDR	3728.40			090	Y	
•	•		50783	URETERONEOCYSTOSTOMY W/URETERAL TAILORING	3915.60			090	Y	
•	•		50785	URTRONEOCSTOST W/VESICO-PSOAS HITCH/BLDR FLAP	4216.80			090	Y	
•	•		50800	URETEROENTEROSTOMY ANAST URETER INTESTINE	3223.20			090	Y	
•	•		50810	URETEROSIGMOIDOSTOMY W/SIGMOID BLADDER & COLOSTO	4868.40			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		50815	URETEROCOLON CONDUIT INTESTINE ANASTOMOSIS	4244.40			090	Y	
•	•		50820	URETEROILEAL CONDUIT W/INTESTINE ANASTOMOSIS	4563.60			090	Y	
•	•		50825	CONTINENT DVRJ W/INT ANAST ANY SGM SM&/LG INTSTN	5769.60			090	Y	
•	•		50830	URINARY UNIDIVERSION	6258.00			090	Y	
•	•		50840	RPLCMT ALL/PART URETER INTESTINE SGM W/ANAST	4267.20			090	Y	
•	•		50845	CUTANANEOUS APPENDICO-VESICOSTOMY	4339.20			090	Y	
•	•		50860	URETEROSTOMY TRANSPLANTATION URETER SKIN	3279.60			090	Y	
•	•		50900	URETERORRHAPHY SUTURE URETER SEPARATE PROCEDURE	2922.00			090	Y	
•	•		50920	CLOSURE URETEROCUTANEOUS FISTULA	3045.60			090	Y	
•	•		50930	CLOSURE URETEROCUTANEOUS FISTULA W/VISC RPR	3826.80			090	Y	
•	•		50940	DELIGATION URETER	3075.60			090	Y	
•	•	J1	50945	LAPAROSCOPY URTROLITHOTOMY	3372.00			090	Y	9076.35
•	•	J1	50947	LAPS URTRONEOCSTOST W/CSTSC&URTRL STENT PLMT	4821.60			090	Y	9076.35
•	•	J1	50948	LAPS URTRONEOCSTOST W/O CSTSC&URTRL STENT PLMT	4423.20			090	Y	15106.63
•	•	J1	50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	BR			YYY	Y	9076.35
•	•	J1	50951	URETERAL ENDOSCOPY VIA URETEROSTOMY	1308.00			000	N	3422.70
•	•	J1	50953	URETERAL ENDOSCOPY VIA URETEROST W/WO DIL URETER	1383.60			000	N	5757.14
•	•	J1	50955	URETERAL ENDOSCOPY VIA URETEROSTOMY W/BIOPSY	1476.00			000	N	7926.90
•	•	J1	50957	URETERAL ENDOSCOPY W/DEST&/INC W/WO BIOPSY	1489.20			000	N	7926.90
•	•	J1	50961	URETERAL ENDOSCOPY VIA URETEROST W/RMVL FB/STONE	1342.80			000	N	7926.90
•	•	J1	50970	URETERAL ENDOSCOPY VIA URETEROTOMY W/O IMAGING	1286.40			000	N	3422.70
•	•	J1	50972	NDSC URETEROTOMY URTRL CATHJ W/WO DILAT URETER	1244.40			000	N	5757.14
•	•	J1	50974	URETERAL ENDOSCOPY VIA URETEROT W/O IMAGING W/BX	1642.80			000	N	7926.90
•	•	J1	50976	URETERAL ENDOSC VIA URETEROT W/DEST&/INC W/WO BX	1621.20			000	N	7926.90
•	•	J1	50980	NDSC URETEROTOMY RMVL FB/CALCULUS	1237.20			000	N	7926.90
•	•	J1	51020	CYSTOTOMY/CYSTOSTOMY FULG&/INSJ RADACT MATRL	1621.20			090	Y	3422.70
•	•	J1	51030	CSTOTOMY/CSTOST CRYOSURG DSTRJ INTRAVESICAL LES	1633.20			090	N	5757.14
•	•	J1	51040	CYSTOSTOMY CYSTOTOMY W/DRAINAGE	1003.20			090	Y	3422.70
•	•	J1	51045	CYSTOTOMY W/INSJ URETERAL CATH/STENT SPX	1704.00			090	Y	3422.70
•	•	J1	51050	CYSTOLITHOTOMY CYSTOTOMY W/RMVL CALCULUS	1639.20			090	Y	7926.90
•	•	J1	51060	TRANSVESICAL URETROLITHOTOMY	2018.40			090	Y	3422.70
•	•	J1	51065	CYSTOTOMY W/CALCULUS BASKET XTRJ&/FRAGMENTATIO	2011.20			090	N	5757.14
•	•	J1	51080	DRG PRIVESICAL/PREVESICAL SPACE ABSC	1417.20			090	Y	4742.07
•	•		51100	ASPIRATION BLADDER NEEDLE	220.80			000	N	328.62
•	•		51101	ASPIRATION BLADDER TROCAR/INTRACATHETER	454.80			000	N	1296.16
•	•	J1	51102	ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER	792.00			000	N	3422.70
•	•	J1	51500	EXC URACHAL CYST/SINUS W/WO UMBILICAL HERNIA RPR	2208.00			090	Y	9076.35
•	•	J1	51520	CYSTOTOMY SIMPLE EXCISION VESICAL NECK	2064.00			090	Y	3422.70
•	•		51525	CYSTOTOMY EXCISE BLADDER DIVERTICULUM 1/MULTIPLE	2980.80			090	Y	
•	•		51530	CYSTOTOMY EXCISION BLADDER TUMOR	2670.00			090	Y	
•	•	J1	51535	CYSTOTOMY EXCISE/INCISE/REPAIR URETEROCELE	2704.80			090	Y	5757.14
•	•		51550	CYSTECTOMY PARTIAL SIMPLE	3348.00			090	Y	
•	•		51555	CYSTECTOMY PARTIAL COMPLICATED	4402.80			090	Y	
•	•		51565	CSTC PRTL W/RIMPLTJ URTR IN BLDR URTRONEOCSTOST	4506.00			090	Y	
•	•		51570	CYSTECTOMY COMPLETE SEPARATE PROCEDURE	5116.80			090	Y	
•	•		51575	CYSTECTOMY W/BI PELVIC LYMPHADENECTOMY	6331.20			090	Y	
•	•		51580	CYSTECTOMY W/URETEROSIGMOIDOSTOMY W/NODES	6572.40			090	Y	
•	•		51585	CYSTECTOMY W/URETEROSIGMOID BI PELV LYMPH NODES	7326.00			090	Y	
•	•		51590	CSTC COMPL W/URTROILEAL CONDUIT/BLDR W/INT ANAST	6716.40			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		51595	CSTC COMPL W/CONDUIT/SIGMOID BLDR PEL LMPHADEC	7602.00			090	Y	
•	•		51596	CSTC COMPL W/CONTINENT DVRJ OPN NEOBLDR	8180.40			090	Y	
•	•		51597	PELVIC EXENTERATION COMPLETE MALIGNANCY	7963.20			090	Y	
•	•		51600	NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	668.40			000	N	
•	•		51605	NJX & PLACEMENT CHAIN CONTRAST&/URETHROCSTOGRAPY	133.20			000	N	
•	•		51610	NJX RETROGRADE URETHROCSTOGRAPY	385.20			000	N	
•	•		51700	BLDR IRRIGATION SMPL LAVAGE &/INSTLJ	254.40			000	N	328.62
•	•		51701	INSJ NON-NDWELLG BLADDER CATHETER	152.40			000	N	151.20
•	•		51702	INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE	211.20			000	N	151.20
•	•		51703	INSJ TEMP NDWELLG BLADDER CATHETER COMPLICATED	453.60			000	N	193.05
•	•		51705	CHANGE CYSTOSTOMY TUBE SIMPLE	320.40			000	N	328.62
•	•		51710	CHANGE CYSTOSTOMY TUBE COMPLICATED	442.80			000	N	798.40
•	•	J1	51715	NDSC NJX IMPLT MATRL URT&/BLDR NCK	1088.40			000	N	5757.14
•	•		51720	BLADDER INSTILLATION ANTICARCINOGENIC AGENT	288.00			000	N	328.62
•	•		51725	SIMPLE CYSTOMETROGRAM	682.80	262.80	420.00	000	N	
•	•		51726	BLADDER PRESSURE MEASUREMENT DURING FILLING	952.80	295.20	657.60	000	N	
•	•		51727	COMPLEX CYSTOMETROGRAM URETHRAL PRESS PROFILE	1126.80	367.20	759.60	000	N	
•	•		51728	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	1146.00	361.20	784.80	000	N	
•	•		51729	COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL	1225.20	435.60	789.60	000	N	
•	•		51736	SIMPLE UROFLOMETRY	48.00	28.80	19.20	XXX	N	
•	•		51741	COMPLEX UROFLOMETRY	49.20	28.80	20.40	XXX	N	
•	•		51784	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	231.60	129.60	102.00	XXX	N	
•	•		51785	NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY TQ	1100.40	319.20	781.20	XXX	N	
•	•		51792	STIMULUS EVOKED RESPONSE	788.40	190.80	597.60	000	N	
+	•		51797	VOID PRESSURE STUDIES INTRAABDOMINAL	474.00	139.20	334.80	ZZZ	N	
•	•		51798	MEAS POST-VOIDING RESIDUAL URINE&/BLADDER CAP	43.20	BR	43.20	XXX	N	
•	•		51800	CSTOPLASTY/CSTOURTP PLSTC ANY	3646.80			090	Y	
•	•		51820	CSTOURTP W/UNI/BI URTRONEOCSTOST	3764.40			090	Y	
•	•		51840	ANT VESICOURETHROPEXY/URETHROPEXY SMPL	2316.00			090	Y	3769.10
•	•		51841	ANT VESICOURETHROPEXY/URETHROPEXY COMP	2696.40			090	Y	
•	•	J1	51845	ABDOMINO-VAG VESICAL NCK SSP W/WO NDSC CTRL	2019.60			090	Y	7920.98
•	•	J1	51860	CYSTORRHAPHY SUTR BLDR WND INJ/RPT SIMPLE	2586.00			090	Y	7926.90
•	•		51865	CYSTORRHAPHY SUTR BLDR WND INJ/RPT COMPLICATED	3114.00			090	Y	
•	•	J1	51880	CLOSURE CYSTOSTOMY SEPARATE PROCEDURE	1621.20			090	Y	5757.14
•	•		51900	CLSR VESICOVAGINAL FISTUL AABDL APPROACH	2858.40			090	Y	
•	•		51920	CLOSURE VESICOUTERINE FISTULA	2649.60			090	Y	
•	•		51925	CLSR VESICOUTERINE FISTULA W/HYSTERECTOMY	3543.60			090	Y	
•	•		51940	CLOSURE EXSTROPHY BLADDER	5702.40			090	Y	
•	•		51960	ENTEROCYSTOPLASTY W/INTESTINAL ANASTOMOSIS	4806.00			090	Y	
•	•		51980	CUTANEOUS VESICOSTOMY	2474.40			090	Y	
•	•	J1	51990	LAPAROSCOPY URETHRAL SUSPENSION STRESS INCONT	2595.60			090	Y	9076.35
•	•	J1	51992	LAPAROSCOPY SLING OPERATION STRESS INCONT	2882.40			090	Y	9076.35
•	•	J1	51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDER	BR			YYY	N	9076.35
•	•		52000	CYSTOURETHROSCOPY	646.80			000	N	798.40
•	•	J1	52001	CYSTO W/IRRIG & EVAC MULTPLE OBSTRUCTING CLOTS	1358.40			000	N	5757.14
•	•	J1	52005	CYSTO BLADDER W/URETERAL CATHETERIZATION	966.00			000	N	3422.70
•	•	J1	52007	CYSTO W/URTRL CATHJ BRUSH BX URTR&/RENAL PELVIS	1581.60			000	N	5757.14
•	•		52010	CYSTO W/EJACULATORY DUCT CATHETERIZATION	1317.60			000	N	798.40
•	•	J1	52204	CYSTOURETHROSCOPY WITH BIOPSY	1297.20			000	N	3422.70

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	52214	CYSTO W/DESTRUCTION OF LESIONS	2400.00			000	N	3422.70
•	•	J1	52224	CYSTO W/REMOVAL OF LESIONS SMALL	2508.00			000	N	3422.70
•	•	J1	52234	CYSTO W/REMOVAL OF TUMORS SMALL	854.40			000	N	5757.14
•	•	J1	52235	CYSTOURETHROSCOPY W/DEST &/RMVL MED BLADDER TUM	1000.80			000	N	5757.14
•	•	J1	52240	CYSTOURETHROSCOPY W/DEST &/RMVL TUMOR LARGE	1360.80			000	N	7926.90
•	•	J1	52250	CYSTOURETHROSCOPY INSJ RADIOACT SBST W/WOBX/FULG	830.40			000	N	5757.14
•	•	J1	52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH	728.40			000	N	3422.70
•	•	J1	52265	CYSTOURETHROSCOPY W/DIL BLADDER LOCAL ANESTHESIA	1275.60			000	N	3422.70
•	•	J1	52270	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY FEMALE	1309.20			000	N	3422.70
•	•	J1	52275	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	1735.20			000	N	3422.70
•	•	J1	52276	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE	918.00			000	N	3422.70
•	•	J1	52277	CYSTOURETHROSCOPY W/RESECJ EXTERNAL SPHINCTER	1122.00			000	N	5757.14
•	•	J1	52281	CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS	1023.60			000	N	3422.70
•	•	J1	52282	CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT	1171.20			000	N	5757.14
•	•	J1	52283	CYSTOURETHROSCOPY W/STEROID INJECTION STRICTURE	1041.60			000	N	3422.70
•	•		52285	CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME	1039.20			000	N	798.40
•	•	J1	52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER	1158.00			000	N	3422.70
•	•	J1	52290	CYSTOURETHROSCOPY W/URETERAL MEATOTOMY UNI/BI	848.40			000	N	3422.70
•	•	J1	52300	CYSTO W/RESCJ/FULG ORTHOPIC URETEROCELE UNI/BI	970.80			000	N	5757.14
•	•	J1	52301	CYSTO W/RESECJ ECTOPIC URETEROCELE UNI/BI	1005.60			000	N	5757.14
•	•	J1	52305	CYSTO INC/RESCJ ORIFICE BLDR DIVERTICULUM 1/MLT	967.20			000	N	7926.90
•	•	J1	52310	CYSTO W/SIMPLE REMOVAL STONE & STENT	921.60			000	N	3422.70
•	•	J1	52315	CYSTO W/COMPLEX REMOVAL STONE & STENT	1514.40			000	N	3422.70
•	•	J1	52317	LITHOLAPAXY SMPL/SM <2.5 CM	2893.20			000	N	5757.14
•	•	J1	52318	LITHOLAPAXY COMP/LG > 2.5 CM	1645.20			000	N	5757.14
•	•	J1	52320	CYSTOURETHROSCOPY W/RMVL URETERAL CALCULUS	855.60			000	N	5757.14
•	•	J1	52325	CYSTO FRAGMENTATION URETERAL STONE	1112.40			000	N	7926.90
•	•	J1	52327	CYSTO W/SUBURTRIC NJX IMPLT MATRL	910.80			000	N	7926.90
•	•	J1	52330	CYSTO MANJ W/O RMVL URETERAL STONE	1855.20			000	N	5757.14
•	•	J1	52332	CYSTO W/INSERT URETERAL STENT	1623.60			000	N	5757.14
•	•	J1	52334	CYSTO INSJ URTRL GD WIRE PRQ NFROS RTRGR	636.00			000	N	5757.14
•	•	J1	52341	CYSTO W/TX URETERAL STRICTURE	985.20			000	N	3422.70
•	•	J1	52342	CYSTO W/TX URETEROPELVIC JUNCTION STRICTURE	1071.60			000	N	5757.14
•	•	J1	52343	CYSTO W/TX INTRA-RENAL STRICTURE	1195.20			000	N	3422.70
•	•	J1	52344	CYSTO W/URTROSCOPY W/TX URETERAL STRICTURE	1282.80			000	N	5757.14
•	•	J1	52345	CYSTO W/URTROSCOPY W/TX URTROPEL JUNCT STRIX	1369.20			000	N	5757.14
•	•	J1	52346	CYSTO W/URTROSCOPY W/TX INTRA-RENAL STRICTURE	1550.40			000	N	7926.90
•	•	J1	52351	CYSTO W/URTROSCOPY&/PYELOSCOPY DX	1050.00			000	N	3422.70
•	•	J1	52352	CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES	1231.20			000	N	5757.14
•	•	J1	52353	CYSTO W/URETEROSCOPY W/LITHOTRIPSY	1360.80			000	N	7926.90
•	•	J1	52354	CYSTO/PYELOSCOPY BX&/FULGURATION PELIVC LESION	1449.60			000	N	7926.90
•	•	J1	52355	CYSTO/PYELOSCOPY RESCJ PELVIC TUMOR	1623.60			000	N	7926.90
•	•	J1	52356	CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT	1446.00			000	N	7926.90
•	•	J1	52400	CYSTO INC FULG/RESCJ URTL VALVES/FOLDS	1659.60			090	N	5757.14
•	•	J1	52402	CSTO W/TRURL RESCJ/INC EJACULATORY DUXS	927.60			000	N	5757.14
•	•		52441	CYSTO INSERTION TRANSPROSTATIC IMPLANT SINGLE	4340.40			000	N	
+	•		52442	CYSTO INSERTION TRANSPROSTATIC IMPLANT EA ADDL	3255.60			ZZZ	N	
•	•	J1	52450	TRANSURETHRAL INCISION PROSTATE	1630.80			090	N	5757.14
•	•	J1	52500	TRANSURETHRAL RESECTION BLADDER NECK	1695.60			090	N	5757.14

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	52601	TRURL ELECTROSURG RESCJ PROSTATE BLEED COMPLETE	2530.80			090	N	7926.90
•	•	J1	52630	TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS	1390.80			090	N	7926.90
•	•	J1	52640	TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE	1096.80			090	N	5757.14
•	•	J1	52647	LASER COAGULATION OF PROSTATE FOR URINE FLOW	5554.80			090	N	7926.90
•	•	J1	52648	LASER VAPORIZATION OF PROSTATE FOR URINE FLOW	5728.80			090	N	7926.90
•	•	J1	52649	LASER ENUCLEATION PROSTATE W/MORCELLATION	2860.80			090	N	7926.90
•	•	J1	52700	TRURL DRAINAGE PROSTATIC ABSCESS	1531.20			090	N	5757.14
•	•	J1	53000	URTT/URTS XTRNL SPX PENDULOUS URETHRA	513.60			010	N	3422.70
•	•	J1	53010	URETHROTOMY/URETHROSTOMY XT SPX PERINEAL URETHRA	1021.20			090	N	7926.90
•	•	J1	53020	MEATOTOMY CUTTING MEATUS SPX EXCEPT INFANT	336.00			000	N	3422.70
•	•	J1	53025	MEATOTOMY CUTTING MEATUS SPX INFANT	236.40			000	N	3422.70
•	•	J1	53040	DRAINAGE DEEP PERIURETHRAL ABSCESS	1362.00			090	N	3422.70
•	•	J1	53060	DRG OF SKENE'S GLAND ABSCESS OR CYST	628.80			010	N	3422.70
•	•		53080	DRG PERINEAL URINARY XTRVASATION UNCOMP SPX	1458.00			090	N	798.40
•	•	J1	53085	DRG PERINEAL URINARY XTRVASATION COMPLIC	2253.60			090	Y	3422.70
•	•	J1	53200	BIOPSY URETHRA	546.00			000	N	3422.70
•	•	J1	53210	URETHRECTOMY TOT W/CYSTOST FEMALE	2671.20			090	Y	5757.14
•	•	J1	53215	URETHRECTOMY TOT W/CYSTOST MALE	3222.00			090	Y	7926.90
•	•	J1	53220	EXC/FULGURATION CARCINOMA URETHRA	1567.20			090	N	5757.14
•	•	J1	53230	EXC URETHRAL DIVERTICULUM SPX FEMALE	2101.20			090	Y	7926.90
•	•	J1	53235	EXC URETHRAL DIVERTICULUM SPX MALE	2194.80			090	Y	7926.90
•	•	J1	53240	MARSUPIALIZATION URTL DIVERTICULUM MALE/FEMALE	1473.60			090	N	3422.70
•	•	J1	53250	EXCISION OF BULBOURETHRAL GLAND	1372.80			090	N	5757.14
•	•	J1	53260	EXC/FULGURATION URETHRAL POLYP DSTL URETHRA	699.60			010	N	3422.70
•	•	J1	53265	EXC/FULGURATION URETHRAL CARUNCLE	763.20			010	N	3422.70
•	•	J1	53270	EXCISION OR FULGURATION SKENES GLANDS	717.60			010	N	3422.70
•	•	J1	53275	EXCISION/FULGURATION URETHRAL PROLAPSE	909.60			010	N	3422.70
•	•	J1	53400	URETHROPLASTY 1ST STG FISTULA/DIVERTICULUM/STRIX	2775.60			090	Y	7926.90
•	•	J1	53405	URETHROPLASTY 2ND STAGE W/URINARY DIVERSION	3032.40			090	Y	7926.90
•	•	J1	53410	URETHROPLASTY 1 STG RECNST MALE ANTERIOR URETHRA	3396.00			090	Y	7926.90
•	•		53415	URTP TRANSPUBIC/PRNL 1 STG RCNSTJ/RPR URT	3924.00			090	Y	7311.55
•	•	J1	53420	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 1ST STAGE	2920.80			090	N	7926.90
•	•	J1	53425	URTP 2-STG RCNSTJ/RPR PROSTAT/URETHRA 2ND STAGE	3252.00			090	Y	7926.90
•	•	J1	53430	URETHROPLASTY RCNSTJ FEMALE URETHRA	3354.00			090	Y	7926.90
•	•	J1	53431	URTP W/TUBULARIZATION POST URT&/LWR BLDR	4005.60			090	Y	7926.90
•	•	J1	53440	SLING OPRATION CORRJ MALE URINARY INCONTINENCE	2613.60			090	Y	13305.84
•	•	J1	53442	RMVL/REVJ SLING MALE URINARY INCONTINENCE	2716.80			090	Y	7926.90
•	•	J1	53444	INSERTION TANDEM CUFF	2751.60			090	Y	26963.98
•	•	J1	53445	INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	2613.60			090	Y	26963.98
•	•		53446	REMVL INFLATABLE URETHRAL/BLADDER NECK SPHINCTER	2228.40			090	Y	5709.17
•	•	J1	53447	RMVL & RPLCMT NFLTL URETHRAL/BLADDER NECK SPHINC	2804.40			090	Y	26963.98
•	•		53448	RMVL & RPLCMT NFLTBL NCK SPHNCTR THRU INFCT FLD	4437.60			090	Y	
•	•	J1	53449	RPR NFLTBL URETHRAL/BLADDER NECK SPHINCTER	2122.80			090	Y	7926.90
•	•	J1	53450	URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT	1418.40			090	N	3422.70
•	•	J1	53460	URETHROMEATOPLASTY W/PRTL EXC DSTL URTL SGM	1588.80			090	N	3422.70
•	•	J1	53500	URETHROLSS TRVG SEC OPN W/CSTO	2584.80			090	Y	5757.14
•	•	J1	53502	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ FEMALE	1687.20			090	N	5757.14
•	•	J1	53505	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PENILE	1686.00			090	Y	7926.90
•	•	J1	53510	URETHRORRHAPHY SUTR URETHRAL WOUND/INJ PERINEAL	2191.20			090	Y	7926.90

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	53515	URTORR SUTR URETHRAL WND/INJ PROSTATOMEMBRANOUS	2762.40			090	Y	7926.90
•	•	J1	53520	CLSR URETHROSTOMY/URETHROQ FSTL MALE SPX	1934.40			090	N	7926.90
•	•		53600	DILAT URETHRAL STRIX DILATOR MALE 1ST	286.80			000	N	328.62
•	•		53601	DILAT URETHRAL STRIX DILATOR MALE SBSQ	274.80			000	N	151.20
•	•	J1	53605	DILAT URETHRAL STRIX/VESICAL NCK DILAT MALE ANES	224.40			000	N	3422.70
•	•		53620	DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE 1ST	454.80			000	N	798.40
•	•		53621	DILAT URETHRAL STRIX FILIFORM & FOLLWR MALE SBSQ	427.20			000	N	328.62
•	•		53660	DILAT FEMALE URETHRA W/SUPPOSITORY&/INSTLJ INI	238.80			000	N	193.05
•	•		53661	DILAT FEMALE URT W/SUPPOSITORY&/INSTLJ SBSQ	235.20			000	N	151.20
•	•	J1	53665	DILAT FEMALE URETHRA GENERAL/CNDJ SPINAL ANES	134.40			000	N	3422.70
•	•	J1	53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH	5449.20			090	N	5757.14
•	•	J1	53852	TRURL DSTRJ PRSTATE TISS RF THERMOTH	5276.40			090	N	5757.14
•	•	J1	53854	TRURL DSTRJ PRST8 TISS RF WV THERMOTHERAPY	6246.00			090	N	3422.70
•	•	J1	53855	INSERT TEMP PROSTATIC URETH STENT W/MEASUREMENT	2613.60			000	N	3422.70
•	•	J1	53860	TRURL RF FEMALE BLADDER NECK STRS URIN INCONT	6326.40			090	N	3422.70
•	•		53899	UNLISTED PROCEDURE URINARY SYSTEM	BR			YYY	N	328.62
•	•	J1	54000	SLITTING PREPUCE DORSAL/LATERAL SPX NEWBORN	528.00			010	N	3422.70
•	•	J1	54001	SLITTING PREPUCE DORSAL/LAT SPX XCP NEWBORN	652.80			010	N	3422.70
•	•	J1	54015	I&D PENIS DEEP	1070.40			010	N	2734.29
•	•		54050	DSTRJ LESION PENIS SIMPLE CHEMICAL	456.00			010	N	445.99
•	•		54055	DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION	418.80			010	N	2199.52
•	•		54056	DSTRJ LESION PENIS SIMPLE CRYOSURGERY	483.60			010	N	250.56
•	•		54057	DSTRJ LESION PENIS SIMPLE LASER	476.40			010	N	2199.52
•	•		54060	DSTRJ LESION PENIS SIMPLE SURG EXCISION	634.80			010	N	2199.52
•	•		54065	DSTRJ LESION PENIS EXTENSIVE	757.20			010	N	2199.52
•	•	J1	54100	BIOPSY PENIS SEPARATE PROCEDURE	676.80			000	N	2734.29
•	•	J1	54105	BIOPSY PENIS DEEP STRUCTURES	921.60			010	N	4742.07
•	•	J1	54110	EXCISION OF PENILE PLAQUE	2166.00			090	Y	5757.14
•	•	J1	54111	EXC PENILE PLAQUE GRAFT &/5 CM LENGTH	2773.20			090	Y	7926.90
•	•	J1	54112	EXC PENILE PLAQUE GRAFT > 5 CM LENGTH	3256.80			090	Y	13305.84
•	•	J1	54115	REMOVAL FOREIGN BODY DEEP PENILE TISSUE	1570.80			090	Y	4742.07
•	•	J1	54120	AMPUTATION PENIS PARTIAL	2194.80			090	Y	5757.14
•	•		54125	AMPUTATION PENIS COMPLETE	2828.40			090	Y	
•	•		54130	AMPUTATION PENIS RADW/BI INGUINOFEMORAL LMPHADE	4144.80			090	Y	
•	•		54135	AMPUTATION PENIS RADICAL W/LYMPH NODES	5251.20			090	Y	
•	•	J1	54150	CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK	530.40			000	N	3422.70
•	•		54160	CIRCUMCISION NEONATE	758.40			010	N	798.40
•	•	J1	54161	CIRCUMCISION AGE >28 DAYS	684.00			010	N	3422.70
•	•	J1	54162	LYSIS/EXCISION PENILE POSTCIRCUMCISION ADHESIONS	890.40			010	N	3422.70
•	•	J1	54163	REPAIR INCOMPLETE CIRCUMCISION	757.20			010	N	3422.70
•	•	J1	54164	FRENULOTOMY PENIS	672.00			010	N	3422.70
•	•		54200	INJECTION PEYRONIE DISEASE	375.60			010	N	328.62
•	•	J1	54205	NJX PEYRONIE W/SURG EXPOS PLAQUE	1848.00			090	Y	7926.90
•	•		54220	IRRIGATION CORPORA CAVERNOSA PRIAPISM	716.40			000	N	328.62
•	•		54230	INJECTION CORPORA CAVERNOSOGRAPY	338.40			000	N	
•	•		54231	DYNAMIC CAVERNOSOMETRY NJX VASOACTIVE DRUGS	489.60			000	N	328.62
•	•		54235	NJX C/P/A CAVERNOSA W/PHARMACOLOGIC AGT	307.20			000	N	328.62
•	•		54240	PENILE PLETHYSMOGRAPHY	356.40	231.60	124.80	000	N	
•	•		54250	NOCTURNAL PENILE TUMESCENCE &/RIGIDITY TEST	420.00	379.20	40.80	000	N	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	54300	PENIS STRAIGHTENING CHORDEE	2238.00			090	Y	5757.14
•	•	J1	54304	PENIS CORRJ CHORDEE/1ST STAGE HYPOSPADIAS RPR	2600.40			090	Y	5757.14
•	•	J1	54308	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR <3 CM	2482.80			090	Y	7926.90
•	•	J1	54312	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR > 3 CM	2841.60			090	Y	5757.14
•	•	J1	54316	URETHROPLASTY 2ND STAGE HYPOSPADIAS RPR SKIN GRF	3464.40			090	Y	7926.90
•	•	J1	54318	URETHROPLASTY 3RD STG HYPOSPADIAS RPR RLS PENIS	2467.20			090	Y	5757.14
•	•	J1	54322	1 STG DSTL HYPOSPADIAS RPR W/SMPL MEATAL ADVMNT	2712.00			090	Y	5757.14
•	•	J1	54324	1 STG DSTL HYPOSPADIAS RPR W/URTP SKIN FLAPS	3363.60			090	Y	5757.14
•	•	J1	54326	1 STG DSTL HYPOSPADIAS RPR URTP SKN FLAPS	3282.00			090	Y	3422.70
•	•	J1	54328	1 STAGE DSTL HYPOSPADIAS RPR W/EXTENSIVE DSJ	3260.40			090	Y	5757.14
•	•	J1	54332	1 STAGE PROX PENILE/PENOSCROTAL HYPOSPADIAS RPR	3520.80			090	Y	5757.14
•	•	J1	54336	1 STG PERINEAL HYPOSPADIAS RPR W/GRF&/FLAP	4131.60			090	Y	5757.14
•	•	J1	54340	RPR HYPOSPADIAS COMPLCTJS CLSR INC/EXC SIMPLE	1977.60			090	Y	5757.14
•	•	J1	54344	RPR HYPOSPADIAS COMPLCTJS MOBLJ FLAPS & URTP	3289.20			090	Y	7926.90
•	•	J1	54348	RPR HYPOSPADIAS COMPLCTJS DSJ & URTP FLAP/GRF	3520.80			090	Y	7926.90
•	•	J1	54352	RPR HYPOSPADIAS CRIPPLE W/DSJ & EXC & GRFS/FLAP	4921.20			090	Y	7926.90
•	•	J1	54360	PLASTIC RPR PENIS CORRECT ANGULATION	2500.80			090	Y	5757.14
•	•	J1	54380	PLASTIC RPR PENIS EPISPADIAS DSTL SPHNCTR	2775.60			090	Y	3422.70
•	•	J1	54385	PLASTIC PENIS EPISPADIAS DSTL SPHNCTR W/INCONT	3225.60			090	Y	3422.70
•	•		54390	PLASTIC RPR PENIS EPISPADIAS W/EXSTROPHY BLADDER	4311.60			090	Y	
•	•	J1	54400	INSJ PENILE PROSTHESIS NON-INFLATABLE SEMI-RIGID	1840.80			090	N	26963.98
•	•	J1	54401	INSJ PENILE PROSTHESOS INFLATABLE SELF-CONTAINED	2277.60			090	N	26963.98
•	•	J1	54405	INSJ MULTI-COMPONENT INFLATABLE PENILE PROSTH	2808.00			090	Y	26963.98
•	•		54406	RMVL INFLATABLE PENILE PROSTH W/O RPLCMT PROSTH	2535.60			090	Y	4156.14
•	•	J1	54408	RPR COMPONENT INFLATABLE PENILE PROSTHESIS	2744.40			090	Y	7926.90
•	•	J1	54410	RMVL & RPLCMT INFLATABLE PENILE PROSTH SAME SESS	2986.80			090	Y	26963.98
•	•	J1	54411	RMVL & RPLCMT NFLTBL PENILE PROSTH INFECTED FIEL	3564.00			090	Y	26963.98
•	•		54415	RMVL NON-NFLTBL/NFLTBL PENILE PROSTH W/O RPLCMT	1836.00			090	Y	4156.14
•	•	J1	54416	RMVL & RPLCMT NON-NFLTBL/NFLTBL PENILE PROSTHESI	2469.60			090	Y	26963.98
•	•	J1	54417	RMVL & RPLCMT PENILE PROSTHESIS INFECTED FIELD	3116.40			090	Y	26963.98
•	•	J1	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT UNI/BI	2443.20			090	Y	3422.70
•	•		54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT UNI/BI	2223.60			090	Y	3414.89
•	•	J1	54435	CORPORA CAVERNOSA-GLANS PENIS FSTLJ PRIAPISM	1443.60			090	N	3422.70
•	•	J1	54437	REPAIR OF TRAUMATIC CORPOREAL TEAR(S)	2337.60			090	Y	5757.14
•	•		54438	REPLANTATION PENIS COMP AMPUTATION W/URETH REP	4647.60			090	Y	
•	•	J1	54440	PLASTIC OPERATION PENIS INJURY	3268.80			090	Y	5757.14
•	•		54450	FORESKN MANJ W/LSS PREPUTIAL ADS&STRETCHING	238.80			000	N	328.62
•	•	J1	54500	BIOPSY TESTIS NEEDLE SEPARATE PROCEDURE	258.00			000	N	4742.07
•	•	J1	54505	BIOPSY TESTIS INCISIONAL SEPARATE PROCEDURE	728.40			010	N	5757.14
•	•	J1	54512	EXC XTRPARENCHYMAL LESION TESTIS	1873.20			090	N	5757.14
•	•	J1	54520	ORCHIECTOMY SIMPLE SCROTAL/INGUINAL APPROACH	1134.00			090	N	3422.70
•	•	J1	54522	ORCHIECTOMY PARTIAL	2046.00			090	Y	3422.70
•	•	J1	54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH	1755.60			090	Y	5716.03
•	•	J1	54535	ORCHIECTOMY RADICAL TUMOR W/ABDOMINAL EXPL	2578.80			090	Y	5757.14
•	•	J1	54550	EXPL UNDESCENDED TSTIS INGUN/SCROTAL AREA	1707.60			090	Y	5716.03
•	•	J1	54560	EXPL UNDESCENDED TESTIS W/ABDOMINAL EXPL	2384.40			090	Y	3422.70
•	•	J1	54600	RDCTJ TORSION TSTIS W/WO FIXJ CLAT TESTIS	1572.00			090	N	3422.70
•	•	J1	54620	FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE	1039.20			010	N	5757.14
•	•	J1	54640	ORCHIOPEXY INGUINAL APPROACH W/WO HERNIA RPR	1660.80			090	N	5716.03

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	54650	ORCHIOPEXY ABDL APPROACH INTRA-ABDOMINAL TESTIS	2468.40			090	Y	5716.03
•	•	J1	54660	INSJ TESTICULAR PROSTH SEPARATE PROCEDURE	1239.60			090	N	7926.90
•	•	J1	54670	SUTURE/REPAIR TESTICULAR INJURY	1410.00			090	N	3422.70
•	•	J1	54680	TRANSPLANTATION TESTIS TO THIGH	2733.60			090	Y	3422.70
•	•	J1	54690	LAPAROSCOPY SURGICAL ORCHIECTOMY	2278.80			090	Y	9076.35
•	•	J1	54692	LAPAROSCOPY ORCHIOPEXY INTRA-ABDOMINAL TESTIS	2632.80			090	N	9076.35
•	•	J1	54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	BR			YYY	Y	9076.35
•	•	J1	54700	I&D EPIDIDYMIS TSTIS&/SCROTAL SPACE	739.20			010	N	3422.70
•	•	J1	54800	BIOPSY EPIDIDYMIS NEEDLE	436.80			000	N	2734.29
•	•	J1	54830	EXCISION LOCAL LESION EPIDIDYMIS	1293.60			090	N	3422.70
•	•	J1	54840	EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY	1114.80			090	N	3422.70
•	•	J1	54860	EPIDIDYMECTOMY UNILATERAL	1454.40			090	N	3422.70
•	•	J1	54861	EPIDIDYMECTOMY BILATERAL	1966.80			090	N	5757.14
•	•	J1	54865	EXPLORATION EPIDIDYMIS W/WO BIOPSY	1244.40			090	N	3422.70
•	•	J1	54900	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS UNI	2780.40			090	N	3422.70
•	•	J1	54901	EPIDIDYMOVASOSTOMY ANAST EPIDIDYMIS BI	3670.80			090	N	5757.14
•	•		55000	PNXR ASPIR HYDROCELE TUNICA VAGIS W/WO NJX MED	400.80			000	N	822.66
•	•	J1	55040	EXCISION HYDROCELE UNILATERAL	1172.40			090	N	5716.03
•	•	J1	55041	EXCISION HYDROCELE BILATERAL	1772.40			090	N	5716.03
•	•	J1	55060	RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE	1321.20			090	N	3422.70
•	•	J1	55100	DRAINAGE SCROTAL WALL ABSCESS	753.60			010	N	2734.29
•	•	J1	55110	SCROTAL EXPLORATION	1344.00			090	N	5757.14
•	•	J1	55120	REMOVAL FOREIGN BODY SCROTUM	1227.60			090	N	3422.70
•	•	J1	55150	RESECTION SCROTUM	1707.60			090	Y	3422.70
•	•	J1	55175	SCROTOPLASTY SIMPLE	1260.00			090	N	5757.14
•	•	J1	55180	SCROTOPLASTY COMPLICATED	2390.40			090	N	7926.90
•	•	J1	55200	VASOTOMY CANNULIZATION W/WO VAS INC UNI/BI SPX	1455.60			090	N	3422.70
•	•	J1	55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	1279.20			090	N	3422.70
•	•		55300	VASOTOMY VASOGRAMS UNI/BI	650.40			000	N	
•	•	J1	55400	VASOVASOSTOMY VASOVASORRHAPHY	1726.80			090	Y	5757.14
•	•	J1	55500	EXC HYDROCELE SPRMATIC CORD UNI SPX	1370.40			090	N	3422.70
•	•	J1	55520	EXC LESION SPERMATIC CORD SEPARATE PROCEDURE	1574.40			090	Y	3422.70
•	•	J1	55530	EXC VARICOCELE/LIGATION SPERMATIC VEINS SPX	1220.40			090	N	5757.14
•	•	J1	55535	EXC VARICOCELE/LIGATION SPERMATIC VEINS ABDL	1492.80			090	Y	5716.03
•	•	J1	55540	EXC VARICOCELE/LIGATION VEINS W/HERNIA RPR	1920.00			090	N	5716.03
•	•	J1	55550	LAPS LIGATION SPERMATIC VEINS VARICOCELE	1486.80			090	Y	9076.35
•	•	J1	55559	UNLISTED LAPROSCOPY PROCEDURE SPERMATIC CORD	BR			YYY	Y	9076.35
•	•	J1	55600	VESICULOTOMY	1462.80			090	N	3422.70
•	•		55605	VESICULOTOMY COMPLICATED	1812.00			090	N	
•	•		55650	VESICULECTOMY ANY APPROACH	2486.40			090	Y	
•	•	J1	55680	EXCISION MULLERIAN DUCT CYST	1190.40			090	N	5757.14
•	•	J1	55700	PROSTATE NEEDLE BIOPSY ANY APPROACH	854.40			000	N	3422.70
•	•	J1	55705	BIOPSY PROSTATE INCISIONAL ANY APPROACH	921.60			010	N	3422.70
•	•	J1	55706	BX PROSTATE STRTCTC SATURATION SAMPLING IMG GID	1293.60			010	Y	3422.70
•	•	J1	55720	PROSTATOTOMY EXTERNAL DRG ABSCESS SIMPLE	1567.20			090	Y	3422.70
•	•	J1	55725	PROSTATOTOMY EXTERNAL DRG ABSCESS COMPLICATED	2061.60			090	Y	5757.14
•	•		55801	PROSTATECTOMY PERINEAL SUBTOTAL	3796.80			090	Y	
•	•		55810	PROSTATECTOMY PERINEAL RADICAL	4562.40			090	Y	
•	•		55812	PROSTATECTOMY PERINEAL RADICAL W/LYMPH NODE BX	5589.60			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		55815	PROSTATECTOMY PERINEAL RAD W/BI PELVIC LYMPH EXC	6104.40			090	Y	
•	•		55821	PROSTATECTOMY SUPRAPUBIC SUBTOTAL 1/2 STAGES	3033.60			090	Y	
•	•		55831	PROSTATECTOMY RETROPUBIC SUBTOTAL	3282.00			090	Y	
•	•		55840	PROSTATECTOMY RETROPUBIC W/WO NERVE SPARING	4069.20			090	Y	
•	•		55842	PROSTECT RETROPUBIC RAD W/WO NRV SPAR W/LYMPH BX	4072.80			090	Y	
•	•		55845	PROSTECT RETROPUB RAD W/WO NRV SPAR & BI PLV LYM	4737.60			090	Y	6090.43
•	•	J1	55860	EXPOS PROSTATE ANY APPROACH INSJ RADIOACT SUBST	3039.60			090	N	7926.90
•	•		55862	EXPOS PROSTATE INSJ RADIOACT SBST W/LYMPH BX	3808.80			090	Y	
•	•		55865	EXPOS PROSTATE INSJ RADIOAC SBST W/BI PELV LYMPH	4605.60			090	Y	
•	•	J1	55866	LAPS PROSTECT RETROPUBIC RAD W/NRV SPARING ROBOT	5013.60			090	Y	15106.63
•	•		55870	ELECTROEJACULATION	604.80			000	N	792.42
•	•	J1	55873	CRYOSURGICAL ABLATION PROSTATE W/US & MONITORI	21183.60			090	N	13305.84
•	•		55874	TRANSPERINEAL PLMT BIODEGRADABLE MATRL 1/MLT NJX	11836.80			000	N	5709.17
•	•	J1	55875	TRANSPERINEAL PLMT NDL/CATHS PROSTATE RADJ INSJ	2656.80			090	N	7926.90
•	•		55876	PLMT INTERSTITIAL DEV RADIAT TX PROSTATE 1/MULT	486.00			000	N	1692.53
•	•		55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	BR			YYY	N	328.62
•	•	J1	55920	PLACEMENT NEEDLE PELVIC ORGAN RADIOELEMENT APPL	1561.20			000	N	7920.98
•	•	J1	55970	INTERSEX SURG MALE FEMALE	BR			YYY	N	4707.90
•	•	J1	55980	INTERSEX SURG FEMALE MALE	BR			YYY	N	5757.14
•	•		56405	I&D VULVA/PERINEAL ABSCESS	390.00			010	N	387.66
•	•		56420	I&D OF BARTHOLINS GLAND ABSCESS	463.20			010	N	235.62
•	•	J1	56440	MARSUPIALIZATION BARTHOLINS GLAND CYST	618.00			010	N	4707.90
•	•	J1	56441	LYSIS LABIAL ADHESIONS	519.60			010	N	4707.90
•	•	J1	56442	HYMENOTOMY SIMPLE INCISION	160.80			000	N	4707.90
•	•		56501	DESTRUCTION LESIONS VULVA SIMPLE	492.00			010	N	2199.52
•	•		56515	DESTRUCTION LESIONS VULVA EXTENSIVE	806.40			010	N	2199.52
•	•		56605	BIOPSY VULVA/PERINEUM 1 LESION SPX	291.60			000	N	792.42
+	•		56606	BIOPSY VULVA/PERINEUM EACH ADDL LESION	130.80			ZZZ	N	
•	•	J1	56620	VULVECTOMY SIMPLE PARTIAL	1860.00			090	Y	4707.90
•	•	J1	56625	VULVECTOMY SIMPLE COMPLETE	2229.60			090	Y	4707.90
•	•		56630	VULVECTOMY RADICAL PARTIAL	3271.20			090	Y	3040.15
•	•		56631	VULVECTOMY RAD PRTL UNI INGUINOFEM LMPHADECTOMY	4136.40			090	Y	
•	•		56632	VULVECTOMY RAD PRTL BI INGUINOFEM LMPHADECTOMY	4881.60			090	Y	
•	•		56633	VULVECTOMY RADICAL COMPLETE	4243.20			090	Y	
•	•		56634	VULVECTOMY RAD COMPL UNI INGUINOFEM LMPHADECTOMY	4546.80			090	Y	
•	•		56637	VULVECTOMY RAD COMPL BI INGUINOFEM LMPHADECTOMY	5271.60			090	Y	
•	•		56640	VULVECTOMY RAD COMPL ILIAC & PELVIC LMPHADECTOMY	5232.00			090	Y	
•	•	J1	56700	PRTL HYMENECTOMY/REVJ HYMENAL RING	645.60			010	Y	4707.90
•	•	J1	56740	EXC BARTHOLINS GLAND/CYST	1039.20			010	N	4707.90
•	•	J1	56800	PLASTIC REPAIR INTROITUS	830.40			010	Y	4707.90
•	•	J1	56805	CLITOROPLASTY INTERSEX STATE	3900.00			090	Y	4707.90
•	•	J1	56810	PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX	898.80			010	Y	4707.90
•	•		56820	COLPOSCOPY VULVA	393.60			000	N	235.62
•	•		56821	COLPOSCOPY VULVA W/BIOPSY	523.20			000	N	387.66
•	•	J1	57000	COLPOTOMY W/EXPLORATION	652.80			010	N	4707.90
•	•	J1	57010	COLPOTOMY W/DRAINAGE PELVIC ABSCESS	1491.60			090	N	4707.90
•	•	J1	57020	COLPOCENTESIS SEPARATE PROCEDURE	332.40			000	N	4707.90
•	•	J1	57022	I&D VAGINAL HEMATOMA OBSTETRICAL/POSTPARTUM	583.20			010	N	2734.29
•	•	J1	57023	I&D VAGINAL HEMATOMA NON-OBSTETRICAL	1059.60			010	N	4742.07

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	57061	DESTRUCTION VAGINAL LESIONS SIMPLE	422.40			010	N	4707.90
•	•	J1	57065	DESTRUCTION VAGINAL LESIONS EXTENSIVE	705.60			010	N	4707.90
•	•		57100	BIOPSY VAGINAL MUCOSA SIMPLE	316.80			000	N	792.42
•	•	J1	57105	BIOPSY VAGINAL MUCOSA EXTENSIVE	502.80			010	N	4707.90
•	•	J1	57106	VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL	1744.80			090	Y	4707.90
•	•	J1	57107	VAGINECTOMY PRTL RMVL VAG WALL & PARAVAGINAL T	5031.60			090	Y	4707.90
•	•	J1	57109	VAGNC PRTL RMVL VAG WALL W/BI TOT PEL LMPHADEC	6106.80			090	Y	4707.90
•	•		57110	VAGINECTOMY COMPLETE REMOVAL VAGINAL WALL	3046.80			090	Y	
•	•		57111	VAGINECTOMY COMPL RMVL VAG WALL & PARAVAG TISS	6117.60			090	Y	
•	•		57112	VAGNC COMPL RMVL VAG WALL TOT PEL LMPHADEC BX	6567.60			090	Y	
•	•	J1	57120	COLPOCLEISIS LE FORT TYPE	1752.00			090	Y	7920.98
•	•	J1	57130	EXCISION VAGINAL SEPTUM	638.40			010	Y	4707.90
•	•	J1	57135	EXCISION VAGINAL CYST/TUMOR	696.00			010	N	4707.90
•	•		57150	IRRIGATION VAGINA&/APPL MEDICAMENT TX DISEASE	165.60			000	N	151.20
•	•	J1	57155	INSERTION UTERINE TANDEM&/VAGINAL OVOIDS	1281.60			000	N	4707.90
•	•		57156	INSERTION VAGINAL RADIATION DEVICE	710.40			000	N	387.66
•	•		57160	FIT&INSJ PESSARY/OTH INTRAVAGINAL SUPPORT DEVI	214.80			000	N	235.62
•	•		57170	DIAPHRAGM/CERVICAL CAP FITTING W/INSTRUCTIONS	222.00			000	N	235.62
•	•		57180	INTRO ANY HEMOSTATIC AGENT/PACK VAG HEMRRG SPX	524.40			010	N	235.62
•	•	J1	57200	COLPORRHAPHY SUTURE INJURY VAGINA	1064.40			090	Y	4707.90
•	•	J1	57210	COLPOPERINEORRHAPHY SUTURE INJ VAGINA&/PERINEU	1275.60			090	Y	4707.90
•	•	J1	57220	PLASTIC URETHRAL SPHINCTER VAGINAL APPROACH	1108.80			090	Y	7920.98
•	•	J1	57230	PLASTIC REPAIR URETHROCELE	1360.80			090	Y	4707.90
•	•	J1	57240	ANTERIOR COLPORRAPHY RPR CYSTOCELE W/CYSTO	2040.00			090	Y	7920.98
•	•	J1	57250	POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY	2044.80			090	Y	7920.98
•	•	J1	57260	CMBND ANTERPOST COLPORRAPHY W/CYSTO	2611.20			090	Y	7920.98
•	•	J1	57265	CMBND ANTERPOST COLPORRAPHY W/CYSTO W/NTRCL RPR	2931.60			090	Y	7920.98
+	•		57267	INSJ MESH/PROSTH PELVIC FLOOR DEFECT EACH SITE	870.00			ZZZ	Y	
•	•	J1	57268	REPAIR ENTEROCELE VAGINAL APPROACH SPX	1672.80			090	Y	4707.90
•	•		57270	REPAIR ENTEROCELE ABDOMINAL APPROACH SPX	2763.60			090	Y	2767.50
•	•		57280	COLPOPEXY ABDOMINAL APPROACH	3272.40			090	Y	3811.53
•	•	J1	57282	COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH	1747.20			090	Y	12024.56
•	•	J1	57283	COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH	2354.40			090	Y	12024.56
•	•	J1	57284	PARAVAGINAL DEFECT REPAIR OPEN ABDOMINAL APPR	2800.80			090	Y	7920.98
•	•	J1	57285	PARAVAGINAL DEFECT REPAIR VAGINAL APPROACH	2313.60			090	Y	12024.56
•	•		57287	RMVL/REVJ SLING STRESS INCONTINENCE	2394.00			090	Y	3353.00
•	•	J1	57288	SLING OPERATION STRESS INCONTINENCE	2475.60			090	Y	7920.98
•	•	J1	57289	PEREYRA PX W/ANTERIOR COLPORRHAPHY	2613.60			090	Y	12024.56
•	•	J1	57291	CONSTRUCTION ARTIFICIAL VAGINA W/O GRAFT	1810.80			090	Y	4707.90
•	•	J1	57292	CONSTRUCTION ARTIFICIAL VAGINA W/GRAFT	2773.20			090	Y	7920.98
•	•	J1	57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP	1652.40			090	Y	4707.90
•	•		57296	REVJ W/RMVL PROSTHETIC VAGINAL GRAFT ABDML APPR	3228.00			090	Y	
•	•	J1	57300	CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR	1977.60			090	Y	4707.90
•	•		57305	CLSR RECTOVAGINAL FISTULA ABDOMINAL APPROACH	3280.80			090	Y	
•	•		57307	CLSR RECTOVAG FSTL ABDL APPR W/CONCOMITANT CLST	3576.00			090	Y	
•	•		57308	CLSR RECTOVAG FSTL TPRNL PRNL BDY RCNSTJ	2277.60			090	Y	
•	•	J1	57310	CLOSURE URETHROVAGINAL FISTULA	1628.40			090	Y	12024.56
•	•		57311	CLSR URETHROVAG FSTL W/BULBOCAVERNOSUS TRNSPL	1851.60			090	Y	
•	•	J1	57320	CLOSURE VESICOVAGINAL FISTULA VAGINAL APPROACH	1863.60			090	Y	7920.98

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•	•	J1	57330	CLSR VESICOVAG FSTL TRANSVESICAL&VAG APPR	2594.40			090	Y	12024.56
•	•	J1	57335	VAGINOPLASTY INTERSEX STATE	3937.20			090	Y	4707.90
•	•	J1	57400	DILATION VAGINA W/ANESTHESIA OTHER THAN LOCAL	457.20			000	N	4707.90
•	•	J1	57410	PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL	366.00			000	N	4707.90
•	•	J1	57415	REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL	564.00			010	N	4707.90
•	•		57420	COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT	414.00			000	N	387.66
•	•		57421	COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX	554.40			000	N	792.42
•	•	J1	57423	PARAVAGINAL DEFECT REPAIR LAPAROSCOPIC APPROACH	3134.40			090	Y	15106.63
•	•	J1	57425	LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX	3321.60			090	Y	15106.63
•	•	J1	57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	2906.40			090	Y	12024.56
•	•		57452	COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA	390.00			000	N	235.62
•	•		57454	COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE	534.00			000	N	387.66
•	•		57455	COLPOSCOPY CERVIX UPPR/ADJCNT VAGINA W/CERVIX BX	504.00			000	N	387.66
•	•		57456	COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE	474.00			000	N	387.66
•	•	J1	57460	COLPOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX	996.00			000	N	4707.90
•	•	J1	57461	COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX	1120.80			000	N	4707.90
•	•		57500	BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX	456.00			000	N	792.42
•	•		57505	ENDOCERVICAL CURETTAGE NOT DONE AS PART OF D&C	382.80			010	N	792.42
•	•	J1	57510	CAUTERY CERVIX ELECTRO/THERMAL	468.00			010	N	4707.90
•	•		57511	CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT	531.60			010	N	387.66
•	•	J1	57513	CAUTERY CERVIX LASER ABLATION	553.20			010	N	4707.90
•	•	J1	57520	CONIZATION CERVIX W/WO D&C RPR KNIFE/LASER	1099.20			090	N	4707.90
•	•	J1	57522	CONIZATION CERVIX W/WO D&C RPR ELTRD EXC	934.80			090	N	4707.90
•	•	J1	57530	TRACHELECTOMY CERVICECTOMY AMP CERVIX SPX	1206.00			090	Y	4707.90
•	•		57531	RAD TRACHELECTOMY W/BI PEL LMPHADEC	5744.40			090	Y	
•	•		57540	EXCISION CERVICAL STUMP ABDOMINAL APPROACH	2637.60			090	Y	
•	•		57545	EXC CERVICAL STUMP ABDL APPR W/PELVIC FLOOR RPR	2796.00			090	Y	
•	•	J1	57550	EXCISION CERVICAL STUMP VAGINAL APPROACH	1400.40			090	Y	4707.90
•	•	J1	57555	EXC CRV STUMP VAG APPR W/ANT &/POST REPAIR	2053.20			090	Y	7920.98
•	•	J1	57556	EXC CRV STUMP VAG APPR W/RPR NTRCL	1942.80			090	Y	7920.98
•	•	J1	57558	DILATION & CURETTAGE CERVICAL STUMP	456.00			010	N	4707.90
•	•	J1	57700	CERCLAGE UTERINE CERVIX NONOBSTETRICAL	1095.60			090	N	4707.90
•	•	J1	57720	TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG	1066.80			090	Y	4707.90
•	•	J1	57800	DILATION CERVICAL CANAL INSTRUMENTAL SPX	222.00			000	N	4707.90
•	•		58100	ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX	316.80			000	N	235.62
+	•		58110	ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY	172.80			ZZZ	N	
•	•	J1	58120	DILATION & CURETTAGE DX&/THER NONOBSTETRIC	919.20			010	N	4707.90
•	•		58140	MYOMECTOMY 1-4 MYOMAS W/250 GM/< ABDOMINAL APPR	3141.60			090	Y	5464.40
•	•	J1	58145	MYOMECTOMY 1-4 MYOMAS 250 GM/< VAGINAL APPR	1893.60			090	Y	4707.90
•	•		58146	MYOMECTOMY 5/> MYOMAS &/>250 GM ABDOMINA	3906.00			090	Y	5200.25
•	•		58150	TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY	3492.00			090	Y	6383.31
•	•		58152	TOT ABD HYST W/WO RMVL TUBE OVARY W/COLPURETHRXY	4270.80			090	Y	
•	•		58180	SUPRACERVICAL ABDL HYSTER W/WO RMVL TUBE OVARY	3286.80			090	Y	5378.29
•	•		58200	TOT ABD HYST W/PARAORTIC & PELVIC LYMPH NODE SAM	4765.20			090	Y	
•	•		58210	RAD ABDL HYSTERECTOMY W/BI PELVIC LMPHADENECTOMY	6410.40			090	Y	8135.99
•	•		58240	PEL EXNTJ GYNECOLOGIC MAL	10178.40			090	Y	
•	•	J1	58260	VAGINAL HYSTERECTOMY UTERUS 250 GM/<	2817.60			090	Y	7920.98
•	•	J1	58262	VAG HYST 250 GM/< W/RMVL TUBE&/OVARY	3132.00			090	Y	7920.98
•	•	J1	58263	VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL	3367.20			090	Y	7920.98

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•	•		58267	VAG HYST 250 GM/< W/COLPO-URTCSTOPEXY	3582.00			090	Y	2863.66
•	•	J1	58270	VAGINAL HYSTERECTOMY 250 GM/< W/RPR ENTEROCELE	3009.60			090	Y	7920.98
•	•		58275	VAGINAL HYSTERECTOMY W/TOT/PRTL VAGINECTOMY	3350.40			090	Y	
•	•		58280	VAG HYSTER W/TOT/PRTL VAGINECT W/RPR ENTEROCELE	3567.60			090	Y	
•	•		58285	VAGINAL HYSTERECTOMY RADICAL SCHAUTA OPERATION	5023.20			090	Y	5700.23
•	•	J1	58290	VAGINAL HYSTERECTOMY UTERUS > 250 GM	3909.60			090	Y	12024.56
•	•	J1	58291	VAG HYST > 250 GM RMVL TUBE&/OVARY	4272.00			090	Y	7920.98
•	•	J1	58292	VAG HYST > 250 GM RMVL TUBE&/OVARY W/RPR ENTRCLE	4441.20			090	Y	12024.56
•	•		58293	VAG HYST >250 GM COLPOURTCSTOPEXY W/WO NDSC CTR	4626.00			090	Y	
•	•	J1	58294	VAGINAL HYSTERECTOMY >250 GM RPR ENTEROCELE	4125.60			090	Y	7920.98
•	•		58300	INSERTION INTRAUTERINE DEVICE IUD	273.60			XXX	N	1318.23
•	•		58301	REMOVAL INTRAUTERINE DEVICE IUD	324.00			000	N	235.62
•	•		58321	ARTIFICIAL INSEMINATION INTRA-CERVICAL	264.00			000	N	387.66
•	•		58322	ARTIFICIAL INSEMINATION INTRA-UTERINE	296.40			000	N	235.62
•	•		58323	SPERM WASHING ARTIFICIAL INSEMINATION	51.60			000	N	235.62
•	•		58340	CATH & SALINE/CONTRAST SONOHYSTER/HYSTEROSALPI	536.40			000	N	
•	•	J1	58345	TRANSCERV FALLOPIAN TUBE CATH W/WO HYSTOSALPING	952.80			010	Y	4707.90
•	•	J1	58346	INSERTION HEYMAN CAPSULES CLINICAL BRACHYTHERAPY	1591.20			090	N	4707.90
•	•	J1	58350	CHROMOTUBATION OVIDUCT W/MATERIALS	368.40			010	N	7920.98
•	•	J1	58353	ENDOMETRIAL ABLTJ THERMAL W/O HYSTEROSCOPIC GUID	3367.20			010	N	7920.98
•	•	J1	58356	ENDOMETRIAL CRYOABLATION W/US & ENDOMETRIAL CR	6256.80			010	Y	7920.98
•	•		58400	UTERINE SUSPENSION W/WO SHORTENING LIGAMENTS SPX	1524.00			090	Y	3101.58
•	•		58410	UTERINE SUSP W/WO SHORT LIGAMNTS W/SYMPATHECTOMY	2734.80			090	Y	
•	•		58520	HYSTERORRHAPHY REPAIR RUPT UTERUS NONOBSTETRICAL	2677.20			090	Y	2594.03
•	•		58540	HYSTEROPLASTY RPR UTERINE ANOMALY	3085.20			090	Y	3363.49
•	•	J1	58541	LAPAROSCOPY SUPRACERVICAL HYSTERECTOMY 250 GM/<	2442.00			090	Y	9076.35
•	•	J1	58542	LAPS SUPRACRV HYSTERECT 250 GM/< RMVL TUBE/OVAR	2794.80			090	Y	15106.63
•	•	J1	58543	LAPS SUPRACERVICAL HYSTERECTOMY >250	2820.00			090	Y	15106.63
•	•	J1	58544	LAPS SUPRACRV HYSTEREC >250 G RMVL TUBE/OVARY	3063.60			090	Y	15106.63
•	•	J1	58545	LAPS MYOMECTOMY EXC 1-4 MYOMAS 250 GM/<	3074.40			090	Y	9076.35
•	•	J1	58546	LAPS MYOMECTOMY EXC 5/> MYOMAS >250 GRAMS	3794.40			090	Y	15106.63
•	•		58548	LAPS W/RAD HYST W/BILAT LMPHADEC RMVL TUBE/OVARY	6607.20			090	Y	10075.94
•	•	J1	58550	LAPS VAGINAL HYSTERECTOMY UTERUS 250 GM/<	2990.40			090	Y	9076.35
•	•	J1	58552	LAPS W/VAG HYSTERECT 250 GM/&RMVL TUBE&/OVARIES	3366.00			090	Y	15106.63
•	•	J1	58553	LAPS W/VAGINAL HYSTERECTOMY > 250 GRAMS	3816.00			090	Y	15106.63
•	•	J1	58554	LAPS VAGINAL HYSTERECT > 250 GM RMVL TUBE&/OVAR	4513.20			090	Y	15106.63
•	•	J1	58555	HYSTEROSCOPY DIAGNOSTIC SEPARATE PROCEDURE	1008.00			000	N	4707.90
•	•	J1	58558	HYSTEROSCOPY BX ENDOMETRIUM&/POLYPC W/WO D&C	4664.40			000	N	4707.90
•	•	J1	58559	HYSTEROSCOPY LYSIS INTRAUTERINE ADHESIONS	984.00			000	N	7920.98
•	•	J1	58560	HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM	1072.80			000	Y	7920.98
•	•	J1	58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA	1231.20			000	N	7920.98
•	•	J1	58562	HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY	1246.80			000	N	4707.90
•	•	J1	58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	6025.20			000	N	7920.98
•	•	J1	58565	HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS	6216.00			090	N	7920.98
•	•	J1	58570	LAPAROSCOPY W TOTAL HYSTERECTOMY UTERUS 250 GM/<	2690.40			090	Y	15106.63
•	•	J1	58571	LAPS TOTAL HYSTERECT 250 GM/< W/RMVL TUBE/OVARY	3099.60			090	Y	15106.63
•	•	J1	58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS >250 GM	3525.60			090	Y	15106.63
•	•	J1	58573	LAPAROSCOPY TOT HYSTERECTOMY >250 G W/TUBE/OVAR	4200.00			090	Y	15106.63
•	•		58575	LAPS TOT HYSTERECTOMY RESJ MALIGNANCY W/OMNTC	6531.60			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	BR			YYY	Y	9076.35
•	•		58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERUS	BR			YYY	Y	235.62
•	•	J1	58600	LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UNI/BI	1239.60			090	Y	4707.90
•	•		58605	LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPARTUM SPX	1122.00			090	Y	
+	•		58611	LIG/TRNSXJ FALOPIAN TUBE CESAREAN DEL/ABDML SURG	260.40			ZZZ	Y	1208.07
•	•	J1	58615	OCCLUSION FLP TUBE DEV VAG/SUPRAPUBIC APPR	834.00			010	Y	4707.90
•	•	J1	58660	LAPAROSCOPY W/LYSIS OF ADHESIONS	2305.20			090	Y	9076.35
•	•	J1	58661	LAPAROSCOPY W/RMVL ADNEXAL STRUCTURES	2226.00			010	Y	9076.35
•	•	J1	58662	LAPS FULG/EXC OVARY VISCERA/PERITONEAL SURFACE	2426.40			090	Y	9076.35
•	•	J1	58670	LAPAROSCOPY FULGURATION OVIDUCTS	1239.60			090	N	9076.35
•	•	J1	58671	LAPAROSCOPY W/PLMT OCCLUSION DEVICE OVIDUCTS	1240.80			090	N	9076.35
•	•	J1	58672	LAPAROSCOPY FIMBRIOPLASTY	2484.00			090	Y	9076.35
•	•	J1	58673	LAPAROSCOPY SALPINGOSTOMY	2692.80			090	Y	9076.35
•	•	J1	58674	LAPS ABLTJ UTERINE FIBROIDS W/INTRAOP US GDN	2761.20			090	Y	15106.63
•	•	J1	58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUCT/OVARY	BR			YYY	Y	9076.35
•	•		58700	SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX	2684.40			090	Y	3661.40
•	•		58720	SALPINGO-OOPHORECTOMY COMPL/PRTL UNI/BI SPX	2558.40			090	Y	4047.95
•	•		58740	LYSIS OF ADHESIONS SALPINX/OVARY	3064.80			090	Y	2052.31
•	•		58750	TUBOTUBAL ANASTATOMOSIS	3060.00			090	Y	6199.72
•	•		58752	TUBOUTERINE IMPLANTATION	3051.60			090	Y	
•	•		58760	FIMBRIOPLASTY	2752.80			090	Y	
•	•	J1	58770	SALPINGOSTOMY	2896.80			090	Y	4707.90
•	•	J1	58800	DRAINAGE OVARIAN CYST UNI/BI SPX VAGINAL APPR	1120.80			090	N	4707.90
•	•	J1	58805	DRAINAGE OVARIAN CYST UNI/BI SPX ABDOMINAL	1393.20			090	Y	4707.90
•	•	J1	58820	DRAINAGE OVARIAN ABSCESS VAGINAL APPR OPEN	1082.40			090	Y	4707.90
•	•		58822	DRAINAGE OVARIAN ABSCESS ABDOMINAL APPROACH	2377.20			090	Y	
•	•		58825	TRANSPOSITION OVARY	2360.40			090	Y	4473.34
•	•	J1	58900	BIOPSY OVARY UNI/BI SEPARATE PROCEDURE	1419.60			090	Y	4707.90
•	•	J1	58920	WEDGE RESCJ/BISCTJ OVARY UNI/BI	2383.20			090	Y	12024.56
•	•	J1	58925	OVARIAN CYSTECTOMY UNI/BI	2575.20			090	Y	7920.98
•	•		58940	OOPHORECTOMY PARTIAL/TOTAL UNI/BI	1837.20			090	Y	4080.76
•	•		58943	OOPHORECTOMY PRTL/TOT UNI/BI OVARIAN MALIGNANCY	4102.80			090	Y	
•	•		58950	RESCJ OVARIAN/TUBAL/PERITONEAL MALIGNANCY W/BSO	3956.40			090	Y	
•	•		58951	RESCJ PRIM PRTL MAL W/BSO & OMNTC TAH & LMPHAD	5058.00			090	Y	
•	•		58952	RESCJ PRIM PRTL MAL W/BSO & OMNTC RAD DEBULKING	5738.40			090	Y	
•	•		58953	BSO W/OMENTECTOMY TAH&RAD DEBULKING DISSECTION	7070.40			090	Y	
•	•		58954	BSO W/OMENTECTOMY TAH DEBULKING W/LMPHADECTOMY	7677.60			090	Y	
•	•		58956	BSO W/TOT OMENTECTOMY & HYSTERECTOMY MALIGNANC	4797.60			090	Y	
•	•		58957	RESECJ RECUR OVARIAN/TUBAL/PERITONEAL MALIGNANCY	5554.80			090	Y	
•	•		58958	RESECTION RECRT MAL W/OMENTECTOMY PEL LMPHADEC	6148.80			090	Y	
•	•		58960	LAPT STG/RESTG OVARIAN TUBAL/PRIM MAL 2ND LOOK	3391.20			090	Y	
•	•		58970	FOLLICLE PUNCTURE OOCYTE RETRIEVAL ANY METHOD	771.60			000	N	792.42
•	•		58974	EMBRYO TRANSFER INTRAUTERINE	1534.80			000	Y	792.42
•	•		58976	GAMETE ZYGOTE/EMBRYO FALLOPIAN TRANSFER ANY METH	846.00			000	Y	387.66
•	•		58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOBSTETRICAL	BR			YYY	N	235.62
•	•		59000	AMNIOCENTESIS DIAGNOSIC	423.60			000	N	792.42
•	•		59001	AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID	618.00			000	N	387.66
•	•		59012	CORDOCENTESIS INTRAUTERINE	698.40			000	N	387.66
•	•		59015	CHORIONIC VILLUS SAMPLING	536.40			000	N	792.42

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		59020	FETAL CONTRACTION STRESS TEST	238.80	127.20	111.60	000	N	
•	•		59025	FETAL NONSTRESS TEST	164.40	102.00	62.40	000	N	
•	•		59030	FETAL SCALP BLOOD SAMPLING	390.00			000	N	387.66
•	•		59050	FETAL MONITORING LABOR PHYS WRITTEN REPORT	175.20			XXX	N	
•	•		59051	FETAL MONITR LABOR PHYS WRTTN REPRT INTERPJ ONLY	145.20			XXX	N	
•	•		59070	TRANSABDOMINAL AMNIOINFUSION W/ULTRSND GUIDANCE	1383.60			000	Y	387.66
•	•		59072	FETAL UMBILICAL CORD OCCLUSION W/ULTRSND GUIDNCE	1807.20			000	N	387.66
•	•		59074	FETAL FLUID DRAINAGE W/ULTRASOUND GUIDANCE	1333.20			000	Y	387.66
•	•		59076	FETAL SHUNT PLACEMENT W/ULTRASOUND GUIDANCE	1807.20			000	Y	387.66
•	•	J1	59100	HYSTEROTOMY ABDOMINAL	2902.80			090	Y	4707.90
•	•		59120	TX ECTOPIC PREGNANCY ABDOMINAL/VAGINAL APPR	2764.80			090	Y	4014.66
•	•		59121	TX ECTOPIC PREGNANCY W/O SALPING&/OOPHORECTOMY	2768.40			090	Y	3447.52
•	•		59130	TX ECTOPIC PREGNANCY ABDL PREGNANCY	3226.80			090	N	
•	•		59135	TX ECTOPIC PREGNANCY NTRSTL REQ TOT HYST	3187.20			090	N	
•	•		59136	TX ECTOPIC PREGNANCY NTRSTL PRTL RESCJ UTER	3056.40			090	Y	
•	•		59140	TX ECTOPIC PREGNANCY CERVICAL W/EVACUATION	1398.00			090	Y	
•	•	J1	59150	LAPS TX ECTOPIC PREG W/O SALPING&/OOPHORECTOMY	2679.60			090	Y	9076.35
•	•	J1	59151	LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY	2606.40			090	Y	9076.35
•	•	J1	59160	CURETTAGE POSTPARTUM	745.20			010	N	4707.90
•	•		59200	INSERTION CERVICAL DILATOR SEPARATE PROCEDURE	267.60			000	N	387.66
•	•	J1	59300	EPISIOTOMY/VAG RPR OTH/THN ATTENDING	692.40			000	N	4707.90
•	•	J1	59320	CERCLAGE CERVIX PREGNANCY VAGINAL	524.40			000	N	4707.90
•	•		59325	CERCLAGE CERVIX PREGNANCY ABDOMINAL	835.20			000	N	5193.61
•	•		59350	HYSTERORRHAPHY RUPTURED UTERUS	969.60			000	Y	
•	•		59400	OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM	7251.60			MMM	N	
•	•	J1	59409	VAGINAL DELIVERY ONLY	2804.40			MMM	N	4707.90
•	•		59410	VAGINAL DELIVERY ONLY W/POSTPARTUM CARE	3592.80			MMM	N	
•	•	J1	59412	EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS	354.00			MMM	N	4707.90
•	•	J1	59414	DELIVERY PLACENTA SEPARATE PROCEDURE	318.00			MMM	N	4707.90
•	•		59425	ANTEPARTUM CARE ONLY 4-6 VISITS	1581.60			MMM	N	
•	•		59426	ANTEPARTUM CARE ONLY 7/> VISITS	2822.40			MMM	N	
•	•		59430	POSTPARTUM CARE ONLY SEPARATE PROCEDURE	668.40			MMM	N	
•	•		59510	OB ANTEPARTUM CARE CESAREAN DLVR & POSTPARTUM	8040.00			MMM	N	
•	•		59514	CESAREAN DELIVERY ONLY	3159.60			MMM	Y	2410.81
•	•		59515	CESAREAN DELIVERY ONLY W/POSTPARTUM CARE	4368.00			MMM	N	
+	•		59525	STOT/TOT HYSTERECTOMY AFTER CESAREAN DELIVERY	1675.20			ZZZ	Y	
•	•		59610	ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB	7609.20			MMM	N	
•	•	J1	59612	VAGINAL DELIVERY AFTER CESAREAN DELIVERY	3160.80			MMM	N	4707.90
•	•		59614	VAGINAL DELIVERY & POSTPARTUM CARE VBAC	3919.20			MMM	N	
•	•		59618	ROUTINE OBSTETRICAL CARE ATTEMPTED VBAC	8145.60			MMM	N	
•	•		59620	CESAREAN DELIVERY ATTEMPTED VBAC	3247.20			MMM	Y	
•	•		59622	CESAREAN DLVRY & POSTPARTUM CARE ATTEMPTED VBA	4498.80			MMM	N	
•	•	J1	59812	TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL	1124.40			090	N	4707.90
•	•	J1	59820	TX MISSED ABORTION FIRST TRIMESTER SURGICAL	1348.80			090	N	4707.90
•	•	J1	59821	TX MISSED ABORTION SECOND TRIMESTER SURGICAL	1350.00			090	N	4707.90
•	•		59830	TX SEPTIC ABORTION SURGICAL	1531.20			090	N	
•	•	J1	59840	INDUCED ABORTION DILATION AND CURETTAGE	780.00			010	N	4707.90
•	•	J1	59841	INDUCED ABORTION DILATION & EVACUATION	1348.80			010	N	4707.90
•	•		59850	INDUCED ABORTION 1/> AMNIOTIC INJX W/D&C/EVACJ	1222.80			090	N	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		59851	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS D&C	1317.60			090	N	
•	•		59852	INDUCE ABORT 1/> AMNIOT NJXS DLVR FETUS HYSTOTM	1803.60			090	N	
•	•		59855	INDUCED ABORT 1/> VAG SUPPOSITORIES DLVR FETUS	1440.00			090	N	1676.03
•	•		59856	INDUCED ABORT 1/> VAG SUPP DLVR FETUS D&C &/EVAC	1692.00			090	N	
•	•		59857	INDUCED ABORT 1/> VAG SUPPOS DLVR FETUS HYSTOT	1807.20			090	N	
•	•		59866	MULTIFETAL PREGNANCY REDUCTION	746.40			000	Y	387.66
•	•	J1	59870	UTERINE EVACUATION & CURETTAGE HYDATIDIFORM MOLE	1686.00			090	Y	4707.90
•	•		59871	REMOVAL CERCLAGE SUTURE UNDER ANESTHESIA	458.40			000	N	3353.00
•	•		59897	UNLISTED FETAL INVASIVE PX W/ULTRASOUND	BR			YYY	N	235.62
•	•	J1	59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE&DELIVERY	BR			YYY	Y	9076.35
•	•		59899	UNLISTED PROCEDURE MATERNITY CARE & DELIVERY	BR			YYY	Y	235.62
•	•	J1	60000	I&D THYROGLOSSAL DUCT CYST INFECTED	584.40			010	N	2543.11
•	•		60100	BIOPSY THYROID PERCUTANEOUS CORE NEEDLE	384.00			000	N	822.66
•	•	J1	60200	EXC CYST/ADENOMA THYROID/TRANSECTION ISTHMUS	2284.80			090	Y	9076.35
•	•	J1	60210	PRTL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	2444.40			090	Y	9076.35
•	•	J1	60212	PRTL THYROID LOBEC UNI W/CONTRATLAT STOT LOBEC	3488.40			090	Y	9076.35
•	•	J1	60220	TOTAL THYROID LOBECTOMY UNI W/WO ISTHMUSECTOMY	2438.40			090	Y	9076.35
•	•	J1	60225	TOTAL THYROID LOBEC UNI W/CONTRALAT STOT LOBEC	3212.40			090	Y	9076.35
•	•	J1	60240	THYROIDECTOMY TOTAL/COMPLETE	3176.40			090	Y	9076.35
•	•	J1	60252	THYROIDECTOMY TOTAL/SUBTOTAL LMTD NECK DISSECT	4562.40			090	Y	8765.29
•	•		60254	THYROIDECTOMY TOTAL/SUBTOTAL RAD NECK DISSECT	5776.80			090	Y	8266.16
•	•	J1	60260	THYROIDECTOMY RMVL REMAINING TISS FLWG PRTL RMVL	3775.20			090	Y	8765.29
•	•		60270	THYROIDECT W/SUBSTERNAL SPLIT/TRANSTHORACIC	4732.80			090	Y	5962.10
•	•	J1	60271	THYROIDECTOMY SUBSTERNAL CERVICAL APPROACH	3654.00			090	Y	8765.29
•	•	J1	60280	EXCISION THYROGLOSSAL DUCT CYST/SINUS	1522.80			090	Y	9076.35
•	•	J1	60281	EXCISION THYROGLOSSAL DUCT CYST/SINUS RECURRENT	2018.40			090	Y	9076.35
•	•		60300	ASPIRATION AND/OR INJECTION THYROID CYST	392.40			000	N	822.66
•	•	J1	60500	PARATHYROIDECTOMY/EXPLORATION PARATHYROIDS	3344.40			090	Y	8765.29
•	•	J1	60502	PARATHYROIDECTOMY/EXPLOR PARATHYROIDS RE-EXPLOR	4474.80			090	Y	8765.29
•	•		60505	PARATHYRDEC/EXPL PARATHYR MEDSTNL STERNAL/TTHRC	4819.20			090	Y	6469.55
+	•		60512	PARATHYROID AUTOTRANSPLANTATION ADD-ON	843.60			ZZZ	Y	
•	•	J1	60520	THYMECTOMY PRTL/TOT TRANSCERVICAL APPR SPX	3624.00			090	Y	8765.29
•	•		60521	THYMECTOMY PRTL/TOT W/O RAD MEDSTNL DSJ SPX	3889.20			090	Y	
•	•		60522	THYMECTOMY PRTL/TOT RAD MEDSTNL DSJ SPX	4741.20			090	Y	
•	•		60540	ADRENALECTOMY W/EXPL W/WO BX ABDL/LMBR/DRSAL SPX	3705.60			090	Y	
•	•		60545	ADRENALECTOMY EXPL W/EXC RETROPERTINEAL TUMOR	4242.00			090	Y	
•	•		60600	EXC CAROTID BODY TUMOR W/O EXC CAROTID ARTERY	4755.60			090	Y	
•	•		60605	EXC CAROTID BODY TUMOR W EXC CAROTID ARTERY	5755.20			090	Y	
•	•		60650	LAPAROSCOPY ADRENALECTOMY PRTL/COMPL TABDL	4141.20			090	Y	8777.94
•	•	J1	60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCRINE SYSTEM	BR			YYY	Y	9076.35
•	•	J1	60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	BR			YYY	Y	9076.35
•	•		61000	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI INIT	382.80			000	N	850.31
•	•		61001	SUBDURAL TAP FONTANELLE/SUTUR INFANT UNI/BI SBSQ	379.20			000	N	850.31
•	•		61020	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/O NJX	344.40			000	N	1086.07
•	•		61026	VENTRICULAR PUNCTURE PREVIOUS BURR HOLE W/INJ	366.00			000	N	850.31
•	•		61050	CISTERNAL/LATERAL C1-C2 PUNCTURE W/O INJ SPX	294.00			000	N	351.42
•	•		61055	CISTERNAL/LATERAL C1-C2 PUNCTURE W/INJECTION	434.40			000	N	351.42
•	•		61070	PUNCTURE SHUNT TUBE/RESERVOIR ASPIRATION/INJ PX	196.80			000	N	850.31
•	•		61105	TWIST DRILL HOLE SUBDURAL/VENTRICULAR PUNCTURE	1621.20			090	N	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	⃠		61107	TWIST DRILL HOLE IMPLT VENTRICULAR CATH/DEVICE	1104.00			000	N	
•	•		61108	TWIST DRILL HOLE EVAC&/DRG SUBDURAL HEMATOMA	3123.60			090	N	
•	•		61120	BURR HOLE VENTRICULAR PUNCTURE	2611.20			090	N	
•	•		61140	BURR HOLE/TREPHINE W/BX BRAIN/INTRACRNIAL LESION	4432.80			090	Y	
•	•		61150	BURR HOLE/TREPHINE W/DRG BRAIN ABSCESS/CYST	4776.00			090	N	
•	•		61151	BURR HOLE/TREPHINE W/SBSQ TAPPING ICRA ABSC/CST	3501.60			090	N	
•	•		61154	BURR HOLE W/EVAC&/DRG HEMATOMA XDRL/SDRL	4456.80			090	Y	
•	•		61156	BURR HOLE W/ASPIR HEMATOMA/CYST INTRACEREBRAL	4382.40			090	Y	
•	•		61210	BURR HOLE IMPLANT VENTRICULAR CATH/OTHER DEVICE	1303.20			000	N	5491.97
•	•	J1	61215	INSJ SUBQ RSVR PUMP/INFUSION SYSTEM VENTRIC CATH	1785.60			090	N	8627.34
•	•		61250	BURR HOLE/TREPHINE SUPRATENTORIAL W/O OTH SURG	3031.20			090	Y	
•	•		61253	BURR HOLE/TREPHINE INFRATENTORIAL UNI/BI	3465.60			090	Y	
•	•		61304	CRANIECTOMY/CRANIOTOMY EXPL SUPRATENTORIAL	5778.00			090	Y	
•	•		61305	CRANIECTOMY/CRANIOTOMY EXPL INFRATENTORIAL	7039.20			090	Y	
•	•		61312	CRANIECTOMY HMTMA SUPRATENTORIAL EXTRA/SUBDURAL	7306.80			090	Y	
•	•		61313	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	6964.80			090	Y	
•	•		61314	CRANIECTOMY HMTMA INFRATENTORIAL EXTRA/SUBDURAL	6392.40			090	Y	
•	•		61315	CRANIECTOMY HMTMA SUPRATENTORIAL INTRACEREBRAL	7251.60			090	Y	
+	•		61316	INCISION & SUBCUTANEOUS PLMT CRANIAL BONE GRAF	312.00			ZZZ	N	
•	•		61320	CRANIECTOMY/CRANIOTMY DRG ABSCESS SUPRATENTORIAL	6667.20			090	Y	
•	•		61321	CRANIECTOMY/CRANIOTMY DRG ABSCESS INFRATENTORIAL	7404.00			090	Y	
•	•		61322	CRANIECT/CRANIOT W/WO DURAPLASTY W/O LOBECTOMY	8370.00			090	Y	
•	•		61323	CRANIECT/CRANIOT W/WO DURAPLASTY W/LOBECTOMY	8378.40			090	Y	
•	•	J1	61330	DECOMPRESSION ORBIT ONLY TRANSCRANIAL APPROACH	6270.00			090	Y	4449.71
•	•		61333	EXPL ORBIT TRANSCRANIAL APPROACH W/RMVL LESION	7156.80			090	Y	
•	•		61340	SUBTEMPORAL CRANIAL DECOMPRESSION	4970.40			090	Y	
•	•		61343	CRNEC SUBOCCIPITAL CRV LAM DCMPRN MEDULLA & CORD	7688.40			090	Y	
•	•		61345	OTHER CRANIAL DECOMPRESSION POSTERIOR FOSSA	7159.20			090	Y	
•	•		61450	CRNEC STPL SCTJ COMPRESSION/DCMPRN GANGLION	6720.00			090	Y	
•	•		61458	CRNEC SOPL EXPL/DCMPRN CRNL NRV	7065.60			090	Y	
•	•		61460	CRANIECTOMY SUBOCCIPITAL SECTION 1/> CRANIAL NR	7405.20			090	Y	
•	•		61500	CRANIECTOMY W/EXCISION TUMOR/LESION SKULL	4585.20			090	Y	
•	•		61501	CRANIECTOMY OSTEOMYELITIS	3980.40			090	Y	
•	•		61510	CRANIEC TREPHINE BONE FLP BRAIN TUMOR SUPRTENTOR	7690.80			090	Y	
•	•		61512	CRNEC TREPHINE BONE FLAP MENINGIOMA SUPRATENTOR	8977.20			090	Y	
•	•		61514	CRNEC TREPHINE BONE FLAP BRAIN ABSC SUPRATENTOR	6715.20			090	Y	
•	•		61516	CRNEC TREPHINE BONE FLAP FENEST CYST SUPRATENTOR	6535.20			090	Y	
+	•		61517	IMPLTJ BRAIN INTRACAVITARY CHEMOTHERAPY AGENT	310.80			ZZZ	N	
•	•		61518	CRNEC EXC BRAIN TUMOR INFRATENTORIAL/POST FOSSA	9724.80			090	Y	
•	•		61519	CRNEC EXC TUM INFRATENTOR/POST FOSSA MENINGIOMA	10410.00			090	Y	
•	•		61520	CRNEC TUM INFRATTL/POSTFOSSA CRBLOPNT ANGLE TUM	13240.80			090	Y	
•	•		61521	CRNEC TUM INFRATTL/PFOSSA MIDLINE TUM BASE SKULL	11247.60			090	Y	
•	•		61522	CRNEC INFRATNTORIAL/POST FOSSA EXC BRAIN ABSCESS	7554.00			090	Y	
•	•		61524	CRNEC INFRATNTOR/POSTFOSSA EXC/FENESTRATION CYST	7304.40			090	Y	
•	•		61526	CRNEC TRANSTEMPOR EXC CEREBELLOPONTINE ANGLE TUM	11752.80			090	N	
•	•		61530	CRNEC EXC CEREBELLOPNTIN ANGLE TUM MID/POSTFOSSA	10929.60			090	N	
•	•		61531	SUBDURAL IMPLTJ ELECTRODES SEIZURE MONITORING	4232.40			090	Y	
•	•		61533	CRANIOT SUBDURAL IMPLT ELCTRD SEIZURE MONITORING	5335.20			090	Y	
•	•		61534	CRANIOT EPILEPTOGENIC FOC W/O ELECTRCORTICOGRPHY	5692.80			090	Y	

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•	•		61535	CRANIOT RMVL EPID/SUBDURL ELCTRD W/O EXC TIS SPX	3498.00			090	Y	
•	•		61536	CRANIOT EPILEPTOGENIC FOCUS W/ELECTROCORTCOGRPHY	9027.60			090	Y	
•	•		61537	CRANIOT TEMPORAL LOBE W/O ELECTROCORTICOGRAPHY	8695.20			090	Y	
•	•		61538	CRANIOT LOBEC TEMPORAL LOBE W/ELECTROCORTCOGRPHY	9394.80			090	Y	
•	•		61539	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/ECOG	8356.80			090	Y	
•	•		61540	CRANIOT LOBECTOMY OTH/THN TEMPORAL LOBE W/O ECOG	7568.40			090	Y	
•	•		61541	CRANIOTOMY TRANSECTION CORPUS CALLOSUM	7525.20			090	Y	
•	•		61543	CRANIOTOMY PARTIAL/SUBTOTAL HEMISPHERECTOMY	7406.40			090	Y	
•	•		61544	CRANIOTOMY EXCISION/COAGULATION CHOROID PLEXUS	6720.00			090	Y	
•	•		61545	CRANIOTOMY EXCISION CRANIOPHARYNGIOMA	11162.40			090	Y	
•	•		61546	CRANIOT HYPOPHYSEC/EXC PITUITARY TUMOR ICRL APPR	8094.00			090	Y	
•	•		61548	HYPOPHYSEC/EXC PITUITARY TUM TRANSNASAL/SEPTAL	5502.00			090	Y	
•	•		61550	CRANIECTOMY CRANIOSYNOSTOSIS 1 CRANIAL SUTURE	3855.60			090	Y	
•	•		61552	CRANIECT CRANIOSYNOSTOSIS MULT CRANIAL SUTURES	5222.40			090	Y	
•	•		61556	CRANIEC CRANIOSYNOSTOSIS FRONT/PARIET BONE FLAP	6020.40			090	Y	
•	•		61557	CRANIECTOMY CRANIOSYNOSTOSIS BIFRONTAL BONE FLAP	5930.40			090	Y	
•	•		61558	XTN CRANIECT MULTIPLE SUTURE CRANIOSYNOSTOSIS	6633.60			090	Y	
•	•		61559	XTN CRNEC MLT SUTR CRANIOSYNOSTOSIS W/BONE GRAFT	7982.40			090	Y	
•	•		61563	EXC BENIGN TUM CRANIAL BONE W/O OPTIC NRV DCMPRN	6903.60			090	Y	
•	•		61564	EXC BENIGN TUM CRANIAL BONE W/OPTIC NRV DCMPRN	8514.00			090	Y	
•	•		61566	CRANIOTOMY SELECTIVE AMYGDALOHIPPOCAMPECTOMY	7784.40			090	Y	
•	•		61567	CRANIOTOMY MULTIPLE SUBPIAL TRANSECTIONS W/ECOG	8752.80			090	Y	
•	•		61570	CRANIECTOMY/CRANIOTOMY EXC FOREIGN BODY BRAIN	6541.20			090	Y	
•	•		61571	CRANIECTOMY/CRANIOTOMY TX PENETRATNG WOUND BRAIN	6879.60			090	Y	
•	•		61575	TRNSRAL SKULL BSE/BR STEM/CORD BX/DCOMPR/EXC LES	8834.40			090	Y	
•	•		61576	TRNSRL SKUL BSE/BR STM/CORD BX/DCMP/ SPLT TONGUE	14538.00			090	Y	
•	•		61580	CRANIOFACIAL ANT CRANIAL FOSSA W/O ORBITAL EXNTJ	8446.80			090	N	
•	•		61581	CRANIOFACIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	9139.20			090	N	
•	•		61582	CRANFCL ANT CRANIAL FOSSA UNI/BI CRANIOT/OSTEOT	10629.60			090	Y	
•	•		61583	CRANFCL ANT CRANIAL FOSSA UNI/BIFRNTL ELEV LOBE	10108.80			090	Y	
•	•		61584	ORBITOCRANIAL ANT CRANIAL FOSSA W/O ORBIT EXNTJ	10046.40			090	Y	
•	•		61585	ORBITOCRANIAL ANT CRANIAL FOSSA W/ORBITAL EXNTJ	11422.80			090	Y	
•	•		61586	BICORONAL TRANSZYGMTC&/LEFORT I W/O BONE GRFT	8464.80			090	Y	
•	•		61590	INFRATEMPORAL MID CRANIAL FOSSA W/WO DISARTICLTN	10581.60			090	Y	
•	•		61591	INFRATEMPO MID CRANIAL FOSSA W/WO DCOMPR&/MOBI	10696.80			090	Y	
•	•		61592	ORBITOCRNL APPR MID CRANIAL FOSSA TEMPORAL LOBE	11108.40			090	Y	
•	•		61595	TRANSTEMP APPR POST CRAN FOSSA DCOMPR SINUS/NRV	8176.80			090	N	
•	•		61596	TRANSCOCHLR POST CRNL FOSSA W/WO MOBIL NRV/ART	8412.00			090	Y	
•	•		61597	TRNSCONDLR POST CRNL FOSSA DCOMPR ART W/WO MOBIL	10261.20			090	Y	
•	•		61598	TRANSPTRSAL POST CRNL FOSSA CLIVUS/FORAMN MAGNUM	9948.00			090	Y	
•	•		61600	RESCJ/EXC LES BASE ANT CRANIAL FOSSA EXTRADURAL	7389.60			090	Y	
•	•		61601	RESCJ/EXC LES BASE ANT CRNL FOSSA INDRL W/WO GRF	8412.00			090	Y	
•	•		61605	RESCJ/EXC LES INFRATEMPOR FOSSA SPACE APEX XDRL	7458.00			090	Y	
•	•		61606	RESCJ/EXC LES ITPRL FOSSA SPACE APEX IDRL W/RPR	10284.00			090	Y	
•	•		61607	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB XDRL	9339.60			090	Y	
•	•		61608	RESCJ/EXC LES PARASELLAR SINUS CLIVUS/MSB IDRL	11484.00			090	Y	
+	•		61611	TRNSXJ/LIG CAROTID ARTERY PETROUS CANAL W/O RPR	1665.60			ZZZ	Y	
•	•		61613	OBLTRJ CAROTID ARYSM ARTVEN CAROTID FISTULA DSJ	11637.60			090	Y	
•	•		61615	RESCJ/EXC LES BASE POST CRNL FOSSA JUG FRMN XDRL	9830.40			090	Y	

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•	•		61616	RESCJ/EXC LES BASE PCF FORAMEN VRT BODIES IDRL	11676.00			090	Y	
•	•		61618	SECONDARY RPR DURA CSF LEAK FREE TISSUE GRAFT	4507.20			090	Y	
•	•		61619	SEC RPR DURA CSF LEAK LOCAL/REGIONALIZED FLAP	4966.80			090	Y	
•	•	J1	61623	EVASC TEMP BALLOON ARTL OCCLUSION HEAD/NECK	1993.20			000	N	17440.05
•	•		61624	TCAT PERMANENT OCCLUSION/EMBOLIZATION PRQ CNS	4045.20			000	N	3796.76
•	•	J1	61626	TCAT PERMANT OCCLUSION/EMBOLIZATION PRQ NON-CNS	3068.40			000	N	17440.05
•	•		61630	BALLOON ANGIOPLASTY INTRACRANIAL PERCUTANEOUS	4876.80			XXX	Y	
•	•		61635	TCAT PLMT IV STENT ICRA W/BALO ANGIOP IF PFRMD	5113.20			XXX	Y	
•	•		61640	BALLOON DILAT INTRACRANIAL VASOSPASM PRQ INITIAL	1681.20			000	N	
+	•		61641	PERQ BALO DILA IC VSPSM EA VSL SM VASC TER	590.40			ZZZ	N	
+	•		61642	PERQ BALO DILA IC VSPSM EA VSL DIFF VASC TER	1180.80			ZZZ	N	
•	•		61645	PERQ ART TRLUML M-THROMBEC &/NFS INTRACRANIAL	2919.60			000	N	
•	•		61650	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART 1ST	1932.00			000	N	
+	•		61651	EVASC INTRACRANIAL PROLNG ADMN RX AGENT ART ADDL	841.20			ZZZ	N	
•	•		61680	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL SMPL	7932.00			090	Y	
•	•		61682	INTRACRANIAL ARVEN MALFRMJ SUPRATENTRL CMPL	14820.00			090	Y	
•	•		61684	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL SMPL	9978.00			090	Y	
•	•		61686	INTRACRANIAL ARVEN MALFRMJ INFRATENTRL CMPL	16371.60			090	Y	
•	•		61690	INTRACRANIAL ARVEN MALFRMJ DURAL SMPL	7640.40			090	Y	
•	•		61692	INTRACRANIAL ARVEN MALFRMJ DURAL CMPL	13057.20			090	Y	
•	•		61697	COMPLX INTRACRANIAL ARYSM CAROTID CIRCULATION	15056.40			090	Y	
•	•		61698	CPLX INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	16801.20			090	Y	
•	•		61700	SIMPLE INTRACRANIAL ARYSM CAROTID CIRCULATION	12090.00			090	Y	
•	•		61702	SIMPLE INTRACRANIAL ARYSM VERTEBROBASILAR CRCJ	14194.80			090	Y	
•	•		61703	ICRA CRV APPL OCCLUDING CLAMP CRV CRTD ART	4682.40			090	Y	
•	•		61705	ARYSM VASC MALFRMJ/CRTD-OCCLUSION CRTD ART	8832.00			090	Y	
•	•		61708	ARYSM VASC MALFRMJ/ICRA ELECTROTHROMBOSIS	9021.60			090	Y	
•	•		61710	ARYSM VASC MALFRMJ IA EMBOLIZATION	7606.80			090	N	
•	•		61711	ANAST ARTL EXTRACRANIAL-INTRACRANIAL ARTERIES	9096.00			090	Y	
•	•	J1	61720	CRTJ LES STRTCTC BURR GLOBUS PALLIDUS/THALAMUS	4479.60			090	N	8627.34
•	•		61735	CRTJ LES STRTCTC BURR SUBCORTICAL STRUX OTH/THN	5616.00			090	N	
•	•		61750	STEREOTACTIC BX ASPIR/EXC BURR INTRACRANIAL LES	4970.40			090	N	
•	•		61751	STRTCTC BX ASPIR/EXC BURR ICRA LESION W/CT&I/MR	4857.60			090	N	6944.14
•	•		61760	STRTCTC IMPLTJ ELTRD CEREBRUM SEIZURE MONITORING	5526.00			090	N	
•	•	J1	61770	STRTCTC LOCLZJ INSJ CATH/PRB PLMT RADJ SRC	5733.60			090	N	8627.34
+	•		61781	STRTCTC CPTR ASSTD PX CRANIAL INTRADURAL	832.80			ZZZ	N	
+	•		61782	STRTCTC CPTR ASSTD PX EXTRADURAL CRANIAL	602.40			ZZZ	N	
+	•		61783	STEREOTACTIC COMPUTER ASSISTED PX SPINAL	816.00			ZZZ	N	
•	•	J1	61790	CREATE LESION STRTCTC PRQ NEUROLYTIC GASSERIAN	3093.60			090	N	3259.45
•	•	J1	61791	CREATE LES STRTCTC PRQ NEUROLYTIC TRIGEMINAL TRC	3963.60			090	N	3259.45
•	•		61796	STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES	3568.80			090	Y	
+	•		61797	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE	777.60			ZZZ	Y	
•	•		61798	STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES	4867.20			090	Y	
+	•		61799	STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX	1077.60			ZZZ	Y	
+	•		61800	APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERY	542.40			ZZZ	Y	
•	•		61850	TWIST/BURR HOLE IMPLTJ NSTIM ELTRD CORTICAL	3381.60			090	Y	
•	•		61860	CRNEC/CRX IMPLTJ NSTIM ELTRD CERE CORTICAL	5493.60			090	Y	
•	•		61863	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD 1ST ARRAY	5277.60			090	Y	
+	•		61864	STRTCTC IMPLTJ NSTIM ELTRD W/O RECORD EA ARRAY	1003.20			ZZZ	Y	

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•	•		61867	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD 1ST ARRAY	8025.60			090	Y	
+	•		61868	STRTCTC IMPLTJ NSTIM ELTRD W/RECORD EA ARRAY	1767.60			ZZZ	Y	
•	•		61870	CRNEC IMPLTJ NSTIM ELTRD CEREBELLAR CORTICAL	4174.80			090	Y	
•	•		61880	REVJ/RMVL INTRACRANIAL NEUROSTIMULATOR ELTRDS	2001.60			090	Y	4089.32
•	•	J1	61885	INSJ/RPLCMT CRANIAL NEUROSTIM PULSE GENERATOR	1796.40			090	N	29514.29
•	•	J1	61886	INSJ/RPLCMT CRANIAL NEUROSTIM GENER 2/> ELTRDS	2972.40			090	N	43809.69
•	•	J1	61888	REVJ/RMVL NEUROSTIMULATOR PULSE GENERATOR	1388.40			010	N	10355.35
•	•	J1	62000	ELEVATION DEPRESSED SKULL FX SIMPLE EXTRADURAL	3630.00			090	N	4449.71
•	•		62005	ELVTN DEPRS SKL FX COMPOUND/COMMIND XDRL	4396.80			090	Y	
•	•		62010	ELVTN DEPRS SKL FX W/RPR DURA&/DBRDMT BRN	5367.60			090	Y	
•	•		62100	CRX RPR DURAL/CSF LEAK RHINORRHEA/OTORRHEA	5570.40			090	Y	3919.72
•	•		62115	RDCTJ CRANIOMEGALIC SKULL W/O GRAFT/CRANIOPLASTY	5905.20			090	Y	
•	•		62117	RDCTJ CRANIOMEGALIC CRANIO&RECNSTJ W/WO GRAFT	6940.80			090	Y	
•	•		62120	RPR ENCEPHALOCELE SKULL VAULT W/CRANIOPLASTY	7434.00			090	Y	
•	•		62121	CRANIOTOMY FOR ENCEPHALOCELE REPAIR SKULL BASE	5487.60			090	Y	
•	•		62140	CRANIOPLASTY SKULL DEFECT </5 CM DIAMETER	3594.00			090	Y	3847.29
•	•		62141	CRANIOPLASTY SKULL DEFECT >5 CM DIAMETER	3982.80			090	Y	
•	•		62142	RMVL BONE FLAP/PROSTHETIC PLATE SKULL	3096.00			090	Y	4092.77
•	•		62143	RPLCMT BONE FLAP/PROSTHETIC PLATE SKULL	3645.60			090	Y	
•	•		62145	CRANIOPLASTY SKULL DEFECT REPARATIVE BRAIN SURG	4923.60			090	Y	
•	•		62146	CRANIOPLASTY W/AUTOGRAFT </ 5 CM DIAMETER	4112.40			090	Y	
•	•		62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM DIAMETER	5036.40			090	Y	
+	•		62148	INCISE&RETRIEVAL SUBQ CRANIOPLASTY BONE GRAFT	447.60			ZZZ	N	
+	•		62160	NUNDSC ICRA PLMT/RPLCMT VENTR CATH SHUNT SYS	673.20			ZZZ	N	
•	•		62161	NUNDSC ICRA DSJ ADS FENESTRATION SEPTUM CSTS	5296.80			090	Y	
•	•		62162	NUNDSC ICRA FENESTEXC CYST W/VENTRIC CATH DRG	6642.00			090	Y	
•	•		62163	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY	4130.40			090	Y	
•	•		62164	NEUROENDOSCOPY ICRA W/RETRIEVAL FOREIGN BODY	7328.40			090	Y	
•	•		62165	NUNDSC ICRA EXC PITUITRY TUM TRNSNSL/SPHENOID	5353.20			090	N	
•	•		62180	VENTRICULOCISTERNOSTOMY	5648.40			090	Y	
•	•		62190	CRTJ SHUNT SARACH/SDRL-ATR-JUG-AUR	3255.60			090	N	
•	•		62192	CRTJ SHUNT SARACH/SDRL-PRTL-PLEURAL OTH	3430.80			090	Y	
•	•	J1	62194	RPLCMT/IRRG SUBARACHNOID/SUBDURAL CATHETER	1700.40			010	N	3259.45
•	•		62200	VENTRICULOCISTERNOSTOMY 3RD VENTRICLE	4834.80			090	Y	
•	•		62201	VENTRICULOCISTERNOSTOMY 3RD VNTRC NEURONDSC	4246.80			090	N	
•	•		62220	CRTJ SHUNT VENTRICULO-ATR-JUG-AUR	3513.60			090	Y	
•	•		62223	CRTJ SHUNT VENTRICULO-PERITNEAL-PLEURAL TERMINUS	3643.20			090	Y	5410.04
•	•	J1	62225	RPLCMT/IRRIGATION VENTRICULAR CATHETER	1845.60			090	N	8627.34
•	•	J1	62230	RPLCMT/REVJ CSF SHUNT VALVE/CATH SHUNT SYS	2946.00			090	Y	8627.34
•	•		62252	REPRGRMG PROGRAMMABLE CEREBROSPINAL SHUNT	280.80	162.00	118.80	XXX	N	
•	•		62256	RMVL COMPL CSF SHUNT SYSTEM W/O RPLCMT SHUNT	2104.80			090	Y	
•	•		62258	RMVL COMPLETE CSF SHUNT SYSTEM W/RPLCMT SHUNT	3907.20			090	Y	
•	•		62263	PRQ LYSIS EPIDURAL ADHESIONS MULT SESS 2/> DAYS	2054.40			010	N	1086.07
•	•		62264	PRQ LYSIS EPIDURAL ADHESIONS MULT SESSIONS 1 DAY	1466.40			010	N	1086.07
•	•		62267	PRQ ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS	880.80			000	N	822.66
•	•		62268	PERCUTANEOUS ASPIRATION SPINAL CORD CYST/SYRINX	888.00			000	N	1086.07
•	•	J1	62269	BIOPSY SPINAL CORD PERCUTANEOUS NEEDLE	919.20			000	N	2734.29
•	•		62270	SPINAL PUNCTURE LUMBAR DIAGNOSTIC	506.40			000	N	850.31
•	•		62272	SPINAL PUNCTURE THER DRAIN CEREBROSPINAL FLUID	668.40			000	N	850.31

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•	•		62273	INJECTION EPIDURAL BLOOD/CLOT PATCH	591.60			000	N	850.31
•	•		62280	INJX/INFUSION NEUROLYTIC SUBSTANCE SUBARACHNOID	1134.00			010	N	1086.07
•	•		62281	INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC	832.80			010	N	1086.07
•	•		62282	INJX/INFUS NEUROLYT SBST EPIDURAL LUMBAR/SACRAL	1035.60			010	N	1086.07
•	•		62284	INJECTION PROCEDURE MYELOGRAPHY/CT LUMBAR	673.20			000	N	
•	•	J1	62287	DCMPRN PERQ NUCLEUS PULPOSUS 1/> LEVELS LUMBAR	2007.60			090	N	8627.34
•	•		62290	INJECTION PX DISCOGRAPHY EACH LEVEL LUMBAR	1154.40			000	N	
•	•		62291	INJECTION PX DISCOGRPHY EA LVL CERVICAL/THORACIC	1113.60			000	N	
•	•	J1	62292	INJECTION PX CHEMONUCLEOLYSIS 1/MLT LUMBAR	1975.20			090	N	3259.45
•	•		62294	NJX ARTERIAL OCCLUSION ARVEN MALFRMJ SPINAL	3342.00			090	N	1086.07
•	•		62302	MYELOGRAPHY VIA LUMBAR INJECTION RS&I CERVICAL	855.60			000	N	982.29
•	•		62303	MYELOGRAPHY VIA LUMBAR INJECTION RS&I THORACIC	874.80			000	N	982.29
•	•		62304	MYELOGRAPHY VIA LUMBAR INJECT RS&I LUMBOSACRAL	844.80			000	N	982.29
•	•		62305	MYELOGRAPHY VIA LUMBAR INJECTION RS&I 2+ REGIONS	918.00			000	N	982.29
•	•		62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	561.60			000	N	850.31
•	•		62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	862.80			000	N	850.31
•	•		62322	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	523.20			000	N	850.31
•	•		62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	853.20			000	N	850.31
•	•		62324	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN	494.40			000	N	1086.07
•	•		62325	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	800.40			000	N	1086.07
•	•		62326	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN	513.60			000	N	1086.07
•	•		62327	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	802.80			000	N	1086.07
•	•	J1	62350	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP W/O LAM	1380.00			010	N	8627.34
•	•	J1	62351	IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/LAM	2986.80			090	Y	10775.65
•	•		62355	RMVL PREVIOUSLY IMPLTED ITHCL/EDRL CATH	927.60			010	N	2316.70
•	•	J1	62360	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SUBQ RSVR	1095.60			010	N	26058.10
•	•	J1	62361	IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	1495.20			010	N	26058.10
•	•	J1	62362	IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PRGRBL PUMP	1324.80			010	N	26058.10
•	•		62365	RMVL SUBQ RSVR/PUMP INTRATHECAL/EPIDURAL INFUS	1022.40			010	N	6483.81
•	•		62367	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/O REPRG/REFIL	136.80			XXX	N	398.18
•	•		62368	ELECT ANALYS IMPLT ITHCL/EDRL PUMP W/REPRGRMG	188.40			XXX	N	398.18
•	•		62369	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFIL	400.80			XXX	N	398.18
•	•		62370	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR PHYS/QHP	416.40			XXX	N	398.18
•	•	J1	62380	NDSC DCMPRN SPINAL CORD 1 W/LAMOT NTRSPC LUMBAR	10444.80			090	Y	10775.65
•	•	J1	63001	LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG CRV	4329.60			090	Y	10775.65
•	•	J1	63003	LAMINECTOMY W/O FFD 1/2 VERT SEG THORACIC	4322.40			090	Y	10775.65
•	•	J1	63005	LAMINECTOMY W/O FFD 1/2 VERT SEG LUMBAR	4135.20			090	Y	10775.65
•	•	J1	63011	LAMINECTOMY W/O FFD 1/2 VERT SEG SACRAL	3799.20			090	Y	10775.65
•	•	J1	63012	LAMINECTOMY W/RMVL ABNORMAL FACETS LUMBAR	4159.20			090	Y	10775.65
•	•	J1	63015	LAMINECTOMY W/O FFD > 2 VERT SEG CERVICAL	5184.00			090	Y	10775.65
•	•	J1	63016	LAMINECTOMY W/O FFD > 2 VERT SEG THORACIC	5326.80			090	Y	10775.65
•	•	J1	63017	LAMINECTOMY W/O FFD > 2 VERT SEG LUMBAR	4404.00			090	Y	10775.65
•	•	J1	63020	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC CERVC	4042.80			090	Y	10775.65
•	•	J1	63030	LAMNOTMY INCL W/DCMPRSN NRV ROOT 1 INTRSPC LUMBR	3384.00			090	Y	10775.65
+	•		63035	LAMNOTMY W/DCMPRSN NRV EACH ADDL CRVCL/LMBR	669.60			ZZZ	Y	
•	•	J1	63040	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC CERVICAL	4857.60			090	Y	10775.65
•	•	J1	63042	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC LUMBAR	4515.60			090	Y	10775.65
+	•		63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC EA CRV	3068.40			ZZZ	Y	
+	•		63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC EA LMBR	2677.20			ZZZ	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	63045	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT CERVICAL	4486.80			090	Y	19120.53
•	•	J1	63046	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT THORACIC	4276.80			090	Y	19120.53
•	•	J1	63047	LAM FACETECTOMY & FORAMOTOMY 1 SEGMENT LUMBAR	3836.40			090	Y	19120.53
+	•		63048	LAM FACETECTOMY&FORAMTOMY 1 SGM EA CRV THRC/LMBR	740.40			ZZZ	Y	
•	•		63050	LAMOP CERVICAL W/DCMPRN SPI CORD 2/> VERT SEG	5220.00			090	Y	
•	•		63051	LAMOPLASTY CERVICAL DCMPRN CORD 2/> SEG RCNSTJ	5965.20			090	Y	
•	•	J1	63055	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG THORACIC	5698.80			090	Y	10775.65
•	•	J1	63056	TRANSPEDICULAR DCMPRN SPINAL CORD 1 SEG LUMBAR	5194.80			090	Y	10775.65
+	•		63057	TRANSPEDICULAR DCMPRN 1 SEG EA THORACIC/LUMBAR	1118.40			ZZZ	Y	
•	•	J1	63064	COSTOVERTEBRAL DCMPRN SPINAL CORD THORACIC 1 SEG	6228.00			090	Y	10775.65
+	•		63066	COSTOVERTEBRAL DCMPRN SPINE CORD THORACIC EA SEG	723.60			ZZZ	Y	
•	•	J1	63075	DISCECTOMY ANT DCMPRN CORD CERVICAL 1 NTRSPC	4713.60			090	Y	10775.65
+	•		63076	DISCECTOMY ANT DCMPRN CORD CERVICAL EA NTRSPC	864.00			ZZZ	Y	
•	•		63077	DISCECTOMY ANT DCMPRN CORD THORACIC 1 NTRSPC	5308.80			090	Y	
+	•		63078	DISCECTOMY ANT DCMPRN CORD THORACIC EA NTRSPC	727.20			ZZZ	Y	
•	•		63081	VERTEBRAL CORPECTOMY ANT DCMPRN CERVICAL 1 SEG	6136.80			090	Y	2049.98
+	•		63082	VERTEBRAL CORPECTOMY DCMPRN CERVICAL EA SEG	932.40			ZZZ	Y	1354.52
•	•		63085	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC 1 SEG	6718.80			090	Y	
+	•		63086	VERTEBRAL CORPECTOMY DCMPRN CORD THORACIC EA SEG	669.60			ZZZ	Y	
•	•		63087	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR 1 SEG	8438.40			090	Y	
+	•		63088	VCRPEC THORACOLMBR DCMPRN LWR THRC/LMBR EA SEG	903.60			ZZZ	Y	
•	•		63090	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC 1 SEG	6837.60			090	Y	
+	•		63091	VCRPEC TRANSPRTL/RPR DCMPRN THRC LMBR/SAC EA SEG	621.60			ZZZ	Y	
•	•		63101	VERTEB CORPECT LAT XTRCAVITARY DCMPRN THRC 1 SEG	8138.40			090	Y	
•	•		63102	VERTEB CORPECT LAT XTRCAVITARY DCMPRN LMBR 1 SEG	7928.40			090	Y	
+	•		63103	VCRPEC LAT XTRCAVITARY DCMPRN THRC/LMBR EA SEG	1032.00			ZZZ	Y	
•	•		63170	LAM W/MYELOTOMY CERVICAL/THORACIC/THORACOLUMBAR	5571.60			090	Y	
•	•		63172	LAM W/DRG INTRMEDULLARY CYST/SYRINX SUBARACHNOID	4855.20			090	Y	
•	•		63173	LAM W/DRG INTRMEDULRY CYST/SYRINX PRTL/PLEURAL	6013.20			090	Y	
•	•		63180	LAM&SCTJ DENTATE LIG W/WO DURAL GRF CRV 1/2 SEG	4998.00			090	Y	
•	•		63182	LAM&SCTJ DENTATE LIG W/WO DURAL GRF CRV >2 SEG	5283.60			090	Y	
•	•		63185	LAMINECTOMY W/RHIZOTOMY 1/2 SEGMENTS	3988.80			090	Y	
•	•		63190	LAMINECTOMY W/RHIZOTOMY > 2 SEGMENTS	4318.80			090	Y	
•	•		63191	LAMINECTOMY W/SECTION SPINAL ACCESSORY NERVE	4862.40			090	Y	
•	•		63194	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT CERVICAL	5634.00			090	Y	
•	•		63195	LAM CORDOTOMY SCTJ 1 SPINOTHALMIC TRACT THORACIC	5418.00			090	Y	
•	•		63196	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACTS CRV	6290.40			090	Y	
•	•		63197	LAM CORDOTOMY SCTJ BOTH SPINOTHALMIC TRACT THRC	5539.20			090	Y	
•	•		63198	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES CERVICAL	7389.60			090	Y	
•	•		63199	LAM CORDOTOMY SCTJ BOTH TRACTS 2 STAGES THORACIC	7743.60			090	Y	
•	•		63200	LAMINECTOMY RELEASE TETHERED SPINAL CORD LUMBAR	5365.20			090	Y	
•	•		63250	LAM EXC/OCCLUSION AVM SPINAL CORD CERVICAL	10275.60			090	Y	
•	•		63251	LAM EXC/OCCLUSION AVM SPINAL CORD THORACIC	10732.80			090	Y	
•	•		63252	LAM EXC/OCCLUSION AVM SPI CORD THORACOLUMBAR	10670.40			090	Y	
•	•		63265	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL CERVICAL	5838.00			090	Y	
•	•		63266	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL THORACIC	6032.40			090	Y	
•	•		63267	LAM EXC/EVAC ISPI LESION OTH/THN NEO XDRL LUMBAR	4779.60			090	Y	5908.86
•	•		63268	LAM EXC/EVAC ISPI LES OTH/THN NEO XDRL SACRAL	4944.00			090	Y	
•	•		63270	LAM EXC ISPI LES OTH/THN NEO IDRL CERVICAL	7251.60			090	Y	

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		63271	LAM EXC ISPI LES OTH/THN NEO IDRL THORACIC	7251.60			090	Y	
•	•		63272	LAM EXC ISPI LES OTH/THN NEO IDRL LUMBAR	6621.60			090	Y	9804.37
•	•		63273	LAM EXC ISPI LES OTH/THN NEO IDRL SACRAL	6535.20			090	Y	
•	•		63275	LAMINECTOMY BX/EXC ISPI NEO XDRL CERVICAL	6313.20			090	Y	
•	•		63276	LAMINECTOMY BX/EXC ISPI NEO XDRL THORACIC	6272.40			090	Y	
•	•		63277	LAMINECTOMY BX/EXC ISPI NEO XDRL LUMBAR	5443.20			090	Y	
•	•		63278	LAMINECTOMY BX/EXC ISPI NEO XDRL SACRAL	5554.80			090	Y	
•	•		63280	LAM BX/EXC ISPI NEO IDRL XMED CERVICAL	7434.00			090	Y	
•	•		63281	LAM BX/EXC ISPI NEO IDRL XMED THORACIC	7347.60			090	Y	
•	•		63282	LAM BX/EXC ISPI NEO IDRL XMED LUMBAR	6924.00			090	Y	7305.40
•	•		63283	LAM BX/EXC ISPI NEO IDRL SACRAL	6639.60			090	Y	
•	•		63285	LAM BX/EXC ISPI NEO IDRL IMED CERVICAL	9218.40			090	Y	
•	•		63286	LAM BX/EXC ISPI NEO IDRL IMED THORACIC	9079.20			090	Y	
•	•		63287	LAM BX/EXC ISPI NEO IDRL IMED THORACOLMBR	9615.60			090	Y	
•	•		63290	LAM BX/EXC ISPI NEO XDRL-IDRL LES ANY LVL	9760.80			090	Y	
+	•		63295	OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG ISPI PX	1171.20			ZZZ	Y	
•	•		63300	VCRPEC LES 1 SGM XDRL CERVICAL	6434.40			090	Y	
•	•		63301	VCRPEC LES 1 SGM XDRL THORACIC TTHRC	7700.40			090	Y	
•	•		63302	VCRPEC LES 1 SEG XDRL THRC THORACOLMBR	7597.20			090	Y	
•	•		63303	VCRPEC LES 1 SEG XDRL LMBR/SAC TRANSPRTL/RPR	7582.80			090	Y	
•	•		63304	VERTEBRAL CORPECTOMY EXC LES 1 SEG IDRL CERVICAL	8102.40			090	Y	
•	•		63305	VERTEBRAL CORPECTOMY LES 1 SEG IDRL THRC TTHRC	8854.80			090	Y	
•	•		63306	VERTEBRL CORPECT LES 1 SEG IDRL THRC THORACOLMBR	8430.00			090	Y	
•	•		63307	VCRPEC LES 1 SEG IDRL LMBR/SAC TRANSPRTL/RPR	8520.00			090	Y	
+	•		63308	VERTEBRAL CORPECTOMY EXC INDRL LES EACH SEG	1135.20			ZZZ	Y	
•	•	J1	63600	CREATION LES SPINAL CORD STEREOTACTIC METHOD PRQ	3848.40			090	N	3259.45
•	•	J1	63610	STRTCTC STIMJ SPI CORD PRQ SPX N/FLWD OTH SURG	2058.00			000	N	3259.45
•	•		63620	STEREOTACTIC RADIOSURGERY 1 SPINAL LESION	3946.80			090	Y	
+	•		63621	STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION	897.60			ZZZ	Y	
•	•	J1	63650	PRQ IMPLTJ NSTIM ELECTRODE ARRAY EPIDURAL	1077.15			010	N	10355.35
•	•	J1	63655	LAM IMPLTJ NSTIM ELTRDS PLATE/PADDLE EDRL	2892.00			090	Y	29514.29
•	•		63661	RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR	2101.20			010	Y	2316.70
•	•		63662	RMVL SPINAL NSTIM ELTRD PLATE/PADDLE INCL FLUOR	2928.00			090	Y	4089.32
•	•	J1	63663	REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR	2812.80			010	Y	10355.35
•	•	J1	63664	REVJ INCL RPLCMT NSTIM ELTRD PLT/PDLE INCL FLUOR	3034.80			090	Y	29514.29
•	•	J1	63685	INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COUPLING	1248.00			010	Y	43809.69
•	•		63688	REVJ/RMVL IMPLANTED SPINAL NEUROSTIM GENERATOR	1287.60			010	N	4089.32
•	•		63700	REPAIR MENINGOCELE < 5 CM DIAMETER	4557.60			090	Y	
•	•		63702	REPAIR MENINGOCELE > 5 CM DIAMETER	5019.60			090	Y	
•	•		63704	REPAIR MYELOMENINGOCELE < 5 CM DIAMETER	5594.40			090	Y	
•	•		63706	REPAIR MYELOMENINGOCELE > 5 CM DIAMETER	6202.80			090	Y	
•	•		63707	RPR DURAL/CEREBROSPINAL FLUID LEAK X REQ LAM	3237.60			090	Y	4537.54
•	•		63709	RPR DURAL/CSF LEAK/PSEUDOMENINGOCELE W/LAM	3846.00			090	Y	4472.23
•	•		63710	DURAL GRAFT SPINAL	3792.00			090	Y	2819.14
•	•		63740	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL/OTH W/LAM	3406.80			090	Y	
•	•	J1	63741	CRTJ SHUNT LMBR SARACH-PRTL-PLEURAL PRQ X LAM	2364.00			090	Y	8627.34
•	•	J1	63744	RPLCMT IRRIGATION/REVJ LUMBOSARACH SHUNT	2342.40			090	Y	8627.34
•	•		63746	RMVL ENTIRE LUMBOSARACH SHUNT SYS W/O RPLCMT	2085.60			090	N	2316.70
•	•		64400	NJX ANES TRIGEMINAL NRV ANY DIV/BRANCH	465.60			000	N	351.42

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		64402	INJECTION ANESTHETIC AGENT FACIAL NERVE	514.80			000	N	151.20
•	•		64405	INJECTION ANESTHETIC AGENT GREATER OCCIPITAL NRV	284.40			000	N	351.42
•	•		64408	INJECTION ANESTHETIC AGENT VAGUS NERVE	402.00			000	N	351.42
•	•		64410	INJECTION ANESTHETIC AGENT PHRENIC NERVE	531.60			000	N	1086.07
•	•		64413	INJECTION ANESTHETIC AGENT CERVICAL PLEXUS	432.00			000	N	850.31
•	•		64415	SINGLE NERVE BLOCK INJECTION ARM NERVE	405.60			000	N	1086.07
•	•		64416	INJECTION ANES BRACHIAL PLEXUS CONT NFS CATH	273.60			000	N	1086.07
•	•		64417	INJECTION ANESTHETIC AGENT AXILLARY NERVE	451.20			000	N	1086.07
•	•		64418	INJECTION ANESTHETIC AGENT SUPRASCAPULAR NERVE	325.20			000	N	850.31
•	•		64420	INJECTION ANESTHETIC AGENT 1 INTERCOSTAL NERVE	378.00			000	N	850.31
•	•		64421	MULTIPLE NERVE BLOCK INJECTIONS RIB NERVES	535.20			000	N	1086.07
•	•		64425	INJECTION ANES ILIOINGUINAL ILIOHYPOGASTRIC NRVS	471.60			000	N	850.31
•	•		64430	INJECTION ANESTHETIC AGENT PUDENDAL NERVE	496.80			000	N	1086.07
•	•		64435	INJECTION ANESTHETIC PARACERVICAL UTERINE NERVE	480.00			000	N	850.31
•	•		64445	INJECTION ANESTHETIC AGENT SCIATIC NRV SINGLE	466.80			000	N	850.31
•	•		64446	INJECTION ANES SCIATIC NERVE CONT INFUSION CATH	273.60			000	N	1086.07
•	•		64447	INJECTION ANESTHETIC AGENT FEMORAL NERVE SINGLE	415.20			000	N	850.31
•	•		64448	INJECTION ANES FEMORAL NERVE CONT INFUSION CATH	246.00			000	N	1086.07
•	•		64449	INJECTION ANES LUMBAR PLEXUS POST CONT NFS CATH	292.80			000	N	1086.07
•	•		64450	INJECTION ANES OTHER PERIPHERAL NERVE/BRANCH	262.80			000	N	850.31
•	•		64455	NJX ANES&/STEROID PLANTAR COMMON DIGITAL NERVE	163.20			000	N	351.42
•	•		64461	PVB THORACIC SINGLE INJECTION SITE W/IMG GID	475.20			000	N	850.31
+	•		64462	PVB THORACIC SECOND & ADDL INJ SITE W/IMG GID	264.00			ZZZ	N	
•	•		64463	PVB THORACIC CONT CATHETER INFUSION W/IMG GID	615.60			000	N	850.31
•	•		64479	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC 1 LVL	834.00			000	N	1086.07
+	•		64480	NJX ANES&/STRD W/IMG TFRML EDRL CRV/THRC EA LV	410.40			ZZZ	N	
•	•		64483	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC 1 LVL	772.80			000	N	1086.07
+	•		64484	NJX ANES&/STRD W/IMG TFRML EDRL LMBR/SAC EA LV	334.80			ZZZ	N	
•	•		64486	TAP BLOCK UNILATERAL BY INJECTION(S)	374.40			000	N	
•	•		64487	TAP BLOCK UNILATERAL BY CONTINUOUS INFUSION(S)	538.80			000	N	
•	•		64488	TAP BLOCK BILATERAL BY INJECTION(S)	459.60			000	N	
•	•		64489	TAP BLOCK BILATERAL BY CONTINUOUS INFUSION(S)	798.00			000	N	
•	•		64490	NJX DX/THER AGT PVRT FACET JT CRV/THRC 1 LEVEL	646.80			000	Y	1086.07
+	•		64491	NJX DX/THER AGT PVRT FACET JT CRV/THRC 2ND LEVEL	321.60			ZZZ	Y	
+	•		64492	NJX DX/THER AGT PVRT FACET JT CRV/THRC 3+ LEVEL	324.00			ZZZ	Y	
•	•		64493	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 1 LEVEL	589.20			000	Y	1086.07
+	•		64494	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 2ND LEVEL	298.80			ZZZ	Y	
+	•		64495	NJX DX/THER AGT PVRT FACET JT LMBR/SAC 3+ LEVEL	298.80			ZZZ	Y	
•	•		64505	INJECTION ANES AGENT SPHENOPALATINE GANGLION	403.20			000	N	351.42
•	•		64510	NJX ANES STELLATE GANGLION CRV SYMPATHETIC	453.60			000	N	1086.07
•	•		64517	INJECTION ANES SUPERIOR HYPOGASTRIC PLEXUS	651.60			000	N	1086.07
•	•		64520	INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC	690.00			000	N	1086.07
•	•		64530	INJX ANES CELIAC PLEXUS W/WO RADIOLOGIC MONITRNG	687.60			000	N	1086.07
•	•	J1	64553	PRQ IMPLTJ NEUROSTIMULATOR ELTRD CRANIAL NERVE	5857.20			010	N	10355.35
•	•	J1	64555	PRQ IMPLTJ NEUROSTIMULATOR ELTRD PERIPHERAL NRV	5317.20			010	N	10355.35
•	•	J1	64561	PRQ IMPLTJ NEUROSTIM ELTRD SACRAL NRVE W/IMAGING	2510.40			010	N	10355.35
•	•		64566	POST TIB NEUROSTIMULATION PRQ NEEDLE ELECTRODE	434.40			000	N	351.42
•	•	J1	64568	INC IMPLTJ CRNL NRV NSTIM ELTRDS & PULSE GENER	2211.60			090	N	43809.69
•	•	J1	64569	REVISION/REPLMT NEUROSTIMLATOR ELTRD CRANIAL NRV	2653.20			090	N	10355.35

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		64570	REMOVAL CRNL NRV NSTIM ELTRDS & PULSE GENERATO	2554.80			090	N	6483.81
•	•	J1	64575	INC IMPLTJ PERIPH NERVE NEUROSTIMULATOR ELTRD	1152.00			090	N	29514.29
•	•	J1	64580	INC IMPLTJ NSTIM ELTRD NEUROMUSCULAR	1063.20			090	Y	29514.29
•	•	J1	64581	INC IMPLTJ NEUROSTIMULATOR ELTRD SACRAL NERVE	2290.80			090	N	10355.35
•	•		64585	REVJ/RMVL PERIPHERAL NEUROSTIMULATOR ELECTRODE	843.60			010	N	4089.32
•	•	J1	64590	INSERTION/RPLCMT PERIPHERAL/GASTRIC NPGR	912.00			010	N	29514.29
•	•		64595	REVISION/RMVL PERIPHERAL/GASTRIC NPGR	826.80			010	N	4089.32
•	•		64600	DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH	1482.00			010	N	1086.07
•	•	J1	64605	DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3 DIV BRANCH	2026.80			010	N	3259.45
•	•	J1	64610	DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR	2650.80			010	N	3259.45
•	•		64611	CHEMODENERV PAROTID&SUBMANDIBL SALIVARY GLNDS	414.00			010	N	351.42
•	•		64612	CHEMODNRVTJ MUSC MUSC INNERVATED FACIAL NRV UNIL	459.60			010	N	351.42
•	•		64615	CHEMODERVATE FACIAL/TRIGEM/CERV MUSC MIGRAINE	512.40			010	N	351.42
•	•		64616	CHEMODENERVATION MUSCLE NECK UNILAT FOR DYSTONIA	456.00			010	N	351.42
•	•		64617	CHEMODENERVATION MUSCLE LARYNX UNILAT W/EMG	554.40			010	N	351.42
•	•		64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE	709.20			010	N	1086.07
•	•		64630	DSTRJ NEUROLYTIC AGENT PUDENDAL NERVE	812.40			010	N	1086.07
•	•		64632	DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE	294.00			010	N	351.42
•	•	J1	64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRVCL/THORA	1426.80			010	N	3259.45
+	•		64634	DSTR NROLYTC AGNT PARVERTEB FCT ADDL CRVCL/THORA	640.80			ZZZ	N	
•	•	J1	64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMBR/SACRAL	1411.20			010	N	3259.45
+	•		64636	DSTR NROLYTC AGNT PARVERTEB FCT ADDL LMBR/SACRAL	582.00			ZZZ	N	
•	•		64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE	463.20			010	N	1086.07
•	•		64642	CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE	498.00			000	N	850.31
+	•		64643	CHEMODENERVATION 1 EXTREMITY EA ADDL 1-4 MUSCLE	318.00			ZZZ	N	
•	•		64644	CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES	578.40			000	N	850.31
+	•		64645	CHEMODENERVATION 1 EXTREMITY EA ADDL 5/> MUSCLES	399.60			ZZZ	N	
•	•		64646	CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES	522.00			000	N	850.31
•	•		64647	CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES	614.40			000	N	850.31
•	•		64650	CHEMODENERVATION ECCRINE GLANDS BOTH AXILLAE	270.00			000	N	351.42
•	•		64653	CHEMODENERVATION ECCRINE GLANDS OTH AREA PER DAY	331.20			000	N	351.42
•	•		64680	DSTRJ NEUROLYTIC W/WO RAD MONITOR CELIAC PLEXUS	1088.40			010	N	1086.07
•	•		64681	DSTRJ NULYT W/WORAD MNTR SUPRIOR HYPOGSTR PLEXUS	1971.60			010	N	1086.07
•	•	J1	64702	NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT	1736.40			090	N	3259.45
•	•	J1	64704	NEUROPLASTY NERVE HAND/FOOT	1107.60			090	Y	3259.45
•	•	J1	64708	NEURP MAJOR PRPH NRV ARM/LEG OPN OTH/THN SPEC	1730.40			090	Y	3259.45
•	•	J1	64712	NEURP MAJOR PRPH NRV OPN ARM/LEG SCIATIC NRV	2014.80			090	Y	3259.45
•	•	J1	64713	NEURP MAJOR PRPH NRV OPN ARM/LEG BRACH PLEXUS	2697.60			090	Y	3259.45
•	•	J1	64714	NEURP MAJOR PRPH NRV OPN ARM/LEG LMBR PLEXUS	2497.20			090	Y	3259.45
•	•	J1	64716	NEUROPLASTY &/TRANSPOSITION CRANIAL NERVE	1800.00			090	Y	3259.45
•	•	J1	64718	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW	2044.80			090	N	3259.45
•	•	J1	64719	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST	1387.20			090	N	3259.45
•	•	J1	64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE	1494.00			090	N	3259.45
•	•	J1	64722	DECOMPRESSION UNSPECIFIED NERVE	1230.00			090	Y	3259.45
•	•	J1	64726	DECOMPRESSION PLANTAR DIGITAL NERVE	936.00			090	N	3259.45
+	•		64727	INTERNAL NEUROLYSIS REQ OPERATING MICROSCOPE	637.20			ZZZ	N	
•	•	J1	64732	TRANSECTION/AVULSION SUPRAORBITAL NERVE	1546.80			090	Y	3259.45
•	•	J1	64734	TRANSECTION/AVULSION INFRAORBITAL NERVE	1748.40			090	N	3259.45
•	•	J1	64736	TRANSECTION/AVULSION MENTAL NERVE	1287.60			090	Y	3259.45

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•	•	J1	64738	TRANSECTION/AVULSION INF ALVEOLAR NRV W/OSTEO	1604.40			090	Y	3259.45
•	•	J1	64740	TRANSECTION/AVULSION LINGUAL NERVE	1681.20			090	Y	3259.45
•	•	J1	64742	TRANSECTION/AVULSION FACIAL NRV DIFFERENT/CMPL	1693.20			090	Y	3259.45
•	•	J1	64744	TRANSECTION/AVULSION GREATER OCCIPITAL NERVE	1714.80			090	N	3259.45
•	•	J1	64746	TRANSECTION/AVULSION PHRENIC NERVE	1490.40			090	Y	3259.45
•	•		64755	TRANSECTION/AVULSION VAGUS NERVES	3157.20			090	Y	
•	•		64760	TRANSECTION/AVULSION VAGUS NERVE ABDOMINAL	1773.60			090	Y	
•	•	J1	64763	TRNSXJ/AVLSN OBTURAT NRV XPELV W/WO TENOTOMY	1771.20			090	Y	3259.45
•	•	J1	64766	TRNSXJ/AVLSN OBTURAT NRV INPELV W/WO TENOTOMY	2145.60			090	Y	8627.34
•	•	J1	64771	TRANSECTION/AVULSION OTH CRANIAL NRV XDRL	2050.80			090	Y	3259.45
•	•	J1	64772	TRANSECTION/AVULSION OTH SPINAL NRV XDRL	1950.00			090	Y	3259.45
•	•	J1	64774	EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE	1405.20			090	N	3259.45
•	•	J1	64776	EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT	1341.60			090	N	3259.45
+	•		64778	EXCISION NEUROMA DIGITAL NRV EA ADDL DIGIT	636.00			ZZZ	N	
•	•	J1	64782	EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE	1586.40			090	N	3259.45
+	•		64783	EXC NEUROMA HAND/FOOT EA NRV XCP SM DGT	759.60			ZZZ	N	
•	•	J1	64784	EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC	2510.40			090	N	3259.45
•	•	J1	64786	EXCISION NEUROMA SCIATIC NERVE	3477.60			090	Y	8627.34
+	•		64787	IMPLANTATION NERVE END BONE/MUSCLE	835.20			ZZZ	N	
•	•	J1	64788	EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV	1386.00			090	N	3259.45
•	•	J1	64790	EXC NEUROFIBROMA/NEUROLEMMOMA MAJOR PRPH NRV	2902.80			090	N	3259.45
•	•	J1	64792	EXC NEUROFIBROMA/NEUROLEMMOMA EXTNSV	3776.40			090	Y	8627.34
•	•	J1	64795	BIOPSY NERVE	676.80			000	N	3259.45
•	•	J1	64802	SYMPATHECTOMY CERVICAL	2920.80			090	Y	3259.45
•	•	J1	64804	SYMPATHECTOMY CERVICOTHORACIC	4102.80			090	Y	3259.45
•	•		64809	SYMPATHECTOMY THORACOLUMBAR	3723.60			090	Y	
•	•		64818	SYMPATHECTOMY LUMBAR	2706.00			090	Y	
•	•	J1	64820	SYMPATHECTOMY DIGITAL ARTERIES EACH DIGIT	2469.60			090	N	3259.45
•	•	J1	64821	SYMPATHECTOMY RADIAL ARTERY	2401.20			090	N	5184.51
•	•	J1	64822	SYMPATHECTOMY ULNAR ARTERY	2401.20			090	N	5184.51
•	•	J1	64823	SYMPATHECTOMY SUPERFICIAL PALMAR ARCH	2731.20			090	N	5184.51
•	•	J1	64831	SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE	2374.80			090	N	8627.34
+	•		64832	SUTR DIGITAL NRV HAND/FOOT EA DGTAL NRV	1167.60			ZZZ	N	
•	•	J1	64834	SUTURE 1 NERVE HAND/FOOT COMMON SENSORY NERVE	2566.80			090	N	8627.34
•	•	J1	64835	SUTURE 1 NERVE MEDIAN MOTOR THENAR	2816.40			090	Y	8627.34
•	•	J1	64836	SUTURE 1 NERVE ULNAR MOTOR	2818.80			090	Y	8627.34
+	•		64837	SUTURE EACH ADDITIONAL NERVE HAND/FOOT	1278.00			ZZZ	Y	
•	•	J1	64840	SUTURE POSTERIOR TIBIAL NERVE	3338.40			090	Y	8627.34
•	•	J1	64856	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/TRPOS	3507.60			090	N	8627.34
•	•	J1	64857	SUTR PRPH NRV ARM/LEG XCP SCIATIC W/O TRPOS	3652.80			090	Y	8627.34
•	•	J1	64858	SUTURE SCIATIC NERVE	4088.40			090	Y	8627.34
+	•		64859	SUTURE EACH ADDITIONAL PERIPHERAL NERVE	862.80			ZZZ	Y	
•	•	J1	64861	SUTURE BRACHIAL PLEXUS	5342.40			090	Y	8627.34
•	•	J1	64862	SUTURE LUMBAR PLEXUS	4717.20			090	Y	8627.34
•	•	J1	64864	SUTURE FACIAL NERVE EXTRACRANIAL	2989.20			090	Y	8627.34
•	•	J1	64865	SUTURE FACIAL NERVE INFRATEMPORAL W/WO GRAFT	3768.00			090	Y	8627.34
•	•		64866	ANASTOMOSIS FACIAL-SPINAL ACCESSORY	4414.80			090	Y	
•	•		64868	ANASTOMOSIS FACIAL HYPOGLOSSAL	3462.00			090	Y	
+	•		64872	SUTURE NERVE REQ SECONDARY/DELAYED SUTURE	406.80			ZZZ	Y	

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+	•		64874	SUTURE NERVE REQ XTNSV MOBIL/TRPOS NERVE	607.20			ZZZ	Y	
+	•		64876	SUTURE NERVE REQ SHORTENING BONE EXTREMITY	690.00			ZZZ	Y	
•	•	J1	64885	NERVE GRAFT HEAD/NECK </ 4 CM	3856.80			090	Y	8627.34
•	•	J1	64886	NERVE GRAFT HEAD/NECK >4 CM	4473.60			090	Y	8627.34
•	•	J1	64890	NERVE GRAFT 1 STRAND HAND/FOOT </4 CM	3745.20			090	Y	8627.34
•	•	J1	64891	NRV GRF 1 STRAND HAND/FOOT >4 CM	3973.20			090	Y	8627.34
•	•	J1	64892	NERVE GRAFT 1 STRAND ARM/LEG <4 CM	3615.60			090	Y	8627.34
•	•	J1	64893	NERVE GRAFT 1 STRAND ARM/LEG >4 CM	3894.00			090	Y	8627.34
•	•	J1	64895	NERVE GRAFT MLT STRANDS HAND/FOOT </4 CM	4593.60			090	Y	8627.34
•	•	J1	64896	NERVE GRAFT MLT STRANDS HAND/FOOT > 4 CM	4976.40			090	Y	8627.34
•	•	J1	64897	NERVE GRAFT MLT STRANDS ARM/LEG </4 CM	4378.80			090	Y	8627.34
•	•	J1	64898	NERVE GRAFT MLT STRANDS ARM/LEG >4 CM	4756.80			090	Y	8627.34
+	•		64901	NERVE GRAFT EACH NERVE 1 STRAND	2089.20			ZZZ	Y	
+	•		64902	NERVE GRAFT EACH NERVE MULTIPLE STRANDS	2418.00			ZZZ	Y	
•	•	J1	64905	NERVE PEDICLE TRANSFER FIRST STAGE	3536.40			090	Y	8627.34
•	•	J1	64907	NERVE PEDICAL TRANSFER SECOND STAGE	4526.40			090	Y	8627.34
•	•	J1	64910	NERVE REPAIR W/CONDUIT EACH NERVE	2746.80			090	Y	8627.34
•	•	J1	64911	NERVE REPAIR W/AUTOGENOUS VEIN GRAFT EA NERVE	3544.80			090	Y	8627.34
•	•	J1	64912	NERVE REPAIR W/NERVE ALLOGRAFT FIRST STRAND	2678.40			090	Y	8627.34
+	•		64913	NERVE REPAIR W/NERVE ALLOGRAFT EA ADDL STRAND	540.00			ZZZ	Y	
•	•		64999	UNLISTED PROCEDURE NERVOUS SYSTEM	BR			YYY	N	351.42
•	•	J1	65091	EVISCERATION OCULAR CONTENTS W/O IMPLANT	2208.00			090	N	5848.19
•	•	J1	65093	EVISCERATION OCULAR CONTENTS W/IMPLANT	2185.20			090	N	5848.19
•	•	J1	65101	ENUCLEATION OF EYE W/O IMPLANT	2564.40			090	N	5848.19
•	•	J1	65103	ENUCLEATION EYE IMPLT MUSC X ATTACHED IMPLT	2670.00			090	N	5848.19
•	•	J1	65105	ENUCLEATION EYE IMPLT MUSC ATTACHED IMPLT	2938.80			090	Y	5848.19
•	•	J1	65110	EXENTERATION ORBIT REMVL ORBITAL CONTENTS ONLY	4206.00			090	Y	5848.19
•	•	J1	65112	EXENTERATION ORBIT RMVL ORBIT CONTENTS & BONE	4869.60			090	Y	5848.19
•	•	J1	65114	EXNTJ ORBIT RMVL ORB CNTS W/MUSC/MYOQ FLAP	5102.40			090	Y	5848.19
•	•	J1	65125	MODIFICAJ OC IMPLT W/PLMT/RPLCMT PEGS SPX	1563.60			090	N	3609.14
•	•	J1	65130	INSJ OC IMPLT SEC AFTER EVSC SCLL SHELL	2540.40			090	N	5848.19
•	•	J1	65135	INSJ OC IMPLT AFTER ENCL MUSC X ATTACHED	2576.40			090	N	5848.19
•	•	J1	65140	INSJ OC IMPLT AFTER ENCL MUSC ATTACHED	2798.40			090	N	5848.19
•	•	J1	65150	REINSERTION OCULAR IMPLT W/WO CONJUNCTIVAL GRAFT	2016.00			090	N	5848.19
•	•	J1	65155	REINSERTION OCULAR IMPLT RNFCMT &/ ATTACH MUSCLE	2928.00			090	N	5848.19
•	•	J1	65175	REMOVAL OCULAR IMPLANT	2286.00			090	N	5848.19
•	•		65205	REMOVAL FB EYE CONJUNCTIVAL SUPERFICIAL	157.20			000	N	151.20
•	•		65210	RMVL FB XTRNL EYE EMBED SCJNCL/SCLERAL NONPERFOR	192.00			000	N	494.39
•	•		65220	RMVL FB XTRNL EYE CORNEAL W/O SLIT LAMP	201.60			000	N	494.39
•	•		65222	RMVL FB XTRNL EYE CORNEAL W/SLIT LAMP	231.60			000	N	151.20
•	•	J1	65235	RMVL FB INTRAOCULAR ANT CHAMBER EYE/LENS	2431.20			090	N	3707.69
•	•	J1	65260	RMVL FB IO FROM POST SEG MAG XTRJ ANT/POST ROUTE	3289.20			090	Y	3707.69
•	•	J1	65265	RMVL FB IO FROM POST SEG NONMAGNETIC XTRJ	3694.80			090	Y	3707.69
•	•	J1	65270	RPR LAC CJNC W/WO NONPERFOR LAC SCLERA DIR CLSR	934.80			010	N	3609.14
•	•	J1	65272	RPR LAC CJNC MOBLJ& REARGMT W/O HOSPITALIZATION	1747.20			090	N	3609.14
•	•		65273	RPR LAC CJNC MOBLJ & REARGMT W/HOSPIZATION	1302.00			090	N	
•	•	J1	65275	RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY	1986.00			090	N	5848.19
•	•	J1	65280	RPR LAC CORNEA&/SCLERA PERFOR X INVG UVEAL TIS	2292.00			090	N	7014.24
•	•	J1	65285	RPR LAC CORN&/SCLRA PERF W/REPOS/RESCJ UVEAL T	3788.40			090	N	7014.24

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•	•	J1	65286	RPR LAC APPL TISSUE GLUE WOUND CORNEA&/SCLERA	2408.40			090	N	3707.69
•	•	J1	65290	RPR WND EXTRAOCULAR MUSCLE TENDON&/TENON CAPSU	1675.20			090	N	5848.19
•	•		65400	EXCISION LESION CORNEA XCP PTERYGIUM	2332.80			090	N	1146.35
•	•	J1	65410	BIOPSY CORNEA	493.20			000	N	3609.14
•	•	J1	65420	EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT	1791.60			090	N	3609.14
•	•	J1	65426	EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG	2251.20			090	N	3609.14
•	•		65430	CORNEA SCRAPING DIAGNOSTIC SMEAR &/CULTURE	397.20			000	N	494.39
•	•		65435	RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION	278.40			000	N	1146.35
•	•	J1	65436	RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT	1326.00			090	N	3609.14
•	•		65450	DSTRJ LESION CRYOTHER PHOTO/THERMOCAUTZATION	1116.00			090	N	402.60
•	•	J1	65600	MULTIPLE PUNCTURES ANTERIOR CORNEA	1365.60			090	N	3609.14
•	•	J1	65710	KERATOPLASTY ANTERIOR LAMELLAR	3811.20			090	Y	7014.24
•	•	J1	65730	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA	4218.00			090	Y	7014.24
•	•	J1	65750	KERATOPLASTY PENETRAING APHAKIA	4238.40			090	Y	7014.24
•	•	J1	65755	KERATOPLASTY PENETRATING PSEUDOPHAKIA	4216.80			090	Y	7014.24
•	•	J1	65756	KERATOPLASTY ENDOTHELIAL	4038.00			090	Y	7014.24
+	•		65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT	871.20			ZZZ	N	
•	•		65760	KERATOMILEUSIS	4296.00			XXX	N	
•	•		65765	KERATOPHAKIA	4036.13			XXX	N	
•	•		65767	EPIKERATOPLASTY	3757.93			XXX	N	
•	•	J1	65770	KERATOPROSTHESIS	4755.60			090	Y	17339.92
•	•		65771	RADIAL KERATOTOMY	690.00			XXX	N	1221.00
•	•		65772	CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM	1545.60			090	N	1146.35
•	•	J1	65775	CRNL WEDGE RESCJ CORRJ INDUCED ASTIGMATISM	1898.40			090	N	3609.14
•	•		65778	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES	4809.60			000	N	1146.35
•	•		65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED	4141.20			000	N	4224.88
•	•	J1	65780	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE	2274.00			090	N	5848.19
•	•	J1	65781	OCULAR SURFACE RECONSTRUCTION LIMBAL ALLOGRAFT	4549.20			090	Y	7014.24
•	•	J1	65782	OCCULAR SURFACE RECONSTRUCTION LIMBAL AUTOGRAFT	3921.60			090	N	5848.19
•	•	J1	65785	IMPLANTATION INTRASTROMAL CORNEAL RING SEGMENTS	8347.20			090	N	7014.24
•	•	J1	65800	PARACENTSIS ANT CHAMB EYE ASPIR AQUEOUS SPX	410.40			000	N	3707.69
•	•	J1	65810	PARACENTSIS ANT CHAM RMVL VITREOUS W/WO AIR INJX	1587.60			090	N	3707.69
•	•	J1	65815	PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN	2191.20			090	N	3707.69
•	•	J1	65820	GONIOTOMY	2584.80			090	N	7014.24
•	•	J1	65850	TRABECULOTOMY AB EXTERNO	2864.40			090	N	3707.69
•	•		65855	TRABECULOPLASTY BY LASER SURGERY	841.20			010	N	704.58
•	•		65860	SEVERING ADHESIONS ANTERIOR SEGMENT LASER SPX	1057.20			090	N	704.58
•	•	J1	65865	SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE	1615.20			090	N	3707.69
•	•	J1	65870	SEVERING ADS ANT SEG INCAL SPX ANT SYNECHIAE	2013.60			090	N	3707.69
•	•	J1	65875	SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE	2150.40			090	N	3707.69
•	•	J1	65880	SEVERING ADS ANT SEG INCAL SPX CORNEOVITREAL	2263.20			090	N	7014.24
•	•	J1	65900	RMVL EPITHELIAL DOWNGROWTH ANT CHAMBER EYE	3315.60			090	Y	3707.69
•	•	J1	65920	RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE	2689.20			090	N	3707.69
•	•	J1	65930	RMVL BLOOD CLOT ANTERIOR SEGMENT EYE	2170.80			090	N	3707.69
•	•	J1	66020	INJX ANTERIOR CHAMBER EYE AIR/LIQUID SPX	651.60			010	N	3707.69
•	•	J1	66030	INJX ANTERIOR CHAMBER EYE MEDICATION SPX	584.40			010	N	3707.69
•	•	J1	66130	EXCISION LESION SCLERA	2394.00			090	N	3609.14
•	•	J1	66150	FSTLJ SCLERA GLAUCOMA TREPHIN W/IRIDECTOMY	2992.80			090	N	7014.24
•	•	J1	66155	FSTLJ SCLERA GLAUCOMA THERMOCAUT IRRIDEC	2990.40			090	N	7014.24

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	66160	FSTLJ SCLERA SCLERECTOMY PUNCH/SCISSORS IRIDECT	3372.00			090	N	3707.69
•	•	J1	66170	FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO	3734.40			090	Y	3707.69
•	•	J1	66172	FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING	4068.00			090	Y	3707.69
•	•	J1	66174	TRLUML DILAT AQUEOUS CANAL W/O DEVICE/STENT	3232.80			090	Y	7014.24
•	•	J1	66175	TRLUML DILAT AQUEOUS CANAL W/DEVICE/STENT	3386.40			090	Y	7014.24
•	•	J1	66179	AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	3679.20			090	Y	7014.24
•	•	J1	66180	AQUEOUS SHUNT EXTRAOC EQUAT PLATE RSVR W/GRAFT	3882.00			090	Y	7014.24
•	•	J1	66183	INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR	3514.80			090	Y	7014.24
•	•	J1	66184	REVJ SHUNT EXTRAOCULAR RESERVOIR W/O GRAFT	2680.80			090	Y	3707.69
•	•	J1	66185	REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT	2886.00			090	Y	3707.69
•	•	J1	66225	REPAIR SCLERAL STAPHYLOMA W/GRAFT	3177.60			090	N	7014.24
•	•	J1	66250	REVJ/RPR OPRATIVE WOUND ANTERIOR SEGMENT	2569.20			090	N	3609.14
•	•	J1	66500	IRIDOTOMY STAB INC SPX XCP TRANSFIXION	1224.00			090	N	3707.69
•	•	J1	66505	IRIDOTOMY STAB INC SPX TRANSFIXION	1340.40			090	N	3707.69
•	•	J1	66600	IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES	2872.80			090	N	7014.24
•	•	J1	66605	IRDEC CRNLSCLRL/CRNL SCTJ CYCLECTOMY	3640.80			090	N	3707.69
•	•	J1	66625	IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC SPX	1464.00			090	N	3707.69
•	•	J1	66630	IRDEC CRNLSCLRL/CRNL SCTJ SECTOR GLC SPX	1940.40			090	N	3707.69
•	•	J1	66635	IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL SPX	1959.60			090	N	3707.69
•	•	J1	66680	REPAIR IRIS CILIARY BODY	1765.20			090	N	3707.69
•	•	J1	66682	SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE	2206.80			090	N	3707.69
•	•	J1	66700	CILIARY BODY DESTRUCTION DIATHERMY	1543.20			090	N	3707.69
•	•	J1	66710	CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL	1512.00			090	N	3609.14
•	•	J1	66711	CILIARY BODY DSTRJ CYCLOPHOTOCOAG ENDOSCOPIC	2193.60			090	N	3707.69
•	•	J1	66720	CILIARY BODY DESTRUCTION CRYOTHERAPY	1579.20			090	N	3609.14
•	•	J1	66740	CILIARY BODY DESTRUCTION CYCLODIALYSIS	1500.00			090	N	3609.14
•	•		66761	IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION	1020.00			010	N	704.58
•	•		66762	IRIDOPLASTY PHOTOCOAGULATION 1/> SESSIONS	1628.40			090	N	704.58
•	•		66770	DSTRJ CYST/LESION IRIS/CILIARY BODY	1808.40			090	N	704.58
•	•	J1	66820	DISCISSION SECONDARY MEMBRANOUS CATARACT	1375.20			090	N	3707.69
•	•		66821	POST-CATARACT LASER SURGERY	1130.40			090	N	704.58
•	•	J1	66825	REPOSITIONING IO LENS PROSTHESIS REQ INC SPX	2622.00			090	N	3707.69
•	•	J1	66830	RMVL SEC MEMBRANOUS CTRC CORNEO-SCLL SCTJ	2418.00			090	N	3707.69
•	•	J1	66840	RMVL LENS MATERIAL ASPIR TQ 1/> STAGES	2374.80			090	N	3707.69
•	•	J1	66850	RMVL LENS MATERIAL PHACOFRAGMENTATION ASPIR	2702.40			090	N	3707.69
•	•	J1	66852	RMVL LENS MATERIAL PARS PLANA W/WO VITRECTOMY	2878.80			090	N	7014.24
•	•	J1	66920	RMVL LENS MATERIAL INTRACAPSULAR	2569.20			090	N	3707.69
•	•	J1	66930	REMOVAL LENS MATRL INTRACAPSULAR DISLOCATED LENS	2919.60			090	N	7014.24
•	•	J1	66940	REMOVAL LENS MATERIAL EXTRACAPSULAR	2667.60			090	N	3707.69
•	•	J1	66982	XCAPSULAR CATARACT RMVL INSJ LENS PROSTH 1 STG	2707.20			090	N	3707.69
•	•	J1	66983	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRSTH 1 STG	2530.80			090	N	3707.69
•	•	J1	66984	CATARACT REMOVAL INSERTION OF LENS	2179.20			090	N	3707.69
•	•	J1	66985	INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL	2623.20			090	N	3707.69
•	•	J1	66986	EXCHANGE INTRAOCULAR LENS	3099.60			090	N	3707.69
+	•		66990	USE OPHTHALMIC ENDOSCOPE	307.20			ZZZ	N	
•	•	J1	66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EYE	BR			YYY	N	3707.69
•	•	J1	67005	RMVL VITREOUS ANT APPR PARTIAL REMOVAL	1611.60			090	N	3707.69
•	•	J1	67010	RMVL VITREOUS ANT APPR SUBTOT RMVL MECH VITRECT	1850.40			090	N	3707.69
•	•	J1	67015	ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL	1989.60			090	N	3707.69

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	67025	INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX	2502.00			090	N	3707.69
•	•	J1	67027	IMPLTJ INTRAVITREAL DRUG DLVR SYS RMVL VTS	2906.40			090	Y	32207.07
•	•		67028	INTRAVITREAL NJX PHARMACOLOGIC AGT SPX	346.80			000	N	409.50
•	•	J1	67030	DISCISSION VITREOUS STRANS PARS PLANA APPROACH	1825.20			090	N	3707.69
•	•		67031	SEVERING VITREOUS STRANS LASER 1/> STAGES	1333.20			090	N	704.58
•	•	J1	67036	VITRECTOMY MECHANICAL PARS PLANA	3073.20			090	Y	7014.24
•	•	J1	67039	VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC	3291.60			090	Y	7014.24
•	•	J1	67040	VTRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC	3556.80			090	Y	7014.24
•	•	J1	67041	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE	3930.00			090	Y	7014.24
•	•	J1	67042	VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA	3930.00			090	Y	7014.24
•	•	J1	67043	VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE	4146.00			090	Y	7014.24
•	•	J1	67101	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID CRTX	1128.00			010	N	3707.69
•	•		67105	RPR RETINAL DTCHMNT DRG SUBRETINAL FLUID PC	1014.00			010	N	704.58
•	•	J1	67107	REPAIR RETINAL DETACHMENT SCLERAL BUCKLING	3862.80			090	Y	7014.24
•	•	J1	67108	RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH	4092.00			090	Y	7014.24
•	•	J1	67110	RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS	3010.80			090	N	3707.69
•	•	J1	67113	RPR COMPLEX RETINA DETACH VITRECT &MEMBRANE PEEL	4567.20			090	Y	7014.24
•	•	J1	67115	RELEASE ENCIRCLING MATERIAL POSTERIOR SEGMENT	1702.80			090	N	7014.24
•	•	J1	67120	RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR	2263.20			090	N	3707.69
•	•	J1	67121	RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR	3097.20			090	Y	3707.69
•	•		67141	PROPH RTA DTCHMNT W/O DRG 1/> SESS CRTX DTHRM	1790.40			090	N	402.60
•	•		67145	PROPH RTA DTCHMNT W/O DRG 1/> SESS	1802.40			090	N	704.58
•	•		67208	DSTRJ LOCLZD LESION RETINA 1/> SESS CRTX DTHRM	2048.40			090	N	402.60
•	•		67210	DSTRJ LOCLZD LESION RETINA 1/> SESS PC	1766.40			090	N	704.58
•	•	J1	67218	DSTRJ LESION RETINA 1/> SESS RADJ IMPLTJ	4725.60			090	N	5848.19
•	•		67220	DSTRJ LESION CHOROID PC 1/> SESS	1821.60			090	N	704.58
•	•		67221	DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY	968.40			000	N	704.58
+	•		67225	DSTRJ LESION CHOROID PDT 2ND EYE 1 SESSION	100.80			ZZZ	N	
•	•	J1	67227	DESTRUCTION RETINOPATHY CRYOTHERAPY DIATHERMY	1000.80			010	N	5848.19
•	•		67228	TREATMENT EXTENSIVE RETINOPATHY PHOTOCOAGULATION	1167.60			010	N	704.58
•	•		67229	EXTENSIVE RETINOPATHY 1/> SESS PRETERM INFANT	3976.80			090	N	704.58
•	•	J1	67250	SCLERAL REINFORCEMENT SPX W/O GRAFT	2713.20			090	N	3609.14
•	•	J1	67255	SCLERAL REINFORCEMENT SPX W/GRAFT	2330.40			090	Y	3707.69
•	•	J1	67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	BR			YYY	N	3707.69
•	•	J1	67311	STRABISMUS RECESSION/RESCJ 1 HRZNTL MUSC	2035.20			090	N	3609.14
•	•	J1	67312	STRABISMUS RECESSION/RESCJ 2 HRZNTL MUSC	2427.60			090	N	5848.19
•	•	J1	67314	STRABISMUS RECESSION/RESCJ 1 VER MUSC	2292.00			090	N	3609.14
•	•	J1	67316	STRABISMUS RECESSION/RESCJ 2/MORE VER MUSC	2728.80			090	N	3609.14
•	•	J1	67318	STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE	2395.20			090	N	3609.14
+	•		67320	TRANSPOSITION PROCEDURE EXTRAOCULAR MUSC	1100.40			ZZZ	N	
+	•		67331	STRABISMUS PREVIOUS EYE X INVOLVE EO MUSC	1044.00			ZZZ	N	
+	•		67332	STRABISMUS SCARRING EO MUSC/RSTCV MYOPATHY	1132.80			ZZZ	N	
+	•		67334	STRABISMUS POST FIXJ SUTR TQ W/WO MUSC RECESSION	1030.80			ZZZ	N	
+	•		67335	PLACEMENT ADJUSTABLE SUTURE STRABISMUS	505.20			ZZZ	N	
+	•		67340	STRABISMUS EXPL&/RPR DETACHED EXTROCULAR MUSC	1222.80			ZZZ	Y	
•	•	J1	67343	RLS XTNSV SCAR TISS W/O DETACHING EO MUSC SPX	2224.80			090	N	3609.14
•	•		67345	CHEMODENERVATION EXTRAOCULAR MUSCLE	835.20			010	N	402.60
•	•	J1	67346	BIOPSY EXTRAOCULAR MUSCLE	660.00			000	N	5848.19
•	•		67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	BR			YYY	Y	402.60

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	67400	ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY	3214.80			090	N	5848.19
•	•	J1	67405	ORBITOTOMY W/O BONE FLAP EXPL W/DRAINAGE ONLY	2743.20			090	N	3609.14
•	•	J1	67412	ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION	2961.60			090	N	3609.14
•	•	J1	67413	ORBITOTOMY W/O BONE FLAP W/RMVL FOREIGN BODY	2964.00			090	Y	3609.14
•	•	J1	67414	ORBITOTOMY W/O BONE FLAP W/RMVL BONE DCMPRN	4574.40			090	Y	5848.19
•	•	J1	67415	FINE NEEDLE ASPIRATION ORBITAL CONTENTS	356.40			000	N	3609.14
•	•	J1	67420	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL LESION	5553.60			090	Y	5848.19
•	•	J1	67430	ORBITOTOMY BONE FLAP/WINDOW LATERAL RMVL FB	4312.80			090	Y	5848.19
•	•	J1	67440	ORBITOTOMY BONE FLAP/WINDOW LATERAL W/DRG	4173.60			090	Y	5848.19
•	•	J1	67445	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL BONE DCMPRN	4838.40			090	Y	5848.19
•	•	J1	67450	ORBITOTOMY BONE FLAP/WINDOW LAT EXPL W/WO BX	4338.00			090	Y	5848.19
•	•		67500	RETROBULBAR INJECTION MEDICATION SPX	242.40			000	N	402.60
•	•		67505	RETROBULBAR INJECTION ALCOHOL	285.60			000	N	402.60
•	•		67515	INJECTION MEDICATION/OTHER SUBST TENON CAPSULE	268.80			000	N	402.60
•	•	J1	67550	ORBITAL IMPLANT INSERTION	3338.40			090	N	5848.19
•	•	J1	67560	ORBITAL IMPLANT REMOVAL/REVISION	3421.20			090	N	5848.19
•	•	J1	67570	OPTIC NERVE DECOMPRESSION	4074.00			090	Y	5848.19
•	•		67599	UNLISTED PROCEDURE ORBIT	BR			YYY	Y	402.60
•	•		67700	BLEPHAROTOMY DRAINAGE ABSCESS EYELID	938.40			010	N	402.60
•	•		67710	SEVERING TARSORRHAPHY	787.20			010	N	1146.35
•	•	J1	67715	CANTHOTOMY SEPARATE PROCEDURE	848.40			010	N	3609.14
•	•		67800	EXCISION CHALAZION SINGLE	436.80			010	N	402.60
•	•		67801	EXCISION CHALAZION MULTIPLE SAME LID	556.80			010	N	1146.35
•	•		67805	EXCISION CHALAZION MULTIPLE DIFFERENT LIDS	691.20			010	N	402.60
•	•	J1	67808	EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT	1254.00			090	N	3609.14
•	•		67810	INCISIONAL BIOPSY EYELID SKIN & LID MARGIN	598.80			000	N	402.60
•	•		67820	CORRECTION TRICHIASIS EPILATION FORCEPS ONLY	111.60			000	N	151.20
•	•		67825	CORRECTION TRICHIASIS EPILATION OTH/THAN FORCEPS	445.20			010	N	402.60
•	•		67830	CORRECTION TRICHIASIS INCCISION LID MARGIN	916.80			010	N	1146.35
•	•	J1	67835	CORRJ TRICHIASIS INC LID MRGN W/FR MUC MEMB GRF	1496.40			090	N	3609.14
•	•		67840	EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE	949.20			010	N	1146.35
•	•		67850	DESTRUCTION LESION LID MARGIN </ 1 CM	735.60			010	N	1146.35
•	•		67875	TEMPORARY CLOSURE EYELIDS SUTURE	595.20			000	N	1146.35
•	•	J1	67880	CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY	1574.40			090	N	3609.14
•	•	J1	67882	CONSTJ INTERMARGIN ADHES/TARSOR/CANTHOR W/TRPOS	1932.00			090	N	3609.14
•	•	J1	67900	REPAIR BROW PTOSIS	2193.60			090	N	3609.14
•	•	J1	67901	RPR BLEPHAROPTOSIS FRONTALIS MUSC SUTR/OTH MATRL	2630.40			090	N	3609.14
•	•	J1	67902	RPR BLEPHAROPT FRONTALIS MUSC AUTOL FASCAL SLING	2464.80			090	N	5848.19
•	•	J1	67903	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT INTERNAL	2037.60			090	N	3609.14
•	•	J1	67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	2512.80			090	N	3609.14
•	•	J1	67906	RPR BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING	1732.80			090	N	5848.19
•	•	J1	67908	RPR BLPOS CONJUNCTIVO-TARSO-MUSC-LEVATOR RESCJ	1700.40			090	N	3609.14
•	•	J1	67909	REDUCTION OVERCORRECTION PTOSIS	1843.20			090	N	3609.14
•	•	J1	67911	CORRECTION LID RETRACTION	1916.40			090	N	3609.14
•	•	J1	67912	CORRJ LAGOPHTHALMOS IMPLTJ UPR EYELID LID LOAD	3050.40			090	N	3609.14
•	•	J1	67914	REPAIR ECTROPION SUTURE	1623.60			090	N	3609.14
•	•	J1	67915	REPAIR ECTROPION THERMOCAUTERIZATION	1022.40			090	N	3609.14
•	•	J1	67916	REPAIR ECTROPION EXCISION TARSAL WEDGE	2046.00			090	N	3609.14
•	•	J1	67917	REPAIR ECTROPION EXTENSIVE	2083.20			090	N	3609.14

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	67921	REPAIR ENTROPION SUTURE	1593.60			090	N	3609.14
•	•	J1	67922	REPAIR ENTROPION THERMOCAUTERIZATION	1004.40			090	N	3609.14
•	•	J1	67923	REPAIR ENTROPION EXCISION TARSAL WEDGE	2046.00			090	N	3609.14
•	•	J1	67924	REPAIR ENTROPION EXTENSIVE	2179.20			090	N	3609.14
•	•	J1	67930	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC PRTL THICK	1251.60			010	N	3609.14
•	•	J1	67935	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK	2035.20			090	N	3609.14
•	•		67938	REMOVAL EMBEDDED FOREIGN BODY EYELID	862.80			010	N	402.60
•	•	J1	67950	CANTHOPLASTY	1966.80			090	N	3609.14
•	•	J1	67961	EXCISION & REPAIR EYELID < ONE-FOURTH LID MARGIN	1976.40			090	N	3609.14
•	•	J1	67966	EXCISION & REPAIR EYELID ONE-FOURTH LID MARGIN	2635.20			090	N	3609.14
•	•	J1	67971	RCNSTJ EYELID FULL THICKNESS </TWO-THIRDS 1 STG	2469.60			090	N	3609.14
•	•	J1	67973	RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG	3176.40			090	Y	3609.14
•	•	J1	67974	RCNSTJ EYELID FULL THICKNESS UPPER EYELID 1 STG	3169.20			090	Y	5848.19
•	•	J1	67975	RCNSTJ EYELID FULL THICKNESS SECOND STAGE	2336.40			090	N	3609.14
•	•		67999	UNLISTED PROCEDURE EYELIDS	BR			YYY	N	402.60
•	•		68020	INCISION CONJUNCTIVA DRAINAGE OF CYST	412.80			010	N	1146.35
•	•		68040	EXPRESSION CONJUNCTIVAL FOLLICLES	213.60			000	N	402.60
•	•	J1	68100	BIOPSY CONJUNCTIVA	596.40			000	N	3609.14
•	•	J1	68110	EXCISION LESION CONJUNCTIVA </1 CM	787.20			010	N	3609.14
•	•	J1	68115	EXCISION LESION CONJUNCTIVA > 1 CM	1088.40			010	N	3609.14
•	•	J1	68130	EXCISION LESION CONJUNCTIVA ADJACENT SCLERA	1857.60			090	N	3609.14
•	•	J1	68135	DESTRUCTION LESION CONJUNCTIVA	538.80			010	N	3609.14
•	•		68200	SUBCONJUNCTIVAL INJECTION	141.60			000	N	151.20
•	•	J1	68320	CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT	2498.40			090	N	3609.14
•	•	J1	68325	CONJUNCTIVOPLASTY W/BUCCAL MUC MEMB GRAFT	2242.80			090	N	5848.19
•	•	J1	68326	CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTNSV REARRGMT	2202.00			090	N	5848.19
•	•	J1	68328	CONJUNCTPL CUL-DE-SAC W/BUCCAL MUC MEMB GRAFT	2414.40			090	N	3609.14
•	•	J1	68330	RPR SYMBLEPHARON CONJUNCTIVOPLASTY W/O GRAFT	2086.80			090	N	3707.69
•	•	J1	68335	RPR SYMBLEPHARON FR GRF CJNC/BUCCAL MUC MEMB	2210.40			090	N	5848.19
•	•	J1	68340	RPR & DIV SYMBLEPHARON W/WO CONFORM/CONTACT LE	1923.60			090	N	3609.14
•	•	J1	68360	CONJUNCTIVAL FLAP BRIDGE/PARTIAL SPX	1836.00			090	N	5848.19
•	•	J1	68362	CONJUNCTIVAL FLAP TOTAL	2240.40			090	N	3609.14
•	•	J1	68371	HARVESTING CONJUNCIVAL ALLOGRAPHY LIVING DONOR	1408.80			010	N	3609.14
•	•		68399	UNLISTED PROCEDURE CONJUNCTIVA	BR			YYY	N	402.60
•	•		68400	INCISION DRAINAGE LACRIMAL GLAND	988.80			010	N	1146.35
•	•	J1	68420	INCISION DRAINAGE LACRIMAL SAC	1113.60			010	N	3609.14
•	•		68440	SNIP INCISION LACRIMAL PUNCTUM	350.40			010	N	402.60
•	•	J1	68500	EXCISION LACRIMAL GLAND XCPT TUMOR TOTAL	3344.40			090	N	5848.19
•	•	J1	68505	EXCISION LACRIMAL GLAND XCPT TUMOR PRTL	3328.80			090	N	5848.19
•	•	J1	68510	BIOPSY LACRIMAL GLAND	1540.80			000	N	3609.14
•	•	J1	68520	EXCISION LACRIMAL SAC	2352.00			090	N	5848.19
•	•	J1	68525	BIOPSY LACRIMAL SAC	902.40			000	N	3609.14
•	•		68530	RMVL FB/DACRYOLITH LACRIMAL PASSAGES	1471.20			010	N	402.60
•	•	J1	68540	EXC LACRIMAL GLAND TUMOR FRONTAL APPROACH	3181.20			090	N	3609.14
•	•	J1	68550	EXC LACRIMAL GLAND TUMOR W/OSTEOTOMY	3903.60			090	N	5848.19
•	•	J1	68700	PLASTIC REPAIR CANALICULI	2060.40			090	N	3609.14
•	•		68705	CORRECTION EVERTED PUNCTUM CAUTERY	838.80			010	N	402.60
•	•	J1	68720	DACRYOCSTORHINOSTOMY	2592.00			090	Y	5848.19
•	•	J1	68745	CONJUNCTIVORHINOSTOMY W/O TUBE	2602.80			090	Y	5848.19

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	68750	CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT	2698.80			090	Y	5848.19
•	•		68760	CLSR LACRIMAL PUNCTUM THERMOCAUT LIG/LASER	710.40			010	N	402.60
•	•		68761	CLSR LACRIMAL PUNCTUM PLUG EACH	506.40			010	N	402.60
•	•	J1	68770	CLOSURE LACRIMAL FISTULA SPX	2145.60			090	N	3609.14
•	•		68801	DILATION LACRIMAL PUNCTUM W/WO IRRGATION	308.40			010	N	494.39
•	•		68810	PROBE NASOLACRIMAL DUCT W/WO IRRIGATION	536.40			010	N	402.60
•	•	J1	68811	PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES	464.40			010	N	3609.14
•	•	J1	68815	PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT	1345.20			010	N	3609.14
•	•	J1	68816	PROBE NASOLACRIMAL DUCT WITH CATHETER DILATION	2460.00			010	N	3609.14
•	•		68840	PROBE LACRIMAL CANALICULI W/WO IRRIGATION	440.40			010	N	402.60
•	•		68850	INJECTION CONTRAST MEDIUM DACRYOCYSTOGRAPY	214.80			000	N	
•	•		68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	BR			YYY	N	402.60
•	•		69000	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA SIMPLE	634.80			010	N	822.66
•	•	J1	69005	DRAINAGE EXTERNAL EAR ABSCESS/HEMATOMA CMPLX	735.60			010	N	2734.29
•	•		69020	DRAINAGE EXTERNAL AUDITORY CANAL ABSCESS	788.40			010	N	822.66
•	•		69090	EAR PIERCING	92.40			XXX	N	
•	•		69100	BIOPSY EXTERNAL EAR	334.80			000	N	292.72
•	•	J1	69105	BIOPSY EXTERNAL AUDITORY CANAL	478.80			000	N	2543.11
•	•	J1	69110	EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR	1560.00			090	N	4742.07
•	•	J1	69120	EXCISION EXTERNAL EAR COMPLETE AMPUTATION	1365.60			090	N	8765.29
•	•	J1	69140	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL	3002.40			090	N	8765.29
•	•	J1	69145	EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL	1336.80			090	N	4742.07
•	•	J1	69150	RAD EXC XTRNL AUDITORY CANAL LES W/O NCK DSJ	3540.00			090	N	8765.29
•	•		69155	RAD EXC XTRNL AUDITORY CANAL LES NCK DSJ	5643.60			090	Y	
•	•		69200	RMVL FB XTRNL AUDITORY CANAL W/O ANES	278.40			000	N	151.20
•	•	J1	69205	RMVL FB XTRNL AUDITORY CANAL ANES	338.40			010	N	2734.29
•	•		69209	REMOVAL IMPACTED CERUMEN IRRIGATION/LVG UNILAT	48.00			000	N	79.38
•	•		69210	REMOVAL IMPACTED CERUMEN INSTRUMENTATION UNILAT	160.80			000	N	79.38
•	•		69220	DEBRIDEMENT MASTOIDECTOMY CAVITY SIMPLE	274.80			000	N	250.56
•	•		69222	DEBRIDEMENT MASTOIDECTOMY CAVITY CMPLX	734.40			010	N	691.72
•	•	J1	69300	OTOPLASTY PROTRUDING EAR W/WO SIZE RDCTJ	2181.60			YYY	N	4449.71
•	•	J1	69310	RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX	3724.80			090	N	8765.29
•	•	J1	69320	RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG	5226.00			090	Y	8765.29
•	•		69399	UNLISTED PROCEDURE EXTERNAL EAR	BR			YYY	N	292.72
•	•		69420	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ	643.20			010	N	292.72
•	•	J1	69421	MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ ANES	506.40			010	N	4449.71
•	•		69424	VENTILATING TUBE RMVL REQUIRING GENERAL ANES	435.60			000	N	3168.40
•	•		69433	TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA	680.40			010	N	691.72
•	•	J1	69436	TYMPANOSTOMY GENERAL ANESTHESIA	541.20			010	N	2543.11
•	•	J1	69440	MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC	2346.00			090	N	4449.71
•	•	J1	69450	TYMPANOLYSIS TRANSCANAL	1856.40			090	N	4449.71
•	•	J1	69501	TRANSMASTOID ANTROTOMY	2474.40			090	N	8765.29
•	•	J1	69502	MASTOIDECTOMY COMPLETE	3283.20			090	N	8765.29
•	•	J1	69505	MASTOIDECTOMY MODIFIED RADICAL	4113.60			090	N	8765.29
•	•	J1	69511	MASTOIDECTOMY RADICAL	4215.60			090	N	8765.29
•	•	J1	69530	PETROUS APICECTOMY RADICAL MASTOIDECTOMY	5655.60			090	Y	8765.29
•	•		69535	RESCJ TEMPORAL BONE EXTERNAL APPROACH	9205.20			090	N	
•	•	J1	69540	EXCISION AURAL POLYP	704.40			010	N	2543.11
•	•	J1	69550	EXCISION AURAL GLOMUS TUMOR TRANSCANAL	3558.00			090	Y	8765.29

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•	J1	69552	EXCISION AURAL GLOMUS TUMOR TRANSMASTOID	5370.00			090	Y	8765.29
•	•		69554	EXCISION AURAL GLOMUS TUMOR EXTENDED	8622.00			090	Y	
•	•	J1	69601	REVJ MASTOIDECTOMY RSLTG COMPL MASTOIDECTOMY	3540.00			090	N	8765.29
•	•	J1	69602	REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDC	3714.00			090	N	8765.29
•	•	J1	69603	REVJ MASTOIDECTOMY RSLTG RAD MASTOIDECTOMY	4311.60			090	N	8765.29
•	•	J1	69604	REVJ MASTOIDECTOMY RSLTG TYMPANOPLASTY	3799.20			090	N	8765.29
•	•	J1	69605	REVJ MASTOIDECTOMY W/APICECTOMY	5336.40			090	Y	8765.29
•	•	J1	69610	TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH	1299.60			010	N	4449.71
•	•	J1	69620	MYRINGOPLASTY	2378.40			090	N	4449.71
•	•	J1	69631	TYMPANOPLASTY W/O MASTOIDECT W/O OSSICLE RECNSTJ	3015.60			090	N	8765.29
•	•	J1	69632	TYMPNOPLSTY W/O MSTDC 1ST/REVJ W/OSICLE RECNSTJ	3678.00			090	N	8765.29
•	•	J1	69633	TYMPANOPLASTY W/O MASTOIDEC 1ST/REVJ PROSTH TORP	3565.20			090	N	8765.29
•	•	J1	69635	TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ	4246.80			090	N	8765.29
•	•	J1	69636	TYMPP ANTRT/MASTOID W/OSSICULAR CHAIN RECNSTJ	4720.80			090	N	8765.29
•	•	J1	69637	TMPP ANTRT/MASTOIDOTOMY PROSTHESIS TORP	4788.00			090	N	8765.29
•	•	J1	69641	TMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ	3554.40			090	N	8765.29
•	•	J1	69642	TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ	4569.60			090	N	8765.29
•	•	J1	69643	TMPP MASTOIDECT NTC/RCNSTED WALL W/O OCR	4174.80			090	N	8765.29
•	•	J1	69644	TMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR	5061.60			090	N	8765.29
•	•	J1	69645	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR	4972.80			090	N	8765.29
•	•	J1	69646	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR	5292.00			090	N	8765.29
•	•	J1	69650	STAPES MOBILIZATION	2739.60			090	N	4449.71
•	•	J1	69660	STAPEDECTOMY/STAPEDOTOMY	3163.20			090	N	8765.29
•	•	J1	69661	STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT	4122.00			090	N	8765.29
•	•	J1	69662	REVISION STAPEDECTOMY/STAPEDOTOMY	3954.00			090	N	8765.29
•	•	J1	69666	REPAIR OVAL WINDOW FISTULA	2755.20			090	N	4449.71
•	•	J1	69667	REPAIR ROUND WINDOW FISTULA	2766.00			090	N	4449.71
•	•	J1	69670	MASTOID OBLITERATION SEPARATE PROCEDURE	3218.40			090	Y	8765.29
•	•	J1	69676	TYMPANIC NEURECTOMY	2832.00			090	N	4449.71
•	•	J1	69700	CLOSURE POSTAURICULAR FISTULA MASTOID SPX	2316.00			090	N	2543.11
•	•		69710	IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPORAL BONE	3990.00			XXX	N	3728.20
•	•	J1	69711	RMVL/RPR EMGNT BONE CNDJ DEV TEMPORAL BONE	2914.80			090	Y	4449.71
•	•	J1	69714	IMPLTJ OSSEOINTEGRATED TEMPORAL BONE W/MASTOID	3656.40			090	N	19120.53
•	•	J1	69715	IMPLJ OSSEOINTEGRATED TEMPORAL BONE W/O MASTOID	4515.60			090	N	26078.68
•	•	J1	69717	RPLMCT OSSEOINTEGRATE IMPLNT W/O MASTOIDECTOMY	3831.60			090	N	10775.65
•	•	J1	69718	RPLMCT OSSEOINTEGRATE IMPLNT W/MASTOIDECTOMY	4561.20			090	N	19120.53
•	•	J1	69720	DCMPRN FACIAL NRV INTRATEMPORAL LAT GANGLION	4099.20			090	N	8765.29
•	•	J1	69725	DCMPRN NRV INTRATEMPORAL MEDIAL GENICULATE	6427.20			090	Y	8765.29
•	•	J1	69740	SUTR NRV ITPRL W/WO GRF/DCMPRN LAT GENICULATE	3986.40			090	Y	8765.29
•	•	J1	69745	SUTR NRV ITPRL W/WO GRF/DCMPRN MEDIAL GENICULATE	4242.00			090	Y	8765.29
•	•		69799	UNLISTED PROCEDURE MIDDLE EAR	BR			YYY	N	292.72
•	•	J1	69801	LABYRINTHOTOMY TRANSCANAL	699.60			000	N	2543.11
•	•	J1	69805	ENDOLYMPHATIC SAC W/O SHUNT	3578.40			090	Y	8765.29
•	•	J1	69806	ENDOLYMPHATIC SAC SHUNT	3194.40			090	N	8765.29
•	•	J1	69905	LABYRINTHECTOMY TRANSCANAL	3127.20			090	N	8765.29
•	•	J1	69910	LABYRINTHECTOMY W/MASTOIDECTOMY	3444.00			090	N	8765.29
•	•	J1	69915	VESTIBULAR NRV SECTION TRANSLABYRINTHINE APPR	5233.20			090	Y	4449.71
•	•	J1	69930	COCHLEAR DEVICE IMPLANTATION W/WO MASTOIDECTOMY	4183.20			090	N	50908.68
•	•		69949	UNLISTED PROCEDURE INNER EAR	BR			YYY	N	292.72

A	B	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•	•		69950	VESTIBULAR NRV SECTION TRANSCRANIAL APPROACH	6073.20			090	Y	
•	•	J1	69955	TOTAL FACIAL NERVE DECOMPRESSION &/REPAIR	6747.60			090	Y	8765.29
•	•	J1	69960	DECOMPRESSION INTERNAL AUDITORY CANAL	6555.60			090	Y	8765.29
•	•	J1	69970	REMOVAL TUMOR TEMPORAL BONE	7326.00			090	Y	8765.29
•	•		69979	UNLISTED PROCEDURE TEMPORAL BONE MIDDLE FOSSA	BR			YYY	N	292.72
+	•		69990	MICROSURG TQS REQ USE OPERATING MICROSCOPE	768.00			ZZZ	Y	

RADIOLOGY

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

~~III.~~ ~~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.~~

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

R. **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~~ MAR column represent the total reimbursement.

S. **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.

T. **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.

U. **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.

V. **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.

W. **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.

X. **Contrast Material**

5. 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).

6. 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~~MAR~~)~~ listed in the HCPCS section of the Fee Schedule. Supplies are considered incidental to the administration of the contrast and are not separately reimbursable.

7. When contrast can be administered orally (upper G.I.) or rectally (barium enema), the administration of contrast is included as part of the procedure and not separately reimbursed.

8. 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~~is not separately reimbursed.

Y. **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.

Z. **Vertebral Motion Analysis (VMA).** Vertebral Motion Analysis, generally done on the cervical and lumbar spine, is typically billed with CPT code 76496, unlisted fluoroscopic procedure (e.g., diagnostic, interventional). There is no specific CPT for this radiological test. For the cervical spine, pay the combination of 76000 and 72052. For the lumbar spine, pay the combination of 76000 and 72110.

~~Z.~~AA. **Separate or Multiple Procedures**

3. 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.

4. 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.

~~AA.~~BB. **Outpatient CT ~~Scans~~ and MRI imagings~~.~~** CT ~~scans~~ and MRI imagings~~,~~ when performed on an

outpatient basis, are subject to the limitations of the Fee Schedule, regardless of site of service.

~~BB.~~CC. **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~~manual.When reporting a service or procedure that is not listed in this fee schedule, use the appropriate unlisted procedure code. The bill must be accompanied by a Special Report as described below. If a HCPCS or CPT code has been established subsequent to the release of this fee schedule, include the code(s) with the Special Report.

DD.**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~~ are 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.

~~CC.~~EE. **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.~~

~~DD.~~FF. **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.

~~EE.~~GG. **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.

~~FF.~~HH. **Facility Fee.** The facility fee for outpatient services is the APC Amount.

~~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.~~

~~Mississippi guideline: The professional component 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 allowable 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.~~

~~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.~~

~~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.~~

~~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).~~

~~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).

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.

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.

	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			70010	MYELOGRAPY POST FOSSA RS&I	109.86			XXX	N	547.95
•			70015	CISTERNOGRAPHY POSITIVE CONTRAST RS&I	276.23	107.95	168.28	XXX	N	
•			70030	RADIOLOGIC EXAMINATION EYE DETECT FOREIGN BODY	52.71	15.24	37.47	XXX	N	
•			70100	RADIOLOGIC EXAMINATION MANDIPLE PRTL <4 VIEWS	61.60	16.51	45.09	XXX	N	
•			70110	RADIOLOG EXAM MANDIBLE COMPL MINIMUM 4 VIEWS	71.76	22.86	48.90	XXX	N	
•			70120	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS PER SIDE	61.60	16.51	45.09	XXX	N	
•			70130	RADEX MASTOIDS COMPL MINIMUM 3 VIEWS PR SIDE	102.24	31.12	71.12	XXX	N	
•			70134	RADEX INTERNAL AUDITORY MEATI COMPLETE	95.89	31.75	64.14	XXX	N	
•			70140	RADEX FACIAL BONES < 3 VIEWS	54.61	18.42	36.19	XXX	N	
•			70150	RADEX FACIAL BONES COMPLETE MINIMUM 3 VIEWS	78.11	24.13	53.98	XXX	N	
•			70160	RADEX NASAL BONES COMPLETE MINIMUM 3 VIEWS	61.60	15.88	45.72	XXX	N	
•			70170	DACRYOCSTOGRAPY NASOLACRIMAL DUCT RS&I	93.98	27.31	66.67	XXX	N	
•			70190	RADEX OPTIC FORAMINA	65.41	19.69	45.72	XXX	N	
•			70200	RADEX ORBITS COMPLETE MINIMUM 4 VIEWS	78.74	25.40	53.34	XXX	N	
•			70210	RADEX SINUSES PARANASAL <3 VIEWS	56.52	15.88	40.64	XXX	N	
•			70220	RADEX SINUSES PARANASAL COMPL MINIMUM 3 VIEWS	69.85	22.86	46.99	XXX	N	
•			70240	RADIOLOGIC EXAMINATION SELLA TURCICA	56.52	17.78	38.74	XXX	N	
•			70250	RADIOLOGIC EXAMINATION SKULL 4/> VIEWS	67.95	22.86	45.09	XXX	N	
•			70260	RADIOLOGIC EXAM SKULL COMPLETE MINIMUM 4 VIEWS	85.09	31.75	53.34	XXX	N	
•			70300	RADIOLOGIC EXAMINATION TEETH 1 VIEW	25.40	10.16	15.24	XXX	N	
•			70310	RADIOLOGIC EXAM TEETH PRTL EXAM < FULL MOUTH	67.31	13.97	53.34	XXX	N	

D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•		70320	RADIOLOGIC EXAM TEETH COMPLETE FULL MOUTH	97.16	22.23	74.93	XXX	N	
•		70328	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH UNILAT	56.52	16.51	40.01	XXX	N	
•		70330	RADEX TEMPOROMANDBLE JT OPN & CLSD MOUTH BILAT	88.27	22.23	66.04	XXX	N	
•		70332	TEMPOROMANDBLE JT ARTHROGRAPHY RS&I	136.53	48.90	87.63	XXX	N	
•		70336	MRI TEMPOROMANDIBULAR JOINT	562.61	132.72	429.89	XXX	N	
•		70350	CEPHALOGRAM ORTHODONTIC	33.66	17.78	15.88	XXX	N	
•		70355	ORTHOPANTOGRAM	35.56	19.69	15.87	XXX	N	
•		70360	RADIOLOGIC EXAMINATION NECK SOFT TISSUE	53.98	15.24	38.74	XXX	N	
•		70370	RADEX PHARYNX/LARX W/FLUOR&/MAGNIFICATION TQ	144.15	26.67	117.48	XXX	N	
•		70371	CPLX DYNAMIC PHARYNGEAL&SP EVAL C/V REC	175.90	76.84	99.06	XXX	N	
•		70380	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS	60.33	15.24	45.09	XXX	N	
•		70390	SIALOGRAPHY RS&I	184.15	34.29	149.86	XXX	N	
•		70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL	207.01	76.84	130.17	XXX	N	
•		70460	CT HEAD/BRAIN W/CONTRAST MATERIAL	292.74	102.87	189.87	XXX	N	
•		70470	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL	342.27	114.94	227.33	XXX	N	
•		70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL	415.93	115.57	300.36	XXX	N	
•		70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL	492.76	125.10	367.66	XXX	N	
•		70482	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR	536.58	130.81	405.77	XXX	N	
•		70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL	248.92	77.47	171.45	XXX	N	
•		70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL	299.09	101.60	197.49	XXX	N	
•		70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL	364.49	114.94	249.55	XXX	N	
•		70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL	294.01	115.57	178.44	XXX	N	
•		70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL	362.59	125.10	237.49	XXX	N	
•		70492	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL	436.88	146.05	290.83	XXX	N	
•		70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST	527.69	158.12	369.57	XXX	N	
•		70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST	526.42	158.12	368.30	XXX	N	
•		70540	MRI ORBIT FACE &/NECK W/O CONTRAST	474.98	121.92	353.06	XXX	N	
•		70542	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL	564.52	146.69	417.83	XXX	N	
•		70543	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL	709.30	193.04	516.26	XXX	N	
•		70544	MRA HEAD W/O CONTRST MATERIAL	497.84	108.59	389.25	XXX	N	
•		70545	MRA HEAD W/CONTRAST MATERIAL	494.03	108.59	385.44	XXX	N	
•		70546	MRA HEAD W/O & W/CONTRAST MATERIAL	730.25	133.35	596.90	XXX	N	
•		70547	MRA NECK W/O CONTRST MATERIAL	499.75	108.59	391.16	XXX	N	
•		70548	MRA NECK W/CONTRAST MATERIAL	549.91	135.89	414.02	XXX	N	
•		70549	MRA NECK W/O &W/CONTRAST MATERIAL	763.27	162.56	600.71	XXX	N	
•		70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL	405.13	133.99	271.14	XXX	N	
•		70552	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL	562.61	161.29	401.32	XXX	N	
•		70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL	663.58	206.38	457.20	XXX	N	
•		70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION	787.40	190.50	596.90	XXX	N	
•		70555	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION	1337.31	227.33	1109.98	XXX	N	
•		70557	MRI BRAIN OPEN INTRACRANIAL PX W/O CONTRAST MATL	2417.42	281.94	2135.48	XXX	N	
•		70558	MRI BRAIN OPEN INTRACRANIAL PX W/CONTRAST MATL	2661.59	310.52	2351.07	XXX	N	
•		70559	MRI BRAIN OPEN INTRACRANIAL PX W/O & W/CONTRAST	2684.60	296.55	2388.05	XXX	N	
•		71045	RADIOLOGIC EXAM CHEST SINGLE VIEW	44.45	16.51	27.94	XXX	N	
•		71046	RADIOLOGIC EXAM CHEST 2 VIEWS	56.52	19.69	36.83	XXX	N	
•		71047	RADIOLOGIC EXAM CHEST 3 VIEWS	71.12	25.40	45.72	XXX	N	
•		71048	RADIOLOGIC EXAM CHEST 4+ VIEWS	76.84	29.21	47.63	XXX	N	
•		71100	RADEX RIBS UNILATERAL 2 VIEWS	61.60	20.32	41.28	XXX	N	
•		71101	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS	70.49	24.77	45.72	XXX	N	

D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•		71110	RADEX RIBS BILATERAL 3 VIEWS	73.66	26.67	46.99	XXX	N	
•		71111	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS	87.63	29.85	57.78	XXX	N	
•		71120	RADEX STERNUM MINIMUM 2 VIEWS	55.88	18.42	37.46	XXX	N	
•		71130	RADEX STERNOCLAVICULAR JT/JTS MINIMUM 3 VIEWS	66.68	19.69	46.99	XXX	N	
•		71250	CT THORAX W/O CONTRAST MATERIAL	283.85	105.41	178.44	XXX	N	
•		71260	CT THORAX W/CONTRAST MATERIAL	351.16	112.40	238.76	XXX	N	
•		71270	CT THORAX W/O & W/CONTRAST MATERIAL	416.56	125.10	291.46	XXX	N	
•		71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST	539.75	164.47	375.28	XXX	N	
•		71550	MRI CHEST W/O CONTRAST MATERIAL	724.54	131.45	593.09	XXX	N	
•		71551	MRI CHEST W/CONTRAST MATERIAL	802.01	156.21	645.80	XXX	N	
•		71552	MRI CHEST W/O & W/CONTRAST MATERIAL	1012.83	203.84	808.99	XXX	N	
•		71555	MRA CHEST W/O & W/CONTRAST MATERIAL	700.41	161.29	539.12	XXX	N	
•		72020	RADEX SPINE 1 VIEW SPECIFY LEVEL	41.28	13.97	27.31	XXX	N	
•		72040	RADEX SPINE CERVICAL 2 OR 3 VIEWS	65.41	20.32	45.09	XXX	N	
•		72050	RADEX SPINE CERVICAL 4 OR 5 VIEWS	90.17	28.58	61.59	XXX	N	
•		72052	RADEX SPINE CERVICAL 6 OR MORE VIEWS	107.32	33.02	74.30	XXX	N	
•		72070	RADEX SPINE THORACIC 2 VIEWS	60.96	20.32	40.64	XXX	N	
•		72072	RADEX SPINE THORACIC 3 VIEWS	64.77	19.69	45.08	XXX	N	
•		72074	RADEX SPINE THORACIC MINIMUM 4 VIEWS	71.12	19.69	51.43	XXX	N	
•		72080	RADEX SPINE THORACOLUMBAR JUNCTION MIN 2 VIEWS	60.33	20.32	40.01	XXX	N	
•		72081	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 1 VW	72.39	24.77	47.62	XXX	N	
•		72082	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 2/3 VW	116.21	29.21	87.00	XXX	N	
•		72083	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 4/5 VW	137.16	33.02	104.14	XXX	N	
•		72084	RADEX ENTIR THRC LMBR CRV SAC SPI W/SKULL 6/> VW	160.02	38.10	121.92	XXX	N	
•		72100	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	65.41	20.32	45.09	XXX	N	
•		72110	RADEX SPINE LUMBOSACRAL MINIMUM 4 VIEWS	91.44	28.58	62.86	XXX	N	
•		72114	RADEX SPINE LUMBSCRL COMPL W/BENDING VIEWS MIN 6	104.14	29.85	74.29	XXX	N	
•		72120	RADEX SPINE LUMBOSACRAL ONLY BENDING 2/3 VIEWS	76.84	20.32	56.52	XXX	N	
•		72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL	328.93	96.52	232.41	XXX	N	
•		72126	CT CERVICAL SPINE W/CONTRAST MATERIAL	406.40	110.49	295.91	XXX	N	
•		72127	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL	481.33	114.30	367.03	XXX	N	
•		72128	CT THORACIC SPINE W/O CONTRAST MATERIAL	322.58	90.81	231.77	XXX	N	
•		72129	CT THORACIC SPINE W/CONTRAST MATERIAL	408.94	110.49	298.45	XXX	N	
•		72130	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL	481.97	114.30	367.67	XXX	N	
•		72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL	321.31	90.81	230.50	XXX	N	
•		72132	CT LUMBAR SPINE W/CONTRAST MATERIAL	407.04	110.49	296.55	XXX	N	
•		72133	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL	480.06	114.94	365.12	XXX	N	
•		72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL	394.97	134.62	260.35	XXX	N	
•		72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL	573.41	161.93	411.48	XXX	N	
•		72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL	395.61	134.62	260.99	XXX	N	
•		72147	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL	570.23	161.29	408.94	XXX	N	
•		72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL	395.61	134.62	260.99	XXX	N	
•		72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL	566.42	161.93	404.49	XXX	N	
•		72156	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL	668.02	206.38	461.64	XXX	N	
•		72157	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL	669.93	206.38	463.55	XXX	N	
•		72158	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL	666.75	206.38	460.37	XXX	N	
•		72159	MRA SPINAL CANAL W/WO CONTRAST MATERIAL	725.81	162.56	563.25	XXX	N	
•		72170	RADIOLOGIC EXAMINATION PELVIS 1/2 VIEWS	59.06	15.88	43.18	XXX	N	
•		72190	RADIOLOGIC EXAM PELVIS COMPL MINIMUM 3 VIEWS	71.12	19.69	51.43	XXX	N	

D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•		72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST	561.98	162.56	399.42	XXX	N	
•		72192	CT PELVIS W/O CONTRAST MATERIAL	260.35	98.43	161.92	XXX	N	
•		72193	CT PELVIS W/CONTRAST MATERIAL	418.47	105.41	313.06	XXX	N	
•		72194	CT PELVIS W/O & W/CONTRAST MATERIAL	474.98	109.86	365.12	XXX	N	
•		72195	MRI PELVIS W/O CONTRAST MATERIAL	483.87	132.08	351.79	XXX	N	
•		72196	MRI PELVIS W/CONTRAST MATERIAL	565.15	156.85	408.30	XXX	N	
•		72197	MRI PELVIS W/O & W/CONTRAST MATERIAL	713.74	198.76	514.98	XXX	N	
•		72198	MRA PELVIS W/WO CONTRAST MATERIAL	704.22	160.66	543.56	XXX	N	
•		72200	RADIOLOGIC EXAMINATION SACROILIAC JNTS <3 VIEWS	55.25	15.88	39.37	XXX	N	
•		72202	RADIOLOGIC EXAM SACROILIAC JOINTS 3/MORE VIEWS	62.23	17.15	45.08	XXX	N	
•		72220	RADEX SACRUM & COCCYX MINIMUM 2 VIEWS	54.61	15.88	38.73	XXX	N	
•		72240	MYELOGRAPHY CERVICAL RS&I	186.69	81.92	104.77	XXX	N	
•		72255	MYELOGRAPHY THORACIC RS&I	189.87	85.73	104.14	XXX	N	
•		72265	MYELOGRAPY LUMBOSACRAL RS&I	174.63	73.66	100.97	XXX	N	
•		72270	MYELOGRAPY 2/MORE REGIONS RS&I	242.57	121.92	120.65	XXX	N	
•		72275	EPIDUROGRAPY RS&I	220.98	70.49	150.49	XXX	N	
•		72285	DISKOGRAPY CERVICAL/THORACIC RS&I	0.00	0.00	0.00	XXX	N	2316.70
•		72295	DISKOGRAPY LUMBAR RS&I	184.15	78.11	106.04	XXX	N	
•		73000	RADEX CLAVICLE COMPLETE	52.07	15.24	36.83	XXX	N	
•		73010	RADEX SCAPULA COMPLETE	57.15	16.51	40.64	XXX	N	
•		73020	RADEX SHOULDER 1 VIEW	42.55	14.61	27.94	XXX	N	
•		73030	RADEX SHOULDER COMPLETE MINIMUM 2 VIEWS	53.98	17.15	36.83	XXX	N	
•		73040	RADEX SHOULDER ARTHROGRAPHY RS&I	198.12	49.53	148.59	XXX	N	
•		73050	RADEX A-C JOINTS BI W/WO WEIGHTED DISTRCJ	66.68	19.05	47.63	XXX	N	
•		73060	RADEX HUMERUS MINIMUM 2 VIEWS	53.98	15.24	38.74	XXX	N	
•		73070	RADEX ELBOW 2 VIEWS	48.26	14.61	33.65	XXX	N	
•		73080	RADEX ELBOW COMPLETE MINIMUM 3 VIEWS	53.34	15.88	37.46	XXX	N	
•		73085	RADEX ELBOW ARTHROGRAPHY RS&I	189.87	52.07	137.80	XXX	N	
•		73090	RADEX FOREARM 2 VIEWS	50.17	15.24	34.93	XXX	N	
•		73092	RADEX UPPER EXTREMITY INFANT MINIMUM 2 VIEWS	51.44	14.61	36.83	XXX	N	
•		73100	RADEX WRIST 2 VIEWS	57.15	15.24	41.91	XXX	N	
•		73110	RADEX WRIST COMPLETE MINIMUM 3 VIEWS	65.41	15.88	49.53	XXX	N	
•		73115	RADEX WRIST ARTHROGRAPHY RS&I	211.46	51.44	160.02	XXX	N	
•		73120	RADEX HAND 2 VIEWS	52.07	15.24	36.83	XXX	N	
•		73130	RADEX HAND MINIMUM 3 VIEWS	59.69	15.88	43.81	XXX	N	
•		73140	RADEX FINGR MINIMUM 2 VIEWS	60.33	12.70	47.63	XXX	N	
•		73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL	320.68	90.81	229.87	XXX	N	
•		73201	CT UPPER EXTREMITY W/CONTRAST MATERIAL	398.78	105.41	293.37	XXX	N	
•		73202	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL	496.57	110.49	386.08	XXX	N	
•		73206	CT ANGIOGRAPHY UPPER EXTREMITY	586.74	161.93	424.81	XXX	N	
•		73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL	642.62	122.56	520.06	XXX	N	
•		73219	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL	705.49	146.69	558.80	XXX	N	
•		73220	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS	873.13	193.68	679.45	XXX	N	
•		73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL	417.20	123.19	294.01	XXX	N	
•		73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL	664.85	147.32	517.53	XXX	N	
•		73223	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL	824.87	194.31	630.56	XXX	N	
•		73225	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL	695.33	153.04	542.29	XXX	N	
•		73501	RADEX HIP UNILATERAL WITH PELVIS 1 VIEW	55.25	17.15	38.10	XXX	N	
•		73502	RADEX HIP UNILATERAL WITH PELVIS 2-3 VIEWS	76.84	20.32	56.52	XXX	N	

D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•		73503	RADEX HIP UNILATERAL WITH PELVIS MINIMUM 4 VIEWS	95.89	25.40	70.49	XXX	N	
•		73521	RADEX HIPS BILATERAL WITH PELVIS 2 VIEWS	68.58	20.32	48.26	XXX	N	
•		73522	RADEX HIPS BILATERAL WITH PELVIS 3-4 VIEWS	89.54	27.31	62.23	XXX	N	
•		73523	RADEX HIPS BILATERAL WITH PELVIS MINIMUM 5 VIEWS	104.78	29.21	75.57	XXX	N	
•		73525	RADEX HIP ARTHROGRAPHY RS&I	201.93	52.71	149.22	XXX	N	
•		73551	RADIOLOGIC EXAMINATION FEMUR 1 VIEW	50.80	15.24	35.56	XXX	N	
•		73552	RADIOLOGIC EXAMINATION FEMUR MINIMUM 2 VIEWS	59.69	16.51	43.18	XXX	N	
•		73560	RADIOLOGIC EXAMINATION KNEE 1/2 VIEWS	57.79	15.24	42.55	XXX	N	
•		73562	RADIOLOGIC EXAMINATION KNEE 3 VIEWS	66.68	17.15	49.53	XXX	N	
•		73564	RADIOLOGIC EXAM KNEE COMPLETE 4/MORE VIEWS	74.30	20.32	53.98	XXX	N	
•		73565	RADIOLOGIC EXAM BOTH KNEES STANDING ANTEROPOST	66.68	15.88	50.80	XXX	N	
•		73580	RADIOLOGIC EXAM KNEE ARTHROGRAPHY RS&I	227.97	52.07	175.90	XXX	N	
•		73590	RADIOLOGIC EXAMINATION TIBIA & FIBULA 2 VIEWS	52.71	14.61	38.10	XXX	N	
•		73592	RADEX LOWER EXTREMITY INFANT MINIMUM 2 VIEWS	51.44	14.61	36.83	XXX	N	
•		73600	RADIOLOGIC EXAMINATION ANKLE 2 VIEWS	55.25	15.24	40.01	XXX	N	
•		73610	RADEX ANKLE COMPLETE MINIMUM 3 VIEWS	59.69	15.88	43.81	XXX	N	
•		73615	RADEX ANKLE ARTHROGRAPHY RS&I	212.09	52.71	159.38	XXX	N	
•		73620	RADIOLOGIC EXAMINATION FOOT 2 VIEWS	48.26	13.97	34.29	XXX	N	
•		73630	RADEX FOOT COMPLETE MINIMUM 3 VIEWS	55.88	15.24	40.64	XXX	N	
•		73650	RADEX CALCANEUS MINIMUM 2 VIEWS	48.26	14.61	33.65	XXX	N	
•		73660	RADEX TOE MINIMUM 2 VIEWS	51.44	12.07	39.37	XXX	N	
•		73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL	321.31	90.81	230.50	XXX	N	
•		73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL	403.86	105.41	298.45	XXX	N	
•		73702	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL	488.95	109.86	379.09	XXX	N	
•		73706	CT ANGIOGRAPHY LOWER EXTREMITY	635.64	170.18	465.46	XXX	N	
•		73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL	469.27	121.92	347.35	XXX	N	
•		73719	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL	554.99	146.69	408.30	XXX	N	
•		73720	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR	711.84	193.68	518.16	XXX	N	
•		73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL	417.20	123.19	294.01	XXX	N	
•		73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL	668.02	147.32	520.70	XXX	N	
•		73723	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL	822.96	193.68	629.28	XXX	N	
•		73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL	704.85	161.93	542.92	XXX	N	
•		74018	RADIOLOGIC EXAM ABDOMEN 1 VIEW	50.80	16.51	34.29	XXX	N	
•		74019	RADIOLOGIC EXAM ABDOMEN 2 VIEWS	62.23	20.96	41.27	XXX	N	
•		74021	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	71.76	24.77	46.99	XXX	N	
•		74022	RADEX ABD COMPL AQT ABD W/S/E/D VIEWS 1 VIEW CH	83.19	29.21	53.98	XXX	N	
•		74150	CT ABDOMEN W/O CONTRAST MATERIAL	267.97	107.95	160.02	XXX	N	
•		74160	CT ABDOMEN W/CONTRAST MATERIAL	426.72	114.94	311.78	XXX	N	
•		74170	CT ABDOMEN W/O & W/CONTRAST MATERIAL	483.87	126.37	357.50	XXX	N	
•		74174	CT ANGIO ABD&PLVIS CNTRST MTRL W/WO CNTRST IMG	708.66	196.85	511.81	XXX	N	
•		74175	CT ANGIOGRAPHY ABDOMEN W/CONTRAST/NONCONTRAST	563.25	163.20	400.05	XXX	N	
•		74176	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL	358.78	157.48	201.30	XXX	N	
•		74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL	570.87	165.10	405.77	XXX	N	
•		74178	CT ABDOMEN & PELVIS W/O CONTRST 1/> BODY RE	644.53	180.98	463.55	XXX	N	
•		74181	MRI ABDOMEN W/O CONTRAST MATERIAL	436.88	132.08	304.80	XXX	N	
•		74182	MRI ABDOMEN W/CONTRAST MATERIAL	641.99	156.85	485.14	XXX	N	
•		74183	MRI ABDOMEN W/O & W/CONTRAST MATERIAL	714.38	198.76	515.62	XXX	N	
•		74185	MRA ABDOMEN W/WO CONTRAST MATERIAL	706.76	161.29	545.47	XXX	N	
•		74190	PERITONEOGRAM RS&I	107.38	41.91	65.47	XXX	N	

D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•		74210	RADEX PHARYNX&/CERVICAL ESOPHAGUS	158.12	53.34	104.78	XXX	N	
•		74220	RADEX ESOPHAGUS	173.36	60.96	112.40	XXX	N	
•		74230	SWALLOWING FUNCJ W/CINERADIOGRAPY/VIDRADIOG	227.97	48.26	179.71	XXX	N	
•		74235	RMVL FB ESOPHAGEAL W/USE BALLOON CATH RS&I	323.43	107.95	215.48	XXX	N	
•		74240	RADEX GI TRACT UPPER W/WO DELAYED IMAGES W/O KUB	219.08	62.87	156.21	XXX	N	
•		74241	RADEX GI TRACT UPPER W/WO DELAYED IMAGES W/KUB	227.97	62.23	165.74	XXX	N	
•		74245	RADEX GI TRACT UPR W/SM INT W/MULT SERIAL IMAGES	332.74	81.92	250.82	XXX	N	
•		74246	RADEX UPPER GI W/WO GLUCAGON/DELAY IMGES W/O KUB	243.84	62.23	181.61	XXX	N	
•		74247	RADEX UPPER GI W/WO GLUCAGON/DELAY IMAGES W/KUB	274.32	62.23	212.09	XXX	N	
•		74249	RADEX GI UPR W/WO GLUCOSE W/SM INTEST FOLLW-THRU	356.87	81.92	274.95	XXX	N	
•		74250	RADEX SMALL INTESTINE W/MULTIPLE SERIAL IMAGES	201.93	42.55	159.38	XXX	N	
•		74251	RADEX SM INT W/MLT SRL IMGES VIA ENTEROCLSS TUBE	772.16	62.23	709.93	XXX	N	
•		74260	DUODENOGRAPY HYPOTONIC	629.92	45.72	584.20	XXX	N	
•		74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST	862.33	217.17	645.16	XXX	N	
•		74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST	968.38	226.06	742.32	XXX	N	
•		74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING	1352.55	204.47	1148.08	XXX	N	
•		74270	RADEX COLON BARIUM ENEMA W/WO KUB	288.29	62.23	226.06	XXX	N	
•		74280	RADEX COLON W/SPEC HI DNS BARIUM W/WO GLUCAGON	407.04	89.54	317.50	XXX	N	
•		74283	THERAPEUTIC ENEMA RDCTJ INTUSSUSCEPTION/OBSTRCJ	419.74	186.69	233.05	XXX	N	
•		74290	CHOLECYSTOGRAPHY ORAL CONTRST	136.53	29.21	107.32	XXX	N	
•		74300	CHOLANGIOGRAPHY&/PANCREATOGRAPHY NTRAOP RS&I	109.86	33.02	76.84	XXX	N	
+		74301	CHOLANGIO&/PANCREATOGRAPHY ADDL SET INTRAOP RS	54.97	19.05	35.92	ZZZ	N	
•		74328	ENDOSCOPIC CATHJ BILIARY DUCTAL SYSTEM RS&I	215.41	64.14	151.27	XXX	N	
•		74329	ENDOSCOPIC CATHJ PANCREATIC DUCTAL SYS RS&I	186.01	64.14	121.87	XXX	N	
•		74330	CMBN NDSC CATHJ BILIARY&PNCRTC DUCTAL SYS RS&I	303.53	81.92	221.61	XXX	N	
•		74340	INTRO LONG GI TUBE W/MULT FLUORO & IMAGES RS&I	196.87	48.90	147.97	XXX	N	
•		74355	PERCUTANEOUS PLACEMENT ENTEROCLYSIS TUBE RS&I	260.16	68.58	191.58	XXX	N	
•		74360	INTRALUMINAL DILATION STRICTURES&/OBSTRCJS RS&I	212.86	50.80	162.06	XXX	N	
•		74363	PRQ TRANSHEPATC DILAT BILIARY DUCT STRICTRE RS&I	223.08	77.47	145.61	XXX	N	
•		74400	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	213.36	44.45	168.91	XXX	N	
•		74410	UROGRAPHY INFUSION DRIP &/BOLUS TECHNIQUE	216.54	43.82	172.72	XXX	N	
•		74415	UROGRAPY INFUSION DRIP &/BOLUS TECHQ W/WO TOMO	258.45	44.45	214.00	XXX	N	
•		74420	X-RAY URINARY TRACT EXAM WITH CONTRAST MATERIAL	128.27	46.36	81.91	XXX	N	
•		74425	UROGRAPHY ANTEGRADE RS&I	117.48	31.75	85.73	XXX	N	
•		74430	CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	70.49	29.21	41.28	XXX	N	
•		74440	VASOGRAPY VESICULOGRAPY/EPIDIDYMOGRAPY RS&I	154.94	33.02	121.92	XXX	N	
•		74445	CORPORA CAVERNOSOGRAPY RS&I	174.63	99.70	74.93	XXX	N	
•		74450	URETHROCYSTOGRAPHY RETROGRADE RS&I	129.54	29.85	99.69	XXX	N	
•		74455	URETHROCYSTOGRAPHY VOIDING RS&I	161.93	29.85	132.08	XXX	N	
•		74470	RADEX RENAL CYST STUDY TRANSLUMBAR RS&I	132.95	47.63	85.32	XXX	N	
•		74485	DILATION URETERS/URETHRA RS&I	191.77	72.39	119.38	XXX	N	
•		74710	PELVIMETRY W/WOPLACENTAL LOCALIZATION	68.58	31.12	37.46	XXX	N	
•		74712	FETAL MRI W/PLACNTL MATRNL PLVC IMG SING/1ST GES	861.06	271.15	589.91	XXX	N	
+		74713	FETAL MRI W/PLACNTL MATRNL PLVC IMG EA ADDL GES	419.10	168.28	250.82	ZZZ	N	
•		74740	HYSTEROSALPINGOGRAPHY RS&I	147.32	34.29	113.03	XXX	N	
•		74742	TRANSCERVICAL CATHJ FALLOPIAN TUBE RS&I	153.41	55.88	97.53	XXX	N	
•		74775	PERINEOGRAM	182.25	56.52	125.73	XXX	N	
•		75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST	581.66	208.92	372.74	XXX	N	
•		75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING	810.90	257.18	553.72	XXX	N	

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•		75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ	763.91	230.51	533.40	XXX	N	
•		75563	CARDIAC MRI W/W/O CONTRAST W/STRESS	905.51	264.16	641.35	XXX	N	
+		75565	CARDIAC MRI FOR VELOCITY FLOW MAPPING	95.89	22.23	73.66	ZZZ	N	
•		75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM	185.42	52.07	133.35	XXX	N	
•		75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH	477.52	156.85	320.67	XXX	N	
•		75573	CT HRT CONTRST CARDIAC STRUCT&MORPH CONG HRT D	646.43	227.97	418.46	XXX	N	
•		75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST	701.04	213.36	487.68	XXX	N	
•		75600	AORTOGRAPHY THORACIC W/O SERIALOGRAPHY RS&I	357.51	43.82	313.69	XXX	N	
•		75605	AORTOGRAPHY THORACIC SERIALOGRAPHY RS&I	240.03	100.33	139.70	XXX	N	
•		75625	AORTOGRAPHY ABDOMINAL SERIALOGRAPHY RS&I	236.86	100.33	136.53	XXX	N	
•		75630	AORTOGRAPHY ABDL BI ILIOFEM LOW EXTREM CATH RS&I	297.18	158.12	139.06	XXX	N	
•		75635	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP	790.58	214.00	576.58	XXX	N	
•		75705	ANGIOGRAPHY SPINAL SELECTIVE RS&I	452.76	210.82	241.94	XXX	N	
•		75710	ANGIOGRAPHY EXTREMITY UNILATERAL RS&I	300.36	155.58	144.78	XXX	N	
•		75716	ANGIOGRAPHY EXTREMITY BILATERAL RS&I	320.04	173.36	146.68	XXX	N	
•		75726	ANGIOGRAPHY VISCERAL SLCTV/SUPRASLCTV RS&I	259.08	99.06	160.02	XXX	N	
•		75731	ANGIOGRAPHY ADRENAL UNILATERAL SLCTV RS&I	300.36	103.51	196.85	XXX	N	
•		75733	ANGIOGRAPHY ADRENAL BILATERAL SLCTV RS&I	323.22	114.94	208.28	XXX	N	
•		75736	ANGIOGRAPHY PELVIC SLCTV/SUPRASLCTV RS&I	278.13	99.06	179.07	XXX	N	
•		75741	ANGIOGRAPHY PULMONARY UNILATERAL SLCTV RS&I	262.26	114.30	147.96	XXX	N	
•		75743	ANGIOGRAPHY PULMONARY BILATERAL SLCTV RS&I	294.64	144.78	149.86	XXX	N	
•		75746	ANGRPH PULMONARY NONSLCTV CATH/VEN NJX RS&I	264.16	100.33	163.83	XXX	N	
•		75756	ANGIOGRAPHY INTERNAL MAMMARY RS&I	304.17	102.87	201.30	XXX	N	
+		75774	ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	147.96	31.12	116.84	ZZZ	N	
•		75801	LYMPHANGIOGRAPHY EXTREMITY ONLY UNILATERAL RS&I	474.35	80.65	393.70	XXX	N	
•		75803	LYMPHANGIOGRAPHY EXTREMITY ONLY BILATERAL RS&I	485.15	106.68	378.47	XXX	N	
•		75805	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL UNILAT RS&I	490.86	73.66	417.20	XXX	N	
•		75807	LYMPHANGIOGRAPHY PELVIC/ABDOMINAL BILATERAL RS&I	536.92	101.60	435.32	XXX	N	
•		75809	SHUNTOGRAM INDWELLING NONVASCULAR SHUNT RS&I	170.82	43.18	127.64	XXX	N	
•		75810	SPLENOPORTOGRAPY RS&I	953.04	88.90	864.14	XXX	N	
•		75820	VENOGRAPHY EXTREMITY UNILATERAL RS&I	200.03	62.87	137.16	XXX	N	
•		75822	VENOGRAPHY EXTREMITY BILATERAL RS&I	233.68	93.35	140.33	XXX	N	
•		75825	VENOGRAPHY CAVAL INFERIOR SERIALOGRAPHY RS&I	233.68	100.33	133.35	XXX	N	
•		75827	VENOGRAPHY CAVAL SUPERIOR SERIALOGRAPHY RS&I	242.57	101.60	140.97	XXX	N	
•		75831	VENOGRAPHY RENAL UNILATERAL SELECTIVE RS&I	243.84	99.06	144.78	XXX	N	
•		75833	VENOGRAPHY RENAL BILATERAL SELECTIVE RS&I	288.93	131.45	157.48	XXX	N	
•		75840	VENOGRAPHY ADRENAL UNILATERAL SELECTIVE RS&I	259.08	103.51	155.57	XXX	N	
•		75842	VENOGRAPHY ADRENAL BILATERAL SELECTIVE RS&I	314.33	135.26	179.07	XXX	N	
•		75860	VENOGRAPHY VENOUS SINUS/JUGULAR CATH RS&I	253.37	101.60	151.77	XXX	N	
•		75870	VENOGRAPHY SUPERIOR SAGITTAL SINUS RS&I	336.55	116.21	220.34	XXX	N	
•		75872	VENOGRAPHY EPIDURAL RS&I	259.08	103.51	155.57	XXX	N	
•		75880	VENOGRAPHY ORBITAL RS&I	218.44	63.50	154.94	XXX	N	
•		75885	PRQ TRANSHEPATC PORTOGRAPY HEMODYN EVAL RS&I	272.42	121.92	150.50	XXX	N	
•		75887	PRQ TRANSHEPATC PORTOGRAPY W/O HEMODYN EVL INTRP	273.69	122.56	151.13	XXX	N	
•		75889	HEPATC VNGRPH WDG/FR HEMODYN EVAL RS&I	249.56	98.43	151.13	XXX	N	
•		75891	HEPATC VNGRPH WDG/FR W/O HEMODYN EVAL RS&I	252.73	99.70	153.03	XXX	N	
•		75893	VENOUS SAMPLING THRU CATH W/WO ANGIOGRAPHY RS&	210.82	48.90	161.92	XXX	N	
•		75894	TRANSCATHETER EMBOLIZATION ANY METH RS&I	1868.81	130.81	1738.00	XXX	N	
•		75898	ANGRPH CATH F-UP STD TCAT OTHER THAN THROMBYLSIS	243.84	163.20	80.64	XXX	N	

D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•		75901	MECHANICAL RMVL PERICATHETER OBSTR MATRL RS&I	356.87	42.55	314.32	XXX	N	
•		75902	MECHANICAL RMVL INTRALUMINAL OBSTR MATRL RS&I	140.97	34.29	106.68	XXX	N	
•		75956	EVASC RPR DESCND THORCIC AORTA SUBCLAV ORIG RS&I	623.57	623.57	BR	XXX	N	
•		75957	EVASC RPR DESCND THORCIC AORTA CELIAC ORIG RS&I	535.31	535.31	BR	XXX	N	
•		75958	PLMT PROX XTN PRSTH EVASC DESC THORAC AORTA RS&I	355.60	355.60	BR	XXX	N	
•		75959	PLMT DSTL XTN PRSTH EVASC DESC THORAC AORTA RS&I	309.88	309.88	BR	XXX	N	
•		75970	TRANSCATHETER BIOPSY RS&I	796.93	71.76	725.17	XXX	N	
•		75984	CHANGE PRQ TUBE/DRAINAGE CATH W CONTRAST RS&I	183.52	62.87	120.65	XXX	N	
•		75989	RADIOLOGICAL GUIDANCE PRQ DRG W/PLMT CATH RS&I	217.17	104.78	112.39	XXX	N	
•		76000	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/QHP TIME	84.46	27.94	56.52	XXX	N	
•		76010	RADEX FROM NOSE RECTUM FOREIGN BODY 1 VIEW CHLD	48.90	16.51	32.39	XXX	N	
•		76080	RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	102.24	46.99	55.25	XXX	N	
•		76098	RADIOLOGICAL EXAMINATION SURGICAL SPECIMEN	29.85	14.61	15.24	XXX	N	
•		76100	RADEX 1 PLNE BODY SECTION OTH/THN W/UROGRAPY	169.55	56.52	113.03	XXX	N	
•		76101	RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY UNI	168.28	50.80	117.48	XXX	N	
•		76102	RADEX CPLX MOTION BDY SCTJ OTH/THN UROGRAPY BI	309.88	60.96	248.92	XXX	N	
•		76120	CINERADIOGRAPY/VIDRADIOGRAPY XCPT WHERE SPEC	182.25	33.02	149.23	XXX	N	
+		76125	CINERADIOGRAPY/VIDRADIOGRAPY ROUTINE EXAMINATION	81.92	25.40	56.52	ZZZ	N	
•		76140	CONSLTJ X-RAY XM MADE ELSEWHERE WRTTN REPRT	55.25			XXX	N	70.16
•		76376	3D RENDERING W/INTERP & POSTPROCESS SUPERVISION	41.28	17.78	23.50	XXX	N	
•		76377	3D RENDERING W/INTERP&POSTPROC DIFF WORK STATION	127.64	71.76	55.88	XXX	N	
•		76380	CT LIMITED/LOCALIZED FOLLOW UP STUDY	258.45	87.63	170.82	XXX	N	
•		76390	MRI SPECTROSCOPY	781.69	125.73	655.96	XXX	N	
•		76391	MAGNETIC RESONANCE ELASTOGRAPHY	422.91	100.33	322.58	XXX	N	
•		76496	UNLISTED FLUOROSCOPIC PROCEDURE	BR	BR	BR	XXX	N	88.47
•		76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE	BR	BR	BR	XXX	N	88.47
•		76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	BR	BR	BR	XXX	N	88.47
•		76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	BR	BR	BR	XXX	N	88.47
•		76506	ECHOENCEPHALOGRAPHY REAL TIME IMAGING	207.01	57.79	149.22	XXX	N	
•		76510	OPH US DX B-SCAN&QUAN A-SCAN SM PT ENCTR	200.03	104.78	95.25	XXX	N	
•		76511	OPHTHALMIC ULTRASOUND DX QUAN A-SCAN ONLY	122.56	65.41	57.15	XXX	N	
•		76512	OPHTHALMIC ULTRASOUND DX B-SCAN W/WO A-SCAN	109.86	62.87	46.99	XXX	N	
•		76513	OPH US DX ANT SGM US IMMERSION B-SCAN/HR BIOM	176.53	64.77	111.76	XXX	N	
•		76514	OPHTHALMIC US DX CORNEAL PACHYMETRY UNI/BI	22.86	14.61	8.25	XXX	N	
•		76516	OPHTHALMIC BIOMETRY US ECHOGRAPY A-SCAN	97.16	41.28	55.88	XXX	N	
•		76519	OPH BMTRY US ECHOGRAPY A-SCAN IO LENS PWR CAL	118.75	56.52	62.23	XXX	N	
•		76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	147.96	59.69	88.27	XXX	N	
•		76536	US SOFT TISSUE HEAD & NECK REAL TIME IMGE DOCM	206.38	50.80	155.58	XXX	N	
•		76604	US CHEST REAL TIME W/IMAGE DOCUMENTATION	159.39	48.90	110.49	XXX	N	
•		76641	US BREAST UNI REAL TIME WITH IMAGE COMPLETE	191.77	66.04	125.73	XXX	N	
•		76642	US BREAST UNI REAL TIME WITH IMAGE LIMITED	156.85	61.60	95.25	XXX	N	
•		76700	US ABDOMINAL REAL TIME W/IMAGE DOCUMENTATION	217.81	73.03	144.78	XXX	N	
•		76705	US ABDOMINAL REAL TIME W/IMAGE LIMITED	162.56	52.71	109.85	XXX	N	
•		76706	US ABDOMINAL AORTA REAL TIME SCREEN STUDY AAA	203.20	49.53	153.67	XXX	N	
•		76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	201.93	66.68	135.25	XXX	N	
•		76775	US RETROPERITONEAL REAL TIME W/IMAGE LIMITED	104.78	52.07	52.71	XXX	N	
•		76776	US TRNSPLNT KIDNEY REAL TIME W/IMAGE DOCMTN	278.13	68.58	209.55	XXX	N	
•		76800	ULTRASOUND SPINAL CANAL & CONTENTS	256.54	106.68	149.86	XXX	N	
•		76801	US PREGNANT UTERUS 14 WK TRANSABDL 1/1ST GESTAT	219.71	90.17	129.54	XXX	N	

D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+		76802	US PREG UTERUS 14 WK TRANSABDL EACH GESTATION	114.94	76.20	38.74	ZZZ	N	
•		76805	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION	252.10	90.81	161.29	XXX	N	
+		76810	US PREG UTERUS > 1ST TRIMESTER ABDL EA GESTATIO	167.01	90.81	76.20	ZZZ	N	
•		76811	US PREG UTERUS W/DETAIL FETAL ANAT 1ST GESTATION	325.12	175.90	149.22	XXX	N	
+		76812	US PREG UTERUS DETAIL FETAL ANAT EXAM EA GESTAT	363.22	166.37	196.85	ZZZ	N	
•		76813	US FETAL NUCHAL TRANSLUCENCY 1ST GESTATION	219.08	109.86	109.22	XXX	N	
+		76814	US FETAL NUCHAL TRANSLUCENCY EA ADDL GESTATION	144.15	92.71	51.44	XXX	N	
•		76815	US PREGNANT UTERUS LIMITED 1/> FETUSES	151.13	59.06	92.07	XXX	N	
•		76816	US PREG UTERUS REAL TIME F/U TRNSABDL PER FETUS	205.11	78.74	126.37	XXX	N	
•		76817	US PREG UTERUS REAL TIME W/IMAGE DCMTN TRANSVAG	173.36	68.58	104.78	XXX	N	
•		76818	FETAL BIOPHYSICAL PROFILE NON-STRESS TESTING	218.44	97.79	120.65	XXX	N	
•		76819	FETAL BIOPHYSICAL PROFILE W/O NON-STRESS TESTING	160.02	71.12	88.90	XXX	N	
•		76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	85.73	46.36	39.37	XXX	N	
•		76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ART	165.74	65.41	100.33	XXX	N	
•		76825	ECHO FETAL CARDIOVASC W/WO M-MODE RECORDING	494.67	151.13	343.54	XXX	N	
•		76826	ECHO FETAL CARDIOVASC W/WO M-MODE REPEAT STD	293.37	74.30	219.07	XXX	N	
•		76827	DOPPLER ECHO FETAL SPECTRAL DISPLAY COMPLETE	133.99	52.07	81.92	XXX	N	
•		76828	DOPPLER ECHO FETAL PULS SPECTRAL F/U/REPEAT	95.89	51.44	44.45	XXX	N	
•		76830	US TRANSVAGINAL	218.44	62.87	155.57	XXX	N	
•		76831	SALINE INFUS SONOHYSTEROGRAPHY W/COLOR DOPPLER	212.73	66.04	146.69	XXX	N	
•		76856	US PELVIC NONOBSTETRIC REAL-TIME IMAGE COMPLETE	196.22	62.23	133.99	XXX	N	
•		76857	US PELVIC NONOBSTETRIC IMAGE DCMTN LIMITED/F/U	87.63	45.09	42.54	XXX	N	
•		76870	US SCROTUM & CONTENTS	188.60	57.79	130.81	XXX	N	
•		76872	US TRANSRECTAL	229.87	60.33	169.54	XXX	N	
•		76873	US TRANSRCT PRSTATE VOL BRACHYTX PLNNING SPX	311.79	140.97	170.82	XXX	N	
•		76881	US COMPL JOINT R-T W/IMAGE DOCUMENTATION	159.39	57.15	102.24	XXX	N	
•		76882	US LMTD JOINT/OTH NONVASC XTR STRUX R-T W/IMG	102.87	44.45	58.42	XXX	N	
•		76885	US INFT HIPS R-T IMG DYNAMIC REQ PHYS/QHP MANJ	257.18	67.31	189.87	XXX	N	
•		76886	US INFT HIPS R-T IMG LMTD STATIC PHYS/QHP MANJ	188.60	56.52	132.08	XXX	N	
•		76930	US GUIDANCE PERICARDIOCENTESIS RS&I	161.29	59.69	101.60	XXX	N	
•		76932	US ENDOMYOCARDIAL BIOPSY RS&I	161.29	59.69	101.60	YYY	N	
•		76936	US CMPRN RPR ARTL PSEUDOARYSM/ARVEN FSTL	482.60	175.90	306.70	XXX	N	
+		76937	US VASC ACCESS SITS VSL PATENCY NDL ENTRY	60.96	26.04	34.92	ZZZ	N	
•		76940	US &MNTR PARENCHYMAL TISSUE ABLATION	300.36	186.06	114.30	YYY	N	
•		76941	US INTRAUTERINE FTL TFUJ/CORDOCNTS IMG S&I	231.78	125.10	106.68	XXX	N	
•		76942	US GUIDANCE NEEDLE PLACEMENT IMG S&I	102.24	57.79	44.45	XXX	N	
•		76945	US GUIDANCE CHORIONIC VILLUS SAMPLING IMG S&I	174.63	62.87	111.76	XXX	N	
•		76946	US GUIDANCE AMNIOCENTESIS IMG S&I	58.42	34.93	23.49	XXX	N	
•		76948	US GUIDANCE ASPIRATION OVA IMG S&I	134.62	62.87	71.75	XXX	N	
•		76965	US GUIDANCE INTERSTITIAL RADIOELMENT APPLICATION	166.37	121.92	44.45	XXX	N	
•		76970	US STUDY FOLLOW UP	161.29	34.93	126.36	XXX	N	
•		76975	GI ENDOSCOPIC US S&I	186.06	76.20	109.86	XXX	N	
•		76977	US BONE DENSITY MEAS & INTERP PERIPH ANY METHO	13.34	5.08	8.26	XXX	N	
•		76978	ULTRASOUND TRGT DYNAMIC MICROBUBBLE 1ST LESION	582.93	146.05	436.88	XXX	N	
+		76979	ULTRASOUND TRGT DYNAMIC MICROBUBBLE EA ADDL LES	395.61	76.84	318.77	ZZZ	N	
•		76981	ULTRASOUND ELASTOGRAPHY PARENCHYMA	193.04	53.98	139.06	XXX	N	
•		76982	ULTRASOUND ELASTOGRAPHY FIRST TARGET LESION	172.72	53.98	118.74	XXX	N	
+		76983	ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION	106.05	45.72	60.33	ZZZ	N	
•		76998	ULTRASONIC GUIDANCE INTRAOPERATIVE	114.94	114.94	BR	XXX	N	

D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•		76999	UNLISTED US PROCEDURE	BR	BR	BR	XXX	N	88.47
+		77001	FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	161.93	33.66	128.27	ZZZ	N	
+		77002	FLUOROSCOPIC GUIDANCE NEEDLE PLACEMENT ADD ON	181.61	50.17	131.44	ZZZ	N	
+		77003	FLUOR NEEDLE/CATH SPINE/PARASPINAL DX/THER ADDON	175.90	54.61	121.29	ZZZ	N	
•		77011	CT GUIDANCE STEREOTACTIC LOCALIZATION	410.85	113.67	297.18	XXX	N	
•		77012	CT GUIDANCE NEEDLE PLACEMENT	271.15	133.35	137.80	XXX	N	
•		77013	CT GUIDANCE &MONITORING VISC TISS ABLATION	963.30	346.71	616.59	XXX	N	
•		77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	216.54	80.65	135.89	XXX	N	
•		77021	MRI GUIDANCE NEEDLE PLACEMENT RS&I	853.44	132.08	721.36	XXX	N	
•		77022	MRI GUIDANCE FOR PARENCHYMAL TISSUE ABLATION	1259.84	390.53	869.31	XXX	N	
•		77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL	445.77	130.81	314.96	XXX	N	
•		77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL	457.84	144.78	313.06	XXX	N	
•		77048	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL	708.03	189.23	518.80	XXX	N	
•		77049	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL	723.27	207.01	516.26	XXX	N	
•		77053	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE	102.87	32.39	70.48	XXX	N	
•		77054	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE	134.62	41.28	93.34	XXX	N	
•		77061	DIGITAL BREAST TOMOSYNTHESIS UNILATERAL	93.98	63.28	30.70	XXX	N	
•		77062	DIGITAL BREAST TOMOSYNTHESIS BILATERAL	102.24	79.26	22.98	XXX	N	
+		77063	SCREENING DIGITAL BREAST TOMOSYNTHESIS BI	98.43	53.98	44.45	ZZZ	N	
•		77065	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ UNI	239.40	73.66	165.74	XXX	N	
•		77066	DIAGNOSTIC MAMMOGRAPHY COMPUTER-AIDED DETCJ BI	302.90	90.81	212.09	XXX	N	
•		77067	SCREENING MAMMOGRAPHY BI 2-VIEW BREAST INC CAD	243.84	68.58	175.26	XXX	N	
•		77071	MANUAL APPL STRESS PFRMD PHYS/QHP JOINT FILMS	90.81			XXX	N	88.47
•		77072	BONE AGE STUDIES	43.18	17.15	26.03	XXX	N	
•		77073	BONE LENGTH STUDIES	67.31	26.04	41.27	XXX	N	
•		77074	RADIOLOGIC EXAMINATION OSSEOUS SURVEY LIMITED	121.29	41.28	80.01	XXX	N	
•		77075	RADIOLOGIC EXAMINATION OSSEOUS SURVEY COMPL	165.10	48.90	116.20	XXX	N	
•		77076	RADIOLOGIC EXAMINATION OSSEOUS SURVEY INFANT	180.98	63.50	117.48	XXX	N	
•		77077	JOINT SURVEY SINGLE VIEW 2 OR MORE JOINTS	69.22	29.21	40.01	XXX	N	
•		77078	CT BONE MINERL DENSITY STUDY 1/> SITS AXIAL SKE	205.74	22.23	183.51	XXX	N	
•		77080	DXA BONE DENSITY STUDY 1/> SITES AXIAL SKEL	71.76	17.78	53.98	XXX	N	
•		77081	DXA BONE DENSITY STUDY 1/>SITES APPENDICLR SKEL	59.69	18.42	41.27	XXX	N	
•		77084	BONE MARROW BLOOD SUPPLY	680.72	145.42	535.30	XXX	N	
•		77085	DXA BONE DENSITY STUDY AXIAL SKELETON	97.79	27.31	70.48	XXX	N	
•		77086	VERTEBRAL FRACTURE ASSESSMENT VIA DXA	62.87	15.24	47.63	XXX	N	
•		77261	THERAPEUTIC RADIOLOGY TX PLANNING SIMPLE	128.91			XXX	N	
•		77262	THERAPEUTIC RADIOLOGY TX PLANNING INTERMEDIATE	194.31			XXX	N	
•		77263	THERAPEUTIC RADIOLOGY TX PLANNING COMPLEX	303.53			XXX	N	
•		77280	THER RAD SIMULAJ-AIDED FIELD SETTING SIMPLE	497.84	67.31	430.53	XXX	N	
•		77285	THER RAD SIMULAJ-AIDED FIELD SETTING INTERMED	823.60	102.24	721.36	XXX	N	
•		77290	THER RAD SIMULAJ-AIDED FIELD SETTING COMPLEX	916.31	147.96	768.35	XXX	N	
+		77293	RESPIRATORY MOTION MANAGEMENT SIMULATION	829.31	189.87	639.44	ZZZ	N	
•		77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS	885.19	406.40	478.79	XXX	N	
•		77299	UNLIS PX THER RADIOL CLINICAL TX PLANNING	BR	BR	BR	XXX	N	175.75
•		77300	BASIC RADIATION DOSIMETRY CALCULATION	120.02	59.06	60.96	XXX	N	
•		77301	NTSTY MODUL RADTHX PLN DOSE-VOL HISTOS	3495.68	756.92	2738.76	XXX	N	
•		77306	TELETHX ISODOSE PLN SMPL W/DOSIMETRY CALCULATION	269.88	132.72	137.16	XXX	N	
•		77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY	521.97	274.32	247.65	XXX	N	
•		77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL	367.03	133.35	233.68	XXX	N	

D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•		77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL	480.70	173.36	307.34	XXX	N	
•		77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL	690.88	274.32	416.56	XXX	N	
•		77321	SPEC TELETHX PORT PLN PARTS HEMIBDY TOT BDY	168.91	90.17	78.74	XXX	N	
•		77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS	116.84	82.55	34.29	XXX	N	
•		77332	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	94.62	43.18	51.44	XXX	N	
•		77333	TX DEVICES DESIGN & CONSTRUCTION INTERMEDIATE	196.85	71.12	125.73	XXX	N	
•		77334	TX DEVICES DESIGN & CONSTRUCTION COMPLEX	231.14	109.22	121.92	XXX	N	
•		77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	143.51			XXX	N	175.75
•		77338	MLC IMRT DESIGN & CONSTRUCTION PER IMRT PLAN	899.16	406.40	492.76	XXX	N	
•		77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ	223.52			XXX	N	175.75
•	J1	77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	4603.12			XXX	N	15277.40
•	J1	77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	1920.24			XXX	N	15277.40
•		77373	STEREOTACTIC BODY RADIATION DELIVERY	2324.74			XXX	N	2400.61
•		77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE	948.69			XXX	N	738.19
•		77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	1323.98			XXX	N	738.19
•		77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR	171.45			XXX	N	
•		77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVCS	BR	BR	BR	XXX	N	175.75
•		77401	RADIATION TX DELIVERY SUPERFICIAL&/ORTHO VOLTA	44.45			XXX	N	166.13
•		77402	RADIATION TREATMENT DELIVERY 1 MEV >= SIMPLE	204.47			XXX	N	166.13
•		77407	RADIATION TX DELIVERY 1 MEV >= INTERMEDIATE	260.35			XXX	N	318.73
•		77412	RADIATION TREATMENT DELIVERY 1 MEV >= COMPLEX	279.40			XXX	N	318.73
•		77417	THERAPEUTIC RADIOLOGY PORT IMAGES(S)	20.32			XXX	N	
•		77423	HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISOCENTER	173.86			XXX	N	738.19
•	J1	77424	INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX SESSION	BR			XXX	N	15277.40
•	J1	77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGL TX SESS	BR			XXX	N	15277.40
•		77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	341.00			XXX	N	
•		77431	RADIATION THERAPY MGMT 1/2 FRACTIONS ONLY	187.96			XXX	N	
•		77432	STERETCTC RADIATION TX MANAGEMENT CRANIAL LESION	765.18			XXX	N	
•		77435	STEREOTACTIC BODY RADIATION MANAGEMENT	1153.80			XXX	N	
•		77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	571.50			XXX	N	
•		77470	SPECIAL TREATMENT PROCEDURE	238.13	192.41	45.72	XXX	N	
•		77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLOGY TX MGMT	BR	BR	BR	XXX	N	
•		77520	PROTON TX DELIVERY SIMPLE W/O COMPENSATION	1715.77			XXX	N	738.19
•		77522	PROTON TX DELIVERY SIMPLE W/COMPENSATION	BR			XXX	N	1532.14
•		77523	PROTON TX DELIVERY INTERMEDIATE	BR			XXX	N	1532.14
•		77525	PROTON TX DELIVERY COMPLEX	3926.84			XXX	N	1532.14
•		77600	HYPERTHERMIA EXTERNAL GENERATED SUPERFICIAL	810.26	128.27	681.99	XXX	N	
•		77605	HYPERTHERMIA EXTERNAL GENERATED DEEP	1400.18	185.42	1214.76	XXX	N	
•		77610	HYPERTHERMIA INTERSTITIAL PROBE 5/< APPLICATORS	1244.60	123.19	1121.41	XXX	N	
•		77615	HYPERTHERMIA INTERSTIAL PROBE 5/> APPLICATORS	1910.72	173.36	1737.36	XXX	N	
•		77620	HYPERTHERMIA INTRACAVITARY PROBES	931.55	156.21	775.34	XXX	N	
•		77750	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLLOW-UP CARE	685.17	473.08	212.09	090	N	
•		77761	INTRACAVITARY RADIATION SOURCE APPLIC SIMPLE	719.46	365.13	354.33	090	N	
•		77762	INTRACAVITARY RADIATION SOURCE APPLIC INTERMED	952.50	546.74	405.76	090	N	
•		77763	INTRACAVITARY RADIATION SOURCE APPLIC COMPLEX	1356.36	822.96	533.40	090	N	
•		77767	HDR RDNCL SKN SURF BRACHYTX LES </2CM/1 CHAN	419.10	99.70	319.40	XXX	N	
•		77768	HDR RDNCL SK SRF BRCHYTX LES >2CM&2CHAN/MLT LES	643.89	133.35	510.54	XXX	N	
•		77770	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 1 CHANNEL	594.36	184.15	410.21	XXX	N	
•		77771	HDR RDNCL NTRSTL/INTRCAV BRACHYTX 2-12 CHANNEL	1084.58	360.68	723.90	XXX	N	

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•		77772	HDR RDNCL NTRSTL/INTRCAV BRACHYTX >12 CHANNELS	1643.38	510.54	1132.84	XXX	N	
•		77778	INTERSTITIAL RADIATION SOURCE APPLIC COMPLEX	1528.45	829.95	698.50	000	N	
•		77789	SURFACE APPLIC LOW DOSE RATE RADIONUCLIDE SOURCE	221.62	108.59	113.03	000	N	
•		77790	SUPERVISION HANDLING LOADING RADIATION SOURCE	27.31			XXX	N	
•		77799	UNLISTED PROCEDURE CLINICAL BRACHYTHERAPY	BR	BR	BR	XXX	N	166.13
•		78012	THYROID UPTAKE SINGLE/MULTIPLE QUANT MEASUREMENT	148.59	17.15	131.44	XXX	N	
•		78013	THYROID IMAGING WITH VASCULAR FLOW	351.79	33.02	318.77	XXX	N	
•		78014	THYROID UPTAKE W/BLOOD FLOW SNGLE/MULT QUAN MEAS	441.33	44.45	396.88	XXX	N	
•		78015	THYROID CARCINOMA METASTASES IMG LMTD AREA	410.85	60.33	350.52	XXX	N	
•		78016	THYROID CARCINOMA METASTASES IMG ADDL STUDY	515.62	61.60	454.02	XXX	N	
•		78018	THYROID CARCINOMA METASTASES IMG WHOLE BODY	573.41	74.30	499.11	XXX	N	
+		78020	THYROID CARCINOMA METASTASES UPTAKE	153.04	50.17	102.87	ZZZ	N	
•		78070	PARATHYROID PLANAR IMAGING	546.74	70.49	476.25	XXX	N	
•		78071	PARATHYROID PLANAR IMAGING W/WO SUBTRACTION	652.15	106.05	546.10	XXX	N	
•		78072	PARATHYROID IMAGING W/TOMOGRAPHIC SPECT & CT	711.84	139.07	572.77	XXX	N	
•		78075	ADRENAL IMAGING CORTEX &/MEDULLA	825.50	67.31	758.19	XXX	N	
•		78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•		78102	BONE MARROW IMAGING LIMITED AREA	310.52	47.63	262.89	XXX	N	
•		78103	BONE MARROW IMAGING MULTIPLE AREAS	398.15	63.50	334.65	XXX	N	
•		78104	BONE MARROW IMAGING WHOLE BODY	454.03	69.85	384.18	XXX	N	
•		78110	PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE	126.37	14.61	111.76	XXX	N	
•		78111	PLASMA VOL RADIOPHARM VOL DILUTE SPX MULT SMPLES	133.99	17.15	116.84	XXX	N	
•		78120	RED CELL VOLUME DETERMINATION SPX 1 SAMPLING	129.54	17.78	111.76	XXX	N	
•		78121	RED CELL VOLUME DETERMINATION SPX MULT SAMPLINGS	141.61	24.77	116.84	XXX	N	
•		78122	WHOLE BLOOD VOLUME DETERM PLASMA&RED CELL VOLU	173.36	38.10	135.26	XXX	N	
•		78130	RED CELL SURVIVAL STUDY	226.06	45.72	180.34	XXX	N	
•		78135	RBC SURVIVAL STUDY DIFFERNTL ORGAN/TISS KINETICS	509.27	48.26	461.01	XXX	N	
•		78140	LABELED RBC SEQUESTRATION DIFFERNTL ORGAN/TISSUE	199.39	45.72	153.67	XXX	N	
•		78185	SPLEEN IMAGING ONLY W/WO VASCULAR FLOW	309.25	30.48	278.77	XXX	N	
•		78191	PLATELET SURVIVAL STUDY	226.06	45.72	180.34	XXX	N	
•		78195	LYMPHATICS & LYMPH NODES IMAGING	652.15	106.05	546.10	XXX	N	
•		78199	UNLIS HEMATOP RET/ENDO&LYMPHATIC DX NUC MED	BR	BR	BR	XXX	N	501.96
•		78201	LIVER IMAGING STATIC ONLY	348.62	38.10	310.52	XXX	N	
•		78202	LIVER IMAGING W/VASCULAR FLOW	369.57	42.55	327.02	XXX	N	
•		78205	LIVER IMAGING SPECT	386.08	60.33	325.75	XXX	N	
•		78206	LIVER IMAGING SPECT W/VASCULAR FLOW	621.03	83.82	537.21	XXX	N	
•		78215	LIVER & SPLEEN IMAGING STATIC ONLY	356.24	43.82	312.42	XXX	N	
•		78216	LIVER & SPLEEN IMAGING W/VASCULAR FLOW	233.68	49.53	184.15	XXX	N	
•		78226	HEPATOBILIARY SYST IMAGING INCLUDING GALLBLADDER	604.52	66.04	538.48	XXX	N	
•		78227	HEPATOBIL SYST IMAG INC GB W/PHARMA INTERVENJ	817.25	80.65	736.60	XXX	N	
•		78230	SALIVARY GLAND IMAGING	319.41	41.28	278.13	XXX	N	
•		78231	SALIVARY GLAND IMAGING SERIAL IMAGES	189.23	39.37	149.86	XXX	N	
•		78232	SALIVARY GLAND FUNCTION STUDY	185.42	35.56	149.86	XXX	N	
•		78258	ESOPHAGEAL MOTILITY	400.69	64.77	335.92	XXX	N	
•		78261	GASTRIC MUCOSA IMAGING	370.21	52.07	318.14	XXX	N	
•		78262	GASTROESOPHAGEAL REFLUX STUDY	441.33	59.69	381.64	XXX	N	
•		78264	GASTRIC EMPTYING IMAGING STUDY	612.78	69.85	542.93	XXX	N	
•		78265	GASTRIC EMPTYNG IMAG STD W/SM BWL TRANSIT	727.08	87.00	640.08	XXX	N	
•		78266	GSTRC EMPTNG IMAG STD W/SM BWL COL TRNST MLT DAY	862.33	95.89	766.44	XXX	N	

D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•		78267	UREA BREATH TEST C-14 ISOTOPIC ACQUISJ ANALYSIS	19.49			XXX	N	
•		78268	UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	166.35			XXX	N	
•		78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	638.81	88.27	550.54	XXX	N	
•		78282	GASTROINTESTINAL PROTEIN LOSS	138.07	29.21	108.86	XXX	N	
•		78290	INTESTINE IMAGING	605.16	60.33	544.83	XXX	N	
•		78291	PERITONEAL-VENOUS SHUNT PATENCY TEST	469.27	76.84	392.43	XXX	N	
•		78299	UNLISTED GASTROINTESTINAL PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•		78300	BONE &/JOINT IMAGING LIMITED AREA	421.01	55.88	365.13	XXX	N	
•		78305	BONE &/JOINT IMAGING MULTIPLE AREAS	513.08	74.30	438.78	XXX	N	
•		78306	BONE &/JOINT IMAGING WHOLE BODY	553.09	76.20	476.89	XXX	N	
•		78315	BONE &/JOINT IMAGING 3 PHASE STUDY	633.73	90.17	543.56	XXX	N	
•		78320	BONE &/JOINT IMAGING TOMOGRAPHIC SPECT	418.47	91.44	327.03	XXX	N	
•		78350	BONE DENSITY 1/> SITES 1 PHOTON ABSORPTIOMETRY	59.06	20.32	38.74	XXX	N	
•		78351	BONE DENSTY 1/> SITES DUAL PHOTON ABSORPTIOMETR	27.94			XXX	N	
•		78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•		78414	CARD-VASC HEMODYNAM W/WO PHARM/EXER 1/MLT DETERM	134.23	40.01	94.22	XXX	N	
•		78428	CARDIAC SHUNT DETECTION	335.92	67.95	267.97	XXX	N	
•		78445	NONCARDIAC VASCULAR FLOW IMAGING	341.63	45.09	296.54	XXX	N	
•		78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS	620.40	121.29	499.11	XXX	N	
•		78452	MYOCARDIAL SPECT MULTIPLE STUDIES	863.60	142.24	721.36	XXX	N	
•		78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS	557.53	89.54	467.99	XXX	N	
•		78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES	797.56	120.02	677.54	XXX	N	
•		78456	ACUTE VENOUS THROMBOSIS IMAGING PEPTIDE	567.06	87.63	479.43	XXX	N	
•		78457	VENOUS THROMBOSIS IMAGING VENOGRAM UNILATERAL	350.52	70.49	280.03	XXX	N	
•		78458	VENOUS THROMBOSIS IMAGING VENOGRAM BILATERAL	375.92	81.28	294.64	XXX	N	
•		78459	MYOCARDIAL IMAGING PET METABOLIC EVALUATION	755.52	127.64	627.88	XXX	N	
•		78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN	360.05	62.87	297.18	XXX	N	
•		78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ	373.38	71.12	302.26	XXX	N	
•		78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ	412.75	81.92	330.83	XXX	N	
•		78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS	418.47	87.00	331.47	XXX	N	
•		78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT	528.32	128.27	400.05	XXX	N	
•		78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT	321.31	87.00	234.31	XXX	N	
•		78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT	433.71	127.64	306.07	XXX	N	
•		78491	MYOCRD IMAGE PET PERFUS SINGLE STUDY REST/STRESS	811.14	128.27	682.87	XXX	N	
•		78492	MYOCRD IMAGE PET PERFUS MULTPL STUDY REST/STRESS	1015.04	161.93	853.11	XXX	N	
•		78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT	413.39	104.78	308.61	XXX	N	
+		78496	CARD BL POOL GATED 1 STDY REST RT VENT EJCT FRCT	79.38	43.82	35.56	ZZZ	N	
•		78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•		78579	PULMONARY VENTILATION IMAGING	340.36	43.18	297.18	XXX	N	
•		78580	PULMONARY PERFUSION IMAGING PARTICULATE	436.25	66.04	370.21	XXX	N	
•		78582	PULMONARY VENTILATION & PERFUSION IMAGING	612.14	95.25	516.89	XXX	N	
•		78597	QUANT DIFFERENTIAL PULM PERFUSION W/WO IMAGING	367.67	64.14	303.53	XXX	N	
•		78598	QUANT DIFF PULM PRFUSION & VENTLAJ W/WO IMAGIN	558.80	74.30	484.50	XXX	N	
•		78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•		78600	BRAIN IMAGING <4 STATIC VIEWS	337.82	40.01	297.81	XXX	N	
•		78601	BRAIN IMAGING <4 STATIC VIEWS W/VASCULAR FLOW	396.88	45.72	351.16	XXX	N	
•		78605	BRAIN IMAGING MINIMUM 4 STATIC VIEWS	364.49	48.26	316.23	XXX	N	
•		78606	BRAIN IMAGING MIN 4 STATIC VIEWS W VASCULAR FLOW	603.25	56.52	546.73	XXX	N	
•		78607	BRAIN IMAGING TOMOGRAPHIC SPECT	634.37	106.68	527.69	XXX	N	

D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•		78608	BRAIN IMAGING PET METABOLIC EVALUATION	1086.62	129.54	957.08	XXX	N	
•		78609	BRAIN IMAGING PET PERFUSION EVALUATION	134.62	134.62	BR	XXX	N	
•		78610	BRAIN IMAGING VASCULAR FLOW ONLY	320.04	27.31	292.73	XXX	N	
•		78630	CEREBROSPINAL FLUID FLOW W/O MATL CISTERNOGRAPHY	618.49	60.96	557.53	XXX	N	
•		78635	CEREBROSPINAL FLUID FLOW W/O MATL VENTRICLGRAPHY	620.40	55.88	564.52	XXX	N	
•		78645	CEREBROSPINAL FLUID FLOW W/O MATL SHUNT EVALTJ	595.00	50.17	544.83	XXX	N	
•		78647	CEREBROSPINAL FLUID FLOW W/O MATL TOMOG SPECT	636.91	81.28	555.63	XXX	N	
•		78650	CEREBROSPINAL FLUID LEAK DETECTION&LOCALIZATIO	501.02	45.72	455.30	XXX	N	
•		78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	334.01	47.63	286.38	XXX	N	
•		78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•		78700	KIDNEY IMAGING MORPHOLOGY	312.42	39.37	273.05	XXX	N	
•		78701	KIDNEY IMAGING MORPHOOGY W/VASCULAR FLOW	397.51	43.82	353.69	XXX	N	
•		78707	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/O RX	424.82	83.82	341.00	XXX	N	
•		78708	KIDNEY IMG MORPHOLOGY VASCULAR FLOW 1 W/RX	323.22	106.68	216.54	XXX	N	
•		78709	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE	673.10	123.19	549.91	XXX	N	
•		78710	KIDNEY IMAGING MORPHOLOGY TOMOGRAPHIC	324.49	49.53	274.96	XXX	N	
•		78725	KIDNEY FUNCJ STUDY NON-IMG RADIOISOTOPIC STUDY	197.49	33.02	164.47	XXX	N	
+		78730	URINARY BLADDER RESIDUAL STUDY	140.97	14.61	126.36	ZZZ	N	
•		78740	URETERAL REFLUX STUDY RP VOIDING CYSTOGRAM	399.42	49.53	349.89	XXX	N	
•		78761	TESTICULAR IMAGING WITH VASCULAR FLOW	386.08	64.14	321.94	XXX	N	
•		78799	UNLISTED GENITOURINARY PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•		78800	RP LOCLZJ TUMOR/DSTRBJ AGENT LIMITED AREA	356.24	60.96	295.28	XXX	N	
•		78801	RP LOCLZJ TUMOR/DSTRBJ AGENT MULTIPLE AREAS	471.17	71.12	400.05	XXX	N	
•		78802	RP LOCLZJ TUMOR/DSTRBJ AGENT WHOLE BDY 1 DAY	589.92	74.93	514.99	XXX	N	
•		78803	RP LOCLZJ TUMOR/DSTRBJ AGENT TOMOG SPECT	622.94	93.98	528.96	XXX	N	
•		78804	RP LOCLZJ TUMOR/DSTRBJ AGT WHOL BDY REQ 2/> DAY	1040.13	93.98	946.15	XXX	N	
•		78805	RP LOCLZJ INFLAMMATORY PROCESS LIMITED AREA	336.55	64.77	271.78	XXX	N	
•		78806	RP LOCLZJ INFLAMMATORY PROCESS WHOLE BODY	608.97	75.57	533.40	XXX	N	
•		78807	RP LOCLZJ INFLAMMATORY PROCESS TOMOG SPECT	622.94	93.98	528.96	XXX	N	
•		78808	NJX RP LOCLZJ NON-IMG PROBE STUDY INTRAVENOUS	71.12			XXX	N	501.96
•		78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK	1171.64	135.89	1035.75	XXX	N	
•		78812	PET IMAGING SKULL BASE TO MID-THIGH	1422.21	167.01	1255.20	XXX	N	
•		78813	PET IMAGING WHOLE BODY	1486.12	172.72	1313.40	XXX	N	
•		78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA	1640.81	191.77	1449.04	XXX	N	
•		78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH	1810.83	214.63	1596.20	XXX	N	
•		78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY	1826.81	217.17	1609.64	XXX	N	
•		78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR MEDICINE	BR	BR	BR	XXX	N	501.96
•		79005	RP THERAPY ORAL ADMINISTRATION	248.29	158.75	89.54	XXX	N	
•		79101	RP THERAPY INTRAVENOUS ADMINISTRATION	265.43	176.53	88.90	XXX	N	
•		79200	RP THERAPY INRACAVITARY ADMINISTRATION	243.21	149.86	93.35	XXX	N	
•		79300	RP THERAPY INTERSTITIAL RADIOACTIVE COLLOID ADMN	240.98	121.29	119.69	XXX	N	
•		79403	RP THER RADIOLBLD MONOCLONAL ANTIBODY IV INFUS	345.44	197.49	147.95	XXX	N	
•		79440	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	219.08	149.86	69.22	XXX	N	
•		79445	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN	376.56	207.01	169.55	XXX	N	
•		79999	RP THERAPY UNLISTED PROCEDURE	BR	BR	BR	XXX	N	327.86

PATHOLOGY AND LABORATORY

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

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.~~When reporting a service or procedure that is not listed in this fee schedule, use the appropriate unlisted procedure code. The bill must be accompanied by a Special Report as described below. If a HCPCS or CPT code has been established subsequent to the release of this fee schedule, include the code(s) with the Special Report.

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 reimbursement 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**

5. 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.

6. 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/26) 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; and
- A written report, not a computer generated report, is submitted with the request for payment.

D. **Occupational Blood Exposure Testing/Treatment**

4. Work related Blood Exposures should minimally meet the appropriate CDC Guidelines for Management of Occupational Blood Exposures.
5. The CDC Guidelines are updated at intervals and the most current guidelines should be used.
6. Current information can be obtained at www.cdc.gov.

E. **Drug Screens**

5. 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.
6. Other drug screens: The only codes that will be reimbursed by workers' compensation for drug screens other than Post-Accident ~~is~~ are the ~~0431M (Mississippi~~state-specific codes 0430M and 0431M.~~), with a maximum reimbursement allowable~~MAR ~~of $290.38.~~

   a. Drug testing relies on a structure of "screening" (also know as presumptive testing), followed by "confirmation" testing to confirm the results of the screening tests and quantitative or "definitive" testing that identifies the presence of specific drugs and quantities. Presumptive testing indicates the presence or absence of a drug or drug classes. Results are commonly reported as "positive" or "negative" and do not indicate the level of drug present. Definitive drug testing is most often used to evaluate presumptive drug test results and identify specific drugs and concentrations of drugs and their associated metabolites.

   b. A definitive drug test is reimbursable if:
      - A definitive concentration of a drug must be identified to guide treatment, or
      - A specific drug in a large family of drugs (e.g., benzodiazepines, barbiturates, and opiates) must be identified to guide treatment, or
      - A false result must be ruled out for a presumptive drug test that is inconsistent with a member's self-report, presentation, medical history, or current prescriptions, or
      - A specific substance or metabolite that is inadequately detected by presumptive drug testing (direct-to-definitive testing) must be identified.

   c. 0430M should be billed for presumptive drug testing with a maximum allowable reimbursement

of $41.88.

a.d. 0431M should be billed for definitive drug testing with a maximum allowable reimbursement of $296.19

6.7. Testing validity is considered part of the screen and is not separately reimbursed.

7.8. Reimbursement shall not be dependent on the outcome of the test results.

F. **Pharmacogenetic Testing**

5. 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.
6. 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.
7. Pharmacogenetic testing is limited to once for an individual claimant.
8. Pharmacogenetic testing is limited to a maximum reimbursement of $500.00 per claim regardless of the number of medications tested.

XII. 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 professional component 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 allowable 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.

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).

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.~~

~~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.~~

~~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.~~

~~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.~~

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			80047	BASIC METABOLIC PANEL CALCIUM IONIZED	22.67			XXX	N	
•			80048	BASIC METABOLIC PANEL CALCIUM TOTAL	15.52			XXX	N	
•			80050	GENERAL HEALTH PANEL	240.38			XXX	N	223.94
•			80051	ELECTROLYTE PANEL	12.86			XXX	N	
•			80053	COMPREHENSIVE METABOLIC PANEL	19.38			XXX	N	
•			80055	OBSTETRIC PANEL	87.70			XXX	N	210.24
•			80061	LIPID PANEL	24.57			XXX	N	
•			80069	RENAL FUNCTION PANEL	15.93			XXX	N	
•			80074	ACUTE HEPATITIS PANEL	87.39			XXX	N	
•			80076	HEPATIC FUNCTION PANEL	14.99			XXX	N	
•			80081	OBSTETRIC PANEL	137.33			XXX	N	
•			80150	DRUG SCREEN QUANTITATIVE AMIKACIN	27.65			XXX	N	
•			80155	DRUG ASSAY CAFFEINE	63.68			XXX	N	
•			80156	DRUG ASSAY CARBAMAZEPINE TOTAL	26.71			XXX	N	
•			80157	DRUG ASSAY CARBAMAZEPINE FREE	24.32			XXX	N	
•			80158	DRUG ASSAY CYCLOSPORINE	33.12			XXX	N	
•			80159	DRUG ASSAY CLOZAPINE	33.93			XXX	N	
•			80162	DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	24.35			XXX	N	
•			80163	DRUG SCREEN QUANTITATIVE DIGOXIN FREE	24.35			XXX	N	
•			80164	DRUG ASSAY VALPROIC DIPROPYLACETIC ACID TOTAL	24.85			XXX	N	
•			80165	DRUG SCREEN QUANT DIPROPYLACETIC ACID FREE	24.85			XXX	N	
•			80168	DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	29.97			XXX	N	
•			80169	DRUG ASSAY EVEROLIMUS	25.19			XXX	N	
•			80170	DRUG SCREEN QUANTITATIVE GENTAMICIN	30.05			XXX	N	
•			80171	DRUG SCREEN QUANTITATIVE GABAPENTIN	35.78			XXX	N	
•			80173	DRUG SCREEN QUANTITATIVE HALOPRIDOL	26.71			XXX	N	
•			80175	DRUG SCREEN QUANTITATIVE LAMOTRIGINE	24.32			XXX	N	
•			80176	DRUG SCREEN QUANTITATIVE LIDOCAINE	26.94			XXX	N	
•			80177	DRUG SCREEN QUANTITATIVE LEVETIRACETAM	24.32			XXX	N	
•			80178	DRUG SCREEN QUANTITATIVE LITHIUM	12.13			XXX	N	
•			80180	DRUG SCREEN QUANTITATIVE MYCOPHENOLATE	33.12			XXX	N	
•			80183	DRUG SCREEN QUANTITATIVE OXCARBAZEPINE	24.32			XXX	N	
•			80184	DRUG SCREEN QUANTITATIVE PHENOBARBITAL	25.26			XXX	N	
•			80185	DRUG SCREEN QUANTITATIVE PHENYTOIN TOTAL	24.32			XXX	N	
•			80186	DRUG SCREEN QUANTITATIVE PHENYTOIN FREE	25.24			XXX	N	
•			80188	DRUG SCREEN QUANTITATIVE PRIMIDONE	30.44			XXX	N	
•			80190	DRUG SCREEN QUANTITATIVE PROCAINAMIDE	99.06			XXX	N	
•			80192	DRUG SCREEN QUANTITATIVE PROCAINAMIDE METABOLITE	30.72			XXX	N	
•			80194	DRUG SCREEN QUANTITATIVE QUINIDINE	26.78			XXX	N	
•			80195	DRUG SCREEN QUANTITATIVE SIROLIMUS	25.19			XXX	N	
•			80197	DRUG SCREEN QUANTITATIVE TACROLIMUS	25.19			XXX	N	
•			80198	DRUG SCREEN QUANTITATIVE THEOPHYLLINE	25.94			XXX	N	
•			80199	DRUG SCREEN QUANTITATIVE TIAGABINE	44.76			XXX	N	
•			80200	DRUG SCREEN QUANTITATIVE TOBRAMYCIN	29.59			XXX	N	
•			80201	DRUG SCREEN QUANTITATIVE TOPIRAMATE	21.86			XXX	N	
•			80202	DRUG SCREEN QUANTITATIVE VANCOMYCIN	24.85			XXX	N	
•			80203	DRUG SCREEN QUANTITATIVE ZONISAMIDE	24.32			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFIED	30.77			XXX	N	
•			80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	20.80			XXX	N	
•			80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	28.30			XXX	N	
•			80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZERS PR DATE	106.74			XXX	N	
•			80320	DRUG SCREEN QUANTITATIVE ALCOHOLS	63.67			XXX	N	
•			80321	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 1 OR 2	88.66			XXX	N	
•			80322	DRUG SCREEN QUANT ALCOHOLS BIOMARKERS 3 OR MORE	70.21			XXX	N	
•			80323	ALKALOIDS NOT OTHERWISE SPECIFIED	133.88			XXX	N	
•			80324	DRUG SCREEN QUANT AMPHETAMINES 1 OR 2	88.06			XXX	N	
•			80325	DRUG SCREEN QUANT AMPHETAMINES 3 OR 4	158.87			XXX	N	
•			80326	DRUG SCREEN QUANT AMPHETAMINES 5 OR MORE	107.70			XXX	N	
•			80327	DRUG SCREEN QUANT ANABOLIC STEROID 1 OR 2	330.23			XXX	N	
•			80328	DRUG SCREEN QUANT ANABOLIC STEROID 3 OR MORE	BR			XXX	N	
•			80329	DRUG SCREEN ANALGESICS NON-OPIOID 1 OR 2	51.17			XXX	N	
•			80330	DRUG SCREEN ANALGESICS NON-OPIOID 3-5	108.29			XXX	N	
•			80331	DRUG SCREEN ANALGESICS NON-OPIOID 6 OR MORE	12.50			XXX	N	
•			80332	ANTIDEPRESSANTS SEROTONERGIC CLASS 1 OR 2	63.67			XXX	N	
•			80333	ANTIDEPRESSANTS SEROTONERGIC CLASS 3-5	213.61			XXX	N	
•			80334	ANTIDEPRESSANTS SEROTONERGIC CLASS 6 OR MORE	17.85			XXX	N	
•			80335	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 1 OR 2	31.54			XXX	N	
•			80336	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 3-5	155.30			XXX	N	
•			80337	ANTIDEPRESSANTS TRICYCLIC OTHER CYCLICALS 6/MORE	95.20			XXX	N	
•			80338	ANTIDEPRESSANTS NOT OTHERWISE SPECIFIED	51.17			XXX	N	
•			80339	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 1-3	95.20			XXX	N	
•			80340	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 4-6	38.08			XXX	N	
•			80341	ANTIEPILEPTICS NOT OTHERWISE SPECIFIED 7/MORE	13.69			XXX	N	
•			80342	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 1-3	95.20			XXX	N	
•			80343	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 4-6	229.08			XXX	N	
•			80344	ANTIPSYCHOTICS NOT OTHERWISE SPECIFIED 7/MORE	38.08			XXX	N	
•			80345	DRUG SCREENING BARBITURATES	95.20			XXX	N	
•			80346	DRUG SCREENING BENZODIAZEPINES 1-12	76.16			XXX	N	
•			80347	DRUG SCREENING BENZODIAZEPINES 13 OR MORE	231.46			XXX	N	
•			80348	DRUG SCREENING BUPRENORPHINE	95.20			XXX	N	
•			80349	DRUG SCREENING CANNABINOIDS NATURAL	102.94			XXX	N	
•			80350	DRUG SCREENING CANNABINOIDS SYNTHETIC 1-3	127.33			XXX	N	
•			80351	DRUG SCREENING CANNABINOIDS SYNTHETIC 4-6	217.77			XXX	N	
•			80352	DRUG SCREENING CANNABINOIDS SYNTHETIC 7/MORE	94.01			XXX	N	
•			80353	DRUG SCREENING COCAINE	77.35			XXX	N	
•			80354	DRUG SCREENING FENTANYL	88.06			XXX	N	
•			80355	DRUG SCREENING GABAPENTIN NON-BLOOD	86.28			XXX	N	
•			80356	DRUG SCREENING HEROIN METABOLITE	86.28			XXX	N	
•			80357	DRUG SCREENING KETAMINE AND NORKETAMINE	95.20			XXX	N	
•			80358	DRUG SCREENING METHADONE	83.90			XXX	N	
•			80359	DRUG SCREENING METHYLENEDIOXYAMPHETAMINES	77.35			XXX	N	
•			80360	DRUG SCREENING METHYLPHENIDATE	83.90			XXX	N	
•			80361	DRUG SCREENING OPIATES 1 OR MORE	88.06			XXX	N	
•			80362	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 1 OR 2	88.06			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			80363	DRUG SCREENING OPIOIDS AND OPIATE ANALOGS 3 OR 4	173.15			XXX	N	
•			80364	DRUG SCREENING OPIOIDS & OPIATE ANALOGS 5/MORE	95.20			XXX	N	
•			80365	DRUG SCREENING OXYCODONE	84.49			XXX	N	
•			80366	DRUG SCREENING PREGABALIN	83.90			XXX	N	
•			80367	DRUG SCREENING PROPOXYPHENE	101.15			XXX	N	
•			80368	DRUG SCREENING SEDATIVE HYPNOTICS	83.90			XXX	N	
•			80369	DRUG SCREENING SKELETAL MUSCLE RELAXANTS 1 OR 2	95.20			XXX	N	
•			80370	DRUG SCREENING SKEL MUSCLE RELAXANTS 3 OR MORE	148.75			XXX	N	
•			80371	DRUG SCREENING STIMULANTS SYNTHETIC	83.90			XXX	N	
•			80372	DRUG SCREENING TAPENTADOL	89.25			XXX	N	
•			80373	DRUG SCREENING TRAMADOL	88.06			XXX	N	
•			80374	DRUG SCREEN STEREOISOMER ANALYSIS 1 DRUG CLASS	91.63			XXX	N	
•			80375	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 1-3	42.84			XXX	N	
•			80376	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 4-6	95.20			XXX	N	
•			80377	DRUG/SUBSTANCE DEFINITIVE QUAL/QUANT NOS 7/MORE	89.25			XXX	N	
•			80400	ACTH STIMULATION PANEL ADRENAL INSUFFICIENCY	59.83			XXX	N	
•			80402	ACTH STIMULATION PANEL 21 HYDROXYLASE DEFICIENCY	159.52			XXX	N	
•			80406	ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DEFNCY	143.55			XXX	N	
•			80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL	230.21			XXX	N	
•			80410	CALCITONIN STIMULATION PANEL	147.45			XXX	N	
•			80412	CORTICOTROPIC RELEASING HORM STIMJ PANEL	1323.46			XXX	N	
•			80414	CHORNC GONAD STIMJ PANEL TSTOSTERONE RESPONSE	94.72			XXX	N	
•			80415	CHORNC GONAD STIMJ PANEL ESTRADIOL RESPONSE	102.51			XXX	N	
•			80416	RENAL VEIN RENIN STIMULATION PANEL	345.58			XXX	N	
•			80417	PERIPHERAL VEIN RENIN STIMULATION PANEL	80.70			XXX	N	
•			80418	COMBINED RAPID ANT PITUITARY EVALUATION PANEL	1062.97			XXX	N	
•			80420	DEXMETHASONE SUPPRESSION PANEL 48 HR	267.26			XXX	N	
•			80422	GLUCOSE TOLERANCE PANEL INSULINOMA	84.51			XXX	N	
•			80424	GLUCOSE TOLERANCE PANEL PHEOCHROMOCYTOMA	92.64			XXX	N	
•			80426	GONADOTROPIN RELEASING HORMONE STIMJ PANEL	272.25			XXX	N	
•			80428	GROWTH HORMONE STIMULATION PANEL	122.37			XXX	N	
•			80430	GROWTH HORMONE SUPRJ PANEL GLUCOSE ADMN	213.52			XXX	N	
•			80432	INSULIN-INDUCED C-PEPTIDE SUPRESSION PANEL	273.42			XXX	N	
•			80434	INSULIN TOLERANCE PANEL ACTH INSUFFICIENCY	470.58			XXX	N	
•			80435	INSULIN TOLERANCE PANEL GROWTH HORM DEFNCY	188.96			XXX	N	
•			80436	METYRAPONE PANEL	167.23			XXX	N	
•			80438	THYROTROPIN RELEASING HORMONE STMLJ PANEL 1 HR	92.47			XXX	N	
•			80439	THYROTROPIN RELEASING HORMONE STMLJ PANEL 2 HR	123.30			XXX	N	
•			80500	CLINICAL PATHOLOGY CONSULTATION LIMITED	38.68			XXX	N	72.39
•			80502	CLINICAL PATHOLOGY CONSULTATION COMPREHENSIVE	124.95			XXX	N	72.39
•			81000	URINLS DIP STICK/TABLET REAGNT NON-AUTO MICRSCPY	6.64			XXX	N	
•			81001	URNLS DIP STICK/TABLET REAGENT AUTO MICROSCOPY	5.81			XXX	N	
•			81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/O MICRSCP	5.75			XXX	N	
•			81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MICROSCOPY	4.11			XXX	N	
•			81005	URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUNOASSAYS	3.98			XXX	N	
•			81007	URINALYSIS BACTERIURIA SCR XCPT CULTURE/DIPSTICK	49.50			XXX	N	
•			81015	URINALYSIS MICROSCOPIC ONLY	5.60			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			81020	URINALYSIS 2/3 GLASS TEST	7.76			XXX	N	
•			81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN METHS	14.21			XXX	N	
•			81050	VOLUME MEASUREMENT TIMED COLLECTION EACH	6.01			XXX	N	
•			81099	UNLISTED URINALYSIS PROCEDURE	BR			XXX	N	
•			81105	HPA-1 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•			81106	HPA-2 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•			81107	HPA-3 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•			81108	HPA-4 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•			81109	HPA-5 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•			81110	HPA-6 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•			81111	HPA-9 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•			81112	HPA-15 GENOTYPING GENE ANALYSIS COMMON VARIANT	224.20			XXX	N	
•			81120	IDH1 COMMON VARIANTS	319.05			XXX	N	
•			81121	IDH2 COMMON VARIANTS	488.34			XXX	N	
•			81161	DMD DUPLICATION/DELETION ANALYSIS	460.62			XXX	N	
•			81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS	3347.60			XXX	N	
•			81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	772.66			XXX	N	
•			81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	964.55			XXX	N	
•			81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	467.03			XXX	N	
•			81166	BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS	497.52			XXX	N	
•			81167	BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS	467.03			XXX	N	
•			81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	495.30			XXX	N	
•			81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•			81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES	453.74			XXX	N	
•			81173	AR GENE ANALYSIS FULL GENE SEQUENCE	497.52			XXX	N	
•			81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT	305.76			XXX	N	
•			81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	1116.89			XXX	N	
•			81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYSIS	443.74			XXX	N	
•			81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•			81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•			81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•			81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•			81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•			81182	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES	226.18			XXX	N	
•			81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	226.18			XXX	N	
•			81184	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES	226.18			XXX	N	
•			81185	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE	1397.18			XXX	N	
•			81186	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT	305.76			XXX	N	
•			81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•			81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•			81189	CSTB GENE ANALYSIS FULL GENE SEQUENCE	453.74			XXX	N	
•			81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS	305.76			XXX	N	
•			81200	ASPA GENE ANALYSIS COMMON VARIANTS	78.01			XXX	N	
•			81201	APC GENE ANALYSIS FULL GENE SEQUENCE	1287.77			XXX	N	
•			81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	462.28			XXX	N	
•			81203	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	330.20			XXX	N	
•			81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	226.18			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	156.83			XXX	N	
•			81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	300.78			XXX	N	
•			81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	265.69			XXX	N	
•			81208	BCR/ABL1 OTHER BREAKPNT QUALITATIVE/QUANTITATIVE	354.33			XXX	N	
•			81209	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	64.90			XXX	N	
•			81210	BRAF GENE ANALYSIS V600 VARIANT(S)	289.58			XXX	N	
•			81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC 6174DELT	726.43			XXX	N	
•			81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	619.53			XXX	N	
•			81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	305.63			XXX	N	
•			81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	619.53			XXX	N	
•			81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	443.74			XXX	N	
•			81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	223.11			XXX	N	
•			81220	CFTR GENE ANALYSIS COMMON VARIANTS	918.94			XXX	N	
•			81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	160.51			XXX	N	
•			81222	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	718.29			XXX	N	
•			81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	823.84			XXX	N	
•			81224	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	278.60			XXX	N	
•			81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	481.03			XXX	N	
•			81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	744.45			XXX	N	
•			81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	288.61			XXX	N	
•			81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	1485.89			XXX	N	
•			81229	CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR	1915.14			XXX	N	
•			81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	288.61			XXX	N	
•			81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	288.61			XXX	N	
•			81232	DYPD GENE ANALYSIS COMMON VARIANTS	288.61			XXX	N	
•			81233	BTK GENE ANALYSIS COMMON VARIANTS	289.58			XXX	N	
•			81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•			81235	EGFR GENE ANALYSIS COMMON VARIANTS	535.88			XXX	N	
•			81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	467.03			XXX	N	
•			81237	EZH2 GENE ANALYSIS COMMON VARIANTS	289.58			XXX	N	
•			81238	F9 FULL GENE SEQUENCE	990.59			XXX	N	
•			81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	453.74			XXX	N	
•			81240	F2 GENE ANALYSIS 20210G >A VARIANT	108.45			XXX	N	
•			81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANT	121.13			XXX	N	
•			81242	FANCC GENE ANALYSIS COMMON VARIANT	60.46			XXX	N	
•			81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	94.17			XXX	N	
•			81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	74.11			XXX	N	
•			81245	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	273.25			XXX	N	
•			81246	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	137.03			XXX	N	
•			81247	G6PD GENE ANALYSIS COMMON VARIANTS	288.61			XXX	N	
•			81248	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	619.53			XXX	N	
•			81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	990.59			XXX	N	
•			81250	G6PC GENE ANALYSIS COMMON VARIANTS	96.57			XXX	N	
•			81251	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	78.01			XXX	N	
•			81252	GJB2 GENE ANALYSIS FULL GENE SEQUENCE	166.95			XXX	N	
•			81253	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	101.57			XXX	N	
•			81254	GJB6 GENE ANALYSIS COMMON VARIANTS	57.78			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			81255	HEXA GENE ANALYSIS COMMON VARIANTS	84.94			XXX	N	
•			81256	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	119.89			XXX	N	
•			81257	HBA1/HBA2 GENE ANALYSIS COMMON DELETIONS/VARIANT	168.83			XXX	N	
•			81258	HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	619.53			XXX	N	
•			81259	HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE	990.59			XXX	N	
•			81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	64.90			XXX	N	
•			81261	IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	363.20			XXX	N	
•			81262	IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	113.17			XXX	N	
•			81263	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	540.27			XXX	N	
•			81264	IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	285.17			XXX	N	
•			81265	COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	394.49			XXX	N	
+			81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	503.24			XXX	N	
•			81267	CHIMERISM W/COMP TO BASELINE W/O CELL SELECTION	380.57			XXX	N	
•			81268	CHIMERISM W/COMP TO BASELINE W/CELL SELECTION EA	478.39			XXX	N	
•			81269	HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANTS	334.16			XXX	N	
•			81270	JAK2 GENE ANALYSIS P.VAL617PHE VARIANT	168.15			XXX	N	
•			81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	226.18			XXX	N	
•			81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	544.02			XXX	N	
•			81273	KIT GENE ANALYSIS D816 VARIANT(S)	206.16			XXX	N	
•			81274	HTT GENE ANALYSIS CHARACTERIZATION ALLELES	453.74			XXX	N	
•			81275	KRAS GENE ANALYSIS VARIANTS IN EXON 2	319.05			XXX	N	
•			81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	319.05			XXX	N	
•			81283	IFNL3 GENE ANALYSIS RS12979860 VARIANT	121.13			XXX	N	
•			81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•			81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES	453.74			XXX	N	
•			81286	FXN GENE ANALYSIS FULL GENE SEQUENCE	453.74			XXX	N	
•			81287	MGMT GENE PROMOTER METHYLATION ANALYSIS	205.78			XXX	N	
•			81288	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	317.52			XXX	N	
•			81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	305.76			XXX	N	
•			81290	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	64.90			XXX	N	
•			81291	MTHFR GENE ANALYSIS COMMON VARIANTS	107.88			XXX	N	
•			81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	1115.08			XXX	N	
•			81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	546.48			XXX	N	
•			81294	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	334.16			XXX	N	
•			81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	630.18			XXX	N	
•			81296	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	557.59			XXX	N	
•			81297	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	352.16			XXX	N	
•			81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	1059.68			XXX	N	
•			81299	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	508.50			XXX	N	
•			81300	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIA	392.93			XXX	N	
•			81301	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	575.47			XXX	N	
•			81302	MECP2 GENE ANALYSIS FULL SEQUENCE	871.51			XXX	N	
•			81303	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	198.12			XXX	N	
•			81304	MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	247.65			XXX	N	
•			81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT	289.58			XXX	N	
•			81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	481.03			XXX	N	
•			81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	407.00			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	488.34			XXX	N	
•			81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	226.18			XXX	N	
•			81313	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	421.08			XXX	N	
•			81314	PDGFRA GENE ANALYS TARGETED SEQUENCE ANALYS	544.02			XXX	N	
•			81315	PML/RARALPHA COMMON BREAKPOINTS QUAL/QUANT	380.30			XXX	N	
•			81316	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	380.30			XXX	N	
•			81317	PMS2 GENE ANALYSIS FULL SEQUENCE	1116.89			XXX	N	
•			81318	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	546.48			XXX	N	
•			81319	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	335.98			XXX	N	
•			81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	481.03			XXX	N	
•			81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	990.59			XXX	N	
•			81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	78.52			XXX	N	
•			81323	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	495.30			XXX	N	
•			81324	PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	1252.04			XXX	N	
•			81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	1270.56			XXX	N	
•			81326	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	78.52			XXX	N	
•			81327	SEPT9 GENE PROMOTER METHYLATION ANALYSIS	316.99			XXX	N	
•			81328	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	288.61			XXX	N	
•			81329	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS	226.18			XXX	N	
•			81330	SMPD1 GENE ANALYSIS COMMON VARIANTS	77.60			XXX	N	
•			81331	SNRPN/UBE3A METHYLATION ANALYSIS	84.32			XXX	N	
•			81332	SERPINA1 GENE ANALYSIS COMMON VARIANTS	80.07			XXX	N	
•			81333	TGFBI GENE ANALYSIS COMMON VARIANTS	226.18			XXX	N	
•			81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	544.02			XXX	N	
•			81335	TPMT GENE ANALAYSIS COMMON VARIANTS	288.61			XXX	N	
•			81336	SMN1 GENE ANALYSIS FULL GENE SEQUENCE	497.52			XXX	N	
•			81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS	305.76			XXX	N	
•			81340	TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	383.24			XXX	N	
•			81341	TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	90.97			XXX	N	
•			81342	TRG@ GENE REARRANGEMENT ANALYSIS	369.62			XXX	N	
•			81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES	226.18			XXX	N	
•			81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES	226.18			XXX	N	
•			81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	305.76			XXX	N	
•			81346	TYMS GENE ANALYSIS COMMON VARIANTS	288.61			XXX	N	
•			81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS	386.33			XXX	N	
•			81355	VKORC1 GENE ANALYSIS COMMON VARIANT(S)	145.62			XXX	N	
•			81361	HBB COMMON VARIANTS	288.61			XXX	N	
•			81362	HBB KNOWN FAMILIAL VARIANTS	619.53			XXX	N	
•			81363	HBB DUPLICATION/DELETION VARIANTS	334.16			XXX	N	
•			81364	HBB FULL GENE SEQUENCE	535.88			XXX	N	
•			81370	HLA CLASS I&II LOW HLA-A -B -C -DRB1/3/4/5&DQB	737.66			XXX	N	
•			81371	HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1	667.86			XXX	N	
•			81372	HLA CLASS I TYPING LOW RESOLUTION COMPLETE	666.32			XXX	N	
•			81373	HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	210.38			XXX	N	
•			81374	HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	133.45			XXX	N	
•			81375	HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	404.94			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	224.20			XXX	N	
•			81377	HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	168.42			XXX	N	
•			81378	HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	633.91			XXX	N	
•			81379	HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	615.24			XXX	N	
•			81380	HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA	325.14			XXX	N	
•			81381	HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	280.50			XXX	N	
•			81382	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	226.88			XXX	N	
•			81383	HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	200.20			XXX	N	
•			81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	105.60			XXX	N	
•			81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	226.18			XXX	N	
•			81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	248.19			XXX	N	
•			81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	305.76			XXX	N	
•			81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	453.74			XXX	N	
•			81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	497.52			XXX	N	
•			81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	467.03			XXX	N	
•			81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	1397.18			XXX	N	
•			81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	3301.97			XXX	N	
•			81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	832.10			XXX	N	
•			81411	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	2229.14			XXX	N	
•			81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	4042.53			XXX	N	
•			81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS	1072.96			XXX	N	
•			81414	CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES	1072.96			XXX	N	
•			81415	EXOME SEQUENCE ANALYSIS	7891.71			XXX	N	
+			81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	19811.82			XXX	N	
•			81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	528.32			XXX	N	
•			81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	1253.18			XXX	N	
•			81422	FETAL CHROMOSOMAL MICRODELTJ GENOMIC SEQ ANALYS	1253.18			XXX	N	
•			81425	GENOME SEQUENCE ANALYSIS	8306.43			XXX	N	
+			81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	4474.09			XXX	N	
•			81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	3859.42			XXX	N	
•			81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	2682.85			XXX	N	
•			81431	HEARING LOSS DUP/DEL ANALYSIS	1121.96			XXX	N	
•			81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 10 GEN	1245.67			XXX	N	
•			81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	805.19			XXX	N	
•			81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	987.14			XXX	N	
•			81435	HEREDITARY COLON CA DSRDRS GEN SEQ ANALYS 10 GEN	1072.96			XXX	N	
•			81436	HEREDITARY COLON CA DSRDRS DUP/DEL ANALYS 5 GEN	1072.96			XXX	N	
•			81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	805.19			XXX	N	
•			81438	HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	805.19			XXX	N	
•			81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYS 5 GEN	1072.96			XXX	N	
•			81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	5487.87			XXX	N	
•			81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	3539.05			XXX	N	
•			81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS	4042.53			XXX	N	
•			81445	GEN SEQ ANALYS SOLID ORGAN NEOPLASM 5-50 GENE	987.14			XXX	N	
•			81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ PNL	1072.96			XXX	N	
•			81450	GEN SEQ ANALYS HEMATOLYMPHOID NEO 5-50 GENE	1253.97			XXX	N	
•			81455	GEN SEQ ANALYS SOL ORG/HEMTOLMPHOID NEO 51/> GEN	4820.21			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			81460	WHOLE MITOCHONDRIAL GENOME	2124.82			XXX	N	
•			81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	1545.32			XXX	N	
•			81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	1509.00			XXX	N	
•			81471	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	1509.00			XXX	N	
•			81479	UNLISTED MOLELCULAR PATHOLOGY PROCEDURE	BR			XXX	N	
•			81490	AUTOIMMUNE RHEUMATOID ARTHRTS ANALYS 12 BIOMRKRS	1387.90			XXX	N	
•			81493	COR ART DISEASE MRNA GENE EXPRESSION 23 GENES	1733.53			XXX	N	
•			81500	ONCO (OVARIAN) BIOCHEMICAL ASSAY TWO PROTEINS	430.08			XXX	N	
•			81503	ONCO (OVARIAN) BIOCHEMICAL ASSAY FIVE PROTEINS	1480.93			XXX	N	628.17
•			81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM	858.51			XXX	N	
•			81506	ENDOCRINOLOGY BIOCHEMICAL ASSAY SEVEN ANAL	123.28			XXX	N	
•			81507	FETAL ANEUPLOIDY 21 18 13 SEQ ANALY TRISOM RISK	1312.53			XXX	N	
•			81508	FETAL CONGENITAL ABNOR ASSAY TWO PROTEINS	89.65			XXX	N	136.59
•			81509	FETAL CONGENITAL ABNOR ASSAY 3 PROTEINS	2455.63			XXX	N	
•			81510	FETAL CONGENITAL ABNOR ASSAY THREE ANAL	91.70			XXX	N	193.95
•			81511	FETAL CONGENITAL ABNOR ASSAY FOUR ANAL	253.43			XXX	N	169.84
•			81512	FETAL CONGENITAL ABNOR ASSAY FIVE ANAL	114.78			XXX	N	255.02
•			81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES	6394.26			XXX	N	
•			81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES	6394.26			XXX	N	
•			81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES	4604.79			XXX	N	
•			81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES	6394.26			XXX	N	
•			81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12 GENES	5144.47			XXX	N	
•			81528	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	840.14			XXX	N	
•			81535	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP 1ST	956.68			XXX	N	
+			81536	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEMO RESP ADD	293.15			XXX	N	
•			81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	4739.98			XXX	N	
•			81539	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS	1254.75			XXX	N	
•			81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 GENES	6191.19			XXX	N	
•			81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES	6394.26			XXX	N	
•			81545	ONCOLOGY THYROID GENE EXPRESSION 142 GENES	5943.54			XXX	N	
•			81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR 3 GENES	3351.50			XXX	N	
•			81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES	5349.19			XXX	N	
•			81596	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR	119.18			XXX	N	
•			81599	UNLISTED MULTIANALYTE ASSAY ALGORITHMIC ANALYSIS	BR			XXX	N	304.01
•			82009	KETONE BODIES SERUM QUALITATIVE	8.29			XXX	N	
•			82010	KETONE BODIES SERUM QUANTITATIVE	14.99			XXX	N	
•			82013	ASSAY OF ACETYLCHOLINESTERASE	20.49			XXX	N	
•			82016	ACYLCARNITINES QUALITATIVE EACH SPECIMEN	27.22			XXX	N	
•			82017	ACYLCARNITINES QUANTIATIVE EACH SPECIMEN	30.94			XXX	N	
•			82024	ADRENOCORTICOTROPIC HORMONE ACTH	70.84			XXX	N	
•			82030	ADENOSINE 5-MONOPHOSPHATE CYCLIC	47.33			XXX	N	
•			82040	ALBUMIN SERUM PLASMA/WHOLE BLOOD	9.08			XXX	N	
•			82042	OTHER SOURCE ALBUMIN QUANTITATIVE EACH SPECIMEN	12.84			XXX	N	
•			82043	URINE ALBUMIN QUANTITATIVE	10.60			XXX	N	
•			82044	URINE ALBUMIN SEMIQUANTITATIVE	10.29			XXX	N	
•			82045	ALBUMIN ISCHEMIA MODIFIED	62.26			XXX	N	
•			82075	ASSAY OF ALCOHOL BREATH	49.53			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			82085	ASSAY OF ALDOLASE	17.81			XXX	N	
•			82088	ASSAY OF ALDOSTERONE	74.76			XXX	N	
•			82103	ALPHA-1-ANTITRYPSIN TOTAL	24.65			XXX	N	
•			82104	ALPHA-1-ANTITRYPSIN PHENOTYPE	26.53			XXX	N	
•			82105	ALPHA-FETOPROTEIN SERUM	30.77			XXX	N	
•			82106	ALPHA-FETOPROTEIN AMNIOTIC FLUID	30.77			XXX	N	
•			82107	AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RATIO	118.16			XXX	N	
•			82108	ASSAY OF ALUMINUM	46.74			XXX	N	
•			82120	AMINES VAGINAL FLUID QUALITATIVE	9.89			XXX	N	
•			82127	AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	25.44			XXX	N	
•			82128	AMINO ACIDS MULTIPLE QUALITATIVE EACH SPECIMEN	25.44			XXX	N	
•			82131	AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	37.94			XXX	N	
•			82135	AMINOLEVULINIC ACID DELTA	30.18			XXX	N	
•			82136	AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE EA SPEC	32.38			XXX	N	
•			82139	AMINO ACIDS 6/> AMINO ACIDS QUANTITATIVE EA SPE	30.94			XXX	N	
•			82140	ASSAY OF AMMONIA	26.73			XXX	N	
•			82143	AMNIOTIC FLU SCAN	15.44			XXX	N	
•			82150	ASSAY OF AMYLASE	11.89			XXX	N	
•			82154	ANDROSTANEDIOL GLUCURONIDE	52.90			XXX	N	
•			82157	ANDROSTENEDIONE	53.71			XXX	N	
•			82160	ANDROSTERONE	45.86			XXX	N	
•			82163	ANGIOTENSIN II	37.64			XXX	N	
•			82164	ANGIOTENSIN I-CONVERTING ENZYME	26.78			XXX	N	
•			82172	APOLIPOPROTEIN EACH	34.82			XXX	N	
•			82175	ASSAY OF ARSENIC	34.80			XXX	N	
•			82180	ASSAY OF ASCORBIC ACID BLOOD	18.13			XXX	N	
•			82190	ATOMIC ABSRPJ SPECTROSCOPY EA ANALYTE	27.34			XXX	N	
•			82232	BETA-2 MICROGLOBULIN	29.67			XXX	N	
•			82239	BILE ACIDS TOTAL	31.42			XXX	N	
•			82240	BILE ACIDS CHOLYLGLYCINE	48.75			XXX	N	
•			82247	BILIRUBIN TOTAL	9.20			XXX	N	
•			82248	BILIRUBIN DIRECT	9.20			XXX	N	
•			82252	BILIRUBIN FECES QUALITATIVE	8.35			XXX	N	
•			82261	BIOTINIDASE EACH SPECIMEN	30.94			XXX	N	
•			82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1 DETER	7.23			XXX	N	
•			82271	BLOOD OCCULT PEROXIDASE ACTV QUAL OTHER SOURCES	8.78			XXX	N	
•			82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECES 1-3 SPEC	6.98			XXX	N	
•			82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FECES 1-3	29.17			XXX	N	
•			82286	BRADYKININ	9.46			XXX	N	
•			82300	CADMIUM	42.46			XXX	N	
•			82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORMED	54.30			XXX	N	
•			82308	CALCITONIN	49.15			XXX	N	
•			82310	CALCIUM TOTAL	9.46			XXX	N	
•			82330	CALCIUM IONIZED	25.09			XXX	N	
•			82331	CALCIUM AFTER CALCIUM INFUSION TEST	22.02			XXX	N	
•			82340	CALCIUM URINE QUANTITATIVE TIMED SPECIMEN	11.06			XXX	N	
•			82355	CALCULUS QUALITATIVE ANALYSIS	21.23			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			82360	CALCULUS QUANTITATIVE CHEMICAL	23.61			XXX	N	
•			82365	CALCULUS INFRARED SPECTROSCOPY	23.66			XXX	N	
•			82370	CALCULUS XRAY DIFFRACTION	22.98			XXX	N	
•			82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	33.12			XXX	N	
•			82374	CARBON DIOXIDE BICARBONATE	8.96			XXX	N	
•			82375	CARBOXYHEMOGLOBIN QUANTITATIVE	22.60			XXX	N	
•			82376	CARBOXYHEMOGLOBIN QUALITATIVE	23.23			XXX	N	
•			82378	CARCINOEMBRYONIC ANTIGEN CEA	34.79			XXX	N	
•			82379	CARNITINE QUANTITATIVE EACH SPECIMEN	30.94			XXX	N	
•			82380	CAROTENE	16.92			XXX	N	
•			82382	CATECHOLAMINES TOTAL URINE	45.07			XXX	N	
•			82383	CATECHOLAMINES BLOOD	48.01			XXX	N	
•			82384	CATECHOLAMINES FRACTIONATED	46.33			XXX	N	
•			82387	CATHEPSIN-D	33.12			XXX	N	
•			82390	CERULOPLASMIN	19.70			XXX	N	
•			82397	CHEMILUMINESCENT ASSAY	25.90			XXX	N	
•			82415	CHLORAMPHENICOL	23.25			XXX	N	
•			82435	CHLORIDE BLD	8.44			XXX	N	
•			82436	CHLORIDE URINE	9.49			XXX	N	
•			82438	CHLORIDE OTHER SOURCE	8.96			XXX	N	
•			82441	CHLORINATED HYDROCARBONS SCREEN	11.01			XXX	N	
•			82465	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	7.99			XXX	N	
•			82480	CHOLINESTERASE SERUM	14.45			XXX	N	
•			82482	CHOLINESTERASE RBC	16.20			XXX	N	
•			82485	CHONDROITIN B SULFATE QUANTITATIVE	37.89			XXX	N	
•			82495	ASSAY OF CHROMIUM	37.20			XXX	N	
•			82507	ASSAY OF CITRATE	51.00			XXX	N	
•			82523	COLLAGEN CROSS LINKS ANY METHOD	34.27			XXX	N	
•			82525	ASSAY OF COPPER	22.77			XXX	N	
•			82528	CORTICOSTERONE	41.31			XXX	N	
•			82530	CORTISOL FREE	30.66			XXX	N	
•			82533	CORTISOL TOTAL	29.90			XXX	N	
•			82540	ASSAY OF CREATINE	8.50			XXX	N	
•			82542	COL-CHR/MS NONDRUG ANALYTE NES QUAL/QUAN EA SPEC	39.77			XXX	N	
•			82550	CREATINE KINASE TOTAL	11.94			XXX	N	
•			82552	CREATINE KINASE ISOENZYMES	24.57			XXX	N	
•			82553	CREATINE KINASE MB FRACTION ONLY	21.18			XXX	N	
•			82554	CREATINE KINASE ISOFORMS	21.78			XXX	N	
•			82565	CREATININE BLOOD	9.39			XXX	N	
•			82570	CREATININE OTHER SOURCE	9.49			XXX	N	
•			82575	CREATININE CLEARANCE	17.35			XXX	N	
•			82585	ASSAY OF CRYOFIBRN	23.34			XXX	N	
•			82595	CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITATIVE	11.85			XXX	N	
•			82600	ASSAY OF CYANIDE	35.58			XXX	N	
•			82607	CYANOCOBALAMIN VITAMIN B-12	27.65			XXX	N	
•			82608	CYANOCOBALAMIN VIT B-12 UNSAT BINDING CAPACITY	26.27			XXX	N	
•			82610	CYSTATIN C	30.58			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			82615	CSTINE&HOMOCSTINE URINE QUALITATIVE	15.77			XXX	N	
•			82626	DEHYDROEPIANDROSTERONE	46.36			XXX	N	
•			82627	DEHYDROEPIANDROSTERONE-SULFATE	40.80			XXX	N	
•			82633	DESOXYCORTICOSTERONE 11-	56.84			XXX	N	
•			82634	DEOXYCORTISOL 11-	53.71			XXX	N	
•			82638	ASSAY OF DIBUCAINE NUMBER	22.47			XXX	N	
•			82642	DIHYDROTESTOSTERONE (DHT)	53.71			XXX	N	
•			82652	1 25 DIHYDROXY INCLUDES FRACTIONS IF PERFORMED	70.63			XXX	N	
•			82656	ELASTASE PANCREATIC FECAL QUAL/SEMI-QUAN	21.15			XXX	N	
•			82657	NZYM ACTIV BLD CELLS/TISS NONRADACT SUBSTRATE EA	36.60			XXX	N	
•			82658	NZYM ACTV BLOOD CELLS/TISS RADACT SUBSTRATE EA	72.69			XXX	N	
•			82664	ELCTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED	101.54			XXX	N	
•			82668	ASSAY OF ERYTHROPOIETIN	34.47			XXX	N	
•			82670	ASSAY OF ESTRADIOL	51.25			XXX	N	
•			82671	ASSAY OF ESTROGENS FRACTIONATED	59.25			XXX	N	
•			82672	ASSAY OF ESTROGENS TOTAL	39.81			XXX	N	
•			82677	ASSAY OF ESTRIOL	44.36			XXX	N	
•			82679	ASSAY OF ESTRONE	45.78			XXX	N	
•			82693	ASSAY OF ETHYLENE GLYCOL	27.34			XXX	N	
•			82696	ASSAY OF ETIOCHOLANOLONE	43.32			XXX	N	
•			82705	FAT/LIPIDS FECES QUALITATIVE	9.34			XXX	N	
•			82710	FAT/LIPIDS FECES QUANTITATIVE	30.82			XXX	N	
•			82715	FAT DIFFIAL FECES QUANTITATIVE	37.92			XXX	N	
•			82725	FATTY ACIDS NONESTERIFIED	30.99			XXX	N	
•			82726	VERY LONG CHAIN FATTY ACIDS	33.12			XXX	N	
•			82728	ASSAY OF FERRITIN	25.01			XXX	N	
•			82731	FTL FIBRONECTIN CERVICOVAG SECRETIONS SEMI-QUAN	118.16			XXX	N	
•			82735	ASSAY OF FLUORIDE	34.01			XXX	N	
•			82746	ASSAY OF FOLIC ACID SERUM	26.98			XXX	N	
•			82747	ASSAY OF FOLIC ACID RBC	31.78			XXX	N	
•			82757	ASSAY OF FRUCTOSE SEMEN	31.80			XXX	N	
•			82759	ASSAY OF GALACTOKINASE RBC	39.41			XXX	N	
•			82760	ASSAY OF GALACTOSE	20.54			XXX	N	
•			82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUAN	38.65			XXX	N	
•			82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	19.38			XXX	N	
•			82777	GALECTIN-3	73.06			XXX	N	
•			82784	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM EACH	17.07			XXX	N	
•			82785	ASSAY OF GAMMAGLOBULIN IGE	30.20			XXX	N	
•			82787	GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLASSES	14.71			XXX	N	
•			82800	GASES BLOOD PH ONLY	18.16			XXX	N	
•			82803	BLOOD GASES ANY COMBINATION PH PCO2 PO2 CO2 HCO3	43.04			XXX	N	
•			82805	GASES BLOOD PH DIRECT MEAS XCPT PULSE OXIMITRY	130.05			XXX	N	
•			82810	GASES BLOOD O2 SATURATION ONLY DIRECT MEAS	16.13			XXX	N	
•			82820	HGB-O2 AFFINITY PO2 50% SATURATION OXYGEN	22.02			XXX	N	
•			82930	GASTRIC ACID ANALYIS W/PH EACH SPECIMEN	11.08			XXX	N	
•			82938	GASTRIN AFTER SECRETIN STIMULATION	32.46			XXX	N	
•			82941	ASSAY OF GASTRIN	32.34			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			82943	ASSAY OF GLUCAGON	26.22			XXX	N	
•			82945	GLUCOSE BODY FLUID OTHER THAN BLOOD	7.21			XXX	N	
•			82946	GLUCOSE TOLERANCE TEST	29.34			XXX	N	
•			82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGENT STRIP	7.21			XXX	N	
•			82948	GLUCOSE BLOOD REAGENT STRIP	8.32			XXX	N	
•			82950	GLUCOSE POST GLUCOSE DOSE	8.70			XXX	N	
•			82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	23.61			XXX	N	
+			82952	GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPECIMENS	7.20			XXX	N	
•			82955	GLUC-6-PHOSPHATE DEHYDROGENASE QUANTITATIVE	17.78			XXX	N	
•			82960	GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	11.09			XXX	N	
•			82962	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC HOME USE	5.42			XXX	N	
•			82963	ASSAY OF GLUCOSIDASE BETA	39.41			XXX	N	
•			82965	ASSAY OF GLUTAMATE DEHYDROGENASE	21.71			XXX	N	
•			82977	ASSAY OF GLUTAMYLTRASE GAMMA	13.21			XXX	N	
•			82978	ASSAY OF GLUTATHIONE	26.15			XXX	N	
•			82979	ASSAY OF GLUTATHIONE REDUCTASE RBC	17.32			XXX	N	
•			82985	ASSAY OF GLYCATED PROTEIN	27.67			XXX	N	
•			83001	GONADOTROPIN FOLLICLE STIMULATING HORMONE	34.09			XXX	N	
•			83002	GONADOTROPIN LUTEINIZING HORMONE	33.96			XXX	N	
•			83003	ASSAY OF GROWTH HORMONE HUMAN	30.58			XXX	N	
•			83006	GROWTH STIMULATION EXPRESSED GENE 2	124.81			XXX	N	
•			83009	HPYLORI BLOOD ANAL UREASE ACT NON-RADACT ISOTOPE	123.56			XXX	N	
•			83010	ASSAY OF HAPTOGLOBIN QUANTITATIVE	23.06			XXX	N	
•			83012	ASSAY OF HAPTOGLOBIN PHENOTYPES	44.39			XXX	N	
•			83013	HPYLORI BREATH ANAL UREASE ACT NON-RADACT ISTOPE	123.56			XXX	N	
•			83014	HPYLORI DRUG ADMINISTRATION	14.41			XXX	N	
•			83015	HEAVY METAL QUALITATIVE ANY ANALYTES	34.57			XXX	N	
•			83018	HEAVY METAL QUANTIATIVE EACH NES	40.30			XXX	N	
•			83020	HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORESIS	54.55	30.94	23.61	XXX	N	
•			83021	HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRAPHY	33.12			XXX	N	
•			83026	HEMOGLOBIN COPPER SULFATE METHOD NON-AUTOMATED	6.62			XXX	N	
•			83030	HEMOGLOBIN F FETAL CHEMICAL	17.73			XXX	N	
•			83033	HEMOGLOBIN F FETAL QUALITATIVE	13.21			XXX	N	
•			83036	HEMOGLOBIN GLYCOSYLATED A1C	17.81			XXX	N	
•			83037	HGB GLYCOSYLATED DEVICE CLEARED FDA HOME USE	17.81			XXX	N	
•			83045	HEMOGLOBIN METHEMOGLOBIN QUALITATIVE	10.71			XXX	N	
•			83050	HEMOGLOBIN METHEMOGLOBIN QUANTITATIVE	13.54			XXX	N	
•			83051	ASSAY OF HEMOGLOBIN PLASMA	13.41			XXX	N	
•			83060	HEMOGLOBIN SULFHEMOGLOBIN QUANTITATIVE	15.17			XXX	N	
•			83065	HEMOGLOBIN THERMOLABILE	14.86			XXX	N	
•			83068	HEMOGLOBIN UNSTABLE SCREEN	15.63			XXX	N	
•			83069	ASSAY OF HEMOGLOBIN URINE	7.25			XXX	N	
•			83070	ASSAY OF HEMOSIDERIN QUALITATIVE	8.70			XXX	N	
•			83080	ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	30.94			XXX	N	
•			83088	ASSAY OF HISTAMINE	54.17			XXX	N	
•			83090	ASSAY OF HOMOCYSTEINE	30.94			XXX	N	
•			83150	ASSAY OF HOMOVANILLIC ACID	37.00			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			83491	HYDROXYCORTICOSTEROIDS 17	32.14			XXX	N	
•			83497	ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	23.66			XXX	N	
•			83498	ASSAY OF HYDROXYPROGESTERONE 17-D	49.84			XXX	N	
•			83500	ASSAY OF HYDROXYPROLINE FREE	41.56			XXX	N	
•			83505	ASSAY OF HYDROXYPROLINE TOTAL	44.59			XXX	N	
•			83516	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MULTIPLE STEP	21.15			XXX	N	
•			83518	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SINGLE STEP	15.92			XXX	N	
•			83519	IMMUNOASSAY ANALYTE QUANT RADIOIMMUNOASSAY	30.38			XXX	N	
•			83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	28.51			XXX	N	
•			83525	ASSAY OF INSULIN TOTAL	20.97			XXX	N	
•			83527	ASSAY OF INSULIN FREE	23.76			XXX	N	
•			83528	ASSAY OF INTRINSIC FACTOR	32.72			XXX	N	
•			83540	ASSAY OF IRON	11.87			XXX	N	
•			83550	IRON BINDING CAPACITY	16.03			XXX	N	
•			83570	ISOCITRIC DEHYDROGENASE	16.23			XXX	N	
•			83582	ASSAY OF KETOGENIC STEROIDS FRACTIONATION	26.00			XXX	N	
•			83586	ASSAY OF KETOSTEROIDS 17- TOTAL	23.48			XXX	N	
•			83593	KETOSTEROIDS 17- FRACTIONATION	48.24			XXX	N	
•			83605	ASSAY OF LACTATE	19.60			XXX	N	
•			83615	LACTATE DEHYDROGENASE LDH	11.08			XXX	N	
•			83625	LACTATE DEHYDROGENASE ISOENZYMES SEP&QUAN	23.48			XXX	N	
•			83630	LACTOFERRIN FECAL QUALITATIVE	36.01			XXX	N	
•			83631	LACTOFERRIN FECAL QUANTITATIVE	36.01			XXX	N	
•			83632	LACTOGEN HPL HUMAN CHORIONIC SOMATOMAMMOTROPIN	37.10			XXX	N	
•			83633	LACTOSE URINE QUALITATIVE	18.57			XXX	N	
•			83655	ASSAY OF LEAD	22.21			XXX	N	
•			83661	FETAL LUNG MATURITY LECITHIN SPHINGOMYELIN RATIO	40.33			XXX	N	
•			83662	FETAL LUNG MATURITY FOAM STABILITY TEST	34.69			XXX	N	
•			83663	FETAL LUNG MATURITY FLUORESCENCE POLARIZATION	34.69			XXX	N	
•			83664	FETAL LUNG MATURITY LAMELLAR BODY DENSITY	34.69			XXX	N	
•			83670	LEUCINE AMINOPEPTIDASE LAP	16.81			XXX	N	
•			83690	ASSAY OF LIPASE	12.63			XXX	N	
•			83695	LIPOPROTEIN (A)	23.76			XXX	N	
•			83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	76.46			XXX	N	
•			83700	LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&QUAN	20.65			XXX	N	
•			83701	LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ SUBCLASS	55.90			XXX	N	
•			83704	LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCLASSES	57.88			XXX	N	
•			83718	LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLESTEROL	15.02			XXX	N	
•			83719	LIPOPROTEIN DIRECT MEASUREMENT VLDL CHOLESTEROL	21.35			XXX	N	
•			83721	LIPOPROTEIN DIRECT MEASUREMENT LDL CHOLESTEROL	17.50			XXX	N	
•			83722	DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHOLESTEROL	57.88			XXX	N	
•			83727	LUTEINIZING RELEASING FACTOR	31.53			XXX	N	
•			83735	ASSAY OF MAGNESIUM	12.28			XXX	N	
•			83775	ASSAY OF MALATE DEHYDROGENASE	13.52			XXX	N	
•			83785	ASSAY OF MANGANESE	45.12			XXX	N	
•			83789	MASS SPECT&TANDEM MASS SPECT NONDRG ANAL NES EA	39.81			XXX	N	
•			83825	ASSAY OF MERCURY QUANTITATIVE	29.82			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			83835	METANEPHRINES	31.07			XXX	N	
•			83857	METHEMALBUMIN	19.70			XXX	N	
•			83861	MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	37.11			XXX	N	
•			83864	MUCOPOLYSACCHARIDES ACID QUANTITATIVE	47.05			XXX	N	
•			83872	MUCIN SYNOVIAL FLUID ROPES TEST	10.75			XXX	N	
•			83873	MYELIN BASIC PROTEIN CEREBROSPINAL FLUID	31.57			XXX	N	
•			83874	MYOGLOBIN	23.69			XXX	N	
•			83876	MYELOPEROXIDASE MPO	83.97			XXX	N	
•			83880	NATRIURETIC PEPTIDE	64.82			XXX	N	
•			83883	ASSAY OF NEPHELOMETRY EACH ANALYTE NES	24.95			XXX	N	
•			83885	ASSAY OF NICKEL	44.96			XXX	N	
•			83915	ASSAY OF NUCLEOTIDASE 5'-	20.46			XXX	N	
•			83916	OLIGOCLONAL IMMUNE	45.22			XXX	N	
•			83918	ORGANIC ACIDS TOTAL QUANTITATIVE EACH SPECIMEN	38.96			XXX	N	
•			83919	ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	30.18			XXX	N	
•			83921	ORGANIC ACID 1 QUANTITATIVE	35.02			XXX	N	
•			83930	ASSAY OF OSMOLALITY BLOOD	12.13			XXX	N	
•			83935	ASSAY OF OSMOLALITY URINE	12.50			XXX	N	
•			83937	ASSAY OF OSTEOCALCIN	54.75			XXX	N	
•			83945	ASSAY OF OXALATE	23.86			XXX	N	
•			83950	ONCOPROTEIN HER-2/NEU	118.16			XXX	N	
•			83951	ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHROMBIN DCP	118.16			XXX	N	
•			83970	ASSAY OF PARATHORMONE	75.71			XXX	N	
•			83986	PH BODY FLUID NOT ELSEWHERE SPECIFIED	6.57			XXX	N	
•			83987	PH EXHALED BREATH CONDENSATE	6.57			XXX	N	
•			83992	ASSAY OF PHENCYCLIDINE	76.76			XXX	N	
•			83993	ASSAY OF CALPROTECTIN FECAL	36.01			XXX	N	
•			84030	ASSAY OF PHENYLALANINE BLOOD	10.09			XXX	N	
•			84035	ASSAY OF PHENYLKETONES QUALITATIVE	6.72			XXX	N	
•			84060	ASSAY OF PHOSPHATASE ACID TOTAL	13.55			XXX	N	
•			84066	ASSAY OF PHOSPHATASE ACID PROSTATIC	17.72			XXX	N	
•			84075	ASSAY OF PHOSPHATASE ALKALINE	9.49			XXX	N	
•			84078	ASSAY OF PHOSPHATASE ALKALINE HEAT STABLE	13.64			XXX	N	
•			84080	ASSAY OF PHOSPHATASE ALKALINE ISOENZYMES	27.13			XXX	N	
•			84081	PHOSPHATIDYLGLYCEROL	30.30			XXX	N	
•			84085	PHOSPHOGLUCONATE 6-DEHYD RBC	17.32			XXX	N	
•			84087	ASSAY OF PHOSPHOHEXOSE ISOMERASE	18.94			XXX	N	
•			84100	ASSAY OF PHOSPHORUS INORGANIC	8.70			XXX	N	
•			84105	ASSAY OF PHOSPHORUS INORGANIC URINE	9.54			XXX	N	
•			84106	PORPHOBILINOGEN URINE QUALITATIVE	9.61			XXX	N	
•			84110	ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	15.49			XXX	N	
•			84112	EVAL C/V AMNIOTIC FLUID PROTEIN QUAL EA SPECIMEN	161.98			XXX	N	
•			84119	PORPHYRINS URINE QUALITATAIVE	22.06			XXX	N	
•			84120	PORPHYRINS URINE QUANTITATION & FRACTIONATION	26.99			XXX	N	
•			84126	PORPHYRINS FECES QUANTITATIVE	64.57			XXX	N	
•			84132	POTASSIUM SERUM PLASMA/WHOLE BLOOD	8.44			XXX	N	
•			84133	POTASSIUM URINE	7.91			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			84134	PREALBUMIN	26.76			XXX	N	
•			84135	PREGNANEDIOL	35.12			XXX	N	
•			84138	PREGNANETRIOL	34.75			XXX	N	
•			84140	PREGNENOLONE	37.92			XXX	N	
•			84143	17-HYDROXYPREGNENOLONE	41.84			XXX	N	
•			84144	ASSAY OF PROGESTERONE	38.27			XXX	N	
•			84145	PROCALCITONIN (PCT)	49.15			XXX	N	
•			84146	ASSAY OF PROLACTIN	35.55			XXX	N	
•			84150	ASSAY OF PROSTAGLNDIN EACH	68.96			XXX	N	
•			84152	ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPLEXED	33.75			XXX	N	
•			84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	33.75			XXX	N	
•			84154	ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	33.75			XXX	N	
•			84155	PROTEIN XCPT REFRACTOMETRY SERUM PLASMA/WHL BLD	6.72			XXX	N	
•			84156	PROTEIN TOTAL XCPT REFRACTOMETRY URINE	6.72			XXX	N	
•			84157	PROTEIN TOTAL XCPT REFRACTOMETRY OTH SRC	6.72			XXX	N	
•			84160	PROTEIN TOTAL REFRACTOMETRY ANY SRC	9.49			XXX	N	
•			84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A	27.62			XXX	N	
•			84165	PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ SERUM	50.64	30.94	19.70	XXX	N	
•			84166	PROTEIN ELECTROP FXJ&QUAN OTH FLUS CONCENTRATI	63.65	30.94	32.71	XXX	N	
•			84181	PROTEIN WESTRN BLOT I&R BLOOD/OTHER FLUID	62.18	30.94	31.24	XXX	N	
•			84182	PROTEIN WESTRN BLOT BLOOD/OTH FLU IMMUNOLOGICAL	79.17	30.94	48.23	XXX	N	
•			84202	PROTOPORPHYRIN RBC QUANTITATIVE	26.32			XXX	N	
•			84203	PROTOPORPHYRIN RBC SCREEN	16.08			XXX	N	
•			84206	ASSAY OF PROINSULIN	44.06			XXX	N	
•			84207	ASSAY OF PYRIDOXAL PHOSPHATE	51.54			XXX	N	
•			84210	ASSAY OF PYRUVATE	23.91			XXX	N	
•			84220	ASSAY OF PYRUVATE KINASE	17.32			XXX	N	
•			84228	ASSAY OF QUININE	21.35			XXX	N	
•			84233	ASSAY OF RECEPTOR ASSAY ESTROGEN	145.09			XXX	N	
•			84234	ASSAY OF RECEPTOR ASSAY PROGESTERONE	119.02			XXX	N	
•			84235	RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRGN/PROGST	117.60			XXX	N	
•			84238	RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RECEPTOR	67.08			XXX	N	
•			84244	ASSAY OF RENIN	40.35			XXX	N	
•			84252	ASSAY OF RIBOFLAVIN-VITAMIN B-2	37.13			XXX	N	
•			84255	ASSAY OF SELENIUM	46.84			XXX	N	
•			84260	ASSAY OF SEROTONIN	56.84			XXX	N	
•			84270	ASSAY OF SEX HORMONE BINDING GLOBULIN	39.87			XXX	N	
•			84275	ASSAY OF SIALIC ACID	24.65			XXX	N	
•			84285	ASSAY OF SILICA	43.17			XXX	N	
•			84295	SODIUM SERUM PLASMA OR WHOLE BLOOD	8.83			XXX	N	
•			84300	ASSAY OF URINE SODIUM	8.92			XXX	N	
•			84302	ASSAY OF SODIUM OTHER SOURCE	8.92			XXX	N	
•			84305	ASSAY OF SOMATOMEDIN	39.01			XXX	N	
•			84307	ASSAY OF SOMATOSTATIN	33.53			XXX	N	
•			84311	SPECTROPHOTOMETRY ANALYT NOT ELSEWHERE SPECIFIED	13.37			XXX	N	
•			84315	SPECIFIC GRAVITY EXCEPT URINE	5.42			XXX	N	
•			84375	SUGARS CHROMATOGRAPHIC TLC/PAPER CHROMATOGRAPHY	64.39			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			84376	SUGARS MONO DI&OLIGOS 1 QUALITATAIVE EACH SPEC	10.09			XXX	N	
•			84377	SUGARS MONO DI&OLIGOS MLT QUALITATIVE EACH SPE	10.09			XXX	N	
•			84378	SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EACH SPEC	21.15			XXX	N	
•			84379	SUGARS MONO DI&OLIGOS MLT QUANTITATIVE EA SPEC	21.15			XXX	N	
•			84392	ASSAY OF SULFATE URINE	9.06			XXX	N	
•			84402	ASSAY OF TESTOSTERONE FREE	46.72			XXX	N	
•			84403	ASSAY OF TESTOSTERONE TOTAL	47.35			XXX	N	
•			84410	ASSAY BIOVLBL TESTOSTERONE DIRECT MEASUREMENT	94.07			XXX	N	
•			84425	ASSAY OF THIAMINE-VITAMIN B-1	38.95			XXX	N	
•			84430	ASSAY OF THIOCYANATE	21.35			XXX	N	
•			84431	THROMBOXANE METABOLITE W/WO THROMBOXANE URINE	57.97			XXX	N	
•			84432	ASSAY OF THYROGLOBULIN	29.45			XXX	N	
•			84436	ASSAY OF THYROXINE TOTAL	12.60			XXX	N	
•			84437	ASSAY OF THYROXINE REQUIRING ELUTION	11.85			XXX	N	
•			84439	ASSAY OF FREE THYROXINE	16.54			XXX	N	
•			84442	ASSAY OF THYROXINE BINDING GLOBULIN	27.13			XXX	N	
•			84443	ASSAY OF THYROID STIMULATING HORMONE TSH	30.82			XXX	N	
•			84445	THYROID STIMULATING IMMUNE GLOBULINS TSI	93.30			XXX	N	
•			84446	ASSAY OF TOCOPHEROL ALPHA VITAMIN E	26.00			XXX	N	
•			84449	ASSAY OF TRANSCORTIN CORTISOL BINDING GLOBULIN	33.02			XXX	N	
•			84450	TRANSFERASE ASPARTATE AMINO AST SGOT	9.49			XXX	N	
•			84460	TRANSFERASE ALANINE AMINO ALT SGPT	9.72			XXX	N	
•			84466	ASSAY OF L7383TRANSFERRIN	23.41			XXX	N	
•			84478	ASSAY OF TRIGLYCERIDES	10.53			XXX	N	
•			84479	THYROID HORM UPTK/THYROID HORMONE BINDING RATIO	11.85			XXX	N	
•			84480	ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	26.00			XXX	N	
•			84481	ASSAY OF TRIIODOTHYRONINE T3 FREE	31.07			XXX	N	
•			84482	TRIIODOTHYRONINE T3 REVERSE	28.91			XXX	N	
•			84484	ASSAY OF TROPONIN QUANTITATIVE	20.59			XXX	N	
•			84485	ASSAY OF TRYPSIN DUODENAL FLUID	13.21			XXX	N	
•			84488	ASSAY OF TRYPSIN FECES QUALITATIVE	13.39			XXX	N	
•			84490	TRYPSIN FECES QUANTITATIVE 24-HR COLLECTION	16.39			XXX	N	
•			84510	ASSAY OF TYROSINE	19.09			XXX	N	
•			84512	ASSAY OF TROPONIN QUALITATIVE	16.66			XXX	N	
•			84520	ASSAY OF UREA NITROGEN QUANTITATIVE	7.25			XXX	N	
•			84525	ASSAY OF UREA NITROGEN SEMIQUANTITATIVE	8.47			XXX	N	
•			84540	ASSAY OF UREA NITROGEN URINE	9.18			XXX	N	
•			84545	UREA NITROGEN CLEARANCE	12.13			XXX	N	
•			84550	ASSAY OF BLOOD/URIC ACID	8.29			XXX	N	
•			84560	ASSAY OF URIC ACID OTHER SOURCE	8.70			XXX	N	
•			84577	ASSAY OF UROBILINOGEN FECES QUANTITATIVE	30.82			XXX	N	
•			84578	ASSAY OF UROBILINOGEN URINE QUALITATIVE	7.38			XXX	N	
•			84580	UROBILINOGEN URINE QUANTITATIVE TIMED SPECIMEN	15.77			XXX	N	
•			84583	ASSAY OF UROBILINOGEN URINE SEMIQUANTITATIVE	9.99			XXX	N	
•			84585	ASSAY OF VANILLYLMANDELIC ACID URINE	28.43			XXX	N	
•			84586	ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	64.82			XXX	N	
•			84588	ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMONE	62.26			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			84590	ASSAY OF VITAMIN A	21.30			XXX	N	
•			84591	ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	28.17			XXX	N	
•			84597	ASSAY OF VITAMIN K	25.16			XXX	N	
•			84600	ASSAY OF VOLATILES	29.50			XXX	N	
•			84620	XYLOSE ABSORPTION TEST BLOOD &/URINE	21.73			XXX	N	
•			84630	ASSAY OF ZINC	20.88			XXX	N	
•			84681	ASSAY OF C-PEPTIDE	38.19			XXX	N	
•			84702	GONADOTROPIN CHORIONIC QUANTITATIVE	27.62			XXX	N	
•			84703	GONADOTROPIN CHORIONIC QUALITATIVE	13.80			XXX	N	
•			84704	GONADOTROPIN CHORIONIC HCG FREE BETA CHAIN	27.62			XXX	N	
•			84830	OVULATION TEST VISUAL COLOR COMPARISON HLH	20.97			XXX	N	
•			84999	UNLISTED CHEMISTRY PROCEDURE	BR			XXX	N	
•			85002	BLEEDING TIME TEST	8.27			XXX	N	
•			85004	BLOOD COUNT AUTOMATED DIFFERENTIAL WBC COUNT	11.85			XXX	N	
•			85007	BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTL WBC COUNT	6.31			XXX	N	
•			85008	BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL WBC COUNT	6.31			XXX	N	
•			85009	BLOOD COUNT MANUAL DIFRNTL WBC COUNT BUFFY COAT	8.37			XXX	N	
•			85013	BLOOD COUNT SPUN MICROHEMATOCRIT	11.56			XXX	N	
•			85014	BLOOD COUNT HEMATOCRIT	4.34			XXX	N	
•			85018	BLOOD COUNT HEMOGLOBIN	4.34			XXX	N	
•			85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC	14.25			XXX	N	
•			85027	BLOOD COUNT COMPLETE AUTOMATED	11.85			XXX	N	
•			85032	BLOOD COUNT MANUAL CELL COUNT EACH	7.91			XXX	N	
•			85041	BLOOD COUNT RED BLOOD CELL AUTOMATED	5.53			XXX	N	
•			85044	BLOOD COUNT RETICULOCYTE AUTOMATED	7.91			XXX	N	
•			85045	BLOOD COUNT RETICULOCYTE AUTOMATED	7.33			XXX	N	
•			85046	BLOOD COUNT RETICULOCYTES AUTO 1/> CELL MEAS	10.22			XXX	N	
•			85048	BLOOD COUNT LEUKOCYTE WBC AUTOMATED	4.66			XXX	N	
•			85049	BLOOD COUNT PLATELET AUTOMATED	8.21			XXX	N	
•			85055	RETICULATED PLATELET ASSAY	59.01			XXX	N	
•			85060	BLOOD SMEAR PERIPHERAL INTERP PHYS W/WRIT REPORT	41.65			XXX	N	
•			85097	BONE MARROW SMEAR INTERPRETATION	125.55			XXX	N	792.53
•			85130	CHROMOGENIC SUBSTRATE ASSAY	21.81			XXX	N	
•			85170	BLOOD CLOT RETRACTION	26.91			XXX	N	
•			85175	CLOT LYSIS TIME WHOLE BLOOD DILUTION	33.63			XXX	N	
•			85210	CLOTTING FACTOR II PROTHROMBIN SPECIFIC	23.82			XXX	N	
•			85220	CLOTTING FACTOR V ACG/PROACCELERIN LABILE FACTOR	32.38			XXX	N	
•			85230	CLOTTING FACTOR VII PROCONVERTIN STABLE FACTOR	32.84			XXX	N	
•			85240	CLOTTING FACTOR VIII AHG 1 STAGE	32.84			XXX	N	
•			85244	CLOTTING FACTOR VIII RELATED ANTIGEN	37.46			XXX	N	
•			85245	CLOTTING FACTOR VIII VW FACTOR RISTOCETIN COFACT	42.08			XXX	N	
•			85246	CLOTTING FACTOR VIII VW FACTOR ANTIGEN	42.08			XXX	N	
•			85247	CLOTTING FACTOR VIII MULTIMETRIC ANALYSIS	42.08			XXX	N	
•			85250	CLOTTING FACTOR IX PTC/CHRISTMAS	34.93			XXX	N	
•			85260	CLOTTING FACTOR X STUART-PROWER	32.84			XXX	N	
•			85270	CLOTTING FACTOR XI PTA	32.84			XXX	N	
•			85280	CLOTTING FACTOR XII HAGEMAN	35.50			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			85290	CLOTTING FACTOR XIII FIBRIN STABILIZING	29.97			XXX	N	
•			85291	CLOTTING FACTOR XIII FIBRN STABILIZ SCREEN SOLUB	16.31			XXX	N	
•			85292	CLOTTING PREKALLIKREIN ASSAY FLETCHER FACT ASSAY	34.74			XXX	N	
•			85293	CLOTTING HI MOLEC WEIGHT KININOGEN ASSAY	34.74			XXX	N	
•			85300	CLOTTING INHIBITORS ANTITHROMBIN III ACTIVITY	21.74			XXX	N	
•			85301	CLOTTING INHIBITRS ANTITHROMBN III ANTIGEN ASSAY	19.83			XXX	N	
•			85302	CLOTTING INHIBITORS PROTEIN C ANTIGEN	22.04			XXX	N	
•			85303	CLOTTING INHIBITORS PROTEIN C ACTIVITY	25.38			XXX	N	
•			85305	CLOTTING INHIBITORS PROTEIN S TOTAL	21.30			XXX	N	
•			85306	CLOTTING INHIBITORS PROTEIN S FREE	28.12			XXX	N	
•			85307	ACTIVATED PROTEIN C APC RESISTANCE ASSAY	28.12			XXX	N	
•			85335	FACTOR INHIBITOR TEST	23.61			XXX	N	
•			85337	THROMBOMODULIN	28.51			XXX	N	
•			85345	COAGULATION TIME LEE AND WHITE	7.91			XXX	N	
•			85347	COAGULATION TIME ACTIVATED	7.81			XXX	N	
•			85348	COAGULATION TIME OTHER METHODS	7.41			XXX	N	
•			85360	EUGLOBULIN LYSIS	15.42			XXX	N	
•			85362	FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE SEMIQUAN	12.63			XXX	N	
•			85366	FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ	132.84			XXX	N	
•			85370	FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVE	20.84			XXX	N	
•			85378	FIBRIN DGRADJ PRODUCTS D-DIMER QUAL/SEMIQUAN	16.05			XXX	N	
•			85379	FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITATIVE	18.67			XXX	N	
•			85380	FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASENSITIVE	18.67			XXX	N	
•			85384	FIBRINOGEN ACTIVITY	16.05			XXX	N	
•			85385	FIBRINOGEN ANTIGEN	23.87			XXX	N	
•			85390	FIBRINOLYSINS/COAGULOPATHY SCREEN INTERP&REPOR	88.63	63.07	25.56	XXX	N	
•			85396	COAGJ/FBRNLYS ASSAY WHOLE BLOOD ADDITIVE PER DAY	34.51			XXX	N	
•			85397	COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS EA ANAL	50.95			XXX	N	
•			85400	FIBRINOLYTIC FACTORS & INHIBITORS PLASMIN	14.13			XXX	N	
•			85410	FBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTIPLASMIN	14.13			XXX	N	
•			85415	FBRNLYC FACTORS&INHIBITORS PLSMNG ACTIVATOR	31.53			XXX	N	
•			85420	FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT AGIC ASS	11.99			XXX	N	
•			85421	FBRNLYC FACTORS&INHIBITORS PLSMNG AGIC ASSAY	18.69			XXX	N	
•			85441	HEINZ BODIES DIRECT	7.71			XXX	N	
•			85445	HEINZ BODIES INDUCED ACETYL PHENYLHYDRAZINE	12.50			XXX	N	
•			85460	HGB/RBCS FETAL FETOMATERNAL HEMRRG DIFRNTL LYSIS	14.18			XXX	N	
•			85461	HGB/RBCS FETAL FETOMATERNAL HEMRRG ROSETTE	15.45			XXX	N	
•			85475	HEMOLYSIN ACID	16.28			XXX	N	
•			85520	HEPARIN ASSAY	24.02			XXX	N	
•			85525	HEPARIN NEUTRALIZATION	21.71			XXX	N	
•			85530	HEPARIN-PROTAMINE TOLERANCE TST	24.02			XXX	N	
•			85536	IRON STAIN PERIPHERAL BLOOD	11.85			XXX	N	
•			85540	WBC ALKALINE PHOSPHATASE COUNT	15.78			XXX	N	
•			85547	MECHANICAL FRAGILITY RBC	15.78			XXX	N	
•			85549	MURAMIDASE	34.39			XXX	N	
•			85555	OSMOTIC FRAGILITY RBC UNINCUBATED	12.33			XXX	N	
•			85557	OSMOTIC FRAGILITY RBC INCUBATED	24.50			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			85576	PLATELET AGGREGATION IN VITRO EACH AGENT	72.07	30.94	41.13	XXX	N	
•			85597	PHOSPHOLIPID NEUTRALIZATION PLATELET	32.97			XXX	N	
•			85598	PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	32.97			XXX	N	
•			85610	PROTHROMBIN TIME	7.21			XXX	N	
•			85611	PROTHROMBIN TIME SUBSTITUTION PLASMA FRCTJ EACH	7.23			XXX	N	
•			85612	RUSSELL VIPER VENON TIME UNDILUTED	28.88			XXX	N	
•			85613	RUSSELL VIPER VENOM TIME DILUTED	17.57			XXX	N	
•			85635	REPTILASE TEST	18.06			XXX	N	
•			85651	SEDIMENTATION RATE RBC NON-AUTOMATED	7.05			XXX	N	
•			85652	SEDIMENTATION RATE RBC AUTOMATED	4.95			XXX	N	
•			85660	SICKLING RBC REDUCTION	10.10			XXX	N	
•			85670	THROMBIN TIME PLASMA	10.58			XXX	N	
•			85675	THROMBIN TIME TITER	12.56			XXX	N	
•			85705	THROMBOPLASTIN INHIBITION TISSUE	17.67			XXX	N	
•			85730	THROMBOPLASTIN TIME PARTIAL PLASMA/WHOLE BLOOD	11.01			XXX	N	
•			85732	THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA FRCTJ EA	11.85			XXX	N	
•			85810	VISCOSITY	21.41			XXX	N	
•			85999	UNLISTED HEMATOLOGY & COAGULATION PROCEDURE	BR			XXX	N	
•			86000	AGGLUTININS FEBRILE EACH ANTIGEN	12.81			XXX	N	
•			86001	ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA ALLERGEN	12.91			XXX	N	
•			86003	ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	9.58			XXX	N	
•			86005	ALLERGEN SPEC IGE QUAL MULTIALLERGEN SCREEN	14.61			XXX	N	
•			86008	ALLERGEN SPEC IGE RECOMBINANT/PURIFIED COMPNT EA	32.90			XXX	N	
•			86021	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	27.62			XXX	N	
•			86022	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	33.70			XXX	N	
•			86023	ANTIBODY IDENTIFICATION PLATELET IMMUNOGL ASSAY	22.85			XXX	N	
•			86038	ANTINUCLEAR ANTIBODIES ANA	22.17			XXX	N	
•			86039	ANTINUCLEAR ANTIBODIES ANA TITER	20.47			XXX	N	
•			86060	ANTISTREPTOLYSIN O TITER	13.39			XXX	N	
•			86063	ANTISTREPTOLYSIN O SCREEN	10.58			XXX	N	
•			86077	BLD BANK PHYS SVCS DIFFC CROSS MATCH&/EVAL REP	93.42			XXX	N	45.61
•			86078	BLD BANK PHYS SVCS INVSTGJ TFUJ RXN REPRT	93.42			XXX	N	205.52
•			86079	BLD BANK PHYS SVCS AUTHJ DEVIJ STANDARD REPRT	92.82			XXX	N	72.39
•			86140	C-REACTIVE PROTEIN	9.49			XXX	N	
•			86141	C-REACTIVE PROTEIN HIGH SENSITIVITY	23.76			XXX	N	
•			86146	BETA 2 GLYCOPROTEIN I ANTIBODY EACH	46.69			XXX	N	
•			86147	CARDIOLIPIN ANTIBODY EACH IG CLASS	46.69			XXX	N	
•			86148	ANTI-PHOSPHATIDYLSERINE ANTIBODY	29.47			XXX	N	
•			86152	CELL ENUMERATION IMMUNE SELECTJ & ID FLUID SPEC	450.72			XXX	N	
•			86153	CELL ENUMERATION IMMUNE SELECTJ & ID PHYS INTERP	0.00	58.31	0.00	XXX	N	
•			86155	CHEMOTAXIS ASSAY SPECIFY METHOD	29.32			XXX	N	
•			86156	COLD AGGLUTININ SCREEN	13.32			XXX	N	
•			86157	COLD AGGLUTININ TITER	14.79			XXX	N	
•			86160	COMPLEMENT ANTIGEN EACH COMPONENT	22.01			XXX	N	
•			86161	COMPLEMENT FUNCTIONAL ACTIVITY EACH COMPONENT	22.01			XXX	N	
•			86162	COMPLEMENT TOTAL HEMOLYTIC	37.28			XXX	N	
•			86171	COMPLEMENT FIXATION TESTS EACH ANTIGEN	18.36			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			86200	CYCLIC CITRULLINATED PEPTIDE ANTIBODY	23.76			XXX	N	
•			86215	DEOXYRIBONUCLEASE ANTIBODY	24.30			XXX	N	
•			86225	DNA ANTIBODY NATIVE/DOUBLE STRANDED	25.21			XXX	N	
•			86226	DNA ANTIBODY SINGLE STRANDED	22.21			XXX	N	
•			86235	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY ANY METHOD	32.90			XXX	N	
•			86255	FLUORESCENT NONNFCT AGT ANTB SCREEN EA ANTIBODY	53.05	30.94	22.11	XXX	N	
•			86256	FLUORESCENT NONNFCT AGT ANTB TITER EA ANTIBODY	53.05	30.94	22.11	XXX	N	
•			86277	GROWTH HORMONE HUMAN ANTIBODY	28.88			XXX	N	
•			86280	HEMAGGLUTINATION INHIBITION TEST HAI	15.02			XXX	N	
•			86294	IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQUANTITATIVE	42.22			XXX	N	
•			86300	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 15-3	38.19			XXX	N	
•			86301	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 19-9	38.19			XXX	N	
•			86304	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE CA 125	38.19			XXX	N	
•			86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	38.19			XXX	N	
•			86308	HETEROPHILE ANTIBODIES SCREEN	9.49			XXX	N	
•			86309	HETEROPHILE ANTIBODIES TITER	11.85			XXX	N	
•			86310	HETEROPHILE ANTIBODIES TITER AFTER ABSORPTION	13.52			XXX	N	
•			86316	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE	38.19			XXX	N	
•			86317	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY QUAN NOS	27.49			XXX	N	
•			86318	IMMUNOASSAY NFCT AGT ANTB QUAL/SEMIQUAN 1 STEP	29.87			XXX	N	
•			86320	IMMUNOELECTROPHORESIS SERUM	80.34	30.94	49.40	XXX	N	
•			86325	IMMUNOELECTROPHORESIS OTHER FLUIDS CONCENTRATION	71.97	30.94	41.03	XXX	N	
•			86327	IMMUNOELECTROPHORESIS CROSSED	87.48	38.08	49.40	XXX	N	
•			86329	IMMUNODIFFUSION NOT ELSEWHERE SPECIFIED	25.77			XXX	N	
•			86331	IMMUNODIFFUSION GEL DIFFUSION QUAL EA AG/ANTBDY	21.97			XXX	N	
•			86332	IMMUNE COMPLEX ASSAY	44.71			XXX	N	
•			86334	IMMUNOFIXJ ELECTROPHORESIS SERUM	71.93	30.94	40.99	XXX	N	
•			86335	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	84.78	30.94	53.84	XXX	N	
•			86336	INHIBIN A	28.60			XXX	N	
•			86337	INSULIN ANTIBODIES	39.28			XXX	N	
•			86340	INTRINSIC FACTOR ANTIBODIES	27.65			XXX	N	
•			86341	ISLET CELL ANTIBODY	38.91			XXX	N	
•			86343	LEUKOCYTE HISTAMINE RELEASE TEST LHR	22.85			XXX	N	
•			86344	LEUKOCYTE PHAGOCYTOSIS	17.15			XXX	N	
•			86352	CELLULAR FUNCTION ASSAY STIMUL&DETECT BIOMARKE	249.23			XXX	N	
•			86353	LYMPHOCYTE TR MITOGEN/AG INDUCED BLASTOGENESIS	89.93			XXX	N	
•			86355	B CELLS TOTAL COUNT	69.21			XXX	N	
•			86356	MONONUCLEAR CELL ANTIGEN QUANTITATIVE NOS EA	49.12			XXX	N	
•			86357	NATURAL KILLER CELLS TOTAL COUNT	69.21			XXX	N	
•			86359	T CELLS TOTAL COUNT	69.21			XXX	N	
•			86360	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	86.18			XXX	N	
•			86361	T CELLS ABSOLUTE CD4 COUNT	49.12			XXX	N	
•			86367	STEM CELLS TOTAL COUNT	128.41			XXX	N	
•			86376	MICROSOMAL ANTIBODIES EACH	26.70			XXX	N	
•			86382	NEUTRALIZATION TEST VIRAL	31.02			XXX	N	
•			86384	NITROBLUE TETRAZOLIUM DYE TEST NTD	22.47			XXX	N	
•			86386	NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITATIVE	35.96			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			86403	PARTICLE AGGLUTINATION SCREEN EACH ANTIBODY	19.05			XXX	N	
•			86406	PARTICLE AGGLUTINATION TITER EACH ANTIBODY	19.51			XXX	N	
•			86430	RHEUMATOID FACTOR QUALITATIVE	10.40			XXX	N	
•			86431	RHEUMATOID FACTOR QUANTITATIVE	10.40			XXX	N	
•			86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA INTERFERON	113.70			XXX	N	
•			86481	TB ANTIGEN RESPONSE GAMMA INTERFERON T-CELL SUSP	165.10			XXX	N	
•			86485	SKIN TEST CANDIDA	43.44			XXX	N	45.61
•			86486	SKIN TEST UNLISTED ANTIGEN EACH	8.93			XXX	N	24.38
•			86490	SKIN TEST COCCIDIOIDOMYCOSIS	148.16			XXX	N	79.38
•			86510	SKIN TEST HISTOPLASMOSIS	11.31			XXX	N	79.38
•			86580	SKIN TEST TUBERCULOSIS INTRADERMAL	14.28			XXX	N	24.38
•			86590	STREPTOKINASE ANTIBODY	20.90			XXX	N	
•			86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY QUAL	7.84			XXX	N	
•			86593	SYPHILIS TEST QUANTITATIVE	8.07			XXX	N	
•			86602	ANTIBODY ACTINOMYCES	18.67			XXX	N	
•			86603	ANTIBODY ADENOVIRUS	23.61			XXX	N	
•			86606	ANTIBODY ASPERGILLUS	27.62			XXX	N	
•			86609	ANTIBODY BACTERIUM NOT ELSEWHERE SPECIFIED	23.63			XXX	N	
•			86611	ANTIBODY BARTONELLA	18.67			XXX	N	
•			86612	ANTIBODY BLASTOMYCES	23.68			XXX	N	
•			86615	ANTIBODY BORDETELLA	24.19			XXX	N	
•			86617	ANTIBODY BORRELIA BURGDORFERI CONFIRMATORY TST	28.41			XXX	N	
•			86618	ANTIBODY BORRELIA BURGDORFERI LYME DISEASE	31.24			XXX	N	
•			86619	ANTIBODY BORRELIA RELAPSING FEVER	24.53			XXX	N	
•			86622	ANTIBODY BRUCELLA	16.38			XXX	N	
•			86625	ANTIBODY CAMPYLOBACTER	24.07			XXX	N	
•			86628	ANTIBODY CANDIDA	22.02			XXX	N	
•			86631	ANTIBODY CHLAMYDIA	21.69			XXX	N	
•			86632	ANTIBODY CHLAMYDIA IGM	23.26			XXX	N	
•			86635	ANTIBODY COCCIDIOIDES	21.05			XXX	N	
•			86638	ANTIBODY COXIELLA BURNETII Q FEVER	22.24			XXX	N	
•			86641	ANTIBODY CRYPTOCOCCUS	26.43			XXX	N	
•			86644	ANTIBODY CYTOMEGALOVIRUS CMV	26.40			XXX	N	
•			86645	ANTIBODY CYTOMEGALOVIRUS CMV IGM	30.91			XXX	N	
•			86648	ANTIBODY DIPHTHERIA	27.90			XXX	N	
•			86651	ANTIBODY ENCEPHALITIS CALIFORNIA LA CROSSE	24.19			XXX	N	
•			86652	ANTIBODY ENCEPHALITIS EASTERN EQUINE	24.19			XXX	N	
•			86653	ANTIBODY ENCEPHALITIS ST. LOUIS	24.19			XXX	N	
•			86654	ANTIBODY ENCEPHALITIS WESTRN EQUINE	24.19			XXX	N	
•			86658	ANTIBODY ENTEROVIRUS	23.89			XXX	N	
•			86663	ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANTIGEN EA	24.07			XXX	N	
•			86664	ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR AG EBNA	28.05			XXX	N	
•			86665	ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAPSID VCA	33.28			XXX	N	
•			86666	ANTIBODY EHRLICHIA	18.67			XXX	N	
•			86668	ANTIBODY FRANCISELLA TULARENSIS	23.38			XXX	N	
•			86671	ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIED	22.49			XXX	N	
•			86674	ANTIBODY GIARDIA LAMBLIA	26.99			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			86677	ANTIBODY HELICOBACTER PYLORI	27.82			XXX	N	
•			86682	ANTIBODY HELMINTH NOT ELSEWHERE SPECIFIED	23.86			XXX	N	
•			86684	ANTIBODY HAEMOPHILUS INFLUENZA	29.06			XXX	N	
•			86687	ANTIBODY HTLV-I	15.39			XXX	N	
•			86688	ANTIBODY HTLV-II	25.69			XXX	N	
•			86689	ANTIBODY HTLV/HIV ANTIBODY CONFIRMATORY TEST	35.51			XXX	N	
•			86692	ANTIBODY HEP DELTA AGENT	31.48			XXX	N	
•			86694	ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE TEST	26.40			XXX	N	
•			86695	ANTIBODY HERPES SMPLX TYPE 1	24.19			XXX	N	
•			86696	ANTIBODY HERPES SMPLX TYPE 2	35.51			XXX	N	
•			86698	ANTIBODY HISTOPLASMA	22.92			XXX	N	
•			86701	ANTIBODY HIV-1	16.30			XXX	N	
•			86702	ANTIBODY HIV-2	24.80			XXX	N	
•			86703	ANTIBODY HIV-1&HIV-2 SINGLE RESULT	25.14			XXX	N	
•			86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	22.11			XXX	N	
•			86705	HEPATITIS B CORE ANTIBODY HBCAB IGM ANTIBODY	21.59			XXX	N	
•			86706	HEPATITIS B SURF ANTIBODY HBSAB	19.70			XXX	N	
•			86707	HEPATITIS BE ANTIBODY HBEAB	21.22			XXX	N	
•			86708	HEPATITIS A ANTIBODY HAAB	22.72			XXX	N	
•			86709	HEPATITIS ANTIBODY HAAB IGM ANTIBODY	20.65			XXX	N	
•			86710	ANTIBODY INFLUENZA VIRUS	24.86			XXX	N	
•			86711	ANTIBODY JOHN CUNNINGHAM VIRUS	27.89			XXX	N	
•			86713	ANTIBODY LEGIONELLA	28.07			XXX	N	
•			86717	ANTIBODY LEISHMANIA	22.47			XXX	N	
•			86720	ANTIBODY LEPTOSPIRA	26.75			XXX	N	
•			86723	ANTIBODY LISTERIA MONOCYTOGENES	24.19			XXX	N	
•			86727	ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	23.61			XXX	N	
•			86732	ANTIBODY MUCORMYCOSIS	24.76			XXX	N	
•			86735	ANTIBODY MUMPS	23.94			XXX	N	
•			86738	ANTIBODY MYCOPLSM	24.29			XXX	N	
•			86741	ANTIBODY NEISSERIA MENINGITIDIS	24.19			XXX	N	
•			86744	ANTIBODY NOCARDIA	26.40			XXX	N	
•			86747	ANTIBODY PARVOVIRUS	27.57			XXX	N	
•			86750	ANTIBODY PLASMODIUM MALARIA	24.19			XXX	N	
•			86753	ANTIBODY PROTOZOA NES	22.72			XXX	N	
•			86756	ANTIBODY RESPIRATORY SYNCTIAL VIRUS	26.23			XXX	N	
•			86757	ANTIBODY RICKETTSIA	35.51			XXX	N	
•			86759	ANTIBODY ROTAVIRUS	30.10			XXX	N	
•			86762	ANTIBODY RUBELLA	26.40			XXX	N	
•			86765	ANTIBODY RUBEOLA	23.63			XXX	N	
•			86768	ANTIBODY SALMONELLA	24.19			XXX	N	
•			86771	ANTIBODY SHIGELLA	40.42			XXX	N	
•			86774	ANTIBODY TETANUS	27.14			XXX	N	
•			86777	ANTIBODY TOXOPLASMA	26.40			XXX	N	
•			86778	ANTIBODY TOXOPLASMA IGM	26.43			XXX	N	
•			86780	ANTIBODY TREPONEMA PALLIDUM	24.29			XXX	N	
•			86784	ANTIBODY TRICHINELLA	23.05			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			86787	ANTIBODY VARICELLA-ZOSTER	23.63			XXX	N	
•			86788	ANTIBODY WEST NILE VIRUS IGM	30.91			XXX	N	
•			86789	ANTIBODY WEST NILE VIRUS	26.40			XXX	N	
•			86790	ANTIBODY VIRUS NOT ELSEWHERE SPECIFIFED	23.63			XXX	N	
•			86793	ANTIBODY YERSINIA	24.19			XXX	N	
•			86794	ZIKA VIRUS IGM ANTIBODY	30.91			XXX	N	
•			86800	THYROGLOBULIN ANTIBODY	29.17			XXX	N	
•			86803	HEPATITIS C ANTIBODY	26.17			XXX	N	
•			86804	HEPATITIS C ANTIBODY CONFIRMATORY TEST	28.41			XXX	N	
•			86805	LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH TITRATJ	312.88			XXX	N	
•			86806	LMPHOCYTOTOXICITY ASSAY VIS CROSSMTCH W/O TITRAT	87.30			XXX	N	
•			86807	SERUM SCREENING % REACTIVE ANTIBODY STANDRD METH	129.85			XXX	N	
•			86808	SERUM SCREENING % REACTIVE ANTIBODY QUICK METH	54.45			XXX	N	
•			86812	HLA TYPING A/B/C SINGLE ANTIGEN	47.33			XXX	N	
•			86813	HLA TYPING A/B/C MULTIPLE ANTIGENS	106.39			XXX	N	
•			86816	HLA TYPING DR/DQ SINGLE ANTIGEN	51.10			XXX	N	
•			86817	HLA TYPING DR/DQ MULTIPLE ANTIGENS	175.24			XXX	N	
•			86821	HLA TYPING LYMPHOCYTE CULTURE MIXED	67.06			XXX	N	
•			86825	HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM/DILUTION	180.77			XXX	N	
+			86826	HLA CROSSMATCH NONCYTOTOXIC ADDL SERUM/DILUTION	60.31			XXX	N	
•			86828	ANTIBODY HLA CLASS I & CLASS II ANTIGENS QUAL	105.98			XXX	N	
•			86829	ANTIBODY HLA CLASS I OR CLASS II ANTIGENS QUAL	105.98			XXX	N	
•			86830	ANTIBODY HLA CLASS I PHENOTYPE PANEL QUALITATIVE	157.70			XXX	N	
•			86831	ANTIBODY HLA CLASS II PHENOTYPE PANEL QUAL	135.18			XXX	N	
•			86832	ANTIBODY HLA CLASS I HIGH DEFINITION PANEL QUAL	534.51			XXX	N	
•			86833	ANTIBODY HLA CLASS II HIGH DEFINITION PANEL QUAL	537.89			XXX	N	
•			86834	ANTIBODY HLA CLASS I SEMIQUANTITATIVE PANEL	655.92			XXX	N	
•			86835	ANTIBODY HLA CLASS II SEMIQUANTITATIVE PANEL	592.46			XXX	N	
•			86849	UNLISTED IMMUNOLOGY	BR			XXX	N	
•			86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	16.13			XXX	N	72.39
•			86860	ANTIBODY ELUTION RBC EACH ELUTION	109.48			XXX	N	205.52
•			86870	ANTIBODY ID RBC ANTIBODIES EA PANEL EA SERUM TQ	133.88			XXX	N	389.39
•			86880	ANTIHUMAN GLOBULIN DIRECT EACH ANTISERUM	9.89			XXX	N	45.61
•			86885	ANTIHUMAN GLOBULIN INDIR QUAL EA REAGENT CELL	10.50			XXX	N	205.52
•			86886	ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBODY TITER	9.49			XXX	N	205.52
•			86890	AUTOL BLD/COMPONENT COLLJ STORAGE PREDEPOSITED	248.12			XXX	N	205.52
•			86891	AUTOL BLD/COMPONENT COLLJ STORAGE SALVAGE	763.39			XXX	N	792.53
•			86900	BLOOD TYPING SEROLOGIC ABO	5.48			XXX	N	151.20
•			86901	BLOOD TYPING SEROLOGIC RH (D)	5.48			XXX	N	45.61
•			86902	BLOOD TYPE ANTIGEN DONOR REAGENT SERUM EACH	10.48			XXX	N	389.39
•			86904	BLOOD TYPING ANTIGEN SCREEN PATIENT SERUM/UNIT	26.98			XXX	N	45.61
•			86905	BLOOD TYPING RBC ANTIGENS OTH/THN ABO/RH D EACH	7.02			XXX	N	389.39
•			86906	BLOOD TYPING SEROLOGIC RH PHENOTYPING COMPLETE	14.21			XXX	N	45.61
•			86910	BLOOD TYPING PATERNITY PR INDIV ABO RH&MN	41.92			XXX	N	
•			86911	BLOOD TYPING PATERNITY INDIV ADDL ANTIGEN SYS	35.94			XXX	N	
•			86920	COMPATIBILITY EACH UNIT IMMEDIATE SPIN TECHNIQUE	47.01			XXX	N	205.52
•			86921	COMPATIBILITY EACH UNIT INCUBATION	47.01			XXX	N	205.52

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			86922	COMPATIBILITY EACH UNIT ANTIGLOBULIN	74.97			XXX	N	205.52
•			86923	COMPATIBILITY EACH UNIT ELECTRONIC	106.51			XXX	N	205.52
•			86927	FRESH FROZEN PLASMA THAWING EACH UNIT	24.40			XXX	N	205.52
•			86930	FROZEN BLOOD EACH UNIT FREEZING	189.26			XXX	N	389.39
•			86931	FROZEN BLOOD EACH UNIT THAWING	141.95			XXX	N	389.39
•			86932	FROZEN BLOOD EACH UNIT FREEZING & THAWING	161.12			XXX	N	45.61
•			86940	HEMOLYSINS&AGGLUTININS AUTO SCREEN EACH	15.04			XXX	N	
•			86941	HEMOLYSINS&AGGLUTININS INCUBATED	22.21			XXX	N	
•			86945	IRRADIATION BLOOD PRODUCT EACH UNIT	1909.36			XXX	N	45.61
•			86950	LEUKOCYTE TRANSFUSION	122.79			XXX	N	205.52
•			86960	VOLUME REDUCTION BLOOD/BLOOD PRODUCT EACH UNIT	38.08			XXX	N	205.52
•			86965	POOLING PLATELETS/OTHER BLOOD PRODUCTS	305.24			XXX	N	205.52
•			86970	PRETX RBC ANTIBODY INCUBAT W/CHEM AGNTS/DRUGS EA	133.88			XXX	N	45.61
•			86971	PRETX RBC ANTIBODY INCUBAT W/ENZYMES EACH	61.29			XXX	N	389.39
•			86972	PRETX RBC ANTIBODY INCUBAT W/DENSITY GRAD SEP	674.73			XXX	N	205.52
•			86975	PRETX SERUM RBC ANTIBODY INCUBATION DRUGS EACH	92.82			XXX	N	45.61
•			86976	PRETX SERUM RBC ANTIBODY IDENTIFICATION DILUTION	57.12			XXX	N	24.38
•			86977	PRETX SERUM RBC ANTB ID INCUBATION INHIBITORS EA	56.90			XXX	N	205.52
•			86978	PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH ABSRPJ	123.76			XXX	N	45.61
•			86985	SPLITTING BLOOD/BLOOD PRODUCTS EACH UNIT	101.75			XXX	N	205.52
•			86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	BR			XXX	N	24.38
•			87003	ANIMAL INOCULATION SMALL ANIMAL W/OBS&DSJ	30.89			XXX	N	
•			87015	CONCENTRATION INFECTIOUS AGENTS	12.25			XXX	N	
•			87040	CULTURE BACTERIAL BLOOD AEROBIC W/ID ISOLATES	18.94			XXX	N	
•			87045	CUL BACT STOOL AEROBIC ISOL SALMONELLA&SHIGELL	17.32			XXX	N	
•			87046	CUL BACT STOOL AEROBIC ADDL PATHOGENS&ID EA	17.32			XXX	N	
•			87070	CUL BACT XCPT URINE BLOOD/STOOL AEROBIC ISOL	15.80			XXX	N	
•			87071	CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOD/STOOL	17.32			XXX	N	
•			87073	CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD/STOOL	17.32			XXX	N	
•			87075	CULTURE BACTERIAL ANY SOURCE ANAEROBIC ISO&ID	17.37			XXX	N	
•			87076	CUL BACT ANAEROBIC ADDL METHS DEFINITIVE EA ISOL	14.81			XXX	N	
•			87077	CUL BACT AEROBIC ADDL METHS DEFINITIVE EA ISOL	14.81			XXX	N	
•			87081	CUL PRSMPTV PTHGNC ORGANISM SCRN W/COLONY ESTIMJ	12.15			XXX	N	
•			87084	CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CHART	44.69			XXX	N	
•			87086	CULTURE BACTERIAL QUANTTATIVE COLONY COUNT URINE	14.81			XXX	N	
•			87088	CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA URINE	14.84			XXX	N	
•			87101	CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/NAIL	14.13			XXX	N	
•			87102	CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCPT BLOOD	15.42			XXX	N	
•			87103	CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISOL BLOOD	33.78			XXX	N	
•			87106	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM YEAST	18.94			XXX	N	
•			87107	CULTURE FUNGI DEFINITIVE ID EACH ORGANISM MOLD	18.94			XXX	N	
•			87109	CULTURE MYCOPLASMA ANY SOURCE	28.23			XXX	N	
•			87110	CULTURE CHLAMYDIA ANY SOURCE	35.94			XXX	N	
•			87116	CULTURE TUBERCLE/OTH ACID-FAST BACILLI ANY ISOL	19.81			XXX	N	
•			87118	CULTURE MYCOBACTERIAL DEFINITIVE ID EA ISOL	24.12			XXX	N	
•			87140	CULTURE TYPING IMMUNOFLUORESCENT EACH ANTISERUM	10.22			XXX	N	
•			87143	CULTURE TYPING GAS/HIGH PRES LIQ CHROMATOGRAPHY	22.98			XXX	N	

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•			87147	CULTURE TYPING IMMUNOLOGIC OTH/THN IMMUNOFLUORES	9.49			XXX	N	
•			87149	CULTURE TYPING NUCLEIC ACID PROBE DIR EA ORGANSM	36.78			XXX	N	
•			87150	CULTYP NUC ACID AMP PRB CULT/ISOLATE EA ORGNISM	64.37			XXX	N	
•			87152	CULTURE TYPING IDENTIFJ PULSE FIELD GEL TYPING	12.78			XXX	N	
•			87153	CULTYP NUCLEIC ACID SEQUENCING METH EA ISOLATE	211.61			XXX	N	
•			87158	CULTURE TYPING OTHER METHODS	12.78			XXX	N	
•			87164	DARK FIELD EXAM ANY SOURCE W/SPECIMEN COLLECTION	53.62	33.92	19.70	XXX	N	
•			87166	DARK FIELD EXAM ANY SOURCE W/O SPECIMEN COLLECT	20.74			XXX	N	
•			87168	MACROSCOPIC EXAMINATION ARTHROPOD	7.84			XXX	N	
•			87169	MACROSCOPIC EXAMINATION PARASITE	7.84			XXX	N	
•			87172	PINWORM EXAMINATION	7.84			XXX	N	
•			87176	HOMOGENIZATION TISSUE CULTURE	10.80			XXX	N	
•			87177	OVA&PARASITES DIRECT SMEARS CONCENTRATION & ID	16.33			XXX	N	
•			87181	SUSCEPTBILTY STDY ANTIMICRBIAL AGNT AGAR DILUTJ	8.70			XXX	N	
•			87184	SUSCEPTIBILITY STUDY ANTIMICROBIAL DISK METHOD	12.65			XXX	N	
•			87185	SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYME DETCJ	8.70			XXX	N	
•			87186	SUSCEPTIBLTY STDY ANTIMICRBIAL MICRO/AGAR DILUTJ	15.87			XXX	N	
+			87187	SUSCEPTIBLTY STDY ANTMCRB MICRO/AGAR DILUTJ EA	66.32			XXX	N	
•			87188	SC STD ANTMCRB AGT MACROBROTH DIL METH EA AGT	12.18			XXX	N	
•			87190	SUSCEPTIBLTY STDY ANTMCRB MYCOBACT PROPORJ MTHD	12.07			XXX	N	
•			87197	SERUM BACTERICIDAL TITER	27.55			XXX	N	
•			87205	SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI/CELL	7.84			XXX	N	
•			87206	SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI PARASIT	9.89			XXX	N	
•			87207	SMR PRIM SRC SPEC STAIN BODIES/PARASITS	41.94	30.94	11.00	XXX	N	
•			87209	SMR PRIM SRC CPLX SPEC STAIN OVA&PARASITS	32.97			XXX	N	
•			87210	SMR PRIM SRC WET MOUNT NFCT AGT	9.61			XXX	N	
•			87220	TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECTOPARASIT	7.84			XXX	N	
•			87230	TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	36.21			XXX	N	
•			87250	VIRUS INOCULATION EGGS/SM ANIMAL OBS&DSJ	35.88			XXX	N	
•			87252	VIRUS TISS CUL INOCULATION CYTOPATHIC EFFECT	47.83			XXX	N	
•			87253	VIRUS TISSUE CULTURE ADDL STDY/ID EACH ISOLATE	37.06			XXX	N	
•			87254	VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN EA	35.88			XXX	N	
•			87255	VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOPATHIC	62.11			XXX	N	
•			87260	IAADI ADENOVIRUS	23.82			XXX	N	
•			87265	IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	21.99			XXX	N	
•			87267	IAADI ENTEROVIRUS DIRECT FLUORESCENT ANTIBODY	22.16			XXX	N	
•			87269	IAADI GIARDIA	22.47			XXX	N	
•			87270	IAADI CHLAMYDIA TRACHOMATIS	21.99			XXX	N	
•			87271	IAADI CYTOMEGALOVIRUS DIR FLUORESCENT ANTIBODY	22.16			XXX	N	
•			87272	IAADI CRYPTOSPORIDIUM	21.99			XXX	N	
•			87273	IAADI HERPES SMPLX VIRUS TYPE 2	21.99			XXX	N	
•			87274	IAADI HERPES SMPLX VIRUS TYPE 1	21.99			XXX	N	
•			87275	IAADI INFLUENZA B VIRUS	21.99			XXX	N	
•			87276	IAADI INFFLUENZA A VIRUS	26.53			XXX	N	
•			87278	IAADI LEGIONELLA PNEUMOPHILA	25.76			XXX	N	
•			87279	IAADI PARAINFLUENZA VIRUS EACH TYPE	27.13			XXX	N	
•			87280	IAADI RESPIRATORY SYNCTIAL VIRUS	22.16			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			87281	IAADI PNEUMOCUSTIS CARINII	21.99			XXX	N	
•			87283	IAADI RUBEOLA	100.38			XXX	N	
•			87285	IAADI TREPONEMA PALLIDUM	21.99			XXX	N	
•			87290	IAADI VARICELLA ZOSTER VIRUS	22.16			XXX	N	
•			87299	IAADI NOT OTHERWISE SPECIFIED EACH ORGANISM	26.58			XXX	N	
•			87300	IAADI POLYV MLT ORGANISMS EA POLYV ANTISERUM	21.99			XXX	N	
•			87301	IAAD IA ADENOVIRUS ENTERIC TYP 40/41	21.99			XXX	N	
•			87305	IAAD IA QUAL/SEMIQUAN MULTIPLE STEP ASPERGILLUS	21.99			XXX	N	
•			87320	IAAD IA CHLAMYDIA TRACHOMATIS	24.76			XXX	N	
•			87324	IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	21.99			XXX	N	
•			87327	IAAD IA CRYPTOCOCCUS NEOFORMANS	22.16			XXX	N	
•			87328	IAAD IA CRYPTOSPORIDIUM	22.82			XXX	N	
•			87329	IAAD IA GIARDIA	21.99			XXX	N	
•			87332	IAAD IA CYTOMEGALOVIRUS	21.99			XXX	N	
•			87335	IAAD IA ESCHERICHIA COLI 0157	21.99			XXX	N	
•			87336	IAAD IA ENTAMOEBA HISTOLYTICA DISPAR GRP	26.42			XXX	N	
•			87337	IAAD IA ENTAMOEBA HISTOLYTICA GRP	21.99			XXX	N	
•			87338	IAAD IA HPYLORI STOOL	26.38			XXX	N	
•			87339	IAAD IA HPYLORI	26.42			XXX	N	
•			87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	18.95			XXX	N	
•			87341	IAAD IA HEPATITIS B SURFACE AG NEUTRALIZATION	18.95			XXX	N	
•			87350	IAAD IA HEPATITIS BE ANTIGEN	21.15			XXX	N	
•			87380	IAAD IA HEPATITIS DELTA ANTIGEN	30.31			XXX	N	
•			87385	IAAD IA HISTOPLASM CAPSULATUM	21.99			XXX	N	
•			87389	IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY SINGLE	44.16			XXX	N	
•			87390	IAAD IA HIV-1	39.72			XXX	N	
•			87391	IAAD IA HIV-2	36.16			XXX	N	
•			87400	IAAD IA INFLUENZA A/B EACH	23.33			XXX	N	
•			87420	IAAD IA RESPIRATORY SYNCTIAL VIRUS	22.97			XXX	N	
•			87425	IAAD IA ROTAVIRUS	21.99			XXX	N	
•			87427	IAAD IA SHIGA-LIKE TOXIN	21.99			XXX	N	
•			87430	IAAD IA STREPTOCOCCUS GROUP A	27.75			XXX	N	
•			87449	IAAD IA MULT STEP METHOD NOS EACH ORGANISM	21.99			XXX	N	
•			87450	IAAD IA SINGLE STEP METHOD NOS EA ORGANISM	17.60			XXX	N	
•			87451	IAAD IA POLYV MLT ORGANISMS EA POLYV ANTISERUM	17.60			XXX	N	
•			87471	IADNA BARTONELLA AMPLIFIED PROBE TECHNIQUE	64.37			XXX	N	
•			87472	IADNA BARTONELLA HENSELAE&QUINTANA QUANTJ	78.59			XXX	N	
•			87475	IADNA BORRELIA BURGDORFERI DIRECT PROBE TQ	36.78			XXX	N	
•			87476	IADNA BORRELIA BURGDORFERI AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87480	IADNA CANDIDA SPECIES DIRECT PROBE TQ	36.78			XXX	N	
•			87481	IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87482	IADNA CANDIDA SPECIES QUANTIFICATION	92.03			XXX	N	
•			87483	CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES 12-25	764.55			XXX	N	
•			87485	IADNA CHLAMYDIA PNEUMONIAE DIRECT PROBE TQ	36.78			XXX	N	
•			87486	IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87487	IADNA CHLAMYDIA PNEUMONIAE QUANTIFICATION	78.59			XXX	N	
•			87490	IADNA CHLAMYDIA TRACHOMATIS DIRECT PROBE TQ	37.56			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87492	IADNA CHLAMYDIA TRACHOMATIS QUANTIFICATION	88.28			XXX	N	
•			87493	INF AGENT DET NUCLEIC ACID CLOSTRIDIUM AMP PROBE	64.37			XXX	N	
•			87495	IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ	49.58			XXX	N	
•			87496	IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87497	IADNA CYTOMEGALOVIRUS QUANTIFICATION	78.59			XXX	N	
•			87498	IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE TRNSCRIP	64.37			XXX	N	
•			87500	INFECTIOUS AGENT DNA/RNA VANCOMYCIN RESISTANCE	64.37			XXX	N	
•			87501	INFECTIOUS AGENT DNA/RNA INFLUENZA EA TYPE	94.14			XXX	N	
•			87502	INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2 TYPES	158.16			XXX	N	
+			87503	NFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA ADDL	48.24			XXX	N	
•			87505	NFCT AGENT DNA/RNA GASTROINTESTINAL PATHOGEN	235.33			XXX	N	
•			87506	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 6-11	434.19			XXX	N	
•			87507	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE TQ 12-25	764.55			XXX	N	
•			87510	IADNA GARDNERELLA VAGINALIS DIRECT PROBE TQ	36.78			XXX	N	
•			87511	IADNA GARDNERELLA VAGINALIS AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87512	IADNA GARDNERELLA VAGINALIS QUANTIFICATION	76.61			XXX	N	
•			87516	IADNA HEPATITIS B VIRUS AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87517	IADNA HEPATITIS B VIRUS QUANTIFICATION	78.59			XXX	N	
•			87520	IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	51.54			XXX	N	
•			87521	IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE TRANSCR	64.37			XXX	N	
•			87522	IADNA HEPATITIS C QUANT & REVERSE TRANSCRIPTION	78.59			XXX	N	
•			87525	IADNA HEPATITIS G DIRECT PROBE TECHNIQUE	49.20			XXX	N	
•			87526	IADNA HEPATITIS G AMPLIFIED PROBE TECHNIQUE	64.82			XXX	N	
•			87527	IADNA HEPATITIS G QUANTIFICATION	76.61			XXX	N	
•			87528	IADNA HERPES SIMPLX VIRUS DIRECT PROBE TQ	36.78			XXX	N	
•			87529	IADNA HERPES SOMPLX VIRUS AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87530	IADNA HERPES SOMPLX VIRUS QUANTIFICATION	78.59			XXX	N	
•			87531	IADNA HERPES VIRUS-6 DIRECT PROBE TQ	95.76			XXX	N	
•			87532	IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87533	IADNA HERPES VIRUS-6 QUANTIFICATION	76.61			XXX	N	
•			87534	IADNA HIV-1 DIRECT PROBE TECHNIQUE	36.78			XXX	N	
•			87535	IADNA HIV-1 AMPLIFIED PROBE & REVERSE TRANSCRPJ	64.37			XXX	N	
•			87536	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTION	156.10			XXX	N	
•			87537	IADNA HIV-2 DIRECT PROBE TECHNIQUE	36.78			XXX	N	
•			87538	IADNA HIV-2 AMPLIFIED PROBE & REVERSE TRANSCRIPJ	64.37			XXX	N	
•			87539	IADNA HIV-2 QUANT & REVERSE TRANSCRIPTION	96.78			XXX	N	
•			87540	IADNA LEGIONELLA PNEUMOPHILA DIRECT PROBE TQ	36.78			XXX	N	
•			87541	IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87542	IADNA LEGIONELLA PNEUMOPHILA QUANTIFICATION	76.61			XXX	N	
•			87550	IADNA MYCOBACTERIA SPECIES DIRECT PROBE TQ	36.78			XXX	N	
•			87551	IADNA MYCOBACTERIA SPECIES AMPLIFIED PROBE TQ	79.64			XXX	N	
•			87552	IADNA MYCOBACTERIA SPECIES QUANTIFICATION	78.59			XXX	N	
•			87555	IADNA MYCOBACTERIA TUBERCULOSIS DIR PRB	44.38			XXX	N	
•			87556	IADNA MYCOBACTERIA TUBERCULOSIS AMP PRB	68.81			XXX	N	
•			87557	IADNA MYCOBACTERIA TUBERCULOSIS QUANTIFICATION	78.59			XXX	N	
•			87560	IADNA MYCOBACTERIA AVIUM-INTRACLRE DIR PRB	45.06			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			87561	IADNA MYCOBACTERIA AVIUM-INTRACLRE AMP PRB	64.37			XXX	N	
•			87562	IADNA MYCOBACTERIA AVIUM-INTRACELLULARE QUANT	78.59			XXX	N	
•			87580	IADNA MYCOPLSM PNEUMONIAE DIRECT PROBE TQ	36.78			XXX	N	
•			87581	IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87582	IADNA MYCOPLSM PNEUMONIAE QUANTIFICATION	499.62			XXX	N	
•			87590	IADNA NEISSERIA GONORRHOEAE DIRECT PROBE TQ	44.38			XXX	N	
•			87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87592	IADNA NEISSERIA GONORRHOEAE QUANTIFICATION	78.59			XXX	N	
•			87623	IADNA HUMAN PAPILLOMAVIRUS LOW-RISK TYPES	64.37			XXX	N	
•			87624	IADNA HUMAN PAPILLOMAVIRUS HIGH-RISK TYPES	64.37			XXX	N	
•			87625	IADNA HUMAN PAPILLOMAVIRUS TYPES 16 & 18 ONLY	66.95			XXX	N	
•			87631	IADNA RESPIRATRY PROBE & REV TRNSCR 3-5 TARGETS	235.48			XXX	N	
•			87632	IADNA RESPIRATRY PROBE & REV TRNSCR 6-11 TARGETS	391.51			XXX	N	
•			87633	IADNA RESPIRATRY PROBE & REV TRNSCR 12-25 TARGET	764.55			XXX	N	
•			87634	IADNA DNA/RNA RSV AMPLIFIED PROBE TECHNIQUE	128.76			XXX	N	
•			87640	IADNA S AUREUS AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87641	IADNA S AUREUS METHICILLIN RESIST AMP PROBE TQ	64.37			XXX	N	
•			87650	IADNA STREPTOCOCCUS GROUP A DIRECT PROBE TQ	36.78			XXX	N	
•			87651	IADNA STREPTOCOCCUS GROUP A AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87652	IADNA STREPTOCOCCUS GROUP A QUANTIFICATION	76.61			XXX	N	
•			87653	IADNA STREPTOCOCCUS GROUP B AMPLIFIED PROBE TQ	64.37			XXX	N	
•			87660	IADNA TRICHOMONAS VAGINALIS DIRECT PROBE TQ	36.78			XXX	N	
•			87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED PROBE TECH	64.37			XXX	N	
•			87662	IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE TQ	94.14			XXX	N	
•			87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	49.58			XXX	N	
•			87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGANISM	64.37			XXX	N	
•			87799	IADNA NOS QUANTIFICATION EACH ORGANISM	78.59			XXX	N	
•			87800	IADNA MULTIPLE ORGANISMS DIRECT PROBE TQ	73.58			XXX	N	
•			87801	IADNA MULTIPLE ORGANISMS AMPLIFIED PROBE TQ	128.76			XXX	N	
•			87802	IAADIADOO STREPTOCOCCUS GROUP B	21.99			XXX	N	
•			87803	IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN	26.42			XXX	N	
•			87804	IAADIADOO INFLUENZA	27.32			XXX	N	
•			87806	IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANTIBODIES	54.10			XXX	N	
•			87807	IAADIADOO RESPIRATORY SYNCTIAL VIRUS	21.99			XXX	N	
•			87808	IAADIADOO TRICHOMONAS VAGINALIS	25.24			XXX	N	
•			87809	INFECTIOUS AGENT IMMUNOASSAY OPTICAL ADENOVIRUS	35.93			XXX	N	
•			87810	CHLAMYDIA TRACHOMATIS	58.26			XXX	N	
•			87850	IAADIADOO NEISSERIA GONORRHOEAE	40.55			XXX	N	
•			87880	IAADIADOO STREPTOCOCCUS GROUP A	27.29			XXX	N	
•			87899	IAADIADOO NOT OTHERWISE SPECIFIED	26.53			XXX	N	
•			87900	NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICTION	239.11			XXX	N	
•			87901	NFCT GEXYP NUCLEIC ACID HIV REV TRNSCR&PROTEAS	472.26			XXX	N	
•			87902	NFCT AGNT GENOTYP NUCLEIC ACID HEPATITIS C VIRUS	472.26			XXX	N	
•			87903	NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-10 DRUGS	896.40			XXX	N	
+			87904	NFCT PHEXYP RESIST TISS CUL HIV EA ADDL DRUG	47.83			XXX	N	
•			87905	INFECTIOUS AGENT ENZYMATIC ACTV OTH/THN VIRUS	22.42			XXX	N	
•			87906	NFCT GEXYP DNA/RNA HIV 1 OTHER REGION	236.14			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			87910	NFCT AGT GENOTYPE NUCLEIC ACID CYTOMEGALOVIRUS	472.26			XXX	N	
•			87912	NFCT AGENT GENOTYPE HEPATITIS B VIRUS	472.26			XXX	N	
•			87999	UNLISTED MICROBIOLOGY	BR			XXX	N	
•			88000	NECROPSY GROSS EXAMINATION ONLY W/O CNS	389.30			XXX	N	
•			88005	NECROPSY GROSS EXAMINATION W/BRAIN	453.99			XXX	N	
•			88007	NECROPSY GROSS EXAMINATION W/BRAIN&SPINAL CORD	475.55			XXX	N	
•			88012	NECROPSY GROSS EXAMINATION INFANT W/BRAIN	389.30			XXX	N	
•			88014	NECROPSY GROSS EXAM STILLBORN/NEWBORN W/BRAIN	356.96			XXX	N	
•			88016	NECROPSY GROSS EXAM MACERATED STILLBORN	497.11			XXX	N	
•			88020	NECROPSY GROSS & MICROSCOPIC W/O CNS	670.20			XXX	N	
•			88025	NECROPSY GROSS & MICROSCOPIC W/BRAIN	648.64			XXX	N	
•			88027	NECROPSY GROSS&MCRSCP BRAIN & SPINAL CORD	691.77			XXX	N	
•			88028	NECROPSY GROSS & MICROSCOPIC INFANT W/BRAIN	389.30			XXX	N	
•			88029	NECROPSY GROSS&MCRSCP STILLBORN/NEWBORN BRAIN	389.30			XXX	N	
•			88036	NECROPSY LIMITED GROSS&/MCRSCP REGIONAL	194.66			XXX	N	
•			88037	NECROPSY LIMITD GROSS&/MCRSCP SINGLE ORGAN	173.09			XXX	N	
•			88040	NECROPSY FORENSIC EXAMINATION	1081.07			XXX	N	
•			88045	NECROPSY CORONER CALL	108.41			XXX	N	
•			88099	UNLISTED NECROPSY PROCEDURE	BR			XXX	N	
•			88104	CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS INTERPJ	117.81	48.79	69.02	XXX	N	
•			88106	CYTP FLU BR/WA XCPT C/V FILTER METH ONLY INTERPJ	107.70	33.32	74.38	XXX	N	
•			88108	CYTP CONCENTRATION SMEARS & INTERPRETATION	101.75	38.68	63.07	XXX	N	
•			88112	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	113.05	48.20	64.85	XXX	N	
•			88120	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES EA MNL	1004.96	99.37	905.59	XXX	N	
•			88121	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES CPTR EA	806.23	84.49	721.74	XXX	N	
•			88125	CYTOPATHOLOGY FORENSIC	44.63	23.80	20.83	XXX	N	
•			88130	SEX CHROMATIN IDENTIFICATION BARR BODIES	32.97			XXX	N	
•			88140	SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SMEAR	14.66			XXX	N	
•			88141	CYTP CERVICAL/VAGINAL REQ INTERP PHYSICIAN	53.55			XXX	N	
•			88142	CYTP CERV/VAG AUTO THIN LAYER PREP MNL SCREEN	37.16			XXX	N	
•			88143	CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHYS	38.04			XXX	N	
•			88147	CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS SUPV	83.47			XXX	N	
•			88148	CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHYS	27.87			XXX	N	
•			88150	CYTP SLIDES C/V MNL SCR UNDER PHYS	24.75			XXX	N	
•			88152	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	45.63			XXX	N	
•			88153	CYTP SLIDES C/V MNL SCR&RESCR PHYS	39.67			XXX	N	
+			88155	CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	24.19			XXX	N	
•			88160	CYTP SMRS ANY OTH SRC SCR&INTERPJ	119.60	44.63	74.97	XXX	N	
•			88161	CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	111.27	43.44	67.83	XXX	N	
•			88162	CYTP SMRS ANY OTH SRC EXTND STD > 5 SLIDES	160.65	66.05	94.60	XXX	N	
•			88164	CYTP SLIDES CERV/VAG MNL SCRN PHYSICIAN SUPV	24.75			XXX	N	
•			88165	CYTP SLIDES C/V MNL SCR&RESCR PHYS SUPV	69.70			XXX	N	
•			88166	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS SUPV	24.75			XXX	N	
•			88167	CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL S&I	24.75			XXX	N	
•			88172	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD DX 1ST	95.20	62.48	32.72	XXX	N	
•			88173	CYTP EVAL FINE NEEDLE ASPIRATE INTERP & REPORT	257.04	121.98	135.06	XXX	N	
•			88174	CYTP C/V AUTO THIN LYR PREPJ SCR SYS PHYS	41.89			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			88175	CYTP C/V AUTO THIN LYR PREPJ SCR MNL RESCR PHYS	48.60			XXX	N	
+			88177	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD EA EVAL	49.98	38.08	11.90	ZZZ	N	
•			88182	FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	225.51	66.64	158.87	XXX	N	
•			88184	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY 1ST	111.86			XXX	N	389.39
+			88185	FLOW CYTOMETRY CELL SURF MARKER TECHL ONLY EA	41.06			ZZZ	N	
•			88187	FLOW CYTOMETRY INTERPJ 2-8 MARKERS	64.26			XXX	N	
•			88188	FLOW CYTOMETRY INTERPJ 9-15 MARKERS	108.89			XXX	N	
•			88189	FLOW CYTOMETRY INTERPRETATION 16/> MARKERS	145.78			XXX	N	
•			88199	UNLISTED CYTOPATHOLOGY PROCEDURE	BR	BR	BR	XXX	N	72.39
•			88230	TISS CUL NON-NEO DISORDERS LYMPHOCYTE	213.70			XXX	N	
•			88233	TISS CUL NON-NEO DISORDERS SKN/OTH SOLID TISS BX	258.15			XXX	N	
•			88235	TISS CUL NON-NEO DISORDERS AMNIOTIC/CHORNC CELLS	270.15			XXX	N	
•			88237	TISS CUL NEO DISORDERS BONE MARROW BLOOD CELLS	237.33			XXX	N	
•			88239	TISS CUL NEO DISORDERS SOLID TUMOR	270.61			XXX	N	
•			88240	CRYOPRSRV FRZING&STORAGE CELLS EA CELL LINE	21.58			XXX	N	
•			88241	THAWING&EXPANSION FROZEN CELLS EACH ALIQUOT	19.96			XXX	N	
•			88245	CHRMSM BREAKAGE BASELINE SISTER 20-25 CLL	317.68			XXX	N	
•			88248	CHRMSM BREAKAGE BASELINE BREAKAGE 50-100 CLL	317.68			XXX	N	
•			88249	CHRMSM BREAKAGE SYNDS SCORE 100 CLL	317.68			XXX	N	
•			88261	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	436.42			XXX	N	
•			88262	CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDING	228.64			XXX	N	
•			88263	CHRMSM COUNT 45 CELL MOSAICISM 2KARYOTYPE	275.70			XXX	N	
•			88264	CHRMSM ANALYZE 20-25 CELLS	238.75			XXX	N	
•			88267	CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KARYOTYPE	329.78			XXX	N	
•			88269	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1KARYOTYP	305.12			XXX	N	
•			88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	39.29			XXX	N	
•			88272	MOLECULAR CYTOGENETICS CHRMOML ISH 3-5 CELLS	67.20			XXX	N	
•			88273	MOLECULAR CYTOGENETICS CHRMOML ISH 10-30 CLL	58.94			XXX	N	
•			88274	MOLECULAR CYTOGENETICS INTERPHASE ISH 25-99 CLL	69.97			XXX	N	
•			88275	MOLEC CYTG INTERPHASE ISH ANALYZE 100-300 CLL	84.51			XXX	N	
•			88280	CHRMSM ANALYSIS ADDL KARYOTYP EACH STUDY	55.26			XXX	N	
•			88283	CHRMSM ANALYSIS ADDL SPECIALIZED BANDING	125.84			XXX	N	
•			88285	CHRMSM ANALYSIS ADDL CELLS COUNTED EACH STUDY	44.43			XXX	N	
•			88289	CHRMSM ANALYSIS ADDL HIGH RESOLUTION STUDY	63.17			XXX	N	
•			88291	CYTOGENETICS&MOLEC CYTOGENETICS INTERP&REP	55.93			XXX	N	
•			88299	UNLISTED CYTOGENETIC STUDY	BR			XXX	N	72.39
•			88300	LEVEL I SURG PATHOLOGY GROSS EXAMINATION ONLY	26.78	7.74	19.04	XXX	N	
•			88302	LEVEL II SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	51.77	11.90	39.87	XXX	N	
•			88304	LEVEL III SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	67.83	19.64	48.19	XXX	N	
•			88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	116.03	65.45	50.58	XXX	N	
•			88307	LEVEL V SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	451.61	143.40	308.21	XXX	N	
•			88309	LEVEL VI SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	686.04	253.47	432.57	XXX	N	
+			88311	DECALCIFICATION PROCEDURE	36.30	21.42	14.88	XXX	N	
•			88312	SPECIAL STAIN GROUP 1 MICROORGANISMS I&R	168.39	45.82	122.57	XXX	N	
•			88313	SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMCYT	121.98	20.83	101.15	XXX	N	
+			88314	SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN TISSU	154.70	38.68	116.02	XXX	N	
•			88319	SPECIAL STAIN I&R GROUP III ENZYME CONSITUENTS	163.03	45.82	117.21	XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			88321	CONSLTJ&REPRT SLIDES PREPARED ELSEWHERE	169.58			XXX	N	45.61
•			88323	CONSLTJ&REPRT MATERIAL REQUIRING PREPJ SLIDES	195.16	150.54	44.62	XXX	N	
•			88325	CONSLTJ COMPRE REVIEW REPRT REFERRED MATRL	304.64			XXX	N	72.39
•			88329	PATHOLOGY CONSULTATION DURING SURGERY	87.47			XXX	N	45.61
•			88331	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1 SPEC	163.63	108.29	55.34	XXX	N	
+			88332	PATH CONSLTJ SURG EA ADDL BLK FROZEN SECTION	89.85	53.55	36.30	XXX	N	
•			88333	PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAL SITE	150.54	108.29	42.25	XXX	N	
+			88334	PATH CONSLTJ SURG CYTOLOGIC EXAM ADDL SITE	94.01	66.05	27.96	ZZZ	N	
+			88341	IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY SLIDE	155.89	49.39	106.50	ZZZ	N	
•			88342	IMHISTOCHEM/CYTCHM 1ST ANTIBODY STAIN PROCEDURE	179.10	61.29	117.81	XXX	N	
•			88344	IMHISTOCHEM/CYTCHM EA MULTIPLEX ANTIBODY SLIDE	287.98	66.64	221.34	XXX	N	
•			88346	IMMUNOFLUORESCENCE PER SPEC 1ST SINGL ANTB STAIN	185.05	62.48	122.57	XXX	N	
•			88348	ELECTRON MICROSCOPY DIAGNOSTIC	603.93	131.50	472.43	XXX	N	
+			88350	IMMUNOFLUORESCENCE PER SPEC ADD SINGL ANTB STAIN	129.71	49.39	80.32	ZZZ	N	
•			88355	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	223.13	141.02	82.11	XXX	N	
•			88356	MORPHOMETRIC ANALYSIS NERVE	377.23	215.99	161.24	XXX	N	
•			88358	MORPHOMETRIC ANALYSIS TUMOR	214.80	86.28	128.52	XXX	N	
•			88360	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBODY MANUAL	214.20	73.19	141.01	XXX	N	
•			88361	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBDY CMPTR ASST	221.34	78.54	142.80	XXX	N	
•			88362	NERVE TEASING PREPARATIONS	352.24	191.59	160.65	XXX	N	
•			88363	EXAM & SELECT ARCHIVE TISSUE MOLECULAR ANALYSI	39.87			XXX	N	24.38
+			88364	IN SITU HYBRIDIZATION EA ADDL PROBE STAIN	222.53	60.10	162.43	ZZZ	N	
•			88365	IN SITU HYBRIDIZATION 1ST PROBE STAIN	296.91	75.57	221.34	XXX	N	
•			88366	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE STAIN	442.68	107.10	335.58	XXX	N	
•			88367	M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PROBE STAIN	183.26	59.50	123.76	XXX	N	
•			88368	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA PROBE MNL	213.61	72.00	141.61	XXX	N	
+			88369	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SPEC EACH	186.83	55.93	130.90	ZZZ	N	
•			88371	PROTEIN ANAL TISSUE WESTERN BLOT W/INTERP&REPO	74.70	33.92	40.78	XXX	N	
•			88372	PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGICAL EA	74.23	30.94	43.29	XXX	N	
+			88373	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER SPEC EACH	125.55	46.41	79.14	ZZZ	N	
•			88374	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH MULTIPRB	546.21	76.16	470.05	XXX	N	
•			88375	OPTICAL ENDOMICROSCOPIC IMAGE INTERP & REPORT	84.49			XXX	N	
•			88377	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH MULTIPRB	650.34	110.67	539.67	XXX	N	
•			88380	MICRODISSECTION PREP IDENTIFIED TARGET LASER	224.91	94.61	130.30	XXX	N	
•			88381	MICRODISSECTION PREP IDENTIFIED TARGET MANUAL	258.23	43.44	214.79	XXX	N	
•			88387	MACRO EXAM DISSECT&PREP TISS NONMICRO STD EA	59.50	48.20	11.30	XXX	N	
+			88388	MACR EXM DISS&PRP NONMICR IMPRNT/CONSLT/FRZ SE	59.50	41.06	18.44	XXX	N	
•			88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	BR	BR	BR	XXX	N	72.39
•			88720	BILIRUBIN TOTAL TRANSCUTANEOUS	9.20			XXX	N	
•			88738	HGB QUANTITATIVE TRANSCUTANEOUS	9.20			XXX	N	
•			88740	HEMOGLOBIN QUAN TC PER DAY CARBOXYHEMOGLOBIN	15.47			XXX	N	
•			88741	HEMOGLOBIN QUANTITATIVE TC PER DAY METHEMOGLOBIN	15.47			XXX	N	
•			88749	UNLISTED IN VIVO LABORTORY SERVICE	BR			XXX	N	
•			89049	CAFFEINE HALOTHANE CONTRACTURE TEST	420.07			XXX	N	205.52
•			89050	CELL COUNT MISCELLANEOUS BODY FLUIDS	8.67			XXX	N	
•			89051	CELL COUNT MISC BODY FLUIDS W/DIFFERENTIAL COUNT	10.10			XXX	N	
•			89055	LEUKOCYTE ASSMT FECAL QUAL/SEMIQUANTITATIVE	7.84			XXX	N	

A	D	E	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
•			89060	CRYSTAL ID LIGHT MICROSCOPY ALYS TISS/ANY FLUID	44.07	30.94	13.13	XXX	N	
•			89125	FAT STAIN FECES URINE/RESPIR SECRETIONS	9.71			XXX	N	
•			89160	MEAT FIBERS FECES	8.01			XXX	N	
•			89190	NASAL SMEAR EOSINOPHILS	9.56			XXX	N	
•			89220	SPUTUM OBTAINING SPEC AEROSOL INDUCED TX SPX	27.37			XXX	N	205.52
•			89230	SWEAT COLLECTION IONTOPHORESIS	4.76			XXX	N	72.39
•			89240	UNLIS MISC PATH	BR			XXX	N	72.39
•			89250	CUL OOCYTE/EMBRYO <4 DAYS	2545.41			XXX	N	205.52
•			89251	CUL OOCYTE/EMBRYO < 4 D CO-CULT OCYTE/EMBRY	2545.41			XXX	N	389.39
•			89253	ASSTD EMBRYO HATCHING MICROTQS ANY METH	954.38			XXX	N	205.52
•			89254	OOCYTE ID FROM FOLLICULAR FLU	1018.05			XXX	N	205.52
•			89255	PREPJ EMBRYO TR	636.65			XXX	N	72.39
•			89257	SPRM ID FROM ASPIR OTH/THN SEMINAL	861.56			XXX	N	72.39
•			89258	CRYOPRSRV EMBRYO	1272.71			XXX	N	792.53
•			89259	CRYOPRSRV SPRM	318.33			XXX	N	205.52
•			89260	SPRM ISOL SMPL PREP INSEMINATION/DX SEMEN ALYS	254.66			XXX	N	72.39
•			89261	SPRM ISOL CPLX PREP INSEMINATION/DX SEMEN ALYS	328.44			XXX	N	72.39
•			89264	SPRM ID FROM TSTIS TISS FRSH/CRYOPRSRVD	968.66			XXX	N	72.39
•			89268	INSEMINATION OOCYTES	1018.05			XXX	N	205.52
•			89272	EXTND CUL OOCYTE/EMBRYO 4-7 DAYS	1622.57			XXX	N	792.53
•			89280	ASSTD FERTILIZATION MICROTQ </EQUAL 10 OOCYTES	2545.41			XXX	N	792.53
•			89281	ASSTD FERTILIZATION MICROTQ > 10 OOCYTES	2898.84			XXX	N	205.52
•			89290	BX OOCYTE MICROTQ </= 5 EMBRY	2545.41			XXX	N	205.52
•			89291	BX OOCYTE MICROTQ >5 EMBRY	2927.40			XXX	N	205.52
•			89300	SEMEN ALYS PRESENCE&/MOTILITY SPRM HUHNER	16.38			XXX	N	
•			89310	SEMEN ALYS MOTILITY&CNT X W/HUHNER TST	15.80			XXX	N	
•			89320	SEMEN ANALYSIS VOLUME COUNT MOTILITY DIFFERENT	22.11			XXX	N	
•			89321	SEMEN ANALYSIS SPERM PRESENCE&/MOTILITY SPRM	22.11			XXX	N	
•			89322	SEMEN ANALYSIS STRICT MORPHOLOGIC CRITERIA	28.43			XXX	N	
•			89325	SPERM ANTIBODIES	19.58			XXX	N	
•			89329	SPERM EVALUATION HAMSTER PENETRATION TEST	35.93			XXX	N	
•			89330	SPERM EVALUATION CERVICAL MUCOUS PENETRATION	18.14			XXX	N	
•			89331	SPERM EVALUATION RETROGRADE EJACULATION URINE	35.93			XXX	N	
•			89335	CRYOPRSRV REPRODUCTIVE TISSUE TESTICULAR	445.66			XXX	N	72.39
•			89337	CRYOPRESERVATION MATURE OOCYTE(S)	1527.37			XXX	N	205.52
•			89342	STORAGE PER YEAR EMBRYO	636.65			XXX	N	205.52
•			89343	STORAGE PER YEAR SPERM/SEMEN	296.31			XXX	N	205.52
•			89344	STORAGE PER YR REPRDTVE TISS TSTICULAR/OVARIAN	381.99			XXX	N	205.52
•			89346	STORAGE PER YEAR OOCYTE	445.66			XXX	N	389.39
•			89352	THAWING CRYOPRESERVED EMBRYO	714.00			XXX	N	205.52
•			89353	THAWING CRYOPRESERVED SPERM/SEMEN EACH ALIQUOT	133.88			XXX	N	72.39
•			89354	THAWING CRYOPRESERVED TESTICULAR/OVARIAN	349.86			XXX	N	205.52
•			89356	THAWING CRYOPRESERVED OOCYTES EACH ALIQUOT	665.81			XXX	N	205.52
•			89398	UNLISTED REPRODUCTIVE MEDICINE LAB PROCEDURE	BR			XXX	N	72.39
•	∞		0430M	PRESUMPTIVE DRUG TESTING, EXCLUDING POST ACCIDENT	41.88					
•	∞		0431M	DEFINITIVE DRUG TESTING, EXCLUDING POST ACCIDENT	296.19					

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.

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

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.~~When reporting a service or procedure that is not listed in this fee schedule, use the appropriate unlisted procedure code. The bill must be accompanied by a Special Report as described below. If a HCPCS or CPT code has been established subsequent to the release of this fee schedule, include the code(s) with the Special Report.

B. **Multiple Procedures**. ~~It is appropriate to designate multiple procedures rendered on the same date by separate entries.~~When multiple procedures are performed on the same date or at the same session, it is appropriate to designate them 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~~)~~" in the Amount column ~~means that the procedure is~~indicates services that are too new, unusual, or variable in the the nature of their performance to permit the assignment of a definable fee. ~~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/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.~~ Such services should be substantiated by documentation submitted with the bill. Sufficient information should be included to permit proper identification and a sound evaluation.

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 a specific HCPCS code. Reimbursement shall be limited to the lesser of the billed amount, ~~or~~ the Fee Schedule ~~maximum reimbursement allowance (MRA)~~MAR or the usual and customary rate for items not listed in this Fee Schedule.

G. **Audiological Function Tests**. The audiometric tests (92551–92597) require the use of calibrated electronic equipment, recording of results and a report with interpretation. Hearing tests (such as whispered voice, tuning fork) that are otorhinolaryngologic Evaluation and Management services are not reported

separately.~~are reimbursed based on the NCCI edits for audiology services~~. All ~~descriptors~~ services ~~refer to~~include testing of both ears. Use modifier 52 if a test is applied to one ear instead of two ears.

H. **Psychological Services**

5. 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.
6. 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.
7. Use of an E/M code with a psychotherapy code should follow the guidelines from ~~the~~ CPT ~~book~~ manual ~~and~~ ~~the~~ American Psychiatric Association recommendatations.
8. 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~~ and other non-physician providers.

I. **Electromyography (EMG) and Nerve Conduction Studies (NCS).** 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.

4. Only a licensed allopathic or osteopathic physician certified in Neurology/Physical Medicine and Rehabilitation (PMR)/Electrodiagnostic medicine is entitled to reimbursement for performing an electromyogram (EMG) and/or a nerve conduction study (NCS).
5. Reimbursement for automated nerve conduction studiesis not allowed under this Fee Schedule. ~~for automated nerve conduction studies.~~
6. 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~~are addressed in the Therapeutic Services section.

~~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 professional component 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 allowable 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.

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.

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).~~

~~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 canceled 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).~~

~~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.~~

~~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.~~

~~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.~~

~~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.~~

~~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.~~

~~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.~~

~~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.~~

~~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.)~~

~~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.~~

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	90281	IMMUNE GLOBULIN IG HUMAN IM USE	61.36			XXX	N	75.10
	90283	IMMUNE GLOBULIN IGIV HUMAN IV USE	68.44			XXX	N	451.70
	90284	IMMUNE GLOBULIN HUMAN SUBQ INFUSION 100 MG EA	34.22			XXX	N	
	90287	BOTULINUM ANTITOXIN EQUINE ANY ROUTE	621.86			XXX	N	1154.97
	90288	BOTULISM IMMUNE GLOBULIN HUMAN INTRAVENOUS USE	BR			XXX	N	
	90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN IV	93.22			XXX	N	
	90296	DIPHTHERIA ANTITOXIN EQUINE ANY ROUTE	BR			XXX	N	
	90371	HEPATITIS B IMMUNE GLOBULIN HBIG HUMAN IM	195.70			XXX	N	169.74
	90375	RABIES IMMUNE GLOBULIN RIG HUMAN IM/SUBQ	502.63			XXX	N	435.97
	90376	RABIES IG HEAT-TREATED HUMAN IM/SUBQ	510.76			XXX	N	443.03
	90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG E	1836.08			XXX	N	1711.17
	90384	RHO(D) IMMUNE GLOBULIN HUMAN FULL-DOSE IM	112.10			XXX	N	180.38
	90385	RHO(D) IMMUNE GLOBULIN HUMAN MINI-DOSE IM	46.61			XXX	N	
	90386	RHO(D) IMMUNE GLOBULIN HUMAN IV	118.00			XXX	N	
	90389	TETANUS IMMUNE GLOBULIN TIG HUMAN IM	46.61			XXX	N	
	90393	VACCINIA IMMUNE GLOBULIN HUMAN IM	61.95			XXX	N	
	90396	VARICELLA-ZOSTER IMMUNE GLOBULIN HUMAN IM	146.91			XXX	N	2188.92
	90399	UNLISTED IMMUNE GLOBULIN	BR			XXX	N	
	90460	IM ADM THRU 18YR ANY RTE 1ST/ONLY COMPT VAC/TOX	27.73			XXX	N	
+	90461	IM ADM THRU 18YR ANY RTE ADDL VAC/TOX COMPT	21.24			ZZZ	N	
	90471	IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE	27.73			XXX	N	84.85
+	90472	IM ADM PRQ ID SUBQ/IM NJXS EA VACCINE	21.24			ZZZ	N	
	90473	IM ADM INTRANSL/ORAL 1 VACCINE	27.73			XXX	N	84.85
+	90474	IM ADM INTRANSL/ORAL EA VACCINE	21.24			ZZZ	N	
	90476	ADENOVIRUS VACCINE TYPE 4 LIVE ORAL	37.17			XXX	N	
	90477	ADENOVIRUS VACCINE TYPE 7 LIVE FOR ORAL	21.83			XXX	N	
	90581	ANTHRAX VACCINE SUBCUTANEOUS/IM USE	118.00			XXX	N	
	90585	BACILLUS CALMETTE-GUERIN VACC FOR TB LIVE PERQ	229.62			XXX	N	
	90586	BACILLUS CALMETTE-GUERIN VACCINE INTRAVESICAL	229.62			XXX	N	
	90587	DENGUE VACC QUAD LIVE 3 DOSE SCHEDULE SUBQ USE	BR			XXX	N	
	90620	MENB-4C RECOMBNT PROT & OUTER MEMB VESIC VACC IM	146.32			XXX	N	
	90621	MENB-FHBP RECOMBNT LIPOPROTEIN VACC 2/3 DOSE IM	124.49			XXX	N	
	90625	CHOLERA VACCINE ADULT 1 DOSE LIVE FOR ORAL USE	186.44			XXX	N	
	90630	INFLUENZA VACC IIV4 SPLIT VIRUS PRSRV FREE ID	24.78			XXX	N	27.36
	90632	HEPA VACCINE ADULT DOSE FOR INTRAMUSCULAR USE	95.39			XXX	N	
	90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC IM USE	40.12			XXX	N	
	90634	HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC IM USE	53.10			XXX	N	40.43
	90636	HEPATITIS A & B VACCINE HEPA-HEPB ADULT IM	93.22			XXX	N	
	90644	HIB-MENCY VACC 4 DOSE SCHED 6 WKS-18 MONTHS IM	46.61			XXX	N	
	90647	HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM USE	33.63			XXX	N	
	90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	31.86			XXX	N	
	90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	142.78			XXX	N	
	90650	2VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	146.91			XXX	N	
	90651	9VHPV VACC 2/3 DOSE SCHED IM USE	168.15			XXX	N	242.12
	90653	IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR USE	89.50			XXX	N	75.88
	90654	INFLUENZA VACC IIV3 SPLIT VIRUS PRSRV FREE ID	24.78			XXX	N	
	90655	IIV3 VACC PRESRV FREE 0.25 ML DOSAGE IM USE	18.88			XXX	N	

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE IM USE	32.37			XXX	N	
90657	IIV3 VACCINE SPLIT VIRUS 0.25 ML DOSAGE IM USE	18.88			XXX	N	
90658	IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE IM USE	18.88			XXX	N	26.54
90660	LAIV3 VACCINE LIVE FOR INTRANASAL USE	21.83			XXX	N	
90661	CCIIV3 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	24.78			XXX	N	
90662	IIV VACCINE PRESERV FREE INCREASED AG CONTENT IM	87.37			XXX	N	
90664	LAIV VACCINE PANDEMIC FORMULA FOR INTRANASAL USE	37.17			XXX	N	
90666	INFLUENZA VACCINE PANDEMIC SPLT PRSRV FREE IM	30.68			XXX	N	
90667	IIV VACCINE PANDEMIC ADJUVANT FOR IM USE	46.02			XXX	N	
90668	IIV VACCINE PANDEMIC FOR INTRAMUSCULAR USE	31.27			XXX	N	
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	335.79			XXX	N	
90672	LAIV4 VACCINE FOR INTRANASAL USE	18.88			XXX	N	
90673	RIV3 VACCINE PRESERVATIVE FREE FOR IM USE	29.50			XXX	N	
90674	CCIIV4 VACCINE PRESERVATIVE FREE 0.5 ML IM USE	39.37			XXX	N	
90675	RABIES VACCINE INTRAMUSCULAR	474.73			XXX	N	411.77
90676	RABIES VACCINE INTRADERMAL	174.05			XXX	N	184.61
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORAL USE	80.83			XXX	N	
90681	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORAL USE	106.79			XXX	N	156.83
90682	RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIO FREE IM	87.37			XXX	N	
90685	IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM USE	35.71			XXX	N	
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM USE	31.15			XXX	N	
90687	IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM USE	15.39			XXX	N	
90688	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM USE	29.21			XXX	N	
90689	IIV4 VACC INACTIVATED PRSRV FR 0.25ML DOS IM USE	BR			XXX	N	
90690	TYPHOID VACCINE LIVE ORAL	53.10			XXX	N	
90691	TYPHOID VACCINE VI CAPSULAR POLYSACCHARIDE IM	114.42			XXX	N	
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM USE	59.00			XXX	N	
90697	DTAP-IPV-HIB-HEPB VACCINE INTRAMUSCULAR	37.17			XXX	N	
90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	87.32			XXX	N	
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC<7 YR IM	34.22			XXX	N	
90702	DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	31.27			XXX	N	
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	61.95			XXX	N	
90710	MEASLES MUMPS RUBELLA VARICELLA VACC LIVE SUBQ	158.71			XXX	N	
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	34.81			XXX	N	
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR IM USE	37.87			XXX	N	
90715	TDAP VACCINE 7 YRS/> IM	52.94			XXX	N	
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	99.71			XXX	N	
90717	YELLOW FEVER VACCINE LIVE SUBQ	136.88			XXX	N	
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	80.83			XXX	N	90.50
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/IM USE	176.40			XXX	N	
90733	MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	107.97			XXX	N	
90734	MCV4/MENACWY CONJ VACC GRPS ACYW-135 IM USE	108.56			XXX	N	
90736	ZOSTER VACCINE HZV LIVE FOR SUBCUTANEOUS USE	155.17			XXX	N	
90738	JAPANESE ENCEPHALITIS VACCINE INACTIVATED IM	224.20			XXX	N	
90739	HEPB VACCINE ADULT 2 DOSE SCHEDULE FOR IM USE	214.63			XXX	N	87.16
90740	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOSE IM	213.23			XXX	N	
90743	HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULE IM	51.33			XXX	N	
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDULE IM	42.79			XXX	N	
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR IM USE	106.61			XXX	N	

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
		90747	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 4 DOSE IM	213.23			XXX	N	
		90748	HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	43.66			XXX	N	76.38
		90749	UNLISTED VACCINE/TOXOID	BR			XXX	N	
		90750	HZV ZOSTER VACC RECOMBINANT ADJUVANTED IM NJX	115.05			XXX	N	
		90756	CCIIV4 VACCINE ANTIBIOTIC FREE 0.5 ML DOS IM USE	37.31			XXX	N	
+		90785	PSYCHOTHERAPY COMPLEX INTERACTIVE	24.78			ZZZ	N	
	★	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	229.51			XXX	N	181.12
	★	90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	257.83			XXX	N	181.12
	★	90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	112.10			XXX	N	181.12
+	★	90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	116.23			ZZZ	N	
	★	90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	149.27			XXX	N	181.12
+	★	90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	146.91			ZZZ	N	
	★	90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	224.20			XXX	N	181.12
+	★	90838	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	194.11			ZZZ	N	
		90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	233.64			XXX	N	181.12
+		90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	112.10			ZZZ	N	
	★	90845	PSYCHOANALYSIS	159.30			XXX	N	181.12
	★	90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	180.54			XXX	N	181.12
	★	90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	187.62			XXX	N	181.12
		90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	69.03			XXX	N	181.12
		90853	GROUP PSYCHOTHERAPY	44.84			XXX	N	108.47
+	★	90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTHERAPY	43.66			XXX	N	133.23
		90865	NARCOSYNTHESIS PSYC DX&THER PURPOSES	282.61			XXX	N	181.12
		90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLD/DEL&M	384.68			000	N	358.28
		90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY & MNG	279.66			000	N	193.05
		90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DELIV & MN	417.13			000	N	193.05
		90870	ELECTROCONVULSIVE THERAPY	292.64			000	N	646.48
		90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN	106.20			XXX	N	
		90876	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 45 MIN	179.95			XXX	N	
		90880	HYPNOTHERAPY	175.82			XXX	N	108.47
		90882	ENVIRONMENTAL IVNTJ MGMT PURPOSES PSYC PT	37.17			XXX	N	
		90885	PSYCHIATRIC EVAL HOSPITAL RECORDS DX PURPOSES	83.19			XXX	N	
		90887	INTERPJ/EXPLNAJ RESULTS PSYCHIATRIC EXAM FAMILY	146.32			XXX	N	
		90889	PREP REPORT PT PSYCH STATUS AGENCY/PAYER	61.95			XXX	N	
		90899	UNLISTED PSYCHIATRIC SERVICE/PROCEDURE	BR			XXX	N	47.40
		90901	BIOFEEDBACK TRAINING ANY MODALITY	66.67			000	N	
		90911	BIOFDBK TRNG PERINL MUSC ANORECT/URO SPHX W/EMG	145.73			000	N	193.05
		90935	HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION	122.13			000	N	868.66
		90937	HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX	174.05			000	N	
		90940	HEMODIALYSIS ACCESS FLOW STUDY	31.27			XXX	N	
		90945	DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL	142.78			000	N	511.73
		90947	DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS	207.09			000	N	
	★	90951	ESRD RELATED SVC MONTHLY & <2 YR OLD 4/> VISITS	1571.17			XXX	N	
	★	90952	ESRD RELATED SVC MONTHLY <2 YR OLD 2/3 VISITS	1225.80			XXX	N	
		90953	ESRD RELATED SVC MONTHLY <2 YR OLD 1 VISIT	74.34			XXX	N	
	★	90954	ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/> VISITS	1354.64			XXX	N	
	★	90955	ESRD RELATED SVC MONTHLY 2-11 YR OLD 2/3 VISITS	762.87			XXX	N	
		90956	ESRD RELATED SVC MONTHLY 2-11 YR OLD 1 VISIT	531.00			XXX	N	
	★	90957	ESRD RELATED SVC MONTHLY 12-19 YR OLD 4/> VISITS	1072.62			XXX	N	

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	★	90958	ESRD RELATED SVC MONTHLY 12-19 YR OLD 2/3 VISITS	728.06			XXX	N	
		90959	ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT	495.60			XXX	N	
	★	90960	ESRD RELATED SVC MONTHLY 20&/> YR OLD 4/> VISITS	473.18			XXX	N	
	★	90961	ESRD RELATED SVC MONTHLY 20/>YR OLD 2/3 VISITS	397.66			XXX	N	
		90962	ESRD RELATED SVC MONTHLY 20&/>YR OLD 1 VISIT	307.39			XXX	N	
		90963	ESRD SVC HOME DIALYSIS FULL MONTH <2YR OLD	910.37			XXX	N	
		90964	ESRD SVC HOME DIALYSIS FULL MONTH 2-11 YR OLD	794.73			XXX	N	
		90965	ESRD SVC HOME DIALYSIS FULL MONTH 12-19 YR OLD	756.97			XXX	N	
		90966	ESRD SVC HOME DIALYSIS FULL MONTH 20 YR OLD	396.48			XXX	N	
		90967	ESRD RELATED SVC <FULL MONTH <2 YR OLD	30.09			XXX	N	
		90968	ESRD RELATED SVC <FULL MONTH 2-11 YR OLD	26.55			XXX	N	
		90969	ESRD RELATED SVC <FULL MONTH 12-19 YR OLD	25.37			XXX	N	
		90970	ESRD RELATED SVC <FULL MONTH 20/>YR OLD	12.98			XXX	N	
		90989	DIALYSIS TRAINING PATIENT COMPLETED COURSE	466.10			XXX	N	
		90993	DIALYSIS TRAINING PATIENT PER TRAINING SESSION	125.08			XXX	N	
		90997	HEMOPERFUSION	149.27			000	N	
		90999	UNLISTED DIALYSIS PROCEDURE INPATIENT/OUTPATIENT	BR			XXX	N	
		91010	ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	317.42	112.69	204.73	000	N	
+		91013	ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFUSION	43.07	15.93	27.14	ZZZ	N	
		91020	GASTRIC MOTILITY MANOMETRIC STUDIES	413.59	125.67	287.92	000	N	
		91022	DUODENAL MOTILITY MANOMETRIC STUDY	282.61	125.67	156.94	000	N	
		91030	ESOPHAGUS ACID PERFUSION TEST ESOPHAGITIS	230.69	79.65	151.04	000	N	
		91034	GASTROESOPHAG REFLX TEST W/CATH PH ELTRD PLCMT	318.01	85.55	232.46	000	N	
		91035	GASTROESOPHAG REFLX TEST W/TELEMTRY PH ELTRD	807.12	140.42	666.70	000	N	
		91037	GASTROESOPHAG REFLX TEST W/INTRLUML IMPED ELTRD	274.94	85.55	189.39	000	N	
		91038	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRD PROLNG	741.04	96.17	644.87	000	N	
		91040	ESOPHGL BALO DISTENSION DX STD W/PROVOCATION	799.45	85.55	713.90	000	N	
		91065	BREATH HYDROGEN/METHANE TEST	125.67	17.11	108.56	000	N	
		91110	GI IMAG INTRALUMINAL ESOPHAGUS-ILEUM W/I&R	1473.82	217.12	1256.70	XXX	N	
		91111	GASTROINTESTINAL TRACT IMAGING ESOPHAGUS W/I&R	1349.92	87.91	1262.01	XXX	N	
		91112	GI TRANSIT & PRES MEAS WIRELESS CAPSULE W/INTERP	2112.79	182.90	1929.89	XXX	N	
		91117	COLON MOTILITY STDY MIN 6 HR CONT RECORD W/I&R	233.64			000	N	328.62
		91120	RECTAL SESATION TONE & COMPLIANCE TEST	763.46	83.78	679.68	XXX	N	
		91122	ANORECTAL MANOMETRY	404.15	152.22	251.93	000	N	
		91132	ELECTROGASTROGRAPHY DX TRANSCUTANEOUS	401.20	45.43	355.77	XXX	N	
		91133	ELECTROGASTROGRAPHY DX TRANSCUT W/PROVOCTVE TSTG	438.96	57.82	381.14	XXX	N	
		91200	LIVER ELASTOGRAPHY W/O IMAG W/I&R	64.90	23.60	41.30	XXX	N	
		91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	BR	BR	BR	XXX	N	193.05
		92002	OPHTH MEDICAL XM&EVAL INTERMEDIATE NEW PT	139.83			XXX	N	164.51
		92004	OPHTH MEDICAL XM&EVAL COMPRE NEW PT 1/> VST	251.34			XXX	N	164.51
		92012	OPHTH MEDICAL XM&EVAL INTERMEDIATE ESTAB PT	146.91			XXX	N	164.51
		92014	OPHTH MEDICAL XM&EVAL COMPRHNSV ESTAB PT 1/>	210.63			XXX	N	164.51
		92015	DETERMINATION REFRACTIVE STATE	33.04			XXX	N	42.81
	J1	92018	OPHTH XM&EVAL ANES W/WO MANJ GLOBE COMPL	243.67			XXX	N	3592.91
	J1	92019	OPHTH XM&EVAL ANES W/WO MANJ GLOBE LMTD	120.95			XXX	N	3592.91
		92020	GONIOSCOPY SEPARATE PROCEDURE	46.02			XXX	N	151.20
		92025	COMPUTERIZED CORNEAL TOPOGRAPHY UNI/BI	63.13	33.63	29.50	XXX	N	
		92060	SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX	107.38	63.72	43.66	XXX	N	
		92065	ORTHOPTIC &/PLEOPTIC TRAINING W/MEDICAL DIRECTJ	89.09	30.09	59.00	XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	92071	FIT CONTACT LENS TX OCULAR SURFACE DISEASE	63.13			XXX	N	
	92072	FITTING CONTACT LENS FOR MNGT OF KERATOCONUS	219.48			XXX	N	
	92081	VISUAL FIELD XM UNI/BI W/INTERPRETJ LIMITED EXAM	56.64	27.14	29.50	XXX	N	
	92082	VISUAL FIELD XM UNI/BI W/INTERP INTERMED EXAM	79.65	35.99	43.66	XXX	N	
	92083	VISUAL FIELD XM UNI/BI W/INTERP EXTENDED EXAM	106.79	46.61	60.18	XXX	N	
	92100	SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRES	136.88			XXX	N	
	92132	CMPTR OPHTHALMIC DX IMG ANT SEGMT W/I&R UNI/BI	52.51	27.73	24.78	XXX	N	
	92133	COMPUTERIZED OPHTHALMIC IMAGING OPTIC NERVE	61.95	37.17	24.78	XXX	N	
	92134	COMPUTERIZED OPHTHALMIC IMAGING RETINA	68.44	43.07	25.37	XXX	N	
	92136	OPH BMTRY PRTL COHER INTRFRMTRY IO LENS PWR CAL	116.82	52.51	64.31	XXX	N	
	92145	CORNEA HYSTERESIS DETERMIN IMPULSE STIMJ UNI/BI	28.91	15.93	12.98	XXX	N	
	92225	OPHTHALMOSCPY EXTENDED RETINAL DRAWING I&R 1ST	46.02			XXX	N	79.38
	92226	OPHTHALMOSCPY EXTENDED RETINAL DRAWING I&R SBS	42.48			XXX	N	151.20
★	92227	REMOTE IMG DX RETINL DIS W/ALYS & REPORT UNI/B	23.60			XXX	N	45.61
★	92228	REMOTE IMAGING MGT RETINAL DISEASE W/I&R UNI/B	57.23	34.81	22.42	XXX	N	
	92230	FLUORESCEIN ANGIOSCOPY INTERPRETATION & REPORT	107.97			XXX	N	646.48
	92235	FLUORESCEIN ANGRPH W/MULTIFRAME I&R UNI/BI	152.81	72.57	80.24	XXX	N	
	92240	INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI	343.97	79.65	264.32	XXX	N	
	92242	FLUORESCEIN ICG ANGRPH W/MULTIFRAME I&R UNI/BI	384.09	92.04	292.05	XXX	N	
	92250	FUNDUS PHOTOGRAPHY W/INTERPRETATION & REPORT	84.37	36.58	47.79	XXX	N	
	92260	OPHTHALMODYNAMOMETRY	32.45			XXX	N	45.61
	92265	NEEDLE OCULOGRAPHY 1/ XOC MUSC 1/BOTH EYE W/I&R	146.32	78.47	67.85	XXX	N	
	92270	ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT	159.30	70.80	88.50	XXX	N	
	92273	FULL FIELD ELECTRORETINOGRAPHY W/I&R	223.02	62.54	160.48	XXX	N	
	92274	MULTIFOCAL ELECTRORETINOGRAPHY W/I&R	151.04	55.46	95.58	XXX	N	
	92283	COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV	89.68	15.34	74.34	XXX	N	
	92284	DARK ADAPTATION XM W/INTERPRETATION & REPORT	102.66	21.24	81.42	XXX	N	
	92285	XTRNL OCULAR PHOTOG W/I&R DOCMT MEDICAL PROGRE	35.99	5.31	30.68	XXX	N	
	92286	ANT SGM IMAGING W/MICROSCOPY ENDOTHELIAL ANALY	64.90	37.17	27.73	XXX	N	
	92287	ANT SGM IMAGING W/FLUOROSCEIN ANGIO & I&R	243.67	78.47	165.20	XXX	N	
	92310	RX&FITG C-LENS SUPVJ CRNL LENS OU XCPT APHK	165.20			XXX	N	73.24
	92311	RX&FITG CONTACT CORNEAL LENS APHAKIA 1 EYE	173.46			XXX	N	494.39
	92312	RX&FITG CONTACT CORNEAL LENS APHAKIA BOTH EYES	200.60			XXX	N	151.20
	92313	RX&FITG CORNEOSCLERAL LENS	164.02			XXX	N	151.20
	92314	RX&FTG CONTACT CORNEAL LENS EYES XCPT APHAKIA	139.24			XXX	N	
	92315	RX CONTACT CORNEAL LENS APHAKIA 1 EYE	129.21			XXX	N	151.20
	92316	RX CONTACT CORNEAL LENS APHAKIA BOTH EYES	160.48			XXX	N	79.38
	92317	RX CONTACT CORNEOSCLERAL LENS	135.11			XXX	N	45.61
	92325	MODIFICAJ CONTACT LENX SPX SUPVJ ADAPTATION	73.16			XXX	N	151.20
	92326	REPLACEMENT CONTACT LENS	61.95			XXX	N	151.20
	92340	FITTING SPECTACLES XCPT APHAKIA MONOFOCAL	58.41			XXX	N	
	92341	FITTING SPECTACLES XCPT APHAKIA BIFOCAL	67.26			XXX	N	
	92342	FITTING SPECTACLES XCPT APHAKIA MULTIFOCAL	72.57			XXX	N	
	92352	FITTING SPECTACLE PROSTH APHAKIA MONOFOCAL	69.03			XXX	N	79.38
	92353	FITTING SPECTACLE PROSTH APHAKIA MULTIFOCAL	80.24			XXX	N	79.38
	92354	FITTING SPECTACLE MOUNTED LW VIS AID 1 ELMNT	22.42			XXX	N	45.61
	92355	FITTING SPECTACLE MOUNTED LW VIS AID TLSCP	34.81			XXX	N	45.61
	92358	PROSTHESIS SERVICE APHAKIA TEMPORARY	18.88			XXX	N	79.38
	92370	RPR&REFITG SPECTACLES EXCEPT APHAKIA	51.92			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	92371	RPR&REFITG SPECTACLE PROSTHESIS APHAKIA	19.47			XXX	N	79.38
	92499	UNLISTED OPHTHALMOLOGICAL SERVICE/PROCEDURE	BR	BR	BR	XXX	N	24.38
	92502	OTOLARYNGOLOGIC EXAM UNDER GENERAL ANESTHESIA	161.07			000	N	691.72
	92504	BINOCULAR MICROSCOPY SEPARATE DX PROCEDURE	48.97			XXX	N	
	92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	131.57			XXX	N	
	92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2/>INDIV	39.53			XXX	N	
	92511	NASOPHARYNGOSCOPY W/ENDOSCOPE SPX	185.85			000	N	232.84
	92512	NASAL FUNCTION STUDIES	99.12			XXX	N	358.28
	92516	FACIAL NERVE FUNCTION STUDIES	114.46			XXX	N	193.05
	92520	LARYNGEAL FUNCTION STUDIES	131.57			XXX	N	151.20
	92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	189.39			XXX	N	
	92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	153.40			XXX	N	
	92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	326.86			XXX	N	
	92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND RESONANCE	148.09			XXX	N	
	92526	TX SWALLOWING DYSFUNCTION&/ORAL FUNCJ FEEDING	143.96			XXX	N	
	92531	SPONTANEOUS NYSTAGMUS W/GAZE	24.78			XXX	N	
	92532	POSITIONAL NYSTAGMUS TEST	34.22			XXX	N	
	92533	CALORIC VESTIBULAR TEST EACH IRRIGATION	61.95			XXX	N	
	92534	OPTOKINETIC NYSTAGMUS TEST	53.10			XXX	N	
	92537	CALORIC VESTIBULAR TEST W/REC BI BITHERMAL	68.44	53.10	15.34	XXX	N	
	92538	CALORIC VESTIBULAR TEST W/REC BI MONOTHERMAL	35.40	26.55	8.85	XXX	N	
	92540	VSTBLR FUNCJ NYSTAG FOVL&PERPH STIMJ OSCIL TRK	174.05	132.75	41.30	XXX	N	
	92541	SPONTANEOUS NYSTAGMUS TEST	41.89	35.40	6.49	XXX	N	
	92542	POSITIONAL NYSTAGMUS TEST	48.38	42.48	5.90	XXX	N	
	92544	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIPH STIM W/REC	28.91	24.19	4.72	XXX	N	
	92545	OSCILLATING TRACKING TEST W/RECORDING	27.14	22.42	4.72	XXX	N	
	92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	174.05	25.37	148.68	XXX	N	
+	92547	USE VERTICAL ELECTRODES	12.39			ZZZ	N	
	92548	COMPUTERIZED DYNAMIC POSTUROGRAPY	160.48	43.66	116.82	XXX	N	
	92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	36.58			XXX	N	193.05
	92551	SCREENING TEST PURE TONE AIR ONLY	19.47			XXX	N	51.63
	92552	PURE TONE AUDIOMETRY AIR ONLY	52.51			XXX	N	151.20
	92553	PURE TONE AUDIOMETRY AIR & BONE	63.72			XXX	N	193.05
	92555	SPEECH AUDIOMETRY THRESHOLD	40.12			XXX	N	45.61
	92556	SPEECH AUDIOMETRY THRESHOLD SPEECH RECOGNIJ	63.13			XXX	N	45.61
	92557	COMPRE AUDIOMETRY THRESHOLD EVAL SP RECOGNIJ	63.72			XXX	N	193.05
	92558	EVOKED OTOACOUSTIC EMISSIONS SCREEN AUTO ANALYS	16.52			XXX	N	90.13
	92559	AUDIOMETRIC TESTING GROUPS	31.27			XXX	N	
	92560	BEKESY AUDIOMETRY SCREENING	24.78			XXX	N	
	92561	BEKESY AUDIOMETRY DIAGNOSTIC	64.90			XXX	N	151.20
	92562	LOUDNESS BALANCE BINAURAL/MONAURAL	75.52			XXX	N	193.05
	92563	TONE DECAY TEST	51.33			XXX	N	45.61
	92564	SHORT INCREMENT SENSITIVITY INDEX	41.89			XXX	N	24.38
	92565	STENGER TEST PURE TONE	25.37			XXX	N	45.61
	92567	TYMPANOMETRY	25.37			XXX	N	45.61
	92568	ACOUSTIC REFLEX THRESHOLD	26.55			XXX	N	45.61
	92570	ACOUSTIC IMMIT TEST TYMPANOM/ACOUST REFLX/DECAY	54.28			XXX	N	193.05
	92571	FILTERED SPEECH TEST	44.84			XXX	N	45.61
	92572	STAGGERED SPONDAIC WORD	71.39			XXX	N	193.05

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
		92575	SENSORINEURAL ACUITY LEVEL	105.61			XXX	N	45.61
		92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	60.77			XXX	N	45.61
		92577	STENGER TEST SPEECH	23.01			XXX	N	646.48
		92579	VISUAL REINFORCEMENT AUDIOMETRY	77.29			XXX	N	193.05
		92582	CONDITIONING PLAY AUDIOMETRY	121.54			XXX	N	193.05
		92583	SELECT PICTURE AUDIOMETRY	79.65			XXX	N	45.61
		92584	ELECTROCOCHLEOGRAPHY	123.31			XXX	N	193.05
		92585	AUDITORY EVOKED POTENTIALS COMPREHENSIVE	224.79	44.84	179.95	XXX	N	
		92586	AUDITORY EVOKED POTENTIALS LIMITED	153.99			XXX	N	193.05
		92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD	36.58	30.68	5.90	XXX	N	
		92588	DISTRT PROD EVOKD OTOACOUSTIC EMSNS COMP/DX EVAL	55.46	48.38	7.08	XXX	N	
		92590	HEARING AID EXAMINATION & SELECTION MONAURAL	87.32			XXX	N	109.53
		92591	HEARING AID EXAMINATION & SELECTION BINAURAL	93.22			XXX	N	137.02
		92592	HEARING AID CHECK MONAURAL	37.17			XXX	N	49.96
		92593	HEARING AID CHECK BINAURAL	46.61			XXX	N	79.34
		92594	ELECTROACOUS EVAL HEARING AID MONAURAL	32.45			XXX	N	41.06
		92595	ELECTROACOUS EVAL HEARING AID BINAURAL	61.95			XXX	N	90.69
		92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	111.51			XXX	N	45.61
		92597	EVAL&/FITG VOICE PROSTC DEV SUPLMNT ORAL SPEEC	121.54			XXX	N	
		92601	ANALYSIS COCHLEAR IMPLT PT <7 YR PRGRMG	276.12			XXX	N	193.05
		92602	ANALYSIS COCHLEAR IMPLT PT <7 YR SBSQ REPRGRMG	172.28			XXX	N	193.05
		92603	ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRMG	257.83			XXX	N	193.05
		92604	ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ REPRGRMG	153.40			XXX	N	193.05
		92605	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV F2F 1ST HR	156.35			XXX	N	
		92606	THER SVC N-SP-GENRATJ DEV PRGRMG&MODIFICAJ	138.65			XXX	N	
		92607	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV 1ST HR	217.71			XXX	N	
+		92608	RX SP-GENRATJ AUGMNT&COMUNICAJ DEV EA 30 MIN	86.73			ZZZ	N	
		92609	THER SP-GENRATJ DEV PRGRMG&MODIFICAJ	181.72			XXX	N	
		92610	EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	144.55			XXX	N	
		92611	MOTION FLUOR EVAL SWLNG FUNCJ C/V REC	150.45			XXX	N	
		92612	FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC	319.78			XXX	N	
		92613	FLEXIBLE ENDOSCOPIC EVAL SWALLOW C/V REC I&R	63.13			XXX	N	
		92614	FLEXIBLE ENDOSCOPIC EVAL LARYN SENSORY C/V REC	237.77			XXX	N	
		92615	FLEXIBLE ENDOSCOPIC EVAL LARYN SENS C/V REC I&R	55.46			XXX	N	
		92616	FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V REC	345.15			XXX	N	
		92617	FLEXIBLE NDSC EVAL SWLNG&LARYN SENS C/V I&R	69.62			XXX	N	
+		92618	EVAL RX N-SP-GEN AUGMT ALT COMMUN DEV ADD 30 MIN	56.64			ZZZ	N	
		92620	EVAL CENTRAL AUDITORY FUNCJ W/REPRT 1ST 60 MIN	157.53			XXX	N	193.05
+		92621	EVAL CENTRAL AUDITORY FUNCJ W/REPRT EA 15 MIN	37.76			ZZZ	N	
		92625	ASSESSMENT TINNITUS	117.41			XXX	N	193.05
		92626	EVALUATION AUDITORY REHAB STATUS 1ST HR	150.45			XXX	N	193.05
+		92627	EVALUATION AUDITORY REHAB STATUS EA 15 MIN	37.76			ZZZ	N	
		92630	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	112.10			XXX	N	185.13
		92633	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	74.34			XXX	N	207.65
		92640	ANALYSIS W/PRGRMG AUD BRAINSTEM IMPLANT PR HR	191.75			XXX	N	193.05
		92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE	BR			XXX	N	24.38
	J1	92920	PRQ TRLUML CORONARY ANGIOPLASTY ONE ART/BRANCH	913.91			000	N	8115.85
+		92921	PRQ TRLUML CORONARY ANGIOPLASTY ADDL BRANCH	424.21			ZZZ	N	
	J1	92924	PRQ TRLUML CORONARY ANGIO/ATHEREC ONE ART/BRNCH	1090.32			000	N	15542.01

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+		92925	PRQ TRLUML CORONARY ANGIO/ATHEREC ADDL ART/BRNCH	417.72			ZZZ	N	
	J1	92928	PRQ TRLUML CORONARY STENT W/ANGIO ONE ART/BRNCH	1017.16			000	N	15542.01
+		92929	PRQ TRLUML CORONARY STENT W/ANGIO ADDL ART/BRNCH	463.15			ZZZ	N	
	J1	92933	PRQ TRLUML CORONRY STENT/ATH/ANGIO ONE ART/BRNCH	1141.06			000	N	23067.07
+		92934	PRQ TRLUML CORONARY STENT/ATH/ANGIO ADDL BRANCH	415.36			ZZZ	N	
	J1	92937	PRQ TRLUML CORONARY BYP GRFT REVASC ONE VESSEL	1016.57			000	N	15542.01
+		92938	PRQ TRLUML CORONARY BYP GRFT REVASC ADDL VESSEL	497.96			ZZZ	N	
		92941	PRQ TRLUML CORONRY TOT OCCLUS REVASC MI ONE VSL	1144.01			000	N	19210.66
	J1	92943	PRQ TRLUML CORONRY CHRONIC OCCLUS REVASC ONE VSL	1143.42			000	N	15542.01
+		92944	PRQ TRLUML CORONRY CHRNIC OCCLUS REVASC ADDL VSL	435.42			ZZZ	N	
		92950	CARDIOPULMONARY RESUSCITATION	526.28			000	N	358.28
		92953	TEMPORARY TRANSCUTANEOUS PACING	1.77			000	N	747.62
		92960	CARDIOVERSION ELECTIVE ARRHYTHMIA EXTERNAL	266.09			000	N	747.62
		92961	CARDIOVERSION ELECTIVE ARRHYTHMIA INTERNAL SPX	426.57			000	N	747.62
		92970	CARDIOASSIST-METH CIRCULATORY ASSIST INTERNAL	325.68			000	N	
		92971	CARDIOASSIST-METH CIRCULATORY ASSIST EXTERNAL	171.69			000	N	467.16
+		92973	PRQ TRANSLUMINAL CORONARY MECHANICL THROMBECTOMY	303.85			ZZZ	N	
+		92974	TCAT PLACEMENT RADJ DLVR DEV SBSQ C IV BRACHYTX	278.48			ZZZ	N	
		92975	THROMBOLYSIS INTRACORONARY NFS SLCTV ANGRPH	647.82			000	N	
		92977	THROMBOLYSIS CORONARY INTRAVENOUS INFUSION	92.04			XXX	N	409.50
+		92978	ENDOLUMINAL CORONARY IVUS OCT I&R INITIAL VESSEL	470.23	164.61	305.62	ZZZ	N	
+		92979	ENDOLUMINAL CORONARY IVUS OCT I&R ADDL VESSEL	284.97	130.98	153.99	ZZZ	N	
	J1	92986	PRQ BALLOON VALVULOPLASTY AORTIC VALVE	2264.42			090	N	8115.85
	J1	92987	PRQ BALLOON VALVULOPLASTY MITRAL VALVE	2335.81			090	N	15542.01
	J1	92990	PRQ BALLOON VALVULOPLASTY PULMONARY VALVE	1865.58			090	N	15542.01
		92992	ATRIAL SEPTECT/SEPTOST TRANSVENOUS BALLOON	3191.31			090	Y	
		92993	ATRIAL SEPTECT/SEPTOSTOMY BLADE METHOD	1477.01			090	Y	
	J1	92997	PRQ TRLUML PULMONARY ART BALLOON ANGIOP 1 VSL	1126.31			000	N	15542.01
+		92998	PRQ TRLUML PULMONARY ART BALLOON ANGIOP EA VSL	556.96			ZZZ	N	
		93000	ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	28.32			XXX	N	
		93005	ECG ROUTINE ECG W/LEAST 12 LDS TRCG ONLY W/O I&R	14.16			XXX	N	79.38
		93010	ECG ROUTINE ECG W/LEAST 12 LDS I&R ONLY	14.16			XXX	N	
		93015	CV STRS TST XERS&/OR RX CONT ECG W/SI&R	118.59			XXX	N	
		93016	CV STRS TST XERS&/OR RX CONT ECG W/O I&R	37.17			XXX	N	
		93017	CV STRS TST XERS&/OR RX CONT ECG TRCG ONLY	56.64			XXX	N	358.28
		93018	CV STRS TST XERS&/OR RX CONT ECG I&R ONLY	24.78			XXX	N	
		93024	ERGONOVINE PROVOCATION TST	184.08	95.58	88.50	XXX	N	
		93025	MICROVOLT T-WAVE ASSESS VENTRICULAR ARRHYTHMIAS	249.57	61.95	187.62	XXX	N	
		93040	RHYTHM ECG 1-3 LEADS W/INTERPRETATION & REPORT	21.24			XXX	N	
		93041	RHYTHM ECG 1-3 LEADS TRACING ONLY W/O I&R	9.44			XXX	N	79.38
		93042	RHYTHM ECG 1-3 LEADS INTERPRETATION & REPRT ON	11.80			XXX	N	
		93050	ART PRESS WAVEFORM ANALYS CENTRAL ART PRESSURE	27.14	14.16	12.98	XXX	N	
		93224	XTRNL ECG & 48 HR RECORD SCAN STOR W/R&I	148.09			XXX	N	
		93225	XTRNL ECG & 48 HR RECORDING	43.07			XXX	N	151.20
		93226	EXTERNAL ECG SCANNING ANALYSIS REPORT	60.77			XXX	N	151.20
		93227	XTRNL ECG CONTINUOUS RHYTHM W/I&R UP TO 48 HRS	44.25			XXX	N	
★		93228	XTRNL MOBILE CV TELEMETRY W/I&REPORT 30 DAYS	43.66			XXX	N	
★		93229	XTRNL MOBILE CV TELEMETRY W/TECHNICAL SUPPORT	1177.05			XXX	N	193.05
		93260	PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DFB SYSTEM	113.87	71.98	41.89	XXX	N	

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
		93261	INTERROGATION EVAL F2F IMPLANT SUBQ LEAD DEFIB	104.43	62.54	41.89	XXX	N	
		93264	REMOTE MNTR WIRELESS P-ART PRS SNR UP TO 30 D	84.96			XXX	N	
	★	93268	XTRNL PT ACTIV ECG TRANSMIS W/R&I </30 DAYS	336.30			XXX	N	
	★	93270	XTRNL PT ACTIVATED ECG RECORD MONITOR 30 DAYS	15.34			XXX	N	52.77
	★	93271	XTRNL PT ACTIVATED ECG REC DWNLD 30 DAYS	278.48			XXX	N	166.91
	★	93272	XTRNL PT ACTIVTD ECG DWNLD W/R&I </30 DAYS	42.48			XXX	N	
		93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY W/WO ECG	51.33	21.24	30.09	XXX	N	
		93279	PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP	92.04	54.28	37.76	XXX	N	
		93280	PROGRAM EVAL IMPLANTABLE IN PERSN DUAL LD PACER	107.97	64.31	43.66	XXX	N	
		93281	PROGRAM EVAL IMPLANTABLE IN PRSN MULTI LD PACER	116.23	71.98	44.25	XXX	N	
		93282	PRGRMNG DEV EVAL IMPLANTABLE IN PERSN 1 LD DFB	112.10	71.39	40.71	XXX	N	
		93283	PRGRMG EVAL IMPLANTABLE IN PRSN DUAL LEAD DFB	141.01	96.76	44.25	XXX	N	
		93284	PRGRMG EVAL IMPLANTABLE IN PERSON MULTI LEAD DFB	152.81	105.61	47.20	XXX	N	
		93285	PRGRMG DEV EVAL SCRMS PHYS/QHP IN PERSON	80.83	44.25	36.58	XXX	N	
		93286	PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	58.41	25.37	33.04	XXX	N	
		93287	PERI-PX DEV EVAL & PROG SING/DUAL/MULTI LEAD DFB	71.98	38.94	33.04	XXX	N	
		93288	INTERROG DEV EVAL PM/LDLS PM PHYS/QHP IN PERSON	73.75	35.99	37.76	XXX	N	
		93289	INTERROG EVAL F2F 1/DUAL/MLT LEADS IMPLTBL DFB	100.30	62.54	37.76	XXX	N	
		93290	INTERROG DEV EVAL ICPMS PHYS/QHP IN PERSON	70.21	36.58	33.63	XXX	N	
		93291	INTERROG DEV EVAL SCRMS PHYS/QHP IN PERSON	63.13	30.68	32.45	XXX	N	
		93292	INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR	67.26	35.99	31.27	XXX	N	
		93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL	87.32	25.37	61.95	XXX	N	
		93294	REM INTERROG PM/LDLS PM <90 D PHYS/QHP	51.33			XXX	N	
		93295	INTERROGATION EVAL REMOTE </90 D 1/2/MLT LD DFB	74.34			XXX	N	
		93296	REM INTERROG PM/LDLS PM/IDS <90 D PHYS/QHP	42.48			XXX	N	52.77
		93297	REM INTERROG ICPMS <30 D PHYS/QHP	44.25			XXX	N	
	★	93298	REM INTERROG SCRMS <30 D PHYS/QHP	44.25			XXX	N	
	★	93299	REM INTERROG ICPMS/SCRMS <30 D TECH REVIEW	93.22			XXX	N	52.77
		93303	COMPLETE TTHRC ECHO CONGENITAL CARDIAC ANOMALY	392.35	106.79	285.56	XXX	N	
		93304	F-UP/LIMITED TTHRC ECHO CONGENITAL CAR ANOMALY	267.27	61.36	205.91	XXX	N	
		93306	ECHO TTHRC R-T 2D W/WOM-MODE COMPL SPEC&COLR D	344.56	122.72	221.84	XXX	N	
		93307	ECHO TRANSTHORAC R-T 2D W/WO M-MODE REC COMP	234.23	75.52	158.71	XXX	N	
		93308	ECHO TRANSTHORC R-T 2D W/WO M-MODE REC F-UP/LMTD	164.02	43.07	120.95	XXX	N	
		93312	ECHO TRANSESOPHAG R-T 2D W/PRB IMG ACQUISJ I&R	411.23	183.49	227.74	XXX	N	
		93313	ECHO R-T 2D W/PROBE PLACEMENT ONLY	19.47			XXX	N	706.44
		93314	ECHO TRANSESOPHAG R-T 2D IMG ACQUISJ I&R ONLY	397.07	153.99	243.08	XXX	N	
		93315	ECHO TRANSESOPHAG CONGEN PROBE PLCMT IMGNG I&R	479.67	215.94	263.73	XXX	N	
		93316	ECHO TRANSESOPHAG CONGEN PROBE PLCMT ONLY	46.61			XXX	N	706.44
		93317	ECHO TRANSESOPHAG IMAGE ACQUISJ INTERP&REPORT	356.34	155.76	200.58	XXX	N	
		93318	ECHO TRANSESOPHAG MONTR CARDIAC PUMP FUNCTJ	393.16	175.82	217.34	XXX	N	
+		93320	DOPPLER ECHOCARD PULSE WAVE W/SPECTRAL DISPLAY	89.09	30.68	58.41	ZZZ	N	
+		93321	DOP ECHOCARD PULSE WAVE W/SPECTRAL F-UP/LMTD STD	44.84	12.39	32.45	ZZZ	N	
+		93325	DOP ECHOCARD COLOR FLOW VELOCITY MAPPING	41.89	5.31	36.58	ZZZ	N	
		93350	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST	313.29	119.18	194.11	XXX	N	
		93351	ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG	387.63	142.78	244.85	XXX	N	
+		93352	USE OF ECHO CONTRAST AGENT DURING STRESS ECHO	56.05			ZZZ	N	
		93355	ECHO TEE GUID TCAT ICAR/VESSEL STRUCTURAL INTVN	387.63			XXX	N	
⃠	J1	93451	RIGHT HEART CATH O2 SATURATION & CARDIAC OUTPUT	1306.26	223.61	1082.65	000	N	
	J1	93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I	1451.40	407.69	1043.71	000	N	

			Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
		J1	93453	R & L HRT CATH W/NJX L VENTRICULOG IMG S&I	1883.28	547.52	1335.76	000	N	
		J1	93454	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I	1466.15	413.59	1052.56	000	N	
		J1	93455	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I	1689.76	482.03	1207.73	000	N	
	⃠	J1	93456	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I	1856.73	537.49	1319.24	000	N	
		J1	93457	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I	2075.62	604.16	1471.46	000	N	
		J1	93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I	1740.50	510.35	1230.15	000	N	
		J1	93459	CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I	1911.60	577.61	1333.99	000	N	
		J1	93460	R & L HRT CATH WINJX HRT ART& L VENTR IMG	2088.60	646.05	1442.55	000	N	
		J1	93461	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I	2364.13	715.08	1649.05	000	N	
+			93462	LEFT HEART CATH BY TRANSEPTAL PUNCTURE	360.49			ZZZ	N	
+			93463	MEDICATION ADMIN & HEMODYNAMIC MEASURMENT	166.38			ZZZ	N	
+			93464	PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC MEASU	415.36	147.50	267.86	ZZZ	N	
	⃠		93503	INSERTION FLOW DIRECTED CATHETER FOR MONITORING	150.45			000	N	1552.95
		J1	93505	ENDOMYOCARDIAL BIOPSY	1177.05	377.60	799.45	000	N	
		J1	93530	R HRT CATHETERIZATION CONGENITAL CARDIAC ANOMALY	1354.64	352.23	1002.41	000	N	
		J1	93531	CMBN R HRT & RETROGRADE L HRT CATHJ CGEN ANOMA	2957.59	731.01	2226.58	000	N	
		J1	93532	CMBN R HRT T-SEPTAL L HRT CATHJ NTC SEPTUM CGEN	3667.89	912.73	2755.16	000	N	
		J1	93533	CMBN R HRT T-SEPTAL L HRT CATHJ SEPTAL OPNG CGEN	3047.35	609.47	2437.88	000	N	
			93561	INDIC DIL STD ARTL&/OR VEN CATHJ W/OUTP MEAS	80.18	77.29	2.89	ZZZ	N	
			93562	INDIC DIL STD ARTL&/OR VEN CATHJ SBSQ OUTP MEA	85.11	62.54	22.57	ZZZ	N	
+			93563	NJX SEL HRT ART CONGENITAL HRT CATH W/S&I	99.71			ZZZ	N	
+			93564	NJX SEL HRT ART/GRFT CONGENITAL HRT CATH W/S&I	105.61			ZZZ	N	
+			93565	NJX SEL L VENT/ATRIAL ANGIO HRT CATH W/S&I	77.29			ZZZ	N	
+			93566	NJX SEL R VENT/ATRIAL ANGIO HRT CATH W/S&I	258.42			ZZZ	N	
+			93567	NJX SUPRAVALV AORTOG HRT CATH W/S&I	218.89			ZZZ	N	
+			93568	NJX PULMONARY ANGIO HRT CATH W/S&I	234.23			ZZZ	N	
+			93571	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS 1ST VSL	377.60	132.16	245.44	ZZZ	N	
+			93572	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS ADDL VSL	227.15	106.79	120.36	ZZZ	N	
		J1	93580	PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/IMPLT	1678.55			000	N	23067.07
		J1	93581	PRQ TCAT CLSR CGEN VENTR SEPTAL DFCT W/IMPLT	2287.43			000	N	23067.07
		J1	93582	PERCUTAN TRANSCATH CLOSURE PAT DUCT ARTERIOSUS	1145.78			000	N	23067.07
			93583	PERCUTANEOUS TRANSCATHETER SEPTAL REDUCTION THER	1276.76			000	N	
		J1	93590	PERQ TRANSCATH CLS PARAVALVR LEAK 1 MITRAL VALVE	1840.80			000	Y	23067.07
		J1	93591	PERQ TRANSCATH CLS PARAVALVR LEAK 1 AORTIC VALVE	1516.30			000	N	23067.07
+			93592	PERQ TRANSCATH CLS PARAVALVR LEAK EACH OCCLS DEV	672.01			ZZZ	Y	
	⃠	J1	93600	BUNDLE OF HIS RECORDING	339.25	203.55	135.70	000	N	
	⃠	J1	93602	INTRA-ATRIAL RECORDING	276.75	199.42	77.33	000	N	
	⃠	J1	93603	RIGHT VENTRICULAR RECORDING	317.42	200.01	117.41	000	N	
+			93609	INTRA-VENTRIC&/ATRIAL MAPG TACHYCARD W/CATH MA	663.75	477.90	185.85	ZZZ	N	
	⃠	J1	93610	INTRA-ATRIAL PACING	375.24	281.43	93.81	000	N	
	⃠	J1	93612	INTRAVENTRICULAR PACING	387.04	278.48	108.56	000	N	
+			93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3D MAPPING	509.17			ZZZ	N	
	⃠	J1	93615	ESOPHGL REC ATRIAL W/WO VENTRICULAR ELECTROGRAMS	112.25	64.31	47.94	000	N	
	⃠	J1	93616	ESOPHGL REC ATRIAL W/WO VENTR ELECTRGRAMS W/PACG	144.91	100.89	44.02	000	N	
	⃠	J1	93618	INDUCTION ARRHYTHMIA ELECTRICAL PACING	677.04	379.37	297.67	000	N	
		J1	93619	COMPRE ELECTROPHYSIOLOGIC W/O ARRHYT INDUCTION	1177.05	670.83	506.22	000	N	
		J1	93620	COMPRE ELECTROPHYSIOLOGIC ARRHYTHMIA INDUCTION	1712.18	1078.52	633.66	000	N	
+			93621	COMPRE ELECTROPHYSIOL XM W/LEFT ATRIAL PACNG/REC	267.85	200.01	67.84	ZZZ	N	
+			93622	COMPRE ELECTROPHYSIOL XM W/LEFT VENTR PACNG/REC	391.38	296.18	95.20	ZZZ	N	

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
+		93623	PROGRAMMED STIMJ & PACG AFTER IV DRUG NFS	363.46	271.99	91.47	ZZZ	N	
	J1	93624	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC/REC W/ARRHYT	532.77	415.36	117.41	000	N	
⃠		93631	INTRAOP EPICAR& ENDOCAR PACG& MAPG	912.82	677.91	234.91	000	N	
		93640	EPHYS EVAL PACG CVDFB LDS INITIAL IMPLAN/REPLACE	767.00	306.80	460.20	000	N	
		93641	EPHYS EVAL PACG CVDFB LDS W/TSTG OF PULSE GEN	1013.03	536.90	476.13	000	N	
	J1	93642	EPHYS EVAL PACG CVDFB PRGRMG/REPRGRMG PARAMETERS	577.02	440.14	136.88	000	N	
		93644	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	333.35	246.62	86.73	000	N	
	J1	93650	ICAR CATHETER ABLATION ATRIOVENTR NODE FUNCTION	1014.80			000	N	8448.41
	J1	93653	EPHYS EVAL W/ABLATION SUPRAVENT ARRHYTHMIA	1437.24			000	N	30611.33
	J1	93654	EPHYS EVAL W/ABLATION VENTRICULAR TACHYCARDIA	1923.40			000	N	30611.33
+		93655	ICAR CATHETER ABLATION ARRHYTHMIA ADD ON	731.60			ZZZ	N	
	J1	93656	EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLAT PULM VEIN	1929.30			000	N	30611.33
+		93657	ABLATE L/R ATRIAL FIBRIL W/ISOLATED PULM VEIN	730.42			ZZZ	N	
		93660	CARDIOVASCULAR FUNCTION EVAL W/TILT TABLE W/MNTR	266.09	157.53	108.56	000	N	
+		93662	INTRACARD ECHOCARD W/THER/DX IVNTJ INCL IMG S&I	320.70	240.13	80.57	ZZZ	N	
		93668	PERIPHERAL ARTERIAL DISEASE REHAB PER SESSION	29.50			XXX	N	79.38
		93701	BIOMPEDANCE-DERIVED PHYSIOLOGIC CV ANALYSIS	41.89			XXX	N	151.20
		93702	BIS EXTRACELLULAR FLUID ALYS LYMPHEDEMA ASSMNT	210.63			XXX	N	193.05
		93724	ELECTRONIC ANALYSIS ANTITACHY PACEMAKER SYSTEM	465.51	410.05	55.46	000	N	
		93740	TEMPRATURE GRADIENT STUDY	13.57			XXX	N	193.05
		93745	1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLE CVDFB	155.17	100.89	54.28	XXX	N	
		93750	INTERROGATION VAD IN PRSON W/PHYS/QHP ANALYSIS	93.22			XXX	N	166.91
		93770	DERMINATION OF VENOUS PRESSUE	13.57			XXX	N	
		93784	AMBL BLD PRESS W/TAPE&/DISK 24/> HR ALYS I&R	89.09			XXX	N	
		93786	BL BLD PRESS W/TAPE&/DISK 24/> HR REC ONL	48.97			XXX	N	151.20
		93788	AMBL BLD PRESS W/TAPE/DISK 24/>HR ALYS W/REPRT	8.85			XXX	N	151.20
		93790	AMBL BLD PRESS TAPE&/DISK 24/> HR REVIEW	31.27			XXX	N	
		93792	PT/CAREGIVER TRAINJ FOR INITIATION HOME INR MNTR	87.32			XXX	N	
		93793	ANTICOAGULANT MGMT FOR PT TAKING WARFARIN	20.06			XXX	N	
		93797	OUTPATIENT CARDIAC REHAB W/O CONT ECG MONITOR	27.14			000	N	167.77
		93798	OUTPATIENT CARDIAC REHAB W/CONT ECG MONITORING	42.48			000	N	167.77
		93799	UNLISTED CARDIOVASCULAR SERVICE/PROCEDURE	BR	BR	BR	XXX	N	193.05
		93880	DUPLEX SCAN EXTRACRANIAL ART COMPL BI STUDY	336.30	67.26	269.04	XXX	N	
		93882	DUPLEX SCAN EXTRACRANIAL ART UNI/LMTD STUDY	214.76	41.89	172.87	XXX	N	
		93886	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART COMPL	452.53	79.06	373.47	XXX	N	
		93888	TRANSCRANIAL DOPPLER STDY INTRACRANIAL ART LMTD	263.73	43.66	220.07	XXX	N	
		93890	TRANSCRANIAL DOPPLER INTRACRAN ART VASOREAC STDY	461.38	86.14	375.24	XXX	N	
		93892	TRANSCRANIAL DOPPLER INTRACRAN ART EMBOLI DETECT	519.79	100.89	418.90	XXX	N	
		93893	TRANSCRAN DOPPLER INTRACRAN ART MICROBUBBLE INJ	578.79	100.89	477.90	XXX	N	
		93895	CAROTID INTIMA MEDIA & CAROTID ATHEROMA EVAL BI	217.71	BR	BR	XXX	N	375.76
		93922	NON-INVAS PHYSIOLOGIC STD EXTREMITY ART 2 LEVEL	143.96	21.24	122.72	XXX	N	
		93923	NON-INVASIVE PHYSIOLOGIC STUDY EXTREMITY 3 LEVLS	223.02	37.17	185.85	XXX	N	
		93924	N-INVAS PHYSIOLOGIC STD LXTR ART COMPL BI	275.53	41.30	234.23	XXX	N	
		93925	DUP-SCAN LXTR ART/ARTL BPGS COMPL BI STUDY	427.75	66.08	361.67	XXX	N	
		93926	DUP-SCAN LXTR ART/ARTL BPGS UNI/LMTD STUDY	251.34	40.71	210.63	XXX	N	
		93930	DUP-SCAN UXTR ART/ARTL BPGS COMPL BI STUDY	343.38	66.67	276.71	XXX	N	
		93931	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMTD STUDY	214.17	41.30	172.87	XXX	N	
		93970	DUP-SCAN XTR VEINS COMPLETE BILATERAL STUDY	325.68	57.82	267.86	XXX	N	
		93971	DUP-SCAN XTR VEINS UNILATERAL/LIMITED STUDY	201.78	37.76	164.02	XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	93975	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN COM	464.92	96.76	368.16	XXX	N	
	93976	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&/RPR ORGN LMT	273.76	66.67	207.09	XXX	N	
	93978	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS COMPLETE	315.06	66.08	248.98	XXX	N	
	93979	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS UNI/LMTD	200.60	41.30	159.30	XXX	N	
	93980	DUP-SCAN ARTL INFL&VEN O/F PEN VSL COMPL	208.27	103.84	104.43	XXX	N	
	93981	DUP-SCAN ARTL INFL&VEN O/F PEN VSL F-UP/LMTD STD	126.85	36.58	90.27	XXX	N	
	93990	DUPLEX SCAN HEMODIALYSIS ACCESS	260.78	41.30	219.48	XXX	N	
	93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	BR			XXX	N	24.38
	94002	VENTILATION ASSIST & MGMT INPATIENT 1ST DAY	155.76			XXX	N	724.16
	94003	VENTILATION ASSIST & MGMT INPATIENT EA SBSQ DA	111.51			XXX	N	724.16
	94004	VENTILATION ASSIST & MGMT NURSING FAC PR DAY	82.60			XXX	N	
	94005	HOME VENTILATOR MGMT CARE OVERSIGHT 30 MIN/>	153.99			XXX	N	
	94010	SPMTRY W/VC EXPIRATORY FLO W/WO MXML VOL VNTJ	59.00	14.16	44.84	XXX	N	
	94011	MEAS SPIROMTRC FORCD EXPIRATORY FLO INFANT&/2 Y	146.32			XXX	N	193.05
	94012	MEAS SPIRO FRCD EXP FLO PRE&POST BRONCH INF/2YRS	237.18			XXX	N	358.28
	94013	MEASUREMENT LUNG VOLUMES INFANT/CHILD/2 YRS	32.45			XXX	N	646.48
	94014	PT-INITIATE SPIROMETRIC RECORDING PHYS/QHP R&I	93.22			XXX	N	494.39
	94015	PATIENT-INITIATED SPIROMETRIC RECORDING	50.74			XXX	N	358.28
	94016	PATIENT-INITIATED SPIROMETRIC PHYS/QHP R&I ONLY	42.48			XXX	N	
	94060	BRNCDILAT RSPSE SPMTRY PRE&POST-BRNCDILAT ADMN	99.12	21.83	77.29	XXX	N	
	94070	BRNCSPSM PROVOCATION EVAL MLT SPMTRY W/ADMN AGT	99.71	48.38	51.33	XXX	N	
	94150	VITAL CAPACITY TOTAL SEPARATE PROCEDURE	42.48	6.49	35.99	XXX	N	
	94200	MAX BREATHING CAPACITY MAXIMAL VOLUNTARY VENTJ	46.02	9.44	36.58	XXX	N	
	94250	EXPIRED GAS COLLECTION QUANT 1 PROCEDURE SPX	46.02	9.44	36.58	XXX	N	
	94375	RESPIRATORY FLOW VOLUME LOOP	66.08	24.78	41.30	XXX	N	
	94400	BREATHING RESPONSE TO CO2	94.99	33.04	61.95	XXX	N	
	94450	BREATHING RESPONSE TO HYPOXIA	121.54	33.63	87.91	XXX	N	
	94452	HIGH ALTITUDE SIMULATJ TEST W/PHYS INTERP&REPORT	91.45	24.19	67.26	XXX	N	
	94453	HIGH ALTITUDE SIMULATJ W/PHYS I&R W/O2 TITRATION	126.26	31.86	94.40	XXX	N	
⃠	94610	INTRAPULMONARY SURFACTANT ADMINISTJ PHYS/QHP	93.81			XXX	N	272.07
	94617	EXERCISE TEST FOR BRONCHOSPASM	156.94	56.05	100.89	XXX	N	
	94618	PULMONARY STRESS TESTING	56.64	38.35	18.29	XXX	N	
	94621	CARDIOPULMONARY EXERCISE TESTING	267.86	115.64	152.22	XXX	N	
	94640	PRESSURIZED/NONPRESSURIZED INHALATION TREATMENT	30.09			XXX	N	272.07
	94642	PENTAMIDINE AERSL INHALATION PNEUMOCYSTIS/PROPH	55.46			XXX	N	272.07
	94644	CONTINUOUS INHALATION TREATMENT 1ST HR	82.60			XXX	N	151.20
+	94645	CONTINUOUS INHALATION TREATMENT EA ADDL HR	27.73			XXX	N	
	94660	CPAP VENTILATION CPAP INITIATION&MGMT	106.79			XXX	N	272.07
	94662	CONTINUOUS NEGATIVE PRESSURE VENTJ INITIAT&MGM	60.77			XXX	N	724.16
	94664	DEMO&/EVAL OF PT UTILIZ AERSL GEN/NEB/INHLR/IP	28.32			XXX	N	272.07
	94667	MANJ CH WALL FACILITATE LNG FUNCJ 1 DEMO&/EVAL	41.89			XXX	N	151.20
	94668	MANJ CHEST WALL FACILITATE LUNG FUNCTION SUBSQ	54.28			XXX	N	151.20
	94669	MECHANICAL CHEST WALL OSCILLATION LUNG FUNCTION	53.10			XXX	N	272.07
	94680	O2 UPTK EXP GAS ANALYSIS REST&XERS DIRECT SIMP	92.63	21.24	71.39	XXX	N	
	94681	O2 UPTK EXP GAS ALYS W/CO2 OUTPUT % O2 XTRC	91.45	17.11	74.34	XXX	N	
	94690	O2 UPTAKE EXP GAS ANALYSIS REST INDIRECT SPX	87.91	6.49	81.42	XXX	N	
	94726	PLETHYSMOGRAPHY LUNG VOLUMES W/WO AIRWAY RESIST	89.68	20.65	69.03	XXX	N	
	94727	GAS DILUT/WASHOUT LUNG VOL W/WO DISTRIB VENT&V	72.57	20.65	51.92	XXX	N	
	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	67.85	21.24	46.61	XXX	N	

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+	94729	CO DIFFUSING CAPACITY	92.04	15.34	76.70	ZZZ	N	
	94750	PULMONARY COMPLIANCE STUDY	141.60	18.29	123.31	XXX	N	
	94760	NONINVASIVE EAR/PULSE OXIMETRY SINGLE DETER	4.13			XXX	N	
	94761	NONINVASIVE EAR/PULSE OXIMETRY MULTIPLE DETER	7.08			XXX	N	
	94762	NONINVASIVE EAR/PULSE OXIMETRY OVERNIGHT MONITOR	41.89			XXX	N	193.05
	94770	CARBON DIOXIDE EXP GAS DETER INFRARED ANALYZER	12.39			XXX	N	193.05
	94772	CIRCADIAN RESPIRATRY PATTERN REC 12-24 HR INFANT	330.99	132.16	198.83	XXX	N	
	94774	PEDIATRIC APNEA MONITOR ATTACHMENT PHYS I&R	559.32			YYY	N	
	94775	PEDIATRIC APNEA MONITOR ATTACHMENT	BR			YYY	N	193.05
	94776	PEDIATRIC APNEA MONITOR ANALYSES COMPUTER	290.87			YYY	N	193.05
	94777	PEDIATRIC APNEA MONITOR PHYS/QHP REVIEW	160.48			YYY	N	
	94780	CAR SEAT/BED TEST INFT THRU 12 MO 60 MIN	85.55			XXX	N	45.61
+	94781	CAR SEAT/BED TEST INFT THRU 12 MO EA ADDL 30 MIN	33.63			ZZZ	N	
	94799	UNLISTED PULMONARY SERVICE/PROCEDURE	BR	BR	BR	XXX	N	193.05
	95004	PERCUTANEOUS TESTS W/ALLERGENIC EXTRACTS	7.08			XXX	N	1296.16
	95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	33.63			XXX	N	45.61
	95017	ALLG TSTG PERQ & IC VENOMS IMMED REACT W/I&R	13.57			XXX	N	45.61
	95018	ALLG TEST PERQ & IC DRUG/BIOL IMMED REACT W/I&R	35.99			XXX	N	45.61
	95024	INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS	13.57			XXX	N	79.38
	95027	INTRACUTANEOUS TESTS W/ALLERGENIC XTRCS AIRBORNE	7.67			XXX	N	24.38
	95028	IC TSTS W/ALLGIC XTRCS DLYD TYP RXN W/READING	21.83			XXX	N	45.61
	95044	PATCH/APPLICATION TEST SPECIFY NUMBER TESTS	9.44			XXX	N	1296.16
	95052	PHOTO PATCH TEST SPECIFY NUMBER TSTS	11.21			XXX	N	45.61
	95056	PHOTO TESTS	77.29			XXX	N	151.20
	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	58.41			XXX	N	151.20
	95065	DIRECT NASAL MUCOUS MEMBRANE TEST	43.66			XXX	N	45.61
	95070	INHLJ BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL	53.10			XXX	N	646.48
	95071	INHLJ BRNCL CHALLENGE TSTG W/AGS/GASES	61.95			XXX	N	358.28
	95076	INGESTION CHALLENGE TEST INITIAL 120 MINUTES	202.37			XXX	N	646.48
+	95079	INGESTION CHALLENGE TEST EACH ADDL 60 MINUTES	142.78			ZZZ	N	
	95115	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS 1 NJX	15.34			XXX	N	53.79
	95117	PROF SVCS ALLG IMMNTX X W/PRV ALLGIC XTRCS NJXS	17.70			XXX	N	53.79
	95120	PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 1 NJX	31.27			XXX	N	
	95125	PROF SVCS ALLG IMMNTX W/PRV ALLGIC XTRC 2/> NJX	34.22			XXX	N	
	95130	PROF SVCS ALLG IMMNTX W/PRV XTRC 1 STING INSECT	26.55			XXX	N	
	95131	PROF SVCS ALLG IMMNTX W/PRV XTRC 2 STING INSECT	49.56			XXX	N	
	95132	PROF SVCS ALLG IMMNTX W/PRV XTRC 3 STING INSECT	57.23			XXX	N	
	95133	PROF SVCS ALLG IMMNTX W/PRV XTRC 4 STING INSECT	89.09			XXX	N	
	95134	PROF SVCS ALLG IMMNTX W/PRV XTRC 5 STING INSECT	117.41			XXX	N	
	95144	PREPJ& ANTIGEN PRV ALLERGEN IMMUNOTHERAPY 1 DO	24.19			XXX	N	53.79
	95145	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 1 INSECT	47.79			XXX	N	53.79
	95146	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 2 INSECT	88.50			XXX	N	53.79
	95147	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 3 INSECT	91.45			XXX	N	84.85
	95148	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 4 INSECT	131.57			XXX	N	84.85
	95149	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 5 INSECT	175.23			XXX	N	84.85
	95165	PREPJ& ALLERGEN IMMUNOTHERAPY 1/MLT ANTIGEN	23.60			XXX	N	53.79
	95170	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY WHL INSE	17.70			XXX	N	53.79
	95180	RAPID DESENSITIZATION PROCEDURE EACH HOUR	231.28			XXX	N	494.39
	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SRVC/PX	BR			XXX	N	24.38

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	95249	CONT GLUC MONITORING PATIENT PROVIDED EQUIPTMENT	92.04			XXX	N	79.38
	95250	CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPTMENT	251.34			XXX	N	164.51
	95251	CONTINUOUS GLUCOSE MONITORING ANALYSIS I&R	59.59			XXX	N	
	95782	POLYSOM <6 YRS SLEEP STAGE 4/> ADDL PARAM ATTND	1513.35	211.22	1302.13	XXX	N	
	95783	POLYSOM <6 YRS SLEEP W/CPAP/BILVL VENT 4/> PARAM	1611.29	230.10	1381.19	XXX	N	
	95800	SLP STDY UNATND W/HRT RATE/O2 SAT/RESP/SLP TIME	282.61	70.80	211.81	XXX	N	
	95801	SLP STDY UNATND W/MIN HRT RATE/O2 SAT/RESP ANAL	151.63	70.21	81.42	XXX	N	
	95803	ACTIGRAPHY TESTING RECORDING ANALYSIS I&R	239.54	73.75	165.79	XXX	N	
	95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG	700.33	99.12	601.21	XXX	N	
	95806	SLEEP STD AIRFLOW HRT RATE&O2 SAT EFFORT UNATT	230.10	83.19	146.91	XXX	N	
	95807	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN	716.85	103.84	613.01	XXX	N	
	95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND	1118.64	147.50	971.14	XXX	N	
	95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND	1023.65	203.55	820.10	XXX	N	
	95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND	1073.21	211.22	861.99	XXX	N	
	95812	ELECTROENCEPHALOGRAM EXTEND MONITORING 41-60 MIN	542.21	97.35	444.86	XXX	N	
	95813	ELECTROENCEPHALOGRAM EXTND MNTR >1 HR	673.78	146.32	527.46	XXX	N	
	95816	ELECTROENCEPHALOGRAM W/REC AWAKE&DROWSY	605.93	97.35	508.58	XXX	N	
	95819	ELECTROENCEPHALOGRAM W/REC AWAKE&ASLEEP	712.72	97.35	615.37	XXX	N	
	95822	ELECTROENCEPHALOGRAM REC COMA/SLEEP ONLY	643.10	97.94	545.16	XXX	N	
	95824	ELECTROENCEPHALOGRAM CERE DEATH EVAL ONLY	171.10	66.67	104.43	XXX	N	
	95827	ELECTROENCEPHALOGRAM ALL NIGHT RECORDING	1014.80	94.99	919.81	XXX	N	
	95829	ELECTROCORTICOGRAM SURGERY SPX	3165.94	571.71	2594.23	XXX	N	
	95830	INSERTION SPHENOIDAL ELECTRODES EEG PHYS/QHP	647.23			XXX	N	
	95831	MUSC TSTG MNL W/REPRT XTR EX HAND/TRNK	54.28			XXX	N	
	95832	MUSC TSTG MNL W/REPRT HAND W/WO CMPRSN NRML SIDE	53.69			XXX	N	
	95833	MUSC TSTG MNL W/REPRT TOTAL EVAL BODY EX HANDS	70.80			XXX	N	
	95834	MUSC TSTG MNL W/REPRT TOTAL EVAL BODY W/HANDS	92.63			XXX	N	
	95836	ECOG IMPLANTED BRAIN NPGT W/REC I&R <30 DAYS	185.26			XXX	N	52.77
	95851	ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	34.81			XXX	N	
	95852	ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	31.27			XXX	N	
	95857	CHOLINESTERASE INHIBITOR CHALLENGE TEST	90.86			XXX	N	358.28
	95860	NDL EMG 1 XTR W/WO RELATED PARASPINAL AREAS	202.37	86.73	115.64	XXX	N	
	95861	NDL EMG 2 XTR W/WO RELATED PARASPINAL AREAS	289.10	139.24	149.86	XXX	N	
	95863	NDL EMG 3 XTR W/WO RELATED PARASPINAL AREAS	362.85	168.15	194.70	XXX	N	
	95864	NDL EMG 4 XTR W/WO RELATED PARASPINAL AREAS	417.13	179.95	237.18	XXX	N	
	95865	NEEDLE ELECTROMYOGRAPHY LARYNX	250.75	140.42	110.33	XXX	N	
	95866	NEEDLE ELECTROMYOGRAPHY HEMIDIAPHRAGM	230.10	114.46	115.64	XXX	N	
	95867	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE UNI	177.00	71.39	105.61	XXX	N	
	95868	NEEDLE ELECTROMYOGRAPHY CRANIAL NRV MUSCLE BI	231.87	106.79	125.08	XXX	N	
	95869	NEEDLE EMG THRC PARASPI MUSC EXCLUDING T1/T12	157.53	33.63	123.90	XXX	N	
	95870	NEEDLE EMG LMTD STD MUSC 1 XTR/NON-LIMB UNI/BI	152.22	33.63	118.59	XXX	N	
	95872	NEEDLE EMG W/1 FIBER ELECTRODE QUAN MEAS JITTER	332.76	260.19	72.57	XXX	N	
+	95873	ELECTRICAL STIMULATION GUID W/CHEMODENERVATION	125.67	33.63	92.04	ZZZ	N	
+	95874	NEEDLE EMG GUID W/CHEMODENERVATION	128.62	33.63	94.99	ZZZ	N	
	95875	ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	221.25	99.71	121.54	XXX	N	
+	95885	NEEDLE EMG EA EXTREMITY W/PARASPINL AREA LIMITED	102.07	31.86	70.21	ZZZ	N	
+	95886	NEEDLE EMG EA EXTREMTY W/PARASPINL AREA COMPLETE	158.12	77.88	80.24	ZZZ	N	
+	95887	NEEDLE EMG NONEXTREMTY MSCLES W/NERVE CONDUCTION	137.47	63.72	73.75	ZZZ	N	
⃠	95905	MOTOR &/SENS NRV CNDJ PRECONF ELTRD ARRAY LIMB	106.20	4.72	101.48	XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	95907	NERVE CONDUCTION STUDIES 1-2 STUDIES	160.48	90.27	70.21	XXX	N	
	95908	NERVE CONDUCTION STUDIES 3-4 STUDIES	207.68	113.87	93.81	XXX	N	
	95909	NERVE CONDUCTION STUDIES 5-6 STUDIES	247.80	135.70	112.10	XXX	N	
	95910	NERVE CONDUCTION STUDIES 7-8 STUDIES	325.09	181.13	143.96	XXX	N	
	95911	NERVE CONDUCTION STUDIES 9-10 STUDIES	390.58	225.97	164.61	XXX	N	
	95912	NERVE CONDUCTION STUDIES 11-12 STUDIES	438.96	269.04	169.92	XXX	N	
	95913	NERVE CONDUCTION STUDIES 13/> STUDIES	506.81	318.60	188.21	XXX	N	
	95921	TSTG ANS FUNCJ CARDIOVAGAL INNERVAJ PARASYMP	139.24	76.11	63.13	XXX	N	
	95922	TSTG ANS FUNCJ VASOMOTOR ADRENERGIC INNERVAJ	159.30	80.83	78.47	XXX	N	
	95923	TESTING AUTONOMIC NERVOUS SYSTEM FUNCTION	214.76	77.29	137.47	XXX	N	
	95924	TSTG ANS FUNCJ PARASYMP&SYMP W/5 MIN PASIVE TILT	250.75	149.86	100.89	XXX	N	
	95925	SHORT-LATENCY SOMATOSENS EP STD UPR LIMBS	220.07	46.61	173.46	XXX	N	
	95926	SHORT-LATENCY SOMATOSENS EP STD LWR LIMBS	212.99	46.02	166.97	XXX	N	
	95927	SHORT-LATENCY SOMATOSENS EP STD TRNK/HEAD	220.66	46.02	174.64	XXX	N	
	95928	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ UPR LIMBS	365.80	133.93	231.87	XXX	N	
	95929	CTR MOTOR EP STD TRANSCRNL MOTOR STIMJ LWR LIMBS	374.65	134.52	240.13	XXX	N	
	95930	VISUAL EP TESTING CNS EXCEPT GLAUCOMA W/I&R	114.46	31.86	82.60	XXX	N	
	95933	ORBICULARIS OCULI REFLX ELECTRODIAGNOSTIC TEST	135.70	53.10	82.60	XXX	N	
	95937	NEUROMUSCULAR JUNCT TSTG EA NRV ANY 1 METH	146.32	57.82	88.50	XXX	N	
	95938	SHORT-LATENCY SOMATOSENS EP STD UPR & LOW LIMB	577.61	77.88	499.73	XXX	N	
	95939	CTR MOTR EP STD TRANSCRNL MOTR STIM UPR&LOW LI	858.45	201.78	656.67	XXX	N	
+	95940	IONM 1 ON 1 IN OR W/ATTENDANCE EACH 15 MINUTES	54.87			XXX	N	
+	95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER HOUR	732.78			XXX	N	
	95943	PARASYMP & SYMP NRV FUNCJ HRT RATE VARIABILITY	248.39	151.63	96.76	XXX	N	
	95950	MONITOR ID& LATERALIZATION SEIZURE FOCUS EEG	487.93	132.16	355.77	XXX	N	
	95951	LOCALIZE CEREBRAL SEIZURE CABLE/RADIO EEG/VIDEO	1351.11	539.26	811.85	XXX	N	
	95953	LOCALIZE CEREBRAL SEIZURE CPTR PORTABLE EEG	741.04	276.12	464.92	XXX	N	
	95954	RX/PHYSICAL EEG ACTIVAJ PHYS/QHP ATTENDANCE	667.88	194.70	473.18	XXX	N	
	95955	EEG NONINTRACRANIAL SURGERY	351.05	91.45	259.60	XXX	N	
	95956	MNTR SEIZURE CMPTR 16CHAN EEG ATND EA 24 HR	2431.39	320.37	2111.02	XXX	N	
	95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM	449.58	174.05	275.53	XXX	N	
	95958	WADA ACTIVATION TEST HEMISPHERIC FUNCTION W/EEG	964.06	382.32	581.74	XXX	N	
	95961	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND INIT HR	512.71	273.76	238.95	XXX	N	
+	95962	FUNCJAL CORT&SUBCORT MAPG PHYS/QHP ATTND ADDL HR	440.14	292.05	148.09	ZZZ	N	
	95965	MAGNETOENCEPHALOGRAPHY SPON BRAIN ACTIVITY	2848.52	712.13	2136.39	XXX	N	
	95966	MAGNETOENCEPHALOGRAPY EVOKED FIELDS 1 MODALITY	1802.45	360.49	1441.96	XXX	N	
+	95967	MAGNETOENCEPHALOGRAPY EVOKED FIELDS EACH ADDL	1567.88	315.06	1252.82	ZZZ	N	
	95970	ELEC ALYS IMPLT NPGT PHYS/QHP W/O PROGRAMMING	31.86			XXX	N	151.20
	95971	ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT PRGRMG	84.96			XXX	N	166.91
	95972	ELEC ALYS IMPLT NPGT CPLX SP/PN PRGRMG	95.58			XXX	N	166.91
	95976	ELEC ALYS IMPLT SMPL CN NPGT PRGRMG	68.44			XXX	N	52.77
	95977	ELEC ALYS IMPLT CPLX CN NPGT PRGRMG	90.86			XXX	N	166.91
	95980	ELEC ALYS NSTIM PLS GEN GASTRIC INTRAOP W/PRGRMG	77.88			XXX	N	
	95981	ELEC ALYS NSTIM GEN GASTRIC SBSQ W/O REPRGRMG	57.23			XXX	N	151.20
	95982	ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ W/REPRGRMG	91.45			XXX	N	52.77
	95983	ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST 15 MIN	86.14			XXX	N	52.77
+	95984	ELEC ALYS IMPLT BRN NPGT PRGRMG EA ADDL 15 MIN	74.93			ZZZ	N	
	95990	REFILL&MAINTENANCE PUMP DRUG DLVR SPINAL/BRAIN	154.58			XXX	N	409.50
	95991	RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BRN PHY/QHP	194.70			XXX	N	351.42

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
⃠		95992	CANALITH REPOSITIONING PROCEDURE	73.75			XXX	N	
		95999	UNLIS NEUROLOGICAL/NEUROMUSCULAR DX PX	BR			XXX	N	193.05
		96000	COMPRE CPTR MTN ALYS VIDEO TAPING 3D KINEMATICS	160.48			XXX	N	646.48
		96001	COMPRE CPTR MTN ALYS W/DYN PLNTR PRES MEAS WALKG	215.35			XXX	N	1296.16
		96002	DYN SURF EMG WALKG/FUNCJAL ACTV 1-12 MUSC	37.17			XXX	N	193.05
		96003	DYN FINE WIRE EMG WALKG/FUNCJAL ACTV 1 MUSC	28.91			XXX	N	358.28
		96004	PHYS/QHP R&I CPTR MTN ALYS WALK/FUNCJL ACTV REPR	192.93			XXX	N	
		96020	TEST SELECT & ADMN FUNCTL BRAIN MAP PHYS/QHP	0.00	275.53	0.00	XXX	N	
	★	96040	MEDICAL GENETICS COUNSELING EACH 30 MINUTES	76.70			XXX	N	
		96105	ASSESSMENT APHASIA W/INTERP & REPORT PER HOUR	174.64			XXX	N	
		96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	16.52			XXX	N	128.51
		96112	DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	225.97			XXX	N	193.05
+		96113	DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN	100.89			ZZZ	N	
	★	96116	NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	159.30			XXX	N	358.28
+		96121	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	136.88			ZZZ	N	
		96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING	184.08			XXX	N	
		96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	8.85			XXX	N	45.61
		96130	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	194.70			XXX	N	193.05
+		96131	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	148.09			ZZZ	N	
		96132	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	218.89			XXX	N	193.05
+		96133	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	166.97			ZZZ	N	
		96136	PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	78.47			XXX	N	24.38
+		96137	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	72.57			ZZZ	N	
		96138	PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	63.72			XXX	N	24.38
+		96139	PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	63.72			ZZZ	N	
		96146	PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT	3.54			XXX	N	24.38
	★	96150	HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT 1ST ASSMT	38.35			XXX	N	108.47
	★	96151	HLTH&BEHAVIOR ASSMT EA 15 MIN W/PT RE-ASSMT	37.76			XXX	N	108.47
	★	96152	HLTH&BEHAVIOR IVNTJ EA 15 MIN INDIV	34.81			XXX	N	108.47
	★	96153	HLTH&BEHAVIOR IVNTJ EA 15 MIN GRP 2/>PTS	8.26			XXX	N	47.40
	★	96154	HLTH&BEHAVIOR IVNTJ EA 15 MIN FAM W/PT	34.22			XXX	N	108.47
		96155	HLTH&BEHAVIOR IVNTJ EA 15 MIN FAM W/O PT	37.76			XXX	N	64.11
		96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	5.31			ZZZ	N	47.40
		96161	CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM	5.31			ZZZ	N	47.40
		96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR	63.13			XXX	N	265.80
+		96361	IV INFUSION HYDRATION EACH ADDITIONAL HOUR	22.42			ZZZ	N	53.79
		96365	IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST TO 1 HR	119.18			XXX	N	265.80
+		96366	IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR	35.99			ZZZ	N	53.79
+		96367	IV INFUSION THER PROPH ADDL SEQUENTIAL TO 1 HR	51.92			ZZZ	N	84.85
+		96368	IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS	34.81			ZZZ	N	
		96369	SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SET-UP	276.71			XXX	N	265.80
+		96370	SUBCUTANEOUS INFUSION EACH ADDITIONAL HOUR	25.96			ZZZ	N	53.79
+		96371	SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE	108.56			ZZZ	N	84.85
		96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	27.73			XXX	N	84.85
		96373	THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL	31.27			XXX	N	265.80
		96374	THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG	64.90			XXX	N	265.80
+		96375	THERAPEUTIC INJECTION IV PUSH EACH NEW DRUG	27.73			ZZZ	N	53.79
+		96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG FAC	61.95			ZZZ	N	
		96377	APPL ON-BODY INJECTOR FOR TIMED SUBQ INJECTION	33.63			XXX	N	53.79

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	96379	UNLISTED THERAPEUTIC PROPH/DX IV/IA NJX/NFS	BR			XXX	N	53.79
	96401	CHEMOTX ADMN SUBQ/IM NON-HORMONAL ANTI-NEO	132.16			XXX	N	84.85
	96402	CHEMOTX ADMN SUBQ/IM HORMONAL ANTI-NEO	51.33			XXX	N	84.85
	96405	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL </7	136.29			000	N	84.85
	96406	CHEMOTHERAPY ADMINISTRATION INTRALESIONAL >7	204.14			000	N	265.80
	96409	CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/DRUG	179.95			XXX	N	265.80
+	96411	CHEMOTX ADMN IV PUSH TQ EA SBST/DRUG	97.35			ZZZ	N	84.85
	96413	CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST SBST/DRUG	234.23			XXX	N	409.50
+	96415	CHEMOTHERAPY ADMN IV INFUSION TQ EA HR	50.74			ZZZ	N	84.85
	96416	CHEMOTX ADMN TQ INIT PROLNG CHEMOTX NFUS PMP	234.82			XXX	N	409.50
+	96417	CHEMOTX ADMN IV NFS TQ EA SEQL NFS TO 1 HR	113.28			ZZZ	N	84.85
	96420	CHEMOTHERAPY ADMIN INTRA-ARTERIAL PUSH TQ	174.05			XXX	N	409.50
	96422	CHEMOTHERAPY ADMIN INTRA-ARTERIAL INFUS </1 HR	286.15			XXX	N	265.80
+	96423	CHEMOTHERAPY ADMN INTRAARTERIAL INFUSION EA HR	132.16			ZZZ	N	53.79
	96425	CHEMOTX ADMN IA NFS >8 HR PRTBLE IMPLTBL PMP	303.26			XXX	N	409.50
	96440	CHEMOTX ADMN PLEURAL CAVITY REQ&W/THORACNTS	1397.71			000	N	409.50
	96446	CHEMOTX ADMN PRTL CAVITY PORT/CATH	341.02			XXX	N	409.50
	96450	CHEMOTX ADMN CNS REQ SPINAL PUNCTURE	302.67			000	N	409.50
	96521	REFILLING & MAINTENANCE PORTABLE PUMP	243.67			XXX	N	265.80
	96522	REFILL&MAINTENANCE PUMP DRUG DLVR SYSTEMIC	200.01			XXX	N	265.80
	96523	IRRIGAJ IMPLNTD VENOUS ACCESS DRUG DELIVERY SYST	45.43			XXX	N	79.38
	96542	CHEMOTX NJX SUBARACHND/INTRAVENTR RSVR 1/MULT	222.43			XXX	N	265.80
	96549	UNLISTED CHEMOTHERAPY PROCEDURE	BR			XXX	N	53.79
	96567	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ PER DAY	206.50			XXX	N	250.56
+	96570	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX 30 MIN	87.32			ZZZ	N	
+	96571	PDT NDSC ABL ABNOR TISS VIA ACTIVJ RX A 15 MIN	48.97			ZZZ	N	
	96573	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP	336.30			000	N	250.56
	96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	427.75			000	N	250.56
	96900	ACTINOTHERAPY ULTRAVIOLET LIGHT	35.99			XXX	N	45.61
	96902	MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/STRUCT ABNORM	36.58			XXX	N	
	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	107.38			XXX	N	
	96910	PHOTOCHEMOTX TAR&UVB/PETROLATUM/UVB	191.16			XXX	N	79.38
	96912	PHOTOCHEMOTX PSORALENS&ULTRAVIOLET PUVA	162.25			XXX	N	79.38
	96913	PHOTOCHEMOTHERAPY DERMATOSES 4-8 HRS SUPERVISION	230.69			XXX	N	445.99
	96920	LASER SKIN DISEASE PSORIASIS TOT AREA <250 SQ CM	273.76			000	N	250.56
	96921	LASER SKIN DISEASE PSORIASIS 250-500 SQ CM	300.31			000	N	250.56
	96922	LASER SKIN DISEASE PSORIASIS >500 SQ CM	407.69			000	N	445.99
	96931	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R 1ST	283.79			XXX	N	
	96932	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQUISITION	207.09			XXX	N	24.38
	96933	RCM CELULR & SUBCELULR SKN IMGNG I&R 1ST LES	77.88			XXX	N	
+	96934	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ I&R ADD	161.66			ZZZ	N	
+	96935	RCM CELULR & SUBCELULR SKN IMGNG IMG ACQ EA ADDL	74.34			ZZZ	N	
+	96936	RCM CELULR & SUBCELULR SKN IMGNG I&R EA ADDL	74.34			ZZZ	N	
	96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE/PROCED	BR			XXX	N	250.56
		For codes 97010-97546, see the Therapeutic Services section.						
	97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	136.08			000	N	250.56
+	97598	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM	42.66			ZZZ	N	
	97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	49.14			XXX	N	250.56
	97605	NEGATIVE PRESSURE WOUND THERAPY DME </= 50 SQ CM	66.96			XXX	N	250.56

		Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
		97606	NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM	78.84			XXX	N	445.99
		97607	NEG PRESSURE WOUND THERAPY NON DME </= 50 SQ CM	99.36			XXX	N	445.99
		97608	NEG PRESSURE WOUND THERAPY NON DME >50 SQ CM	104.76			XXX	N	445.99
		97610	LOW FREQUENCY NON-THERMAL ULTRASOUND PER DAY	345.06			XXX	N	250.56
			For codes 97750-97799, see the Therapeutic Services section.						
	★	97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EACH 15 MI	56.70			XXX	N	
	★	97803	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV EA 15 M	49.14			XXX	N	
	★	97804	MEDICAL NUTRITION THERAPY GRP2/ INDIV EA 30 MI	25.92			XXX	N	
			For codes 97810-98943, see the Therapeutic Services section.						
	★	98960	EDUCATION&TRAINING SELF-MGMT NONPHYS 1 PT	45.43			XXX	N	67.54
	★	98961	EDUCATION&TRAINING SELF-MGMT NONPHYS 2-4 PTS	22.42			XXX	N	39.43
	★	98962	EDUCATION&TRAINING SELF-MGMT NONPHYS 5-8 PTS	16.52			XXX	N	35.09
		98966	NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN	23.01			XXX	N	
		98967	NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	44.84			XXX	N	
		98968	NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	66.08			XXX	N	
		98969	NONPHYSICIAN ONLINE ASSESSMENT AND MANAGEMENT	26.55			XXX	N	
		99000	HANDLG&/OR CONVEY OF SPEC FOR TR OFFICE TO LAB	12.39			XXX	N	20.57
		99001	HANDLG&/OR CONVEY OF SPEC FOR TR FROM PT TO LAB	20.06			XXX	N	24.21
		99002	HANDLE/CONVEY/ANY OTH SVC DEVICE FIT PHYS/QHP	15.34			XXX	N	
		99024	POSTOP FOLLOW UP VISIT RELATED TO ORIGINAL PX	44.25			XXX	N	
		99026	HOSPITAL MANDATED CALL SERVICE IN-HOSPITAL EA HR	18.88			XXX	N	
		99027	HOSPITAL MANDATED CALL SVC OUT-OF-HOSPITAL EA HR	0.00			XXX	N	
		99050	SERVICES PROVIDED OFFICE OTH/THN REG SCHED HOURS	31.27			XXX	N	
		99051	SVC PRV OFFICE REG SCHEDD EVN WKEND/HOLIDAY HRS	31.27			XXX	N	
		99053	SERVICES PROVIDED BTW 10 PM&8 AM AT 24-HR FACI	34.22			XXX	N	
		99056	SVC TYPICAL PRV OFFICE PRV OUT OFFICE REQUEST PT	18.88			XXX	N	
		99058	SVC PRV EMER BASIS IN OFFICE DISRUPTING SVCS	46.61			XXX	N	
		99060	SVC PRV EMER OUT OFFICE DISRUPTS OFFICE SVC	157.53			XXX	N	
		99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	BR			XXX	N	
		99071	EDUCATIONAL SUPPLIES PRV BY THE PHYS AT COST	0.00			XXX	N	
		99075	MEDICAL TESTIMONY	BR			XXX	N	
		99078	PHYS/QHP EDUCATION SVCS RENDERED PTS GRP SETTING	0.00			XXX	N	
		99080	SPEC REPORTS > USUAL MED COMUNICAJ/STAND RPRTG	94.43			XXX	N	
		99082	UNUSUAL TRAVEL	BR			XXX	N	
			For codes 99100-99140, see the Anesthesia section.						
	⃠	99151	MOD SED SAME PHYS/QHP INITIAL 15 MINS <5 YRS	125.08			XXX	N	
	⃠	99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS 5/> YRS	84.96			XXX	N	
+		99153	MOD SED SAME PHYS/QHP EACH ADDL 15 MINS	17.70			ZZZ	N	
		99155	MOD SED OTHER PHYS/QHP INITIAL 15 MINS <5 YRS	149.86			XXX	N	
		99156	MOD SED OTHER PHYS/QHP INITIAL 15 MINS 5/> YRS	132.16			XXX	N	
+		99157	MOD SED OTHER PHYS/QHP EACH ADDL 15 MINS	107.38			ZZZ	N	
		99170	ANOGENITAL XM MAGNIFY CHILD/SUSPECT TRAUMA W IMG	264.32			000	N	235.62
		99172	VISUAL FUNCT SCRNG AUTO SEMI-AUTO BI QUAN DETERM	25.96			XXX	N	56.64
		99173	SCREENING TEST VISUAL ACUITY QUANTITATIVE BILAT	4.72			XXX	N	43.72
		99174	INSTRUMENT BASED OCULAR SCR BI W/RMT ANAL & RPT	9.44			XXX	N	
		99175	IPECAC/SIMILAR ADMN EMESIS&OBS STOMACH EMPTIED	43.07			XXX	N	
		99177	INSTRUMENT BASED OCULAR SCR BI W/ONSITE ANALYSIS	7.67			XXX	N	
		99183	PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYGEN TX/SESSION	184.08			XXX	N	
		99184	INITIAT SELECTIVE HEAD/BODY HYPOTHERMIA NEONATE	373.47			XXX	N	

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg	APC Amount
	99188	APPLICATION TOPICAL FLUORIDE VARNISH BY PHS/QHP	20.65			XXX	N	1244.54
	99190	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH EA HR	522.15			XXX	N	
	99191	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 45 MI	404.15			XXX	N	
	99192	ASSEMBLY&OPERJ PUMP OXYGENATOR/HEAT EXCH 30 MI	267.27			XXX	N	
	99195	PHLEBOTOMY THERAPEUTIC SEPARATE PROCEDURE	168.74			XXX	N	151.20
	99199	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	BR			XXX	N	
	For codes 99201-99499, see the Evaluation and Management section.							
	99500	HOME VISIT PRENATAL MONITORING & ASSESSMENT	64.90			XXX	N	
	99501	HOME VISIT POSTNATAL ASSMT&F-UP CARE	125.08			XXX	N	
	99502	HOME VISIT NEWBORN CARE & ASSESSMENT	99.71			XXX	N	
	99503	HOME VISIT RESPIRATORY THERAPY CARE	74.34			XXX	N	
	99504	HOME VISIT MECHANICAL VENTILATION CARE	139.83			XXX	N	
	99505	HOME VISIT STOMA CARE&MAINT CLST&CSTOST	30.09			XXX	N	
	99506	HOME VISIT INTRAMUSCULAR INJECTIONS	74.93			XXX	N	
	99507	HOME VISIT CARE&MAINT CATH	99.71			XXX	N	
	99509	HOME VISIT ASSISTANCE DAILY LIV&PRSONAL CARE	1.77			XXX	N	
	99510	HOME VISIT INDIV FAM/MARRIAGE COUNSELING	125.08			XXX	N	
	99511	HOME VISIT FECAL IMPACTION MGMT&ENEMA ADMN	66.08			XXX	N	
	99512	HOME VISIT HEMODIALYSIS	424.80			XXX	N	
	99600	UNLISTED HOME VISIT SERVICE/PROCEDURE	BR			XXX	N	
	99601	HOME NFS/SPECTY DRUG ADMN PR VST </2 HR	97.35			XXX	N	
+	**99602**	HOME NFS/SPECTY DRUG ADMN PR VST </2 HR EA HR	62.54			XXX	N	
	99605	MEDICATION THERAPY INITIAL 15 MIN NEW PATIENT	47.20			XXX	N	91.95
	99606	MEDICATION THERAPY INITIAL 15 MIN ESTABLISHED PT	17.70			XXX	N	42.22
+	**99607**	MEDICATION THERAPY EACH ADDITIONAL 15 MIN	28.91			XXX	N	52.06

THERAPEUTIC SERVICES

All services performed by healthcare professionals must meet the standards of practice and requirements as established by the applicable state licensing and regulatory agency that governs licensure of the provider in the state of Mississippi.

Note: Rules used by all physicians in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

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~~ MWCC 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~~ MWCC 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~~ Medicine 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 codes ~~97001~~ 97161–97163 are~~is~~ ~~to be~~ used for an initial assessment by physical therapists. Code ~~97002~~ 97164 is ~~to be~~ used for re-evaluation of a patient by physical therapists. Procedure codes 97165–97167 ~~97003 is~~ are ~~to be~~ used for an initial assessment by occupational therapists. Code ~~97004~~ 97168 is ~~to be~~ used for re-evaluation of a patient by occupational therapists. ~~A p~~Procedure codes from 92521–92523 ~~is to be~~are used for an initial assessment by a speech-language 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 eligible 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; and

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 or speech-language pathology. 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 for therapy services does not warrant a separate fee.

E. **Qualifications for Reimbursement**

5. The patient's condition must have the potential for restoration of function.

6. The treatment must be prescribed by the authorized attending or treating physician.

7. The treatment must be specific to the injury and have the potential to improve the patient's condition.

8. The physician or therapist must be on-site during the provision of services.

II. REIMBURSEMENT

F. **Guidelines**

8. Visits for therapy may not exceed one visit per day without prior approval from the payer.

9. 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:

c. The treatment must be medically necessary.

d. 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.

10. 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.

11. 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.

12. Only one (1) work hardening or work conditioning program is reimbursed per injury.

13. 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.

14. 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.

G. **Treatment Areas**

7. Spinal areas are recognized as the following five distinct regions:
    - Cranial;
    - Cervical;
    - Thoracic;
    - Lumbar; and
    - Sacral.

    Transitional areas of the spine are not recognized as distinctly different areas (e.g., cervicothoracic, lumbosacral).
8. Pelvis
9. Upper extremity (either left or right) is recognized as the following six distinct regions:
    - Shoulder;
    - Upper arm;
    - Elbow;
    - Forearm;
    - Wrist; and
    - Hand
10. Lower extremity (either left or right) is recognized as the following eight distinct regions:
    - Hip;
    - Thigh;
    - Knee;
    - Calf;
    - Ankle; and
    - Foot
11. Rib cage
12. Anterior trunk

H. **Tests and Measurements**

4. 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)~~MAR for procedure code 95834 - Total evaluation of body, including hands.

5. Functional capacity evaluation (FCE) must have pre-authorization from the payer before scheduling the tests.
6. 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.

I. Fabrication of Orthotics

3. Procedure code 97760 must be billed for the professional services of a physician or therapist to fabricate orthotics.
4. 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.

J. 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:

4. There is a definitive change in the patient's condition;
5. The patient fails to respond to treatment and there is a need to change the treatment plan; and
6. The patient has completed the therapy regimen and is ready to receive discharge instructions.

XII. WORK HARDENING RULES

D. Work Hardening Program Guidelines

4. 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; and
  - A record of the worker's daily attendance including number of days and number of hours per day in the program.

5. 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; and
   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; and
      - 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.

6. 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.

E 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.

F. Fees:

3. In all cases, for both voluntary and non-voluntary discharge, payment is for the actual duration of treatment provided.

4. 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~~ and 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).

XIII. FUNCTIONAL CAPACITY EVALUATIONS

D. The functional capacity evaluation (FCE) is utilized for the following purposes:

7. To determine the highest level of safe functionality and of maximal medical improvement.;

8. To provide a pre-vocational baseline of functional capabilities to assist in the vocational rehabilitation process.;

9. To objectively set restrictions and guidelines for return to work.;

10. To determine whether specific job tasks can be safely performed by modification of technique, equipment, or by further training.;

11. To determine whether additional treatment or referral to a work hardening program is indicated.; and

12. To assess outcome at the conclusion of a work hardening program.

E **General Requirements**

3. The FCE may be prescribed only by a licensed physician, or may be required by the payer when indicated.

4. The FCE requires prior authorization by the payer.

F. 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. The report is included in the reimbursement for code 97750.

XIV. TENS UNITS

C. TENS (transcutaneous electrical nerve stimulation) must be provided under the attending or treating physician's prescription.

D. 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.

XV. SUPPLIES, EQUIPMENT, ORTHOTICS, AND PROSTHETICS

C. 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.

D. The payer has sole right of selection of vendors.

XVI. OTHER INSTRUCTIONS

J. Charges will not be reimbursed for publications, books, or digital media unless prior approval of the payer is obtained.

K. All charges for services must be clearly itemized by CPT code, and the state professional license number must be on the bill.

L. 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.

M. 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.

N. When patients do not show measurable progress, the payer may request the physician discontinue the treatment or provide documentation to substantiate medical necessity.

O. 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.

P. Non-surgical debridement of active wounds should be billed as CPT code 97597, 97598, or 97602.

XVII. BACK SCHOOLS

Back schools are not ~~longer~~ covered services under this Fee Schedule.

XVIII. 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.

XIX. 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 separate 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.

~~XX. ELECTROMYOGRAM (EMG) AND NERVE CONDUCTION STUDY (NCS)~~

~~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.~~

XI~~I~~. CHRONIC PAIN—INTER-DISCIPLINARY PAIN REHABILITATION PROGRAM

F. 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.

G. ~~Pre-authorization~~Authorization/pre-certification 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/pre-certification process.

H. The following guidelines shall be used to assist in pre-~~authorization~~certification, and concurrent review:

1. Persons considered suitable candidates for an inter-disciplinary pain rehabilitation program are those:

d. Who are likely to benefit from the program design;

e. Whose symptoms are deemed by a pain management provider to constitute chronic pain syndrome; and

f. 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:

e. Provide direct, on-site supervision of the daily pain management activities;

f. Participate in the initial and final evaluation of the patient;

g. 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; and

h. 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. Discharge~~d~~/exit criteria shall include but not be limited to:

g. The appropriate use of medications;

h. Decreased intensity of subjective pain;

i. Increased ability of the injured worker to manage pain;

j. Reduced health care use related to the chronic pain;

k. Return to work; and/or

l. Non-compliance with the program, or failure to obtain meaningful benefit after a reasonable period of time.

I. **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.

J. **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.

~~XX~~XX. EXPERIMENTAL OR INVESTIGATIONAL PROCEDURES

~~Certain procedures or treatments, such as VAX-D therapy,~~See the General Rules section for information about procedures that are considered investigational or experimental for purposes of this Fee Schedule~~,~~ and are not approved for reimbursement.

~~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.~~

~~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.

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.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.

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.~~

Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg
92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	131.57			XXX	N
92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY 2/>INDIV	39.53			XXX	N
92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	189.39			XXX	N
92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	153.40			XXX	N
92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	326.86			XXX	N
95831	MUSC TSTG MNL W/REPRT XTR EX HAND/TRNK	54.28			XXX	N
95832	MUSC TSTG MNL W/REPRT HAND W/WO CMPRSN NRML SIDE	53.69			XXX	N
95833	MUSC TSTG MNL W/REPRT TOTAL EVAL BODY EX HANDS	70.80			XXX	N
95834	MUSC TSTG MNL W/REPRT TOTAL EVAL BODY W/HANDS	92.63			XXX	N
95836	ECOG IMPLANTED BRAIN NPGT W/REC I&R <30 DAYS	185.26			XXX	N
95851	ROM MEAS&REPRT EA XTR EX HAND/EA TRNK SCTJ SPI	34.81			XXX	N
95852	ROM MEAS&REPRT HAND W/WO COMPARISON NORMAL SID	31.27			XXX	N
97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	9.72			XXX	N
97012	APPL MODALITY 1/> AREAS TRACTION MECHANICAL	22.68			XXX	N
97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	22.68			XXX	N
97016	APPL MODALITY 1/> AREAS VASOPNEUMATIC DEVICES	19.44			XXX	N
97018	APPL MODALITY 1/> AREAS PARAFFIN BATH	10.80			XXX	N
97022	APPLICATION MODALITY 1/> AREAS WHIRLPOOL	27.54			XXX	N
97024	APPLICATION MODALITY 1/> AREAS DIATHERMY	10.80			XXX	N
97026	APPLICATION MODALITY 1/> AREAS INFRARED	9.72			XXX	N
97028	APPL MODALITY 1/> AREAS ULTRAVIOLET	12.42			XXX	N
97032	APPL MODALITY 1/> AREAS ELEC STIMJ EA 15 MIN	22.68			XXX	N
97033	APPL MODALITY 1/> AREAS IONTOPHORESIS EA 15 MIN	31.86			XXX	N
97034	APPL MODALITY 1/> AREAS CONTRAST BATHS EA 15 MIN	23.22			XXX	N
97035	APPL MODALITY 1/> AREAS ULTRASOUND EA 15 MIN	21.06			XXX	N
97036	APPL MODALITY 1/> AREAS HUBBARD TANK EA 15 MIN	53.46			XXX	N
97039	UNLIST MODALITY SPEC TYPE&TIME CONSTANT ATTEND	BR			XXX	N
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	46.98			XXX	N
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	53.46			XXX	N
97113	THER PX 1/> AREAS EACH 15 MIN AQUA THER W/XERSS	59.40			XXX	N
97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINJ W/STAIR	46.44			XXX	N
97124	THER PX 1/> AREAS EACH 15 MINUTES MASSAGE	43.74			XXX	N
97127	THERAPEUTIC IVNTJ W/FOCUS ON COGNITIVE FUNCTION	42.66			XXX	N
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	27.18			XXX	N
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	42.66			XXX	N
97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVIDUALS	28.08			XXX	N
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN	BR			XXX	N

	Code	Description	Amount	PC Amount	TC Amount	FUD	Assist Surg
	97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN	BR			XXX	N
	97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	BR			XXX	N
	97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN	BR			XXX	N
	97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN	BR			XXX	N
	97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN	BR			XXX	N
	97157	MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN	BR			XXX	N
	97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN	BR			XXX	N
	97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	129.60			XXX	N
	97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	129.60			XXX	N
	97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	129.60			XXX	N
	97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	88.02			XXX	N
	97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	139.32			XXX	N
	97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	139.32			XXX	N
	97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	139.32			XXX	N
	97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	95.58			XXX	N
	97169	ATHLETIC TRAINING EVAL LOW COMPLEX 15 MINS	85.32			XXX	N
	97170	ATHLETIC TRAINING EVAL MOD COMPLEX 30 MINS	99.36			XXX	N
	97171	ATHLETIC TRAINING EVAL HIGH COMPLEX 45 MINS	113.94			XXX	N
	97172	ATHLETIC TRAINING RE-EVAL EST PLAN CARE 20 MINS	71.28			XXX	N
	97530	THERAPEUT ACTVITY DIRECT PT CONTACT EACH 15 MIN	61.02			XXX	N
	97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	65.34			XXX	N
	97535	SELF-CARE/HOME MGMT TRAINING EACH 15 MINUTES	52.38			XXX	N
	97537	COMMUNITY/WORK REINTEGRATION TRAINJ EA 15 MIN	50.22			XXX	N
	97542	WHEELCHAIR MGMT EA 15 MIN	50.76			XXX	N
	97545	WORK HARDENING/CONDITIONING 1ST 2 HR	130.68			XXX	N
+	97546	WORK HARDENING/CONDITIONING EACH HOUR	64.80			ZZZ	N
	97597	DEBRIDEMENT OPEN WOUND 20 SQ CM/<	136.08			000	N
+	97598	DEBRIDEMENT OPEN WOUND EACH ADDITIONAL 20 SQ CM	42.66			ZZZ	N
	97602	RMVL DEVITAL TISS N-SLCTV DBRDMT W/O ANES 1 SESS	49.14			XXX	N
	97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT EA 15 MIN	53.46			XXX	N
	97755	ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT EA 15 MIN	58.32			XXX	N
	97760	ORTHOTICS MGMT & TRAINJ INITIAL ENCTR EA 15 MINS	72.90			XXX	N
	97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15 MINS	62.64			XXX	N
	97763	ORTHOTICS/PROSTH MGMT &/TRAINJ SBSQ ENCTR 15 MIN	77.22			XXX	N
	97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE/PROC	BR			XXX	N
	97810	ACUPUNCTURE 1/> NDLES W/O ELEC STIMJ INIT 15 MIN	55.62			XXX	N
+	97811	ACUPUNCTURE 1/> NDLS W/O ELEC STIMJ EA 15 MIN	42.12			ZZZ	N
	97813	ACUPUNCTURE 1/> NDLS W/ELEC STIMJ 1ST 15 MIN	61.02			XXX	N
+	97814	ACUP 1/> NDLS W/ELEC STIMJ EA 15 MIN W/RE-INSJ	49.14			ZZZ	N
	98925	OSTEOPATHIC MANIPULATIVE TX 1-2 BODY REGIONS	52.51			000	N
	98926	OSTEOPATHIC MANIPULATIVE TX 3-4 BODY REGIONS	75.52			000	N
	98927	OSTEOPATHIC MANIPULATIVE TX 5-6 BODY REGIONS	99.12			000	N
	98928	OSTEOPATHIC MANIPULATIVE TX 7-8 BODY REGIONS	120.36			000	N
	98929	OSTEOPATHIC MANIPULATIVE TX 9-10 BODY REGIONS	143.96			000	N
	98940	CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS	47.20			000	N
	98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	68.44			000	N
	98942	CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	88.50			000	N
	98943	CHIROPRACTIC MANIPLTV TX EXTRASPINAL 1/> REGION	45.43			XXX	N
	99070	SUPPLIES&MATERIALS ABOVE/BEYOND PROV BY PHYS/QHP	BR			XXX	N

DENTAL

I. SCOPE

The dental procedure codes included in the 2019 Mississippi Workers' Compensation Medical Fee Schedule are obtained from the *Code on Dental Procedures and Nomenclature 2019* which is published in *Current Dental Terminology* (CDT), American Dental Association (ADA). All Rights Reserved. CDT codes are five-character codes beginning with "D" and followed by four numeric digits. Billing for dental services should be submitted on the ADA Dental Claim Form.

II. GUIDELINES

F. Treatments provided for work-related dental injuries not specifically contained in the Fee Schedule should be billed using CDT code D9999 "Unspecified Adjunctive Procedure, By Report."

G. **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.

H. **Dental Providers:** The following dental providers, licensed in the state where they practice, may be paid for dental services:

6. Dentists
7. Oral and maxillofacial surgeons
8. Orthodontists
9. Hospitals
10. Dental clinics

Services provided by other dental practitioners, including hygienists and dental assistants, must be billed by the licensed dentist, orthodontist or oral surgeon overseeing these practitioners.

I. **Laboratory Procedures:** Reimbursement for laboratory procedures is included in the maximum allowable reimbursement for the associated dental procedure.

~~F~~J. **Modifiers:** Dental codes do not contain modifiers.

~~*Current Dental Terminology (CDT),* codes D0120–D9999, are developed, maintained, and copyrighted by the American Dental Association (ADA). CDT is updated annually. *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.~~

Code	Description	Amount
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	49.00
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	72.00
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	65.00
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	79.00
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	BR
D0170	RE-EVALUATION - LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	69.00
D0171	RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	64.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	101.00
D0190	SCREENING OF A PATIENT	40.00
D0191	ASSESSMENT OF A PATIENT	30.00
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	135.00
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	28.00
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	24.00
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	35.00
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR	49.00
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	35.00
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	29.00
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	43.00
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	53.00
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	60.00
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	92.00
D0310	SIALOGRAPHY	413.33
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	730.22
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	BR
D0322	TOMOGRAPHIC SURVEY	592.45
D0330	PANORAMIC RADIOGRAPHIC IMAGE	109.00
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE - ACQUISITION, MEASUREMENT AND ANALYSIS	99.00
D0350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGE OBTAINED INTRA-ORALLY OR EXTRA-ORALLY	50.00
D0351	3D PHOTOGRAPHIC IMAGE	55.00
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	195.00
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	185.00
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	318.50
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	297.00
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	340.31
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	192.89
D0370	MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION	110.22
D0371	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	BR
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	85.00
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	180.00
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	321.02
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	200.00
D0384	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	344.45
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	2114.89
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	529.07
D0391	INTERPRETATION OF DIAGNOSTIC IMAGE BY A PRACTITIONER NOT ASSOCIATED WITH CAPTURE OF THE IMAGE, INCLUDING REPORT	BR
D0393	TREATMENT SIMULATION USING 3D IMAGE VOLUME	BR
D0394	DIGITAL SUBTRACTION OF TWO OR MORE IMAGES OR IMAGE VOLUMES OF THE SAME MODALITY	BR
D0395	FUSION OF TWO OR MORE 3D IMAGE VOLUMES OF ONE OR MORE MODALITIES	BR

Code	Description	Amount
D0411	HBA1C IN-OFFICE POINT OF SERVICE TESTING	BR
D0412	BLOOD GLUCOSE LEVEL TEST - IN-OFFICE USING A GLUCOSE METER	BR
D0414	LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	55.11
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	65.00
D0416	VIRAL CULTURE	59.24
D0417	COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING	65.00
D0418	ANALYSIS OF SALIVA SAMPLE	65.00
D0422	COLLECTION AND PREPARATION OF GENETIC SAMPLE MATERIAL FOR LABORATORY ANALYSIS AND REPORT	39.96
D0423	GENETIC TEST FOR SUSCEPTIBILITY TO DISEASES - SPECIMEN ANALYSIS	BR
D0425	CARIES SUSCEPTIBILITY TESTS	34.44
D0431	ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES INCLUDING PREMALIGNANT AND MALIGNANT LESIONS, NOT TO INCLUDE CYTOLOGY OR BIOPSY PROCEDURES	31.00
D0460	PULP VITALITY TESTS	53.00
D0470	DIAGNOSTIC CASTS	102.00
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	75.78
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	159.82
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF SURGICAL MARGINS FOR PRESENCE OF DISEASE, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	179.11
D0475	DECALCIFICATION PROCEDURE	96.44
D0476	SPECIAL STAINS FOR MICROORGANISMS	93.69
D0477	SPECIAL STAINS, NOT FOR MICROORGANISMS	128.13
D0478	IMMUNOHISTOCHEMICAL STAINS	117.11
D0479	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION	179.11
D0480	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	110.22
D0481	ELECTRON MICROSCOPY	413.33
D0482	DIRECT IMMUNOFLUORESCENCE	137.78
D0483	INDIRECT IMMUNOFLUORESCENCE	137.78
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	206.67
D0485	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY REFERRING SOURCE	285.20
D0486	LABORATORY ACCESSION OF TRANSEPITHELIAL CYTOLOGIC SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	132.27
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	BR
D0600	NON-IONIZING DIAGNOSTIC PROCEDURE CAPABLE OF QUANTIFYING, MONITORING, AND RECORDING CHANGES IN STRUCTURE OF ENAMEL, DENTIN, AND CEMENTUM	25.00
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK	10.00
D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK	82.67
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK	82.67
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	BR
D1110	PROPHYLAXIS - ADULT	85.00
D1120	PROPHYLAXIS - CHILD	67.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	45.00
D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	35.00
D1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE	72.00
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	46.03
D1330	ORAL HYGIENE INSTRUCTIONS	65.00
D1351	SEALANT - PER TOOTH	54.00
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANENT TOOTH	68.00
D1353	SEALANT REPAIR - PER TOOTH	60.56
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	31.00
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	328.00
D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	423.94

Code	Description	Amount
D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	423.94
D1520	SPACE MAINTAINER - REMOVABLE - UNILATERAL	339.00
D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	514.79
D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	514.79
D1550	RE-CEMENT OR RE-BOND SPACE MAINTAINER	84.00
D1555	REMOVAL OF FIXED SPACE MAINTAINER	77.00
D1575	DISTAL SHOE SPACE MAINTAINER - FIXED - UNILATERAL	333.10
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT	BR
D2140	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT	132.00
D2150	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT	164.00
D2160	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT	195.00
D2161	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	220.00
D2330	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	154.00
D2331	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	185.00
D2332	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	225.00
D2335	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	275.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	357.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	167.00
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	215.00
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	261.00
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	309.00
D2410	GOLD FOIL - ONE SURFACE	301.91
D2420	GOLD FOIL - TWO SURFACES	503.18
D2430	GOLD FOIL - THREE SURFACES	872.18
D2510	INLAY - METALLIC - ONE SURFACE	798.38
D2520	INLAY - METALLIC - TWO SURFACES	905.73
D2530	INLAY - METALLIC - THREE OR MORE SURFACES	1043.94
D2542	ONLAY - METALLIC - TWO SURFACES	1023.81
D2543	ONLAY - METALLIC - THREE SURFACES	1070.77
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	1113.71
D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE	939.27
D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES	991.60
D2630	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES	1056.01
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	1026.49
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	992.00
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	950.00
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	617.24
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	735.32
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	772.89
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	670.91
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	788.99
D2664	ONLAY - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	845.35
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	476.35
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	476.35
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	1174.09
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	1100.29
D2722	CROWN - RESIN WITH NOBLE METAL	1124.45
D2740	CROWN - PORCELAIN/CERAMIC	1072.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	998.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	957.00

Code	Description	Amount
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	1017.00
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	1140.55
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	1073.46
D2782	CROWN - 3/4 CAST NOBLE METAL	260.00
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	1145.00
D2790	CROWN - FULL CAST HIGH NOBLE METAL	1100.00
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	898.50
D2792	CROWN - FULL CAST NOBLE METAL	995.00
D2794	CROWN - TITANIUM	1174.09
D2799	PROVISIONAL CROWN- FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	365.00
D2910	RE-CEMENT OR RE-BOND INLAY, ONLAY, VENEER OR PARTIAL COVERAGE RESTORATION	109.00
D2915	RE-CEMENT OR RE-BOND INDIRECTLY FABRICATED OR PREFABRICATED POST AND CORE	120.00
D2920	RE-CEMENT OR RE-BOND CROWN	95.00
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP	140.89
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH	500.00
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	265.00
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	312.00
D2932	PREFABRICATED RESIN CROWN	322.04
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	445.00
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	308.00
D2940	PROTECTIVE RESTORATION	109.00
D2941	INTERIM THERAPEUTIC RESTORATION - PRIMARY DENTITION	101.98
D2949	RESTORATIVE FOUNDATION FOR AN INDIRECT RESTORATION	101.98
D2950	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED	254.00
D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	60.00
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	366.00
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	201.27
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	327.00
D2955	POST REMOVAL	175.00
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	136.00
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	500.00
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	882.92
D2962	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY	1131.00
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK	178.00
D2975	COPING	40.00
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	220.00
D2981	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	187.85
D2982	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	187.85
D2983	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	187.85
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS	145.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	BR
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	74.00
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	73.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	186.00
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	190.00
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	176.00
D3230	PULPAL THERAPY (RESORBABLE FILLING) - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	280.00
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	260.00
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	772.00

Code	Description	Amount
D3320	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING FINAL RESTORATION)	898.00
D3330	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL RESTORATION)	1025.00
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	210.00
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	450.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	246.40
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR	1010.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - PREMOLAR	1125.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR	1275.00
D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT (APICAL CLOSURE / CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	250.00
D3352	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT	183.04
D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY - APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	563.20
D3355	PULPAL REGENERATION - INITIAL VISIT	408.32
D3356	PULPAL REGENERATION - INTERIM MEDICATION REPLACEMENT	183.04
D3357	PULPAL REGENERATION - COMPLETION OF TREATMENT	BR
D3410	APICOECTOMY - ANTERIOR	835.00
D3421	APICOECTOMY - PREMOLAR (FIRST ROOT)	985.00
D3425	APICOECTOMY - MOLAR (FIRST ROOT)	850.00
D3426	APICOECTOMY (EACH ADDITIONAL ROOT)	344.96
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY	732.16
D3428	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - PER TOOTH, SINGLE SITE	1067.26
D3429	BONE GRAFT IN CONJUNCTION WITH PERIRADICULAR SURGERY - EACH ADDITIONAL CONTIGUOUS TOOTH IN THE SAME SURGICAL SITE	1017.98
D3430	RETROGRADE FILLING - PER ROOT	228.00
D3431	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION IN CONJUNCTION WITH PERIRADICULAR SURGERY	1253.12
D3432	GUIDED TISSUE REGENERATION, RESORBABLE BARRIER, PER SITE, IN CONJUNCTION WITH PERIRADICULAR SURGERY	1077.12
D3450	ROOT AMPUTATION - PER ROOT	528.00
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	1971.20
D3470	INTENTIONAL REIMPLANTATION (INCLUDING NECESSARY SPLINTING)	1006.72
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	140.80
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	401.28
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	183.04
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	BR
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	950.00
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	270.00
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	138.00
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	802.42
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	350.00
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	1200.00
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	597.60
D4245	APICALLY POSITIONED FLAP	534.95
D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE	673.00
D4260	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	1299.00
D4261	OSSEOUS SURGERY (INCLUDING ELEVATION OF A FULL THICKNESS FLAP AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	915.00
D4263	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - FIRST SITE IN QUADRANT	450.00
D4264	BONE REPLACEMENT GRAFT - RETAINED NATURAL TOOTH - EACH ADDITIONAL SITE IN QUADRANT	506.00
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	375.00

Code	Description	Amount
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	425.00
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE (INCLUDES MEMBRANE REMOVAL)	350.00
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	BR
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	440.00
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	1200.00
D4274	MESIAL/DISTAL WEDGE PROCEDURE, SINGLE TOOTH (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	595.00
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT	1200.00
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	1178.15
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT	999.00
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	625.00
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	806.00
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) - EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE	400.00
D4320	PROVISIONAL SPLINTING - INTRACORONAL	546.00
D4321	PROVISIONAL SPLINTING - EXTRACORONAL	327.00
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	245.00
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	178.00
D4346	SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER ORAL EVALUATION	150.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE ORAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	165.00
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH	78.00
D4910	PERIODONTAL MAINTENANCE	138.00
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST OR THEIR STAFF)	108.26
D4921	GINGIVAL IRRIGATION - PER QUADRANT	17.00
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	BR
D5110	COMPLETE DENTURE - MAXILLARY	1325.00
D5120	COMPLETE DENTURE - MANDIBULAR	1295.00
D5130	IMMEDIATE DENTURE - MAXILLARY	1470.01
D5140	IMMEDIATE DENTURE - MANDIBULAR	1402.00
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	950.00
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	1095.00
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	1485.00
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	1500.01
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	909.00
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	909.00
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	1200.00
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	1300.00
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	1275.00
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	1400.00
D5282	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), MAXILLARY	889.56
D5283	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH), MANDIBULAR	889.56
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	88.00
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	88.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	80.00

Code	Description	Amount
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	82.00
D5511	REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	155.00
D5512	REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	155.00
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)	155.00
D5611	REPAIR RESIN PARTIAL DENTURE BASE, MANDIBULAR	189.00
D5612	REPAIR RESIN PARTIAL DENTURE BASE, MAXILLARY	160.00
D5621	REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	176.40
D5622	REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	176.40
D5630	REPAIR OR REPLACE BROKEN RETENTIVE CLASPING MATERIALS - PER TOOTH	225.00
D5640	REPLACE BROKEN TEETH - PER TOOTH	167.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	197.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH	220.00
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	554.40
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	554.40
D5710	REBASE COMPLETE MAXILLARY DENTURE	550.00
D5711	REBASE COMPLETE MANDIBULAR DENTURE	400.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	529.20
D5721	REBASE MANDIBULAR PARTIAL DENTURE	493.00
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	308.00
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	308.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	295.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	285.00
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	432.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	439.00
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	426.00
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	386.00
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	750.00
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	718.20
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	590.00
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	550.00
D5850	TISSUE CONDITIONING, MAXILLARY	145.00
D5851	TISSUE CONDITIONING, MANDIBULAR	130.00
D5862	PRECISION ATTACHMENT, BY REPORT	BR
D5863	OVERDENTURE - COMPLETE MAXILLARY	1461.60
D5864	OVERDENTURE - PARTIAL MAXILLARY	1927.80
D5865	OVERDENTURE - COMPLETE MANDIBULAR	1461.60
D5866	OVERDENTURE - PARTIAL MANDIBULAR	2003.40
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT)	175.00
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	BR
D5876	ADD METAL SUBSTRUCTURE TO ACRYLIC FULL DENTURE (PER ARCH)	BR
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	BR
D5911	FACIAL MOULAGE (SECTIONAL)	258.01
D5912	FACIAL MOULAGE (COMPLETE)	258.01
D5913	NASAL PROSTHESIS	5433.04
D5914	AURICULAR PROSTHESIS	5433.04
D5915	ORBITAL PROSTHESIS	7352.33
D5916	OCULAR PROSTHESIS	1961.05
D5919	FACIAL PROSTHESIS	BR
D5922	NASAL SEPTAL PROSTHESIS	BR

Code	Description	Amount
D5923	OCULAR PROSTHESIS, INTERIM	BR
D5924	CRANIAL PROSTHESIS	BR
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	BR
D5926	NASAL PROSTHESIS, REPLACEMENT	BR
D5927	AURICULAR PROSTHESIS, REPLACEMENT	BR
D5928	ORBITAL PROSTHESIS, REPLACEMENT	BR
D5929	FACIAL PROSTHESIS, REPLACEMENT	BR
D5931	OBTURATOR PROSTHESIS, SURGICAL	2925.34
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	5471.09
D5933	OBTURATOR PROSTHESIS, MODIFICATION	BR
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	4986.63
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	4338.82
D5936	OBTURATOR PROSTHESIS, INTERIM	4873.40
D5937	TRISMUS APPLIANCE (NOT FOR TMD TREATMENT)	612.54
D5951	FEEDING AID	796.30
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	2585.66
D5953	SPEECH AID PROSTHESIS, ADULT	4910.52
D5954	PALATAL AUGMENTATION PROSTHESIS	4550.43
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	4208.89
D5958	PALATAL LIFT PROSTHESIS, INTERIM	BR
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	BR
D5960	SPEECH AID PROSTHESIS, MODIFICATION	BR
D5982	SURGICAL STENT	413.00
D5983	RADIATION CARRIER	928.09
D5984	RADIATION SHIELD	928.09
D5985	RADIATION CONE LOCATOR	928.09
D5986	FLUORIDE GEL CARRIER	45.00
D5987	COMMISSURE SPLINT	1392.14
D5988	SURGICAL SPLINT	278.43
D5991	VESICULOBULLOUS DISEASE MEDICAMENT CARRIER	106.73
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE, BY REPORT	BR
D5993	MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA- OR INTRA-ORAL) OTHER THAN REQUIRED ADJUSTMENTS, BY REPORT	BR
D5994	PERIODONTAL MEDICAMENT CARRIER WITH PERIPHERAL SEAL - LABORATORY PROCESSED	700.00
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	BR
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	1899.99
D6011	SECOND STAGE IMPLANT SURGERY	190.00
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	2175.39
D6013	SURGICAL PLACEMENT OF MINI IMPLANT	1200.00
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	7921.94
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	5910.02
D6051	INTERIM ABUTMENT	80.00
D6052	SEMI-PRECISION ATTACHMENT ABUTMENT	695.00
D6055	CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	691.60
D6056	PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT	555.00
D6057	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT	750.00
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	1280.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	1292.00
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	1290.00
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	1281.00

Code	Description	Amount
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	1013.00
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	1093.98
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	1223.00
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	1400.00
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	1450.00
D6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	1232.30
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	1307.00
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	962.00
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	1236.07
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	1550.00
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	1276.31
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	1165.66
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	1238.59
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	1329.00
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	1800.00
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	1232.30
D6080	IMPLANT MAINTENANCE PROCEDURES WHEN PROSTHESES ARE REMOVED AND REINSERTED, INCLUDING CLEANSING OF PROSTHESES AND ABUTMENTS	158.00
D6081	SCALING AND DEBRIDEMENT IN THE PRESENCE OF INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT, INCLUDING CLEANING OF THE IMPLANT SURFACES, WITHOUT FLAP ENTRY AND CLOSURE	55.33
D6085	PROVISIONAL IMPLANT CROWN	379.75
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT	BR
D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	95.00
D6092	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED CROWN	137.00
D6093	RE-CEMENT OR RE-BOND IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	159.70
D6094	ABUTMENT SUPPORTED CROWN - (TITANIUM)	1037.40
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	BR
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	BR
D6100	IMPLANT REMOVAL, BY REPORT	BR
D6101	DEBRIDEMENT OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT, AND SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	373.46
D6102	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERI-IMPLANT DEFECT OR DEFECTS SURROUNDING A SINGLE IMPLANT AND INCLUDES SURFACE CLEANING OF THE EXPOSED IMPLANT SURFACES, INCLUDING FLAP ENTRY AND CLOSURE	513.04
D6103	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT - DOES NOT INCLUDE FLAP ENTRY AND CLOSURE	427.53
D6104	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	400.00
D6110	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MAXILLARY	2993.01
D6111	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	3000.00
D6112	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY	1718.93
D6113	IMPLANT /ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR	1718.93
D6114	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY	3010.34
D6115	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	3010.34
D6116	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MAXILLARY	2308.68
D6117	IMPLANT /ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH - MANDIBULAR	2308.68
D6118	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MANDIBULAR	1565.53
D6119	IMPLANT/ABUTMENT SUPPORTED INTERIM FIXED DENTURE FOR EDENTULOUS ARCH - MAXILLARY	1565.53
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	BR
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD (TITANIUM)	1068.83
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	BR
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	638.77
D6210	PONTIC - CAST HIGH NOBLE METAL	1090.00

Code	Description	Amount
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	915.16
D6212	PONTIC - CAST NOBLE METAL	952.01
D6214	PONTIC - TITANIUM	982.72
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	994.00
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	924.00
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	1000.00
D6245	PONTIC - PORCELAIN/CERAMIC	1090.00
D6250	PONTIC - RESIN WITH HIGH NOBLE METAL	952.01
D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL	925.00
D6252	PONTIC - RESIN WITH NOBLE METAL	950.00
D6253	PROVISIONAL PONTIC - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	410.29
D6545	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	732.00
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	990.00
D6549	RETAINER - FOR RESIN BONDED FIXED PROSTHESIS	292.36
D6600	RETAINER INLAY - PORCELAIN/CERAMIC, TWO SURFACES	804.60
D6601	RETAINER INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	843.91
D6602	RETAINER INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	859.88
D6603	RETAINER INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	945.87
D6604	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	842.68
D6605	RETAINER INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	893.05
D6606	RETAINER INLAY - CAST NOBLE METAL, TWO SURFACES	829.17
D6607	RETAINER INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	920.07
D6608	RETAINER ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	874.62
D6609	RETAINER ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	912.70
D6610	RETAINER ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	927.44
D6611	RETAINER ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	1014.66
D6612	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	922.53
D6613	RETAINER ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	964.29
D6614	RETAINER ONLAY - CAST NOBLE METAL, TWO SURFACES	902.87
D6615	RETAINER ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	938.50
D6624	RETAINER INLAY - TITANIUM	859.88
D6634	RETAINER ONLAY - TITANIUM	902.87
D6710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE	115.00
D6720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL	956.00
D6721	RETAINER CROWN - RESIN WITH PREDOMINANTLY BASE METAL	1019.57
D6722	RETAINER CROWN - RESIN WITH NOBLE METAL	1302.00
D6740	RETAINER CROWN - PORCELAIN/CERAMIC	1088.00
D6750	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	998.00
D6751	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	945.00
D6752	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	1000.00
D6780	RETAINER CROWN - 3/4 CAST HIGH NOBLE METAL	1038.00
D6781	RETAINER CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	1038.00
D6782	RETAINER CROWN - 3/4 CAST NOBLE METAL	964.29
D6783	RETAINER CROWN - 3/4 PORCELAIN/CERAMIC	1068.71
D6790	RETAINER CROWN - FULL CAST HIGH NOBLE METAL	1300.00
D6791	RETAINER CROWN - FULL CAST PREDOMINANTLY BASE METAL	1007.29
D6792	RETAINER CROWN - FULL CAST NOBLE METAL	1044.14
D6793	PROVISIONAL RETAINER CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	478.00
D6794	RETAINER CROWN - TITANIUM	1044.14

Code	Description	Amount
D6920	CONNECTOR BAR	221.11
D6930	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	141.00
D6940	STRESS BREAKER	292.36
D6950	PRECISION ATTACHMENT	559.00
D6980	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	249.00
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	491.36
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	BR
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	111.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	160.00
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	250.00
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	315.00
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	400.00
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	460.00
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	500.00
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	255.00
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	450.00
D7260	OROANTRAL FISTULA CLOSURE	1618.34
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	674.31
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	498.00
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	674.31
D7280	EXPOSURE OF AN UNERUPTED TOOTH	555.00
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	200.00
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	255.00
D7285	INCISIONAL BIOPSY OF ORAL TISSUE-HARD (BONE, TOOTH)	900.00
D7286	INCISIONAL BIOPSY OF ORAL TISSUE-SOFT	399.00
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	161.83
D7288	BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION	161.83
D7290	SURGICAL REPOSITIONING OF TEETH	404.59
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	BR
D7292	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING FLAP; INCLUDES DEVICE REMOVAL	647.34
D7293	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE REQUIRING FLAP; INCLUDES DEVICE REMOVAL	404.59
D7294	PLACEMENT OF TEMPORARY ANCHORAGE DEVICE WITHOUT FLAP; INCLUDES DEVICE REMOVAL	337.16
D7295	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	BR
D7296	CORTICOTOMY - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	BR
D7297	CORTICOTOMY - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	BR
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	220.00
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	175.00
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	368.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	327.00
D7340	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)	1854.35
D7350	VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)	5394.48
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	425.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	650.00
D7412	EXCISION OF BENIGN LESION, COMPLICATED	1416.05
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	944.03
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	1416.05
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	1584.63

Code	Description	Amount
D7440	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM	1281.19
D7441	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	1888.07
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	990.00
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	975.00
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM	809.17
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER GREATER THAN 1.25 CM	1105.87
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT	BR
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	650.00
D7472	REMOVAL OF TORUS PALATINUS	1190.83
D7473	REMOVAL OF TORUS MANDIBULARIS	695.00
D7485	REDUCTION OF OSSEOUS TUBEROSITY	425.00
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	8091.72
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	220.00
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	295.00
D7520	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	1380.99
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES)	1517.20
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	497.64
D7540	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	551.59
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	950.00
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	2730.96
D7610	MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	4416.73
D7620	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	3312.21
D7630	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	5742.42
D7640	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)	3643.97
D7650	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	2760.63
D7660	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	1627.78
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	1270.40
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	2393.80
D7680	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	8281.88
D7710	MAXILLA - OPEN REDUCTION	5190.84
D7720	MAXILLA - CLOSED REDUCTION	3643.97
D7730	MANDIBLE - OPEN REDUCTION	7509.12
D7740	MANDIBLE - CLOSED REDUCTION	3715.45
D7750	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION	4725.56
D7760	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION	1896.16
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	2569.12
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	1982.47
D7780	FACIAL BONES - COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE APPROACHES	11042.50
D7810	OPEN REDUCTION OF DISLOCATION	4857.73
D7820	CLOSED REDUCTION OF DISLOCATION	795.69
D7830	MANIPULATION UNDER ANESTHESIA	455.83
D7840	CONDYLECTOMY	6621.72
D7850	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT	5718.15
D7852	DISC REPAIR	6547.55
D7854	SYNOVECTOMY	6756.59
D7856	MYOTOMY	4794.34
D7858	JOINT RECONSTRUCTION	13665.57
D7860	ARTHROTOMY	5824.69
D7865	ARTHROPLASTY	9386.40

Code	Description	Amount
D7870	ARTHROCENTESIS	310.18
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	620.37
D7872	ARTHROSCOPY - DIAGNOSIS, WITH OR WITHOUT BIOPSY	3310.86
D7873	ARTHROSCOPY: LAVAGE AND LYSIS OF ADHESIONS	3986.52
D7874	ARTHROSCOPY: DISC REPOSITIONING AND STABILIZATION	5718.15
D7875	ARTHROSCOPY: SYNOVECTOMY	6264.34
D7876	ARTHROSCOPY: DISCECTOMY	6753.89
D7877	ARTHROSCOPY: DEBRIDEMENT	5960.90
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	BR
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT	80.92
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	BR
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	80.00
D7911	COMPLICATED SUTURE - UP TO 5 CM	1104.52
D7912	COMPLICATED SUTURE - GREATER THAN 5 CM	1987.87
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION AND TYPE OF GRAFT)	3256.92
D7921	COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT	299.00
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES	BR
D7941	OSTEOTOMY - MANDIBULAR RAMI	8294.01
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	7619.70
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL	6790.30
D7945	OSTEOTOMY - BODY OF MANDIBLE	9035.75
D7946	LEFORT I (MAXILLA - TOTAL)	11193.55
D7947	LEFORT I (MAXILLA - SEGMENTED)	9413.37
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) - WITHOUT BONE GRAFT	12218.50
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT	15913.72
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS, BY REPORT	BR
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	1600.00
D7952	SINUS AUGMENTATION VIA A VERTICAL APPROACH	850.00
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	400.00
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	BR
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT INCIDENTAL TO ANOTHER PROCEDURE	450.00
D7963	FRENULOPLASTY	606.88
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	197.00
D7971	EXCISION OF PERICORONAL GINGIVA	226.00
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	305.00
D7979	NON - SURGICAL SIALOLITHOTOMY	BR
D7980	SURGICAL SIALOLITHOTOMY	332.00
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	BR
D7982	SIALODOCHOPLASTY	2009.44
D7983	CLOSURE OF SALIVARY FISTULA	1928.53
D7990	EMERGENCY TRACHEOTOMY	1658.80
D7991	CORONOIDECTOMY	4045.86
D7995	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONES, BY REPORT	BR
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	BR
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR	310.18
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	1348.62
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	BR
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	BR

Code	Description	Amount
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	174.20
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	230.00
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	437.50
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	136.00
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	240.00
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	206.00
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	237.00
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	245.00
D8210	REMOVABLE APPLIANCE THERAPY	330.00
D8220	FIXED APPLIANCE THERAPY	807.00
D8660	PRE-ORTHODONTIC TREATMENT EXAMINATION TO MONITOR GROWTH AND DEVELOPMENT	210.00
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT	200.00
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	340.00
D8681	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT	100.00
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	265.00
D8691	REPAIR OF ORTHODONTIC APPLIANCE	104.00
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	263.00
D8693	RE-CEMENT OR RE-BOND FIXED RETAINER	100.00
D8694	REPAIR OF FIXED RETAINERS, INCLUDES REATTACHMENT	BR
D8695	REMOVAL OF FIXED ORTHODONTIC APPLIANCES FOR REASONS OTHER THAN COMPLETION OF TREATMENT	BR
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	BR
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	105.00
D9120	FIXED PARTIAL DENTURE SECTIONING	200.00
D9130	TEMPOROMANDIBULAR JOINT DYSFUNCTION - NON-INVASIVE PHYSICAL THERAPIES	BR
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	75.00
D9211	REGIONAL BLOCK ANESTHESIA	42.35
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	73.00
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	56.00
D9219	EVALUATION FOR MODERATE SEDATION, DEEP SEDATION OR GENERAL ANESTHESIA	75.44
D9222	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTES	210.00
D9223	DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	200.00
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	50.00
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA- FIRST 15 MINUTES	170.00
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - EACH SUBSEQUENT 15 MINUTE INCREMENT	170.00
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	195.00
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN	112.00
D9311	CONSULTATION WITH A MEDICAL HEALTH CARE PROFESSIONAL	211.76
D9410	HOUSE/EXTENDED CARE FACILITY CALL	242.21
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	295.00
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED	75.00
D9440	OFFICE VISIT - AFTER REGULARLY SCHEDULED HOURS	155.00
D9450	CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING	45.00
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	30.00
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	180.00
D9613	INFILTRATION OF SUSTAINED RELEASE THERAPEUTIC DRUG - SINGLE OR MULTIPLE SITES	38.38
D9630	DRUGS OR MEDICAMENTS DISPENSED IN THE OFFICE FOR HOME USE	28.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	52.00
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	25.00
D9920	BEHAVIOR MANAGEMENT, BY REPORT	BR

Code	Description	Amount
D9930	TREATMENT OF COMPLICATIONS (POST-SURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	BR
D9932	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY	113.82
D9933	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR	113.82
D9934	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY	113.82
D9935	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR	113.82
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	145.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	79.00
D9943	OCCLUSAL GUARD ADJUSTMENT	79.41
D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	383.82
D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	383.82
D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	383.82
D9950	OCCLUSION ANALYSIS - MOUNTED CASE	350.00
D9951	OCCLUSAL ADJUSTMENT - LIMITED	135.00
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	803.00
D9961	DUPLICATE/COPY PATIENT'S RECORDS	BR
D9970	ENAMEL MICROABRASION	156.00
D9971	ODONTOPLASTY 1 - 2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS	115.00
D9972	EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE	220.00
D9973	EXTERNAL BLEACHING - PER TOOTH	50.00
D9974	INTERNAL BLEACHING - PER TOOTH	273.00
D9975	EXTERNAL BLEACHING FOR HOME APPLICATION, PER ARCH; INCLUDES MATERIALS AND FABRICATION OF CUSTOM TRAYS	90.00
D9985	SALES TAX	BR
D9986	MISSED APPOINTMENT	BR
D9987	CANCELLED APPOINTMENT	BR
D9990	CERTIFIED TRANSLATION OR SIGN-LANGUAGE SERVICES - PER VISIT	BR
D9991	DENTAL CASE MANAGEMENT - ADDRESSING APPOINTMENT COMPLIANCE BARRIERS	46.32
D9992	DENTAL CASE MANAGEMENT - CARE COORDINATION	46.32
D9993	DENTAL CASE MANAGEMENT - MOTIVATIONAL INTERVIEWING	46.32
D9994	DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY	63.53
D9995	TELEDENTISTRY - SYNCHRONOUS; REAL-TIME ENCOUNTER	211.76
D9996	TELEDENTISTRY - ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW	215.00
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	BR

INPATIENT HOSPITAL AND OUTPATIENT FACILITY PAYMENT SCHEDULE AND RULES

Note: Rules used by providers in reporting their services are presented in the General Rules section. See the Modifier and Code Rules section for detailed information on modifiers.

I. INPATIENT AND OUTPATIENT CARE RULES

A **Definition**. For purposes of this schedule, a patient is considered an "inpatient" if *formally admitted as an inpatient* with the expectation that he or she will require hospital care that is expected to span at least two (2) midnights. ~~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~~ lesser of the amount billed or the ~~allowance~~MAR for the diagnosis-related group (DRG) as 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; and
   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; and
- After-hours fees.

h. 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.

i. 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.

j. 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.

k. Separate reimbursement is not allowed for setting up portable equipment at the patient's bedside.

l. 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; and
- Ice bags.

m. 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.

b. IV pump/daily – $50.00

i. Venipuncture reimbursement is limited to $4.25 per collection. A collection fee is not appropriate for finger stick, throat culture, or stool specimen collection

ii. Pharmacy add-mixture/dispensing fee is limited to $4.50 per mixture

E. **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 allowable reimbursement (MAR) ~~allowable (MRA) totals are~~for inpatient facility services is provided by MS-DRG in this Fee Schedule. As of the effective date of this publication, reimbursement ~~the MS-DRG MRA~~ MAR is ~~based~~ the lesser of the total billed charge or the MS-DRG MAR. ~~upon the 2016~~ 2018 ~~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~~ MAR 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.

7. MS-DRG ~~Payment~~ MAR is calculated by multiplying the Base Rate times the Relative Weight in effect on the date of discharge for the MS-DRG.

8. 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.

9. 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.

10. 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.

11. Outlier Payments. To provide additional reimbursement for cases where the MS-DRG payment is deemed inadequate by the ~~Commission~~ MWCC to cover the costs incurred by the facility, the ~~Commission~~ MWCC 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~~. Once the annual inpatient hospital amounts are posted on the MWCC website each year, the Medicare threshold and Mississippi hospital outlier thresholds do not change, regardless of any other updates or corrections subsequently posted by CMS.

12. 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**

4. **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.~~Observation care is a well-defined set of specific, clinically appropriate services, which include ongoing short term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital. Observation services may be ordered for patients who present to the emergency department and who then require a significant period of treatment or monitoring in order to make a decision concerning their admission or discharge. In the majority of cases, the decision whether to discharge a patient from the hospital following resolution of the reason for the observation care or to admit the patient as an inpatient can be made in less than 48 hours, usually in less than 24 hours.

5. **General Guidelines**

e. Observation begins when the patient monitoring begins and ends when the order for discharge is written or given verbally by the physician.

f. 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.

g. Services which are NOT considered necessary for observation are as follows:

(7) 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;

(8) Any substitution of an outpatient observation for a medically appropriate inpatient admission;

(9) Services ordered as inpatient by the physician but billed as outpatient by the facility;

(10) Standing orders for observation following outpatient surgery;

(11) Test preparation for a surgical procedure; and

(12) Continued care of a patient who has had a significant procedure as identified with OPPS indicator S or T.

h. 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.

6. **Billing and Reimbursement**

   e. Observation status is billed at an hourly monitoring rate. The hourly rate is all inclusive with the exception of non-significant ancillary services.

   f. 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.

   g. Revenue code 762 is used to bill observation charges.

   h. Observation services provided to a patient who is subsequently admitted as an inpatient should be included on the inpatient claim.

Q. **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.

R **Disputed Medical Charges; Abusive or Unfair Billing**

3. 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.

4. If the ~~Commission~~ MWCC 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~~ MWCC 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)

C **Inpatient Rehabilitation Facility Reimbursement Methodology.** ~~MWCC r~~Reimbursement for inpatient rehabilitation facilities (IRFs) will be based upon the CMS prospective payment system (PPS).

6. The Fee Schedule ~~MRA~~ MAR for IRFs will be 1.8 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.

7. The IRF reimbursement due under this Fee Schedule will be calculated using the CMS IRF pricer calculation in effect on the date of discharge.

8. The CMS IRF pricer is used only for facilities that have met the CMS qualifications for IRF.

9. Reimbursement for IRFs is not calculated using the MS-DRG methodology.

10. The CMS IRF pricer is available at: http://www.cms.hhs.gov/PCPricer

D. **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~~ MWCC 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~~and 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~~to determine the reimbursement rate.

~~MWCC will use~~Reimbursement rates are based on the date of discharge, using the Medicare Pricer for the appropriate year~~, and based on using 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~~ May 1, ~~2016~~2019.

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 a procedure code is assigned a status indicator of J1, then other charges/procedure codes on the bill are considered packaged in the J1 payment and no additional reimbursement is due. If there are

multiple codes with status indicator J1 on the bill, only the J1 code with the highest value will be reimbursed.

4. 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.

5. If more than one surgical procedure is furnished in a single operative encounter and none of the codes have a status indicator of J1, 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~~MAR. The second and subsequent procedures are reimbursed at the lesser of the billed charges or fifty percent (50%) of the ~~MRA~~MAR listed in the Fee Schedule. The primary procedure is the procedure with the highest relative weight.

6. 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.

~~3.~~7. If the ~~billed~~ total billed charge for an outpatient surgical encounter is less than the APC ~~MRA~~MAR, the ~~lesser of the~~billed charge is paid to the facility.

~~4.~~8. 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; and
- Administration, record keeping and housekeeping items and services.

~~5.~~9. 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; and
- Treatment or observation room.

~~6.~~10. 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.

~~7.~~11. The ASC payment rate (APC Amount) ~~has been~~is included in ~~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.

~~8.~~12. 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.

~~9.~~13. Procedures not assigned an APC Amount will be reimbursed according to the lesser of total billed charges or the usual and customary rate.

~~10.~~14. 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 are considered bundled and not separately paid. However, if two or more CPT/HCPCS codes have a 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

E. A critical access hospital (CAH) is a small, generally geographically remote facility that is certified to provide outpatient and inpatient services.

F. A CAH may also be granted "swing bed" approval to provide post-hospital skilled nursing facility level care in its inpatient beds.

G. A list of currently participating Mississippi Critical Access hospitals is posted on the MWCC website at http://www.mwcc.ms.gov.

H. Reimbursement

4. Critical access hospitals are reimbursed at ninety percent (90%) of billed charges for inpatient services.
5. Swing bed services are reimbursed according to the Skilled Nursing Facility ~~section~~rules below.
6. Outpatient services are reimbursed according to the rules in Inpatient Hospital and Outpatient Facility Payment Schedule and Rules.

V. SKILLED NURSING FACILITY RULES

D. **Reimbursement**

The MAR 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.

E. **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; and
- Services provided independent of the facility by physicians, and other qualified health care professionals (e.g., NP, PA, CRNA, psychologist).

F. **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.

XII. DRUG AND ALCOHOL TREATMENT

D. Any admission for drug and alcohol treatment will be reimbursed by DRG according to the facility inpatient rules.

E. Outpatient partial day treatment will be reimbursed at two hundred fifty dollars ($250.00) per diem.

F. Outpatient lab and radiology charges will be reimbursed according to the outpatient stand-alone rules in the facility section.

~~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.

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.~~

~~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.~~

~~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.~~

~~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.

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.)

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.

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~~HCPCS

I. DEFINITION

HCPCS is an acronym for CMS's Healthcare Common ~~Procedural~~ Procedure 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~~ for Alcohol/Drug Abuse Treatment Services (H0001–H2037)~~,~~ and National Codes for State Medicaid Agencies (T1000–T5999) are not included in the Fee Schedule.

Code categories included in this section are as follows:

Transportation Services Including Ambulance	A0021–A0999
Medical/Surgical Supplies	A4206–~~A8004~~ A9286
Administrative, Misc., and Investigational	A9150–A9999
Enteral and Parenteral Therapy	~~B4000~~B4034–B9999
Outpatient PPS	~~C1300~~C1713–C9899
Durable Medical Equipment (DME)	E0100–~~E9999~~ E8002
Procedures/Professional Services (Temporary)	G0008– G9987
Drugs and Biologicals	J0120–J9999
K Codes (Temporary)	K0001–~~K9999~~K09030
Orthotic Procedures	L0112–~~L4999~~L4631
Prosthetic Procedures	L5000–~~L9999~~L9900
Medical Services	M0075–~~M0301~~M1071
Pathology and Laboratory Services	P2028–P9615
Q Codes (Temporary)	Q0035–~~Q9995~~Q9992
Diagnostic Radiology Services	R0070–~~R0076~~R0075
Temporary National Codes (Non-Medicare)	S0012–S9999
Vision Services	V2020–V2799
Hearing Services	V5008–V5364

III. GUIDELINES

A. Rental or purchase of supplies or equipment over the amount of $300.00 per item requires Prior Authorization.

~~A.~~B. **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 2019~~the 2019 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; and

   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.~~C. **Medical and Surgical Supplies (A4206–A9286~~A4206–A8004~~)**

3. These A codes include a wide variety of medical, surgical, and some DME related supplies and services.
4. For rules related to DME supplies, accessories, maintenance, and repair, see F. Durable Medical Equipment below.

~~C.~~D. **Administrative, Miscellaneous, and Investigational (A9150–A9999)**

a. These A codes include non-prescription drugs, exercise equipment, radiopharmaceutical diagnostic imaging agents, as well as other miscellaneous supplies.

~~D.~~E. **Enteral and Parenteral Therapy (B4034–B9999)~~B4000–B9999)~~**

2. B codes include supplies, formulae, nutrition solutions and infusion pumps.

T. **Outpatient PPS (~~C1300~~C1713~~0~~–C9899)**

3. C codes include drugs, biologicals, and devices used by hospitals.

~~4. 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.~~

~~5.~~4. These codes are only used for facility (technical) services.

U. **Durable Medical Equipment (DME) (E0100–E8002)**

9. 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.
10. 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.
11. 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.
12. 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.
13. When rental payments total the purchase price, the equipment is considered purchased and no additional reimbursement is made.
14. 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.
15. For codes E0676, E0935, and E0936 the MAR ~~Amount~~ listed is per day.
16. Codes reported with modifier RR are reimbursed at ten (10) percent of the maximum allowed amount when reported with the NU modifier. Codes in the Fee Schedule with the RR modifier are reimbursed at the listed fee and should not be billed with the NU or UE modifier.

V. **Procedures/Professional Services (Temporary) (G0008– ~~G9186~~G9987)**

4. G codes identify professional health care procedures and services that would otherwise be reported using CPT codes.
5. 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.
6. 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.

W. **Drugs and Biologicals (J0120–J9999)**

4. J codes include drugs that ordinarily cannot be self-administered, chemotherapy drugs, immunosuppressive drugs, inhalation solutions, and other miscellaneous drugs and solutions.
5. 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).

6. Additional codes for drugs and biologicals may be found in the Q codes and S codes.

X. **Temporary Codes (K0001–~~K9999~~K0900)**

3. K codes are temporary codes used to report durable medical equipment that do not yet have a permanent national code.

4. For rules related to DME supplies, accessories, maintenance, and repair, see F. Durable Medical Equipment above.

Y. **Orthotic Procedures and Devices (~~L0000~~L0112–~~L4999~~L4631) and Prosthetic Procedures (L5000–L9900)**

4. L codes include orthotic and prosthetic procedures and devices as well as scoliosis equipment, orthopedic shoes, and prosthetic implants.

5. 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.

~~5.~~6. For orthotics, prosthetics and supplies that are not listed in the Fee Schedule, 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.

Z. **Medical Services (~~M0000~~M0075–~~M0301~~M1071)**

3. M codes include office services, cellular therapy, prolotherapy, intragastric hypothermia, IV chelation therapy, and fabric wrapping of an abdominal aneurysm.

4. 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.

AA. **Pathology and Laboratory Services (~~P0000~~P2028–~~P9999~~P9615)**

5. P codes include chemistry, toxicology, and microbiology tests, screening Papanicolaou procedures, and various blood products.

6. Blood and blood product codes report the supply of the blood or blood product only.

7. The administration of blood or blood product is reported separately.

8. Code 36430 for transfusion of blood or blood components is reported only once per encounter regardless of the number of units provided.

BB. **Temporary Codes (Q0035–~~Q9980~~Q9992)**

6. 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:

   g. Oral anti-emetic drugs;

   h. Casting supplies;

   i. Splint supplies;

   j. Low osmolar contrast;

k. High osmolar contrast; and

l. Other supplies/services.

7. Cast supplies and splints should be reported with the appropriate code from Q4001–Q4051. These codes report the cost of the supply only.
8. Cast supplies and splints are reported in addition to the CPT code for fracture management.
9. Cast supplies and splints are reported in addition to CPT codes for application of the cast or splint.
10. Refer to the CPT guidelines for rules related to reporting fracture management and cast application.

CC. **Diagnostic Radiology Services (R0000R0070–R5999R0075)**

4. R codes are used for the transportation of portable x-ray and/or EKG equipment.
5. Only a single reasonable transportation charge is allowed for each trip to a single location.
6. When more than one patient receives x-ray or EKG services at the same location, the maximum allowable reimbursement transport charge is divided among all patients.

DD. **Temporary National Codes (Non-Medicare) (S0000S0012–S9999)**

3. 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.
4. See J codes for reporting rules related to drugs and biologicals.

EE. **Vision Services (V0000V2020–V2999V2799)**

2. These V codes include vision-related supplies, including spectacles, lenses, contact lenses, prostheses, intraocular lenses, and miscellaneous lenses.

FF. **Hearing Services (V5000V5008-V5999V5364)**

2. These V codes include hearing tests and related supplies and equipment, speech-language pathology screenings, and repair of augmentative communicative systems.

GG. **Facility Fee**

2. 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.~~

C	D	E	Code	Mod	Description	Amount	APC Amount
			A0021		OUTSIDE STATE AMBULANCE SERV	15.26	
			A0080		NONINTEREST ESCORT IN NON ER	0.00	
			A0090		INTEREST ESCORT IN NON ER	0.00	
			A0100		NONEMERGENCY TRANSPORT TAXI	0.00	
			A0110		NONEMERGENCY TRANSPORT BUS	0.00	
			A0120		NONER TRANSPORT MINI-BUS	0.00	
			A0130		NONER TRANSPORT WHEELCH VAN	0.00	
			A0140		NONEMERGENCY TRANSPORT AIR	0.00	
			A0160		NONER TRANSPORT CASE WORKER	0.14	
			A0170		TRANSPORT PARKING FEES/TOLLS	0.00	
			A0180		NONER TRANSPORT LODGNG RECIP	0.00	
			A0190		NONER TRANSPORT MEALS RECIP	0.00	
			A0200		NONER TRANSPORT LODGNG ESCRT	0.00	
			A0210		NONER TRANSPORT MEALS ESCORT	0.00	
			A0225		NEONATAL EMERGENCY TRANSPORT	1361.49	
			A0380		BASIC LIFE SUPPORT MILEAGE	0.49	
			A0382		BASIC SUPPORT ROUTINE SUPPLS	0.00	
			A0384		BLS DEFIBRILLATION SUPPLIES	6.63	
			A0390		ADVANCED LIFE SUPPORT MILEAG	4.61	
			A0392		ALS DEFIBRILLATION SUPPLIES	17.23	
			A0394		ALS IV DRUG THERAPY SUPPLIES	0.00	
			A0396		ALS ESOPHAGEAL INTUB SUPPLS	17.23	
			A0398		ALS ROUTINE DISPOSBLE SUPPLS	0.00	
			A0420		AMBULANCE WAITING 1/2 HR	BR	
			A0422		AMBULANCE 02 LIFE SUSTAINING	0.00	
			A0424		EXTRA AMBULANCE ATTENDANT	BR	
			A0425		GROUND MILEAGE	8.38	
			A0426		ALS 1	348.36	
			A0427		ALS1-EMERGENCY	551.56	
			A0428		BLS	290.30	
			A0429		BLS-EMERGENCY	464.48	
			A0430		FIXED WING AIR TRANSPORT	9978.53	
			A0431		ROTARY WING AIR TRANSPORT	11482.73	
			A0432		PI VOLUNTEER AMBULANCE CO	BR	
			A0433		ALS 2	BR	
			A0434		SPECIALTY CARE TRANSPORT	BR	
			A0435		FIXED WING AIR MILEAGE	30.01	
			A0436		ROTARY WING AIR MILEAGE	80.14	
			A0888		NONCOVERED AMBULANCE MILEAGE	BR	
			A0998		AMBULANCE RESPONSE/TREATMENT	BR	
			A0999		UNLISTED AMBULANCE SERVICE	BR	
			A4206		1 CC STERILE SYRINGE&NEEDLE	0.00	
			A4207		2 CC STERILE SYRINGE&NEEDLE	0.00	
			A4208		3 CC STERILE SYRINGE&NEEDLE	0.00	
			A4209		5+ CC STERILE SYRINGE&NEEDLE	0.00	
			A4210		NONNEEDLE INJECTION DEVICE	0.00	
			A4211		SUPP FOR SELF-ADM INJECTIONS	0.00	

C	D	E	Code	Mod	Description	Amount	APC Amount
			A4212		NON CORING NEEDLE OR STYLET	0.00	
			A4213		20+ CC SYRINGE ONLY	0.00	
			A4215		STERILE NEEDLE	0.00	
			A4216		STERILE WATER/SALINE, 10 ML	0.56	
			A4217		STERILE WATER/SALINE, 500 ML	3.58	
			A4218		STERILE SALINE OR WATER	0.00	
			A4220		INFUSION PUMP REFILL KIT	0.00	
			A4221		SUPP NON-INSULIN INF CATH/WK	25.49	
			A4222		INFUSION SUPPLIES WITH PUMP	50.74	
			A4223		INFUSION SUPPLIES W/O PUMP	0.00	
			A4224		SUPPLY INSULIN INF CATH/WK	25.49	
			A4225		SUP/EXT INSULIN INF PUMP SYR	3.17	
			A4230		INFUS INSULIN PUMP NON NEEDL	0.00	
			A4231		INFUSION INSULIN PUMP NEEDLE	0.00	
			A4232		SYRINGE W/NEEDLE INSULIN 3CC	0.00	
			A4233	NU	ALKALIN BATT FOR GLUCOSE MON	0.56	
			A4234	NU	J-CELL BATT FOR GLUCOSE MON	2.60	
			A4235	NU	LITHIUM BATT FOR GLUCOSE MON	1.10	
			A4236	NU	SILVR OXIDE BATT GLUCOSE MON	1.28	
			A4244		ALCOHOL OR PEROXIDE PER PINT	0.00	
			A4245		ALCOHOL WIPES PER BOX	0.00	
			A4246		BETADINE/PHISOHEX SOLUTION	0.00	
			A4247		BETADINE/IODINE SWABS/WIPES	0.00	
			A4248		CHLORHEXIDINE ANTISEPT	0.00	
			A4250		URINE REAGENT STRIPS/TABLETS	16.30	
			A4252		BLOOD KETONE TEST OR STRIP	0.00	
			A4253	NU	BLOOD GLUCOSE/REAGENT STRIPS	9.15	
			A4255		GLUCOSE MONITOR PLATFORMS	5.21	
			A4256		CALIBRATOR SOLUTION/CHIPS	3.72	
			A4257		REPLACE LENSSHIELD CARTRIDGE	16.16	
			A4258		LANCET DEVICE EACH	2.33	
			A4259		LANCETS PER BOX	0.00	
			A4261		CERVICAL CAP CONTRACEPTIVE	0.00	
			A4262		TEMPORARY TEAR DUCT PLUG	29.27	
			A4263		PERMANENT TEAR DUCT PLUG	71.82	
			A4264		INTRATUBAL OCCLUSION DEVICE	0.00	
			A4265		PARAFFIN	4.31	
			A4266		DIAPHRAGM	0.00	
			A4267		MALE CONDOM	0.00	
			A4268		FEMALE CONDOM	0.00	
			A4269		SPERMICIDE	0.00	
			A4270		DISPOSABLE ENDOSCOPE SHEATH	0.00	
			A4280		BRST PRSTHS ADHSV ATTCHMNT	6.77	
			A4281		REPLACEMENT BREASTPUMP TUBE	0.00	
			A4282		REPLACEMENT BREASTPUMP ADPT	0.00	
			A4283		REPLACEMENT BREASTPUMP CAP	0.00	
			A4284		REPLCMNT BREAST PUMP SHIELD	0.00	
			A4285		REPLCMNT BREAST PUMP BOTTLE	0.00	
			A4286		REPLCMNT BREASTPUMP LOK RING	0.00	
			A4290		SACRAL NERVE STIM TEST LEAD	0.00	

C	D	E	Code	Mod	Description	Amount	APC Amount
			A4300		CATH IMPL VASC ACCESS PORTAL	0.00	
			A4301		IMPLANTABLE ACCESS SYST PERC	0.00	
			A4305		DRUG DELIVERY SYSTEM >=50 ML	85.14	
			A4306		DRUG DELIVERY SYSTEM <=50 ML	76.62	
			A4310		INSERT TRAY W/O BAG/CATH	8.32	
			A4311		CATHETER W/O BAG 2-WAY LATEX	18.77	
			A4312		CATH W/O BAG 2-WAY SILICONE	22.85	
			A4313		CATHETER W/BAG 3-WAY	23.46	
			A4314		CATH W/DRAINAGE 2-WAY LATEX	27.21	
			A4315		CATH W/DRAINAGE 2-WAY SILCNE	33.41	
			A4316		CATH W/DRAINAGE 3-WAY	35.97	
			A4320		IRRIGATION TRAY	5.75	
			A4321		CATH THERAPEUTIC IRRIG AGENT	BR	
			A4322		IRRIGATION SYRINGE	3.84	
			A4326		MALE EXTERNAL CATHETER	13.66	
			A4327		FEM URINARY COLLECT DEV CUP	56.50	
			A4328		FEM URINARY COLLECT POUCH	13.22	
			A4330		STOOL COLLECTION POUCH	7.71	
			A4331		EXTENSION DRAINAGE TUBING	4.03	
			A4332		LUBE STERILE PACKET	0.14	
			A4333		URINARY CATH ANCHOR DEVICE	2.81	
			A4334		URINARY CATH LEG STRAP	BR	
			A4335		INCONTINENCE SUPPLY	BR	
			A4336		URETHRAL INSERT	1.83	
			A4337		INCONTINENT RECTAL INSERT	BR	
			A4338		INDWELLING CATHETER LATEX	15.53	
			A4340		INDWELLING CATHETER SPECIAL	34.19	
			A4344		CATH INDW FOLEY 2 WAY SILICN	18.55	
			A4346		CATH INDW FOLEY 3 WAY	21.98	
			A4349		DISPOSABLE MALE EXTERNAL CAT	2.55	
			A4351		STRAIGHT TIP URINE CATHETER	2.12	
			A4352		COUDE TIP URINARY CATHETER	8.14	
			A4353		INTERMITTENT URINARY CATH	8.87	
			A4354		CATH INSERTION TRAY W/BAG	14.95	
			A4355		BLADDER IRRIGATION TUBING	11.30	
			A4356		EXT URETH CLMP OR COMPR DVC	52.70	
			A4357		BEDSIDE DRAINAGE BAG	10.45	
			A4358		URINARY LEG OR ABDOMEN BAG	7.50	
			A4360		DISPOSABLE EXT URETHRAL DEV	0.56	
			A4361		OSTOMY FACE PLATE	23.27	
			A4362		SOLID SKIN BARRIER	3.73	
			A4363		OSTOMY CLAMP, REPLACEMENT	2.55	
			A4364		ADHESIVE, LIQUID OR EQUAL	3.73	
			A4366		OSTOMY VENT	1.64	
			A4367		OSTOMY BELT	7.92	
			A4368		OSTOMY FILTER	0.32	
			A4369		SKIN BARRIER LIQUID PER OZ	3.07	
			A4371		SKIN BARRIER POWDER PER OZ	4.61	
			A4372		SKIN BARRIER SOLID 4X4 EQUIV	5.31	
			A4373		SKIN BARRIER WITH FLANGE	7.94	

C	D	E	Code	Mod	Description	Amount	APC Amount
			A4375		DRAINABLE PLASTIC PCH W FCPL	21.75	
			A4376		DRAINABLE RUBBER PCH W FCPLT	60.27	
			A4377		DRAINABLE PLSTIC PCH W/O FP	5.43	
			A4378		DRAINABLE RUBBER PCH W/O FP	38.94	
			A4379		URINARY PLASTIC POUCH W FCPL	19.02	
			A4380		URINARY RUBBER POUCH W FCPLT	47.28	
			A4381		URINARY PLASTIC POUCH W/O FP	5.86	
			A4382		URINARY HVY PLSTC PCH W/O FP	31.17	
			A4383		URINARY RUBBER POUCH W/O FP	35.71	
			A4384		OSTOMY FACEPLT/SILICONE RING	12.18	
			A4385		OST SKN BARRIER SLD EXT WEAR	6.46	
			A4387		OST CLSD POUCH W ATT ST BARR	2.85	
			A4388		DRAINABLE PCH W EX WEAR BARR	5.52	
			A4389		DRAINABLE PCH W ST WEAR BARR	7.88	
			A4390		DRAINABLE PCH EX WEAR CONVEX	12.17	
			A4391		URINARY POUCH W EX WEAR BARR	8.95	
			A4392		URINARY POUCH W ST WEAR BARR	10.35	
			A4393		URINE PCH W EX WEAR BAR CONV	11.45	
			A4394		OSTOMY POUCH LIQ DEODORANT	3.28	
			A4395		OSTOMY POUCH SOLID DEODORANT	0.06	
			A4396		PERISTOMAL HERNIA SUPPRT BLT	51.27	
			A4397		IRRIGATION SUPPLY SLEEVE	5.52	
			A4398		OSTOMY IRRIGATION BAG	17.51	
			A4399		OSTOMY IRRIG CONE/CATH W BRS	13.66	
			A4400		OSTOMY IRRIGATION SET	52.61	
			A4402		LUBRICANT PER OUNCE	1.72	
			A4404		OSTOMY RING EACH	1.85	
			A4405		NONPECTIN BASED OSTOMY PASTE	4.32	
			A4406		PECTIN BASED OSTOMY PASTE	7.25	
			A4407		EXT WEAR OST SKN BARR <=4SQ"	11.10	
			A4408		EXT WEAR OST SKN BARR >4SQ"	12.51	
			A4409		OST SKN BARR CONVEX <=4 SQ I	7.88	
			A4410		OST SKN BARR EXTND >4 SQ	11.45	
			A4411		OST SKN BARR EXTND =4SQ	6.46	
			A4412		OST POUCH DRAIN HIGH OUTPUT	3.42	
			A4413		2 PC DRAINABLE OST POUCH	6.97	
			A4414		OST SKNBAR W/O CONV<=4 SQ IN	6.24	
			A4415		OST SKN BARR W/O CONV >4 SQI	7.59	
			A4416		OST PCH CLSD W BARRIER/FILTR	3.49	
			A4417		OST PCH W BAR/BLTINCONV/FLTR	4.72	
			A4418		OST PCH CLSD W/O BAR W FILTR	2.30	
			A4419		OST PCH FOR BAR W FLANGE/FLT	2.19	
			A4420		OST PCH CLSD FOR BAR W LK FL	BR	
			A4421		OSTOMY SUPPLY MISC	BR	
			A4422		OST POUCH ABSORBENT MATERIAL	0.14	
			A4423		OST PCH FOR BAR W LK FL/FLTR	2.35	
			A4424		OST PCH DRAIN W BAR & FILTER	6.03	
			A4425		OST PCH DRAIN FOR BARRIER FL	4.53	
			A4426		OST PCH DRAIN 2 PIECE SYSTEM	3.45	
			A4427		OST PCH DRAIN/BARR LK FLNG/F	3.52	

C	D	E	Code	Mod	Description	Amount	APC Amount
			A4428		URINE OST POUCH W FAUCET/TAP	8.25	
			A4429		URINE OST POUCH W BLTINCONV	10.44	
			A4430		OST URINE PCH W B/BLTIN CONV	10.78	
			A4431		OST PCH URINE W BARRIER/TAPV	7.88	
			A4432		OS PCH URINE W BAR/FANGE/TAP	4.54	
			A4433		URINE OST PCH BAR W LOCK FLN	4.25	
			A4434		OST PCH URINE W LOCK FLNG/FT	4.76	
			A4435		1PC OST PCH DRAIN HGH OUTPUT	7.30	
			A4450		NON-WATERPROOF TAPE	0.12	
			A4452		WATERPROOF TAPE	0.36	
			A4455		ADHESIVE REMOVER PER OUNCE	1.82	
			A4456		ADHESIVE REMOVER, WIPES	0.31	
			A4458		REUSABLE ENEMA BAG	BR	
			A4459		MANUAL PUMP ENEMA, REUSABLE	BR	
			A4461		SURGICL DRESS HOLD NON-REUSE	4.18	
			A4463		SURGICAL DRESS HOLDER REUSE	16.85	
			A4465		NON-ELASTIC EXTREMITY BINDER	22.34	
			A4467		BELT STRAP SLEEV GRMNT COVER	42.56	
			A4470		GRAVLEE JET WASHER	5.23	
			A4480		VABRA ASPIRATOR	42.56	
			A4481		TRACHEOSTOMA FILTER	0.47	
			A4483		MOISTURE EXCHANGER	BR	
			A4490		ABOVE KNEE SURGICAL STOCKING	22.84	
			A4495		THIGH LENGTH SURG STOCKING	22.84	
			A4500		BELOW KNEE SURGICAL STOCKING	22.84	
			A4510		FULL LENGTH SURG STOCKING	81.57	
			A4520		INCONTINENCE GARMENT ANYTYPE	BR	
			A4550		SURGICAL TRAYS	32.63	
			A4553		NONDISP UNDERPADS, ALL SIZES	8.32	
			A4554		DISPOSABLE UNDERPADS	0.40	
			A4555		CA TX E-STIM ELECTR/TRANSDUC	BR	
			A4556		ELECTRODES, PAIR	13.07	
			A4557		LEAD WIRES, PAIR	17.40	
			A4558		CONDUCTIVE GEL OR PASTE	6.24	
			A4559		COUPLING GEL OR PASTE	0.12	
			A4561		PESSARY RUBBER, ANY TYPE	26.08	
			A4562		PESSARY, NON RUBBER,ANY TYPE	64.83	
			A4563		VAG INSER RECTAL CONTROL SYS	141.17	
			A4565		SLINGS	9.75	
			A4566		SHOULD SLING/VEST/ABRESTRAIN	BR	
			A4570		SPLINT	37.25	
			A4575		HYPERBARIC O2 CHAMBER DISPS	BR	
			A4580		CAST SUPPLIES (PLASTER)	90.45	
			A4590		SPECIAL CASTING MATERIAL	79.82	
			A4595		TENS SUPPL 2 LEAD PER MONTH	24.28	
			A4600		SLEEVE, INTER LIMB COMP DEV	BR	
			A4601		LITH ION NON PROSTH RECHARGE	BR	
			A4602	NU	REPLACE LITHIUM BATTERY 1.5V	4.72	
			A4604	NU	TUBING WITH HEATING ELEMENT	60.28	
			A4605	NU	TRACH SUCTION CATH CLOSE SYS	20.77	

C	D	E	Code	Mod	Description	Amount	APC Amount
			A4606		OXYGEN PROBE USED W OXIMETER	BR	
			A4608		TRANSTRACHEAL OXYGEN CATH	63.48	
			A4611	NU	HEAVY DUTY BATTERY	648.36	
			A4612	NU	BATTERY CABLES	211.93	
			A4613	NU	BATTERY CHARGER	576.47	
			A4614		HAND-HELD PEFR METER	30.12	
			A4615		CANNULA NASAL	0.92	
			A4616		TUBING (OXYGEN) PER FOOT	0.08	
			A4617		MOUTH PIECE	3.93	
			A4618	NU	BREATHING CIRCUITS	9.57	
			A4619	NU	FACE TENT	2.28	
			A4620		VARIABLE CONCENTRATION MASK	0.80	
			A4623		TRACHEOSTOMY INNER CANNULA	7.05	
			A4624	NU	TRACHEAL SUCTION TUBE	2.84	
			A4625		TRACH CARE KIT FOR NEW TRACH	7.45	
			A4626		TRACHEOSTOMY CLEANING BRUSH	4.03	
			A4627		SPACER BAG/RESERVOIR	42.56	
			A4628	NU	OROPHARYNGEAL SUCTION CATH	4.74	
			A4629		TRACHEOSTOMY CARE KIT	5.89	
			A4630	NU	REPL BAT T.E.N.S. OWN BY PT	7.91	
			A4633	NU	UVL REPLACEMENT BULB	51.96	
			A4634		REPLACEMENT BULB TH LIGHTBOX	BR	
			A4635	NU	UNDERARM CRUTCH PAD	6.48	
			A4636	NU	HANDGRIP FOR CANE ETC	4.33	
			A4637	NU	REPL TIP CANE/CRUTCH/WALKER	2.29	
			A4638	NU	REPL BATT PULSE GEN SYS	0.00	
			A4639	RR	INFRARED HT SYS REPLCMNT PAD	36.38	
			A4640	NU	ALTERNATING PRESSURE PAD	65.21	
			A4641		RADIOPHARM DX AGENT NOC	BR	
			A4642		IN111 SATUMOMAB	BR	
			A4648		IMPLANTABLE TISSUE MARKER	BR	
			A4649		SURGICAL SUPPLIES	BR	
			A4650		IMPLANT RADIATION DOSIMETER	BR	
			A4651		CALIBRATED MICROCAP TUBE	BR	
			A4652		MICROCAPILLARY TUBE SEALANT	BR	
			A4653		PD CATHETER ANCHOR BELT	BR	
			A4657		SYRINGE W/WO NEEDLE	0.00	
			A4660		SPHYG/BP APP W CUFF AND STET	37.25	
			A4663		DIALYSIS BLOOD PRESSURE CUFF	57.46	
			A4670		AUTOMATIC BP MONITOR, DIAL	119.46	
			A4671		DISPOSABLE CYCLER SET	BR	
			A4672		DRAINAGE EXT LINE, DIALYSIS	BR	
			A4673		EXT LINE W EASY LOCK CONNECT	BR	
			A4674		CHEM/ANTISEPT SOLUTION, 8OZ	BR	
			A4680		ACTIVATED CARBON FILTER, EA	266.02	
			A4690		DIALYZER, EACH	200.27	
			A4706		BICARBONATE CONC SOL PER GAL	BR	
			A4707		BICARBONATE CONC POW PER PAC	BR	
			A4708		ACETATE CONC SOL PER GALLON	BR	
			A4709		ACID CONC SOL PER GALLON	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			A4714		TREATED WATER PER GALLON	BR	
			A4719		"Y SET" TUBING	BR	
			A4720		DIALYSAT SOL FLD VOL > 249CC	BR	
			A4721		DIALYSAT SOL FLD VOL > 999CC	BR	
			A4722		DIALYS SOL FLD VOL > 1999CC	BR	
			A4723		DIALYS SOL FLD VOL > 2999CC	BR	
			A4724		DIALYS SOL FLD VOL > 3999CC	BR	
			A4725		DIALYS SOL FLD VOL > 4999CC	BR	
			A4726		DIALYS SOL FLD VOL > 5999CC	BR	
			A4728		DIALYSATE SOLUTION, NON-DEX	BR	
			A4730		FISTULA CANNULATION SET, EA	BR	
			A4736		TOPICAL ANESTHETIC, PER GRAM	BR	
			A4737		INJ ANESTHETIC PER 10 ML	BR	
			A4740		SHUNT ACCESSORY	BR	
			A4750		ART OR VENOUS BLOOD TUBING	69.17	
			A4755		COMB ART/VENOUS BLOOD TUBING	BR	
			A4760		DIALYSATE SOL TEST KIT, EACH	BR	
			A4765		DIALYSATE CONC POW PER PACK	BR	
			A4766		DIALYSATE CONC SOL ADD 10 ML	BR	
			A4770		BLOOD COLLECTION TUBE/VACUUM	BR	
			A4771		SERUM CLOTTING TIME TUBE	BR	
			A4772		BLOOD GLUCOSE TEST STRIPS	21.34	
			A4773		OCCULT BLOOD TEST STRIPS	156.62	
			A4774		AMMONIA TEST STRIPS	BR	
			A4802		PROTAMINE SULFATE PER 50 MG	4.03	
			A4860		DISPOSABLE CATHETER TIPS	BR	
			A4870		PLUMB/ELEC WK HM HEMO EQUIP	BR	
			A4890		REPAIR/MAINT CONT HEMO EQUIP	BR	
			A4911		DRAIN BAG/BOTTLE	BR	
			A4913		MISC DIALYSIS SUPPLIES NOC	BR	
			A4918		VENOUS PRESSURE CLAMP	BR	
			A4927		NON-STERILE GLOVES	7.58	
			A4928		SURGICAL MASK	0.00	
			A4929		TOURNIQUET FOR DIALYSIS, EA	0.40	
			A4930		STERILE, GLOVES PER PAIR	0.00	
			A4931		REUSABLE ORAL THERMOMETER	0.00	
			A4932		REUSABLE RECTAL THERMOMETER	0.00	
			A5051		POUCH CLSD W BARR ATTACHED	2.62	
			A5052		CLSD OSTOMY POUCH W/O BARR	1.88	
			A5053		CLSD OSTOMY POUCH FACEPLATE	1.87	
			A5054		CLSD OSTOMY POUCH W/FLANGE	2.28	
			A5055		STOMA CAP	1.66	
			A5056		1 PC OST POUCH W FILTER	5.92	
			A5057		1 PC OST POU W BUILT-IN CONV	12.17	
			A5061		POUCH DRAINABLE W BARRIER AT	4.47	
			A5062		DRNBLE OSTOMY POUCH W/O BARR	2.83	
			A5063		DRAIN OSTOMY POUCH W/FLANGE	3.42	
			A5071		URINARY POUCH W/BARRIER	7.61	
			A5072		URINARY POUCH W/O BARRIER	3.99	
			A5073		URINARY POUCH ON BARR W/FLNG	3.42	

C	D	E	Code	Mod	Description	Amount	APC Amount
			A5081		STOMA PLUG OR SEAL, ANY TYPE	3.58	
			A5082		CONTINENT STOMA CATHETER	12.82	
			A5083		STOMA ABSORPTIVE COVER	0.81	
			A5093		OSTOMY ACCESSORY CONVEX INSE	2.38	
			A5102		BEDSIDE DRAIN BTL W/WO TUBE	28.59	
			A5105		URINARY SUSPENSORY	51.65	
			A5112		URINARY LEG BAG	43.85	
			A5113		LATEX LEG STRAP	5.97	
			A5114		FOAM/FABRIC LEG STRAP	9.64	
			A5120		SKIN BARRIER, WIPE OR SWAB	0.52	
			A5121		SOLID SKIN BARRIER 6X6	9.44	
			A5122		SOLID SKIN BARRIER 8X8	16.27	
			A5126		DISK/FOAM PAD +OR- ADHESIVE	1.66	
			A5131		APPLIANCE CLEANER	20.08	
			A5200		PERCUTANEOUS CATHETER ANCHOR	14.32	
			A5500		DIAB SHOE FOR DENSITY INSERT	80.53	
			A5501		DIABETIC CUSTOM MOLDED SHOE	241.55	
			A5503		DIABETIC SHOE W/ROLLER/ROCKR	39.86	
			A5504		DIABETIC SHOE WITH WEDGE	39.86	
			A5505		DIAB SHOE W/METATARSAL BAR	39.86	
			A5506		DIABETIC SHOE W/OFF SET HEEL	39.86	
			A5507		MODIFICATION DIABETIC SHOE	39.86	
			A5508		DIABETIC DELUXE SHOE	BR	
			A5510		COMPRESSION FORM SHOE INSERT	BR	
			A5512		MULTI DEN INSERT DIRECT FORM	32.85	
			A5513		MULTI DEN INSERT CUSTOM MOLD	49.02	
			A5514		MULT DEN INSERT DIR CARV/CAM	49.02	
			A6000		WOUND WARMING WOUND COVER	0.00	
			A6010		COLLAGEN BASED WOUND FILLER	39.23	
			A6011		COLLAGEN GEL/PASTE WOUND FIL	2.89	
			A6021		COLLAGEN DRESSING <=16 SQ IN	26.62	
			A6022		COLLAGEN DRSG>16<=48 SQ IN	26.62	
			A6023		COLLAGEN DRESSING >48 SQ IN	241.03	
			A6024		COLLAGEN DSG WOUND FILLER	7.84	
			A6025		SILICONE GEL SHEET, EACH	29.45	
			A6154		WOUND POUCH EACH	18.22	
			A6196		ALGINATE DRESSING <=16 SQ IN	9.32	
			A6197		ALGINATE DRSG >16 <=48 SQ IN	20.82	
			A6198		ALGINATE DRESSING > 48 SQ IN	BR	
			A6199		ALGINATE DRSG WOUND FILLER	6.70	
			A6203		COMPOSITE DRSG <= 16 SQ IN	4.27	
			A6204		COMPOSITE DRSG >16<=48 SQ IN	7.89	
			A6205		COMPOSITE DRSG > 48 SQ IN	BR	
			A6206		CONTACT LAYER <= 16 SQ IN	14.63	
			A6207		CONTACT LAYER >16<= 48 SQ IN	9.30	
			A6208		CONTACT LAYER > 48 SQ IN	BR	
			A6209		FOAM DRSG <=16 SQ IN W/O BDR	9.46	
			A6210		FOAM DRG >16<=48 SQ IN W/O B	25.23	
			A6211		FOAM DRG > 48 SQ IN W/O BRDR	37.20	
			A6212		FOAM DRG <=16 SQ IN W/BORDER	12.30	

C	D	E	Code	Mod	Description	Amount	APC Amount
			A6213		FOAM DRG >16<=48 SQ IN W/BDR	24.63	
			A6214		FOAM DRG > 48 SQ IN W/BORDER	13.04	
			A6215		FOAM DRESSING WOUND FILLER	BR	
			A6216		NON-STERILE GAUZE<=16 SQ IN	0.06	
			A6217		NON-STERILE GAUZE>16<=48 SQ	BR	
			A6218		NON-STERILE GAUZE > 48 SQ IN	0.97	
			A6219		GAUZE <= 16 SQ IN W/BORDER	1.21	
			A6220		GAUZE >16 <=48 SQ IN W/BORDR	3.28	
			A6221		GAUZE > 48 SQ IN W/BORDER	BR	
			A6222		GAUZE <=16 IN NO W/SAL W/O B	2.71	
			A6223		GAUZE >16<=48 NO W/SAL W/O B	3.07	
			A6224		GAUZE > 48 IN NO W/SAL W/O B	4.57	
			A6228		GAUZE <= 16 SQ IN WATER/SAL	5.32	
			A6229		GAUZE >16<=48 SQ IN WATR/SAL	4.57	
			A6230		GAUZE > 48 SQ IN WATER/SALNE	1.96	
			A6231		HYDROGEL DSG<=16 SQ IN	5.94	
			A6232		HYDROGEL DSG>16<=48 SQ IN	8.69	
			A6233		HYDROGEL DRESSING >48 SQ IN	24.29	
			A6234		HYDROCOLLD DRG <=16 W/O BDR	8.28	
			A6235		HYDROCOLLD DRG >16<=48 W/O B	21.31	
			A6236		HYDROCOLLD DRG > 48 IN W/O B	34.52	
			A6237		HYDROCOLLD DRG <=16 IN W/BDR	10.02	
			A6238		HYDROCOLLD DRG >16<=48 W/BDR	28.88	
			A6239		HYDROCOLLD DRG > 48 IN W/BDR	BR	
			A6240		HYDROCOLLD DRG FILLER PASTE	15.51	
			A6241		HYDROCOLLOID DRG FILLER DRY	3.26	
			A6242		HYDROGEL DRG <=16 IN W/O BDR	7.68	
			A6243		HYDROGEL DRG >16<=48 W/O BDR	15.61	
			A6244		HYDROGEL DRG >48 IN W/O BDR	49.75	
			A6245		HYDROGEL DRG <= 16 IN W/BDR	9.21	
			A6246		HYDROGEL DRG >16<=48 IN W/B	12.58	
			A6247		HYDROGEL DRG > 48 SQ IN W/B	30.12	
			A6248		HYDROGEL DRSG GEL FILLER	20.58	
			A6250		SKIN SEAL PROTECT MOISTURIZR	BR	
			A6251		ABSORPT DRG <=16 SQ IN W/O B	2.52	
			A6252		ABSORPT DRG >16 <=48 W/O BDR	4.13	
			A6253		ABSORPT DRG > 48 SQ IN W/O B	8.02	
			A6254		ABSORPT DRG <=16 SQ IN W/BDR	1.52	
			A6255		ABSORPT DRG >16<=48 IN W/BDR	3.85	
			A6256		ABSORPT DRG > 48 SQ IN W/BDR	BR	
			A6257		TRANSPARENT FILM <= 16 SQ IN	1.95	
			A6258		TRANSPARENT FILM >16<=48 IN	5.46	
			A6259		TRANSPARENT FILM > 48 SQ IN	13.85	
			A6260		WOUND CLEANSER ANY TYPE/SIZE	0.42	
			A6261		WOUND FILLER GEL/PASTE /OZ	5.32	
			A6262		WOUND FILLER DRY FORM / GRAM	6.03	
			A6266		IMPREG GAUZE NO H20/SAL/YARD	2.43	
			A6402		STERILE GAUZE <= 16 SQ IN	0.14	
			A6403		STERILE GAUZE>16 <= 48 SQ IN	0.54	
			A6404		STERILE GAUZE > 48 SQ IN	0.53	

C	D	E	Code	Mod	Description	Amount	APC Amount
			A6407		PACKING STRIPS, NON-IMPREG	2.38	
			A6410		STERILE EYE PAD	0.48	
			A6411		NON-STERILE EYE PAD	0.00	
			A6412		OCCLUSIVE EYE PATCH	0.39	
			A6413		ADHESIVE BANDAGE, FIRST-AID	0.00	
			A6441		PAD BAND W>=3" <5"/YD	0.87	
			A6442		CONFORM BAND N/S W<3"/YD	0.20	
			A6443		CONFORM BAND N/S W>=3"<5"/YD	0.35	
			A6444		CONFORM BAND N/S W>=5"/YD	0.70	
			A6445		CONFORM BAND S W <3"/YD	0.41	
			A6446		CONFORM BAND S W>=3" <5"/YD	0.51	
			A6447		CONFORM BAND S W >=5"/YD	0.87	
			A6448		LT COMPRES BAND <3"/YD	1.46	
			A6449		LT COMPRES BAND >=3" <5"/YD	2.22	
			A6450		LT COMPRES BAND >=5"/YD	BR	
			A6451		MOD COMPRES BAND W>=3"<5"/YD	BR	
			A6452		HIGH COMPRES BAND W>=3"<5"YD	7.48	
			A6453		SELF-ADHER BAND W <3"/YD	0.79	
			A6454		SELF-ADHER BAND W>=3" <5"/YD	0.99	
			A6455		SELF-ADHER BAND >=5"/YD	1.77	
			A6456		ZINC PASTE BAND W >=3"<5"/YD	1.61	
			A6457		TUBULAR DRESSING	1.44	
			A6460		SYNTHETIC DRSG <= 16 SQ IN	BR	
			A6461		SYNTHETIC DRSG >16<=48 SQ IN	BR	
			A6501		COMPRES BURNGARMENT BODYSUIT	BR	
			A6502		COMPRES BURNGARMENT CHINSTRP	BR	
			A6503		COMPRES BURNGARMENT FACEHOOD	BR	
			A6504		CMPRSBURNGARMENT GLOVE-WRIST	BR	
			A6505		CMPRSBURNGARMENT GLOVE-ELBOW	BR	
			A6506		CMPRSBURNGRMNT GLOVE-AXILLA	BR	
			A6507		CMPRS BURNGARMENT FOOT-KNEE	BR	
			A6508		CMPRS BURNGARMENT FOOT-THIGH	BR	
			A6509		COMPRES BURN GARMENT JACKET	BR	
			A6510		COMPRES BURN GARMENT LEOTARD	BR	
			A6511		COMPRES BURN GARMENT PANTY	BR	
			A6512		COMPRES BURN GARMENT, NOC	BR	
			A6513		COMPRESS BURN MASK FACE/NECK	BR	
			A6530		COMPRESSION STOCKING BK18-30	49.73	
			A6531		COMPRESSION STOCKING BK30-40	61.29	
			A6532		COMPRESSION STOCKING BK40-50	86.37	
			A6533		GC STOCKING THIGHLNGTH 18-30	43.18	
			A6534		GC STOCKING THIGHLNGTH 30-40	57.58	
			A6535		GC STOCKING THIGHLNGTH 40-50	91.60	
			A6536		GC STOCKING FULL LNGTH 18-30	91.60	
			A6537		GC STOCKING FULL LNGTH 30-40	104.69	
			A6538		GC STOCKING FULL LNGTH 40-50	143.94	
			A6539		GC STOCKING WAISTLNGTH 18-30	200.21	
			A6540		GC STOCKING WAISTLNGTH 30-40	108.61	
			A6541		GC STOCKING WAISTLNGTH 40-50	146.56	
			A6544		GC STOCKING GARTER BELT	52.34	

C	D	E	Code	Mod	Description	Amount	APC Amount
			A6545		GRAD COMP NON-ELASTIC BK	120.69	
			A6549		G COMPRESSION STOCKING	0.00	
			A6550		NEG PRES WOUND THER DRSG SET	29.88	
			A7000	NU	DISPOSABLE CANISTER FOR PUMP	10.88	
			A7001	NU	NONDISPOSABLE PUMP CANISTER	37.38	
			A7002	NU	TUBING USED W SUCTION PUMP	4.13	
			A7003	NU	NEBULIZER ADMINISTRATION SET	2.63	
			A7004	NU	DISPOSABLE NEBULIZER SML VOL	1.72	
			A7005	NU	NONDISPOSABLE NEBULIZER SET	23.61	
			A7006	NU	FILTERED NEBULIZER ADMIN SET	10.31	
			A7007	NU	LG VOL NEBULIZER DISPOSABLE	4.66	
			A7008	NU	DISPOSABLE NEBULIZER PREFILL	11.84	
			A7009	NU	NEBULIZER RESERVOIR BOTTLE	52.45	
			A7010	NU	DISPOSABLE CORRUGATED TUBING	21.78	
			A7012	NU	NEBULIZER WATER COLLEC DEVIC	4.06	
			A7013	NU	DISPOSABLE COMPRESSOR FILTER	0.77	
			A7014	NU	COMPRESSOR NONDISPOS FILTER	4.76	
			A7015	NU	AEROSOL MASK USED W NEBULIZE	1.94	
			A7016	NU	NEBULIZER DOME & MOUTHPIECE	8.73	
			A7017	NU	NEBULIZER NOT USED W OXYGEN	153.57	
			A7018		WATER DISTILLED W/NEBULIZER	0.40	
			A7020	NU	INTERFACE, COUGH STIM DEVICE	18.34	
			A7025	RR	REPLACE CHEST COMPRESS VEST	55.10	
			A7026	NU	REPLACE CHST CMPRSS SYS HOSE	36.40	
			A7027	NU	COMBINATION ORAL/NASAL MASK	189.57	
			A7028	NU	REPL ORAL CUSHION COMBO MASK	51.43	
			A7029	NU	REPL NASAL PILLOW COMB MASK	22.00	
			A7030	NU	CPAP FULL FACE MASK	156.23	
			A7031	NU	REPLACEMENT FACEMASK INTERFA	58.33	
			A7032	NU	REPLACEMENT NASAL CUSHION	33.44	
			A7033	NU	REPLACEMENT NASAL PILLOWS	24.78	
			A7034	NU	NASAL APPLICATION DEVICE	97.53	
			A7035	NU	POS AIRWAY PRESS HEADGEAR	31.10	
			A7036	NU	POS AIRWAY PRESS CHINSTRAP	14.91	
			A7037	NU	POS AIRWAY PRESSURE TUBING	29.33	
			A7038	NU	POS AIRWAY PRESSURE FILTER	4.20	
			A7039	NU	FILTER, NON DISPOSABLE W PAP	10.74	
			A7040		ONE WAY CHEST DRAIN VALVE	51.51	
			A7041		WATER SEAL DRAIN CONTAINER	96.80	
			A7044	NU	PAP ORAL INTERFACE	115.54	
			A7045	NU	REPL EXHALATION PORT FOR PAP	17.83	
			A7046	NU	REPL WATER CHAMBER, PAP DEV	18.60	
			A7047	NU	RESP SUCTION ORAL INTERFACE	153.13	
			A7048		VACUUM DRAIN BOTTLE/TUBE KIT	53.88	
			A7501		TRACHEOSTOMA VALVE W DIAPHRA	133.01	
			A7502		REPLACEMENT DIAPHRAGM/FPLATE	63.23	
			A7503		HMES FILTER HOLDER OR CAP	14.37	
			A7504		TRACHEOSTOMA HMES FILTER	0.87	
			A7505		HMES OR TRACH VALVE HOUSING	5.94	
			A7506		HMES/TRACHVALVE ADHESIVEDISK	0.42	

C	D	E	Code	Mod	Description	Amount	APC Amount
			A7507		INTEGRATED FILTER & HOLDER	3.15	
			A7508		HOUSING & INTEGRATED ADHESIV	3.63	
			A7509		HEAT & MOISTURE EXCHANGE SYS	1.79	
			A7520		TRACH/LARYN TUBE NON-CUFFED	60.14	
			A7521		TRACH/LARYN TUBE CUFFED	59.58	
			A7522		TRACH/LARYN TUBE STAINLESS	57.20	
			A7523		TRACHEOSTOMY SHOWER PROTECT	BR	
			A7524		TRACHEOSTOMA STENT/STUD/BTTN	98.04	
			A7525		TRACHEOSTOMY MASK	2.62	
			A7526		TRACHEOSTOMY TUBE COLLAR	4.29	
			A7527		TRACH/LARYN TUBE PLUG/STOP	4.53	
			A8000	NU	SOFT PROTECT HELMET PREFAB	194.24	
			A8001	NU	HARD PROTECT HELMET PREFAB	194.24	
			A8002	NU	SOFT PROTECT HELMET CUSTOM	BR	
			A8003	NU	HARD PROTECT HELMET CUSTOM	BR	
			A8004	NU	REPL SOFT INTERFACE, HELMET	BR	
			A9150		MISC/EXPER NON-PRESCRIPT DRU	BR	
			A9152		SINGLE VITAMIN NOS	BR	
			A9153		MULTI-VITAMIN NOS	BR	
			A9155		ARTIFICIAL SALIVA	BR	
			A9180		LICE TREATMENT, TOPICAL	BR	
			A9270		NON-COVERED ITEM OR SERVICE	BR	
			A9272		DISP WOUND SUCT, DRSG/ACCESS	BR	
			A9273		HOT/COLD BOTLE/CAP/COL/WRAP	BR	
			A9274		EXT AMB INSULIN DELIVERY SYS	BR	
			A9275		DISP HOME GLUCOSE MONITOR	BR	
			A9276		DISPOSABLE SENSOR, CGM SYS	BR	
			A9277		EXTERNAL TRANSMITTER, CGM	BR	
			A9278		EXTERNAL RECEIVER, CGM SYS	BR	
			A9279		MONITORING FEATURE/DEVICENOC	BR	
			A9280		ALERT DEVICE, NOC	BR	
			A9281		REACHING/GRABBING DEVICE	BR	
			A9282		WIG ANY TYPE	BR	
			A9283		FOOT PRESS OFF LOAD SUPP DEV	BR	
			A9284		NON-ELECTRONIC SPIROMETER	BR	
			A9285		INVERSION EVERSION COR DEVIC	BR	
			A9286		ANY HYGIENIC ITEM, DEVICE	0.32	
			A9300		EXERCISE EQUIPMENT	BR	
			A9500		TC99M SESTAMIBI	BR	
			A9501		TECHNETIUM TC-99M TEBOROXIME	BR	
			A9502		TC99M TETROFOSMIN	BR	
			A9503		TC99M MEDRONATE	BR	
			A9504		TC99M APCITIDE	BR	
			A9505		TL201 THALLIUM	BR	
			A9507		IN111 CAPROMAB	BR	
			A9508		I131 IODOBENGUATE, DX	BR	
			A9509		IODINE I-123 SOD IODIDE MIL	BR	
			A9510		TC99M DISOFENIN	BR	
			A9512		TC99M PERTECHNETATE	BR	
			A9513		LUTETIUM LU 177 DOTATAT THER	BR	357.49

C	D	E	Code	Mod	Description	Amount	APC Amount
			A9515		CHOLINE C-11	4607.04	
			A9516		IODINE I-123 SOD IODIDE MIC	BR	
			A9517		I131 IODIDE CAP, RX	BR	29.48
			A9520		TC99 TILMANOCEPT DIAG 0.5MCI	0.00	
			A9521		TC99M EXAMETAZIME	BR	
			A9524		I131 SERUM ALBUMIN, DX	BR	
			A9526		NITROGEN N-13 AMMONIA	BR	
			A9527		IODINE I-125 SODIUM IODIDE	BR	53.78
			A9528		IODINE I-131 IODIDE CAP, DX	146.49	
			A9529		I131 IODIDE SOL, DX	BR	
			A9530		I131 IODIDE SOL, RX	BR	19.27
			A9531		I131 MAX 100UCI	BR	
			A9532		I125 SERUM ALBUMIN, DX	255.27	
			A9536		TC99M DEPREOTIDE	BR	
			A9537		TC99M MEBROFENIN	BR	
			A9538		TC99M PYROPHOSPHATE	BR	
			A9539		TC99M PENTETATE	BR	
			A9540		TC99M MAA	BR	
			A9541		TC99M SULFUR COLLOID	BR	
			A9542		IN111 IBRITUMOMAB, DX	BR	
			A9543		Y90 IBRITUMOMAB, RX	BR	67696.91
			A9546		CO57/58	BR	
			A9547		IN111 OXYQUINOLINE	1032.23	
			A9548		IN111 PENTETATE	1505.43	
			A9550		TC99M GLUCEPTATE	BR	
			A9551		TC99M SUCCIMER	BR	
			A9552		F18 FDG	BR	
			A9553		CR51 CHROMATE	BR	
			A9554		I125 IOTHALAMATE, DX	BR	
			A9555		RB82 RUBIDIUM	BR	
			A9556		GA67 GALLIUM	34.10	
			A9557		TC99M BICISATE	BR	
			A9558		XE133 XENON 10MCI	BR	
			A9559		CO57 CYANO	BR	
			A9560		TC99M LABELED RBC	BR	
			A9561		TC99M OXIDRONATE	BR	
			A9562		TC99M MERTIATIDE	BR	
			A9563		P32 NA PHOSPHATE	BR	1036.64
			A9564		P32 CHROMIC PHOSPHATE	188.44	
			A9566		TC99M FANOLESOMAB	BR	
			A9567		TECHNETIUM TC-99M AEROSOL	BR	
			A9568		TECHNETIUM TC99M ARCITUMOMAB	BR	
			A9569		TECHNETIUM TC-99M AUTO WBC	BR	
			A9570		INDIUM IN-111 AUTO WBC	BR	
			A9571		INDIUM IN-111 AUTO PLATELET	BR	
			A9572		INDIUM IN-111 PENTETREOTIDE	BR	
			A9575		INJ GADOTERATE MEGLUMI 0.1ML	0.00	
			A9576		INJ PROHANCE MULTIPACK	1.82	
			A9577		INJ MULTIHANCE	2.37	
			A9578		INJ MULTIHANCE MULTIPACK	2.22	

C	D	E	Code	Mod	Description	Amount	APC Amount
			A9579		GAD-BASE MR CONTRAST NOS,1ML	2.09	
			A9580		SODIUM FLUORIDE F-18	BR	
			A9581		GADOXETATE DISODIUM INJ	15.50	
			A9582		IODINE I-123 IOBENGUANE	0.00	
			A9583		GADOFOSVESET TRISODIUM INJ	35.64	
			A9584		IODINE I-123 IOFLUPANE	BR	
			A9585		GADOBUTROL INJECTION	0.43	
			A9586		FLORBETAPIR F18	BR	4300.96
			A9587		GALLIUM GA-68	125.34	94.77
			A9588		FLUCICLOVINE F-18	460.72	553.16
			A9589		INSTI HEXAMINOLEVULINATE HCL	BR	
			A9597		PET, DX, FOR TUMOR ID, NOC	BR	
			A9598		PET DX FOR NON-TUMOR ID, NOC	BR	
			A9600		SR89 STRONTIUM	475.92	2123.84
			A9604		SM 153 LEXIDRONAM	4457.22	20803.31
			A9606		RADIUM RA223 DICHLORIDE THER	0.00	194.11
			A9698		NON-RAD CONTRAST MATERIALNOC	BR	
			A9699		RADIOPHARM RX AGENT NOC	BR	
			A9700		ECHOCARDIOGRAPHY CONTRAST	BR	
			A9900		SUPPLY/ACCESSORY/SERVICE	BR	
			A9901		DELIVERY/SET UP/DISPENSING	BR	
			A9999		DME SUPPLY OR ACCESSORY, NOS	BR	
			B4034		ENTER FEED SUPKIT SYR BY DAY	5.41	
			B4035		ENTERAL FEED SUPP PUMP PER D	10.00	
			B4036		ENTERAL FEED SUP KIT GRAV BY	7.19	
			B4081		ENTERAL NG TUBING W/ STYLET	21.89	
			B4082		ENTERAL NG TUBING W/O STYLET	16.02	
			B4083		ENTERAL STOMACH TUBE LEVINE	2.43	
			B4087		GASTRO/JEJUNO TUBE, STD	37.03	
			B4088		GASTRO/JEJUNO TUBE, LOW-PRO	39.78	
			B4100		FOOD THICKENER ORAL	BR	
			B4102		EF ADULT FLUIDS AND ELECTRO	BR	
			B4103		EF PED FLUID AND ELECTROLYTE	BR	
			B4104		ADDITIVE FOR ENTERAL FORMULA	BR	
			B4105		ENZYME CARTRIDGE ENTERAL NUT	BR	
			B4149		EF BLENDERIZED FOODS	1.53	
			B4150		EF COMPLET W/INTACT NUTRIENT	0.63	
			B4152		EF CALORIE DENSE>/=1.5KCAL	0.52	
			B4153		EF HYDROLYZED/AMINO ACIDS	1.84	
			B4154		EF SPEC METABOLIC NONINHERIT	1.11	
			B4155		EF INCOMPLETE/MODULAR	0.99	
			B4157		EF SPECIAL METABOLIC INHERIT	BR	
			B4158		EF PED COMPLETE INTACT NUT	BR	
			B4159		EF PED COMPLETE SOY BASED	BR	
			B4160		EF PED CALORIC DENSE>/=0.7KC	BR	
			B4161		EF PED HYDROLYZED/AMINO ACID	BR	
			B4162		EF PED SPECMETABOLIC INHERIT	BR	
			B4164		PARENTERAL 50% DEXTROSE SOLU	22.35	
			B4168		PARENTERAL SOL AMINO ACID 3.	32.59	
			B4172		PARENTERAL SOL AMINO ACID 5.	131.78	

C	D	E	Code	Mod	Description	Amount	APC Amount
			B4176		PARENTERAL SOL AMINO ACID 7-	63.05	
			B4178		PARENTERAL SOL AMINO ACID >	75.67	
			B4180		PARENTERAL SOL CARB > 50%	32.09	
			B4185		PARENTERAL SOL 10 GM LIPIDS	14.77	
			B4189		PARENTERAL SOL AMINO ACID &	233.78	
			B4193		PARENTERAL SOL 52-73 GM PROT	302.07	
			B4197		PARENTERAL SOL 74-100 GM PRO	367.77	
			B4199		PARENTERAL SOL > 100GM PROTE	420.23	
			B4216		PARENTERAL NUTRITION ADDITIV	10.15	
			B4220		PARENTERAL SUPPLY KIT PREMIX	10.53	
			B4222		PARENTERAL SUPPLY KIT HOMEMI	12.99	
			B4224		PARENTERAL ADMINISTRATION KI	32.88	
			B5000		PARENTERAL SOL RENAL-AMIROSY	15.64	
			B5100		PARENTERAL SOLUTION HEPATIC	6.11	
			B5200		PARENTERAL SOL HEPATIC FREAM	BR	
			B9002	NU	ENTER NUTR INF PUMP ANY TYPE	1089.51	
			B9004	NU	PARENTERAL INFUS PUMP PORTAB	3318.43	
			B9006	NU	PARENTERAL INFUS PUMP STATIO	3318.43	
			B9998		ENTERAL SUPP NOT OTHERWISE C	BR	
			B9999		PARENTERAL SUPP NOT OTHRWS C	BR	
			C1713		ANCHOR/SCREW BN/BN,TIS/BN	0.00	
			C1714		CATH, TRANS ATHERECTOMY, DIR	0.00	
			C1715		BRACHYTHERAPY NEEDLE	0.00	
			C1716		BRACHYTX, NON-STR, GOLD-198	0.00	122.53
			C1717		BRACHYTX, NON-STR,HDR IR-192	0.00	412.91
			C1719		BRACHYTX, NS, NON-HDRIR-192	0.00	120.59
			C1721		AICD, DUAL CHAMBER	0.00	
			C1722		AICD, SINGLE CHAMBER	0.00	
			C1724		CATH, TRANS ATHEREC,ROTATION	0.00	
			C1725		CATH, TRANSLUMIN NON-LASER	0.00	
			C1726		CATH, BAL DIL, NON-VASCULAR	0.00	
			C1727		CATH, BAL TIS DIS, NON-VAS	0.00	
			C1728		CATH, BRACHYTX SEED ADM	0.00	
			C1729		CATH, DRAINAGE	0.00	
			C1730		CATH, EP, 19 OR FEW ELECT	0.00	
			C1731		CATH, EP, 20 OR MORE ELEC	0.00	
			C1732		CATH, EP, DIAG/ABL, 3D/VECT	0.00	
			C1733		CATH, EP, OTHR THAN COOL-TIP	0.00	
			C1749		ENDO, COLON, RETRO IMAGING	0.00	
			C1750		CATH, HEMODIALYSIS,LONG-TERM	0.00	
			C1751		CATH, INF, PER/CENT/MIDLINE	0.00	
			C1752		CATH,HEMODIALYSIS,SHORT-TERM	0.00	
			C1753		CATH, INTRAVAS ULTRASOUND	0.00	
			C1754		CATHETER, INTRADISCAL	0.00	
			C1755		CATHETER, INTRASPINAL	0.00	
			C1756		CATH, PACING, TRANSESOPH	0.00	
			C1757		CATH, THROMBECTOMY/EMBOLECT	0.00	
			C1758		CATHETER, URETERAL	0.00	
			C1759		CATH, INTRA ECHOCARDIOGRAPHY	0.00	
			C1760		CLOSURE DEV, VASC	0.00	

C	D	E	Code	Mod	Description	Amount	APC Amount
			C1762		CONN TISS, HUMAN(INC FASCIA)	0.00	
			C1763		CONN TISS, NON-HUMAN	0.00	
			C1764		EVENT RECORDER, CARDIAC	0.00	
			C1765		ADHESION BARRIER	0.00	
			C1766		INTRO/SHEATH,STRBLE,NON-PEEL	0.00	
			C1767		GENERATOR, NEURO NON-RECHARG	0.00	
			C1768		GRAFT, VASCULAR	0.00	
			C1769		GUIDE WIRE	0.00	
			C1770		IMAGING COIL, MR, INSERTABLE	0.00	
			C1771		REP DEV, URINARY, W/SLING	0.00	
			C1772		INFUSION PUMP, PROGRAMMABLE	0.00	
			C1773		RET DEV, INSERTABLE	0.00	
			C1776		JOINT DEVICE (IMPLANTABLE)	0.00	
			C1777		LEAD, AICD, ENDO SINGLE COIL	0.00	
			C1778		LEAD, NEUROSTIMULATOR	0.00	
			C1779		LEAD, PMKR, TRANSVENOUS VDD	0.00	
			C1780		LENS, INTRAOCULAR (NEW TECH)	0.00	
			C1781		MESH (IMPLANTABLE)	0.00	
			C1782		MORCELLATOR	0.00	
			C1783		OCULAR IMP, AQUEOUS DRAIN DE	0.00	
			C1784		OCULAR DEV, INTRAOP, DET RET	0.00	
			C1785		PMKR, DUAL, RATE-RESP	0.00	
			C1786		PMKR, SINGLE, RATE-RESP	0.00	
			C1787		PATIENT PROGR, NEUROSTIM	0.00	
			C1788		PORT, INDWELLING, IMP	0.00	
			C1789		PROSTHESIS, BREAST, IMP	0.00	
			C1813		PROSTHESIS, PENILE, INFLATAB	0.00	
			C1814		RETINAL TAMP, SILICONE OIL	0.00	
			C1815		PROS, URINARY SPH, IMP	0.00	
			C1816		RECEIVER/TRANSMITTER, NEURO	0.00	
			C1817		SEPTAL DEFECT IMP SYS	0.00	
			C1818		INTEGRATED KERATOPROSTHESIS	0.00	
			C1819		TISSUE LOCALIZATION-EXCISION	0.00	
			C1820		GENERATOR NEURO RECHG BAT SY	0.00	
			C1821		INTERSPINOUS IMPLANT	0.00	
			C1822		GEN, NEURO, HF, RECHG BAT	BR	
			C1823		GEN, NEURO, TRANS SEN/STIM	BR	
			C1830		POWER BONE MARROW BX NEEDLE	0.00	
			C1840		TELESCOPIC INTRAOCULAR LENS	0.00	
			C1841		RETINAL PROSTH INT/EXT COMP	BR	
			C1842		RETINAL PROSTH, ADD-ON	BR	
			C1874		STENT, COATED/COV W/DEL SYS	0.00	
			C1875		STENT, COATED/COV W/O DEL SY	0.00	
			C1876		STENT, NON-COA/NON-COV W/DEL	0.00	
			C1877		STENT, NON-COAT/COV W/O DEL	0.00	
			C1878		MATRL FOR VOCAL CORD	0.00	
			C1880		VENA CAVA FILTER	0.00	
			C1881		DIALYSIS ACCESS SYSTEM	0.00	
			C1882		AICD, OTHER THAN SING/DUAL	0.00	
			C1883		ADAPT/EXT, PACING/NEURO LEAD	0.00	

C	D	E	Code	Mod	Description	Amount	APC Amount
			C1884		EMBOLIZATION PROTECT SYST	0.00	
			C1885		CATH, TRANSLUMIN ANGIO LASER	0.00	
			C1886		CATHETER, ABLATION	0.00	
			C1887		CATHETER, GUIDING	0.00	
			C1888		ENDOVAS NON-CARDIAC ABL CATH	0.00	
			C1889		IMPLANT/INSERT DEVICE, NOC	BR	
			C1890		NO DEVICE W/DEV-INTENSIVE PX	BR	
			C1891		INFUSION PUMP,NON-PROG, PERM	0.00	
			C1892		INTRO/SHEATH,FIXED,PEEL-AWAY	0.00	
			C1893		INTRO/SHEATH, FIXED,NON-PEEL	0.00	
			C1894		INTRO/SHEATH, NON-LASER	0.00	
			C1895		LEAD, AICD, ENDO DUAL COIL	0.00	
			C1896		LEAD, AICD, NON SING/DUAL	0.00	
			C1897		LEAD, NEUROSTIM TEST KIT	0.00	
			C1898		LEAD, PMKR, OTHER THAN TRANS	0.00	
			C1899		LEAD, PMKR/AICD COMBINATION	0.00	
			C1900		LEAD, CORONARY VENOUS	0.00	
			C2613		LUNG BX PLUG W/DEL SYS	BR	
			C2614		PROBE, PERC LUMB DISC	0.00	
			C2615		SEALANT, PULMONARY, LIQUID	0.00	
			C2616		BRACHYTX, NON-STR,YTTRIUM-90	0.00	23608.75
			C2617		STENT, NON-COR, TEM W/O DEL	0.00	
			C2618		PROBE/NEEDLE, CRYO	0.00	
			C2619		PMKR, DUAL, NON RATE-RESP	0.00	
			C2620		PMKR, SINGLE, NON RATE-RESP	0.00	
			C2621		PMKR, OTHER THAN SING/DUAL	0.00	
			C2622		PROSTHESIS, PENILE, NON-INF	0.00	
			C2623		CATH, TRANSLUMIN, DRUG-COAT	BR	
			C2624		WIRELESS PRESSURE SENSOR	BR	
			C2625		STENT, NON-COR, TEM W/DEL SY	0.00	
			C2626		INFUSION PUMP, NON-PROG,TEMP	0.00	
			C2627		CATH, SUPRAPUBIC/CYSTOSCOPIC	0.00	
			C2628		CATHETER, OCCLUSION	0.00	
			C2629		INTRO/SHEATH, LASER	0.00	
			C2630		CATH, EP, COOL-TIP	0.00	
			C2631		REP DEV, URINARY, W/O SLING	0.00	
			C2634		BRACHYTX, NON-STR, HA, I-125	0.00	196.80
			C2635		BRACHYTX, NON-STR, HA, P-103	0.00	38.51
			C2636		BRACHY LINEAR, NON-STR,P-103	0.00	70.05
			C2637		BRACHY,NON-STR,YTTERBIUM-169	0.00	
			C2638		BRACHYTX, STRANDED, I-125	0.00	51.69
			C2639		BRACHYTX, NON-STRANDED,I-125	0.00	49.71
			C2640		BRACHYTX, STRANDED, P-103	0.00	106.03
			C2641		BRACHYTX, NON-STRANDED,P-103	0.00	85.38
			C2642		BRACHYTX, STRANDED, C-131	0.00	113.51
			C2643		BRACHYTX, NON-STRANDED,C-131	0.00	111.27
			C2644		BRACHYTX CESIUM-131 CHLORIDE	BR	17.79
			C2645		BRACHYTX PLANAR, P-103	BR	6.66
			C2698		BRACHYTX, STRANDED, NOS	0.00	51.69
			C2699		BRACHYTX, NON-STRANDED, NOS	0.00	38.51

C	D	E	Code	Mod	Description	Amount	APC Amount
			C5271		LOW COST SKIN SUBSTITUTE APP	BR	685.70
			C5272		LOW COST SKIN SUBSTITUTE APP	BR	
			C5273		LOW COST SKIN SUBSTITUTE APP	BR	2199.52
			C5274		LOW COST SKIN SUBSTITUTE APP	BR	
			C5275		LOW COST SKIN SUBSTITUTE APP	BR	685.70
			C5276		LOW COST SKIN SUBSTITUTE APP	BR	
			C5277		LOW COST SKIN SUBSTITUTE APP	BR	685.70
			C5278		LOW COST SKIN SUBSTITUTE APP	BR	
			C8900		MRA W/CONT, ABD	0.00	547.95
			C8901		MRA W/O CONT, ABD	0.00	327.40
			C8902		MRA W/O FOL W/CONT, ABD	0.00	547.95
			C8903		MRI W/CONT, BREAST, UNI	0.00	286.47
			C8905		MRI W/O FOL W/CONT, BRST, UN	0.00	547.95
			C8906		MRI W/CONT, BREAST, BI	0.00	547.95
			C8908		MRI W/O FOL W/CONT, BREAST,	0.00	547.95
			C8909		MRA W/CONT, CHEST	0.00	547.95
			C8910		MRA W/O CONT, CHEST	0.00	327.40
			C8911		MRA W/O FOL W/CONT, CHEST	0.00	547.95
			C8912		MRA W/CONT, LWR EXT	0.00	547.95
			C8913		MRA W/O CONT, LWR EXT	0.00	327.40
			C8914		MRA W/O FOL W/CONT, LWR EXT	0.00	547.95
			C8918		MRA W/CONT, PELVIS	0.00	547.95
			C8919		MRA W/O CONT, PELVIS	0.00	327.40
			C8920		MRA W/O FOL W/CONT, PELVIS	0.00	547.95
			C8921		TTE W OR W/O FOL W/CONT, COM	0.00	982.29
			C8922		TTE W OR W/O FOL W/CONT, F/U	0.00	982.29
			C8923		2D TTE W OR W/O FOL W/CON,CO	0.00	982.29
			C8924		2D TTE W OR W/O FOL W/CON,FU	0.00	547.95
			C8925		2D TEE W OR W/O FOL W/CON,IN	0.00	982.29
			C8926		TEE W OR W/O FOL W/CONT,CONG	0.00	982.29
			C8927		TEE W OR W/O FOL W/CONT, MON	0.00	982.29
			C8928		TTE W OR W/O FOL W/CON,STRES	0.00	982.29
			C8929		TTE W OR WO FOL WCON,DOPPLER	0.00	982.29
			C8930		TTE W OR W/O CONTR, CONT ECG	0.00	982.29
			C8931		MRA, W/DYE, SPINAL CANAL	0.00	547.95
			C8932		MRA, W/O DYE, SPINAL CANAL	0.00	327.40
			C8933		MRA, W/O&W/DYE, SPINAL CANAL	0.00	547.95
			C8934		MRA, W/DYE, UPPER EXTREMITY	0.00	547.95
			C8935		MRA, W/O DYE, UPPER EXTR	0.00	327.40
			C8936		MRA, W/O&W/DYE, UPPER EXTR	0.00	547.95
			C8937		CAD BREAST MRI	BR	
			C8957		PROLONGED IV INF, REQ PUMP	0.00	409.50
			C9035		INJECTION, ARISTADA INITIO	BR	4.05
			C9036		INJECTION, PATISIRAN	BR	138.95
			C9037		INJECTION, RISPERIDONE	BR	13.89
			C9038		INJ MOGAMULIZUMAB-KPKC	BR	277.16
			C9039		INJECTION, PLAZOMICIN	BR	4.61
			C9113		INJ PANTOPRAZOLE SODIUM, VIA	0.00	
			C9132		KCENTRA, PER I.U.	BR	2.75
			C9248		INJ, CLEVIDIPINE BUTYRATE	0.00	3.95

C	D	E	Code	Mod	Description	Amount	APC Amount
			C9250		ARTISS FIBRIN SEALANT	0.00	222.72
			C9254		INJECTION, LACOSAMIDE	0.00	
			C9257		BEVACIZUMAB INJECTION	0.00	2.88
			C9285		PATCH, LIDOCAINE/TETRACAINE	0.00	
			C9290		INJ, BUPIVACAINE LIPOSOME	0.00	
			C9293		INJECTION, GLUCARPIDASE	0.00	444.74
			C9352		NEURAGEN NERVE GUIDE, PER CM	0.00	
			C9353		NEURAWRAP NERVE PROTECTOR,CM	0.00	
			C9354		VERITAS COLLAGEN MATRIX, CM2	0.00	
			C9355		NEUROMATRIX NERVE CUFF, CM	0.00	
			C9356		TENOGLIDE TENDON PROT, CM2	0.00	
			C9358		SURGIMEND, FETAL	0.00	
			C9359		IMPLNT,BON VOID FILLER-PUTTY	0.00	
			C9360		SURGIMEND, NEONATAL	0.00	
			C9361		NEUROMEND NERVE WRAP	0.00	
			C9362		IMPLNT,BON VOID FILLER-STRIP	0.00	
			C9363		INTEGRA MESHED BIL WOUND MAT	0.00	
			C9364		PORCINE IMPLANT, PERMACOL	0.00	
			C9399		UNCLASSIFIED DRUGS OR BIOLOG	0.00	
			C9407		IODINE I-131 IOBENGUANE, DX	BR	441.71
			C9408		IODINE I-131 IOBENGUANE, TX	BR	441.71
			C9447		INJ, PHENYLEPHRINE KETOROLAC	0.00	672.01
			C9460		INJECTION, CANGRELOR	0.00	21.95
			C9462		INJECTION, DELAFLOXACIN	BR	0.64
			C9482		SOTALOL HYDROCHLORIDE IV	BR	14.18
			C9488		CONIVAPTAN HCL	BR	45.54
		J1	C9600		PERC DRUG-EL COR STENT SING	0.00	17440.05
			C9601		PERC DRUG-EL COR STENT BRAN	0.00	
		J1	C9602		PERC D-E COR STENT ATHER S	0.00	26888.04
			C9603		PERC D-E COR STENT ATHER BR	0.00	
		J1	C9604		PERC D-E COR REVASC T CABG S	0.00	17440.05
			C9605		PERC D-E COR REVASC T CABG B	0.00	
			C9606		PERC D-E COR REVASC W AMI S	0.00	20948.17
		J1	C9607		PERC D-E COR REVASC CHRO SIN	0.00	26888.04
			C9608		PERC D-E COR REVASC CHRO ADD	0.00	
			C9725		PLACE ENDORECTAL APP	0.00	1057.74
			C9726		RXT BREAST APPL PLACE/REMOV	0.00	
		J1	C9727		INSERT PALATE IMPLANTS	0.00	2543.11
			C9728		PLACE DEVICE/MARKER, NON PRO	0.00	1692.53
			C9733		NON-OPHTHALMIC FVA	0.00	547.95
		J1	C9734		U/S TRTMT, NOT LEIOMYOMATA	0.00	19120.53
			C9738		BLUE LIGHT CYSTO IMAG AGENT	BR	
		J1	C9739		CYSTOSCOPY PROSTATIC IMP 1-3	BR	7926.90
		J1	C9740		CYSTO IMPL 4 OR MORE	BR	13305.84
		J1	C9745		NASAL ENDO EUSTACHIAN TUBE	BR	8765.29
		J1	C9746		TRANS IMP BALLOON CONT	BR	26963.98
		J1	C9747		ABLATION, HIFU, PROSTATE	BR	7926.90
		J1	C9749		REPAIR NASAL STENOSIS W/IMP	BR	8765.29
			C9751		MICROWAVE BRONCH, 3D, EBUS	BR	11715.71
		J1	C9752		INTRAOSSEOUS DES LUMB/SACRUM	BR	19120.53

C	D	E	Code	Mod	Description	Amount	APC Amount
			C9753		INTRAOSSEOUS DESTRUCT ADD'L	BR	
		J1	C9754		PERC AV FISTULA, DIRECT	BR	17440.05
		J1	C9755		RF MAGNETIC-GUIDE AV FISTULA	BR	17440.05
			C9898		INPNT STAY RADIOLABELED ITEM	0.00	
			C9899		INPT IMPLANT PROS DEV,NO COV	0.00	
			E0100	NU	CANE ADJUST/FIXED WITH TIP	20.63	
			E0105	NU	CANE ADJUST/FIXED QUAD/3 PRO	56.55	
			E0110	NU	CRUTCH FOREARM PAIR	84.68	
			E0111	NU	CRUTCH FOREARM EACH	52.11	
			E0112	NU	CRUTCH UNDERARM PAIR WOOD	42.61	
			E0113	NU	CRUTCH UNDERARM EACH WOOD	24.34	
			E0114	NU	CRUTCH UNDERARM PAIR NO WOOD	54.34	
			E0116	NU	CRUTCH UNDERARM EACH NO WOOD	30.31	
			E0117	NU	UNDERARM SPRINGASSIST CRUTCH	303.28	
			E0118		CRUTCH SUBSTITUTE	1138.46	
			E0130	NU	WALKER RIGID ADJUST/FIXED HT	53.97	
			E0135	NU	WALKER FOLDING ADJUST/FIXED	59.65	
			E0140	NU	WALKER W TRUNK SUPPORT	317.61	
			E0141	NU	RIGID WHEELED WALKER ADJ/FIX	82.50	
			E0143	NU	WALKER FOLDING WHEELED W/O S	79.65	
			E0144	NU	ENCLOSED WALKER W REAR SEAT	956.71	
			E0147	NU	WALKER VARIABLE WHEEL RESIST	502.73	
			E0148	NU	HEAVYDUTY WALKER NO WHEELS	107.14	
			E0149	NU	HEAVY DUTY WHEELED WALKER	275.31	
			E0153	NU	FOREARM CRUTCH PLATFORM ATTA	79.90	
			E0154	NU	WALKER PLATFORM ATTACHMENT	61.10	
			E0155	NU	WALKER WHEEL ATTACHMENT,PAIR	24.44	
			E0156	NU	WALKER SEAT ATTACHMENT	21.50	
			E0157	NU	WALKER CRUTCH ATTACHMENT	64.45	
			E0158	NU	WALKER LEG EXTENDERS SET OF4	25.09	
			E0159	NU	BRAKE FOR WHEELED WALKER	16.69	
			E0160	NU	SITZ TYPE BATH OR EQUIPMENT	34.43	
			E0161	NU	SITZ BATH/EQUIPMENT W/FAUCET	28.28	
			E0162	NU	SITZ BATH CHAIR	167.76	
			E0163	NU	COMMODE CHAIR WITH FIXED ARM	85.46	
			E0165	NU	COMMODE CHAIR WITH DETACHARM	256.99	
			E0167	NU	COMMODE CHAIR PAIL OR PAN	12.69	
			E0168	NU	HEAVYDUTY/WIDE COMMODE CHAIR	149.31	
			E0170	RR	COMMODE CHAIR ELECTRIC	179.60	
			E0171	RR	COMMODE CHAIR NON-ELECTRIC	32.99	
			E0172		SEAT LIFT MECHANISM TOILET	0.00	
			E0175	NU	COMMODE CHAIR FOOT REST	76.26	
			E0181	NU	PRESS PAD ALTERNATING W/ PUM	370.73	
			E0182	NU	REPLACE PUMP, ALT PRESS PAD	370.73	
			E0184	NU	DRY PRESSURE MATTRESS	197.90	
			E0185	NU	GEL PRESSURE MATTRESS PAD	246.91	
			E0186	NU	AIR PRESSURE MATTRESS	196.58	
			E0187	NU	WATER PRESSURE MATTRESS	215.01	
			E0188	NU	SYNTHETIC SHEEPSKIN PAD	28.36	
			E0189	NU	LAMBSWOOL SHEEPSKIN PAD	50.86	

C	D	E	Code	Mod	Description	Amount	APC Amount
			E0190	NU	POSITIONING CUSHION	79.80	
			E0191	NU	PROTECTOR HEEL OR ELBOW	11.06	
			E0193	RR	POWERED AIR FLOTATION BED	751.33	
			E0194	NU	AIR FLUIDIZED BED	42347.42	
			E0196	NU	GEL PRESSURE MATTRESS	529.54	
			E0197	NU	AIR PRESSURE PAD FOR MATTRES	431.14	
			E0198	NU	WATER PRESSURE PAD FOR MATTR	234.34	
			E0199	NU	DRY PRESSURE PAD FOR MATTRES	31.38	
			E0200	NU	HEAT LAMP WITHOUT STAND	77.59	
			E0202	RR	PHOTOTHERAPY LIGHT W/ PHOTOM	72.09	
			E0203		THERAPEUTIC LIGHTBOX TABLETP	BR	
			E0205	NU	HEAT LAMP WITH STAND	189.92	
			E0210	NU	ELECTRIC HEAT PAD STANDARD	32.21	
			E0215	NU	ELECTRIC HEAT PAD MOIST	69.33	
			E0217	NU	WATER CIRC HEAT PAD W PUMP	568.51	
			E0218	NU	FLUID CIRC COLD PAD W PUMP	1895.41	
			E0221		INFRARED HEATING PAD SYSTEM	0.00	
			E0225	NU	HYDROCOLLATOR UNIT	447.48	
			E0231		WOUND WARMING DEVICE	BR	
			E0232		WARMING CARD FOR NWT	BR	
			E0235	NU	PARAFFIN BATH UNIT PORTABLE	814.80	
			E0236	NU	PUMP FOR WATER CIRCULATING P	4298.82	
			E0239	NU	HYDROCOLLATOR UNIT PORTABLE	517.92	
			E0240	NU	BATH/SHOWER CHAIR	103.72	
			E0241		BATH TUB WALL RAIL	73.00	
			E0242		BATH TUB RAIL FLOOR	55.16	
			E0243		TOILET RAIL	74.19	
			E0244		TOILET SEAT RAISED	66.51	
			E0245		TUB STOOL OR BENCH	74.49	
			E0246		TRANSFER TUB RAIL ATTACHMENT	77.30	
			E0247	NU	TRANS BENCH W/WO COMM OPEN	129.81	
			E0248	NU	HDTRANS BENCH W/WO COMM OPEN	186.01	
			E0249	NU	PAD WATER CIRCULATING HEAT U	97.49	
			E0250	NU	HOSP BED FIXED HT W/ MATTRES	1849.69	
			E0251	NU	HOSP BED FIXD HT W/O MATTRES	1852.78	
			E0255	NU	HOSPITAL BED VAR HT W/ MATTR	1606.51	
			E0256	NU	HOSPITAL BED VAR HT W/O MATT	787.51	
			E0260	NU	HOSP BED SEMI-ELECTR W/ MATT	1852.89	
			E0261	NU	HOSP BED SEMI-ELECTR W/O MAT	1694.19	
			E0265	NU	HOSP BED TOTAL ELECTR W/ MAT	2065.00	
			E0266	NU	HOSP BED TOTAL ELEC W/O MATT	1834.67	
			E0270	NU	HOSPITAL BED INSTITUTIONAL T	0.00	
			E0271	NU	MATTRESS INNERSPRING	159.61	
			E0272	NU	MATTRESS FOAM RUBBER	160.18	
			E0273	NU	BED BOARD	26.57	
			E0274	NU	OVER-BED TABLE	370.51	
			E0275	NU	BED PAN STANDARD	16.26	
			E0276	NU	BED PAN FRACTURE	14.06	
			E0277	NU	POWERED PRES-REDU AIR MATTRS	7846.78	
			E0280	NU	BED CRADLE	32.23	

C	D	E	Code	Mod	Description	Amount	APC Amount
			E0290	NU	HOSP BED FX HT W/O RAILS W/M	791.38	
			E0291	NU	HOSP BED FX HT W/O RAIL W/O	635.11	
			E0292	NU	HOSP BED VAR HT NO SR W/MATT	671.60	
			E0293	NU	HOSP BED VAR HT NO SR NO MAT	571.35	
			E0294	NU	HOSP BED SEMI-ELECT W/ MATTR	1429.04	
			E0295	NU	HOSP BED SEMI-ELECT W/O MATT	1146.21	
			E0296	NU	HOSP BED TOTAL ELECT W/ MATT	1384.20	
			E0297	NU	HOSP BED TOTAL ELECT W/O MAT	5006.93	
			E0300	NU	ENCLOSED PED CRIB HOSP GRADE	2268.47	
			E0301	NU	HD HOSP BED, 350-600 LBS	3177.45	
			E0302	NU	EX HD HOSP BED > 600 LBS	21286.79	
			E0303	NU	HOSP BED HVY DTY XTRA WIDE	3473.75	
			E0304	NU	HOSP BED XTRA HVY DTY X WIDE	8938.55	
			E0305	NU	RAILS BED SIDE HALF LENGTH	201.21	
			E0310	NU	RAILS BED SIDE FULL LENGTH	146.55	
			E0315		BED ACCESSORY BRD/TBL/SUPPRT	BR	
			E0316	NU	BED SAFETY ENCLOSURE	4107.67	
			E0325	NU	URINAL MALE JUG-TYPE	10.69	
			E0326	NU	URINAL FEMALE JUG-TYPE	11.25	
			E0328		PED HOSPITAL BED, MANUAL	BR	
			E0329		PED HOSPITAL BED SEMI/ELECT	BR	
			E0350	NU	CONTROL UNIT BOWEL SYSTEM	BR	
			E0352		DISPOSABLE PACK W/BOWEL SYST	BR	
			E0370		AIR ELEVATOR FOR HEEL	BR	
			E0371	RR	NONPOWER MATTRESS OVERLAY	300.22	
			E0372	RR	POWERED AIR MATTRESS OVERLAY	342.51	
			E0373	RR	NONPOWERED PRESSURE MATTRESS	377.40	
			E0424	RR	STATIONARY COMPRESSED GAS 02	134.71	
			E0425		GAS SYSTEM STATIONARY COMPRE	30.46	
			E0430		OXYGEN SYSTEM GAS PORTABLE	3.06	
			E0431	RR	PORTABLE GASEOUS 02	67.36	
			E0433	RR	PORTABLE LIQUID OXYGEN SYS	67.36	
			E0434	RR	PORTABLE LIQUID 02	67.36	
			E0435		OXYGEN SYSTEM LIQUID PORTABL	BR	
			E0439	RR	STATIONARY LIQUID 02	134.71	
			E0440		OXYGEN SYSTEM LIQUID STATION	14.97	
			E0441		STATIONARY O2 CONTENTS, GAS	64.20	
			E0442		STATIONARY O2 CONTENTS, LIQ	64.20	
			E0443		PORTABLE 02 CONTENTS, GAS	61.69	
			E0444		PORTABLE 02 CONTENTS, LIQUID	61.69	
			E0445		OXIMETER NON-INVASIVE	BR	
			E0446		TOPICAL OX DELIVER SYS, NOS	BR	
			E0447		PORT O2 CONT, LIQ OVER 4 LPM	92.54	
			E0455	NU	OXYGEN TENT EXCL CROUP/PED T	1694.08	
			E0457	NU	CHEST SHELL	569.74	
			E0459	NU	CHEST WRAP	471.89	
			E0462	NU	ROCKING BED W/ OR W/O SIDE R	3079.39	
			E0465	RR	HOME VENT INVASIVE INTERFACE	934.17	
			E0466	RR	HOME VENT NON-INVASIVE INTER	934.17	
			E0467	RR	HOME VENT MULTI-FUNCTION	1122.96	

C	D	E	Code	Mod	Description	Amount	APC Amount
			E0470	NU	RAD W/O BACKUP NON-INV INTFC	3229.03	
			E0471	NU	RAD W/BACKUP NON INV INTRFC	7516.14	
			E0472	NU	RAD W BACKUP INVASIVE INTRFC	6799.63	
			E0480	NU	PERCUSSOR ELECT/PNEUM HOME M	734.18	
			E0481		INTRPULMNRY PERCUSS VENT SYS	BR	
			E0482	RR	COUGH STIMULATING DEVICE	443.68	
			E0483	NU	HI FREQ CHEST WALL OSCIL SYS	15763.14	
			E0484	NU	NON-ELEC OSCILLATORY PEP DVC	42.53	
			E0485	NU	ORAL DEVICE/APPLIANCE PREFAB	212.65	
			E0486	NU	ORAL DEVICE/APPLIANCE CUSFAB	6917.19	
			E0487	NU	ELECTRONIC SPIROMETER	0.00	
			E0500	NU	IPPB ALL TYPES	1651.45	
			E0550	NU	HUMIDIF EXTENS SUPPLE W IPPB	847.05	
			E0555	NU	HUMIDIFIER FOR USE W/ REGULA	6.58	
			E0560	NU	HUMIDIFIER SUPPLEMENTAL W/ I	168.59	
			E0561	NU	HUMIDIFIER NONHEATED W PAP	92.05	
			E0562	NU	HUMIDIFIER HEATED USED W PAP	223.90	
			E0565	NU	COMPRESSOR AIR POWER SOURCE	899.94	
			E0570	NU	NEBULIZER WITH COMPRESSION	341.14	
			E0572	NU	AEROSOL COMPRESSOR ADJUST PR	340.81	
			E0574	NU	ULTRASONIC GENERATOR W SVNEB	1373.38	
			E0575	NU	NEBULIZER ULTRASONIC	479.28	
			E0580	NU	NEBULIZER FOR USE W/ REGULAT	131.71	
			E0585	NU	NEBULIZER W/ COMPRESSOR & HE	1070.13	
			E0600	NU	SUCTION PUMP PORTAB HOM MODL	794.14	
			E0601	NU	CONT AIRWAY PRESSURE DEVICE	1482.38	
			E0602	NU	MANUAL BREAST PUMP	33.98	
			E0603	NU	ELECTRIC BREAST PUMP	319.24	
			E0604	NU	HOSP GRADE ELEC BREAST PUMP	952.62	
			E0605	NU	VAPORIZER ROOM TYPE	30.42	
			E0606	NU	DRAINAGE BOARD POSTURAL	242.39	
			E0607	NU	BLOOD GLUCOSE MONITOR HOME	76.93	
			E0610	NU	PACEMAKER MONITR AUDIBLE/VIS	273.86	
			E0615	NU	PACEMAKER MONITR DIGITAL/VIS	551.28	
			E0616		CARDIAC EVENT RECORDER	BR	
			E0617	RR	AUTOMATIC EXT DEFIBRILLATOR	388.68	
			E0618	RR	APNEA MONITOR	322.81	
			E0619	RR	APNEA MONITOR W RECORDER	0.00	
			E0620	NU	CAP BLD SKIN PIERCING LASER	923.66	
			E0621	NU	PATIENT LIFT SLING OR SEAT	99.89	
			E0625	NU	PATIENT LIFT BATHROOM OR TOI	0.00	
			E0627	NU	SEAT LIFT MECH, ELECTRIC ANY	330.47	
			E0629	NU	SEAT LIFT MECH, NON-ELECTRIC	328.89	
			E0630	NU	PATIENT LIFT HYDRAULIC	1324.78	
			E0635	NU	PATIENT LIFT ELECTRIC	2301.15	
			E0636	NU	PT SUPPORT & POSITIONING SYS	9777.31	
			E0637	NU	COMBINATION SIT TO STAND SYS	4384.85	
			E0638	NU	STANDING FRAME SYS	3010.84	
			E0639	RR	MOVEABLE PATIENT LIFT SYSTEM	128.44	
			E0640	RR	FIXED PATIENT LIFT SYSTEM	128.44	

C	D	E	Code	Mod	Description	Amount	APC Amount
			E0641		MULTI-POSITION STND FRAM SYS	BR	
			E0642		DYNAMIC STANDING FRAME	BR	
			E0650	NU	PNEUMA COMPRESOR NON-SEGMENT	704.85	
			E0651	NU	PNEUM COMPRESSOR SEGMENTAL	1057.44	
			E0652	NU	PNEUM COMPRES W/CAL PRESSURE	5188.38	
			E0655	NU	PNEUMATIC APPLIANCE HALF ARM	105.63	
			E0656	NU	SEGMENTAL PNEUMATIC TRUNK	670.49	
			E0657	NU	SEGMENTAL PNEUMATIC CHEST	868.05	
			E0660	NU	PNEUMATIC APPLIANCE FULL LEG	183.94	
			E0665	NU	PNEUMATIC APPLIANCE FULL ARM	134.08	
			E0666	NU	PNEUMATIC APPLIANCE HALF LEG	135.15	
			E0667	NU	SEG PNEUMATIC APPL FULL LEG	316.86	
			E0668	NU	SEG PNEUMATIC APPL FULL ARM	432.45	
			E0669	NU	SEG PNEUMATIC APPLI HALF LEG	211.07	
			E0670	NU	SEG PNEUM INT LEGS/TRUNK	1276.02	
			E0671	NU	PRESSURE PNEUM APPL FULL LEG	478.23	
			E0672	NU	PRESSURE PNEUM APPL FULL ARM	371.57	
			E0673	NU	PRESSURE PNEUM APPL HALF LEG	308.76	
			E0675	NU	PNEUMATIC COMPRESSION DEVICE	7867.54	
			E0676		INTER LIMB COMPRESS DEV NOS	24.16	
			E0691	NU	UVL PNL 2 SQ FT OR LESS	1034.61	
			E0692	NU	UVL SYS PANEL 4 FT	1299.20	
			E0693	NU	UVL SYS PANEL 6 FT	1601.54	
			E0694	NU	UVL MD CABINET SYS 6 FT	5097.55	
			E0700		SAFETY EQUIPMENT	BR	
			E0705	NU	TRANSFER DEVICE	63.48	
			E0710		RESTRAINTS ANY TYPE	BR	
			E0720	NU	TENS TWO LEAD	BR	
			E0730	NU	TENS FOUR LEAD	249.38	
			E0731	NU	CONDUCTIVE GARMENT FOR TENS/	250.04	
			E0740	NU	NON-IMPLANT PELV FLR E-STIM	688.34	
			E0744	NU	NEUROMUSCULAR STIM FOR SCOLI	2022.09	
			E0745	NU	NEUROMUSCULAR STIM FOR SHOCK	1266.37	
			E0746	NU	ELECTROMYOGRAPH BIOFEEDBACK	688.23	
			E0747	NU	ELEC OSTEOGEN STIM NOT SPINE	4508.88	
			E0748	NU	ELEC OSTEOGEN STIM SPINAL	4479.68	
			E0749	RR	ELEC OSTEOGEN STIM IMPLANTED	327.41	
			E0755		ELECTRONIC SALIVARY REFLEX S	BR	
			E0760	NU	OSTEOGEN ULTRASOUND STIMLTOR	3722.53	
			E0761		NONTHERM ELECTROMGNTC DEVICE	BR	
			E0762	NU	TRANS ELEC JT STIM DEV SYS	1841.11	
			E0764	NU	FUNCTIONAL NEUROMUSCULARSTIM	1629.15	
			E0765	NU	NERVE STIMULATOR FOR TX N&V	96.87	
			E0766		ELEC STIM CANCER TREATMENT	0.00	
			E0769		ELECTRIC WOUND TREATMENT DEV	BR	
			E0770	NU	FUNCTIONAL ELECTRIC STIM NOS	8406.69	
			E0776	NU	IV POLE	154.40	
			E0779	RR	AMB INFUSION PUMP MECHANICAL	17.35	
			E0780	NU	MECH AMB INFUSION PUMP <8HRS	11.91	
			E0781	RR	EXTERNAL AMBULATORY INFUS PU	258.71	

C	D	E	Code	Mod	Description	Amount	APC Amount
			E0782	NU	NON-PROGRAMBLE INFUSION PUMP	4943.35	
			E0783	NU	PROGRAMMABLE INFUSION PUMP	9426.22	
			E0784	NU	EXT AMB INFUSN PUMP INSULIN	8407.56	
			E0785		REPLACEMENT IMPL PUMP CATHET	499.27	
			E0786	NU	IMPLANTABLE PUMP REPLACEMENT	9194.70	
			E0791	NU	PARENTERAL INFUSION PUMP STA	3176.35	
			E0830		AMBULATORY TRACTION DEVICE	BR	
			E0840	NU	TRACT FRAME ATTACH HEADBOARD	84.36	
			E0849	NU	CERVICAL PNEUM TRAC EQUIP	789.83	
			E0850	NU	TRACTION STAND FREE STANDING	120.95	
			E0855	NU	CERVICAL TRACTION EQUIPMENT	743.75	
			E0856	NU	CERVIC COLLAR W AIR BLADDERS	739.63	
			E0860	NU	TRACT EQUIP CERVICAL TRACT	44.37	
			E0870	NU	TRACT FRAME ATTACH FOOTBOARD	113.83	
			E0880	NU	TRAC STAND FREE STAND EXTREM	122.87	
			E0890	NU	TRACTION FRAME ATTACH PELVIC	117.83	
			E0900	NU	TRAC STAND FREE STAND PELVIC	125.40	
			E0910	NU	TRAPEZE BAR ATTACHED TO BED	264.60	
			E0911	RR	HD TRAPEZE BAR ATTACH TO BED	47.18	
			E0912	RR	HD TRAPEZE BAR FREE STANDING	100.37	
			E0920	NU	FRACTURE FRAME ATTACHED TO B	487.60	
			E0930	RR	FRACTURE FRAME FREE STANDING	44.70	
			E0935	RR	CONT PAS MOTION EXERCISE DEV	22.26	
			E0936	RR	CPM DEVICE, OTHER THAN KNEE	24.16	
			E0940	NU	TRAPEZE BAR FREE STANDING	370.51	
			E0941	RR	GRAVITY ASSISTED TRACTION DE	42.47	
			E0942	NU	CERVICAL HEAD HARNESS/HALTER	19.41	
			E0944	NU	PELVIC BELT/HARNESS/BOOT	45.17	
			E0945	NU	BELT/HARNESS EXTREMITY	43.38	
			E0946	RR	FRACTURE FRAME DUAL W CROSS	57.90	
			E0947	NU	FRACTURE FRAME ATTACHMNTS PE	593.53	
			E0948	NU	FRACTURE FRAME ATTACHMNTS CE	589.58	
			E0950	NU	TRAY	103.16	
			E0951	NU	LOOP HEEL	16.06	
			E0952	NU	TOE LOOP/HOLDER, EACH	18.80	
			E0953	NU	W/C LATERAL THIGH/KNEE SUP	97.82	
			E0954	NU	FOOT BOX, ANY TYPE EACH FOOT	58.80	
			E0955	NU	CUSHIONED HEADREST	271.41	
			E0956	NU	W/C LATERAL TRUNK/HIP SUPPOR	97.82	
			E0957	NU	W/C MEDIAL THIGH SUPPORT	141.54	
			E0958	NU	WHLCHR ATT- CONV 1 ARM DRIVE	635.44	
			E0959	NU	AMPUTEE ADAPTER	48.24	
			E0960	NU	W/C SHOULDER HARNESS/STRAPS	90.29	
			E0961	NU	WHEELCHAIR BRAKE EXTENSION	25.31	
			E0966	NU	WHEELCHAIR HEAD REST EXTENSI	69.85	
			E0967	NU	MAN WC RIM/PROJECTION REP EA	75.62	
			E0968	NU	WHEELCHAIR COMMODE SEAT	189.24	
			E0969	NU	WHEELCHAIR NARROWING DEVICE	180.34	
			E0970	NU	WHEELCHAIR NO. 2 FOOTPLATES	52.34	
			E0971	NU	WHEELCHAIR ANTI-TIPPING DEVI	40.85	

C	D	E	Code	Mod	Description	Amount	APC Amount
			E0973	NU	W/CH ACCESS DET ADJ ARMREST	96.99	
			E0974	NU	W/CH ACCESS ANTI-ROLLBACK	83.70	
			E0978	NU	W/C ACC,SAF BELT PELV STRAP	42.37	
			E0980	NU	WHEELCHAIR SAFETY VEST	37.51	
			E0981	NU	SEAT UPHOLSTERY, REPLACEMENT	42.65	
			E0982	NU	BACK UPHOLSTERY, REPLACEMENT	46.62	
			E0983	NU	ADD PWR JOYSTICK	9772.82	
			E0984	NU	ADD PWR TILLER	2018.84	
			E0985	NU	W/C SEAT LIFT MECHANISM	193.83	
			E0986	NU	MAN W/C PUSH-RIM POWR SYSTEM	7590.29	
			E0988	RR	LEVER-ACTIVATED WHEEL DRIVE	344.67	
			E0990	NU	WHEELCHAIR ELEVATING LEG RES	99.05	
			E0992	NU	WHEELCHAIR SOLID SEAT INSERT	96.05	
			E0994	NU	WHEELCHAIR ARM REST	17.26	
			E0995	NU	WC CALF REST, PAD REPLACEMNT	27.50	
			E1002	NU	PWR SEAT TILT	7442.08	
			E1003	NU	PWR SEAT RECLINE	3509.01	
			E1004	NU	PWR SEAT RECLINE MECH	5763.40	
			E1005	NU	PWR SEAT RECLINE PWR	4211.61	
			E1006	NU	PWR SEAT COMBO W/O SHEAR	5158.62	
			E1007	NU	PWR SEAT COMBO W/SHEAR	12765.40	
			E1008	NU	PWR SEAT COMBO PWR SHEAR	10956.06	
			E1009	NU	ADD MECH LEG ELEVATION	0.00	
			E1010	NU	ADD PWR LEG ELEVATION	2548.59	
			E1011	NU	PED WC MODIFY WIDTH ADJUSTM	0.00	
			E1012	RR	CTR MOUNT PWR ELEV LEG REST	113.51	
			E1014	NU	RECLINING BACK ADD PED W/C	425.52	
			E1015	NU	SHOCK ABSORBER FOR MAN W/C	128.58	
			E1016	NU	SHOCK ABSORBER FOR POWER W/C	133.32	
			E1017	NU	HD SHCK ABSRBR FOR HD MAN WC	0.00	
			E1018	NU	HD SHCK ABSRBER FOR HD POWWC	0.00	
			E1020	NU	RESIDUAL LIMB SUPPORT SYSTEM	295.63	
			E1028	NU	W/C MANUAL SWINGAWAY	279.82	
			E1029	NU	W/C VENT TRAY FIXED	494.90	
			E1030	NU	W/C VENT TRAY GIMBALED	828.91	
			E1031	NU	ROLLABOUT CHAIR WITH CASTERS	588.07	
			E1035	RR	PATIENT TRANSFER SYSTEM <300	663.00	
			E1036	RR	PATIENT TRANSFER SYSTEM >300	945.89	
			E1037	NU	TRANSPORT CHAIR, PED SIZE	1474.21	
			E1038	NU	TRANSPORT CHAIR PT WT<=300LB	292.66	
			E1039	NU	TRANSPORT CHAIR PT WT >300LB	484.37	
			E1050	NU	WHELCHR FXD FULL LENGTH ARMS	1060.51	
			E1060	NU	WHEELCHAIR DETACHABLE ARMS	3175.91	
			E1070	NU	WHEELCHAIR DETACHABLE FOOT R	3131.18	
			E1083	NU	HEMI-WHEELCHAIR FIXED ARMS	2549.41	
			E1084	NU	HEMI-WHEELCHAIR DETACHABLE A	2644.05	
			E1085	NU	HEMI-WHEELCHAIR FIXED ARMS	335.28	
			E1086	NU	HEMI-WHEELCHAIR DETACHABLE A	2205.40	
			E1087	NU	WHEELCHAIR LIGHTWT FIXED ARM	1301.93	
			E1088	NU	WHEELCHAIR LIGHTWEIGHT DET A	3913.84	

C	D	E	Code	Mod	Description	Amount	APC Amount
			E1089	NU	WHEELCHAIR LIGHTWT FIXED ARM	543.01	
			E1090	NU	WHEELCHAIR LIGHTWEIGHT DET A	3599.42	
			E1092	NU	WHEELCHAIR WIDE W/ LEG RESTS	3474.64	
			E1093	NU	WHEELCHAIR WIDE W/ FOOT REST	4327.98	
			E1100	NU	WHCHR S-RECL FXD ARM LEG RES	1096.79	
			E1110	NU	WHEELCHAIR SEMI-RECL DETACH	879.96	
			E1130	NU	WHLCHR STAND FXD ARM FT REST	242.51	
			E1140	NU	WHEELCHAIR STANDARD DETACH A	2034.78	
			E1150	NU	WHEELCHAIR STANDARD W/ LEG R	2122.35	
			E1160	NU	WHEELCHAIR FIXED ARMS	1281.28	
			E1161	NU	MANUAL ADULT WC W TILTINSPAC	4447.25	
			E1170	NU	WHLCHR AMPU FXD ARM LEG REST	943.79	
			E1171	NU	WHEELCHAIR AMPUTEE W/O LEG R	847.15	
			E1172	NU	WHEELCHAIR AMPUTEE DETACH AR	1035.19	
			E1180	NU	WHEELCHAIR AMPUTEE W/ FOOT R	1071.02	
			E1190	NU	WHEELCHAIR AMPUTEE W/ LEG RE	1105.24	
			E1195	NU	WHEELCHAIR AMPUTEE HEAVY DUT	1232.24	
			E1200	NU	WHEELCHAIR AMPUTEE FIXED ARM	919.63	
			E1220		WHLCHR SPECIAL SIZE/CONSTRC	BR	
			E1221	NU	WHEELCHAIR SPEC SIZE W FOOT	502.09	
			E1222	NU	WHEELCHAIR SPEC SIZE W/ LEG	716.30	
			E1223	NU	WHEELCHAIR SPEC SIZE W FOOT	635.11	
			E1224	NU	WHEELCHAIR SPEC SIZE W/ LEG	857.62	
			E1225	NU	MANUAL SEMI-RECLINING BACK	531.30	
			E1226	NU	MANUAL FULLY RECLINING BACK	513.08	
			E1227	NU	WHEELCHAIR SPEC SZ SPEC HT A	319.51	
			E1228	NU	WHEELCHAIR SPEC SZ SPEC HT B	233.15	
			E1229		PEDIATRIC WHEELCHAIR NOS	BR	
			E1230	NU	POWER OPERATED VEHICLE	2213.56	
			E1231	NU	RIGID PED W/C TILT-IN-SPACE	0.00	
			E1232	NU	FOLDING PED WC TILT-IN-SPACE	2626.00	
			E1233	NU	RIG PED WC TLTNSPC W/O SEAT	3924.66	
			E1234	NU	FLD PED WC TLTNSPC W/O SEAT	2978.85	
			E1235	NU	RIGID PED WC ADJUSTABLE	3291.78	
			E1236	NU	FOLDING PED WC ADJUSTABLE	2166.48	
			E1237	NU	RGD PED WC ADJSTABL W/O SEAT	2647.69	
			E1238	NU	FLD PED WC ADJSTABL W/O SEAT	5170.48	
			E1239		PED POWER WHEELCHAIR NOS	BR	
			E1240	NU	WHCHR LITWT DET ARM LEG REST	3237.75	
			E1250	NU	WHEELCHAIR LIGHTWT FIXED ARM	800.05	
			E1260	NU	WHEELCHAIR LIGHTWT FOOT REST	2712.96	
			E1270	NU	WHEELCHAIR LIGHTWEIGHT LEG R	834.27	
			E1280	NU	WHCHR H-DUTY DET ARM LEG RES	3640.62	
			E1285	NU	WHEELCHAIR HEAVY DUTY FIXED	1205.10	
			E1290	NU	WHEELCHAIR HVY DUTY DETACH A	583.21	
			E1295	NU	WHEELCHAIR HEAVY DUTY FIXED	1283.62	
			E1296	NU	WHEELCHAIR SPECIAL SEAT HEIG	566.08	
			E1297	NU	WHEELCHAIR SPECIAL SEAT DEPT	120.45	
			E1298	NU	WHEELCHAIR SPEC SEAT DEPTH/W	487.80	
			E1300	NU	WHIRLPOOL PORTABLE	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			E1310	NU	WHIRLPOOL NON-PORTABLE	2472.48	
			E1352		O2 FLOW REG POS INSPIR PRESS	BR	
			E1353	NU	OXYGEN SUPPLIES REGULATOR	0.00	
			E1354		WHEELED CART, PORT CYL/CONC	BR	
			E1355	NU	OXYGEN SUPPLIES STAND/RACK	0.00	
			E1356		BATT PACK/CART, PORT CONC	BR	
			E1357		BATTERY CHARGER, PORT CONC	BR	
			E1358		DC POWER ADAPTER, PORT CONC	BR	
			E1372	NU	OXY SUPPL HEATER FOR NEBULIZ	145.76	
			E1390	NU	OXYGEN CONCENTRATOR	3705.89	
			E1391	RR	OXYGEN CONCENTRATOR, DUAL	134.71	
			E1392	RR	PORTABLE OXYGEN CONCENTRATOR	67.36	
			E1399		DURABLE MEDICAL EQUIPMENT MI	BR	
			E1405	NU	O2/WATER VAPOR ENRICH W/HEAT	3017.66	
			E1406	NU	O2/WATER VAPOR ENRICH W/O HE	BR	
			E1500		CENTRIFUGE	BR	
			E1510	NU	KIDNEY DIALYSATE DELIVRY SYS	929.65	
			E1520	NU	HEPARIN INFUSION PUMP	0.00	
			E1530	NU	REPLACEMENT AIR BUBBLE DETEC	0.00	
			E1540	NU	REPLACEMENT PRESSURE ALARM	0.00	
			E1550	NU	BATH CONDUCTIVITY METER	0.00	
			E1560	NU	REPLACE BLOOD LEAK DETECTOR	BR	
			E1570	NU	ADJUSTABLE CHAIR FOR ESRD PT	BR	
			E1575	NU	TRANSDUCER PROTECT/FLD BAR	BR	
			E1580	NU	UNIPUNCTURE CONTROL SYSTEM	BR	
			E1590	NU	HEMODIALYSIS MACHINE	BR	
			E1592		AUTO INTERM PERITONEAL DIALY	BR	
			E1594	NU	CYCLER DIALYSIS MACHINE	8400.62	
			E1600		DELI/INSTALL CHRG HEMO EQUIP	0.00	
			E1610	NU	REVERSE OSMOSIS H2O PURI SYS	346.21	
			E1615		DEIONIZER H2O PURI SYSTEM	BR	
			E1620		REPLACEMENT BLOOD PUMP	BR	
			E1625		WATER SOFTENING SYSTEM	BR	
			E1630		RECIPROCATING PERITONEAL DIA	BR	
			E1632		WEARABLE ARTIFICIAL KIDNEY	BR	
			E1634		PERITONEAL DIALYSIS CLAMP	BR	
			E1635	NU	COMPACT TRAVEL HEMODIALYZER	0.00	
			E1636		SORBENT CARTRIDGES PER 10	0.00	
			E1637		HEMOSTATS FOR DIALYSIS, EACH	BR	
			E1639		SCALE, EACH	BR	
			E1699		DIALYSIS EQUIPMENT NOC	BR	
			E1700	NU	JAW MOTION REHAB SYSTEM	514.19	
			E1701		REPL CUSHIONS FOR JAW MOTION	10.37	
			E1702		REPL MEASR SCALES JAW MOTION	22.08	
			E1800	RR	ADJUST ELBOW EXT/FLEX DEVICE	119.89	
			E1801	RR	SPS ELBOW DEVICE	133.11	
			E1802	RR	ADJST FOREARM PRO/SUP DEVICE	376.28	
			E1805	RR	ADJUST WRIST EXT/FLEX DEVICE	123.66	
			E1806	RR	SPS WRIST DEVICE	109.24	
			E1810	RR	ADJUST KNEE EXT/FLEX DEVICE	121.93	

C	D	E	Code	Mod	Description	Amount	APC Amount
			E1811	RR	SPS KNEE DEVICE	138.39	
			E1812	NU	KNEE EXT/FLEX W ACT RES CTRL	20646.82	
			E1815	RR	ADJUST ANKLE EXT/FLEX DEVICE	123.66	
			E1816	RR	SPS ANKLE DEVICE	140.53	
			E1818	RR	SPS FOREARM DEVICE	143.51	
			E1820	NU	SOFT INTERFACE MATERIAL	94.12	
			E1821	NU	REPLACEMENT INTERFACE SPSD	121.17	
			E1825	RR	ADJUST FINGER EXT/FLEX DEVC	123.66	
			E1830	RR	ADJUST TOE EXT/FLEX DEVICE	123.66	
			E1831	RR	STATIC STR TOE DEV EXT/FLEX	76.08	
			E1840	RR	ADJ SHOULDER EXT/FLEX DEVICE	386.19	
			E1841	RR	STATIC STR SHLDR DEV ROM ADJ	521.57	
			E1902		AAC NON-ELECTRONIC BOARD	0.00	
			E2000	RR	GASTRIC SUCTION PUMP HME MDL	53.46	
			E2100	NU	BLD GLUCOSE MONITOR W VOICE	740.55	
			E2101	NU	BLD GLUCOSE MONITOR W LANCE	217.10	
			E2120	RR	PULSE GEN SYS TX ENDOLYMP FL	326.44	
			E2201	NU	MAN W/CH ACC SEAT W>=20"<24"	375.68	
			E2202	NU	SEAT WIDTH 24-27 IN	507.25	
			E2203	NU	FRAME DEPTH LESS THAN 22 IN	495.04	
			E2204	NU	FRAME DEPTH 22 TO 25 IN	851.97	
			E2205	NU	MANUAL WC ACCESSORY, HANDRIM	36.95	
			E2206	NU	MAN WC WHL LOCK COMP REPL EA	43.31	
			E2207	NU	CRUTCH AND CANE HOLDER	49.91	
			E2208	NU	CYLINDER TANK CARRIER	117.88	
			E2209	NU	ARM TROUGH EACH	106.34	
			E2210	NU	WHEELCHAIR BEARINGS	6.51	
			E2211	NU	PNEUMATIC PROPULSION TIRE	37.76	
			E2212	NU	PNEUMATIC PROP TIRE TUBE	6.63	
			E2213	NU	PNEUMATIC PROP TIRE INSERT	33.01	
			E2214	NU	PNEUMATIC CASTER TIRE EACH	34.68	
			E2215	NU	PNEUMATIC CASTER TIRE TUBE	10.88	
			E2216	NU	FOAM FILLED PROPULSION TIRE	0.00	
			E2217	NU	FOAM FILLED CASTER TIRE EACH	0.00	
			E2218	NU	FOAM PROPULSION TIRE EACH	0.00	
			E2219	NU	FOAM CASTER TIRE ANY SIZE EA	40.95	
			E2220	NU	SOLID PROPULS TIRE, REPL, EA	31.63	
			E2221	NU	SOLID CASTER TIRE REPL, EACH	28.57	
			E2222	NU	SOLID CASTER INTEG WHL, REPL	23.71	
			E2224	NU	PROPULSION WHL EXCL TIRE REP	100.39	
			E2225	NU	CASTER WHEEL EXCLUDES TIRE	19.79	
			E2226	NU	CASTER FORK REPLACEMENT ONLY	42.32	
			E2227	NU	GEAR REDUCTION DRIVE WHEEL	1976.96	
			E2228	NU	MWC ACC, WHEELCHAIR BRAKE	1048.47	
			E2230		MANUAL STANDING SYSTEM	BR	
			E2231	NU	SOLID SEAT SUPPORT BASE	160.91	
			E2291		PLANAR BACK FOR PED SIZE WC	BR	
			E2292		PLANAR SEAT FOR PED SIZE WC	BR	
			E2293		CONTOUR BACK FOR PED SIZE WC	BR	
			E2294		CONTOUR SEAT FOR PED SIZE WC	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			E2295		PED DYNAMIC SEATING FRAME	BR	
			E2300		PWR SEAT ELEVATION SYS	BR	
			E2301		PWR STANDING	BR	
			E2310	NU	ELECTRO CONNECT BTW CONTROL	2016.48	
			E2311	NU	ELECTRO CONNECT BTW 2 SYS	3760.50	
			E2312	NU	MINI-PROP REMOTE JOYSTICK	3436.17	
			E2313	NU	PWC HARNESS, EXPAND CONTROL	597.06	
			E2321	NU	HAND INTERFACE JOYSTICK	1714.48	
			E2322	NU	MULT MECH SWITCHES	1126.99	
			E2323	NU	SPECIAL JOYSTICK HANDLE	72.45	
			E2324	NU	CHIN CUP INTERFACE	46.64	
			E2325	NU	SIP AND PUFF INTERFACE	1596.42	
			E2326	NU	BREATH TUBE KIT	478.82	
			E2327	NU	HEAD CONTROL INTERFACE MECH	2087.69	
			E2328	NU	HEAD/EXTREMITY CONTROL INTER	6218.40	
			E2329	NU	HEAD CONTROL NONPROPORTIONAL	1411.25	
			E2330	NU	HEAD CONTROL PROXIMITY SWITC	5117.94	
			E2331		ATTENDANT CONTROL	BR	
			E2340	NU	W/C WDTH 20-23 IN SEAT FRAME	412.61	
			E2341	NU	W/C WDTH 24-27 IN SEAT FRAME	618.96	
			E2342	NU	W/C DPTH 20-21 IN SEAT FRAME	515.81	
			E2343	NU	W/C DPTH 22-25 IN SEAT FRAME	825.30	
			E2351	NU	ELECTRONIC SGD INTERFACE	741.79	
			E2358		GR 34 NONSEALED LEADACID	BR	
			E2359	NU	GR34 SEALED LEADACID BATTERY	200.51	
			E2360	NU	22NF NONSEALED LEADACID	109.96	
			E2361	NU	22NF SEALED LEADACID BATTERY	139.42	
			E2362	NU	GR24 NONSEALED LEADACID	105.91	
			E2363	NU	GR24 SEALED LEADACID BATTERY	184.59	
			E2364	NU	U1NONSEALED LEADACID BATTERY	109.96	
			E2365	NU	U1 SEALED LEADACID BATTERY	111.31	
			E2366	NU	BATTERY CHARGER, SINGLE MODE	261.61	
			E2367	NU	BATTERY CHARGER, DUAL MODE	421.36	
			E2368	NU	PWR WC DRIVEWHEEL MOTOR REPL	612.31	
			E2369	NU	PWR WC DRIVEWHEEL GEAR REPL	526.69	
			E2370	NU	PWR WC DR WH MOTOR/GEAR COMB	998.93	
			E2371	NU	GR27 SEALED LEADACID BATTERY	158.67	
			E2372	NU	GR27 NON-SEALED LEADACID	0.00	
			E2373	NU	HAND/CHIN CTRL SPEC JOYSTICK	1255.85	
			E2374	NU	HAND/CHIN CTRL STD JOYSTICK	831.02	
			E2375	NU	NON-EXPANDABLE CONTROLLER	1002.68	
			E2376	NU	EXPANDABLE CONTROLLER, REPL	1530.58	
			E2377	NU	EXPANDABLE CONTROLLER, INITL	739.52	
			E2378	RR	PW ACTUATOR REPLACEMENT	58.92	
			E2381	NU	PNEUM DRIVE WHEEL TIRE	75.59	
			E2382	NU	TUBE, PNEUM WHEEL DRIVE TIRE	20.69	
			E2383	NU	INSERT, PNEUM WHEEL DRIVE	153.06	
			E2384	NU	PNEUMATIC CASTER TIRE	80.30	
			E2385	NU	TUBE, PNEUMATIC CASTER TIRE	49.48	
			E2386	NU	FOAM FILLED DRIVE WHEEL TIRE	149.35	

C	D	E	Code	Mod	Description	Amount	APC Amount
			E2387	NU	FOAM FILLED CASTER TIRE	66.97	
			E2388	NU	FOAM DRIVE WHEEL TIRE	51.86	
			E2389	NU	FOAM CASTER TIRE	28.54	
			E2390	NU	SOLID DRIVE WHEEL TIRE	44.42	
			E2391	NU	SOLID CASTER TIRE	20.86	
			E2392	NU	SOLID CASTER TIRE, INTEGRATE	53.46	
			E2394	NU	DRIVE WHEEL EXCLUDES TIRE	76.18	
			E2395	NU	CASTER WHEEL EXCLUDES TIRE	54.13	
			E2396	NU	CASTER FORK	65.99	
			E2397	NU	PWC ACC, LITH-BASED BATTERY	476.82	
			E2402	RR	NEG PRESS WOUND THERAPY PUMP	1203.27	
			E2500	NU	SGD DIGITIZED PRE-REC <=8MIN	450.24	
			E2502	NU	SGD PREREC MSG >8MIN <=20MIN	1376.80	
			E2504	NU	SGD PREREC MSG>20MIN <=40MIN	1816.20	
			E2506	NU	SGD PREREC MSG > 40 MIN	2663.09	
			E2508	NU	SGD SPELLING PHYS CONTACT	4118.03	
			E2510	NU	SGD W MULTI METHODS MSG/ACCS	7792.82	
			E2511	NU	SGD SFTWRE PRGRM FOR PC/PDA	0.00	
			E2512	NU	SGD ACCESSORY, MOUNTING SYS	0.00	
			E2599		SGD ACCESSORY NOC	BR	
			E2601	NU	GEN W/C CUSHION WDTH < 22 IN	60.69	
			E2602	NU	GEN W/C CUSHION WDTH >=22 IN	118.48	
			E2603	NU	SKIN PROTECT WC CUS WD <22IN	150.42	
			E2604	NU	SKIN PROTECT WC CUS WD>=22IN	186.98	
			E2605	NU	POSITION WC CUSH WDTH <22 IN	267.13	
			E2606	NU	POSITION WC CUSH WDTH>=22 IN	416.73	
			E2607	NU	SKIN PRO/POS WC CUS WD <22IN	287.64	
			E2608	NU	SKIN PRO/POS WC CUS WD>=22IN	345.43	
			E2609		CUSTOM FABRICATE W/C CUSHION	BR	
			E2610		POWERED W/C CUSHION	BR	
			E2611	NU	GEN USE BACK CUSH WDTH <22IN	309.97	
			E2612	NU	GEN USE BACK CUSH WDTH>=22IN	419.32	
			E2613	NU	POSITION BACK CUSH WD <22IN	390.05	
			E2614	NU	POSITION BACK CUSH WD>=22IN	547.45	
			E2615	NU	POS BACK POST/LAT WDTH <22IN	448.86	
			E2616	NU	POS BACK POST/LAT WDTH>=22IN	603.94	
			E2617		CUSTOM FAB W/C BACK CUSHION	BR	
			E2619	NU	REPLACE COVER W/C SEAT CUSH	53.08	
			E2620	NU	WC PLANAR BACK CUSH WD <22IN	543.51	
			E2621	NU	WC PLANAR BACK CUSH WD>=22IN	570.38	
			E2622	NU	ADJ SKIN PRO W/C CUS WD<22IN	340.10	
			E2623	NU	ADJ SKIN PRO WC CUS WD>=22IN	431.57	
			E2624	NU	ADJ SKIN PRO/POS CUS<22IN	344.11	
			E2625	NU	ADJ SKIN PRO/POS WC CUS>=22	431.25	
			E2626	NU	SEO MOBILE ARM SUP ATT TO WC	715.16	
			E2627	NU	ARM SUPP ATT TO WC RANCHO TY	969.99	
			E2628	NU	MOBILE ARM SUPPORTS RECLININ	859.68	
			E2629	NU	FRICTION DAMPENING ARM SUPP	1087.90	
			E2630	NU	MONOSUSPENSION ARM/HAND SUPP	760.76	
			E2631	NU	ELEVAT PROXIMAL ARM SUPPORT	258.68	

C	D	E	Code	Mod	Description	Amount	APC Amount
			E2632	NU	OFFSET/LAT ROCKER ARM W/ELA	177.75	
			E2633	NU	MOBILE ARM SUPPORT SUPINATOR	139.51	
			E8000		POSTERIOR GAIT TRAINER	BR	
			E8001		UPRIGHT GAIT TRAINER	BR	
			E8002		ANTERIOR GAIT TRAINER	BR	
			G0008		ADMIN INFLUENZA VIRUS VAC	34.03	53.79
			G0009		ADMIN PNEUMOCOCCAL VACCINE	35.75	53.79
			G0010		ADMIN HEPATITIS B VACCINE	38.31	53.79
			G0027		SEMEN ANALYSIS	7.95	
			G0068		ADM OF INFUSION DRUG IN HOME	152.63	
			G0069		ADM OF IMMUNE DRUG IN HOME	238.25	
			G0070		ADM OF CHEMO DRUG IN HOME	259.67	
			G0071		COMM SVCS BY RHC/FQHC 5 MIN	15.61	
			G0076		CARE MANAG H VST NEW PT 20 M	63.70	
			G0077		CARE MANAG H VST NEW PT 30 M	91.66	
			G0078		CARE MANAG H VST NEW PT 45 M	149.60	
			G0079		CARE MANAG H VST NEW PT 60 M	210.02	
			G0080		CARE MANAG H VST NEW PT 75 M	255.23	
			G0081		CARE MAN H V EXT PT 20 MI	63.70	
			G0082		CARE MAN H V EXT PT 30 M	96.58	
			G0083		CARE MAN H V EXT PT 45 M	148.78	
			G0084		CARE MAN H V EXT PT 60 M	206.33	
			G0085		CARE MAN H V EXT PT 75 M	255.23	
			G0086		CARE MAN HOME CARE PLAN 30 M	89.18	
			G0087		CARE MAN HOME CARE PLAN 60 M	125.36	
			G0101		CA SCREEN;PELVIC/BREAST EXAM	45.21	108.47
			G0102		PROSTATE CA SCREENING; DRE	25.89	
			G0103		PSA SCREENING	22.48	
			G0104		CA SCREEN;FLEXI SIGMOIDSCOPE	200.57	1057.74
			G0105		COLORECTAL SCRN; HI RISK IND	376.89	1057.74
			G0106		COLON CA SCREEN;BARIUM ENEMA	266.73	286.47
			G0108		DIAB MANAGE TRN PER INDIV	64.11	
			G0109		DIAB MANAGE TRN IND/GROUP	17.68	
			G0117		GLAUCOMA SCRN HGH RISK DIREC	64.94	45.61
			G0118		GLAUCOMA SCRN HGH RISK DIREC	48.50	45.61
			G0120		COLON CA SCRN; BARIUM ENEMA	265.50	547.95
			G0121		COLON CA SCRN NOT HI RSK IND	377.30	1057.74
			G0122		COLON CA SCRN; BARIUM ENEMA	336.61	
			G0123		SCREEN CERV/VAG THIN LAYER	24.76	
			G0124		SCREEN C/V THIN LAYER BY MD	37.00	
			G0127		TRIM NAIL(S)	27.95	79.38
			G0128		CORF SKILLED NURSING SERVICE	9.04	
			G0129		PARTIAL HOSP PROG SERVICE	BR	
			G0130		SINGLE ENERGY X-RAY STUDY	40.69	159.76
			G0141		SCR C/V CYTO,AUTOSYS AND MD	37.00	
			G0143		SCR C/V CYTO,THINLAYER,RESCR	29.76	
			G0144		SCR C/V CYTO,THINLAYER,RESCR	48.37	
			G0145		SCR C/V CYTO,THINLAYER,RESCR	32.38	
			G0147		SCR C/V CYTO, AUTOMATED SYS	16.49	
			G0148		SCR C/V CYTO, AUTOSYS, RESCR	35.13	

C	D	E	Code	Mod	Description	Amount	APC Amount
			G0151		HHCP-SERV OF PT,EA 15 MIN	See Rule	
			G0152		HHCP-SERV OF OT,EA 15 MIN	See Rule	
			G0153		HHCP-SVS OF S/L PATH,EA 15MN	See Rule	
			G0155		HHCP-SVS OF CSW,EA 15 MIN	See Rule	
			G0156		HHCP-SVS OF AIDE,EA 15 MIN	See Rule	
			G0157		HHC PT ASSISTANT EA 15	BR	
			G0158		HHC OT ASSISTANT EA 15	BR	
			G0159		HHC PT MAINT EA 15 MIN	BR	
			G0160		HHC OCCUP THERAPY EA 15	BR	
			G0161		HHC SLP EA 15 MIN	BR	
			G0162		HHC RN E&M PLAN SVS, 15 MIN	See Rule	
			G0166		EXTRNL COUNTERPULSE, PER TX	132.35	151.20
			G0168		WOUND CLOSURE BY ADHESIVE	110.98	
			G0175		OPPS SERVICE,SCHED TEAM CONF	BR	511.73
			G0176		OPPS/PHP;ACTIVITY THERAPY	BR	
			G0177		OPPS/PHP; TRAIN & EDUC SERV	BR	
			G0179		MD RECERTIFICATION HHA PT	47.68	
			G0180		MD CERTIFICATION HHA PATIENT	61.65	
			G0181		HOME HEALTH CARE SUPERVISION	124.95	
			G0182		HOSPICE CARE SUPERVISION	124.95	
			G0186		DSTRY EYE LESN,FDR VSSL TECH	BR	704.58
			G0219		PET IMG WHOLBOD MELANO NONCO	BR	
			G0235		PET NOT OTHERWISE SPECIFIED	BR	
			G0237		THERAPEUTIC PROCD STRG ENDUR	11.10	45.61
			G0238		OTH RESP PROC, INDIV	11.51	45.61
			G0239		OTH RESP PROC, GROUP	14.38	45.61
			G0245		INITIAL FOOT EXAM PT LOPS	77.26	164.51
			G0246		FOLLOWUP EVAL OF FOOT PT LOP	45.62	164.51
			G0247		ROUTINE FOOTCARE PT W LOPS	89.18	250.56
			G0248		DEMONSTRATE USE HOME INR MON	83.02	164.51
			G0249		PROVIDE INR TEST MATER/EQUIP	83.43	164.51
			G0250		MD INR TEST REVIE INTER MGMT	10.69	
			G0252		PET IMAGING INITIAL DX	87.29	
			G0255		CURRENT PERCEP THRESHOLD TST	BR	
			G0257		UNSCHED DIALYSIS ESRD PT HOS	BR	868.66
			G0259		INJECT FOR SACROILIAC JOINT	BR	
			G0260		INJ FOR SACROILIAC JT ANESTH	BR	850.31
			G0268		REMOVAL OF IMPACTED WAX MD	57.53	
			G0269		OCCLUSIVE DEVICE IN VEIN ART	BR	
			G0270		MNT SUBS TX FOR CHANGE DX	37.41	
			G0271		GROUP MNT 2 OR MORE 30 MINS	19.73	
		J1	G0276		PILD/PLACEBO CONTROL CLIN TR	0.00	10775.65
			G0277		HBOT, FULL BODY CHAMBER, 30M	127.41	162.45
			G0278		ILIAC ART ANGIO,CARDIAC CATH	16.44	
			G0279		TOMOSYNTHESIS, MAMMO	63.70	
			G0281		ELEC STIM UNATTEND FOR PRESS	22.68	
			G0282		ELECT STIM WOUND CARE NOT PD	22.68	60.67
			G0283		ELEC STIM OTHER THAN WOUND	22.68	
			G0288		RECON, CTA FOR SURG PLAN	41.51	
			G0289		ARTHRO, LOOSE BODY + CHONDRO	103.16	

C	D	E	Code	Mod	Description	Amount	APC Amount
			G0293		NON-COV SURG PROC,CLIN TRIAL	BR	45.61
			G0294		NON-COV PROC, CLINICAL TRIAL	BR	45.61
			G0295		ELECTROMAGNETIC THERAPY ONC	BR	
			G0296		VISIT TO DETERM LDCT ELIG	33.29	108.47
			G0297		LDCT FOR LUNG CA SCREEN	274.96	88.47
			G0299		HHS/HOSPICE OF RN EA 15 MIN	0.00	
			G0300		HHS/HOSPICE OF LPN EA 15 MIN	0.00	
			G0302		PRE-OP SERVICE LVRS COMPLETE	BR	646.48
			G0303		PRE-OP SERVICE LVRS 10-15DOS	BR	193.05
			G0304		PRE-OP SERVICE LVRS 1-9 DOS	BR	646.48
			G0305		POST OP SERVICE LVRS MIN 6	BR	646.48
			G0306		CBC/DIFFWBC W/O PLATELET	9.49	
			G0307		CBC WITHOUT PLATELET	7.90	
			G0328		FECAL BLOOD SCRN IMMUNOASSAY	19.86	
			G0329		ELECTROMAGNTIC TX FOR ULCERS	12.74	
			G0333		DISPENSE FEE INITIAL 30 DAY	BR	
			G0337		HOSPICE EVALUATION PREELECTI	84.25	
			G0339		ROBOT LIN-RADSURG COM, FIRST	BR	
			G0340		ROBT LIN-RADSURG FRACTX 2-5	BR	
			G0341		PERCUTANEOUS ISLET CELLTRANS	2447.92	
			G0342		LAPAROSCOPY ISLET CELL TRANS	831.45	
			G0343		LAPAROTOMY ISLET CELL TRANSP	1373.16	
			G0365		VESSEL MAPPING HEMO ACCESS	224.40	159.76
			G0372		MD SERVICE REQUIRED FOR PMD	10.28	
			G0378		HOSPITAL OBSERVATION PER HR	BR	
			G0379		DIRECT REFER HOSPITAL OBSERV	BR	745.93
			G0380		LEV 1 HOSP TYPE B ED VISIT	BR	110.53
			G0381		LEV 2 HOSP TYPE B ED VISIT	BR	131.83
			G0382		LEV 3 HOSP TYPE B ED VISIT	BR	232.40
			G0383		LEV 4 HOSP TYPE B ED VISIT	BR	307.29
			G0384		LEV 5 HOSP TYPE B ED VISIT	BR	456.20
			G0390		TRAUMA RESPONS W/HOSP CRITI	BR	1342.40
			G0396		ALCOHOL/SUBS INTERV 15-30MN	41.51	47.40
			G0397		ALCOHOL/SUBS INTERV >30 MIN	77.67	108.47
			G0398		HOME SLEEP TEST/TYPE 2 PORTA	BR	193.05
			G0399		HOME SLEEP TEST/TYPE 3 PORTA	BR	193.05
			G0400		HOME SLEEP TEST/TYPE 4 PORTA	BR	193.05
			G0402		INITIAL PREVENTIVE EXAM	192.76	164.51
			G0403		EKG FOR INITIAL PREVENT EXAM	19.73	
			G0404		EKG TRACING FOR INITIAL PREV	9.86	24.38
			G0405		EKG INTERPRET & REPORT PREVE	9.86	
			G0406		INPT/TELE FOLLOW UP 15	44.80	
			G0407		INPT/TELE FOLLOW UP 25	83.43	
			G0408		INPT/TELE FOLLOW UP 35	120.01	
			G0409		CORF RELATED SERV 15 MINS EA	18.91	
			G0410		GRP PSYCH PARTIAL HOSP 45-50	BR	
			G0411		INTER ACTIVE GRP PSYCH PARTI	BR	
			G0412		OPEN TX ILIAC SPINE UNI/BIL	855.70	
		J1	G0413		PELVIC RING FRACTURE UNI/BIL	1263.00	5184.51
			G0414		PELVIC RING FX TREAT INT FIX	1188.20	

C	D	E	Code	Mod	Description	Amount	APC Amount
			G0415		OPEN TX POST PELVIC FXCTURE	1630.85	
			G0416		PROSTATE BIOPSY, ANY MTHD	440.59	389.39
			G0420		ED SVC CKD IND PER SESSION	128.23	
			G0421		ED SVC CKD GRP PER SESSION	30.00	
			G0422		INTENS CARDIAC REHAB W/EXERC	134.81	167.77
			G0423		INTENS CARDIAC REHAB NO EXER	134.81	167.77
			G0424		PULMONARY REHAB W EXER	34.11	79.38
			G0425		INPT/ED TELECONSULT30	115.49	
			G0426		INPT/ED TELECONSULT50	157.00	
			G0427		INPT/ED TELECONSULT70	233.04	
			G0428		COLLAGEN MENISCUS IMPLANT	BR	
			G0429		DERMAL FILLER INJECTION(S)	115.08	2199.52
			G0432		EIA HIV-1/HIV-2 SCREEN	21.53	
			G0433		ELISA HIV-1/HIV-2 SCREEN	20.12	
			G0435		ORAL HIV-1/HIV-2 SCREEN	14.65	
			G0438		PPPS, INITIAL VISIT	198.92	
			G0439		PPPS, SUBSEQ VISIT	134.81	
			G0442		ANNUAL ALCOHOL SCREEN 15 MIN	20.96	47.40
			G0443		BRIEF ALCOHOL MISUSE COUNSEL	30.42	108.47
			G0444		DEPRESSION SCREEN ANNUAL	20.96	47.40
			G0445		HIGH INTEN BEH COUNS STD 30M	32.06	108.47
			G0446		INTENS BEHAVE THER CARDIO DX	30.42	47.40
			G0447		BEHAVIOR COUNSEL OBESITY 15M	30.00	108.47
			G0448		PLACE PERM PACING CARDIOVERT	BR	
			G0451		DEVLOPMENT TEST INTERPT&REP	11.51	108.47
			G0452		MOLECULAR PATHOLOGY INTERPR	85.12	
			G0453		CONT INTRAOP NEURO MONITOR	38.23	
			G0454		MD DOCUMENT VISIT BY NPP	10.69	
			G0455		FECAL MICROBIOTA PREP INSTIL	149.60	1081.40
			G0458		LDR PROSTATE BRACHY COMP RAT	BR	
			G0459		TELEHEALTH INPT PHARM MGMT	47.68	
			G0460		AUTOLOGOUS PRP FOR ULCERS	BR	2199.52
			G0463		HOSPITAL OUTPT CLINIC VISIT	0.00	164.51
			G0466		FQHC VISIT NEW PATIENT	0.00	
			G0467		FQHC VISIT, ESTAB PT	0.00	
			G0468		FQHC VISIT, IPPE OR AWV	0.00	
			G0469		FQHC VISIT, MH NEW PT	0.00	
			G0470		FQHC VISIT, MH ESTAB PT	0.00	
			G0471		VEN BLOOD COLL SNF/HHA	0.00	
			G0472		HEP C SCREEN HIGH RISK/OTHER	50.99	
			G0473		GROUP BEHAVE COUNS 2-10	14.79	108.47
			G0475		HIV COMBINATION ASSAY	BR	
			G0476		HPV COMBO ASSAY CA SCREEN	BR	
			G0480		DRUG TEST DEF 1-7 CLASSES	0.00	
			G0481		DRUG TEST DEF 8-14 CLASSES	0.00	
			G0482		DRUG TEST DEF 15-21 CLASSES	0.00	
			G0483		DRUG TEST DEF 22+ CLASSES	0.00	
			G0490		HOME VISIT RN, LPN BY RHC/FQ	BR	
			G0491		DIALYSIS ACU KIDNEY NO ESRD	130.37	
			G0492		MD/OTH EVAL ACUT KID NO ESRD	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			G0493		RN CARE EA 15 MIN HH/HOSPICE	36.23	
			G0494		LPN CARE EA 15MIN HH/HOSPICE	7.17	
			G0495		RN CARE TRAIN/EDU IN HH	64.87	
			G0496		LPN CARE TRAIN/EDU IN HH	11.27	
			G0498		CHEMO EXTEND IV INFUS W/PUMP	153.90	409.50
			G0499		HEPB SCREEN HIGH RISK INDIV	34.55	
			G0500		MOD SEDAT ENDO SERVICE >5YRS	66.99	
			G0501		RESOURCE-INTEN SVC DURING OV	BR	
			G0506		COMP ASSES CARE PLAN CCM SVC	72.34	
			G0508		CRIT CARE TELEHEA CONSULT 60	242.49	
			G0509		CRIT CARE TELEHEA CONSULT 50	228.93	
			G0511		CCM/BHI BY RHC/FQHC 20MIN MO	76.44	
			G0512		COCM BY RHC/FQHC 60 MIN MO	166.46	
			G0513		PROLONG PREV SVCS, FIRST 30M	75.21	
			G0514		PROLONG PREV SVCS, ADDL 30M	75.21	
			G0515		COGNITIVE SKILLS DEVELOPMENT	37.41	
			G0516		INSERT DRUG DEL IMPLANT, >=4	280.31	494.39
			G0517		REMOVE DRUG IMPLANT	302.50	494.39
			G0518		REMOVE W INSERT DRUG IMPLANT	528.54	494.39
			G0659		DRUG TEST DEF SIMPLE ALL CL	71.12	
			G0913		IMPROVE VISUAL FUNCT	BR	
			G0914		SURVEY NOT COMPLETE	BR	
			G0915		NO IMPROVE VISUAL FUNCT	BR	
			G0916		SATISFY WITH CARE	BR	
			G0917		SATISFY SURVEY NOT COMPLETE	BR	
			G0918		NO SATISFY WITH CARE	BR	
			G2000		BLINDED CONV. TX MDD CLIN TR	BR	646.48
			G2010		REMOT IMAGE SUBMIT BY PT	14.38	
			G2011		ALCOHOL/SUB ABUSE ASSESS	19.32	24.38
			G2012		BRIEF CHECK IN BY MD/QHP	16.86	
			G6001		ECHO GUIDANCE RADIOTHERAPY	BR	
			G6002		STEREOSCOPIC X-RAY GUIDANCE	BR	
			G6003		RADIATION TREATMENT DELIVERY	BR	
			G6004		RADIATION TREATMENT DELIVERY	BR	
			G6005		RADIATION TREATMENT DELIVERY	BR	
			G6006		RADIATION TREATMENT DELIVERY	BR	
			G6007		RADIATION TREATMENT DELIVERY	BR	
			G6008		RADIATION TREATMENT DELIVERY	BR	
			G6009		RADIATION TREATMENT DELIVERY	BR	
			G6010		RADIATION TREATMENT DELIVERY	BR	
			G6011		RADIATION TREATMENT DELIVERY	BR	
			G6012		RADIATION TREATMENT DELIVERY	BR	
			G6013		RADIATION TREATMENT DELIVERY	BR	
			G6014		RADIATION TREATMENT DELIVERY	BR	
			G6015		RADIATION TX DELIVERY IMRT	BR	
			G6016		DELIVERY COMP IMRT	BR	
			G6017		INTRAFRACTION TRACK MOTION	0.00	
			J0120		TETRACYCLIN INJECTION	0.00	
			J0129		ABATACEPT INJECTION	47.64	73.29
			J0130		ABCIXIMAB INJECTION	1226.69	

C	D	E	Code	Mod	Description	Amount	APC Amount
			J0131		ACETAMINOPHEN INJECTION	BR	
			J0132		ACETYLCYSTEINE INJECTION	2.07	
			J0133		ACYCLOVIR INJECTION	0.09	
			J0135		ADALIMUMAB INJECTION	1347.06	1833.34
			J0153		ADENOSINE INJ 1MG	1.16	
			J0171		ADRENALIN EPINEPHRINE INJECT	0.15	
			J0178		AFLIBERCEPT INJECTION	1184.37	1368.22
			J0180		AGALSIDASE BETA INJECTION	191.43	253.00
			J0185		INJ., APREPITANT, 1 MG	BR	2.99
			J0190		INJ BIPERIDEN LACTATE/5 MG	BR	
			J0200		ALATROFLOXACIN MESYLATE	BR	
			J0202		INJECTION, ALEMTUZUMAB	2106.39	2672.53
			J0205		ALGLUCERASE INJECTION	37.45	
			J0207		AMIFOSTINE	456.45	1391.24
			J0210		METHYLDOPATE HCL INJECTION	47.51	
			J0215		ALEFACEPT	31.41	
			J0220		ALGLUCOSIDASE ALFA INJECTION	249.68	200.42
			J0221		LUMIZYME INJECTION	185.54	236.00
			J0256		ALPHA 1 PROTEINASE INHIBITOR	5.55	6.46
			J0257		GLASSIA INJECTION	5.16	6.67
			J0270		ALPROSTADIL FOR INJECTION	9.21	
			J0275		ALPROSTADIL URETHRAL SUPPOS	BR	
			J0278		AMIKACIN SULFATE INJECTION	1.40	
			J0280		AMINOPHYLLIN 250 MG INJ	10.72	
			J0282		AMIODARONE HCL	7.39	
			J0285		AMPHOTERICIN B	23.58	
			J0287		AMPHOTERICIN B LIPID COMPLEX	15.73	11.46
			J0288		AMPHO B CHOLESTERYL SULFATE	41.47	
			J0289		AMPHOTERICIN B LIPOSOME INJ	21.96	31.51
			J0290		AMPICILLIN 500 MG INJ	1.72	
			J0295		AMPICILLIN SULBACTAM 1.5 GM	2.75	
			J0300		AMOBARBITAL 125 MG INJ	14.09	80.40
			J0330		SUCCINYCHOLINE CHLORIDE INJ	18.44	
			J0348		ANIDULAFUNGIN INJECTION	0.70	
			J0350		INJECTION ANISTREPLASE 30 U	BR	
			J0360		HYDRALAZINE HCL INJECTION	12.68	
			J0364		APOMORPHINE HYDROCHLORIDE	3.62	
			J0365		APROTONIN, 10,000 KIU	31.33	
			J0380		INJ METARAMINOL BITARTRATE	1.21	
			J0390		CHLOROQUINE INJECTION	BR	
			J0395		ARBUTAMINE HCL INJECTION	BR	
			J0400		ARIPIPRAZOLE INJECTION	1.84	
			J0401		INJ ARIPIPRAZOLE EXT REL 1MG	5.13	7.77
			J0456		AZITHROMYCIN	4.30	
			J0461		ATROPINE SULFATE INJECTION	0.06	
			J0470		DIMECAPROL INJECTION	46.76	
			J0475		BACLOFEN 10 MG INJECTION	200.46	241.04
			J0476		BACLOFEN INTRATHECAL TRIAL	92.28	
			J0480		BASILIXIMAB	3633.38	5222.21
			J0485		BELATACEPT INJECTION	4.59	5.38

C	D	E	Code	Mod	Description	Amount	APC Amount
			J0490		BELIMUMAB INJECTION	50.08	62.71
			J0500		DICYCLOMINE INJECTION	69.76	
			J0515		INJ BENZTROPINE MESYLATE	24.55	
			J0517		INJ., BENRALIZUMAB, 1 MG	BR	237.20
			J0520		BETHANECHOL CHLORIDE INJECT	BR	
			J0558		PENG BENZATHINE/PROCAINE INJ	7.96	15.57
			J0561		PENICILLIN G BENZATHINE INJ	10.06	19.67
			J0565		INJ, BEZLOTOXUMAB, 10 MG	BR	56.93
			J0567		INJ., CERLIPONASE ALFA 1 MG	BR	132.94
			J0570		BUPRENORPHINE IMPLANT 74.2MG	BR	1803.27
			J0571		BUPRENORPHINE ORAL 1MG	BR	
			J0572		BUPREN/NAL UP TO 3MG BUPRENO	BR	
			J0573		BUPREN/NAL 3.1 TO 6MG BUPREN	BR	
			J0574		BUPREN/NAL 6.1 TO 10MG BUPRE	BR	
			J0575		BUPREN/NAL OVER 10MG BUPRENO	BR	
			J0583		BIVALIRUDIN	3.63	
			J0584		INJECTION, BUROSUMAB-TWZA 1M	BR	501.83
			J0585		INJECTION,ONABOTULINUMTOXINA	6.92	8.71
			J0586		ABOBOTULINUMTOXINA	9.54	12.12
			J0587		INJ, RIMABOTULINUMTOXINB	14.02	17.04
			J0588		INCOBOTULINUMTOXIN A	5.76	7.21
			J0592		BUPRENORPHINE HYDROCHLORIDE	3.61	
			J0594		BUSULFAN INJECTION	40.07	15.37
			J0595		BUTORPHANOL TARTRATE 1 MG	2.89	
			J0596		INJECTION, RUCONEST	BR	39.00
			J0597		C-1 ESTERASE, BERINERT	55.96	69.46
			J0598		C-1 ESTERASE, CINRYZE	65.80	76.71
			J0599		INJ., HAEGARDA 10 UNITS	BR	13.73
			J0600		EDETATE CALCIUM DISODIUM INJ	6757.62	7944.08
			J0604		CINACALCET, ESRD ON DIALYSIS	3.91	
			J0606		INJ, ETELCALCETIDE, 0.1 MG	11.98	4.09
			J0610		CALCIUM GLUCONATE INJECTION	3.74	
			J0620		CALCIUM GLYCER & LACT/10 ML	9.21	
			J0630		CALCITONIN SALMON INJECTION	2413.14	3764.56
			J0636		INJ CALCITRIOL PER 0.1 MCG	0.42	
			J0637		CASPOFUNGIN ACETATE	15.63	14.23
			J0638		CANAKINUMAB INJECTION	111.27	157.60
			J0640		LEUCOVORIN CALCIUM INJECTION	4.63	
			J0641		LEVOLEUCOVORIN INJECTION	1.95	0.17
			J0670		INJ MEPIVACAINE HCL/10 ML	2.38	
			J0690		CEFAZOLIN SODIUM INJECTION	1.08	
			J0692		CEFEPIME HCL FOR INJECTION	3.03	
			J0694		CEFOXITIN SODIUM INJECTION	5.91	
			J0695		INJ CEFTOLOZANE TAZOBACTAM	BR	7.70
			J0696		CEFTRIAXONE SODIUM INJECTION	0.94	
			J0697		STERILE CEFUROXIME INJECTION	2.92	
			J0698		CEFOTAXIME SODIUM INJECTION	28.80	
			J0702		BETAMETHASONE ACET&SOD PHOSP	7.05	
			J0706		CAFFEINE CITRATE INJECTION	1.51	
			J0710		CEPHAPIRIN SODIUM INJECTION	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			J0712		CEFTAROLINE FOSAMIL INJ	2.74	4.13
			J0713		INJ CEFTAZIDIME PER 500 MG	2.90	
			J0714		CEFTAZIDIME AND AVIBACTAM	BR	119.61
			J0715		CEFTIZOXIME SODIUM / 500 MG	BR	
			J0716		CENTRUROIDES IMMUNE F(AB)	BR	6521.78
			J0717		CERTOLIZUMAB PEGOL INJ 1MG	7.81	11.20
			J0720		CHLORAMPHENICOL SODIUM INJEC	38.33	
			J0725		CHORIONIC GONADOTROPIN/1000U	24.41	32.09
			J0735		CLONIDINE HYDROCHLORIDE	13.94	
			J0740		CIDOFOVIR INJECTION	684.73	742.30
			J0743		CILASTATIN SODIUM INJECTION	5.49	
			J0744		CIPROFLOXACIN IV	1.23	
			J0745		INJ CODEINE PHOSPHATE /30 MG	1.21	
			J0770		COLISTIMETHATE SODIUM INJ	12.56	
			J0775		COLLAGENASE, CLOST HIST INJ	46.45	63.99
			J0780		PROCHLORPERAZINE INJECTION	15.81	
			J0795		CORTICORELIN OVINE TRIFLUTAL	9.33	12.68
			J0800		CORTICOTROPIN INJECTION	4322.60	
			J0834		INJ., COSYNTROPIN, 0.25 MG	53.74	
			J0840		CROTALIDAE POLY IMMUNE FAB	3071.72	4673.60
			J0841		INJ CROTALIDAE IM F(AB')2 EQ	BR	1784.37
			J0850		CYTOMEGALOVIRUS IMM IV /VIAL	1286.15	1603.40
			J0875		INJECTION, DALBAVANCIN	17.62	19.25
			J0878		DAPTOMYCIN INJECTION	0.97	0.59
			J0881		DARBEPOETIN ALFA, NON-ESRD	5.01	5.44
			J0882		DARBEPOETIN ALFA, ESRD USE	5.01	5.44
			J0883		ARGATROBAN NONESRD USE 1MG	BR	1.45
			J0884		ARGATROBAN ESRD DIALYSIS 1MG	BR	1.45
			J0885		EPOETIN ALFA, NON-ESRD	14.90	16.97
			J0887		EPOETIN BETA ESRD USE	BR	
			J0888		EPOETIN BETA NON ESRD	BR	
			J0890		PEGINESATIDE INJECTION	BR	
			J0894		DECITABINE INJECTION	26.30	17.94
			J0895		DEFEROXAMINE MESYLATE INJ	18.13	
			J0897		DENOSUMAB INJECTION	18.71	26.43
			J0945		BROMPHENIRAMINE MALEATE INJ	4.61	
			J1000		DEPO-ESTRADIOL CYPIONATE INJ	16.67	
			J1020		METHYLPREDNISOLONE 20 MG INJ	5.43	
			J1030		METHYLPREDNISOLONE 40 MG INJ	5.20	
			J1040		METHYLPREDNISOLONE 80 MG INJ	10.07	
			J1050		MEDROXYPROGESTERONE ACETATE	0.43	
			J1071		INJ TESTOSTERONE CYPIONATE	0.04	
			J1094		INJ DEXAMETHASONE ACETATE	1.84	
			J1095		INJECTION, DEXAMETHASONE 9%	BR	1.57
			J1100		DEXAMETHASONE SODIUM PHOS	0.17	
			J1110		INJ DIHYDROERGOTAMINE MESYLT	92.70	
			J1120		ACETAZOLAMID SODIUM INJECTIO	25.07	
			J1130		INJ DICLOFENAC SODIUM 0.5MG	BR	
			J1160		DIGOXIN INJECTION	5.53	
			J1162		DIGOXIN IMMUNE FAB (OVINE)	3192.18	5236.59

C	D	E	Code	Mod	Description	Amount	APC Amount
			J1165		PHENYTOIN SODIUM INJECTION	0.80	
			J1170		HYDROMORPHONE INJECTION	2.49	
			J1180		DYPHYLLINE INJECTION	BR	
			J1190		DEXRAZOXANE HCL INJECTION	201.46	313.77
			J1200		DIPHENHYDRAMINE HCL INJECTIO	0.59	
			J1205		CHLOROTHIAZIDE SODIUM INJ	139.93	
			J1212		DIMETHYL SULFOXIDE 50% 50 ML	262.77	769.08
			J1230		METHADONE INJECTION	12.39	
			J1240		DIMENHYDRINATE INJECTION	7.52	
			J1245		DIPYRIDAMOLE INJECTION	0.99	
			J1250		INJ DOBUTAMINE HCL/250 MG	6.69	
			J1260		DOLASETRON MESYLATE	18.44	
			J1265		DOPAMINE INJECTION	0.73	
			J1267		DORIPENEM INJECTION	0.97	
			J1270		INJECTION, DOXERCALCIFEROL	1.12	
			J1290		ECALLANTIDE INJECTION	488.83	679.67
			J1300		ECULIZUMAB INJECTION	260.82	327.28
			J1301		INJECTION, EDARAVONE, 1 MG	BR	27.21
			J1320		AMITRIPTYLINE INJECTION	BR	
			J1322		ELOSULFASE ALFA, INJECTION	BR	336.48
			J1324		ENFUVIRTIDE INJECTION	368.64	
			J1325		EPOPROSTENOL INJECTION	18.69	
			J1327		EPTIFIBATIDE INJECTION	25.37	21.68
			J1330		ERGONOVINE MALEATE INJECTION	BR	
			J1335		ERTAPENEM INJECTION	50.29	
			J1364		ERYTHRO LACTOBIONATE /500 MG	58.46	111.99
			J1380		ESTRADIOL VALERATE 10 MG INJ	12.41	
			J1410		INJ ESTROGEN CONJUGATE 25 MG	275.85	438.65
			J1428		INJ, ETEPLIRSEN, 10 MG	176.93	238.57
			J1430		ETHANOLAMINE OLEATE 100 MG	488.11	630.62
			J1435		INJECTION ESTRONE PER 1 MG	0.40	
			J1436		ETIDRONATE DISODIUM INJ	BR	
			J1438		ETANERCEPT INJECTION	6140.60	916.67
			J1439		INJ FERRIC CARBOXYMALTOS 1MG	1.28	1.54
			J1442		INJ FILGRASTIM EXCL BIOSIMIL	1.22	1.43
			J1443		INJ FERRIC PYROPHOSPHATE CIT	BR	
			J1447		INJ TBO FILGRASTIM 1 MICROG	0.93	0.83
			J1450		FLUCONAZOLE	5.83	
			J1451		FOMEPIZOLE, 15 MG	8.46	12.15
			J1452		INTRAOCULAR FOMIVIRSEN NA	BR	
			J1453		FOSAPREPITANT INJECTION	2.08	2.99
			J1454		INJ FOSNETUPITANT, PALONOSET	BR	751.92
			J1455		FOSCARNET SODIUM INJECTION	82.97	116.82
			J1457		GALLIUM NITRATE INJECTION	1.61	
			J1458		GALSULFASE INJECTION	440.16	554.46
			J1459		INJ IVIG PRIVIGEN 500 MG	46.21	57.25
			J1460		GAMMA GLOBULIN 1 CC INJ	40.40	56.76
			J1555		INJ CUVITRU, 100 MG	BR	19.32
			J1556		INJ, IMM GLOB BIVIGAM, 500MG	46.94	100.13
			J1557		GAMMAPLEX INJECTION	45.07	65.16

C	D	E	Code	Mod	Description	Amount	APC Amount
			J1559		HIZENTRA INJECTION	10.23	14.36
			J1560		GAMMA GLOBULIN > 10 CC INJ	404.06	567.60
			J1561		GAMUNEX-C/GAMMAKED	50.45	56.96
			J1562		VIVAGLOBIN, INJ	11.27	
			J1566		IMMUNE GLOBULIN, POWDER	42.15	61.22
			J1568		OCTAGAM INJECTION	51.27	50.37
			J1569		GAMMAGARD LIQUID INJECTION	46.04	59.96
			J1570		GANCICLOVIR SODIUM INJECTION	79.94	
			J1571		HEPAGAM B IM INJECTION	67.41	91.36
			J1572		FLEBOGAMMA INJECTION	47.54	48.84
			J1573		HEPAGAM B INTRAVENOUS, INJ	BR	91.36
			J1575		HYQVIA 100MG IMMUNEGLOBULIN	13.09	20.13
			J1580		GARAMYCIN GENTAMICIN INJ	1.52	
			J1595		INJECTION GLATIRAMER ACETATE	289.87	276.29
			J1599		IVIG NON-LYOPHILIZED, NOS	BR	
			J1600		GOLD SODIUM THIOMALEATE INJ	36.86	
			J1602		GOLIMUMAB FOR IV USE 1MG	29.42	33.13
			J1610		GLUCAGON HYDROCHLORIDE/1 MG	239.11	312.28
			J1620		GONADORELIN HYDROCH/ 100 MCG	BR	
			J1626		GRANISETRON HCL INJECTION	0.52	
			J1627		INJ, GRANISETRON, XR, 0.1 MG	BR	4.53
			J1628		INJ., GUSELKUMAB, 1 MG	BR	139.04
			J1630		HALOPERIDOL INJECTION	1.84	
			J1631		HALOPERIDOL DECANOATE INJ	24.50	
			J1640		HEMIN, 1 MG	26.29	32.63
			J1642		INJ HEPARIN SODIUM PER 10 U	0.22	
			J1644		INJ HEPARIN SODIUM PER 1000U	0.25	
			J1645		DALTEPARIN SODIUM	18.84	
			J1650		INJ ENOXAPARIN SODIUM	1.38	
			J1652		FONDAPARINUX SODIUM	3.06	
			J1655		TINZAPARIN SODIUM INJECTION	4.43	
			J1670		TETANUS IMMUNE GLOBULIN INJ	486.58	594.42
			J1675		HISTRELIN ACETATE	1.21	
			J1700		HYDROCORTISONE ACETATE INJ	BR	
			J1710		HYDROCORTISONE SODIUM PH INJ	BR	
			J1720		HYDROCORTISONE SODIUM SUCC I	9.06	
			J1726		MAKENA, 10 MG	36.86	34.88
			J1729		INJ HYDROXYPROGST CAPOAT NOS	1.65	
			J1730		DIAZOXIDE INJECTION	122.40	
			J1740		IBANDRONATE SODIUM INJECTION	130.88	78.73
			J1741		IBUPROFEN INJECTION	BR	
			J1742		IBUTILIDE FUMARATE INJECTION	113.85	334.38
			J1743		IDURSULFASE INJECTION	627.79	770.94
			J1744		ICATIBANT INJECTION	0.00	516.02
			J1745		INFLIXIMAB NOT BIOSIMIL 10MG	96.52	108.84
			J1746		INJ., IBALIZUMAB-UIYK, 10 MG	BR	83.27
			J1750		INJ IRON DEXTRAN	14.73	19.34
			J1756		IRON SUCROSE INJECTION	0.32	
			J1786		IMUGLUCERASE INJECTION	50.73	59.81
			J1790		DROPERIDOL INJECTION	7.37	

C	D	E	Code	Mod	Description	Amount	APC Amount
			J1800		PROPRANOLOL INJECTION	3.49	
			J1810		DROPERIDOL/FENTANYL INJ	BR	
			J1815		INSULIN INJECTION	0.96	
			J1817		INSULIN FOR INSULIN PUMP USE	10.10	
			J1826		INTERFERON BETA-1A INJ	1738.00	3956.08
			J1830		INTERFERON BETA-1B / .25 MG	BR	526.56
			J1833		INJECTION, ISAVUCONAZONIUM	BR	1.06
			J1835		ITRACONAZOLE INJECTION	22.05	
			J1840		KANAMYCIN SULFATE 500 MG INJ	44.24	
			J1850		KANAMYCIN SULFATE 75 MG INJ	1.21	
			J1885		KETOROLAC TROMETHAMINE INJ	0.84	
			J1890		CEPHALOTHIN SODIUM INJECTION	BR	
			J1930		LANREOTIDE INJECTION	58.18	83.45
			J1931		LARONIDASE INJECTION	35.56	44.33
			J1940		FUROSEMIDE INJECTION	3.49	
			J1942		ARIPIPRAZOLE LAUROXIL 1MG	BR	3.65
			J1945		LEPIRUDIN	180.79	
			J1950		LEUPROLIDE ACETATE /3.75 MG	1122.10	1688.36
			J1953		LEVETIRACETAM INJECTION	0.24	
			J1955		INJ LEVOCARNITINE PER 1 GM	21.06	
			J1956		LEVOFLOXACIN INJECTION	2.89	
			J1960		LEVORPHANOL TARTRATE INJ	3.62	
			J1980		HYOSCYAMINE SULFATE INJ	29.45	
			J1990		CHLORDIAZEPOXIDE INJECTION	24.96	
			J2001		LIDOCAINE INJECTION	0.02	
			J2010		LINCOMYCIN INJECTION	13.54	
			J2020		LINEZOLID INJECTION	28.64	
			J2060		LORAZEPAM INJECTION	0.92	
			J2062		LOXAPINE FOR INHALATION 1 MG	BR	20.89
			J2150		MANNITOL INJECTION	1.94	
			J2170		MECASERMIN INJECTION	8.46	
			J2175		MEPERIDINE HYDROCHL /100 MG	5.47	
			J2180		MEPERIDINE/PROMETHAZINE INJ	71.89	
			J2182		INJECTION, MEPOLIZUMAB, 1MG	BR	41.89
			J2185		MEROPENEM	1.59	
			J2186		INJ., MEROPENEM, VABORBACTAM	BR	2.36
			J2210		METHYLERGONOVIN MALEATE INJ	5.94	
			J2212		METHYLNALTREXONE INJECTION	0.00	
			J2248		MICAFUNGIN SODIUM INJECTION	1.17	
			J2250		INJ MIDAZOLAM HYDROCHLORIDE	0.16	
			J2260		INJ MILRINONE LACTATE / 5 MG	4.03	
			J2265		MINOCYCLINE HYDROCHLORIDE	0.00	2.34
			J2270		MORPHINE SULFATE INJECTION	1.47	
			J2274		INJ MORPHINE PF EPID ITHC	10.35	
			J2278		ZICONOTIDE INJECTION	8.67	10.98
			J2280		INJ, MOXIFLOXACIN 100 MG	11.08	
			J2300		INJ NALBUPHINE HYDROCHLORIDE	2.87	
			J2310		INJ NALOXONE HYDROCHLORIDE	33.81	
			J2315		NALTREXONE, DEPOT FORM	3.85	4.61
			J2320		NANDROLONE DECANOATE 50 MG	55.30	30.80

C	D	E	Code	Mod	Description	Amount	APC Amount
			J2323		NATALIZUMAB INJECTION	20.55	28.02
			J2325		NESIRITIDE INJECTION	36.24	106.22
			J2326		INJ, NUSINERSEN, 0.1MG	1152.03	1564.45
			J2350		INJECTION, OCRELIZUMAB, 1 MG	BR	81.47
			J2353		OCTREOTIDE INJECTION, DEPOT	191.71	280.99
			J2354		OCTREOTIDE INJ, NON-DEPOT	1.48	
			J2355		OPRELVEKIN INJECTION	530.35	232.85
			J2357		OMALIZUMAB INJECTION	36.20	52.61
			J2358		OLANZAPINE LONG-ACTING INJ	3.52	
			J2360		ORPHENADRINE INJECTION	6.89	
			J2370		PHENYLEPHRINE HCL INJECTION	9.21	
			J2400		CHLOROPROCAINE HCL INJECTION	27.56	
			J2405		ONDANSETRON HCL INJECTION	0.12	
			J2407		INJECTION, ORITAVANCIN	30.94	33.59
			J2410		OXYMORPHONE HCL INJECTION	3.43	
			J2425		PALIFERMIN INJECTION	19.82	28.71
			J2426		PALIPERIDONE PALMITATE INJ	10.49	15.54
			J2430		PAMIDRONATE DISODIUM /30 MG	13.98	
			J2440		PAPAVERIN HCL INJECTION	2.76	
			J2460		OXYTETRACYCLINE INJECTION	BR	
			J2469		PALONOSETRON HCL	25.93	21.22
			J2501		PARICALCITOL	1.15	
			J2502		INJ, PASIREOTIDE LONG ACTING	BR	412.19
			J2503		PEGAPTANIB SODIUM INJECTION	1251.59	
			J2504		PEGADEMASE BOVINE, 25 IU	339.91	522.50
			J2505		INJECTION, PEGFILGRASTIM 6MG	4624.03	6648.16
			J2507		PEGLOTICASE INJECTION	1646.88	3352.68
			J2510		PENICILLIN G PROCAINE INJ	27.21	
			J2513		PENTASTARCH 10% SOLUTION	BR	
			J2515		PENTOBARBITAL SODIUM INJ	50.34	68.57
			J2540		PENICILLIN G POTASSIUM INJ	1.15	
			J2543		PIPERACILLIN/TAZOBACTAM	3.13	
			J2545		PENTAMIDINE NON-COMP UNIT	137.39	
			J2547		INJECTION, PERAMIVIR	BR	2.29
			J2550		PROMETHAZINE HCL INJECTION	1.98	
			J2560		PHENOBARBITAL SODIUM INJ	35.27	
			J2562		PLERIXAFOR INJECTION	371.89	469.27
			J2590		OXYTOCIN INJECTION	13.83	
			J2597		INJ DESMOPRESSIN ACETATE	16.33	17.69
			J2650		PREDNISOLONE ACETATE INJ	BR	
			J2670		TOTAZOLINE HCL INJECTION	BR	
			J2675		INJ PROGESTERONE PER 50 MG	1.17	
			J2680		FLUPHENAZINE DECANOATE 25 MG	26.90	
			J2690		PROCAINAMIDE HCL INJECTION	55.74	
			J2700		OXACILLIN SODIUM INJECITON	2.18	
			J2704		INJ, PROPOFOL, 10 MG	0.15	
			J2710		NEOSTIGMINE METHYLSLFTE INJ	10.78	
			J2720		INJ PROTAMINE SULFATE/10 MG	1.41	
			J2724		PROTEIN C CONCENTRATE	18.28	21.49
			J2725		INJ PROTIRELIN PER 250 MCG	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			J2730		PRALIDOXIME CHLORIDE INJ	103.48	
			J2760		PHENTOLAINE MESYLATE INJ	460.80	539.09
			J2765		METOCLOPRAMIDE HCL INJECTION	0.85	
			J2770		QUINUPRISTIN/DALFOPRISTIN	401.19	593.22
			J2778		RANIBIZUMAB INJECTION	468.26	516.85
			J2780		RANITIDINE HYDROCHLORIDE INJ	1.28	
			J2783		RASBURICASE	280.09	397.34
			J2785		REGADENOSON INJECTION	65.28	
			J2786		INJECTION, RESLIZUMAB, 1MG	BR	13.26
			J2787		RIBOFLAVIN 5'PHOS OPTH<=3ML	BR	
			J2788		RHO D IMMUNE GLOBULIN 50 MCG	29.46	
			J2790		RHO D IMMUNE GLOBULIN INJ	101.14	
			J2791		RHOPHYLAC INJECTION	5.72	
			J2792		RHO(D) IMMUNE GLOBULIN H, SD	24.42	39.45
			J2793		RILONACEPT INJECTION	27.75	
			J2794		RISPERIDONE, LONG ACTING	8.80	13.36
			J2795		ROPIVACAINE HCL INJECTION	0.09	
			J2796		ROMIPLOSTIM INJECTION	71.40	101.68
			J2797		INJ., ROLAPITANT, 0.5 MG	BR	1.33
			J2800		METHOCARBAMOL INJECTION	52.21	
			J2805		SINCALIDE INJECTION	111.23	
			J2810		INJ THEOPHYLLINE PER 40 MG	0.35	
			J2820		SARGRAMOSTIM INJECTION	41.40	55.32
			J2840		INJ SEBELIPASE ALFA 1 MG	494.12	768.40
			J2850		INJ SECRETIN SYNTHETIC HUMAN	39.63	49.39
			J2860		INJECTION, SILTUXIMAB	BR	135.44
			J2910		AUROTHIOGLUCOSE INJECITON	BR	
			J2916		NA FERRIC GLUCONATE COMPLEX	3.10	
			J2920		METHYLPREDNISOLONE INJECTION	3.50	
			J2930		METHYLPREDNISOLONE INJECTION	4.96	
			J2940		SOMATREM INJECTION	BR	
			J2941		SOMATROPIN INJECTION	695.26	
			J2950		PROMAZINE HCL INJECTION	BR	
			J2993		RETEPLASE INJECTION	2588.57	717.07
			J2995		INJ STREPTOKINASE /250000 IU	88.58	
			J2997		ALTEPLASE RECOMBINANT	90.22	124.60
			J3000		STREPTOMYCIN INJECTION	14.31	
			J3010		FENTANYL CITRATE INJECTION	0.59	
			J3030		SUMATRIPTAN SUCCINATE / 6 MG	101.35	
			J3060		INJ, TALIGLUCERASE ALFA 10 U	46.58	57.28
			J3070		PENTAZOCINE INJECTION	149.75	
			J3090		INJ TEDIZOLID PHOSPHATE	1.47	2.02
			J3095		TELAVANCIN INJECTION	6.39	7.89
			J3101		TENECTEPLASE INJECTION	113.45	172.97
			J3105		TERBUTALINE SULFATE INJ	1.03	
			J3110		TERIPARATIDE INJECTION	9.66	
			J3121		INJ TESTOSTERO ENANTHATE 1MG	0.05	
			J3145		TESTOSTERONE UNDECANOATE 1MG	BR	1.93
			J3230		CHLORPROMAZINE HCL INJECTION	23.20	
			J3240		THYROTROPIN INJECTION	1729.70	2348.10

C	D	E	Code	Mod	Description	Amount	APC Amount
			J3243		TIGECYCLINE INJECTION	2.93	2.66
			J3245		INJ., TILDRAKIZUMAB, 1 MG	BR	
			J3246		TIROFIBAN HCL	10.07	10.96
			J3250		TRIMETHOBENZAMIDE HCL INJ	28.66	
			J3260		TOBRAMYCIN SULFATE INJECTION	3.24	
			J3262		TOCILIZUMAB INJECTION	4.83	7.00
			J3265		INJECTION TORSEMIDE 10 MG/ML	BR	
			J3280		THIETHYLPERAZINE MALEATE INJ	5.64	
			J3285		TREPROSTINIL INJECTION	73.96	93.90
			J3300		TRIAMCINOLONE A INJ PRS-FREE	4.53	5.47
			J3301		TRIAMCINOLONE ACET INJ NOS	2.18	
			J3302		TRIAMCINOLONE DIACETATE INJ	1.73	
			J3303		TRIAMCINOLONE HEXACETONL INJ	9.21	
			J3304		INJ TRIAMCINOLONE ACE XR 1MG	BR	26.81
			J3305		INJ TRIMETREXATE GLUCORONATE	BR	
			J3310		PERPHENAZINE INJECITON	BR	
			J3315		TRIPTORELIN PAMOATE	288.66	347.18
			J3316		INJ., TRIPTORELIN XR 3.75 MG	BR	4082.77
			J3320		SPECTINOMYCN DI-HCL INJ	BR	
			J3350		UREA INJECTION	BR	
			J3355		UROFOLLITROPIN, 75 IU	73.68	
			J3357		USTEKINUMAB SUB CU INJ, 1 MG	206.53	261.35
			J3358		USTEKINUMAB, IV INJECT, 1 MG	BR	17.31
			J3360		DIAZEPAM INJECTION	8.02	
			J3364		UROKINASE 5000 IU INJECTION	BR	
			J3365		UROKINASE 250,000 IU INJ	BR	
			J3370		VANCOMYCIN HCL INJECTION	4.67	
			J3380		INJECTION, VEDOLIZUMAB	20.56	28.46
			J3385		VELAGLUCERASE ALFA	414.15	490.78
			J3396		VERTEPORFIN INJECTION	13.26	15.59
			J3397		INJ., VESTRONIDASE ALFA-VJBK	BR	310.65
			J3398		INJ LUXTURNA 1 BILLION VEC G	BR	4176.93
			J3400		TRIFLUPROMAZINE HCL INJ	BR	
			J3410		HYDROXYZINE HCL INJECTION	2.64	
			J3411		THIAMINE HCL 100 MG	3.89	
			J3415		PYRIDOXINE HCL 100 MG	11.92	
			J3420		VITAMIN B12 INJECTION	3.18	
			J3430		VITAMIN K PHYTONADIONE INJ	3.31	
			J3465		INJECTION, VORICONAZOLE	4.69	
			J3470		HYALURONIDASE INJECTION	27.65	
			J3471		OVINE, UP TO 999 USP UNITS	0.38	
			J3472		OVINE, 1000 USP UNITS	132.47	
			J3473		HYALURONIDASE RECOMBINANT	0.43	
			J3475		INJ MAGNESIUM SULFATE	0.27	
			J3480		INJ POTASSIUM CHLORIDE	0.17	
			J3485		ZIDOVUDINE	1.81	
			J3486		ZIPRASIDONE MESYLATE	18.81	
			J3489		ZOLEDRONIC ACID 1MG	33.25	
			J3490		DRUGS UNCLASSIFIED INJECTION	BR	
			J3520		EDETATE DISODIUM PER 150 MG	3.23	

C	D	E	Code	Mod	Description	Amount	APC Amount
			J3530		NASAL VACCINE INHALATION	BR	
			J3535		METERED DOSE INHALER DRUG	BR	
			J3570		LAETRILE AMYGDALIN VIT B17	BR	
			J3590		UNCLASSIFIED BIOLOGICS	BR	
			J3591		ESRD ON DIALYSI DRUG/BIO NOC	BR	
			J7030		NORMAL SALINE SOLUTION INFUS	2.26	
			J7040		NORMAL SALINE SOLUTION INFUS	1.14	
			J7042		5% DEXTROSE/NORMAL SALINE	0.71	
			J7050		NORMAL SALINE SOLUTION INFUS	0.55	
			J7060		5% DEXTROSE/WATER	2.22	
			J7070		D5W INFUSION	4.32	
			J7100		DEXTRAN 40 INFUSION	18.42	
			J7110		DEXTRAN 75 INFUSION	BR	
			J7120		RINGERS LACTATE INFUSION	2.20	
			J7121		5% DEXTROSE IN LAC RINGERS	18.44	
			J7131		HYPERTONIC SALINE SOL	BR	
			J7170		INJ., EMICIZUMAB-KXWH 0.5 MG	BR	69.01
			J7175		INJ, FACTOR X, (HUMAN), 1IU	BR	10.19
			J7177		INJ., FIBRYGA, 1 MG	BR	1.52
			J7178		INJ HUMAN FIBRINOGEN CON NOS	0.00	1.66
			J7179		VONVENDI INJ 1 IU VWF:RCO	24.10	2.78
			J7180		FACTOR XIII ANTI-HEM FACTOR	9.39	11.66
			J7181		FACTOR XIII RECOMB A-SUBUNIT	BR	21.04
			J7182		FACTOR VIII RECOMB NOVOEIGHT	1.75	1.89
			J7183		WILATE INJECTION	1.21	1.45
			J7185		XYNTHA INJ	1.48	1.73
			J7186		ANTIHEMOPHILIC VIII/VWF COMP	1.17	1.42
			J7187		HUMATE-P, INJ	1.21	1.60
			J7188		FACTOR VIII RECOMB OBIZUR	BR	4.33
			J7189		FACTOR VIIA	2.38	2.95
			J7190		FACTOR VIII	1.16	1.53
			J7191		FACTOR VIII (PORCINE)	BR	
			J7192		FACTOR VIII RECOMBINANT NOS	1.42	1.85
			J7193		FACTOR IX NON-RECOMBINANT	1.33	1.62
			J7194		FACTOR IX COMPLEX	1.47	2.02
			J7195		FACTOR IX RECOMBINANT NOS	1.75	2.13
			J7196		ANTITHROMBIN RECOMBINANT	BR	146.76
			J7197		ANTITHROMBIN III INJECTION	4.37	4.97
			J7198		ANTI-INHIBITOR	2.30	2.84
			J7199		HEMOPHILIA CLOT FACTOR NOC	BR	
			J7200		FACTOR IX RECOMBINAN RIXUBIS	1.50	1.86
			J7201		FACTOR IX ALPROLIX RECOMB	3.39	4.26
			J7202		FACTOR IX IDELVION INJ	BR	6.12
			J7203		FACTOR IX RECOMB GLY REBINYN	BR	5.18
			J7205		FACTOR VIII FC FUSION RECOMB	2.28	2.86
			J7207		FACTOR VIII PEGYLATED RECOMB	BR	2.40
			J7209		FACTOR VIII NUWIQ RECOMB 1IU	2.26	1.91
			J7210		INJ, AFSTYLA, 1 I.U.	5.13	1.93
			J7211		INJ, KOVALTRY, 1 I.U.	2.63	1.80
			J7296		KYLEENA, 19.5 MG	1331.75	

C	D	E	Code	Mod	Description	Amount	APC Amount
			J7297		LILETTA, 52 MG	0.00	
			J7298		MIRENA, 52 MG	0.00	
			J7300		INTRAUT COPPER CONTRACEPTIVE	921.49	
			J7301		SKYLA, 13.5 MG	0.00	
			J7303		CONTRACEPTIVE VAGINAL RING	138.24	
			J7304		CONTRACEPTIVE HORMONE PATCH	BR	
			J7306		LEVONORGESTREL IMPLANT SYS	875.33	
			J7307		ETONOGESTREL IMPLANT SYSTEM	BR	
			J7308		AMINOLEVULINIC ACID HCL TOP	353.39	574.52
			J7309		METHYL AMINOLEVULINATE, TOP	BR	
			J7310		GANCICLOVIR LONG ACT IMPLANT	19072.65	
			J7311		FLUOCINOLONE ACETONIDE IMPLT	24340.23	28602.17
			J7312		DEXAMETHASONE INTRA IMPLANT	242.93	284.13
			J7313		FLUOCINOL ACET INTRAVIT IMP	593.03	696.74
			J7315		OPHTHALMIC MITOMYCIN	BR	
			J7316		INJ, OCRIPLASMIN, 0.125 MG	1264.39	1486.64
			J7318		INJ, DUROLANE 1 MG	390.00	24.46
			J7320		GENVISC 850, INJ, 1MG	14.81	10.22
			J7321		HYALGAN SUPARTZ VISCO-3 DOSE	106.44	113.48
			J7322		HYMOVIS INJECTION 1 MG	28.80	27.34
			J7323		EUFLEXXA INJ PER DOSE	180.10	200.26
			J7324		ORTHOVISC INJ PER DOSE	203.58	208.61
			J7325		SYNVISC OR SYNVISC-ONE	15.85	16.85
			J7326		GEL-ONE	1013.74	1502.19
			J7327		MONOVISC INJ PER DOSE	1129.41	1123.56
			J7328		GELSYN-3 INJECTION 0.1 MG	BR	3.09
			J7329		INJ, TRIVISC 1 MG	BR	9.93
			J7330		CULTURED CHONDROCYTES IMPLNT	BR	
			J7336		CAPSAICIN 8% PATCH	3.49	4.47
			J7340		CARBIDOPA LEVODOPA ENT 100ML	BR	
			J7342		CIPROFLOXACIN OTIC SUSP 6 MG	BR	42.55
			J7345		AMINOLEVULINIC ACID, 10% GEL	BR	1.95
			J7500		AZATHIOPRINE ORAL 50MG	0.43	
			J7501		AZATHIOPRINE PARENTERAL	77.31	339.23
			J7502		CYCLOSPORINE ORAL 100 MG	4.06	
			J7503		TACROL ENVARSUS EX REL ORAL	BR	
			J7504		LYMPHOCYTE IMMUNE GLOBULIN	1373.32	2933.89
			J7505		MONOCLONAL ANTIBODIES	1081.09	
			J7507		TACROLIMUS IMME REL ORAL 1MG	1.03	
			J7508		TACROL ASTAGRAF EX REL ORAL	0.47	
			J7509		METHYLPREDNISOLONE ORAL	0.39	
			J7510		PREDNISOLONE ORAL PER 5 MG	0.15	
			J7511		ANTITHYMOCYTE GLOBULN RABBIT	776.69	1038.48
			J7512		PREDNISONE IR OR DR ORAL 1MG	0.02	
			J7513		DACLIZUMAB, PARENTERAL	466.66	
			J7515		CYCLOSPORINE ORAL 25 MG	1.18	
			J7516		CYCLOSPORIN PARENTERAL 250MG	51.57	
			J7517		MYCOPHENOLATE MOFETIL ORAL	1.22	
			J7518		MYCOPHENOLIC ACID	3.69	
			J7520		SIROLIMUS, ORAL	11.68	

C	D	E	Code	Mod	Description	Amount	APC Amount
			J7525		TACROLIMUS INJECTION	198.63	292.54
			J7527		ORAL EVEROLIMUS	9.05	
			J7599		IMMUNOSUPPRESSIVE DRUG NOC	BR	
			J7604		ACETYLCYSTEINE COMP UNIT	BR	
			J7605		ARFORMOTEROL NON-COMP UNIT	9.98	
			J7606		FORMOTEROL FUMARATE, INH	11.36	
			J7607		LEVALBUTEROL COMP CON	BR	
			J7608		ACETYLCYSTEINE NON-COMP UNIT	4.86	
			J7609		ALBUTEROL COMP UNIT	BR	
			J7610		ALBUTEROL COMP CON	BR	
			J7611		ALBUTEROL NON-COMP CON	0.14	
			J7612		LEVALBUTEROL NON-COMP CON	0.34	
			J7613		ALBUTEROL NON-COMP UNIT	0.06	
			J7614		LEVALBUTEROL NON-COMP UNIT	0.09	
			J7615		LEVALBUTEROL COMP UNIT	13.83	
			J7620		ALBUTEROL IPRATROP NON-COMP	0.18	
			J7622		BECLOMETHASONE COMP UNIT	BR	
			J7624		BETAMETHASONE COMP UNIT	BR	
			J7626		BUDESONIDE NON-COMP UNIT	6.42	
			J7627		BUDESONIDE COMP UNIT	7.37	
			J7628		BITOLTEROL MESYLATE COMP CON	BR	
			J7629		BITOLTEROL MESYLATE COMP UNT	BR	
			J7631		CROMOLYN SODIUM NONCOMP UNIT	0.97	
			J7632		CROMOLYN SODIUM COMP UNIT	0.40	
			J7633		BUDESONIDE NON-COMP CON	BR	
			J7634		BUDESONIDE COMP CON	BR	
			J7635		ATROPINE COMP CON	BR	
			J7636		ATROPINE COMP UNIT	BR	
			J7637		DEXAMETHASONE COMP CON	BR	
			J7638		DEXAMETHASONE COMP UNIT	BR	
			J7639		DORNASE ALFA NON-COMP UNIT	47.09	
			J7640		FORMOTEROL COMP UNIT	BR	
			J7641		FLUNISOLIDE COMP UNIT	12.48	
			J7642		GLYCOPYRROLATE COMP CON	BR	
			J7643		GLYCOPYRROLATE COMP UNIT	BR	
			J7644		IPRATROPIUM BROMIDE NON-COMP	0.25	
			J7645		IPRATROPIUM BROMIDE COMP	BR	
			J7647		ISOETHARINE COMP CON	BR	
			J7648		ISOETHARINE NON-COMP CON	BR	
			J7649		ISOETHARINE NON-COMP UNIT	BR	
			J7650		ISOETHARINE COMP UNIT	BR	
			J7657		ISOPROTERENOL COMP CON	BR	
			J7658		ISOPROTERENOL NON-COMP CON	BR	
			J7659		ISOPROTERENOL NON-COMP UNIT	BR	
			J7660		ISOPROTERENOL COMP UNIT	BR	
			J7665		MANNITOL FOR INHALER	0.81	
			J7667		METAPROTERENOL COMP CON	BR	
			J7668		METAPROTERENOL NON-COMP CON	BR	
			J7669		METAPROTERENOL NON-COMP UNIT	BR	
			J7670		METAPROTERENOL COMP UNIT	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			J7674		METHACHOLINE CHLORIDE, NEB	0.62	
			J7676		PENTAMIDINE COMP UNIT DOSE	BR	
			J7680		TERBUTALINE SULF COMP CON	15.70	
			J7681		TERBUTALINE SULF COMP UNIT	15.70	
			J7682		TOBRAMYCIN NON-COMP UNIT	67.17	
			J7683		TRIAMCINOLONE COMP CON	35.94	
			J7684		TRIAMCINOLONE COMP UNIT	BR	
			J7685		TOBRAMYCIN COMP UNIT	168.10	
			J7686		TREPROSTINIL, NON-COMP UNIT	611.73	
			J7699		INHALATION SOLUTION FOR DME	BR	
			J7799		NON-INHALATION DRUG FOR DME	BR	
			J7999		COMPOUNDED DRUG, NOC	BR	
			J8498		ANTIEMETIC RECTAL/SUPP NOS	BR	
			J8499		ORAL PRESCRIP DRUG NON CHEMO	BR	
			J8501		ORAL APREPITANT	12.32	
			J8510		ORAL BUSULFAN	14.91	
			J8515		CABERGOLINE, ORAL 0.25MG	16.91	
			J8520		CAPECITABINE, ORAL, 150 MG	6.33	
			J8521		CAPECITABINE, ORAL, 500 MG	20.11	
			J8530		CYCLOPHOSPHAMIDE ORAL 25 MG	4.44	
			J8540		ORAL DEXAMETHASONE	0.15	
			J8560		ETOPOSIDE ORAL 50 MG	82.88	107.58
			J8562		ORAL FLUDARABINE PHOSPHATE	BR	115.62
			J8565		GEFITINIB ORAL	64.42	
			J8597		ANTIEMETIC DRUG ORAL NOS	BR	
			J8600		MELPHALAN ORAL 2 MG	13.55	17.04
			J8610		METHOTREXATE ORAL 2.5 MG	1.67	
			J8650		NABILONE ORAL	18.92	
			J8655		ORAL NETUPITANT, PALONOSETRO	596.80	401.61
			J8670		ROLAPITANT, ORAL, 1MG	BR	1.86
			J8700		TEMOZOLOMIDE	4.37	
			J8705		TOPOTECAN ORAL	122.20	
			J8999		ORAL PRESCRIPTION DRUG CHEMO	BR	
			J9000		DOXORUBICIN HCL INJECTION	3.74	
			J9015		ALDESLEUKIN INJECTION	4317.48	5876.17
			J9017		ARSENIC TRIOXIDE INJECTION	71.58	109.21
			J9019		ERWINAZE INJECTION	469.50	589.05
			J9020		ASPARAGINASE, NOS	72.48	
			J9022		INJ, ATEZOLIZUMAB,10 MG	BR	110.42
			J9023		INJECTION, AVELUMAB, 10 MG	BR	116.17
			J9025		AZACITIDINE INJECTION	3.61	1.86
			J9027		CLOFARABINE INJECTION	167.09	134.80
			J9031		BCG LIVE INTRAVESICAL VAC	149.49	199.16
			J9032		INJECTION, BELINOSTAT, 10MG	39.26	54.30
			J9033		INJ., TREANDA 1 MG	29.69	42.98
			J9034		INJ., BENDEKA 1 MG	BR	33.84
			J9035		BEVACIZUMAB INJECTION	85.57	115.27
			J9039		INJECTION, BLINATUMOMAB	BR	156.42
			J9040		BLEOMYCIN SULFATE INJECTION	25.61	
			J9041		INJ., VELCADE 0.1 MG	56.48	64.77

C	D	E	Code	Mod	Description	Amount	APC Amount
			J9042		BRENTUXIMAB VEDOTIN INJ	150.30	222.55
			J9043		CABAZITAXEL INJECTION	178.43	239.00
			J9044		INJ, BORTEZOMIB, NOS, 0.1 MG	BR	50.65
			J9045		CARBOPLATIN INJECTION	4.39	
			J9047		INJECTION, CARFILZOMIB, 1 MG	37.30	51.55
			J9050		CARMUSTINE INJECTION	3886.50	5754.33
			J9055		CETUXIMAB INJECTION	65.00	86.01
			J9057		INJ., COPANLISIB, 1 MG	BR	110.00
			J9060		CISPLATIN 10 MG INJECTION	1.87	
			J9065		INJ CLADRIBINE PER 1 MG	21.18	31.06
			J9070		CYCLOPHOSPHAMIDE 100 MG INJ	58.80	53.71
			J9098		CYTARABINE LIPOSOME INJ	702.22	892.28
			J9100		CYTARABINE HCL 100 MG INJ	1.07	
			J9120		DACTINOMYCIN INJECTION	1401.60	2066.64
			J9130		DACARBAZINE 100 MG INJ	4.57	
			J9145		INJECTION, DARATUMUMAB 10 MG	BR	74.27
			J9150		DAUNORUBICIN INJECTION	31.97	68.41
			J9151		DAUNORUBICIN CITRATE INJ	7.15	0.45
			J9153		INJ DAUNORUBICIN, CYTARABINE	BR	270.25
			J9155		DEGARELIX INJECTION	4.41	5.40
			J9160		DENILEUKIN DIFTITOX INJ	1567.07	
			J9165		DIETHYLSTILBESTROL INJECTION	BR	
			J9171		DOCETAXEL INJECTION	3.13	1.91
			J9173		INJ., DURVALUMAB, 10 MG	BR	104.87
			J9175		ELLIOTTS B SOLUTION PER ML	7.29	
			J9176		INJECTION, ELOTUZUMAB, 1MG	BR	9.09
			J9178		INJ, EPIRUBICIN HCL, 2 MG	1.94	
			J9179		ERIBULIN MESYLATE INJECTION	126.14	163.74
			J9181		ETOPOSIDE INJECTION	0.77	
			J9185		FLUDARABINE PHOSPHATE INJ	81.40	
			J9190		FLUOROURACIL INJECTION	2.18	
			J9200		FLOXURIDINE INJECTION	84.06	
			J9201		GEMCITABINE HCL INJECTION	10.53	
			J9202		GOSERELIN ACETATE IMPLANT	334.19	711.71
			J9203		GEMTUZUMAB OZOGAMICIN 0.1 MG	460.79	275.50
			J9205		INJ IRINOTECAN LIPOSOME 1 MG	BR	64.82
			J9206		IRINOTECAN INJECTION	5.04	
			J9207		IXABEPILONE INJECTION	88.75	109.19
			J9208		IFOSFAMIDE INJECTION	37.36	
			J9209		MESNA INJECTION	5.01	
			J9211		IDARUBICIN HCL INJECTION	47.17	
			J9212		INTERFERON ALFACON-1 INJ	7.65	
			J9213		INTERFERON ALFA-2A INJ	42.28	240.45
			J9214		INTERFERON ALFA-2B INJ	28.87	48.33
			J9215		INTERFERON ALFA-N3 INJ	20.53	
			J9216		INTERFERON GAMMA 1-B INJ	360.36	
			J9217		LEUPROLIDE ACETATE SUSPNSION	305.11	335.34
			J9218		LEUPROLIDE ACETATE INJECITON	19.52	
			J9219		LEUPROLIDE ACETATE IMPLANT	BR	
			J9225		VANTAS IMPLANT	3632.70	5196.81

C	D	E	Code	Mod	Description	Amount	APC Amount
			J9226		SUPPRELIN LA IMPLANT	28734.47	45247.21
			J9228		IPILIMUMAB INJECTION	168.21	214.28
			J9229		INJ INOTUZUMAB OZOGAM 0.1 MG	BR	3135.74
			J9230		MECHLORETHAMINE HCL INJ	291.97	454.52
			J9245		INJ MELPHALAN HYDROCHL 50 MG	1937.56	1142.58
			J9250		METHOTREXATE SODIUM INJ	0.28	
			J9260		METHOTREXATE SODIUM INJ	2.79	
			J9261		NELARABINE INJECTION	178.91	215.87
			J9262		INJ, OMACETAXINE MEP, 0.01MG	BR	4.22
			J9263		OXALIPLATIN	0.46	
			J9264		PACLITAXEL PROTEIN BOUND	12.12	16.85
			J9266		PEGASPARGASE INJECTION	10819.55	21386.86
			J9267		PACLITAXEL INJECTION	0.18	
			J9268		PENTOSTATIN INJECTION	1957.72	2864.61
			J9270		PLICAMYCIN (MITHRAMYCIN) INJ	BR	8.69
			J9271		INJ PEMBROLIZUMAB	55.19	69.56
			J9280		MITOMYCIN INJECTION	129.97	177.60
			J9285		INJ, OLARATUMAB, 10 MG	BR	72.48
			J9293		MITOXANTRONE HYDROCHL / 5 MG	33.06	39.17
			J9295		INJECTION, NECITUMUMAB, 1 MG	BR	7.96
			J9299		INJECTION, NIVOLUMAB	30.64	39.05
			J9301		OBINUTUZUMAB INJ	66.87	91.76
			J9302		OFATUMUMAB INJECTION	61.03	83.06
			J9303		PANITUMUMAB INJECTION	124.89	162.88
			J9305		PEMETREXED INJECTION	74.60	96.71
			J9306		INJECTION, PERTUZUMAB, 1 MG	12.64	17.32
			J9307		PRALATREXATE INJECTION	267.86	392.25
			J9308		INJECTION, RAMUCIRUMAB	65.25	81.83
			J9311		INJ RITUXIMAB, HYALURONIDASE	BR	66.22
			J9312		INJ., RITUXIMAB, 10 MG	BR	135.46
			J9315		ROMIDEPSIN INJECTION	361.53	449.83
			J9320		STREPTOZOCIN INJECTION	386.54	491.86
			J9325		INJ TALIMOGENE LAHERPAREPVEC	BR	71.07
			J9328		TEMOZOLOMIDE INJECTION	8.14	14.85
			J9330		TEMSIROLIMUS INJECTION	76.98	93.09
			J9340		THIOTEPA INJECTION	1645.11	1081.45
			J9351		TOPOTECAN INJECTION	2.42	
			J9352		INJECTION TRABECTEDIN 0.1MG	BR	426.89
			J9354		INJ, ADO-TRASTUZUMAB EMT 1MG	35.28	44.33
			J9355		TRASTUZUMAB INJECTION	108.12	151.93
			J9357		VALRUBICIN INJECTION	1345.82	1890.19
			J9360		VINBLASTINE SULFATE INJ	3.60	
			J9370		VINCRISTINE SULFATE 1 MG INJ	7.84	
			J9371		INJ, VINCRISTINE SUL LIP 1MG	2802.61	4141.61
			J9390		VINORELBINE TARTRATE INJ	13.29	
			J9395		INJECTION, FULVESTRANT	113.04	138.44
			J9400		INJ, ZIV-AFLIBERCEPT, 1MG	9.92	11.48
			J9600		PORFIMER SODIUM INJECTION	2738.35	30131.79
			J9999		CHEMOTHERAPY DRUG	BR	
			K0001	NU	STANDARD WHEELCHAIR	740.14	

C	D	E	Code	Mod	Description	Amount	APC Amount
			K0002	NU	STND HEMI (LOW SEAT) WHLCHR	961.90	
			K0003	NU	LIGHTWEIGHT WHEELCHAIR	1186.08	
			K0004	NU	HIGH STRENGTH LTWT WHLCHR	1570.95	
			K0005	NU	ULTRALIGHTWEIGHT WHEELCHAIR	1915.78	
			K0006	NU	HEAVY DUTY WHEELCHAIR	1534.72	
			K0007	NU	EXTRA HEAVY DUTY WHEELCHAIR	2117.06	
			K0008		CSTM MANUAL WHEELCHAIR/BASE	BR	
			K0009	RR	OTHER MANUAL WHEELCHAIR/BASE	77.05	
			K0010	NU	STND WT FRAME POWER WHLCHR	4501.52	
			K0011	NU	STND WT PWR WHLCHR W CONTROL	BR	
			K0012	NU	LTWT PORTBL POWER WHLCHR	3433.71	
			K0013		CUSTOM POWER WHLCHR BASE	BR	
			K0014		OTHER POWER WHLCHR BASE	BR	
			K0015	NU	DETACH NON-ADJ HT ARMRST REP	186.21	
			K0017	NU	DETACH ADJUST ARMREST BASE	46.86	
			K0018	NU	DETACH ADJUST ARMRST UPPER	26.32	
			K0019	NU	ARM PAD REPL, EACH	15.37	
			K0020	NU	FIXED ADJUST ARMREST PAIR	44.07	
			K0037	NU	HI MOUNT FLIP-UP FOOTREST EA	39.21	
			K0038	NU	LEG STRAP EACH	22.77	
			K0039	NU	LEG STRAP H STYLE EACH	49.80	
			K0040	NU	ADJUSTABLE ANGLE FOOTPLATE	66.70	
			K0041	NU	LARGE SIZE FOOTPLATE EACH	48.32	
			K0042	NU	STANDARD SIZE FTPLATE REP EA	29.49	
			K0043	NU	FTRST LOWR EXTEN TUBE REP EA	18.41	
			K0044	NU	FTRST UPR HANGER BRAC REP EA	15.84	
			K0045	NU	FTRST COMPL ASSEMBLY REPL EA	53.08	
			K0046	NU	ELEV LGRST LWR EXTEN REPL EA	18.47	
			K0047	NU	ELEV LEGRST UPR HANGR REP EA	69.08	
			K0050	NU	RATCHET ASSEMBLY REPLACEMENT	30.53	
			K0051	NU	CAM REL ASM FT/LEGRST REP EA	48.91	
			K0052	NU	SWINGAWAY DETACH FTREST REPL	82.58	
			K0053	NU	ELEVATE FOOTREST ARTICULATE	91.98	
			K0056	NU	SEAT HT <17 OR >=21 LTWT WC	98.55	
			K0065	NU	SPOKE PROTECTORS	46.05	
			K0069	NU	RR WHL COMPL SOL TIRE REP EA	103.55	
			K0070	NU	RR WHL COMPL PNE TIRE REP EA	246.32	
			K0071	NU	FR CSTR COMP PNE TIRE REP EA	113.21	
			K0072	NU	FR CSTR SEMI-PNE TIRE REP EA	68.16	
			K0073	NU	CASTER PIN LOCK EACH	36.07	
			K0077	NU	FR CSTR ASMB SOL TIRE REP EA	60.99	
			K0098	NU	DRIVE BELT FOR PWC, REPL	25.25	
			K0105	NU	IV HANGER	103.03	
			K0108		W/C COMPONENT-ACCESSORY NOS	BR	
			K0195	RR	ELEVATING WHLCHAIR LEG RESTS	15.02	
			K0455	RR	PUMP UNINTERRUPTED INFUSION	247.54	
			K0462		TEMPORARY REPLACEMENT EQPMNT	BR	
			K0552		SUP/EXT NON-INS INF PUMP SYR	2.59	
			K0553		THER CGM SUPPLY ALLOWANCE	231.20	
			K0554	NU	THER CGM RECEIVER/MONITOR	243.22	

C	D	E	Code	Mod	Description	Amount	APC Amount
			K0601	NU	REPL BATT SILVER OXIDE 1.5 V	1.13	
			K0602	NU	REPL BATT SILVER OXIDE 3 V	6.42	
			K0603	NU	REPL BATT ALKALINE 1.5 V	0.58	
			K0604	NU	REPL BATT LITHIUM 3.6 V	6.17	
			K0605	NU	REPL BATT LITHIUM 4.5 V	14.78	
			K0606	RR	AED GARMENT W ELEC ANALYSIS	2609.55	
			K0607	NU	REPL BATT FOR AED	205.35	
			K0608	NU	REPL GARMENT FOR AED	139.46	
			K0609		REPL ELECTRODE FOR AED	835.30	
			K0669		SEAT/BACK CUS NO DMEPDAC VER	BR	
			K0672		REMOVABLE SOFT INTERFACE LE	76.19	
			K0730	NU	CTRL DOSE INH DRUG DELIV SYS	1821.95	
			K0733	NU	12-24HR SEALED LEAD ACID	28.89	
			K0738	RR	PORTABLE GAS OXYGEN SYSTEM	60.62	
			K0739		REPAIR/SVC DME NON-OXYGEN EQ	36.18	
			K0740		REPAIR/SVC OXYGEN EQUIPMENT	BR	
			K0743		PORTABLE HOME SUCTION PUMP	BR	
			K0744		ABSORP DRG <= 16 SUC PUMP	BR	
			K0745		ABSORP DRG >16<=48 SUC PUMP	BR	
			K0746		ABSORP DRG >48 SUC PUMP	BR	
			K0800	NU	POV GROUP 1 STD UP TO 300LBS	974.60	
			K0801	NU	POV GROUP 1 HD 301-450 LBS	1657.29	
			K0802	NU	POV GROUP 1 VHD 451-600 LBS	2021.50	
			K0806	NU	POV GROUP 2 STD UP TO 300LBS	1312.95	
			K0807	NU	POV GROUP 2 HD 301-450 LBS	2012.14	
			K0808	NU	POV GROUP 2 VHD 451-600 LBS	3111.89	
			K0812		POWER OPERATED VEHICLE NOC	BR	
			K0813	RR	PWC GP 1 STD PORT SEAT/BACK	286.60	
			K0814	RR	PWC GP 1 STD PORT CAP CHAIR	336.15	
			K0815	RR	PWC GP 1 STD SEAT/BACK	378.19	
			K0816	RR	PWC GP 1 STD CAP CHAIR	357.86	
			K0820	RR	PWC GP 2 STD PORT SEAT/BACK	301.02	
			K0821	RR	PWC GP 2 STD PORT CAP CHAIR	354.09	
			K0822	RR	PWC GP 2 STD SEAT/BACK	410.29	
			K0823	RR	PWC GP 2 STD CAP CHAIR	402.16	
			K0824	RR	PWC GP 2 HD SEAT/BACK	528.79	
			K0825	RR	PWC GP 2 HD CAP CHAIR	486.36	
			K0826	RR	PWC GP 2 VHD SEAT/BACK	766.04	
			K0827	RR	PWC GP VHD CAP CHAIR	659.47	
			K0828	RR	PWC GP 2 XTRA HD SEAT/BACK	891.65	
			K0829	RR	PWC GP 2 XTRA HD CAP CHAIR	841.86	
			K0830		PWC GP2 STD SEAT ELEVATE S/B	BR	
			K0831		PWC GP2 STD SEAT ELEVATE CAP	BR	
			K0835	RR	PWC GP2 STD SING POW OPT S/B	429.70	
			K0836	RR	PWC GP2 STD SING POW OPT CAP	445.64	
			K0837	RR	PWC GP 2 HD SING POW OPT S/B	526.91	
			K0838	RR	PWC GP 2 HD SING POW OPT CAP	469.70	
			K0839	RR	PWC GP2 VHD SING POW OPT S/B	689.00	
			K0840	RR	PWC GP2 XHD SING POW OPT S/B	1049.28	
			K0841	RR	PWC GP2 STD MULT POW OPT S/B	467.24	

C	D	E	Code	Mod	Description	Amount	APC Amount
			K0842	RR	PWC GP2 STD MULT POW OPT CAP	466.98	
			K0843	RR	PWC GP2 HD MULT POW OPT S/B	559.23	
			K0848	RR	PWC GP 3 STD SEAT/BACK	707.97	
			K0849	RR	PWC GP 3 STD CAP CHAIR	680.65	
			K0850	RR	PWC GP 3 HD SEAT/BACK	821.20	
			K0851	RR	PWC GP 3 HD CAP CHAIR	789.59	
			K0852	RR	PWC GP 3 VHD SEAT/BACK	948.84	
			K0853	RR	PWC GP 3 VHD CAP CHAIR	974.71	
			K0854	RR	PWC GP 3 XHD SEAT/BACK	1291.28	
			K0855	RR	PWC GP 3 XHD CAP CHAIR	1219.80	
			K0856	RR	PWC GP3 STD SING POW OPT S/B	759.91	
			K0857	RR	PWC GP3 STD SING POW OPT CAP	775.14	
			K0858	RR	PWC GP3 HD SING POW OPT S/B	942.83	
			K0859	RR	PWC GP3 HD SING POW OPT CAP	899.17	
			K0860	RR	PWC GP3 VHD SING POW OPT S/B	1346.96	
			K0861	RR	PWC GP3 STD MULT POW OPT S/B	761.12	
			K0862	RR	PWC GP3 HD MULT POW OPT S/B	942.83	
			K0863	RR	PWC GP3 VHD MULT POW OPT S/B	1346.96	
			K0864	RR	PWC GP3 XHD MULT POW OPT S/B	1602.88	
			K0868		PWC GP 4 STD SEAT/BACK	BR	
			K0869		PWC GP 4 STD CAP CHAIR	BR	
			K0870		PWC GP 4 HD SEAT/BACK	BR	
			K0871		PWC GP 4 VHD SEAT/BACK	BR	
			K0877		PWC GP4 STD SING POW OPT S/B	BR	
			K0878		PWC GP4 STD SING POW OPT CAP	BR	
			K0879		PWC GP4 HD SING POW OPT S/B	BR	
			K0880		PWC GP4 VHD SING POW OPT S/B	BR	
			K0884		PWC GP4 STD MULT POW OPT S/B	BR	
			K0885		PWC GP4 STD MULT POW OPT CAP	BR	
			K0886		PWC GP4 HD MULT POW S/B	BR	
			K0890		PWC GP5 PED SING POW OPT S/B	BR	
			K0891		PWC GP5 PED MULT POW OPT S/B	BR	
			K0898		POWER WHEELCHAIR NOC	BR	
			K0899		POW MOBIL DEV NO DMEPDAC	BR	
			K0900		CSTM DME OTHER THAN WHEELCHR	BR	
			L0112		CRANIAL CERVICAL ORTHOSIS	1397.19	
			L0113		CRANIAL CERVICAL TORTICOLLIS	284.69	
			L0120		CERV FLEX N/ADJ FOAM PRE OTS	27.93	
			L0130		FLEX THERMOPLASTIC COLLAR MO	201.95	
			L0140		CERVICAL SEMI-RIGID ADJUSTAB	69.69	
			L0150		CERV SEMI-RIG ADJ MOLDED CHN	116.21	
			L0160		CERV SR WIRE OCC/MAN PRE OTS	165.46	
			L0170		CERVICAL COLLAR MOLDED TO PT	700.18	
			L0172		CERV COL SR FOAM 2PC PRE OTS	141.96	
			L0174		CERV SR 2PC THOR EXT PRE OTS	255.03	
			L0180		CER POST COL OCC/MAN SUP ADJ	346.84	
			L0190		CERV COLLAR SUPP ADJ CERV BA	522.12	
			L0200		CERV COL SUPP ADJ BAR & THOR	479.42	
			L0220		THOR RIB BELT CUSTOM FABRICA	113.70	
			L0450		TLSO FLEX TRUNK/THOR PRE OTS	187.71	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L0452		TLSO FLEX CUSTOM FAB THORACI	BR	
			L0454		TLSO TRNK SJ-T9 PRE CST	346.21	
			L0455		TLSO FLEX TRNK SJ-T9 PRE OTS	346.21	
			L0456		TLSO FLEX TRNK SJ-SS PRE CST	992.85	
			L0457		TLSO FLEX TRNK SJ-SS PRE OTS	992.85	
			L0458		TLSO 2MOD SYMPHIS-XIPHO PRE	890.29	
			L0460		TLSO 2 SHL SYMPHYS-STERN CST	1002.11	
			L0462		TLSO 3MOD SACRO-SCAP PRE	1246.43	
			L0464		TLSO 4MOD SACRO-SCAP PRE	1483.85	
			L0466		TLSO R FRAM SOFT ANT PRE CST	381.56	
			L0467		TLSO R FRAM SOFT PRE OTS	381.56	
			L0468		TLSO RIG FRAM PELVIC PRE CST	478.39	
			L0469		TLSO RIG FRAM PELVIC PRE OTS	478.39	
			L0470		TLSO RIGID FRAME PRE SUBCLAV	681.07	
			L0472		TLSO RIGID FRAME HYPEREX PRE	427.51	
			L0480		TLSO RIGID PLASTIC CUSTOM FA	1321.96	
			L0482		TLSO RIGID LINED CUSTOM FAB	1515.46	
			L0484		TLSO RIGID PLASTIC CUST FAB	1766.99	
			L0486		TLSO RIGIDLINED CUST FAB TWO	1750.42	
			L0488		TLSO RIGID LINED PRE ONE PIE	1002.11	
			L0490		TLSO RIGID PLASTIC PRE ONE	282.38	
			L0491		TLSO 2 PIECE RIGID SHELL	766.64	
			L0492		TLSO 3 PIECE RIGID SHELL	496.86	
			L0621		SIO FLEX PELVIC/SACR PRE OTS	89.02	
			L0622		SIO FLEX PELVISACRAL CUSTOM	241.37	
			L0623		SIO RIG PNL PELV/SAC PRE OTS	BR	
			L0624		SIO PANEL CUSTOM	BR	
			L0625		LO FLEX L1-BELOW L5 PRE OTS	55.02	
			L0626		LO SAG RIG PNL STAYS PRE CST	77.82	
			L0627		LO SAG RI AN/POS PNL PRE CST	410.36	
			L0628		LSO FLEX NO RI STAYS PRE OTS	83.72	
			L0629		LSO FLEX W/RIGID STAYS CUST	BR	
			L0630		LSO R POST PNL SJ-T9 PRE CST	161.65	
			L0631		LSO SAG R AN/POS PNL PRE CST	1024.80	
			L0632		LSO SAG RIGID FRAME CUST	BR	
			L0633		LSO SC R POS/LAT PNL PRE CST	286.26	
			L0634		LSO FLEXION CONTROL CUSTOM	BR	
			L0635		LSO SAGIT RIGID PANEL PREFAB	1061.52	
			L0636		LSO SAGITTAL RIGID PANEL CUS	1566.34	
			L0637		LSO SC R ANT/POS PNL PRE CST	1358.99	
			L0638		LSO SAG-CORONAL PANEL CUSTOM	1316.62	
			L0639		LSO S/C SHELL/PANEL PREFAB	1358.99	
			L0640		LSO S/C SHELL/PANEL CUSTOM	1044.59	
			L0641		LO RIG POS PNL L1-L5 PRE OTS	77.82	
			L0642		LO SAG RI AN/POS PNL PRE OTS	410.36	
			L0643		LSO SAG CTR RIGI POS PRE OTS	161.65	
			L0648		LSO SAG R AN/POS PNL PRE OTS	1024.80	
			L0649		LSO SC R POS/LAT PNL PRE OTS	286.26	
			L0650		LSO SC R ANT/POS PNL PRE OTS	1358.99	
			L0651		LSO SAG-CO SHELL PNL PRE OTS	1358.99	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L0700		CTLSO A-P-L CONTROL MOLDED	2149.29	
			L0710		CTLSO A-P-L CONTROL W/ INTER	2346.09	
			L0810		HALO CERVICAL INTO JCKT VEST	2492.38	
			L0820		HALO CERVICAL INTO BODY JACK	2016.22	
			L0830		HALO CERV INTO MILWAUKEE TYP	2911.21	
			L0859		MRI COMPATIBLE SYSTEM	1130.99	
			L0861		HALO REPL LINER/INTERFACE	215.17	
			L0970		TLSO CORSET FRONT	106.11	
			L0972		LSO CORSET FRONT	108.46	
			L0974		TLSO FULL CORSET	221.61	
			L0976		LSO FULL CORSET	197.93	
			L0978		AXILLARY CRUTCH EXTENSION	178.71	
			L0980		PERONEAL STRAPS PAIR PRE OTS	16.21	
			L0982		STOCKING SUP GRIPS 4 PRE OTS	17.67	
			L0984		PROTECT BODY SOCK EA PRE OTS	56.37	
			L0999		ADD TO SPINAL ORTHOSIS NOS	BR	
			L1000		CTLSO MILWAUKE INITIAL MODEL	1884.83	
			L1001		CTLSO INFANT IMMOBILIZER	BR	
			L1005		TENSION BASED SCOLIOSIS ORTH	3195.11	
			L1010		CTLSO AXILLA SLING	75.91	
			L1020		KYPHOSIS PAD	103.71	
			L1025		KYPHOSIS PAD FLOATING	117.87	
			L1030		LUMBAR BOLSTER PAD	78.74	
			L1040		LUMBAR OR LUMBAR RIB PAD	94.78	
			L1050		STERNAL PAD	82.05	
			L1060		THORACIC PAD	92.56	
			L1070		TRAPEZIUS SLING	94.65	
			L1080		OUTRIGGER	65.58	
			L1085		OUTRIGGER BIL W/ VERT EXTENS	182.18	
			L1090		LUMBAR SLING	85.10	
			L1100		RING FLANGE PLASTIC/LEATHER	150.22	
			L1110		RING FLANGE PLAS/LEATHER MOL	254.44	
			L1120		COVERS FOR UPRIGHT EACH	40.53	
			L1200		FURNSH INITIAL ORTHOSIS ONLY	1613.41	
			L1210		LATERAL THORACIC EXTENSION	242.92	
			L1220		ANTERIOR THORACIC EXTENSION	205.68	
			L1230		MILWAUKEE TYPE SUPERSTRUCTUR	527.74	
			L1240		LUMBAR DEROTATION PAD	90.82	
			L1250		ANTERIOR ASIS PAD	89.43	
			L1260		ANTERIOR THORACIC DEROTATION	91.91	
			L1270		ABDOMINAL PAD	91.80	
			L1280		RIB GUSSET (ELASTIC) EACH	81.82	
			L1290		LATERAL TROCHANTERIC PAD	92.77	
			L1300		BODY JACKET MOLD TO PATIENT	1550.80	
			L1310		POST-OPERATIVE BODY JACKET	1595.77	
			L1499		SPINAL ORTHOSIS NOS	BR	
			L1600		HO FLEX FREJKA W/COV PRE CST	119.63	
			L1610		HO FREJKA COV ONLY PRE CST	40.75	
			L1620		HO FLEX PAVLIK HARNS PRE CST	134.21	
			L1630		ABDUCT CONTROL HIP SEMI-FLEX	160.16	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L1640		PELV BAND/SPREAD BAR THIGH C	428.38	
			L1650		HO ABDUCTION HIP ADJUSTABLE	227.19	
			L1652		HO BI THIGHCUFFS W SPRDR BAR	355.86	
			L1660		HO ABDUCTION STATIC PLASTIC	158.88	
			L1680		PELVIC & HIP CONTROL THIGH C	1306.22	
			L1685		POST-OP HIP ABDUCT CUSTOM FA	1378.29	
			L1686		HO POST-OP HIP ABDUCTION	924.64	
			L1690		COMBINATION BILATERAL HO	1930.40	
			L1700		LEG PERTHES ORTH TORONTO TYP	1605.97	
			L1710		LEGG PERTHES ORTH NEWINGTON	1887.72	
			L1720		LEGG PERTHES ORTHOSIS TRILAT	1394.46	
			L1730		LEGG PERTHES ORTH SCOTTISH R	1052.08	
			L1755		LEGG PERTHES PATTEN BOTTOM T	1531.34	
			L1810		KO ELASTIC WITH JOINTS	120.86	
			L1812		KO ELASTIC W/JOINTS PRE OTS	120.86	
			L1820		KO ELAS W/ CONDYLE PADS & JO	120.37	
			L1830		KO IMMOB CANVAS LONG PRE OTS	100.69	
			L1831		KNEE ORTH POS LOCKING JOINT	293.79	
			L1832		KO ADJ JNT POS R SUP PRE CST	752.57	
			L1833		KO ADJ JNT POS R SUP PRE OTS	752.57	
			L1834		KO W/0 JOINT RIGID MOLDED TO	885.39	
			L1836		KO RIGID W/O JOINTS PRE OTS	133.19	
			L1840		KO DEROT ANT CRUCIATE CUSTOM	930.69	
			L1843		KO SINGLE UPRIGHT PRE CST	895.70	
			L1844		KO W/ADJ JT ROT CNTRL MOLDED	1552.04	
			L1845		KO DOUBLE UPRIGHT PRE CST	935.02	
			L1846		KO W ADJ FLEX/EXT ROTAT MOLD	1186.39	
			L1847		KO DBL UPRIGHT W/AIR PRE CST	574.19	
			L1848		KO DBL UPRIGHT W/AIR PRE OTS	574.19	
			L1850		KO SWEDISH TYPE PRE OTS	267.23	
			L1851		KO SINGLE UPRIGHT PREFAB OTS	895.70	
			L1852		KO DOUBLE UPRIGHT PREFAB OTS	935.02	
			L1860		KO SUPRACONDYLAR SOCKET MOLD	1036.47	
			L1900		AFO SPRNG WIR DRSFLX CALF BD	280.79	
			L1902		AFO ANKLE GAUNTLET PRE OTS	76.26	
			L1904		AFO MOLDED ANKLE GAUNTLET	436.56	
			L1906		AFO MULTILIG ANK SUP PRE OTS	127.58	
			L1907		AFO SUPRAMALLEOLAR CUSTOM	561.71	
			L1910		AFO SING BAR CLASP ATTACH SH	248.27	
			L1920		AFO SING UPRIGHT W/ ADJUST S	324.56	
			L1930		AFO PLASTIC	219.62	
			L1932		AFO RIG ANT TIB PREFAB TCF/=	890.81	
			L1940		AFO MOLDED TO PATIENT PLASTI	496.32	
			L1945		AFO MOLDED PLAS RIG ANT TIB	911.44	
			L1950		AFO SPIRAL MOLDED TO PT PLAS	691.50	
			L1951		AFO SPIRAL PREFABRICATED	838.37	
			L1960		AFO POS SOLID ANK PLASTIC MO	514.59	
			L1970		AFO PLASTIC MOLDED W/ANKLE J	761.12	
			L1971		AFO W/ANKLE JOINT, PREFAB	467.91	
			L1980		AFO SING SOLID STIRRUP CALF	340.72	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L1990		AFO DOUB SOLID STIRRUP CALF	437.78	
			L2000		KAFO SING FRE STIRR THI/CALF	941.65	
			L2005		KAFO SNG/DBL MECHANICAL ACT	4090.63	
			L2010		KAFO SNG SOLID STIRRUP W/O J	858.40	
			L2020		KAFO DBL SOLID STIRRUP BAND/	1084.03	
			L2030		KAFO DBL SOLID STIRRUP W/O J	940.49	
			L2034		KAFO PLA SIN UP W/WO K/A CUS	2049.75	
			L2035		KAFO PLASTIC PEDIATRIC SIZE	172.93	
			L2036		KAFO PLAS DOUB FREE KNEE MOL	1722.45	
			L2037		KAFO PLAS SING FREE KNEE MOL	1587.34	
			L2038		KAFO W/O JOINT MULTI-AXIS AN	1327.34	
			L2040		HKAFO TORSION BIL ROT STRAPS	169.55	
			L2050		HKAFO TORSION CABLE HIP PELV	451.52	
			L2060		HKAFO TORSION BALL BEARING J	579.50	
			L2070		HKAFO TORSION UNILAT ROT STR	166.47	
			L2080		HKAFO UNILAT TORSION CABLE	355.02	
			L2090		HKAFO UNILAT TORSION BALL BR	437.59	
			L2106		AFO TIB FX CAST PLASTER MOLD	631.23	
			L2108		AFO TIB FX CAST MOLDED TO PT	991.93	
			L2112		AFO TIBIAL FRACTURE SOFT	470.99	
			L2114		AFO TIB FX SEMI-RIGID	538.86	
			L2116		AFO TIBIAL FRACTURE RIGID	709.96	
			L2126		KAFO FEM FX CAST THERMOPLAS	1263.22	
			L2128		KAFO FEM FX CAST MOLDED TO P	1591.93	
			L2132		KAFO FEMORAL FX CAST SOFT	748.91	
			L2134		KAFO FEM FX CAST SEMI-RIGID	897.91	
			L2136		KAFO FEMORAL FX CAST RIGID	1097.90	
			L2180		PLAS SHOE INSERT W ANK JOINT	108.72	
			L2182		DROP LOCK KNEE	85.09	
			L2184		LIMITED MOTION KNEE JOINT	153.34	
			L2186		ADJ MOTION KNEE JNT LERMAN T	169.92	
			L2188		QUADRILATERAL BRIM	370.72	
			L2190		WAIST BELT	96.29	
			L2192		PELVIC BAND & BELT THIGH FLA	331.02	
			L2200		LIMITED ANKLE MOTION EA JNT	44.14	
			L2210		DORSIFLEXION ASSIST EACH JOI	71.62	
			L2220		DORSI & PLANTAR FLEX ASS/RES	82.23	
			L2230		SPLIT FLAT CALIPER STIRR & P	71.23	
			L2232		ROCKER BOTTOM, CONTACT AFO	96.45	
			L2240		ROUND CALIPER AND PLATE ATTA	77.65	
			L2250		FOOT PLATE MOLDED STIRRUP AT	329.88	
			L2260		REINFORCED SOLID STIRRUP	186.10	
			L2265		LONG TONGUE STIRRUP	109.33	
			L2270		VARUS/VALGUS STRAP PADDED/LI	49.86	
			L2275		PLASTIC MOD LOW EXT PAD/LINE	121.32	
			L2280		MOLDED INNER BOOT	450.67	
			L2300		ABDUCTION BAR JOINTED ADJUST	254.40	
			L2310		ABDUCTION BAR-STRAIGHT	114.21	
			L2320		NON-MOLDED LACER	191.02	
			L2330		LACER MOLDED TO PATIENT MODE	364.54	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L2335		ANTERIOR SWING BAND	214.45	
			L2340		PRE-TIBIAL SHELL MOLDED TO P	506.05	
			L2350		PROSTHETIC TYPE SOCKET MOLDE	827.24	
			L2360		EXTENDED STEEL SHANK	48.03	
			L2370		PATTEN BOTTOM	238.32	
			L2375		TORSION ANK & HALF SOLID STI	104.90	
			L2380		TORSION STRAIGHT KNEE JOINT	114.29	
			L2385		STRAIGHT KNEE JOINT HEAVY DU	124.35	
			L2387		ADD LE POLY KNEE CUSTOM KAFO	168.75	
			L2390		OFFSET KNEE JOINT EACH	101.63	
			L2395		OFFSET KNEE JOINT HEAVY DUTY	155.16	
			L2397		SUSPENSION SLEEVE LOWER EXT	108.81	
			L2405		KNEE JOINT DROP LOCK EA JNT	87.04	
			L2415		KNEE JOINT CAM LOCK EACH JOI	121.28	
			L2425		KNEE DISC/DIAL LOCK/ADJ FLEX	143.09	
			L2430		KNEE JNT RATCHET LOCK EA JNT	143.09	
			L2492		KNEE LIFT LOOP DROP LOCK RIN	94.67	
			L2500		THI/GLUT/ISCHIA WGT BEARING	292.88	
			L2510		TH/WGHT BEAR QUAD-LAT BRIM M	784.16	
			L2520		TH/WGHT BEAR QUAD-LAT BRIM C	427.69	
			L2525		TH/WGHT BEAR NAR M-L BRIM MO	1467.30	
			L2526		TH/WGHT BEAR NAR M-L BRIM CU	790.89	
			L2530		THIGH/WGHT BEAR LACER NON-MO	218.13	
			L2540		THIGH/WGHT BEAR LACER MOLDED	392.50	
			L2550		THIGH/WGHT BEAR HIGH ROLL CU	266.64	
			L2570		HIP CLEVIS TYPE 2 POSIT JNT	589.59	
			L2580		PELVIC CONTROL PELVIC SLING	558.90	
			L2600		HIP CLEVIS/THRUST BEARING FR	190.67	
			L2610		HIP CLEVIS/THRUST BEARING LO	225.46	
			L2620		PELVIC CONTROL HIP HEAVY DUT	248.23	
			L2622		HIP JOINT ADJUSTABLE FLEXION	284.70	
			L2624		HIP ADJ FLEX EXT ABDUCT CONT	387.04	
			L2627		PLASTIC MOLD RECIPRO HIP & C	1594.58	
			L2628		METAL FRAME RECIPRO HIP & CA	1873.12	
			L2630		PELVIC CONTROL BAND & BELT U	229.89	
			L2640		PELVIC CONTROL BAND & BELT B	311.99	
			L2650		PELV & THOR CONTROL GLUTEAL	111.41	
			L2660		THORACIC CONTROL THORACIC BA	173.03	
			L2670		THORAC CONT PARASPINAL UPRIG	158.36	
			L2680		THORAC CONT LAT SUPPORT UPRI	145.28	
			L2750		PLATING CHROME/NICKEL PR BAR	77.60	
			L2755		CARBON GRAPHITE LAMINATION	130.47	
			L2760		EXTENSION PER EXTENSION PER	56.41	
			L2768		ORTHO SIDEBAR DISCONNECT	130.07	
			L2780		NON-CORROSIVE FINISH	66.73	
			L2785		DROP LOCK RETAINER EACH	39.23	
			L2795		KNEE CONTROL FULL KNEECAP	78.89	
			L2800		KNEE CAP MEDIAL OR LATERAL P	99.03	
			L2810		KNEE CONTROL CONDYLAR PAD	72.51	
			L2820		SOFT INTERFACE BELOW KNEE SE	80.62	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L2830		SOFT INTERFACE ABOVE KNEE SE	90.66	
			L2840		TIBIAL LENGTH SOCK FX OR EQU	50.60	
			L2850		FEMORAL LGTH SOCK FX OR EQUA	57.48	
			L2861		TORSION MECHANISM KNEE/ANKLE	BR	
			L2999		LOWER EXTREMITY ORTHOSIS NOS	BR	
			L3000		FT INSERT UCB BERKELEY SHELL	313.60	
			L3001		FOOT INSERT REMOV MOLDED SPE	132.02	
			L3002		FOOT INSERT PLASTAZOTE OR EQ	161.22	
			L3003		FOOT INSERT SILICONE GEL EAC	173.93	
			L3010		FOOT LONGITUDINAL ARCH SUPPO	173.93	
			L3020		FOOT LONGITUD/METATARSAL SUP	198.06	
			L3030		FOOT ARCH SUPPORT REMOV PREM	76.19	
			L3031		FOOT LAMIN/PREPREG COMPOSITE	122.25	
			L3040		FT ARCH SUPRT PREMOLD LONGIT	46.99	
			L3050		FOOT ARCH SUPP PREMOLD METAT	46.99	
			L3060		FOOT ARCH SUPP LONGITUD/META	73.63	
			L3070		ARCH SUPRT ATT TO SHO LONGIT	31.74	
			L3080		ARCH SUPP ATT TO SHOE METATA	31.74	
			L3090		ARCH SUPP ATT TO SHOE LONG/M	40.63	
			L3100		HALLUS-VALGUS NT DYN PRE OTS	43.14	
			L3140		ABDUCTION ROTATION BAR SHOE	88.89	
			L3150		ABDUCT ROTATION BAR W/O SHOE	81.27	
			L3160		SHOE STYLED POSITIONING DEV	BR	
			L3170		FOOT PLAS HEEL STABI PRE OTS	50.79	
			L3201		OXFORD W SUPINAT/PRONAT INF	52.13	
			L3202		OXFORD W/ SUPINAT/PRONATOR C	58.49	
			L3203		OXFORD W/ SUPINATOR/PRONATOR	58.53	
			L3204		HIGHTOP W/ SUPP/PRONATOR INF	57.47	
			L3206		HIGHTOP W/ SUPP/PRONATOR CHI	55.26	
			L3207		HIGHTOP W/ SUPP/PRONATOR JUN	74.51	
			L3208		SURGICAL BOOT EACH INFANT	43.62	
			L3209		SURGICAL BOOT EACH CHILD	30.88	
			L3211		SURGICAL BOOT EACH JUNIOR	42.59	
			L3212		BENESCH BOOT PAIR INFANT	47.51	
			L3213		BENESCH BOOT PAIR CHILD	57.58	
			L3214		BENESCH BOOT PAIR JUNIOR	61.20	
			L3215		ORTHOPEDIC FTWEAR LADIES OXF	101.12	
			L3216		ORTHOPED LADIES SHOES DPTH I	101.36	
			L3217		LADIES SHOES HIGHTOP DEPTH I	266.06	
			L3219		ORTHOPEDIC MENS SHOES OXFORD	107.62	
			L3221		ORTHOPEDIC MENS SHOES DPTH I	117.01	
			L3222		MENS SHOES HIGHTOP DEPTH INL	170.26	
			L3224		WOMAN'S SHOE OXFORD BRACE	54.60	
			L3225		MAN'S SHOE OXFORD BRACE	62.80	
			L3230		CUSTOM SHOES DEPTH INLAY	160.75	
			L3250		CUSTOM MOLD SHOE REMOV PROST	319.24	
			L3251		SHOE MOLDED TO PT SILICONE S	36.64	
			L3252		SHOE MOLDED PLASTAZOTE CUST	319.33	
			L3253		SHOE MOLDED PLASTAZOTE CUST	71.96	
			L3254		ORTH FOOT NON-STNDARD SIZE/W	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L3255		ORTH FOOT NON-STANDARD SIZE/	BR	
			L3257		ORTH FOOT ADD CHARGE SPLIT S	63.85	
			L3260		AMBULATORY SURGICAL BOOT EAC	37.25	
			L3265		PLASTAZOTE SANDAL EACH	26.59	
			L3300		SHO LIFT TAPER TO METATARSAL	52.04	
			L3310		SHOE LIFT ELEV HEEL/SOLE NEO	81.27	
			L3320		SHOE LIFT ELEV HEEL/SOLE COR	154.25	
			L3330		LIFTS ELEVATION METAL EXTENS	564.95	
			L3332		SHOE LIFTS TAPERED TO ONE-HA	73.63	
			L3334		SHOE LIFTS ELEVATION HEEL /I	38.09	
			L3340		SHOE WEDGE SACH	85.08	
			L3350		SHOE HEEL WEDGE	22.82	
			L3360		SHOE SOLE WEDGE OUTSIDE SOLE	35.55	
			L3370		SHOE SOLE WEDGE BETWEEN SOLE	49.52	
			L3380		SHOE CLUBFOOT WEDGE	49.52	
			L3390		SHOE OUTFLARE WEDGE	49.52	
			L3400		SHOE METATARSAL BAR WEDGE RO	40.63	
			L3410		SHOE METATARSAL BAR BETWEEN	92.70	
			L3420		FULL SOLE/HEEL WEDGE BTWEEN	54.58	
			L3430		SHO HEEL COUNT PLAST REINFOR	159.97	
			L3440		HEEL LEATHER REINFORCED	76.19	
			L3450		SHOE HEEL SACH CUSHION TYPE	105.35	
			L3455		SHOE HEEL NEW LEATHER STANDA	40.63	
			L3460		SHOE HEEL NEW RUBBER STANDAR	34.26	
			L3465		SHOE HEEL THOMAS WITH WEDGE	58.39	
			L3470		SHOE HEEL THOMAS EXTEND TO B	62.19	
			L3480		SHOE HEEL PAD & DEPRESS FOR	62.19	
			L3485		SHOE HEEL PAD REMOVABLE FOR	35.12	
			L3500		ORTHO SHOE ADD LEATHER INSOL	29.23	
			L3510		ORTHOPEDIC SHOE ADD RUB INSL	29.23	
			L3520		O SHOE ADD FELT W LEATH INSL	31.74	
			L3530		ORTHO SHOE ADD HALF SOLE	31.74	
			L3540		ORTHO SHOE ADD FULL SOLE	50.79	
			L3550		O SHOE ADD STANDARD TOE TAP	8.90	
			L3560		O SHOE ADD HORSESHOE TOE TAP	22.82	
			L3570		O SHOE ADD INSTEP EXTENSION	85.08	
			L3580		O SHOE ADD INSTEP VELCRO CLO	64.75	
			L3590		O SHOE CONVERT TO SOF COUNTE	53.33	
			L3595		ORTHO SHOE ADD MARCH BAR	41.89	
			L3600		TRANS SHOE CALIP PLATE EXIST	76.19	
			L3610		TRANS SHOE CALIPER PLATE NEW	100.29	
			L3620		TRANS SHOE SOLID STIRRUP EXI	76.19	
			L3630		TRANS SHOE SOLID STIRRUP NEW	100.29	
			L3640		SHOE DENNIS BROWNE SPLINT BO	43.14	
			L3649		ORTHOPEDIC SHOE MODIFICA NOS	BR	
			L3650		SO 8 ABD RESTRAINT PRE OTS	54.38	
			L3660		SO 8 AB RSTR CAN/WEB PRE OTS	93.37	
			L3670		SO ACRO/CLAV CAN WEB PRE OTS	130.14	
			L3671		SO CAP DESIGN W/O JNTS CF	818.60	
			L3674		SO AIRPLANE W/WO JOINT CF	1073.89	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L3675		SO VEST CANVAS/WEB PRE OTS	159.44	
			L3677		SO HARD PLAS STABILI PRE CST	159.55	
			L3678		SO HARD PLAS STABILI PRE OTS	BR	
			L3702		EO W/O JOINTS CF	262.34	
			L3710		EO ELAS W/METAL JNTS PRE OTS	131.72	
			L3720		FOREARM/ARM CUFFS FREE MOTIO	657.16	
			L3730		FOREARM/ARM CUFFS EXT/FLEX A	865.06	
			L3740		CUFFS ADJ LOCK W/ ACTIVE CON	972.20	
			L3760		EO ADJ JT PREFAB CUSTOM FIT	454.32	
			L3761		EO, ADJ LOCK JOINT PREFAB OT	908.66	
			L3762		EO RIGID W/O JOINTS PRE OTS	97.70	
			L3763		EWHO RIGID W/O JNTS CF	721.31	
			L3764		EWHO W/JOINT(S) CF	719.35	
			L3765		EWHFO RIGID W/O JNTS CF	1164.93	
			L3766		EWHFO W/JOINT(S) CF	1233.58	
			L3806		WHFO W/JOINT(S) CUSTOM FAB	412.68	
			L3807		WHFO W/O JOINTS PRE CST	227.19	
			L3808		WHFO, RIGID W/O JOINTS	303.45	
			L3809		WHFO W/O JOINTS PRE OTS	227.19	
			L3891		TORSION MECHANISM WRIST/ELBO	BR	
			L3900		HINGE EXTENSION/FLEX WRIST/F	1419.25	
			L3901		HINGE EXT/FLEX WRIST FINGER	1591.36	
			L3904		WHFO ELECTRIC CUSTOM FITTED	3239.54	
			L3905		WHO W/NONTORSION JNT(S) CF	900.97	
			L3906		WHO W/O JOINTS CF	383.26	
			L3908		WHO COCK-UP NONMOLDE PRE OTS	54.43	
			L3912		HFO FLEXION GLOVE PRE OTS	87.31	
			L3913		HFO W/O JOINTS CF	246.07	
			L3915		WHO NONTORSION JNTS PRE CST	482.95	
			L3916		WHO NONTORSION JNTS PRE OTS	482.95	
			L3917		METACARP FX ORTHOSIS PRE CST	95.98	
			L3918		METACARP FX ORTHOSIS PRE OTS	95.98	
			L3919		HO W/O JOINTS CF	246.07	
			L3921		HFO W/JOINT(S) CF	291.79	
			L3923		HFO WITHOUT JOINTS PRE CST	79.02	
			L3924		HFO WITHOUT JOINTS PRE OTS	79.02	
			L3925		FO PIP DIP JNT/SPRNG PRE OTS	47.99	
			L3927		FO PIP DIP NO JT SPR PRE OTS	31.79	
			L3929		HFO NONTORSION JNTS PRE CST	76.48	
			L3930		HFO NONTORSION JNTS PRE OTS	76.48	
			L3931		WHFO NONTORSION JOINT PREFAB	185.02	
			L3933		FO W/O JOINTS CF	193.85	
			L3935		FO NONTORSION JOINT CF	200.73	
			L3956		ADD JOINT UPPER EXT ORTHOSIS	BR	
			L3960		SEWHO AIRPLAN DESIG ABDU POS	748.86	
			L3961		SEWHO CAP DESIGN W/O JNTS CF	1526.40	
			L3962		SEWHO ERBS PALSEY DESIGN ABD	779.73	
			L3967		SEWHO AIRPLANE W/O JNTS CF	1802.16	
			L3971		SEWHO CAP DESIGN W/JNT(S) CF	1710.64	
			L3973		SEWHO AIRPLANE W/JNT(S) CF	1802.16	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L3975		SEWHFO CAP DESIGN W/O JNT CF	1526.40	
			L3976		SEWHFO AIRPLANE W/O JNTS CF	1526.40	
			L3977		SEWHFO CAP DESGN W/JNT(S) CF	1710.64	
			L3978		SEWHFO AIRPLANE W/JNT(S) CF	1802.16	
			L3980		UP EXT FX ORTHOS HUMERAL NOS	280.85	
			L3981		UE FX ORTH SHOUL CAP FOREARM	914.47	
			L3982		UPPER EXT FX ORTHOSIS RAD/UL	346.98	
			L3984		UPPER EXT FX ORTHOSIS WRIST	370.38	
			L3995		SOCK FRACTURE OR EQUAL EACH	31.08	
			L3999		UPPER LIMB ORTHOSIS NOS	BR	
			L4000		REPL GIRDLE MILWAUKEE ORTH	1211.11	
			L4002		REPLACE STRAP, ANY ORTHOSIS	BR	
			L4010		REPLACE TRILATERAL SOCKET BR	681.54	
			L4020		REPLACE QUADLAT SOCKET BRIM	851.30	
			L4030		REPLACE SOCKET BRIM CUST FIT	468.72	
			L4040		REPLACE MOLDED THIGH LACER	378.96	
			L4045		REPLACE NON-MOLDED THIGH LAC	304.54	
			L4050		REPLACE MOLDED CALF LACER	383.28	
			L4055		REPLACE NON-MOLDED CALF LACE	248.19	
			L4060		REPLACE HIGH ROLL CUFF	295.04	
			L4070		REPLACE PROX & DIST UPRIGHT	281.48	
			L4080		REPL MET BAND KAFO-AFO PROX	99.24	
			L4090		REPL MET BAND KAFO-AFO CALF/	87.83	
			L4100		REPL LEATH CUFF KAFO PROX TH	99.07	
			L4110		REPL LEATH CUFF KAFO-AFO CAL	78.73	
			L4130		REPLACE PRETIBIAL SHELL	541.85	
			L4205		ORTHO DVC REPAIR PER 15 MIN	35.72	
			L4210		ORTH DEV REPAIR/REPL MINOR P	BR	
			L4350		ANKLE CONTROL ORTHO PRE OTS	97.62	
			L4360		PNEUMAT WALKING BOOT PRE CST	273.12	
			L4361		PNEUMA/VAC WALK BOOT PRE OTS	273.12	
			L4370		PNEUM FULL LEG SPLNT PRE OTS	175.27	
			L4386		NON-PNEUM WALK BOOT PRE CST	158.27	
			L4387		NON-PNEUM WALK BOOT PRE OTS	158.27	
			L4392		REPLACE AFO SOFT INTERFACE	23.51	
			L4394		REPLACE FOOT DROP SPINT	17.16	
			L4396		STATIC OR DYNAMI AFO PRE CST	167.56	
			L4397		STATIC OR DYNAMI AFO PRE OTS	167.56	
			L4398		FOOT DROP SPLINT PRE OTS	77.11	
			L4631		AFO, WALK BOOT TYPE, CUS FAB	1489.72	
			L5000		SHO INSERT W ARCH TOE FILLER	523.44	
			L5010		MOLD SOCKET ANK HGT W/ TOE F	1264.23	
			L5020		TIBIAL TUBERCLE HGT W/ TOE F	2146.94	
			L5050		ANK SYMES MOLD SCKT SACH FT	2374.90	
			L5060		SYMES MET FR LEATH SOCKET AR	2731.84	
			L5100		MOLDED SOCKET SHIN SACH FOOT	2380.15	
			L5105		PLAST SOCKET JTS/THGH LACER	3436.01	
			L5150		MOLD SCKT EXT KNEE SHIN SACH	3473.33	
			L5160		MOLD SOCKET BENT KNEE SHIN S	3777.87	
			L5200		KNE SING AXIS FRIC SHIN SACH	3617.85	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L5210		NO KNEE/ANKLE JOINTS W/ FT B	2400.08	
			L5220		NO KNEE JOINT WITH ARTIC ALI	2728.13	
			L5230		FEM FOCAL DEFIC CONSTANT FRI	3762.62	
			L5250		HIP CANAD SING AXI CONS FRIC	5131.88	
			L5270		TILT TABLE LOCKING HIP SING	5109.11	
			L5280		HEMIPELVECT CANAD SING AXIS	5069.99	
			L5301		BK MOLD SOCKET SACH FT ENDO	2720.67	
			L5312		KNEE DISART, SACH FT, ENDO	3894.45	
			L5321		AK OPEN END SACH	3943.68	
			L5331		HIP DISART CANADIAN SACH FT	5025.03	
			L5341		HEMIPELVECTOMY CANADIAN SACH	5231.09	
			L5400		POSTOP DRESS & 1 CAST CHG BK	1346.96	
			L5410		POSTOP DSG BK EA ADD CAST CH	413.25	
			L5420		POSTOP DSG & 1 CAST CHG AK/D	1650.65	
			L5430		POSTOP DSG AK EA ADD CAST CH	497.72	
			L5450		POSTOP APP NON-WGT BEAR DSG	404.91	
			L5460		POSTOP APP NON-WGT BEAR DSG	539.48	
			L5500		INIT BK PTB PLASTER DIRECT	1270.30	
			L5505		INIT AK ISCHAL PLSTR DIRECT	1756.87	
			L5510		PREP BK PTB PLASTER MOLDED	1439.97	
			L5520		PERP BK PTB THERMOPLS DIRECT	1422.35	
			L5530		PREP BK PTB THERMOPLS MOLDED	1708.37	
			L5535		PREP BK PTB OPEN END SOCKET	1677.29	
			L5540		PREP BK PTB LAMINATED SOCKET	1790.19	
			L5560		PREP AK ISCHIAL PLAST MOLDED	1922.35	
			L5570		PREP AK ISCHIAL DIRECT FORM	1998.57	
			L5580		PREP AK ISCHIAL THERMO MOLD	2333.19	
			L5585		PREP AK ISCHIAL OPEN END	2871.37	
			L5590		PREP AK ISCHIAL LAMINATED	2377.68	
			L5595		HIP DISARTIC SACH THERMOPLS	4200.49	
			L5600		HIP DISART SACH LAMINAT MOLD	4515.33	
			L5610		ABOVE KNEE HYDRACADENCE	2047.77	
			L5611		AK 4 BAR LINK W/FRIC SWING	1593.57	
			L5613		AK 4 BAR LING W/HYDRAUL SWIG	2491.51	
			L5614		4-BAR LINK ABOVE KNEE W/SWNG	1687.82	
			L5616		AK UNIV MULTIPLEX SYS FRICT	1346.39	
			L5617		AK/BK SELF-ALIGNING UNIT EA	559.62	
			L5618		TEST SOCKET SYMES	296.06	
			L5620		TEST SOCKET BELOW KNEE	274.98	
			L5622		TEST SOCKET KNEE DISARTICULA	358.57	
			L5624		TEST SOCKET ABOVE KNEE	359.58	
			L5626		TEST SOCKET HIP DISARTICULAT	471.58	
			L5628		TEST SOCKET HEMIPELVECTOMY	504.24	
			L5629		BELOW KNEE ACRYLIC SOCKET	314.33	
			L5630		SYME TYP EXPANDABL WALL SCKT	443.89	
			L5631		AK/KNEE DISARTIC ACRYLIC SOC	434.58	
			L5632		SYMES TYPE PTB BRIM DESIGN S	242.54	
			L5634		SYMES TYPE POSTER OPENING SO	300.86	
			L5636		SYMES TYPE MEDIAL OPENING SO	252.02	
			L5637		BELOW KNEE TOTAL CONTACT	285.73	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L5638		BELOW KNEE LEATHER SOCKET	497.74	
			L5639		BELOW KNEE WOOD SOCKET	1108.93	
			L5640		KNEE DISARTICULAT LEATHER SO	632.45	
			L5642		ABOVE KNEE LEATHER SOCKET	612.80	
			L5643		HIP FLEX INNER SOCKET EXT FR	1539.44	
			L5644		ABOVE KNEE WOOD SOCKET	584.19	
			L5645		BK FLEX INNER SOCKET EXT FRA	789.18	
			L5646		BELOW KNEE CUSHION SOCKET	541.92	
			L5647		BELOW KNEE SUCTION SOCKET	786.77	
			L5648		ABOVE KNEE CUSHION SOCKET	651.18	
			L5649		ISCH CONTAINMT/NARROW M-L SO	2359.61	
			L5650		TOT CONTACT AK/KNEE DISART S	482.85	
			L5651		AK FLEX INNER SOCKET EXT FRA	1187.80	
			L5652		SUCTION SUSP AK/KNEE DISART	431.22	
			L5653		KNEE DISART EXPAND WALL SOCK	575.64	
			L5654		SOCKET INSERT SYMES	328.02	
			L5655		SOCKET INSERT BELOW KNEE	277.98	
			L5656		SOCKET INSERT KNEE ARTICULAT	372.90	
			L5658		SOCKET INSERT ABOVE KNEE	359.62	
			L5661		MULTI-DUROMETER SYMES	601.90	
			L5665		MULTI-DUROMETER BELOW KNEE	506.43	
			L5666		BELOW KNEE CUFF SUSPENSION	69.23	
			L5668		BK MOLDED DISTAL CUSHION	111.67	
			L5670		BK MOLDED SUPRACONDYLAR SUSP	268.38	
			L5671		BK/AK LOCKING MECHANISM	568.74	
			L5672		BK REMOVABLE MEDIAL BRIM SUS	294.93	
			L5673		SOCKET INSERT W LOCK MECH	703.29	
			L5676		BK KNEE JOINTS SINGLE AXIS P	358.41	
			L5677		BK KNEE JOINTS POLYCENTRIC P	487.67	
			L5678		BK JOINT COVERS PAIR	39.27	
			L5679		SOCKET INSERT W/O LOCK MECH	586.05	
			L5680		BK THIGH LACER NON-MOLDED	327.83	
			L5681		INTL CUSTM CONG/LATYP INSERT	1315.68	
			L5682		BK THIGH LACER GLUT/ISCHIA M	618.56	
			L5683		INITIAL CUSTOM SOCKET INSERT	1315.68	
			L5684		BK FORK STRAP	47.60	
			L5685		BELOW KNEE SUS/SEAL SLEEVE	128.11	
			L5686		BK BACK CHECK	50.53	
			L5688		BK WAIST BELT WEBBING	60.42	
			L5690		BK WAIST BELT PADDED AND LIN	96.78	
			L5692		AK PELVIC CONTROL BELT LIGHT	131.43	
			L5694		AK PELVIC CONTROL BELT PAD/L	179.43	
			L5695		AK SLEEVE SUSP NEOPRENE/EQUA	165.64	
			L5696		AK/KNEE DISARTIC PELVIC JOIN	183.00	
			L5697		AK/KNEE DISARTIC PELVIC BAND	79.40	
			L5698		AK/KNEE DISARTIC SILESIAN BA	129.84	
			L5699		SHOULDER HARNESS	233.90	
			L5700		REPLACE SOCKET BELOW KNEE	2833.89	
			L5701		REPLACE SOCKET ABOVE KNEE	3403.30	
			L5702		REPLACE SOCKET HIP	4305.66	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L5703		SYMES ANKLE W/O (SACH) FOOT	2228.23	
			L5704		CUSTOM SHAPE COVER BK	530.16	
			L5705		CUSTOM SHAPE COVER AK	947.31	
			L5706		CUSTOM SHAPE CVR KNEE DISART	928.60	
			L5707		CUSTOM SHAPE CVR HIP DISART	1224.21	
			L5710		KNE-SHIN EXO SNG AXI MNL LOC	369.90	
			L5711		KNEE-SHIN EXO MNL LOCK ULTRA	516.97	
			L5712		KNEE-SHIN EXO FRICT SWG & ST	433.17	
			L5714		KNEE-SHIN EXO VARIABLE FRICT	444.93	
			L5716		KNEE-SHIN EXO MECH STANCE PH	720.87	
			L5718		KNEE-SHIN EXO FRCT SWG & STA	901.02	
			L5722		KNEE-SHIN PNEUM SWG FRCT EXO	951.89	
			L5724		KNEE-SHIN EXO FLUID SWING PH	1492.93	
			L5726		KNEE-SHIN EXT JNTS FLD SWG E	1720.56	
			L5728		KNEE-SHIN FLUID SWG & STANCE	2353.50	
			L5780		KNEE-SHIN PNEUM/HYDRA PNEUM	1132.41	
			L5781		LOWER LIMB PROS VACUUM PUMP	4002.03	
			L5782		HD LOW LIMB PROS VACUUM PUMP	4219.06	
			L5785		EXOSKELETAL BK ULTRALT MATER	636.55	
			L5790		EXOSKELETAL AK ULTRA-LIGHT M	711.17	
			L5795		EXOSKEL HIP ULTRA-LIGHT MATE	1415.95	
			L5810		ENDOSKEL KNEE-SHIN MNL LOCK	481.54	
			L5811		ENDO KNEE-SHIN MNL LCK ULTRA	721.35	
			L5812		ENDO KNEE-SHIN FRCT SWG & ST	559.12	
			L5814		ENDO KNEE-SHIN HYDRAL SWG PH	3714.67	
			L5816		ENDO KNEE-SHIN POLYC MCH STA	846.23	
			L5818		ENDO KNEE-SHIN FRCT SWG & ST	949.83	
			L5822		ENDO KNEE-SHIN PNEUM SWG FRC	1684.30	
			L5824		ENDO KNEE-SHIN FLUID SWING P	1516.81	
			L5826		MINIATURE KNEE JOINT	3123.55	
			L5828		ENDO KNEE-SHIN FLUID SWG/STA	2793.09	
			L5830		ENDO KNEE-SHIN PNEUM/SWG PHA	1876.81	
			L5840		MULTI-AXIAL KNEE/SHIN SYSTEM	3470.23	
			L5845		KNEE-SHIN SYS STANCE FLEXION	1792.78	
			L5848		KNEE-SHIN SYS HYDRAUL STANCE	1075.53	
			L5850		ENDO AK/HIP KNEE EXTENS ASSI	126.53	
			L5855		MECH HIP EXTENSION ASSIST	339.99	
			L5856		ELEC KNEE-SHIN SWING/STANCE	24010.98	
			L5857		ELEC KNEE-SHIN SWING ONLY	8519.97	
			L5858		STANCE PHASE ONLY	18589.18	
			L5859		KNEE-SHIN PRO FLEX/EXT CONT	14512.42	
			L5910		ENDO BELOW KNEE ALIGNABLE SY	358.22	
			L5920		ENDO AK/HIP ALIGNABLE SYSTEM	524.80	
			L5925		ABOVE KNEE MANUAL LOCK	443.12	
			L5930		HIGH ACTIVITY KNEE FRAME	3366.61	
			L5940		ENDO BK ULTRA-LIGHT MATERIAL	496.13	
			L5950		ENDO AK ULTRA-LIGHT MATERIAL	775.73	
			L5960		ENDO HIP ULTRA-LIGHT MATERIA	953.51	
			L5961		ENDO POLY HIP, PNEU/HYD/ROT	4546.73	
			L5962		BELOW KNEE FLEX COVER SYSTEM	627.51	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L5964		ABOVE KNEE FLEX COVER SYSTEM	926.29	
			L5966		HIP FLEXIBLE COVER SYSTEM	1180.32	
			L5968		MULTIAXIAL ANKLE W DORSIFLEX	3634.71	
			L5969		AK/FT POWER ASST INCL MOTORS	BR	
			L5970		FOOT EXTERNAL KEEL SACH FOOT	200.87	
			L5971		SACH FOOT, REPLACEMENT	200.87	
			L5972		FLEXIBLE KEEL FOOT	375.21	
			L5973		ANK-FOOT SYS DORS-PLANT FLEX	17208.35	
			L5974		FOOT SINGLE AXIS ANKLE/FOOT	230.49	
			L5975		COMBO ANKLE/FOOT PROSTHESIS	463.72	
			L5976		ENERGY STORING FOOT	553.91	
			L5978		FT PROSTH MULTIAXIAL ANKL/FT	288.64	
			L5979		MULTI-AXIAL ANKLE/FT PROSTH	2256.84	
			L5980		FLEX FOOT SYSTEM	3667.21	
			L5981		FLEX-WALK SYS LOW EXT PROSTH	2962.61	
			L5982		EXOSKELETAL AXIAL ROTATION U	571.80	
			L5984		ENDOSKELETAL AXIAL ROTATION	563.45	
			L5985		LWR EXT DYNAMIC PROSTH PYLON	282.44	
			L5986		MULTI-AXIAL ROTATION UNIT	626.77	
			L5987		SHANK FT W VERT LOAD PYLON	7195.28	
			L5988		VERTICAL SHOCK REDUCING PYLO	1998.12	
			L5990		USER ADJUSTABLE HEEL HEIGHT	1814.60	
			L5999		LOWR EXTREMITY PROSTHES NOS	BR	
			L6000		PART HAND THUMB REM	1314.18	
			L6010		PART HAND LITTLE/RING	1462.46	
			L6020		PART HAND NO FINGERS	1363.52	
			L6026		PART HAND MYO EXCLU TERM DEV	4944.33	
			L6050		WRST MLD SCK FLX HNG TRI PAD	1878.87	
			L6055		WRST MOLD SOCK W/EXP INTERFA	2618.67	
			L6100		ELB MOLD SOCK FLEX HINGE PAD	1903.59	
			L6110		ELBOW MOLD SOCK SUSPENSION T	2019.07	
			L6120		ELBOW MOLD DOUB SPLT SOC STE	2352.94	
			L6130		ELBOW STUMP ACTIVATED LOCK H	2560.44	
			L6200		ELBOW MOLD OUTSID LOCK HINGE	2698.29	
			L6205		ELBOW MOLDED W/ EXPAND INTER	3601.79	
			L6250		ELBOW INTER LOC ELBOW FORARM	2827.18	
			L6300		SHLDER DISART INT LOCK ELBOW	3684.93	
			L6310		SHOULDER PASSIVE RESTOR COMP	3181.78	
			L6320		SHOULDER PASSIVE RESTOR CAP	1738.13	
			L6350		THORACIC INTERN LOCK ELBOW	3874.14	
			L6360		THORACIC PASSIVE RESTOR COMP	3484.18	
			L6370		THORACIC PASSIVE RESTOR CAP	2084.82	
			L6380		POSTOP DSG CAST CHG WRST/ELB	1208.11	
			L6382		POSTOP DSG CAST CHG ELB DIS/	1817.54	
			L6384		POSTOP DSG CAST CHG SHLDER/T	2514.38	
			L6386		POSTOP EA CAST CHG & REALIGN	397.20	
			L6388		POSTOP APPLICAT RIGID DSG ON	434.82	
			L6400		BELOW ELBOW PROSTH TISS SHAP	2295.05	
			L6450		ELB DISART PROSTH TISS SHAP	3066.13	
			L6500		ABOVE ELBOW PROSTH TISS SHAP	3207.81	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L6550		SHLDR DISAR PROSTH TISS SHAP	3855.84	
			L6570		SCAP THORAC PROSTH TISS SHAP	4329.07	
			L6580		WRIST/ELBOW BOWDEN CABLE MOL	1652.75	
			L6582		WRIST/ELBOW BOWDEN CBL DIR F	1496.95	
			L6584		ELBOW FAIR LEAD CABLE MOLDED	2347.60	
			L6586		ELBOW FAIR LEAD CABLE DIR FO	2196.98	
			L6588		SHDR FAIR LEAD CABLE MOLDED	2886.77	
			L6590		SHDR FAIR LEAD CABLE DIRECT	2741.98	
			L6600		POLYCENTRIC HINGE PAIR	185.53	
			L6605		SINGLE PIVOT HINGE PAIR	183.19	
			L6610		FLEXIBLE METAL HINGE PAIR	175.92	
			L6611		ADDITIONAL SWITCH, EXT POWER	411.79	
			L6615		DISCONNECT LOCKING WRIST UNI	189.55	
			L6616		DISCONNECT INSERT LOCKING WR	70.24	
			L6620		FLEXION/EXTENSION WRIST UNIT	303.27	
			L6621		FLEX/EXT WRIST W/WO FRICTION	2287.76	
			L6623		SPRING-ASS ROT WRST W/ LATCH	845.94	
			L6624		FLEX/EXT/ROTATION WRIST UNIT	3766.86	
			L6625		ROTATION WRST W/ CABLE LOCK	601.05	
			L6628		QUICK DISCONN HOOK ADAPTER O	473.82	
			L6629		LAMINATION COLLAR W/ COUPLIN	144.71	
			L6630		STAINLESS STEEL ANY WRIST	213.17	
			L6632		LATEX SUSPENSION SLEEVE EACH	74.03	
			L6635		LIFT ASSIST FOR ELBOW	174.21	
			L6637		NUDGE CONTROL ELBOW LOCK	371.57	
			L6638		ELEC LOCK ON MANUAL PW ELBOW	2501.26	
			L6640		SHOULDER ABDUCTION JOINT PAI	330.10	
			L6641		EXCURSION AMPLIFIER PULLEY T	158.67	
			L6642		EXCURSION AMPLIFIER LEVER TY	215.07	
			L6645		SHOULDER FLEXION-ABDUCTION J	396.99	
			L6646		MULTIPO LOCKING SHOULDER JNT	3154.67	
			L6647		SHOULDER LOCK ACTUATOR	519.35	
			L6648		EXT PWRD SHLDER LOCK/UNLOCK	3253.57	
			L6650		SHOULDER UNIVERSAL JOINT	412.17	
			L6655		STANDARD CONTROL CABLE EXTRA	81.00	
			L6660		HEAVY DUTY CONTROL CABLE	90.79	
			L6665		TEFLON OR EQUAL CABLE LINING	45.55	
			L6670		HOOK TO HAND CABLE ADAPTER	50.37	
			L6672		HARNESS CHEST/SHLDER SADDLE	199.87	
			L6675		HARNESS FIGURE OF 8 SING CON	118.78	
			L6676		HARNESS FIGURE OF 8 DUAL CON	137.30	
			L6677		UE TRIPLE CONTROL HARNESS	296.75	
			L6680		TEST SOCK WRIST DISART/BEL E	229.47	
			L6682		TEST SOCK ELBW DISART/ABOVE	253.71	
			L6684		TEST SOCKET SHLDR DISART/THO	344.76	
			L6686		SUCTION SOCKET	778.55	
			L6687		FRAME TYP SOCKET BEL ELBOW/W	570.51	
			L6688		FRAME TYP SOCK ABOVE ELB/DIS	567.07	
			L6689		FRAME TYP SOCKET SHOULDER DI	679.43	
			L6690		FRAME TYP SOCK INTERSCAP-THO	740.38	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L6691		REMOVABLE INSERT EACH	342.67	
			L6692		SILICONE GEL INSERT OR EQUAL	553.12	
			L6693		LOCKINGELBOW FOREARM CNTRBAL	2839.58	
			L6694		ELBOW SOCKET INS USE W/LOCK	703.29	
			L6695		ELBOW SOCKET INS USE W/O LCK	586.05	
			L6696		CUS ELBO SKT IN FOR CON/ATYP	1315.68	
			L6697		CUS ELBO SKT IN NOT CON/ATYP	1315.68	
			L6698		BELOW/ABOVE ELBOW LOCK MECH	568.74	
			L6703		TERM DEV, PASSIVE HAND MITT	359.56	
			L6704		TERM DEV, SPORT/REC/WORK ATT	579.24	
			L6706		TERM DEV MECH HOOK VOL OPEN	345.11	
			L6707		TERM DEV MECH HOOK VOL CLOSE	1272.02	
			L6708		TERM DEV MECH HAND VOL OPEN	831.56	
			L6709		TERM DEV MECH HAND VOL CLOSE	1198.30	
			L6711		PED TERM DEV, HOOK, VOL OPEN	672.45	
			L6712		PED TERM DEV, HOOK, VOL CLOS	1238.14	
			L6713		PED TERM DEV, HAND, VOL OPEN	1562.61	
			L6714		PED TERM DEV, HAND, VOL CLOS	1323.57	
			L6715		TERM DEVICE, MULTI ART DIGIT	3157.83	
			L6721		HOOK/HAND, HVY DTY, VOL OPEN	2352.48	
			L6722		HOOK/HAND, HVY DTY, VOL CLOS	2028.00	
			L6805		TERM DEV MODIFIER WRIST UNIT	336.52	
			L6810		TERM DEV PRECISION PINCH DEV	190.74	
			L6880		ELEC HAND IND ART DIGITS	23897.62	
			L6881		TERM DEV AUTO GRASP FEATURE	4089.09	
			L6882		MICROPROCESSOR CONTROL UPLMB	3101.81	
			L6883		REPLC SOCKT BELOW E/W DISA	1569.55	
			L6884		REPLC SOCKT ABOVE ELBOW DISA	2329.54	
			L6885		REPLC SOCKT SHLDR DIS/INTERC	3484.18	
			L6890		PREFAB GLOVE FOR TERM DEVICE	168.23	
			L6895		CUSTOM GLOVE FOR TERM DEVICE	618.87	
			L6900		HAND RESTORAT THUMB/1 FINGER	1766.11	
			L6905		HAND RESTORATION MULTIPLE FI	1756.07	
			L6910		HAND RESTORATION NO FINGERS	1501.61	
			L6915		HAND RESTORATION REPLACMNT G	757.09	
			L6920		WRIST DISARTICUL SWITCH CTRL	6600.83	
			L6925		WRIST DISART MYOELECTRONIC C	8885.87	
			L6930		BELOW ELBOW SWITCH CONTROL	6641.76	
			L6935		BELOW ELBOW MYOELECTRONIC CT	9023.76	
			L6940		ELBOW DISARTICULATION SWITCH	8677.90	
			L6945		ELBOW DISART MYOELECTRONIC C	10603.35	
			L6950		ABOVE ELBOW SWITCH CONTROL	9863.66	
			L6955		ABOVE ELBOW MYOELECTRONIC CT	11813.07	
			L6960		SHLDR DISARTIC SWITCH CONTRO	13381.27	
			L6965		SHLDR DISARTIC MYOELECTRONIC	14271.61	
			L6970		INTERSCAPULAR-THOR SWITCH CT	14871.25	
			L6975		INTERSCAP-THOR MYOELECTRONIC	16264.34	
			L7007		ADULT ELECTRIC HAND	3403.48	
			L7008		PEDIATRIC ELECTRIC HAND	5356.72	
			L7009		ADULT ELECTRIC HOOK	3472.63	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L7040		PREHENSILE ACTUATOR	2788.38	
			L7045		PEDIATRIC ELECTRIC HOOK	1598.67	
			L7170		ELECTRONIC ELBOW HOSMER SWIT	7360.91	
			L7180		ELECTRONIC ELBOW SEQUENTIAL	32310.29	
			L7181		ELECTRONIC ELBO SIMULTANEOUS	40076.58	
			L7185		ELECTRON ELBOW ADOLESCENT SW	7269.00	
			L7186		ELECTRON ELBOW CHILD SWITCH	8748.94	
			L7190		ELBOW ADOLESCENT MYOELECTRON	7634.93	
			L7191		ELBOW CHILD MYOELECTRONIC CT	9142.12	
			L7259		ELECTRONIC WRIST ROTATOR ANY	3161.01	
			L7360		SIX VOLT BAT OTTO BOCK/EQ EA	236.01	
			L7362		BATTERY CHRGR SIX VOLT OTTO	247.81	
			L7364		TWELVE VOLT BATTERY UTAH/EQU	394.13	
			L7366		BATTERY CHRGR 12 VOLT UTAH/E	530.90	
			L7367		REPLACEMNT LITHIUM IONBATTER	389.39	
			L7368		LITHIUM ION BATTERY CHARGER	504.80	
			L7400		ADD UE PROST BE/WD, ULTLITE	306.56	
			L7401		ADD UE PROST A/E ULTLITE MAT	343.20	
			L7402		ADD UE PROST S/D ULTLITE MAT	370.58	
			L7403		ADD UE PROST B/E ACRYLIC	368.36	
			L7404		ADD UE PROST A/E ACRYLIC	555.91	
			L7405		ADD UE PROST S/D ACRYLIC	727.07	
			L7499		UPPER EXTREMITY PROSTHES NOS	BR	
			L7510		PROSTHETIC DEVICE REPAIR REP	BR	
			L7520		REPAIR PROSTHESIS PER 15 MIN	51.08	
			L7600		PROSTHETIC DONNING SLEEVE	BR	
			L7700		PROS SOC INSERT GASKET/SEAL	111.63	
			L7900		MALE VACUUM ERECTION SYSTEM	555.95	
			L7902		TENSION RING, VAC ERECT DEV	BR	
			L8000		MASTECTOMY BRA	43.50	
			L8001		BREAST PROSTHESIS BRA & FORM	125.45	
			L8002		BRST PRSTH BRA & BILAT FORM	165.03	
			L8010		MASTECTOMY SLEEVE	88.30	
			L8015		EXT BREASTPROSTHESIS GARMENT	59.95	
			L8020		MASTECTOMY FORM	225.49	
			L8030		BREAST PROSTHES W/O ADHESIVE	326.16	
			L8031		BREAST PROSTHESIS W ADHESIVE	326.16	
			L8032		REUSABLE NIPPLE PROSTHESIS	39.18	
			L8035		CUSTOM BREAST PROSTHESIS	3664.41	
			L8039		BREAST PROSTHESIS NOS	0.00	
			L8040		NASAL PROSTHESIS	2417.69	
			L8041		MIDFACIAL PROSTHESIS	2914.07	
			L8042		ORBITAL PROSTHESIS	3274.21	
			L8043		UPPER FACIAL PROSTHESIS	3667.13	
			L8044		HEMI-FACIAL PROSTHESIS	4060.02	
			L8045		AURICULAR PROSTHESIS	2542.50	
			L8046		PARTIAL FACIAL PROSTHESIS	2619.38	
			L8047		NASAL SEPTAL PROSTHESIS	1342.41	
			L8048		UNSPEC MAXILLOFACIAL PROSTH	BR	
			L8049		REPAIR MAXILLOFACIAL PROSTH	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L8300		TRUSS SINGLE W/ STANDARD PAD	96.33	
			L8310		TRUSS DOUBLE W/ STANDARD PAD	148.12	
			L8320		TRUSS ADDITION TO STD PAD WA	64.69	
			L8330		TRUSS ADD TO STD PAD SCROTAL	64.12	
			L8400		SHEATH BELOW KNEE	18.75	
			L8410		SHEATH ABOVE KNEE	21.33	
			L8415		SHEATH UPPER LIMB	21.20	
			L8417		PROS SHEATH/SOCK W GEL CUSHN	75.21	
			L8420		PROSTHETIC SOCK MULTI PLY BK	24.79	
			L8430		PROSTHETIC SOCK MULTI PLY AK	27.25	
			L8435		PROS SOCK MULTI PLY UPPER LM	24.46	
			L8440		SHRINKER BELOW KNEE	51.86	
			L8460		SHRINKER ABOVE KNEE	72.17	
			L8465		SHRINKER UPPER LIMB	64.33	
			L8470		PROS SOCK SINGLE PLY BK	6.60	
			L8480		PROS SOCK SINGLE PLY AK	9.10	
			L8485		PROS SOCK SINGLE PLY UPPER L	11.00	
			L8499		UNLISTED MISC PROSTHETIC SER	BR	
			L8500		ARTIFICIAL LARYNX	652.75	
			L8501		TRACHEOSTOMY SPEAKING VALVE	144.97	
			L8505		ARTIFICIAL LARYNX, ACCESSORY	BR	
			L8507		TRACH-ESOPH VOICE PROS PT IN	41.90	
			L8509		TRACH-ESOPH VOICE PROS MD IN	109.25	
			L8510		VOICE AMPLIFIER	252.77	
			L8511		INDWELLING TRACH INSERT	72.75	
			L8512		GEL CAP FOR TRACH VOICE PROS	2.19	
			L8513		TRACH PROS CLEANING DEVICE	5.22	
			L8514		REPL TRACH PUNCTURE DILATOR	94.32	
			L8515		GEL CAP APP DEVICE FOR TRACH	63.12	
			L8600		IMPLANT BREAST SILICONE/EQ	617.63	
			L8603		COLLAGEN IMP URINARY 2.5 ML	433.76	
			L8604		DEXTRANOMER/HYALURONIC ACID	BR	
			L8605		INJ BULKING AGENT ANAL CANAL	716.39	
			L8606		SYNTHETIC IMPLNT URINARY 1ML	227.69	
			L8607		INJ VOCAL CORD BULKING AGENT	42.91	
			L8608		ARG II EXT COM/SUP/ACC MISC	BR	
			L8609		ARTIFICIAL CORNEA	6516.84	
			L8610		OCULAR IMPLANT	633.54	
			L8612		AQUEOUS SHUNT PROSTHESIS	668.19	
			L8613		OSSICULAR IMPLANT	299.16	
			L8614		COCHLEAR DEVICE	18935.62	
			L8615		COCH IMPLANT HEADSET REPLACE	451.11	
			L8616		COCH IMPLANT MICROPHONE REPL	105.07	
			L8617		COCH IMPLANT TRANS COIL REPL	91.80	
			L8618		COCH IMPLANT TRAN CABLE REPL	26.22	
			L8619		COCH IMP EXT PROC/CONTR RPLC	8122.67	
			L8621		REPL ZINC AIR BATTERY	0.61	
			L8622		REPL ALKALINE BATTERY	0.32	
			L8623		LITH ION BATT CID,NON-EARLVL	64.69	
			L8624		LITH ION BATT CID, EAR LEVEL	161.27	

C	D	E	Code	Mod	Description	Amount	APC Amount
			L8625		CHARGER COCH IMPL/AOI BATTRY	188.91	
			L8627		CID EXT SPEECH PROCESS REPL	6885.33	
			L8628		CID EXT CONTROLLER REPL	1237.36	
			L8629		CID TRANSMIT COIL AND CABLE	179.09	
			L8630		METACARPOPHALANGEAL IMPLANT	333.22	
			L8631		MCP JOINT REPL 2 PC OR MORE	2236.30	
			L8641		METATARSAL JOINT IMPLANT	361.67	
			L8642		HALLUX IMPLANT	296.88	
			L8658		INTERPHALANGEAL JOINT SPACER	310.27	
			L8659		INTERPHALANGEAL JOINT REPL	1930.08	
			L8670		VASCULAR GRAFT, SYNTHETIC	550.58	
			L8679		IMP NEUROSTI PLS GN ANY TYPE	8345.84	
			L8680		IMPLT NEUROSTIM ELCTR EACH	825.93	
			L8681		PT PRGRM FOR IMPLT NEUROSTIM	1129.71	
			L8682		IMPLT NEUROSTIM RADIOFQ REC	5962.94	
			L8683		RADIOFQ TRSMTR FOR IMPLT NEU	5248.73	
			L8684		RADIOF TRSMTR IMPLT SCRL NEU	689.26	
			L8685		IMPLT NROSTM PLS GEN SNG REC	7942.48	
			L8686		IMPLT NROSTM PLS GEN SNG NON	12557.08	
			L8687		IMPLT NROSTM PLS GEN DUA REC	10336.57	
			L8688		IMPLT NROSTM PLS GEN DUA NON	6595.65	
			L8689		EXTERNAL RECHARG SYS INTERN	1725.30	
			L8690		AUD OSSEO DEV, INT/EXT COMP	4758.18	
			L8691		AOI SND PROC REPL EXCL ACTUA	1722.52	
			L8692		NON-OSSEOINTEGRATED SND PROC	BR	
			L8693		AUD OSSEO DEV, ABUTMENT	1516.65	
			L8694		AOI TRANSDUCER/ACTUATOR REPL	944.60	
			L8695		EXTERNAL RECHARG SYS EXTERN	16.66	
			L8696		EXT ANTENNA PHREN NERVE STIM	216.81	
			L8698		MISC USED WITH TOT ART HEART	BR	
			L8699		PROSTHETIC IMPLANT NOS	BR	
			L8701		POW UE ROM DEV EWH UPRT CUST	BR	
			L8702		POW UE ROM DEV EWHF UPRT CUS	BR	
			L9900		O&P SUPPLY/ACCESSORY/SERVICE	BR	
			M0075		CELLULAR THERAPY	0.00	
			M0076		PROLOTHERAPY	0.00	
			M0100		INTRAGASTRIC HYPOTHERMIA	0.00	
			M0300		IV CHELATIONTHERAPY	0.00	
			M0301		FABRIC WRAPPING OF ANEURYSM	0.00	
			M1000		PAIN SCR AS MOD TO SEVR	0.00	
			M1001		PLN TO ADRS PAIN DOC	0.00	
			M1002		PLN TO ADRS PAIN NOT DOC	0.00	
			M1003		TB SCR 12 MO PRI FST BIO DZ	0.00	
			M1004		DOC MED RSN NO SRN TB	0.00	
			M1005		TB SCR NO PERF	0.00	
			M1006		DZ NOT ASES, NO RSN	0.00	
			M1007		>=50% TOTAL PT OUTPT RA ENCT	0.00	
			M1008		<50% TOTAL PT OUTPT RA ENCTS	0.00	
			M1009		PT TX AND FINAL EVAL COMP	0.00	
			M1010		PT TX AND FINAL EVAL COMP	0.00	

C	D	E	Code	Mod	Description	Amount	APC Amount
			M1011		PT TX AND FINAL EVAL COMP	0.00	
			M1012		PT TX AND FINAL EVAL COMP	0.00	
			M1013		PT TX AND FINAL EVAL COMP	0.00	
			M1014		PT TX AND FINAL EVAL COMP	0.00	
			M1015		PT TX AND FINAL EVAL COMP	0.00	
			M1016		PT DX MEOP OR SUR STERI	0.00	
			M1017		PT ADMT TO PALITVE SERV	0.00	
			M1018		PT DX HST CR PT SK LG CR SCR	0.00	
			M1019		ADL PT MJ DEP DS RS 12 PHQ<5	0.00	
			M1020		ADL PT MJ DEP DS NO RS 12 MO	0.00	
			M1021		PT UC IN PP	0.00	
			M1022		PT HOSPICE DURING PERF PD	0.00	
			M1023		ADL PT MJ DEP DS RS 6 PHQ<5	0.00	
			M1024		ADL PT MJ DEP DS NO RS 6 MO	0.00	
			M1025		PT HOSPICE DURING PERF PD	0.00	
			M1026		PT HOSPICE DURING PERF PD	0.00	
			M1027		IMG HEAD (CT OR MRI) OBTND	0.00	
			M1028		DOC OF PT PRM HDA DX AND OTR	0.00	
			M1029		DOC SYSM RSN IMG HD	0.00	
			M1030		PT CLIN IND IMG HD	0.00	
			M1031		PT CLIN IND IMG HD	0.00	
			M1032		ADT TKNG PHARMTHRY FOR OUD	0.00	
			M1033		PHARMTHRY FOR OUD AFR 6.30	0.00	
			M1034		ADT 180 DYS PHARMTHRY OUD	0.00	
			M1035		ADT PD OUT MAT PR 180 DYS TX	0.00	
			M1036		ADT NO 180 DYS PHARMTHRY OUD	0.00	
			M1037		PT DX LUM SP REG CACR	0.00	
			M1038		PT DX LUM SP REG FRACT	0.00	
			M1039		PT DX LUM SP REG INF	0.00	
			M1040		PT DX LUM IDI OR CONG SCOL	0.00	
			M1041		PT CR FT INF LM OR PT ID SL	0.00	
			M1042		FTL ST MEA SCO OT ODI 3 MO	0.00	
			M1043		FTL ST MEA SCO NO OT ODI	0.00	
			M1044		FTL ST MEA ODI 3 MO	0.00	
			M1045		FSM WTH SCR OKS PRE AND POST	0.00	
			M1046		FSM WTH SCR NO OKS PRE AND P	0.00	
			M1047		FS MSRD OKS PRE AND POST	0.00	
			M1048		FSM WTH SCR ODI PRE AND POST	0.00	
			M1049		FSM WTH SCR NO ODI PRE AND P	0.00	
			M1050		FS MSRD ODI PRE AND POST	0.00	
			M1051		PT W/CANCER SCOLIOSIS	0.00	
			M1052		LG PN NT MSR VAS SCL PRE/PST	0.00	
			M1053		PRE AND POST VAS WTHN 3 MOS	0.00	
			M1054		PT UC IN PP	0.00	
			M1055		ASPIRIN USED	0.00	
			M1056		PRESC ANTICO MED IN PP	0.00	
			M1057		ASPIRIN NOT USED, NO RSN	0.00	
			M1058		PT PRM NURS HM RES IN PP	0.00	
			M1059		PT NO PRM NURS HM RES IN PP	0.00	
			M1060		PT DIED IN PP	0.00	

C	D	E	Code	Mod	Description	Amount	APC Amount
			M1061		PT PREG	0.00	
			M1062		PT IMCOMPRMD	0.00	
			M1063		PT REC HG DOS IMSUP THPY	0.00	
			M1064		SHING VAC DOC ADM OR PV REC	0.00	
			M1065		SHING VAC NO ADM CLINC RSN	0.00	
			M1066		SHING VAC NO DOC NO RSN	0.00	
			M1067		HSPC PT PRV TIME MEAM PER	0.00	
			M1068		PT NOT AMBULATORY	0.00	
			M1069		PT SCR FT FALL RSK	0.00	
			M1070		PT NOT SCRN FUT FALL NO RSN	0.00	
			M1071		PT HAD ADD'L SP PCR PERF	0.00	
			P2028		CEPHALIN FLOCULATION TEST	BR	
			P2029		CONGO RED BLOOD TEST	BR	
			P2031		HAIR ANALYSIS	BR	
			P2033		BLOOD THYMOL TURBIDITY	BR	
			P2038		BLOOD MUCOPROTEIN	7.65	
			P3000		SCREEN PAP BY TECH W MD SUPV	16.11	
			P3001		SCREENING PAP SMEAR BY PHYS	36.01	
			P7001		CULTURE BACTERIAL URINE	16.58	
			P9010		WHOLE BLOOD FOR TRANSFUSION	51.54	157.88
			P9011		BLOOD SPLIT UNIT	73.68	179.01
			P9012		CRYOPRECIPITATE EACH UNIT	BR	70.15
			P9016		RBC LEUKOCYTES REDUCED	BR	262.39
			P9017		PLASMA 1 DONOR FRZ W/IN 8 HR	BR	101.57
			P9019		PLATELETS, EACH UNIT	BR	153.30
			P9020		PLAELET RICH PLASMA UNIT	BR	177.83
			P9021		RED BLOOD CELLS UNIT	BR	198.97
			P9022		WASHED RED BLOOD CELLS UNIT	BR	505.42
			P9023		FROZEN PLASMA, POOLED, SD	BR	107.86
			P9031		PLATELETS LEUKOCYTES REDUCED	BR	193.99
			P9032		PLATELETS, IRRADIATED	BR	244.11
			P9033		PLATELETS LEUKOREDUCED IRRAD	BR	237.34
			P9034		PLATELETS, PHERESIS	BR	478.65
			P9035		PLATELET PHERES LEUKOREDUCED	BR	690.55
			P9036		PLATELET PHERESIS IRRADIATED	BR	785.13
			P9037		PLATE PHERES LEUKOREDU IRRAD	BR	887.40
			P9038		RBC IRRADIATED	BR	314.33
			P9039		RBC DEGLYCEROLIZED	BR	470.22
			P9040		RBC LEUKOREDUCED IRRADIATED	BR	362.92
			P9041		ALBUMIN (HUMAN),5%, 50ML	10.98	14.90
			P9043		PLASMA PROTEIN FRACT,5%,50ML	16.91	38.27
			P9044		CRYOPRECIPITATEREDUCEDPLASMA	BR	126.00
			P9045		ALBUMIN (HUMAN), 5%, 250 ML	54.90	74.48
			P9046		ALBUMIN (HUMAN), 25%, 20 ML	22.64	29.79
			P9047		ALBUMIN (HUMAN), 25%, 50ML	53.79	74.48
			P9048		PLASMAPROTEIN FRACT,5%,250ML	34.22	109.31
			P9050		GRANULOCYTES, PHERESIS UNIT	BR	2176.90
			P9051		BLOOD, L/R, CMV-NEG	BR	249.83
			P9052		PLATELETS, HLA-M, L/R, UNIT	BR	1199.66
			P9053		PLT, PHER, L/R CMV-NEG, IRR	BR	699.08

C	D	E	Code	Mod	Description	Amount	APC Amount
			P9054		BLOOD, L/R, FROZ/DEGLY/WASH	BR	423.69
			P9055		PLT, APH/PHER, L/R, CMV-NEG	BR	631.99
			P9056		BLOOD, L/R, IRRADIATED	BR	320.17
			P9057		RBC, FRZ/DEG/WSH, L/R, IRRAD	BR	318.80
			P9058		RBC, L/R, CMV-NEG, IRRAD	BR	325.59
			P9059		PLASMA, FRZ BETWEEN 8-24HOUR	BR	108.86
			P9060		FR FRZ PLASMA DONOR RETESTED	BR	89.19
			P9070		PATHOGEN REDUCED PLASMA POOL	BR	58.83
			P9071		PATHOGEN REDUCED PLASMA SING	BR	111.26
			P9073		PLATELETS PHERESIS PATH REDU	BR	887.40
			P9100		PATHOGEN TEST FOR PLATELETS	BR	36.21
			P9603		ONE-WAY ALLOW PRORATED MILES	BR	
			P9604		ONE-WAY ALLOW PRORATED TRIP	10.60	
			P9612		CATHETERIZE FOR URINE SPEC	26.57	
			P9615		URINE SPECIMEN COLLECT MULT	BR	
			Q0035		CARDIOKYMOGRAPHY	22.80	45.61
			Q0081		INFUSION THER OTHER THAN CHE	BR	
			Q0083		CHEMO BY OTHER THAN INFUSION	BR	
			Q0084		CHEMOTHERAPY BY INFUSION	414.28	
			Q0085		CHEMO BY BOTH INFUSION AND O	BR	
			Q0091		OBTAINING SCREEN PAP SMEAR	49.20	24.38
			Q0092		SET UP PORT XRAY EQUIPMENT	27.20	
			Q0111		WET MOUNTS/ W PREPARATIONS	16.49	
			Q0112		POTASSIUM HYDROXIDE PREPS	6.41	
			Q0113		PINWORM EXAMINATIONS	5.23	
			Q0114		FERN TEST	10.71	
			Q0115		POST-COITAL MUCOUS EXAM	27.50	
			Q0138		FERUMOXYTOL, NON-ESRD	0.92	1.43
			Q0139		FERUMOXYTOL, ESRD USE	0.92	1.43
			Q0144		AZITHROMYCIN DIHYDRATE, ORAL	33.16	
			Q0161		CHLORPROMAZINE HCL 5MG ORAL	0.00	
			Q0162		ONDANSETRON ORAL	0.03	
			Q0163		DIPHENHYDRAMINE HCL 50MG	0.28	
			Q0164		PROCHLORPERAZINE MALEATE 5MG	0.05	
			Q0166		GRANISETRON HCL 1 MG ORAL	1.44	
			Q0167		DRONABINOL 2.5MG ORAL	1.81	
			Q0169		PROMETHAZINE HCL 12.5MG ORAL	0.03	
			Q0173		TRIMETHOBENZAMIDE HCL 250MG	0.81	
			Q0174		THIETHYLPERAZINE MALEATE10MG	0.81	
			Q0175		PERPHENAZINE 4MG ORAL	0.81	
			Q0177		HYDROXYZINE PAMOATE 25MG	1.84	
			Q0180		DOLASETRON MESYLATE ORAL	123.48	
			Q0181		UNSPECIFIED ORAL ANTI-EMETIC	BR	
			Q0477		PWR MODULE PT CABLE LVAD RPL	853.64	
			Q0478		POWER ADAPTER, COMBO VAD	202.18	
			Q0479		POWER MODULE COMBO VAD, REP	13183.85	
			Q0480		DRIVER PNEUMATIC VAD, REP	99092.11	
			Q0481		MICROPRCSR CU ELEC VAD, REP	15987.38	
			Q0482		MICROPRCSR CU COMBO VAD, REP	5007.55	
			Q0483		MONITOR ELEC VAD, REP	20628.82	

C	D	E	Code	Mod	Description	Amount	APC Amount
			Q0484		MONITOR ELEC OR COMB VAD REP	4006.06	
			Q0485		MONITOR CABLE ELEC VAD, REP	386.78	
			Q0486		MON CABLE ELEC/PNEUM VAD REP	321.90	
			Q0487		LEADS ANY TYPE VAD, REP ONLY	375.57	
			Q0488		PWR PACK BASE ELEC VAD, REP	BR	
			Q0489		PWR PCK BASE COMBO VAD, REP	17884.05	
			Q0490		EMR PWR SOURCE ELEC VAD, REP	773.59	
			Q0491		EMR PWR SOURCE COMBO VAD REP	1216.13	
			Q0492		EMR PWR CBL ELEC VAD, REP	98.01	
			Q0493		EMR PWR CBL COMBO VAD, REP	278.94	
			Q0494		EMR HD PMP ELEC/COMBO, REP	236.05	
			Q0495		CHARGER ELEC/COMBO VAD, REP	4595.79	
			Q0496		BATTERY ELEC/COMBO VAD, REP	1649.51	
			Q0497		BAT CLPS ELEC/COMB VAD, REP	515.05	
			Q0498		HOLSTER ELEC/COMBO VAD, REP	565.13	
			Q0499		BELT/VEST ELEC/COMBO VAD REP	183.62	
			Q0500		FILTERS ELEC/COMBO VAD, REP	33.61	
			Q0501		SHWR COV ELEC/COMBO VAD, REP	561.87	
			Q0502		MOBILITY CART PNEUM VAD, REP	715.34	
			Q0503		BATTERY PNEUM VAD REPLACEMNT	1430.70	
			Q0504		PWR ADPT PNEUM VAD, REP VEH	754.93	
			Q0506		LITH-ION BATT ELEC/PNEUM VAD	939.74	
			Q0507		MISC SUP/ACC EXT VAD	BR	
			Q0508		MIS SUP/ACC IMP VAD	BR	
			Q0509		MIS SUP/AC IMP VAD NOPAY MED	BR	
			Q0510		DISPENS FEE IMMUNOSUPRESSIVE	BR	
			Q0511		SUP FEE ANTIEM,ANTICA,IMMUNO	BR	
			Q0512		PX SUP FEE ANTI-CAN SUB PRES	BR	
			Q0513		DISP FEE INHAL DRUGS/30 DAYS	BR	
			Q0514		DISP FEE INHAL DRUGS/90 DAYS	BR	
			Q0515		SERMORELIN ACETATE INJECTION	1.61	
			Q1004		NTIOL CATEGORY 4	BR	
			Q1005		NTIOL CATEGORY 5	BR	
			Q2004		BLADDER CALCULI IRRIG SOL	17.31	
			Q2009		FOSPHENYTOIN INJ PE	24.88	
			Q2017		TENIPOSIDE, 50 MG	266.55	3669.24
			Q2026		RADIESSE INJECTION	BR	672.94
			Q2028		INJ, SCULPTRA, 0.5MG	0.00	4.66
			Q2034		AGRIFLU VACCINE	BR	
			Q2035		AFLURIA VACC, 3 YRS & >, IM	14.42	
			Q2036		FLULAVAL VACC, 3 YRS & >, IM	BR	
			Q2037		FLUVIRIN VACC, 3 YRS & >, IM	24.85	
			Q2038		FLUZONE VACC, 3 YRS & >, IM	24.85	
			Q2039		INFLUENZA VIRUS VACCINE, NOS	BR	
			Q2041		AXICABTAGENE CILOLEUCEL CAR+	BR	561439.60
			Q2042		TISAGENLECLEUCEL CAR-POS T	BR	623931.39
			Q2043		SIPULEUCEL-T AUTO CD54+	40319.18	60515.14
			Q2049		IMPORTED LIPODOX INJ	716.88	667.97
			Q2050		DOXORUBICIN INJ 10MG	477.80	541.49
			Q2052		IVIG DEMO, SERVICES/SUPPLIES	0.00	

C	D	E	Code	Mod	Description	Amount	APC Amount
			Q3001		BRACHYTHERAPY RADIOELEMENTS	BR	
			Q3014		TELEHEALTH FACILITY FEE	BR	
			Q3027		INJ BETA INTERFERON IM 1 MCG	46.27	76.15
			Q3028		INJ BETA INTERFERON SQ 1 MCG	BR	
			Q3031		COLLAGEN SKIN TEST	BR	
			Q4001		CAST SUP BODY CAST PLASTER	55.43	
			Q4002		CAST SUP BODY CAST FIBERGLAS	209.42	
			Q4003		CAST SUP SHOULDER CAST PLSTR	39.79	
			Q4004		CAST SUP SHOULDER CAST FBRGL	137.78	
			Q4005		CAST SUP LONG ARM ADULT PLST	14.67	
			Q4006		CAST SUP LONG ARM ADULT FBRG	33.07	
			Q4007		CAST SUP LONG ARM PED PLSTER	7.34	
			Q4008		CAST SUP LONG ARM PED FBRGLS	16.52	
			Q4009		CAST SUP SHT ARM ADULT PLSTR	9.80	
			Q4010		CAST SUP SHT ARM ADULT FBRGL	22.04	
			Q4011		CAST SUP SHT ARM PED PLASTER	4.88	
			Q4012		CAST SUP SHT ARM PED FBRGLAS	11.04	
			Q4013		CAST SUP GAUNTLET PLASTER	17.83	
			Q4014		CAST SUP GAUNTLET FIBERGLASS	30.06	
			Q4015		CAST SUP GAUNTLET PED PLSTER	8.93	
			Q4016		CAST SUP GAUNTLET PED FBRGLS	15.04	
			Q4017		CAST SUP LNG ARM SPLINT PLST	10.31	
			Q4018		CAST SUP LNG ARM SPLINT FBRG	16.43	
			Q4019		CAST SUP LNG ARM SPLNT PED P	5.17	
			Q4020		CAST SUP LNG ARM SPLNT PED F	8.24	
			Q4021		CAST SUP SHT ARM SPLINT PLST	7.63	
			Q4022		CAST SUP SHT ARM SPLINT FBRG	13.76	
			Q4023		CAST SUP SHT ARM SPLNT PED P	3.84	
			Q4024		CAST SUP SHT ARM SPLNT PED F	6.90	
			Q4025		CAST SUP HIP SPICA PLASTER	42.77	
			Q4026		CAST SUP HIP SPICA FIBERGLAS	133.58	
			Q4027		CAST SUP HIP SPICA PED PLSTR	21.41	
			Q4028		CAST SUP HIP SPICA PED FBRGL	66.84	
			Q4029		CAST SUP LONG LEG PLASTER	32.73	
			Q4030		CAST SUP LONG LEG FIBERGLASS	86.13	
			Q4031		CAST SUP LNG LEG PED PLASTER	16.35	
			Q4032		CAST SUP LNG LEG PED FBRGLS	43.07	
			Q4033		CAST SUP LNG LEG CYLINDER PL	30.53	
			Q4034		CAST SUP LNG LEG CYLINDER FB	75.89	
			Q4035		CAST SUP LNGLEG CYLNDR PED P	15.26	
			Q4036		CAST SUP LNGLEG CYLNDR PED F	37.97	
			Q4037		CAST SUP SHRT LEG PLASTER	18.60	
			Q4038		CAST SUP SHRT LEG FIBERGLASS	46.63	
			Q4039		CAST SUP SHRT LEG PED PLSTER	9.33	
			Q4040		CAST SUP SHRT LEG PED FBRGLS	23.32	
			Q4041		CAST SUP LNG LEG SPLNT PLSTR	22.64	
			Q4042		CAST SUP LNG LEG SPLNT FBRGL	38.64	
			Q4043		CAST SUP LNG LEG SPLNT PED P	11.33	
			Q4044		CAST SUP LNG LEG SPLNT PED F	19.34	
			Q4045		CAST SUP SHT LEG SPLNT PLSTR	13.15	

C	D	E	Code	Mod	Description	Amount	APC Amount
			Q4046		CAST SUP SHT LEG SPLNT FBRGL	21.13	
			Q4047		CAST SUP SHT LEG SPLNT PED P	6.55	
			Q4048		CAST SUP SHT LEG SPLNT PED F	10.57	
			Q4049		FINGER SPLINT, STATIC	2.39	
			Q4050		CAST SUPPLIES UNLISTED	BR	
			Q4051		SPLINT SUPPLIES MISC	BR	
			Q4074		ILOPROST NON-COMP UNIT DOSE	123.55	
			Q4081		EPOETIN ALFA, 100 UNITS ESRD	1.37	
			Q4082		DRUG/BIO NOC PART B DRUG CAP	BR	
			Q4100		SKIN SUBSTITUTE, NOS	BR	
			Q4101		APLIGRAF	34.56	
			Q4102		OASIS WOUND MATRIX	11.82	
			Q4103		OASIS BURN MATRIX	BR	
			Q4104		INTEGRA BMWD	35.25	
			Q4105		INTEGRA DRT OR OMNIGRAFT	140.29	
			Q4106		DERMAGRAFT	36.38	
			Q4107		GRAFTJACKET	109.59	
			Q4108		INTEGRA MATRIX	39.45	
			Q4110		PRIMATRIX	61.53	
			Q4111		GAMMAGRAFT	7.66	
			Q4112		CYMETRA INJECTABLE	247.73	
			Q4113		GRAFTJACKET XPRESS	247.73	
			Q4114		INTEGRA FLOWABLE WOUND MATRI	1746.92	
			Q4115		ALLOSKIN	10.59	
			Q4116		ALLODERM	36.06	
			Q4117		HYALOMATRIX	BR	
			Q4118		MATRISTEM MICROMATRIX	BR	
			Q4121		THERASKIN	42.60	
			Q4122		DERMACELL	BR	
			Q4123		ALLOSKIN	24.63	
			Q4124		OASIS TRI-LAYER WOUND MATRIX	BR	
			Q4125		ARTHROFLEX	BR	
			Q4126		MEMODERM/DERMA/TRANZ/INTEGUP	BR	
			Q4127		TALYMED	BR	
			Q4128		FLEXHD/ALLOPATCHHD/MATRIXHD	BR	
			Q4130		STRATTICE TM	BR	
			Q4132		GRAFIX CORE, GRAFIXPL CORE	BR	
			Q4133		GRAFIX STRAVIX PRIME PL SQCM	BR	
			Q4134		HMATRIX	BR	
			Q4135		MEDISKIN	BR	
			Q4136		EZDERM	BR	
			Q4137		AMNIOEXCEL BIODEXCEL 1SQ CM	0.00	
			Q4138		BIODFENCE DRYFLEX, 1CM	0.00	
			Q4139		AMNIO OR BIODMATRIX, INJ 1CC	0.00	
			Q4140		BIODFENCE 1CM	0.00	
			Q4141		ALLOSKIN AC, 1 CM	0.00	
			Q4142		XCM BIOLOGIC TISS MATRIX 1CM	0.00	
			Q4143		REPRIZA, 1CM	0.00	
			Q4145		EPIFIX, INJ, 1MG	0.00	
			Q4146		TENSIX, 1CM	0.00	

C	D	E	Code	Mod	Description	Amount	APC Amount
			Q4147		ARCHITECT ECM PX FX 1 SQ CM	0.00	
			Q4148		NEOX NEOX RT OR CLARIX CORD	0.00	
			Q4149		EXCELLAGEN, 0.1 CC	0.00	
			Q4150		ALLOWRAP DS OR DRY 1 SQ CM	0.00	
			Q4151		AMNIOBAND, GUARDIAN 1 SQ CM	0.00	
			Q4152		DERMAPURE 1 SQUARE CM	0.00	
			Q4153		DERMAVEST, PLURIVEST SQ CM	0.00	
			Q4154		BIOVANCE 1 SQUARE CM	0.00	
			Q4155		NEOXFLO OR CLARIXFLO 1 MG	0.00	
			Q4156		NEOX 100 OR CLARIX 100	0.00	
			Q4157		REVITALON 1 SQUARE CM	0.00	
			Q4158		KERECIS OMEGA3, PER SQ CM	0.00	
			Q4159		AFFINITY1 SQUARE CM	0.00	
			Q4160		NUSHIELD 1 SQUARE CM	0.00	
			Q4161		BIO-CONNEKT PER SQUARE CM	0.00	
			Q4162		WNDEX FLW, BIOSKN FLW, 0.5CC	0.00	
			Q4163		WOUNDEX, BIOSKIN, PER SQ CM	0.00	
			Q4164		HELICOLL, PER SQUARE CM	0.00	
			Q4165		KERAMATRIX, PER SQUARE CM	0.00	
			Q4166		CYTAL, PER SQUARE CENTIMETER	29.37	
			Q4167		TRUSKIN, PER SQ CENTIMETER	BR	
			Q4168		AMNIOBAND, 1 MG	BR	
			Q4169		ARTACENT WOUND, PER SQ CM	189.24	
			Q4170		CYGNUS, PER SQ CM	522.04	
			Q4171		INTERFYL, 1 MG	97.88	
			Q4173		PALINGEN OR PALINGEN XPLUS	228.40	
			Q4174		PALINGEN OR PROMATRX	649.29	
			Q4175		MIRODERM	BR	
			Q4176		NEOPATCH, PER SQ CENTIMETER	BR	
			Q4177		FLOWERAMNIOFLO, 0.1 CC	BR	
			Q4178		FLOWERAMNIOPATCH, PER SQ CM	155.63	
			Q4179		FLOWERDERM, PER SQ CM	BR	
			Q4180		REVITA, PER SQ CM	BR	
			Q4181		AMNIO WOUND, PER SQUARE CM	BR	
			Q4182		TRANSCYTE, PER SQ CENTIMETER	BR	
			Q4183		SURGIGRAFT, 1 SQ CM	BR	
			Q4184		CELLESTA, 1 SQ CM	BR	
			Q4185		CELLESTA FLOWAB AMNION 0.5CC	BR	
			Q4186		EPIFIX 1 SQ CM	BR	
			Q4187		EPICORD 1 SQ CM	BR	
			Q4188		AMNIOARMOR 1 SQ CM	BR	
			Q4189		ARTACENT AC, 1 MG	BR	
			Q4190		ARTACENT AC 1 SQ CM	BR	
			Q4191		RESTORIGIN 1 SQ CM	BR	
			Q4192		RESTORIGIN, 1 CC	BR	
			Q4193		COLL-E-DERM 1 SQ CM	BR	
			Q4194		NOVACHOR 1 SQ CM	BR	
			Q4195		PURAPLY 1 SQ CM	BR	171.51
			Q4196		PURAPLY AM 1 SQ CM	BR	171.51
			Q4197		PURAPLY XT 1 SQ CM	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			Q4198		GENESIS AMNIO MEMBRANE 1SQCM	BR	
			Q4200		SKIN TE 1 SQ CM	BR	
			Q4201		MATRION 1 SQ CM	BR	
			Q4202		KEROXX (2.5G/CC), 1CC	BR	
			Q4203		DERMA-GIDE, 1 SQ CM	BR	
			Q4204		XWRAP 1 SQ CM	BR	
			Q5001		HOSPICE OR HOME HLTH IN HOME	See Home Health Rules	
			Q5002		HOSPICE/HOME HLTH IN ASST LV	See Home Health Rules	
			Q5003		HOSPICE IN LT/NON-SKILLED NF	See Home Health Rules	
			Q5004		HOSPICE IN SNF	See Home Health Rules	
			Q5005		HOSPICE, INPATIENT HOSPITAL	See Home Health Rules	
			Q5006		HOSPICE IN HOSPICE FACILITY	See Home Health Rules	
			Q5007		HOSPICE IN LTCH	See Home Health Rules	
			Q5008		HOSPICE IN INPATIENT PSYCH	See Home Health Rules	
			Q5009		HOSPICE/HOME HLTH, PLACE NOS	See Home Health Rules	
			Q5010		HOSPICE HOME CARE IN HOSPICE	See Home Health Rules	
			Q5101		INJECTION, ZARXIO	1.08	0.90
			Q5103		INJECTION, INFLECTRA	BR	81.33
			Q5104		INJECTION, RENFLEXIS	BR	87.90
			Q5105		INJ RETACRIT ESRD ON DIALYSI	BR	1.61
			Q5106		INJ RETACRIT NON-ESRD USE	BR	16.13
			Q5107		INJ MVASI 10 MG	BR	
			Q5108		INJECTION, FULPHILA	BR	508.86
			Q5109		INJECTION, IXIFI, 10 MG	BR	
			Q5110		NIVESTYM	BR	1.07
			Q5111		INJECTION, UDENYCA 0.5 MG	BR	
			Q9950		INJ SULF HEXA LIPID MICROSPH	36.61	30.17
			Q9951		LOCM >= 400 MG/ML IODINE,1ML	BR	
			Q9953		INJ FE-BASED MR CONTRAST,1ML	BR	
			Q9954		ORAL MR CONTRAST, 100 ML	BR	
			Q9955		INJ PERFLEXANE LIP MICROS,ML	BR	
			Q9956		INJ OCTAFLUOROPROPANE MIC,ML	38.65	
			Q9957		INJ PERFLUTREN LIP MICROS,ML	57.99	
			Q9958		HOCM <=149 MG/ML IODINE, 1ML	0.09	
			Q9959		HOCM 150-199MG/ML IODINE,1ML	BR	
			Q9960		HOCM 200-249MG/ML IODINE,1ML	0.21	
			Q9961		HOCM 250-299MG/ML IODINE,1ML	0.22	
			Q9962		HOCM 300-349MG/ML IODINE,1ML	BR	
			Q9963		HOCM 350-399MG/ML IODINE,1ML	0.21	
			Q9964		HOCM>= 400MG/ML IODINE, 1ML	BR	
			Q9965		LOCM 100-199MG/ML IODINE,1ML	0.97	
			Q9966		LOCM 200-299MG/ML IODINE,1ML	0.19	
			Q9967		LOCM 300-399MG/ML IODINE,1ML	0.14	
			Q9968		VISUALIZATION ADJUNCT	BR	6.06
			Q9969		NON-HEU TC-99M ADD-ON/DOSE	BR	14.20

C	D	E	Code	Mod	Description	Amount	APC Amount
			Q9982		FLUTEMETAMOL F18 DIAGNOSTIC	2695.22	
			Q9983		FLORBETABEN F18 DIAGNOSTIC	2580.81	
			Q9991		BUPRENORPH XR 100 MG OR LESS	BR	2378.22
			Q9992		BUPRENORPHINE XR OVER 100 MG	BR	2378.22
			R0070		TRANSPORT PORTABLE X-RAY	0.00	
			R0075		TRANSPORT PORT X-RAY MULTIPL	0.00	
			R0076		TRANSPORT PORTABLE EKG	0.00	
			S0012		BUTORPHANOL TARTRATE, NASAL	65.75	
			S0014		TACRINE HYDROCHLORIDE, 10 MG	2.31	
			S0017		INJECTION, AMINOCAPROIC ACID	44.01	
			S0020		INJECTION, BUPIVICAINE HYDRO	BR	
			S0021		INJECTION, CEFOPERAZONE SOD	BR	
			S0023		INJECTION, CIMETIDINE HYDROC	10.56	
			S0028		INJECTION, FAMOTIDINE, 20 MG	7.04	
			S0030		INJECTION, METRONIDAZOLE	13.21	
			S0032		INJECTION, NAFCILLIN SODIUM	87.10	
			S0034		INJECTION, OFLOXACIN, 400 MG	BR	
			S0039		INJECTION, SULFAMETHOXAZOLE	BR	
			S0040		INJECTION, TICARCILLIN DISOD	12.30	
			S0073		INJECTION, AZTREONAM, 500 MG	52.81	
			S0074		INJECTION, CEFOTETAN DISODIU	BR	
			S0077		INJECTION, CLINDAMYCIN PHOSP	13.21	
			S0078		INJECTION, FOSPHENYTOIN SODI	151.12	
			S0080		INJECTION, PENTAMIDINE ISETH	142.60	
			S0081		INJECTION, PIPERACILLIN SODI	1.54	
			S0088		IMATINIB 100 MG	BR	
			S0090		SILDENAFIL CITRATE, 25 MG	95.05	
			S0091		GRANISETRON 1MG	66.02	
			S0092		HYDROMORPHONE 250 MG	189.25	
			S0093		MORPHINE 500 MG	4.88	
			S0104		ZIDOVUDINE, ORAL, 100 MG	1.54	
			S0106		BUPROPION HCL SR 60 TABLETS	93.83	
			S0108		MERCAPTOPURINE 50 MG	3.08	
			S0109		METHADONE ORAL 5MG	0.54	
			S0117		TRETINOIN TOPICAL 5 G	BR	
			S0119		ONDANSETRON 4 MG	22.00	
			S0122		INJ MENOTROPINS 75 IU	161.60	
			S0126		INJ FOLLITROPIN ALFA 75 IU	1291.94	
			S0128		INJ FOLLITROPIN BETA 75 IU	1973.34	
			S0132		INJ GANIRELIX ACETAT 250 MCG	114.40	
			S0136		CLOZAPINE, 25 MG	1.16	
			S0137		DIDANOSINE, 25 MG	BR	
			S0138		FINASTERIDE, 5 MG	2.31	
			S0139		MINOXIDIL, 10 MG	0.77	
			S0140		SAQUINAVIR, 200 MG	1.54	
			S0142		COLISTIMETHATE INH SOL MG	BR	
			S0145		PEG INTERFERON ALFA-2A/180	BR	
			S0148		PEG INTERFERON ALFA-2B/10	BR	
			S0155		EPOPROSTENOL DILUTANT	BR	
			S0156		EXEMESTANE, 25 MG	7.31	

C	D	E	Code	Mod	Description	Amount	APC Amount
			S0157		BECAPLERMIN GEL 1%, 0.5 GM	15.00	
			S0160		DEXTROAMPHETAMINE	35.20	
			S0164		INJECTION PANTROPRAZOLE	15.85	
			S0166		INJ OLANZAPINE 2.5MG	5.00	
			S0169		CALCITROL	1.16	
			S0170		ANASTROZOLE 1 MG	11.44	
			S0171		BUMETANIDE 0.5 MG	4.10	
			S0172		CHLORAMBUCIL 2 MG	1.92	
			S0174		DOLASETRON 50 MG	44.60	
			S0175		FLUTAMIDE 125 MG	1.92	
			S0176		HYDROXYUREA 500 MG	1.16	
			S0177		LEVAMISOLE 50 MG	4.23	
			S0178		LOMUSTINE 10 MG	21.91	
			S0179		MEGESTROL 20 MG	0.38	
			S0182		PROCARBAZINE, ORAL	44.22	
			S0183		PROCHLORPERAZINE 5 MG	0.38	
			S0187		TAMOXIFEN 10 MG	1.92	
			S0189		TESTOSTERONE PELLET 75 MG	BR	
			S0190		MIFEPRISTONE, ORAL, 200 MG	132.05	
			S0191		MISOPROSTOL, ORAL, 200 MCG	7.04	
			S0194		VITAMIN SUPPL 100 CAPS	BR	
			S0197		PRENATAL VITAMINS 30 DAY	BR	
			S0199		MED ABORTION INC ALL EX DRUG	BR	
			S0201		PARTIAL HOSPITALIZATION SERV	BR	
			S0207		PARAMEDICINTERCEP NONHOSPALS	BR	
			S0208		PARAMED INTRCEPT NONVOL	BR	
			S0209		WC VAN MILEAGE PER MI	BR	
			S0215		NONEMERG TRANSP MILEAGE	BR	
			S0220		MEDICAL CONFERENCE BY PHYSIC	BR	
			S0221		MEDICAL CONFERENCE, 60 MIN	BR	
			S0250		COMP GERIATR ASSMT TEAM	BR	
			S0255		HOSPICE REFER VISIT NONMD	BR	
			S0257		END OF LIFE COUNSELING	BR	
			S0260		H&P FOR SURGERY	BR	
			S0265		GENETIC COUNSEL 15 MINS	BR	
			S0270		HOME STD CASE RATE 30 DAYS	BR	
			S0271		HOME HOSPICE CASE 30 DAYS	BR	
			S0272		HOME EPISODIC CASE 30 DAYS	BR	
			S0273		MD HOME VISIT OUTSIDE CAP	BR	
			S0274		NURSE PRACTR VISIT OUTS CAP	BR	
			S0280		MEDICAL HOME, INITIAL PLAN	BR	
			S0281		MEDICAL HOME, MAINTENANCE	BR	
			S0285		CNSLT BEFORE SCREEN COLONOSC	170.90	
			S0302		COMPLETED EPSDT	BR	
			S0310		HOSPITALIST VISIT	BR	
			S0311		COMP MGMT CARE COORD ADV ILL	BR	
			S0315		DISEASE MANAGEMENT PROGRAM	BR	
			S0316		FOLLOW-UP/REASSESSMENT	BR	
			S0317		DISEASE MGMT PER DIEM	BR	
			S0320		RN TELEPHONE CALLS TO DMP	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			S0340		LIFESTYLE MOD 1ST STAGE	BR	
			S0341		LIFESTYLE MOD 2 OR 3 STAGE	BR	
			S0342		LIFESTYLE MOD 4TH STAGE	BR	
			S0353		CANCER TREATMENTPLAN INITIAL	BR	
			S0354		CANCER TREATMENT PLAN CHANGE	BR	
			S0390		ROUT FOOT CARE PER VISIT	BR	
			S0395		IMPRESSION CASTING FT	BR	
			S0400		GLOBAL ESWL KIDNEY	BR	
			S0500		DISPOS CONT LENS	BR	
			S0504		SINGL PRSCRP LENS	BR	
			S0506		BIFOC PRSCP LENS	BR	
			S0508		TRIFOC PRSCRP LENS	BR	
			S0510		NON-PRSCRP LENS	BR	
			S0512		DAILY CONT LENS	BR	
			S0514		COLOR CONT LENS	BR	
			S0515		SCLERAL LENS LIQUID BANDAGE	BR	
			S0516		SAFETY FRAMES	BR	
			S0518		SUNGLASS FRAMES	BR	
			S0580		POLYCARB LENS	BR	
			S0581		NONSTND LENS	BR	
			S0590		MISC INTEGRAL LENS SERV	BR	
			S0592		COMP CONT LENS EVAL	BR	
			S0595		NEW LENSES IN PTS OLD FRAME	BR	
			S0596		PHAKIC IOL REFRACTIVE ERROR	BR	
			S0601		SCREENING PROCTOSCOPY	BR	
			S0610		ANNUAL GYNECOLOGICAL EXAMINA	BR	
			S0612		ANNUAL GYNECOLOGICAL EXAMINA	BR	
			S0613		ANN BREAST EXAM	BR	
			S0618		AUDIOMETRY FOR HEARING AID	BR	
			S0620		ROUTINE OPHTHALMOLOGICAL EXA	BR	
			S0621		ROUTINE OPHTHALMOLOGICAL EXA	BR	
			S0622		PHYS EXAM FOR COLLEGE	BR	
			S0630		REMOVAL OF SUTURES	BR	
			S0800		LASER IN SITU KERATOMILEUSIS	BR	
			S0810		PHOTOREFRACTIVE KERATECTOMY	BR	
			S0812		PHOTOTHERAP KERATECT	BR	
			S1001		DELUXE ITEM	BR	
			S1002		CUSTOM ITEM	BR	
			S1015		IV TUBING EXTENSION SET	BR	
			S1016		NON-PVC INTRAVENOUS ADMINIST	BR	
			S1030		GLUC MONITOR PURCHASE	BR	
			S1031		GLUC MONITOR RENTAL	BR	
			S1034		ART PANCREAS SYSTEM	BR	
			S1035		ART PANCREAS INV DISP SENSOR	BR	
			S1036		ART PANCREAS EXT TRANSMITTER	BR	
			S1037		ART PANCREAS EXT RECEIVER	BR	
			S1040		CRANIAL REMOLDING ORTHOSIS	BR	
			S1090		MOMETASONE SINUS IMPLANT	BR	
			S2053		TRANSPLANTATION OF SMALL INT	BR	
			S2054		TRANSPLANTATION OF MULTIVISC	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			S2055		HARVESTING OF DONOR MULTIVIS	BR	
			S2060		LOBAR LUNG TRANSPLANTATION	BR	
			S2061		DONOR LOBECTOMY (LUNG)	BR	
			S2065		SIMULT PANC KIDN TRANS	BR	
			S2066		BREAST GAP FLAP RECONST	BR	
			S2067		BREAST "STACKED" DIEP/GAP	BR	
			S2068		BREAST DIEP OR SIEA FLAP	BR	
			S2070		CYSTO LASER TX URETERAL CALC	BR	
			S2079		LAP ESOPHAGOMYOTOMY	BR	
			S2080		LAUP	BR	
			S2083		ADJUSTMENT GASTRIC BAND	BR	
			S2095		TRANSCATH EMBOLIZ MICROSPHER	BR	
			S2102		ISLET CELL TISSUE TRANSPLANT	BR	
			S2103		ADRENAL TISSUE TRANSPLANT	BR	
			S2107		ADOPTIVE IMMUNOTHERAPY	BR	
			S2112		KNEE ARTHROSCP HARV	BR	
			S2115		PERIACETABULAR OSTEOTOMY	BR	
			S2117		ARTHROEREISIS, SUBTALAR	BR	
			S2118		TOTAL HIP RESURFACING	BR	
			S2120		LOW DENSITY LIPOPROTEIN(LDL)	BR	
			S2140		CORD BLOOD HARVESTING	BR	
			S2142		CORD BLOOD-DERIVED STEM-CELL	BR	
			S2150		BMT HARV/TRANSPL 28D PKG	BR	
			S2152		SOLID ORGAN TRANSPL PKG	BR	
			S2202		ECHOSCLEROTHERAPY	BR	
			S2205		MINIMALLY INVASIVE DIRECT CO	BR	
			S2206		MINIMALLY INVASIVE DIRECT CO	BR	
			S2207		MINIMALLY INVASIVE DIRECT CO	BR	
			S2208		MINIMALLY INVASIVE DIRECT CO	BR	
			S2209		MINIMALLY INVASIVE DIRECT CO	BR	
			S2225		MYRINGOTOMY LASER-ASSIST	BR	
			S2230		IMPLANT SEMI-IMP HEAR	BR	
			S2235		IMPLANT AUDITORY BRAIN IMP	BR	
			S2260		INDUCED ABORTION 17-24 WEEKS	BR	
			S2265		INDUCED ABORTION 25-28 WKS	BR	
			S2266		INDUCED ABORTION 29-31 WKS	BR	
			S2267		INDUCED ABORTION 32 OR MORE	BR	
			S2300		ARTHROSCOPY, SHOULDER, SURGI	BR	
			S2325		HIP CORE DECOMPRESSION	BR	
			S2340		CHEMODENERVATION OF ABDUCTOR	BR	
			S2341		CHEMODENERV ADDUCT VOCAL	BR	
			S2342		NASAL ENDOSCOP PO DEBRID	BR	
			S2348		DECOMPRESS DISC RF LUMBAR	BR	
			S2350		DISKECTOMY, ANTERIOR, WITH D	BR	
			S2351		DISKECTOMY, ANTERIOR, WITH D	BR	
			S2400		FETAL SURG CONGEN HERNIA	BR	
			S2401		FETAL SURG URIN TRAC OBSTR	BR	
			S2402		FETAL SURG CONG CYST MALF	BR	
			S2403		FETAL SURG PULMON SEQUEST	BR	
			S2404		FETAL SURG MYELOMENINGO	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			S2405		FETAL SURG SACROCOC TERATOMA	BR	
			S2409		FETAL SURG NOC	BR	
			S2411		FETOSCOP LASER THER TTTS	BR	
			S2900		ROBOTIC SURGICAL SYSTEM	BR	
			S3000		BILAT DIL RETINAL EXAM	BR	
			S3005		EVAL SELF-ASSESS DEPRESSION	BR	
			S3600		STAT LAB	BR	
			S3601		STAT LAB HOME/NF	BR	
			S3620		NEWBORN METABOLIC SCREENING	BR	
			S3630		EOSINOPHIL BLOOD COUNT	BR	
			S3645		HIV-1 ANTIBODY TESTING OF OR	BR	
			S3650		SALIVA TEST, HORMONE LEVEL;	BR	
			S3652		SALIVA TEST, HORMONE LEVEL;	BR	
			S3655		ANTISPERM ANTIBODIES TEST	BR	
			S3708		GASTROINTESTINAL FAT ABSORPT	BR	
			S3722		DOSE OPTIMIZATION AUC - 5FU	BR	
			S3800		GENETIC TESTING ALS	BR	
			S3840		DNA ANALYSIS RET-ONCOGENE	BR	
			S3841		GENE TEST RETINOBLASTOMA	BR	
			S3842		GENE TEST HIPPEL-LINDAU	BR	
			S3844		DNA ANALYSIS DEAFNESS	BR	
			S3845		GENE TEST ALPHA-THALASSEMIA	BR	
			S3846		GENE TEST BETA-THALASSEMIA	BR	
			S3849		GENE TEST NIEMANN-PICK	BR	
			S3850		GENE TEST SICKLE CELL	BR	
			S3852		DNA ANALYSIS APOE ALZHEIMER	BR	
			S3853		GENE TEST MYO MUSCLR DYST	BR	
			S3854		GENE PROFILE PANEL BREAST	3323.01	
			S3861		GENETIC TEST BRUGADA	BR	
			S3865		COMP GENET TEST HYP CARDIOMY	BR	
			S3866		SPEC GENE TEST HYP CARDIOMY	BR	
			S3870		CGH TEST DEVELOPMENTAL DELAY	BR	
			S3900		SURFACE EMG	BR	
			S3902		BALLISTOCARDIOGRAM	BR	
			S3904		MASTERS TWO STEP	BR	
			S4005		INTERIM LABOR FACILITY GLOBA	BR	
			S4011		IVF PACKAGE	BR	
			S4013		COMPL GIFT CASE RATE	BR	
			S4014		COMPL ZIFT CASE RATE	BR	
			S4015		COMPLETE IVF NOS CASE RATE	BR	
			S4016		FROZEN IVF CASE RATE	BR	
			S4017		IVF CANC A STIM CASE RATE	BR	
			S4018		F EMB TRNS CANC CASE RATE	BR	
			S4020		IVF CANC A ASPIR CASE RATE	BR	
			S4021		IVF CANC P ASPIR CASE RATE	BR	
			S4022		ASST OOCYTE FERT CASE RATE	BR	
			S4023		INCOMPL DONOR EGG CASE RATE	BR	
			S4025		DONOR SERV IVF CASE RATE	BR	
			S4026		PROCURE DONOR SPERM	BR	
			S4027		STORE PREV FROZ EMBRYOS	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			S4028		MICROSURG EPI SPERM ASP	BR	
			S4030		SPERM PROCURE INIT VISIT	BR	
			S4031		SPERM PROCURE SUBS VISIT	BR	
			S4035		STIMULATED IUI CASE RATE	BR	
			S4037		CRYO EMBRYO TRANSF CASE RATE	BR	
			S4040		MONIT STORE CRYO EMBRYO 30 D	BR	
			S4042		OVULATION MGMT PER CYCLE	BR	
			S4981		INSERT LEVONORGESTREL IUS	BR	
			S4989		CONTRACEPT IUD	BR	
			S4990		NICOTINE PATCH LEGEND	BR	
			S4991		NICOTINE PATCH NONLEGEND	BR	
			S4993		CONTRACEPTIVE PILLS FOR BC	BR	
			S4995		SMOKING CESSATION GUM	BR	
			S5000		PRESCRIPTION DRUG, GENERIC	BR	
			S5001		PRESCRIPTION DRUG,BRAND NAME	BR	
			S5010		5% DEXTROSE AND 0.45% SALINE	BR	
			S5012		5% DEXTROSE WITH POTASSIUM	BR	
			S5013		5%DEXTROSE/0.45%SALINE1000ML	BR	
			S5014		D5W/0.45NS W KCL AND MGS04	BR	
			S5035		HIT ROUTINE DEVICE MAINT	BR	
			S5036		HIT DEVICE REPAIR	BR	
			S5100		ADULT DAYCARE SERVICES 15MIN	BR	
			S5101		ADULT DAY CARE PER HALF DAY	BR	
			S5102		ADULT DAY CARE PER DIEM	BR	
			S5105		CENTERBASED DAY CARE PERDIEM	BR	
			S5108		HOMECARE TRAIN PT 15 MIN	BR	
			S5109		HOMECARE TRAIN PT SESSION	BR	
			S5110		FAMILY HOMECARE TRAINING 15M	BR	
			S5111		FAMILY HOMECARE TRAIN/SESSIO	BR	
			S5115		NONFAMILY HOMECARE TRAIN/15M	BR	
			S5116		NONFAMILY HC TRAIN/SESSION	BR	
			S5120		CHORE SERVICES PER 15 MIN	BR	
			S5121		CHORE SERVICES PER DIEM	BR	
			S5125		ATTENDANT CARE SERVICE /15M	BR	
			S5126		ATTENDANT CARE SERVICE /DIEM	BR	
			S5130		HOMAKER SERVICE NOS PER 15M	BR	
			S5131		HOMEMAKER SERVICE NOS /DIEM	BR	
			S5135		ADULT COMPANIONCARE PER 15M	BR	
			S5136		ADULT COMPANIONCARE PER DIEM	BR	
			S5140		ADULT FOSTER CARE PER DIEM	BR	
			S5141		ADULT FOSTER CARE PER MONTH	BR	
			S5145		CHILD FOSTERCARE TH PER DIEM	BR	
			S5146		THER FOSTERCARE CHILD /MONTH	BR	
			S5150		UNSKILLED RESPITE CARE /15M	See Home Health Rules	
			S5151		UNSKILLED RESPITECARE /DIEM	See Home Health Rules	
			S5160		EMER RESPONSE SYS INSTAL&TST	BR	
			S5161		EMER RSPNS SYS SERV PERMONTH	BR	
			S5162		EMER RSPNS SYSTEM PURCHASE	BR	
			S5165		HOME MODIFICATIONS PER SERV	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			S5170		HOMEDELIVERED PREPARED MEAL	BR	
			S5175		LAUNDRY SERV,EXT,PROF,/ORDER	BR	
			S5180		HH RESPIRATORY THRPY IN EVAL	BR	
			S5181		HH RESPIRATORY THRPY NOS/DAY	BR	
			S5185		MED REMINDER SERV PER MONTH	BR	
			S5190		WELLNESS ASSESSMENT BY NONPH	BR	
			S5199		PERSONAL CARE ITEM NOS EACH	BR	
			S5497		HIT CATH CARE NOC	BR	
			S5498		HIT SIMPLE CATH CARE	BR	
			S5501		HIT COMPLEX CATH CARE	BR	
			S5502		HIT INTERIM CATH CARE	BR	
			S5517		HIT DECLOTTING KIT	BR	
			S5518		HIT CATH REPAIR KIT	BR	
			S5520		HIT PICC INSERT KIT	BR	
			S5521		HIT MIDLINE CATH INSERT KIT	BR	
			S5522		HIT PICC INSERT NO SUPP	BR	
			S5523		HIP MIDLINE CATH INSERT KIT	BR	
			S5550		INSULIN RAPID 5 U	BR	
			S5551		INSULIN MOST RAPID 5 U	BR	
			S5552		INSULIN INTERMED 5 U	BR	
			S5553		INSULIN LONG ACTING 5 U	BR	
			S5560		INSULIN REUSE PEN 1.5 ML	BR	
			S5561		INSULIN REUSE PEN 3 ML	BR	
			S5565		INSULIN CARTRIDGE 150 U	BR	
			S5566		INSULIN CARTRIDGE 300 U	BR	
			S5570		INSULIN DISPOS PEN 1.5 ML	BR	
			S5571		INSULIN DISPOS PEN 3 ML	BR	
			S8030		TANTALUM RING APPLICATION	BR	
			S8035		MAGNETIC SOURCE IMAGING	BR	
			S8037		MRCP	BR	
			S8040		TOPOGRAPHIC BRAIN MAPPING	BR	
			S8042		MRI LOW FIELD	BR	
			S8055		US GUIDANCE FETAL REDUCT	BR	
			S8080		SCINTIMAMMOGRAPHY	BR	
			S8085		FLUORINE-18 FLUORODEOXYGLUCO	BR	
			S8092		ELECTRON BEAM COMPUTED TOMOG	BR	
			S8096		PORTABLE PEAK FLOW METER	BR	
			S8097		ASTHMA KIT	BR	
			S8100		SPACER WITHOUT MASK	BR	
			S8101		SPACER WITH MASK	BR	
			S8110		PEAK EXPIRATORY FLOW RATE (P	BR	
			S8120		O2 CONTENTS GAS CUBIC FT	BR	
			S8121		O2 CONTENTS LIQUID LB	BR	
			S8130		INTERFERENTIAL STIM 2 CHAN	BR	
			S8131		INTERFERENTIAL STIM 4 CHAN	BR	
			S8185		FLUTTER DEVICE	BR	
			S8186		SWIVEL ADAPTOR	BR	
			S8189		TRACH SUPPLY NOC	BR	
			S8210		MUCUS TRAP	BR	
			S8265		HABERMAN FEEDER	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			S8270		ENURESIS ALARM	BR	
			S8301		INFECT CONTROL SUPPLIES NOS	BR	
			S8415		SUPPLIES FOR HOME DELIVERY	BR	
			S8420		CUSTOM GRADIENT SLEEV/GLOV	BR	
			S8421		READY GRADIENT SLEEV/GLOV	BR	
			S8422		CUSTOM GRAD SLEEVE MED	BR	
			S8423		CUSTOM GRAD SLEEVE HEAVY	BR	
			S8424		READY GRADIENT SLEEVE	BR	
			S8425		CUSTOM GRAD GLOVE MED	BR	
			S8426		CUSTOM GRAD GLOVE HEAVY	BR	
			S8427		READY GRADIENT GLOVE	BR	
			S8428		READY GRADIENT GAUNTLET	BR	
			S8429		GRADIENT PRESSURE WRAP	BR	
			S8430		PADDING FOR COMPRSSN BDG	BR	
			S8431		COMPRESSION BANDAGE	BR	
			S8450		SPLINT DIGIT	BR	
			S8451		SPLINT WRIST OR ANKLE	BR	
			S8452		SPLINT ELBOW	BR	
			S8460		CAMISOLE POST-MAST	BR	
			S8490		100 INSULIN SYRINGES	BR	
			S8930		AURICULAR ELECTROSTIMULATION	BR	
			S8940		HIPPOTHERAPY PER SESSION	BR	
			S8948		LOW-LEVEL LASER TRMT 15 MIN	BR	
			S8950		COMPLEX LYMPHEDEMA THERAPY,	BR	
			S8990		PT OR MANIP FOR MAINT	BR	
			S8999		RESUSCITATION BAG	BR	
			S9001		HOME UTERINE MONITOR WITH OR	BR	
			S9007		ULTRAFILTRATION MONITOR	BR	
			S9024		PARANASAL SINUS ULTRASOUND	BR	
			S9025		OMNICARDIOGRAM/CARDIOINTEGRA	BR	
			S9034		ESWL FOR GALLSTONES	BR	
			S9055		PROCUREN OR OTHER GROWTH FAC	BR	
			S9056		COMA STIMULATION PER DIEM	BR	
			S9061		MEDICAL SUPPLIES AND EQUIPME	BR	
			S9083		URGENT CARE CENTER GLOBAL	BR	
			S9088		SERVICES PROVIDED IN URGENT	BR	
			S9090		VERTEBRAL AXIAL DECOMPRESSIO	BR	
			S9097		HOME VISIT WOUND CARE	BR	
			S9098		HOME PHOTOTHERAPY VISIT	BR	
			S9110		TELEMONITORING/HOME PER MNTH	BR	
			S9117		BACK SCHOOL VISIT	BR	
			S9122		HOME HEALTH AIDE OR CERTIFIE	55.00	
			S9123		NURSING CARE IN HOME RN	125.00	
			S9124		NURSING CARE, IN THE HOME; B	BR	
			S9125		RESPITE CARE, IN THE HOME, P	See Home Health Rules	
			S9126		HOSPICE CARE, IN THE HOME, P	See Home Health Rules	
			S9127		SOCIAL WORK VISIT, IN THE HO	125.00	
			S9128		SPEECH THERAPY, IN THE HOME,	125.00	
			S9129		OCCUPATIONAL THERAPY, IN THE	125.00	

C	D	E	Code	Mod	Description	Amount	APC Amount
			S9131		PT IN THE HOME PER DIEM	125.00	
			S9140		DIABETIC MANAGEMENT PROGRAM,	BR	
			S9141		DIABETIC MANAGEMENT PROGRAM,	BR	
			S9145		INSULIN PUMP INITIATION	BR	
			S9150		EVALUATION BY OCULARIST	BR	
			S9152		SPEECH THERAPY, RE-EVAL	BR	
			S9208		HOME MGMT PRETERM LABOR	BR	
			S9209		HOME MGMT PPROM	BR	
			S9211		HOME MGMT GEST HYPERTENSION	BR	
			S9212		HM POSTPAR HYPER PER DIEM	BR	
			S9213		HM PREECLAMP PER DIEM	BR	
			S9214		HM GEST DM PER DIEM	BR	
			S9325		HIT PAIN MGMT PER DIEM	BR	
			S9326		HIT CONT PAIN PER DIEM	BR	
			S9327		HIT INT PAIN PER DIEM	BR	
			S9328		HIT PAIN IMP PUMP DIEM	BR	
			S9329		HIT CHEMO PER DIEM	BR	
			S9330		HIT CONT CHEM DIEM	BR	
			S9331		HIT INTERMIT CHEMO DIEM	BR	
			S9335		HT HEMODIALYSIS DIEM	BR	
			S9336		HIT CONT ANTICOAG DIEM	BR	
			S9338		HIT IMMUNOTHERAPY DIEM	BR	
			S9339		HIT PERITON DIALYSIS DIEM	BR	
			S9340		HIT ENTERAL PER DIEM	BR	
			S9341		HIT ENTERAL GRAV DIEM	BR	
			S9342		HIT ENTERAL PUMP DIEM	BR	
			S9343		HIT ENTERAL BOLUS NURS	BR	
			S9345		HIT ANTI-HEMOPHIL DIEM	BR	
			S9346		HIT ALPHA-1-PROTEINAS DIEM	BR	
			S9347		HIT LONGTERM INFUSION DIEM	BR	
			S9348		HIT SYMPATHOMIM DIEM	BR	
			S9349		HIT TOCOLYSIS DIEM	BR	
			S9351		HIT CONT ANTIEMETIC DIEM	BR	
			S9353		HIT CONT INSULIN DIEM	BR	
			S9355		HIT CHELATION DIEM	BR	
			S9357		HIT ENZYME REPLACE DIEM	BR	
			S9359		HIT ANTI-TNF PER DIEM	BR	
			S9361		HIT DIURETIC INFUS DIEM	BR	
			S9363		HIT ANTI-SPASMOTIC DIEM	BR	
			S9364		HIT TPN TOTAL DIEM	BR	
			S9365		HIT TPN 1 LITER DIEM	BR	
			S9366		HIT TPN 2 LITER DIEM	BR	
			S9367		HIT TPN 3 LITER DIEM	BR	
			S9368		HIT TPN OVER 3L DIEM	BR	
			S9370		HT INJ ANTIEMETIC DIEM	BR	
			S9372		HT INJ ANTICOAG DIEM	BR	
			S9373		HIT HYDRA TOTAL DIEM	BR	
			S9374		HIT HYDRA 1 LITER DIEM	BR	
			S9375		HIT HYDRA 2 LITER DIEM	BR	
			S9376		HIT HYDRA 3 LITER DIEM	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			S9377		HIT HYDRA OVER 3L DIEM	BR	
			S9379		HIT NOC PER DIEM	BR	
			S9381		HIT HIGH RISK/ESCORT	BR	
			S9401		ANTICOAG CLINIC PER SESSION	BR	
			S9430		PHARMACY COMP/DISP SERV	see page 75	
			S9433		MEDICAL FOOD ORAL 100% NUTR	BR	
			S9434		MOD SOLID FOOD SUPPL	BR	
			S9435		MEDICAL FOODS FOR INBORN ERR	BR	
			S9436		LAMAZE CLASS	BR	
			S9437		CHILDBIRTH REFRESHER CLASS	BR	
			S9438		CESAREAN BIRTH CLASS	BR	
			S9439		VBAC CLASS	BR	
			S9441		ASTHMA EDUCATION	BR	
			S9442		BIRTHING CLASS	BR	
			S9443		LACTATION CLASS	BR	
			S9444		PARENTING CLASS	BR	
			S9445		PT EDUCATION NOC INDIVID	BR	
			S9446		PT EDUCATION NOC GROUP	BR	
			S9447		INFANT SAFETY CLASS	BR	
			S9449		WEIGHT MGMT CLASS	BR	
			S9451		EXERCISE CLASS	BR	
			S9452		NUTRITION CLASS	BR	
			S9453		SMOKING CESSATION CLASS	BR	
			S9454		STRESS MGMT CLASS	BR	
			S9455		DIABETIC MANAGEMENT PROGRAM,	BR	
			S9460		DIABETIC MANAGEMENT PROGRAM,	BR	
			S9465		DIABETIC MANAGEMENT PROGRAM,	BR	
			S9470		NUTRITIONAL COUNSELING, DIET	BR	
			S9472		CARDIAC REHABILITATION PROGR	BR	
			S9473		PULMONARY REHABILITATION PRO	BR	
			S9474		ENTEROSTOMAL THERAPY BY A RE	BR	
			S9475		AMBULATORY SETTING SUBSTANCE	BR	
			S9476		VESTIBULAR REHAB PER DIEM	BR	
			S9480		INTENSIVE OUTPATIENT PSYCHIA	BR	
			S9482		FAMILY STABILIZATION 15 MIN	BR	
			S9484		CRISIS INTERVENTION PER HOUR	BR	
			S9485		CRISIS INTERVENTION MENTAL H	BR	
			S9490		HIT CORTICOSTEROID/DIEM	BR	
			S9494		HIT ANTIBIOTIC TOTAL DIEM	BR	
			S9497		HIT ANTIBIOTIC Q3H DIEM	BR	
			S9500		HIT ANTIBIOTIC Q24H DIEM	BR	
			S9501		HIT ANTIBIOTIC Q12H DIEM	BR	
			S9502		HIT ANTIBIOTIC Q8H DIEM	BR	
			S9503		HIT ANTIBIOTIC Q6H DIEM	BR	
			S9504		HIT ANTIBIOTIC Q4H DIEM	BR	
			S9529		VENIPUNCTURE HOME/SNF	BR	
			S9537		HT HEM HORM INJ DIEM	BR	
			S9538		HIT BLOOD PRODUCTS DIEM	BR	
			S9542		HT INJ NOC PER DIEM	BR	
			S9558		HT INJ GROWTH HORM DIEM	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			S9559		HIT INJ INTERFERON DIEM	BR	
			S9560		HT INJ HORMONE DIEM	BR	
			S9562		HT INJ PALIVIZUMAB DIEM	BR	
			S9590		HT IRRIGATION DIEM	BR	
			S9810		HT PHARM PER HOUR	BR	
			S9900		CHRISTIAN SCI PRACT VISIT	BR	
			S9901		CHRISTIAN SCI NURSE VISIT	BR	
			S9960		AIR AMBULANC NONEMERG FIXED	BR	
			S9961		AIR AMBULAN NONEMERG ROTARY	BR	
			S9970		HEALTH CLUB MEMBERSHIP YR	BR	
			S9975		TRANSPLANT RELATED PER DIEM	BR	
			S9976		LODGING PER DIEM	BR	
			S9977		MEALS PER DIEM	BR	
			S9981		MED RECORD COPY ADMIN	BR	
			S9982		MED RECORD COPY PER PAGE	BR	
			S9986		NOT MEDICALLY NECESSARY SVC	BR	
			S9988		SERV PART OF PHASE I TRIAL	BR	
			S9989		SERVICES OUTSIDE US	BR	
			S9990		SERVICES PROVIDED AS PART OF	BR	
			S9991		SERVICES PROVIDED AS PART OF	BR	
			S9992		TRANSPORTATION COSTS TO AND	BR	
			S9994		LODGING COSTS (E.G. HOTEL CH	BR	
			S9996		MEALS FOR CLINICAL TRIAL PAR	BR	
			S9999		SALES TAX	BR	
			V2020		VISION SVCS FRAMES PURCHASES	87.69	
			V2025		EYEGLASSES DELUX FRAMES	BR	
			V2100		LENS SPHER SINGLE PLANO 4.00	42.63	
			V2101		SINGLE VISN SPHERE 4.12-7.00	44.91	
			V2102		SINGL VISN SPHERE 7.12-20.00	63.69	
			V2103		SPHEROCYLINDR 4.00D/12-2.00D	37.00	
			V2104		SPHEROCYLINDR 4.00D/2.12-4D	40.99	
			V2105		SPHEROCYLINDER 4.00D/4.25-6D	50.18	
			V2106		SPHEROCYLINDER 4.00D/>6.00D	50.92	
			V2107		SPHEROCYLINDER 4.25D/12-2D	53.52	
			V2108		SPHEROCYLINDER 4.25D/2.12-4D	51.91	
			V2109		SPHEROCYLINDER 4.25D/4.25-6D	59.66	
			V2110		SPHEROCYLINDER 4.25D/OVER 6D	69.64	
			V2111		SPHEROCYLINDR 7.25D/.25-2.25	61.38	
			V2112		SPHEROCYLINDR 7.25D/2.25-4D	60.58	
			V2113		SPHEROCYLINDR 7.25D/4.25-6D	83.69	
			V2114		SPHEROCYLINDER OVER 12.00D	74.02	
			V2115		LENS LENTICULAR BIFOCAL	80.48	
			V2118		LENS ANISEIKONIC SINGLE	79.78	
			V2121		LENTICULAR LENS, SINGLE	82.37	
			V2199		LENS SINGLE VISION NOT OTH C	BR	
			V2200		LENS SPHER BIFOC PLANO 4.00D	55.78	
			V2201		LENS SPHERE BIFOCAL 4.12-7.0	60.79	
			V2202		LENS SPHERE BIFOCAL 7.12-20.	71.53	
			V2203		LENS SPHCYL BIFOCAL 4.00D/.1	56.28	
			V2204		LENS SPHCY BIFOCAL 4.00D/2.1	61.02	

C	D	E	Code	Mod	Description	Amount	APC Amount
			V2205		LENS SPHCY BIFOCAL 4.00D/4.2	66.95	
			V2206		LENS SPHCY BIFOCAL 4.00D/OVE	81.51	
			V2207		LENS SPHCY BIFOCAL 4.25-7D/.	68.04	
			V2208		LENS SPHCY BIFOCAL 4.25-7/2.	68.87	
			V2209		LENS SPHCY BIFOCAL 4.25-7/4.	75.75	
			V2210		LENS SPHCY BIFOCAL 4.25-7/OV	97.46	
			V2211		LENS SPHCY BIFO 7.25-12/.25-	83.11	
			V2212		LENS SPHCYL BIFO 7.25-12/2.2	90.43	
			V2213		LENS SPHCYL BIFO 7.25-12/4.2	92.74	
			V2214		LENS SPHCYL BIFOCAL OVER 12.	99.41	
			V2215		LENS LENTICULAR BIFOCAL	107.57	
			V2218		LENS ANISEIKONIC BIFOCAL	110.06	
			V2219		LENS BIFOCAL SEG WIDTH OVER	48.44	
			V2220		LENS BIFOCAL ADD OVER 3.25D	39.29	
			V2221		LENTICULAR LENS, BIFOCAL	104.96	
			V2299		LENS BIFOCAL SPECIALITY	BR	
			V2300		LENS SPHERE TRIFOCAL 4.00D	72.44	
			V2301		LENS SPHERE TRIFOCAL 4.12-7.	84.01	
			V2302		LENS SPHERE TRIFOCAL 7.12-20	92.03	
			V2303		LENS SPHCY TRIFOCAL 4.0/.12-	76.25	
			V2304		LENS SPHCY TRIFOCAL 4.0/2.25	79.78	
			V2305		LENS SPHCY TRIFOCAL 4.0/4.25	97.85	
			V2306		LENS SPHCYL TRIFOCAL 4.00/>6	91.22	
			V2307		LENS SPHCY TRIFOCAL 4.25-7/.	90.45	
			V2308		LENS SPHC TRIFOCAL 4.25-7/2.	96.53	
			V2309		LENS SPHC TRIFOCAL 4.25-7/4.	112.93	
			V2310		LENS SPHC TRIFOCAL 4.25-7/>6	124.22	
			V2311		LENS SPHC TRIFO 7.25-12/.25-	118.29	
			V2312		LENS SPHC TRIFO 7.25-12/2.25	104.28	
			V2313		LENS SPHC TRIFO 7.25-12/4.25	142.34	
			V2314		LENS SPHCYL TRIFOCAL OVER 12	155.91	
			V2315		LENS LENTICULAR TRIFOCAL	173.10	
			V2318		LENS ANISEIKONIC TRIFOCAL	159.60	
			V2319		LENS TRIFOCAL SEG WIDTH > 28	54.03	
			V2320		LENS TRIFOCAL ADD OVER 3.25D	57.00	
			V2321		LENTICULAR LENS, TRIFOCAL	170.61	
			V2399		LENS TRIFOCAL SPECIALITY	BR	
			V2410		LENS VARIAB ASPHERICITY SING	97.56	
			V2430		LENS VARIABLE ASPHERICITY BI	127.01	
			V2499		VARIABLE ASPHERICITY LENS	BR	
			V2500		CONTACT LENS PMMA SPHERICAL	88.43	
			V2501		CNTCT LENS PMMA-TORIC/PRISM	134.71	
			V2502		CONTACT LENS PMMA BIFOCAL	165.95	
			V2503		CNTCT LENS PMMA COLOR VISION	158.79	
			V2510		CNTCT GAS PERMEABLE SPHERICL	120.71	
			V2511		CNTCT TORIC PRISM BALLAST	173.45	
			V2512		CNTCT LENS GAS PERMBL BIFOCL	204.95	
			V2513		CONTACT LENS EXTENDED WEAR	172.06	
			V2520		CONTACT LENS HYDROPHILIC	113.47	
			V2521		CNTCT LENS HYDROPHILIC TORIC	197.55	

C	D	E	Code	Mod	Description	Amount	APC Amount
			V2522		CNTCT LENS HYDROPHIL BIFOCL	192.25	
			V2523		CNTCT LENS HYDROPHIL EXTEND	163.83	
			V2530		CONTACT LENS GAS IMPERMEABLE	242.66	
			V2531		CONTACT LENS GAS PERMEABLE	595.73	
			V2599		CONTACT LENS/ES OTHER TYPE	BR	
			V2600		HAND HELD LOW VISION AIDS	BR	
			V2610		SINGLE LENS SPECTACLE MOUNT	BR	
			V2615		TELESCOP/OTHR COMPOUND LENS	BR	
			V2623		PLASTIC EYE PROSTH CUSTOM	976.61	
			V2624		POLISHING ARTIFICAL EYE	66.23	
			V2625		ENLARGEMNT OF EYE PROSTHESIS	429.02	
			V2626		REDUCTION OF EYE PROSTHESIS	272.18	
			V2627		SCLERAL COVER SHELL	1558.28	
			V2628		FABRICATION & FITTING	356.28	
			V2629		PROSTHETIC EYE OTHER TYPE	BR	
			V2630		ANTER CHAMBER INTRAOCUL LENS	129.50	
			V2631		IRIS SUPPORT INTRAOCLR LENS	129.50	
			V2632		POST CHMBR INTRAOCULAR LENS	129.50	
			V2700		BALANCE LENS	47.66	
			V2702		DELUXE LENS FEATURE	BR	
			V2710		GLASS/PLASTIC SLAB OFF PRISM	69.76	
			V2715		PRISM LENS/ES	12.65	
			V2718		FRESNELL PRISM PRESS-ON LENS	31.06	
			V2730		SPECIAL BASE CURVE	22.95	
			V2744		TINT PHOTOCHROMATIC LENS/ES	23.79	
			V2745		TINT, ANY COLOR/SOLID/GRAD	13.50	
			V2750		ANTI-REFLECTIVE COATING	27.69	
			V2755		UV LENS/ES	20.01	
			V2756		EYE GLASS CASE	BR	
			V2760		SCRATCH RESISTANT COATING	17.42	
			V2761		MIRROR COATING	47.89	
			V2762		POLARIZATION, ANY LENS	65.59	
			V2770		OCCLUDER LENS/ES	22.51	
			V2780		OVERSIZE LENS/ES	18.18	
			V2781		PROGRESSIVE LENS PER LENS	BR	
			V2782		LENS, 1.54-1.65 P/1.60-1.79G	70.82	
			V2783		LENS, >= 1.66 P/>=1.80 G	79.86	
			V2784		LENS POLYCARB OR EQUAL	51.93	
			V2785		CORNEAL TISSUE PROCESSING	BR	
			V2786		OCCUPATIONAL MULTIFOCAL LENS	BR	
			V2787		ASTIGMATISM-CORRECT FUNCTION	BR	
			V2788		PRESBYOPIA-CORRECT FUNCTION	BR	
			V2790		AMNIOTIC MEMBRANE	BR	
			V2797		VIS ITEM/SVC IN OTHER CODE	BR	
			V2799		MISC VISION ITEM OR SERVICE	BR	
			V5008		HEARING SCREENING	49.70	
			V5010		ASSESSMENT FOR HEARING AID	91.94	
			V5011		HEARING AID FITTING/CHECKING	165.70	
			V5014		HEARING AID REPAIR/MODIFYING	159.58	
			V5020		CONFORMITY EVALUATION	106.40	

C	D	E	Code	Mod	Description	Amount	APC Amount
			V5030		BODY-WORN HEARING AID AIR	1277.15	
			V5040		BODY-WORN HEARING AID BONE	627.72	
			V5050		HEARING AID MONAURAL IN EAR	1596.10	
			V5060		BEHIND EAR HEARING AID	2389.21	
			V5070		GLASSES AIR CONDUCTION	337.01	
			V5080		GLASSES BONE CONDUCTION	846.75	
			V5090		HEARING AID DISPENSING FEE	292.69	
			V5095		IMPLANT MID EAR HEARING PROS	BR	
			V5100		BODY-WORN BILAT HEARING AID	1436.20	
			V5110		HEARING AID DISPENSING FEE	532.01	
			V5120		BODY-WORN BINAUR HEARING AID	1754.26	
			V5130		IN EAR BINAURAL HEARING AID	3192.41	
			V5140		BEHIND EAR BINAUR HEARING AI	4363.17	
			V5150		GLASSES BINAURAL HEARING AID	1402.80	
			V5160		DISPENSING FEE BINAURAL	638.47	
			V5171		HEARING AID MONAURAL ITE	BR	
			V5172		HEARING AID MONAURAL ITC	BR	
			V5181		HEARING AID MONAURAL BTE	BR	
			V5190		HEARING AID MONAURAL GLASSES	965.13	
			V5200		DISP FEE CONTRALATERAL MONAU	425.63	
			V5211		HEARING AID BINAURAL ITE/ITE	BR	
			V5212		HEARING AID BINAURAL ITE/ITC	BR	
			V5213		HEARING AID BINAURAL ITE/BTE	BR	
			V5214		HEARING AID BINAURAL ITC/ITC	BR	
			V5215		HEARING AID BINAURAL ITC/BTE	BR	
			V5221		HEARING AID BINAURAL BTE/BTE	BR	
			V5230		HEARING AID BINAURAL GLASSES	1052.90	
			V5240		DISP FEE CONTRALATERAL BINAU	691.68	
			V5241		DISPENSING FEE, MONAURAL	BR	
			V5242		HEARING AID, MONAURAL, CIC	BR	
			V5243		HEARING AID, MONAURAL, ITC	BR	
			V5244		HEARING AID, PROG, MON, CIC	BR	
			V5245		HEARING AID, PROG, MON, ITC	BR	
			V5246		HEARING AID, PROG, MON, ITE	BR	
			V5247		HEARING AID, PROG, MON, BTE	BR	
			V5248		HEARING AID, BINAURAL, CIC	BR	
			V5249		HEARING AID, BINAURAL, ITC	BR	
			V5250		HEARING AID, PROG, BIN, CIC	BR	
			V5251		HEARING AID, PROG, BIN, ITC	BR	
			V5252		HEARING AID, PROG, BIN, ITE	BR	
			V5253		HEARING AID, PROG, BIN, BTE	BR	
			V5254		HEARING ID, DIGIT, MON, CIC	BR	
			V5255		HEARING AID, DIGIT, MON, ITC	BR	
			V5256		HEARING AID, DIGIT, MON, ITE	BR	
			V5257		HEARING AID, DIGIT, MON, BTE	BR	
			V5258		HEARING AID, DIGIT, BIN, CIC	BR	
			V5259		HEARING AID, DIGIT, BIN, ITC	BR	
			V5260		HEARING AID, DIGIT, BIN, ITE	BR	
			V5261		HEARING AID, DIGIT, BIN, BTE	BR	
			V5262		HEARING AID, DISP, MONAURAL	BR	

C	D	E	Code	Mod	Description	Amount	APC Amount
			V5263		HEARING AID, DISP, BINAURAL	BR	
			V5264		EAR MOLD/INSERT	BR	
			V5265		EAR MOLD/INSERT, DISP	BR	
			V5266		BATTERY FOR HEARING DEVICE	BR	
			V5267		HEARING AID SUP/ACCESS/DEV	BR	
			V5268		ALD TELEPHONE AMPLIFIER	BR	
			V5269		ALERTING DEVICE, ANY TYPE	BR	
			V5270		ALD, TV AMPLIFIER, ANY TYPE	BR	
			V5271		ALD, TV CAPTION DECODER	BR	
			V5272		TDD	BR	
			V5273		ALD FOR COCHLEAR IMPLANT	BR	
			V5274		ALD UNSPECIFIED	BR	
			V5275		EAR IMPRESSION	BR	
			V5281		ALD FM/DM SYSTEM, MONAURAL	BR	
			V5282		ALD FM/DM SYSTEM BINAURAL	BR	
			V5283		ALD NECK, LOOP IND RECEIVER	BR	
			V5284		ALD FM/DM EAR LEVEL RECEIVER	BR	
			V5285		ALD FM/DM AUD INPUT RECEIVER	BR	
			V5286		ALD BLU TOOTH FM/DM RECEIVER	BR	
			V5287		ALD FM/DM RECEIVER, NOS	BR	
			V5288		ALD FM/DM TRANSMITTER ALD	BR	
			V5289		ALD FM/DM ADAPT/BOOT COUPLIN	BR	
			V5290		ALD TRANSMITTER MICROPHONE	BR	
			V5298		HEARING AID NOC	BR	
			V5299		HEARING SERVICE	BR	
			V5336		REPAIR COMMUNICATION DEVICE	BR	
			V5362		SPEECH SCREENING	BR	
			V5363		LANGUAGE SCREENING	BR	
			V5364		DYSPHAGIA SCREENING	BR	

~~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.

I. 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.

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